

TRUST BOARD MEETING - PUBLIC SESSION

Thursday, 26 March 2026

10:00 – 13:00

The Leckhampton Room, Edward Jenner Court

AGENDA

TIME	Agenda Item	Title	Purpose	Comms	Presenter
OPENING BUSINESS					
10:00	01/0326	Apologies for absence and quorum	Assurance	Verbal	Chair
	02/0326	Declarations of interest	Assurance	Verbal	Chair
10:05	03/0326	Service User Story Presentation	Assurance	Verbal	DoNTQ
10:25	04/0326	Draft Minutes of the meeting held on 29 January 2026	Approve	PAPER	Chair
	05/0326	Matters arising and Action Log	Assurance	PAPER	Chair
10:30	06/0326	Questions from the Public	Assurance	Verbal	Chair
10:35	07/0326	Report from the Chair	Assurance	PAPER	Chair
10:45	08/0326	Chief Executive Overview	Assurance	PAPER	CEO
STRATEGIC ISSUES					
10:55	09/0326	People Strategy	Approve	PAPER	DoHR&OD
PERFORMANCE AND PATIENT EXPERIENCE					
11:15	10/0326	Annual Staff Survey Results 2025	Assurance	PAPER	DoHR&OD
11:25	11/0326	Gender Ethnicity and Disability Annual Pay Gap Report	Approve	PAPER	DoHR&OD
11:35 - BREAK – 10 Minutes					
11:45	12/0326	Finance Report M11	Assurance	PAPER	DoF
11:55	13/0326	Quality Dashboard Report	Assurance	PAPER	DoNTQ
12:10	14/0326	Performance and Quality Report M11	Endorse	PAPER	DoF
12:20	15/0326	Business Planning and Budgets <ul style="list-style-type: none"> • 15.1 - Trust Business Plan 2026/29 • 15.2 - Five Year Integrated Delivery Plan 2026/31 • 15.3 - Budget Setting 26/27, Financial Plan 26/27 - 28/29 and Capital Plan 26/27 - 29/30 	Approve	PAPER	DoF

TIME	Agenda Item	Title	Purpose	Comms	Presenter
12:40	16/0326	Guardian of Safe Working Hours Report	Assurance	PAPER	MD
GOVERNANCE					
12:45	17/0326	Change to the Trust Constitution	Approve	PAPER	DoCG
TO NOTE	18/0326	Council of Governor Minutes – Nov 2025	Information	PAPER	DoCG
BOARD COMMITTEE SUMMARY ASSURANCE REPORTS (REPORTING BY EXCEPTION)					
TO NOTE	19/0326	Audit & Assurance Committee held 5 February 2026	Information	PAPER	A&A Chair
TO NOTE	20/0326	Great Place to Work Committee held 24 February 2026	Information	PAPER	GPTW Chair
TO NOTE	21/0326	Resources Committee held 26 February 2026	Information	PAPER	Resources Chair
TO NOTE	22/0326	Quality Committee held 3 March 2026	Information	PAPER	Quality Chair
TO NOTE	23/0326	Charitable Funds Committee held 11 March 2026	Information	PAPER	CF Chair
CLOSING BUSINESS					
12:55	24/0326	Any other business	Note	Verbal	Chair
	25/0326	Dates of future 2026 Trust Board Meetings to be held in the Leckhampton Room, EJC <ul style="list-style-type: none"> • Thursday 28th May • Thursday 30th July • Thursday 24th September • Thursday 26th November 			

MINUTES OF THE TRUST BOARD MEETING

Thursday, 29 January 2026

Trust HQ, Edward Jenner Court, Gloucester

PRESENT:

Graham Russell, Trust Chair
Steve Alvis, Non-Executive Director
Sandra Betney, Director of Finance
Douglas Blair, Chief Executive
Sarah Branton, Chief Operating Officer
Debbie Forster, Non-Executive Director
Nicola de longh, Non-Executive Director
Nicola Hazle, Director of Nursing, Therapies and Quality
Rosanna James, Director of Improvement & Partnership
Bilal Lala, Non-Executive Director
Vicci Livingstone-Thompson, Non- Executive Director
Neil Savage, Director of Human Resources (HR) & Organisational Development
Rosi Shepherd, Non-Executive Director

IN ATTENDANCE:

Helen Child, Director of Corporate Governance (from 2 March) *MS Teams*
Sophie Gibson, Member of the Public
Anna Hilditch, Deputy Trust Secretary
Faisal Khan, Deputy Medical Director
Bren McInerney, Member of the Public
Kate Nelmes, Head of Communications
Louise Moss, Assistant Director of Corporate Governance
Liam Smith, Member of the Public
Chris Witham, Lead Governor

1. WELCOME AND APOLOGIES

- 1.1 The Chair welcomed everyone to the meeting, and introduced Debbie Forster, Non-Executive Director. Debbie had commenced in post on Monday 26th January so was joining her first meeting with the Trust.
- 1.2 Apologies were noted from Amjad Uppal and Cathia Jenainati.

2. DECLARATIONS OF INTEREST

- 2.1 There were no new declarations of interest. Rosi Shepherd reminded the Board that she was the Chief Nursing Officer at BNSSG ICB.

3. SERVICE USER STORY PRESENTATION

- 3.1 Graham Russell informed the Board that it had not been possible to provide a service user story at this meeting. Work was taking place to secure future stories, noting that this was a key part of the Board meeting agenda in helping set the scene around the experience of patients and their carers.

4. MINUTES OF THE PREVIOUS BOARD MEETING

- 4.1 The Board received the minutes from the previous Board meeting held on 27 November 2025. The minutes were **accepted** as a true and accurate record of the meeting, subject to the following amendment:
- 7.4 – It was noted that Steve Alvis had asked the question about future Chair visits, not Bilal Lala.

5. MATTERS ARISING AND ACTION LOG

- 5.1 The Board **noted** that the actions from the previous meeting were now complete or progressing to plan.
- 5.2 An action was identified at 10.4 that had not been added to the action log. It was confirmed that this action had been completed.

6. QUESTIONS FROM THE PUBLIC

- 6.1 The Board noted that no questions had been received from members of the public.

7. REPORT FROM THE CHAIR

- 7.1 The Board received the Report from the Chair, which provided an update on the Chair's main activities and those of the Non-Executive Directors (NEDs), Council of Governor discussions and Board development activities as part of the Board's commitment to public accountability and Trust values.
- 7.2 The Chair reported on recent visits and engagement with community and partner organisations.
- 7.3 In recognition of the hard work, dedication and 'making a difference' by individuals and services within the Trust, Graham Russell said he was delighted to visit Windrush Ward who are based at Cirencester Hospital on 13th January and the Mental Health Liaison Service at Beacon House on 22nd January to present their 'Making a Difference' awards. Individuals and teams are selected based on the recognition received through various channels, such as the Patient Experience Team or national awards. Award winners will also be included in the nominations for the Better Care Together Awards, Making a Difference category. Graham said that it was so important to recognise achievements and to acknowledge 'Making a Difference' across the trust.
- 7.4 The Board **noted** the report, and the assurance provided.

8. REPORT FROM CHIEF EXECUTIVE

- 8.1 The Board received the Report from the Chief Executive which provided an update on significant Trust issues not covered elsewhere on the Board agenda, as well as on his activities and those of the Executive Team.

- 8.2 Douglas Blair presented the new Performance Overview dashboard within his Chief Executive's report, which included a broad view of demand, capacity indicators, quality, finance, and people headlines. The format aims to provide contextual information not always captured in exception reports. The intention was to keep this under regular review and integrate it into ongoing board reporting. Board members welcomed this helpful overview.
- 8.3 Graham Russell noted that a visit had taken place to the new University of Gloucestershire (UoG) campus. Douglas Blair said that this was a great facility, and whilst there was no direct operational link with GHC, the campus would be used for training future colleagues, and collaboration was ongoing through public sector leadership initiatives, noting the importance of maintaining strong links for placements and training. Nicola de longh declared her interest in her role as Chair of Council for the UoG, and she suggested that there could be an opportunity to arrange a board visit to the new nursing teaching facilities. Nicola agreed to take this away as an action. **ACTION**
- 8.4 Vicci Livingstone-Thompson made reference to the IUCS, noting that the call volumes received into the service had been exceeded and she asked whether this was due to service modelling issues, or simply unprecedented demand. Sarah Branton advised that all IUCS activity was higher than that modelled in the service tender, however, the service was performing well and it was good to see that people were confident in using the service and promotion of it had been successful. Sarah Branton noted that GHC was not an outlier in terms of activity, but learning was being put into practice for future years. Graham Russell asked whether the benefits of the IUCS were being seen in the wider system. Sarah Branton said that Gloucestershire was one of the only systems not to have declared a critical incident over the winter period and the IUCS played a key part in that and understanding the pressure points. Graham Russell asked that the Board's thanks were passed on to the IUCS Team, noting that it was one of many GHC Teams putting in huge efforts to maintain service delivery during periods of high demand.
- 8.5 The Board **noted** that the Learning Disability Pathway Review had been presented to the Health Overview Scrutiny Committee. The Committee had provided feedback and had recommended ongoing co-production rather than full public consultation. The model recommends investment in crisis support and provider training, with a focus on preventing unnecessary admissions and improving community provision.
- 8.6 The Board **noted** the update provided and welcomed the new format of the report.

9. FINANCE REPORT

- 9.1 The Board received the Finance Report, which provided an update on the financial position of the Trust at month 9. The financial position was discussed and reviewed in detail at the Resources Committee.
- 9.2 At month 9 the Trust had a surplus of £0.084m compared to the plan of a £0.151m deficit. Cash at the end of month 9 was £45.197m, which was above plan by £4.4m. The cost improvement programme had delivered £5.62m of recurring savings

against the plan of £7.075m. The target for the year is £10.086m. Sandra Betney noted that £1.653m was still unidentified. The non recurrent savings target is £5.169m all of which has been identified, and of which £4.91m has delivered.

- 9.3 The 2025/26 capital plan was £15.449m with £3.265m of disposals leaving a net £12.184m programme. Net spend to month 9 was £4.569m against a plan of £9.24m. The capital plan required significant spending in the final quarter, but Sandra Betney expressed confidence in achieving the target despite risks related to weather and project timing. The Trust was managing multiple schemes and adjusting timelines to ensure capital was spent appropriately.
- 9.4 The Trust's agency and off framework agency usage was included in the report, with £2.161m ytd on agency staff which was below plan by £0.815m. There were 13 off framework shifts in month 9 against the target of 0. The Board acknowledged the huge amount of work carried out to reduce off-framework agency usage, noting that an action plan was in place to focus in on those services where this off-framework is being requested with the aim of reducing this further. The Board **noted** that the Trust spent £15.81m on bank staff which was above plan by £2.38m.
- 9.5 Sandra Betney advised that a business case for the potential lease of rooms within Coleford Health Centre may be presented to the March Board meeting, if the value exceeds the Chief Executive authorisation level. This would be reviewed and the Board would be kept sighted on this.
- 9.6 The Better Payment Policy shows 95.6% of invoices by value paid within 30 days and 92.0% by number of invoices, the national target is 95%. Steve Alvis asked whether colleagues felt it was possible to achieve the national target by year end. Sandra Betney advised that further analysis of this position was planned for the Audit & Assurance Committee and confirmed that increased focus was being placed on this.
- 9.7 Bilal Lala queried the variance in operating expenses, and Sandra Betney attributed this to arrangements with the County Council for community care placements and the use of underspends to address service pressures.
- 9.8 Sandra Betney provided an update on Debtors and Receivables, noting the progress in reducing older NHS debts and identifying Gloucestershire County Council as the largest non-NHS debtor. The Trust was actively collecting outstanding amounts and monitoring the situation through the Audit & Assurance Committee.
- 9.9 The Board **noted** the month 9 financial position and was assured that, despite ongoing pressures, the Trust remains in a stable financial position with appropriate plans in place to address challenges.

10. QUALITY DASHBOARD REPORT

- 10.1 The Board received the Quality Dashboard, which showed the data for December 2025 and provided a summary assurance update on the progress and achievement of quality priorities and indicators across the Trust's Physical Health, Mental Health, and Learning Disability services. The report had been developed and now

presented data to the Board under the key headings of Alert, Advise, Assure and Applaud to assist with identifying key focus areas.

- 10.2 Nicola Hazle reported an increase in reported incidents and complaints compared to the previous year, attributing this to winter pressures and increased service activity. The Trust has enhanced oversight of moderate harm incidents and is implementing learning from these events. The Quality Committee has discussed the impact on teams and the need for ongoing support. In terms of complaints, the Board noted that the IUCS had seen a huge increase in contacts with the Trust, and therefore proportionally the actual number of complaints was still relatively low. The main trend being seen related to waiting times for call backs from the IUCS. Nicola Hazle advised that Friends and Family test responses received for the IUCS were good, so it offered some assurance around levels of satisfaction.
- 10.3 The Board noted that there was an increase in unexpected child deaths in December, which was being investigated with system partners. The safeguarding team is reviewing supervision uptake, particularly in children's services, and exploring ways to make supervision more accessible, including virtual options. The Trust is also reviewing its clinical supervision policy to improve engagement. Bilal Lala said that he had been on a recent service visit and he had spoken to colleagues about supervision, and he was reassured that sufficient time was given to people to do this.
- 10.4 Nicola Hazle advised that the Trust had received a commendation from the Kings Fund for its vaccine delivery during the pandemic and the service continues to perform well in flu and COVID vaccination.
- 10.5 Infection Prevention Control (IPC) measures have limited outbreaks in inpatient settings, contributing to system stability during winter. The Board congratulated all colleagues on the work taking place to manage IPC across the Trust, specifically those within the estates and facilities teams.
- 10.6 The Board **received, noted** and **discussed** the Quality Dashboard report.

11. QUALITY AND PERFORMANCE DASHBOARD

- 11.1 Sandra Betney and Sarah Branton presented the Quality & Performance Dashboard, which provided a high-level view of performance and quality indicators in exception across the organisation for the period to the end of December 2025. Sandra Betney was pleased to note that there were no indicators within the report requiring an "alert" to the Board.
- 11.2 The Trust was implementing new KPIs in line with planning guidance and service changes, with 12 new indicators added in January and more planned for the next quarter. The dashboard was being aligned with board domains to enable integrated reporting across committees, aiming for a fully integrated system in the next financial year.
- 11.3 As discussed earlier in the meeting, the Board noted that the IUCS service has maintained compliance with key indicators despite winter pressures, and the Trust

was seeing system benefits from improved urgent care pathways. Planning for next winter was underway, incorporating lessons learned from increased demand and resource allocation challenges.

- 11.4 A case for change in Eating Disorder services has been approved, focusing on reviewing the pathway, skill mix, and capacity to address increased demand. The Trust is also monitoring waiting lists for children's mental health services, with ongoing efforts to reduce backlogs and adapt to changing demand profiles.
- 11.5 Sarah Branton reported that the Trust was changing its approach to recording delayed discharges to align with national standards, which will result in higher reported numbers. System-level collaboration is ongoing to address delays, with escalation processes in place and a focus on timely assessments and accommodation challenges.
- 11.6 The Board discussed the importance of supporting staff in high-risk, small teams, particularly in urgent care and community settings.
- 11.7 Steve Alvis asked for an update on Echocardiogram Service performance. Sandra Betney provided an update from the Diagnostics Programme Board, noting that improvements and early signs of success in echocardiogram provision were being seen.
- 11.8 The Board **noted** the Quality and Performance Dashboard Report for December 2025 as a significant level of assurance that the Trust's performance measures were being met or, accepted that appropriate service improvement action plans were being developed or were in place to address areas requiring improvement and were being managed through operational governance mechanisms.

12. SAFER STAFFING ANNUAL ASSURANCE STATEMENT

- 12.1 The purpose of this report was to provide formal annual assurance to the Trust Board that arrangements are in place to support safe staffing across the inpatient services in the Trust. While detailed safe staffing information is reviewed routinely through the Quality Committee, the Board retains overall accountability for ensuring that the organisation has effective processes to plan, monitor and respond to staffing risks.
- 12.2 Nicola Hazle outlined the Trust's approach to safe staffing, including the use of evidence-based tools for inpatient services, regular self-assessment against national standards, and the establishment of a monthly safe staffing assurance meeting. The Trust is participating in national reviews and piloting new tools for community nursing, with a focus on triangulating staffing data with quality indicators. Nicola Hazle noted that the Trust has improved its governance around safe staffing, moving from remote data review to integrated professional discussions.
- 12.3 The Board **noted** the progress and approved the annual assurance statement, with recognition that further work is needed to fully embed processes and balance compliance with professional judgement.

13. CARBON FOOTPRINT AND GREEN PLAN DELIVERY REPORT

- 13.1 The purpose of this report was to present an annual sustainability update to the Trust Board which includes the Trust carbon footprint metrics for 2024/25 and progress against Green Plan delivery.
- 13.2 The Trust achieved a 28% reduction in its carbon footprint compared to the 2019/20 baseline, exceeding its stretch target. The figure was adjusted to account for additional data on temporary boiler use, which will continue to impact future reporting until resolved.
- 13.3 The Board **noted** the increase in staff travel, partly due to a shift back from digital to face-to-face appointments post-pandemic and increased community-based care. The Trust is monitoring travel patterns and working with partners to align travel strategies with service delivery needs. It was **noted** that the Trust did offer salary sacrifice schemes for electric vehicles, though uptake was limited by national policy constraints. Additional EV charging infrastructure has been installed, and the Trust is working with partners to promote sustainable travel options.
- 13.4 The Board received this helpful update and acknowledged the positive impact of the 2022/25 Green Plan in reducing the Trust's Carbon Footprint in line with NHS net zero targets.

14. BOARD COMMITTEE SUMMARY REPORTS

- 14.1 The Board **received** and **noted** the following summary reports for information and assurance.
- Great Place to Work Committee (16 Dec)
 - Charitable Funds Committee (19 Dec)
 - Resources Committee (8 Jan)
 - Quality Committee (13 Jan)
 - MHLS Committee (14 Jan)
- 14.2 The GPTW Committee had discussed the ongoing challenges with national guidance on resident doctor exception reporting, noting frequent updates and the need for continued monitoring and adaptation at Trust level.
- 14.3 The Quality Committee had received some helpful presentations at their meeting, including an update on the Sexual Assault Referral Centre (SARC) risk and the need for broader adoption in perinatal mental health outreach.
- 14.4 Steve Alvis noted high compliance with deprivation of liberty and mental health training, but highlighted capacity issues at the County Council affecting referrals. Monthly meetings were taking place with the County Council to prioritise deprivation of liberty cases, following committee escalation, and ongoing liaison with families awaiting action.



15. ANY OTHER BUSINESS

- 15.1 Graham Russell expressed his thanks to all Board colleagues for their continued work and efforts.

16. DATE OF NEXT MEETING

- 16.1 The next meeting would take place on **Thursday, 26 March 2026**.

TRUST BOARD PUBLIC SESSION: Matters Arising and Action Log – 26 March 2026

-  Action completed (items will be reported once as complete and then removed from the log).
-  Action deferred once, but there is evidence that work is now progressing towards completion.
-  Action on track for delivery within agreed original timeframe.
-  Action deferred more than once.

Meeting Date	Item No.	Action Description	Assigned to	Target Completion Date	Progress Update	Status
29 January 2026	8.3	Nicola de longh suggested that there could be an opportunity to arrange a board visit to the nursing teaching facilities at the new UoG campus in Gloucester, and agreed to take this away as an action.	Nicola de longh Trust Secretariat	May 2026	Conversations have taken place with the Chief Marketing Officer at UoG and they are supportive of the request for a Board visit. Contact to be made to co-ordinate a suitable date for a visit	In Progress



QUESTIONS FROM THE PUBLIC

REPORT TO: TRUST BOARD **PUBLIC SESSION – 26th MARCH 2026**

PRESENTED BY: Graham Russell, Trust Chair

AUTHOR: Trust Chair

SUBJECT: REPORT FROM THE CHAIR

If this report cannot be discussed at a public Board meeting, please explain why.	N/A
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This report is provided for:			
Decision <input type="checkbox"/>	Endorsement <input type="checkbox"/>	Assurance <input checked="" type="checkbox"/>	Information <input checked="" type="checkbox"/>

The purpose of this report is to

This report updates the Board and members of public on the Chair’s main activities and those of the Non-Executive Directors (NEDs), Council of Governor discussions and Board development as part of the Board’s commitment to public accountability and Trust values.

Recommendations and decisions required

The Trust Board is asked to:

- **NOTE** the report and the assurance provided.

Executive summary

This report seeks to provide an update to the Board on the Chair and Non-Executive Directors activities in the following areas:

- Board development – including updates on Non-Executive Directors
- Governor activities – including updates on Governors

Risks associated with meeting the Trust’s values

None.

Corporate considerations	
Quality Implications	None identified
Resource Implications	None identified

Where has this issue been discussed before?

This is a regular update report for the Trust Board.

Appendices:	Appendix 1 Non-Executive Director – Summary of Activity – January – February 2026
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Report authorised by: Graham Russell	Title: Trust Chair
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REPORT FROM THE CHAIR

1. INTRODUCTION AND PURPOSE

This report informs the Board and members of the public of the key points arising from the Council of Governors and members' discussions, Board development and the Chair's and Non-Executive Directors most significant activities.

2. CHAIR'S UPDATE

I have been out and about meeting colleagues and service users. I have also met with stakeholders and partner organisations.

Underpinning the Trust's values, I have four key areas of focus:

- Working together
- Always improving
- Respectful and kind
- Making a difference

The values of the organisation provide us with the platform to be ambitious and impactful both for the benefit of the people and communities we serve and also for our colleagues across the Trust. My update to the Board is structured in line with these four areas.

Working together

- **Chair of Gloucestershire Hospitals NHSFT, Deborah Evans** and I continue to meet on a regular basis where we have the opportunity to discuss matters of mutual interest.
- On 4th March, I was delighted to visit **Pullman Place** where I met with colleagues from the **Intensive Health Outreach Teams, Learning Disability Intensive Support Service** and **Community Learning Disabilities Team**. During my visit, I also had the opportunity to join the **Learning Disabilities Clinical Oversight Group meeting**. I would like to take this opportunity to thank Ben Vacara, Deputy Service Director for Learning Disabilities and colleagues for taking time out of their busy schedules to meet with me.

Always improving

- On 26th February, I was delighted to join the **Patient and Carer Race Equality Framework Workshop (PCREF)**. The event, which took place at Churchdown Community Centre, was an opportunity for Trust colleagues, service users, carers, Experts by Experience and community representatives talk about the two key elements of PCREF.

The Patient and Carer Race Equality Framework is a mandated requirement on all mental health trusts and is an accountability framework that supports organisations to address the mental health inequalities experienced by different racial groups.

- At the **Leadership and Culture Assurance Committee** meeting on 12th March, it was agreed that the organisational-level leadership and culture workstreams will transition into the refreshed People Strategy 2026–2031, effective from its launch in April 2026. This decision reflects the natural strategic alignment between the two programmes. Insights from the **Leadership and Culture Workstream Discovery** and the **GHC Fortnight** have been integral to shaping the four areas of focus in the refreshed People Strategy. The transition ensures that we have a single, coherent framework that is simplified, sustainable, and embedded into business as usual. Governance will sit with the Workforce Management Group (WOMAG), with assurance provided through the Great Place to Work sub-board committee.

The recommendations from the Leadership and Culture Workstream Discovery will be carried forward into Year 1 delivery of the People Strategy. Workstream leads, sponsors, and colleagues from across the Trust will remain actively involved, keeping co-production at the heart of how this work develops and is delivered. Communicating the continuation of this work clearly and visibly will be a central part of the People Strategy launch, maintaining the momentum built, and ensuring colleagues can see how their contribution is shaping what comes next.

Respectful and kind

I've been pleased to see progress being made on developing and finalising our refreshed **People Strategy**, which is due to be launched in April. The strategy is based on a wide range of feedback, data and conversations which have taken place Trust wide. It has been good to see how all of the information and experiences of our colleagues have fed into the strategy, making sure it truly reflects how our colleagues feel and what would help make the Trust a Great Place to Work.

Making a difference

- I was delighted to be invited to the **Bishop's Breakfast – Navigating the polarised divide** on 6th March. The Bishop's Breakfast events are an opportunity to meet and discuss creative ideas together and the purpose of the gathering was to inspire and challenge one another as we live out our roles for the flourishing of our communities.

3. BOARD UPDATES

- We are in the process of **recruiting** a new **Non-Executive Director** to the Board with interviews scheduled for May 2026. We are looking to appoint a Non-Executive Director with clinical experience. I hope to be able to provide you with more information in my next Board report.
- Although I was unable to attend myself, a **Board Development session** took place on 10th February where the topic for discussion was **Enabling Strategies: NHS Digital**. The session was led by Sandra Betney, Director of Finance along with external facilitators from NHS Providers. This session focused on what makes a good digital strategy. On 12th March a further **Board Development session** took where the topic for discussion was **Risk Appetite**. This externally

led session was run by Helen Child, Director of Corporate Governance and Ben Newman, Risk Manager. The session explored the Trust risk appetite and risk tolerance, best practice quantification methodology and the appetite and tolerance to current strategic risks.

- The **Non-Executive Directors** and I continue to meet regularly as a group. NED meetings are helpful check-in sessions as well as enabling us to consider future plans, reflect on any changes we need to put in place to support the Executive and to continuously improve the way the Trust operates.
- On 6th February, we bid a fond farewell to **Rosi Shepherd, Non-Executive Director**. Rosi stepped down from her role due to her new Director role in the **NHS Bristol, North Somerset, South Gloucestershire and Gloucestershire ICB cluster** (BNSSG&G ICB). It was a pleasure to work with Rosi.
- On 20th January, Douglas Blair and I attended a Board-to-Board meeting with **NHS Bristol, North Somerset, South Gloucestershire and Gloucestershire ICB cluster** (BNSSG&G ICB). Amongst other items, we discussed the direction of travel for the two ICB Boards within the cluster.
- Extraordinary meetings of the **Appointment and Terms of Service Committee** took place on 6th and 12th February. The meetings discussed recruitment to the roles of Director of Finance and Chief Operating Officer.

4. GOVERNOR UPDATES

- I continue to meet on a regular basis with the **Lead Governor Chris Witham**, where matters relating to our Council of Governors are discussed including agenda planning, governor elections and membership engagement.
- A virtual meeting of the **Council of Governors** took place on 17th March. Amongst other items, Governors received updates on Governor engagement, the change to the Trust Constitution and noted an update of Governor membership and Elections.
- An extraordinary meeting of the **Nominations and Remuneration Committee** took place on 11th February where proposals for the recruitment of a NED were discussed. A further meeting took place on 5th March where the 2025/26 appraisal process for the Chair and NEDs were discussed.
- Our **programme of visits** to sites for Trust Governors is progressing and the 2026/27 programme is currently in development. These visits offer Governors the opportunity to see our sites, speak to colleagues and to gain a better understanding of the services we provide. Non-Executive colleagues accompany Governors on each of the visits.

5. NED ACTIVITY

The Non-Executive Directors continue to be regularly active, attending meetings in person and virtually across the Trust and where possible visiting services.

See **Appendix 1** for the summary of the Non-Executive Directors activity during 1st January to 27th February 2026.

6. CONCLUSION AND RECOMMENDATIONS

The Board is asked to **NOTE** the report and the assurance provided.

Appendix 1 - Non-Executive Directors (NEDs) – Summary of Activity 1st January – 27th February 2026

NED Name	Meetings with Executives, Colleagues, External Partners	GHC Board / Committee meetings
<p>Dr Stephen Alvis</p>	<ul style="list-style-type: none"> • Council of Governors Development Meeting • NHS Confederation Webinar - Implementing NHS Reforms • NHS Providers Council of Governors Clarity Webinar • Good Governance Institute Non-Executive Director Webinar • Non-Executive Directors Meeting • Health and Wellbeing College Quality Visit • Quality Committee Agenda Planning Meeting • Mental Health Act Manager Reappointment • Introduction meeting with Debbie Forster 	<ul style="list-style-type: none"> • Quality Committee • Mental Health Legislation Scrutiny Committee • Board Seminar: Good Governance Institute Feedback • Trust Board: Public and Private • Extraordinary Appointments and Terms of Service Committee • Board Development: Digital Strategy • Appointments and Terms of Service Committee • Resources Committee
<p>Nicola de longh</p>	<ul style="list-style-type: none"> • Disruptive Collective Pathway Group Meeting • Resources Committee Assurance Report • NHS Providers Aspiring Chair Talent Programme • Non-Executive Directors Meeting • Council of Governors Meeting • Cirencester Hospital Quality Visit • Catch up meetings with Chief Executive • Resources Committee Agenda Setting Meeting • Aspiring Chairs Pathway Group Meetings 	<ul style="list-style-type: none"> • Resources Committee • NHS Providers Digital Board Development Pre Meet • Board Seminar: Good Governance Institute Feedback • Extraordinary Appointments and Terms of Service Committee • Board Development: Digital Strategy • Nominations and Remuneration Committee • Appointments and Terms of Service Committee • Great Place to Work Committee • Resources Committee

<p>Vicci Livingstone-Thompson</p>	<ul style="list-style-type: none"> • Non-Executive Directors Meeting • Individual Placement Support Services Visits • Vocational Rehab-Reasonable Adjustments discussion • Working Together Network • GHC Disability Awareness Network • Purple Passport/RA Engagement • Great Place to Work Committee Pre Meet • AAC Panel Pre Meet • AAC Panel Interview • Diversity Network Pre Meet • Great Place to Work Committee Assurance Report • Diversity Network Meeting • New Mental Health Act Webinar 	<ul style="list-style-type: none"> • Quality Committee • Board Seminar: Good Governance Institute Feedback • Council of Governors Development Meeting • Trust Board: Public and Private • Audit & Assurance Committee • Extraordinary Appointments and Terms of Service Committee • Great Place to Work Committee
<p>Bilal Lala</p>	<ul style="list-style-type: none"> • Council of Governors Development Meeting • Non-Executive Directors Meeting • Child and Adolescent Mental Health Services Learning Disability Service Visit with Director of Nursing, Therapies and Quality • 1:1 with Counter Fraud Lead ahead of Audit & Assurance Committee • Audit & Assurance Committee Assurance Report Meeting 	<ul style="list-style-type: none"> • Quality Committee • Board Seminar: Good Governance Institute Feedback • Trust Board: Public and Private • Audit & Assurance Committee • Extraordinary Appointments and Terms of Service Committee • Board Development: Digital Strategy
<p>Rosi Shepherd</p>	<ul style="list-style-type: none"> • Non-Executive Directors Meeting • Quality Committee Pre-Meet with Director of Nursing, Therapies and Quality • Patient and Carer Race Equality Framework (PCFEF) Meeting with Sumita Hutchison, Director of HR & OD & Director of Nursing, Therapies and Quality 	<ul style="list-style-type: none"> • Quality Committee • Board Seminar: Good Governance Institute Feedback • Trust Board: Public and Private

	<ul style="list-style-type: none"> • Quality Committee Follow Up Meeting and Report Production • Meeting with Freedom to Speak Up Guardian • Council of Governors Development Meeting 	
<p>Debbie Forster</p>	<ul style="list-style-type: none"> • Resources Committee Agenda Setting Meeting with Director of Finance • Introduction meeting with Director of Finance • Meeting with Jason Makepeace • Introduction meeting with Director of Nursing, Therapies and Quality • Introduction meeting with Director of Human Resources & Organisational Development • Introduction meeting with Director of Improvement & Partnerships • Resources Committee Assurance Report Meeting • Introduction meeting with Deputy Director of Business Intelligence • 1:1 Introduction meetings with Steve Alvis and Bilal Lala • Introduction meeting with Associate Director of IT & Clinical Systems 	<ul style="list-style-type: none"> • Audit & Assurance Committee • Extraordinary Appointments and Terms of Service Committee • Board Development: Digital Strategy • Appointments and Terms of Service Committee • Resources Committee

REPORT TO: TRUST BOARD PUBLIC SESSION – 26 March 2026

PRESENTED BY: Douglas Blair, Chief Executive Officer

AUTHOR: Chief Executive Officer

SUBJECT: REPORT FROM THE CHIEF EXECUTIVE OFFICER AND EXECUTIVE TEAM

If this report cannot be discussed at a public Board meeting, please explain why.	N/A
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This report is provided for:			
Decision <input type="checkbox"/>	Endorsement <input type="checkbox"/>	Assurance <input checked="" type="checkbox"/>	Information <input checked="" type="checkbox"/>

<p>The purpose of this report is to Update the Board on significant Trust issues not covered elsewhere as well as on my activities.</p>

<p>Recommendations and decisions required The Trust Board is asked to NOTE the report.</p>

<p>Executive Summary See purpose section.</p>

<p>Risks associated with meeting the Trust’s values None identified.</p>

Corporate considerations	
Quality Implications	Any implications are referenced in the report
Resource Implications	Any implications are referenced in the report
Equality Implications	None identified

Where has this issue been discussed before?
N/A

Report authorised by: Douglas Blair	Title: Chief Executive Officer
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Strategic Update

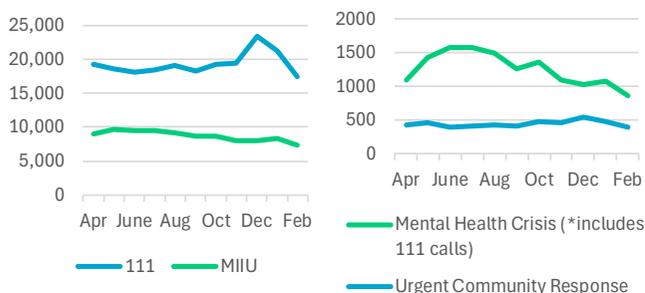
Focus Areas	Update
 Connecting services in neighbourhoods	Complex Care at Home service review underway to inform longer term neighbourhood health plans
 Children and young people	Multi- Agency Child Protection Teams 6 month pilot launched to prepare for new statutory requirements
 Community urgent care	Further design work on Single Point of Access to integrate community based urgent care
 Inclusive healthcare	New Lived Experience focus groups established to support learning disability community model design
 Partnerships with purpose	Partnership work with Primary Care Networks in design work on updated psychosis pathway

Performance Indicators Overview

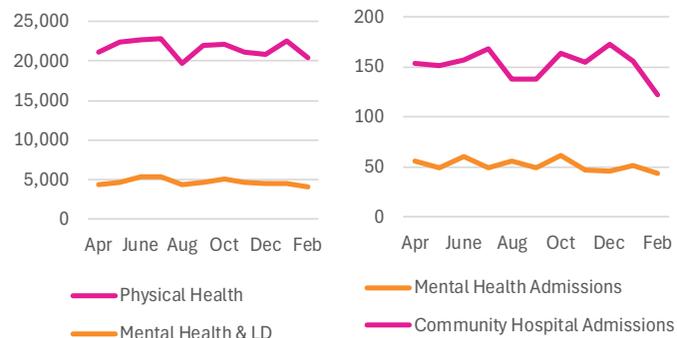


Service Demand Trends

Urgent Care demand (all age)



Planned Care Referrals (all age)



NHS Oversight Framework - 2025/26

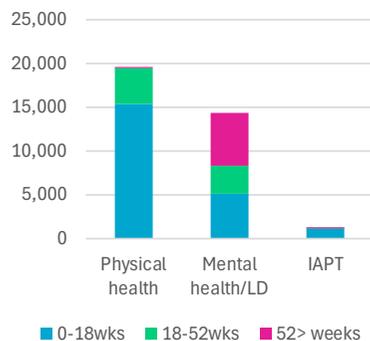
	Q1	Q2	Q3	Q4
Score	2.18	2.23	2.32	
Segment	2	2	2	
Ranking	21/61	20/61	29/61	

Strategic Risks - Board Assurance Framework

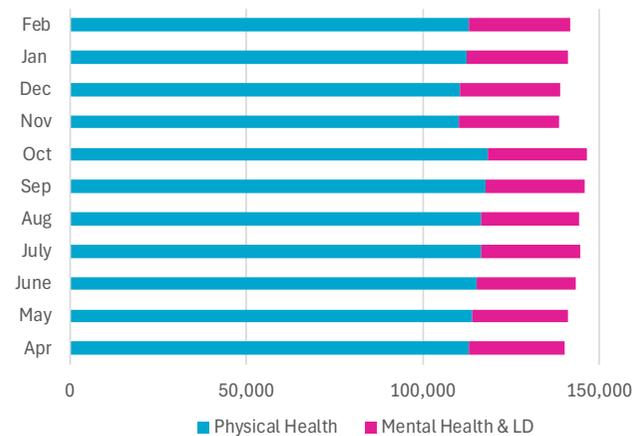
	Target	Quarter 3
Quality standards	8	9
Demand & Capacity	8	12
Recruitment, retention and development	12	9
Inclusive culture	10	12
Relationships and partnership	10	9
Funding for transformation	9	12
Capacity for change	12	16
Cyber	9	12
Closed culture	8	12
Health inclusion	6	12
Strategic commissioning	8	12

Service Capacity

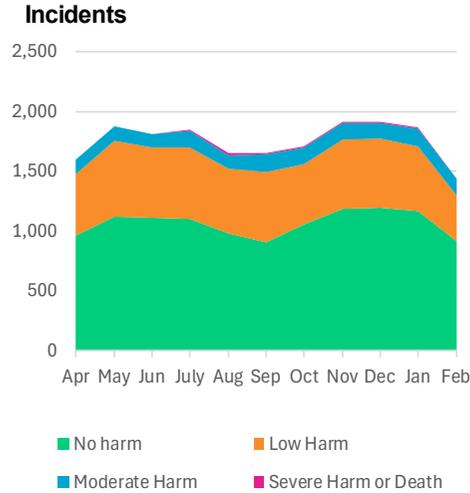
Total Waiting for Treatment



Caseload



Quality and experience headlines



Patient Feedback (Feb 26)

Overall Experience



Respect and Dignity



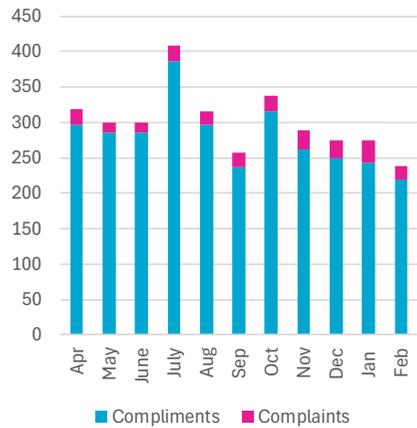
Involvement in decisions



Safety and welfare



Compliments and complaints

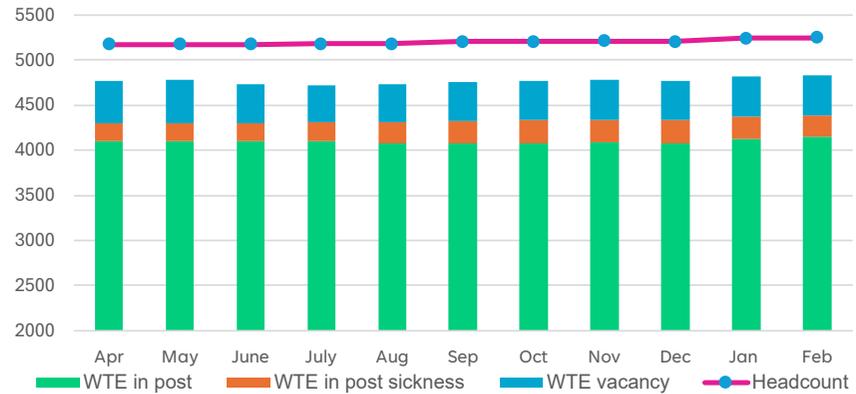


Finance headlines

Month 11 2025/26

Income & Expenditure Performance	£0.373m surplus
Cost improvement savings of	£5.62m
Capital expenditure	£8.183m 67% of full year plan

Our people



Colleague voice: National staff survey (Q3 25/26)

Recommend as a place to work



Happy with the standard of care for friend or relative



CHIEF EXECUTIVE SERVICE / TEAM VISITS AND EVENTS

<p>Service Visits in February and March</p>	<ul style="list-style-type: none"> • Cirencester Hospital, 2 February 2026. An early morning visit to the Cirencester Hospital site, where I saw the new Thames Ward in operation for the first time (a 15 bed facility being trialled for complex patients), and caught up with colleagues from across the site, as well as hot desking from the site. • Cirencester Memorial Centre, 2 February 2026. I was pleased to squeeze in a brief unplanned visit to the Memorial Centre and catch up with colleagues based there. • Fairford Hospital, 2 February 2026. This was my first visit to Fairford Hospital, and it was good to see the facilities. • Newent Health Centre, 18 February 2026. As part of my continued visits to smaller bases that I have not visited before, I spent the day visiting sites in the Forest of Dean. Starting with community team and health visitors based in Newent, I was able to have some good in depth conversations about a range of topics. • Forest of Dean Community Hospital, 18 February 2026. I used the community hospital as a working base in between visits, taking the opportunity to walk around the site also, which is still looking in good shape as it nears its two year anniversary. • Coleford Health Centre, 18 February 2026. I was pleased to meet community team colleagues based in Coleford, where we spent an hour over lunchtime talking about some of the challenges encountered by the team, as well as the highlights too. • Lydney Health Centre, 18 February 2026. I met members of the Musculo Skeletal Physiotherapy team, and community nurses based in the health centre.
<p>Events to note</p>	<ul style="list-style-type: none"> • Community Network, NHS Providers, 11 February 2026. • Southwest Mental Health Chief Executives, 20 February 2026, Taunton. Southwest Provider Collaborative business, including time with NHS England colleagues discussing future commissioning intentions. • NHS Confederation Care Closer to Home Conference, 24 February 2026, London. I attended this conference, focused on the shift of healthcare resources away from hospitals and into the community. As part of this, I chaired a panel discussion focused on some of the contractual and financial incentives being designed to support this shift. • Patient and Carer Race Equality Framework workshop, Churchdown Community Centre, 26 February 2026. I was pleased to attend this stakeholder session organised by the Trust as part of our refreshed plan to implement and improve in line with this national framework. We were fortunate to have good representation from communities, all willing to be involved to help shape our work. • Joint Health Overview Adult Social Care Overview and Scrutiny Committees, 3 March 2026. I attended this session in the council chamber, Shire Hall, which brought together two council committees to look across health and social issues.

CHIEF EXECUTIVE AND EXECUTIVE HIGHLIGHT REPORT

Advise	Workforce	Resident Doctors 10-Point Plan – Improving Working Lives
	<p>At the end of January, Professor Meghana Pandit, National Medical Director, who leads the improvement plan for the Department of Health and Social Care (DHSC), wrote to Trusts to say thank you for the progress made with the next steps on the Resident Doctor 10-point plan. The 10-Point Plan was launched in August 2025, to improve a series of long-standing systemic issues that have negatively affected resident doctors.</p> <p>It is recognised that while there is much more to do although, nationally and locally within the Trust, we have a great foundation to build on. Through the Board Champions and the Resident Doctor Peer Leads there is an infrastructure to ensure we maintain focus over the long term. Nationally, the DHSC will continue to report on progress and celebrate providers that are making a real difference to resident doctors' working lives.</p>	
	National/Regional Updates	Deconstructing the Block
	<p>NHS England has launched a programme of work for Community and Mental Health providers, which intends to disaggregate historic block contract arrangements in a shift towards activity x price payment mechanisms for 2027/28 contracting (NHS health services only). The programme known as 'Deconstructing the Block' will run through 2026, with providers required to complete submissions by mid-September 2026, to allow for development of recommendations for the 2027/28 payment consultation.</p> <p>NHS England will utilise 2025/26 National Datasets as the activity basis and 2024/25 National Cost Collection including developmental currencies as the price basis. Providers have raised concerns on data quality, coding (practices, variation and infrastructure to support) as well as complexities arising from either jointly or non-NHS commissioned services and asked for more time to improve these issues, however it has been confirmed that the timetable remains as planned. A national series of working groups—running from February to early June 2026—will test pricing principles, technical guidance, and solutions to issues such as joint commissioning and excluded services. This programme reiterates the importance of data quality and completeness as the proposed shift from fixed block contracting to activity-based contracting poses a significant risk to the Trust in maintaining financial sustainability going into the future.</p>	

Advise	National/Regional Updates	Neighbourhood Health guidance
	<p>The Neighbourhood Health Framework, published on 17 March 2026, sets out the government’s plan to establish a neighbourhood health service across England. The framework outlines five national minimum goals with associated objectives and metrics, which are complemented by locally developed aims and outcomes specific to communities, to improve health outcomes; access to general practice; experience of planned care; urgent and emergency care; and patient and staff satisfaction.</p> <p>Building on the current development of neighbourhood working, Integrated Care Boards will be required over the next three years to deliver a minimum set of interventions across three reform priorities:</p> <ul style="list-style-type: none"> • Improving services for people requiring routine healthcare • Strengthening proactive care • Providing better alternatives to hospital-based care <p>NHS England also published ‘Towards Population Health Delivery Models’ on the same day. This is a blueprint for how the new population-level delivery models described in the 10 Year Health Plan will operate in practice. The document sets out how single neighbourhood providers (SNPs), multi-neighbourhood providers (MNPs) and integrated health organisation (IHO) models fit together and are intended to complement one another. It emphasises that clear mapping between contracts will be important for setting outcomes and ensuring accountability.</p> <p>While integrated care boards (ICBs) will remain the overall strategic commissioner, the models create opportunities for ICBs to empower ‘capable’ providers with greater responsibility for planning and delivering services, helping to ensure they meet the needs of populations. IHO contract holders are also intended to subcontract neighbourhood services, including through MNPs. All ICBs will be expected to demonstrate how they plan to begin adopting some outcome-based contracts within three years.</p>	
	Partnerships	Voluntary, Community and Social Enterprise (VCSE) Partnership Model
	<p>In January, the Integrated Care Board agreed to invest recurrently in a new model for VCSE development, providing long term system infrastructure to strengthen how statutory partners work with the voluntary, community, faith and social enterprise sector. The infrastructure element of this model will be delivered through the establishment of the Gloucestershire Infrastructure Collaborative, of which GHC will be a member. Through this partnership, GHC will help shape and support the enabling infrastructure that builds community capacity, enhances prevention, and tackles inequalities, contributing to a more coordinated, transparent and community powered approach across the system.</p>	

<p>Applaud</p>	<p>Operational</p>	
	<p>The theatres and endoscopy units at Stroud General Hospital were officially reopened this month following some major refurbishment work. The units were closed for six weeks while the work took place, with activity and colleagues redirected to other sites.</p> <p>In endoscopy, the work included installing new washers and dryers, electrical work, and air flow improvements. In the Operating Department, new operating lights were installed to help improve visibility for the surgeons and other colleagues, the air handling unit was renovated and they were redecorated throughout.</p> <p>The décor was described by colleagues as previously being ‘very 1970s’ and the new colours were specifically chosen to complement the Stroud views. The teams who had been split up to work on different sites during the work were delighted to be brought back together and begin working in the newly renovated departments.</p>	

REPORT TO: TRUST BOARD **PUBLIC SESSION – 26th MARCH 2026**

PRESENTED BY: Michelle Hurley-Tyers- Deputy Director of People
Rehana Begum - Associate Director of L&D and OD
Siwan Purkis – Head of Leadership and Organisational Development

AUTHOR: Siwan Purkis, Head of Leadership & Organisational Development

SUBJECT: REFRESHED GHC PEOPLE STRATEGY – 2026-2031

If this report cannot be discussed at a public meeting, please explain why.	N/A
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This report is provided for:			
Decision <input checked="" type="checkbox"/>	Endorsement <input type="checkbox"/>	Assurance <input type="checkbox"/>	Information <input type="checkbox"/>

The purpose of this report is to:
This paper seeks Board approval of the Refreshed GHC People Strategy 2026–2031 - the Trust's plan for delivering its Great Place to Work strategic goal and supporting the delivery of its Five-Year Focus.

Recommendations and decisions required
The Board is asked to:

- **NOTE** activity undertaken on the review of the People Strategy
- **CONSIDER** the analysis of the data collated which have led to the development of the 4 Strategic Focus areas for the People Strategy
- **APPROVE & RATIFY** the newly revised GHC People Strategy 2026-2031

Executive summary
The People Directorate has led a comprehensive refresh of the GHC People Strategy over 6 months, developed in direct response to what our colleagues have told us and aligned to our Trust Five-Year Focus and national NHS priorities.

The strategy is built around four focus areas:

1. **Great Leadership and Culture**
Strategic Goal: Continue to develop compassionate, values-led leadership to shape a culture we are all proud of
2. **A Workforce Fit for the Future**
Strategic Goal: Build a skilled, flexible workforce that delivers high quality care today and is also fit for the future
3. **A Safe, Inclusive & Healthy Workplace**

Strategic Goal: Create the conditions within the workplace for every colleague to thrive and do their best work

4. Working Differently, Working Together

Strategic Goal: Improve how we work together across the Trust and with our partners to deliver high quality care

Over 9,360 voices and data points across 27 distinct data sources have informed this strategy - including direct colleague engagement through Our GHC Fortnight, Leadership & Culture Programme, NHS Staff Survey 2025, People Pulse, Health and Wellbeing Review, Freedom to Speak Up themes and workforce data. An inductive thematic analysis approach was used to ensure themes emerged from the evidence rather than from pre-determined assumptions.

Each focus area maps directly to what colleagues told us, to our Trust Five-Year Focus and to the priorities of the NHS 10 Year Plan. This evidence-based approach is envisaged to support us to provide a baseline for clear evaluation metrics to assess progress in meeting our Trust Strategic Goals and in particular the Goal of **Great Place to Work**: *Be the Place where People enjoy working; learning and building a career.*

The People Strategy is presented as a living document, subject to iterations and adaptations to meet the needs of our workforce and the new national People Plan due to launch in Spring 2026. It sits alongside our Digital, Estates, Quality and Research strategies, with interdependencies recognised across all four focus areas.

Board approval is sought at this meeting, ahead of an organisation-wide launch in April 2026.

Risks associated with meeting the Trust's values

The People Strategy identifies explicitly the core people-related issues and themes we need to address as a Trust to meet our trust strategic aims and objectives.

Key strategic risks aligned to the themes identified include:

- **Great Leadership and Culture**

There is a risk that inconsistent leadership behaviours, weak cultural alignment, and limited colleague voice result in poor engagement and misalignment between strategy and practice, leading to ineffective decision-making, reduced performance, and reputational damage.

- **A Workforce Fit for the Future**

There is a risk that insufficient workforce capacity, capability gaps, and poor retention compromise the Trust's ability to deliver safe, effective, and sustainable services, leading to quality failures, increased financial pressure, and regulatory intervention. There is also a risk of not being able to optimise the productivity gains for digital from sub-optimal digital skills and capabilities.

- **A Safe, Inclusive & Healthy Workplace**

There is a risk that inequity in colleague experience, poor wellbeing, or weak safety culture leads to increased sickness absence, disengagement, and failure to identify or manage risks, resulting in avoidable harm and regulatory concern.

- **Working Differently, Working Together**
There is a risk that inefficient systems, poor information flow, and fragmented collaboration within and across organisations lead to delays, duplication, and inconsistent service delivery, limiting the Trust’s ability to deliver integrated, neighbourhood-based care.

Corporate considerations

Quality Implications	<ul style="list-style-type: none"> • Inconsistent prioritisation of quality and safety • Loss of confidence from colleagues, partners, and regulators • Reduced improvement and transformation capacity • Poorer patient experience and outcomes • Increased regulatory and reputational risk
Resource Implications	<ul style="list-style-type: none"> • Increased agency reliance and financial risk • Unsafe staffing and reduced service resilience • Reduced colleague availability and productivity • Failure to realise benefits of system working • Reduced organisational grip and pace of delivery
Equality Implications	<ul style="list-style-type: none"> • Variation in access, quality, and experience for both patients as well as colleagues

Where has this issue been discussed before?

A comprehensive engagement approach has been undertaken throughout November to February 2026 including Board Development Session 11th December, Senior Leadership Network 20th January 2026. The steer for People Strategy approach was discussed at GPTW on 21 October 2025 and feedback given on the 4 draft focus areas on 24th February 2026. The People Strategy was also discussed during the Leadership and Culture Assurance Committee on the 12th March 2026. **To note:** the language within the refreshed People Strategy directly links to the words used by our workforce during our engagement phase. In developing the final draft – we have ensured that this language is not lost so that when launched, colleagues can see their language reflected back within the strategy document. We have continued to ensure that the People Strategy reflects and is owned by the workforce.

Appendices:	<p>Appendix 1 GHC Our People Strategy Document</p> <p>Appendix 2 Evidence & Data Breakdown (Visual) including Mapping – sub-themes against datasets</p> <p>Appendix 3 High Level Communication & Engagement Plan</p>
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Report authorised by: Neil Savage	Title: Director of Human Resources & Organisation Development
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REFRESHED GHC PEOPLE STRATEGY – 2026-2031

1.0 INTRODUCTION

- 1.1 This paper presents the GHC People Strategy 2026–2031 for Board approval. The strategy has been developed over a six-month period of extensive colleague engagement, evidence analysis, and stakeholder testing, and represents the Trust's plan for delivering its Great Place to Work strategic goal and supporting the delivery of the Five-Year Focus.
- 1.2 The current People Strategy was developed during the COVID Pandemic and responded to the needs at that time. This refreshed strategy responds directly to what our colleagues have told us, to our Trust's strategic ambitions and to the requirements of the NHS 10 Year Plan.
- 1.3 Board approval is sought at this meeting ahead of a planned organisation-wide launch on 22 April 2026.

2.0 BACKGROUND

- 2.1 The NHS is entering a decade of significant change. The NHS 10 Year Plan sets out a fundamental shift in how care is delivered, moving services closer to home, focusing on prevention, reducing health inequalities, and making greater use of digital technology. These changes require a workforce that is flexible, skilled, supported, growing and working differently.
- 2.2 Our Trust Five-Year Focus translates that national ambition, connecting services in neighbourhoods, community urgent care, partnerships with purpose, addressing health inequalities, and supporting children and young people. Delivering on these means we need people who can work across boundaries, operate in community settings, and bring diverse perspectives to the care they provide.
- 2.3 Great Place to Work is one of our four strategic goals and our People Strategy is how we will deliver it. We have listened to our workforce - 9,360 voices and data points across 27 data sources. We know the evidence base is strong, if our people are well, valued and developing they will deliver better health and quality care, therefore our communities, patients and service users benefit.
- 2.4 Our refreshed People strategy sets out our priorities and commitments, sitting alongside our Digital, Estates, Quality and Research strategies to deliver our Five-Year Focus

3.0 APPROACH AND EVIDENCE BASE

3.1 Our approach

The approach to refreshing the People Strategy has taken a staged approach covering four areas (please see image below)

- **Phase 1:** Agreement refresh approach
- **Phase 2:** Trust Engagement
- **Phase 3:** Wider testing of emerging priorities and ideas; sense-checking themes and goals
- **Phase 4:** Final Draft for ratification and launch

Phase 1 Agreement Refresh Approach (Sept- Oct 25)	<ul style="list-style-type: none"> • Review of current people strategy • Identification of key data and metrics • Key stakeholder mapping , early engagement HR and OD directorate & GPTW Committee engagement
Phase 2 Trust Engagement (Nov- Dec 2025)	<ul style="list-style-type: none"> • Wider consultation with Trust colleagues - via GHC fortnight engagement. • Virtual, In-person and survey and team feedback. Engaged with and received feedback from 300 + colleagues across the Trust
Phase 3 Wider testing of emerging priorities & ideas (Jan-Feb 26)	<ul style="list-style-type: none"> • Wider triangulation of data, testing emerging themes/priorities • Alignment with other enabling strategies and adaption. • Draft refreshed strategy for further validation and refinement at GPTW sub-board committee
Phase 4 Final Draft for ratification & Launch (March – April 26)	<ul style="list-style-type: none"> • Iterative development and adaption, pre-launch engagement with key stakeholders; developing launch assets • Ratification and final sign-off at Board. Launch in April 2026

3.2 The focus areas, goals & commitments that follows reflects the voices of 800+ colleagues in direct conversation, 3,000+ survey responses, union input, leadership consensus, and colleague network perspectives.

3.3 Our Evidence Base

We analysed 27 distinct data sources over the period of January 2024 to December 2025, mapping feedback and data of over 9,360+ feedback across all organisational levels. This included Direct Colleague Engagement; Feedback channels; Organisational and People Data; Leadership & Stakeholder validation as well as External Evidence & Literature Review (please see Appendix 2: ‘Evidence & Data Breakdown (Visual) including Mapping – sub-themes against datasets)

3.4 How We Analysed the Data

We used an **inductive thematic analysis** approach to identify focus areas from the data, ensuring these emerged from the evidence rather than from pre-defined categories.

3.5 Our GHC fortnight data including the Leadership & Culture discovery stage information was used as the foundational basis for identifying the focus areas. **831** pieces of data were coded and analysed. This large volume of raw, unstructured insight—519 qualitative comments plus team and individual responses—became the

foundation of our analytical framework. **25 sub-themes** were identified from the GHC fortnight data.

- 3.6 These 25 sub-themes were then tested across a further 25 data sources including 5,881 NHS Staff Survey responses (2024 and 2025), 1,673 People Pulse responses, 98 Itchy Feet retention conversations, 778 Health and Wellbeing Review responses, Freedom to Speak Up themes and workforce KPIs. We considered whether these sources mentioned the same issues and or whether there were any new insights. (please see Appendix 2: Evidence & Data Breakdown (Visual) including Mapping – sub-themes against datasets)
- 3.7 Where a minimum of three independent sources highlighted the same theme, we treated this as a credible and validated priority. The sub-themes with the strongest convergence across our data were:
- **Organisational Culture** (23)
 - **Health & Wellbeing** (22) & **Communication and Information** (22)
 - **Workforce Capacity** (21)
- 3.8 The final step was to check alignment with the Trust's Five-Year Focus and the NHS 10 Year Plan. Every theme that emerged from colleague feedback mapped directly to Trust Strategy requirements, NHS 10 Year Plan priorities and our key organisational risks including rising sickness absence, high vacancies, and retention challenges. This gave us confidence that the four focus areas are the right priorities, grounded in colleague voice, validated by data, and aligned to strategic need

4.0 STAKEHOLDER ENGAGEMENT AND TESTING PHASE

- 4.1 Since September 2025 we have engaged with stakeholders at every level of the organisation — from frontline staff to Board members — including over 831 colleagues through Our GHC Fortnight, trade union representatives, colleague networks, clinical colleagues, middle managers, enabling services and senior leadership, totalling over 9,360 voices and data points across 27 data sources.
- 4.2 This included strategic leadership and governance through the Senior Leadership Network, Board members, People Senior Leadership Team and Great Place to Work Committee; frontline and broad workforce engagement through Our GHC Fortnight, NHS Staff Survey 2024 and 2025, People Pulse and colleague networks; trade union representatives ensuring collective employee voice throughout; and enabling services including Learning and Development, Digital, Estates, Quality, Research and Improvement and Partnership
- 4.3 **Testing phase - February to March 2026**
- 4.4 During February 2026, the emerging focus areas and goals were tested with a wider range of stakeholders including executives, non-executives, clinical colleagues, staff

networks, middle managers, trade unions, wider enabling functions, and Senior Leaders across the Trust.

4.5. The Board can be assured that the final strategy has evolved through the testing phase as a direct result of key stakeholder feedback. Key areas of feedback and how we responded are as following:

- **Language** - the draft needed to be simpler and accessible to every colleague regardless of role or background. The strategy has been rewritten in plain English throughout and assessed at a reading age level of 11–12-year-old. Further work will be undertaken through the People Strategy Launch communication and engagement plan to ensure translation to patients and service users utilising different approaches such as storyboards, videos, images etc to ensure the reach through different preferences and styles.
- **Structure** - stakeholders told us the structure needed to be clearer and easier to navigate. Each focus area now follows a consistent format supported by alignment to the Trust Strategy
- **Content gaps** - testing identified areas not sufficiently reflected in the original draft – these have been added and include productivity, reference to our communities and specific focus on anti-racism.
- **Strategic fit** - feedback highlighted the need for a stronger and more explicit connection between the People Strategy and the Trust's Five-Year Focus. This is now clear throughout the strategy including on the plan on a page.
- **Staff voice** - a consistent message through testing was that staff voices needed to be more visible and central. Each focus area now opens with what colleagues told us and real staff voices are woven throughout.
- **From six to four focus areas** - the original draft contained six focus areas. Feedback through the testing phase was clear that this was too many risking dilution of effort and making the strategy harder to communicate. We have consolidated to four focus areas, ensuring sub-themes and priorities are retained within implementation plans
- **Level of activity** – feedback was given regarding the amount of work that the People Strategy covers. It was acknowledged that **how** we prioritise the activity in the implementation plans will link to the feedback from the engagement phase and the number of times sub-themes have come through the various data sources during the analysis phase. This is a 5 year plan, and activity will be organised through need and high impact evidence based interventions that link several sub-themes together.

5.0 THE PEOPLE STRATEGY 2026-2031– SUMMARY

5.1 The GHC People Strategy 2026–2031 sets out our ambition to create a Great Place to Work, together. This will enable us to deliver the best possible care for the people of Gloucestershire. Four high level focus areas were derived from the evidence leading to four strategic goals and accompanying commitment statements

(developed directly from the language of our workforce) to support delivery and implementation planning. The sub-themes that sit beneath each focus area will be retained within implementation plans to ensure nothing is lost.

5.2 The four focus areas for the GHC People Strategy 2026-2031 are:

1. Great Leadership and Culture

Strategic Goal: Continue to develop compassionate, values-led leadership to shape a culture we are all proud of

2. A Workforce Fit for the Future

Strategic Goal: Build a skilled, flexible workforce that delivers high quality care today and is also fit for the future

3. A Safe, Inclusive & Healthy Workplace

Strategic Goal: Create the conditions within the workplace for every colleague to thrive and do their best work

4. Working Differently, Working Together

Strategic Goal: Improve how we work together across the Trust and with our partners to deliver high quality care

5.3 The comprehensive detail of the strategy, including commitment statements is attached in Appendix 1.

6.0 LAUNCH AND IMPLEMENTATION OF THE PEOPLE STRATEGY

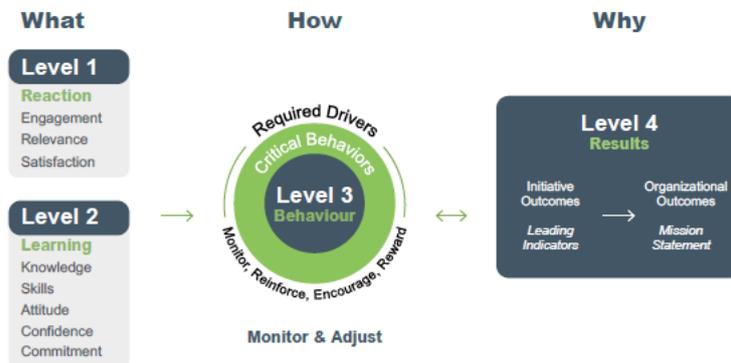
6.1 The People Strategy is planned to launch organisation-wide on **22 April 2026**, pending sign off at Board. When launched, the Strategy will be supported by a comprehensive communications and engagement plan developed in partnership with the Communications team. The plan will ensure the strategy reaches all audiences - staff, managers, leaders, patients, and the wider community - through tailored materials and formats; and supported by our staff networks. High level Communication & Engagement Plan can be found in Appendix 3.

6.2 Pre-launch activity will begin immediately following Board approval on 26 March, with briefings for senior leaders and managers ahead of the all-staff launch. Launch activity will connect the People Strategy directly to NHS Staff Survey 2025 results, ensuring a clear thread between what colleagues told us and what the organisation is committing to.

7.0 MEASURING IMPACT

7.1 As part of implementation process, there will be an evaluation plan supporting a clear measurement framework for the People Strategy. This will draw on existing data sources that was utilised as part of developing the People Strategy, including the annual NHS Staff Survey, People Pulse, workforce KPIs, WRES and WDES data, Freedom to Speak Up themes and sickness absence and retention metrics; as

well as additional metrics aligned to the Kirkpatrick evaluation model – at all levels including Level 3 (Behavioural) and Level 4 (Organisational outcomes)



Kirkpatrick Model 2024

- 7.2. The measurement framework will be finalised alongside the Year 1 implementation plan and presented to the Great Place to Work Committee in Quarter 1. Progress will be reported to the Board annually, with a formal midpoint review of the strategy planned for 2028–29.

8.0 CONCLUSION

- 8.1 Our GHC People Strategy 2026-2031 is grounded in the most comprehensive evidence base the Trust has assembled for a people-focused strategy — 9,360 voices and data points across 27 data sources, analysed rigorously and tested with stakeholders at every level of the organisation.
- 8.2 It responds directly to what our colleagues have told us, reflects our current organisational reality honestly and sets out a clear and ambitious direction for the next five years. The four focus areas and the goal statements and commitments that sit beneath them will support GHC to attract, recruit and retain talented people, build a supportive and inclusive culture, develop values-led leadership, and enable our workforce to deliver outstanding care for the communities of Gloucestershire.
- 8.3 Approval of this strategy marks the beginning of this work. Delivered well, it will enable GHC to meet its Great Place to Work strategic goal, fulfil the requirements of the NHS 10 Year Plan and ensure our people have what they need to thrive.
- 8.4 The Board is asked to approve the People Strategy 2026–2031 and support its launch to our organisation on 22 April 2026

9.0 NEXT STEPS

- 9.1 We invite the Board to note the 4 focus areas, goals, and commitment statements of the refreshed GHC People Strategy and consider the work undertaken to get to these.



with you, for you



Gloucestershire Health and Care
NHS Foundation Trust

9.2 The Board is requested to:

- **APPROVE** the GHC People Strategy 2026–2031 as the Trust's people framework for the period 2026 to 2031
- **NOTE** the approach to launch and the Year 1 implementation plan (including evaluation plan) to be finalised and presented to the Great Place to Work Committee by Quarter 1
- **NOTE** the date of the planned organisation-wide launch of 22 April 2026 and the associated high-level communications and engagement plan

Our People Strategy 2026-2031

Creating a Great Place to Work, Together



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

Foreword From Neil Savage, Director of HR and OD

This strategy belongs to everyone who works at Gloucestershire Health and Care Foundation Trust. It has been shaped by our voices. Our Trust Strategy sets out our ambition to create a Great Place to Work, together. This People Strategy is how we will make this ambition real – through a genuine commitment to every person who comes to work here. We have listened. We have looked at what the evidence tells us. And we have been honest about where we need to do better.

The four focus areas in this strategy reflect what you told us matters most:

- great leadership and culture
- a workforce fit for the future
- a safe, inclusive and healthy workplace
- working differently, working together

We are committing to reviewing our progress every year, being transparent about what is and isn't working, and continuing to listen.

I am proud of what we have built together, and excited about what we can achieve. Thank you for everything you do for the people of Gloucestershire every day.



We are delighted to introduce our refreshed People Strategy 2026 - 2031

The NHS is entering a decade of significant change. The **NHS 10 Year Plan** sets out a fundamental shift in how care is delivered - moving services closer to home, focusing on prevention, reducing health inequalities and making greater use of digital technology. These changes require a workforce that is flexible, skilled, supported and growing.

Our Trust **Five-Year Focus** translates that national ambition, connecting services in neighbourhoods, community urgent care, partnerships with purpose, addressing health inequalities, and supporting children and young people. Delivering on these means we need people who can work across boundaries, operate in community settings and bring diverse perspectives to the care they provide.

Great Place to Work is one of our four strategic goals and this People Strategy is how we will deliver it. We listened widely, engaging a diverse range of stakeholders, drawing on 27 data sources representing over 9,360 voices and data points from across GHC. When our people are well, valued and growing, we deliver better health and quality care and our communities benefit.

This strategy sets out our priorities and commitments, sitting alongside our Digital, Estates, Quality and Research strategies to deliver our Five-Year Focus.

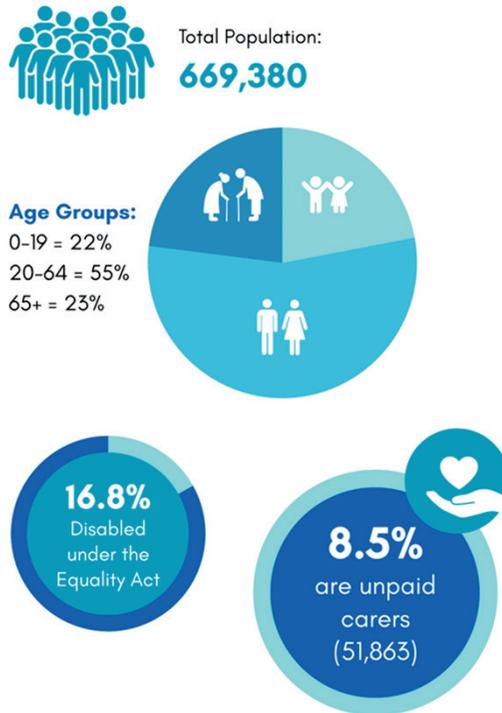


We are Gloucestershire Health and Care Foundation Trust

The communities we serve

We provide health services for people of all ages, from newborns to older adults, helping them live well through high-quality care.

Working with partners across Gloucestershire, we deliver **96 community services** covering mental health, physical health and learning disabilities, in collaboration with GPs, local hospitals, authorities, education, community groups and the voluntary sector.



Our workforce

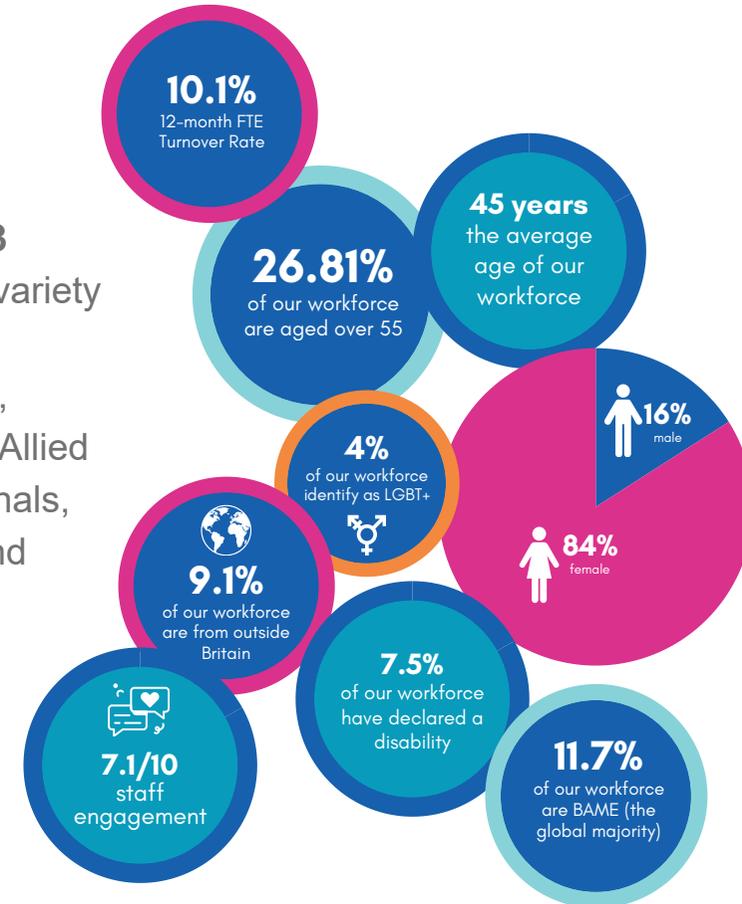


Total colleagues:

5,263

4,389.53
Whole Time Equivalent

We employ **5,263** people across a variety of professions, including doctors, dentists, nurses, Allied Health Professionals, social workers and support staff.



Our People Strategy Approach

Our **People Strategy** is a response to what we have heard from our colleagues. We listened widely, engaging a diverse range of stakeholders, drawing on **27 data sources** representing over **9,360 voices and data points** from across GHC. Our **four focus areas** are what you told us matters most and align directly with the needs of our Trust **Five-Year Focus** and the **NHS 10 Year Plan – Fit for the Future**.

Our evidence base



9,360+
voices and data points contributing to the evidence base for the People Strategy



This has been done through direct staff engagement, feedback channels, organisational metrics, and leadership validation sessions.



Direct Staff Engagement

8,652
responses



Feedback Channels

60+
voices



Organisational People Data

360
records



Leadership & Stakeholder Validation

210
participants across **7 sessions**

What we heard



Need to prioritise staff wellbeing as a foundation for patient care



Lack of headspace for colleagues to think, reflect or innovate



There is a positive culture with great people, flexibility, and teams willing to change. People are kind and caring.

Plan on a Page – Delivering our Five-Year Focus through Our People Strategy

Our values **working together** | **always improving** | **respectful and kind** | **making a difference**

WHY WE ARE HERE

Our purpose

Helping you live your best life by delivering great healthcare.

Our goals

Better Health

Work together to improve the health of all people in Gloucestershire.



High Quality Care

Inclusive and timely access, great experiences, and better outcomes.



Great Place to Work

Be the place where people enjoy working, learning and building a career.



Sustainable Services

Great value services for healthier people, stronger communities, and a greener world.



WHAT WE WILL DO

Our focus areas



Connecting services in neighbourhoods

Working together for better local health



Children and young people

Helping children thrive and build resilience for a healthier future



Community urgent care

Helping people manage urgent healthcare needs and stay well



Inclusive healthcare

Reducing the gap of access, experience and outcomes



Partnerships with purpose

Deepening our partnerships to deliver great healthcare

HOW WE WILL DO IT...

Our ambition

Creating a Great Place to Work, Together

People Strategy Focus Areas

Great Leadership and Culture

Continue to develop compassionate, values-led leadership to shape a culture we are all proud of.

A Workforce Fit for the Future

Build a skilled, flexible workforce that delivers high quality care today and is fit for the future.

A Safe, Inclusive and Healthy Workplace

Create the conditions for every colleague to thrive and do their best work.

Working Differently, Working Together

Improve how we work together across the Trust and with our partners to deliver high quality care.

Great Leadership and Culture

Our goal: Continue to develop compassionate, values-led leadership to shape a culture we are all proud of

Why is this our focus?

Across our evidence base, leadership and culture was one of the strongest and most consistent themes, appearing across the vast majority of our 27 data sources and raised at every level of the organisation.

Strong, values-led leadership underpins all five focus areas for our Trust five-year plan, particularly neighbourhood care and effective partnership working and embeds our ways of working. The NHS 10 Year Plan is clear - accountable leadership, empowered people and a culture of continuous improvement are requirements for a health service fit for the future.

What we heard from our colleagues

“Leaders not visible or not showing interest”

“We need visible and inclusive leadership behaviours”

“We need more involvement in change and decision making”

Sub-themes for Improvement

- Organisational Culture • Organisational Reputation • Leadership • Strategic Thinking • Values and Behaviours • Voice and Influence • Organisational Learning



What do we want to do?

We will:

- ✓ Grow leaders at every level who live and model our values and behaviours
- ✓ Foster leaders who are visible, inclusive and take responsibility for their actions
- ✓ Strengthen staff voice and meaningful involvement in decision-making
- ✓ Support leaders to connect their teams to why we are all here and the difference we all make
- ✓ Foster a culture where we learn from experience, restore relationships and continuously improve

A Workforce Fit for the Future

Our goal: Build a skilled, flexible workforce that delivers high quality care today and is fit for the future

Why is this our focus?

Workforce capability, capacity and sustainability featured consistently across our evidence base. Colleagues told us they want to grow, develop and work to their full potential but capacity pressures and unclear development pathways are getting in the way.

A sustainable, skilled workforce is fundamental to delivering neighbourhood care, building integrated teams and shifting to digitally enabled ways of working. The NHS 10 Year Plan is explicit, modernised training, expanded apprenticeships, redesigned roles and a stronger focus on attracting and retaining local people are central requirements for the workforce of the future.

What we heard from our colleagues

“Greater level of staffing”

“Upskill staff in digital literacy”

“Workload increasing but staffing is not reflecting this”

Sub-themes for Improvement

- Career Progression • Learning and Development • Line Management • Recruitment and Retention • Role Clarity and Autonomy • Workforce Capacity • Workforce Flexibility



What do we want to do?

We will:

- ✓ Plan and build a modern workforce that is digitally confident and ready for neighbourhood care
- ✓ Recruit and retain the right people and grow talent from within our communities
- ✓ Invest in our line managers so they have the support and skills to manage well
- ✓ Create clear pathways for colleagues to develop and grow their careers
- ✓ Support colleagues to understand their roles, make confident decisions and take ownership of their work

A Safe, Inclusive and Healthy Workplace

Our goal: Create the conditions for every colleague to thrive and do their best work

Why is this our focus?

Colleagues told us they want to feel safe, valued and supported and that workload pressures, wellbeing and fairness at work are among their most pressing concerns.

Our Trust Five-Year Focus requires us to foster a diverse, inclusive workforce that reflects our communities, enabling truly inclusive healthcare. Safe workloads and proactive wellbeing create a great place to work, embedding ways of working where people stay well and the basics are got right. The NHS 10 Year Plan reinforces this, equitable access to careers, healthy workloads and a diverse workforce are requirements for a health service fit for the future.

What we heard from our colleagues

“I am feeling not listened to”

“Appreciate the focus on wellbeing”

“When new staff arrive, they do not feel able to speak up because they do not want to stand out or be seen as being different or difficult and not fitting in”

Sub-themes for Improvement

• Equity, Diversity Inclusion and Access • Health and Wellbeing • Recognition and Appreciation • Safety and Risks • Staff Experience and Morale



What do we want to do?

We will:

- ✓ Advance equity and inclusion through deliberate anti-racism work and challenge discrimination in all areas
- ✓ Protect the physical and psychological safety of every colleague and address concerns raised swiftly
- ✓ Prioritise the health and wellbeing of every colleague acting early and with care
- ✓ Actively manage workloads so every colleague can do their best work
- ✓ Ensure every colleague feels valued and recognised for the difference they make

Working Differently, Working Together

Our goal: Improve how we work together across the Trust and with our partners to deliver high quality care

Why is this our focus?

Colleagues told us that how we work together, share information and collaborate across teams and services has a direct impact on their experience and on the quality of care we deliver.

Our Trust Five-Year Focus requires us to enable joined-up neighbourhood care through collaborative teams, streamlining pathways, improving communication and strengthening partnerships with system partners and our communities. The NHS 10 Year Plan reinforces this, integrated system-wide working, strengthened multidisciplinary collaboration and improved quality and system efficiency are central requirements.

What we heard from our colleagues

“Staff want honest, transparent communication”

“Limited access to necessary equipment”

“Clearer communication to those at the ground level”

Sub-themes for Improvement

- Collaborative and System Working
- Communication and Information
- Environment and Resources
- Service Delivery
- Systems and Processes
- Team Dynamics



What do we want to do?

We will:

- ✓ Ensure every colleague receives clear and honest communication
- ✓ Continuously improve our working environments and resources available to our people
- ✓ Build strong and connected teams that collaborate across our services
- ✓ Develop the skills our colleagues need to work well with partners and our communities
- ✓ Simplify our systems and processes and embrace new ways of working to release time for care

Evidence and Data Breakdown



Direct Staff Engagement

8,652
responses

- GHC Fortnight **831 pieces of coded data** (519 qualitative comments, 24 team responses, 130 individual responses)
- Staff Surveys 2024 & 2025: **5,881 responses**
- NHS People Pulse 2024 & 2025: **1673 responses**
- Itchy Feet Retention Conversations: **98 conversations**
- Strategic Wellbeing Review: **720 responses**



Feedback Channels

60+
voices

- Freedom to Speak Up Thematic Analysis (Jan 2024 – Dec 2025)
- Org Restructure Engagement Feedback



Organisational People Data

360
records

- Leavers Data (Exit Interviews)
- WRES/WDES Diversity & Equity Data
- Workforce KPIs (vacancy rates, sickness, turnover, age profile)
- Recruitment Metrics & Trends
- Leadership and Culture Programme workstreams
Discovery Reports



Leadership & Stakeholder Validation

210
participants
across **7 sessions**

- Senior Leadership Network
- Board Seminars
- People Senior Team Sessions
- Great Place to Work Committee
- Trade Unions Colleagues



External Evidence & Literature Review

As part of the Leadership and Culture Discovery programme, external literature reviews were conducted examining:

- Literature review which covers – culture change, equality diversity and inclusion and leadership capability and development
- Best practice in NHS and beyond

Appendix 2 – Mapping subthemes against datasets

THEME	Staff Survey 2024	Staff Survey 2025	Itchy Feet 2024	Itchy Feet 2025	Wellbeing Review	Leavers Data	Pulse 24	Pulse 25	FTSU 24-25	Risk Register	People Senior Session Oct 25	SLN Nov	WRES/WDES	Restorative and learning Workstream	Just EDI Workstream	Leadership Workstream	SLN Jan	Workforce Metrics	Patient Safety Data	Recruitment and Retention Data	December Board Session	Org Restructure engagement	People Promise Themes	Board Session	GPTW	MS Forms GPTW	GHC Fortnight	SUM	
Organisational Culture	X	✓	✓	✓	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	✓	✓	✓	X	X	✓	✓	✓	✓	✓	✓	✓	23	
Organisational Reputation	X	X	X	X	X	X	X	✓	X	X	X	X	X	X	✓	X	X	X	X	✓	X	X	X	X	X	✓	✓	5	
Senior Leadership	X	✓	X	X	✓	X	✓	✓	✓	X	✓	✓	✓	✓	✓	✓	✓	X	X	X	✓	✓	✓	✓	✓	✓	✓	19	
Strategic Thinking	X	X	X	X	X	X	X	X	X	X	✓	X	X	X	X	X	X	X	X	X	✓	✓	X	✓	X	✓	✓	6	
Values & Behaviour	✓	X	X	X	X	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	✓	X	X	X	X	✓	✓	✓	✓	✓	✓	✓	18	
Voice & Influence	X	✓	✓	✓	✓	X	✓	✓	✓	X	✓	✓	X	✓	✓	✓	✓	X	X	X	✓	✓	✓	✓	✓	✓	✓	20	
Career Progression	X	✓	✓	✓	X	✓	✓	✓	X	X	✓	X	X	X	X	X	✓	✓	X	✓	✓	✓	✓	✓	X	✓	✓	16	
Learning & Development	✓	✓	✓	✓	X	X	✓	✓	X	X	X	X	X	✓	X	✓	✓	X	✓	X	✓	✓	✓	X	✓	✓	✓	16	
Line Management	✓	✓	✓	✓	X	✓	✓	✓	✓	X	X	✓	✓	✓	✓	✓	✓	X	X	✓	✓	✓	✓	X	✓	✓	✓	21	
Recruitment & Retention	X	✓	✓	✓	X	✓	✓	X	X	✓	✓	X	X	X	X	✓	✓	✓	X	✓	✓	✓	X	✓	✓	✓	✓	17	
Role Clarity & Autonomy	✓	X	X	✓	X	X	X	X	X	X	X	✓	✓	✓	X	X	X	X	X	X	✓	✓	X	✓	✓	✓	✓	11	
Workforce Capacity	✓	✓	X	✓	✓	✓	✓	✓	X	✓	✓	✓	X	X	X	X	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	21	
Workforce Flexibility	X	X	X	✓	✓	✓	✓	✓	X	X	X	X	X	X	X	X	✓	X	X	✓	X	X	✓	X	X	✓	✓	10	
EDIA	✓	✓	✓	✓	✓	X	✓	✓	✓	X	✓	X	✓	X	✓	X	✓	✓	X	✓	✓	X	✓	X	✓	✓	✓	19	
Health & Wellbeing	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	X	X	X	✓	✓	X	✓	✓	✓	22	
Recognition & Appreciation	✓	X	✓	✓	✓	✓	✓	X	X	X	✓	X	X	✓	X	✓	✓	X	X	X	X	X	X	X	X	X	✓	✓	12
Safety & Risks	✓	X	X	X	✓	X	X	✓	✓	✓	X	✓	✓	X	X	X	X	X	✓	X	✓	✓	X	✓	✓	X	✓	13	
Staff Experience & Morale	✓	✓	✓	✓	✓	X	✓	✓	✓	X	X	X	✓	✓	✓	✓	X	✓	X	✓	✓	✓	✓	X	✓	✓	✓	20	
Collaborative & System Working	X	✓	X	X	✓	X	✓	✓	X	✓	X	✓	X	X	X	X	✓	X	✓	X	✓	✓	✓	X	✓	✓	✓	14	
Communication & Information	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	✓	X	✓	X	X	✓	✓	✓	✓	✓	✓	22	
Environment & Resources	X	X	X	X	✓	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	✓	✓	3
Organisational Learning	✓	✓	✓	X	X	X	X	X	X	✓	X	X	X	✓	✓	✓	X	X	X	X	✓	X	X	✓	✓	✓	✓	12	
Service Delivery	X	X	X	X	X	X	X	X	X	✓	X	X	X	X	X	X	✓	✓	✓	X	X	X	X	X	X	✓	✓	5	
Systems & Processes	X	X	X	X	X	X	✓	✓	X	✓	X	✓	X	✓	✓	✓	X	X	X	✓	✓	X	X	✓	X	✓	✓	12	
Team Dynamics	✓	X	✓	✓	✓	X	✓	✓	✓	X	X	X	✓	X	X	X	✓	X	X	X	✓	✓	X	X	X	✓	✓	13	



Gloucestershire Health and Care
NHS Foundation Trust



Our People Strategy

Appendix 4 - High level Communication & Engagement Plan



PEOPLE STRATEGY

Communication & Engagement Plan

HIGH LEVEL BRIEF

A four-phase plan to launch our People Strategy across all audiences — with structured feedback loops and clear success metrics.

Launch-Ready | late-April 2026

OBJECTIVES

Build awareness · Drive understanding · Create alignment · Enable two-way dialogue

01

Prepare & Align

Weeks 1–4

Leader & manager briefings, materials finalised

02

Launch

Week 5

CEO message, open forum, intranet live, assets deployed

03

Embed & Engage

Weeks 6–16

Stories, pulse survey, ongoing comms rhythms

04

Measure & Evolve

Month 4+

Focus groups, feedback loop, quarterly review

AUDIENCE COVERAGE

- Executive & Board
- Senior Leaders
- Line Managers
- All Employees
- People Directorate

KEY CHANNELS

- CEO message & Open Forum
- Manager cascade packs
- Intranet Page
- Pulse survey & feedback
- Visual & physical assets

SUCCESS METRICS

- 85%+ reach in 2 weeks
- 80%+ awareness (survey)
- 70%+ comprehension
- 65%+ positive sentiment
- 75%+ manager confidence

REPORT TO: TRUST BOARD PUBLIC SESSION – 26th MARCH 2026

PRESENTED BY: Siwan Purkis, Head of Organisational Development and Leadership

AUTHOR: Siwan Purkis, Head of Organisational Development and Leadership

SUBJECT: NHS STAFF SURVEY RESULTS 2025

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:

This report presents the results of the 2025 NHS Staff Survey for Gloucestershire Health and Care NHS Foundation Trust. The national embargo was lifted on 12 March 2026 and results may now be shared across the organisation and with external stakeholders. The Board is asked to note the headline findings, the Trust's benchmarked performance against the national sector and Southwest regional comparators, and the emerging areas of focus that will inform the People Strategy 2026–2031 and associated action planning.

Recommendations and decisions required

The Trust Board is asked to:

- **Note** the report and benchmark reports included in the Appendices
- **Note** the 2025 NHS Staff Survey results and GHC's overall above-sector performance across all nine People Promise elements and themes
- **Note** GHC's position within the Southwest regional benchmarking group for Mental Health, Learning Disability and Community trusts, including the highest Staff Engagement and Morale scores in the region
- **Recognise** the alignment with wider strategic work on Leadership, Culture, and the People Strategy
- **Note** the statistically significant decline in 'We each have a voice that counts' and the emerging areas of focus identified in Section 5
- **Support** the phased approach to action planning set out in Section 6, aligned to the People Strategy 2026–2031

Executive summary

This is Gloucestershire Health and Care's sixth NHS Staff Survey, covering data gathered from colleagues between September and November 2025. The 2025 staff survey results reflect a workforce that remains engaged, motivated and committed to delivering high-quality care. Across all nine People Promise elements and themes, GHC performs at or above the national sector average, with Staff Engagement and Morale both above benchmark. Regionally, GHC is first overall in the Southwest Mental Health, Learning Disability and Community benchmarking group, achieving the highest Staff Engagement and Morale scores in the region.

The response rate was 51%, a decline from 61% in 2024, consistent with a broader national downward trend. Results are based on 2,643 responses from substantive staff and are weighted by occupational group for benchmarking purposes.

There are areas that require focused attention. The People Promise theme 'We each have a voice that counts' showed the only statistically significant decline, with concerns about speaking up and organisational responsiveness evident across several questions. 'We are always learning' remains our lowest-scoring element, with appraisal quality and career development opportunities both areas of weakness. Burnout, workforce capacity and work-related stress, while better than sector average, present as a sustained pressure requiring proactive response.

These themes are not new signals. They appear consistently across the staff survey, the 'Our GHC Fortnight' engagement in November 2025, and the wider evidence base underpinning the People Strategy refresh. That alignment strengthens confidence that we are identifying the genuine, recurring challenges that matter most to our workforce. Rather than treating these findings as isolated survey responses, our intention is to address them in a coordinated way, joined up through the People Strategy 2026–2031. A phased response is planned from March through to the end of 2026, with the People Strategy launch in April providing the strategic framework for sustained, meaningful action.

Risks associated with meeting the Trust's values

The results of the Survey are published nationally and locally. Perception and knowledge of results may impact the view service users, carers and other stakeholders have of the Trust. In addition, the results can impact the Trust's ability to demonstrate that it is an employer of choice with the resultant effect on recruitment and retention.

The potential risks of not achieving good Staff Survey ratings include:

- Heightened reputational risk, with poorer recruitment and lower retention
- Further reputational risk, as the perception and knowledge of results may impact the views of patients, service users, carers, and other stakeholders
- Lower colleague engagement, contributions, and morale
- Higher sickness absence

- Higher temporary staff use and costs (bank and agency)
- Lower efficiency and effectiveness leading to a lower quality service to our patients and service users

Corporate Considerations	
Quality Implications	The results form part of a range of feedback that reflect how colleagues view the Trust, including the quality of the services it provides and of the Trust as an employer
Resource Implications	Unless additional actions are agreed with the 2025 action plan, the delivery of actions arising are expected to be managed within existing resources.
Equality Implications	The survey's limited equalities monitoring across all protected characteristics reduces the usefulness of the evidence to support actions to reduce barriers and improve colleague experience particularly regarding race. However, it provides some key pointers which will be taken forwards in actions through the WDES and WRES action plans.

Where has this issue been discussed before?

Executive Team Meeting – 16th February 2026
Great Place to Work Committee – 24th February 2026
Council of Governors – 17th March 2026

Appendices:	Appendix 1 – Staff Survey Breakdown Report Appendix 2 – Staff Survey Benchmark Report Appendix 3 – Staff Survey Summary Slides
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Report authorised by: Neil Savage	Title: Director of HR and OD
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NHS Staff Survey Results 2025

1.0 INTRODUCTION

- 1.1. This is Gloucestershire Health and Care's sixth National Staff Survey. The 2025 survey was administered by IQVIA and results are now published by the NHS Staff Survey Coordination Centre. The national embargo was lifted on 12 March 2026; results may now be shared across the organisation and with external stakeholders.
- 1.2. Results in this report are benchmarked against the national Mental Health, Learning Disability and Community trust sector (48 organisations), consistent with the Coordination Centre's published benchmarking group. All People Promise element and theme scores are weighted by occupational group to enable fair comparison between organisations. GHC provided updated workforce datasets and organisational structures to enable reporting at directorate and service level.
- 1.3. A separate Bank cohort was also surveyed (see Section 4).

2.0 RESPONSE RATE AND RESPONDENT PROFILE

2.1. Response Rate

Of the 5,182 substantive colleagues invited to participate in the 2025 survey, 2,643 responses were received, giving a response rate of 51.12%. This represents a decline from the 2024 rate of 60.91% and continues a broader pattern seen across the NHS, where the national average response rate has also fallen. The benchmarking group median for 2025 is 52%, placing GHC broadly in line with comparable organisations. For context, Gloucestershire Hospitals NHS Foundation Trust has reported a similar decline, from approximately 65% in 2024 to circa 52% in 2025.

- 2.2. The reduction in response rate will be considered as part of our engagement and survey planning approach ahead of the 2026 cycle

2.3. About Our Respondents

Respondents were predominantly female, experienced, and long-serving colleagues, with a significant proportion in the 51–65 age group and many managing caring responsibilities alongside work

2.4. The largest occupational groups are registered nurses and midwives (28%), Allied Health Professionals (26%) and admin and clerical staff (15%), reflecting the breadth of our workforce.

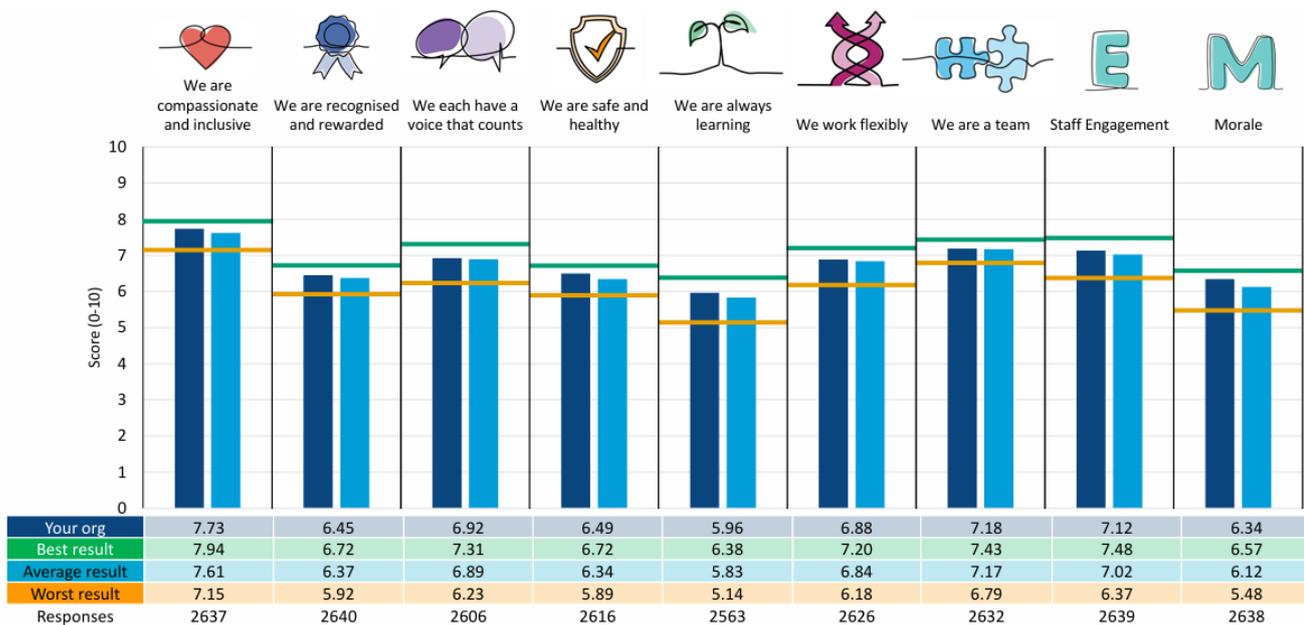
As with any survey, the findings reflect the experiences of those who responded.

2.5. Younger staff, colleagues from minority ethnic backgrounds and those with long-term health conditions are less represented in the data, and their experiences may not be fully captured in the headline results. Survey findings should therefore be read alongside directorate-level data, Freedom to Speak Up reporting and other sources of staff voice to ensure a complete picture.

3.0. STAFF SURVEY 2025 RESULTS – HEADLINES

3.1. Overall Position: People Promise Elements and Themes

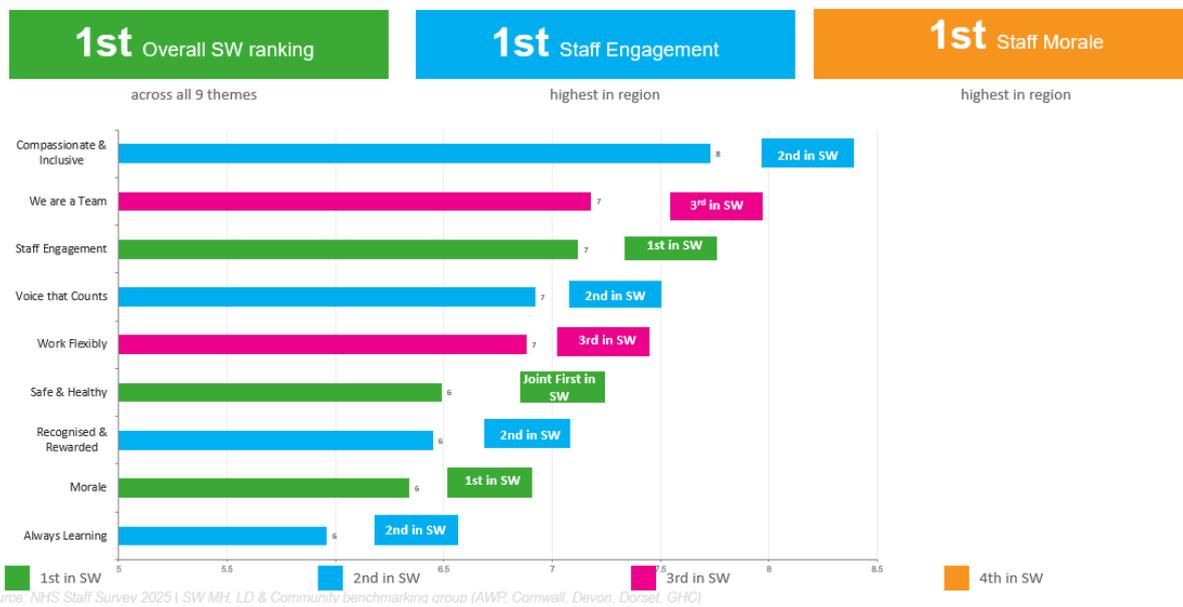
GHC performs at or above the national sector average across all nine People Promise elements and themes. Six areas sit above sector average performance. The two strategic themes of Staff Engagement and Morale -key indicators for NHS organisations, both remain above sector average, with Morale showing no decline year-on-year.



Note: All scores on a 0–10 scale; higher is better. National benchmark averages are from the 2025 NHS Staff Survey Coordination Centre publication.

3.2. Southwest Regional Performance

The national benchmark report enables comparison within the Southwest Mental Health, Learning Disability and Community benchmarking group (AWP, Cornwall, Devon, Dorset and GHC). This peer group reflects organisations with broadly similar service models, workforce profiles, and operational challenges, ensuring that comparisons are meaningful, fair, and based on a like-for-like context. GHC's regional performance is a significant strength. Across the nine People Promise elements and themes, GHC reports the highest scores in Staff Engagement and Morale in the region and is among the top-performing organisations in seven of the nine domains.



3.3. Friends and Family Test

Staff advocacy for GHC as both an employer and a care provider remains strong and above sector average:

- Recommend this organisation as a place to work: 69.8% vs sector average 62.4% (+7.4 percentage points)
- Happy with standard of care if a friend or relative needed treatment: 75.7% vs sector average 64.3% (+11.5 percentage points)

3.4. Question-Level Distribution

At question level, the spread of performance across the survey shows:

- 21 questions score in the top 20% range compared to sector
- 86 questions sit in the intermediate 60% range

- 4 questions fall in the bottom 20% range

3.5. Year-on-Year Movement

Comparing 2025 results to 2024, one People Promise theme showed a statistically significant decline: **'We each have a voice that counts'**. Separately, there were decreases across a number of sub-scores, including **raising concerns, development, and appraisals**. At question level, six scores declined year-on-year, including: feeling frustrated because of work; the organisation addressing staff or patient/service user concerns; career development opportunities; and whether care of patients and service users is the organisation's top priority. An area of improvement since 2024 was flexible working.

Area	2024 Score	2025 Score	Movement
People Promise Theme - We each have a voice that counts	7.00	6.92	▼ -0.08
Raising concerns sub-score	6.82	6.69	▼ -0.13
Development sub-score	6.72	6.61	▼ -0.11
Appraisals sub-score	5.36	5.29	▼ -0.07
Flexible working sub-score	6.78	6.85	▲ +0.07

3.6. Additional Notable Findings

Several indicators provide important context for organisational wellbeing, safety culture and retention:

- Work-related stress: 37.4% of staff reported feeling unwell due to work-related stress in the past 12 months — lower (better) than the sector average of 40.8%
- Presenteeism: 52.4% of staff reported coming to work when not well enough in the past 3 months, compared to a sector average of 54.9% (lower is better)
- Harassment and abuse from patients/public: 23.0% of staff reported one or more incidents, compared to a sector average of 23.7% (lower is better)
- Speaking up: Declines have been observed across several items related to raising concerns and confidence in organisational response - addressed further in Section 5.

4.0 Bank Staff Survey Results

Bank staff represent an important and growing part of our workforce. Of the 715 bank staff invited to respond to the survey, 162 responses were received, a response rate of 22.66%. Whilst this is lower than the substantive staff response rate, the results provide a meaningful picture of this cohort's experience.

- 4.1. Bank staff report notably higher overall Staff Engagement (7.44) compared to substantive staff (7.12), suggesting strong motivation and advocacy among this group. Bank staff also report significantly higher scores than substantive staff across five People Promise areas:
 - We are recognised and rewarded
 - We are safe and healthy
 - We are always learning
 - We work flexibly
 - Staff Engagement
- 4.2. Areas to strengthen for bank staff include appraisals and involvement in change and improvement processes, which trail substantive staff scores.

5.0 EMERGING AREAS OF FOCUS

The 2025 staff survey provides an important layer of evidence which, considered alongside the People Strategy development and our Leadership and Culture Programme, identifies clear emerging areas of focus. Our approach is to treat these findings not as isolated survey responses, but as part of a joined-up evidence base to inform strategic prioritisation and resource allocation.

- 5.1. Emerging areas of focus have been identified by considering our lowest-scoring People Promise areas, sector comparisons, and year-on-year trend analysis. Confidence in these emerging themes is strengthened by their consistent appearance across multiple evidence sources being analysed as part of the People Strategy refresh including the 'Our GHC Fortnight' engagement in November 2025, which involved site visits, virtual events and team conversations across the organisation.
- 5.2. **Wellbeing Capacity and Burnout**

Staff experience of wellbeing and capacity presents as a significant emerging area. 'We are safe and healthy' (6.49) is one of our lower-scoring People Promise areas, with burnout emerging as our weakest sub-score (5.34). When asked about their ability to meet conflicting demands on their time, responses are below sector average. Year-on-year analysis also shows an increase in staff reporting that their work 'often or always' frustrates them.
- 5.3. Links to People Strategy focus area; A Safe, Inclusive and Health Workplace. A Health and Wellbeing Review of the workforce is currently being scoped by our Service

Director for Working Well, with crossover into Learning and Development, Organisational Development, and management and leadership development.

5.4. **Voice, Psychological Safety and Raising Concerns**

'We each have a voice that counts' is the only People Promise theme to show a statistically significant decline in 2025. The raising concerns sub-score (6.69) is one of our lower scores, reinforced by specific questions scoring below sector average: confidence in reporting physical violence; confidence that the organisation would address concerns raised; and perception that the organisation acts on concerns raised by patients and service users.

5.5. Links to People Strategy focus areas: Great Leadership, Culture and A Safe, Inclusive and Health Workplace. This theme also emerged strongly through our GHC Fortnight engagement. Work underway includes development sessions linked to the restorative, just and learning workstream, embedding the Freedom to Speak Up app, strengthening the F2SU Champions network and triangulating data with other organisational metrics to understand and improve speaking up.

5.6. **Learning, Development and Career Progression**

'We are always learning' is our lowest People Promise score (5.96). Within this, development (6.61) and appraisals (5.29) are among our lowest sub-scores. Staff report limited access to clinical supervision opportunities and, since 2024, fewer colleagues see career development opportunities within the organisation.

5.7. Links to People Strategy focus area: A Workforce Fit for the Future. A review of the appraisal process (documentation and training) has been completed, the new appraisal documentation and process with a relaunch to Trust on the 9th March 2026. A new Clinical Supervision Policy was launched in January 2026. An organisational-level Learning Needs Analysis is also underway to align Learning and Development funding to our strategic priorities.

5.8. **Alignment Between Organisational Values and Perceived Actions**

Questions about whether care of patients and service users is the organisation's top priority, whether the organisation acts on concerns raised, and whether staff are confident their concerns would be addressed have all declined or stagnated since 2024. This may reflect a growing perception gap, staff recognise what GHC stands for but question whether actions consistently match stated values.

5.9. Links to People Strategy Focus areas; Great Leadership and Culture and A Safe, Inclusive and Healthy Workplace. Work is underway to embed values-based

recruitment, onboarding and induction, and to strengthen values and behaviours throughout the employee lifecycle and leadership development offer.

- 5.10. The importance of the emerging themes identified above is reinforced by their consistent appearance across multiple evidence sources being considered as part of the People Strategy refresh. Our 'Our GHC Fortnight' engagement in November 2025, which involved site visits, virtual events and team conversations across the organisation, revealed strong congruence with the survey findings. The themes of health and wellbeing, learning and development, voice and influence, workforce capacity and career progression emerged consistently across different data sources, stakeholder groups, and contexts. This alignment between staff survey data and the themes surfaced through our wider engagement and analysis provides confidence that we are identifying the genuine, recurring challenges that matter most to our workforce.

6.0 NEXT STEPS

Our response to these emerging themes will be delivered in phases, aligned to our Staff Survey and Pulse Survey key milestones:

Phase	Timing	Key Actions
Phase 1 Early Analysis	Jan–Feb 2026	<ul style="list-style-type: none"> Interim results considered by Executive Team and Great Place to Work Committee. Service-specific summaries and toolkits created. Survey results aligned with People Strategy themes.
Phase 2 Embargo Lifted	March 2026	<ul style="list-style-type: none"> Embargo lifted 12 March. Engagement with Senior Leadership Network, JNCF, colleague forums and networks. Service-level planning begins with Human Resources & Organisational Business Partner support. Free text and qualitative comments released.
Phase 3 Strategy Alignment and Service Level Action Planning	April 2026	<ul style="list-style-type: none"> People Strategy launched, explicitly linking Year 1 priorities to staff survey themes. Service leaders engage their teams on findings and identify 2–3 local priorities. Human Resources and Organisational Business Partners support service-level planning, embedding findings into People

Phase	Timing	Key Actions
		<p>performance conversations through the right service-level governance.</p> <ul style="list-style-type: none"> Organisational Development (OD) team deliver a programme of manager support including one-to-one drop-in sessions, Staff Survey Toolkits, and guidance as well as hosted session for leaders and manager on how to interpret staff survey data and holding team conversations on staff survey Trust-wide open forums scheduled
Phase 4 Review	May–July 2026	<ul style="list-style-type: none"> OD manager support sessions continue through May. Wider plan reviewed alongside People Strategy with Executive Team and WOMAG. Progress update to WOMAG and Great Place to Work Committee (June/July).
Phase 5 2026 Survey	Sept–Oct 2026	<ul style="list-style-type: none"> Preparation and launch of 2026 NHS Staff Survey.

7.0. NEXT STEPS

The Trust Board is asked to:

- **NOTE** the report and benchmark report included in the Appendices
- **NOTE** the 2025 NHS Staff Survey results and GHC’s overall above-sector performance across all nine People Promise elements and themes
- **NOTE** GHC’s position within the Southwest regional benchmarking group for Mental Health, Learning Disability and Community trusts, including the highest Staff Engagement and Morale scores in the region
- **RECOGNISE** the alignment with wider strategic work on Leadership, Culture, and the People Strategy
- **NOTE** the statistically significant decline in ‘*We each have a voice that counts*’ and the emerging areas of focus identified in Section 5
- **SUPPORT** the phased approach to action planning set out in Section 6, aligned to the People Strategy 2026.



Gloucestershire Health and Care
NHS Foundation Trust



NHS Staff Survey 2025 – Summary Findings

Presented by Siwan Purkis, Head of Organisational Development and Leadership

Session Outline

Detail

Key Headlines

Sector Comparisons

South West Region Comparisons

Emerging Themes - Celebrate and Areas Under Strain

Next Steps

Questions & Discussion



Our Response Rates (Substantive)



Participation reflects a wider trend across England with declining response rates. It is also worth noting an emerging survey theme regarding organisational action to feedback

Data remains robust and reflective of our workforce profile due to weighting methodology.

Key Headlines of 2025 survey

Culture and inclusion remain our defining strengths.

Voice, wellbeing, and development continue to show vulnerability.

Most People Promise areas and themes remain stable year-on-year (8 out of 9 showed no significant movement).

One People Promise theme showed decline: “We each have a voice that counts” (-0.09).



We are
compassionate
and inclusive



We are recognised
and rewarded



We each have a
voice that counts



We are safe and
healthy



We are always
learning



We work flexibly



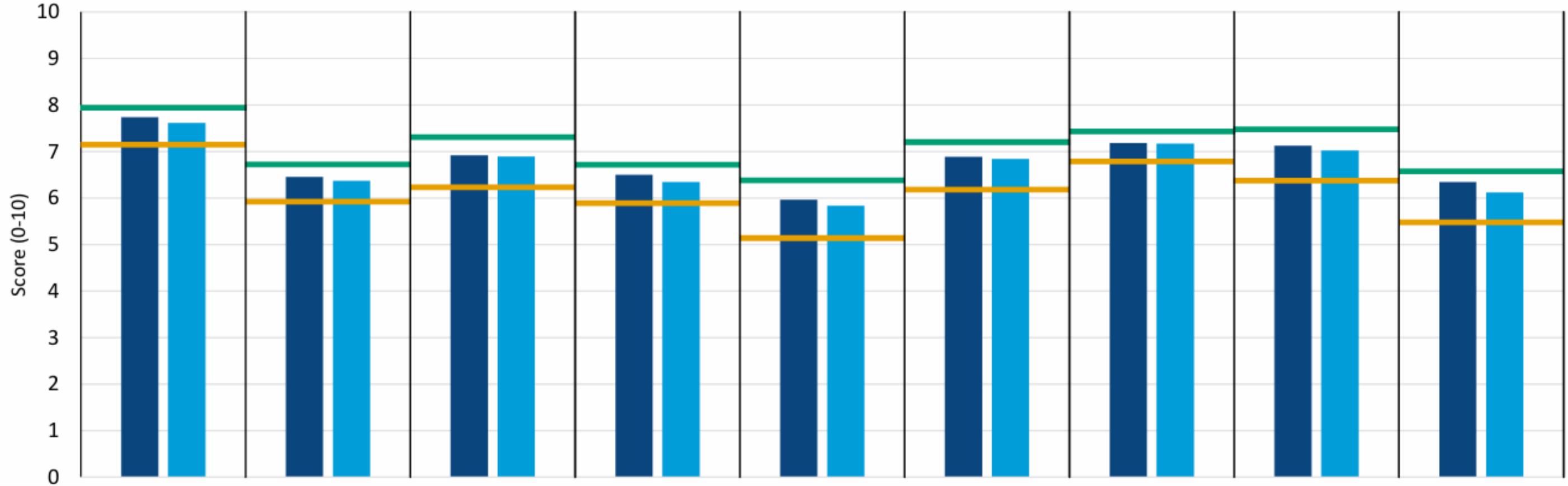
We are a team



Staff Engagement



Morale



Your org	7.73	6.45	6.92	6.49	5.96	6.88	7.18	7.12	6.34
Best result	7.94	6.72	7.31	6.72	6.38	7.20	7.43	7.48	6.57
Average result	7.61	6.37	6.89	6.34	5.83	6.84	7.17	7.02	6.12
Worst result	7.15	5.92	6.23	5.89	5.14	6.18	6.79	6.37	5.48
Responses	2637	2640	2606	2616	2563	2626	2632	2639	2638

NHS Staff Survey 2025 — South West Regional Performance

1st Overall SW ranking

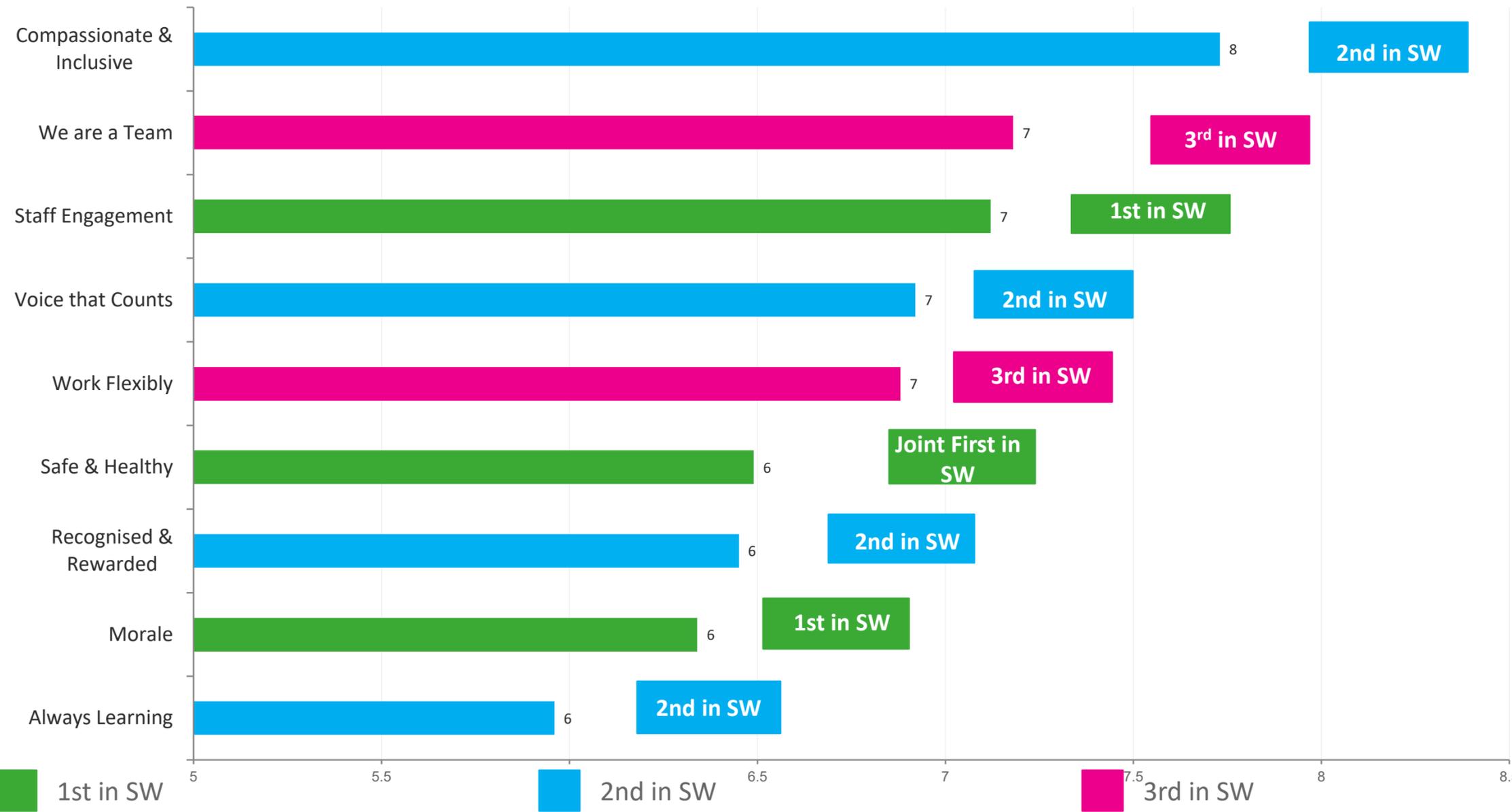
across all 9 themes

1st Staff Engagement

highest in region

1st Staff Morale

highest in region



4th in SW

Source: NHS Staff Survey 2025 | SW MH, LD & Community benchmarking group (AWP, Cornwall, Devon, Dorset, GHC)

Our 2025 results for Bank Staff

Organisation details

Eligible sample size

715
(678)

Completed surveys

162
(209)

2025 response rate

22.66%
(30.8%) ↓

Our Bank colleague responses/results are benchmarked against our Substantive colleague responses/results.

Bank Compared to Substantive Staff

People Promise Themes



Staff Engagement (7.44) compared to substantive staff (7.12) ↑

Higher scores than substantive staff across Four Key People Promises Themes ↑

Celebrate

6 People Promises/Themes scored **significantly better** than the sector average, with **0 worse**.

High team culture scores: staff feel respected, valued by colleagues, and part of a supportive team.

Diversity & equality is our highest-scoring sub-theme (**8.71**).

21 question-level scores fall in **the top 20% of the sector**.



**What this means:
Our culture
remains one of
our greatest
organisational
assets.**



Wellbeing, Capacity and Development

Areas under most strain

Burnout sub-score is **5.35**, one of the lowest across the survey.

Staff continue to report work-related stress, pressure, and coming to work while unwell (up to **52%**).

Appraisals sub-score (**5.30**) and “We are always learning” (**5.96**) remain low.

Only **40%** agree enough staff are available to do their job properly.



**What this means:
These signals align with our workforce and resourcing pressures.**



Voice, Fairness and Inclusion

Where we must listen closely

Strong interpersonal inclusion coexists with pockets of unfairness and a decline in voice.

“We each have a voice that counts”: 6.91.
Declined since 2024 (-0.09).

5% experienced discrimination from a manager/colleague; **5.6%** from service users in last 12 months.

Lowest score: People Promise sub-scores in the “safe and healthy” area (**5.96**).

What this means: The culture is inclusive—but not consistently so. Voice and psychological safety need restoring.



Emerging Areas of Focus

Wellbeing, Capacity and
Burnout

Voice, Psychological Safety
and Confidence to Speak Up

Learning Development and
Career Progression

Alignment between
organisational values and
perceived actions

What this means: We can build on strong culture foundations by strengthening voice, wellbeing and development

What Happens Next

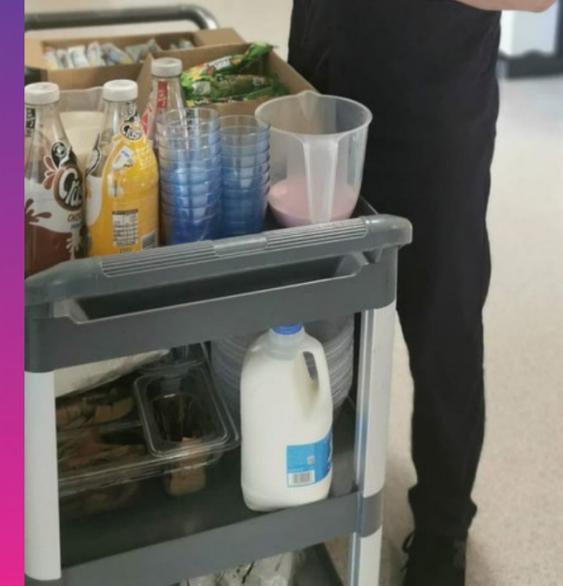
Key Milestones

Phase 3
March 26

- **Embargo Lifted**
- Engagement and reviews with Senior Leadership Network, JNCF, colleague for and associated networks – includes briefings and drop-ins.
- Early Service-level Planning begins which will include team engagement with HR and OD Business Partner Support.
- Qualitative and Free Text Comments released

Phase 4
April 26

- Launch People Strategy explicitly linking year 1 priorities to staff survey themes and emerging areas for improvement
- Service leaders engage their teams on findings & identify 2-3 local priorities & HR BP plan local actions as part of wider planning



Conclusion

Staff Survey 2025 reflects an organisation with a fundamentally strong culture-compassionate, inclusive, and team-driven -while highlighting pressures around wellbeing, voice and development. These insights give us a clear mandate for targeted action and provide critical alignment with our evolving People Strategy.



Thank you for listening.

Questions



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

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Gloucestershire Health and Care NHS Foundation Trust

2025 NHS Staff Survey Benchmark Report



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Introduction

About this report

This benchmark report for Gloucestershire Health and Care NHS Foundation Trust contains results for the 2025 NHS Staff Survey, and historical results back to 2021 where possible. These results are presented in the context of best, average and worst results for similar organisations where appropriate. Data in this report are weighted to allow for fair comparisons between organisations.

Results for Q1, Q10a, Q26d, Q27a-c, Q28, Q29, Q30, Q31a, Q32a-b, Q33, Q34, Q35 , Q36, Q37, Q38, Q39a-b and Q40 are not weighted or benchmarked because these questions ask for demographic or factual information.

How results are reported

For the 2021 survey onwards the questions in the NHS Staff Survey are aligned to the [People Promise](#). This sets out, in the words of NHS staff, the things that would most improve their working experience, and is made up of seven elements:



In support of this, the results of the NHS Staff Survey are measured against the seven People Promise elements and against two themes (Staff Engagement and Morale). The reporting also includes sub-scores, which feed into the People Promise elements and themes. The next slide shows how the People Promise elements, themes and sub scores are related and mapped to individual survey questions.

People Promise elements, themes and sub-scores

People Promise elements	Sub-scores	Questions
We are compassionate and inclusive	Compassionate culture	Q6a, Q25a, Q25b, Q25c, Q25d
	Compassionate leadership	Q9f, Q9g, Q9h, Q9i
	Diversity and equality	Q15*, Q16a, Q16b, Q21 *Due to changes in the Q15 question wording in 2025, Q15 is not included in the score calculation for this theme or sub-score.
	Inclusion	Q7h, Q7i, Q8b, Q8c
We are recognised and rewarded	No sub-score	Q4a, Q4b, Q4c, Q8d, Q9e
We each have a voice that counts	Autonomy and control	Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b
	Raising concerns	Q20a, Q20b, Q25e, Q25f
We are safe and healthy	Health and safety climate	Q3g, Q3h, Q3i, Q5a, Q11a, Q13d, Q14d
	Burnout	Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g
	Negative experiences	Q11b**, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c **Due to changes in the Q11b question wording in 2025, Q11b is not included in the score calculation for this theme or sub-score.
	Other questions [Not scored]	Q17a***, Q17b***, Q22*** ***Q17a, Q17b and Q22 do not contribute to the calculation of any scores or sub-scores.
We are always learning	Development	Q24a, Q24b, Q24c, Q24d, Q24e
	Appraisals	Q23a****, Q23b, Q23c, Q23d ****Q23a is a filter question and therefore influences the sub-score without being a directly scored question.
We work flexibly	Support for work-life balance	Q6b, Q6c, Q6d
	Flexible working	Q4d
We are a team	Team working	Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a
	Line management	Q9a, Q9b, Q9c, Q9d
Themes	Sub-scores	Questions
Staff Engagement	Motivation	Q2a, Q2b, Q2c
	Involvement	Q3c, Q3d, Q3f
	Advocacy	Q25a, Q25c, Q25d
Morale	Thinking about leaving	Q26a, Q26b, Q26c
	Work pressure	Q3g, Q3h, Q3i
	Stressors	Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a

Questions not linked to the People Promise elements or themes

Introduction

This section provides a brief introduction to the report, including how questions map to the People Promise elements, the themes and sub-scores, as well as features of the charts used throughout.

Organisation details

This slide contains **key information** about the NHS organisations participating in this survey and details for your own organisation, such as response rate.

People Promise elements, themes and sub-scores: Overview

This section provides a high-level **overview** of the results for the seven elements of the People Promise and the two themes, followed by the results for each of the **sub-scores** that feed into these measures.

People Promise elements, themes and sub-scores: Trends

This section provides trend results for the seven elements of the People Promise and the two themes, followed by the trend results for each of the sub-scores that feed into these measures.

All the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score. For example, with the Burnout sub-score, a higher score (closer to 10) means a lower proportion of staff are experiencing burnout from their work. These scores are created by scoring questions linked to these areas of experience and grouping these results together. Your organisation results are benchmarked against the benchmarking group average, the best scoring organisation and the worst scoring organisation. These charts are reported as percentages. The meaning of the value is outlined along the y axis. The questions that feed into each sub-score are detailed on slide 5.



Note: where there are fewer than 10 responses for a question, this data is not shown to protect the confidentiality of staff and reliability of results.

People Promise elements, themes and sub-scores: Questions

This section provides trend results for **questions**. The questions are presented in sections for each of the People Promise elements and themes.

Not all questions reported within the section for a People Promise element or theme feed into the score and sub-scores for that element or theme. The first slide in the section for each People Promise element or theme lists which of the questions that are included in the section feed into the score and sub-scores, and which do not.

Questions not linked to People Promise

Results for the questions that are not related to any People Promise element or theme and do not contribute to the scores and sub-scores are included in this section.

Workforce Equality Standards

This section shows that data required for the indicators used in the **Workforce Race Equality Standard (WRES)** and the **Workforce Disability Equality Standard (WDES)**.

About your respondents

This section provides details of the staff responding to the survey, including their **demographic and other classification questions**. It also includes the socio-economic background questions.

Appendices

Here you will find:

- Response rate.
- Significance testing of the People Promise element and theme results for 2024 vs 2025.
- Tips on action planning and interpreting the results.
- Information about the socio-economic background questions.
- Additional reporting outputs.

Key features

Question-level results are always reported as percentages; the **meaning of the value** is outlined along the axis. Summary measures and sub-scores are always on a 0-10pt scale where 10 is the best score attainable.

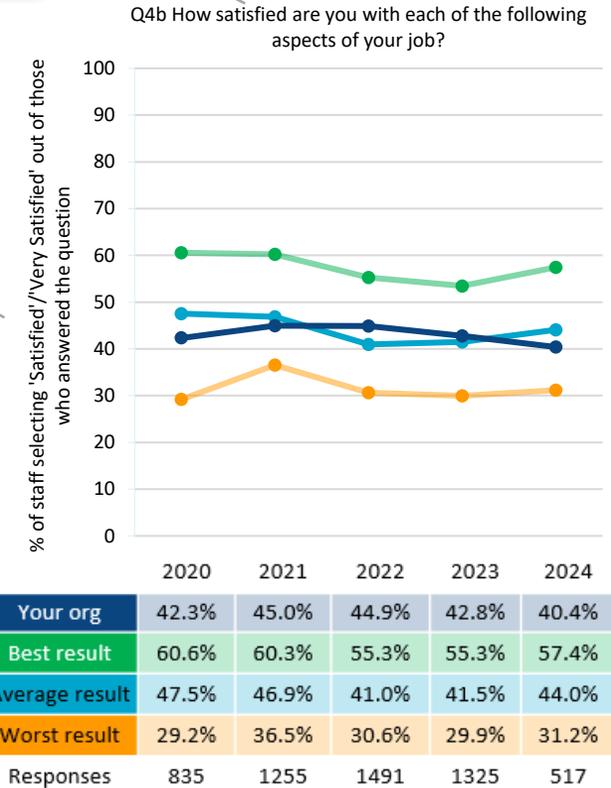
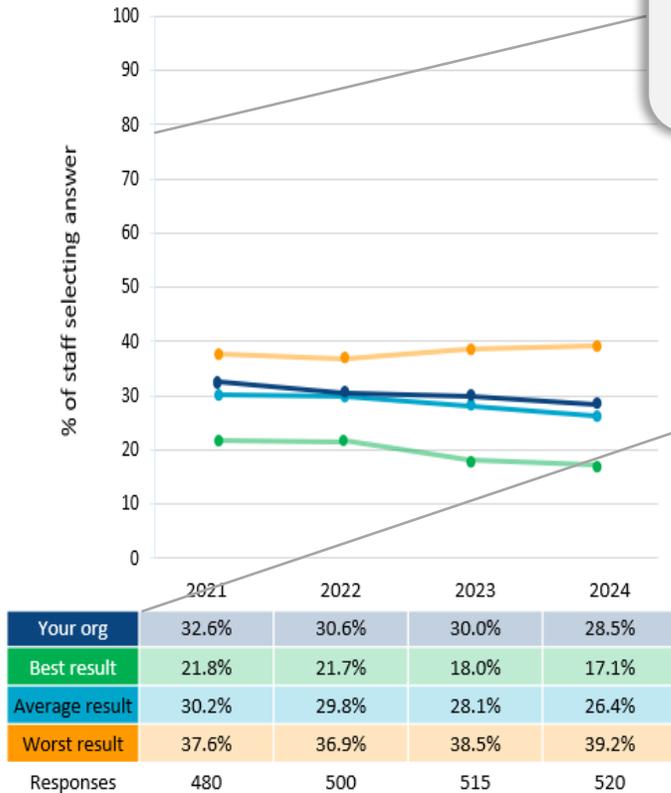
Question number and text (or summary measure) specified at the top of each slide.

Note this is example data

Colour coding highlights best / worst results, making it easy to spot questions where a lower percentage is a better or worse result.

'Best result', 'Average result', and 'Worst result' refer to the **benchmarking group's** best, average and worst results.

Number of responses for the organisation for the given question.

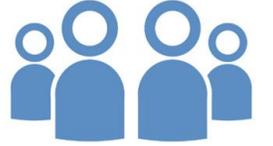


Tips on how to read, interpret and use the data are included in the Appendices

Organisation details

Gloucestershire Health and Care NHS Foundation Trust

2025 NHS Staff Survey



Organisation details

Completed questionnaires **2643**

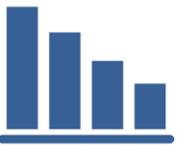
2025 response rate **51%**

Survey details

Survey mode **Mixed**

This organisation is benchmarked against:

Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts



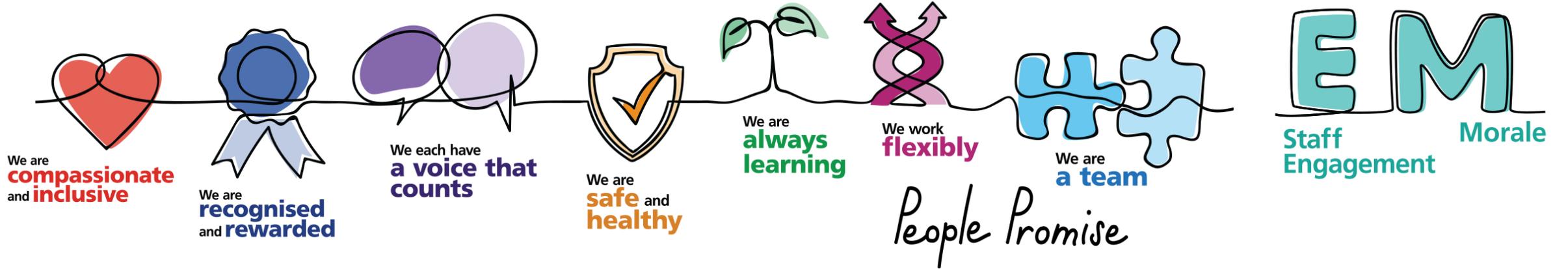
2025 benchmarking group details

Organisations in group: 48

Median response rate: 52%

No. of completed questionnaires: 145759

For more information on benchmarking group definitions please see the [Technical Guide](#).

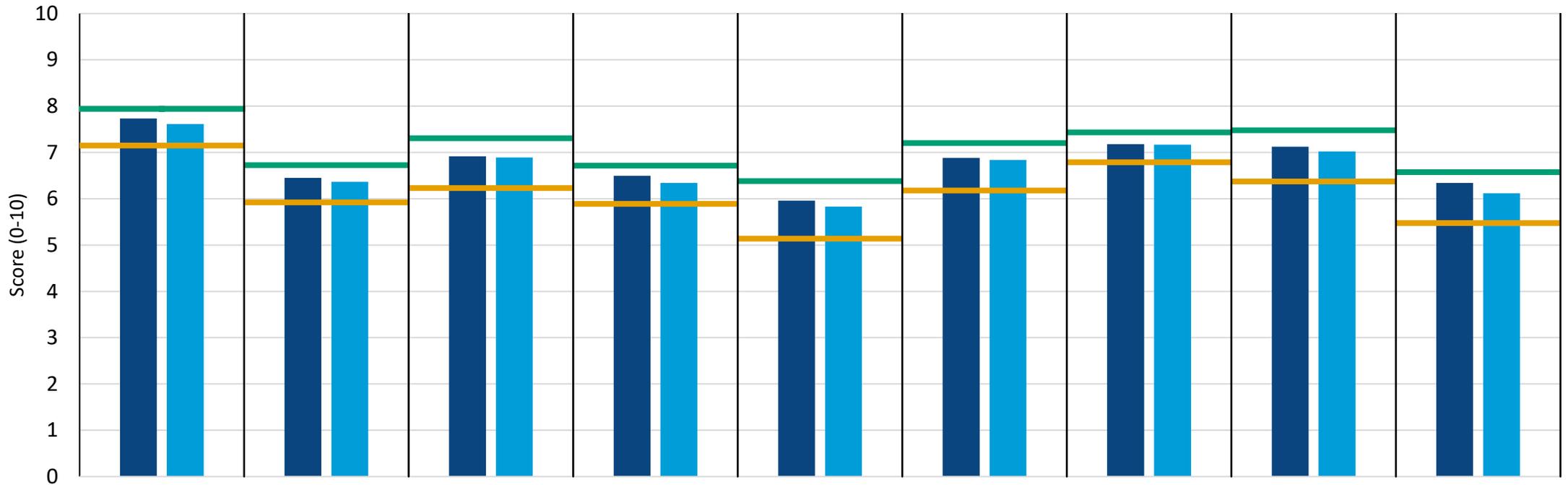


People Promise elements, themes and sub-score results

People Promise elements, themes and sub-scores: Overview

People Promise elements and themes: Overview

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Your org	7.73	6.45	6.92	6.49	5.96	6.88	7.18	7.12	6.34
Best result	7.94	6.72	7.31	6.72	6.38	7.20	7.43	7.48	6.57
Average result	7.61	6.37	6.89	6.34	5.83	6.84	7.17	7.02	6.12
Worst result	7.15	5.92	6.23	5.89	5.14	6.18	6.79	6.37	5.48
Responses	2637	2640	2606	2616	2563	2626	2632	2639	2638

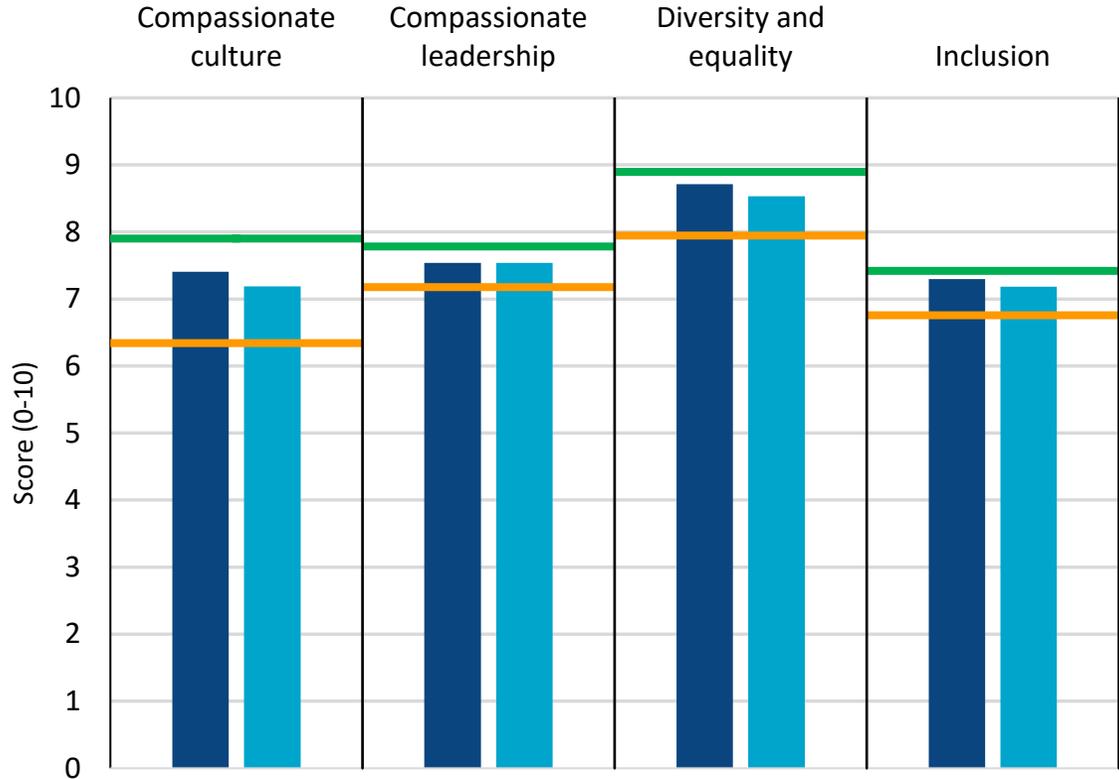


People Promise elements, themes and sub-scores: Sub-score overview

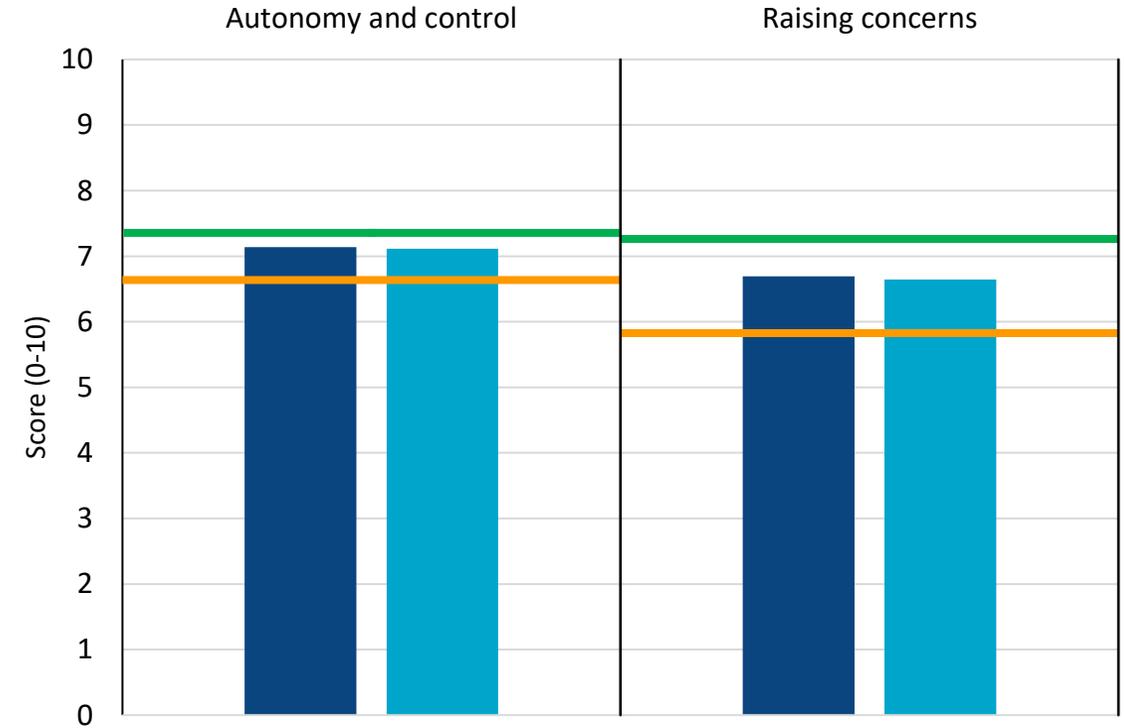
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 1: We are compassionate and inclusive



Promise element 3: We each have a voice that counts



Your org	7.14	6.69
Best result	7.36	7.26
Average result	7.11	6.64
Worst result	6.64	5.83
Responses	2639	2609

Note: People Promise element 2 'We are recognised and rewarded' does not have any sub-scores. Overall trend score data for this element is reported on slide 21.

