

TRUST BOARD MEETING - PUBLIC SESSION

Thursday, 27 March 2025

10:00 – 13:00

The Board Room, Edward Jenner Court

AGENDA

TIME	Agenda Item	Title	Purpose	Comms	Presenter
OPENING BUSINESS					
10:00	01/0325	Apologies for absence and quorum	Assurance	Verbal	Chair
	02/0325	Declarations of interest	Assurance	Verbal	Chair
	03/0325	<i>Item removed</i>			
10:05	04/0325	Draft Minutes of the meeting held on 23 January 2025	Approve	Paper	Chair
	05/0325	Matters arising and Action Log	Assurance	Paper	Chair
10:10	06/0325	Questions from the Public	Assurance	Verbal	Chair
10:30	07/0325	Report from the Chair	Assurance	Paper	Chair
10:40	08/0325	Report from Chief Executive	Assurance	Paper	CEO
STRATEGIC ISSUES					
10:50	09/0325	NHS Staff Survey Results 2024	Assurance	Paper	DoHR&OD
11:05	10/0325	Gender Ethnicity & Disability Pay Gap	Approve	Paper	DoHR&OD
11:20	11/0325	Business Planning Objectives 2025/26	Approve	Paper	DoF
11.35 – BREAK - 10 Minutes (Cleeve Room)					
11:45	12/0325	Budget Setting 2025/26	Approve	Paper	DoF
PERFORMANCE AND PATIENT EXPERIENCE					
11:55	13/0325	Finance Report M11	Approve	Paper	DoF
12:05	14/0325	Quality Dashboard Report	Assurance	Paper	DoNTQ
12:20	15/0325	Performance Report M11	Assurance	Paper	DoF
GOVERNANCE					
12:35	16/0325	Board Committee Annual Terms of Reference Review	Approve	Paper	DoCG
12:45	17/0325	Working Together Advisory Committee Review	Endorse	Paper	DoI&P
BOARD COMMITTEE SUMMARY ASSURANCE REPORTS (REPORTING BY EXCEPTION)					
TO NOTE	18/0325	Audit & Assurance Committee (6 February 2025)	Information	Paper	Audit Chair
TO NOTE	19/0325	Great Place to Work Committee (25 February 2025)	Information	Paper	GPTW Chair

TIME	Agenda Item	Title	Purpose	Comms	Presenter
TO NOTE	20/0325	Resources Committee (26 February 2025)	Information	Paper	Resources Chair
TO NOTE	21/0325	Quality Committee (4 March 2025)	Information	Paper	Quality Chair
TO NOTE	22/0325	Charitable Funds Committee (12 March 2025)	Information	Paper	CF Chair
CLOSING BUSINESS					
12:55	23/0325	Any other business	Note	Verbal	Chair
	24/0325	Dates of future 2025 Trust Board Meetings <ul style="list-style-type: none"> • Thursday, 29th May • Thursday, 31st July • Thursday, 25th September • Thursday, 27th November 	Note	Verbal	All

MINUTES OF THE TRUST BOARD MEETING

Thursday, 23 January 2025

Trust HQ, Edward Jenner Court, Gloucester

PRESENT:

Graham Russell, Trust Chair
Steve Alvis, Non-Executive Director
Sandra Betney, Director of Finance
Douglas Blair, Chief Executive
Sarah Branton, Chief Operating Officer
Nicola Hazle, Director of Nursing, Therapies & Quality
Sumita Hutchison, Non-Executive Director
Nicola de longh, Non-Executive Director
Rosanna James, Director of Improvement & Partnership
Bilal Lala, Non-Executive Director
Vicci Livingstone-Thompson, Associate Non-Executive Director
Jason Makepeace, Non-Executive Director
Jan Marriott, Non-Executive Director
Neil Savage, Director of Human Resources (HR) & Organisational Development
Rosi Shepherd, Non-Executive Director
Amjad Uppal, Medical Director

IN ATTENDANCE:

Anna Hilditch, Assistant Trust Secretary
Bren McInerney, Member of the Public
Kate Nelmes, Head of Communications
Lavinia Rowsell, Director of Corporate Governance/Trust Secretary
Sarah Waller, Trust Governor (via MS Teams)

1. WELCOME AND APOLOGIES

- 1.1 The Chair welcomed everyone to the meeting. Apologies had been received from Jan Marriott and Cathia Jenainati.
- 1.2 Graham Russell welcomed Rosi Shepherd to her first Board meeting. Rosi had been appointed as a Non-Executive Director and commenced in post on 6 January 2025.
- 1.3 The Board noted that Moiz Nayeem's placement with the Trust as part of the GatenbySanderson's Insight South West Programme would end on 31st January. On behalf of the Board, Graham Russell wished Moiz every success with his future Non-Executive Director career.

2. DECLARATIONS OF INTEREST

- 2.1 Rosi Shepherd advised that she was the Chief Nursing Officer for BNSSG Integrated Care Board. This had been added to the Board's declarations of interest register for the record.

3. SERVICE STORY PRESENTATION

- 3.1 The Board welcomed Phil to the meeting who bravely spoke to the Board about his personal experience of serious mental illness, his journey over the past 15 years, the care he had received, and some of the challenges that he had encountered in that time.
- 3.2 Phil was supported by Shar Joseph-Parker, a Mental Health Nurse with the Assertive Outreach Team. Shar informed the Board that the client base who work with the Assertive Outreach Teams are people who face a large social stigma and require support in maintaining their wellbeing. Due to this social stigma, they find it difficult to engage with services. These individuals are often marginalised, very vulnerable, at high risk of accommodation instability or homelessness, and are not accessing services for multiple reasons. They are also at risk of suicide and physical ill health. Engaging them in the correct service is essential to their recovery journey, and the role of the Assertive Outreach Team is to work collaboratively with these individuals to ensure they receive the appropriate care.
- 3.3 The Board noted that Phil was homeless for several years and had help from the Trust's Accommodation Team to secure supported living in July 2024. Phil said that accommodation was as important sometimes as medication. This was a key factor in his recovery journey, and he stressed the importance of having an address. Amjad Uppal said that the Accommodation Team had been great. There was a need to be able to influence the council and their understanding of Serious mental illness. People often stated that homelessness is a choice, but it wasn't, and it was important that people understood that, and to ensure that the right support was in place for people seeking accommodation. Shar Joseph-Parker agreed that the connection with the council was key.
- 3.4 Phil told the Board that he had welcomed the support that he had received from the Trust, and had only positive things to say about those people who had worked with him over the years. He said that he had been to college and university and that he would have been unable to do that without the support he had received.
- 3.5 Colleagues asked Shar Joseph-Parker how it felt to work for the Trust. Shar said that she had only recently come into post, having successfully qualified. She said that it did feel quite institutionalized and felt very different from what she had learnt at university. Any suggested changes were very slow to materialise, but she understood the reasons why and said that people did the job as they cared and wanted the best for their patients.
- 3.6 On behalf of the Board, Graham Russell thanked Phil for attending and speaking about his journey. Thanks, were also given to Shar Joseph-Parker for supporting Phil, and speaking so passionately about the service.

4. MINUTES OF THE PREVIOUS BOARD MEETING

- 4.1 The Board received the minutes from the previous Board meeting held on 28 November 2024. The minutes were **accepted** as a true and accurate record of the meeting.

5. MATTERS ARISING AND ACTION LOG

- 5.1 The Board **noted** that the actions from the previous meeting were now complete or progressing to plan.

6. QUESTIONS FROM THE PUBLIC

- 6.1 The Board noted that no questions had been received in advance of the meeting.
- 6.2 Bren McInerney highlighted recent reports that evidenced NHS staff working 24 hours a day, and he asked how the Board could be assured that this wasn't happening at GHC. He said that the health and wellbeing of colleagues was paramount. Neil Savage agreed and said that one of the Trust's key people strategy priorities was colleague health and wellbeing and regular reporting on this is presented at the Great Place to Work Committee. Sarah Branton advised that the Trust had an effective rostering system in place and highlighted the importance of reviewing sickness data too to triangulate any issues or hot spots. She agreed that it was important for senior colleagues to lead by example and act as models for other colleagues. Sumita Hutchison added that the Trust also had external reviews of such areas, noting the recent internal audit carried out specifically around Health and Wellbeing where good feedback had been received.
- 6.3 Bren McInerney expressed his thanks to Graham Russell for the inclusive way that the Board was chaired, and for allowing time to receive questions from the public.

7. REPORT FROM THE CHAIR

- 7.1 The Board received the Report from the Chair, which provided an update on the Chair's main activities and those of the Non-Executive Directors (NEDs), Council of Governor discussions and Board development as part of the Board's commitment to public accountability and Trust values.
- 7.2 Graham Russell opened his report by saying that he was delighted to congratulate Vicci Livingstone-Thompson, Associate Non-Executive Director, on being awarded the British Empire Medal (BEM) in the King's New Year Honours for 2025. This prestigious recognition celebrates Vicci's remarkable contributions to mental health and the rights of Disabled people in Gloucestershire and beyond.
- 7.3 Graham Russell had participated in the judging panel for the Better Care Together Awards on 16th January. There were more than 160 nominations across the eight categories, and the panel spent a whole day at Churchdown Community Centre carefully considering and choosing a shortlist of 3 entries per category. The panel felt that the standard of nominations was incredibly high, and it was very difficult to shortlist some categories. It is hoped that the final shortlist reflects the breadth and depth of our services, and we look forward to the awards event itself, on 9th April at Hatherley Manor Hotel.
- 7.4 The Board noted that Douglas Blair and Graham Russell met with MP for South Cotswolds, Dr Roz Savage on 19th December, and MP for North Cotswolds, Sir

Geoffrey Clifton-Brown on 17th January. These virtual meetings were an opportunity to introduce newly elected Roz to the many services provided by the Trust and both Roz and Sir Geoffrey to ask any specific questions.

- 7.5 Graham Russell and the Non-Executive Directors continue to meet regularly as a group. NED meetings are helpful check-in sessions as well as enabling colleagues to consider future plans, reflect on any changes we need to put in place to support the Executive and to continuously improve the way the Trust operates. Graham Russell took this opportunity to thank the NEDs for their support, involvement and activity, noting the huge amount of work taking place.
- 7.6 The Board **noted** the report and the assurance provided.

8. REPORT FROM CHIEF EXECUTIVE

- 8.1 The Board received the Report from the Chief Executive which provided an update on significant Trust issues not covered elsewhere on the Board agenda, as well as on his activities and those of the Executive Team.
- 8.2 On 15th November 2024, Douglas Blair attended a meeting with fellow mental health Chief Executives across the South West. While there are regular opportunities to connect with these colleagues, this session acted as the first meeting of a Chief Executive Strategy and Oversight Group in relation to the activities of the South West Provider Collaborative. This is part of some reshaping of the oversight arrangements for the South West Provider Collaborative. GHC is a member of this collaborative in terms of the delivery of Low Secure services (Montpelier Ward) and, more recently, collaboration in relation to perinatal mental health services. We continue to also be members of the Thames Valley provider collaborative in relation to access to specialist Children and Young People Mental Health and Eating Disorder services. The Board noted that there is likely to be a period of change in relation to these specialised services as it is proposed that the commissioning responsibility for these type of services is delegated to Integrated Commissioning Boards from NHS England with one lead ICB identified for each region. It will be important that the clear advantages of collaborating across larger geographies in provider collaboratives is maintained during this time.
- 8.3 Integrated Care Boards (ICB) and their partner NHS Trusts have a statutory / legal responsibility (as defined by the Health and Care Act 2022) to publish and refresh a 5-year Joint Forward Plan on an annual basis. The purpose of the plan is to set out how the NHS plans to exercise its functions over the next five years and will require Board sign off in March to meet national expectations. The system has received positive feedback on our Joint Forward Plan for the last two years from NHS England. Therefore, our approach is focused on strengthening clarity in the plan rather than changing the overall structure. In addition, with the NHS 10 Year Plan being published in Spring 2025 we are anticipating there will be a need for a wider refresh ahead of 2026/27 rather than for this year, aligning well with our own Trust Strategy refresh and a similar process happening in Gloucestershire Hospitals NHS Foundation Trust. The Board was asked to note that the Executive team have reviewed the draft content of the plan in January and the full plan will come back to Board for approval in March 2025.

- 8.4 Sumita Hutchison noted that visits that had taken place to Young Gloucestershire and the Nelson Trust, and she asked about the proposed direction of travel with regard to partnership working. Douglas Blair said that good conversations had taken place around developing stronger mutual relationships between the Trust and the voluntary sector. Rosanna James said that a report was scheduled to come back to the Board in March around the Trust's plan for "Working Together". This would include the longer-term future of relations with the voluntary sector. An ICS Strategic Group had been established to provide a focus on this and setting up the necessary governance processes.
- 8.5 The Board **noted** the update provided.

9. FINANCE REPORT

- 9.1 The Board received the Finance Report, which provided an update on the financial position of the Trust at month 9.
- 9.2 At month 9 the Trust had a surplus of £0.123m compared to a plan of £0.112m.
- 9.3 The 2024/25 Capital plan was £10.704m with £4m of disposals leaving a net £6.704m programme. Spend to month 9 was £3.196m against a year-to-date budget of £6.26m. Cash at the end of month 9 was £44.754m, with a forecast outturn of £51.458m. Sandra Betney advised that the cash position was behind target currently due to a high level of debtors, including the ICB, GHT and the county council, however, she was confident that the position would recover by year end.
- 9.4 It was reported the Cost Improvement Programme had delivered £4.191m of recurring savings at month 9 compared to plan of £5.168m. The target for the year is £7.319m of which £1.332m is currently unidentified. £6.264m of non-recurring savings have been delivered at month 9 against a plan of £5.287m. The target for the year was £5.661m, and has therefore been fully delivered. In total the Trust has 6% of its savings target unidentified. The forecast is to fully meet the savings target, with additional non-recurring savings making up any shortfall in recurring savings. The Board commended colleagues across the Trust for the over achievement of the non-recurrent savings target.
- 9.5 The Trust spent £3.865m on agency staff up to month 9. This equates to 2.13% of total pay compared to the agency ceiling of 3.2%. There were 93 off framework agency shifts in December. IUCS agency temporarily increased agency spend and offset the decrease in November seen elsewhere.
- 9.6 Sandra Betney advised that the Better Payment Policy performance showed 90.7% of invoices by value paid within 30 days, against the national target of 95%. It was noted that this position had improved from the previous month, but more work was needed to bring performance back up. The 7-day performance at the end of December was 64.5% of invoices by value paid. Sandra Betney advised that reminders had been sent out to colleagues about the importance of receipting goods quicker to try and increase performance on 7-day payments.

- 9.7 As recommended within the report, the Board formally **approved** the accuracy and robustness of the capital forecast as submitted including the charge against capital allocations, the impact of IFRS 16, and the total CDEL charge.
- 9.8 Sumita Hutchison asked whether there was anything within this report that the Board needed to be concerned about. Sandra Betney said that there was nothing of concern in this report, and those risks for 2024/25 were included within the report. However, it was noted that there were a number of risks moving forward to the next financial year and the Board would be fully sighted on these at the appropriate time.
- 9.9 The Trust Board **noted** the month 9 financial position. It was agreed that this was a very clear report, and Trust performance remained stable.

10. QUALITY DASHBOARD REPORT

- 10.1 Nicola Hazle introduced the Quality Dashboard Report (December data), which provided a summary assurance update on progress and achievement of quality priorities and indicators across the Trust's Physical Health, Mental Health and Learning Disability services.
- 10.2 Ongoing progress was being made to improve safeguarding performance involving the provision of training, supervision, the development of guidance and shared learning.
- 10.3 There were a total of 1377 patient incidents reported in November. Zero new Patient Safety Incident Investigations were declared in December and three After Action Reviews (AAR) were undertaken in December.
- 10.4 The sustained trend of high use of Rapid Tranquilisation (RT) has seen a rise to 110 incidents in December 2024. The Positive and Safe Group have confirmed this relates to the care of specific patients at Wotton Lawn Hospital, for which individualised care plans are in place. The Quality Committee received a deep dive into restrictive practices in November 2024 but has sought a further overview of details related to rapid tranquilisation given the sustained levels.
- 10.5 The Guardian of Safe Working report was included within the dashboard this month evidencing that there were 8 exception reports in the time period, with 4 being breaches of contractual working conditions resulting in fines being levied. The Board noted that a work schedule review was underway to evaluate working patterns and intensity whilst on call to address the recent breaches and exception reports made by Higher Residents.
- 10.6 33 formal complaints were received in December, with 19 of these relating to the Integrated Urgent Care Service (IUCS). Sarah Branton said that following an initial review of these complaints it was believed that they related to people being mis-directed by the new service. A task and finish group with the IUCS and MIUs was being set up to explore the issues further. Two complaints were re-opened in December and the Patient Carer Experience Team (PCET) continue to work collaboratively with patients and carers to ensure post-complaint actions are completed. Nicola de Longh asked whether it was normal to see complaints re-

opened. Nicola Hazle said that it did happen, and this was offered to all complainants if people were not satisfied with the initial response, if they were prompted to ask a further question or if new information came to light. The Trust had seen 1 or 2 complaints reopened each month over the past year.

- 10.7 The Trust had now submitted 2 cycles of information to the CQC under the revised reporting structure for Berkeley House. The feedback from the CQC remains positive and they are assured and reassured by the information and narrative provided around the key areas of interest, namely quality of life indicators, visits by external advocates and discharge planning. It was noted that this was part of our stepped approach to the application for the removal of conditions under the section 31 notice which is due for review in March 2025.
- 10.8 The Board was asked to be aware that an under 18-year-old had been admitted to Wotton Lawn in December. The young person was 16 days from their 18th birthday, and it was agreed that local admission was preferable. CQC notification was completed and the under 18 policy was applied to support the young person who went to a single sex ward. A review of the escalation pathway is underway.
- 10.9 Vicci Livingstone-Thompson asked about staffing at Berkeley House, noting that the vacancy rate at the unit was high at 33%. She asked whether the Board needed to be concerned about safety at the unit in light of this, and whether there was a plan in place to address this. The Board was advised that there was instability at Berkeley House, with the regular use of temporary staffing to maintain safe staffing levels. However, Amjad Uppal referenced the latest workforce data from the unit and advised the Board that performance in relation to statutory and mandatory training, supervision and appraisal compliance was good. A strong focus on Berkeley House continued.
- 10.10 Graham Russell noted the section of the report setting out sexual safety incidents. It was noted that eLearning sexual safety training had been updated in alignment with NHS England's sexual Misconduct resources to enhance awareness and prevention efforts. The Board noted that Willow Ward at Charlton Lane had completed the eLearning sexual safety awareness training as part of the training pilot in 2022, which had most likely increased their awareness regarding reporting. The Board **noted** that further discussions about sexual safety would be taken through the Quality and GPTW Committees, with the Quality Committee acting as lead Committee for this work.
- 10.11 The Board **received, noted** and **discussed** the December 2024 Quality Dashboard.

11. PERFORMANCE DASHBOARD

- 11.1 Sandra Betney presented the Performance Dashboard, which provided a high-level view of performance indicators in exception across the organisation for the period to the end of December (Month 9 2024/25).

