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Gloucestershire Health and Care
NHS Foundation Trust

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Quality Report

2025-2026

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Part 1: Statement on Quality from the Chief Executive

Introduction

I am pleased to present our Quality Report for 2025 to 2026. This sets out our main activities during the year on meeting our Strategic Goal of 'Quality Care for All' and progress against our 11 quality priorities. On some of these, the planned outcome has been achieved, and ongoing work and monitoring has been absorbed into day-to-day activities of our Trust. On others, we are completing outstanding elements before transferring into day-to-day activities.

Following the publication of 'Our Five-Year Focus', our approach to quality is being refreshed as part of developing a new Quality Strategy to be completed later this year.

Achieving our goal of 'Quality Care for All' cannot be achieved by GHC colleagues alone. We will not get everything right and therefore appreciate feedback from people who use our services and their families. We use this feedback to learn and improve.

I hope the report provides assurance of our focus on continuously improving the quality of our services and our commitment to doing all that we can to support the health and wellbeing of communities across Gloucestershire.

I'd like to thank everyone involved in ensuring that services are safe, delivering high quality care and improving our services throughout the past year – we are fortunate to have skilled and dedicated colleagues supporting the people we serve, working in partnership with others.

If, when reading this report, you would like more information or to get involved in continuing to improve our services, then please contact experience@ghc.nhs.uk.

To the best of my knowledge the information contained in this report is an accurate representation of the year's events.

Kind regards,

Douglas Blair
Chief Executive

What is a Quality Account

- Our Quality Strategy sets out our quality ambitions, strategic goals, priorities, and the approaches we will take to measure our progress. It does not sit in isolation but is one of six integrated enabling strategies delivering **Gloucestershire Health and Care NHS Foundation Trust's (GHC) strategy: 'Our Strategy for the Future 2021-2026'.**
- The **Quality Priorities** originate from the **Quality Strategy** and from areas requiring improvement identified through our own governance assurance processes alongside regional and national agendas.
- The **Quality Account** is a report that is published annually by providers, including the independent sector, and is available to the public. Quality Accounts are an important way for local NHS services to report on quality and show improvements in the services they deliver to local communities and stakeholders

Part 2.1: Looking ahead to 2026/27

Quality priorities for improvement 2025/26

The quality priorities agreed in 2023 were designed to be implemented over a multi-year period and were agreed with the Gloucestershire Integrated Care Board (ICB) and ratified by our Governors. They have covered areas of quality improvement taken from the Quality Strategy and are large pieces of work which take time to develop, implement and embed. Quality is a core business priority and central to achieving our strategic ambitions. Aligned to the Trust Quality Strategy, our approach focuses on embedding continuous improvement across all aspects of care and service delivery. By empowering our people to shape culture, improve processes and transform practice, we ensure that quality informs decision-making, drives organisational performance and delivers better outcomes and experiences for the communities we serve.

It is based on the concept that continual improvement towards a quality aim provides better services, increases quality and reduces costs. The Care Quality Commission (CQC) Well Led Inspection in 2022 gave "good" assurance that our governance structures provide a good foundation for growth and are the gateway for our ambitions to be an outstanding provider of healthcare in Gloucestershire.

As we conclude the third and final year of these priorities, we acknowledge that the foundation year and implementation year demonstrated improvements in all our priority areas. We are drawing on these experiences and improvements to embed the work into day-to-day activities and conclude these 11 Priority Focus Areas. Our Quality Strategy is being refreshed in 2026/27 and, as it is launched later in the year, we will be taking a new approach to identifying quality priorities.

The continued support from our Trust Board and Governors has enable us to build on the successes in the previous years, and this reflects our ongoing focus and shining a light on quality within the organisation and channelling improvements which reflect our Trust values.

Part 2.2: Statements relating to the quality of NHS services provided

Review of Services

The purpose of this section of the report is to ensure we have considered the quality of care across all our services, which we undertake through comprehensive reports on all services to the Quality Committee (a committee of the Board).

Between April 2025 and March 2026, Gloucestershire Health and Care NHS Foundation Trust provided or sub-contracted the following NHS health services. Our services are delivered through multidisciplinary and specialist teams. They are:

- One Stop Teams providing care to adults with mental health needs and those with a learning disability.
- Integrated Urgent Care Service (IUCS) including NHS 111 (provided with IC24) and the Minor Injury and Illness Units (MIIUs).
- Intermediate Care Mental Health Services (Primary Care Mental Health Services and Talking Therapies).
- Community Mental Health Recovery Teams and Accommodation Teams.
- Specialist services including Early Intervention, Mental Health Acute Response Service, Crisis Resolution and Home Treatment, Assertive Outreach, Managing Memory, Children and Young People Services, Eating Disorders, Intensive Health Outreach Team, and the Learning Disability Intensive Support Service & Reablement.
- Inpatient mental health and learning disability care for adults and older adults.
- Community services in peoples' homes, community clinics, outpatient departments, community hospitals, schools and GP practices; district nursing, Integrated Community Team, Rapid Response and podiatry etc
- In-reach services into acute hospitals, nursing and residential homes and social care settings.
- Six community hospitals provide nursing, occupational therapy and physiotherapy in community settings.
- Health visiting, school nursing, occupational therapy and physiotherapy and speech and language therapy services for children
- Other specialist physical health services include sexual health, heart failure, community dentistry, diabetes, intravenous therapy (IV), tissue viability, wheelchair assessment and community equipment.

MH & LD Urgent Care and In-Patient Services	PH Urgent care and In-Patient Services	Community PH, MH & LD Services	CYPS Directorate	Countywide Services
Inpatients MH & LD & supporting functions • Wotton Lawn Hospital • Charlton Lane Hospital • MH Inpatient Rehabilitation Laurel House • MH Inpatient Rehabilitation Honeybourne • Montpellier Low Secure Unit • Learning Disabilities Inpatients - Berkeley House • Alexandra Wellbeing House • Crisis Services incl. Mental Health Rapid Response Vehicle (MH RRV) • s136 Maxwell Centre • Mental Health Liaison Team • Criminal Justice Liaison Service • Approved Mental Health Professional (AMPHP) Hub • First Point of Contact Centre • Specialised Community Forensic Team	Inpatients PH & supporting functions • Vale • Tewkesbury + CATU • Stroud • North Cots • Dilke • Lydney • Cirencester Out-patients Depts • Cirencester • North Cots • George Moore Clinic • Fairford • Vale • Tewkesbury • Stroud • Dilke • Lydney Theatre activity (GHFT with GHC staff) • Cirencester + Endoscopy (all GHFT inc staff) • Stroud + Endoscopy • Tewksbury • Minor Injury and Illness Units • Rapid Response and • Intravenous (IV) Therapy Services • Home Assessment Treatment	• Integrated Care Team (ICT) • Assertive Outreach Team (AOT) • Complex Psychological interventions (CPI) Recovery • Later Life • Community Dementia Nurses (+CHST) • Memory Assessment Service • Mental Health ICT – Primary MH Nursing • MHICT (IAPT) • First Contact Practitioner (ARRS) • Eating Disorders • Perinatal • Learning Disability Intensive Support Services (LDISS) and Intensive Home Outreach Team (HOT) • Learning Disabilities Health Facilitation Team • Community Learning Disability Team (CLDT) • Complex Emotional need (CEN) • LD Health Education Team • Gloucestershire Recovery in Psychosis (GRiP) • Integrated Social Care (ISC) • Autistic Spectrum Conditions (ASC) • Attention Deficit-Hyperactivity Disorder (ADHD) • Specialist Treatment and Rehabilitation (STAR) • Individual Placement service (IPS) • Evening and Overnight District Nursing Services	• CAMHS Parenting Support Team • CAMHS LD • CAMHS Interagency Teams (x 3 teams) • CAMHS MHST Young Minds Matter • Core CAMHS and Outreach Paediatric Liaison Team (LTCs) Young Adults (16-25) Team • SCAAT (Social Communication and Autism Assessment Team) - CYPS • CAMHS VCS (x 11 teams) • Children's Community Nursing Team • Children's Complex Care Team • Children's Occupational Therapy Inc. CYPS Home Safety Team • Children's Physiotherapy • CYPS Respiratory Physiotherapy • CYPS Persistent Physical Symptoms (PPS) • Children's Speech and Language Therapy SALT • Immunisation Service • School Nursing Team • Health Visiting Team • Children in Care Team • Wellchild Nurse and Trg	• Long Term Conditions - Heart Failure - Cardiac Rehab - Bone Health - Macmillan - Respiratory – home oxygen - Respiratory – core - Pulmonary Rehab - Adult specialist Respiratory - Diabetes – nursing and education - Long Covid - Dental • Complex Care at Home • Sexual Health – PAS. GUM/HIV • Sexual Health Referral Centre (SARC) • Accommodation • Wheelchair Assessment Service • Integrated Community Equipment Service • Blue Badge • Telecare • Musculoskeletal (MSK) • Musculoskeletal Advanced Practitioner Service (MSKAPS) • First Contact Practitioners (PH) • Lymphoedema • Falls Assessment • Tissue Viability • Homeless healthcare • Complex leg wound/lower limb • Podiatry Services • Speech and Language Therapy Services (SALT) • Early Stroke Discharge (ESD) • *Neurology (Clinical Specialists*

Gloucestershire Health and Care NHS Foundation Trust have reviewed all the data available to them on the quality of care in all these relevant health services.

The income for patient care activities in 2025/26 represents 93.3% of the total income generated by Gloucestershire Health and Care NHS Foundation Trust for 2025/26.

Participation in Clinical Audits and National Confidential Enquiries

National Clinical Audits

During 2025/26, there were 14 national clinical audits which related to mental health and physical health services provided by Gloucestershire Health and Care NHS Foundation Trust.

During this period, Gloucestershire Health and Care NHS Foundation Trust participated in 13 of the national clinical audits.

The national clinical audits that Gloucestershire Health and Care NHS Foundation Trust was eligible for and participated in during 2025/26 are as follows:

National Clinical Audits	Participated Yes/No	Teams
Falls and Fragility Fracture Audit Programme (FFFAP): Fracture Liaison Service Database (FLS-DB)	No	Bone Health Service has registered to participate in the audit from 1st April 2026
Falls and Fragility Fracture Audit Programme (FFFAP): National Audit of Inpatient Falls (NAIF)	Yes	Community Hospital Inpatients and Mental Health Inpatients
National Adult Diabetes Audit (NDA): National Diabetes Footcare Audit (NDFA)	Yes	Podiatry Service
National Audit of Cardiac Rehabilitation	Yes	Cardiac Rehabilitation Team
National Audit of Care at the End of Life (NACEL)	Yes	Community Hospital Inpatients
National Audit of Dementia (NAD)	Yes	Memory Assessment Service
National Audit of Eating Disorders (NAED)	Yes	Eating Disorders Service
National Clinical Audit of Psychosis (NCAP) Early Intervention in Psychosis	Yes	GRIP (Early Intervention in Psychosis) Team
National Respiratory Audit Programme (NRAP): Pulmonary Rehabilitation Audit	Yes	Pulmonary Rehabilitation Team
Prescribing Observatory for Mental Health (POMH): Improving the quality of valproate prescribing in adult mental health services	Yes	Adult Mental Health Services
Prescribing Observatory for Mental Health (POMH): Use of clozapine	Yes	Adult Mental Health Services

National Clinical Audits	Participated Yes/No	Teams
Prescribing Observatory for Mental Health (POMH): Use of medicines with anticholinergic (antimuscarinic) properties in older people's mental health services	Yes	Older People's Mental Health Services
Sentinel Stroke National Audit Programme (SSNAP)	Yes	The Vale Stroke Unit and Early Supported Discharge Team
UK Parkinson's Audit	Yes	Adult Physiotherapy Team and Adult Speech and Language Therapy Team

The reports of 11 national clinical audits were reviewed by the provider in 2025/26 and below is an example of the actions that Gloucestershire Health and Care NHS Foundation Trust intend to take to improve the quality of healthcare provided:

Audit title	Details of the audit and the actions that were taken as a result of the audit
Prescribing Observatory for Mental Health (POMH) Audit: The Use of Clozapine	The POMH audit on the use of clozapine assesses the safety around prescribing, including the physical health monitoring undertaken for patients prescribed the antipsychotic clozapine. There was good participation in this audit with data collected for over half of the patients who are prescribed clozapine in the trust, these came from many teams. 97% of patients prescribed clozapine long term had been reviewed by a clinician in the past year, and this was commonly a consultant psychiatrist. In keeping with previous local audit results (2024-2025) 95% of patients had their blood pressure and 93% of patients had their body weight recorded at least once during the past year, however rates for measuring plasma lipids and glucose were lower. It should be noted that these tests are not part of the mandatory blood test taken routinely in clozapine clinic via POCHI (Point of Care testing) machines, which can only run a basic Full Blood Count (FBC) test. Any additional tests need to be ordered by clinicians separately. The rates of recording on the primary care Summary Care Record (SCR) list that patients are prescribed clozapine by secondary care slightly improved with 75% now recorded (a quarter were not). This compares with recording rates of 68% in 2022, and 61% in 2023 in local audits. The 2025 improvement is likely to be at least related in part to the improved functionality of JUYI (Joining Up Your Information), the digital care record system for sharing health information in Gloucestershire, which was implemented in 2025. Recommendations: • The new Clozapine Policy should be widely circulated and implemented as this supports the practice standards of this audit. • Similar emphasis and priority should be given to monitoring patients' physical health status (constipation, cardiometabolic parameters and cardiac symptoms) as their FBCs. • Communication with primary care prescribers about patients prescribed clozapine should request that this is added to the patients SCR (and therefore JUYI) if it is not already there.