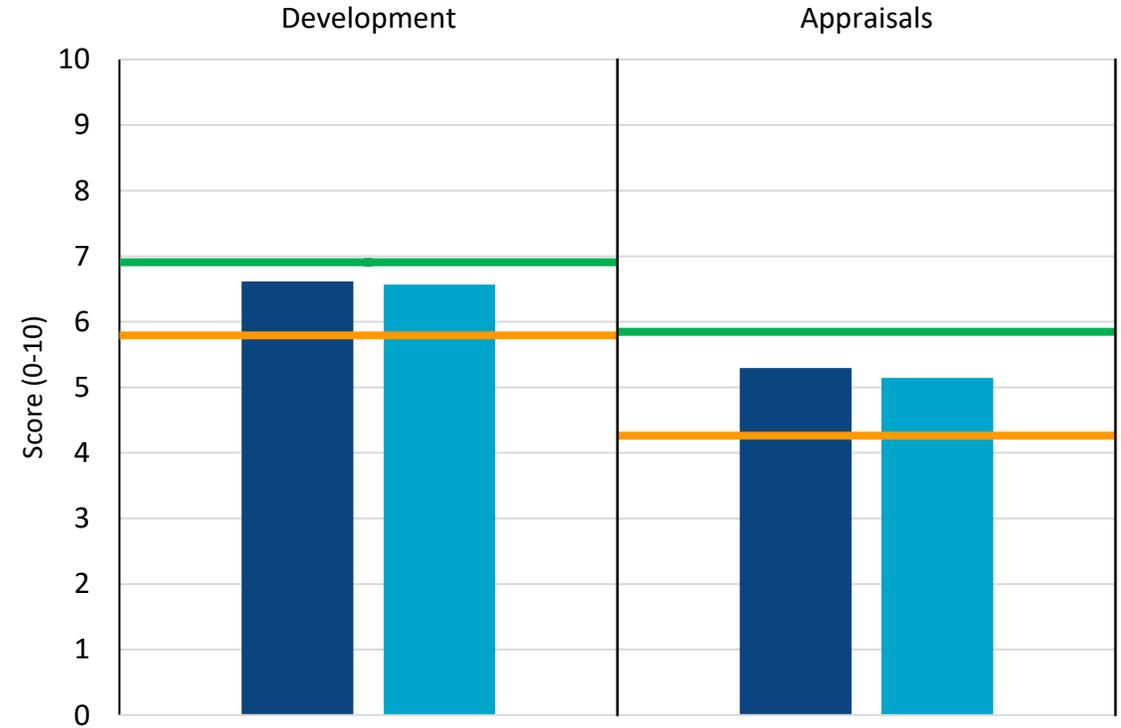
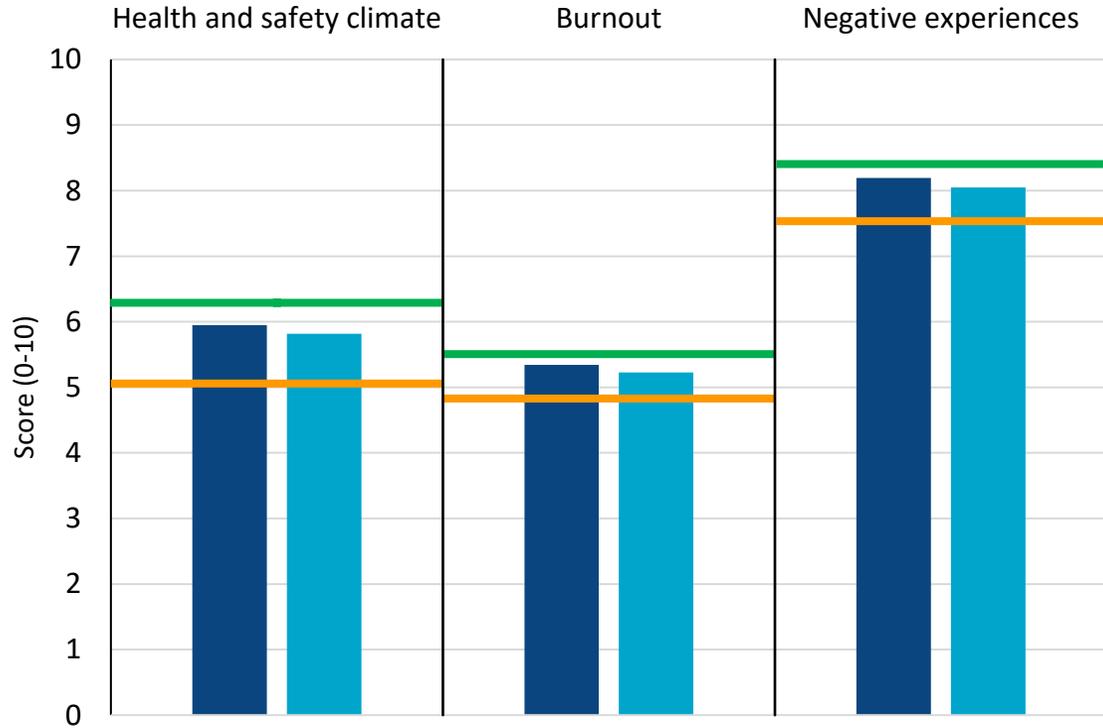
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 4: We are safe and healthy



Promise element 5: We are always learning



Your org	5.95	5.34	8.19
Best result	6.29	5.51	8.40
Average result	5.82	5.23	8.05
Worst result	5.06	4.83	7.53
Responses	2636	2630	2627

Your org	6.61	5.29
Best result	6.91	5.85
Average result	6.57	5.14
Worst result	5.79	4.26
Responses	2634	2568

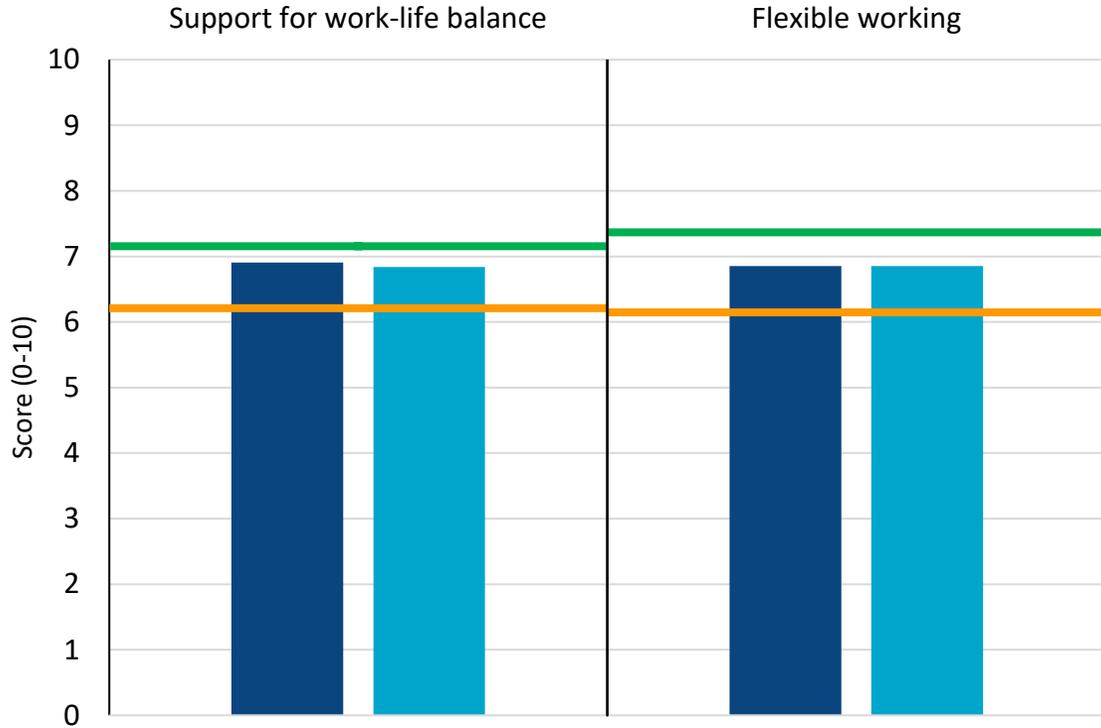
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 6: We work flexibly



Promise element 7: We are a team



Your org	6.91	6.85
Best result	7.15	7.37
Average result	6.84	6.85
Worst result	6.21	6.15
Responses	2638	2628

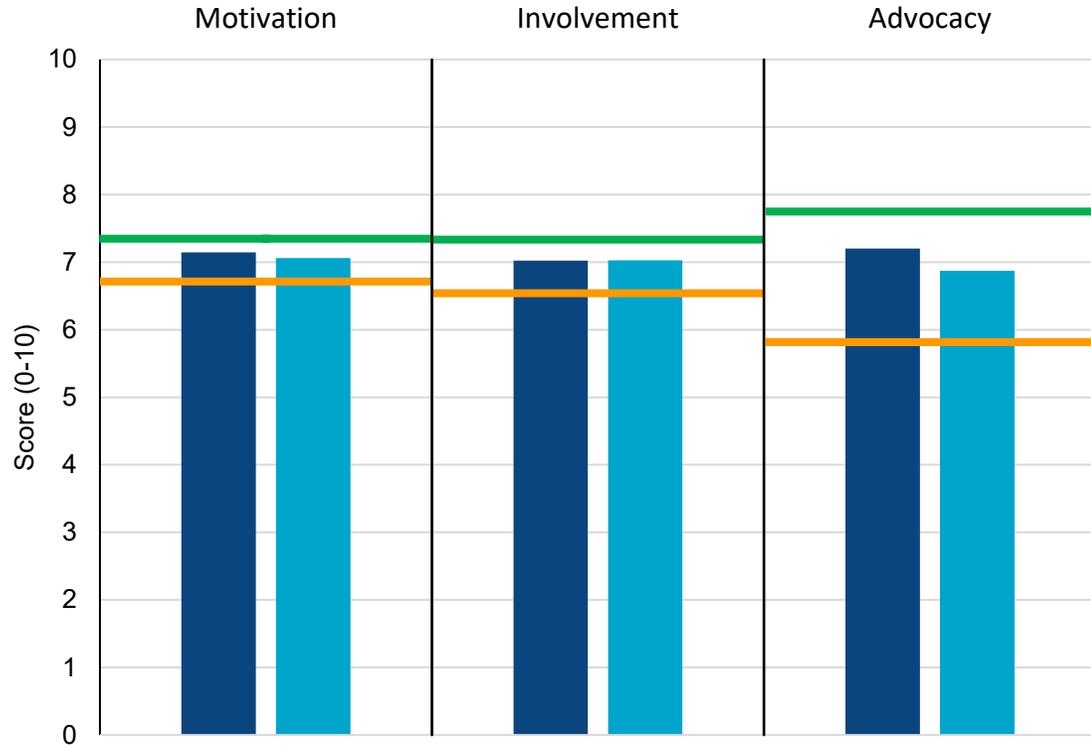


Your org	6.97	7.39
Best result	7.26	7.66
Average result	6.94	7.40
Worst result	6.52	7.05
Responses	2636	2636

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



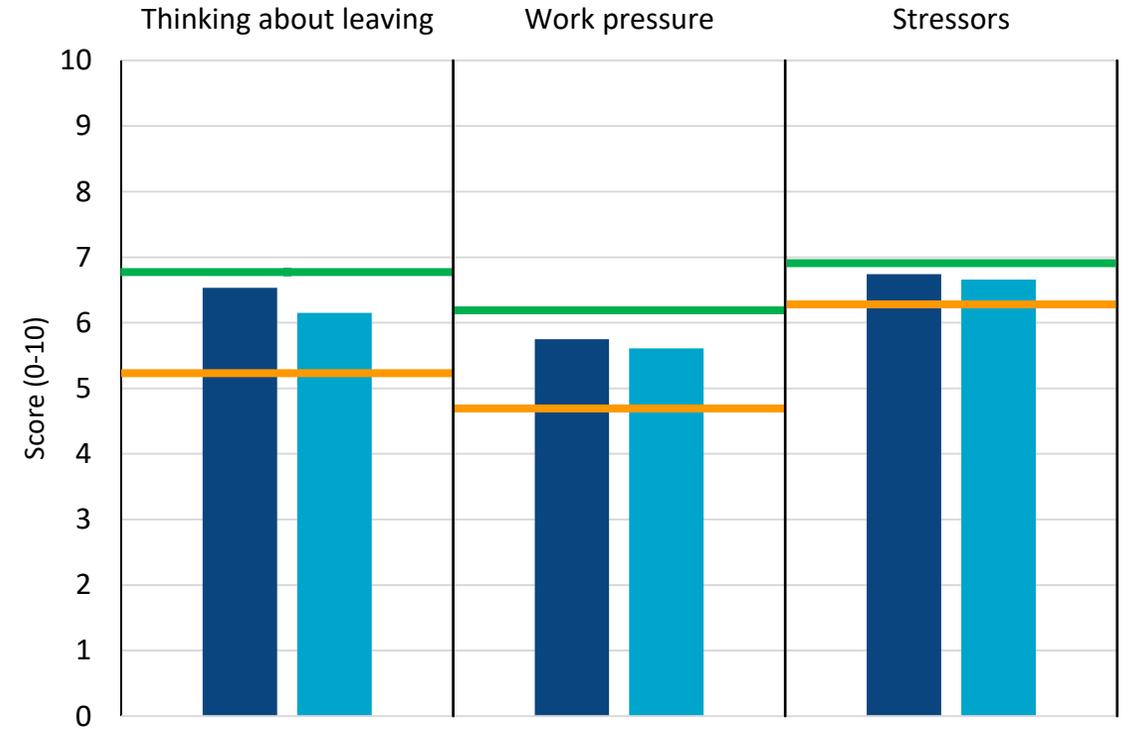
Theme: Staff engagement



Your org	7.15	7.02	7.20
Best result	7.35	7.33	7.75
Average result	7.06	7.03	6.87
Worst result	6.71	6.54	5.82
Responses	2612	2639	2629



Theme: Morale



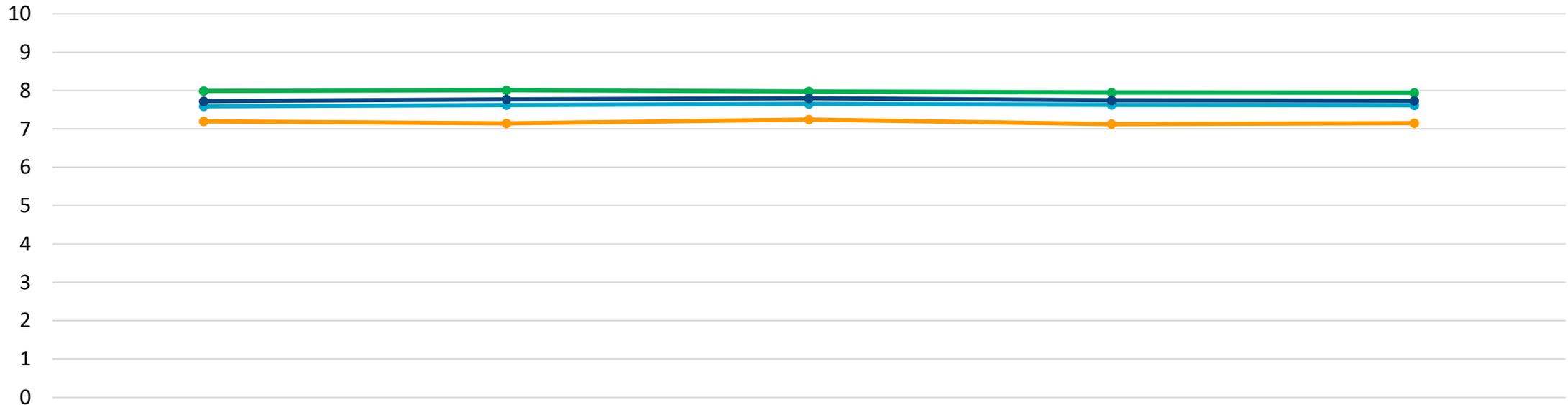
Your org	6.53	5.75	6.74
Best result	6.77	6.19	6.91
Average result	6.15	5.61	6.66
Worst result	5.23	4.69	6.28
Responses	2630	2633	2635

People Promise elements, themes and sub-scores: Trends

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

 **Promise element 1: We are compassionate and inclusive**

We are compassionate and inclusive



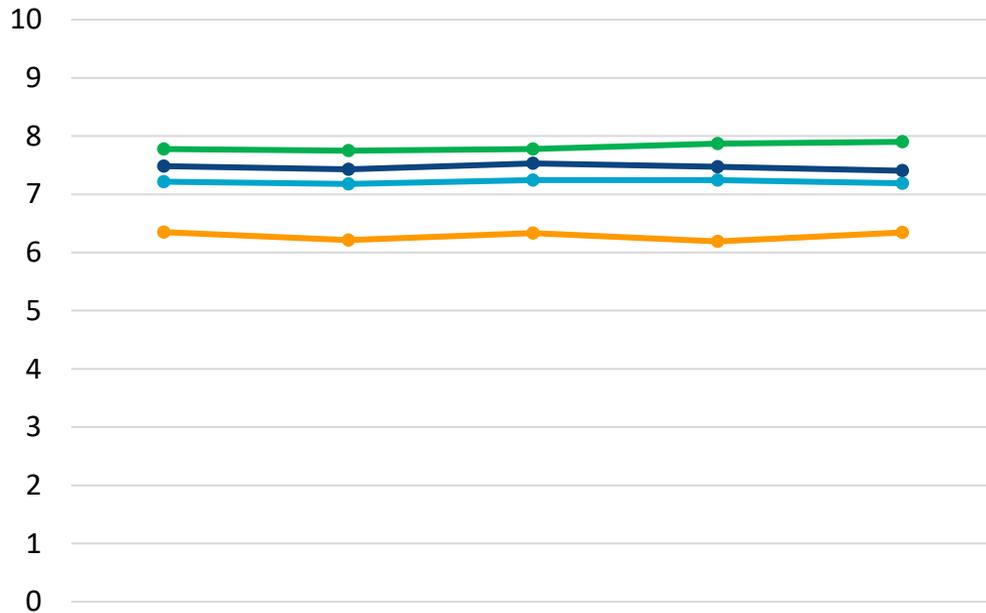
	2021	2022	2023	2024	2025
Your org	7.72	7.77	7.80	7.75	7.73
Best result	7.99	8.01	7.98	7.95	7.94
Average result	7.59	7.62	7.65	7.63	7.61
Worst result	7.20	7.15	7.24	7.12	7.15
Responses	2366	2482	2799	3024	2637

Note: Due to changes in the Q15 question wording in 2025, reported results for 'We are compassionate and inclusive' have been recalculated to exclude Q15 for all years. For more information, please refer to the *Technical Guide*: <https://www.nhsstaffsurveys.com/survey-documents/>

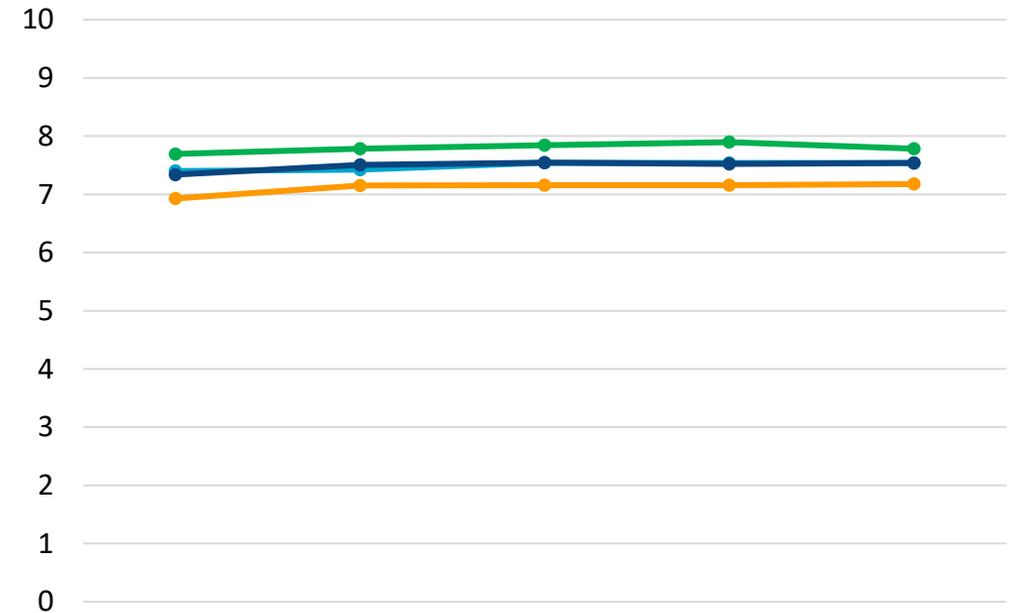
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

 **Promise element 1: We are compassionate and inclusive (1)**

Compassionate culture



Compassionate leadership



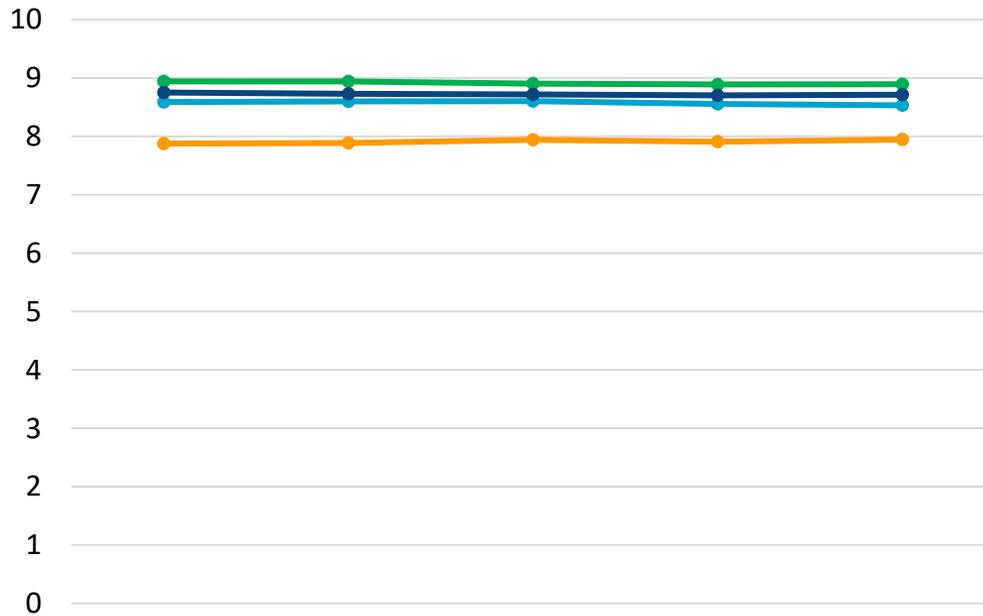
	2021	2022	2023	2024	2025
Your org	7.49	7.43	7.53	7.47	7.40
Best result	7.78	7.75	7.78	7.87	7.90
Average result	7.22	7.18	7.24	7.24	7.19
Worst result	6.35	6.21	6.33	6.19	6.34
Responses	2360	2484	2802	3015	2629

	2021	2022	2023	2024	2025
Your org	7.34	7.51	7.54	7.52	7.54
Best result	7.69	7.79	7.85	7.90	7.78
Average result	7.40	7.42	7.54	7.54	7.54
Worst result	6.93	7.15	7.15	7.15	7.18
Responses	2362	2481	2797	3025	2637

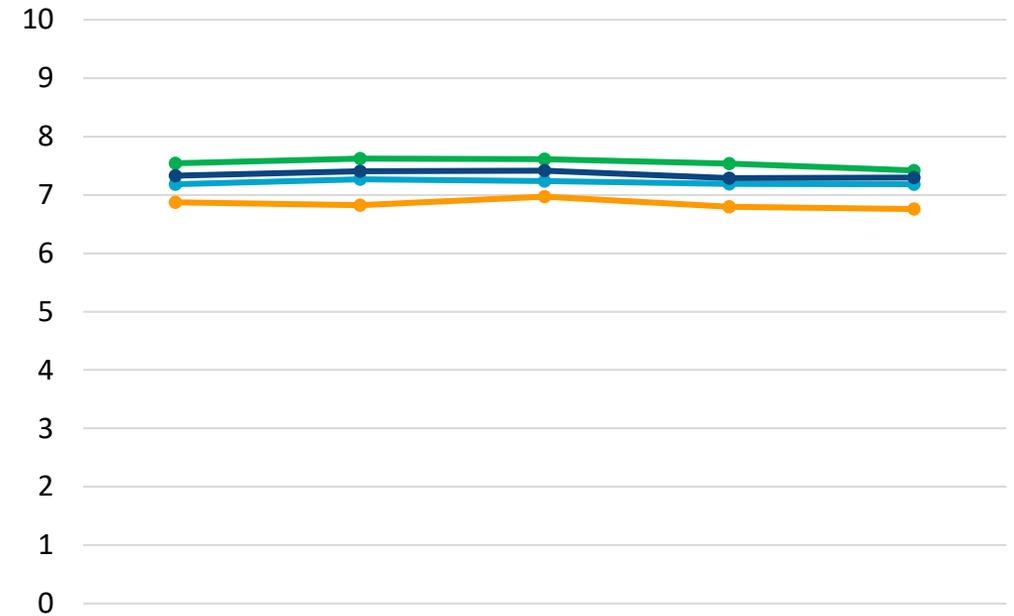
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

 **Promise element 1: We are compassionate and inclusive (2)**

Diversity and equality



Inclusion



	2021	2022	2023	2024	2025
Your org	8.75	8.73	8.72	8.70	8.71
Best result	8.94	8.94	8.90	8.89	8.90
Average result	8.59	8.60	8.60	8.55	8.53
Worst result	7.88	7.89	7.94	7.91	7.95
Responses	2358	2483	2789	3016	2619

	2021	2022	2023	2024	2025
Your org	7.33	7.41	7.41	7.29	7.30
Best result	7.54	7.62	7.61	7.54	7.42
Average result	7.18	7.27	7.24	7.19	7.18
Worst result	6.87	6.83	6.97	6.80	6.76
Responses	2357	2470	2783	3015	2628

Note: Due to changes in the Q15 question wording in 2025, reported results for 'Diversity and equality' have been recalculated to exclude Q15 for all years. For more information, please refer to the *Technical Guide*:

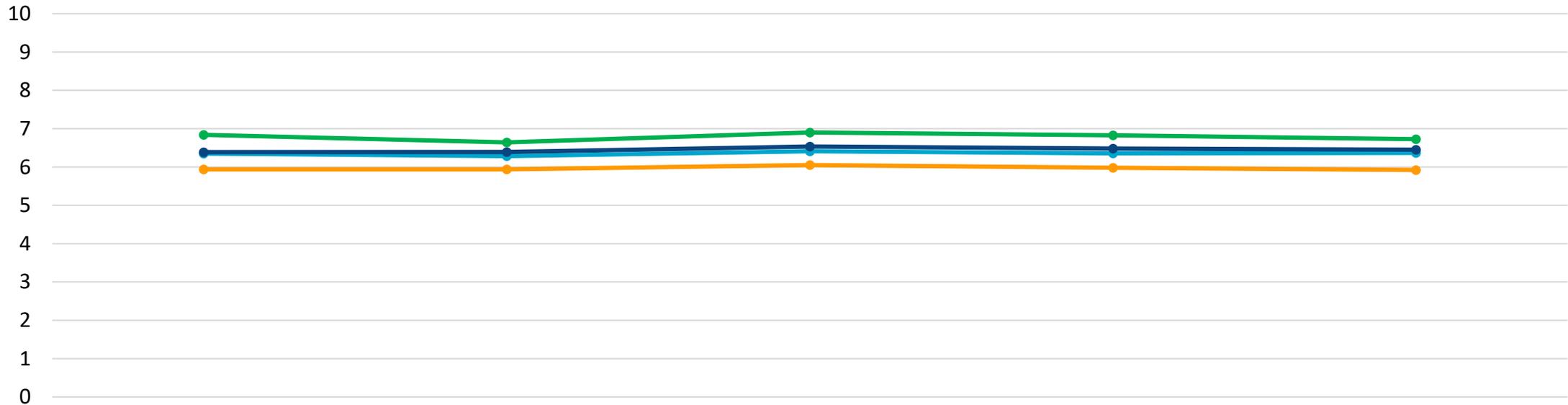
<https://www.nhsstaffsurveys.com/survey-documents/>

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 2: We are recognised and rewarded

We are recognised and rewarded



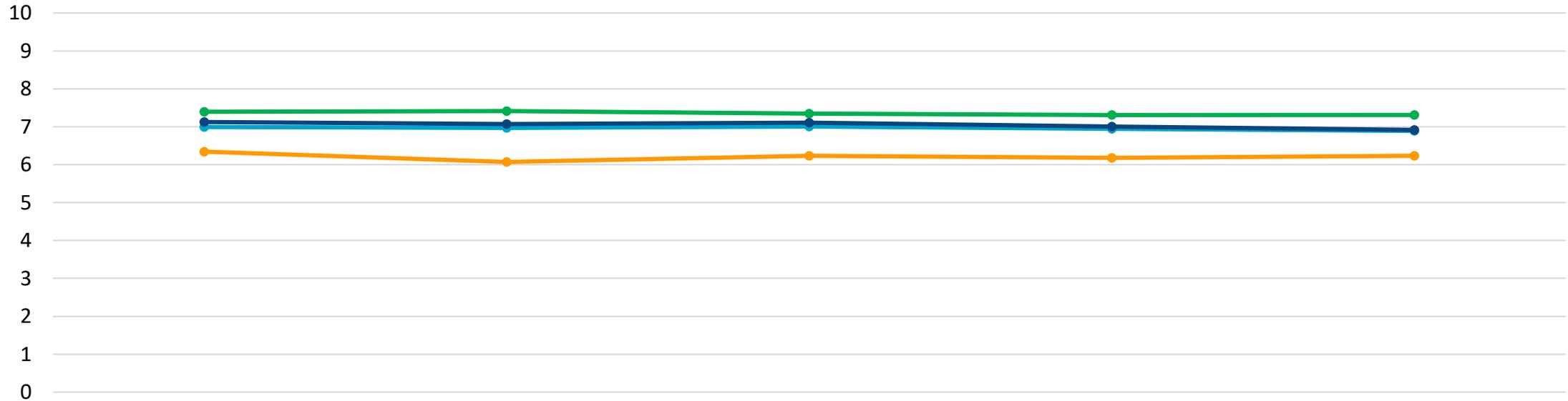
	2021	2022	2023	2024	2025
Your org	6.39	6.39	6.53	6.48	6.45
Best result	6.84	6.64	6.90	6.83	6.72
Average result	6.35	6.28	6.41	6.35	6.37
Worst result	5.94	5.94	6.05	5.98	5.92
Responses	2361	2477	2800	3021	2640

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 3: We each have a voice that counts

We each have a voice that counts



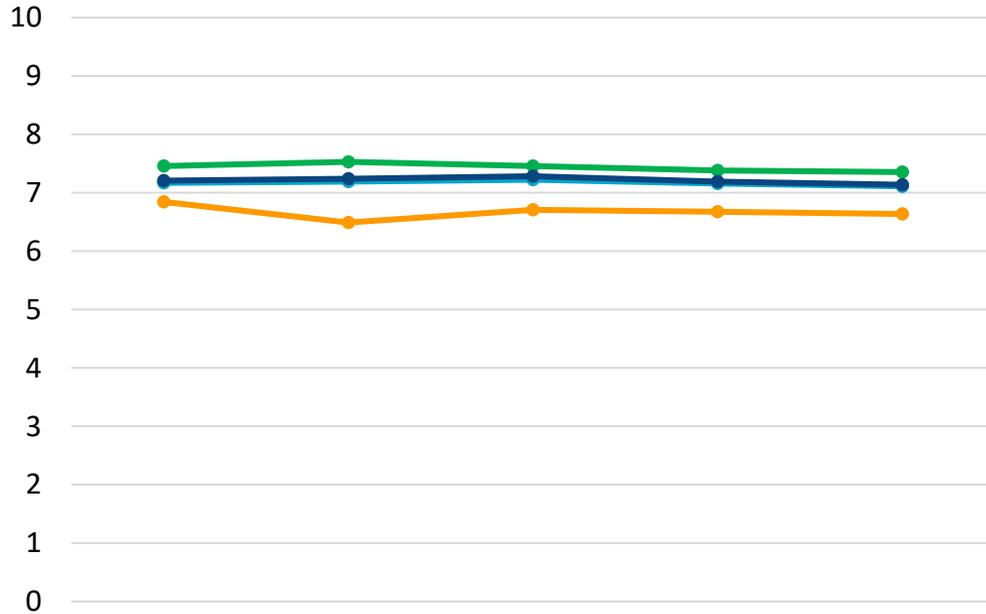
	2021	2022	2023	2024	2025
Your org	7.12	7.07	7.11	7.00	6.92
Best result	7.40	7.41	7.35	7.31	7.31
Average result	6.99	6.97	7.01	6.94	6.89
Worst result	6.34	6.07	6.23	6.18	6.23
Responses	2351	2464	2773	2991	2606

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

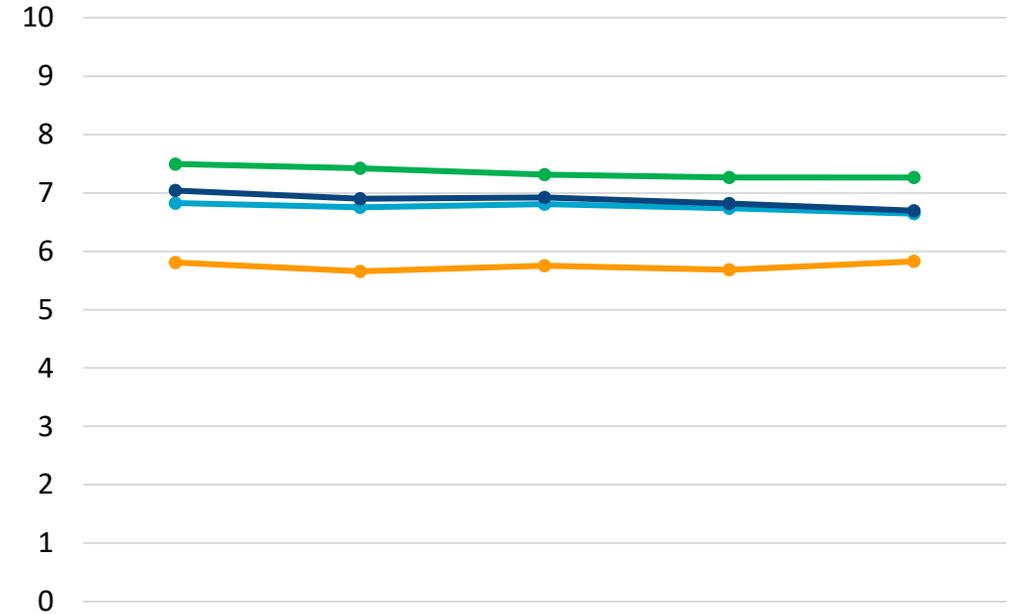


Promise element 3: We each have a voice that counts

Autonomy and control



Raising concerns



	2021	2022	2023	2024	2025
Your org	7.21	7.24	7.28	7.19	7.14
Best result	7.46	7.53	7.46	7.38	7.36
Average result	7.17	7.19	7.22	7.16	7.11
Worst result	6.84	6.49	6.71	6.68	6.64
Responses	2364	2483	2798	3023	2639

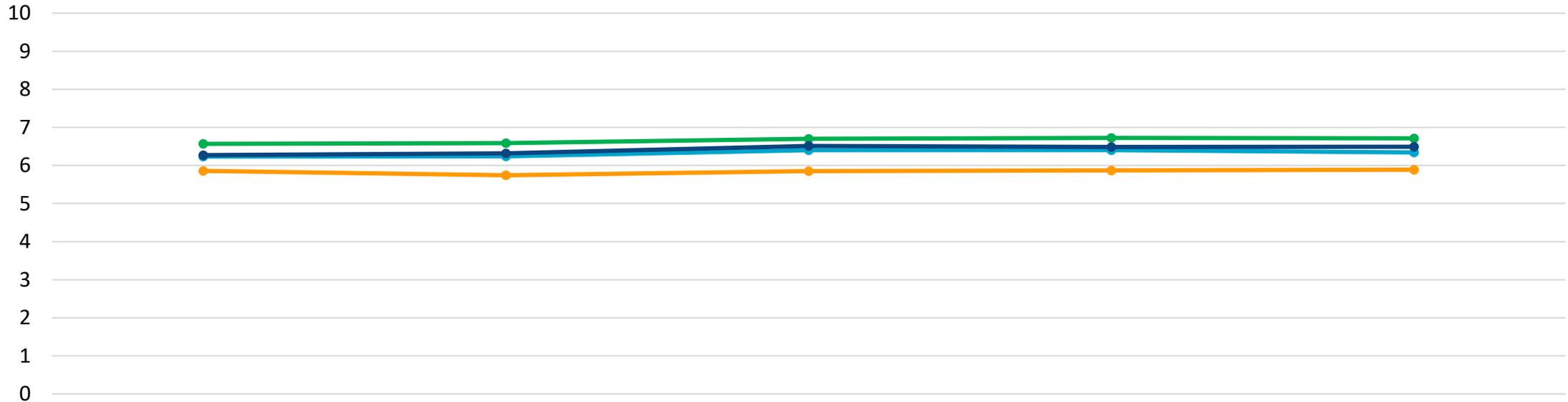
	2021	2022	2023	2024	2025
Your org	7.04	6.90	6.92	6.82	6.69
Best result	7.49	7.42	7.31	7.26	7.26
Average result	6.83	6.76	6.81	6.74	6.64
Worst result	5.81	5.66	5.75	5.68	5.83
Responses	2354	2472	2782	2996	2609

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 4: We are safe and healthy

We are safe and healthy



	2021	2022	2023	2024	2025
Your org	6.27	6.32	6.51	6.49	6.49
Best result	6.57	6.59	6.70	6.72	6.72
Average result	6.23	6.24	6.40	6.40	6.34
Worst result	5.86	5.74	5.85	5.87	5.89
Responses	2349	2457	2774	3004	2616

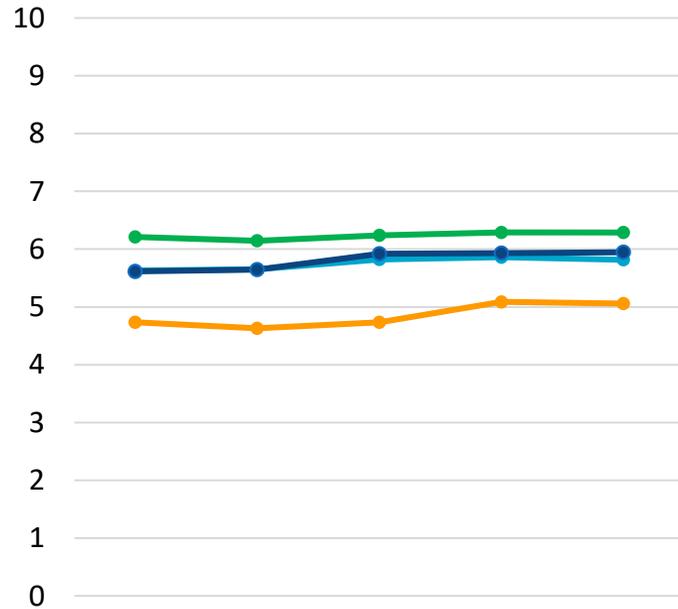
Note: 2023 results for 'We are safe and healthy' are reported using corrected data. In addition, due to changes in the Q11b question wording in 2025, reported results for 'We are safe and healthy' have been recalculated to exclude Q11b for all years. Please see *Additional Information regarding NSS23 data collection issue* and *Technical Guide* at <https://www.nhsstaffsurveys.com/survey-documents/> for more details.

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



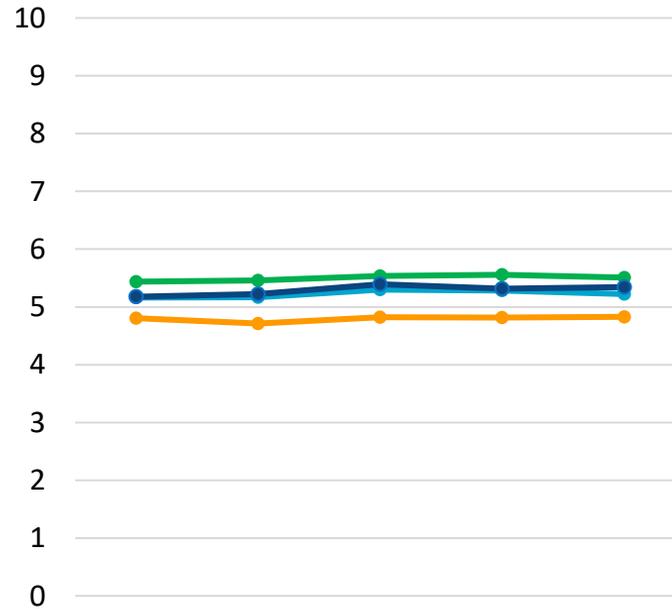
Promise element 4: We are safe and healthy

Health and safety climate



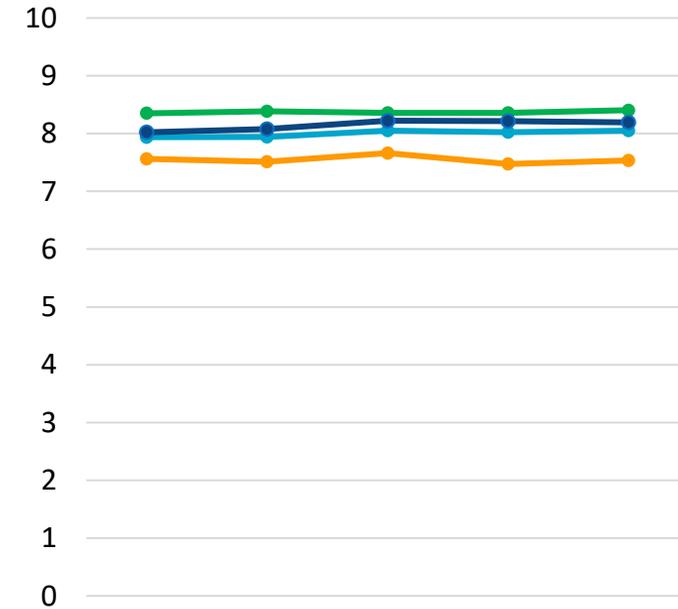
	2021	2022	2023	2024	2025
Your org	5.62	5.64	5.92	5.93	5.95
Best result	6.21	6.14	6.24	6.29	6.29
Average result	5.63	5.65	5.82	5.86	5.82
Worst result	4.74	4.63	4.74	5.09	5.06
Responses	2364	2483	2798	3022	2636

Burnout



	2021	2022	2023	2024	2025
Your org	5.18	5.22	5.39	5.31	5.34
Best result	5.44	5.46	5.53	5.56	5.51
Average result	5.16	5.17	5.30	5.28	5.23
Worst result	4.81	4.71	4.82	4.82	4.83
Responses	2359	2478	2798	3018	2630

Negative experiences



	2021	2022	2023	2024	2025
Your org	8.02	8.08	8.22	8.22	8.19
Best result	8.35	8.39	8.36	8.36	8.40
Average result	7.94	7.94	8.05	8.02	8.05
Worst result	7.56	7.51	7.66	7.47	7.53
Responses	2355	2471	2784	3016	2627

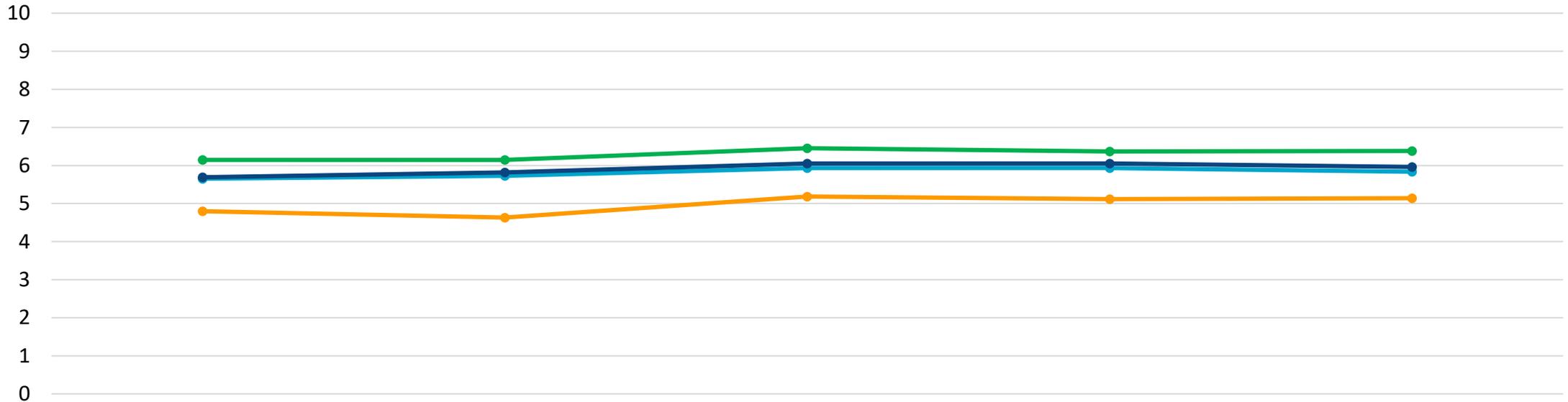
Note: 2023 results for 'Health and safety climate' and 'Negative experiences' are reported using corrected data. In addition, due to changes in the Q11b question wording in 2025, reported results for 'Negative experiences' have been recalculated to exclude Q11b for all years. Please see *Additional Information regarding NSS23 data collection issue* and *Technical Guide* at <https://www.nhsstaffsurveys.com/survey-documents/> for more details.

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 5: We are always learning

We are always learning



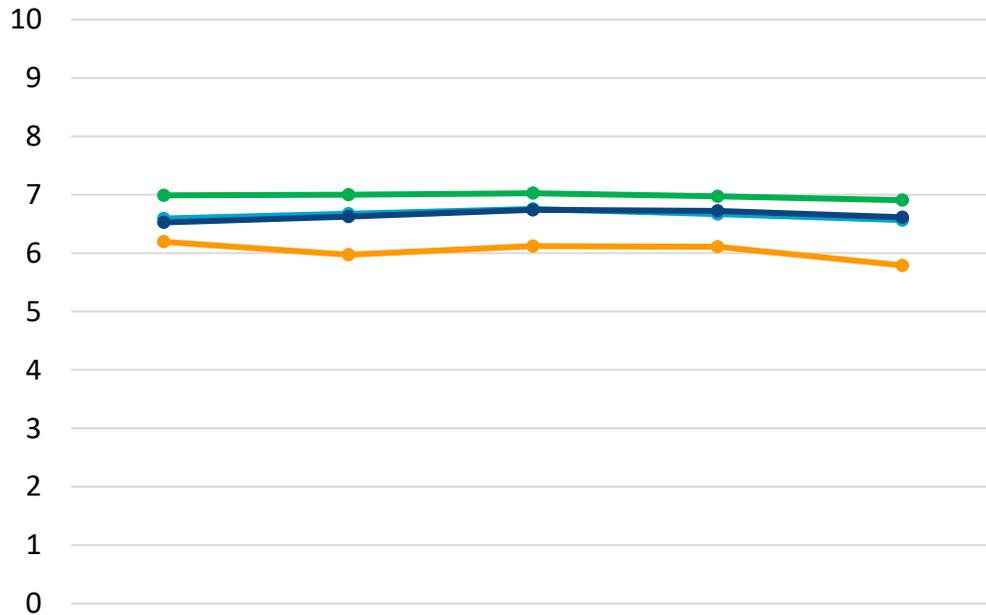
	2021	2022	2023	2024	2025
Your org	5.69	5.82	6.05	6.05	5.96
Best result	6.15	6.15	6.45	6.37	6.38
Average result	5.65	5.72	5.93	5.93	5.83
Worst result	4.80	4.63	5.18	5.11	5.14
Responses	2286	2420	2725	2925	2563

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

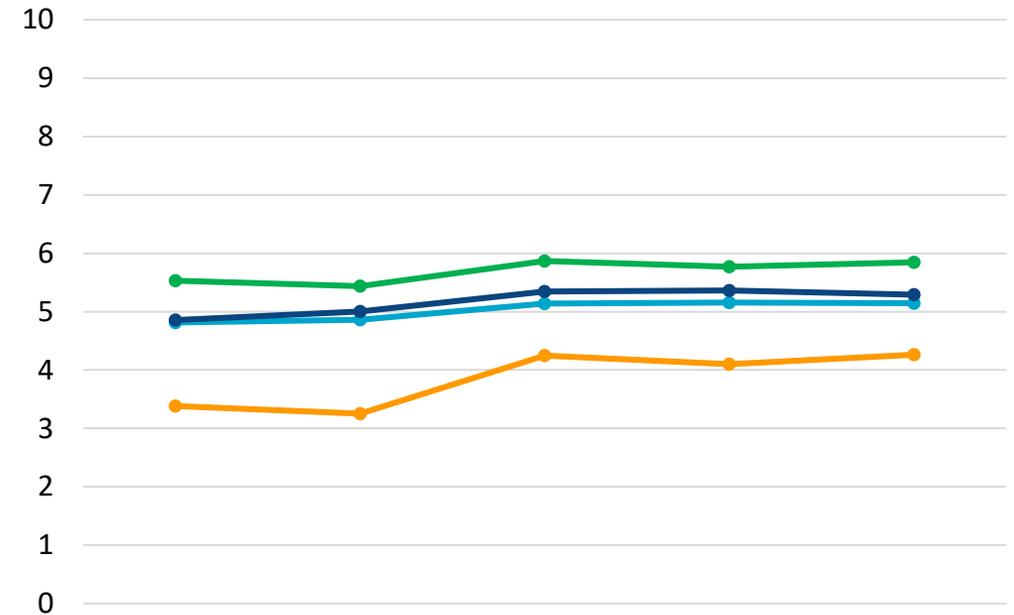


Promise element 5: We are always learning

Development



Appraisals



	2021	2022	2023	2024	2025
Your org	6.53	6.63	6.74	6.72	6.61
Best result	6.99	7.00	7.03	6.97	6.91
Average result	6.59	6.68	6.76	6.67	6.57
Worst result	6.19	5.98	6.12	6.11	5.79
Responses	2359	2487	2800	3021	2634

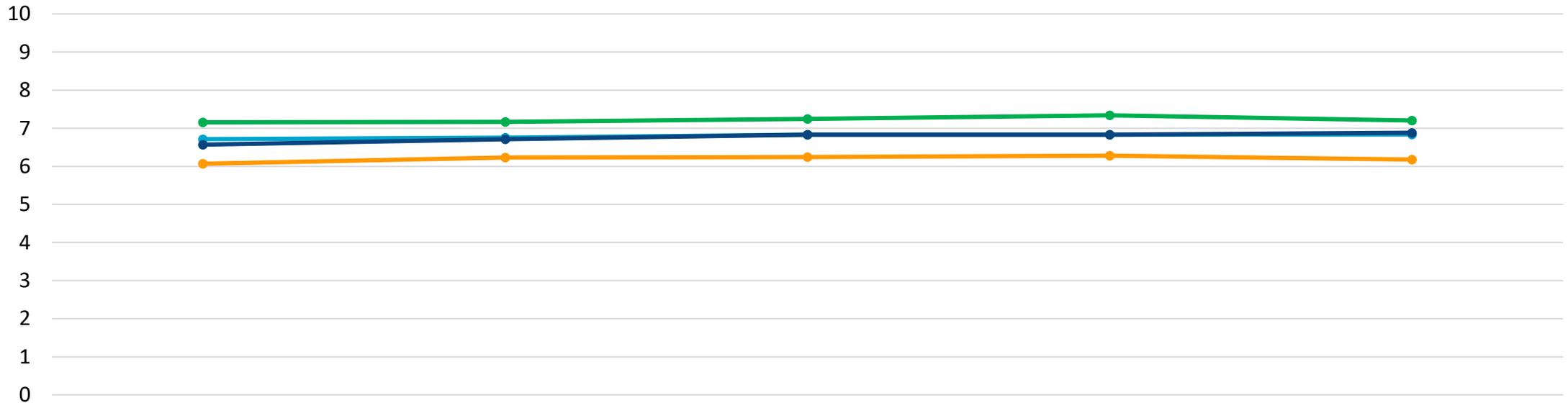
	2021	2022	2023	2024	2025
Your org	4.86	5.00	5.34	5.36	5.29
Best result	5.53	5.44	5.87	5.77	5.85
Average result	4.81	4.86	5.14	5.16	5.14
Worst result	3.38	3.25	4.25	4.10	4.26
Responses	2288	2422	2728	2928	2568

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 6: We work flexibly

We work flexibly



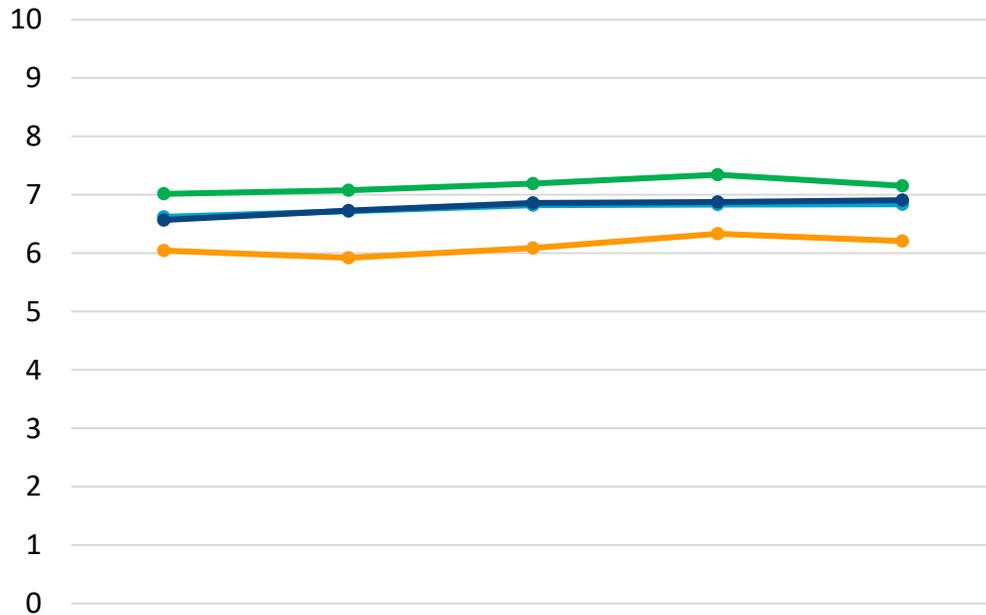
	2021	2022	2023	2024	2025
Your org	6.57	6.71	6.83	6.83	6.88
Best result	7.15	7.17	7.25	7.34	7.20
Average result	6.71	6.75	6.83	6.83	6.84
Worst result	6.07	6.23	6.24	6.28	6.18
Responses	2354	2469	2790	3003	2626

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

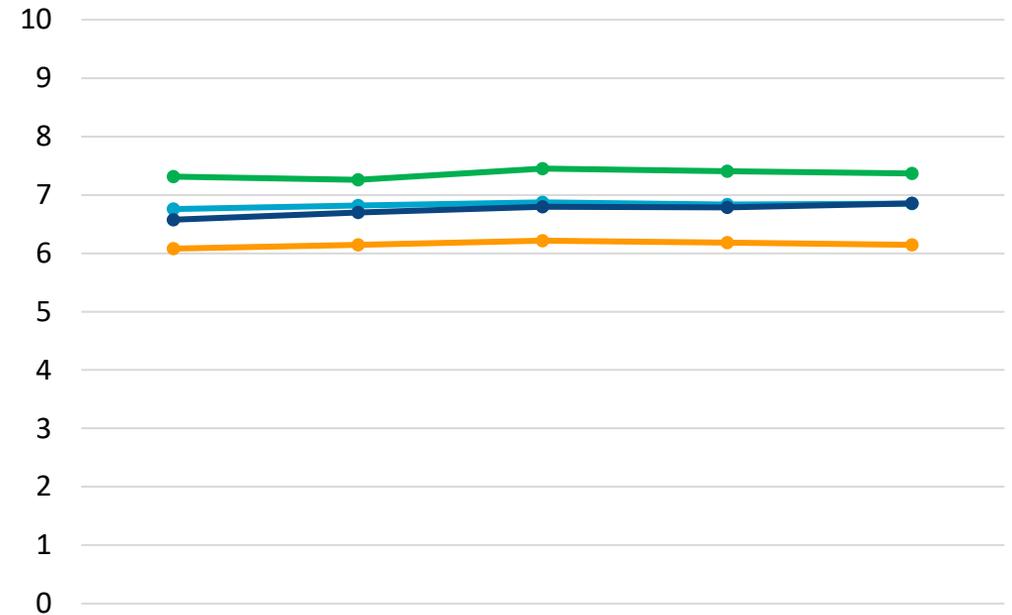


Promise element 6: We work flexibly

Support for work-life balance



Flexible working



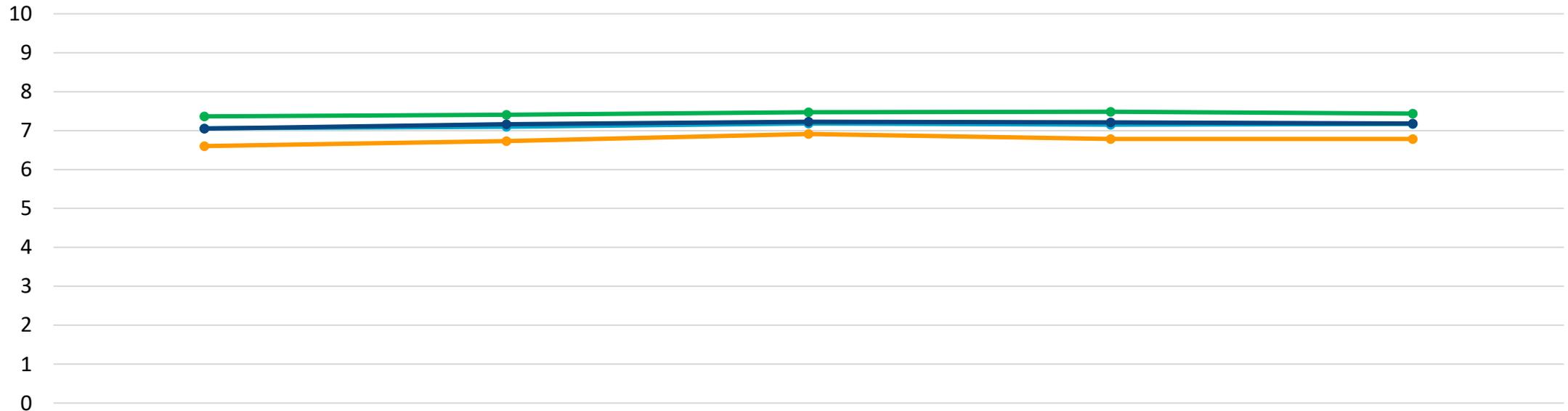
	2021	2022	2023	2024	2025
Your org	6.57	6.73	6.86	6.88	6.91
Best result	7.02	7.08	7.19	7.34	7.15
Average result	6.62	6.72	6.82	6.84	6.84
Worst result	6.05	5.92	6.09	6.33	6.21
Responses	2364	2482	2798	3016	2638

	2021	2022	2023	2024	2025
Your org	6.57	6.70	6.80	6.78	6.85
Best result	7.31	7.26	7.45	7.40	7.37
Average result	6.76	6.82	6.87	6.84	6.85
Worst result	6.08	6.15	6.22	6.18	6.15
Responses	2356	2472	2794	3011	2628

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

 **Promise element 7: We are a team**

We are a team



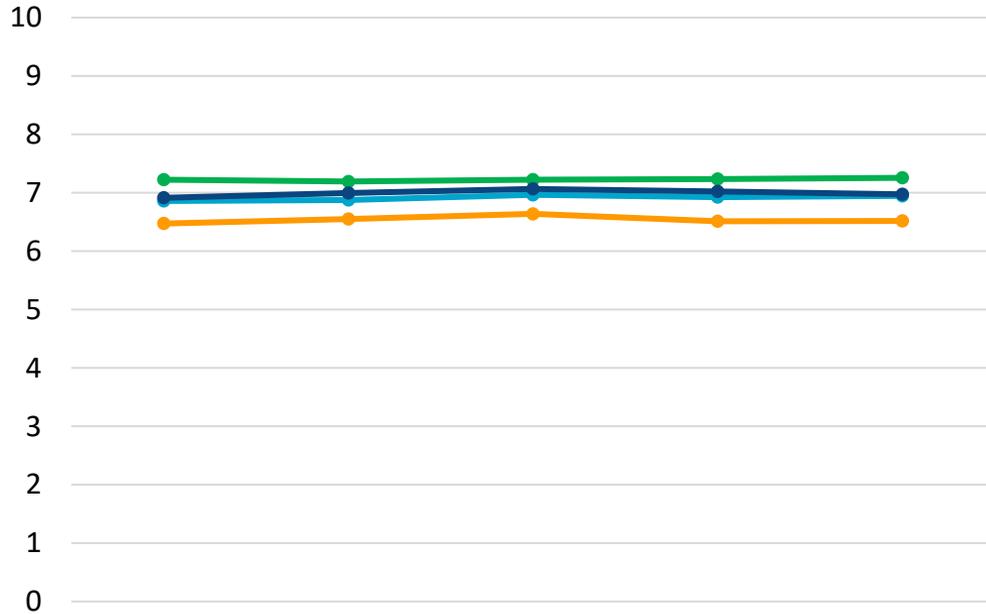
	2021	2022	2023	2024	2025
Your org	7.05	7.16	7.23	7.21	7.18
Best result	7.36	7.40	7.47	7.48	7.43
Average result	7.06	7.10	7.18	7.15	7.17
Worst result	6.60	6.73	6.91	6.78	6.79
Responses	2364	2480	2794	3024	2632

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

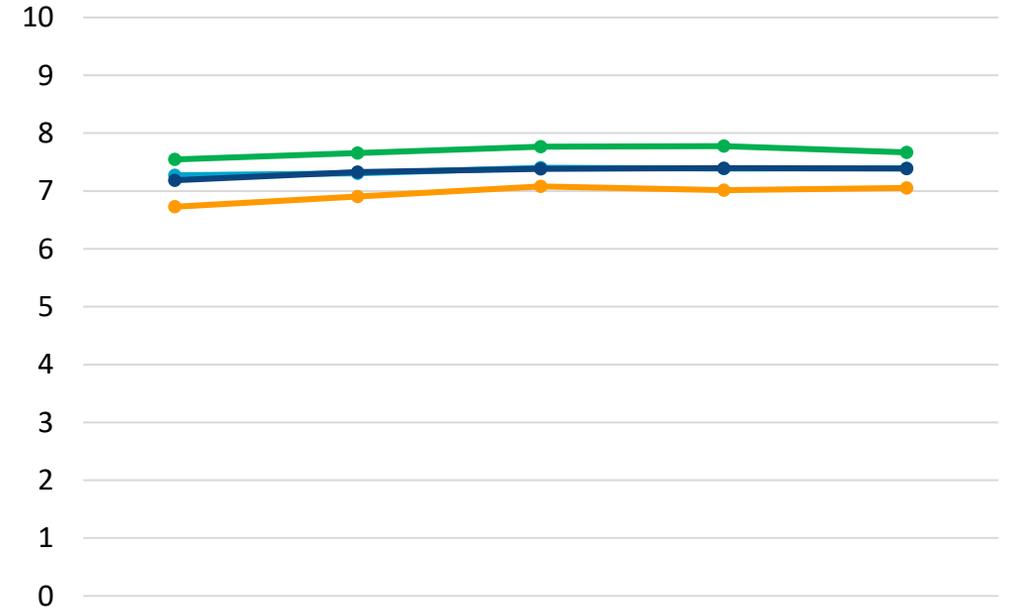


Promise element 7: We are a team

Team working



Line management



	2021	2022	2023	2024	2025
Your org	6.91	7.00	7.07	7.02	6.97
Best result	7.23	7.19	7.22	7.23	7.26
Average result	6.86	6.88	6.97	6.92	6.94
Worst result	6.47	6.55	6.64	6.51	6.52
Responses	2365	2481	2801	3025	2636

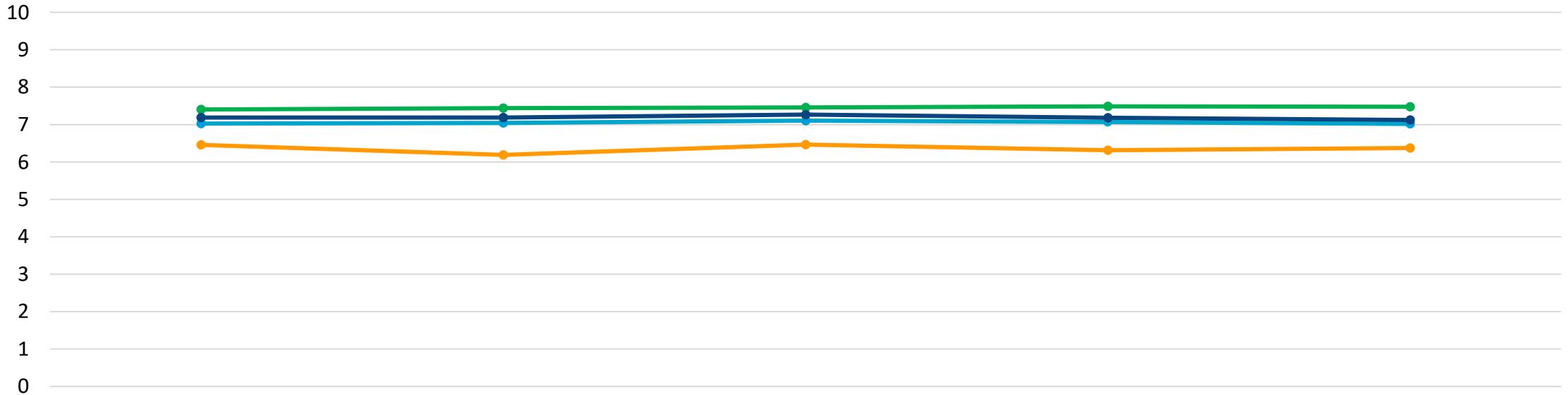
	2021	2022	2023	2024	2025
Your org	7.19	7.33	7.38	7.40	7.39
Best result	7.54	7.66	7.76	7.78	7.66
Average result	7.27	7.31	7.40	7.39	7.40
Worst result	6.73	6.91	7.08	7.01	7.05
Responses	2365	2484	2797	3025	2636

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Theme: Staff Engagement

Staff Engagement



	2021	2022	2023	2024	2025
Your org	7.19	7.19	7.27	7.18	7.12
Best result	7.40	7.44	7.46	7.49	7.48
Average result	7.03	7.05	7.11	7.07	7.02
Worst result	6.46	6.19	6.47	6.32	6.37
Responses	2365	2486	2800	3024	2639



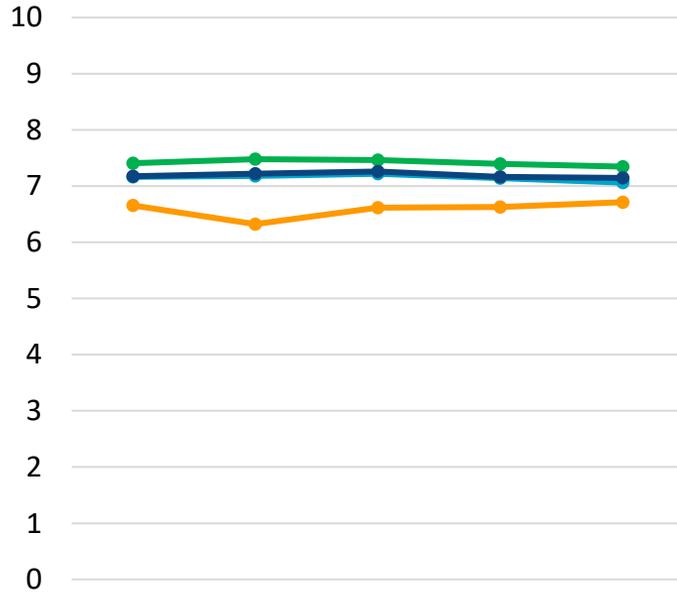
People Promise elements, themes and sub-scores: Sub-score trends

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Theme: Staff Engagement

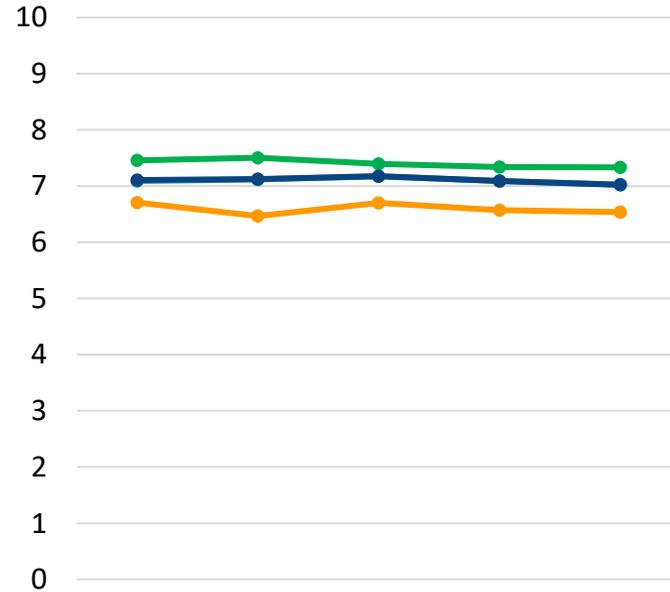
Motivation



2021 2022 2023 2024 2025

Your org	7.18	7.22	7.26	7.17	7.15
Best result	7.41	7.48	7.46	7.39	7.35
Average result	7.16	7.18	7.22	7.14	7.06
Worst result	6.66	6.32	6.62	6.63	6.71
Responses	2348	2468	2772	3004	2612

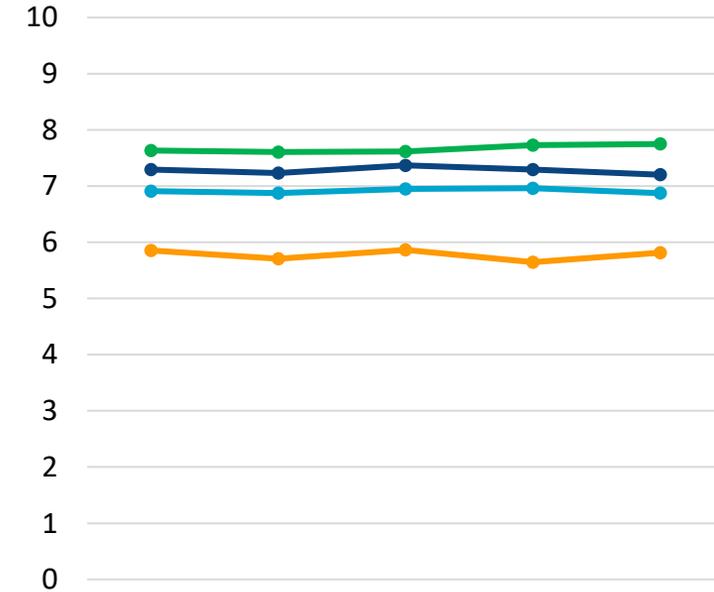
Involvement



2021 2022 2023 2024 2025

Your org	7.11	7.13	7.18	7.09	7.02
Best result	7.46	7.50	7.39	7.34	7.33
Average result	7.09	7.12	7.17	7.09	7.03
Worst result	6.71	6.47	6.70	6.57	6.54
Responses	2364	2482	2797	3023	2639

Advocacy



2021 2022 2023 2024 2025

Your org	7.29	7.23	7.37	7.29	7.20
Best result	7.64	7.61	7.62	7.73	7.75
Average result	6.91	6.88	6.95	6.96	6.87
Worst result	5.85	5.71	5.87	5.65	5.82
Responses	2357	2484	2801	3015	2629

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Theme: Morale

Morale



	2021	2022	2023	2024	2025
Your org	6.13	6.19	6.37	6.34	6.34
Best result	6.52	6.49	6.60	6.65	6.57
Average result	6.01	6.03	6.17	6.20	6.12
Worst result	5.48	5.14	5.21	5.46	5.48
Responses	2365	2484	2803	3024	2638



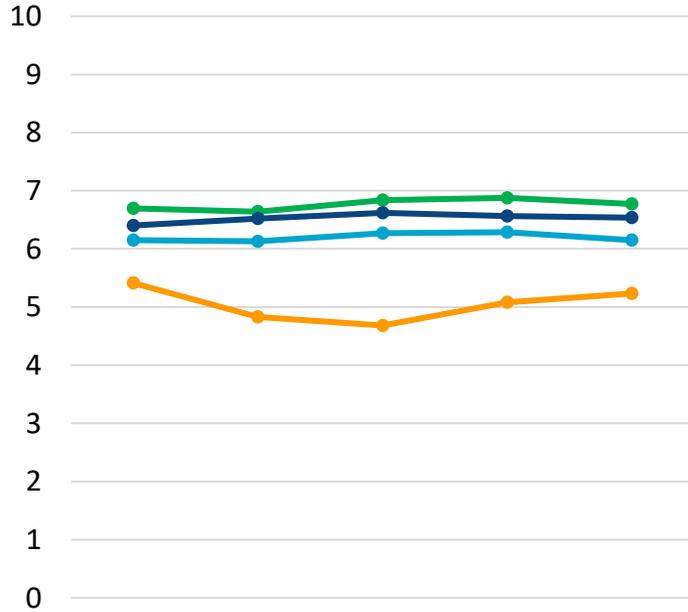
People Promise elements, themes and sub-scores: Sub-score trends

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Theme: Morale

Thinking about leaving

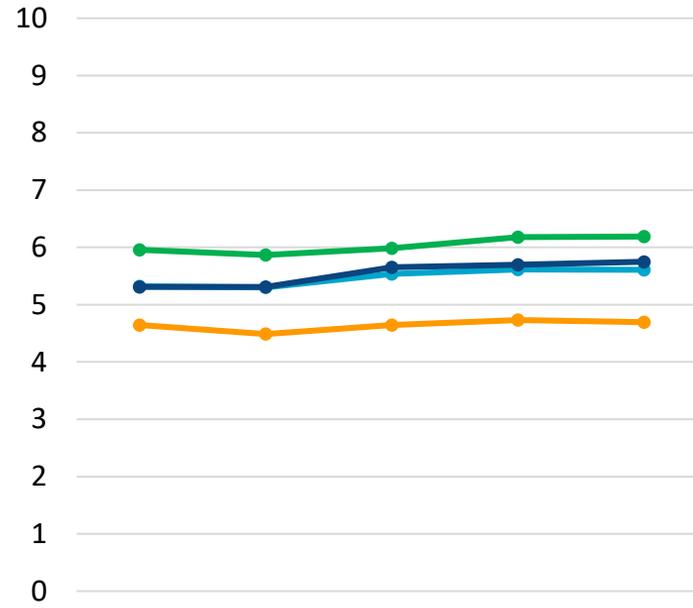


2021 2022 2023 2024 2025

Your org	6.40	6.52	6.62	6.56	6.53
Best result	6.70	6.64	6.83	6.88	6.77
Average result	6.15	6.13	6.27	6.29	6.15
Worst result	5.41	4.83	4.68	5.08	5.23

Responses 2362 2484 2797 3019 2630

Work pressure

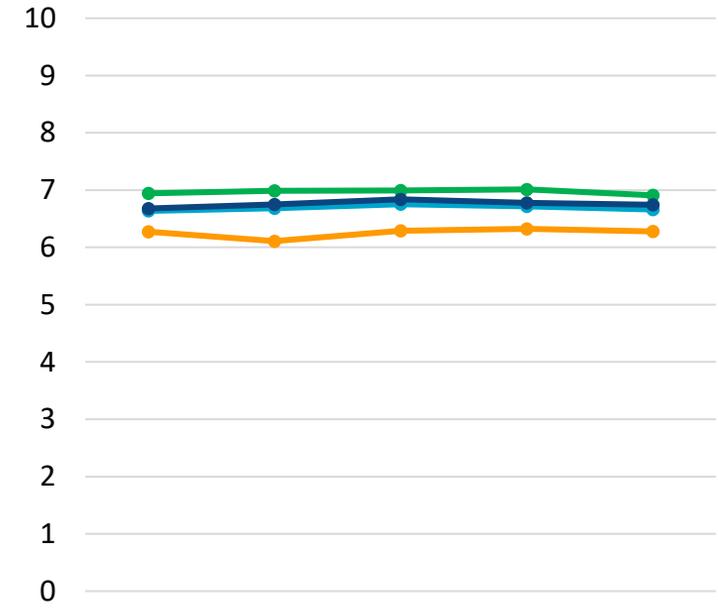


2021 2022 2023 2024 2025

Your org	5.31	5.31	5.65	5.70	5.75
Best result	5.96	5.87	5.99	6.18	6.19
Average result	5.32	5.30	5.54	5.61	5.61
Worst result	4.64	4.49	4.64	4.73	4.69

Responses 2363 2481 2797 3021 2633

Stressors

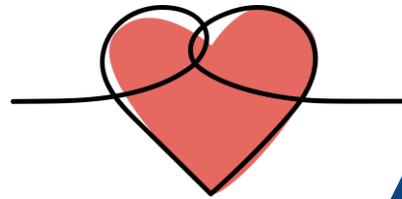


2021 2022 2023 2024 2025

Your org	6.68	6.75	6.84	6.78	6.74
Best result	6.94	6.99	6.99	7.01	6.91
Average result	6.64	6.68	6.75	6.72	6.66
Worst result	6.27	6.11	6.29	6.32	6.28

Responses 2362 2479 2799 3018 2635

People Promise element – We are compassionate and inclusive



Questions included:

Compassionate culture – Q6a, Q25a, Q25b, Q25c, Q25d

Compassionate leadership – Q9f, Q9g, Q9h, Q9i

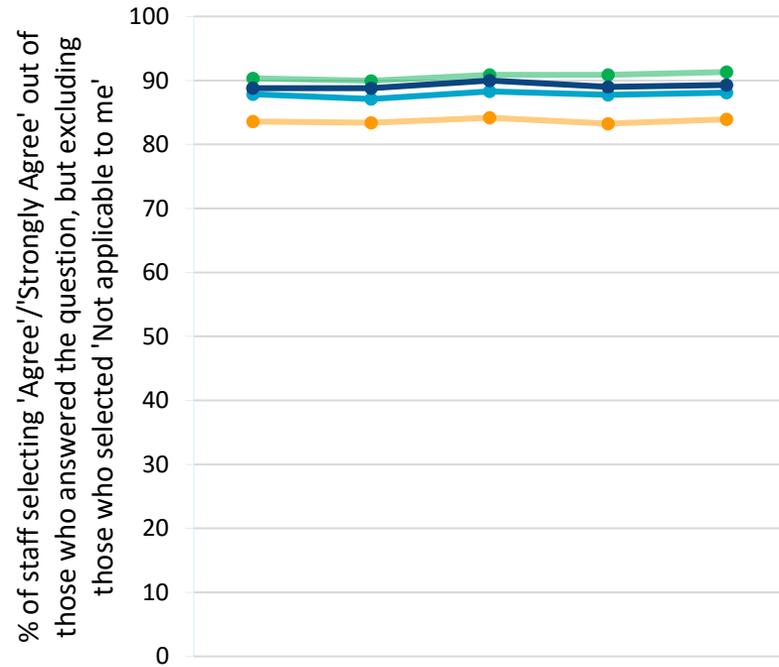
Diversity and equality – Q15, Q16a, Q16b, Q21

Inclusion – Q7h, Q7i, Q8b, Q8c

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

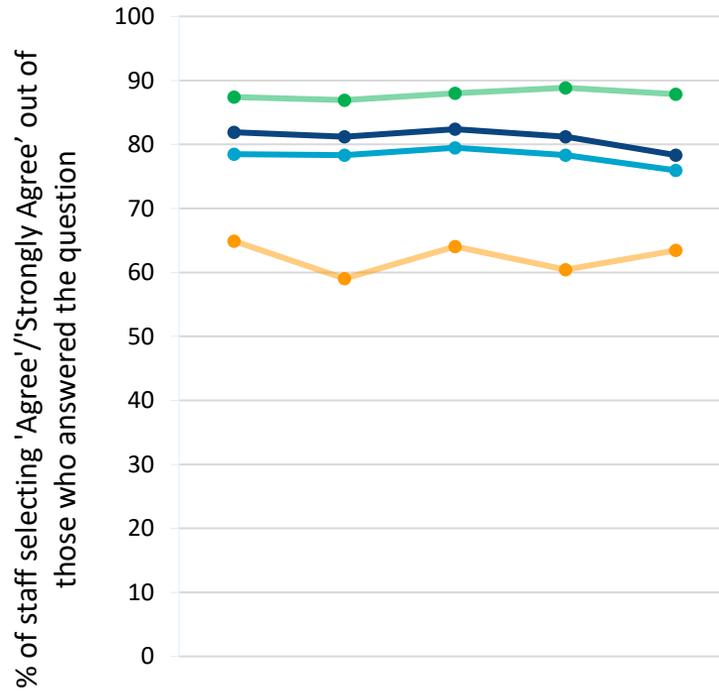


Q6a I feel that my role makes a difference to patients / service users.



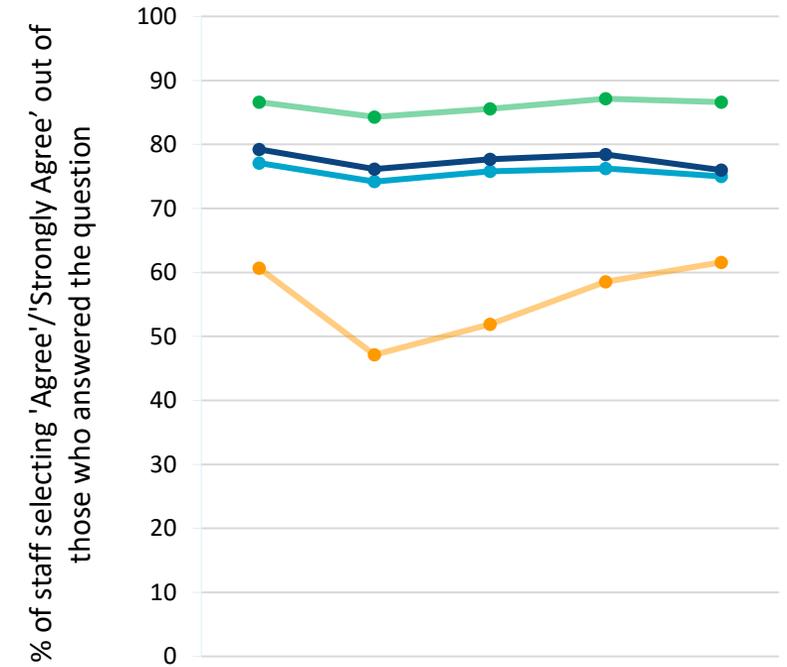
	2021	2022	2023	2024	2025
Your org	88.79%	88.80%	89.99%	89.01%	89.30%
Best result	90.35%	89.95%	90.88%	90.89%	91.31%
Average result	87.86%	87.10%	88.29%	87.76%	88.09%
Worst result	83.61%	83.37%	84.17%	83.25%	83.96%
Responses	2266	2405	2710	2917	2538

Q25a Care of patients / service users is my organisation's top priority.



	2021	2022	2023	2024	2025
Your org	81.91%	81.20%	82.38%	81.20%	78.33%
Best result	87.43%	86.93%	87.99%	88.86%	87.85%
Average result	78.46%	78.32%	79.49%	78.32%	75.94%
Worst result	64.89%	59.04%	64.03%	60.43%	63.46%
Responses	2359	2482	2798	3012	2624

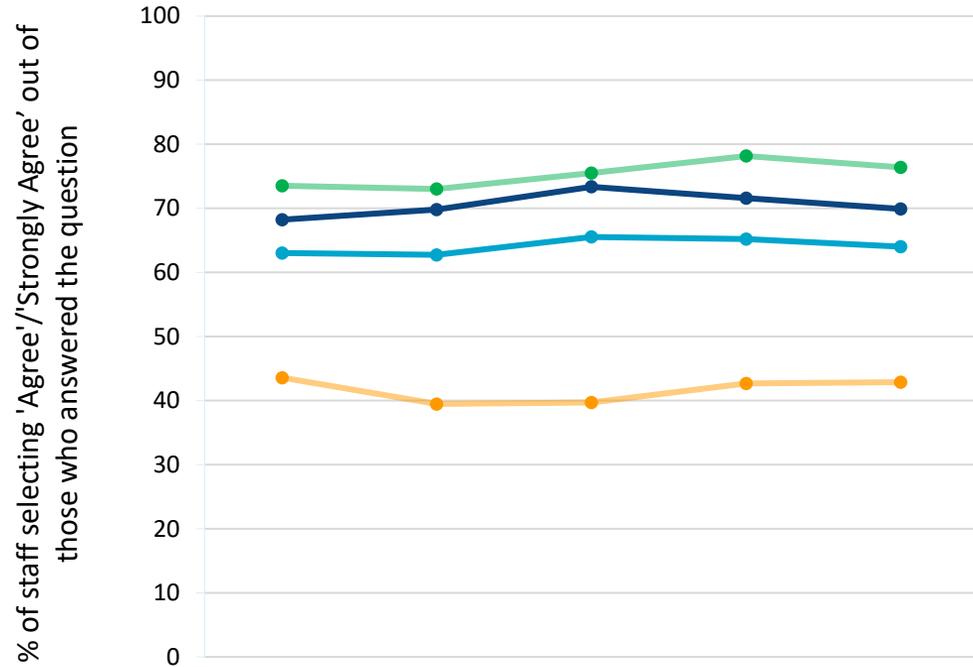
Q25b My organisation acts on concerns raised by patients / service users.



	2021	2022	2023	2024	2025
Your org	79.24%	76.16%	77.71%	78.41%	75.98%
Best result	86.63%	84.30%	85.58%	87.14%	86.59%
Average result	77.10%	74.19%	75.80%	76.23%	75.03%
Worst result	60.68%	47.13%	51.90%	58.53%	61.59%
Responses	2353	2480	2796	3007	2626

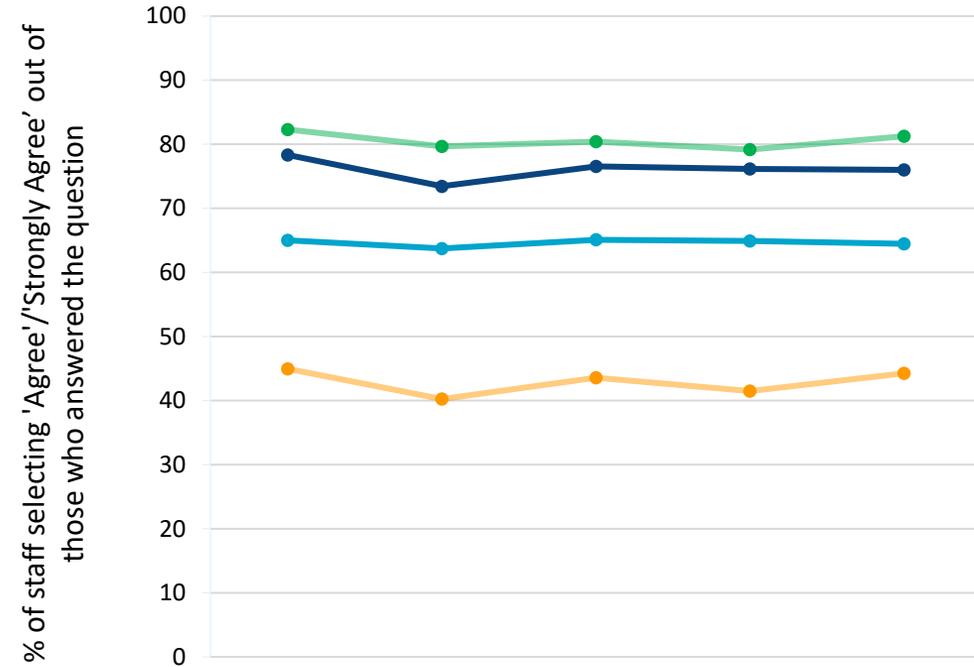


Q25c I would recommend my organisation as a place to work.



	2021	2022	2023	2024	2025
Your org	68.23%	69.80%	73.36%	71.61%	69.93%
Best result	73.53%	73.02%	75.50%	78.17%	76.39%
Average result	63.05%	62.75%	65.53%	65.22%	64.00%
Worst result	43.58%	39.48%	39.70%	42.69%	42.89%
Responses	2352	2482	2793	3011	2628

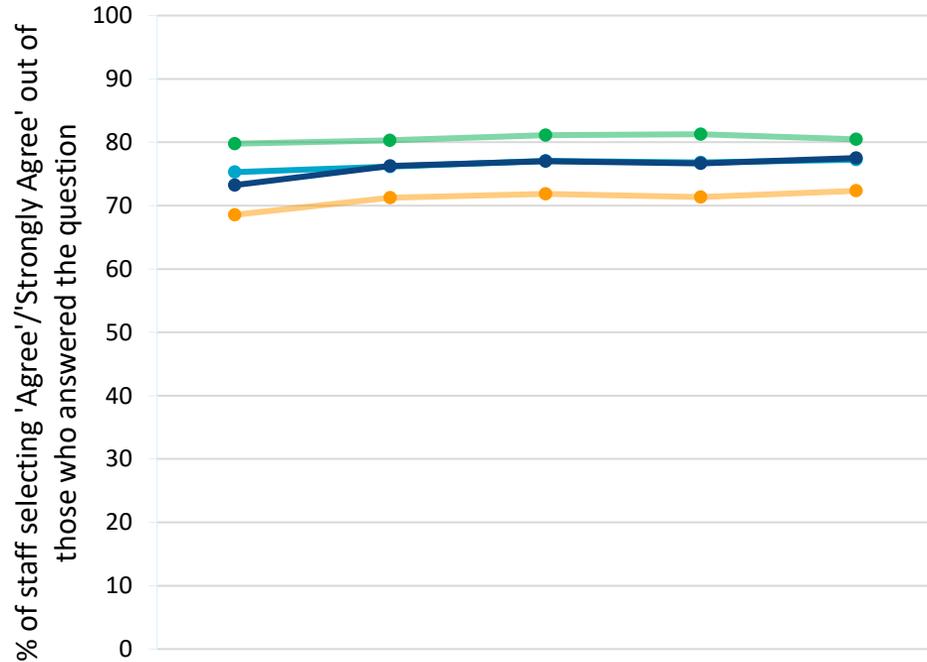
Q25d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.



	2021	2022	2023	2024	2025
Your org	78.34%	73.45%	76.56%	76.14%	76.03%
Best result	82.30%	79.65%	80.41%	79.17%	81.28%
Average result	64.99%	63.74%	65.09%	64.91%	64.45%
Worst result	44.96%	40.24%	43.56%	41.49%	44.25%
Responses	2356	2476	2795	3008	2622

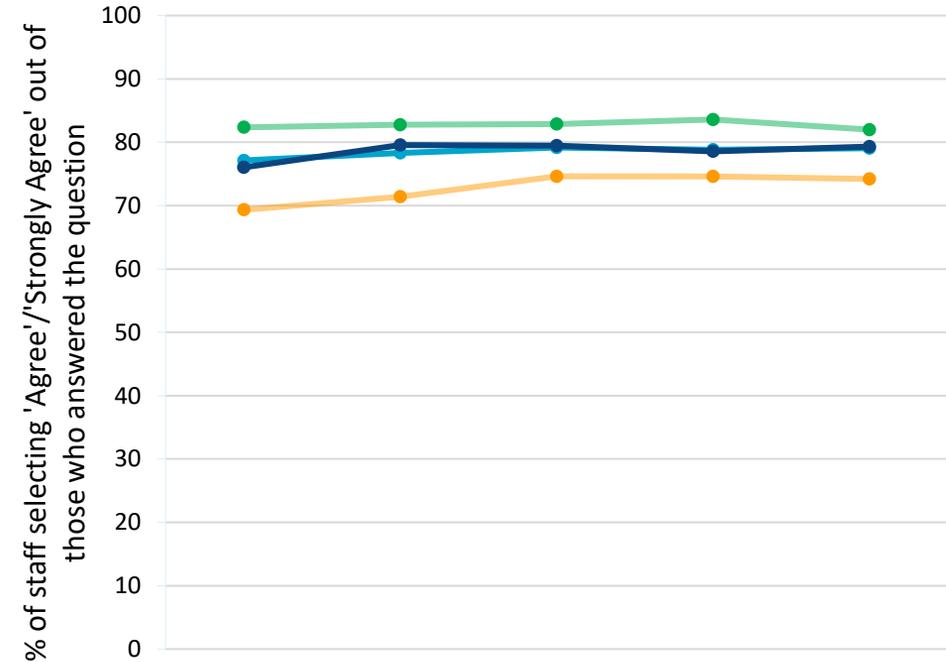


Q9f My immediate manager works together with me to come to an understanding of problems.



	2021	2022	2023	2024	2025
Your org	73.24%	76.24%	76.99%	76.68%	77.51%
Best result	79.77%	80.30%	81.14%	81.27%	80.49%
Average result	75.29%	76.14%	77.08%	76.81%	77.25%
Worst result	68.55%	71.23%	71.83%	71.36%	72.33%
Responses	2354	2476	2792	3022	2635

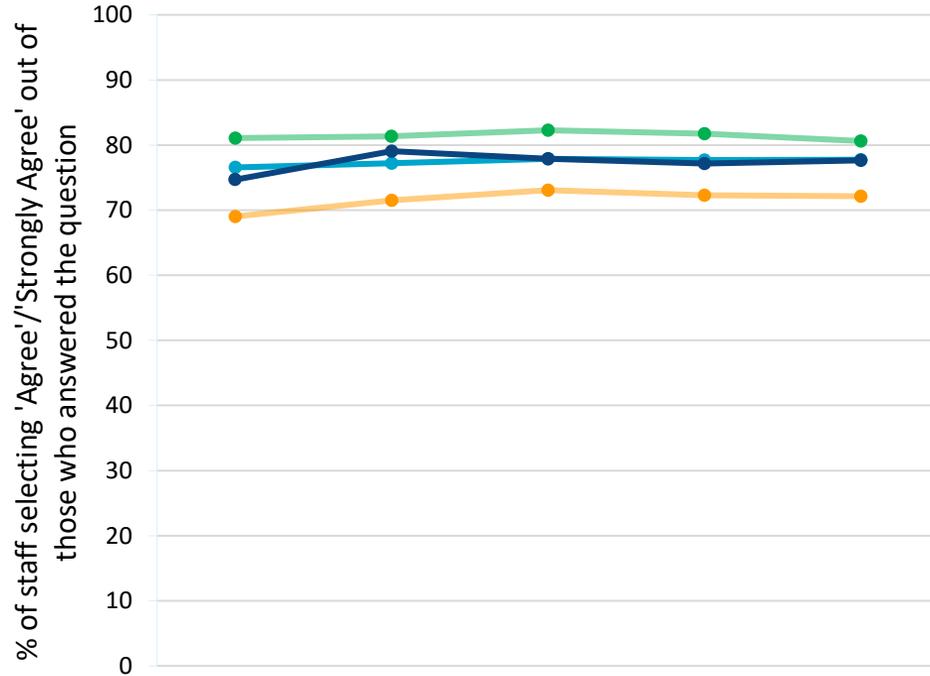
Q9g My immediate manager is interested in listening to me when I describe challenges I face.



	2021	2022	2023	2024	2025
Your org	76.04%	79.55%	79.46%	78.54%	79.31%
Best result	82.35%	82.77%	82.85%	83.59%	81.99%
Average result	77.13%	78.33%	79.17%	78.83%	79.06%
Worst result	69.33%	71.39%	74.62%	74.61%	74.20%
Responses	2363	2482	2796	3022	2634

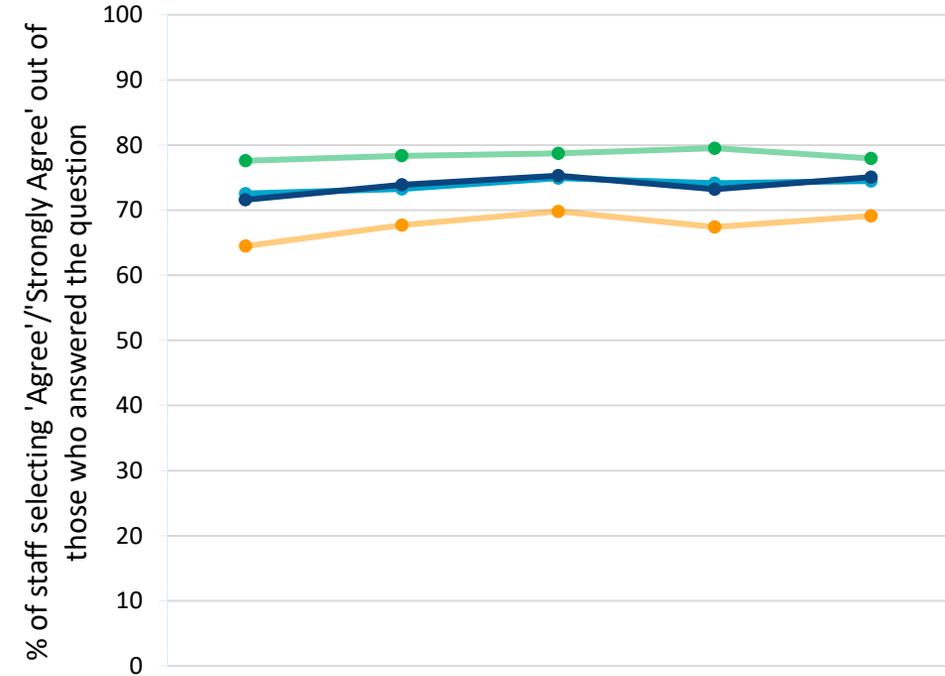


Q9h My immediate manager cares about my concerns.



	2021	2022	2023	2024	2025
Your org	74.69%	79.06%	77.88%	77.15%	77.65%
Best result	81.08%	81.33%	82.27%	81.76%	80.62%
Average result	76.56%	77.19%	77.88%	77.70%	77.74%
Worst result	69.03%	71.51%	73.07%	72.27%	72.15%
Responses	2361	2480	2791	3014	2630

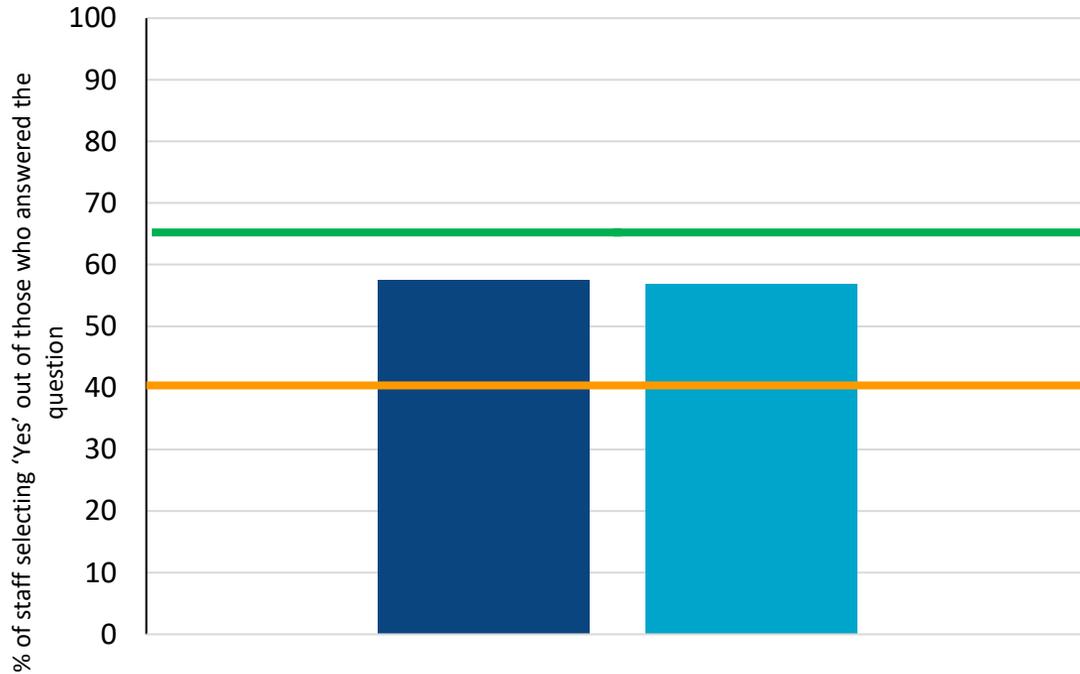
Q9i My immediate manager takes effective action to help me with any problems I face.



	2021	2022	2023	2024	2025
Your org	71.60%	73.88%	75.29%	73.22%	75.06%
Best result	77.59%	78.35%	78.73%	79.52%	77.94%
Average result	72.55%	73.25%	74.93%	74.14%	74.50%
Worst result	64.47%	67.71%	69.83%	67.39%	69.11%
Responses	2354	2474	2791	3021	2627

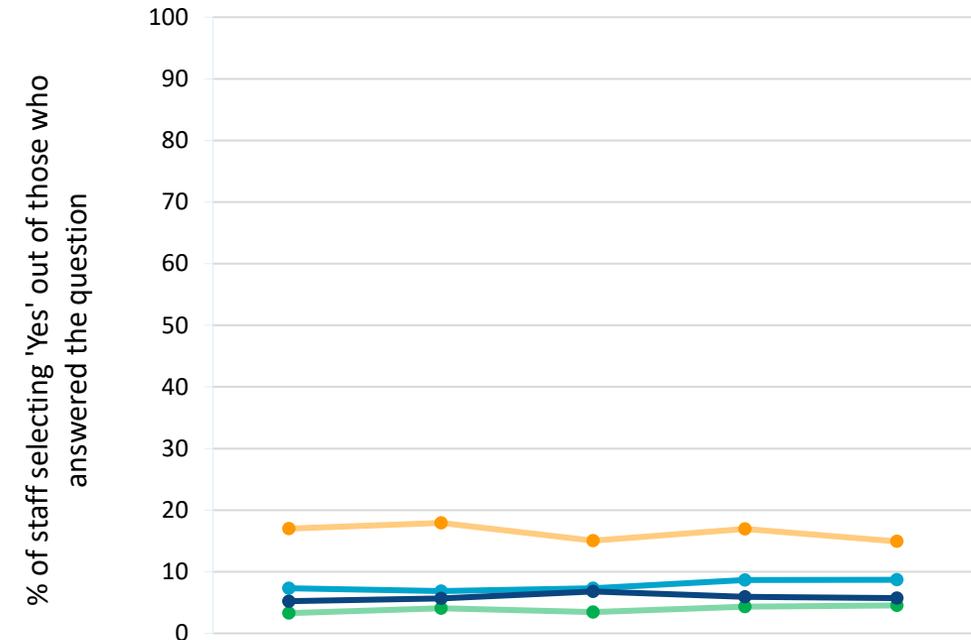


Q15 Does your organisation act fairly with regard to career progression/promotion, regardless of e.g. age, disability, ethnic background, gender reassignment, religion, sex, or sexual orientation?



	2025
Your org	57.61%
Best result	65.22%
Average result	56.86%
Worst result	40.40%
Responses	2601

Q16a In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?

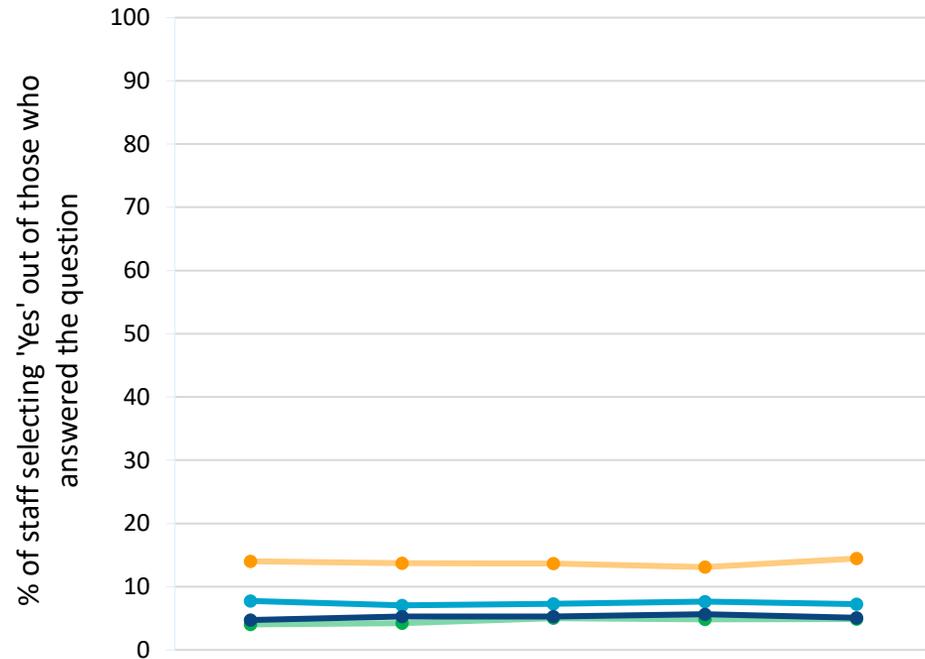


	2021	2022	2023	2024	2025
Your org	5.22%	5.67%	6.79%	5.91%	5.70%
Best result	3.28%	4.09%	3.47%	4.32%	4.53%
Average result	7.32%	6.86%	7.30%	8.63%	8.69%
Worst result	17.02%	17.93%	15.06%	16.96%	14.92%
Responses	2355	2477	2784	3007	2611

Note: Due to changes in the question wording in 2025, previous years' results for Q15 are not reported. For more information, please refer to the *Technical Guide*: <https://www.nhsstaffsurveys.com/survey-documents/>

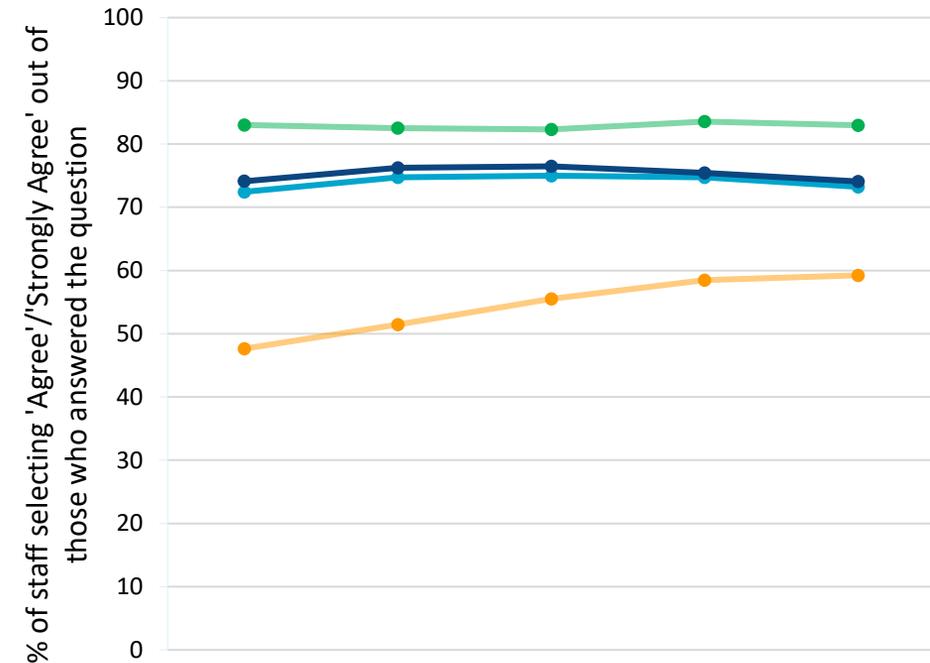


Q16b In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?



	2021	2022	2023	2024	2025
Your org	4.72%	5.29%	5.26%	5.64%	5.07%
Best result	4.02%	4.24%	5.01%	4.83%	4.87%
Average result	7.74%	7.04%	7.31%	7.64%	7.25%
Worst result	14.01%	13.71%	13.67%	13.09%	14.46%
Responses	2344	2466	2771	2987	2606

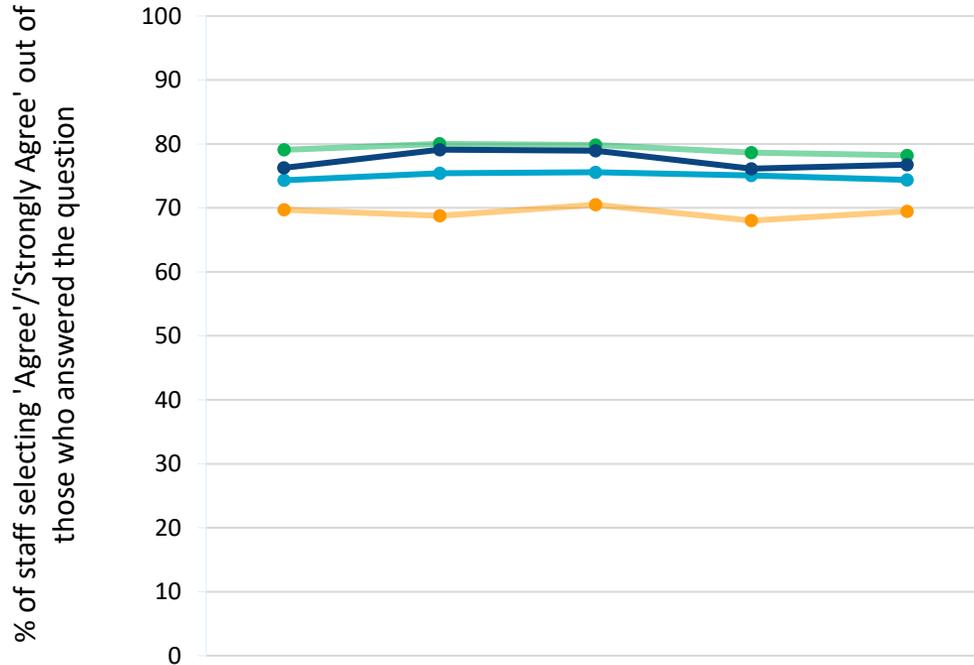
Q21 I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).



	2021	2022	2023	2024	2025
Your org	74.11%	76.25%	76.48%	75.43%	74.11%
Best result	83.02%	82.52%	82.32%	83.55%	82.98%
Average result	72.45%	74.73%	75.00%	74.76%	73.22%
Worst result	47.64%	51.45%	55.51%	58.46%	59.25%
Responses	2356	2484	2780	2996	2614

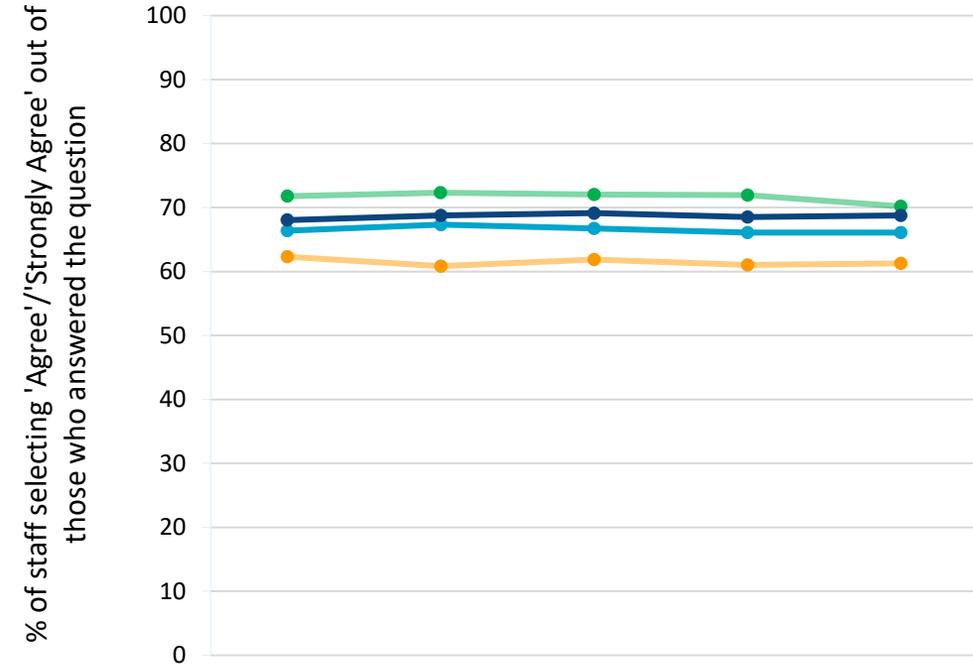


Q7h I feel valued by my team.



	2021	2022	2023	2024	2025
Your org	76.25%	79.11%	78.94%	76.14%	76.77%
Best result	79.08%	80.01%	79.85%	78.66%	78.22%
Average result	74.32%	75.44%	75.58%	75.08%	74.37%
Worst result	69.70%	68.79%	70.50%	68.01%	69.48%
Responses	2354	2474	2786	3005	2619

Q7i I feel a strong personal attachment to my team.

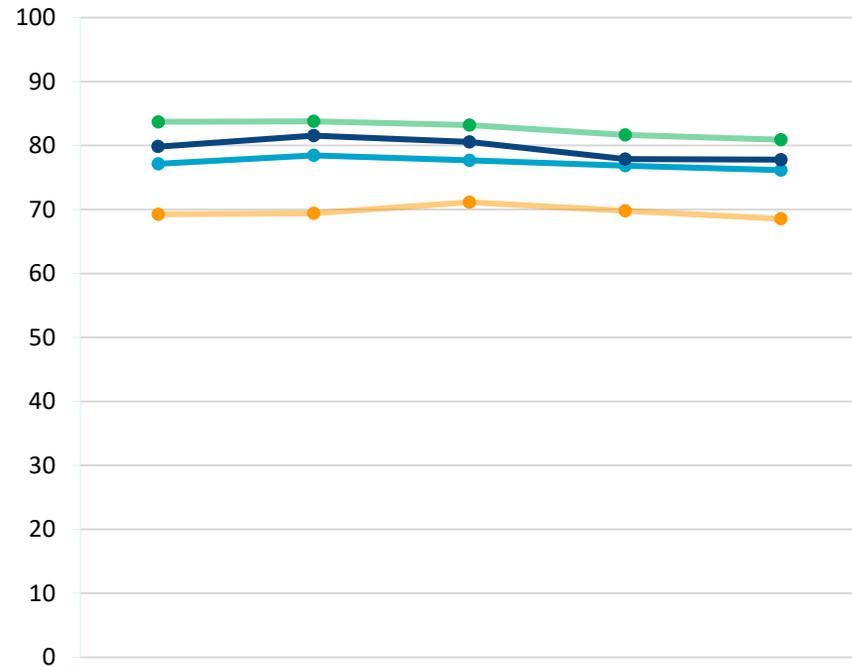


	2021	2022	2023	2024	2025
Your org	68.03%	68.77%	69.13%	68.53%	68.78%
Best result	71.77%	72.32%	72.01%	71.95%	70.19%
Average result	66.37%	67.33%	66.74%	66.08%	66.08%
Worst result	62.30%	60.84%	61.87%	61.01%	61.26%
Responses	2357	2473	2792	3007	2625



Q8b The people I work with are understanding and kind to one another.

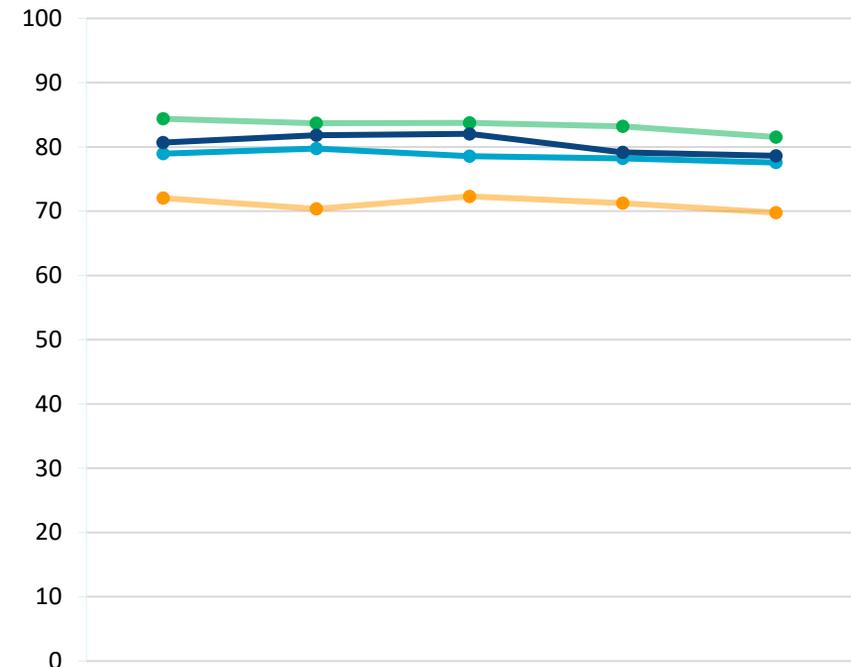
% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question



	2021	2022	2023	2024	2025
Your org	79.84%	81.55%	80.58%	77.89%	77.79%
Best result	83.71%	83.78%	83.21%	81.67%	80.91%
Average result	77.15%	78.46%	77.68%	76.83%	76.15%
Worst result	69.25%	69.43%	71.14%	69.81%	68.55%
Responses	2356	2472	2785	3019	2633

Q8c The people I work with are polite and treat each other with respect.

% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question



	2021	2022	2023	2024	2025
Your org	80.67%	81.81%	82.04%	79.15%	78.62%
Best result	84.38%	83.68%	83.73%	83.18%	81.54%
Average result	78.95%	79.75%	78.57%	78.20%	77.56%
Worst result	72.06%	70.37%	72.31%	71.25%	69.77%
Responses	2356	2470	2782	3015	2629

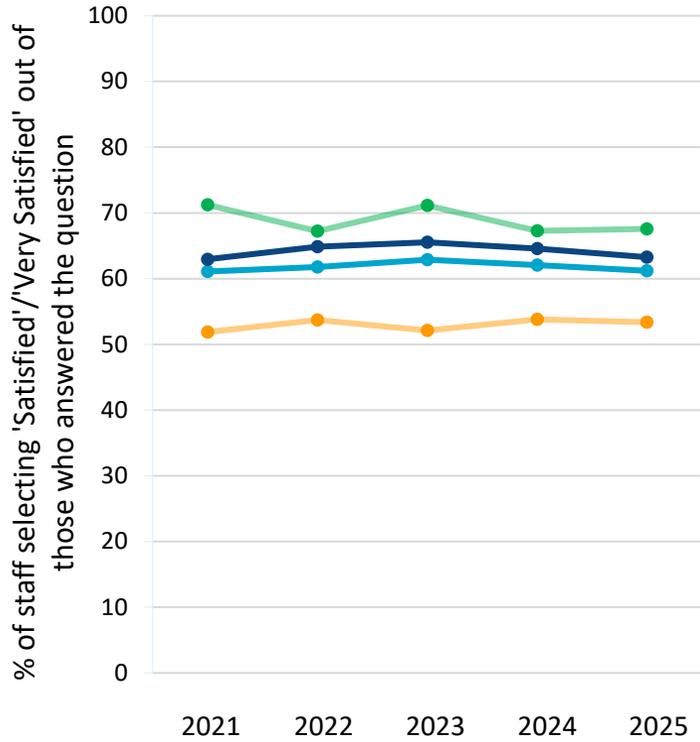
People Promise element – We are recognised and rewarded



Questions included:
Q4a, Q4b, Q4c, Q8d, Q9e

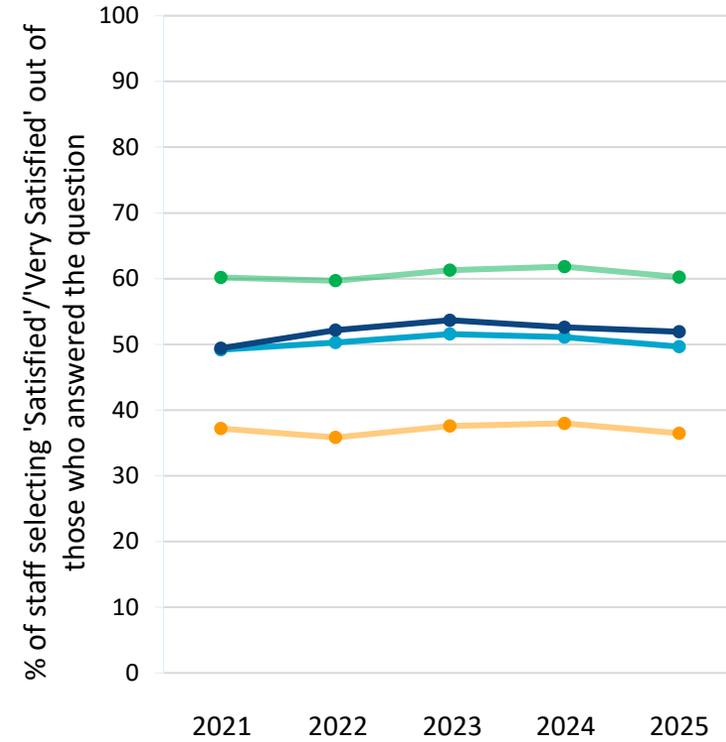


Q4a How satisfied are you with each of the following aspects of your job? The recognition I get for good work.



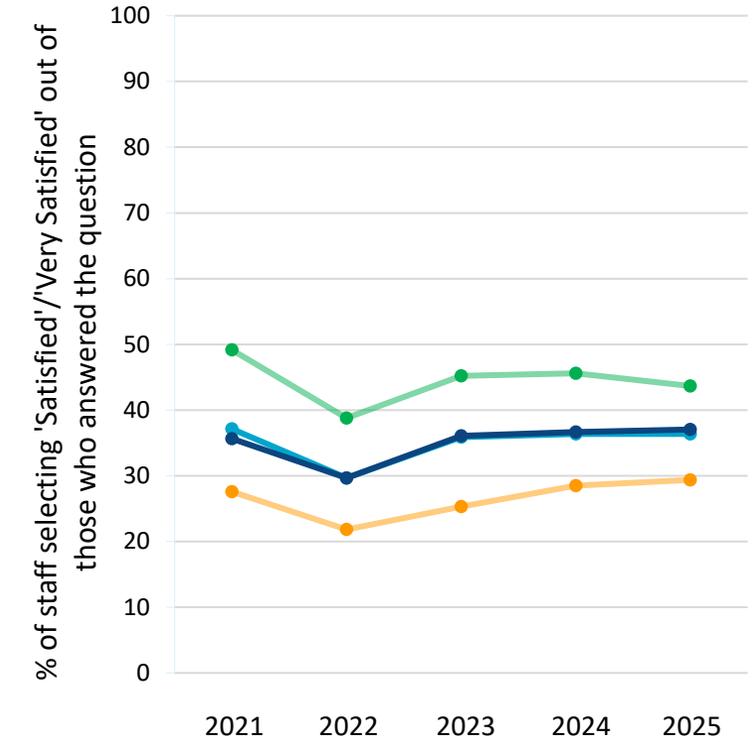
Your org	62.95%	64.87%	65.53%	64.55%	63.25%
Best result	71.23%	67.22%	71.13%	67.28%	67.56%
Average result	61.09%	61.77%	62.88%	62.07%	61.20%
Worst result	51.87%	53.73%	52.10%	53.80%	53.35%
Responses	2358	2476	2802	3020	2636

Q4b How satisfied are you with each of the following aspects of your job? The extent to which my organisation values my work.



Your org	49.40%	52.15%	53.68%	52.59%	51.93%
Best result	60.16%	59.67%	61.26%	61.83%	60.23%
Average result	49.18%	50.29%	51.57%	51.12%	49.65%
Worst result	37.20%	35.83%	37.56%	37.98%	36.47%
Responses	2357	2469	2790	3009	2624

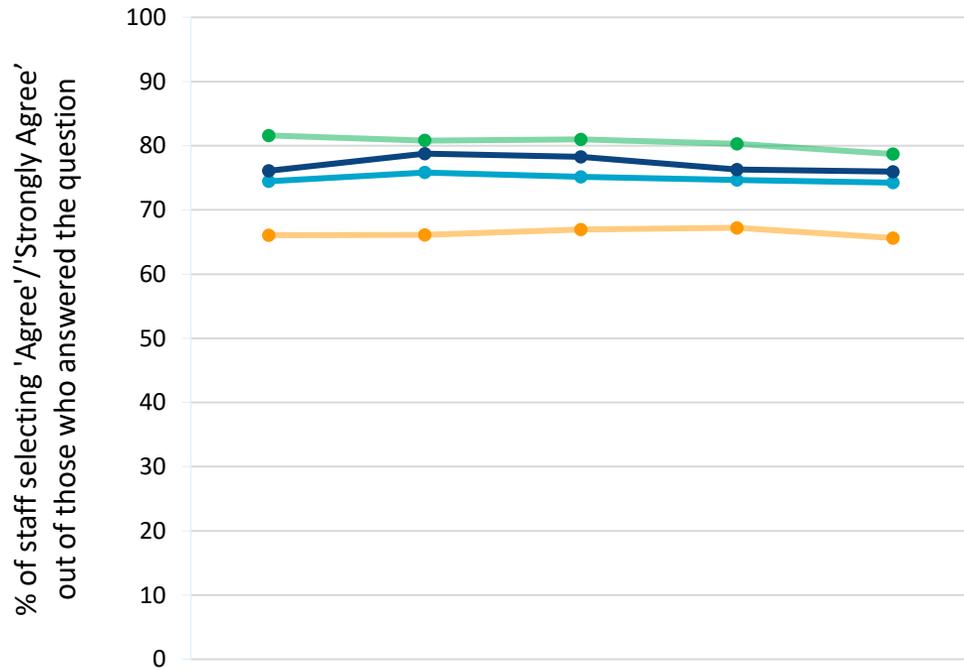
Q4c How satisfied are you with each of the following aspects of your job? My level of pay.



Your org	35.63%	29.67%	36.07%	36.67%	37.04%
Best result	49.16%	38.78%	45.20%	45.61%	43.65%
Average result	37.13%	29.67%	35.91%	36.39%	36.35%
Worst result	27.59%	21.82%	25.30%	28.49%	29.38%
Responses	2356	2473	2795	3016	2630

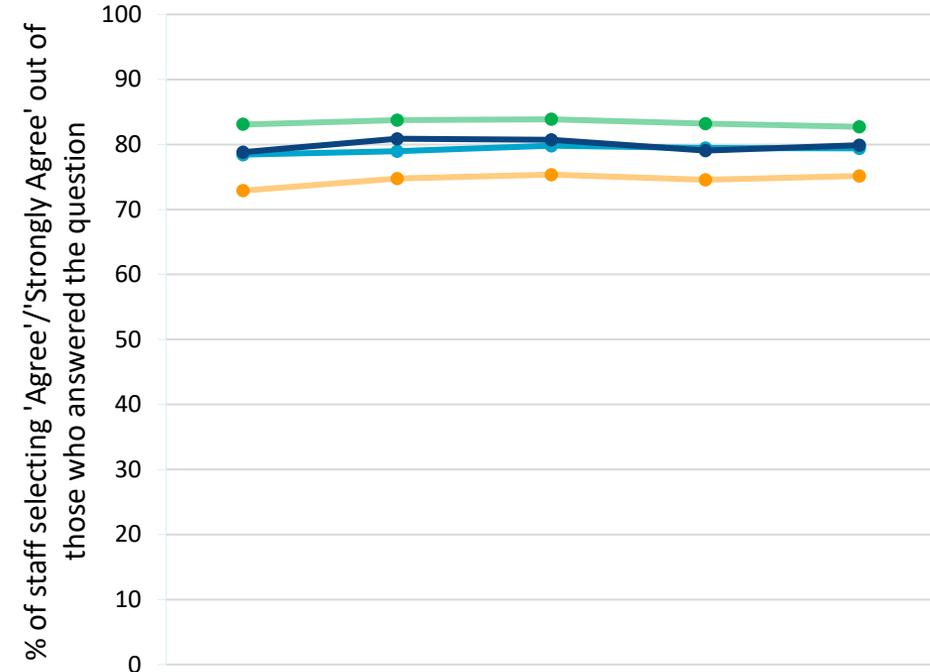


Q8d The people I work with show appreciation to one another.



	2021	2022	2023	2024	2025
Your org	76.08%	78.77%	78.27%	76.28%	75.97%
Best result	81.60%	80.79%	81.01%	80.29%	78.71%
Average result	74.44%	75.82%	75.16%	74.65%	74.24%
Worst result	66.08%	66.10%	66.95%	67.22%	65.62%
Responses	2351	2474	2781	3012	2626

Q9e My immediate manager values my work.



	2021	2022	2023	2024	2025
Your org	78.81%	80.88%	80.73%	79.07%	79.89%
Best result	83.06%	83.76%	83.86%	83.22%	82.71%
Average result	78.44%	78.97%	79.81%	79.43%	79.40%
Worst result	72.89%	74.74%	75.36%	74.58%	75.16%
Responses	2357	2482	2798	3017	2634

People Promise element – We each have a voice that counts



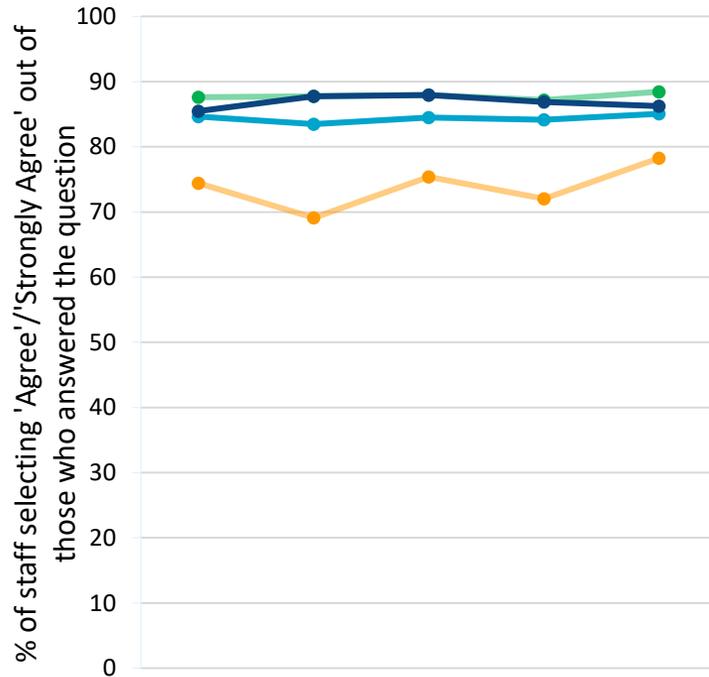
Questions included:

Autonomy and control – Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b

Raising concerns – Q20a, Q20b, Q25e, Q25f

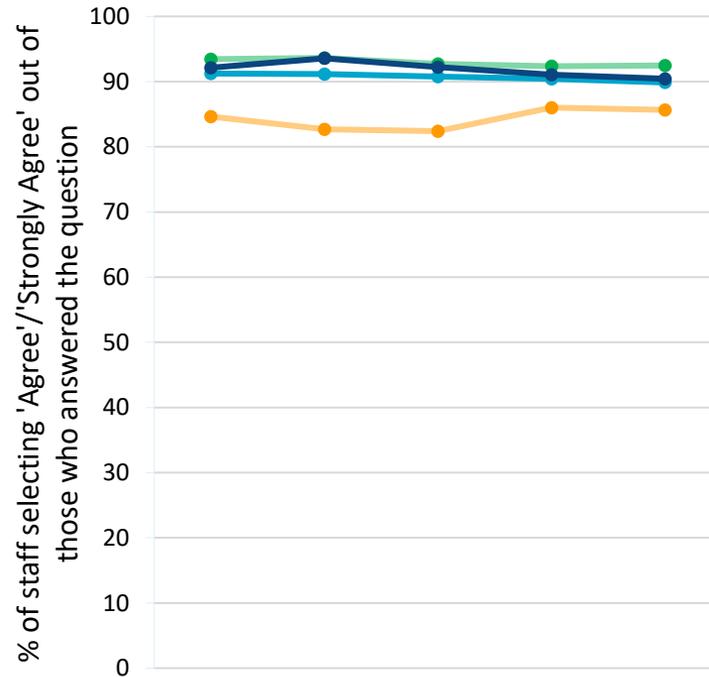


Q3a I always know what my work responsibilities are.



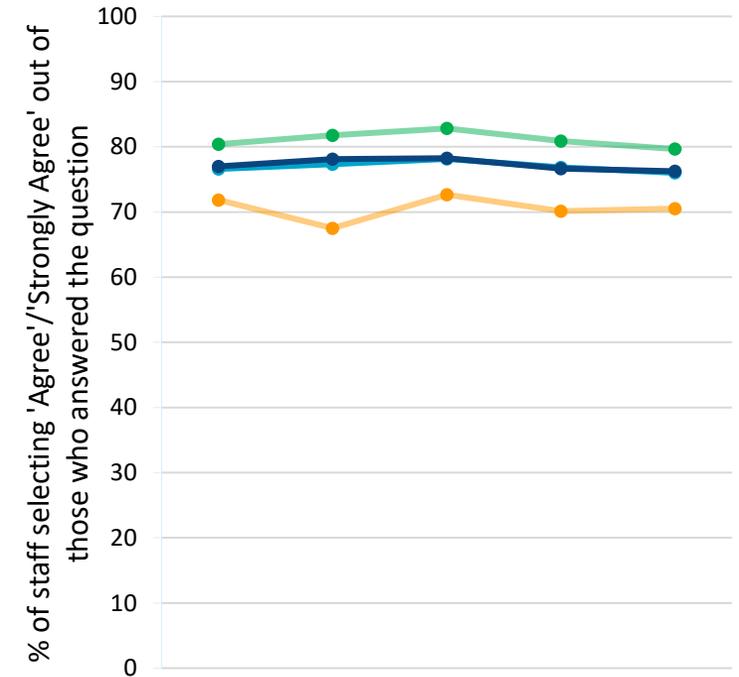
	2021	2022	2023	2024	2025
Your org	85.47%	87.75%	87.93%	86.88%	86.23%
Best result	87.60%	87.75%	87.93%	87.17%	88.44%
Average result	84.62%	83.48%	84.50%	84.15%	85.06%
Worst result	74.42%	69.09%	75.40%	72.01%	78.25%
Responses	2363	2481	2801	3023	2634

Q3b I am trusted to do my job.



	2021	2022	2023	2024	2025
Your org	92.15%	93.57%	92.21%	91.04%	90.44%
Best result	93.45%	93.63%	92.73%	92.36%	92.46%
Average result	91.24%	91.17%	90.78%	90.43%	89.87%
Worst result	84.63%	82.67%	82.40%	86.01%	85.67%
Responses	2362	2480	2796	3021	2636

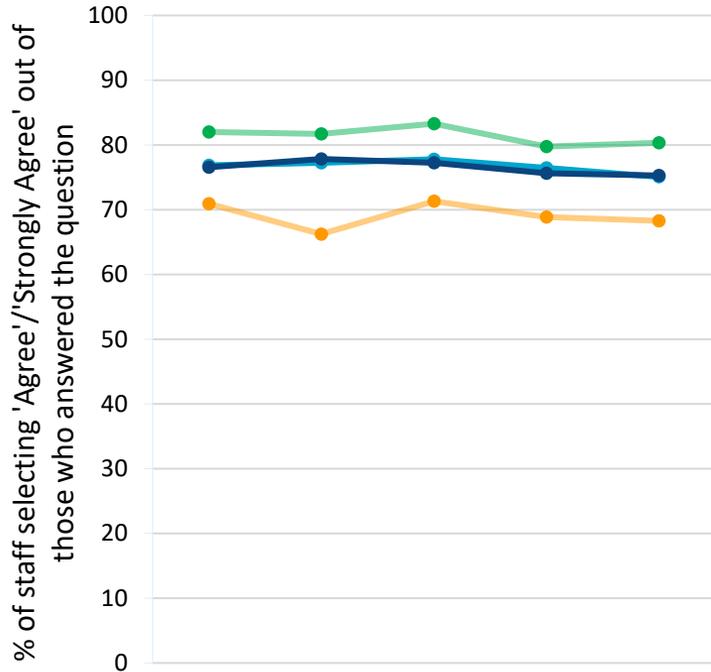
Q3c There are frequent opportunities for me to show initiative in my role.



	2021	2022	2023	2024	2025
Your org	77.00%	78.13%	78.24%	76.63%	76.24%
Best result	80.42%	81.74%	82.81%	80.86%	79.65%
Average result	76.61%	77.35%	78.14%	76.83%	76.00%
Worst result	71.81%	67.51%	72.65%	70.14%	70.50%
Responses	2357	2474	2789	3015	2633

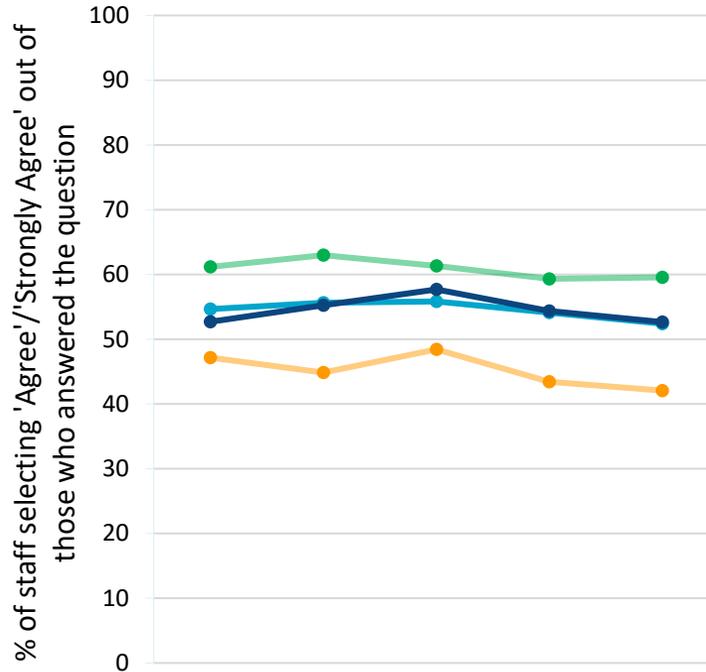


Q3d I am able to make suggestions to improve the work of my team / department.



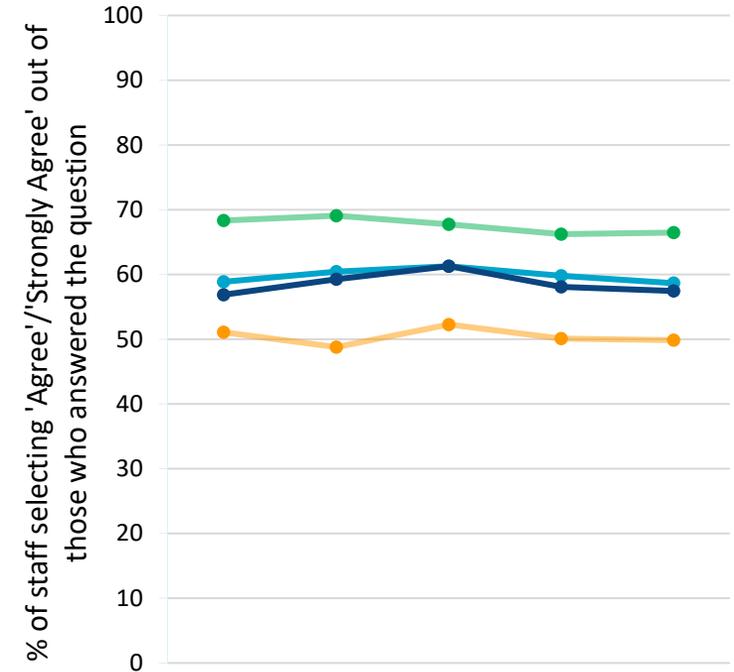
	2021	2022	2023	2024	2025
Your org	76.58%	77.84%	77.23%	75.62%	75.28%
Best result	82.02%	81.70%	83.28%	79.75%	80.32%
Average result	76.84%	77.22%	77.79%	76.46%	75.07%
Worst result	70.93%	66.24%	71.30%	68.88%	68.27%
Responses	2353	2474	2784	3010	2622

Q3e I am involved in deciding on changes introduced that affect my work area / team / department.



	2021	2022	2023	2024	2025
Your org	52.69%	55.26%	57.69%	54.35%	52.65%
Best result	61.19%	62.98%	61.34%	59.33%	59.56%
Average result	54.66%	55.65%	55.83%	54.09%	52.40%
Worst result	47.16%	44.85%	48.43%	43.44%	42.07%
Responses	2356	2481	2791	3017	2632

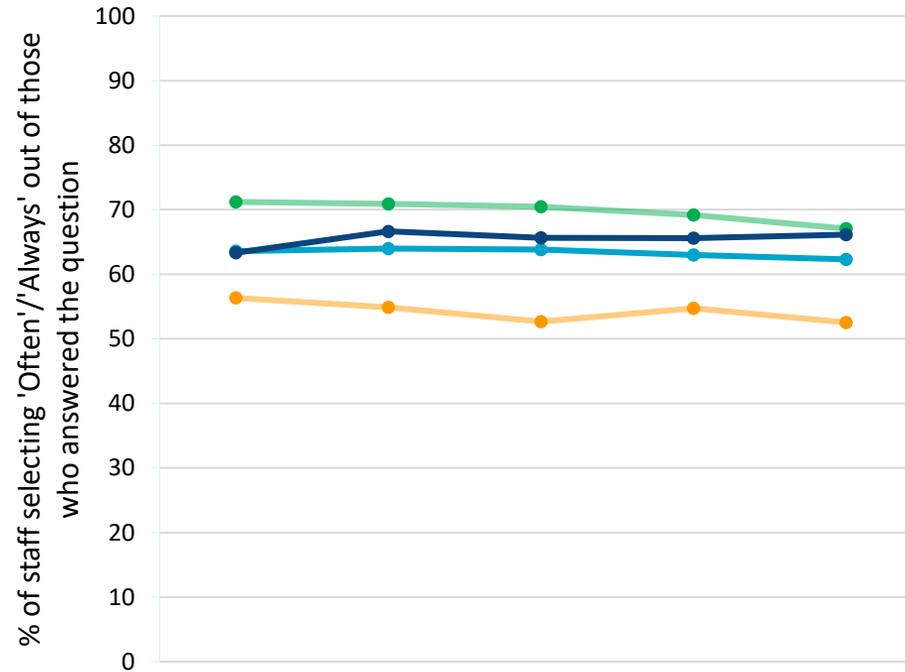
Q3f I am able to make improvements happen in my area of work.



	2021	2022	2023	2024	2025
Your org	56.88%	59.26%	61.29%	58.07%	57.43%
Best result	68.32%	69.08%	67.76%	66.23%	66.45%
Average result	58.87%	60.41%	61.27%	59.82%	58.65%
Worst result	51.10%	48.78%	52.28%	50.11%	49.87%
Responses	2338	2475	2782	3001	2621



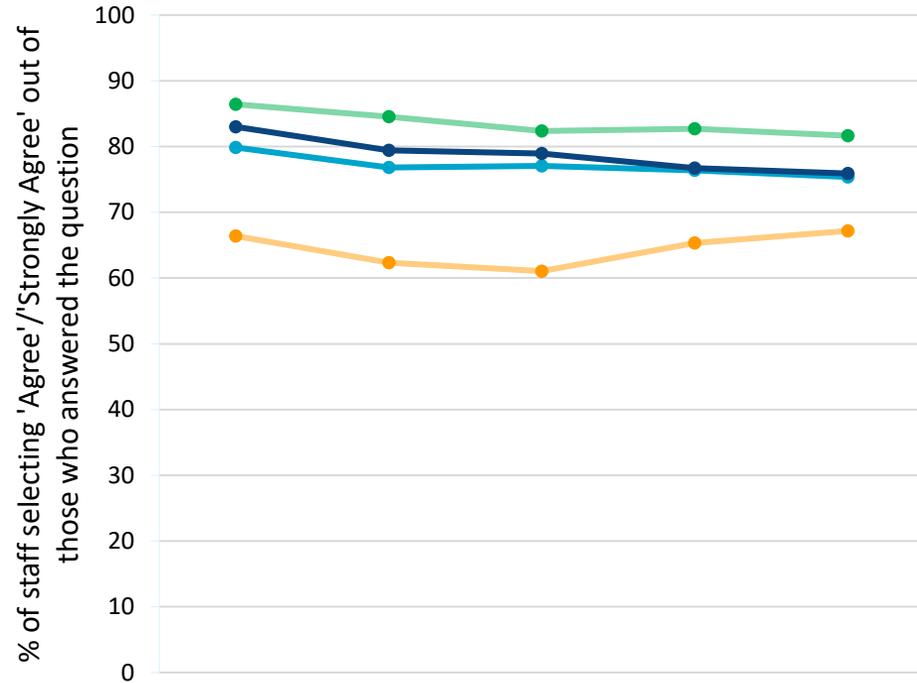
Q5b I have a choice in deciding how to do my work.



	2021	2022	2023	2024	2025
Your org	63.34%	66.65%	65.66%	65.61%	66.12%
Best result	71.21%	70.91%	70.48%	69.21%	67.08%
Average result	63.57%	63.98%	63.83%	63.01%	62.31%
Worst result	56.34%	54.90%	52.66%	54.73%	52.55%
Responses	2349	2475	2778	3007	2625

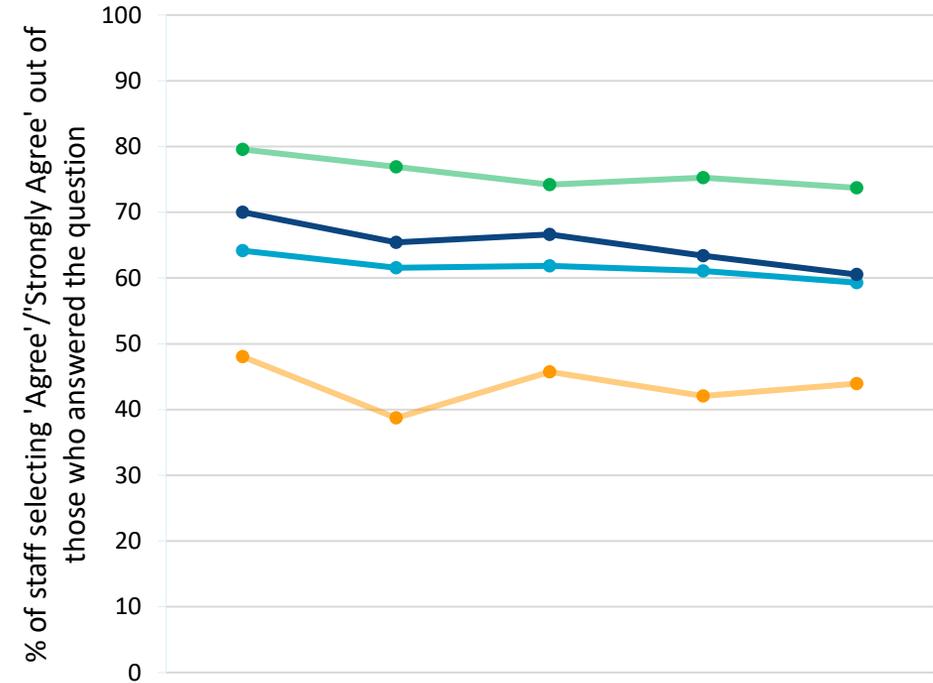


Q20a I would feel secure raising concerns about unsafe clinical practice.



	2021	2022	2023	2024	2025
Your org	83.00%	79.39%	78.94%	76.71%	75.90%
Best result	86.42%	84.52%	82.35%	82.70%	81.64%
Average result	79.85%	76.83%	77.03%	76.38%	75.37%
Worst result	66.36%	62.35%	61.05%	65.31%	67.17%
Responses	2357	2477	2787	3009	2621

Q20b I am confident that my organisation would address my concern.

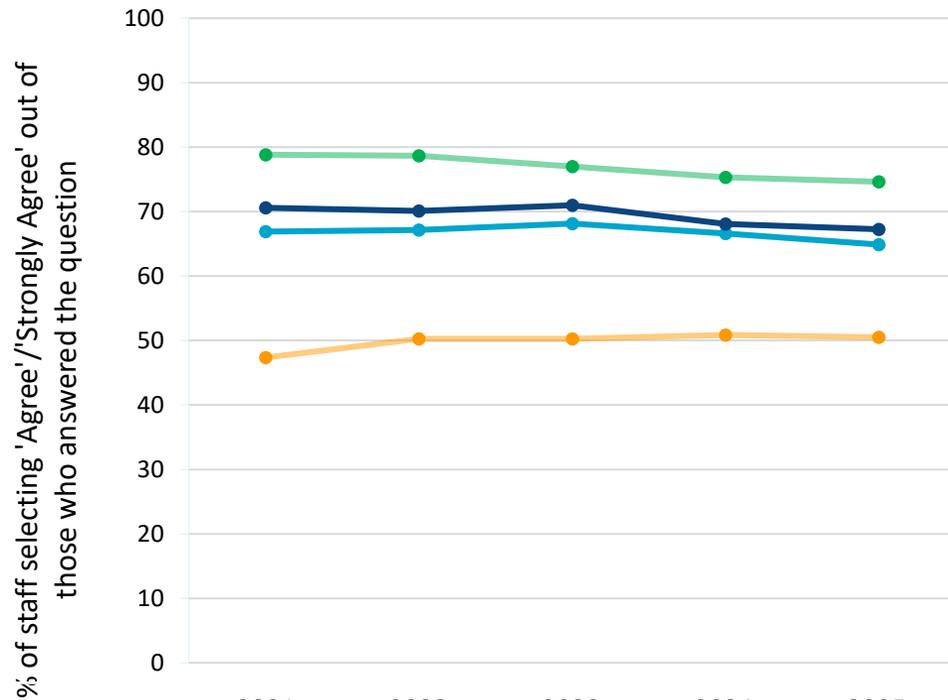


	2021	2022	2023	2024	2025
Your org	70.01%	65.44%	66.64%	63.40%	60.53%
Best result	79.56%	76.90%	74.19%	75.29%	73.72%
Average result	64.16%	61.56%	61.87%	61.07%	59.29%
Worst result	48.03%	38.71%	45.71%	42.06%	43.94%
Responses	2349	2467	2781	3002	2612



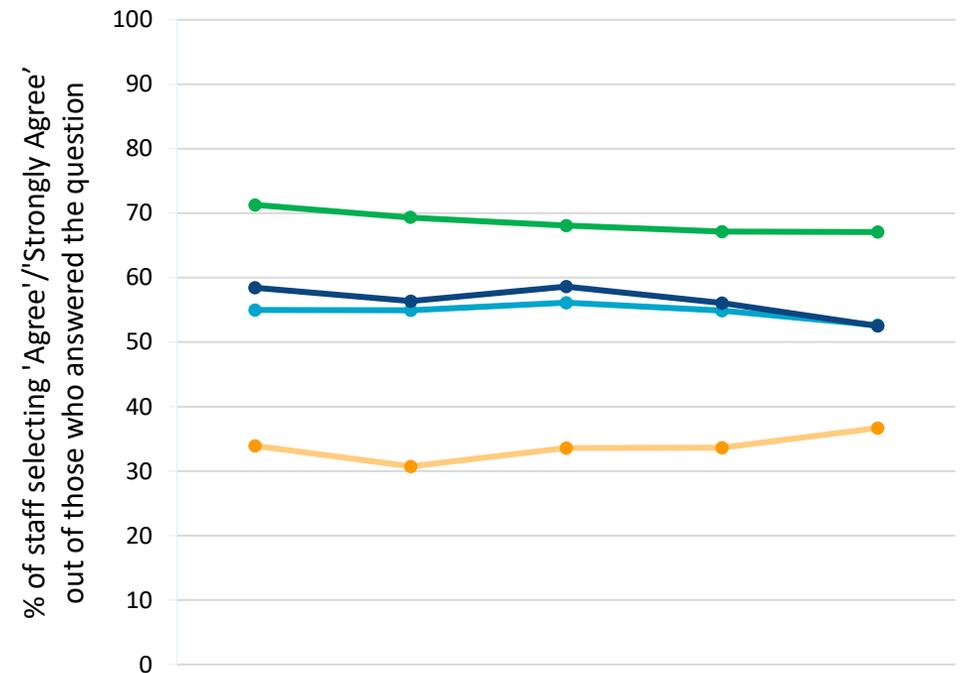
Q25e I feel safe to speak up about anything that concerns me in this organisation.

Q25f If I spoke up about something that concerned me I am confident my organisation would address my concern.



Your org	70.61%	70.12%	70.98%	68.08%	67.26%
Best result	78.82%	78.66%	77.01%	75.34%	74.63%
Average result	66.88%	67.15%	68.14%	66.62%	64.89%
Worst result	47.35%	50.28%	50.25%	50.87%	50.51%

Responses 2357 2475 2793 3006 2623



Your org	58.44%	56.39%	58.62%	56.09%	52.51%
Best result	71.30%	69.33%	68.11%	67.14%	67.08%
Average result	55.01%	54.96%	56.13%	54.91%	52.62%
Worst result	33.93%	30.73%	33.57%	33.61%	36.67%

Responses 2354 2480 2792 3002 2618

People Promise element – We are safe and healthy



Questions included:

Health and safety climate: Q3g, Q3h, Q3i, Q5a, Q11a, Q13d, Q14d

Burnout: Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g

Negative experiences: Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c

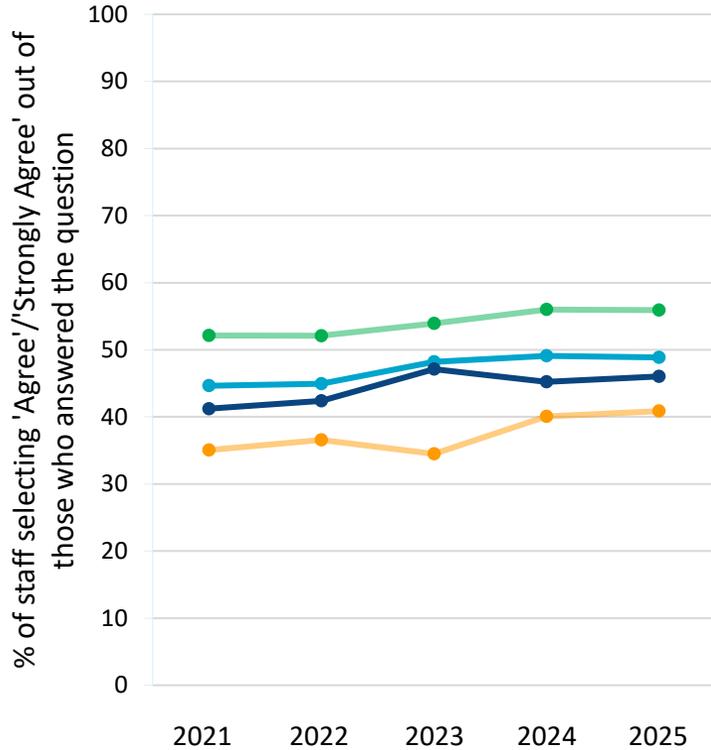
Other questions:* Q17a, Q17b, Q22

*Q17a, Q17b and Q22 do not contribute to the calculation of any scores or sub-scores.

