Gloucestershire Hospitals NHS Foundation Trust

**GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST**
**Council of Governors Public Meeting**
**14.00, Thursday 5 March 2026**
**TEAMS meeting**
**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 |
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| 1 | ***Apologies for absence and quoracy check:*** *Quorum: Two thirds of the Governors in post (Thirteen)* | | | 14.00 |
| 2 | **Declarations of interest** | | | |
| 3 | **Minutes of meeting held on 4 December 2025** | Approval | Yes | |
| 4 | **Matters arising** | Information | No | |
| 5 | **Chair's update** *Deborah Evans, Chair* | Information | Yes | 14.05 |
| 6 | **Chief Executive's Briefing** *Kevin McNamara, Chief Executive* | Information | Yes | 14.15 |
| 7 | **Any other business** | | | 14.35 |
| **INFORMATION ITEMS** | | | | |
| 8 | **Governor's Log and Contact a Governor** *Lisa Evans, Deputy Trust Secretary* | Information | Yes | |
| 9 | **Council of Governors Work Plan** | Information | Yes | |
| **CONFIDENTIAL SESSION** | | | | |
| 10 | **Notes of the inquorate Confidential Meeting held on 4 December 2025** | Approval | Yes | 14.40 |
| 11 | **Update from the Governance and Nominations Committee** *Kerry Rogers, Director of Integrated Governance*<br>• **Succession Planning** | Assurance | Yes | 14.45 |

**Close by 3pm**
**Date of next meeting: Thursday 4 June at 2.30pm (Sandford Education Centre)**

| Date | Time | Details |
|---|---|---|
| Thursday 4 June | 14.30 to 17.30 | Sandford, Lecture Hall |
| Thursday 3 September | 14.00 to 17.30 | Redwood, Lecture Hall |
| Thursday 3 December | 16.00 to 19.30 | MS Teams |

**Governor Attendance during 2025**

| Governor | March | June | September | December |
|---|---|---|---|---|
| A Holder | | | | |
| B Pellissery | | | | |
| A Pandor | | | | |
| B Armstrong | | | | |
| F Hodder | | | | |
| H Bown | | | | |
| D Butler | | | | |
| M Babbage | | | | |
| I Craw | | | | |
| M Ellis | | | | |
| O Warner | | | | |
| P Eagle | | | | |
| P Mitchener | | | | |
| S Bostock | | | | |
| R Peek | | | | |
| E Mawby | | | | |
| A Naylor | | | | |
| D Balkwill | | | | |
| Susan Mountcastle | | | | |
| Nicola Hayward | | | | |
| Angharad Watson | | | | |

| GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST<br>Minutes of the Council of Governors - Public Meeting<br>16.00, Tuesday 4 December 2025<br>On Teams | | |
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| **Present** | Deborah Evans | Trust Chair (Chair) |
| | Bryony Armstrong | Public Governor, Cotswold |
| | Deborah Balkwill | Public Governor, Stroud (to item 9) |
| | Samantha Bostock | Staff Governor, Allied Health Professionals |
| | Helen Bown | Appointed Governor, Age UK Gloucestershire |
| | Douglas Butler | Public Governor, Cotswold |
| | Mike Ellis | Public Governor, Cheltenham |
| | Nicola Hayward | Public Governor, Cheltenham |
| | Fiona Hodder | Public Governor, Gloucester |
| | Andrea Holder | Public Governor, Tewkesbury |
| | Emma Mawby | Public Governor, Gloucester |
| | Gwyn Morris | Public Governor, Stroud |
| | Asma Pandor | Staff Governor, Nursing/Midwifery Staff |
| | Bilgy Pelissary | Staff Governor, Nursing/Midwifery Staff |
| | Russell Peek | Staff Governor, Medical/Dental Staff |
| | Kate Usmar | Appointed Governor, Gloucestershire County Council (to item 9) |
| | Olly Warner | Staff Governor, Other/Non-Clinical Staff |
| | Angharad Watson | Public Governor, Forest of Dean |
| **Attending** | John Cappock | Non-Executive Director |
| | Andrew Champness | Associate Non-Executive Director |
| | Will Cleary Gray | Director of Improvement Delivery (to item 11) |
| | Lisa Evans | Deputy Trust Secretary |
| | Sarah Favell | Trust Secretary |
| | Marie Annick Gournet | Non-Executive Director |
| | Louisa Hopkins | Lead Freedom to Speak Up Guardian (item 8) |
| | Millie Holmes | Corporate Governance Assistant |
| | Karen Johnson | Director of Finance (to item 11) |
| | Kaye Law Fox | Chair of GMS and Associate Non-Executive Director |
| | Kevin McNamara | Chief Executive |
| | John Noble | Non-Executive Director |
| | Claire Radley | Director for People and OD (item 12) |
| | Kerry Rogers | Director of Integrated Governance |
| | Llinos Williams, | Programme Manager - Outpatient Transformation (item 6) |
| **Apologies** | Vareta Bryan | Non-Executive Director |
| | Raj Kakar Clayton | Associate Non-Executive Director |
| | Sally Moyle | Non-Executive Director |
| | Shawn Smith | Non-Executive Director |

| Ref | Item |
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| 1 | **Apologies**<br>Apologies were noted as above. |
| 2 | **Declarations of Interest** |