Audit title	Details of the audit and the actions that were taken as a result of the audit
National Audit of Care at the End of Life	The National Audit of Care at the End of Life (NACEL) assesses the quality and outcomes of care experienced by the dying person and those important to them, during the last admission leading to death. In 2025, the audit consisted of three parts: • Patients' Case note reviews (CNR) • Bereavement survey sent to those who were important to the person who has died • Hospital/site overview The national audit, which has a focus on quality improvement, has identified 10 key indicators / metrics for end-of-life care. The Trust performed well in 6 out of 9 key indicators and scored higher when benchmarked against the peer group of Community Hospitals: • The number of deaths where it was expected that the person would die during the final admission as a proportion of the sample 'all deaths' included in the audit – 96% (England Community Hospitals average 88%) • The proportion of people who died with documented evidence in their clinical records that anticipatory medication was prescribed for symptoms likely to occur in the last days of life – 99% (England Community Hospitals average 97%) • The proportion of bereaved people that rated the overall care and support given to themselves and others by the hospital as excellent or good – 97% (England Community Hospitals average 90%) • The proportion of bereaved people that strongly agree or agree that they were communicated to by staff in a sensitive way – 97% (England Community Hospitals average 93%) • The proportion of people who died who had an individualised plan of care addressing their needs at the end of life, where it was recognised that the person may die during the final admission – 94% (England Community Hospitals average 93%) • The proportion of people who died with ethnicity documented in their clinical record – 100% (England Community Hospitals average 95%) There are 3 indicators where the Trust's compliance was below the national peer group average: • The proportion of people who died with documented evidence in their clinical records of communication about hydration with those important to the dying person, or a reason recorded why not – 54% (England Community Hospitals average 76%) • The proportion of people who died with documented evidence in their clinical records of an assessment of the emotional/psychological needs of the person, or a reason recorded why not – 71% (England Community Hospitals average 88%) • The proportion of hospital/sites with a face-to-face specialist palliative care service (doctor and/or nurse) available 8 hours a day, 7 days a week – 0% (England Community Hospitals average 49%) The Integrated Care Board (ICB) commissions Specialist Palliative Care services for the county and currently it only commissions a face-to-face 5-day a week face to face service. It should be noted that there is 24/7 telephone access to Specialist Palliative Care if needed at weekends. These commissioning arrangements are outside the control of the Trust. Recommendations: • Improve the End-of-Life template on the electronic patient record to ensure person-centred, holistic end of life care is planned

Audit title	Details of the audit and the actions that were taken as a result of the audit
	• Training on the End-of-Life template to be provided to staff when the template is ready to go live.

Local clinical audit activity

The reports of 103 local clinical audits were reviewed by Gloucestershire Health and Care NHS Foundation Trust in 2025/26. Below are examples from across the Trust that demonstrate some of the actions taken to improve the quality of healthcare provided by our services:

Audit title	Details of the audit and the actions that were taken as a result of the audit
Integrated Community Teams Physiotherapy Clinical Record Keeping Audit	The aim of this audit is to establish compliance of record keeping against the Trust's Clinical Record Keeping Policy and the profession-specific standards. Recording of the physiotherapy objective assessment has improved since the previous audit, with all criteria recorded in over 90% of the records reviewed. Since the previous audit, improvements have been made in documenting past medical history, medication and allergies, although further improvements are required. Actions: • Deliver local team training on recording past medical history, medication and allergies • Deliver local team training to reduce the use of abbreviations within clinical records • Increase compliance of outcome measures and goals being set and then reviewed on discharge.
Dental Extraction Audit	The aim of this audit was to ensure that Gloucestershire Health and Care NHS Foundation Trust Community Dental Services are following local policy with regards to dental extractions under local anaesthetic. The overall compliance for this audit was good, with one area identified as requiring improvement: TIME OUT (verbally stated pause to recheck plan). Actions: • Ensure laminated versions of Local Safety Standards for Invasive Procedures (LocSSIPs) pathway are available in all clinics • To deliver team training about the audit and areas of improvement.
Community Hospitals Bed Rails Audit	The aim of this audit is to monitor compliance with the Trust's Policy on Bed Rails Assessment and Safe Use, ensuring all community hospital staff are compliant with the policy and that their documentation is complete and evidence that they are using a clinical reasoning approach to identify if the bed rails should be used or not. Completion of the Bed Rail Clinical Reasoning Tool has increased from 81% in the previous audit, to 94% in this re-audit. The review of bed rail use has also improved in this audit. Evidence that review dates had been agreed and that reviews of bed rail use had happened at the agreed frequency had significantly improved from the previous audit.

Audit title	Details of the audit and the actions that were taken as a result of the audit
	Review dates had been agreed for 95% of patients and reviews of bed rail use happened at the agreed frequency for 93% of patients. Actions: • The audit identified that consideration of actions to mitigate the risks of use of bedrails had reduced in compliance from 89% to 82%. It is recommended that an update for colleagues on the bed rail policy needs to be undertaken to ensure they are aware of all the risks and options for mitigation highlighted to aid their decision making. Colleagues to document on the clinical reasoning tool what options they have considered. • There was a reduction in evidence that the risks of using bed rails / not using bed rails have been communicated to the patient and/or relative/carer, from 89% to 76% in this re-audit. The recommendation is that a decision is made by the inpatient teams on how and where they are going to document the communication. Currently on the clinical reasoning tool there is a tick box for communication with patients and one for best interest decisions. • There was a reduction in the documentation of the assessment of the bed and bed rails from 82% in the previous audit, to 63% in this re-audit. It is standard practice to check all medical equipment before use and if any issues were found with the equipment, then they would report it appropriately. The recommendation is to identify and agree in governance structures the best option for bed rail checks and the process for documenting these checks.

Participation in Clinical Research

Research activity in Gloucestershire Health and Care NHS Foundation Trust in 2025/26

The number of patients receiving relevant health services provided or subcontracted by Gloucestershire Health and Care NHS Foundation Trust in 2025/26 that were recruited during that period to participate in National Institute for Health and Care Research (NIHR) portfolio research approved by a research ethics committee was **128**. No target was set for 2025/26 due to the initiation of a new performance and funding model across the Regional Research Delivery Networks (RDN).

This participation was across **15** different studies in Mental Health, Dementia and Neurodegenerative Diseases and Children clinical areas. This is a decrease on the previous year's total of **181** participants (from 18 studies). The legacy of the COVID-19 pandemic has led to a reduction in recruitment and many other trusts around the country are still seeing lower recruitment in the same way. The need to find new ways of working to avoid infection risks led to many studies being redesigned to work remotely, and this trend has continued as it can prove more efficient and cost effective.

In 2025/26, the Trust registered and approved **21** local projects in the following clinical areas:

- **6** in Mental Health Services
- **4** Eating Disorders
- **2** in Neurology
- **2** in Clinical Pharmacology
- **1** in Diabetes

- **1** in Health Services
- **1** in Musculoskeletal
- **1** in Primary Care
- **1** in Public Health
- **1** in Sexual Health
- **1** in Social Work

Although there is still a focus on mental health studies, the increasing variety in other clinical areas continues to reflect the growing opportunities for taking part in research. A rising proportion of these studies are being led by local teams and students.

The decrease in the number of National Institute for Health and Care Research studies being delivered within the Trust for 2025/26 is due to a combination of factors including a general reduction in portfolio studies available to us via the RDN and a continued reduction in the capacity of the Research Team. Our commercial research portfolio previously provided additional revenue to support a larger team with greater capacity for both NIHR portfolio and local projects. Positively, the increase in service evaluation activity from last year has been maintained, suggesting a stronger research culture across teams & services and/or more awareness of R&D support for such projects.

More detail of the NIHR recruiting studies and the services from which they were recruited is shown in Table 1 below:

Table 1. Recruiting Studies in Gloucestershire Health & Care 2025/26

Short Name	Managing Speciality	IRAS #	Recruitment
Quantitative MRI in the NHS – Memory Clinics / QMIN-MC	Dementia and Neurodegeneration	44742	39
NCISH	Mental Health	5655	14
Mental Health Treatment Requirements (MHTR)	Mental Health	64720	14
National Centre for Mental Health (NCMH)	Mental Health	34524	12
Genetic Links to Anxiety and Depression (GLAD)	Mental Health	40136	8
DIADEM	Dementia and Neurodegeneration	60651	7
Eating Disorders Genetics Initiative V1	Mental Health	41782	7
UK-REACH I-CARE WP4&5	Infection	66339	6
Strengthening programme for ambulant adolescents with cerebral palsy	Children	57227	4
More RESPECT	Mental Health	56541	4
VISION-QUEST	Mental Health	58033	4
PPiP2	Mental Health	18451	3
Stretching programme for ambulant children with cerebral palsy (SPELL)	Children	57141	2
gameChange VR	Mental Health	67294	2
Spatial Inattention Grasping Therapy (SIGHT)	Stroke	58911	2

Funding

Budgets for 2026/27 have been announced and GHC will receive £267,592 compared to £287,733.86 for 2025/26. A new funding model has been initiated across the Research Delivery Networks by the National Institute for Health and Care Research (NIHR) in response to the national review of commercial clinical trials by Lord O'Shaughnessy. The new model puts greater emphasis than ever before on commercial research activity which has resulted in mental health trusts especially being vulnerable to funding cuts – the 3 mental health trusts within our Southwest Central region received funding cuts of 6.5 – 7% for 2026/2027.

In 2025/26 we received additional funding from the Regional Research Delivery Network (RRDN) for two development bids totalling approximately £70,000. These bids supported Allied Health Professionals and Psychological Services staff to become more active and engaged with research, especially NIHR research activities. This support was vital to ensuring the successful delivery of several portfolio studies including those in community mental health, cardiology, children's services, dementia and stroke. No further funding is available from the RDN to support these initiatives through 2026/27.

Additional funding was secured via the NIHR Developing Research Leaders programme, to recruit an AHP lead for 3 years who will deliver on embedding research into AHP professional identities, culture and roles within GHC, across all career stages.

We are also still waiting for confirmation of any Research Capability Funding allocated to GHC. If we qualify for this payment in 2026/27, we expect it to be around £27,000. This funding will support the launch of a new initiative to encourage GHC colleagues to complete their own account research & evaluation projects.

Research Network

Following the restructuring of clinical research networks GHC is part of the Southwest Central Research Delivery Network, which incorporates the same area as the previous network but also stretches south through Dorset to the coast as seen in Figure 1 below.

GHC works with the NIHR and our Regional Research Delivery Network, who are our primary funders. We routinely collaborate with local partners including Gloucestershire Hospitals NHS FT, University of Gloucestershire, Cobalt charity, Health Innovation West of England and wider academic institutions, voluntary and community sector organisations, as well as selected commercial partners.

Fig 1 – New RDN Boundaries

Research Strategy

The GHC Research and Innovation Strategy, which is currently under review, has been agreed by the trust and has been published on the Research Intranet pages HERE. One of the key themes of the strategy is collaboration, and we will be working closely with the Research4Gloucestershire partners throughout 2026/27 to set up systems and process that will support a truly collaborative, systemwide approach to research, development and innovation.

Research4Gloucestershire is a consortium of research active organisations within Gloucestershire, including, GHC, GHT, ICB, University of Gloucestershire, Social Care, General Practice and local authorities. We will continue to review this membership and expand it as appropriate.

Changes to the ICB boundaries offer GHC the exciting opportunity to join Bristol, North Somerset, South Gloucestershire ICB – the #1 ranked ICB in the country for securing research capability funding.

Use of the Commissioning for Quality and Innovations (CQUIN) framework

A proportion of Gloucestershire Health and Care NHS Foundation Trust's income is typically informed by achieving quality improvement and innovation goals agreed between Gloucestershire Health and Care NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

In 2025/26 CQUIN Schemes were nationally paused with the option to undertake locally agreed schemes. None were agreed for 2025/26.

2025/26 CQUIN Goals

Gloucestershire Health and Care Locally agreed CQUINS.

Goal name	Applicable To
None negotiated for 2026/27	NA

Statements from the Care Quality Commission

CQC registration

Assurance on compliance with CQC registration requirements is reported and monitored regularly through governance structures coordinated by the Nursing and Therapies Directorate and Medical Directorate, which reports to the Quality Committee which in turn reports to Board. Regular quality and performance reports, the Quality Account and exception reporting are presented to ensure that Directors are informed of key quality issues relating to patient experience, patient safety and clinical effectiveness.

