

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

Council of Governors Public Meeting

14.30, Thursday 4 June 2026

Lecture Hall, Sandford Education Centre, Cheltenham General Hospital

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 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: <i>Quorum: Two thirds of the Governors in post (Thirteen)</i>			14.30
2	Declarations of interest			
3	Minutes of meeting held on 4 December 2025 <ul style="list-style-type: none"> Notes of the inquorate meeting held on 5 March 2026 	Approval Note	Yes	
4	Matters arising	Information	No	
5	Chair's update <i>Deborah Evans, Chair</i>	Information	Yes	14.35
6	Chief Executive's Briefing <i>Kevin McNamara, Chief Executive</i>	Information	Yes	14.45
7	Governance <i>Sarah Favell, Trust Secretary</i> <ul style="list-style-type: none"> Non-Executive Director Appraisals Non-Executive Director Appointments Governor Election and Constitutional Amendments Notice of AMM/AGM 	Assurance	Yes	15.00
8	Quality Priorities for 2026/27 <i>Suzie Cro, Director of Quality Governance and Debra Ritsperis, Head of Quality</i> <ul style="list-style-type: none"> Staff Race EDI Presentation <i>Maria Smith, Associate Director for Organisational and People Development</i> Health Inequalities <i>Sheema Rahman, Head of Health Inequalities and Healthy Hospitals</i> Patient Experience <i>Katherine Holland, Head of Patient Experience</i> 	Assurance	Yes Presentation Presentation Presentation	15.20
Break (10 minutes)				15.50
9	Medium Term Plan <i>Will Cleary Gray, Director of Improvement Delivery</i>	Assurance	Presentation	16.00
10	Non-Executive Director updates: <ul style="list-style-type: none"> <i>Report from Marie-Annick Gournet</i> 	Assurance & Information	Yes	16.15
11	Feedback on the Governor Visits <i>Alan Dyke, Lead Nurse for Accreditation and regulation</i>	Assurance	Yes	16.35
12	Update from the Young Influencers <i>Talitha Blake, Young Influencers Project Lead</i>	Information	Presentation	16.45

13	Any other business			16.55
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INFORMATION ITEMS

14	Governor's Log and Contact a Governor	Information	Yes
15	Council of Governors Work Plan	Information	Yes

Close by 17.00

Date of next meeting: Thursday 3 September at 2pm (Redwood Education Centre)

Date	Time	Details
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	June	September	December	March
A Holder	Green	Green	Green	Orange
B Pellissery	Orange	Orange	Green	Orange
A Pandor	Green	Green	Green	Green
B Armstrong	Green	Orange	Green	Orange
F Hodder	Green	Green	Green	Green
H Bown	Green	Orange	Green	Green
D Butler	Green	Green	Green	Orange
I Crow	Green	Orange	Orange	Green
M Ellis	Green	Green	Green	Green
O Warner	Green	Orange	Green	Green
P Eagle	Green	Green	Black	Black
P Mitchener	Green	Green	Black	Black
S Bostock	Orange	Orange	Green	Green
R Peek	Orange	Green	Green	Green
E Mawby	Green	Orange	Green	Green
A Naylor	Orange	Black	Black	Black
D Balkwill	Orange	Green	Green	Green
Gwyn Morris	Black	Black	Green	Orange
Nicola Hayward	Black	Black	Green	Green
Kate Usmar	Black	Orange	Green	Orange
Angharad Watson	Black	Black	Green	Green

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST
Minutes of the Council of Governors - Public Meeting
16.00, Tuesday 4 December 2025
On Teams

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-Gournet 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	
1	Apologies Apologies were noted as above.	
2	Declarations of Interest	

	There were no interests declared.
3	<p>Minutes of meeting held on 19 June 2024</p> <p>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.</p>
4	<p>Matters arising</p> <p>The updates to actions were noted.</p>
5	<p>Chairs Update</p> <p>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.</p> <p>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; a further visit was to be arranged. 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.</p> <p>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.</p>
6	<p>Update on the Patient Portal Work</p> <p>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.</p> <p>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.</p> <p>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.</p>

	<p>It was agreed that Llinos would be invited back to a future meeting to update Governors on the progress. ACTION</p>
7	<p>Chief Executive' Report</p> <p>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 pushing 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.</p> <p>The Phlebotomy strike 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 an Industrial Review 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. Errors and Finances were being monitored.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>
8	<p>Freedom to Speak Up</p> <p>Louisa Hopkins updated Governors on the progress the Trust continued to make around Freedom to Speak Up. This included:</p> <ul style="list-style-type: none"> • 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

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.

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.

The Governors noted the update and supported the ongoing work of the team in improving the speak up culture.

9 **Non-Executive Director updates:**

- ***Report from John Cappock, Chair of the Audit and Assurance Committee***

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.

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 Security.

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:

- Management accountability, with tracked actions
- Internal Audit Service (BDO)
- External Audit Service (Deloitte), who confirmed the Trust was a going concern
- Counter Fraud Service (Internal provision)

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.

	<p>Colleagues had been in contact with other NHS Trusts to look at what was being done elsewhere. Capacity issues were noted.</p> <p>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.</p> <p>A risk session for Governors would take place at a NED / Governor Development Session next year.</p>
10	<p>Trust Strategy</p> <p>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.</p> <p>Will reported that there were two new values in the strategy and important changes had 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:</p> <ul style="list-style-type: none"> • Living within our means • Estates and facilities • Research and innovation • Partnership with purpose <p>Emma Mawby asked how health inequalities, such as neurodiversity, ADHD, autism, eating disorders and gender dysphoria were being addressed. Will reported that this was not included in the strategy, 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.</p> <p>Angharad Watson raised some concern about the digital ambition, asking if patients would care about it. Kevin McNamara reported that this Trust was rated highly around digital, he noted that it linked to the Brilliant Basics, and it impacted on staff and the organisation.</p>
11	<p>Medium Term Plan</p> <p>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 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.</p>

	<p>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.</p> <p>Karen reported that this plan represented the old operational planning requirement but over a longer period; this was welcomed. Assurance on the plans would now be sought at Board, 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.</p>
12	<p>Staff Survey – Impact of Interventions</p> <p>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.</p> <p>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.</p> <p>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 crisis, who needed support.</p> <p>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, contained something about 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.</p> <p>The Chair reported that on her recent night visit to the tower block, the previous policy of corridor care was highlighted; the importance of listening to staff was noted.</p>
13	<p>Engagement Policy</p> <p>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.</p>

