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NHS
Gloucestershire Health and Care
NHS Foundation Trust

COUNCIL OF GOVERNORS MEETING

Wednesday, 19 November 2025
10.30 – 1.00pm
Churchdown Community Centre

AGENDA

ITEM	TIME		LEAD	FORMAT
1	10.30	Welcome, Introduction, Apologies	Chair	Verbal
2		Declarations of Interest	Chair	Verbal
3		Minutes of the Meeting held on: • 17 September 2025	Chair	**Paper**
4		Matters Arising and Actions	Chair	Verbal
Information about performance of the Trust's functions				
5	10.40	Child & Adolescent MH Services (CAMHS)	Mel Harrison	**Presentation**
Decide remuneration, allowances and other terms and conditions of the Chair and NEDs				
6	11.05	Nominations and Remuneration Committee Summary Report • Terms of Reference	Lead Governor	**Paper**
Engaging with the Trust & Representing the Interests of Trust Members and the Public				
7	11.15	Chief Executive's Report	Chief Executive	Verbal
8	11.40	Chair's Report	Chair	Verbal
11.50pm - BREAK – 10 Minutes				
9	12.00	GHC Working Together Network Update	Julie Mackie	**Presentation**
Holding NEDs to Account for the performance of the Board				
10	12.30	Board Committee Updates and Key Issues • Governor Dashboard	NEDs / Trust Secretariat	**Paper**
Governance				
11	12.40	Governor Engagement Update	Governors	Verbal
12	**TO NOTE**	Governor Membership & Elections Update	Trust Secretariat	**Paper**
13	**TO NOTE**	Governor Questions Log	Trust Secretariat	**Paper**
Closing Business				
14	12.50	Any other business	Chair	Verbal
15		**Date of next meeting** *Thursday 22nd January 2026 – 1.30 – 4.00pm at Edward Jenner Court (lunch and networking 12.30 – 1.30pm)* *This will be a Governor Development session*	Chair	Verbal

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Meeting Dates 2025/26

COUNCIL OF GOVERNORS

Date of Meeting	Pre-meet (Governors only)	Time	Venue
2025			
Wednesday 19th November	9.30 – 10.15	10.30 – 1.00 Followed by lunch till 1.30pm	Churchdown Community Centre
2026			
Thursday 22nd January (Development Session)	Lunch and Networking 12.30 – 1.30pm	1.30 – 4.00pm	EJC
Tuesday 17th March	9.30 – 10.15	10.30 – 1.00	MS Teams
Thursday 14th May	12.30 – 1.15	1.30 – 4.00pm	EJC
Thursday 16th July (Development Session)	Followed by lunch till 2pm	10.30 – 1.00	EJC
Tuesday 15th September	9.30 – 10.15	10.30 – 1.00	MS Teams
Thursday 19th November	12.30 – 1.15	1.30 – 4.00pm	EJC

NOMINATIONS AND REMUNERATION COMMITTEE

(Governor Committee – only committee members need attend)

Date of Meeting	Time	Venue
2026		
Thursday 8th January	3.00 – 4.00pm	MS Teams
Thursday 5th March	3.00 – 4.00pm	MS Teams
Thursday 30th April	3.00 – 4.00pm	MS Teams
Thursday 25th June	3.00 – 4.00pm	MS Teams
Thursday 3rd September	3.00 – 4.00pm	MS Teams
Thursday 5th November	3.00 – 4.00pm	MS Teams

TRUST BOARD MEETINGS

(Governors and members of the Public welcome to attend as observers)

Date of Meeting	Time	Venue
2025		
Thursday 27th November	10.00 – 13.00	EJC
2026		
Thursday 29th January	10:00 – 13:00	EJC
Thursday 26th March	10:00 – 13:00	EJC
Thursday 28th May	10:00 – 13:00	EJC
Thursday 30th July	10:00 – 13:00	EJC
Thursday 24th September	10:00 – 13:00	EJC
Thursday 26th November	10:00 – 13:00	EJC

GLOUCESTERSHIRE HEALTH AND CARE NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS MEETING

Wednesday 17 September 2025

MS Teams

PRESENT:	Graham Russell (Chair)	Kizzy Kukreja	Peter Gardner
	Amy Aitken	Chris Witham	Sarah Nicholson
	Marcia Gallagher	Sarah Waller	Jan Lawry
	Andrew Cotterill	Michelle Kirk	Bob Lloyd-Smith
	Joy Hibbins	Mick Gibbons	Martin Pittaway
	Alicia Wynn	Laura Bailey	David Hindle

IN ATTENDANCE: Douglas Blair, Chief Executive
Anna Hilditch, Assistant Trust Secretary
Sumita Hutchison, Non-Executive Director
Nicola de Iongh, Non-Executive Director
Rosanna James, Director of Improvement and Partnerships
Vicci Livingstone-Thompson, Non-Executive Director
Jason Makepeace, Non-Executive Director (from Item 7)
Lavinia Rowsell, Director of Corporate Governance/Trust Secretary
Neil Savage, Director of HR & OD

1. WELCOMES AND APOLOGIES

1.1 Apologies had been received from the following Governors: Chas Townley, Leighton Lee Pettigrew, Paul Winterbottom, Caroline Goldstein, Penelope Brown, and Tussie Myerson. Apologies had also been received from Non-Executive Directors, Steve Alvis, Rosi Shepherd and Bilal Lala.

2. DECLARATIONS OF INTEREST

2.1 There were no new declarations of interest.

3. MINUTES OF THE PREVIOUS MEETINGS

3.1 The minutes from the previous Council meeting held on 9 July 2025 were received and agreed as a correct record.

4. MATTERS ARISING AND ACTION POINTS

4.1 The actions from the previous meetings were complete or progressing to plan. The output report from the Working Together approach session held with Governors at the May Council meeting had been circulated, and a further update would be provided at the next Council meeting in November.

4.2 The Governor briefing session on the annual report and accounts took place on 27th August and was well attended. Thanks were passed to Sandra Betney (Director of Finance) and Bilal Lala (NED and Chair of Audit Committee) for leading this session.

4.3 There were no further matters arising from the previous meeting not already covered on today's agenda.

5. CHIEF EXECUTIVE'S REPORT

5.1 The Council welcomed Douglas Blair, CEO to the meeting who provided a report on key matters to the Governors.

5.2 Douglas Blair reported on the Trust's placement in NHS England's oversight framework league tables, noting that the Trust ranked 21st out of 61 non-acute trusts and was segmented at level 2. It was noted that this was a good place to be. Douglas explained the limitations of the framework and its reliance on a small set of indicators, noting that further work would be carried out to make the indicators more meaningful. The Council was asked to note that the Trust would be measured each quarter.

5.3 Douglas Blair discussed the implications of the national 10-year plan, including the requirement for five-year delivery plans which have been requested from provider trusts. He noted that the Trust was well positioned due to its ongoing strategic refresh.

5.4 An update was provided on the changes to services commissioned by Gloucestershire County Council, which would result in the transfer of certain functions and staff to GCC and other providers. Douglas Blair acknowledged the complexity of this transition and assured governors that detailed work and communications were ongoing with all colleagues affected by the changes.

5.5 The Council were updated on the Trust's Leadership and Culture programme, which continues to focus on sustainable change through deep engagement. Further engagement opportunities were planned to take place during November. Martin Pittaway asked about the number of colleagues that had been engaged in the Trust's Leadership & Culture work to date. Douglas Blair advised that several different types of engagement had been taking place, but the Trust did want to expand its engagement, hence the sessions being planned for November.

5.6 Marcia Gallagher picked up on a national news item around winter strikes and flu, and she asked what the likely impact of this would be on GHC colleagues. Douglas Blair informed the Council that there was a lot of concern nationally about winter and winter preparedness, with a big focus on flu vaccinations. However, in terms of impact on staff, it was noted that the Trust was not expecting anything different from the normal ongoing operational pressures. The Governors noted that a winter planning report and assurance statement would be presented to the Trust Board at its meeting on 25 September for approval, prior to submission to NHSE.

5.7 Peter Gardner noted that a question had been asked at the Governor pre-meeting about mileage rate reductions. Douglas Blair explained that this related to the national Agenda for Change rates. Nationally, the guidance is to reduce mileage rates over 3500 miles. During the fuel crisis, GHC had taken the local decision to take away the requirement to drop the rate after 3500 miles. However, now that fuel prices have levelled out, the Trust has made the decision to revert back to national guidelines. Neil Savage advised that colleagues had been made aware of this position, and that the rates were reviewed two times a year nationally by the NHS Staff Council.

6. CHAIR'S REPORT

6.1 Graham Russell provided a verbal report to the Council, setting out some of his activity over the past few months.

6.2 Graham Russell reflected on the recent AGM which took place on 11 September, noting its positive tone and the importance of using past performance as a springboard for future improvement. The Governors noted that the recording of the meeting and the Annual Report and Accounts 2024/25 were available on the Trust's website.

6.3 Graham Russell emphasised the importance of meeting with local partners and other organisations by way of establishing productive relationships. He highlighted recent

engagement with external stakeholders, including Councillor Ian Dobie (Chair of HOSC), Lisa Spivey (Leader of Gloucestershire County Council), and Bishop Rachel, focusing on health inequalities and partnership working.

6.4 Graham spoke about the monthly "Making a Difference" awards, which celebrate outstanding contributions from staff. The monthly winners would go forward to be considered for the annual awards. It was noted that Staff Governors had been invited to sit as part of the monthly judging panel for these awards, which was welcomed.

6.5 The Council noted that a meeting of the Nominations and Remuneration Committee would be taking place immediately after today's Council meeting. Committee members would be considering the recruitment of a new Non-Executive Director to succeed Sumita Hutchison when her term ends in January 2026.

7. TRUST STRATEGY REFRESH (2025–2031)

7.1 Rosanna James was in attendance at the meeting to present the Council with the refreshed Trust Strategy.

7.2 Rosanna emphasised the co-produced nature of the strategy, which incorporated over 1,200 pieces of feedback from staff, the public, and partners. The strategy was structured around five focus areas: Connecting services and neighbourhoods, Supporting children and young people, Enhancing community urgent care, Promoting inclusive healthcare, and Building purposeful partnerships. Rosanna explained that the content of the strategy was different from the previous version, but it continued to reflect the Trust's key values and was in line with the national 10-year plan. She said that the strategy provided a clear direction of what the Trust wants to achieve.

7.3 Chris Witham said that it was great to see the extensive consultation that had taken place with a wide range of stakeholders. He asked about the references within the strategy to Digital and IT and said that it was important to be clear about the differences. Chris also asked about the use of AI and how that may be incorporated moving forward. Rosanna James said that the Trust would position itself as being open to evaluating opportunities associated with AI, however, ensuring the safety and security of patients and patient data was key. The Trust had a Transforming Care Digitally programme already underway and the Trust would be reflecting on progress with this and how it feeds into the 10-year plan.

7.4 Alicia Wynn noted the reference to the enabling strategies. Rosanna James advised that these were already in place but would now undergo a refresh to fully align them once the overarching strategy was approved. The enabling strategies provided the granular detail of how specific things would be delivered such as Digital, People, Quality and the Green Plan.

7.5 David Hindle suggested that the format of the strategy could be changed to include bullet points, no long sentences, more spacing etc to make it easier to view. Rosanna James confirmed that the Communications Team would carry out a review of the final strategy and ensure that this was presented in a more accessible format once ready for publication.

7.6 Kizzy Kukreja said that this was an excellent and exciting piece of work. She asked how the final 5 focus areas within the strategy were agreed. Rosanna James said that it was very much an iterative process, and the Trust had listened, engaged and tested this with different groups.

7.7 The Governors thanked Rosanna and colleagues for the work that had gone in to developing the new Trust Strategy. It was noted that this would be presented at the Trust Board meeting in September for final approval.

8. IMPACTFUL ROLES FOR PATIENT ADVOCACY - PRESENTATION

8.1 Katie Parker-Roberts (Deputy Service Director – Performance and Development, Community Hospitals and Urgent Care), Emma Wright (Onward Care Lead), and Amy Lister (Ward Manager) were in attendance to present on the roles of discharge coordinators and ward assistants in community hospitals.

8.2 Colleagues described the wide-ranging responsibilities of discharge coordinators, including liaising with families, MDTs, and external partners, and facilitating safe and timely discharges. Ward assistants were praised for their multi-faceted contributions, including supporting clinical staff, engaging patients in activities, and enhancing the ward environment. Examples were shared of personalised care and patient engagement, including knitting projects and quiz sessions.

8.3 Sarah Waller had carried out a Governor visit to Cirencester Hospital and said that colleagues there had raised an issue about social care integration and the ability for social care and health to access each other's clinical systems. Katie Parker-Roberts advised that this had now been resolved with social care colleagues now having access to SystmOne. She added that social care colleagues also regularly participated in MDT meetings which had improved communication.

8.4 The Governors welcomed the presentation which highlighted the valuable role played by colleagues across the Trust, and the impact that these roles can have on patient wellbeing and improving length of stay.

9. GOVERNOR DASHBOARD AND HOLDING TO ACCOUNT

9.1 The Council of Governors received the Governor Dashboard for information and assurance. The purpose of the Governor Dashboard is to provide a high-level overview on the performance of the Trust through the work of the Board and Committees, with particular focus on the core responsibilities of governors in holding the NEDs to account for the performance of the Board and ensuring that people that use our services are receiving the best possible care. The dashboard was noted.

9.2 Sumita Hutchison provided highlights from the **Great Place to Work Committee**, noting that the last meeting had taken place on 26 August.

