

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

Council of Governors Public Meeting

14.00, Thursday 3 September 2026

Lecture Hall, Redwood Education Centre, Gloucestershire Royal 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 of our governors the confidence and assurance that your voice is vital to making positive change for all our staff and patients.

Ref	Item	Purpose	Paper	Time
1	Apologies for absence and quoracy check: <i>Quorum: Majority of the Governors in post (Nine)</i>			14.00
2	Declarations of interest			
3	Minutes of meeting held on 4 June 2026	Approval	Yes	
4	Matters arising	Information	No	
5	Chair's update <i>Deborah Evans, Chair</i>	Information	Yes	14.05
6	Chief Executive's Briefing <i>Kevin McNamara, Chief Executive</i>	Information	Yes	14.15
7	Governance Report from the External Auditor on the year-end position <i>Michelle Hopton, Deloitte</i> Update on the election <i>Sarah Favell, Trust Secretary</i> Update on NED Recruitment <i>Sarah Favell, Trust Secretary</i>	Assurance Yes Verbal Verbal		14.30
8	Changing Local Authority and NHS Landscape <i>Will Cleary Gray, Director of Improvement Delivery</i>	Information	Yes	14.50
9	Engagement and Involvement Annual Review <i>James Brown, Director of Engagement, Involvement & Communications</i>	Assurance	Yes	15.05
10	Draft Charity Strategy <i>Richard Smith, Associate Director Cheltenham and Gloucester Hospitals Charity</i>	Assurance	No	15.20
Break (10 minutes)				15.30
11	Non-Executive Director updates: <i>Shawn Smith, Non-Executive Director</i>	Assurance and Information	No	15.40
12	Update from the Organ Donation Committee <i>James Brown, Director of Engagement, Involvement & Communications & Ian Mean, Chair of Committee</i>	Information	Yes	16.00
13	Feedback on the Governor Visits <i>Sarah Favell Trust Secretary and Lisa Evans, Deputy Trust Secretary</i>	Assurance	Yes	16.10
14	Any other business			16.20
INFORMATION ITEMS				
15	Governor's Log and Contact a Governor	Information	Yes	
16	Council of Governors Work Plan	Information	Yes	
Close by 16.30				
Date of next meeting: Thursday 3 December at 4pm (MS Teams)				

Date	Time	Details
Thursday 3 December	16.00 to 19.30	MS Teams

Governor Attendance during 2025

Governor	September	December	March	June
A Holder				
B Pellissery				
A Pandor				
B Armstrong				
F Hodder				
H Bown				
D Butler				
I Craw				
M Ellis				
O Warner				
P Eagle				
P Mitchener				
S Bostock				
R Peek				
E Mawby				
D Balkwill				
G Morris				
N Hayward				
K Usmar				
A Watson				
D Andrew				

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST
Notes of the inquorate Council of Governors - Public Meeting
14.30, Thursday 4 June 2025
On Teams

Present	Deborah Evans	Trust Chair (Chair)
	Debs Andrew	Appointed Governor, Health Watch
	Samantha Bostock	Staff Governor, Allied Health Professionals
	Helen Bown	Appointed Governor, Age UK Gloucestershire
	Ian Craw	Public Governor, Tewkesbury
	Mike Ellis	Public Governor, Cheltenham
	Fiona Hodder	Public Governor, Gloucester
	Andrea Holder	Public Governor, Tewkesbury
	Emma Mawby	Public Governor, Gloucester
	Gwyn Morris	Public Governor, Stroud
Attending	Suzie Cro	Director of Quality Governance
	Debra Ritsperis	Head of Quality
	Sarah Favell	Trust Secretary
	Marie-Annick Gournet	Non-Executive Director
	Katherine Holland	Head of Patient Experience
	Millie Holmes	Corporate Governance Assistant
	Kaye Law Fox	Chair of GMS and Associate Non-Executive Director
	Kevin McNamara	Chief Executive
	Sally Moyle	Non-Executive Director
	Sheema Rahman	Head of Health Inequalities and Healthy Hospitals
	Kerry Rogers	Director of Integrated Governance
	Maria Smith	Associate Director for Organisational and People Development (on Teams for item 8)
Apologies	Angharad Watson	Public Governor, Forest of Dean
	Russell Peek	Staff Governor, Medical and Dental
	Oliver Warner	Staff Governor, Non-Clinical
	Kate Usmar	Stakeholder Governor, Gloucestershire County Council
	Deborah Balkwill	Public Governor, Stroud
	Sam Foster	Non-Executive Director
	John Noble	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 received as an accurate record. These would be confirmed at the next quorate meeting of the Council. Notes of the inquorate meeting held on 5 March 2026	

	The notes of the inquorate meeting held on 5 March were noted as an accurate record.
4	Matters arising The updates to actions were noted.
5	Chairs Update The Council of Governors received the Chair's Report which provided an update on activities undertaken since the previous meeting held on 5 March 2026. The Chair reported that the Trust had maintained a strong and constructive relationship with Governors, whose contributions continued to be valued. Engagement had taken place to reshape the role, with a focus on patient and colleague experience to align with the Trust's strategic direction. It was noted that the King's Speech had included legislation to abolish Councils of Governors, and the Trust had therefore been managing the transition; this would be discussed later in the agenda. The Chair reported that Andrew Champness had resigned from his Associate Non-Executive Director role after one year for personal reasons. The Council welcomed the return of Jaki Meekings Davis following her sabbatical, noting that she would resume her role as Chair of the Finance and Resources Committee and rejoin the Charitable Funds Committee and the Audit and Assurance Committee. The Council noted that the Integrated Care Boards for Gloucestershire and Bristol, North Somerset and South Gloucestershire were now operating as a cluster, with a merger anticipated in April 2027. The future governance model would include joint committee and board meetings, a single executive team, and a shared cohort of Non-Executive Directors. A Place Director role for Gloucestershire was expected as part of this structure. The Chair highlighted engagement at a regional level, including meetings convened by the Regional Chair, Dame Gill Morgan, to discuss the future of Councils of Governors and to share best practice. The Chair provided an overview of visits undertaken since March. These included engagement with chaplaincy services at Cheltenham and follow-up discussions to better understand the needs of Hindu chaplains. An evening visit to the Emergency Department at Gloucestershire Royal Hospital had focused on care for frail older people, and Quality and Performance Committee deep dive visits to surgery and the Frailty Assessment Unit had also taken place. The Chair attended a visit with the MP for Tewkesbury, to the multi-disciplinary team; this followed positive patient feedback. A visit to the Medicine Division highlighted sustained progress in service delivery, standards, and staff environment within tower block wards. The Chair had also attended the Quality Academy Graduation, where frontline staff presented quality improvement work. The Governors noted that ongoing engagement with phlebotomy colleagues was taking place, with feedback indicating constructive reintegration following industrial action. Non-Executive Director appraisals had been completed, with valuable feedback provided by Governors to inform the process. The Chair highlighted key meetings attended during the period. Discussions at the Health Overview and Scrutiny Committee had focused on maternity service proposals. Concerns

	were raised by elected members regarding personalised care, rurality, and geographical access. It was noted that issues relating to inequalities in outcomes were less prominently raised. The Chair also attended the inaugural Bristol, North Somerset and South Gloucestershire Chairs meeting and maintained ongoing engagement with system partners across Gloucestershire, including colleagues in public health and partner organisations. The Council of Governors noted the Chair's Update.
6	Chief Executive' Report Kevin McNamara provided an update on national developments, system working, Trust performance, and service developments. The introduction of the NHS Modernisation Bill following the King's Speech on 13 May 2026 was highlighted. The proposals were aimed at streamlining national structures, strengthening local decision-making, and improving patient involvement in care. The Bill included proposals to abolish NHS England and transfer functions to the Department of Health and Social Care, and the wider NHS system, alongside an expanded strategic commissioning role for Integrated Care Boards. The proposed reforms represented a significant governance shift for provider organisations, including the removal of the statutory requirement for Councils of Governors and the transfer of related functions to the Secretary of State. The Bill also included the introduction of a Single Patient Record to improve continuity of care and patient experience, alongside proposals to simplify the patient safety landscape and strengthen the patient voice. Further updates would be provided as the Bill progressed. The Governors noted that the Trust had entered into a Memorandum of Understanding with NHS Gloucestershire Integrated Care Board, Gloucestershire Health and Care and the GP collaborative to support delivery of transformation priorities within the 5 Year Population Health and Strategic Commissioning Plan. The partnership would focus on improving care for frail older people, supporting those with multiple long-term conditions, and expanding community mental health and crisis services. It was noted that this reflected a shift towards a provider-led model of transformation aligned to population health needs and the Neighbourhood Health Framework. The Council received an update on Trust performance for 2025/26. Despite ongoing pressures linked to the COVID-19 pandemic, the Trust had delivered improvement across several key areas. Significant progress had been made in reducing long waits for planned care, with the number of patients waiting over 52 weeks reduced from 93 to 6; waits over 78 weeks had been eliminated and performance against the 18-week Referral to Treatment standard had improved to 74.5%; the best in the Southwest. In urgent and emergency care, performance improvements had been achieved despite sustained high demand, with an average of 13,759 monthly attendances in the Emergency Department. As at March 2026, 64.6% of patients were seen, treated, admitted or discharged within four hours, and the average time spent in the department had reduced to 5 hours and 6 minutes. Ambulance handover delays had reduced significantly, with total delays falling to 13 hours per day and average handover times of approximately 22 minutes. Corridor care on inpatient wards had been eliminated, focus remained on emergency and assessment areas. Strong progress had also been made in planned care, including a reduction in overall waiting lists and long waits, supported by improved productivity and new

	ways of working. Diagnostic capacity had been strengthened through investment in imaging and endoscopy, improving access to tests and supporting earlier diagnosis and treatment. The Council received an update on maternity services; the home birth service had been suspended since November 2025 due to safety concerns, with work underway to safely reinstate services and reopen the Cheltenham Birth Centre. The impact on patient choice was acknowledged and Kevin confirmed that this work formed part of the wider Community Maternity Transformation Programme. Governors noted that there were no plans to close Stroud Maternity Hospital, and the Birth Unit would remain open. The Trust remained focused on ensuring safe, sustainable services that met the needs of diverse communities and addressed health inequalities. Progress on the Gloucestershire Cancer Centre was noted: the planning application had been submitted in March 2026, marking completion of the early design phase. The new centre would provide modern facilities, improved patient experience, and would respond to increasing demand. £9.7 million of the £17.5 million fundraising target had been secured, supported by the Big Space Cancer Appeal and strong community engagement. The Council received an update on industrial action by resident doctors, noting that further action had taken place in April 2026; contingency planning had been implemented to minimise disruption to patient care. Further industrial action remained possible, with ongoing ballot activity involving consultants and specialist doctors. The Care Quality Commission had rated Dialysis Services at Gloucestershire Royal Hospital as 'Good' following an inspection in July 2025. Several inspection reports remained outstanding, including those relating to maternity, urgent and emergency care, medicine, and well-led services. The Council of Governors NOTED the Chief Executive's Report.
7	Governance Update Non-Executive Director Appraisals The Council of Governors received the report on Non-Executive Director Appraisals for 2025/2026. The report provided assurance that a robust and nationally compliant process had been completed. The annual appraisal process formed a core element of Foundation Trust governance and supported the Council in discharging its statutory responsibilities to hold Non-Executive Directors to account. Feedback from Governors, Executive Directors and fellow Non-Executive Directors had been incorporated, alongside assessment against national competency frameworks and Fit and Proper Person requirements. The Council noted that all Non-Executive Directors had been assessed as fully competent, with no concerns regarding their suitability for the role. All individuals demonstrated the Trust's values and behaviours; development needs had been identified and supported where appropriate. Appraisal outcomes informed wider Board development activity, including Equality, Diversity and Inclusion initiatives and preparation for the Care Quality Commission Well-Led review. The Council noted that the Governance and Nominations Committee had reviewed the appraisal outcomes and was satisfied that the process was robust, consistent, and aligned

with national expectations. The appraisal process was confirmed as providing effective assurance regarding Board performance and governance oversight.

The Council of Governors NOTED the report.

Non-Executive Director Appointments 2025/2026

The Council received the report on Non-Executive Director Appointments 2025/2026. The Council noted that Marie-Annick Gournet would conclude her second and final term as a Non-Executive Director in November. The Chair expressed appreciation for her contribution to the Trust in both Associate Non-Executive Director and Non-Executive Director roles. Succession planning remained a key responsibility of the Governance and Nominations Committee, including an ongoing review of Board skills and capabilities aligned to the Trust's strategy. The forthcoming vacancy was identified as an opportunity to refresh Board composition, including skills, experience, and diversity.

A dual recruitment approach was proposed, comprising either external recruitment supported by executive search where funding permitted, or an internal recruitment process ensuring open advertisement and fair selection. Governors would be involved throughout the process, including shortlisting, interviews and final appointment approval, in line with their statutory role. A recruitment timetable would be developed, with the intention of bringing a recommendation for appointment to the September Council meeting following review by the Governance and Nominations Committee. Potential risks associated with recruitment were identified, and mitigating actions were noted.

The Council of Governors NOTED the report.

Governor Elections and Impact of NHS Bill 2026

The Council of Governors received a report on the anticipated impact of the proposed NHS Bill on Governor elections and governance arrangements. The report outlined the expected abolition of the Council of Governors from April 2027 and the requirement for the Trust to maintain full regulatory and statutory compliance in the interim period until legislation was enacted.

The Chair reported that this created a period of uncertainty in which the Trust remained legally required to operate in accordance with its Constitution, including holding elections, despite the anticipated removal of the Governor model. Two options were discussed. The first was to proceed with elections to ensure full compliance with statutory requirements. The second option was to adopt a more pragmatic approach by seeking to extend terms of existing Governors, particularly those appointed in April 2024, to April 2027, subject to their agreement. Elections would continue for staff Governors where required.

The Council discussed the potential to seek guidance from NHS England and other sources regarding the possibility of pausing elections or extending terms. Guidance to date had not provided a clear or consistent way forward and any decision to defer elections could place the Trust at risk of breaching its Provider Licence. However, it was considered that any such breach would be technical and low risk if clearly documented, with a rational and transparent justification.

	Governors noted that proceeding with elections could result in limited interest and poor engagement, it could lead to vacancies remaining after the election and generate unnecessary costs. The Council considered the financial implications of elections and confirmed that budget provision existed; however, members questioned the value of proceeding where engagement was likely to be low. The report presented proposals for amendments to the Trust Constitution to address risks associated with quoracy and vacancies. Two key amendments were proposed: • to reduce the number of constituencies and the overall size of the Council, including consideration of stakeholder Governors transitioning to Associate Governor roles to maintain their involvement without impacting formal quoracy requirements; • to revise quorum requirements from a two-thirds majority to a simple majority of Governors in post, with representation from each Governor category. The Council noted that similar amendments were being considered across other Trusts facing comparable challenges. It was confirmed that any proposed constitutional amendments would require formal approval from both the Council of Governors and the Board of Directors. The Council SUPPORTED a pragmatic approach to governance during the transition period. It was agreed that elections would not be progressed for the majority of Governor positions, subject to appropriate documentation of the rationale and associated risks. Elections would continue where necessary to maintain statutory requirements for staff Governor representation. The Council also SUPPORTED the proposed constitutional amendments to reduce the size of the Council and revise quoracy requirements, both of which were agreed. The Council further noted the proposal to align Governor workshops with Council meetings during 2026/2027, although it was recognised that this may present challenges for staff Governor attendance. The Council of Governors NOTED the report and AGREED the proposed approach to managing elections and governance arrangements during the transition period (one Governor abstained). Governors not present would be contacted by email to confirm their decision. ACTION The Governors noted that the Trust's Annual Members'/General Meeting for 2026 would take place on Thursday 17 September 2026, from 14:00 to 17:00, at the Sandford Education Centre; all Governors were welcome to attend.
8	Quality Priorities for 2026/27 The Council received a presentation from Suzie Cro and Debra Ritsperis outlining the Trust's proposed Quality Priorities for 2026/27, aligned to the strategic framework and quality governance transformation programme. The presentation set out the Trust's approach to quality, focusing on patient experience, clinical effectiveness, and patient safety, supported by strengthened governance, feedback, and improvement processes. Five key quality priorities were presented: • Quality Priority 1 - Strengthening Patient Experience, Voice and Learning • Quality Priority 2 - Improving Timeliness and Reliability of Care

- Quality Priority 3 - Reducing Inequalities in Access, Experience and Outcomes
- Quality Priority 4- Embedding a Quality Management System
- Quality Priority 5 - Improving Safety through Staffing, Culture and Speaking Up

Governors noted the development of restorative practice as an approach to supporting a respectful, learning culture. Progress had been made with staff training and the establishment of a community of practice, with plans to expand this further over the coming year.

Staff Race EDI Presentation

Maria Smith outlined the Trust's approach to Equality, Diversity and Inclusion and provided an overview of past approaches, current position, and future ambitions. The Trust had developed a structured narrative, moving beyond compliance-driven activity towards a more strategically integrated approach. Equality Diversity and Inclusion was a core component of delivering high-quality patient care and a positive staff experience, with a focus on data integration, leadership accountability, behavioural change, and targeted interventions. The importance of this work in improving organisational outcomes was noted.

The Trust's historic approach was noted as having been fragmented. The current position was described as a transition towards a more integrated and intelligence-led approach. Maria reported that there had been a shift from insight to action, with greater focus on addressing key themes through coordinated interventions; the work was being increasingly embedded in divisional planning. The importance of leadership behaviour was noted.

A range of programmes and infrastructure supporting delivery were highlighted. These initiatives were described as supporting both strategic leadership and grassroots engagement. Maria outlined improvements in insight and oversight. Examples of impact were shared to demonstrate progress.

Looking ahead, the Trust's ambitions included achieving fully integrated, intelligence-led insight, embedding Equality Diversity and Inclusion in core organisational processes, delivering measurable improvements against key metrics, and driving sustained cultural and behavioural change. The Trust was progressing from a compliance-based approach towards full integration of Equality Diversity and Inclusion within strategy and operations. There would be continued focus on evidence-based action, leadership accountability, and ongoing oversight to ensure sustained improvement.

Health Inequalities

Sheema Rahman provided an overview of the nature, impact, and organisational response to health inequalities within Gloucestershire. Health inequalities were defined as systematic, avoidable and unfair differences in health outcomes and access to healthcare. These inequalities were influenced by wider determinants including socioeconomic status, ethnicity, disability and digital exclusion. The importance of equity in healthcare delivery was emphasised, noting that care should be tailored to meet differing patient needs rather than applied uniformly. The Trust's responsibility to ensure that policies and care pathways did not exacerbate inequalities and instead embedded equity in service design was highlighted.

The impact of health inequalities across Gloucestershire, including significant variation in life expectancy and health outcomes between affluent and deprived communities was noted.

Those in more deprived areas were more likely to present later with disease, resulting in higher emergency admissions and more complex healthcare needs. Ethnic minority groups, individuals with learning disabilities, and socially excluded communities were disproportionately affected.

The Council heard illustrative case studies demonstrating the cumulative impact of inequality across the life course. National expectations and regulatory requirements were outlined and it was noted that the Care Quality Commission's Single Assessment Framework required Trusts to embed consideration of inequalities within governance, quality improvement and operational delivery, alongside a requirement to report annually on progress.

Sheema reported that a Health Inequalities Delivery Plan was in development, aligned to the Trust's five-year strategy and system priorities. The plan would provide a structured approach to addressing inequalities, including oversight, accountability and ongoing governance assurance across access, experience and outcomes. The plan would evolve over time as further data, patient feedback and system intelligence became available.

The role of Governors in supporting this agenda was highlighted, including advocating for underserved communities, seeking assurance on how inequalities were considered in decision-making, and ensuring that diverse community voices were heard.

- **Patient Experience**

Katherine Holland provided an overview of patient experience insight as of April 2026. This work was aligned to the NHS 10 Year Plan, medium-term planning priorities, and the Trust's five-year strategy.

The Council received an update on patient and carer feedback, including insight gathered through Patient Advice and Liaison Service, complaints and the Friends and Family Test. It was reported that overall feedback through the Friends and Family Test remained positive. Key themes emerging from Patient Advice and Liaison Service concerns included issues relating to appointment availability, delays in receiving information or results, appointment cancellations, and waiting times for treatment or procedures. Complaints data similarly identified delays or failures in treatment and communication as consistent themes.

Further insight was provided across different care settings. In outpatient and day case services, feedback highlighted the quality of care provided by staff, who were described as kind, empathetic and professional, with improvement areas focused on communication regarding delays and clarity of next steps. For inpatient care, patients reported feeling well supported by caring staff, with opportunities identified to improve communication between teams and coordination of care and discharge processes.

In urgent and emergency care, patients recognised the quality of care delivered under pressure and valued clear explanations, while areas for improvement included providing timely updates during waiting periods, responsiveness to pain relief, and patient comfort during extended waits. Within maternity services, patients reported feeling supported and reassured by staff, with improvement themes relating to delays, communication, and consistency of information provided.

The Council of Governors NOTED the presentations.

9	Medium Term Plan This item was DEFERRED to the next meeting of the Council of Governors.
10	Non-Executive Director updates Marie-Annick Gournet provided an overview of her professional background, noting her extensive experience in higher education with over 30 years in UK institutions, and her role as the Trust's longest serving Non-Executive Director. She highlighted her role as Chair of the People and OD Committee, alongside her responsibilities as Freedom to Speak Up Non-Executive Director and Global Majority Network link. The Governors noted that the focus areas for the People and OD Committee included workforce strategy and planning, leadership and culture development, equality, equity, diversity and inclusion, learning and talent development, HR capability and workforce policies, staff engagement, Freedom to Speak Up oversight, and governance and assurance. Strengths included improvements in leadership tone through the cultural programme, increasing staff engagement (noting a recent dip), investment in leadership capability, strengthening of the Freedom to Speak Up function, clearer Equality Diversity and Inclusion structures, and the development of staff networks. Challenges were also identified, these included inconsistency in behaviours, accountability, and capability. Strengthening middle management capability, embedding organisational values, and accelerating Equality Diversity and Inclusion outcomes would be critical priorities moving forward. The Council of Governors NOTED the update.
11	Feedback on the Governor Visits This item was DEFERRED to the next meeting of the Council of Governors.
12	Any other business There was no further business for discussion.
13	Governor's Log and Contact a Governor The Governor's Log and Contact a Governor Log were noted.
14	Council of Governors Work Plan The Council of Governors Work Plan was noted.
Close 17:00	

Actions/Decisions				
Item	Action	Lead	Due Date	Update
June 2026				
07	Governance update - Governor Elections and Impact of NHS Bill 2026 Governors not present would be contacted by email to confirm their decision around the proposed approach to managing elections	Corp Gov	Sept	An email was shared with Governors on 8 July. CLOSE

	and governance arrangements during the transition period.			
March 2026				
06	Chief Executives Report Al Sheward to be invited to provide an update to a future Council of Governors on the Fire Safety works at the tower.	AS		Scheduled to come to the December meeting. CLOSE

Report to the Council of Governors

Date of Meeting	3 September 2026
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
		✓	

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 4 June 2026.	
Previously considered by	N/A

Recommendations:
<i>The board are asked to note the 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?

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 report is an update on my activities as chair of the Trust since the last Council of Governors meeting.

2. Evolving from our Council of Governors to respond better as Gloucestershire and the NHS Plan develop

The government announced in the NHS Plan that as Foundation Trusts are replaced with other organisation forms, so Council of Governors would no longer be defined in their current form.

We have been considering collectively over the past few months:

- what has been most valuable about the current arrangements;
- what should be preserved;
- where there may be opportunities to strengthen patient and community involvement; and
- what principles should guide any future development.

In discussion with Andrea Holder, Lead Governor and Kerry Rogers, Director of Integrated Governors we suggest that the October 15th workshop is used to develop a new model which would:

- preserve the valued contribution made by Governors;
- improve the way the Trust hears from patients and communities;
- strengthen the influence of lived experience on decision-making;
- involve groups whose voices may not always be heard;
- support the Trust's work on health inequalities;

- reflect the changing emphasis on partnership and collaboration; particularly in the context of neighbourhood services and our growing connection with primary care through the Provider Collaborative
- maintain a visible and meaningful connection with the population we serve.

A future approach could be designed around involvement, insight, challenge and improvement rather than formal voting and approval processes.

Possible activities could include:

- testing early ideas for service development;
- contributing to service redesign;
- identifying gaps in community engagement;
- advising on how to involve particular communities;
- participating in service and NED visits;
- contributing to PLACE assessments;
- supporting health literacy and digital inclusion;
- commenting on patient experience and health inequalities;
- helping shape engagement priorities;
- contributing to the Annual General Meeting;
- recognising good practice in patient experience and community engagement; and
- producing an annual assessment of how community voice has influenced the Trust.

We will produce a discussion document in advance of that workshop and will offer meetings to our staff governors, partners and stakeholders to solicit their views.

3. Visits and ambassadorial activities

I have been activities in visits and engagement as ever and taken advantage of “Committee light August”. Some highlights are below:

- Meeting and where appropriate shadowing volunteers at Gloucestershire Royal Emergency Department, the chaplaincy, the Welcome Desk at the Atrium GRH
- Meeting MPs including Alex McIntyre, Simon Opher and Geoffrey Clifton Brown
- A night duty visits to Cheltenham General with Vareta Bryan and Coral Boston
- Launching the Gloucestershire Advanced Research, Innovation hub at Gloucestershire Royal
- Joining a staff education session on domestic abuse
- A regular catch up with James Clifford, our neuro diversity network lead.
- Visits with Non-Executive Directors/Governors to Medical Engineering and to Catering at GRH in the context of Resident Doctors 10-point plan
- Meetings with Nicola de Jongh, Chair of University of Gloucestershire Council, Ingrid Barker chair Bristol Trust, Graham Russell, chair of Gloucestershire Health and Care

4. Non-Executive director changes

At the end of November, we say goodbye and thank you to Marie Annick Gournet, who served as an Associate Non-Executive Director with the Trust for two years, followed by two terms as a Non-Executive Director. Most recently she has chaired our People and Organisational Development Committee. Marie Annick has also been our NED Freedom to Speak Up link and has been the non-executive link with our Inclusion Network for Global Majority colleagues.

We are currently recruiting for a non-executive director, and the selection days will be at the end of October.

From early September we will welcome a colleague on a year's part-time placement from the NHSE NExT Director programme which is aimed at people from groups who are under-represented on NHS Board to prepare for Non-Executive Director roles. Farzana Mohammed is a pharmacist who works for the Hereford and Worcester ICB and she will attend Board and Committee meetings as well as join governors at the Council of Governors and on visits.

Enclosures: None

FOI: Public

Chief Executive Report to Council of Governors

3 September 2026

1 Patient Experience

1.1 Care Quality Commission (CQC) Well-Led Assessment and Inspection Reports

The Care Quality Commission (CQC) has published the Trust's Well-Led Assessment alongside a number of previously delayed inspection reports covering maternity services, urgent and emergency care and medicine which took place at various times between September 2025 and February 2026.

The overall ratings are as follows:



CQC Inspection	Previous Rating	New Rating – 2026
Maternity: Gloucestershire Royal Hospital <i>September 2025</i>	Inadequate (2024)	Requires Improvement
Maternity: Stroud Maternity Hospital <i>September 2025</i>	Requires Improvement (2024)	Good
Urgent and Emergency Care: Cheltenham General Hospital <i>December 2025</i>	Good (2019)	Good
Urgent and Emergency Care: Gloucestershire Royal Hospital <i>December 2025</i>	Requires Improvement (2023)	Requires Improvement
Medical Care (including older people's care): Gloucestershire Royal Hospital <i>December 2025</i>	Good (2019)	Good
Well-led <i>February 2026</i>	Requires Improvement (2022)	Good

The reports recognise good progress made across several areas of the Trust. In particular, the CQC has identified improvements in maternity services – moving from Inadequate to Requires Improvement at Gloucestershire Royal and from Requires Improvement to Good in Stroud Maternity Hospital. They also highlight improvement in culture and governance with the Well-Led rating moving from Requires Improvement to Good, recognising the work undertaken to strengthen leadership, governance, culture and organisational oversight.

These improvements reflect the hard work colleagues across the Trust have put in to tackling some of the more difficult issues we face. They also reflect the extensive work undertaken across the Trust to address issues identified by previous inspections and to deliver lasting improvements in quality, safety and patient experience.

The reports also acknowledge areas where further improvement is required. While there has been positive progress, our ambition is to continue to focus on what matters most to patients and the community so that we build on these improvements and are open about both the challenges we face and importantly, what we are doing about them.

Some services continue to be rated Requires Improvement, and the findings highlight a number of issues that we are already seeking to address through established improvement programmes.

As some reports are from inspection almost a year ago, many of the key issues identified by the CQC have already been the focus of significant work since the inspections took place. For example, in maternity services, improvements have been made to triage processes, incident reporting and staffing arrangements. The CQC recognised evidence of progress against the actions put in place following previous inspections and acknowledged the improvements achieved for women, babies and families. There is still much more for us to do in maternity and the Community Maternity Transformation programme that we are working on will help re-establish comprehensive choice this year for women across the county in a way that is safe and sustainable, which will further build on these improvements.

Similarly, in Urgent and Emergency Care, inspectors recognised the compassion, commitment and professionalism of staff working within very busy services. We know that Urgent and Emergency Care remains one of the most challenging areas across the NHS nationally and whilst we have seen some of the biggest improvements in ambulance handover delays and ward based corridor care nationally, we need to go further as a Trust and as a whole system as we continue to invest in service redesign, patient flow improvements and additional capacity to improve patient experience and safety.

As we look forward and continue our improvement work across these key services, our focus is not on the rating itself, but on continuing that work to ensure patients receive consistently high-quality care. We will continue to work closely with all our partners and local communities to ensure that the improvement work we are doing remains focused on those areas that will make the greatest difference to patients and the public.

I am particularly pleased that inspectors recognised the dedication, professionalism and compassion of our staff, in caring for patients, and I am hugely grateful for our colleagues for the work they do every day in serving the people of Gloucestershire that has helped contributed to the progress the CQC highlights.

1.2 Local Government Reorganisation (LGR) Update

The Government has confirmed that Gloucestershire will move to a single unitary authority, bringing together the functions currently delivered by Gloucestershire County Council and the county's six district, borough and city councils into one organisation, to be known as Gloucestershire Council.

This follows a Government consultation in which 65% of responding residents and partner organisations expressed a preference for a single council model.