- 11.2 This month's Performance Dashboard for Board continued with a reduced detail format; however, members were assured that a detailed exception narrative was reviewed within the Business Intelligence Management Group (BIMG).
- 11.3 The Board **noted** those indicators that were in exception for the period within the nationally measured, specialised and directly commissioned, ICS agreed, and Board Focus domains. Performance improvement plans for those indicators in exception were received and considered at the BIMG.
- 11.4 As an interim introduction, the Integrated Urgent Care Service (IUCS) KPIs were presented within its own domain section in the report, however, these would be integrated into the main report moving forward, within the ICS Agreed Domain. The Board noted that all IUCS KPIs had been included this time for Board reference, however, these would be reported "by exception" in future reports. It was reported that a detailed review of these KPIs was scheduled to take place at the February Resources Committee meeting.
- 11.5 The Board received the Executive Statement, prepared by the Chief Operating Officer and the Director of Nursing, Therapies & Quality, which highlighted the key areas for the Board's attention, which included:
- *N07– No children under 18 admitted to adult inpatient wards* – As referenced in the earlier Quality Report, there was one under 18 admission in December. Assurance was received that at the point of admission, clear goals of admission were in place with attention to quality and safety measures. The incident was reported appropriately to the CQC.
 - *N12 – Adolescent Eating Disorders – Urgent referral to NICE treatment start within week 1* – In the latest national data (MHSDS) for August to October 2024, GHC achieved 100%, which was higher than the England average of 81%. However, December performance was reported at 88.8% against a performance threshold of 95.0%. There was 1 patient not treated within 1 week in December out of 9.
 - *L07– Eating Disorders – Wait time for adult assessments will be 4 weeks* – Performance was now within threshold at 100% for December, having not been compliant at all in 2023/24 or 2024/25.
- 11.6 Nicola de longh noted the IUCS KPIs, and she asked how the morale was within the team. Sarah Branton said that the first 4 – 6 weeks had been challenging, however, the team have very quickly got to grips with and had a good understanding of demand and flows. She said that the team also understood the benefits of the service which had been a huge boost to morale. All feedback and concerns were being taken on board.
- 11.7 Bilal Lala asked whether the IUCS was in line with financial projections. Sandra Betney advised that all costs were planned in, noting that a large part of the service was sub-contracted. However, it was currently performing in line with target. Sandra Betney added that a report would be presented at a future Resources Committee reviewing the financial performance in more detail.

- 11.8 Dr Amjad Uppal said he felt that morale was improving. He said that there were 100 doctors on board with the service now, and he expressed his thanks to colleagues within the IT and Digital Teams who had worked hard to get everyone up and running and linked into the necessary systems. He said that really positive feedback had been received.
- 11.9 Jason Makepeace asked whether it was possible to look at stretch goals for the service, focusing on value for money, the provision of an improved service for the people of Gloucestershire, and reduced admissions to the acute trust. He said that there was some excellent work taking place and it would be helpful to try and capture these wider outcomes and achievements in some way.
- 11.10 The Board **noted** the Performance Dashboard and the assurance provided.

12. LEADERSHIP AND CULTURE PROGRAMME UPDATE

- 12.1 The Trust is establishing an enhanced Leadership and Culture Programme to bring together existing and new strands of work that focus on improving our culture, leadership and, in particular, our determination to tackle racial and other forms of discrimination. In response to a reported rise in experiences of discrimination in last year's staff survey, the Trust has examined its current activities, sought further feedback from colleagues and carried out reviews in specific areas. Douglas Blair said that this work had, unfortunately, confirmed that, in common with the NHS as a whole, racism is a consistent feature and is affecting the working lives of our colleagues.
- 12.2 This paper set out the proposed approach, emerging workstreams and governance for the programme. The Board was asked to note that these proposals have been discussed with the Trust's senior leadership team and will be further co-produced with colleagues during the discovery phase.
- 12.3 Given the importance and wide-ranging nature of this long-term improvement programme, it was proposed that its establishment is subject of scrutiny and assurance from a dedicated Board Committee. The terms of reference for a proposed short life Leadership and Culture Assurance Committee were presented to the Board for approval.
- 12.4 Graham Russell said that he welcomed the work taking place, and he stressed that this was a key priority for the Trust, focusing on how we operate and who we are.
- 12.5 The Board **noted** the update provided and **approved** the terms of reference for the Leadership and Culture Board Assurance Committee.

13. LIVED EXPERIENCE PRACTITIONER FRAMEWORK

- 13.1 The purpose of this report was to provide the Board with an update on the development of the GHC Lived Experience Workforce Strategic Framework. The report also provided an update regarding the activities to establish a suitable leadership and support infrastructure, including plans for identified financial needs

and increased resources. Julie Mackie, Head of Partnerships was in attendance to support this item.

- 13.2 A request was made by the Working Together Advisory Committee and at Trust Board, to scope and progress the development of a strategic framework that sets out GHC's ambition to enhance and increase Lived Experience Practitioner (LXP) and Peer Support Worker (PSW) roles across the organisation as a way of improving service delivery and outcomes.
- 13.3 Recommendations based on robust research activities, reflected several barriers to expansion faced by lived experience colleagues, service managers and teams, and indicated that the development of a strategic framework alone would be insufficient to grow the PSW workforce and to realise the potential benefits to service delivery and patients. A paper was presented to the Executive team in November 2024 to clarify GHC's strategic direction and recognise the need for additional leadership, training, and resources.
- 13.4 The Executive team **endorsed** the findings, agreed in principle to identify additional finance, and approved the next steps that are now in progress, including:
- A new leadership structure and appropriate training resource
 - Inclusion of lived experience workforce in GHC's Workforce Strategy 2025 refresh
 - A task group to further explore a blended model, including GHC employed (paid and voluntary) and through partnerships with VCSE.
 - A task group to co-create the Lived Experience Workforce Framework to emphasise an ambition for lived experience workforce across the Trust – not just mental health services.
- 13.4 Julie Mackie advised that the Lived Experience Workforce Framework conceptual model and proposed leadership structure aimed to ignite a culture shift and expand the number of PSW's/LXP's operating within GHC services. Additional improvements are anticipated through consistent recruitment practice including more accurate recording and monitoring of the lived experience workforce.
- 13.5 Rosanna James said that the Trust was still on a journey with this and was partnering with the VCSE to progress. However, having the Board's support on the proposals was key.
- 13.6 Nicola de longh welcomed this report, noting that there had clearly been good and robust thinking taking place. She asked whether there were any risks that the Board needed to be aware of. Rosanna James stressed the importance of having a leadership model, and a training model, and the need for this to be fully embedded into teams across the Trust. Rosanna added that the decision had been made not to state "we want an additional x number of PSW in post by...." as it was not felt that this was helpful and missed the point. The priority was the change in culture and strategy at this time.
- 13.7 The Board **supported** the proposed direction of travel, acknowledging the work carried out to date and noting the further work required to identify measures for

assurance and to quantify the Trust's ambition to grow the lived experience workforce.

14. GREEN PLAN DELIVERY AND CARBON FOOTPRINT UPDATE

- 14.1 The purpose of this report was to provide an update on the Trust's total carbon footprint for the 2023/24 financial year, and to provide an update on progress against the Trust's Green Plan, which is scheduled for a refresh in 2025/26.
- 14.2 The Board **noted** this report and the good progress that had been made. Graham Russell advised that a Board development session had taken place in December 2024 focusing specifically on the Green plan and sustainability.

15. COUNCIL OF GOVERNOR MINUTES

- 15.1 The Board **received** and **noted** the minutes from the Council of Governors meeting held on 13 November 2024.

16. BOARD COMMITTEE SUMMARY REPORTS

- 16.1 The Board **received** and **noted** the following summary reports for information and assurance.

Charitable Funds Committee (18 December 2024)

The Committee had received a bid for funding for this year's Big Health Day. The event would be taking place on Friday 13th June and Board members were encouraged to attend.

Resources Committee (19 December 2024)

An excellent update on the National Cost Collection Information (NCCI) was shared with the Committee. The health inequalities data shared in granular detail within the NCCI presentation was acknowledged, and the committee recognised the benefit of this information to some of the ongoing strategic discussions within the ICS on integrated neighbourhood teams.

The Committee received the Emergency Preparedness Resilience and Response (EPRR) Core Standards, Winter Preparedness and Risk Annual Report, and it was reported the Trust had been rated as *substantially* compliant against the Core Standards Assurance for the 2024 period.

Quality Committee (9 January 2025)

The Committee had received a Deep Dive into Community Nursing. There was a range of evidence and information to assure the safety, clinical effectiveness and experience of the community district nursing services. The Committee noted that national benchmarking data demonstrated a lower rate of registered nurses compared to other areas. Recruitment difficulties were noted.

Mental Health Legislation Scrutiny Committee (15 January)

The Committee was informed that Mental Health Act managers' training profiles were being reviewed in line with their new 'worker' status.

The Committee was informed of the significant improvement in Mental Capacity Act (MCA) training compliance following the development of new forms which had been adopted; noting that compliance had increased from 27% in June 2024, to 71%.

Great Place to Work Committee (16 January)

The Committee was informed via the Learning and Development Strategic Framework update that no confirmation had yet been received nationally for the Continuing Professional Development (CPD) funds for Nursing and AHP colleagues. This was included on the Trust Risk Register under risk 405. It was noted monies were received for 2024/25, but there was no guarantee of any further funding, and this could have a significant impact on clinical training and development. A new corporate risk was being prepared.

The Committee received the People Promise Update, and noted the positive feedback received from regional directors and the national team, with further opportunity to make improvements.

A presentation was received on the Apprenticeships and T-Levels, and the Committee was impressed with the approach to this. The Committee noted that there were still some obstacles and challenges, and that strategic workforce planning was critical to further success in these areas. It was also noted that the apprenticeship salary did not appear to be sustainable to live on, which impacted the number of candidate applications. An ICS review was being carried out to address this.

17. ANY OTHER BUSINESS

17.1 There was no other business.

18. DATE OF NEXT MEETING

18.1 The next meeting would take place on **Thursday, 27 March 2025**.

TRUST BOARD PUBLIC SESSION: Matters Arising and Action Log – 27 March 2025

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

Meeting Date	Item No.	Action Description	Assigned to	Target Completion Date	Progress Update	Status
23 Jan 2025		No actions identified.				

REPORT TO: TRUST BOARD **PUBLIC SESSION – 27 March 2025**

PRESENTED BY: Graham Russell, Trust Chair

AUTHOR: Trust Chair

SUBJECT: REPORT FROM THE CHAIR

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

<p>The purpose of this report is to</p> <p>This report updates the Board and members of public on the Chair’s main activities and those of the Non-Executive Directors (NEDs), Council of Governor discussions and Board development as part of the Board’s commitment to public accountability and Trust values.</p>
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<p>Recommendations and decisions required</p> <p>The Trust Board is asked to:</p> <ul style="list-style-type: none"> • NOTE the report and the assurance provided.

<p>Executive summary</p> <p>This report seeks to provide an update to the Board on the Chair and Non-Executive Directors activities in the following areas:</p> <ul style="list-style-type: none"> • Board development – including updates on Non-Executive Directors • Governor activities – including updates on Governors

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

Corporate considerations	
Quality Implications	None identified

Resource Implications	None identified
Equality Implications	None identified
Where has this issue been discussed before?	
This is a regular update report for the Trust Board.	

Appendices:	Appendix 1 Non-Executive Director – Summary of Activity – January and February 2025
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Report authorised by: Graham Russell	Title: Trust Chair
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REPORT FROM THE CHAIR

1.0 INTRODUCTION AND PURPOSE

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

2.0 CHAIR'S UPDATE

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

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

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

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

Working together

- Due to my holiday during January/February, my visits to services have been limited since our last Board meeting and since returning I have had the opportunity to visit one service which was to the **Brain Injury Team** who are based at Gloucestershire Royal Hospital. I met with Manager Dr Aileen Thomson and members of her Team. Aileen provided me with an introduction to the Brain Injury Service and the MDT roles and I joined their weekly MDT meeting where discussions took place on their current in-patients.



I would like to personally thank the Brain Injury Team for taking time out of their busy schedule to accommodate my visit.

I look forward to meeting further teams and service users across the coming months.

- On 26th February, the Director of Improvement and Partnership and I had the pleasure of meeting with Lucy Garrett, Managing Director and Harriet West of **Art Shape**, a not-for-profit organisation who engage people in art to improve their health and wellbeing.
- I met with **Deborah Evans, Chair of Gloucestershire Hospitals NHSFT** on 11th March where we discussed matters of mutual interest.



Always improving

- I joined a virtual meeting of the **Community Network**, hosted by NHS Providers and NHS Confederation on 28th February which was Chaired by Siobhan Melia, Chief Executive, Sussex Community NHS Foundation Trust. Amongst others, speakers at the Network included Saffron Cordery, Chief Executive of NHS Providers and Tim Straughan, Group Director of Primary Care and Community Services at NHS England. We received a national update from NHS England on the priorities for the community sector and update on Strategic policy.
- Following the recent Working Together Advisory Committee workshops, I joined a virtual **WTAC survey discussion** on 6th March where we discussed the plan to involve as many people as possible in the final decision making about the new look Working Together approach, the outcomes of which will be presented at the March Board. Working together is important to the Trust as we recognise the essential role it plays in supporting our responsibility to improve health equity, deliver quality services, and contribute to wider determinants of health in Gloucestershire.

Respectful and kind

- The Leadership and Culture programme has been launched with Douglas Blair and myself leading this really important focus upon how we respect each other for our qualities and our differences. We are encouraging everyone in the Trust to be engaged and for those interested in developing their leadership skills to take on lead roles.

Making a difference

- I was delighted to be invited to the **Bishop's Breakfast** which took place on 28th February. The event was an opportunity to meet and discuss creative ideas and to inspire and challenge one another as we live out our roles for the flourishing of our communities.

3.0 BOARD UPDATES

- The recruitment of a new **Non-Executive Director** continues. The post closed for applications on 26th February and a total of 52 applications were received. Due to the number of applications, an initial review, conducted by Lavinia Rowsell and Anna Hilditch, took place on Wednesday 5th March to prepare the applications for longlisting. The longlisting took place with the panel members on 13th March. The interview date had been scheduled for 25th March however it has been proposed that this date be used for the Lead Governor and I to meet with the longlisted candidates, with the aim of shortlisting down to 4-5 candidates who would go forward for final interview. A new interview date would therefore be sought. I will provide a further update at our May Board meeting.
- On 13th February, a **Board Seminar** took place where the topic for discussion was Strategic Risk. The seminar was led by Lavinia Rowsell, Director of Corporate Governance and focussed on the GHC Board Assurance Framework (BAF), priorities and the changing external environment. Kate Ball and Adam Spires from BDO (internal auditors) also joined the seminar and provided an overview of the BAF and how it supports the Board.
- A **Board Development session**, led by the Rosanna James, Director of Improvement and Partnership took place on 3rd March. This face-to-face session focused on a refresh of the Strategic Framework and Strategic Service Delivery Objectives. An update on this is included within the Chief Executive's Report.
- March will be the last Trust Board meeting for Jan Marriott, Non-Executive Director who will be stepping down from 31st March. Jan is an amazing colleague who has contributed so much to health and wellbeing in Gloucestershire. Her passion for collaborative working; the important contribution of the voluntary sector; and the huge value of co-production with service users shine through. We shall continue to follow those stars. On behalf of the Board I would like to thank Jan for all of her hard work and dedication to the Trust and I wish her well for the future.
- The Non-Executive Directors and I continue to meet regularly as a group. NED meetings are helpful check-in sessions as well as enabling us to consider future plans, reflect on any changes we need to put in place to support the Executive and to continuously improve the way the Trust operates.

4.0 GOVERNOR UPDATES

- I continue to meet on a regular basis with the **Lead Governor Chris Witham**, where matters relating to our Council of Governors are discussed including agenda planning, governor elections and membership engagement.
- A meeting of the **Nominations and Remuneration Committee** took place on 6th March. The committee discussed and endorsed the Chair and Non-Executive Director 2024/25 Appraisal process along with the reappointment of Nicola de longh. The reappointment will be discussed and formally ratified at the Council of

Governors meeting which is scheduled to take place on 19th March. The committee also received an update on NED recruitment and the proposed timeline for the annual NED skills audit which would be carried out over during the next couple of months.

- On 19th March we held our **Council of Governors meeting**. At the meeting Governors received an update from the Chief Executive on key events and publications, including a summary of the Staff Survey results. Jane Stewart, Care Quality Commission Compliance Manager also joined the meeting and provided a presentation on the Quality Account 2024/25.
- Following recent elections for public Governors, I am delighted to welcome, from 17th February, **Leighton-Lee Pettigrew (Gloucester)**, **Joy Hibbins (Cheltenham)** and **Jan Lawry (Stroud)**. I have had the pleasure of meeting individually with Leighton-Lee, Joy and Jan and a **Governor Induction Session** took place on 13th March.
- Although not in attendance myself, a **Staff Governor meeting** took place on 6th February. At the meeting Governors and Non-Executive Directors had the opportunity to discuss the outline of the role and purpose of the meeting.
- Our **programme of visits to sites for Trust Governors** continues to progress. These visits offer Governors the opportunity to see our sites, speak to colleagues and to gain a better understanding of the services we provide. Non-Executive Director colleagues accompany Governors on each of the visits. A new schedule is in the process of being developed and will be shared with Governors in the coming weeks

5.0 NED ACTIVITY

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

See **Appendix 1** for the summary of the Non-Executive Directors activity for January and February 2025.

6.0 CONCLUSION AND RECOMMENDATIONS

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

Appendix 1
Non-Executive Director – Summary of Activity 1st January – 28th February 2025

NED Name	Meetings with Executives, Colleagues, External Partners	GHC Board / Committee meetings
Dr Stephen Alvis	<ul style="list-style-type: none"> ▪ 2 x GGI Webinars ▪ AAC Panel Interview Consultant Psychiatrist ▪ ICS NEDs Pre-Meet ▪ Joint Governor and NED Development Session ▪ Memory Assessment Service Quality Visit ▪ Mental Health Legislation Scrutiny Committee Pre-Meet ▪ Non-Executive Director Meeting ▪ Quarterly Staff Governors Meeting 	Board Seminar: Risk Mental Health Legislation Scrutiny Committee Resources Committee Trust Board Private Trust Board Public
Sumita Hutchison	<ul style="list-style-type: none"> ▪ Diversity Network Pre-Meet ▪ Extraordinary Council of Governors Meeting ▪ GHC Diversity Network ▪ Govern Well: Gloucestershire Health and Care NHS Foundation Trust - Governor and NED Development Workshop ▪ Great Place to Work Committee Agenda discussion ▪ Great Place to Work Committee Assurance Report ▪ Non-Executive Directors Meeting ▪ Quarterly Staff Governor Meeting 	Audit and Assurance Committee Great Place to Work Committee Great Place to Work Committee Trust Board Private Trust Board Private
Nicola de longh	<ul style="list-style-type: none"> ▪ 1:1 with Chief Executive ▪ 1:1 with Senior Executive PA ▪ Aspiring Chair Talent Programme - Virtual assessment ▪ Chair Appraisal discussion with Chief Executive ▪ Council of Governors ▪ Future approach to League of Friends Meeting ▪ Gloucestershire ICB CEO Stakeholder Group ▪ ICB Board Public ▪ Joint Governor and NED Development Session ▪ Meeting with Chair re Chair Appraisal Process ▪ Meeting with Chief Executive ▪ Meeting with Director of Corporate Governance 	Board Seminar: Risk Great Place to Work Committee Great Place to Work Committee Nomination and Remuneration Committee Resources Committee Trust Board Private Trust Board Private

NED Name	Meetings with Executives, Colleagues, External Partners	GHC Board / Committee meetings
	<ul style="list-style-type: none"> ▪ Meeting with Gloucestershire Hospitals NHSFT Chair ▪ Meeting with Trust Chair ▪ Non-Executive Director Meeting ▪ Oliver McGowan Training ▪ Quality visit to Social Care ▪ Quarterly Staff Governor Meeting ▪ Trust Chair appraisal discussion with Debi Reilly, Director of Workforce, Training & Education, NHSE 	
Jan Marriott	<ul style="list-style-type: none"> ▪ 1:1 with Director of Improvement and Partnerships ▪ 1:1 with Personalisation Lead ▪ Freedom to Speak Up meeting with Rosi Shepherd and Sonia Percy ▪ ICB CEO Stakeholder Interviews ▪ Quality Assurance Group ▪ Quality Committee Agenda Setting Meeting ▪ Quarterly Staff Governors Meeting ▪ System Quality Committee 	<p>Audit and Assurance Committee Board Seminar: Risk</p>
Vicci Livingstone-Thompson	<ul style="list-style-type: none"> ▪ Attendance at Southwest Integrated Personalised Care Awards in support of GHC staff member, Simon Shorrick ▪ GHC Diversity Network Meeting ▪ Introduction meeting with ICB Volunteering Network ▪ Non-Executive Director Meeting ▪ Oliver McGowan Training ▪ Quarterly Staff Governor Meeting 	<p>Quality Committee Trust Board Public Trust Board Private</p>
Bilal Lala	<ul style="list-style-type: none"> ▪ 1:1 Counter Fraud Lead ▪ Audit and Assurance Committee Assurance Report Meeting ▪ Audit and Assurance Pre-Meet with Director of Finance ▪ Catch up meeting with Rosi Shepherd ▪ Community Colleagues Meeting alongside Dominika Lipska-Rosecka ▪ External Audit Procurement Recommendation Report Sign Off Meeting 	<p>Audit and Assurance Committee Audit and Assurance Committee Evaluation Meeting with Director of Corporate Governance and Trust Secretary Quality Committee Trust Board Private Trust Board Public</p>

NED Name	Meetings with Executives, Colleagues, External Partners	GHC Board / Committee meetings
	<ul style="list-style-type: none"> ▪ External Audit Tender presentations followed by Tender Moderation Meeting ▪ Extraordinary Council of Governors Meeting ▪ Joint Governor and NED Development Session ▪ Non-Executive Director Meeting ▪ Oliver McGowan Training 	
<p>Jason Makepeace</p>	<ul style="list-style-type: none"> ▪ Extraordinary Council of Governors Meeting ▪ ICS Resources Committee Meeting ▪ Introduction Meeting with Cathia Jenainati, Associate NED ▪ Joint Governor and NED Development Session ▪ Meeting with Lead Governor ▪ Meeting with Lead Governor ▪ Non-Executive Director Meeting ▪ Non-Executive Directors Meeting ▪ Quality visit to CAMHS Social Communication Autism Assessment Service ▪ Resources Committee Assurance Report ▪ Resources Committee Catch Up ▪ Resources Committee Evaluation Meeting with Director of Finance ▪ Resources Meeting Agenda Setting 	<p>Audit and Assurance Committee Resources Committee Trust Board Private Trust Board Public</p>
<p>Rosi Shepherd</p>	<ul style="list-style-type: none"> ▪ Chair of Consultant Psychiatrist Interview Panel ▪ Corporate Induction ▪ Extraordinary Council of Governors Meeting ▪ Freedom to Speak Up meeting with Jan Marriott and Sonia Percy ▪ Introduction Meeting with Bilal Lala ▪ Introduction meeting with Chief Executive ▪ Introduction meeting with Lead Governor ▪ Meeting with Director of Nursing and Quality 	<p>Board Seminar: Risk</p>

REPORT TO: TRUST BOARD **PUBLIC SESSION – 27 March 2025**

PRESENTED BY: Douglas Blair, Chief Executive Officer

AUTHOR: Chief Executive Officer

SUBJECT: **REPORT FROM THE CHIEF EXECUTIVE OFFICER AND EXECUTIVE TEAM**

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

The purpose of this report is to

Update the Board on significant Trust issues not covered elsewhere as well as on my activities and those of the Executive Team.