	<p>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 anticipated 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.</p> <p>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.</p> <p>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 engagement and the opportunities for Governors in that space.</p> <p>The Council of Governors APPROVED the Engagement Policy.</p>
14	<p>Non-Executive Director / Governor Visits 2026</p> <p>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.</p>
15	<p>Any other business</p> <p>There was no further business for discussion.</p>
Close 18.45	

Actions/Decisions				
Item	Action	Lead	Due Date	Update
December 2025				
06	It was agreed that Llinos would be invited back to a future meeting to update Governors on the progress.	LE / LW	March	An update will be brought to the Committee in September. CLOSED

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST
Notes of the inquorate Council of Governors - Public Meeting
14.00, Thursday 5 March 2025
On Teams

Present	Deborah Evans	Trust Chair (Chair)
	Deborah Balkwill	Public Governor, Stroud
	Samantha Bostock	Staff Governor, Allied Health Professionals
	Helen Bown	Appointed Governor, Age UK Gloucestershire
	Ian Crow	Public Governor, Tewkesbury
	Mike Ellis	Public Governor, Cheltenham
	Fiona Hodder	Public Governor, Gloucester
	Emma Mawby	Public Governor, Gloucester
	Asma Pandor	Staff Governor, Nursing/Midwifery Staff
	Russell Peek	Staff Governor, Medical/Dental Staff
	Olly Warner	Staff Governor, Other/Non-Clinical Staff
	Angharad Watson	Public Governor, Forest of Dean
	Attending	Debs Andrew
Vareta Bryan		Non-Executive Director
Lisa Evans		Deputy Trust Secretary
Sarah Favell		Trust Secretary
Marie Annick Gournet		Non-Executive Director
Millie Holmes		Corporate Governance Assistant
Raj Kakar Clayton		Associate Non-Executive Director
Kaye Law Fox		Chair of GMS and Associate Non-Executive Director
Kevin McNamara		Chief Executive
Sally Moyle		Non-Executive Director
John Noble		Non-Executive Director
Kerry Rogers		Director of Integrated Governance
Apologies		Bryony Armstrong
	Nicola Hayward	Public Governor, Cheltenham
	Andrea Holder	Public Governor, Tewkesbury
	Gwyn Morris	Public Governor, Stroud
	Bilgy Pelissary	Staff Governor, Nursing/Midwifery Staff
	Kate Usmar	Appointed Governor, Gloucestershire County Council
	John Cappock	Non-Executive Director
	Andrew Champness	Associate Non-Executive Director
Shawn Smith	Non-Executive Director	
Ref	Item	
1	Apologies Apologies were noted as above.	
2	Declarations of Interest There were no interests declared.	
3	Minutes of the meeting held on 4 December 2025 The minutes of the meeting held on 4 December were noted as an accurate record.	
4	Matters arising	

	<p>The updates to actions were noted.</p>
<p>5</p>	<p>Chairs Update</p> <p>The Governors received the update report from the Chair of the Trust describing activities since the last Council of Governors meeting in December 2025, this was taken as read.</p> <p>The Chair discussed the future role for Governors, noting that the Governor Working Group had agreed that the value of governor’s contribution was in public and community engagement and in hearing and reflecting patient experience. It was noted that from April, Governors would no longer observe Board Committees.</p> <p>Deborah Balkwell noted that the 10-year plan stated that Trusts would transition toward being Advanced Trusts, she asked which Trusts were likely to become Advanced. The Chair reported that likely criterion would include financial sustainability, along with other performance measures. The Governors noted that Trusts would be considered in segments and this Trust was in segment 1. The Board had not yet held a discussion about ambition and there was no guidance yet on what would happen to Trusts who did not become Advanced Trusts.</p> <p>The Chair reported that it was clear from conversations in the NHS Providers Chairs Group, that many other Trusts were proposing to reshape the role of governors. It was noted that other Trusts were also having difficulties with quoracy and in ratifying decisions.</p> <p>Governors noted that the Maternity and Neo Natal Voices Partnership had been relaunched. The partnership engaged with women, birthing people and families on the Trust’s services and was a very welcome vehicle for co-production. Vareta Bryan reported that the new Maternity team was embedding; she had been participating in patient safety walkabouts and had attended the unit more often while the Director of Midwifery post was vacant.</p> <p>The Chair reported on the CQC Well Led visit which had taken place the previous month. Deborah thanked the Governors involved for providing feedback to the visiting team. She also thanked the Executive, the Divisional leaders, contributing colleagues and the corporate governance team. It was noted that it could be up to six months before the draft report was received.</p>
<p>6</p>	<p>Chief Executive’ Report</p> <p>This month marked the end of Gloucestershire Integrated Care Board. Chief Officer Appointments were outlined and the Council noted that the new arrangements would mean communications with colleagues across a larger area. Helen Bown asked if this Trust would be missing out on anything in the new arrangements. Kevin McNamara reported that the Trust was mindful of the risks, and opportunities of the larger system. Local Authority colleagues were also mindful of the risks and there would be a need to maintain strong local working arrangements. The Integrated Care Board had been clear that they were no longer in the transformation business and discussions were taking place with Gloucestershire Health and Care NHS Foundation Trust and the GP Partnership. Collaborative goals would include frailty, Mental Health and Urgent and Emergency Care, however the trust was in a good position on the national rankings.</p>

