NHS
Gloucestershire Hospitals
NHS Foundation Trust

Annual Members Meeting 2026

17 September 2026

caring | inclusive | compassionate | accountable

Housekeeping

- A hearing loop is available. To connect, switch your hearing aid to the 'T' or 'Telecoil' mode. The hearing loop system will automatically send sound to your hearing aid in 'T' mode, improving clarity and volume during the meeting.
- All attendees must be seated. Placards, posters, flyers or leaflets are not permitted in the meeting room and must be left outside.
- Phones and devices should be switched off and not used during the meeting, including recording of the meeting. A recording will be publicly available after the meeting.
- Contributions are welcome, and a microphone will be brought to you when the Chair is ready for you to ask your question.
- All attendees are expected to be courteous, kind and appropriate in their behaviours. The Chair reserves a discretion to exclude any person who disrupts the meeting.
- All slides, and questions and answers will be published on the Trust website.

Agenda

Welcome and reflections: Chair	2.00pm
Minutes of 2025 Annual Members Meeting	2.10pm
Highlights of the year and forward view: Chief Executive	2.15pm
Annual accounts and external auditor's report: Director of Finance	2.35pm
Transforming together: delivering our strategy through partnerships	2.55pm
Our journey of improvement: Maternity Services	3.15pm
Council of Governors: Membership and reflections	3.35pm
Public questions	3.45pm
Close	4.30pm

Welcome and reflections from the Chair

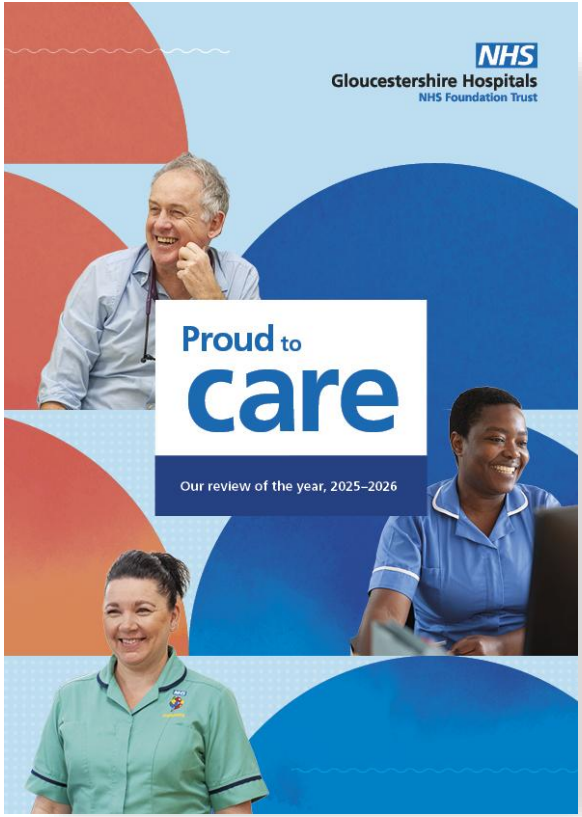
Deborah Evans, Chair

Our focus

- **Patient Experience and voice**
- **People, culture and leadership**
- **Quality, safety and delivery**
- **Digital**

Reflections on Governors

How we are working with communities, staff and partners to shape the future for health and care across Gloucestershire



Minutes of 2025 Annual Members Meeting

Deborah Evans, Chair

Highlights of the year and forward view

Kevin McNamara, Chief Executive

Listening, Learning, Leading, Looking ahead

Our progress, our learning and our priorities for the year ahead

Listening

what patients, staff, communities and partners told us.

Learning

what has changed as a result.

Leading

the progress we have made.

Looking ahead

opportunities and challenges for the year ahead.

Everything we do starts with our values

Living 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.

Listening:
What shaped our priorities

The best care starts with listening to people's experiences, especially where that tells us we have more to do

By listening to what matters most to staff and patients, we co-designed our new Trust strategy

We engaged with more than 2,000 patients, staff and stakeholders who told us what matters most and this has been reflected in the new approach.

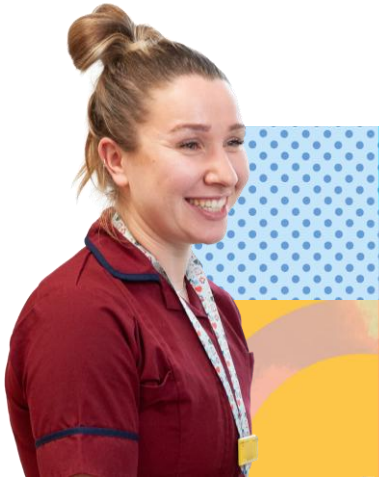
They told us the best care happens when it is compassionate, inclusive and responsive.

Our vision is simple, we want to:

Deliver the best care every day for everyone

Listening to our people

- We listen to our staff through the National Staff Survey, our National Quarterly Pulse Surveys and other more informal means such as our open staff forums.
- In July 2025, we launched Report, Support and Learn in response to staff telling us they wanted a confidential way to report inappropriate behaviours.
- We continued to invest in leadership, development and staff experience.
- We are refreshing our Staff Networks to strengthen how we engage and represent colleagues across the Trust.
- Continued our work to create a safe, respectful and inclusive culture, including through our Sexual Safety campaign.
- Listening and acting on concerns raised by staff, including the safety of services such as homebirths and corridor care.



Staff Survey results improvement

- Our 2025 NHS Staff Survey highlighted improvements in several areas of staff experience.
- More colleagues told us they had received an **appraisal**.
- We also saw improvements in how **teams work together**.
- There were also positive signs around **staff involvement and autonomy,** with colleagues feeling involved in decisions about changes affecting their teams.
- Encouragingly, **fewer colleagues indicated that they were considering leaving the organisation**, with improvements in both measures relating to intentions to leave.
- These improvements provide important foundations to build on as we continue working to make our Trust a great place to work.