The new authority will be represented by 110 councillors, with a Joint Committee comprising representatives from all existing councils established to oversee the transition. Jo Walker, Chief Executive of Gloucestershire County Council, has been appointed as the Senior Responsible Officer for the implementation programme.

At present, Gloucestershire residents receive services from:

- Gloucestershire County Council (including adult and children's social care, education, highways and waste disposal);
- Six district councils (including housing, planning, licensing, revenues and benefits, and waste collection); and
- Parish and town councils delivering very local services.

Under the proposals, county and district council responsibilities will be consolidated within a single organisation, with the stated aim of creating more joined-up services, clearer accountability and a simpler experience for residents accessing public services.

The transition programme will continue throughout 2026-27. Elections to a new shadow authority are scheduled for May 2027, with Gloucestershire Council expected to formally assume responsibility for services in April 2028. Until then, existing councils will continue to operate and deliver services as normal.

The transition to the new arrangements will require extensive work from our Local Authority partners and for healthcare means we will need to play an active part in supporting these changes and helping existing & new councillors fulfil their duties, whilst the NHS itself navigates complex changes and challenges which will require good public engagement.

1.3 CQC Adult Inpatient Survey 2025 results

Patients have rated their experiences of care at Gloucestershire Royal and Cheltenham General hospitals positively, with the latest Care Quality Commission (CQC) Adult Inpatient Survey highlighting particularly strong feedback about the kindness and compassion shown by staff.

The 2025 survey published by the CQC asked people who had stayed in hospital during November 2025 about different aspects of their care, from admission and treatment through to leaving hospital.

A total of 451 patients from Gloucestershire Hospitals NHS Foundation Trust responded to the survey. Nationally, 58,139 people responded across 130 NHS trusts.

The Trust was rated as performing 'better than expected' in one question and 'somewhat better than expected' in a further seven questions. It was rated about the same as most other trusts across the majority of the questions measured.

The 2025 survey shows the Trust performing particularly well for kindness and compassion, and respect and dignity, with both areas scoring 9.4 out of 10 and rated as 'somewhat better than expected' compared with other trusts.

Patients also gave high scores for privacy when being examined or treated (9.7), having enough to drink while in hospital (9.7), confidence and trust in doctors (9.3), confidence and trust in nurses (9.2), and the answers they received from doctors and nurses when they had questions (9.1 for both).

The survey also found that patients were less likely to report being given conflicting information by different members of staff, with this question scoring 8.3 and rated better than expected.

The survey also provides a clear picture of where the patient experience is not yet where the Trust wants it to be. Discharge is one of these areas, particularly making sure patients and the people supporting them feel involved, know what happens next and have the information they need when they leave hospital.

1.4 Consultant Doctors Industrial Action

The British Medical Association (BMA) has secured a mandate for potential industrial action from consultant doctors in England following a national ballot on pay and working conditions. Of those consultants who voted, 76% voted in favour of industrial action, with a turnout of just over 51%, providing the BMA with a mandate for action for up to 12 months. At the time of writing, no consultant strike dates have been announced.

Consultants are seeking further progress on pay, contractual arrangements and working conditions, including professional development time and recognition for out-of-hours work.

The Trust continues to monitor national developments closely and is working with regional and national partners to understand any operational implications. Should industrial action be announced, the Trust will activate established industrial action planning arrangements to protect urgent and emergency services, maintain patient safety and minimise disruption to planned care wherever possible.

2 People, Culture and Leadership

2.1 NHS Staff Standards

In July 2026 the Department of Health and Social Care and NHS England published new NHS Staff Standards, setting out the minimum standards that staff should expect from their employer across six areas:

- line management;
- health and wellbeing;
- tackling racism;
- flexible working;
- violence prevention and reduction;
- sexual safety.

The standards align closely with the Trust's existing workforce, culture and staff wellbeing priorities.

Work is underway to review current arrangements against each of the six standards, identifying areas of strong practice and any gaps requiring further improvement. This includes progress through the People Strategy, NHS People Promise, Freedom to Speak Up arrangements, Equality, Diversity and Inclusion programme, staff wellbeing initiatives and leadership development programmes provides a strong foundation for implementation.

Over the coming months, the Trust will work with staff, staff networks, trade union colleagues and partners to embed the standards within existing governance, workforce and organisational development programmes. Progress will be monitored through established workforce metrics, staff feedback and national assurance processes as the standards become incorporated into the NHS Oversight Framework.

The standards reinforce the Trust's commitment to being a compassionate, inclusive and supportive employer and will help ensure staff experience receives the same focus as other organisational priorities, recognising the direct relationship between staff wellbeing, retention and high-quality patient care.

This work also links directly to the Board development programme underway which is focused on strengthening inclusive leadership and ensuring that a wider range of voices and experiences informs Board thinking and decision-making. The challenge for the Board is to translate its stated commitment to improving the working lives of staff into visible and meaningful change: listening consistently, acting on what colleagues tell us, holding leaders to account for the quality of staff experience and using the Staff Standards to test whether improvements are being felt in day-to-day working life across every part of the Trust.

2.2 Adult Social Care Reform and the Casey Commission

Adult social care reform has moved up the national policy agenda following the launch of the independent Casey Commission on Adult Social Care, chaired by Baroness Louise Casey.

The Commission has been asked by Government to develop proposals for a future National Care Service and establish a long-term plan for reforming adult social care in England. The Commission will report directly to the Prime Minister and is being undertaken in two phases, with medium-term recommendations due first, followed by longer-term reform proposals.

The first phase of the Commission will focus on how existing resources can be used more effectively to improve outcomes, make social care more preventative and productive, and strengthen the interface between health and care services. Importantly for the NHS, the terms of reference explicitly identify reducing unnecessary hospital admissions and addressing delayed discharges as key objectives, recognising the critical interdependency between adult social care capacity and NHS performance.

A significant development during the reporting period has been the launch of the "Big Conversation on Care", a national engagement exercise seeking views from the public, people who use services, carers, care workers and partner organisations on the future of adult social care. The consultation is intended to build public consensus around what adult social care should provide and how a future National Care Service might operate.

The Government has also signalled its intention to accelerate reform. The Prime Minister has announced cross-party discussions on social care, arguing that sustainable reform will require political consensus and a long-term approach. Alongside the Commission, ministers have highlighted ambitions for better integration between health and social care, improvements in workforce pay and career progression, and closer alignment between social care and NHS services.

3 Quality, Performance and Safety

3.1 New Department of Critical Care (DCC)

Work is underway on a new Department of Critical Care (DCC) at Gloucestershire Royal Hospital, representing a significant investment in the future of acute and critical care services across Gloucestershire. The development will provide a modern, purpose-built environment for some of the Trust's sickest and most vulnerable patients, including those requiring intensive care following major trauma, severe illness, sepsis, pneumonia or complex surgery.

The new facility is being developed in response to increasing demand for critical care services, driven by an ageing population, rising numbers of people living with complex long-term conditions and ongoing seasonal pressures. The department will initially provide 24 critical care beds, with the flexibility to expand to 36 beds in future subject to funding and as demand grows. It is expected to care for more than 1,500 patients each year.

The development is also an important enabler of the Trust's programme to improve fire safety in the Tower Block, where the current Department of Critical Care is based. Moving critical care into the new purpose-built facility will support the safe decant of services from the Tower and create the access, capacity and operational flexibility needed to progress the planned fire-safety remediation and wider improvement works already underway. It therefore forms an integral part of the phased decant and improvement programme, helping the Trust manage risk while maintaining safe and resilient clinical services throughout the works.

3.2 Heatwave and extreme weather

The recent series of heatwaves has highlighted the growing operational challenges that periods of prolonged high temperatures can present for the Trust and the wider NHS. National reporting has indicated that extreme heat events are becoming more frequent and are expected to increase in both intensity and duration in future years, requiring organisations to adapt their planning and resilience arrangements.

During the recent period of exceptionally hot weather, the Trust experienced operational pressures associated with high temperatures and humidity, particularly within some clinical environments and around critical equipment.

Existing cooling systems reached their operating limits in certain areas, affecting the performance of MRI and CT scanners and creating challenges in maintaining optimal temperatures within some clinical spaces. Lessons learned have been identified and are being incorporated into future resilience planning.

The impact of extreme heat also reflects the challenges associated with the Trust's ageing estate and infrastructure. The Trust continues to manage significant estate-related risks arising from historic underinvestment, infrastructure resilience issues and ageing buildings, all of which can limit the ability to effectively control temperatures in some parts of the estate during sustained periods of hot weather. These risks are recognised within the Trust's estate strategy and long-term investment plans.

In response, the Trust is increasingly planning on the basis that significant heat events will become a more regular occurrence rather than isolated incidents. As a result, resilience arrangements are evolving from a predominantly winter-focused approach towards a year-round model that incorporates both Winter Planning and Summer Planning.

This will ensure that operational, workforce, clinical, estate and infrastructure risks associated with extreme weather are anticipated and managed proactively, drawing on the same systematic planning principles used for winter pressures. This work includes reviewing cooling system performance, identifying short and longer-term mitigation measures, and considering how future estate investment and redesign can improve resilience to both extreme heat and extreme cold.

While the Trust responded effectively to the recent heatwave it clearly has had an impact on cancellations for patients and our staff who have worked in very difficult circumstances in the heat to care for patients. The experience reinforces the need to continue investing in estate resilience and adaptation measures to ensure that patients, staff and critical services remain safe and operational as climate-related weather events become more common.

3.3 Estates Strategy Programme

The issues highlighted above are part of a much wider strategic challenge. The condition of the Trust's estate, together with limited access to meaningful capital investment, is likely to represent one of our greatest challenges over the next decade as we seek to improve the resilience and safety of our infrastructure and provide better environments for patients and staff.

The significant scale of backlog maintenance means that we need a clear long-term plan for prioritising schemes, reducing the most serious risks and ensuring that the Trust is ready to access external funding if and when opportunities arise. This will require difficult choices about where services are located, a stronger drive to improve utilisation so that we make the best possible use of the estate we already have, and, where necessary, the disposal of buildings where continued investment is neither sustainable nor economically justified.

To respond to this challenge, work is underway to develop a long-term Estates Strategy that aligns the estate with the Clinical Strategy and wider transformation programmes. It will provide the framework for balancing immediate safety and resilience priorities with longer-term service needs, affordability and investment decisions. The strategy is being developed with specialist external support and is expected to be completed by the end of the year.

The programme is establishing a robust evidence base through estate surveys, data analysis and engagement with clinical, operational and corporate teams. This will assess the condition, safety, suitability, cost and utilisation of Trust buildings, alongside operational constraints and future service

requirements, so that competing schemes can be prioritised transparently according to risk, clinical benefit, deliverability and value for money.

Building on this evidence, a Strategic Asset Management Plan will set out how the Trust can make better use of its property assets, strengthen the management of space and accommodation, and target investment where it will reduce the greatest risk or deliver the greatest benefit. It will cover both owned and leased accommodation and identify where consolidation, improved utilisation, alternative use or disposal offers a more sustainable solution than continuing to invest in unsuitable or uneconomic buildings.

The next phase will develop and test future masterplan options for the Trust's sites, including the implications of different service locations and estate configurations for patients, staff, operational resilience and long-term affordability. These options will inform a Development Control Plan, providing a phased roadmap for estate transformation, a clear basis for difficult prioritisation decisions and a stronger platform from which to respond quickly and credibly when capital funding opportunities become available.

Together, these outputs will give the Trust a coherent short, medium and long-term framework for reducing estate risk, improving resilience and utilisation, sequencing investment and making evidence-based choices about development, service location and disposal. The caveat is that alongside this, clarity on national capital availability will be needed given the scale of the challenges Trust likes ours face at this time in terms of poor estate and aging infrastructure.

3.4 National end of life care audit shows progress

Gloucestershire Hospitals is improving care for patients who die in hospital through the National Audit of Care at the End of Life (NACEL).

This annual national programme reviews care during a patient's final hospital admission, helping organisations improve support for patients, families and carers and learn from best practice.

It assesses recognition of dying, symptom management, communication, care preferences, bereavement support and respect for faith, culture, language and personal beliefs.

Participation enables the Trust to benchmark services, identify good practice and target further improvements.

The latest results show progress against the Trust's improvement plan, including an electronic Last Days of Life Care Plan, specialist nursing education delivered by Sue Ryder and better recording of spiritual care.

The Specialist Palliative Care Team supports patients across Gloucestershire Royal and Cheltenham General hospitals. Although it does not provide seven-day face-to-face cover, specialist advice is available to healthcare professionals on call 24/7.

3.5 Gloucestershire cancer centre plan approved

Cheltenham Borough Council has granted planning approval for our new state-of-the-art cancer care centre at Cheltenham General Hospital

The new cancer centre will offer patients modern clinical and treatment spaces, access to digital consultations, a dedicated support centre for patients and loved ones, as well as peaceful therapeutic gardens.

Now the community's support is needed to help make the centre a reality. More than 10,000 people have already donated to Cheltenham and Gloucester Hospitals Charity's Big Space Cancer Appeal to help transform cancer care in Gloucestershire and beyond. Over £9.8million has been raised towards the £12m estimated cost for the new build.

Our vision as a Trust is to deliver the best possible care and experience for the people of Gloucestershire and the wider regions. Ahead of submission, over one thousand patients, carers and members of the public were consulted to ensure the plans reflected what matters most to our community.

The new facility will also enhance the work of our dedicated clinical teams, who have been instrumental in designing a space that meets the needs of the patients they care for. Work is underway to identify suitable alternative space for some clinical space in the Ophthalmology Department which will need to be moved to facilitate the new Cancer Centre, this work needs to be complete before build work begins.

4. Digital

4.1 Electronic prescribing in maternity

The introduction of electronic prescribing and medicines administration within maternity is improving safety for women by providing clearer, more accurate medicines information at the point of care.

Moving away from paper-based processes helps reduce the risk of prescribing and administration errors, supports more consistent care through agreed treatment plans, and gives clinical teams better visibility of medicines throughout a patient's journey. The result is safer medicines management, better communication between professionals, and greater confidence that the right treatment is being provided at the right time.

This is a significant step in the Trust's wider digital transformation programme, bringing maternity services in line with modern electronic clinical workflows and reducing reliance on paper records. The implementation was supported through a robust governance process, including clinical safety review, testing, training, operational readiness checks, and formal approval processes to ensure risks were managed appropriately before go-live.

The focus now is on refining maternity prescribing pathways and order sets so that evidence-based care is easier to deliver consistently and safely. By reducing variation and supporting clinical decision-making at the point of care, this will further improve medication safety and help ensure women receive the right care at the right time.

4.2 Pre-operative Assessment Digital Go-Live

The main nursing assessment used in anaesthetic pre-operative care is now live within the electronic patient record (EPR), marking an important step towards a fully digital surgical pathway.

All new assessments are completed electronically, improving the consistency of documentation and giving teams clearer visibility of each patient's progress. Removing reliance on paper records will reduce delays and the risk of misplaced notes, supporting safer and more efficient operating lists.

Dashboards are being developed to monitor completion and support further service improvement. A short transition period will remain while patients with historic paper records complete their pathway, and further work will enhance tracking, questionnaires and the digital capture of diagnostics such as ECGs.

4.3 Subject Access Requests

The Trust continues to experience significant pressure in responding to Subject Access Requests within the statutory one-month timescale. Demand remains high, with 1,209 requests received between January and July 2026. Although 866 disclosures were completed during this period, the backlog increased to 552 outstanding requests by the end of July, including 251 that had been open for more than three months. Performance improved from 43.1% of requests completed within one month in June to 53.4% in July, but this remains below the required standard.

A comprehensive recovery programme is under way, including additional temporary capacity, improved tracking and prioritisation, clearer separation of new, overdue and escalated requests, strengthened executive oversight and reduced reliance on paper-based processes. These actions have improved governance and operational control, but a sustained reduction in the backlog has not yet been demonstrated.

It is acknowledged that delays are having a significant impact on people requesting their records, including those who need the information to understand or progress their care, support a complaint or legal matter, or gain clarity about their treatment. Extended waits and limited updates can cause frustration, uncertainty and a loss of confidence in the Trust, particularly where the information requested is sensitive or time-critical. We are actively triaging requests according to urgency and potential impact, while progressing the recovery programme to reduce the backlog and improve compliance with the statutory timescale.



Gloucestershire Hospitals NHS Foundation Trust

**2025/26 External Audit Presentation to the
Council of Governors – 3 September 2026**

Scope of work and approach

We have three key areas of responsibility under the Audit Code

Financial statements

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

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

Annual Report

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

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

Value for Money

We are required to consider the arrangements that the Trust has made securing financial resilience and economy, efficiency and effectiveness in its use of resources, if we identify any significant weaknesses to make recommendations, and to provide a narrative commentary on arrangements.

To perform this work, we are required to:

- Obtain an understanding of the Trust's arrangements sufficient to support our risk assessment and commentary;
- Assess whether there are risks of a significant weakness in the Trust's arrangements, and perform additional procedures if a risk is identified. If a significant weakness is identified, we report this and an accompanying recommendation;
- Report in our audit opinion if we have reported any significant weaknesses; and
- Issue a narrative commentary in our Auditor's Annual Report on the arrangements in place.

Key Findings

Financial performance

Deficit

The Group made a deficit for the year of £6.4m (£29.0m in 2024/25).

The Group's adjusted financial performance surplus was £5.0m (£0.1m surplus in 2024/25).

Cash Position

The Group's cash balance as at 31 March 2025 was £39.9m (42.0m in 2024/25).

Cost Improvement Programme

In 2025/26, the total CIP efficiencies achieved was £34.4m (31 March 2025: £37.4m), of which £18.7m was on a non-recurrent basis (31 March 2025: £26.6m). Non-recurrent savings represent 54% of total efficiencies (31 March 2025: 71%). The Trust were planning for £16.6m non-recurrent savings, representing 39.7% of total savings during the year. The percentage of actual non-recurrent savings is greater than planned, with fewer overall savings compared to the plan at the start of the year. Compared to other trusts we audit, the Trust has a relatively higher reliance on non-recurrent. The extent of reliance on non-recurrent efficiencies increases the level of savings required for next year.

The Trust expect an adjusted breakeven for 2026/27, with planned CIP targeted at £52.3m, which is higher than the achieved £34.4m in the current year. £13m of the efficiencies forecasted for 2026/27 relate to non-recurrent efficiencies, which represents 25% of total planned efficiencies for 2026-27. Of the £52.3m savings targeted next year, high risk efficiencies are £20m and there are £6.7m unidentified savings per the M12 submission in April 2025. The identification, implementation and monitoring of CIP is a continuous and engaged process.

NHS Oversight Framework

To provide an overview of the level and nature of support required across systems and target support capacity as effectively as possible, NHS England and NHS Improvement have allocated trusts and ICB's to one of four segments. A segmentation decision indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4).

The Trust was rated as 3 in the current and prior year.

Key Findings

Audit Findings

Financial Statements	The draft financial statements were of a good standard. However, we have noted some amendments as part of the audit process which could have been identified as part of the internal review process which were updated by management.
Annual Report (including AGS and Remuneration Report)	In the prior year recommendations were raised in relation to improving the timeliness and quality of the annual report which were accepted by management. An improvement in the quality of the annual report was noted in the current year. Errors were noted in the remuneration report which were corrected by management, we have agreed to work with finance to improve the quality of the remuneration report.
Controls	Several recommendations were raised related to control improvements as reported in our Final Report to the Audit & Assurance Committee dated 24 June 2026. Management has made good progress and is generally responsive to recommendations proposed by Deloitte. However, we have noted two control recommendation which remain open from previous audits.
Value for Money (VFM)	We identified one significant weaknesses which were reported in our Final Report to the Audit & Assurance Committee dated 24 June 2026. This was in relation to: • Financial sustainability – CIP Targets and Non-Recurrent Savings - Total CIP is planned to increase from £34m achieved in 2025-26 to planned CIP of £52m for 2026/27. Within the current year total savings, a large proportion has been non-recurrent savings (£18.6m, representing 54% of total efficiencies). The Trust were planning only 40% to be non-recurrent in the year. • Going forwards, the Trust expect total efficiencies planned for FY26/27 to be £52m, of which non-recurrent would only be £13m, representing 25% of total efficiencies. Although we have evidenced an improvement in the financial position of the Trust, with an adjusted surplus position at year-end, there remains a risk that a large proportion of the savings for next year will continue to be made up of non-recurrent savings, with £20m efficiencies classified as high risk. The financial position continues to be managed through non-recurrent income and recovery actions, with continued reliance on non-recurrent savings.

Key Findings

Audit Findings

Value for Money (VFM)

Compared to other trusts we audit, the Trust still has a relatively higher reliance on non-recurrent. The extent of reliance on non-recurrent efficiencies increases the level of savings required for next year. The increasing reliance on non-recurrent savings implies shorter term planning, which can lead to unsustainable financial outcomes in the medium to long term

Audit Report

Our audit report was unmodified except for reflecting the VFM significant weakness noted above.

Purpose of our report and responsibility statement

Our report is designed to help you meet your governance duties

What we report

Our report is designed to provide the Council of Governors of Gloucestershire Hospital NHS Foundation Trust with the key findings identified during the external audit of the Annual Report and Accounts for 2025/26 in line with the requirements of our terms of engagement.

Our report summarises the findings from our Final Report to the Audit & Assurance Committee dated 24 June 2026.

The scope of our work

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

Use of this report

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

What we don't report

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

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

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

Deloitte LLP

Bristol | 24 August 2026



This document is confidential and it is not to be copied or made available to any other party. Deloitte LLP does not accept any liability for use of or reliance on the contents of this document by any person save by the intended recipient(s) to the extent agreed in a Deloitte LLP engagement contract.

Deloitte LLP is a limited liability partnership registered in England and Wales with registered number OC303675 and its registered office at 1 New Street Square, London, EC4A 3HQ, United Kingdom.

Deloitte LLP's affiliate (Deloitte Management Services Limited) is a shareholder in Deloitte EMEA BV (Deloitte EMEA). Deloitte EMEA is a member firm of Deloitte Touche Tohmatsu Limited (DTTL). DTTL and Deloitte EMEA do not provide services to clients. Services may be provided by other Deloitte entities within the global network of member firms, each of which are separate and independent legal entities. Please see www.deloitte.com/about to learn more about our global network of member firms.

© 2026 Deloitte LLP. All rights reserved.

Council of Governors – 3 September 2026

Changing Local Authority and NHS Landscape

**Will Cleary-Gray
Kerry Rogers**

Content and Purpose

The purpose of this presentation is to raise awareness on four strategic development:

1. Devolution and Local Government reform
2. Integrated Care Board reform and Cluster arrangements
3. Gloucester Provider Partnership
4. Advance Foundation Trusts and Integrated Health Organisations

Devolution and Local Government reform

Devolution and Local Government reform

The English Devolution White Paper (Power and Partnership) outlines plans to expand devolution to all parts of England and grant directly elected mayors unprecedented powers. It replaces fragmented structures including 2 tier local authorities with all unitary authorities and regional Strategic Authorities.

Responsibilities of New Strategic Authorities include:

1. Transport and local infrastructure
2. Skills and employment support
3. Housing and strategic planning
4. Economic development and regeneration
5. Environment and climate change
6. Health, wellbeing and public service reform
7. Public safety

The timeline for implementation **2028**.

Devolution Map of England

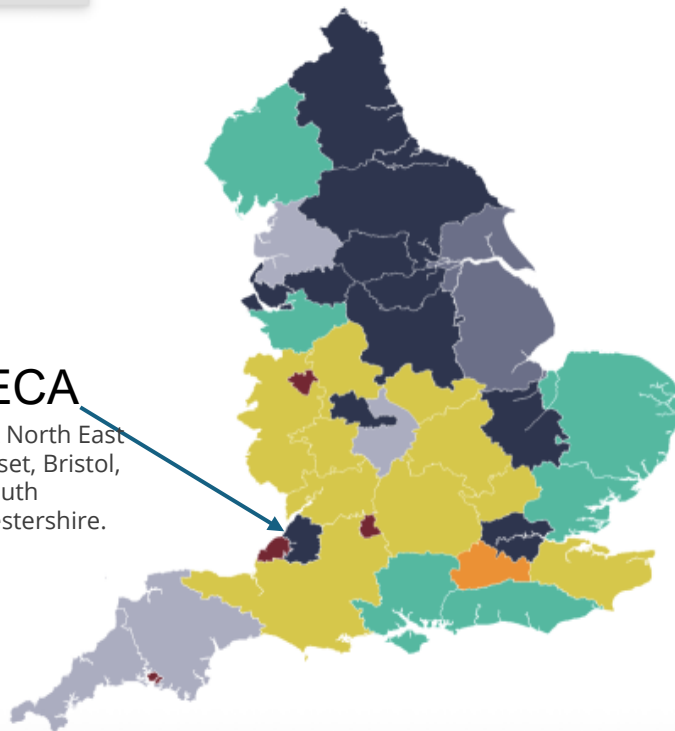
Boundaries and status of the emerging new tier of English strategic authorities

■ Strategic authority ■ Priority programme ■ Foundational devolution
■ First mayoral elections May 2025 ■ Discussions ongoing ■ Devo island
■ Reorganisation fast track

Interactive or visual content

WECA

Bath & North East
Somerset, Bristol,
and South
Gloucestershire.



Map key

Strategic authority: existing mayoral devolution, possibly on track to secure an integrated settlement

Priority programme: working towards establishing strategic authority for mayoral elections in May 2026

Foundational devolution: non-mayoral combined authority, previously known as 'level two' deals

Discussions ongoing: proposals have come forward and need to be agreed locally or with government

Devo island: council not signed up to deal but may be in talks with neighbours

Reorganisation fast track: Granted permission to cancel this May's election with a view to creating new unitary councils as quickly as possible

Gloucestershire Local Government reform

The proposals & which council supported what?

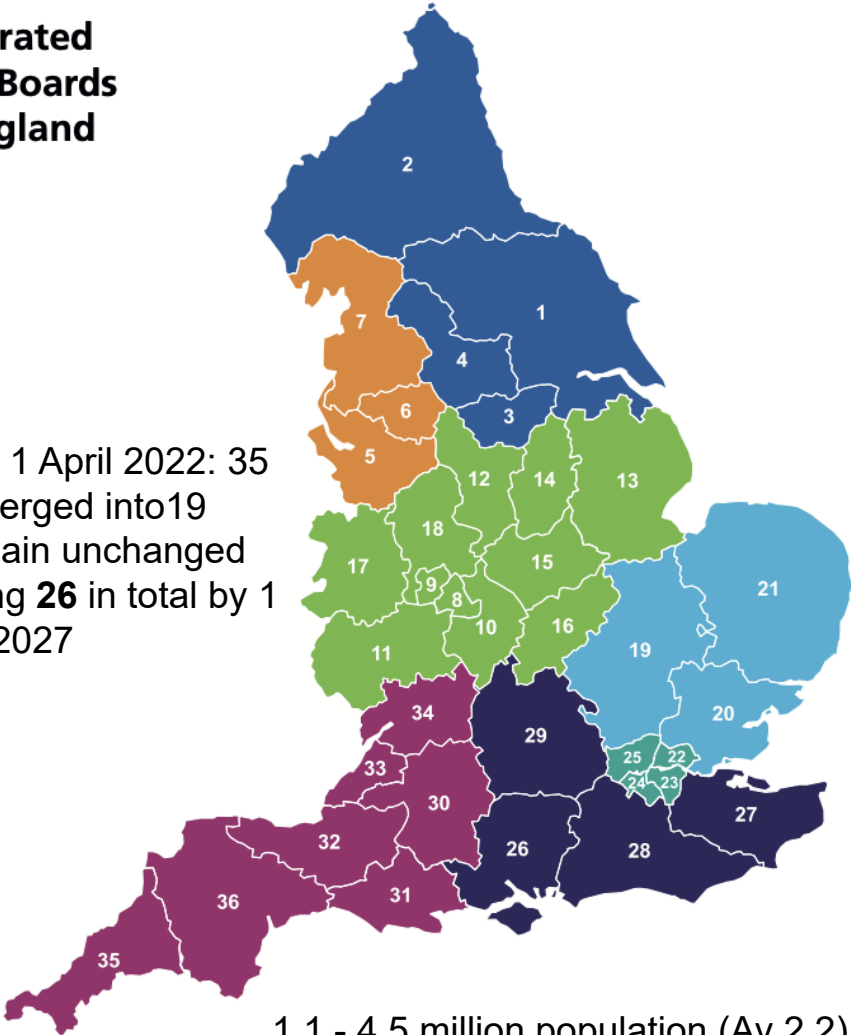


Forest of Dean District Council was not supportive of any of the proposals submitted

Integrated Care Board reform and Cluster Arrangements

Integrated Care Boards in England

42 on 1 April 2022: 35 will merged into 19 7 remain unchanged making 26 in total by 1 April 2027



North East & Yorkshire

- 1 NHS Humber and North Yorkshire ICB
- 2 NHS North East and North Cumbria ICB
- 3 NHS South Yorkshire ICB
- 4 NHS West Yorkshire ICB

North West

- 5 NHS Cheshire and Merseyside ICB
- 6 NHS Greater Manchester ICB
- 7 NHS Lancashire and South Cumbria ICB

Midlands

- 8 NHS Birmingham and Solihull ICB
- 9 NHS Black Country ICB
- 10 NHS Coventry and Warwickshire ICB
- 11 NHS Herefordshire and Worcestershire ICB
- 12 NHS Derby and Derbyshire ICB
- 13 NHS Lincolnshire ICB
- 14 NHS Nottingham and Nottinghamshire ICB
- 15 NHS Leicester, Leicestershire and Rutland ICB
- 16 NHS Northamptonshire ICB
- 17 NHS Shropshire, Telford and Wrekin ICB
- 18 NHS Staffordshire and Stoke-on-Trent ICB

Boxed groupings represent ICB clustering arrangements

East of England

- 19 NHS Central East ICB
- 20 NHS Essex ICB
- 21 NHS Norfolk and Suffolk ICB

London

- 22 NHS North East London ICB
- 23 NHS South East London ICB
- 24 NHS South West London ICB
- 25 NHS West and North London ICB

South East

- 26 NHS Hampshire and Isle of Wight ICB
- 27 NHS Kent and Medway ICB
- 28 NHS Surrey and Sussex ICB
- 29 NHS Thames Valley ICB

South West

- 30 NHS Bath and North East Somerset, Swindon and Wiltshire ICB
- 31 NHS Dorset ICB
- 32 NHS Somerset ICB
- 33 NHS Bristol, North Somerset and South Gloucestershire ICB
- 34 NHS Gloucestershire ICB
- 35 NHS Cornwall and The Isles of Scilly ICB
- 36 NHS Devon ICB

ICB Boundaries and Strategic Combined Authorities Clusters

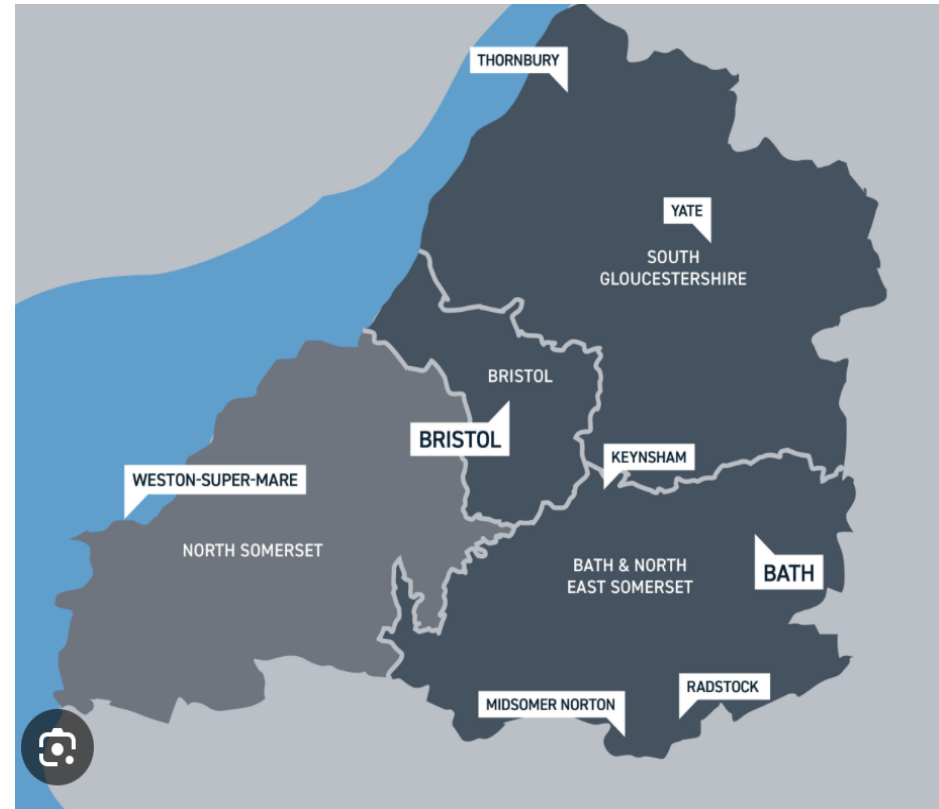
Bath & North East Somerset is part of the West of England Combined Authority area and the Bath, Swindon and Wiltshire (BSW), Dorset and Somerset ICB cluster footprint.

