GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST
Council of Governors Public Meeting
16.00, Thursday 4 December 2025
MS Teams
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 (Thirteen)*			16.00
2	**Declarations of interest**			
3	**Minutes of the meeting held on 19 June 2025** • **Notes of the Inquorate meeting held on 4 September 2025**	Approval Assurance	Yes Yes	
4	**Matters arising**	Information	No	
5	**Chair's update** *Deborah Evans, Chair*	Information	Yes	16.05
6	**Chief Executive's Briefing** *Kevin McNamara, Chief Executive*	Information	Yes	16.15
7	**Update on the Patient Portal Work** *Llinos Williams, Programme Manager - Outpatient Transformation*	Assurance	Yes	16.30
8	**Freedom to Speak Up** *Louisa Hopkins, Lead Freedom To Speak Up Guardian*	Assurance	Yes	16.45
9	**Staff Survey - Impact of Interventions** *Claire Radley, Director for People and OD*	Assurance	Yes	17.00
	BREAK			17.15
10	**Non-Executive Director updates*:*** • ***Report from John Cappock****, Chair of the Audit and Assurance Committee*	Assurance	Yes	17.25
11	**Medium Term Plan** *Karen Johnson, Director of Finance*	Assurance	Yes	17.40
12	**Trust Strategy** *Will Cleary Gray, Director of Improvement Delivery*	Assurance	Yes	17.50
13	**Governance** • **Engagement Policy** *Sarah Favell, Trust Secretary*	Assurance	Yes	18.05
14	**Non-Executive Director / Governor Visits 2026** *Lisa Evans, Deputy Trust Secretary*	Assurance	Yes	18.15
15	**Any other business**			18.20
INFORMATION ITEMS				
16	**Governor's Log** *Lisa Evans, Deputy Trust Secretary*	Information	Yes	
17	**Council of Governors Draft Work Plan 2026**	Information	Yes	

Close by 18.25

Date of next meeting: Thursday 5 March 2026 at 2pm (Redwood Education Centre, Gloucestershire Royal Hospital)

	Date	Time	Details
Council of Governors Meetings in 2026	Thursday 5 March	14.00 to 17.30	Redwood, Lecture Hall, Booked
	Thursday 4 June	14.30 to 17.30	Sandford, Lecture Hall, Booked
	Thursday 3 September	14.00 to 17.30	Redwood, Lecture Hall, Booked
	Thursday 3 December	16.00 to 19.30	MS Teams

Governor Attendance during 2024/25

Governor	September	December	March	June	September
A Holder					
B Pellissery					
A Pandor					
B Armstrong					
F Hodder					
H Bown					
D Butler					
I Craw					
M Ellis					
O Warner					
S Bostock					
R Peek					
E Mawby					
D Balkwill					

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	This will be brought to the NED/Governor Session in October. Complete
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
7.2 7.3	**Governance Briefing** • **Appointment of the Vice Chair** 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. • **Re-appointment of the Lead Governor** The Council of Governors ENDORSED the re-appointment of Andrea Holder as Lead Governor.			

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST Notes of the inquorate Council of Governors - Public Meeting 12.00, Tuesday 4 September 2025 At Sandford Education Centre		
Present	Deborah Evans	Trust Chair (Chair)
	Deborah Balkwill	Public Governor, Stroud
	Douglas Butler	Public Governor, Cotswold
	Pat Eagle	Public Governor, Stroud
	Mike Ellis	Public Governor, Cheltenham
	Fiona Hodder	Public Governor, Gloucester
	Andrea Holder	Public Governor, Tewkesbury
	Peter Mitchener	Public Governor, Cheltenham
	Asma Pandor	Staff Governor, Nursing/Midwifery Staff
	Russell Peek	Staff Governor, Medical/Dental Staff
Attending	Coral Boston	Equality, Diversity, and Inclusion Manager
	James Brown	Director of Engagement, Involvement and Communications
	Vareta Bryan	Non-Executive Director
	Lisa Evans	Deputy Trust Secretary
	Sarah Favell	Trust Secretary
	Khady Gueye	Incoming Forest of Dean Governor
	Richard Hastlow Smith	Associate Director, Cheltenham, and Gloucester Hospitals Charity
	Millie Holmes	Corporate Governance Assistant
	Matt Holdaway	Chief Nurse, Director of Quality
	Michelle Hopton	Delloitte (item 12)
	Raj Kakar Clayton	Associate Non-Executive Director
	Kevin McNamara	Chief Executive
	Sally Moyle	Non-Executive Director
	John Noble	Non-Executive Director
	Kerry Rogers	Director of Integrated Governance
	Shawn Smith	Incoming Non-Executive Director
	Angharad Watson	Incoming Forest of Dean Governor
Apologies	Bryony Armstrong	Public Governor, Cotswold
	Samantha Bostock	Staff Governor, Allied Health Professionals
	Helen Bown	Appointed Governor, Age UK Gloucestershire
	Ian Craw	Public Governor, Tewkesbury
	Emma Mawby	Public Governor, Gloucester
	Amanda Naylor	Appointed Governor, Healthwatch
	Kate Usmar	Appointed Governor, Gloucestershire County Council
	Olly Warner	Staff Governor, Other/Non-Clinical Staff
	John Cappock	Non-Executive Director
	Andrew Champness	Associate Non-Executive Director
	Sam Foster	Non-Executive Director
	Marie-Annick Gournet	Non-Executive Director
	Jaki Meekings Davis	Non-Executive Director

Ref	Item
1	**Apologies**

	The Chair welcomed Khady Gueye and Angharad Watson as new Forest of Dean Governors, along with Shawn Smith, whose appointment as Non-Executive Director would be considered later in the meeting. The Chair noted that Pat Eagle was attending her last meeting as a Governor, having reached the end of maximum term. The Chair thanked Pat on behalf of the Council for all she had done for the Trust during her tenure. 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 19 June 2024** The minutes of the meeting held on 19 June were agreed as an accurate record, approval would take place at the next quorate meeting.
4	**Matters arising** The updates to actions were noted.
5	**Chairs Update** The Governors received the regular report from the Chair of the Trust regarding her activities since the last Council of Governors meeting in June 2025, this was taken as read. The Chair reported that she had met with the Chief Executive of Gloucestershire County Council. Governors noted the close relationship and the need to work together with the local authority. The Governors noted the visits attended by the Chair. These included a visit with Kaye Law Fox (Chair of Gloucestershire Managed Services) to the Plant Room and to the top of the Tower at Gloucestershire Royal Hospital. The Chair had also attended the graduation at the Trust's Quality Improvement Academy. The Chair and James Brown had hosted a visit from Matt Bishop Member of Parliament for the Forest of Dean, which focussed on the emergency care pathway at Gloucestershire Royal Hospital. Governors noted that Matt was a former governor of this Trust. Meetings had now taken place with all local MPs. The Phlebotomists strike and the publicity around that, was discussed. The Chair also reported that she had met with regional Unison officers to try to resolve the dispute. On 13th August, a joint Governor / Non-Executive Director visit to Neonatal Intensive Care took place. This provided useful insights to consider when the Board received a report on the themes arising from a review of neonatal deaths at the Trust. The Chair had also met with Joanna Garrett, the Maternity and Neonatal Independent Senior Advocate for the Trust. The Governors noted that Gloucestershire was a national pilot scheme to explore the value of having a senior, independent figure who could support mothers and families who had experienced baby loss or traumatic births in a dialogue with the Trust about their experiences.

	Douglas Butler asked if there were any themes from the Members of Parliament visits, around what constituents were saying about the Trust. The Chair reported that this would normally be discussed but wasn't covered at these recent meetings, Kevin McNamara reported that the Integrated Care Board had regular meetings with local Members of Parliament, and he would provide an update at a future meeting. Mike Ellis asked if there was any update on the Phlebotomists strike. The Chair reported that a thorough meeting with them had taken place the previous day. Correspondence and options were discussed, although no immediate resolution was agreed.
6	**Chief Executive' Report** The report provided by the Chief Executive was taken as read. Kevin McNamara reported that work continued around relationship building. He had spent time with colleagues at Gloucestershire Health and Care Trust to look at how the Trusts could work together differently. The need to ensure that the Gloucestershire voice continued to be heard in a bigger system was noted. Gloucestershire Health and Care were developing their Trust Strategy and common themes were noted. A maternity health needs assessment was underway with NHS Gloucestershire to inform proposals for the future of maternity services in the county. It had been suggested that this Trust would be included in the list of Trusts to be investigated, Governors noted that Baroness Amos would Chair the review and would be writing to families to agree Terms of Reference. The maternity dashboard was being reviewed, there was a need to improve data and provide transparency. Kevin reported on the temporary closure of Stroud Maternity and Aveta Birth Centre. Improvements were being made around staffing and talks were taking place with the Integrated Care Board. A health needs assessment was underway to look at what is needed, this was likely to be available by winter and would inform decisions. This would be shared with Governors in due course. The NHS10 Year Health Plan was noted. The Trust's Strategy was in the final stages of development; it would need to set out the Trust's sense of purpose, and the patient's voice. Kevin updated the Governors on the British Medical Association Doctor's Industrial Action. He reported that there was no sense yet that this was close to a resolution, however there were messages coming from the centre around improvements to the working lives of junior doctors. The opportunity for this thinking to be extended across all staff areas was noted. Kevin also updated Governors on the IT disruption during the strike, caused by a failure of an air conditioning unit. The poor state of the Trust Estate and the impact on critical systems was noted; credit was given to the work of staff to resolve the issue. Report, Support and Learn was launched in the summer. It was designed to provide a safe, confidential, and accessible route for colleagues to report inappropriate staff-to-staff behaviours. An overview of the themes would be taken to Board. Douglas Butler noted the introduction of Martha's Law and asked what it took to implement this, at this trust. Matt Holdaway reported that a couple of dedicated staff members were involved; funding and support was received from the central team. Matt reported that it was

	being rolled out across the Trust and this Trust was going further than many others. Deborah Evans added that Martha's Law had been piloted here before it was made a requirement. Mike Ellis noted previous hopes for a new Hospital. Kevin reported that this would not happen within the next 5 years, however the Integrated Care System Estates Strategy includes reference to the need for a new hospital in the county and in time the development of a business case to support that would be required. In the meantime, the trust is developing its own Estates Strategy, supported by a six facet survey to get a much more accurate view of the quality of the estate and possible solutions. Mike also asked about long waits. Kevin reported that the Trust was in low double figures for long waits for Referral to Treatment; progress was being made with the Trust sitting at tenth in the Country. The Trust also provided timely access to elective treatment. Russell Peek asked about the review of the Physician Associate role and asked if the colleagues involved were being supported. Kevin reported that there were a large number of Physician Associates in the Trust; they had good access to the Mark Pietroni, Medical Director for support. No concerns had been raised.
7	**Governance Briefing** • **Non-Executive Director Appointment** The Governors noted that Jaki Meekings Davis was standing down as Non-Executive Director and Senior Independent Director, as her three year term was drawing to a close. Governors noted the recruitment process that had been undertaken and the recommendation of the Governance and Nominations Committee. The Governors present SUPPORTED 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. A request for approval of this would be shared with all Governors by email. **ACTION** • **Appointment of Senior Independent Director** It was proposed that Sally Moyle be appointed as Senior Independent Director and, subject to the requisite approvals of the Council of Governors this appointment should take effect immediately. The Governors present SUPPORTED the appointment of Sally Moyle as Senior Independent Director with immediate effect, until the end of her term as a Non-Executive Director. A request for approval would be shared with all Governors by email. **ACTION** • **Governor Election Update** The Election update was noted. • **Governance and Nominations Committee Membership**

	The Chair reminded Governors that was a vacancy for a staff governor on the Governance and Nominations Committee. Staff Governors were encouraged to consider nominating themselves for appointment to this Committee.
8	**Maternity Update** Matt Holdaway reported that this was a confidential item and a report on Maternity would be taken to the Board the following week. The Governors noted that in January 2024 a BBC Panorama documentary highlighted concerns about the quality and safety of maternity care nationally using three tragic deaths to highlight the concerns about maternity care, along with broader questions about culture and safety. The programme included the tragic deaths of two babies who died in Aveta Birth Unit in Cheltenham and a mother who died in Gloucestershire Royal Hospital. A number of important questions were raised that the Trust agreed should be explored. Matt reported that the National Maternity Safety Support Programme had looked at six areas. The Trust commissioned two independent reviews to identify further learning and drive improvement. An extensive programme of work was undertaken to contact all families affected, letting them know about the findings, offering support and clinical debrief, and a7n offer of a meeting with the Chief Nurse, Medical Director, and/or Chief Executive was made. These reviews would be shared at board the following week. Support would be focussed on the leadership team and support for the families. Governors noted that obstetric staffing remained challenging, and colleagues were caring for more complicated deliveries; caesareans now made up 50% of all deliveries. Governors noted that women now had the right to request a caesarean section, and a national increase was noted. The Health Needs assessment for Gloucestershire would be important. Russell Peek noted that the increased complexity of births lead to increased neo natal care and adult care, along with increased lengths of stay. Matt reported that systems and processes were in place and a full multi-disciplinary team was needed. Work was ongoing on obstetric staffing. Deborah Evans noted the Obstetric Work Force Business Case and asked if the Trust would meet the required hours on wards. Matt reported the position was complex – with obstetrics standards differing to birth standards, however once recruitment was completed the trust would be fully staffed. The Maternity Safety Support Programme was discussed. Matt reported that the Governance Framework was not sufficient 3 years ago and lots of work had been carried out to improve this. The new framework was now in place and senior staff had good oversight of the service. Governors noted that scanning need now outstripped availability and women were having to wait too long; availability was being increased. Matt reported on the Maternity External Reviews, which had looked at whether there were any other avoidable deaths. It had been difficult to find anyone to undertake the reviews and this had caused delays. The reviews were now complete, and the focus had been to reach out to families. Both reviews provided a number of recommendations and Governors noted that this had been a significant piece of work for Senior Colleagues who had worked with sensitivity. Matt highlighted that the National Maternity Dashboard showed that maternal mortality rates at this Trust were not above average. Panorama had erroneously stated that this Trust's maternal mortality was higher than the average. The MMBRACE data which compared us

	to similar organisations showed that the Trust was very close to its group average for neonatal mortality. The improvements to the service set out in the report were noted. Asma Pandor asked about morale and support for midwives. Matt reported that morale had improved, and staffing was nearing establishment. Work on culture and support was noted. Matt noted that the public papers to Board would affect families and staff. Staff were now able to talk to senior leaders and were being supported. Russell Peek welcomed the helpful overview, he noted the small numbers, but that these were life changing for those involved. He added that learning was vital. Douglas Butler asked about confidence that the new processes meant that this would not happen again and if there were arrangements in place to contact families. Matt responded that the Maternity Safety Support Programme had noted the great progress made but questioned the pace. Leaders had been advised of the need to move more quickly. Matt reported that he felt confident in the governance processes. He noted the media work that had taken place, including a dedicated website and outlined the work taking place to support clinicians. Anyone who raised a concern would be directed to the Patient Advice and Liaison Service. Kevin recognised that many issues affecting maternity were not unique to the service but the stakes were particularly high. He noted that other services could reflect on this experience.
9	**Equality, Diversity, and Inclusion Report** Coral Boston presented the Annual Equality, Diversity, and Inclusion Report for 2024/2025. Governors noted that NHS Trusts were required to publish an annual Equality Report in compliance with the Public Sector Equality Duty. Coral detailed the areas of work covered in report and noted that the report focussed on patients as well as staff. Coral reported that key achievements in 2024/25 were noted. These included the expansion of the staff network which now had over 500 members, improving staff survey results and the introduction of the Women's Network. Coral spoke about the launch of initiatives which included a piece of work for Deaf Awareness week; this saw Mark Pietroni, Medical Director mentor a deaf member of the domestic staff. Kaye Law Fox highlighted the confidence that the domestic staff member had achieved as a result of the programme and the difference this had made to her career. She had also brought about changes in GMS recruitment and training materials. The Chair reported that she had also been involved in the reciprocal mentoring scheme, having been paired with a colleague from the Integrated Care Board. She was now twinned with a neurodiverse staff member who had set up a peer support group. Additional training for inclusion champions was being developed to ensure that they raised issues of biased recruitment. Governors were also reminded that Gloucester Pride month was taking place the following month. Future plans and priorities were noted. The strategy included clear goals and targeted actions aimed at addressing ongoing challenges, strengthening accountability, and building on the progress achieved so far. The Workforce Race Equality Standard and Disability Equality Standard reports would be shared with each division and they would be advised on what they needed to change.

	Raj Kakar Clayton was pleased to see the ambition set out in the report and asked that a road map and the impact of the work be included in the next report. The Chair thanked Coral for the informative presentation.
10	**Update from the Charity** Richard Hastilow Smith provided the Governors with an update on the work of the Cheltenham and Gloucester Hospitals Charity. He outlined the Annual Plan and future Strategy. The Big Space Cancer Appeal was highlighted, this appeal was raising the funds needed to pay for the Trust's future cancer vision. Richard reported that this was a £17.5m project; £9.4m had been raised so far. Fundraising included the Lions at Large – Pride of Gloucestershire Trail, with lions appearing across Gloucester and Cheltenham. The Charity was building on the launch to establish the appeal as a priority cause locally in the longer term through a continued programme of donor engagement. Richard reported that the Charity was growing sustainable income and visibility. The Prize draw income for 2025/26 was projected at over £250,000 and Gifts in Wills income for 2024/25 raised over £700,000. The total income projection for 2025/26 was over £4m. The development of the Charity Strategy was noted, this would link to the Trust Strategy. The Governors noted the update and thanked Richard for attending.
11	**Non-Executive Director updates*:*** • ***Report from*** *Sally Moyle, Chair of the Charitable Funds Committee* Sally Moyle outlined her background as a registered nurse and Higher Education. She came to the Trust as an Associate Non-Executive Director and was now a Non-Executive Director. She had recently taken over as Chair of the Charitable Funds Committee. She talked about the work of the Charity, its strengths and challenges and the strategic review taking place. The Governors noted that the Charitable Funds Committee provided grants across the Trust totalling around £1m. These included, provision of a new ECG machine, supporting learning and innovation with new microscope, providing sensory aids for patients, supporting young children with epilepsy. Sally was also a member of the Finance and Resources Committee; she noted the challenging financial environment for the trust. The smart objectives Sally had agreed for her role were noted.
12	**Update on the year-end position** Michelle Hopton attended the meeting to update the Governors on the Trust year end position. The scope of the work was noted. Michelle reported that the three key areas of responsibility under the audit code, these were the Financial Statements, Annual Report and Value for Money. Michelle assured the Governors that no material misstatements were identified. Michelle reported that this was a good financial position for the Trust, noting the challenges. The Trust's target was to break even. Two significant weaknesses which were identified. These were reported in Deloitte's final report to the Audit and Assurance Committee on 19 June 2025. These related to: Financial sustainability – CIP Targets and Non-Recurrent

	Savings and Governance – CQC inspections. These weaknesses reflected the findings of the Care Quality Commission's (CQC) inspection reports issued in October 2022 and May 2024. The audit report was unmodified with the exception of reflecting the Value for Money significant weaknesses noted.
13	**Any other business** There was no further business for discussion.
Close 16.00	

Actions/Decisions				
Item	**Action**	**Lead**	**Due Date**	**Update**
	September 2025			
07	**Governance Briefing** • **NED Appointment** A request for approval of the appointment of 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. would be shared with all Governors by email. • **SID Appointment** A request for approval of the appointment of Sally Moyle as Senior Independent Director would be shared with all Governors by email. The appointment would be with immediate effect, until the end of her term as a Non-Executive Director.	LE LE	October October	Complete. The request for approval from all Governors was shared by email and confirmed the following week. Complete. The request for approval from all Governors was shared by email and confirmed the following week.
	June 2025			
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	Complete A session on Health and Safety will be arranged as part of the NED/Governor session in October 2026.

Report to Council of Governors

Date		4 December 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.

Visits

- As we are one of the Trusts which are part of Baroness Amos's review of maternity services, I have been continuing to visit our maternity services (as in my September Board report) These visits have included time spent with Joanne Cowan our Head of Midwifery, a review of Freedom to Speak Up in Maternity with Louisa Hopkins, a visit to the triage service in Gloucestershire Royal Maternity Unit. I've also visited PALS and reviewed maternity complaints.
- Shadowing staff governors – I completed my round of shadowing staff governors with a morning with Asma starting at Gallery 2 ward and learning more about how she supports patients and families where a person is living with dementia. Asma is one of only 13 Admiral nurses supported by dementia UK who are based in acute hospitals. Asma has worked in this Trust for a long time and is a Gloucester resident who had an enormous range of contacts both within our hospitals and in the wider community. There were many interesting aspects to my visit with her and the standout one is that she is the epitome of partnership working for patient and family benefit.

  I had previously shadowed Bilgy Pelissery, who is a staff nurse in theatres, but she is so indispensable that we weren't able to talk about her role and her perspectives. Fortunately, she invited me to join her in the nurse led cystoscopy review clinic which she runs with two other colleagues. This gave me the opportunity to talk with patients as well as to appreciate her independent practice.

- Radiotherapy late effects service. When I spent time with Sam Bostock our Allied Health Professional Governor I learnt about the "radiotherapy late effects" service which Sam and other colleagues have developed across the South West, in our case, with financial support from Macmillan. One in four people live with the long-term effects of cancer and its treatments which can result in debilitation physical, emotional and intimacy difficulties. This is a holistic service which creates an action plan with the patient and collaborates with other services to achieve the best possible outcomes. During 2025 Sam has successfully applied for this service to be substantively funded by specialised commissioning across the South West. This is a huge achievement and will bring enduring benefit to cancer patients.

- We have a rolling programme of MP and Councillor visits which took me to Stroud to visit Simon Opher MP, host a maternity visit from Cameron Thomas, MP for Tewkesbury and escort our Health Overview and Scrutiny councillors around the Gloucestershire Royal Emergency Department
- I visited the Tower wards at Gloucestershire Royal to meet night duty colleagues, in the company of Noel Peter our head of research and innovation and Coral Boston our EDI lead. The focus of this visit was to understand more about the experience of colleagues who work at night, very many of whom are from minority ethnical communities locally.

Ambassadorial

- "Hate has no home in Gloucestershire" - our communications team, working with colleagues from the Integrated Care Board and Gloucestershire Health and Care produced a statement from the Chairs of each organisation speaking out against racially motivated attacks and incidents towards our communities and our colleagues. We restated our commitment to inclusion and creating a safe working and living environment for everyone, in which our multinational workforce is a proud symbol. We have received positive feedback from many sources, so thanks are due to James Brown and his colleagues for this thoughtful work.
- New Governors – we are welcoming new governors Kate Usmar (Gloucestershire County Council stakeholder nominee), Nicola Hayward (Cheltenham) Khady Gueye, patient engagement and Angharad Watson (both Forest of Dean) and Gwyn Morris (Stroud). As usual I have meetings with each new governor as part of their induction process. We are in the process of talking with governors about how their role can evolve in the period until governors are replaced by other means of securing patient and public engagement as envisaged by the NHS 10-year plan

Non-executive directors link with colleague inclusion networks.

We have non-executive directors nominated as links with each of our inclusion networks with a defined role which complements that of the Executive Directors. The inclusion networks are organic, and some are able to be more active than others at the moment. In this context Marie Annick Gournet (BME network) John Cappock (disability network) John Noble (veterans network) and Deborah Evans (neurodisability network) have all been meeting with their respective network leads and attending events where appropriate.

Gloucestershire Managed Services and Equality, diversity and inclusion

Our colleagues working within Gloucestershire Managed Services (GMS) our wholly owned subsidiary, are invited to join the relevant network, effectively making them "Group" rather than Trust networks.

Equality diversity and inclusion is actively included in the following activities:-

- manager / supervisor /colleague discussions during bi-weekly site visits by Chair and MD
- GMS Resilient Leaders training, including
  - behaviours, treatment and respect of others
  - recruitment and how to recognise / address bias
  - Equality Act, protected characteristics
- local ownership of people metrics in dashboards used at supervisor levels and above. GMS has recently been given access to its EDI data and these will be incorporated into

future iterations
- triangulation with staff survey and customer survey data by the leadership team
- development of options to support staff for whom English is not the first language, and with specific skills needs (such as IT)
- preparing for the Equality (Race and Disability) Bill: mandatory ethnicity and disability pay gap reporting
- representative engagement in GMS [colleagues'] focus groups; campaigns development and co-created action plans

Penny Bickerstaff, the GMS recruitment officer is reaching out to communities of neuro diverse young people to support them to access work experience and internships and is collaborating with the National Star College on placements for some of their students.

Freedom to Speak Up

It was Freedom to Speak Up week during October, and to complement the work which Louisa Hopkins our Freedom to Speak Up Guardian is doing on “closing the loop” and ensuring that action results when colleagues speak up, we invited Louisa to join on of our non-executive director meetings. Louisa took us through a couple of recent anonymised case studies and illustrated where follow up had been seen as successful by the colleague concerned and a second where it was less conclusive.

Non-Executive Directors have also been doing the online training offered by the National Guardians Office.

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 – November 2025

1 Patient Experience

1.1 Resident Doctors and BMA Industrial Action

The British Medical Association held five days of industrial action in England from 14 to 19 November 2025. The union and government have been in ongoing discussions since the previous action in July and this was the thirteenth period of action since March 2023.

The Trust's contingency planning focused on minimising disruption and maintaining access to care. During the July action Cheltenham General Hospital's Emergency Department was temporarily reconfigured to operate as a Minor Injury and Illness Unit during daytime hours and closed overnight. A total of 266 outpatient appointments out of around 2000 and 59 planned operations out of more than 500 were cancelled, with teams working to reschedule affected patients. The impact was less than in previous action.

There was little commentary on social media during the November action. Public communication about the temporary opening hours at Cheltenham General Hospital appears to have been effective and contingency arrangements continue to operate well based on experience from previous Industrial Action.

1.2 Home Births suspended

On 19 November it was announced that the home birth service will remain suspended for a further six months, following a previous two-week suspension.

The safety of mothers and babies is always our top priority and when concerns are raised, we must act. We acknowledge the impact this will have on families and have apologised for the disappointment and any distress resulting from these changes. Women and families who had planned home births are being contacted individually so midwives can discuss alternative birthing options.

I would like to extend sincere thanks to our midwifery colleagues who identified the safety issues that informed this decision and for their ongoing commitment to providing safe, high-quality maternity care. Their vigilance and professionalism are vital in protecting our patients and supporting the wider clinical team.

Home births are intended for low-risk deliveries, but complications can make them unsafe for both mother and baby. Although they account for less than 2% of births in Gloucestershire (around 4–6 per month), staffing the on-call service at night without requiring staff to work beyond safe limits is currently not feasible.

Over the past two years, recruitment has strengthened the main midwifery service, but the home birth teams have not grown. These teams require significant skills and experience to provide the level of autonomy needed to support women during labour at home.

Community midwives will continue to provide antenatal care in the community and midwife-led care remains available at Stroud Maternity Hospital and Gloucester Birth Unit. During the suspension, a risk assessment is underway to explore options that balance supporting birth choices with safe staffing across the maternity service.

1.3 Maternity update

In early December, we will also welcome the team from the National Maternity Review to the Trust. This is part of the national investigation announced by the Secretary of State in the summer and which we anticipate will report in the Spring. I will update the committee further at the next meeting.

In addition, we await the output from the full CQC inspection that took place in September.

1.4 Industrial Action update

Further talks have been held between the Trust and Unison regarding the ongoing phlebotomist strike.

At the time of writing, the latest meeting on 20 October involved ACAS to make progress in the dispute, following two other senior-level meetings in recent weeks. The Trust has made several offers to Unison to resolve the dispute, including:

1. **More pay** – all phlebotomy staff offered a Band 3 Healthcare Support Worker (HCSW) role in outpatients.
2. **Backpay** – the difference between the current band and the new Band 3 role backdated to April 2025.
3. **Protection of current enhancements** – weekend pay for staff on the 1 in 4 rota covering 8am–12pm Saturday and Sunday will be maintained temporarily while a new weekend model is developed.
4. **Better training** – the Band 3 HCSW role includes enhanced training leading to a recognised Care Certificate, paid time to complete training, and opportunities for career development including nurse associate or registered nurse roles.
5. **Improved facilities** – a better location for patients and staff in outpatients, reducing previous issues with patients waiting in corridors.
6. **Maintaining phlebotomy identity** – the Band 3 HCSW job description will include specific references to phlebotomy as an integral part of the role.

Maintaining the integrity of the national Agenda for Change Pay, Terms and Conditions framework is key to ensuring fair and consistent treatment across staff groups. The offers aim to sustain service improvements made during the strike and build on them.

Over the past six months, there has been no drop in the quality of blood samples taken by HCSW staff, with improved inpatient discharges before midday. This has supported hospital flow and patient care, contributing to better ambulance handovers.

In summary, the Trust has offered more pay, better training, career development and improved facilities for phlebotomy staff. A further meeting was held on Thursday 6 November 2025.

1.5 Supporting patients with *This Is Me*

A new programme of work has begun to promote the use of the national *This Is Me* document to support patients with dementia, delirium or communication difficulties who often feel anxious and disoriented in hospital settings.

The *This Is Me* document helps ease this distress by giving staff essential insights into a patient's preferences, routines and what matters most to them. This simple tool transforms care from generic to truly personalised, ensuring patients feel safe and understood.

On Knightsbridge Ward at CGH, the approach is practical and effective. Single rooms allow staff to keep the document visible and accessible, so vital details, such as preferred names, interests and sensitivities are immediately available. This reduces confusion and prevents distress, for example, by avoiding sudden lights or unexpected knocks. While widely used in dementia care, the form also benefits patients with learning disabilities or autism, offering guidance for procedures and reducing agitation.

The benefits extend beyond patients. Families feel reassured and involved, knowing their loved one's preferences are respected. Ultimately, *This Is Me* strengthens compassionate, individualised care. It helps staff work efficiently while creating a welcoming environment where patients and families feel heard and supported.

1.6 Lions at Large auction

Over the summer, thousands enjoyed the free Wild in Art sculpture trail, which was a first in Gloucestershire and featured 32 large lions and 54 little lions in their vibrant colours and stunning designs across Gloucester and Cheltenham.

On 9 October, I had the privilege of joining nearly 200 guests who attended the live auction that took place at Gloucester Cathedral. All the large lions and three little lions went to auction, while the remaining cubs have returned to stay at the schools and community groups who decorated them. In total, £220,000 was raised for our Hospital Charity and the Big Space Appeal. Each lion sold for between £2,500 and £30,000, with 20 sculptures achieving £5,000 or more under the hammer.

The campaign has made a significant contribution to staff and patients, as well as truly engaging people across Gloucestershire and beyond who came to the county to follow the tour. This could not have been possible without the support of our charity team who have contributed huge efforts over the past 18 months to make this all happen.

1.7 Tower Block upgrade

The Tower Block at Gloucestershire Royal Hospital has stood as a landmark on the Gloucester skyline since the 1970s, providing care for thousands of patients over the decades. As the building marks its 50th year, we are preparing to begin a programme of upgrades to ensure it continues to meet the needs of patients, staff and visitors for years to come.

While the Tower's exterior recently benefited from an £11 million upgrade to improve energy efficiency and appearance, we are now turning our attention to the inside of the building. This next phase is about improving the experience and environment for both patients and

staff and making it a building fit for the future. This includes essential works to upgrade the fire infrastructure.

1.8 Fire in Tower Block at Gloucestershire Royal Hospital

On Tuesday 4 November, a fire broke out just before 8am on the 8th Floor of the Tower Block at Gloucestershire Royal Hospital. The fire was caused by a malfunctioning battery unit used to power mobile computers causing a significant emission of smoke.

Gloucestershire Managed Services (GMS) staff responded immediately to contain the incident and moved the battery to a non-clinical area. Significant smoke developed and, to protect patients, wards followed the fire and evacuation plan and moved patients to other areas.

The Fire and Rescue Service attended promptly, assessed the area and confirmed there were no ongoing risks. They praised the response of ward staff, clinical teams who came to support and the GMS teams who managed the situation.

Around 40 staff were assessed for smoke inhalation. Some required treatment and a small number were monitored for longer. Wellbeing support was put in place for all affected staff and a full debrief is planned.

Although resolved quickly, the incident caused disruption, and a Business Continuity Incident was declared to support patient flow. Relatives of patients on the 8th Floor were contacted proactively to explain what had happened and reassure them if their family member had been moved temporarily.

Staff showed exceptional professionalism, supporting each other without hesitation and keeping patients safe throughout. It was a remarkable collective effort and the executive team has been visiting the teams involved to thank them for their calm response, teamwork and commitment to patient safety.

The incident also reinforces the importance of the Board's decision to proceed with essential fire-infrastructure upgrades in the Tower Block.

1.9 Temporary Test of Change – Community Theatres

We are piloting a new approach to community theatre services at Cirencester, Stroud and Tewkesbury hospitals in partnership with the ICB. For six months, a trial of 'Centres of Excellence' will focus specialist teams, equipment and best practice to explore whether this improves care.

- Tewkesbury will continue Ophthalmology, ENT and Orthopaedic day cases.
- Stroud will continue Breast surgery, with Urology surgery being considered.
- Other specialties currently spread across the three sites will be centralised at Gloucestershire Royal or Cheltenham General.

As part of the trial, theatre activity in Cirencester will pause for six months. The aim is to use specialist staff and equipment more effectively, reduce delays and cancellations, and address inefficiencies from operating across multiple sites. Staff at the two active centres

will have more training and development opportunities, improving skills and patient outcomes.

Some patients may need to travel to a different hospital, but disruption will be minimised, appointments maintained, and choice preserved where possible.

After six months, the trial will be reviewed, considering patient outcomes, staff feedback and service efficiency. Findings, including patient and public feedback, will be shared at Board and through the Gloucestershire County Council Health Overview and Scrutiny Committee.

2. People, Culture and Leadership

2.1 Hate has no home in Gloucestershire and Report, Support and Learn

In early October, the Chairs of the two NHS Trusts and the Chair of the new Integrated Care Board cluster issued an open letter in response to rising racially motivated incidents in local communities and directed at staff. Staff continue to share first-hand experiences.

Political debate and peaceful protest are democratic rights when respectful. A small minority has used recent protests to create hostility, causing verbal and physical threats that affect staff. This is unacceptable. The health and social care system relies on a skilled multinational workforce and cannot deliver high-quality care without them. The organisations stand with multinational colleagues, ensure safety and support and reject rhetoric that divides.

National symbols such as the Union Flag and St George's Cross should reflect shared values and diversity, not fear. Everyday acts of kindness demonstrate true British citizenship and the NHS exemplifies this. Work continues with police and community groups to support neighbourhood policing, promote inclusion and encourage reporting of hate crimes.

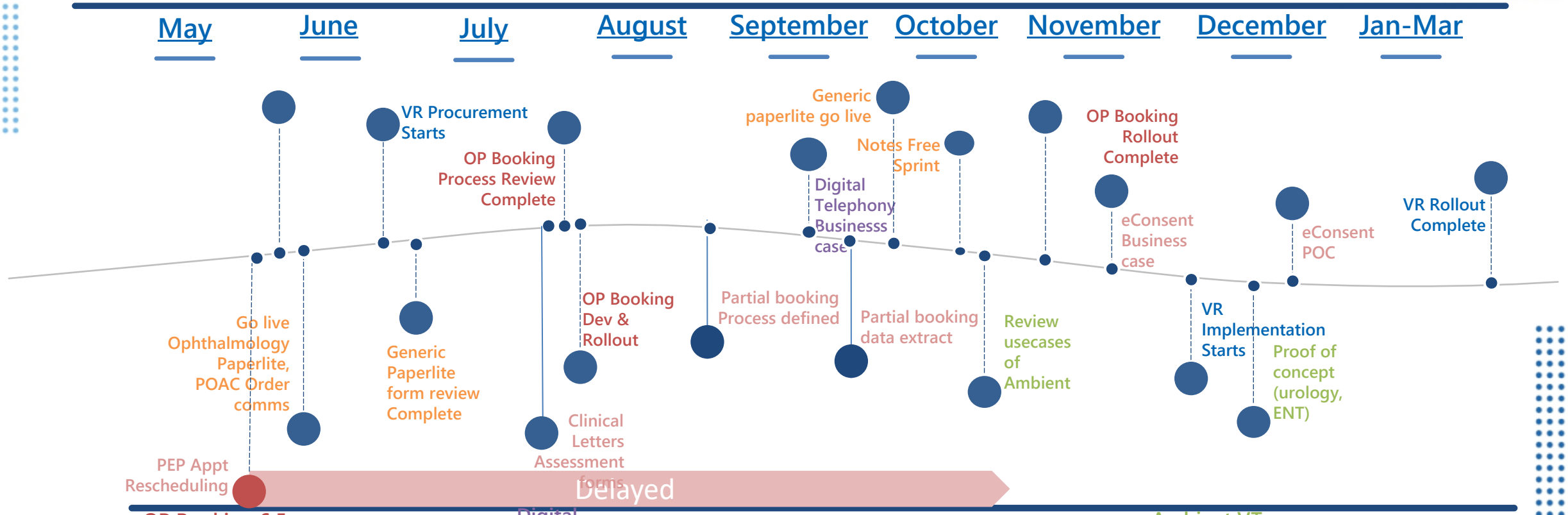
The 2024 Staff Survey reported 18% of staff had experienced harassment, bullying or abuse from a colleague, 52% did not report it, and nearly 4% experienced unwanted sexual behaviour.