Staff Survey results

Despite these improvements in 2025, we remain out of kilter on some key advocacy questions.

I would recommend my organisation as a place to work

2024	2023	National average
51%	46%	58%
49%		

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

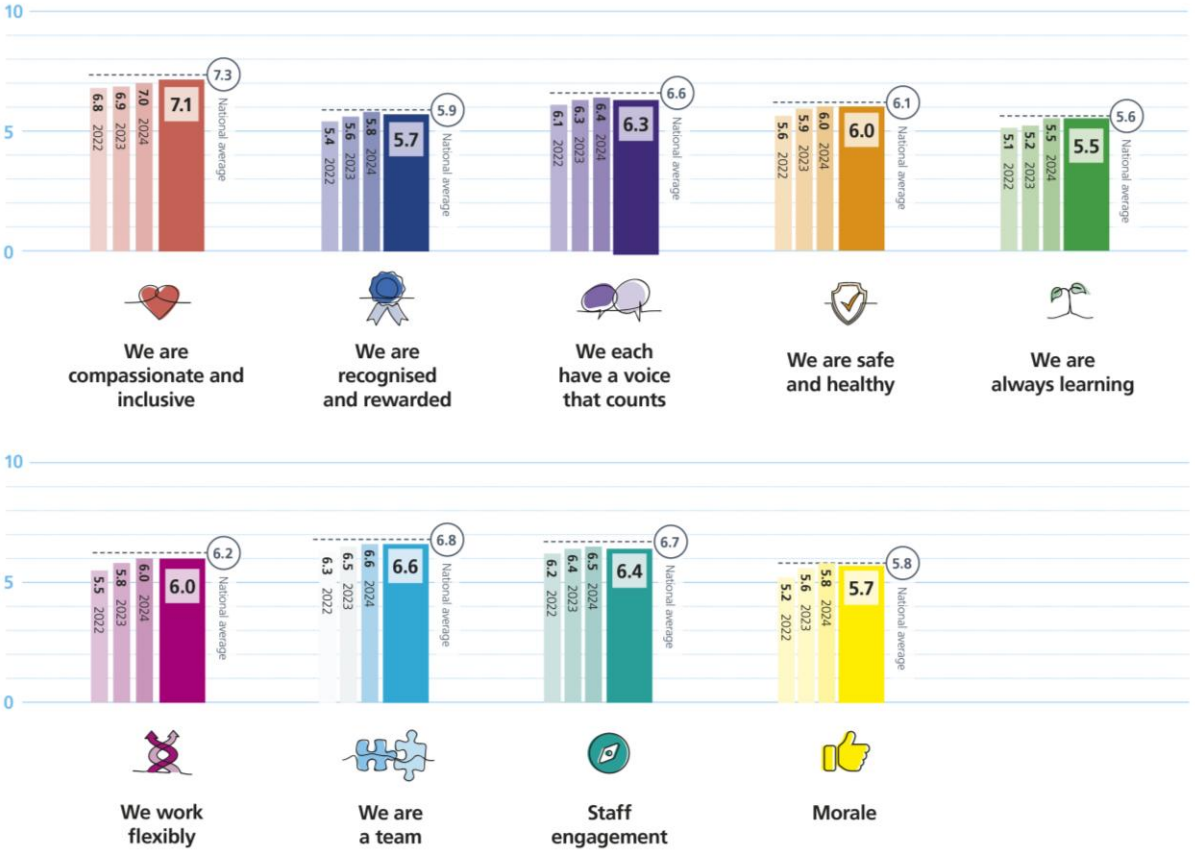
2024	2023	National average
49%	46%	61%
50%		

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

2024	2023	National average
65%	63%	72%
64%		

Staff Survey results

People promise scores



Listening to patients and communities

- **PALS:** expanded support offer, including armed forces, deaf community awareness and extended opening hours. An average of 780 contacts per month.
- **Bi-monthly Accessibility Panel** involving patients, carers, charities and system partners.
- **Young Influencers** group providing diverse perspectives across key areas.
- **Carers:** comprehensive improvement programme, including Carers Charter, carers passport, comfort packs and enhanced feedback mechanisms.
- **We need to focus on responsiveness** as we are not getting it right consistently in areas such as complaint response times.
- **Where next?:** We've gained a significant amount of learning in maternity services to shape how we work with patients and communities. We are continuing work to improve how we communicate improvements back to communities.

What difference has this made?

Care Quality Commission Inpatient Survey scores

Kindness and compassion

2025	9.3 ↑	'Somewhat better than expected' and above national average
2024	9.2	'About the Same' and above national average
2022	*Not surveyed in 2022*	