A configuration including B&NES within the Gloucestershire and BNSSG cluster footprint was considered as part of the clustering review, facilitated by NHSE SW in May 2025, but was not supported because:

- There was limited appetite to disaggregate the existing Bath, Swindon and Wiltshire ICB footprint
- Further boundary changes would create additional cost, complexity, disruption and impact on patient care
- There was no clear evidence that including B&NES would improve outcomes sufficiently to justify the cost and risk

The possible future inclusion of B&NES in the BNSSGG footprint has been raised during engagement. There is broad agreement that this could not be achieved by April 2027 without causing significant disruption, including changes to patient flows and increased risks to patient care because of the pace of change.

While **North Somerset Council** collaborates with **WECA** on broader regional partnerships (like the business-led Local Enterprise Partnership), it is not yet a formal member. However, steps to formally incorporate North Somerset into the Combined Authority are in progress



Gloucestershire Provider Partnership

Vision and Purpose

In April 2026 the **Gloucestershire GP Collaborative, Gloucestershire Health and Care and Gloucestershire Hospitals** agreed a collective **Memorandum of Understanding (MoU)** setting out how we will work together for the people of the County. The partnerships' vision and key purpose is to:

- **Structured leadership:** provide structured and oversight of system-wide transformation programmes and the development of the partnership as it evolves
- **Oversight of Transformational Change:** oversee and coordinate coordinate NHS transformation priorities, supporting delivery of the ICB strategic commissioning intentions and jointly agreed system priorities
- **Vehicle for local collective action:** be a vehicle for collective action and coordination and delivery mechanism
- **Host collective resource:** Have the ability amongst the partners to host collective resources (money and people) which supports this programme

Continued

The Provider Partnership is building on a history of collaboration to work as one to deliver more joined-up physical and mental health and wellbeing care and support for the people of Gloucestershire and work with wider partners to:

- Deliver more **care closer to home**, helping people stay well and independent for longer
- Shift from reactive care to earlier, **proactive support** in our communities
- Develop **neighbourhood health** and teams, bringing services together around patients, not organisations.”
- Making it **easier for people to access** the right care quickly, in the right place

Our success will be measured by the difference this makes to people's **experience** and **outcomes** and how we make best use of **collective resources**

Memorandum of Understanding with the ICB

- The Partnership agreed its MoU in April 2026. It subsequently agreed an MoU with the ICB in April 2026 to deliver on a set of objectives. In summary the objective covered three key themes:
 - **Priority 1: Older people living with frailty and dementia**
 - **Priority 2: People living with multiple long-term conditions (rising risk)**
 - **Priority 3: People of all ages living with serious mental illness**
- £2 million funding is aligned to each partner to support delivery over 2026/27 – 28/29 and quarterly update of delivery as a Partnership from agreed baseline.

Mobilisation – governance, resourcing, system portfolios

- To provide both oversight of delivery of objectives and development of the Provider Partnership the partnership has developed Governance proportionate to the work of the Partnership.
- This provides a mechanisms for working with wider partners including GCC and VCSE colleagues, through a Transformation Delivery Partnership Board and a mechanism for reporting into other structures including Place, ICB and NHSE
- The Partnership has agreed initial core shared resources (Programme Directors of 3 priorities and Transformation PMO lead) and resourcing model, with recruitment underway.
- System portfolio work is being reviewed and transitioned to the Partnership.
- Each partner organisation is in the process of aligning with internal interdependent transformation.

Gloucestershire Provider Partnership Governance

Purpose: focus on strategic development and delivery of the partnership.

Membership: CEO and nominated executive from each Provider Partner.

Meets 2 weekly

Oversight of delivery of Transformation

Membership: Programme and project workstream leads, includes wider partners including GCC and VCSE

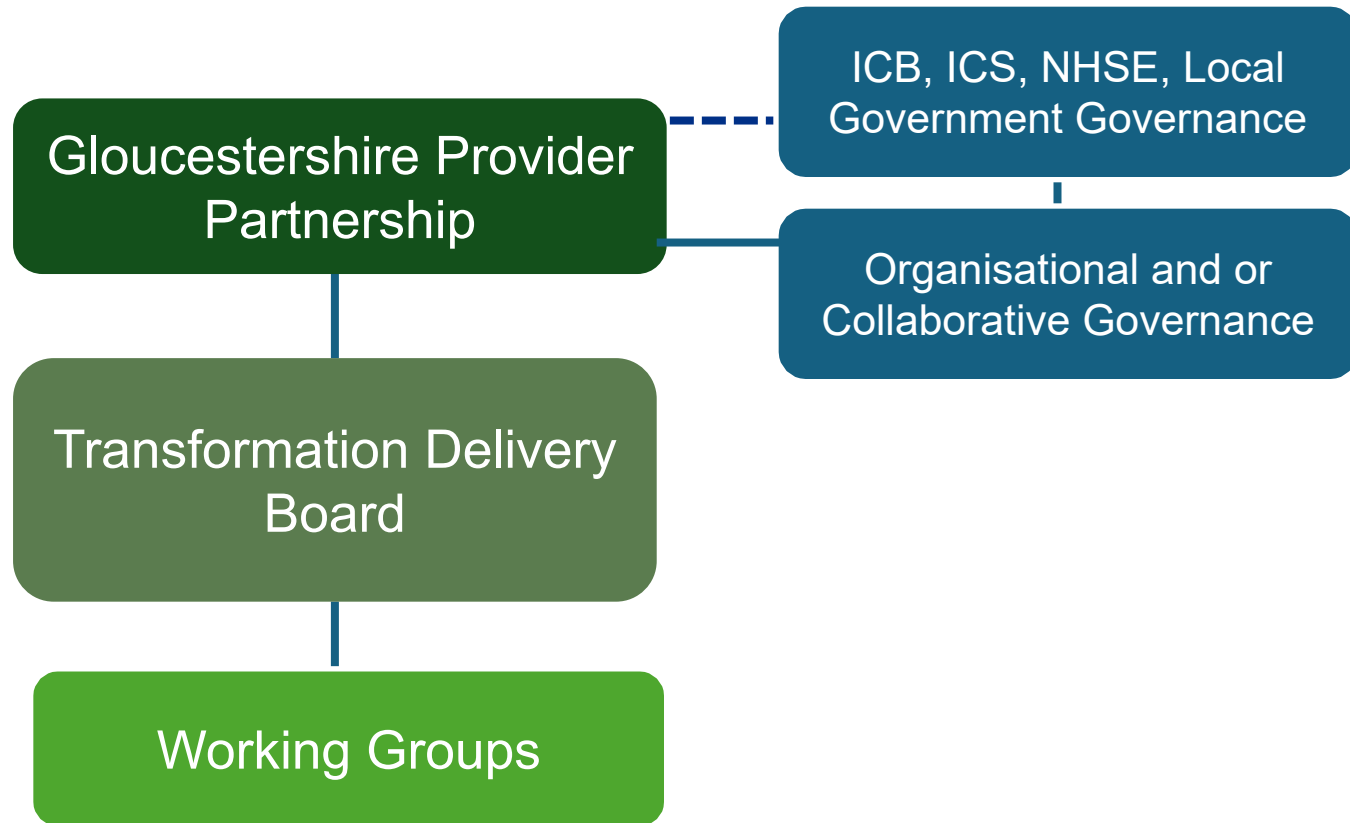
Meets bi- monthly

Transformation,

Working Groups

Meetings defined by

SROs



New Advanced Foundation Trusts Integrated Health Organisations

Strategy and Policy

The Government's [10 Year Health Plan](#) for England, set out an ambition for all Trusts and Foundation Trusts in England to become new Advanced Foundation Trusts by 2035.

This was part of the Government response to get the NHS back on its feet by redistributing power to the frontline: to providers, clinicians, staff, patients and local communities.

The aim to reward and incentivise good performance and re-establish the principle of earned autonomy, which was seen to drive substantial improvements in the 2000s.

At the forefront of this will be a reinvigorated and reinvented foundation trust model.

Policy Guidance for Trusts was published in June 2026

'Give and Get' principle

Advanced foundation trusts

Will give:

- Strong local leadership and a commitment to delivering the three shifts
- Detailed annual plans covering finance, service delivery, local engagement and innovation
- Early warning of any issues on a 'no surprises' basis.

• Will get:

- Freedoms that, once won, are retained unless there is significant fall-off in capability
- Time to plan and deliver investments to improve services and deliver transformation.

The Centre

Will give:

- Operational autonomy, with advanced foundation trusts provided with time to address all but the most significant concerns
- Financial freedoms as set out in paragraph 19.

• Will get:

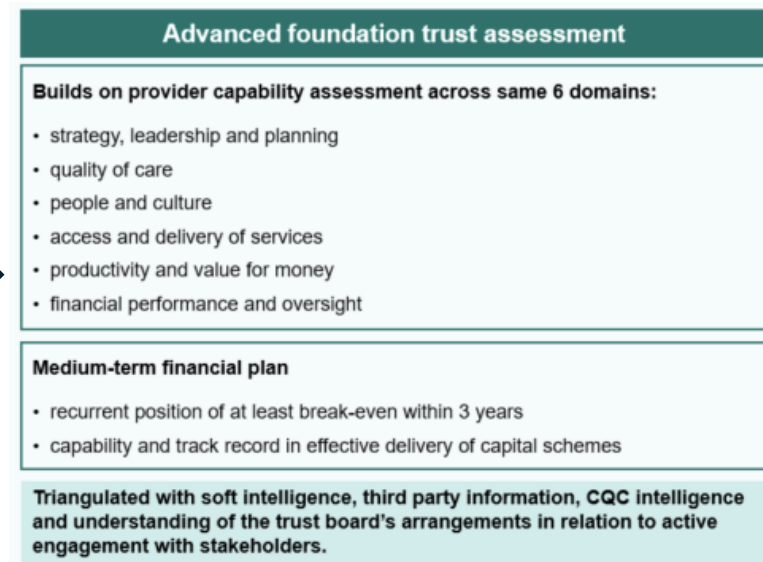
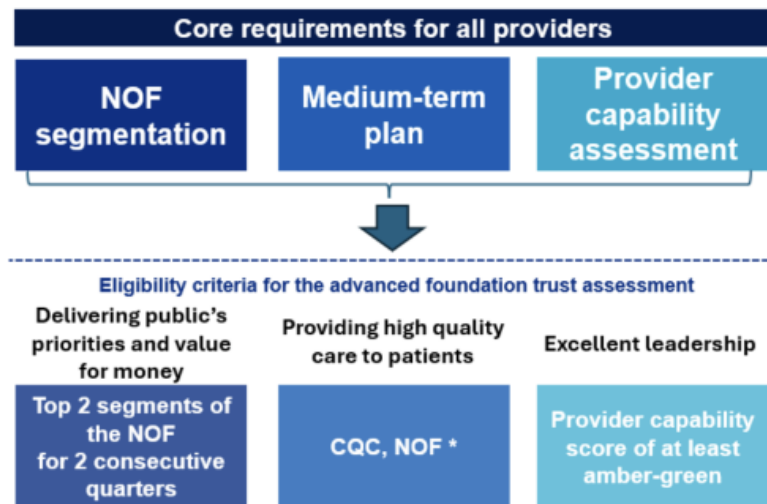
- Assurance that capable providers are aware of and addressing issues, with ability to escalate swiftly where there are serious quality, finance or delivery concerns
- Continuing visibility of performance via NOF segments, league tables
- Regular updates on contribution towards 10 Year Health Plan delivery via a deep-dive annual review

AFT Assessment

1. Is the trust well led, collaborating with system partners to improve population health and tackle inequalities, and responsive to local communities?
2. Does the trust provide high-quality services with robust quality governance in place?
3. Is the trust financially sustainable with a focus on productivity improvement?

AFT Assessment Framework

Assurance approach for the advanced foundation trust assessment



Report to Council of Governors

Date of Meeting	3 September 2026
Report title	Engagement and Involvement Annual Review 2025-2026
Sponsoring Director/Author	Will Cleary-Gray – Director of Improvement and Delivery James Brown, Director of Engagement, Involvement and Communications Juwairiyia Motola, Community Engagement and Involvement Manager

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

Executive Summary
Background This is the sixth formal report on our engagement and involvement activity. The report has been shared and discussed at Quality Delivery Group and Quality and Performance Committee. It has been endorsed by and recommended to the Board by Quality and Performance Committee. Purpose • To present the Engagement and Involvement Annual Review 2025-2026. • The Annual Review will be published to sit alongside our Annual Report and Quality Accounts and is a key part of the Trust Strategy • The review provides a summary, case studies, and activities over the last year, as well as next steps. • The reviews are an important part of our evidence for CQC well-led framework and the NHS 10 Year Plan for community and public engagement. Key issues to note • The annual review sets out why engagement and involvement are important to the Trust and how we have worked with local people, community groups, and partners over the last year.

- The review sets out who our local communities are and the challenges of health inequalities across the county.
- Our commitment to engagement is a core element of the Care Quality Commission (CQC)'s well-led domain. We have shared previous annual reviews with CQC as part of the Well-led review.
- The Trust has continued to develop and improve the Community Engagement Tracker, detailing the monthly activity undertaken, themes, and impact.
- The CQC has significantly changed the focus of much of its regulatory framework, with a primary focus on 'people and communities' and assessing how NHS organisations involve, engage, and listen to local people in improving services.

Engagement & Involvement Annual Review 2025–26 and Community Engagement Tracker.:

- To present the draft Engagement & Involvement Annual Review 2025–26 and Community Engagement Tracker.
- The Review (sixth annual report) summarises engagement activity, key themes, case studies, and priorities, and will be published alongside the Annual Report and Quality Accounts.
- Demonstrates engagement with local communities and partners, with a focus on health inequalities and seldom-heard groups.
- Provides evidence of ongoing development in capturing insight and impact, aligned to CQC Well-led requirements and emerging NHS England expectations.
- Engagement and involvement are increasingly embedded as core business, aligned to the Patient Experience and Voice strategic priority.
- Continued focus on strengthening impact, insight use, and inclusive engagement to improve outcomes and reduce inequalities

Previously considered by

- Quality delivery Group 9th June 2026
- Improvement & Delivery Team Monthly Meet -10th June 2026
- Quality & Performance Committee 25th June 2026
- Trust Board 16th July 2026

Recommendations:

Governors are asked to:

- **NOTE** the contents of the Engagement & Involvement Annual Review 2025–26, including key achievements, themes, challenges and priorities identified during the reporting period.
- **PROVIDE FEEDBACK AND COMMENTS** on the findings of the review and the proposed priorities for 2026–27.
- **DISCUSS** and identify any areas for future development to strengthen engagement, involvement, co-production and community partnership working across the Trust.

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

Impact on any Strategic Risks?
SR10

Implications on:	
Equality, Diversity and Inclusion	Provide evidence of our delivery against statutory duty to engage and involve patients and the public in planning, developing, and changing services, ensuring decisions reflect community needs and reduce health inequalities.
Health Inequalities	Provide evidence of our delivery against statutory duty to engage and involve patients and the public in planning, developing, and changing services, ensuring decisions reflect community needs and reduce health inequalities.
Finance and Resource	n/a
Regulation/Legal	Provide evidence of our delivery against statutory duty to engage and involve patients and the public in planning, developing, and changing services, ensuring decisions reflect community needs and reduce health inequalities.
CQC-Key line of enquiry	Provides evidence of ongoing development in capturing insight and impact, aligned to CQC Well-led requirements and emerging NHS England expectations.
Green Plan	n/a

Main Report

1. Purpose

- This report presents the Engagement & Involvement Annual Review 2025–26 and Community Engagement Tracker (Appendix 1).
- The review summarises key engagement and involvement activity, achievements, themes, impact and priorities for future development. It will be published alongside the Trust's Annual Report and Quality Accounts.

2. Background

- Engagement and involvement support the Trust's commitment to delivering person-centred care and ensure that patient, carer and community voices inform service development and decision-making.
- The Trust serves diverse communities with differing needs and experiences. Understanding these perspectives is essential to improving outcomes and reducing health inequalities.

3. Current Position

- Engagement and involvement activity continues to be embedded across the Trust and aligned to the Patient Experience and Voice strategic priority.
- During 2025–26, activity included community outreach, co-production projects, partnership working, targeted engagement with seldom-heard groups and initiatives to improve accessibility and inclusion.
- The Young Influencers Programme has continued to provide valuable opportunities for young people to shape services and contribute to improvement initiatives across the Trust.

4. Key Themes and Emerging Risks

- Key themes from engagement activity include communication, access to services, reducing inequalities, and the importance of involving communities in decision-making.
- Demand for engagement and involvement activity continues to increase, placing pressure on available capacity and resources.
- Strong progress in outreach and partnership working has enhanced engagement with underserved communities and supported work to address health inequalities.
- The Young Influencers programme remains a highly impactful example of meaningful engagement, amplifying youth voice. However, risk to resourcing would impact the Trust's ability to engage effectively with younger people and sustain the programme.
- Further work is required to strengthen the capture, triangulation and use of engagement insight and to improve demographic data quality to better understand and address health inequalities.
- The current Engagement & Involvement Strategy (2020–2024) is out of date and no longer fully reflects the Trust's refreshed strategic priorities.
- There is a growing risk of abuse, antisemitism, islamophobia, racism and other forms of discrimination being experienced within some areas of Gloucestershire and at community events. Community engagement activities are undertaken in accordance with the Trust's Lone Worker Policy, with risk assessments completed and mitigations implemented to ensure the safety and wellbeing of staff, volunteers and participants.

5. Next Steps

Priorities for 2026–27 include:

- Developing a joint Patient Experience and Voice strategic plan, aligned to the Trust Strategy.
- Strengthen co-design and engagement with underserved and seldom-heard communities, while improving the capture, triangulation and use of engagement insight to inform service improvement, decision-making and the reduction of health inequalities.
- Reviewing options to support the sustainability of the Young Influencers Programme.
- Improving the quality and completeness of demographic data.
- Further develop the Community Engagement Tracker and work in partnership with the Trust's Business Intelligence Team to establish a Community Engagement Dashboard, strengthening reporting, impact measurement and organisational insight, while improving visibility of engagement activity, reach, themes, outcomes and impact across the organisation.

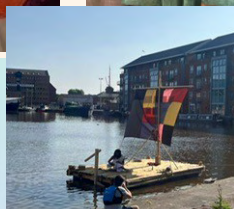
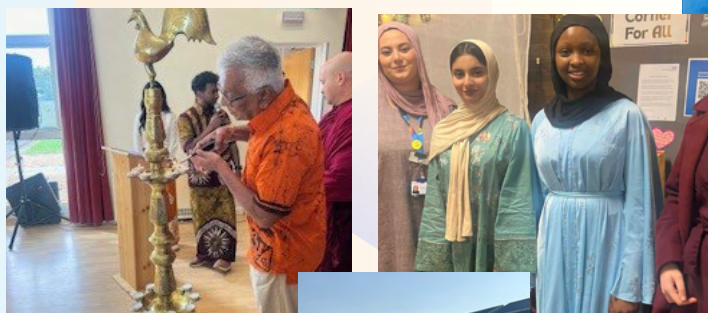
6. Conclusion

- The review demonstrates continued progress in embedding engagement and involvement across the Trust through community outreach, partnership working and co-production.
- The report provides assurance that engagement activity continues to support improved patient experience, reduced inequalities and stronger community partnership working, while identifying key priorities for future development.

Enclosures

Appendix 1: Community Engagement Tracker is provided for assurance and to support the Group's understanding of the scale, reach and impact of community engagement activity undertaken during 2025–26.

FOI: Public,



Engagement and Involvement Review

2025 – 2026

Annual Engagement and Involvement Review 2026 Foreword

As the Young Influencer Group, we're excited to introduce this year's report. Over the past year, we've seen first-hand how much of a difference it makes when young people are involved in shaping health and care, not just talked about, but listened to.

One of the biggest moments for us this year was the Trust signing up to The Power of Youth Charter. For us, this wasn't just a box-ticking exercise. It meant a real commitment to making sure young people, especially those from marginalised and ethnic minority backgrounds, have a voice in decisions that affect them. This matters because these are the groups who often face the biggest barriers to good health. Making space for their voices links directly to the Trust's golden thread of tackling health inequalities, and we're proud to be part of that work.

Being involved in projects across the hospital has shown us how powerful it is when different perspectives come together. Young people notice things adults sometimes miss. We ask questions that challenge assumptions, and we bring experiences that help staff understand what it feels like to use services at our age.

We've met so many brilliant people this year across the hospital and within the community who've shared their ideas and listened to our feedback. These conversations need to continue to help understand what really matters to people, what needs to change and what part we can all play to bring about this change.

We want to say a massive thank you to everyone who's supported us. The Gloucestershire Hospitals Charity has helped us grow, learn, and take on projects we never thought we'd be part of. And to the staff and Governors who've welcomed us in and taken our ideas seriously, thank you.

We're proud of what's been achieved this year, and we're even more excited about what's coming next. Young people have a huge role to play in shaping the future of health and care in Gloucestershire, and we're just getting started.



Executive Summary

“Coming together is a beginning; keeping together is progress; working together is success.”

Vincent Van Gogh

The relationships we continue to build with our communities across Gloucestershire are fundamental to delivering health and care services that are truly patient-centred, equitable and accessible. At Gloucestershire Hospitals NHS Foundation Trust, we believe that meaningful engagement and involvement are not separate from the work we do – they are central to how we listen, learn and improve.

This year, we have strengthened our commitment to ensuring that patient experience and community voice shape everything we do, working closely with patients, carers, colleagues and communities as equal partners in the design and delivery of services. Through these partnerships, we are gaining deeper insight into the diverse needs, experiences and challenges faced by our local population, particularly those who may face barriers to accessing care.

By working collaboratively with community groups, voluntary organisations and system partners, we have been able to develop more inclusive, culturally responsive and impactful approaches to engagement. This has enabled us to improve access to services, build trust, and ensure that the voices of our communities influence real change.

Executive Summary



Juwairiyia Motala

Community Engagement and
Involvement Manager



James Brown

Director of Engagement,
Involvement and
Communications

We are proud of the strong partnerships we continue to build with communities, including those who are often seldom heard. Our collaborative approach has enabled us to reach more people across the county and create more opportunities for individuals to share their experiences in ways that are accessible and meaningful to them. Whether through community events, partnership working, or innovative digital platforms, we are continuing to enhance how people can get involved and influence our work.

Ultimately, our engagement and involvement activity supports the delivery of better care, improved experiences and stronger outcomes. By working in partnership, we can address inequalities, improve health outcomes and create more connected and resilient communities.

As we look ahead, we remain committed to strengthening our relationships with communities and embedding engagement as a core part of how we operate. We will continue to listen, learn and adapt, ensuring that the needs of our population are understood and responded to as they evolve.

We would like to extend our sincere thanks to all individuals, partners and organisations who have contributed to our engagement and involvement work this year. Together, we will continue to ensure that the voices of local people and communities remain at the heart of health and care decision-making in Gloucestershire.

Who we are and what we do

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

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



GRH

**Gloucestershire
Royal Hospital**



CGH

**Cheltenham
General Hospital**



SMU

**Stroud
Maternity Unit**

Our vision

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

Our vision is simple, we want to:

Deliver the best care every day for everyone

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

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

Our values

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

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

→ **We are Caring**

Always showing kindness and concern for others

→ **We are Compassionate**

Focusing on our relationships with others by listening, respecting and valuing their experiences

→ **We are Inclusive**

Ensuring everyone gets the care and support they need regardless of identity or background

→ **We are Accountable**

Taking personal responsibility for our actions, decisions and behaviours

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

Our commitment to engagement and involvement

Why is engagement and involvement important?

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



What are we doing?

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

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

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

- Improve the quality of care and services.
- Improve patient safety.
- Improve colleague and patient experiences.
- Shape services around what local communities tell us matters most to them.
- Attract, recruit, and retain the best staff to the Trust.
- Support and celebrate the diversity of our local community in promoting healthy living.

Community and patient partnerships

At the centre of our approach is a commitment to working alongside patients, carers and communities as equal partners in shaping services.

This reflects a shift towards co-production, where people are actively involved in influencing decisions and developing solutions. Over the past year, we have strengthened partnerships with VCSE organisations, Healthwatch Gloucestershire, faith and cultural groups, system partners and community leaders.

These partnerships enable us to:

- Reach underserved and seldom-heard communities
- Build trust and confidence in services
- Ensure engagement is inclusive and accessible
- Understand barriers to care

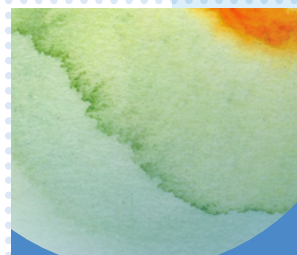
By working with trusted community networks, we are creating more meaningful and effective approaches to engagement.

Our partners

We are committed to working with our partners to deliver the best outcomes for our local communities.

This means playing an active role in the Gloucestershire Integrated Care System (ICS) and formal partnerships with our regional collaboratives and neighbouring NHS Trusts.

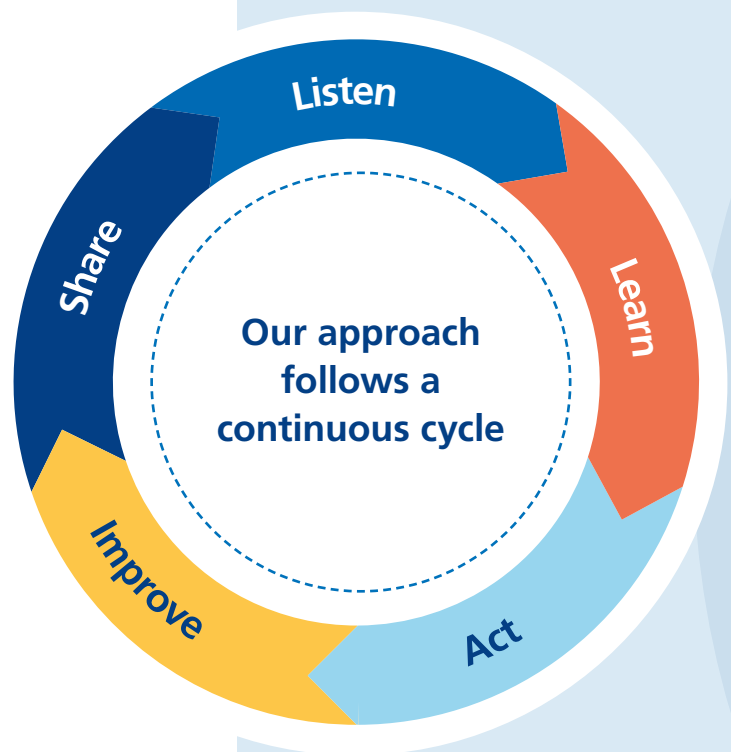
We also work closely with a wide range of diverse community organisations, including Inclusion Gloucestershire, Healthwatch and the VCSE Alliance to ensure we listen and understand the needs of our local population and to ensure we can shape services effectively.



Embedding patient experience and voice

A key principle of our work is that patient experience and community voice shape everything we do.

We have strengthened how feedback is used by embedding engagement into service improvement, using patient stories to inform decision-making, and co-designing services with communities.



This ensures engagement is part of everyday practice, not a one-off activity.

Partnership working plays a key role in addressing health inequalities and improving access to care.

Through collaboration with community organisations, we have engaged underserved groups, delivered targeted outreach, and improved access to culturally appropriate information. This includes work with refugee communities, faith-based initiatives such as Ramadan, and community wellbeing programmes.