- The Committee received the Trust's 2025 annual Workforce Disability Equality Scheme (WDES) and Workforce Race Equality Scheme (WRES) Data and Action Planning approach for 2025/26. This was an opportunity for colleagues to reflect on the data and to seek comments and acknowledgement in readiness for publication by 31 October 2025. A final report would be presented back for sign off in October. The Committee discussed the data within the report and stressed the importance of moving thinking from this simply being an "annual submission" to making it more mainstream and embedding it into "every day and everyone". Sumita advised that the Committee discussed the WRES and WDES alongside the Leadership and Culture work, and also received an update on equality, diversity and inclusion and the work of the diversity networks in place across the Trust.
- The Committee received the national workforce update which summarised some of the key developments, issues and horizon scanning relating to the national and regional workforce and people agenda affecting or expected to affect the Trust. The Committee discussed the Workforce Implications of the NHS 10-year plan.
- The Committee received the Workforce Performance Report which showed a robust performance in key areas with good metrics. Sumita said that this provided good assurance that the Trust compared well when benchmarked with

other organisations, and that data was monitored and action taken where necessary.

- Sumita informed the Governors that the Trust had received confirmation that it had been reaccredited as a Disability Confident Leader employer, the top accreditation level available which was excellent.
- The GPTW Committee had welcomed "Chris" to the meeting for the Staff Story, who spoke openly about his experiences, and the challenges he has faced in moving from the military into civilian life. Chris was complementary about the GHC recruitment team on his positive onboarding journey, stating that he was treated like a person, not a statistic. Sumita Hutchison said that this was an uplifting story, and Chris shared some helpful learning for the future around being more responsive to change. Positively, the Council noted that the Trust was awarded its Veteran Aware reaccreditation in June 2025.

9.3 Jason Makepeace provided highlights from the **Resources Committee**, noting that the last meeting had taken place on 28 August.

- The Committee received the Operational Resilience and Capacity Plan (Winter Planning & Board Assurance Statement 2025/26) and recognised the significant improvement in comparison with the previous version (2024/25). Jason noted that the Winter Planning Board assurance statement would be presented to the September Trust Board for approval before being submitted to NHSE.
- The Committee received and endorsed the Draft Green Plan Refresh, noting the final version would be received by the Trust Board for formal approval. Jason said that the current draft largely remained the same as the previous version, but included the addition of a new overarching goal, which recognised the importance of embedding sustainability into service delivery and the Trust's core operational processes.
- The Committee received and welcomed the Transforming Care Digitally (TCD) Programme highlight report. Assurance was received that the key milestones had been delivered and that the TCD was mapped against the Trust's 10-year plan to identify deliverables and future alignment.
- The Business Planning Report was received, which set out the progress made in achieving the business planning objectives for quarter 1. The report informed that 66% of milestones had been completed and a further 33% had been part achieved. Jason Makepeace noted this was a significant achievement in the current circumstances.
- The Committee received an update on the system finance position and underlying position. While GHC's financial position is conforming to plan, the national guidance on operational planning will change business planning and budget setting timescales for the Trust, with an associated negative impact on the time and resilience of colleagues over the next 3-6 months. Jason advised the Council that the Resources Committee would continue to monitor this position closely.

10. GOVERNOR ENGAGEMENT UPDATE

10.1 Governors were invited to share any comments, reflections or feedback from recent engagement activities that they wished to make all Governors aware of.

10.2 Peter Gardner raised awareness of Carers Rights Day and offered to share the details of planned events with the Trust Secretariat. It was noted that these events would be picked up as part of the Partnership Team's monthly engagement schedule.

10.3 Vicci Livingstone-Thompson and Marcia Gallagher highlighted the success of the recent Forest Community Hospital fete. This had been a fantastic event, attended by Trust colleagues and members of the community, and had raised funds for the Trust's new Forest Health Services charity.

10.4 Governors expressed their thanks for the ongoing schedule of Governor visits, noting that they found these very useful and informative.

11. COUNCIL OF GOVERNOR MEMBERSHIP AND ELECTION UPDATE

11.1 The Council received and noted this report which provided an update on changes to the membership of the Council of Governors and an update on progress with any upcoming Governor elections.

11.2 Anna Hilditch confirmed that there were no current or forthcoming elections scheduled. The list of governors and term dates was provided for information. Graham Russell welcomed the continuation of Alicia Wynn's term as Appointed Governor for Young Gloucestershire.

11.3 Peter Gardner raised the need to progress membership pop-up stands, particularly at Cirencester Hospital. Anna Hilditch confirmed that dates were being finalised and would be shared as soon as possible.

11.4 The Trust still has a vacant Appointed Governor position for Gloucestershire County Council, and contact has been made with Democratic Services at the Council to seek an update on progress with a nomination.

12. GOVERNOR QUESTIONS LOG

12.1 The Governor Questions Log is presented at each Council meeting, and any questions received between meetings are presented in full, alongside the response for Governors' information. Questions included on the log can be questions received by Governors from constituents, or directly from Governors seeking specific assurance on a topic not due to be covered at a normal Council meeting.

12.2 It was noted that two new questions had been received since the last formal meeting in July, and the full questions and responses were presented within the paper.

13. ANY OTHER BUSINESS

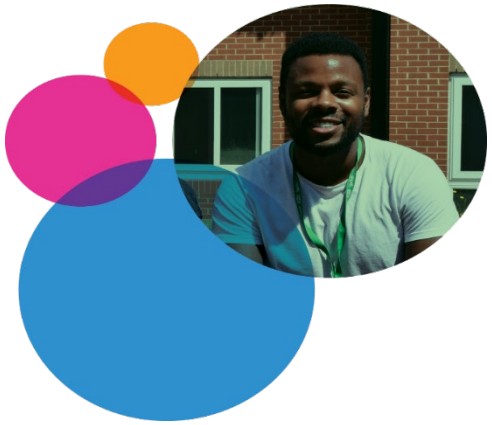
13.1 Joy Hibbins raised a query regarding the recent patient incident at Wotton Lawn. Douglas Blair confirmed that while individual cases are not reported to governors, broader assurance on patient safety and learning can be provided. David Hindle requested further information on how the Trust learns from incidents and complaints. Douglas Blair confirmed that a session could be arranged to explore this in more detail. **ACTION**

14. DATE OF NEXT MEETING

14.1 The next Council of Governors meeting will be held on Wednesday, 19 November 2025, at 10.30 – 1.00pm at Churchdown Community Centre, followed by lunch and networking until 1.45pm.

COUNCIL OF GOVERNORS – ACTION LOG

Date	Ref	Action	Update
17/9/25	13.1	Governor session on patient safety processes and learning from incidents to be arranged and a date communicated out to all Governors inviting attendance	**Complete.** Session scheduled for Friday 5th December at 3.30pm. Date emailed out to Governors inviting attendance.



Gloucestershire Health and Care
NHS Foundation Trust

Gloucestershire Health & Care NHS Foundation Trust

Children & Young People Services (CYPS)

November 2025

working together | always improving | respectful and kind | making a difference

Background to our work
Gloucestershire's Children & Young People

15 PCN - 64 GP practices

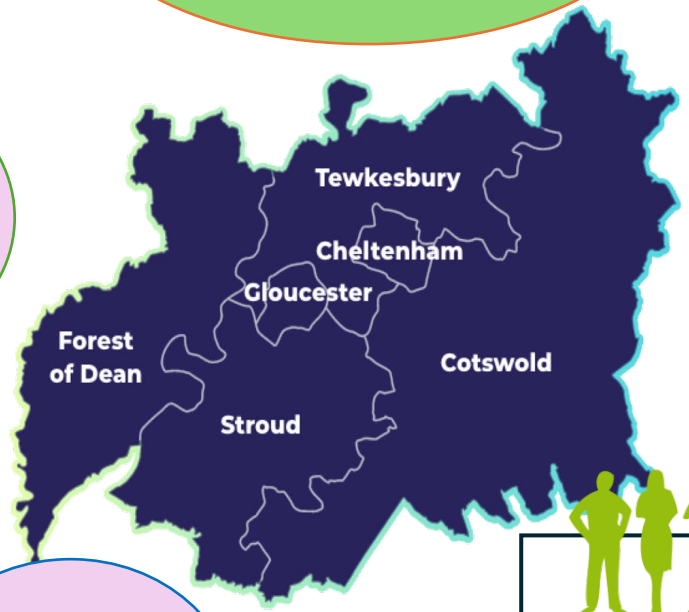
363 schools

22% of pop
142,241: 0-19 yr olds

60+ different organisations, teams and groups

16 CYP within Tier 4 ↓

2094 Elective Home Educated ↑



782 Children in Care ↓

23 detained Maxwell 136 Suite ↑
(since April 2025)

744 Section 19/ Inclusion Education ↑

434 Child protection Plan ↑

13072 receiving SEN support ↑

6538 With an EHCP 2024 ↑

The Team Around the Child

yg young gloucestershire

GDASS

Gloucestershire Constabulary

Home-Start

Gloucestershire Young Carers

GARAS

let's talk well

NHS Gloucestershire Hospitals NHS Foundation Trust

DOD MATTERS Gloucestershire

Gloucestershire County Council

Gloucestershire Parent Carer Forum

The Music Works

Children and Young People Services

Public Health Nursing
- Health Visiting
- School Aged Immunisations
- School Nursing

Specialist Community Services
- Children's Community Nursing
- Children's Complex Care
- Physiotherapy
- Speech & Language Therapy Early Language and Support for Every Child Service (ELSEC)
- Occupational Therapy and Home Safety

Mental Health Services
- Core CAMHS
- Parenting Support Outreach/Intensive Home Treatment
- GP Linked CAMHS Roles

Interagency Teams
- Functional Family Therapy
- Turn Around for Children Service
- Glos Multi Agency Team

Vulnerable Children Services
- Infant Mental Health
- Youth Offending/Youth Support
- Young People Substance Misuse
- Harmful Sexual Behaviour (HSB)

Learning Disabilities
- Community Learning Disability
- Young Adults Service (16-25 yrs)

Integrated Teams
- Persistent Physical Symptoms (PPS)
- Complex Weight Management
- Children's Autism and ADHD Assessment Services (CAAAS)
- Children in Care (CiC) and Fostering Development
- Paediatric Liaison (Long Term Conditions)

School Based Teams
- Young Minds Matters

31 services

45% of services have less than 4.0 WTE

600 WTE staff

41,000 open cases

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Gloucestershire Health and Care
NHS Foundation Trust

Snapshot of CYPS Treatment Caseloads: November 2025

	Caseload Size
Physical Health - Core Teams	
Community Nursing	265
Childrens OT	1357
Childrens Physio	1631
Childrens SALT	3061
School Nursing	1396
Health Visiting	31746
Mental Health Teams	
Core	891
Interagency Teams	27
Learning Disablity	343
MHST	181
Outreach	19
Paedriatric Liaison	9
Young Adults (16-25)	47
Vulnerable Childrens Service	43
CYPS Glow	41

Facts & Figures

Interesting facts about our Teams

Childrens Learning Disabilities

Siblings Group –aimed at having fun , relieving isolation, acknowledging our feelings about our siblings , modelling coping strategies

Phlebotomy Clinic : 11 children accessed blood tests using reasonable adjustments, social stories, desensitisation and a team of 4 PARRI trainers & a skilled phlebotomist to deliver safe holding whilst a blood test is done. Positive feedback from Primary Care and GHFT

School Nursing

Receive an average of **637 referrals per month** which sits in the upper quartile against national benchmarking.

School nurses deliver services across multiple platforms

- Constipation support – digital first, website offer
- ChatHealth – texting for YP and parents
- Medical awareness for schools – eLearning using Moodle
- Bladder and bowel – digital/Attend Anywhere
- Secondary School Drop-in – face to face **without** appointment

School Aged Immunisations

Flu Immunisation (Sept- Dec 2025)

- 91,250 young people
- 14 weeks to deliver to 384 schools
- End Oct: 30613 flu vaccines delivered

Young Adults Service (16-25 years)

"You moved me from mental illness into life"

Focus on personalist & holistic approach that YAS can have on young people's lives. We achieve this through a community placed model of seeing young people where they want to be seen and not always in a "clinic" setting e.g. coffee shops, going for walks that facilitates engagement

Facts & Figures

Interesting facts about our Teams

Speech & Language Therapy

- Support children from 0-19th birthday eg babies who are days old (feeding) up to 18 year olds.
- 60% of young offenders have Developmental Language Disorder which has often been undiagnosed. SLTs diagnose Developmental Language Delay (DLD) and by doing this early and responsively can lead to reduction in young offending & reoffending
- Around 3000 children are currently open to SLT caseloads, including those waiting to be seen
- Apprenticeships are a relatively new way to train to be an SLT.
    - GHC SLT were one of the first regional services to have an SLT Apprentice (3rd year- qualify 2027)

CAMHS Outreach

- CAMHS Outreach were notable (via regional conference) for their model of allocating a child/young person a consistent care team of max 3 clinicians to ensure consistency & model of relational safety alongside providing 9:00 – 21:15/ 7 days a week service hours
- Strong working partnership with the All Ages CRHTT – essential to lone working out of hours and co-location with Glos CRHTT. The cooperation and relationship building between the teams has been crucial to Outreach's expansion of delivering out of hours service.
- **Glos CRHTT & Outreach** recently held a ‘ Bake Off' when working the weekend together with clinicians bringing in a cake which they had baked