Respect and dignity

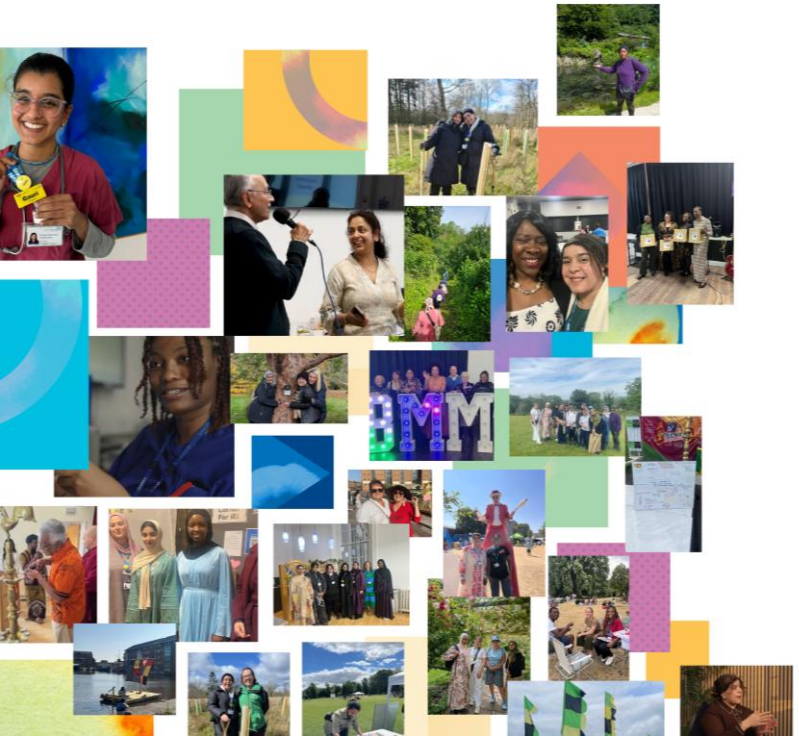
2025	9.4 ↑	'Somewhat better than expected' and above national average
2024	9.4 ↑	'About the Same' and above national average
2022	9.1	'About the Same'

Overall

2025	8.4 ↑	'About the Same' and above national average
2024	8.3 ↑	'About the Same' and above national average
2022	7.8	'About the Same'

Where next?: Areas for improvement include: cleanliness, involvement in discharge decision making, length of time on waiting lists.

Working with our communities



- Partnerships with charities, volunteers and community organisations continued to support patients and services.
- Engaged with more than 8000 people across 43 programmes of work.
- Fundraising and community support helped improve experiences for patients and families.

Our community 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

Reducing health inequalities

Moving from commitment to measurable, equitable care. Fair access, better experience, improved outcomes.

1. What we've done

- Developed a Trust-wide plan
- Widening participation: creating opportunity for local and underrepresented groups
- Embedded equity within strategy, oversight and improvement
- Integrated Performance Report (IPR) measures key cohorts of patients to identify disadvantages
- Strengthened partnerships across the ICS, local authorities and VCSE sector
- Supported targeted programmes to reduce health inequalities

2. Impact we're seeing

- Maternity smoking rates are lower locally than nationally
- Stratified data is making gaps in access, experience and outcomes more visible
- Targeted work is improving focus on underserved groups
- Health inequalities being discussed in governance and quality improvement settings

3. Challenges ahead

- Incomplete demographic data still limits insight
- Variation exists across services in the use of health inequalities data and implementation of improvement actions
- Transport, digital and communication barriers persist
- We need to move from pockets of good practice to consistent Trust-wide change

Learning: What we changed because of our listening

We have used feedback to make practical changes that make care safer and more responsive

Learning

- Fire in the Tower Block November 2025 - work continues to improve fire safety and systems for staff and patients.
- Winter and summer planning to prepare for the growing impact of extreme weather and minimise disruption to services.
- Introduction of Martha's Rule to support escalation of concerns.
- Expansion of Same Day Emergency Care, Virtual Wards and Discharge Lounge capacity.
- Adoption of video interpreting services to improve accessibility and reduce inequalities.
- Ambulance handovers with system partners continues to improve.
- Elimination of corridor care on inpatient wards maintained throughout the year.
- Learning from the tragic death of a patient from pseudomonas in 2022.
- In maternity services, we continue to learn from patients' experiences and strengthen engagement and communication with local communities.

Patient Pact: our shared values

- Developed with clinical teams across the Trust, the Patient Pact sets out the shared standards that underpin the Clinical Vision of Flow.
- It aligns with our new Trust values and reflects what staff have said matters most in practice: how we communicate, how we treat one another, how we involve patients and the everyday actions that shape care.
- This is about how we deliver care, not just what we deliver.

Investing in our services and facilities

- £54.5m invested in capital projects to improve buildings, equipment and technology. An increase of £11.1m from the previous financial year.
- Large-scale projects, Tower Block upgrade, and essential works such as the Medical Vacuum Plant (for suction and ventilation) that are often unseen.
- Backlog maintenance is over £100m
- Investment in new CT and MRI scanners and new medical technology like Hydros, a robotic surgical system that use AI to supprt treatment of benign prostate conditions.
- Digital improvements supported better ways of working for patients and staff.

Advancing research and education

Research activity continued to grow, strengthening our role as a learning organisation:

- **Green Hand pathway initiative** helps patients with Carpal Tunnel Syndrome receive diagnosis and treatment more quickly and reduce unnecessary hospital visits, cutting costs and lowering carbon emissions.
- **Generation Study** aims to transform the diagnosis and treatment of rare genetic conditions in babies by offering whole genome sequencing shortly after birth.

  Since August 2025, 1,455 families have consented to take part in the study, 1,172 babies have had blood samples sent for genome sequencing, helping to test for more than 200 rare genetic conditions.
- We were the second-highest recruiting site for the **BRAID Trial**, which considers the impact of supplementary imaging in the detection of breast cancer.