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

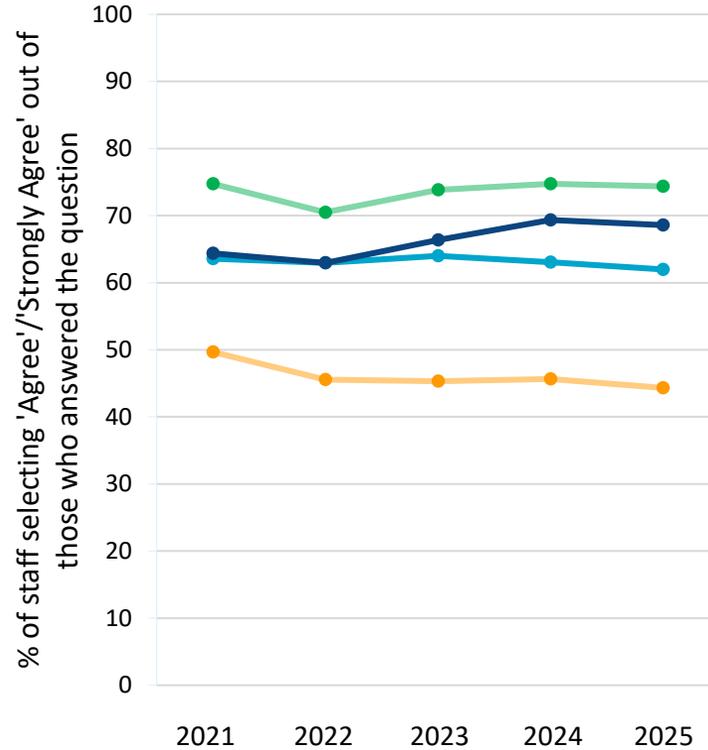


Q3g I am able to meet all the conflicting demands on my time at work.



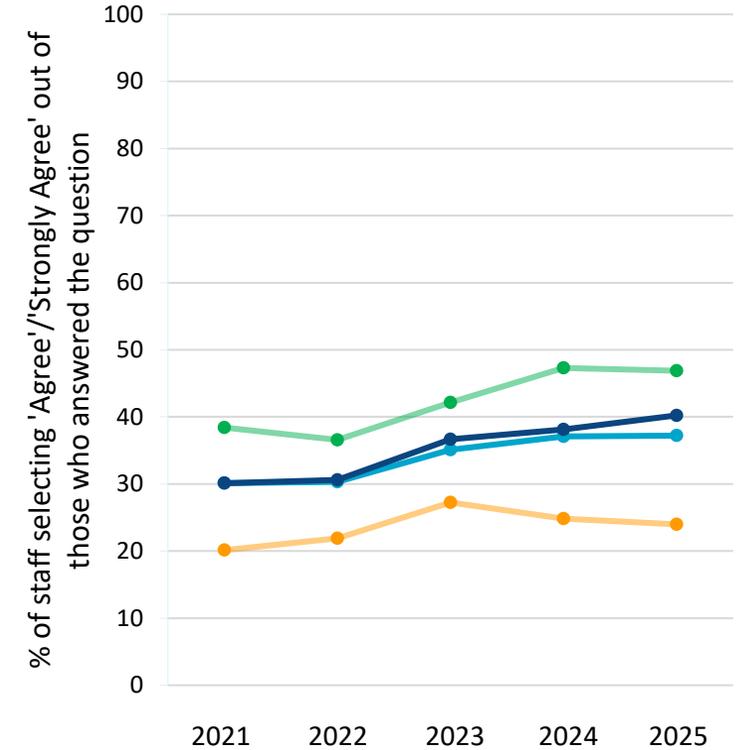
	2021	2022	2023	2024	2025
Your org	41.22%	42.40%	47.11%	45.21%	46.03%
Best result	52.13%	52.10%	53.91%	55.99%	55.93%
Average result	44.64%	44.95%	48.22%	49.09%	48.87%
Worst result	35.06%	36.54%	34.49%	40.06%	40.86%
Responses	2350	2471	2787	3012	2625

Q3h I have adequate materials, supplies and equipment to do my work.



	2021	2022	2023	2024	2025
Your org	64.40%	62.94%	66.35%	69.35%	68.60%
Best result	74.72%	70.49%	73.85%	74.74%	74.34%
Average result	63.57%	62.94%	64.00%	63.07%	61.98%
Worst result	49.67%	45.58%	45.31%	45.65%	44.32%
Responses	2339	2466	2782	2999	2617

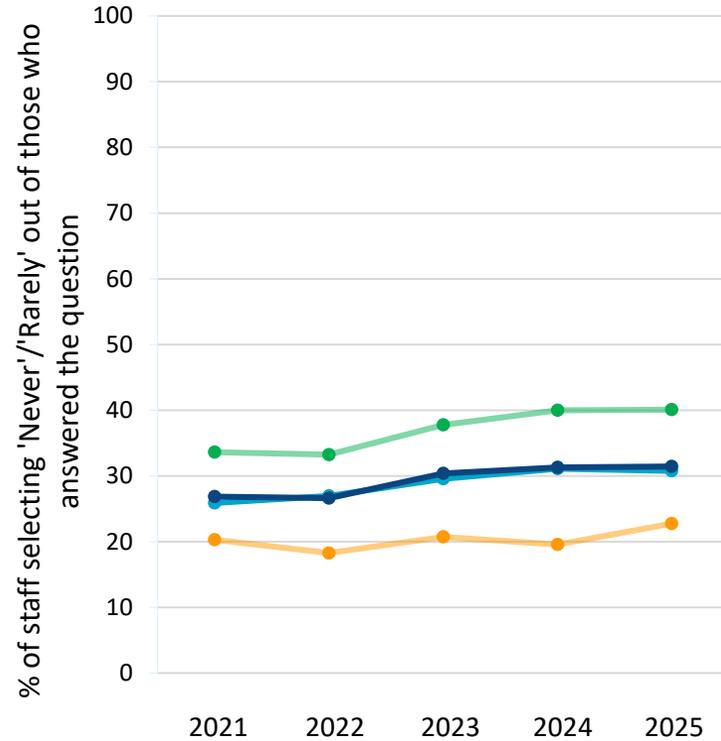
Q3i There are enough staff at this organisation for me to do my job properly.



	2021	2022	2023	2024	2025
Your org	30.11%	30.62%	36.64%	38.13%	40.22%
Best result	38.43%	36.57%	42.15%	47.29%	46.88%
Average result	30.11%	30.32%	35.08%	37.06%	37.21%
Worst result	20.14%	21.89%	27.24%	24.83%	23.97%
Responses	2355	2477	2790	3015	2630

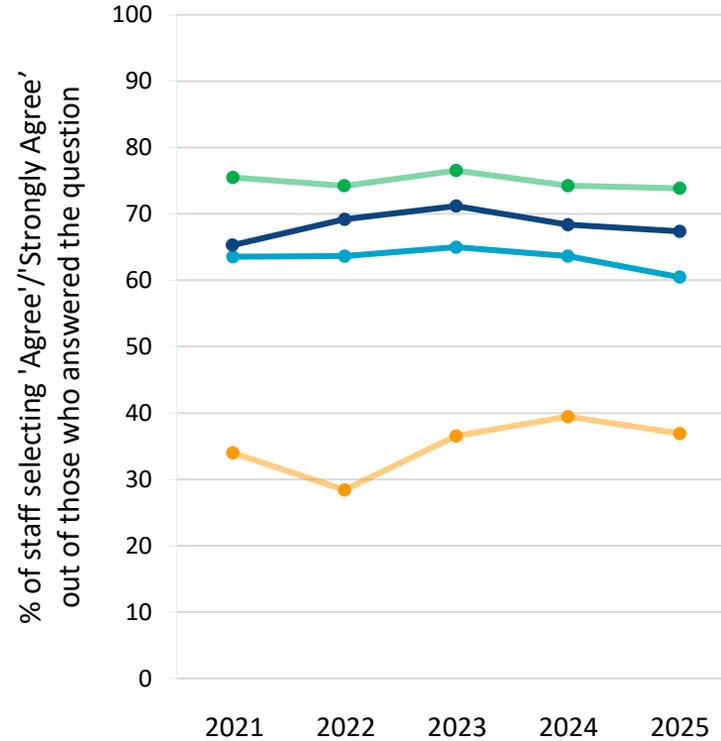


Q5a I have unrealistic time pressures.



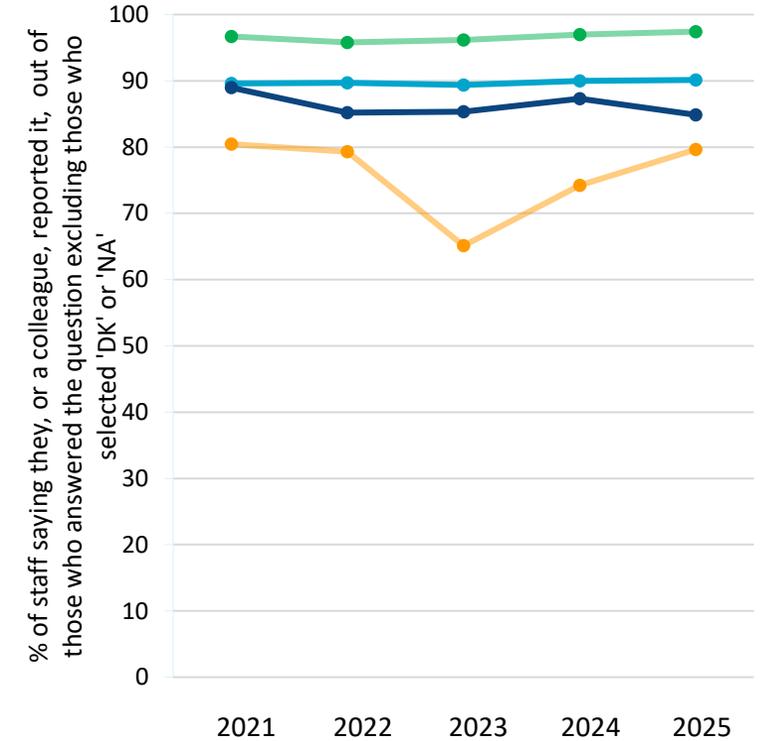
	2021	2022	2023	2024	2025
Your org	26.87%	26.62%	30.40%	31.29%	31.44%
Best result	33.60%	33.24%	37.75%	39.97%	40.08%
Average result	25.89%	26.96%	29.56%	31.10%	30.76%
Worst result	20.27%	18.28%	20.74%	19.56%	22.75%
Responses	2361	2478	2795	3012	2634

Q11a My organisation takes positive action on health and well-being.



	2021	2022	2023	2024	2025
Your org	65.30%	69.18%	71.18%	68.37%	67.40%
Best result	75.49%	74.24%	76.54%	74.28%	73.86%
Average result	63.53%	63.66%	64.99%	63.66%	60.47%
Worst result	33.99%	28.41%	36.56%	39.47%	36.94%
Responses	2333	2463	2765	2973	2602

Q13d The last time you experienced physical violence at work, did you or a colleague report it?

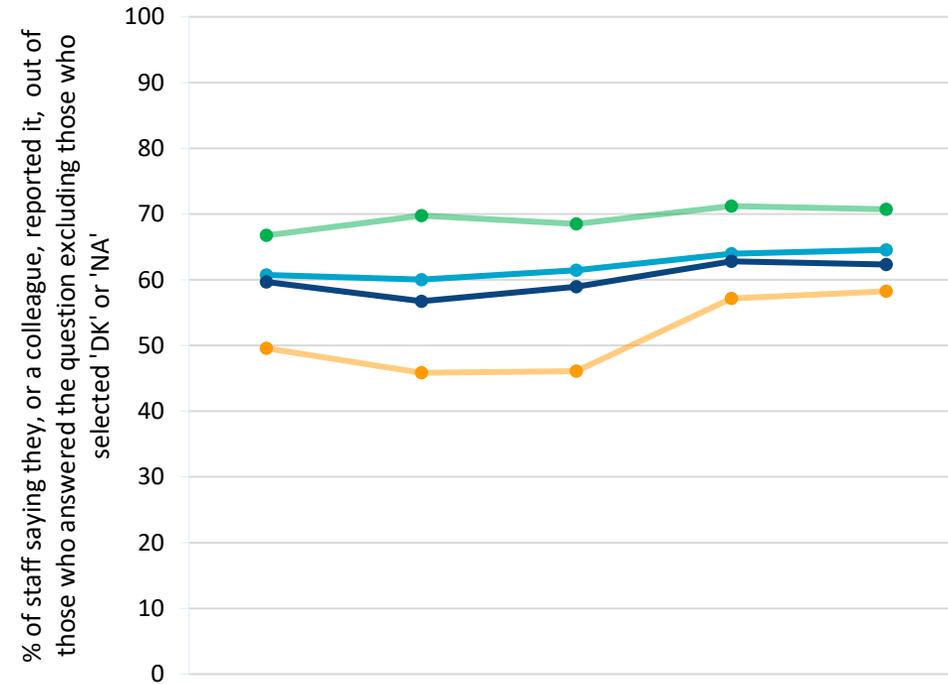


	2021	2022	2023	2024	2025
Your org	88.97%	85.17%	85.36%	87.30%	84.87%
Best result	96.67%	95.80%	96.17%	96.97%	97.42%
Average result	89.60%	89.72%	89.38%	89.98%	90.13%
Worst result	80.44%	79.29%	65.11%	74.25%	79.66%
Responses	236	263	331	322	281

Note: 2023 results for Q13d are reported using corrected data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.



Q14d The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?

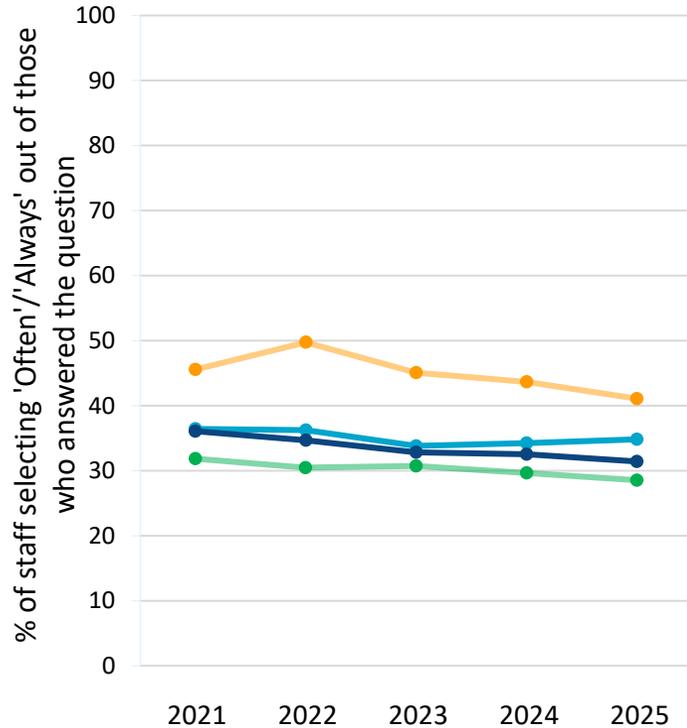


	2021	2022	2023	2024	2025
Your org	59.67%	56.74%	58.95%	62.80%	62.34%
Best result	66.75%	69.74%	68.49%	71.21%	70.72%
Average result	60.73%	60.03%	61.47%	63.97%	64.55%
Worst result	49.55%	45.85%	46.10%	57.13%	58.25%
Responses	759	787	768	861	724

Note: 2023 results for Q14d are reported using corrected data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.

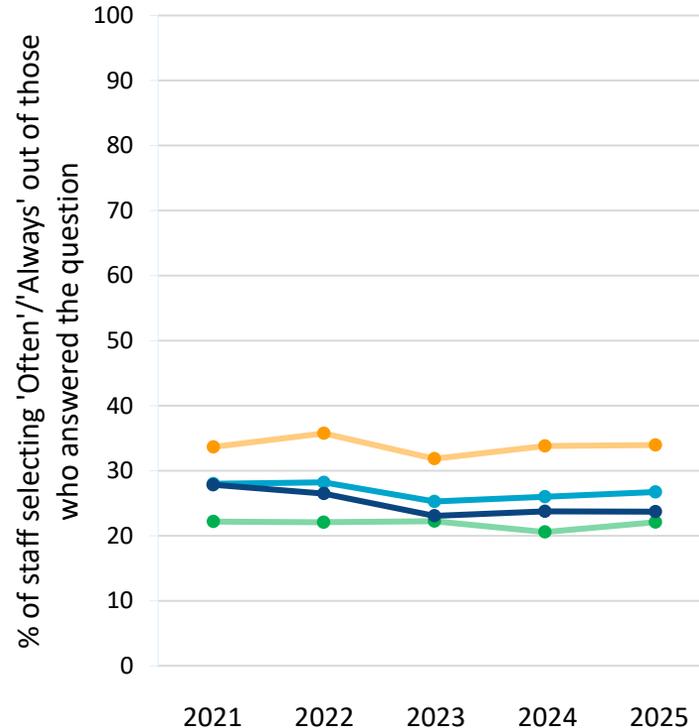


Q12a How often, if at all, do you find your work emotionally exhausting?



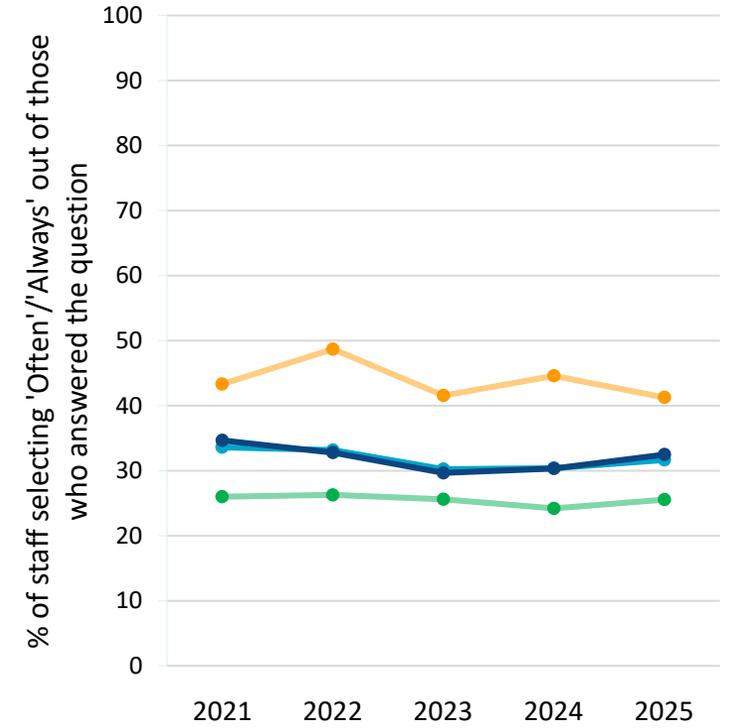
Your org	36.08%	34.70%	32.82%	32.51%	31.42%
Best result	31.85%	30.46%	30.74%	29.64%	28.54%
Average result	36.42%	36.22%	33.82%	34.24%	34.81%
Worst result	45.58%	49.74%	45.06%	43.68%	41.09%
Responses	2359	2479	2795	3015	2632

Q12b How often, if at all, do you feel burnt out because of your work?



Your org	27.84%	26.50%	23.06%	23.75%	23.69%
Best result	22.17%	22.08%	22.23%	20.57%	22.09%
Average result	27.99%	28.21%	25.27%	25.97%	26.70%
Worst result	33.65%	35.75%	31.84%	33.80%	33.94%
Responses	2354	2477	2797	3016	2625

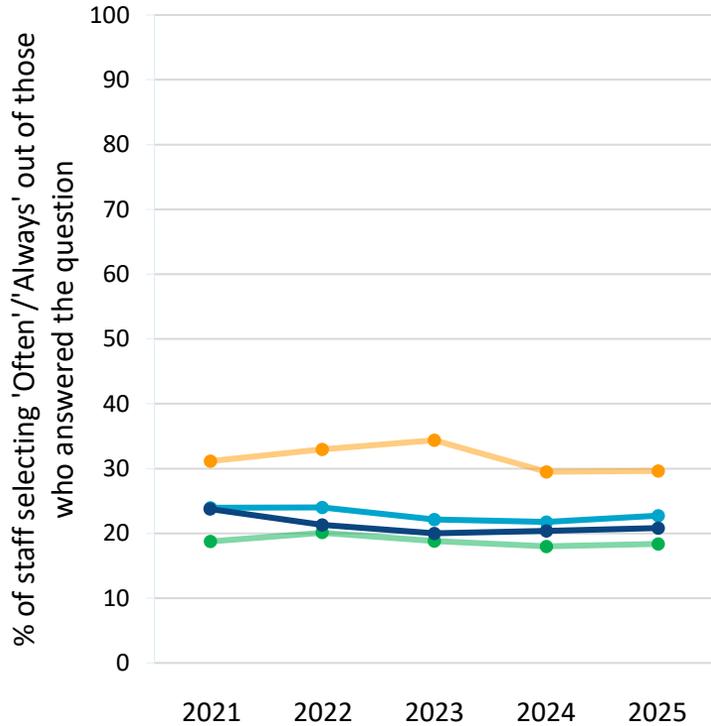
Q12c How often, if at all, does your work frustrate you?



Your org	34.66%	32.76%	29.67%	30.32%	32.51%
Best result	26.00%	26.29%	25.63%	24.21%	25.54%
Average result	33.60%	33.18%	30.23%	30.39%	31.68%
Worst result	43.29%	48.71%	41.56%	44.56%	41.26%
Responses	2354	2476	2794	3010	2624

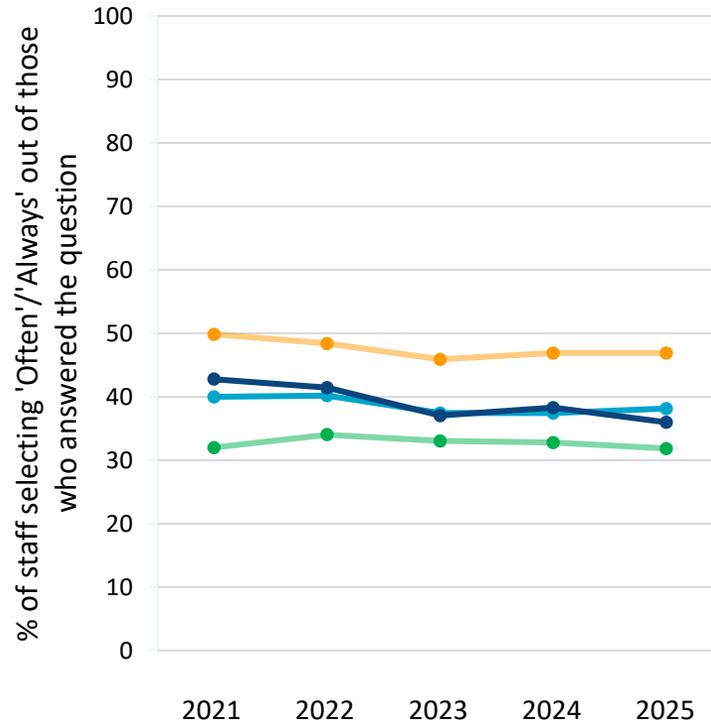


Q12d How often, if at all, are you exhausted at the thought of another day/shift at work?



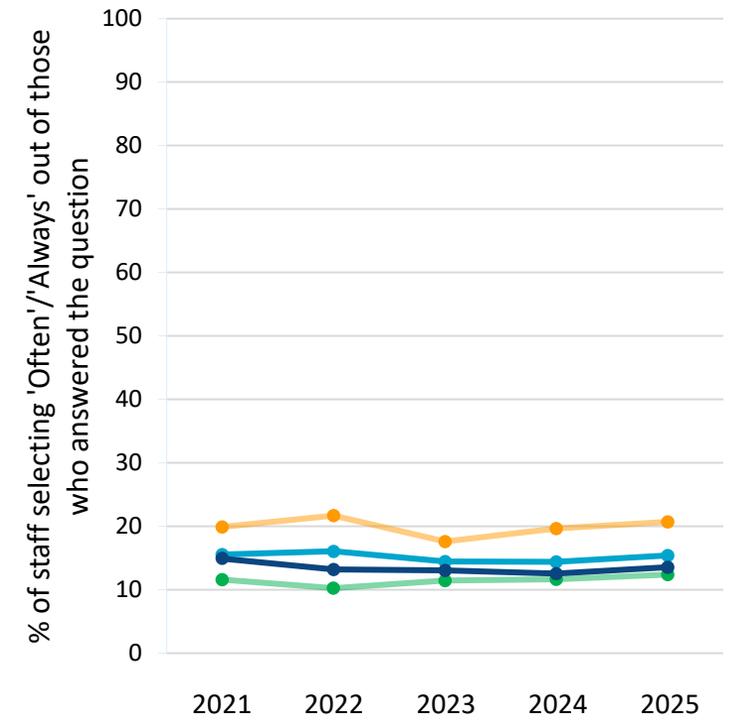
	2021	2022	2023	2024	2025
Your org	23.74%	21.31%	20.01%	20.36%	20.83%
Best result	18.75%	20.08%	18.83%	18.00%	18.38%
Average result	23.97%	24.00%	22.12%	21.77%	22.70%
Worst result	31.14%	32.98%	34.37%	29.50%	29.64%
Responses	2355	2475	2788	3014	2623

Q12e How often, if at all, do you feel worn out at the end of your working day/shift?



	2021	2022	2023	2024	2025
Your org	42.75%	41.46%	37.01%	38.30%	35.97%
Best result	32.00%	34.00%	33.06%	32.79%	31.85%
Average result	40.00%	40.17%	37.43%	37.43%	38.14%
Worst result	49.84%	48.40%	45.90%	46.91%	46.89%
Responses	2344	2475	2784	3007	2620

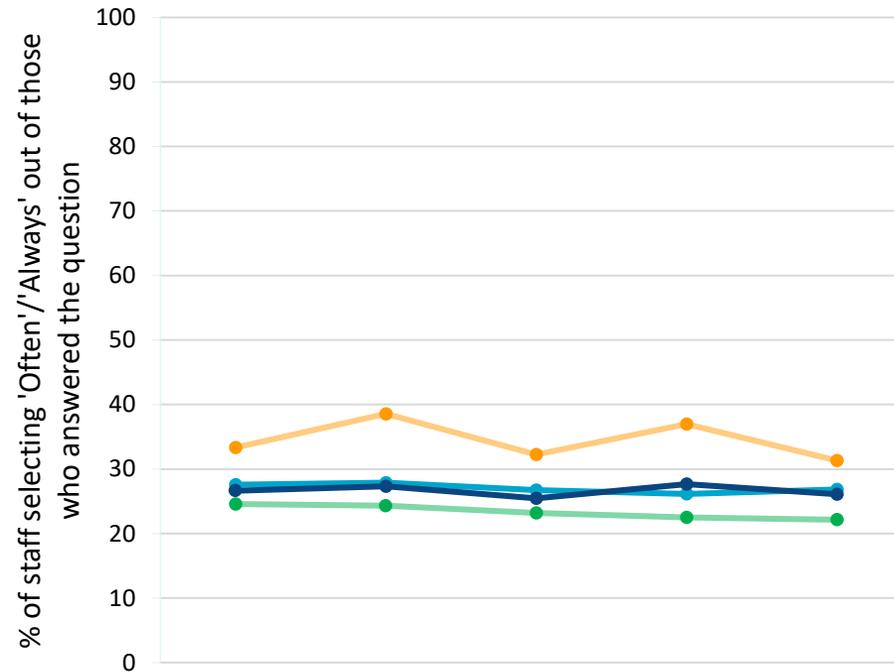
Q12f How often, if at all, do you feel that every working hour is tiring for you?



	2021	2022	2023	2024	2025
Your org	14.90%	13.19%	13.07%	12.54%	13.55%
Best result	11.59%	10.24%	11.44%	11.66%	12.38%
Average result	15.54%	16.07%	14.45%	14.40%	15.41%
Worst result	19.90%	21.68%	17.60%	19.67%	20.70%
Responses	2348	2470	2787	3011	2623



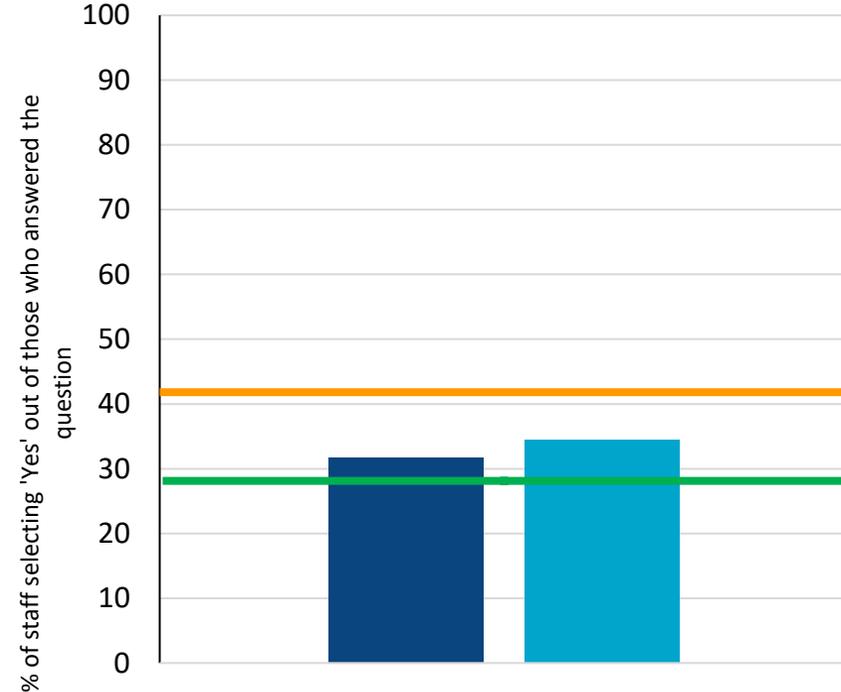
Q12g How often, if at all, do you not have enough energy for family and friends during leisure time?



	2021	2022	2023	2024	2025
Your org	26.66%	27.32%	25.46%	27.66%	26.11%
Best result	24.57%	24.32%	23.18%	22.51%	22.14%
Average result	27.59%	27.88%	26.72%	26.14%	26.82%
Worst result	33.33%	38.56%	32.27%	36.96%	31.32%
Responses	2356	2475	2796	3010	2627

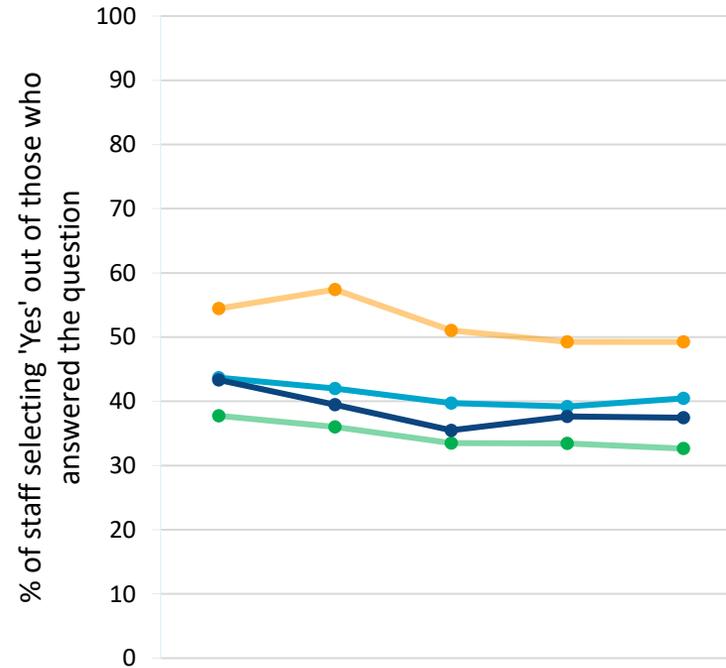


Q11b In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities? Examples may include back pain, neck or arm strains, and joint pain.



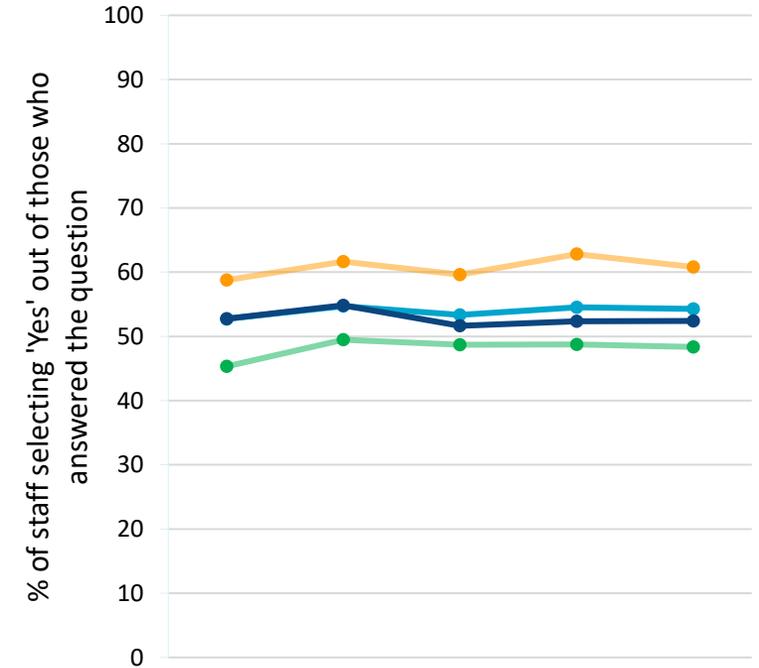
	2025
Your org	31.67%
Best result	28.13%
Average result	34.54%
Worst result	41.81%
Responses	2629

Q11c During the last 12 months have you felt unwell as a result of work related stress?



	2021	2022	2023	2024	2025
Your org	43.33%	39.47%	35.49%	37.66%	37.44%
Best result	37.75%	35.99%	33.48%	33.47%	32.64%
Average result	43.69%	42.01%	39.74%	39.19%	40.48%
Worst result	54.45%	57.41%	51.02%	49.27%	49.25%
Responses	2349	2471	2782	2997	2626

Q11d In the last three months have you ever come to work despite not feeling well enough to perform your duties?

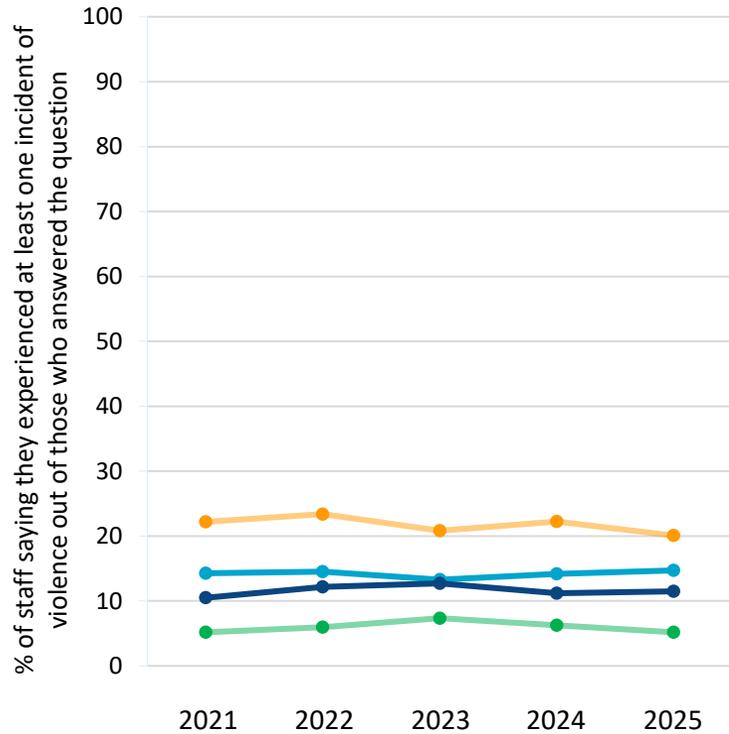


	2021	2022	2023	2024	2025
Your org	52.75%	54.85%	51.65%	52.37%	52.42%
Best result	45.33%	49.48%	48.68%	48.77%	48.36%
Average result	52.73%	54.71%	53.32%	54.53%	54.30%
Worst result	58.77%	61.67%	59.60%	62.81%	60.83%
Responses	2353	2468	2783	2996	2624

Note: Due to changes in the question wording in 2025, previous years' results for Q11b are not reported. For more information, please refer to the *Technical Guide*: <https://www.nhsstaffsurveys.com/survey-documents/>

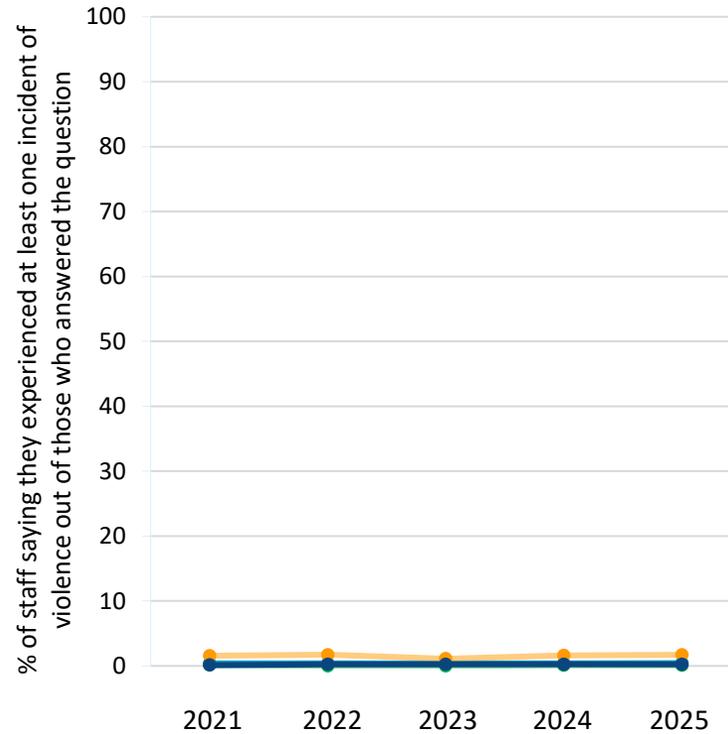


Q13a In the last 12 months how many times have you personally experienced physical violence at work from...? Patients / service users, their relatives or other members of the public.



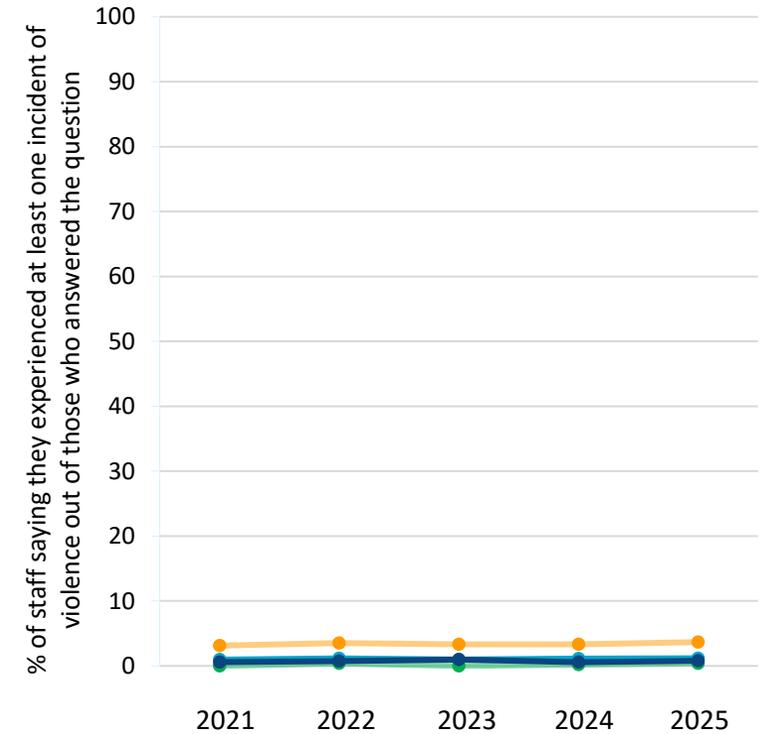
Responses	2355	2473	2785	3011	2629
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Q13b In the last 12 months how many times have you personally experienced physical violence at work from...? Managers.



Responses	2344	2462	2769	2997	2620
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Q13c In the last 12 months how many times have you personally experienced physical violence at work from...? Other colleagues.

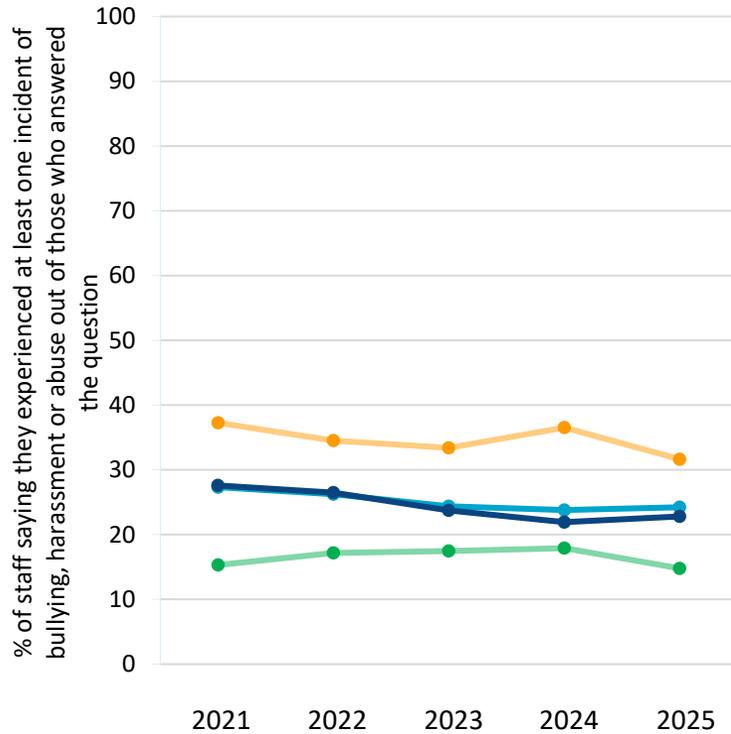


Responses	2314	2449	2759	2980	2602
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Note: 2023 results for Q13a-c are reported using corrected data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.

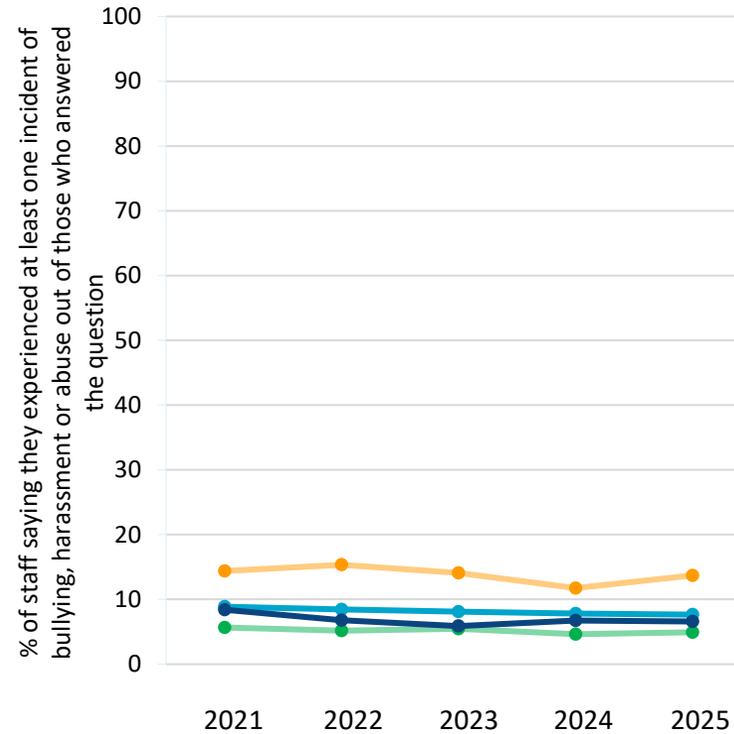


Q14a In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Patients / service users, their relatives or other members of the public.



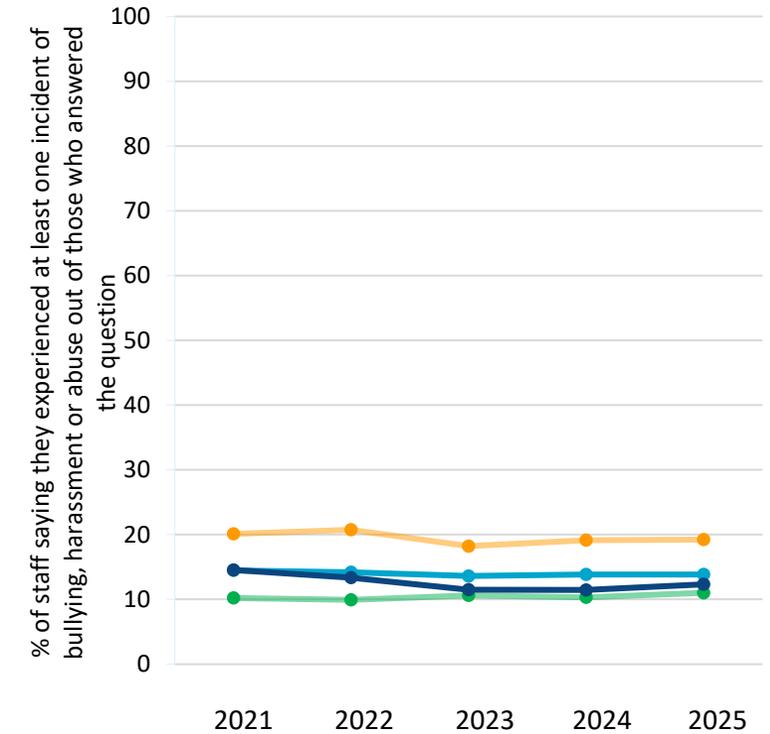
	2021	2022	2023	2024	2025
Your org	27.60%	26.50%	23.77%	21.94%	22.83%
Best result	15.34%	17.17%	17.49%	17.91%	14.80%
Average result	27.34%	26.24%	24.36%	23.80%	24.24%
Worst result	37.27%	34.53%	33.40%	36.55%	31.65%
Responses	2350	2470	2780	3013	2622

Q14b In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Managers.



	2021	2022	2023	2024	2025
Your org	8.41%	6.77%	5.89%	6.74%	6.59%
Best result	5.67%	5.19%	5.47%	4.63%	4.90%
Average result	8.88%	8.47%	8.10%	7.84%	7.65%
Worst result	14.41%	15.34%	14.11%	11.75%	13.71%
Responses	2338	2456	2768	3004	2614

Q14c In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Other colleagues.

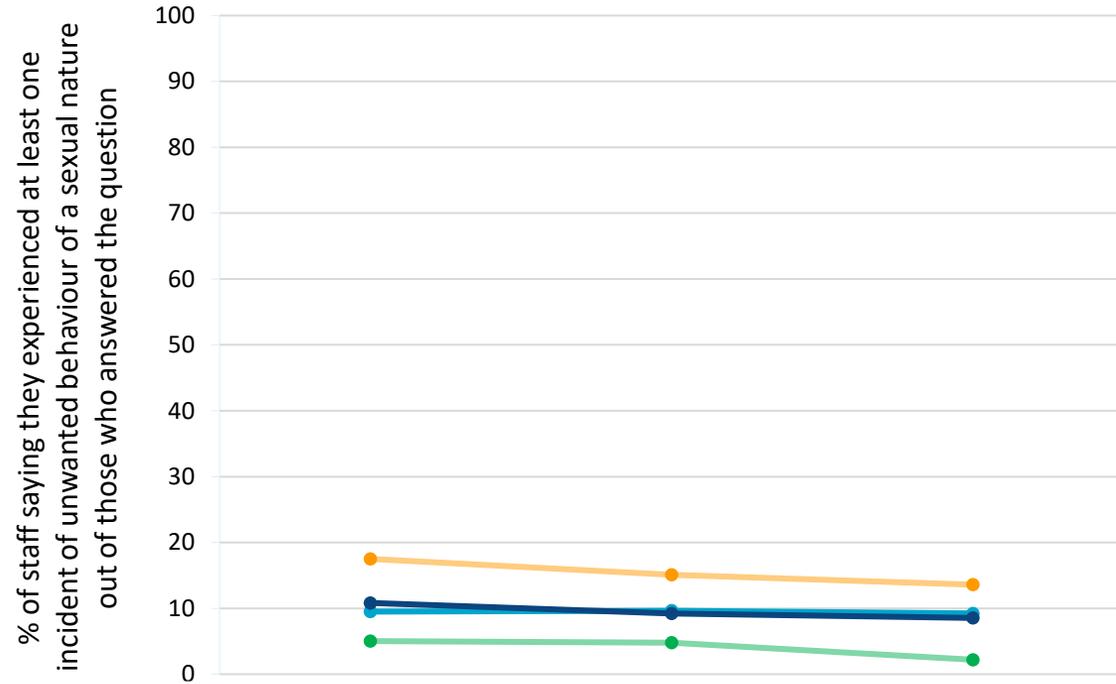


	2021	2022	2023	2024	2025
Your org	14.55%	13.34%	11.50%	11.47%	12.34%
Best result	10.20%	9.93%	10.59%	10.33%	11.02%
Average result	14.47%	14.16%	13.62%	13.83%	13.87%
Worst result	20.11%	20.75%	18.23%	19.15%	19.22%
Responses	2316	2450	2763	3001	2612

Note: 2023 results for Q14a-c are reported using corrected data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.

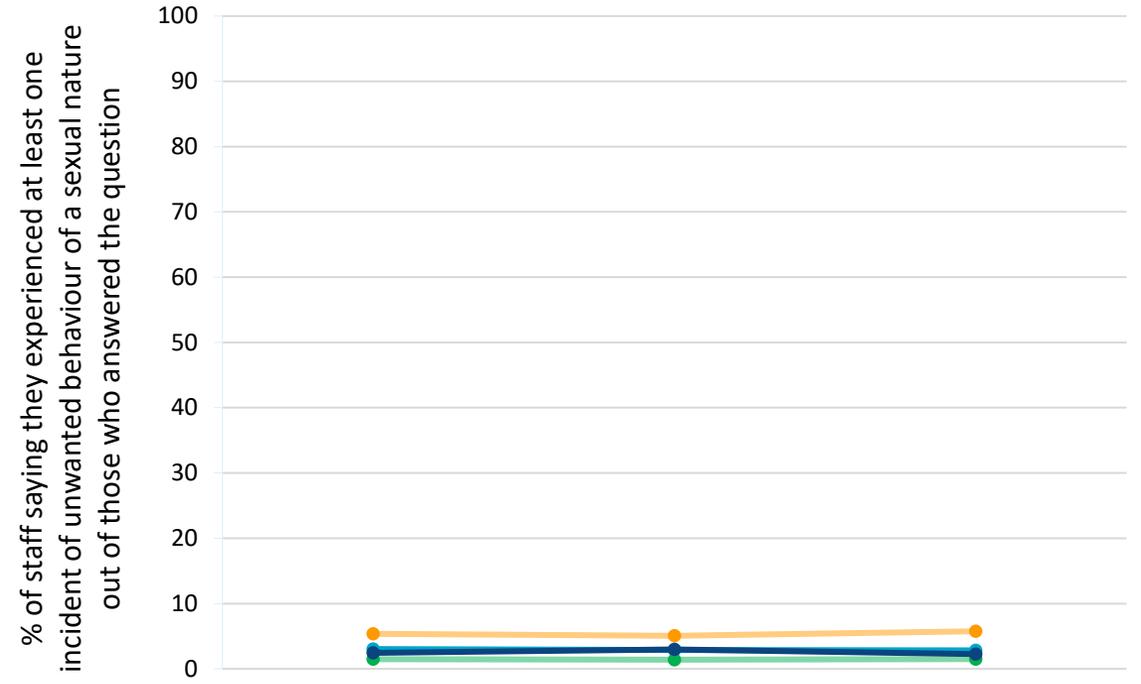


Q17a In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? From patients / service users, their relatives or other members of the public



	2023	2024	2025
Your org	10.82%	9.19%	8.54%
Best result	5.03%	4.79%	2.20%
Average result	9.49%	9.63%	9.23%
Worst result	17.50%	15.11%	13.59%
Responses	2787	3013	2627

Q17b In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? From staff / colleagues

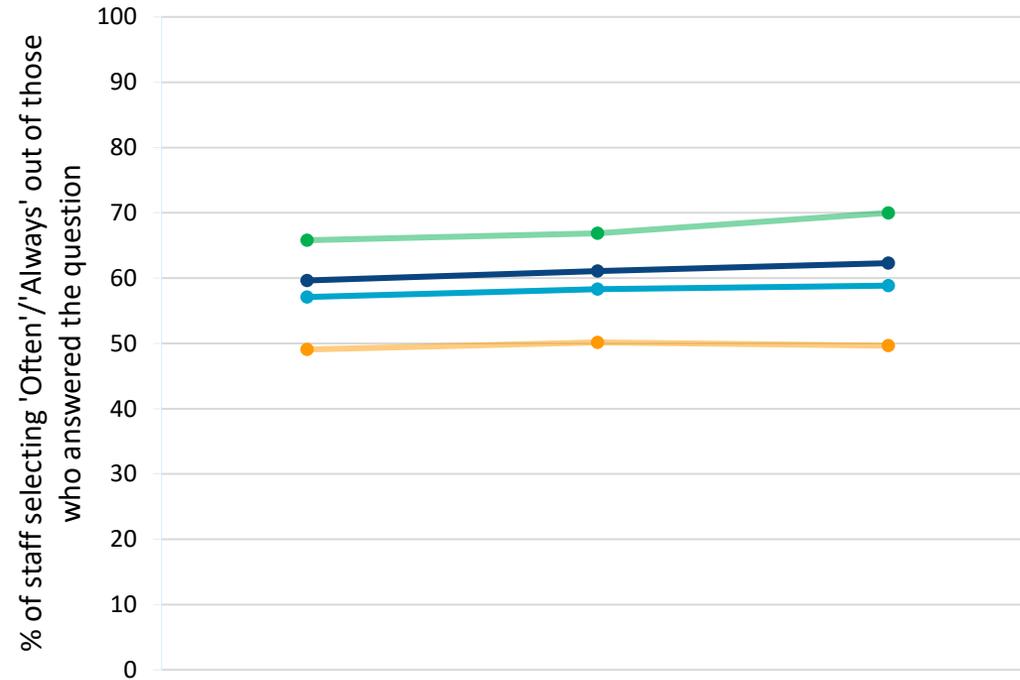


	2023	2024	2025
Your org	2.47%	2.97%	2.26%
Best result	1.48%	1.40%	1.49%
Average result	3.03%	2.88%	2.82%
Worst result	5.35%	5.06%	5.75%
Responses	2779	3006	2622

*These questions do not contribute towards any People Promise element score, theme score or sub-score



Q22 I can eat nutritious and affordable food while I am working



	2023	2024	2025
Your org	59.64%	61.07%	62.29%
Best result	65.80%	66.87%	69.99%
Average result	57.11%	58.29%	58.85%
Worst result	49.06%	50.15%	49.63%
Responses	2794	3018	2634

*These questions do not contribute towards any People Promise element score, theme score or sub-score

People Promise element – We are always learning



Questions included:

Development – Q24a, Q24b, Q24c, Q24d, Q24e

Appraisals – Q23a*, Q23b, Q23c, Q23d

Other questions** - Q24f

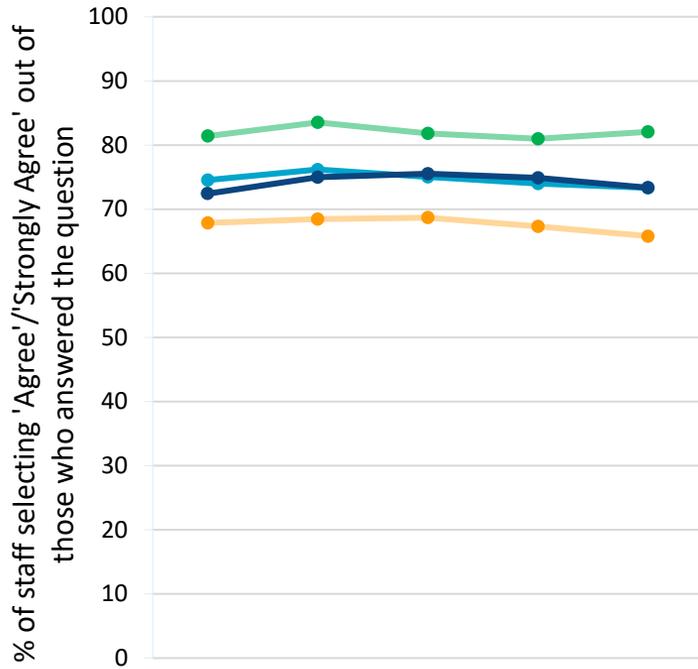
*Q23a is a filter question and therefore influences the sub-score without being a directly scored question.

**Q24f does not contribute to the calculation of any scores or sub-scores.

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

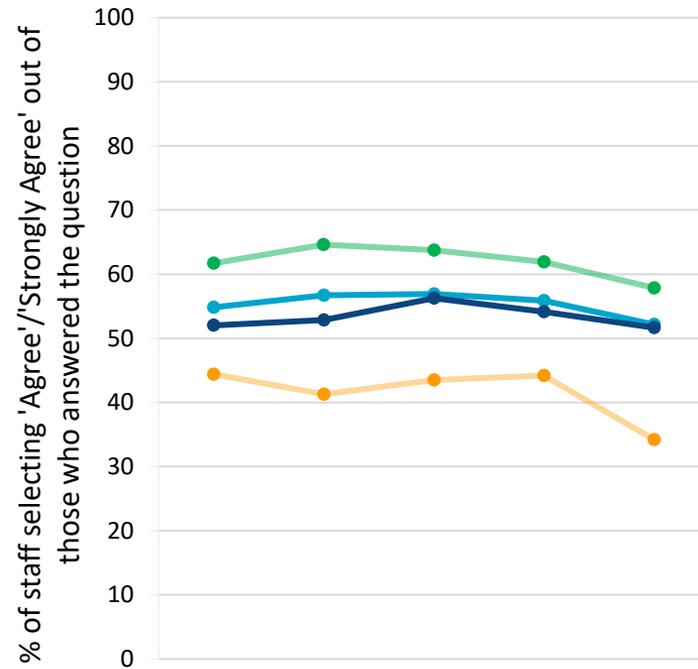


Q24a This organisation offers me challenging work.



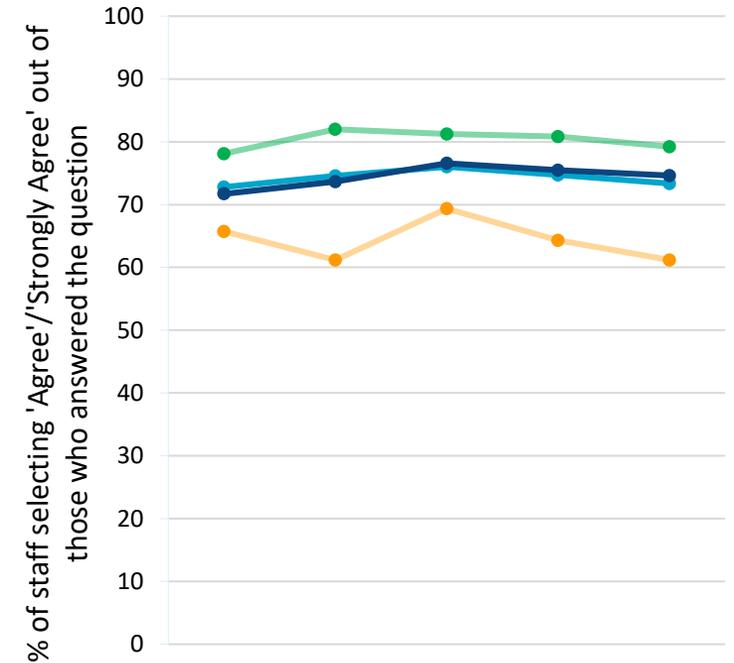
	2021	2022	2023	2024	2025
Your org	72.42%	74.98%	75.53%	74.89%	73.35%
Best result	81.39%	83.53%	81.82%	80.98%	82.07%
Average result	74.55%	76.19%	75.02%	74.00%	73.34%
Worst result	67.84%	68.43%	68.68%	67.32%	65.80%
Responses	2355	2485	2797	3019	2628

Q24b There are opportunities for me to develop my career in this organisation.



	2021	2022	2023	2024	2025
Your org	52.01%	52.84%	56.26%	54.15%	51.66%
Best result	61.70%	64.61%	63.73%	61.91%	57.87%
Average result	54.83%	56.74%	56.91%	55.85%	52.16%
Worst result	44.41%	41.27%	43.49%	44.17%	34.21%
Responses	2354	2482	2798	3016	2632

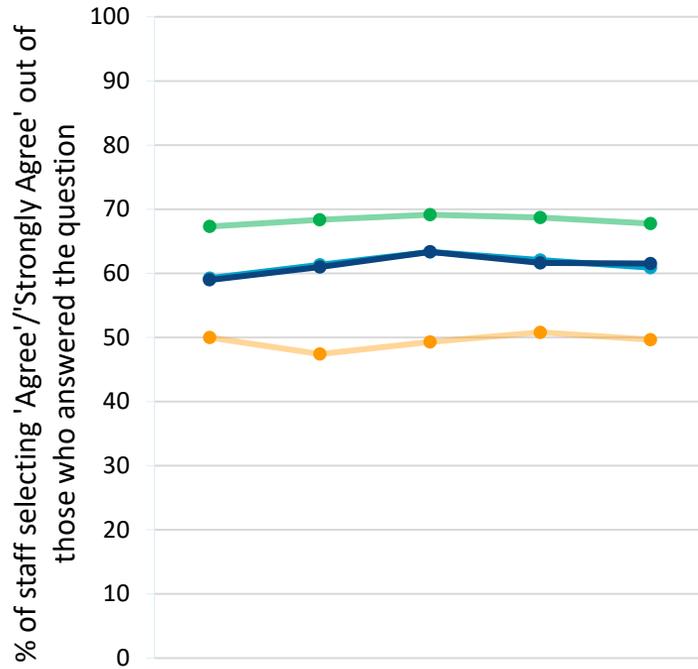
Q24c I have opportunities to improve my knowledge and skills.



	2021	2022	2023	2024	2025
Your org	71.70%	73.66%	76.58%	75.50%	74.65%
Best result	78.11%	81.99%	81.25%	80.82%	79.21%
Average result	72.79%	74.60%	76.02%	74.73%	73.37%
Worst result	65.75%	61.17%	69.35%	64.33%	61.20%
Responses	2358	2481	2797	3018	2625

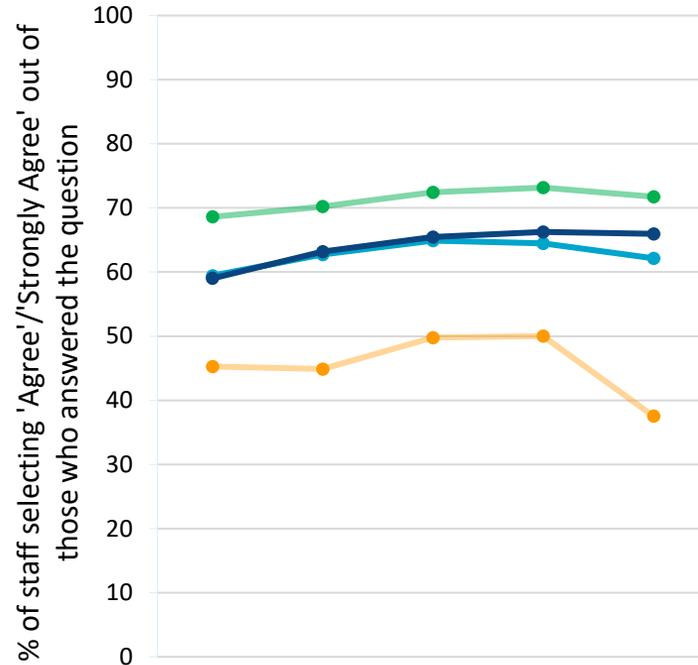


Q24d I feel supported to develop my potential.



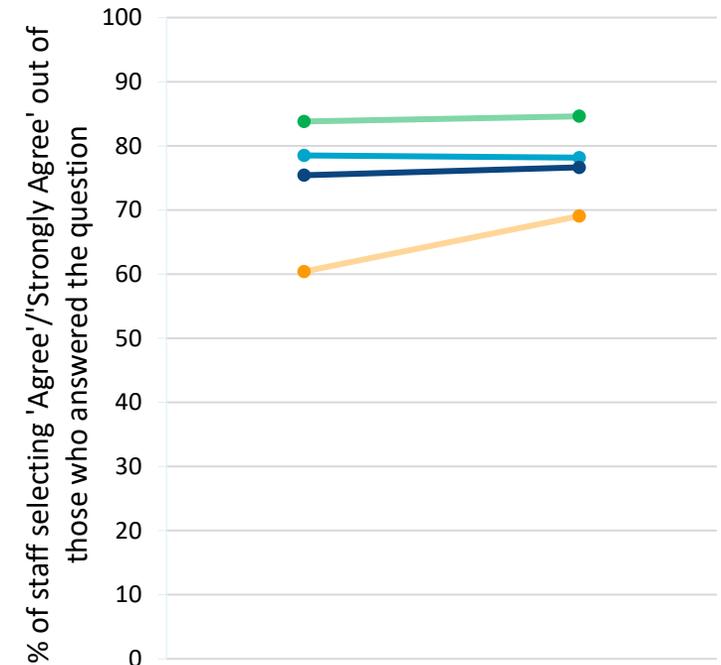
	2021	2022	2023	2024	2025
Your org	58.96%	60.97%	63.34%	61.62%	61.52%
Best result	67.30%	68.36%	69.14%	68.73%	67.75%
Average result	59.26%	61.36%	63.35%	62.07%	60.87%
Worst result	50.01%	47.41%	49.30%	50.81%	49.65%
Responses	2352	2483	2793	3003	2622

Q24e I am able to access the right learning and development opportunities when I need to.



	2021	2022	2023	2024	2025
Your org	59.01%	63.20%	65.44%	66.26%	65.96%
Best result	68.61%	70.20%	72.42%	73.17%	71.73%
Average result	59.45%	62.73%	64.90%	64.46%	62.17%
Worst result	45.28%	44.90%	49.80%	50.01%	37.54%
Responses	2351	2483	2794	2984	2610

Q24f* I am able to access clinical supervision opportunities when I need to.

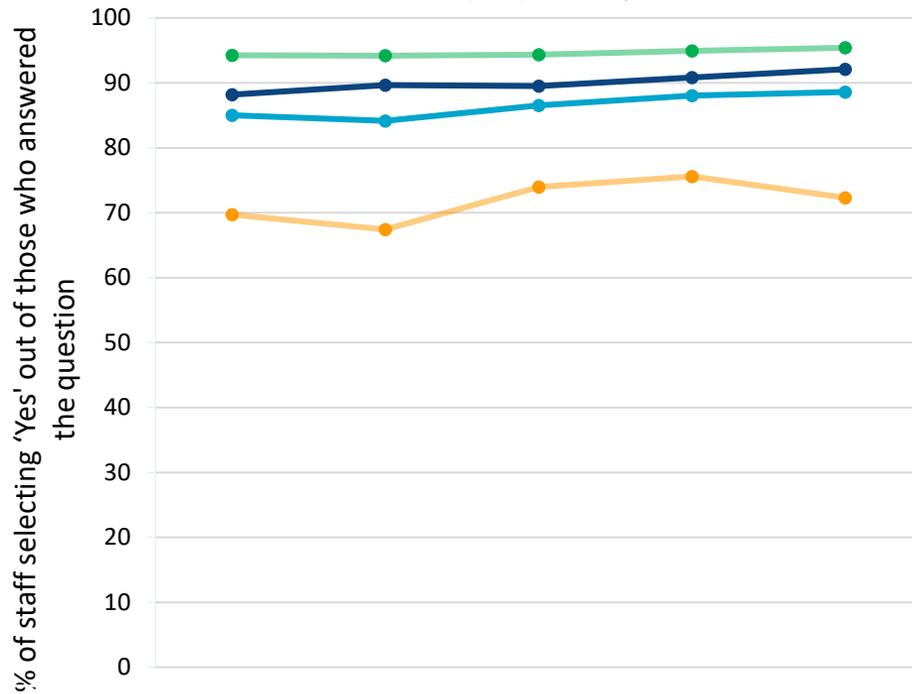


	2024	2025
Your org	75.41%	76.64%
Best result	83.80%	84.60%
Average result	78.50%	78.16%
Worst result	60.41%	69.05%
Responses	2439	2073

*Q24f was introduced in 2024 and does not currently contribute towards any People Promise element score, theme score or sub-score to protect trend data over five years.

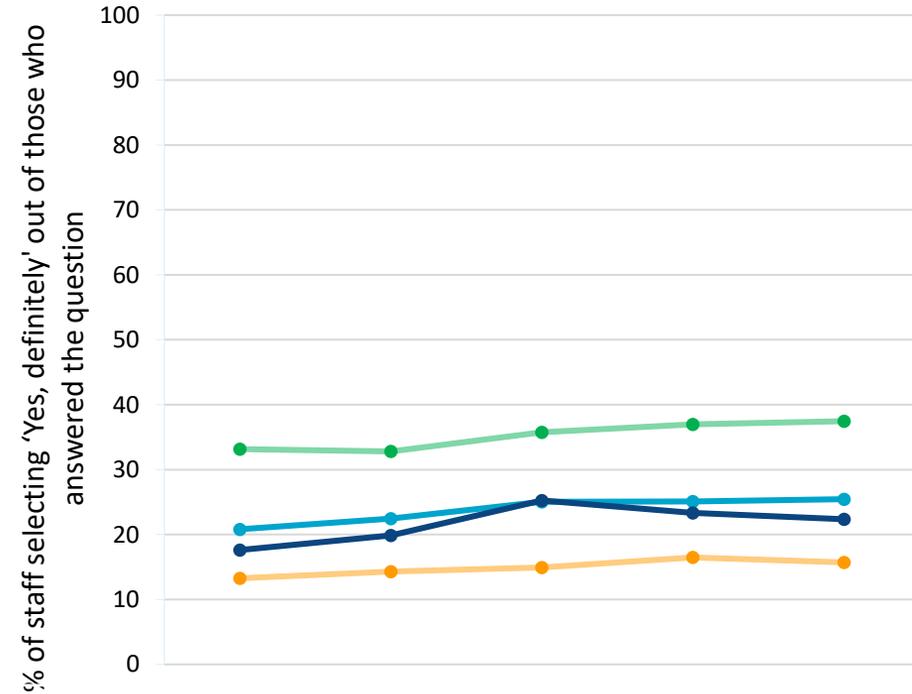


Q23a* In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?



	2021	2022	2023	2024	2025
Your org	88.19%	89.64%	89.51%	90.82%	92.11%
Best result	94.25%	94.18%	94.35%	94.93%	95.41%
Average result	85.01%	84.15%	86.51%	88.04%	88.60%
Worst result	69.70%	67.41%	73.95%	75.59%	72.29%
Responses	2344	2463	2789	3003	2620

Q23b It helped me to improve how I do my job.

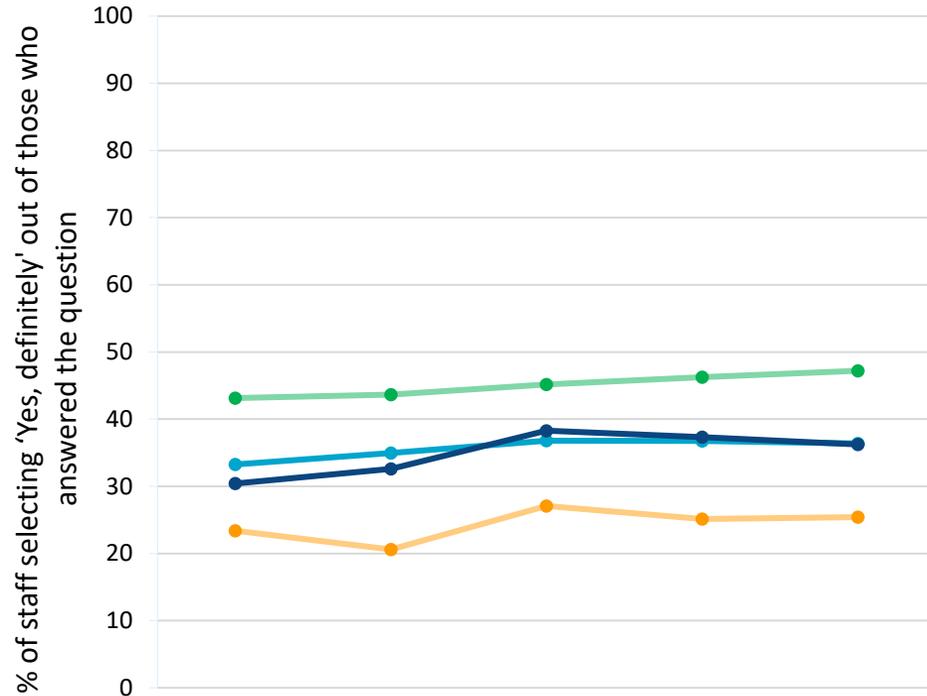


	2021	2022	2023	2024	2025
Your org	17.62%	19.88%	25.25%	23.36%	22.34%
Best result	33.15%	32.80%	35.73%	36.96%	37.46%
Average result	20.81%	22.46%	25.04%	25.11%	25.45%
Worst result	13.27%	14.29%	14.92%	16.48%	15.71%
Responses	2058	2198	2486	2715	2399

*Q23a is a filter question and therefore influences the sub-score without being a directly scored question.

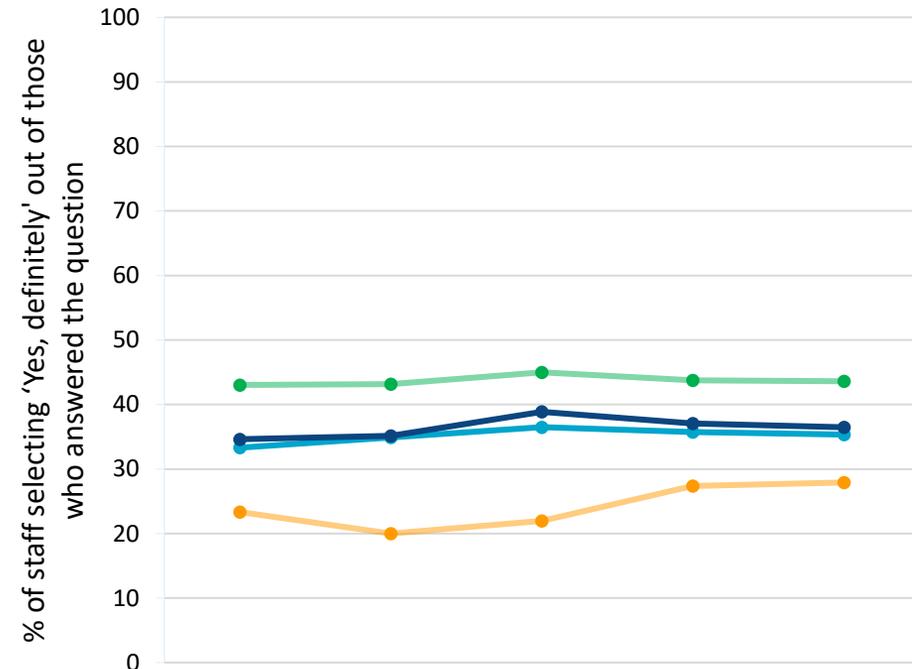


Q23c It helped me agree clear objectives for my work.



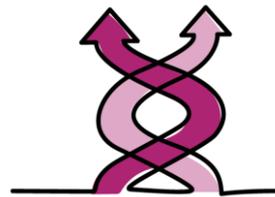
	2021	2022	2023	2024	2025
Your org	30.41%	32.59%	38.28%	37.30%	36.23%
Best result	43.14%	43.65%	45.14%	46.27%	47.20%
Average result	33.25%	34.97%	36.79%	36.75%	36.37%
Worst result	23.38%	20.59%	27.07%	25.15%	25.40%
Responses	2058	2195	2483	2712	2393

Q23d It left me feeling that my work is valued by my organisation.



	2021	2022	2023	2024	2025
Your org	34.62%	35.16%	38.86%	37.06%	36.47%
Best result	43.03%	43.17%	44.98%	43.74%	43.58%
Average result	33.30%	34.89%	36.49%	35.74%	35.35%
Worst result	23.32%	19.99%	21.97%	27.36%	27.91%
Responses	2056	2199	2481	2710	2398

People Promise element – We work flexibly



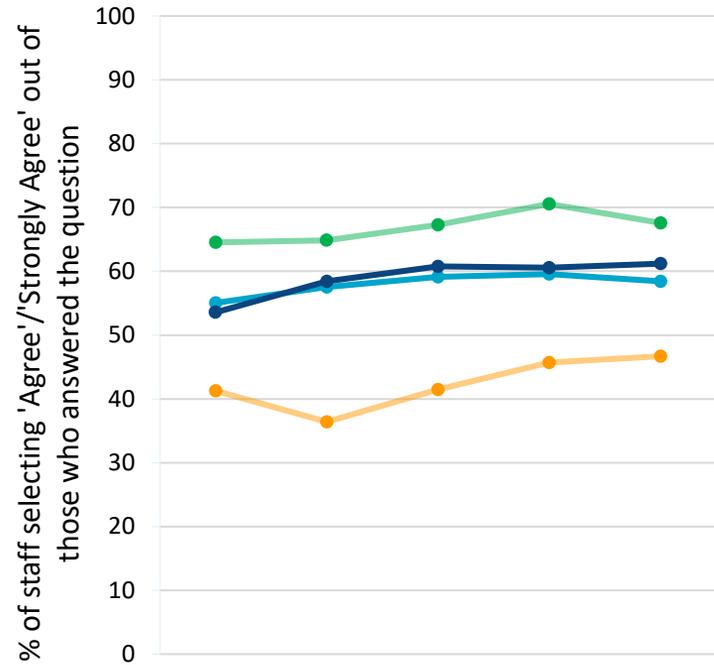
Questions included:

Support for work-life balance – Q6b, Q6c, Q6d

Flexible working – Q4d



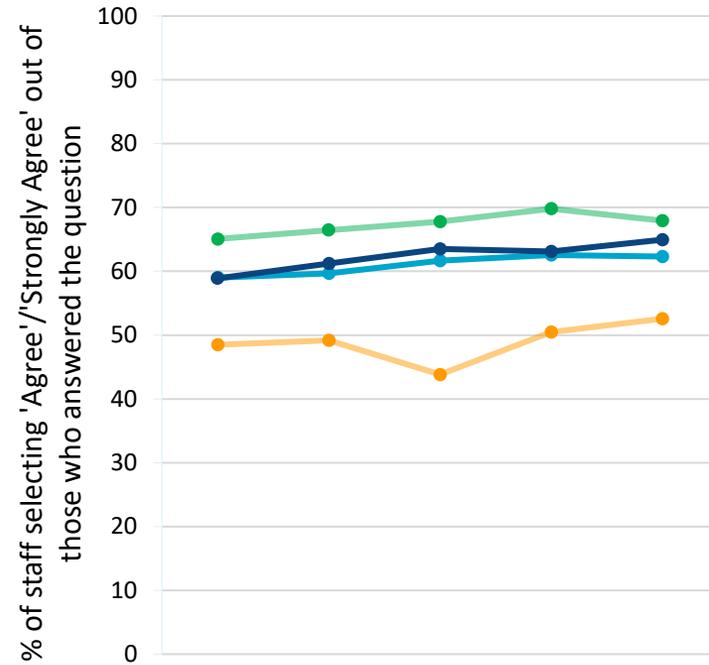
Q6b My organisation is committed to helping me balance my work and home life.



2021 2022 2023 2024 2025

Your org	53.56%	58.45%	60.78%	60.57%	61.19%
Best result	64.53%	64.85%	67.29%	70.55%	67.60%
Average result	55.05%	57.54%	59.15%	59.56%	58.41%
Worst result	41.27%	36.40%	41.49%	45.70%	46.68%
Responses	2360	2476	2796	3014	2636

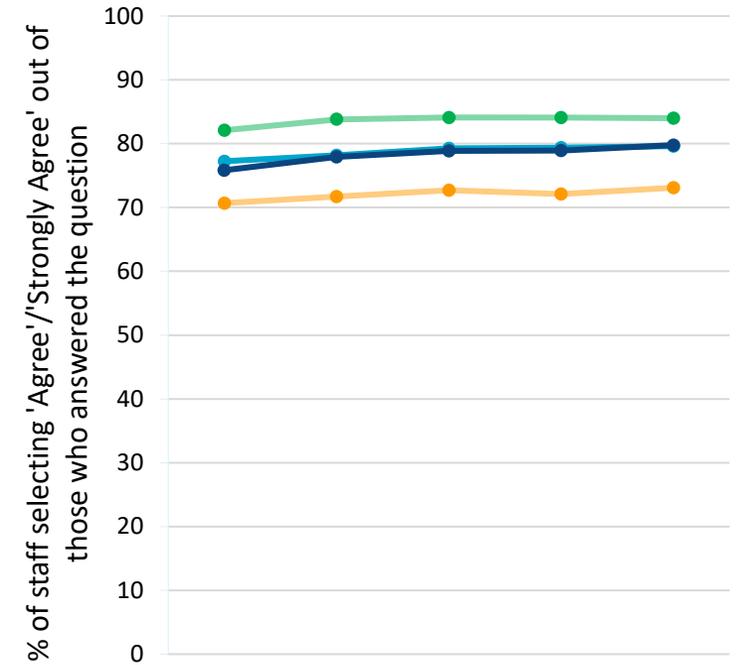
Q6c I achieve a good balance between my work life and my home life.



2021 2022 2023 2024 2025

Your org	58.88%	61.21%	63.49%	63.11%	64.95%
Best result	65.06%	66.45%	67.78%	69.80%	67.91%
Average result	59.00%	59.65%	61.64%	62.55%	62.29%
Worst result	48.47%	49.18%	43.82%	50.48%	52.57%
Responses	2359	2479	2790	3009	2628

Q6d I can approach my immediate manager to talk openly about flexible working.

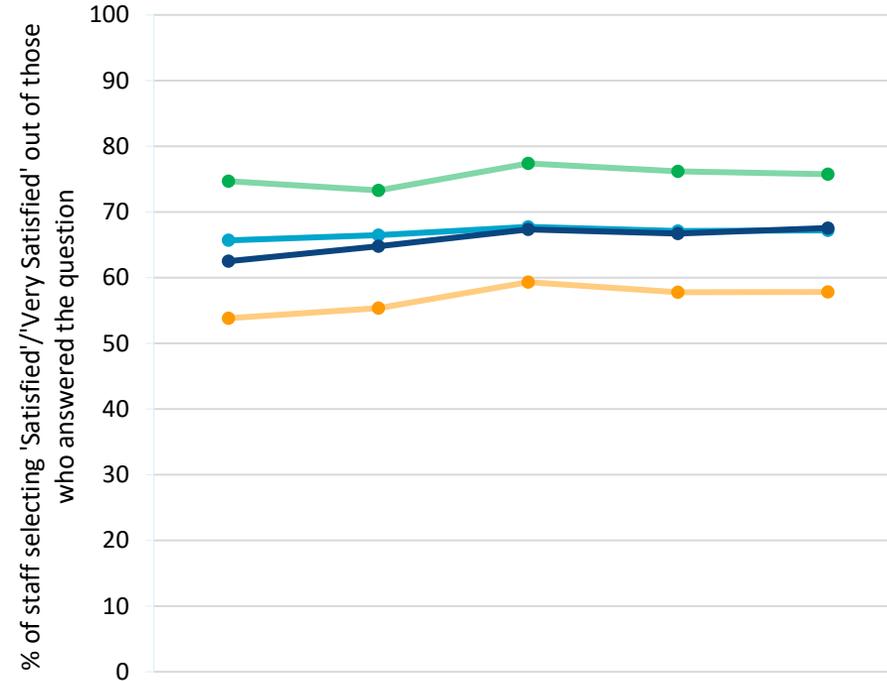


2021 2022 2023 2024 2025

Your org	75.83%	77.91%	78.85%	78.94%	79.78%
Best result	82.10%	83.79%	84.10%	84.08%	83.97%
Average result	77.25%	78.18%	79.26%	79.39%	79.62%
Worst result	70.68%	71.71%	72.70%	72.10%	73.10%
Responses	2360	2482	2798	3010	2633

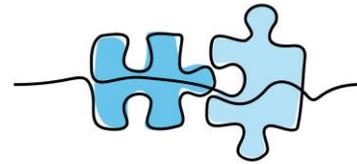


Q4d How satisfied are you with each of the following aspects of your job? The opportunities for flexible working patterns.



	2021	2022	2023	2024	2025
Your org	62.51%	64.81%	67.35%	66.70%	67.56%
Best result	74.71%	73.29%	77.39%	76.19%	75.77%
Average result	65.68%	66.46%	67.74%	67.09%	67.21%
Worst result	53.83%	55.37%	59.32%	57.76%	57.81%
Responses	2356	2472	2794	3011	2628

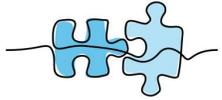
People Promise element – We are a team



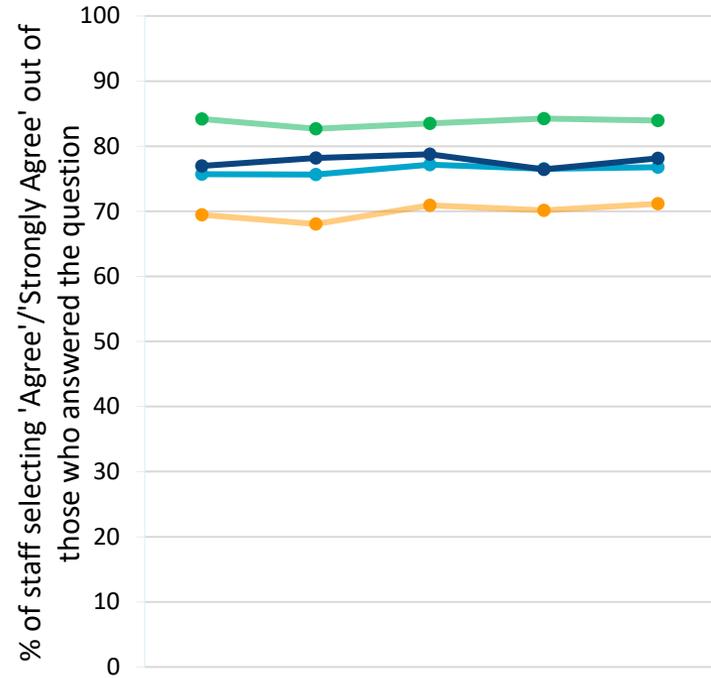
Questions included:

Team working – Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a

Line management – Q9a, Q9b, Q9c, Q9d



Q7a The team I work in has a set of shared objectives.

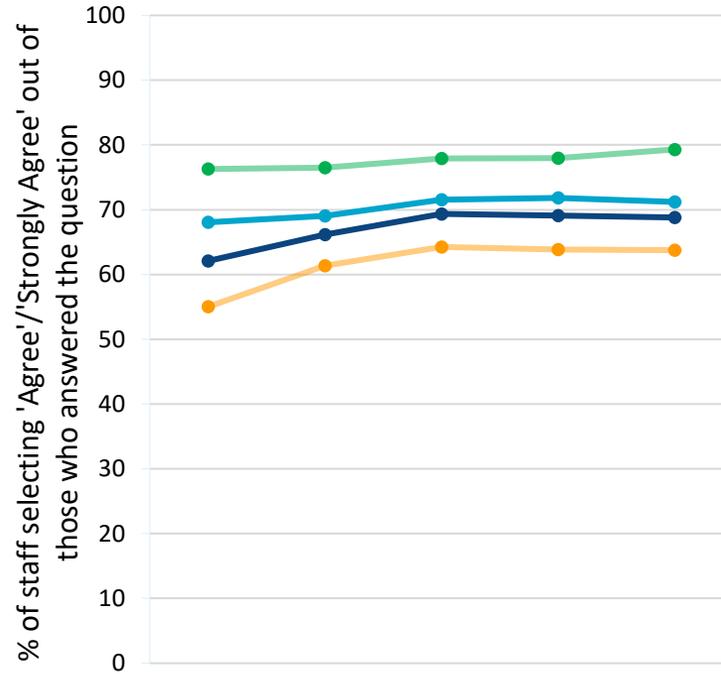


2021 2022 2023 2024 2025

Your org	76.98%	78.16%	78.76%	76.44%	78.13%
Best result	84.18%	82.68%	83.48%	84.25%	83.91%
Average result	75.69%	75.64%	77.16%	76.53%	76.78%
Worst result	69.48%	68.04%	70.90%	70.16%	71.15%

Responses 2359 2480 2797 3021 2635

Q7b The team I work in often meets to discuss the team's effectiveness.

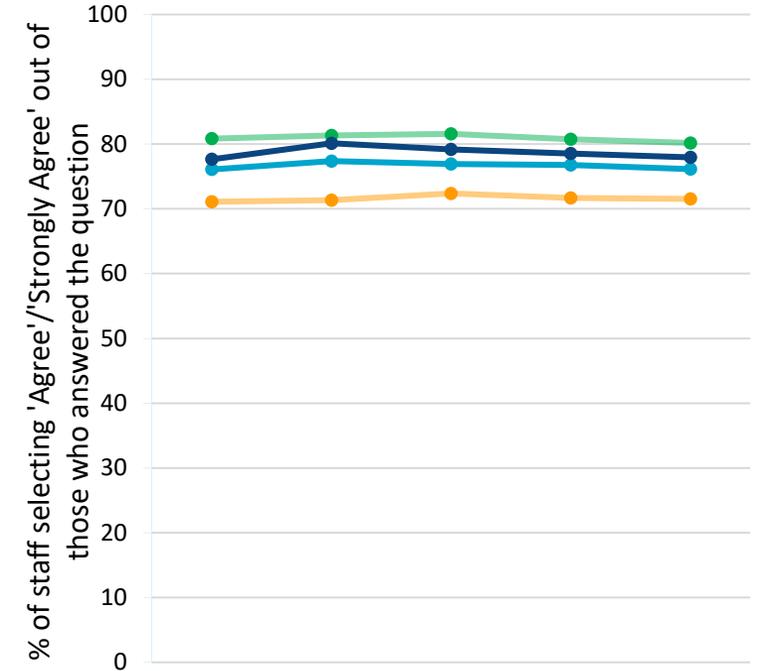


2021 2022 2023 2024 2025

Your org	62.10%	66.16%	69.35%	69.12%	68.82%
Best result	76.29%	76.50%	77.94%	77.99%	79.31%
Average result	68.06%	69.06%	71.57%	71.82%	71.21%
Worst result	55.02%	61.38%	64.26%	63.88%	63.77%

Responses 2360 2481 2796 3013 2629

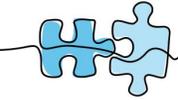
Q7c I receive the respect I deserve from my colleagues at work.



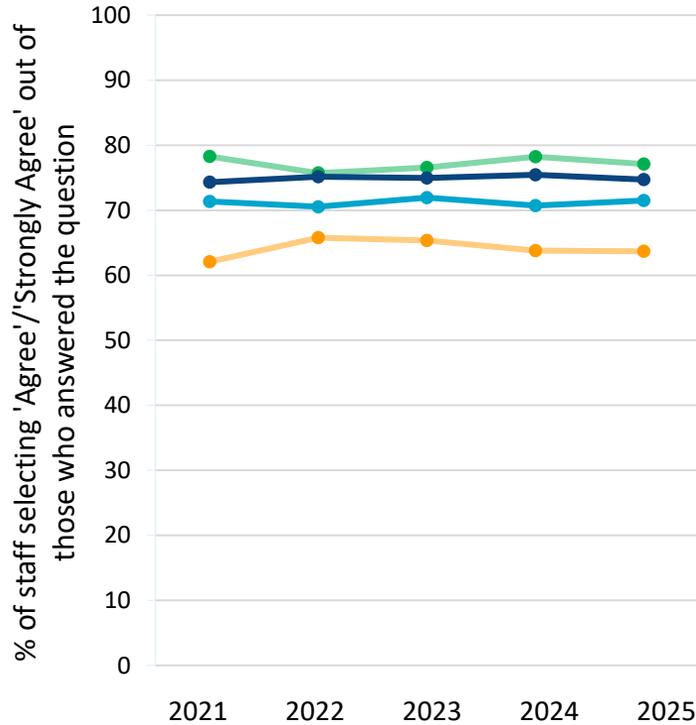
2021 2022 2023 2024 2025

Your org	77.64%	80.13%	79.18%	78.52%	77.97%
Best result	80.83%	81.33%	81.58%	80.74%	80.17%
Average result	76.08%	77.37%	76.94%	76.79%	76.14%
Worst result	71.10%	71.34%	72.38%	71.67%	71.53%

Responses 2362 2481 2795 3020 2625

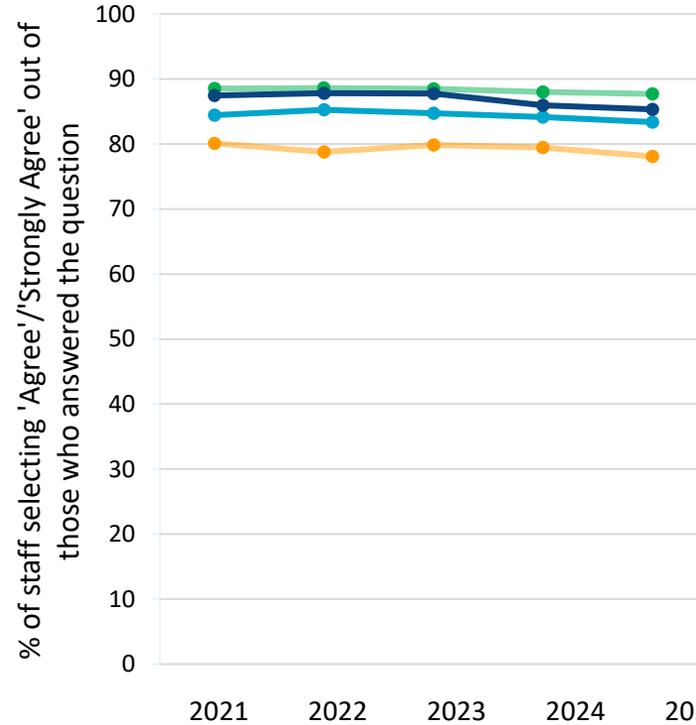


Q7d Team members understand each other's roles.



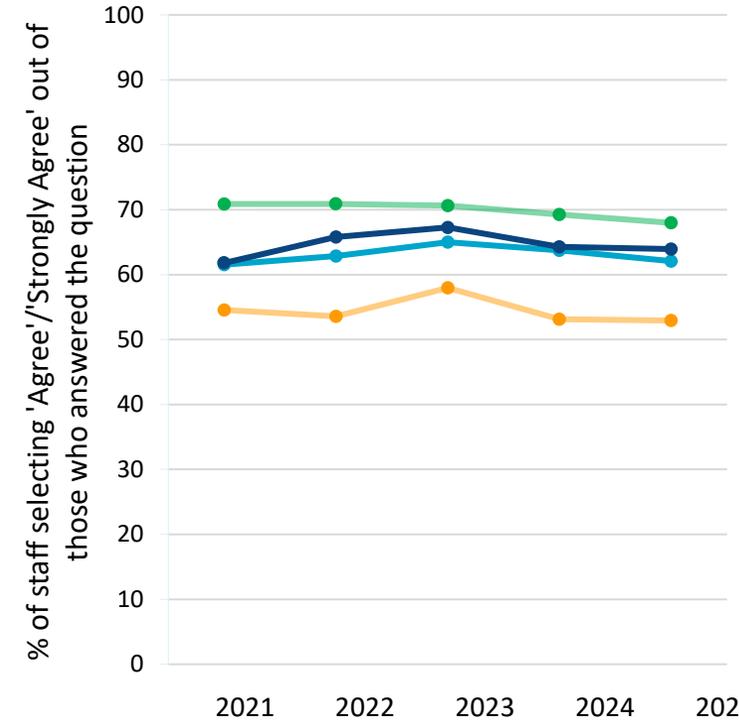
	2021	2022	2023	2024	2025
Your org	74.31%	75.17%	74.95%	75.45%	74.72%
Best result	78.26%	75.70%	76.57%	78.24%	77.11%
Average result	71.32%	70.54%	71.94%	70.71%	71.47%
Worst result	62.08%	65.77%	65.34%	63.76%	63.71%
Responses	2359	2477	2796	3020	2626

Q7e I enjoy working with the colleagues in my team.



	2021	2022	2023	2024	2025
Your org	87.45%	87.81%	87.74%	85.94%	85.32%
Best result	88.51%	88.59%	88.49%	87.98%	87.70%
Average result	84.44%	85.25%	84.71%	84.13%	83.36%
Worst result	80.10%	78.76%	79.82%	79.46%	78.08%
Responses	2362	2479	2798	3013	2631

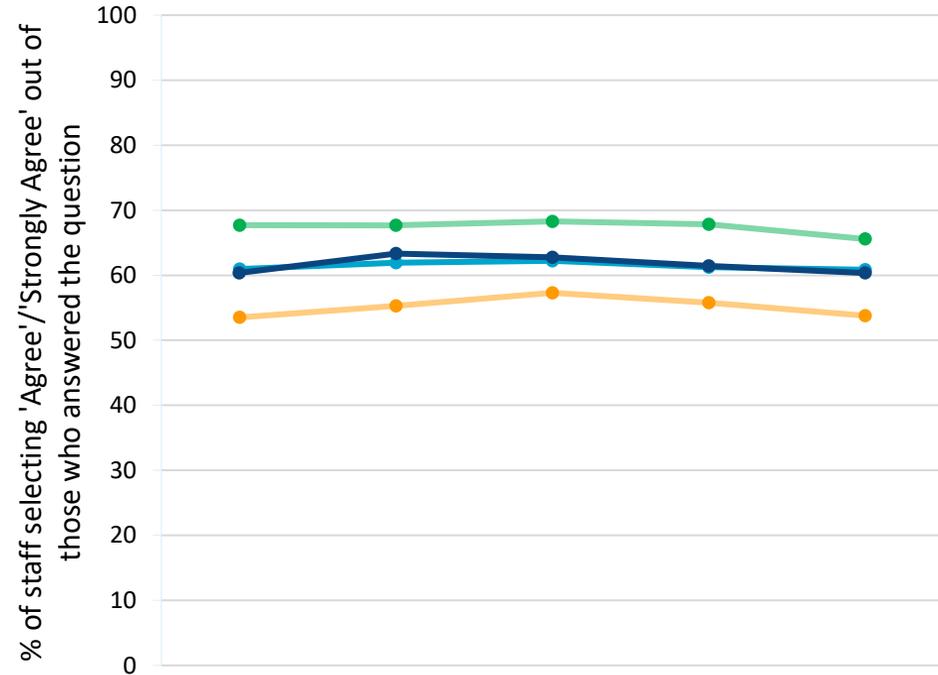
Q7f My team has enough freedom in how to do its work.



	2021	2022	2023	2024	2025
Your org	61.79%	65.78%	67.28%	64.28%	63.96%
Best result	70.88%	70.88%	70.64%	69.28%	67.97%
Average result	61.54%	62.89%	65.00%	63.75%	62.07%
Worst result	54.58%	53.56%	57.96%	53.14%	52.93%
Responses	2357	2472	2790	3015	2625

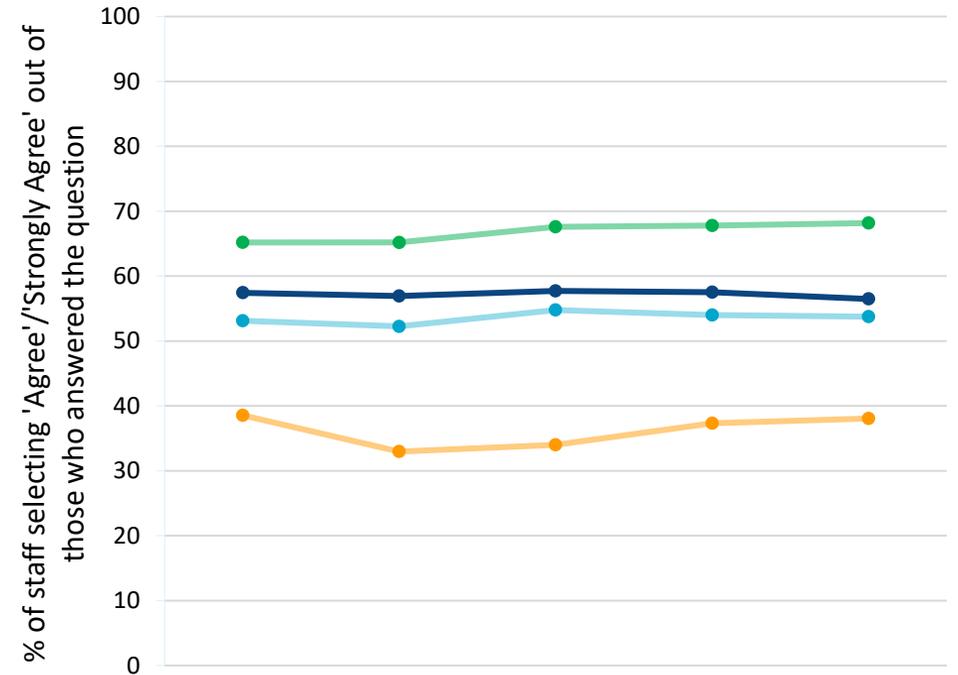


Q7g In my team disagreements are dealt with constructively.

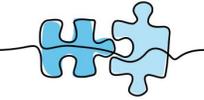


	2021	2022	2023	2024	2025
Your org	60.36%	63.33%	62.73%	61.44%	60.34%
Best result	67.70%	67.67%	68.29%	67.83%	65.57%
Average result	60.93%	61.95%	62.22%	61.27%	60.84%
Worst result	53.51%	55.29%	57.30%	55.80%	53.78%
Responses	2357	2475	2790	3015	2624

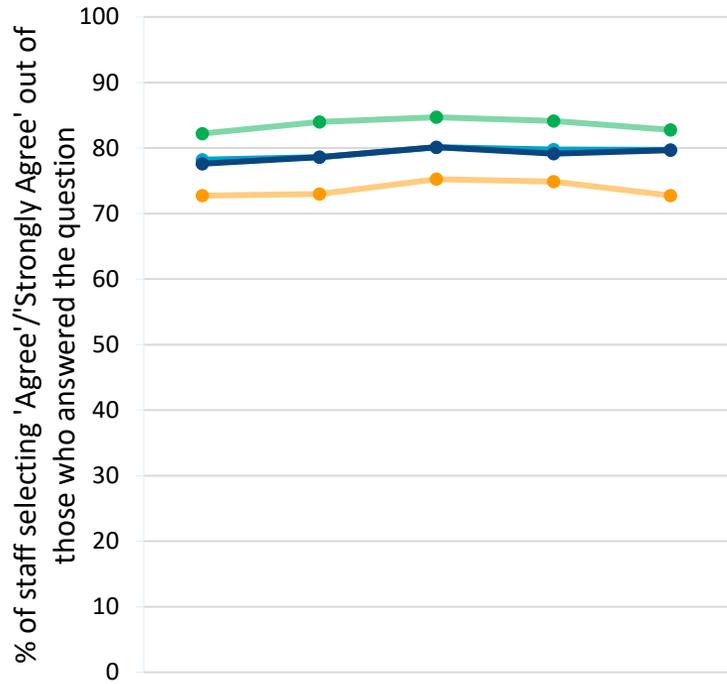
Q8a Teams within this organisation work well together to achieve their objectives.



	2021	2022	2023	2024	2025
Your org	57.44%	56.92%	57.72%	57.51%	56.48%
Best result	65.19%	65.20%	67.58%	67.80%	68.18%
Average result	53.13%	52.26%	54.78%	54.02%	53.77%
Worst result	38.55%	32.96%	34.02%	37.34%	38.06%
Responses	2353	2471	2788	3018	2633

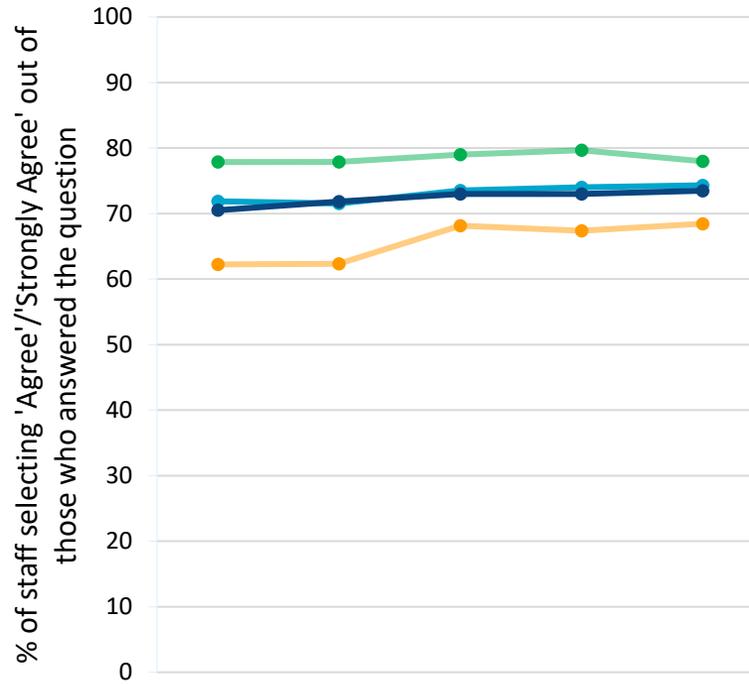


Q9a My immediate manager encourages me at work.



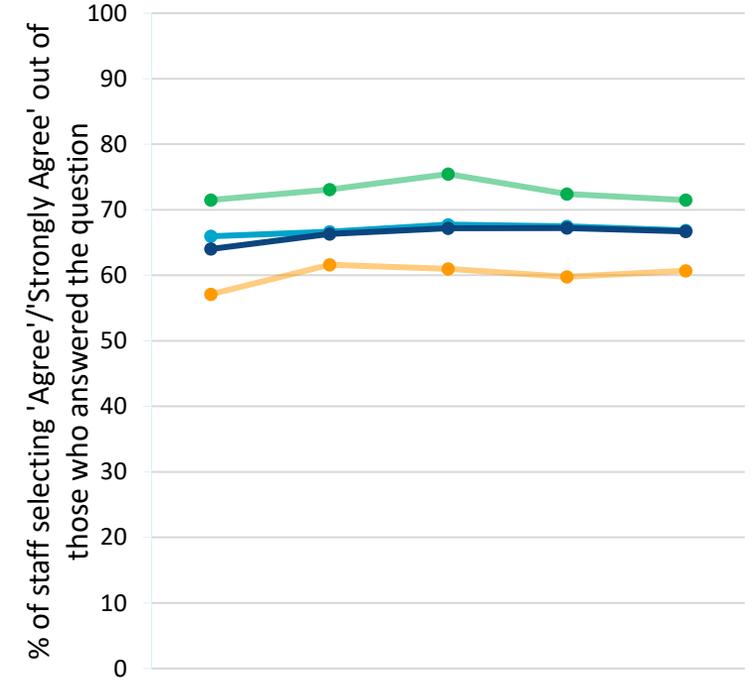
	2021	2022	2023	2024	2025
Your org	77.61%	78.61%	80.13%	79.14%	79.65%
Best result	82.21%	83.97%	84.69%	84.11%	82.77%
Average result	78.22%	78.61%	80.13%	79.75%	79.72%
Worst result	72.73%	73.00%	75.24%	74.90%	72.75%
Responses	2362	2481	2792	3022	2633

Q9b My immediate manager gives me clear feedback on my work.

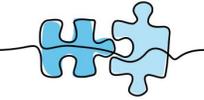


	2021	2022	2023	2024	2025
Your org	70.51%	71.84%	72.98%	73.00%	73.48%
Best result	77.86%	77.86%	78.98%	79.66%	78.00%
Average result	71.87%	71.53%	73.53%	74.02%	74.31%
Worst result	62.24%	62.32%	68.14%	67.38%	68.45%
Responses	2363	2480	2791	3020	2634

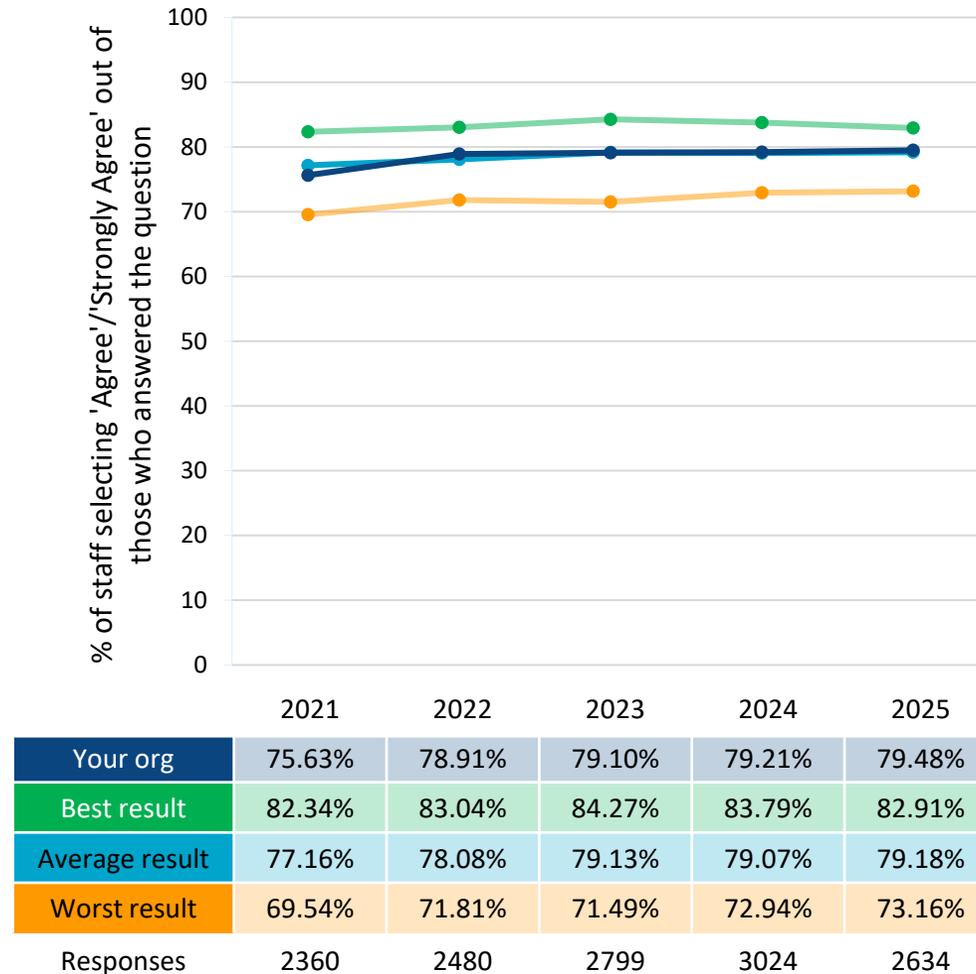
Q9c My immediate manager asks for my opinion before making decisions that affect my work.



	2021	2022	2023	2024	2025
Your org	64.02%	66.31%	67.20%	67.21%	66.71%
Best result	71.50%	73.08%	75.45%	72.40%	71.48%
Average result	65.96%	66.63%	67.74%	67.49%	66.84%
Worst result	57.12%	61.61%	60.97%	59.76%	60.69%
Responses	2359	2479	2791	3019	2633



Q9d My immediate manager takes a positive interest in my health and well-being.



Theme – Staff engagement



Questions included:

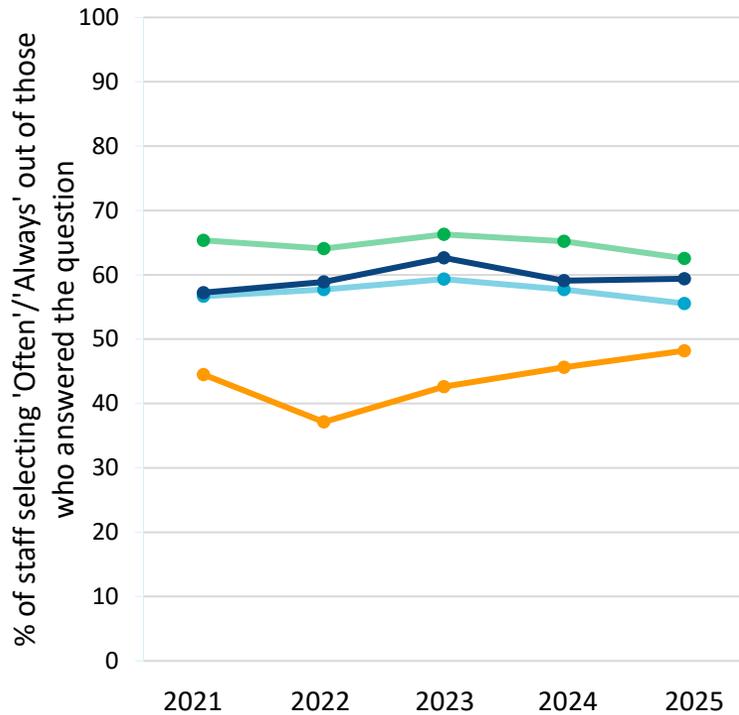
Motivation – Q2a, Q2b, Q2c

Involvement – Q3c, Q3d, Q3f

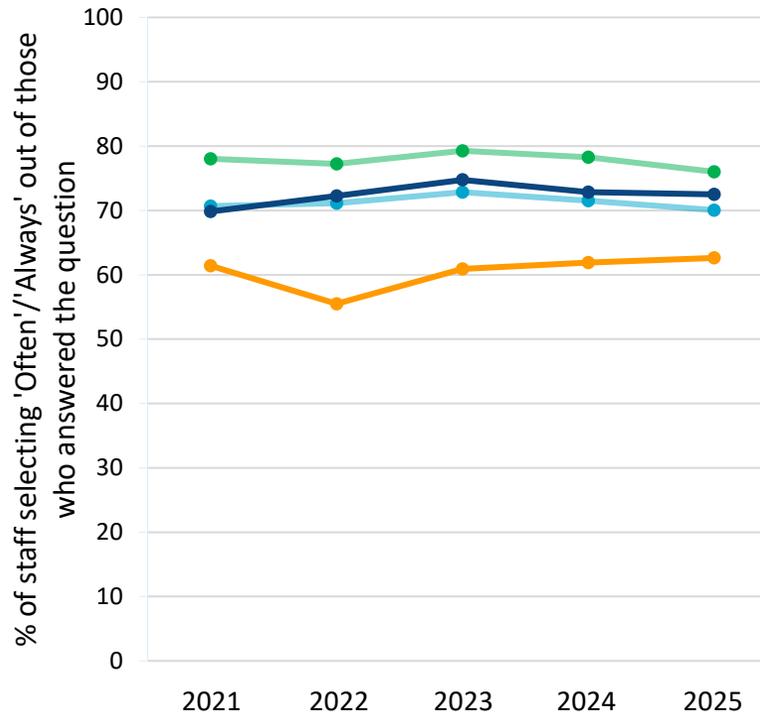
Advocacy – Q25a, Q25c, Q25d



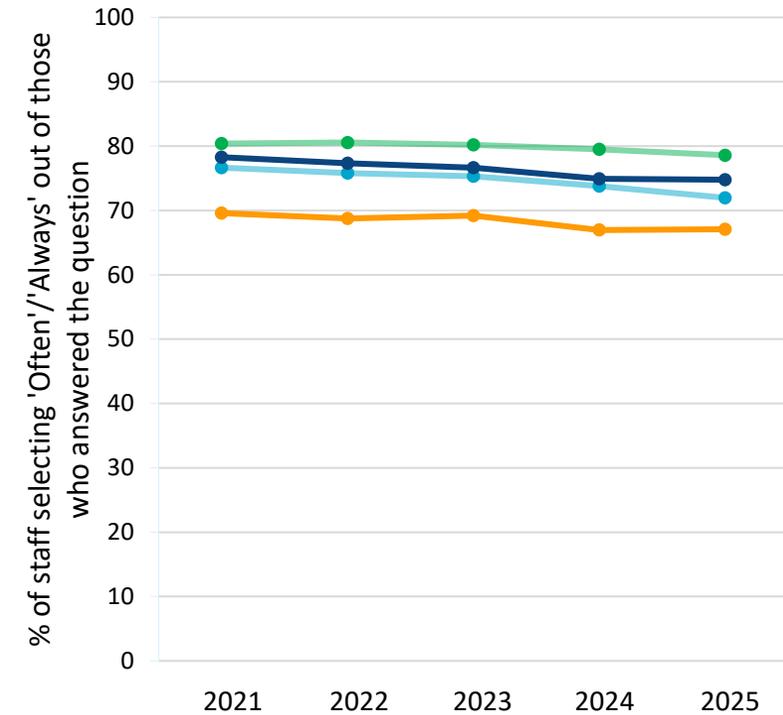
Q2a I look forward to going to work.



Q2b I am enthusiastic about my job.



Q2c Time passes quickly when I am working.



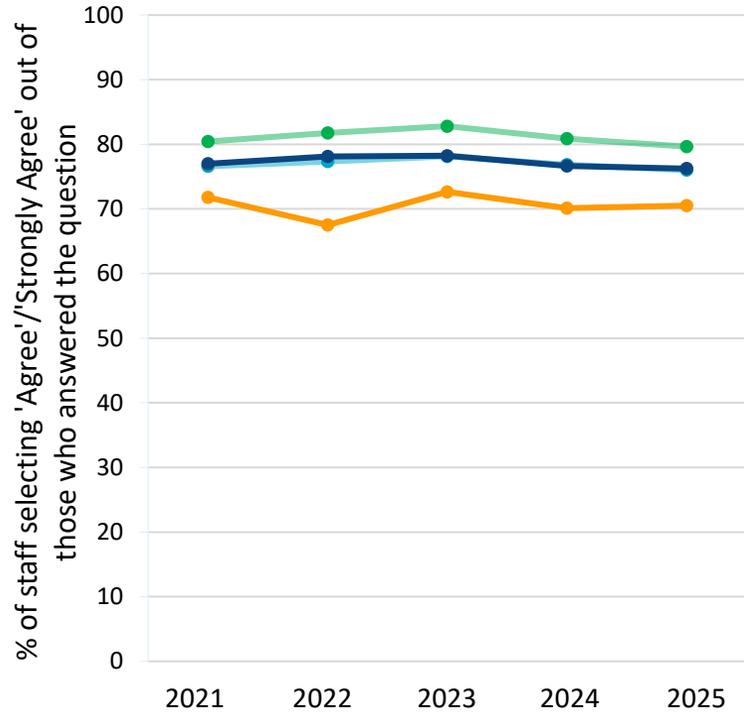
Your org	2021	2022	2023	2024	2025
Best result	65.35%	64.09%	66.28%	65.18%	62.55%
Average result	56.67%	57.71%	59.33%	57.73%	55.55%
Worst result	44.51%	37.13%	42.64%	45.63%	48.20%
Responses	2358	2478	2784	3013	2627

Your org	2021	2022	2023	2024	2025
Best result	78.01%	77.24%	79.27%	78.29%	76.01%
Average result	70.69%	71.13%	72.84%	71.51%	70.05%
Worst result	61.42%	55.50%	60.92%	61.90%	62.62%
Responses	2348	2470	2776	2997	2611

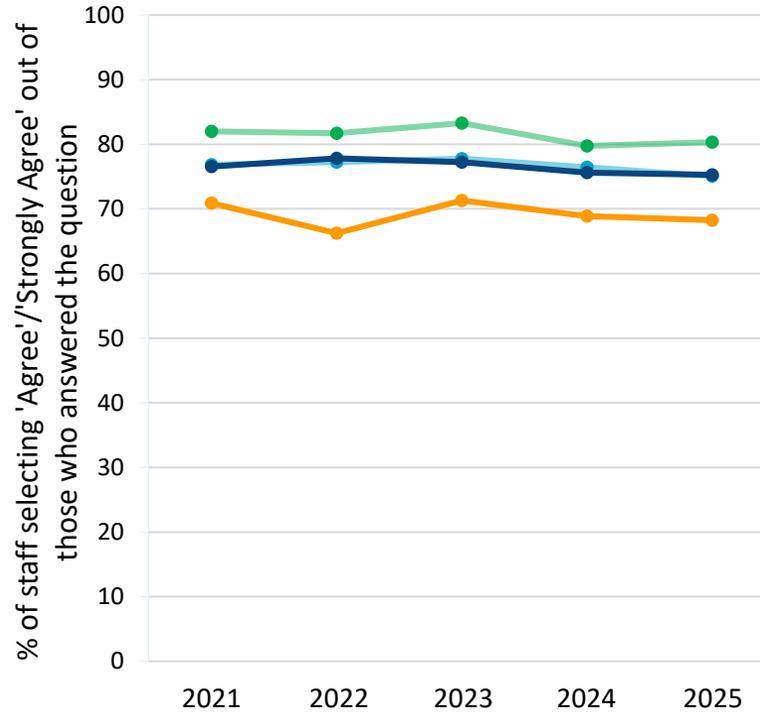
Your org	2021	2022	2023	2024	2025
Best result	80.39%	80.56%	80.22%	79.52%	78.59%
Average result	76.65%	75.80%	75.31%	73.80%	71.97%
Worst result	69.58%	68.74%	69.22%	66.95%	67.08%
Responses	2348	2465	2774	2997	2617



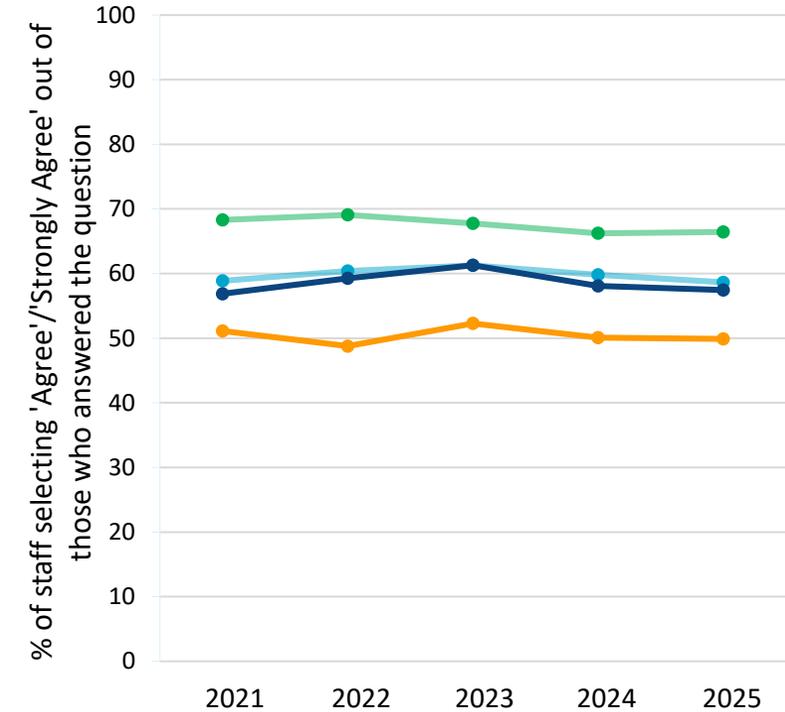
Q3c There are frequent opportunities for me to show initiative in my role.



Q3d I am able to make suggestions to improve the work of my team / department.



Q3f I am able to make improvements happen in my area of work.



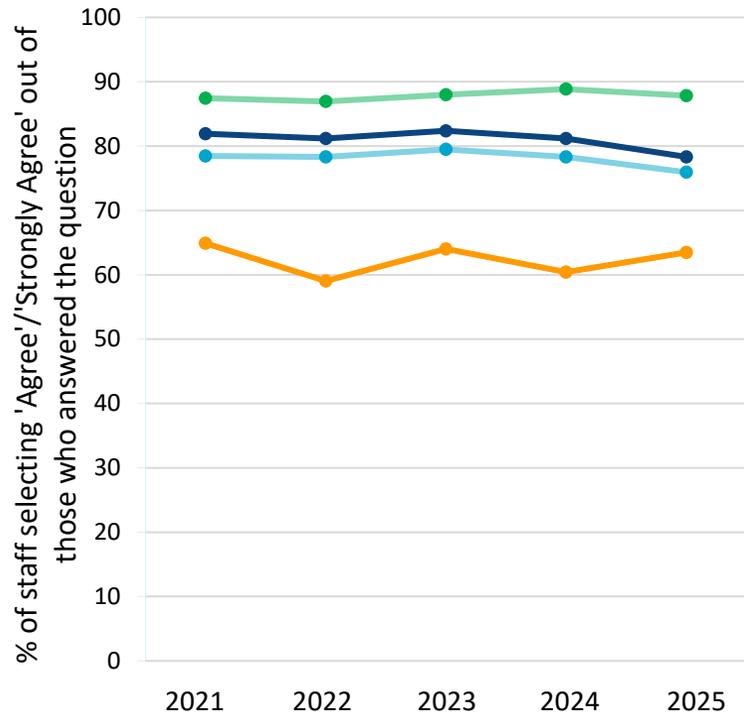
Your org	2021	2022	2023	2024	2025
Best result	80.42%	81.74%	82.81%	80.86%	79.65%
Average result	76.61%	77.35%	78.14%	76.83%	76.00%
Worst result	71.81%	67.51%	72.65%	70.14%	70.50%
Responses	2357	2474	2789	3015	2633

Your org	2021	2022	2023	2024	2025
Best result	82.02%	81.70%	83.28%	79.75%	80.32%
Average result	76.84%	77.22%	77.79%	76.46%	75.07%
Worst result	70.93%	66.24%	71.30%	68.88%	68.27%
Responses	2353	2474	2784	3010	2622

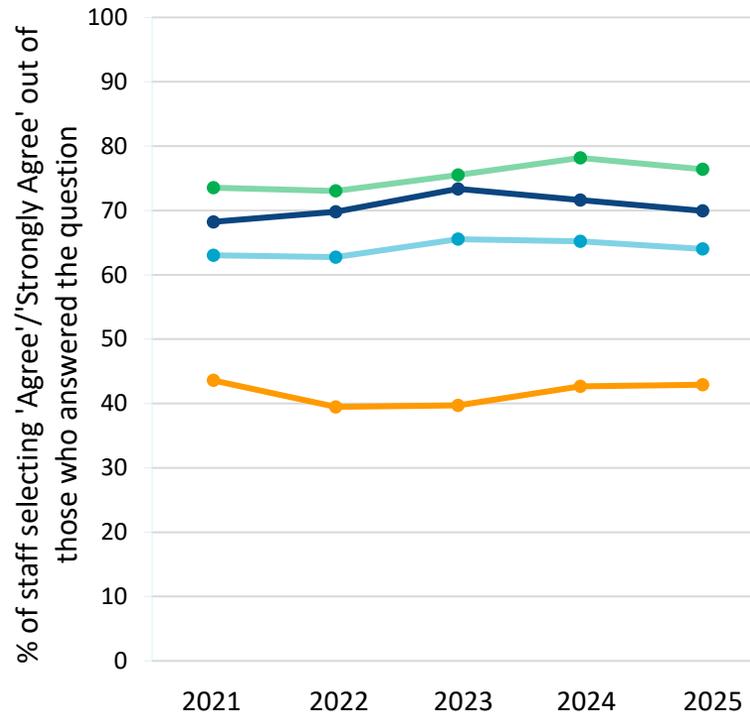
Your org	2021	2022	2023	2024	2025
Best result	68.32%	69.08%	67.76%	66.23%	66.45%
Average result	58.87%	60.41%	61.27%	59.82%	58.65%
Worst result	51.10%	48.78%	52.28%	50.11%	49.87%
Responses	2338	2475	2782	3001	2621



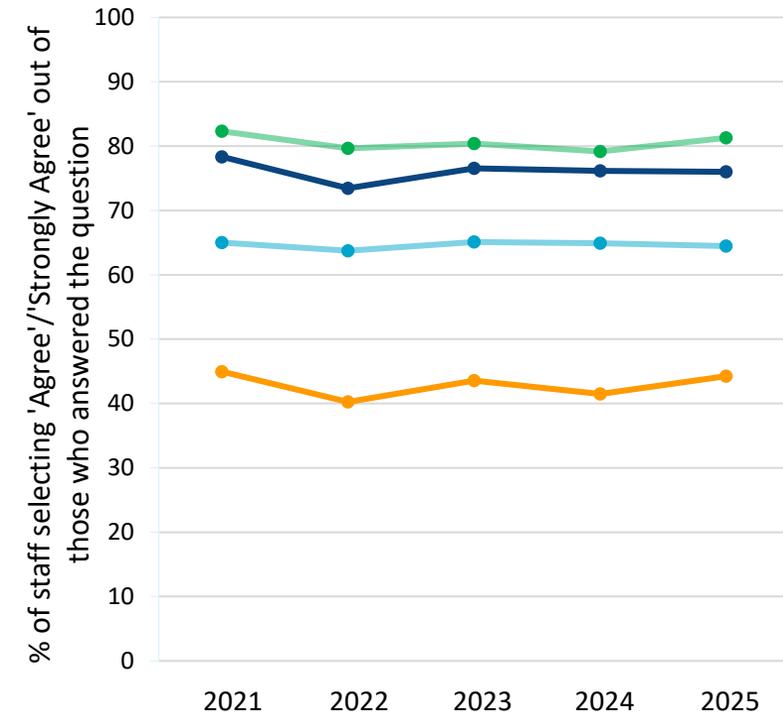
Q25a Care of patients / service users is my organisation's top priority.



Q25c I would recommend my organisation as a place to work.



Q25d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.



Your org	2021	2022	2023	2024	2025
Best result	87.43%	86.93%	87.99%	88.86%	87.85%
Average result	78.46%	78.32%	79.49%	78.32%	75.94%
Worst result	64.89%	59.04%	64.03%	60.43%	63.46%
Responses	2359	2482	2798	3012	2624

Your org	2021	2022	2023	2024	2025
Best result	73.53%	73.02%	75.50%	78.17%	76.39%
Average result	63.05%	62.75%	65.53%	65.22%	64.00%
Worst result	43.58%	39.48%	39.70%	42.69%	42.89%
Responses	2352	2482	2793	3011	2628

Your org	2021	2022	2023	2024	2025
Best result	82.30%	79.65%	80.41%	79.17%	81.28%
Average result	64.99%	63.74%	65.09%	64.91%	64.45%
Worst result	44.96%	40.24%	43.56%	41.49%	44.25%
Responses	2356	2476	2795	3008	2622

Theme - Morale



Questions included:

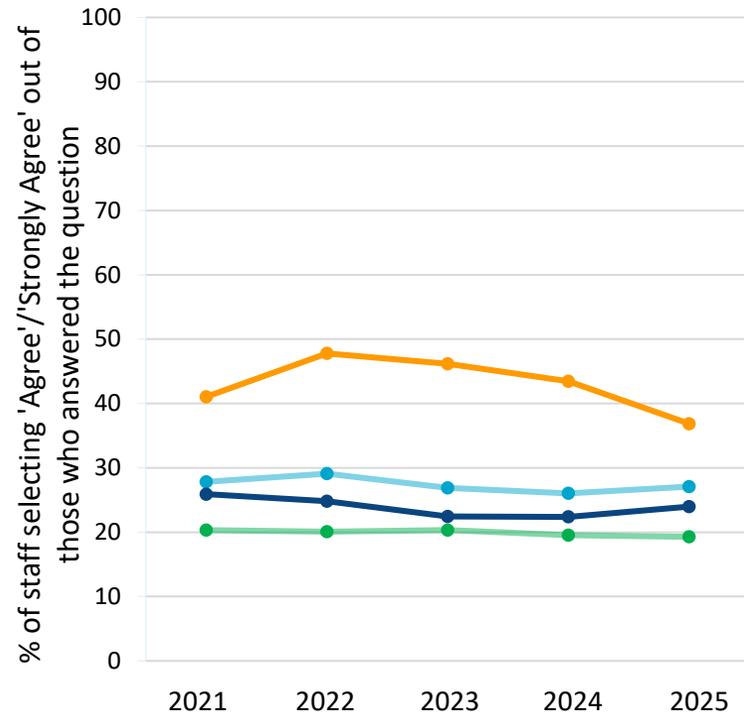
Thinking about leaving – Q26a, Q26b, Q26c

Work pressure – Q3g, Q3h, Q3i

Stressors – Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a

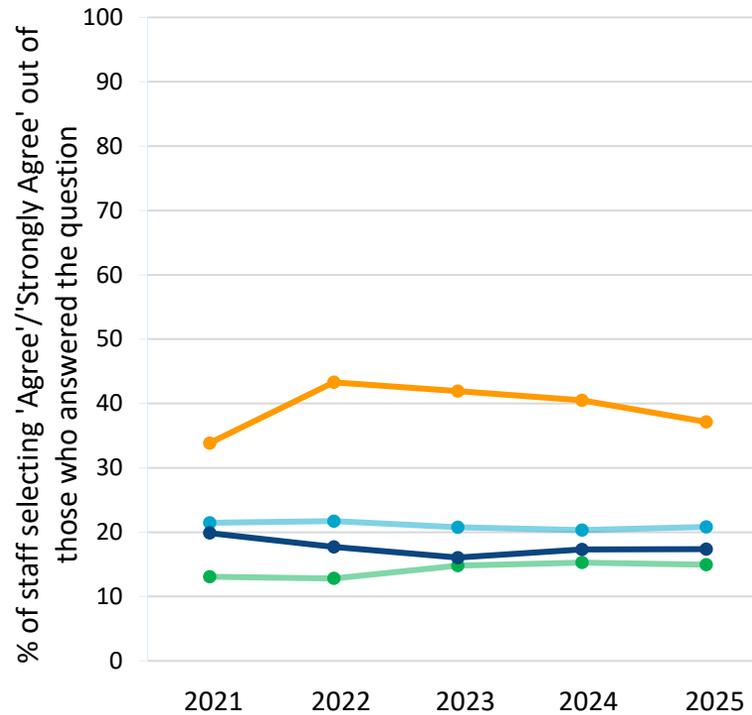


Q26a I often think about leaving this organisation.



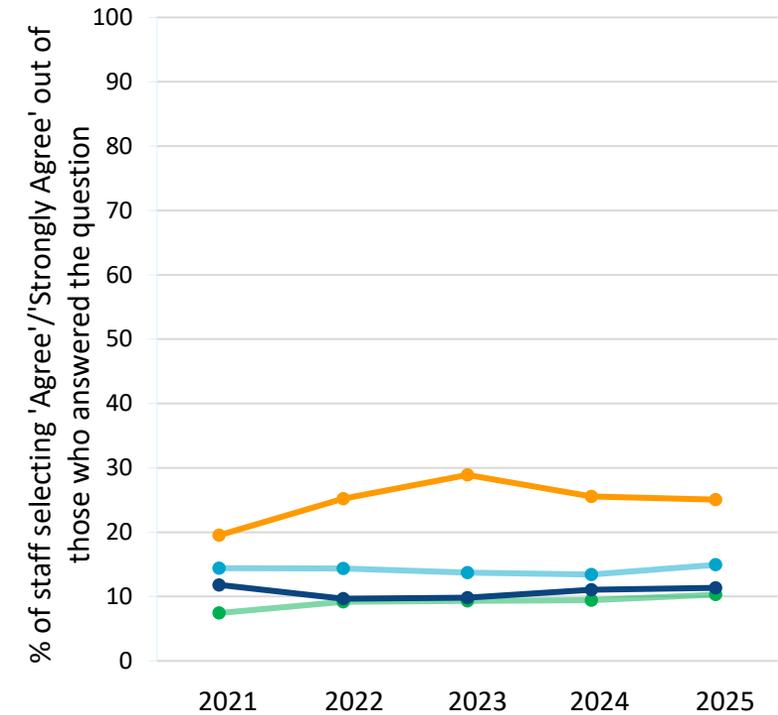
Your org	25.92%	24.80%	22.46%	22.37%	23.97%
Best result	20.32%	20.09%	20.33%	19.55%	19.27%
Average result	27.82%	29.10%	26.87%	26.03%	27.11%
Worst result	41.04%	47.78%	46.16%	43.45%	36.87%
Responses	2364	2489	2799	3021	2630

Q26b I will probably look for a job at a new organisation in the next 12 months.



Your org	19.86%	17.69%	16.06%	17.31%	17.38%
Best result	13.08%	12.81%	14.81%	15.27%	14.94%
Average result	21.46%	21.73%	20.77%	20.33%	20.84%
Worst result	33.85%	43.29%	41.93%	40.48%	37.14%
Responses	2357	2483	2789	3014	2625

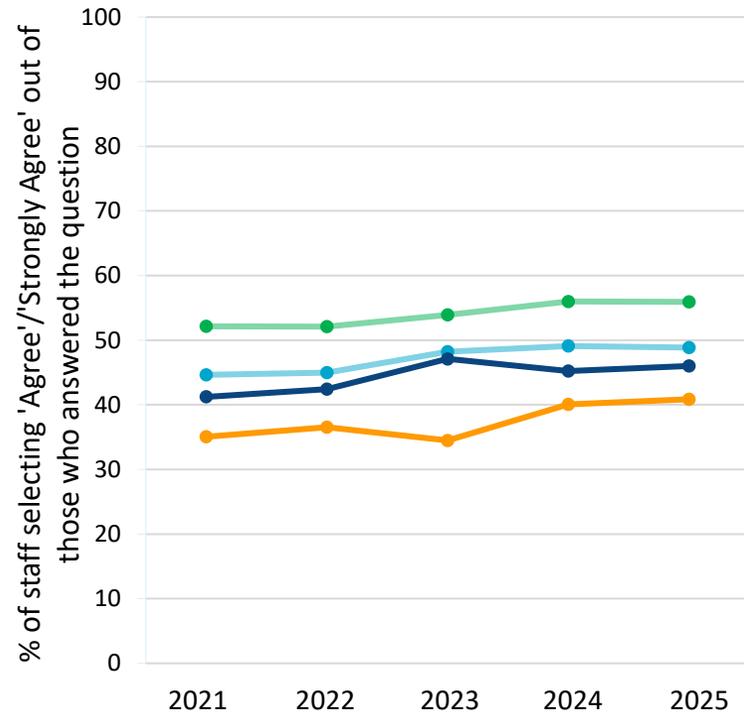
Q26c As soon as I can find another job, I will leave this organisation.



Your org	11.81%	9.66%	9.81%	11.05%	11.36%
Best result	7.44%	9.19%	9.32%	9.44%	10.30%
Average result	14.43%	14.36%	13.70%	13.42%	14.93%
Worst result	19.52%	25.22%	28.90%	25.57%	25.04%
Responses	2348	2471	2783	3003	2618

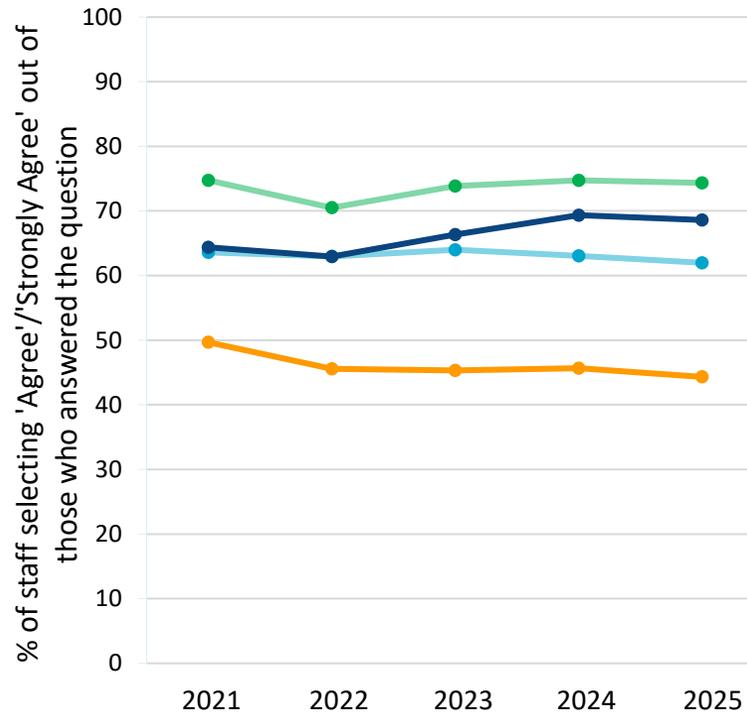


Q3g I am able to meet all the conflicting demands on my time at work.



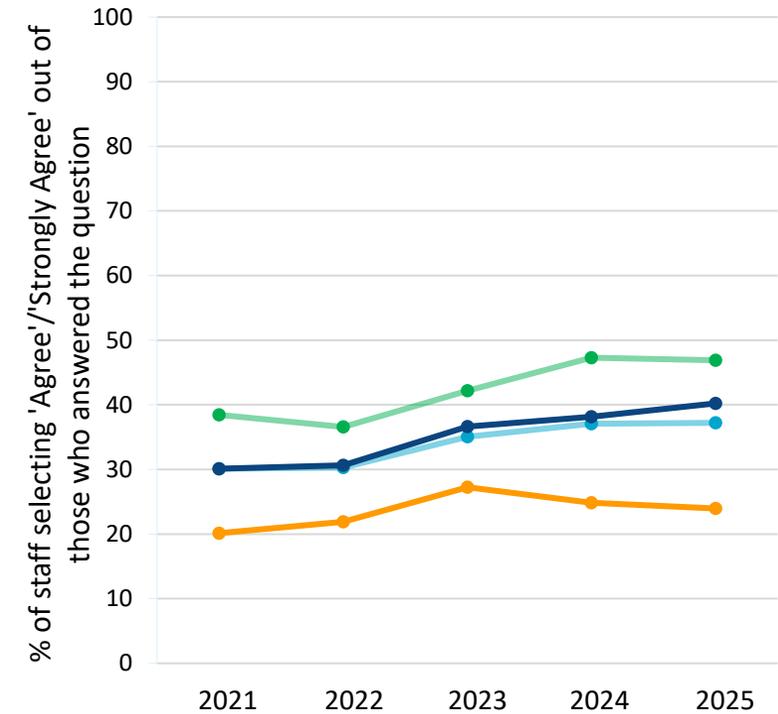
Your org	41.22%	42.40%	47.11%	45.21%	46.03%
Best result	52.13%	52.10%	53.91%	55.99%	55.93%
Average result	44.64%	44.95%	48.22%	49.09%	48.87%
Worst result	35.06%	36.54%	34.49%	40.06%	40.86%
Responses	2350	2471	2787	3012	2625

Q3h I have adequate materials, supplies and equipment to do my work.



Your org	64.40%	62.94%	66.35%	69.35%	68.60%
Best result	74.72%	70.49%	73.85%	74.74%	74.34%
Average result	63.57%	62.94%	64.00%	63.07%	61.98%
Worst result	49.67%	45.58%	45.31%	45.65%	44.32%
Responses	2339	2466	2782	2999	2617

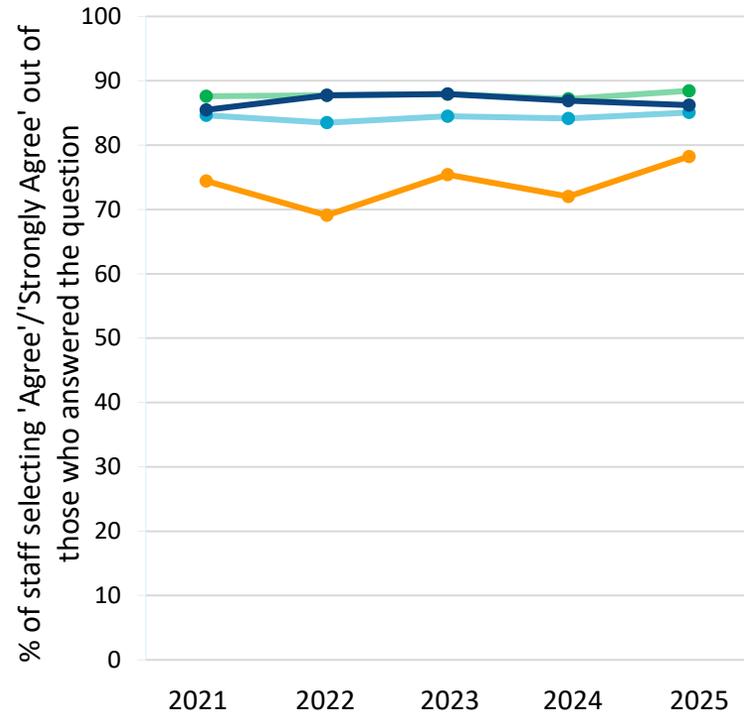
Q3i There are enough staff at this organisation for me to do my job properly.



Your org	30.11%	30.62%	36.64%	38.13%	40.22%
Best result	38.43%	36.57%	42.15%	47.29%	46.88%
Average result	30.11%	30.32%	35.08%	37.06%	37.21%
Worst result	20.14%	21.89%	27.24%	24.83%	23.97%
Responses	2355	2477	2790	3015	2630

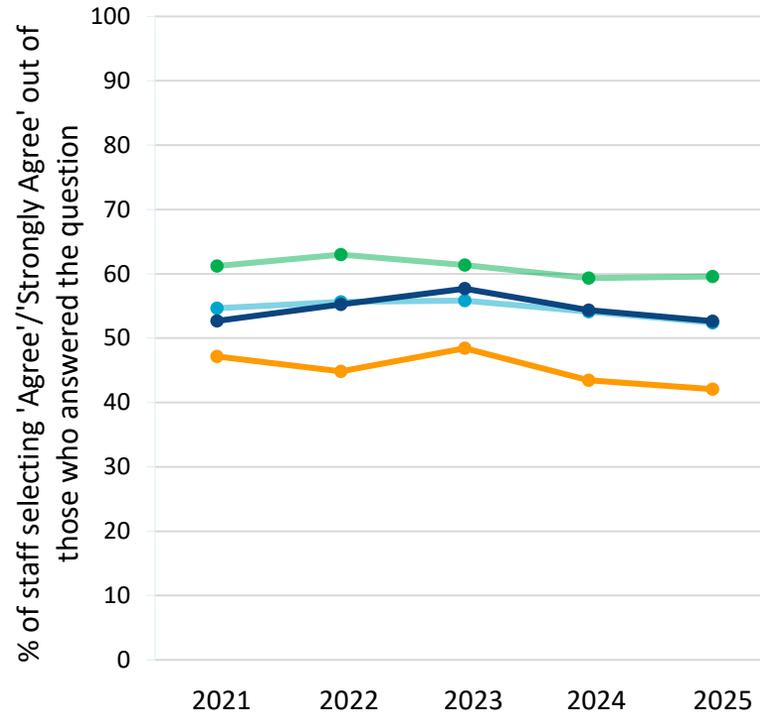


Q3a I always know what my work responsibilities are.