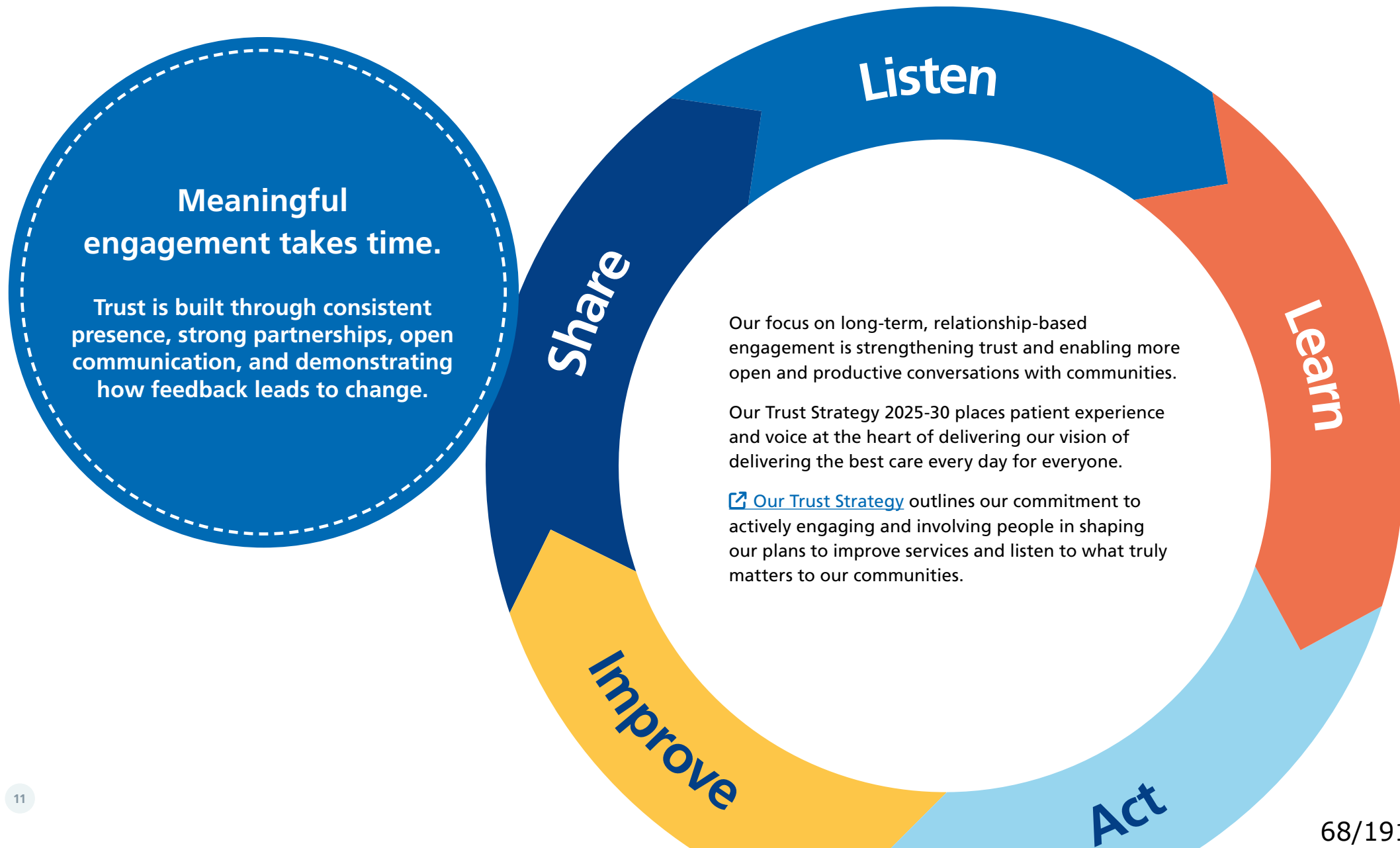
These approaches ensure services are inclusive and reflective of the diverse communities we serve.

We continue to embed co-production across our work, including:

- Partnership work with Mindsong on dementia resources
- Youth-led service improvement through Young Influencers
- Delivery of community health awareness initiatives

Combining clinical expertise with lived experience helps create services that are more effective and sustainable.

Embedding patient experience and voice



An introduction to Gloucestershire

An introduction to Gloucestershire

Gloucestershire is a county of contrasts, combining areas of outstanding natural beauty with communities facing deprivation and rural isolation. From ancient forests and iconic rivers to vibrant towns and villages, these diverse environments shape how people live, access services and experience health and wellbeing.

The county is also increasingly diverse, with over 100 languages spoken across a mix of rural and urban communities. This diversity is reflected within Gloucestershire Hospitals NHS Foundation Trust, where more than 9,000 colleagues from over 795 nationalities bring a wide range of skills, experiences and cultural understanding to the care we provide.

As a key local anchor institution, the Trust recognises its responsibility to work in partnership with communities and organisations across Gloucestershire. By building strong relationships and working collaboratively, we aim to improve health outcomes, reduce inequalities and ensure services are accessible and responsive to local needs.

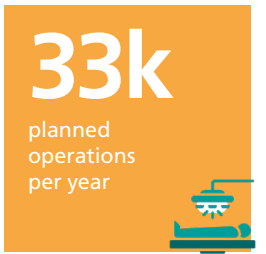
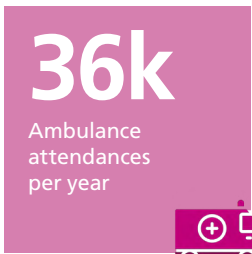
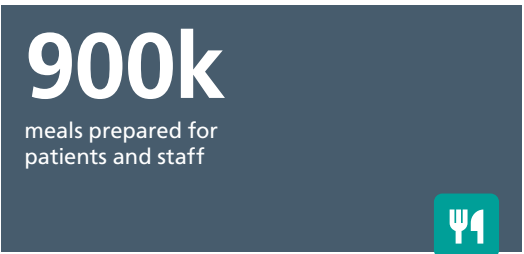
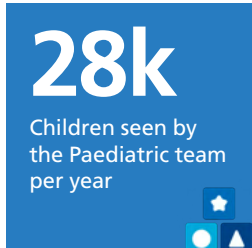
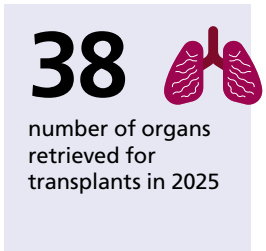
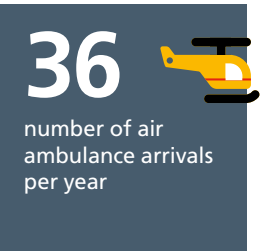
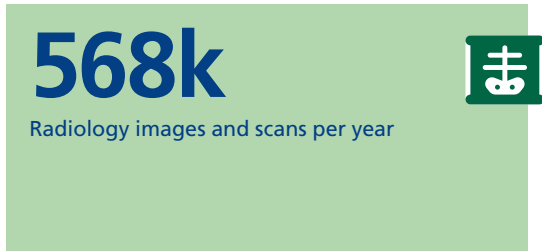
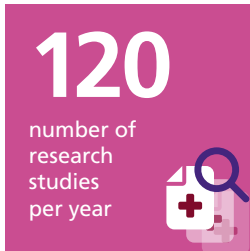
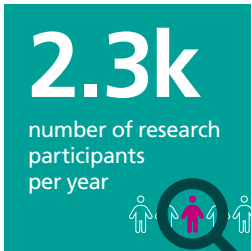
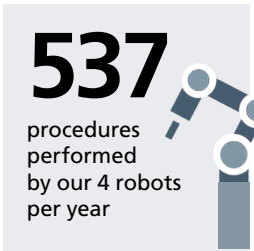
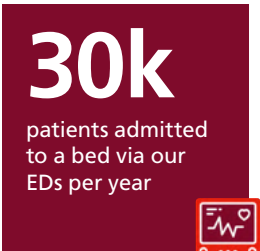
Through these partnerships, we are better able to understand the communities we serve and deliver care that reflects their needs and experiences.



NHS
Gloucestershire Hospitals
NHS Foundation Trust



Our Trust in numbers



Working with our partners, places and communities

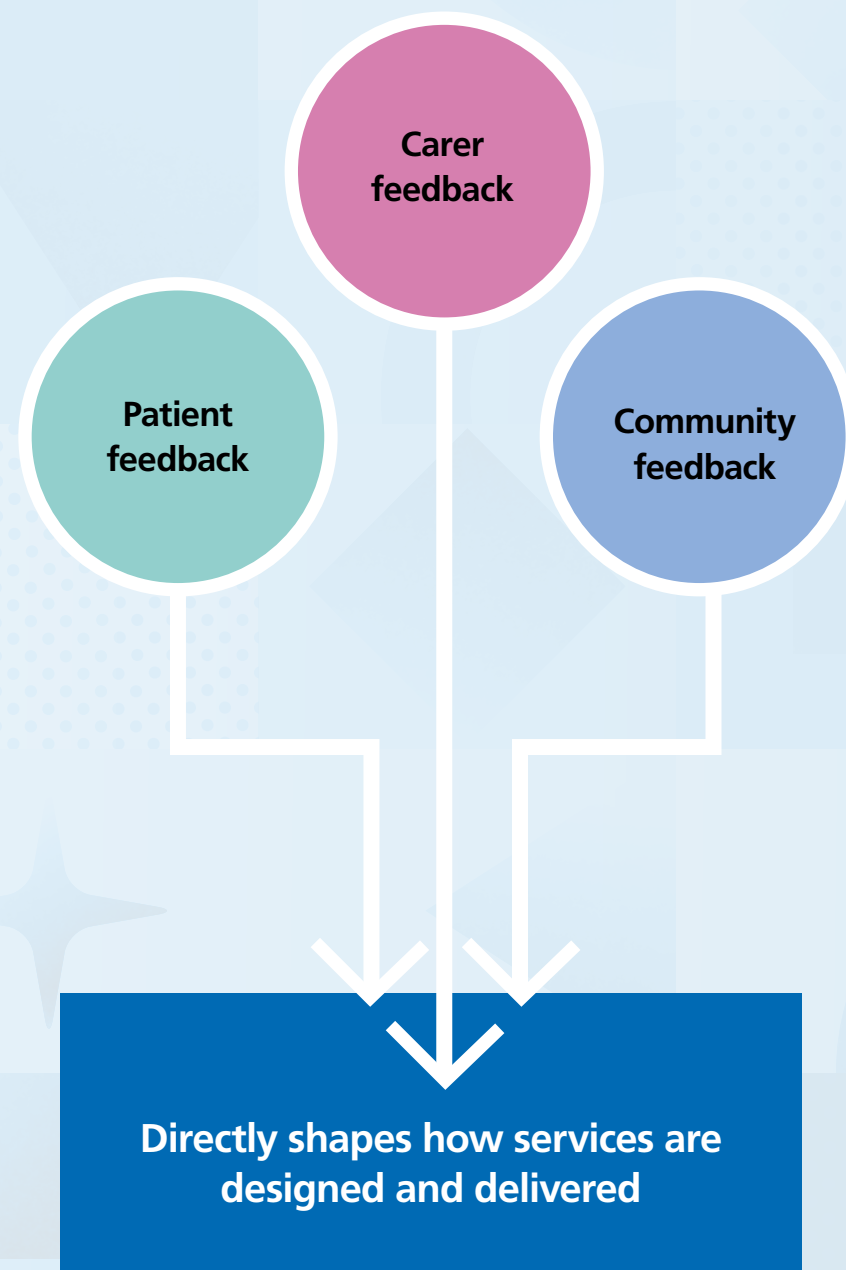
We work closely with partners across the One Gloucestershire Integrated Care System (ICS) to deliver joined-up, person-centred health and care services. This collaborative approach supports the Trust Strategy commitment to working in partnership with patients, carers and communities to shape services and improve outcomes.

Understanding what matters most to our communities is central to delivering the Best Care for Everyone. Gloucestershire has diverse rural, urban and cultural populations, each with different needs and experiences. We are committed to ensuring that patient voice and lived experience inform decision-making, so services remain inclusive, accessible and responsive.

Our partnerships with the Voluntary, Community and Social Enterprise (VCSE) sector, Healthwatch Gloucestershire and wider system partners are essential in helping us reach communities, particularly those who may experience barriers to accessing care.

Through these partnerships, we can:

- Reach underserved and seldom-heard groups
- Build trust and strengthen relationships
- Improve access to services and information
- Develop culturally appropriate and inclusive approaches



How people get involved

People can contribute in several ways, including:

Governors and Trust Membership	Get Involved platforms	VCSE partnerships and Young Influencers
Feedback channels (FFT, Care Opinion, PALS)	Community events, social media and patient stories	Trust Board and Annual Members Meetings

These opportunities enable a wide range of voices to influence health and care across Gloucestershire.

Strengthening engagement, impact and outcomes

We continue to improve engagement by increasing accessibility and combining digital and face-to-face approaches.

[Our Community Engagement Tracker](#) helps us monitor activity, understand priorities, identify gaps and support evidence-based decisions.

Between April 2025 and March 2026, we engaged over 7000 people through 42 activities, leading to improved access to information and services, increased use of VCSE support, better appointment attendance and stronger community relationships.

We will continue using feedback and data to refine our approach, ensuring services reflect local needs and reduce inequalities.



Case studies

1. Codesigning the Trust Strategy
2. Spotlight on impact: working in partnership with communities – Mindsong Collaboration
3. Strengthening youth voice and leadership (Young Influencers programme)
4. Community volunteers recruited to talk to young people about organ and tissue donation
5. Leadership visibility and community voice
6. 16 days of action against domestic abuse and partnership working
7. Refugee Week 2025 and community partnerships
8. Ramadan engagement and Iftar events
9. Experience-based co-design improvement project – Maternity Triage
10. Diabetes awareness – Jewish community
11. Neonatal and Maternal Mortality Reviews Update

1 Codesigning the Trust Strategy

BRIEF DESCRIPTION

This report summarises engagement and involvement activity delivered during 2024–2025 to support service improvement and delivery of the Trust Strategy (launched November 2025).

Our approach reflects the Trust’s commitment to putting patients, carers and communities at the heart of everything we do, ensuring services are shaped by lived experience and responsive to local need.

Engagement took place across Gloucestershire in hospitals, community settings and online, supporting the strategic ambitions to:

- Deliver “the best care for our people”
- Tackle “inequalities and improve access”
- Strengthen “partnership working with our communities”

We also worked proactively with community partners to ensure engagement was inclusive, representative and accessible.

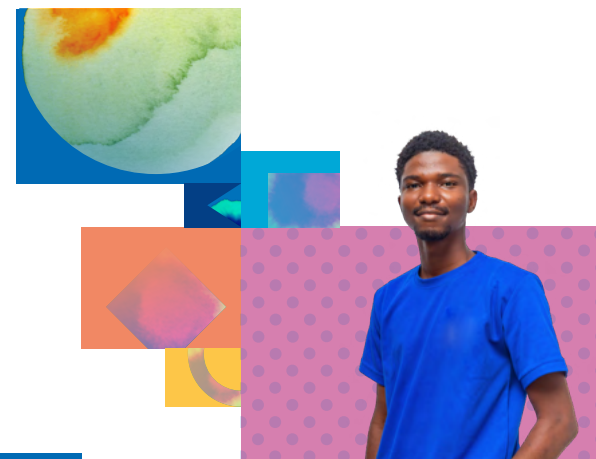
Who did we speak to?

We spoke to over 2000 people and diverse range of people, including:

- Patients, families and carers with recent experience of our services
- Members of the public across Gloucestershire
- Community and voluntary sector organisations
- Young people, including our Young Influencers group
- People from underserved and seldom-heard communities
- Trust staff and clinical teams
- System partners across health and care

In line with the Trust Strategy priority to ‘reduce health inequalities’, we prioritised engagement with people who:

- Experience barriers to accessing care
- Have poorer health outcomes
- Are less likely to engage through traditional methods
- Bring lived experience of specific services



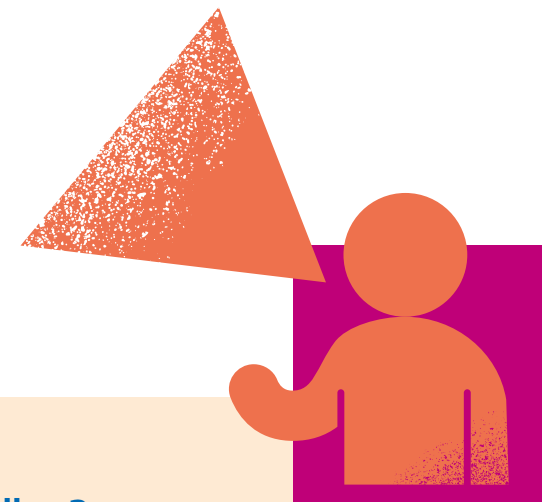
1 Codesigning the Trust Strategy

What and how did we ask?

We used a wide range of engagement methods to ensure people could share their views in ways that worked for them:

- Community outreach and listening events
- Surveys (online and paper-based)
- Focus groups and co-design workshops
- Online engagement platforms and forums
- Social media activity, including Facebook Live sessions
- Partnership-led engagement through voluntary and community organisations
- Targeted work with specific groups (e.g. young people, culturally diverse communities)

This approach supports the Trust's ambition to "improve access, experience and participation".



What did people tell us?

Across engagement activity, people told us that:

- Communication about services is not always clear or easy to understand
- They want to feel "listened to, respected and involved" in decisions about their care
- Waiting times and access to services remain a key concern
- Services can feel fragmented and difficult to navigate
- Care should be more "culturally appropriate and inclusive"
- Digital services are helpful, but alternatives must remain available

1 Codesigning the Trust Strategy

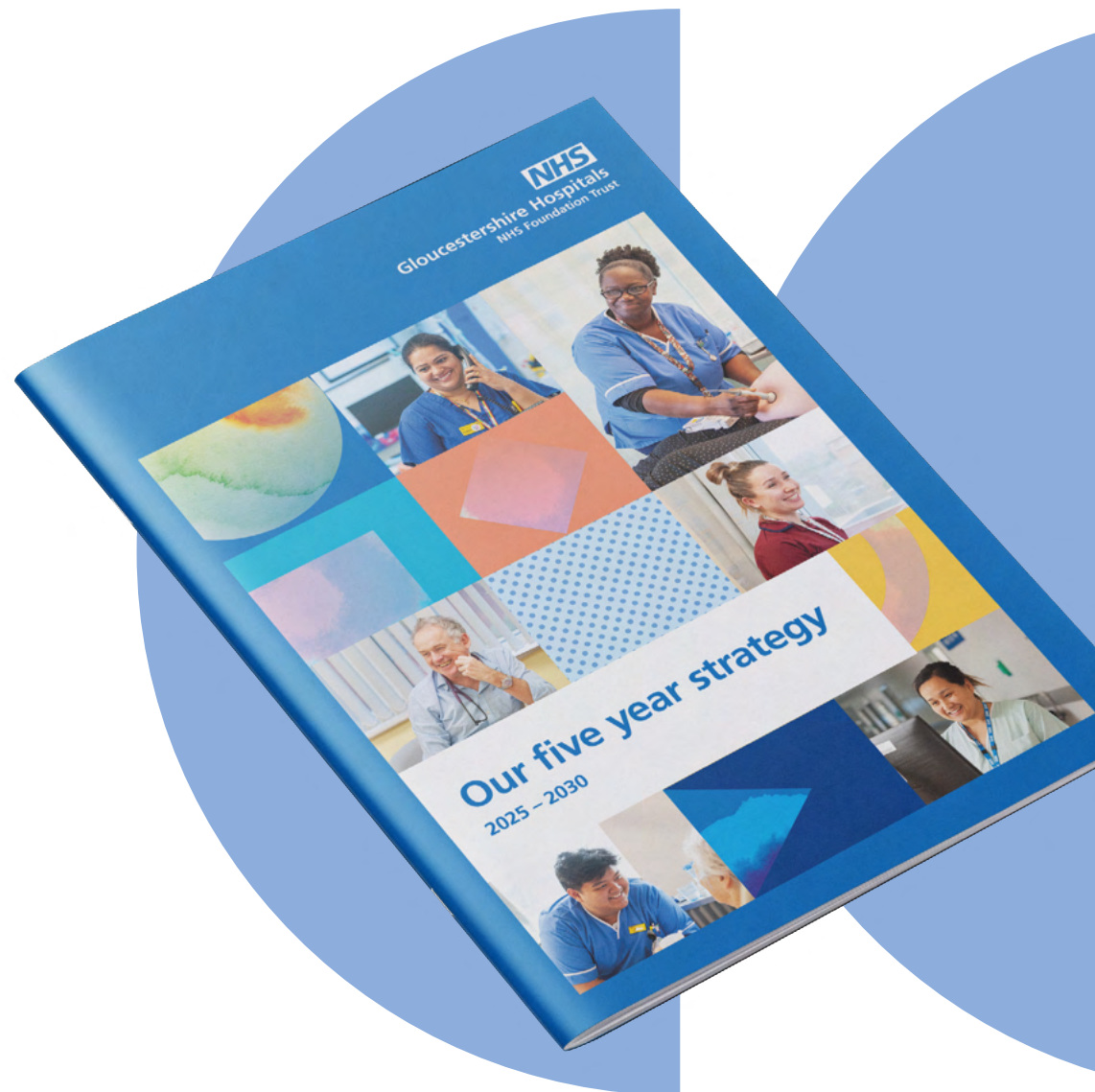


What did people tell us mattered most to them?

Key themes that mattered most to people included:

- Person-centred care – being treated as individuals
- Equity of access – fair access regardless of background
- Continuity and coordination of care
- Clear, timely communication
- Trust and transparency
- Opportunities to influence services and see change happen**

These priorities directly support delivery of the Trust Strategy commitments to quality, inclusion and partnership.



1 Codesigning the Trust Strategy

What did we do?

To respond to what we heard, we:

- Embedded “co-production approaches” in key programmes and service redesign
- Strengthened relationships with community and voluntary sector partners
- Improved the clarity and accessibility of patient information
- Increased targeted outreach to underserved groups
- Expanded digital engagement while maintaining inclusive offline options
- Supported staff to build confidence and capability in engagement and inclusion

As a result of this work:

- Service improvements have been shaped by patient and community insight
- Engagement has reached a broader and more diverse audience
- Changes have been made to improve access, communication and experience
- Feedback is increasingly influencing decision-making and service design
- Engagement and involvement are becoming embedded as ****core business****

Further information is available at:

You can access the full strategy:

🔗 [GHNHSFT Strategy 2025–2030 and a supporting summary version.](#)

You can also explore the Strategic Framework in the one-page snapshot of our vision, values, and priorities: [Strategic Framework](#)

2 Spotlight on impact: working in partnership with communities – Mindsong Collaboration

BRIEF DESCRIPTION

This year has seen a significant strengthening of our partnership with Mindsong and local communities. Mindsong is a Gloucestershire charity that specialises in providing music-based services for people with a dementia and their families. Several of these services are commissioned and funded by the ICB, recognising that music and sound are some of the most powerful tools in dementia care. Music offers a stimulus to the brain which is like no other and helps people to stay connected with memories and life experiences, as well as with family, community, faith and culture.

Building on the success of Sounds of the Soul (co-created with the South Asian Muslim community in 2025), we expanded this approach by working closely with the Hindu community in Cheltenham and Gloucester to develop the Sangeet Memory Box—a culturally meaningful resource rooted in music, memory and lived experience.

This work reflects the importance of sustained, relationship-based engagement, where community insight directly informs care and service development.

Who did we speak to?

We worked closely with:

- People living with dementia and their families
- Members of the South Asian Muslim and Hindu communities
- Community leaders and groups
- Mindsong
- Adult Social Care and Memory Teams at Gloucestershire Health and Care NHS Foundation Trust

Audience and why them?

We focused on culturally diverse communities who may experience barriers to accessing dementia support.

This approach ensured that services and resources are inclusive, culturally relevant and shaped by lived experience, aligning with the Trust's commitment to reducing health inequalities and improving access.

2 Spotlight on impact: working in partnership with communities – Mindsong Collaboration

What and how did we ask?

Engagement was relationship-based and ongoing.

We:

- Visited community settings regularly
- Held informal conversations with families and community members
- Listened to personal stories and experiences of dementia
- Explored the cultural significance of music, memory and storytelling



What did people tell us?

- People shared that music plays a powerful role in:
- Unlocking long-term memories
- Evoking emotion and identity
- Strengthening connections with family and culture

They highlighted the importance of dementia support that reflects their cultural beliefs, traditions and lived experiences.

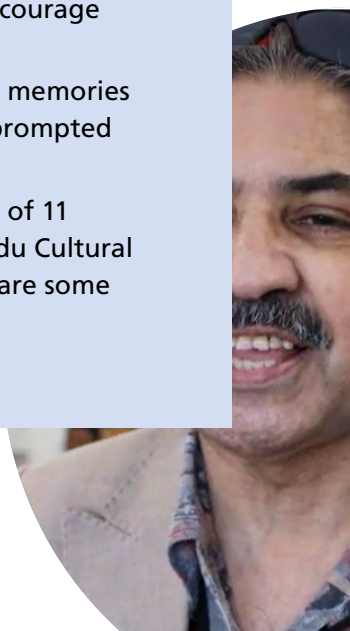
- What did people tell us mattered most to them?
- Feeling understood and represented in services
- Maintaining identity, culture and memory
- Supporting family connections across generations
- Access to culturally meaningful resources



2 Spotlight on impact: working in partnership with communities – Mindsong Collaboration

What did we do?

- Working as a team with Mindsong and Adult Social Care, we made regular visits to the Hindu Elders and Carers Support group in Cheltenham.
- We invited them to share with us their favourite music. Listening together as a group, we used online streaming platforms to identify the most important and significant tracks for this group of people, based on their memories and life experiences. We also invited them to share in music-making with simple instruments and singing culturally familiar songs together to encourage interaction, spontaneity and self-expression.
- We supported free-ranging discussions, shared memories and documented people's stories which were prompted by the music.
- Together with the group we created a shortlist of 11 tracks. We then consulted members of the Hindu Cultural Association in Gloucester who were keen to share some further choices with us.



2 Spotlight on impact: working in partnership with communities – Mindsong Collaboration

This work demonstrates how partnership working between the NHS, communities and voluntary organisations can create more inclusive, compassionate and effective services.

As a result of this work:

- Co-created the Sangeet Memory Box – an online resource for people of Hindu background and culture containing links to 17 tracks including devotional music, Bollywood soundtracks and meditative chants.
- Developed a culturally meaningful resource tailored to community needs
- Strengthened inclusive dementia care pathways
- Improved engagement with diverse communities
- Supported individuals and families through creative, person-centred approaches

Find out more here:

Sangeet Memory Box:

🔗 www.mindsong.org.uk/sangeet-memory-box/

Find out more:

🔗 www.mindsong.org.uk/sangeet-memory-box/

Listen here:

🔗 www.bbc.co.uk/programmes/p001z6bm

3 Strengthening youth voice and leadership (Young Influencers programme)

BRIEF DESCRIPTION

The Trust Young Influencers programme creates a dedicated space for young people aged 14–22 to shape the Trust’s work and ensure their perspectives genuinely inform our decisions. Meeting monthly, either in person or online, the group has continued to grow in both size and strength over the past year. Together, members share insights that help strengthen services across the Trust and work with partner organisations to build connections and extend the Trust’s reach within the wider community.



Who did we speak to?

The Young Influencers spent the last year building strong connections across the community and within the Trust.

They engaged with children and families at the Refugee Week Picnic in Gloucester in June 2025, where they acted as a welcoming presence, as well as at the No Child Left Behind event in Cheltenham in August 2025, where they gave out over 200 glitter tattoos and gathered questions from the community about working in the hospital. They enabled local primary school pupils to share handwritten thank you messages with hospital staff, strengthening morale and celebrating their dedication, alongside connecting with hundreds of staff, patients, and visitors, inviting them to add their fingerprint to a lion sculpture as part of the Cheltenham and Gloucester Hospital Charities Lions at Large fundraising project. The finished sculpture now stands in the Children’s Ward as a symbol of everyone connected to the hospital and the community the Trust serves.

3 Strengthening youth voice and leadership (Young Influencers programme)

What and how did we ask?

- Young Influencers focus on sharing their own opinions and experiences as well as inviting honest feedback from peers to help shape services across the Trust. At community events, they asked children, families, and young people about their questions or worries about coming to the hospital, and what would help them feel more confident during their visit. They ask this through surveys or face-to-face discussions.
- Inside the Trust, they asked hospital teams what support they needed from young people to improve resources, environments, and communication tools. They explored how information for young patients could be clearer and how spaces could feel more welcoming.



What did people tell us?

Young Influencer members told us they take part because they recognise the difference their voices can make when they are genuinely listened to. They feel proud to represent the Trust and value having a space where they can speak openly, share honest views, and know their contributions are taken seriously.



3 Strengthening youth voice and leadership (Young Influencers programme)

What did we do?

- Over the past year, the Young Influencers have continued to play an active role in shaping services across the Trust by responding to feedback requests from a wide range of hospital teams. They contributed to artwork design for new adult changing spaces at Cheltenham Hospital and Gloucestershire Royal Hospital, reviewed workbooks for young people with diabetes, provided input on handbooks for young carers, and, alongside the Patient Experience Team, took part in a PLACE review of the Children's Ward. Their digital filming project in the Children's Ward also continued to grow, producing new videos that explain food options, show bedspaces, and introduce the playroom to help young people feel more at ease.
- This year also saw the development of the group's Celebrating Languages project. With the support of the hospital charity, the Young Influencers helped introduce a badge-making initiative that produces "Hello" badges for staff who speak additional languages. These badges celebrate the many languages represented within the Trust and make it easier for staff, patients, and visitors to identify colleagues who share a common language, helping people feel welcomed, understood, and supported.
- Beyond the hospital, members represented the hospital and two youth empowerment events as part of the Trust's commitment to the Power of Youth Charter, attended a Gloucester County Council feedback session exploring how outdoor spaces can support public health, and participated in the winter flu campaign to promote vaccination among young care workers. This year also marked the launch of the first Young Influencers School Hub, an important step towards creating a network of hubs within Secondary Schools that will enable many more young people to share their views and influence decision-making across the Trust.
- We also held our first annual Young Influencers Award and Recognition Event, bringing together friends, family, and hospital staff to celebrate their achievements and thank them for their dedication to improving services for the community.



4 Community volunteers recruited to talk to young people about organ and tissue donation

BRIEF DESCRIPTION

We recruited 19 volunteers from across Gloucestershire who will be visiting schools to talk about their experiences of organ and tissue donation.

In January 2026 the Trust sought help from the local community to find patients, families and members of the public with lived experience to engage with young people and raise awareness about the lifesaving gift of organ and tissue donation.