	<p>Kevin updated the Council on the Baroness Amos review of maternity. The visit had taken place in December, with staff interviewed in January and February and the interim report was published at the end of the previous month. Themes included capacity, safe staffing, inconsistencies in culture, examples of poor teamwork, cultures of blame and fear, variable leadership capability and a failure to address unacceptable behaviour. These issues contributed to low morale, burnout and reduced staff wellbeing. There was significant concern about the high levels of racism and discrimination. In response to a question from Deborah Balkwell, Kevin reported that there was no detail yet about what would be included in the localised report. It was anticipated that this would be received around July, at the same time as the full national report.</p> <p>Max Wilkinson, the MP for Cheltenham had visited the Trust; he was interested in the Aveta Birth Centre. Kevin reported that a meeting had taken place to consider what was needed to open the centre safely. A further update would be provided at a future meeting.</p> <p>The proposals for local government reorganisation in Gloucestershire were also discussed. These would have a bearing for healthcare across the county. The consultation was now open and Kevin noted that working with one authority across the County would be helpful to the Trust, however some local authorities had different views.</p> <p>Fire Safety work at the tower continued. The Trust was in receipt of enforcement notices from the fire service which were being worked through. Emma Mawby asked when this work was likely to be completed. Kevin reported that to complete all work would take 4 to 5 years, he added that one ward had now been emptied so there was space to undertake the work. Discussions were taking place with Building Safety Regulators. Kevin suggested that the Governors may wish to hear from Al Sheward as Executive Lead. ACTION</p> <p>The phlebotomy industrial action continued. Productive conversations took place in November and options to be balloted on, were shaped by the phlebotomists and unison. However, the ballot was boycotted by the phlebotomists and additional requests of the Trust were made; Kevin reported that the trust had made reasonable and positive offers. Mike Ellis asked about next steps and Kevin reported that the Trust was signed up to the National Job Evaluation Panel. He noted that the trust was being asked to introduce Band 3 roles with no proper process which would bring obvious consequences of fairness across the Trust and further. Kevin felt that the panel brought the most realistic prospect of closure.</p> <p>Kevin updated on the recent CQC Well Led Inspection. The CQC feedback received verbally had been mainly positive. The Infection, Prevention and Control Team were highlighted as an area of strength. Work on sustainability and partnership working were also positives, progress since the last inspection on culture was noted. Strategy work needed to be embedded and the need for strong leadership on the estate was noted. Mike Ellis noted that inspection felt better organised this time and Kevin noted the good work of colleagues in Corporate Governance.</p>
7	<p>Any other business</p> <p>There was no further business for discussion.</p>
8	<p>Governor's Log and Contact a Governor</p> <p>The Governor's Log and Contact a Governor Log were noted.</p>

9	<p>Council of Governors Work Plan</p> <p>The Council of Governors Work Plan was noted.</p>
Close 14:40	

Actions/Decisions				
Item	Action	Lead	Due Date	Update
March 2026				
06	<p>Chief Executives Report</p> <p>Al Sheward to be invited to provide an update to a future Council of Governors on the Fire Safety works at the tower.</p>	AS	June	Al has confirmed that he will provide an update at the December meeting. Item is scheduled on the Work Plan. CLOSED
December 2025				
06	<p>Update on the Patient Portal Work</p> <p>It was agreed that Llinos would be invited back to a future meeting to update Governors on the progress.</p>	LE / LW	March	Llinos has confirmed that an update to the Council will be provided at the September meeting. Scheduled on the Work Plan. CLOSED





Report to Council of Governors

Date of Meeting	4 June 2025
Report title	Chair's Report
Sponsoring Director/Author	Deborah Evans, Trust Chair

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

Executive Summary	
This report gives an update on the activities of the Trust Chair since the last Council of Governors meeting which took place on 5 March 2026.	
Previously considered by	N/A

Recommendations:
<i>The Council are asked to NOTE this report.</i>

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

Implications on:

Equality, Diversity and Inclusion

✓

Health Inequalities

✓

Finance and Resource

Regulation/Legal

CQC-Key line of enquiry

Green Plan

Main Report

1. Purpose

This is my report on my activities as Chair since the March Council of Governors.

2. The role of the Governors

This Trust has enjoyed a good relationship with our governors over several years and we very much value their input. Over the last few months, we have been engaging with our Council of Governors on reshaping their roles towards patient and colleague experience so that we don't lose their contributions and to create the best fit with the Trust's strategy and its delivery plans.

Colleagues will have noted that the Kings Speech included the legislation which will abolish Councils of Governors.

We are now paying attention to managing the transition, as evidenced by the current, mutually agreed changes to the Trust constitution to change quoracy requirement to support important decisions such as Non-Executive Director appointments and ensuring that we have the required number of staff governors. At the same time our colleagues in local government are developing a range of scenarios for local government reform which is timetabled to be in shadow form from April 2027 and to go live from April 2028. It is not known what the Ministerial decision will be on Unitary Authorities for Gloucestershire, but the preferred option will remove the six current districts, thereby undermining the current basis for public governors.

3. Non-Executive Director changes

Council of Governors will wish to note that Andy Champness resigned his Associate Non-Executive position after one year for personal reasons.

We welcome Jaki Meekings Davis back after her short sabbatical. She will resume as Chair of Finance and Resources Committee and will attend the Charitable Funds Committee and the Audit and Assurance Committee.

4. The changing role of Integrated Care Boards and the Regional Tier

The Integrated Care Boards for Gloucestershire and Bristol, North Somerset and South Gloucestershire are now working as a “cluster” with merger expected from April 2027. The governance structure includes Committee and Board meetings in common, a single executive and one cadre of non-executive directors. As appointments are made below Executive level, it is expected that there will be a “Place Director” for Gloucestershire with a team based here. The Regional Chair, Dame Gill Morgan has held two meetings for South West chairs. One was specifically to consider the position regarding Councils of Governors and was attended by colleagues from the NHS Alliance. The other was the first in a series of regular meetings for chairs to exchange good practice.

5. My visits

Since the last Board meeting in March, my visits have included:

- A visit to the chaplaincy at Cheltenham which included an inclusive concertation with our chaplains. I followed up with a meeting with our Hindu chaplains to understand their religious needs in our Trust.
- An evening visit to Gloucestershire Royal Emergency Department with a specific focus on how we care for frail older people.
- Deep dive visits to surgery and subsequently to the Frailty Assessment Unit under the aegis of the Quality and Performance Committee, an innovation in our governance which seems promising
- A visit from Cameron Thomas (MP for Tewkesbury) which was stimulated by a letter of thanks from a constituent who had head and neck surgery with us. Cameron particularly appreciated his discussion with the Multi-Disciplinary Team.
- A visit to Medicine with the medical Tri (Chief of Service, Deputy Director of Quality and Nursing and Divisional Operations Director) which focussed on the Gloucestershire Royal Hospital Tower block wards. It was evident that the Medical Division are making sustained progress in service delivery, standard setting and creating a more supportive environment for colleagues.
- Quality Academy Graduation - this was as interesting as ever with frontline clinicians from a variety of departments presenting their quality improvement projects
- Phlebotomy – I have had conversations with phlebotomy colleagues on several occasions when passing the Edward Jenner department at Gloucestershire Royal. Both colleagues who took industrial action and a colleague who didn't have said that with the support of Julie Highfield, our Head of Psychology, reintegrating as a team and within the Trust has been constructive.