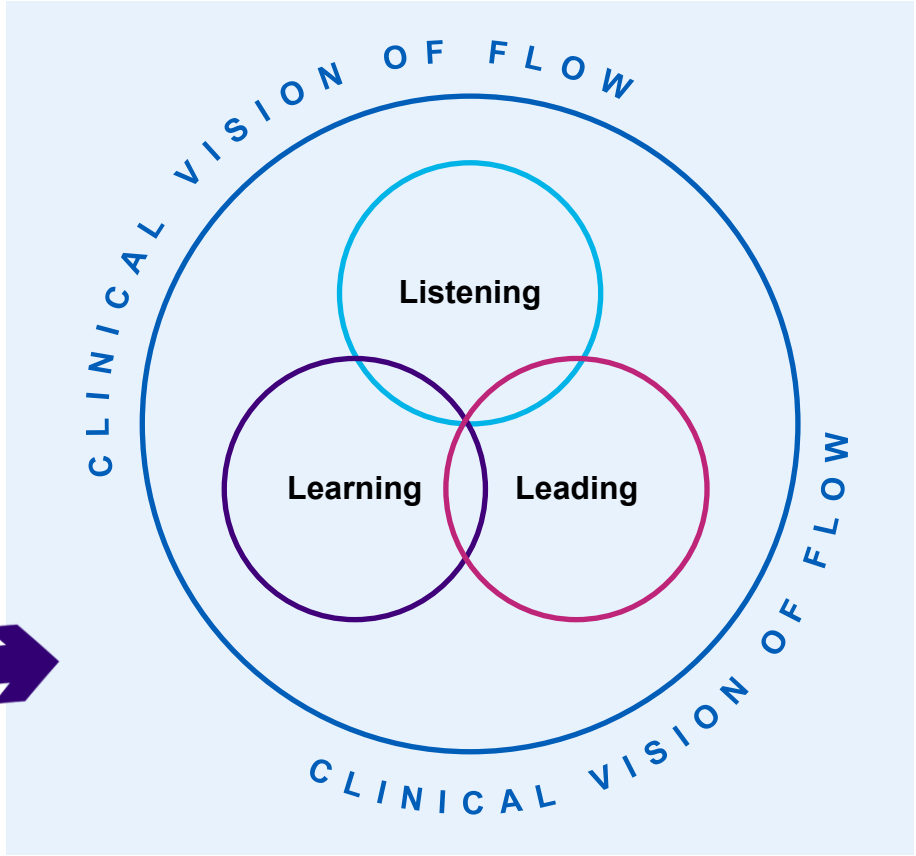
Leading:
What impact is it having?

Equality, diversity and inclusion

- The Trust Board engages in a **dedicated EDI Development Programme**, focusing on inclusive leadership, understanding inequity and culture, and enabling Board members to lead change.
- **Staff networks** are being refreshed to shape their future, increase impact, and ensure underrepresented voices influence priorities and culture.
- In April 2025, nursing colleagues joined the **Florence Nightingale Foundation's Culture of Togetherness programme**. Feedback showed increased awareness, improved colleague connections, and greater confidence in fostering a positive, inclusive environment, strengthening team relationships and trust-building efforts.
- **Where next?: A 'Stay and Thrive' event** is scheduled for October 2026 with Gloucestershire Health and Care NHS Trust, supporting Internationally Educated Nurses.

Making a real difference

Clinical Vision of Flow is a great example of improvement making a tangible difference to patients and colleagues

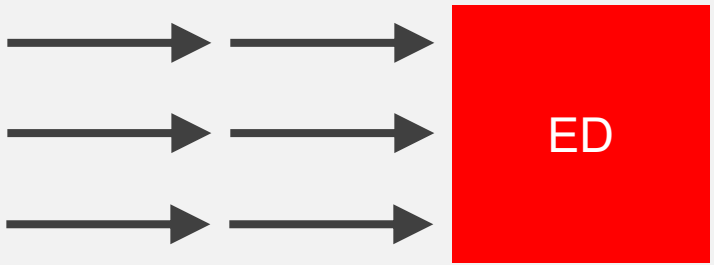


Clinical Vision of Flow

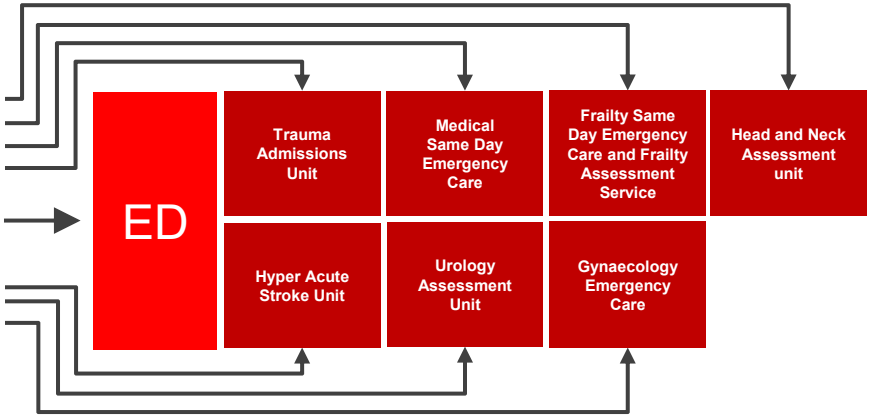
Same Day Emergency Pathways

We now have dedicated Same Day Emergency Pathways for patients presenting:

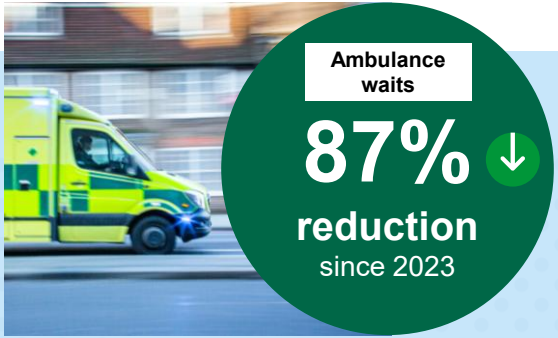
Before: Queue into ED



After: Pathways around ED



Performance summary (2026)



Ambulance waits

87% ↓

reduction

since 2023

Proportion of A&E patients treated within 4 hours, majors

18% ↑

increase

since 2023

Proportion of A&E patients treated within 4 hours, minors

No change —

since 2023

Waiting times

8% ↓

reduction

since 2023

Waiting lists (patients waiting over 52 weeks)