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| | There were no interests declared. |
| 3 | **Minutes of meeting held on 19 June 2024**<br>The minutes of the meeting held on 19 June were approved as an accurate record. The notes of the inquorate meeting held on 4 September 2025 were received. |
| 4 | **Matters arising**<br>The updates to actions were noted. |
| 5 | **Chairs Update**<br>The Governors received the update report from the Chair of the Trust describing activities since the last Council of Governors meeting in September 2025, this was taken as read.<br><br>The Chair reported that she had undertaken shadowing with the staff governors. She had spent a morning with Asma Pandor starting at Gallery 2 ward and learning more about how she supported patients and families where a person was living with dementia. A second visit with Bilgy Pellissery took place, however Bilgy was called away urgently and was unable to talk about her role. This allowed Deborah to observe her nurse led review clinic, which is a good example of the Trusts advanced nursing roles. The Chair reported that she had also spent some time with Sam Bostock to learn about the "radiotherapy late effects" service. The Chair reported that during 2025 Sam had successfully applied for this service to be substantively funded by specialised commissioning across the South West. Sam was congratulated on this achievement.<br><br>The Chair had visited the Tower wards at Gloucestershire Royal to meet colleagues working at night, in the company of Noel Peter, Head of Research and Innovation, and Coral Boston, EDI lead. The focus of this visit was to understand more about the experience of colleagues who worked at night, very many of whom were from minority ethnic communities locally. The Chair also updated the Governors on the work taking place at Gloucestershire Managed Services around Equality, Diversity, and Inclusion. |
| 6 | **Update on the Patient Portal Work**<br>Llinos Williams updated the Governors on the Patient Portal work taking place. Llinos reported that a programme of work agreed previously, had been impacted by the required reduction in Whole Time Equivalent staff numbers. Progress with the programme was noted.<br><br>Governors noted that the ability to view a summary of patient assessment responses through DrD had reduced clinical administrative time. Reminders were being sent by SMS resulting in a reduction in local printing and associated costs; it was anticipated that 'Did Not Attends' would reduce. Issues with previous ways of working including duplicate letters were noted. Llinos reported on ongoing work in theatres, to improve utilisation and align clinicians. The portal allowed patients to reschedule their own appointments; the success of this work would be reviewed prior to any further roll out. John Noble emphasised that this work was about improving patient experience.<br><br>Mike Ellis reported that he and Andrea Holder had been involved with this project and welcomed the progress. He noted that the pain app had been discontinued and asked why. Llinos reported that there had been a low uptake for what was a costly app. The Chair asked how adoption was measured. Llinos reported that response rate information was provided through DrDr; only 22% of patients now opted for paper correspondence. |

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| | It was agreed that Llinos would be invited back to a future meeting to update Governors on the progress. **ACTION** |
| 7 | **Chief Executive' Report**<br><br>Kevin McNamara updated the Governors on the British Medical Association Doctor's Industrial Action. He reported that there was a plan in place and NHSE was asking Trusts to retain as many services as possible. The Governors noted that it was difficult to plan as staff did not need to give notice of their intention. Although the last strike was less impactful than previous action, there was often a knock-on effect in the following week which could impact patient flow. Kevin reported that with action planned just before Christmas there would be less social care support available; concerns about flu and winter pressures were noted.<br><br>The Phlebotomy industrial action was ongoing. Conversations were continuing and the Trust had made several offers to Unison to resolve the dispute which were outlined in the report. The Trust had agreed to abide by the decision of a National Job Evaluation Panel, but Unison had not accepted this. Kevin reported that the impact of the strike was limited and an improvement in patient flow was being seen. The service and financial effects were being monitored.<br><br>Kevin reported that the Trust was welcoming the team from the National Maternity Review that month. This was part of the national investigation announced by the Secretary of State in the summer, which it was anticipated would report in the Spring. A further update would be brought to the Council at the next meeting.<br><br>The Governors were updated on the decision to pause the Trust's Home Births service. Kevin reported that staff had raised concerns about working outside of guidance. Following a review and risk assessment, the initial 2 week pause had been extended to 6 months. The lack of choice had been raised with the Trust; however, it was noted that home births represented less than 2% of births (around 4-6 home births per month) in Gloucestershire. Engagement would take place with the Health Overview Scrutiny Committee at the County Council. Gwyn Morris reported commentary on social media, with some women saying they would go ahead anyway. Kevin confirmed that conversations were taking place and options were being outlined. Governors noted that the Trust's obligation was to provide safe care.<br><br>Deborah Balkwill asked about the effect of the phlebotomy strike on other staff. Kevin reported that the Trust had put in place a sustainable service, feedback from staff had shaped that. The benefit of nurses taking bloods was noted, contact had been received from other staff, some of which was positive, some less supportive.<br><br>Mike Ellis noted changes to community theatres, in particular a proposed reduction in beds at Cirencester Community Hospital. Mike asked if the changes were temporary and if any impact on the Trust was anticipated. Kevin reported that the Community bed reduction was a decision of Gloucestershire Health and Care, he added that this Trust would need to evaluate any impact, and whether support could be provided to get patients' straight home. |
| 8 | **Freedom to Speak Up**<br><br>Louisa Hopkins updated Governors on the progress the Trust continued to make around Freedom to Speak Up. This included:<br>• Review and update on matters raised in 2024/25 Annual Report |

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| | • Freedom to Speak up Guardian assessment of the current position<br>• Review of concerns raised to Freedom to Speak Up<br><br>Governors noted that this report had been taken to the Trust Board. The improvement in the process was noted; Louisa reported that Senior Leaders were now engaging and were supporting staff. A regional team was in place and South West Freedom to Speak Up Leaders had asked to visit this Trust for learning. A deep dive into the service had taken place and there were still improvements to be made to the provision, and across the organisation to improve responsiveness.<br><br>The Chair asked about the Report, Support and Learn platform. Louisa reported that staff could access that platform to raise 'staff to staff' issues. Staff were contacting the service after they had tried to raise concerns locally and experienced barriers. Emma Mawby asked about the number of contacts made anonymously. Louisa reported that in the last quarter around 9.4% of contacts were made anonymously, down from 33% previously, she agreed that there was still a need for a confidential route. In response to a question from Helen Bown about any gaps in the service, Louisa confirmed that she was working with the Organisational Development Team to ensure that information was triangulated. Louisa confirmed that there were no gaps, there was a team of champions working across the Trust who did not sit in any particular area. There were plans to review the champion network.<br><br>The Governors noted the update and supported the ongoing work of the team in improving the speak up culture. |
| 9 | **Non-Executive Director updates*:***<br><br>• ***Report from John Cappock, Chair of the Audit and Assurance Committee***<br><br>John Cappock provided the Non-Executive Director update, outlining his background as a Chartered Accountant. Governors noted that he had spent his career largely in not for profit and Higher Education Senior leadership roles as Director of Resources, Chief Operating Officer, and Deputy Chief Executive. John was a Non-Executive Director at a number of other organisations.<br><br>John was Vice-Chair of the Board and was Chair of the Audit and Assurance Committee until very recently, when he became Chair of the Finance and Resources Committee, John was also the Non-Executive Director Champion for the Disability Network and for Security.<br><br>John's previous objectives as Chair of the Audit and Assurance Committee were noted. That Committee had oversight of the risk register, governance and compliance, and provided assurance across the Trust. Auditors were interested in clinical areas and had reviewed the Maternity Incentive Scheme. The Audit and Assurance levers were noted:<br>• Management accountability, with tracked actions<br>• Internal Audit Service (BDO)<br>• External Audit Service (Deloitte), who confirmed the Trust was a going concern<br>• Counter Fraud Service (Internal provision)<br><br>Opportunities and risks were noted. Emma Mawby asked if risk decisions being made by the Trust were robust. John reported that a refresh of the risk strategy was taking place. Kerry Rogers confirmed that work was underway, and the strategy was continuing to develop. |