Recommendations and decisions required

The Board is asked to **NOTE** the report.

Executive Summary

The report summarises the activities of the Chief Executive (CEO) and the Executive Team and the key areas of focus since the last Board meeting, including:

- Chief Executive Overview
- System Updates
- National / Regional Updates
- Events
- Achievements / Awards

Risks associated with meeting the Trust’s values

None identified.

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

Where has this issue been discussed before?
N/A

Appendices:	
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Report authorised by: Douglas Blair	Title: Chief Executive Officer
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CHIEF EXECUTIVE OFFICER AND EXECUTIVE TEAM REPORT

1.0 CHIEF EXECUTIVE OVERVIEW

1.1 Chief Executive – Service/Team Visits

In February and March, I have completed the following service visits:

- **Pullman Place, Gloucester** where I spent time with colleagues throughout the building.
- **Sue Ryder Leckhampton Court Hospice** where I met with the Service Director and team to learn more about the hospice and the work undertaken by the multi-disciplinary team and the links to GHC teams on end of life care.
- **Independent Living Centre & Springbank Community Resource Centre** both in Cheltenham where I spent time with the teams and learnt more about all the work they are doing and asked for feedback on improvements that could be made.
- **Southgate Moorings, Gloucester** where I spent time with colleagues from our long-term conditions and dental teams.
- **Stroud General Hospital, Weavers Croft and Park House, Stroud** for a general walkabout, gathering feedback from teams on operational pressures, improvements and the work of the Trust more generally.

1.2 National announcements in relation to NHS England and Integrated Care Boards and financial deficits in the NHS

There has been a sequence of national announcements in recent weeks relating to the reduction in size, and subsequently the abolition of, NHS England as the national leadership of the NHS is reshaped and integrated back into the Department of Health and Social Care. Alongside this, a requirement for Integrated Care Boards to reduce their running costs by 50% was announced.

I attended a national meeting of NHS Chairs and Chief Executives on 13 March 2025 at which the incoming transitional Chief Executive of the NHS, Sir Jim Mackey, set out priorities for the year ahead. This included some specific requirements for provider NHS Trusts to demonstrate increased productivity and reduce any growth of corporate resources.

As an organisation, we have had a strong focus on planning for, and delivering, recurrent cost improvement over recent years. This has included not increasing our clinical and non-clinical workforce beyond any increases linked to agreed, commissioned service expansion. This means that, while we will be part of national and local initiatives focused on reducing the cost base of the NHS, we enter into this period with strong foundations.

In terms of the financial challenges related to planning for 2025-26, the Trust is working closely with system partners in Gloucestershire to identify the route to a plan which delivers on the main operational requirements and is also financially balanced.

1.3 Strategy Timeline and Strategy Refresh Project

Following the development of a comprehensive engagement approach throughout 2019 and 2020 as part of the legacy work from merger of two former trusts, Gloucestershire Health Care launched its Strategy in 2021. We pledged to put people at the heart of our services, focusing on personalised care by asking ‘what matters to you?’ rather than ‘what is the matter with you?’ Through extensive engagement with our staff, service users and partners we developed our mission Enabling People to Live the Best Life They Can. Our four values underpin our mission:

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

In March 2025, we embarked on a 6-month engagement plan to review and refresh our existing Strategy, which will take account of the local and national influences shaping our organisation to provide **a clear set of strategic objectives**, for the next 5 years (Sept 2025 – Sept 2030), clearly demonstrating how **our clinical and operational model** will focus on prevention & early intervention (left shift); improved health and wellbeing outcomes; and outstanding care. In approaching this work, it is considered that the core principles of our existing strategy haven’t changed, and direction of travel of our mission, vision and values remain relevant. We have also developed several enabling Strategic Frameworks since 2021 and these will also be reviewed through 2025 and 2026.

We know community-based transformation will be at the heart of the new NHS 10-year plan to be released in May 2025 and we understand that to deliver the Gloucestershire Integrated Care System strategy we need to collaborate with our partners and work in different ways with the communities we serve, to provide joined up, patient centred care for our population.

The timeline for this stage of our Strategic refresh is set out below.



1.4 Leadership & Culture Programme

In February 2025, we started the establishment of a new programme to enhance Leadership & Culture across the Trust. This will bring together existing and new strands of work that focus on improving our culture, leadership and our determination to tackle racial and other forms of discrimination.

We received a number of expressions of interest from colleagues wanting to be part of the workstreams. The passion and commitment of colleagues and their desire to have an active role in influencing and supporting leadership and culture across the Trust was very encouraging.

We also received feedback from colleagues across the organisation who had considered getting involved and wanted more information and time to reflect. In light of this, the Restorative Just & Learning Culture - Civility & Respect Workstream will be launched as a pilot, to enable us to identify opportunities for improvement and enhance the effectiveness of implementation. Further expressions of interest for workstream sponsors and workstream leads for the remaining five workstreams are also being sought on an extended timescale.

2.0 SYSTEM UPDATES

2.1 ICS Transformation Portfolios - joining up our approach

The Trust is part of some changes to the way in which service transformation is organised across the Integrated Care System. Six Portfolios are being established with health and care partners in Gloucestershire to help coordinate service transformation over the next few years.

These Portfolios will bring together existing change projects, with new transformation activity, that we will need to deliver together as a system. Initial work has been done to bring existing transformation programmes under one of the six Portfolios.

Working with partners, Senior Responsible Officers (SROs) have also been identified for each Portfolio who will have a leadership and oversight role. In a number of cases these are joint SROs across organisations which reflects our shared ambition to work in partnership. By taking this approach, we will be able to more closely align similar programmes of work and better prioritise and resource significant transformation projects.

Sandra Betney is the Executive lead for All Age Mental Health, Neurodiversity, Learning Disabilities and Autism portfolio. Rosanna James is joint lead for Prevention and Long-Term Condition Physical Health portfolio and Nicola Hazle is a joint lead for System Quality and Sustainability portfolio.

This is a shared approach to transformation, not owned by any one single organisation but reflective of our collective ambition to deliver new models of care and address the challenges we face in the short, medium and especially the long-term. These Portfolios will bring both our existing and new transformation work together.

3.0 NATIONAL / REGIONAL UPDATES

3.1 National Apprenticeship Week 2025 (10-14 February)

Our annual GHC Apprenticeship Week Awards are a key part of celebrating National Apprenticeship Week each year. It provides us with a great opportunity to celebrate and acknowledge the commitment and contribution of all our apprentices and T-level students as well as those who support them including managers, mentors and our Apprenticeship and Widening Participation team.

This year we had four categories of awards – these cover both our clinical and non-clinical colleagues and, for the first year, we introduced our first T-Level award.

Due to the high standard of candidates this year, each award had a winner alongside an individual that the judges felt deserved special recognition.

The winners were as follows:

Clinical Apprentice of the Year

Winner: Debbie Blackman

Special Recognition Award: Katie Williams

Non-Clinical Apprentice of the Year

Winner: Michelle Bethell

Special Recognition Award: Agnes Zivcakova

T-Level Student of the Year

Winner: Connor Emberlin-Jones

Special Recognition Award: Kay Townsend and the team supporting her at Tewkesbury Theatres

Motivational Mentor of the Year

Winner: Dawn Allen

Special Recognition Award: Gemma Holmes

4.0 EVENTS

4.1 Children's Mental Health Week – Our Digital Lives Event

On 5 February, I was pleased to drop into an event being held to mark Children's Mental Health week. This was centred around 'digital lives' and was an opportunity to reflect on what we know and how we adapt to the increasing digital lives of our children and young people and, crucially the important role of parents in helping children and young people navigate the risks and make the most of the benefits.

4.2 Mental Health and Wellbeing Partnership Board - Network Event

On 14 February, I spent time at Shire Hall in Gloucester where the Mental Health and Wellbeing Partnership Board held a network meeting. This was a welcome opportunity

to hear from partners about what we are doing and what more we can do to support communities across the county.

4.3 Mental Health Trust CEO event

On 6 March I attended the Mental Health Chief Executive's event in London where the future plan and priorities for mental health services were discussed. It is good to have the opportunity to participate in these forums and share our perspective from Gloucestershire with colleagues from around the country and the national NHS England team. This also ensures we are learning from others about things we could improve as well as how to meet the additional challenges that are always coming our way.

4.4 Social Care Information & Training Event

On 20 March I joined the Social Care Information & Training Event in Minsterworth. This was a great opportunity to meet social workers who are part of our Trust and discuss some of the current and future challenges and opportunities.

5.0 ACHIEVEMENTS / AWARDS

5.1 Apprenticeships

Congratulations on the achievements of our apprentice who has recently successfully completed their apprenticeship:

- Helen Frost – Level 2 AAT (Accountancy) – Pass
- Shanette Prince – Level 3 Senior Healthcare Support Worker – Pass
- William Leech – Level 3 Senior Healthcare Support Worker – Pass
- Lauren Worsley – Level 3 Senior Healthcare Support Worker – Distinction
- Michelle Bethell – Level 3 Team Leader – Pass
- Kelsie Finch – Level 3 Team Leader – Distinction

5.2 Registered Nurse Degree Apprenticeship Finalists

Congratulations to Elora Russell (Wotton Lawn) and Matt Burton (Learning Disability) who were among the finalists at the University of Gloucestershire Apprenticeship Awards both achieving Registered Nurse Degree Apprenticeships of the Year 2025 Awards.



5.3 Recognition for Cleanliness

Our facilities teams across the Trust were named in a report published in the Health Service Journal which placed our Trust second in the national league table for cleanliness - scoring a fantastic 99.99%! The data came from the latest PLACE assessments - Patient-Led Assessment of the Care Environment.

5.4 Big Health Day Recognition at Regional Awards

The achievements of our Big Health Day collaborative event have been recognised at the NHS Southwest Integrated Personalised Care Awards on 27 February at which we were highly commended for Collaborative Working. Simon Shorrick represented GHC at the event with representatives from partner organisations across the county.

The Trust-led Big Health Day is a collaborative annual event promoting health and wellbeing. Plans are already underway for the event this year at Oxstalls Sports Park in Gloucester on Friday 13 June.

6.0 CONCLUSION AND RECOMMENDATIONS

The Board is asked to **NOTE** the report.

REPORT TO: TRUST BOARD PUBLIC SESSION – 27 March 2025

PRESENTED BY: Neil Savage, Director of HR & OD

AUTHORS: Anis Ghanti, Head of OD & Leadership
Neil Savage, Director of HR & OD

SUBJECT: 2024 STAFF SURVEY RESULTS

If this report cannot be discussed at a public meeting, please explain why.

N/A.

This report is provided for:

Decision

Endorsement

Assurance

Information

The purpose of this report is to:

Present the 2024 NHS Staff Survey results.

Recommendations and decisions required

The Board is asked to:

1. **Note** the report and appendices.
2. **Consider** the results and the next prioritised areas of focus.
3. **Note** that the Great Place To Work Committee (GPTWC) reviewed the interim/unweighted results in February and will complete a further detailed review with the weighted data and benchmarking at its next meeting in April.
4. **Note** that the final responses and action plans for the Trust and directorates are being developed further and will be reported to the April GPTWC, which will oversee progress over the coming year, reporting by exception to the Board as necessary.
5. **Note** that whilst the outcome is good, particularly considering regional and national benchmarking in section 3, there is much room for improvement in to become a consistent top quartile performer.

Executive summary

This is the Trust's fifth single Staff Survey feedback report, covering data gathered from colleagues between September and November 2024.

For the 2024 the inclusion of bank workers was nationally mandated. As GHC opted to include bank workers from the 2022 survey onwards, we are now able to report on three years of data.

Survey results present a generally positive view of how colleagues rate the Trust as their employer. They also provide signposting to areas to prioritise for improvement over the coming year. However, the overall ratings, with some exceptions, could be interpreted as representing a “steady state” rather than a notable increasing or reducing rating. Further analysis against the recently released national and regional benchmarking will be crucial in developing our response and action plan.

Suggested prioritised areas for focus in 2025/26 are:

- Discrimination, harassment and violence
- Health and wellbeing
- Colleague engagement
- Speaking up
- Managing conflicting demands
- Teamwork and
- Improving clinical supervision

Risks associated with meeting the Trust’s values

The survey results are widely published. Perception and knowledge of results may impact the view service users, carers and stakeholders have of the Trust. The risks of not achieving good survey ratings include:

- Heightened reputational risk, with sub-optimal recruitment and retention
- Higher temporary staff use and costs (bank and agency)
- Lower efficiency and effectiveness leading to lower service quality
- Lower colleague engagement, contributions and morale
- Higher sickness absence and poorer wellbeing
- Wider consequences from the reputational risk

Corporate considerations

Quality Implications	The results form part of a range of feedback reflecting how colleagues view the Trust, its services and employment practices.
Resource Implications	Unless additional actions are agreed with the action plan, the delivery of actions will be managed within existing resources.
Equality Implications	The survey’s limited equalities monitoring reduces the usefulness of the evidence to support actions to reduce barriers and improve colleague experience. However, it provides some key pointers to inform the WDES and WRES action plans.

Where has this issue been discussed before?

- Executive Meeting 18th February 2025
- GPTW 25th February 2025
- Workforce Management Group 5th March 2025
- Joint Negotiating and Consultative Committee 18th March 2025

Appendices:	Appendix 1 – Staff Survey Breakdown Report Appendix 2 – Staff Survey Benchmark Report
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Report authorised by: Neil Savage	Title: Director of Human Resources & Organisational Development
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2024 NHS STAFF SURVEY RESULTS

1.0 BACKGROUND

- 1.1 This is the Trust's fifth single Staff Survey feedback report, which ran between 9th September to 29th November 2024.
- 1.2 The survey was independently curated by IQVIA (Quality Health).
- 1.3 Each year we provide IQVIA with the necessary workforce data sets and organisational structures by Directorates and Departments. The Staff Survey limits the number of Directorates and Department that can be reported on, reducing the breadth and depth we can report on.
- 1.4 Organisational Development/Workforce Systems colleagues, liaised with Executives on agreeing the Directorate and Department structures for the survey.
- 1.5 The 2024 survey was:
 - A mixed mode survey for substantive colleagues with bespoke questions (20% paper/80% online). The 20% paper copies were distributed to our sites and services that had requested paper copies as well as to colleagues on maternity/long term absences.
 - Distributed to bank colleagues in an online only version.
 - Supported by an Incentive Scheme, managed by IQVIA, that randomly drew a weekly winner from contributors to the survey, part funded by GHC and contributions from our Staff Benefits partners.
 - Incentivised for completion. Items -- namely wine, chocolates & biscuits -- were provided to the Trust by Tesco. These were distributed by Directors to highest responding teams.
 - Accompanied with weekly comms and a how to 'video' to encourage engagement with the survey.
 - Supported through engagement activities, including regular site visits that historically had low completion rates; attendance at virtual team meetings and weekly reminders to service leads on completion rates.

2.0 RESULTS OVERVIEW

- 2.1 The results are attached as appendices one and two. The data provided for 2024 is focused on the seven [People Promise](#) Thematic ratings, two additional Themes of Staff Engagement and Morale, and individual question level answers.
- 2.2 For substantive colleagues, key survey headline results, include:-
 - **Year on year response rate improvements** , 61% for 2024 compared with 58% in 2023, 55% in 2022, 53% in 2021 and 46% in 2020, representing a 15% improvement since the Trust's creation.
 - **Above sector average scores across seven People Promise Themes.** Despite this, while there have been no statistically significant changes, five People Promise Themes and the two additional Themes have shown minor decline since 2023,

while two have remained unchanged – We are Always Learning and We Work Flexibly.

- At an **individual question level, ratings for 17 were in the top 20% range. 82 were rated in the intermediate 60% zone and 9¹ are in the bottom 20%**, compared with similar organisations surveyed by IQVIA. A national breakdown is not available.
- Comparable to 2023, 14 question-level scores have declined, and there have been 2 significant improvements. The declines are in the following topics: team working; treating each other with respect; constructively dealing with disagreements within the team; feeling unwell due to work-related stress; raising concerns and feeling safe to do so.
- In comparison with last year, 85% questions showed no significant movement, 13% showed significant reduction and 2% significant improvement.
- For Staff Engagement and Morale, results reduced very slightly for both but remained well above sector average.
- Positively, colleagues reporting that they (1) often think about leaving this organisation, (2) are looking for another job in next 12 months and thinking about leaving, and (3) who say that as soon as they can find another job, they will leave, have all reduced.
- Continued strong performance in the Staff Friends and Family ratings, despite minor reductions over last year, with “I would recommend my organisation as a place to work” 6.5% higher, and “If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation” now 11% higher than our sector comparator average rates.

¹ 3f: I am able to make improvements happen in my area of work
 3g: I am able to meet all the conflicting demands on my time at work
 7b: The team I work in often meets to discuss the team's effectiveness
 9i: My immediate manager takes effective action to help me with any problems I face
 12g: How often, if at all, do you not have enough energy for family and friends during leisure time
 16c02: Experienced discrimination on grounds of Gender
 16c06: Experienced discrimination on grounds of Age
 16c07: Experienced discrimination on grounds of Other
 24: I am able to access clinical supervision opportunities when I need to

Figure 1: GHC 2024 Staff Survey results



2.3 For the Bank Staff Survey results, key headlines include: -

- 3rd year of Bank data, with a response rate of 31%, higher than the 22.5% for 2023 and 23.4% in 2022.
- Staff Engagement score for bank colleagues was higher than for substantive colleagues for a 2nd year.
- One People Promise Theme improved whilst the rest remained the same with no dipped scores.
- Three People Promise Themes scored higher in comparison with Substantive colleagues: Recognised & Rewarded; Safe & Health; Always Learning.
- In the additional themed categories of Staff Engagement and Morale, results improved from 2023.
- 10% of questions scored higher, no difference in 88% of questions, 2% scored lower than 2023.