The last CQC Core and Well-Led inspections were undertaken in April and May 2022, resulting in an overall rating of "Good". All actions from this inspection have been completed and in Q3 of 2024 the Trust's Quality Team undertook fidelity checking process to ensure that all actions have been embedded in clinical practice areas.

In October 2023 Berkeley House, our ward for People with Learning Difficulties and Autism, received an inadequate rating and the Trust was also issued with a Section 31 notice. The service was reinspected in July 2025, and we await the final report due to an extended period of factual accuracy checking with CQC.

During 2025/26 CQC continued to complete Mental Health Act visits to mental health and learning disability wards – one Learning Disability ward as part of an overall CQC inspection, and two Older Age Adults wards. Overall, feedback has been very positive, with the older age adult wards having no areas for improvement identified and their exemplary practice noted.

In Q4 of 2025/26 concerns related to patient safety at Wotton Lawn Hospital were raised with Gloucestershire County Council Head of Safeguarding and resulted in a Large-Scale Safeguarding Enquiry being established under Section 42 of the Care Act 2014 to assure that patients are appropriately safeguarded against abuse and neglect. A range of partners, including Care Quality Commission are part of the enquiry and the Trust has been proactive in sharing its internal response and assurance with partners.

The Trust has a rolling programme of self-assessment for all services in the Trust to determine their regulatory compliance and preparedness for a service inspection, including whether they are well-led under CQC and NHS England well-led framework.

The Trust is anticipating that CQC inspections of core services and a subsequent well-led inspection could occur during 2026/27 and preparatory work for this continues with particular focus on areas that have not been inspected for some time.

The Trust is fully compliant with the registration requirements of the Care Quality Commission. The next external Well-Led review of leadership and governance is scheduled for 2026/27, providing independent assurance of the Trust's leadership and governance arrangements

Data Quality

Robust and reliable data underpins the effective provision of healthcare services both at a delivery and a management level. It is essential for maximising performance, informing service improvements and creating reliable insight to inform decision making. However, to be of use, data needs to be of high quality, timely, comprehensive, and accurately captured.

Gloucestershire Health and Care NHS Foundation Trust (GHC) submitted data at the required quality maturity levels during 2025/26 (based on latest local published position January 2026):

- The patient's valid NHS number was: **99.5%** (97.1% national average) for Emergency Care (ECDS); **100**% (87.2% national average) for Community Services (CSDS), **100%** (50.1% national average) for Mental Health Services (MHSDS) and **100%** (91.9% national average) for Improving Access to Psychological Therapies (IAPT). The Trust is above National data score averages in all areas for NHS Number recording and improved in all areas on the previous year.

- The patient's valid General Medical Practice Code (Patient Registration) was: **99.1%** (97.4% national average) for Emergency Care (ECDS); **100**% (93.9% national average) for Community Services (CSDS), **100%** (71.6% national average) for Mental Health Services (MHSDS) and **100%** (96.2% national average) Improving Access to Psychological Therapies (IAPT). The Trust is above National data score averages in all areas for NHS Number recording and improved in all areas on the previous year.

Overall, the Data Quality Maturity Index (DQMI) Rates for GHC in January 2026 were:

MHSDS94%, IAPT 99.9%, CSDS 99.3%, and ECDS 82.6%. All have improved since the previous year. This contributed to an 92.8% Trust position (89.7% for 2024/25).

Furthermore, the Trust has made the following quality improvements during 2025/26:

- Ongoing quality improvement through an operationally-led Patient Record Quality Group, supported by robust governance and reporting.
- The development of a data quality reporting suite for operational services and enhanced Board-level oversight via the Data Quality Maturity Index (DQMI) within the Trust's quality and performance dashboard.
- Established business intelligence business partnering functions aligned to a developing operational service structure to improve relations and support service delivery management.
- Integrated corporate and clinical service level reporting for all core Physical Health Community and Mental Health and Learning Disability systems.
- Improvements to quality reporting via iterative development of Quality Dashboard
- Initiated a review of quality governance structures and processes, supported by the findings and improvement plan following an internal audit of Quality Governance in Q3 that reported moderate assurance on design and moderate assurance on operational effectiveness.
- National Faster Data Flows (FDF) implementation and feeding data into the NHS Federated Data Platform (FDP).
- Dental system review and replacement system implementation to enable automated reporting in 2026/27.
- Trust health inequalities statement to express how GHC has identified, analysed and acted on health inequalities for 2025/26, and its intentions for 2026/27.

Information Governance

Gloucestershire Health and Care NHS Foundation Trust's (GHC) 2024/ 2025 Data Security and Protection Toolkit (DSPT) submission was an overall score of Standards met. We are expecting to submit a standards met return in June 2026 for the 2025 to 2026 DSPT submission. The Board received an annual report from the Senior Information Risk Owner (SIRO) in May 2026.

Clinical Coding

Gloucestershire Health and Care NHS Foundation Trust were not subject to the Payment by Results clinical coding audit during 2025/2026 by the Audit Commission.

Learning from Deaths

To meet the requirements of the Learning from Deaths framework issues by NHS-England above the trust holds 2 Mortality Review Groups each month:

- Physical Health Mortality Review Group
- Mental Health and Learning Disability Mortality Review Group

During 2025/26, 374 Gloucestershire Health and Care NHS Foundation Trust (GHC) patients died and were considered for review as part of our Mortality Review processes.

	Q1	Q2	Q3	Q4
Number of deaths	91	81	100	102
Number of deaths reviewed	15	12	15	15

As part of our Mortality Review Groups (MRG) 2 grading systems are used, National Confidential Enquiry into Patient Outcome and Death (NCEPOD) and Mazars.

In our Mental Health Mortality Groups, we use the Mazars Classification of patient deaths which was developed following their report into Southern Health NHS Foundation Trust (2015). This classification tool considers whether deaths are unexpected or expected or natural or unnatural. Each reviewed case is given a score by the group. Our Mazars summary for 2025/26 is below:

Expected Natural (EN1)	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 would not be investigated but could be included in a mortality review of early deaths amongst service users.	5
Expected Natural (EN2)	A group of deaths that were expected but were not expected to happen in that timeframe. E.g. someone with cancer but who dies much earlier than anticipated These deaths should be reviewed and, in some cases, would benefit from further investigation	1
Expected Unnatural (EU)	A group of deaths that are expected but not from the cause expected or timescale E.g. some people on drugs or dependent on alcohol or with an eating disorder These deaths should be investigated.	0
Unexpected Natural (UN1)	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.	13
Unexpected Natural (UN2)	Unexpected deaths which are from a natural cause, but which didn't need to be e.g. some alcohol dependency and where there may have been care concerns These deaths should all be reviewed and a proportion will need to be investigated	1
Unexpected Unnatural (UU)	Unexpected deaths which are from unnatural causes e.g. suicide, homicide, abuse or neglect These deaths are likely to need investigating	0

The NCEPOD grading system (below) is used to summarise the assessment of quality of care provided for the cases which are presented. Our summary for the year 2025/26 is below:

	NCEPOD Categories 2025/26	
1	Good practice: a standard that you would accept from yourself, your trainees and your institution	31
2	Room for improvement: aspects of clinical care that could have been better	1
3	Room for improvement: aspects of organisational care that could have been better	0
4	Room for improvement: aspects of both clinical and organisational care that could have been better	0
5	Less than satisfactory: several aspects of clinical and/or organisational care that were below that you would accept from yourself, your trainees and your institution.	0
6	Insufficient data/information in the case notes to assess the quality of care	0

Case record reviews are discussed at monthly Mortality Review Group (MRG) meetings chaired by a Clinical Director and Head of Patient Safety and Learning.

Some deaths are reviewed outside of our Mortality Review Groups; these are deaths that are considered under our Patient Safety Incident Response Framework (PSIRF) Policy and Plan where learning responses such as Patient Safety Incident Investigations (PSII) and After-Action Reviews (AAR) are undertaken.

Shared Learning from 2025/26

Learning from incidents and improvement activity is actively shared across the organisation through structured shared learning practice notes, including posters and newsletters disseminated to teams. This is supported by fidelity testing undertaken by the Quality Assurance team to ensure learning is consistently understood, embedded and translated into practice. These processes strengthen organisational learning and provide assurance that improvement actions lead to sustained change.

- Lack of information provided by other trusts when discharging to GHC needs to be logged on Datix so themes can be identified and targeted.
- At end-of-life, colleagues need to recognise the careful balance that is required when involving families in decision making as for some this may feel like an added burden.
- Where patients do not wish to be involved in decision making, guidance is made available.
- To listen to patients and support them to make their own choices – not for colleagues to take over even if they feel it's in their best interests. Colleagues need to remain mindful of thresholds for Best Interests Decision-Making processes.
- Value of LeDeR case being presented and discussed alongside trust case reviews.
- Challenges of 'feed at risk' – Requires individualised approach and careful documentation and risk assessment. Colleagues need to consider capacity and whether this is in best interests or whether the patient is choosing to make an unwise decision.
- Opportunity for exploration whether colleagues who predominantly work nights have been able to access training that is primarily available in the day regarding end-of-life care and also their involvement in MDT discussions.
- Good examples of collaborative approach between community hospitals and palliative care teams.
- 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 share ideas of uncertainty with relatives, mindful that these can be challenging, sensitive conversations to have. To take the approach by explaining that the relative is sick enough to die however he/she has not 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.
- Raised 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 were encouraged to invite colleagues that had been directly involved in cases to MRG meetings to listen and contribute to the case and for shared learning.

Part 2.3: Mandated core indicators 2025/26 data

There are several mandated Quality Indicators which organisations providing mental health services are required to report on, and these are detailed below. The comparisons with the national average and both the lowest and highest performing trusts are benchmarked against other mental health service providers.

1. **The percentage of patients aged 0-15 years and 16 years and over, readmitted to a hospital, which forms part of the Trust, within 28 days of being discharged from a hospital which forms part of the trust, during the reporting period.**

	Quarter 1 2025-26	Quarter 2 2025-26	Quarter 3 2025-26	Quarter 4 2025-26
Gloucestershire Health and Care NHS Foundation Trust 0-15 years	0%	0%	0%	0%
Gloucestershire Health and Care NHS Foundation Trust 16 years +	6.67%	3.9%	1.3%	3.7%

Gloucestershire Health and Care NHS Foundation Trust consider that this data is as described for the following reasons:

- The Trust does not have Child and Adolescent inpatient beds.
- Patients with serious mental illness are re-admitted to hospital to prioritise their safety and promote recovery.
- Patients on Community Treatment Orders (CTOs) can be recalled to hospital if there is deterioration in their presentation.

Comparative to last year this showed a reduction in average percentage over the year from 4.25% (2025) to 3.89% (2026).

Gloucestershire Health and Care NHS Foundation Trust have taken the following action to improve (reduce) this percentage, and so by improve the quality of services, by:

- Participating in the National Getting It Right First Time (GIRFT) MENSAT programme, designed to improve patient care by reducing unwarranted variation in services, sharing best practices, and providing data-driven recommendations for service improvement
- Conducting an external review of our Community Mental Health Transformation programme to identify further opportunities for improvement in our community setting
- Continuing to promote a recovery model for people in contact with services.
- Supporting people at home wherever possible by the Crisis Resolution and Home Treatment Teams.

2. **The percentage of staff employed by, or under contract to, the Trust during the reporting period who responded positively to "*If a friend or relative needed treatment I would be happy with the standard of care provided by the organisation*".**

NHS Staff Survey	2021	2022	2023	2024	2025
GHC NHS Foundation Trust	78.42%	73.54%	76.59%	76.14%	76.03%
National Average Score	67.74% (all NHS trusts) 64.93% (MH, LD, Comm trusts)	62.90% (all NHS trusts) 63.77% (MH, LD, Comm trusts)	64.96% (all NHS trusts) 65.13% (MH, LD, Comm trusts)	64.28% (all NHS trusts) 64.84% (MH, LD, Comm trusts)	62.84% (all NHS trusts) 64.45% (MH, LD, Comm trusts)
Worst Trust Score	45.06% (MH, LD, Comm trusts)	40.20% (MH, LD, Comm trusts)	43.61% (MH, LD, Comm trusts)	41.55% (MH, LD, Comm trusts)	44.25% (MH, LD, Comm trusts)
Best Trust Score	82.37% (MH, LD, Comm trusts)	79.63% (MH, LD, Comm trusts)	80.42% (MH, LD, Comm trusts)	79.18% (MH, LD, Comm trusts)	81.28% (MH, LD, Comm trusts)

Whilst the GHC Trust score is less than the previous year, we remain in the top quartile and well above the national average score.

Our People Strategy 2026–2031, 'Creating a Great Place to Work Together for Better Healthcare', was ratified at Gloucestershire Health and Care (GHC) NHS Foundation Trust Board in May 2026 following co-creation with over 9,360 voices. The Strategy sets out four focus areas and 21 'We will' commitments across Great Leadership and Culture; A Workforce Fit for the Future; A Safe, Healthy and Inclusive Workplace; and Working Together, Working Differently.