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| | Colleagues had been in contact with other NHS Trusts to look at what was being done elsewhere. Capacity issues were noted.<br><br>Gwyn Morris asked how the Trust ensured that learning was embedded. John reported that follow-up work took place, and the Audit and Assurance Committee tracked actions, with a timeline for improvement agreed.<br><br>A risk session for Governors would take place at a NED / Governor Development Session next year. |
| 10 | **Trust Strategy**<br><br>Will Cleary Gray reported that the last Trust strategy expired in April 2024 signally a need for a refresh. Over 2024/25 work had been undertaken to inform the review and development of a new strategy. A draft of the strategy was presented to board in July and September for consideration; it was positively received, and feedback was provided to inform and shape the final iteration. The Strategy had been reviewed against the requirements of the NHS 10 Year Plan and the expectation was that the NHS would reduce in size. Governors noted that the final Strategy was approved at the November meeting of the Board.<br><br>Will reported that there had been widespread engagement with staff resulting in refreshed values which are caring, compassionate, inclusive, and accountable. Important changes had also been made to the strategic aims which supported the Trust's vision. The Trust valued feedback from patients and would use that to shape services. The four golden threads that ran through the strategy and all work undertaken by the Trust were noted. Will outlined the four key strategic enablers that were central to delivering the strategy:<br>• Living within our means<br>• Estates and facilities<br>• Research and innovation<br>• Partnership with purpose<br><br>Emma Mawby asked how health inequalities, such as neurodiversity, ADHD, autism, eating disorders and gender dysphoria were being addressed. Will reported that these specific conditions were not referenced in the strategy but some would be included, he added that some of those areas would be for the Trust to address, others would fall under the work of partners. There would be a Health Inequalities Delivery Plan and other plans including the Clinical Delivery Plan would feed into that work, Will reported that he wanted to ensure that there were no gaps in this provision.<br><br>Angharad Watson raised some concern about the digital ambition, asking if patients would care about it. Noting that realistic ambitions which improved patient experience and outcomes were important, Kevin McNamara reported that this Trust was rated highly around digital, relative to the wider NHS and he noted that it linked to the Brilliant Basics and improvement would have a positive impact on colleagues, patients and the Trust as a whole. |
| 11 | **Medium Term Plan**<br><br>Karen Johnson presented the Trust's approach to medium term planning, and the national planning requirements. All Trusts had been asked to develop a five-year plan to outline how |

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| | they would deliver constitutional standards. Planning was progressing at pace and there had been updates to the key requirements since the presentation to Trust Board.<br><br>The report updated the Council on changes to submission dates and content for the Medium-Term Plan, changes within revenue and capital funding and revised arrangements for Board assurance.<br><br>Karen reported that this plan represented the previous operational planning requirement but over a longer period; this was welcomed. Assurance on the plans would now be sought at an extraordinary confidential Board meeting, on the 11 December 2025. The first submission would be made on 17 December, full Plans would be submitted on 12 February 2026 and final Plans in March 2026. Governors noted that the February submission would provide the three-year operational plan with some narrative over the five-year period. Karen reported that next year would be a financial challenge and focus was needed on recurrent efficiencies. |
| 12 | **Staff Survey – Impact of Interventions**<br><br>Claire Radley presented an overview of the Trust's 2024 NHS Staff Survey results, published nationally in March 2025. Claire outlined the key challenges and identified and detailed the trust-wide and divisional actions taken to address 25 priority areas (five per division). Several of these challenges were recurring year-on-year and shared across multiple divisions.<br><br>Governors noted that this report had been shared at the Board in July and this year's Staff Survey had closed on 28 November. There had been a lower turnout this year, with no incentive provided by the Trust for those completing the survey. A 64% turnout was seen last year, with the turnout at just under 50% this time. The results were expected just before Christmas but would be embargoed for a time.<br><br>Claire reported that the Trust was the fifth most improved Trust following the 2024 survey. Workstreams were in place, there was a new reward and recognition framework and more structured staff awards. Work was taking place to review policies, including sexual safety and inappropriate behaviours. Claire reported that divisions were being held to account and there was an understanding around where there were teams in difficulty who needed support.<br><br>Work was continuing on cultural change; there needed to be clearer governance processes and accountability. Claire reported that the Trust was investing in leadership and a sophisticated programme was being put in place. Olly Warner asked how the Trust would make use of the results. Claire reported that analysis would be carried out and a deep dive into staff experience would be undertaken. She confirmed that she did not intend to explain away any poor results just around the reduction in head count. Russel Peek noted areas of concern in four out of the five divisions, related to workload or additional paid hours, additional unpaid hours or fatigue and workload. He noted the challenge to resolve those issues alongside the requirement to reduce the head count.<br><br>The Chair reported that on her recent night visit to the tower block, the previous policy of corridor care was highlighted; feedback had been received from nursing colleagues that they appreciated that the Trust management had listened to their concerns. |
| 13 | **Engagement Policy** |