2.5 2024 Staff Survey results were lifted from embargo on 13/03/2025 from which we have benchmarked our people promise scores against other NHS organisations across the Southwest.

3.0 REGIONAL AND NATIONAL POSITION AND BENCHMARKING

3.1 Nationally, the 2024 results have shown no notable change in the nine Theme scores across England. All of the People Promise scores remained broadly similar in 2024 as compared to 2023. This is the main takeaway from this year's results.

3.2 While it is positive that the improved Theme scores achieved in 2023 were sustained, further improvements were not seen this year.

- 3.3 This has meant there is no overall real change in the Theme indicators on key areas of health and wellbeing, staff engagement or flexible working (all of which had previously improved in 2023 over 2022).
- 3.4 Nationally, most of the survey Themes are now back to pre-COVID-19 pandemic levels, and seven are at the highest level ever. These are:
- compassionate leadership
 - health and safety climate
 - burnout
 - appraisals
 - support for work-life balance
 - flexible working
 - line management.
- 3.5 It should be noted that nationally satisfaction with pay did improve, but only from 31 to 32% and due to a minor improvement in medical staff opinion.
- 3.6 The overall level of violence worsened (question 13a) with staff experiencing violence from the public rising from 13.88% to 14.38%, while bullying and harassment level by the public remained at 25%(14a). However, there were small improvements in levels of reporting in both areas.
- 3.7 Nationally levels of unwanted sexual behaviour from public rose from 8.79% to 8.82%, while the metric regarding unwanted sexual behaviour from other staff fell slightly. Within the Trust this is higher at 9.09%.
- 3.8 Nationally, a number of equality and diversity indicators worsened, in particular staff experience of discrimination from public rose from 8.58% to 9.25%.
- 3.9 The inequalities in staff experience measured by the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES) largely did not move.
- 3.10 The Trust was **rated 9th nationally for recommendation as a place to work** amongst all Mental Health, Learning Disability and combined providers.
- 3.11 In terms of **South West regional benchmarking**, out of all of the provider organisations and Community Interest Companies (CICs), the Trust came:
- 1st overall for **recommending as a place to work** (Dorset Healthcare were 2nd)
 - 2nd overall for **ALL staff survey themes ratings combined** (Dorset Healthcare were first).
 - 2nd overall for the **collective/combined People Promise Themes** ratings
 - 1st for the **“We are Always Learning”**
 - 2nd on **“Staff Engagement”**
 - 2nd on **“Staff Morale”**
 - 2nd on **“We have a Voice that Counts”**
 - 2nd on **“We are Safe and Healthy”**
 - 3rd on **“We are Compassionate & Inclusive”**
 - 3rd on **“We are Recognised & Rewarded”**
 - 3rd on **“We work as a Team”**

- 4th on “We work Flexibly”
- 4th on Response rates

3.12 These results are broadly comparable to the Trust’s regional position last year.

4.0 ENGAGING AND SHARING RESULTS

4.1 To increase participation rates and directorate-based activities for the 2024 survey, additional steps were taken, which included:

- Establishing a pan-organisation stakeholder group to pilot and review improvements to appraisals training, particularly with a view to ensuring staff leave the appraisal feeling they can do their job more effectively².
- Drilling down within Directorates to determine which pockets of staff report that they struggle to meet conflicting demands on their time, seeking solutions to mitigate this.
- Using different staff fora to ensure that colleagues are provided with reassurance about how concerns are handled and addressed.
- Working collaboratively with other workstreams to seek to understand if there are any specific groups or departments where there are particular issues.
- Preparing an engagement plan for pre and post staff survey, targeting the directorates and teams that have historically had lower response rates and scores in thematic areas.
- Supporting directorates to find new ways of meeting and communicating results; supporting ideas such as directorate and team engagement initiatives where appropriate.

4.2 We also introduced a simple monitoring questionnaire to Directorate and Senior leads to seek some feedback as to their initial responses, to the directorate 2023 Staff Survey results, to see where we could/should target support. (See below)

6. On a scale of 1 (low) - 5 (high) - please rate how satisfied the Directorate/Service Area/Team are with the survey results?

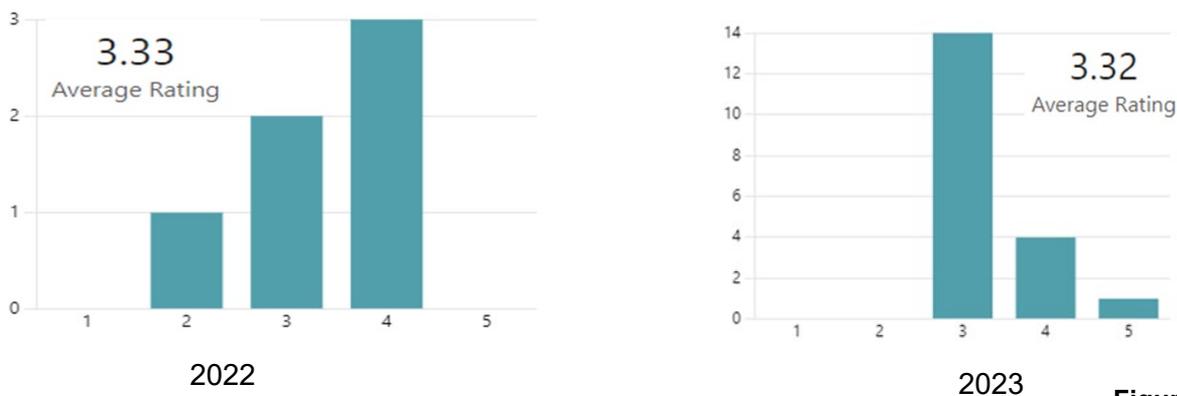


Figure 3

² Whilst coverage of completed appraisals was positive in the staff survey, with 3/4 of the related questions being rated above sector average, results confirm the quality of appraisals needs significant improvement.

8. Please tick the theme(s) the Directorate/Service Area and/or team will be focusing on?

● Compassionate and Inclusive	11
● We are recognised and rewarded	10
● We have a voice that counts	14
● We are safe and healthy	12
● We are always learning	7
● We work flexibly	3
● We are a team	3
● Staff engagement	9
● Morale	4

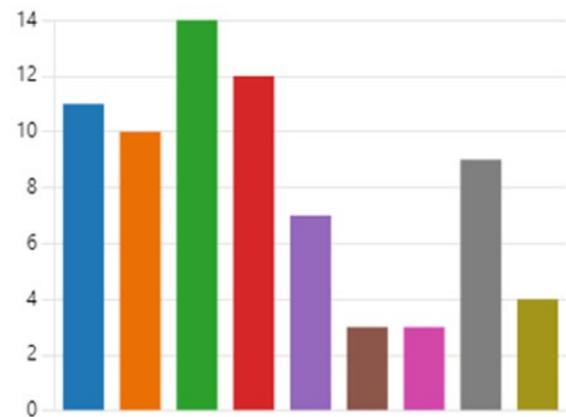


Figure 4

4.3 Directorates/service leads have now been provided their individual area results for the 2024 survey, with a summary, heat maps and additional data. Management leads have been asked to:

- Analyse the results to identify themes across their area.
- Share the results with service leads and teams.
- Managers/leaders to run local team focus groups, to discuss the results and identify any themes in a specific area.
- Review their previous priorities and actions from the 2023 survey.
- Directorates/Services/Teams to be engaged in creating action plans for their own areas - support from HR/OD being provided as needed.
- Directorates to prioritise 3 areas where they can make a step change.
- Create, and publicise, opportunities for staff members to be involved in initiatives.
- Complete a corporate questionnaire by 18th April 2024 to capture their priorities; support measuring the impact of actions as well as share regular updates with all staff on progress.
- In addition to the Directorate/Service based results, colleagues are also being asked to consider the Trust-wide thematic areas of focus.

4.4 We are also asking for updates on specific feedback on activities/actions put in place following the 2023 results. We are doing so to capture and highlight good practice and progress.

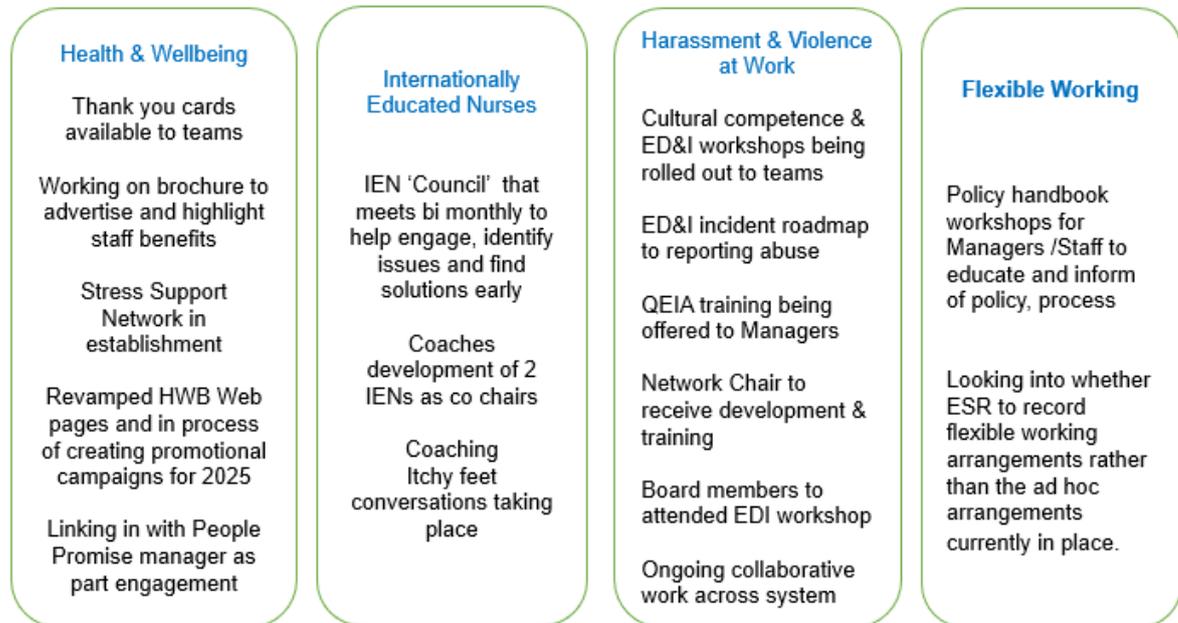
5.0 AREAS OF FOCUS

5.1 Thematic areas of focus will shortly be drawn up following consideration and engagement through planned Staff Survey listening events; Senior Leadership Network (SLN), operational management groups and committees, Staff Side and Diversity Networks.

5.2 Four thematic areas were focussed on from the 2023 results, three were subsections to People Promise themes, Anti-discrimination (particularly harassment and violence at work from patients); Flexible Working and Health and Wellbeing. The fourth,

Internationally Educated Nurses, is not readily reported and required separate interrogation of data.

5.3 Across these four areas, from the 2023 Staff Survey results, activities since April 2024 have included:



5.4 2024 results indicate for **Health and Wellbeing** that whilst 79% of respondents agree that their immediate manager takes a positive interest in their health and well-being, 68% the organisation takes positive action on health and well-being, 2% lower than in 2023.

5.5 Burnout is also sub-theme within the People Promise “We are Safe and Healthy” 36% of respondents in 2024 rated that they never/rarely felt burnt out because of work, 37% in 2023. However, we remain above sector average in this sub theme in our comparative group.

5.6 One key area that will remain a focus in 2025 from the 2023 survey, for both substantive and bank colleagues, relates to the **experience of discrimination/harassment and violence** from service users and colleagues as bullying and harassment indicators, particularly in relation to colleague experiences, whilst slightly lower at 21.8% than 23.7% in 2023, it will remain as a key area of focus.

5.7 For the people promise theme We **Work Flexibly**, respondents/result showed no change in the overall score of 6.8 – which also remains just above the comparative sector national benchmarking average.

5.8 Additional areas for focussed consideration and prioritisation include:

- **colleague engagement**
- **speaking up**
- **managing conflicting demands**
- **teamwork and**
- **improving clinical supervision**

- 5.9 We have promoted our ambitions in working towards becoming an Anti-Racist organisation, which will support our efforts in becoming an inclusive employer. The furtherance of this ambition will be taken forwards through the Leadership and Culture Programme.
- 5.10 As reported to the Board earlier, the Trust is establishing an enhanced Leadership and Culture Programme to bring together existing and new strands of work focussed on improving culture, leadership and, in particular, our determination to tackle racial and other forms of discrimination.
- 5.11 The survey results will form part of a set of metrics against which the thematic areas on the programme could measure progress. Whilst workstreams are currently in the development and scoping phase, we anticipate the following People Promise Themes to be incorporated in the programme.
- 5.12 Specific indicators under each theme/sub theme will thereafter be identified by the relevant workstream, recognising that there may be instances of the same indicator for more than one workstream.

6. NEXT STEPS

- 6.1 The timeline for the development, delivery and engagement of the 2024 Staff Survey results and action plan, alongside preparation for the 2025 survey is outlined below:

March 2025	<p>Embargo lifted.</p> <p>Summary of results presented to Board of Directors.</p> <p>Engagement and reviews with Senior Leadership Network, JNCF, colleague fora and associated networks.</p> <p>Further Directorate and Team based results circulated.</p>
April 2025	<p>ICS People Committee & NHS Providers report.</p> <p>ICS Social Partnership Forum report & engagement.</p>
May 2025	<p>Wider plan reviewed and agreed by Executive Team and WOMAG.</p> <p>HR/OD walkabout programme across GHC sites as part of People Promise with results.</p> <p>ICS Social Partnership Forum survey session (TBC).</p>
June/July 2025	<p>Progress update to WOMAG and Great Place to Work Committee.</p> <p>Preparation of 2025 Staff Survey</p>
Aug/Sept 2025	<p>Review and Committee progress update on Action Plan.</p> <p>Comm's for 2025 Staff Survey.</p>
Sept/Oct 2025	<p>Launch 2025 Staff Survey.</p>

7.0 RECOMMENDATIONS

The Trust Board is asked to:

1. **NOTE** the report and appendices.
2. **CONSIDER** the results and the next prioritised areas of focus.
3. **NOTE** that the Great Place To Work Committee (GPTWC), reviewed the interim/unweighted results in February and will complete a further detailed review with the weighted data and benchmarking at its next meeting in April.
4. **NOTE** that the final responses and action plans for the Trust and directorates are being developed further and will be reported to the April GPTWC, which will oversee progress over the coming year, reporting by exception to the Board as necessary.
5. **NOTE** that whilst the outcome is good, particularly considering the regional and national benchmarking in section 3, we still have much more improvement work to do in key areas and different parts of the organisation to become a consistent top quartile performer.

Gloucestershire Health and Care NHS Foundation Trust

NHS Staff Survey Benchmark report 2024



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Introduction

About this report

This benchmark report for Gloucestershire Health and Care NHS Foundation Trust contains results for the 2024 NHS Staff Survey, and historical results back to 2020 where possible. These results are presented in the context of best, average and worst results for similar organisations where appropriate. Data in this report are weighted to allow for fair comparisons between organisations.

Results for Q1, Q10a, Q26d, Q27a-c, Q28, Q29, Q30, Q31a, Q32a-b, Q33, Q34a-b and Q35 are not weighted or benchmarked because these questions ask for demographic or factual information.

How results are reported

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



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

People Promise elements, themes and sub-scores

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

Questions not linked to the People Promise elements or themes

Introduction

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

Organisation details

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

People Promise elements, themes and sub-scores: Overview

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

People Promise elements, themes and sub-scores: Trends

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

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



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

People Promise elements, themes and sub-scores: Questions

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

Questions not linked to People Promise

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

Workforce Equality Standards

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

About your respondents

This section provides details of the staff responding to the survey, including their **demographic and other classification questions**.

Appendices

Here you will find:

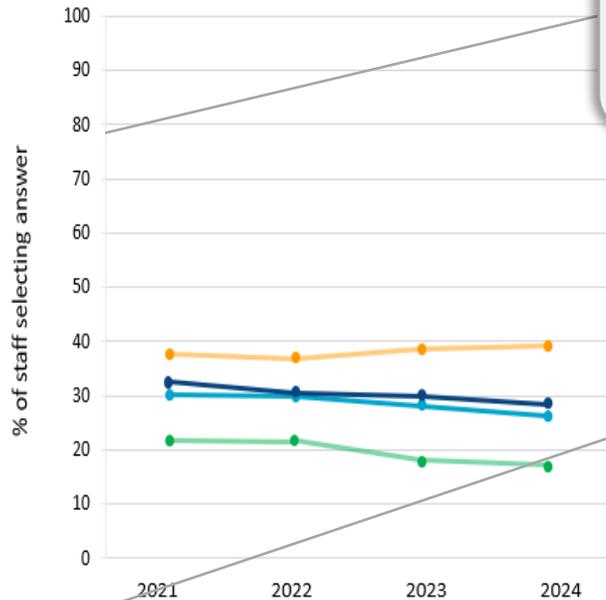
- Response rate.
- Significance testing of the People Promise element and theme results for 2023 vs 2024.
- Guidance on data in the benchmark reports.
- Additional reporting outputs.
- Tips on action planning and interpreting the results.
- Contact information.

Key features

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

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

Note this is example data



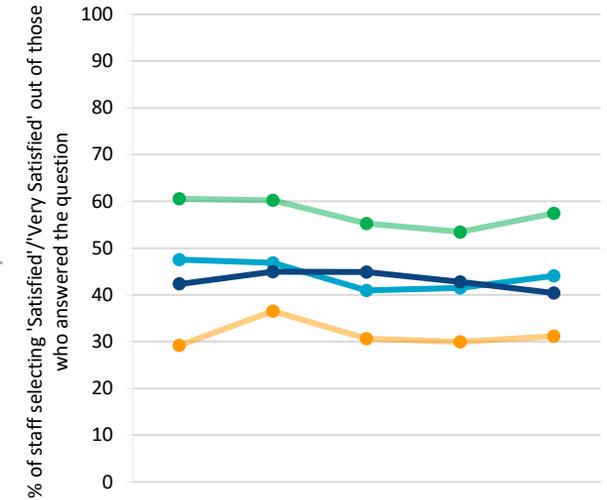
	2021	2022	2023	2024
Your org	32.6%	30.6%	30.0%	28.5%
Best result	21.8%	21.7%	18.0%	17.1%
Average result	30.2%	29.8%	28.1%	26.4%
Worst result	37.6%	36.9%	38.5%	39.2%
Responses	480	500	515	520

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

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

Number of responses for the organisation for the given question.

Q4b How satisfied are you with each of the following aspects of your job?