There are 8,000 people waiting for a transplant across the United Kingdom and one person dies every day because they did not get the transplant they so badly needed.

Who did we speak to and why?

Double transplant recipient Adrian Heeley has already delivered a presentation to year 10 students at Balcarras School, Cheltenham alongside Clinical Lead for Organ Donation, Marcin Pachucki and Chair of the Organ Donation Committee, Ian Mean.

It is hoped that young people will have conversations about organ donation with their families and confirm their decision on the Organ Donor Register.



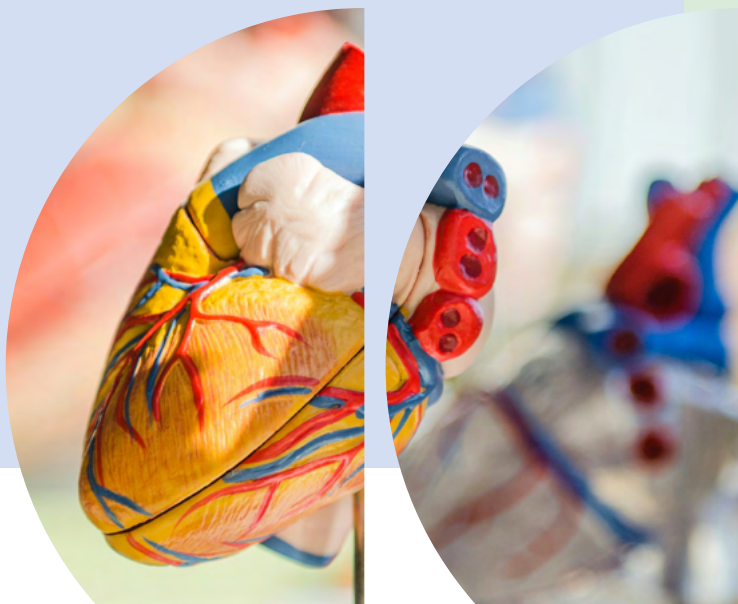
4 Community volunteers recruited to talk to young people about organ and tissue donation

What did we do?

- The volunteers participated in a welcome meeting at Gloucestershire Royal Hospital in February 2026. Members of the Organ Donation Committee listened as each volunteer shared their experience.
- Volunteers will form a special sub-committee supporting the Trust in raising awareness in schools, community groups and at public events, encouraging conversations about organ donation and promoting the gift of life.

Feedback from members highlights the importance of being genuinely heard:

- Young people told us they value having a space where their voices matter and where they can influence real change across the Trust.
- This work demonstrates our commitment to building youth-informed services and empowering the next generation of community leaders.



5 Leadership visibility and community voice

BRIEF DESCRIPTION

As part of strengthening transparency and connection with our communities, the Trust has also begun developing new ways to share engagement work more openly.

This includes a Community Engagement Vlog featuring the Trust CEO, showcasing real conversations with communities, highlighting lived experiences, and demonstrating how feedback directly informs decision-making.

This approach supports greater visibility, accountability and trust between the Trust and the populations we serve.

Across all areas of work, a consistent theme has emerged: strong partnerships, authentic listening, and co-creation with communities lead to better outcomes.

Whether through culturally responsive dementia support, youth-led service improvement, or strengthened VCSE collaboration, our engagement work continues to ensure that services are shaped by the people who use them.



“By working alongside local communities and partners, we are creating services that are inclusive, meaningful and rooted in real human connection.”

6 16 days of action against domestic abuse and partnership working

BRIEF DESCRIPTION

As part of the 16 Days of Action Against Domestic Abuse, we worked collaboratively with partners across Gloucestershire through the newly formed Local Engagement Against Domestic Abuse (LEAD) network.

A coordinated programme of events created space for open, community-led conversations, helping to raise awareness and explore the realities of domestic abuse across different communities. This work highlighted the importance of partnership approaches in understanding both visible and hidden barriers to support, particularly where culture, family, and lived experience intersect.



Who did we speak to and why?

We engaged with victims and survivors, migrant and minority ethnic communities, faith groups, frontline professionals, and partner organisations.

This inclusive engagement enabled us to hear directly from those with lived experience, while also capturing insights from those supporting individuals across health, community, and specialist domestic abuse services.

“Victims like myself who face multiple barriers are not seen or heard.”

6 16 days of action against domestic abuse and partnership working

What and how did we ask?

Engagement took place through:

- Community conversations and listening opportunities during the 16 Days of Action
- Partnership events and workshops
- Informal discussions within trusted community settings
- Learning from the Domestic Abuse Needs Assessment
- The programme of activity created multiple entry points for discussion, enabling people to speak openly in ways that felt safe and accessible.



What did people tell us?

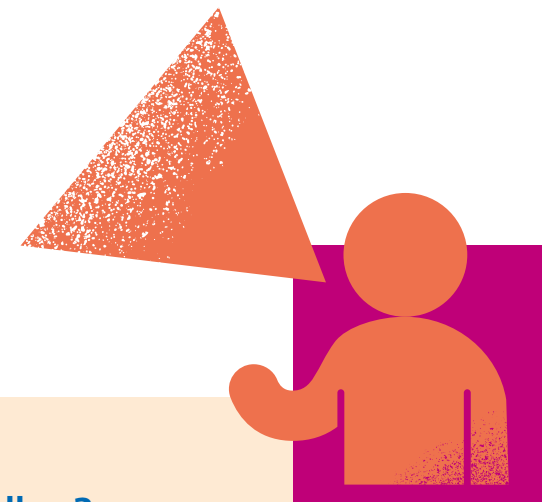
Participants consistently shared that disclosing domestic abuse is complex and deeply personal. Feelings of shame, fear, and judgement can prevent people from seeking support, regardless of background.

For some communities, these experiences are further layered by stigma, family expectations, and uncertainty about services, making disclosure even more difficult.

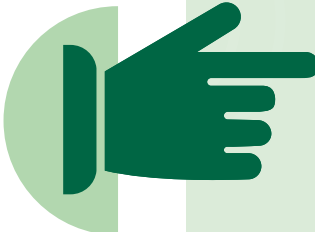
“Silence becomes survival.”

“It can be difficult to know who to confidentially speak to within your own community.”

There was also a strong message that abuse is often misunderstood, normalised, or hidden, which can delay recognition and access to support.



6 16 days of action against domestic abuse and partnership working



What did people tell us **mattered most to them?**

- Feeling safe, believed, and not judged when speaking up
- Access to clear, culturally relevant information
- Trust in services and confidence in confidentiality
- Support that understands family and community dynamics without excusing harm
- Having choice and control over decisions

“To be believed without judgement.”

“Leaving abuse is not just leaving a person — it can mean losing your entire world.”

“Small moments of understanding from professionals can change outcomes.”



6 16 days of action against domestic abuse and partnership working

What did we do?

Through partnership working, we:

- Created safe, inclusive spaces for conversations about domestic abuse
- Shared accessible, culturally informed information
- Strengthened relationships between health services, community organisations, and specialist providers
- Promoted trauma-informed and culturally aware approaches
- Used insights to better understand how trust is built when people access services
- This work also reinforced the importance of listening to lived experience to challenge assumptions and shape more effective responses.

As a result of this work:

- Strengthened partnership working and shared understanding across sectors
- Identified gaps in awareness, access, and service provision
- Improved understanding of how victims experience and navigate support systems
- Increased visibility of available services within communities
- Recognised how crucial and fragile trust is for those seeking help

This ongoing partnership has provided a stronger foundation for future work, ensuring that services continue to be shaped by community insight and lived experience. It also reinforced the importance of working with communities to build trust and improve access, rather than relying on traditional approaches alone.

7 Refugee Week 2025 and community partnerships

BRIEF DESCRIPTION

Refugee Week 2025 in Gloucester was a vibrant, cross-sector programme celebrating inclusion, belonging, and the city's identity as a place of sanctuary. Delivered in partnership with Gloucester Guildhall, the City Council, NHS partners, and grassroots organisations, the programme combined arts, culture, and health to support refugee and asylum-seeking communities.

Gloucester's work was nationally recognised through Stories of Change, with the city highlighted as one of only three locations across the UK for its innovative, community-led approach and impact. The programme demonstrated how a city can come together to create a shared sense of belonging and pride.

“Through Refugee Week, Gloucester has found a new story: as a port of welcome and a place of diversity in which all cultures are celebrated.”

Who did we speak to and why?

We engaged with refugees, asylum seekers, migrant communities, local residents, young people, volunteers, artists, and partner organisations including GARAS, ESOL providers, and community networks.

This broad engagement ensured we heard both lived experiences and wider community perspectives, strengthening mutual understanding and shared ownership.

“Personally, I feel heard...
it allowed me to grow.”

Community participant / artist



7 Refugee Week 2025 and community partnerships

What and how did we ask?

Engagement took place through creative and accessible approaches, including:

- NHS Listening Benches in community settings
- Informal conversations during events and activities
- Large-scale events such as the Celebration of Belonging Picnic
- Arts-based engagement, including the Moonlit Arrival installation
- Workshops, volunteering, and school sessions
- These approaches created safe, welcoming spaces where people could connect and share their experiences naturally.



“Sometimes the simplest methods are the best... it became a place where people could connect.”

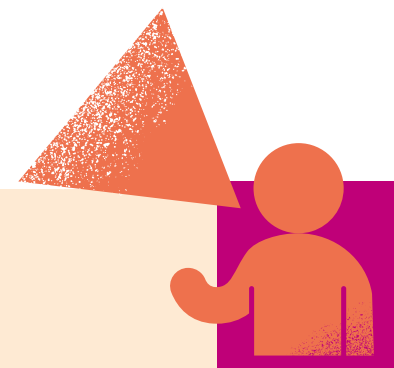
What did people tell us?

Participants shared that navigating healthcare, and wider support systems can be complex and overwhelming, particularly for those new to the UK. Experiences of isolation and uncertainty were common.

However, people consistently described the positive impact of coming together through Refugee Week activities — creating opportunities for connection, visibility, and shared understanding.

“It was wonderful to witness... there was a space for everyone.”
– NHS Young Influencer

“Hearing ‘hello’ in so many different languages was awe-inspiring.”



7 Refugee Week 2025 and community partnerships

What did people tell us mattered most to them?

- Feeling welcomed, safe, and valued
- Opportunities to connect across cultures
- Accessible, culturally relevant health information
- Being included and able to contribute
- Removing barriers such as cost and accessibility

“To be completely inclusive there needed to be no barriers to the gathering.”

“It’s a reminder that we are never truly alone, and we are all far more alike than we think.”

What did we do?

We worked collaboratively with partners to:

- Deliver culturally appropriate health information in trusted spaces
- Embed NHS engagement within community-led events
- Support trauma-informed training and approaches
- Enable refugees and asylum seekers to actively participate in volunteering and delivery
- Contribute to creative and cultural activities that supported wellbeing and storytelling

“This year showed us what’s possible when we listen, build relationships and work with people rather than simply doing things for them.”



7 Refugee Week 2025 and community partnerships

“What began...
has evolved into
a vibrant, year-
round ecosystem”

Refugee Week National Producer

“Everyone coming
together as a whole
community has never
happened before
in Gloucester. But
through Refugee
Week, we did.”

As a result of this work:

- Strengthened partnerships across sectors
- Built trust with communities who may previously have felt excluded
- Increased awareness and understanding of NHS services
- Shifted approaches towards genuine co-production
- Contributed to a wider cultural shift in Gloucester as a welcoming and inclusive city

The programme also supported increased volunteering from refugee communities, stronger community connections, and a more coordinated response to challenges.

Find out more here:

[🔗 Stories for change](#)

8 Ramadan engagement and Iftar events

BRIEF DESCRIPTION

Creating inclusive spaces for Muslim staff and raising awareness across the Trust.

Who did we speak to?

Muslim colleagues and wider staff community.

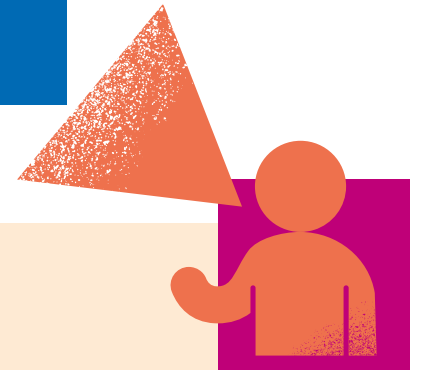
What and how did we ask?

- Informal engagement through drop-in sessions and shared spaces.



What did people tell us?

- Inclusive environments improve connection and understanding.



8 Ramadan engagement and Iftar events



What did we do?

- Introduced Ramadan spaces across hospital sites.
- What did we do as a result?
- Strengthened inclusion and staff wellbeing.

What did people tell us mattered most to them?

- Feeling supported at work
- Cultural awareness



9

Experience-based co-design improvement project – Maternity Triage

BRIEF DESCRIPTION

Feedback from the Friends and Family Test (FFT) identified Maternity Triage as an area where improvements would enhance patient experience. In response, an Experience Based Co-Design (EBCD) approach was initiated in September 2025.

The project brings together patients, partners, staff, and community stakeholders to collaboratively design improvements to the service over a 12-month period. This approach focuses on understanding lived experiences and using these insights to shape meaningful, sustainable change across the service.



Who did we speak to and why?

We engaged with:

- Women accessing Maternity Triage and their partners
- Patients, carers, and relatives
- Maternity staff, including the Triage team and Matron
- Community groups and representatives from the Maternity and Neonatal Voices Partnership (MNVP) and Gloucestershire Maternity Action Group (GMAG)
- Internal teams including Digital and Health Inequalities
- This wide-ranging engagement ensured that both lived experience and staff perspectives informed the development of improvements.

9 Experience-based co-design improvement project – Maternity Triage

What and how did we ask?

A range of engagement methods were used to gather insight, including:

- Direct observations and conversations within the Triage environment
- In-depth interviews with patients and staff
- Staff engagement activities and department-based feedback exercises
- Community engagement events and attendance at local groups
- A joint co-design workshop bringing together patients, community representatives, and staff
- Use of video and audio, including patient experience films and staff experience clips
- These approaches enabled people to share their experiences in different ways, creating a rich and detailed understanding of the service.

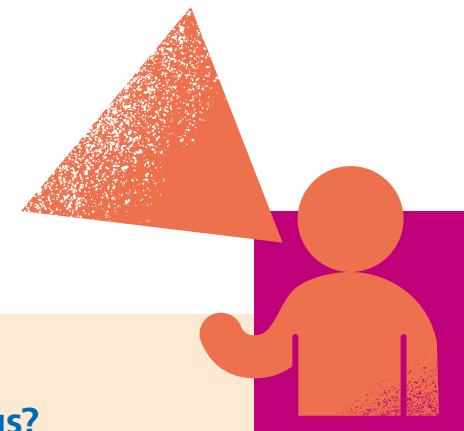


What did people tell us?

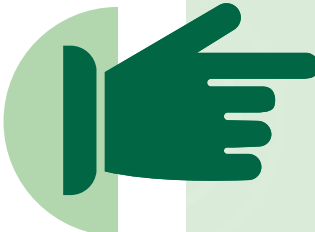
Participants shared both positive and challenging experiences of Maternity Triage. While many valued the care provided, they highlighted inconsistencies in communication, long waiting times, and environmental challenges within the unit.

Patients described uncertainty about what to expect and difficulties accessing or navigating the service, particularly at night. Staff highlighted pressures linked to staffing levels, space constraints, and changes in clinical processes which can impact waiting times.

There was also a shared recognition that experiences can feel overwhelming, particularly when people are anxious or in unfamiliar surroundings, making clear communication and reassurance essential.



9 Experience-based co-design improvement project – Maternity Triage



What did people tell us mattered most to them?

- Clear and consistent communication about what to expect and waiting times
- Feeling safe, reassured, and supported throughout their visit
- Understanding their care plan and next steps
- A comfortable, accessible, and well-designed environment
- Visible, approachable staff and opportunities to ask questions
- Participants also valued opportunities to work directly with staff to shape improvements, highlighting the importance of being listened to and involved.



9 Experience-based co-design improvement project – Maternity Triage

What did we do?

Working collaboratively with stakeholders, we have:

- Developed a patient information film: “Welcoming you to Maternity Triage, Your Care, Our Priority”, to support understanding before attending
- Introduced colour-coded triage cards to clearly communicate urgency, care plans, and expected waiting times, translated into the five most commonly spoken languages
- Recruited and embedded volunteers within the Triage environment to provide additional support and reassurance
- Improved signage and information within waiting areas, including practical information about facilities
- Held a joint co-design workshop, identifying three priority themes:
 - Staffing and Training
 - Environment
 - Communication
- Begun environmental improvements, with plans to continue co-design with community representatives
- Strengthened relationships and communication channels with MNVP, GMAG, and community partners

As a result of this work:

- Established a strong foundation for ongoing co-design and continuous improvement
- Improved patient understanding and experience through clearer information and communication tools
- Enhanced support within the Triage environment through volunteer involvement
- Built stronger, more collaborative relationships between staff and the community
- Identified clear priority areas for improvement, with work now progressing across all themes

Importantly, this work has helped to rebuild trust and create open, constructive dialogue between services and the communities they serve. Patients and partners reported valuing the opportunity to work alongside staff and contribute to shaping the future of the service.

Find out more here:

[🔗 Maternity Triage Film](#)

10 Diabetes awareness – Jewish community

BRIEF DESCRIPTION

A targeted health education session supporting diabetes awareness.

Who did we speak to?

Members of the Jewish community.

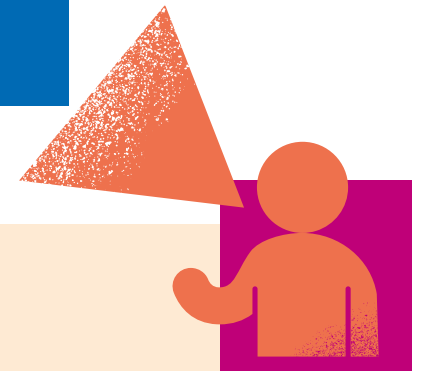
What and how did we ask?

- Interactive education session with healthcare professionals.

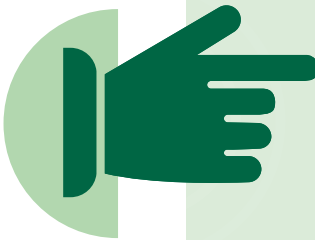


What did people tell us?

- There is a need for culturally tailored health information.



10 Diabetes awareness – Jewish community



What did people tell us mattered most to them?

- Early detection
- Practical lifestyle advice

What did we do?

- Delivered culturally appropriate education.

What did we do as a result?

- Improved awareness and strengthened community relationships.

“A Jewish lady, who could not attend the session on Breast Cancer Awareness for Jewish people, was however, prompted to arrange a breast screening for herself since it had been too long since her last investigation. She had the test and was, to her surprise, recalled. She has a treatable lesion. If left for any longer than that, she was told, it would not be the case.

Keep up the good work!

Best wishes

Jenny”



11

Neonatal and Maternal Mortality Reviews (September 2025)

BRIEF DESCRIPTION

Maternity services at the Trust have undergone significant scrutiny in recent years, including CQC inspections (2022 and 2024) and a BBC Panorama programme (January 2024), highlighting concerns around care and patient experience.

In response, and to ensure continuous improvement, the Trust commissioned two independent reviews of maternal (2017–2023) and neonatal deaths (2020–2023). As part of our commitment to openness and transparency, we engaged bereaved families ahead of the public release of the reports.

Who did we speak to and why?

We engaged with:

- Bereaved families of seven maternal deaths and 44 neonatal deaths were included in the reviews
- Maternity and neonatal clinical teams are involved in supporting engagement

11 Neonatal and Maternal Mortality Reviews (September 2025)

What and how did we ask?

A range of engagement methods were used to gather insight, including:

- Families were contacted via a written letter from the Chief of Service, carefully chosen as the least distressing method.
- Letters explained the reviews, the possibility of media coverage, and invited families to make contact at a time of their choosing
- Contact details were provided for the Maternity and Neonatal Independent Senior Advocate for independent, confidential support
- Information was made accessible through translated letters and reports, and FAQs in the top 10 languages

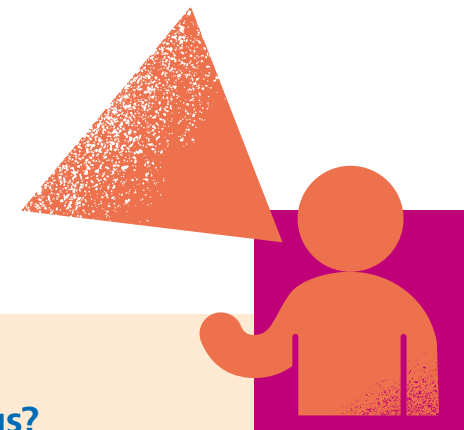


What did people tell us?

Families fed back that, although difficult, receiving a letter was preferable to an unexpected phone call.

Some families chose to engage in further discussion with clinical teams, while others did not wish for additional contact.

Staff found the process challenging, but valued the importance of openness and ensuring families were informed and supported.



11

Neonatal and Maternal Mortality Reviews (September 2025)

What did we do?

- Adopted a trauma-informed approach, giving families choice and control over engagement
- Sent letters by recorded delivery and followed up sensitively where appropriate
- Provided options for families to opt out of further contact
- Ensured accessibility through translation and inclusive communication approaches
- Published review findings and recommendations on the Trust's website
- Developed and shared frequently asked questions (FAQs) to support wider understanding following media coverage

Find out more here:

- [🔗 Neonatal and Maternal Mortality Reports: September 2025](#)
- [🔗 Neonatal and Maternal Mortality reviews: Frequently Asked Questions \(FAQs\)](#)

How we work with communities throughout the year

How we work with communities throughout the year

Our approach to Engagement and Involvement is continuous, relationship-driven, and built on trust. Rather than one-off activities, our work follows a year-round cycle of engagement, involvement, co-production, and learning, ensuring that community insight directly informs service development and delivery.

We organise our work into four interconnected pillars that demonstrate how engagement happens in practice and how impact is achieved over time.

Community engagement: reaching people where they are

We proactively meet communities in familiar and accessible settings, ensuring health information, prevention messages and NHS services are visible and inclusive.

This includes attending community events, outreach via the NHS Bus, and working alongside partners to promote health awareness and early intervention.

Examples include:

- Cultural and community celebrations such as the Sri Lankan New Year, the Polish Heritage Day, the Philippines Day and the Jamaica Day
- Community-based health promotion and awareness activities
- Multi-agency outreach events with system partners

Impact:

- This approach helps us build trust, improve access to health information, and reach communities who may not traditionally engage with health services.

Involving communities: listening, co-design and shared decision-making

We create structured opportunities for communities to influence decision-making, ensuring their voices shape services, environments and future priorities.

Key examples include:

- ICS and VCSE Partnership Development – contributing to system-wide mapping and co-design of a more equitable and sustainable VCSE infrastructure
- Communities Against Cancer Grants Panel – supporting co-designed approaches to early diagnosis and reducing inequalities
- Cinderford Community Mapping (Active Gloucestershire) – working with residents to co-design place-based health and wellbeing solutions
- Patient and Carer Race Equality Framework (PCREF) – co-producing anti-racist approaches and shared language for equity in care
- Health Research Engagement – ensuring diverse communities are represented in research (e.g. SAMS Men's Group, Reflective Futures)

Community education and prevention: sharing knowledge and building confidence

We deliver targeted health education and awareness sessions directly within communities, focusing on prevention, early intervention and improving health literacy.

Activities include:

- Health education sessions in community settings (e.g. mosques, schools, community groups, and cultural organisations)
- Themed health events such as NHS Health Information Days and Community Maternity Events
- Targeted sessions on cancer awareness, screening and diagnostic pathways
- Wellbeing activities such as walking groups, community cafés and outdoor engagement sessions

Impact:

- Communities are better informed, more confident in accessing services, and empowered to make healthier choices.

Partnership working: building strong, lasting relationships

Partnership working underpins all engagement activity and enables us to deliver inclusive, culturally responsive and sustainable initiatives.

We work closely with:

- VCSE organisations and community leaders
- Local authorities, Adult Social Care and public health teams
- NHS system partners and charities
- Key examples include:
- Refugee Week activities (e.g. Listening Bench, Moomins Picnic, Welcome Chorus)
- GARAS partnership supporting refugees and resettled families
- Mindsong collaboration (e.g. Sangeet Memory Box)
- 16 Days of Action against Domestic Abuse – multi-agency awareness and support initiatives
- Windrush and cultural heritage events promoting belonging and identity
- Ramadan/Iftar, International Women's Day and other inclusive community events

Impact:

- Strong partnerships enable deeper reach, culturally appropriate engagement, and long-term trust with diverse communities.

Bringing it all together: a continuous cycle of engagement

Across the year, these four pillars work together as a continuous cycle:

Engage → Involve → Co-Create → Learn → Improve

- We engage communities through outreach and presence
- We involve them in meaningful conversations and decision-making
- We co-create solutions alongside partners
- We learn from lived experience and insight
- We improve services and feed learning back into practice
- This approach ensures that engagement is not a standalone activity, but a core part of how the Trust listens, learns and evolves.

Overall impact

Through this structured and relationship-based approach, we:

- Each a wide range of communities across Gloucestershire
- Strengthen trust and long-term relationships
- Amplify seldom-heard voices
- Support culturally responsive and inclusive care
- Ensure community insight drives real service change.

Other ways we involve and engage

Over the last year, we have continued to strengthen and develop the range of ways we are able to engage and work with local people and colleagues. As an NHS organisation, we also have several established approaches to ensure the voice of local communities is represented, and we publish this on our website and through our social media:

www.gloshospitals.nhs.uk/about-us/get-involved

We have continued to build our connections with our NHS and voluntary partners across Gloucestershire. There is a clear benefit to local people in health and social care working together on engagement and involvement opportunities, helping us to have more meaningful conversations and ensuring our voluntary and community sector have an active role.

Get Involved Gloucestershire

In 2021, NHS partners launched 'Get Involved in Gloucestershire', which is an online participation space for people to share views, experiences and ideas about local health and care services.

The new digital platform will be a central point for the NHS and local people to find out and directly get involved in shaping local services. The experiences shared through the platform will help inform and influence the decisions local NHS organisations make.

Further information about Get Involved in Gloucestershire and free registration can be found here:

getinvolved.glos.nhs.uk

Governors

An important way local people can directly get involved with the Trust is as Member and staff through our Council of Governors. We have 22 public, staff and appointed governors who represent the views and interests of Trust members and the local community, to ensure our Trust reflects the needs of local people.

Our governors ensure we listen to the views of patients and people who live locally, along with our staff and other interested parties. They hold us accountable and ensure we can make improvements to our services and the information we provide.

The Council of Governors meet six times a year to provide feedback on developments and decisions at our hospitals. These meetings are open to the public, who are welcome to attend.

Further information about Governors can be found here:

www.gloshospitals.nhs.uk/about-us/governors

Other ways we involve and engage

Members

As a Foundation Trust, we are accountable to local people, and we actively promote the benefits of becoming a member and how to stand for election as a governor.

Members are our staff, our patients and members of the public who either have a general interest in healthcare or are interested in a specific condition or speciality. Members are regularly invited to get actively involved with the Trust to develop services which will best suit the needs of local people.

For more information and to become a Member, visit:

www.gloshospitals.nhs.uk/about-us/get-involved/support-our-trust/join-our-foundation-trust/

Watch our Governors talk about their experience when they joined us at last year's Community Events

<https://youtu.be/FoHhSvkYPo>

Find out more here:

www.gloshospitals.nhs.uk/about-us/support-our-trust/join-our-foundation-trust/

Patient Experience

Our patient experience matters to us. Our Trust's strategy has a commitment to create a culture where patients really are at the heart of everything we do and that a patient centred care is embedded across the Trust.

We know from international evidence that outstanding patient experience improves patient safety and clinical effectiveness and also improves the experience of NHS colleagues.

As a Trust, we produce an Annual Patient Experience Report which focuses on all our patient experience initiatives, including Friends and Family, compliments, comments and complaints and projects that have happened across the organisation this year.

This can be read at:

www.gloshospitals.nhs.uk/about-us/reports-and-publications/reports/

People's Panel

As part of our One Gloucestershire approach to involvement, we have supported the recruitment of more than 1000 residents to join a People's Panel. The Panel is made up of individuals whose anonymous feedback will be used at a county and a more local level to shape health and care services and support. The Panel includes people who live in priority areas of the county, the Core20, where underserved communities experience greater health inequalities than elsewhere in Gloucestershire.

Other ways we involve and engage

Patient and colleague stories

Patient and colleague stories are regularly presented at the beginning of Trust Board meeting. The stories provide an example of the lived experience of patients and colleagues to highlight examples of excellence and where there are areas for improvement.

www.gloshospitals.nhs.uk/about-us/our-board/board-papers/

Our Annual Members Meeting

Our Annual Members Meeting is where the Trust shares key highlights and achievements, reflects on the previous year's performance, and where we share some future developments planned for the year ahead. You can watch the Annual Members Meeting again at:

www.youtube.com/@GlosHospitalsNHS

Healthwatch Gloucestershire

The Trust works closely with Healthwatch Gloucestershire (HWG), and they are actively involved in our work and plans, including attendance at Trust Board, Partnership Involvement Network and a number of service projects, including the Covid vaccination programme. More information about Healthwatch can be found here:

www.healthwatchgloucestershire.co.uk/

Maternity and Neonatal Voices Partnership

Gloucestershire Maternity and Neonatal Voices Partnership is made up of volunteers who represent the voice of women and families from all communities and cultures to inform improvements in local maternity care. The partnership is directly involved with the Trust's Maternity and Midwifery services and provides an important independent voice in shaping our services.

<https://evolvingcommunities.co.uk/gloucestershire-mnvp/>

We have several social media channels that anyone can follow and these are outlined below:



Twitter:

www.twitter.com/gloshospitals



Facebook:

<https://www.facebook.com/gloshospitalsNHS>



YouTube:

www.youtube.com/c/GlosHospitalsNHS



LinkedIn:

<https://www.linkedin.com/company/gloucestershire-hospitals-nhs-foundation-trust/>

What will we be doing this year?

KEY PRIORITIES INCLUDE:

Maternity Improvement Journey

Working with women, families and communities to inform ongoing maternity service improvements.

Mindsong Partnership

Expanding dementia support through culturally meaningful resources, including music-based initiatives.

Health Inequalities Creative Programme

Delivering “Your Health Journey, Your Story, Your Way” with Create Gloucestershire to capture lived experiences and reduce inequalities.