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| | Sarah Favell reported that the Trust did not have a current Engagement Policy which summarised 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's statutory duties.<br><br>The draft Engagement Policy was shared for review and approval by the Council. This reflected both the current arrangements and a necessary strengthening of the provisions relating to raising of concerns and appropriate changes to committee governance management. It was consistent with both NHS guidance and benchmarked Engagement Policies of other large NHS Foundation Trusts. It was not clear that there would be a continued role for Governors, following the publication of the 10-year plan. Sarah reported that a change to the Governor Observer role at Committees had been put in abeyance and would be discussed at the next NED / Governor Engagement session.<br><br>Emma Mawby highlighted 8.4 of the document which discussed 'Raising Concerns' and stated that '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.' Emma noted that some people may wish to speak anonymously. The Chair clarified that this statement came from national guidance and only related to the reporting Governor not to members of the public or colleagues who wished to raise concerns via Freedom to Speak Up.<br><br>The Chair noted that there had been some difficulty in achieving a quorum at many Council of Governors meetings over the past year and this meeting, held online was quorate. The need to consider all opportunities to meet, including when it was preferable to meet online was noted. The Chair reported that Katherine Holland, Head of Patient Experience had been invited to the next NED / Governor engagement session to talk about patient engagement and the opportunities for Governors in that space.<br><br>The Council of Governors APPROVED the Engagement Policy. |
| 14 | **Non-Executive Director / Governor Visits 2026**<br><br>The schedule of governor visits for 2026 was shared. Andrea Holder noted that work had been carried out to improve the process, and that consideration had been given to how 'the loop' could be closed and governors updated around what had happened as a result of their comments. An action log had been added to the Governor Visit report and updates would be shared at Council of Governors meetings and on the Governor Resource Centre. Andrea asked how positive comments were fed back to the Team. Lisa Evans suggested that these could be included as actions on the log and the Corporate Governance team would ensure that an update confirming that the comments had been shared with the team was received. The action log would be made available on Admin Control. |
| 15 | **Any other business**<br><br>There was no further business for discussion. |
| **Close 18.45** | |

| **Actions/Decisions** | | | | |
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| **Item** | **Action** | **Lead** | **Due Date** | **Update** |
| | **December 2025** | | | |

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| 06 | **Update on the Patient Portal Work**<br>It was agreed that Llinos would be invited back to a future meeting to update Governors on the progress. | LE / LW | March | |

Gloucestershire Hospitals
NHS Foundation Trust

# Report to Council of Governors

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| **Date of Meeting** | 5 March 2025 |
| **Report title** | Chair's Report |
| **Sponsoring Director/Author** | Deborah Evans, Trust Chair |

| **Purpose (confirm the appropriate box)** | | | |
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| **For approval** | **For discussion** | **For information** | **For Assurance** |
| | | X | |

| **Executive Summary** | |
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| This report gives an update on the activities of the Trust Chair since the last Council of Governors meeting which took place on 4 December 2025. | |
| Previously considered by | N/A |

| **Recommendations:** |
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| *The Council are asked to **NOTE** this report.* |

| **Strategic Aims** (tick as appropriate) | |
|---|---|
| **Patient experience and voice** | ✓ |
| **People, culture and leadership** | ✓ |
| **Quality, safety and delivery** | ✓ |
| **Digital first** | ✓ |

| Impact on any Strategic Risks? |
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| N/A |

| Implications on: | |
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| **Equality, Diversity and Inclusion** | |
| **Health Inequalities** | |
| **Finance and Resource** | |
| **Regulation/Legal** | |
| **CQC-Key line of enquiry** | |
| **Green Plan** | |

## Main Report

1. **Purpose**

This is a brief account of my activities since our last Council of Governors meeting in December 2025

2. **Working together on a future role for Governors**

Since the NHS 10 Year Plan was published in July 2025 and announced that “Advanced Foundation Trusts” would not have governors we have been advancing a dialogue about a future role for our valued colleagues who have served as public, staff or stakeholder governors. These discussions have been taking place at the Council of Governors, at the Governor Working Group and at the joint development sessions between Governors and Non-Executive Directors. The consensus in these discussions is that the value of governor’s contribution lies in public and community engagement, in hearing and reflecting patient experience. This fits well with our revised strategy which puts patient experience at the centre of our focus for the future, and which recognises that health inequalities is a golden thread which must run through all our work. In that context we agreed at the last governor working group that with effect from the beginning of April 2026, Governors would not sit as observers on committees. It is also the case that we are moving to a different model.

It is clear from conversations across the NHS Providers Chairs Group that many other Trusts are proposing to reshape the role of governors as we have described. Some Trusts are having difficulties with quoracy and in ratifying appointments.

Elsewhere on the agenda, we follow up the very constructive discussion held at the last Council of Governors/Non-Executive Directors development session about governor interests and priorities for 2026/7.

3. **Visits**

My visits have included:

- The official opening of the refurbished Maggies Centre by The Queen, who is the royal patron of Maggies nationally. I had previously also visited the refurbished centre with its chief executive and joined the Maggies Christmas Concert at Christchurch.
- Phlebotomy – I have described in a previous report my visits to the GRH tower block to talk to night duty staff and to ask amongst other things how they reacted to taking patients' blood on night duty.
- Early in January I attended Edward Jenner and walked around outpatients to see how the new arrangements for taking blood work. This includes that children and young people now have their blood taken in the children's centre which is more age appropriate.
- Integrated flow hub. I joined colleagues at the integrated care hub to talk about how effective our interface with primary care is using Cinapsis. I had taken it for granted this this sort of arrangement as functioning well across the country.
- NED / Governor visit to Renal ward and dialysis unit. This was a very informative joint visit which also illustrated the possibilities for working well across the interface with primary care. It was also striking that most Gloucestershire patients who require renal transplant go to Oxford rather than Bristol. This may be about clinical relationships.
- Maternity and Neo Natal Voices Partnership – several of us were invited to the re launch of this local partnership whose role is to engage with women, birthing people and families on our services. It is a very welcome vehicle for co production.
- National Maternity and Neonatal Inquiry – Baroness Amos and her team have been using our Trust as one of 12 sites on which to base their investigation of maternity services. They interviewed mothers and families, colleagues and leaders. I put it to them that there's a risk inherent in ICB Gloucestershire Health Needs Assessment that we paint a polarised choice between choice of birth setting versus increased complexity of care. I believe this is a mistake as tailored a dco produced antenatal and targeted preconception care can support those communities and individuals who go on to experience the poorest outcomes.
- Thanks to our Library Service – who have produced three literature searches for me which I contributed to the ICB for their Health Needs Assessment, and the National Maternity and Neonatal Inquiry. I note that library colleagues, working with Sheema Rahman our Head of Health Inequalities are introducing a Health Literacy component into the PROMPT training which is multidisciplinary training on dealing with obstetric emergencies.
- Care Quality Commission Well Led Inspection. Thanks are due to the Executive, the Divisional leaders and all contributing colleagues, but especially to our corporate governance team. For me the most useful part was the day we all spent together with the Trust Leadership Team, and which is now going to be built into our annual planning round.

**4. Thanks**

By the time we meet in the 2026/27 financial year the arrangements for our intermediate tier and specifically for what was Gloucestershire Integrated Care Board will have changed. Whilst change always brings opportunity, I want to thank all those colleagues who have worked so wholeheartedly to improve health and care for the people of Gloucestershire. We have many rules and subcultures in the NHS but the thing that makes everything work better is the altruism, commitment and belief that we achieve better together.

Enclosures: none

FOI: Public

# Chief Executive Report to Council of Governors – 5 March 2026

## 1 Patient Experience

### 1.1 Baroness Amos interim report

The interim report from the Independent Investigation into Maternity and Neonatal Services published at the end of February makes for very difficult reading and reflects many of the challenges in maternity services across the country. It also highlights the experience and lasting impact this has had on families, communities and staff.

The report concludes that maternity and neonatal services in England are not consistently delivering safe, equitable and compassionate care for women, babies, families or staff. The issues identified are systemic, long-standing and national, rather than isolated to individual organisations, and there is evidence of repeated failures to learn and improve when things go wrong.

The report highlights that capacity pressures affect all stages of the maternity and neonatal pathway nationally. This means families can experience long waits, limited time for appointments and poor flow through services, particularly in triage and assessment areas. Staffing shortages in some Trusts have also led to frequent redeployment, disrupting continuity of care, while increasing clinical complexity and fragmented IT systems further increase risk and workload.

The investigation also found that the culture and leadership within maternity services are inconsistent and, in some settings, undermine safety and experience. The report highlights examples of poor teamwork, cultures of blame and fear, variable leadership capability and a failure to address unacceptable behaviour. These issues contribute to low morale, burnout and reduced staff wellbeing.

There is significant concern about the high levels of racism and discrimination which are described as persistent and systemic, contributing directly to unequal outcomes. Black and Asian women and babies face significantly higher risks of harm, with deprivation compounding inequalities. Discrimination also affects disabled people, LGBTQ+ families, young parents and those needing interpretation, while staff report experiencing racism with limited organisational response.

Families' experiences when things go wrong were a major concern. The report identifies a lack of compassion, openness and involvement following harm or bereavement, variable quality investigations and limited evidence of learning or improvement. Many families are left without clear answers or a sense of accountability.

The quality of maternity and neonatal estates varies widely and can undermine safety, dignity and family-centred care. Outdated or poorly designed environments affect privacy, infection control, partner involvement and bereavement care, with a negative impact on both families and staff.
Workforce challenges underpin many of these issues. Despite meeting some staffing benchmarks, some services often feel unsafe in practice due to vacancies, turnover, skill-mix issues and inconsistent senior clinical cover, particularly out of hours.

A number of the issues described in the report are recognised locally and continue to be a key focus of our improvement work, and although we continue to make progress there is further to go (progress is described in our maternity report).

The next phase of the investigation will produce a single set of national recommendations, followed by a National Maternity and Neonatal Taskforce to oversee delivery of a national action plan aimed at addressing the structural issues that are contributing to poor care. A localised report is also expected.

## 1.2 Phlebotomy Industrial Action

For almost a year the Trust has experienced a strike from phlebotomy staff over pay and in that period we have sought to work constructively with UNISON and our phlebotomy representatives to find a way to resolve the ongoing dispute.

A year is too long. This must not become about records but about resolution, and it must be about our patients. We want to welcome our phlebotomy colleagues back to work to support patients.

Over the 12 months the Trust has made numerous offers and concessions to try to break the deadlock. These have been fair, proportionate and appropriate, and deliberately designed so they do not create knock-on impacts for wider staff groups or services across the organisation.

Unfortunately, at every stage, these offers have been rejected.

Since July 2025, we have proposed that we jointly commission an independent national Job Evaluation Panel to determine the correct banding of the role, in line with the nationally agreed rules and processes between trade unions and NHS employers.

That independent route is designed specifically for disputes like this, and we have been clear we will be bound by the outcome. Alongside this, we have also put forward options to help bring the dispute to an end, including a new Band 3 role offer. In January, the phlebotomists rejected the two options that they had help shape and agreed they wanted to ballot on, to help end the strike.

Instead, Unison and Phlebotomist asked the Trust re-band the roles to Band 3 without going through any job evaluation process, provide five years of back pay and make no changes to phlebotomy roles or services for a minimum of 24 months. This is outside of any normal process that governs and protects the pay or terms and conditions for all NHS staff.

As a direct consequence of the prolonged strike action, the Trust has had to adapt how blood tests are taken and processed across our hospitals.