6. Meetings

Some highlights from the many meetings I attend included:

- Non-Executive Director appraisals. I have spent much of the last two months undertaking appraisals for our non-executives, who commit themselves to supporting and challenging us to become the best we can be for local people. In acknowledging their contribution I also want to thank everyone, and especially our governors who strengthened the value of the exercise by giving thoughtful feedback.
- Health Overview and Scrutiny Committee – where the focus was very much on the ICB's Maternity Case for Change and the Trusts proposals to create an integrated team to support Stroud midwife birth unit, home births and the re-opening of Aveta. It

is striking that the concerns of elected members centre on personalised care, rurality and geographical access; and that inequity of outcomes experienced by women from diverse ethnic communities or living in deprivation are not articulated very much. This may mean that NHS organisations need to work harder to convey the importance of these messages which are reflected in national priorities.

- Bristol, North Somerset, South Gloucestershire Chairs meeting – the first of its kind convened by Jeff Farrar, ICB chair. I have also had a one to one with Jeff.
- Meetings with Gloucestershire colleagues – now that the ICB is no longer available as a place where we meet, I am maintaining regular contact with Jane Cummings (new ICB NED) Siobhan Farmer, Director of Public Health for Gloucestershire, Graham Russell, chair of Gloucestershire Health and Care and Nicola De Longh who is chair of the University Council and others.

Enclosures: none

FOI: Public

Chief Executive Report to Council of Governors – June 2026

1 Proposed NHS Modernisation Bill

The Government has introduced the NHS Modernisation Bill, following the King's Speech on 13 May 2026. The proposals set out a significant programme of reform aimed at creating a leaner national system, strengthening local decision-making, and improving how patients are involved in their care.

Taken together, the measures signal a clear direction of travel: reducing duplication at the national level, increasing accountability to Ministers, and empowering Integrated Care Boards (ICBs) and providers to shape services around the needs of their local populations.

A central proposal is the abolition of NHS England, with its functions transferring to the Department of Health and Social Care (DHSC) and to the wider NHS system. This is intended to streamline national structures, reduce bureaucracy and strengthen democratic accountability for decision-making at a national level.

Alongside this, ICBs are expected to take on a stronger role as strategic commissioners, with additional responsibilities across primary care, dentistry, pharmacy and ophthalmology. The Bill also proposes changes to ICB governance, including greater alignment with local democratic structures and the requirement for mayoral representation, alongside a broader shift towards neighbourhood-level planning with local authority partners.

For provider organisations, including Foundation Trusts, the proposals represent a significant shift in governance. This includes removing the statutory requirement to maintain Councils of Governors and transferring a number of related functions to the Secretary of State. While this is intended to provide greater flexibility for providers to design services around local needs, it also raises important considerations about how local accountability and public voice will be maintained.

The Bill also introduces the Single Patient Record, which will bring together health and social care information into one accessible system, enabling patients to view their own records via the NHS App. This is intended to improve safety, continuity of care and patient experience, with initial rollout focused on maternity and frailty services.

There are further proposals to simplify the patient safety and experience landscape, including transferring the functions of the Health Services Safety Investigations Body into the Care Quality Commission, and embedding patient voice more directly within national and local decision-making structures.

For Governors, these changes are particularly relevant given the proposed removal of the Council of Governors model and the shifting balance between national direction and local accountability. While the intent is to empower local systems and streamline decision-making, the detailed design of these arrangements will be critical in ensuring that patient voice, community insight and effective oversight remain central to how services are planned and delivered.

As a Trust, we recognise the importance of these reforms and the opportunity they present to further strengthen partnership working across our system. We are grateful for the commitment, constructive challenge and collaborative spirit our Governors continue to bring to this work. Your insight and scrutiny are a vital part of ensuring that, as the national framework evolves, we remain focused on delivering safe, high-quality care that reflects the needs and experiences of our communities.

We will continue to monitor the Bill as it progresses through Parliament and will provide further updates as greater clarity emerges on the implications for the Trust and the role of Governors.

2 System Memorandum of Understanding to support transformation

Gloucestershire Hospitals NHS Foundation Trust has agreed a Memorandum of Understanding (MoU) with NHS Gloucestershire ICB, Gloucestershire Health and Care and the GP collaborative to deliver on the transformation priorities set out in the 5 Year Population Health and Strategic Commissioning Plan.

The areas of focus for the partnership are improving support for older people living with frailty, transforming care for people with multiple long-term conditions and expanding community mental health and crisis care for people of all ages.

The MoU reflects the ICB's shift towards strategic commissioning and a provider-led model of transformation, in which the ICB sets commissioning intentions based on population health needs and providers collaborate to redesign care in ways that best meet the needs of local communities. The partnership will also support delivery of the Neighbourhood Health Framework published by the Department of Health and Social Care and NHS England in March.

3 Review of Performance 2025-2026

During 2025/26, the Trust continued to focus on improving performance against national standards for planned hospital care and urgent and emergency care. Although the effects of the Covid-19 pandemic continued to affect waiting times and delays in discharging patients, there was clear improvement in several important areas during the year.

The Trust made significant progress in reducing the number of patients waiting a long time for planned treatment. The number of people waiting more than 52 weeks fell from 93 at the start of the year to 6 by the end of the year. Waits of more than 78 weeks were reduced to zero, and only a small number of patients were still waiting more than 65 weeks, which is important progress.

Performance against the 18-week Referral to Treatment (RTT) standard also improved steadily. This standard measures the proportion of patients who start treatment within 18 weeks of being referred. By the end of the year, performance had reached 74.5%, which was the best in the South West. This was supported by focused work to reduce the longest waits and by careful checks to make sure waiting list information was accurate.

In urgent and emergency care, performance improved over the year because of continued work to help patients move through hospital more quickly and reduce delays. Demand remained very high, with the Emergency Department seeing an average of 13,759 attendances a month, or 452 patients a day. Despite this pressure, the Trust improved several important measures linked to patient safety and timeliness of care.

By March 2026, 64.6% of patients were seen, treated, admitted or discharged within four hours in the Emergency Department. The average time spent in the department also fell by 33 minutes compared with the previous year, to 5 hours and 6 minutes and we continue to focus on improving this further to achieve the national standard of 82% of patients seen within four hours by March 2027.

The Trust also made major progress in reducing ambulance handover delays. Average time lost because of handover delays fell by 72%, and total delays reduced to 13 hours a day by the end of the year, which means the average handover time is around 22 minutes. This reflects closer working with partners across the health and care system, as well as improvements in the Trust's own processes.

Importantly, the Trust has maintained the removal of corridor care on inpatient wards, which is an important step in protecting patient dignity and safety. Although demand remains high and discharge pressures continue, the Trust has stayed focused on improving access, safety and

patients' overall experience of care. However, focus on eliminating this in the emergency department and assessment areas remains a priority.