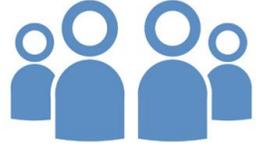
	2020	2021	2022	2023	2024
Your org	42.3%	45.0%	44.9%	42.8%	40.4%
Best result	60.6%	60.3%	55.3%	55.3%	57.4%
Average result	47.5%	46.9%	41.0%	41.5%	44.0%
Worst result	29.2%	36.5%	30.6%	29.9%	31.2%
Responses	835	1255	1491	1325	517

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

Organisation details

Gloucestershire Health and Care NHS Foundation Trust

2024 NHS Staff Survey



Organisation details

Completed questionnaires **3029**

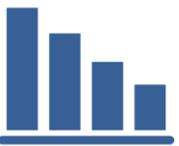
2024 response rate **61%**

Survey details

Survey mode **Mixed**

This organisation is benchmarked against:

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



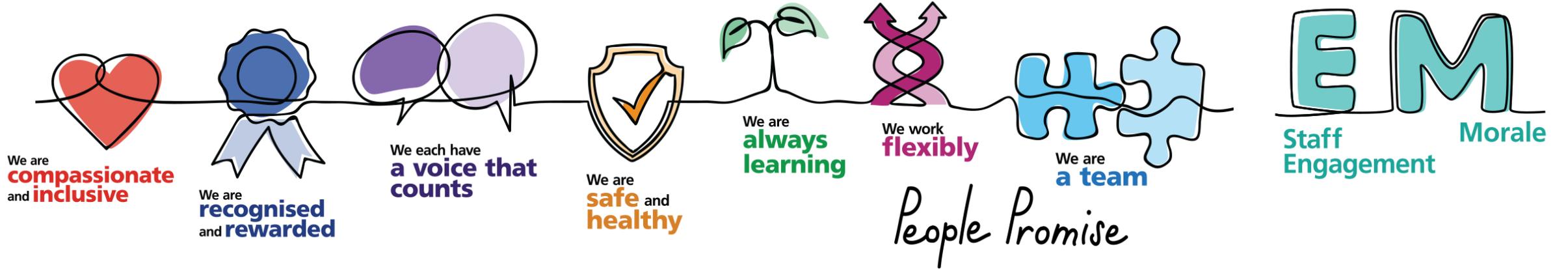
2024 benchmarking group details

Organisations in group: 50

Median response rate: 54%

No. of completed questionnaires: 135986

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

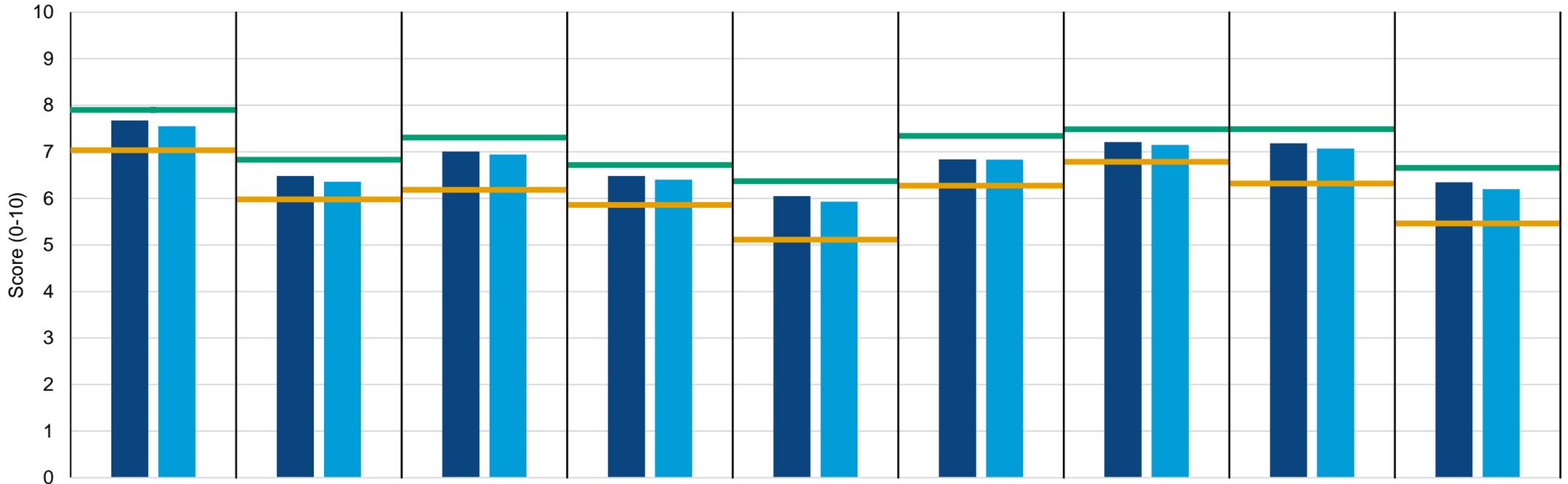


People Promise elements, themes and sub-score results

People Promise elements, themes and sub-scores: Overview

People Promise elements and themes: Overview

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

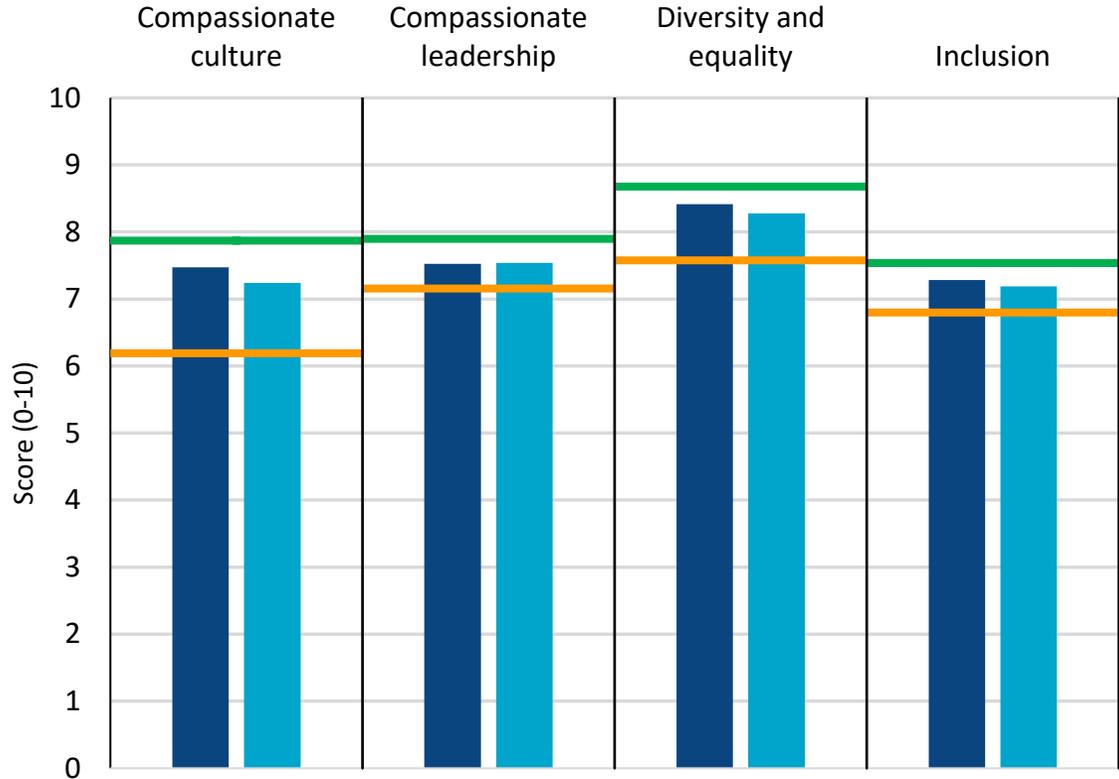


Your org	7.67	6.48	7.00	6.48	6.05	6.84	7.21	7.18	6.35
Best result	7.90	6.83	7.31	6.72	6.37	7.34	7.48	7.49	6.66
Average result	7.55	6.35	6.94	6.40	5.93	6.83	7.15	7.07	6.20
Worst result	7.03	5.98	6.18	5.86	5.11	6.27	6.78	6.32	5.46
Responses	3023	3021	2991	3003	2925	3003	3024	3024	3024

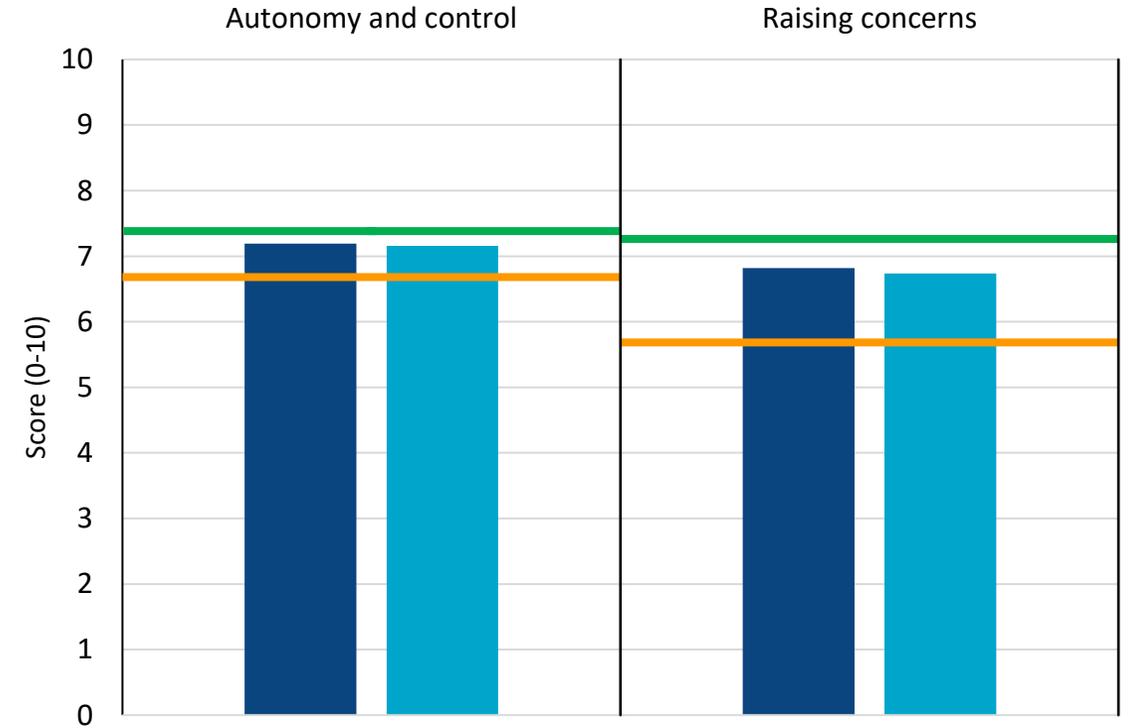
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 1: We are compassionate and inclusive



Promise element 3: We each have a voice that counts



Your org	7.47	7.52	8.41	7.28
Best result	7.87	7.90	8.68	7.53
Average result	7.24	7.54	8.28	7.19
Worst result	6.19	7.16	7.58	6.80
Responses	3015	3025	3012	3015

Your org	7.19	6.82
Best result	7.38	7.26
Average result	7.16	6.74
Worst result	6.68	5.68
Responses	3023	2996

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

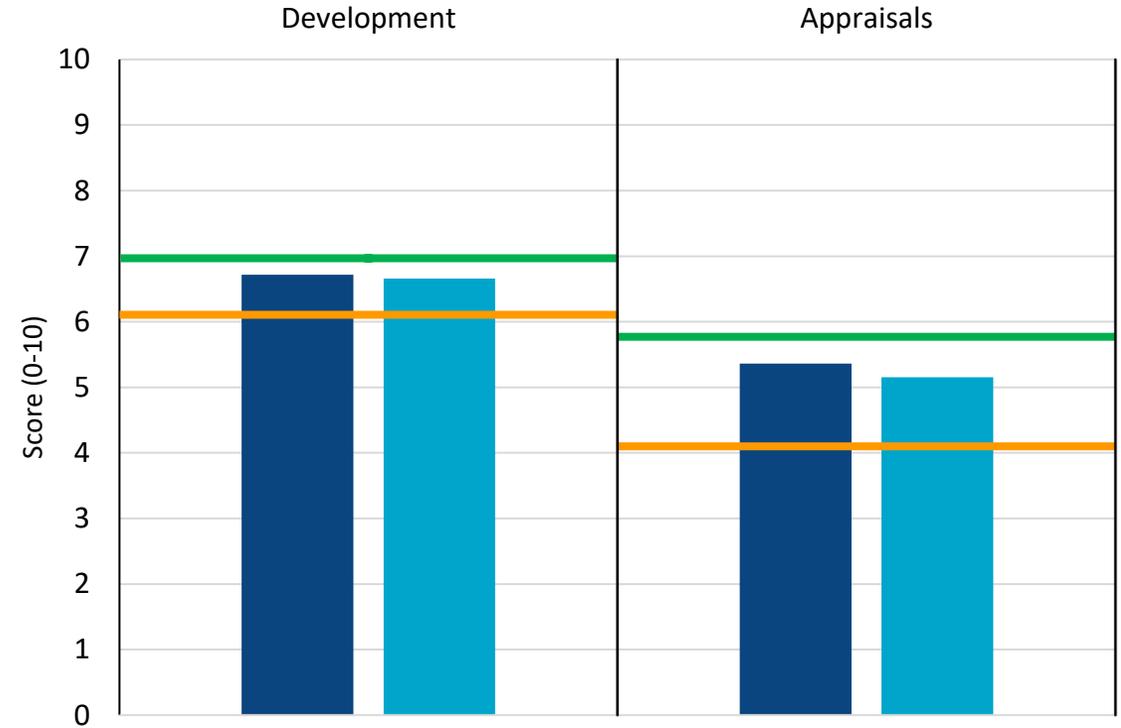
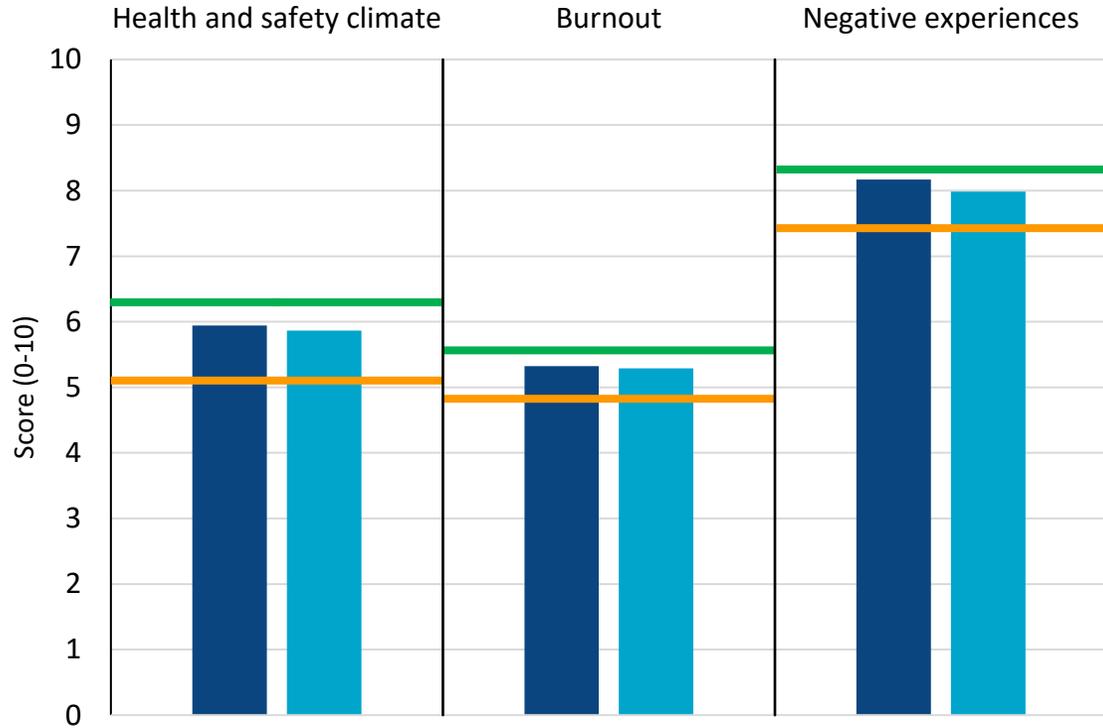
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 4: We are safe and healthy



Promise element 5: We are always learning



Your org	5.94	5.32	8.17
Best result	6.30	5.56	8.32
Average result	5.87	5.29	7.98
Worst result	5.10	4.83	7.43
Responses	3022	3018	3014

Your org	6.72	5.36
Best result	6.97	5.77
Average result	6.66	5.15
Worst result	6.11	4.10
Responses	3021	2928

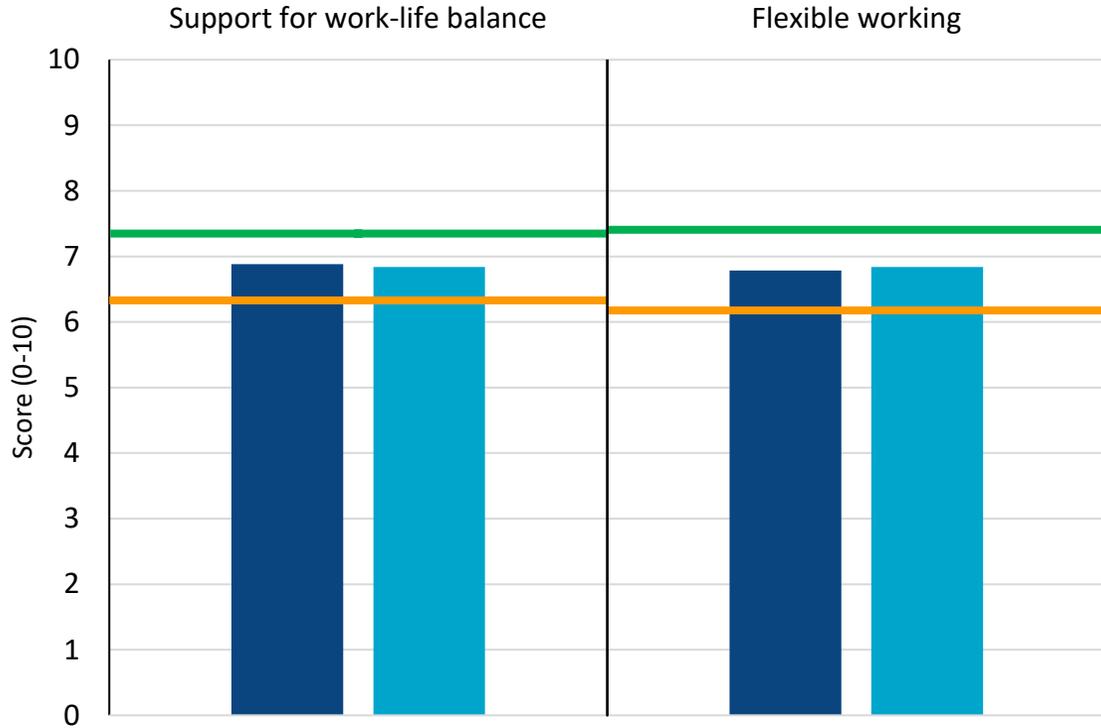
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



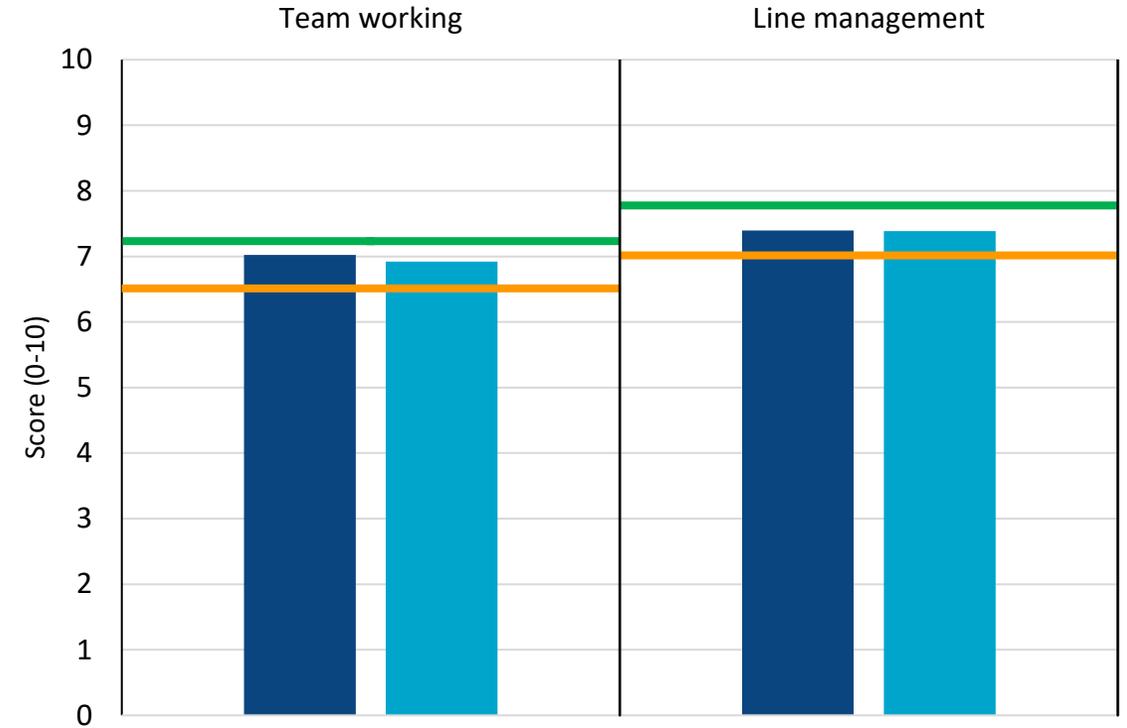
Promise element 6: We work flexibly



Promise element 7: We are a team



Category	Your org	Best result	Average result	Worst result	Responses
Support for work-life balance	6.88	7.35	6.84	6.33	3016
Flexible working	6.79	7.41	6.84	6.18	3011