98.6% ↓

reduction

since 2023

Discharge Ready Date (patients in hospital who are waiting for discharge) ⚠

24% ↓

reduction

since 2023

Suspected cancers: diagnosed or ruled out within 28 days

6.1% ↓

decline

since 2023

Cancer: treated within 62 days

7.4% ↑

improvement

since 2023

Looking ahead: the challenges and opportunities

CQC Reports and ratings

The ratings and improvements across the five CQC core service inspections and the Well-led Trust assessment

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

NHS National Oversight Framework

December 2025	March 2026	June 2026	September 2026
Segment 1	Segment 3	Segment 2	Segment 3

Areas of focus

- Culture and Inclusion
- Patient voice
- Governance maturity
- Operational performance
- Infrastructure fragility v investment
- Long-term financial sustainability
- Maternity
- System-wide Urgent and Emergency Care (UEC) and flow
- System working
- Cancer

Annual accounts

Karen Johnson, Director of Finance

Headline financial results for 2025/26

We ended the year slightly ahead of plan.
Income covered day-to-day spending, but the full savings target was not achieved.

Year end result

£4.99m
reported surplus

£4.9m came from an extra NHS England allocation that the Trust could not spend. Without it, the surplus was £78k.

Money in and out

£908.76m
income

£903.77m
spent running services

Income was slightly higher than spending.

Savings programme

83%
of the target delivered

£34.5m delivered against a £41.8m plan
£7.3m below target

What helped: ✓ **Medicines optimisation** ✓ **Digital patient tools** ✓ **Better ward configurations**

Summary: the financial position for 2025/26 was close to break-even. The reported surplus mainly reflects a one-off allocation. Savings delivered below plan.

How the Trust's funding was spent in 25/26

£909m income; of which £905m was spent on people and running services.

Money received

£909m

Income last year

£837m (92%) came from NHS England and Integrated Care Boards. The rest came from training, research and other services.

People

£581m

64p in every £1 spent

Paid doctors, nurses, support workers, scientists and administrative teams.

Running services

£324m

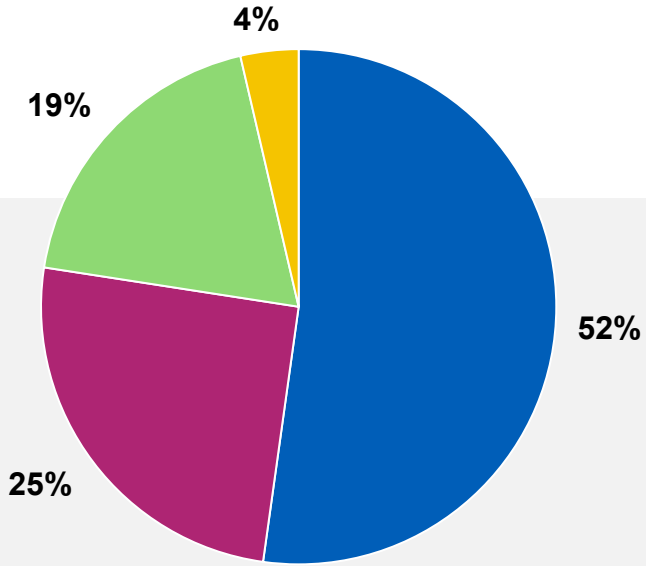
36p in every £1 spent

Paid for medicines, clinical supplies, buildings, equipment and other day-to-day costs.

Summary: most spending pays the people who care for patients.
The rest gives them the medicines, equipment and buildings they need.

How capital investment was spent in 25/26

Total of £55m. More than half improved buildings and estates; most of the rest funded technology and equipment.



- **£28.7m Buildings and estates**
  new and improved spaces
- **£13.9m Digital and diagnostics**
  technology and diagnostic systems
- **£10.4m Medical and cancer equipment**
  equipment used directly in care
- **£2.0m Leases, grants and donations**
  smaller supporting investments

Figures grouped and rounded for clarity.

2026-27 plan: break even while finding £52m

That saving is equal to 6p in every £1 the Trust plans to spend.

Savings needed

£52m

The focus will be on lasting changes that reduce costs year after year, not just short-term fixes.

Why this is hard

1. **Save money while maintaining services**
2. **Fund the day-to-day running of care**
3. **Find capital for overdue building maintenance**

What we'll do

Transform services

Make changes that improve how care is delivered and reduce recurring costs.

Manage pressures early

Respond to new costs during the year while protecting patient care.

Summary: the goal is to live within the available budget while continuing to deliver the best possible care.

External auditor's report

Jaki Meekings Davis, Non-Executive Director, Member of Audit and Assurance Committee and Chair of the Finance and Resources Committee

Key findings: financial performance

- The External Auditor's annual report and opinion was approved at the July by Board. It was also received by the Council of Governors meeting in September.

- Overall improvements when compared to previous year:
  - The draft financial statements were of a good standard.
  - An improvement in the quality of the annual report was noted.
  - Management had made good progress in relation to controls and was generally responsive to recommendations proposed by Deloitte.

- Value for money assessment:
  - Significant weaknesses had reduced from two to one.
  - The remaining area of focus was in relation to reliance of the Trust on non-recurrent savings in its Financial Sustainability Programme

- Unmodified opinion with the exception of reflecting the findings in respect of Value for Money.