A new campaign has been launched to tackle inappropriate behaviour and create a safer, more respectful workplace. It encourages all staff to act and allows anonymous reporting through the Report, Support and Learn system, helping the Trust identify patterns and take targeted action.

Kevin McNamara
Chief Executive
20 November 2025

Digital Projects Delivery Programme

Gloucestershire Hospitals NHS Foundation Trust



	OP Booking 6.5 WTE	PEP 9 WTE	Digital Telephony 4.7 WTE	EPR 9WTE	EPR	VR TBC WTE	Ambient VT TBC WTE
Reductions	• Reduce booking horizon • Implement revised booking process	• Appt Rescheduling • Clinical Letters • Assessment forms – Urology • - Rheumatology • eConsent • Partial Booking	• DRB business case submission • Project approval • Discovery phase • ON HOLD	• Paperlite Paediatrics • Growth charts • Order comms POAC • Trust Wide Order comms	• Draw feature • Notes free sprint • Generic paperlite	• Extend existing VR contracts • Trust wide deployment of VR • Removal of Crescendo	• Review usecases for Ambient • Proof of concept • Clinic outcomes tracking

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Delivery status

Go lives achieved in last 3 months:

- Assessment forms – Audiology, Respiratory, Pain management
  - Ability to view summary of patient assessment responses through DrD – reducing clinical administrative time collating paper assessment results
  - Pain management has seen disappointing results of pain app uptake such that further investment in this has been stopped
- Clinical letters Trust wide being issued via Synertec for digital/print and post
  - Reduction in local printing going via post room - Issues outstanding with letters cc'd to GP where patients are sent locally printed letters to include enclosures such as sample pots.
  - Reduction in cost pressures from reduced number of printed letters
- RPA eRS processing across CBO workflows and MSK
  - Reduced workload in downloading and uploading referral documentation – 6.93 Band 3 and 3.6 Band 2 in CBO, MSK yet to confirm whether they can release the 33hrs per week that RPA
- RPA in theatres
  - Reduced workload and improved process efficiencies which will be supported by TCI letters automatically going to Synertec – planned 1.2 WTE reduction
- Room bookings across Bookwise
  - Ability to view room utilisation Trust wide – link established between clinic and room bookings in order to improve clinic space usage

PEP Update

Gloucestershire Hospitals NHS Foundation Trust

Appointment Rescheduling:

Go-live postponed from May 2025 due to configuration issue now unblocked. Revised delivery timescales to be confirmed

Key Benefits:

- Patients able to self manage appointments
- Departments able to exclude appt types from rebooking via Patient portal e.g. series booked appts in Oncology
- Reduction in local workload to allow staff to focus on higher value added tasks e.g. complex patient appt bookings

Digital Letters:

Transition to digital and postal delivery of letters via Synertec

- TrakCare appt letters are increasingly being routed to Synertec for digital delivery and where necessary, postal fallback, supporting the move away from internal printing.
- Clinical letters across all services, live with digital issuing via Synertec – still local printing required where letters contain essential enclosures.
- Ophthalmology letters will be sent using MESH from the Optimize System – solution currently in development
- Radiotherapy letters produced from ARIA will be sent digitally soon – solution currently in development
- Review underway of process to support actions tracking from clinic letters

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PEP Update

Gloucestershire Hospitals NHS Foundation Trust

Assessment Forms:

POAC:

- Development complete. Assessment form testing complete.
- Awaiting delivery of end to end solution using EPR.

Urology:

- Development of 2 digital forms to replace current 4.
- SOP finalised.
- Patient list integration to be established prior to go live

Respiratory:

- Development of 4 digital forms – fully tested and signed off
- Ready to deploy on a manual issue basis (no integration to patient lists)

Rheumatology:

- Testing complete; go-live blocked due to lack of admin support.

All specialities intend to use forms only when responses flow into EPR and alert staff – require solution from DrD to proceed.

Audiology:

- Testing complete – ready to go to Change Board for approval to go live

EPR integration:

- Project commencing to get Patient assessment form responses into EPR

Partial Booking:

Allow patients to choose own appointment at their convenience.

- Aims to reduce wait horizon from 50+ weeks to 8weeks
- Reducing booking horizon will reduce cancellations and DNA rate.
- Solution requires rework of current clinic templates to separate between excluded appt types and those available for rescheduling through the portal
- Extensive work required to simplify appt types for sharing in the patient portal
- Need to review which specialties are best suited to adopting Partial Booking and which should not
- Increased administrative tasks can be automated using robotics

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RPA Update

Gloucestershire Hospitals NHS Foundation Trust

- Cancer Services - the first process is now live and completed
  - UAT on the second process is due to start in the next few days.
- eRS CBO went live end of June, averaging around 70 hours a week in time saved.
- eRS MSK development has been completed, UAT has been on hold whilst the team supports the Cancer Services activity.
- eRS roll out will continue once current workload is completed, however there is a need for the services to identify achievable benefits from the introduction of automation reducing manual inputs from WTE
- Radiology kiosks are being introduced so that patient appointment letters can be scanned as other appt letters are today to show patient attendance in clinics.
- Workshops and scoping has begun on Homecare Invoicing Process, knowledge sharing sessions with Royal Cornwall NHS Trust were very helpful.
- Theatre Scheduling process paused whilst we await full solution connectivity with other systems. This will be delivered with the ability for TCI letters to be autogenerated and digitally sent to patients
- Further opportunities have been identified with RPA but need to be worked up to show the achievable benefits

Follow up reduction update

Gloucestershire Hospitals NHS Foundation Trust

Project supports reduction of overdue follow-ups and release of clinical capacity.

Delivery will be in different waves with initial focus on clearing the oldest recall year (2022).

- 13 specialities confirmed to be participating to date - Respiratory Physiology, Urology, Neurology, Clinical Haematology, Diabetic Med, Endocrine, Oncology, Bladder and Bowel Health, Orthodontics, ENT , Oral Surgery, Orthotics and Rheumatology). Patient comms, letters and validation process discussed at Clinical Reference Group meeting.
- Initial patient communications go live was Monday 24th of November for 2022 follow-up patients identified in the overdue list - Neurology, Respiratory Physiology, Urology, Diabetic Med, Endocrine and Rheumatology.
- Next wave of specialities engagement: All specialities excluding paediatrics with patients on their follow-up waitlist
  - Approved & ready (2023 follow-ups): Orthodontics, Oral Surgery, ENT, Orthotics, Bladder & Bowel, Respiratory Med.
  - Pending Approval (2022 follow-ups): Gastroenterology, Cardiology and Upper GI.
- Social media content is being issued to keep both partner care services and patients informed.
- Discharge Process: Standard discharge letters to be issued to patients from the validation outputs. These will be produced using automated robotic process and issued digitally where possible, post to other patients.

Room Bookings update

Bookwise data migration:

- Final services coming online to Bookwise. Latest to join are Urology
- Data sheets have been sent to SLT and Podiatry for completion
- Meeting to be scheduled with MSK and Physio to investigate opportunities of using Bookwise for curtained areas or options for operational reporting based on current booking process.

Confirmation of reports that will be produced by those services unable to utilise Bookwise in order produce a first time summary of Trustwide room utilisation

Benefits of the project will offer all operational staff the ability to see where there's room availability from cancelled clinics.

Order comms Update

Gloucestershire Hospitals NHS Foundation Trust

- Order communications are moving from paper based request forms to digital so that the phlebotomist and lab can see what's coming in as new work before the patient/sample arrives
- Clinic Lists in EPR will make finding and selecting patients in the system, much simpler and quicker. Clinicians can use clinic lists to prep in advance of the clinic such as requesting notes where necessary and sending the patient for tests before being seen.
- Patients will be able to be provided with a printed Take Away request if bloods are to be collected at their GP.
- ICE will be retired within the Trust but remain in use for GPs. Therefore, all diagnostic tests currently booked by our clinicians on ICE will transfer to EPR. ICE will remain accessible in a read-only format for viewing reports.
- Changes to current processes will be trained to end users so that clinician and admin responsibilities are fully understood.
- Go Live anticipated for February

Paperlite Update

Gloucestershire Hospitals NHS Foundation Trust

- 2 services are currently totally notes free – no paper required at all to support Dermatology and Ophthalmology.
- Trust is looking at which services going forward can be either paperlite or completely notes free.
- Significant additional benefits can be achieved by being notes free, but requires additional investment which might not be feasible in the short term
- 560 Clinics identified to date that could be potentially notes free of over 6k
- Challenges over delivery at pace however, good feedback received from those 2 high use services already notes free.

Questions

Report to Council of Governors				
Date	4 December 2025			
Title	Freedom to Speak Up Update			
Author / Presenter **Sponsoring Director**	Louisa Hopkins - Lead Freedom to Speak Up Guardian Dr Claire Radley - Executive Lead for Freedom to Speak Up			
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

This report provides an update on the progress the Trust continues to make.

Including-

- Review and update on matters raised in 2024/25 Annual Report
- Freedom to Speak up Guardian assessment of the current position
- Review of concerns raised to Freedom to Speak Up

Impact on Corporate Risks:

Board Assurance Frameworks: 3 & 16

Regulatory and/or legal implications:

Freedom to Speak Up arrangements and learning are reviewed as part of the Well Led domain in CQC inspections.

The Trust is required to meet the following legal/regulatory requirements in relation to raising concerns:

• NHS contract (2016/17) requirement to nominate a Freedom to Speak Up Guardian.

• National NHS Freedom to Speak Up raising concerns policy (2022)

• NHS Constitution: The Francis Report emphasises the role of the NHS Constitution in helping to create a more open and transparent reporting culture in the NHS which focuses on driving up the quality and safety of patient care.

Sustainability Impact:

No impact on sustainability

Equality Impact:

Staff have spoken up about concerns regarding discrimination.

Staff disclose to the Freedom to Speak up service protected characteristics of disability,

pregnancy, maternity, religion, LGBTQ+ race and age.

Patient Impact:

Staff share patient safety concerns, and they are responded to on a case-to-case basis.

Concerns with elements of patient safety or quality are reported nationally to the National Guardians Office on a quarterly basis.

Recommendations

- Discuss and note the FTSU update
- Support the ongoing work of FTSU in improving speak up culture

Enclosures

Purpose

This is an update report of the Lead Freedom to Speak up Guardian capturing 2025/26 Q1 and Q2 data.

Background

The National Guardian's Office and the role of the Freedom to Speak Up Guardian were created in response to recommendations made in Sir Robert Francis's report 'The Freedom To Speak Up' (2015 www.freedomtospeakup.org.uk/the-report/). In this report, Sir Robert found that the culture in the NHS did not always encourage or support workers to raise concerns that they might have about quality and safety of care provided, potentially resulting in poor experiences and outcomes for patients and colleagues.

Concerns can be raised about anything that gets in the way of providing good care. When things go wrong, it is important to ensure that lessons are learnt and improvements made. Where there is the potential for something to go wrong, it is important that staff feel able to speak up so that potential harm is avoided.

Freedom to Speak up Guardians (FTSUG) are employed to promote an open and transparent culture of speaking up and raising concerns. FTSUG provide impartial support to speaking up matters, monitoring and supporting any concerns of detriment or disadvantageous behaviour toward staff as a result of speaking up. The Freedom to Speak Up (FTSU) Guardian values are Impartiality, Empathy, Courage and Learning.

The National Guardian's Office is an independent, non-statutory body with the remit to lead culture change in the NHS so that speaking up becomes business as usual. The office is not a regulator, but is sponsored by the CQC and NHSE.

Review and update on matters raised in 2024/25 FTSU annual report:

The FTSU policy has been updated to include recommendations from National Guardians Office

and actions from an external audit (June 2024) to include advice on detriment. The policy is now live.

FTSU listen up, speak up, follow up training is available for all staff to access on ESR. In addition a Training analysis review continues, with plans to incorporate the training with other mandatory training to support ongoing education. This work will continue into Q3.

The anticipated Report, Support and Learn platform has, as expected, impacted FTSU cases. The service has noted a reduction in concerns raised. FTSU has also observed an increase in cases having current barriers, suggesting FTSU is being utilised in the correct manner by staff seeking to speak up.

The FTSU service implemented weekly managerial drop-in sessions in response to the 151 out of 230 cases in 2024/25 where staff reported their line manager as a barrier to speaking up. This service is utilised by managers and to date 22 managers have accessed the support.

2025/26 FTSU data and activity:

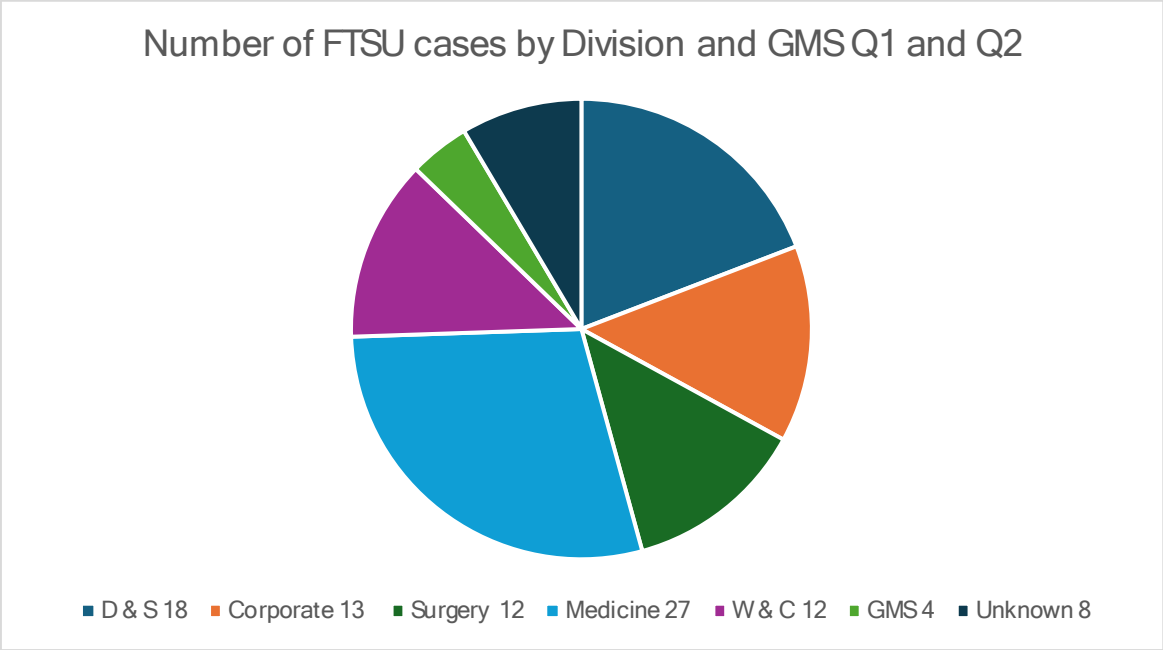
In 2024/ 25 230 cases were raised to FTSU. To date, 94 cases have been raised to FTSU, in comparison to 118 at the end of Q2 last year. There are 27 current open cases.

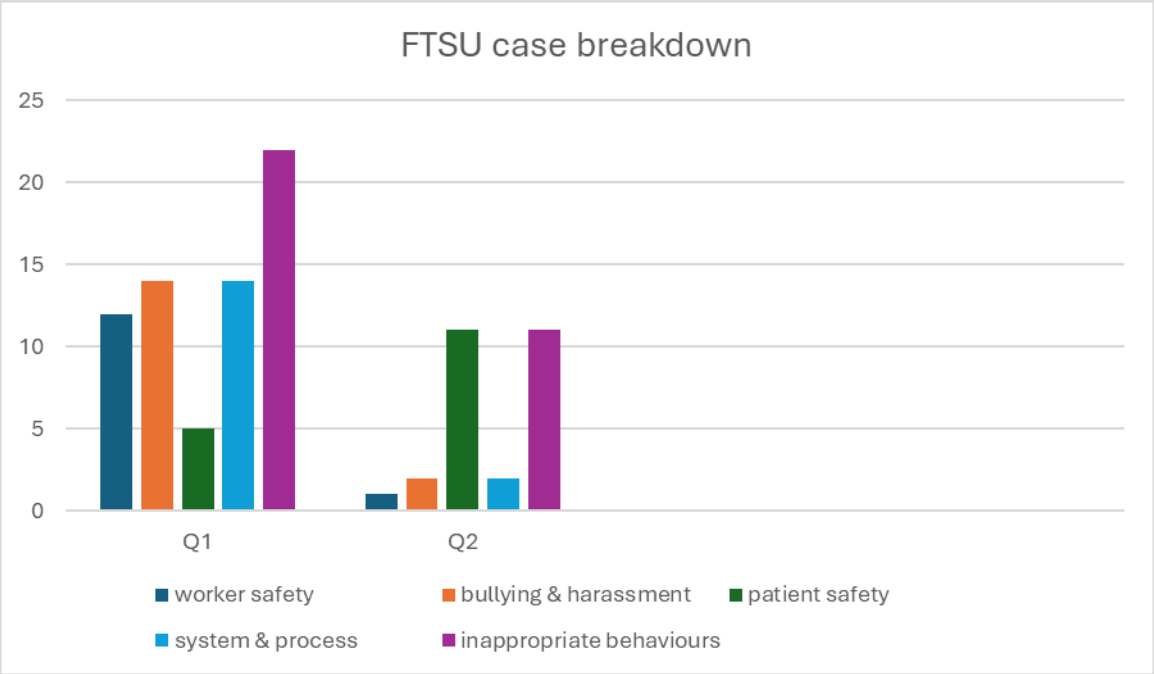
The types of cases that staff raise remain broad with staff accessing the service from all staff groups. It is reassuring that the reach of the service continues to be established in the organisation.

All concerns are addressed and escalated appropriately in the Trust and any barriers are reported to the Lead FTSU Executive Dr Claire Radley for action with regular contact with the Chief Executive.

Case breakdown Q1 and Q2

Case breakdown can be seen below with all divisions being active in the FTSU space. To date, inappropriate behaviour remains the highest reason for accessing FTSU.





Update on additional FTSU data points

FTSU has been capturing increased data to further understand barriers to staff speaking up. Concerns connected to patient safety and discrimination are part of this data collection in 2025/26.

To date 14 patient safety concerns have been raised and 14 cases relating to discrimination.

Discrimination cases include staff voicing being treated differently compared to non-disabled colleagues with regards to sickness, treatment and compassion. Racism cases have been raised and the impact of fear created by racist comments and behaviours. Recruitment and the impact

of bias in recruitment has also been raised by staff. The NGO report 'Amplifying the voices of overseas- trained workers' was published in May 2025. The report has 4 recommendations to action and address. This will be commenced in Q3 and updated on in the next report.

Patient safety data has included concerns connected to behaviours and how behaviours have the power to impact patient quality. Difficulties in speaking up is also voiced frequently by staff. Barriers have included staff disbelieving action would be taken and lacking belief in the Datix system as staff voice they do not receive feedback from concerns raised.

In addition, the service is capturing data regarding the length of time cases are held open.

Number of **DAYS** a case is open					
1- 10	11- 28	29- 60	61- 100	101- 150	150 +
7	19	15	15	7	4

There is no nationally held data to compare these findings to. Variables include the difference between staff closing a case and FTSU closing a case. This action depends on whether staff engage in the process until completion. Barriers in moving cases forward are linked to capacity in the organisation to respond, delays in staff and managers responding, and at times capacity in the FTSU team. However, NGO guidance dictates that cases should be responded to promptly by the organisation. Escalation and protracted timelines suggest that cases may not have been heard and responded to in a timely manner. Therefore, improvement will show in an increase of cases being closed at 29 days and below and this will be the target going forward

NQPS survey results:

The FTSU Lead Guardian has taken a deeper dive into the feedback noted in the NQPS survey results. 431 individual comments from 12 months of data have been read and categorised to learn more about staff's speaking up experiences in the organisation.

The results show that staff are voicing 2 elements of concern; concern about the Trust and how the trust manages speaking up issues, plus concerns about FTSU; how the service is viewed or experienced. 57% of the comments relate to the Trust, and 18% of the comments relate to FTSU service, 25% relate to improvements both could make.

Comments relating to the organisation include, impact of trust being damaged in some way either through experience, perception or fear. Past or present experience of speaking up where staff have experienced detriment, felt marginalised or a lack of action when speaking up. There were also noted barriers, such as a lack of belief in action and concerns around the visibility of senior leaders voiced as impacting speaking up experience.

Comments relating to FTSU included past or lived experience, where staff felt their concern was not acted upon promptly enough or did not result in the hoped action for the staff member. Visibility was highlighted a negative, with staff not always knowing who the FTSU Guardian is, or

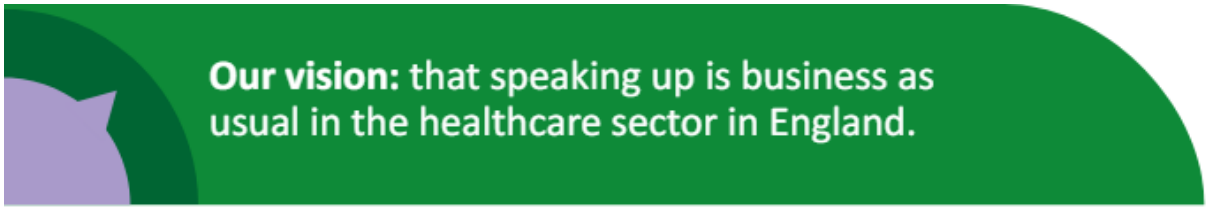
what they do.

Examples of comments can be seen below. The learning from these results will be taken to Staff Experience improvement board where RCA will be assessed and actions agreed.

NQPS comments re: speaking up in the Trust
My line manager berated me for speaking up in a meeting when I asked a question
When raising concerns keeping the individual's confidentiality is key. If managers are investigating into concerns, feed back to the individual who raised them so they have peace of mind.
I have no confidence in the organisation's ability or appetite to address the poor behaviours of some of our senior leaders and managers
If people are concerned about their direct line manager and the way they treat them how would anyone feel comfortable raising issues about them that would need to be raised and discussed with them. I worry about the repercussions from managers with regards to speaking up
Personal experiences 2 x occasions of speaking up. Dismissed, spoken to appallingly and made to feel like my fault. Don't feel heard.
NQPS comments re: speaking up to FTSU
The new FTSU team are great and easy to get hold of and talk to. Not sure i trust the after reporting tbh, evidence of nothing done or not taken seriously
I am not sure who the Freedom to Speak Up Guardians are
The freedom to speak up process starts off well but in my case it just seemed to end with no formal follow up.
I have recently spoken with the FtSU team; my only comment is where the office is placed, which is right next to a busy personnel office. Everyone in this first office can see who is coming to see the FtSU team (you have to walk through this office), so it's not particularly private and I felt quite uneasy walking in and walking back out again, as it was very clear what I was doing there. I don't feel this supports anonymity.
NQPS comments Re: suggesting speaking up improvements
Make Freedom to Speak Up Guardians and senior leaders more visible and approachable, so staff know who to go to and feel confident in doing so
It would help if there was more transparency when it came to this - i.e. showing how the trust has actually dealt with concerns.
Meeting the speak up guardians and knowing what exactly they do
Provide actual examples of incidents with successful outcomes, protecting individuals obviously, to

promote the service
Ensure clear and timely feedback is given to those who speak up, so they feel heard and understand what actions are being taken
Encourage managers to treat staff well and to listen
Maybe the speak Up Guardians should not be part of management, but instead an independent agency with no biases. This may in still confidence in them.
Make psychological safety a leadership priority; embed the message that speaking up protects patients and helps improve care and not something to fear or avoid

Local, Regional and National Work:



It was announced in June 2025 that the National Guardians office would close. NHS England will take over responsibility for national support and guidance of Guardians in 2026 as functions transfer from the NGO. The confirmation of this reinforces the essential role guardians play in developing safe, fairer and more transparent healthcare systems throughout England. More details can be found Freedom to Speak Up Guardian role will remain part of NHS Standard Contract - National Guardian's Office

Gloucestershire Hospitals Lead FTSU Guardian continues to actively engage with the National Guardian's Office, seeking support for the organisation on speaking up matters and providing support to peers and mentorship for newly registered guardians nationally. GHFT is set to host the South West network again in November 2025.

System working with Gloucestershire Health and Care NHSFT lead guardian and the South West guardians continues, aligning practice where possible.

Learning:

Attached is the National Guardians Office Reflection and Planning Tool; a guide leaders in the NHS. This document has been formulated over Q1 and 2, with support from multiple stake holders as a reflection tool. The actions captured will be worked through as a work plan over the Q3 and Q4.

Learning is promoted by the National Guardian Office as one of the key FTSU values. It is noted that the majority of concerns continue to provide local opportunities for learning and reflection.

Learning continues to be a point of development as the FTSU service engages with the Trust.

Quarterly data will be shared with divisions via the OD oversight group starting in Q3.

Report, Support and Learn will provide an avenue to triangulate data. Restorative Just and Learning culture is also an enabler of FTSU in supporting learning in the organisation. The progress of these functions and the improvements will continue to be reported on.

Conclusion:

The Freedom to speak up service has gained confidence and trust from staff. However, the focus on building stability and confidence in the function needs to be refreshed to ensure staff have a consistent service to reach out to.

Despite some improvements in speaking up culture, more needs to be done. To support this, building a healthy speaking up culture continues to be a workstream in the Staff Experience Improvement Programme. Next steps will include:

Review the independence of the FTSU guardian

Increase visibility across the sites with FTSU engagement

Complete root cause analysis on NQPS results to instil changes

Target FTSU cases to be responded to and followed up within 28 days

It is noted that there is genuine senior leader support to staff speaking up, and staff are listened to with compassion and appropriate action. The FTSU Service is committed to supporting this across all levels of leadership in the organisation.

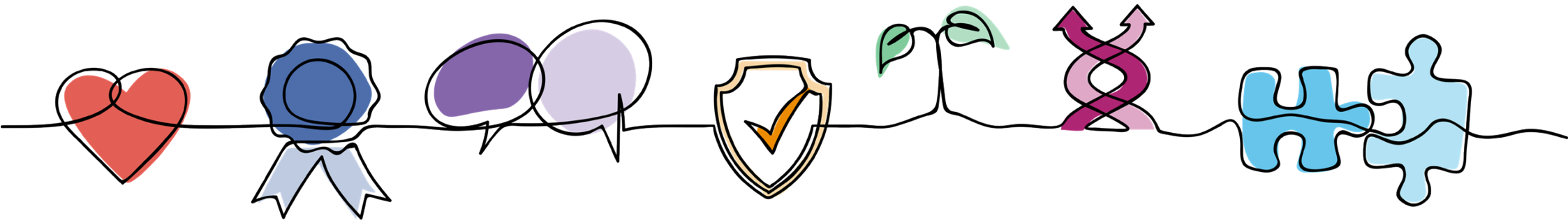
The FTSU service has an ambition to continue to operate restoratively, developing into a trusted service that improves organisational speak up culture, impacts patient safety/ quality by supporting the speaking up concerns of all staff who meet barriers.

National Guardian
Freedom to Speak Up

NHS

Freedom to Speak up

A reflection and planning tool



Introduction

The senior lead for FTSU in the organisation should take responsibility for completing this reflection tool, at least every 2 years.

This improvement tool is designed to help you identify strengths in yourself, your leadership team and your organisation – and any gaps that need work. It should be used alongside Freedom to speak up: A guide for leaders in the NHS and organisations delivering NHS services, which provides full information about the areas addressed in the statements, as well as recommendations for further reading.

Completing this improvement tool will demonstrate to your senior leadership team, your board or any oversight organisation the progress you have made developing your Freedom to Speak Up arrangements.

You may find that not every section in this tool is relevant to your organisation at this time. For this reason, the tool is provided in Word format to allow you to adapt it to your current needs, retaining the elements that are most useful to you.

If you have any questions about how to use the tool, please contact the national FTSU Team using england.ftsu-enquiries@nhs.net

The self-reflection tool is set out in three stages, set out below.

Stage 1

This section sets out statements for reflection under the eight principles outlined in the guide. They are designed for people in your organisation's board, senior leadership team or – in the case of some primary care organisations – the owner.

You may want to review your position against each of the principles or you may prefer to focus on one or two.

Stage 2

This stage involves summarising the high-level actions you will take over the next 6–24 months to develop your Freedom to Speak Up arrangements. This will help the guardian and the senior lead for Freedom to Speak Up carry out more detailed planning.

Stage 3

Summarise the high-level actions you need to take to share and promote your strengths. This will enable othersin your organisation and the wider system to learn from you.

Stage 1: Review your Freedom to Speak Up arrangements against the guide

NB- this document has been circulated with workshops held to include, Non executive support, Lead Executive Support, Champion network support, FTSU staff survey, NQPS survey results to ensure a robust, accurate overview of FTSU in GHFT. This work has been carried out over 4 months of capturing data and information (November 2025).

What to do

- Using the scoring below, mark the statements to indicate the current situation.

  1 = significant concern or risk which requires addressing within weeks

  2 = concern or risk which warrants discussion to evaluate and consider options

  3 = generally applying this well, but aware of room for improvement or gaps in knowledge/approach

  4 = an evidenced strength (e.g., through data, feedback) and a strength to build on

  5 = confident that we are operating at best practice regionally or nationally (e.g., peers come to use for advice)

- Summarise evidence to support your score.
- Enter any high-level actions for improvement (you will bring these together in Stage 2).
- Make a note of any areas you score 5s in and how you can promote this good practice (you will bring these together in Stage 3).

Principle 1: Value speaking up

For a speaking-up culture to develop across the organisation, a commitment to speaking up must come from the top.

Statements for the senior lead responsible for Freedom to Speak Up to reflect on Claire Radley Completed June 2025	Score 1–5 or yes/no
I am knowledgeable about Freedom to Speak Up	Yes
I have led a review of our speaking-up arrangements at least every two years	Yes
I am assured that our guardian(s) was recruited through fair and open competition	Yes
I am assured that our guardian(s) has sufficient ringfenced time to fulfil all aspects of the guardian job description	Yes
I am regularly briefed by our guardian(s)	Yes
I provide effective support to our guardian(s)	Yes
Enter summarised commentary to support your score.	

High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)
1
2

Statements for the non-executive director lead responsible for Freedom to Speak Up to reflect on Marie- Annick Gournet complete August 2025	Score 1–5 or yes/no
I am knowledgeable about Freedom to Speak Up	4
I am confident that the board displays behaviours that help, rather than hinder, speaking up	4
I effectively monitor progress in board-level engagement with the speaking-up agenda	4
I challenge the board to develop and improve its speaking-up arrangements	4
I am confident that our guardian(s) is recruited through an open selection process	5
I am assured that our guardian(s) has sufficient ringfenced time to fulfil all aspects of the guardian job description	4
I am involved in overseeing investigations that relate to the board	1
I provide effective support to our guardian(s)	4

Enter summarised evidence to support your score.
Procedural oversight report is provided to the board so that the board can oversee that procedures have been followed in a timely manner and pastoral support to those involved has been provided.

I meet with the FTSU guardian as and when the Guardian wishes to discuss a particular issue or to review progress against target set. However, it might be a good idea to schedule regular meetings in addition to these punctual arrangements.
I have not yet been involved in overseeing investigations that relate to the board and would welcome the opportunity to do so should there be such investigations.

High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)
1. There is a need to streamline the speaking up process with effective communication to ensure constituencies know where to raise an issue in all confidence, that will be pick up by the FTSU Guardian
2. Automatic invitation to attend investigations pertinent to the board.
3. Lead Guardian to reach out to NGO to understand best practice in this space, e.g., could impartiality of NED be compromised through overseeing investigations
4. Have regular planned meetings every 8 weeks to provide NED with overview of FTSU.

Principle 2: Role-model speaking up and set a healthy Freedom to Speak up culture

Role-modelling by leaders is essential to set the cultural tone of the organisation.

Statements for senior leaders	Score 1–5 or yes/no
The whole leadership team has bought into Freedom to Speak Up	3
We regularly and clearly articulate our vision for speaking up	4
We can evidence how we demonstrate that we welcome speaking up	4
We can evidence how we have communicated that we will not accept detriment	3
We are confident that we have clear processes for identifying and addressing detriment	3
We can evidence feedback from staff that shows we are role-modelling the behaviours that encourage people to speak up	3
We regular discuss speaking-up matters in detail	4

Enter summarised evidence to support your score.

Although Freedom to Speak Up is more widely acknowledged than previously, it may still require greater communication and support. There are peaks and troughs in utilisation and appreciation of the service, perhaps in line with large events or changes within the organisation. Staff do not always have a clear understanding of how long it can take to address an issue raised through Freedom to Speak Up. Often, when people speak up, the matter is personal to them, and they may desire a quick solution. This can lead to feedback that individuals do not feel their matter is being dealt with, or they may express that they wouldn't use Freedom to Speak Up again in the future. There may be a place for greater expectation-setting to individuals who utilise the service and explaining the process thoroughly so that they may understand why matters can be complex to address and therefore take longer than expected; just because the issue has not been dealt with does not mean important work and change is not going on.

Individuals who raise an issue through Freedom to Speak Up may wish to remain anonymous, and this is supported by the organisation and the FTSU function. There has been discussion and reflection that setting expectations with individuals who raise a matter through Freedom to Speak Up should be encouraged to hold some ownership over it themselves, provided the ask is fair and appropriate.

Freedom to Speak Up is discussed at GHNHSFT's New Leaders event, which is for existing staff in a new leadership role as well as staff new to the organisation in a leadership role. Freedom to Speak Up is communicated to staff in the Cultural Journey newsletter and is discussed in Supporting Wellbeing training. GHNHSFT hosted the Southwest regional meeting, and it was highlighted here that speaking up is the best barometer for culture within the organisation.

Freedom to Speak Up is also included in the Patient Safety Associate Programme agenda, which is open to all staff senior leaders and managers. The programme provides staff with practical knowledge and skills to act as a resource within their teams on key aspects of patient safety, including human factors, safe systems, risk management, incident management, and creating a just culture. Participants are also supported to drive quality improvement in their areas. This aligns closely with the patient safety element of Freedom, reinforcing its role in promoting openness, learning, and safer care.

There are improvements to be made. Staff survey results have shown an improvement in confidence to speak up, but there is still a way to go. It is not clear that all at a senior level have the required openness, curiosity and responsiveness that is required for Freedom to Speak Up matters, and this can manifest in a lack of timeliness. This is something that needs addressing in order to bring about confidence in the process.

Engagement with divisions is not embedded to date. Consistency is needed to fully embed the Freedom to Speak Up message and benefits to the organisation.

High-level actions needed to bring about improvement (focus on scores 1 ,2 and 3)
1. Investigate further whether there are any examples of good practice regarding detriment to use for learning (when discussed with SW, agreed GHFT are working well in the area of responsiveness)
2. Progress further embedding FTSU with divisions
3. Ascertain how frequent patient safety updates should be on the agenda. To date, it has been on an 'as needed' approach

Statements for the person responsible for organisational development	**Score 1–5 or yes/no**

I am knowledgeable about Freedom to Speak Up	4
We have included creating a speaking-up culture (separate from the Freedom to Speak Up Guardian process) in our wider culture improvement plans *(SEIP, however, led by FTSUG, not OD lead)*	4
We have adapted our organisational culture so that it becomes a just and learning culture for our workers	3
We support our guardian(s) to make effective links with our staff networks	4
We use Freedom to Speak Up intelligence and data to influence our speaking-up culture	4

Enter summarised evidence to support your score.

FTSUG is co project lead for RJLC work and provides training and support to managers. FTSUG Is knowledgeable on RJLC and influences RJLC.

FTSUG is engaging with staff networks and involved in recent inclusion network engagement.

FTSU data is delivered at board level for to provide wider understanding of cultural speaking up picture.

SEIP has a speaking up work stream led by the FTSUG.

High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)

1. RJLC is well supported by the organisation as cultural change, the work is yet to be fully embedded.

   Further actions will be captured for RJLC in SEIP actions

Statements about how much time the guardian(s) has to carry out their role	Score 1–5 or yes/no
We have considered all relevant intelligence and data when making our decision about the amount of ringfenced time our guardian(s) has, so that they are able to follow the National Guardian's Office guidance and universal job description and to attend network events	Yes
We have reviewed the ringfenced time our Guardian has in light of any significant events	Yes
The whole senior team or board has been in discussions about the amount of ringfenced time needed for our guardian(s)	Yes
We are confident that we have appropriate financial investment in place for the speaking-up programme and for recruiting guardians	Yes

Enter summarised evidence to support your score.