Young Minds Matter:
Mental Health Support Teams in Schools

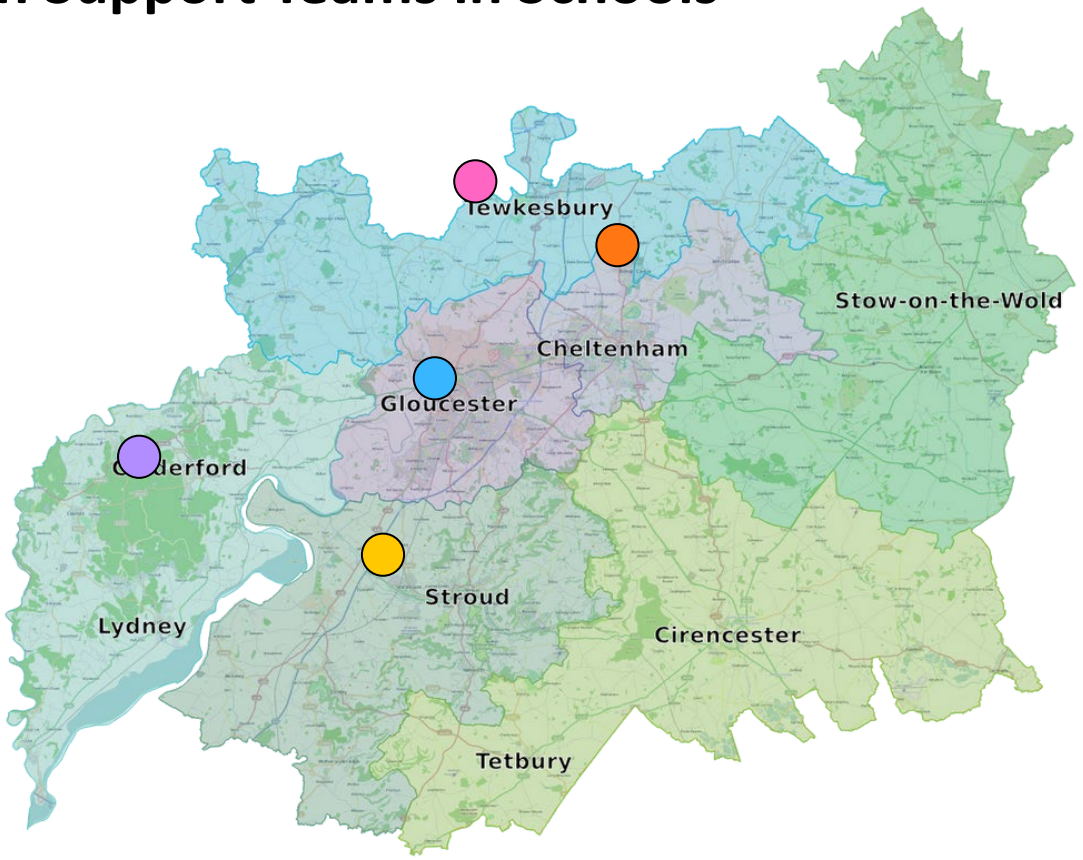
Young Minds Matter

Gloucestershire Health and Care NHS Foundation Trust

July 2024: YMM covered **137** schools across the county.

Sept 2025: One further YMM Team, enabling 90.24% coverage secondary schools:
Total 154

Jan 2026: One additional YMM Team enabling 100% coverage of secondary schools. Additional 'feeder' primaries to be onboarded.



Young Minds Matter Gloucestershire

Tewkesbury	Cheltenham	Gloucester City	Stroud/ South Cots	Forest of Dean
5 Primary Schools 1 Secondary Schools	21 Primary Schools 8 Secondary Schools 1 Special School	37 Primary Schools 12 Secondary Schools	16 Primary Schools 10 Secondary Schools	36 Primary Schools 6 Secondary Schools 1 College

working together | always improving | respectful and kind | making a difference

Focus on improving waiting times: System approach to Mental Health for children & young people

Young Minds Matter (Mental Health Support Teams)

The network of multiple offers to support the mental health needs of children and young people:

- creating a system wide mental health provision
- more alignment of the various system front doors
- Right Place First Time (looking at community & education services especially where there are barriers to education)
- focus on accessible, responsive place-based provision

YOUNG MINDS MATTER

Mental Health Support Teams in schools

ADDITIONAL CAMHS Pathways

Young Adults, Outreach and Specialist

YOUNG GLOUCESTERSHIRE

Broad programmes of support for young people that includes some MH specific offers e.g. Bounce, Flourish

Lets Talk Well

counselling, parenting support & eating issues

EDUCATION SERVICES

Section 19 Support, Advisory Teaching Service, Education Inclusion and Ed Psychologistic, EHCP Services, Dynamic Key Workers

SOCIAL PRESCRIBING

Partnering with primary care

PLAY GLOUCESTERSHIRE

Therapeutic support for children through play

EARLY HELP

Advice guidance & support, building on family strengths

ON YOUR MIND GLOS

An online support finder tool for all children, young people and families to guide towards which local offers can help

NAVIGATION HUB

A joined up multiagency pilot to pool referrals and ensure each CYP gets the right help

Quality & Safety: Waiting Well (awaiting start of treatment)

Waiting Well

Childrens Learning Disabilities

- All families receive a personalised telephone call every 6-8 weeks which are well received
- Conversations include generalised support, signposting to courses or social care and simple problem solving
- Has reduced number of concerns received by service
- If schools/social care escalate children to the team – team will talk to families directly before a clinical decision is made about reprioritisation The service has not received any complaints about children waiting as a result

Occupational Therapy

Safe Waiting Actions:

- Urgent referrals continue to be prioritised and offered a first appointment within 4 weeks
- The Daily Duty Line offers direct support and guidance when enquiries are made
- The Long Waiter Standard Operating Procedures (SOP) being used for any referrals that has waited >24 weeks (regular review of all long waits).

Continuing to add initiatives

Core CAMHS

- Crisis contingency plan and risk assessment at time of assessment shared with network when appropriate
- Duty Line (clinicians & duty manager) for those families waiting
- Priority allocations system to escalate cases when required
- Mental health review if families struggling to cope: review risks and re-establish crisis contingency plan
- Operational and Team Managers reviewing longest waiters/new treatment entrants on fortnightly basis

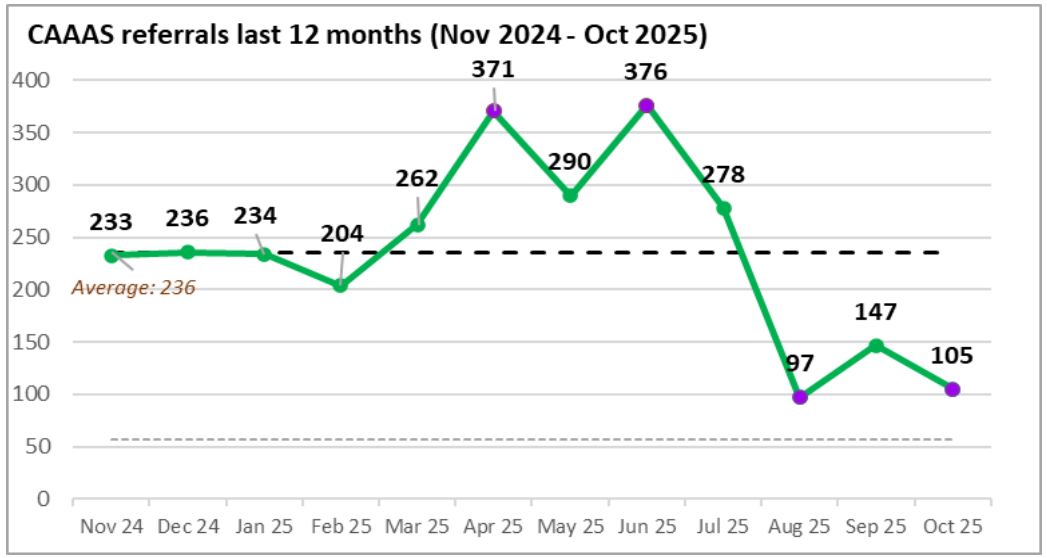
Speech & Language Therapy

- Digital support : universal Advice & Guidance information on the website and advice via Digital SHARE app and portal
    - This is also sent as a text message to families on referral
- ELSEC trial of Digital Pippin speech therapy app.
- CYPS Therapy Services Long Waiter Standard Operational Procedures (SOP) in place with regular review of all long waits
- SLT Telephone Advice Line for all Schools & Early Years settings
- Prioritisation and signposting where appropriate
- Pre-referral pathway for schools (screening toolkit) in development
- CYPS Health Visiting Team deliver Speech & Language Advice for potential referrers

with you, for you

CYPS ADHD and Autism Assessment Service: Referrals

NHS
Gloucestershire Health and Care
NHS Foundation Trust



Team	Average of Wait in Weeks	Longest Wait in Weeks
CAMHS Over 11's Neurodiversity Team		
03. Clinic A - Autism	76	137
04. Clinic B - Unknown Presentation	84	156
05. Clinic C - ADHD	71	138
CAMHS Social Communication & Autism		
03. Clinic A - Autism	85	160
04. Clinic B - Unknown Presentation	99	160
05. Clinic C - ADHD	48	160

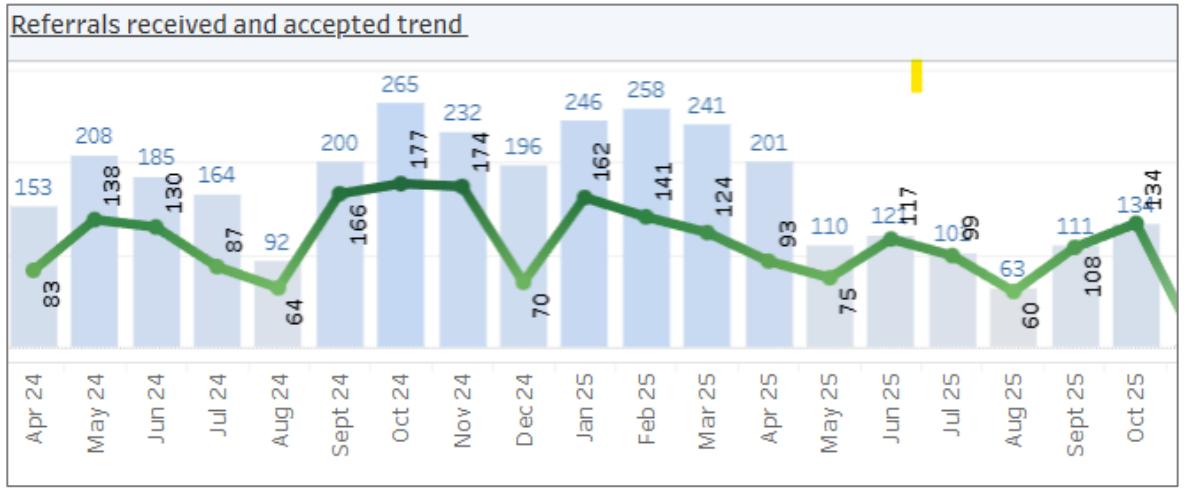
Under 18's CYPS ADHD & Autism Assessment Service is a specialist NHS diagnostic service. It works with families and education settings to understand the strengths & needs of the young person as well as diagnosing Autism and ADHD as appropriate.

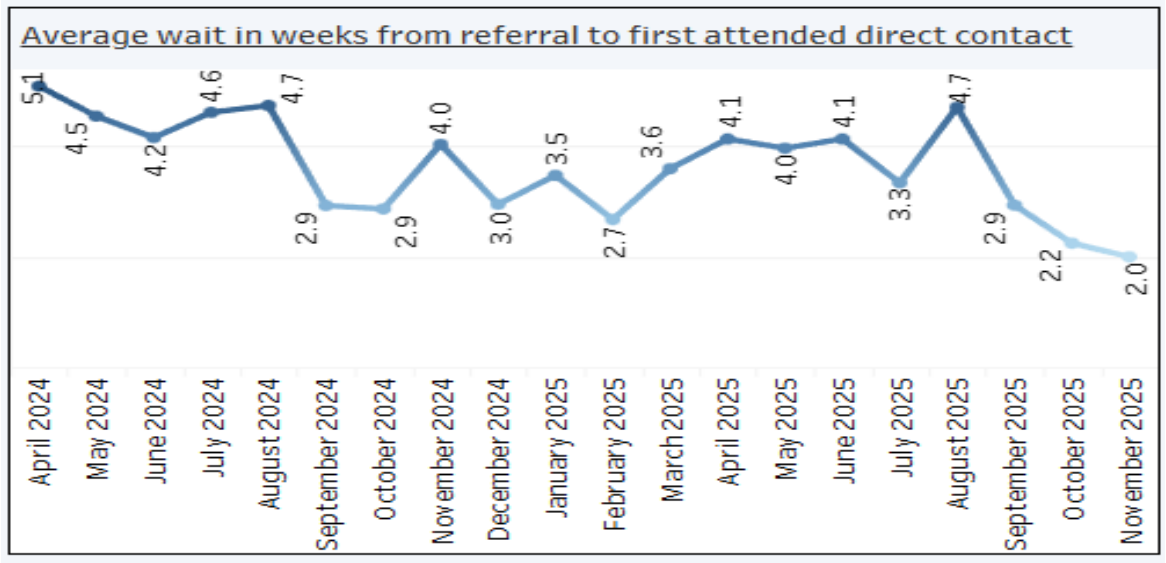
Gloucestershire held legacy waiting lists for neurodevelopmental assessments sitting across health and education. By Jan 2025, these were brought together under a single pathway hosted by GHC.

CAAAS also works with professionals to support earlier identification & recognition of characteristics of Autism and ADHD and to think about what reasonable adjustments can made to their environments, typically education settings.

Current work includes exploring the use of neurodevelopmental profiling tools for Under 18's within Glos as well as developing a digital offer to support families to access the support they need to enable them to choose whether they would like to consider a diagnostic approach.

Core CAMHS: Referrals & Waits for Assessment





Core CAMHS provides a high level of signposting referrals as CAMHS is traditionally seen as the "Front Door to access mental health support.