City of Sanctuary and Refugee Week 2026

Strengthening engagement with refugee and asylum-seeking communities to improve access and inclusion.

Health Inequalities Strategy

Supporting development through community insight and lived experience.

Cancer Awareness Programme

Delivering a year-round calendar of community sessions to increase awareness and improve screening uptake

Over the past year, we have worked with partners to strengthen our engagement approach, enabling us to connect with communities through local events, outreach and collaborative programmes.

Moving forward, we will continue to explore new ways to engage, ensuring our work remains responsive to local needs and shaped by community voice.

What will we be doing this year?

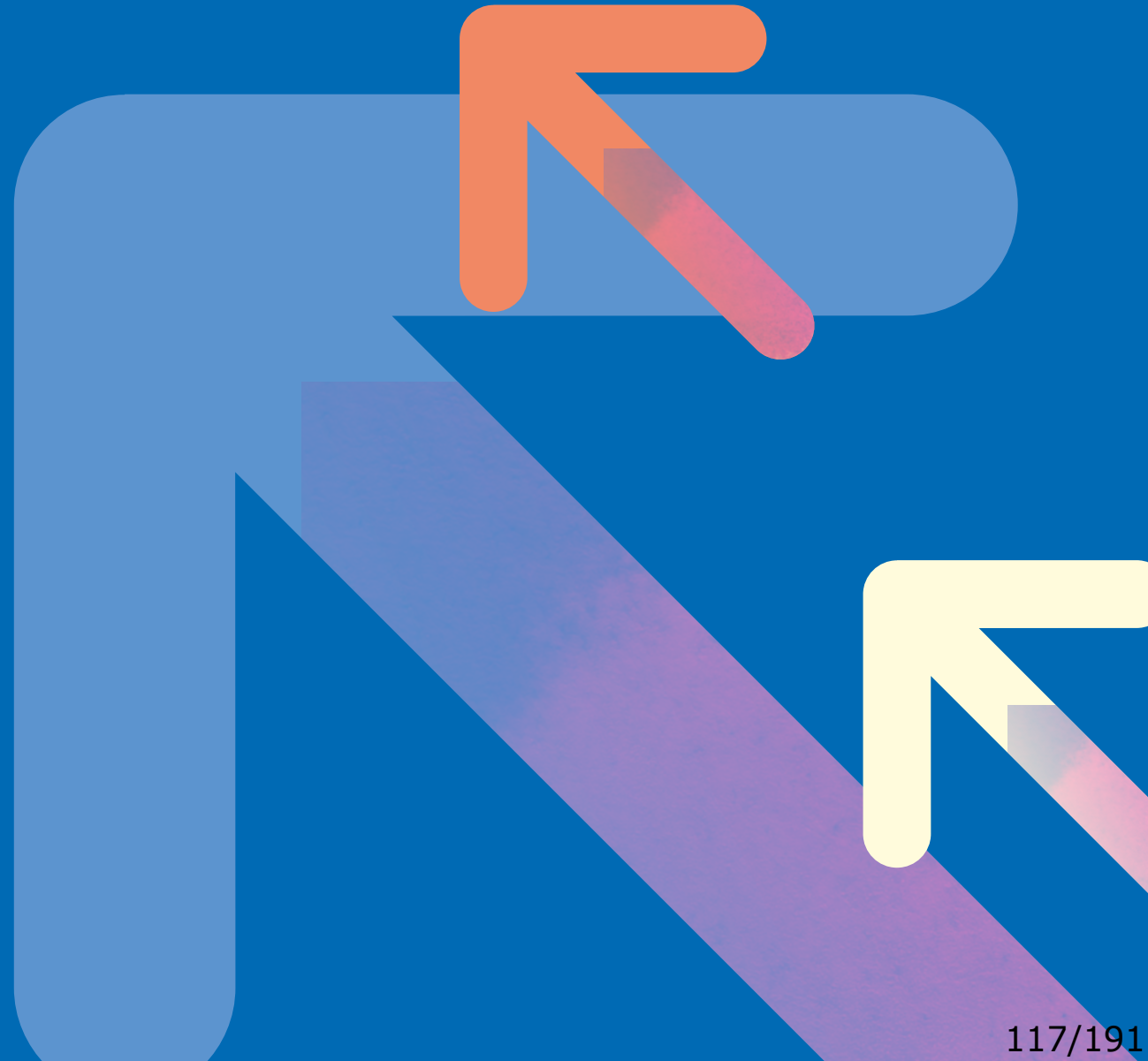
Across all priorities, we will continue to strengthen community and patient partnerships, ensuring local voices shape service development and delivery.

If you want to find out more about the activities mentioned above, make sure you join the 'Get Involved in Gloucestershire'

🔗 <https://getinvolved.glos.nhs.uk> platform

where you can also share your views, experiences and ideas about local health and care services across the county. You can also visit the Trust website to find out how to get involved in supporting the hospitals:

🔗 www.gloshospitals.nhs.uk/about-us/get-involved/



Involvement and Engagement Tracker - 1 April 2025 to 31 March 2026

Why we engage and involve

Listening to colleagues, patients, and communities across Gloucestershire helps us understand experiences of health and care services and identify where improvements are needed. Engagement ensures decisions are informed by lived experience, supports person-centred care, and strengthens relationships with the communities we serve.

How do we reach our communities

Over the past 12 months, we engaged with 8000 people through visits to 43 community groups and events. Through these interactions, we gained insights into what matters most to our communities, with a key focus on improving access and information.

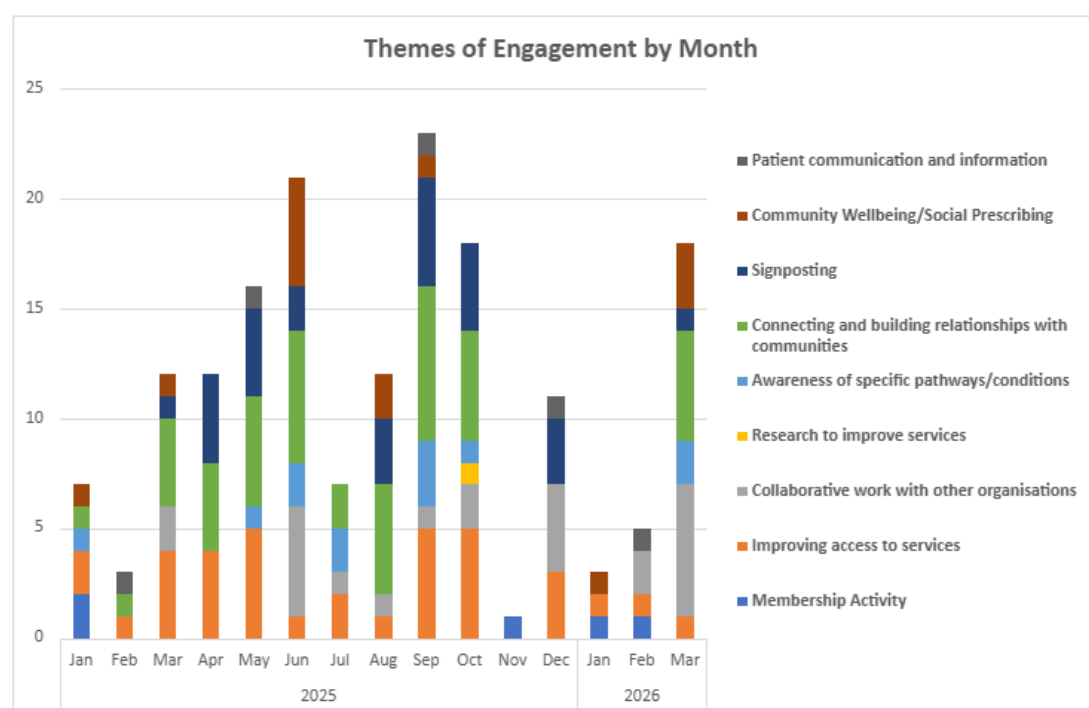
What do we focus on

Our engagement activity is guided by clear priorities to ensure feedback leads to meaningful action. Monthly activity centred on three key areas:

- **Signposting to VCSE Groups** – connecting people with Voluntary, Community, and Social Enterprise (VCSE) organisations for appropriate support;
- **Building Relationships** – maintaining trusted connections with local communities to support ongoing dialogue;
- **Service Improvement Research** – gathering feedback to inform the design and delivery of healthcare services.

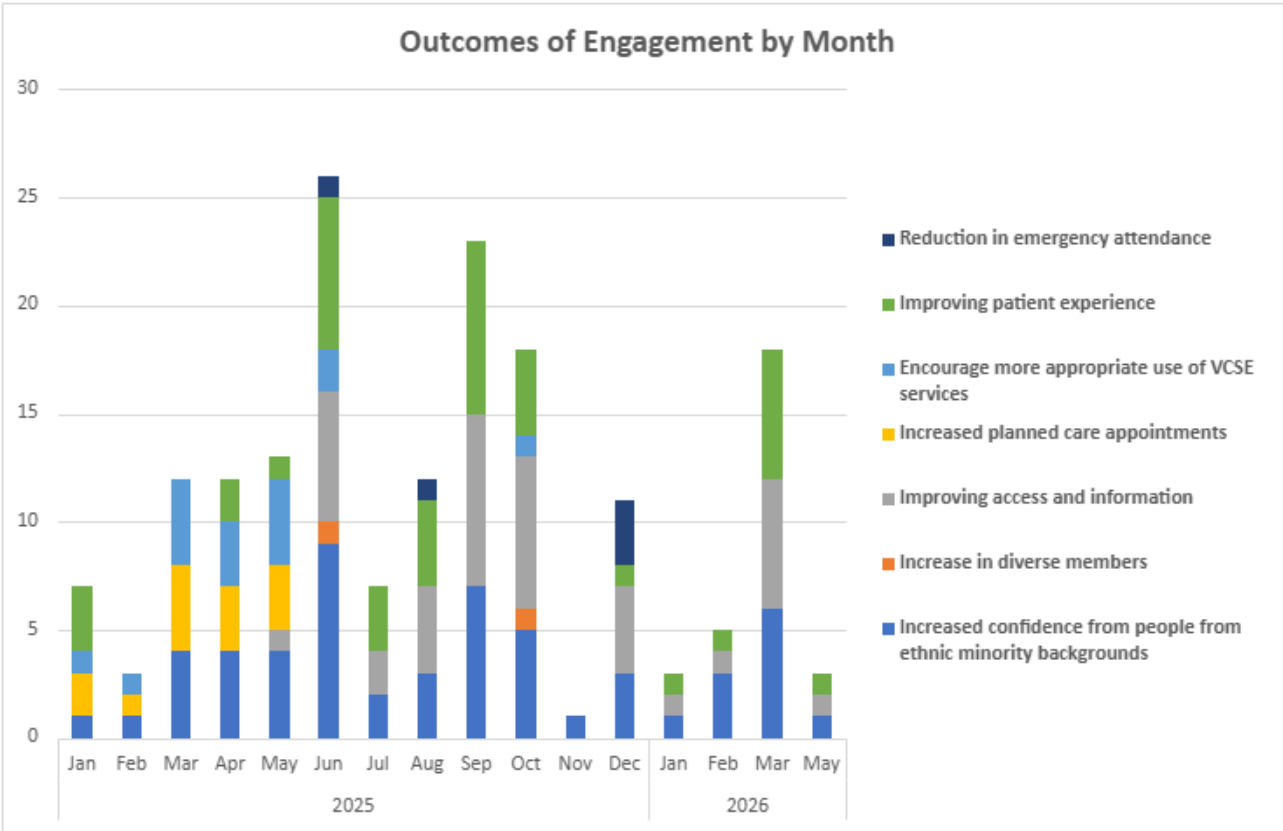
Themes of involvement and engagement by month

Reviewing engagement themes ensures activity remains aligned with organisational priorities, supporting a balanced approach to community support, relationship-building, and service improvement.



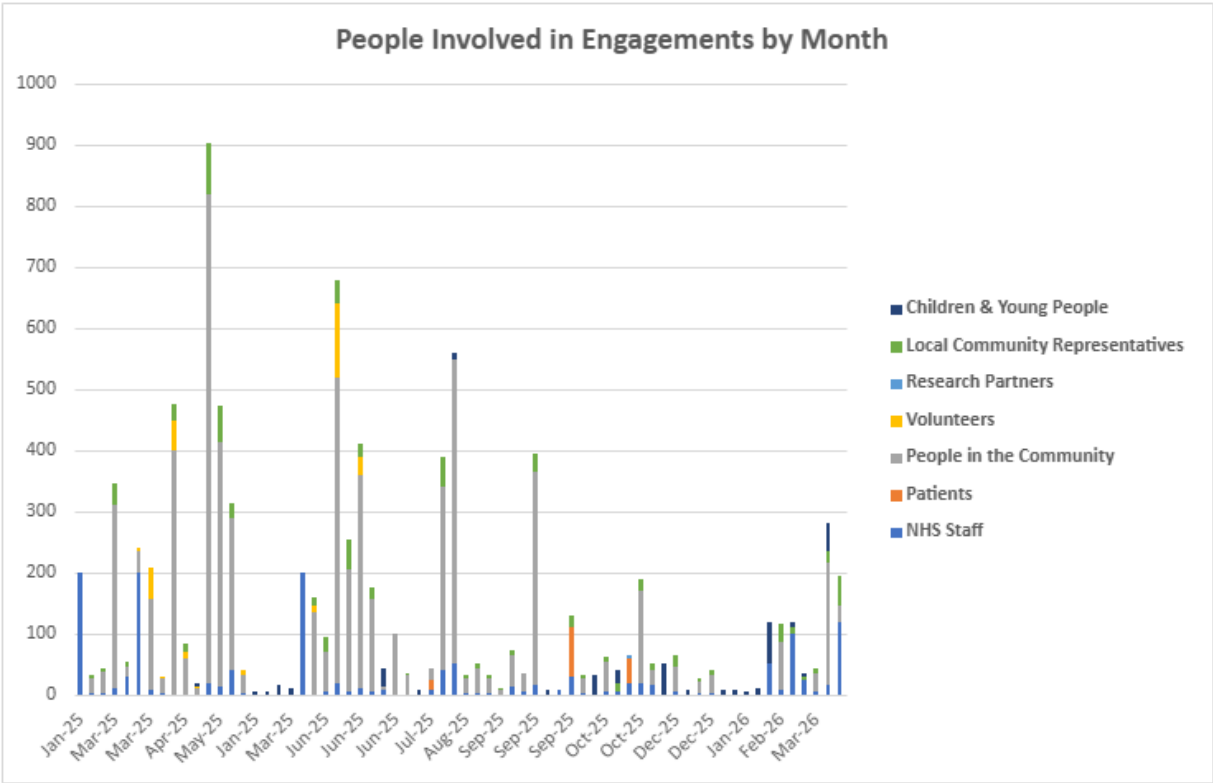
Outcomes of involvement and engagement by month

Tracking outcomes shows how community insight informs action. Feedback from engagement has contributed to service improvements, clearer communication, and more responsive ways of working, helping ensure engagement delivers measurable value.



People involved and engaged by month

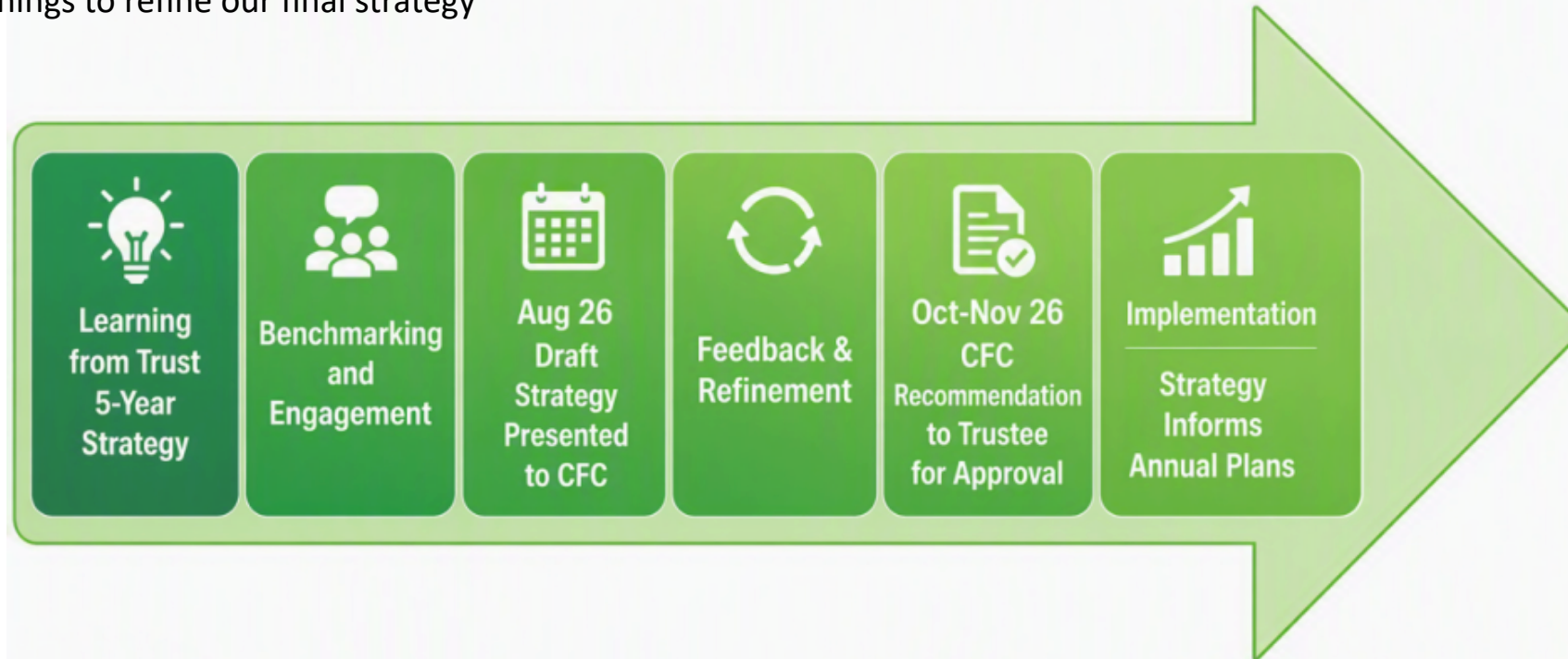
Monitoring monthly participation provides a clear view of our reach and helps identify opportunities to strengthen community connections. This supports inclusive involvement and ensures a wide range of voices contribute to shaping services.



Draft charity 5 year strategy 2026/27 – 2030/31

Purpose

The impact section of our draft strategy is presented to Council of Governors for feedback as part of our 'road testing' phase to gather feedback and learnings to refine our final strategy



Finalisation, Trustee discussion and sign off

Following the 'road testing' phase with input from internal and external groups, the strategy proposal will be refined and presented as a condensed output for final approval at October 2026 Charitable Funds Committee for recommendation to the Trustee November 2026.

Engagement to date:

We are grateful for the input of stakeholders including key GHNHSFT Board Members, leads in key strategic areas, Appeal Board Chair, GHNHSFT staff, grant applicants and the charity's supporters who have given input. (Appendix A)

External expertise has been involved throughout the strategy process to bring external insight and scrutiny from a wider charity sector perspective.



Learning through our network

Benchmarking acts as a mirror and a map: it shows both where the charity is today and highlights opportunities to maximise future impact for patients, staff and communities.

Cheltenham and Gloucester Hospitals Charity is fortunate to be a member of NHS Charities Together, which is invaluable in terms of learning, understanding wider trends and benchmarking.

Our charity is an active member and has been invited to speak nationally and regionally on our transformation in recent years, and on specific areas such as capital appeals or lottery fundraising. In turn, we learn from others, and that has been a key element of this strategy.

This learning has been key to the formation of this strategy, including in person visits to other NHS charities, regional group discussions and benchmarking, helping us to understand opportunities with the help of the wider membership of c.230 NHS charities.

Summary for Council of Governors: Impact, supporting GHNHSFT's strategy

Cheltenham and Gloucester Hospitals Charity aims to double the impact we make to support Gloucestershire Hospitals NHS Foundation Trust deliver their strategic vision:

‘The best care, every day, for everyone’.

Landscape summary

The outside factors shaping our plans: STEEPLE Analysis

Key external factors influencing our charity are represented below.



How we score impact: 5 = biggest effect on our fundraising, 2 = smallest. Full analysis and sources in Section 2.1 of the strategy document.

How does our growth to date compare?

By understanding where we are today, and the achievements of others, we can understand opportunities and risks.

The bar chart plots CGHC against year on year averages from NHS charities nationally who have reported financial data consistently over three years, and averages reported for the South West region.

While further growth is anticipated and there is much for the charity to achieve, our income growth benchmarks well against national year on year averages for NHS Charities. Behind this has been a robust plan for income growth both to meet the needs of the capital appeal and sustainable long-term income.

Many NHS Charities have reported a recent reduction in giving due to the adverse economic climate, which matches national charity data, however this has not yet been seen at CGHC; the charity must be aware of national trends and balance opportunity and risk as we grow.

While CGHC has not fully realised our potential for growth, our % increase in income in recent years has been notable and was highlighted nationally as an example of positive transformation within the NHS charity network.

NHS Charity income trends



AI as a strategic enabler across CGHC

AI will assist CGHC in increasing funding, enhancing organisational efficiency, and maximizing impact for patients, staff, and communities in Gloucestershire.

Despite being smaller, CGHC faces the same statutory, audit, governance, and fund-reporting obligations as larger charities. Operational AI helps manage this fixed workload and improve quality, freeing up resources for fundraising instead of requiring more staff. Once this operational foundation is established, supporter-facing applications can be developed.

1 Income generation

- Natural-language donor segmentation and filtering in Beacon CRM system
- AI-assisted acknowledgement and appeal drafting in CGHC's brand voice
- Prospect research and pipeline triage for major donor and trust work
- In-memory motivation captured in CRM at first contact

2 Finance and reconciliation

- Automated Gift Aid submission to HMRC
- Faster matching of donations to funds and appeals
- Reduced manual reconciliation effort ahead of audit
- Cleaner month-end reporting to the Charitable Funds Committee

3 Grant and fund management

- Faster triage and summarising of fund applications
- Drafting impact reports back to donors and funders
- Monitoring restricted balances and spend against purpose
- Consistent decision records across many small funds

4 Governance and compliance

- Drafting and maintaining policy and risk documentation
- Supporting evidence under the 2025 Code of Fundraising Practice
- Trustee paper preparation and summarising
- Documented judgement trails where checklists no longer suffice

5 Communications and content

- Repurposing patient and staff stories across channels
- Faster turnaround of social and email content
- Accessibility and plain-English checking
- Consistent brand voice at higher volume

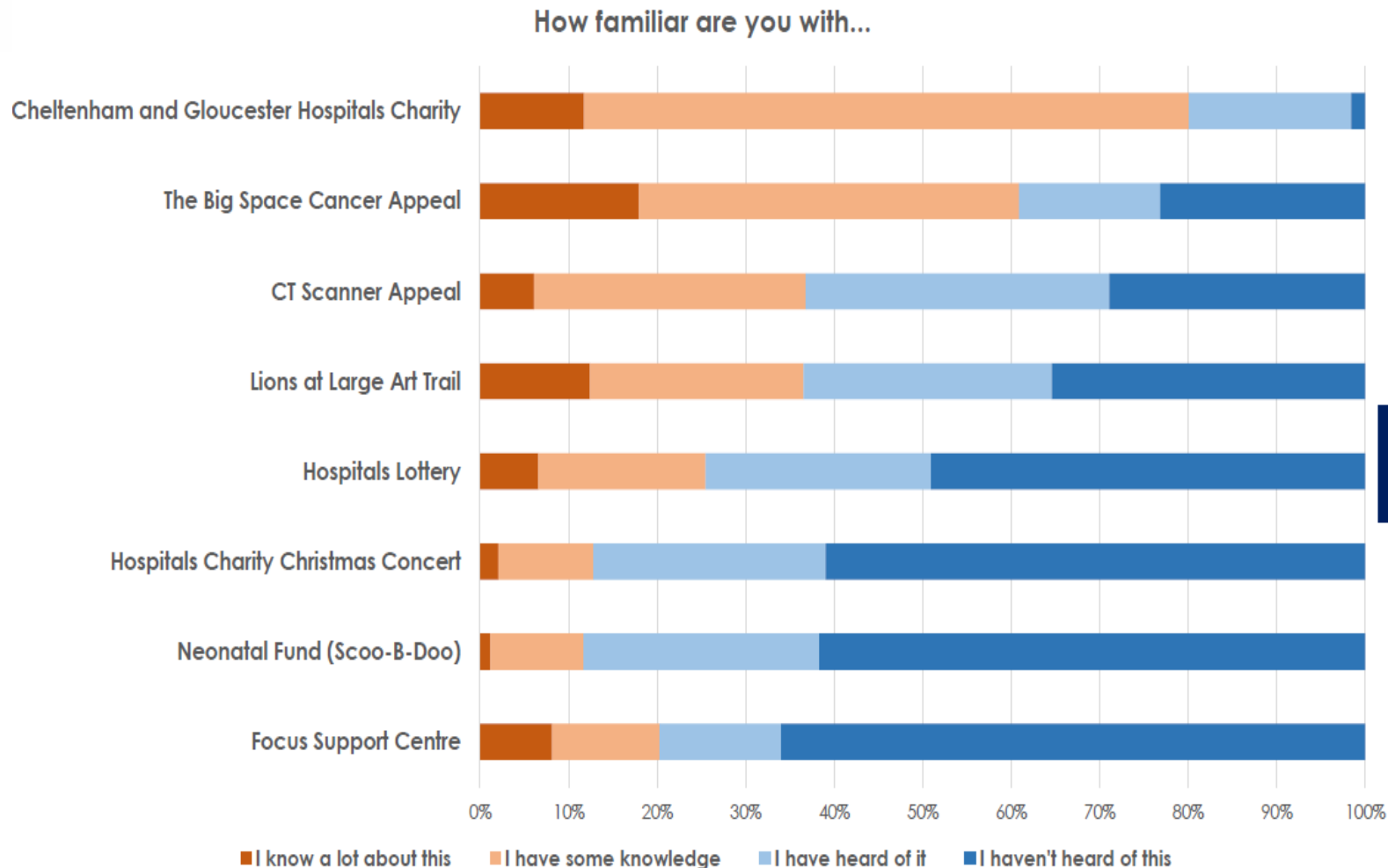
6 Data and analysis

- Reconciling CRM structure against audited figures
- Segmentation and attrition modelling, including the lottery cohort
- Survey and perception data analysis
- Trend reporting without analyst headcount



Supporter opinion:

- Over 450 supporters shared their views
- Most supporters are aged 65 plus, from Gloucestershire, who have been patients or have friends/family who have been patients
- Supporters responding are overwhelmingly positive
- High awareness of Cheltenham and Gloucester Hospitals Charity and The Big Space Cancer Appeal
- Medium awareness of CT Scanner Appeal, Lions at Large and the Hospitals Lottery
- Low (to almost no) awareness of Christmas Concert, Neonatal (Scoo-B-Doo) and Focus Support Centre.



Full surveys: Appendix E, F and G

Staff and Supporter Surveys – key learnings

130 staff responses (22 June 2026) • 461 supporter responses (June 2026)

Sentiment is highly positive among both audiences, with almost no negativity observed. The opportunity is to increase awareness further.

STAFF SURVEY RESULTS (130 NHS staff)

SUPPORTER SURVEY RESULTS (461 supporters)

1 in 2

Almost half of staff (47.7%) say they are only vaguely aware, or not aware at all, of how the charity supports NHS staff.

1 in 3

A third of staff have little or no understanding of The Big Space Cancer Appeal, the charity’s flagship campaign.

5.1%

Only 5.1% of staff based at GRH “know a lot” about Big Space, compared with 27% at CGH. Awareness is weakest at the largest site.

49.2%

Nearly half of staff have never heard of the Scoo-B-Doo Neonatal appeal, and 56% have never heard of the Christmas Concert.

48%

Around half of staff respondents already support fundraising events such as cake sales, and a third play the Hospitals Lottery.

23 of 130

Only 23 of the 130 staff respondents give from their pay. Increasing access to payroll giving is the clearest untapped channel for staff.

78%

78% of responding supporters are aged 65 or over (44% are 75 plus), and 91% live in Gloucestershire.

56

56 supporters asked, unprompted, for more updates, publicity and news of the charity’s impact. This was the largest single theme.

67.7%

67.7% of lottery players feel positive about the Hospitals Lottery, while most non-players (61.7%) feel neutral toward it.

55.6%

55.6% of 35–44 year olds are “very likely” to support extra NICU incubators, against 17.9% of over-75s. Propositions land differently by age.

88.9%

88.9% of 35–44 year olds know about Lions at Large, against 24.9% of over-75s.

Near zero

Supporter awareness of the Focus Support Centre and the Scoo-B-Doo appeal is close to zero. Sub-brands dilute the core brand.

Summary: Landscape

- **The charity has potential to be an active partner in delivery of GHNHSFT's strategy**, charity support can accelerate and facilitate strategic objectives.
- **Significant growth has been achieved and the charity is now comparable to Gloucestershire's largest charities** - We have enhanced brand visibility, audience reach, media profile, and public donations – but we can grow further.
- **We must be aware of external factors**, with an economic environment which continues to bring challenge further investment in fundraising will be needed to continue growth.
- **AI can enable growth in workload and quality with minimal growth in cost**: limited reserves means the charity requires to continue to grow carefully to avoid over-expansion.
- **The Big Space Cancer Appeal has driven growth and visibility**, with risks managed successfully and phase 1 build construction planned to begin in 2027. This major appeal will continue throughout the strategic period with a second phase of internal transformation.
- **As Big Space Cancer appeal moves into delivery of phase 1, this will allow for more holistic growth of the overall charity** and operations; focus to be placed on other charity areas such as governance, grant-making, and fund management, and diversifying the ask and impact of funded projects.
- **We can do more to reach and engage Trust staff**: Staff have a positive outlook on the charity, but awareness of key areas such as staff wellbeing support or major appeals is fairly low.
- **There is an appetite to hear more on charity impact**: Supporters are very positive about the charity, but would like more updates on impact – AI and digital has potential to personalise this stewardship.

Strong growth and profile increase during the previous period have positioned CGHC for further growth of impact and income in the next strategic period.

Opportunities for the charity within GHNHSFT strategy

Opportunities for charity as key contributor to GHNHSFT's Strategy

Following GHNHSFT's confirmation of their strategy, the charity has undertaken discussion with key staff to understand how we can best support strategically.