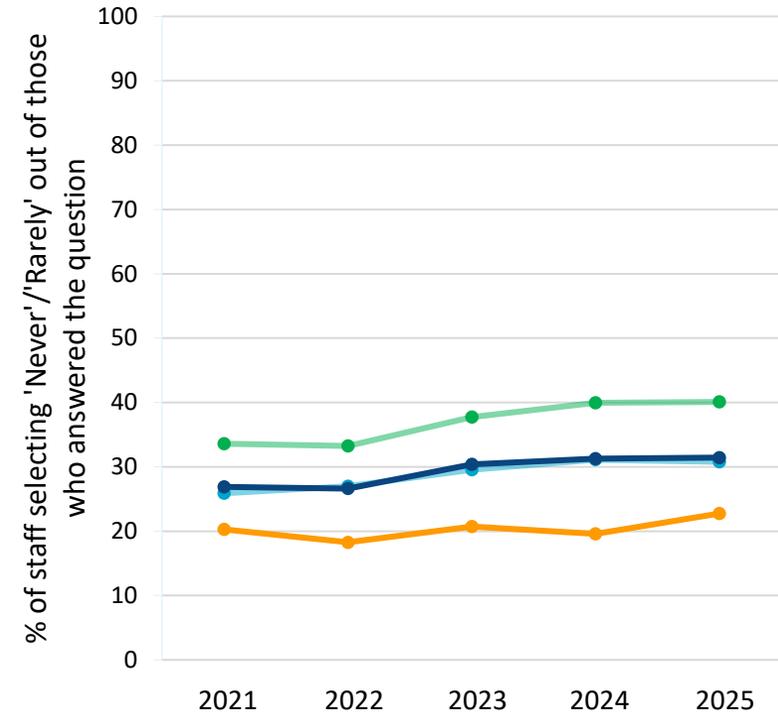
Your org	85.47%	87.75%	87.93%	86.88%	86.23%
Best result	87.60%	87.75%	87.93%	87.17%	88.44%
Average result	84.62%	83.48%	84.50%	84.15%	85.06%
Worst result	74.42%	69.09%	75.40%	72.01%	78.25%
Responses	2363	2481	2801	3023	2634

Q3e I am involved in deciding on changes introduced that affect my work area / team / department.



Your org	52.69%	55.26%	57.69%	54.35%	52.65%
Best result	61.19%	62.98%	61.34%	59.33%	59.56%
Average result	54.66%	55.65%	55.83%	54.09%	52.40%
Worst result	47.16%	44.85%	48.43%	43.44%	42.07%
Responses	2356	2481	2791	3017	2632

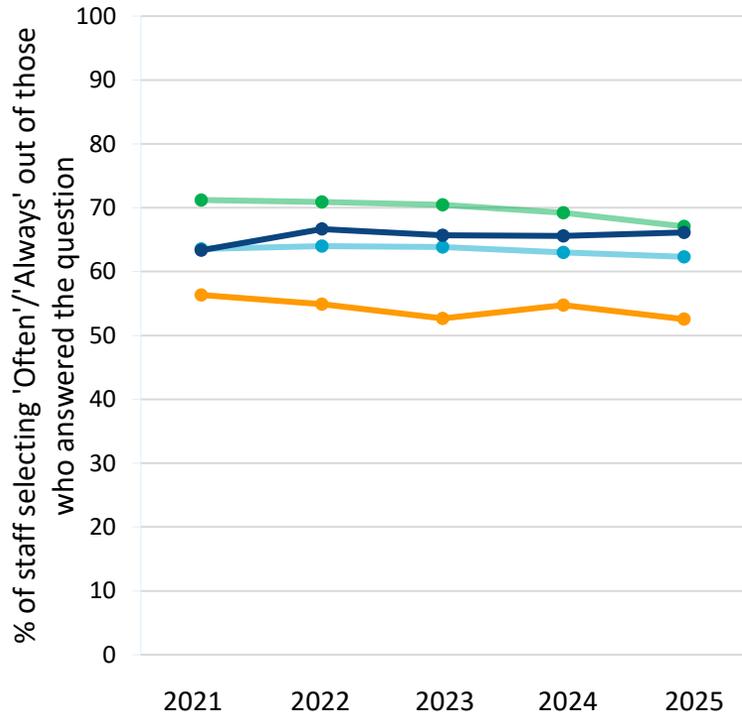
Q5a I have unrealistic time pressures.



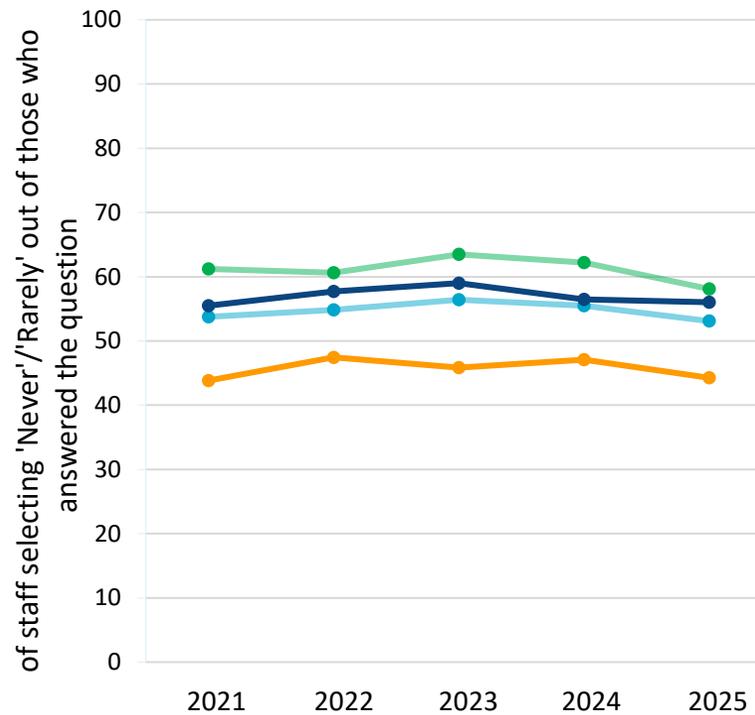
Your org	26.87%	26.62%	30.40%	31.29%	31.44%
Best result	33.60%	33.24%	37.75%	39.97%	40.08%
Average result	25.89%	26.96%	29.56%	31.10%	30.76%
Worst result	20.27%	18.28%	20.74%	19.56%	22.75%
Responses	2361	2478	2795	3012	2634



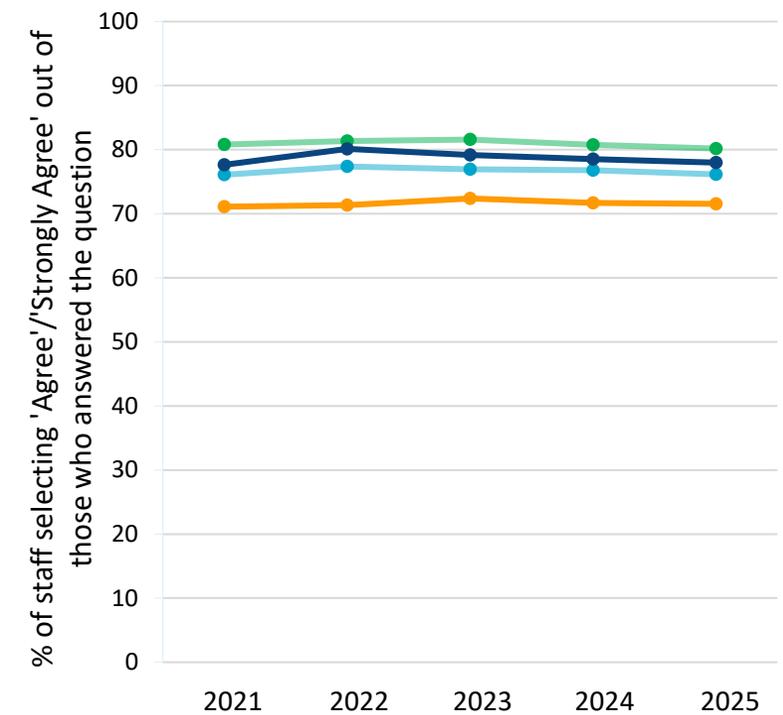
Q5b I have a choice in deciding how to do my work.



Q5c Relationships at work are strained.



Q7c I receive the respect I deserve from my colleagues at work.



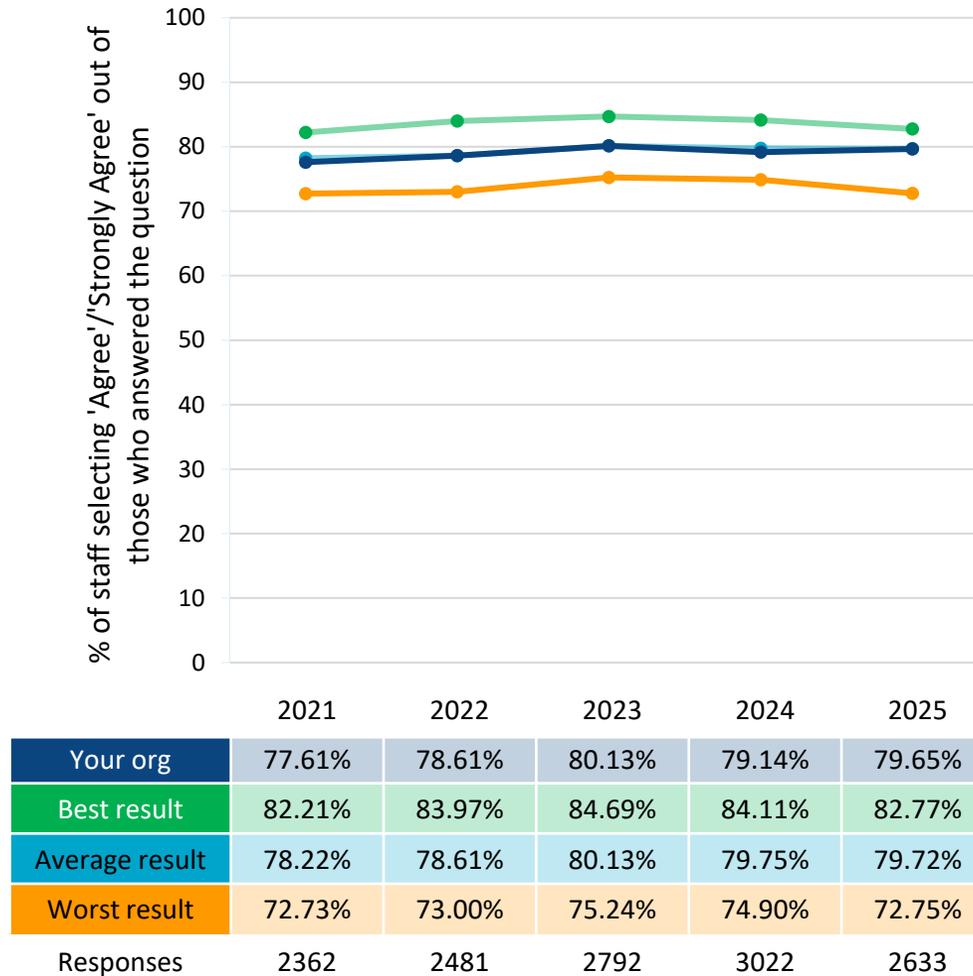
Year	2021	2022	2023	2024	2025
Your org	63.34%	66.65%	65.66%	65.61%	66.12%
Best result	71.21%	70.91%	70.48%	69.21%	67.08%
Average result	63.57%	63.98%	63.83%	63.01%	62.31%
Worst result	56.34%	54.90%	52.66%	54.73%	52.55%
Responses	2349	2475	2778	3007	2625

Year	2021	2022	2023	2024	2025
Your org	55.49%	57.71%	59.00%	56.49%	56.03%
Best result	61.21%	60.64%	63.47%	62.19%	58.10%
Average result	53.74%	54.83%	56.42%	55.50%	53.09%
Worst result	43.83%	47.45%	45.83%	47.11%	44.25%
Responses	2358	2477	2790	3006	2629

Year	2021	2022	2023	2024	2025
Your org	77.64%	80.13%	79.18%	78.52%	77.97%
Best result	80.83%	81.33%	81.58%	80.74%	80.17%
Average result	76.08%	77.37%	76.94%	76.79%	76.14%
Worst result	71.10%	71.34%	72.38%	71.67%	71.53%
Responses	2362	2481	2795	3020	2625



Q9a My immediate manager encourages me at work.



Questions not linked to People Promise elements or themes

Questions included:*

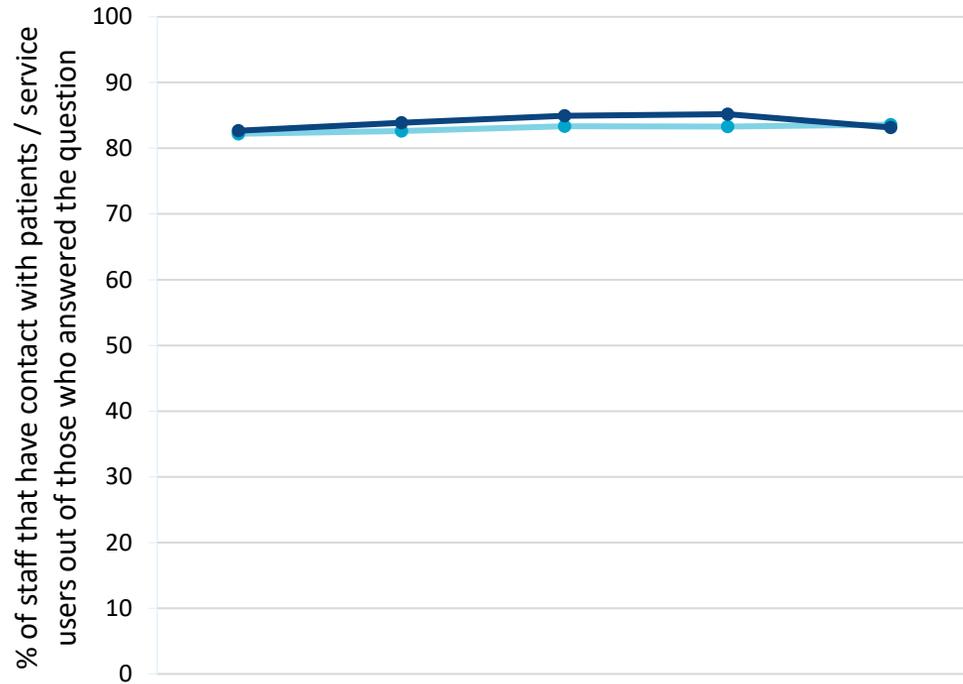
Q1, Q10a, Q10b, Q10c, Q11e, Q16c, Q18, Q19a, Q19b, Q19c, Q19d, Q31b, Q26d

*The results for Q17a, Q17b and Q22 are reported in the section for People Promise element 4: We are safe and healthy. The results for Q24f are reported in the section for People Promise element 5: We are always learning. These questions do not contribute to any score or sub-score calculations.

Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.



Q1 Do you have face-to-face, video or telephone contact with patients / service users as part of your job?

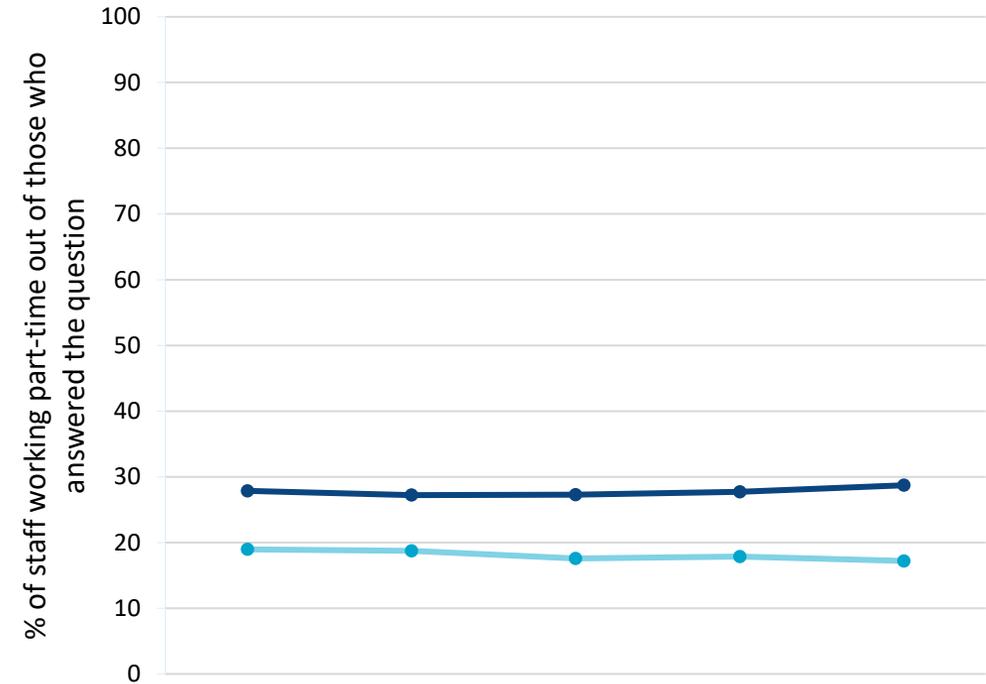


2021 2022 2023 2024 2025

Your org	82.67%	83.87%	84.95%	85.19%	83.17%
Average	82.21%	82.64%	83.36%	83.33%	83.60%

Responses 2349 2474 2784 3012 2627

Q10a How many hours a week are you contracted to work?



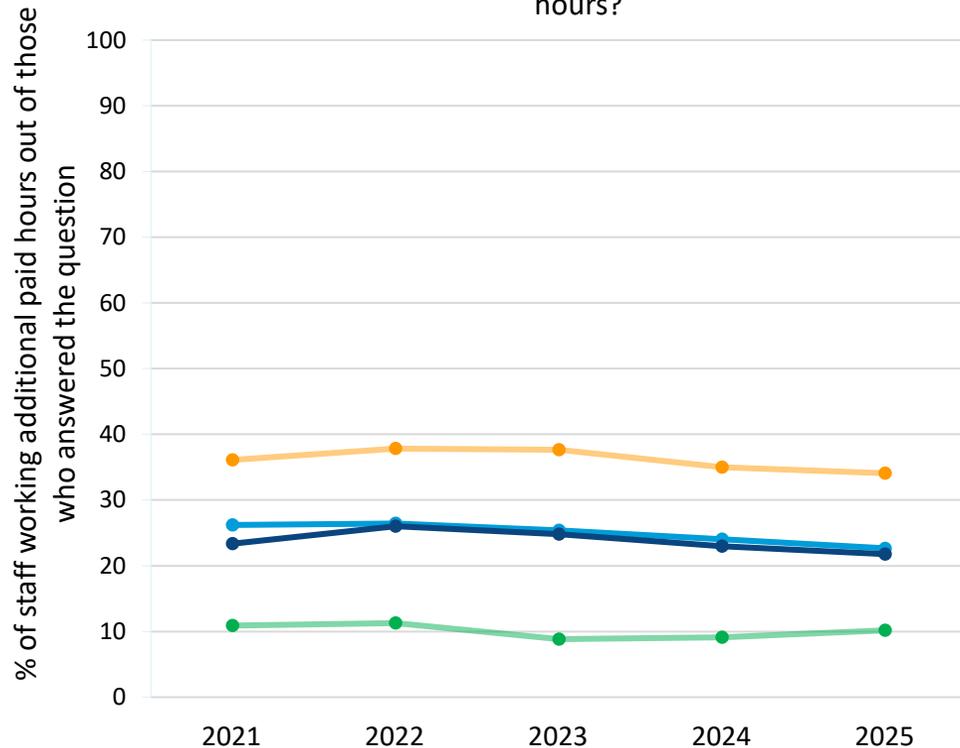
2021 2022 2023 2024 2025

Your org	27.88%	27.21%	27.30%	27.71%	28.71%
Average	18.96%	18.74%	17.59%	17.87%	17.20%

Responses 2217 2337 2645 2869 2459



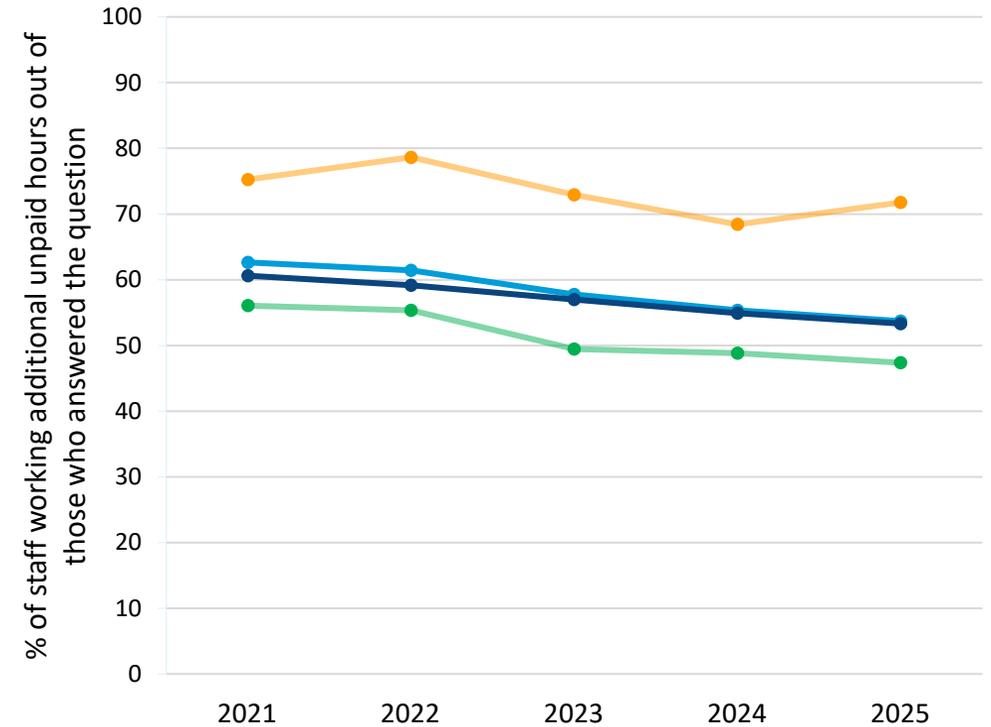
Q10b On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours?



	2021	2022	2023	2024	2025
Your org	23.38%	26.02%	24.83%	22.98%	21.77%
Lowest	10.91%	11.28%	8.83%	9.09%	10.18%
Average	26.23%	26.43%	25.40%	24.06%	22.66%
Highest	36.11%	37.83%	37.63%	35.02%	34.08%

Responses 2271 2370 2687 2901 2556

Q10c On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours?

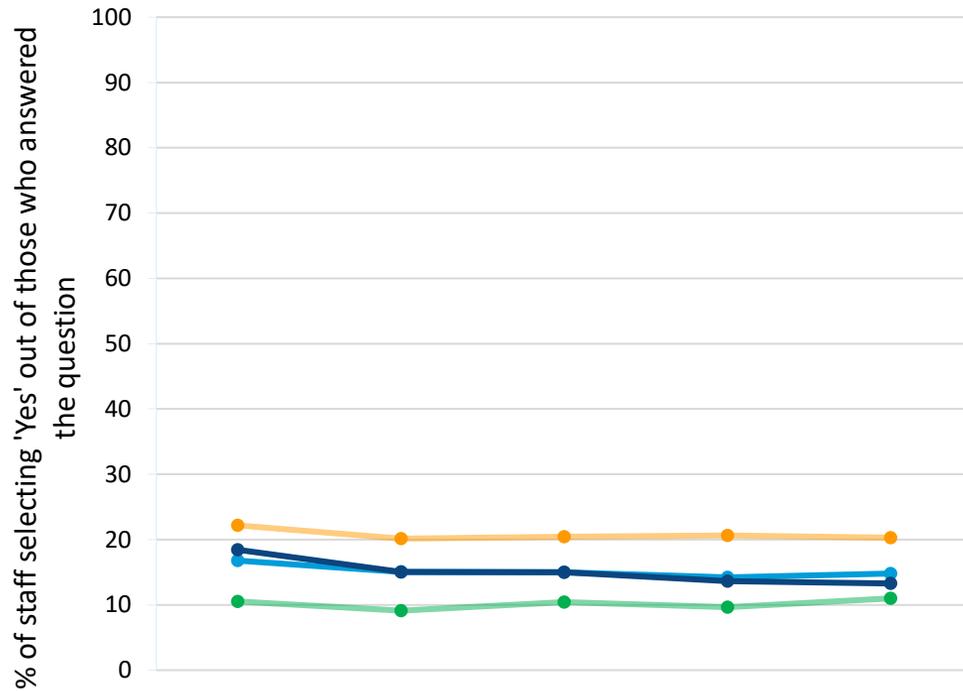


	2021	2022	2023	2024	2025
Your org	60.61%	59.18%	56.98%	54.89%	53.33%
Lowest	56.06%	55.35%	49.45%	48.83%	47.36%
Average	62.64%	61.41%	57.78%	55.34%	53.71%
Highest	75.26%	78.65%	72.94%	68.42%	71.76%

Responses 2306 2407 2700 2928 2549

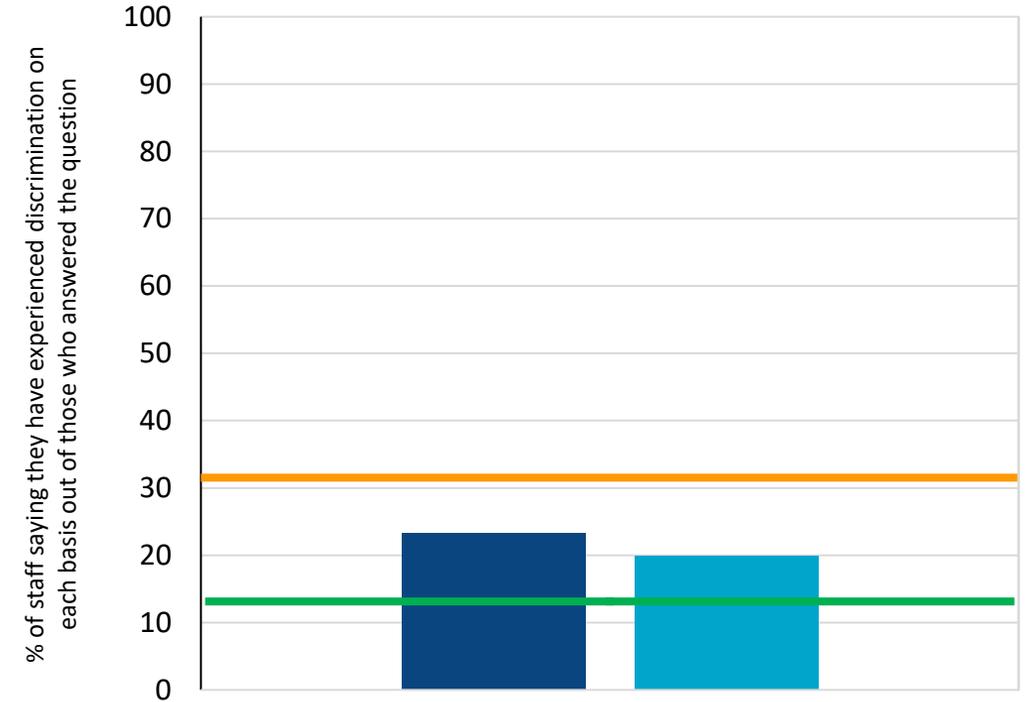


Q11e* Have you felt pressure from your manager to come to work?



	2021	2022	2023	2024	2025
Your org	18.44%	15.06%	14.99%	13.64%	13.27%
Best result	10.54%	9.11%	10.43%	9.63%	11.00%
Average result	16.78%	15.06%	14.99%	14.21%	14.81%
Worst result	22.17%	20.14%	20.44%	20.64%	20.29%
Responses	1206	1306	1395	1543	1353

Q16c.1 On what grounds have you experienced discrimination? – Age.



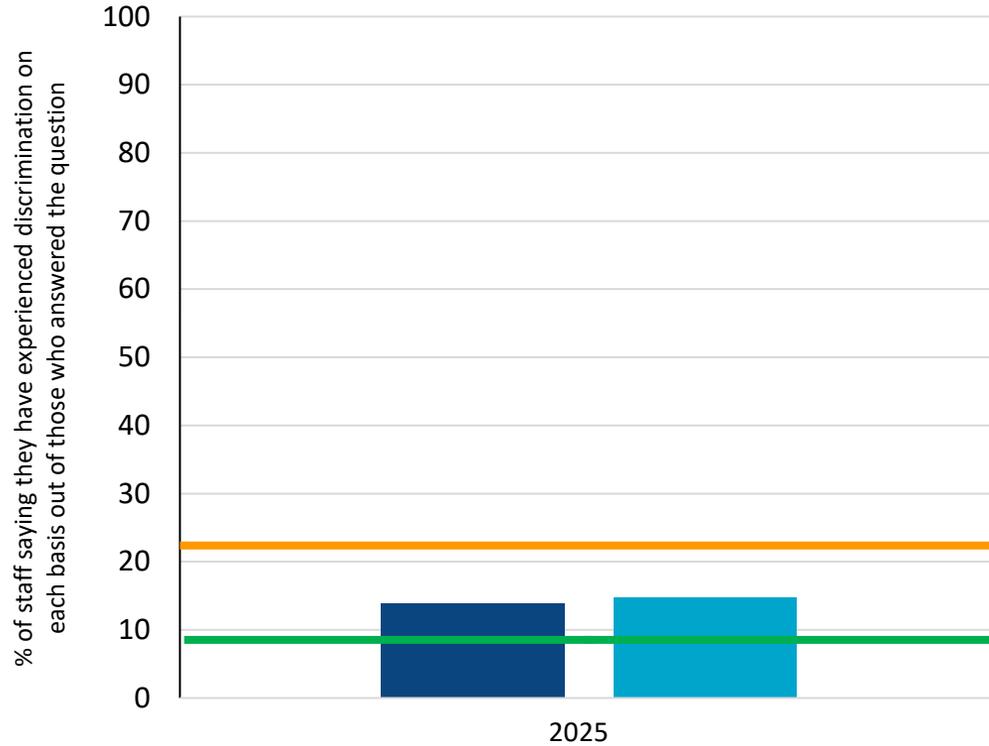
	2025
Your org	23.36%
Best result	13.14%
Average result	19.99%
Worst result	31.53%
Responses	237

*Q11e is only answered by staff who responded 'Yes' to Q11d.

Note: Due to changes in the question options in 2025, previous years' results for Q16c are not reported. For more information, please refer to the *Technical Guide*: <https://www.nhsstaffsurveys.com/survey-documents/>

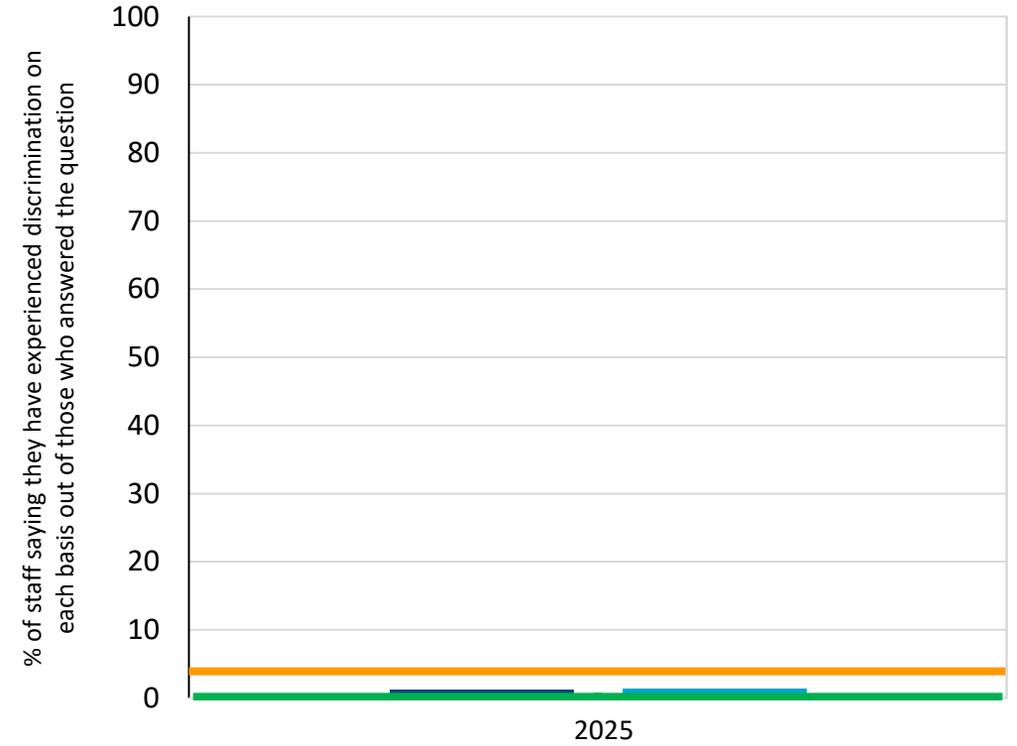


Q16c.2 On what grounds have you experienced discrimination?
– Disability.



2025	
Your org	13.83%
Best result	8.53%
Average result	14.78%
Worst result	22.39%
Responses	237

Q16c.3 On what grounds have you experienced discrimination?
– Gender reassignment.

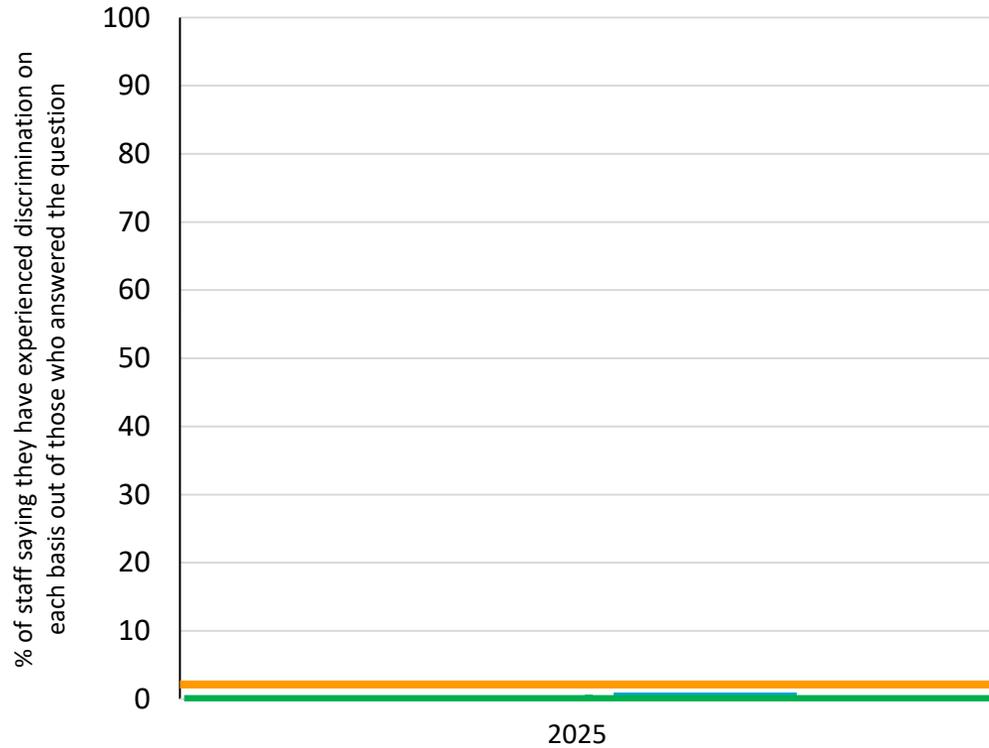


2025	
Your org	1.23%
Best result	0.18%
Average result	1.46%
Worst result	3.92%
Responses	237

Note: Due to changes in the question options in 2025, previous years' results for Q16c are not reported. For more information, please refer to the *Technical Guide*: <https://www.nhsstaffsurveys.com/survey-documents/>

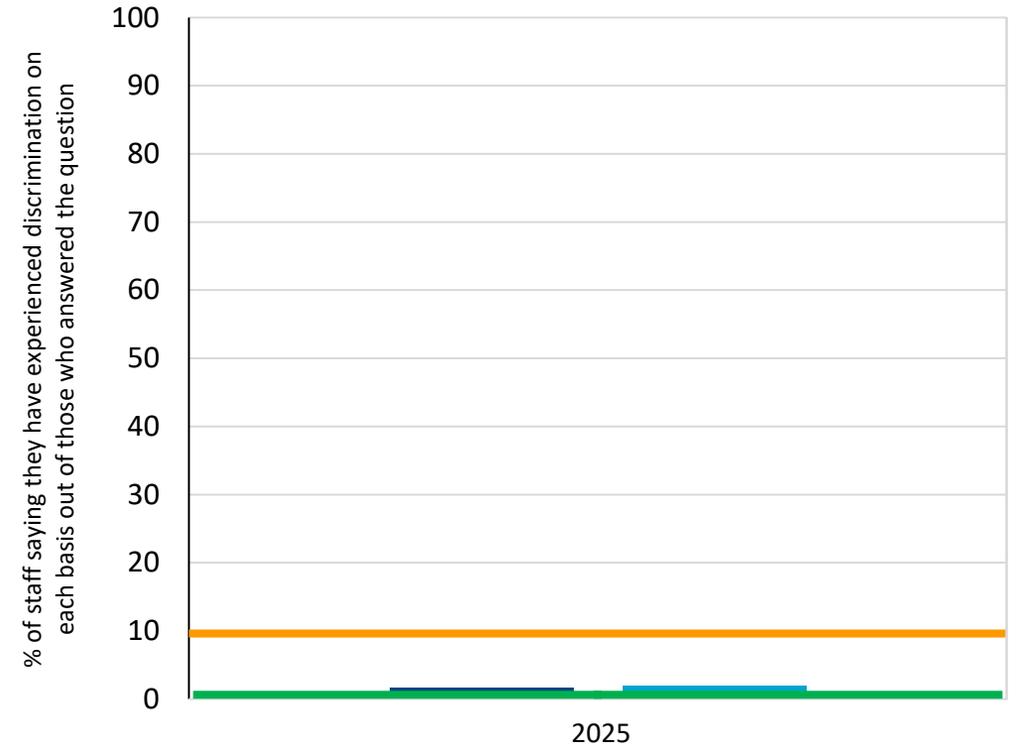


Q16c.4 On what grounds have you experienced discrimination?
– Marriage and civil partnership.



Your org	0.53%
Best result	0.00%
Average result	0.90%
Worst result	2.13%
Responses	237

Q16c.5 On what grounds have you experienced discrimination?
– Pregnancy and maternity.

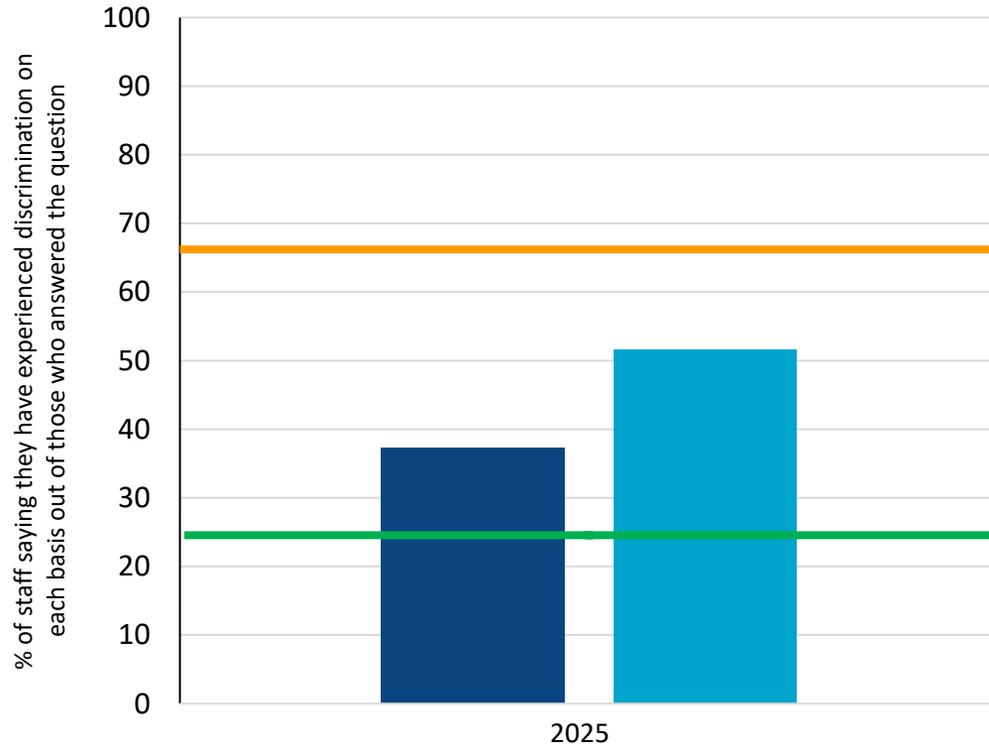


Your org	1.72%
Best result	0.63%
Average result	1.91%
Worst result	9.61%
Responses	237

Note: Due to changes in the question options in 2025, previous years' results for Q16c are not reported. For more information, please refer to the *Technical Guide*: <https://www.nhsstaffsurveys.com/survey-documents/>

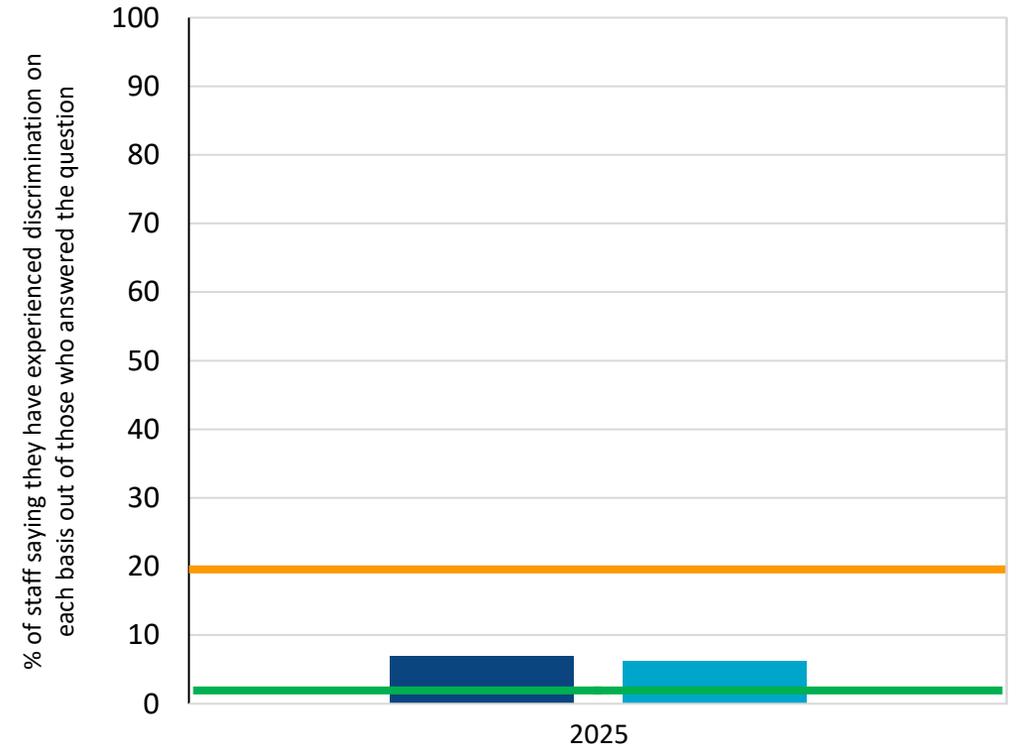


Q16c.6 On what grounds have you experienced discrimination?
– Race.



Your org	37.35%
Best result	24.55%
Average result	51.59%
Worst result	66.20%
Responses	237

Q16c.7 On what grounds have you experienced discrimination?
– Religion or belief.

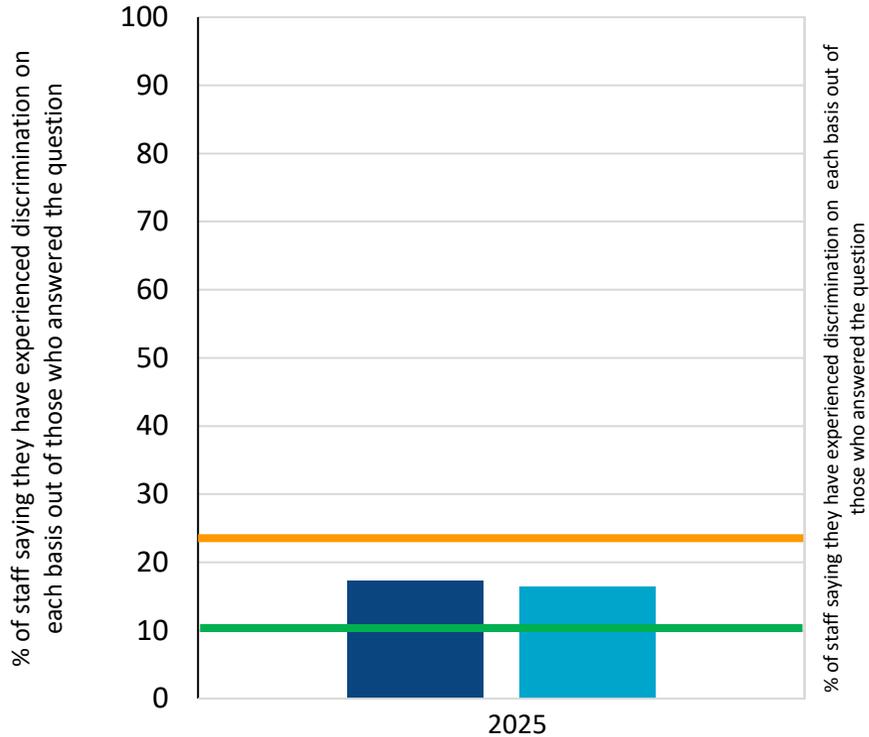


Your org	6.86%
Best result	1.93%
Average result	6.29%
Worst result	19.57%
Responses	237

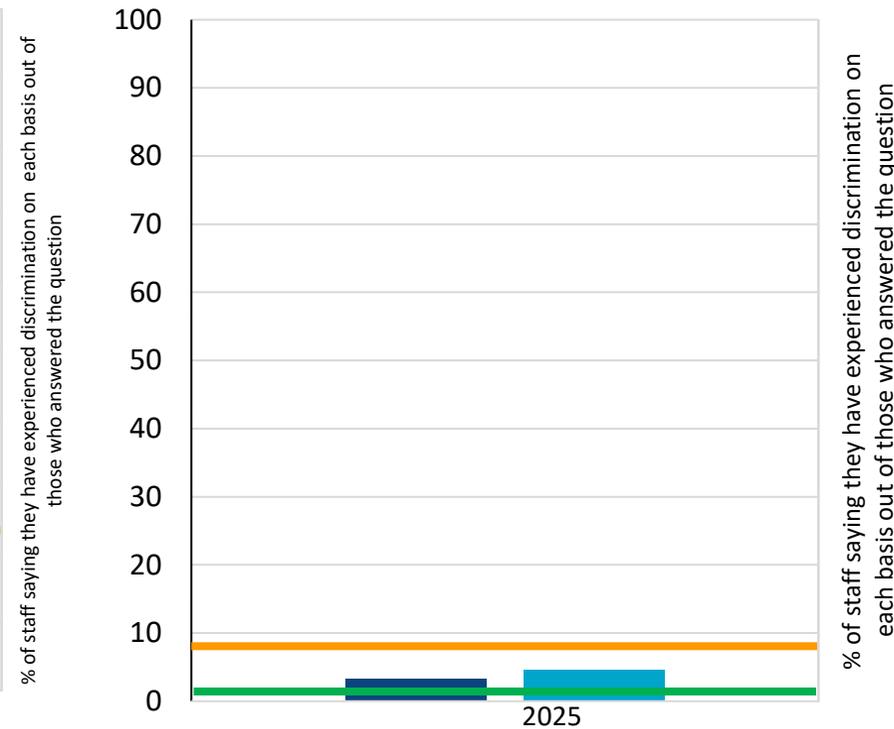
Note: Due to changes in the question options in 2025, previous years' results for Q16c are not reported. For more information, please refer to the *Technical Guide*: <https://www.nhsstaffsurveys.com/survey-documents/>



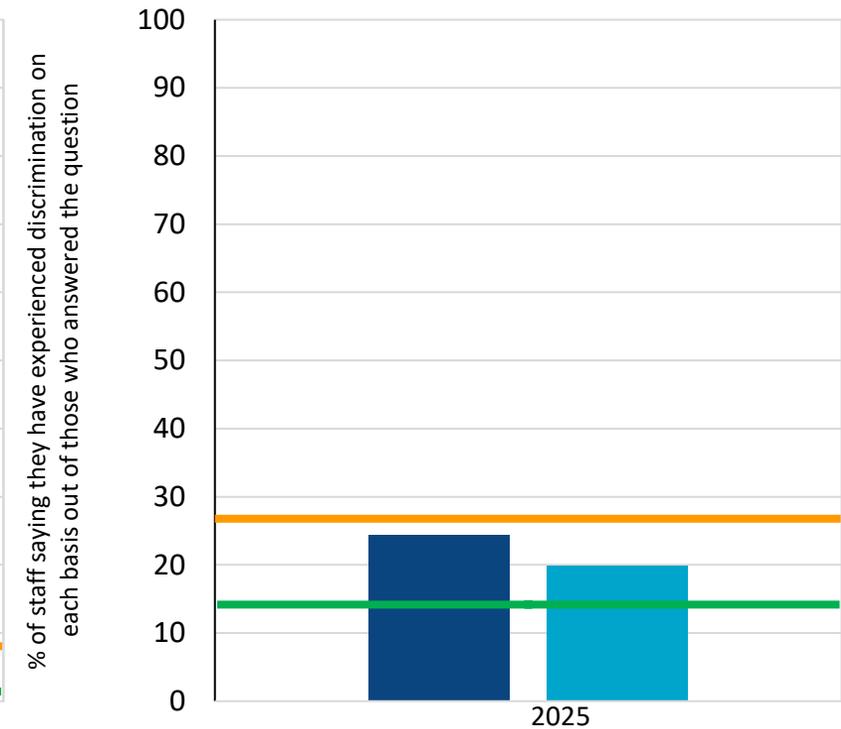
Q16c.8 On what grounds have you experienced discrimination? -- Sex.



Q16c.9 On what grounds have you experienced discrimination? -- Sexual orientation.



Q16c.10 On what grounds have you experienced discrimination? -- Other.



Your org	17.32%
Best result	10.35%
Average result	16.48%
Worst result	23.54%
Responses	237

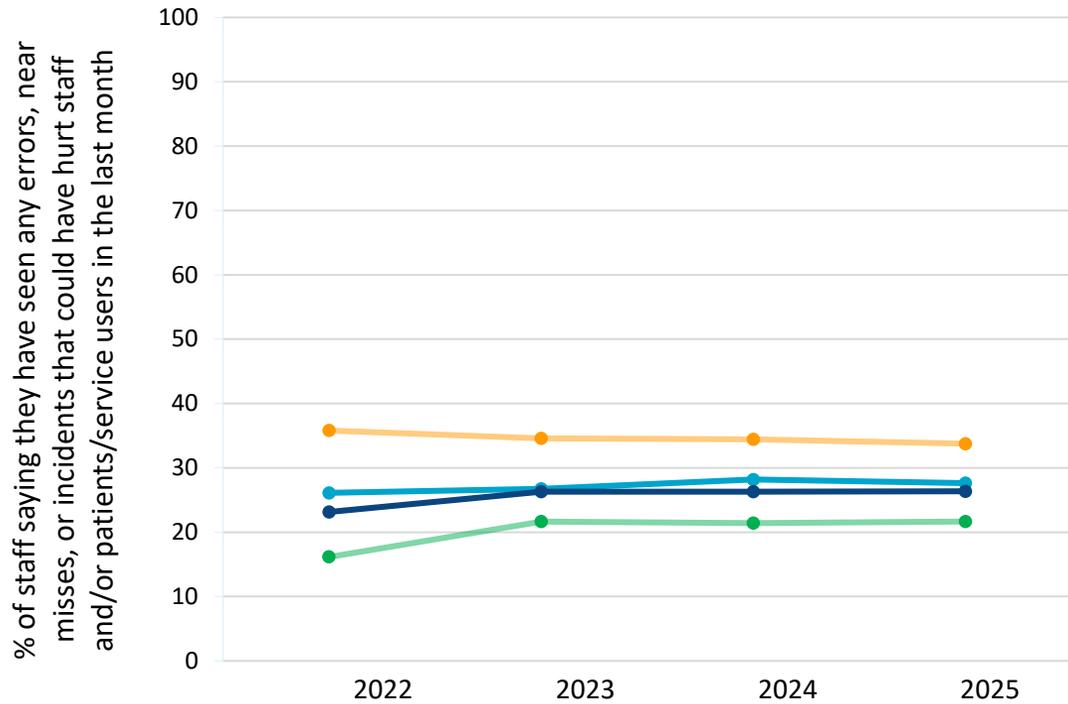
Your org	3.31%
Best result	1.42%
Average result	4.54%
Worst result	8.07%
Responses	237

Your org	24.39%
Best result	14.17%
Average result	19.88%
Worst result	26.78%
Responses	237

Note: Due to changes in the question options in 2025, previous years' results for Q16c are not reported. For more information, please refer to the *Technical Guide*: <https://www.nhsstaffsurveys.com/survey-documents/>



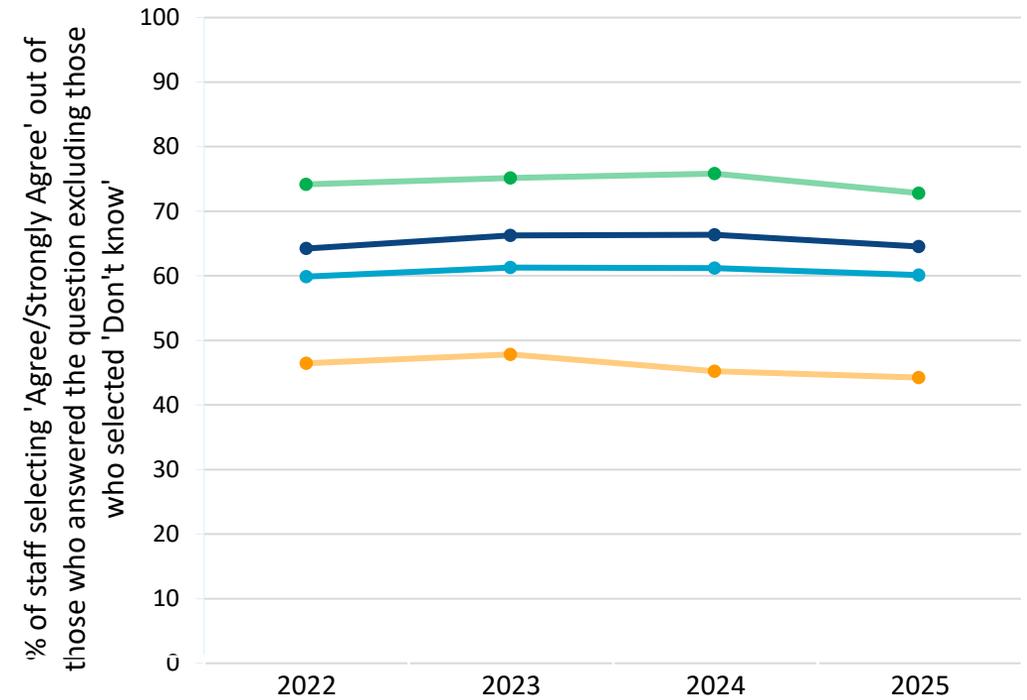
Q18 In the last month have you seen any errors, near misses, or incidents that could have hurt staff and/or patients/service users?



	2022	2023	2024	2025
Your org	23.14%	26.30%	26.30%	26.36%
Best result	16.14%	21.64%	21.40%	21.63%
Average result	26.12%	26.72%	28.19%	27.64%
Worst result	35.79%	34.56%	34.41%	33.76%

Responses	2472	2753	2976	2584
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Q19a My organisation treats staff who are involved in an error, near miss or incident fairly.

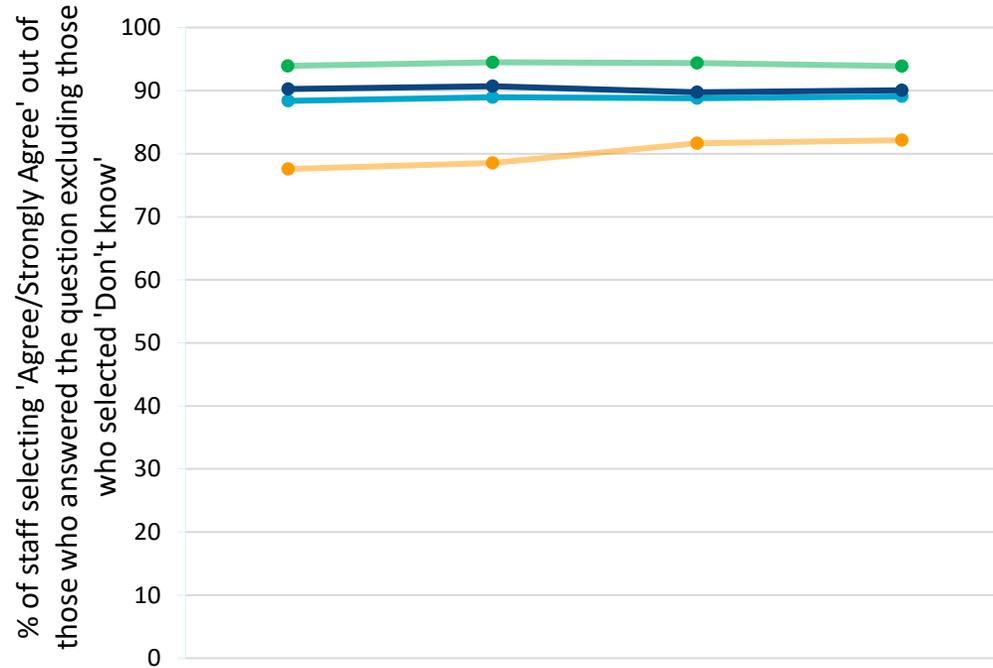


	2022	2023	2024	2025
Your org	64.23%	66.28%	66.36%	64.56%
Best result	74.16%	75.16%	75.83%	72.82%
Average result	59.88%	61.28%	61.21%	60.14%
Worst result	46.46%	47.84%	45.25%	44.25%

Responses	1854	2123	2276	1956
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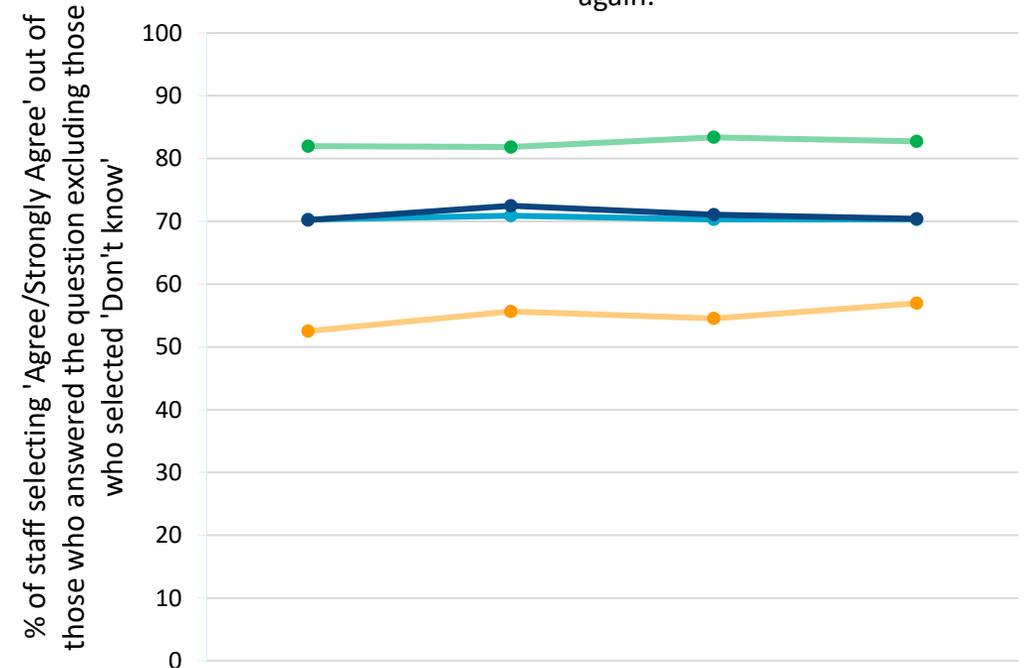


Q19b My organisation encourages us to report errors, near misses or incidents.



	2022	2023	2024	2025
Your org	90.25%	90.70%	89.74%	90.04%
Best result	93.93%	94.49%	94.40%	93.88%
Average result	88.37%	88.93%	88.78%	89.08%
Worst result	77.58%	78.52%	81.66%	82.13%
Responses	2395	2699	2905	2528

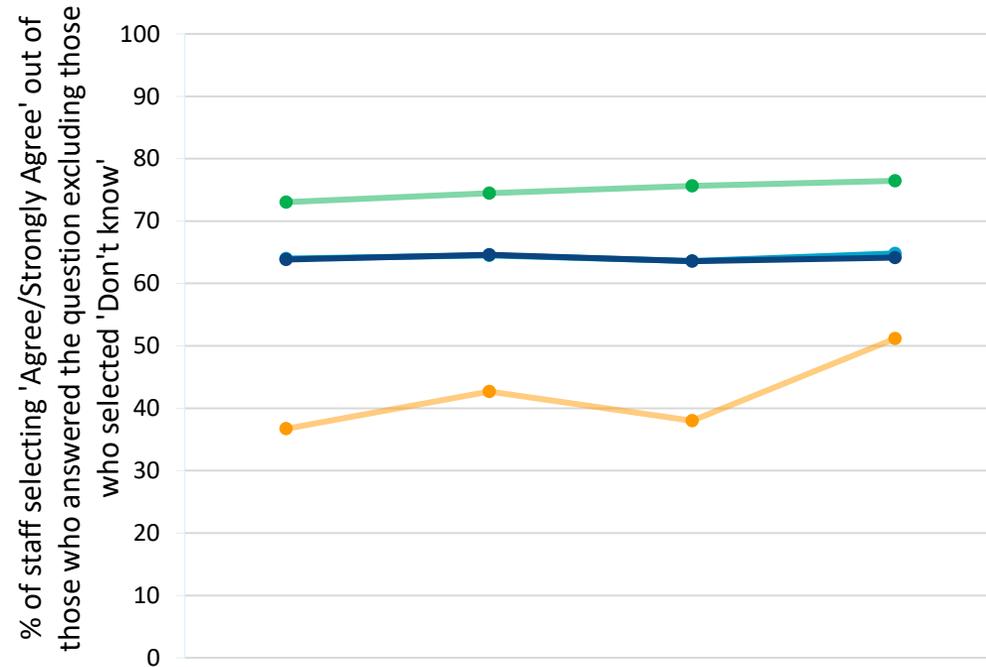
Q19c When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.



	2022	2023	2024	2025
Your org	70.20%	72.48%	71.05%	70.41%
Best result	81.97%	81.84%	83.37%	82.74%
Average result	70.29%	70.89%	70.32%	70.31%
Worst result	52.52%	55.65%	54.54%	56.95%
Responses	2153	2450	2578	2249

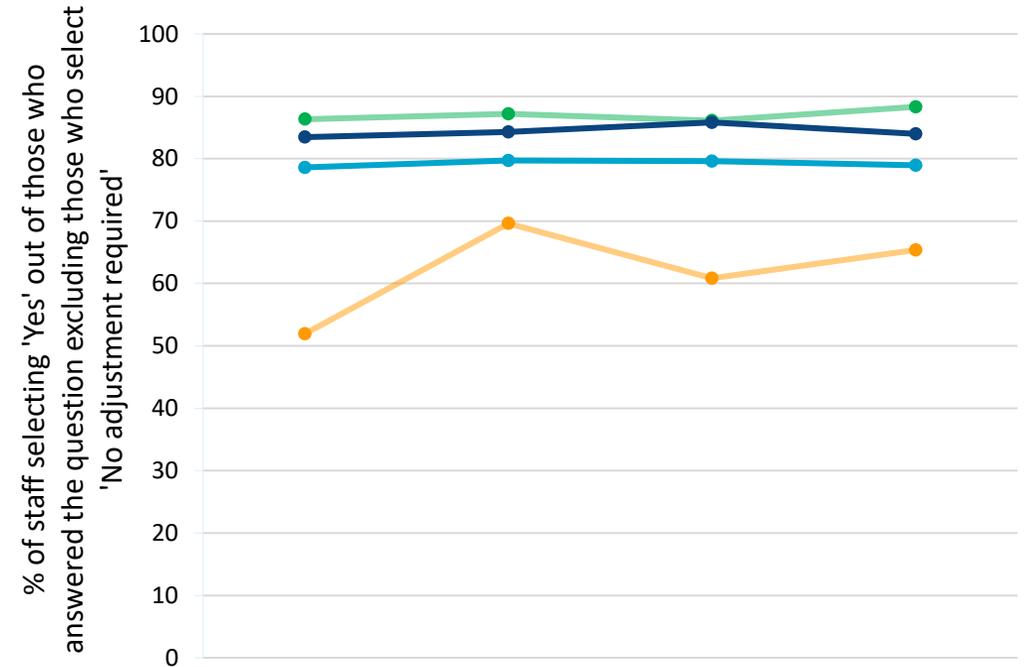


Q19d We are given feedback about changes made in response to reported errors, near misses and incidents.



	2022	2023	2024	2025
Your org	63.82%	64.60%	63.57%	64.14%
Best result	73.04%	74.48%	75.65%	76.45%
Average result	63.99%	64.48%	63.59%	64.82%
Worst result	36.71%	42.69%	38.01%	51.16%
Responses	2211	2485	2669	2312

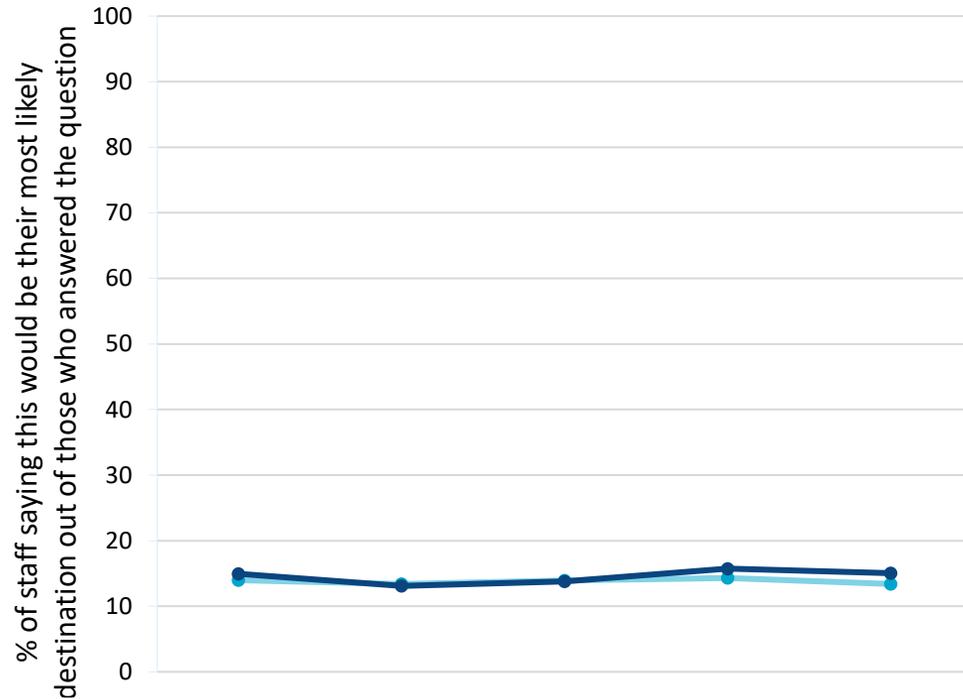
Q31b Has your employer made reasonable adjustment(s) to enable you to carry out your work?



	2022	2023	2024	2025
Your org	83.45%	84.28%	85.82%	84.00%
Best result	86.32%	87.17%	86.10%	88.32%
Average result	78.61%	79.72%	79.60%	78.92%
Worst result	51.94%	69.62%	60.85%	65.39%
Responses	377	443	512	458



Q26d.1 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to another job within this organisation.

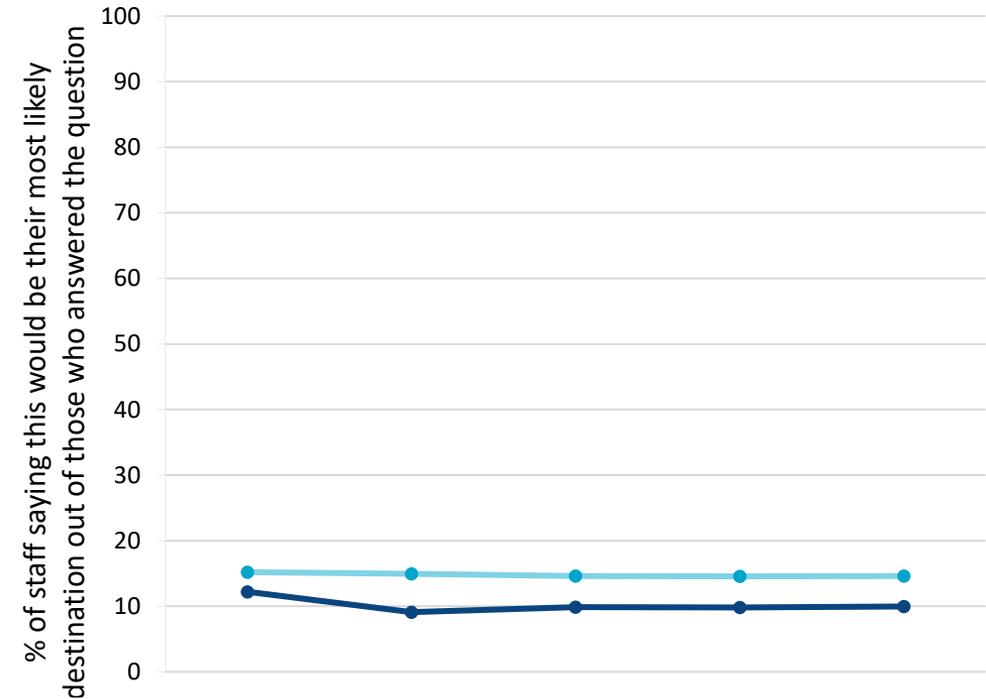


2021 2022 2023 2024 2025

Your org	14.93%	13.10%	13.79%	15.74%	15.03%
Average	13.95%	13.38%	13.92%	14.31%	13.42%

Responses 2097 2153 2443 2694 2328

Q26d.2 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to another job in a different NHS Trust/organisation.



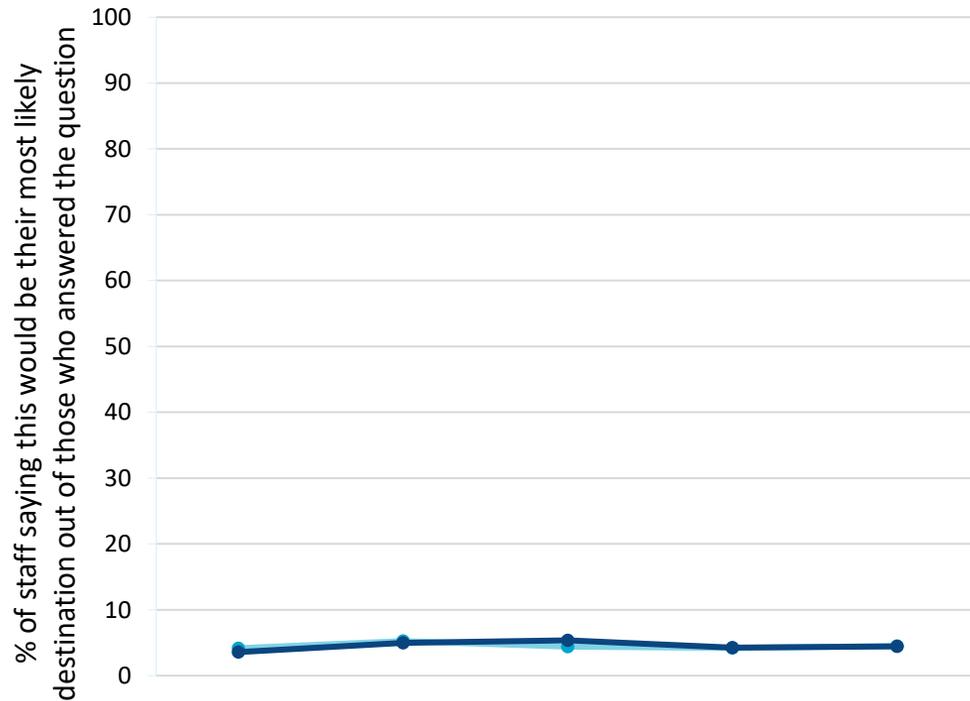
2021 2022 2023 2024 2025

Your org	12.21%	9.10%	9.86%	9.84%	9.97%
Average	15.20%	14.94%	14.63%	14.55%	14.58%

Responses 2097 2153 2443 2694 2328

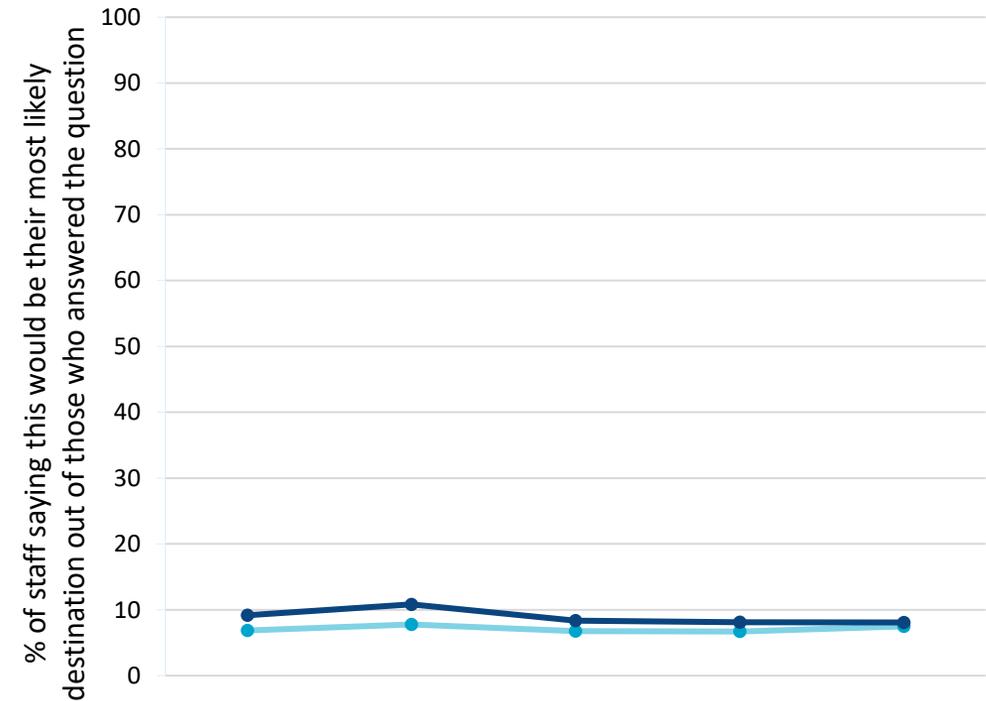


Q26d.3 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to a job in healthcare, but outside the NHS.



	2021	2022	2023	2024	2025
Your org	3.58%	4.97%	5.36%	4.23%	4.42%
Average	4.17%	5.26%	4.39%	4.23%	4.51%
Responses	2097	2153	2443	2694	2328

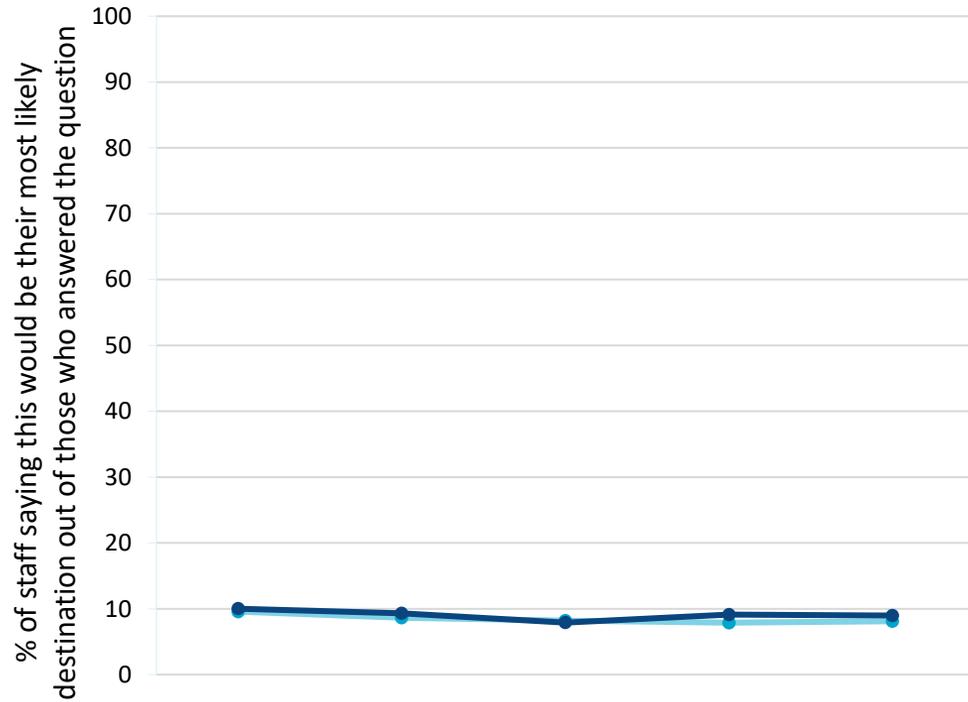
Q26d.4 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to a job outside healthcare.



	2021	2022	2023	2024	2025
Your org	9.16%	10.82%	8.35%	8.09%	8.08%
Average	6.83%	7.77%	6.78%	6.70%	7.50%
Responses	2097	2153	2443	2694	2328



Q26d.5 If you are considering leaving your current job, what would be your most likely destination? - I would retire or take a career break.

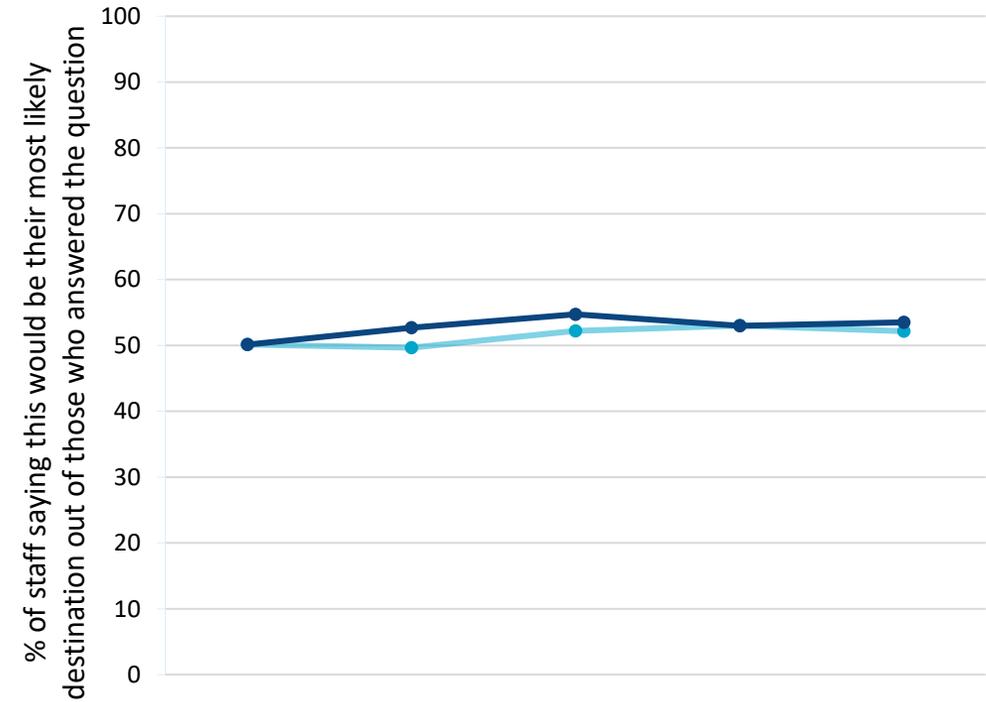


2021 2022 2023 2024 2025

Your org	10.01%	9.34%	7.90%	9.13%	8.98%
Average	9.57%	8.64%	8.18%	7.89%	8.10%

Responses 2097 2153 2443 2694 2328

Q26d.9 If you are considering leaving your current job, what would be your most likely destination? - I am not considering leaving my current job.



2021 2022 2023 2024 2025

Your org	50.12%	52.67%	54.73%	52.97%	53.52%
Average	50.12%	49.65%	52.22%	53.01%	52.17%

Responses 2097 2153 2443 2694 2328

Workforce Equality Standards

Note where there are fewer than 10 responses for a question, results are suppressed to protect staff confidentiality and reliability of data.

Workforce Race Equality Standards (WRES)

This section contains data for the organisation required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES). It includes the 2021-2025 organisation and benchmarking group median results for q13a, q13b&c combined, and q16b split by ethnicity (by white staff / staff from all other ethnic groups combined). Organisation and benchmarking group median results for q15 are included for 2025 only*.

Workforce Disability Equality Standards (WDES)

This section contains data for the organisation required for the NHS Staff Survey metrics used in the Workforce Disability Equality Standard (WDES). It includes the 2021-2025 organisation and benchmarking group median results for q4b, q11e, and q14a-d split by staff with a long lasting health condition or illness compared to staff without a long lasting health condition or illness. Organisation and benchmarking group median results for q15 split by staff with a long lasting health condition or illness compared to staff without a long lasting health condition or illness are shown for 2025 only*. It also shows results for q31b (for staff with a long lasting health condition or illness only), and the staff engagement score for staff with a long lasting health condition or illness, compared to staff without a long lasting health condition or illness and the overall engagement score for the organisation.

In 2022, the text for q31b was updated and the word 'adequate' was changed to 'reasonable'.

The WDES breakdowns are based on the responses to q31a Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?

*Due to changes in the question wording in 2025, previous years' results for WRES indicator 7 and WDES metric 5 (Q15) are not reported. For more information, please refer to the *Technical Guide*: <https://www.nhsstaffsurveys.com/survey-documents/>

This section contains data required for the staff survey indicators used in the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES). Data presented in this section are unweighted.

Workforce Race Equality Standards (WRES)

Indicator	Qu No	Workforce Race Equality Standard
For each of the following indicators, compare the outcomes of the responses for white staff and staff from all other ethnic groups combined		
5	Q14a	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6	Q14b & Q14c	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7	Q15	Percentage believing that their organisation provides equal opportunities for career progression or promotion (2025 only)
8	Q16b	In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues

Workforce Disability Equality Standards (WDES)

Metric	Qu No	Workforce Disability Equality Standard
For each of the following metrics, compare the responses for staff with a LTC* or illness vs staff without a LTC or illness		
4a	Q14a	Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public
4b	Q14b	Percentage of staff experiencing harassment, bullying or abuse from managers
4c	Q14c	Percentage of staff experiencing harassment, bullying or abuse from other colleagues
4d	Q14d	Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it
5	Q15	Percentage believing that their organisation provides equal opportunities for career progression or promotion (2025 only)
6	Q11e	Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties
7	Q4b	Percentage staff saying that they are satisfied with the extent to which their organisation values their work
8	Q31b	Percentage of staff with a long lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work
9a	theme_engagement	The staff engagement score for staff with LTC or illness vs staff without a LTC or illness

*Staff with a long term condition

Workforce Race Equality Standards (WRES)

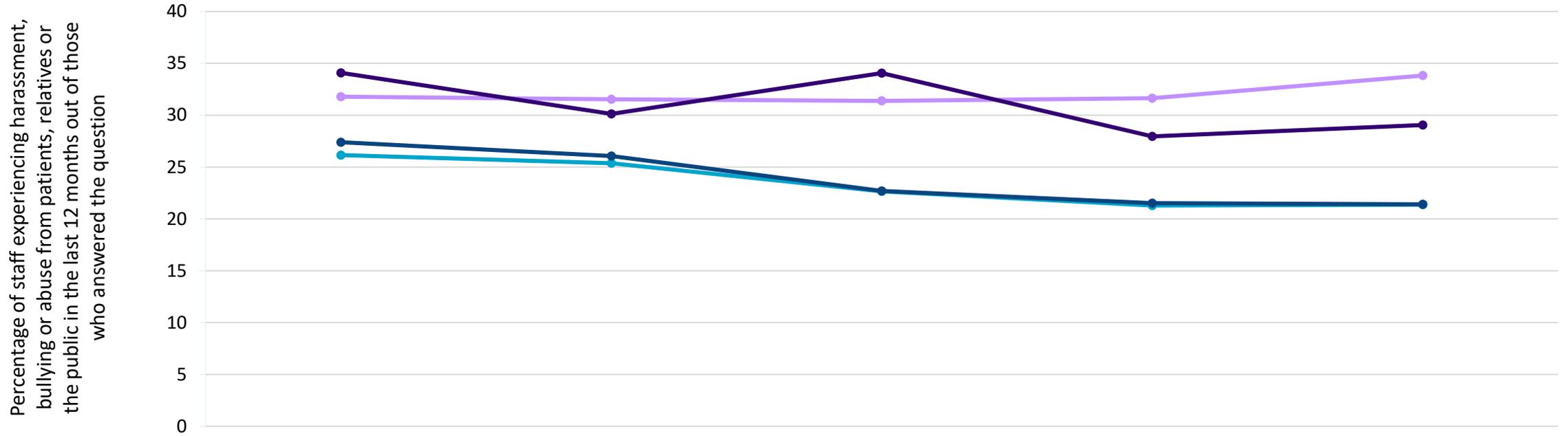
Vertical scales on the following charts vary from slide to slide and this effects how results are displayed. This allows incremental changes and small differences between results for subgroups to be more easily interpreted.

Data shown in the WRES charts are unweighted.

Averages are calculated as the median for the benchmark group.

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months

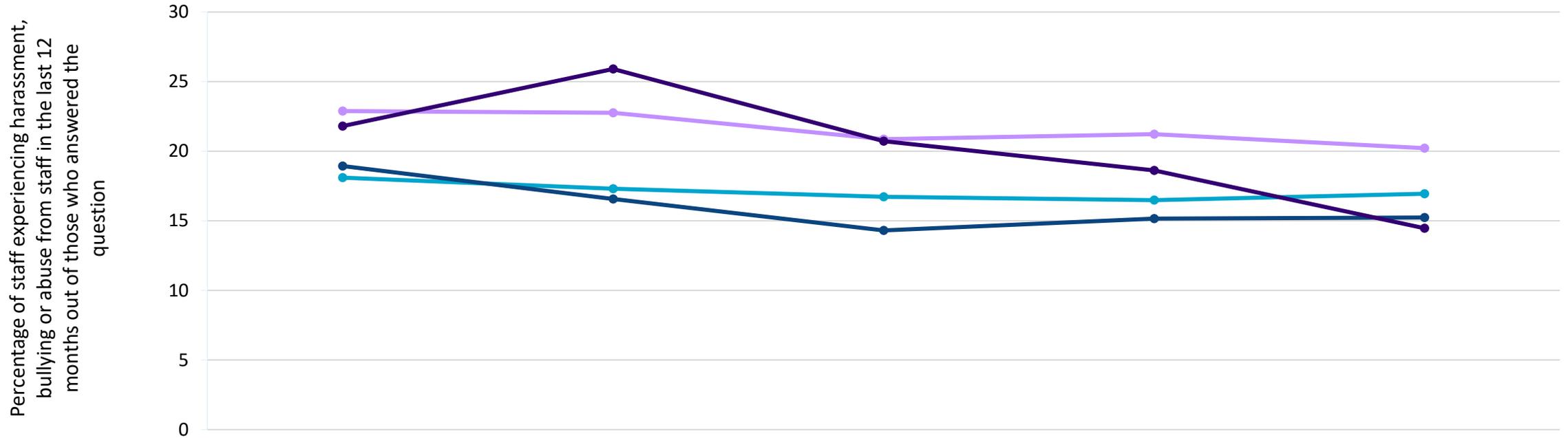


	2021	2022	2023	2024	2025
White staff: Your org	27.40%	26.07%	22.69%	21.52%	21.41%
All other ethnic groups*: Your org	34.09%	30.12%	34.06%	27.96%	29.05%
White staff: Average	26.16%	25.37%	22.66%	21.29%	21.38%
All other ethnic groups*: Average	31.79%	31.54%	31.38%	31.64%	33.83%
White staff: Responses	2201	2275	2477	2695	2345
All other ethnic groups*: Responses	132	166	276	279	241

*Staff from all other ethnic groups combined

Note: 2023 results for WRES indicator 5 (Q14a) are reported using corrected data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.

Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months

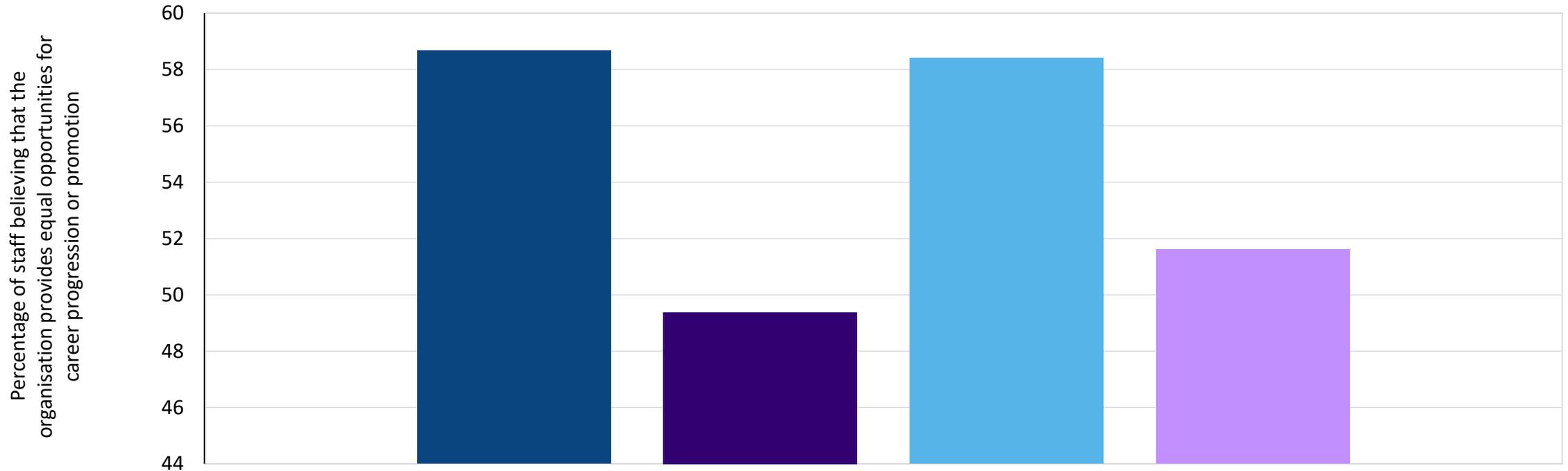


	2021	2022	2023	2024	2025
White staff: Your org	18.93%	16.56%	14.31%	15.16%	15.24%
All other ethnic groups*: Your org	21.80%	25.90%	20.73%	18.61%	14.46%
White staff: Average	18.10%	17.31%	16.72%	16.48%	16.94%
All other ethnic groups*: Average	22.88%	22.75%	20.86%	21.23%	20.22%
White staff: Responses	2197	2276	2481	2698	2343
All other ethnic groups*: Responses	133	166	275	274	242

*Staff from all other ethnic groups combined

Note: 2023 results for WRES indicator 6 (Q14b & Q14c) are reported using corrected data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.

Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.



2025

White staff: Your org	58.67%
All other ethnic groups*: Your org	49.38%
White staff: Average	58.40%
All other ethnic groups*: Average	51.61%

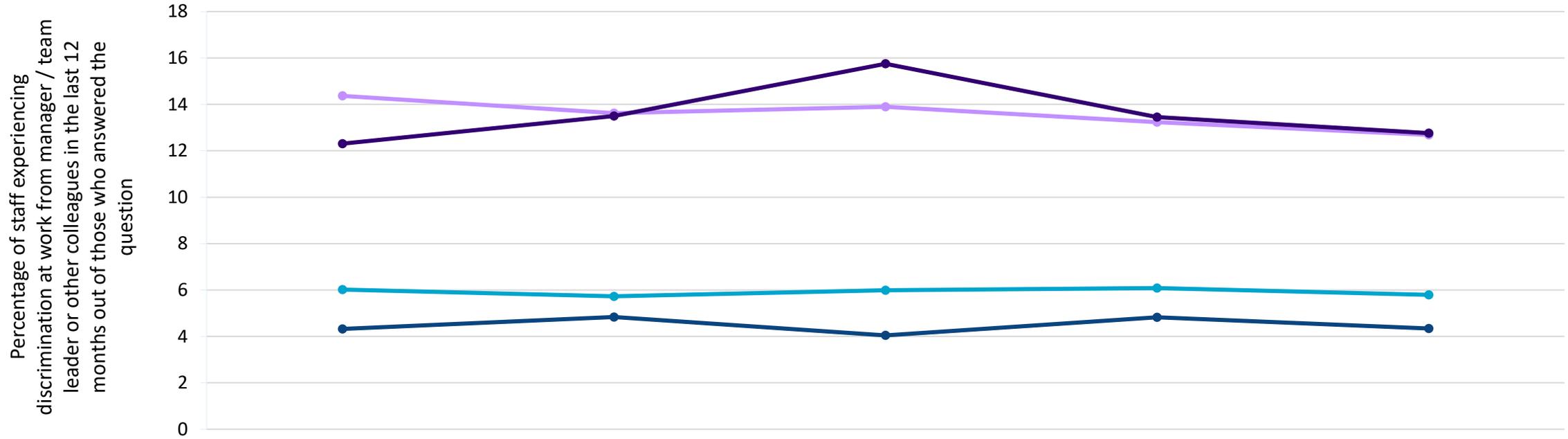
White staff: Responses 2323

All other ethnic groups*: Responses 243

*Staff from all other ethnic groups combined.

Note: Due to changes in the question wording in 2025, previous years' results for WRES indicator 7 (Q15) are not reported. For more information, please refer to the *Technical Guide*: <https://www.nhsstaffsurveys.com/survey-documents/>

Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months.



	2021	2022	2023	2024	2025
White staff: Your org	4.32%	4.84%	4.05%	4.82%	4.34%
All other ethnic groups*: Your org	12.31%	13.50%	15.75%	13.45%	12.76%
White staff: Average	6.02%	5.73%	5.99%	6.08%	5.80%
All other ethnic groups*: Average	14.37%	13.63%	13.90%	13.23%	12.69%
White staff: Responses	2197	2274	2472	2674	2328
All other ethnic groups*: Responses	130	163	273	275	243

*Staff from all other ethnic groups combined

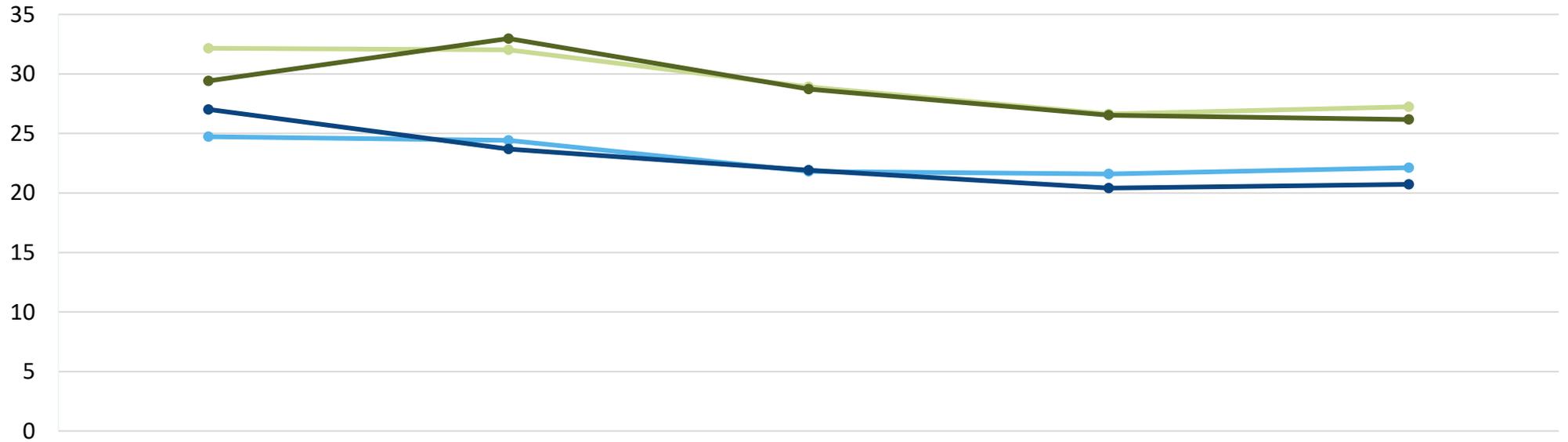
Workforce Disability Equality Standards (WDES)

Vertical scales on the following charts vary from slide to slide and this effects how results are displayed. This allows incremental changes and small differences between results for subgroups to be more easily interpreted.
Data shown in the WDES charts are unweighted.

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months out of those who answered the question

Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months.

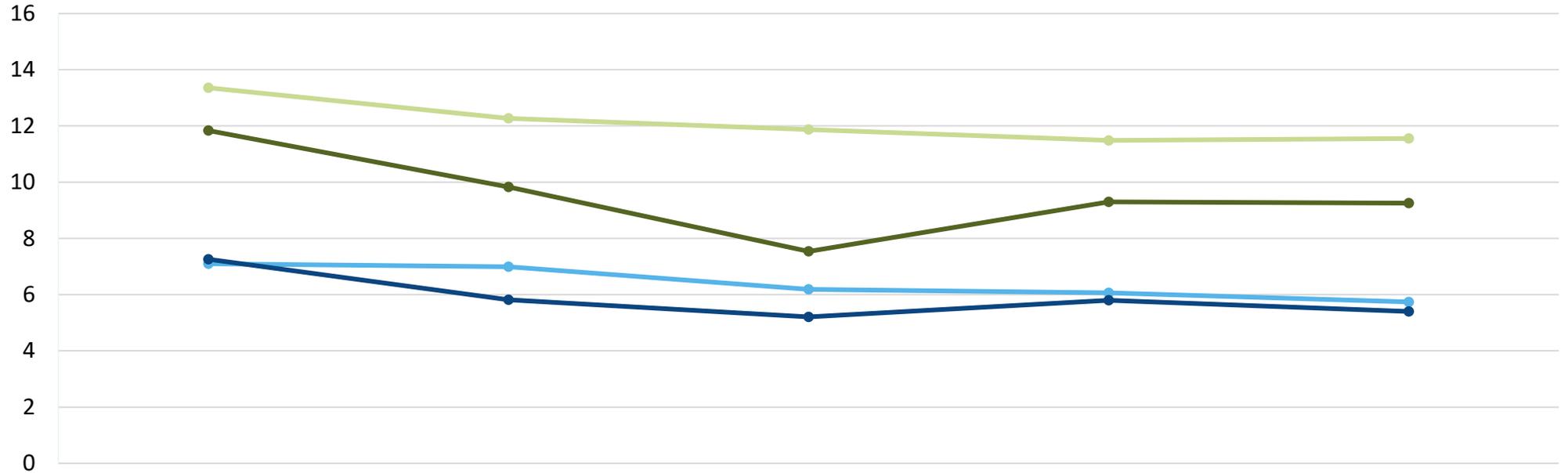


	2021	2022	2023	2024	2025
Staff with a LTC or illness: Your org	29.42%	32.98%	28.72%	26.54%	26.17%
Staff without a LTC or illness: Your org	27.02%	23.70%	21.91%	20.41%	20.73%
Staff with a LTC or illness: Average	32.16%	32.04%	28.92%	26.64%	27.24%
Staff without a LTC or illness: Average	24.73%	24.42%	21.82%	21.60%	22.13%
Staff with a LTC or illness: Responses	588	652	745	829	726
Staff without a LTC or illness: Responses	1743	1802	1990	2146	1857

Note: 2023 results for WDES metric 4a (Q14a) are reported using corrected data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.

Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months out of those who answered the question

Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months.

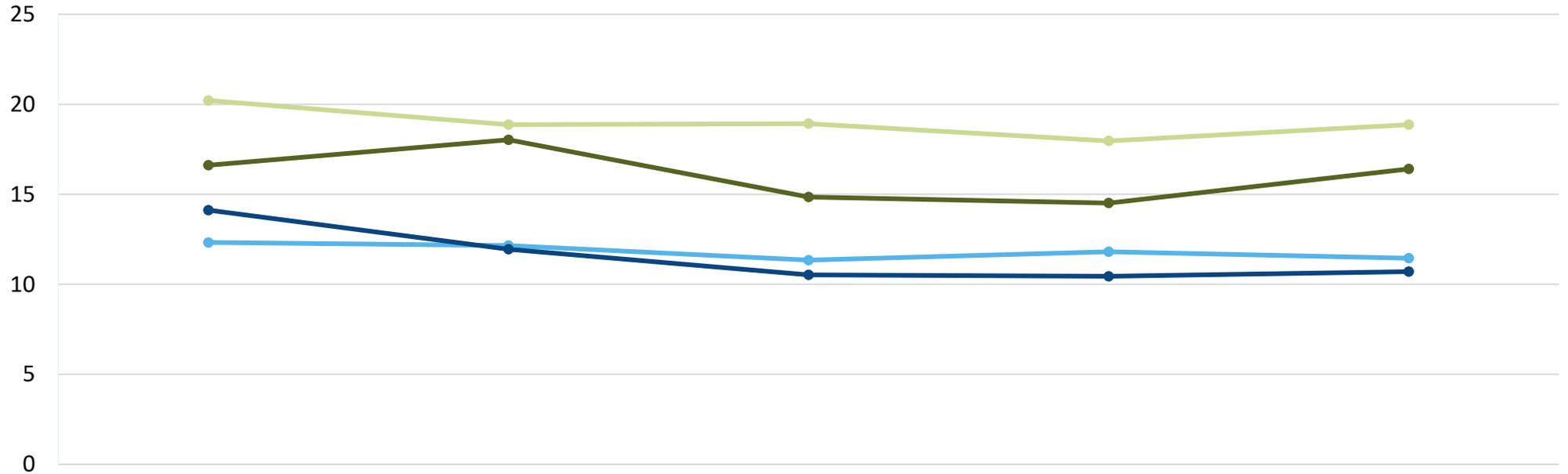


	2021	2022	2023	2024	2025
Staff with a LTC or illness: Your org	11.84%	9.83%	7.54%	9.30%	9.25%
Staff without a LTC or illness: Your org	7.26%	5.81%	5.21%	5.80%	5.40%
Staff with a LTC or illness: Average	13.36%	12.27%	11.87%	11.49%	11.55%
Staff without a LTC or illness: Average	7.10%	6.99%	6.19%	6.07%	5.74%
Staff with a LTC or illness: Responses	583	651	743	828	724
Staff without a LTC or illness: Responses	1736	1789	1978	2138	1852

Note: 2023 results for WDES metric 4b (Q14b) are reported using corrected data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.

Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months out of those who answered the question

Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months.

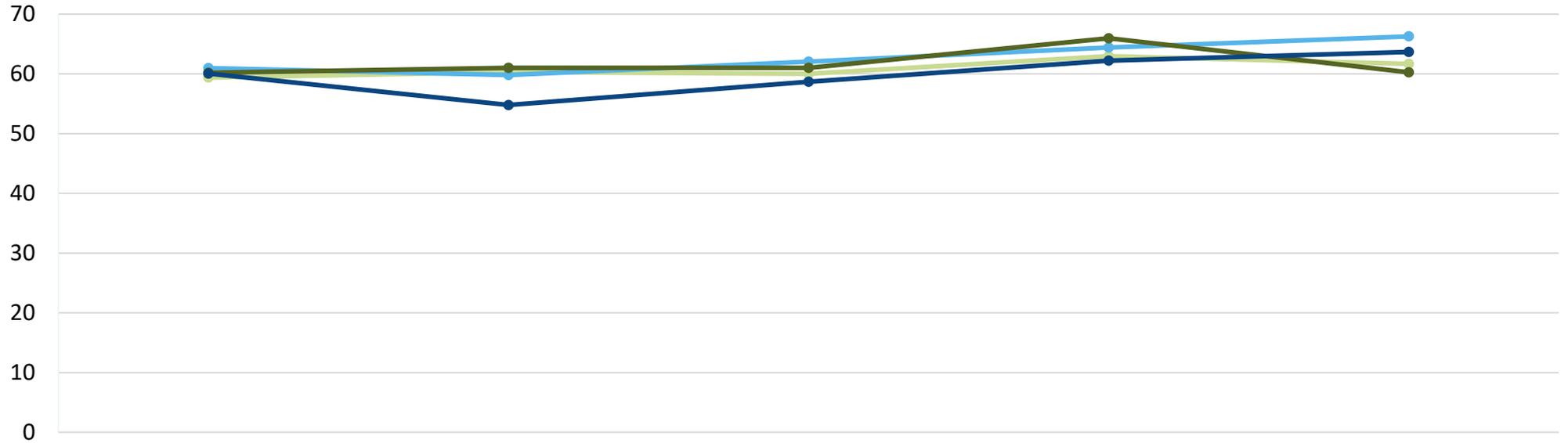


	2021	2022	2023	2024	2025
Staff with a LTC or illness: Your org	16.61%	18.03%	14.84%	14.51%	16.41%
Staff without a LTC or illness: Your org	14.12%	11.94%	10.52%	10.44%	10.71%
Staff with a LTC or illness: Average	20.21%	18.86%	18.93%	17.96%	18.87%
Staff without a LTC or illness: Average	12.33%	12.15%	11.34%	11.81%	11.45%
Staff with a LTC or illness: Responses	584	649	741	827	725
Staff without a LTC or illness: Responses	1714	1784	1977	2135	1849

Note: 2023 results for WDES metric 4c (Q14c) are reported using corrected data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.

Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it out of those who answered the question

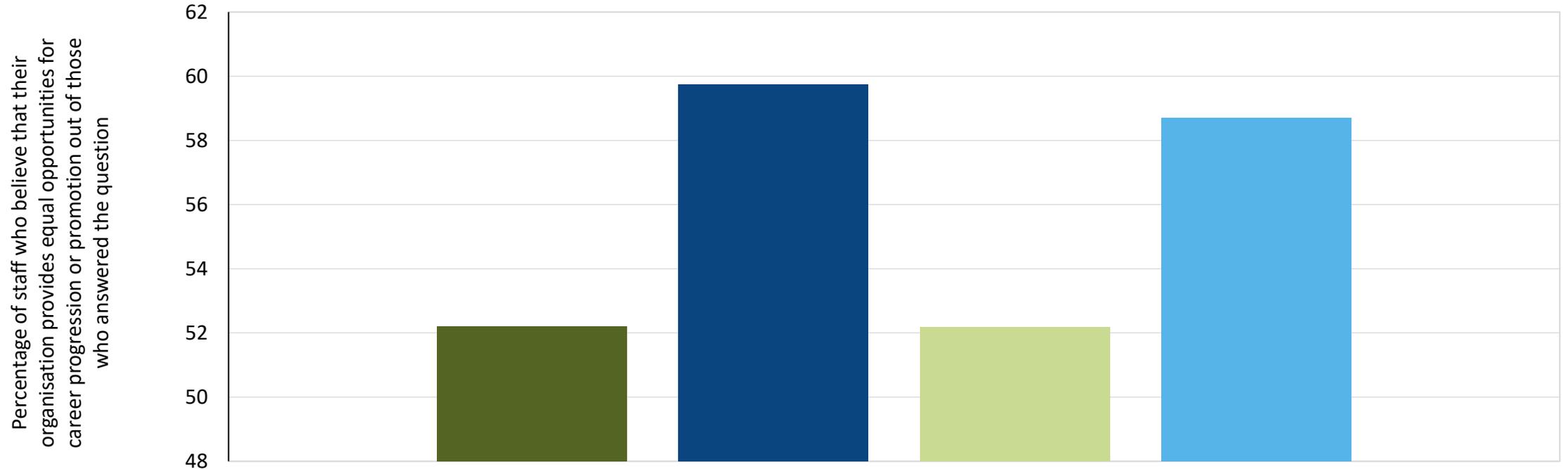
Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.



	2021	2022	2023	2024	2025
Staff with a LTC or illness: Your org	60.19%	61.00%	61.00%	65.97%	60.25%
Staff without a LTC or illness: Your org	60.04%	54.79%	58.67%	62.23%	63.68%
Staff with a LTC or illness: Average	59.38%	60.32%	60.00%	62.98%	61.68%
Staff without a LTC or illness: Average	60.96%	59.81%	62.07%	64.40%	66.28%
Staff with a LTC or illness: Responses	211	259	259	288	244
Staff without a LTC or illness: Responses	543	522	496	564	468

Note: 2023 results for WDES metric 4d (Q14d) are reported using corrected data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.

Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion.



Staff with a LTC or illness: Your org	52.22%
Staff without a LTC or illness: Your org	59.74%
Staff with a LTC or illness: Average	52.19%
Staff without a LTC or illness: Average	58.71%

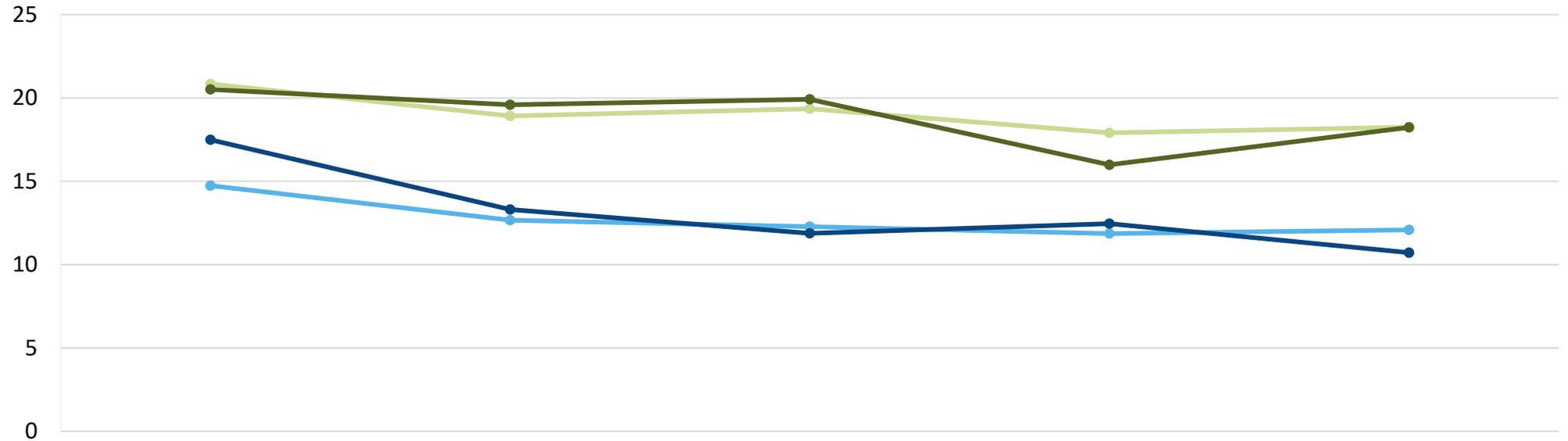
Staff with a LTC or illness: Responses 722

Staff without a LTC or illness: Responses 1843

Note: Due to changes in the question wording in 2025, previous years' results for WDES metric 5 (Q15) are not reported. For more information, please refer to the *Technical Guide*: <https://www.nhsstaffsurveys.com/survey-documents/>

Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties out of those who answered the question

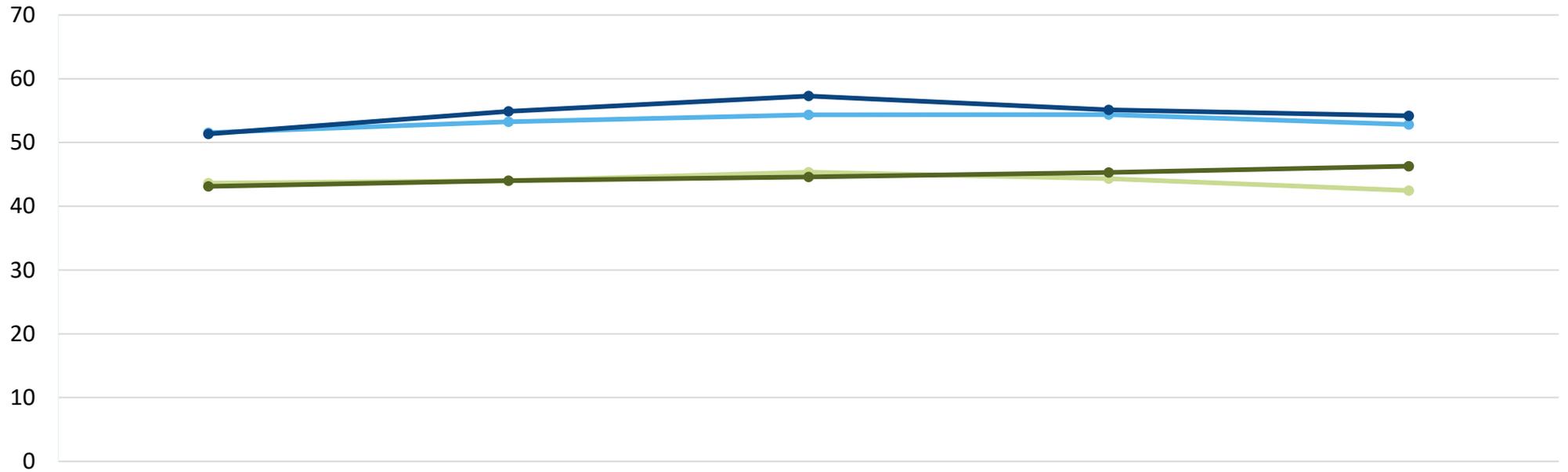
Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.



	2021	2022	2023	2024	2025
Staff with a LTC or illness: Your org	20.51%	19.59%	19.92%	15.99%	18.24%
Staff without a LTC or illness: Your org	17.49%	13.31%	11.89%	12.46%	10.72%
Staff with a LTC or illness: Average	20.85%	18.93%	19.35%	17.91%	18.26%
Staff without a LTC or illness: Average	14.74%	12.67%	12.27%	11.86%	12.09%
Staff with a LTC or illness: Responses	390	444	497	544	477
Staff without a LTC or illness: Responses	806	849	875	979	858

Percentage of staff satisfied with the extent to which their organisation values their work out of those who answered the question

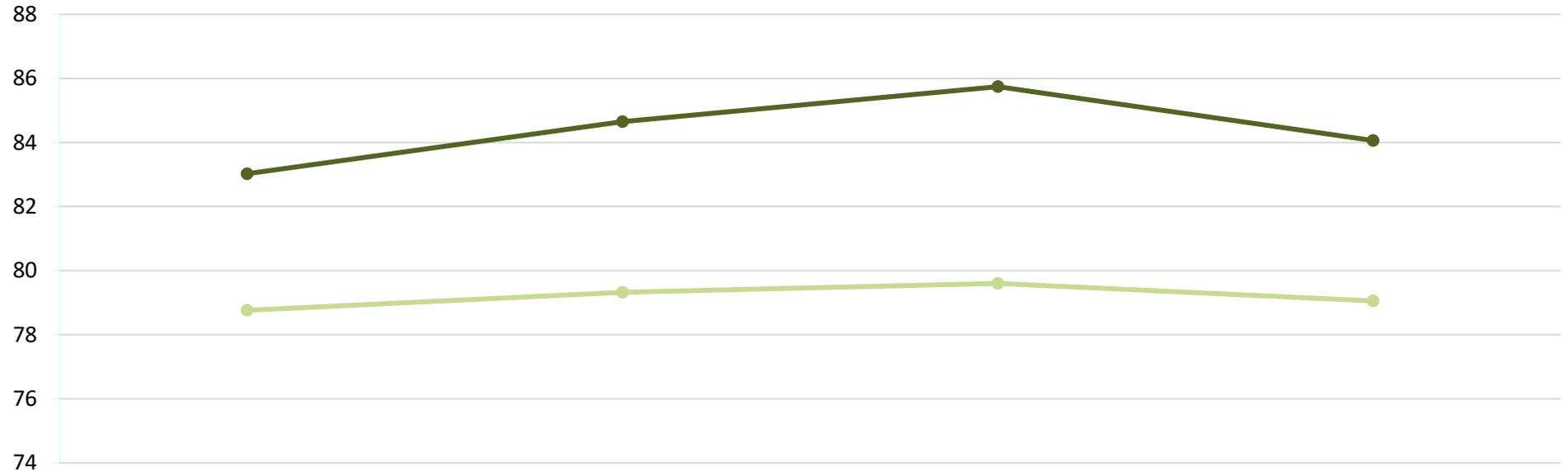
Percentage of staff satisfied with the extent to which their organisation values their work.



	2021	2022	2023	2024	2025
Staff with a LTC or illness: Your org	43.12%	44.02%	44.61%	45.30%	46.29%
Staff without a LTC or illness: Your org	51.34%	54.89%	57.29%	55.14%	54.17%
Staff with a LTC or illness: Average	43.63%	44.02%	45.36%	44.33%	42.47%
Staff without a LTC or illness: Average	51.54%	53.25%	54.35%	54.37%	52.81%
Staff with a LTC or illness: Responses	589	652	751	830	728
Staff without a LTC or illness: Responses	1749	1798	1990	2140	1857

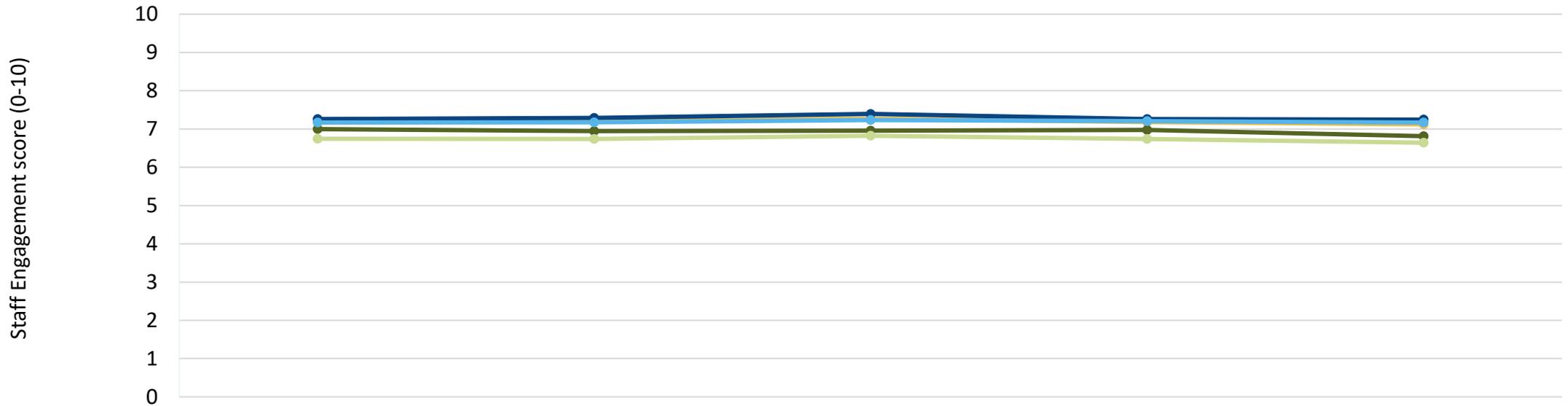
Percentage of staff with a long lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work.

Percentage of staff with a long lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work out of those who answered the question



	2022	2023	2024	2025
Staff with a LTC or illness: Your org	83.02%	84.65%	85.74%	84.06%
Staff with a LTC or illness: Average	78.76%	79.32%	79.60%	79.05%
Staff with a LTC or illness: Responses	377	443	512	458

Staff engagement score (0-10)



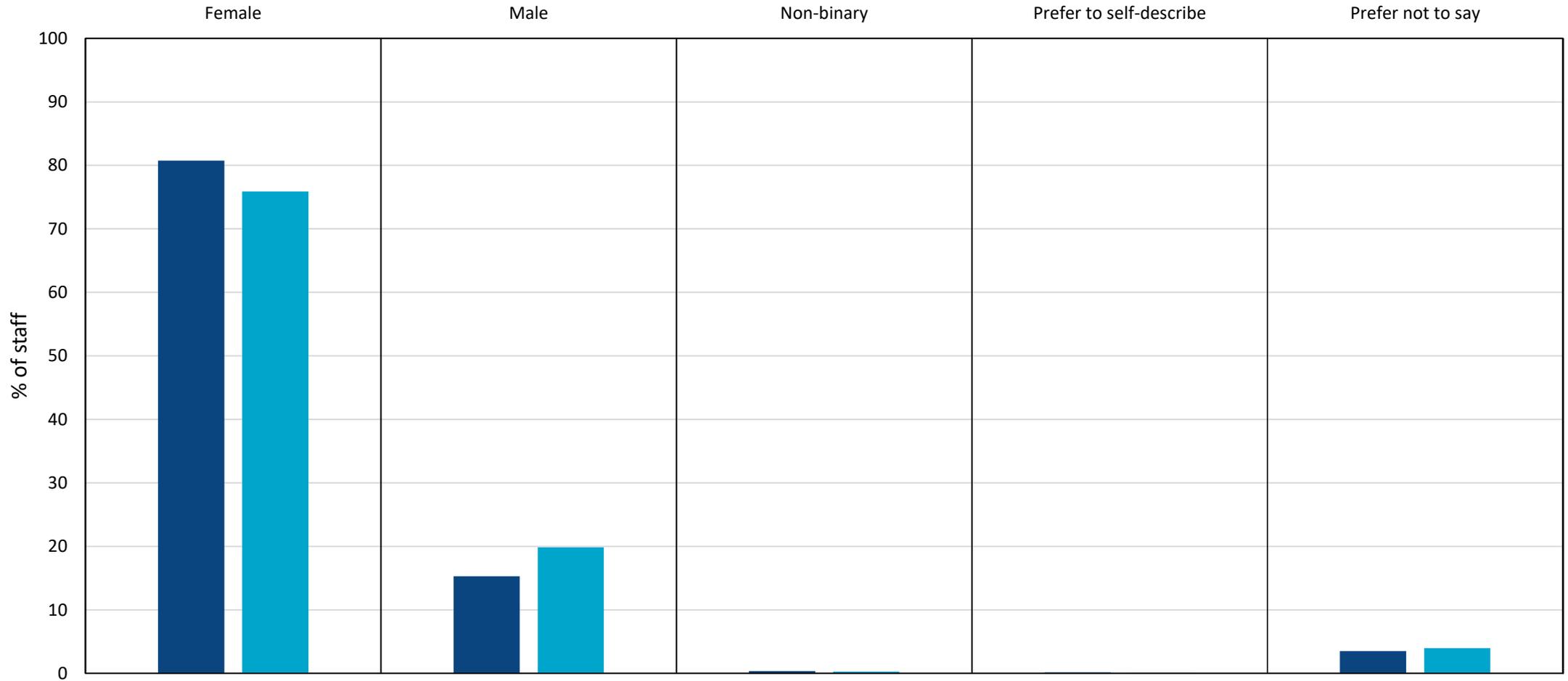
	2021	2022	2023	2024	2025
Organisation average	7.19	7.20	7.27	7.18	7.12
Staff with a LTC or illness: Your org	7.00	6.94	6.95	6.98	6.81
Staff without a LTC or illness: Your org	7.26	7.29	7.39	7.26	7.24
Staff with a LTC or illness: Average	6.74	6.74	6.82	6.74	6.64
Staff without a LTC or illness: Average	7.17	7.18	7.23	7.20	7.17
Staff with a LTC or illness: Responses	590	652	753	831	733
Staff without a LTC or illness: Responses	1755	1815	1999	2154	1867

Note: Data shown in this chart are unweighted therefore will not match weighted staff engagement scores in other outputs.

About your respondents

This section shows demographic and other background information for 2025.

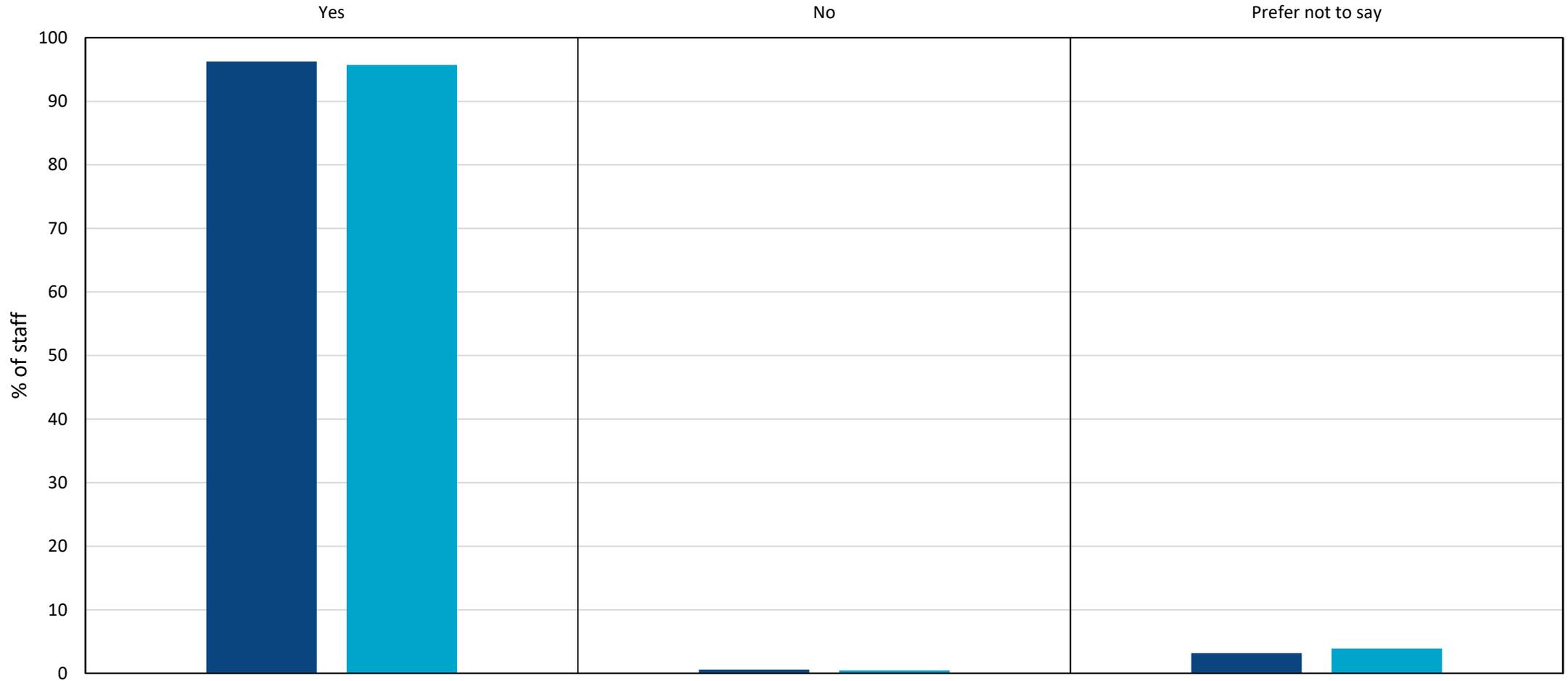
Background details - Which of the following best describes you?



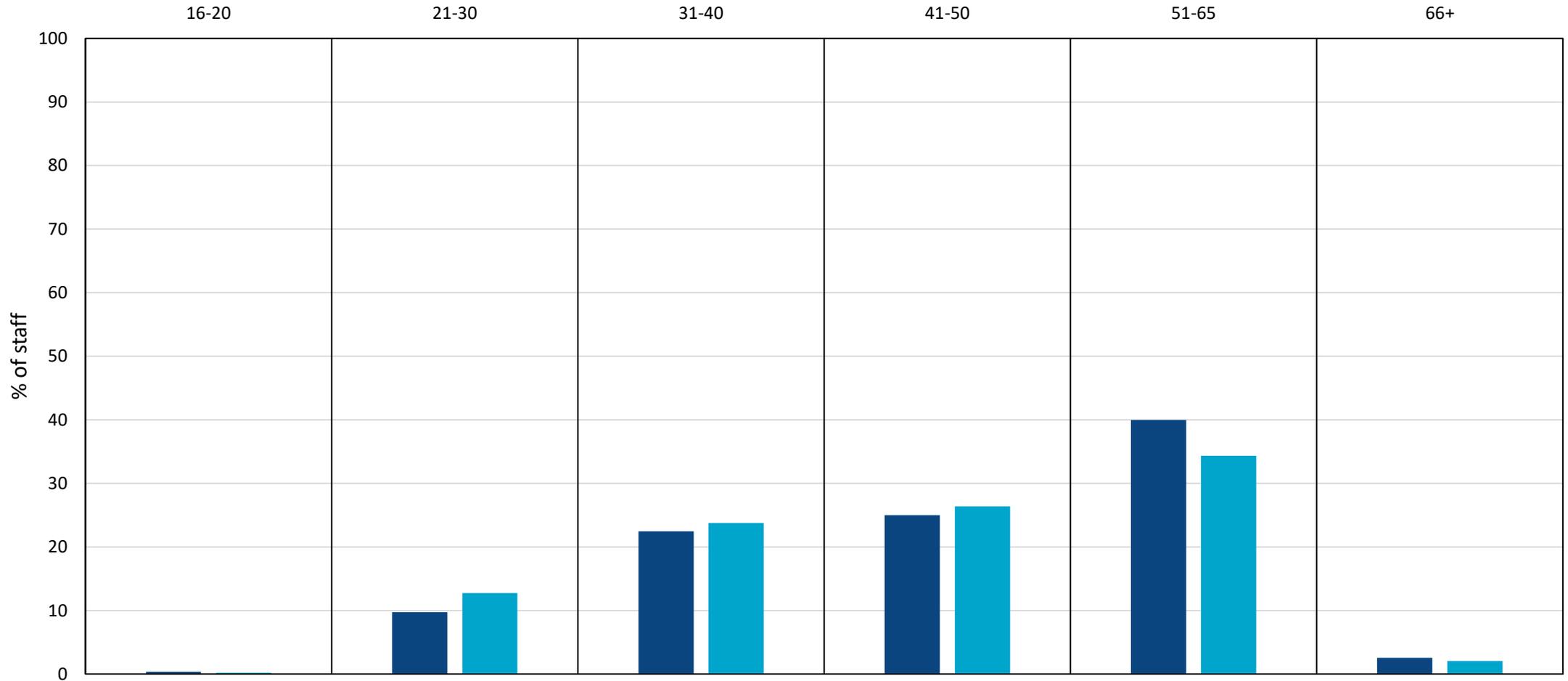
	Female	Male	Non-binary	Prefer to self-describe	Prefer not to say
Your org	80.74%	15.26%	0.34%	0.15%	3.50%
Average	75.87%	19.86%	0.27%	0.13%	3.97%
Responses	2627	2627	2627	2627	2627



Background details - Is your gender identity the same as the sex you were registered at birth?

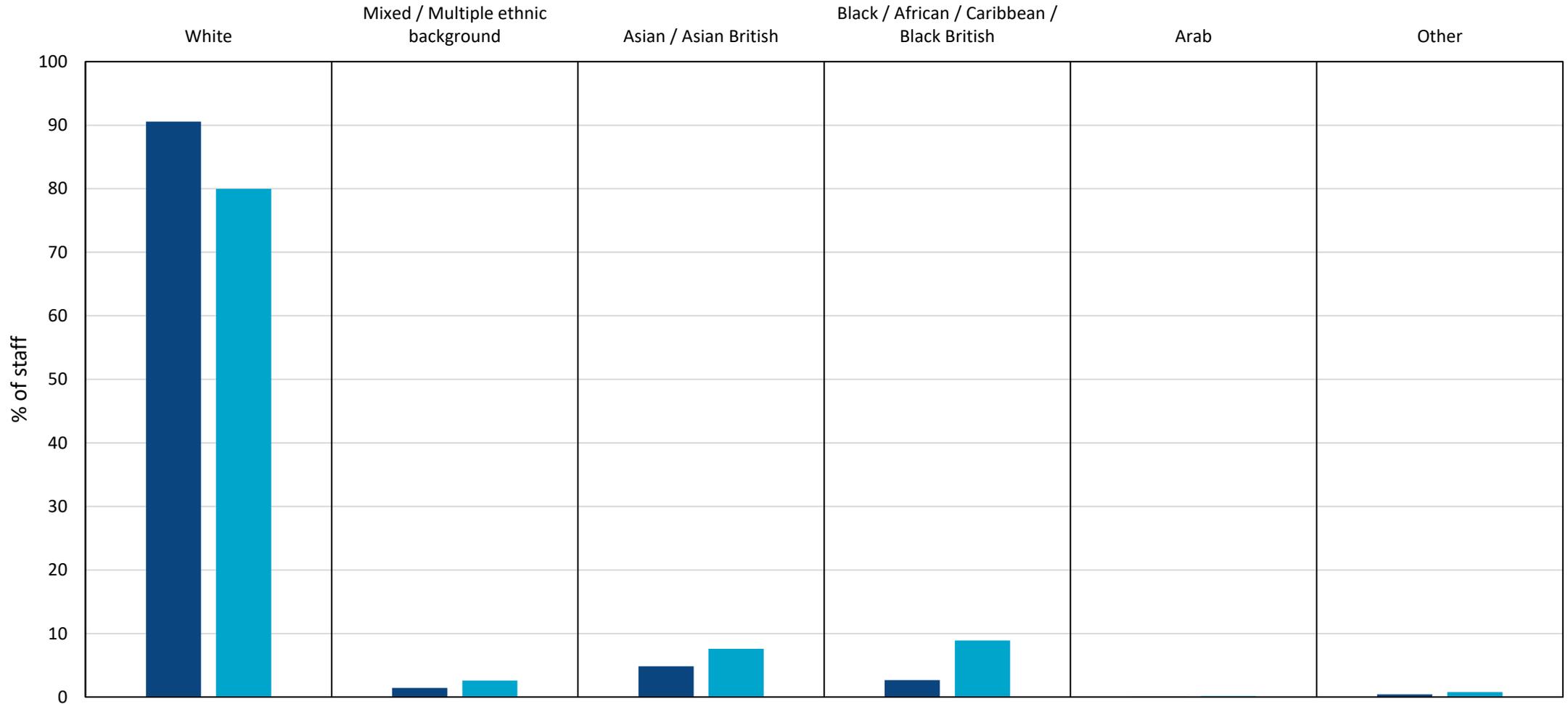


Responses	2468	2468	2468
Your org	96.27%	0.57%	3.16%
Average	95.70%	0.46%	3.91%



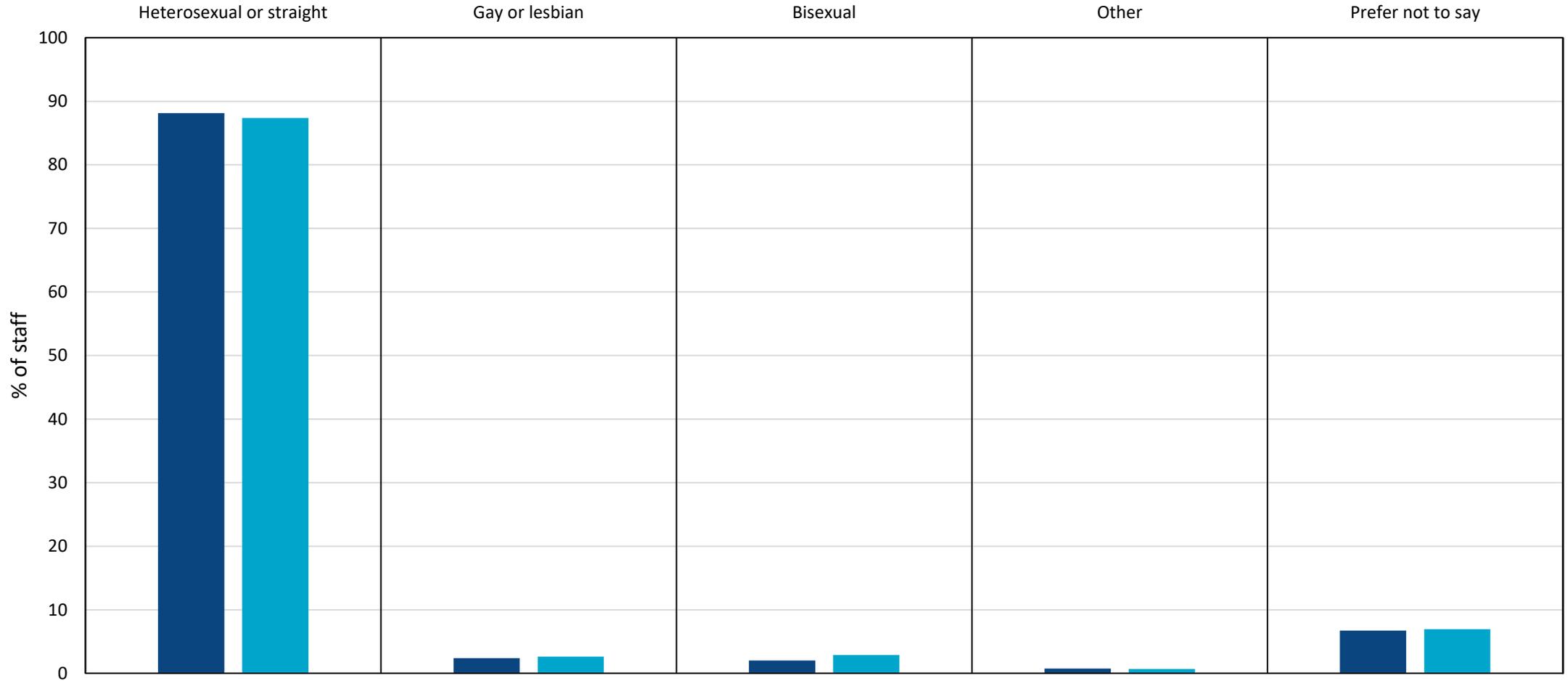
Your org	0.35%	9.74%	22.44%	24.98%	39.95%	2.54%
Average	0.20%	12.74%	23.77%	26.37%	34.34%	2.04%
Responses	2598	2598	2598	2598	2598	2598

Background details - Ethnic group



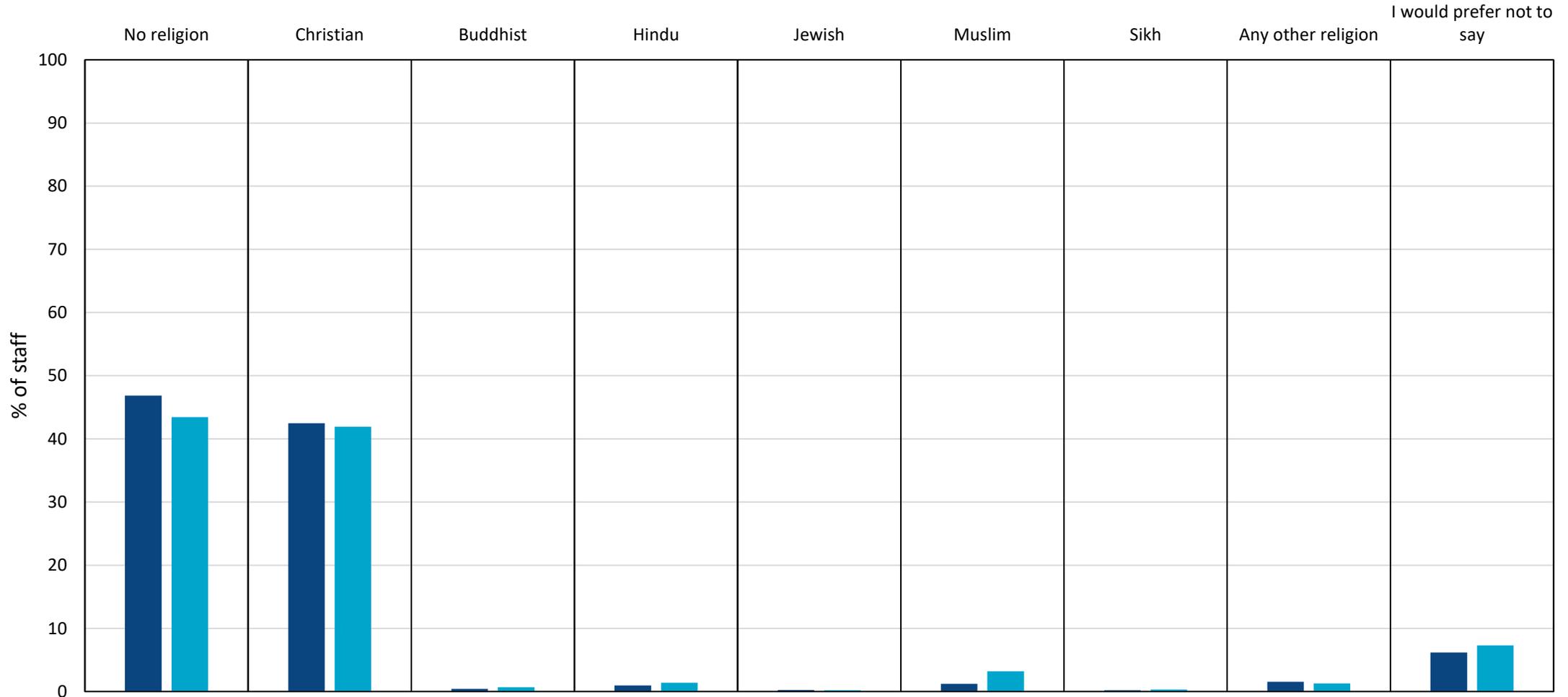
	White	Mixed / Multiple ethnic background	Asian / Asian British	Black / African / Caribbean / Black British	Arab	Other
Your org	90.56%	1.42%	4.83%	2.65%	0.12%	0.42%
Average	79.97%	2.61%	7.60%	8.89%	0.18%	0.77%
Responses	2606	2606	2606	2606	2606	2606

Background details - Sexual orientation



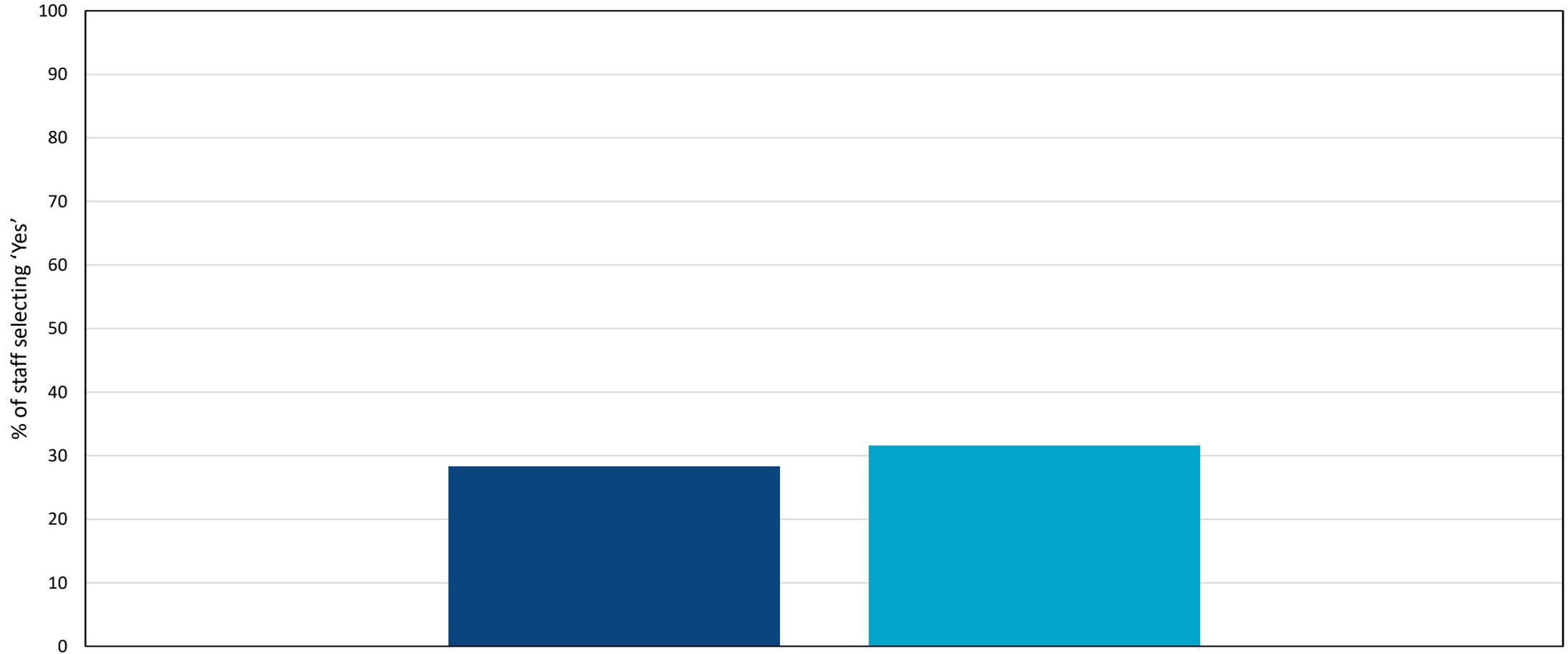
Responses	2624	2624	2624	2624	2624
Your org	88.15%	2.36%	2.02%	0.76%	6.71%
Average	87.38%	2.62%	2.87%	0.66%	6.95%

Background details - Religion or belief



Your org	46.83%	42.45%	0.42%	0.95%	0.23%	1.22%	0.19%	1.53%	6.18%
Average	43.43%	41.93%	0.68%	1.41%	0.21%	3.21%	0.29%	1.28%	7.29%
Responses	2622	2622	2622	2622	2622	2622	2622	2622	2622

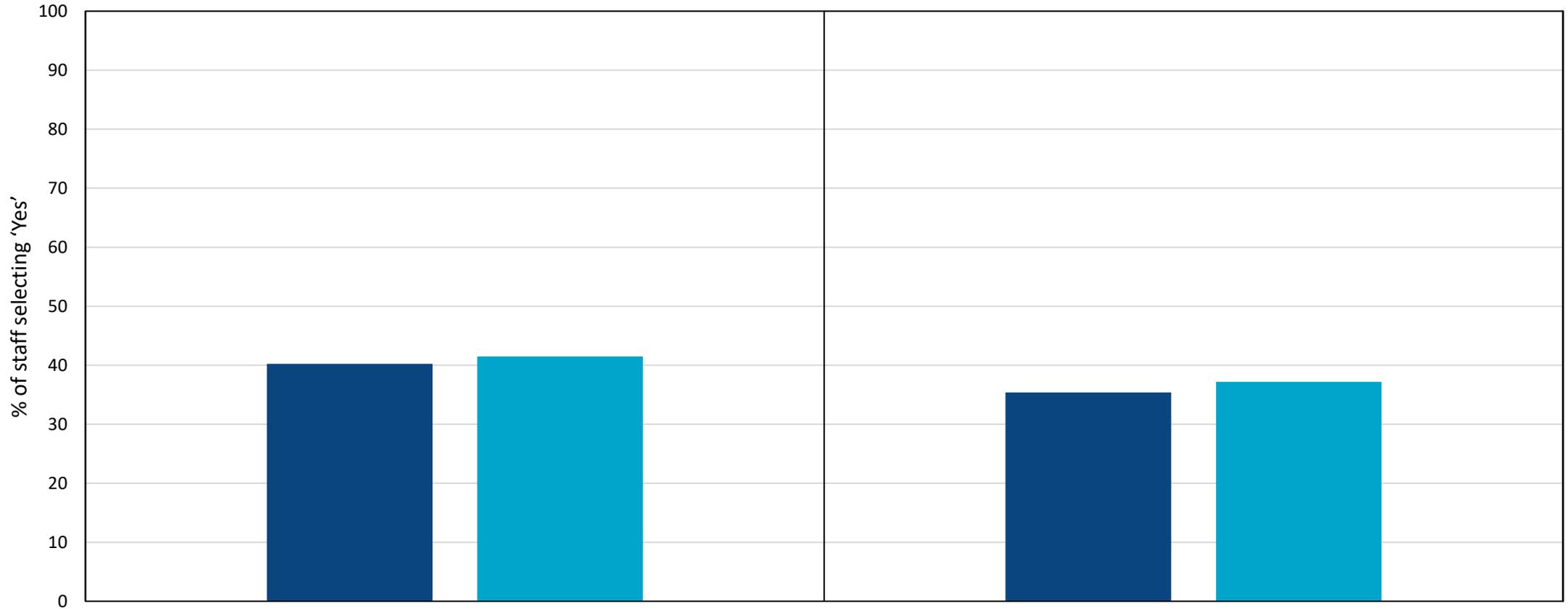
Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?