In planned care, the Trust also made strong progress in reducing waiting lists and long waits for treatment. This reflects higher productivity, better use of straight-to-test diagnostics and new ways of working across clinical teams using digital enablers. As a result, the Trust is now performing well against national measures for improving planned care. We have seen a 7645 reduction in waiting lists over the past year and 4587 fewer patients waiting longer than 45 weeks for treatment, placing us amongst the best performing Trusts in the country when it comes to elective performance.

Diagnostic services have also been strengthened through extra investment in imaging and endoscopy. This is improving access to tests and making services more reliable. In turn, this is helping patients to get diagnosed earlier and start treatment sooner, especially for cancer care.

4 Maternity services in Gloucestershire

In November 2025 the Trust suspended the home birth service for at least six months, following safety concerns raised by our staff. Over the past six months, we have been working on plans to safely reinstate the service across the county and to reopen the midwifery led Cheltenham Birth Centre – the latter of which has been closed since 2022.

The more recent decision on Home Births and the decision on Aveta were taken in response to safety concerns and, for Home Births in particular, we recognise that the suspension of the service has meant a loss of choice and certainty for families who had planned and hoped to give birth at home for which we are sorry.

The work we have been doing to re-establish these services forms part of the wider Community Maternity Transformation Programme which aims to develop a new model for how we can meet the changing needs of women, babies and families across Gloucestershire – needs which have been carefully considered by the ICB in its recent Maternity Health Needs Assessment and Case for Change.

Our goal is to provide the degree of choice in the county that there was pre-2022 but to do so in a way that is safe and sustainable. This means we cannot view individual elements of the maternity service in isolation, and part of the Community Maternity Transformation Programme is to look at different ways to deliver this goal.

As these proposals are developed, following recent engagement with maternity colleagues in Stroud, some media coverage has been generated that suggests that Stroud Birth Unit will close under these proposals. It is important to put on record that that Stroud Maternity Hospital is not closing and there are no plans to close it. The Birth Unit remains open and will continue to be an option for midwifery-led care day and night under these proposals should they be taken forward

The changes we are seeing in terms of demand for maternity care are not unique to Gloucestershire and are replicated across the country.

As a Trust, we have a responsibility to consider how maternity services are provided for all of Gloucestershire and any proposals are being shaped by the recent Health Needs Assessment of the changing needs of women across Gloucestershire shows how demand for services and the nature of that demand have changed significantly over recent years so that we take an evidence based approach.

A critical part of our work is ensuring we have robust, sustainable staffing for our community maternity services so we can offer a full range of services across the whole of the county. Our maternity services must meet the needs of all our diverse communities, address health inequalities and support safe, personalised choice wherever possible across the whole of Gloucestershire.

There has also been positive progress in strengthening leadership within our maternity services, with the recruitment of a new Director of Midwifery, Deputy Director of Midwifery and Consultant Midwife, who take up post starting this month and on into the summer, and welcoming three new obstetricians.

5 Gloucestershire Cancer Centre

The Trust has reached a significant milestone in the development of the new Gloucestershire Cancer Centre at Cheltenham General Hospital, with the planning application being submitted at the end of March 2026.

This marks the completion of the early design phase and enables the programme to progress into the next stage of delivery. The new centre is intended to modernise facilities that are now more than 25 years old and respond to rising demand and changing patient needs across Gloucestershire and the wider region.

The proposed centre will provide a more welcoming, patient-centred environment, including modern clinical and treatment spaces, improved access to digital consultations, a dedicated support centre for patients and families, and better access to wrap-around support services. Plans also include peaceful therapeutic gardens designed to support wellbeing and recovery. Together, these improvements are intended to enhance patient experience and support better outcomes for people affected by cancer.

The project is being delivered in close partnership with Cheltenham and Gloucester Hospitals Charity through the Big Space Cancer Appeal. Thanks to the generosity of donors across Gloucestershire, £9.7 million of the £17.5 million fundraising target has already been raised, providing a strong foundation for the next phase of development. Reaching the planning stage allows the Trust to move forward with appointing a contractor and progressing detailed design work, including room layouts, interior design and the overall look and feel of the building.

Engagement with patients, staff and partners continues to play a central role in shaping the new centre. More than one thousand patients, carers and members of the public have already contributed feedback, ensuring plans reflect what matters most to those who will use the service. This approach supports the Trust's commitment to inclusive design and to delivering a modern cancer centre that meets both current and future needs.

6 Greener hand surgery transforms care for patients

The Trust has introduced a new "GreenHand" pathway for patients undergoing carpal tunnel surgery, demonstrating how care can be delivered more quickly while also reducing environmental impact. The pathway, with support from NHS Net Zero funding, redesigns the traditional patient journey, which often involved multiple outpatient appointments, diagnostic tests, theatre-based surgery and in-person follow-up visits.

Under the new model, suitable patients complete a digital questionnaire and are then invited to a one-stop clinic led by a senior clinician. At a single appointment, patients can be assessed and, where appropriate, receive their surgery on the same day under local anaesthetic in a dedicated procedure room rather than a traditional operating theatre.

The pathway also delivers significant sustainability benefits. Operating theatres are among the most energy-intensive clinical environments, using three to six times more energy than other hospital spaces.

Based on current activity, applying the GreenHand pathway to around 972 patients each year could save over 63,000kg of carbon emissions, equivalent to the annual electricity use of more than 100 homes.

7 Resident Doctors and BMA Industrial Action

The British Medical Association held further industrial action in England between 7 to 13 April 2026, which was the 15th time industrial action has taken place since March 2023. As part of the Trust's contingency planning, we reviewed all services to ensure that any disruption was kept to a minimum and that patients could continue to access care normally.

It is possible that further periods of industrial action will continue this year and we will continue to see disruption impacting patients. The British Medical Association has also notified all Trusts that they are extending the ballot for action to all consultants and specialty, associate specialist and specialist doctors (SAS doctors) and balloting will run from 11 May 2026 until 6 July 2026.

8 CQC rates Dialysis Services at Gloucestershire Royal Hospital as 'Good'

The Care Quality Commission (CQC) has rated Dialysis Services at Gloucestershire Royal Hospital as 'Good', following an inspection carried out in July 2025.

The dialysis service is provided by Diaverum Facilities Management Limited, working in partnership with Gloucestershire Hospitals NHS Foundation Trust.

The full CQC report is available on the CQC website. [Dialysis Services](#)

In terms of the inspection reports still due to be shared with the Trust by the CQC following previous inspections, we continue to wait for the Maternity inspection from September 2025, the Urgent and Emergency Care and Medicine inspections from December 2025 and the more recent Well Led inspection from February 2026.