These changes were made to maintain patient care, and they have also delivered real and measurable improvements for patients, including:

- Earlier and faster blood sampling
- Faster turnaround of results
- Earlier discharge from hospital
- Improved patient flow
- Improved waiting areas for patients
- Improved clinic space for Phlebotomy clinics

These improvements are now benefiting more patients every day. They are helping people receive care sooner and supporting safer, more efficient hospital stays. It is important that we do not lose the positive progress that has been made for patients or compromise the quality of care people are now receiving.

The Trust has negotiated in good faith throughout the past year and continues to seek a way forward that is fair to all, including the rest of the workforce.

However, the union and phlebotomy representatives have been unwilling to compromise or to follow the nationally agreed processes that exist specifically to resolve disputes of this nature. Those processes are designed to provide objectivity, fairness and confidence for all parties.

It is not appropriate to step outside national job evaluation, pay and workforce frameworks, nor to agree conditions that would restrict the Trust’s ability to improve services for patients.

### 1.3 Tackling abuse and harassment of staff

On 20 January 2026, a Gloucestershire resident was given an 18-month suspended prison sentence and an indefinite restraining order after pleading guilty to charges of stalking NHS and care staff.

This marks an important step forward after years of targeted and sustained stalking and online harassment through a number of social media accounts, directed at NHS staff across Gloucestershire.

Our colleagues come to work to care for others, and they have the right to feel safe and free from harassment. The prolonged online abuse they experienced has caused deep and lasting personal and professional harm.

We are grateful to Gloucestershire Police and the Crown Prosecution Service for their support in bringing this long-running targeted behaviour to an end. Their commitment has ensured that this abuse has been taken seriously and in keeping staff feeling safe.

We would also like to thank the colleagues who spoke up and provided information to support the investigation. We will always stand by and support our colleagues. Harassment, intimidation, stalking, and abuse, online or in person, will never be accepted.

As an action we are seeking to develop our own Trust wide anti-stalking policy to protect staff.

### 1.4 Chief Officer appointments to new ICB Cluster

At the end of January the new executive team for the NHS Gloucestershire and NHS Bristol, North Somerset and South Gloucestershire ICBs cluster was announced and includes:

- Chief Clinical Leadership and Delivery Officer (Nursing) – Rosi Shepherd
- Chief Clinical Leadership and Delivery Officer (Medical) – Dr Ananthakrishnan Raghuram MBE
- Chief Finance and Corporate Services Officer – Cath Leech
- Chief Population Health Improvement Officer – Dr Joanne Medhurst
- Chief Transformation, Organisational Development and People Officer – Jo Hicks
- Chief Strategic Commissioning Officer – David Jarrett

This is an important next step in the development of the new ICB as a strategic commissioner and over the coming months there will be further work on the transition including developing the structures and supporting partners on local service priorities and strategic plans to transform the NHS over the longer term in line with the 10-year health plan.

The new ICB remains fully committed to place-based working, which will be integral to supporting a greater shift to prevention and development of community services across Gloucestershire, Bristol, North Somerset and South Gloucestershire.

As further details and local plans emerge we will update the Board.

### 1.5 Organ Donation

In January 2026 the National Organ Donation Joint Working Group (ODJWG) published an extensive review of the current challenges and future opportunities for organ donation across the UK. Over 8,000 people are currently waiting for a transplant across the UK, and one person dies every day due to the shortage of available organs.

Nationally, consent and authorisation rates have fallen to 59%, down from 68% pre-pandemic, with an 18% reduction in the pool of potential donors. These trends have contributed to the highest ever number of people waiting for a transplant, highlighting the urgent need for renewed societal engagement, clearer communication, and a stronger clinical environment to support organ donation conversations.

The review concludes that although public support for organ donation remains consistently high, action does not yet match sentiment. A bold change is required, one that strengthens the national organ donation brand separate to NHS Blood and Transplant (learning from Spain and Australia), expand public education (including in schools), and simplifies the family approach during end-of-life care. The clinical recommendations focus on embedding Specialist Nurses for Organ Donation within NHS Trust, something Gloucestershire has been involved in for a number of years.

Locally, Gloucestershire is already responding to the national call for greater engagement and community awareness. In early January, the Trust launched a recruitment campaign inviting volunteers to support the work of the Gloucestershire Organ Donation Committee.

This generated an exceptional level of interest, with 17 people signing up to join the Committee, reflecting the strong local commitment to organ and tissue donation. Volunteers will support the Trust in raising awareness in schools, community groups and at public events, encouraging conversations about organ donation and promoting the gift of life.

Through our local community engagement there is a clear opportunity for the county to contribute to the wider national ambition, ensuring more people record their decision, supporting families during donation discussions, and ultimately helping to save more lives.

# 2. People, Culture and Leadership

## 2.1 Faith, Culture and Community: Ramadan, Lent and Chinese New Year

Tuesday 17 February marked the beginning of Ramadan, a sacred month observed by many of our Muslim colleagues and communities. This year is particularly notable as Ramadan aligns closely with the start of Lent, which began on Wednesday 18 February, a rare moment in which members of different faith traditions enter parallel periods of fasting, reflection and spiritual focus.

In addition, Chinese New Year also begins on 17 February, welcoming the Year of the Horse, offering another opportunity for cultural celebration and recognition across our hospitals.

To support colleagues and patients who may be fasting during this period, helpful guidance is available on our websites, included practical advice on flexibility, health considerations, and ways teams can ensure colleagues feel supported and included.

As in previous years, the Trust hosted its popular Iftar gatherings at both hospitals, bringing colleagues together to break the fast at sunset. New for 2026, we are introducing a ‘pay it forward’ initiative, enabling staff to donate the cost of an Iftar meal through the Hospitals Charity so that more colleagues can take part regardless of personal circumstances.

These overlapping cultural and spiritual occasions of Ramadan, Lent and Chinese New Year, provide a meaningful opportunity for us to reaffirm our commitment to being an inclusive, compassionate organisation. They also offer moments for shared understanding, celebration and togetherness across our diverse workforce.