Freedom to Speak Up now sits within People and Organisational Development. This happened following a restructure of People & OD. In other organisations, Freedom to Speak Up can sit elsewhere due to concerns about boundary crossing between Freedom to Speak Up and HR, however, these boundaries are felt to be easily manageable within FTSU.

There is recent change in the FTSU service changing from a model of multiple guardians to 1 WTE and 1 guardian with an hour a week. The introduction of report, support and learn is likely to impact the service, so the decision has been made to review effectiveness of current model at the end of Q4 2025.

High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)

1. Review FTSU model end of Q4 2025

Principle 3: Make sure workers know how to speak up and feel safe and encouraged to do so

Regular, clear and inspiring communication is an essential part of making a speaking-up culture a reality.

Statements about your speaking-up policy	Score 1–5 or yes/no
Our organisation's speaking-up policy reflects the 2022 update	Yes
We can evidence that our staff know how to find the speaking-up policy	2

Enter summarised evidence to support your score.

The Freedom to Speak Up policy has been revised and is live. This policy has been designed to be reader and user-friendly, and to be more aligned with national guidance.

We recently carried out a **trust-wide FTSU Staff Survey** to assess staff understanding of the Guardian role and awareness of how to access the service. Unfortunately, the response rate was low, with only 3% of staff (294 responses) completing the survey.
Key findings (average ratings on a scale of 1–5, where 1 = poor and 5 = excellent):

- Confidence in how to speak up or raise concerns: **2.99**
- Confidence in understanding the role of the Guardian: **3.21**

In addition:

- **70%** of respondents said they knew how to contact the FTSU Guardian team.
- **17%** said they did not know.
- **13%** were unsure.

Although the question (do you know where to find the speaking up policy) was not asked directly, staff awareness/ability of how to contact FTSU may be linked to awareness/ability to access the policy, as contact details are located on the intranet below the link to the policy. QR codes on posters also direct staff to the intranet for this information.

High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)

1 Working with Comms to improve and increase accessibility to FTSU Policy on Intranet page. Capture amount of visits to policy and capture qualitative data from NQPS survey re: policy.
2

Statements about how speaking up is promoted	Score 1–5 or yes/no
We have used clear and effective communications to publicise our guardian(s)	Yes
We have an annual plan to raise the profile of Freedom to Speak Up	Yes
We tell positive stories about speaking up and the changes it can bring	3
We measure the effectiveness of our communications strategy for Freedom to Speak Up	Yes

Enter summarised evidence to support your score.

The induction process is changing, but Freedom to Speak Up will remain a part of this and there is Freedom to Speak Up information also provided in the wellbeing booklet. As well as other programmes/networks, DLP, Patient Safety Associate programme, AHP/Student nurses, Doctors inductions. The Freedom to Speak Up Guardian service also runs drop-in sessions for Managers every Wednesday. The FTSU service also now has 20 Freedom to Speak Up Champions whose role is to support embedding of speaking up culture as well as raising awareness/publicising the Guardian team and services avaible

There may be consideration required for how positive experiences of speaking up can be shared within the organisation to benefit learning.

Freedom to Speak Up guardians engage with wards through physical presence and may be requested to join for events such as Shared, Decision council Meetings, Away Days. Speaking is also hugely promoted during October, which is speak up month, this also correlates well with Black History Month and raising awareness of the staff survey.

The volume of speaking up cases, the staff categories pr professional groups reporting cases, as well as staff survey results, feedback from staff and engagement can be sued as measures of communication strategies.

High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)
1 Comms can be used to run regular awareness campaigns that celebrate successes and remind staff about the Freedom to Speak Up service, for example by sharing positive outcomes and the learning gained from concerns raised.
2 Infographic on intranet is available for all staff to see current FTSU cases. Action- review accessibility.

Principle 4: When someone speaks up, thank them, listen and follow up

Speaking up is not easy, so when someone does speak up, they must feel appreciated, heard and involved.

Statements about training	Score 1–5 or yes/no*
We have mandated the National Guardian's Office and Health Education England training	1
Freedom to Speak Up features in the corporate induction as well as local team-based inductions	5
Our HR and OD teams measure the impact of speaking-up training	3

Enter summarised evidence to support your score.

The Freedom to Speak Up Guardians have carried out a review of current training engagement and identified that fewer than 2 percent of staff have accessed and completed the FTSU training currently available via ESR. In response to this, a staff survey was conducted to assess awareness and understanding of the Guardian role, as well as knowledge of the training offer.
The survey received a 3 percent response rate, with 73 percent of respondents stating they were unaware that FTSU training was available.
In parallel, a survey was also carried out across the Southwest Guardian community to explore whether other organisations offer mandated FTSU training. Findings revealed that 78 percent of organisations offer FTSU training, with 67 percent mandating it either for all staff or specific staff groups based on role.
While there have been previous attempts to raise awareness of the training offer, such as targeted campaigns during Speak Up Month in October and promoting the Speaking Up, Listening Up, and Following Up modules on the intranet, overall uptake remains low.
A formal case to mandate FTSU training was submitted to the Mandatory Training Oversight Group, supported by a comprehensive training needs analysis. This case emphasised the importance of embedding a culture of speaking up as a core component of both patient safety and workforce wellbeing. However, the proposal also acknowledges the current **national directive to reduce the burden of mandatory training** and improve overall compliance rates.
As a result, the following alternative recommendations have been proposed:

1. **Integrating FTSU training into the Code of Conduct eLearning**, condensing the key messaging to highlight essential learning points. The Code of Conduct is widely accessed by staff at all levels and is renewed every three years.
2. **Signposting FTSU training through other relevant training modules**, such as patient safety training and Datix training.
3. **Utilising existing training, development, learning and engagement platforms**, such as the Developing Leaders Programme, Restorative Just Learning Culture (RJLC), and the Senior Leaders Forum, to promote and embed FTSU principles.

Final decision from the Mandatory Training Oversight Group was to integrate the training into as many elements of mandatory training as possible and this is being actioned by Education and training. Freedom to speak Up continues to be included within the corporate induction offering as a resource and support mechanism for staff. Freedom to Speak Up data is available to measure impact. GHNHSFT does not use Datix for Freedom to Speak Up as it was felt that this may not enhance trust in the system and instead avoids the system. It is important that Freedom to Speak Up is available and utilised by staff who have barriers to speaking up whether perceived or actual. When issues are raised through multiple different streams, it can make collating responses challenging and the FTSU works with staff to assess whether cases are speaking up issues (if the issue has been raised in multiple places).
High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)
1. Education action (Ed Iles)
2. The cultural heat map (This is the mechanism which captures organisational data) KPIs set out by SEIP measure impact of FTSU/ speaking up culture in the organisation

Statements about support for managers within teams or directorates	**Score 1–5 or yes/no**
We support our managers to understand that speaking up is a valuable learning opportunity and not something to be feared	3
All managers and senior leaders have received training on Freedom to Speak Up	4
We have enabled managers to respond to speaking up matters in a timely way	3
We are confident that our managers are learning from speaking up and adapting their environments to ensure a safe speaking-up culture	2
Enter summarised evidence to support your score.	

There is a new license-to-lead programme being set up for existing and new-starting managers. This will provide further opportunity to shape the way managers work and support speaking up within line management systems. There will also be a refresh of information and documentation available to managers; there is a Manager Toolkit available currently, but it is not felt to be fit-for-purpose at present.

Managers have access to weekly drop-in sessions. These provide a space for managers to discuss experiences with Freedom to Speak Up and talk things through. Feedback so far has been verbal, and this has been positive. These are advertised in the cultural update emails.

Sometimes managers will refer individuals to Freedom to Speak Up when they want to raise an issue, rather than holding the issue themselves Freedom to Speak Up is discussed on Band 6 and 7 development days with the goal of building managerial capability to work through these issues and keep competence in managers in handling issues.

High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)
1. License to Lead will support? date of start
2. Ensure Freedom to Speak Up manager drop-in sessions are clearly advertised on the dedicated Trust intranet page

Principle 5: Use speaking up as an opportunity to learn and improve

The ultimate aim of speaking up is to improve patient safety and the working environment for all NHS workers.

Statements about triangulation	Score 1–5 or yes/no
We have supported our guardian(s) to effectively identify potential areas of concern and to follow up on them	4

We use triangulated data to inform our overall cultural and safety improvement programmes	3

Enter summarised evidence to support your score.

Data relating to Freedom to Speak Up is one part of the picture. There is a wider cultural change programme; Staff Experience Improvement Programme (SEIP), which also includes the introduction of a Restorative Just and Learning Culture. There are expected to be various benefits brought about in the organisation as a result, which may also positively impact the Freedom to Speak Up service.

The Report, Support & Learn system is also being brough into the organisation through the work of the SEIP. This was needed due to there being no clear, streamlined way of reporting discrimination. (Datix was not proving to be effective when cases of discrimination were reported as these were often left not dealt with.) Bullying, harassment, discrimination or negative behaviours can be reported through this system which will generate clear data on areas that are having repeated issues.

All of this information forms overall understanding of culture within the organisation and may show areas where barriers are more likely to be an issue for Freedom to Speak Up. Line managers are required to 'close the loop' on issues raised which will support this work sitting with managers to build capability.

Data generated through this system will form part of triangulated data and will be a significant improvement from where we are as an organisation currently; at present, data around levels of discrimination, bullying and harassment is not available.

High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)
1 Organisational action- cultural heat map
2 Development of triangulation with report support and learn/ OD Q report to divisions

Statements about learning for improvement	**Score 1–5 or yes/no**
We regularly identify good practice from others – for example, through self-assessment or gap analysis	3

We use this information to add to our Freedom to Speak Up improvement plan	4 (SEIP)
We share the good practice we have generated both internally and externally to enable others to learn	3 internally 4 externally

Enter summarised evidence to support your score.

The Southwest Guardian Network has been a good place to share learning, regular monthly meetings are held to provide peer support, share learning, and offer a safe space for constructive challenge and discussion. The Lead FTSUG is an NGO mentor and also support onboarding new FTSU guardians.
GHNHSFT recently hosted the annual Southwest Freedom to Speak Up Conference, which was a great success and included participation from Guardians and senior leaders across the Integrated Care System (ICS).

Following the success of the regional meeting in April, GHNHSFT will also be hosting another Southwest Guardians meeting in November. These meetings offer a valuable opportunity to speak openly and honestly about the realities of Freedom to Speak Up, and serve as an effective forum for sharing learning, experiences, and best practice.

Other Trusts outsource Freedom to Speak Up. This is not felt to be the desired direction for GHNHSFT, however, it is important that we remain curious about why other organisations have chosen to do it this way, and what we could be missing by not doing this, and how learning might be brought back into the organisation if Freedom to Speak Up is outsourced.

Following the recent organisational restructure, Freedom to Speak Up now sits within People and Organisational Development. While in some organisations FTSU is positioned outside of HR functions to avoid concerns around potential boundary overlap, within our current structure these boundaries are considered manageable.

It is important to acknowledge the impact that perception can have, particularly regarding the independence of the Guardian role when situated within an operational service. If concerns are raised within the same service line that FTSU reports to, and if resolution times are perceived to be slow, this may affect how Guardians are viewed—both by association and in terms of expected responsiveness and the perceived efficacy of the service.

Given this, and the potential challenges around Guardian capacity moving forward, it is worth exploring whether Freedom to Speak Up should sit more independently. This approach is common practice among some of our regional colleagues and could help strengthen both the real and perceived impartiality of the service. Additionally, the current variation in understanding of the Guardian role across the Trust may contribute to challenges around perception and expectations, making it more difficult for staff to fully engage with or trust the process. This reinforces the importance of raising awareness and embedding consistent knowledge across all staff groups. It is for this reason that many Trusts across the Southwest have chosen to mandate FTSU training for all staff, or for staff in specific roles, to ensure a consistent understanding of the Guardian role and the importance of speaking up.
High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)
1 Identify categorised learning as an SOP and report at board
2 Continue to work and engage with the organisation regarding learning approach and RJLC

Principle 6: Support guardians to fulfil their role in a way that meets workers' needs and National Guardian's Office requirements

Statements about how our guardian(s) was appointed	Score 1–5 or yes/no
Our guardian(s) was appointed in a fair and transparent way	5

Our guardian(s) has been trained and registered with the National Guardian Office	5

Enter summarised evidence to support your score.

There is consensus that the Lead Freedom to Speak Up Guardian was appointed in a fair and transparent way in line with NGO guidance.

High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)
1 Continue to reflect and self-assess above actions to ensure consistency
2

Statements about the way we support our guardian(s)	**Score 1–5 or yes/no**
Our guardian(s) has performance and development objectives in place	4
Our guardian(s) receives sufficient one-to-one support from the senior lead and other relevant executives or senior leaders	4
Our guardian(s) has access to a confidential source of emotional support or supervision	4
There is an effective plan in place to cover the guardian's absence	2
Our guardian(s) provides data quarterly to the National Guardian's Office	5

Enter summarised evidence to support your score.

GHNHSFT's Lead Freedom to Speak Up Guardian has external supervision 1:1 to support fulfilment of the role scheduled until July 2026.

To date, Report, Support and Learn has impacted and reduced noise to Freedom to Speak Up, changing cases to cases where staff have barriers, rather than FTSU being a 1st response service. There is no effective plan to cover in a guardian's absence, a system wide approach could be utilised.
High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)
1. Discuss further plans for cover in the event of guardian absence.

Statements about our speaking up process	**Score 1–5 or yes/no**
Our speaking-up case-handling procedures are documented	4
We have engaged with managers and other key stakeholders on the role they play in handling speaking-up cases	4
We are assured that confidentiality is maintained effectively	4
We ensure that speaking-up cases are progressed in a timely manner within the teams or directorates we are responsible for	3
We are confident that if people speak up within the teams or directorates, we are responsible for, they will have a consistently positive experience	3

Enter summarised evidence to support your score.

Freedom to Speak Up case handling procedures are documented. This is a significant improvement as we know that previous Freedom to Speak Up cases were not recorded well. However, recent NHSE guidance provides a new framework to review, and this is underway between digital and FTSUG

A review of Anonymous FTSU cases 2019- 21 was carried out. This found a considerable number of loose ends from individuals who had never had responses to issues raised. To date, this has improved, and there has been recognition that Freedom to Speak Up requires robust systems and considerable resource to be efficient and productive. Report, Support and Learn will support with limiting loose ends as managers have no choice but to provide feedback on cases.

FTSU will continue to communicate how confidentiality is protected throughout the speaking up process, in line with safeguarding policies and considerations for immediate danger or detriment. This message is consistently shared during face-to-face engagements with staff, through various forums, and via multiple communication channels, emphasizing confidentiality as a core attribute of Freedom to Speak Up.

As a service, we maintain strict confidentiality by not sharing case information outside of those directly involved.
In line with NGO guidance, Guardians cannot share case details without the consent of the individual speaking up. This approach reinforces, role models, and exemplifies the importance of confidentiality. Additionally, FTSU uses a secure system to handle all information and provide staff with the opportunity to raise concerns anonymously.

Currently, we are reviewing the time taken to resolve speaking up cases within the organisation, seeking to identify potential causes or contributing factors, which are often multifactorial. Enhancing education and learning for senior leaders and managers is expected to contribute to improving the timeliness from speaking up to resolution. FTSU reported at the last board on the time cases take to close and the contributing factors to this.

Consistently positive speaking up experiences is currently not universal across the Trust.
Findings from the National Staff Survey, along with the more recent local FTSU Staff Survey (despite a low response rate), indicate that staff continue to have reservations about speaking up. Concerns have been raised about experiencing detriment or disadvantageous treatment after doing so through the FTSU Trust wide Staff survey and a service line survey. However, it is unclear whether these experiences relate to historic cases or reflect the current state of the culture.

Notably, some staff from Black and Minority Ethnic (BME) backgrounds have expressed a reluctance to speak up, citing fear of negative implications or repercussions. This is often linked to the perception that they are already operating within a challenging environment, and that raising concerns could further exacerbate their experience.
High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)
1 Continue to streamline practice to build confidence and trust in those speaking up and those listening to the concerns
2 Develop SOP/ comms for managers who are supporting cases (to improve confidentiality and trust)
3 Increase visibility of FTSUG in face to face/ walk abouts in organisation

Principle 7: Identify and tackle barriers to speaking up

However strong an organisation's speaking-up culture, there will always be some barriers to speaking up, whether organisation wide or in small pockets. Finding and addressing them is an ongoing process.

Statements about barriers	Score 1–5 or yes/no
We have identified the barriers that exist for people in our organisation	4
We know who isn't speaking up and why	4
We are confident that our Freedom to Speak Up champions are clear on their role	5
Enter summarised evidence to support your score. At present, we do not know enough about the demographics of those who do not speak up, and feedback is very limited – currently 15 out of 230 cases in 2024- 25 provided feedback.	

This year, GHNHSFT is taking a deeper dive into discrimination cases, especially race discrimination to understand more about where these cases are occurring within the organisation and what barriers staff have met that has meant they have had to go through Freedom to Speak Up. For example, other organisations have found that internationally trained nurses may have concerns regarding speaking up and implications for visas.

Across the organisation, futility and fear are barriers. Staff not always trusting or understanding the process or the organisation.

Our FTSU Champion training highlights the value of a strong Champion network. Champions act as the eyes and ears of the service in areas we may not routinely have access, such as night shifts or specific staff networks due to capacity. Having Champions who belong to disadvantaged groups or act as allies helps bridge gaps and address barriers to accessing or engaging with FTSU. Champions are reminded that heir presence ensures that speaking up culture is constantly being promoted, with the Champion network playing a key role in embedding speaking up into everyday practice and enabling staff to feel safe, heard, and supported.

There is agreement that Freedom to Speak Up needs to remain within the SEIP as there are still key areas to progress. The SEIP is likely to end at the end of the financial year (March 2026) as most of the work within this will have moved over to BAU.
Medics have multiple option for speaking up which raises questions for triangulation of data. It would be helpful to know who uses the service and who doesn't use the service and how we might give these individuals a voice.

High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)

1. Determine how we encourage staff to give feedback on the Freedom to Speak Up service

2. Continue to assess futility in the organisation:
   Actions- assess response times for learning and closing times for responsiveness

3. Refresh feedback view by encouraging all staff to voice speaking up experience on a feedback QR code. This will capture a wider view.

Statements about detriment	Score 1–5 or yes/no
We have carried out work to understand what detriment for speaking up looks and feels like	4
We monitor whether workers feel they have suffered detriment after they have spoken up	3
We are confident that we have a robust process in place for looking into instances where a worker has felt they have suffered detriment	4
Our non-executive director for Freedom to Speak Up is involved in overseeing how allegations of detriment are reviewed	3

Enter summarised evidence to support your score.

We have assessed detriment in multiple staff surveys that share a clear message staff are fearful of detriment, they share compelling experience of disadvantages behaviour as a result of speaking up at local level.

While FTSU works in a manner to encourage staff to continue communication, often staff leave the process once they have spoken up. This can be due to the length of time they have taken to speak up (eg someone raising bullying from 2021), due to not getting the answer they would like through the organisation or due to not fully understanding what FTSU can and cannot do.

Detriment will be a significant area of focus for the Freedom to Speak Up workstream of the SEIP. There is work to be done to understand the prevalence of the issue. There are clear processes in place for clear and obvious cases of detriment. However, where detriment is more subtle this is less easily challenged, especially when this is at a local level within teams.

High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)
1 Continue to engage with staff and promote the FTSU message
2 when issues of detriment occur, the NED will be informed

Principle 8: Continually improve our speaking up culture

Building a speaking-up culture requires continuous improvement. Two key documents will help you plan and assess your progress: the improvement strategy and the improvement and delivery plan.

Statements about your speaking-up strategy	Score 1–5 or yes/no
We can evidence that we have a comprehensive and up-to-date strategy to improve the speaking-up culture	Yes (SEIP provides this at present)
We are confident that the Freedom to Speak Up improvement strategy fits with our organisation's overall cultural improvement strategy and that it supports the delivery of related strategies	Yes
Our improvement plan is up to date and on track	Yes
Enter summarised evidence to support your score. GHNHSFT is in the process of developing a new Trust Strategy. It is likely that Freedom to Speak Up will be a part of this, however, Guardians have been awaiting the publication of the new Trust Strategy before developing a separate Freedom to Speak Up policy as these must be aligned.	
High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)	
1	
2	

Statements about evaluating speaking-up arrangements	Score 1–5 or yes/no
We have a plan in place to measure whether there is an improvement in how safe and confident people feel to speak up	Yes NPQS survey holds FTSU questions
Our plan follows a recognised 'plan, do, study, act' or other quality improvement approach	Yes
Our speaking-up arrangements have been evaluated within the last two years	Yes
Enter summarised evidence to support your score. There are metrics available to guide the direction of Freedom to Speak Up. Some of these sits within the Staff Experience Improvement Programme. It is recognised that Freedom to Speak Up is a key metric for	
High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)	
1.	
2	

Statements about assurance	Score 1–5 or yes/no
We have supported our guardian(s) to structure their report in a way that provides us with the assurance we need	Yes
We have we evaluated the content of our guardian report against the suggestions in the guide	Yes
Our guardian(s) provides us with a report in person at least twice a year	Yes
We receive a variety of assurance that relates to speaking up	Yes
We seek and receive assurance from the relevant executives/senior leaders that speaking up results in learning and improvement	Yes
Enter summarised evidence to support your score. Board reports up to date where board fully engage with FTSU issues	
High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)	
1.	
2	

Stage 2: Summarise your high-level development actions for the next 6 – 24 months

Development areas to address in the next 6–12 months – This will be captured in SEIP actions.	Target date	Action owner

Stage 3: Summary of areas of strength to share and promote

High-level actions needed to share and promote areas of strength (focus on scores 4 and 5)	Target date	Action owner

Report to Council of Governors	
Date	4 December 2025
Title	Staff Survey - Impact of Interventions
Author /Sponsoring Director/Presenter	Author: Josh Penston, Culture & Staff Experience Manager Sponsoring Director/Presenter: 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

This report presents an overview of the Trust's 2024 NHS Staff Survey results, published nationally in March 2025. It outlines the key challenges identified and details the trust-wide and divisional actions taken to address 25 priority areas (five per Division). Several of these challenges are recurring year-on-year and shared across multiple Divisions.

From the 25 lowest-scoring divisional questions:

- **11 are being tackled through organisation-wide programmes**, such as *Report, Support and Learn*, appraisal reform, strengthening Freedom to Speak Up, MSK risk reduction, and the revised food offer.
- **14 require divisional ownership**, with local action plans in place and overseen through divisional People Boards and service line reviews.

Progress since the survey includes:

- Launch of **Report, Support and Learn** (July 2025), providing a safe and consistent route for reporting inappropriate behaviours.
- Roll-out of a **refreshed appraisal policy and process** (July 2025), embedding meaningful conversations on wellbeing, development, and clarity of role.
- Strengthened **Freedom to Speak Up training** for managers, with targeted support in areas where staff feel least confident to raise concerns.
- Bespoke **Moving & Handling support** to address MSK risks in high-intensity areas such as surgery.
- A revised **food offer**, with plans underway for night-time provision and 24/7 nutritious vending to ensure equitable access for all staff.

Despite ongoing efforts to sustain and build on improvements identified in previous results, the organisation continues to face capacity pressures across several divisions, which may limit the effectiveness of these well-intentioned initiatives.

The most recent National Quarterly Pulse Survey (NQPS) highlights a decline in staff experience across several key areas compared with both April 2025 and July 2024. Levels of engagement and enthusiasm for work have weakened, while confidence in speaking up, collaboration within teams, and perceptions of management support have also softened. These findings provide a clear signal of the current staff experience and morale across the organisation, underscoring the challenges that remain despite the progress and efforts outlined in this report.

While preparations are underway for the 2025 staff survey, the organisation will continue to:

- Embed SEIP priorities - teamwork development, tackling inappropriate behaviours, and supporting a safe speaking up culture.
- Support divisions in delivering their action plans, ensuring challenges are addressed at service and team level.
- Strengthen accountability through Executive Performance Reviews and tracking momentum via Quarterly Pulse Surveys.

Risks or Concerns

Continued delivery of the actions identified through the Staff Experience Improvement Programme, Trustwide initiatives and local divisional actions are subject to several risks:

- **Culture and Retention**: There is a risk that the significant pressures faced by leaders and staff will limit the capacity to embed and sustain improvements, with consequential impact on retention and morale.
- **Capacity Constraints**: Continued workforce capacity challenges may reduce the ability to implement actions consistently, resulting in limited progress across some divisions.
- **Workforce Reductions**: Planned or ongoing reductions in headcount may exacerbate existing pressures, affecting both delivery of improvement activity and staff experience in the areas of concern.
- **Governance Maturity**: People Boards in Women & Children and Corporate divisions are newly established, and therefore monitoring of progress and impact is not yet mature, creating a gap in oversight and assurance.
- **Food Provision**: While the Trust's Taskforce had made progress on reviewing the access to affordable, nutritious food, there remains no provision for staff working overnight, which continues to present a risk to equity of access.

These risks align to and should be considered in relation to the **Board Assurance Framework risk on retention.**

Recommendation

The Council of Governors is asked to:

1. Note the progress made in staff experience since 2023 and the recognition of our improved position against the national average.
2. Endorse the dual-track approach combining Trust-wide cultural transformation (through SEIP and related programmes) with divisional accountability and action planning.
3. Support the continued focus on embedding SEIP priorities: teamwork development, tackling inappropriate behaviours, and supporting a safe speaking up culture.
4. Agree to receive regular updates through People and OD Committee, including assurance

of ongoing divisional accountability and momentum.
Enclosures
Listening, Learning, Improving: Addressing the 2024 Staff Survey's Key Challenges v0.6

Listening, Learning, Improving: Addressing the Key Challenges in the 2024 Staff Survey

September 2025

Introduction

The annual NHS Staff Survey is one of the most important ways we understand how colleagues experience working at our Trust - their roles, their teams, and the wider organisational culture. The 2024 results, published nationally in March 2025, show encouraging progress.

Key highlights include:

- **Improved national standing:** Rising from 59/60 acute trusts in 2023 to 49/58 in 2024.
- **Widespread gains:** All seven *People Promise* themes show improvement, supported by a rise in overall positive scores.
- **Recognition for progress:** Now among the top five trusts nationally for year-on-year improvement in historic scores.

This progress reflects the impact of work delivered through the **Staff Experience Improvement Programme (SEIP)**, **divisional action plans**, and **additional Trust-wide initiatives**. Staff have also welcomed the introduction of new cost-centre-level reporting, giving teams greater ownership of their own data and empowering more precise local action.

Action to address results

Despite these green shoots, the results underline areas where challenges remain, including persistent hotspots that vary by Division.

This summary outlines the key challenges identified in the 2024 NHS Staff Survey and the actions taken across Divisions and Trust-wide initiatives to address them. The Staff

Experience Improvement Programme (SEIP) continues to drive cultural transformation with a focus on Teamwork Development, Inappropriate Behaviours, and Supporting a Safe Speaking Up Culture.

A full summary of the bottom 5 questions per Division can be found in appendix A.

The bottom five questions are identified by comparing the 101 divisional question scores with the overall organisational scores, highlighting the five with the largest negative differences.

Division	Summarised areas of concern	Actions taken
Corporate	- Feeling role makes a difference to patients - Feedback after incidents - Access to clinical supervision - Security in raising concerns - Appraisal completion	- Relaunch of appraisal process - Weekly FTSU training with deep dives and local survey - Enhanced FTSU support - Creation and development of Corporate Board
Diagnostics and Specialties	- Reporting physical violence - Staffing levels - Flexible working conversations and satisfaction - Appraisal quality	- Messaging to encourage violence reporting - Weekly Vacancy Control Panel reviews - Flexible working policy training and appeal process - Appraisal completion support
Medicine	- Violence, harassment, and discrimination from the public - Fatigue and workload - Witnessing of incidents	- 'No Excuse for Abuse' campaign - Behaviour Charter - Body-worn cameras in Eds - Strengthened security presence
Surgery	- Reporting violence - Autonomy in role - Additional paid hours - MSK issues - Access to nutritious food	- People Group meetings - EDI action plan - RJLC masterclasses - Recruitment to hard-to-fill roles - Bespoke Moving & Handling training
Women and Children's	- Unpaid hours - Staffing and workload - Affordable food - Witnessing of incidents	- Staffing improvements in Obstetrics - Midwifery apprenticeships - Incident review meetings - Team-specific improvement plans

There are several risks associated with the continued delivery of the above actions including capacity constraints, workforce reductions and governance maturity.

The latest National Quarterly Pulse Survey (NQPS) in July is highlighting a deterioration in staff experience which is also being seen nationally since the recent NHS announcements in workforce changes.

Trust-Wide Initiatives

A number of Trust-Wide initiatives have and continue to be implemented as a response to the key challenges across Divisions. These include:

Staff Experience Improvement Programme (SEIP)

Established in 2022, SEIP addresses organisation-wide challenges with three priority areas: Teamwork Development, Inappropriate Behaviours, and Supporting a Safe Speaking Up Culture. These are underpinned by Restorative Just and Learning Culture and Colleague Communications and Engagement.

Report, Support and Learn

Launched in July 2025, this platform allows staff to report inappropriate behaviours securely. Reports are triaged to ensure consistent responses, identify high-risk areas, and provide support and guidance to managers.

Inappropriate Behaviours Campaign

Launching in Autumn 2025, this campaign promotes a respectful workplace culture, encourages reporting of poor behaviour, and equips managers with tools to address issues constructively.

People Promise Exemplar Programme

Focuses on three areas: Flexible Working, Voice, and Learning. Supports embedding NHS People Promise principles through strategic initiatives and executive sponsorship.

Flexible Working

Policy review and updated guidance are being progressed. Resources and toolkits support staff and managers. Executive sponsorship ensures strategic oversight. Promotion during National Work Life Balance Week raises awareness.

Appraisal Refresh

Launched in July 2025, the new appraisal process includes wellbeing conversations, NHS Code of Conduct discussions, and development planning. Targeted support is

provided to improve compliance and quality.

Next Steps

In summary, while the Trust continues to trail the national average in some areas, the 2024 survey confirms that we are building momentum and improving.

The task ahead is twofold: to consolidate the improvements we are seeing, and to accelerate progress where challenges remain most acute - capacity, governance and accountability, and conflicting organisational demands that reduce attention to the importance of improving staff experience. By continuing to listen carefully to staff feedback, act decisively on it, and embed change at organisational, divisional, and team level, we can build a culture where colleagues feel safe, supported, and able to thrive.

Whilst progress and addressing these concern areas remains a priority, organisational pressures are likely to impact the pace of improvement, which may be reflected in the 2025 Staff Survey results, and more importantly within the day to day culture within the organisation. This appears to be a national trend.

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Presenter: Dr Claire Radley, Director for People & Organisational Development

V6 September 2025

Appendices:

A – Bottom-five Staff Survey questions by Division (Div vs Trust)

B – Staff Experience Improvement Programme (SEIP)

C – Additional Trust-Wide Improvement Initiatives

D – Divisional Actions and Accountability

Appendices A – Bottom-five Staff Survey questions by Division (Div vs Trust)

For each Division (Corporate; Diagnostics and Specialties; Medicine; Surgery; Women and Children), the five questions with the lowest scores compared to the organisation overall are presented below.

These results reflect team-level challenges, with certain services and cost centres reducing divisional scores overall.

Compared to 2023, we introduced a new approach to sharing results: individual cost centre reports were provided wherever results allowed, directly to the teams. This has been positively received and enables more precise action planning at team level.

Please note, all scores below are positive with 100% being everyone who answered strongly agreed/agreed with the question.

Division	Bottom 5 Scoring Questions: Divisional Scores vs. Trust Scores	*Actions being taken via*	Div 2024 *(2023)*	Trust 2024 *(2023)*
Corporate	Q6a Feel my role makes a difference to patients/service users (Bottom 5 in 2023 & 2022)	*Division*	**73.8%** *(76.9%)*	**86.9%** *(87.5%)*
	Q19d Feedback given on changes made following errors/near misses/incidents (Bottom 5 in 2023 & 2022)	*Division*	**39.2%** *(38.3%)*	**51.3%** *(48.4%)*
	Q24f Able to access clinical supervision opportunities	*Division*	**40.9%** *(-%)*	**52.2%** *(-%)*
	Q20a Would feel secure raising concerns about unsafe clinical practice (Bottom 5 in 2023 & 2022)	*Division* *SEIP: Building a safe speaking up culture*	**58.3%** *(53.3%)*	**66.1%** *(63.8%)*
	Q23a Received appraisal in the past 12 months	*Appraisal review and relaunch*	**77.4%** *(76.6%)*	**84.3%** *(80.4%)*
Diagnostics and Specialties	Q13d Last experience of physical violence reported (Bottom 5 in 2023 & 2022) (5 most deteriorated in 2024 & 2023)	*SEIP: Report, Support and Learn*	**54.1%** *(62.3%)*	**74.7%** *(74.2%)*
	Q3i Enough staff at organisation to do my job properly (5 most improved 2023)	*Division*	**25.5%** *(24.0%)*	**33.6%** *(27.9%)*
	Q6d Can approach immediate manager to talk openly about flexible working	*SEIP: People Promise EP*	**57.6%** *(55.7%)*	**65.5%** *(64.0%)*
	Q4d Satisfied with opportunities for flexible working patterns	*SEIP: People Promise EP*	**45.3%** *(43.2%)*	**53.2%** *(50.5%)*
	Q23b Appraisal helped me improve how I do my job*	*Appraisal review and relaunch*	**17.4%** *(18.0%)*	**25.2%** *(22.8%)*
Medicine	Q13a Not experienced physical violence from patients/service users, their relatives or other members of the public (Bottom 5 in 2023 & 2022)	*Trust-Wide Initiatives*	**68.3%** *(65.9%)*	**85.4%** *(85.5%)*

		SEIP: Inappropriate Behaviours		
	Q14a Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public (5 most improved 2024) (Bottom 5 in 2023 & 2022)	*Trust-Wide Initiatives* *SEIP: Inappropriate Behaviours*	**60.7%** *(53.4%)*	**76.1%** *(72.2%)*
	Q16a Not experienced discrimination from patients/service users, their relatives or other members of the public (Bottom 5 in 2023 & 2022)	*Trust-Wide Initiatives* *SEIP: Inappropriate Behaviours*	**81.0%** *(81.6%)*	**90.7%** *(91.1%)*
	Q12f Never/rarely feel every working hour is tiring	*Division*	**39.7%** *(38.9%)*	**49.0%** *(47.9%)*
	Q18 Not seen any errors/near misses/incidents that could have hurt staff/patients/service users (Bottom 5 in 2023 & 2022)	*Division*	**54.7%** *(53.0%)*	**63.6%** *(62.5%)*
Surgery	Q13d Last experience of physical violence reported (Bottom 5 in 2023 & 2022)	*SEIP: Report, Support and Learn*	**69.7%** (68.5%)	**74.7%** (74.2%)
	Q5b Have a choice in deciding how to do my work (Bottom 5 in 2023 & 2022)	*Division*	**42.2%** (42.3%)	**47.2%** (46.3%)
	Q10b Don't work any additional paid hours per week for this organisation, over and above contracted hours (Bottom 5 in 2023)	*Division*	**56.0%** (53.3%)	**60.6%** (58.2%)
	Q11b In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	*Division* *Trust-Wide Initiatives*	**67.3%** (66.9%)	**70.6%** (70.1%)
	Q22 I can eat nutritious and affordable food at work	*Trust-Wide subsidised food*	**57.6%** (56.3%)	**60.5%** (58.0%)
Women and Children's	Q10c Don't work any additional unpaid hours per week for this organisation, over and above contracted hours (Bottom 5 in 2023 & 2022)	*Division*	**33.0%** (28.5%)	**51.4%** (47.3%)
	Q3i Enough staff at organisation to do my job properly (Bottom 5 in 2023)	*Division*	**23.2%** (16.6%)	**33.6%** (27.9%)
	Q3g Able to meet conflicting demands on my time at work (Bottom 5 in 2023)	*Division*	**33.1%** (28.1%)	**43.0%** (40.8%)
	Q22 I can eat nutritious and affordable food at work (Bottom 5 in 2023)	*Trust-Wide subsidised food*	**51.3%** (46.5%)	**60.5%** (58.0%)
	Q18 Not seen any errors/near misses/incidents that could have hurt staff/patients/service users (Bottom 5 in 2023 & 2022)	*Division*	**54.9%** (52.0%)	**63.6%** (62.5%)

Appendices B – Staff Experience Improvement Programme (SEIP)

To address organisation-wide challenges identified through the survey, the Staff Experience Improvement Programme (SEIP) was established in 2022 following the 2021 staff survey results, where GHFT was the second most deteriorated Trust in the country (compared to Acute & Acute and Community Trusts surveyed by Picker).

It was recognised that significant culture transformation was required to improve the experience of all of our staff and three priority areas were identified: Teamwork and Leadership, Anti-Discrimination and Supporting a Safe Speaking Up Culture. These would be underpinned by two enabling workstreams: Implementing a Restorative Just and Learning Culture and Colleague Communications and Engagement.