Kevin McNamara
Chief Executive

Quality Priorities 2026/27

Council of Governors Meeting 4 June 2026

Suzie Cro – Director of Quality Governance
Debra Ritsperis – Head of Quality

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

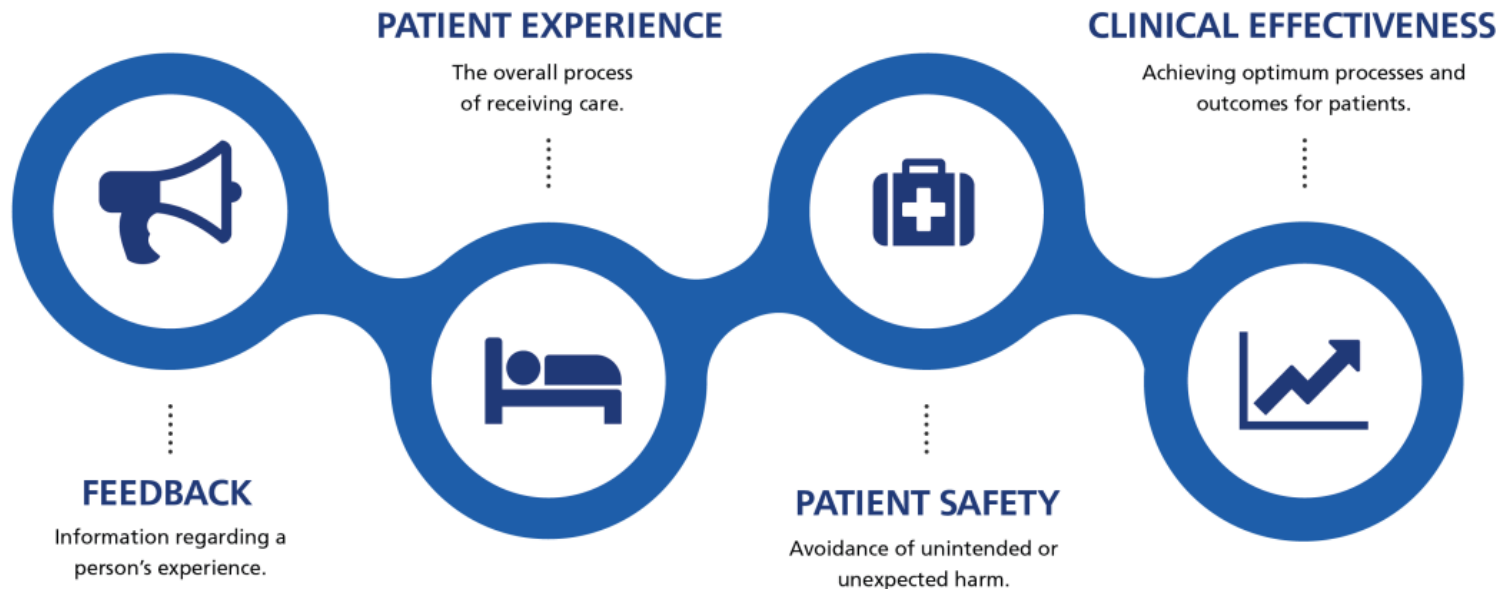
We build on our research and innovation to find the care for tomorrow's generation



Partnerships with purpose

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

Quality Governance Transformation



Patient Experience and Voice - Three strategic areas of focus

- 1. Co-designed care:** Use co-design and lived experience partners so patients, carers, communities and professionals shape pathways as equal partners, with clear input to planning, redesign and governance decisions.
- 2. Responsive feedback systems:** Make feedback accessible and inclusive, analysed through triangulation and dashboards, and acted upon through agreed governance, with “You said, we did” updates and a clear reporting cadence.
- 3. Digital transformation:** Use inclusive digital tools (NHS App and other platforms) to improve communication and capture patient voice and experience, enabling more personalised care, with measures and reporting to show adoption, experience and equity of access.

Quality Priority 1 - Strengthening Patient Experience, Voice and Learning

- **Aim**

To ensure patient experience and feedback are at the centre of service improvement, with clear evidence that learning leads to meaningful change.

- **How we will deliver this**

- Strengthen systems for capturing and analysing patient feedback, complaints and concerns.
- Expand co-designed care approaches involving patients and carers. (Pt Safety Partners & Deterioration/EoL, Martha's Rule)
- Improve visibility of learning through "You said, we did" actions.

- **Measures of success**

- Improvement in National Patient Survey results and local patient experience metrics.
- Timeliness and quality of responses to complaints and concerns.
- Demonstrable service improvements resulting from patient feedback.
- Improved staff confidence in responding to and learning from patient experience.

Quality Priority 2 - Improving Timeliness and Reliability of Care

- **Aim**
To ensure patients receive timely, coordinated and responsive care across planned, urgent, cancer and maternity services, reducing avoidable waits and delays that impact on outcomes and experience.
- **How we will deliver this**
- Improve pathway design and flow across planned, urgent and cancer care.
- Expand ambulatory and same-day emergency care models.
- Strengthen coordination across maternity pathways, including triage and community services.
- **Measures of success**
- Performance against national access standards:
 - Referral to Treatment (RTT)
 - Faster Diagnostic Standard (28-day cancer diagnosis)
 - Emergency Care standards
 - Maternity access and responsiveness indicators
- Reduction in long waits for diagnosis and treatment.
- Improvement in patient-reported experience of waiting times.

Quality Priority 3 - Reducing Inequalities in Access, Experience and Outcomes

7

- **Aim**

To reduce unwarranted variation in access, experience and outcomes by embedding equity into service design and delivery, ensuring fair access to care for all population groups.

- **How we will deliver this**

- Use population health and equality data to identify priority cohorts and pathways.
- Introduce or strengthen targeted access arrangements for vulnerable groups.
- Monitor outcomes and experience across protected and disadvantaged groups.

- **Measures of success**

- Reduction in variation in waiting times and outcomes between population groups.
- Improved access and experience measures for identified vulnerable cohorts.
- Evidence of equity considerations embedded in service and pathway redesign.

Quality Priority 4- Embedding a Quality Management System ⁸

- **Aim**

To embed a consistent quality management system across the Trust, strengthening quality planning, improvement, control and assurance at all levels.

- **How we will deliver this**

- Set and monitor annual quality priorities through the Quality Account.
- Improve alignment between quality improvement activity, performance reporting and Board assurance.
- Strengthen governance processes for quality risk escalation and assurance.