Part 3: Looking back: a review of quality during 2025/26

Introduction

Quality Priorities 2023-2026:

In support of our overarching quality ambitions our physical, mental health, learning disability, children's and specialist services undertook work relating to the following quality improvement priorities which have been agreed with commissioning bodies. This is to facilitate an ongoing focus on quality for the organisation to improve care for the people we seek to serve in Gloucestershire. The priorities are underpinned by the mandate set out in the Quality Strategy and reflect our 3 Pillars of Quality in terms of Effectiveness, Safety and user Experience.

- Tissue Viability (TVN) - with a focus on the recognition, reporting and clinical management of chronic wounds using quality improvement methodology and educational resources.
- Dementia Education - with focus on Increase staff awareness of dementia through training and education, to improve the care and support that is delivered to people living with dementia and their supporters across Gloucestershire.
- Falls prevention – with a focus on reduction in medium to high harm falls within all inpatient environments based on baseline 2021/22 data.
- End of Life Care (EoLC) – with a focus on patient centered decisions, including the extent by which the patient wishes to be involved in the End-of-Life Care decisions.
- Friends and Family Test (FFT) – with a focus of building upon the findings of the 2022/23 CQC Adult Community Mental Health Survey action plan.
- Reducing suicides – with a focus on incorporating the NHS Zero Suicide Initiative, developing strategies to improve awareness, support, and timely access to services.
- Reducing Restrictive Practice – with a focus on continuing our strategy in line with the Southwest Patient Safety Strategy to include restraint and rapid tranquilisation.
- Learning disabilities – with a focus on developing a consistent approach to training and delivering *trauma informed* Positive Behavioral Support (PBS) Plans in line with National Learning Disability Improvement Standards. This includes training all learning disability staff in PBS by April 2025.
- Children's services – with a focus on the implementation of the SEND and alternative provision improvement plan.
- Embedding learning following patient safety incidents – with a focus on the implementation of the Patient Safety Improvement Plan.
- Carers – with a focus on achieving the Triangle of Care Stage 3 accreditation.

Good progress against all agreed plans has been demonstrated against each Quality Priority. In relation to Tissue Viability the National Wound Care Strategy (NWCS) is fully embedded and blended model training available. Our Dementia Education programme continues with good training uptake and very positive feedback received in relation to community events held. Falls and restrictive practice are being overseen within the monthly Quality Dashboard where any emerging themes or trends are reported, the actions from the 2022/23 CQC Adult Community Health Action Plan are implemented and the work undertaken on the Zero Suicide Plan 2022/24 is being reviewed to align with the One Gloucestershire Suicide Prevention Strategy 2024/2029. Our learning disability colleagues were trained in positive Behavioural Support (PBS) by April 2025, and the Oliver McGowan training continues throughout the organisation. Work relating to the SEND provision is ongoing as is the focus on achieving the triangle of Care Stage 3 accreditation. GHC EoLC priorities align with NICE Quality Standards for care at the end of life and NHSE personalised care, we have a workforce that is compassionate, confident and competent in delivering personalised end of life care in our hospitals and in the community. The GHC Patient Safety Incident Response Policy and plan were updated and implemented alongside Implementation of the Patient Safety Incident Response Framework (PSIRF).

As this cycle of Quality Priorities concludes, the Trust recognises the strong foundation established through high levels of engagement, delivery and learning across all workstreams. From 2026/27, quality improvement will be driven through a refreshed Quality Strategy and embedded within the Trust's business planning process, ensuring that quality improvement objectives are fully aligned to strategic priorities, operational plans and resource decisions. This integrated approach will strengthen accountability, support delivery at scale and ensure that quality remains a central driver of organisational performance and improvement.

Below are some curated highlights:

Tissue Viability (TVN) - with a focus on the recognition, reporting and clinical management of chronic wounds using quality improvement methodology and educational resources.

The implementation plan is split into 4 sections:

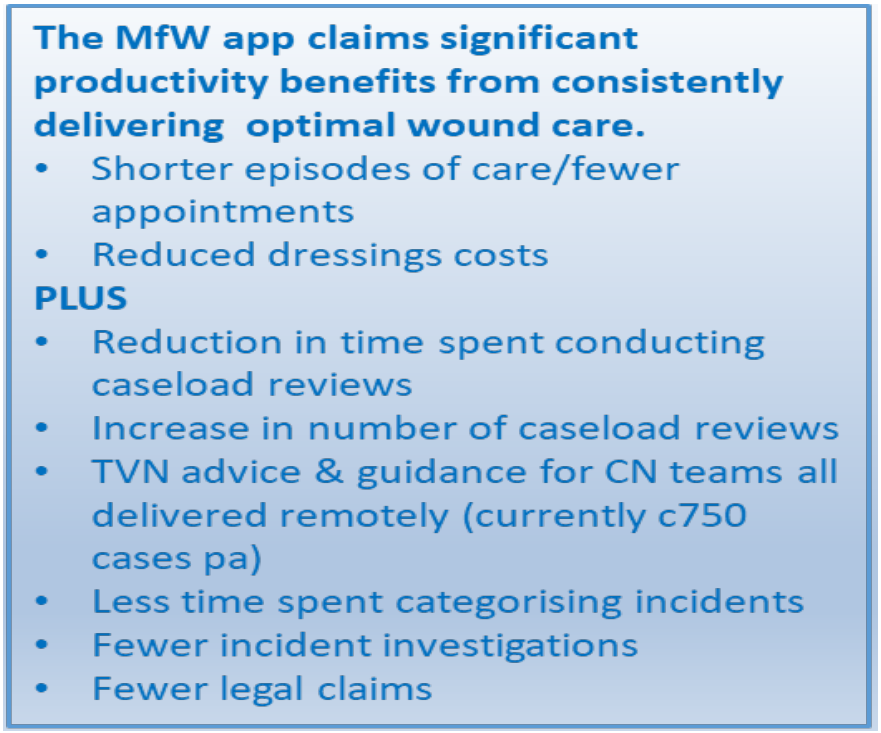
- Implementation of the National Wound Care Strategy (NWCS).
- Refresh and evaluate the delivery of training, education and support available.
- Evaluate and produce a business case for the implementation of a wound care app.
- Evaluate and strengthen links with dietetic services and other services both within GHC and across the system to improve holistic support to patients.

The Journey:

- The National Wound Care Strategy (NWCS) has been fully embraced and embedded within the culture of GHC with links to Tissue Viability Nurse (TVN) colleagues being established in Gloucestershire, Oxford and Bristol. A review of the latest guidance/standards published on the NWCS website was completed and uploaded to the Trust Intranet, with links to the NWCSP videos and training/learning resources being shared to enable learning.

- Training: A blended model of training is available encompassing both Face to Face training and Webinars, the Face-to-Face offers have been made available countywide at multiple locations.

- Wound Care App. A trial of the wound care app was undertaken in one location with a control set up to test the benefits suggested by **healthy.io** who are the provider of the "**Minuteful for Wound**" application. The purpose of the trial was:
    - To determine whether the app improves the quality of wound care
    - To determine the app's usability, impact on service delivery,
    - To evaluate the claim that the cost of the app is recovered through productivity gains.



Trial Methodology

- Trial of the wound care app commenced 17/03/25
- Duration of trial: 9 months (6 months for clinical intervention data)
- Intervention locality, Forest of Dean, allocated 40 full licences.
- Control locality, Stroud, no licences allocated.

- A case control approach was taken, with Forest of Dean as the case and Stroud as the control. Stroud was matched to Forest of Dean based on demographic factors and similar length of stay, total contacts and contact duration.
- Comparison between baseline audit undertaken in February 2025 (before trial started) and follow up audit undertaken December 2025 (nine months into trial)

Conclusion

- The annual licence fee of £960.00 per user per annum equates to over £250,000 pa for use across community nursing.
- There is no measurable cost savings from deployment of the app
- A six-month extension of the trial would cost £20,000.

Links with Dietetic Services.

Network established which GHC actively engage with and ensure representation at all arranged meetings.

The Outcome:

The Wound Care App is not currently progressing due to the initial return on investment outcome. While the app was positively received, the trial did not demonstrate sufficient cost benefit when all factors were considered. Implementation of the National Wound Care Strategy (NWCS) continues in line with national priorities, with all colleagues retaining access to up-to-date guidance and equitable, high-quality training, including those in remote locations.

Next Steps:

The system for oversight and monitoring of Pressure Ulcers is well embedded within routine reporting mechanisms and real time data is available via Tableau (BI reporting system). Oversight occurs via the BI Master Performance Dashboard (quantitative analysis), with a different lens being applied via the Quality Dashboard (qualitative) analysis.

Dementia Education - with focus on Increasing staff awareness of dementia through training and education, to improve the care and support that is delivered to people living with dementia and their supporters across Gloucestershire.

The implementation plan is split into 5 sections:

- Training.
- Gloucestershire 5 Step Approach.
- Patient Carer Experience.
- System Working with GP Practices.
- Communication.

What we have achieved.

Training

Dementia is a syndrome (a group of related symptoms) associated with an ongoing decline in brain function. There are many different causes of dementia and many different types.

In the UK one in 11 people over the age of 65 have dementia and the number of people with dementia is increasing because people are living longer.

GHC lead the Dementia Training and Education Strategy network and host the Dementia Education Team who develop and lead on the ICS wide dementia training offer. All dementia training and education that takes places in Gloucestershire is reported on through the ICS Dementia Training and Education Strategy network meeting which is planned to be held each quarter.

The quality priorities aim is to increase the numbers of staff within GHC who have completed the Tier 1, 2 and 3 training that is available.

Across the ICS, courses remain fully booked and feedback received is always very positive. Please see figures below covering 1st January 2024 - 1st January 2026 for GHC colleagues:

- Dementia Tier 1 Training - 418 completions
- Dementia Tier 2 Training - 51 completions
- Dementia Tier 3 Training – 19 completions

GHC have also supported development of 10 new dementia training films in collaboration across the ICS – these are now published and available.

The videos can be found here:
Dementia - Residential care training films for carers, family and friends - PocketMedic.org
These videos will be imbedded into the existing dementia training programme across Gloucestershire.

The Gloucestershire 5 step Approach

This remains available on GCC Website and training is delivered in the Tier 3 Dementia Link Worker / Dementia Lead programme available across the ICS. There is a planned review of the 5 Step Approach in Q1 2026/27.

Patient/Carer Experience

All incidents that are reported via the Datix Incident Reporting System that mention a person living with a dementia as being are reviewed by a specialist. This has been helpful for oversight and monitoring of any issues / challenges faced and support is offered to clinical teams as required.

The numbers of concerns and complaints raised to the Trust where a person living with a dementia is involved is low and these are subjected to oversight by specialists with support being provided to teams and individuals where required.

Primary Care

Work has been done to update the dementia pages on G-CARE (a shared digital hub across Gloucestershire NHS and partner organisations, providing clinical guidance, education and training resources, and consistent, up-to-date information to support health and social care staff) to ensure that all information is clear and accurate for Primary Care staff, this includes updating the resources available on signs and symptoms and information on young onset dementia. A one-off session was also delivered to the MH ARRS workers covering some GP practices in 2025, with relationships built and team know who to contact if they have any questions / concerns.

Ongoing dementia awareness training available across Primary Care through the ICS Dementia Education Team and also able to access the newly produced dementia training films.

Frailty and Dementia business case was developed by the ICB and now most GP practices have a dedicated GP dementia lead who will be supporting the primary care co diagnosis work that is

planned. This has enabled some focused dementia education for those colleagues and the Frailty Teams that support out across PCN's to increase knowledge and understanding and continue to build stronger relationships.

Community Hospitals

A programme of Dementia Care Mapping (DCM) commenced in July across three cohorts: Cirencester, Stroud, and Forest. This demonstrated strong person-centred practice across all sites. Forward planning is underway to increase the number of staff trained.

Dementia Action

Research shows dementia risk is lowest in people who have healthy behaviours in midlife (aged 40-65) and healthy lifestyles can make it possible to reduce the likelihood of getting dementia by up to one third. Through 2025 we held Dementia Action Day's across the ICS, and these were focused within a different locality each month. This enabled engaging with the public and discussion of dementia risks and risk reduction.

The Dementia Action Day's for 2025 were held as below:

- Saturday 11th January – Gloucester (Eastgate Shopping Centre)
- Wednesday 12th February – Stroud (outside Stroud Library)
- Tuesday 4th March – Tewkesbury
- Saturday 5th April – Cirencester
- Friday 13th June – Chipping Camden
- Saturday 9th August – Newent
- Sunday 21st September – Cheltenham (World Alzheimer's Day)
- Thursday 27th November – Dursley

Next Steps

For 2026, we have marked Dementia Action Week (18th – 24th May) and are scoping our dates for Dementia Action Days and developing our input to ICS Cultural and Diversity Dementia Network. This group is ongoing with all workstreams embedded, meeting quarterly with a clear action plan on what we want to achieve over the next 2 years and has won a Trust award.

End of Life Care (EoLC) – with a focus on patient centred decision, including the extent which the patient, their carers and families wish to be involved in the End-of-Life Care decisions.