- 70-80% of referrals are typically signposted to other services to best meet needs
- Aug 2025: current average wait for assessment is 15 days
- Priority referrals are seen within 2 weeks

To improve system flow, promote earlier intervention as well as reducing "ping pong " between services, Core CAMHS interfaces with:

- Multi Agency Navigation Hub (Glos City only)
- Barriers to Education/SEND: Education Inclusion, Young Minds Matter and Section 19 initiatives
- VSCE colleagues: Young Gloucestershire, Lets Talk Well,
- Consultation with School Nursing & Health Visiting Social Care esp Early Help

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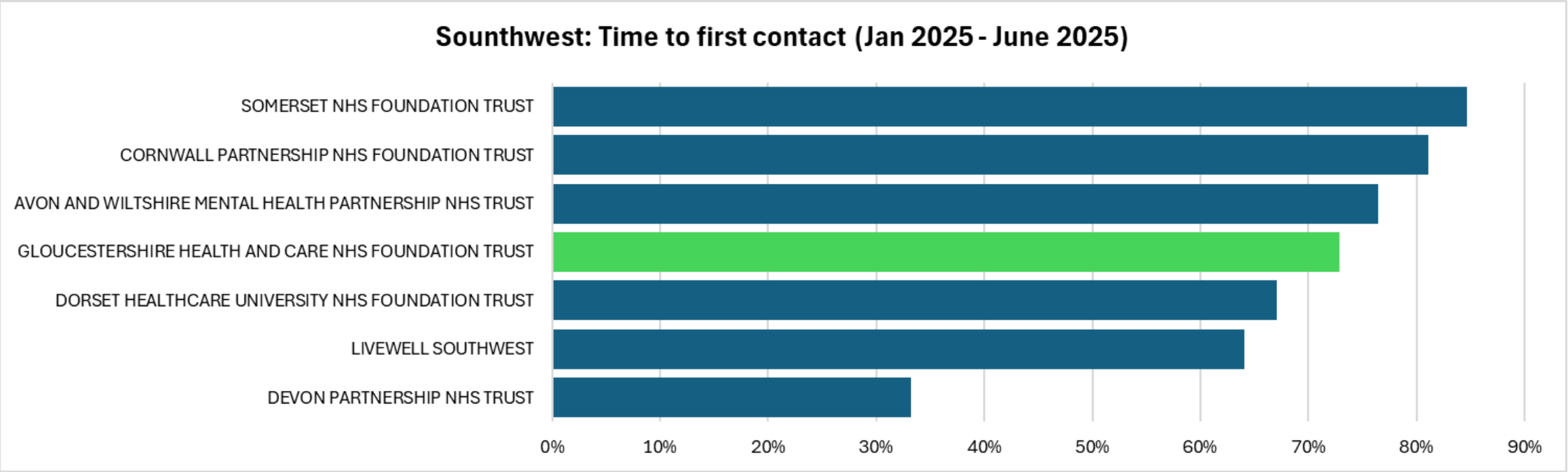
Core CAMHS – SouthWest Benchmarking

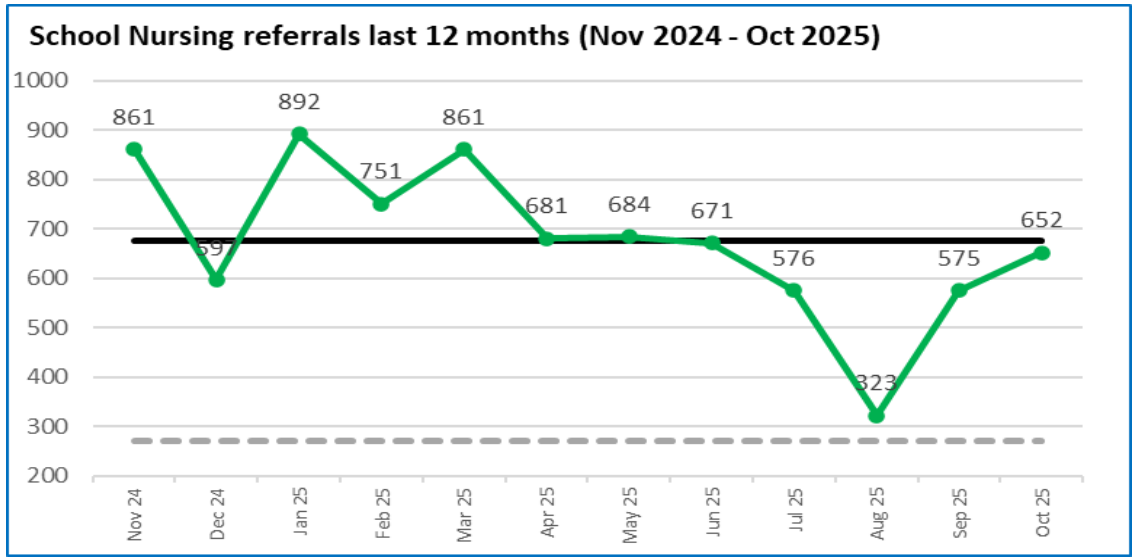


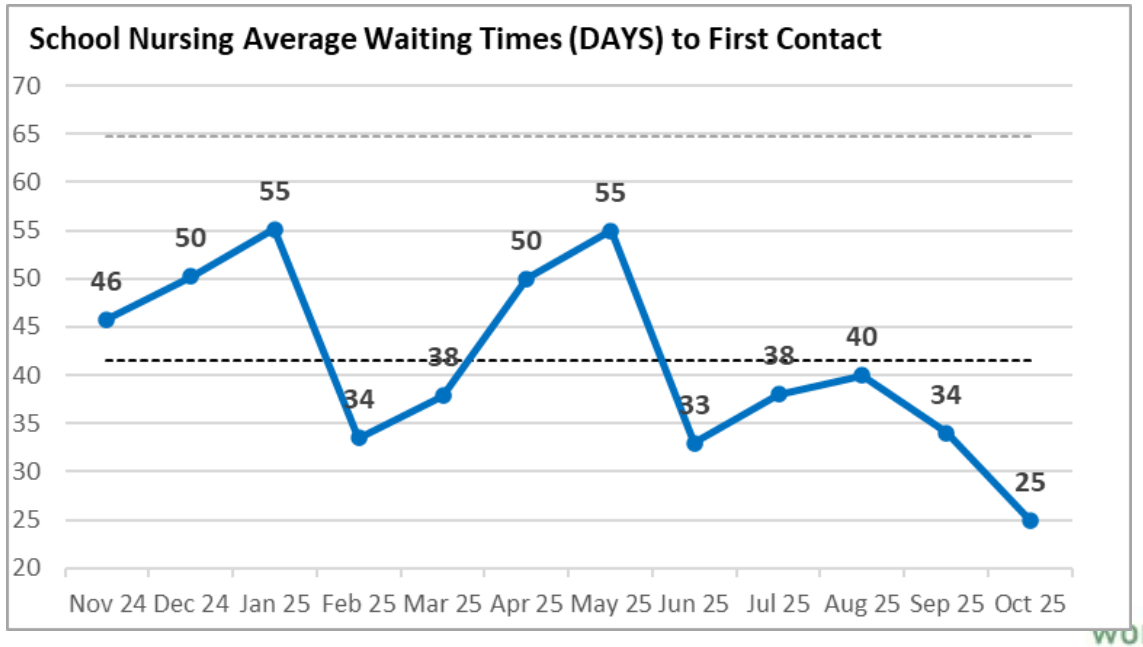
Data Source: NHS Futures – CYPMH Dashboard (Mental Health, Learning Disability and Autism Resource Hub)

This chart shows the percentage of CAMHS patients seen within four weeks of referral across SW providers over the last six months.

Included: Core CAMHS services only. Neurodevelopmental, Eating Disorder, Outreach, and other specialist teams were excluded following a review.

School Nursing: Referrals & Waits for Assessment





School Nursing receives a monthly average of 650 referrals. Typical requests are for continence support & advice around mental health concerns (challenging behaviour, anxiety, sleep, disordered eating etc)

Interventions include:

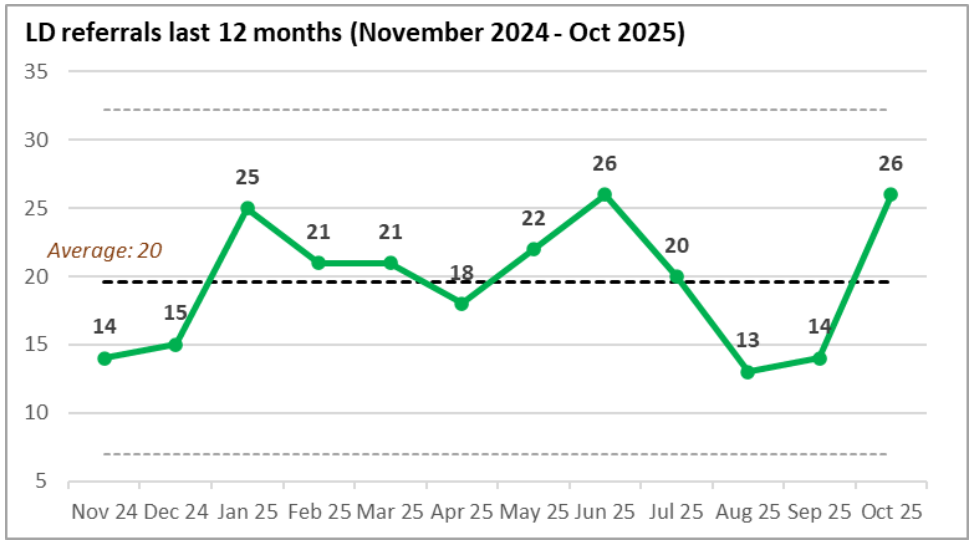
- timely advice and guidance (including School Drop In & access to text messaging via Chat Health),
- Face to Face assessments to understand their needs & advocate for their voices.
- Completion of holistic health assessments giving oversight of the child's health & development; what impacts their health from school, their home, the community where they live and socialise etc; parenting & any issues in the wider family.

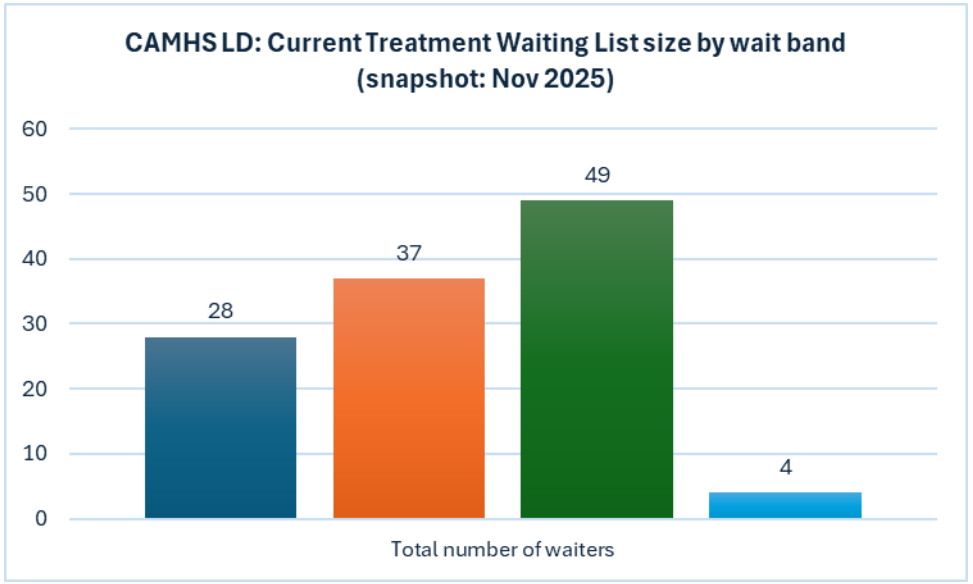
Typically, children require support from several agencies to meet their needs. GHC School Nursing Health Assessment is ideally placed to inform multi agency discussions especially where there are safeguarding concerns and/or complexity.

Public health services:

- Provision of vision screening for Reception aged children & facilitates onward referral for specialist support
- More than 95% of children aged 4-5y and 10-11y in Primary Schools, are measured & if they have an unhealthy weight - advice & support is given. The data gathered informs national & local data sets about trends in childhood obesity.

Childrens Learning Disability Service: Referrals and Waiting times





Remit includes:

- Work with children and young people with learning disabilities & their families to reduce and manage behaviours that challenge.
- Provide support & training for parents and carers
- Offer support & training for other professionals working with children & young people with learning disabilities.
- Produce a Behaviour Support Plan for each child or young person on the problems with behaviour pathway which will be shared with the family & all professionals working with the individual to ensure consistency.
- Work with other professionals to reduce the need for the use of restrictive practices

Referrals: The service supports those CYP in Special Schools & Communication & Interaction Centres (C&I) The service supports Glos CYP in residential special schools which are out of county & post 16 colleges.

As of Nov 2025, all children are seen for an initial appointment within 28 days. Waiting times for treatment are around 12 months.

Looking towards the Future

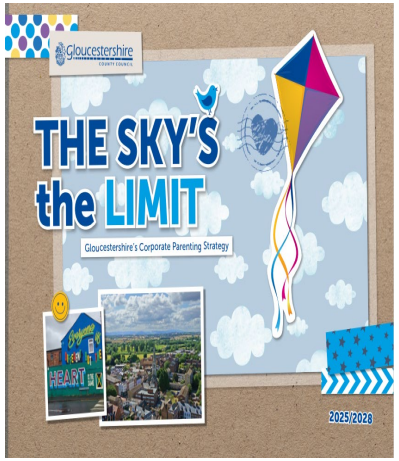
The changing landscape of Childrens Services in Gloucestershire…….