- **Measures of success**

- Clear Board-level oversight of quality priorities and assurance (audits/attendance)
- Improved consistency in quality reporting across divisions and services.
- Evidence of systematic quality improvement linked to strategic priorities.
- Improved triangulation of quality data for assurance purposes.

Quality Priority 5 - Improving Safety through Staffing, Culture and Speaking Up ⁹

- **Aim**

To improve patient safety by ensuring safe staffing, supporting a just and open culture, and strengthening systems for raising and responding to concerns.

- **How we will deliver this**

- Improve assurance around safe staffing and skill mix.
- Strengthen incident reporting, learning and feedback loops.
- Promote psychological safety and encourage speaking up.

- **Measures of success**

- Improved patient safety metrics and reduction in avoidable harm.
- Increased reporting of incidents and concerns, with timely learning and action.
- Staff survey results relating to safety culture and confidence to raise concerns.
- Evidence of sustained improvement in safety-critical areas.

Restorative practice

- **Why it matters** — Builds a respectful, learning culture and resolves issues early.
- **Progress to date** — **12** staff trained; community of practice active.
- **Next 6–12 months** — Train more staff over the next year.
- **Governance / assurance** — Progress monitored through routine reporting.

RESTORATIVE PRACTICE

Restorative Practice fosters positive relationships, resolves conflicts, and repairs harm through open communication, accountability, and understanding.

Questions

- 1** WHAT HAPPENED?
- 2** WHAT WERE YOU THINKING ABOUT AT THE TIME?
- 3** WHAT WERE YOUR THOUGHTS SINCE THE INCIDENT?
- 4** WHO HAS BEEN AFFECTED BY THIS? AND HOW?
- 5** HOW COULD THINGS HAVE BEEN DONE DIFFERENTLY?
- 6** WHAT DO YOU NEED TO DO TO MAKE THINGS RIGHT?

Thank you

Marie- Annick Gournet

Non-Executive Director
Chair of People and
Organisational
Development

A little bit about me...

Academic with over 30 years experience in UK Higher Education Institutions.

Doctorate from the University of Bristol in Comparative literature from the Caribbean

Associate Pro-vice Chancellor Reparative and civic Futures

Born in Guadeloupe, brought up in France, living in the UK since 1989

Longest serving NED - 1st Associate NED in the Trust.

Chair of People and OD since June 2025 (From Charitable Trust Committee).

F2SU NED

Global Majority Ned link



Key areas of people and OD committee

Workforce
Strategy &
Planning

Leadership and
Culture
Development

Equality/Equity,
Diversity and
Inclusion

Learning
Development
and Talent

HR Capability
and Workforce
policies

Staff
engagement

Freedom to
Speak - Up
oversight

Governance and
Assurance

P&OD

Strengths

- Cultural programme - Leadership tone improving
- Growing staff engagement (recent blip)
- Investment in leadership capability
- Strengthen FTSU function
- Clearer EDI Structure
- Staff Network (four)

Challenges

- Inconsistent leadership behaviours
- Variable managerial capability
- Slow EDI Impact – ownership remains centralized
- Uneven accountability on long case timelines
- Mixed Exec. Visibility
- Psychological safety still fragile

Balancing act!



Strengths

- Cultural programme - Leadership tone improving
- Growing staff engagement (recent blip)
- Investment in leadership capability
- Strengthen FTSU function
- Clearer EDI Structure
- Staff Network (four)

Challenges

- Inconsistent leadership behaviours
- Variable managerial capability
- Slow EDI Impact – ownership remains centralized
- Uneven accountability on long case timelines
- Mixed Exec. Visibility
- Psychological safety still fragile



Overall message

The POD Committee is overseeing meaningful cultural and leadership progress, but **inconsistency in behaviours, accountability and capability remains the primary barrier to sustained improvement.**

Strengthening middle-management capability, embedding values, and accelerating EDI impact are critical next-phase priorities.



My objectives

- Drive Assurance on equalities actions: seek clear evidence of progress on anti-racist policy, consultant appointment, WRES/DES and inclusion Network support (ensure leadership across all protected characteristics)
- Support HR capability uplift : work with Faye, Debbie and the incoming CPO to strengthen HR skills and embed good practice.
- Drive improved assurance in succession planning actions and career pathways across the Trust
- Continue as Link NED for F2SU and Global Majority Network





Report to Committee of Governors

Date of Meeting	4 June 2026
Report title	Governor/NED Visits Update
Sponsoring Director/Author	Alan Dyke, Lead Nurse for Accreditation and Regulation

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

Executive Summary	
<p>Alert:</p> <ul style="list-style-type: none"> Services are recognised in places to be working in areas requiring significant investment. <p>Advise:</p> <ul style="list-style-type: none"> Services recognised an increased demand and pressure on services. Some teams identified concerns regarding the alignment of services between the trust and ICB, whilst some identified the opportunities this work posed. Some services are identified as having complex process including those yet to be fully digital. <p>Assure</p> <ul style="list-style-type: none"> Staff are identified as being dedicated, kind and caring. <p>Applaud</p> <ul style="list-style-type: none"> Governors and NED's for supporting the visits which are valued by teams. 	
Previously considered by	NA

Recommendations:
<i>Recognise potential for interruption due to role changes.</i>

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

Impact on any Strategic Risks?
NA

Implications on:	
Equality, Diversity and Inclusion	Importance of inclusion of all staff groups and patients on visiting departments.
Health Inequalities	Health inequalities considered during visit
Finance and resource	Resource issues versus demand issues identified.
Regulation/Legal	In line with regulatory framework.
CQC-Key line of enquiry	Safe, Caring, Effective, well led.
Green Plan	NA

Main Report
<p>1. Purpose</p> <p>The Governors and Non-Executive Directors (NEDs) attend monthly visits to both clinical and non-clinical areas of the trust. This report provides oversight of the activity and any relevant available feedback.</p> <p>2. Background</p> <p>Visits were reintroduced in 2023 following a pause during the pandemic. Attendance at departments is coordinated by the Corporate Governance team and supported by the author. Visits take place in all divisions including Corporate and Gloucestershire Managed</p>

Services. 2026 visits commenced in January 2026 and are scheduled to continue until the end of the year.