GHFT was accepted onto the People Promise Exemplar Programme Cohort 2 in April 2024. We decided to amend the NHSE approach slightly, moving from a People Promise Manager to People Promise Partner – with the view that this was an opportunity to compliment and work in partnership with SEIP.

We have seen marginal, slow and steady improvements in areas that these workstreams touch and a review of the 2024 staff survey results prompted a refresh of the programme.

For 25/26, the programme realigned to focus on three key areas:

1. Teamwork Development
2. Inappropriate Behaviours
3. Supporting a safe speaking up culture

Still underpinned by implementing a Restorative Just and Learning Culture and Colleague Communications and Engagement.

Impact of SEIP on the Bottom 5 Survey Results

11 of the 25 lowest-scoring questions across Divisions are already being addressed through organisation-wide interventions through SEIP and beyond, while the remaining 14 are being tackled through targeted divisional actions. This dual approach ensures that improvement efforts are both strategically coordinated and locally relevant, maximising the potential for measurable impact in future survey results.

SEIP: Report, Support and Learn

Whilst incidents of physical violence from patients, service users, relatives or members of the public are nationally reported and monitored through the Datix system, the Staff Survey questions on whether staff have reported physical violence apply to also those who indicated they had experienced it from colleagues.

To strengthen how inappropriate behaviours between colleagues are addressed, the Trust launched **Report, Support and Learn** on **14th July 2025**. This is a safe, secure online platform that enables staff to report behaviours they have experienced or witnessed. Every report received is triaged by the Report, Support and Learn team to ensure the information is fully understood and the most appropriate organisational response is provided.

This process ensures that each report is managed consistently, with oversight at the right level of authority. It also helps the Trust to identify areas of higher risk, determine what level of support may be required for those involved, and provide clear guidance for the manager responsible for responding. By embedding this approach, the organisation is creating a more transparent, timely and supportive way of tackling inappropriate behaviours and strengthening trust in how concerns are handled.

SEIP: Inappropriate Behaviours

This autumn, the Trust will be launching the inappropriate behaviours campaign focused on staff-to-staff interaction with the aim to:

- Clearly communicate our zero-tolerance stance on poor behaviour and commitment to a respectful workplace.
- Encourage and empower staff to report poor behaviour.
- Equip managers with the knowledge and tools to be able to deal with poor behaviours in a constructive way and to instil confidence.

A public-facing phase will follow at a later date as part of a wider approach.

SEIP: People Promise Exemplar Programme

The **People Promise Exemplar Programme** is a nationally recognised initiative designed to embed the principles of the NHS People Promise within organisations. At our Trust, the programme focuses on three priority areas:

1. **We work flexibly**
2. **We each have a voice that counts**
3. **We are always learning**

We Work Flexibly
The primary aim within this theme is to **embed a culture of flexible working** across the organisation, recognising its importance in recruitment, retention, wellbeing, and productivity.
The 2024 Staff Survey highlighted two areas of concern for the **Diagnostics & Specialties Division** relating to flexible working:

- **Q6d** – *Can approach immediate manager to talk openly about flexible working*: **57.6%** (Trust average: **65.5%**)

- **Q4d** – *Satisfied with opportunities for flexible working patterns*: **45.3%** (Trust average: **53.2%**)

Actions Taken

- The **People Promise Partner** has been supporting a **review of the Flexible Working Policy**, which is currently progressing through internal governance channels.
- Updated **guidance for staff** is available, ensuring all colleagues can access clear information on flexible working options and processes.
- Flexible working remains a key feature of the **NHS 10 Year Plan**, and work is underway locally to bring this commitment to life within our organisation.
- The profile of flexible working has been raised through the People Promise Exemplar Programme, and it will be further promoted during **National Work Life Balance Week** later this year.
- **Resources and toolkits** have been developed for both staff and managers to support constructive conversations and the implementation of flexible working arrangements.
- Flexible working has **Executive-level sponsorship** from our Chief Nurse, ensuring strategic oversight and leadership commitment to this area.

SEIP: Supporting a safe speaking up culture

Creating an environment where staff feel confident to raise concerns and contribute ideas is a central element of the Staff Experience Improvement Programme. The Trust continues to strengthen its **Freedom to Speak Up (FTSU)** processes to address cultural and practical barriers to speaking up.

The 2024 NHS Staff Survey highlights that there is still work to do in this area, particularly within the **Corporate Division**, where responses to the question *"Would feel secure raising concerns about unsafe clinical practice"* scored **58.3%**, compared to the Trust average of **66.1%**.

To address this:

- **Managers** can access **weekly training sessions** designed to equip them with the skills and confidence to respond appropriately to concerns raised. These sessions are widely promoted and accessible to all managers across the organisation.

- The **FTSU service** is liaising directly with service lines in the Corporate Division to ensure that all areas have the right level of support to improve openness and transparency.
- In some cases, deep dives have been undertaken, with the FTSU service facilitating local surveys and feedback sessions to identify specific barriers and agree practical solutions.
- Additional work includes a detailed review of patient safety concerns raised to the FTSU service to understand any obstacles staff may face when raising such issues.

These activities aim to not only address current concerns but also to build a sustained culture of trust, openness, and transparency across all areas of the organisation.

Appendices C - Additional Trust-Wide Improvement Initiatives

Musculoskeletal Health: Surgery Division

One area of concern for the Surgery Division in the 2024 NHS Staff Survey is the response to:

- **"In the last 12 months, I have not experienced musculoskeletal (MSK) problems as a result of work activities"** – with a divisional score of **67.3%**, below the Trust average of **70.6%**.

The score indicates a persistent challenge around staff experiencing physical strain linked to their role - particularly relevant in the surgical environment, where physical demands and fast-paced workflows can increase risk.

The Trust's **Moving & Handling team** has been actively engaged with the Surgery Division to mitigate these risks and promote staff safety.

Their approach includes:

- **Bespoke training** tailored to the specific demands of surgical settings and specialist equipment
- **Proactive incident investigation** to ensure that lessons are rapidly learned and disseminated
- **Embedded Moving & Enabling Link Workers (MELs)** within the Division, who receive enhanced training and lead on day-to-day delivery of safe moving and handling practices
- **Ongoing advice on equipment provision**, with regular reviews to ensure suitability and effectiveness for surgical workflows

The team works in close partnership with departments to build capability, raise awareness, and create a culture where safe practices are embedded. However, it is recognised that **musculoskeletal health is influenced by multiple factors beyond manual handling**, including workplace culture, stress, fatigue, and staffing pressures.

These broader influences, alongside the physical intensity of roles in surgery, may continue to contribute to MSK challenges despite the best efforts and support available.

Appraisal Quality and Completion: Corporate and Diagnostics & Specialties Divisions

Two Divisional areas of concern in the 2024 NHS Staff Survey relate to the appraisal process:

- **Corporate Division** – *"Received an appraisal in the past 12 months"* scored **77.4%**, compared to the Trust average of **84.3%**.

- **Diagnostics and Specialties Division** – *"Appraisal helped me improve how I do my job"* scored **17.4%**, compared to a Trust average of **25.2%**.

These scores reflect both compliance and quality challenges with the appraisal process in specific parts of the organisation.

To address this, a refreshed appraisal approach has been developed and launched in July 2025. This included the introduction of a new non-medical appraisal policy, updated paperwork, and a revised process designed to embed the appraisal into a meaningful 12-month cycle of continuous development. Key features of the updated process include:

- A minimum of two wellbeing conversations per year
- A dedicated discussion on the NHS Code of Conduct
- A development conversation (appraisal) focused on role clarity, support, and growth

The redesigned paperwork is deliberately more people-centred, with a greater emphasis on supporting wellbeing, development, and individual goals. It is designed to improve both the quality of the conversation and the ease of completing the process.

In parallel, the team has been working directly with services where appraisal compliance and quality have been historically low. This includes delivering targeted workshops, leadership engagement sessions, and practical support to increase understanding, uptake, and value of the appraisal process.

It is anticipated that this comprehensive refresh will positively influence future staff survey results in both compliance ("Have you had an appraisal?") and perceived quality ("Did it help you improve how you do your job?"). However, it is important to note that the new process launched in **July 2025**, so some staff responding to the 2025 survey in **Autumn 2025** may still be referring to appraisals held prior to the implementation of the updated approach. This may temper the immediate impact seen in this year's results.

Access to Nutritious and Affordable Food: Surgery and Women & Children's Divisions

The question "**I can eat nutritious and affordable food at work**" continues to be an area of concern for staff in both the **Surgery Division** and the **Women & Children's Division**, with scores of **57.6%** and **51.3%** respectively, both falling below the Trust average of **60.5%**.

This indicator was also among the bottom five for Women & Children's in 2023, suggesting a sustained issue for teams within that Division. Staff in Surgery have now also reflected similar concerns in the 2024 survey.

Over the past two years, the Trust, in partnership with GMS, has made significant efforts to improve access to affordable food, including:

- Providing **free soup, porridge, and hot drinks** at both main hospital sites
- Offering a **50% staff discount** on a broad range of hot and cold food options

These initiatives were positively received and widely used, particularly by day staff based at main sites. However, feedback indicated that colleagues working **night shifts**, at **peripheral sites** (e.g., Stroud, Cirencester, Hereford), or in **community services** found it much more difficult to access these offers.

As of **1st April 2025**, changes were introduced to the staff food offer:

- The staff discount for food produced by **GMS and Sweet Success** was reduced from 50% to **25%**
- **Free soup and porridge** are no longer available, but are eligible for the 25% discount
- **Tea and coffee** are now charged at full price

These changes were made due to the rising cost of providing the previous offer, which, while valued, had become financially unsustainable. The Trust recognises that this may be disappointing to some staff and has acknowledged the popularity and importance of access to affordable, nutritious food in the workplace.

To continue improving access, particularly for those working night shifts, the Trust is now:

- **Working with GMS partners** to explore the introduction of a **night-time food offer**, following a successful trial led by the **Staff Experience Taskforce**
- **Procuring a new vending machine contract**, designed to offer a wider variety of **nutritious and affordable options**, available 24/7 at multiple sites

Details of this new offer will be shared with staff as soon as plans are finalised. These improvements aim to ensure more equitable access across roles, shifts, and locations, particularly for staff in divisions and services where current provision is harder to access.

Patients/service users, their relatives or other members of the public Inappropriate Behaviours: Medicine Division

The 2024 NHS Staff Survey results for the Medicine Division show continued concern around inappropriate behaviours from patients, service users, their relatives, or other members of the public. Three questions remain among the Division's lowest-scoring:

Division	Bottom 5 Scoring Questions: Divisional Scores vs. Trust Scores	*Actions being taken via*	Div 2024 *(2023)*	Trust 2024 *(2023)*

Medicine	Q13a Not experienced physical violence from patients/service users, their relatives or other members of the public (Bottom 5 in 2023 & 2022)	*Trust-Wide Initiatives* *SEIP: Inappropriate Behaviours*	**68.3%** *(65.9%)*	**85.4%** *(85.5%)*
	Q14a Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public (5 most improved 2024) (Bottom 5 in 2023 & 2022)	*Trust-Wide Initiatives* *SEIP: Inappropriate Behaviours*	**60.7%** *(53.4%)*	**76.1%** *(72.2%)*
	Q16a Not experienced discrimination from patients/service users, their relatives or other members of the public (Bottom 5 in 2023 & 2022)	*Trust-Wide Initiatives* *SEIP: Inappropriate Behaviours*	**81.0%** *(81.6%)*	**90.7%** *(91.1%)*

While Q14a shows notable improvement compared to 2023, the scores remain significantly below the Trust average, indicating a persistent issue within the Division.

Organisational Actions

- The Trust continues to promote the **"No Excuse for Abuse"** message, displayed prominently in clinical areas and across social media channels, reinforcing that abusive or discriminatory behaviour towards staff will not be tolerated.
- The **Behaviour Charter** remains publicly accessible on the Trust's website, setting out clear expectations for the public and providing a reference point for staff when addressing unacceptable behaviour.
- **Body-worn cameras** have been introduced in the Emergency Departments to deter inappropriate behaviour and capture evidence where necessary.
- **GMS** has strengthened the security team presence in key areas identified as having higher incidences of violence or abuse.

Divisional Considerations

The Medicine Division faces unique challenges due to the nature of patient presentations and the high volume of interactions in pressured clinical settings. This context can contribute to a higher risk of staff experiencing inappropriate behaviours.

Appendices D – Divisional Actions and Accountability

Since receiving their results in January/February, each Division has been developing and implementing action plans to address their specific challenges. These plans focus on team-level improvements, recognising that the lowest scores are often concentrated in certain areas rather than evenly spread across the Division.

Each Division's lowest-scoring questions provide insight into local challenges and opportunities for targeted improvement. While some themes are consistent across the organisation, the results also reflect the unique context of each Division. The following update outlines the position for each:

Corporate Division

A new Corporate Executive Performance Review has been introduced and has met three times. Each executive portfolio is required to present against the core metrics – sickness, vacancy rate, turnover, bank spend – plus metrics that demonstrate effectiveness as an 'enabling' service. As the approach to the Review matures, each executive portfolio will be required to report on its staff survey improvement plan. Some elements, such as appraisal compliance, are already included.

Diagnostics and Specialties Division

The 2024 NHS Staff Survey results for the Diagnostics & Specialties (D&S) Division highlight several priority areas for improvement, with scores falling below the Trust average on multiple indicators. These include staff safety, resourcing, flexible working, and appraisal quality.

Divisional Actions

Q13d – Last experience of physical violence reported

- Division-wide messaging to all staff, reinforced through service lines, encouraging colleagues to talk openly about and report any experiences of violence via available channels, including: line manager, colleague, Datix, HR, Freedom to Speak Up (FTSU), Report Support Learn, and the 2020 Hub.
- Support for staff who do experience violence is provided on a case-by-case basis, ensuring individual needs are addressed promptly.

Q3i – Enough staff at organisation to do my job properly

- Operating models reviewed through service lines to ensure staffing levels meet service demands.
- Scrutiny of each post is undertaken at **weekly Vacancy Control Panel (VCP)** meetings, with service line leads presenting cases for recruitment.
- Continued support from Recruitment and HR in filling hard-to-recruit posts.
- Targeted campaigns have successfully filled posts, with some previously challenging areas now fully staffed.
- Recruitment staggering implemented to improve onboarding experiences and ensure new starters receive adequate support.

Q6d – Can approach immediate manager to talk openly about flexible working

- Staff encouraged to have open conversations with managers regarding flexible working options.
- Training and guidance provided to managers on how to handle flexible working requests effectively.
- All requests processed under the **flexible working policy**, ensuring fairness, transparency, and balanced outcomes.

Q4d – Satisfied with opportunities for flexible working patterns

- Builds on the above actions, with the addition of structured processes that facilitate fair conversations between staff and managers.
- Employees are given the opportunity to appeal flexible working decisions, where necessary.
- Encouragement of open dialogue that balances business requirements with individual needs.

Q23b – Appraisal helped me improve how I do my job

- Significant improvement in some service lines, with an overall divisional increase of **6%** in appraisal completion rates over the past year.
- Targeted support provided for managers across service lines to strengthen:
    - Timeliness of appraisal completion.
    - Quality of appraisal conversations.
    - Setting of **SMART** objectives.
    - Regular 1:1 meetings throughout the year to support role development and link objectives to service priorities.

Medicine Division

The Medicine Division continues to face **significant cultural challenges** that are impacting overall staff experience and are reflected in the 2024 Staff Survey results. Addressing these challenges requires sustained time, leadership focus and resources to deliver meaningful change.

Q12f – Never/rarely feel every working hour is tiring

Scores in this area remain low, reflecting the operational and workforce pressures across the Division. A combination of factors has contributed, including the need to reduce staffing levels, hold vacancies and operate within a financial deficit. These pressures inevitably affect how staff experience their working day. The Division is actively seeking to relieve some of this strain by **introducing digital technology solutions** to ease workloads and streamline processes.

Recruitment remains particularly challenging, with some roles extremely hard to fill. For example, there is a **national shortage of Stroke Consultants**, which continues to

affect service delivery. Despite extensive marketing campaigns and the adoption of best-practice recruitment approaches, results have been limited. To address this, the Division has adapted staffing models in some areas by bringing in staff with **alternative qualifications that are more readily available in the labour market**, supporting service resilience.

Q18 – Not seen any errors/near misses/incidents that could have hurt staff/patients/service users

This continues to feature as a bottom-five area for the Division. However, the Division is embedding a shift towards a **learning culture** in response. Through the Restorative Just and Learning Culture (RJLC) approach, the Division is moving away from an individual lens and towards a **system-focused perspective** when incidents occur. This encourages openness, reduces blame, and helps ensure learning is shared and acted upon to prevent recurrence.

Together, these actions demonstrate the Division's recognition of its challenges and its determination to build a stronger, safer and more sustainable working environment, even within a context of national workforce shortages and financial pressures.

Surgery Division

The Surgery Division's 2024 NHS Staff Survey results show the following five lowest-scoring questions compared to the Trust average:

Division	Bottom 5 Scoring Questions: Divisional Scores vs. Trust Scores	*Actions being taken via*	Div 2024 *(2023)*	Trust 2024 *(2023)*
Surgery	Q13d Last experience of physical violence reported (Bottom 5 in 2023 & 2022)	*SEIP: Report, Support and Learn*	**69.7% (68.5%)**	**74.7% (74.2%)**
	Q5b Have a choice in deciding how to do my work (Bottom 5 in 2023 & 2022)	*Division*	**42.2% (42.3%)**	**47.2% (46.3%)**
	Q10b Don't work any additional paid hours per week for this organisation, over and above contracted hours (Bottom 5 in 2023)	*Division*	**56.0%** (53.3%)	**60.6%** (58.2%)
	Q11b In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	*Division* *Trust-Wide Initiatives*	**67.3%** (66.9%)	**70.6% (70.1%)**
	Q22 I can eat nutritious and affordable food at work	*Trust-Wide subsidised food*	**57.6%** (56.3%)	**60.5%** (58.0%)

Organisational Responses

For Q13d (reporting physical violence), Q11b (MSK health), and Q22 (access to nutritious and affordable food), the Trust has undertaken targeted organisational workstreams to address these issues.

Details of these interventions, including improved incident reporting processes, bespoke Moving & Handling support for surgery, and enhancements to the staff food offer, are set out in the organisational response sections earlier in this report.

Divisional Actions

The Surgery Division has taken a proactive approach to addressing its lowest-performing areas, embedding improvement within its leadership and governance structures:

Focus on Worst-Performing Indicators – All specialities have reviewed their weakest indicators within the We Are Compassionate & Inclusive, We Each Have a Voice That Counts, and We Are a Team People Promise domains. Actions have been developed and presented at Service Line Reviews (SLRs) to ensure visibility and accountability.

People Group Meetings – Since April 2025, a new divisional People Group meeting has been established. This forum provides updates on key people risks, oversees service redesign impacts, and focuses on wellbeing, recognition, employee experience, inclusion, and resourcing - particularly hard-to-fill roles.

Equality, Diversity & Inclusion (EDI) – An established EDI action plan is being used to inform the overall inclusion strategy, ensuring divisional improvements are aligned with organisational priorities.

Q10b – Additional Hours Worked

The Division has taken targeted action to reduce reliance on staff working above contracted hours by addressing hard-to-fill roles.

Key vacancies in Vascular and Breast Screening services for medical and dental colleagues have been filled, supporting workforce sustainability and improving service resilience.

It is anticipated that a more stable workforce will reduce the need for staff to work additional paid hours over time.

Q5b – Autonomy in Role

To address low scores around autonomy, divisional leaders are encouraged to attend RJLC masterclasses to strengthen compassionate leadership approaches. These

sessions focus on enabling autonomy within role boundaries, balanced with ensuring staff are trained, safe, and supported to deliver high-quality care.

There is a continued emphasis on appraisal quality and completion, now at 86% compliance, and maintaining strong essential training compliance, which currently stands at 91% for Month 3.

Women and Children Division

All five of the lowest-scoring questions in the Women and Children's Division for 2024 also featured in the Division's bottom five in 2023, with two of them persisting since 2022. This consistent trend highlights the need for targeted and sustained improvement efforts.

The Division has embedded improvement work within its leadership and governance structures to ensure accountability and ongoing focus.

- Specialty-level analysis of the bottom five indicators has been completed.
- Actions have been developed and presented at the Division's Staff Experience Group, which reports to the Divisional People Board.
- Engagement sessions have been held with all teams, resulting in clear, team-specific improvement plans.

Q10c – Don't work any additional unpaid hours per week
Q3i – Enough staff at organisation to do my job properly
Q3g – Able to meet conflicting demands on my time at work

These results are most likely linked to the high vacancy rates experienced during the 2024 Staff Survey fieldwork period.

Significant improvements have been achieved in staffing, particularly in maternity services, through:

- Enhanced marketing and attraction campaigns.
- Improved onboarding processes.
- International recruitment initiatives.
- Guaranteed offers for student midwives.
- Development of midwifery apprenticeship pathways.

In Obstetrics, vacancy rates reduced from 10.52% (29.5 WTE) in June 2024 to 1.77% (8 WTE) in June 2025. The Division expects these staffing gains to positively influence the 2025 survey results.

Q22 – I can eat nutritious and affordable food at work

Actions are being taken at a Trust-wide level through the subsidised food offer (covered in the relevant section of this report).

Q18 – Not seen any errors/near misses/incidents that could have hurt staff/patients/service users

Multiple communication and feedback methods have been implemented, particularly in Paediatrics, including:

- Frequent incident review meetings (several times a week) to share learning.
- Display of patient safety feedback boards in clinical areas for visibility.

While the rate of staff witnessing such incidents remains a concern, it is positive that reporting of these incidents no longer sits within the Division's bottom five scores.

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John Cappock

Non Executive Director, Vice-Chair and Audit Chair

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About me

- Chartered Accountant, 30 years post qualification experience
- Career largely spent in not for profit and Higher Education Senior leadership roles, Director of Resources, Chief Operating Officer, Deputy CEO
- Vice-Chair of Board, Chair of Audit and Assurance to 30 Nov 2025, Chair of FRC with effect 1st December
- Independent Non Executive Member and Audit Chair, NHS Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care Board.
- Independent Audit Chair, General Optical Council (the regulator of the optical profession for the UK)
- Non Executive Director and Audit Chair Estyn (the education and training inspectorate for Wales)

My objectives

- Retain moderate assurance for annual Head of Internal Audit opinion
- Reduction in significant weaknesses identified by External Audit
- Oversee and bed in Audit Committee scrutiny of Heath & Safety assurance process
- Observe Executive Divisional reviews
- Act as NED champion for Disability Network and Security

Audit and Assurance responsibilities

- Provide assurance across all aspects of Trust business (2024/25 MIS)
- Add value, provide safe space
- Oversight of governance and compliance
- Agree Annual Audit Plan
- Oversee Risk Register
- Health & Safety scrutiny recently consolidated under Audit and Assurance

Audit and Assurance levers

- Management accountability
- Internal Audit Service (BDO)
- External Audit Service (Deloitte)
- Counter Fraud Service (Internal provision)

Strengths

- From limited to moderate annual Head of Internal Audit opinion /(2024/25)
- Improved and more collaborative relationship with External Audit
- Greater visibility of Counter Fraud

Opportunities and risks

- Consolidation of Health & Safety
- Refreshed approach to risk
- Greater visibility of our challenges, e.g. Fire, Estate condition, backlog maintenance, Finances

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Questions?

Report to Council of Governors

Date	4 December 2025
Title	Medium Term Plan Update
Author / Presenter	Kerry O'Hara/Jenny Richards/Steve Perkins/Craig Marshall
Sponsoring Director	Karen Johnson, Director of Finance and Will Cleary-Gray, Director of Improvement Delivery

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 purpose of this report is to present the Trust's approach to medium term planning, and the national planning requirements. Planning is progressing at pace and there have been key requirement updates since the presentation to Trust Board (13th November 2025).

Summary overview:

The report updates the Council on changes to submission dates and content for the Medium Term Plan, updates on changes within revenue and capital funding and revised arrangements for Board Assurance on the plans which will now be sought on the 11th December 2025.

Appendices

The appendices include the information previously presented to Trust Board on the 13th November with additional information on the key deliverables to the submission date on the 17th December.

The Trust's annual planning process has put the Trust in good position for submission of a joined-up plan for 2026/27 and the medium Term.

The Trust's ambition is to meet all the national planning requirements from an activity, productivity, workforce, finance and performance perspective, and conversations are well underway in the Trust to deliver this ambition.

The report lays out the key requirements, with a self-assessment of deliverability, and identifies the key strategic focus areas for enabling these over a medium-term planning horizon.

Financial Implications

To make note of the revised revenue arrangements, 2-year revenue allocations and capital overhaul.

Approved by: Director of Finance	**Date: 19/11/25**

Recommendation
The Council is asked to receive the contents of the report as a source of assurance that the planning process and next steps are robust in order to submit a joined-up plan in December 2025 and February 2026.
Enclosures

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Planning 2026/27 to 2028/29

Finance and Resources Committee,25 November 2025

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Key Updates since Trust Board (13/11)

Changes to dates and submission type

- Five Year Plans **must** include returns for: 1st submission **17th Dec 25**, full Plans **12th Feb 26**, final Plans **Mar 26**
- 2-year revenue and 4-year capital plans (first) 3-year revenue (second)
- 2- year workforce plan (first) 2-year workforce (second)
- 2- year operational delivery performance improvement and activity (first)
- completion of triangulation template showing alignment
- 5-year narrative (second only)
- Board assurance statement confirming oversight process (first) and endorsement of the totality of the plans (final)

Changes to Finance

- 2-year funding allocations have been published
- Duty is now organisational balance not system balance.
- ERF now recurrent in commissioner allocations along with some other funding streams e.g. SDF. Funding for CDC remains on a year by year basis.
- Capital cash support continues but day to day revenue support remains restricted

Key Updates since Trust Board (13/11)

Capital Overhaul

- Multi-year operational capital envelopes allocated directly to providers for the first time, providing firm funding until 2029/30
- A new balance between national control and regional autonomy, giving regions a lead role in strategic estates planning and delivery oversight
- Expanded capital freedoms and flexibilities, including greater delegated authority and the ability for high-performing providers and newly authorised foundation trusts to reinvest surpluses
- Increased public and private capital use.
- Streamlined approvals, higher delegated limit, and new business case templates

Sign Off & Board Assurance

Extraordinary Trust Board 11th December to sign off the plans and Board Assurance Framework for the numerical submission

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Appendices

GHFT 5-Year Strategy

- GHFT has given final sign-off of its 5-year strategy at its November public board
- It sets out a vision and ambition and what it will focus on over the next 5 years to deliver improved and sustainable acute and specialist services as well as the ambition set out in the National 10-Year Health Plan
- There are a number of core underpinning strategies (delivery plans) which are yet to be developed which will bring to life how it will realise this vision and ambition.
- In addition, the Trust has been implementing a new approach to business and annual planning.
- Following publication of NHS England Medium Term Planning Framework all organisations are now asked to set out 5-year integrated delivery plans by December.
- We will align both development of our Trust strategy underpinning plans and the development of our 5-Year Integrated Delivery plan.

Medium Term Planning 2026/27 – 28/29

Each organisation is expected to prepare a credible integrated five-year plan that sets out:

- its strategic ambition
- how it we will meet the local population health need
- Its transformation ambitions including implementing the 3 ‘shifts’
- how it we will work in collaboration with our partners

Plans **must** demonstrate by the end of the MTP period:

- how they will **fully recover** key constitutional standards in elective, cancer, diagnostics and urgent and emergency care, primary and community care, mental health, learning disabilities and autism
- continuous improvement in safety, quality and outcomes
- how financial sustainability will be secured over the medium-term, and how financial balance will be reached for every year of the planning period
- That plans are co-ordinated and coherent across organisations with robust triangulation between finance, quality, activity and workforce.

Five Year Plans **must** include returns for: 1st submission **17th Dec 25**, full Plans **12th Feb 26**, final Plans **Mar 26**

- 2-year revenue and 4-year capital plans (first) 3-year revenue (second)
- 2- year workforce plan (first) 2-year workforce (second)
- 2- year operational delivery performance improvement and activity (first)
- completion of triangulation template showing alignment
- 5-year narrative (second only)
- Board assurance statement confirming oversight process (first) and endorsement of the totality of the plans (final)

System plans are no longer required

GHFT submission will be done on a Group basis (including GMS)

Medium Term Financial context

💰 Major Financial Reforms

- **Shift to Medium-Term Planning**: Moving away from annual cycles to multi-year financial and delivery planning.
- **Fairer Funding Distribution**:
    - ICB allocations will reflect fair share principles.
    - 2-year funding allocations have been published
    - Reviews underway for NHS funding formula and Carr-Hill formula for general practice.

📊 Transparency and Data Tools

- **Granular Financial Data**: NHS England will publish trust-level productivity statistics.
- **Unified Costing Tools**: Integration of PLICS dashboards, Model Health System, and Health Expenditure Benchmarking for better cost analysis.

🎯 New Targets and Expectations

- **Balanced or Surplus Budgets**: All ICBs and providers must deliver balanced or surplus financial positions annually. **Duty is now organisational balance not system balance.**
- **Productivity Mandate**: Minimum 2% annual productivity improvement required.
- **Deficit Support Phase-Out**: Plans must aim to eliminate reliance on deficit support funding by 2028/29.

Medium Term Financial context – Capital Overhaul

- Multi-year operational capital envelopes allocated directly to providers for the first time, providing firm funding until 2029/30
- A new balance between national control and regional autonomy, giving regions a lead role in strategic estates planning and delivery oversight
- Expanded capital freedoms and flexibilities, including greater delegated authority and the ability for high-performing providers and newly authorised foundation trusts to reinvest surpluses
- Increased public and private capital use.
- Streamlined approvals, higher delegated limit, and new business case templates

Medium Term Planning – financial context

💡 **Incentives and Payment Model Changes**

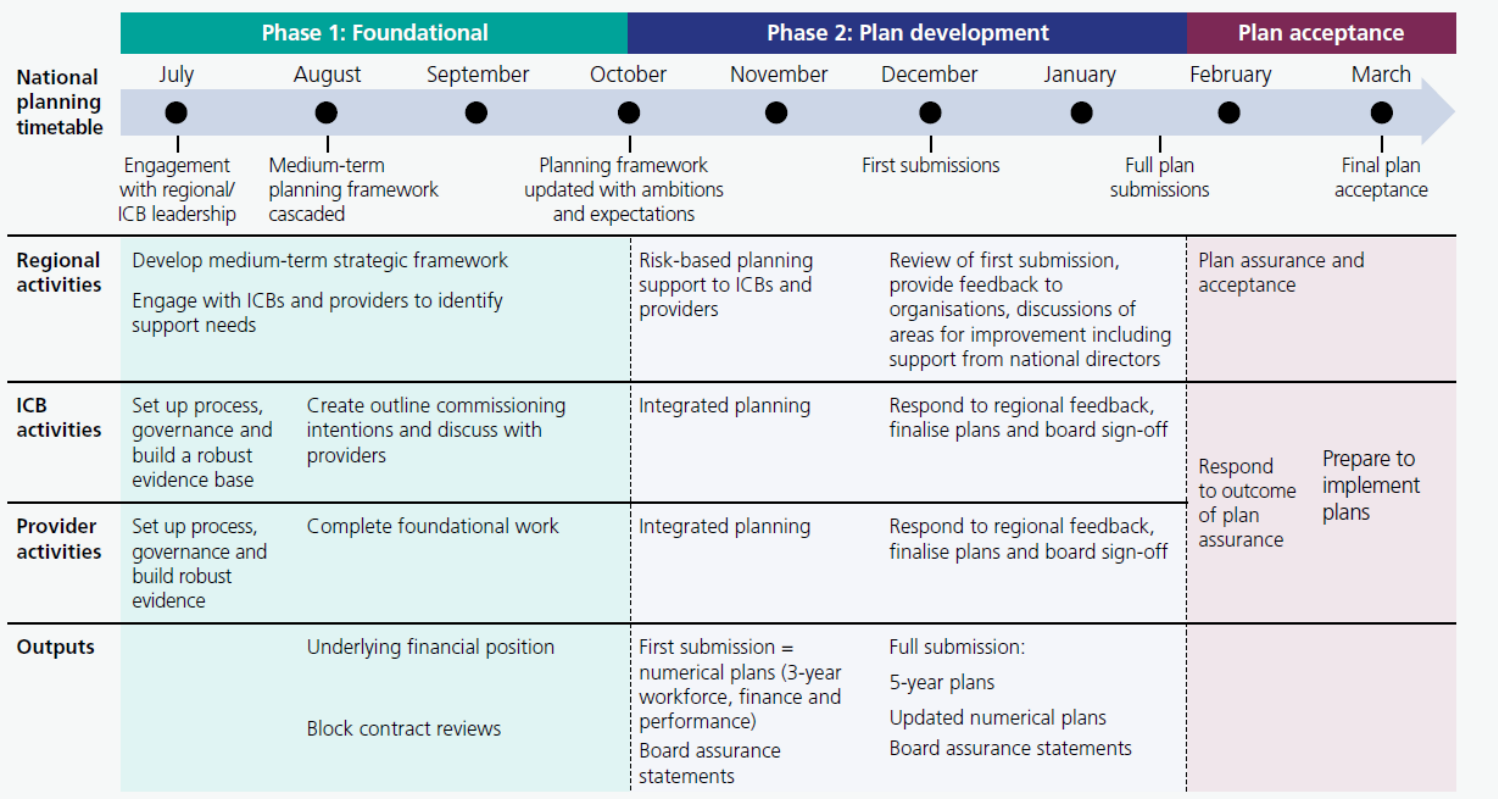
- **ERF now recurrent in commissioner allocations along with some other funding streams e.g. SDF. Funding for CDC remains on a year by year basis.**
- **Dismantling Block Contracts**:
  - New Urgent and Emergency Care (UEC) payment model from 2026/27:
    - Fixed element (price × activity)
    - 20% variable payment
    - Incentive component under development
- **Best Practice Tariffs**:
  - Encouraging day cases, outpatient care, and tech-enabled efficiency.
  - Aligned with GIRFT's "Right Procedure, Right Place" approach.
  - Consultation planned for autumn.

Capital cash support continues but day to day revenue support remains restricted📊

📊 **Accountability and Oversight**

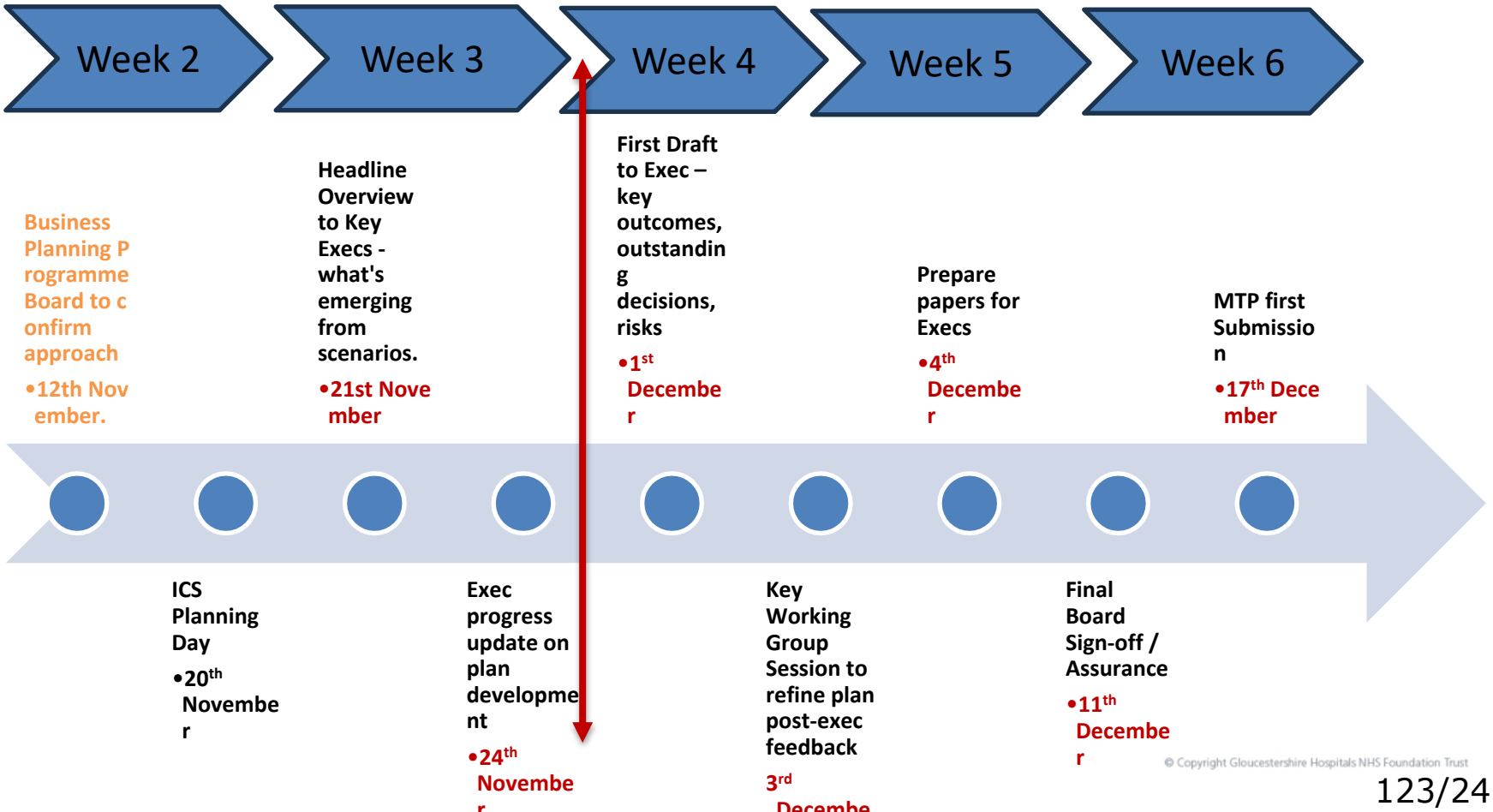
- **Board Risk Assessment**: New process introduced.
- **Transparent Reporting**: Non-DSF financial positions must be clearly reported to boards.