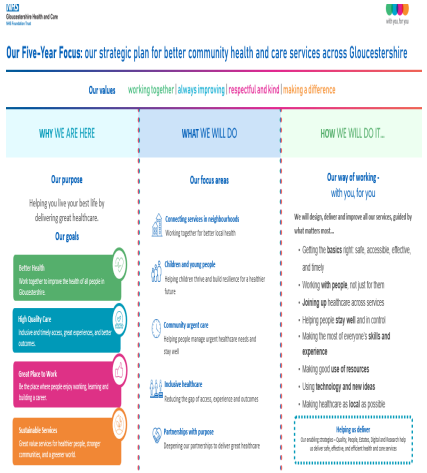
Children and young people with special educational needs and disabilities (SEND)

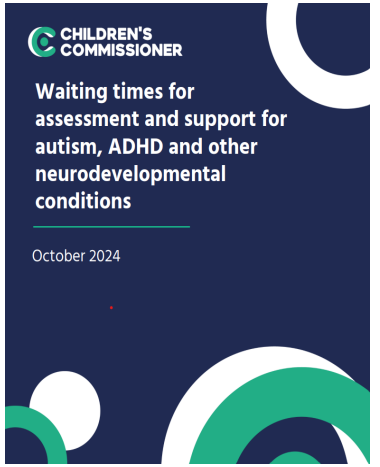
Gloucestershire

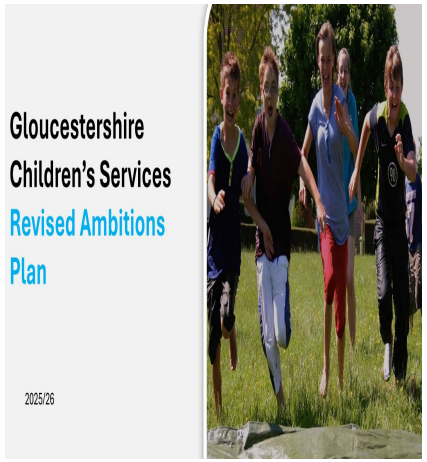
NHS

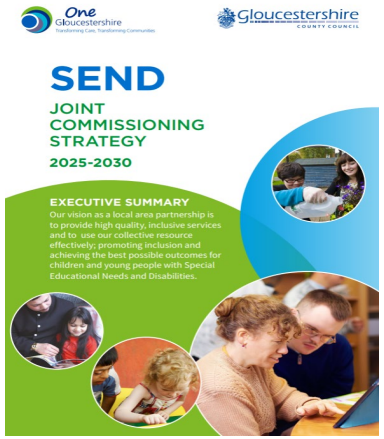
JSNA 2025







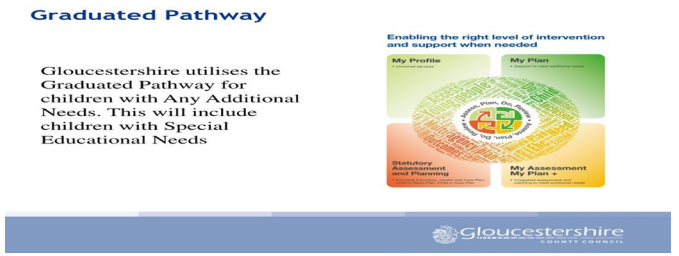




NHS
Thames Valley Specialised Children and Young People Mental Health Services
Provider Collaborative

Preparation for Adulthood
Gloucestershire

Young Minds Matter
Gloucestershire



Developments .....

Developments

Service Developments

- Young Minds Matter:
  ICB commitment for full Glos Schools/colleges coverage by 2029

Local Area Partnership

Interlinked Education/Health based pathways & shared priorities (school inclusion, Whole School Approach, supporting the Graduated Pathway Team Around the School/TALC

Relational based partnership working

Single View of the Child

New Models of Care

- Specialist CAMHS /Tier 4: new Model of Care for Under 18's CAMHS & Eating Disorders

- Work led by Glos ICB to develop system approach to the management of psychosocial crisis for Under 18's

- ELSEC – Early Language Support for Every Child programme provides earlier support & identification for speech and language in Early Years and Reception settings

Innovation
(implementing national best practice

Earlier identification of need
- Families First Partnership
- "Portsmouth" Neuroprofiling Approach
- ELSEC (Early Language Support for Every Child)
- CAMHS Outreach and supporting psychosocial crisis

Reducing Waiting Times

Ambitions
- SLT
- CAMHS LD
- Core CAMHS

(OT & CAAAS Recovery Plans being developed)

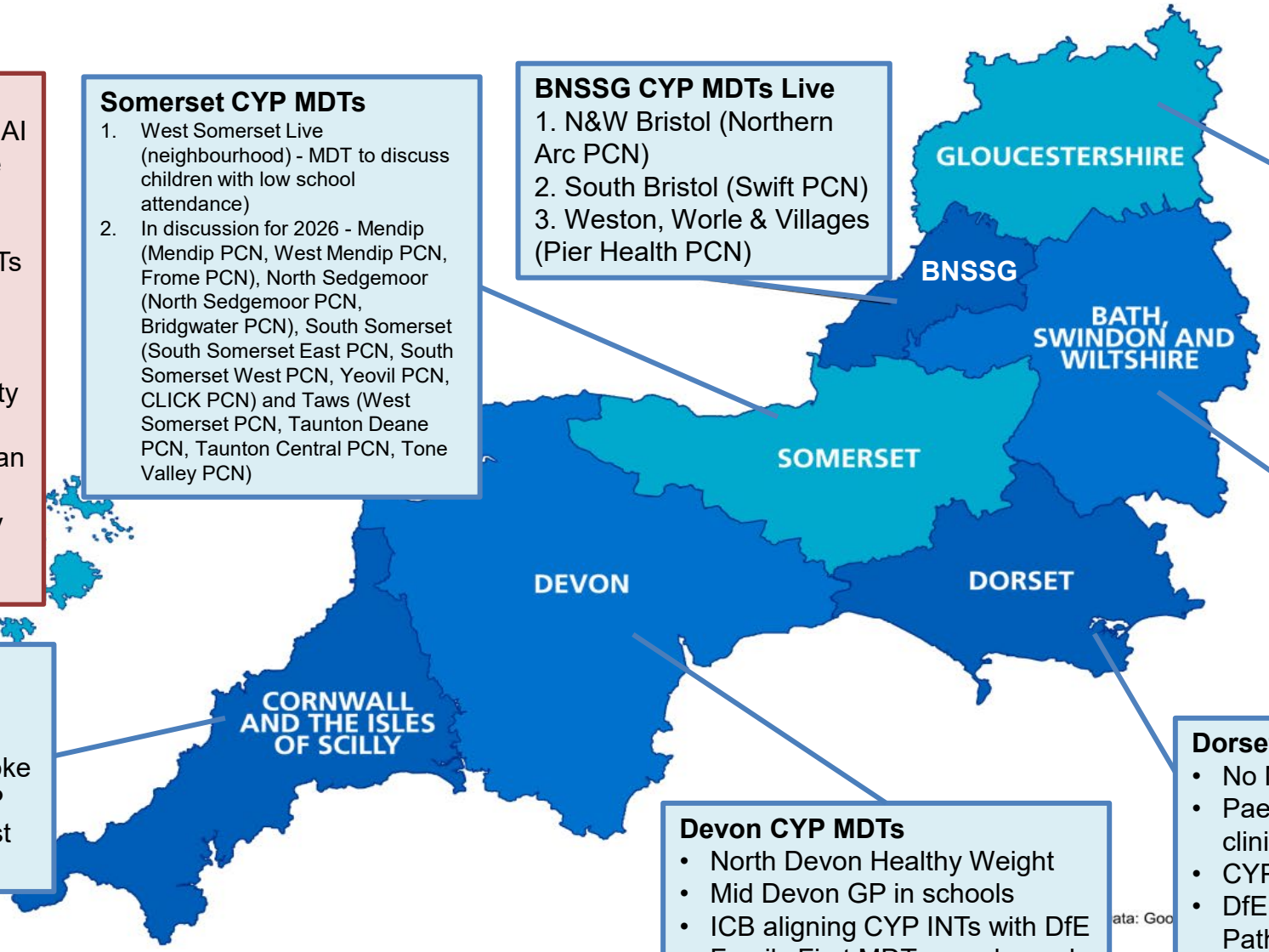
South West CYP Neighbourhood Health (Emerging)

Developments
- Explore use of BRAVE AI for CYP proactive case finding.
- Include Mental Health services as part of MDTs
- Focus on Respiratory ahead of winter
- Align with efforts to address long community waiting lists
- Align Acute Paediatrician MH Champions
- Consider role of Family Hubs

Somerset CYP MDTs
1. West Somerset Live (neighbourhood) - MDT to discuss children with low school attendance)
2. In discussion for 2026 - Mendip (Mendip PCN, West Mendip PCN, Frome PCN), North Sedgemoor (North Sedgemoor PCN, Bridgwater PCN), South Somerset (South Somerset East PCN, South Somerset West PCN, Yeovil PCN, CLICK PCN) and Taws (West Somerset PCN, Taunton Deane PCN, Taunton Central PCN, Tone Valley PCN)

BNSSG CYP MDTs Live
1. N&W Bristol (Northern Arc PCN)
2. South Bristol (Swift PCN)
3. Weston, Worle & Villages (Pier Health PCN)

Gloucestershire CYP MDTs Live
1. Inner City Glos PCN
2. Gloucestershire Lifestyle Opportunity Wellbeing Service (GLOW MDT)
3. Gloucester City - CYPMH Navigation Hub, ICB aligning with DfE Families First



BSW CYP MDTs
- ICB developing MDTs on school footprints, as part of community services contract.
- Using PHM to identify cohorts of CYP
- Aligning with DfE Families First

CIOS CYP MDTs
1. St Austell PCN MDTs
2. ICB planning 3x ICA delivery areas, to spoke into all PCNs for CYP and DfE Families First MDT programme

Devon CYP MDTs
- North Devon Healthy Weight
- Mid Devon GP in schools
- ICB aligning CYP INTs with DfE Family First MDT agenda, and focus around schools footprint.

Dorset CYP MDTs
- No MDTs yet
- Paeds ANP and GPwSI clinics
- CYP Virtual Ward
- DfE Families First Pathfinder site

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AGENDA ITEM: 06

Report to: **COUNCIL OF GOVERNORS – 19 November 2025**

Presented by: Chris Witham, Lead Governor (Public, Forest of Dean)

Author: Anna Hilditch, Assistant Trust Secretary

SUBJECT: **NOMINATIONS AND REMUNERATION COMMITTEE SUMMARY**

This report is provided for:			
Decision X	Endorsement	Assurance	Information

Can this subject be discussed at a public Governor meeting?	Yes

The purpose of this report is to:

To provide a summary to the Council of Governors of the business conducted at the Nominations and Remuneration Committee meeting held on 17 September 2025.

Role of the Nominations and Remuneration Committee
The Committee is a committee of the Council of Governors and will advise the Council on the appointment, dismissal, remuneration and terms of service of the Chair and Non-Executive Directors (NED) of the Board. The Committee has delegated authority to manage and oversee the appointment and appraisal processes for the Chair and Non-Executive Directors on behalf of the Council.

Recommendations and Decisions Required

The Council of Governors is asked to:

- **Note** the content of this report, highlighting the business conducted.
- **Approve** the revised Terms of Reference for the Committee **(Appendix 1)**
- **Approve** the recommendation of the N&R Committee to apply an increase in the Chair's remuneration to the mid-point of the previously agreed range - £47,100 to £48,513 (a 3% increase), to be back dated to 1 April 2025.
- **Note** the further update on NED recruitment, including upcoming dates

NED RECRUITMENT

The Committee noted that Sumita Hutchison's final term would come to an end on 13th January 2026. In order to inform future NED recruitment, a skills and experience audit was undertaken over the course of the summer for all members of the Board, including the NEDs. This exercise was intended to identify what, if any, gaps exist on the board, not in individual Board members. Engagement with the Board took place during August to look at the recruitment options set in the context of our current Board skills set, the strategic direction and the 10-year plan.

It was noted that the current NED cohort has a broad range of skills and experience, as demonstrated by the skills audit. It was therefore proposed that the Trust would primarily be

looking for an experienced NED who can fulfil the key criteria of what it is to be a NED, for example:

- Intellectual flexibility and the ability to think clearly, creatively and analytically
- An ability to effectively influence, persuade and communicate
- Constructively holding themselves and others to account for performance and behaviour consistent with the organisational values
- Experience and aptitude for working in a team
- A drive for improvements and high standards of quality, governance and performance

Following the Board engagement, it was agreed that the Trust would particularly welcome applications from individuals with experience in population health and/or Community/neighbourhood health. The successful candidate would also need to be values based, rooted in the local community, and committed to continuous improvement.

The Committee endorsed the direction of travel in relation to the recruitment of a new NED, and supported the use of an external search agency. The recruitment process for a new NED would commence immediately, and a proposed recruitment timetable would be produced and shared with Nominations and Remuneration Committee members as soon as possible, to include key dates such as shortlisting and interviews.

TERMS OF REFERENCE REVIEW

The Committee was presented with the terms of reference for the N&R Committee which had been reviewed and some minor changes suggested, for Committee endorsement.

One of the main revisions related to the term served by Governor members on the Committee. This had been updated from a 1-year term to a 3-year term, recognising the need for continuity of experience, knowledge and training. Further work would be carried out to look at enacting this and setting out the process for nomination onto the Committee at staged intervals.

The Committee endorsed the proposed changes to the Terms of reference, for onward presentation and approval by the Council of Governors at its November meeting.

REMUNERATION REVIEW – TRUST CHAIR

The Committee received a report which provided the necessary background information and benchmarking to inform a decision regarding the Trust Chair's future remuneration.

It is the role of the Nominations and Remuneration Committee to review the remuneration and terms of service for the Chair and Non-executive Directors at least annually, taking into account the performance of the individual and the organisation and make recommendations to the Council.

The Chair's remuneration was last reviewed in June 2023 and confirmed in March 2024 as part of the appointment process for the new Chair. The remuneration range that was agreed by the Committee at the time (£47,100 - £50,000), reflected the available national guidance and benchmarking. The current Chair was appointed at £47,100.

This report set out the most recent benchmarking data (NHS Provider Survey 2023/2024) for the Committee's consideration. It was noted that there had been no updated guidance from NHSE since the publication of the original framework in November 2019.

The Committee considered the data within this report, and noting the positive contribution made by the Chair since his appointment, the Committee endorsed an increase in the Chair's remuneration to the mid-point of the previously agreed range - £47,100 to £48,513 (a 3% increase). It was also agreed that this would be back dated to 1 April 2025. A formal recommendation from the Committee for approval would be presented to the Council of Governors at the November meeting.