3. Current Position

Between January 2026 and May 2026 Visits have taken place to:

- 30th January Domestic and Sterile Services. (GMS)
- 18th February Renal Ward/Dialysis. (Medical Division)
- 30th March Continence services. (Surgery)
- 5th May Stroud Maternity. (Women's and Children)

4. Themed Feedback from visits which has been returned.

4.1 Increasing Demand and Service Pressures

Across several visits, Governors and NEDs observed growing demand for services and pressure on capacity:

- Rising and projected increases in demand were particularly evident in Heart Failure Services.
- Waiting times and backlog pressures were noted within the Continence Service.
- In some areas, there appeared to be a mismatch between service configuration and actual activity levels, such as Stroud Maternity.
- Some services appeared highly dependent on small numbers of key individuals, raising concerns about resilience.
- Staffing gaps and administrative constraints were evident in several areas, including Continence and Facilities teams.
- Recruitment challenges for specialist roles were noted in Ophthalmology.

There is a consistent perception that demand is increasing and may not yet be fully aligned with current service models. While staff were consistently described as dedicated and motivated, there is a perception of fragility in some services due to workforce pressures.

4.2. Estate and Environment

The physical condition of estate and working environments was a recurring theme:

- Some areas were described as outdated or requiring maintenance and upgrade, including Ophthalmology theatres.
- Significant concerns were raised in the Continence Service regarding environmental conditions and facilities.
- Space constraints and suitability of clinical and admin areas were also observed.

The estate was seen in some areas to impact staff experience and potentially service delivery, with variation across sites.

4.3 Clarity of Service Role and System Alignment

In some services, Governors noted a lack of clarity around service positioning within the Trust and wider system:

- The Continence Service appeared to operate across organisational boundaries without clear ownership or alignment.
- Strategic discussions around the future configuration of services (e.g. maternity) were noted.

4.4 Opportunities Around Community and Preventative Care

Several visits highlighted potential opportunities aligned to broader NHS strategic direction:

- Expansion of virtual care, remote monitoring, and community-based models (e.g. Heart Failure).
- Existing examples of outreach and community delivery (e.g. Ophthalmology clinics)
- Potential to address unmet or underserved patient groups (e.g. Continence)

There is a consistent sense that services are already moving towards, or could further support, care closer to home and preventative approaches.

4.5 Operational Process Challenges

Visits highlighted operational pressures affecting day-to-day delivery:

- Administrative and booking processes were identified as areas of challenge, particularly in relation to follow-up care.
- Coordination across services and use of systems were also noted as impacting efficiency.
- Some services are highly digital and innovative, for example Ophthalmology.
- Others remain paper-based or experience system limitations, impacting coordination and efficiency, particularly in the Continence Service.
- Connectivity challenges were also raised in community settings and system interoperability issues noted.

There appears to be variation in how processes support service delivery, with some inefficiencies impacting patient flow. There is a lack of consistency in digital capability, which may affect service efficiency and integration across pathways.

4.6 Strong Staff Commitment and Patient-Focused Culture

A consistent and positive theme across all visits:

- Staff were widely described as professional, committed, and passionate about patient care.

- Teams were observed to be supportive and working hard to maintain service quality despite pressures.

Staff commitment represents a significant strength across services, underpinning quality of care.

The themes above reflect observations made by Governors and Non-Executive Directors during recent site visits. They are intended to provide insight into frontline experiences and inform the understanding of service delivery, rather than to direct operational change.

5. Specific comments or requests from visits.

Specific concerns regarding Continence Services and Environment were raised by the visit team direct to Will Cleary Gray- Director Improvement and delivery. An urgent site Visit was requested.

6. Next steps

Continue to monitor visits.

Enclosures: None

FOI: Public

Report to Council of Governors

Date of Meeting	4 June 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	
<p>This report updates the Council of Governors on the themes raised via the Contact a Governor process since the last meeting of the Council. <i>There has been no contact via the Governors Log since the last meeting.</i></p> <p><u>Key issues to note</u> 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.</p>	
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: Contact a Governor Log
FOI: Public

REF	2	STATUS	CLOSED
SUBMITTED	24 March 2026	ACKNOWLEDGED	30 March 2026
DEADLINE	2 April 2026	RESPONDED	N/A
SHARED WITH GOVERNOR/S	30 March 2026		
GOVERNOR/S	Gwyn Morris, Deborah Balkwell		
LEAD	Matt Holdaway		
THEME	Maternity		
QUESTION			
We received correspondence through the Contact a Governor process regarding the temporary suspension of the Home Births service.			
ANSWER			
Matt Holdaway and Jo Mason Higgins are dealing with this contact through the Complaints Process.			

REF	3	STATUS	CLOSED
SUBMITTED	7 May 2026	ACKNOWLEDGED	8 May 2026
DEADLINE	22 May 2026	RESPONDED	N/A
SHARED WITH GOVERNOR/S	8 May 2026		
GOVERNOR/S	Bryony Armstrong / Douglas Butler		
LEAD	PALS		
THEME	Thanks to Endoscopy Team		
QUESTION			
We received correspondence through the Contact a Governor process complimenting the service provided by the Endoscopy team at Cirencester Hospital.			
ANSWER			
PALS dealt with this.			

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 JN SS	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					
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
Engagement and Involvement Annual Review	Director of Engagement, Involvement & Communications			x		
Medium Term Plan	Director of Improvement Delivery		x		x	

Item	Owner(s) or function	March	June	September	December	March
Update on the year-end position	DELOITTE			x		
Trust Strategy	Will Cleary-Gray				x	
Quality items						
Quality Priorities <ul style="list-style-type: none"> • <i>Staff Race EDI (WRES) Presentation</i> • Health Inequalities • Patient Experience 	Suzi Cro, Debra Ritspiris <i>Maria Smith, Sheema Rahman, Katherine Holland</i>		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 Annual Update	Maria Smith, Associate Director for Organisational and People Development People and OD			x		
Freedom to Speak Up - Annual Update	Louisa Hopkins, Lead Freedom to Speak Up Guardian				x	
INFORMATION ITEMS						
Update from the Organ Donation Committee	<i>James Brown, Director of Engagement, Involvement & Communications & Ian Mean (Chair of Committee)</i>			x		
Update from the Charity	<i>Richard Hastilow Smith, Associate Director, Charity</i>			x		
Annual Cancer Report	Hannah Gay			x		
Role of the Admiral Nurse	Asma Pandor			x		

Item	Owner(s) or function	March	June	September	December	March
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
Update on the Patient Portal work	Aishah Lulat <i>aishah.lulat@nhs.net</i>			x		
Update on the Fire Safety Works at the Tower, GRH	Al Sheward, COO				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, Katherine Holland	x		
Risk Update	Kerry Rogers / Lee Troake		x	