Medium Term Plan National Submission Timetable



	Phase 1: Foundational		Phase 2: Plan development		Plan acceptance	
National planning timetable	July: Engagement with regional/ ICB leadership	August: Medium-term planning framework cascaded	September	October: Planning framework updated with ambitions and expectations	November	December: First submissions	January	February: Full plan submissions	March: Final plan acceptance
Regional activities	Develop medium-term strategic framework Engage with ICBs and providers to identify support needs		Risk-based planning support to ICBs and providers	Review of first submission, provide feedback to organisations, discussions of areas for improvement including support from national directors	Plan assurance and acceptance	
ICB activities	Set up process, governance and build a robust evidence base	Create outline commissioning intentions and discuss with providers	Integrated planning	Respond to regional feedback, finalise plans and board sign-off	Respond to outcome of plan assurance	Prepare to implement plans
Provider activities	Set up process, governance and build robust evidence	Complete foundational work	Integrated planning	Respond to regional feedback, finalise plans and board sign-off		
Outputs		Underlying financial position Block contract reviews	First submission = numerical plans (3-year workforce, finance and performance) Board assurance statements	Full submission: 5-year plans Updated numerical plans Board assurance statements		

Key Milestones



Week 2 – The ‘Do Nothing’ Scenario

Tasks	Description	Dependency	Owner	Agreed Date	Week 1							Week 2						
					7/11/25	8/11/25	9/11/25	10/11/25	12/11/25	13/11/25	14/11/25	15/11/25	16/11/25	17/11/25	18/11/25	19/11/25	20/11/25	21/11/25
1. Apply 2% uplift to 25/26 baseline	Adjust activity figures where applicable – 3y forecast	None – clarify YOY uplift (JR)	Sarah Hammond, Chloe De-Jong, Tom Lane	Friday 14th November														
2. Compare uplifted baseline to 25/26 plan	Identify gaps or over-delivery – 3y forecast	Depends on Task 1	Sarah Hammond, Chloe De-Jong, Tom Lane	Friday 14th November														
3. Assess delivery against national standards	Focus on Y1 as priority (T1-3), 3y forecast required date tbc	Depends on Task 2	Sarah Hammond, Chloe De-Jong, Tom Lane	Friday 14th November														
4. Identify additional activity needed to meet targets (Y1)	Quantify shortfall	Depends on Task 3	Sarah Hammond, Chloe De-Jong, Tom Lane	Friday 14th November														
5. Socialise planning scenarios with DOPs	To assess realism and gather feedback on what’s achievable	Depends on Task 1-4.	Sarah Hammond, Chloe De-Jong, Tom Lane	Tuesday 18th November														
6. Re-work activity scenarios based on divisional feedback	-	Depends on Task 5.	Sarah Hammond, Chloe De-Jong, Tom Lane	Wednesday 19th November														

Week 3 – Meeting All Performance Standards – the 'Ideal' Scenario

Tasks	Description	Dependency	Owner	Agreed Date	Week 1							Week 2						
					7/11/25	8/11/25	9/11/25	10/11/25	12/11/25	13/11/25	14/11/25	15/11/25	16/11/25	17/11/25	18/11/25	19/11/25	20/11/25	21/11/25
7. Quantify extra activity needed to meet future national standards	Forecast future demand	Informed by Task 4 - 6	Sarah Hammond, Chloe De-Jong, Tom Lane	14th November														
8. Define income and rebasing approach	Align contracting and financial assumptions	Depends on Task 7	James Gold	21st November														
9. Determine delivery method: productivity vs infrastructure	Assess feasibility of meeting future demand – **creation of scenario 3 for NEL**	Depends on Task 7	Neil Hardy-Lofaro, Alex Matthews	21st November														
10. Calculate financial and workforce impact	Model implications of additional activity	Depends on Tasks 1-4	Shirley Daniels, Daniella Donnelly, Hollie Day, Steve Perkins	21st November														
11. Identify Transformation schemes and RAG rate	Link delivery options to known schemes (plans)	Links with Task 9 & Sub task pulling identified FSP In plans	Kerry O'Hara, Will Cleary-Gray, Jenny Richards,	21st November														

Process Next Steps

Process of Reaching Plan Submission

- The organisation (and system) needs to decide the level of ambition it is willing to sign up to, given financial constraint of breakeven requirement each year for 26/27 and 28/29 milestone periods
- Develop supporting strategic plans: Estates, Clinical (Core Services), Digital , Workforce and Private Patients, to provide the strategic intent and direction that will guide operational delivery across the Trust
- By leveraging the key Gap Closure Priority Areas outlined in this pack, estimate impact of key workstreams on workforce, activity and financial positions
- Key planning leads need to triangulate the finance, workforce, activity and performance metrics, to reach a credible plan output
- Productivity triangulation will be performed on the resulting plan

Key Milestones

- System planning day currently scheduled for November 20th to triangulate plans at a System level
- Continuous engagement within GHFT in the intervening period, to reach a proposed credible plan submission
- Extraordinary Trust Board 11th December to sign off the plans and Board Assurance Framework for the numerical submission
- January-February 2026: Refresh Plan for Final Submission (3-year numerical, 5 year narrative)
- 1 April 2026: Begin to deliver on 26/27 agreed plan

Appendices:

Planning Requirements and Assessment against Deliverability

Elective, Cancer & Diagnostics

Success Measure	GHFT Baseline	26/27 target	RAG Based on Current Performance	28/29 target	RAG Based on Current Performance
Improve the percentage of patients waiting no longer than 18 weeks for treatment	Sept 25 - 69.68%	Every trust delivering a minimum 7% improvement in 18-week performance or a minimum of 65%, whichever is greater (to deliver national performance target of 70%)	Maintenance of current performance compliant with 70% target. 7% improvement would contribute to 28/29 target.	Achieving the standard that at least 92% of patients are waiting 18 weeks or less for treatment	7% year-on-year improvement needed to achieve target.
Improve performance against cancer constitutional standards	Trust-wide Sep 25 - 78%	Maintain performance against the 28-day cancer Faster Diagnosis Standard at the new threshold of 80%	2% improvement needed on current baseline	Maintain performance against the 28-day cancer Faster Diagnosis Standard at the new threshold of 80%	2% improvement needed on current baseline
	31-day Trust-wide Sep-25 - 88% 62-day Trust-wide Sep-25 - 74%	Every trust delivering 94% performance for 31-day and 80% performance for 62-day standards by Mar-27	6% improvement needed to meet both targets	Maintain performance against the 31-day standard at 96% and 62-day standard at 85%	8% improvement over 3 years needed for 31-day and 11% improvement for 62 day
Improve performance against the DM01 diagnostics 6-week wait standard	Sept 25 27.7%	Every system delivering a minimum 3% improvement in performance or performance of 20% or better, whichever level of improvement is greater (to achieve national performance of no more than 14% of patients waiting over 6 weeks for a test)	8% improvement needed	Achieving the standard that no more than 1% of patients are waiting over 6 weeks for a test	27% improvement over 3 years needed

Urgent & Emergency Care

Success Measure	GHFT Baseline	26/27 target	RAG Based on Current Performance	28/29 target	RAG Based on Current Performance
4-hour A&E performance	63%	Every trust to maintain or improve to 82% by March 2027	19% improvement needed	National target of 85% as the average for the year	22% improvement needed
12-hour A&E performance	92%	Higher % of patients admitted, discharged and transferred from ED within 12 hours across 2026/27 compared to 2025/26		Year-on-year % increases in patients admitted, discharged and transferred from ED within 12 hours	

Workforce

Measure for Success:

- Reduce use of bank and agency staffing

26/27 Target

- Annual limits will be set individually for Trusts, based on a national target of a 30% reduction in agency use in 2026/27, and a 10% year-on-year reduction in spend on bank staffing
- Trusts to reduce agency and bank use in-line with individual trust limits, as set out in planning templates, working towards zero spend on agency by 2029/30

Financial Plan - Revenue

- The 25/26 exit 'do nothing' position is a £55.1m deficit, which assumes £33.3m of funding from rebasing the GICB contract (this is a revised position following an update on SDEC charging rules). The position also includes c£18.9m of outturn pressures (following a DoF review)
- The position has been built using ICB cluster planning assumptions – this is effectively a flat cash scenario with a 2% efficiency requirement. Under this scenario our deficit would be c£53m in 26/27 (after the inclusion of growth funding based on national assumptions which is still tbc with GICB).
- Locally we have been asking areas to identify 3% financial sustainability targets which is greater than the cluster assumption. To date, £9M of savings have been identified within divisional templates, against an ask of £22M through annual planning
- In addition to the FSP included across the 5 years of the planning period, the Trust will need to find c£91m of savings via the more transformational schemes, as outlined on the transformation priorities slide

Description / £'m	25/26 plan	Underlying recurrent
Closing deficit 24/25	86.3	86.3
Income inflation	-16.7	-16.7
Pay infaltion incl NI	22.6	22.6
Non pay inflation	2.3	2.3
In year costs	8.8	5.9
System risk items	-2.4	-2.4
ERF contribution	-19.9	-2.9
NR system funds	-29.6	
B/F funds	-5.8	
Depreciation funding	-3.9	
Other		-0.1
FSP	-41.7	-25.2
25/26 plan position	0	69.8
FSP underdelivery		10.3
Maternity cover		1.5
Pass through drugs margin		1.2
System risks actions		2.4
Pay award shortfall		0.6
Divisional pressures		2.6
GICB rebasing		-33.3
25/26 exit position		55.1

Trust Summary	2025/26	2026/27			2027/28			2028/29			2029/30			2030/31		
All £'m	Exit Posn	Rec.	NR.	Total	Rec.	NR.	Total	Rec.	NR.	Total	Rec.	NR.	Total	Rec.	NR.	Total
Income	-797.3	-804.2	0.0	-804.2	-804.2	0.0	-804.2	-804.2	0.0	-804.2	-804.2	0.0	-804.2	-804.2	0.0	-804.2
Pay	503.7	514.3	0.0	514.3	525.1	0.0	525.1	536.1	0.0	536.1	547.3	0.0	547.3	558.8	0.0	558.8
Non Pay	348.5	347.8	-5.0	342.8	346.7	-5.1	341.7	345.5	-5.4	340.1	343.9	-5.4	338.5	342.1	-5.5	336.6
(Surplus) / deficit	54.9	57.9	-5.0	52.9	67.6	-5.1	62.5	77.4	-5.4	72.0	87.1	-5.4	81.7	96.8	-5.5	91.3
FSP included		-12.2	-5.2	-17.5	-12.4	-5.3	-17.7	-12.5	-5.4	-17.9	-12.7	-5.4	-18.1	-12.8	-5.5	-18.3

Transformational Priorities

Estates Strategy

Core Acute Services Strategy (clinical strategy):

- Renewing the focus towards core, Acute activity.
- This is supported in the 10-year plan narrative

Digital Strategy

- (both of the above feed into Workforce Strategy)

Commercial Income

- Private Patients
  - The size of the private patients' market in the UK is estimated to be £12bn (Guardian, 2024)
  - GHFT is in an unrivalled position to capture a significant portion of this potential.
- Research
- Estate commercialisation
- Training & development
- Centre of Excellence beyond Gloucestershire

System Transformation – Urgent Care

Area	26/27	28/29
Mental Health UEC		Develop a plan to establishing mental health emergency departments co-located with or close to at least half of Type 1 emergency departments by 2029
Urgent Care access	Create an overall plan to more effectively manage the needs of high priority cohorts and significantly reduce avoidable unplanned admissions. Local ICBs must confirm how this will be resourced and delivered	
Category 2 response	Improve upon 2025/26 standard to reach an average response time of 25 minutes	Further improvement so that by the end of 2028/29 the average response time is 18 minutes, with 90% of calls responded to within 40 minutes
Ambulance Handover	ambulance services must continue to be planned in accordance with the published ambulance service specification. This includes acute trusts and ambulance services working collaboratively to reduce ambulance handover times toward the 15-minute standard	
Urgent Care access	Set out plans in 26/27 to expand digital and telephony-based triage and booking. Also increase access to same-day or next-day scheudled care where clinically appropriate. Include collaboration with PC, 111, and community urgent care	

System Transformation – Primary Care & Community Services

Area	26/27	28/29
Primary Care Access	90% of clinically urgent patients seen same day (target for all years)	90% of clinically urgent patients seen same day
Primary Care Access	Improved patient experience of access to general practice (ONS Health Insights Survey) - Year on year improvement	
Pharmacy	introduce prescribing-based services into community pharmacies during 2026/27	Maximise pharmacy first and roll out new services (HPV vaccs, emergency contraceptives)
Primary Care Access	identify GP practices where demand is above capacity and create a plan to help decompress or support to improve access and reduce unwarranted variation	
Primary Care Access (Dental)	Maintain additional 700,000 UDAs - against the July 2023 to June 2024 baseline period	Continue each year until 28/29
Community Health Services	increase community health service capacity to meet growth in demand, expected to be approximately 3% nationally per year	
Community Health Services	actively manage long waits for community health services, reducing the proportion of waits over 18 weeks and developing a plan to eliminate all 52-week waits	
Community Health Services	At least 78% of community health service activity occurring within 18 weeks	At least 80% of community health service activity occurring within 18 weeks

NHS
Gloucestershire Hospitals
NHS Foundation Trust

Thank you

Report to Board of Directors			
Date	4 December 2025		
Title	Gloucestershire Hospitals NHS Foundation Trust 2025-2030 Strategy		
Author / Presenter **Sponsoring Director**	Will Cleary-Gray, executive Director of Improvement and Delivery		
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

The last Trust strategy expired in April 2024 signally a need for a refresh. Over 2024/25 work has been underway to inform the review and development of a new strategy including:

- an assessment of the current challenges and opportunities facing the trust and to be addressed in the strategy
- the progress made and benefit realised as a result of our previous strategy
- a deeper understanding of our population health needs by way of Strategic Health Needs Assessment
- a programme of engagement with staff, our communities and key stakeholders to understand what matters most to them to shape our strategy
- there has also been consideration of the draft strategy in light of the recently published NHS 10 Year Health Plan.

A draft of the strategy was presented to full board in July and September for further consideration and feedback given to inform and shape the final draft. The draft was positively received and key feedback given. The final Strategy was approved at the November meeting of the Board.

Over 2024/25 there has been extensive engagement with our staff to gain their views and insights to what matters to them most and to shape the strategy. More than 2000 individual staff shared their views supported by over 70 facilitated sessions. In addition, during January and February we joined forces with Gloucestershire Health and Care's Health Bus to engage with communities across each of our 6 districts to gain public views and insights about what matters most to them about their services at Gloucestershire Hospitals. 600 individuals shared their views with 200 completed surveys providing rich insights as to what matter most to our communities. We have also sought the views of our wider key stakeholders including our Council of Governors, Healthwatch and local partner organisation including sharing of our draft strategies at as execs to execs between GHC and ourselves.

This strategy is shaped by what our staff, public and key stakeholders have told us about what matters most to them as well as the key challenges the Trust needs to address.

Risks or Concerns

The strategy will inform a review of our Board Assurance Framework and Corporate Risks

Financial Implications

There are financial implications but the detail of this will be fully articulated through the Business Planning Process and the development key delivery plans and our Medium Term Planning.	
Approved by: Director of Finance / Director of Operational Finance	**Date:**
Equality, Diversity, Inclusion and Workforce Implications	
A Strategic Health Needs Assessment was undertaken to inform the development of the strategy supported by public health colleagues from Gloucestershire County Council.	
Sustainability (Environmental) Implications	
Recommendation	
The Council is asked to note the strategy.	
Enclosures	
Approval Draft of full Trust Strategy	

Gloucestershire Hospital NHS Foundation Trust Strategy 2025-2030

Purpose

1. The purpose of this paper is to present the final draft of our new Trust strategy 2025-2030 for Board approval.

Introduction and Background

2. The Trust previous strategy expired in 2024 and throughout 2024/25 work has been underway to inform the development of the new strategy including:

   - an assessment of the current challenges and opportunities facing the trust and to be addressed in the strategy
   - the progress made and benefit realised as a result of our previous strategy in particular from implementing service transformation
   - a deeper understanding of our population health needs by way of Strategic Health Needs Assessment
   - a programme of engagement with staff, our communities and key stakeholders to understand what matters most to them to shape our strategy
   - and more recently consideration of the NHS 10-Year Health Plan

   A summary of the development timeline can be found in **appendix, A.**
   A Summary of key challenges to address in the strategy can be seen in **Appendix, B**

3. There have been regular updates on progress and opportunities to further inform and shape the strategy through staff forum, Trust Leadership Team, Council of Governors, Board briefings and development sessions.

4. A draft of the strategy was presented to board in July and to confidential board in September for further consideration and feedback to inform and shape the final draft. The draft was positively for final approval pending changes from key feedback included:

   - Consideration about how the strategy directs and reflects the work of the Trust Group
   - Further consideration of our level ambition and balance with a focus on core services
   - Further consideration of the strategic framework and in particular enablers;
   - The prominence of patient experience and voice in our ambition and focus and how this influences and shapes services
   - Improved balance of strategic verses specificity especially around Goals and what will be different for patients and staff
   - Importance of review in light of the NHS 10 Year Health Plan, published in July 2025

- Strengthening our commitment to working in collaboration with key partners including primary, community mental health and VCSE sectors and our wider partners across the region
- The importance of our role in supporting the development of neighbourhood health with a focus on frailty and long-term conditions management

Summary of staff, public and stakeholder engagement approach and feedback

5. Over 2024/25 there has been extensive engagement with our staff to gain their views and insights to what matters to them most and to shape the strategy. Almost 2000 staff shared their views supported by over 70 facilitated sessions and wider service engagement.

6. In addition, during January and February we joined forces with our ICB and the NHS Information Bus to engage with communities across each of our six districts to gain public views and insights about what matters most to them about their services at Gloucestershire Hospitals. More than 600 people shared their views with 200 completed survey's providing rich insights as to what matter most to our communities

7. We have also sought the views of our wider key stakeholders including our Council of Governors, Healthwatch and local partner organisation including sharing of our draft strategies at as execs to execs between GHC and ourselves.

8. Feedback themes were developed and sentiment analysis used to establish a sense of feeling on what matter most which included:

    - Patients care being our main focus and delivery of safe and effective high-quality care;
    - Getting the basics right.
    - Improving access to care and support and reducing inequity and health inequalities.
    - Care be joined up across organisations and working collaboration;
    - Being a listening and learning organisation;
    - Making the best use of digital and technology both for staff and patients;
    - Improving the estate and facilities so that it provides a good environment to deliver and receive high quality care.

    A summary of our engagement can be seen in **Appendix, C**
    A summary of key themes from feedback which has shaped the strategy can be seen in **Appendix, D**

Alignment with national and local strategies and plans

9. Work has been undertaken to consider our strategy alongside key local plan including the published Interim Integrated Care Strategy and Joint forward plan.

10. There has also been consideration of our strategy in light of the recently published NHS 10 Year Health Plan. The plan sets out the government's commitment to secure the future of the NHS for the longer term and a case for change based on:

- an aging population with multiple long-term conditions
- long term conditions accounting for 65% of NHS spending which is not affordable
- higher public expectations and an NHS that has not moved with the times
- continuous increasing cost which are not delivering improved outcomes, experience, productivity or value for money

11. The plan focuses on 3 major shifts to achieve the vision:

From hospital to community with neighbour heath services bringing care into places where people live, supported by new models of care, contractual leavers and reallocation of funding away from hospital care to community and prevention

Analogue to digital with an ambition to make the English NHS the most digitally enabled system in the world. The NHS App as the main front door to the NHS and facilitating single patient record with a reduction in administrative burden of staff

Treatment to prevention with and ambition to half the gap in live expectancy between the rich and poor focusing on tobacco, obesity, alcohol, mental health, vaccination and screen. Through new genomic medicine predicting and preventing in health.

And is underpinned by 5 enablers:

A new operating model which includes the merging of NHSE and DHSE, with head count reduction. Changes to ICB to become strategic commissioners aligned with new strategic mayoral authorities, resetting of Foundation Trusts with earned autonomy, introduction of testing new Integrated Care organisations holding of population health budgets.

New transparency of care including new league tables of providers and patient experience being a major influencing factor, refreshed quality board, NHS App enabled transparency.

Workforce transformation, majorly supported and enabled through AI, expectation that the workforce will be smaller in the future, focus on development and accountability for most senior members.

Innovation and technology focus on use of data to inform insights, AI, genomic and predictive analysis, wearables and robotics with funding for

research to drive global leadership. Establishment of Regional Health Innovation Zones bringing together ICB, Providers and industry.

Finance and Productivity 2% productivity gains, phasing out of deficit funding, mutli-year budgets 3% for service transformation, patient power payments, new capital models to include private finance, pension fund and partnerships.

12. The 10-Year Health Plan signals a direction of travel in which:

- More care will take place out of hospital supporting local care in neighbourhoods
- Greater focus on prevention and supporting people to stay well in their own home and communities
- Hospitals are asked to focus on their core acute and specialist services and ensuring that these are high quality and effective with some significant transformation to services expected to achieve this
- The 10-year Health Plan places significant emphasis on digital innovation and sees the NHS App as the front door to the NHS where do we need to be to respond positively to this ambition?
- Genomics, predictive medicine are expected to reduce demand for acute / specialist services like ours – how will we work with wider partners to deliver this?
- An NHS workforce of the future will be smaller than had been predicted in the previously published NHS Long-Term plan owing to the impact of prevention

Trust strategy focus and strategic framework

13. We have taken a fresh look at our strategic framework, and this serves as the cornerstone of our strategy keeping us focussed on what matters most to deliver our vision. It is based on what our staff, patients and key stakeholder have told is in most important to them and the key challenges the trust needs to address in order to continue to provide high-quality acute services for the people of Gloucestershire and beyond.

The strategic Framework can be seen in **Appendix, E**

Vision and Values

14. Our vision is simple – we want the best care every day for everyone. We believe the best care happened when it is compassionate, inclusive and responsive and takes place with a strong governance and accountability framework.

15. Central to our vision is a refocus on our core services as an acute and specialist hospital and working as a good partner with other to deliver joined up care for our communities. This will be brought to live through the development of our clinical services underpinning deliver plan.

16. The way we go about our work is an important as what we do, guiding how we behave with each other our patients and our partners. We have reviewed and updated our values, which have been developed in partnership with our staff:

- **We are Caring -** always showing kindness and concern for others
- **We are Compassionate** – focusing on our relationships with others by listening, respecting and valuing their experiences
- **We are Inclusive** – ensuring everyone gets the care and support they need regardless of identity or background
- **We are Accountable** – taking personal responsibility for our actions, decisions and behaviours

17. These values sit alongside the wider NHS Values which all NHS employees are expected to uphold.

18. It's vital that all 9,000 of our staff volunteers can shape and influence our strategy. That's why, over the past year, we've focused on creating the right conditions to make this possible.

Strategic Aims, delivery plans and measuring our progress

Patient experience and Voice – our goal is to put patient experience and feedback as the main influencing factors drawn upon to shape and re-shape their services

People, culture and leadership – our goal is to enhance staff experience and sustainability in an organisation where everyone can flourish

Quality, safety and delivery – our goal is to provide timely and responsive, high-quality, safe and effective services always for everyone

Digital first – our goal is to support patients and staff to be supported by technology and an innovative culture

19. To support deliver of our strategy each of the priorities within our strategic framework will have a delivery plan. This will set out in detail how the goal will be achieved with specific objectives, benefits and milestones. A number of key delivery plans will be developed by the end of quarter 4, these include a clinical, digital, data and insights, estates and workforce.

Communication & Engagement for launching the new strategy

19. To support communicating our strategy the following actions and material will be developed:

- **Short Summary Version** - a concise, 10–12-page summary of the strategy -presented to board with the full version of the strategy.
- **Posters - Strategic Framework -** posters for staff areas, break rooms, and digital screens

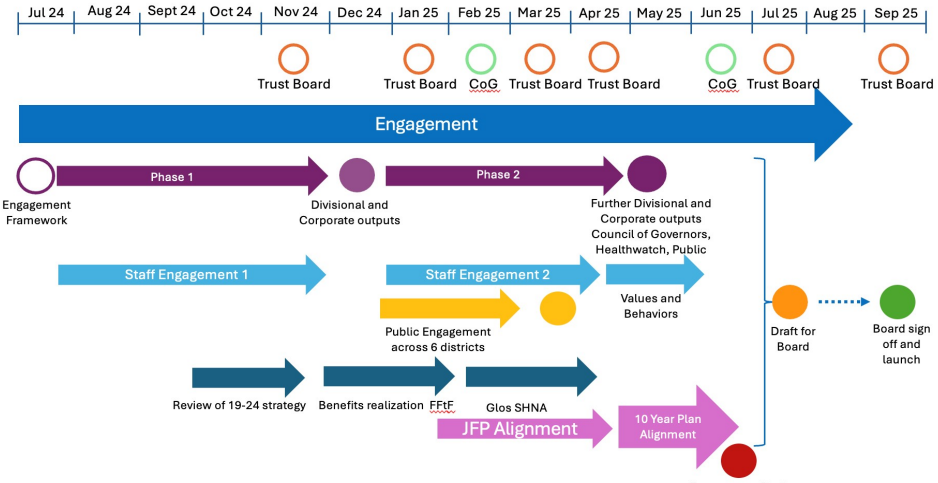
- **Senior Leadership Forum -** OD sessions for senior leaders to explain the strategy and next steps – and their role in engaging their teams
- **Sharing with Partner Organisations and Communities** - Brief for a wide range of stakeholders and partners on the new strategy and our vision for the next 5 years. Include within our community engagement programme
- **Dedicated Website and Intranet Pages** microsite to include - Strategy documents; FAQs; Video messages from leadership; Feedback
- **Staff Global -** Use weekly Global updates to share milestones, staff stories, and progress
- **Feedback –** Use National Quarterly Pulse Surveys and intranet to collect staff input and track engagement/awareness of new strategy
- **Vlogs and Video Briefings -** short videos from leaders and staff explaining the strategy and its importance
- **Staff Networks and Unions** – share with Staff Side and staff networks to ensure engagement across key groups

Recommendations

- The board is asked to consider the final draft strategy and give its approval.

Appendix, A

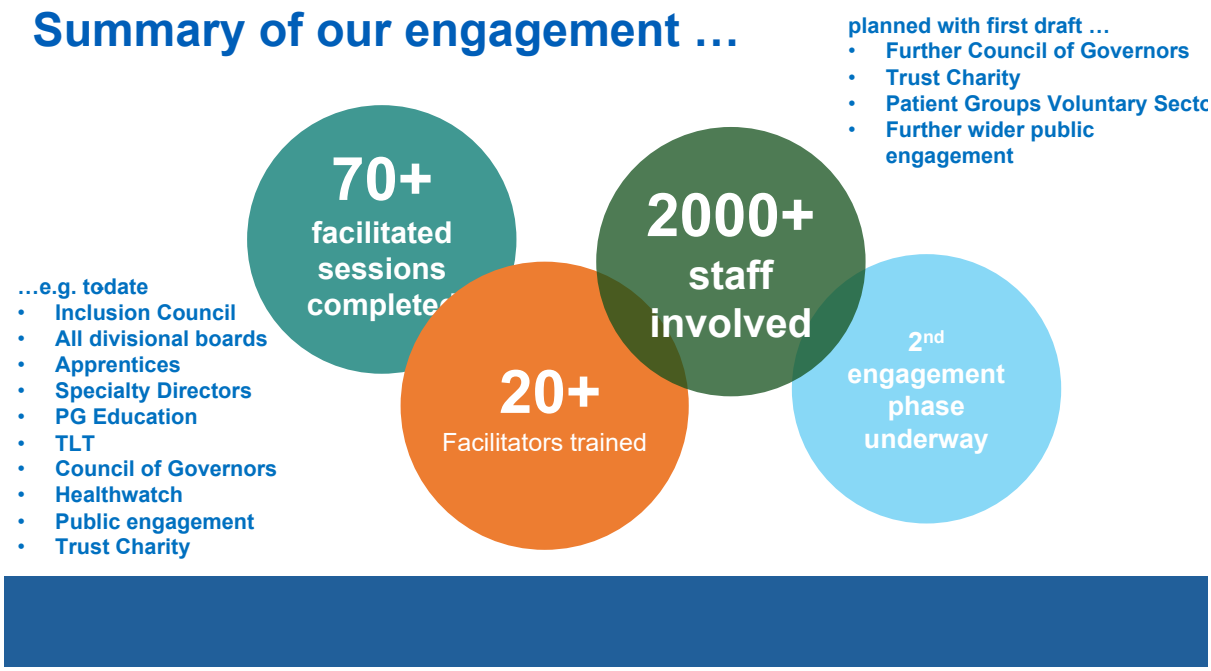
Strategy development, timeline and approach



Appendix, B

Key challenges to address in the strategy

Appendix, C



Appendix, D

Summary of key feedback themes

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

Appendix, E

Our Strategic Framework

NHS
Gloucestershire Hospitals
NHS Foundation Trust

SUMMARY VERSION

Our five year strategy

2025 – 2030

Foreword

Our strategy defines who we are, what we do and most importantly, why we do it.

We want our patients, staff and the public to be proud of our hospitals and the care and support we deliver.

For our staff and our communities, we want their hospitals to be recognised as a place to receive high-quality care and support.

We also want to support primary care and help shape the future development of neighbourhood health services, with a focus on long term conditions and frailty.

In developing the strategy, staff and communities told us what matters most to them:

- What we do is shaped by feedback from patients, staff and our communities.
- We are known as a good place to work and receive care.
- We provide good care which is safe, effective, inclusive and responsive.
- We get the basics right by doing the simple things well and consistently.
- We live with in our means and deliver value for money in everything we do.
- We work together to improve our estates and facilities, providing a good place to work and receive care into the future.
- We deliver our core acute and specialist services well and support wider health and care provision.
- We work in a joined-up way to support people to get care more locally where needed and in hospital when necessary
- We build on our research and innovation to find the care for tomorrow's generation.
- Our digital systems are easy to use and connect patients to better manage their own health.

This strategy sets out our future vision, direction and strategic priorities for the next 5 years.

This is for Gloucestershire Hospitals, our wholly owned subsidiary Gloucestershire Managed Services and our trust charity, Cheltenham and Gloucester Hospitals Charity, which together make up our Hospital Group.

NHS Gloucestershire Hospitals NHS Foundation Trust

NHS Gloucestershire Managed Services

Cheltenham Gloucester Hospitals Charity

Introduction to our Strategy 2025–2030

Gloucestershire Hospitals NHS Foundation Trust's five-year strategy sets out a bold vision: to deliver the best care every day for everyone.

This strategy is rooted in the Trust's core values: Caring; Compassionate; Inclusive; Accountable; and reflects our deep commitment to listening to patients, staff, and communities. It is both a promise and a challenge. We want to change and save lives, to act with integrity, and to ensure fair access to care for all to good quality and safe care.

Our Trust serves a diverse population across Gloucestershire and beyond, with 9,000 staff and hundreds of volunteers working from our two main hospitals and within the communities. Together we deliver safe, effective, and compassionate care, working with partners to eliminate health inequalities and co-designing services that meet our local community needs. Our staff are at the heart of the organisation, and we are building a culture of kindness, accountability, and continuous improvement.

Understanding the changing health needs of the people we serve is critical in the way we are developing our services, delivering the right care whilst living within our means financially. While many residents enjoy good health, significant disparities continue, with an 11-year gap in healthy life expectancy between the most and least affluent areas. To meet this challenge in our role as an anchor institution, we must think beyond the four walls of our hospitals to address the wider determinants of health such as housing, employment, and education, and work with partners to create lasting change.

The strategy also acknowledges the challenges ahead: rising demand, workforce pressures, financial constraints, and the need to modernise our ageing estate.

There has been good progress made in our digital transformation and workforce development, but ongoing efforts are needed to go further, and to improve access, more joined-up care, and sustainability across our services.

Aligned with the national NHS 10 Year Plan, the Trust is embracing a shift toward community-based, digital, and preventative care. Through collaboration, innovation, and a focus on quality improvement, Gloucestershire Hospitals NHS Foundation Trust is committed to delivering the best care every day for everyone.

Deborah Evans,
Chair

Kevin McNamara,
Chief Executive

Our Trust in numbers

£2.3m
Average daily Trust spend

30k
patients admitted to a bed via our EDs per year

537
procedures performed by our 4 robots per year

155k
patients attending our Emergency Departments per year

2.3k
number of research participants per year

120
number of research studies per year

568k
Radiology images and scans per year

36
number of air ambulance arrivals per year

856
number of beds in our hospitals

177k
video and telephone appointments per year

791k
outpatient attendances per year

26k
cancer referrals per year

38
number of organs retrieved for transplants in 2025

3.1m
diagnostic tests per year

660k
population of Gloucestershire, 2023

5.3k
Average births per year

28k
Children seen by the Paediatric team per year

33
number of operating theatres in our hospitals

33k
patients treated in our SDEC units per year

900k
meals prepared for patients and staff

36k
Ambulance attendances per year

1.5m
items of post

33k
planned operations per year

Our vision

We have taken a fresh look at our vision and values. We believe the best care happens when it is compassionate, inclusive and responsive.

Our vision is simple, we want to:

Deliver the best care every day for everyone

Central to our vision is a refocus on delivery of our core services as an acute and specialist hospital provider and working as a good partner to deliver joined up care for the people of Gloucestershire.

We see getting the basics right across all our services as an essential part of achieving our vision.

Our values

The way we go about our work is as important as what we do. Our values guide our behaviour, whether with our patients, with one another or with wider stakeholders.

We have refreshed our values, which have been developed in partnership with our staff:

- **We are Caring** – always showing kindness and concern for others
- **We are Compassionate** – focusing on our relationships with others by listening, respecting and valuing their experiences
- **We are Inclusive** – ensuring everyone gets the care and support they need regardless of identity or background
- **We are Accountable** – taking personal responsibility for our actions, decisions and behaviours

These values sit alongside the wider NHS Values which all NHS employees are expected to uphold.

Our strategic framework

Our vision

To deliver the best care every day for everyone

Our values

we are **caring**
we are **compassionate**
we are **inclusive**
we are **accountable**

Strategic aims
Our top priorities

Patient experience and voice
What we do is shaped by feedback from patients, carers and our communities.

People, culture and leadership
Making our Trust somewhere everyone is proud of and would recommend as a place to work and receive care

Quality, safety and delivery
Provide good care which is safe, effective, inclusive and responsive

Digital first
Helping patients and staff work together using technology and new ideas to make care better

Golden threads
that runs through everything we do

Health inequalities
Working with our communities to prevent illness and tackle health gaps

Continuous improvement
Involving staff and patients to make innovation and improvement happen

Brilliant basics
Simple actions that when done well and consistently, make a difference to patients and staff

Green sustainability
Our actions must be green, fair, and affordable

Enablers of success
Supporting how we succeed

Living within our means
We live within our means and deliver value for money in everything we do

Estates and facilities
Improve our estates and facilities, providing a good place to work and receive care into the future

Research and innovation
We build on our research and innovation to find the care for tomorrow's generation

Partnerships with purpose
Work in a joined-up way to support people to get care they need

Our strategic aims

These are our four strategic aims to support our vision: to deliver the best care every day, for everyone

Patient experience and voice

What we do is shaped by feedback from patients, carers and our communities.

Better feedback systems, including digital platforms and streamlined complaints processes, ensure that what people tell us can lead to real change.

Digital transformation will support personalised care, with tools like the NHS App improving access and engagement. By putting patients at the heart of service delivery, the Trust aims to improve how we provide care that meets the needs of local people.

People, culture and leadership

We want to make our Trust somewhere everyone is proud of and would recommend as a place to work and receive care.

Our staff experience and culture is shaped through regular feedback, workforce planning, and recruitment and career development pathways.