Transforming: delivering our strategy through transformation

Will Cleary-Gray, Director of Improvement and Delivery

Trust Strategy 2025–2030

Our vision

To deliver the best care every day for everyone

Our values

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

Strategic aims

Our top priorities

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

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

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

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

Golden threads

that runs through everything we do

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

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

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

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

Enablers of success

Supporting how we succeed

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

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

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

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

NHS 10-year health plan

From **hospital to community**

By 2035 our goal is to end outpatients as we know it and most outpatient care will happen outside of hospital

From **analogue to digital**

Greater control for patients with more patient-initiated follow-up

From **sickness to prevention**

More specialist consultant advice and guidance for GPs

Our transformation programmes

Clinical Services and Research

Corporate and Non-clinical Services

Innovation and Commercial

Estates Transformation

Outpatients in numbers

Total number of outpatient appointments

867,662

Outpatient Services

53

Serving a population of

670,000

in Gloucestershire 2026

Telephone appointments

191,655

Video appointments

3,496

In-person appointments

672,511

Outpatient transformation delivery

From **hospital to community**

- Already delivering specialist care in the community
- Increasing time spent on advice and guidance
- Simplifying pathways to support timely and early treatment
- Care delivered closer to home where possible
- Fewer trips to hospital

From **analogue to digital**

- Easier access to appointment information
- More control over booking and managing appointments
- Direct communication with specialist teams
- More convenient telephone and video consultations
- Faster, more efficient care through digital systems

From **sickness to prevention**

- More support to manage your health at home
- Faster access to tests and diagnosis
- Quicker access to the right treatment and support

Tackling health inequalities

How will we make a difference

- Improve access through flexible appointments, digital and face-to-face options
- Deliver more care closer to home and within local communities
- Tailor communication and support to meet individual patient needs
- Use data to identify and address inequalities in access, experience and outcomes
- Work with patients and communities to co-design services
- Focus on reducing barriers for underserved and vulnerable groups.

Current work in progress:

Creating a new dashboard, recording non-attendance of appointments that allows us to view appointments not attended by individual inequality metrics.

This allows each service to tailor their support for these patients to attend based on their individual circumstances. It will also assist us in reviewing how we offer those services more appropriately in future.

Health inequalities is a key component of our approach to a new digital patient engagement portal.

Our journey of improvement: Maternity Services 2022–2026

Matt Holdaway, Chief Nurse

Maternity Services in Gloucestershire

District	Community antenatal care/clinics	Antenatal classes	Midwife -led unit	Midwife -led home birth	Consultant -led Unit	Postnatal beds		Community postnatal care (Midwifery, Health Visiting, GP)
						With medical input	Without medical input	
Cheltenham	✓	✓	✓*	✓*				✓
Cotswolds	✓	✓		✓*				✓
Forest of Dean	✓	✓		✓*				✓
Gloucester	✓	✓	✓	✓*	✓	✓		✓
Stroud	✓	✓	✓	✓*			✓*	✓
Tewkesbury	✓	✓		✓*				✓

Table 1: Gloucestershire maternity services and locations by district (as of January 2026).
* Service temporarily closed/suspended.

Changing demand for Maternity Services

While birth numbers have fallen, clinical complexity and intervention rates are increasing, driving greater demand for consultant-led maternity services, specialist workforce capacity and hospital-based care.

Birth volumes

2016 **6,739**

2025 **5,196**

Until 2032
Demand expected to remain broadly stable

Increasing complexity

- Maternal age
- Obesity
- Long-term conditions (44.2% have ≥2 LTCs)

Induction rate

27.5% (2021/22) → 33.2% (2024/25)

Caesarean births

29.2% (2021/22) → 43.4% (2024/25)

Place of birth

Midwife-led births

28.8% (2019) → 16.3% (2024)

Consultant-led births

70.6% (2019) → 84.4% (2024)

Service impact

- Consultant workforce
- Theatre capacity
- Specialist staffing
- Hospital-based maternity care

Service planning must be driven by increasing complexity and acuity, rather than birth volumes alone.

A challenging few years

2022

April 2022
Unannounced CQC inspection
Inadequate rating
29a warning notice

Following CQC inspection and publication of report, service entered Improvement Phase of the National MSSP Programme

September 2022
Cheltenham Birth Centre temporarily closed due to safety and staffing issues.

Stroud postnatal beds closed temporarily due to changes in regulations around staffing.

2023

April 2023
Unannounced CQC inspection
Ratings remain inadequate
Section 29a warning notice

July 2023
BadgerNet system launched

December 2023
CQC Inspection of services at Stroud Maternity
Rating – requires improvement

2024

January 2024
BBC Panorama programme

March 2024
Unannounced CQC inspection
Section 31 enforcement notice received May 2024

2025

September 2025
Neonatal and Maternity mortality reviews published

National maternity investigation announcement

Unannounced CQC inspection

November 2025
Gloucestershire homebirth service suspended following safety concerns raised by community midwives.

December 2024
CQC 2025 Maternity Survey results released Our Trust showed improvements.

2026

June 2026
National Maternity and Neonatal Investigation (Amos) Report

Ockenden Report: Independent Review of Maternity Services at Nottingham University Hospitals NHS Trust

July 2026
NHS England 10 Point Plan with immediate next steps to strengthen maternity services nationally.

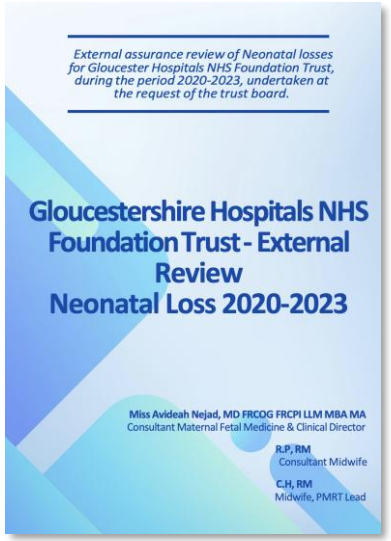
August 2026
CQC Inspection Report released with improvements from Inadequate to Requires Improvement (GHNHSFT) and Good (Stroud).

Perinatal independent reviews

Maternal Mortality Review (7 deaths, 2017 to 2023): The review assessed safety incident management.