Your org	28.24%
Average	31.53%
Responses	2603

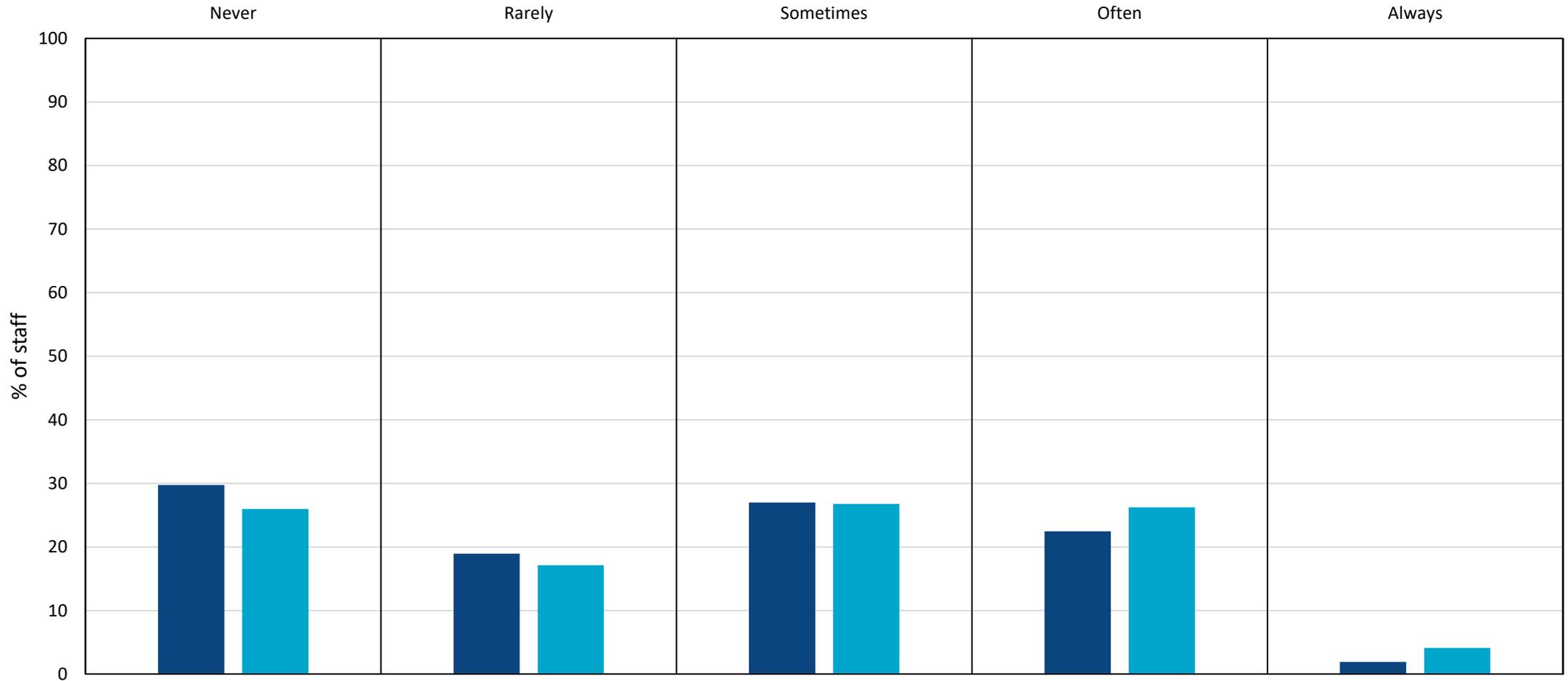
Do you have any children aged from 0 to 17 living at home with you or who you have regular caring responsibility for?

Do you look after or give any help or support to family members, friends, neighbours or others because of either: long term physical or mental ill health / disability, or problems related to old age.



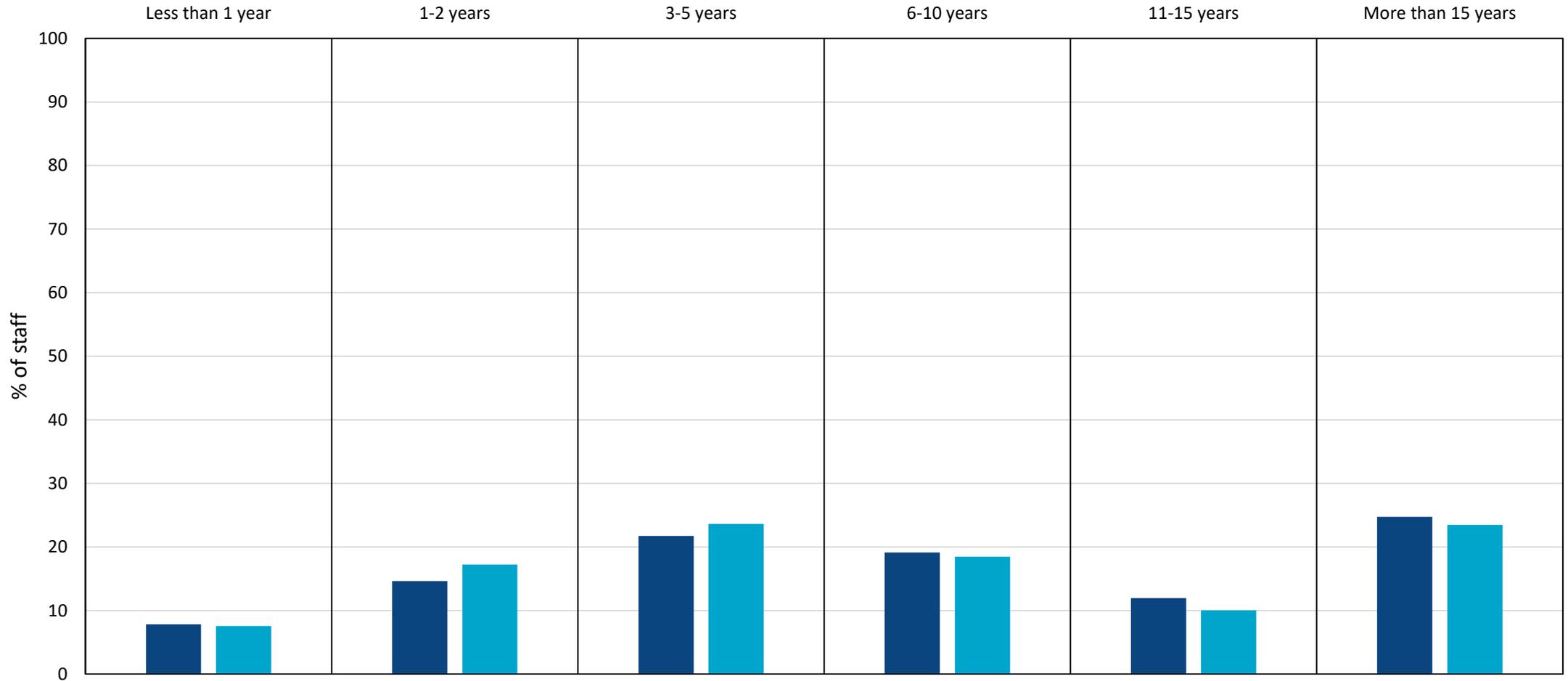
Your org	40.24%	35.41%
Average	41.47%	37.17%
Responses	2597	2615

Background details - How often do you work at/from home?



Responses	Never	Rarely	Sometimes	Often	Always
Your org	29.73%	18.94%	26.98%	22.45%	1.91%
Average	25.98%	17.11%	26.78%	26.24%	4.11%
Responses	2624	2624	2624	2624	2624

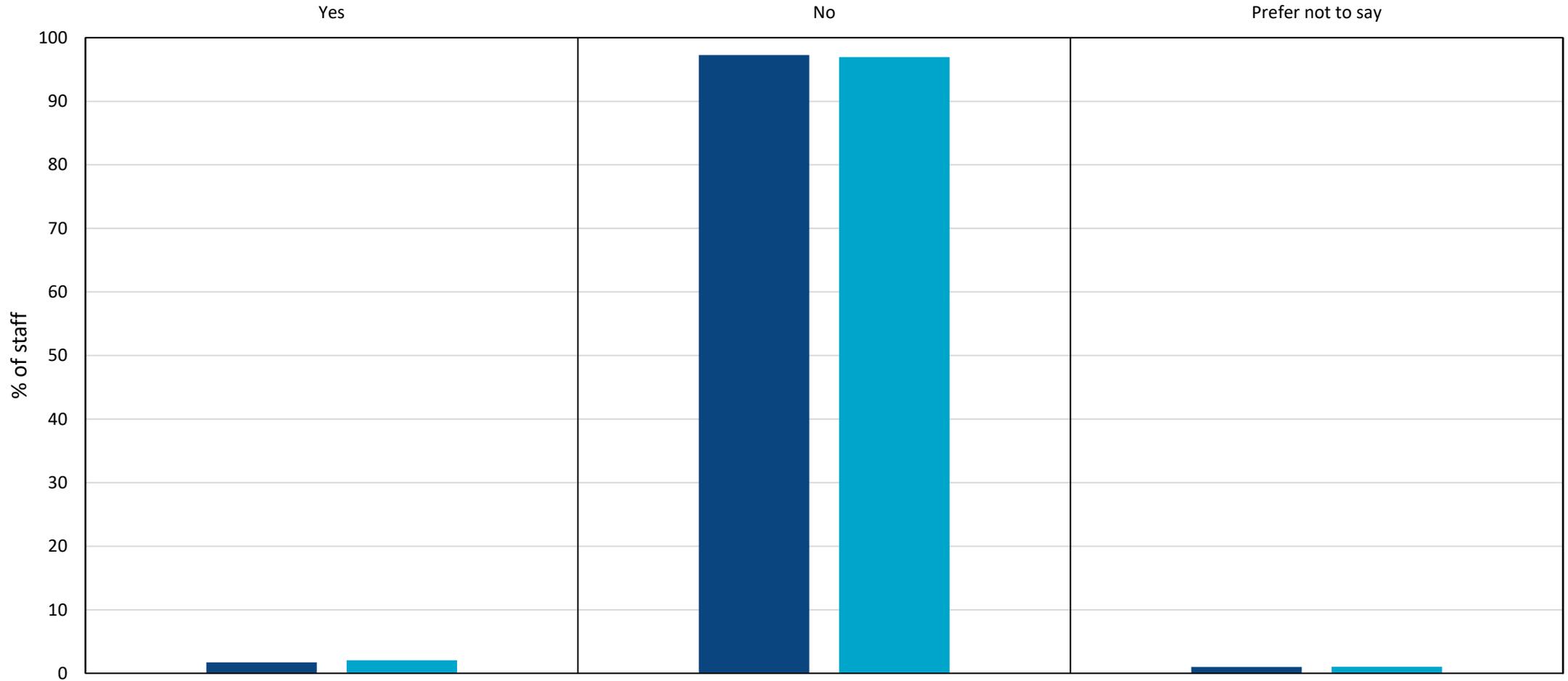
Background details - Length of service



Responses	2619	2619	2619	2619	2619	2619
Your org	7.83%	14.62%	21.73%	19.13%	11.95%	24.74%
Average	7.57%	17.24%	23.62%	18.45%	10.03%	23.49%

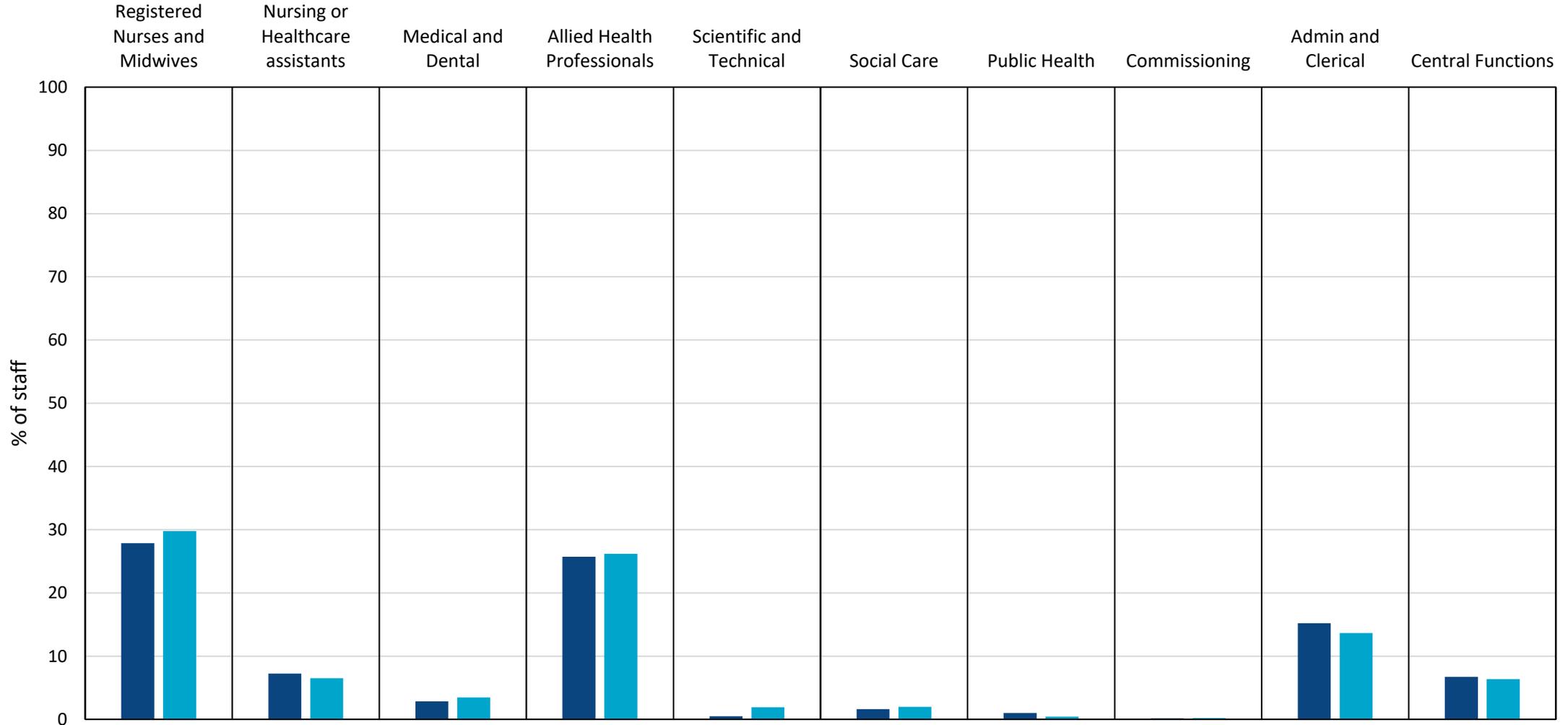


Background details - When you joined this organisation, were you recruited from outside of the UK?



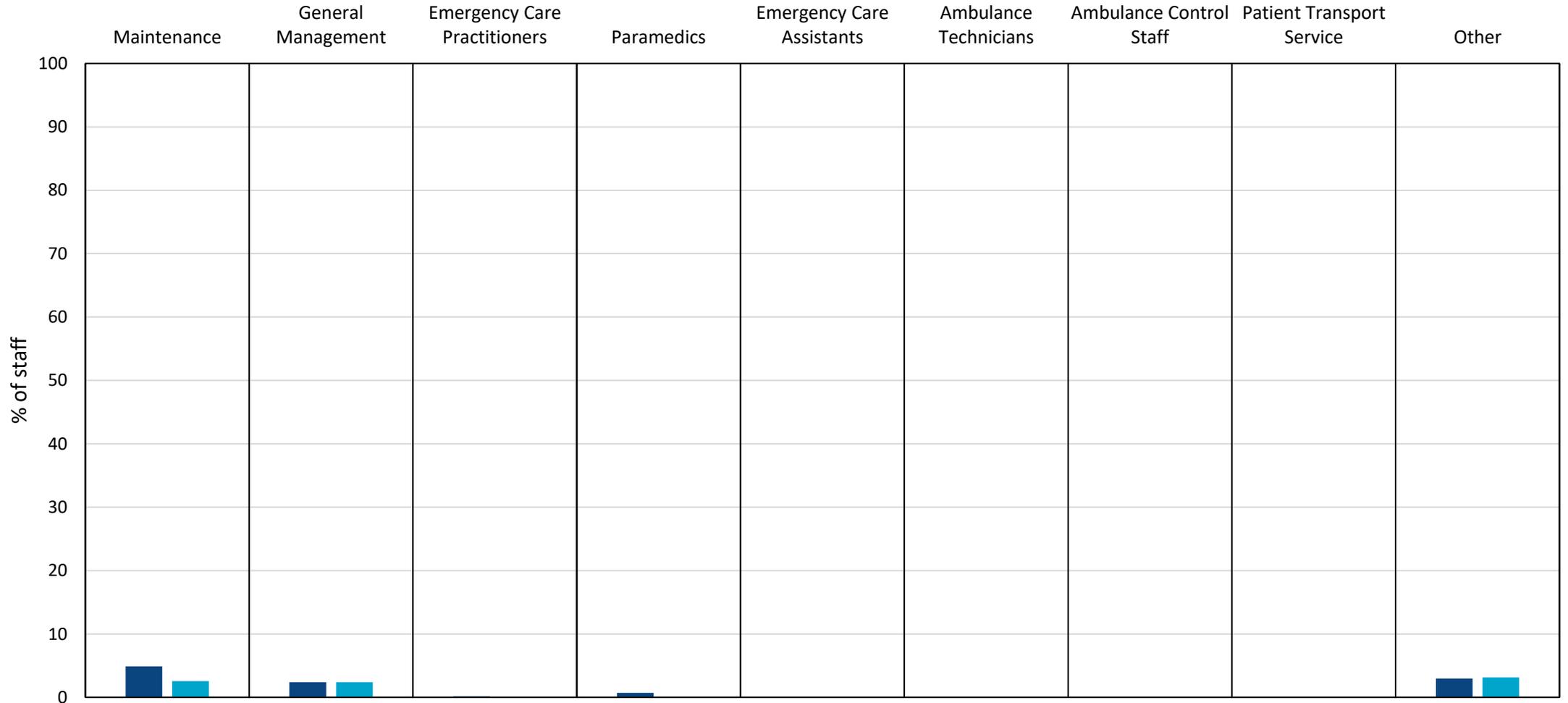
Your org	1.73%	97.29%	0.98%
Average	2.05%	96.93%	1.02%
Responses	2543	2543	2543

Background details - Occupational group



Responses	2591	2591	2591	2591	2591	2591	2591	2591	2591	2591
Your org	27.87%	7.22%	2.86%	25.70%	0.50%	1.62%	1.00%	0.15%	15.21%	6.72%
Average	29.78%	6.52%	3.47%	26.18%	1.91%	1.99%	0.41%	0.20%	13.66%	6.35%

Background details - Occupational group



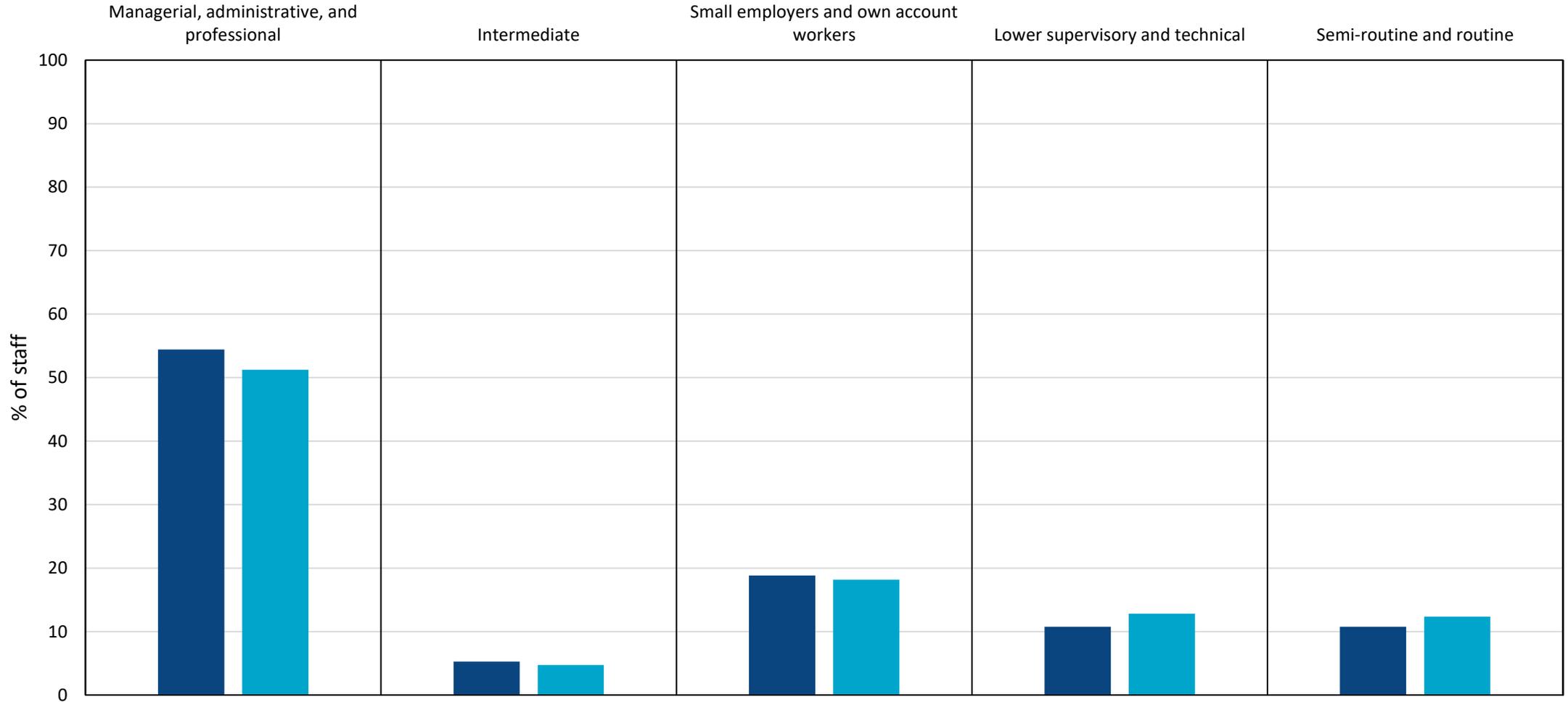
Your org	4.86%	2.39%	0.15%	0.69%	0.00%	0.00%	0.00%	0.08%	2.97%
Average	2.55%	2.39%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.15%
Responses	2591	2591	2591	2591	2591	2591	2591	2591	2591

Socio-economic Background

This section shows information about the socio-economic background of staff and People Promise scores by socio-economic background. These questions are only included in the online questionnaire and were not answered by those responding to the paper questionnaire.

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Socio-economic background: Five classes

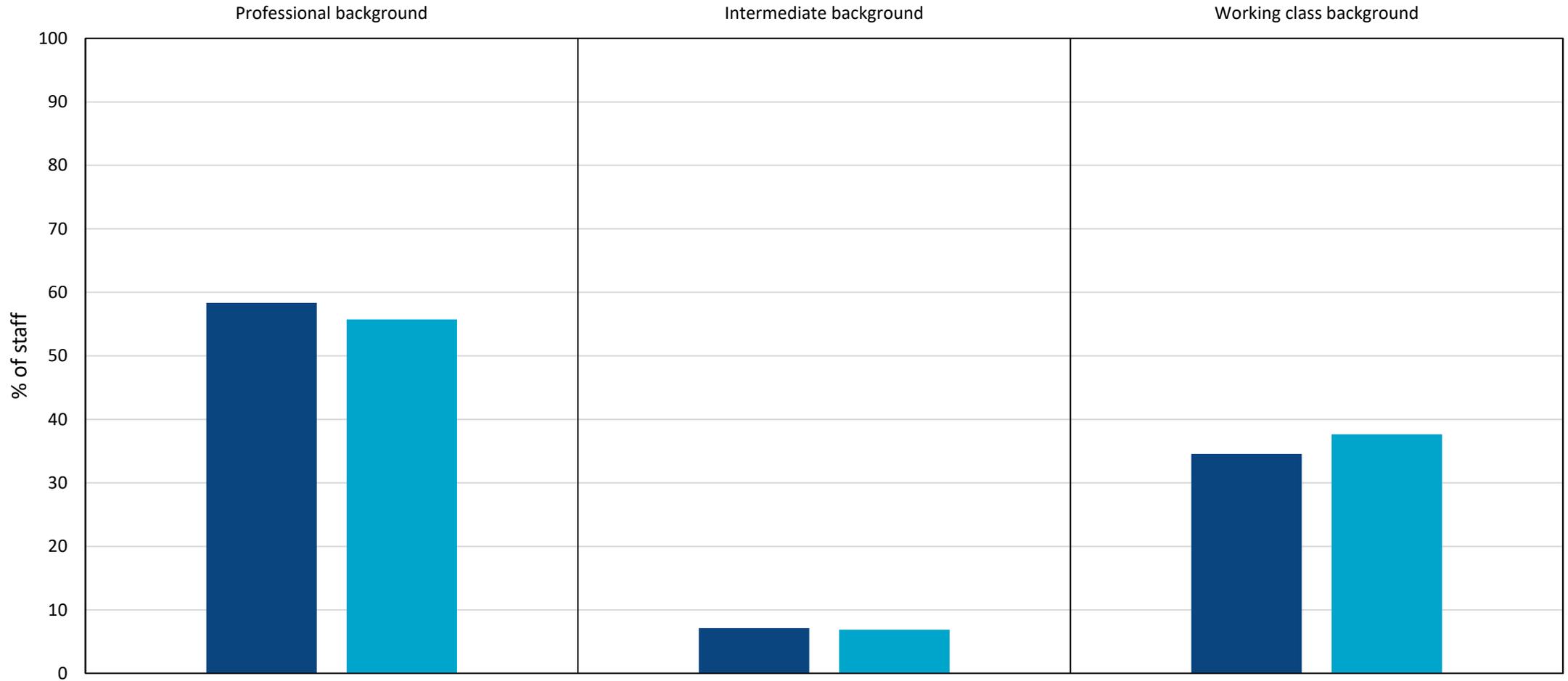


Your org	54.41%	5.26%	18.85%	10.74%	10.74%
Average	51.24%	4.73%	18.19%	12.82%	12.35%
Responses	1406	1406	1406	1406	1406

Please note – These questions are online only.

There was a higher than typical level of non-response to the socio-economic background questions, which resulted in 48.02% of respondents not receiving a Five class score at the national level. For more information about socio-economic background, please see [appendix D](#).

Socio-economic background: Three classes



	1939	1939	1939
Your org	58.33%	7.12%	34.55%
Average Responses	55.73%	6.86%	37.66%

Please note – These questions are online only.

There was a higher than typical level of non-response to the socio-economic background questions, which resulted in 28.32% of respondents not receiving a Three class score at the national level. For more information about socio-economic background, please see [appendix D](#).



Socio-economic background: People Promise elements and themes

People Promise elements and themes in your organisation by socio-economic background (Five class)	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff engagement	Morale
1 Managerial, administrative and professional	7.85	6.60	7.01	6.46	6.07	7.06	7.30	7.19	6.33
2 Intermediate	7.66	6.51	7.08	6.44	5.91	6.98	7.10	7.05	6.20
3 Small employers and own account workers	7.85	6.57	7.04	6.49	6.14	7.05	7.25	7.32	6.46
4 Lower supervisory and technical	8.08	6.75	7.22	6.75	6.08	7.12	7.49	7.46	6.68
5 Semi-routine and routine	7.98	6.82	7.18	6.81	6.26	7.26	7.45	7.38	6.78

People Promise elements and themes in your organisation by socio-economic background (Three class)	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff engagement	Morale
1 Professional	7.84	6.54	6.97	6.45	6.03	7.03	7.26	7.18	6.30
2 Intermediate	7.64	6.44	6.91	6.51	5.84	6.79	7.12	7.05	6.32
3 Working class	7.92	6.64	7.11	6.70	6.10	7.12	7.35	7.32	6.61

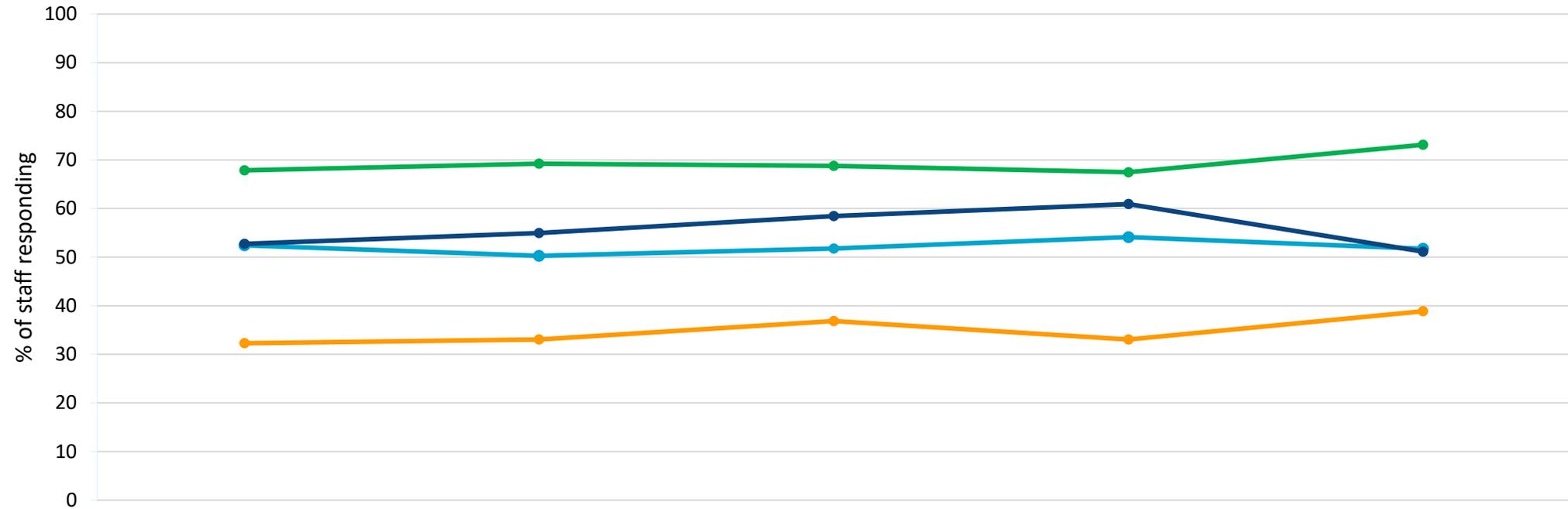
Please note – These questions are online only.

There was a higher than typical level of non-response to the socio-economic background questions. For more information about interpreting socio-economic background data, please see [appendix D](#).

Appendices

Appendix A: Response rate

Response rate



	2021	2022	2023	2024	2025
Your org	52.71%	54.94%	58.45%	60.91%	51.12%
Highest	67.86%	69.24%	68.76%	67.46%	73.12%
Average	52.40%	50.26%	51.76%	54.12%	51.72%
Lowest	32.27%	33.04%	36.86%	33.03%	38.85%
Responses	2367	2492	2808	3029	2643

Appendix B: Significance testing 2024 vs 2025

Appendix B: Significance testing – 2024 vs 2025

Statistical significance helps quantify whether a result is likely due to chance or to some factor of interest. The table below presents the results of significance testing conducted on the theme scores calculated in both 2024 and 2025*. For more details, please see the [Technical Guide](#).

People Promise elements	2024 score	2024 respondents	2025 score	2025 respondents	Statistically significant change?
We are compassionate and inclusive	7.75	3024	7.73	2637	Not significant
We are recognised and rewarded	6.48	3021	6.45	2640	Not significant
We each have a voice that counts	7.00	2991	6.92	2606	Significantly lower
We are safe and healthy	6.49	3004	6.49	2616	Not significant
We are always learning	6.05	2925	5.96	2563	Not significant
We work flexibly	6.83	3003	6.88	2626	Not significant
We are a team	7.21	3024	7.18	2632	Not significant
Themes					
Staff Engagement	7.18	3024	7.12	2639	Not significant
Morale	6.34	3024	6.34	2638	Not significant

* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

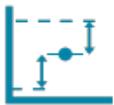
Appendix C: Tips on using your benchmark report

The following pages include tips on how to read, interpret and use the data in this report. The **suggestions are aimed at users who would like some guidance on how to understand the data** in this report. These suggestions are by no means the only way to analyse or use the data but have been included to aid users.

Key points to note



The seven People Promise elements, the two themes and the sub-scores that feed into them cover key areas of staff experience and present results in these areas in a clear and consistent way. The People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher result is more positive than a lower result. These results are created by scoring questions linked to these areas of experience and grouping these results together. Details of how the results are calculated can be found in the Technical Guide available on the [Staff Survey website](#).



A key feature of the reports is that they **provide organisations with up to five years of trend data**. Trend data provides a much more reliable indication of whether the most recent results represent a change from the norm for an organisation than comparing the most recent results only to those from the previous year. Taking a longer-term view will help organisations to identify trends over several years that may have been missed when comparisons are drawn solely between the current and previous year.



People Promise elements, themes and sub-scores are benchmarked so that organisations can make comparisons to their peers on specific areas of staff experience. Question results provide organisations with more granular data that will help them to identify particular areas of concern. The trend data are benchmarked so that organisations can identify how results on each question have changed for themselves and their peers over time by looking at a single chart.

When analysing People Promise element and theme results, it is easiest to start with the **overview** page to quickly identify areas of interest which can then be compared to the best, average, and worst result in the benchmarking group.

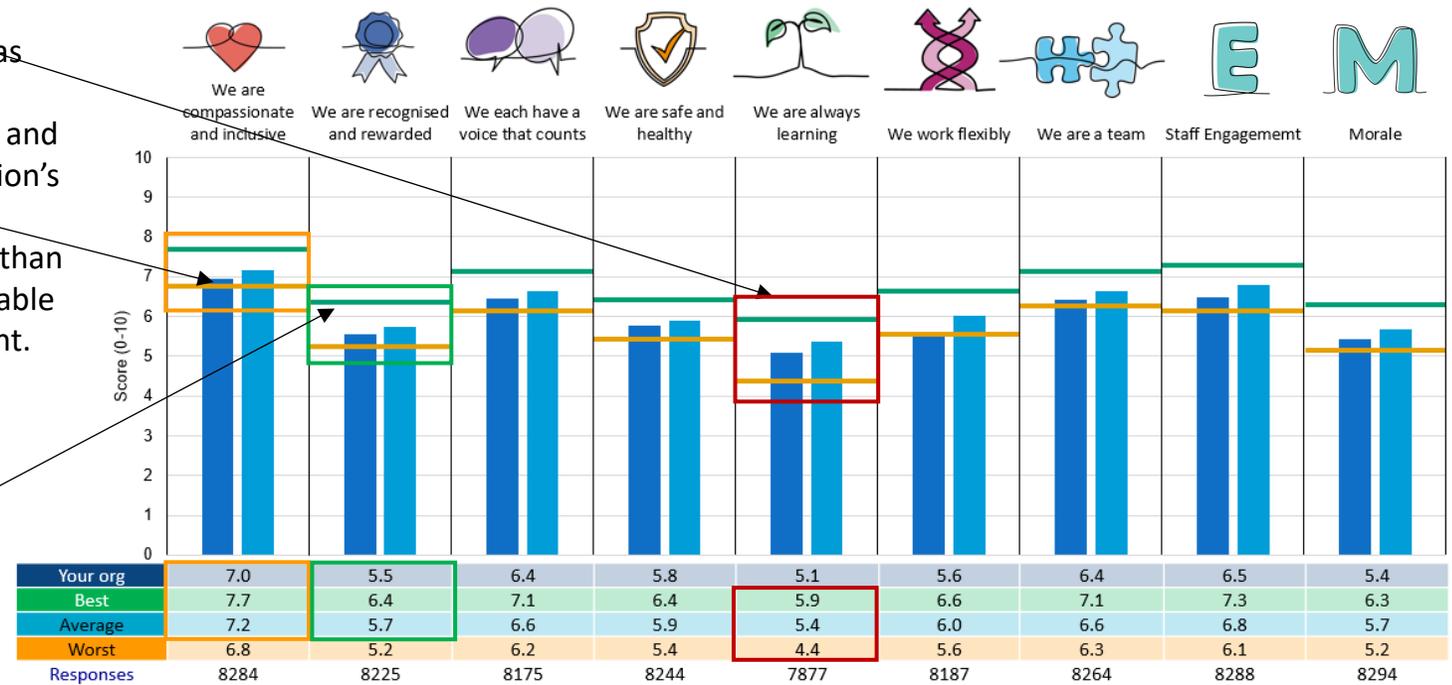
It is important to **consider each result within the range of its benchmarking group 'Best result' and 'Worst result'**, rather than comparing People Promise element and theme results to one another. Comparing organisation results to the benchmarking group average is another point of reference.

Areas to improve

- By checking where, the 'Your org' column/value is lower than the benchmarking group 'Average result' you can quickly identify areas for improvement.
- It is worth looking at the difference between the 'Your org' result and the benchmarking group 'Worst result'. The closer your organisation's result is to the worst result, the more concerning the result.
- Results where your organisation's result is only marginally better than the 'Average result', but still lags behind the 'Best result' by a notable margin, could also be considered as areas for further improvement.

Positive outcomes

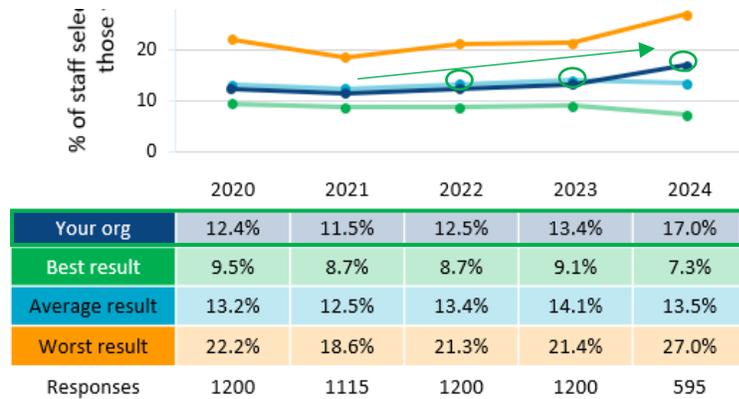
- Similarly, using the overview page it is easy to identify People Promise elements and themes which show a positive outcome for your organisation, where 'Your org' results are distinctly higher than the benchmarking group 'Average result'.
- Positive stories to report could be ones where your organisation approaches or matches the benchmarking group's 'Best result'.



Only one example is highlighted for each point

Review trend data

Trend data can be used to identify measures which have been consistently improving for your organisation (i.e. showing an upward trend) over the past years and ones which have been declining over time. These charts can help establish if there is genuine change in the results (if the results are consistently improving or declining over time), or whether a change between years is just a minor year-on-year fluctuation.

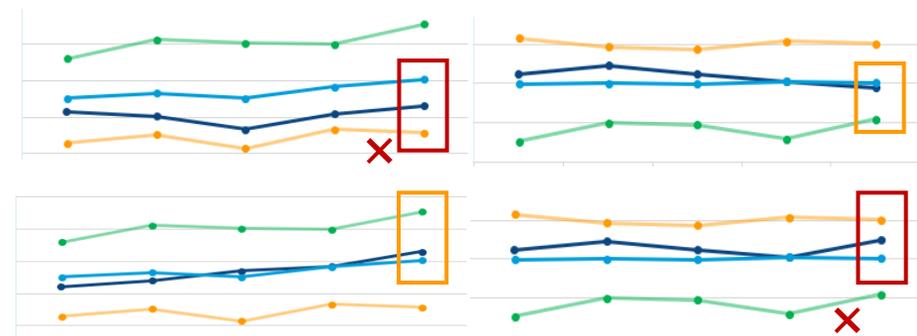


Benchmarked trend data also allows you to review local changes and benchmark comparisons at the same time, allowing for various types of questions to be considered: e.g. how have the results for my organisation changed over time? Is my organisation improving faster than our peers?

Review the sub-scores and questions feeding into the People Promise elements and themes

In order to understand exactly which factors are driving your organisation’s People Promise element and theme results, you should review the sub-scores and questions feeding into these results. The **sub-score results** and the ‘**Question results**’ section contain the sub-scores and questions contributing to each People Promise element and theme, grouped together. By comparing ‘Your org’ results to the benchmarking group ‘Average’, ‘Best’ and ‘Worst’ results for each question, the **questions which are driving your organisation’s People Promise element and theme results can be identified**.

For areas of experience where results need improvement, action plans can be formulated to **focus on the questions where the organisation’s results fall between the benchmarking group average and worst results**. Remember to keep an eye out for questions where a lower percentage is a better outcome – such as questions on violence or harassment, bullying and abuse.



✗ = Negative driver, org result falls between average and worst benchmarking group result for question

This benchmark report displays results for all questions in the questionnaire, including benchmarked trend data wherever available. While this a key feature of the report, at first glance the amount of information contained on more than 140 pages might appear daunting. The below suggestions aim to provide some guidance on how to get started with navigating through this set of data.

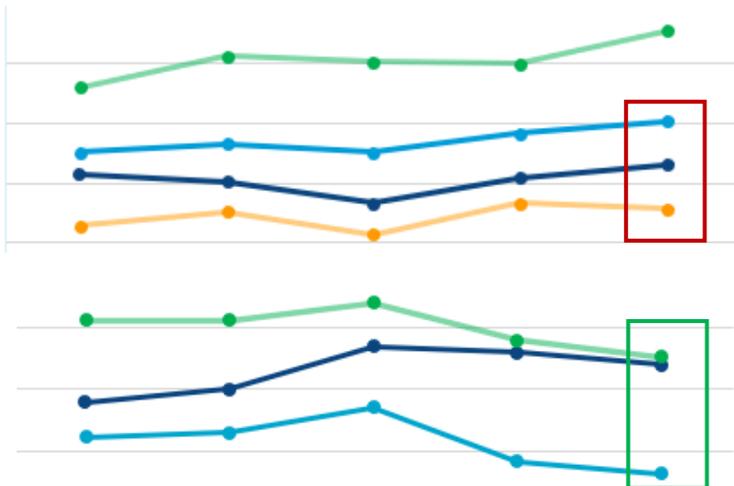
Identifying questions of interest

➤ Pre-defined questions of interest – key questions for your organisation

Most organisations will have questions which have traditionally been a focus for them - questions which have been targeted with internal policies or programmes, or whose results are of heightened importance due to organisation values or because they are considered a proxy for key issues. Outcomes for these questions can be assessed on the backdrop of benchmark and historical trend data.

➤ Identifying questions of interest based on the results in this report

The methods recommended to review your People Promise and theme results can also be applied to pick out question level results of interest. However, **unlike People Promise elements, themes and sub-scores where a higher result always indicates a better result, it is important to keep an eye out for questions where a lower percentage relates to a better outcome** (see details on the 'Using the report' page in the 'Introduction' section).



- **To identify areas of concern:** look for questions where the organisation value falls between the benchmarking group average and the worst result, particularly questions where your organisation result is very close to the worst result. Review changes in the trend data to establish if there has been a decline or stagnation in results across multiple years but consider the context of how the organisation has performed in comparison to its benchmarking group over this period. A positive trend for a question that is still below the average result can be seen as good progress to build on further in the future.
- **When looking for positive outcomes:** search for results where your organisation is closest to the benchmarking group best result (but remember to consider results for previous years), or ones where there is a clear trend of continued improvement over multiple years.

Appendix D: Socio-economic background

Starting in 2025, the online NHS Staff Survey includes questions on staff members' socio-economic background. The questionnaire included questions (Q33-37) from the [Socio-economic background harmonised standard](#) from the Government Statistical Service (GSS) Harmonisation Team.

What is socio-economic background?

The [Socio-economic background harmonised standard](#) uses the [Social Mobility Commission's definition](#) of socio-economic background, which is:

"[...] the particular set of social and economic circumstances that an individual has come from. It permits objective discussion of the influence of these circumstances on individuals' educational and career trajectories; and it can be objectively measured by capturing information on parental occupation and level of education."

Measuring socio-economic background

The NHS Staff Survey used the self-coded question set designed to place respondents into five classes, the [Five Class System of National Statistics Socio-economic Classification \(NS-SEC\)](#). During quality assurance processes, analysts at the Survey Coordination Centre (SCC) identified a high rate of non-response or non-substantive responses, resulting in 48.02% of respondents from across the country not being allocated a score with the Five Class System. This includes 4.85% that said their parents/guardians were not employed. Using an alternative Three Class System (that is derived only using Q37 - *When you were aged about 14, what was the occupation of the main or highest income earner?*) reduced the proportion without a score to 28.32%.

SCC also found the rate of responses not resulting in a score varied between demographic groups. This occurs with both the Five and Three Class Systems, though to lesser extent for the Three Class System. Groups less likely to produce a score include:

- People from **Mixed / multiple, Asian / Asian British, Black / African / Caribbean / Black British, Arab** or **Other** ethnic backgrounds (as compared to people from **White** backgrounds)
- **Younger people** (particularly those aged 16-30)
- People **recruited from abroad**

National results are shown in more detail on the following page.

Comparison of Three and Five Class approaches

The following tables show the proportion of respondents that are excluded from scoring using the Five and Three Class Systems using national data.

	Total
Five Class (No Score)	48.02%
Three Class (No Score)	28.32%

Ethnic background / group	White	Mixed / multiple ethnic background	Asian / Asian British	Black / African / Caribbean / Black British	Arab	Other
Five Class (No Score)	43.10%	52.19%	61.15%	57.92%	52.65%	63.00%
Three Class (No Score)	22.27%	33.96%	44.78%	39.38%	31.19%	48.15%

Age	16-20	21-30	31-40	41-50	51-65	66+
Five Class (No Score)	59.53%	50.72%	49.32%	46.39%	45.51%	49.12%
Three Class (No Score)	36.00%	29.37%	29.11%	27.12%	26.44%	29.81%

Recruited from aboard	Yes	No
Five Class (No Score)	59.67%	46.42%
Three Class (No Score)	42.17%	26.36%

Appendix E: Additional reporting outputs

Below are links to other key reporting outputs that complement this report. A full list and more detailed explanation of the reporting outputs is included in the Technical Guide.

Supporting documents



[Guide to Understanding and Using Results](#): Provides a brief overview of the NHS Staff Survey data and details on what is contained in each of the reporting outputs.



[Technical Guide](#): Contains technical details about the NHS Staff Survey data, including data cleaning, weighting, benchmarking, People Promise, historical comparability of organisations and questions in the survey.

Other reporting outputs



[Online Dashboards](#): Interactive dashboards containing results for all trusts nationally, each participating organisation (local), and for each region and ICS. Results are shown with trend data for up to five years where possible and show the full breakdown of response options for each question.



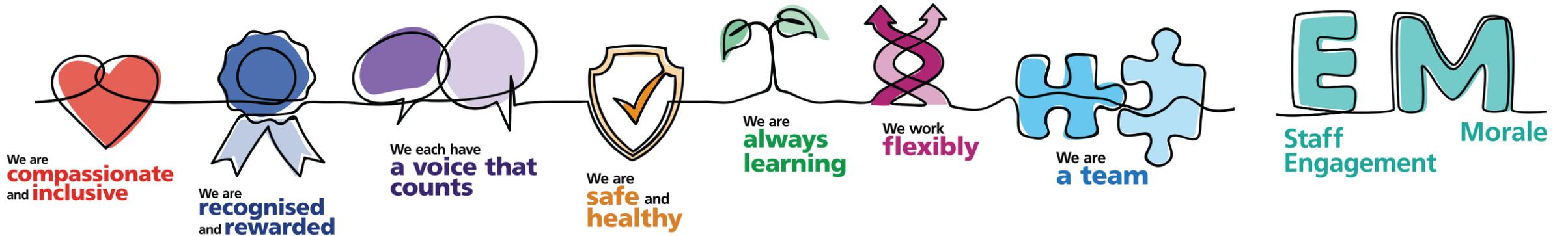
[Breakdown reports](#): Reports containing People Promise and theme results split by breakdown (locality) for Gloucestershire Health and Care NHS Foundation Trust.



[National Briefing Document](#): Report containing the national results for the People Promise elements, themes and sub-scores. Results are shown with trend data for up to five years where possible.



[Detailed spreadsheets](#) Contain detailed weighted results for all participating organisations, all trusts nationally, and for each region and ICS.



Gloucestershire Health and Care NHS Foundation Trust

2025 NHS Staff Survey

Breakdown report

Introduction	5
People Promise element and Theme results – Breakdowns 1	6
Adult Comm Mgmt & Admin	7
Adult Comm Physical Health	8
Adult Community LD	9
Adult Community Mental Health	10
CW Leadership	11
CW Specialist Services	12
CYPS Management & Admin	13
CYPS Mental Health	14
CYPS Physical Health	15
Corporate Governance	16
Dental Services	17
Finance	18
Finance - BI	19
Finance - Digital Services	20
Finance - Estates & Facilities	21
Human Resources	22
IUCS	23
Improvement & Partnership	24
MH Urgent Care & IP	25
Medical and R & D	26
Nursing, Therapies & Quality	27
Operational Management	28
PH Urgent Care & IP	29
Sexual Health Services	30

<u>Specialist Mental Health Services</u>	31
<u>Therapies & Spec Equip</u>	32

<u>Add Prof Scientific and Technic</u>	34
<u>Additional Clinical Services</u>	35
<u>Administrative and Clerical</u>	36
<u>Allied Health Professionals</u>	37
<u>Estates and Ancillary</u>	38
<u>Medical and Dental</u>	39
<u>Nursing and Midwifery Registered</u>	40

This breakdown report for Gloucestershire Health and Care NHS Foundation Trust contains results by breakdown area for the People Promise element and theme results from the 2025 NHS Staff Survey. These results are compared to the unweighted average for your organisation.

Please note: It is possible that there are differences between the ‘Your org’ scores reported in this breakdown report and those in the benchmark report. This is because the results in the benchmark report are weighted to allow for fair comparisons between organisations of a similar type. However, in this report comparisons are made within your organisation, so the unweighted organisation result is a more appropriate point of comparison.

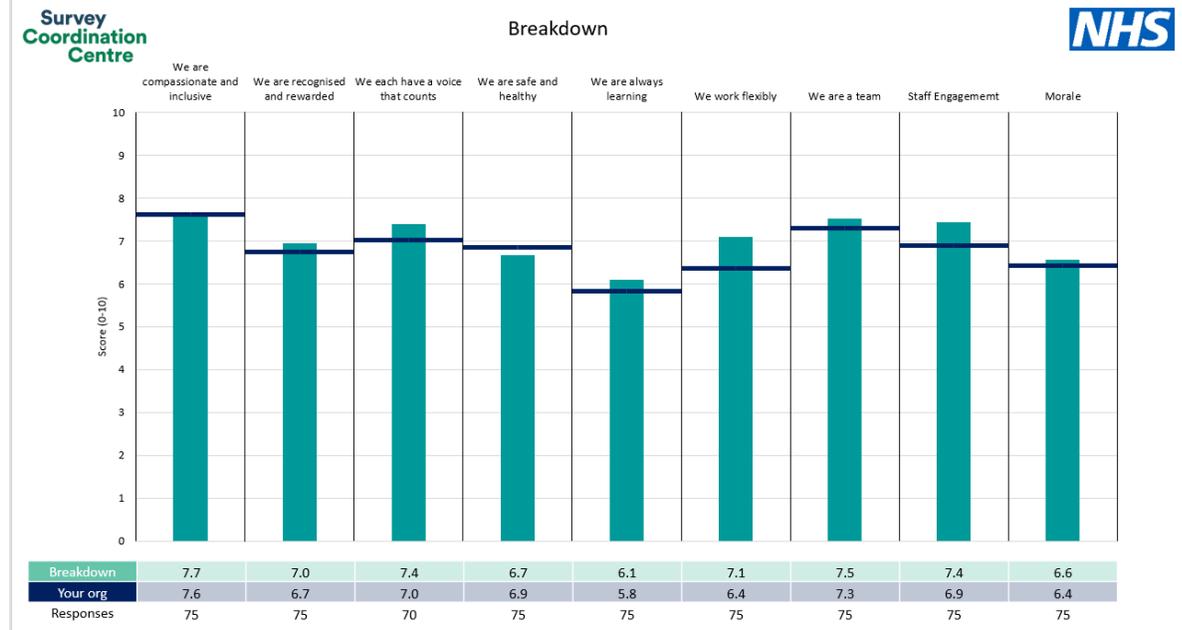
The breakdowns used in this report were provided and defined by Gloucestershire Health and Care NHS Foundation Trust. Details of how the People Promise element and theme scores were calculated are included in the Technical Guide, available to download from the [Staff Survey website](#).

Key features

Breakdown type and **breakdown name** are specified in the header.

Breakdown results are presented in the context of the (unweighted) **organisation average (‘Your org’)**, so it is easy to tell if a breakdown area is performing better or worse than the organisation average. For all People Promise element and theme results, a higher score is a better result than a lower score.

The **number of responses** feeding into each measure and sub-scores for the **given breakdown** are specified below the table containing the breakdown and trust scores.



! Note: When there are fewer than 10 responses in a group, results are suppressed to protect staff confidentiality. For some organisations this could mean that all breakdown results are suppressed.

Breakdowns 1

Gloucestershire Health and Care NHS Foundation Trust
2025 NHS Staff Survey



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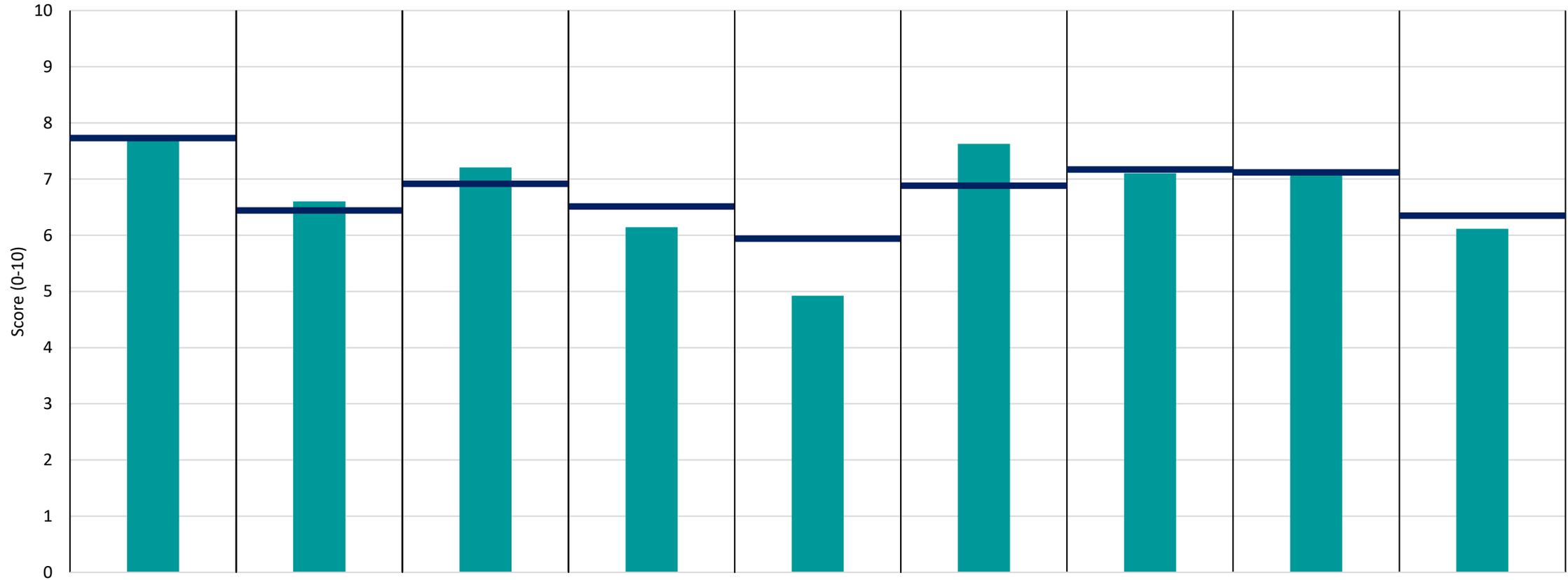
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Breakdown	7.71	6.60	7.21	6.14	4.92	7.63	7.10	7.13	6.11
Your org	7.73	6.44	6.92	6.51	5.94	6.88	7.17	7.12	6.35
Responses	23	23	23	23	23	23	23	23	23



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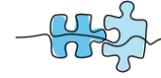
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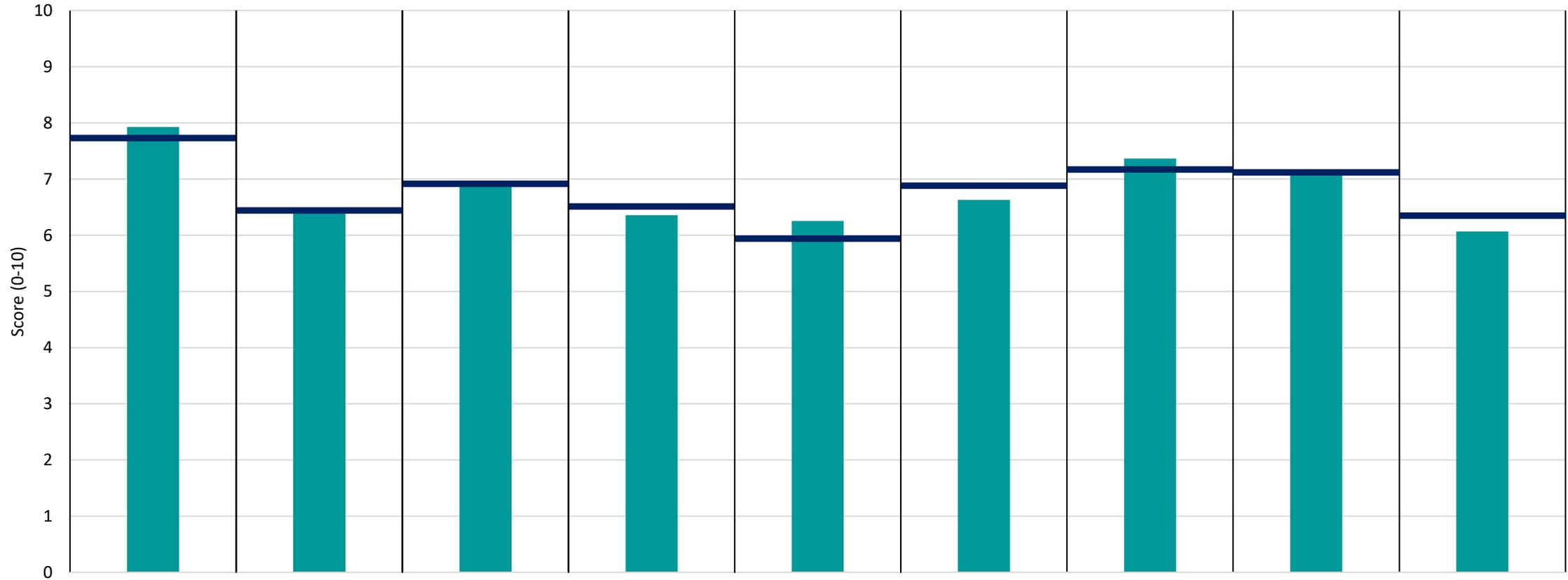
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Staff Engagement



Morale



Breakdown	7.93	6.46	6.91	6.36	6.25	6.63	7.37	7.16	6.07
Your org	7.73	6.44	6.92	6.51	5.94	6.88	7.17	7.12	6.35
Responses	247	247	245	243	244	247	246	247	247



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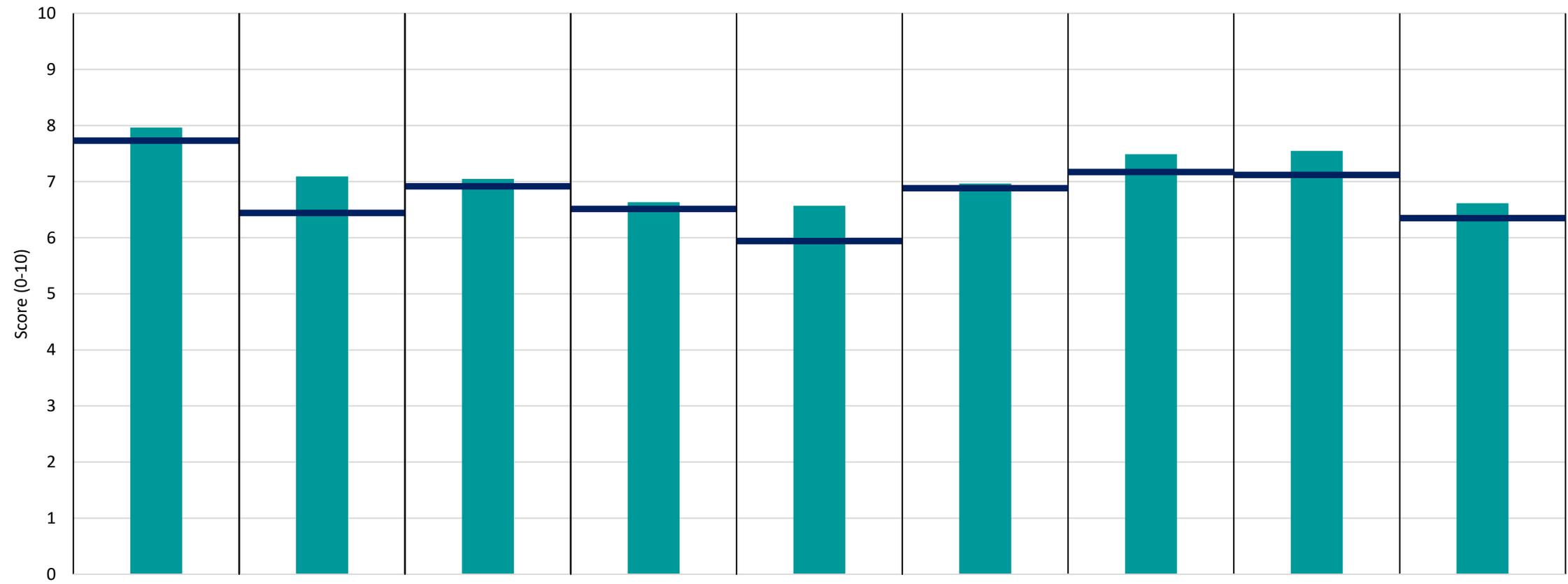
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Breakdown	7.96	7.09	7.05	6.64	6.57	6.97	7.49	7.55	6.61
Your org	7.73	6.44	6.92	6.51	5.94	6.88	7.17	7.12	6.35
Responses	37	37	37	37	36	36	37	37	37



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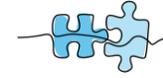
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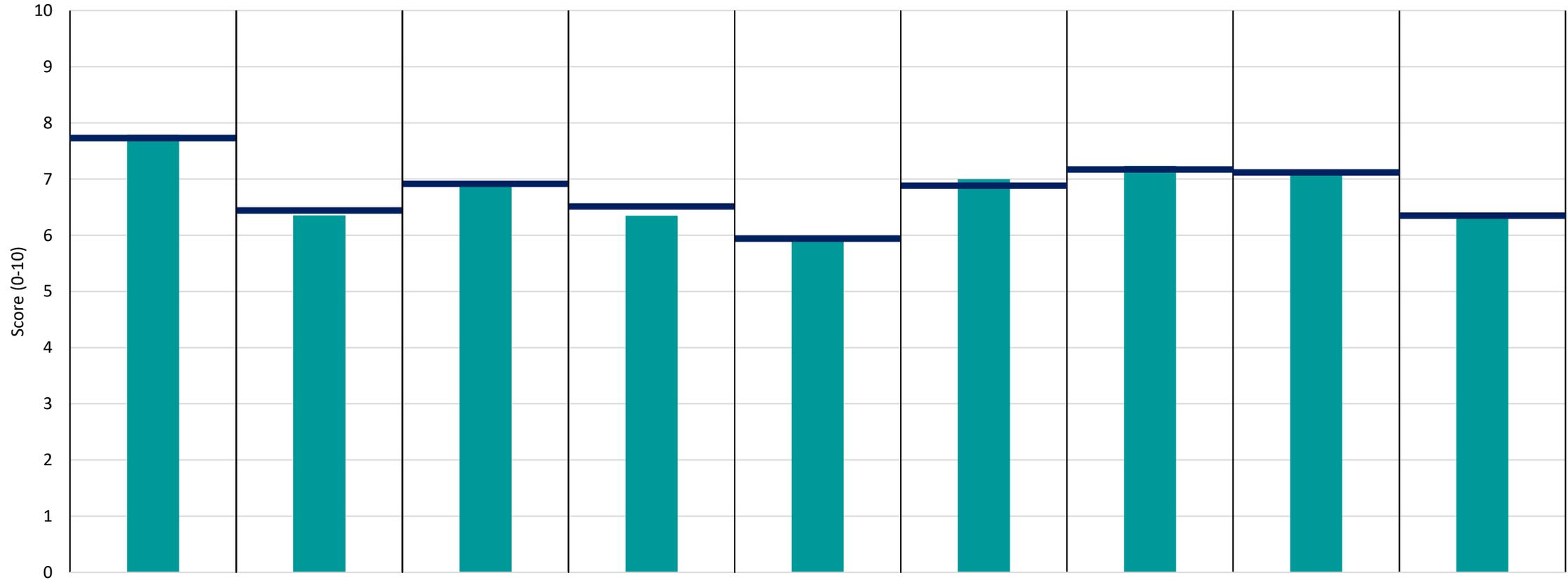
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Breakdown	7.79	6.35	6.92	6.35	5.98	7.00	7.23	7.17	6.37
Your org	7.73	6.44	6.92	6.51	5.94	6.88	7.17	7.12	6.35
Responses	157	157	155	157	154	157	157	157	157



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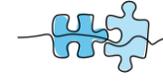
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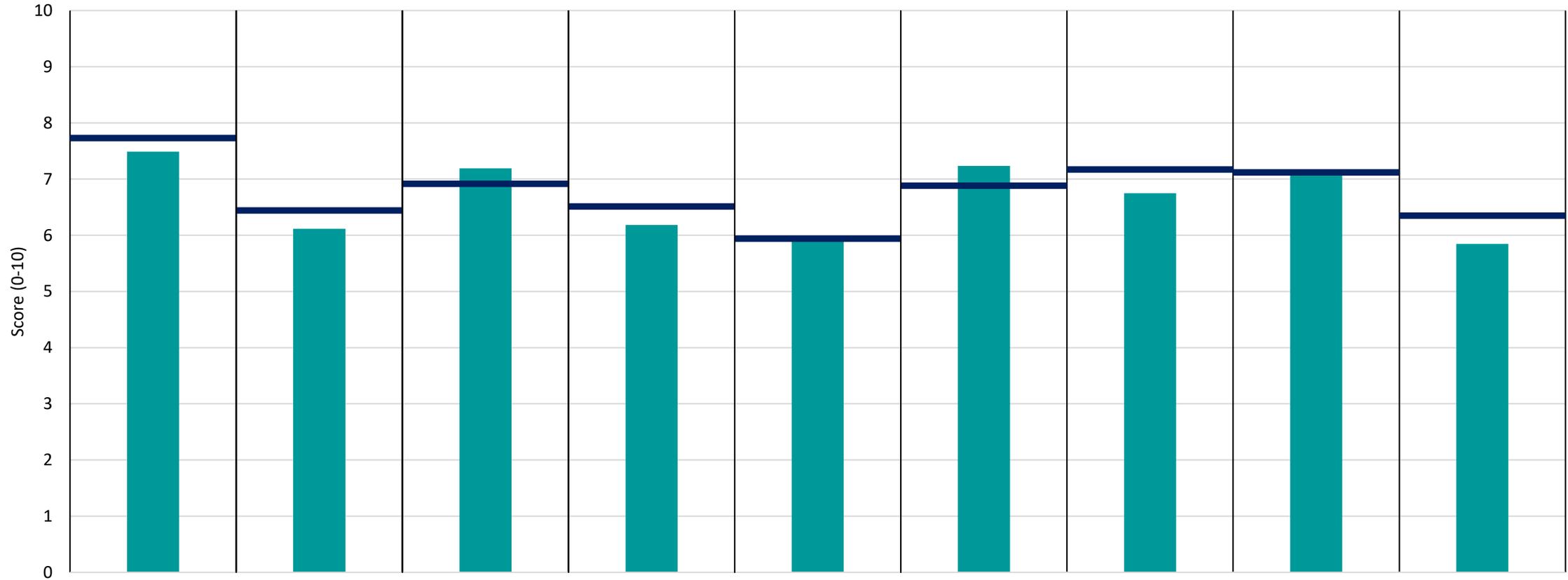
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Breakdown	7.49	6.11	7.19	6.18	5.97	7.23	6.75	7.16	5.85
Your org	7.73	6.44	6.92	6.51	5.94	6.88	7.17	7.12	6.35
Responses	22	22	22	22	22	22	22	22	22



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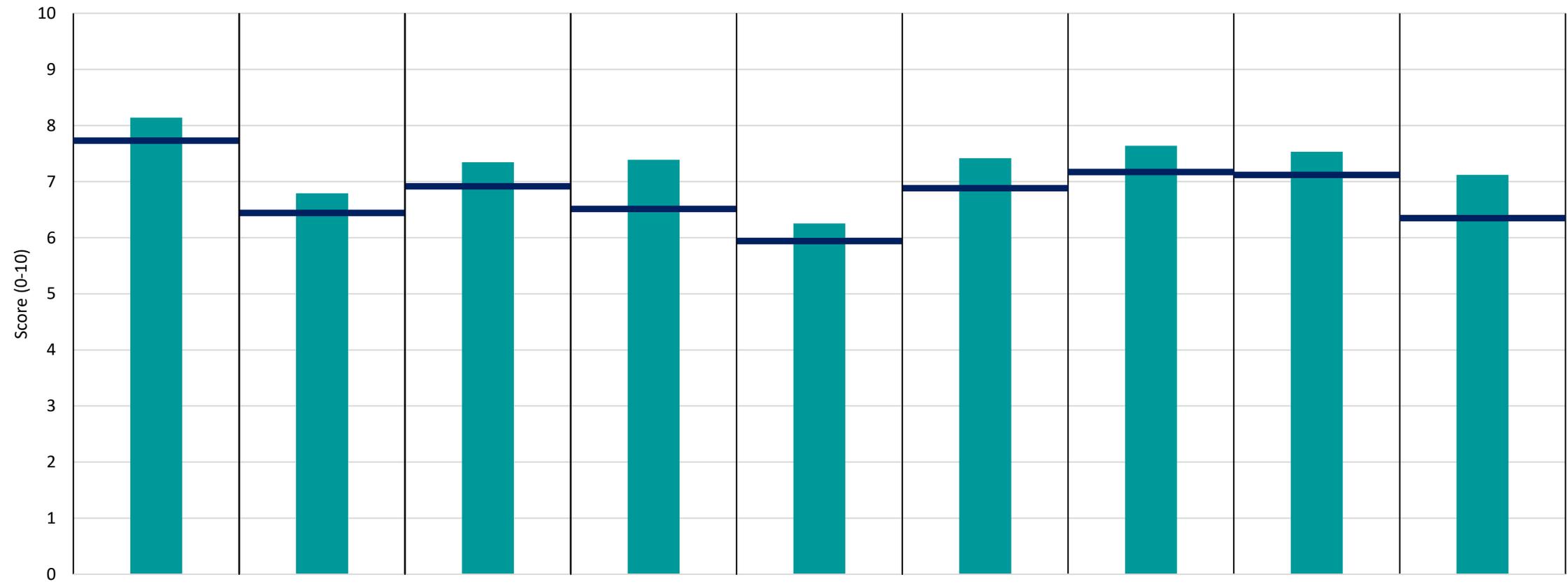
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Breakdown	8.14	6.79	7.34	7.39	6.25	7.42	7.64	7.53	7.12
Your org	7.73	6.44	6.92	6.51	5.94	6.88	7.17	7.12	6.35
Responses	82	82	81	82	81	82	82	82	82



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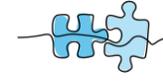
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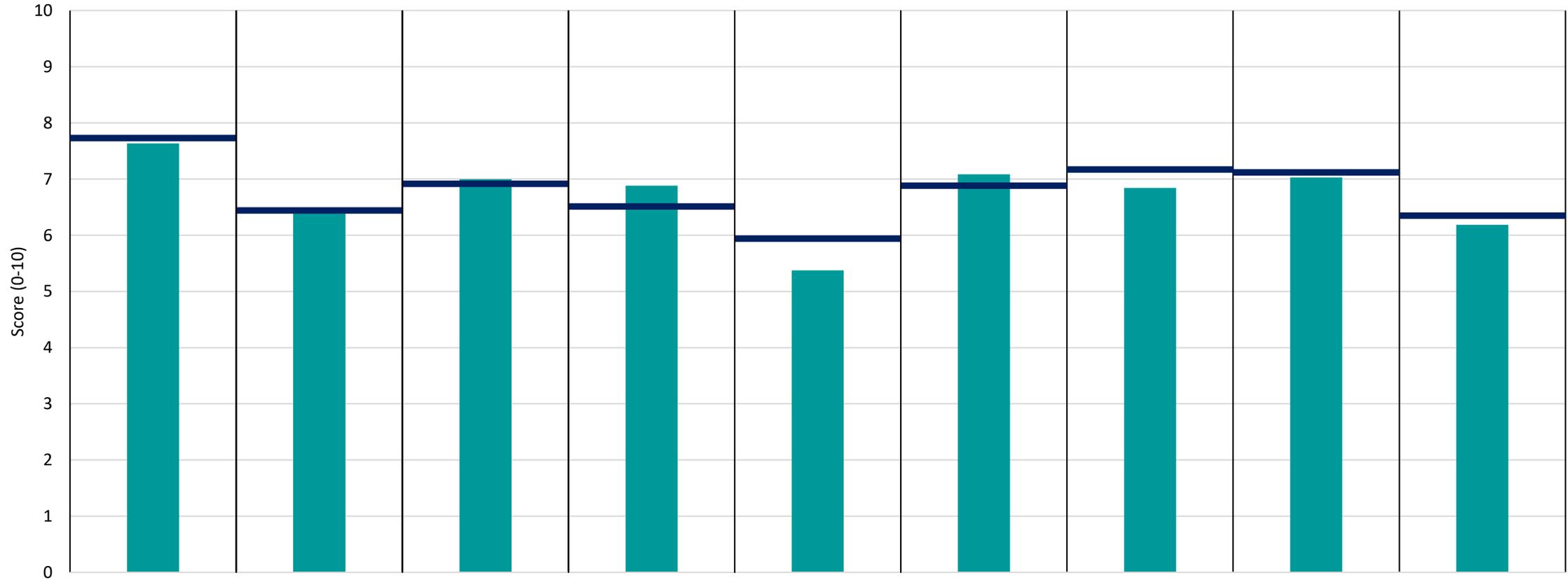
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Breakdown	7.63	6.47	7.00	6.88	5.38	7.08	6.84	7.03	6.19
Your org	7.73	6.44	6.92	6.51	5.94	6.88	7.17	7.12	6.35
Responses	53	53	53	53	51	53	52	53	53



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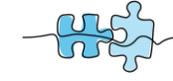
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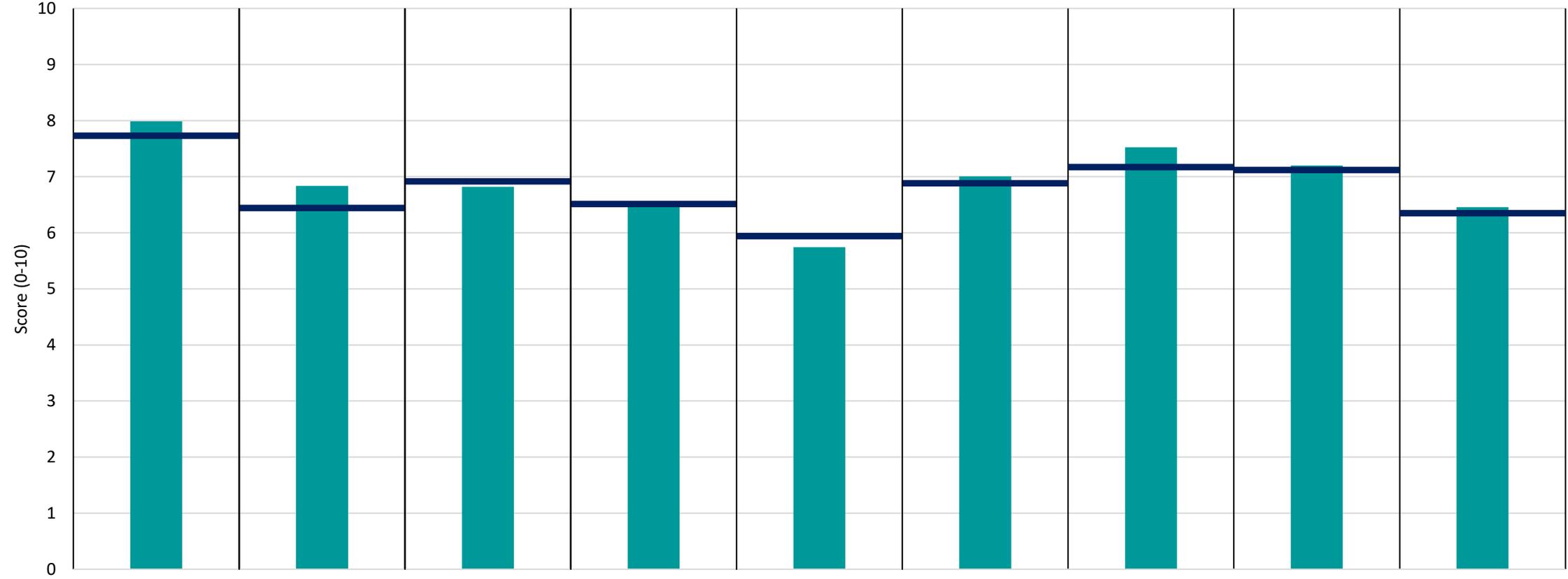
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Breakdown	7.99	6.83	6.82	6.54	5.74	7.00	7.53	7.20	6.46
Your org	7.73	6.44	6.92	6.51	5.94	6.88	7.17	7.12	6.35
Responses	84	84	83	83	79	84	84	84	84



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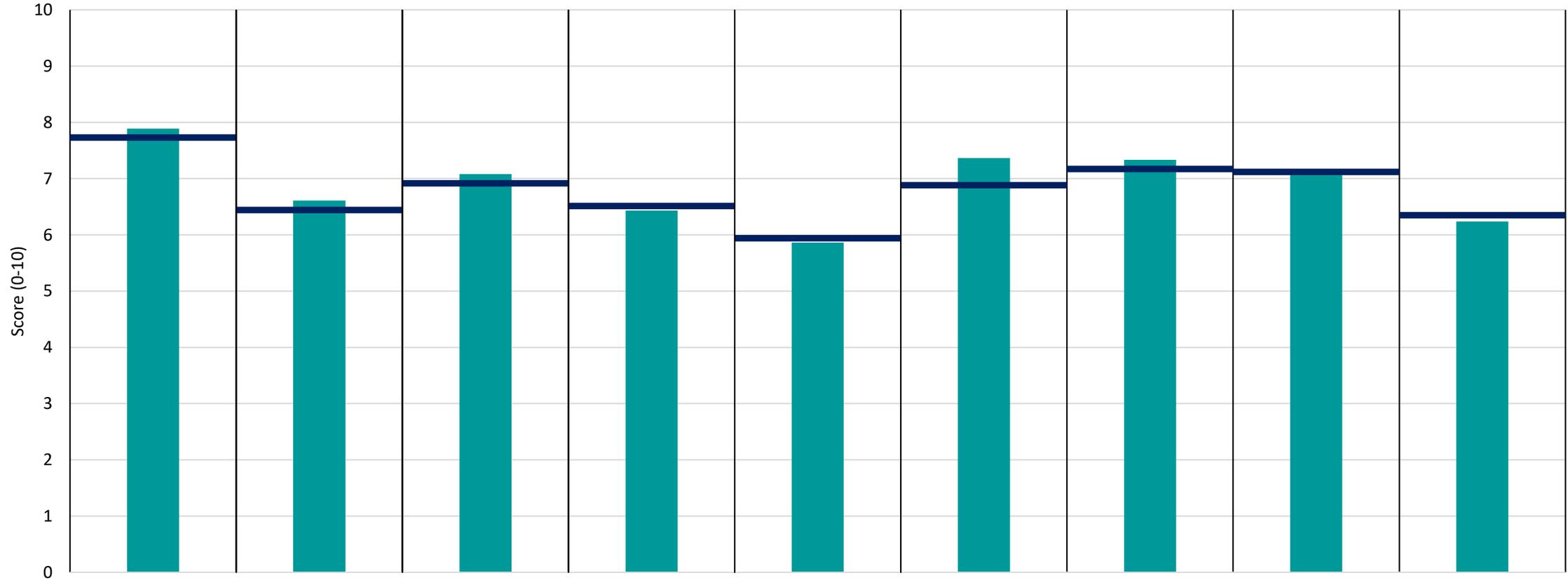
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Breakdown	7.89	6.61	7.08	6.43	5.86	7.37	7.33	7.15	6.24
Your org	7.73	6.44	6.92	6.51	5.94	6.88	7.17	7.12	6.35
Responses	173	173	173	172	173	173	173	173	173



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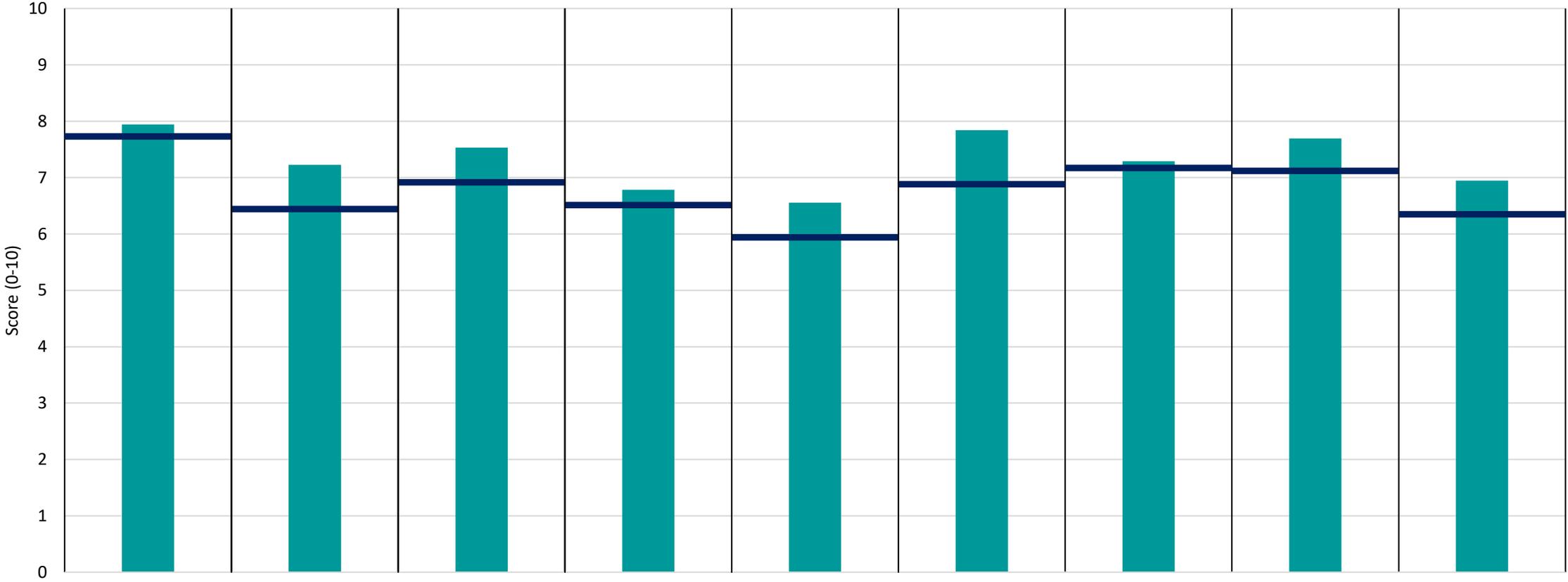
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Breakdown	7.94	7.23	7.53	6.78	6.56	7.84	7.29	7.69	6.95
Your org	7.73	6.44	6.92	6.51	5.94	6.88	7.17	7.12	6.35
Responses	33	33	33	33	33	33	33	33	33



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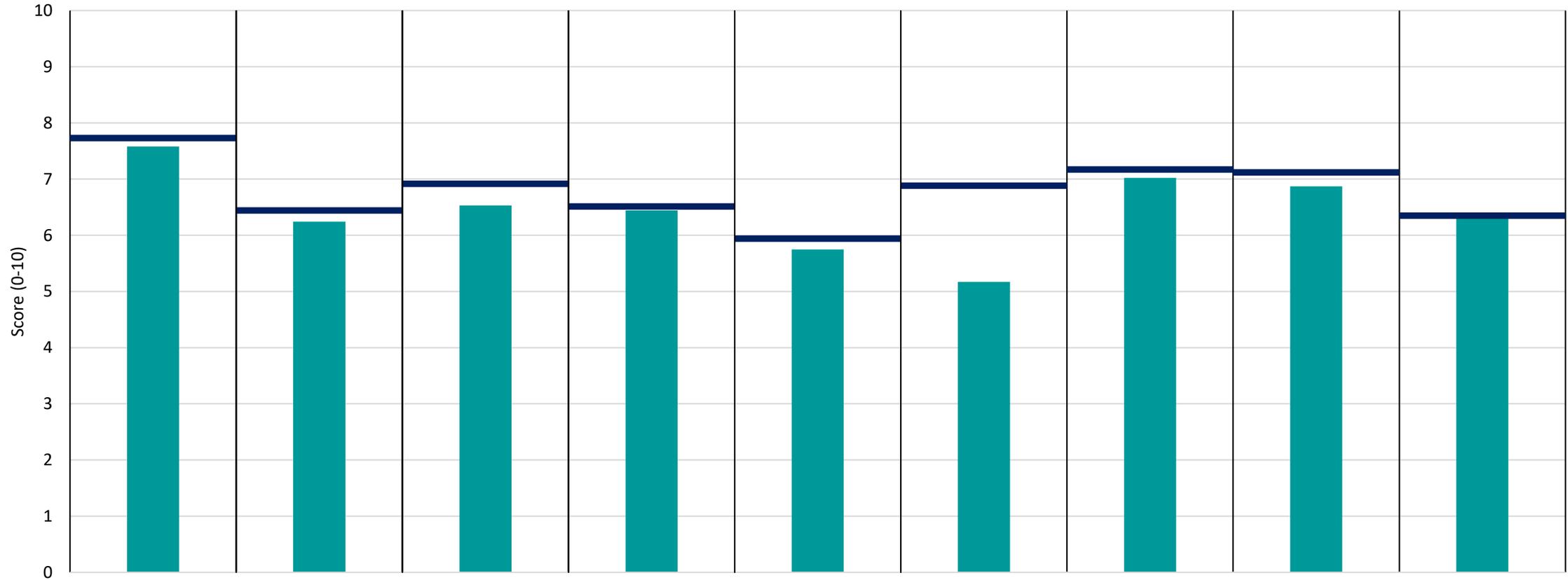
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Breakdown	7.58	6.24	6.53	6.44	5.75	5.17	7.02	6.87	6.33
Your org	7.73	6.44	6.92	6.51	5.94	6.88	7.17	7.12	6.35
Responses	37	37	35	36	36	37	37	37	37



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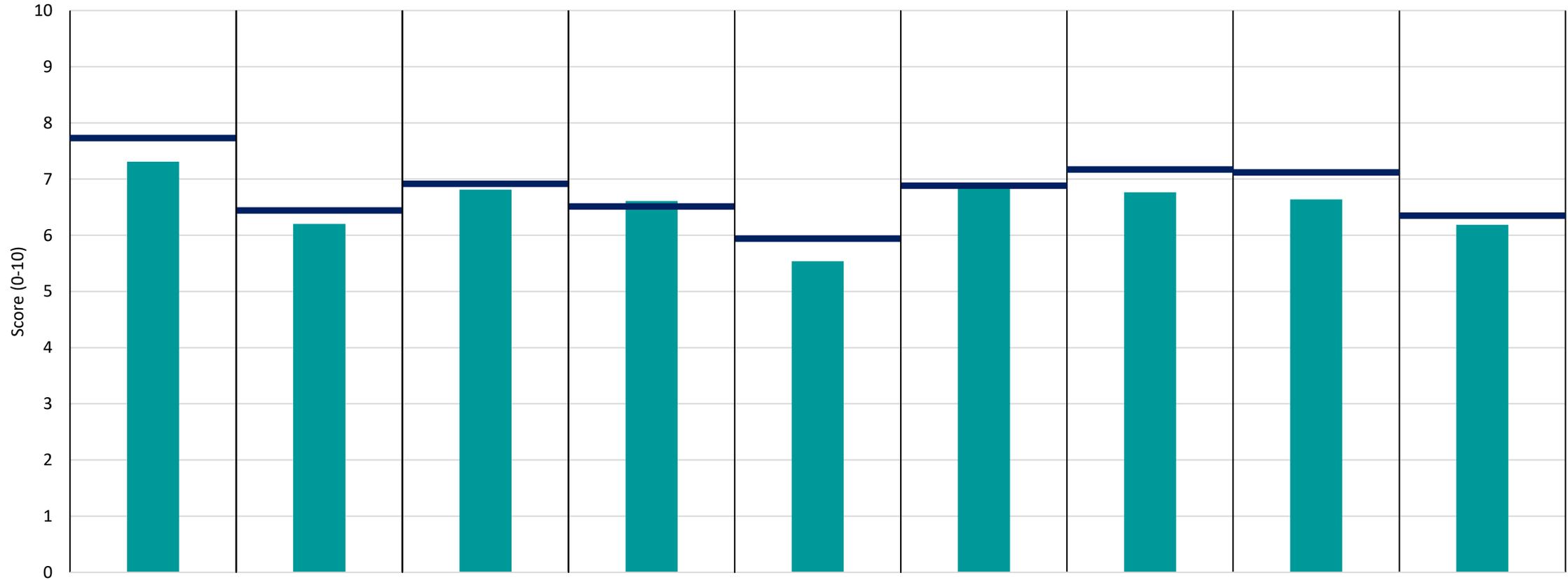
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Breakdown	7.31	6.20	6.81	6.61	5.54	6.87	6.77	6.64	6.19
Your org	7.73	6.44	6.92	6.51	5.94	6.88	7.17	7.12	6.35
Responses	33	33	33	33	33	33	33	33	33



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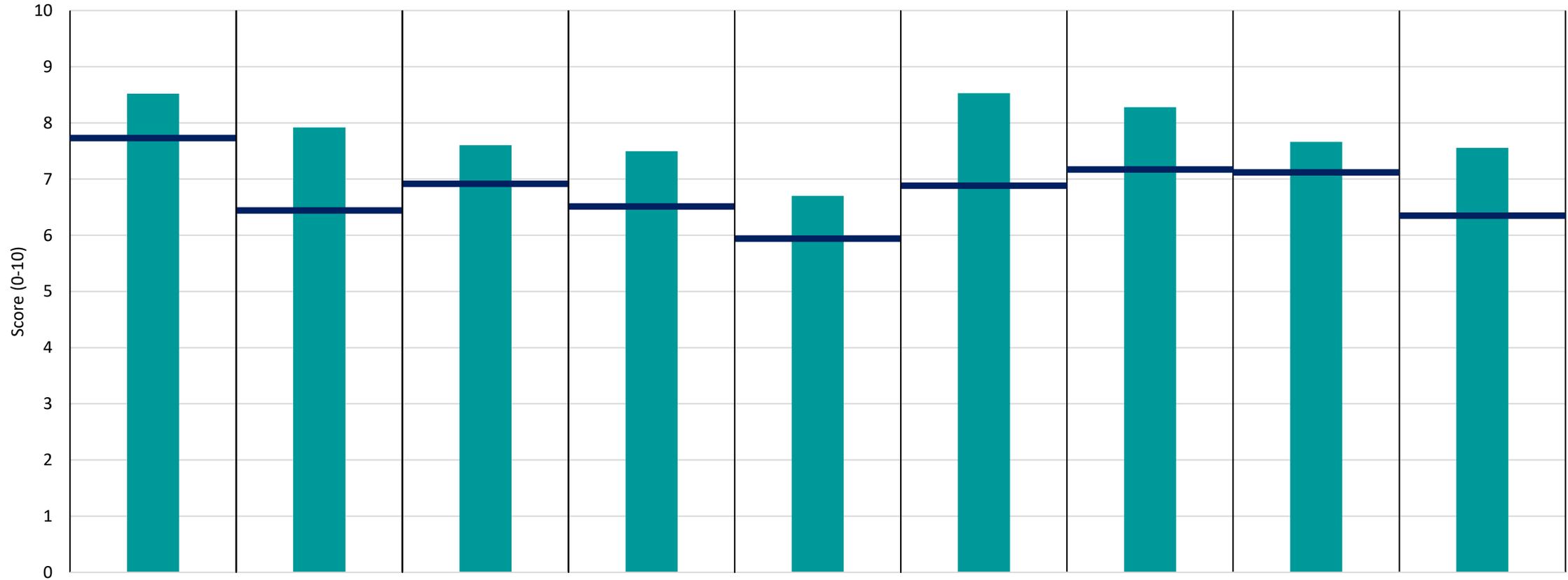
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Breakdown	8.52	7.92	7.60	7.50	6.70	8.53	8.28	7.66	7.56
Your org	7.73	6.44	6.92	6.51	5.94	6.88	7.17	7.12	6.35
Responses	19	19	18	19	19	19	19	19	19



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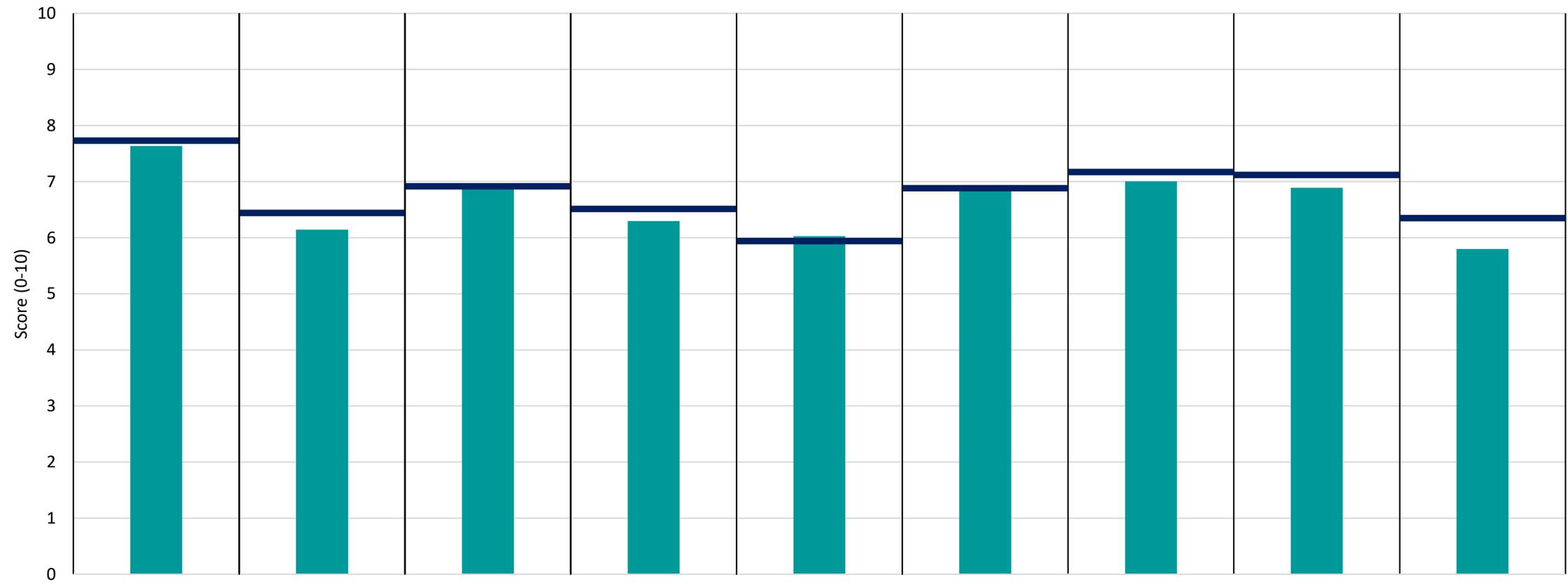
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Breakdown	7.64	6.14	6.89	6.30	6.03	6.93	7.00	6.89	5.80
Your org	7.73	6.44	6.92	6.51	5.94	6.88	7.17	7.12	6.35
Responses	66	66	66	66	64	66	66	66	66



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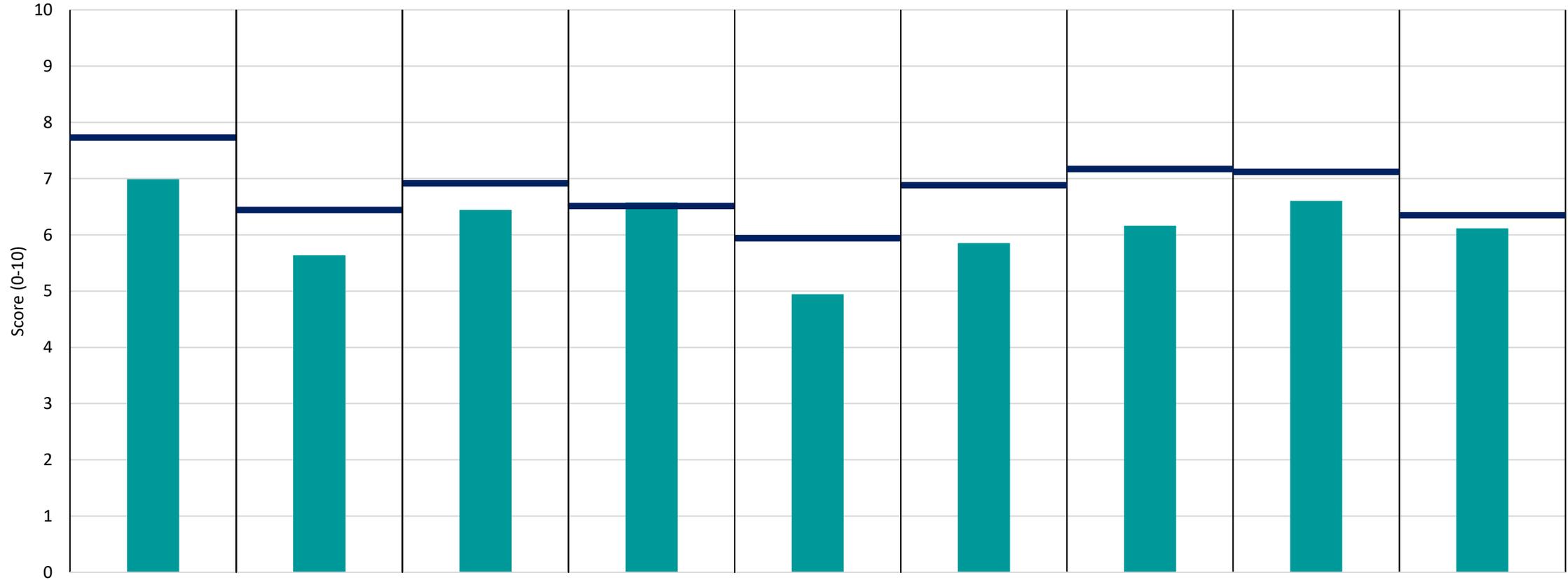
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Breakdown	6.99	5.64	6.44	6.58	4.94	5.85	6.16	6.60	6.12
Your org	7.73	6.44	6.92	6.51	5.94	6.88	7.17	7.12	6.35
Responses	159	161	156	155	143	156	159	161	159



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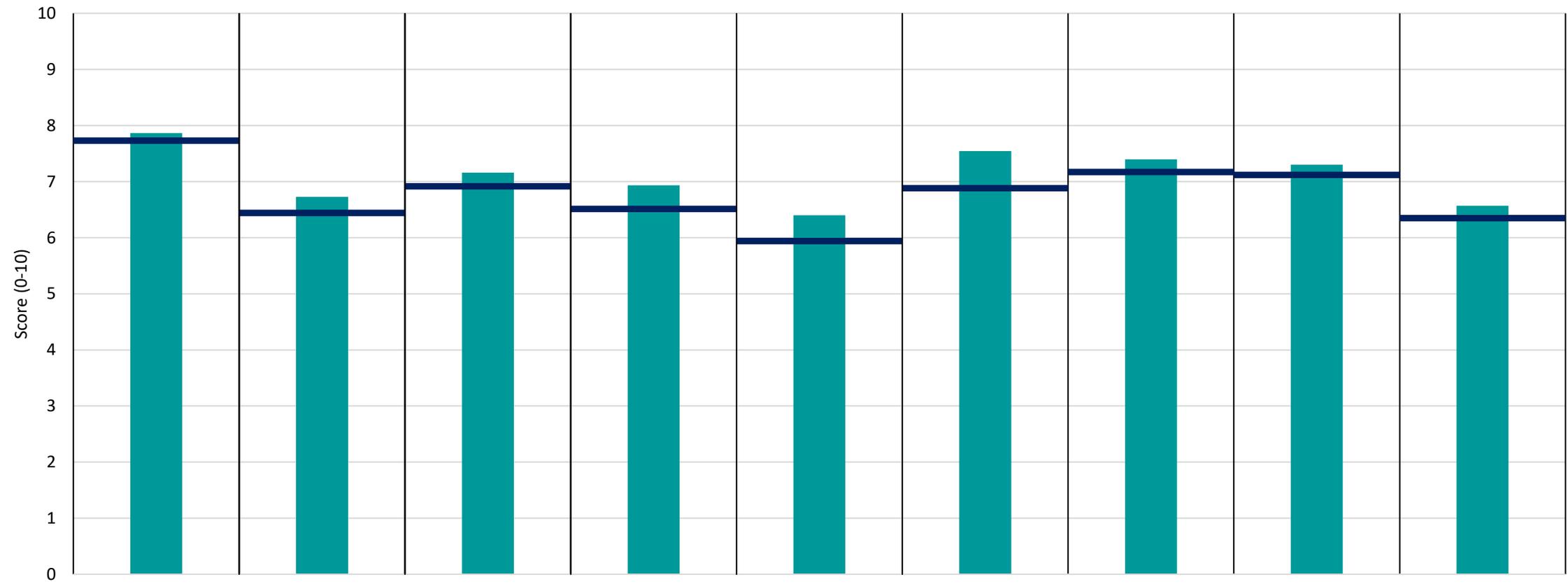
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Breakdown	7.87	6.73	7.16	6.93	6.40	7.54	7.40	7.30	6.57
Your org	7.73	6.44	6.92	6.51	5.94	6.88	7.17	7.12	6.35
Responses	141	141	141	140	137	141	141	141	141



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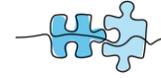
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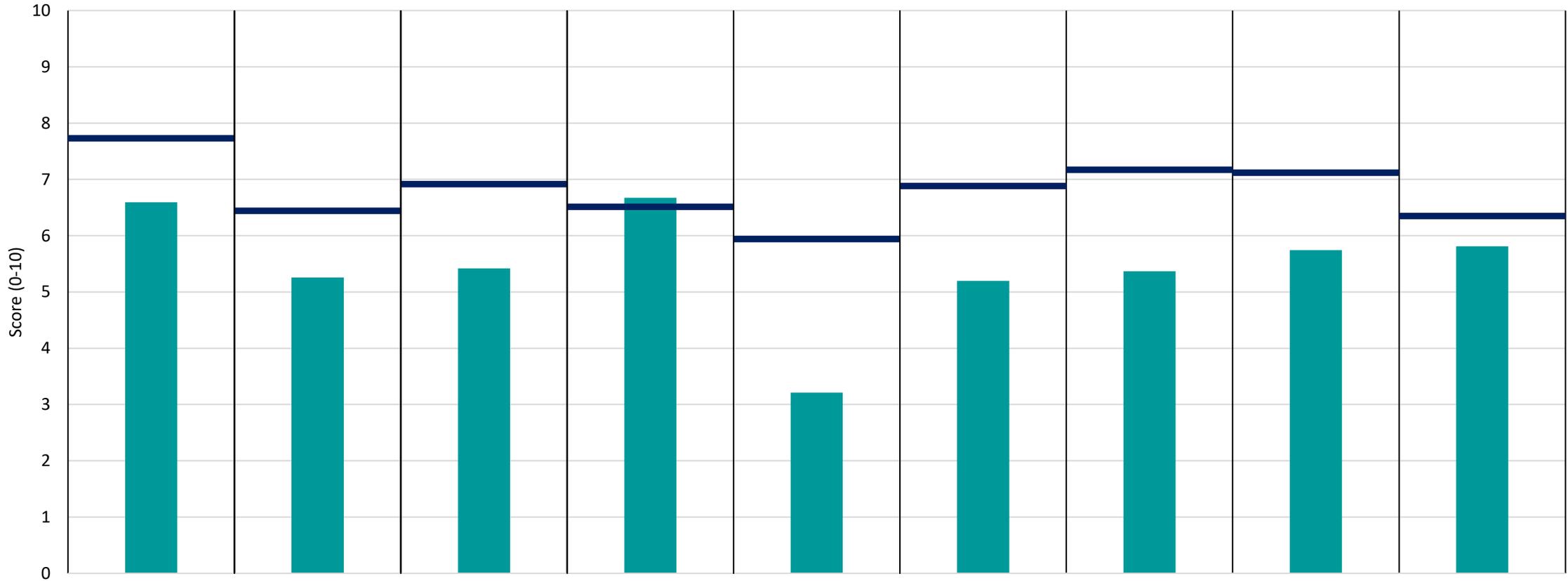
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Breakdown	6.60	5.26	5.42	6.68	3.21	5.20	5.37	5.74	5.81
Your org	7.73	6.44	6.92	6.51	5.94	6.88	7.17	7.12	6.35
Responses	23	23	22	23	23	23	23	23	23



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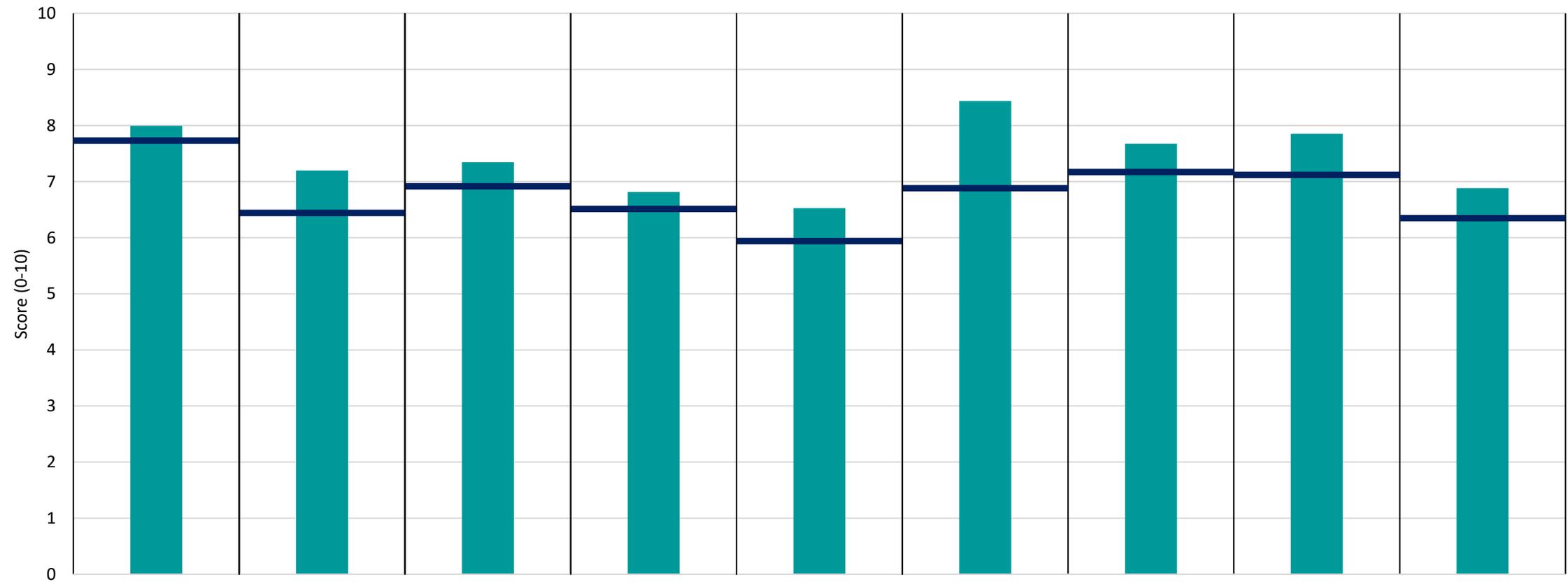
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Breakdown	7.99	7.20	7.35	6.82	6.53	8.44	7.67	7.85	6.88
Your org	7.73	6.44	6.92	6.51	5.94	6.88	7.17	7.12	6.35
Responses	20	20	20	20	20	20	20	20	20



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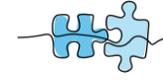
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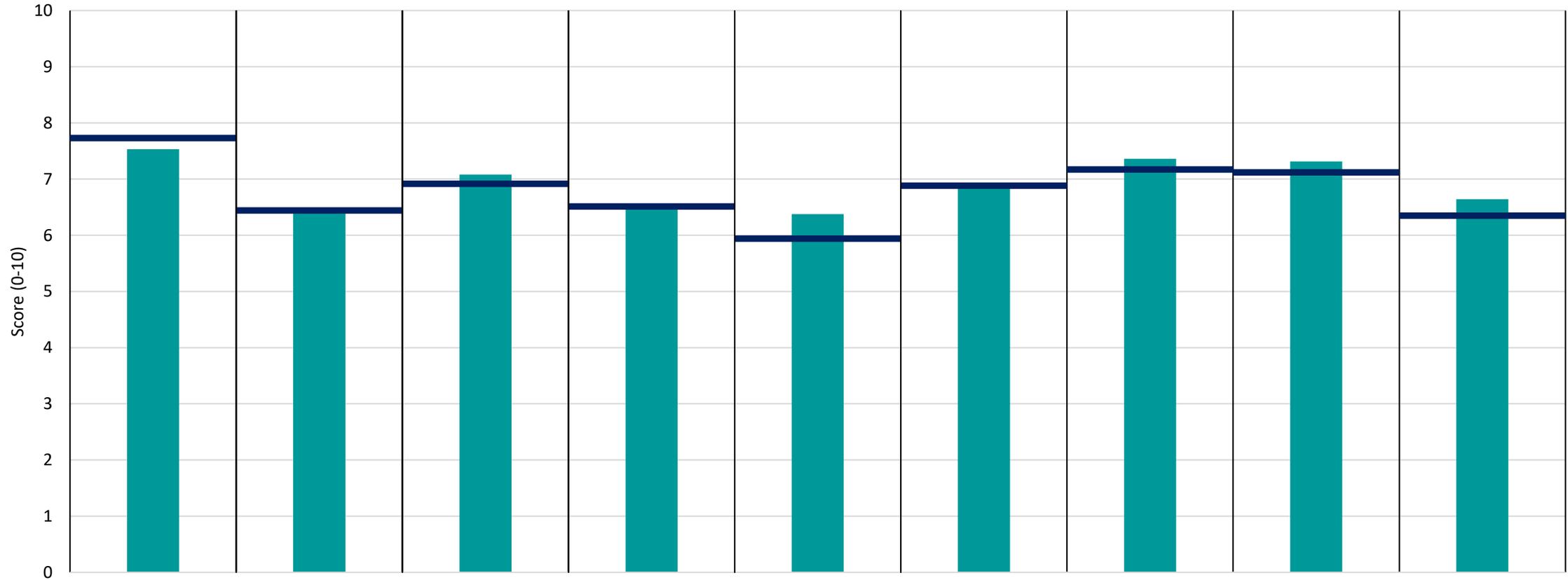
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Breakdown	7.53	6.41	7.08	6.47	6.38	6.83	7.36	7.32	6.64
Your org	7.73	6.44	6.92	6.51	5.94	6.88	7.17	7.12	6.35
Responses	264	264	256	257	251	263	263	264	264



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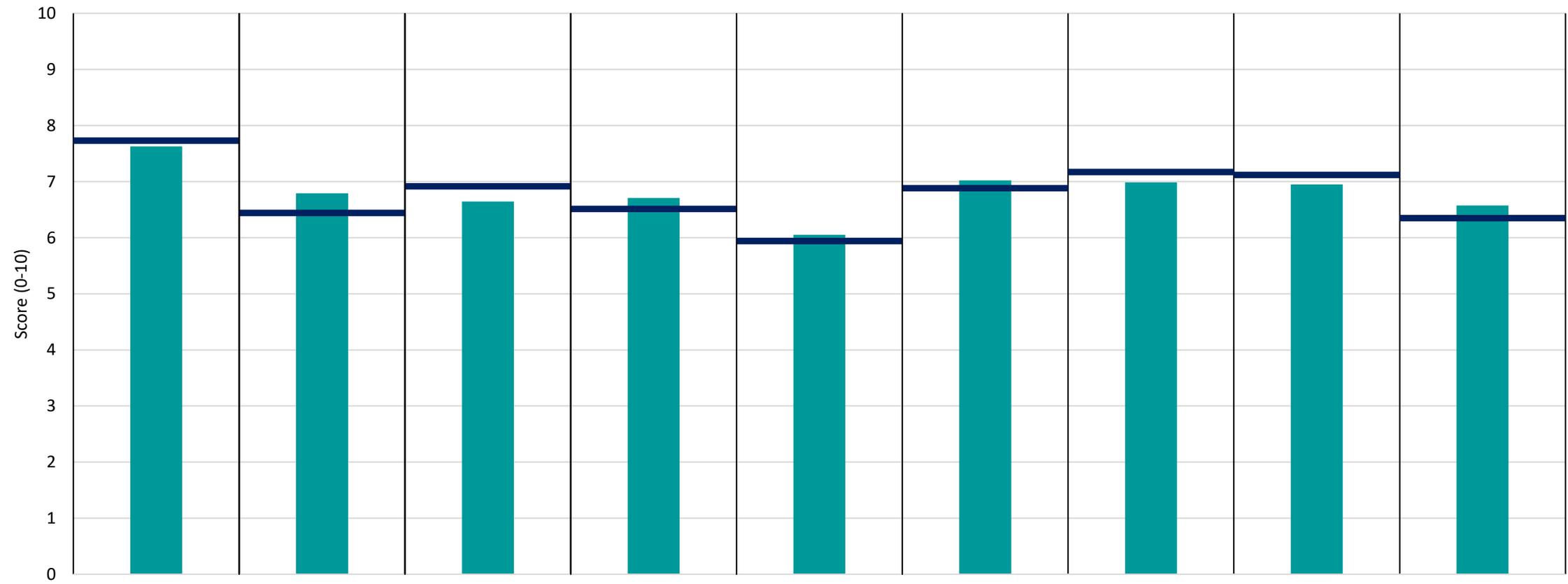
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Breakdown	7.63	6.79	6.65	6.71	6.05	7.02	6.99	6.95	6.57
Your org	7.73	6.44	6.92	6.51	5.94	6.88	7.17	7.12	6.35
Responses	95	95	93	95	92	93	95	95	95



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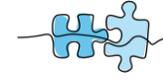
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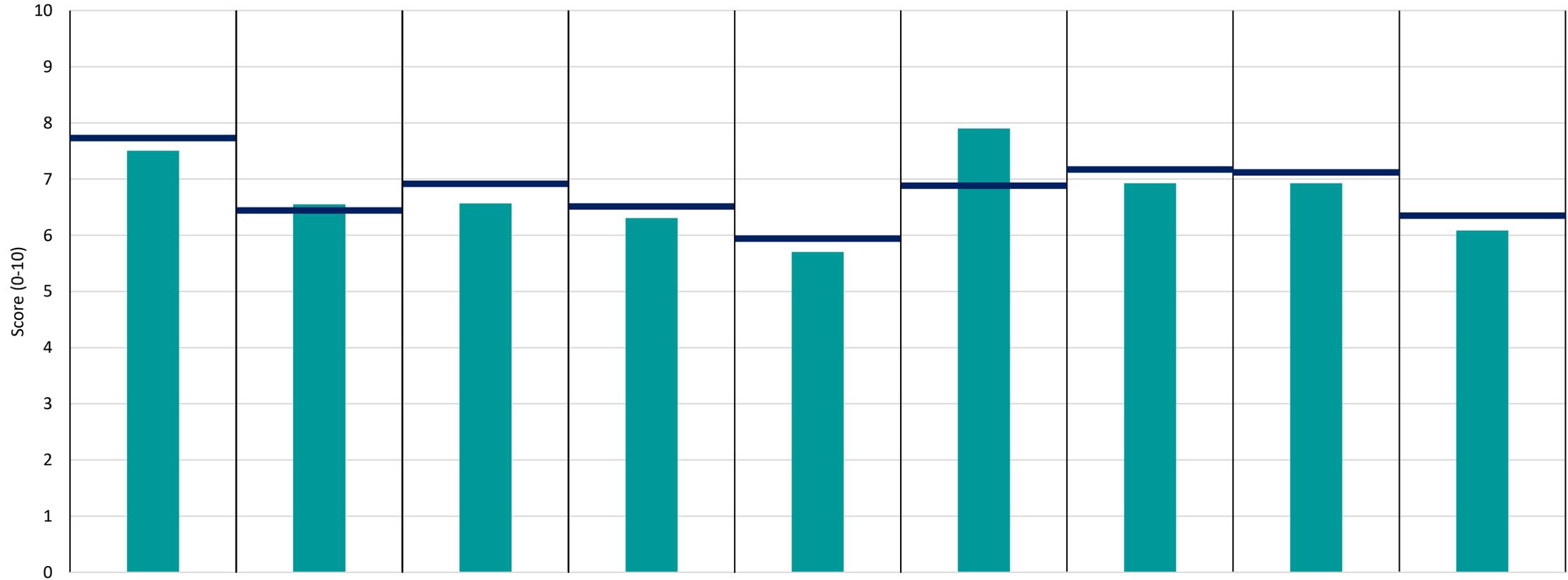
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Breakdown	7.51	6.55	6.57	6.30	5.70	7.90	6.93	6.93	6.08
Your org	7.73	6.44	6.92	6.51	5.94	6.88	7.17	7.12	6.35
Responses	78	78	78	77	78	78	77	78	78



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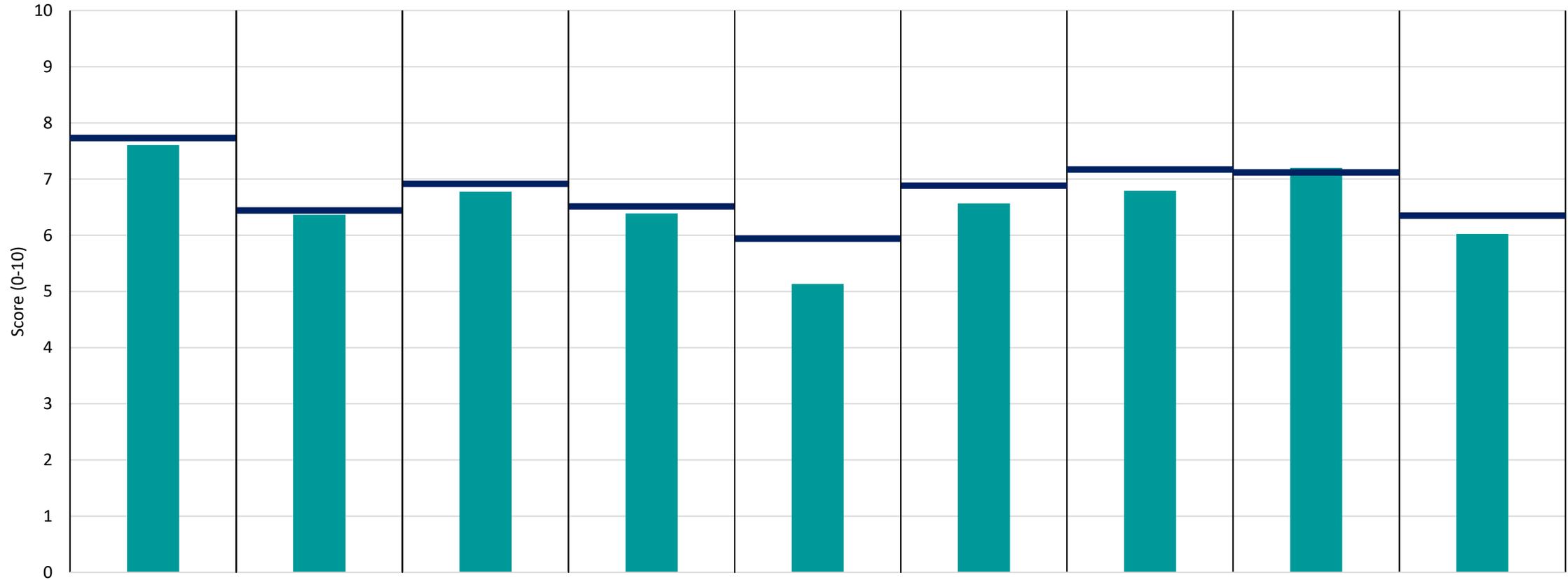
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Breakdown	7.61	6.37	6.78	6.39	5.14	6.57	6.79	7.20	6.02
Your org	7.73	6.44	6.92	6.51	5.94	6.88	7.17	7.12	6.35
Responses	26	26	25	26	26	25	26	26	26



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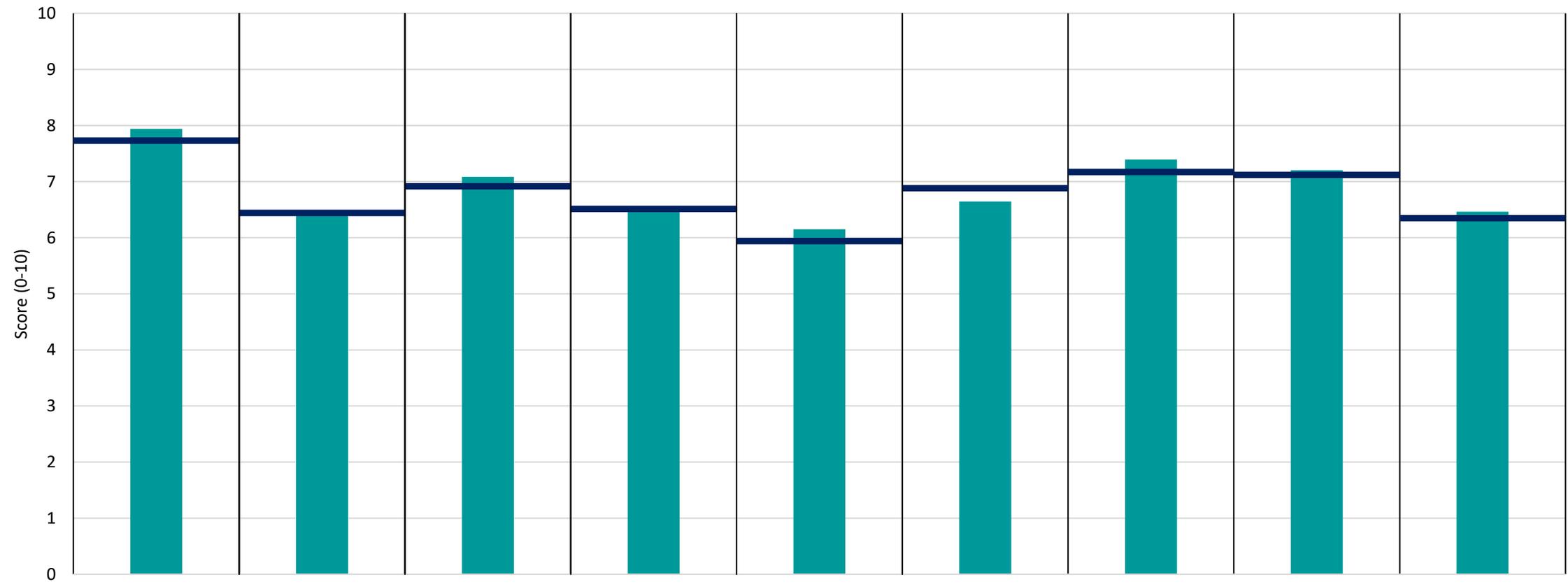
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Breakdown	7.94	6.42	7.09	6.54	6.15	6.65	7.39	7.20	6.46
Your org	7.73	6.44	6.92	6.51	5.94	6.88	7.17	7.12	6.35
Responses	392	393	389	392	382	390	391	392	393



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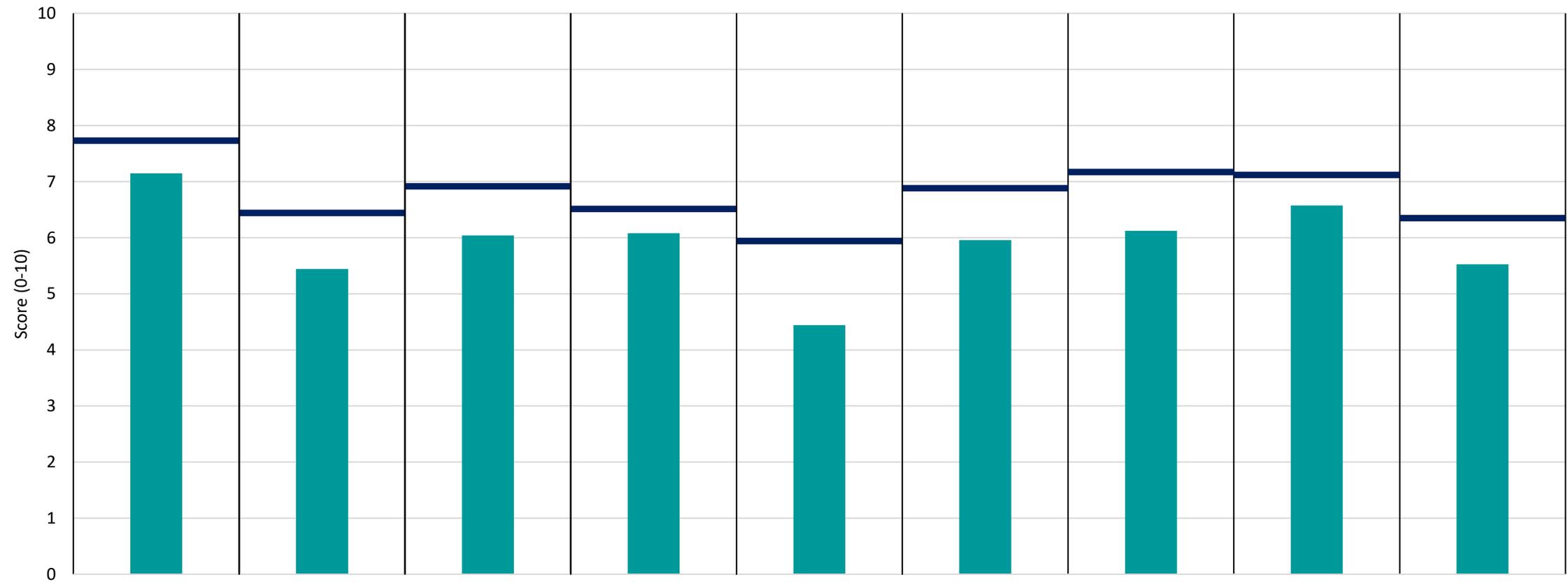
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Staff Engagement



Morale



Breakdown	7.15	5.44	6.04	6.08	4.44	5.96	6.12	6.58	5.53
Your org	7.73	6.44	6.92	6.51	5.94	6.88	7.17	7.12	6.35
Responses	44	44	44	44	43	44	44	44	44



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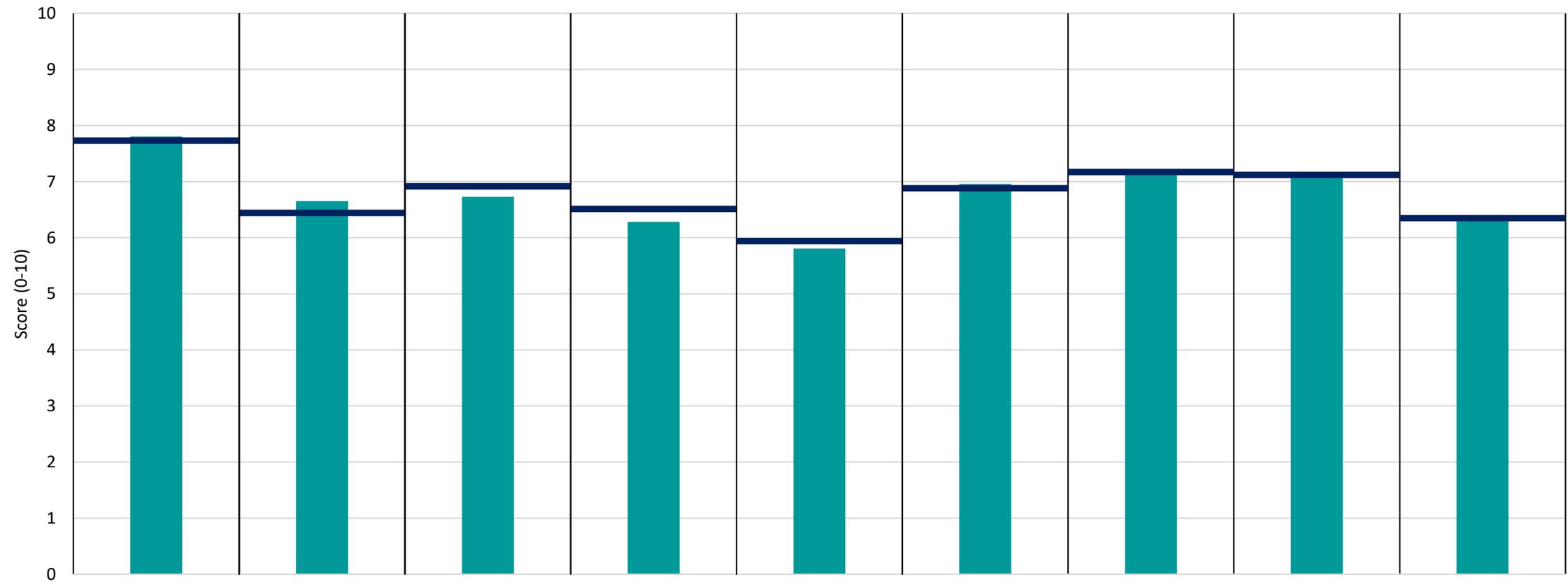
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Staff Engagement



Morale



Breakdown	7.80	6.66	6.73	6.28	5.81	6.96	7.12	7.09	6.33
Your org	7.73	6.44	6.92	6.51	5.94	6.88	7.17	7.12	6.35
Responses	162	162	160	162	156	161	162	162	162



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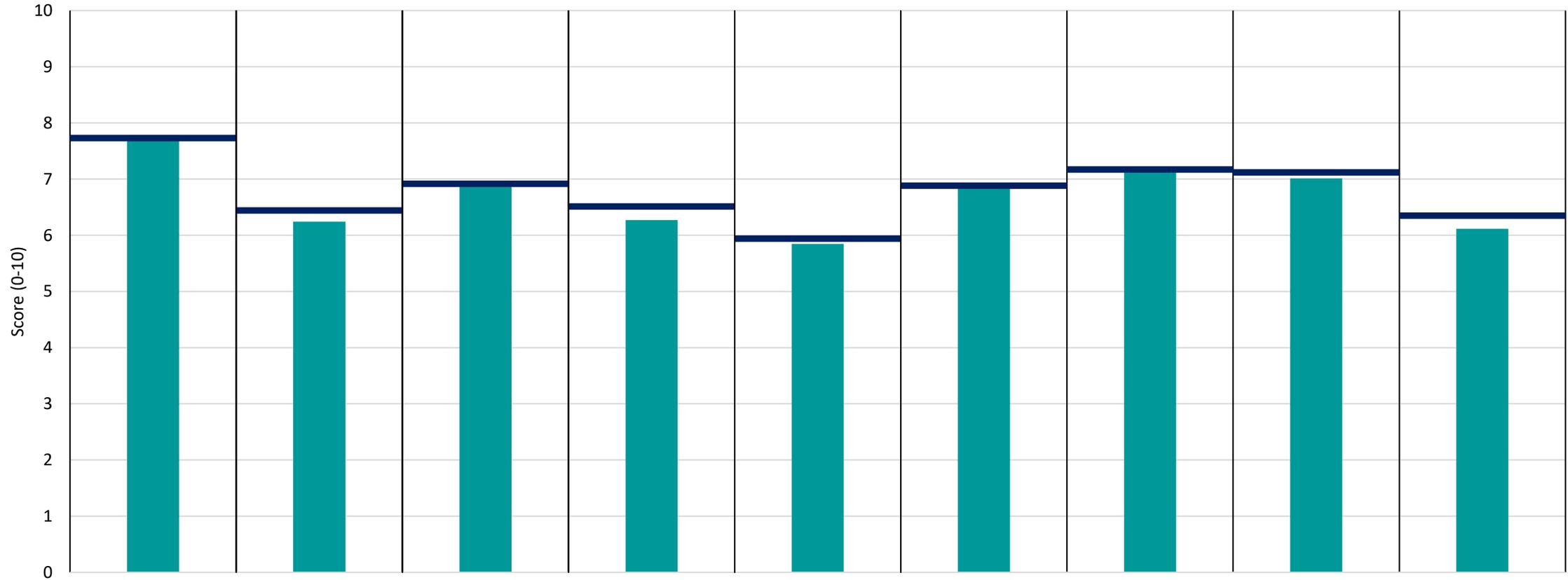
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Staff Engagement



Morale



Breakdown	7.72	6.24	6.86	6.27	5.85	6.84	7.12	7.01	6.12
Your org	7.73	6.44	6.92	6.51	5.94	6.88	7.17	7.12	6.35
Responses	167	167	165	166	164	167	167	167	167

Breakdowns 2

Gloucestershire Health and Care NHS Foundation Trust
2025 NHS Staff Survey



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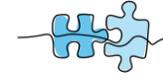
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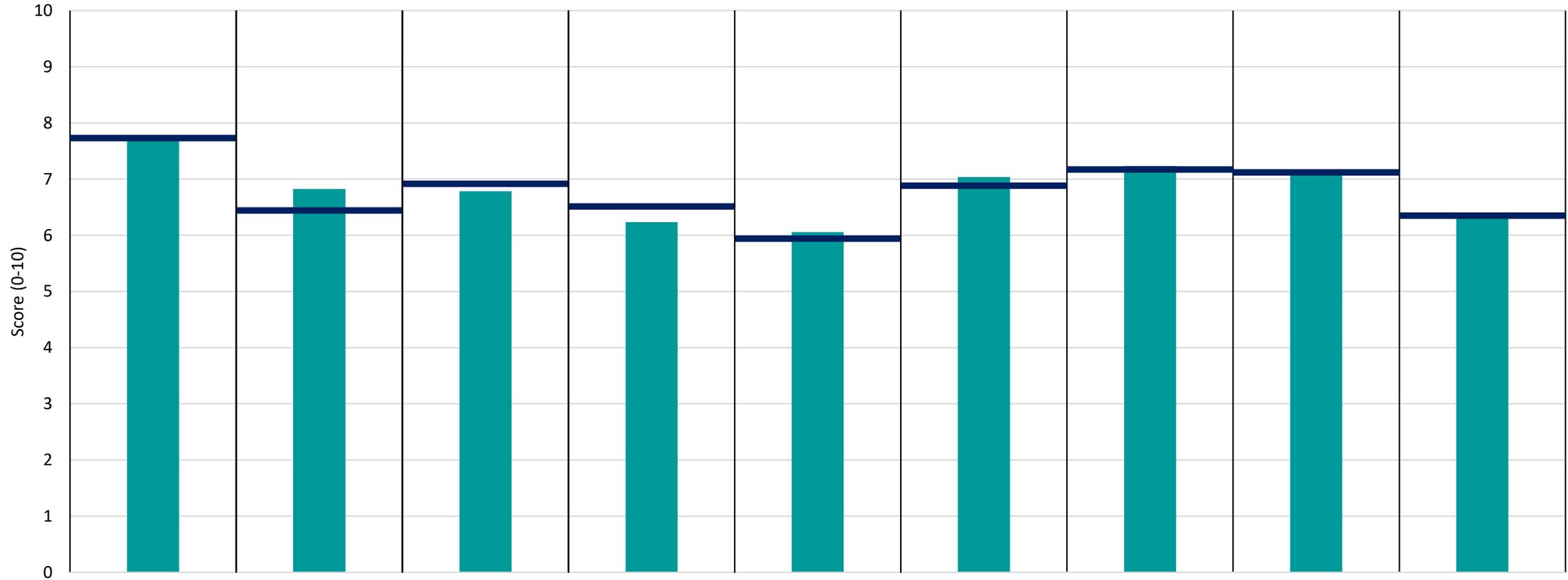
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Staff Engagement



Morale



Breakdown	7.69	6.82	6.78	6.24	6.05	7.04	7.23	7.12	6.31
Your org	7.73	6.44	6.92	6.51	5.94	6.88	7.17	7.12	6.35
Responses	113	113	112	113	112	113	113	113	113



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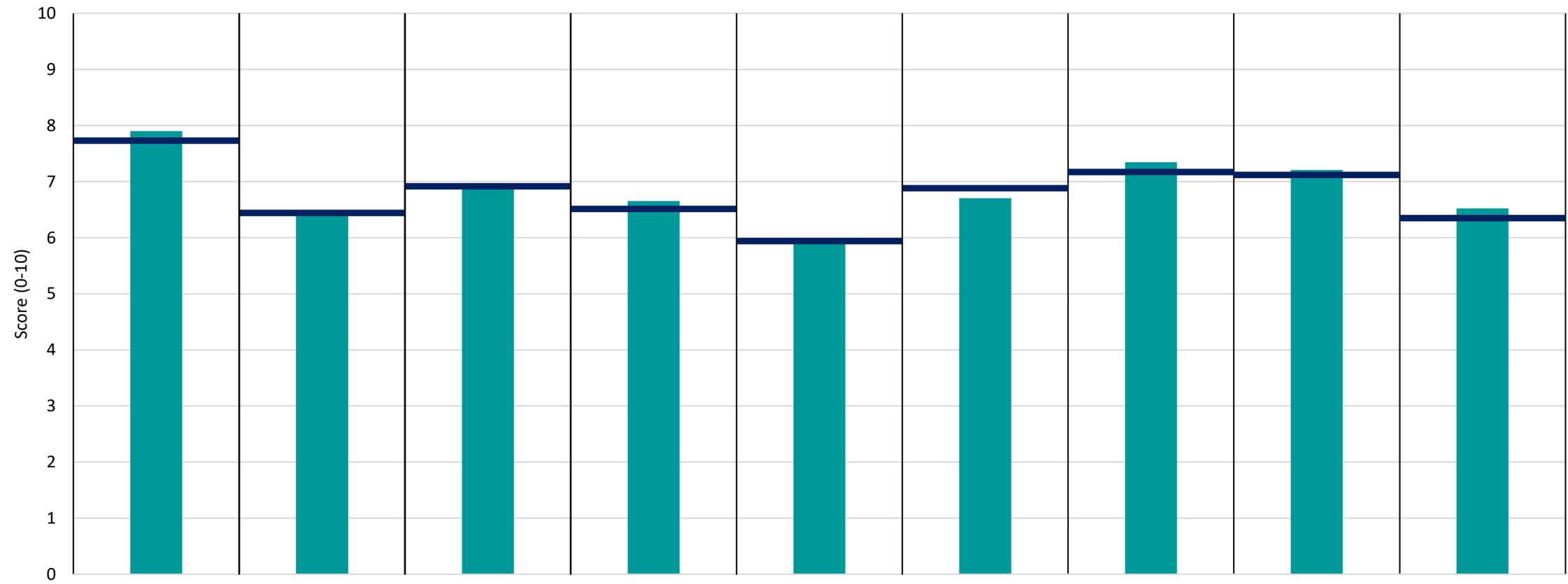
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Staff Engagement



Morale



Breakdown	7.90	6.40	6.98	6.65	5.96	6.70	7.34	7.21	6.52
Your org	7.73	6.44	6.92	6.51	5.94	6.88	7.17	7.12	6.35
Responses	483	483	477	475	459	482	481	482	483



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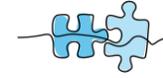
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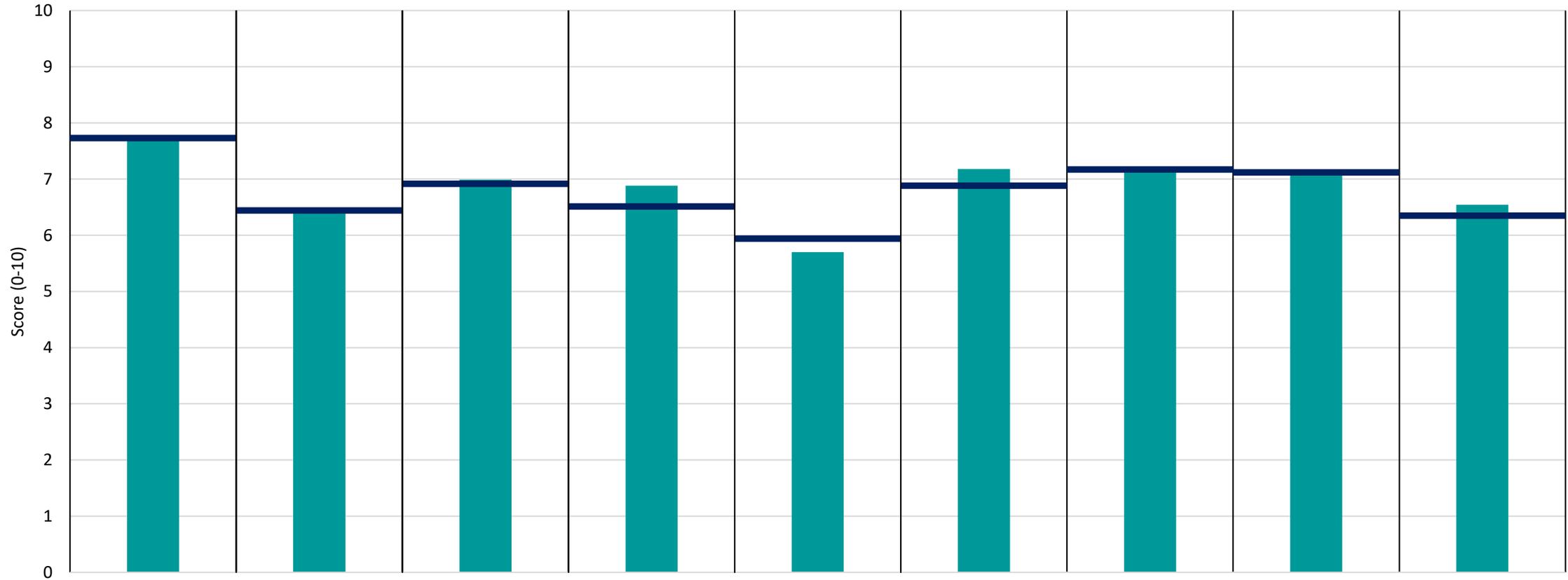
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Staff Engagement



Morale



Breakdown	7.75	6.48	6.99	6.88	5.70	7.18	7.14	7.14	6.54
Your org	7.73	6.44	6.92	6.51	5.94	6.88	7.17	7.12	6.35
Responses	741	741	729	738	728	737	739	741	741



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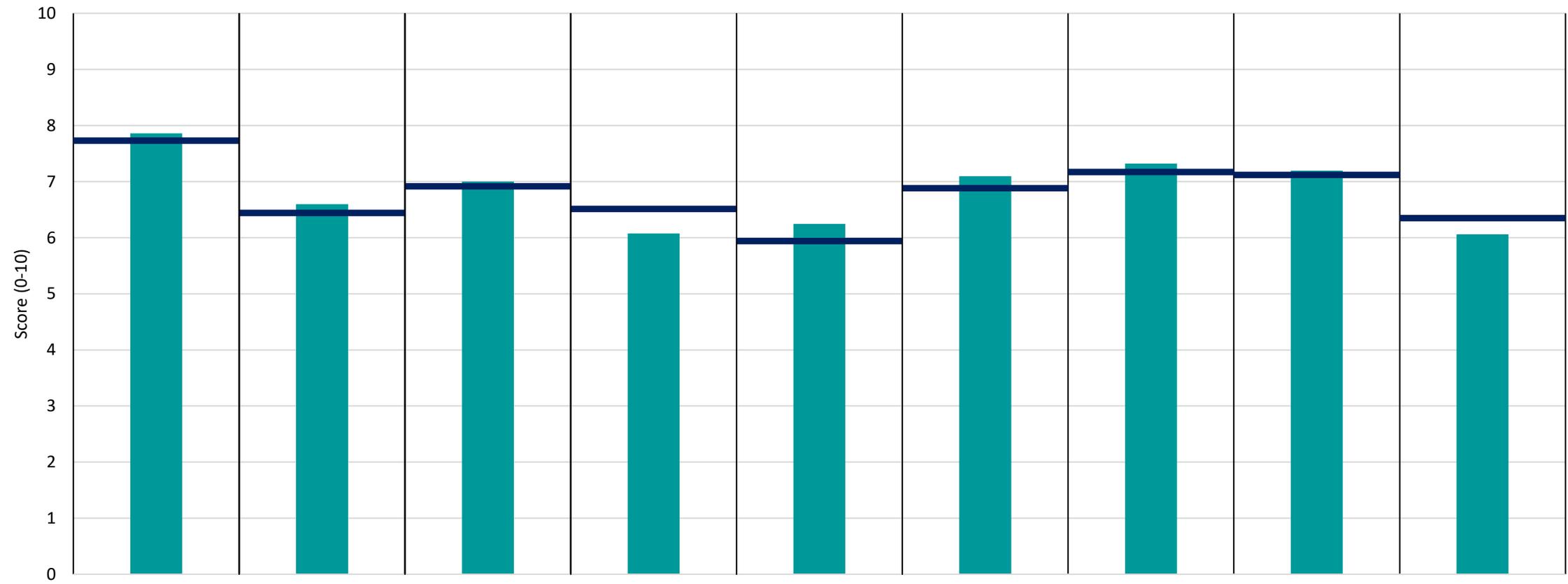
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Staff Engagement



Morale



Breakdown	7.86	6.60	7.00	6.08	6.25	7.10	7.32	7.20	6.06
Your org	7.73	6.44	6.92	6.51	5.94	6.88	7.17	7.12	6.35
Responses	393	393	392	389	387	393	392	393	393



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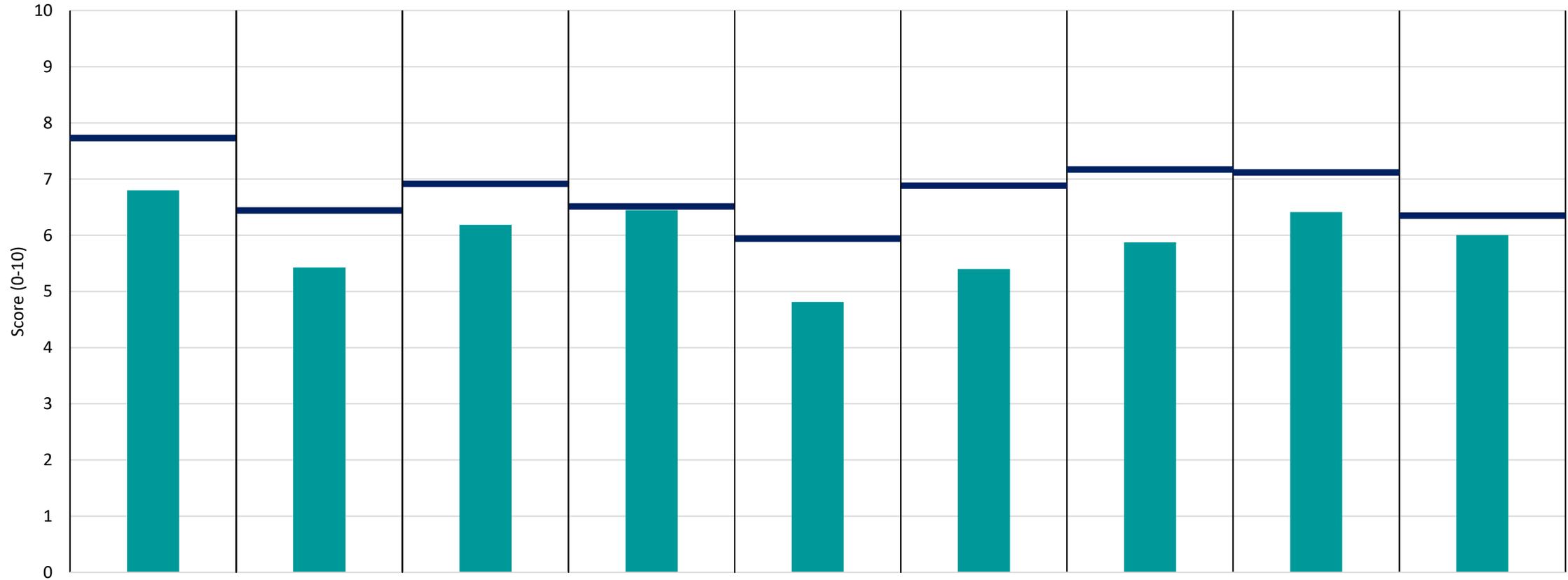
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Staff Engagement



Morale



Breakdown	6.80	5.43	6.19	6.45	4.81	5.40	5.88	6.41	6.01
Your org	7.73	6.44	6.92	6.51	5.94	6.88	7.17	7.12	6.35
Responses	120	122	118	116	105	117	120	122	120



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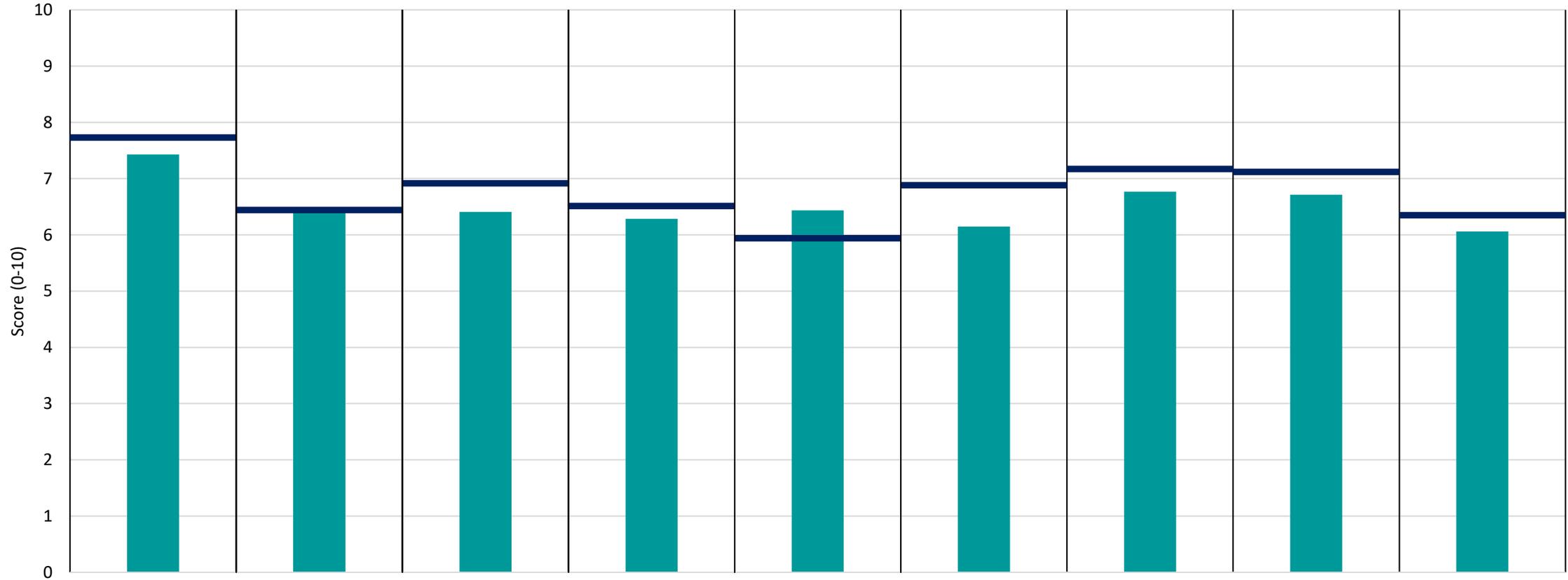
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Staff Engagement



Morale



Breakdown	7.43	6.48	6.41	6.29	6.44	6.15	6.77	6.71	6.06
Your org	7.73	6.44	6.92	6.51	5.94	6.88	7.17	7.12	6.35
Responses	73	73	73	73	72	73	73	73	73



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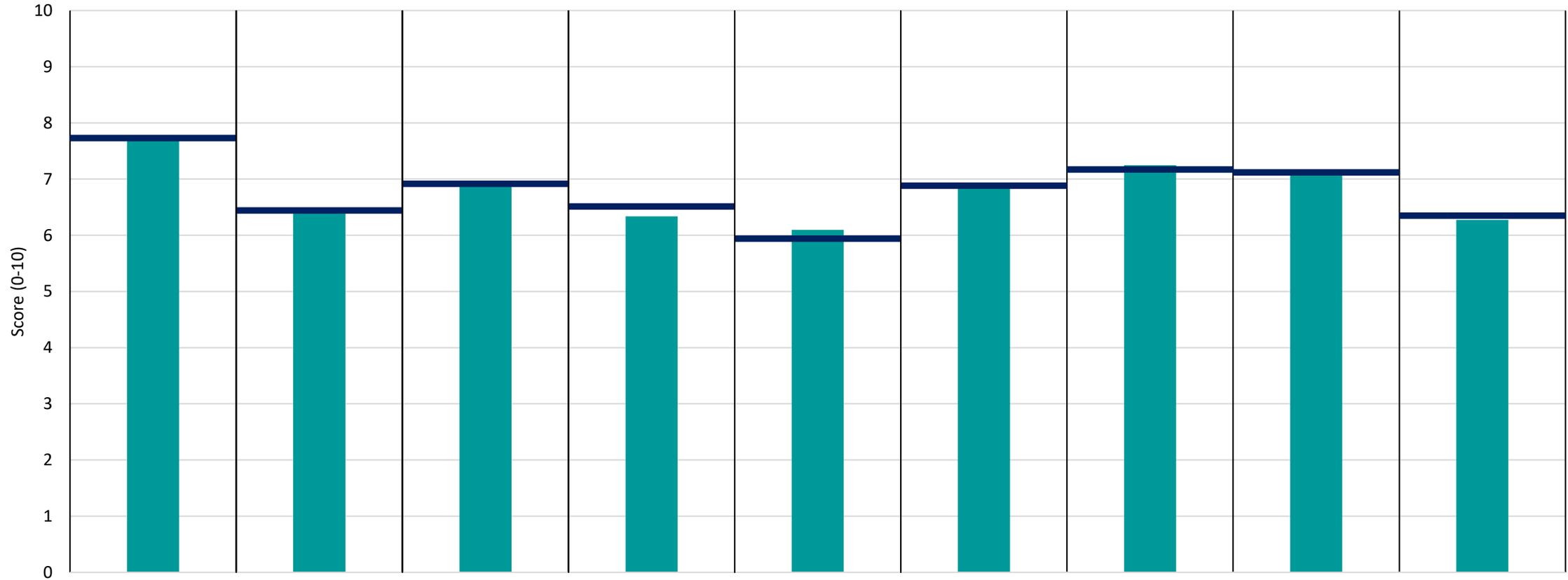
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Staff Engagement



Morale



Breakdown	7.72	6.45	6.95	6.34	6.10	6.87	7.25	7.17	6.27
Your org	7.73	6.44	6.92	6.51	5.94	6.88	7.17	7.12	6.35
Responses	705	706	696	704	691	702	705	706	706

REPORT TO: TRUST BOARD PUBLIC SESSION – 26th MARCH 2026

PRESENTED BY: Neil Savage, Director of HR & OD

AUTHORS: Andy Mills, Associate Director Workforce Systems & Planning, Neil Savage, Director of HR & OD

SUBJECT: 2025 GENDER, ETHNICITY & DISABILITY PAY GAP

If this report cannot be discussed at a public meeting, please explain why.	
------------------------------------------------------------------------------------	--

This report is provided for:

Decision

Endorsement

Assurance

Information

The purpose of this report is to:

Provide the Board with the Trust's 2025 pay gap reporting following previous reporting via the Great Place To Work Committee.