# 3 Quality, Safety and Delivery

## 3.1 Home Birth

The Trust took the decision to temporarily suspend the home birth service in November 2025 following concerns raised by midwives about safety. Around the same time were a number of high-profile national cases, including a Coroner's Prevention of Future Deaths Order, following the tragic death of a mother and baby during a home birth in Manchester. NHS England then wrote to all Trusts asking them to urgently review the safety and quality of home birth provision.

Home births account for less than 2% of births (around 4-6 home births per month) in Gloucestershire and are intended for low-risk deliveries, but when complications arise, it can become unsafe for both mother and baby.

Following the decision to temporarily suspend home birth, judicial review proceedings were initiated by a number of claimants, who raised concerns about the process followed by the Trust in implementing the change. In particular, the application sought to test whether the Trust had complied with its public involvement and consultation duties when taking the decision, and whether sufficient assurance had been provided regarding plans for the safe reinstatement of the service.

There is a provision in legislation that allows NHS organisations to change or suspend a service, without allowing time for consultation with the relevant local authority, where they are genuinely satisfied there is an imminent risk to the safety or welfare of patients or staff. This is outlined in Section 23(2) of The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

The judicial review applications against the Trust has now been withdrawn for the time being pending further information and engagement requested by the claimants. We continue to explore all avenues for how to reinstate the service in a way that is safe for women, babies and our staff.

## 3.2 Bone cement supply disruption

In mid-February there was significant national and global supply disruption of specific bone cement products manufactured by Heraeus Medical. Initially, the disruption was expected to cause delays to elective joint replacement procedures for some weeks and some elective procedures have already been postponed as a result. However, alternative supply arrangements are now emerging and appear promising, meaning that the overall level of disruption may be more limited than first anticipated.

Bone cement is a critical component in both trauma and elective orthopaedic procedures, particularly hip and knee replacements and complex revision surgery. National clinical guidance has required remaining stock to be prioritised for patients with the most urgent clinical need, including hip fracture trauma, urgent cancer-related orthopaedic surgery, infected joints and complex revision procedures that cannot safely be delayed. Urgent and emergency procedures continue to be prioritised.

As a result, a total of 78 planned operations were postponed and are now being rescheduled. Our surgical teams continue to review cases and have been contacting patients, to keep them informed and plan next steps. Urgent and emergency care continued as normal, and other planned operations and outpatient activity outside orthopaedics were not been affected.

### 3.3 New service development - Robotic Waterjet Ablation, Urology Care

The Trust has continued to advance its urology services, based at Cheltenham General Hospital, through the use of robotically-assisted Aquablation therapy, a heat-free, high-precision surgical technique for treating benign prostatic hyperplasia (BPH).

The AquaBeam Robotic System employs a high-pressure waterjet guided by real-time imaging and planning software, enabling targeted removal of prostate tissue while preserving continence and sexual function. This minimally invasive approach offers predictable procedure timings, shorter recovery periods and a safer alternative to traditional methods, which can involve greater variability and higher risk of complications.

In December 2025, the Trust achieved a UK first by successfully treating seven patients in a single operating session, all as day cases. This demonstrates both the efficiency and scalability of the technology, supporting the Trust's ongoing efforts to manage waiting lists and improve elective throughput.

The expansion of Aquablation capability reflects the Trust's ambition in innovative urological care. The ability to deliver multiple high-quality procedures in a single session, combined with opportunities for surgical training, strengthens the Trust's work in minimally invasive treatment pathways and contributes to improved outcomes and patient experience

## 4 Regulatory

### 4.1 CQC Well-led inspection

Between 10 and 12 February, the Care Quality Commission (CQC) undertook a Trust-wide Well-Led inspection, as part of the new Single Assessment Framework. This formed the first full assessment of our Well-Led domain since 2022 and the updated national approach came into effect.

The inspection focused on leadership, governance, culture, risk management and the extent to which the organisation demonstrates safe, inclusive and compassionate leadership from *ward to Board*. Preparation for this visit was coordinated through the Integrated Governance Team, with Divisions completing detailed self-assessments, evidence collation and interview preparation.

The feedback from CQC provided early insights, reflecting strong engagement from colleagues and examples of improvement work, including stabilising leadership, resetting culture, strengthening governance and improving operational resilience.

They also highlighted areas where the Trust needs to better articulate impact, strengthen cross-divisional working, and demonstrate how risks and learning are systematically acted upon and "closed-off." These discussions reinforced the importance of evidencing our improvement journey, particularly in relation to winter planning, operational resilience and staff experience.

The Trust is also awaiting a number of other reports, following separate CQC Inspections of maternity services at Gloucestershire Royal Hospital and Stroud Maternity Hospital in September 2025. The CQC also undertook unannounced inspections of Urgent and Emergency Care and Medical Care on 8 and 9 December 2025.

### 4.2 Proposals for local government reorganisation in Gloucestershire

The Government has launched a public consultation on the reorganisation of local government in Gloucestershire, following submissions made by the county's councils.

The consultation, published on 5 February 2026 and open until 26 March 2026, seeks views on proposals that aim to simplify governance arrangements and improve the efficiency, accountability and coherence of local services across the county.

Three structural options have been developed by Gloucestershire's seven councils for consideration:

- A single county-wide unitary authority, replacing the existing county and six district councils;
- An East/West two-unitary model, splitting the county into East Gloucestershire (Cheltenham, Tewkesbury, Cotswolds) and West Gloucestershire (Gloucester, Forest of Dean, Stroud);
- A Greater Gloucester model, creating an expanded Gloucester City unitary with a second authority covering the rest of the county.

The reforms sit within the Government's broader devolution plans, which aim to streamline two-tier areas of England and ultimately create a more standardised landscape of principal unitary authorities working alongside regional mayoral structures.

More information and how to respond to the proposals can be found on the County Council website: Proposals for local government reorganisation in Gloucestershire

As a consultee we have formally been asked to respond to the consultation which is in process, and aligns with the previous submission for health indicating a preference for a single unitary model.