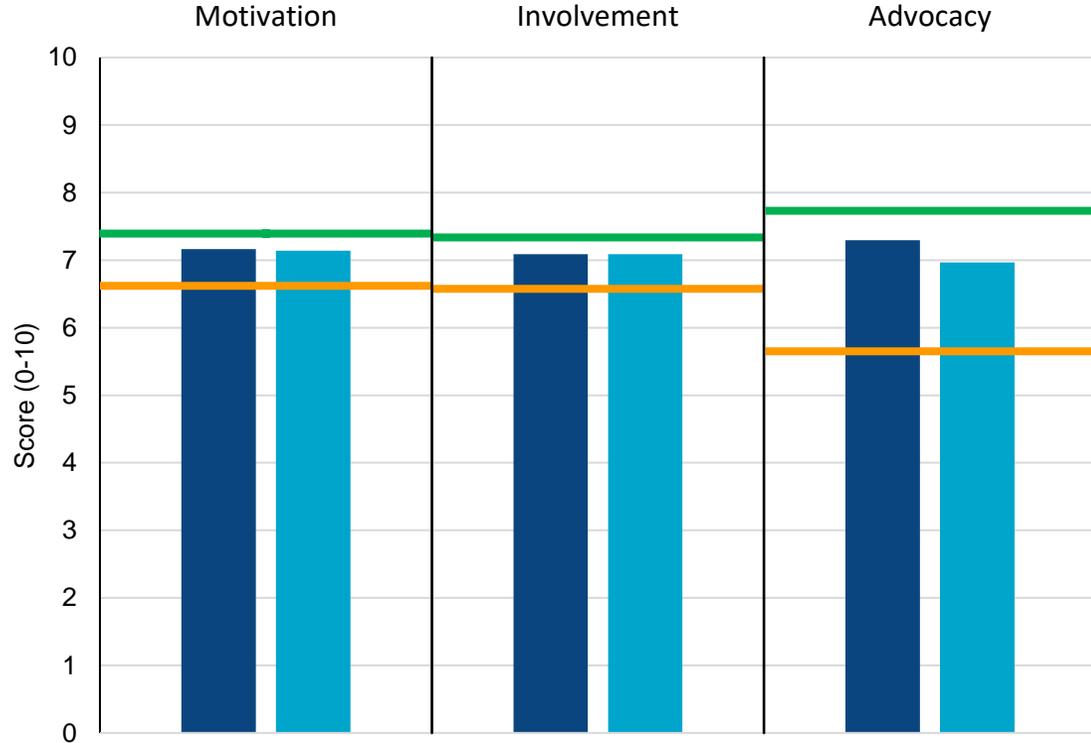
Category	Your org	Best result	Average result	Worst result	Responses
Team working	7.02	7.23	6.92	6.51	3025
Line management	7.40	7.78	7.39	7.02	3025

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

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



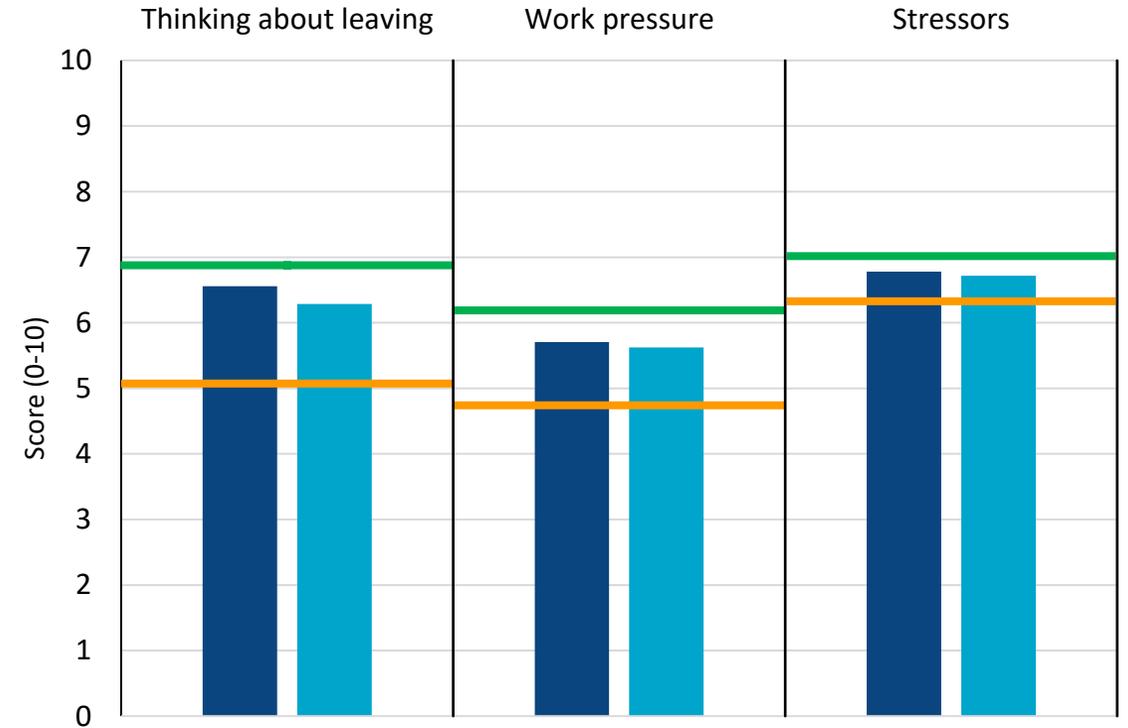
Theme: Staff engagement



Your org	7.16	7.09	7.29
Best result	7.39	7.34	7.73
Average result	7.14	7.09	6.96
Worst result	6.62	6.58	5.65
Responses	3004	3023	3015



Theme: Morale



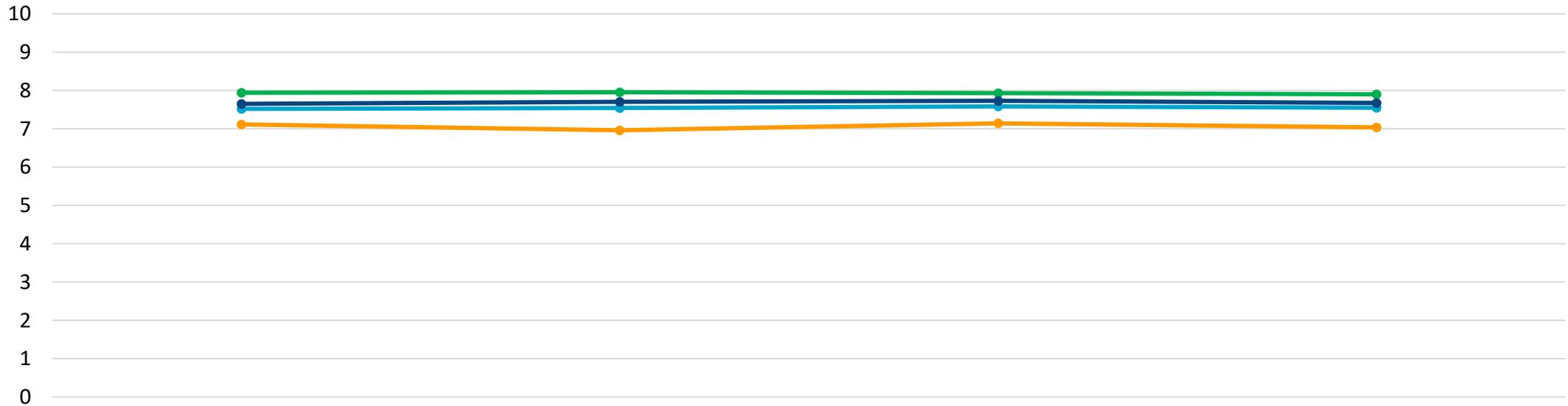
Your org	6.56	5.71	6.78
Best result	6.88	6.19	7.02
Average result	6.29	5.62	6.72
Worst result	5.07	4.74	6.33
Responses	3019	3021	3018

People Promise elements, themes and sub-scores: Trends

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

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

We are compassionate and inclusive

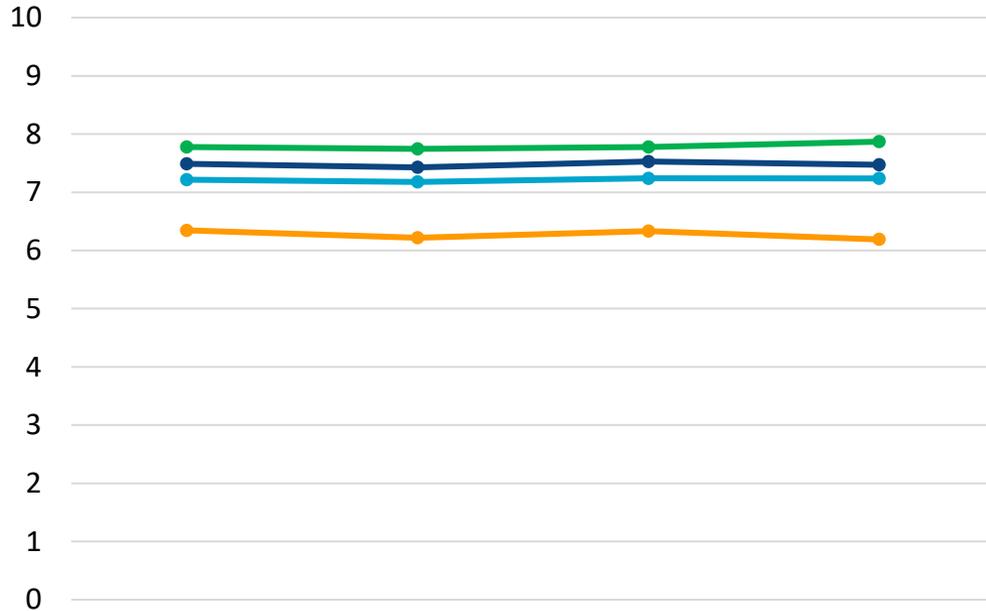


	2021	2022	2023	2024
Your org	7.65	7.70	7.73	7.67
Best result	7.94	7.95	7.93	7.90
Average result	7.52	7.54	7.58	7.55
Worst result	7.12	6.96	7.14	7.03
Responses	2366	2482	2799	3023

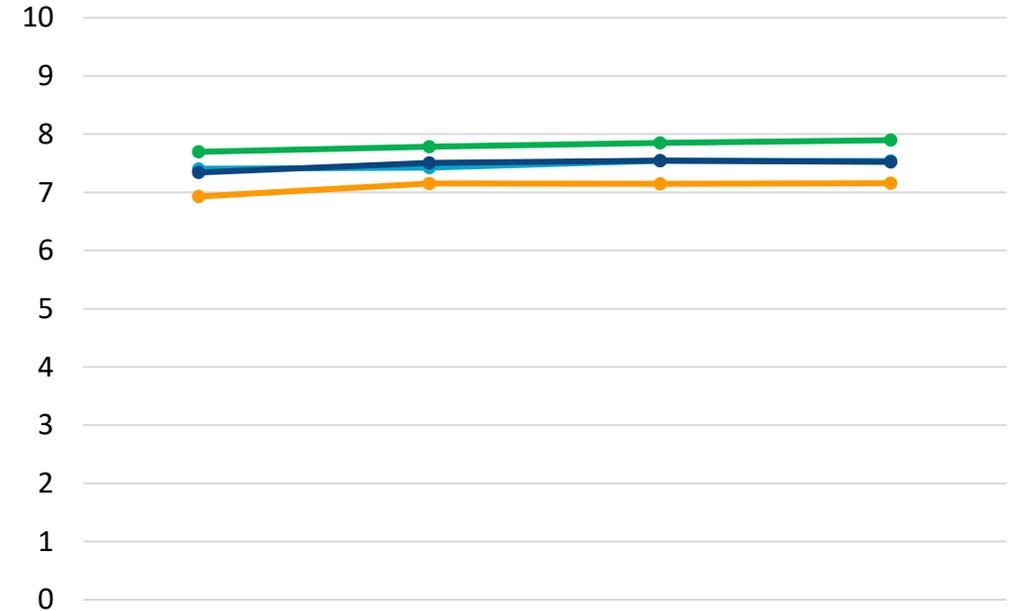
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

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

Compassionate culture



Compassionate leadership



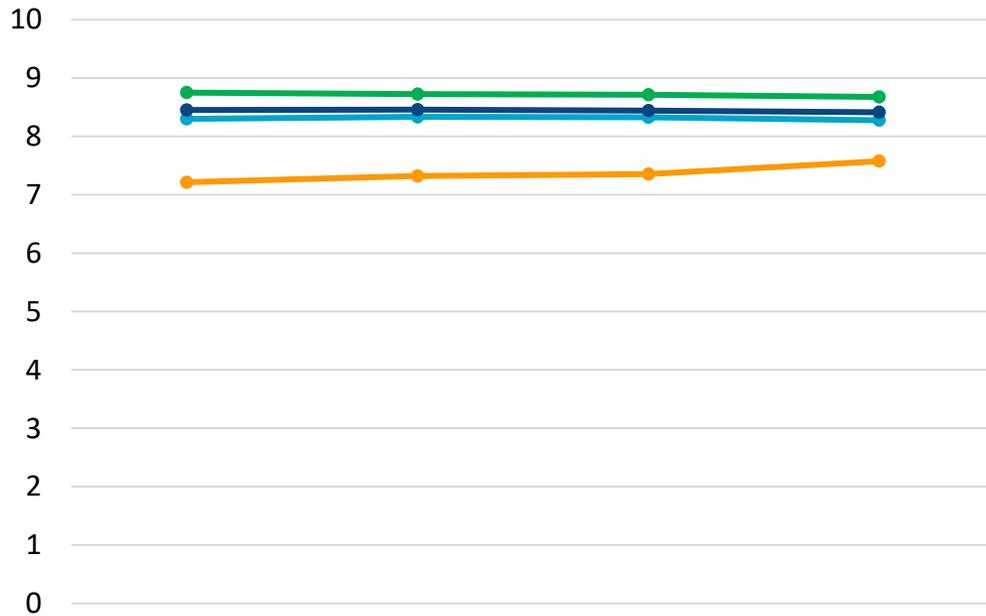
	2021	2022	2023	2024
Your org	7.49	7.43	7.53	7.47
Best result	7.78	7.75	7.78	7.87
Average result	7.22	7.18	7.24	7.24
Worst result	6.35	6.22	6.33	6.19
Responses	2360	2484	2802	3015

	2021	2022	2023	2024
Your org	7.34	7.51	7.55	7.52
Best result	7.70	7.78	7.85	7.90
Average result	7.40	7.42	7.54	7.54
Worst result	6.93	7.15	7.14	7.16
Responses	2362	2481	2797	3025

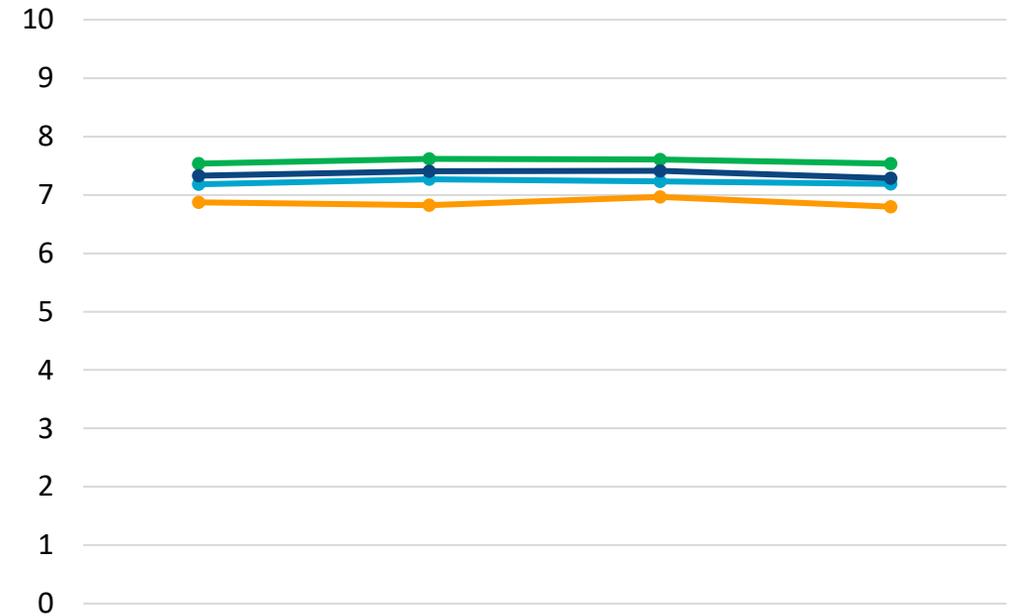
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

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

Diversity and equality



Inclusion



2021 2022 2023 2024

	2021	2022	2023	2024
Your org	8.46	8.46	8.44	8.41
Best result	8.75	8.73	8.72	8.68
Average result	8.30	8.34	8.33	8.28
Worst result	7.22	7.32	7.35	7.58

Responses 2358 2483 2787 3012

2021 2022 2023 2024

	2021	2022	2023	2024
Your org	7.33	7.40	7.41	7.28
Best result	7.54	7.62	7.61	7.53
Average result	7.18	7.27	7.23	7.19
Worst result	6.87	6.83	6.97	6.80

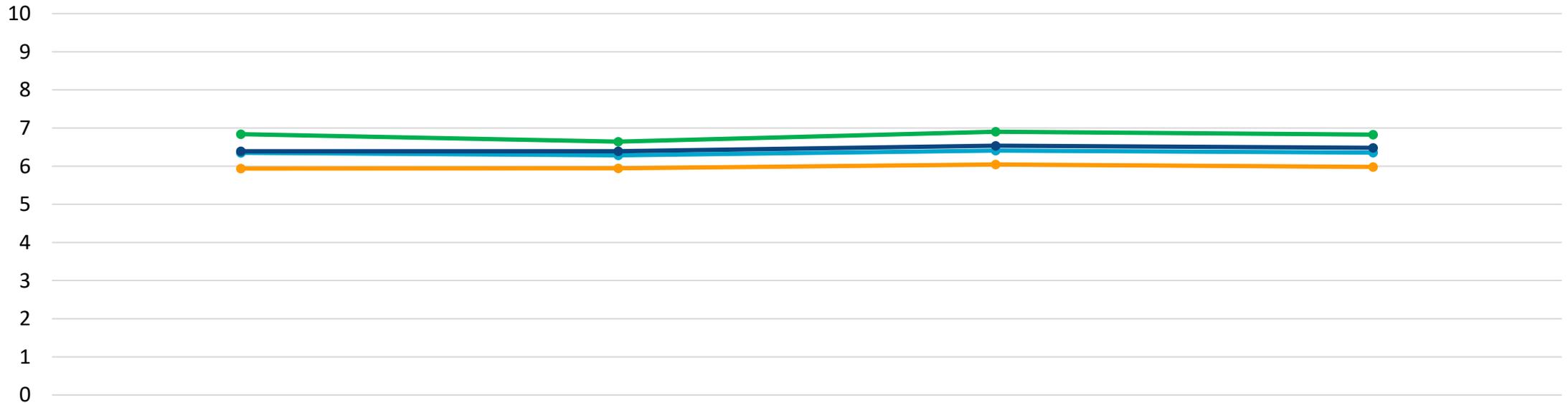
Responses 2357 2470 2783 3015

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



Promise element 2: We are recognised and rewarded

We are recognised and rewarded



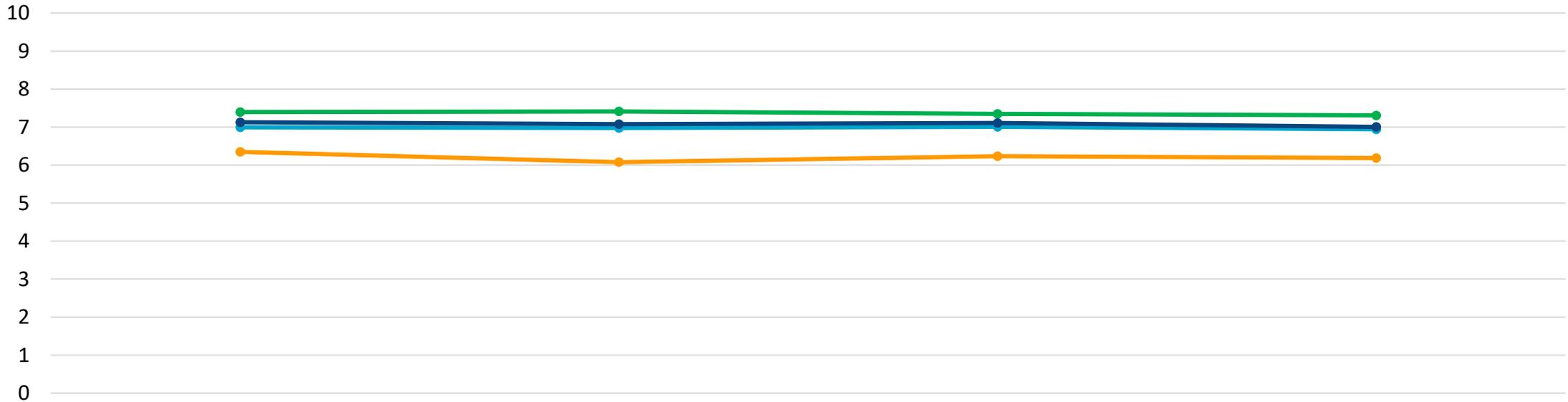
	2021	2022	2023	2024
Your org	6.39	6.39	6.54	6.48
Best result	6.84	6.64	6.90	6.83
Average result	6.35	6.28	6.41	6.35
Worst result	5.94	5.94	6.04	5.98
Responses	2361	2477	2800	3021