The report analyses pay and bonus differences across key demographic groups to assist with the identification of any disparities in earnings cross the Trust's workforce.

It fulfils statutory obligations under the Equality Act 2010 (Gender Pay Gap Reporting Regulations) and meets expectations around transparency in line with NHS Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES).

Comparing this latest year's pay gap data against previous years (where applicable), the report helps to highlight trends and impact of actions taken to address inequalities.

It breaks down pay gap data across the Agenda For Change (AfC) pay bands and pay quartiles to identify whether gaps persist at particular salary levels or occupational groups.

The report also provides context behind the data, including workforce representation, changes in reporting accuracy (e.g. self-declaration of disability), and any factors affecting interpretation (e.g. small population sizes in bonus data).

Lastly, it informs action planning, to help the Trust continue to promote fairness, inclusivity, and equal opportunity in pay, reward, and progression for all employees.

The report will need to be published on the internet by the end of March 2026.

Recommendations and decisions required:

The Board is asked to:

- **Note** the latest report, performance metrics, and related data set, and
- **Note** that the report and data will be published on the Trust website and the data submitted to the government website in advance of the March 2026 deadline (assuming Board approval)
- **Note** the current and future actions
- **Note** that the next pay gap report will be presented to GPTWC in June 2026
- **Approve** the recommended commitment to equalities statement.

Corporate considerations	
Quality implications	The Trust strives to provide equality for colleagues, leading to increased levels of colleague satisfaction and ultimately improved patient care and experience.
Resource implications:	By failing to recognise and address issues of equality, colleague turnover could increase, employee relations casework on claims of detrimental treatment could increase.
Equalities implications:	The Equalities Act 2010 sets out the Trust's duties for equality generally, and the gender pay gap specifically. The Equality and Human Rights Commission gives guidance which the Trust endeavours to meet. This report is intended to further the agenda to meet these duties and guidance and to ensure compliance.
Risk implications:	Failure to provide equal opportunities may result in claims of discrimination, damage to Trust reputation, with resultant impact on retention, recruitment and morale.

Where in the Trust has this been discussed before?		
Great Place To Work Committee	Dates	2025 & 2026

Acronyms	<p>ESR – Electronic Staff Record VSM – Very Senior Manager GHC - Gloucestershire Health and Care NHSFT ATOS – Appointment and Terms of Service Committee HEI – Higher Education Institutes BME or BAME refers to “black, Asian & minority ethnic”. The Trust uses the acronym for brevity in graphs & charts only as the modern term is ethnic minorities or global majority. LCEA – Local Clinical Excellence Awards NCIA - National Clinical Impact Awards</p>
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Report authorised by: Neil Savage	Title: Director of HR & OD
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2025 GENDER, ETHNICITY & DISABILITY PAY GAP

1. CONTEXT & DEFINITIONS

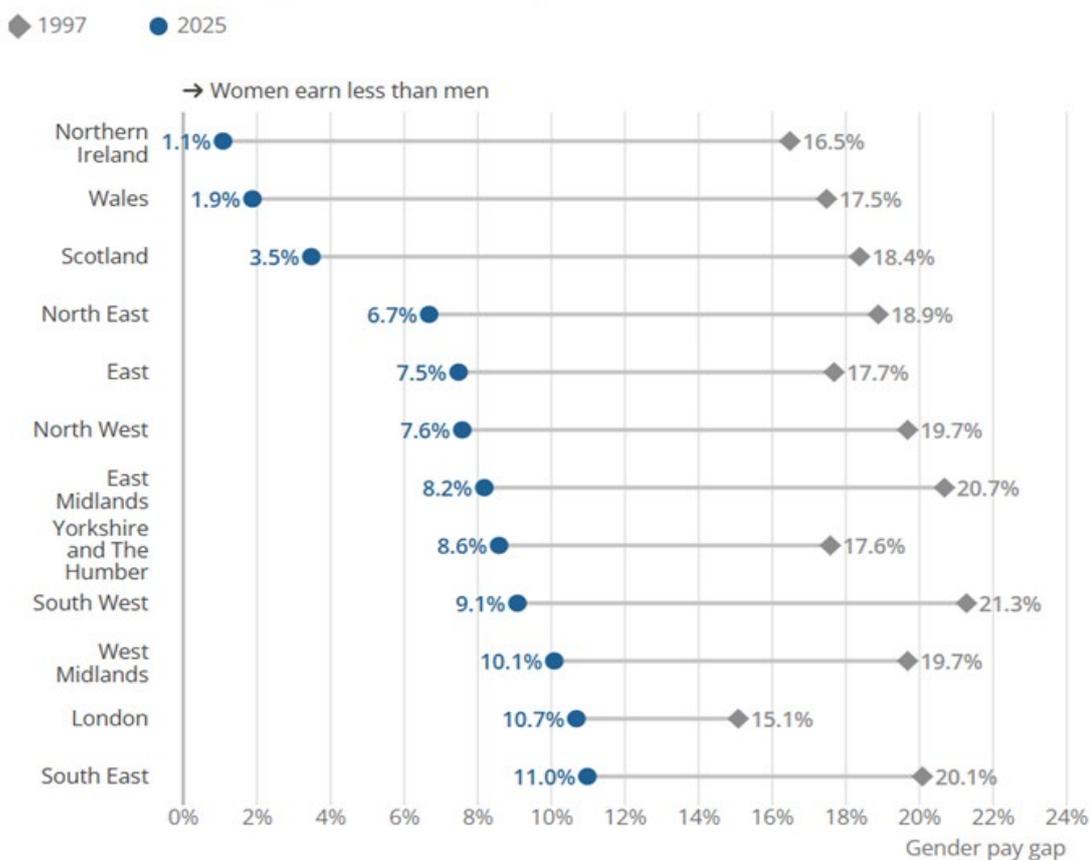
- 1.1 UK law requires businesses with over 250 employees to annually publish statutory calculations detailing the size of the pay gap between their female and male employees. The related regulations for public sector bodies took effect from March 2017 and the Trust has complied since then.
- 1.2 The legislation requires reporting to be published on both organisation and the Government websites by 30 March annually. The data is based on a snapshot of the workforce from a required date the previous year. The disability and ethnic pay gap is *not yet legally mandated for reporting*, but since last year, the Trust commenced including these pay gaps as good practice in advance of forthcoming legislative changes. This report it is based on 2025 data drawn from the Trust's ESR.
- 1.3 Annual results must be accompanied by a written statement of confirmation from the Chief Executive or another appropriate person. The Trust has historically made this statement from the Board. Actions should also be published, outlining how the organisation plans to continue reducing the gap.
- 1.4 Importantly, and frequently misunderstood, **pay gap reporting is different to equal pay**. This is important and often a point of misunderstanding. An explanation in relation to the gender pay gap is outlined below. Similar interpretations also apply to the disability and ethnicity pay gaps:
 - **Equal pay** covers with the **difference in pay between men and women doing the same or similar jobs or jobs of equal value**. It has been unlawful to pay people unequally because of gender since the Equal Pay Act 1970. The Act and later amendments prohibit less favourable treatment between men and women in terms of pay and conditions.
 - **This differs from the gender pay gap** which **shows the difference in the average (or mean) pay** between men and women in the workforce. If the workforce has a high gender pay gap, this can indicate several issues, and the individual calculation can help to identify what these issues are.
- 1.5 National NHS AfC terms and conditions contain the pay and conditions of service for NHS colleagues other than VSMs, medical and dental colleagues. Most colleagues are employed on these national NHS terms and conditions, and the terms were introduced in 2004 with the express intention of removing pay inequalities. They cover over 1 million workers, harmonising banding and progression arrangements across previously widely varied and separate Whitley Council pay groups. Colleagues are able to progress through pay bands irrespective of gender or any other protected characteristic. The AfC job evaluation process enables posts to be "matched" to national job profiles, allowing employers to evaluate jobs locally with trained evaluators to determine which pay band posts should sit.



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- 1.6 Medical and Dental colleagues have different terms and conditions, depending on seniority. However, these are also based on principles of equality and are set across several pay scales for basic pay, which have varying thresholds within them.
- 1.7 Directors have been appointed on similar equal opportunity job evaluation methods, informed previously by the national NHS Improvement VSM Guidance, replaced in 2025 by the VSM Pay Framework and benchmarked using national surveys, regional and local labour market data.
- 1.8 In terms of wider context, the national gender pay gap continues to vary substantially across regions. These variations are likely to be caused by differences in education, societal factors, the types of jobs and industries.
- 1.9 The national gender pay gap has been declining slowly over time; over the last decade it has fallen by approximately a quarter among full-time employees. In 2025, the gender pay gap among full-time employees was higher in every English region than in Wales, Scotland, or Northern Ireland as outlined in the following chart.

Gender pay gap for median gross hourly earnings (excluding overtime) for full-time employees, by work region, UK, April 1997 and 2025



Source: Office for National Statistics

- 1.10 Pay gap drivers are multifactorial, with evidence showing how much further improvement is needed to remove the gap within the Trust, the NHS, and the UK.
- 1.11 The UK government is progressing an **Equality (Race and Disability) Bill**, which aims to align disability and ethnicity requirements in line with gender reporting.

2. PAY GAP INDICATORS

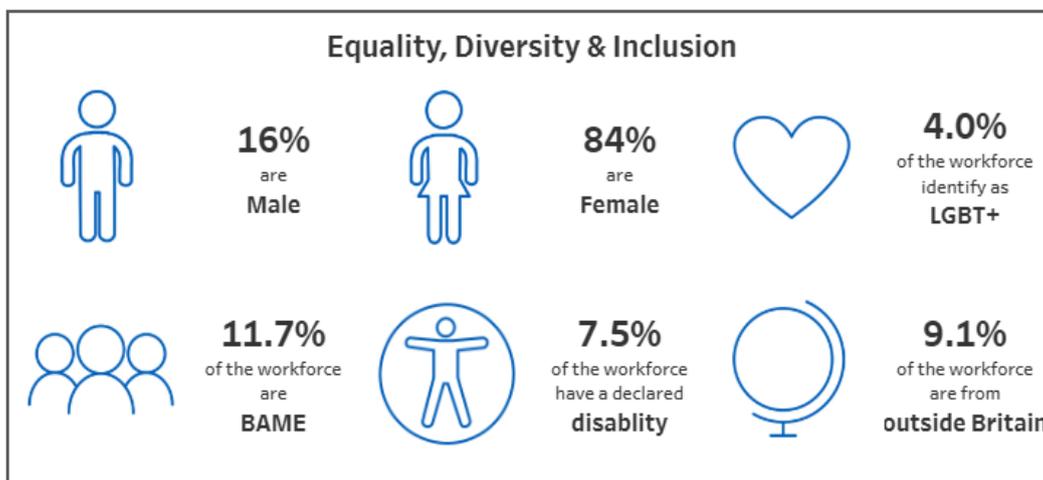
2.1 Using the guidance, this paper reports on:

1. The **mean** (i.e. average) and **median** (i.e. the mid-point) pay gap based on hourly rates of ordinary pay at the snap-shot date in relation to Gender, Ethnicity and Disability.
2. The **difference between the mean and median hourly rate** of ordinary pay at the snap-shot date in relation to Gender, Ethnicity and Disability.
3. The **proportion of colleagues in each pay quartile band** by hourly rates of pay at the snap-shot date in relation to Gender, Ethnicity and Disability.
4. The **mean and median bonus pay gap based on the bonus** paid at the snap-shot date in relation to Gender, Ethnicity and Disability.
5. The **proportion of colleagues receiving a bonus payment** at the snap-shot date in relation to Gender, Ethnicity and Disability.

2.2 It should be noted that following the national removal of the previous LCEAs in 2024, Consultant colleagues are now the only employees receiving bonus payments within the Trust in the form legacy LCEAs and the new NCIAAs. Decisions on these awards sit outside Trust's processes and direct control.

3. WORKFORCE DEMOGRAPHICS

3.1 As of the 2025 reporting date, the Trust had 5176 substantive colleagues (headcount). The tables below show the percentages of colleagues in relation to gender, ethnicity and disability. This provides a context to view the pay gaps.



3.2 GHC's workforce consisted of 84% women and 16% men, reflecting overall gender demographics across the NHS. In the Trust women and men are represented across all pay bandings, including at VSM levels where they currently outnumber men.

3.3 GHC's ethnic minority workforce was 11.7%. In comparison with the overall ethnic population of 6.9% in Gloucestershire, (data from the latest census and [Gloucestershire County Council Population Profile 2025 overview](#)), the Trust has higher overall representation. Gloucestershire non-white ethnicity remains well below the national average of 19%, although this is expected to continue growing.

3.4 At the reporting time GHC had 7.5% people with disabilities within its workforce. Data from the Gloucestershire County Council Population Profile overview shows that the percentage of population of people with disabilities within the county is 16.8%, therefore, we do not appear to have proportional representation. While reporting is improving over time, this is most likely due to continued challenges of colleagues declaring disability through ESR, despite regular reminders.

4. GENDER PAY GAP ANALYSIS

Table 1 – Employees by assignment.

AfC Pay Grade	Totals			
	Female	% makeup	Male	% makeup
Band 1	11	92%	1	8%
Band 2	368	83%	76	17%
Band 3	1035	82%	228	18%
Band 4	543	84%	103	16%
Band 5	937	87%	137	13%
Band 6	1143	86%	186	14%
Band 7	570	83%	119	17%
Band 8 - Range A	175	81%	42	19%
Band 8 - Range B	66	79%	18	21%
Band 8 - Range C	10	67%	5	33%
Band 8 - Range D	8	50%	8	50%
Band 9	4	80%	1	20%
Other	146	57%	111	43%
Totals	5016	83%	1035	17%

- 4.1 The data above remains similar to previous years i.e. 84% women and 16% men.
- 4.2 NB Band 1 roles are part-time roles in Facilities. While entrance is closed to new Band 1 roles, in line with national terms, these colleagues were given the option to accept Band 2 roles. A small number of colleagues rejected this offer, as it meant losing benefits and being made worse off. Colleagues in this situation are given an annual review opportunity to reconsider accepting a Band 2 role.

Table 2– Average & Median Hourly Rates – all eligible staff & pay schemes

Gender	Avg. Hourly Rate '25	Avg. Hourly Rate '24	Median Hourly Rate '25	Median Hourly Rate '24
Female	£20.43	£19.16	£19.09	£18.09
Male	£23.19	£21.77	£20.03	£19.10
Difference	£2.77	£2.61	£0.94	£1.00
Pay Gap %	11.90%	11.99%	4.68%	5.27%

- 4.3 Table 2 above shows minor improvements in the average hourly and median gender pay gaps over the previous year's reporting period.

Table 3 – Number of employees – Q1 = Low, Q4 = High

Quartile	Female	Male	Female %	Male %
1	1,247 (1,111)	216 (185)	85 (86)	15 (14)
2	1,287 (1,069)	273 (202)	83 (84)	17 (16)
3	1,257 (1,126)	238 (199)	84 (85)	16 (15)
4	1,225 (1,026)	308 (272)	80 (79)	20 (21)

(Previous year's figures in brackets)

- 4.4 Table 3 above shows that whilst overall numbers have increased, there remains a reasonably static workforce percentage in relation to gender breakdown.

Table 4 – Average Bonus* Gender Pay Gap

Gender	Avg Bonus Pay '25	Avg. Pay '24	Median Bonus Pay '25	Median Bonus Pay '24
Male	£7,663.93	£9,480.54	£3,909.16	£7,540.02
Female	£3,992.29	£9,463.81	£2,625.45	£9,418.54
Difference	-£3,671.64	-£16.72	-£1,284.71	-£1,878.53
Pay Gap %	47.91%	-0.18%	32.86%	-24.91%

- 4.5 Table 4 above illustrates that LCEAs have ended, with the final round paid during 2024/25, unusually increasing the bonus pay gap, with no further applications permitted. While opportunities for NCIAs continue for a few, the Trust has no colleagues currently in receipt of these and no control in related decisions.

Table 5 – Proportion of Men & Women receiving a bonus against overall totals

Year	Total	Gender		% of total		Number receiving a bonus		% receiving bonus	
		Male	Female	Male	Female	Male	Female	Male	Female
2024	146	59	87	40%	60%	16	5	11%	3%
2025	173	77	96	45%	55%	27	25	35%	26%

- 4.6 As part of previous pay gap actions agreed earlier by GPTWC and the Board, the Trust continues to offer support for NQIA applications from women, ethnic minorities and colleagues with a disability, offering training and support to maximise the likelihood of an award. However, applications are likely to remain limited due to the need evidence sizeable regional, national, or international roles, or significant research, development or innovation to win an award.
- 4.7 It was noted at earlier GPTW meetings that using mean and median pay rates by gender could be misleading, particularly as one gender constitutes the majority of the workforce. Given most Trust colleagues are paid according to AfC, it was agreed that pay gap differences should also be reported by pay band, and this is now possible

with new ESR reporting tools. Breaking down the salary distribution into these smaller, more specific groups allows us to see whether a gender pay gap exists at particular pay levels, independent of overall gender representation.

Table 6 - Gender Pay Gaps Within Bands

AfC Pay Grade	Female	Male	Difference	Pay Gap %
Band 1	£13.99	£12.08	-1.91	-15.83
Band 2	£13.12	£13.17	0.05	0.36
Band 3	£14.37	£15.09	0.72	4.80
Band 4	£14.55	£14.51	-0.05	-0.33
Band 5	£18.29	£17.91	-0.37	-2.09
Band 6	£21.93	£22.19	0.26	1.17
Band 7	£25.72	£25.94	0.23	0.88
Band 8 - Range A	£29.19	£28.98	-0.21	-0.73
Band 8 - Range B	£33.53	£34.56	1.02	2.96
Band 8 - Range C	£41.81	£40.77	-1.04	-2.55
Band 8 - Range D	£47.51	£48.75	1.25	2.56
Band 9	£54.20	£62.02	7.82	12.61
Other	£41.20	£43.19	1.99	4.61

4.8 When considered against the gender/tiers shown in **Table 1**, the data shows most pay bands show minimal gender pay gaps, with some even favouring women (e.g., Band 1, 4, 5, 8A and 8C).

- **Lower AfC bands (Bands 1–4) are heavily female-dominated:**
 - Example: Band 3 Tier 1 = 624 females vs 93 males. *Please see section H of 7.2 below for further feedback on this point from the Women's Leadership Network.*
- **Mid-level bands (Bands 5–7) remain female-dominated but with increasing male representation at higher tiers.**
 - Example: Band 6 Tier 3 = 738 females vs 114 males.
- **Senior bands (with the exception of Bands 8A and C, Band 8 & 9) show a clear shift toward male representation, despite smaller overall numbers:**
 - Band 8B = 66 females vs 18 males
 - Band 9 = 4 females vs 1 male
- **Band 9 has the largest pay gap (12.61%), which closely mirrors the overall gap of 11.84%.** (Note: a male colleague is the only worker on top of band due to a significant length of service)
- **High male representation in top-paying roles**, e.g. at Band 8, 9 and Director level, even in small numbers, significantly skews average male pay upward.
- **The overall 11.91% gender pay gap is driven by workforce distribution, not unequal pay for equal work.**

4.9 In summary, pay band analysis provides a clearer picture, revealing that the issue is structural imbalance – more women in lower bands and more men in senior, higher-paid positions for longer periods of time.

5. ETHNICITY PAY GAP

- 5.1 Table 7 below shows **the mean Ethnicity pay gap is at 3.55% in favour of ethnic minority colleagues** which reflects a greater proportion of these colleagues in higher-paid roles, particularly within Medical and Dental.
- 5.2 However, **the median hourly rate of 0.75% is slightly higher for White colleagues**, suggesting that White colleagues may be more evenly spread across mid-paying roles, while those from an ethnic minority may be concentrated at higher and lower ends of the pay spectrum.
- 5.3 The difference in pay is small at the median, indicating no substantial ethnic pay disparity when looking at the typical employee in each group.
- 5.4 The much larger size of the White workforce (approx. 7x that of ethnic minorities) means that even minor changes in role distribution or pay can have a large impact on the overall averages.

Table 7 – Ethnicity Group Average & Median Hourly Rates – all eligible staff & pay schemes

Ethnic Origin Grouping Summary	Avg. Hourly Rate	Median Hourly Rate
BME	£21.49 (£19.88)	£18.95 (£17.97)
White	£20.76 (£19.41)	£19.09 (£18.09)
Difference	£3.43 (£-0.47)	-£0.14 (£0.12)
Ethnicity Pay Gap %	3.55% (-2.41%)	-0.75% (0.67%)

Table 8 – Number of employees by Ethnicity group – Q1 = Low, Q4 = High

Quartile	Asian	Black	Mixed	Not Stated	Other	White British	White Other
1	70 (57)	48 (38)	18 (18)	13 (17)	10 (7)	1,087 (1097)	68 (62)
2	80 (82)	81 (70)	26 (21)	26 (17)	4 (6)	999 (995)	69 (79)
3	81 (73)	78 (58)	19 (20)	22 (28)	6 (6)	1,123 (1092)	64 (48)
4	66 (54)	47 (42)	24 (26)	24 (25)	8 (9)	1105 (1083)	59 (57)

- 5.5 The data in table 8 shows the detailed 2025 ethnicity headcount split, this is the second year of reporting, with previous year in brackets. The data shows that ethnic diversity has improved year-on-year, particularly for Black and Asian staff, with increases across all quartiles—a sign of more equitable representation. The growth in Q4 numbers for ethnic minority colleagues (especially Asian and Black) shows greater penetration into higher pay bands than in the previous year.

Table 9 – Proportion of BAME/White receiving a bonus against overall totals

Ethnicity Group	Average Bonus Pay '25	Median Bonus '25
BAME	£5084.37 (£7,854.79)	£2624.45 (£6,032.04)
White	£5611.89 (£11,440.87)	£2624.45 (£9,233.27)
Difference	-£527.52 (£3,586.08)	£0.00 (£3,201.23)
Pay Gap %	-9.86% (-31.34%)	0.00% (-34.67%)

5.6 The narrowing bonus pay gap is encouraging, particularly the achievement of median parity. However, because this was the last year of the LCEA scheme, results are solely influenced by the wind-down of the programme, not long-term systemic change or matters within the Trust control. It is important to ensure that any future recognition or incentive schemes are designed with equity at the core, so this progress is sustained or improved going forward.

Table 10 - Proportion of those eligible receiving a bonus against the overall totals by ethnicity

Ethnic Origin	Employees Paid Bonus	Total Relevant Employees	%
A White - British	23.00	112.00	20.54
B White - Irish		1.00	-
C White - Any other White background	8.00	20.00	40.00
D Mixed - White & Black Caribbean		1.00	-
E Mixed - White & Black African		1.00	-
F Mixed - White & Asian		4.00	-
G Mixed - Any other mixed background		3.00	-
H Asian or Asian British - Indian	8.00	31.00	25.81
J Asian or Asian British - Pakistani	4.00	7.00	57.14
K Asian or Asian British - Bangladeshi		3.00	-
L Asian or Asian British - Any other Asian background	1.00	8.00	12.50
M Black or Black British - Caribbean		1.00	-
N Black or Black British - African	1.00	10.00	10.00
P Black or Black British - Any other Black background		0.00	-
R Chinese	2.00	3.00	66.67
S Any Other Ethnic Group	1.00	7.00	14.29
SE Other Specified	1.00	1.00	100.00
Z Not Stated	3.00	14.00	21.43

6. DISABILITY PAY GAP

6.1 The **disability pay gap has shifted from positive to negative**, now showing:

- An 8.48% average pay gap and
- A 6.78% median pay gap in favour of non-disabled employees.

6.2 This change is a reversal from last year, when the gap slightly favoured disabled colleagues.

Table 11 – Disability Average & Median Hourly Rates – all eligible colleagues & pay schemes

Disability	Avg. Hourly Rate	Median Hourly Rate
No	£20.98 (£19.03)	£20.77 (£17.69)
Yes	£19.20 (£17.66)	£19.36 (£16.47)
Difference	£-1.78 (£1.37)	£1.41 (£1.22)
Disability Pay Gap %	-8.48% (7.20%)	-6.78% (6.90%)

6.3 Data below shows the 2025 Disability headcount split. The table shows the proportion of colleagues in four pay quartiles by hourly rates of pay, ranked from the lowest hourly rate to the highest hourly rate.

Table 12 – Number of employees by Disability grouping – Q1 = Low, Q4 = High

Quartile	No	Not Declared	Prefer Not To Answer	Unspecified	Yes
1	1112 (1093)	84 (103)	5 (2)	12 (13)	101 (79)
2	1075 (998)	81 (94)	6 (3)	9 (16)	113 (72)
3	1195 (1039)	85 (99)	5 (3)	10 (8)	98 (77)
4	1140 (912)	102 (101)	4 (2)	12 (6)	74 (42)

6.4 Positively, there is evidence of improved disability declaration. Across all quartiles, colleagues identifying as having a disability has increased significantly:

- Q1: +22
- Q2: +41
- Q3: +21
- Q4: +32

6.5 These increases occurred while:

- The number of "Not Declared" entries dropped or stayed flat
- "Prefer Not to Answer" responses stayed low
- "Unspecified" decreased or remained stable.

6.6 The reversal of the disability pay gap (from +7.2% to -8.48%) is likely to have been influenced by better representation and improved reporting, rather than a worsening approach to pay equity. The reporting improvements are a positive sign of increased disclosure but also means that future comparisons should try to account for changes in reporting behaviour. Real progress on equity must be measured from accurate and as complete as possible data baselines.

Table 13 – Proportion of those recorded of having a Disability or not receiving a bonus

Disability	Average Bonus Pay '24/25	Median Bonus '24/25
No	£6,459.46 (£9,958.99)	£2624.45 (£9,048.00)
Yes	£8,656.49 (£6,032.04)	£8,656.49 (£6,032.04)
Difference	£2197.03(-£3,926.95)	-£6,032.04 (£3,015.96)
Pay Gap %	29.07% (-39.43%)	106.94% (-33.33%)

- 6.7 The **mean bonus pay gap is 29.07% in favour of colleagues who have declared a disability**, and the **median bonus pay gap is 106.94%, also in favour of disabled colleagues**. However, it is important to note that only one colleague with a declared disability received a bonus, compared to 46 colleagues without a declared disability.
- 6.8 This significant shift from last year’s gap (which favoured non-disabled colleagues) is arguably not a meaningful indicator of pay equity, but more likely a statistical anomaly driven by the small sample size. The figures are distorted by a single high-value bonus, and do not reflect a wider trend or systemic improvement.

7. CONCLUSIONS & NEXT STEPS

7.1 Conclusions

- 7.1.1 For the purposes of the legally mandated gender pay gap, the headline figure based on all eligible Trust employees and pay schemes **indicated that the gender pay gap continues to slowly close**, and, that **women are paid 11.91% less on average than men against a previous year of 11.99%**. Longitudinal trend data is shown below, however, at this rate, it could take at least another decade for the mean gender pay gap to be neutralised. Similar assessments can be given in varying degrees to the disability and ethnicity pay gaps.

Table 14 – Gender Pay Gap Trend - Mean percentages

Gender Pay Gap Trend - Mean percentages						
	2020	2021	2022	2023	2024	2025
Mean GPG in favour of men	18.63%	17.09%	15.13%	12.42%	11.99%	11.91%

- 7.1.2 The Trust’s **median** (middle point) **earnings gaps stands at 5.27%**, with the related trend data shown below.

Table 15 – Gender Pay Gap Trend – Median percentages

Gender Pay Gap Trend - Median percentages						
	2020	2021	2022	2023	2024	2025
Median GPG in favour of men	7.55%	4.31%	7.09%	4.72%	5.27%	4.68%



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- 7.1.3 The median gender pay gap is likely to take longer than the mean pay gap to be neutralised.
- 7.1.4 The data indicates that in 2025 some 84% (84% also in 2024) of GHC's substantive workforce were women. An analysis would expect to show this is broadly reflected in each of the AfC pay bands, Medical and Dental pay and VSM / Executive Board level pay. However, it is also noted that there has been some growth in the lowest quartile, with the Trust employing more males at lower bands.
- 7.1.5 While seeing minor improvements (with the exception of the bonus / LCEA issue), as with previous years, the gender split in the pay bands still suggests that there is less opportunity for women in more senior roles and/or that jobs for this group are less attractive. The appointment of three women Directors in 2024 and some other key senior appointments will continue to positively impact the gap assuming stability and future appointments present further opportunities.
- 7.1.6 However, even allowing for the availability of promotional opportunities, the pay gap will only equalise gradually, not just for gender, but also for ethnicity and disability, due to a wide range of contributory factors including incremental pay progression, student pipeline recruitment changes (via HEIs and how they recruit and retain students) and with further significant shifts in the number of senior and very senior management and clinical appointments.
- 7.1.7 In light of the Trust's student labour pipeline, with associated training time and the subsequent career progression timeframes, it takes years to be trained and to rise through pay bands. The term 'feminisation of the medical workforce' was used increasingly from the mid-1990s as a driver for change. 2017 was originally forecast as the year that the number of women on the medical register would exceed the number of men. But despite this, except for Scotland, this has still not happened. The GMC's "State of medical education and practice in the UK" report confirms that there are now more than 60% of medical students who are women, and, at the other end, older, mainly male, doctors are retiring. The most recent report confirms the national Medical Register is slowly changing and now nearly equal, with 49% women and 51% men. This is likely to improve further with older men retiring.
- 7.1.8 Improvement interventions contained in last year's report, including better flexible working and wider choices about career breaks, alternative working patterns, turnover, positive action in targeted recruitment advertising -- particularly for senior levels-- will all continue to factor into this, alongside improved gender, disabled and ethnicity ratios in our apprenticeship and degree supply chain, particularly in medical school, nursing and allied health professionals. It is encouraging that the Trust has most recently been rated the third highest Southwest provider scorer on the NHS Staff Survey "We Work Flexibly" Theme, significantly higher than the national All NHS provider average.
- 7.1.9 The Trust has regularly stated its commitment to equality of opportunity and should recognise from the most recent data that there remains much further work to be done to close the pay gaps. Our experience shows that progress will not be achieved quickly or exclusively by internal organisational actions, requiring a wider shift in

education policies, societal attitudes and behaviours. However, there are clear actions the Trust can continue to take to make inroads on the gaps.

7.2 Current Actions & Next Steps

7.2.1 Reducing the combined Gender, Ethnicity and Disability related pay gaps is a long-term ambition and not a simple goal which can be achieved quickly. Incremental improvements will only be possible through sustainable actions over time.

7.2.2 In addressing the pay gaps, the Trust will progress the following actions:

- A. **Diversity Network** – As with previous years, continuing to share pay gap reporting, progress and opportunities with the networks, for views, support and ideas. For example, the Director of HR & OD attended two engagement sessions with the Women’s Leadership Network (WLN) in 2025. Following these, Tanya Stacey, Quality Improvement Manager, and Chair of the Women’s Leadership Network, is working with support from Andy Mills, Associate Director of Workforce, to further breakdown and analyse the gender pay gap across different data cuts, for example, broken down by sub directorates to better understand potential actions and to support strategic planning within the network and with targeted development opportunities. Depending on the outcome, if certain areas have larger gender pay gaps, then we will work with the network on targeted awareness raising and co-developing some related SMART metrics. This level of reporting has now been enabled by ESR reporting developments not previously available. A similar deep data approach will be taken during 2026/27 with the Race and Cultural Awareness and Disability Awareness Networks after the WLN work has been piloted and lessons learned.
- B. **Flexible Working** – Flexible Working options are proven to positively impact career development for disabled colleagues, single parents and women, who often bear the weight of child care. In the engagement with WLN, flexible working options came up as the most popular theme voted on Ideaboardz too. Our Flexible Working Policy was previously updated in for the 2024 Policy Manual launch. However, since then a new National NHS Flexible Working People Policy Framework was launched, and working in partnership with Staff Side, we have further improved the GHC approach. Additional factsheets, guides and action cards, annualised hours resources, Term-time only resources and Time off in Lieu (TOIL) guidance has been published at the end of 2025. We will continue to measure how colleagues rate us on this in the NHS Staff Survey.
- C. **Management & Leadership Development** – This is subject to the outcomes of the Discovery Phase of the Leadership and Culture Programme Leadership workstream. However, targeted positive action should continue with management and leadership development training programme offers within the Trust and wider with the Leadership Academy regional and national programme. This will include further supported nominations to any future Ready Now and Developing Aspirant Leaders (DAL) programmes, which support ethnic minorities aspiring towards leadership roles. Trust colleagues have previously been supported through the latter programme, with one providing a notable staff story on the programme’s impact on their career at a GPTWC.

- D. **National Clinical Impact Award Bespoke Training & Buddying.** This support had to be paused pending the cessation of the previous LCEAs and introduction of the new NCIA process. This presents limited opportunity considering the very low historic success rate for Trust applicants but considering the values remains worthwhile as an offer.
- E. **Executive Succession Planning** - the Appointment and Terms of Service Committee (AToS) has received annual succession planning and talent management updates for Executive roles, retention and recruitment, with a focus on equity and opportunities for positive action in recruitment. This will continue to be refreshed for 2026 with opportunities for improvement and positive action being considered through that process and with planned Executive recruitment (e.g. the Director Finance and COO vacancies).
- F. **Continued targeted Positive Action in recruitment.** The Trust will continue to take [positive action](#) where opportunities arise, particularly with senior posts. One of the most popular actions the WLN asked the Trust to explore is why less men take on lower banded roles and whether the language in adverts, job titles and interviews might put them off. More men in lower pay bands has been modelled and shows this would reduce the gender pay gap in particular. This has been reviewed and changed advertising wording will continue to be used where under-representation is identified.
- G. **Inclusion Allies programme** – In 2025, after the conclusion of the last system-wide Reciprocal Mentoring Programme cohort, ICS partners were scoping the creation of a new “Inclusion Allies” programme. However, with the latest NHS clustering reconfigurations and additional savings targets, this has been paused. However, considering the evidence of career impact, this should remain a future priority, but one which will need to be revisited after the above change processes have completed and development budgets clearer.

8.0 EARLY ASSESSMENT FOR THE 2026 GENDER PAY GAP REPORT

- 8.1 Some early assessment on the Gender Pay Gap is suggesting there will be further improvements to be reported for the next reporting period. For example:-
- Mean (average) pay gap continues to narrow. The mean gap has reduced from 11.99% ('24) to 11.91% ('25) and now to 10.90% ('26) (a further 0.94 percentage point improvement year-on-year).
 - Median pay gap shows stronger improvement. The median gap fell from 5.27% ('24) to 4.39% ('25) and now 2.79% ('26) (a 1.60 percentage point improvement versus last year).
 - Female hourly rates have also grown faster year-on-year.
 - o Average hourly rate: Female up £0.89 (+4.4%) vs Male up £0.76 (+3.3%) from '25 to '26.
 - o Median hourly rate: Female up £0.69 (+3.6%) vs Male up £0.38 (+1.9%).

The higher growth in female pay is the primary driver of the reduced gaps.



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- The direction of travel is generally positive across both measures. The data indicates sustained progress toward reducing the gender pay gap, with the median measure now below 3% and the mean nearing 10%.

9.0 RECOMMENDATIONS

9.1 The Board is asked to:

- **NOTE** the latest report, performance metrics, and related data set
- **NOTE** that the report and data will be published on the Trust website and the data submitted to the government website in advance of the March 2026 deadline (assuming Board approval)
- **NOTE** the current and future actions
- **NOTE** that the next pay gap report will be presented to GPTWC in June 2026, and to
- **AGREE** in principle the recommended statement below, is recommitted to, and published alongside the pay gap data on the Trust and government websites.

***“Gloucestershire Health & Care NHS Foundation Trust’s Board confirms its commitment to the ongoing monitoring and analysis of its Gender, Disabled and Ethnicity Pay Gap data and to developing and delivering appropriate actions aimed at reducing and eradicating the gaps over time.*”**

Additionally, the Board is fully committed to working in partnership with colleagues, stakeholder organisations and external agencies to learn from other organisations, apply good practice and to take innovative approaches, including positive action in its action to reduce and remove pay gaps.”

REPORT TO: TRUST BOARD **PUBLIC SESSION – 26th MARCH 2026**

PRESENTED BY: Sandra Betney, Director of Finance and Deputy CEO

AUTHOR: Stephen Andrews, Deputy Director of Finance

SUBJECT: FINANCE REPORT FOR PERIOD ENDING 28th February 2026

If this report cannot be discussed at a public Board meeting, please explain why.	
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This report is provided for:			
Decision <input type="checkbox"/>	Endorsement <input type="checkbox"/>	Assurance <input checked="" type="checkbox"/>	Information <input type="checkbox"/>

<p>The purpose of this report is to Provide an update of the financial position of the Trust.</p>

<p>Recommendations and decisions required The Trust Board is asked to NOTE the month 11 position.</p>

<p>Executive summary</p> <ul style="list-style-type: none"> • The system plan at 30th April was break even and the Trust’s plan was break even. • At month 11 the Trust has a surplus of £0.373m compared to the plan of a £0.050m deficit. • 25/26 Capital plan was £15.449m with £3.265m of disposals leaving a net £12.184m programme. Net spend to month 11 is £8.335m against a plan of £12.187m. • The Trust spent £18.596m on bank staff which is above plan by £2.182m. • The Trust spent £2.497m ytd on agency staff which is below plan by £1.139m. There were 8 off framework shifts, the target is 0. • Cash at the end of month 11 is £45.535m, which is above plan by £3.9m.

<p>Risks associated with meeting the Trust’s values Risks included within the paper.</p>

Corporate considerations	
Quality Implications	
Resource Implications	
Equality Implications	



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Where has this issue been discussed before?

Appendices:

Finance Report M11

Report authorised by:

Sandra Betney

Title:

Director of Finance and Deputy CEO



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Finance Report Month 11

26 March 2026

Presented by **Sandra Betney** Director of Finance

Overview

- The system plan at 30th April submission was break even and the Trust's plan was break even.
- At month 11 the Trust has a surplus of £0.373m compared to the plan of a £0.050m deficit.
- Cash at the end of month 11 is £45.535m, which is above plan by £3.9m.
- Cost improvement programme has delivered £5.62m of recurring savings against the plan of £9.082m. Target for the year is £10.086m. £1.352m is unidentified.
- Non recurrent savings target is £5.169m all of which is identified, and of which £7.77m has been delivered.
- The Trust spent £18.596m on bank staff which is above plan by £2.182m.
- The Trust spent £2.497m ytd on agency staff which is below plan by £1.139m. There were 8 off framework shifts, the target is 0.
- Better Payment Policy shows 95.4% of invoices by value paid within 30 days and 91.7% by number of invoices, the national target is 95%.
- 25/26 Capital plan was £15.449m with £3.265m of disposals leaving a net £12.184m programme. Net spend to month 11 is £8.335m against a plan of £12.187m.
- Capital forecast outturn is anticipated to be in line with revised plan.

GHC Income and Expenditure

	2025/26	2025/26	2025/26	2025/26	2025/26
	Plan	Revised Plan	Revised budget ytd	Actuals ytd	Variance
Operating income from patient care activities	301,442	315,164	288,789	290,065	1,276
Other operating income	16,590	19,417	18,315	20,049	1,734
Employee expenses - substantive	(221,705)	(233,665)	(231,235)	(209,788)	21,447
Bank	(17,906)	(17,906)	(1,684)	(18,596)	(16,912)
Agency	(3,967)	(3,967)	(618)	(2,497)	(1,879)
Operating expenses excluding employee expenses	(73,026)	(78,153)	(72,993)	(79,578)	(6,586)
PDC dividends payable/refundable	(2,781)	(2,781)	(2,549)	(2,549)	0
Finance Income	1,500	2,038	2,107	2,241	134
Finance expenses	(198)	(198)	(177)	(205)	(28)
Surplus/(deficit) before impairments & transfers	(51)	(51)	(45)	(859)	(814)
Gains/ (losses) from disposal of assets			0	23	23
Remove capital donations/grants I&E impact	51	51	47	49	2
Surplus/(deficit)	0	0	2	(786)	(789)
Adjust (gains)/losses on transfers by absorption/impairments	0	0	0	1,159	1,159
Remove net impact of consumables donated from other DHSC bodies	0	0	0		0
Revised Surplus/(deficit)	0	0	2	373	371
WTEs	4755	4823	4823	4667	156

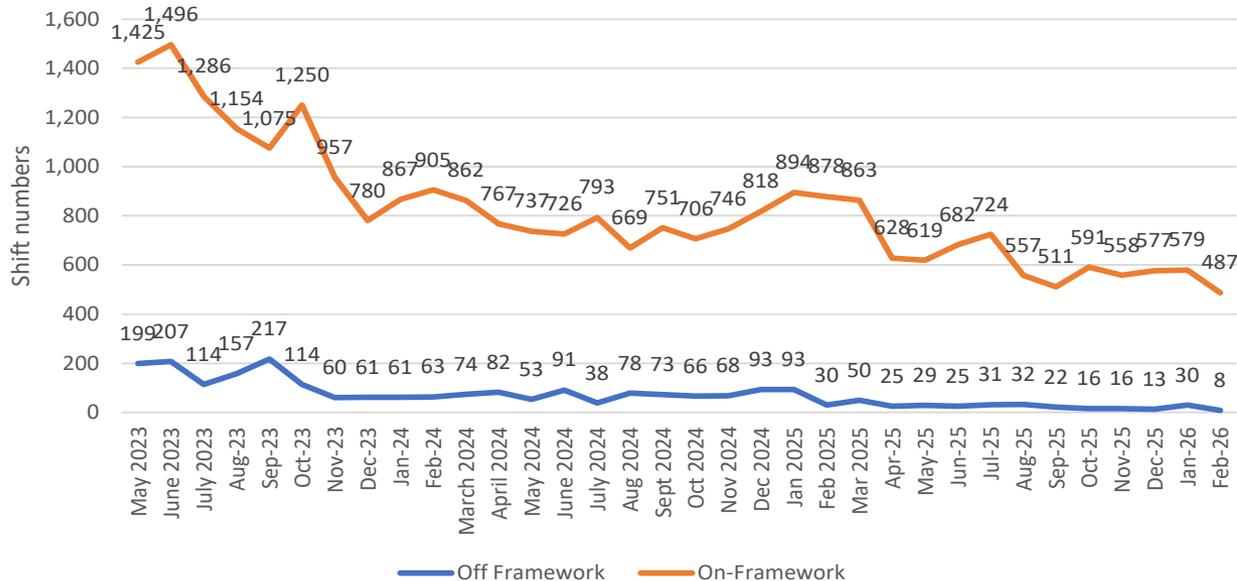
Budget for bank & agency is for specific cost centres but Plan is for the Trust.

Pay Analysis

Pay analysis month 11							
	Plan WTE Month 11	Budget WTE Month 11	Budget £000s	Actual WTE Month 11	Actual £000s	Actual £ as % of Total £	YTD Variance to plan £000s
Substantive	4,379	4,809	231,235	4,368	209,788	90.9%	(15,068)
Bank	336	14	1,684	275	18,596	8.1%	(3,672)
Agency	40	0	618	24	2,497	1.08%	810
Total	4,755	4,823	233,537	4,667	230,881	100.0%	(17,929)

- Trust WTE budget 68 higher than plan due to devts
- Trust does not routinely set budgets for bank and agency but the plan includes assumed levels
- the Trust used 8 off framework agency shifts in February. The target is 0.

GHC Agency Shifts - On and Off Framework



Balance Sheet

STATEMENT OF FINANCIAL POSITION (all figures £000)		2024/25	2025/26			2025/26	
		Actual	NHSE Plan	YTD revised budget	YTD Actual	Variance	Full Year Forecast
Non-current assets	Intangible assets	1,745	2,264	2,266	2,099	(167)	2,349
	Property, plant and equipment: other	117,935	122,466	121,828	117,485	(4,344)	124,637
	Right of use assets	16,438	16,541	16,653	15,938	(715)	16,048
	Receivables:	1,244	1,209	1,212	1,214	2	1,211
	Total non-current assets	137,361	142,480	141,959	136,735	(5,224)	144,244
Current assets	Inventories	444	444	444	443	(1)	443
	NHS receivables	7,409	7,432	7,432	10,202	2,770	8,702
	Non-NHS receivables	9,331	9,349	9,349	7,821	(1,528)	7,821
	Credit Loss Allowances	(1,595)	(1,595)	(1,595)	(1,918)	(323)	(1,918)
	Property held for Sale	3,123	377	1,732	2,365	633	1,115
	Cash and cash equivalents:	41,855	39,359	39,639	45,535	5,895	43,824
	Total current assets	60,567	55,366	57,001	64,447	7,445	59,986
Current liabilities	Trade and other payables: capital	(3,815)	(3,535)	(3,473)	(1,732)	1,741	(6,232)
	Trade and other payables: non-capital	(26,851)	(26,875)	(28,034)	(34,215)	(6,181)	(32,056)
	Borrowings	(1,514)	(1,514)	(1,514)	(1,481)	33	(1,406)
	Provisions	(8,701)	(8,702)	(8,702)	(7,023)	1,679	(7,023)
	Other liabilities: deferred income including contract liabilities	(1,303)	(1,303)	(1,303)	(1,729)	(426)	(1,229)
	Total current liabilities	(42,184)	(41,929)	(43,026)	(46,179)	(3,154)	(47,945)
Non-current liabilities	Borrowings	(14,026)	(14,252)	(14,316)	(13,595)	722	(14,011)
	Provisions	(2,511)	(2,511)	(2,511)	(2,497)	14	(2,497)
Total net assets employed		139,206	139,154	139,108	138,911	(197)	139,777

Taxpayers Equity	Public dividend capital	132,103	132,103	132,103	132,103	(0)	132,972
	Revaluation reserve	13,790	13,789	13,789	14,330	541	14,330
	Other reserves	(1,241)	(1,241)	(1,241)	(1,241)	0	(1,241)
	Income and expenditure reserve	(1,046)	(5,498)	(5,544)	(5,446)	98	(5,446)
	Income and expenditure reserve (current year)	(4,399)	0	0	(835)	(835)	(838)
	Total taxpayers' and others' equity	139,206	139,154	139,108	138,911	(196)	139,777

Cash Flow Summary

Statement of Cash Flow £000	YEAR END 24/25		ACTUAL 25/26		FULL YEAR FORECAST 25/26		2026/27 Forecast £000s	2027/28 Forecast £000s	2028/29 Forecast £000s	2029/30 Forecast £000s
Cash and cash equivalents at start of period		51,433		41,855		41,855	43,825	40,901	36,187	33,699
Cash flows from operating activities										
Operating surplus/(deficit)		(4,473)		(346)		(325)	2,051	1,975	1,950	1,929
Add back: Depreciation on donated assets		185		48		52	51	51	51	51
Adjusted Operating surplus/(deficit) per I&E		(4,287)		(298)		(273)	2,102	2,026	2,001	1,980
Add back: Depreciation on owned assets		11,117		8,916		9,687	8,824	9,029	9,600	9,701
Add back: Depreciation on Right of use assets							1,554	1,415	1,391	1,367
Add back: Impairment		4,497		1,159		1,159	0	0	0	0
(Increase)/Decrease in inventories		(88)		1		1	0	0	0	0
(Increase)/Decrease in trade & other receivables		(4,386)		(912)		615	39	42	43	1
Increase/(Decrease) in provisions		154		(1,698)		(1,699)	0	0	0	0
Increase/(Decrease) in trade and other payables		(8,506)		6,218		5,181	0	0	0	0
Increase/(Decrease) in other liabilities		217		426		(74)	0	0	0	0
Net cash generated from / (used in) operations		(1,283)		13,812		14,597	12,519	12,512	13,035	13,049
Cash flows from investing activities										
Interest received		3,072		2,241		2,472	961	958	956	999
Interest paid		(9)		(8)		(15)	(17)	(17)	(17)	(17)
Proceeds from Sale of PP&E		1,974		205		1,455	1,565	2,424	0	0
Purchase of property, plant and equipment		(9,316)		(9,504)		(12,667)	(14,634)	(16,093)	(12,019)	(10,858)
Assets Held for Sale							0	0	0	0
Net cash generated used in investing activities		(4,279)		(7,067)		(8,755)	(12,125)	(12,728)	(11,080)	(9,876)
Cash flows from financing activities										
PDC Dividend Received		227		0		869	1,300	0	0	0
PDC Dividend (Paid)		(2,491)		(1,427)		(2,781)	(2,847)	(2,847)	(2,847)	(2,847)
Finance lease receipts - Rent		94		90		94	97	97	96	4
Finance lease receipts - Interest		(62)		(55)		(59)	(58)	(55)	(52)	(3)
Finance Lease Rental Payments		(1,572)		(1,477)		(1,782)	(1,624)	(1,531)	(1,501)	(1,461)
Finance Lease Rental Interest		(213)		(196)		(213)	(186)	(162)	(139)	(117)
		(4,016)		(3,065)		0	(3,318)	(4,498)	(4,443)	(4,424)
Cash and cash equivalents at end of period		41,855		45,535		0	43,825	40,901	36,187	33,699

Liquidity Metric

Month 11

Liquid Working Capital	x 334 days =	24,654	26.99	days
ytd Operational Expenditure		305,085		

Capital Plan	Plan	Revised Plan	Actuals	Plan	Plan	Plan	Plan	Plan
£000s	2025/26	2025/26	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31
Land and Buildings								
Buildings	4,208	1,418	794	4,669	10,000	1,822	2,786	1,636
Backlog Maintenance	2,584	3,762	1,905	2,041	1,393	1,393	1,400	1,400
Buildings - Finance Leases	50	615	877	1,122	490	2,115	347	382
Vehicle - Finance Leases	0	612	117	50	250	250	250	250
Other Leases	0	0	390	1,200	0	0	300	0
Net Zero Carbon	1,650	4,624	2,475	1,502	110	1,200	1,650	1,650
Medical Equipment	340	1,529	879	664	630	1,000	1,200	1,200
IT								
IT Devices	200	600	0	200	900	900	1,200	1,200
IT Infrastructure	1,470	1,671	196	1,610	1,250	380	1,310	1,310
WAN/LAN		0		0	0	1,530	400	0
Transforming Care Digitally	1,230	734	756	1,230	250	0	0	400
NHS Net Transition	334	300		334	0	0	0	0
Digital Innovation		0		0	0	540	590	590
Data Centres/Servers		0		30	840	40	0	0
Patient Portal		601		256	0	0	220	220
Space Management Toolkit (Estates)		200		0	0	0	0	0
PDC National IT Schemes		0		1,300	770	765	755	0
Contingency								
		0						
Total of Updated Programme	12,066	16,666	8,389	16,208	16,883	11,935	12,408	10,238
Disposals	(1,565)	(1,449)	(54)	(2,895)	(6,293)	(1,176)	(1,450)	
Total CDEL spend	10,501	15,217	8,335	13,313	10,590	10,759	10,958	10,238
Funded by;								
Anticipated System CDEL	10,757	12,184		8,916	9,352	9,528	9,750	9,750
Add'nl CDEL- Fair Shares Bonus		0		1,130				0
Additional CDEL		2,164		1,395				0
PDC_ National IT Schemes	0			1,300	770	765	755	0
Additional PDC - EVCP/Solar panels		869						0
CDEL Shortfall / (under commitment)	(256)	0		572	468	466	453	488

CIP

	£000's	Low Risk	Medium Risk	Medium Risk	High Risk
Scheme	Target	Delivered	Identified & delivered 25/26	Identified 25/26, Delivered 26/27	Unidentified
Undelivered 24/25 brought forward	1,947	1,108	16	654	169
Efficiency 1.1%	3,189	1,836	0	1,053	300
Delivering Value 1.4%	4,001	1,727	215	1,176	883
Programme Savings	949	949	0	0	0
Non recurrent savings	5,169	5,169	0	0	0
	15,255	10,790	231	2,883	1,352
		70.7%	1.5%	18.9%	8.9%

- NHSE reporting has a more complex categorisation of schemes which splits identified and unidentified schemes into their stages of development.
- For national reporting even delivered schemes are considered to still carry a low level of risk

25/26 and 26/27 potential risks are set out below:

Risks 25/26	Mitigations	Risk Value £000s	Likelihood	Impact	Recurring	Mitigated Risk Score
There is a risk that GHC does not fully identify recurrent CIP savings, resulting in GHC not achieving its future financial targets and the underlying position worsening (391)	Short term non recurrent savings. Close monitoring by the CIP management board. Longer term identification of new recurrent schemes	1351	1	3	1351	3
There is a risk that services do not have the capacity to identify CIP schemes in year resulting in under delivery of RECURRENT in year CIP target (622)	Create dedicated time to review CIP. CIP Management Group to actively manage situation and support directorates if greater support needed. Non recurring savings to offset in year non delivery	1351	1	3	1351	3
There is a risk that the Trust does not spend all of its capital allocation in 2025/26, resulting in financial implications in future years from reduced capital allocations, and possible reputational impact	Regular monitoring of capital programme through March. Review disposals programme	503	2	2	503	4
Risks 26/27	Mitigations	Risk Value £000s	Likelihood	Impact	Recurring	Mitigated Risk Score
There is a risk that GHC does not fully identify recurrent CIP savings, resulting in GHC not achieving its future financial targets and the underlying position worsening	Short term non recurrent savings. Close monitoring by the CIP management board. Longer term identification of new recurrent schemes	7202	4	4	7202	16
Specialist Treatment and Rehabilitation costs are greater than budget despite additional funds from commissioner	Continued negotiation with ICB/GCC. Review all costs for each package. Identify additional savings. Management action to review how costs are shared	1636	3	3	1636	9
There is a risk that the transfer of services to Gloucestershire County Council could lead to a deterioration in the Trust's financial position. This is because the Trust could lose less expenditure than income. This could result in a financial cost pressure and the need to identify additional recurring savings (675)	Discussions with GCC. Review of service provision and review of support costs. Detailed analysis of the financial impact of each service transferring. Identification of additional Trustwide savings	522	4	2	522	8

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REPORT TO: TRUST BOARD **PUBLIC SESSION – 26th MARCH 2026**

PRESENTED BY: Nicola Hazle, Director of Nursing, Therapies and Quality

AUTHOR: Jane Stewart, Quality Team

SUBJECT: **QUALITY DASHBOARD REPORT 26th MARCH 2026 – FEBRUARY DATA**

If this report cannot be discussed at a public Board meeting, please explain why.	N/A
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This report is provided for:
Decision Endorsement Assurance Information

The purpose of this report is to:

Provide the Gloucestershire Health & Care NHS Foundation Trust (GHC) Board with a summary assurance update on progress and achievement of quality priorities and indicators across Trust Physical Health, Mental Health, and Learning Disability services.

Recommendations and decisions required.

The Board are asked to **RECEIVE, DISCUSS**, and take assurance from the Quality Dashboard.

Executive summary

This dashboard provides an overview of the Trust’s Quality activities for 2025/26. This report is produced monthly for Operational Delivery and Quality Governance Forums, Quality Committee and Trust Board.

Quality reporting improvement:

- The main issues that are new or may require additional focus are presented in the Executive summary which has been edited to avoid repetition of information/data previously presented.
- Development of the Quality Dashboard to supplement the Integrated Performance Quality Report improvements continues.

Quality issues for priority development:

- The datasets in the Dashboard are developing to reflect the statutory responsibilities and duties of the Trust towards quality. This is in addition to other sections that assure against the quality priorities of the Quality Strategy.
- We are working to further streamline data and narratives, and after listening to feedback, to alter and align graphs, where possible, with the Statistical Process Control (SPC) analytical technique which will enable us to have a better understanding of variations.

Risks associated with meeting the Trust’s values.

Specific initiatives or requirements that are not being achieved are highlighted in the Dashboard.

Corporate considerations

Quality Implications	By the setting and monitoring of quality outcomes this provides an escalation process to ensure we identify and monitor early warning signs and quality risks, helps us monitor the plans we have in place to transform our services and celebrates our successes.
Resource Implications	Improving and maintaining quality is core Trust business.
Equality Implications	No issues identified within this report

Where has this issue been discussed before?

Quality Assurance Group, Quality Committee.

Appendices:

Quality Dashboard Report – February 2026 Data

Report authorised by:
Nicola Hazle

Title:
Director of Nursing, Therapies and Quality



Gloucestershire Health and Care
NHS Foundation Trust

QUALITY DASHBOARD 2025/26

Physical Health, Mental Health and Learning Disability Services

Data covering February 2026

This reports brings together quality focused datasets to fulfil statutory duties, legal requirements and mandated responsibilities. Some of the datasets align to those within the Integrated Quality and Performance Report that goes to Resources Committee.

Feedback on the content of this report is welcomed and should be directed to
Nicola Hazle, Director of Nursing, Therapies and Quality

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Alert, Advise, Assure, Applaud

Advise

- Further work is needed to understand the resource requirements related to allegations management cases that are managed by the Safeguarding Team. Whilst there were 2 new cases in February, there were 25 meetings held. This requires significant capacity of the Safeguarding Team as well as other colleagues involved in the allegations management process.
- The new approach to coordinating NED quality visits is being seen since the changes agreed in Q3. Three quality visits have been scheduled in Q4 - a Community Hospital, the Wellbeing College, and a Community Learning Disability Team – with two already completed. The learning assurance team are working with each of the team leads to develop SMART actions based on the reflections provided by the NEDs. A more detailed report will come to the Quality Committee in May 2026 for assurance, but by way of an example at Cirencester Hospital, the NED recorded a positive, the team knew each individual well and spoke about them with affection. There was evidence of personalised care with the team considering what was best for each individual, but they also recognised the challenges around social care and the impact that this has on facilitating discharges. Staff were open to learn and reflective in conversations.

Assure

- In relation to patient safety and PSIRF the Trust did not declare any new PSiIs in February, the 2 incidents from November have been allocated and investigation have been commenced.
- Incident reporting data is showing that as of M11 there are a high number of incident reports in 2025/26 that have been open for over 60 days. Operations Directorate colleagues are coordinating a response to this across services to improve the position ahead of 2026/27.
- We are reporting a position of compliance with NHSE/Safe Staffing Guidance in February. Across community hospitals and mental health inpatient services, safe staffing levels were broadly met, with no evidence presented this month of any patient safety incidents, quality concerns, or complaints attributable to staffing shortfalls.
- The March Quality Committee took assurance that the Q3 2025/26 NED Audit of Complaints audit provides significant assurance that overall, the Trust is investigating and responding to complaints appropriately.
- Regulatory compliance - the Trust is in ongoing communication with Care Quality Commission (CQC) regarding the inspection report related to Berkeley House. We continue to submit monthly data to CQC under regulation 31 with the Enhanced Oversight Group resumed to monitoring discharge pathways.
- The Learning From Deaths Report (LFD) (Quarter 3) was presented to Quality Committee in March, which took assurance that none of the deaths that were reviewed were considered more likely than not to be due to problems in care.

Are Services Safe? - Safeguarding

This table summarises the responsive Safeguarding work carried out by the Safeguarding team. It includes system work such as involvement in multi agency activity (MASH, MARAC, reviews, and child death process) and work related to responding internally (advice line, escalations, Allegation Management).

Key points to note are,

- There is no imminent digital solution to track the referral activity related to MARFs and Adult Safeguarding referrals made by Trust colleagues to the local authority. This is reflected by risk 299 on the risk register. The situation is mitigated by the weekly MASH multi agency audit and attendance at monthly meetings. The Safeguarding team are assured there are no quality issues arising from referrals.
- From February, the advice line phone number for adult and children safeguarding ceased with colleagues seeking advice being directed to complete a contact form. The team now triage these requests, identifying the most appropriate Safeguarding specialist to respond, which is intended to enhance the service even further. There will be feedback from this provided in next month's report, with the impact being monitored by the Safeguarding Group.
- Whilst there were 2 new allegations management cases in February, there were 25 allegations management meetings held which requires significant capacity from the Safeguarding team as well as other colleagues involved in the allegations management process. The Head of Safeguarding is reviewing how to improve reporting of this activity.

During January, the National Safeguarding Steering Group NHS Provider and Integrated Care Board Statutory Safeguarding Workforce Audit Position Paper was received by the Trust. This paper is intended to allow providers to consider the content and its application in relation to the NHS Reforms in 2026. The Safeguarding Group will review this paper and report on the implications of it for the Trust.

	Q1	Q2	Q3	Dec-25	Jan-26	Feb-26
Number of Safeguarding Escalations	1	7	1	0	0	0
MARAC - Families screened/researched	393	403	391	126	129	100
MASH - Children & adults researched	4,724	4,436	4,147	1,327	1,400	1,327
Number of Adult Reviews ongoing	20	24	25	25	25	25
Number of LCSPRs in progress	1	1	1	1	1	1
Number of Rapid Reviews attended	1	1	1	1	1	0
Expected Child Deaths	1	5	0	0	1	0
Unexpected Child Deaths	3	0	5	4	0	3
New Allegation Management cases	5	9	5	1	2	2
Adult Safeguarding Referrals made	132	n/a	n/a	n/a	n/a	n/a
MARFs (child referrals) made	n/a	24	n/a	n/a	n/a	n/a
Safeguarding Advice line - Childrens	208	236	196	59	37	48
Safeguarding Advice line - Adults	265	309	244	67	49	64

Are Services Safe? - Safeguarding

Training is the foundation of good Safeguarding practice, and this slide shows solid training compliance across all training.

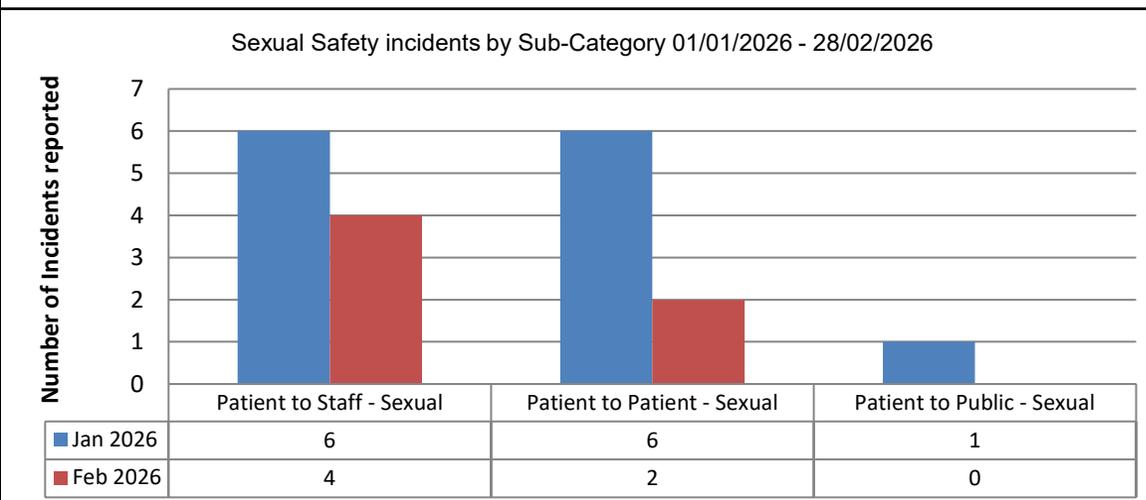
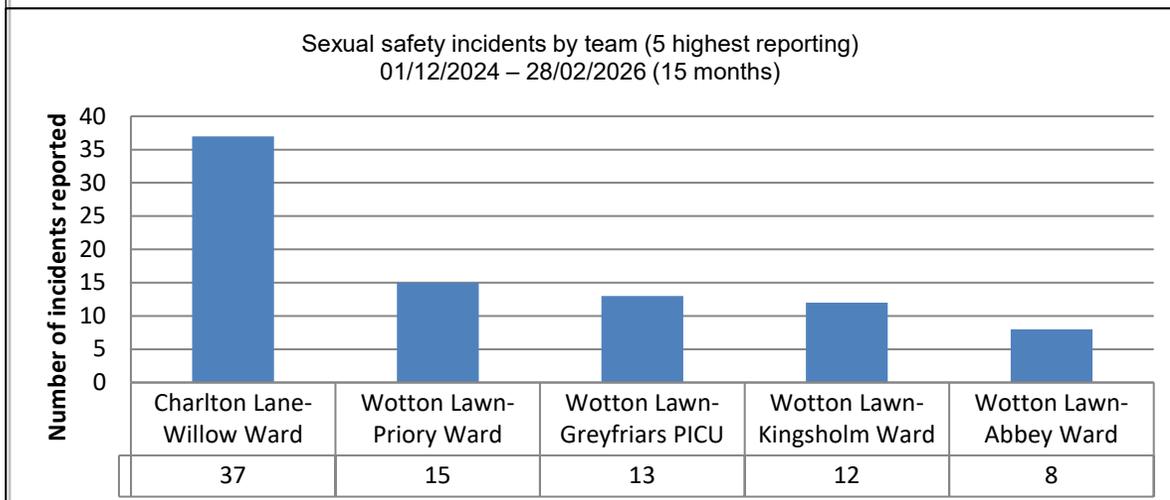
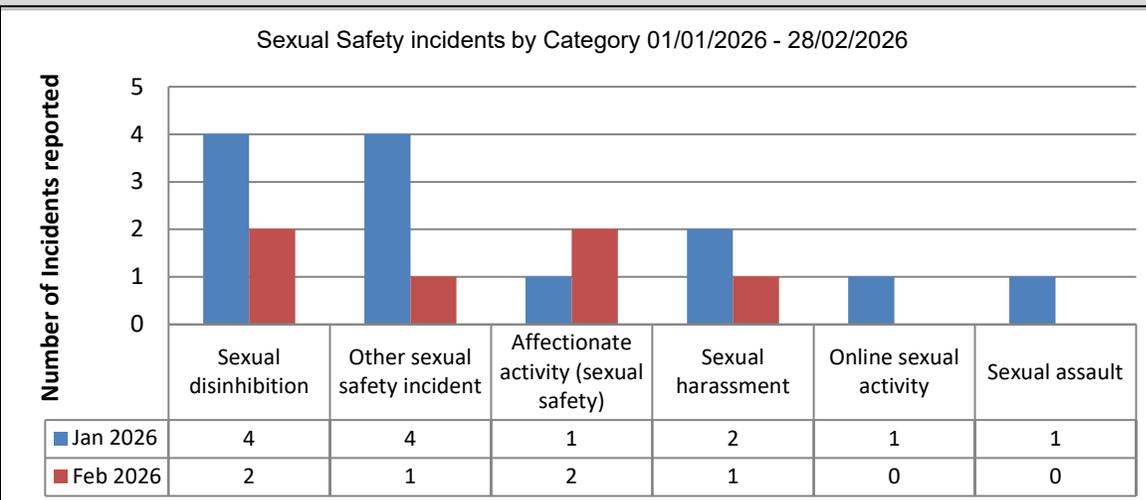
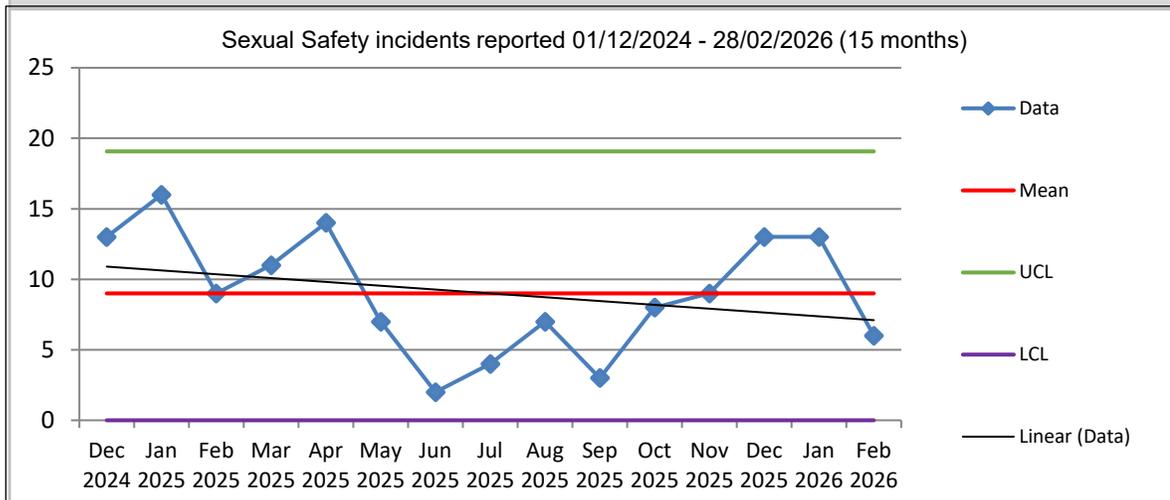
- The exception is Level 4 training. This is facilitated by GCC with 2 courses being available this month, based on numbers of clinicians who have confirmed their attendance, the trajectory for improvement is forecast to increase to around 80% by April.
- Undertaking L4 training is a specific requirement for those staff who are expected to undertake Safeguarding enquiries. These are coordinated at a system level across multiagency partners, therefore there is a low level of risk by this compliance, where the Trust can be asked to undertake c. 2 enquires per month.

Clinical staff working with children need to attend children’s safeguarding supervision 4x per year. For Adults attendance at safeguarding supervision is good practice but not a requirement.

- Compliance for Children’s Safeguarding supervision remains low compared to the target compliance of 90%. Five sessions are delivered per week by the safeguarding team are generally full with a max. 8 participants. A recording issue in the training system has been identified for which there is currently no solution identified. There is planned work to review Safeguarding supervision arrangements which is intended to target eligible colleagues better and improve compliance.
- For Adult Safeguarding supervision different models have been offered over the years with limited impact so part of the barrier is deemed to be that supervision is not mandatory within Adult Safeguarding. Feedback shows that some colleagues will use the advice line in place of formal supervision, although colleagues who contact the advice line with an Adult Safeguarding query are routinely offered supervision.

TRAINING	Q1	Q2	Q3	Dec-25	Jan-26	Feb-26
Level 1 – Induction	97%	98%	98%	98%	98%	98%
Level 2 – Think Family	95%	95%	96%	96%	96%	97%
Level 3 – Multi-Agency Child Protection	84%	78%	82%	82%	83%	83%
Level 3 Adult Protection	91%	91%	90%	91%	91%	91%
Level 4 Adult Protection	70%	83%	71%	69%	56%	55%
PREVENT:						
Level 1	99%	99%	99%	99%	99%	99%
Level 2	94%	93%	93%	94%	94%	95%
Level 3	97%	96%	97%	97%	98%	97%
MENTAL CAPACITY ACT:						
Level 1	97%	97%	96%	96%	96%	96%
Level 2	88%	89%	92%	92%	93%	93%
SAFEGUARDING SUPERVISION						
CHILDREN:						
Group Supervision Sessions	72	60	66	16	23	20
Group Supervision Compliance	70%	65%	67%	67%	71%	67%
One to One Supervision Sessions	13	11	27	5	10	2
ADULTS:						
Group Supervision Sessions	0	2	1	0	1	0
Number of Staff who attended Supervision	0	6	3	0	3	0
One to One Supervision Sessions	3	12	1	2	2	2

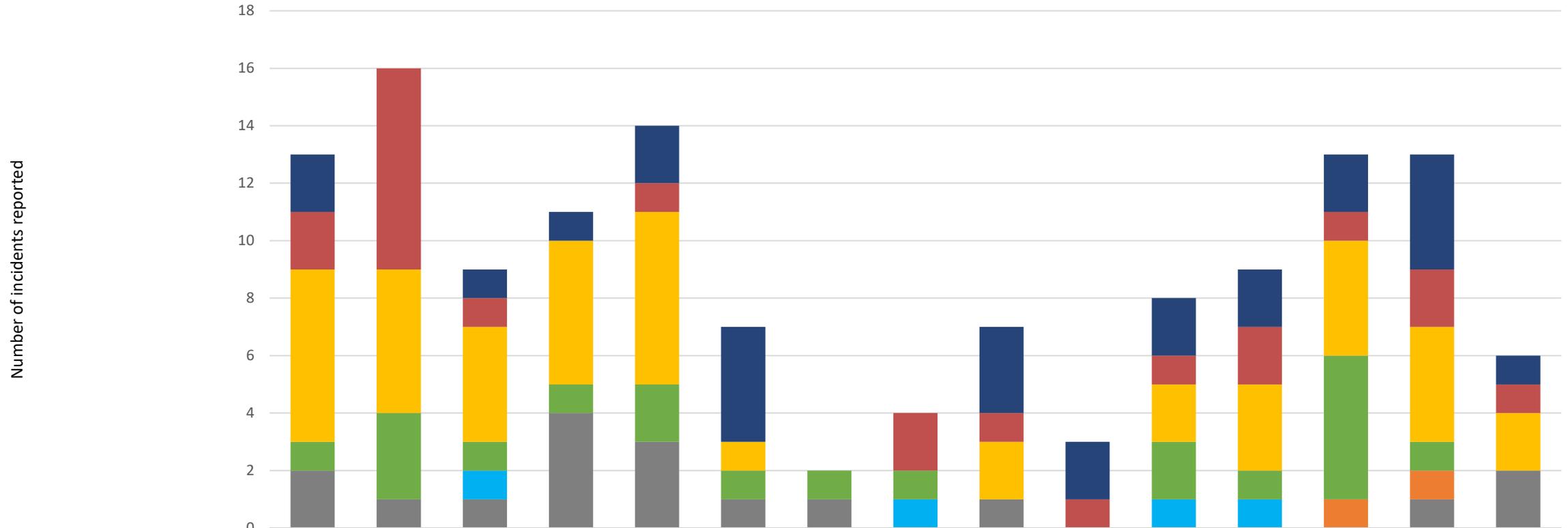
Sexual Safety Incidents



- There is a planned South West co-ordinated campaign to raise awareness around sexual strangulation. Gloucestershire’s campaign is being coordinated by the County’s Domestic Abuse and Sexual Violence (DASV) Strategic Coordinator from the OPCC. Safeguarding and SARC are representing GHC.
- There were 6 sexual safety incidents reported in February. Five were recorded as no harm and one as low harm. Two were in adult mental health inpatient services, 2 from community nursing and one in older adult mental health inpatient services. Based on harm level, none met the criteria for Reg 20 Duty of Candour. However, all incidents have been handled according to policy and support has been provided to staff and patients where required, any relevant learning will be shared.

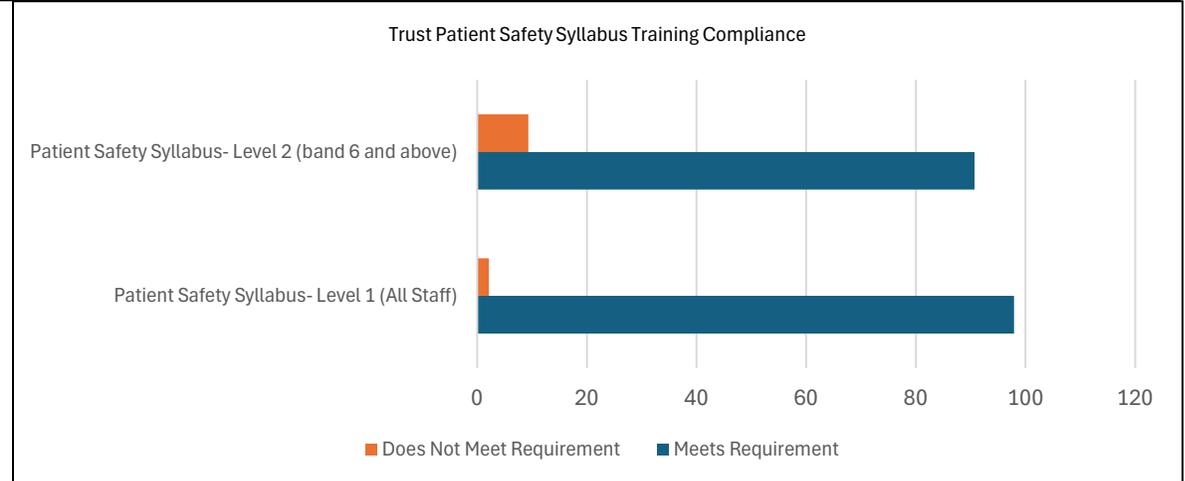
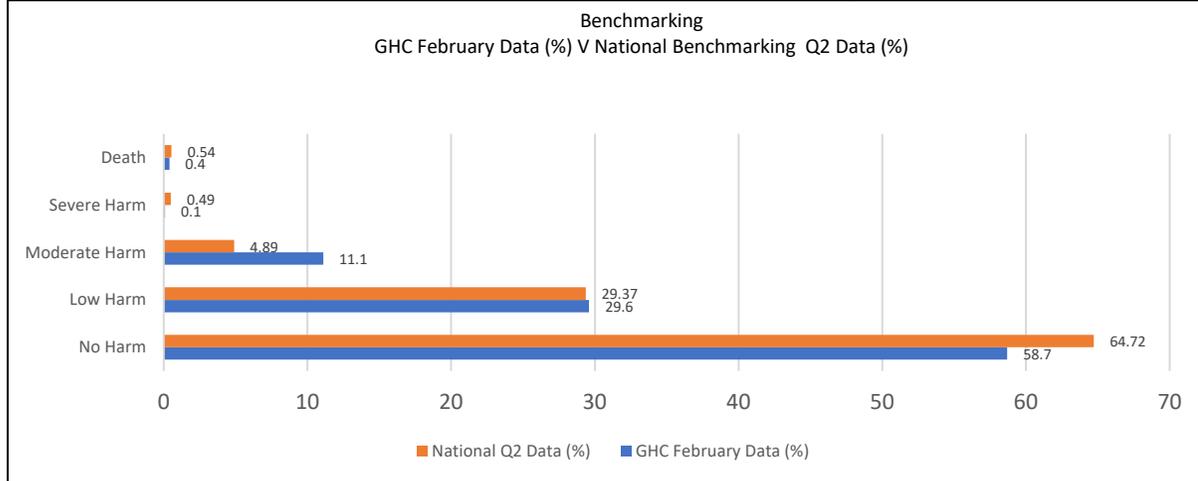
Sexual Safety Incidents

Sexual Safety Incidents by Category
01/12/2024 - 28/02/2026 (15 months)



	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025	Jul 2025	Aug 2025	Sep 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026
Other sexual safety incident	2	0	1	1	2	4	0	0	3	2	2	2	2	4	1
Sexual harassment	2	7	1	0	1	0	0	2	1	1	1	2	1	2	1
Sexual disinhibition	6	5	4	5	6	1	0	0	2	0	2	3	4	4	2
Sexual assault	1	3	1	1	2	1	1	1	0	0	2	1	5	1	0
Sexual activity (consensual)	0	0	1	0	0	0	0	1	0	0	1	1	0	0	0
Online sexual activity	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0
Affectionate activity (sexual safety)	2	1	1	4	3	1	1	0	1	0	0	0	0	1	2

	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
Patient Safety Incidents												
Total number of Patient Safety Incidents	1234	1439	1340	1436	1321	1299	1373	1573	1576	1549	1197	
Number of No Harm and Low Harm incidents (including skin integrity)	1113	1326	1245	1285	1203	1149	1229	1423	1432	1392	1058	
Number of incidents reported as resulting in moderate harm, severe harm or death (including skin integrity)	121	113	95	151	118	150	144	145	141	157	139	
Patient Safety Investigations												
Number of AARs completed in Month		4	3	4	4	4	2	4	3	7	3	
Number of New PSII's and Care Reviews declared in month	1	0	2	0	1	2	0	3	0	0	0	
Number of PSII's open		5	6	7	7	9	11	11	11	11	11	
Number of PSII's closed in month		0	0	0	1	0	0	2	0	0	0	
Number of Care Reviews open		9	9	8	7	6	6	3	3	3	3	
Number of Care Reviews closed		1	0	1	0	1	0	3	0	0	0	
Number of PSII's and Care reviews open over 6 months		11	11	11	11	10	9	6	6	8	9	
Number of PSII's/ Care Reviews planned for Exec sign off (Closure)			6	7	7	6	7	1	1	1	0	
Family Liaison Practitioners												
Number of patients being supported		1	1	1	1	1	1	0	0	0	0	
Number of family and friends being supported		7	8	9	8	9	11	13	14	14	14	
Regulation 28- Prevention of Future of Deaths (PFD's)												
Number issued by Coroner		1	1	0	0	0	0	0	0	0	0	
Learning Assurance- Monitoring of Overdue Actions												
Incidents (AAR's/ Care Reviews/ PSII's)		34	36	36	26	46	27	25	37	20	30	
PCET		1	0	2	1	0	1	5	15	13	16	
Alerts/ NICE/ Audit		1	2	1	1	1	1	1	1	1	1	



CQC DOMAIN - ARE SERVICES SAFE? – Serious Incidents and Embedded Learning**What is the data telling us?****Trust Data:**

- In February we saw 1197 incidents reported at the trust, this has been a reduction on the previous 3 months of reporting where we saw over 1500 each month. The cause of the reduction is not known. We have now exceeded the overall total of incidents in the year 2024/2025.
- We are continuing to use the NHS-England Q2 data to benchmark our monthly harm incident data against, whilst this allows us to draw a basic comparison it is important to note that this data is not validated and only considers physical harm, as a result it is not possible to make reliable or meaningful conclusions. We do however observe that when compared to national figures in February we are lower than the national figures from Q2 in no harm, severe harm and death incidents, we are broadly similar with low harm but are higher in moderate harm incidents. It is important to note that the overall total of moderate harm incidents was 133 which is lower than last months figure but with a lower overall total number of patient safety incidents the percentage breakdown has increased.

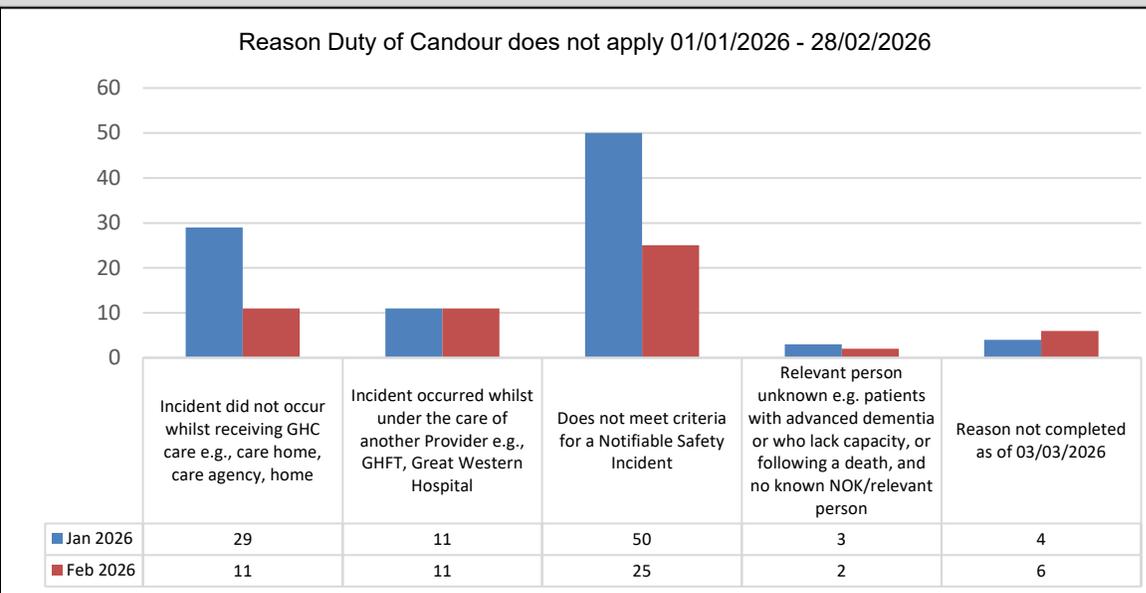
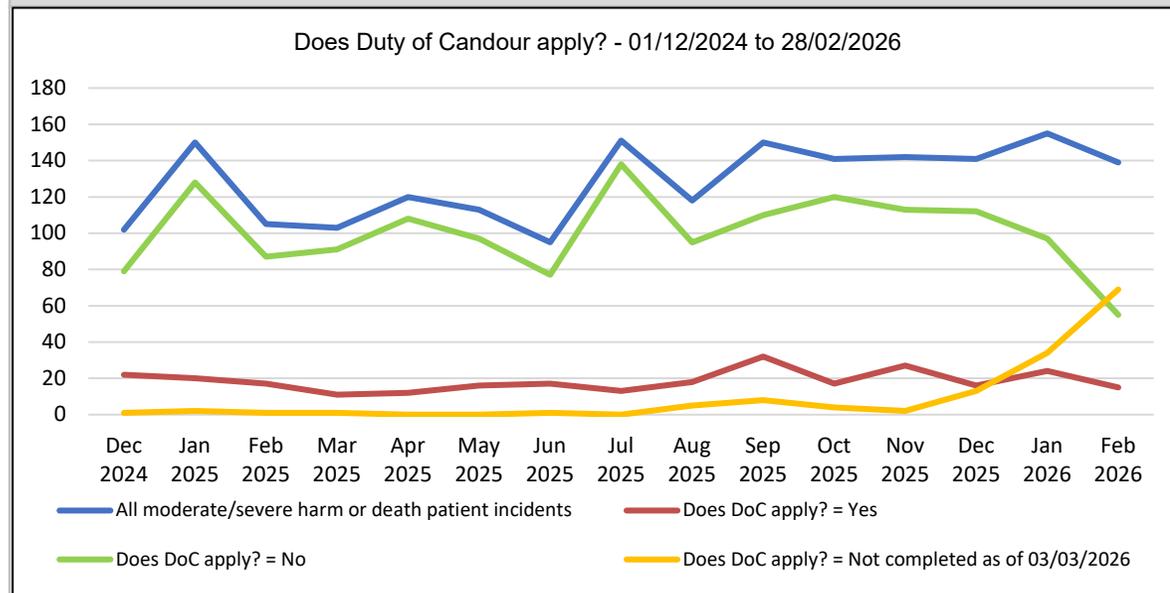
Patient Safety Team:

- There were 3 After Action Reviews completed in February
- 9 PSIs/ Care Reviews have been open longer than 6 months. Of the 9 reports over 6 months; 2 reports are being edited following internal review meetings, 1 is awaiting family meetings, 3 have final drafts, 1 has an ongoing investigation, 1 has an initial draft and 1 is awaiting distribution following ESG. This is an improving position which is projected to continue.
- 0 PSIs and Care reviews were closed in February
- We did not declare any new PSIs in February but the 2 incidents from November have been allocated and investigation have been commenced.
- We continue to draw upon bank reviewers to assist with capacity in the PST and are seeking additional support but need to ensure that any staff that we utilise meet the strict requirements outlined in PSIRF for reviewers.
- Family Liaison Practitioners continue to support 14 families.

Learning Assurance (LA):NED Quality Visits:

- Three NED quality visits are scheduled to take place in Q4, including a Community Hospital, the Wellbeing College, and a Community Learning Disability Team. Two of these visits have been made already which were to the Wellbeing College and Cirencester Hospital.
- Wellbeing College: The NED recognised the calm and relaxed atmosphere that the team created during the course; there was evidence of co-production and continuous improvement around the delivery of courses. The learning assurance team are working with the team lead to develop SMART actions based on the reflections provided.
- Cirencester Hospital: The NED reported that the visit was positive, the team knew each individual well and spoke about them with affection. There was evidence of personalised care with the team considering what was best for each individual, but they also recognised the challenges around social care and the impact that this has on facilitating discharges. Staff were open to learn and reflective in conversations.
- A member of the LA Team will shortly attend one of the visits to gain further insight into the process and strengthen alignment between the NED visit programme and the Learning Assurance Framework.
- Looking ahead, two NED visits are arranged for Q1 2026/27, including a Crisis Resolution and Home Treatment Team and a Community Hospital.

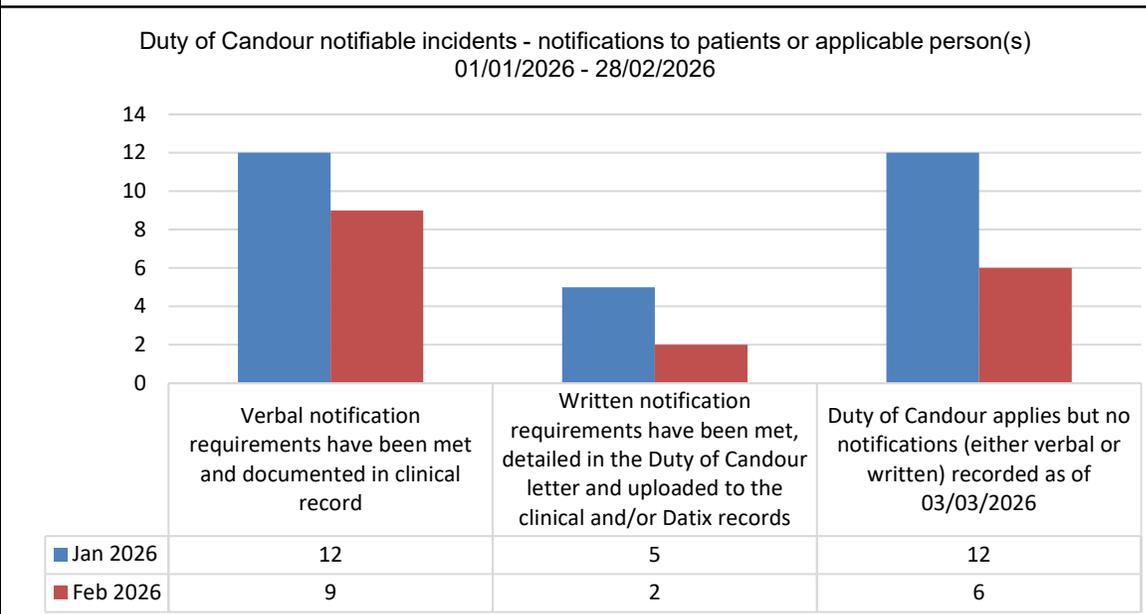
CQC DOMAIN - ARE SERVICES SAFE? - Duty of Candour (DoC)



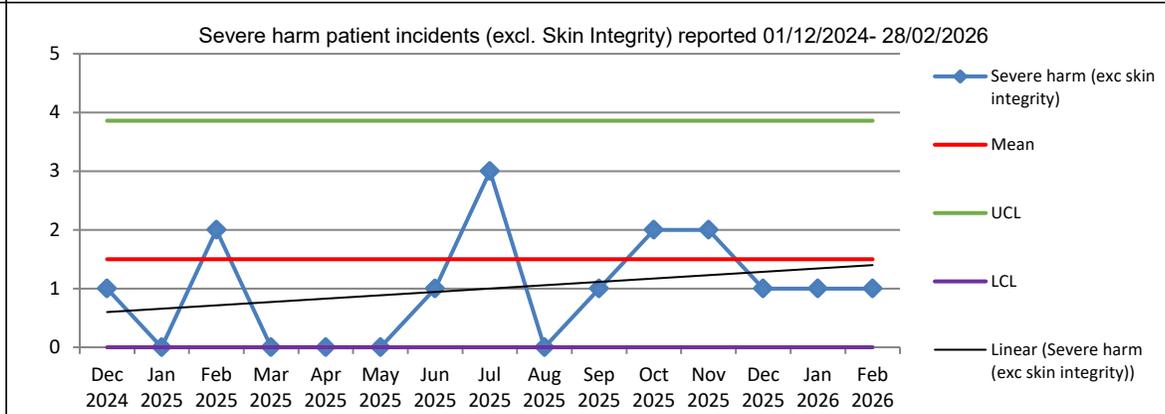
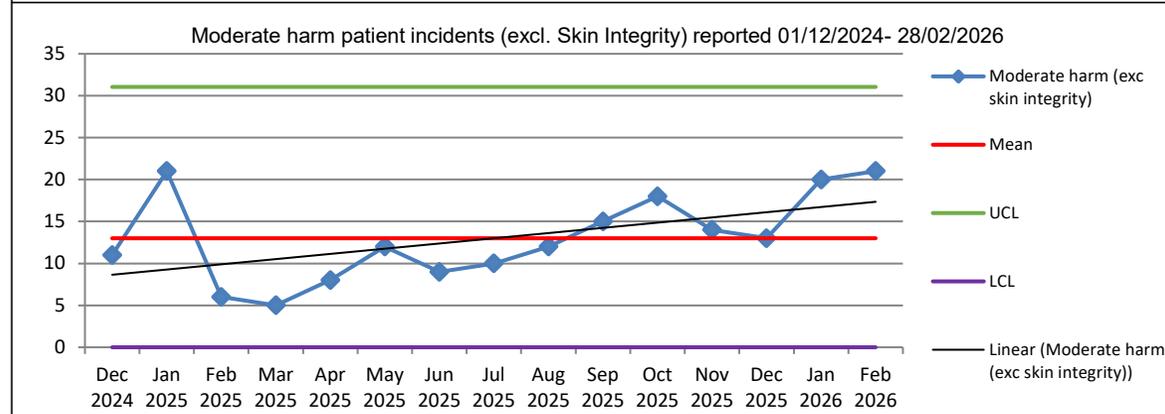
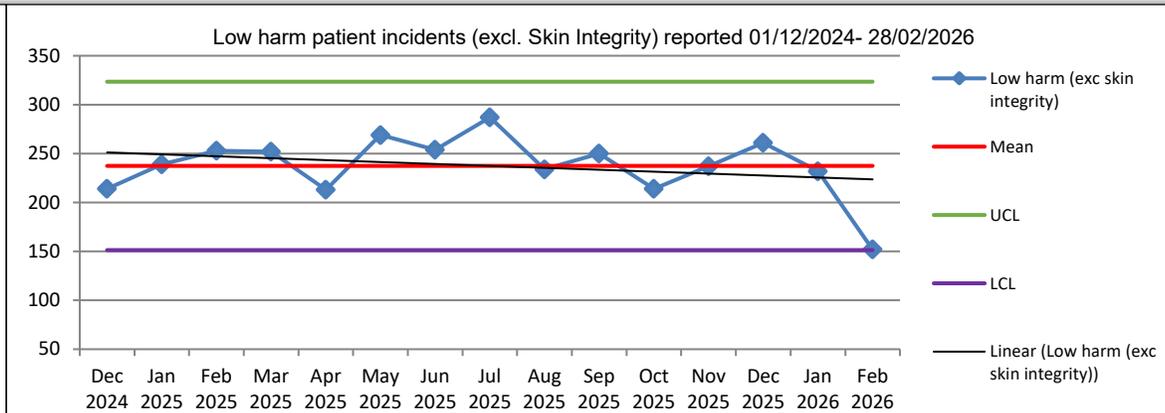
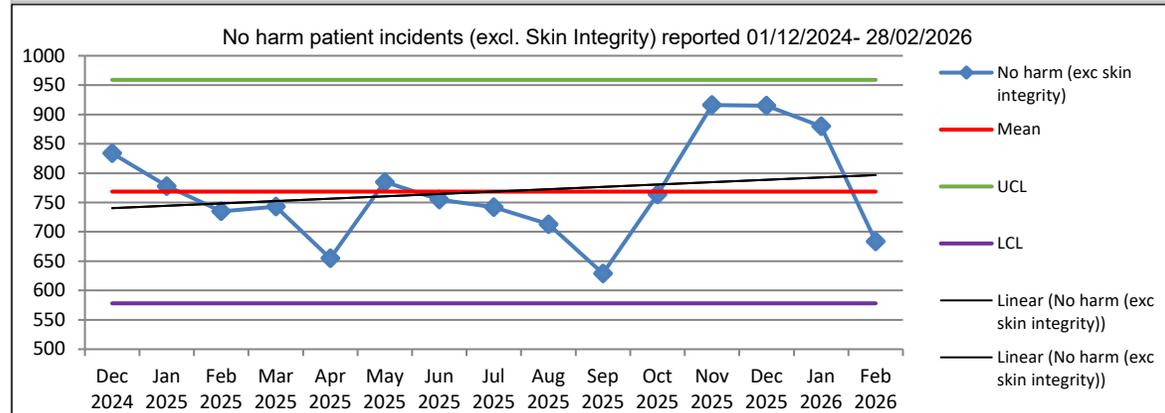
What is the data telling us?

We have reviewed our DOC position for incidents reported in January 2026, the rationale for this is that incidents reported in February may still be awaiting handling and confirmation of harm level:

- Following confirmation of harm there are 2 fewer moderate harm incidents in January's data.
- Our previous data showed that we were waiting to understand if DoC applied in 40% of incidents reported, this figure has now fallen to 21%.
- It has identified that DoC regulation 20 did not apply in 62% of incidents in December and a reason for this has been provided in 95% of incidents.
- DoC regulation 20 applied in 15% of incidents, we are still awaiting confirmation of the notification provided in 12 incidents, but these will not be closed by the PST until this has been provided.
- The most common reasons for DoC not applying is that the incident does not meet the criteria for a notifiable safety incident and that the incident occurred whilst not under GHC care.



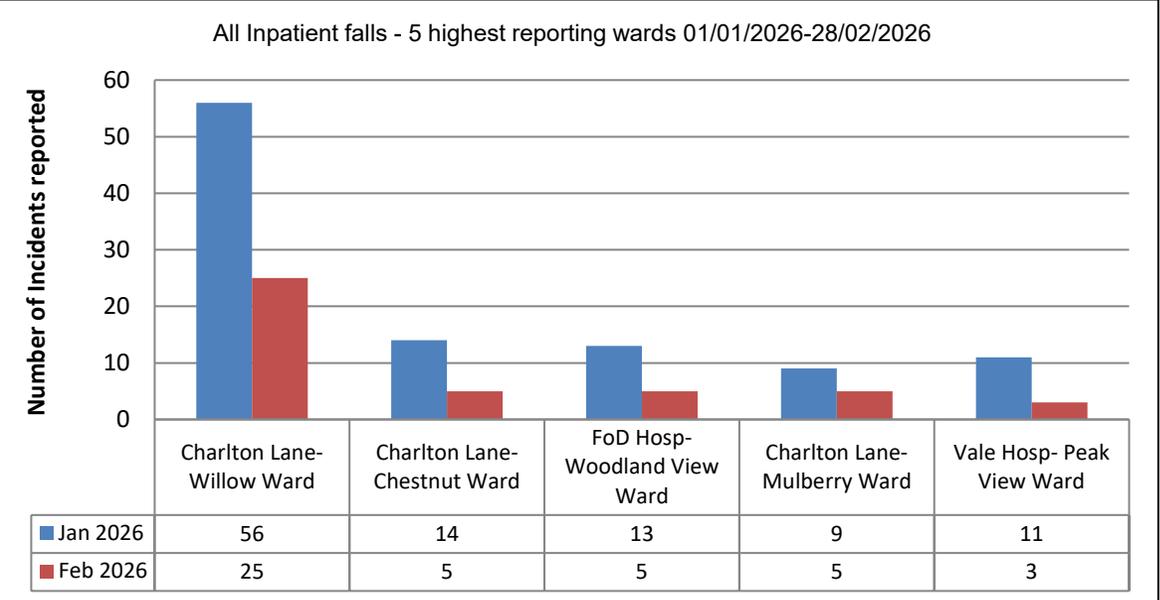
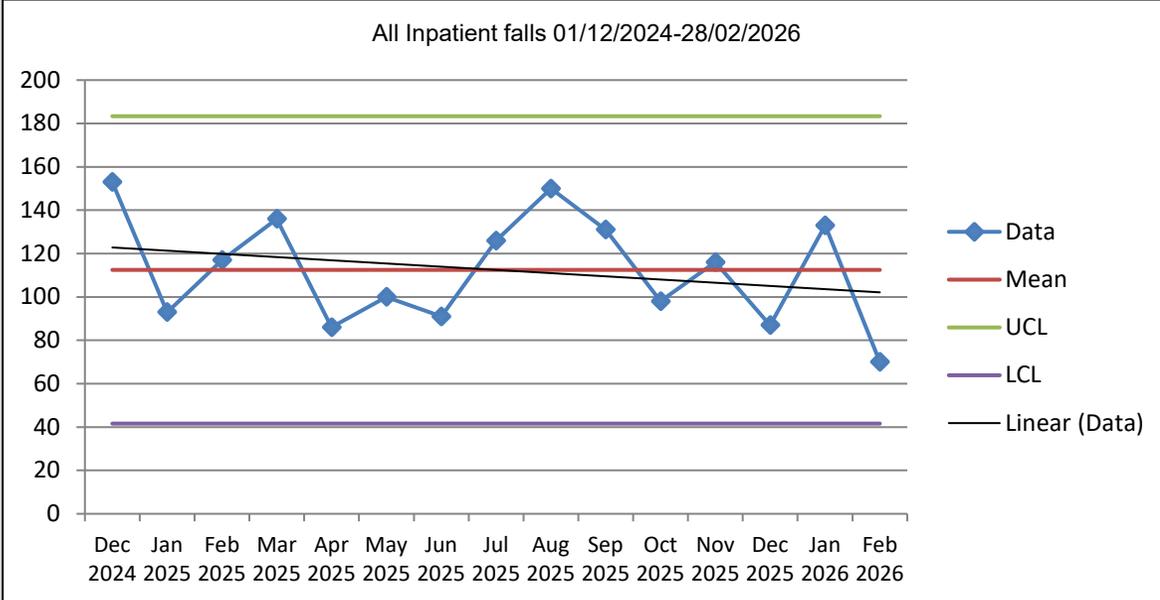
CQC DOMAIN - ARE SERVICES SAFE? – Patient Safety Incident Data



What is the data telling us:

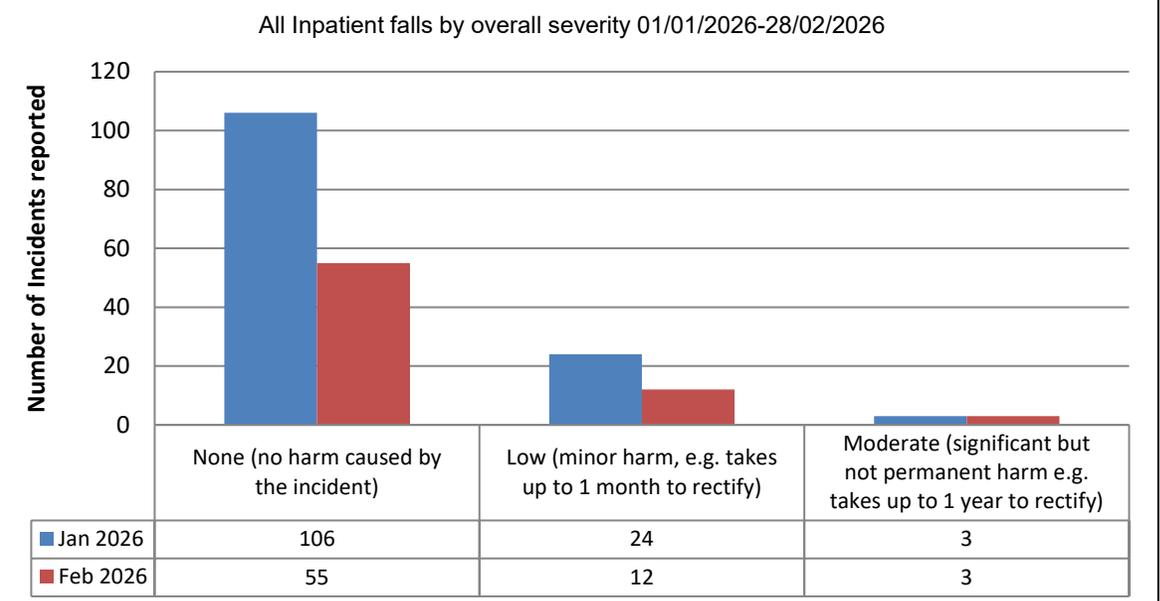
- In February's data we have seen a reduction in the overall number of patient safety incidents when compared to the previous month.
- Excluding skin integrity incidents, we have also seen the numbers of no harm (-196) and low harm (-83) incidents fall. There were 21 moderate harm incidents and 1 severe harm incident in the month.
- 5 Deaths were reported as incidents, 3 has been recatergorised as they meet the scope for mortality review, we are awaiting further information from the coroner for the remaining deaths to determine next steps.

CQC DOMAIN - ARE SERVICES SAFE? – Patient Safety Incident Data

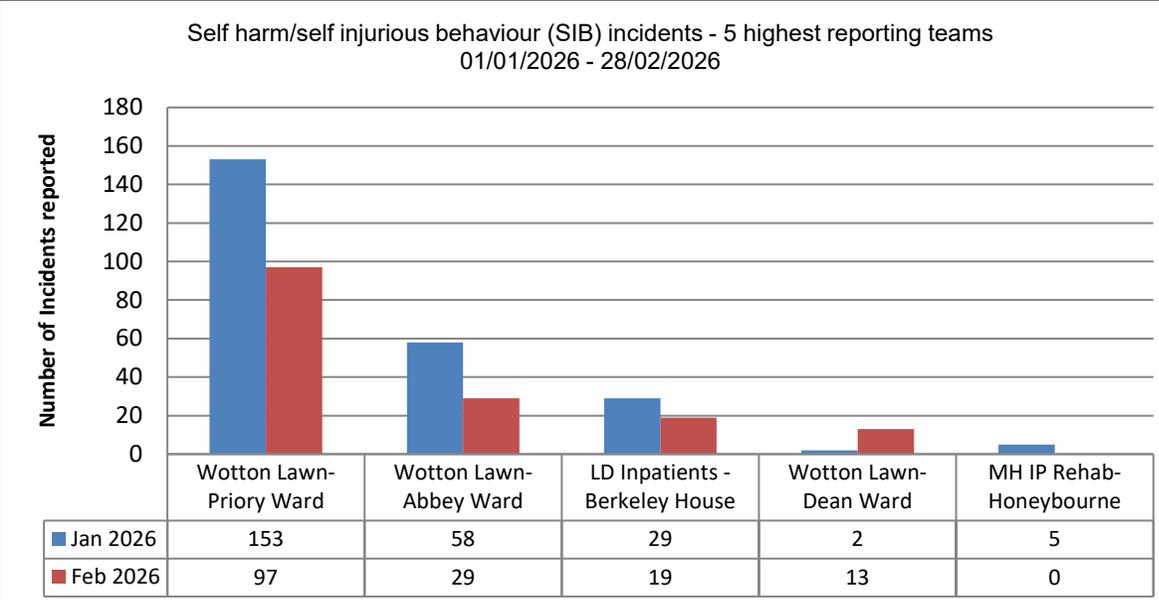
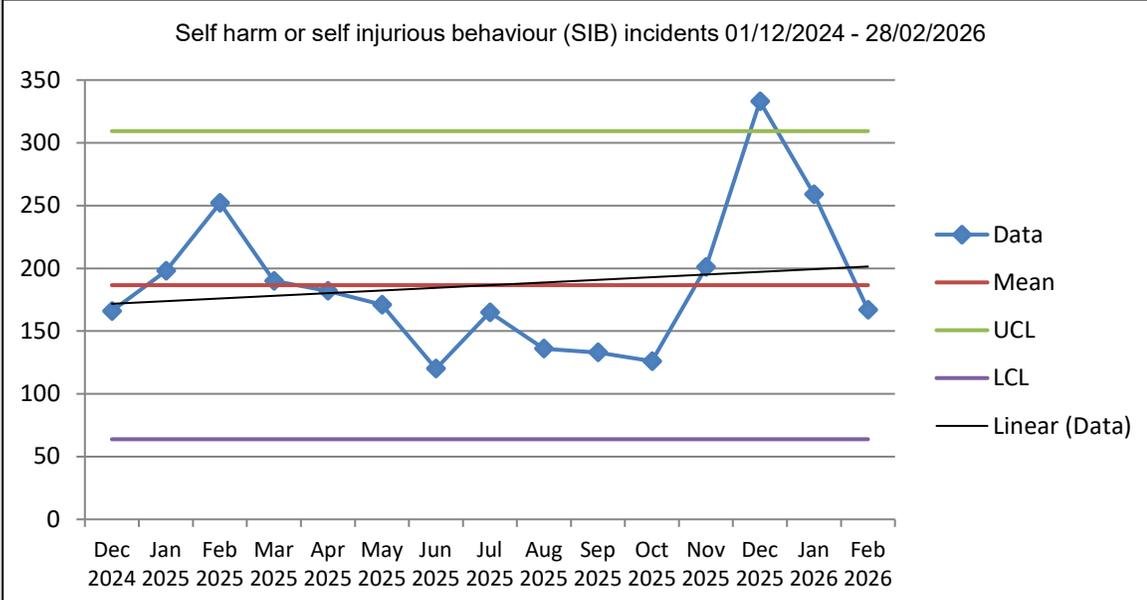


What is the data telling us:

- In February there was a reduction in the number of falls across the trust with a total of 70, this is the lowest figure we have seen in the last 15 months. There were 48 individuals involved in the falls.
- Whilst Charlton Lane remains the highest reporter of falls it is important to note that the number of falls has decreased across all ward there with a reduction in patient acuity.
- 95% of falls were no or low harm, of the 3 moderate harm incidents, 2 have had inpatient falls completed, reviewed by the PST and closed with
- The medical devices team are now leading on the work related to falls sensors, this is to ensure greater oversight and maintenance of the equipment.
- Clinical Systems are completing their work on the changes to electronic patient records; this will be followed by updated e-learning and a re-audits of inpatient falls.

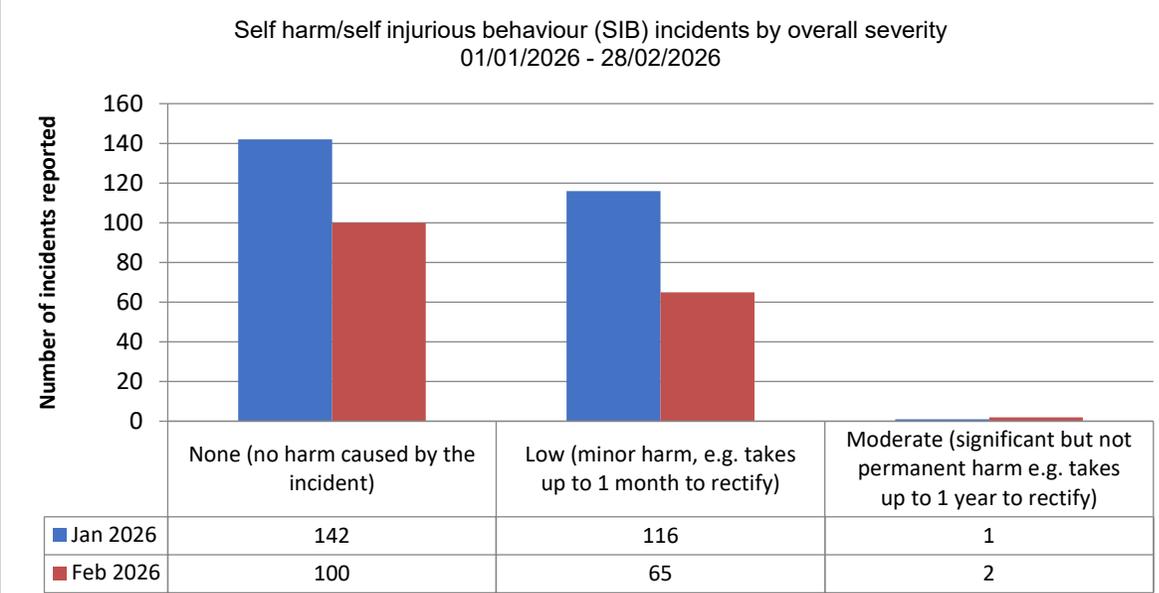


CQC DOMAIN - ARE SERVICES SAFE? – Patient Safety Incident Data

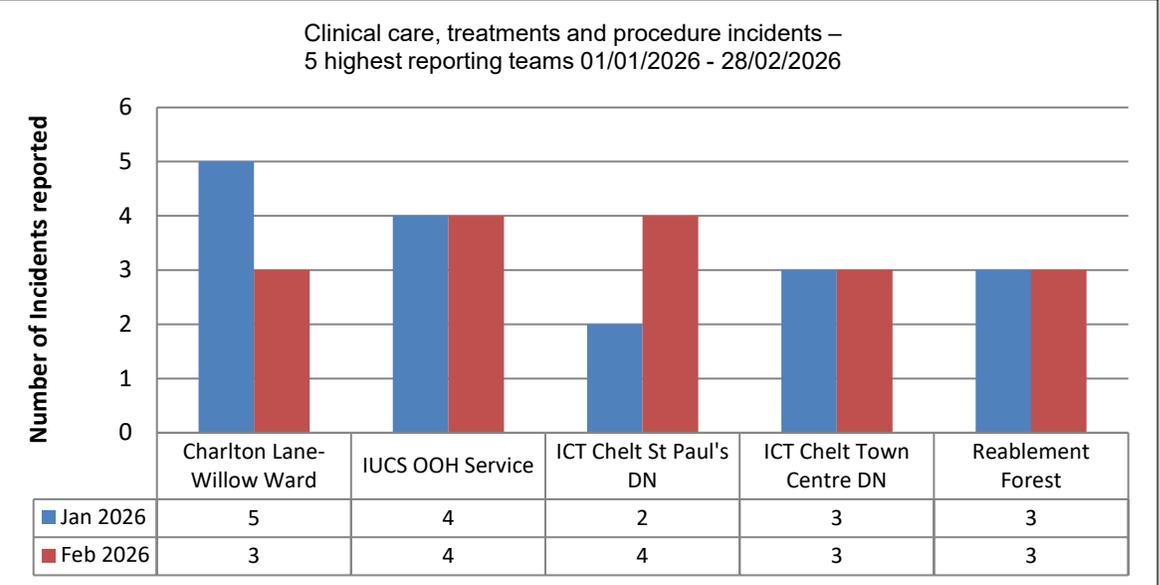
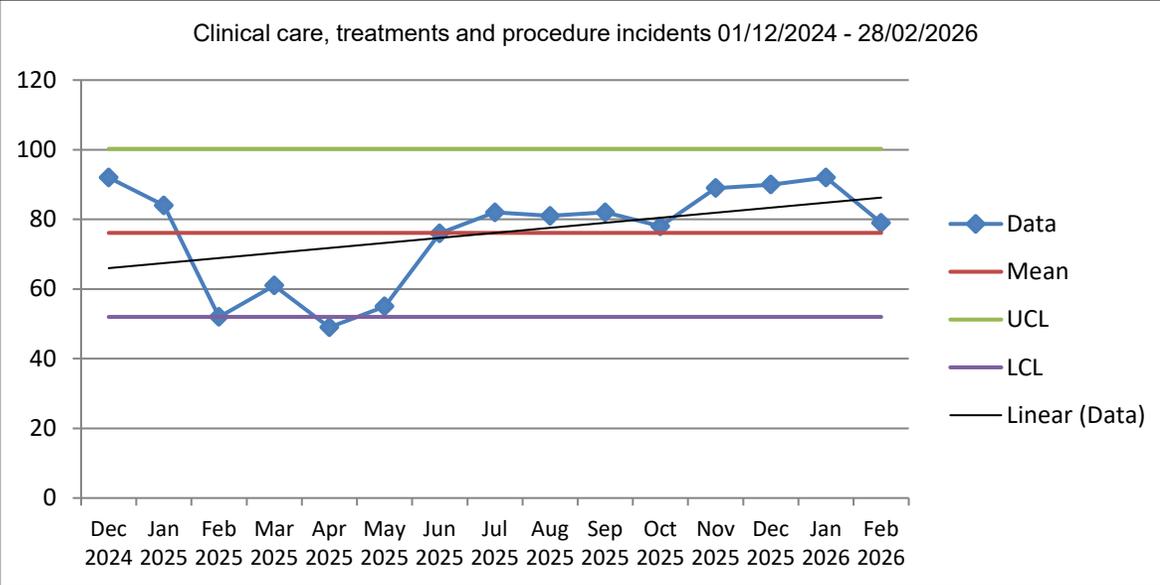


What is the data telling us:

- There has been a further reduction in the number of incidents reported relating to self harm and self injurious behaviour with a total of 167 reported in February. This is below our mean average over the last 15 months.
- 25 patients account for all incidents, with 11 having more than 1 incident reported in the month (74% of total incidents).
- Across our inpatient wards we have seen a reduction in incidents of this category with the exception of one ward where there was an increase of 11 incidents. 19 patients have been involved in the self harm incidents at WLH with 2 accounting for 67% of all incidents and 96% of all ligature incidents. There has been observed use of fixed ligature points and evidence on datix details the team taking rapid actions to mitigate risks where patients have tampered with ligature reducing lights.
- WLH has seen in a reduction in headbanging incidents and a small increase in incidents of cutting.
- 99% of incidents have been no or low harm, the 2 moderate harm incidents were reported by community settings, 1 has been reviewed and closed and the other is still under review.

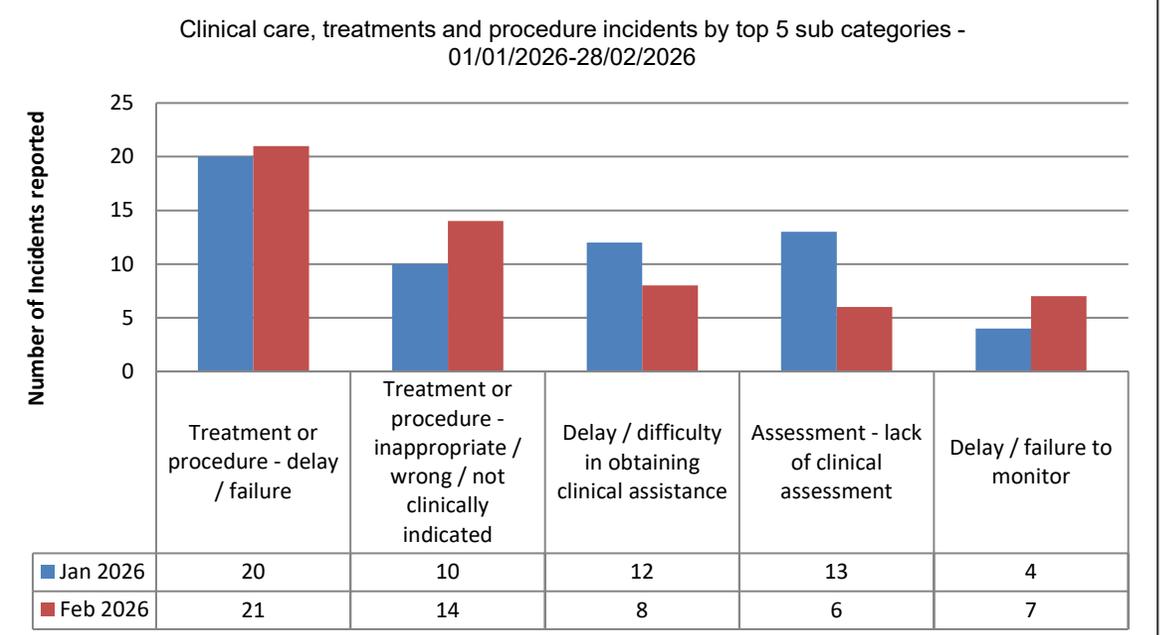


CQC DOMAIN - ARE SERVICES SAFE? – Patient Safety Incident Data

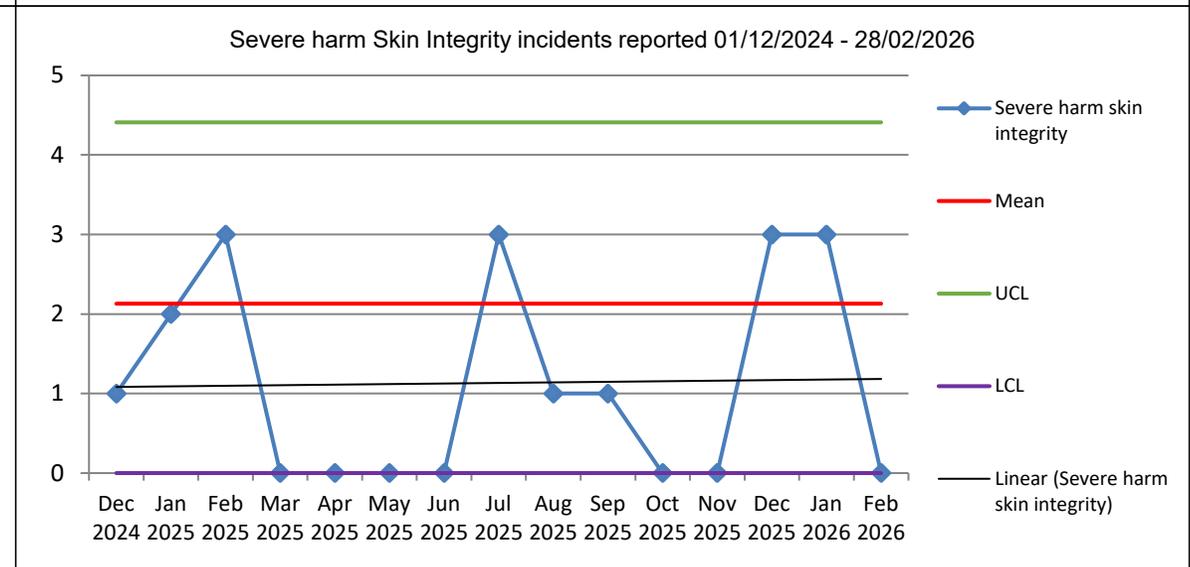
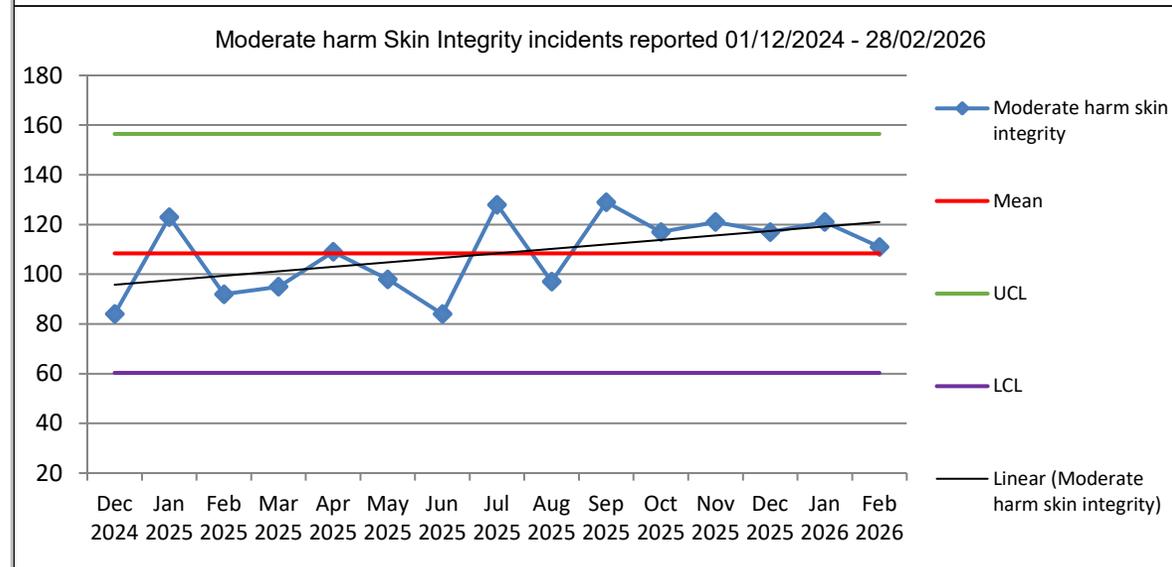
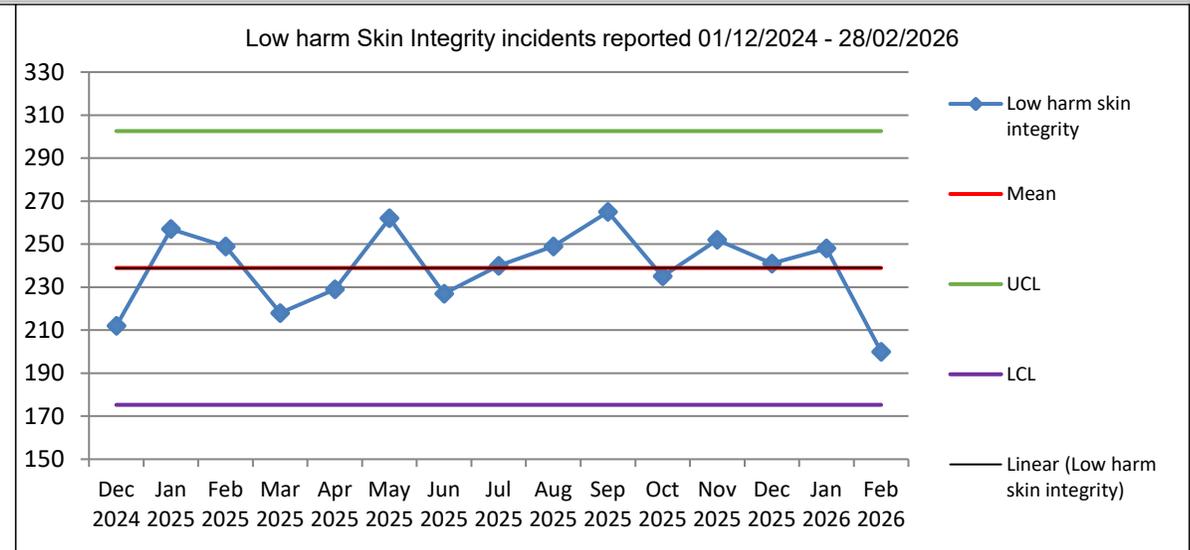
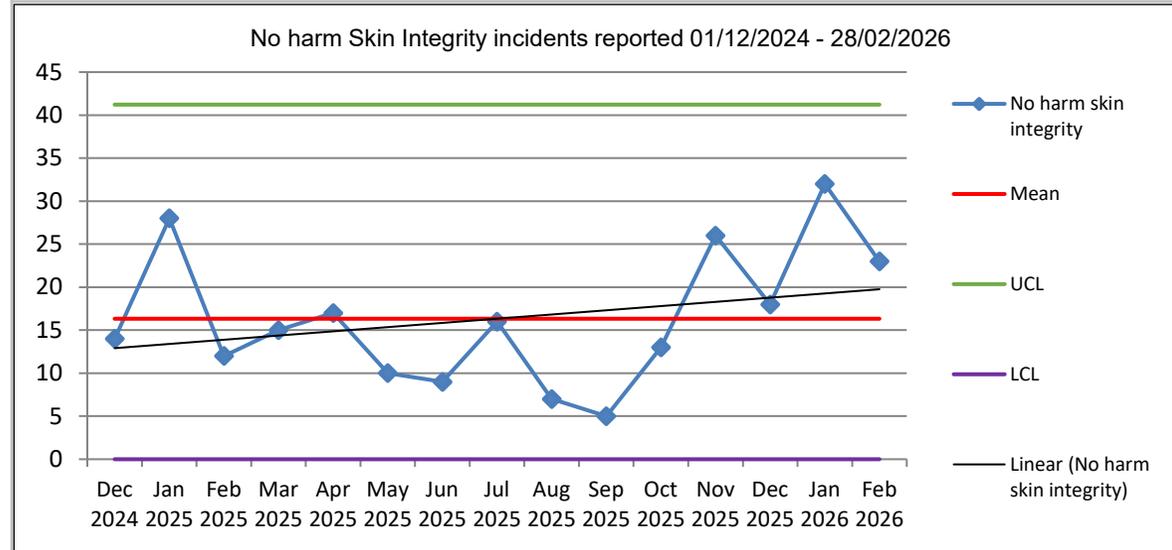


What is the data telling us:

- In February 48 individual teams reported an incident using this category, 21 teams used this category more than once and accounted for 67% of the reported incidents.
- The subcategory of treatment or procedure-delay or failure is most commonly reported by teams.
- 92% of incidents in the category have been reported as no or low harm incidents with 6 being reported as moderate harm. The moderate harm incidents have been reported across 5 teams.

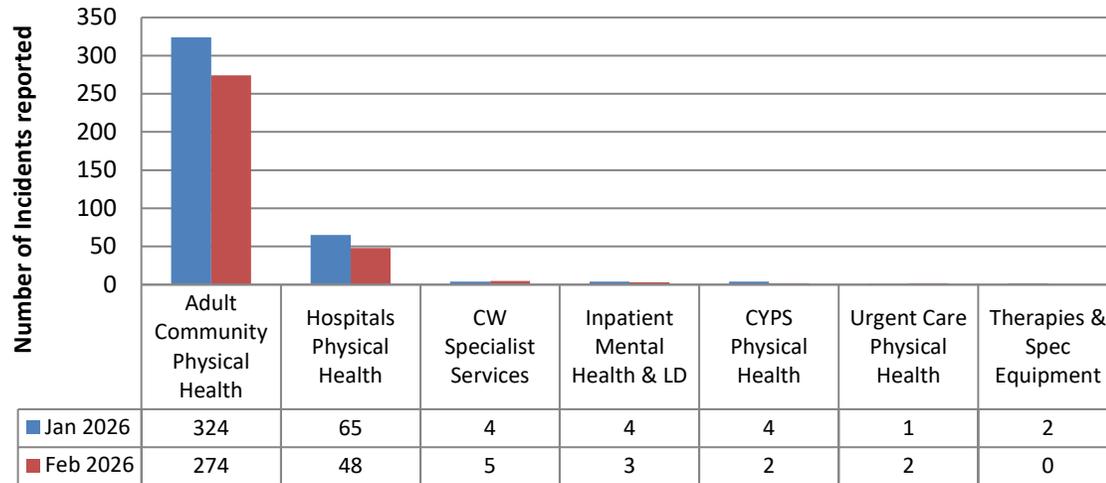


CQC DOMAIN - ARE SERVICES SAFE? – Patient Safety Incident Data

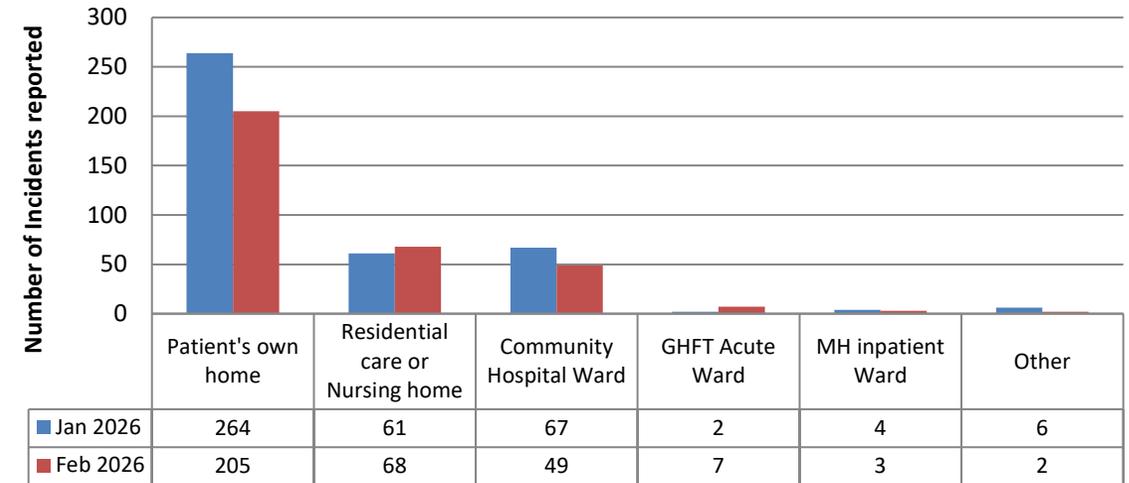


CQC DOMAIN - ARE SERVICES SAFE? – Patient Safety Incident Data

Skin Integrity incidents by Service Type
01/01/2026 - 28/02/2026



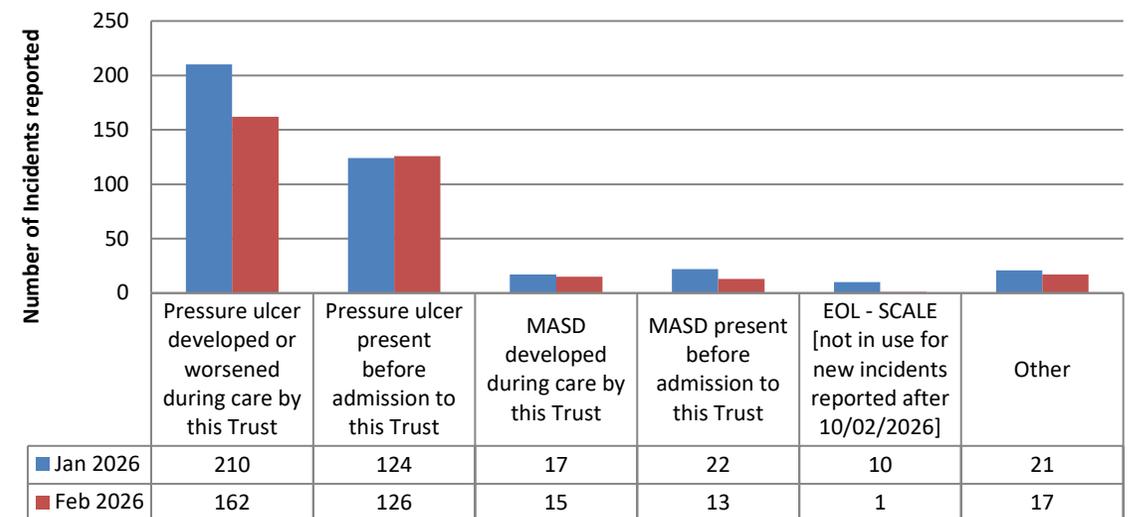
Skin Integrity Incidents by Patient Location
01/01/2026 - 28/02/2026



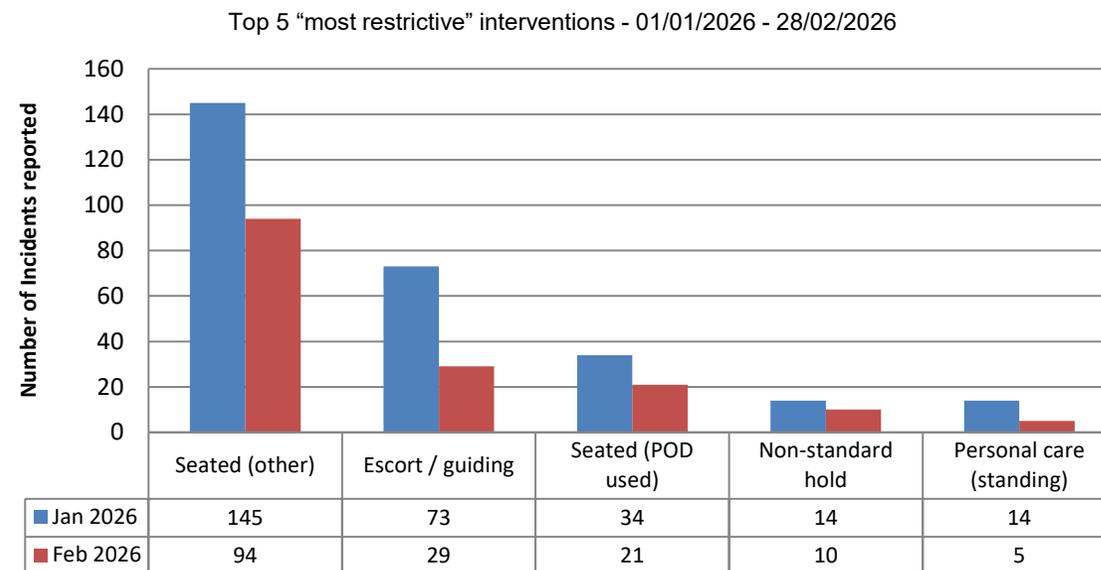
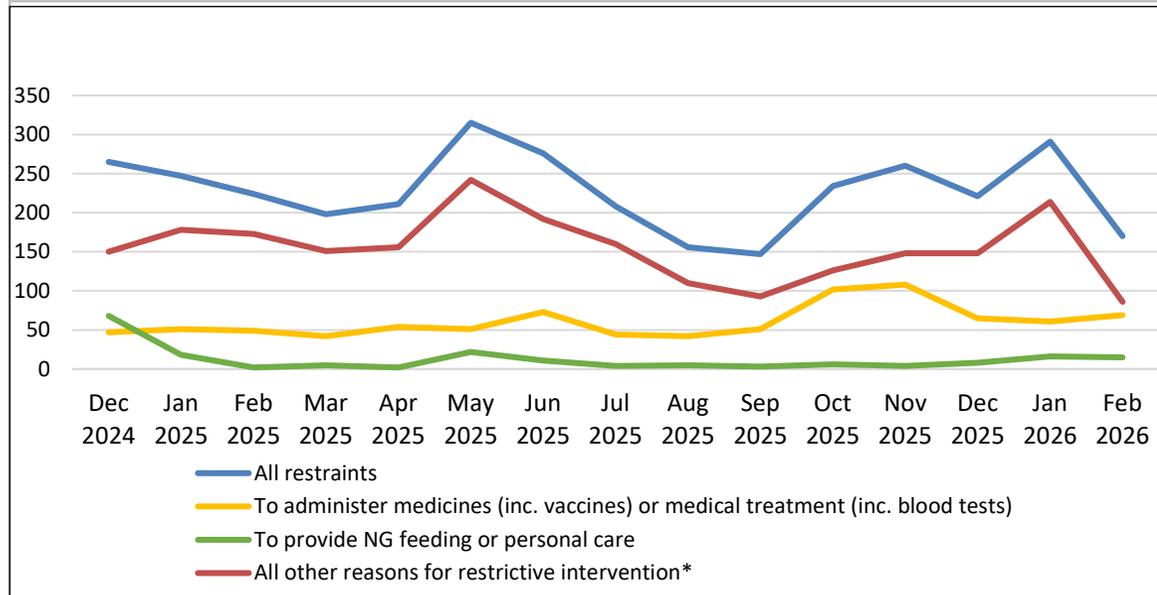
What is the data telling us:

- There were a total of 334 skin integrity incidents reported across the trust with decreases across all harm levels this month.
- 270 individuals were connected to these incidents with 46 individuals having 2 or more skin integrity incidents reported. They account for 33% of all reported skin integrity incidents.
- 288 of these incidents were reported as pressure ulcers (all categories), with 37% being present before admission to the trust.
- 61% of skin integrity incidents were for individuals living in their own home and a further 20% for individuals in residential or nursing homes.
- 15% of skin integrity incidents occurred within our inpatient settings.