**Kevin McNamara**
**Chief Executive**

Gloucestershire Hospitals
NHS Foundation Trust

# Report to Council of Governors

| | |
|---|---|
| **Date of Meeting** | 5 March 2026 |
| **Report title** | Contact a Governor & Governor's Log |
| **Sponsoring Director /Author** | Lisa Evans, Deputy Trust Secretary |

| **Purpose (confirm the appropriate box)** | | | |
|---|---|---|---|
| **For approval** | **For discussion** | **For information** | **For Assurance** |
| | | ✓ | ✓ |

| **Executive Summary** | |
|---|---|
| This report updates the Council of Governors on the themes raised via the Governors Log and the Contact a Governor processes since the last meeting of the Council of Governors held in December<br>.<br><u>Key issues to note</u><br>Both the Governor's Log and the Contact a Governor Logs are available to view at any time within the Governor Resource Centre on Admin Control. | |
| Previously considered by | N/A |

| **Recommendations:** |
|---|
| Governors are asked to note the report. |

| **Strategic Aims** (tick as appropriate) | |
|---|---|
| **Patient experience and voice** | ✓ |
| **People, culture and leadership** | ✓ |

| | |
|---|---|
| **Quality, safety and delivery** | ✓ |
| **Digital first** | ✓ |

| **Impact on any Strategic Risks?** |
|---|
| N/A |

| Enclosures |
|---|
| 11.1 - Governor's Log<br>11.2 - Contact a Governor Log |
| FOI: Public |

| | | | |
|---|---|---|---|
| **REF** | 01/26 | **STATUS** | CLOSED |
| **SUBMITTED** | 09/01/2026 | **ACKNOWLEDGED** | 12/01/2026 |
| **DEADLINE** | 23/01/2026 | **RESPONDED** | 26/01/2026 |
| **GOVERNOR** | Mike Ellis | | |
| **LEAD** | Al Sheward | | |
| **THEME** | Breast Cancer referrals | | |

**QUESTION**

I have just read the Gloucestershire Primary Care Weekly Bulletin and see that Primary Care colleagues are being advised that there are delays in processing suspected breast cancer referrals. These referrals have been processed within 2weeks, but colleagues and therefore patients are now advised that the local window has extended to 3-4weeks, because of “staffing challenges and equipment failures”.
Can you provide more details of the reasons for these delays, and advise what actions are being taken to restore the breast cancer assessment to the old 2-week target?

Many thanks

**ANSWER**

Thank you for raising this important question and for highlighting the information shared in the Gloucestershire Primary Care Weekly Bulletin.
We recognise how concerning any delay can feel for patients who are referred with a possible diagnosis of breast cancer, and we want to reassure you that this matter is being taken very seriously.

Historically, suspected breast cancer referrals in Gloucestershire have been assessed within two weeks. More recently, however, there have been occasions where assessment has taken longer, and Primary Care colleagues have been advised that the local timeframe may extend to around three to four weeks.

These delays have arisen for two main reasons. Firstly, the breast imaging and assessment services have experienced staffing challenges, including short term absences and vacancies in highly specialised roles that are difficult to fill quickly. Secondly, there have been intermittent equipment issues affecting imaging capacity, which have temporarily reduced the number of appointments that can be offered each day. When these factors occur at the same time, they can create pressure on the service and lead to longer waiting times.

Despite these challenges, it is important to emphasise that all referrals continue to be clinically reviewed and prioritised. Patients with more urgent clinical needs are fast tracked, and no referrals are left unchecked.

A number of actions are already underway to restore performance to the two-week standard as quickly and safely as possible. These include:

- Using additional clinical sessions and temporary staffing where available to increase assessment capacity
- Working closely with equipment suppliers to improve reliability and reduce the risk of further disruption
- Reviewing referral pathways and clinic processes to ensure appointments are used as efficiently as possible
- Ongoing monitoring of waiting times at senior level, with escalation where delays begin to increase

We are also working closely with Primary Care colleagues to keep them updated so that patients receive clear and consistent information. On Thursday the 22nd of January we received a new ultrasound machine which wasn't expected until late Feb. This has resulted in us revising our planned recovery, being able to treat more patients sooner.
We fully understand the anxiety that waiting can cause, and we are committed to returning breast cancer assessment times to previous levels as soon as practicable. We anticipate this to be achievable by July 2026. Thank you for bringing this to our attention and for your continued interest in the quality and safety of local NHS services.

| | | | |
|---|---|---|---|
| **REF** | 1 | **STATUS** | **CLOSED** |
| **SUBMITTED** | 22 January 2026 | **ACKNOWLEDGED** | 22 January 2026 |
| **DEADLINE** | 5 February 2026 | **RESPONDED** | N/A |
| **SHARED WITH GOVERNOR/S** | 22 January 2026 | | |
| **GOVERNOR/S** | Fiona Hodder, Emma Mawby | | |
| **LEAD** | PALs | | |
| **THEME** | Orthotics Department | | |
| **QUESTION** | | | |
| We received correspondence through the Contact a Governor process regarding the inability to contact the Orthotics Department at Gloucestershire Royal Hospital by telephone, highlighting chronic understaffing, its impact on staff, and the significant distress this causes patients - particularly autistic patients, who are unable to manage or rearrange appointments. | | | |
| **ANSWER** | | | |
| This was passed to the PALS team who responded to the member of the public who raised the concern. | | | |

# 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 | | 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 Priorities<br>• *Staff Race EDI (WRES) Presentation*<br>• Health Inequalities<br>• Patient Experience | Suzi Cro, Debra Ritspiris *Maria Smith, Sheema Rahman, Katherine Holland* | | x | | | |
| 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 | | x | | | |
| 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 |

| Item | Owner(s) or function | March | June | September | December | March |
|---|---|---|---|---|---|---|
| Update on the Patient Portal work | Llinos Williams (date to be agreed) | | | | | |
| 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, Katherine Holland | x | | |
| Risk Update | Kerry Rogers / Lee Troake | | x | |
| | | | | |