Neonatal Mortality Review (44 deaths, 2020 to 2023, 41 sets of notes available for review): Review of clinical care and learning response.

- The Trust met affected families face-to-face and continues to provide support.
- Shaping services with families, staff, the Maternity and Neonatal Voices Partnership (MNVP) and our local community.
- The Health Needs Assessment led by the Integrated Care Board.



Focus for change

Staffing and Leadership

Safety, reliability and governance

Listening to families and staff

Culture

Changes we've made

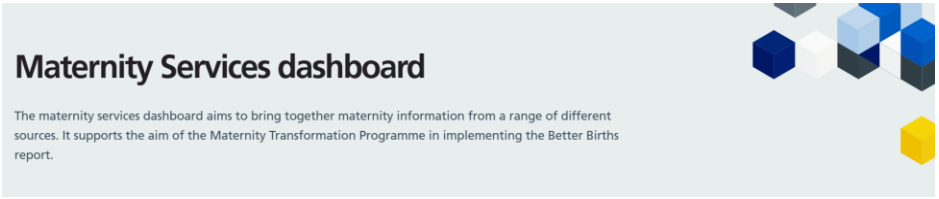
- 40+ midwives and 6 obstetricians recruited
- Increased spend of £20m over 4 years
- Stronger leadership and safety culture
- Transformation of quality governance
- Enhanced triage, staffing oversight and governance
- Greater transparency and family involvement
- BadgerNet digital maternity records
- Focus on reducing inequalities
- Temporary pause of some services in midwifery-led care and postnatal beds
- Stronger relationship with MNVP

GLOUCESTERSHIRE Maternity & Neonatal Voices

Impact so far

- Improved staffing resilience
- Stronger safety oversight
- Better patient engagement
- More personalised care

Is care safer now?



The Trust is not currently identified as an outlier for any of the reported metrics on the dashboard.

- Babies readmitted to hospital who were under 30 days old
- Babies who were born preterm
- Babies with a first feed of breast milk
- Babies with an APGAR score between 0 and 6
- Women who had a 3rd or 4th degree tear at delivery
- Women who had a PPH of 1,500ml or more
- Women who were current smokers at booking appointment
- Women who were current smokers at delivery
- Women with a vaginal birth following a caesarean section

Care Quality Commission

	Gloucestershire Royal Hospital		Stroud Maternity Unit	
	2022	2026	2024	2026
Overall	Inadequate	Requires Improvement	Requires Improvement	Good
Safe	Inadequate	Requires Improvement	Requires Improvement	Good
Effective	Not rated	Good	Not rated	Good
Caring	Not rated	Good	Not rated	Good
Responsive	Not rated	Good	Not rated	Good
Well-led	Inadequate	Requires Improvement	Requires Improvement	Good

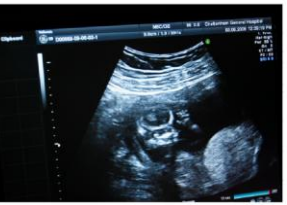
What is there still to do?

- Rising demand and complexity
- Workforce and capacity pressures
- A greater focus on experience
- Inequalities in outcomes
- Need for stronger engagement and learning
- Need to balance choice with safety
- Reopen/restart midwifery led births
- NHSE Maternity and Neonatal 10-point plan
- Your Voice national staff engagement to shape services

GLOUCESTERSHIRE
Maternity &
Neonatal Voices

Our maternity services have faced significant challenges. We have listened, acted and are making real progress, but we are not presenting the job as finished.

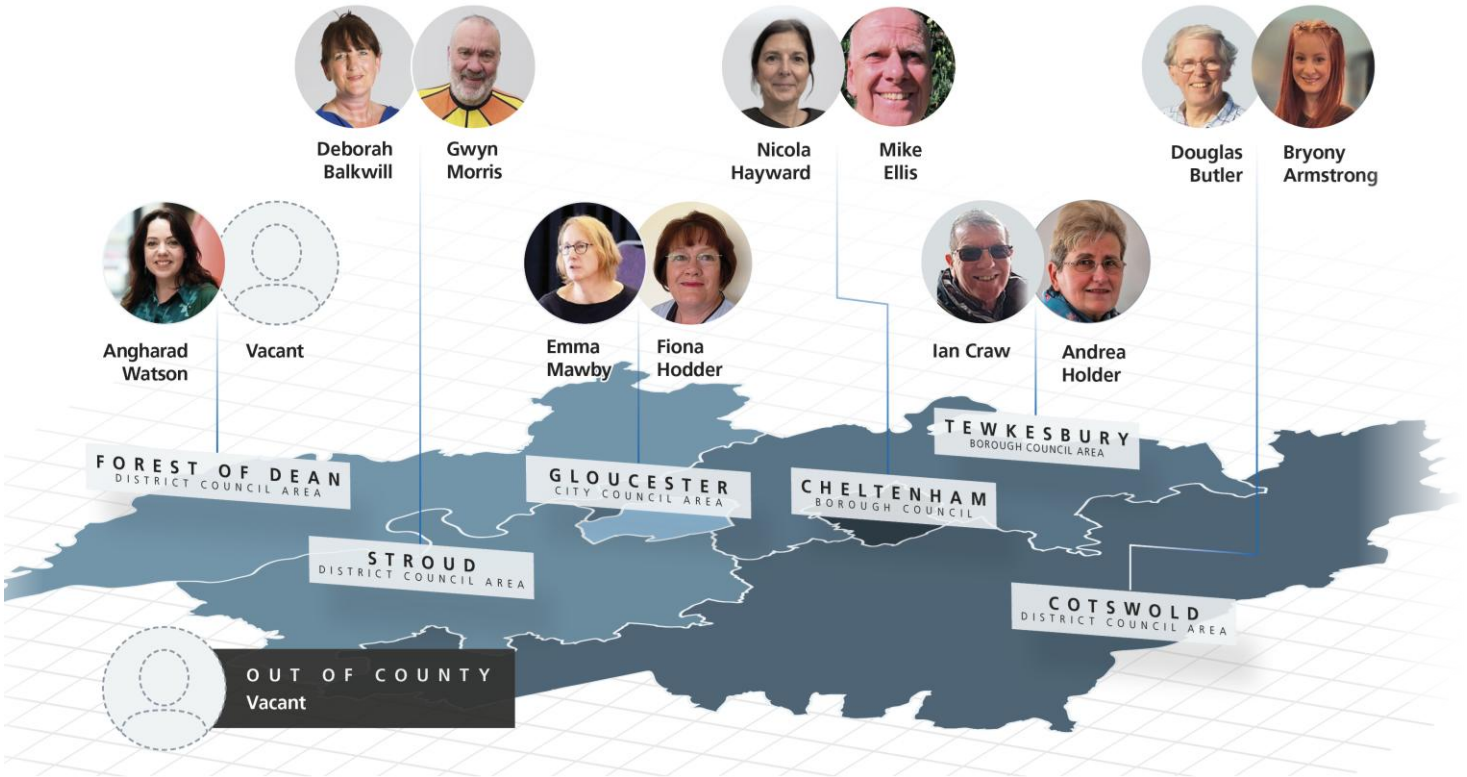
Our commitment is to provide safe, compassionate and equitable care, to learn openly when care falls short, and to build services that meet the changing needs of Gloucestershire's families.