While the beneficiaries of the charity are ultimately the patients and not the Trust itself, the Trust's strategy is the charity's guide for creating patient impact, and the aims, golden threads and enablers can inform the charity's work – while the charity is independent in terms of decision making and governance, it works within the GHNHSFT ecosystem.

Primary areas of charity support for GHNHSFT strategy:

- The charity's most impactful support of GHNHSFT's strategy is through grantmaking, with strategic selection and scoring of projects to enhance the Trust's work with patients a key focus.
- Stakeholder interviews have shown that the charity's positive narrative and 'can do' attitude is seen as a wider positive, with the charity modelling Trust values which enhances GHNHSFT's staff morale and reputation.
- By adopting the strategic principles in our wider work we can also work harmoniously with GHNHSFT's wider aims for service delivery and continuous improvement.



Supporting delivery of GHNHSFT strategy: Key themes from stakeholder interviews

As a key strategic partner, the charity can accelerate Trust priorities (see section 1 of full strategy: ‘opportunities for partnership’).



Patient experience
and voice



Quality, safety
and delivery

Patient Experience & Quality

Seek evidence of co-design and patient engagement in bids, bring patient voice into decision making, investment in volunteering to multiply impact, address inequalities in charitable funding across services.



People, culture
and leadership

People & Staff Wellbeing

Expand support for wellbeing, recognition, training and improving staff environments. Create visible ‘Wow factor’ to improve morale, empowering staff and creating charity ambassadors.



Digital
first

Digital Transformation

Develop funding for digital solutions which focus on improved patient experience, build grantmaking programme and criteria for which digital projects to support.



Research
and innovation

Research & Innovation

Create consistent programme of funded projects and partnership working with R&I team, pilot projects and emerging innovations that shape future models of care, and attract external investment.



Health
inequalities

Health Inequalities

Charity can offer key funding for prevention, outreach and early intervention programmes. Future funding decisions will actively consider impact on people and communities facing inequality.



Estates
and facilities

Strategic Estates

Enable transformational capital developments and healing environments through major fundraising appeals that improve facilities and create better experiences for patients & staff



Green
sustainability

Green Sustainability

Charity funding can accelerate development of therapeutic green spaces, support sustainability initiatives by proactively considering this as a key area of grant scoring.



Partnerships
with purpose

Partnerships & System Leadership

Act as a connector across health, voluntary and community sectors, creating partnerships that bring additional funding, expertise and impact.



Continuous
improvement

Continuous Improvement & Value

Strengthen governance, impact measurement and strategic grantmaking to maximise long-term value, ensure sustainability and align charitable investment with Trust priorities. AI as a key facilitator.



Patient experience
and voice



Quality, safety
and delivery

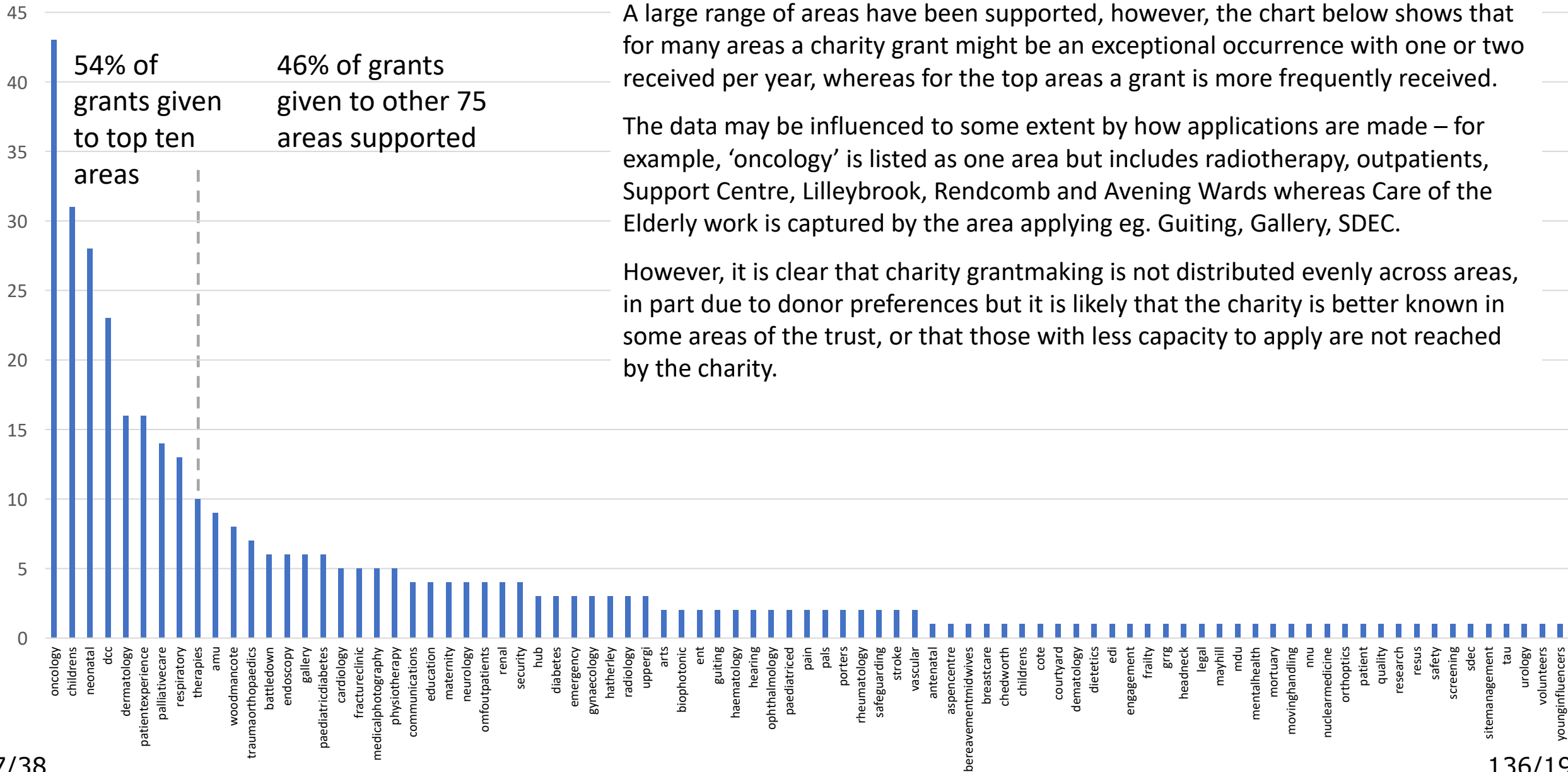
- The Trust aims to ensure that every patient receives compassionate, personalised and equitable care, with services designed and improved through listening to and acting on patient feedback.
- The quality and inclusivity of patient experience is key to GHNHSFT's work with the local community.
- Quality and the patient experience areas are core to the charity's work and our aim to 'make hospital life better' for local patients and their loved ones.
- Charity support in this area is well established, with projects to improve the patient experience ranging in scale from The Big Space Cancer Appeal to more comfortable seating on wards. The charity works proactively with the patient experience team and in support of the volunteering team.

How the charity can support:

While support of projects to improve the patient experience is well established, the charity has significant opportunity to increase impact in this area:

- Seeking evidence of patient and engagement or co-design on application forms will allow this to become a scoring criteria and give assurance that applicants have sought to engage their patients in the design of projects.
- Including patient representation in the charity's decision making will ensure that the beneficiaries of the charity have a voice in the funding of projects, improving best practice and mitigating conflicts of interest.
- While some areas of GHNHSFT receive public support, other areas such as Care of the Elderly receive far lower amounts of donations; the charity's investment to grow long term unrestricted income can reduce this inequality and the 'heatmap' of charity grantmaking should become a pro-active consideration for attribution of general funds.
- As the volunteering function of GHNHSFT grows, the charity has potential to add resource, achieving a multiplier effect of impact through increased volunteering and pathways to employment to reduce inequality.

Distribution of grants by area





**People, culture
and leadership**

- The experience of staff is key to GHNHSFT's strategy; NHS staff are the lifeblood of the organisation and without them the vision of 'Best care everyday, for everyone' would be impossible.
- The wellbeing of staff is key, particularly staff who themselves might face health inequality, and investment in this area demonstrates both a tangible commitment to staff and offers a strong return – by keeping staff well at work the trust improves cost effectiveness and outcomes.
- Staff Wellbeing has become a key area of support for NHS charities, and previously funded projects in GHNHSFT have included establishment of roles including the EDI lead, staff psychology and more recently the Wellbeing Lead Nurse. The primary vehicle for recognition is the annual Staff Awards.
- More widely, the charity is seen by interviewed stakeholders as creating positive messaging and plays an enabling role in areas such as staff recognition, which is increasingly important to GHNHSFT.

How the charity can support:

- By increasing the number of visible, tangible projects, or enterprises such as highly visible grant rounds or recognition vehicles, the charity can add a 'wow factor' which both increases Trust staff morale and encourages staff ambassadorship for the charity (see grantmaking and income sections).
- While impactful, GHNHSFT's wellbeing team are relatively small, and the charity can enable the growth of impact through ongoing funding of the wellbeing team's resource to build long term capacity. Elsewhere impact is achieved by improving staff rest areas, funding training and development and by creating green spaces.
- The charity can also support initiatives that improve wellbeing, inclusion and opportunities for staff groups who experience disadvantage or inequality.

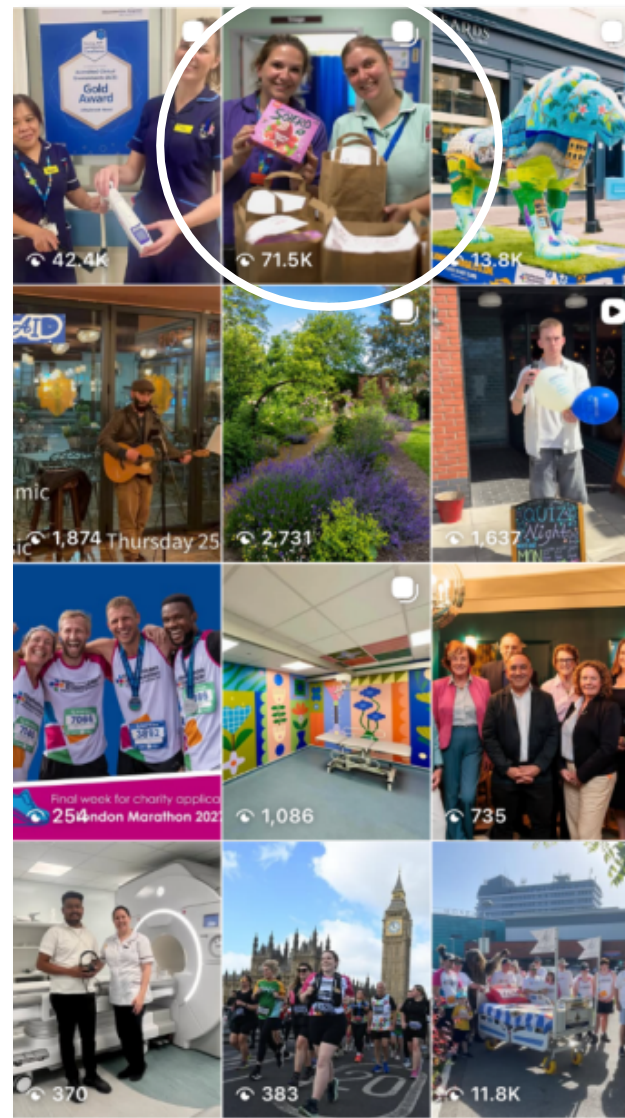
‘Wow moments’ for NHS Staff

Morale boosting low-cost projects which support GHNHSFT staff can create positive PR, raising overall visibility of the charity – these ‘Wow moments’ may lack the long term impact of funded equipment or capital projects, but are small morale boosting exercises which create a ‘feel good factor’ around the charity and connects them with GHNHSFT staff.

For example a recent donation of 4,000 ice creams became our all-time highest viewed social media post with over 70k views, with that support continuing to the following post on funded equipment (over 40K views) creating an ongoing increase in visibility. This social media reached new followers and increased the charity’s audience, and gained coverage from BBC Gloucestershire.

Working closely with relevant colleagues, and keeping expenditure proportional / sourcing in-kind items, can help to make sure that these projects are tailored in the right way. Other opportunities might include visible grant making panels to support staff innovation.

Wow moments can be a small but highly visible area of grantmaking.



Case studies – ‘Wow’ moments, learnings from NHS Charity network

Bristol and Weston Hospitals Charity have embedded the “WOW moment” mindset across everything they do, including internally within their hospitals. An example is the Trolley of Joy: a stocked trolley of cake, coffees, lanyards, and pens taken to NHS wards having a particularly tough time. A colleague added a further layer by handwriting 44 personalised thank-you cards for every member of staff on one ward, each containing a real patient quote specifically chosen for that hospital. The response from staff moved the whole team, and they reflect that this bespoke, meaningful approach applies just as much to clinical colleagues as it does to donors.

THE LITTLE THINGS FOR YOUR TEAM



THE TROLLEY OF JOY

A little joy, delivered straight to your team.

The Trolley of Joy is our way of saying thank you for everything you do. Designed to brighten up your day, boost morale, and bring moments of joy right to your team.

Each month, one team will be randomly selected to host the Trolley of Joy for the day. We'll deliver it at a time that suits you and your team, creating a special moment to pause, recharge, and feel appreciated.

Request the trolley of joy



Digital
first

- GHNHSFT aims to make digital systems easy to use, improving care delivery, and enabling patients to play a greater role in managing their own health; digital technology is a key enabler of better patient care, workforce productivity and service improvement.
- The charity's focus in this area lies in improving the quality of patient experience, and charity funding can bolster GHNHSFT's existing work which is more focussed on prioritisation of digital projects which improve safety or financial sustainability.
- While funding technology and equipment has been a mainstay of NHS charities, grantmaking to support fully digital innovation is more of an emerging trend. Undoubtedly there is great potential for NHS charities to support patient experience focussed digital projects which otherwise might not be funded.

How the charity can support:

- The charity will continue to fund new technology which furthers GHNHSFT's purpose, with an emphasis on identifying the right strategic projects.
- Fully digital projects, such as the recently funded Accessible project to help patients access the information needed ahead of appointments, are likely to become an increasing area of grantmaking. The charity will need to work closely with digital team to identify opportunities, and with patient / donor representatives to understand their perspective.
- Trialling and learning from new projects may be of great benefit, and together with GHNHSFT leads the charity might seek to develop grantmaking policy to reflect more specific criteria for funding of digital projects.
- The Charity is one of 230 NHS charities and has potential to learn from innovation and grantmaking approaches undertaken elsewhere in the network as this area evolves.

Digital
first

Case Study: AccessAble, Cheltenham and Gloucester Hospitals Charity

In the UK, there are over 16.8 million disabled people and 5.4 million carers. Within our Trust's catchment, there are approximately 170,000 individuals who are likely to be impacted by disability and issues relating to accessibility.

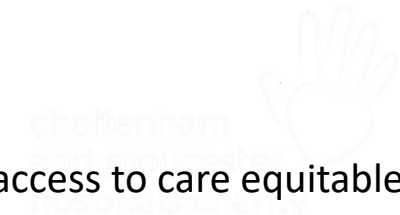
Thanks to your donations, a new partnership with AccessAble has been funded to create 'Detailed Access Guides' to empower disabled patients, carers and visitors to our hospitals. AccessAble is a disabled-led organisation with over 25 years of experience providing accessibility information. Through their extensive engagement with disabled people and people with mental health conditions, they understand the types of information that individuals need to feel confident about visiting new places, particularly healthcare settings.

[Home](#) > [News and Events](#) > [News](#)

A More Accessible Future: New Accessibility Guides will transform hospital experiences

Thanks to your generosity, a new charity funded project is helping to make hospital visits more accessible for disabled people, carers and visitors.





Health inequalities

- Health inequalities are at the core of GHNHSFT's strategy, with an aspiration to make access to care equitable by reducing unfair differences in health outcomes and service access.
- The charity has real potential to support GHNHSFT's focus on prevention and early intervention, supporting projects that reduce barriers to accessing hospital services, improve patient experience and help ensure equitable outcomes across different population groups.
- Previous funded work in this area has demonstrated the impact the charity can make with a shortlisting for HSJ Race Equality award in 2023 for our 'Reaching out Together' project, and pro-active work to reach people experiencing inequality included in the remit of the funded Staff Wellbeing Lead and cancer psychotherapist roles.

How the charity can support:

- The charity has a unique opportunity to act as a catalyst for innovation, enabling projects that address the wider determinants of health, reduce health inequalities and improve equitable access, experience and outcomes for patients and communities.
- The growth of general income can facilitate this work, as well as adjusting our fund management to identify preventative rather than reactive projects to fund through restricted funds.
- Charitable funding will prioritise initiatives that improve outcomes and access to care for populations experiencing the greatest health inequalities, including people living in areas of deprivation, ethnic minority communities, people with disabilities, inclusion health groups and those facing multiple disadvantage. This aligns better with Core20PLUS5 and NHS England's health inequalities approach
- Partnership working with the wider charity sector can be a multiplier, increasing impact across the system.
- Funding applications will be required to demonstrate how health inequalities have been considered, identify which populations will benefit, and set out how impact on equity will be measured and evaluated
- With the support of the Health Inequalities team, funding decisions will be informed by health equity principles and NHS Core20PLUS5 priorities, ensuring resources are directed towards areas of greatest need and potential impact.
- The Health Inequalities team will also help the charity monitor equity impact of funded projects and seek evidence of improvements in access, experience and outcomes for priority populations.



Health inequalities

Case Study from our network: Sheffield Hospitals Charity

Sheffield Hospitals Charity have set out their aims to reduce health inequalities, by:
Tackling the gap in life expectancy and healthy life expectancy between the most and the least advantaged communities.

Enabling people and communities who are less able or likely to, to access healthcare.

Supporting prevention-based initiatives and promote partnership working across the statutory, voluntary and private sectors to deliver them.

Supporting projects relating to specific medical conditions which do not enjoy the financial investment or profile as other conditions.



Peer Support for the Somali Community

Sheffield Hospitals Charity are proud to have funded a new project that improves access to mental health support for Sheffield's Somali community.

[Find out more >](#)



Service to Reduce A&E Pressure

Sheffield Hospitals Charity provided funding to create a High Intensity Use (HIU) service in Sheffield.

[Find out more >](#)



Partnerships with purpose

- Partnerships with purpose will enable GHNHSFT's strategic vision, improving holistic working across the wider health system.
- The charity's work includes partnerships with other local charities to create a greater impact, and brokering both fundraising on GHNHFT's estate and grantmaking to GHNHSFT projects.
- Recent progress has included the funding of the Cancer Psychotherapist, with specific aim to harness the potential of partnership working with charities including Maggie's in order to multiply impact.
- The charity has played a wider role in the ecosystem by helping charities such as Glos Deaf Association, Glos Academy of Music and Charlies to receive grants from a third party, which in turn helps them to make an impact for GHNHST's patients.
- As charity regulation increases, smaller fundraising charities on the precinct have wound down and chosen for their work to instead continue as part of CGHC, enabling increases in income and best practice.
- Elsewhere, the charity seeks to create clear partnership agreements so fundraising on GHNHSFT estate makes maximum impact .

How the charity can support:

- Partnerships with purpose is an area of great potential for further impact, with charities sometimes needing a guide or broker to help maximise impact of working with GHNHSFT; investment in this area can multiply impact.
- This area is evolving and the charity should work towards a clear understanding with GHNHFT of how partnership working can be optimised, and in which situations it is optimal for GHNHSFT or the charity to be the lead party.
- Some charitable partnerships within GHNHFT are brokered by lead staff, and the charity can use their expertise to support grant applications or grant agreements to ensure they follow best practice.



Partnerships with purpose

Case Study: Community outreach partnership, Cheltenham and Gloucester Hospitals Charity

Across 2022/23 Cheltenham and Gloucester Hospitals Charity worked with voluntary sector partners in Gloucestershire to deliver a community partnership project working across the health and voluntary system.

We were able to co-ordinate a number of charities to work together to achieve greater impact, distributing funding to a range of partners including charities such as Young Gloucestershire, Forest Voluntary Action Forum (FVAF), Caring for Communities and People (CCP) and Gloucestershire Voluntary Alliance.

[Home](#) > [News and Events](#) > [News](#)

Reaching Out Together project shortlisted for HSJ award

A joint NHS community project in Gloucestershire, to tackle health inequalities, has been shortlisted for a national award.





Partnerships
with purpose

Case Study from NHS Network: Your Charity Birmingham Sandwell

Your Trust Charity are delivering 'SCORE', a programme supported by The Prince's Trust, via the Department of Health and Social Care in partnership with the wider charity sector. Score aims to recruit, train and equip 16 to 30 year olds from across their region in readiness for entry level jobs and apprenticeships.

SCORE was designed with input from their Trust's Volunteer Services and the Nursing and Midwifery team as a partner-led volunteer to career pathway. This focuses on supporting young people as volunteers to receive training and placements, before being recruited for specific entry level Health Care Assistants (HCA) roles.



IN PARTNERSHIP WITH
THE PRINCE'S TRUST

NHS

Sandwell and
West Birmingham
NHS Trust

S.C.O.R.E

in Health and Social Care Project

[*Supporting Career Opportunities,
Recruitment & Employment]



The Volunteer Service, Trust Charity at SWB NHS Trust and Aston Villa foundation are working in partnership with the Princes Trust aims to engage with long term unemployed people across Birmingham and provide support with training and linkages to work within key growth sectors.



ASTON VILLA
FOUNDATION



Green sustainability

- Gloucestershire Hospitals NHS Foundation Trust formally declared a climate emergency in 2019, and the strategy places emphasis on green sustainability being at the core of future planning.
- The Trust has an ambition to achieve carbon neutrality in the longer term, with key considerations in the strategy around climate change resilience, integrating sustainability into core business and reducing inequalities as a result of climate change.
- Green spaces have been shown to improve the experience for patients, and to reduce stress for NHS staff.
- Creating new green areas has been a key element of the charity's grantmaking over the last 5 years, from the COVID-19 to the Baby Loss Remembrance gardens, and the charity has opportunity to build on these foundations, working in partnership with GHNHSFT and GMS.

How the charity can support:

- The Trust has a number of green spaces planned which will require charity support, larger spaces include the new cancer centre gardens, Department of Critical Care Gardens and Children's Centre Garden.
- While plans and costs are being clarified by GHNHSFT and GMS for these spaces, along with smaller garden areas, there is potential to increase grantmaking and create a programme of funding and impact.
- Including green sustainability as a consideration on all grant applications will encourage applicants to consider the environmental impact of their project, and enable this to be scored and actively considered during grantmaking rounds.
- This area is likely to be an increasing discussion among NHS charities as the impact of climate change becomes increasingly tangible for NHS Trusts; the charity should actively engage in this subject to create learning from other NHS charities and Trusts.

Case studies: Green spaces on the Trust estate

Parents, loved ones and NHS staff affected by baby loss now have a calm and peaceful space to sit and reflect in nature at Gloucestershire Royal Hospital thanks to our charity supporters.

The concept for the garden was initiated by midwives at the Trust, who recognised the need for a space where families could visit and find solace.

At the heart of the Forget-Me-Not Garden stands our beautiful memory tree, designed and forged by local artist Clare McHugh. The brass and copper leaves can be personalised with special messages of remembrance. Each leaf will be displayed on the tree for two years, after which it will be gifted back to the family as a treasured keepsake.

[Home](#) > [News and Events](#) > [News](#)

Our Forget-Me-Not Garden: A place of healing opens thanks to your support

Parents, loved ones and NHS staff affected by baby loss now have a calm and peaceful space to sit and reflect in nature at Gloucestershire Royal Hospital.





**Continuous
improvement**



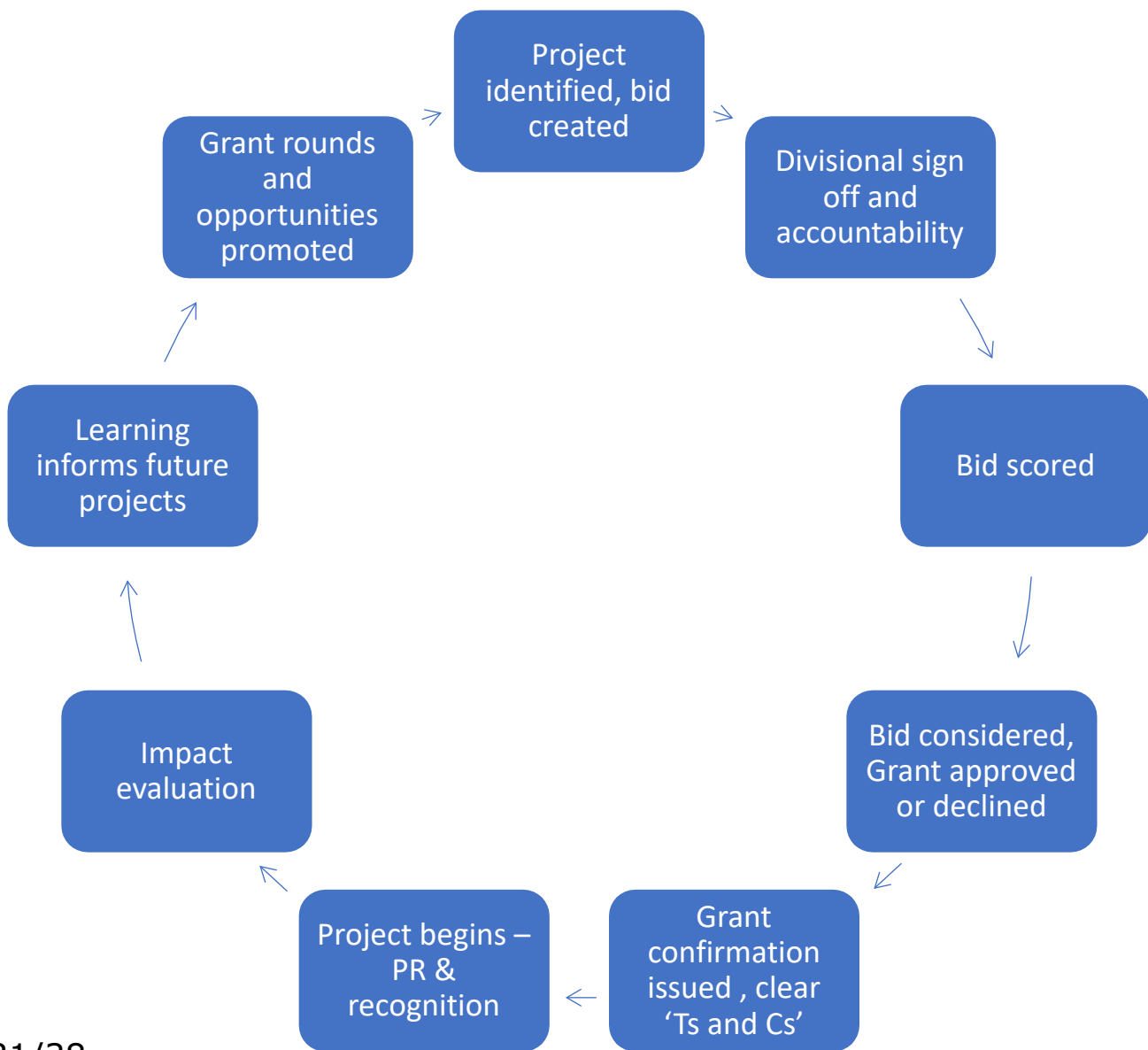
**Brilliant
basics**

- Brilliant Basics and Continuous Improvement/Learning are important “golden threads” that support the Trust’s strategic aims.
- The Trust seeks to develop a culture of continuous improvement, learning, research and innovation to create an environment where staff regularly learn from experience, use evidence to improve services, and embrace new ideas and technologies which benefit patients.
- Brilliant basics and doing simple things well, every time with consistency, can make a significant difference to patient outcomes, experience and staff wellbeing.
- The charity both supports the Trust and is part of the GHNHSFT ecosystem, therefore as well as grantmaking to fund projects the charity can exemplify the Trust’s strategic values through our own actions.

How the charity can support:

- Training and staff recognition projects funded by the charity support continuous learning, and many small charity grants exemplify brilliant basics within GHNHSFT and boost the morale of GHNHSFT staff.
- In turn, the charity’s own direction seeks to develop continuous improvement and learning both of the impact of funded projects and through national and regional learning via the NHS charity network.
- Improvements to our governance, process, impact and income measurement are ‘brilliant basics’ which will underpin the charity’s wider strategic aims.

Case study: Improving our grant cycle



- We aim to improve project identification by working more closely with divisions, using analytics to identify underserved areas, and sharing proven project ideas from across the NHS charity network.
- Fully digitise the application process, enabling consistent data capture, clearer impact criteria, analysis and easier assessment of all bids.
- Digital tools to enhance management with digital grant agreements, clearer terms and conditions, automated tracking of approvals.
- Monitor delivery more effectively through automated reminders, project tracking, recognition and communications, and escalation where approved projects do not progress.
- Embed impact evaluation and continuous learning, using standardised reporting, dashboards, AI-supported analysis, and targeted grant rounds informed by previous outcomes and funding gaps.



Estates and facilities

- Estates and Facilities are the foundations that support delivery of the Trust's wider strategic aims for patient experience, people, quality and digital transformation; the Trust aims to work with the community to improve the estate, providing a good place to work and receive care into the future.
- The charity plays a strong role in this area, with projects ranging from artwork to improve an environment to transformative projects such as the new cancer build.
- Working strategically with GHNHSFT will be key; investments before the strategic refresh 22/23 resulted in funds spent on refurbishment in areas which later needed to be reconstructed - the impact of the funded projects was not as intended and reputational risk then needs to be managed.

How the charity can support:

- The Big Space Cancer Appeal has demonstrated the charity's ability to achieve significant funds to enable transformational projects on GHNHSFT's estate, and creating a pipeline of future capital projects will enable charity and trust to plan appeals and proactively engage with major supporters.
- Learning from The Big Space Cancer Appeal format, a feasibility study ahead of significant capital projects should be undertaken as an outline at an early stage with engagement of prospective supporters only progressing once outline business case costings are known – this will ensure aspirations are credible and well considered before speaking with donors, and that project delivery will be timely and match donor expectations.
- The coming DCC build provides opportunity to diversify the charity's ask while The Big Space Cancer Appeal remains a key focus. Future projects which might be considered include relocation of the Breast Centre, and the establishment of a dedicated Eye facility. Working closely with the Trusts strategic leads for estates will be key.