Skin Integrity Incidents by Sub-categories (grouped)
01/01/2026 - 28/02/2026

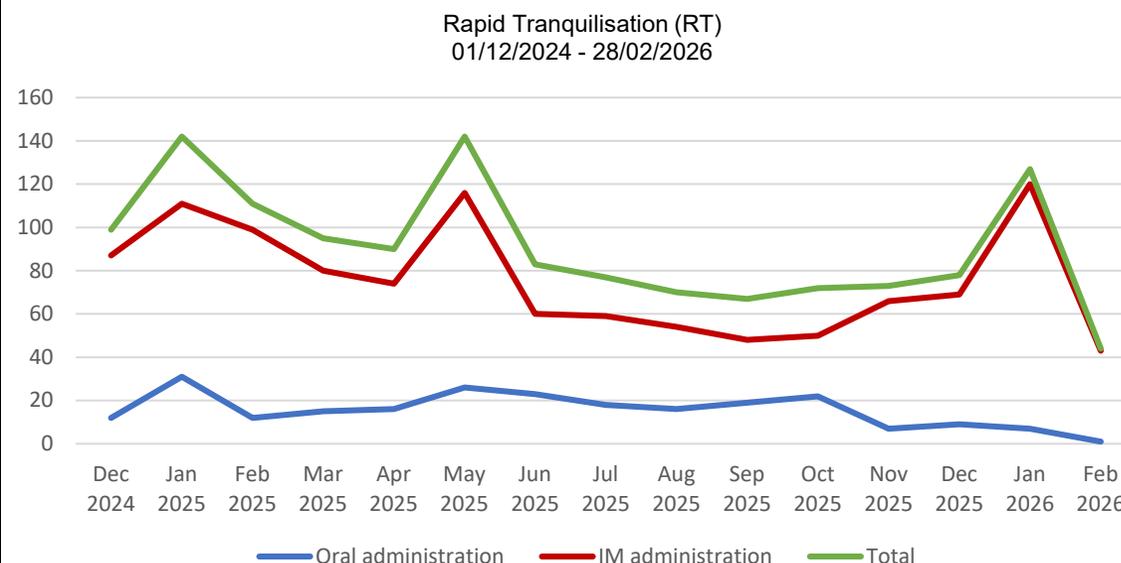


CQC DOMAIN - ARE SERVICES SAFE? idents involving restraint (Use of Force Act 2018).

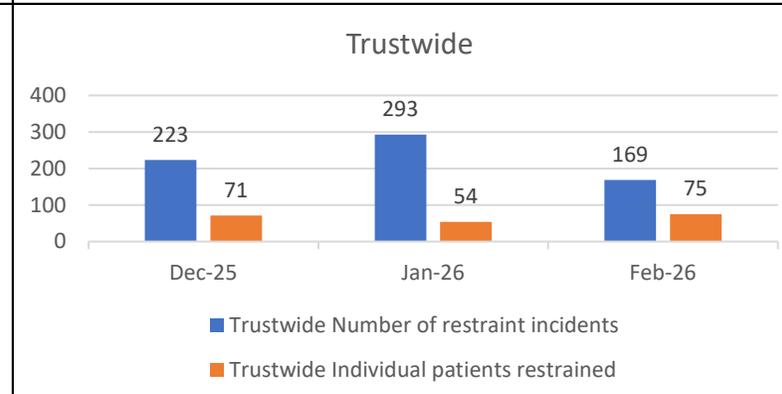
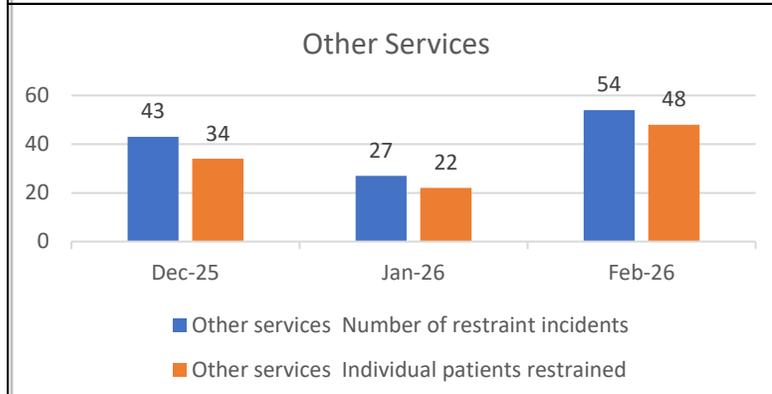
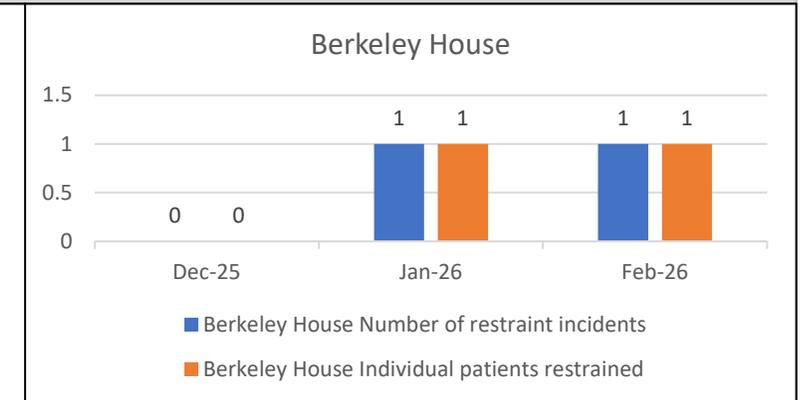
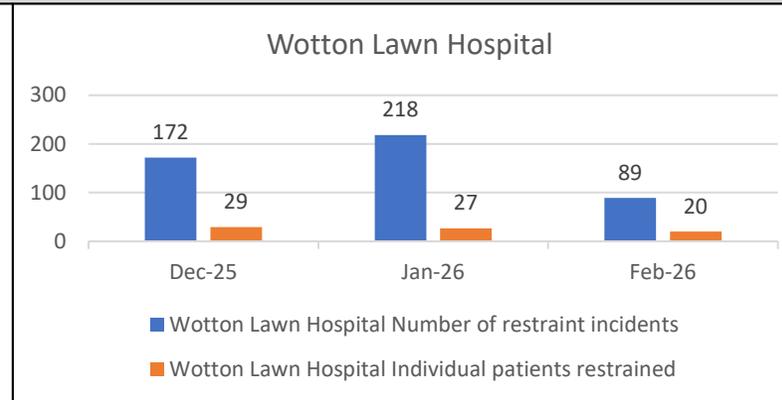
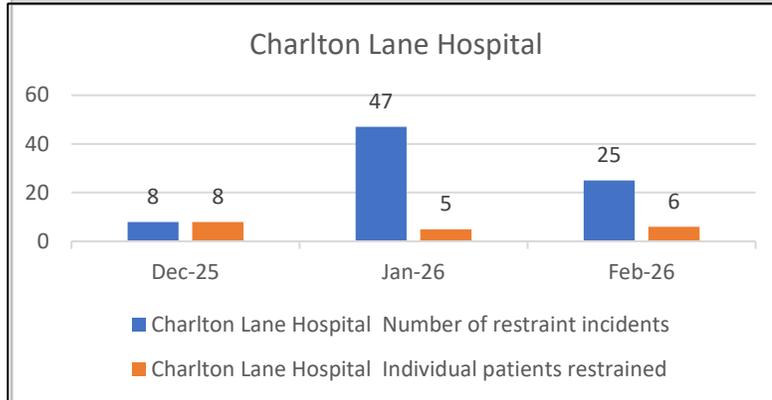


What is the data telling us:

- We have observed a reduction in the number of incidents involving physical restraint with the 3rd lowest figure in the last 15 months, there was a reduction of 121 incidents on the previous month with 170 reported in February.
- A similar pattern has been observed with rapid tranquilisation with a total of 44 incidents; this is the lowest figure in the last 15 months. 97.7% of rapid tranquilisation has been administered via IM route.
- These changes in incident numbers will largely be attributed to the changing population and acuity of individuals within inpatient settings.
- Restrictive interventions have been most commonly used in February to prevent a patient causing intentional harm to themselves or to lawfully administer medication.
- We continue to see that the least risky interventions are being more commonly used as restrictive interventions, with seated being the most frequently reported type of intervention. There have been no reported incidents of prone restraint.



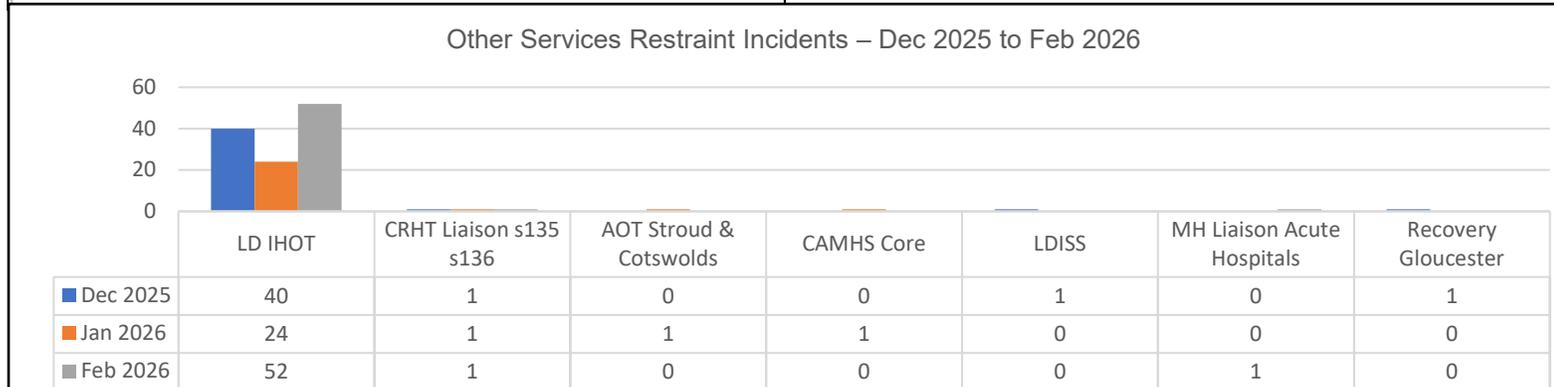
Incidents involving restraint – individual patients restrained (Use of Force Act 2018).



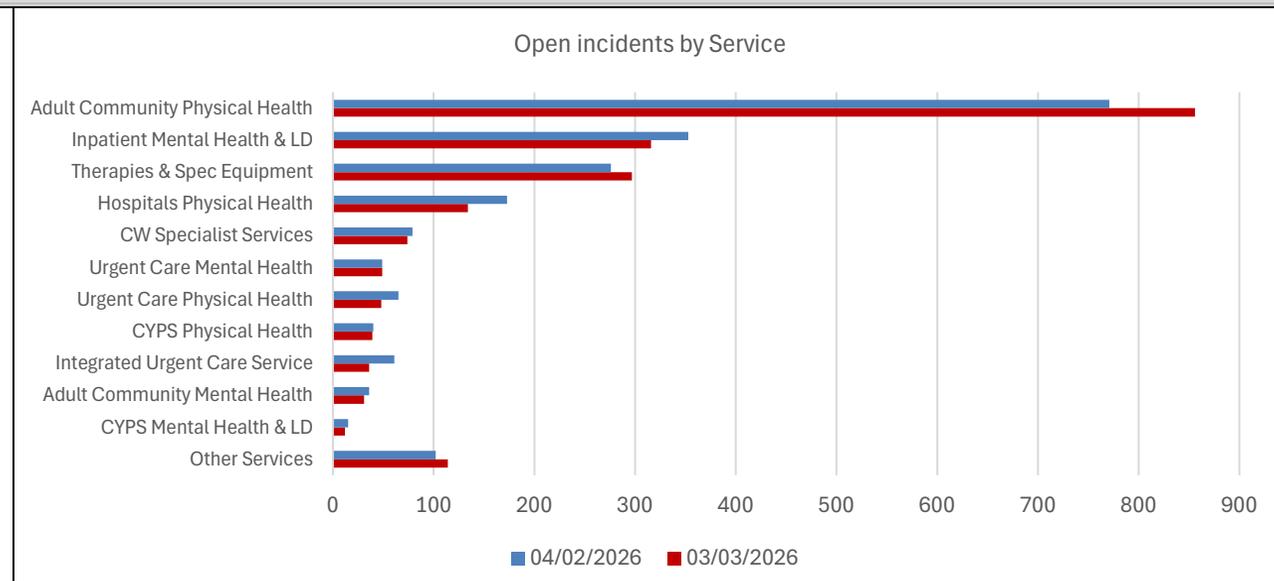
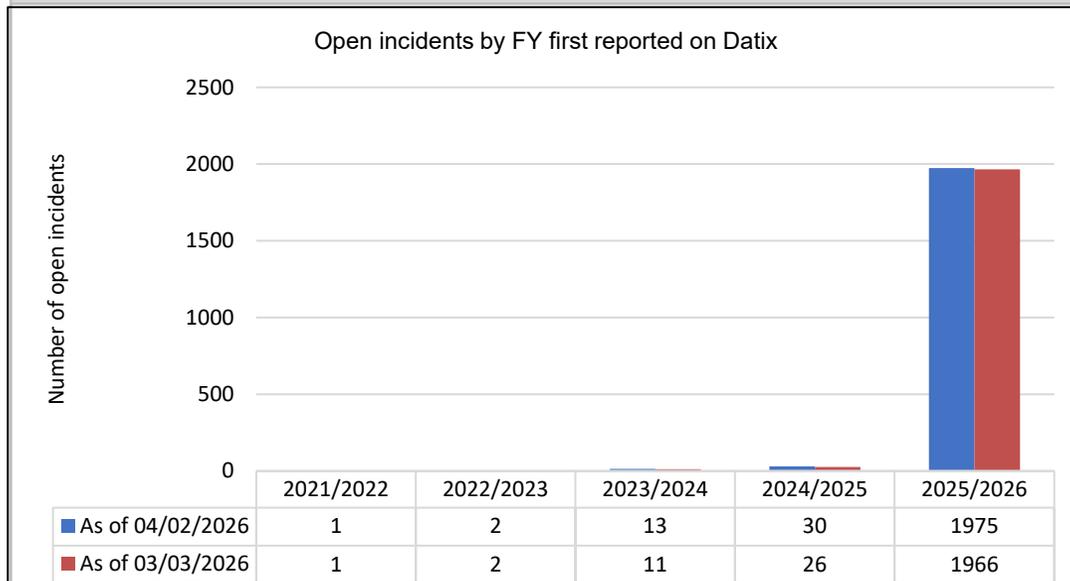
What is the data telling us:

Mental health and learning disability inpatient services continue to account for the settings where individual patients are likely to have the highest frequency of restraints. Looking more widely at other services in February 2026:

- There were a total of 54 restraint incidents were reported across the other services.
- LD IHOT (52)
- CRHT Liaison s135 s136 (1)
- MH Liaison Acute Hospitals (1).
- These involved 46 patients in LD IHOT, 1 patient in CRHT Liaison s135 s136 and 1 patient in MH Liaison Acute Hospitals.



Incidents awaiting review and confirmation of level of harm: data priority areas and actions underway



What is the data telling us?

- We have seen the number of overdue incidents (over 60 days) from previous years steadily reducing following the targeted work carried out in the operations team and all directorates.
- As of M11 there are a high number of incident reports in 2025/26 that have been open for over 60 days. Operations Directorate colleagues are coordinating a response to this across services to improve the position ahead of 2026/27.
- The largest number of overdue incidents remains in our Adult Community Physical Health Directorate; these services are our highest reporters of incidents and there are known staffing challenges that may be impacting the timely closure of incidents.
- There have been reductions seen in Inpatient Mental Health & LD, Hospitals Physical Health and in the Integrated Urgent Care Service.
- Some the overdue incidents are related to the PSIs and care reviews being carried out by the Patient Safety Team.

Open incidents (awaiting review/being reviewed) as of 03/03/2026 by FY incident first reported on Datix

	2021/2022	2022/2023	2023/2024	2024/2025	2025/2026	Total
Adult Community Physical Health	0	0	0	1(1)	855(770)	856(771)
Inpatient Mental Health & LD	0	0	0	2(5)	314(348)	316(353)
Therapies & Spec Equipment	0	0	0	1(1)	296(275)	297(276)
Hospitals Physical Health	0	0	0	0	134(173)	134(173)
CW Specialist Services	0	0	0	1(1)	73(78)	74(79)
Urgent Care Mental Health	0	0	0	2(2)	47(47)	49(49)
Urgent Care Physical Health	0	0	0	1(1)	47(64)	48(65)
CYPS Physical Health	0	0	0	0	39(40)	39(40)
Integrated Urgent Care Service	0	0	0	0	36(61)	36(49)
Adult Community Mental Health	0	0	0	3(3)	28(33)	31(36)
CYPS Mental Health & LD	0	0	0	0	12(15)	12(15)
Other Services	1	2	11(11)	15(13)	85(62)	114(88)
Total	1(1)	2(2)	11(13)	26 (30)	1966	2006

Safe Staffing – Mental Health & LD and Physical Health Inpatient Data

The Deputy Director of NTQ chairs a monthly safe-staffing assurance meeting for our inpatient services across Mental Health, Learning Disabilities, and Physical Health. This review is undertaken in line with the National Quality Board (NQB) Safe Staffing Standards and NHSE's Developing Workforce Safeguards framework, which require Trusts to demonstrate that staffing establishments, roster deployment, skill mix, and CHPPD metrics support safe and effective care.

Overall Assurance Position

Overall Position & Compliance With NHSE/Safe Staffing Guidance: Across community hospitals and mental health inpatient services, safe staffing levels were broadly met, with no evidence presented this month of any patient safety incidents, quality concerns, or complaints attributable to staffing shortfalls. This provides triangulated assurance, in line with the NQB requirement to use quantitative staffing data + clinical insight + patient experience.

Community Hospitals**Fill Rates & Establishment**

Overall fill rate: **96.39%**, consistent with expectation. RN day cover **100.1%**, HCA day cover **98.6%**.

Variances explained by: **Supernumerary IER recruits** still onboarding, **Escalation beds** requiring additional HCA cover (North Cots, Tewkesbury). **Therapy staffing** appears low (~70%) but expected due to structural 23% headroom and lack of backfill provision.

Vacancies & Sickness

Vacancy levels across units improving; highest inpatient vacancy is **10.5% at Stroud**, but on a reducing planned trajectory. Sickness rates are low for the time of year (**3.3%**), supporting stability in staffing and reduced temporary staffing reliance.

Care Hours Per Patient Day (CHPPD)

CHPPD is **within expected ranges**, with Thames ward showing significantly higher CHPPD, despite only a modest uplift in staffing. Early insights suggest correlation with: Cohorted patient mix . Ward assistant role delivering engagement activity not counted in CHPPD .Positive impact on behavioural challenges and Clinical flow.

Formal evaluation planned; learning anticipated to inform Trust-wide skill-mix optimisation (aligned with "Right Skills" NQB expectations).

Quality & Patient Safety

No in month recent Datix, complaints, or indicators suggesting any link between harm or poor experience and staffing levels.

Mental Health Inpatient Services

Fill Rates, Rostering & Data Quality: All staffing exceptions have been reviewed; most relate to **shortfalls of 1 RMN** or to rostering issues now corrected. Laurel House and Honeybourne required roster correction; plans are in place with resolution expected by April 2026

Recruitment Position

RMN recruitment improving with new staff in pipeline. Willow, Mulberry and Chestnut wards are now fully recruited or near establishment. Band 6 leadership gaps (e.g., Laurel, Honeybourne) are being reviewed at a planned meeting in April . Recruitment improvements and strengthened oversight provide confidence that any temporary gaps are **risk-managed and time-limited**.

CHPPD (Mental Health)

Recovery units (Laurel/Honeybourne) show **lower CHPPD** in line with lower acuity.

Patient Safety, Datix & CQC Concerns

No Datix or patient experience issues linked to staffing levels. One anonymised CQC concern related to Mulberry Ward did not identify staffing as a causal factor; evidence supports appropriate clinical task allocation.

Safer Staffing – Mental Health & LD and Physical Health Inpatient Data

Mental Health & LD	February Data					Physical Health	February Data				
Ward	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)	Average fill rate - Registered Nurses/Midwives (care staff) (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)	CHPPD (Care Hours per patient per day) overall	Ward	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)	Average fill rate - Registered Nurses/Midwives (care staff) (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)	CHPPD (Care Hours per patient per day) overall
	Day	Day	Night	Night			Day	Day	Night	Night	
Abbey	77%	119%	86%	130%	8.6	Coln (Cirencester)	91%	95%	104%	91%	8.1
Dean	80%	102%	96%	105%	9.9	Windrush (Cirencester)	-	-	-	-	-
Greyfriars	82%	109%	87%	123%	17.1	Thames (Cirencester)	104%	100%	100%	104%	20.0
Kingsholm	68%	106%	100%	97%	8.3	Forest Of Dean Community Hospital	102%	99%	104%	104%	7.9
Montpellier	102%	96%	100%	100%	11.1	North Cotswolds	98%	107%	96%	148%	8.3
Priory	83%	141%	107%	146%	9.3	Cashes Green (Stroud)	100%	99%	100%	111%	6.1
Chestnut	81%	118%	100%	100%	7.5	Jubilee (Stroud)	95%	100%	100%	100%	8.5
Mulberry	92%	97%	96%	100%	7.1	Abbey View (Tewkesbury)	115%	91%	100%	141%	8.8
Willow	101%	87%	100%	108%	9.9	Peak View (Vale)	96%	98%	114%	102%	9.8
Laurel House	89%	95%	93%	114%	5.8						
Honeybourne	111%	94%	100%	100%	7.3						
Berkeley House	49%	140%	100%	128%	159.7						

Infection Prevention and Control – 2025/26

Quality Indicator	2024/25	Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
<i>C. difficile</i> (toxin positive) HOHA	5	14	0	1	1	1	0	0	1	2	1	0	1	
Influenza	20		0	0	0	0	0	0	0	0	1	2	0	
Norovirus	35		10	0	0	0	0	0	0	8	0	0	0	
COVID-19 HODA	9		10	0	0	0	0	1	4	0	2	0	0	
COVID-19 HOHA	1		3	0	0	0	0	0	0	0	0	0	0	
Gram-Negative bloodstream infections (<i>Escherichia coli</i> , <i>Klebsiella spp</i> , <i>Pseudomonas aeruginosa</i>)	0		0	0	0	0	0	0	0	0	0	0	0	
MRSA Bacteraemia	0	0	0	0	0	0	0	0	0	0	0	0	0	
MSSA Bacteraemia	0		0	0	0	0	0	0	0	0	0	0	0	
Outbreaks	8		1	0	0	0	0	0	1	1	0	0	2	
Hand Hygiene overall compliance	94%	90%	97%	92%	99%	97%	93%	99%	99%	96%	99%	96%	97%	
Mandatory IPC Training: Clinical	92%	90%			93%	93%	92%	93%	93%	94%	93%	93%	93%	
Mandatory IPC Training: Non-clinical	98%	90%			98%	98%	98%	98%	98%	98%	98%	98%	98%	
Cleanliness FFT "Was the ward clean?"			98%	99%	100%		94%	98%	97%	95%	100%	99%	98%	

Cleanliness – 2025/26

01/12/25 – 23/02/26

13 Weeks Report

GHC			3rd Party		
Compliant	146		Compliant	25	
Non-compliant	1		Non-compliant	1	
TOTAL	147		TOTAL	26	
FR	Target score	Actual score average	FR	Target score	Actual score average
FR1	98%	99.34%	FR1	98%	N/A
FR2	95%	97.86%	FR2	95%	N/A
FR3	90%	98.08%	FR3	90%	93.76%
FR4	85%	96.67%	FR4	85%	93.99%
Total average score	97.99%		Total average score	93.87%	

Functional Risk (FR) categories (National Standards of Cleanliness 2025) dictate the frequency of cleaning audits and target scores based on risk, e.g. Theatres fit into FR1, OPD into FR4.

Infection Prevention Control

- 2 outbreaks of Respiratory Syncytial Virus (RSV) in February on Mulberry Ward (Charlton Lane Hospital) and Coln Ward (Cirencester Hospital). Staff were supported by the IPC team during the outbreaks
- *C.diff* toxin case on Woodland View Ward (Forest of Dean Hospital) was a transfer from the acute ED
- Good assurance from Hand Hygiene audits and mandatory training compliance

Cleanliness

- High standards of cleanliness continue to be maintained across all Trust sites as evidenced in the cleanliness audit and FFT results.

Adult Vaccination Programme – 2025/26

IMMFORM – pre-defined staff groups for national (UKHSA/DoH) vaccination reporting purposes ^Additional Intensive Health Outreach Team (IHOT) activity data not available *Vaccines not seasonal. Reported figures are cumulative.

Quality Indicators	Autum/ Winter 2024/25	Spring 2025	Target	Oct	Nov	Dec	Jan	Feb	Mar	National Average	56.88% Covid	52.74% Flu
Flu - GHC IMMFORM staff	45.8%	-	50.8%	1107 (25.9%)	2035 (47.3%)	2219 (51.6%)	2237 (52%)	2246 (52.2%)		SW Region Average	66.98%	61.50%
Flu - GHC all non-bank staff	48.2%	-	50.8%	1445 (27.6%)	2550 (48.5%)	2767 (52.6%)	2797 (53.2%)	2807 (53.4%)		NHS Bath And North East Somerset, Swindon And Wiltshire Integrated Care Board	69.11%	62.92%
Flu - Other healthcare staff	373	-		144	212	227	240	248		NHS Bristol, North Somerset And South Gloucestershire Integrated Care Board	67.41%	58.56%
Flu – GHC inpatients	362	-		136	175	208	220	226		NHS Cornwall And The Isles Of Scilly Integrated Care Board	64.49%	58.41%
Flu - Care home residents	27	-		4	13	13	24	24		NHS Devon Integrated Care Board	66.96%	61.67%
Flu - Housebound	69	-		0	0	35	37	37		NHS Dorset Integrated Care Board	66.30%	60.48%
Covid - GHC IMMFORM staff	32.9%	-	N/A	-	-	-	-	-	-	NHS Gloucestershire Integrated Care Board	69.02%	64.73%
Covid - Other healthcare staff	279	-	N/A	-	-	-	-	-	-	NHS Somerset Integrated Care Board	64.97%	64.36%
Covid - GHC inpatients	351	165		95	110	135	144	–				
Covid – Outreach	74	180		0	35	57	58	–				
Covid - Care home residents	27	196^		0	2	2	6	–				
Covid - Housebound	50	5^		0	0	36	36	–				
DTP - Asylum seekers	-	209*		9	23	23	45	67				
MMR - Asylum seekers	-	172*		8	20	20	42	53				
MenACWY - Asylum seekers	-	New		0	0	0	0	0				

What the data is telling us

Overview of uptake of GHC staff for flu vaccines and summary of National Vaccinations Programmes (NVPs) administered by GHC teams. Seasonal flu and Covid NVPs commenced 01/10/25. Autumn/Winter Covid NVP ended on 31/01/26. Spring Covid Vaccination Programme commencing 13/04/26.

What are we going to do about it

Continue to provide opportunities to increase vaccine uptake for eligible cohorts.

Are there any risks

The Trust is engaged in an active regional procurement process which may have implications for the Outreach Vaccination and Health Team.

The change in delivery model of staff flu vaccination with a much greater reliance on peer vaccinators in teams remains under review by the Flu Group.

Quality Indicator Quarterly Data	2024/25	Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Endoscopy: cfu (colony forming unit) tolerance levels exceeded				1	1	0	1	0	2	2	0			
Legionella Water Risk Assessments Completed			0	5	0	0	1	1	0	0	0			
Legionella sampling tolerance levels exceeded			0	2	1	2	5	5	0	4	1			
FFP3 testing compliance: Group 1			-	-	71%	-	-	67%	-	-	77%			
FFP3 testing compliance: Group 2			-	-	78%	-	-	78%	-	-	77%			
Occ. Health: RIDDOR reports			0	0	0	0	0	0	0	0	0			
Occ. Health: No. contamination injuries			5	3	3	3	3	2	4	3	5			

Decontamination

- The final rinse water results for the Trust Endoscopy departments - colony forming unit (cfu) tolerance levels for processing cystoscopes exceeded on 4 occasions in Stroud. Was investigated, cause identified and rectified. Signed off by the Authorising Engineer in Dec and results have been acceptable since,
- Stroud Endoscopy refurbishment to commence Q4,

Water Safety

- 2 Legionella water risk assessments, due Q3, have been ordered with the contractor,
- Legionella sampling – positive samples detected Wotton Lawn Hospital (Nov, Abbey Ward), Montpellier (Nov and Dec), Stroud Hospital (Nov), Laurel House (Nov), remedial work has been undertaken, and re-samples have been clear,

Ventilation Safety

- No validations or verifications due in Q3,
- Risk 654. The Air Handling Unit (AHU) in Stroud Theatre –theatre is now being refurbished and risk will be reviewed/closed when theatre re-opens.

Waste Management

- Waste Steering Group established in Sept, meeting quarterly. Terms of Reference agreed,
- Pre Acceptance Audits required for all sites in 2025, due to be completed by April,
- Recurring issues with general waste contractor, Veolia, including missed collections and broken bins, have been escalated within Veolia.

FFP3

- Fit testing sessions are held at various locations across the Trust. However, the compliance rates show that the current delivery model for FFP3 testing is not sustainable. Improvement will require review of the delivery model and of staff categorisation. Long-term staff absence is having an on-going significant impact on operational delivery. Powered Air Purifying Respiratory Protective Hoods (PAPRHs)/Respiratory Protective Hoods (RPHs) are an alternative to FFP3 if staff have not been fit-tested, there are 51 PAPRH/RPH held at various sites across the Trust.
- The management of FFP3 testing now sits with the IPC team.

Occupational Health – Working Well

- Number of contamination injuries remains low with no clear trends during Q3.

CQC DOMAIN - ARE SERVICES CARING? Patient and Carer Experience Team (PCET)

Please note, following year-end data cleanse, some figures may have moved between categories.

	Type	Aim	2024/25	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2024/25 YTD	Notes
Number of Friends and Family Test Responses Received	NR		27,696	2,328	2,509	2,158	1,936	1,213	1,794	2,283	1,885	1,863	2,131	2,214		22,314	Including 34 responses from carers (97% positive)
% of respondents indicating a positive experience of our services	NT	95%	93%	92%	94%	93%	93%	92%	93%	93%	92%	93%	93%	92%		93%	
Number of compliments received in month	LR		2,830	256	270	256	346	275	217	283	227	227	219	219		2,795	Additional compliments often added retrospectively
Number of enquiries (other contacts) received in month	LR		1,724	120	128	128	141	140	143	155	136	136	138	147		1,512	
Total number of complaints received in month	NR		204	23	14	14	22	19	20	22	26	25	30	19		234	5 MH, 1 PH, 1 CYPS, 1 Community, 1 CW, 10 IUCS.
Total early resolution complaints received in month	LR			23	14	13	21	18	20	22	26	25	30	18		230	
Total number of open complaints (not all opened within month)	LR			64	56	47	52	57	47	49	58	57	66	75			
% of complaints acknowledged within 3 working days	NT	100%	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	National requirement
Total number of complaints closed in month	LR			26	22	23	18	13	31	20	19	25	21	11		229	1 PH, 1 CYPS, 4 Community (MH), 1 CW, 4 IUCS.
Number of complaints closed within 3 months	LT			23	17	13	11	7	21	13	14	21	16	9		165	
Number of re-opened complaints (not all opened within month)	LR			3	2	2	1	2	3	2	2	2	2	1			1 IUCS
Number of external reviews (not all opened within month)	LR			3	6	4	3	4	4	4	4	4	4	4			3 MH (including 1 possible joint LGO) and 1 CYPS.

NT: Nationally reported measure with target. **NR:** Nationally reported measure, no target. **LT:** Locally reported measure with internal target. **LR:** Locally reported measure, no target.

CQC DOMAIN - ARE SERVICES CARING? Patient and Carer Experience Team (PCET)

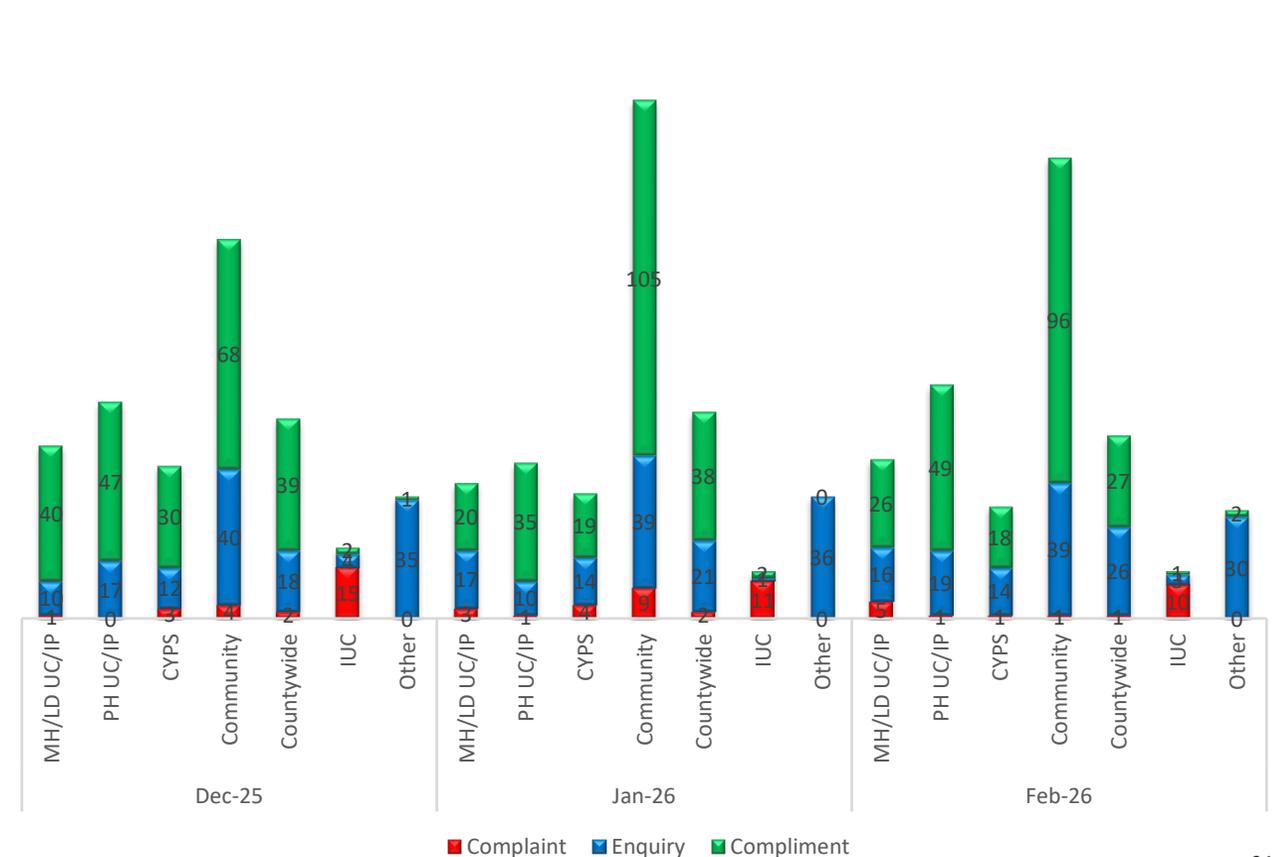
Key Highlights:

- Complaints received are up 38% YTD on 2024/25 data (170 then against 234 now).
- We continue to see far more compliments than any other type of feedback and directorates 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.
- High level data is shared at the Ops Governance monthly meeting

This table shows all reported PCET data received this month by type and directorate

Directorate	Complaint		Enquiry	Compliment
MH/LD urgent care and inpatient	5	Early resolution:	16	26
		5		
PH urgent care and inpatient	1	Early resolution:	19	49
		1		
CYPS	1	Early resolution:	14	18
		1		
PH/MH/LD Community	1	Early resolution:	39	96
		1		
Countywide	1	Early resolution:	26	27
		1		
IUCS	10	Early resolution:	3	1
		9		
Other	0	Early resolution:	30	2
		0		
Totals	19	Early resolution:	147	219
		18		

Directorate feedback over the past three months



CQC DOMAIN - ARE SERVICES CARING? Patient and Carer Experience Team (PCET)

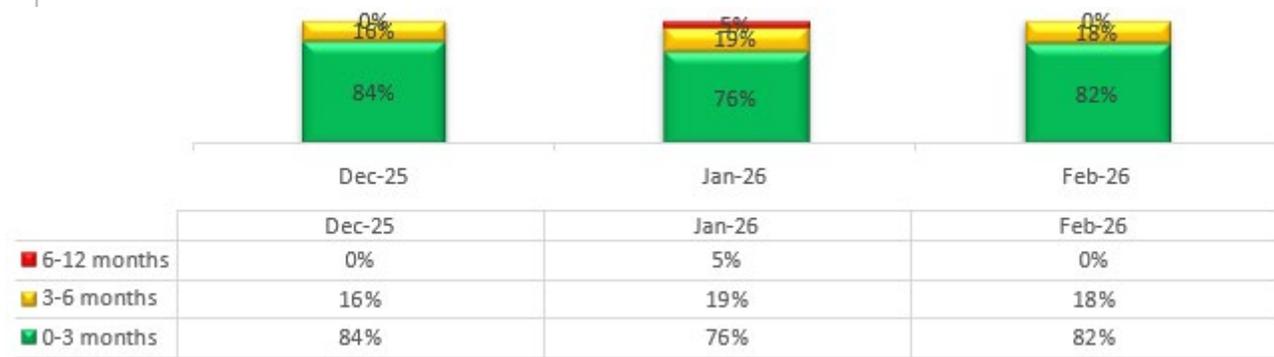
The below table shows all complaints CLOSED this month by outcome and directorate.

Directorate	Upheld	Partially upheld	Not upheld	Withdrawn	Other	Total
MH/LD urgent care, inpatient	0	0	0	0	0	0
PH urgent care, inpatient	0	0	1	0	0	1
CYPS	0	0	1	0	0	1
PH/MH/LD Community	0	2	2	0	0	4
Countywide	0	0	1	0	0	1
IUC	3	1	0	0	0	4
Other	0	0	0	0	0	0
Totals	3	3	5	0	0	11

The below graph shows the length of time taken to close complaints.

This month, 82% were closed in 3 months (target 50%), 100% closed in six months (target 80%)

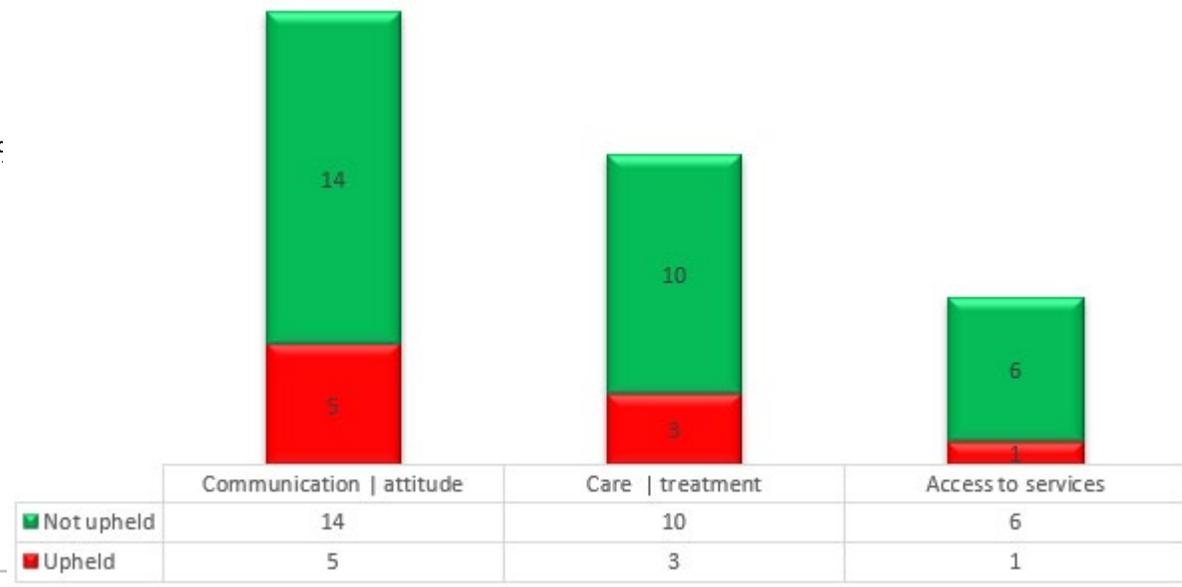
NB: There are 18 x complaints open longer than 3 months



The below table shows some of the upheld COMPLAINT THEMES this month.

These include closer look and early resolution complaints.

Directorate	Upheld themes for complaints closed this month
PH/MH/LD Community (21718)	Consideration of Social Circumstances report being completed by alternative professionals. Care and treatment
IUCS (22330)	Health advisor match the caller's tone during the call. Communication and attitude
PH/MH/LD Community (21634)	Clinicians will be reminded to use clear, sensitive and professional language when communicating with patients. Communication and attitude
IUCS (20979)	GP prescribed incorrect dose of medication for a child. Care and treatment

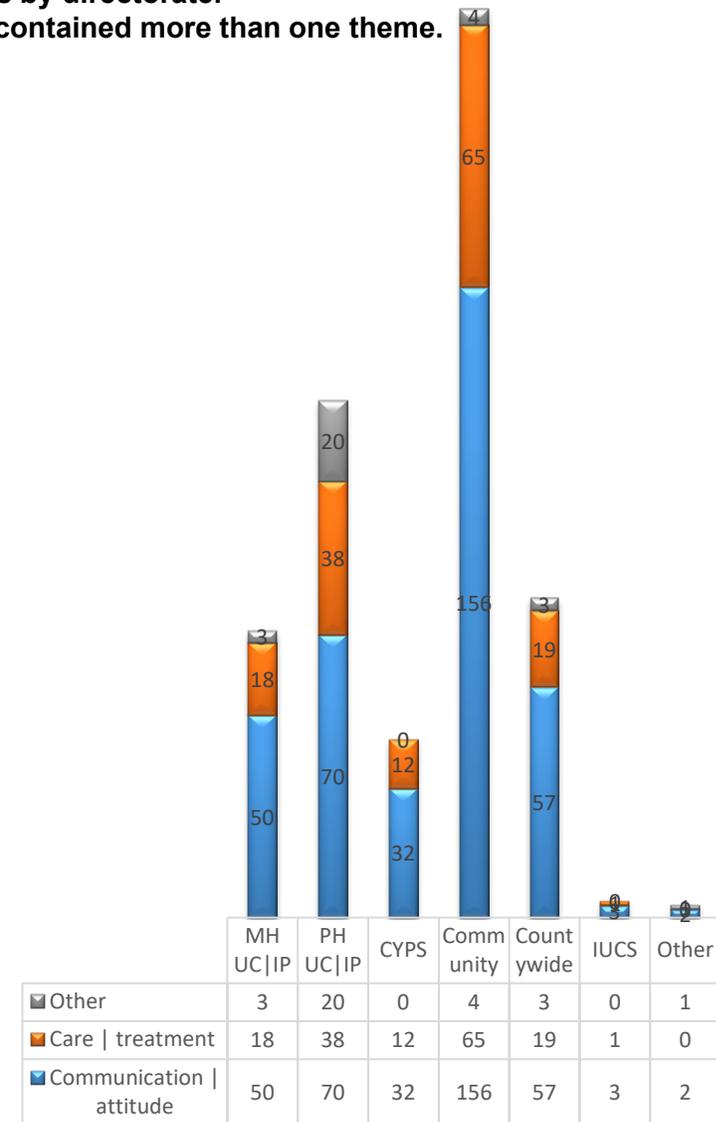


CQC DOMAIN - ARE SERVICES CARING? Patient and Carer Experience Team (PCET)

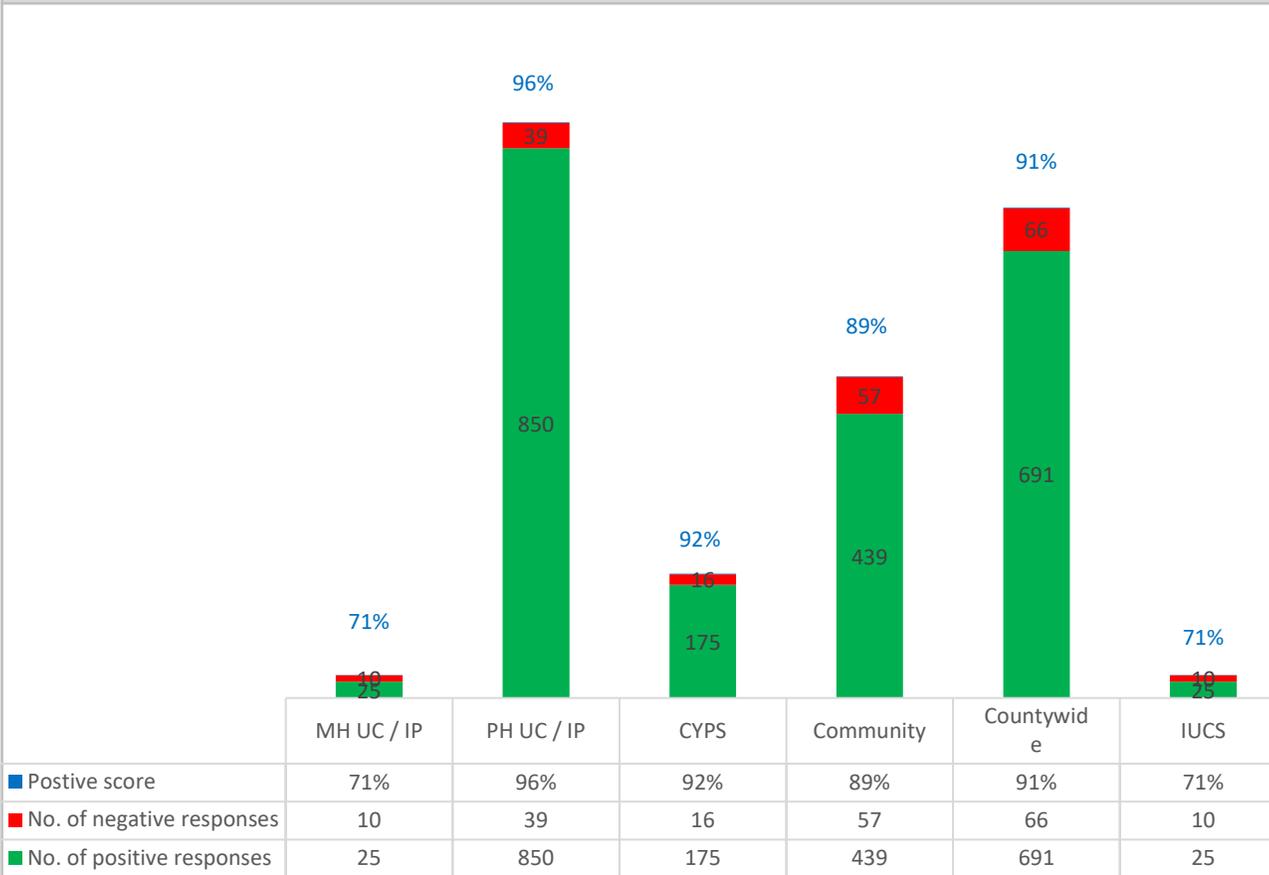
The table below is a sample of compliments RECORDED this month. The chart opposite illustrates the key themes by directorate.

The 219 compliments recorded contained comments that were distributed over 10 different themes. Some compliments contained more than one theme.

ID	Team	Compliment
23183	Spiritual Care Team	Thank you both so much in protecting the spiritual interests of your flock, including that of myself. I have been so supported by chaplaincy services here at Wotton Lawn since the passing of my mother. A big thank you for going the extra mile.
22919	MliU- Ciren Hosp	Just a few words to say a Big Thank you to all of you who helped me during my stay here.
23089	NC Hosp	Please pass on all our thanks to everyone who is helping look after Dad, we couldn't ask for better care. if Carlsberg did hospitals....!
22935	Tewk Hosp	Thank you for wonderful care of my Dad. Is a great comfort that his final days were comfortable and peaceful
23201	CYPS PH- Health Visiting	A social worker has thanked the health visitor for her knowledge of the family which has been incredibly helpful.
23110	Reablement Gloucester	Thank you for the superb care and help I have received other the last few weeks since breaking my arm. I will miss my morning visits! Thank you so much
22957	Memory Management MAS	"I just wanted to say thank you for organising these sessions and for sending all the info through, I found them really useful and am very glad I decided to come along. I hope you have a good week."
23114	SARC	A client who attended SARC for a forensic examination stated that they really appreciated the minor adjustments made in consideration of their autism and that everyone had been "amazing".
22974	IUCS 111 Service	"The 111 service listened and guided us whilst the first responder from Hatherley checked her out and relayed her condition"
22963	PCET	"Assistance given sorting out survey and appointments. Thank you so much for helping get to the bottom of this. Really appreciated and very efficient of you 😊👍 good work! Have a great week! "



CQC DOMAIN - ARE SERVICES CARING? Patient and Carer Experience Team (PCET)



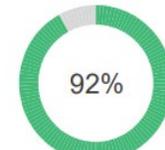
■ No. of positive responses ■ No. of negative responses ■ Postive score

Highlights for this month:

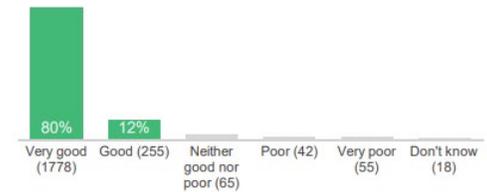
- The overall positive experience for the month at 92%, which is in line with recent months.
- Service users made 15 requests for contact/action through the FFT.
- FFT for Out of Hours GP, IUCS received 62 responses (81% positive).

How are we doing?

Overall experience of our service | February 2026



92% 'Very good' or 'Good'



Key indicators (% positive) | February 2026



97%

Did you feel you were treated with respect and dignity?



95%

Were you involved as much as you wanted to be in decisions about your care and treatment?



96%

Did you feel the service was delivered safely and protected your welfare?

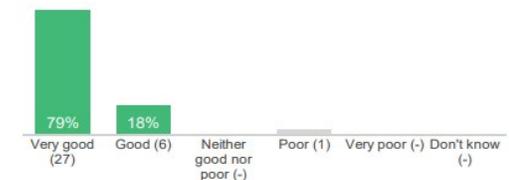
Carer feedback

How are we doing?

Overall experience of our service | February 2026



97% 'Very good' or 'Good'



Learning From Deaths Report Quarter 3 2025-2026

Purpose of Report:

The report is based on the Learning from Deaths framework issued by NHS-England which states that Trusts must collect and publish, via quarterly public board papers, information on:

- Number of deaths in their care.
- Number of deaths subject to case record review (desktop review of case notes using a structured method).
- Number of deaths investigated under the serious incident framework (now psii's).
- Number of deaths that were reviewed/investigated and as a result considered more likely than not to be due to problems in care.
- Themes and issues identified from review and investigation (including examples of good practice.
- Actions taken in response, actions planned and an assessment of the impact of actions taken.

To meet the requirements above the Trust holds 2 Mortality Review Groups each month:

- Physical Health Mortality Review Group.
- Mental Health and Learning Disability Mortality Review Group.

We have chosen to include additional information relating to observations in data, themes and feedback from the Medical examiner to provide additional assurance to the Trust.

Quarter 3 Learning From Deaths

During Q3 2025-26 **100** deaths were reported on our Mortality module on Datix at Gloucestershire Health and Care NHS Foundation Trust (GHC):

GHC Patient Deaths reported during Q2 2025/26

October	November	December	Total
37	30	33	100

During Q3 2025-26 we carried out a total of 15 care record reviews, 7 in our Physical Health Mortality Review Group and 8 in our Mental Health and Learning Disability Mortality Review Group:

Number of comprehensive investigations and care record reviews completed during Q3 2025/26 for deaths occurring in:

Q1 2025/26	Q2 2025/26	Q3 2025/26	Total
0	14	1	15

Quarter 3 Learning From Deaths

Physical Health (CoHo) Care Record Reviews – National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

October – December 2025 there were 7 Care Record Reviews

All 7 Care Record Reviews were recorded as Category 1 – Good Practice: A standard that you would accept from yourself, your trainees and your institution.

Mental Health Inpatients/Community - Care Record Reviews – Mazars Criteria

October – December 2025 there were 8* Care Record Reviews (1* case was reviewed but not scored as the patient died at GHFT)

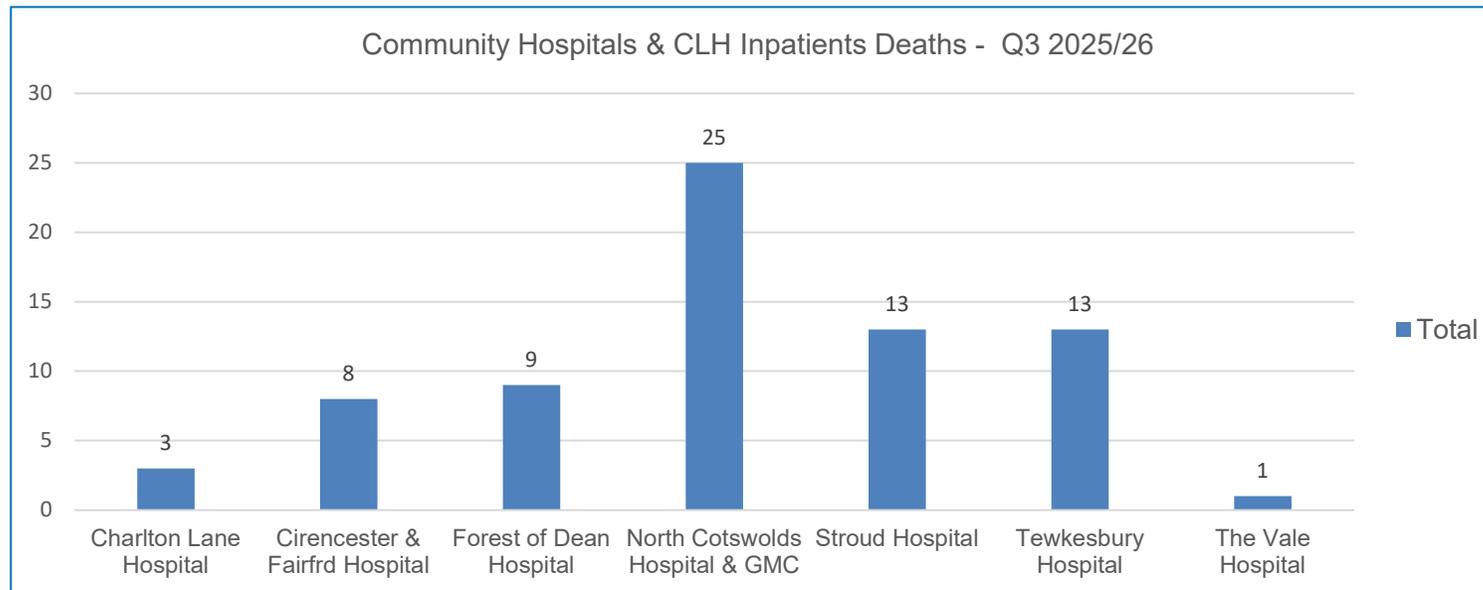
5 x Care Reviews

(UN1) **Unexpected Natural**. Unexpected deaths which are from a natural cause e.g. a sudden cardiac condition or stroke. These deaths should be reviewed, and some may need an investigation.

2 x Care Reviews

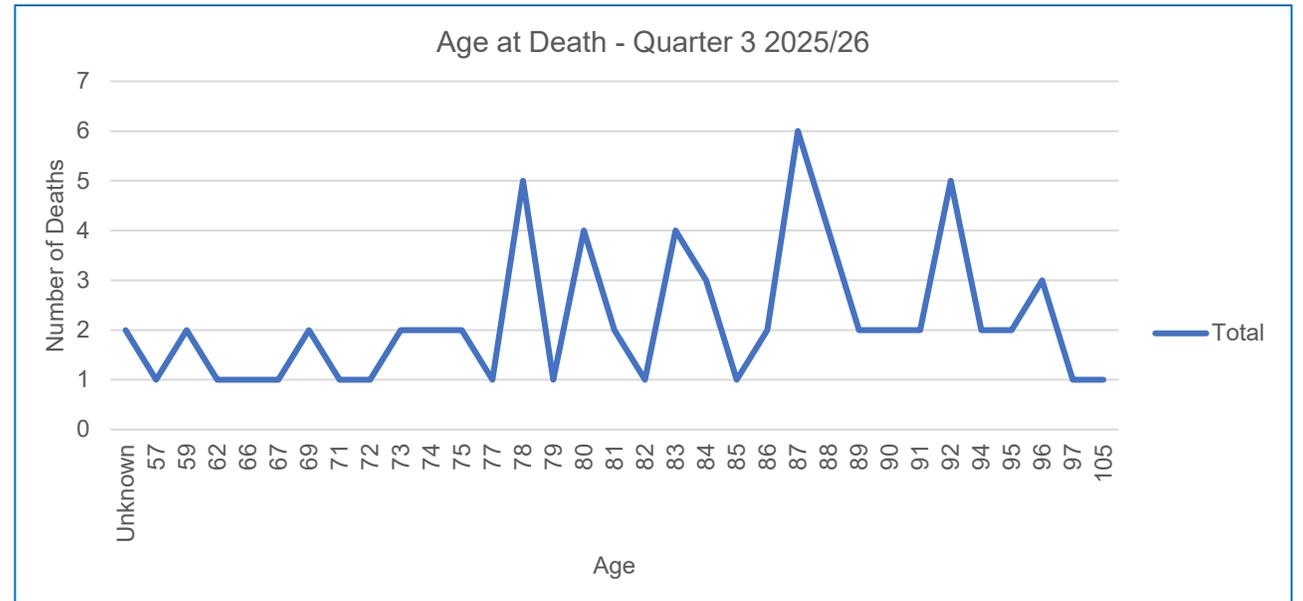
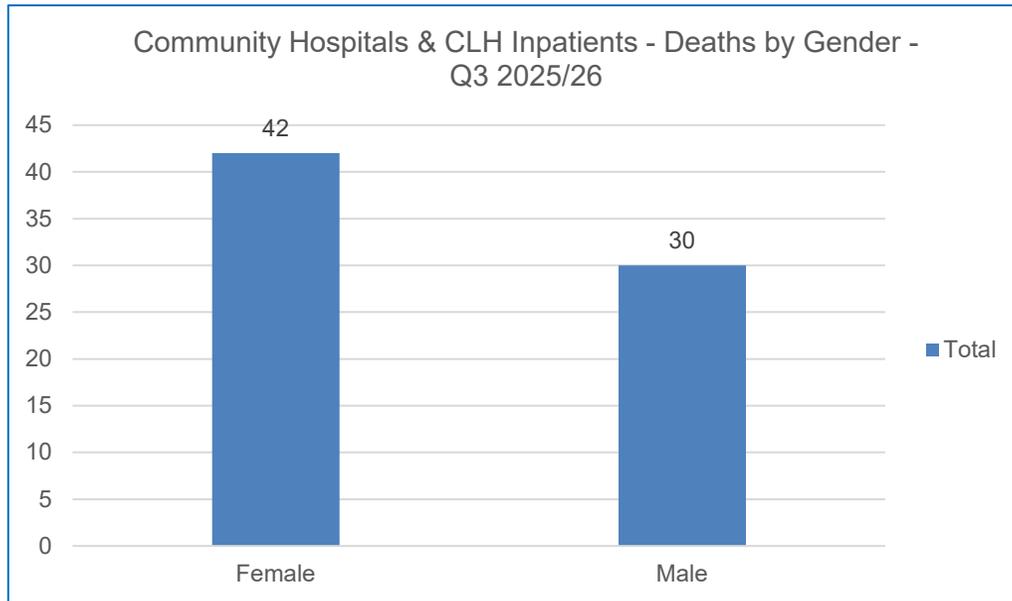
(EN1) **Expected Natural**. A group of deaths that were expected to occur in an expected time frame. E.g. people with terminal illness or in palliative care services. These deaths would not be investigated but could be included in a mortality review of early deaths amongst service users.

Quarter 3 Community Hospitals and Charlton Lane Hospital Inpatient Deaths by ward



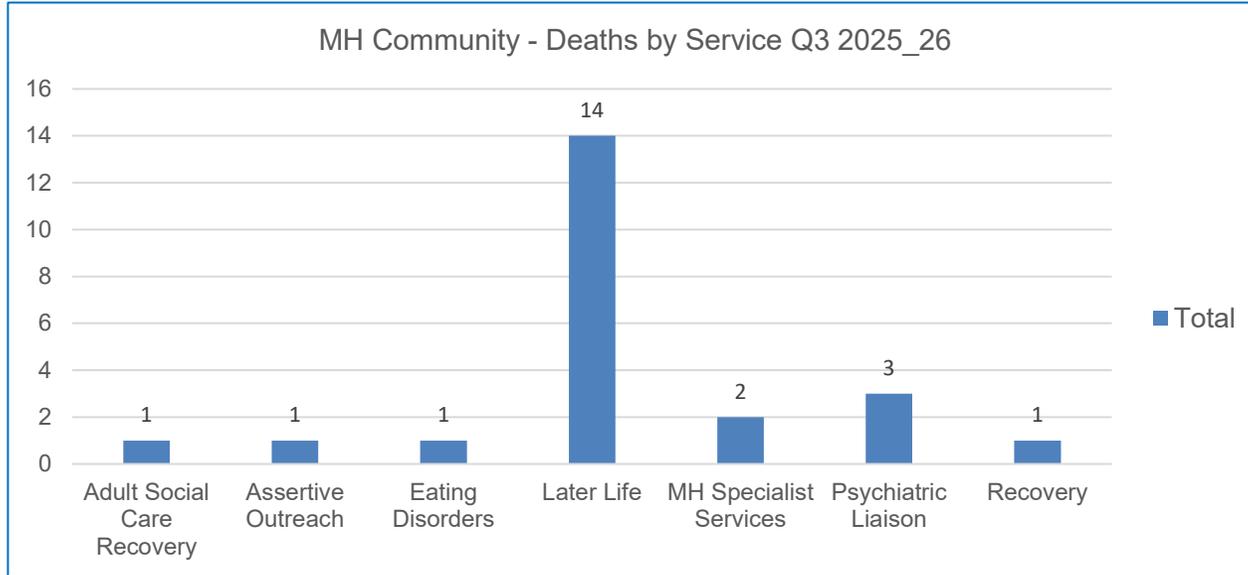
- In Quarter 3 there were 72 deaths reported across our inpatient settings.
- 3 deaths were at Charlton Lane (Acute mental health inpatient services for people with a level of frailty in combination with their mental health disorder and /or an organic mental health disorder) and the remaining 69 in our Community Hospitals.
- A meeting is still planned with BI colleagues in to explore how we can further understand the themes and trends of data relating to admission pathways in Community Hospitals. Unfortunately, due to operational pressures this had to be rescheduled.

Quarter 2- Inpatient Deaths by Gender and Age



- In Quarter 3, 55.55% of deaths were female and 44.45 were male. This reflects the pattern that we observed in Quarter 1
- We continue to observe that the largest percentage of deaths are for individuals aged over 80 (65%). This would be in line with the current Gloucestershire life expectancy at birth (79.8 for males and 83.6 for females).

Quarter 3 Deaths reported by Mental Health Services



- In Quarter 3 we have seen 23 deaths reported by mental health teams and services at the Trust.
- All deaths reported by these services are in line with our Learning from deaths scope
- Our Later Life teams continue to be our highest reporter of deaths within Mental Health Services which is to be expected.

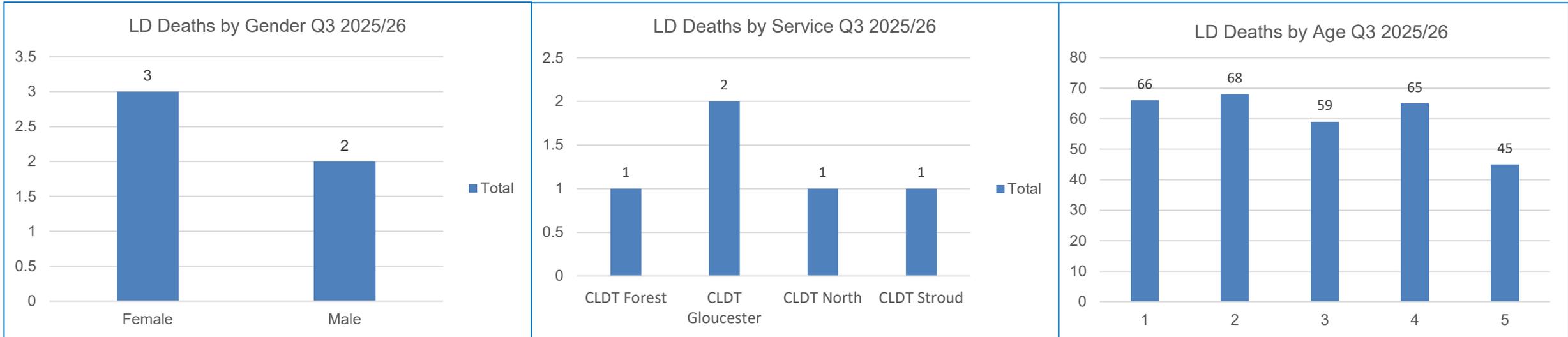
In Quarter 3, there were 4 incidents reported on Datix related to suspected deaths by suicide. Of these it has been determined that:

- 2 are being investigated as suspected deaths by suicide via PSIRF processes- PSII
- 1 is being investigated as suspected deaths by suicide via PSIRF processes- AAR
- 1 was considered as a suspected deaths by suicide and have been reviewed in line with our processes but have not met the criteria for further review due to limited involvement by our services.

In Quarter 3, there were 5 unexpected death reported by wider services. Of these it has been determined that:

- 1 was investigated via PSIRF processes- AAR
- 4 have been reviewed in line with our processes but have not met the criteria for further review due to limited involvement by our services.

Quarter 3 - Learning Disability Deaths



- In Quarter 3 there have been 5 deaths reported by our CLDT services for individuals with a Learning Disability.
- Whilst in Q2 we reported that all deaths were for males in Q3 we have observed that 3 out of 5 deaths were for females.
- Age at time of death ranged from 45-68, in 2023-24 Gloucestershire's median age of death was 61.9, in Q3 our median age at time of death was 65 although it is important to reflect that this is a small data set.

Quarter 3 Learning, Themes and Trends from MRG meetings

- Direct contact details of GP surgeries have been shared – to allow for quicker and smoother communication.
- To alleviate organisational system challenges around availability of information, particularly from other Trusts, Community Teams are to have access and training to Clinical Systems such as S1 and Sunrise – this is to be explored and followed up through the digital transition group meetings.
- To develop the language and sharing ideas of the uncertainty with relatives, mindful that this can be challenging, sensitive conversations to have. To take the approach by explaining that the relative is sick enough to die however he/she hasn't yet died but is in the last months/year of life.
- To note, reinforcement of the process of ReSPECT being guidance and dynamic, senior clinical decision making in the moment remains the priority.
- Raise awareness of encouraging early referrals to the specialist palliative care team for end-of-life patients who have a combination of physical health and mental health challenges
- Teams reminded that junior members of staff that have been directly involved in cases can be invited to MRG meetings to listen and contribute to the case and for the shared learning.
- Reminder that teams are invited to propose cases (via Datix) that they would like to bring to MRG to share for whatever reasons they feel e.g. to celebrate good practice, improvements, learning etc.

REPORT TO: TRUST BOARD PUBLIC SESSION – 26th MARCH 2026

PRESENTED BY: Sandra Betney, Director of Finance and Deputy CEO

AUTHOR: Chris Woon, Deputy Director of Business Intelligence

SUBJECT: QUALITY & PERFORMANCE DASHBOARD – February 2025-26 M11

If this report cannot be discussed at a public Board meeting, please explain why.	N/A
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This report is provided for:			
Decision <input type="checkbox"/>	Endorsement <input checked="" type="checkbox"/>	Assurance <input checked="" type="checkbox"/>	Information <input type="checkbox"/>

The purpose of this report is to

This quality and performance dashboard provides a high-level view of performance and quality indicators in exception across the organisation. Activity covers the period to the end of February (Month 11, 2025/26). Where performance is not achieving the desired threshold, operational service leads are prioritising appropriately to address issues. Service led Operational & Governance reports are presented to the operational performance & risk meetings and more widely accounts for indicators in exception and outline service-level improvement plans including forecasts and risk assessments. Data quality progress will be more formally monitored through the Patient Records Quality Group which updates the Business Intelligence Management Group (BIMG).

Recommendations and decisions required

- The Board are asked to:
- **NOTE** the Quality and Performance Dashboard Report for February 2025/26 and acknowledge that appropriate service improvement action plans are being developed *or* are in place to address areas requiring improvement, within Operational governance processes (Advise and Assure sections).
 - **AUTHORISE** the proposal to introduce a new indicator for:
 - **PH Thames Inpatients Average Length of Stay** within the Board source and therefore remove Thames activity from **B51 – CoHo exc. CATU & Stroke**.
 - **AUTHORISE** the associated proposal to extend the following operationally assured Interim Milestones through 2026/27 for:
 - **B51 (PH Core Inpatients Average Length of Stay):** July 2026 29 days, Oct 28 days, January 2027 27 days and April 26 days.
 - **B53 (PH Stroke Inpatients Length of Stay):** July 2026 48 days, Oct 46 days, January 2027 44 days and April 42 days.

Executive summary

Business Intelligence Updates

- There are 12 KPIs being monitored within the Development Source of the dashboard portfolio, awaiting authorisation from owners to go-live. There are a further 10 KPIs planned for reporting in March 2026. This will bring the overall KPI number to 173, with a further 23 in development for 2026/27.
- The NHS Oversight Framework (NOF) published its Q3 rankings in March with GHC maintaining its level 2 segmentation. An updated framework is expected for 2026/27.

Performance Update

The performance dashboard indicators are presented from page 2 within the Board's current four source format (to note, the fifth Operational source is only presented to the Resources Committee - but the source is reviewed at BIMG for each period). The Dashboard offers a lighter commentary format however detailed narrative is reviewed across wider governance processes for all indicators across all Source areas.

Alert (to matters that may require attention)

These indicators are impacted by the changing workforce and pathways due to delegated responsibilities and are therefore will be closely monitored:

- **L19 Ensure that reviews of new short or long-term packages take place within 8 weeks of commencement.**
- **O11 and O12 – ICT Occupational Therapy Services % urgent referrals treated within 2 weeks and % routine referrals treated within 18 weeks.** *This Operationally Sourced indicator isn't in the Board dashboard as it's reported to Resources Committee only.*
- **O35 Home First and Reablement Therapist Assessment within 2 days of arriving home.** *This Operationally Sourced indicator isn't in the Board dashboard as it's reported to Resources Committee only.*

The Board are asked to **AUTHORISE** the following two operational directorate performance and risk group's proposals (BIMG ratified):

- to introduction of an independent **Thames Ward Length of Stay** KPI. This new ward is used to cohort manage people with combined physical and mental health rehabilitation/ complex discharge planning needs within one unit and better support their health and care outcomes. Like Stroke and CATU ward KPIs, this will remove Thames from **B51 – CoHo excluding CATU and Stroke**. This won't impact **N63 - PH Community Hospitals Average Length of Stay (All Beds)** which aggregates all PH Inpatient Length of Stay for National monitoring.
- to extend operationally assured Interim as follows:
 - **B51 (PH Core Inpatients Average Length of Stay):** July 2026 29 days, Oct 28days, January 2027 27 days and April 26 days.
 - **B53 (PH Stroke Inpatients Length of Stay):** July 2026 48 days, Oct 46days, January 2027 44 days and April 42 days.

Previous interim milestones for these indicators were agreed by Board in November 2025 and are on-plan. This extension will deliver the final LoS target ambition and - when delivered - remove the need for further interim milestones for these indicators.

Advise (areas of ongoing monitoring or development)

The following indicators are already being closely monitored by operational governance with support from business partner functions. The Board are advised to support continued scrutiny for these specific indicators until recovery can be assured:

- **N25 - Children and young people, and women in the perinatal period accessing mental health services, having their routine outcomes measured at least twice – narrative on page 3 with forecasted recovery in Q1 2026.**
- **N37 - Community PH: CYP Community Services Waiting List % seen within 52 weeks - (Service exclusions applied) – narrative on page 3.** Gradual improvements anticipated with recovery milestones to be set.
- **N45 - IUCS - Average speed to answer calls (in seconds) (KPI 2) – narrative on page 3.** This incorporates N46. Performance is expected to recover after the winter surge period, noting meningitis activity.
- **N67 - IUCS - Proportion of call-backs assessed by a clinician in agreed timeframe (KPI 4) – narrative on page 4, slighted behind the initially forecasted recovery plan to achieve 40-50% by April 2026 due to winter surge period continuation and meningitis activity.**
- **N69 - PH Percentage of bed days occupied by patients when they are ready to be discharged** remains compliant however services feel this is being under reported due to legacy data capture processes. System configuration improvements are completed, and work is in progress with the service to more accurately present performance from March 2026, however the indicator is likely to then present in exception.
- **N70 – MH Average LoS (Acute & PICU) – National aggregated monitor; narrative on page 4.**
- **L21 - MH Liaison - number of routine referrals seen within 24 hours (ICS portfolio) – narrative on page 7, deep dive assessment requested for April 2026.**
- **O02 - Adult SLT % routine referrals treated within 18 Weeks** is presenting a progressively deteriorating position. Recovery plan is being updated. This indicator isn't in the Board paper as it's reported to Resources Committee only.
- **O51 - MH Acute Inpatients – Percentage of discharge within LoS threshold (26days) & O53 - MH Older Adult Inpatients – Percentage of discharges within LoS threshold (70days) – new interim recovery milestones were introduced from January 2026 (reporting in February) alongside an update to the measure.** Long stay discharges continue to impact current performance. This indicator isn't in the Board paper as it's reported to Resources Committee only.

Assure

The Board can be assured that the following measure was no longer in exception for the period:

- **B17 - Total number of pressure ulcers developed or worsened during care by this Trust**

Applaud

Areas of positive performance for the period include (but are not limited to):

- **O20 Paediatric Speech and Language Therapy % treated within 18 weeks for routine referrals** - In July 2025, 1,348 children who had been seen for their first clinical contact counted for the KPI, were waiting over 12 months for their therapy

episodes of care to start. At the end of February, only 22 were waiting for therapy to start. Focus can now move to patient flow from referral to discharge, which should positively impact the KPI.

- **B05 Bed Occupancy Rate Physical Health** – Review of bed occupancy presented to Improving Care Group, which provided reassurance that quality and safety indicators remain stable.

Risks associated with meeting the Trust’s values

Where appropriate and in response to significant, ongoing and wide-reaching performance issues; an operationally owned Service led Improvement Plan which outlines any quality impact, risk(s) and mitigation(s) will be monitored through the Operational Performance and Risk Group.

Corporate considerations

Quality Implications	The information provided in this report can be an indicator into the quality-of-care patients and service users receive. Where services are not meeting performance thresholds this may also indicate an impact on the quality of the service/ care provided.
Resource Implications	The Business Intelligence Service works alongside other Corporate service areas to provide the support to operational services to ensure the robust review of performance data and co-ordination of the combined performance dashboard and its narrative.
Equality Implications	Equality information is monitored within BI reporting such as the DQMI indicators.

Where has this issue been discussed before?	Service Directorate Ops Sessions, Directorate wide Performance & Risk meeting on 17/03/2026 and BIMG on 19/03/2026
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Appendices:	
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Report authorised by: Nicola Hazle Sharon Buckley Steve Andrews Chris Woon	Title: Director of Nursing, Therapies and Quality Deputy Chief Operations Officer Deputy Director of Finance Dep Director of Business Intelligence
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Quality & Performance Dashboard Report

Aligned for the period to the end February 2026 (month 11)



In line with the Quality & Performance Indicator Portfolio and the Trust's Performance Management Framework; this report presents performance indicators from four indicator Sources including **Nationally measured, Specialised & Direct Commissioning, ICS Agreed** and **Board Focus**. The (fifth) **Operational** Source is only presented to Resources Committee (not Board) but is always received within monthly Operational Performance and Risk governance and reviewed within the Business Intelligence Management Groups (BIMG).

In support of these indicators, monthly Operational Performance & Risk summaries (with improvement plans, risk reviews, action planning and improvement forecasts if appropriate) are presented by Service Directors within Operational governance (Business, Performance and Risk) meetings. Some services are considering interim milestone proposals which are aligned to their improvement plans and these will move through BIMG for ratification before Resources Committee authorisation.

Quality & Performance Dashboard Summary

The Dashboard itself (on pages 2-10) provides a high level view of Performance Indicators in exception across the organisation for the period. Indicators within this report are all underperforming against their targets and therefore warrant escalation and wider oversight. To note, confirmed data quality or administrative issues that are being imminently resolved will inform any escalation decision unless there has been consecutive, unresolved issues across periods in line with the Trust's Performance Management Framework. A full list of all indicators (in exception or otherwise) are available to all staff within the dynamic, online data platform (Tableau). All services are using this tool, alongside their operational reporting portfolios to monitor wider performance with the support of corporate business partnering functions.

Where performance is not achieving the desired results, operational service leads are prioritising appropriately to address issues. Additionally, where appropriate and in response to significant, ongoing and wide-reaching performance issues, performance improvement plans are held at Directorate level to outline the risks, mitigation and actions.

Business Intelligence Summary Update

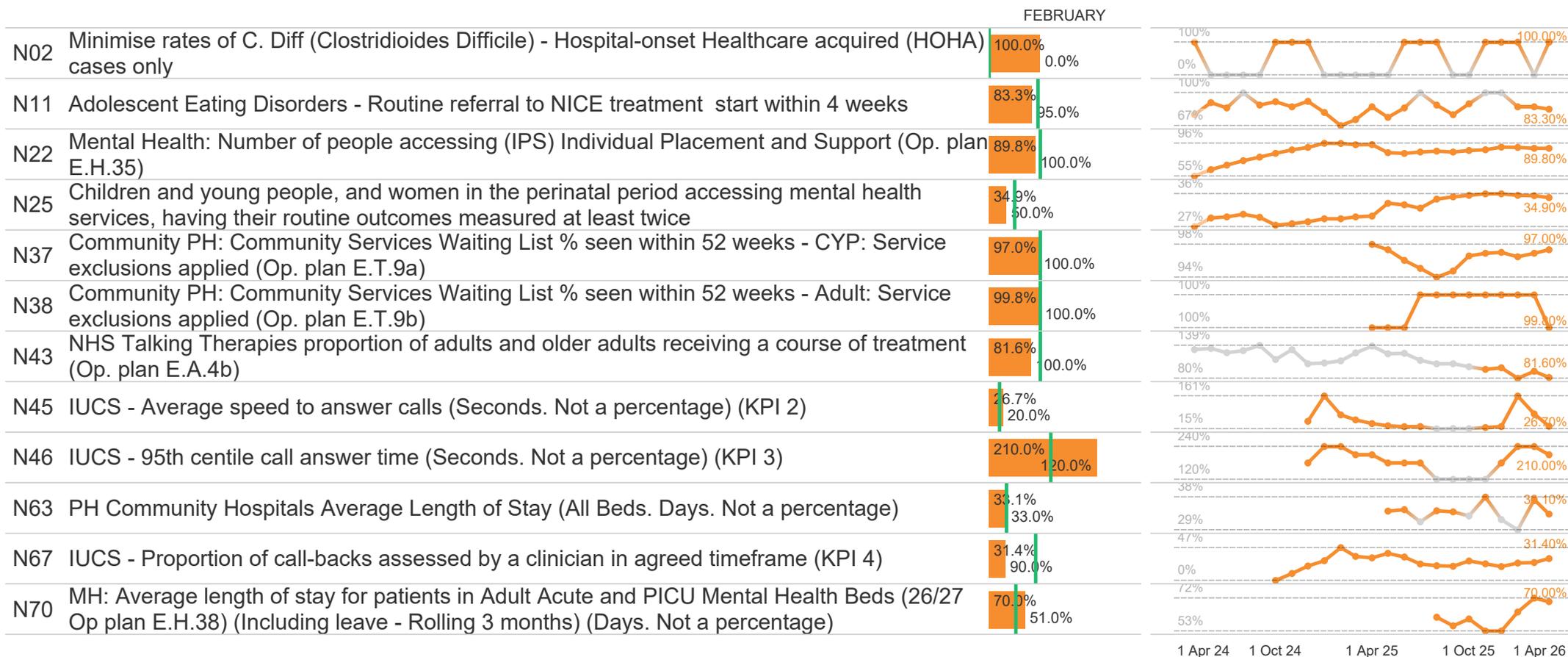
- There are 12 KPIs being monitored within the Development Source of the dashboard portfolio, awaiting authorisation from owners to go-live. There are a further 10 KPIs planned for reporting in March 2026. This will bring the overall KPI number to 173, with a further 23 in development for 2026/27.
- The NHS Oversight Framework (NOF) published its Q3 rankings in March with GHC maintaining its level 2 segmentation, although recognises areas of focus remain for PH community waits over 52weeks (N37&N38), MH inpatient Length of Stay (N70 *without PICU), MH urgent crisis face to face within 24hrs (L05&L06) and PH Urgent Community Response within 2hrs (N19). There is an updated NOF framework expected for 2026/27.



KPI Breakdown

Compliant Non Compliant

National level as agreed by a national commissioner.



Performance Thresholds not being achieved in Month - Note all indicators have been in exception previously in the last twelve months.

N02 - Minimise rates of C. Diff (Clostridioides Difficile) - Hospital-onset Healthcare acquired (HOHA) cases only

One case transferred from the acute emergency department, patient would have been treated with antibiotics

N11 - Adolescent Eating Disorders - Routine referral to NICE treatment start within 4 weeks

Risk: 645. Actions: A deep dive of all cases that were not compliant was undertaken. Both were not offered an appointment due to capacity issues.

Transformation project due to commence in April 2026.

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N22 - Mental Health: Number of people accessing (IPS) Individual Placement and Support (Op. plan E.H.35)

Risk: 656. Forecast for recovery: Quarter 1 2028/29 dependent on funding being agreed, associated recruitment and generation of primary care referrals.

Actions: Recruitment commenced to facilitate expansion. Expanding into primary care. Exploring communications and media to advertise and raise profile within job centre and other professional groups.

N25 - Children and young people, and women in the perinatal period accessing mental health services, having their routine outcomes measured at least twice

Forecast for Recovery: Quarter 1, 2026.

Perinatal Actions: Routine outcome measures (ROM) training now part of induction process. An assurance mechanism is in place to ensure that an outcome measure is completed at the start and end of an episode of care. Tableau report is available to identify in month exceptions which is supporting a deep dive into non-compliant cases. Perinatal specific target has improved. Discharged patients are expected to be lower in quarter one alongside the implementation of Dialog.

CYP Actions: GHC performance is strong compared to National picture. There is a Project group with champions from Core CAMHS, Young Minds Matter and Young Adults. Team feedback has been sought regarding recording processes. Development work on processes for collection routine outcome measures is on hold until virtual assistant is live as this will enable collection via text messages and web chat functions. ROM in development for Attention Deficit Hyperactivity Disorder pathway

N37 - Community PH: Community Services Waiting List % seen within 52 weeks - CYP: Service exclusions applied (Op. plan E.T.9a)

There are 70 children are waiting over 52 weeks for Speech and Language Therapy (SLT), Occupational Therapy (OT) and one child for the Persistent Physical Symptoms Service. Safety is being maintained through adherence to the Long Waiter Standard Operating Process, robust referral screening and prioritisation, regular clinical review of long waiters, and ongoing access to advice, training, digital resources, and patient informed follow up pathways. A service transformation programme is focused on reducing waits at both referral and treatment stages. While performance is expected to remain similar in the short term, gradual improvement is forecast, with updated milestones to be reviewed in the new year once the new delivery models are embedded. Both CYPS SLT and OT are progressing forecast work with BI and expect to have a forecast position by April 2026.

N38 - Community PH: Community Services Waiting List % seen within 52 weeks - Adult: Service exclusions applied (Op. plan E.T.9b)

There are 21 patients waiting over 52 weeks. Actions: Waiting list review processes are in place with actions planned to include scheduling appointments for March, patient discharges and data entry corrections. One community OT case is awaiting a decision around disabled facilities grants.

N43 - NHS Talking Therapies proportion of adults and older adults receiving a course of treatment (Op. plan E.A.4b)

Although under threshold for February, the service continues to be ahead of the cumulative annual target (6,524, against a plan of 6,418) and is on target to deliver in year.

N45 - IUCS - Average speed to answer calls (Seconds. Not a percentage) (KPI 2)

Forecast for recovery: Recovery evident in January and early February, focus is shifted to sustained performance recovery and expected to return to target after the winter surge period. Actions: During winter pressures, experienced nationally across urgent care, the priority is harm reduction, patient safety and workforce resilience. Recovery expected as winter pressures ease and call volumes stabilise. Work to review the impact on call handling performance to learn and ensure mitigations are in place during the Easter weekend.

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N46 - IUCS - 95th centile call answer time (Seconds. Not a percentage) (KPI 3)

Please see narrative above for KPI N45.

N63 - PH Community Hospitals Average Length of Stay (All Beds. Performance in days, NOT a percentage).

Risk: 406. Forecast for recovery: Interim measures, aiming to recover to 30 days by April 2026 to be reviewed alongside system transformation work and bed modelling. Actions: Delay related harm programme in place, increased matron capacity and system work. Work on delay related harm presented to Quality Committee in March 2026. Length of stay review meetings in place.

N67 - IUCS - Proportion of call-backs assessed by a clinician in agreed timeframe (KPI 4)

Risk: 628 and 629. Forecast for recovery: Previously reported - as a 7-week recovery programme is in place to meet 40-50%- by March 2026. Winter pressures and surge are still apparent, therefore, the service may not realise sustainable improvement trajectory. Actions: enacting surge plans when call-back breaches increase. Rapid triage and clinical prioritisation across pathway. Focus on 111 clinical queue, targeting call-backs within 20 minutes. Escalation and pathway allocation to reduce risk. Dashboards in place. Weekly scrutiny of recovery plan through GHC/IC24 operational leadership collaboration.

N70 - MH Average Length of Stay for Patients in Adult Acute and PICU Mental Health Beds (26/27 OP Plan E.H.38 - Rolling 3 months (Performance in Days)

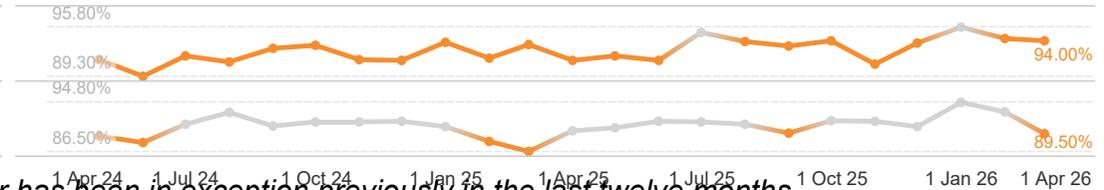
Risk: 196. Forecast for recovery: to be determined. Actions: this is a new KPI aligned to medium term planning guidance. PICU length of stay is within the current target set. Thematic review of admissions. Implementing mental health transformation programme. Quality review and time in motion analysis of 2 inpatient wards. Data collection referral to allocation of care co-ordinator/social worker. Review of nursing responsibilities.

KPI Breakdown

Non Compliant

National or regional level indicators as agreed by a commissioner.

		FEBRUARY	
S02	% of live births that receive a New Birth Visit within 7- 14 days by a Health Visitor	94.0%	95.0%
S04	% of children who received a 9-12 month review by the time they turned 12 months	89.5%	90.0%



Performance Thresholds not being achieved in Month - Note this indicator has been in exception previously in the last twelve months.

S02 - % of live births that receive a New Birth Visit within 7-14 days by a Health Visitor

The variability of babies in Neonatal Intensive Care Unit/ family choice impact performance. Three visits were missed due to appointment booking error but this didn't statistically impact position.

S04 - % of children who received a 9-12 month review by the time they turned 12 months

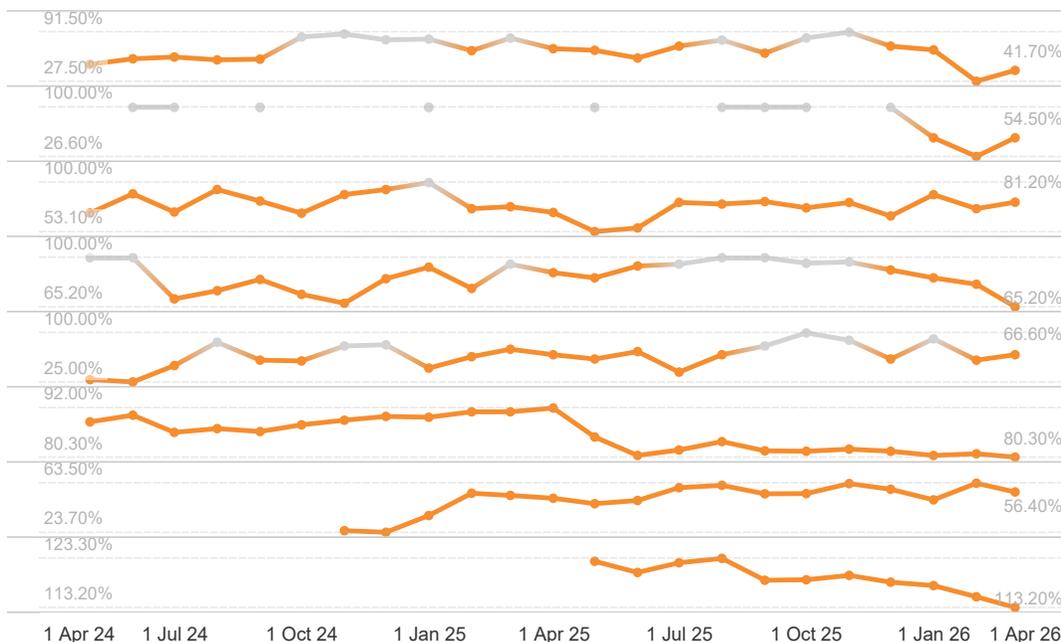
The key performance indicator is routinely met and within statistical process control. No actions identified at present.

KPI Breakdown

Non Compliant

Local (L) level objectives as agreed with a Commissioner at an ICS level.

FEBRUARY			
L03	CYPS Core CAMHS: Accepted referrals receiving initial appointment within 4 weeks (unadjusted for DNAs and Cancellations)	41.7%	80.0%
L06	Crisis Wait time to Assessment: Urgent assessments occur within 4 hours of triage	54.5%	80.0%
L07	Eating Disorders - Wait time for adult assessments will be 4 weeks	81.2%	95.0%
L08	Eating Disorders - Wait time for adult psychological interventions will be 16 weeks	65.2%	95.0%
L19	Ensure that reviews of new short or long term packages take place within 8 weeks of commencement	66.6%	80.0%
L21	MH Liaison - Risk shared referrals seen within 24 hours against ICS portfolio agreement	80.3%	95.0%
L23	IUCS - Proportion of HCP calls that receive clinical consultation within agreed timeframe	56.4%	95.0%
L41	Bank spend reductions (Joint Forward plan)	113.2%	100.0%



Performance Thresholds not being achieved in Month - Note all indicators have been in exception previously in the last twelve months.

L03 - CYPS Core CAMHS: Accepted referrals receiving initial appointment within 4 weeks (unadjusted for DNAs and Cancellations)

Risk: 165. Forecast for recovery: June 2026. Actions: Increased assessment capacity by 10 assessments per week to reduce waiting times for initial assessments. Increased oversight of administrative and booking processes. Review of duty capacity, discharge and care planning. Increased capacity is expected from March due to commencement of new staff.

L06 - Crisis Wait time to Assessment: Urgent assessments occur within 4 hours of triage

Methodology to present the true urgency of the request is now outdated, due to the introduction of 111 IVR and the complexity of recording. Proposal to replace L05 (1hour) & L06 (4hours) to align to NHS Oversight Framework (NOF) meaning a new 24-hour and 4-hour triage scale. Clinical systems team have configured the new referral urgency definitions and Commissioner agreement is being sought to decommission the old measures. Commissioners have been advised for 2026/27 contract (Schedule 4) update. Reporting against the new recording process will be in place by the end of the financial year. Updated Tableau report to be available from April 2026 to support services understand and monitor the position.

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L07 - Eating Disorders - Wait time for adult assessments will be 4 weeks

Risk: 645. Forecast for recovery: Patient choice and low activity numbers can make forecasts unreliable. Actions: A review of each patient case has been completed which demonstrates that the service has offered a variety of appointments where capacity allows and made reasonable adjustments where appropriate. Four patients were not seen due to capacity issues. Transformation project reporting to Mental Health and Learning Disability (MHLDD) Programme Board and has progressed to the Designing Solutions Stage to commence in April 2026. Progress update to be presented to Quality Assurance Group in March 2026.

L08 - Eating Disorders - Wait time for adult psychological interventions will be 16 weeks

Risk: 645. Forecast for recovery: Low activity numbers mean forecasts can be unreliable. Actions: a deep dive of patient cases has been completed. Exceptions related to: five patients due to capacity within the service. Three due to recording issues. Robust processes to be developed to address recording issues. Transformation project reporting to MHLDD programme board and has progressed to the Designing Solutions Stage to commence in April 2026.

L19 - Ensure that reviews of new short or long term packages take place within 8 weeks of commencement.

Forecast for recovery: Previously February 2026. Recovery at this point is impacted by the service transferring to Gloucestershire County Council in June 2026. Mitigations are in place to address the quality and safety of individuals within our care which includes; daily allocation meetings, weekly escalation meetings, weekly workstream meetings that look at caseloads, capacity, demand, supervision, continuing professional development and other aspects of the service.

L21 - MH Liaison - Risk share: cumulative number of routine referrals seen within 24 hours

Forecast for recovery: Proposal to update this indicator to monitor a count of referrals (as a number) of those referred and not %, based on risk share reporting arrangements. Proposal to be presented at Operational Performance and Risk meeting in April 2026 to revise, alongside a detailed improvement plan.

L23 - IUCS - Proportion of HCP calls that receive clinical consultation within agreed timeframe

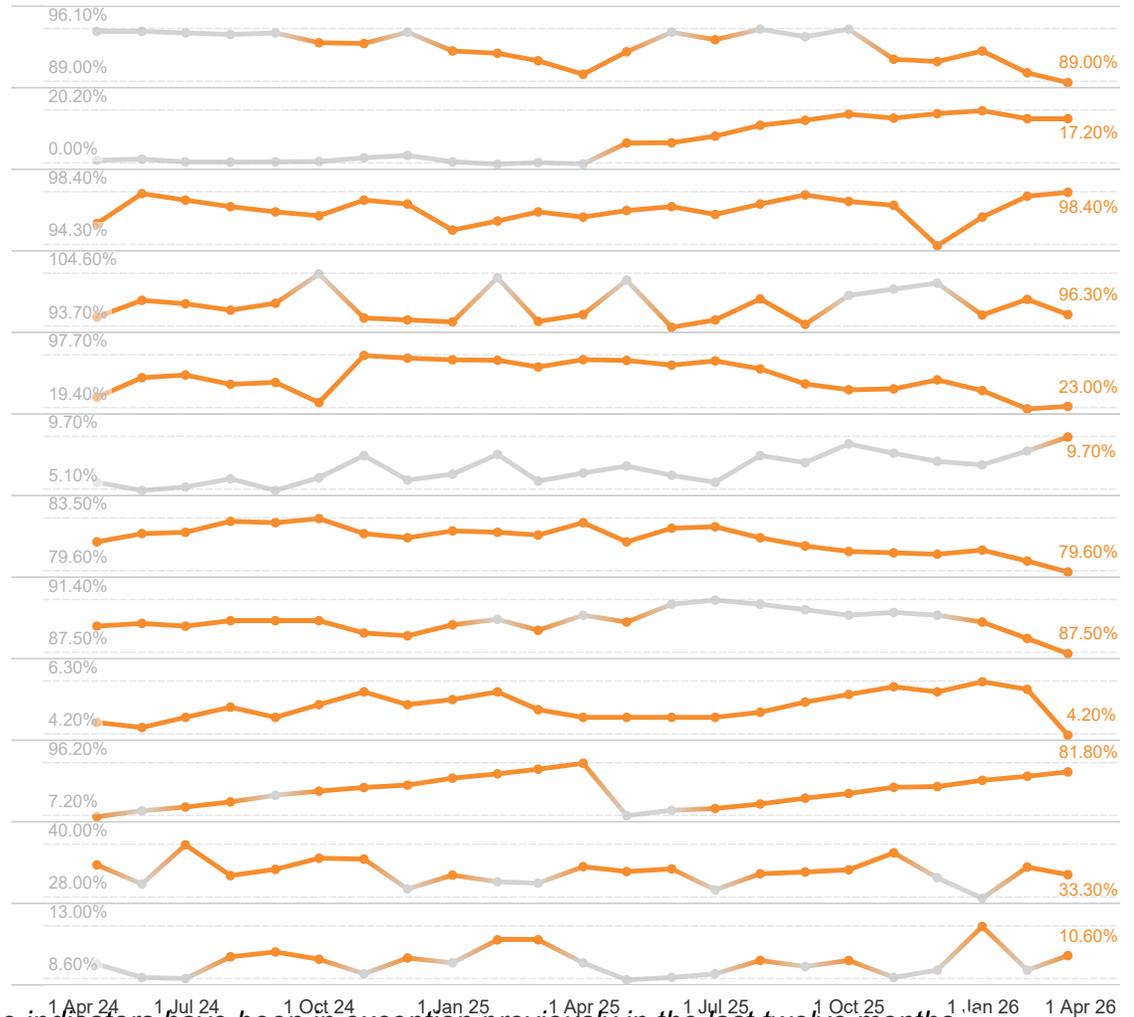
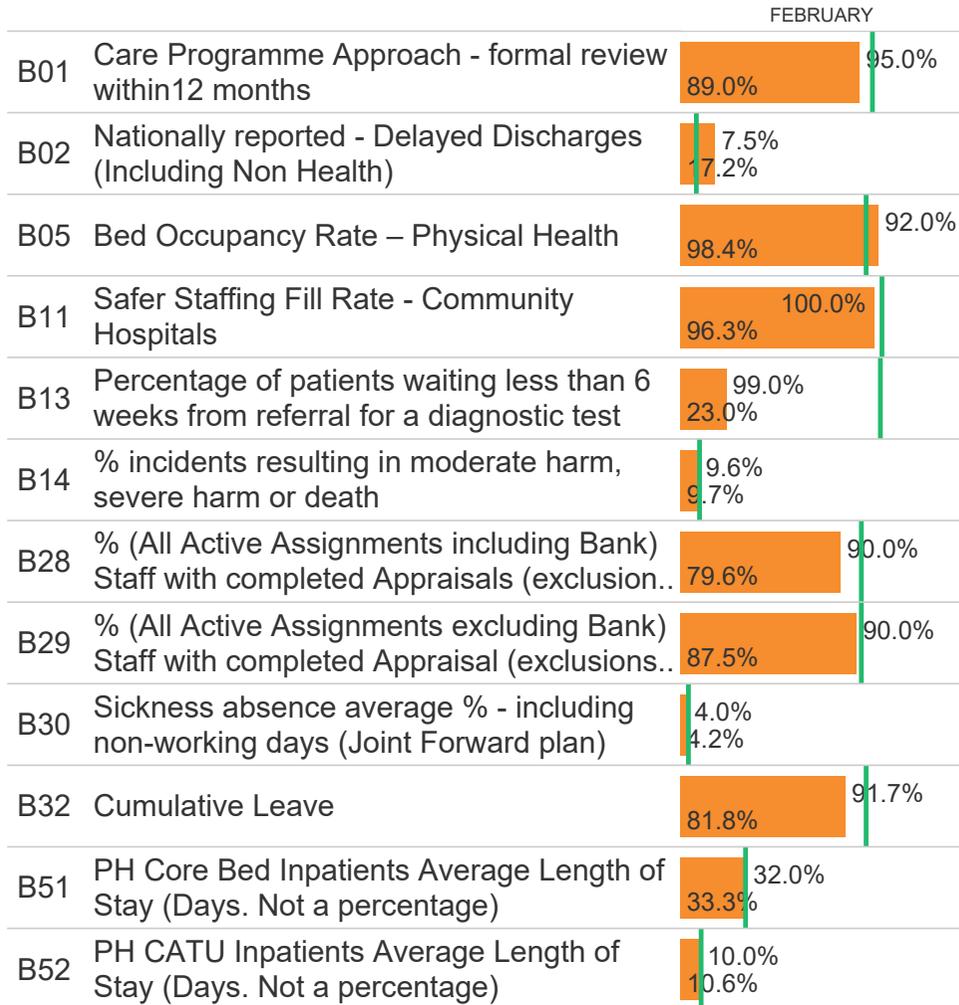
This is a subset of N67 IUCS - Proportion of call-backs assessed by a clinician in agreed timeframe (KPI 4) that only examines HCPs calling 111 who require a call back (rather than all calls). Please see narrative for KPI N67.

L41 - Bank spend reductions (Joint Forward Plan)

The Trust is required to make a year on year spend reduction of 10% on bank costs, this is a challenge for 25/26 due to the late addition of the IUCS in November 2024, so GHC didn't have a full year of costs to create the baseline. As of February, the Trust was 13.2% above the Bank spend for the same period last year. For agency spend (L40), GHC are on track to achieve the year on year 32.4% reduction.

KPI Summary

Executive monitors over a longer period in line with Trust priorities.



Performance Thresholds not being achieved in Month - Note all these indicators have been in exception previously in the last twelve months.

B01 - Care Programme Approach - formal review within 12 months

Forecast for recovery: Previously February 2026, however unable to progress until the "My Care Plan" is embedded within the Assessment and Care Management Policy. Deputy Service Director liaising with Quality Lead for this piece of work and an updated draft policy has been shared in March for feedback. **Actions:** Detailed update on actions and forecast recovery, to be presented to the April Operational Performance and Risk meeting. A report outlining overdue and due CPAs has been sent to operational leads.

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B02 - Nationally reported - Delayed Discharges (Including Non Health)

Linked risk: 196. Forecast for recovery: in development to identify the criteria for clinically ready for discharge as opposed to delayed discharge. Actions: Action cards relating to criteria to identify patients who are clinically ready for discharge to be re-shared, due to inconsistency in reporting. Discussions in place with Clinical Systems to align the clinically ready for discharge criteria within the clinical system. Once in place clinicians can report accurately which will support the extraction and reporting for this indicator. No inappropriate out of area placed patients. Trial 72-hour post admission review meetings commenced on Priory Ward in March 2026.

B05 - Bed Occupancy Rate – Physical Health

Forecast for recovery: Not agreed due to significant demand for community hospital beds within the county. Work to support reducing the demand is required for pathway one. Actions: Continued work with flow partners to reduce average length of stay. Delay related harm programme in place, bed function discussions as part of future planning and temporary tests of change programme, introducing new roles such as ward assistants to support bed changeover frequency. Review led by Head of Profession into bed occupancy and presented to Improving Care Group, looked at current data and provides reassurance that, despite occupancy pressures, quality and safety indicators remain stable. Overall data is reassuring and assuring. Governance in place to ensure metrics are monitored to ensure any changes is identified at the earliest possible point.

B11 - Safer Staffing Fill Rate - Community Hospitals

Actions: recruitment to the final vacancies aligned to the Inpatient Establishment Reprofitting programme, optimal absence management, centralised rostering to support best roster approach, review to ensure all roles are included as appropriate. Ongoing discussions are held in the monthly safer staffing group with the Deputy Director of Nursing. review of seven day working in Forest of Dean hospital completed and due to report in April 2026 to Physical Health Programme Board.

B13 - Percentage of patients waiting less than 6 weeks from referral for a diagnostic test

Linked Risk: 660. Forecast for recovery: In development. Actions: Discussions are ongoing with commissioners in respect of sub-contracting arrangements for Echocardiograms. Breaches are shared monthly with system partners, and a weekly escalation process in place. Additional staff have been recruited at the acute hospital to address the backlog of echocardiograms. For patients who are waiting, GPs are encouraged to notify the team of any changes/outcome of any new blood test to enable the Heart Failure Team to reprioritise and expedite the echocardiogram as necessary, or escalate to Cardiology Consultants.

B14 - % incidents resulting in moderate harm, severe harm or death

We have observed an overall reduction in the total number of incidents reported in February 2026, which has impacted our overall percentage of moderate harm and above incidents taking them about the internal KPI (indicative based on previous activity levels). It is important to note that whilst the percentage has increased that the figure itself is the 2nd lowest in the last 6 months.

B28 - % (All Active Assignments including Bank) Staff with completed Appraisals (exclusions applied)

Performance for February has dropped slightly to 79.4%, compared to a threshold of 90%, although the figure is expected to rise slightly again due to delayed data entry, performance is outside normal variation. January performance rose from 79.5% to 80.3% and was below expected variation. The Performance is following the same seasonal pattern that has been seen for the last couple of years. The appraisal performance figure includes Bank Staff. The Trust are currently exploring the CPD/Appraisal benchmarking for Bank staff and will make appropriate recommendations following this, therefore reporting on this may change accordingly. This paper will go through the appropriate governance processes before a final decision is made.

Narrative continued on next page...

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B28 - % (All Active Assignments including Bank) Staff with completed Appraisals (exclusions applied)

Performance for February has dropped slightly to 79.4%, compared to a threshold of 90%, although the figure is expected to rise slightly again due to delayed data entry, performance is outside normal variation. January performance rose from 79.5% to 80.3% and was below expected variation. The Performance is following the same seasonal pattern that has been seen for the last couple of years.

The Trust are currently exploring the CPD/ Appraisal benchmarking for Bank staff and will make appropriate recommendations following this, therefore reporting on this may change accordingly. This paper will go through the appropriate governance processes before a final decision is made.

B29 - % (All Active Assignments excluding Bank) Staff with completed Appraisal (exclusions applied)

Performance figures for February, excluding Bank staff is at 87.3%, just under the performance threshold of 90%, although the figure is expected to rise slightly due to delayed data entry (January's performance rose from 87.6% to 88.5%). Performance is within normal variation and has been steady at around 89.8% for the last 25 months.

B30 - Sickness absence average % (Joint Forward plan)

The sickness absence rate for February 2026 is reported at 4.2% at the time of publication. However, this figure will increase when data from the e-rostering system (Allocate) is available. The absence rate is expected to rise to 5.4%. This continues to follow the seasonal trend of the last few years and is within expected variation.

B32 - Cumulative Leave

The predicted Cumulative Leave Taken Percentage for February 2026 is approximately 81.8%, which is below the target threshold of 91.7%. However, this figure is provisional, as full data from the e-rostering system (Allocate) will not be available until mid-March. The estimated % for February once the data from Allocate has been included is expected to be 89.6%, still slightly below the anticipated position for this time through the financial year.

B51 - PH Core Bed Inpatients Average Length of Stay (Days. Not a percentage)

Risk ID: 406. Forecast for recovery: Interim measures, aiming to recover to 30 by April 2026, to be reviewed alongside system transformation work and bed modelling. Actions: Delay related harm programme in place. Increased matron capacity. System work for bariatric equipment. Home first reablement improvement plan in place. Length of stay review meetings. Daily board rounds. Therapy improvement programme in action with Forest of Dean as an accelerator site. Length of stay review meetings in place. Work on delay related harm presented to Quality Committee in March 2026. Optimising Length of Stay and Reducing Delay Related Harm workshop planned in April 2026, bringing together colleagues from Community Hospitals, Adult Social Care, Brokerage, Home First and Continuing Healthcare Team to celebrate work, review where we are now and plan next 6 months of improvement work

B52 - PH CATU Inpatients Average Length of Stay (Days. Not a percentage)

Risk ID: 406. Forecast for recovery: to be established following the temporary test of change review, which will report to operational Performance and Risk Meeting in August 2026. Actions: Internal review completed. Evaluation to consider if CATU is now appropriate in light of the step up bed trial. Ongoing work to manage flow through beds.

REPORT TO: TRUST BOARD **PUBLIC SESSION – 26th MARCH 2026**

PRESENTED BY: Sandra Betney, Deputy CEO and Director of Finance

AUTHOR: Lisa Proctor, Associate Director of Contracts & Planning

SUBJECT: TRUST BUSINESS PLAN FOR 2026/29

If this report cannot be discussed at a public Board meeting, please explain why.	
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This report is provided for:

Decision

Endorsement

Assurance

Information

The purpose of this report is to:

This report sets out the Trust's Annual Business Planning process for 2026/29 and the updated Business Planning Objectives for operational and corporate teams. There are a total of 180 objectives which are listed in **Appendix 1** of this report.

Recommendations and decisions required

The Board is asked to:

- **Approve** the updated business plan
- **Note** the planned refresh in quarter 1
- **Note** the operational business planning alignment to the restructure

Executive summary

The business plan was reviewed at Board in January 2026. This report sets out the updated business plan including the alignment to the restructure.

The business planning process that was launched in September last year to support Directorates and Teams in developing their business planning objectives for 2026/29. The business plan is key to the delivery of the Trust Strategy and our business planning process this year has been underpinned by our 5 key strategic focus areas. This year, the business planning objectives have been validated against delivery outcomes across our 5 key strategic focus areas, national mandated activity and continuous improvement.

The National Planning Framework was published in August last year and set out that all organisations are required to prepare credible 3 year activity, finance and workforce integrated delivery plans. As such, the business planning annual cycle was updated to align with the national planning requirements and timescales. The business planning

process also considered the Gloucestershire ICB Commissioning Plan and local strategic ambitions.

The business plan has been updated to align with the new operational directorate restructure. There are 180 business planning objectives identified for 2026/29 (excluding 45 business as usual objectives). The number of objectives has increased slightly since the Board review in January following the quality assurance process, as the Nursing Therapy & Quality business plan has been updated to recognise the changes from 'business as usual' and where support requirements have been fully scoped.

This year the quality assurance process identified a potential capacity constraint within the Clinical Systems, Nursing Therapy & Quality and Improvement & Partnership teams resource which requires further consideration. It is recognised that due to the shortened planning timescale and the number of objectives that require scoping, there is a risk that not all interdependencies have been identified.

The quality assurance process will need to be repeated in quarter 1 to ensure no material changes are missed and the business plan will be refreshed quarterly allowing resources to be flexed where possible in year. The transfer of the delegated responsibilities to GCC is expected to have the greatest impact and there are associated constraints emerging across the business plan.

Risks associated with meeting the Trust's values

The key risks to delivering the Business Plan are identified as follows:

- Ability to deliver the recurring savings plan: There is a risk that the need to concentrate on further productivity opportunities will be higher priority
- Insufficient Support Services capacity: following the resource allocation process there is a risk that the Clinical Systems, Nursing Therapy & Quality and Improvement & Partnership teams capacity is unable to deliver the full business planning objectives as well as existing projects within the current pipeline and the impact of the transfer of delegated responsibilities to GCC.
- Not all interdependencies identified: Due to the shortened planning timeline the quality assurance process may not have fully identified all interdependences and capacity constraints leading to a risk that the business plan is not deliverable in year in its entirety particularly where objectives require further scoping.
- Impact of financial position of other partners: Progress towards achieving the business planning objectives will be impacted by the distraction on the organisation from any financial deficit within the system.
- Impact of delay in agreeing investments: At the time of writing, not all key investment decisions have been concluded which could delay recruitment and impact achievement of planning trajectories.

Corporate considerations

Quality Implications	Identified within the report
Resource Implications	Identified within the report
Equality Implications	No equality implications identified

Where has this issue been discussed before?

The Business Planning process was agreed by the Resources Committee in August 2025 and shared with the Council of Governors in January. The Business Plan was presented at Board in January 2026.

Appendices:

Appendix 1 – Table of Business Planning Objectives

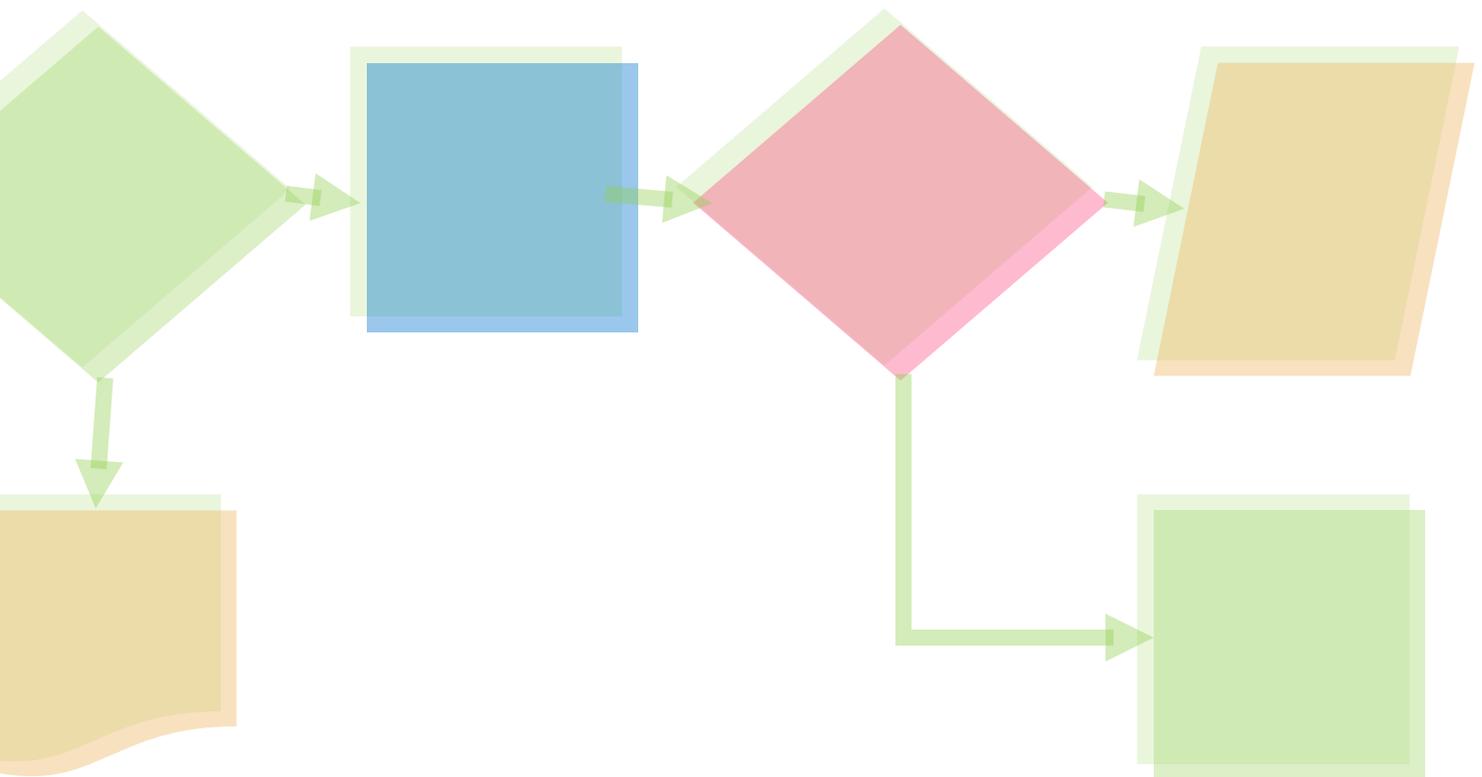
Report authorised by:

Sandra Betney

Title:

Director of Finance/Deputy CEO

Trust Business Plan From 2026-29



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2. Background and context
3. Business Planning Approach 2026/29
4. Business Planning Timeline 2026/29
5. Business Planning Priorities 2026/29
6. Business Planning Objectives 2026/29
7. Business Planning Outcomes 2026/29
8. Business Planning Forecast Delivery 2025/26
9. Key Achievements 2025/26
10. Business Planning Risks 2026/29
11. Recommendations

1. Introduction

- 1.1** This report sets out the integrated business planning and budget setting process for 2026/29 including the approach to planning, timescales and risks.
- 1.2** The Trust business plan comprises of an agreed set of business planning objectives across all directorates and teams ensuring our plan is owned and connected across operational and corporate boundaries. The full list of business planning objectives is included in **Appendix 1**.
- 1.3** This year the business plan is aligned to the National Planning Framework for the NHS in England that was published on the 13th August 2025. The business plan will form one of the following three planning outputs for the Trust:
- Five Year Integrated Delivery Plan - Narrative
 - Business Plan 2026/29
 - Finance, Workforce and Activity Triangulated Templates
- 1.4** The National Planning Framework sets out that all organisations are required to prepare credible 3 year activity, finance and workforce integrated delivery plans. As such, the business planning annual cycle has been updated to align with the national planning timescales.

2. Background & Context

- 2.1** The Trust's integrated business planning and budget-setting process is well established and widely understood across the organisation. It dovetails with budget setting and provides a clear planning framework to ensure the Trust priorities are affordable.
- 2.2** This year the business plan is informed by the National Planning Framework for 2026/29 and include the new 3 year deliverables where appropriate.
- 2.3** The business plan is key to the delivery of the Trust Strategy and the business planning process this year has been underpinned by our 5 key strategic focus areas:
- Neighbourhood health – Working together better for local health
 - Children and Young People – Helping Children thrive and build resilience for a healthier future
 - Community Urgent Care – Helping people manage urgent healthcare needs and stay well
 - Inclusive healthcare – Reducing the gap of access, experience and outcomes
 - Partnerships with Purpose – Deepening our partnerships to deliver great healthcare
- 2.4** The business planning process also considers the ICB Commissioning Plan, aligned to the following three Strategic Ambitions:
1. Healthy Lives: People live healthier lives for longer, by preventing avoidable illness and decline.
 2. Health Equity: Health outcomes, experience and access are fairer across all communities.
 3. Best Value: What we value is defined by people's experiences and outcomes not just numbers.
- The commissioning intentions include delivery programmes for the major changes identified to achieve the strategic ambitions. The delivery programmes will be considered by the Trust and included in the business plan as the requirements become further developed.
- 2.5** The delivery of the business plan is monitored quarterly and includes an assessment of the achievement of milestones and appropriate key measures for the delivery of the Trust Strategy. This also provides an opportunity to refresh the business plan each quarter to ensure the plan is 'live'.

3. Business Planning Approach

- 3.1** Our internal planning cycle was revised to align with the new National Planning Framework. The framework set out the core principles and key planning activities including for development and submission of our final Trust Integrated Delivery Plan on the 12th February 2026.
- 3.2** In response to the new timeline, the integrated business planning and budget setting approach was updated to achieve the earlier national planning deadlines. The updated timeline was discussed with the Executive Team and agreed at the Resources Committee in August 2025.
- 3.3** As agreed, the business planning and budget setting process for 2026/29 was launched on the 24th September 2025. The launch event was driven by the 5 key focus areas and breakout sessions provided opportunities to discuss what needs to be done differently to deliver the Trust Strategy.
- 3.4** To ensure appropriate oversight of the business planning process and timelines, the business planning approach was also presented to the Council of Governors for comment in January 2026. The Council of Governors were supportive of the business planning approach and the quality assurance process.
- 3.5** Following the launch, a structured programme of business planning and budget-setting meetings and drop-in sessions was undertaken to support the development of the business planning objectives.
- 3.6** A 'Carousel' style workshop was held for operational business planning leads to share the early key highlights being developed and facilitate the initial planning of support services resource. Following this event, the Executive Directors reviewed the 1st draft of the business plans to prioritise the objectives for each of their directorates.
- 3.7** The quality assurance process took place from mid December 2025 to review the alignment of the business planning objectives. All business plans were assessed using the Trust's Quality Assurance Checklist as part of the business planning quality assurance process. The multidisciplinary Quality Assurance Group reviewed each plan against the checklist, focusing on:
- cross referencing of directorate priorities to ensure Trust wide alignment
 - stronger integration with budget setting and associated cost improvement planning
 - strengthened links with the Trust Strategy to include agreed measures and targets
 - internal mapping with enabling strategies to ensure consistency of delivery across workforce, operational, capital, digital, efficiency, quality, environmental sustainability
 - improved process to ensure supporting resources can be allocated appropriately including increased visibility for corporate services
 - improved feed into the external system delivery plans and portfolio work
 - improved flow of priority objectives to inform the transformation pipeline
 - improved productivity and efficiency planning including key measures
 - Align with local authority plans for public health and social care (including neighbourhood planning)
 - Comply with the requirements of the 10 Year Health Plan and national planning framework

The quality assurance checklist ensures that, in setting a balanced budget, all business planning objectives were fully considered and there were no gaps in planning. Business Planning was also incorporated within the budget resolution meetings to ensure consideration

was given to the impact of the actions taken to reach a balanced budget on the business plan and vice versa.

- 3.8 The quality assurance process included a detailed assessment of the resources required to deliver the business planning objectives and milestones. The business planning resource allocation tool was used by corporate leads to estimate the available capacity within their services excluding protected time for large business as usual and unallocated time to support small scale scoping of new schemes and ad hoc support to operational leads.
- 3.9 Large 'Business as usual' tasks continue to be captured within the business planning process to inform the resource allocation process but these are now identified separately within the business planning template so they can be included throughout the objective setting discussions but excluded from the monitoring process.

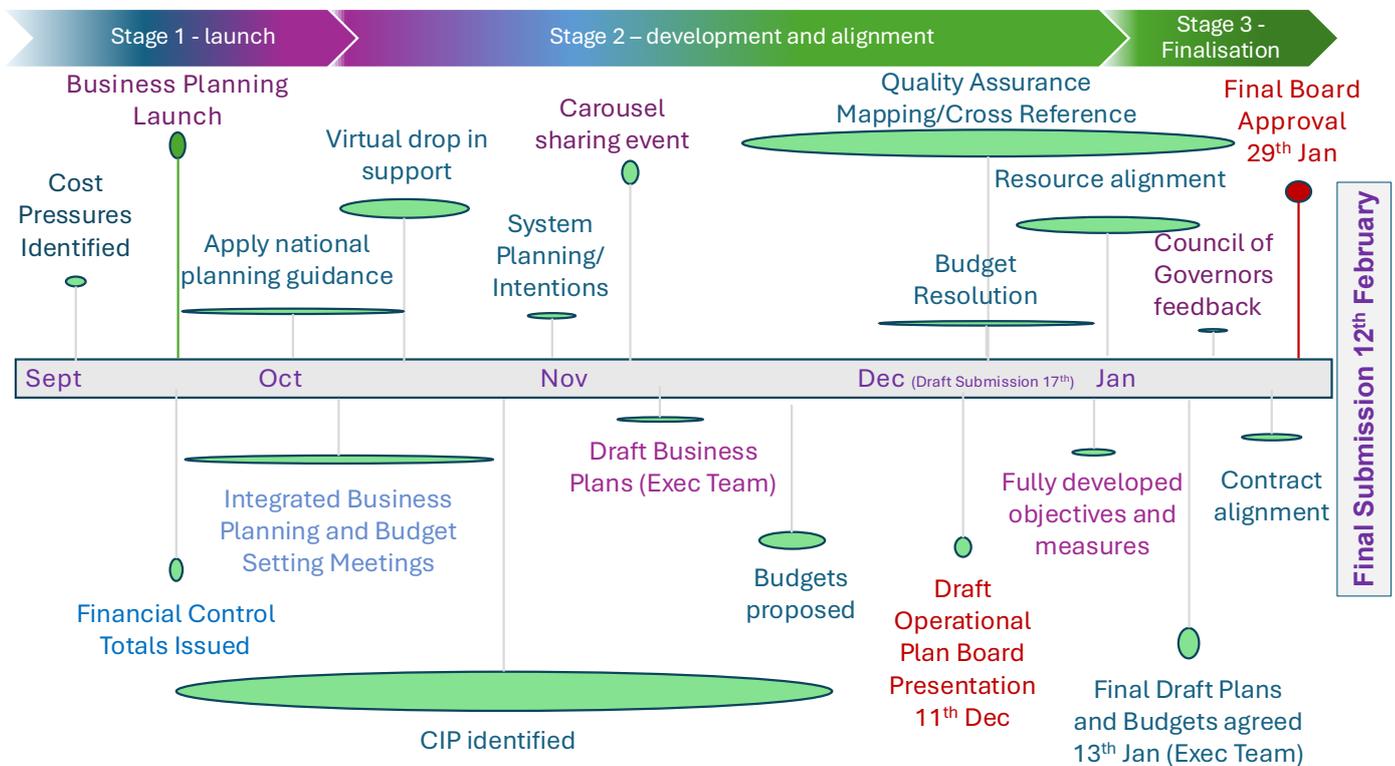
4. Business Planning Timeline

4.1 The Integrated Business Planning and Budget Setting process for 2026/29 was updated to align with the shorter national planning timescale requiring Provider Organisations to submit final integrated delivery plans no later than the 12th February 2026.

4.2 In response, the timeline was reduced across the three business planning stages:

- Launch
Integrated Business Planning and Budget Setting approach presented at Resources Committee
Executive Directors set their key priorities
- Development & Alignment
Alignment with coordinated internal planning
External planning guidance applied
Alignment with System priorities
Plans drafted
- Finalisation
Executive review of plans
Feedback from Council of Governors
Board oversight

4.3 The following chart shows the reduced timeline for the three business planning stages that including the governance and approval and how this integrates with budget setting from September 2025 to February 2026:



- 4.4 The launch of the internal planning process supports a bottom up approach to setting objectives and budgets before being updated when the national and local planning priorities were known.
- 4.5 During the development and alignment stage, the quality assurance process identified business planning objectives that require further scoping to understand the resources required to support delivery. This is not an unusual position at this stage of the business planning process. As business planning is a 'live' process, objectives will be reassessed during the quarterly refresh process as they become fully scoped and resources will be flexed to support where possible.
- 4.6 Due to the earlier deadline for finalising the business plan, it is recognised that some business planning objectives have been agreed prior to key interdependencies and system decisions being finalised. As such, there may need to be changes to objectives between now and the start of the plan as final planning decisions become known. The relevant business planning objectives will be updated when the decisions are known and unfunded investments will be removed from the business plan where necessary. Further detail of schemes requiring investment are included in section 5.3 below.
- 4.7 The quality assurance process will need to be repeated in quarter 1 to respond to any material changes needed as objectives become fully scoped particularly for business plans impacted by the transfer of delegated responsibilities to Gloucestershire County Council (GCC).
- 4.8 It should be noted that a key change since the draft business plans were developed is the alignment to the new operational directorate restructure in readiness for delivery from the 1st April.

5. Business Planning Priorities

5.1 National Priorities

The 10 year health plan was published last Spring and set out the 3 major shifts:

- Analogue to digital
- Hospital to community
- Treatment to prevention

The report stated that general practice, mental health and community services will need to expand and adapt to the needs of those with long-term conditions whose prevalence is growing rapidly as the population age. This is expected to be delivered through new financial flows and multidisciplinary models of care that bring together primary, community and mental health services. A key enabler will be the development of the Neighbourhood Health Plans. The plans will set out how the NHS, local authority and other organisations, including social care providers and VCSE, will work together to design and deliver neighbourhood health services.

In addition, a series of productivity packs have been shared with the Trust providing a range of benchmarking information. These have been taken into account where appropriate to inform clinical services productivity, corporate benchmarking, temporary staffing and potential commercial opportunities.

The National Planning Framework sets out the key requirements and metrics for delivery across the next 3 years of which there are 15 activity metrics that apply to the Trust. Trajectories have been developed and are detailed in our Five Year Integrated Delivery Plan. Where required, objectives have been included in the business plan to monitor the delivery of the trajectories.

5.2 Local Priorities:

Our refreshed 5 Year Strategy reaffirms our purpose and Strategic Goals and outlines 5 key strategic focus areas that are driven by identified need in Gloucestershire and underpin our updated business planning process.

Our focus areas are clearly aligned with both national strategy and local population health need – recognising the key themes in terms of local health and care needs set out by One Gloucestershire ICB supported by their use of Population Health Management models. Our Trust Strategy recognises the challenges of the ageing population in Gloucestershire and their high use of planned and urgent care as well as the opportunity to drive left shift with a focus on prevention and living healthily into later life supported by partnership working in neighbourhoods in Integrated Network Teams.

At the other end of the age spectrum, the focus on Children and Young people particularly acknowledges the changes we see in terms of increasing demand and complexity for Children’s mental health services, and the challenges around neurodiversity and SEND needs – our partnership working strategic focus is crucial for progressing this agenda with System partners in social care and education.

5.3 Investment/Disinvestment Service Priorities:

Service Development Funding has been allocated to the ICB for the following three services for the next 3 years:

Service Development Funding	2026/27	2027/28	2028/29
	£m	£m	£m
Talking Therapies service	0.613	0.558	0.484
Independent Placement Scheme	0.212	0.117	0.078
MHST	0.521	0.521	0.765
Total	1.346	1.196	1.327

Modelling has been completed for each service and trajectories have been developed for delivery across the next 3 years in line with the operational planning submission and the expectation that the funding will transfer to GHC. The relevant objectives have been updated within the business plan to achieve the trajectories and will be monitored as part of the business planning process.

Business cases are also being considered for further investment decisions for Intensive and Assertive (£1.476m) and HomeFirst services (£5.767m including existing investment). The business plan will be updated when the outcome of the business cases are known.

The business plan also includes the expected disinvestments during 2026/27 including the withdrawal by GCC of commissioning the HomeFirst Service. Notice has also been served by the ICB under the direction of the Section 75 agreement with GCC to terminate the occupational therapy, mental health social work and supported accommodation services on the 31st August 2026. Final transfer dates are under discussion and have not yet been agreed. The income related to the services is as follows:

	£m
Income (at 25/26 rates)	
Mental Health - Social Work Service	2.032
Mental Health - Care Budget	9.109
Supported Accommodation – Service	0.367
Supported Accommodation – Care Budget	1.099
Occupational Therapy	3.192
Total	15.799

It should also be noted that there remains unidentified recurrent Cost Improvement Plans (CIP) for 2026/27. CIP is a key element of our integrated business planning and budget setting process and this has been identified as a key risk for the business plan. Therefore, the business plan will be updated during the refresh as further CIP schemes are developed and agreed.

6. Business Planning Objectives

- 6.1** Business planning objectives have been developed by each directorate team. There are 180 new business planning objectives identified for 2026/29 (excluding 45 business as usual objectives). This includes any multiyear objectives set in 2025/26 that have been carried

forward and objectives being scoped or started in 2026/27 to be delivered in the next 3 years or future years.

- 6.2** A summary of the key highlights for delivery including those directly contributing to the Trust 5 Key Strategic Focus Areas are as follows: (the complete list of business planning objectives is included in **Appendix 1**).

Community & Urgent Care

- To scope the delivery of neighbourhood memory services as part of the Trust pilot reviewing Frailty and Dementia Co-diagnosis in conjunction with Primary Care Networks.
- To continue development and delivery of a system Single Point of Access (SPOA) for wider Integrated Urgent Care services to improve system coordination with system partners.

Mental Health, Learning Disability and Autism:

- To implement the outcome of the Intensive and Assertive Programme to deliver a flexible and responsive model of care to meet the needs of people presenting with psychosis.
- To enhance ADHD and Autism locality-based patient engagement, optimising capacity through the use of technologies and strengthening partnerships with VCSE organisations to improve waiting-well and aftercare provision.

Children and Young People (CYPS) & Specialist:

- To develop a Single Access front door and standardised processes for Public Health Nursing to enhance existing family-centred systems by consolidating all referrals, enquiries, and service coordination into new centralised processes.
- To co-develop a new model for specialised CAMHS day support for Under 18's to address increasing demand and complexity of the Tier 4 patient cohort.

Finance:

- To further deliver the Transforming Care Digitally system optimisation project, patient portal and data literacy across the Trust.
- To utilise best practice methodologies and planning datasets to support the trust in delivery of productivity, efficiency and improvement opportunities.

Nursing, Therapies and Quality:

- To ensure continuous improvement in experience of care through the application of the national framework diagnostic tool.
- To evaluate the current incident and risk management system and ensure it meets our organisational need.

Medical:

- To continue to progress against the NHSE Job Planning Levels Of Attainment Matrix, in collaboration with Allied Health Professionals and Nursing colleagues.
- To continue to contribute to development of the interface between primary and secondary care medical engagement and implement the next steps in Advice and Guidance development

People:

- To scope and identify collaborative opportunities across the ICS system in the areas of Recruitment, Temporary Staffing, and Health & Wellbeing, engaging key partners to co-develop shared solutions.
- To evaluate the Leadership and Culture Programme, including the successful implementation and embedding of its core workstreams.

Improvement & Partnerships

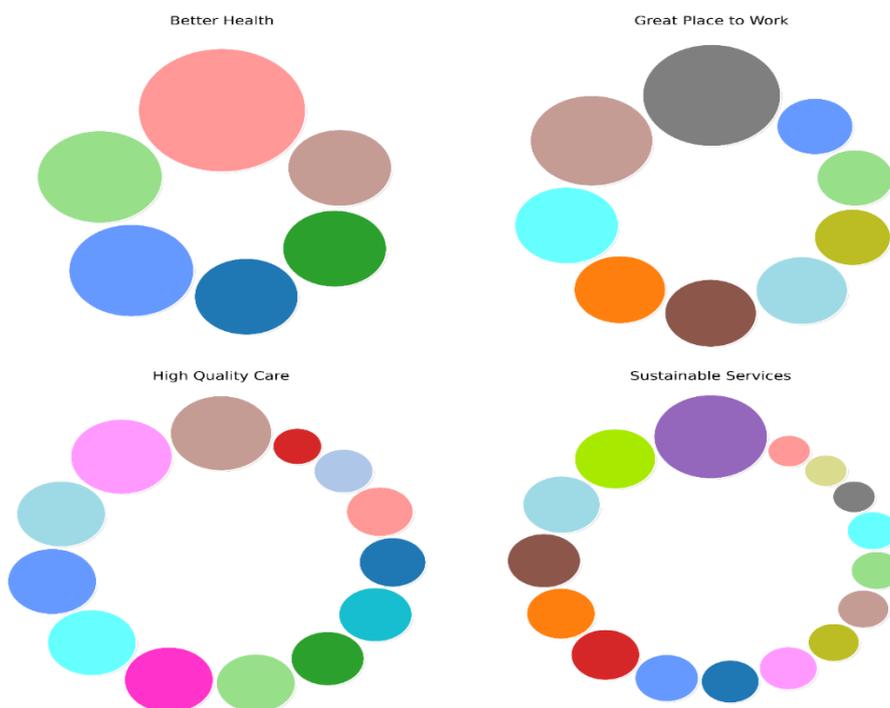
- To support our services and teams in the discovery phase of the development of the System Neighbourhood Plan, particularly around frailty, ensuring a coordinated and co-produced approach.
- To further support the focus on reducing population health inequalities through completion of data, engagement, mapping, and agreeing outcomes as part of the discovery and design phase.

Corporate Governance

- To develop and implement a structured process for collating evidence against the new security standards, ensuring the Trust can demonstrate compliance.
- To design and implement an updated Risk Management Plan for the next 3 years to improve ownership, improve data quality, embed proactive risk management across services and provide clearer assurance to Board committees.

7. Business Planning Outcomes

7.1 One of the key aims for the business planning process is to demonstrate a preferred balance of objectives across our strategic goals. The bubble diagram below shows the balance of business planning objectives for each team/directorate for each of our four strategic aims. The operational teams are coloured red/orange and the corporate teams are coloured blue/green. (The position of the bubble within each theme on the diagram has no significance.)



7.2 The diagram shows some teams focus more on one strategic goal than another. Similar to previous years, the 'Better Health' has the least number of objectives. The Better Health strategic goal is often a secondary consideration to the main strategic driver for High Quality Care objectives which is not recorded within the business planning template but could still deliver a better health benefit.

7.3 The table below shows the key for identifying teams in the previous bubble diagram:

Delivery Unit / Team	Key	Service Group/Directorate
Communications	Blue	Corporate Governance
Corporate Governance	Orange	Corporate Governance
Business Intelligence	Green	Finance
Contracts & Planning	Red	Finance
Digital Services	Purple	Finance
Estates, Facilities & Medical Equipment	Brown	Finance
Finance	Yellow	Finance
People (HR)	Grey	People
Working Well	Olive	People
Improvement & Partnerships	Cyan	Improvement & Partnerships
Nursing, Therapies & Quality	Light Blue	NTQ
Medical Team	Tan	Medical
Organisational Resilience	Light Green	Operations Management
Children and Young People	Light Red	Children and Young People (CYP) & Specialist
Specialist	Light Green	Children and Young People (CYP) & Specialist
Intermediate Care (PH)	Light Blue	Community & Urgent
Planned and Prevention (PH)	Blue	Community & Urgent
Urgent Care (PH)	Cyan	Community & Urgent
Planned and Prevention (MH)	Pink	Mental Health, Learning Disability and Autism
Urgent and Inpatient (MH)	Magenta	Mental Health, Learning Disability and Autism

7.4 This year we strengthened the business planning process to align with the delivery outcomes of the Trust Strategy and the 5 Key Strategic Focus Areas. Associated deliverables were shared at the business planning launch event supported by discussions on each focus area in breakout groups. The business planning template was amended to enable objectives to be directly linked to whichever focus area it is delivering. The links have been validated during the quality assurance process to ensure consistency and evidence the business planning objectives are appropriately aligned to the Trust Strategy. Links to national mandates and continuous improvement have also been included. The outcome is shown in the following table:

Service Group / Directorate	Connecting Services in Neighbourhoods	Children and Young People	Community Urgent Care	Inclusive Healthcare	Partnerships with Purpose	National Mandate	Continuous Improvement
Corporate Governance	0	0	0	0	1	4	12
Finance	2	2	2	3	5	16	36
People	0	0	0	1	2	6	9
Improvement & Partnerships	1	1	0	1	1	2	2
Nursing Therapy & Quality	0	0	0	0	0	1	5
Medical	2	0	1	1	4	3	11
Operations Management	0	0	0	0	0	1	0
Children and Young People (CYP) & Specialist	2	9	0	7	9	4	2
Community & Urgent	16	0	7	4	13	6	16
Mental Health, Learning Disability and Autism	7	0	3	1	7	7	6
Total	30	12	13	18	42	50	99

This shows that of the 180 new objectives, there are 264 contributions to our priorities of which 115 contribute to the delivery of the 5 Strategic Key Focus Areas. This activity has been validated as part of the quality assurance process and the level of delivery across the focus areas is as expected. In addition, just over half of the business planning objectives are delivering continuous improvement and 28% are nationally mandated.

7.5 A key challenge is the allocation of corporate resources required to support the business plan. The business planning resource allocation tool was completed to assess the deliverability of the business plan. The tool showed that the business plan can be delivered within the existing corporate resources apart from the Clinical Systems, Nursing Therapy & Quality and Improvement & Partnership teams resource which requires further prioritisation. Several objectives require further scoping to understand the resources required to support the delivery. The transfer of the delegated responsibilities to GCC is expected to have the greatest impact and there are associated constraints emerging across the business plan. As the delivery detail for the objectives become known, the resource allocation will be reconsidered during the quarterly refresh process and applied flexibly.

8. Business Planning Forecast Delivery 2025/26

8.1 Teams were asked to provide a forecast for the delivery of their 2025/26 business planning objectives. There were 190 objectives at the beginning of 2025/26. Performance was monitored throughout the year by a quarterly online self-assessment of progress and monthly exception report.

8.2 There were 856 milestones for delivery by the end of the year (169 more than the previous year). The performance results below reflect the self-assessment forecast for 2025/26 by milestone:

Themes	Red	Amber	Green	Q4 YTD Total	%
Better Health	-	28	63	91	11%
Great Place to Work	2	49	189	240	28%
High Quality Care	16	126	260	402	47%
Sustainability	1	39	83	123	14%
TOTAL	19	242	595	856	
	2%	28%	70%		

8.3 The results show that just 2% of the business plan milestones will not be achieved in year. This is a small reduction in our performance from the previous year (1% red) although there was a greater number of milestones delivered in 2025/26 (2024/25 502). There has been a significant increase in the number of milestones that were not fully achieved this year. This has been largely due to capacity issues in the second half of the year and the increase in milestones to be delivered. The majority of amber rated milestones have been carried over for completion in quarter 1 of 2026/27 including some objectives that are scheduled to be delivered across multiple years.

8.4 The results also show that despite the challenges this year, 70% of our business planning milestones are expected to be delivered by the end of March 2026.

9. Business Planning Key Achievements 2025/26

9.1 The following is a sample of the key achievements in 2025/26:

- ✓ Initiated Leadership & Culture Programme
- ✓ Completed the implementation of Faster Data Flows
- ✓ Completed network configuration to migrate virtual server platform from VMware to Nutanix AHV at Edward Jenner Court and Cirencester Data Centres
- ✓ Scoped the competency frameworks in place across our AHP professions by band
- ✓ Completed upgrade and implementation of unused areas of MICAD
- ✓ Implemented new integrated structure for Children in Care
- ✓ Completed review of Complex Care @ Home delivery model
- ✓ Successful Year 1 review of IUCS
- ✓ Implemented E-job planning for Physiotherapists in the Integrated Care Teams
- ✓ Implemented the safe transfer of the Specialist Allocation Service
- ✓ Agreed Patient Portal Project business case
- ✓ Completed testing of Phase 3 of the Experts by Experience Application
- ✓ Implemented Phase 2 of digital catering project for MH Inpatient bedside ordering
- ✓ Developed centralised rostering for MIIUs
- ✓ Successful roll out of Personalised Care training
- ✓ Introduced Sexual Safety Charter Assurance Framework
- ✓ Established single referral route pilot for Children's and Young Peoples Services
- ✓ Implemented new dental clinical system (Systems4Dentists)
- ✓ Successful business case for Sexual Assault Referral Centre sustainability investment
- ✓ Improved the referral pathway for screening for Under 18's ASD/ADHD diagnostic assessment
- ✓ Launched Youth Expert videos to support SEND awareness training across adult services
- ✓ Implemented Phase 2 of desk phone replacement programme
- ✓ Piloted new Employment Record Tracker/database to provide a more efficient way of recording and reporting casework
- ✓ Successful implementation of updated clinical risk policy training
- ✓ Implemented awareness of the NHSE Safe Learning Environment Charter
- ✓ Completed pilot to test the use of 'advice and guidance' in Mental Health services
- ✓ Successful involvement in National Pandemic Exercise continuity testing
- ✓ Refreshed transformation approach to embed benefits realisation and introduced gateway process

10. Business Planning Risks 2026/29

10.1 The key risks to delivering the Business Plan for 2026/29 are identified as follows:

Risk:	L likelihood, I impact, R risk rating	L	I	R	R
<p>Ability to deliver the recurring savings plan: There is a risk that the need to concentrate on further productivity opportunities will be higher priority</p> <p>We will use the business planning refresh to include any new productivity schemes identified or change existing objectives where there are productivity gains identified</p>		4	4	16	●
<p>Insufficient Support Services capacity: following the resource allocation process there is a risk that the Clinical Systems, Nursing Therapy & Quality and Improvement & Partnership teams capacity is unable to deliver the full business planning objectives as well as existing projects within the current pipeline and the emerging impacts of the transfer of delegated responsibility to GCC.</p> <p>We will review the resource allocation tool during each quarterly refresh and flex the support capacity where appropriate</p>		4	3	12	●
<p>Not all interdependencies identified: Due to the shortened planning timeline the quality assurance process may not have fully identified all interdependences and capacity constraints leading to a risk that the business plan is not deliverable in year in its entirety particularly where objectives require further scoping.</p> <p>We will use the business planning refresh to rebalance the capacity requirements of the business plan when known and optimise resources where appropriate.</p>		4	3	12	●
<p>Impact of financial position of other partners: Progress towards achieving the business planning objectives will be impacted by the distraction on the organisation from any financial deficit within the system.</p> <p>A clear financial strategy will be developed setting out how we will manage the position in-year and continue to prioritise and deliver appropriately</p>		2	4	8	●
<p>Impact of delay in agreeing investments: At the time of writing, not all key investment decisions have been concluded which could delay recruitment and impact achievement of planning trajectories.</p> <p>We will use the business planning refresh to rebalance the business plan and assess the affordability of our objectives. Any unfunded objectives will be removed or an alternative delivery method/trajectory will be explored.</p>		2	3	6	●
<p>● Low Risk ● Moderate Risk ● Significant Risk ● High Risk</p>					

10.2 The business planning refresh in quarter 1 is key to mitigating the identified risks. There will be a refresh at every quarter thereafter to ensure the business plan remains 'live' and resources will be flexed to support where possible.