We need to make sure everyone feels welcome and included in our workplace.

We support staff health and wellbeing, train leaders to manage well, and use digital tools and simple basics so everyone has what they need to give great care.

Quality, safety, and delivery

We want to provide good care which is safe, effective, inclusive and responsive for everyone.

Continuous improvement is driven by good processes and shared learning.

Acting on concerns and building a culture of safety build better health outcomes and ensure accountability.

Patient experience, safety, and clinical effectiveness are core priorities, with a focus on restoring national standards for planned, urgent, cancer, and maternity care.

Digital first

We want our digital systems to be easy to use for staff, and to connect patients to better manage their own health.

The Trust now uses digital systems instead of paper, making care safer and more connected. Staff have the tools and training they need, and patients can access records, book services, and get tailored information.

Strong digital foundations and leadership support better planning, teamwork, and data-driven improvements, so staff spend more time with patients and people can manage their own health.

Our golden threads

We have identified four golden threads that run through our strategy and all that we do.

Health inequalities

We are committed to reducing unfair health gaps that affect life expectancy, quality of life, and access to care – especially for deprived communities, ethnic minorities, people with disabilities, and other marginalised groups.

We know that even by providing the very best acute care, we will only influence around 20% of what drives good health, and we will work with partners to help improve access to jobs, education, housing and transport.

We'll improve data to find gaps and work with local partners on issues like housing and jobs.

Our goal is safe, high-quality care for all, a diverse workforce, and inclusive growth across Gloucestershire.

Continuous improvement

We are focused on always getting better. The Gloucestershire Safety and Quality Improvement Academy supports this by helping staff learn and share ideas.

Over the next five years we will align our improvement efforts with our strategic priorities and build a culture of shared learning and innovation.

Staff must be empowered to drive improvements in safety, quality, delivery, and productivity across all areas.

By listening to patients, staff, and partners, we aim to improve care, experience, and performance every year.

Brilliant basics

Our 'Brilliant Basics' are the everyday actions that make a big difference. For patients: a warm welcome, clear communication, respect, quick help, and clean spaces. For staff: being approachable, sharing information, showing appreciation, supporting wellbeing, and leading by example.

It also means addressing those things within our control that make a difference to good care and experience for patients and staff.

When a patient calls, it will be answered. We will have IT systems tat are resilient and an estate that supports good care.

Green sustainability

Sustainability is part of everything we do, covering the environment, people, and finances.

The Trust aims for an 80% reduction in carbon footprint by 2032 and net zero by 2040, with 90% of its fleet being low or ultra-low emission by 2028.

Key actions include decarbonising hospital sites, embedding sustainability in investments, supporting clinical teams to deliver sustainable care, and meeting new legislation.

Every staff member plays a role in achieving a greener, healthier Gloucestershire for future generations.

Our enablers

There are four key strategic enablers that are central to delivering our strategy.

Living within our means

Every part of the NHS and wider public sector is facing real challenges in living within their means, particularly post-COVID.

By 2030, we aim to be financially sustainable so we can invest more in staff, buildings, and equipment. Our plan is to strengthen core services, find growth opportunities, and save money by managing resources better. We'll improve finance systems, governance, and training so decisions are patient-focused and efficient. This will allow us to fund staff, infrastructure, and digital healthcare, with the finance team giving visible support and guidance.

Estates and facilities

Delivering care in the right environment is essential for patients and staff. Over the last five years we have invested over £101m into our hospitals. However, we still have significant challenges with an aging estate, backlog maintenance, and complex site navigation.

Our investments have modernised facilities, including new operating theatres, radiology, oncology departments, and emergency care units.

Over the next five years, we need a strong estates plan, meet fire safety rules, fix maintenance issues, and set a clear capital programme. This will make sure services are safe and effective now and in the future, improving experiences for patients and staff.

Research and innovation

Our research and innovation needs to be part of everyday clinical practice. The Research Innovation and Genomics (RIG) plan aligns with local health needs, making participation accessible for patients and staff.

The Trust supports targeted innovation through the Gloucestershire Advanced Research and Innovation Institute (GARII), rapidly adopting new solutions and measuring impact.

Through new training we want to expand our participation, and partnerships with academic institutions will help strengthen engagement.

Genomics is reshaping diagnosis and treatment, enabling personalised care. Financial sustainability is ensured by recovering study costs and reinvesting income, while upgraded infrastructure supports future research demands and quality improvement.

Partnership with purpose

We cannot change everything on our own. Only by building strong partnerships we can achieve our vision. We work with NHS organisations, councils, primary care, universities, and local communities to design joined-up services that are easy to access and tailored to local needs.

Patients, families, and community groups help co-design care, giving insights that improve outcomes, reduce inequalities, and make services that truly matter..

Delivering the strategy and measuring success

Our strategy provides a clear and ambitious vision for the next five years, shaping our future and responding to the challenges ahead. We are confident that by working with our partners, we can make it a reality.

We do not underestimate the scale of the challenge and have developed a delivery plan that sets the stages required achieve our ambitions.

Our approach to determining how we best work to achieve each of our objectives – and how we track and evaluate progress towards them – will build on the components we already have in place for business planning, quality improvement, governance and performance monitoring.

Priorities will be set through our annual planning cycle

To help us demonstrate progress against our strategy, we have developed key performance indicators and measures of success alongside our strategy. These will be tracked and monitored as part of our annual plan and will help us ensure that we are making progress against the things that are important to us.

Each of the priorities outlined in our Strategic Framework will have a delivery plan developed by the end of Q4 2025/26. This will set out the specific deliverables, key milestones and benefits to action the goal set out in the priority to deliver the best care every day for everyone.

Tangible differences

What will be different if we deliver our strategy by 2030.

What we do is shaped by feedback from patients, staff and our communities.

We are known as a good place to work and receive care.

We provide good care which is safe, effective, inclusive and responsive.

We get the basics right by doing the simple things well and that makes a difference to patients and staff.

We live with in our means and deliver value for money in everything we do.

We work together to improve our estates and facilities, providing a good place to work and receive care into the future.

We deliver our core acute and specialist services well and support wider health and care provision to prevent ill health and with a focus on long term conditions and frailty.

We work in a joined-up way to support people to get care more locally where needed and in hospital when necessary

We build on our research and innovation to find the care for tomorrow's generation.

Our digital systems are easy to use and connect patients to better manage their own health.


NHS
Gloucestershire Hospitals
NHS Foundation Trust
SUMMARY VERSION
Our five year strategy
2025 – 2030

NHS
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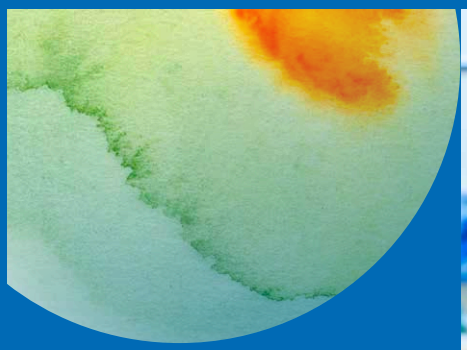
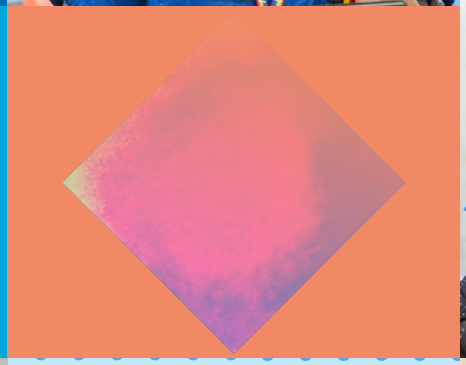
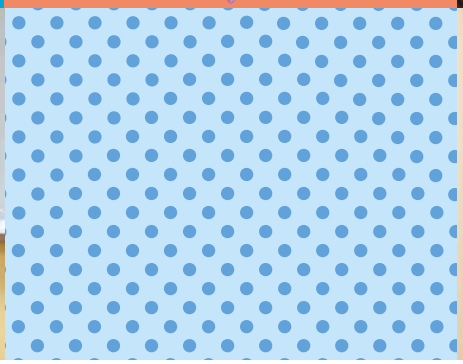


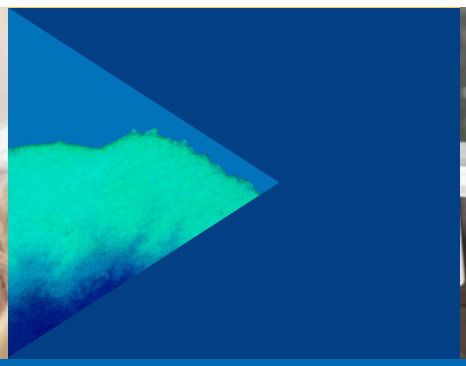







Our five year strategy

2025 – 2030


This strategy sets out our future vision, direction and strategic priorities for the next 5 years.

This is for Gloucestershire Hospitals, our wholly owned subsidiary Gloucestershire Managed Services and our trust charity, Cheltenham and Gloucester Hospitals Charity, which together make up our Hospital Group.

NHS
Gloucestershire Hospitals
NHS Foundation Trust

NHS
Gloucestershire
Managed Services

Cheltenham
Gloucester
HOSPITALS CHARITY

Foreword

Our strategy defines who we are, what we do and most importantly, why we do it.

We want our patients, staff and the public to be proud of our hospitals and the care and support we deliver.

For our staff and our communities, we want their hospitals to be recognised as a place to receive high-quality care and support.

We also want to support primary care and help shape the future development of neighbourhood health services, with a focus on long term conditions and frailty.

In developing the strategy, staff and communities told us what matters most to them:

- What we do is shaped by feedback from patients, staff and our communities.
- We are known as a good place to work and receive care.
- We provide good care which is safe, effective, inclusive and responsive.
- We get the basics right by doing the simple things well and consistently.
- We live with in our means and deliver value for money in everything we do.
- We work together to improve our estates and facilities, providing a good place to work and receive care into the future.
- We deliver our core acute and specialist services well and support wider health and care provision.
- We work in a joined-up way to support people to get care more locally where needed and in hospital when necessary
- We build on our research and innovation to find the care for tomorrow's generation.
- Our digital systems are easy to use and connect patients to better manage their own health.

Introduction from our Chair and Chief Executive

As Chair and Chief Executive of Gloucestershire Hospitals NHS Foundation Trust, we are proud to share our five-year strategy for 2025 to 2030. This strategy defines not only what we do but why we do it. Our absolute core purpose is to change lives and save lives. Our vision is clear and profound: to deliver the best care every day for everyone. This is both our promise and our challenge, and we embrace it with humility, ambition and a deep sense of responsibility.

Our hospitals have served the people of Gloucestershire and beyond for generations. Today we stand at a pivotal moment shaped by rapid change, complex challenges and new opportunities. Over the past five years we have transformed digitally, strengthened our workforce and changed care in ways that are delivering real benefits and better care to our patients and communities. We have also responded to the biggest shock the NHS has ever faced, Covid-19, and we know there is more to do.

This strategy is built on the values that guide us: caring, compassionate, inclusivity and accountability. These values are not abstract statements but promises, shaping the way we support patients, work together with colleagues and with our communities. At the heart of this is a determination to listen. The voices of patients, families and staff are essential to everything we do, not only in shaping services but in reminding us of the human impact of every decision we make.

We also recognise the persistent and unacceptable health inequalities that exist within our county. Our ambition is to ensure fair access to care and support for all, regardless of background or circumstance which is the very foundation of the NHS. We will work with our communities to design services that reflect how patients and communities experiences our services and promote health and wellbeing. Prevention, learning, improving and sustainable approaches will be embedded into everything we do.

This strategy is a call to action. It is a commitment to our patients, our staff and our partners. It is a promise to be ambitious for the future, to learn from the past and to act with integrity and purpose. Together we will build an organisation recognised not only for the quality of its care but for the pride, trust and confidence it inspires in those it serves.

Deborah Evans,
Chair

Kevin McNamara,
Chief Executive

Strategic progress and achievements 2018/19 – 2024/25

Over the period of our previous strategy, we have made significant strides across workforce development, clinical services, estates, quality of care and digital transformation.

2018	▸ Establishment of Gloucestershire Managed Services (GMS), wholly owned subsidiary company
2019	▸ Launched the Staff Advice and Support Hub, strengthening well-being resources for our workforce ▸ Introduced Sunrise clinical wrap improving digital records and clinical workflows ▸ Became a pioneer in a ground-breaking tissue donation initiative
2020	▸ Established the Covid-19 Vaccination Hub at Gloucestershire Royal Hospital, contributing to the largest immunisation programme in UK history
2021	▸ Advanced our Centres of Excellence vision by launching SABR treatment (Stereotactic Ablative Radiotherapy) for cancer patients
2022	▸ Streamlined recruitment with a reduction in time-to-hire from 79 to 42 days, supporting service continuity and workforce growth ▸ Opened Gallery Ward 2: a £4.5 million, 24-bed facility dedicated to dementia and acutely frail patients
2023	▸ Opened the Community Diagnostic Centre at Gloucester Quayside, increasing local access to early diagnosis and screening ▸ Rolled out ePMA (Electronic Prescribing and Medicines Administration), enhancing patient safety and medication management
2024	▸ Unveiled the new Emergency Department at Gloucestershire Royal Hospital, enhancing urgent and emergency care capacity ▸ Opened the Chedworth Day Surgery Unit at Cheltenham General Hospital, improving access to same-day procedures ▸ Launched the Patient Portal, empowering patients with access to their health information
2025	▸ Recognised as the 5th most improved trust nationally in the NHS Staff Survey, reflecting our focus on people and culture ▸ Opened a state-of-the-art Interventional Radiology Hub (IGIS) at Gloucestershire Royal Hospital, advancing diagnostic and therapeutic capabilities

Contents

1

About Gloucestershire Hospitals NHS Foundation Trust

We have a proud and long history serving our communities. We are a large NHS trust, delivering acute, specialist and tertiary hospital services to the 660,000 people of Gloucestershire and beyond.

Our history

The origins and history of our hospitals

Cheltenham General Hospital built between 1848–1849

1229

Henry III gave the church of St. Nicholas to the hospital of St. Bartholomew of Gloucester for the support of the poor, leading to its recognition as a royal foundation.

1755

Gloucestershire General Infirmary

Established in Southgate Street.

1813

Cheltenham General Hospital

Founding of the Cheltenham Provident Dispensary providing medical services to the local community.

1825

Gloucestershire General Infirmary

Major enlargement of the Infirmary with the addition of a south wing, with 54 beds in three wards.

1852

Gloucestershire City General Hospital

A new infirmary building was completed west of the workhouse, designed by John Jacques & Son.

1882

Cheltenham General Hospital

Expanded its range of services acquiring all operations of the Cheltenham Ophthalmic Hospital.

1909

Gloucestershire General Infirmary

King Edward VII granted the title of Gloucestershire Royal Infirmary and Eye Institution.

1912

Gloucestershire City General Hospital

The guardians began a 149-bed infirmary on a block system on the other side of Great Western Road.

1930

Gloucestershire City General

The infirmary was transferred and became known as Gloucester City General Hospital.

1948

Cheltenham General Hospital

Joined the newly formed National Health Service (NHS).

1949

Gloucestershire Royal Hospital

Following amalgamation with Gloucester Royal Infirmary, became jointly known as Gloucestershire Royal Hospital.

1955

Queen Elizabeth II visits Gloucestershire Royal Hospital.

Gloucestershire General Infirmary, built in 1755

2024

Alstone Urology Clinic, a state-of-the-art facility designed to enhance patient care and improve overall experience.

2024

Image Guided Interventional Surgery (IGIS) opens two new state-of-the-art theatres open at Gloucestershire Royal Hospital.

2024

Chedworth Surgical Unit and two theatres open at Cheltenham General Hospital providing treatment for 1,500 more patients each year.

2023

Cheltenham General Hospital celebrated its 175th anniversary.

2018

Gloucestershire Managed Services launches

2004

Achieved Foundation Trust status.

2015

Cheltenham and Gloucester Hospitals Charity launches

2015

Gloucestershire Safety and Quality Improvement Academy (GSQIA) launches

2021

Gloucestershire Royal Hospital acquires a Versius surgical robot

1975

Gloucestershire Royal Hospital:

Completion of a new 11-storey tower block, modernising the hospital's infrastructure.

2000

2020

The COVID pandemic begins

2020

The Prince of Wales and The Duchess of Cornwall visit the Hospital to meet staff leading the COVID-19 Vaccination programme.

1975

Cheltenham General Hospital:

Founding of the Cheltenham Provident Dispensary providing medical services to the local community.

2002

Gloucestershire Hospitals NHS Foundation Trust – merging Gloucestershire Royal and Cheltenham General Hospital.

2025

'Places to Escape' Virtual Reality project launched to enhance patient experience.

2007

Trust launched the world's first mobile cancer care unit, named 'Helen'.

2025

Cheltenham General Hospital performs first keyhole total pelvic exenteration in the South West region.

1960

Gloucestershire Royal Hospital

The Great Western Road buildings and adjoining land, which included a maternity hospital, and wooden huts erected in 1942 for treatment of war wounded in WWII, chosen for the new Gloucestershire Royal Hospital site.

2012

Gloucestershire Royal Hospital became home to a new emergency department, improving urgent care services.

2025

New Hyper-Acute Stroke Unit opens at Cheltenham General Hospital.

Our guiding principles

At Gloucestershire Hospitals NHS Foundation Trust we believe in delivering the best care every day for everyone.

We have a proud and long history serving our communities, delivering acute, specialist and tertiary hospital services to the 650,000 people of Gloucestershire and beyond.

We are committed to providing safe, effective and compassionate care that is inclusive and responsive to the needs of every individual. We listen actively, communicate clearly and treat all with dignity and respect. We strive to eliminate health inequalities and ensure equitable access to care and support regardless of background, identity or postcode. We work in partnership and collaborate with our communities and partners to plan and co-design services that are joined up, reflect lived experiences and promote health and well-being.

We value our staff as the heart of our organisation and foster a culture where everyone can flourish where kindness, compassion, accountability and inclusivity guide our actions. We invest in staff, development and well-being ensuring our people feel proud of their work and empowered to make positive change. We celebrate diversity, encourage innovation and support each other to grow and thrive.

We hold ourselves to the highest standards of quality, safety and delivery. We focus on the brilliant basics doing the simple things well consistently. We embrace continuous improvement, learning from feedback and insights to enhance patient outcomes and staff experience.

> "We are committed to providing safe, effective and compassionate care that is inclusive and responsive to the needs of every individual"

We act swiftly on concerns and uphold a culture of transparency and excellence.

We believe that collaboration is essential to achieving sustainable, joined-up care. We work with local partners, charities and national networks to address the wider determinants of health. As a community anchor institution we champion social value, inclusive growth and environmental sustainability.

We are committed to financial sustainability, digital innovation and research-led practice. We use our resources wisely to deliver long-term value and invest in the future of healthcare. We embrace technology to improve access, empower patients and support our workforce. We embed sustainability in every decision striving for a greener, healthier Gloucestershire.

This is our promise to our patients, our communities and each other. Together we will build a Trust that is safe, caring, inclusive and proud; providing care free at the point of delivery now and in the future.

Our story

Gloucestershire Hospitals NHS Foundation Trust was established in 2004 through the merger of Gloucestershire Royal and East Gloucestershire NHS Trusts. However, our hospitals have a long and proud history, dating back to 1755 when Gloucestershire Infirmary was built. It was later granted the title "Royal" by King Edward VII in 1909. Cheltenham General Hospital has similarly deep roots, originating in 1813 as a dispensary.

Both hospitals became part of the National Health Service when it formed in 1948 and they have a long history of serving those most in need in our communities. This approach continues to this day with the work of our Hospitals Charity, links with community groups and our focus on eliminating health inequalities.

We have an annual operating income of £800m and deliver a wide range of acute and specialist services. The majority of our core services are delivered from our two general hospital sites in the city of Gloucester and the town of Cheltenham. We also deliver maternity services and a range of planned care services, including surgery, from Stroud General Hospital, as well as other community hospitals in Cirencester, the Forest of Dean, Tewkesbury and the Cotswolds. We employ 9,000 staff and hundreds of volunteers who work with us to provide care and support for the 660,000 population of Gloucestershire and beyond.

In 2018, the Trust established a Subsidiary Company (Gloucestershire Managed Services), which has a responsibility for delivering our estates, facilities and ancillary services.

We have our own Trust charity, Cheltenham and Gloucester Hospitals Charity, which supports patients, families and our staff by fundraising for state-of-the-art equipment, local cancer care, ground-breaking research and mental health and well-being. Its latest campaign, the Big Space Cancer Appeal, will transform cancer care in Gloucestershire by providing a new state-of-the-art cancer centre. We also have many other charities and volunteers who make a real difference and help enhance the services and support we offer.

> "We employ 9,000 staff and hundreds of volunteers providing care and support for the 660,000 population of Gloucestershire and beyond."

Together, Gloucestershire Hospitals NHS Foundation Trust works with Gloucestershire Managed Services and Cheltenham and Gloucester Hospitals Charity, who form our hospital group.

Our Trust in numbers

30k
patients admitted to a bed via our EDs per year

537
procedures performed by our 4 robots per year

£2.3m
Average daily Trust spend

155k
patients attending our Emergency Departments per year

2.3k
number of research participants per year

120
number of research studies per year

568k
Radiology images and scans per year

36
number of air ambulance arrivals per year

856
number of beds in our hospitals

177k
video and telephone appointments per year

791k
outpatient attendances per year

26k
cancer referrals per year

38
number of organs retrieved for transplants in 2025

3.1m
diagnostic tests per year

660k
population of Gloucestershire, 2023

5.3k
Average births per year

28k
Children seen by the Paediatric team per year

33
number of operating theatres in our hospitals

33k
patients treated in our SDEC units per year

900k
meals prepared for patients and staff

36k
Ambulance attendances per year

1.5m
items of post

33k
planned operations per year

2

Our communities and our population health

Collaborating closely with partners and local communities, we are dedicated to enhancing health and well-being while ensuring equitable access to services.

Understanding the health and needs of our communities

We serve a population of over 660,000 people across urban and rural areas across Gloucester, Cheltenham, Stroud and Berkeley Vale, Tewkesbury, Forest of Dean, Cotswolds and beyond.

Although a large proportion of our population enjoy relatively good health, this is not the case for all with some communities in our county experiencing significantly poorer health.

We know that even if we deliver the best acute care possible, much of what drives health outcomes exists outside of our Trust. However, that does not mean we do not have a role in improving those wider determinants as a large anchor organisation employing 9000 staff and spending around £800 million on delivering care.

Average life expectancy at birth is 80 years for males and 84 years for females, which is above the England average. The number of people living aver 80 is also increasing, with a consequent rise in our frail elderly population.

On average, people in Gloucestershire enjoy 67 years in good health. However, these figures mask significant and unfair differences in health and well-being between different groups of people. People living in the wealthiest areas of the county including the Cotswolds, experience on average 11 years longer of 'healthy life' compared with those in the least wealthy areas, like the Forest of Dean. The age at which people are living in good health is also declining. This means that people start to develop conditions such as diabetes, heart disease and respiratory disease when they are younger.

Embedding health equity and inclusion in our work

Health inequalities are avoidable and unfair differences in health outcomes between different groups in society. These inequalities encompass various aspects, such as life expectancy, the health conditions people experience and the availability of care.

The conditions in which we are born, grow, live, work and age significantly impact our health and well-being. These are known as the wider determinants of health. In our area, the life expectancy gap between the most and least deprived areas is 11 years. This disparity is evident in how people access and experience our services. For instance, individuals living in the most deprived areas are less likely to benefit from planned care and cancer screening appointments but access our urgent care services.

Health inequalities and disease prevention are closely linked. The NHS 10-Year Plan points to a vision for improving the long-term health of communities by shifting the focus from treatment to prevention.

We are dedicated to embedding a preventative approach to healthcare delivery. Our commitment includes ensuring access to evidence-based services that address smoking, obesity and alcohol intake for both patients and colleagues. Building on our work with the county council, mental

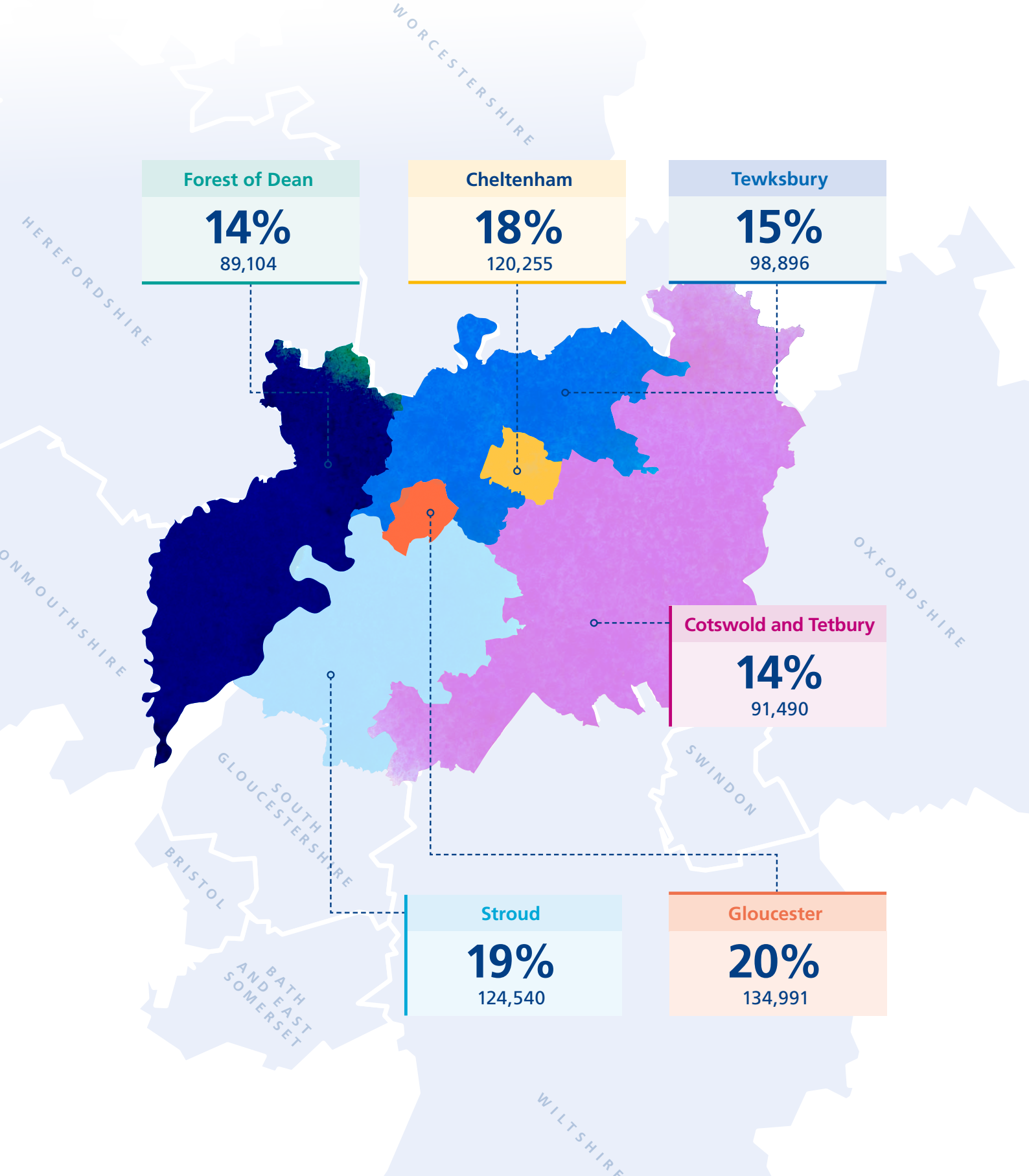
health services and local charities to ensure homeless people in the centre of Gloucester are supported. We will collaborate with partners to implement a whole-system approach to prevention and integrate these preventative measures into our service delivery.

The significant difference in health and health outcomes between our most and least wealthy areas in the county is one of the main drivers s behind us working together with other partners as One Gloucestershire in our ambition to eliminate health inequalities, creating equity for all.

Population distribution of Gloucestershire

Total population: 659,276 people

We provide care and services to the communities of Gloucestershire and beyond, working in partnership with other NHS organisations across the region.



Our population's health

Pregnancy and birth

5486
Women giving birth

5571
Babies being born

Broad age range

0–15 **18%**

16–64 **60%**

65+ **19%**

85+ **3%**

The three leading causes of death for our population are:

26%
Cancer

24%
Circulatory disease

11%
Respiratory disease

Life expectancy: good health

Male
63.7 years
61.5 years NATIONAL AVERAGE, ONS

Female
63.6 years
60.3 years NATIONAL AVERAGE, ONS

The number of years an individual could expect to live in good health (healthy life expectancy) in 2021–2023.

Life expectancy: deprivation

Male
8.2 years
9.7 years NATIONAL AVERAGE, HEALTH FOUNDATION

Female
6.6 years
8.0 years NATIONAL AVERAGE, HEALTH FOUNDATION

The difference in life expectancy of those living in the 10% most deprived and 10% least deprived areas in 2021–2023.

Household composition

30%
One person household

19%
Couples with no children

25%
Couples with children

9%
Lone parent family

17%
Other households

16.8%
of the population are disabled under the Equality Act (2010)
24% NATIONAL AVERAGE, ONS

16.8%
have a long term physical or mental health condition
17.3% NATIONAL AVERAGE, ONS

12
neighbourhoods within the 10% most deprived nationally
3 NATIONAL AVERAGE, ONS

12.9%
children live in relative low income families
22% NATIONAL AVERAGE, ONS

Ethnic groups

87.7% White British

5.4% White other

2.9% Asian, Asian British or Asian Welsh

2.2% Mixed or multiple ethnic groups

1.2% Black, Black British, Black Welsh

0.7% Other

8.6%
of Gloucestershire's population are Unpaid carers

684k
total population of Gloucestershire by 2028

3

Strategic context challenges and opportunities

Since our last strategy was developed in 2019, there have been significant changes and events at international, national and local levels.

These shifts have not only shaped the strategic context in which the NHS operates but also impact on locally delivered care.

Challenges and opportunities

Like many NHS Trusts across England, we face a range of challenges that impact on our ability to deliver high-quality, responsive and sustainable care.

These pressures come from both inside and outside of our organisation, including growing demand for care, which often exceeds our capacity, leading to shortages, longer waits and poorer outcomes than we would want to deliver.

Delayed discharges also add pressure, especially when patients are ready to leave but there is a lack of suitable care at home. Despite improving access to same-day emergency care and support in the community, our emergency departments are still under significant strain, with more patients arriving both by ambulance and on foot leading to longer waits with many of our patients waiting in ambulances far longer that we would want.

We recognise the importance of culture in enabling a positive working environment for our staff. This has helped us to make good progress in reducing staff shortages in nursing, midwifery and in our medical workforce, but there's more to do.

We've balanced the books in recent years, including 2024–25; however, it is becoming more challenging. Like many trusts, we're under constant pressure to make savings without affecting patient care and securing these recurrently remains a significant challenge. We also know we cannot make more asks for taxpayer funding without being absolutely sure we are delivering value from every penny we spend.

We've made progress in digital transformation, including a new electronic patient record system and automation in several areas. But there's still more potential to unlock.

Much of our estate is ageing and needs investment. We have invested more than £100 million in the last five years, including a new A&E department and state-of-the-art image-guided interventional surgery (IGIS) unit. However, we still have outdated buildings and limited space, including in critical care and oncology, making it harder to meet demand and deliver modern care in positive environments for patients and for staff.

We continue to tackle health inequalities, particularly in disadvantaged areas where outcomes are often worse due to socio-economic factors and access to services. We have significant work to do to improve equity of access.

We're also working to improve our collaboration across health and social care, but integration across hospitals, primary care and social care in Gloucestershire remains a challenge.

These challenges require careful consideration; they have informed and shaped our strategy and our priorities for the years ahead to ensure we continue to be ambitious for our patients, staff and communities.

Independent investigation of the NHS in England

The Independent Investigation of the National Health Service in England, led by Lord Ara Darzi, provided a comprehensive and critical analysis of NHS performance. The report explored critical challenges and opportunities facing the NHS including:

- Funding, investment and technology gaps
- The impact and legacy of the Covid-19 pandemic
- The need to improve patient and staff involvement
- Structural and systemic inefficiencies
- Declining national health and the impact of the cost-of-living crisis
- Growing access challenges and waiting lists
- Misaligned spending with preventative care
- Lower productivity
- The potential social value NHS organisations offer within local communities

It also highlighted the profound influence of external factors, particularly the wider determinants of health, on NHS performance. These findings directly reflect experiences and challenges identified within Gloucestershire and the Trust.

The National 10-Year Health Plan

The recently published plan builds on the themes of the Darzi Report and outlines three major shifts to shape the NHS over the next decade:

- A move from hospital to home, enabling more care to be delivered in the community or closer to where people live
- A shift from analogue to digital, ensuring the workforce is supported by the right technology and innovation to deliver high-quality care
- A focus on prevention rather than treatment, helping people stay well and reducing the need for more intensive interventions

The 10-Year Plan also includes reshaping the NHS landscape, including:

- A new operating model with changes to NHS England, Integrated Care Boards and better alignment with new Strategic Authorities across larger geographies which will join up health, care and wider public services at this regional level
- A focus on Neighbourhood Health and long term conditions and frailty
- A restoring of NHS Foundation Trust models with greater flexibilities

For Gloucestershire this means much closer working with our partners across Bristol, North Devon and South Gloucestershire as these new regional areas emerge.

4

Our strategic framework

Our strategy is shaped by what we've heard from patients, staff, communities and wider stakeholders, including regulators. It reflects their views of our Trust and the services we provide.

It also sets out the priorities we will focus on to address our challenges and make the most of opportunities, helping us deliver our vision and ambition for patients and our staff.

Our vision and values

We have taken a fresh look at our strategic framework. This serves as the cornerstone of our strategy and keeps us focused what our patients, staff and stakeholders tell us is most important.

We believe the best care happens when it is compassionate, inclusive and responsive.

Our vision is simple, we want to:

Deliver the best care every day for everyone

Central to our vision is a refocus on delivery of our core services as an acute and specialist hospital provider and working as a good partner to deliver joined up integrated care for the people of Gloucestershire.

We see getting the basics right across all our services as an essential part of achieving our vision.

Our values and behaviours

The way we go about our work is as important as what we do. Our values guide our behaviour, whether with our patients, with one another or with wider stakeholders.

We have refreshed our values, which have been developed in partnership with our staff:

- **We are Caring** – always showing kindness and concern for others
- **We are Compassionate** – focusing on our relationships with others by listening, respecting and valuing their experiences
- **We are Inclusive** – ensuring everyone gets the care and support they need regardless of identity or background
- **We are Accountable** – taking personal responsibility for our actions, decisions and behaviours

These values sit alongside the wider NHS Values which all NHS employees are expected to uphold.

Our strategic priorities

It's vital that all 9,000 of our staff and volunteers have the opportunity to shape and influence our strategy. That's why, over the past year, we've focused on creating the right conditions to make this possible.

It's equally important that everyone understands what our organisation is aiming to achieve – our strategic objectives, our priorities for improvement and how each person, in their specific role, contributes to this.

Everyone at Gloucestershire Hospitals plays an important part in helping us achieve our mission: to deliver the best care every day for everyone.

Our Strategic aims:

Patient Experience and Voice

Prioritising and acting upon patient feedback to continuously adapt our services to equitably meet patient needs

People, Culture and Leadership

Enhancing staff experience and ensuring sustainability in an organisation where everyone can flourish

Quality, Safety and Delivery

Providing equitable, timely and responsive, high-quality, safe and effective services at all times for everyone

Digital First

Empowering patients and staff in the care journey through digital technology and an innovative culture

Our strategic framework

Our vision

To deliver the best care every day for everyone

Our values

we are **caring**

we are **inclusive**

we are **compassionate**

we are **accountable**

Strategic aims
Our top priorities

Patient experience and voice
What we do is shaped by feedback from patients, carers and our communities.