The implementation plan is split into 3 sections:

- To be fully assured that patients, their carers and families, are involved as much as they want to be in end-of-life care decisions.
- To Be fully assured that staff are identified and receive training with systems in place for ongoing compliance monitoring.
- To maximise training availability and ensure identification of additional resources where required.

The Journey:

Progress – The NACEL 2023 audit evidenced good compliance that patients, carers and families participated in end-of-life care as much as they wanted to be. A training needs baseline has been established with the aim of Masterclasses being assigned as Essential to Role for certain groups. A review of the training provision and alignment to essential role training identified a shortfall in provision and as number of topics have been requested to become essential to role, this has led to

a wider review of essential to role training and therefore the EoL essential to role proposals are part of that wider review.

The Outcome:

GHC EoLC priorities align with NICE Quality Standards for care at the end of life and NHSE personalised care, we have a workforce that is compassionate, confident and competent in delivering personalised end of life care in our hospitals and in the community therefore benefiting the patients in our care.

Next Steps:

We receive many compliments regarding EOL care but our recording of these is low and we are working hard to support the teams to record these to enable us to share the positive feedback. The number of EOL complaints that we receive is fortunately very low, however, we consider that one complaint is too many as the impact for family and those people important to the patient can lead to significant and ongoing distress and challenges in their bereavement process if there is no resolution. Our work and success in early / local resolution of complaints is important for patients and their loved ones. Early resolution can support people to travel through their bereavement process without the distress and anger that a complaint can bring to them. Going forward we are exploring how we can capture feedback in Realtime to address and resolve any issues or concerns before they have a devastating impact.

Summary

End of Life Care priorities align with NICE and NHSE standards and are supported by a compassionate, capable workforce delivering personalised care across hospital and community settings. We will be exploring way to encourage and expand access to End of Life Care training to ensure consistent knowledge and confidence across the workforce. While complaints remain very low, focus is shifting to improved real-time feedback capture and consistent recording of positive feedback to support early resolution, shared learning, and ongoing quality improvement.

Carers – with a focus on preparing for, achieving and long-term maintenance of the Triangle of Care Stage 3 accreditation.

The Plan:

The implementation plan is split into 4 sections:

- **Mission and vison**
  Continue with an organisational plan that communicates the mission and vision of the project.
- **Mapping**
  Continual live evaluation and remapping of all teams that establishes their current compliance status with level 2 requirements by using a self-assessment methodology.
- **Engagement**
  Continued engagement with all stakeholders.
- **Planning**
  Develop plan on a page and project control methodology.

The Journey:

In 2024 the Carers Trust reaffirmed our 1st and 2nd star status for our work within mental health services and again in 2025 for continued progression within both mental and physical health services. The Carers Trust now gives approval and encouragement for GHC to progress towards the ToC 3rd star accreditation by engaging the principles of ToC with all teams. Progress with the Triangle of care accreditation workstream continues with focus projected on engaging with stakeholders and developing a map of all teams establishing their current compliance status with level 2 requirements by using a self-assessment methodology. This enables a clear picture to be obtained of where resource needs to be directed next year.

The Outcome:

Each year, to retain accreditation, Gloucestershire Health and Care NHS Foundation Trust (GHC) submits an annual report to the Carers Trust providing information regarding progress, key developments and evidencing the compliance of our carer aware practice against the 6 set standards. Key themes include:

- A quarterly Carer Champion Community of Practice where sharing and learning can provide best practice.
- Application of the Trusts Carer Awareness training package to be raised to a mandated platform as essential for role.
- The implementation of a monthly Carers Working Group.
- The Development of the Trust Carers Charter and Young Carers Charter
- Continued delivery of Trust wide Carers Handbook with mental health supplement.
- The implementation of a carer specific Friends and Family Test.
- The development of proactive links with our local Young Carers.
- Monthly support group for GHC colleagues who are carers.
- The development of guidance on the use of common-sense conversations with family and friends to empower staff to feel more empowered and confident to converse with carers and family members.
- Development of a Triangle of Care Maturity Matrix to monitor compliance across the Trust.
- Planned work to develop a digital portal to support recording of the ToC data being collated.

Summary
The Carers Trust complimented the Trust on our ambition, and how we continue to re-affirm and build on our commitment to carers using the Triangle of Care quality improvement framework.

Next Steps:

Evaluate the data collected, alongside responses and recommendations from the Carer Trust to plan the workstream priorities for 2026/7 to visit areas requiring focus and development with focus on Carer Friendly Workplace and The Peoples Promise.

Quality Dashboard

During 2025/26, the Trust has sought to strengthen its approach to quality and performance reporting. The monthly Quality Dashboard is aligned to NHS England's shared single view of quality, supporting the delivery of safe, effective, personalised and equitable care. This approach enables early identification and escalation of quality risks, supports oversight of service improvement and transformation, and provides clear visibility of progress and good practice across the organisation.

The dashboard forms a key role in our emerging quality management system approach and informs a number of forums and committees within the Trust governance structures as well as a vehicle to inform our ongoing quality relationship with our Commissioners, System Partners and our Regulators. It includes a range of information across all our services.

The dashboard provides a monthly overview of our activity split into the Safe, Effective and Caring categories and has an Executive Summary highlighting key points. This year we have been streamlining the data so that the report can sit alongside the main Integrated Performance and Quality Report. The datasets within the quality dashboard have also evolved from a focus on reporting the qualities priorities of our Quality Strategy to covering statutory responsibilities, mandated duties and legal requirements.

There is an organisational appetite to further develop our reporting and governance framework by moving towards greater integration between our assurance mechanisms. The ambition is to enhance the way the Trust thinks, plans and reports and to improve accountability through assurance and scrutiny; it is felt that a better reporting product will drive short and long-term organisational improvement. Therefore, the intention is to move beyond our historical silo approaches of information reporting towards a more comprehensive, holistic assessment of value, quality and performance. There will be a multi-year timeline for achieving the ambition and it will develop not only the reporting and associated governance frameworks of (initially) the Performance and Quality Dashboards, but also, over time, the integration of other corporate reports such as, but not limited to, the Trust's corporate Finance and Workforce reports.

Outreach Vaccination Team (OVHT) 2025/26

The Outreach Vaccination and Health Team (OVHT) support the national immunisation programme by offering vaccinations including Covid and flu to the people of Gloucestershire in five core areas of activity:

- The OVHT hold community-based pop-up sessions in areas with low vaccine uptake and underserved communities offering Covid vaccinations at various locations across the county of Gloucestershire including venues supporting the homeless, food banks, community centres, warm spaces, sports clubs, libraries and village halls. During 2025/2026 Covid vaccination campaigns, 210 vaccines were administered by the team. OVHT also supported primary care when required and administered 100 Covid vaccinations to people who were housebound and/or residents in older adult care homes.

- Support the Covid and flu vaccination campaigns to increase vaccine uptake in vulnerable groups such as inpatients and administered a total of 312 Covid and 224 flu vaccinations to patients admitted to Trust inpatient units. To respond to the national respiratory syncytial virus (RSV) vaccine catch-up campaign, OVHT administered 13 RSV vaccines to inpatients who were eligible. In addition, the team supported the Trust occupational health offer by holding walk-in sessions for staff at various locations across the Trust estate. During the Autumn/Winter 2025/2026 vaccination campaign the OVHT administered 1244 flu vaccinations to staff which accounted for 54% of total GHC staff flu vaccine uptake. Anticipated changes to the model of delivery of the national vaccination programme, means the Trust will expand a trust wide peer vaccinator approach across all services for the provision of staff and inpatient flu and Covid vaccines during the winter campaign for 2026/27.

- Promote the national call for Making Every Contact Count (MECC) in which public facing staff engage with patients, and members of the public as an opportunity to support and encourage or consider change in behavior such as stopping smoking to improve individual people's health and wellbeing. The OVHT offer health care advice including blood pressure checks, sign-post people to free local services and partner organisations at community pop-up vaccination and MECC sessions. During 2025/2026 the team held over 140 MECC sessions at various locations

across the county, with 1717 people having blood pressure checks. Of these, 224 people were referred to for specialist/ primary care review.

- During 2025/2026 OVHT continued to work jointly with system partners to support offering routine vaccinations to refugees and asylum seekers within Gloucestershire. OVHT administered 203 measles, mumps and rubella (MMR) and 259 diphtheria/tetanus and polio (DTP) vaccines to those who had incomplete/unknown vaccination history.

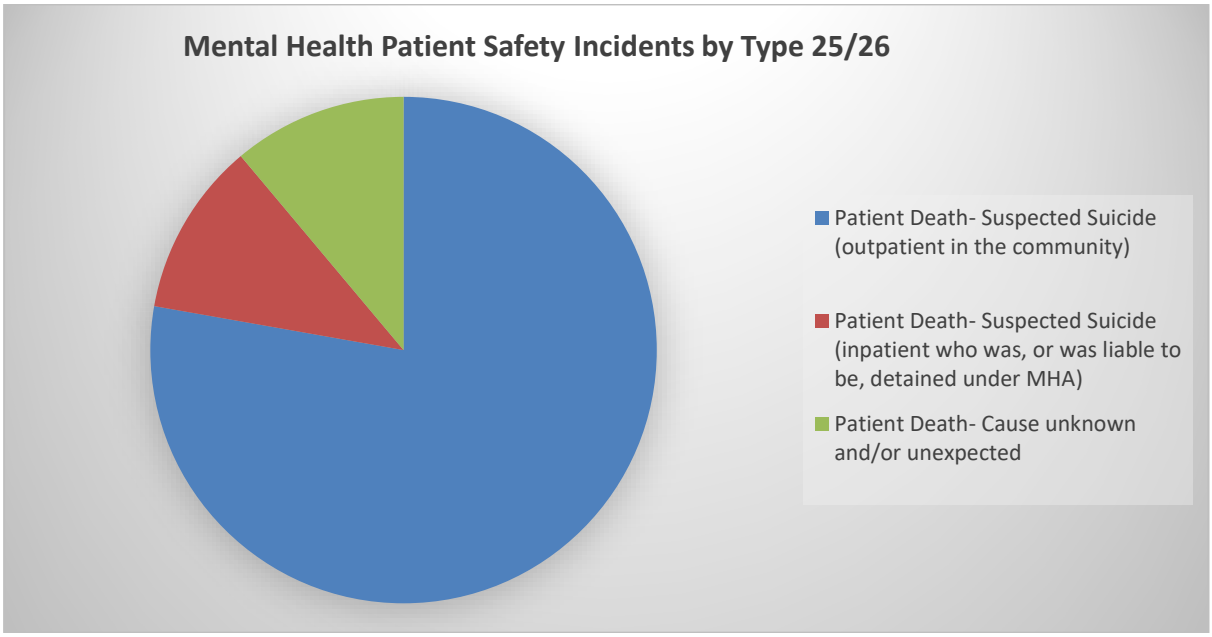
The OVHT tirelessly champion vaccination uptake and outreach within Gloucestershire through ongoing engagement with community leaders/networks and partner organisations and seek innovative ways to expand their reach.

Patient Safety Incidents 2025/26

Mental Health Services

By the end of 2025/26, 9 Patient Safety Incidents (PSIs) were reported by the Trust. The classification of these incidents reported are shown below.

- 7 Patient Death- Suspected Suicide (outpatient in the community)
- 1 Patient Death- Suspected Suicide (inpatient who was, or was liable to be, detained under MHA)
- 1 Patient Death- Cause unknown and/or unexpected



Physical Health Services

For 2025/26, the Trust reported 1 Patient Safety Incident (PSIs).

The classification of this incident was as follows:

- 1 Patient Death- Cause unknown and/or unexpected

All Patient Safety Incidents were investigated by a specialist team of reviewers, all of whom have met the requirements set out by NHSE in their PSIRF guidance around training and competencies.

The role of a Family Liaison Practitioner is currently being met by two members of the Patient Safety Team who are Registered Nurses and hold the necessary skills to undertake compassionate and caring conversations with individuals impacted by patient safety events.

During this financial year the internal auditors BDO undertook an audit into the Trust's implementation of its PSIRF policy, plan and processes. The audit found moderate assurance on design and limited assurance on operational effectiveness and an improvement plan is in place to address the areas of learning and improvement.

The Trust has a dedicated Learning Assurance Team who support learning from safety actions, tracking these through to conclusion and beyond so that GHC can translate that learning into sustained improvements in patient care.

Recognising the emotional demands of this work, the service places a strong emphasis on colleague welfare and self-care. Team members actively support one another through both formal and informal support networks, which provide a space for ongoing communication and peer support.

The Trust continues to share copies of our investigation reports regarding suspected suicides with the Coroner in Gloucestershire to assist with the Coronial investigations.

Physical health care in mental health settings

Gloucestershire Health and Care (GHC) employs a small, specialist team of Nurses and Healthcare Assistants (HCAs) to improve the physical health care of people with mental health conditions and learning disabilities across Gloucestershire.

The service includes two Band 6 Physical Health Nurses working within Older Adult and Working Age Adult inpatient units, who also provide weekly support to the Recovery Units and Berkeley House as required. In addition, the team includes a Band 6 Learning Disability Specialist Screening Nurse (0.3 WTE), a dedicated Treating Tobacco Dependency Team, and two Band 7 Lead Nurses for Improving Physical Health in Mental Health and Learning Disabilities (1.0 WTE job share).