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



Promise element 3: We each have a voice that counts

We each have a voice that counts



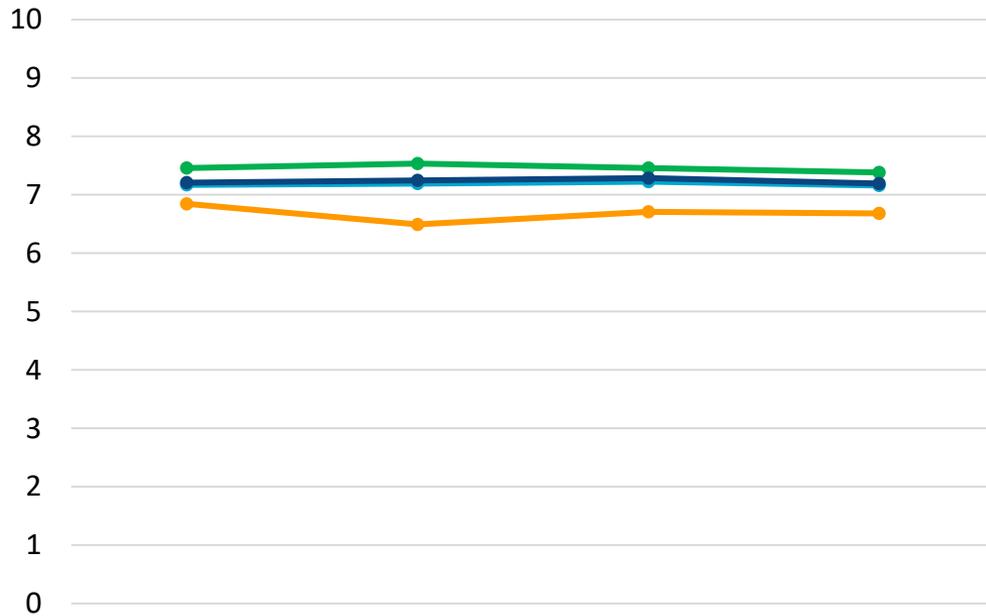
	2021	2022	2023	2024
Your org	7.13	7.08	7.11	7.00
Best result	7.40	7.41	7.35	7.31
Average result	6.99	6.97	7.01	6.94
Worst result	6.35	6.07	6.23	6.18
Responses	2351	2464	2773	2991

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

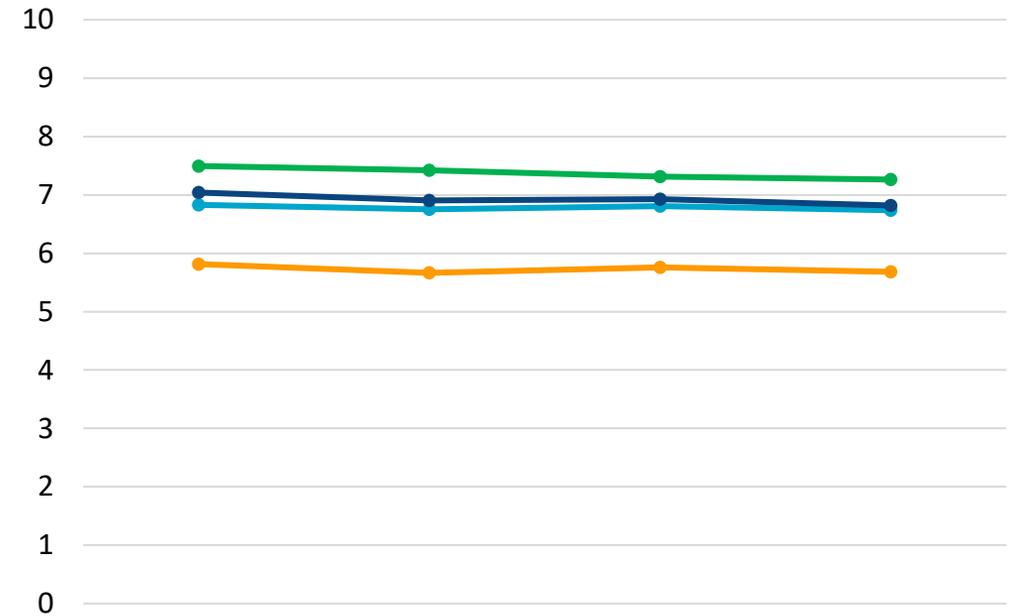


Promise element 3: We each have a voice that counts

Autonomy and control



Raising concerns



	2021	2022	2023	2024
Your org	7.21	7.25	7.29	7.19
Best result	7.46	7.53	7.46	7.38
Average result	7.17	7.19	7.22	7.16
Worst result	6.85	6.49	6.71	6.68
Responses	2364	2483	2798	3023

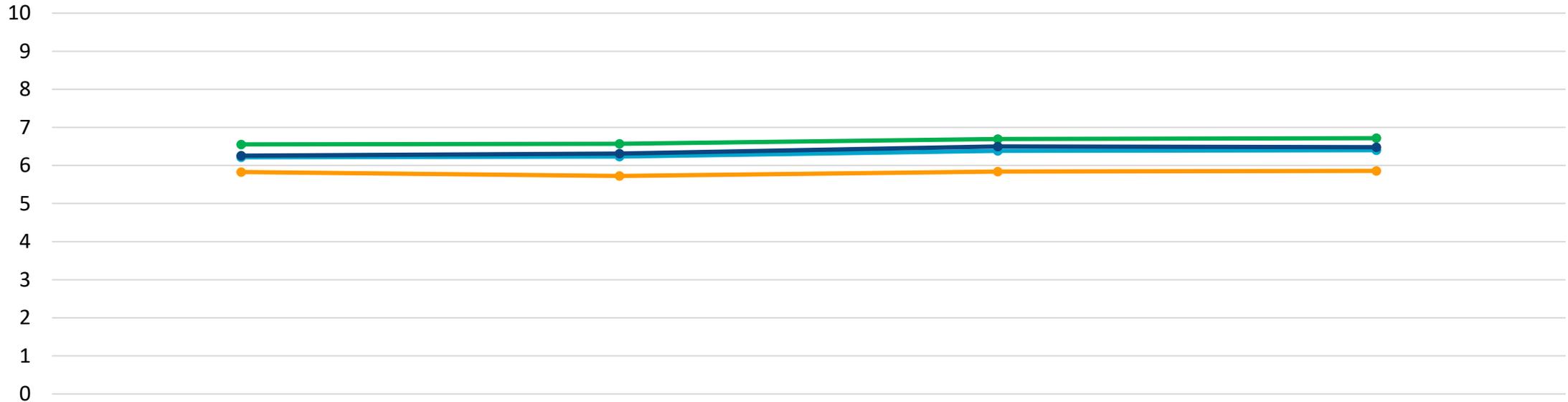
	2021	2022	2023	2024
Your org	7.04	6.90	6.92	6.82
Best result	7.49	7.42	7.31	7.26
Average result	6.83	6.76	6.81	6.74
Worst result	5.81	5.66	5.76	5.68
Responses	2354	2472	2782	2996

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



Promise element 4: We are safe and healthy

We are safe and healthy



	2021	2022	2023	2024
Your org	6.26	6.31	6.50	6.48
Best result	6.55	6.57	6.70	6.72
Average result	6.22	6.24	6.38	6.40
Worst result	5.83	5.72	5.84	5.86
Responses	2348	2457	2774	3003

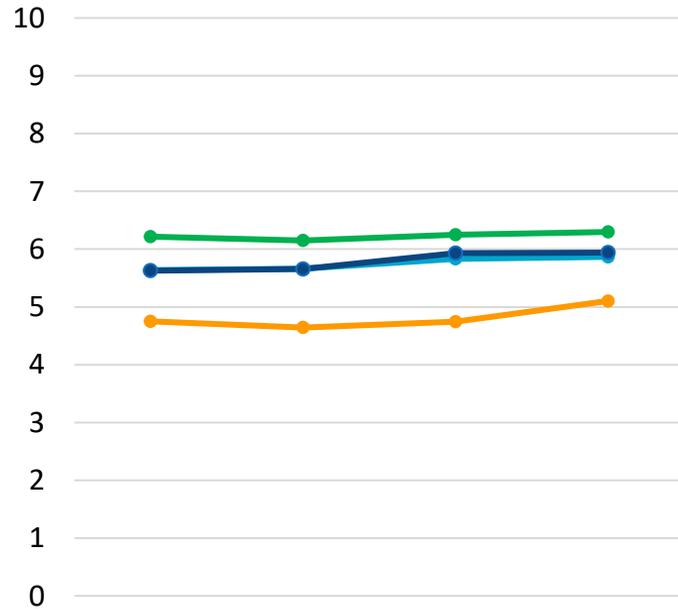
Note: 2023 results for 'We are safe and healthy' are now reported using corrected data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.

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



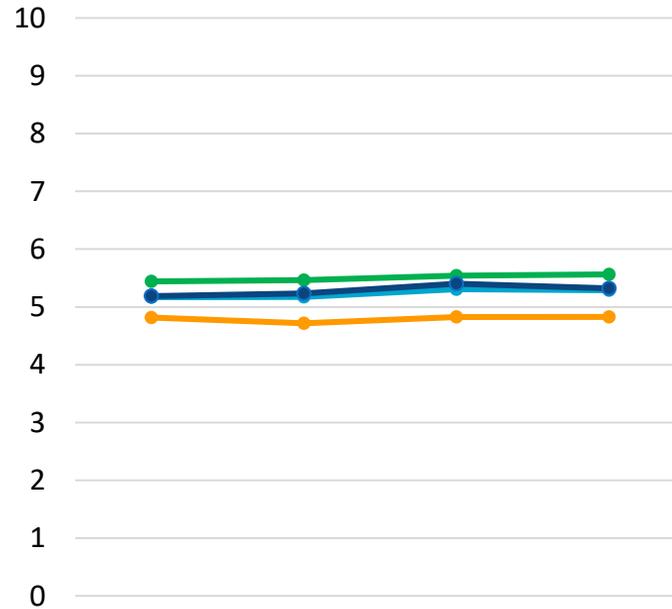
Promise element 4: We are safe and healthy

Health and safety climate



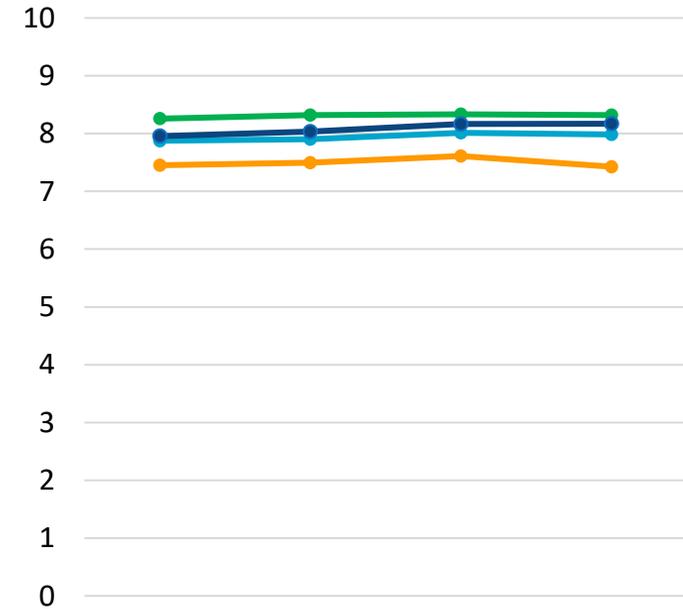
	2021	2022	2023	2024
Your org	5.63	5.66	5.93	5.94
Best result	6.22	6.15	6.25	6.30
Average result	5.64	5.66	5.83	5.87
Worst result	4.75	4.64	4.75	5.10
Responses	2364	2483	2798	3022

Burnout



	2021	2022	2023	2024
Your org	5.19	5.23	5.40	5.32
Best result	5.44	5.47	5.54	5.56
Average result	5.17	5.18	5.31	5.29
Worst result	4.82	4.72	4.83	4.83
Responses	2359	2478	2798	3018

Negative experiences



	2021	2022	2023	2024
Your org	7.96	8.03	8.16	8.17
Best result	8.26	8.32	8.33	8.32
Average result	7.88	7.90	8.01	7.98
Worst result	7.45	7.50	7.61	7.43
Responses	2354	2471	2784	3014

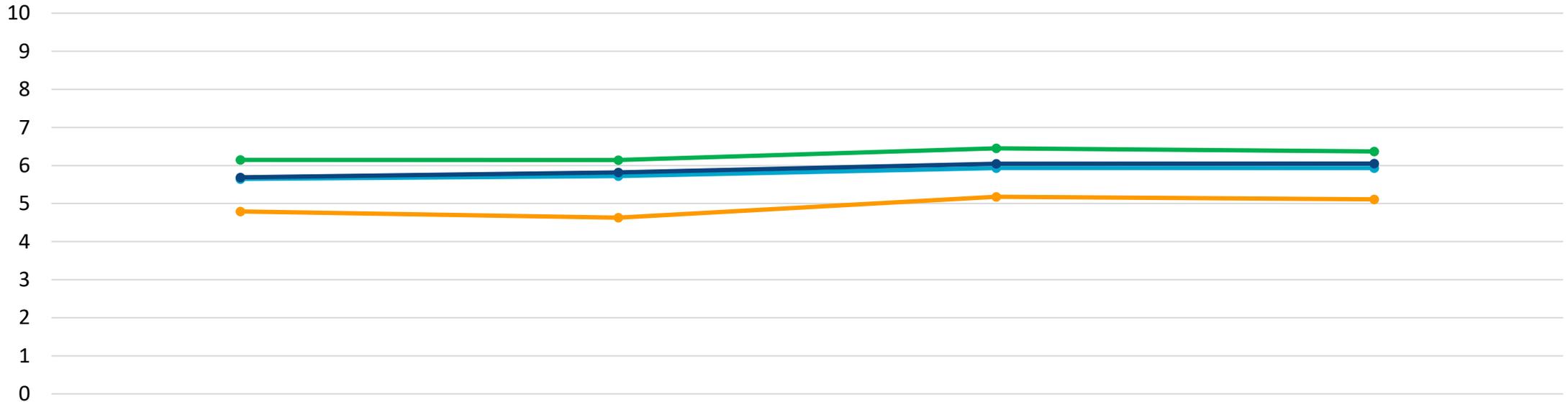
Note: 2023 results for 'Health and safety climate' and 'Negative experiences' are now reported using corrected data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.

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



Promise element 5: We are always learning

We are always learning



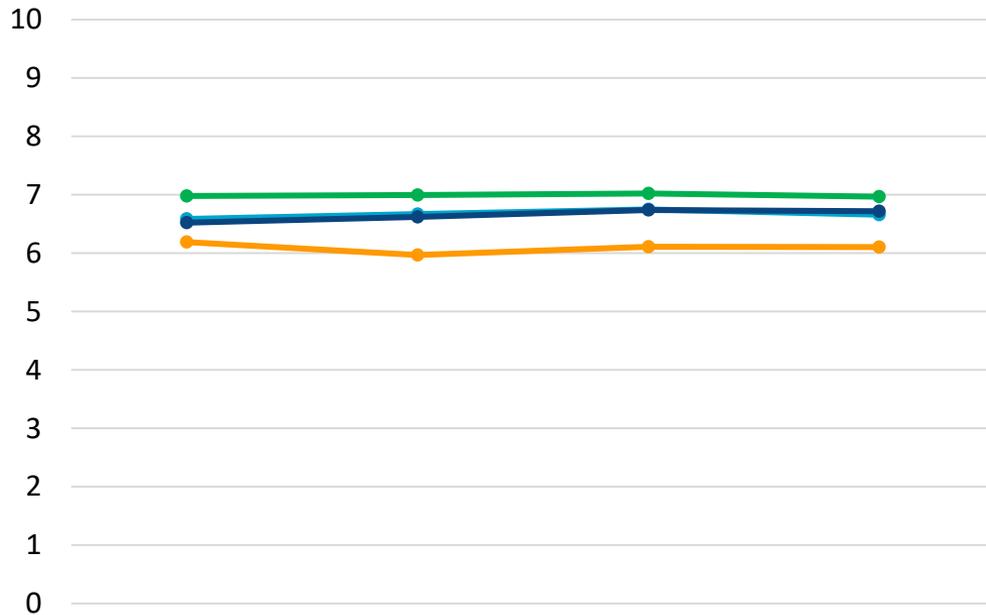
	2021	2022	2023	2024
Your org	5.69	5.81	6.05	6.05
Best result	6.15	6.14	6.45	6.37
Average result	5.65	5.72	5.93	5.93
Worst result	4.79	4.63	5.18	5.11
Responses	2286	2420	2725	2925

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

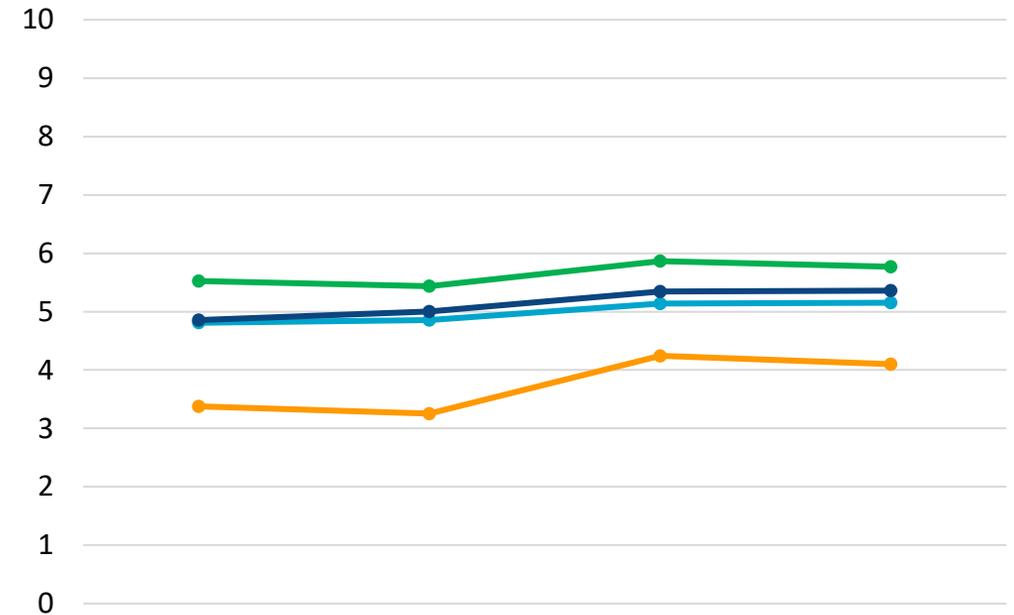


Promise element 5: We are always learning

Development



Appraisals



2021 2022 2023 2024

	2021	2022	2023	2024
Your org	6.52	6.62	6.74	6.72
Best result	6.98	7.00	7.02	6.97
Average result	6.59	6.67	6.75	6.66
Worst result	6.19	5.97	6.11	6.11