People, culture and leadership
Making our Trust somewhere everyone is proud of and would recommend as a place to work and receive care

Quality, safety and delivery
Provide good care which is safe, effective, inclusive and responsive

Digital first
Helping patients and staff work together using technology and new ideas to make care better

Golden threads
that runs through everything we do

Health inequalities
Working with our communities to prevent illness and tackle health gaps

Continuous improvement
Involving staff and patients to make innovation and improvement happen

Brilliant basics
Simple actions that when done well and consistently, make a difference to patients and staff

Green sustainability
Our actions must be green, fair, and affordable

Enablers of success
Supporting how we succeed

Living within our means
We live within our means and deliver value for money in everything we do

Estates and facilities
Improve our estates and facilities, providing a good place to work and receive care into the future

Research and innovation
We build on our research and innovation to find the care for tomorrow's generation

Partnerships with purpose
Work in a joined-up way to support people to get care they need

5

Our Strategic Aims

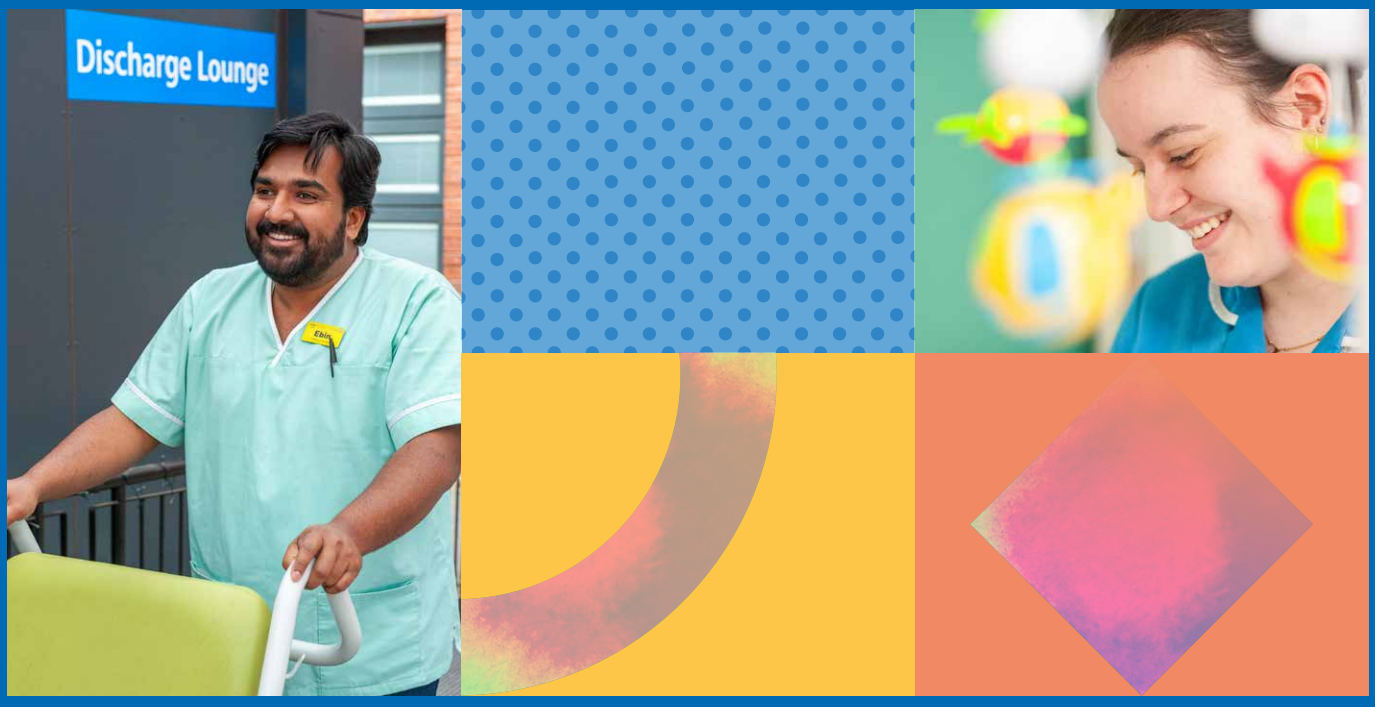
These are our four strategic aims to support our vision: to deliver the best care every day, for everyone

Patient experience and voice

People, culture and leadership

Quality, safety and delivery

Digital first



Patient experience and voice

Our goal is to ensure what we do is shaped by feedback from patients, carers and our communities.

Introduction

Patient Experience is a key aspect of quality care, alongside patient safety and clinical effectiveness. It refers to the perceptions of our patients, their carers and families regarding the process of receiving care within our organisation Everyone involved in a patient's journey shares responsibility for shaping these experiences. Gaining insight into the perspectives of those using our services informs how we deliver, improve and design our services.

Patient Experience

Patient experience should be responsive and personalised and shaped by what matters to people. This empowers people to make informed decisions and design their own care so that it is coordinated, inclusive and equitable. Patient experience and person-centred care is at the heart of our strategy. Being person-centred is about focusing on the needs of the individual. Placing people's preferences, needs and values at the centre of our decision-making means we provide care that is respectful and responsive to what matters most to them.

A positive patient experience is about getting high quality treatment in a comfortable, caring and safe environment delivered in a reassuring way. It is about having timely, accurate information to make choices, to feel confident and feel in control. It is also about being spoken and listened to as an equal and being treated with honesty, respect and dignity.

The 10-Year Plan

The 10-Year Plan is built on what patients and staff have said matters most: faster access, better communication, and care closer to home. It promises a shift from hospital to community care, from analogue to digital systems, and from treatment to prevention. These shifts are designed to improve both outcomes and experience by making services more responsive, accessible, and joined-up.

Listening and learning

Providing opportunities for patients to give feedback about their experiences is important for informing service improvements and supporting public confidence. There are mandated national surveys across differing service areas as well as the continuous feedback tool, Friends and Family Test (FFT). These tools together with digital platforms, PALS and Complaints services enables us to develop a picture of the experiences of our patients and carers.

Where are we now?

Patient experience and involvement across our services are central to how we deliver care and we have made progress through co-designed projects and service evaluations. We continue to build on this foundation through increased engagement with people with lived experience including our Accessibility Panel and Young Influencers.

We gather feedback from a wide range of sources including the Friends and Family Test (FFT), local and national patient and carer surveys, PALS, compliments and complaints and our Council of Governors plays an active role in patient experience. These insights alongside involvement of people with lived experience and community groups helps us understand what matters most to the people we serve, where we have gaps and how we can improve our services.

Using this approach we have developed our Patient Pact linked to our Clinical Vision of Flow programme and our Carers Charter, both of these documents have provided a clear set of standards for us to work to.

Feedback shows that many of our services are highly rated, reflecting the dedication of our teams and the quality of care we aim to provide every day. However, we also recognise that for some patients the experience is not always good and we need to ensure we are able to listen and improve when things go wrong.

Our priorities

To ensure our patient experience is central to our delivery of care there are three strategic areas of focus: co-designed care, responsive feedback systems, and digital transformation.

Co-designed care

This should be the foundation of our service delivery. This means involving patients, carers and healthcare professionals in shaping care pathways, treatment plans, and service improvements.

Co-designed care involves patients, carers, and communities as equal partners in shaping healthcare services. It moves beyond engagement to genuine collaboration, where lived experience informs decisions about service design, delivery, and evaluation. This builds public confidence and trust, improves health outcomes, fosters innovation and ensures that care is responsive to diverse needs.

Responsive feedback

Responsive feedback systems are essential to creating a culture of continuous improvement. Feedback must be actively sought, systematically analysed, and visibly acted upon.

Our feedback mechanisms must be accessible, inclusive, timely and responsive to what matters to patients. This includes expanding digital feedback platforms, simplifying complaints processes, and ensuring that feedback leads to tangible changes in care.

Nationally and locally, there will be a drive for a simpler, more accountable patient safety system, with the Dash report recommending a national directorate for patient experience and plans to streamline how patient voice is captured and acted upon.

Digital transformation

Digital transformation that is inclusive and must underpin efforts to deliver personalised care. The NHS App and other digital tools offer opportunities to give patients more control over their health, from booking appointments to managing medications and accessing tailored health information. There are also opportunities to enable access to and engagement with care for example to support communication and increase accessibility.

The national plan envisions a "doctor in your pocket" model, where digital services support proactive, planned care and enable patients to participate more fully in their health journey.

For our Trust this means continuing to invest in digital infrastructure, ensuring equitable access to digital services, and training staff to use technology in ways that enhance, not replace, human connection.

Getting the basics right is critical to our success

Brilliant Basics outlines a set of everyday standards and behaviours that staff are encouraged to consistently uphold to improve patient experience. These basics are simple actions that, when done well and consistently, make a significant difference to how patients, families, and colleagues experience care and services.

- Treat people with empathy, dignity and respect
- Introduce yourself and your role with kindness
- Communicate clearly and accurately to enable patients to be involved in decisions about their care and treatment
- Listen to understand and respond promptly and compassionately to individual needs and preferences
- Maintain a clean, calm and welcoming environment

Summary

Putting patients and their experience at the centre of everything we do is not just about satisfaction, it is also about outcomes, equity, and accountability. When patients feel heard and involved, they are more likely to engage with their care, follow treatment plans, and report better health.

It also helps build public confidence in our hospitals and services, improve staff morale and is part of the continual improvement of the quality, compassion, and effectiveness of care we strive to deliver.

People, culture and leadership

Our goal is to make our Trust somewhere everyone is proud of and would recommend as a place to work and receive care.

Introduction

From a challenging starting position, over the last few years we have laid foundations for staff to flourish, and improved people systems that support and enable better governance and processes. Through the development of thoughtful, creative, evidence-based and staff-informed programmes of work, we aim to enhance staff experience and ensure long-term sustainability in our workforce.

To achieve our goal, we will focus on 5 key areas.

Staff experience

Staff experience is at the heart of our strategy. Regularly seeking and reflecting on staff feedback allows us to identify areas for growth and implement changes to create a better work environment. Key aspects include:

- Regular staff surveys and feedback sessions
- Established systems to integrate learning
- Enhanced communication channels
- Recognition and reward systems

Workforce sustainability

Workforce sustainability means having a stable workforce, enabled by effective systems. This involves addressing critical areas such as recruitment, rostering and workforce controls. By investing, we build a resilient and adaptable workforce. Key initiatives will include:

- Strategic workforce planning
- Systems that support efficient, effective and productive workforce deployment
- Creative, high-quality recruitment with a focus on reducing local unemployment levels
- Career development and talent management pathways

Equity, Diversity, Inclusion and Belonging

To foster an environment in which everyone feels they belong involves addressing systemic barriers, creating policies that support diverse groups, ensuring that all individuals can succeed, and recognising our responsibilities as a large local employer to address health inequalities. Key actions include:

- Clear policies and procedures to protect staff from violence, racism and sexual harassment
- Encouraging open dialogue and feedback from all staff
- Promoting diverse recruitment practices and creating pathways for under-represented groups
- Building increased local accountability to deliver improvements for staff with protected characteristics

Health and Wellbeing

The health and wellbeing of our employees is paramount. We are committed to creating a healthy work

environment that supports physical, mental and emotional wellbeing. Our wellbeing initiatives include:

- Comprehensive health support
- Mental health support services
- Wellness programmes and activities
- Establishing healthy working conditions.

Leadership and Management Development

Investing in leadership and management development is crucial for our long-term success. We provide ongoing training and development opportunities to ensure our leaders are equipped to guide the organisation effectively. Key initiatives include:

- Leadership development programmes
- Mentoring and coaching
- Opportunities for continuous learning and growth

Getting the basics right and embracing digital and Artificial Intelligence is critical to our success.

Brilliant Basics

Brilliant Basics across the People Portfolio is a fundamental part of our strategy, ensuring that all employees have access to the essential tools and resources they need. This will promote operational excellence and efficiency across the organisation. Key components include:

- Standardised processes and procedures
- Comprehensive training and support
- Quality assurance measures

Digital

Embracing digital opportunities across our People Teams is vital for our future growth. We leverage technology to enhance productivity, communication, and innovation. This initiative includes:

- Implementation of refined digital tools and platforms
- Continuous digital literacy training for staff
- Encouraging a culture of innovation and experimentation

Summary

Our People, Culture, and Leadership plan is a comprehensive approach to fostering a supportive, innovative, and sustainable work environment. By focusing on staff experience, workforce sustainability, operational excellence, digital opportunities, health and wellbeing, and leadership development, we are building a strong foundation for the future.

Quality, safety and delivery

Our goal is to provide good care which is safe, effective, inclusive and responsive for everyone.

Introduction

The Trust is committed to delivering continuous improvement across all NHS constitutional standards, with a strategic focus on planned, urgent, cancer, and maternity care.

As a national leader in reducing waiting times for planned treatment, the Trust is working to restore the 18-week Referral to Treatment (RTT) standard by 2029, with an interim goal of diagnosing and treating patients within 45 weeks by March 2026.

Cancer services are being streamlined to meet the Faster Diagnostic Standard (FDS), aiming for 80% of patients to receive a diagnosis within 28 days through tumour-site level alignment with national best practice, one-stop diagnostic visits, and virtual appointments.

Urgent care services are being redesigned to reflect the success seen in planned care, with a focus on expanding ambulatory pathways that allow patients to be assessed and treated in specialist areas, avoiding unnecessary Emergency Department waits.

Maternity services are also being enhanced to ensure timely and equitable access to community midwifery and antenatal care, with improved coordination of booking, clinic, and diagnostic scan services. Emergency access through the maternity helpline and triage is being strengthened in line with national standards to improve patient experience and outcomes.

A core priority across all areas is ensuring equity of access for all communities and patient groups. Building on successful work in diagnostics and planned care, the Trust is introducing priority booking pathways for disadvantaged groups and setting shorter access standards for children and patients with learning difficulties, recognising the greater impact of delayed care on these populations. These initiatives aim to eliminate health inequalities and ensure that every patient receives timely, high-quality care regardless of background or circumstance.

Regardless of whether we are thinking about quality at the level of a clinical team or at population level, we need a clear framework to support and drive improvement, based on a balance of quality improvement, planning, control and assurance – a quality management system implemented at every level.

Statutory duties

Patient experience

Responsive and personalised – shaped by what matters to people, their preferences and strengths; empowers people to make informed decisions and design their own care; coordinated, inclusive and equitable.

Caring

Delivered with compassion, dignity and mutual respect.

Safe

Delivered in a way that minimises things going wrong and maximises things going right; continuously reduces risk, empowers, supports and enables people to make safe choices and protects people from harm, neglect, abuse and breaches of their human rights; ensures improvements are made when problems occur.

Effective

Informed by consistent and up-to-date high-quality training, guidelines and evidence; designed to improve the health and well-being of a population and address inequalities through prevention and by addressing the wider determinants of health; delivered in a way that enables continuous quality improvements.

To achieve our goal, we will focus on 4 key areas.

Developing our quality management system

We will design a framework that brings together processes and practices to ensure high-quality care is consistently delivered by focusing on four key aspects: Quality Planning, Quality Improvement, Quality Control and Quality Assurance.

Quality planning

Set direction and priorities. Every year we will set clear quality priorities and report on our progress with our Quality Account.

Quality improvement

Our quality improvement plan will emphasise the importance of continuous improvement through data-driven decision-making and targeted interventions. We need to equip our staff with the knowledge and tools to improve services and address issues they identify.

Quality control

Bring clarity to quality. We will ensure that we use agreed evidence-based standards across the Trust to support adoption of best practice.

Quality assurance

Provide assurance that services are meeting the needs of patients. We will ensure that processes and systems are in place to consistently deliver quality.

The Best Care for Everyone – Excellence

Patient experience and person-centred care is at the heart of our strategy. Being person-centred is about focusing care on the needs of the individual. Ensuring that people's preferences, needs and values guide clinical decisions, and providing care that is respectful of and responsive to them. Regularly seeking and responding to patient feedback enables us to identify areas for change to create better care.

Brilliant basics

Consistently delivering high-quality care by focusing on the fundamental aspects:

- Doing the basics well – safe, effective and compassionate care
- Improving and delivering on standards
- Empowering staff to enhance and improve their services

Raising concerns

Providing clear pathways for staff and patients to report issues and raise concerns about the quality of care. Evidence highlights the importance of acting quickly to address quality failings and to act on the signals from staff, people using services and carers.

Staffing for quality

Right staff with the right skills in the right place, at the right time. Ensuring that there are adequate numbers of appropriately skilled staff available to deliver safe, high-quality care tailored to the needs of patients.

Improved and optimal health outcomes

Equity, diversity, inclusion and belonging (EDIB) in healthcare focuses on ensuring all patients receive fair and equitable access to care, regardless of their background, identity or circumstances. This involves recognising and addressing systemic barriers and biases that may lead to disparities in health outcomes.

Safety

Patient safety is the cornerstone of quality healthcare, encompassing the prevention of avoidable harm and reduction of risks associated with medical care. It's not just about preventing negative outcomes like mortality and morbidity, but also about promoting positive health outcomes like appropriate self-care.

Effective healthcare requires a culture of safety, robust systems and skilled professionals who can identify and manage risks, communicate effectively and utilise evidence-based practices.

Clinical effectiveness

Clinical effectiveness focuses on delivering the right treatment at the right time, based on the best available evidence, to achieve optimal patient outcomes. It is a core component of quality care and clinical governance, ensuring that healthcare interventions are both effective and efficient.

Digitally enabled

Make Artificial Intelligence (AI) everyone's trusted assistant, saving time and supporting decision-making.

Reduce inequalities in outcomes, experience and access

Tackling inequalities in healthcare provision is our direct responsibility and must be the prime focus of our action.

The enduring mission of the Trust is best care for everyone. This means narrowing, by tackling, the relative disparities in access to services, patient experience and healthcare outcomes.

Summary

Our Quality Strategy is a comprehensive approach to deliver high-quality care – safe, effective and positive patient experience.

By focusing on the Best Care Every Day for Everyone, we are building a strong foundation for the future.

Digital first

Our goal is to make our digital systems easy to use and help patients and staff work together using technology and new ideas to make care better.

Introduction

Over the past five years, Gloucestershire Hospitals NHS Foundation Trust has transitioned from a predominantly paper-based organisation to one that is increasingly digitally enabled. This transformation has laid the groundwork for a future where care is more personalised, preventative and accessible - core ambitions of the NHS 10-Year Plan.

Technologies such as digital patient records, patient engagement portals, the Federated Data Platform, and collaboration tools have improved connectivity, enhanced safety, and empowered both staff and patients. These digital foundations are enabling a shift from:

- Hospital to home
- Analogue to digital
- Treatment to prevention

This mirrors the national direction for healthcare reform.

To achieve our goal we will focus on 7 key areas.

Digital leadership

Digital transformation begins with confident, inclusive leadership. We are committed to developing digital and data capability across all levels of the Trust to enable meaningful, patient-centred change. This includes:

- Building digital and data leadership capacity across clinical and operational teams
- Strengthening governance for digital delivery, cyber security, and risk management
- Involving staff in the design and evaluation of new technologies to ensure relevance and usability
- Championing digital inclusion to ensure no one is left behind, particularly in under-served communities

Infrastructure and resources

A resilient, modern infrastructure is essential to delivering safe, seamless care. Our priorities include:

- Investing in multidisciplinary teams across clinical, technical, informatics, and design disciplines
- Progressing sustainable, cloud-based digital services that support flexible and mobile working
- Ensuring access to modern devices and intuitive systems that work across sites
- Enhancing software and connectivity to support integrated, joined-up care

Secure digital foundations

Digital services must be safe and secure by design. We will embed standards, tools and oversight that protect our systems and patients as we innovate. Key actions include:

- Meeting national standards through the Data Security and Protection Toolkit
- Strengthening our cyber security strategy, investment and assurance
- Expanding our Clinical Safety expertise to oversee digital safety and governance

Empowering people

Our staff are at the heart of digital transformation. We will equip them with the confidence, tools and support to embed digital in everyday care. Key developments will include:

- Promoting a digital-first mindset and celebrating staff-led innovation
- Providing digital, data, and cyber literacy training to build confidence and capability
- Ensuring systems are intuitive and efficient, reducing time spent on administration
- Offering integrated 24/7 digital support and rapid issue resolution
- Supporting flexible and mobile working across sites

Empowering patients

Patients should have the tools and confidence to actively participate in their care. We will make sure digital services are inclusive, accessible and designed around real needs. Key initiatives include:

- Delivering joined-up experiences through national platforms like the NHS App and local services
- Providing self-service tools for triage, referrals, condition management, and advice
- Ensuring access to care plans, test results, appointments, and key information
- Expanding digital inclusion initiatives to reduce inequalities in access and experience

Improving care

Digital tools will help us redesign services and improve outcomes. We will:

- Re-craft pathways using data-driven insight and patient involvement
- Embed clinical decision support across care settings
- Support team-based care through collaboration tools
- Apply national data and documentation standards to ensure consistency and quality of information

Providing insight

We will turn information into insight that improves care, informs planning, and drives innovation. Key developments include:

- Using data to inform operations and enable proactive, personalised care
- Sharing data across systems to improve population health and reduce inequalities
- Enabling clinical trials and real-world evidence through trusted data use
- Leading the adoption of the Federated Data Platform to support research, planning, and innovation

What will be different

- Staff will spend more time with patients and less time with systems
- Patients will be more informed, more in control, and more connected to their care
- Digital will be embedded in everyday practice, supporting resilient services, confident staff, and empowered communities

Summary

Our Digital, Technology and Insights strategy is a vital enabler of change across our organisation. By focusing on leadership, safety, inclusion and innovation, we will embed digital ways of working that support resilient services, confident staff and empowered patients.

6

Our Golden Threads

We have identified four golden threads that run through our strategy and all that we do.

Health inequalities

Continuous improvement

Brilliant basics

Green sustainability

Working with our communities to prevent illness and tackle health gaps

We must go beyond treating sickness and move to being preventative and tackling the root causes of poor health.

Health inequalities are persistent, avoidable and unjust. It affects life expectancy, quality of life and access to care, especially for deprived communities, ethnic minorities, people with disabilities, the LGBTQ+ community, and those facing homelessness or mental ill-health.

Embedding health equity across our strategy is essential. It ensures everyone, regardless of background or postcode, receives safe, high-quality and compassionate care. Equity is not a standalone goal, but it underpins everything we do and our four strategic aims.

To get the basics right, we must begin with understanding the communities we serve and having robust, inclusive data. We will strengthen our data collection and analysis to uncover disparities in the care we provide so we can change this. This will guide targeted interventions and ensure accountability through transparent and timely reporting throughout our organisation.

Our goals

- Our goal is to deliver safe, high-quality care that is equitable for all and targets those in greatest need, no matter who they are or where they live.
- Our goal is to develop a diverse, inclusive workforce.
- Our goal is to tackle inequalities in access and reduce preventable demand for care, making our services more sustainable.
- Our goal is to work with local partners, we will address wider health determinants like housing, education and employment.

Key areas of focus

- Identifying and fixing any unfair differences in how people access services, the care they receive and the results they experience. For example, our project in the Emergency Departments to support vulnerable and homeless patients and working with Black Maternity Matters to help ensure safe, respectful and equitable care for Black mothers.
- To support staff development, foster inclusive leadership and ensure equitable opportunities so all our staff can flourish.
- We will use population health management approaches to help us target resources so that access and delivery of care is equitable.
- As an anchor organisation and partner, we will use our influence as a major employer and purchaser to promote inclusive growth, local opportunity, social value and environmental sustainability. We will amplify community voices, especially those under-represented, to shape services.

Continuous Improvement

We have a history of continuous improvement to improve safety and quality of care and a well-established Improvement Academy, GSQIA.

Our academy puts patient safety and quality first, ensuring that our staff are supported with the knowledge, skills and confidence to continually strive for safety and quality improvement and excellence.

Over the last 10 years, more than 4000 of our staff have already benefited from improvement training and support with over 150 who are Gold Coaches, ensuring that our staff and patient benefit from our improvement focus and philosophy across our organisation.

In this next phase of our improvement journey, we plan to double our efforts by offering the opportunity for all our 9000 staff to benefit from our improvement approach so that continuous improvement becomes the beating heart of our organisation.

Critical to this is connecting this strategy and priorities, which our staff have co-produced and backed to achieve our vision of 'best care every day for everyone'. It is our ambition to be a continuously improving organisation across our clinical areas, wards, theatres and laboratories, estate and facilities, teams, services and divisions and organisation-wide.

We already know that there are some areas where we need to do better and work is already underway on these. Through listening and acting on what our patients, our staff, our communities and regulators and stakeholders tell us and our prioritisation processes, we will concentrate our improvement resources to secure improvements in safely, quality, delivery performance, outcomes and productivity.

Our goals

- To improve year-on-year the safety, quality, delivery performance, outcomes and productivity of our organisation for patients and relatives, staff and visitors
- To improve year-on-year the experience of our patients
- To further develop a highly skilled, motivated and engaged workforce which continually strives for continuous improvement of patient care, outcomes, delivery performance and productivity

Key areas of focus

- Better alignment between our strategy and strategic framework, our improvement academy and where the work happens our clinical areas, wards, theatres and laboratories, estate and facilities, teams, services and divisions
- Offering all our 9000 staff improvement training and support so they benefit from continuous improvement thinking
- Deployment of expert improvement capacity and capability on key areas where there is greatest need for improvement for our patients and relatives, our staff and visitors

Building our 'Brilliant Basics'

The 'brilliant basics' are the things that all of our colleagues do as part of their role. Everyone has the opportunity to influence simple things and decisions we make together, that do not require skill or knowledge, but add value for ourselves and those around us.

To embed a clear quality improvement approach, we want to place emphasis and value on getting the basics right where every they are in our organisations giving responsibility and decision-making back to staff within their areas.

The focus will be on driving forward a culture of continuous improvement through staff development and improving the experience and quality of care for our patients.

Examples of our Brilliant Basics include:

For patients:

- A warm welcome – greet patients with kindness and make them feel seen and heard
- Clear communication – use plain language, explain what's happening, and check understanding
- Responsive – dealing with concerns or complaints quickly and openly
- Respect and dignity – always treat patients with compassion, privacy and respect
- Listening actively – take time to listen to concerns and respond with empathy
- Clean and safe environments – ensure spaces are tidy and hygienic

For colleagues:

- Say thank you – acknowledge effort and show appreciation regularly
- Be approachable – create a supportive atmosphere where others feel comfortable asking for help
- Share information – keep teams in the loop to avoid confusion or duplication
- Be punctual and prepared – respect others' time by being ready and on time for meetings or handovers
- Support well-being – check in on colleagues and encourage breaks and balance
- Lead by example – model the behaviours you want to see in others
- Strengthen our Just Sort It fund to empower services to make improvements that matter to them

Our staff have told us how important it is to feel proud of the work they do and working here. They want it to be a place where they would recommend it to work and receive care. A place where it feels safe, caring and respectful for everyone.

We want our teams to feel empowered to make positive changes that improve the spaces we work in and the care we provide. This includes continuing to remove clutter, report maintenance issues and update signage so that our environments are organised, welcoming and support high-quality care. We will build on existing initiatives and provide the support needed to help staff lead improvements that make the Trust the best it can be.

Green sustainability

We want to embed sustainability into our organisational culture.

Sustainability must underpin all actions and decisions, becoming part of what we think and how we do things. All staff have a role to play in this change.

Every decision and project, especially those linked to long term strategy or business planning, must consider how the planned action will contribute to sustainability – not just environmental but also social and economic.

This sustainability vision aligns with the values of both organisations, for GHNHSFT 'Caring', for GMS 'Inclusive and Integrity' and our shared values of 'Listening and Excelling'. Sustainability supports these values and will help us achieve them.

Our goals

We are committed to achieving the following sustainability targets:

- Zero Carbon Footprint – achieve an 80% reduction by 2032 and reach net zero by 2040
- Carbon Footprint Plus – reach net zero by 2045
- Sustainable Care Models – develop and embed care models that are environmentally responsible and supported by digital technologies to improve patient outcomes

Key areas of focus

- Work with ICS to take collective action on climate change across the county and for the benefit of all
- Drive decarbonisation across our sites, reducing our energy and water demands
- 90% fleet to be low or ultra-low carbon emission engines by 2028
- Sustainability embedded in decisions for corporate investment and key decision-making
- Support clinical teams to deliver services that promote health equality, are more sustainable and reduce adverse environmental impact
- Meet waste legislation in relation to recycling and segregation
- Use research initiatives to drive innovation in sustainable service delivery

7

Our Enablers of Success

There are four key strategic enablers that are central to delivering our strategy, working alongside our other priorities and day-to-day activities.

Living within our means

Estates and facilities

Research and innovation

Partnership with purpose

Living within our means

Our aim is to live within our means and deliver value for money in everything we do.

This involves generating a sustainable surplus to invest in people, buildings, and equipment.

Over the past five years, we've balanced our finances through savings and increased income, maintaining high care standards.

Our strategy focuses on three key areas:

1. Strengthening core services by defining expectations for patients, communities, and partners
2. Exploring growth opportunities that align with our mission and add value
3. Delivering recurrent savings by improving resource management for long-term efficiency

To succeed, we must master the basics and leverage transformational opportunities within our services, enhancing patient care and ensuring value for money. We must maximise the impact of the Gloucestershire pound.

We collaborate transparently with partners to manage resources effectively, using benchmarking and patient-level costing data to set goals and support clinical teams.

Efficiency will enable investments in staff, buildings, equipment and digital healthcare.

Finance leadership

Strong financial leadership is crucial. Our focus includes:

- Self-service through new financial systems
- Strengthening governance with internal audits
- Training staff as financial experts
- Promoting a culture of embracing new ideas for sustainability

Brilliant Basics

We must adhere to our governance structure to make patient-centric decisions. Our priorities are:

- Solid financial training for budget holders
- Streamlined systems and processes aligned with financial rules
- Using benchmarking data to support change decisions
- Identifying and acting on improvement areas promptly

What will be different

The finance team will be more visible, offering drop-in training, monthly touchpoints and increased communications to raise awareness and drive sustainability improvements.

Summary

Finance underpins every decision at the Trust. We all share responsibility for improving patient outcomes and experiences while eliminating inefficiency and waste. Each of us can contribute to financial sustainability by addressing inefficiencies, striving for better patient outcomes and showing determination to strengthen Gloucestershire's future.

Estates and facilities

Our goal is to Improve our estates and facilities, providing a good place to work and receive care into the future.

We have been ambitious in our plans over the course of our previous strategy, with a £101 million hospital improvement programme. However, our long history does mean that our main operating sites of Gloucestershire Royal Hospital (GRH) and Cheltenham General Hospital (CGH) have an ageing estate.

We face challenges in terms of backlog maintenance and the complexities of navigating old buildings, new buildings and facilities investments. These have sometimes impacted on service quality, delivery and productivity, as well as the experience of our patients and staff.

Recent investment on the CGH site has included new operating theatres, a day unit and the establishment of enhanced radiology and oncology departments. In addition, with support of the Cheltenham and Gloucestershire Hospitals Charity, there are well developed plans for a new Cancer Centre, which will serve the population of Gloucestershire and farther afield.

At the GRH site, the Emergency Department has been expanded, and new facilities including an Image Guided Interventional Surgery (IGIS) Hub, a hybrid vascular theatre and a Surgical Assessment Unit have been introduced. GRH was the first NHS hospital to use the CMR Versius robot for an upper GI programme, while the Aspen Centre now offers a new Dermatology Outpatient service.

With an ageing estate, safety and compliance, general maintenance and backlog maintenance, we have some significant work to do to ensure we can continue to provide safe and effective services now and for the future.

Key initiatives

- To deliver best care within high-quality environments that support patient and staff experience while meeting expected safety and quality compliance
- To continue to develop and innovate our estate and facilities now and for the future
- To plan and deliver estates and facilities effectively as a Trust Group and working with strategic partners and wider One Public Estate

Key areas of focus

- Develop an estates strategy to better support effective planning and utilisation of our estate that is fit for now and for the future
- Assessment of assets, both freehold and leasehold, and the potential opportunities to rationalise and reinvest
- Deliver improvements in statutory compliance across the whole estate starting in areas of greatest risk
- Effective routine and backlog maintenance
- Development and delivery of the 5-year capital programme

Research and innovation

Our goal is to build on our research and innovation to find the care for tomorrow's generation.

For the Trust, research and innovation are not peripheral activities, they are central to our mission of delivering safe, effective and compassionate care.

Our Research Innovation and Genomics (RIG) plan sets out a bold and practical vision: to embed research and innovation into everyday clinical practice and make them 'business as usual' across all services.

Why it matters

Research-active organisations deliver better outcomes. Patients involved in research often experience improved care, and staff engaged in research and innovation projects report higher satisfaction and professional growth.

Our strategy recognises this and aims to ensure that every patient and staff member has the opportunity to participate in research studies and contribute to innovation initiatives.

Key areas of focus

Driving research

We will align our research programme with the health and care needs of the people of Gloucestershire. This means making research more visible, accessible and inclusive – ensuring that every patient has the opportunity to participate, and every member of staff has the support to contribute. For example, we aim to improve study setup and delivery, ensuring at least 80% of studies meet or exceed recruitment targets.

Targeted innovation

Through the Gloucestershire Advanced Research and Innovation Institute (GARII) we are addressing complex challenges in healthcare. Innovations are rapidly adopted using a new process and their impact is measured through clinical and well-being impact, cost savings and improved efficiency and productivity.

Multi-disciplinary workforce

We are expanding training and education to increase the number of Principal Investigators and broaden research participation across clinical areas.

Our new Expression of Interest process ensures 80% of support requests are responded to within 10 working days.

Collaboration, communication and engagement

We are strengthening partnerships with academic institutions and building a rigorous Patient and Public Involvement (PPI) service.

Over 90% of research participants say they would take part in research again and patients report increased awareness of research opportunities during their care.

Genomics

Our work around genomic medicine is beginning to reshape how we diagnose and treat patients. By looking at a person's genome alongside their health and lifestyle, we can provide more personalised and targeted care.

We're seeing promising developments in how genomics is helping us better understand health and disease. With support from digital tools, this approach is shifting care towards prevention and earlier intervention. It's a step toward making healthcare more tailored and effective and I'm pleased that we're part of this progress.

Financial sustainability

We want the Trust to be financially sustainable in its approach to research. All study costs are recovered and commercial trials are generating income that is reinvested into infrastructure and local studies.

Effective infrastructure

We are reviewing and upgrading RIG facilities and systems to ensure they are fit for purpose. Horizon scanning for national funding opportunities will support the development of local infrastructure to meet future research demands.

Impact on quality and safety

This strategy will directly enhance the quality and safety of care by:

- Enabling earlier adoption of proven treatments and technologies
- Supporting evidence-based decision-making
- Creating a culture of continuous improvement and learning
- Ensuring services are inclusive, responsive, and future-ready

Looking ahead

By 2030, we want the Trust to be recognised as a research-led organisation where innovation is embedded in every service.

This will benefit patients through better outcomes, staff through enriched careers and the wider system through more efficient, joined-up care.

Partnership with purpose

Our goal is to work in a joined-up way to support people to get care they need.

To realise our vision, we recognise that meaningful partnerships are not optional – they are essential. We understand that no single organisation holds all the answers and the most effective, sustainable solutions to health and care challenges emerge through collaboration.

Integration and joined-up care

We are committed to supporting integration across our health and care system. This means designing services that are joined up around patients, removing fragmentation and ensuring continuity of care.

We will continue to support services at neighbourhood and place level, particularly across community hospitals, to ensure care is accessible, responsive and locally tailored.

One Gloucestershire

In 2022, NHS organisations and local councils came together with primary care, the voluntary sector and other organisation to form Statutory Integrated Care Systems (ICSs) and Integrated Care Boards (ICBs) covering the whole of England. Their purpose is to drive and support integration and partnership working between and across organisations to achieve improvements in population health and healthcare by taking collective responsibility for improving care and support and managing resources.

We work closely with our community and mental health partner, Gloucestershire Health and Care NHS Foundation Trust and primary care in strengthening neighbourhood services. We also work with our university partners in Gloucestershire and Worcester in training the next generation of healthcare professionals and in cutting edge research.

There are likely to be significant changes to the NHS and Local Authority landscape over the next few years, which will provide both opportunities and challenges to the Trust in the delivery of both core and integrated care services.

A new duty will be introduced for Strategic Authorities to focus on health improvement and reducing health inequalities. We are expected to have influence and responsibility over a number of areas (set out below) and ICBs are expected to align to these new boundaries.

- Transport and local infrastructure
- Skills and employment support
- Housing and strategic planning
- Environment and climate change
- Health, well-being and public service reform
- Public safety

We already play an active role in partnership with others across many of these areas and we will continue to do so as we transition to any new structures. As a Trust, we also work

within networks alongside other trusts; these wider geographic arrangements are essential to delivering safe, sustainable and high-quality services for the people of Gloucestershire.

Gloucestershire 2050

Public sector organisations across the county have been working together on a wide-ranging conversation that began in 2018. The aim is to explore ideas and shape Gloucestershire's long-term future by engaging all stakeholders, especially younger people, to understand how we can plan for and address the priority issues emerging from our changing demographic.

The key findings from this work are important for us and for Gloucestershire's health services, and include:

- Limited job opportunities
- Net migration of younger people out of county
- Loss of skills
- Loss of investment to cities
- Limitations of infrastructure, transport and internet connectivity
- High cost of housing

Acting as a community anchor institution

As one of the largest employers county, we understand our role as a community anchor organisation. This means going beyond our core responsibilities to address the broader social, economic and environmental determinants of health. We will:

- Support prevention in healthcare
- Improve access to employment and apprenticeships
- Embed social value in our supply chain
- Lead environmental sustainability as a 'Green Trust'

By doing so, we contribute to the long-term well-being and prosperity of our communities.

Connecting our communities

We are passionate about involving local people in shaping the future of healthcare. Involvement is not a tick-box exercise – it is a cornerstone of our approach. We work in partnership with patients, families and community groups to understand lived experiences, identify barriers to access and co-design culturally sensitive services that meet real needs.