Case studies: Capital projects, Cheltenham and Gloucester Hospitals Charity

- The Big Space Cancer Appeal, and past CT Scanner appeals, have shown the charity can inspire the public with a compelling vision to improve GHNHSFT's estate & facilities to create a better patient experience, increasing support and securing major gifts.
- Undoubtedly the main Capital Appeal of this strategic period will be The Big Space Cancer Appeal (phase 1&2), with intended support of other areas such as the new DCC building at GRH or neonatal incubators enabling diverse asks of donors and impact, ensuring we are not perceived as being solely a cancer charity.
- The charity can work strategically with GHNHSFT to identify future strategic projects which can form a pipeline of major appeals beyond Big Space. This approach can add value and create combined impact for charity and Trust, and charity funding may enhance strategic bids for national NHS funds, as with the DoHSC Cancer Centre funding.
- Working closely with GHNHSFT colleagues to understand plans for the strategic use of the estate and 5 year capital needs will enable both parties to think strategically about long term opportunities, and to continue building beyond The Big Space Cancer Appeal.





Research and innovation

- Research and Innovation is a key enabler of GHNHSFT's strategy which can help develop the technology, treatments and future care models for an increasing number of patients.
- Past charity support of this area has seen some high profile projects such as biophotonic probes or the immersion partnership with SquidSoup, which both gained BBC TV coverage.
- However, the charity has lacked a consistent message for research, which relates directly to the pipeline of fundable projects identified; over the previous strategic period there has been change in the direction of GHNHSFT's R&I division and there is now opportunity to lay foundations for the future.

How the charity can support:

- The charity is re-establishing partnership working with the R&I team, with first steps including the funding of the GARII hub, identification of new potential projects, and of donors to establish a new income stream for research.
- This process might involve learning for both charity and R&I teams as we seek to develop in this area; there is real potential to engage major donors and legacy giving with this future facing area.
- With R&I becoming an active consideration in bids, the charity should seek to learn and develop policy to establish a clear indication of which projects are likely to be funded. This will benefit charity decision making and act as a guide for the research team as we seek to develop a programme of funded projects.

Case studies: GARII Hub



**Gloucestershire Advanced
Research Innovation Institute
(GARII) Hub officially open
thanks to your support**

27 August 2026

The GARII Hub has been funded thanks to the generosity of our supporters and will help Trust staff with all elements of the research process; from design ideas, ethics applications and statistical analysis. The aim of the new GARII Hub is to support and encourage creativity and collaboration - in turn promoting and enabling new research and innovation projects - by providing:

- A dedicated space to work and collaborate as well as a single point of contact
- Drop in advisory/guidance/support service/assistance with pathway mapping
- Support with grants and funding applications
- Link staff with other collaborators including University of Gloucestershire students



Living within our means

- GHNHSFT aims to deliver excellent care while operating within available resources, maximising value for money, reducing waste, improving productivity, and making financially and environmentally sustainable decisions for the future.
- This direction has seen a change in decision making processes in areas such as Capital Delivery Group or the VCP recruitment processes for new staff roles; the Trust's focus is now on long term finances as well as the impact for patients.
- This becomes a key framework for the charity – an item of equipment may no longer progress just because there is an offer of funding, and there will be a greater focus on long term sustainability for funded staff roles.
- In the past, the direction was for funding to be offered prior to completion of GHNHSFT process, however continuing this approach will risk disappointment from donors that an anticipated project does not progress or might place unhelpful pressure on GHNHSFT to pursue projects which are not a priority.

How the charity can support:

- A key factor will be understanding the divisional priorities of the Trust, with senior representation on a charity grants panel enabling the identification of credible spending plans / projects and vetting applications against Trust priorities.
- GHNHSFT procurement team require a range of important processes to be completed prior to purchases being made, and applicants will be asked to complete these processes before making a bid to the charity to ensure projects are credible, thoroughly considered and will progress as smoothly as possible once funding is confirmed.
- An emphasis on the ongoing sustainability of projects in grant application forms will inform charity decision making, and ensure that the long term impacts for GHNHSFT are understood.

Summary of conclusions

Where are we now, and where do we want to be by 2030/31 ?

Pillar	Impact	Income Generation and visibility	Governance and operations
Where are we now?	Over £1.5m on average per year is invested in projects, equipment, staff wellbeing and services that improve patient and staff experience. Grantmaking process has become mostly digital and is appreciated by staff, we capture decision making but do not evaluate or learn from impact. Decision making forums are limited and grantmaking is not clearly aligned to GHNHSFT strategy.	Income has grown from £1.3m to over £3m since the strategic refresh; investment in both capital appeal fundraising and longer term sustainable income has built a platform for the future. Many opportunities exist for further growth, both inside and outside the portfolio as the charity brand matures with AI a key facilitator.	The charity has built strong partnership working with their NHS Trust which is nationally recognised. Rapid income growth needs to be matched by growth in process and governance, enhancing oversight and operations and managing risk. Patients with lived experience and external skill sets in areas such as marketing are not represented.
Where do we want to be?	“We make best use of donated funds to maximise impact across diverse areas of the hospitals. We understand the impact made, and regular evaluation and learning inform future activity.” Grantmaking is doubled and clearly fits and supports GHNHSFT strategic priorities.	“We are a recognised charity of choice for Gloucestershire, working together with the community to maximise the charity’s support of the growing needs in the hospitals which serve them.” We will invest in further growth of income streams inside and outside the portfolio.	“We are a key partner of our NHS Trust, embodying best practice in the NHS Charity and wider voluntary sector. We have the skills, process and tools needed for long term growth & development.” Enhanced governance meetings and processes are the foundation of our work
Top line objectives by 2030/31	Grantmaking increases to £3M+ PA Over 100,000 people PA benefit from projects, equipment and services funded by the charity* *to be tested and refined as impact is further understood	Income is increased to £5M+ PA sustainably. Charity raising funds for every area of GHNHSFT’s work, visible in every public area of precinct.	Involvement of people with lived experience in charity projects & decision making Independent CFC members add skills & expertise,

Shawn Smith

Non Executive Director, Audit & Assurance Chair

My background

- Certified Accountant with over 30 years of senior level experience
- Most recent exec role being Chief Finance Officer European Operations for an aerospace manufacturing company. Previously worked in various areas including; property, recruitment and general manufacturing
- Joined GHFT 1 December 2025 – also a member of Finance and Resources Committee and the Charitable Funds Committee.
- Previously NED at North Bristol Trust, chaired Audit and Merger committees and member of Quality and Digital committees
- Also; governor at City of Bristol college, NED at Elim Housing and trustee of The Green House charity

Other activities

- Support activities such as;
 - board visits
 - consultant interviews
- Additional focus on Health & Safety and Security to include cementing board assurance

Audit and Assurance focus/objectives

4

- Continue the progress achieved previously by focusing on effective, timely and appropriate papers
- Triangulation/overlap with other committees to ensure actions etc... are completed
- Internal audit – how to use this to assist in monitoring and gaining assurance of the effectiveness of programmes such as EDI
- External audit – assist in building on a smoother process
- Embed H&S scrutiny and assurance
- Counter Fraud – effective messaging

Questions/comments?

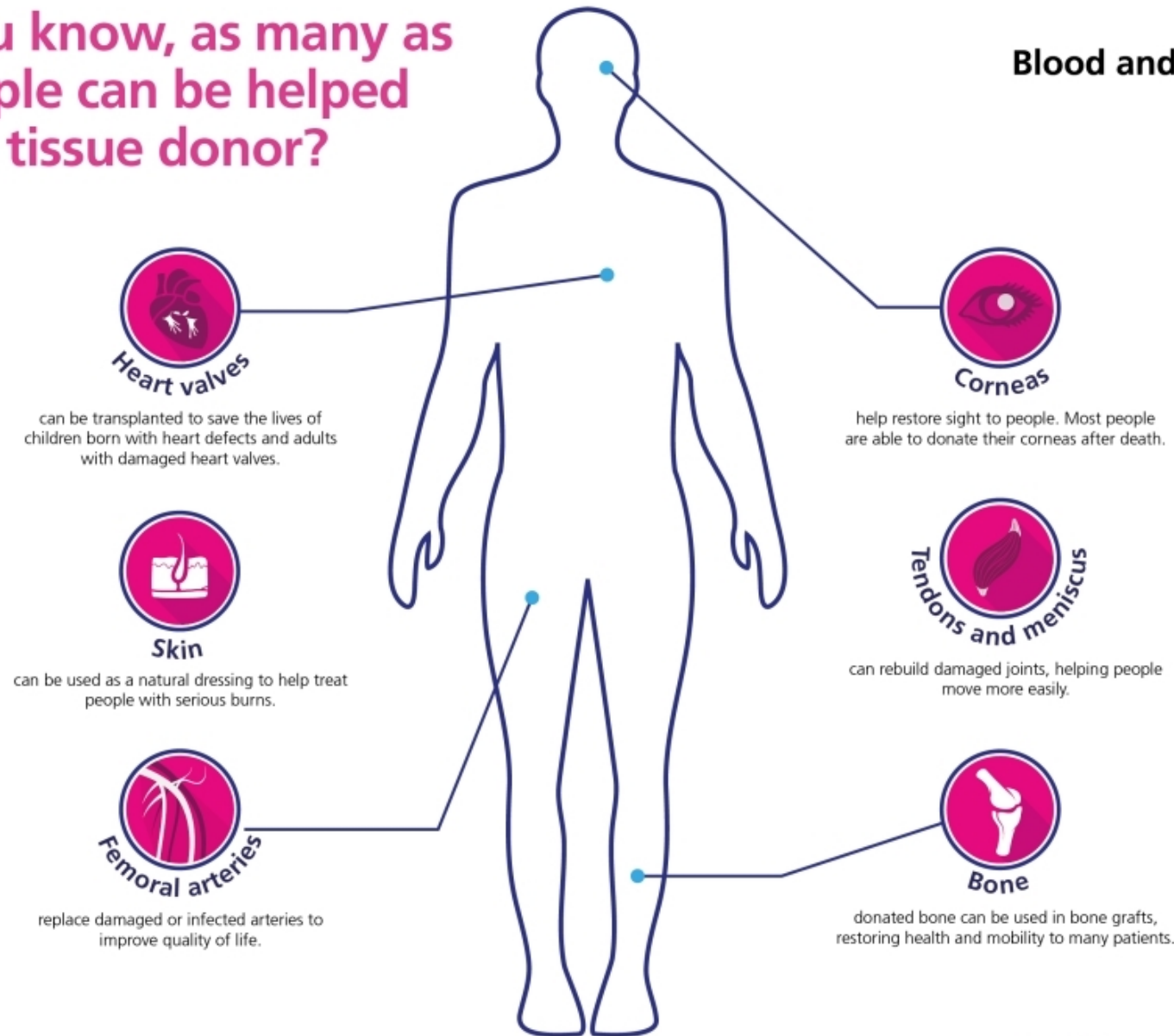
Organ and Tissue Donation

Ian Mean Regional Organ and Tissue Donation Committee Chair
Caroline Cooke Specialist Nurse for Tissue Donation
Kate Hurley Specialist Nurse Organ Donation

Organs

- Heart
- Liver
- Lungs
- Small Bowel
- Kidneys
- Pancreas
- Non-routine Transplants

Did you know, as many as
50 people can be helped
by one tissue donor?

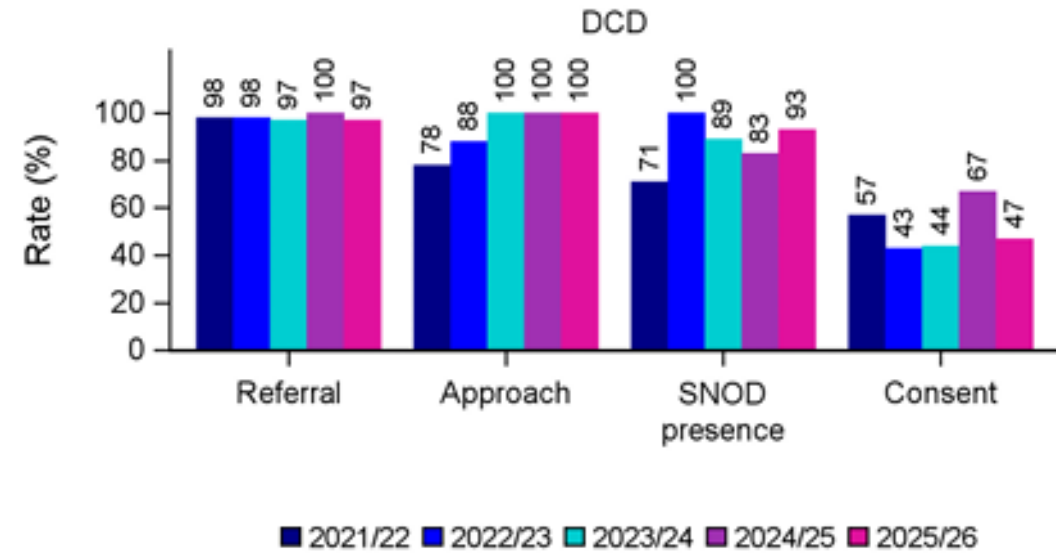
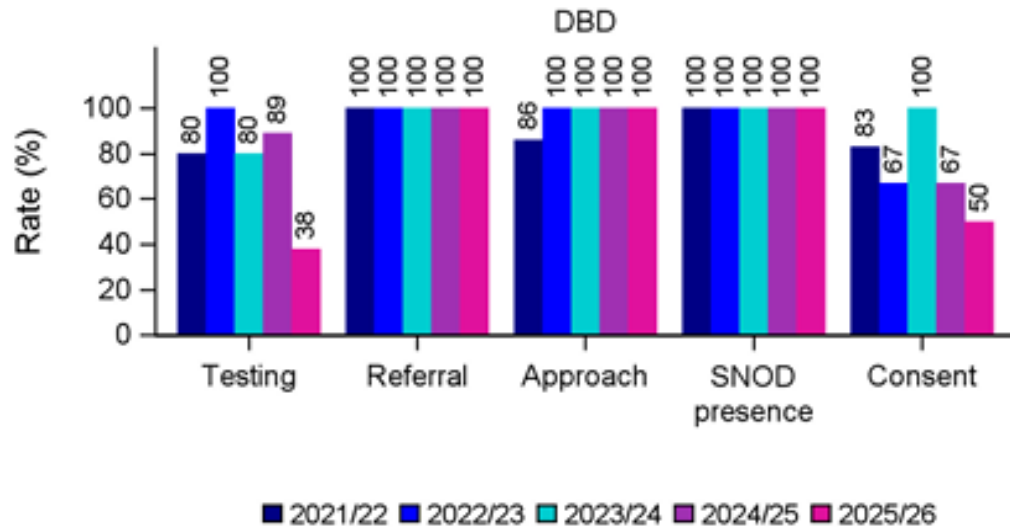


Donated tissues can dramatically improve the quality of life for others and even save lives.
See the difference you could make at www.organdonation.nhs.uk

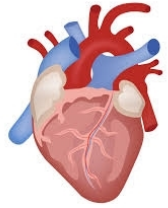
Why donation matters

- **Over 8500** people are waiting for a lifesaving organ. Someone dies every day on the waiting list
- **Over 3000** people are waiting for sight saving tissue
- 2025/26, 258 people benefited from a solid organ transplant in the South West
- Sadly, 34 people died on the transplant waiting list during this time.

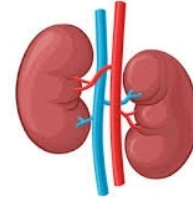
Challenges for Donation



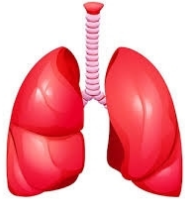
Transplant snapshot April-June 2026



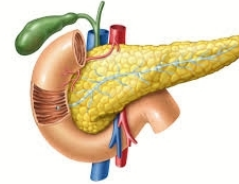
0 donated, 0 transplanted



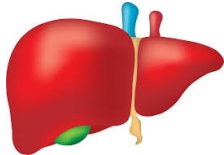
4 donated, 3 transplanted,
0 to research, 1 disposed



0 pair donated,
0 pair transplanted



0 donated, 0 transplanted
0 disposed



2 donated, 1 transplanted,
1 to research,



0 donated



46 donated 42 transplanted 4 to research

When a decision to donate has been registered formally, families will proceed with donation around 90% of the time. When there is no known decision, that drops to below 50%



Before you start

1. Whatever you decide, please talk to your loved ones. They will always be consulted, and can overturn your decision if they aren't sure what you want
2. Organ donation in some parts of the UK has changed. [See how the changes affect you](#)
3. To donate only some organs, register a decision and record your preferences.
4. Withdrawing your name from the NHS Organ Donor Register is not the same as recording a decision not to donate. [Read about what withdrawal means](#)

 Register to donate Choose this option if you would like to donate some or all of your organs and tissue. DONATE Register a decision to donate	 Register not to donate Choose this option to record a decision not to donate your organs and tissue. DO NOT DONATE Register a decision not to donate (opt out)
 Amend your registration Choose this option to update your existing registration or donation preferences. AMEND Amend your registration	 Withdraw your registration Choose this option to remove your existing registration from the register. This will leave no recorded organ donation decision for you. WITHDRAW Withdraw your registration

www.organdonation.nhs.uk

New and improved website to register your decision.

Clearer infographics and more opportunities to share additional requests which are important to the individual.

More links to information to help a person to make an informed decision.

What can we do to help

- Education is key to bridge the gap
- Make donation a normal part of End of Life
- Make conversations about donation and death normal
- Subcommittee dedicated to the promotion of the organ donor register and education
- Organ Donation week
- Gloucestershire has high rates of OPT IN on the Organ Donation Register

Our achievements in 2026

- BBC Radio Gloucestershire with Nicky Price
- Transplant games
- BBC Radio Gloucestershire with Manny Masih
- Balcarras School assembly for PSHE
- Lift Brockworth careers day
- 1st Order of St Johns service in Gloucestershire
- Hosted Regional Collaborative
- 1st World Sight Day Evensong in Gloucestershire

Any Questions?

Report to Committee of Governo

Date of Meeting	3 September 2026
Report title	Governor/NED Visits Update
Author/Sponsoring Director	Alan Dyke, Lead Nurse for Accreditation and Regulation, Lisa Evans, Deputy Trust Secretary Sarah Favell, Trust Secretary

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

Executive Summary	
Alert: - Services are recognised in places to be working in areas requiring significant investment. Advise: - There was 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. Assure - Staff are identified as being dedicated, kind and caring. Applaud - 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
1. Purpose 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. 2. Background Visits were reintroduced in 2023 following a pause during the pandemic. Attendance at departments is coordinated by the Corporate Governance team and were, until recently supported by Alan Dyke, Lead Nurse for Accreditation and Regulation. Visits take place in

all divisions including Corporate and Gloucestershire Managed 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 September 2026, the following visits have taken place:

- 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)
- 8th July, Breast Surgery/Breast Services Pathway (Thirlstaine Unit)
- 28th July, Medical Engineering (GMS)

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.
- The Breast Centre reported significant growth in service demand over recent years, with existing accommodation no longer sufficient to meet current clinical and administrative needs.
- The Medical Engineering Department highlighted ongoing challenges in balancing clinical requirements with available funding, describing a continual need to justify and prioritise engineering solutions within financial constraints.

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.
- Significant concerns were raised regarding the suitability of the current Breast Centre accommodation at Thirlestaine House, with insufficient space for equipment, furniture and patient consultations.

The estate was seen in some areas to impact staff experience and potentially service delivery, with variation across sites. Concerns regarding accommodation suitability, environmental conditions and space constraints were particularly evident within both the Continence Service and the Breast Centre, where staff described the physical environment as increasingly unable to support service requirements.

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.
- Breast Centre staff reported frustrations with some work systems and IT processes which were perceived to affect operational efficiency.
- The Medical Engineering visit highlighted the increasing operational complexity associated with managing large volumes of specialist equipment, technological advances, cyber security considerations and asset management systems.

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 People, Culture and Inclusion

Governors and NEDs observed the importance of staff feeling connected to the wider organisation:

- Staff within the Breast Centre described feeling physically and organisationally removed from the main hospital sites.
- Some staff reported feeling overlooked or forgotten within the wider Trust despite delivering a highly valued specialist service.
- Governors and NEDs observed strong integration between the Medical Engineering Department and clinical services, with staff working closely alongside clinical colleagues to meet equipment and maintenance requirements.

There is an opportunity to strengthen staff engagement and inclusion for teams working away from main hospital sites, ensuring all staff feel connected to the wider Trust community and informed about organisational developments.

4.7 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 within the Breast Centre were described as friendly, motivated and committed to delivering excellent care despite challenges relating to the estate, IT systems and working environment.

- Staff commitment represents a significant strength across services, underpinning quality of care. The Medical Engineering visit further reinforced this theme, with Governors and NEDs observing a highly professional and engaged team with a strong focus on quality, innovation, staff development and support to clinical services across the Trust.

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

Visits will continue to be monitored and the feedback outlined within this report will be shared at the next Quality Delivery Group. The themes / actions will be discussed at that meeting and any comments / updates will be reported here.

Enclosures: None

FOI: Public

Report to Council of Governors

Date of Meeting	3 September 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 Contact a Governor process since the last meeting of the Council. We have received 2 questions through the 'Contact a Governor' since the last meeting. These were on the themes of blood testing and a subject access request. We have received 3 questions through to the Governors Log, on the themes of Same Sex Accommodation, GP Referrals and Assurance around Gender Recognition. At the time of writing all 'Contact a Governor' queries have been closed. There are two Governor's Log questions outstanding; the deadline has not yet passed. <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.	
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: 1. Contact a Governor Log 2. Governors Log
FOI: Public

Appendix 1: Contact a Governor Log

REF	4	STATUS	CLOSED
SUBMITTED	25 June 206	ACKNOWLEDGED	25 June 2026
DEADLINE	9 July 2026	RESPONDED	26 June 2026
SHARED WITH GOVERNOR/S	25 June 2026		
GOVERNOR/S	Mike Ellis and Debs Andrew		
LEAD	PALS		
THEME	No Access Blood test Policy		
QUESTION			
A member of the public raised a concern about a No Access Blood Test Policy in place at the Trust, leading to additional journeys to and from the hospital. This was passed to the PALS team to respond.			
ANSWER			
PALS provided a response direct: 'I have spoken with the team at Cheltenham General Hospital, who have confirmed that blood tests are still being carried out on site. However, access to the hospital phlebotomy service is currently limited to: Patients requiring specialist tests (for example, hotbox tests, samples requiring ice, or ESRs) Patients under the care of a hospital consultant For eligible patients, the service is available at West Block Outpatients Phlebotomy Department Monday to Friday: 8:00am – 4:00pm (Closed weekends and bank holidays). For any queries or to confirm whether you can be seen within this service, you can contact the department directly on 0300 422 2912 or 0300 422 3490. We appreciate that this change may cause inconvenience, and I will ensure your feedback is shared with the relevant teams for their awareness.'			
This was shared with the Governors.			

REF	5	STATUS	CLOSED
SUBMITTED	24 July 2026	ACKNOWLEDGED	27 May 2026
DEADLINE	7 August 2026	RESPONDED	21 August 2026
SHARED WITH GOVERNOR/S	27 July 2026		
GOVERNOR/S	Mike Ellis		
LEAD	Subject Access / Matthew Spry / Lee Pester		
THEME	Subject Access Request		
QUESTION			
We received correspondence through the ‘contact a governor’ regarding a Subject Access Request. The member of the public was requesting support in chasing up a response.			
ANSWER			
A briefing note on Subject Access Requests was shared with Mike Ellis and Andrea Holder on 3 August. Corporate Governance received confirmation that the member of the public’s records were disclosed on 19th August 2026.			

Appendix 2: Governors Log

REF	02/26	STATUS	CLOSED
SUBMITTED	17/07/26	ACKNOWLEDGED	20/07/26
DEADLINE	31/07/26	RESPONDED	24/07/26
GOVERNOR	Gwyn Morris		
LEAD	Matt Holdaway / Craig Bradley		
THEME	Equalities		
QUESTION			
Like many others I have been following the glacial progress of the Government in accepting and publishing the excellent advice from the EHRC following the Supreme Court Judgment in the case brought by For Women Scotland. This advice goes live on the 5th of August. It does not change the law, most of us thought we were clear on what the Equality Act meant for the protected characteristic of sex. I have been reviewing the Trust same sex policy and find it quite confusing. It used sex and gender inter changeably. The policy on same sex accommodation starts well, “ the routine mixing of sexes in inpatient clinical areas in unacceptable” But the definitions say, “patients are placed in rooms or bays with others of the same gender” This confusion continues throughout the document. There is no definition of the terms sex or gender. There can though be absolutely no doubt or excuses now for the former. Under section 13 the policy says “individuals who identify as a gender that is not their biological sex”. This implies that the Trust knows the difference and took a policy decision to have no guaranteed single sex accommodation. There is a real risk for the Trust that the publicity around this could lead to adverse reporting or even worse legal challenge. The South London and Maudsley featured recently in a court case. They placed a trans identifying woman in a male ward. Within minutes on of the men shouted “Adams apple” and she was raped twice. Can you confirm that the Trust is currently compliant with the Health and Safety Regulations 1992 in providing single sex facilities for staff And will be fully compliant with the EHRC guidance by the 5th of August. Clearly trans staff and patients will need to be treated with dignity and be afforded their rights in law. This is something the Trust has had months to consider and plan for.			
ANSWER			

Thank you for your question. I am sorry that you have found the Trust's policy confusing. While I appreciate the distinction you are making between the terms "sex" and "gender", in practice the operational application of the policy is clearer than may be apparent from the wording in parts of the current document.

The Trust's Same Sex Accommodation Policy was developed in line with the national NHS England guidance available at the time and is underpinned by the principle that patients should receive care that respects their privacy, dignity and safety. NHS England's current position is that its Delivering Same-Sex Accommodation guidance is being reviewed following the Supreme Court judgment, and revised national guidance is awaited. NHS England has stated that providers should continue to provide high-quality care that safeguards patients, while continuing to comply with existing same-sex accommodation requirements and reporting arrangements. The current NHS England position can be found here: [NHS England » Delivering same-sex accommodation](#)

As a Trust, we are therefore awaiting the publication of updated national guidance before making any substantive amendments to local policies. This is consistent with the approach being taken across the NHS and reflects the fact that national guidance is still evolving following the Supreme Court judgment and the subsequent work undertaken by the Equality and Human Rights Commission. NHS England has confirmed that revised guidance supporting privacy, dignity and safety for all patients in hospital accommodation will be published as soon as possible.

In relation to staff facilities, the Trust is required to comply with its statutory obligations and continues to keep its arrangements and policies under review. NHS Employers has advised that NHS England is developing additional guidance for employers on NHS staff facilities to support organisations in ensuring that local policies remain legally compliant and appropriately protect the privacy, dignity and safety of all staff.

At present, I am unable to provide an assurance that the Trust will be fully compliant with guidance that has not yet been published. However, I can assure you that the Trust is actively monitoring national developments and will review and, where necessary, update its policies, procedures and facilities arrangements once the final national guidance is available. This work will include consideration of any implications arising from the Supreme Court judgment, the EHRC Code of Practice and any associated NHS England guidance.

We fully agree that all patients and staff, including transgender patients and staff, must be treated with dignity, respect and fairness, and any future policy changes will continue to be implemented in a way that reflects both legal requirements and our commitment to providing safe, inclusive and compassionate care for everyone.

REF	03/26	STATUS	OPEN
SUBMITTED	17/08/2026	ACKNOWLEDGED	17/08/2026
DEADLINE	28/08/2026	RESPONDED	
GOVERNOR	Mike Ellis		
LEAD	Alex Matthews		
THEME	Rejection of GP Referrals		
QUESTION			
Reports have been published today in the National Press relating to a recent PULSE survey of GPs in England, which found that over a quarter of attempted referrals by GPs were rejected and returned as unwanted “Advice & Guidance” that they had not requested. This included rejections referred for red-flag suspected cancer symptoms (The Times 17th August). The reports suggest that some referrals are returned to General Practice for further investigations to be done, which would not normally be within the remit of GPs. Can you advise whether any GP referrals to Gloucestershire Hospitals are rejected, or transferred from a formal referral for a face-to-face specialist opinion to the A&G basket of referrals? If any referrals are rejected in this way, how do Gloucestershire Hospitals monitor or follow up these “rejections” to ensure patients are not harmed by any consequent delay in receiving optimal treatment?			
ANSWER			

REF	04/26	STATUS	OPEN
SUBMITTED	18/08/2026	ACKNOWLEDGED	19/08/2026
DEADLINE	02/09/2026	RESPONDED	
GOVERNOR	Emma Mawby		
LEAD	Caroline Julien		
THEME	Non-Executive Directors Assurance on Gender Recognition		
QUESTION			
What due diligence have the Non-Executive Directors collectively conducted in the period from January 2024 to September 2026 to ensure they are aware of the legal duties required of Gloucestershire Hospitals NHS Foundation Trust Staff and all members of its Board in: - Any past or future violations of the Gender Recognition Act by Gloucestershire Hospitals NHS Foundation Trust against patients, carers and staff with Gender Recognition Certificates? - Any past or future violations of the Gender Recognition Act by Gloucestershire Hospitals NHS Foundation Trust against patients, carers and staff stuck on the up to eight-and-a-half-year NHS Wait List for even a first appointment to begin diagnosis for gender dysphoria (Gloucester constituency patient - 2025)? - Any past or future violations by Gloucestershire Hospitals NHS Foundation Trust against any patients, carers or staff under the Articles of the European Charter of Human Rights, the findings in the Goodwin Case (2002) judgement in the European Court of Human Rights, the Gender Recognition Act (2004), and all of the pillars of the Equality Act (2010)?			
ANSWER			

Council of Governors – Work Plan for March 2026 – March 2027

Item	Owner(s) or function	March	June	September	December	February
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	February
Update on the year-end position	DELOITTE			x		
Trust Strategy	Will Cleary-Gray				x	
Quality items						
Quality Priorities • <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	
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		
Partner Provider Collaborative	<i>Will Cleary Gray</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		
Feedback from Visits	Alan Dyke/Governors		x		x	

Item	Owner(s) or function	March	June	September	December	February
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.	Al Sheward, Chief Operating Officer				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	
Partnership Forums/Patient Experience – What comes after CoG	Will Cleary Gray, James Brown, Katherine Holland		x	