The inpatient Physical Health Nurses deliver hands-on clinical care to patients, alongside providing training and support to mental health colleagues. One of these nurses is due to qualify as a Non-Medical Prescriber later this summer, which will enable her to prescribe appropriate dressings and treatments directly, reducing delays and dependence on medical colleagues.

We were delighted to receive recurrent funding from the Integrated Care Board (ICB) for the Treating Tobacco Dependency Team. This funding has enabled the recruitment of permanent staff and clearly demonstrates Gloucestershire's commitment to the national 10-Year Plan for smoking cessation, which focuses on reducing tobacco-related harm and better integrating smoking cessation support within healthcare services.

The Learning Disability Specialist Screening Nurse has now been in post for just over a year. This role was established to improve uptake of the five national screening programmes—breast screening (mammography), cervical screening (cytology), abdominal aortic aneurysm (AAA) screening, diabetic retinopathy screening, and bowel cancer screening—among people with learning disabilities. The work has been very well received by both service users and care providers.

Earlier this year, a joint initiative with the Gloucestershire charity *Artlift* led to the delivery of three community workshops. These workshops used creative activities to help build confidence in expressing concerns about screening procedures and attending appointments with doctors and nurses. The events were attended by 60 people and culminated in the project being awarded first prize by the South West Group (SWAG) Cancer Alliance.

Freedom to Speak Up

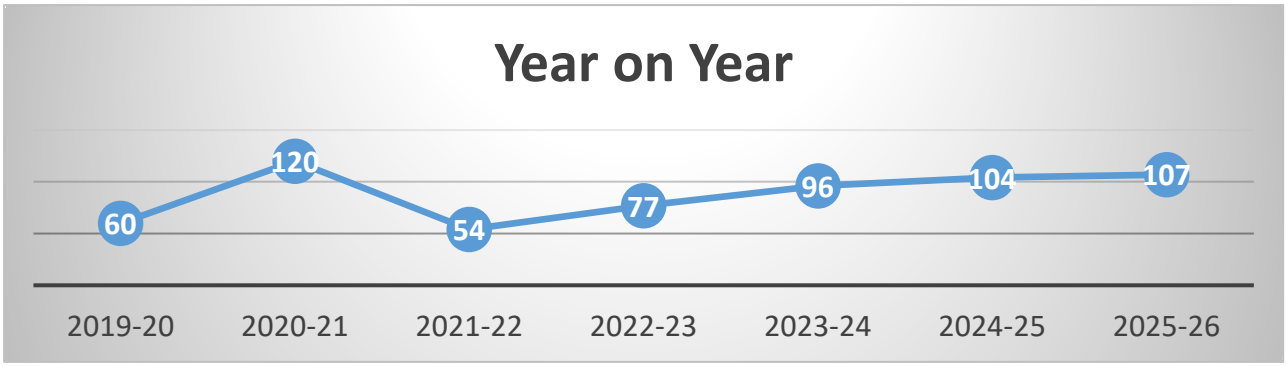
The Trust continues to invest in a full-time Freedom to Speak Up Guardian. The Guardian operates independently, impartially, and objectively on all matters relating to speaking up in the workplace, taking a highly visible leadership role in promoting the culture of speaking up, including trust and confidence in the processes themselves, and promoting learning and improvement. The wider remit is to play a key role in promoting a culture of transparency and safety and assisting the Trust in protecting staff from suffering detriment through their speaking-up experience. We continue to focus on always improving this agenda.

The Freedom to Speak Up Guardian is supported by a network of Champions who promote the Freedom to Speak Up service, offer support to colleagues to gain psychological and/or practical support. The commitment by the Freedom to Speak Up Guardian is to ensure that our champions receive ongoing support and development through sharing successes, challenges, best practice and learning.

Speaking Up processes, in line with national guidance are in place and remain open for colleagues

to speak up, be listened to and follow up action occurs. In summary, in 2025/2026 there was an 3% increase in speaking up cases (104 in total), which follows an 8% increase of speaking up in 2024/2025.

	Number of Cases				
Year	Q1	Q2	Q3	Q4	Total
2024/2025	20	21	26	37	104
2025/2026	20	25	27	35	107



Patient safety and quality of care related concerns are much less in number (13%), compared to behaviour related concerns 41%, recognising that 46% of colleagues said that their safety/wellbeing had been impacted. As an organisation, the ambition is to reflect the number of patient safety concerns raised in line with the vision of Freedom to Speak Up, The Francis Review into patient care failings (2013), with the recommendations to improve NHS culture, safety and accountability.

The Freedom to Speak Up Guardian role is part of a much bigger picture, supporting the wider organisational approach to a positive speaking up culture. Those colleagues that have declared a protected characteristic is 13% and this information is used to identify if they experience any differences in their speaking up experience, identifying any barriers and ensuring learning takes place. We use opportunities to reflect on local and national reports these and capture learning, aligned to the NHS England guidance and the National Guardian's Office embedded in the NHS Contract. A positive speaking up culture within our workforce will ensure that patient safety matters are heard and that colleagues are supported.

A positive speaking up culture is reflected nationally in the People Plan and People Promise, and locally in our strategic commitments to High Quality Care and being a Great Place to Work. It is a core component in our health and wellbeing offer, in our 'Strong Voice' commitment to colleagues. Within the NHS Staff Survey, "We each have a voice that counts" saw its score fall from 7.00 (2024) to 6.92 (2025). Despite this small decline, GHC remains above the national average. The four speaking up related questions (Q20a, 20b, 25e, 25f), do show reduced confidence and are collectively responsible for the fall in the theme score. Key issues include reduced confidence the organisation will address concerns, lower sense of psychological safety, reduced perception that organisation acts on patient/service-user concerns and lower confidence around reporting violence incidents. Priority Focus Areas commenced related to Voice, Psychological Safety and Raising Concerns.

Feedback from colleagues who have used the Freedom to Speak Up (FTSU) service remains largely positive, with 82% reporting that they would speak up again. While the majority describe the process as a positive experience, it is recognised that barriers to speaking up remain. Recent feedback has highlighted concerns about the effectiveness and confidentiality of speaking-up processes, consistent with themes identified in the staff survey. We take these concerns seriously and will commission an external review of speaking up in 2026/27 to strengthen confidence, effectiveness and trust in our arrangements. Alongside the FTSU Guardian, FTSU Champions and

day-to-day management routes, colleagues have access to a range of established escalation and resolution mechanisms, including a well-embedded Resolution Process, access to the Senior Independent Director, strong and active colleague diversity networks, and well-established Staff Side representation, with additional advice and advocacy available through professional associations and trade union partners.

Looking forward, in addition to continuing to support colleagues on a day-to-day basis, Freedom to Speak Up is identified as a key enabler within the new People Strategy. A system quality improvement project has been scoped alongside the Freedom to Speak Up Guardian at Gloucestershire Hospitals NHS Foundation Trust, in reducing barriers to speaking up. In GHC, we welcome greater responsibility, accountability and autonomy for embedding effective Freedom to Speak Up arrangements, following the move for oversight to NHS England in July 2026.

Learning from speaking up is fundamental to an open and honest culture and through continued work with our learners and proactive work continues within local universities.

Other options available to colleagues within the Trust include:

Freedom to Speak Up APP is an in-house application available as a safe, anonymous or confidential application to enable colleagues to enter into a conversation to obtain further advice and support. The version 3 APP was launched in April 2026 and will enhance the user and Guardian experience with an enhanced process for case management system and increased governance in place.

Direct to Douglas is a confidential application to share with our Chief Executive any issues colleagues think he should be aware of, give feedback or ask for a response to something they are concerned about. There are also opportunities to make suggestions for improvement.

National indicators 2025/26

		National Threshold	2023-2024 Actual	2024-2025 Actual	2025-2026 Actual
1	Early Intervention in psychosis EIP: people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral	60%	76.9%	70.1%	73.97%
2	Ensure that cardio-metabolic assessment & treatment for people with psychosis is delivered routinely in the following service areas: -inpatient wards -community mental health services (people on CPA)	 NA NA	 77% 81%	 76% 88%	 75% 87%
3	Improving access to psychological therapies (IAPT): Proportion or people completing treatment who move to recovery (from IAPT database) Waiting time to begin treatment (from IAPT minimum dataset - treated within 6 weeks of referral - treated within 18 weeks of referral	 50% 75% 95%	 52% 99.6% 99.9%	 53.3% 97.4% 99.8%	 51.24% 90.9% 99.8%

4	Admissions to adult facilities of patients under 16 years old.	NA	0	0	0

The data above is mandated within the guidance and there are no statistical variances to report upon.

The table below reports out of area placements for adult mental health services. All out of area placements are monitored by a range of teams to ensure our patients are receiving services which are safe, effective and provide a good experience. Use of out of area placements (typically within the private sector) refers to a situation where a patient is admitted to an inpatient unit outside of their local area because no appropriate bed is available locally. However out of area providers may also have limited capacity or decline to accept a patient when referred.

The aim of the trust is always to eliminate all out of area placements (OAPs) in mental health services for adults in acute care in lieu of local capacity, however in exceptional circumstances use can be operationalised to reduce the risk of harm, ensuring we provide care that has a clear benefit and improve outcomes and is patient centred and in partnership with the patient and their family.

A *'Use of Mental Health Out of Area Beds: In and Out of Hours Protocol'* has been implemented.

To support more local capacity being readily available the Trust has developed a Wotton Lawn Length of stay programme focusing on Mental Health Hospital Flow with community colleagues and system partners. Regular Multi-agency Discharge Events (MADE) are held regularly across working age, older age and recovery units to both enable actions to support patients being discharged but also collating barriers to discharge themes to focus efforts and development to take forward.

Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Year
Average Bed Days	0	26	40	39	36	49	51	140	124	100	20	0	625

CQC Adult Community Mental Health Survey 2025

Enabling people to have positive experiences of NHS services which meet their needs and expectations is a key national strategic goal and is an underpinning core value of Gloucestershire Health and Care NHS Foundation trust.

The Care Quality Commission (CQC) requires that all providers of NHS mental health services in England undertake an annual survey of patient feedback. For the 2025 survey, Gloucestershire Health and Care NHS Foundation commissioned IQVIA (Quality Health) to carry out this work. The CQC makes comparison with 50 English NHS mental health care providers results of the same survey and the results are published on the CQC website. The CQC requires that all providers of NHS mental health services in England undertake an annual survey of patients in their care.

The CQC use results from the survey to build an understanding of the risk and quality of services and those who organise care across an area. Where survey findings provide evidence of a change to the level of risk or quality in a service, provider or system, CQC will use the results alongside other sources of people's experience data to inform targeted assessment activities.

The Trust scores in comparison with other trusts is detailed below:

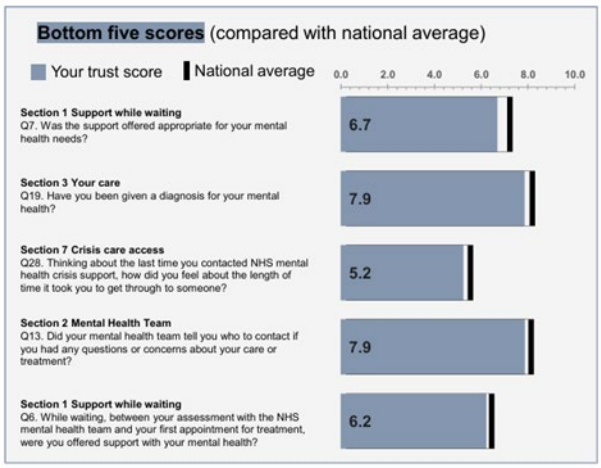
Survey Domain	Score	Rating

Support while waiting	6.5	Same
Mental Health Team	6.9	Same
Your Care	7.0	Same
Medication	7.5	Same
Psychological Therapies	8.7	Same
Crisis Care Support	5.6	Same
Crisis Care Access	7.0	Same
Support with other areas of life	4.5	Somewhat better
Support in accessing care	5.0	Same
Respect, dignity and compassion	8.5	Somewhat better
Overall experience	7.4	Somewhat better
Feedback	4.0	Better

The Trust's response rate was 24% (280 responses). This is above the national average of 19%.

The Trust performed about the same compared with other trusts in 22 of the 34 questions and somewhat better (5) or better (7) than expected in the remaining 12 questions. The Trust did not score worse than expected compared with other Trusts in any of the survey questions.

In relation to our performance relative to the national average, the diagram below indicates the five questions where the Trust scored the highest and lowest in comparison with the national average scores.



Annual NHS Staff Survey and Staff Friends and Family Test 2025/26

The Trust approaches colleague engagement through a breadth of routes. These include via a regular Staff Forum, Board Visits, Staff Stories at the Great Place To Work Committee, Diversity Networks engagement, Internationally Educated Nurses Council, Freedom to Speak Up Champions, Health and Wellbeing Champions, the Joint Negotiation and Consultative Forum, the Joint Local Negotiating Committee, the Resident Doctors Forum, quarterly Pulse Surveys, annual GMC and National Education and Training surveys, annual Staff Survey, ad hoc surveys, discussions and listening groups.