NED RECRUITMENT – POST MEETING UPDATE

Governors will now be aware that the Trust received the resignation of Jason Makepeace, NED as of 7th November 2025. Positively for Jason he has accepted an Executive Director position for a health-based CIC in Bristol. However, due to the potential conflicts of interest in this role, it has been agreed that it was not possible for Jason to continue as a NED for GHC.

Given the timing of this new vacancy, it was agreed that it would be sensible to widen the current NED recruitment search to include Jason's position as well, so we are now actively seeking 2 new NEDs. Support for this was received from the Trust Board and the Nominations and Remuneration Committee members.

The closing date for applications is Monday 17th November. The interview date has been confirmed for Wednesday 17th December, and it is likely that we will be holding focus groups on the same day. Full details / timings are still to be confirmed once the closing date for applications has passed, however, as the appointment of our NEDs is a key role for our Governors, we would very much welcome your participation as part of the focus groups. We would like to thank those Governors who have already agreed to participate.

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TERMS OF REFERENCE

The Council of Governors

Nominations and Remuneration Committee

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1.	**Purpose**
1.1	The Committee is a committee of the Council of Governors and will advise the Council on the appointment, dismissal, remuneration and terms of service of the Chair and Non-Executive Directors of the Board. The Committee has delegated authority to manage and oversee the appointment and appraisal processes for the Chair and Non-Executive Directors on behalf of the Council. The Committee will also act as a task and finish group of the Council of Governors in order to consider corporate governance matters affecting the Council.
2.	**Membership**
2.1	The Committee will comprise: • three named Governors, • the Lead Governor, who will be an ex officio member of the Committee • the Trust Chair • the Trust Deputy Chair The Trust Chair will chair the Nominations and Remuneration Committee except when the Committee considers matters relating to the Trust Chair. In these circumstances, or when the Trust Chair is unavailable the Trust Deputy Chair will chair the Nominations and Remuneration Committee. With the exception of the Lead Governor, Governor members of the Committee will be elected by the Council of Governors for a period of 3 years. At the end of their initial term, members of the Committee may stand for re-election for a further term. Committee membership will be conditional upon continued membership of the Council of Governors. **In attendance:** The Assistant Trust Secretary, Director of Corporate Governance and the Director of HR&OD will attend each meeting. The Senior Independent Director (SID) will also be invited to attend those meetings which relate to the appraisal of the Trust Chair. The Committee, in exceptional circumstances can invite any other officer of the Trust to attend, in order to perform its functions effectively.
3.	**Quorum**
3.1	No business shall be transacted at a meeting of the Committee unless at least two Governors and either the Trust Chair or the Trust Deputy Chair are present.
4.	**Reporting Arrangements**

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Deleted: If requested, the Chief Executive and Director of Organisational Development should be available to attend in an advisory capacity only.

4.1	The minutes of the Committee meetings shall be formally recorded. The Chair of the Committee will submit a short report of each meeting to the next Council meeting for information or decision, as appropriate.
4.2	**CONFIDENTIALITY** A member of the Committee must not disclose any matter brought before the Committee until the Committee has either reported to the Council of Governors or otherwise concluded the matter. A member of the Committee must not disclose any matter, whether concluded or not, that the Council of Governors or the Committee has determined is confidential or would otherwise breach a reasonable expectation of confidentiality.
5.	**Powers**
5.1	The Trust's Constitution and Standing Orders shall apply to the Nominations and Remuneration Committee
6	**Responsibilities**
6.1	The Nominations and Remuneration Committee shall: Oversee the appointment and reappointment processes for the Trust Chair, Deputy Trust Chair and other Non-Executive Directors. In seeking a suitable replacement for the Trust Chair or a Non-Executive Director, and having sought and had regard to the views of the Board of Directors the Nominations and Remuneration Committee shall: a) agree a person specification that describes the role and responsibilities of the Trust Chair or Non-Executive Director of the Trust and any particular skills, qualifications or experience that it would be essential or desirable for the Trust Chair or Non-Executive Director to possess. b) receive assurance that the recruitment process will seek candidates by open advertisement and/or other such means as are considered appropriate. c) approve the arrangements to interview candidates. Interview panels must include at least one Governor representative from the Nominations and Remuneration Committee. When interviewing for the post of Trust Chair, the Committee may invite an external advisor to sit on the interview panel d) having regard to the person specification, make recommendations to the Council of Governors about appointment and remuneration. In line with national guidance, agree a process for appraisal of the Non-Executive Directors, receive an annual summary report from the Trust Chair, and make recommendations to the Council. In line with national guidance, agree a process for the appraisal of the Trust Chair with the Senior Independent Director, receive an annual summary report and make recommendations to the Council

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	Review the remuneration and terms of service for the Chair and Non-Executive Directors at least annually and make recommendations to the Council. Investigate the grounds for any Council of Governors resolution to remove a Non-Executive Director or the Chair, having first taken account of advice from the Chief Executive, and prepare a report with recommendations for the Council of Governors. Operate as a task and finish group on behalf of the Council of Governors to consider relevant corporate governance issues referred to the Committee by the Council. Such issues may include consideration of proposed constitutional changes, revisions to codes of conduct, etc.
7.	**Frequency and Review of Meetings**
7.1	The Committee will convene as often as is necessary, but normally 6 meetings will be scheduled each year. Virtual meetings, at the discretion of the Committee Chair, may take place using appropriate electronic methods.
7.2	The Council of Governors will review the Committee's terms of reference at least once every two years.
7.3	The Committee will review its performance annually and report the outcome along with recommendations to the Council of Governors.
8.	**Administration**
8.1	The Trust Secretariat will ensure appropriate support is provided to the Committee.
8.2	The Committee will agree an annual plan which will outline the business to be discussed at each meeting.

Version:	**Date Approved:**	**Approved by:**
Version 1	24/10/19	Approved by Nominations and Remuneration Committee
Version 1	14/11/19	Approved by Council of Governors
Version 2	24/02/2021	Approved by Nominations and Remuneration Committee
Version 2	10/03/2021	Approved by Council of Governors
Version 3	17/09/2025	Approved by Nominations and Remuneration Committee

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Gloucestershire Health and Care
NHS Foundation Trust

AGENDA ITEM: 10

REPORT TO: **COUNCIL OF GOVERNORS – 19 November 2025**

PRESENTED BY: Anna Hilditch, Assistant Trust Secretary

AUTHOR: Anna Hilditch, Assistant Trust Secretary

SUBJECT: **GOVERNOR DASHBOARD – NOVEMBER 2025**

If this report cannot be discussed at a public meeting, please explain why.	*N/A*

This report is provided for:
Decision ☐ Endorsement ☐ **Assurance** **Information**

The purpose of this report is to:

Present the Governor Dashboard to the Council for information and assurance, noting that this is a document to be used in support of the "Holding to Account" role of the Council.

Recommendations and decisions required

The Council is asked to:

- **NOTE** the content of the Dashboard

Executive Summary

The purpose of the Governor Dashboard is to provide a high-level overview on the performance of the Trust through the work of the Board and Committees, with particular focus on the core responsibilities of governors in holding the NEDs to account for the performance of the Board and ensuring that people that use our services are receiving the best possible care.

The dashboard provides a high-level snapshot to ensure governors have an ongoing sense of how the Trust is performing. This includes key Trust statistics, the achievement of Trust targets (focussing on the patient experience and quality indicators and workforce targets), and a summary of the business discussed at the Board and its Committees.

The Board and Board Committee information is included for Governors to get a feel for the broad range of important topics discussed, challenged, debated and approved by our Board and Committees.

It is important to note that information is already available to Governors via public Board papers on the full range of Quality and Performance measures reported by the Trust, so this dashboard is not designed to duplicate this information, simply to highlight some of the key measures that Governors may wish to take assurance from.

We want the dashboard to be a useful tool for Governors so continue to seek feedback and comment on the content and future considerations.

New Items to Note
The one-page infographic for our Trust Strategy – "Our 5 Year Focus 2026 – 2031" has been included for Governor reference.

Corporate considerations	
Quality Implications	
Resource Implications	
Equality Implications	

Where has this issue been discussed before?
Council of Governors

Appendices:	AI-10.1 - Governor Dashboard

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AGENDA ITEM: 10.1

Council of Governors
November 2025

Governor Dashboard

Data up to 30 September 2025

GHC GOVERNOR DASHBOARD – November 2025

Purpose: To provide a high-level overview on the performance of the Board and Committees, with particular focus on the core responsibilities of governors in relation to views of stakeholders, to support the governors in holding the NEDs to account for the performance of the Board.

Where can we gain further assurance – Committee Feedback summaries, NEDs, triangulation with public Board papers

Core Facts – 2024/25

GHC Long term Overview

Quality – Care Quality Commission Grading (2022 inspection) – **Good**

Staff Views – recommend GHC as a place to work (2024 national survey) – **71.5%** *(2023 - 73.3% / 2022 - 69.2%)*

Staff Views – recommend GHC as a place to receive treatment (2024 national survey) – **76.3%** *(2023 – 76.7% / 2022 - 73.9%)*

Finance – Annual Financial Statements – **unqualified external audit opinion received on 2024/25 accounts**

Public Membership Statistics – at 13 November 2025

Constituency	
Cheltenham	518
Cotswolds	261
Forest of Dean	328
Gloucester	719
Stroud	523
Tewkesbury	352
Greater England & Wales	550
Total	**3251**

Ethnicity	Total	Glos	Glos %	Trust %
White British	2825	2367	93.1%	87%
Mixed	57	47	2.2%	1.8%
Black/Black British	69	52	1.2%	2.1%
Asian/Asian British	104	81	2.9%	3.2%
White Other	97	88	0.7%	3.0%
Chinese/Other	7	6		0.2%
Not Stated	92	62		2.7%
Total	**3251**	**2701**		**100%**

Disability in Gloucestershire	
Percentage disabled as of Census 2021	108,379 of 645,076 population (16.8%)
Public membership	466 of 2701 members (21%)

Age Profile	
11-16	7
17-19	13
20-44	976
45-64	1076
65-74	518
75+	416
Did not disclose	245

Gender	
Male	1029
Female	2168
Transgender	4
Prefer not to say	47
Not Stated	3

Preferred Contact	
Email	2916
Post	335

	New Members	Removed
October 2025	8	5
September 2025	7	5
August 2025	5	9
July 2025	25	9

Indicators 2025/26 (at 30 September 2025)

Quality *(Data found in monthly Quality Dashboard Reports to Trust Board)*

Patients Friends and Family Feedback (Target – 95%) *(FFT analysis by team can be seen on page 8)*

Current Month Performance	Previous Report	Previous year Outturn/monthly comparison
September 2025 – 92% (1213)*	July 2025 - 93% (1936) May 2025 – 94% (2509) March 2025 – 92% (2425) January 2025 – 94% (2471) November 2024 – 93% (2195)	2022/23 Outturn – 94% (20,256) 2023/24 Outturn – 94% (30,519) **2024/25 Outturn – 93% (27,696)**

* An issue with the server has prevented automated SMS messages going out. This has affected the number of responses received in September (Now resolved).

Number of Complaints

Current Month Performance	Previous Report	Previous year Outturn/monthly comparison
September 2025 – 19 complaints / 140 enquiries	July 2025 – 22 complaints / 141 enquiries May 2025 – 14 complaints / 128 enquiries March 2025 – 31 complaints / 121 enquiries January 2025 – 19 complaints / 183 enquiries November 2024 – 13 Complaints / 157 enquiries	2022/23 Outturn – 136 Complaints / 692 Concerns 2023/24 Outturn – 159 Complaints / 1,222 enquiries **2024/25 Outturn – 204 Complaints / 1724 enquiries**

A directorate breakdown of all complaints and enquires received in September 2025 can be seen on Page 7. Increase in complaints and open complaints seen following the launch of the IUCS and the huge volume of contacts now received into the Trust via this service. Presentations received at Council of Governors explaining the increase and actions in place to address.

Number of Compliments

Current Month Performance	Previous Report	Previous year Outturn/monthly comparison
September 2025 - 275	July 2025 - 346 May 2025 - 270 March 2025 - 263 January 2025 - 183 November 2024 – 182	2022/23 Outturn – 2081 2023/24 Outturn - 2506 **2024/25 Outturn - 2377**

Workforce *(Data included in Workforce KPIs report received at GPTW Committee and Performance Dashboard received at Trust Board)*

Staff Sickness (Threshold – 4%)

Current Month Performance	Previous Report	Previous year Outturn/monthly comparison
September 2025 – 5.49%	July 2025 – 4.77% May 2025 – 4.58% March 2025 – 4.66% January 2025 – 5.75% November 2024 – 5.25%	**N/A**

Mandatory Training completion (Target – 90%)

Current Month Performance	Previous Report	Previous year Outturn/monthly comparison
September 2025 – 94.7%	July 2025 – 94.9% May 2025 – 96% March 2025 – 96.5% January 2025 – 94.3% November 2024 – 96.2%	**N/A**

Staff with Completed Personal Development Reviews (Appraisals) (excluding bank staff) (Target – 90%)

Current Month Performance	Previous Report	Previous year Outturn/monthly comparison
September 2025 – 88%	July 2025 – 89% May 2025 – 88% March 2025 – 88% January 2025 – 87% November 2024 – **91%**	**N/A**

Turnover Rate

Current Month Performance	Previous Report	Previous year Outturn/monthly comparison
September 2025 – 11.1%	July 2025 – 10.48% May 2025 – 9.7% March 2025 – 9.8% January 2025 – 10.81% November 2024 – 11.19%	**N/A**

Vacancies / Vacancy Rate

Current Month Performance	Previous Report	Previous year Outturn/monthly comparison
September 2025 – 10.45%	July 2025 – 8.71% May 2025 – 9.04% March 2025 – 9.71% January 2025 – 9% November 2024 – 9.57%	**N/A**

The Trust's vacancy rate over the past year has risen averaging 9.66%. Currently the rate is 10.45%. This is due to the addition of the Inpatient Establishment Reprofiling funding.