Council of Governors: Membership

Andrea Holder, Lead Governor

Our Governors 2025–26



Our Governors 2025–26

Staff Governors

Russell Peek

Bilgy Laurence Pellisery

Asma Pandor

Oliver Warner

Samantha Bostock

Stakeholder Governors

Kate Usmar

Debs Andrew

Helen Bown

Vacant

Governor involvement 2025–2026

- The elections September 2025
- The Engagement Policy being agreed in May
- Input to the development of the Trust Strategy
- Joint Governor Non-Executive Directors visits
- PLACE assessments
- Attendance at Council of Governors and Trust Board meetings
- Governor focus Group with CQC prior to the Well–Led Inspection
- Joint meetings with the Chair and senior executive colleagues
- Current evolvement of the Council of Governors

Constitution amendments

There were some amendments to the constitution to support effective governance and maintain a lawful, representative and effective Council during the transition period.

1 Council size and composition

What changed

The number of governor seats was reduced, while retaining the statutory minimum composition and avoiding displacement of current elected governors.

Resulting model

- 7 public governor seats
- 4 staff governor seats
- 1 or 2 stakeholder governor seats
- total Council size of 12 or 13

Applies as seats become vacant or current terms expire

2 Reduced quoracy requirement

A

Previous requirement

Two-thirds of governors in post

New requirement

At least one-half of governors in post

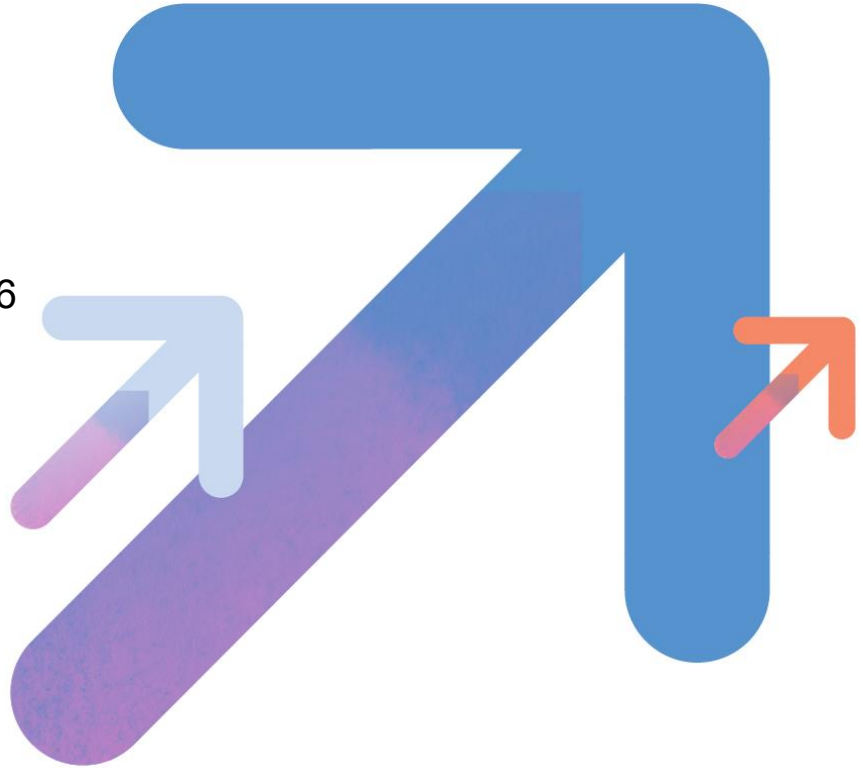
Representation safeguards retained

At least one elected Public Governor, one elected Staff Governor and one Stakeholder Governor must still be present.

Vacancies are excluded when calculating governors in post

The future?

- Joint meetings with Chair and Governance Lead
- Staff Governors
- Council of Governors – September 26
- Joint Governor/NED working Group – October 26
- Progression of the NHS Bill
- The Government are reviewing the abolition of Healthwatch



Questions and answers

If you wish to submit a question, please raise your hand and wait for the microphone

NHS
Gloucestershire Hospitals
NHS Foundation Trust

Thank you

caring | inclusive | compassionate | accountable