Commentary

In 2025, 2,643 colleagues completed the National NHS Staff Survey representing a 51% response rate broadly in line with the sector median. That level of participation reflects a genuine and ongoing commitment among our people to share their experiences and shape how we improve.

The results come at a significant moment for the Trust, 2025 has been a year of considerable change - organisational, operational and strategic. Colleagues have navigated system-wide integration, transformation programmes and ongoing workforce pressures, while continuing to deliver compassionate care.

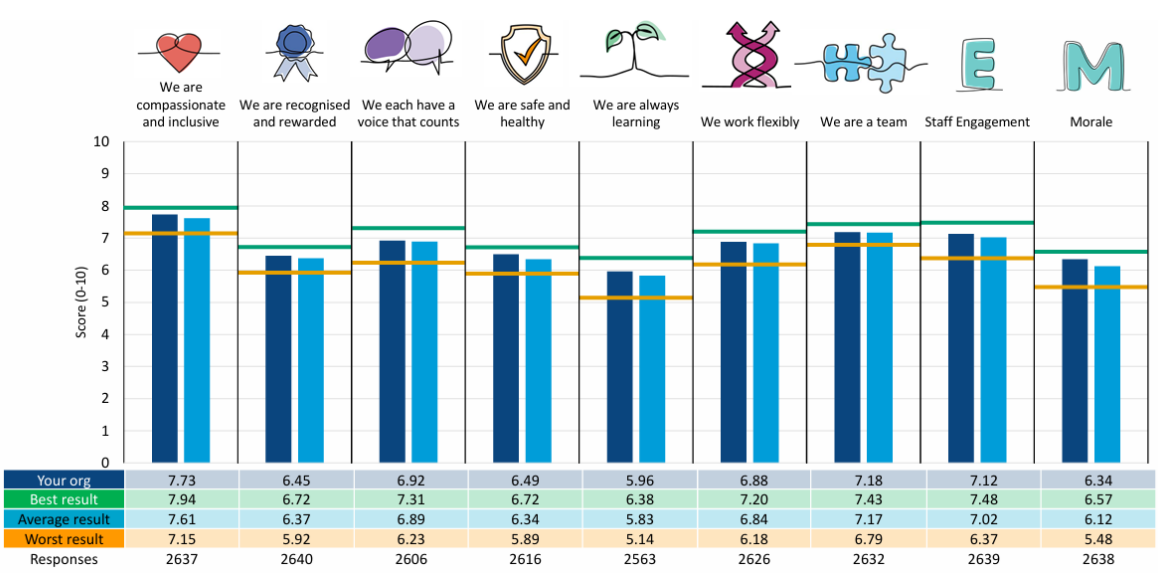
We compare our performance with a group of similar NHS organisations, mental health, learning disability and community providers, which allows for benchmarking in terms of where we stand nationally and regionally. GHC performs at or above the national sector average across all nine People Promise elements and themes, a consistent position we have held across the past three survey cycles. Regionally, the picture is even stronger, within our Southwest benchmarking group of similar NHS organisations, GHC reports the highest scores for both Staff Engagement and Morale and ranks among the top performers across seven of the nine People Promise domains. Overall, staff rated the Trust the top performing NHS provider employer amongst all Southwest NHS provider trusts.

S**ummary of performance**

The 2025 NHS Staff Survey continues to use the People Promise as the basis for measuring experience, with the two additional themes of Staff Engagement and Staff Morale. All scores referenced below are weighted (as per the national methodology), ensuring comparability with other Trusts.

The Trust's scores for 2025 People Promise themes were all above the sector average ratings and are detailed below:

Staff



	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

Friend and Family Tests

Two indicators stand out as among our strongest results, and the most meaningful: how many colleagues would recommend GHC as a place to work, and how many would recommend us as a place to receive care. For both areas, the Trust's performs above the sector, regional and national average.

69.8%

would recommend GHC as a place to work

Sector average: 62.4% | +7.4 percentage points above sector

75.7%

would recommend GHC as a place for care

Sector average: 64.3% | +11.5 percentage points above sector

Three-Year Performance

There has been gradual and minor reduction in ratings across several People promise indicators over the past 3 years, including compassionate and inclusive, recognised and rewarded, a voice that counts, we are always learning and we are a team. We are committed to reverse that direction of travel through the focused priorities set out in our forthcoming People Strategy 2026–2031.

People Promise /Theme	2023	2024	2025
We are compassionate and inclusive	7.80	7.75	7.73
We are recognised and rewarded	6.53	6.48	6.45
We each have a voice that counts	7.11	7.00	6.92
We are safe and healthy	6.51	6.49	6.49
We are always learning	6.05	6.05	5.96
We work flexibly	6.83	6.83	6.88

We are a team	7.23	7.21	7.18
Staff Engagement	7.27	7.18	7.12
Staff Morale	6.38	6.35	6.34

Where We Perform Well

Colleagues continue to rate the Trust positively across the People Promise themes, with scores remaining consistently above the sector average:

- Compassionate & Inclusive Culture (7.73) — one of our most enduring strengths, and significantly above the national average
- Teamworking (7.18) — reflecting the strong local team identity that colleagues consistently describe
- Flexible Working (6.88) — above average and improving year on year
- Diversity & Equality (sub-score 8.71) — among the highest scores in our results

Emerging Themes – Where we will focus

Four areas stand out as requiring focused attention from the 2025 staff survey. These areas of focus have also been identified as part of a wider data analysis exercise carried out to inform the refresh of the Trust's People Strategy. The areas of focus are: -

- **Wellbeing, Capacity and Burnout**

While the Trust is rated well in comparison with the sector benchmark and wider NHS providers, too many colleagues tell us that work regularly feels overwhelming. Conflicting demands on time, difficulty switching off, and a sense that there are never quite enough hours or people to do the job well. Through our People Strategy focus area *A Safe, Inclusive and Healthy Workplace*, we have committed to prioritising the health and wellbeing of every colleague and actively managing workloads so everyone can do their best work.

- **Voice, Psychological Safety and Raising Concerns**

Colleagues need to feel genuinely safe to speak up about concerns for patients, about their own experience, and about things that aren't working. This year's survey shows that while the Trust benchmarks well in comparison with peers and the wider NHS, not all colleagues feel that confidence, and that fewer people believe the organisation will act on what they raise. Through our People Strategy focus area *Great Leadership and Culture*, we have committed to strengthening staff voice, meaningful involvement in decision-making, and fostering a culture where we learn from experience and continuously improve**.**

- **Learning, Development and Career Progression**

Colleagues want to grow and they want meaningful conversations about their development, fair access to learning opportunities, and a sense that there is a future for them at GHC. The survey tells us we are not yet communicating sufficiently about the breadth of offers not are we delivering consistently enough. Through our People Strategy focus area *A Workforce Fit for the Future*, we have committed to creating clear pathways for colleagues to develop and grow their careers, whilst investing in the development and training of line managers who make that possible day to day**.**

- **Alignment Between Values and Perceived Organisational Action**

GHC has strong values, and colleagues recognise these and regularly discuss them. What the survey reflects is a growing question about whether what we say always matches what we do, and whether concerns raised are always genuinely heard and acted upon. Through our People Strategy focus area *Great Leadership and Culture*, we have committed to growing leaders at every level who live and model our values, and to fostering a culture where actions consistently reflect what we stand for.

Our Commitment from the Survey Feedback

Our refreshed People Strategy 2026–2031, being launched in quarter 1 2026, will provide the strategic framework for how we address these focus areas and build on the feedback our colleagues have shared through the survey. Rather than treating the survey as a separate workstream, our response is about will be embedded within the strategy — joined up, sustained and resourced.

Alongside the organisation-wide approach, each service area is identifying its own two to three local priorities, giving colleagues a stake in how their team responds.

Progress against plans and key performance indicators will be overseen by Executive Directors, the Workforce and Organisation Management Group and the Board's Great Place to Work Committee throughout the following year.

Staffing in adult and older adult community mental health services

We have continued to invest in our staff and to build our service offer; including that to minority groups, we continue to offer both remote and face to face therapy and are actively looking at how we can offer support to older adults. We have been concentrating significant time on our NHS Talking Therapies to enable them to develop their input to the CMHT Transformation agenda.

Health Inequalities

The strategic focus on our approach to health inequalities has been increased during the year, with 'Inclusive Healthcare' being made one of our five Focus Areas in our strategy 'Five Year Focus 2026 – 2031'. This will bring added attention and action over the five year period.

One area of continuing action are initiatives that run across our learning disability services aimed at tackling the health in equalities that we know many people with learning disabilities face. Here are just a few examples:

Our Health Facilitator continues to chair a multi-agency group looking at how Annual Health checks are run across the county for people with a learning disability; the work of this group has included introducing a pre-health check questionnaire, which is in line with clinical recording systems used by most GPs across the county, as well promoting access to the learning disability register and ensuring that people are invited to / attend for their health checks. Through this group we have also worked closely with the ICB to support surgeries over the past few years who have been struggling to complete their health checks and work conducted by a specialist learning disability nurse to facilitate this has had a big impact. Clinicians from the GHC learning disability service are actively involved in the LeDeR review process and findings from these reviews produce learning for all involved in the care of people with learning disabilities; local and national learning is shared across

our service and more widely. In response to these findings, there is a continued focus on healthy lifestyles and healthy eating.

One of our biggest and most popular initiatives aimed at health inequalities that people will hopefully already be aware of is the Big Health Day, held every year at Plock Court in Gloucester, where health and social care providers (both statutory and voluntary) come together to offer over 120 information stalls alongside interactive and inclusive sports and other attractions. This year is the 18th Big Health Day event, and it took place on June 13th.

Guardian of Safe Working

The Trust has a Consultant and Guardian of Safe Working Hours who provides the Trust Board with quarterly reports about the Trust's performance on junior doctors' rotas and rest periods. These quarterly Board reports summarise all exception reports, work schedule reviews and rota gaps, and provide assurance on compliance with safe working hours by both the Trust and doctors in approved training programs. The purpose of the regular reports is to give assurance to the Board that doctors in training are safely rostered and that their working hours are compliant with the Terms and Conditions of Service.

A summary of exception reporting and rota gaps for the year 1st April 2025 to 31st March 2026 is shown below.

Date	No. of reports	Resolutions
April 2025 to June 2025	12	1 payment ,11 were TOIL.
July 2025 to September 2025	9	Toil for all
October 2025 to December 2025	13	TOIL and compensatory rest for all except the breaches where payment was made in addition to fines
January 2026 to March 2026	18 (2 were later withdrawn)	TOIL for 7, payment for 5, 3 for ongoing monitoring, 1 incurred a fine (breach of rest period)

Equality, Diversity and Inclusion

Equality, diversity and inclusion is becoming more visible and embedded into everything we do as a Trust.

Our Trust's five-year focus sets out our ambition to create a Great Place To Work together. We are delivering this through our refreshed People Strategy which sets out how we will make this ambition real. Listening to our colleagues, resulting in four themes; "Great leadership and culture", "A workforce fit for the future", "A safe, inclusive and healthy workplace", and "Working differently, working together".

Our People Strategy continues to set out our pledge as an organisation to support our colleagues to be free from bullying or discrimination at work. Theme 3 of the People Strategy (Equity, Safety and Wellbeing) has resulted in an "Equity, Diversity, Inclusion and Access Implementation Plan" which sets out how we will link our EDIA work with the People and wider Trust strategies.

The 2025 Leadership and Culture Programme brought together existing and new strands of work that focussed on improving our culture, leadership and our determination to tackle racial and other forms of discrimination. The findings from the discovery phase of the this programme have been embedded into the People Strategy, as well as work and plans linked into other culture change work.

Our five diversity networks continue to grow and develop and have participated in a development review to support their growth and strategic direction, leading to a greater Board and decision maker influence.

Work is progressing though the Patient and Carer Race Equality Framework (PCREF) which is NHS England's mandatory anti racism framework to improve mental health services for people from diverse ethnic, racial, and cultural backgrounds and forms part of CQC inspections. Community events have shaped our position and ambition to becoming an anti-racist organisation where we are co-producing an anti-racism statement and commitment to reduce health inequalities for patients and carers where there is racial inequity.

Our 2025/26 Workforce Race and Disability Equality Standards data and action plans, and our Gender Pay Gap report, are published and the actions will align with the EDIA Implementation Plan, referenced above.

In 2025, we have been re-accredited for our Disability Confident Leader Status until August 2028, making strong links of this status with our Workforce Disability work and EDIA Implementation Plan.