Finance *(Data found in monthly Finance Reports to Trust Board)*

Financial Performance better than or in line with plan? – **YES**/NO

Performance

There are approximately 260 indicators across all domains within the Performance Indicator Portfolio. The performance dashboard is presented within the four-domain format:

- Nationally measured domain
- Specialised & directly commissioned domain
- Locally contracted domain
- Board focus domain

The Performance Dashboard Report is available to view as part of the public Board papers. It should be noted that the Trust's Resources Committee carries out a robust review of the Performance Dashboard and receives assurances on those indictors in exception at each of its meetings. Focus is given to those indicators not achieving target, but it is important to take account of those indicators/services where performance is being achieved or overachieving.

Breakdown of Complaints and Enquiries (September 2025)

We continue to see far more compliments than any other type of feedback and directorates now receive a full list of these each month. Directorate level data is shared with senior operational leads each month to enable interrogation of service specific feedback.

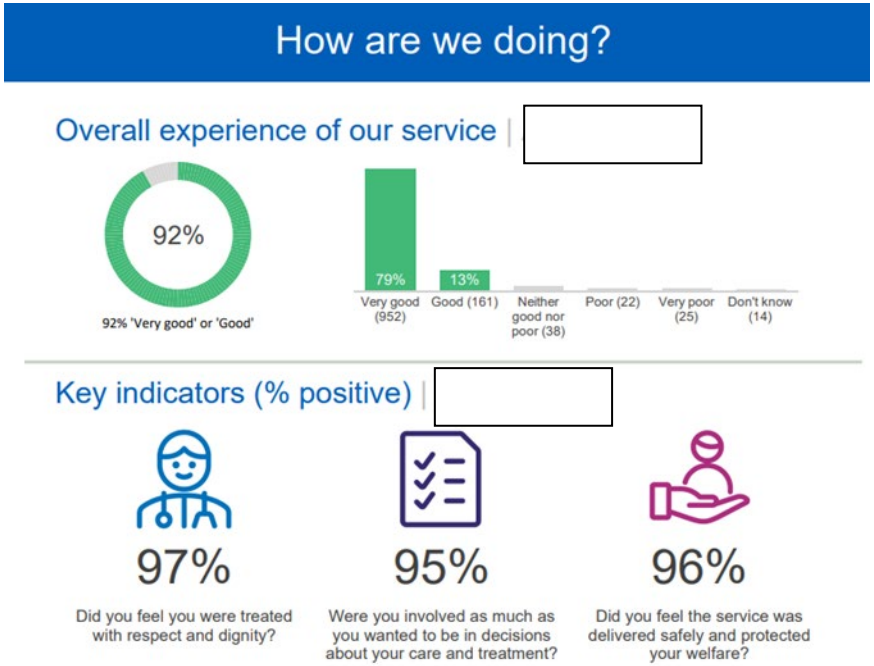
This table shows all reported Patient Carer Experience Team (PCET) data received this month by type and directorate. It is important to note that this is a snapshot and does not consider directorate size/footfall/caseloads/acuity of patients.

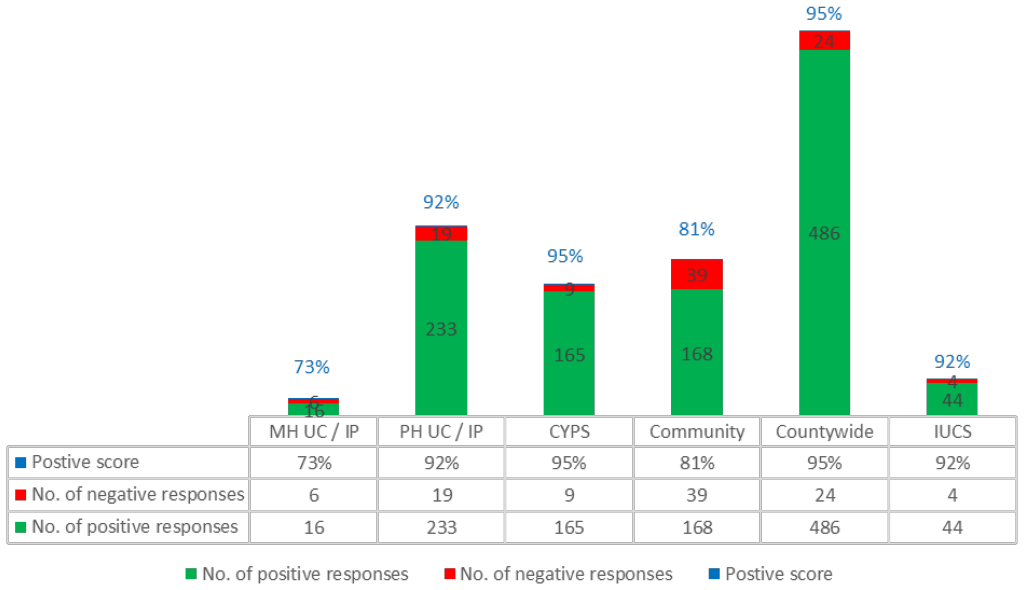
Directorate	Complaint			Enquiry	Compliment
MH/LD urgent care and inpatient	4	Early resolution:	**4**	13	31
		Closer look:	**0**		
PH urgent care and inpatient	1	Early resolution:	**1**	13	53
		Closer look:	**0**		
CYPS	1	Early resolution:	**1**	11	29
		Closer look:	**0**		
PH/MH/LD Community	2	Early resolution:	**2**	50	120
		Closer look:	**0**		
Countywide	1	Early resolution:	**1**	22	36
		Closer look:	**0**		
IUCS	9	Early resolution:	**9**	0	4
		Closer look:	**0**		
Other	1	Early resolution:	**1**	31	2
		Closer look:	**0**		
Totals	19	Early resolution:	**19**	140	275
		Closer look:	**0**		

Examples of complaints (as reported) for each directorate:

- MH UC/IP: Patient not happy with medication withdrawal and felt manipulated by the team.
- PH UC/IP: Patient complaining x-rays were not undertaken as part of the investigations and raised concerns that a previous Achilles tendon rupture.
- CYPS: Mother of patient wishing to complain regarding the continuing and unacceptable failure to provide the patient with the urgent mental health care she desperately needs.
- Community: Patient requesting an investigation regarding the recent contact he has had with the team.
- IUCS: Patient unhappy with an OOH doctor's attitude and felt she was not interested and in a rush to get out of there

Friends and Family Test Data (September 2025)





An issue with the server has prevented automated SMS messages going out. This has therefore impacted on the number of responses received this month, which is lower than normal reported levels. (Now resolved).

The overall positive experience rating is 92% which is slightly down on recent months. We are continuing to work with services where responses are low to promote a variety of survey methods, such as iPads, QR codes and paper where this is appropriate.

Evaluation of 'You Said, We Did' Boards pilot completed in Q4 for initial PCET review.

Service users made 6 requests for contact/action through the FFT.

FFT set up to support new IUC service; there were 48 responses in September 2025 with a positive experience rating of 92%.

Our Trust Strategy – On a Page

Board and Board Committee Activity

Trust Board

The next Trust Board meeting will be held on **Thursday 27th November 2025** at 10.00 – 12.30pm at Trust HQ, Edward Jenner Court. All Governors are invited to attend our Board meetings to observe. The papers for this meeting will be made available from Friday 21st November and notification will be sent out to Governors at that time. These papers will include the full minutes from our previous Board meeting held in September 2025, and Governors are encouraged to read these to keep up to date with Board discussion, developments and focus areas.

Board Committees

Summary reports setting out the key items of business discussed at our Board Committee meetings are presented at each Board meeting. Since our last Council of Governors meeting in September, the following Committee meetings have taken place:

- MHLS Committee (15 Oct)
- Great Place to Work Committee (21 Oct)
- Resources Committee (30 Oct)
- Quality Committee (4 Nov)
- Audit & Assurance Committee (13 Nov)

Meetings of our Leadership & Culture Assurance Committee, and the Appointments and Terms of Service (ATOS) Committee have also taken place in November.

The key agenda items received, discussed, and noted at these meetings are included below for information and reference. Governors are invited to ask questions on any items of interest picked up from the agenda items listed.

Mental Health Legislation Scrutiny Committee (15 October) ***Chair: Steve Alvis***	**Great Place to Work Committee (21 October)** ***Chair: Sumita Hutchison***
CQC & Mental Health Act Round Up MH Act Reforms – Update MHAM Forum Minutes and Update Reports of Issues Arising at MHAM Reviews Mental Health Activity Report (Annual) Review of detention issues and identification of lessons learned Review of Legal Updates AMHP Report - Q1 and Q2 Reporting MHA Policies – MHLSC Monitoring Review of MCA Practice, DoLS Applications & LPS Update Report Corporate Risk Report	National Workforce & People Policy Update People Strategy Refresh Session Corporate & Strategic Risk Register Board Assurance Framework Freedom to Speak Up Report Performance Report - Workforce KPIs WDES/WRES Update and Action Plan People Strategy Update Summary Reports of Management Groups Meetings
Resources Committee (30 October) ***Chair: Jason Makepeace***	**Quality Committee (4 November)** ***Chair: Rosi Shepherd***
Finance Report – Month 6 System Finance Position & Trust Underlying Position Deficit Risk Share Update Quality & Performance Dashboard – Month 6 Integrated Business Planning & Budget Setting Process 2026/27 Business Planning Report – Quarter 2 Service Development Report – Month 6 Emergency Preparedness Resilience & Response (EPRR) Report Cyber Security Assurance Report Property Portfolio Plan Green Plan – 6 Monthly Dashboard Corporate Risk Register Board Assurance Framework Summary Reports of Management Groups	Quality impacts of service transformation in children's speech and language therapy Corporate Risk Register Board Assurance Framework Complex Emotional Needs Quality Dashboard Report • Learning from Deaths • NED Audit of Complaints Quality Assurance Group Summary Reports Safeguarding Annual Report Medical Education Annual Report
Audit & Assurance Committee (7 August) ***Chair: Bilal Lala***	
Internal Audit Reports – BDO External Audit Reports – SUMER Counter Fraud, Bribery & Corruption Update Finance Compliance Report NHS Connect Central Tenant Accounting Treatment ICO Referral – Health Records Access Board Assurance Framework Corporate Risk Register Committee Annual Effectiveness and Terms of Reference Review Summary Reports from Management Groups	

Gloucestershire Health and Care
NHS Foundation Trust

AGENDA ITEM: 12

REPORT TO: **COUNCIL OF GOVERNORS – 19 November 2025**

PRESENTED BY: Anna Hilditch, Assistant Trust Secretary

AUTHOR: Anna Hilditch, Assistant Trust Secretary

SUBJECT: **GOVERNOR MEMBERSHIP AND ELECTION UPDATE REPORT**

If this report cannot be discussed at a public Board meeting, please explain why.	*N/A*

This report is provided for:
Decision ☐ Endorsement ☐ Assurance ☑ Information ☑

The purpose of this report is to:

To brief the Council on any changes to the membership of the Council of Governors, to provide an update on progress with Governor elections and to update on other Council of Governor matters.

Recommendations and decisions required:

The Council is asked to:

- **NOTE** the content of this report for information

Executive summary

NEW APPOINTMENTS AND GOVERNOR ELECTIONS

A nomination has now been received to fill the Appointed Governor position representing Gloucestershire County Council. The Trust has welcomed Cllr Dr Richard Dean who officially commenced in role on 1 November 2025.

The Council is asked to note that there are currently no vacant Governor positions.

There are no elections planned until early 2026.

GOVERNOR MEMBERSHIP

The current list of Trust Governors, along with appointment dates is included as an appendix to this report for reference.

Risks

None identified.

Corporate considerations	
Quality Implications	None identified
Resource Implications	None identified
Equality Implications	None identified

Where has this issue been discussed before?
N&R Committee and Council of Governors

Appendices:	Appendix 1 – Governors and Appointment Dates (as at 1 November 2025)

APPENDIX 1

GOVERNORS AND APPOINTMENT DATES (as at 1 November 2025)

Governors				
Name	**Constituency**	**Sub-constituency**	**Date Appointed**	**End of Term***
Joy Hibbins	Public	Cheltenham BC (2 posts)	17 Feb 2025	16 Feb 2028
Tussie Myerson	Public		1 Sept 2024	31 August 2027
David Hindle	Public	Cotswold DC (2 posts)	1 July 2025	30 June 2028
Peter Gardner	Public		7 Sept 2023	6 Sept 2026
Marcia Gallagher	Public	Forest DC (2 posts)	22 Sept 2024	21 Sept 2027
Chris Witham* **	Public		7 Sept 2023	**6 Sept 2026***
Leighton-Lee Pettigrew	Public	Gloucester City (2 posts)	17 Feb 2025	16 Feb 2028
Penelope Brown	Public		1 January 2024	31 Dec 2026
Jan Lawry	Public	Stroud DC (2 posts)	17 Feb 2025	16 Feb 2028
Michael Gibbons*	Public		1 July 2025	**30 June 2028***
Chas Townley	Public	Tewkesbury BC (2 posts)	1 January 2024	31 Dec 2026
Laura Bailey*	Public		1 January 2024	**31 Dec 2026***
Sarah Waller	Public	Greater England and Wales	22 Sept 2024	21 Sept 2027
Kizzy Kukreja*	Staff	Medical, Dental & Nursing (3 posts)	1 January 2024	**31 Dec 2026 ***
Dr Paul Winterbottom*	Staff		22 Sept 2024	**21 Sept 2027 ***
Caroline Goldstein	Staff		1 July 2025	30 June 2028
Michelle Kirk	Staff	Health and Social Care Professions (2 posts)	22 Sept 2024	21 Sept 2027
Sarah Nicholson*	Staff		9 March 2023	**8 March 2026***
Amy Aitken	Staff	Management, Admin & Other (2 posts)	22 Sept 2024	21 Sept 2027
Martin Pittaway	Staff		22 Sept 2024	21 Sept 2027
Dr Richard Dean	Appointed	Glos County Council (1 post)	1 Nov 2025	n/a
Alicia Wynn*	Appointed	Young Gloucestershire (1 post)	1 September 2025	**31 August 2028***
Bob Lloyd-Smith	Appointed	Healthwatch Gloucestershire (1 post)	3 January 2023	2 January 2026
Andrew Cotterill	Appointed	Inclusion Gloucestershire (1 post)	1 Sept 2023	31 August 2026

* Second term - Cannot stand for election again
** Lead Governor

Gloucestershire Health and Care
NHS Foundation Trust

AGENDA ITEM: 13

REPORT TO: **COUNCIL OF GOVERNORS – 19 November 2025**

PRESENTED BY: Anna Hilditch, Assistant Trust Secretary

AUTHOR: Anna Hilditch, Assistant Trust Secretary

SUBJECT: **GOVERNOR QUESTIONS LOG**

If this report cannot be discussed at a public Board meeting, please explain why.	*N/A*

This report is provided for:
Decision ☐ Endorsement ☐ Assurance ☑ Information ☑

The purpose of this report is to:

Present the Governor Question Log to the Council for information and reference.