11. Recommendations

11.1 The Board is asked to:

- **APPROVE** the updated business plan
- **NOTE** the planned refresh in quarter 1
- **NOTE** the operational business planning alignment to the restructure

Appendix 1 - Business Planning Objectives (2026-29)

Theme
Better Health
Great Place to Work
High Quality Care
Sustainable Services

Service Group / Directorate	Delivery Unit / Team	Description of Objective
Finance	Business Intelligence	To develop a new cohesive dashboard format for Committees, with a wider scope of KPIs to enhance visibility, triangulation and decision making across the organisation at all levels, further embedding business partnering functions
Finance	Business Intelligence	To design and implement end-to-end data flows, system integrations, and reporting dashboards to support business intelligence functions, internally and externally to the organisation
Finance	Business Intelligence	To support the BI elements of the Trust-wide Transforming Care Digitally programme including developing quality assurance factor proposal for agreed implementation
Finance	Business Intelligence	To improve backend data architectures for increased efficiency and effectiveness of BI systems and platforms
Finance	Business Intelligence	To support future system and provider operational plans to meet population health needs
Corporate Governance	Communications	To deliver strategic communication support, with partners, for the Delegated Responsibilities programme
Corporate Governance	Communications	To support the Trustwide adoption of the central nhs.net email tenant with communications including updates to intranet, digital and printed materials
Corporate Governance	Communications	To provide regular communication updates in support of the Transforming Care Digitally programme
Corporate Governance	Communications	To assign communications leads in support of Estates projects to enable regular communications updates
Corporate Governance	Communications	To reduce unnecessary printing where possible, promoting digital first solutions where appropriate
Corporate Governance	Communications	To raise awareness of Charitable Funds in support of its objectives and growth by promoting events and fundraising activities
Corporate Governance	Communications	To provide communication support to the organisation in delivering programmes of change
Community & Urgent	Planned and Prevention	To ensure the transfer plan for the ICT occupational therapy service provides suitable operational resilience for the transition of staff and implementation of necessary changes
Community & Urgent	Intermediate Care	To ensure the transfer plan for the ICT Home First service provides suitable operational resilience for the transition of staff and implementation of necessary changes
Community & Urgent	Planned and Prevention	To review the impact of changes to the ICTs on the physiotherapy service and implement any remedial plans
Community & Urgent	Planned and Prevention	To redefine the clinical and operational model for Community Nursing to address Quality, Safety and Workforce issues and improve patient outcomes and experience as well as workforce, wellbeing, retention and development
Community & Urgent	Planned and Prevention	To implement recovery plans for community nursing, occupational therapy and physiotherapy ensuring relevant KPIs are met
Community & Urgent	Planned and Prevention	To implement the findings from the review of ICT Referral Centres following GCC delegated responsibility changes
Community & Urgent	Planned and Prevention	To understand the expected impact of GCC delegated responsibilities on existing ICTs structure, and revise the structure where required to ensure ICTs continue to run safely and sustainably
Community & Urgent	Planned and Prevention	To establish sustainable administrative resource that is equitable across the locality, following implementation of GCC delegated responsibilities. Understand needs of the ICT for monitoring KPI and data and adjust current resource to meet that need
Community & Urgent	Planned and Prevention	To develop understanding of learning and training needs of the ICT, exploring potential cross-working opportunities with the Nursing Quality and Training teams
Community & Urgent	Planned and Prevention	To engage in and implement actionable strategies within the community service that actively reduce racial inequalities by enhancing leadership accountability, improving data transparency on race-related health disparities, and establishing effective patient and carer feedback mechanisms to ensure equitable access, experience, and outcomes for patients and carers from ethnically diverse and minoritised communities
Community & Urgent	Planned and Prevention	To scope delivery of neighbourhood memory services as part of a trust pilot reviewing Frailty and Dementia Co-diagnosis in conjunction with Primary Care Networks
Mental Health, Learning Disability and Autism	Planned and Prevention	To review and align Later Life and Dementia Services, ensuring resources and models are suitably prepared for the planned aging population and demographics.
Mental Health, Learning Disability and Autism	Planned and Prevention	To expand and develop Talking Therapy service capacity to meet national mandates and rising demand by increasing workforce, optimising workspace, utilising available funding, achieving agreed service targets, and broadening treatment options for comorbidities
Mental Health, Learning Disability and Autism	Planned and Prevention	To implement artificial intelligence solutions to enhance efficiencies of query handling and information gathering for Talking Therapies referrals
Mental Health, Learning Disability and Autism	Planned and Prevention	To scope the demand for Depot Injections in primary care and identify potential cohorts with interdependencies with other services
Mental Health, Learning Disability and Autism	Planned and Prevention	To enhance ADHD & Autism locality-based patient engagement, optimising capacity through the use of technologies and strengthening partnerships with VCSE organisations to improve waiting-well and aftercare provision
Mental Health, Learning Disability and Autism	Planned and Prevention	To pilot new ways of working across the core community mental health teams to reduce duplication, streamline processes and use an holistic care planning tool and outcome measure as the core of their clinical work
Mental Health, Learning Disability and Autism	Planned and Prevention	To review the administrative services across Community Mental Health & Learning Disabilities, ensuring there is equity of resource and clear roles and responsibilities for admin staff
Mental Health, Learning Disability and Autism	Planned and Prevention	To review and where appropriate continue to develop the Community Mental Health Transformation Programme offer that services provide within business as usual
Mental Health, Learning Disability and Autism	Planned and Prevention	To review the existing provision of services that supports people with Complex Emotional Needs, identify gaps and develop evidence based action plans to address the needs in the system
Mental Health, Learning Disability and Autism	Planned and Prevention	To implement the outcome of the Intensive and Assertive Programme to deliver a flexible and responsive model of care to meet the needs of people presenting with psychosis
Mental Health, Learning Disability and Autism	Planned and Prevention	To coordinate and deliver psychological provision by bringing together psychological professionals across the organisation into a collective workforce
Mental Health, Learning Disability and Autism	Planned and Prevention	To undertake required management of change processes as required to support the Delegated Responsibilities programme for Mental Health Social Work
Mental Health, Learning Disability and Autism	Planned and Prevention	To review and implement recommendations from the system Learning Disabilities review to develop a Gloucestershire wide community model of care to people with or caring for people with disabilities

Finance	Contracts & Planning	To ensure the capacity and capability of contract management process meets the procurement legislation and Trust requirements
Finance	Contracts & Planning	To ensure the Trust receives best value for money and quality services from the Procurement Shared Services model
Finance	Contracts & Planning	To support the contractual arrangements for the smooth transfer of delegated responsibilities
Finance	Contracts & Planning	To utilise best practice methodologies and planning datasets to support the trust in delivery of productivity, efficiency and improvement opportunities
Finance	Contracts & Planning	To translate national guidance on developed currencies for Community and Mental Health and deliver updated requirements as part of annual Patient Level Costing submission and interdependent processes providing greater opportunity to benchmark Trust services
Finance	Contracts & Planning	To understand the emerging contractual infrastructures and processes as outlined in the national 10 year health plan (e.g. Integrated Health Organisations and lead provider arrangements - VCSE) to ensure compliance and appropriateness
Corporate Governance	Corporate Governance	To develop and implement a structured process for collating evidence against the new security standards, ensuring the Trust can demonstrate compliance
Corporate Governance	Corporate Governance	To understand and communicate the impacts of the Protection of Premises Act (Martyn's Law) to prepare the Trust for implementation
Corporate Governance	Corporate Governance	To lead, coordinate and monitor all ligature audits across Trust inpatient facilities
Corporate Governance	Corporate Governance	To procure and implement a digital Subject Access Request system which delivers a fully integrated end-to-end SAR process for increased efficiency and effectiveness
Corporate Governance	Corporate Governance	To design and implement an updated Risk Management Plan to improve ownership, improve data quality, embed proactive risk management across services and provide clearer assurance to Board committees
Corporate Governance	Corporate Governance	To undertake a comprehensive Well-Led external governance review against the Care Quality Commission framework to identify improvement opportunities
Corporate Governance	Corporate Governance	To promote freedom to speak up across the organising by conducting a review to identify and tackle barriers, developing targeted actions to improve psychological safety to create an organisational positive culture
Children and Young People (CYP) & Specialist	Specialist	To achieve accreditation for the Gloucester Sexual Assault and Referral Centre and actively support progress towards accreditation at the Swindon site
Children and Young People (CYP) & Specialist	Specialist	To implement the new Sexual Assault and Referral Centre workforce model to strengthen resilience and sustainability
Children and Young People (CYP) & Specialist	Specialist	To carry out a gap analysis against national guidance for the Pregnancy Advisory Service and provide any resulting options paper for commissioner consideration
Children and Young People (CYP) & Specialist	Specialist	To progress the review of the Lillie clinical system functionality as per the established project plan to improve the reporting capability
Children and Young People (CYP) & Specialist	Specialist	To continue to implement the Systems4Dentist clinical system and embed business intelligence reporting that meets local and national requirements
Children and Young People (CYP) & Specialist	Specialist	To deliver better access to appropriate dental care at Springbank, in line with Core20plus5 to further address health inequalities
Children and Young People (CYP) & Specialist	Specialist	To achieve a sustainable adult Speech and Language service model that ensures patient safety and quality of care, delivered within the financial envelope
Community & Urgent	Planned and Prevention	To align with the national and local ambitions for neighbourhood health to ensure services meet population needs
Community & Urgent	Planned and Prevention	To review and implement recommendations from service evaluation outcomes, working with partners to align GHC Complex Care at Home with the system integrated neighbourhood model
Community & Urgent	Planned and Prevention	To scope integration of Long Term Conditions services to identify opportunities for effective working and efficiencies in line with local priorities as well as alignment to the NHS Medium Term Plan ambitions
Children and Young People (CYP) & Specialist	Specialist	To secure the future Complex Homeless Partnership Support Services funding and agree delivery model with commissioners
Children and Young People (CYP) & Specialist	Specialist	To create a unified Community Neuro Rehab workforce across the system to improve resilience and sustainability
Children and Young People (CYP) & Specialist	Specialist	To embed digital triage and a self supported management function in the Musculoskeletal services
Community & Urgent	Planned and Prevention	To deliver a series of workshops with Organisational Development colleagues to support a cohesive and effective directorate senior operational team
Children and Young People (CYP) & Specialist	Children and Young People	To review the capacity of the CYPs Speech & Language service to improve waiting times in line with national requirements
Children and Young People (CYP) & Specialist	Children and Young People	To embed Patient Initiated Follow-Up arrangements within specific CYPs care pathways offering episodic care for children and young people
Children and Young People (CYP) & Specialist	Children and Young People	To enable specific CYPs teams to access to the Vulnerable Children Database held by the local authority to address healthcare barriers to inclusive healthcare for CYPs with SEND and/or inclusion needs.
Children and Young People (CYP) & Specialist	Children and Young People	To align specific CYPs services documentation to support the system ambition to create a "single source of truth" in terms of assessment information and support families to "only tell their story once" as part of wider Families First Partnership Workstreams
Children and Young People (CYP) & Specialist	Children and Young People	To develop a Single Access front door and standardised processes for Public Health Nursing to enhance existing family-centred systems by consolidating all referrals, enquiries, and service coordination into new centralised processes
Children and Young People (CYP) & Specialist	Children and Young People	To develop and implement the transformational plan across health & education that is underpinned by a system wide approach where neurodivergence is increasingly recognised as "Everyone's Business"
Children and Young People (CYP) & Specialist	Children and Young People	To establish a CYPs Equality, Diversity and Inclusion Improvement Plan to better understand "barriers to service access" from racially and culturally diverse CYP using a model of co-production and "working with" Youth Experts
Children and Young People (CYP) & Specialist	Children and Young People	To utilise a "Think Family" approach to redesign and implement a transformed School Nursing Core Offer to schools that strengthens prevention & early intervention areas of current service delivery including adopting options/tools for digitally enabled emotional wellbeing care for Under 18's where possible.
Children and Young People (CYP) & Specialist	Children and Young People	To co-develop a new model for specialised CAMHS day support for Under 18's to address increasing demand and complexity of the Tier 4 patient cohort
Finance	Digital Services	To further deliver the Transforming Care Digitally (TCD) System Optimisation project including the 5 projects as part of this: - E-Obs - Virtual Assistant - Visualisations - Real time data - NHS e-Referral
Finance	Digital Services	To deliver of the Transforming Care Digitally (TCD) Patient Portal project including 4 CSR Systems as part of this: - RIO - SystemOne - IAPTus - Systems for Dentists

Finance	Digital Services	To deliver a support programme to the organisation to improve digital literacy, staff confidence and competence in use of clinical systems through upskilling
Finance	Digital Services	To implement a Trust-wide data literacy programme to assist staff understanding and use data effectively for service improvement
Finance	Digital Services	To improve, implement and expand the use of mobile working functionality within our core clinical systems. To enable our staff to work as effectively as possible on and off site at the point of care.
Finance	Digital Services	To implement the NHS.Net connect migration and transition of GHC O365 local Tenant to NHS.net national O365 Tenant in line with the medium term plan
Finance	Digital Services	To deliver a data migration project moving local files to SharePoint as a connected dependency to the NHS net Unite programme
Finance	Digital Services	To scope, review and pilot the use of Ambient voice technology in line with local ICS digital priorities and the national medium term plan
Finance	Digital Services	To develop a business case in support of GHC virtual server infrastructure renewal scheduled in 2027/28
Finance	Digital Services	To conduct a review of Trust device provision through national tooling linked as a dependency to the NHS net Unite programme
Finance	Digital Services	To expand the trailing of Co-Pilot wider throughout the Trust taking into account onward requirements as part of NHS.net Transition project to ensure Co-pilot is operable on the national tenant
Finance	Digital Services	To support the delivery implementation of the ICS Cyber Strategy
Finance	Digital Services	To support the delivery implementation of the ICS infrastructure programme
Finance	Digital Services	To review the future of Deskmobility estate for the organisation taking into account the future infrastructure, software and Digital strategy
Finance	Digital Services	To review the future of printing for the organisation taking into account the future infrastructure, software and Digital strategy
Finance	Digital Services	To complete the new Digital enabling strategy and have this approved and signed off by the board
Finance	Digital Services	To support the Estates strategy Digital requirements
Finance	Digital Services	To support the delivery implementation of the ICS information sharing Strategy
Finance	Digital Services	To implement Electronic Prescribing System (EPS) for Mental Health services followed by expansion of roll out to wider Physical Health services
Finance	Estates, Facilities & Medical Equipment	To explore opportunities, in line with the estate strategy, in the Gloucester City area for consolidation of multiple site usage for training to a single suitable site
Finance	Estates, Facilities & Medical Equipment	To continue the rollout of Electronic Stock Control to improve efficiency and productivity of stock flows
Finance	Estates, Facilities & Medical Equipment	To complete a review of building access control functions and reception services delivered by Facilities to identify opportunities for improvement
Finance	Estates, Facilities & Medical Equipment	To improve access and utilisation of Trust Estate for clinical, admin and meeting use
Finance	Estates, Facilities & Medical Equipment	To continue to develop and implement the Estates Strategy working with stakeholders for trustwide engagement and alignment
Finance	Estates, Facilities & Medical Equipment	To deliver a digital catering project by rolling out bedside ordering across all inpatient units through the use of technology including real-time data exchange, and piloting paperless kitchen documentation
Finance	Estates, Facilities & Medical Equipment	To implement a new Computer-Aided Facility Management (CAFM) system via our existing system provider MICAD to streamline trustwide facilities management processes
Finance	Estates, Facilities & Medical Equipment	To implement the improvement programme of work for the Cirencester estate and ensure compliance with latest standards.
Finance	Finance	To prepare the system for Making Tax Digital (MTD) by automating VAT return generation within the next 3 months, ensuring all VAT data is correctly compiled and ready for submission once filing is allowed, improving efficiency and reducing errors.
Finance	Finance	To identify areas that would benefit from prepaid credit cards ensuring that they fit within the scope of agreed usage as per Standing Financial Instructions and Scheme of Delegation.
Finance	Finance	To automate more data flows through the finance ledgers using Power Automate
Finance	Finance	To utilise the financial benchmarking information available to analyse and compare service area performance against appropriate comparators
Finance	Finance	To improve the quality of pay forecasting in support of internal and external reporting of an accurate Trust financial forecast position
Finance	Finance	To improve availability of finance information and identify the best ways of communicating and educating service users to increase engagement with financial management
Finance	Finance	To amend the operational structures accurately in the finance ledger and in a timely manner so that information is correct and available for control and decision making
Finance	Finance	To conduct a cultural review into the Finance teams to identify areas of improvement
Improvement & Partnerships	Improvement & Partnerships	To further support the focus on reducing population health inequalities through completion of data, engagement, mapping, and agreeing outcomes as part of the discovery and design phase
Improvement & Partnerships	Improvement & Partnerships	To implement the first phase of personalised care approach - to review and map cohort definition and governance in place and including discovery around mandated Personal Health Budgets for GHC service users.
Improvement & Partnerships	Improvement & Partnerships	To support our services and teams in the discovery phase of the development of the System Neighbourhood Plan, particularly around frailty, ensuring a coordinated and co-produced approach.
Improvement & Partnerships	Improvement & Partnerships	To combine our expertise in a blended way to help colleagues fully understand the issues and problems driving change, build a strong case for change, and deliver appropriate interventions to implement and sustain change.
Community & Urgent	Urgent Care	To implement a consistent process to enable 111 to navigate and refer mental health presentations directly to First Point of Contact Centre electronically, improving access and timely clinical assessment
Community & Urgent	Urgent Care	To develop and embed a GP Trainee programme within the Out of Hours service to support workforce sustainability through improved recruitment and retention
Community & Urgent	Urgent Care	To increase the Advanced Care Practitioner workforce in Integrated Urgent Care and maintain safe, high-quality clinical decision-making to create development opportunities for non-medical clinicians and improve service resilience
Community & Urgent	Urgent Care	To establish a dedicated Urgent Care at Night team to improve consistency, patient flow and clinical safety across all urgent care services overnight
Community & Urgent	Urgent Care	To continue development and delivery of a system Single Point of Access (SPOA) for wider Integrated Urgent Care services to improve system coordination with system partners
Community & Urgent	Urgent Care	To contribute to system-wide quality improvement in End of Life and Palliative Care pathways, to improve continuity of care and patient experience
Medical	Medical Team	To review the ability to record activity undertaken by medical roles not currently recorded as contacts in clinical systems
Medical	Medical Team	To monitor and understand prescribing behaviours across learning disability services following introduction of FP10 pads and prescribing capability
Medical	Medical Team	To explore potential for PhD research studentship proposal support in collaboration with a university, involving hosting a PhD student to provide clinical exposure and education opportunity
Medical	Medical Team	To deliver a business case to establish a Trans-cranial Magnetic Stimulation (TMS) service, to include scope for using current ECT suite and upskilling staff, protocols, benefits, cost and potential to be income generating

Medical	Medical Team	To stabilise and improve provision of psychotherapy for trainee doctors
Medical	Medical Team	To review the medical admin model for potential efficiencies, including potential digital solutions
Medical	Medical Team	To continue to progress against the NHSE Job Planning Levels Of Attainment Matrix, in collaboration with Allied Health Professional and Nursing colleagues
Medical	Medical Team	To scope the financial viability for doctors to provide additional medical assessments for patients (not including case management)
Medical	Medical Team	To explore scope to access the Cinapsis platform for routine queries as an expansion of the current emergency-only arrangement
Medical	Medical Team	To provide medical expertise into developments of mental health emergency department provision (NB led by other directorates but Medical need to be involved)
Medical	Medical Team	To continue to contribute to development of the interface between primary and secondary care medical engagement and implement the next steps in Advice and Guidance development
Medical	Medical Team	To explore provision of Organisational Development and training for doctors and dentists, including support and nurturing talent for future clinical leaders
Medical	Medical Team	To review workforce model in Older Age for opportunities for efficiencies, identifying non-commissioned provision / activity, duplication, workload, caseloads etc
Medical	Medical Team	To explore potential for an Older Age / Later Life Crisis provision, assessing options within Older Age / Later Life or upskilling Working Age Adults colleagues
Medical	Medical Team	To review current medical model, considering caseloads, demand and capacity, efficient workforce model for crisis work
Medical	Medical Team	To raise awareness of where the Research Team can assist with development work (e.g. TMS)
Medical	Medical Team	To continue to understand, articulate and prepare for impacts to the Trust as a result of legislative changes to the Mental Health Act, and contribute to system approach
Medical	Medical Team	To relaunch to the Locum Zero project to deliver reductions in medical locum usage and reduce overspend
Mental Health, Learning Disability and Autism	Urgent and Inpatient	To finalise Maxwell Centre refurb/upgrade plans and review the staffing model
Mental Health, Learning Disability and Autism	Urgent and Inpatient	To implement the recommendation of the options appraisal for the inpatient Mental Health Recovery Units, aligned with the Trust Recovery locality model
Mental Health, Learning Disability and Autism	Urgent and Inpatient	To be actively involved in the Getting It Right First Time work within Gloucestershire
Mental Health, Learning Disability and Autism	Urgent and Inpatient	To further implement the Mental Health Inpatient Transformation in line with national guidance
Mental Health, Learning Disability and Autism	Urgent and Inpatient	To be actively involved in the PICU South West task and finish group related to Ministry of Justice referrals and implement any relevant outcomes locally
Mental Health, Learning Disability and Autism	Urgent and Inpatient	To secure routine GP provision for the Montpelier unit to improve patient access to primary care
Mental Health, Learning Disability and Autism	Urgent and Inpatient	To progress large schemes of work in order to implement estates work to improve mental health clinical environments where there are identified needs
Nursing, Therapies & Quality	Nursing, Therapies & Quality	To procure a safe and cost effective pharmacy service for the Trust
Nursing, Therapies & Quality	Nursing, Therapies & Quality	To ensure continuous improvement in experience of care through the application of the national framework diagnostic tool.
Nursing, Therapies & Quality	Nursing, Therapies & Quality	To develop a strategy and approach to reducing use restrictive interventions (RI) in line with The Mental Health Act Code of Practice (2015)
Nursing, Therapies & Quality	Nursing, Therapies & Quality	To evaluate the current incident and risk management system and ensure it meets our organisational need
Nursing, Therapies & Quality	Nursing, Therapies & Quality	To finalise the review of the existing quality governance structure and develop supporting guidance
Operations	Organisational Resilience	To continue to review the senior manager on-call process and assess the viability of the structure and develop recommendations for future arrangements
People	People (HR)	To deliver and evaluate the Leadership and Culture Programme, including the successful implementation and embedding of its core workstreams
People	People (HR)	To deliver service change, transformation, retention and recruitment initiatives that include the completion of job redesigns and provision of organisational development (OD) support both before and after implementation
People	People (HR)	To adopt agile, tech-enabled ways of working across People directorate by delivering key digital transformation initiatives in collaboration with ICS partners including Case Management System, Chatbot implementation and partner integration
People	People (HR)	To respond and engage with operationally driven programmes of change and transformation to determine an Organisational Training Needs Analysis, and identify opportunities for widening access to work to develop knowledge, skill and competency frameworks and build our educator workforce to make the most of everyone's available and existing skills and experience. Provide opportunities for colleagues to learn, build a career whilst positively impacting on patient / service user care and experience.
People	People (HR)	To launch the new 5-year GHC People Strategy, ensuring it is co-developed with key stakeholders and aligned to GHC priorities
People	People (HR)	To scope and identify collaborative opportunities across the ICS in the areas of Recruitment, Temporary Staffing, and Health & Wellbeing, engaging key partners to co-develop shared solutions. This will include mapping current practices, identifying gaps, and agreeing joint initiatives that support workforce sustainability and wellbeing, with progress reviewed and outcomes reported through the ICS and ICB People Directorate governance framework.
People	People (HR)	To scope and develop a strategic workforce planning model for GHC, engaging key stakeholders to assess current workforce data, service needs, and future demand piloting the model in selected areas
People	People (HR)	To review and implement recommendation from National Target Operating Model for People Function & Services publication
Community & Urgent	Urgent Care	To engage in the development and delivery of a revised systemwide discharge and flow management hub - the Care Transfer Hub.
Community & Urgent	Urgent Care	To engage in and deliver a systemwide change in the delivery of urgent care - working with system partners to develop the UTC approach and understand where the remit for MIUs best resides in future
Community & Urgent	Urgent Care	To continue to lead and develop our approach to Urgent Care pathways in the Community including the core pillars of our Urgent Community Response (UCR)
Community & Urgent	Intermediate Care	To lead and deliver changes in the Community Inpatient bed base functions to meet the increasingly intensive needs of patients with cognitive impairment alongside commissioners' wider plans for Intermediate care beds
Community & Urgent	Intermediate Care	To continue the programme to review all community inpatient therapy provision and develop modern ways of working creating patient level impact and efficiencies
Community & Urgent	Urgent Care	To continue to develop the open and inclusive culture of the MIUs to improve the experience of colleagues working in these units
Community & Urgent	Intermediate Care	To continue to develop the open and inclusive culture across departments where identified
Community & Urgent	Urgent Care	To continue to develop the MIU service offer where identified, responding to the 360 review completed in 2025/26
Community & Urgent	Intermediate Care	To continue to improve the outcomes of care work, reduce the length of stay in the community inpatient units and to reduce the occurrence and impact of delay related harm
Community & Urgent	Intermediate Care	To deliver an improvement in the Stroud and Tewkesbury theatres performance and system impact building on the agreed temporary tests of change
Community & Urgent	Intermediate Care	To develop the community inpatient medical model to create a fit for the future sustainable workforce model building on the learning in 2025/26

Community & Urgent	Intermediate Care	To continue the work on Inpatient Establishment Reprofitting to embed revised staffing levels (RN & HCA) into the community inpatient units
Community & Urgent	Intermediate Care	To build on the Thames Ward development work to seek to increase the level of dementia care competency in all community inpatient units
Community & Urgent	Intermediate Care	To deliver a comprehensive audit and assurance programme across the urgent care and inpatient services to demonstrate inquiry, learning and assurance - inclusive of all services and professions
Community & Urgent	Intermediate Care	To ensure the transition from the training and development facilitator functions has been effective and teams are equipped for safe and effective care delivery
Community & Urgent	Intermediate Care	To review all ambulatory care activities in respect of workforce requirements and maximise the opportunity our community hospitals offer as part of neighbourhood hub solutions
Community & Urgent	Intermediate Care	To scope the opportunities to reduce / eliminate paper record use in the community inpatient units
Community & Urgent	Urgent Care	To complete demand and capacity modelling in Rapid Response to review 'as is' position and map against resources in line with the urgent emergency care system portfolio work
Community & Urgent	Intermediate Care	To support the system to agree the suitable future use of the unused endoscopy unit in the Forest of Dean and move to operate services from this space
Community & Urgent	Intermediate Care	To recruit and retain colleagues who work with our values to delivery outstanding care and practice across community urgent and inpatient care
Community & Urgent	Intermediate Care	To appraise the use of hired equipment across the community inpatient units and consider purchase as an alternative cost saving opportunity



REPORT TO: TRUST BOARD PUBLIC SESSION – 26th MARCH 2026

PRESENTED BY: Sandra Betney, Director of Finance and Deputy CEO

AUTHOR: Lisa Proctor, Associated Director of Contracts and Planning

SUBJECT: FIVE YEAR INTEGRATED DELIVERY PLAN - NARRATIVE

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

This report is provided for:

Decision

Endorsement

Assurance

Information

The purpose of this report is to:

This report sets out our 5 Year Integrated Delivery Plan narrative which has been developed in accordance with the NHS England Planning Framework.

Recommendations and decisions required

The Board is asked to:

- **NOTE** the 5 Year Integrated Delivery Plan narrative which has been updated in line with the activity and finance planning submission requirements on the 18th March 2026.

Executive summary

The 5 Year Integrated Delivery Plan narrative for the Trust was submitted to NHSE on the 12th February 2026. This report includes the updated narrative following the January Board meeting review and feedback from NHSE. The changes are identified in the 5 Year Integrated Delivery Plan narrative in green font. The narrative is not required to be resubmitted to NHSE.

The National Planning Framework was published in August last year and set out that all NHS provider organisations are required to prepare a 5 year integrated delivery plan narrative.

The Trust's narrative has been developed in line with the nationally recommended structure and content. It outlines our key activity, workforce and financial deliverables for the next three years, alongside our refreshed longer term Trust Strategy and key

enablers. Our narrative has also been developed with consideration to the ICB Population Health and Strategic Commissioning Plan for Gloucestershire.

Our narrative includes the details of our finance and workforce plans and also provides a summary of the key activity metrics that apply to our Trust. Trajectories have been developed in partnership with operational, finance, workforce and business intelligence colleagues and the ICB. The majority of metrics have trajectories that are compliant with the national requirements with the following exceptions:

- Inappropriate Out-of-Area Placements (OAPs) will not be compliant by March 2027 due to volatility from very low patient numbers and our expectation that we will continue to make OAPs in exceptional circumstances where clinically appropriate.
- No Criteria to Reside (NCTR) due to the implementation of new Discharge Ready Day definitions that have worsened our reported performance
- Due to the profiling of the service development funding and the delay receiving funding for 2025/26, trajectories for the Individual Placement Service will only be compliant as at year 3 of the plan and the Mental Health Support Teams will not be compliant in year 2.

Since the Board approval on the 29th January 2026 the following items were updated prior to the submission to NHSE on the 12th February:

- Section 6 - Finance tables updated for Income & Expenditure, Capital and Cost Improvement
- Section 8 - Estates narrative within the enablers section

These changes have been identified in the 5 Year Integrated Delivery in **green** font.

Since the submission on the 12th February, the plan has been updated following feedback from NHSE. The outcome of the feedback on the activity metrics is as follows:

- Inappropriate Out-of-Area Placements (OAPs) – While we benchmark strongly against peers, achieving a sustained average of zero placements by March 2027 is unlikely due to the volatility created by very low patient numbers and our expectation that we will continue to make OAPs in exceptional circumstances where clinically appropriate. A revised trajectory has been submitted following feedback from NHSE which aims to be compliant at the end of year 3.
- Children's Access – The original ICB plan did not include any growth in access, but this has since been adjusted to reflect the increase in Mental Health Support Team activity.

Queries were also raised by NHSE regarding the following metrics which remain unchanged:

- Children's Mental Health 104 week wait – the target is to achieve zero waiting by the end of year 1. NHSE feedback was that this is challenging. The planned trajectory remains compliant and significant work will be required to achieve the target.
- Older Peoples Mental Health – feedback was issued using an incorrect baseline. The plan uses the correct baseline.
- Perinatal Access – feedback was that growth in access is expected. However, the birth rate has decreased so the plan does not include growth.

At the time of writing, commissioners are considering proposals to increase activity for urgent community care which is not included in our plan.

The finance and activity templates will be resubmitted with the above changes however an updated 5 Year Integrated Delivery narrative is not required.

Risks associated with meeting the Trust's values

The key risks to delivering our plan are identified as follows:

- There is a risk that the Trust does not fully deliver recurrent Cost Improvement Plans which results in the Trust not achieving its financial targets (Score 16).
- The risk that the transfer of services to Gloucestershire County Council leads to a greater loss of expenditure than income and causes financial pressures (Score 8).
- Specialist Treatment and Rehabilitation (STAR) costs are greater than budget leading to an overspend (Score 9).

Corporate considerations

Quality Implications	Identified within the report
Resource Implications	Identified within the report
Equality Implications	Equality implications have been identified for our Mental Health Support Teams due to the inclusion of additional independent and SEND schools without adjusting the national delivery modelling to support equal access.

Where has this issue been discussed before?

The draft Operational Plan submission was presented to Board in December 2025. The 5 Year Integrated Delivery Plan Narrative was presented to Board on the 29th January 2026 ahead of the submission to NHSE.

Appendices:	NA
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Report authorised by: Sandra Betney	Title: Director of Finance & Deputy CEO
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Five-Year Integrated Delivery Plan



Narrative

Five-Year Integrated Delivery Plan

<p>1. Executive summary</p>	<p>Our 5 Year Integrated Delivery Plan has been developed in accordance with the new NHS England Planning Framework, published on 13 August 2025. It outlines the local and national key activity, workforce and financial deliverables for the next three years, alongside the Trust's refreshed longer term strategic focus and goals.</p> <p>In refreshing our Trust Strategy we have clearly defined our strategic focus for the next five years, with a clear organisational purpose that reaffirms Why we are here – 'Helping you live your best life by delivering great healthcare'.</p> <p>Our Strategic Goals of Better Health, High Quality Care, Great Place to Work and Sustainable Services are the standard against which we test all of our service development, improvement and transformation work.</p> <p>Our five year strategic plan was developed through an extensive programme of engagement and co-production over many months, with a broad range of stakeholders, including our own colleagues and services, with patients and partner organisations and remaining closely aligned with JSNA findings and emerging commissioning intentions as well as the NHS ten year health plan.</p> <p>Our refreshed strategy provides clarity around What we will do, in the form of five strategic focus areas that ensure alignment with national and local priorities. These echo the core tenets and 'three shifts' of the NHS Ten Year Health Plan, as well as our local, System commitments to prioritise service transformation that really shifts the dial to address population health needs, now and recognising the future challenges from an ageing population and increased complexity in meeting the needs of children, young people and adults experience mental illness and with needs arising from neurodiversity, as well as those at risk of future frailty due to long term conditions.</p> <p>Effective partnership working is fundamental to our strategy, particularly acknowledging the key importance of collaboration with the voluntary sector, as well as actively considering the way in which we address risks and avoid adverse outcomes arising from health inequalities.</p> <p>In defining How we will deliver on our strategy, we remain true to our Trust Values and continue to focus on getting the basics right, working with people, joining up healthcare and making it as local as possible, helping people to stay well, making good use of the resources, skills and experience we have access to and really embracing technology and new ideas.</p> <p>Our strategy aligns with the three Strategic Ambitions of the local Population Health and Strategic Commissioning Plan developed by Gloucestershire ICB:</p> <ol style="list-style-type: none"> 1. Health Lives: People live healthier lives for longer, by preventing avoidable illness and decline. 2. Health Equity: Health outcomes, experience and access are fairer across all communities. 3. Best Value: What we value is defined by people's experiences and outcomes not just numbers. <p>The commissioning plan includes delivery programmes for the major changes identified to achieve the strategic ambitions. The delivery programmes have been developed in partnership and will be considered by the Trust as they become further developed.</p>
	<p>We are also finalising the refresh of our 5-year People Strategy and delivery plan, aligning this with national requirements and targets. Further details, themes and priorities for this refresh are outlined below in section 5. However, current improvement priority areas for our workforce are focussed on:</p> <ul style="list-style-type: none"> • Temporary Staffing – reducing overall agency & bank spend to target levels and sustainably maintaining these, minimising bank pay enhancements, removing HCSW and Off Framework Agency use and maximising the effectiveness of of master vendor contract providers • Recruitment & Retention – in particular, optimising and sustaining our recent technology adoption and SOP changes to improve Time To Hire lead times; recruiting, & retaining to our revised RN & HCSW Safer Staffing levels following a recent In-Patient Establishment review; ICS partnership working on growing new roles, apprenticeship & widening access; further development of our "itchy feet" methodology beyond nursing. • Partnership Working - continue our ICS partnership working to maximise productivity, efficiency & cost value of Recruitment, Temporary Staffing, Health & Wellbeing services, moving from scoping to actions. • Workforce Planning – working with ICS partners and NHSE SW SPI colleagues on progressing the Community Scenario Planning and Neighbourhood Workforce Optioneering in Gloucestershire; developing internal workforce planning in prioritised areas e.g. Children & Young People, Community Urgent Care. • E-Job Planning - to continue E-job planning roll out to strengthen workforce productivity & support activity-based planning. • Leadership & Culture - moving this major Trust-wide OD programme from Discovery phase into the Action Plan Implementation phase, with organisational benefits through improvements in leadership, culture, colleague experience as measured via the Staff Survey, Pulse Survey, WRES, WDES and Pay Gaps etc

	<ul style="list-style-type: none"> • Health & Wellbeing - complete Health & Wellbeing review of Working Well, Talking Well, VIVUP EAP etc to ensure best management of sickness absence in line with national targets, VFM, efficiency, & financial sustainability. • Professional Practice and Education - continue to review the current advanced practice framework. <p>Our workforce plan triangulates with our activity and finance ensuring our integrated delivery plan is resourced and affordable.</p>															
<p>2. Strategic context</p>	<p>Gloucestershire Health and Care NHS Foundation Trust is a provider of 96 community health services for mental health, physical health and learning disabilities. We work in partnership with GPs, Gloucestershire Hospitals in Cheltenham and Gloucester, local authorities, education, other public sector partners, community group and the voluntary and charity sector. Our services support the population of Gloucestershire to:</p> <table border="0" data-bbox="394 706 1898 1163"> <tr> <td data-bbox="394 706 451 771"></td> <td data-bbox="451 706 766 771">Stay Well</td> <td data-bbox="766 706 1898 771">Health promotion and prevention of illness - vaccines, health checks, monitoring of conditions, diagnostics, lifestyle advice, and early interventions.</td> </tr> <tr> <td data-bbox="394 795 451 860"></td> <td data-bbox="451 795 766 860">Get urgent care</td> <td data-bbox="766 795 1898 860">When you need help, fast and close to home - Minor Injury and Illness Units, Rapid Response, Mental Health Crisis, Sexual Assault Referral Centre, and Integrated Urgent Care.</td> </tr> <tr> <td data-bbox="394 884 451 949"></td> <td data-bbox="451 884 766 949">Get treatment</td> <td data-bbox="766 884 1898 949">Care for short term and ongoing conditions - specialist services, specialist dentistry, talking therapies, inpatient care, and minor procedures.</td> </tr> <tr> <td data-bbox="394 973 451 1038"></td> <td data-bbox="451 973 766 1038">Recover</td> <td data-bbox="766 973 1898 1038">Helping you feel stronger and more independent - physical and mental health rehabilitation, therapies, psychological support, and community hospital services.</td> </tr> <tr> <td data-bbox="394 1062 451 1127"></td> <td data-bbox="451 1062 766 1127">Live Well</td> <td data-bbox="766 1062 1898 1127">Supporting you with long term conditions - community teams, equipment services, complex care, children's community nursing and therapies.</td> </tr> </table> <p>The majority of our services are commissioned by Gloucestershire Integrated Care Board (ICB) who commission health services and some public health and social care services on behalf of Gloucestershire County Council. We also provide some public health and specialist services commissioned by NHSE South West. We are also members of two Provider Collaboratives (South West and Thames Valley) and are commissioned to provide low secure and specialist forensic services. Our main cross border commissioned services are for patients registered in Hereford and Worcestershire and Wales. Discussions continue with Gloucestershire ICB to finalise the contract value for 2026/27 which will inform our delivery plan.</p> <p>This delivery plan outlines the Trust's planned performance trajectories across key national mental health, community health, learning disability, autism, and urgent care metrics. It reflects a balanced position between national expectations, operational capacity, data quality considerations, and the level of Service Development Funding (SDF) confirmed for the planning period. This includes the Mental Health Provider submission and the Gloucestershire ICB submission where the Trust has also contributed to a combination of compliant and stretching trajectories.</p> <p>Of the four provider metrics the Trust is directly responsible for submitting, three are expected to be compliant with the national targets for mental health length of stay and 104 week waiting times for children and young peoples mental health services. Of the one non-compliant metric, the Trust does not believe it is achievable to average zero patients in Out of Area Placements. We benchmark strongly in this metric when compared to peers and have submitted what we believe is a challenging but realistic trajectory, acknowledging we are dealing with very low numbers that result in high volatility when considering averages across the year.</p> <p>Any areas of non-compliance are as a result of insufficient funding, data quality limitations and structural dependencies across system partners. Where feasible, realistic and ambitious improvement plans have been developed to support the delivery of national objectives.</p> <p>There are two metrics that are non-compliant:</p> <p>E.A.5 – Inappropriate Out-of-Area Placements (OAPs)</p> <ul style="list-style-type: none"> • National target: Zero inappropriate OAPs by March 2027. • Reason for non-compliance: Volatility from very low patient numbers makes achieving a sustained average of zero unrealistic; up to 24 placements are still expected. <p>E.M.43 – People With No Criteria to Reside</p> <ul style="list-style-type: none"> • National target: Reduce "no criteria to reside". • Reason for non-compliance: Pending implementation of new Discharge Ready Day definitions will worsen reported performance initially (to ~41%). Our plan gradually improves but does not reduce from the baseline of 20.93%. • Future performance depends on the ICB commissioning of Homefirst amongst other things. 		Stay Well	Health promotion and prevention of illness - vaccines, health checks, monitoring of conditions, diagnostics, lifestyle advice, and early interventions.		Get urgent care	When you need help, fast and close to home - Minor Injury and Illness Units, Rapid Response, Mental Health Crisis, Sexual Assault Referral Centre, and Integrated Urgent Care.		Get treatment	Care for short term and ongoing conditions - specialist services, specialist dentistry, talking therapies, inpatient care, and minor procedures.		Recover	Helping you feel stronger and more independent - physical and mental health rehabilitation, therapies, psychological support, and community hospital services.		Live Well	Supporting you with long term conditions - community teams, equipment services, complex care, children's community nursing and therapies.
	Stay Well	Health promotion and prevention of illness - vaccines, health checks, monitoring of conditions, diagnostics, lifestyle advice, and early interventions.														
	Get urgent care	When you need help, fast and close to home - Minor Injury and Illness Units, Rapid Response, Mental Health Crisis, Sexual Assault Referral Centre, and Integrated Urgent Care.														
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	Recover	Helping you feel stronger and more independent - physical and mental health rehabilitation, therapies, psychological support, and community hospital services.														
	Live Well	Supporting you with long term conditions - community teams, equipment services, complex care, children's community nursing and therapies.														

There are areas where the Trust is highly performing against the national metrics. This includes the national target to see 78% of community activity within 18 weeks. The baseline as at November shows the Trust is already achieving 83%. We are working to maintain this level of performance.

There are a number of mental health service trajectories that are dependent on investment (Talking Therapies, Individual Placement Service and Mental Health Support Teams). Discussions are on-going but the Trust has assumed service development funding in full for these services. Trajectories have been developed based on the assumption that the funding will be available from the start of each financial year to support the recruitment and onboarding of staff at the earliest opportunity. Due to the profiling of the funding, our trajectories for the Individual Placement Service will only be compliant as at year 3 of the plan and the Mental Health Support Teams will not be compliant in year 2.

In addition to the national metrics, business cases are also being considered for further investment decisions for our key priorities for Intensive and Assertive and Homefirst services. We have assumed funding will be available for these developments in our plan.

The Trust has consistently demonstrated strong financial controls and delivered financial performance of breakeven or better over a number of years. The Trust's 3 year financial plan builds on this performance to deliver continued breakeven financial position.

Our refreshed Five Year Strategy reaffirms our purpose and Strategic Goals and outlines five key focus areas that are driven by identified need in Gloucestershire:

- Neighbourhood health – Working together better for local health
- Children and Young People – Helping Children thrive and build resilience for a healthier future
- Community Urgent Care – Helping people manage urgent healthcare needs and stay well
- Inclusive healthcare – Reducing the gap of access, experience and outcomes
- Partnerships with Purpose – Deepening our partnerships to deliver great healthcare

Our focus areas are clearly aligned with both national strategy and local population health need – recognising the key themes in terms of local health and care needs set out by the ICB supported by their use of PHM models. Our plan recognises the challenges of the ageing population in Gloucestershire and their high use of planned and urgent care as well as the opportunity to drive left shift with a focus on prevention and living healthily into later life supported by partnership working in neighbourhoods in Integrated Network Teams.

At the other end of the age spectrum, the focus on Children and Young people particularly acknowledges the changes we see in terms of increasing demand and complexity for Children's mental health services, and the challenges around neurodiversity and SEND needs – our partnership working strategic focus is crucial for progressing this agenda with System partners in social care and education.

In addition to Strategic focus areas for the next five years, we have some major transformation work in progress addressing the clear population need for service users with Serious Mental Illness. This includes development of and investment in an improved and more flexible model of intensive service provision for patients with psychosis, as well as improved access to effective interventions for patients with other serious mental health conditions with the joint aim of improving patient experience and outcomes as well as reducing the wider System impact (in primary care, urgent care and inpatient settings) of ineffective support of these patients in the community.

We continue to develop our approach to urgent care services in the community for both physical and mental health needs. Including ongoing development and investment in our Integrated Urgent Care model (CAS and NHS 111, GP Out of Hours Assessment) and System single point of access, as well as the core pillars of our Urgent Community Response to ensure that we can realise productivity gains across urgent care pathways with our own services and with System and Regional partners, including the ambulance Trust. We are working to develop our Pathway 2 model to meet the increasingly intensive needs of patients with cognitive impairment alongside commissioners' wider plans for Intermediate care beds.

Addressing Health Inequalities is a clear theme in our local ICB commissioning plan and this is mirrored in our Trust strategy with a strong commitment to identifying and addressing issues of inequity in access to services and health outcomes through the way in which we deliver service improvement and transformation. We will achieve this using a combination of qualitative and quantitative data to inform approaches, considering local service data, wider population health data as well as insight from individuals in communities and demographic groups most at risk from health inequality, through our well-established community engagement infrastructure and experts by experience programme.

The Trust is committed to being an anti-racist organisation and we have reviewed and relaunched our work on embedding the Patient Carer Race Equality Framework. Hearing the voice of patients, carers and staff to remove the disparities in care experienced by our global majority communities is key. As well as lived experience

membership in our steering group, we intend to proactively engage through existing internal and partner groups and forums to ensure that we are listening and delivering the improvement in access, experience and outcomes as identified by our communities.

3. Delivery approach

We have worked in partnership with operational, finance, workforce and business intelligence colleagues and the ICB to agree the activity metrics that the Trust is directly responsible for delivering (shown in blue below) and those where the Trust is a contributing provider (shown in mauve below). These have been triangulated with finance and workforce plans. The metrics are as follows:

- **Provider Submitted Metrics**

The following metrics have been developed in line with the provider activity template:

E.A.5 - Active Inappropriate Adult Acute Mental Health Out of Area Placements (OAPs)

The national target is to achieve zero inappropriate OAPs by March 2027. While we benchmark strongly against peers, achieving a sustained average of zero placements is unlikely due to the volatility created by very low patient numbers and our expectation that we will continue to make OAPs in exceptional circumstances where clinically appropriate. **A revised trajectory has been submitted following feedback from NHSE which aims to be compliant at the end of year 3.**

E.A.5 - Number of active inappropriate adult acute OAPs at end of reporting period													
	Baseline	Based on previous planning submissions											
	Nov-25	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27
Number	0	2	2	2	2	2	2	2	2	2	2	2	2
					Q1 27/28	Q2 27/28	Q3 27/28	Q4 27/28		Q1 28/29	Q2 28/29	Q3 28/29	Q4 28/29
					2	2	2	1		1	1	1	0

E.A.7 - Children and Young People with community mental health related waits over 104 weeks

The national target is to achieve zero patients waiting over 104 weeks for community mental health. Although the baseline is reported as 815 patients (November 2025), this is not reflective of the number of patients waiting due to data quality issues regarding the recording of Snomed codes and outcomes. A data quality improvement plan is in place which is challenging but is expected to support achievement of the national target of zero by the end of March 2027.

E.A.7- Number of CYP with MH waits over 104 weeks(help based clock stop) at the end of the reporting period													
	Baseline	Reduce to 0 by March 27											
	Nov-25	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27
Number	815	611	611	611	611	408	408	204	204	204	102	51	0

E.H.38 - Average length of stay for patients in Adult Acute and PICU Mental Health Beds & E.H.39 - Average Length of Stay for Patients in Older Adult Acute Mental Health Beds

A comprehensive recovery plan has been in place to improve the average length of stay. We have implemented our mental health inpatient transformation programme building on the learning improvement network development programme. This includes a review of interactive whiteboards, daily ward huddles at Wotton Lawn and Charlton Lane Hospitals including care navigator support of the patient journey through the acute pathway and multiagency discharge planning and peer review of length of stay at 31 days. These improvements have begun to positively impact the average length of stay and continued progress is expected to achieve the national targets.

E.H.38 - Average length of stay for patients in Adult Acute and PICU Mental Health Beds

The national target is to reduce the average length of stay. The baseline is set as at the November rolling baseline of 51 days. This has significantly reduced from 60 days in August. We are aiming for a period of stability to ensure the improvements are sustainable and have planned for a gradual reduction of 1 day per year in the length of stay over the medium term.

E.H.38: MH Acute & PICU LOS														
	Baseline - 3 mth rolling	No reduction from baseline											1 day reduction from baseline by end of Qtr	
	Nov-25	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27	
Rolling LOS	5580	5580	5580	5580	5580	5580	5580	5580	5580	5580	5543	5507	5470	
Rolling discharges	110	110	110	110	110	110	110	110	110	110	110	110	110	
Rolling average	50.73	50.73	50.73	50.73	50.73	50.73	50.73	50.73	50.73	50.73	50.39	50.06	49.73	
					Q1 27/28	Q2 27/28	Q3 27/28	Q4 27/28		Q1 28/29	Q2 28/29	Q3 28/29	Q4 28/29	
					5470	5470	5470	5360		5360	5360	5360	5250	
					110	110	110	110		110	110	110	110	
					49.73	49.73	49.73	48.73		48.73	48.73	48.73	47.73	

E.H.39 - Average Length of Stay for Patients in Older Adult Acute Mental Health Beds

The national target is to reduce the average length of stay. The baseline is set as at the November rolling baseline of 120.43 days. We have plans in place to reduce the average length of stay by 10% in 2026/27 with further gradual reduction of 1 day per year in the medium term while the changes become embedded and sustainable.

E.H.39: MH Older Adults LOS														
	Baseline - 3 mth rolling	No change planned				2 day reduction from baseline by end of Qtr			6 day reduction from baseline by end of Qtr			12 day reduction from baseline by end of Qtr		
		Nov-25	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27
Rolling LOS	3565	3613	3613	3565	3545	3525	3505	3465	3425	3385	3325	3265	3205	
Rolling discharges	30	30	30	30	30	30	30	30	30	30	30	30	30	
Rolling average	118.83	120.43	120.43	118.83	118.17	117.50	116.83	115.50	114.17	112.83	110.83	108.83	106.83	
					Q1 27/28	Q2 27/28	Q3 27/28	Q4 27/28		Q1 28/29	Q2 28/29	Q3 28/29	Q4 28/29	
					3205	3205	3145	3115		3115	3115	3055	3025	
					30	30	30	30		30	30	30	30	
					106.83	106.83	104.83	103.83		103.83	103.83	101.83	100.83	

Service Development Funding Metrics

The following metrics have been developed in conjunction with the national modelling tools and trajectories have been agreed with the expectation that the Service Development Funding allocations will transfer from the ICB to support delivery by the Trust:

E.C.1 - Mental Health Support Team coverage of total pupils/learners

Gloucestershire benchmarks strongly in this metric when compared to peers. The national target is to achieve a coverage of 77% 26/27, 89% 27/28, 94% 28/29 and 100% by Dec 29. Although this is not a new metric, the baseline has been updated to include independent and special schools. The national MHST planning tool suggests each MHST team can cover an average of 8300 pupils however this is more challenging in Gloucestershire due to the high number of special schools and associated demand. There is also a high level of rurality across the county and potential health inequalities where digital access is not an option and demand for face to face support is greater.

The Trust currently has 9 MHSTs. The national planning tool shows 13 MHSTs are required to deliver the level of activity to meet the national target for Gloucestershire. This increase is dependent on significant recurrent SDF investment however it should be noted that the funding allocation for 2027/28 does not align with the national planning tool ie there is insufficient funding for 2 new teams required in the national target for that year. However the overall investment should be sufficient to achieve the national target by the end of the 3 year period in full.

E.C.1 - MH Support Team coverage of total pupils / learners														
	Baseline													
		Mar-25	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27
Number of pupils / learners covered by an MHST	59,554	74,700	74,700	74,700	74,700	74,700	74,700	74,700	74,700	74,700	74,700	77,426	82,109	83,851
Total pupils / learners	108,898	108,898	108,898	108,898	108,898	108,898	108,898	108,898	108,898	108,898	108,898	108,898	108,898	108,898
Mental Health Support Team coverage of total pupils / learners	54.69%	68.60%	68.60%	68.60%	68.60%	68.60%	68.60%	68.60%	68.60%	68.60%	68.60%	71.10%	75.40%	77.00%
												Mar-28	Mar-29	Dec-29
												96,919	102,364	108,898
												108,898	108,898	108,898
												89%	94%	100%

E.C.2 - Mental Health Support Team coverage of total schools

As with E.C.1, achievement of this trajectory is dependent on SDF investment. The target is to achieve 100% coverage by Dec 2029 which is a stretch from the September 2025 baseline of 39.77% due to the change to the baseline to include independent and special schools. This is more challenging in Gloucestershire due to the high number and demand from special schools and the rurality across the county.

E.C.2 - MH Support Team coverage of total schools														
	Sep-25													
		Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27	
Number of schools / colleges covered by an MHST	136	136	136	136	136	136	136	141	146	151	156	161	168	
Total schools / colleges	342	342	342	342	342	342	342	342	342	342	342	342	342	
Mental Health Support Team coverage of total schools / learners	39.77%	39.77%	39.77%	39.77%	39.77%	39.77%	39.77%	41.23%	42.69%	44.15%	45.61%	47.08%	49.12%	
												Mar-28	Mar-29	Dec-29
												229	290	342
												342	342	342
												66.96%	84.80%	100.00%

E.H.32	Reliance on mental health inpatient care for adults with a learning disability	Count	15	Quarter 2 2025/26
E.H.33	Reliance on mental health inpatient care for autistic adults	Count	5	Quarter 2 2025/26
E.K.1c	Reliance on mental health inpatient care for U18s with a learning disability and autistic U18s	Count	5	Quarter 2 2025/26
E.K.4	Number of people with a learning disability and autistic people in mental health hospital with the longest stays defined as : >9 months for under 18s, >2 years for unrestricted adults, and >5yrs for restricted adults	Numerator	20	Quarter 2 2025/26
	Number of people with a learning disability and autistic people in mental health hospital	Denominator	25	Quarter 2 2025/26
	Longest Lengths of Stay	Percentage	83%	Quarter 2 2025/26

4. Delivery areas

Following a recent review, the Trust is implementing a transformed operational leadership structure across our delivery areas. This will create 3 Service Groups, lead by a triumvirate of Operational Management, Quality Oversight and Leadership and Clinical Leadership. Key benefits are that we will have clinically lead services with a clear line of reporting on quality and safety through operations into the quality governance structure, clear joined up pathways to improve the experience of service users and effectiveness of interventions and opportunities for corporate service alignment, creating meaningful business partnering. Furthermore we will be investing in our leadership to lead both operationally and clinically at system level to influence the direction for the future of services.

This new structure also takes into account the Cabinet decision in 2025, when the Trust was served notice to transfer a number of statutory local authority services to Gloucestershire County Council. This will change the shape of our organisation next year when the Trust's integrated health and social care delivery model is impacted. Known changes have been included in our workforce and finance plans.

A quality governance review has also been underway and we are finalising the refresh of our Quality Strategy, which continues to be underpinned by the core foundations of safety, effectiveness and experience. These will be further strengthened by an enhanced focus on outcomes and reducing health inequalities.

A key enabler to support our quality and operational performance management across our delivery areas, is our digital strategy. Our digital strategy is closely aligned with the national NHS vision of becoming digital-by-default, aiming to fundamentally redesign care pathways rather than simply digitising existing processes. Over the next five years, the focus will be on empowering patients, improving outcomes, and enhancing experiences through technology. Central to this is the NHS App, which will serve as the main gateway for digital health services, enabling patients to access specialist care digitally, manage appointments, and interact with their health records. GHC will prioritise digital infrastructure, ensuring that digital transformation is proactive, efficient, and patient-centred.

Key deliverables of the medium term plan include the adoption of modern service frameworks and the implementation of the Federated Data Platform across all care sectors. There is also a strong emphasis on achieving 100% coverage of electronic patient record systems, deploying ambient voice technology, and adopting all core national digital products and services, such as the Electronic Prescription Service and Electronic Referral Service APIs.

Locally, we will deliver patient portals aligned to each clinical system in scope, with phased NHS App integration to create a single digital front door for patients. These portals will support online appointment management, digital letters, and hybrid mail, while ensuring provision for digitally excluded patients. Additional projects include clinical systems optimisation (e.g., e-Observations, virtual assistants, real-time data dashboards), cloud migration, SharePoint migration, delivery of cyber and information sharing strategies, and the expansion of digital tools like Co-pilot. These initiatives are designed to improve patient care, operational efficiency, and financial sustainability, while supporting staff with the right skills and resilient infrastructure.

To support the delivery of the our Digital strategy is a number of key digital programmes including Transforming Care Digitally (TCD). The TCD Programme was launched in January 2024 and will last at least four years and aims to enhance our technology, improving its effectiveness, reliability, and care provision. The programme includes

	<p>several large projects which will involve collaborating closely with services across the Trust, partners, and suppliers. The TCD Programme aims</p> <ul style="list-style-type: none"> • Optimise the Trust’s Electronic Patient Record (EPR) configuration and its support and maintenance. • Explore digital advancements to enhance user experience and streamline operations. • Develop efficient, user-friendly Clinical Systems focused on delivering safe, quality care. <p>Finally, our digital deliverables are underpinned by a commitment to continuous improvement and sector alignment. The Trust will complete its new digital strategy by Q1 2026/27, continue to migrate to cloud-first infrastructure, and further develop integrations such as Child Protection Information Systems and CIS2 authentication. Ongoing optimisation of electronic patient records, rollout of digital therapeutics, and enhanced business intelligence capabilities will ensure that our services remain at the forefront of digital health innovation, delivering tangible benefits for patients and staff alike.</p>
<p>5. Workforce</p>	<p>The Trust is currently finalising a complete refresh of our previous 5-year People Strategy and the associated ambitions, goals and plan. We expect the Board to consider and approve it in Spring. The new enabling strategy and plan are being co-designed following the refresh of the Trust’s Strategic Goals, alongside consideration of the workforce priorities identified in the 10 Year Health Plan for England, the details of which will be further developed in the forthcoming refreshed 10 Year Workforce Plan with specific digital skill targets.</p> <p>The new strategy also aims to align with the expected changes from the emerging new workforce Target Operating Model. Our ultimate ambition is for our Trust to be A Great Place To Work and our refreshed strategy provides a shared framework setting our ambitions to attract, develop, support and lead our people - connecting our local priorities with national directions, so as our people thrive and deliver productive, high-quality care. To support this and the wider three shifts, our refresh prioritises focus in the following key areas:</p> <ul style="list-style-type: none"> • Workforce Development, Skills, CPD, Apprenticeships & Widening Access • Workforce Planning & Optioneering • Recruitment, Retention & Pipeline alongside delivery of Agency and Bank targets • Workforce Modernisation, Digital Skills & Literacy, & wider Technology Integration to include AI • Performance, Standards & Accountability, underpinned by: Culture, Health & Wellbeing, & Inclusion practices that enhance our outcomes, GHC’s “Ways of Working” & our colleague experience. <p>Our workforce plan submission has been developed using a combined approach of multi-year workforce trends, operational insight, financial planning, and alignment with national strategic requirements. The M12 position is based on a robust assessment of historical starters, leavers, turnover, vacancy levels, sickness absence and workforce supply pipelines, with modelling undertaken at staff-group and divisional level.</p> <p>These forecasts are anchored to the Trust’s approved 2026/27 recurrent budget and five-year financial plan, ensuring that planned WTE growth is financially sustainable. The modelling incorporates updates relating to the planned transfer of Social Worker and Supported Accommodation services (1 April 2026) and Integrated Care Teams (1 September 2026) to Gloucestershire County Council, including associated reductions in establishment, support functions, and overheads. Assumptions on contract values for Talking Therapies, IPS, MHSTS and MHIS services are also reflected.</p> <p>Service redesign work has further shaped the plan, with quantified skill mix changes, productivity improvements and structural shifts included where agreed. Workforce projections also reflect national expectations set out in the NHS 10-Year Workforce Plan, including increased domestic training pipelines, skill-mix optimisation and strengthened expectations around reducing temporary staffing.</p> <p>Temporary staffing reductions remain a key component of the plan. We have achieved a 30% agency reduction in 2025/26, despite the addition of IUCS as a late temporary-staffing-heavy pressure. We plan to sustain this achievement in 2026/27. Bank usage has been more challenging due to IUCS but remains a focus, with a 10% reduction planned for 2026/27. Increased recruitment—particularly Healthcare Support Workers (HCSWs)—and establishment re-profiling underpin this strategy.</p> <p>E-job planning continues to be rolled out to improve visibility of consultant and clinical commitments, align job plans with service priorities, and strengthen capacity modelling. This supports better utilisation of existing workforce before temporary staffing is considered.</p> <p>Our approach to reducing sickness absence is fully aligned with national NHS priorities, focusing on expanded occupational health access, meaningful wellbeing conversations, and enhanced MSK and psychological health support. Alongside strengthened return-to-work pathways, we are reviewing our management and leadership</p>

development offer, refreshing our People Strategy, and ensuring we maximise the impact and utilisation of our EAP contract.

Workforce Planning Checklist

What have you used for your M12 position - what are the risks?

We have used multi-year workforce trends alongside the Trust's approved 2026/27 financial envelope, incorporating service transfers, redesigns, and contract-value assumptions. Risks include forecasting uncertainty, contract variability, transition risks with TUPE moves, and dependency on continued HCSW recruitment to sustain temporary staffing reductions.

What do you expect to change between your first and second submission?

We expect refined TUPE figures, updated contract-value assumptions, further quantification of service redesign impacts, enhanced temporary staffing trajectories, and improved modelling enabled by continued e-job planning rollout.

How well does the plan triangulate with pay?

The plan is strongly triangulated with pay as all WTE forecasts align with the Trust's financial plan, establishment reductions linked to GCC transfers, and temporary staffing savings embedded into CIP and affordability modelling.

What is your approach towards reducing spend on Temporary Staff as per the guidance?

- A planned 30% agency reduction (already achieved for 2025/26) and a 10% bank reduction for 2026/27, supported by targeted recruitment of Inpatient nursing and HCSWs, establishment re-profiling, and alignment to 10YWP expectations.

What areas will you invest in to offset the reduction in temporary staffing?

Substantive recruitment, skill-mix optimisation, advanced practice roles, and the further rollout of e-job planning to enhance capacity utilisation.

Progress made in reducing the spend on support functions as per previous planning guidance?

Support function reductions have been built into establishment changes through the April and September 2026 service transfers to GCC, reducing overheads and corporate cost pressures.

Key workforce productivity measures to be implemented?

Deployment of e-job planning, service redesign-driven efficiencies, temporary staffing reduction programmes, and skill-mix optimisation including enhanced support worker roles.

What workforce controls will be put in place/improved to ensure that the total workforce is maintained within the overall funded position (WTE and pay)? What improvements have been made?

Controls include financial alignment of WTE to budget, establishment resets linked to service transfers, strengthened temporary staffing governance, and improved oversight through e-job planning.

What are the drivers for change, the key impact envisaged, and the key actions/schemes needed to deliver this plan?

Drivers include TUPE transfers to GCC, service redesign, national workforce policy expectations, and contract shifts. Impacts include reduced establishment, altered skill mix, and reduced temporary staffing reliance. Actions include delivering transfers, completing redesigns, sustaining agency reduction, and embedding e-job planning.

What actions will you take to reduce sickness absence?

To reduce sickness absence, we will undertake targeted recruitment in critical service areas to alleviate operational pressures on colleagues. This will be accompanied by strengthened occupational health pathways, the embedding of structured wellbeing conversations, and enhanced support for musculoskeletal and psychological health. We will also reinforce our return-to-work processes.

In addition, we will conduct a comprehensive review of our management and leadership development offer, refresh our People Strategy to ensure alignment with organisational priorities, and maximise the utilisation and impact of our Employee Assistance Programme (EAP) contract to further support staff wellbeing.

What are your expectations towards improving/enhancing job planning and rostering?

Full rollout of e-job planning will increase visibility of clinical commitments, improve alignment to service priorities, and ensure utilisation of internal workforce before temporary staff are used.

What workforce actions do you anticipate to support a shift from acute to community and from analogue to digital?
 Service redesign, skill-mix optimisation, digital-enabled pathway changes, and enhanced capacity modelling through e-job planning.

What plans do you have to improve resilience in key pathways/delivery areas?
 Upskilling, recruitment into baseline roles (particularly HCSWs), advanced practice development, and service redesign-driven productivity improvements.

What are your key resourcing actions to deliver this plan?
 Strengthened substantive recruitment, utilisation of increased domestic training supply through the NHS 10YWP, development of enhanced and advanced roles, and workforce alignment to redesigned care models.

6. Finance

The Trust has produced a 3 year financial plan outlining the Income and Expenditure position for each year. The Trust is looking to ensure it conducted a thorough budget setting process for 2026/27 and the proposed budgets have been signed off by the board. These budgets form the basis of the first year of the Trust's 3 year financial plan.

I & E Budgets 26/27				
	Forecast		Proposed	
	Outturn 25/26	FCT v7b2	26/27 budgets	Variance
	£000s	£000s	£000s	£000s
Income	-339,726	-329,949	-327,642	2,307
Pay	250,473	251,774	254,507	2,734
Non Pay	76,062	68,334	63,333	-5,001
Non Operational	12,818	9,841	9,801	-40
(Surplus) / Deficit	-373	0	0	0

As part of the plan for 2026/27 the Trust has included the anticipated transfer of a number of services to Gloucestershire County Council. The plan assumes that Social Worker and Supported Accommodation services will transfer to the Council on 1st April 26 and Integrated Care Teams (ICTs) will transfer on 1st September.

The Trust has assumed SDF funding for Talking Therapies, IPS and MHSTS and MHIS funding for Intensive & Assertive services. Discussions continue with Gloucestershire ICB to finalise the contract value for 2026/27. ICB funding for the sustainability of the IUCS service has also been assumed as a result of the agreed 1 year service review.

The tender for the Vaccination Outreach service has been taken into account as a part year effect assuming the service will continue.

The Trust has produced a five year Capital Plan which includes a detailed picture of key schemes for 2026/27. The redevelopment of the Cirencester Hospital site is a significant investment across the first 3 years of the plan. The Trust has worked closely with system partners to agree key priorities and allocate CDEL to the most pressing Capital needs. There are a number of capital disposals planned for 2026/27, and a number of sites are already being actively marketed for disposal.

Capital Plan	Plan	Plan	Plan	Plan	Plan
£000s	2026/27	2027/28	2028/29	2029/30	2030/31
Land and Buildings	9,082	12,133	5,580	5,083	3,668
Net zero Carbon	1,502	110	1,200	1,650	1,650
Medical equipment	664	630	1,000	1,200	1,200
IT	4,960	4,010	4,155	4,475	3,720
Disposals/Donations	(2,895)	(6,293)	(1,176)	(1,450)	0
Total Net CDEL Spend	13,313	10,590	10,759	10,958	10,238

The Trust has developed a high level CIP programme for 2026/27. All areas of the Trust are required to deliver a share of the savings target. The Trust's CIP is significantly higher than the national efficiency requirement of 2%. The CIP requirement is made up not only of the national savings requirement but from a number of other factors too, such as the impact of cost pressures, both recurrent and non-recurrent, the need to reduce overhead costs resulting from the transfer of services to the Council, and the shortfall in the delivery of recurrent savings in 2025/26. There are also non-recurrent budgets that need establishing to cover costs such as pay protection, and excess travel. These are funded through the identification of non-recurrent savings. All recurrent CIP schemes will require QEIAs to be completed to assess the impact on services, and will be reviewed by Executive Directors for Medical and Nursing, Therapy and Quality.

	Scheme	Target £000s	Delivered £000s	Identified £000s	Unidentified £000s
	Undelivered 25/26 brought forward	1,352	424	0	928
	Identified c/f from 25/26	2,883	0	2,883	0
	Efficiency 1.1%	3,379	1,246	633	1,500
	Delivering Value 1.6%	4,877	699	1,180	2,998
	Delegated Responsibilities	1,043	73	48	922
	Programme Savings	855	0	0	855
	Non recurrent savings	3,475	0	3,475	0
	TOTAL	17,865	2,442	8,219	7,203
			13.7%	46.0%	40.3%
7. Transformation and productivity	<p>Our Trust planning and transformation approaches are fully integrated within a robust governance framework to ensure that prioritisation of planning objectives and specific improvement and transformation projects aligns clearly to our strategy, System commissioning plans, our wider business priorities as Trust and population need.</p> <p>Our plans are robustly reviewed and assured to check for strategic alignment and the Project Progression Framework that defines our Transformation governance approach, wraps stage gate reviews and decision making around our Transformation project pipeline, ensuring that Cases for Change are defined early, data informed, aligned with System and Trust strategic priorities, and incorporate appropriate stakeholder engagement.</p> <p>Our plans also incorporate CIP scheme identification and development, recognising that CIP targets increasingly require more transformational approaches to deliver sustainable savings (both cash releasing and productivity focused) without compromising on quality of service delivery and patient outcomes. We also consider sustainability within our planning and transformation priorities, in its widest definition, seeking opportunities to embed sustainable approaches into service and clinical model review</p> <p>In additional, a series of productivity packs have been shared with the Trust providing a range of benchmarking information. These have been considered where appropriate to inform clinical services productivity, corporate benchmarking, temporary staffing and potential commercial opportunities. The productivity pack for our community and mental health services was reviewed and shared with services to support their plans for compliant waiting list trajectories, DNAs in Talking Therapies, and reduction in length of stay in mental health inpatients. They were also used to support the development of budget setting which includes our CIP targets.</p> <p>As a Community and Mental Health Provider we are fully embedded as stakeholders in System Transformation through the occupation of SRO and Programme Lead roles across System Transformation Portfolios – with particular focus on the Mental Health, Learning Disability and Autism (All Age), Urgent and Emergency Care, and Neighbourhood Health portfolios.</p> <p>Our Trust Transformation Governance has been developed to align with our System Transformation Portfolio priorities and our staged Project Progression Framework considers the wider System view of a project in terms of alignment with System priorities, potential funding requirements, governance sign off that may be required with System partners at the very first stage.</p> <p>We have also established a ‘Settings of Care’ process in partnership with Gloucestershire Hospitals NHS Foundation Trust as a governance framework to specifically identify, jointly scope and prioritise ‘left shift’ opportunities to streamline pathways and where appropriate relocate pathway components and resources from acute to community settings.</p>				
8. Enablers	<p>The Trust’s integrated planning and budget-setting process is well established and widely understood across the organisation. This provided a strong foundation for development of the delivery plan in line with the significantly shortened timeline.</p> <p>The new National Planning Framework core principles are embedded within our planning process ie outcome focussed, accountable and transparent, evidence-based, multi-disciplinary and credible and deliverable.</p> <p>The planning process has been adapted to ensure enhanced Board oversight to meet the Planning Framework expectations for Boards to play an active role in setting direction, reviewing drafts, and constructively challenging assumptions. Due to the timeline constraints, the planning requirements for Board have been balanced between the Board and Resources Committee availability.</p> <p>The aims of the budget setting element of the planning process are to set a clear financial framework for the Trust and to set out how the Trust will deliver its strategic goals and objectives. The budgets support the Trust’s strategic aims and underpin the goals and objectives of each of the services.</p> <p>All planning objectives and assumptions have been assessed using the Trust’s Quality Assurance Checklist as part of our planning quality assurance process. The multidisciplinary Quality Assurance Group reviewed each plan against the checklist, focusing on:</p> <ul style="list-style-type: none"> • cross referencing of directorate priorities to ensure Trust wide alignment 				

	<ul style="list-style-type: none"> • stronger integration with budget setting and associated cost improvement planning • strengthened links with the Trust Strategy to include agreed measures and targets • internal mapping with enabling strategies to ensure consistency of delivery across workforce, operational, capital, digital, efficiency, quality, environmental sustainability • improved process to ensure supporting resources can be allocated appropriately including increased visibility for corporate services • improved feed into the external delivery plans and portfolio work • improved flow of priority objectives to inform the transformation pipeline • improved productivity and efficiency planning including key measures • Align with local authority plans for public health and social care (including neighbourhood planning) • Comply with the requirements of the 10 Year Health Plan and national planning framework <p>The quality assurance checklist ensures that, in setting a balanced budget, all planning objectives were fully considered and there were no gaps in planning.</p> <p>The planning resource allocation tool has been used by corporate leads to estimate the available capacity within their services. This includes our enabling strategies that are key to assessing the capability and capacity to delivery across the Trust. As well as our Digital, Workforce and Quality enabling strategies described above our Estates Strategy is also currently under review and aligned to our delivery plan. Focus areas for the next 5 years are anticipated to be:</p> <ul style="list-style-type: none"> • Ensuring efficient and effective use of our estate which is fit for purpose • Working and sharing resource with system partners to deliver care closer to home • Delivering innovative and sustainable estates and facilities managed services • Supporting the health & wellbeing of our people <p>We will do this by:</p> <ul style="list-style-type: none"> • Ensuring the physical condition of the Estate is fully compliant with health & safety and business risks; • Adopting best practice to improve the utilisation of space • Reducing cost through disposal/reconfiguration of assets with a focus on better quality estate • Providing easily accessible care settings • Supporting co-location and agile working • Adopting sustainable processes throughout our estates and facilities arena • Maximising opportunities to deliver Social Value • Supporting Biodiversity and the broader Green Plan • Exploring and implementing new technologies to enhance flexibility and adaptability <p>Redevelopment of Cirencester Hospital will be a key deliverable during the period as the Trust looks to maximise the site. Consideration of service needs, particularly in respect of inpatient beds, outpatient services, Mental Health services, endoscopy and theatres will all influence master planning, with part funding of the works deriving from the disposal of land in Malmesbury ("the Brokenborough land") alongside other strategic disposals.</p>
9. Risks and Mitigations	<p>Our delivery plan risks will be managed in line with the Trust's Risk Management Policy. The Trust has a well established risk management process. Risks are identified and agreed by the Board and managed through the Audit and Assurance Committee. Finance risks are evaluated as part of the budget setting process and operational risks are identified and supported in line with the Operational Governance Framework.</p> <p>The key risks to delivering our plan are identified as follows:</p> <ul style="list-style-type: none"> • There is a risk that the Trust does not fully deliver recurrent Cost Improvement Plans which results in the Trust not achieving its financial targets (Score 16) • The risk that the transfer of services to Gloucestershire County Council leads to a greater loss of expenditure than income and causes financial pressures (Score 8) • Specialist Treatment and Rehabilitation (STAR) costs are greater than budget leading to an over spend (Score 9)
10. Monitoring and reporting	<p>The Trust operates a well-established Performance Management Framework that provides robust oversight of organisational delivery, quality, and operational effectiveness. The framework encompasses a comprehensive set of performance indicators, including nationally mandated, contractual, ICB-agreed, and Board-focused measures.</p> <p>Performance is monitored through the monthly Quality and Performance Dashboard, which is formally reported to the Board. This dashboard provides a high-level view of Trust performance across priority domains, while more detailed operational performance information is scrutinised by the Resources Committee. Matters of quality and patient safety are reported to the Quality Committee. The dashboards are produced collaboratively through the Operational Governance Framework and the Business Intelligence Management Group, ensuring analytical rigour, data assurance, and alignment with operational priorities.</p>

	<p>In line with national expectations, the Trust is incorporating the NHS England Insightful Provider Board and Provider Capability guidance into its Key Performance Indicator portfolio. This has involved the introduction and allocation of indicators across six new domains, reflecting a modernised and holistic approach to provider performance assessment:</p> <ol style="list-style-type: none"> 1. Strategy, Leadership & Planning 2. Quality of Care 3. People & Culture 4. Access & Delivery of Services 5. Productivity & Value for Money 6. Financial Performance & Oversight <p>The framework also integrates requirements from the NHSE Oversight Framework, under which the Trust currently maintains a Domain Level 2 score. Ongoing alignment with national standards supports continuous improvement, enhances transparency, and ensures the Board receives assurance against both local priorities and system-wide objectives.</p> <p>The Quality and Performance Dashboard for the next year has been updated to include the metrics for the 3 year trajectories included in this report to ensure appropriate monthly governance and oversight of delivery.</p>
<p>11. Supplementary information</p>	<p>Underpinned by our Work Together Plan (2021-2026), our ambition is for a Trust-wide culture of working together with the people and communities we serve. The Trust has several established, as well as developing, approaches and resources to ensure the population we serve and people who use services are engaged in design, delivery, decision-making, and review activities. However, we are continually working to improve our involvement and inclusion approach. We aim to involve people using a full spectrum of co-production activities from informing to consultation, collaboration to co-creation. We aim to include people by actively reaching out to the public as well as individuals, groups and communities who experience health inequalities, are marginalised, or a minority, to ensure that the public voice, experience, and insights help us to improve. We share insights and learning across several established forums and in a range of ways from formal quality reporting, evaluation, and listening and learning events.</p> <p>Our engagement approach includes the following:</p> <ul style="list-style-type: none"> • Expert by Experience (EbE) and Youth Experts programmes: People who have used or are carers of people using GHC services can register their interest to be involved in a range of corporate or operational service activities. A new and developing digital platform is available to all colleagues to register requests for EbE involvement and includes budget details for arranging honorarium payments. Phase 3 is to have the platform public facing (to registered EbE's) so that individuals can manage their own profile and register interest in projects/activities. An ongoing development is to increase representation of people using services and, although already substantial, we continue to work on increasing the number and range of activities that includes but is not limited to: recruitment, Quality Improvement projects, 15 step challenge, audit, information and letter review, service development or co-design, digital service review, transformation programmes, training design and delivery, etc... • Working Together Network (WTN): This is an evolution of a tried and tested approach that engages and involves a group of people with the aim to ensure co-production is embedded in the culture of how we work as an organisation. This group reports directly to the Trust Board via executive co-chair and members. The WTN is co-chaired by 2 EbE's and the Director of Improvement and Partnerships. Members include: EbE's, members of public, Trust Governors, Trust Chair, Trust NED, representatives from community groups, VCSE organisations, colleagues, and health and care partners. This is an approach using a network of networks model to gather insights and inform decision making. Our next steps includes: developing Local Community Insight events as part of Trust Board development; working with VCSE led Know Your Patch events; working with our Governors to develop 'Pulse Surveys' for Trust members and public via social media. We are currently establishing a governance process for reporting to the Trust Board for our Youth Voice parallel process that involves a network of community groups, a community of practice, and shared learning across organisational youth expert and ambassador groups. These connect to our Children and Young People Directorate via youth experts and a GHC youth participation coordinator. • Targeted Social Inclusion groups and events: We work collaboratively with the ICB, Gloucester Hospitals, and County Council inclusion and engagement workforce to share contacts and efforts to connect with and reach out to marginalised, vulnerable, and minority communities, for example: Gypsy, Roma and Traveller community, faith groups, LGBTQ+ groups, and racialised communities. This ensures we make best use of established and trusted relationships, avoid needless repetition, and coordinate our engagement with people and communities. For example, this approach enabled us to access a marginalised community for the first time through a faith group so that we could provide outreach health checks, service information, and involve people in developing our trust Five Year plan. We are collectively building ways we can measure health and social benefits of events.

- **Community engagement events:** Similarly, we collaborate and coordinate with partners, including community groups, GP's, VCSE, and education organisations to plan, design, facilitate, and attend community events – big events to small fetes and bespoke health focused sessions. This enables us to engage the with public in their own communities as well as providing out-reach health checks and information. For example, the Big Health Day is a unique and the largest collaborative event GHC coordinates, with the 2025 event attracting over 1600 people. Operating since 2008, this annual event is for people with physical or learning disabilities, sensory impairment, mental health needs and long-term health conditions. The event is primarily a fun, inclusive, and accessible day that encourages participation in sport, physical activity, and social connection. Beyond the festivities, Big Health Day (BHD) seeks to address inequalities, prevent ill health, and create social value.
- **Quality and patient experience:** We have a robust quality auditing and review process to share and learn from patient experiences. This includes people attending the Trust Board to share their experiences. We routinely share and use feedback and learning from Datix report, complaints, comments and compliments, friends and family test as part of monthly updates to operational teams.
- **Improvement projects and transformation programmes:** We have a proven track record of involving EbE's and communities in continuous improvement, Quality Improvement, and larger transformation programmes of work. For example: EbE's and public involvement in designing, auditing and holding to account the Community Mental Health Transformation programme; the design and decision making of the new build Forest of Dean Community Hospital.

Our plan for ongoing engagement about our strategic objectives over the next five years will build on the approach used in the development of the Trusts strategic Five-Year Plan and will draw from our established and developing involvement and inclusion approach. For example, to develop our plan, we used several engagement methods to involve and engage public and communities. This included using surveys via social media, direct email to Trust members, and QR codes at community engagement events. We added to this through conversations with people at events, including the Big Health Day, and attending community groups, as well as workshops with colleagues and our Working Together Network members to develop and test ideas. Whilst the targeted work for engagement took place between March and August 2025, we were able to use insights and intelligence gather by colleagues and system partners over time to inform the development of the strategy.

Where our delivery plan has cost improvements, these will be assessed for quality and equality impact (QEIA). The Quality Development and Assurance Team is responsible for oversight of the QEIA programme and report monthly on all QEIA's to the Trust's Improving Care Group.

Where a QEIA is of Medium risk an above, they are discussed and scrutinised in more detail within this group and if necessary then referred on to the Trust's Quality Assurance Group and then on to the Trusts Quality Committee if the risk is deemed as high enough.

Once the QEIA has been through this process it is referred back to the Trust's CIP Management Group and has then received formal Trust sign off for onward progression, or if additional mitigating circumstances or further scrutiny is required due to the risk of the QEIA, this is noted.

The Quality Assurance team produce quarterly reports to summarise all QEIA's reported for that quarter, finalising with an annual report in April. These reports produce a record of all CIP QEIA's along with any 'Independent' Service change and 'Policy' QEIA's which are also mandated for completion by the Trust process.

No budgets are removed without a QEIA in place. The CIP Management Group which reports to the Resources Committee monitors the completion of QEIAs. QEIAs are still being developed to take account of longer-term impacts. A QEIA has been completed for the learning disability pathway change proposed.

In the context of our Refreshed Green Plan, and NHSE guidance around embedding sustainable approaches into our models of care – we are also piloting an extended impact analysis, overlaying Sustainability considerations into our well established QEIA process.

In developing our integrated delivery plan, recent examples of detailed modelling to support pathway redesign are:

- Adult LD (non-forensic) Review: Combining prevalence data with projected population growth for Gloucestershire, the 'background' weighted demographic growth rate had been modelling as 1% per annum, which tracks the recent growth rate in community caseload unweighted counts over the past 5 years. Further sub analysis on age brackets also completed to inform projections around complexity of caseload / patient need.
- Use of Johns Hopkins PHM model and demographic projections in support of Neighbourhood Health plans for Frailty cohort and expansion of Dementia Diagnosis service
- MENSAT – modelling work is expected to commence to inform our mental health service planning
- Intensive & Assertive Outreach – detailed analysis of inpatient activity for patients with psychosis, with further work planned to model Systemwide impact using linked data sets to assess primary care and urgent care

	<p>activity related to the psychosis pathway and to support investment in enhanced community interventions and improved access to services from primary care to avoid extended inpatient episodes.</p> <ul style="list-style-type: none">• Homefirst and Reablement – building on the existing local authority level modelling to develop improvement trajectories, to increase capacity in the service.
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REPORT TO: TRUST BOARD PUBLIC SESSION – 26th MARCH 2026

PRESENTED BY: Sandra Betney, Director of Finance & Deputy CEO

AUTHOR: Stephen Andrews, Deputy Director of Finance

SUBJECT: BUDGET SETTING 26/27, FINANCIAL PLAN 26/27 TO 28/29 AND CAPITAL PLAN 26/27 TO 29/30 UPDATE

If this report cannot be discussed at a public Board meeting, please explain why.	
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This report is provided for:

Decision Endorsement Assurance Information

The purpose of this report is to

The Trust's Standing Financial Instructions state in section 2 'Business Planning, Budgets, Budgetary Control and Monitoring' that the Director of Finance will 'prepare and submit budgets for approval by the Board'.

Update the Board on changes to the budgets proposed at the January 2026 meeting.

Ratify the submission of the updated Financial and Capital plans on the 18th March 2026.

Recommendations and decisions required

The Board is asked to:

- **NOTE** the changes to budgets
- **APPROVE** the revised revenue budgets and capital plan for 26/27,
- **RATIFY** the revised 3 year Financial Plan and the 4 year capital programme submitted on 18th March 2026

Executive summary

The paper to the January Board meeting set out the budget setting process for 26/27. The paper outlined the budgets proposed for 26/27 and how they matched the planning submission for the Trust's revenue and capital plans to NHSE.

As the budgets were completed two months earlier than usual there has been progress on a number of matters that has altered some budgets. This paper updates the board on

those changes and sets out the revised budgets for 26/27. They match the Trust's resubmission of its 3 year Financial Plan and 4 year Capital Plan to NHSE on the 18th March 2026.

The revised budgets reflect changes to the timing of the transfer of a number of services to Gloucestershire County Council (GCC) during 2026/27. Recurring budgets have been reduced by £15m and 103.28 WTEs, and been replaced by revised non recurrent budgets to reflect the new transfer dates.

A new operational structure is being implemented with 3 Care Groups replacing 6 Clinical Directorates. Budgets have been mapped from the old structure to the new. Both sets of budgets have been presented in the paper for review and sign off. The new structure will be in place from July but the new budgets will be backdated to 1st April to enable comparisons throughout the new financial year.

The level of savings for 26/27 has been adjusted upwards to reflect slippage in schemes that were previously identified and planned for delivery in 25/26. In order to deliver the plan, revised recurrent cost improvement schemes of £14.39m are required. In addition non-recurrent savings of £3.475m will be delivered to support non-recurrent expenditure and non-recurrent cost pressures. During budget setting 60% (£10.661m) of the total savings target has been delivered or identified.

Changes have been made across all five years of the capital programme to bring it within the 5% over commitment tolerance of NHSE. The full plan was discussed at February's Resources Committee.

The 2026/27 capital plan has been revised by the Capital Management Group to a total spend of £16.208m. This reflects confirmed additional funding of £1.3m from national funds towards IT, and changes to some priorities for next year after notice was served on the training facility site lease. The main focus of the programme will be investment in Cirencester Hospital redevelopment projects £2m, identification of a new site for training services, progression of the Transforming Care Digitally programme and the continuing reduction in backlog maintenance.

Risks associated with meeting the Trust's values

Risks that were identified in budget setting have been reviewed and the top 3 are;

- There is a risk that the Trust does not fully deliver recurrent CIP which results in GHC not achieving its financial targets (Score 16)
- The risk that the transfer of services to GCC leads to a greater loss of expenditure than income and causes financial pressures (8)
- Specialist Treatment and Rehabilitation (STAR) costs are greater than budget leading to an overspend (9)
-

Corporate considerations	
Quality Implications	Accurate and sufficient budgets are required to deliver high quality services
Resource Implications	The Trust must get its financial budgets right to deliver services and successfully meet its statutory financial targets
Equality Implications	None identified

Where has this issue been discussed before?
Executive team meetings Sept, Oct and Nov 2025, Trust Board 19 th December 2025 and 29 th January 2026, Resources Committee 8 th January and 26 th February 2026, Capital Management Group meetings, multiple system and cluster planning meetings

Appendices:	
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Report authorised by: Sandra Betney	Title: Director of Finance and Deputy CEO
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BUDGET SETTING 26/27, FINANCIAL PLAN 26/27 TO 28/29 AND CAPITAL PLAN 26/27 TO 29/30 UPDATE

1. INTRODUCTION AND PURPOSE

Following approval of the budgets in the private session of the January Board meeting this paper sets out the main updates to the budgets.

The purpose of this paper is to update the Trust Board on:

1. Changes made to the budgets relating to expenditure (see section 2), income (3), cost improvement programme (4), and capital (5).
2. To give the Board sufficient information to approve budgets for 26/27.
3. Provide a summary of the 3 year Financial Plan and 4 year Capital Plan for ratification.

The budget setting approach for 26/27 was launched on the 24th September 2025 in conjunction with Business Planning using a number of initial assumptions. National planning guidance was issued for the 26/27 planning process on the 18th November 2025. Initial budgets were proposed in January 2026. Amendments to those budgets are detailed in this paper for agreement. These budgets provide the financial framework on which the Trust can provide services and deliver its objectives.

2. EXPENDITURE BUDGETS

The organisation has agreed a high-level operational directorate restructure to introduce new Care Groups, Delivery Units and Services. The agreed restructure establishes a revised directorate model which will materially alter the organisation's reporting lines and operational responsibilities. The date of implementation is planned for July 2026. To make comparisons later in the year the revised budgets have been split into the new alignment and are presented here for comparison with the budgets under the current structure. This will allow the Board to sign off budget proposals under both versions of the structure.

A detailed piece of work has been completed to map the budgets developed under the current structure into the new operational structure. Four current directorates had their budgets, including outstanding cost improvement schemes, mapped into the new structure.

Table 1: Comparison of Budgets under the current and new structures

Directorate Financial Control Totals	Forecast Outturn	FCTs	Proposed budgets	Proposed budgets	Comments
	Total £000s	Total £000s	Current structure £000s	New Structure £000s	
Directorate					
Adult Community	82,926	73,737	64,485		Delegated Responsibilities/Home First/Comm. Care placements
PH Urgent Care and Inpatients	32,364	31,610	31,610		
MH/LD Urgent Care and Inpatient	37,549	34,519	34,737		Developments
CYPs	28,980	28,567	29,566		Incr Drift, Developments
Countywide	30,744	29,868	30,957		Developments
Integrated Urgent Care	10,032	10,024	9,987		non recurring costs
Community and Urgent				69,733	
Mental Health & Learning Disabilities				77,813	
CYPs & Specialist				55,494	
Board	5,425	5,438	5,528	5,528	
Finance	37,154	38,584	38,699	38,699	
Medical	20,141	18,138	18,668	18,668	non recurring costs
HR & OD	7,902	7,242	7,247	7,247	
Nursing, Therapies & Quality	8,581	7,968	8,278	8,278	Incr Drift, Developments
Improvement and Partnerships	1,823	1,895	1,867	1,867	
Operations	3,446	3,334	3,398	1,700	
Non Operational	11,330	21,711	23,522	23,522	SDF, addl depn, slippage on devts 25/26 and new devts 26/27
Central income Glos ICB		-294,313	-287,777		SDF developments less Delegated Responsibilities/Home First/Comm. Care placements
	-295,362			-287,777	
Other Central Income	-20,936	-17,321	-19,771	-19,771	non recurring income in 25/26
Interest Receivable	-2,472	-1,000	-1,000	-1,000	non recurring income in 25/26
TOTAL Deficit/ (surplus)	-373	0	0	0	

A number of services are transferring to Gloucestershire County Council in 2026. As work continues with the Council to ensure a smooth transition decisions have been made to move the dates of transfer back for some of these services. This has a non-recurrent budgetary impact which has been reflected in the revised budgets. The level of non-recurrent budgets have been increased to reflect the longer timescale over which the Trust will continue to manage the services. The non recurrent expenditure budgets have been increased from £1.3m to 3.076m with a matching increase to the level of income.

The revised budgets do not reflect the recently announced proposed pay award for 26/27. Guidance from NHSE indicated that plans should not include the pay award until it is formally agreed by government. Calculations are underway on the impact on both cost and income and will be outlined to the Resources Committee in April.

3. INCOME

Contract management discussions have continued since the Plan submission on the 12th February and income budgets have been adjusted to reflect the latest contract positions.

The change in dates for the delegated responsibility services transferring to Gloucestershire County Council is reflected in higher non recurrent income budgets. The current contract values for 26/27 are as follows:

Table 2: Clinical Income budgets 26/27

Organisation	26/27 Budget £000s
Income - Aneurin Bevan UHB	-1,254,769
Income - NHS Gloucestershire ICB	-290,143,522
Income - Gloucestershire Hospitals NHS FT	-4,152,937
Income - Devon Partnership NHS T	-4,191,996
Income - NHS Hereford & Worcestershire ICB	-815,246
Income - Low Volume Activity	-1,698,000
Income - NHS England	-7,094,124
Income Other	-727,519
TOTAL	-310,078,113

A number of outstanding items with Gloucestershire ICB have been resolved or progressed since the January 29th board meeting. The latest position is;

Gloucestershire ICB Contract elements to be finalised		Update March 26
CMHT	Finalise recurrent funding and value	Value agreed
IUCs	Agree recurrent funding from Yr 1 Review £6	Principle agreed, value not agreed
Home First	Agree ICB investment	Discussions ongoing
Depreciation	Agree non Recurrent funding	Value agreed
SDF	Agree trajectories and funding	Trajectories and value agreed
Intensive and Assertive	Sign off business case, agree phasing of fund	Ongoing
STAR	Recurrent funding increase	included in contract
Berkeley House	Reflect discussions	Ongoing
Variations	Agree outstanding 25/26 variations	Further variations agreed

4. COST IMPROVEMENT PLANS (CIPS)

The national savings requirement in the planning guidance for 26/27 was 2% of NHS income, at c.£6.658m. The Trust's revised CIP Requirements and Plans are set out in table 3.

The CIP requirement is made up not only of the national savings requirement but also from a number of other factors. e.g. the impact of cost pressures, both recurrent and non-recurrent, and the non-delivery of savings from 25/26. The level of savings not delivered in 2025/26 has increased since the January board meeting. Savings not identified in 25/26 have fallen to £1.352m, but savings identified in 25/26 that will be delivered in 26/27 has risen to £2.883m. These have been carried forward into directorate budgets, to be delivered in 26/27. It is anticipated that those already identified will be delivered within the first 6 months of 26/27.

Table 3: Calculation of CIP requirement & plan

<u>Indicative 26/27 CIP Requirements</u>		
	Revised	
	£000s	% of budget
Contract Efficiency 2%)	6,559	2.0%
Cost Pressures	879	0.3%
Unfunded inflation	1,673	0.5%
Undelivered prior year savings	4,235	1.3%
GCC Overhead	1,043	0.3%
Recurrent total	14,390	4.4%
Non Recurrent - budgets	100	0.0%
Non Recurrent costs pressures	876	0.3%
Non Recurrent Maternity	500	0.2%
Non Recurrent Transition fund	500	0.2%
Non Recurrent - contribution to positio	619	0.2%
Non Recurrent - TCD	880	0.3%
Non Recurrent total	3,475	1.1%
Total CIP required	17,865	5.4%

CIP is expected to be recurrent, and result in reduction in budget, rather than just cost avoidance. In order to deliver the CIP requirement identified above the CIP delivery plan is aligned as follows:

<u>26/27 Cost Improvement Plan</u>		
	Revised	
	£000s	% of budget
CIP target for budget setting		
Efficiency 1.1%	1.10% -3,379	-1.0%
Delivering Value	1.59% -4,877	-1.5%
Undelivered prior year savings	-4,235	-1.3%
Programme Savings	-855	-0.3%
GCC Overhead	-1,043	-0.3%
Recurring total	-14,390	-4.4%
Non Recurrent Overage	-500	-0.2%
Non Recurring Other	-2,356	-0.7%
Non Recurring Interest receivable	-619	-0.2%
Non Recurrent total	-3,475	-1.1%
Total CIP	-17,865	-5.4%

The overall savings programme of £17.865m equates to 5.4% of total Trust income in 26/27. This compares to 4.9% last year.

The table below shows the current progress towards delivery of the different CIP schemes.

It shows that almost 60% of the savings programme has either been delivered or identified.

Table 4: CIP schemes and delivery to date

Rec / Non rec	Scheme	Target £000s	Delivered £000s	Identified £000s	Unidentified £000s
Rec	Undelivered 25/26 brought forward	1,352	424	0	928
Rec	Identified c/f from 25/26	2,883	0	2,883	0
Rec	Efficiency 1.1%	3,379	1,246	633	1,500
Rec	Delivering Value 1.6%	4,877	699	1,180	2,998
Rec	Delegated Responsibilities	1,043	73	48	922
Rec	Programme Savings	855	0	0	855
Non Rec	Non recurrent savings	3,475	0	3,475	0
TOTAL		17,865	2,442	8,219	7,203
			13.7%	46.0%	40.3%

The recurring elements of 'Unidentified' are the highest risk of non-delivery at £7.203m. CIP delivery is reported monthly as part of the Finance and Risk Reviews within Operations, at the Resources Committee, Trust Board, and at CIP Management Group, where escalations are employed to expedite delivery.

5. SUMMARY POSITION

The summary Income and Expenditure position for the Trust from the revised budgets is as follows:

Table 5: Trust Income and Expenditure budgets v FCT 26/27

Directorate Financial Control Totals						
Directorate	Recurring £000s	Non Recurring £000s	Total FCTs £000s	Budgets 26/27 £000s	Variance £000s	Comments
Adult Community	72,387	1,349	73,737	64,485	-9,252	Delegated Responsibilities/Home First/Comm. Care placements
PH Urgent Care and Inpatients	31,439	171	31,610	31,610	0	
MH/LD Urgent Care and Inpatient	34,127	392	34,519	34,737	218	Developments
Childrens & Young People	28,567	0	28,567	29,566	999	Incr Drift, Developments
Countywide	29,868	0	29,868	30,957	1,089	Developments
Medical	18,165	-27	18,138	18,668	531	non recurring costs
Board	5,438	0	5,438	5,528	91	
Finance	37,656	928	38,584	38,699	115	
Integrated Urgent Care	10,024	0	10,024	0	-10,024	
Human Resources & Org Devt	7,242	0	7,242	0	-7,242	
Nursing, Therapies & Quality	7,968	0	7,968	8,278	309	Incr Drift, Developments
Improvement and Partnerships	1,895	0	1,895	1,867	-28	
Operations	3,334	0	3,334	3,398	64	
	0	0	0	0	0	
Non Operational	23,794	-2,083	21,711	23,522	1,810	SDF, developments
Central income Glos ICB	-292,964	-1,349	-294,313	-287,777	6,536	Responsibilities/Home First/Comm. Care placements
Other Central Income	-17,321	0	-17,321	-19,771	-2,451	
Interest Receivable	-1,000	0	-1,000	-1,000	0	
TOTAL Deficit/ (surplus)	619	-619	0	-17,234	-17,234	

The budgets give a break even position for 26/27.

Analysis of the underlying recurrent position of the Trust has also been conducted as part of the budget setting process (see table 6 below). This shows that if these budgets are approved, and cost improvement plans are delivered then the Trust will have a recurrent underlying deficit of £0.276m.

Table 6: Underlying Recurrent budget position

Rec and Non Rec I & E Position 26/27	
<u>Recurring Position</u>	Budgets £000s
Income	-320,726
Pay	249,260
Non Pay	58,466
Non Operational	13,276
Recurring Deficit	276
<u>Non Recurring position</u>	
Income	-6,916
Pay	5,247
Non Pay	4,867
Savings	-3,475
Non Recurring Surplus	-276
Trust total position	0
Less Depreciation on Donated Assets	-52
Performance position	-52

Analysis of the position shown above has been undertaken to assess the drivers of the underlying budgetary position of the Trust. This is shown in the table below;

Table 7: Drivers of underlying recurrent position

GHC Summary Reasons for Underlying position		26/27 £000s
Unfunded Pay award and Inflation 23/24		-1,042
Savings over pay award/inflation 24/25		487
Pay award 25/26		-64
Underlying recurring deficit exit 25/26		-619
Vaccination Team	NHSE	-127
Additional recurring savings 26/27		470
Underlying recurring deficit 26/27		-276

Building on the detailed budgets for 26/27 the Trust has completed modelling of a 3 year Financial Plan for the Trust which is shown below. This uses assumptions shared by NHSE and are reflected in the latest submission of the plan.

Table 8: 3 year plan

Forecasts			Forecast 26/27 £000s	Forecast 27/28 £000s	Forecast 28/29 £000s
Recurring					
Income			-320,726	-322,874	-325,074
Pay			249,260	247,675	245,651
Non Pay			71,742	75,712	79,890
Total Recurring Deficit/ (surplus)			276	513	466
Non Recurring					
Income			-6,916	-1,000	-1,000
Pay			5,247	1,050	850
Non Pay			1,393	-563	-316
Total Non Recurring Deficit/ (surplus)			-275	-513	-466
Total Deficit/ (surplus)			0	0	0
Impairment/ Depreciation on donated assets			-51	-51	-51
Performance Deficit / (surplus)			-51	-51	-51
Recurring savings			-14,390	-10,478	-11,009
Savings as % of total budget			4.37%	3.25%	3.41%
Non recurring savings			-3,475	-2,513	-2,266
Savings as % of total budget			1.06%	0.78%	0.70%
Total savings			-17,865	-12,991	-13,275
Total Savings %			5.4%	4.0%	4.1%

6. CAPITAL EXPENDITURE

The revised five year capital programme has been developed by the Capital Management Group and has been reviewed by the Resources Committee at the end of February 2026. A number of changes to the programme have been proposed since the January board meeting.

During 26/27 the Trust intends to invest significantly in enabling schemes for the development of Cirencester Hospital, the identification of a new site for training services, progression of the Transforming Care Digitally programme and the continuing reduction in backlog maintenance.

To support the development of the Cirencester Hospital site the Trust will progress the sale of the Brokenborough land in Malmesbury in order to generate a receipt to help fund

the capital programme. Following the recent granting of planning permission the Trust is working with its advisers to progress the disposal in 26/27.

The overall capital plan for the Trust anticipates a spend of £16.208m in 26/27 before disposals of buildings and leases of £2.895m. It has been confirmed that the Trust will receive a share of the System Capital bonus for delivery of the 25/26 revenue position of £1.13m.

The programme balances in each of the 5 years except for the 5% tolerance limit allowed by NHSE. The Trust will need to balance the programme through refinement of scheme costs, the identification of additional disposals, additional funding from bids to national funding streams, and additional system CDEL.

Table 9: Five year Capital Plan

Capital Plan	Plan	Plan	Plan	Plan	Plan
£000s	2026/27	2027/28	2028/29	2029/30	2030/31
Land and Buildings					
Buildings	4,669	10,000	1,822	2,786	1,636
Backlog Maintenance	2,041	1,393	1,393	1,400	1,400
Buildings - Finance Leases	1,122	490	2,115	347	382
Vehicle - Finance Leases	50	250	250	250	250
Other Leases	1,200	0	0	300	0
Net Zero Carbon	1,502	110	1,200	1,650	1,650
Medical Equipment	664	630	1,000	1,200	1,200
IT					
IT Devices	200	900	900	1,200	1,200
IT Infrastructure	1,610	1,250	380	1,310	1,310
WAN/LAN	0	0	1,530	400	0
Transforming Care Digitally	1,230	250	0	0	400
NHS Net Transition	334	0	0	0	0
Digital Innovation	0	0	540	590	590
Data Centres/Servers	30	840	40	0	0
Patient Portal	256	0	0	220	220
Space Management Toolkit (Estates)	0	0	0	0	0
PDC National IT Schemes	1,300	770	765	755	0
Contingency					
Total of Updated Programme	16,208	16,883	11,935	12,408	10,238
Disposals	(2,895)	(6,293)	(1,176)	(1,450)	
Total CDEL spend	13,313	10,590	10,759	10,958	10,238
Funded by:					
Anticipated System CDEL	8,916	9,352	9,528	9,750	9,750
Add'l CDEL- Fair Shares Bonus	1,130				0
Additional CDEL	1,395				0
PDC _ National IT Schemes	1,300	770	765	755	0
Additional PDC - EVCP/Solar panels					0
CDEL Shortfall / (under commitment)	572	468	466	453	488

7. NEXT STEPS

Once budgets are agreed by board, budget holder sign off will be completed.

Further work will continue to finalise outstanding issues in the coming weeks such as agreeing the Home First model, and changes to Operational Team structures will require the adjustment of uploaded budgets to reflect the new alignment of services within directorates.

8. CONCLUSION AND RECOMMENDATIONS

It is recommended that the Trust Board:

- **NOTE** the changes to budgets
- **APPROVE** the revised revenue budgets and capital plan for 26/27
- **RATIFY** the revised 3 year Financial Plan and the 4 year capital programme submitted on 18th March 2026

REPORT TO: TRUST BOARD **PUBLIC SESSION – 26th March 2026**

PRESENTED BY: Dr Amjad Uppal, Medical Director

AUTHOR: Dr Sally Morgan, Guardian of Safe Working Hours

SUBJECT: **GUARDIAN OF SAFE WORKING HOURS (GoSWH)
Q3 2025/26 REPORT**

If this report cannot be discussed at a public Board meeting, please explain why.	
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This report is provided for:

Decision

Endorsement

Assurance

Information

The purpose of this report is to:

It was agreed in the 2016 national negotiations that all NHS Trusts employing trainees (resident doctors) were required to appoint a 'Guardian of Safe Working Hours' in order to work with resident doctors to ensure safe working practices during their training.

As part of that agreement, the Guardian of Safe Working Hours is required to provide quarterly reports to the Trust Board for assurance and information. This report is being presented to the Trust Board following consideration at the Great Place to Work Committee. We are required to use a national template.

Further information about role and requirements can be seen under point 1 – Introduction/Context.

Recommendations and decisions required

The Trust Board is asked to:

1. **Note** the report from the Guardian of Safe Working Hours.
2. **Note** ongoing issues are being addressed.

Executive summary

- The exception reporting process is part of the new resident Doctors Contract to enable them to raise and resolve issues with their working hours and training.
- The Guardian's Quarterly report summarises all exception reports, work schedule reviews and rota gaps, to provide assurance on compliance with safe working hours by

both the employer and doctors in approved training programs, and will be considered by Care Quality Commission (CQC), General Medical Council (GMC), and NHS employers as key data during reviews.

- The purpose of the report is to give assurance to the Board that the doctors in training are safely rostered, and their working hours are compliant with the Terms and Conditions of Service (TCS).

Risks associated with meeting the Trust’s values

- Providing suitable and safe training placements for resident doctors is essential for the Trust in terms of reputation and developing workforce.
- This data is monitored by CQC and NHS England.

Corporate considerations

Quality Implications	None
Resource Implications	None
Equality Implications	None

Where has this issue been discussed before?

Great Place to Work Committee – 24th February 2026

Appendices:

A. Quarterly Report

Report authorised by:
Dr Amjad Uppal

Title:
Medical Director

GUARDIAN OF SAFE WORKING HOURS

1.0 INTRODUCTION / CONTEXT

- 1.1 The safety of patients is of paramount importance for the NHS and staff fatigue is a hazard both to patients and the staff. The 2016 national contract for resident doctors encourages stronger safeguards to prevent doctors working excessive hours. It was agreed during negotiations with the British Medical Association (BMA), that a 'Guardian of Safe Working Hours' will be appointed in all NHS Trusts employing trainees (Resident doctors) to ensure safe working practice.
- 1.2 The role of 'Guardian of Safe Working Hours' is independent of the Trust management structure, with the primary aim to represent and resolve issues related to working hours for the resident doctors employed by it. The Guardian will ensure that issues of compliance with safe working hours are addressed, as they arise, with the doctor and/or employer, as appropriate; and will provide assurance to the Trust Great Place to Work Committee and Board or equivalent body that doctors' working hours are safe.
- 1.3 The work of the Guardian will be subject to external scrutiny of doctors' working hours by the Care Quality Commission (CQC) and by the continued scrutiny of the quality of training by NHS England. These measures should ensure the safety of doctors and therefore of patients.
- 1.4 The Trust has invested in relevant software to help monitor the 'Exception Reports' in line with national guidance and the system is well established in the Trust now.
- 1.5 The Guardian's Quarterly Report, as required by the resident doctor's contract, is intended to provide the Trust's Board with an evidence-based report on the working hours and practices of resident doctors within the Trust, confirming safe working practices and highlighting any areas of concern.

2.0 REPORTS

- 2.1 These reports are made using the nationally agreed template. Please refer to the specific report for details on the exception reports made and actions taken.
- 2.2 A recent Guardian of Safe Working Hours (GoSWH) report between the period of October to December 2025, was submitted (Q3).
- 2.3 13 exception reports in this period, 10 relating to staying late, on a normal working day, 1 related to staying late after on-call shift and 1 related to not getting mandated rest.
- 2.4 Outcomes agreed: Time off in Lieu (TOIL) and compensatory rest for all except the breaches where payment was made in addition to fines.
- 2.5 There were ongoing challenges resulting in delays in exception reports being closed.

- 2.6 From 4 February 2026, significant reforms to exception reporting for resident doctors on the 2016 contract in England will come into effect. These changes aim to simplify processes, enhance doctor wellbeing, and ensure compliance with new legislative requirements.
- 2.7 Changes have been made in terms of exception reporting, enforcement measures and strict timelines are recommended with onboarding, submission window, processing time and TOIL.
- 2.8 New reform would have an impact on medical staffing time, potential for increased fines, rolling fines and financial penalties for employers.

3.0 APPOINTMENT OF GUARDIAN OF SAFE WORKING HOURS

Dr Sally Morgan has been the Guardian of Safe Working Hours from July 2020.

4.0 EXCEPTION REPORTING REFORMS & IMPLICATIONS FOR GHC

- 4.1 These changes will apply to all resident doctors under the 2016 TCS in England, and any resident doctors to whom Trusts have given access to under the current system. Employers are encouraged to extend this to academic trainees, public health trainees, armed forces trainees, and locally employed doctors.

4.2 Key dates:

By 4 February 2026: Full implementation deadline for all employers

From August 2027: Formal national evaluation of reforms begins.

4.3 Key changes to exception reporting:

Simplified Exception Reporting: Introduction of a streamlined exception reporting form.

Direct Reporting Lines: Exception reports for less than 2 hours additional work will be submitted directly to HR, exception reports relating to missed educational opportunities will be submitted to the Director of Education and all others will be submitted to the Guardian of Safe Working Hours. This removes the need for supervisor approval.

Resident doctors making exception reports relating to additional hours worked will be required to need to provide evidence of time, date and location which will be used to verify their submitted exception report for additional hours worked.

The Guardian of Safe Working Hours retains oversight for all exception reports made which will allow for monitoring of any patterns of exception reporting and consideration of work schedule reviews.

Enforcement Measures: Trusts may face fines for non-compliance, including delays

in onboarding doctors, slow processing of exception reports, or sharing report details with individuals not authorised to see them.

Strict Timelines:

Onboarding: Doctors must be onboarded onto an exception reporting system within 7 days of commencing work.

Submission Window: Doctors have up to 28 days to submit an exception report (can be greater if outside their control).

Processing Time: Reports must be processed within 10 days of submission.

Time Off In Lieu (TOIL): Needs to be arranged within 10 days (but not taken)

4.4 **Implications for GHC:**

Capacity - Impact on medical staffing time.

Financial - Potential for increased exception reporting and payment requests and for more fines.

All residents must receive their choice of either payment or time off in lieu (TOIL) for all time worked above contracted hours following ER, except when a breach of safe working hours mandates the award of TOIL. All resulting payments and TOIL must be facilitated by responsible parties and must not be substituted without residents' consent. Additional hours reports go to HR and the GoSWH, not the supervisor.

Doctors' clinical judgement around working additional hours will not be challenged. Window to submit an exception report increased to 28 days.

Rolling fines for Employers who fail to onboard residents onto an exception reporting (ER) system within 14 days of starting work.

Financial penalties for employers who breach new confidentiality processes for ER Data.

Changes to GoSWH reporting format – The GoSWH's quarterly reports (including annual summary reports) will be standardised to a national template co-produced in guidance to allow central data processing. Reports to be shared with national stakeholders, the Local Negotiating Committee (LNC) and also be available to the public.

Guardian of Safeworking Hours Committee Report Part 1

- **Reporting time period October 2025 – December 2025**
- GoSWH – Dr Sally Morgan
- **Number of Resident Doctors in training** (all on 2016 contract) - FY Doctors rotated posts at end of November 2025
- 59 doctors in training posts Oct, Nov, and 57 in Dec (16 HTs, 8 CT3s, 7 CT2s, 9 CT1s, 5 GP trainees, 7 FY2s (5 from Dec) , 7 FY1s (8 from Dec)
- **18 gaps during this period due to Resident Doctors not completing on-calls as normal.**
- The gaps were due to multiple reasons such as gaps from part time doctors and short term sickness
- 5 were covered by Speciality Doctors, 13 covered by our Resident Doctors
- There were 2 periods of strike action in November and December
- In November – 1 Resident Doctor worked their planned on calls, 12 shifts were covered by 10 Speciality Doctors, 1 Higher Trainee stepping down and 1 Trust Doctor
- In December – 1 Resident Doctor worked their planned on calls, 14 shifts were covered by 11 Speciality Doctors, 2 Trust Doctors and 1 Advanced Nurse Practitioner

Guardian of Safeworking Hours Committee Report Part II

- **13 exception reports** in this time period, 12 reported by CTs and FYs relating to hours worked in CLC, (10 relating to staying late on a normal working day, 1 relating to a CT staying late after an on call shift) and 1 reported by a HT reporting not getting mandated rest during a non resident on call
- Most relating to clinical need/emergencies. Two reports highlighted staff shortages. No immediate safety concerns were identified
- **2 of the exception reports were breaches incurring a fine** – 1 for not achieving mandated rest during non resident on call and the other for working longer than a 13 hour shift whilst on call. Both were due to clinical need/emergencies
- **Outcomes agreed** : TOIL and compensatory rest for all except the breaches where payment was made in addition to fines
- **JDF** held via MS Teams on 21 November 2025 which was well attended
- **GOSWH continues to work with Modern Matrons from WLH and CLC** to ensure adequate junior doctor office and rest spaces at both sites
- **GOSWH attended the Induction for Resident Doctors to ensure awareness of the ER process**
- **Wellbeing Days planning continued for next Wellbeing Day**

REPORT TO: TRUST BOARD PUBLIC SESSION – 26th MARCH 2026

PRESENTED BY: Graham Russell, Trust Chair

AUTHOR: Anna Hilditch, Deputy Trust Secretary

SUBJECT: CHANGE TO TRUST CONSTITUTION

This report is provided for:

Decision

Endorsement

Assurance

Information

The purpose of this report is to

Present a summary of the discussions that have been taking place nationally around the future role of the Council of Governors, in response to the publication of the NHS 10 Year Plan – Fit for the Future, and to recommended changes to the Trust Constitution, which take into account the proposed direction of travel for Council of Governor appointments and tenure.

Recommendations and decisions required

The Board is asked to:

- **Note** the current position
- **Approve** the proposed changes to the Constitution, noting that these were presented to and approved by the Council of Governors at their meeting on 17 March 2026.

Executive summary

The Governors' Nominations and Remuneration Committee received a report at its February 2026 meeting, setting out several proposals in response to the uncertainty around the future role of Council of Governors, as highlighted in the government's 10-year health plan, Fit for the Future. The plan states it will remove the requirement for FTs to have governors, which will require the removal of councils of governors' statutory powers via primary legislation. Since the publication of the 10-year plan, there has been no further guidance issued to assist Trust's in navigating the future changes in Council of Governors. April 2027 has been suggested as the date where changes may come into force, however, this is still an unknown.

Some national focus groups took place in December 2025 involving governors and board members from a selection of trusts. Suggestions from governors included the need to make it easier for governors to stay on in post to avoid holding elections for very short terms and the need to save resources and expertise. Governors were also very keen to ensure that Trusts work with councils on what might replace them and how the trust will embed public accountability without the council structure in place.

Board views from these focus groups said that they would encourage the provision of clear timely communication on legislative intent and timing, including explicit guidance on what is expected of trusts during the transition. They wish to explore options to give greater flexibility on elections and terms of office and clarify regulatory tolerance in the interim. There was a need to take pragmatic steps to maintain compliance whilst minimising cost and disruption.

The discussion paper presented to the N&R Committee set out some possible options for GHC to explore, with the aim of maintaining a strong, stable and experienced Council, with the knowledge and skills to work with the Trust towards any required transition. Whilst specific details and timescales are still unknown, to ensure that the Trust can be flexible and continue to run an effective Council until further guidance is made available, the N&R Committee (and subsequently the Council of Governors) supported the following proposals:

- 1. Vacancies** - If an existing Governor resigns mid-term – the Trust will NOT look to advertise the post and will keep the vacancy open (*ensuring the Trust remains compliant with its constitution and the NHS Act*)
- 2. End of Terms / Reappointments** - Those Governors whose term (final or end of first term) was due to end as of 1st March 2026, would have their terms extended for a fixed period up to 1 year (from their term end date). This proposal would ensure that the Trust is not using precious funds on elections (approx. £10k per annum) and will retain the experience of strong and knowledgeable Governors who will be integral in helping the Trust navigate any changes that are coming. This would require a review of the Trust Constitution with an addition to cover the extension of terms under exceptional circumstances, for a fixed term of 1 year.
- 3. Use of Existing Forums and Networks** - Some of the discussion nationally has been about Trust's considering how some of their existing governance arrangements for hearing and acting on patient voice, staff engagement and stakeholder partnerships could coalesce to form a new local oversight body or forums which provides the trust with valuable insight in the delivery of quality care and addresses health inequalities. In GHC, we have the Working Together Network in place, of which a number of Governors are already a member of. Looking to a future where the Council may not exist in its current form, the Trust could look at this Network and review how it could be used to provide this continued link with patients, stakeholders, and communities, seeking insights and engagement.

Proposed Change to Constitution

On the basis of discussions that have taken place, the following revision to the Trust Constitution is recommended for approval:

12. Council of Governors – tenure

12.1 An Elected Governor (including Public and Staff Governors):

- (a) Subject to paragraph 12.1(b), an Elected Governor shall hold office for a term of up to three years and shall be eligible for re-election at the end of their term for a further period of up to three years. Elected Governors can serve a maximum of 2 terms.



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Gloucestershire Health and Care

NHS Foundation Trust

- (b) In exceptional circumstances, the existing term of office of an Elected Governor may be extended by a single fixed period of up to one year.
- (c) An extension under paragraph 12.1(b) may only be approved where the Chair and the Trust Secretary are satisfied that the extension is necessary in the interests of continuity and effective governance. The reasons for the extension shall be recorded in writing and reported to the Council of Governors.
- (d) An extension granted under paragraph 12.1(b) shall not be renewed or further extended. The Governor shall remain subject to the provisions of this Constitution relating to disqualification, removal from office and resignation during any period of extension.

Recommendations

The Board is asked to:

- **NOTE** the current position
- **APPROVE** the proposed changes to the Constitution

**GLOUCESTERSHIRE HEALTH AND CARE NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS MEETING**

Wednesday, 19 November 2025
At Churchdown Community Centre

PRESENT:

Graham Russell (Chair)	Peter Gardner	Amy Aitken
Chris Witham	Sarah Nicholson	Sarah Waller
Michelle Kirk	Bob Lloyd-Smith	Mick Gibbons
Martin Pittaway	Alicia Wynn	Laura Bailey
David Hindle	Chas Townley	Tussie Myerson

IN ATTENDANCE: Steve Alvis, Non-Executive Director
Douglas Blair, Chief Executive
Anna Hilditch, Assistant Trust Secretary
Vicci Livingstone-Thompson, Non-Executive Director
Bilal Lala, Non-Executive Director
Louise Moss, Assistant Director of Corporate Governance

1. WELCOMES AND APOLOGIES

- 1.1 **Apologies had been received from the following Governors:** Jan Lawry, Caroline Goldstein, Penny Brown, Richard Dean, Joy Hibbins, Andrew Cotterill, Marcia Gallagher, Kizzy Kukreja, Leighton-Lee Pettigrew and Paul Winterbottom.
- 1.2 **Apologies had also been received from the following Non-Executive Directors:** Rosi Shepherd, Nicola de longh, Sumita Hutchison and Cathia Jenainati.

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 17 September 2025 were received and agreed as a correct record.

4. MATTERS ARISING AND ACTION POINTS

- 4.1 The actions from the previous meeting were complete or progressing to plan.
- 4.2 One action from the previous meeting was to set up a session for Governors on Patient Safety and Learning from Incidents. It was noted that this had now been scheduled for 5th December at 3.30pm and all Governors were invited to attend.
- 4.3 There were no further matters arising from the previous meeting not already covered on today's agenda.

5. CHILDREN AND YOUNG PEOPLE (CYP) SERVICES PRESENTATION

- 5.1 The Council welcomed Mel Harrison, CYPS Service Director, who was in attendance to present an overview of the Trust's Children and Young People services. The presentation had been circulated in advance to the Governors in the paper pack.
- 5.2 Mel presented some key statistics about the CYP Services for the Council to note. In Gloucestershire, CYP made up 22% of the population. There were 363 schools in the county, with 2094 young people being home educated, and 13,072 receiving some form of SEN support.
- 5.3 GHC worked alongside over 60 different organisations, groups and charities in delivering services. Within GHC, there were 31 CYP services, ranging from public health nursing, health visiting, mental health services, learning disabilities and specialist community services such as speech and language therapy and physiotherapy. The service had 600wte employees and currently there were 41,000 open cases, with the majority of the caseload seen within health visiting and speech and language therapy. There were approx. 1500 cases under the Mental health teams, covering services such as core CAMHS, and vulnerable children's services.
- 5.4 Mel Harrison highlighted the work of the school age immunisation team, noting that the Flu Immunisation programme was well underway. It was noted that there were 91,250 young people, and the team had 14 weeks to deliver to 384 schools. At the end of October, 30,613 flu vaccines had been delivered. The Trust was the top performer in the southwest region and was expecting to hit its 70% target.
- 5.5 The Council **noted** that the Trust receives an average of 637 referrals per month for school nursing which sits in the upper quartile against national benchmarking. Mel advised that school nurses were hugely important, but currently there were only 30 nurses in post to cover this service, so it was a challenge.
- 5.6 The presentation set out the current caseloads and waiting times for the core services. Mel Harrison presented the Council with the mechanisms and tools in place to "wait well", providing guidance for families who were currently on a waiting list.
- 5.7 Laura Bailey asked about the provision for those families who did not speak English as their first language. Mel advised that the Trust used registered translation and interpretation services, and this was used to help translate key information into the family's home language. She said that it could be challenging but this was catered for.
- 5.8 Bob Lloyd-Smith noted that 23 CYP had been detained in the S136 Maxwell suite since April 2025, and he asked whether these were repeat visits or individual cases. Mel Harrison advised that in August, 1 person was brought into the unit 5 times. She said that it was not always a MH inpatient admission required, with other care / support needs identified and it was important that the CYP are kept safe until appropriate provision is available.

- 5.9 Alicia Wynn highlighted the strong partnership working that had taken place with the Trust and Young Gloucestershire, noting that so much had been developed over the past 5 years.
- 5.10 The Council thanked Mel for the presentation. The Trust had a huge range of services available for CYP and seeing it all brought together had been extremely helpful. It was positive to see the future developments outlined, and the continued focus on partnership working.

6. NOMINATIONS AND REMUNERATION COMMITTEE REPORT

Graham Russell left the meeting at this point.

- 6.1 The purpose of this report was 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. Chris Witham, Lead Governor presented this item.
- 6.2 The Council of Governors noted that the Committee had carried out a review of its Terms of Reference. 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. The Council **approved** the revised terms of reference, noting that further work would be carried out to enact the agreed changes.
- 6.3 The Committee had received a detailed 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 Committee considered the data within this report, and noting the positive contribution made by the Chair since his appointment, **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), to be back dated to 1 April 2025. The Council of Governors supported the Committee's decision and **approved** this recommendation.
- 6.4 An update was provided to the N&R Committee on NED recruitment. The Trust was now seeking to appoint 2 new NEDs, the first in planning for Sumita Hutchison's end of term in January, and the second to replace the vacancy that had recently arisen due to Jason Makepeace's departure. The interview date had been confirmed for Wednesday 17th December, and an extraordinary Council of Governors meeting would be taking place on Friday 19th December to approve the appointments.

Graham Russell rejoined the meeting at this point.

7. CHIEF EXECUTIVE'S REPORT

- 7.1 The Council welcomed Douglas Blair, CEO to the meeting who provided a report on key matters to the Governors.
- 7.2 Douglas Blair reported that business planning was underway and was being closely linked to the Trust's new Strategy. On 24 October 2025 NHS England (NHSE) and

the Department of Health and Social Care (DHSC) jointly published a Medium-Term Planning Framework covering the financial years 2026/27 to 2028/29. The Council noted that this marked a move away from annual financial and delivery planning cycles, with the planning framework setting out the refreshed operating model and focussing in on 8 key areas. Douglas advised that a development session was planned for Governors in January to look in more detail at the business planning process and approach.

- 7.3 It was **noted** that a question had been asked as part of the Governor Question log around the temporary changes at Cirencester Hospital. Douglas Blair advised that 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. As this is a GHT-led initiative, it has not required formal sign-off by our Board. However, Douglas confirmed that the Board was aware of and supportive of the approach given the potential benefits for patient flow and resource utilisation. Douglas Blair added 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.

The Council of Governors was informed that 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. Douglas Blair said that he understood people's concerns about perceived disinvesting of services at Cirencester Hospital, but this was not the case, and the Trust had a capital investment earmarked for Cirencester to look at maximising the site and developing neighbourhood health. Sarah Waller asked whether there was anything that the Trust could do proactively to get this message out, potentially via local media, or through a membership mailshot, as people were concerned. Governors were encouraged to spread the word and the Trust would continue to provide regular updates.

- 7.4 'Our GHC Fortnight' was taking place over the 10th - 21st November, a Trust wide engagement initiative designed to streamline leadership and culture conversations. Over the two weeks, in-person and virtual sessions including evening and weekend options would be taking place offering colleagues the opportunity to reflect on their experiences, celebrate progress, and contribute to shaping the Leadership & Culture programme and People Strategy refresh. The key themes would be collated and worked up for presentation back to our GPTW Committee in due course.
- 7.5 Douglas Blair said that the work on ICB clustering continued, however, a new Chief Executive and Chair had now been appointed. Further Executive appointments would be announced in the new year.
- 7.6 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.

- 7.7 The Council was informed that the Trust continued its work to discharge individuals from Berkeley House, noting that the final discharge was planned for quarter 4 2025/26. The CQC inspection report on Berkeley House was still awaited following the inspection carried out in the summer. Douglas Blair advised that work was taking place with the ICB to develop proposals around the Learning Disabilities pathway, with more emphasis on community provision, and once this work had progressed a further update would be presented back. Bob Lloyd-Smith said that he had visited Berkeley House and had seen the huge efforts being carried out to manage the discharges. He said that there was a real commitment from Trust colleagues to get this done safely and effectively.
- 7.8 The Council of Governors welcomed these updates from the Chief Executive.

8. CHAIR'S REPORT

- 8.1 Graham Russell provided a verbal report to the Council, setting out some of his activity over the past few months. It was noted that his full written report would be presented at the Trust Board meeting on 29 November, and all Governors would receive the papers in advance for information.
- 8.2 Graham was pleased to announce that the Trust Strategy had now been formally launched, and he highlighted the huge amount of engagement that had taken place on this across the past 4-5 months which was fantastic. Julie Mackie would be attending the meeting later on the agenda to provide a further update to Governors.
- 8.3 Graham Russell informed the Council that the long service of colleagues who have worked in the NHS for 20, 30 and 40 years was celebrated at the annual GHC Long Service Awards on 6th November. Colleagues gathered at Dowty Sports and Social Club to pay tribute to those who had achieved the significant milestones and given more than two decades of their lives to supporting communities in Gloucestershire and beyond. Graham said that he had the pleasure of thanking colleagues for everything they had done, noting that collectively those at the event had given more than 850 years of service.
- 8.4 Graham advised that a number of MP briefing meetings had taken place during October and November, attended by himself and the Chief Executive. He noted that a briefing had been given to the MP for South Cotswolds, Roz Savage on 23rd October which included an overview of the changes proposed at Cirencester Hospital, as discussed earlier in the meeting.

9. WORKING TOGETHER NETWORK AND TRUST STRATEGY UPDATE

- 9.1 The Council welcomed Julie Mackie, Head of Partnerships to the meeting. Julie was in attendance to provide the Governors with an update on the Trust strategy, and the latest work taking place at the Working Together Network, and to explore with Governors the potential ways of further involving Trust Members.

- 9.2 The new Trust Strategy had now been launched, and Julie presented a re-cap of the key priorities and focus areas. The next stage would be the development of the associated enabling strategies, to include Quality, Digital, Estates, People and Research & Innovation. The Governors **noted** the proposed structure and template to be used in the development of the enabling strategies, alongside the timescales for development and the lead Directors. The Council supported the proposed way forward and welcomed the new format for the enabling strategies, noting that this was in line with the new strategy in being more accessible.
- 9.3 Julie Mackie provided an overview of the Trust's Working Together Network, including the background to the network, and the Working Together Plan. Community-based transformation is at the heart of the NHS 10-year plan and the Trust needs to collaborate with its partners and work in different ways with the communities we serve, to provide joined up patient centred care for our population.
- 9.4 It was noted that a number of Governors were already members of the WTN, and Julie Mackie advised that this engagement was valued. One of the key objectives of the Network was to create opportunities to better involve GHC Trust Members, and the Governors would play a big part in helping to design the mechanisms to enable this.
- 9.5 The Council discussed the proposal of developing a community pulse check survey, involving Trust members. There was support for doing this and conversations took place around the purpose of Trust membership and what it means to be a member, whether the current membership was representative, and what the Trust was seeking to achieve in developing a survey and the type of feedback it wished to receive. Further conversations would take place at the next WTN, and Governors were reminded of the future dates for these meetings and encouraged to attend.

10. GOVERNOR DASHBOARD

- 10.1 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.

11. GOVERNOR ENGAGEMENT UPDATE

- 11.1 Governors were invited to share any comments, reflections or feedback from recent engagement activities that they wished to make all Governors aware of.
- 11.2 Peter Gardner said that he had been invited to attend a dementia group in the Cotswolds, and he had spoken to them about GHC and the Governors.

12. COUNCIL OF GOVERNOR MEMBERSHIP AND ELECTION UPDATE

- 12.1 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.

- 12.2 Anna Hilditch advised that a nomination had now been received to fill the Appointed Governor position representing Gloucestershire County Council. The Trust had welcomed Cllr Dr Richard Dean who officially commenced in role on 1 November 2025.
- 12.3 The Council **noted** that there were currently no vacant Governor positions. There were no elections planned until early 2026.

13. GOVERNOR QUESTIONS LOG

- 13.1 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.
- 13.2 It was **noted** that four new questions had been received since the last formal meeting in September, as follows:
- Cirencester Hospital – Temporary Changes
 - Strategic Authorities and ICB Clustering
 - Cirencester Hospital – Signage and Accessibility
 - *Wotton Lawn Online Reviews*
- 13.3 The full questions and responses to 3 of the questions were presented within the paper. Due to timing the fourth question and response would be presented at the next Council meeting.

14. ANY OTHER BUSINESS

- 14.1 There was no other business.

15. DATE OF NEXT MEETING

- 15.1 The next Council of Governors meeting would be held on Thursday 22 January 2026 and would be a Governor Development session.

COUNCIL OF GOVERNORS – ACTION LOG

Date	Ref	Action	Update
19 Nov 2025		No actions identified	

ASSURANCE REPORT TO BOARD

REPORT TO:	Trust Public Board – 26 March 2026
COMMITTEE:	AUDIT & ASSURANCE COMMITTEE – 5 FEBRUARY 2026
AUTHOR:	Trust Secretariat
PRESENTED BY:	Bilal Lala, Chair of Committee

ALERT: Alert to matters that require the Board’s attention or action, e.g. non-compliance, safety or a threat to the Trust’s strategy

The Committee **received** the PSIRF Internal Audit which was scored moderate for design and limited for effectiveness and was alerted that there was ongoing resource constraints which were hampering the timely interventions required in terms of investigations. As a result of this, it has been referred to the Quality Committee for further in depth review.

ADVISE: Advise of areas of ongoing monitoring

An update on the Brokenborough land was received and noted by the Committee. This item would be received by the Trust Board in due course for approval, along with review of the Charitable Funds Committee terms of reference (ToR).

ASSURE: Inform the Board where positive assurance has been achieved

The Committee received the Infection Prevention and Control internal audit report and noted that this was considered moderate for both design and effectiveness, with four medium priority findings. The Committee was assured by the output of this and **noted** the identified actions had been fully accepted and were being worked through for timely closing out.

The Internal Audit Progress Report and Follow Up Reports were received. The Committee was assured by progress made and **noted** that three overdue actions were reliant on shared services.

The External Audit Indicative Timetable for 2025/26 was received and **noted** by the Committee.

The Committee received and were assured by the Counter Fraud, Bribery and Corruption Progress Report and **noted** the Summary of Investigations and the Conflicts of Interest Compliance.

The Committee received the Finance Compliance Report and **noted** the good progress made with recovering aged debt.

APPROVALS: Decisions and Approvals made by the Committee

The Internal Audit Plan for 2026/27 was **approved** by the Committee.

The Committee **approved** the Risk Management Policy following extensive discussion, subject to some minor amendments to be made.

RISK & BOARD ASSURANCE FRAMEWORK (BAF) UPDATE

The Committee received and **noted** the risk update for quarter three and were assured by the introduction of the new risk management policy and looked forward to full adoption and reflection of this in future reports.

APPLAUD: Share any practice innovation or action that the committee considers to be outstanding

The Committee applauded that GCC section 76 had now been signed (as detailed in the Finance Compliance Report), and noted the challenge that remained to collect the belated and growing debt.

ITEMS RECEIVED: The following items were received and discussed at the meeting

Summary Reports from:

- Risk Management Group
- BEME Management Group

ASSURANCE REPORT TO BOARD

REPORT TO:	Trust Public Board – 26 March 2026
COMMITTEE:	GREAT PLACE TO WORK COMMITTEE – 24 February 2026
AUTHOR:	Trust Secretariat
PRESENTED BY:	Vicci Livingstone-Thompson, Vice Chair of Committee

ALERT: Alert to matters that require the Board’s attention or action, e.g. non-compliance, safety or a threat to the Trust’s strategy

Resident doctors had voted in favour of industrial action, however strike dates have not yet been confirmed. It was reported that contingency planning would be led through established Business Continuity and Resilience arrangements to minimise any impact on clinical services.

The Committee discussed the potential workforce implications of the Earned Settlement consultation, particularly in relation to international staff. The need to consider how the organisation supported staff during uncertainty was highlighted and anticipated possible future retention risks.

ADVISE: Advise of areas of ongoing monitoring or development or where there is negative assurance

The Committee was informed of the progress made in relation to the national Resident Doctors’ 10-Point Plan. Local work was underway and the Trust was considered to be in a positive position against current expectations.

The Committee reviewed the approach to sexual safety risks, and it was agreed that a specific sexual safety risk would be added to the risk register.

ASSURE: Inform the Board where positive assurance has been achieved

The Committee received the initial 2025 embargoed staff survey results, noting stable or improved scores in most areas, with particular strengths in culture and inclusion. The report highlighted the need to address lower response rates, voice, well-being, and representation of underrepresented groups. Full presentation of the results would be received at the March Board meeting.

The 2025 Gender Ethnicity and Disability Pay gap report was received. The Trust continues to make gradual progress in reducing the gender pay gap, with changes in bonus pay structures affecting recent figures, and ongoing efforts to address disparities at senior

levels. The report set out the target areas of focus for the coming year. The final report would be received for approval at the March Trust Board.

The refreshed People Strategy was presented and the multi-phase approach to refreshing the Strategy was noted, including extensive staff engagement, data analysis from 27 sources, and alignment with the Trust's new Strategy and the NHS 10-year plan. Four strategic themes were identified: leadership and culture alignment, workforce capability and sustainability, equity, safety and well-being, and ways of working, collaboration, and system delivery, each supported by staff feedback and data. Committee members provided feedback on theme prioritisation, language clarity, the need for shared accountability, and the importance of frameworks. This input was welcomed and it was noted that the strategy would be refined accordingly before presentation at Trust Board in March.

The Committee received the Workforce KPIs report and **noted** that overall positive performance had been sustained.

APPROVALS: Decisions and Approvals made by the Committee

The Committee received and approved the proposal to introduce new domains for grouping KPIs, aiming to improve dashboard reporting and committee oversight.

The Committee approved the revised Terms of Reference. The quorum had been updated to require three members, including two non-executive directors, and minor changes were made to terminology to reflect current practice and statutory requirements.

RISK & BOARD ASSURANCE FRAMEWORK (BAF) UPDATE

Risk Title (BAF Q3)	Current Score	Target Score	Comment
Risk 3 – Recruitment and Retention	9	9	Reduced from 16
Risk 4 – Inclusive Culture	12	6	Reduced from 16

APPLAUD: Share any practice innovation or action that the committee considers to be outstanding

The Committee received a positive Staff story on the E-Job Planning Pilot Experience. Colleagues presented a detailed account of the inpatient AHP teams' experience with the electronic job planning pilot, highlighting implementation challenges, staff engagement, data-driven improvements, and recommendations for future rollouts.

The Committee noted the new digital workforce performance dashboard, enabling directorates and teams to access real-time data on staffing, diversity, sickness, training, turnover, and leave. The dashboard allows users to drill down to team level for key metrics,

and supports workforce planning, skill mix analysis, and trend identification, enabling proactive management and alignment with strategic goals.

ITEMS RECEIVED: The following items were received and discussed at the meeting

The Committee workplan and the summary reports from management groups were also received at the meeting.

ASSURANCE REPORT TO BOARD

REPORT TO:	Trust Public Board – 26 March 2026
COMMITTEE:	RESOURCES COMMITTEE – 26 FEBRUARY 2026
AUTHOR:	Trust Secretariat
PRESENTED BY:	Debbie Forster, Chair of Committee

ALERT: Alert to matters that require the Board’s attention or action, e.g. non-compliance, safety or a threat to the Trust’s strategy

The Committee was alerted to indicator *N69 - PH Percentage of bed days occupied by patients when they are ready to be discharged*, within the Quality and Performance Dashboard and informed that whilst this was currently presenting compliant, services felt this was being under-reported due to legacy data capture processes. It was reported that work was in progress for the service to report more accurately from March 2026, and therefore the indicator is likely to then be in exception.

ADVISE: Advise of areas of ongoing monitoring or development or where there is negative assurance

The Committee received an update on the Estates Strategy and had a good discussion regarding design principles more than just buildings.

The Committee received and discussed the Digital Strategy update following discussions at the recent Board Development session.

ASSURE: Inform the Board where positive assurance has been achieved

The Committee received the Finance Report for month 10 and was assured by the position reported.

A verbal update on the System Finance Position was provided, and the Committee **noted** the ongoing challenges.

The Committee was assured that the Quality and Performance Dashboard has seen 12 KPIs introduced for February 2026, and now sees 161 measures being monitored, with 15 scheduled go-lives planned for the remainder of quarter 4. The Committee **noted** that there are 13 planned for 2026/27 to deliver 196 KPIs in total across the portfolio.

The Committee was informed that the Great Place to Work Committee’s ‘workforce dashboard’ has been made available to services for review and **noted** that this included

operational and management dashboard monitoring for workforce profiling at all Trust levels for sickness, vacancy, appraisal, turnover, leave and bank agency usage.

The Committee received the Cyber Security Assurance Report and noted the latest Cyber position for the Trust, including the highlighted risks and updates from a national and ICS position.

The Committee received the Business Planning Report for quarter 3 and **noted** that 72% of milestones had been completed and a further 30% had been part achieved leaving only 2% not achieved.

Julie Mackie presented a report on *BAF Risk 10 – Health Care Inclusion*, which updated the Committee on the progress made.

APPROVALS: Decisions and Approvals made by the Committee

The Committee **approved** the changes to the Capital Plan.

RISK & BOARD ASSURANCE FRAMEWORK (BAF) UPDATE

The Committee received the Risk Report and Board Assurance Framework (BAF) for quarter 3 and **noted** that a Board Seminar on risk appetite had been scheduled. Measuring risk has become more effective and the Committee **noted** *BAF Risk 7 – Capacity for Change* would be included on the agenda for the next Committee meeting.

APPLAUD: Share any practice innovation or action that the committee considers to be outstanding

The Committee applauded the following areas of positive performance (reported within the Quality and Performance Dashboard):

- *O05 – MSKAPS Urgent treated within 2 weeks* has now met its threshold, being the first time since Spring 2025.
- *O22 – CYPS Physio % routine treated with 18 weeks* has now met compliance having previously been in exception from September 2025 to January 2026.

ITEMS RECEIVED: The following items were received and discussed at the meeting

The Service Development Report and the following Summary Reports from Management Groups:

- Digital Group
- Capital Management Group
- Business Intelligence Management Group
- Strategic Oversight Group and the Community Mental Health Transformation

ASSURANCE REPORT TO BOARD

REPORT TO:	Trust Public Board – 26th March 2026
COMMITTEE:	QUALITY COMMITTEE – 3 MARCH 2026
AUTHOR:	Trust Secretariat
PRESENTED BY:	Steve Alvis, Vice Chair of Committee

ALERT: Alert to matters that require the Board’s attention or action, e.g. non-compliance, safety or a threat to the Trust’s strategy

Community nursing services continued to experience significant operational pressures. Meeting caseload demand had been challenging, and this had been added to the risk register with a score of 16 reported. An improvement plan was being developed to address, and this would be reviewed at the QAG meeting.

ADVISE: Advise of areas of ongoing monitoring or development or where there is negative assurance

Compliance with medical device servicing had improved to 65% following targeted improvement work with services, and this remains an area of focus.

Two BDO Internal Audit Reports were received to note by the Quality Committee, as referred following review at the Audit & Assurance Committee: Infection Prevention & Control, and Patient Safety Incident Response Framework (PSIRF). Both Audits had identified areas of good practice, and areas for improvement. Action plans were in development, however, some resourcing issues around implementing the PSIRF audit recommendations were flagged.

ASSURE: Inform the Board where positive assurance has been achieved

The Committee received a presentation setting out the proposed timeline, and engagement schedule as part of the Quality Strategy refresh.

An update on the Suicide Prevention Strategy was received. There had been strong engagement with local partners in Gloucestershire on the delivery of the Strategy and integration with the ICS and voluntary sector.

The Committee received a presentation on the Community Hospitals Programme – Delay Related Harm, which focused on embedding the work from the Working as One system flow programme into routine operations in community hospitals. The preventative approach being taken was highlighted. The next steps were highlighted and it was noted that more work would be undertaken to further develop quality metrics and triangulation of delay related harm data.

APPROVALS: Decisions and Approvals made by the Committee

The Committee received and endorsed the changes to the Terms of Reference. Minor amendments had been made to the ToR, which included changes to membership titles and additional wording to strengthen assurance that systems were in place to monitor patient experience, that there were clear paths to relay safety concerns to the Board, and that the Trust’s services were delivered in accordance with regulatory and other requirements, and that the Trust would keep in place effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients.

The Committee received the New Domain Proposal to further improve the Trust’s governance of Key Performance Indicators (KPI) across the organisation. The new 6 domain proposal and the associated (indicative) KPI allocation for the Quality Committee was approved.

RISK & BOARD ASSURANCE FRAMEWORK (BAF) UPDATE

Risk Title (BAF Q3)	Current Score	Target Score	Comment
Risk 1 – Quality Standards	9	6	Reduced from 12
Risk 5 – Relationships and Partner Working	9	6	Reduced from 12
Risk 9 – Closed Culture	12	8	Reduced from 16

APPLAUD: Share any practice innovation or action that the committee considers to be outstanding

The Committee received the Guidance for Determining Risk scores and agreed that this was a helpful document. It was suggested it be added to the Reading Room on Diligent to enable all Board members to access it.

Retrospective refreshing of the duty of candour dataset in previous months has provided assurance that high standards of practice and compliance are being met.

There is an improved position with closing overdue actions relating to incidents and PCET. A live actions dashboard has been developed by the Datix team and is being tested by the Learning Assurance team.

ITEMS RECEIVED: The following other items were received and discussed at the meeting

- Quality Dashboard – up to 31 January 2026
- Risk Register and BAF – Quarter 3

ASSURANCE REPORT TO BOARD

REPORT TO:	Trust Public Board – 26 March 2026
COMMITTEE:	CHARITABLE FUNDS COMMITTEE – 11 MARCH 2026
AUTHOR:	Trust Secretariat
PRESENTED BY:	Nicola de longh, Chair of Committee

ALERT: Alert to matters that require the Board’s attention or action, e.g. non-compliance, safety or a threat to the Trust’s strategy

Nothing to report.

ADVISE: Advise of areas of ongoing monitoring or development or where there is negative assurance

The Committee discussed renewing the Trust’s membership to the national NHS Charities Together and agreed to not renew as during 26/27 they will not be providing grants due to their restructure and at this time the annual membership benefits are believed not to be value for money. The charity’s team will keep the situation under review and advise on 27/28 membership in due course.

ASSURE: Inform the Board where positive assurance has been achieved

The Committee received an update on bids approvals made since the previous Committee meeting and was informed that there had been three bids approved since the previous meeting with a total of £369.74. No bids in excess of £5k had been received.

The committee received a verbal update on the plans to develop a Charitable Funds Strategy and new five-year plan.

An update on the Trust’s plans to sell the Brokenborough land was received, which noted the Trust open market valuation of the plot in accordance with IFRS 5 and the decision to opt to tax. The impact on the Charitable Funds accounts audit was also **noted**.

The Committee received the Trustee Responsibilities update and **noted** the guidance.

APPROVALS: Decisions and Approvals made by the Committee

The Committee **approved** the Operation of Charitable Funds Policy.

The Committee **approved** the terms of Reference for the Charity Advisory Group.
The Committee **approved** the Terms of Reference for the Charitable Funds Committee.

APPLAUD: Share any practice innovation or action that the committee considers to be outstanding

The Committee **noted** that the first Charity Advisory Group had taken place.

ITEMS RECEIVED: The following items were received and discussed at the meeting

No other items were received.