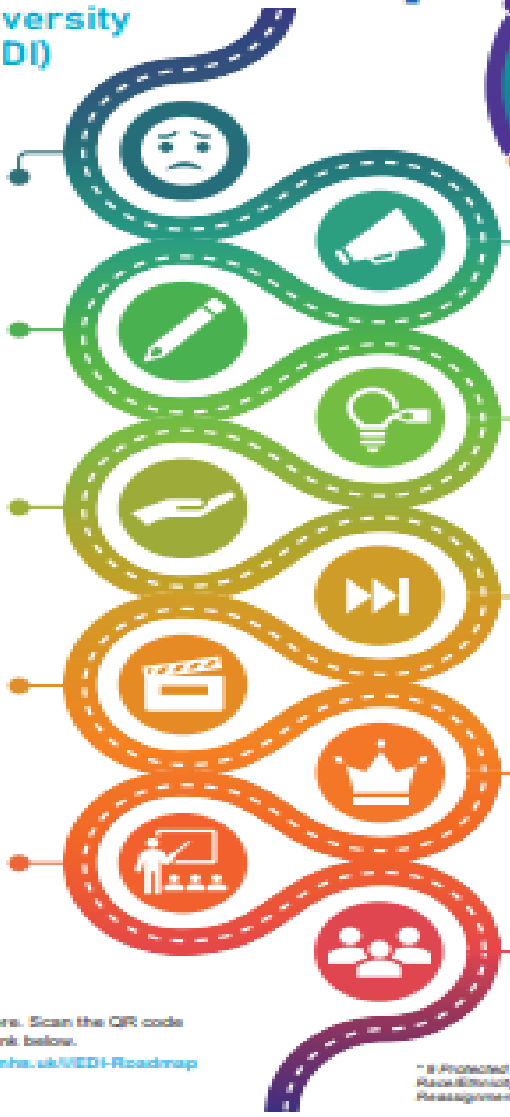
with you, for you

NHS
Gloucestershire Health and Care
NHS Foundation Trust

Incident Roadmap

GHC Equality, Diversity and Inclusion (EDI) for colleagues

Tackling inequalities and abuse is everyone's business



Abuse
Any type of abuses at work is unacceptable and will be proactively managed.

Record
Your line manager should signpost options, support and help record details to help manage the incident response

Support
Your line manager will offer you support which might include supervision, Working Well, Wellbeing Line

Action
Your manager or service director may (A) warn the abuser, (B) consider the Patient / HR policy, (C) consider withdrawal of non-urgent care or serious disciplinary action

Learning
Build into Corporate and Local Inductions, GHC Handbook, EDI / Leadership Development Training

Report
If you experience abuse on the grounds of a protected characteristic (*see below), you should raise it immediately with your line manager(s) in the first instance

Options
If you feel unable to raise with your line manager(s), raise with HR, Staff Side, FTSU, or via 'Direct To Douglas'. We can do more to tackle abuse and support you when we know who you are

Approach
Your line manager or service director will speak to the perpetrator within one working day with support

Escalate
Line managers should escalate to the Dir. of HR & OD who will ensure (B) and/or (C) above is implemented with the appropriate Trust team(s)

Collaborate
Reflection with Networks, FTSU, HR, ASMS, stakeholders, Board and Senior Leaders

To find out more. Scan the QR code or follow the link below.
Intranet.ghc.nhs.uk/EDI-Roadmap

*9 Protected characteristics: Age, Gender, Disability, Race/Ethnicity, Religion/Belief, Sexual Orientation, Gender Reassignment, Pregnancy/Maternity, Marriage/Civil Partnership

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

Annex 1: Statements from our partners on the Quality Account

Statement from Healthwatch Gloucestershire

Thank you for sharing the Quality Account for Gloucestershire Health and Care NHS Foundation Trust for 2025/26.

We recognise that the multi-year quality priorities continue to be substantial programmes of work that require sustained effort to fully embed across the organisation. It is positive to see evidence of progress across areas such as patient safety, end of life care and dementia support. In particular, we welcome the continued focus on personalised care, including ensuring that patients, families and carers are involved in decisions to the extent that they wish.

It was also very encouraging to read the overall positive results from 2025 survey of mental health services in England *and* the 2025/26 Staff Survey in what the Trust accepts as being a year of considerable change – organisational, operational and strategic. We note that the Trust identified four areas for focussed attention highlighted in the survey and that these will be addressed in GHC's new People Strategy.

Healthwatch Gloucestershire also welcomes the work undertaken to address health inequalities and improve access to services for underserved communities, including outreach vaccination programmes and targeted work with people with learning disabilities. This is important in ensuring that all voices across Gloucestershire are represented and acted upon. We encourage the Trust to continue strengthening how patient voice is consistently embedded across all services to ensure that feedback is not only collected but clearly demonstrates how it has influenced change ("you said, we did, so what").

It is noted that Berkeley House, GHC's inpatient ward for People with Learning Difficulties and Autism, is still under a Section 31 notice since a CQC Inspection in 2023 having been given a rating of 'Inadequate'. The service was re-inspected in July 2025 but the Trust is still awaiting a final report due to "an extended period of factual accuracy with CQC". The Trust must be eager to resolve this issue and so finalise plans for the future provision for those with Learning Difficulties and Autism.

Healthwatch Gloucestershire values the strong and collaborative relationship we have with the Trust. We appreciate the opportunities to share public feedback through our ongoing engagement, including representation at Council of Governors and involvement in PLACE visits. This enables us to bring real patient experiences into discussions about service improvement. For example, this year we were welcomed into the Integrated Urgent Care Service hub to meet staff and share public feedback. We were surprised that there was not much mentioned about the IUCS in this Quality Account given it is still quite a new and significant service for the Trust.

We congratulate Gloucestershire Health and Care NHS Foundation Trust on the progress made during 2025/26 and look forward to continuing to work together over the coming year to ensure that the voices of patients, carers and the wider community remain at the heart of service design, delivery and improvement.

Gloucestershire Health and Care NHS Foundation Trust Quality Account (Annual Report) 2025-26

As Chair of the Gloucestershire Health Overview and Scrutiny Committee, (HOSC), I welcome and commend this report.

The HOSC comprises county and district councillors who, as democratic representatives of communities across the whole of Gloucestershire, act as "critical friends" in supporting and challenging NHS commissioners and providers - notably the Health and Care Foundation Trust led by Douglas Blair. Douglas has rightly noted that continuous quality improvement depends on feedback from service users, and I would like to take this opportunity to thank Douglas and his staff, not only for engaging directly with HOSC through regular public meetings held at Shire Hall, Gloucester - which can be appropriately robust - but also, proactively, as and when "hot" issues arise between meetings. The HOSC is properly treated as a "stakeholder", speaking for the population with integrity, and ultimately, with goodwill towards the joint project to improve health provision in our county.

This is a time of great changes - in health commissioning, (radical ICB rearrangements), in giving a voice to the patient, (Healthwatch decommissioning), as well as in local government structures. Nevertheless, I am sure that the Gloucestershire Health Overview and Scrutiny Committee will continue to make an important contribution as a "critical friend" to the quality of improvements so impressively set out in this report.

Councillor Iain Dobie
Chair of Gloucestershire Health Overview and Scrutiny Committee (HOSC)

Annex 2: Statement of Directors' responsibilities in respect of the Quality Account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS Foundation Trust Boards on the form and content of annual quality Accounts (which incorporate the above legal requirements) and on the arrangements that NHS Foundation Trust Boards should put in place to support the data quality for the preparation of the quality account.

In preparing the quality account, Directors are required to take steps to satisfy themselves that:

- The content of the quality account meets the requirements set out in the NHS Foundation Trust annual reporting manual 2020/21 and supporting guidance Detailed requirements for quality reports 2019/20.

- The content of the quality account is not inconsistent with internal and external sources of information including:

    1. Board minutes and papers for the period April 2025 to March 2026.
    2. Papers relating to quality reported to the Board over the period April 2025 - March 2026.
    3. Feedback from local Healthwatch organisations dated 17th June
    4. Feedback from overview and scrutiny committees dated 17th June
    5. The 2020 CQC national patient survey dated 2025.
    6. The 2020 national NHS staff survey dated March 2025.

- The Quality Account presents a balanced picture of the NHS Foundation Trust's performance over the period covered
- The performance information reported in the Quality Account is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice
- The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review
- The Quality Account has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality Account.

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the Board

Chair **Date:**

Douglas Blair
Chief Executive **Date:**

Annex 3: Glossary

BMI	Body Mass Index
CCG	Clinical Commissioning Group
CPA	Care Programme Approach: a system of delivering community service to those with mental illness
CQC	Care Quality Commission – the Government body that regulates the quality of services from all providers of NHS care.
CQUIN	Commissioning for Quality & Innovation: this is a way of incentivising NHS organisations by making part of their payments dependent on achieving specific quality goals and targets
CYPS	Children and Young Peoples Service
DATIX	This is the risk management software the Trust uses to report and analyse incidents, complaints and claims as well as documenting the risk register.
ECG	An electrocardiogram (ECG) is a test that is used to check the heart's rhythm and electrical activity.
GHC	Gloucestershire Health and Care NHS Foundation Trust
GRiP	Gloucestershire Recovery in Psychosis (GriP) is ^{2}gether's specialist early intervention team working with people aged 14-35 who have first episode psychosis.
HoNOS	Health of the Nation Outcome Scales – this is the most widely used routine Measure of clinical outcome used by English mental health services.
ICS	Integrated Care System. NHS Partnerships with local councils and others which take collective responsibility for managing resources, delivering NHS standards and improving the health of the population they serve.
IAPT	Improving Access to Psychological Therapies
Information Governance (IG) Toolkit	The IG Toolkit is an online system that allows NHS organisations and partners to assess themselves against a list of 45 Department of Health Information Governance policies and standards.
LeDer	Learning Disabilities Mortality Review. It is a national programme aimed at making improvements to the lives of people with learning disabilities
MCA	Mental Capacity Act
MHMDS	The Mental Health Minimum Data Set is a series of key personal information that should be recorded on the records of every person that uses our services.
NHSI	NHSI is the independent regulator of NHS foundation trusts. They are independent of central government and directly accountable to Parliament.

MRSA	Methicillin-resistant Staphylococcus aureus (MRSA) is a bacterium responsible for several difficult-to-treat infections in humans. It is also called multidrug-resistant.
MUST	The Malnutrition Universal Screening Tool is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to develop a care plan.
NHS	The National Health Service refers to one or more of the four publicly funded healthcare systems within the United Kingdom. The systems are primarily funded through general taxation rather than requiring private insurance payments. The services provide a comprehensive range of health services, the vast majority of which are free at the point of use for residents of the United Kingdom.
NICE	The National Institute for Health and Care Excellence (previously National Institute for Health and Clinical Excellence) is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health.
NIHR	The National Institute for Health Research supports a health research system in which the NHS supports outstanding individuals, working in world class facilities, conducting leading edge research focused on the needs of patients and the public.
NPSA	The National Patient Safety Agency is a body that leads and contributes to improved, safe patient care by informing, supporting and influencing the health sector.
PAM	Patient Activation Measure: This is a tool to measure a patient's skill, knowledge and confidence to manage their long-term conditions.
PBM	Positive Behaviour Management
PHSO	Parliamentary Health Service Ombudsman
PICU	Psychiatric Intensive Care Unit
PLACE	Patient-Led Assessments of the Care Environment
PROM	Patient Reported Outcome Measures (PROMs) assess the quality of care delivered to NHS patients from the patient perspective.
PMVA	Prevention and Management of Violence and Aggression
ReSPECT	This is a plan created through a conversation between a patient and a healthcare professional which includes their personal priorities for care, particularly for those people who are likely to be nearing the end of their lives.
RiO	This is the name of the electronic system for recording patient care notes and related information within the Trust's mental health services.
ROMs	Routine Outcome Monitoring (ROMs)

SIRI	Serious Incident Requiring Investigation, previously known as a “Serious Untoward Incident”. A serious incident is essentially an incident that occurred resulting in serious harm, avoidable death, abuse or serious damage to the reputation of the trust or NHS. In the context of the Quality Account, we use the standard definition of a Serious Incident given by the NPSA
SMI	Serious mental illness
SJR	Structured judgement reviews. A process to effectively review the care received by patients who have died
SystmOne	This is the name of the electronic system for recording patient care notes and related information within the Trust’s physical health services.
VTE	Venous thromboembolism is a potentially fatal condition caused when a blood clot (thrombus) forms in a vein. In certain circumstances it is known as Deep Vein Thrombosis.

Annex 4: How to contact us

About this report

If you have any questions or comments concerning the contents of this report or have any other questions about the Trust and how it operates, please write to:

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GL3 4AW

Telephone: 0300 421 8100 Email: GHCComms@ghc.nhs.uk

Other comments, concerns, complaints and compliments

Your views and suggestions are important us. They help us to improve the services we provide.

You can give us feedback about our services by:

- Speaking to a member of staff directly.
- Telephoning us on 0300 421 8313.
- Completing our Online Feedback Form at www.ghc.nhs.uk
- Completing our Comment, Concern, Complaint, Compliment Leaflet, available from any of our Trust sites.
- Using one of the feedback screens at selected Trust sites
- Contacting the Patient & Carer Experience Team at experience@ghc.nhs.uk
- Writing to the appropriate service manager or the Trust's Chief Executive

Alternative formats

If you would like a copy of this report in a different format, please telephone us on 0300 421 7146.