Four new questions have been received since the previous Council meeting. All four questions are included within the log, but it should be noted that one response is still awaited and will be shared once received.

Recommendations and decisions required:

The Council is asked to note the content of this report.

Executive summary

Since 1 April 2022, all questions received from Governors are added to the log, with the questions and responses provided made available to all Governors for information. Questions included on the log can be questions received by Governors from constituents, or directly from Governors seeking specific assurance on a topic not due to be covered at a normal Council meeting.

The log will continue to be updated, and those new questions received between Council meetings presented in full at the following meeting. Governors can ask to see all previous questions and responses at any time.

Governors are reminded that all questions should be sent directly to Anna Hilditch, Assistant Trust Secretary who will be able to coordinate a response and ensure all questions are appropriately logged.

GOVERNOR QUESTION LOG

Ref	Question	Date Presented to CoG
2022		
01/2022	Catering for Staff	14 Sept 2022
02/2022	Staff Survey Performance	14 Sept 2022
03/2022	Serious Incident Reporting	14 Sept 2022
04/2022	Cost of Living Crisis on Staff	14 Sept 2022
05/2022	Podiatry Services	14 Sept 2022
06/2022	Change of Pay Arrangements and Communication	01 Dec 2022
2023		
01/2023	Stroud Signage and Parking	15 March 2023
2024		
01/2024	Virtual Wards	13 March 2024
02/2024	Community MH Transformation	13 March 2024
03/2024	Forest Hospital Communications	13 March 2024
04/2024	Support for Overseas Recruits and Family	13 March 2024
05/2024	Cyber Security	15 May 2024
06/2024	Medical Education – Dental Education	15 May 2024
07/2024	Appraisals	15 May 2024
2025		
01/2025	Palliative Care at GHC	17 Sept 2025
02/2025	Staff Survey Results 2024	17 Sept 2025
03/2025	Cirencester Hospital – Temporary Changes	19 Nov 2025
04/2025	Strategic Authorities and ICB Clustering	19 Nov 2025
05/2025	Cirencester Hospital – Signage and Accessibility	19 Nov 2025
06/2025	Wotton Lawn Online Reviews	19 Nov 2025

COUNCIL OF GOVERNORS

QUESTION PROFORMA

REF: 03/2025	**Date Received:** October 2025	**Date Responded:** 14/11/2025
Governor(s)	David Hindle and Peter Gardner, Public Governors, Cotswolds	
Lead Respondent	Douglas Blair, Rosanna James and ICB colleagues	
SUBJECT	**Cirencester Hospital – Temporary Changes**	

QUESTION

Peter Gardner (received 28 October 2025)
There have been a number of reports regarding the temporary downgrading of services at Cirencester hospital. County councillor Joe Harris has said that he is worried that the temporary changes would become permanent and called it a "downgrade by the backdoor". Could I ask for a more detailed explanation of what is going to be done, and how long it is for as I am sure I am going to be asked about this during my travels.

David Hindle (received 22 October 2025)
I am rather surprised, that the temporary trial relating to 3? Community Hospitals, was only verbally mentioned, at the last Governors meeting, rather than a report explaining/ justifying what is proposed to take place, being presented to the Governors, for consideration.

Speaking as one person, getting to Gloucester Royal, and Cheltenham General is not convenient for those who would have used Theatre Surgery at Cirencester Hospital. Centralising at Gloucester Royal, and Cheltenham General, is on face value, a backward Step. It is very hard, for those without their own Transport, to access Gloucester Royal and Cheltenham Hospital, rather than being able to use the more local Cirencester Hospital. Cirencester has a population of about 20,000, with the Hospital probably serving about 50,000.

Two Local politicians, (the former leader of CDC, and the MP for South Cotswolds), have expressed 'disquiet', at what i accept are trial changes. I think that the reason is that they are taking it as a highly likely prelude to the 'downgrading', of what services are provided at Cirencester Hospital.

As one person, i do consider that the centralising of some Theatre based services in the Trust, will be a retrograde step. I, and i expect others, are very pleased that, some Theatre based services, have been provided locally, in the Cotswold case at Cirencester Hospital, rather than having to travel, to what is unfortunately regarded, as being poor standard, particularly Gloucester Royal.

The average person will not make a distinction between, where the service is provided, and which Trust is proving it. GHC, may face reputational damage.

At the next Governors meeting, please can a written report be provided to explain the changes, including the rationale. In addition, assurance that these are trial, time limited changes, that will be the subject of full evaluation, and that they are not a prelude to a 'foregone' intention to make the changes permanent.

In addition that the Council of Governors, will be part of the evaluation, at the time of consultation, regarding any conclusion about making changes, following the temporary trial on how and where the services will be provided.

ANSWER
Thank you for your email regarding the temporary changes to the theatres at Cirencester Hospital. As you are aware, the proposal relates to a temporary test of change led by Gloucestershire Hospitals NHS Foundation Trust (GHT), who operate the theatres at Cirencester. The rationale is to test opportunities to make better use of theatre capacity across the county, particularly at Stroud and Tewkesbury community hospitals, and to ensure services are delivered as efficiently as possible. Further details of which are referenced in the papers presented to the October Health Overview and Scrutiny Committee (HOSC) meeting. https://glostext.gloucestershire.gov.uk/documents/g11811/Public%20reports%20pack%20Tuesday%2014-Oct-2025%2010.00%20Health%20Overview%20Scrutiny%20Committee.pdf?T=10 As this is a GHT-led initiative, it has not required formal sign-off by our Board, a distinction that will not be entirely clear to those using the service. However, our Board is aware of and supportive of the approach given the potential benefits for patient flow and resource utilisation. Although this is not a decision taken by our Board, we recognise the importance of keeping governors informed of these changes. We will ensure that governors are kept up to date as the evaluation progresses; it will include experience insight from patients and staff. Findings will be shared publicly and discussed with the county Health Overview and Scrutiny Committee once the temporary test concludes. It is worth noting that a second temporary test of change approved at the same time enhances the service provided at Cirencester Hospital making it the county centre for providing rehabilitative care to patients with a higher complexity of physical and mental health needs. Following the testing period for any temporary change to the way services are provided; if the evaluation suggests the change has been successful and should be considered as a potential permanent solution; then, in line with NHS statutory duties, public involvement would take place to inform final decision making. I am happy to provide a further update to Governors at the next meeting if helpful.

COUNCIL OF GOVERNORS

QUESTION PROFORMA

REF: 04/2025	**Date Received:** 10/10/2025	**Date Responded:** 14/11/2025
Governor	David Hindle, Public Governor	
Lead Respondent	Douglas Blair and Rosanna James	
SUBJECT	**Strategic Authorities and ICB Clustering**	

QUESTION

'With Local Government reorganisation does the CEO consider that the Governments' intention, is to put independent scrutiny, of Health and Social Care under the Politicians. It will be for them to decide if they want to have a further layer of independent voice, to do things like visits, and to advise the Politicians, who will be the responsible persons for the independent Scrutiny.

By that I mean, that the Gloucestershire Integrated Care Board, as united with the ICBs that are within the West of England Mayoral Area, will receive appropriate Scrutiny, by the Politian's, having that responsibility.

Gloucestershire will either be one or two Unitary Authority(s), with the Shadow Administration (replacing the County Council, and the 6 District Councils) in place in April 2027, and fully operational as Unitary Local Authority(s), in April 2028. That will be where the Scrutiny, at the more localised way, will happen for Gloucestershire. If there are 2 Unitary Authorities for Gloucestershire, it is highly likely that they would form a single Scrutiny Committee. The Local Authorities in Gloucestershire, will submit to the government their final Unitary Local Authority(s), proposal in November this year. Whatever the final decision of the Government, it is obvious that the likelihood is that Gloucestershire will become part of the West of England Mayoral Area.

As there was a vacant Governor position for GCC, given their Scrutiny function of Health and Social Care, would the CEO recommend to the Governors and the Board, that if there is highly likely to be one Unitary Authority for Gloucestershire, a Health and Social Care Scrutiny Politician does again be asked to take up the GCC vacancy (as of the last meeting), as a Governor? Otherwise the 1 position, is made 2 (change to the Constitution), if 2 unitary Authorities are most likely. The component District Councils, and GCC to collectively decide the 2 persons.

My reasoning is that the Unitary Authority(s) will replace the need for Healthwatch, and for separate Scrutiny (holding to account) of G H C NNS Foundation Trust, Gloucestershire Hospitals NHS Foundation Trust, and other organisations involved in Health and Care. The role of Trust Governor will no longer be needed. The responsibility for Public health locally would also be the responsibility of the Unitary Local Authority(s), in the overarching strategic context of the Mayoral Area.

In the long run, it is the intention of the Government to devolve the Healthcare Budget, to some Mayoral Areas, does the CEO agree that if that happens, there would then be a a role for an Independent voice at the Mayoral level? An adaption of Healthwatch being the most logical independent voice. That role would be limited to Strategic matters covering broadly 1.5 million people over a very large Mayoral, and ICB area.

Based on my most likely situation(s), within Gloucestershire, does the CEO agree that having Governors, in an NHS Trust, will no longer be needed? Nor will something like Healthwatch. The localised Scrutiny, will be via democratic means, via Politicians, who by the nature of their role, do receive representation from the Public. Only if Health becomes a devolved Budget to the Mayor, is there a need for Healthwatch mark 2. It would be involved in Strategic matters only for a large Mayoral Area.'

ANSWER
Thank you for your question. At this stage, planning for ICB clustering is being linked to future decisions on strategic authorities, with the intention that health commissioning footprints align with those of strategic authorities. This means we do not yet have clarity on what the future footprints will look like. In relation to local government reform and the potential creation of unitary authorities, we will await the outcome of the current process and any decisions before assessing the impact on the Trust and its governance arrangements. It is too early to confirm what this will mean for scrutiny arrangements or the role of Governors. The statutory role of NHS Foundation Trust Governors is set out in legislation, and as such any changes would require national policy decisions. This is indeed a live issue and we will continue to monitor developments and keep Governors informed as more detail becomes available.

COUNCIL OF GOVERNORS

QUESTION PROFORMA

REF: 05/2025	**Date Received:** 30/09/2025	**Date Responded:** 14/11/2025
Governor	David Hindle, Public Governor	
Lead Respondent	Kevin Adams, Associate Director – Estates and Facilities	
SUBJECT	**Cirencester Hospital Signage and Accessibility**	

QUESTION

1. Please can the Trust make representation to Gloucestershire County Council, to provide signs, from various locations, to walk from parts of Cirencester to Cirencester Hospital.
2. Please can the Trust remove the steps, and provide a ramp, within their grounds, so that that Wheelchair/Buggy access from the Pedestrian bridge into the Hospital, over the ring road is achievable. As there is also a Bus stop there, and that is the Pedestrian route back to the Town Centre, please can the Trust ensure that clear signs are provided.

ANSWER

1. We will indeed engage with Gloucestershire County Council colleagues in this regard

2. The area within the hospital grounds where the steps bring pedestrians up to the site from the pedestrian bridge / hospital car park 6 is too steep to accommodate a DDA compliant ramp. Pedestrians with a Wheelchair/Buggy are currently encouraged to walk up the slope adjacent to the entrance to this car park where a walkway has been laid out to reach the hospital entrance. We will arrange for a review of signage to ensure this is clearer. Looking further ahead, we are planning some wider site redevelopment / improvements and will look to fully address these points as part of that process.

If you would like to discuss these points further, please contact our Estates & Facilities Team at GHCEstates@ghc.nhs.uk

COUNCIL OF GOVERNORS

QUESTION PROFORMA

REF: 06/2025	**Date Received:** 12/11/2025	**Date Responded:** PENDING
Governor	Joy Hibbins, Public Governor	
Lead Respondent	Nicola Hazle, Director of Nursing, Therapies & Quality	
SUBJECT	**Wotton Lawn Online Reviews**	

QUESTION

A family member of a patient under community psychiatric services has expressed concerns to me this month about what they have read in the reviews of Wotton Lawn online. They were fearful of their loved one going into Wotton Lawn after having looked at google reviews.

Having looked at the reviews, I can see that there are 49. Most of these google reviews have been written in the past 12 months. Almost all reviews show the patient's first name and surname, so patients (or their family member) have been willing to put their full name to their review.

These are not anonymous reviews – indeed I recognise the name of one of the patients.

Governors were invited to visit Wotton Lawn hospital in the summer, but we were not given any opportunity to visit the wards nor to speak to patients. We were invited to meet senior staff and ward managers. This gives helpful perspective from managers, but it gives no perspectives from patients. In contrast, when we visited Charlton Lane psychiatric unit this year, we visited the wards and spoke to some of the patients.

What is the Trust doing to address the serious issues raised in the reviews, please?

ANSWER

Response currently being drafted.