These partnerships provide invaluable insights that help us improve outcomes, reduce inequalities and deliver care that truly matters to the people we serve.

8

Why and how we developed this strategy

Our strategy is a promise. It's a promise to our patients, to our communities, and to each other.

It's a promise to work together to provide care we can be proud of and to build an organisation we love working for.

Building our strategy

Our strategy has been co-designed by staff, patients, communities and partners.

To gather feedback for our new strategy, we created a toolkit with open-ended questions. The aim was to help understand what matters most to staff and patients about what kind of organisation we should be and our role within local communities.

We started by listening to nearly 2000 staff, through a series of workshops. The listening engagement involved large-scale discussions, surveys, focus groups, structured interviews and workshops.

We also involved a number of partner organisations and groups, including Gloucestershire Managed Services (GMS), our Trust Charity, Governors, One Gloucestershire, Inclusion Gloucestershire, Healthwatch and the VCSE Alliance.

There was a series of focused community engagements with the NHS Information Bus visiting Tewkesbury, Forest of Dean, Gloucester, Stroud, Cheltenham and Cotswolds with over 560 people sharing their views with our teams.

People told us what mattered most to them, sharing what they viewed were our key challenges and opportunities. This has helped shape our strategic objectives.

We would like to thank all the staff, partners and communities who have been involved in shaping our new Trust strategy.

We are committed to placing the voices of staff, patients and local people at the heart of everything we do, and the views shared have helped define our vision, values and strategic goals.

What you told us:

- Ensure safe, high-quality patient care
- Maintaining and improving our ageing estate
- Support staff well-being, value their contributions, and offer development opportunities
- Take pride in our work, share learning, and set clear goals
- Recognise both challenges and successes in our services
- Celebrate achievements and promote our impact
- Embrace our diverse workforce and communities
- Commit to being inclusive, curious, and compassionate
- Address financial pressures, cost-of-living impacts, and estate issues
- Improve digital systems for easier, more efficient access
- Use digital innovation and AI to enhance care and systems
- Strengthen our role in employment, education, and accessibility
- Collaborate with partners to transform and improve services
- Rebuild public confidence in our services and the NHS

9

How will we deliver the strategy and measure success

This strategy provides a clear and ambitious vision for the next five years, shaping our future and responding to the challenges ahead. We are confident that by working with our partners, we can make it a reality.

Delivering our strategy

To deliver our vision and strategic objectives, we need substantial change in how we provide and deliver our services.

We do not under estimate the scale of the challenge and developed a delivery plan that sets the stages required achieve our ambitions.

Our approach to determining how we best work to achieve each of our objectives – and how we track and evaluate progress towards them – will build on the components we already have in place for business planning, quality improvement, governance and performance monitoring.

Annual priorities will be set through our annual planning cycle

To help us demonstrate progress against our strategy, we have developed key performance indicators and measures of success alongside our strategy. These will be tracked and monitored as part of our annual plan and will help us ensure that we are making progress against the things that are important to us.

Each of the priorities outlined in our Strategic Framework will have a delivery plan developed by the end of Q4 2025/26. This will set out the specific deliverables, key milestones and benefits to action the goal set out in the priority to deliver the best care every day for everyone.

Strategic aim	Our goals	What will be different in 2030?	How will we measure success/ know we have achieved the goal?
Patient experience and voice	Our goal is to ensure what we do is shaped by feedback from patients, carers and our communities.	We will have established robust systems to capture patient experience and feedback through various channels. Collected feedback is analysed and used to identify improvement across all services. Services are continually shaped and adapted based on feedback creating a dynamic and responsive system. We will be working together in a integrated care system, with the voluntary sector, with a shared goal of putting patient experience at the heart of what we do.	Improvements and recommendations gathered from National Patient Survey Programme, NHS Staff Survey, alongside feedback captured through real time patient survey e.g. Friends and Family Test (FFT), PALS and Complaints to develop a picture of the experiences of those using our services. Improvement in the CQC National Inpatient Survey scores to support improvement in Trust place on the NHS Oversight Framework alongside formal assessments from regulators and partners, including the Care Quality Commission. Thematic review and sentiment analysis of experiences shared across a range of platforms, including Care Opinion, social media and community engagement to support and influence how our services are shaped.

Strategic aim	Our goals	What will be different in 2030?	How will we measure success/ know we have achieved the goal?
People, culture and leadership	Our goal is to make our Trust somewhere everyone is proud of and would recommend as a place to work and receive care.	The Trust will be in the top 25% of acute hospitals in staff recommending the Trust as a place to work and receive care	The shape and size of the workforce will be affordable and fit to deliver high-quality services in the right setting, as effectively and efficiently as possible
Quality, safety and delivery	Our goal is to provide good care which is safe, effective, inclusive and responsive for everyone.	The services we provide will be fair and accessible to everyone, regardless of their background or circumstances. Our services will be well-designed, evidence-based, and produce a clear benefit for patients without causing them harm.	We will be using data and public engagement to inform our decisions and to design services that are centred on the needs of the community. We will be using data, digital technology, and innovative solutions to transform service delivery and provide more convenient, accessible, and efficient services. We will be using a combination of outcome measures, which reflect the final results for patients, and process measures, which assess how well systems are working, as this will provide a comprehensive picture of our service's performance.

Strategic aim	Our goals	What will be different in 2030?	How will we measure success/ know we have achieved the goal?
Quality, safety and delivery (continued)		Patients will no longer be having to wait for long periods for diagnosis and treatment for planned care services, cancer, or urgent care services.	We will have restored the commitment to the 18-week referral to treatment standard. We will have restored compliance with cancer waiting times. We will have restored compliance with the 4-hour waiting standard in Emergency Departments

Strategic aim	Our goals	What will be different in 2030?	How will we measure success/ know we have achieved the goal?
Digital first	Our goal is to make our digital systems easy to use and help patients and staff work together using technology and new ideas to make care better.	In 2030, our hospital will use digital technology to help healthcare professionals care for patients in every part of the hospital. Systems will be easy to use, will help staff find the right information quickly and work together seamlessly. Patients will be able to interact with their own health records, book appointments, and communicate with their care provider effectively. Everything will work together better. This means less waiting, fewer mistakes, and more time spent helping people feel better.	Doctors and nurses say the system helps them do their work better. Patients say they feel looked after and know what's happening with their care. We see fewer missed appointments, shorter waiting times, and less waste. Staff feel proud of how we use technology. Our hospital is seen as one of the best at using digital tools and at the higher end of the digital maturity assessments moving up from the current score of 2.4 Success means everything works smoothly – and people feel the difference.


NHS
Gloucestershire Hospitals
NHS Foundation Trust
Our five year strategy
2025 – 2030

Report to the Council of Governors			
Date	4 December 2025		
Title	Engagement Policy		
Author / Presenter **Sponsoring Director**	Sarah Favell, Trust Secretary		
Purpose of Report (Tick all that apply ✓)			
To provide assurance		To obtain approval	/
Regulatory requirement		To highlight an emerging risk or issue	
To canvas opinion		For information	
To provide advice		To highlight patient or staff experience	

Summary of Report

The Trust does not have a current Engagement Policy in compliance with Clause 2.6 NHS England's Code of Governance.

The policy summarises the respective roles and duties of the Council of Governors, individual governors and the Trust Board in facilitating effective communication and governance in respect of the Council of Governor's statutory duties

The draft policy reflects both the current arrangements in place and a necessary strengthening of the provisions relating to the raising of concerns and appropriate changes to committee governance management. It is consistent with both NHS guidance and benchmarked Engagement Policies of other large NHS Foundation Trusts.

The draft Engagement Policy is attached for review and approval by the Council of Governors.

Risks or Concerns

Regulatory compliance – Code of Governance (NHS England)
Patient Experience and Voice
Clarity as to good governance structures

Financial Implications

None

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

Equality, Diversity, Inclusion and Workforce Implications

n/a

Sustainability (Environmental) Implications

n/a

Recommendation

The Council of Governors is asked to approve the Engagement Policy.

Enclosures

Engagement Policy

Report to Council of Governors

4 December 2025

Engagement Policy

1. Context

1.1. The NHS 10-year health plan, released during the summer, indicated that the statutory requirement for Foundation Trusts to have governors will be abolished. Commentators have advised that the expected date for the law to come into force is April 2027, but this is by no means certain and in any event there will be a period of transition to the new governance model. There is little guidance for trusts and governors on what the new foundation trust model will look like but it is anticipated there will be an ongoing focus on stakeholder engagement, reflecting the community to whom the foundation trusts provides healthcare services.

1.2. The Trust remains committed to ensuring that it continues to hear the voice of patients, its community, staff and key stakeholders. This is a key strategic aim of the Trust, set out within the 2025-2030 Strategy. Whilst it is currently not clear what the statutory structure will be, the Trust values the role of its governors in ensuring that patient and staff voice is represented.

2. Purpose of Report

2.1. The NHS England Code of Governance for NHS Provider Trusts provides a framework for the governance structures within NHS Provider Trusts including the principles and provisions relating to the Council of Governors.

2.2. There is a requirement that the Council of Governors and Board of Directors should have a policy for engagement for those circumstances where the Council of Governors have concerns about the performance of the Board of Directors, compliance with the provider licence or other matters related to the overall well-being of the NHS foundation trust and its collaboration with system partners.

2.3. There is an expectation that the Council of Governors should ensure its interaction and relationship with the board is appropriate and effective, in particular by agreeing the availability and timely communication of relevant information, discussion and the setting of meeting agendas.

2.4. Whilst The Trust has robust governance arrangements in place to facilitate the Council of Governors in the performance of its statutory function it has not been documented in an Engagement Policy. This was identified in the Trust's Annual Report for 2024/2025, with a proposal for remedial action.

2.5. It is proposed that the attached draft Engagement Policy (Appendix 1) be approved and implemented with effect from January 2026 and remain in place whilst the Trust and the wider NHS awaits the proposed legislation referred to within the NHS 10-year plan as set out in paragraph 1 above.

3. Proposal

3.1. The current arrangements are reflected within the draft Engagement Policy with regular formal meetings of the Council of Governors and joint Non-Executive Director and Governor workshops during the course of the year.

3.2. This is supported by an 'open door' approach by the Chair with regular meetings of the Chair with the Lead Governor. Other meetings take place with the Director of Integrated Governance and Trust Secretary on a more ad hoc basis and with Executive Directors as and when required.

3.3. In addition, there are several informal routes of communication, facilitated via the Corporate Governance team. These include a programme of Governor/Non-Executive service visits, a governor log and newsletter.

3.4. Those formal and informal meetings and modes of communication will continue, with the addition of a Governor/Non-Executive Director forum to meet, at a frequency to be agreed, to explore specific topics of interest. This forum will be jointly chaired by the Chair and Lead Governor.

3.5. Specific task and finish groups will meet as and when required. It is recognised that this has not progressed as planned during the course of this year as a result of the considerable changes within the Corporate Governance team this will improve during the next eighteen months as the Trust responds to the governance changes outlined within the NHS 10-year plan. Governors will be vital to this work.

3.6. One of the areas of focus in the policy is the provision of a clear process to facilitate the raising of concerns by the Council of Governors in respect of their statutory duties. The draft policy codifies the internal structures for the raising of concerns and the routes of escalation. These provisions mirror NHS best practice and NHS England guidance.

3.7. It is proposed that, from January 2026, attendance by governors at internal board assurance committee meetings will cease. Governors will continue in their role as observers as public board meetings, with opportunity to provide immediate feedback to the board.

3.8. Governors will be provided with copies of Board Committee Agendas, providing an opportunity to submit questions relevant to their statutory functions. Responses will be provided via the Corporate Governance team. Committee Chairs will continue to regularly report on the work of the respective committees to the Council of Governors.

4. Recommendation

4.1. The Council of Governors is asked to approve the Engagement Policy.

Engagement Policy

Council of Governors

and the Board of Directors

Links or overlaps with other documents:

- Code of Governance for NHS Provider Trusts
- Governor Code of Conduct
- Monitor – Your Statutory Duties – A Reference Guide for NHS Foundation Trust Governors

Contents Page (to be inserted once policy approved)

Introduction

We are proud to be a Foundation Trust, and we recognise and appreciate the diverse ranges of skills, expertise and experience our governors bring to their role. The relationship between our Council of Governors and our Board of Directors is key to the successful delivery of our purpose as an organisation.

Our Board of Directors and our Council of Governors are committed to facilitating and ensuring an open and constructive working relationship. In order achieve this, there needs to be clarity in relation to respective roles and responsibilities.

This engagement policy has been developed in recognition of the recommendations in the NHS Foundation Trust Code of Governance (2022) to address engagement between the Board of Directors and the Council of Governors.

This policy aims to clarify the respective roles and responsibilities of our Board of Directors and our Council of Governors and describes the information flow between the two groups.

The principles in this policy may be applied to engagement between the Council of Governors and committees, sub-committees and joint committees of the Council of Governors and Board of Directors.

1 Purpose

1.1 This Engagement Policy **("the Policy")** outlines the mechanisms by which the Council of Governors and Board of Directors will interact and communicate with each other to support ongoing interaction and engagement, ensure compliance with the statutory and regulatory framework and specifically provide for those circumstances where the Council of Governors has concerns about:

1.1.1 the performance of the Board of Directors;

1.1.2 compliance with the Trust's Provider Licence; or

1.1.3 other matters related to the overall wellbeing of the Trust.

1.2 This policy provides details of the panel set up by NHS England for supporting governors of Foundation Trusts in their role and to whom governors may refer a question as to whether the Trust has failed or is failing to act in accordance with the Trust's Constitution.

2 Definitions

2.1 In this Policy the following definitions shall apply:

Board of Directors	means the board of directors as constituted in accordance with the Constitution;
Chair	means the person appointed in accordance with the Constitution to that position. The expression "Chair" shall be deemed to include the Vice Chair if the Chair is absent from a meeting or otherwise unavailable
Chief Executive	means the Chief Executive Officer of the Trust appointed in accordance with the Constitution
Constitution	Means the Constitution of the Trust
Council of Governors	means the Council of Governors as constituted in accordance with the Constitution
Independent Regulator	the Independent regulator of Foundation Trusts known as NHS England, as provided by the Health and Social Care Act 2022

Lead Governor	the Governor appointed by the Council of Governors as the Trust's lead governor pursuant to paragraph 8.7 of the Constitution
Provider Licence	means the Trust's provider licence granted by the Independent Regulator under section 87 of the NHS Act 2006.

3 Holding to Account

3.1 The Health and Social Care Act 2012 specifies that it is the duty of the Council of Governors to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors. The relationship between our Council of Governors and our Board of Directors is critical and we want to ensure that we support the two bodies to have an open and constructive relationship.

3.2 Board members and governors should have the opportunity to meet at regular intervals. Governors should feel comfortable asking questions of non-executive directors regarding the management of our organisation and directors should keep governors appropriately informed, particularly in relation to key decisions taken by the Board of Directors and how they affect both our organisation and our wider communities.

3.3 Governors should be satisfied that non-executive directors provide appropriate challenge and bring to bear their specific skills within the decision-making function of our Board of Directors.

3.4 Conversations and dialogue between our Council of Governors and our Board of Directors should be regular and ongoing. This policy aims to outline mechanisms which will be used to safeguard appropriate and timely communication between our Council of Governors and our Board of Directors. This will make sure that governors are supported to

discharge the above duty effectively and harmoniously while recognising the different and complimentary roles of each body.

3.5 In support of the duty to hold Non-Executive Directors to account as to the performance of the Board, the Council of Governors also has the statutory power to require one or more of the directors to attend a governors' meeting for the purpose of obtaining information about our organisation's performance of its functions or the directors' performance of their duties (and for deciding whether to propose a vote on our organisational or directors' performance). While it is hoped that this power will rarely be exercised, should this power be invoked, it must be reported in the Annual Report and Accounts. The aim of this policy is to clearly establish agreed channels of engagement which will reduce the risk of governors needing to invoke this statutory power.

3.6 In performing their duties, governors should keep in mind that our Board of Directors manages the organisation and continues to bear ultimate responsibility for strategic planning and performance and must 'promote the success of our organisation so as to maximise the benefits for the members of the Foundation Trust as a whole and for the public'.

3.7 Governors fulfil their role through a variety of mechanisms. It is the Trust's responsibility to ensure that governors have the information, training and access to the Board of Directors that they need to fulfil their roles. Governors act as critical friends to our organisation and in doing so should represent the interests of stakeholders (people who use our services and their carers, our staff, people living in Gloucestershire, members of the public and organisations that work closely with or have an interest in our work). In addition to performing statutory duties, all our governors have advisory, guardianship, and ambassadorial roles.

4 Duties of the Council of Governors

4.1 Governors will hold the Chair and other Non-Executive Directors to account partly through effectively undertaking the specific statutory duties summarised here

4.1.1 governors are responsible for appointing the Chair and other Non-Executive Directors and may also remove them in the event of unsatisfactory performance;

4.1.2 governors are constituted to receive the annual report and accounts and can use these as the basis for their questioning of Non-Executive Directors;

4.1.3 governors have the power to appoint or remove the external auditor

4.1.4 Board directors must take account of our governors' views when setting the forward plan for our organisation, giving our governors the opportunity to feed in the views of our members and the public. Governors should be mindful that there may be valid reasons why member views cannot always be acted upon, and, in such cases, they should have enough time to discuss these matters with Non-Executive Directors to ensure they are fully informed and understand the reasons behind the decisions made by our Board of Directors;

4.1.5 Governors have the specific power of approval on any proposal by our Board of Directors to increase non-NHS income by over 5% of our income or more. The Board of Directors must, therefore, make sure that governors are satisfied with the reasons behind any such proposals;

4.1.6 Governors also have the power to approve amendments to our Constitution, approve 'significant transactions' and approve any mergers, acquisitions, separation or dissolution and will need to be satisfied with the reasons behind any proposals by our Board of Directors.

4.1.7 Governors serve to represent their members and constituents and provide representation for their local community.

4.2 Informal and frequent communication between the Council of Governors and the Board of Directors are an essential feature of a positive and

constructive relationship designed to benefit the Trust and the services it provides.

4.3 There are a number of mechanisms in existence for our governors to receive or seek information from, and to hold the Non-Executive Directors individually and collectively to account for the performance of our Board of Directors including:

- Receiving the annual report and accounts and asking questions on their content,
- Council of Governor meetings, both formal and workshop style, at which Board members attend and present on specific topics and answer questions.
- Communications via the Corporate Governance team including Governor Newsletters and Governor Log.
- Joint Board and Governor visits to Trust services.

4.4 The Board of Directors and Council of Governors shall act in such a manner as to comply with this policy.

5 Roles and Responsibilities in the relationship between Board and Council of Governors

5.1 The Chair

5.1.1 The Chair shall act as the link between the Council of Governors and the Board of Directors and shall have the principal role in dealing with any issues raised by Governors involving the Chief Executive, and any other Director, as necessary.

5.1.2 The Chair has the most formal contact with Governors and should supplement this with informal contact where possible.

5.1.3 The Chair shall:

(a) operate an open-door policy which encourages governors to call and/or email as frequently as necessary if they have

issues to raise;

(b) ensure that the Board of Directors and Council of Governors work together effectively and enjoy constructive working relationships (including the resolution of any disagreements).

(c) Ensure that the Council of Governors receive accurate, timely and clear information that is appropriate to their duties.

(d) support informal meetings outside of formal Council of Governor meetings with the Chief Executive and/or any Director (via the office of the Trust Secretary) to answer specific questions or confirm decisions taken by the Board of Directors (where appropriate);

(e) support the development of special interest relationships between non-executive directors and governors and facilitate a Governor and Non-Executive Director Forum on specific topics of interest, jointly chaired by the Trust Chair and Lead Governor, as and when required. This would be either in meeting or workshop style.

(f) encourage the participation of the Board of Directors and senior employees in the induction, orientation and training of Governors.

5.2 **Chief Executive**

5.2.1 Supports the Chair in facilitating and supporting effective joint working between the Board of Directors and the Council of Governors;

5.2.2 With the Chair, ensures that the Council of Governors receives accurate, timely and clear information that is appropriate to its role and duties

5.3 **Senior Independent Director**

5.3.1 The Senior Independent Director ('SID') shall be available to governors if they have concerns that contact through the normal channels has failed to resolve any issues which have been raised or for which such contact is inappropriate i.e. issues relating to the Chair.

5.4 Directors

5.4.1 Directors, particularly Non-Executive Directors shall:

(a) co-operate with any requests from the Chair (via the office of the Trust Secretary) to attend informal meetings outside of formal Council of Governor' meetings to answer questions from Governors and confirm decisions taken by the Board of Directors (where appropriate);

(b) take an active role in the Council of Governor meetings.

(c) Provide relevant information to the Council of Governors regarding the work of the Trust's Board assurance committees:

(i) Finance and Resource Committee;

(ii) Audit and Assurance Committee;

(iii) People and Organisational Development Committee; and

(iv) Quality and Performance Committee

3.5.2 The Director of Integrated Governance is the lead executive with accountability for ensuring effective relations with the Council of Governors and shall meet, together with the Trust Secretary, regularly with the Lead Governor in that aim.

5.5 Governors and Council of Governors

5.5.1 Shall have opportunity to receive and seek information from, and hold the Non-Executive Directors individually and collectively to

account for the performance of the Board via various fora including:

(a) Receiving the annual report and accounts and asking questions on their content;

(b) Our Council of Governor meetings in which:

(i) Our Chief Executive, other Executive and Non-Executive Directors attend

(ii) Non-Executive Directors present on specific pre-agreed topics and answer questions

(iii) Reports on issues relating to the statutory duties of the Governors will be presented, including but not limited to finance, quality, staff and performance topics.

(c) Receiving information on issues or concerns likely to generate adverse media interest and providing governors with the opportunity to raise questions or seek information or assurances; and

(d) Involvement in the development of the Trust strategy and planning process.

5.5.2 Governors should raise any concerns (which are covered by this policy within paragraph 8) in accordance with this policy and assure themselves that such issues have been resolved.

5.5.3 Governors should, in raising any concerns, ensure that they are acting in accordance with the Governors' Code of Conduct and that there are no actual or potential conflicts of interest arising which have not been declared and which should be considered in the context of the concern raised.

5.5.4 Individual governors have a responsibility to act in accordance with this policy, to raise concerns (as defined in this policy) and to

assure themselves that issues have been resolved. In addition, the Council of Governors as a body has a duty to inform NHS England if the Trust is at risk of breaching the terms of the Trust's provider Licence (in accordance with paragraph 5.6.1 below.

5.5.5 The Lead Governor shall make themself available to provide informal advice to any Governor who may seek it in advance of a concern being raised with the Trust Secretary in accordance with paragraph 8.3.

5.5.6 The Council of Governors shall observe the requirements of this policy (consistent with Annex 5 paragraph 2 of the Constitution (Dispute Resolution Procedure), in relation to notifying the Independent Regulator if the Trust is at risk of breaching the conditions of its Provider Licence.

5.6 Lead Governor

5.6.1 The Council of Governors appoints from within, one governor to act as the Lead Governor to communicate directly with NHS England in the event that the Trust is at risk of breaching its terms of authorisation.

5.7 Trust Secretary

5.7.1 The Trust Secretary shall:

(a) be the first point of contact for any Governor or group of Governors who wish to raise a concern covered by this policy. The Trust Secretary shall, where possible, resolve the matter informally and/or advise as to whether it is appropriate to the take the concerns to the Chair;

(b) keep the Director of Integrated Governance and Chair apprised of matters raised by the Governors; and

(c) arrange informal meetings between Governors and members of the Board of Directors (including the Chair and the Chief Executive) outside of formal Council of Governor

meetings to answer questions and confirm decisions taken by the Board of Directors (where appropriate), where requested to do so by the Chair.

(d) ensure the provision of Board Committee agendas in advance of Committee meetings to facilitate Governors being able to ask written questions on the agenda items.

(e) Ensure the provision of the Agenda for Board of Director meetings (Confidential Session) to the Lead Governor to facilitate observations or questions on behalf of the Council of Governors in advance of said meeting.

6 Formal Communication

6.1 Some aspects of formal communication are defined by the constitutional roles and responsibilities of the Council of Governors and the Board of Directors respectively.

6.2 Formal communications initiated by the Council of Governors and intended for the Board of Directors will be conducted in accordance with the processes set out in the Constitution.

6.3 Wherever possible and practical, written communications will be conducted by e-mail.

7 Other Communication

7.1 The Governors are welcome to observe public sessions of the Board of Directors and provide their observations on the same.

7.2 The Governors will be provided with a copy of the Agenda for Board Assurance Committees in good time to enable Governor(s) to submit written questions, if any, on agenda items. These will be tabled at the Committee meeting by the Trust Secretary and considered by the Committee. A written response will be provided to the requesting Governor. The Non-Executive Chairs of the Board Committees will attend Council of Governor meetings to discuss the work of the respective committees, to assist the Council of Governors in their duty

to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors.

7.3 The Chair and Lead Governor will facilitate a forum for governors and non-executive directors to explore specific areas of interest as and when required. This will be either via a meeting or workshop format. The frequency of these meetings and the topics will be agreed between the Chair and the Lead Governor.

7.4 A newsletter is circulated to governors containing relevant information and updates.

7.5 Governors may contact the Corporate Governance team at any time, either directly or via the Governor Log. The Corporate Governance team will endeavour to ensure a timely and appropriate response to any queries raised.

8 Raising Concerns

8.1 Governors (operating as a group or on their own) may raise material concerns directly related to:

8.1.1 the performance of the Board of Directors;

8.1.2 compliance with the Trust's Provider Licence; or

8.1.3 other matters related to the overall wellbeing of the Trust.

8.2 This policy should not be invoked for minor issues raised by an individual and unrelated to the statutory functions of the Council of Governors.

8.3 Governors should, in the first instance, raise any concerns with the Trust Secretary who may be able to resolve the matter informally.

8.4 Governors should not raise concerns that are not supported by evidence. That evidence should satisfy the following criteria:

- any written statement must be from an identifiable person or persons, signed and that person should be willing to be interviewed about the contents of the statement;

- other documentation must originate from a bona fide organisation and the source must be clearly identifiable. Newspaper or other media or digital articles, including social media, will not be accepted as prima facie evidence, but may be accepted as supporting evidence.

8.5 Where the Trust Secretary has been unable to resolve the concerns and/or has recommended that the concerns be taken to the Chair and the Director of Integrated Governance, the Governor(s) in question should raise the concern with the Chair and Director of Integrated Governance and the Trust Secretary should facilitate the escalation of the concern.

8.6 For concerns which it would be inappropriate to raise with the Chair, the role of Chair shall be undertaken by the Senior Independent Director.

8.7 In advance of a Council of Governors meeting at which there is an agenda item relating to a concern raised by a Governor, the Chair shall review any evidence offered, make such enquiries and hold such discussion with Trust officers as they consider appropriate in respect of that matter.

8.8 Following completion of their review of the matter the Chair and/or Director of Integrated Governance or Trust Secretary shall meet with the Governor(s) who raised the concern to discuss their findings as soon as is reasonably practicable. There are three possible outcomes of this meeting:

8.8.1 the Governor(s) is satisfied that the concerns were unfounded and withdraw them unreservedly. In this case no further action is required;

8.8.2 the Governor(s) is satisfied that their concerns have been resolved during the investigation. The Trust Secretary, in support of the Chair, shall write a report on the concerns and the action taken and present it in the closed section of the next Council of Governors meeting. If the Council of Governors agrees that the

matter is resolved no further action is required. However, should a majority of the Council of Governors disagree, the matter shall be considered for referral to the Independent Regulator's panel for advising Governors **(the "Panel")** in accordance with paragraph 8.11 & 8.12 below; or

8.8.3 The matter is not resolved to the satisfaction of the Governor(s) and the Chair shall call a closed extraordinary meeting of the Council of Governors as soon as is reasonably practicable in accordance with the Council of Governors Standing Orders to consider the matter further. The Trust Secretary shall prepare a report on the concerns to assist the Council of Governors in advance of that meeting. That meeting may resolve to take no further action, take remedial action or to consider referring the matter to the Panel in accordance with paragraph 8.11 & 8.12 below.

8.9 The minutes of the meeting shall record the outcome of the discussion.

8.10 Governors should acknowledge the overall responsibility of the Board of Directors for running the organisation and should not endeavour to use the powers of the Council, or the provisions of this policy, to impede the Board of Directors in fulfilling its duty.

8.11 Where paragraphs 8.8.2 and 8.8.3 apply the Council of Governors (quorate) must approve the referral and such approval shall require at least half of the Governors voting to agree to the referral.

8.12 To support Governors in their role a 'Panel for Advising Governors of Foundation Trusts' has been established by NHS England which may consider a referred question from the Council of Governors as to whether the Trust has failed or is failing to act in accordance with the Trust's Constitution. The Council of Governors should only consider referring a question to the Panel in exceptional circumstances, where there is uncertainty within the Council of Governors about whether the Trust has failed, or is failing, to act in accordance with the Constitution or with Chapter 5 of the 2006 Act, and this uncertainty cannot be resolved

through discussions within the internal process outlined above.

8.13 NHS England strongly encourages all Foundation Trusts and governors to try to resolve questions internally before posing a question to the Panel only as a last resort.

8.14 The Panel shall deal with any referral in accordance with its own procedures.

9 Monitoring compliance and Effectiveness

9.1 This policy will be kept under review by the Trust Secretary and revised in accordance with emerging best practice and guidance from NHS England.

Report to Council of Governors

Date	4 December 2025		
Title	Governor Visits 2026		
Author / Presenter **Sponsoring Director**	Lisa Evans, Deputy Trust Secretary Sarah Favell, Trust Secretary		
Purpose of Report (Tick all that apply ✓)			
To provide assurance	✓	To obtain approval	
Regulatory requirement		To highlight an emerging risk or issue	
To canvas opinion		For information	✓
To provide advice		To highlight patient or staff experience	

Summary of Report

The Governor / NED visits were reinstated in 2024, following a pause during the pandemic. The visits have given Governors the opportunity:

- to thank staff personally
- to 'role-model' Trust values
- to be 'visible' to staff and to have a more in-depth understanding of the services
- to feedback evidence-based issues to senior management.

These have been welcomed by Governors and we have received good feedback from the teams that have been visited. The feedback from Governors received following each visit, is fed through to the Quality Delivery Group to inform operational and clinical decision making. Work has been carried out to improve the process and we have considered how we can 'close the loop' and let Governors know what has happened as a result of their comments. An action log has been added to the Governor Visit report and updates will be shared at Council of Governors meetings and on the Governor Resource Centre. We will continue to look at ways we can improve the process and the visit experience to make them as informative and valuable as possible.

The programme of visits for 2026 had been finalised. The draft schedule is attached as Appendix A; if there are visits on the list that you have a particular interest in attending, please do get in touch. Your support with these visits is appreciated by staff. As we did last year, we will also look to accommodate extraordinary visits requested by Governors or Board Members during the year, where we can. *To attend these visits and events Governors should have completed all mandatory training and have an up to date DBS check in place.*

We also encourage Governors to attend events outside of the hospital, alongside Juwairiyia Motala Community Engagement and Involvement Manager and other colleagues, these are shared regularly, including in the monthly Governor's Briefing. These events are an important opportunity for Governors to meet with members of the public who use our services, listen to their experiences and feed their views back to the Trust. The ICB Information Bus travels around the county to all constituencies. The schedule can be found here Information Bus : NHS Gloucestershire ICB; this shows where the bus will be going and the focus of each visit. If you would like to attend these events or would like more information, please get in touch with Juwairiyia juwairiyia.motala@nhs.net

Risks or Concerns	
Financial Implications	
N/A	
Approved by: Director of Finance / Director of Operational Finance	**Date:**
Equality, Diversity, Inclusion and Workforce Implications	
The Council of Governors should be representative and reflective of the diverse communities we serve. Where some groups are less well represented, we will try new ways of engaging with them to encourage them to become members and stand for election. This includes many of our seldom heard communities and young people.	
Sustainability (Environmental) Implications	
Recommendation	
Governors are asked to note the report and provide any feedback from previous visits or events they have attended. Governors are asked to contact ghn-tr.corporategovernance@nhs.net if they are interested in any of the visits included on the schedule.	
Enclosures	
Appendix A – Draft Schedule of Meetings Appendix B – Updated Visit report	

GOVERNOR VISITS – 2026

DATE	LOCATION
Thursday 22 January @10am	Domestic services and Sterile services (GMS) (Gloucester)
Wednesday 18 February @11am	Renal dialysis and renal ward (Gloucester)
Friday 20 March @2pm	Eye clinic/Opthamology (Gloucester)
Monday 30 March @1pm	Continence Service, Continence Service, Oakley Ward, 2nd Floor, Centre Block (Cheltenham)
Thursday 16 April @ 2pm	Heart failure and heart failure specialist nursing service (Gloucester)
Tuesday 5 May @1.30pm	Stroud Maternity Hospital
Monday 15 June @2pm	Learning disability nursing service plus LEDER work on learning from deaths of people with Learning Disability (Location TBC)
Wednesday 8 July @10am	Breast Surgery / breast services pathway (Thirlstaine Unit – Cheltenham)
Tuesday 28 July @ 2pm	Medical Engineering (GMS) (Gloucester)
Tuesday 4 August @10am	Dermatology outpatients (Aspen Centre, Gloucester)
Wednesday 23 September @10am	Liver Ward and liver specialist nursing (Cheltenham)
Thursday 22 October @10am	Stroke and Neurology Service (Cheltenham)
Thursday 5 November @2pm	Mortuary services (Gloucester)
Thursday 19 November @11am	Finance, Riverside House (Cheltenham)
Wednesday 2 December @ 10am	Volunteers and PALs Meet at Fosters, Gloucestershire Royal Hospital, at 9.45 for 10am start.

NED / Governor Visit Report Template

Date	
Attendees	
Ward / Department	
Ward Manager / Department Lead	
Did the visit include discussions with staff on the ward/department? If so, please provide details:	
Did the visit include discussions with patients on the ward/department? If so, please provide details:	
What, if any, key issues were raised on the day? If so, provide details of escalation:	
Additional comments from the Visiting Team:	

Action Log Template

Action	**Lead**	**Due Date**	**Update**
Title/Date of visit			

Report to Council of Governors				
Date	4 December 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 in the Council of Governors meeting in December.

Key issues to note

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

Recommendation
That the report be noted.
Enclosures
Governors Log

REF	03/25	**STATUS**	OPEN
SUBMITTED	06/10/25	**ACKNOWLEDGED**	07/10/2025
DEADLINE	20/10/25	**RESPONDED**	20/10/2025
GOVERNOR	Mike Ellis		
LEAD	Matt Holdaway		
THEME	Aveta Birth Unit		

QUESTION

I fully appreciate that the outcome of our own Maternity Needs Review, CQC inspections, and Baroness Amos' investigation must guide any decision regarding the future of Cheltenham's Aveta Birth Centre, but I am concerned by the campaign by Cheltenham's MP, Max Wilkinson, to seek early re-opening of the Aveta Unit. He has written in The Echo, and his Liberal Party leafletting this week focusses again on this topic.

I would be interested to know if any survey or poll of Cheltenham mothers and birthing partners has been commissioned either by GHT or the ICS Maternity Needs Review. Do we know what Cheltenham mothers want?

ANSWER

No specific survey or poll has taken place for Cheltenham families regarding their views about Aveta. The ICB led maternity needs assessment has, and continues to engage with women and families about their wishes, and does offer some insight into the needs of women and their views around midwifery led care in midwifery led, standalone units.I would anticipate that the national maternity and neonatal investigation will also offer a view on MLU's.

Council of Governors – Work Plan for March 2026 – March 2027

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	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	
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
Engagement and Involvement Annual Review	Director of Engagement, Involvement & Communications		x			
Medium Term Plan	Director of Improvement Delivery				x	
Update on the year-end position	DELOITTE			x		

Item	Owner(s) or function	March	June	September	December	March
Trust Strategy	Will Cleary-Gray				x	
Quality items						
Quality Account	Chief Nurse	x			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, Charity*			x		
SWAG Cancer Alliance	Alex Matthews, Hannah Gay and Elli Hanman					
Role of the Admiral Nurse	Asma Pandor					
Feedback from Visits	Alan Dyke/Governors		x		x	
Reports from Board Committee	Committee Chairs	x	x	x	x	x
Governors Log (as required)	Corporate Governance	x	x	x	x	x
Contact a Governor (as required)	Corporate Governance	x	x	x	x	x
Work Plan	Corporate Governance	x	x	x	x	x

COUNCIL OF GOVERNORS / NED DEVELOPMENT SESSION

POTENTIAL ITEMS FOR DEVELOPMENT OR COG (REMOVE ONCE PRESENTED)				
		FEB 2026	OCT	FEB 2027
Quality Priorities	Suzie Cro & Debra Ritsperis	x		
10 year Plan	Kerry Rogers / Sarah Favell	x		
Risk Update	Kerry Rogers / Lee Troake		x	