Responses 2359 2487 2800 3021

2021 2022 2023 2024

	2021	2022	2023	2024
Your org	4.86	5.00	5.34	5.36
Best result	5.52	5.44	5.87	5.77
Average result	4.81	4.86	5.14	5.15
Worst result	3.38	3.25	4.24	4.10

Responses 2288 2422 2728 2928

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



Promise element 6: We work flexibly

We work flexibly



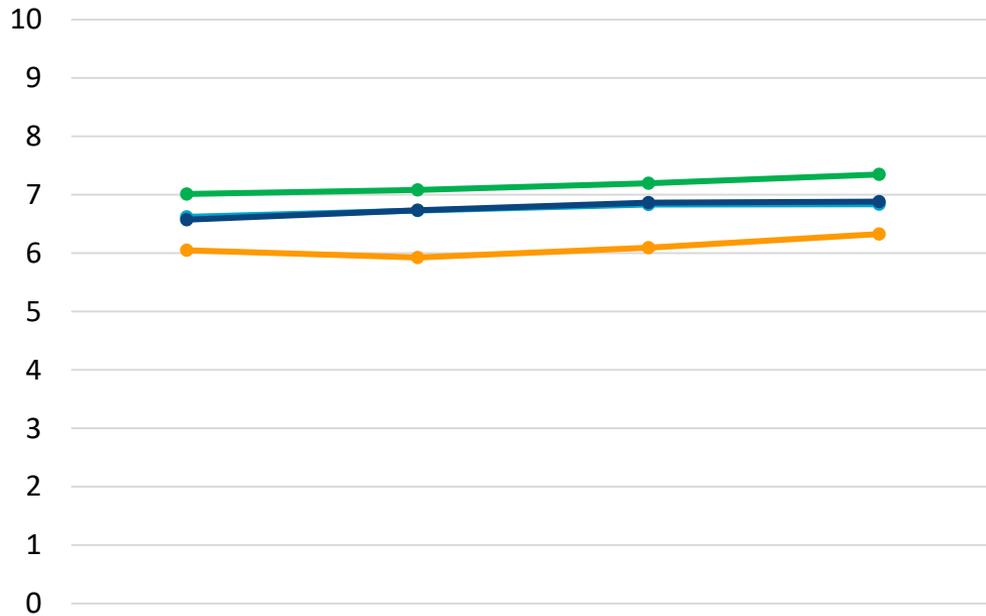
	2021	2022	2023	2024
Your org	6.57	6.72	6.83	6.84
Best result	7.16	7.17	7.25	7.34
Average result	6.71	6.75	6.84	6.83
Worst result	6.07	6.24	6.24	6.27
Responses	2354	2469	2790	3003

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

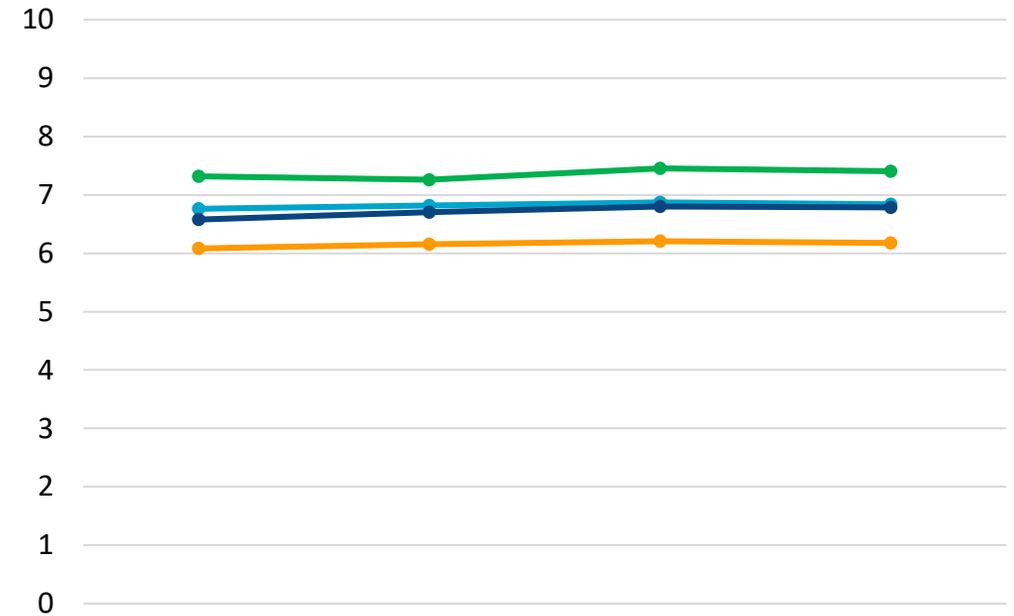


Promise element 6: We work flexibly

Support for work-life balance



Flexible working



2021 2022 2023 2024

	2021	2022	2023	2024
Your org	6.57	6.74	6.87	6.88
Best result	7.01	7.08	7.20	7.35
Average result	6.62	6.73	6.83	6.84
Worst result	6.05	5.93	6.09	6.33

Responses 2364 2482 2798 3016

2021 2022 2023 2024

	2021	2022	2023	2024
Your org	6.58	6.70	6.80	6.79
Best result	7.32	7.26	7.45	7.41
Average result	6.76	6.82	6.87	6.84
Worst result	6.08	6.15	6.21	6.18

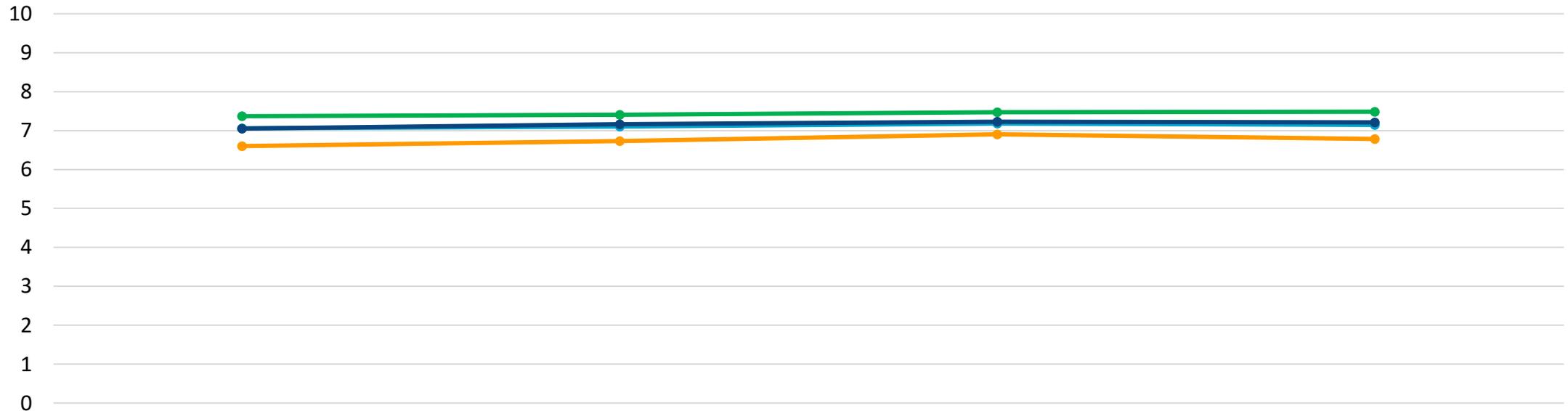
Responses 2356 2472 2794 3011

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



Promise element 7: We are a team

We are a team

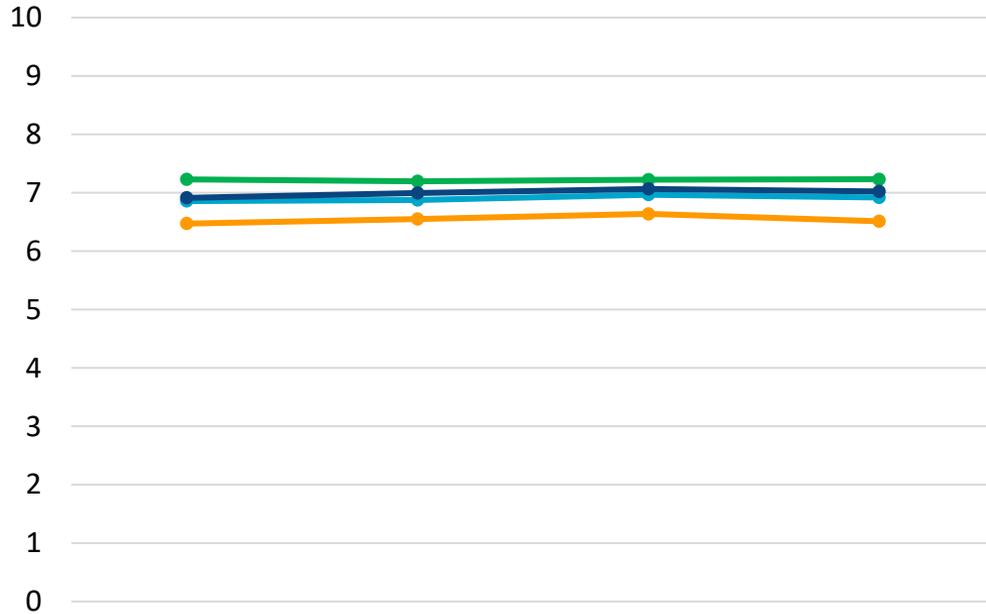


	2021	2022	2023	2024
Your org	7.05	7.17	7.23	7.21
Best result	7.37	7.41	7.47	7.48
Average result	7.06	7.10	7.18	7.15
Worst result	6.60	6.73	6.90	6.78
Responses	2364	2480	2794	3024

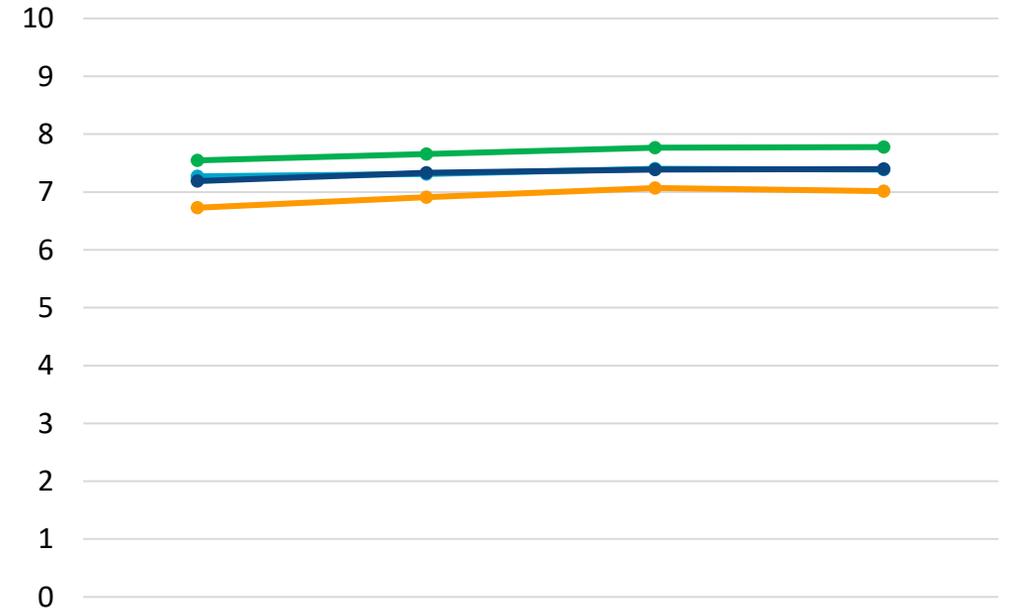
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

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

Team working



Line management



	2021	2022	2023	2024
Your org	6.91	7.00	7.07	7.02
Best result	7.23	7.20	7.22	7.23
Average result	6.86	6.87	6.97	6.92
Worst result	6.47	6.55	6.64	6.51
Responses	2365	2481	2801	3025

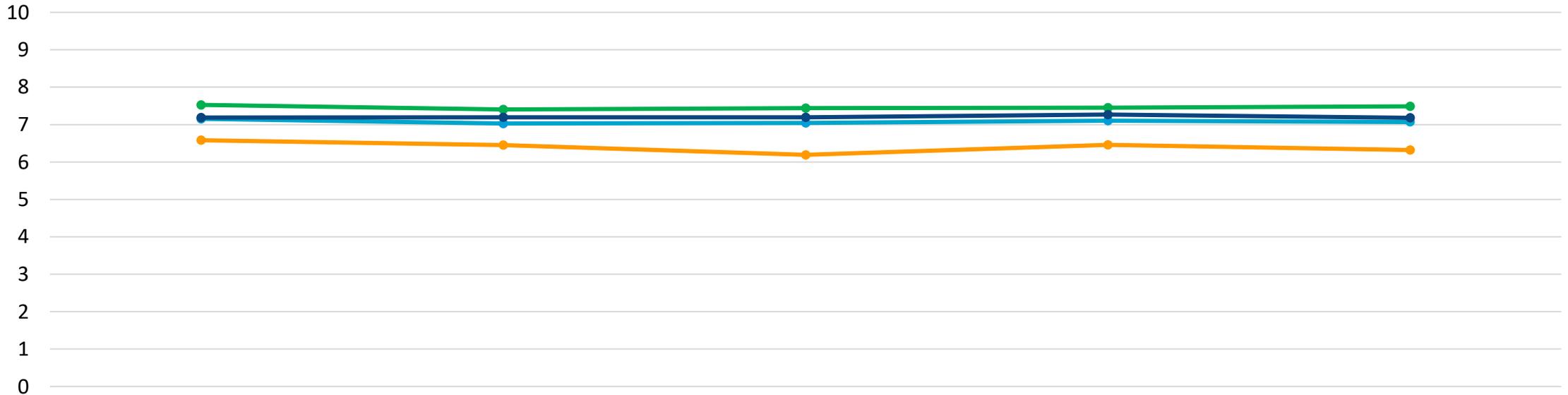
	2021	2022	2023	2024
Your org	7.19	7.33	7.39	7.40
Best result	7.55	7.66	7.76	7.78
Average result	7.27	7.31	7.40	7.39
Worst result	6.73	6.91	7.07	7.02
Responses	2365	2484	2797	3025

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



Theme: Staff Engagement

Staff Engagement



	2020	2021	2022	2023	2024
Your org	7.19	7.19	7.19	7.27	7.18
Best result	7.53	7.41	7.44	7.46	7.49
Average result	7.15	7.03	7.05	7.11	7.07
Worst result	6.58	6.46	6.19	6.46	6.32
Responses	2022	2365	2486	2800	3024



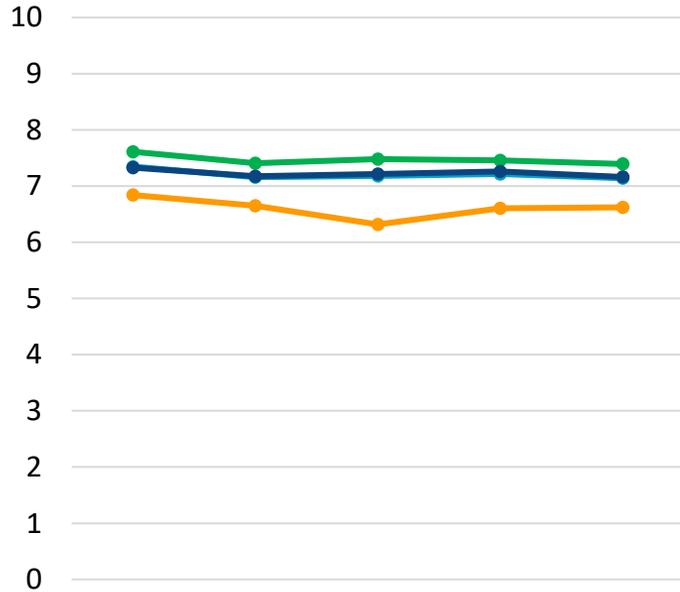
People Promise elements, themes and sub-scores: Sub-score trends

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



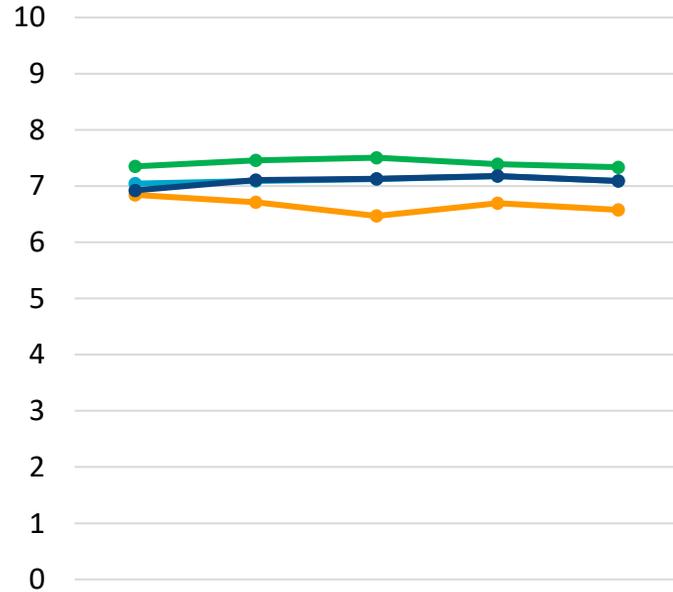
Theme: Staff Engagement

Motivation



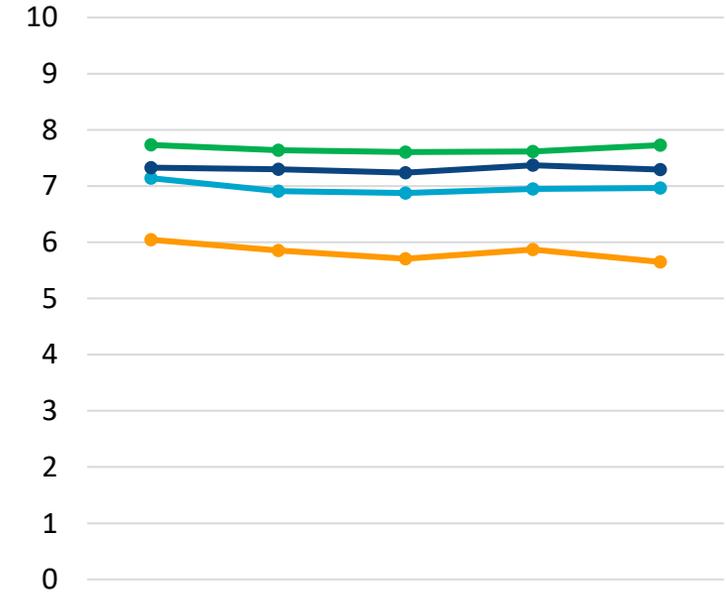
	2020	2021	2022	2023	2024
Your org	7.33	7.18	7.22	7.26	7.16
Best result	7.61	7.41	7.48	7.46	7.39
Average result	7.35	7.16	7.18	7.22	7.14
Worst result	6.84	6.65	6.32	6.60	6.62
Responses	2004	2348	2468	2772	3004

Involvement



	2020	2021	2022	2023	2024
Your org	6.92	7.11	7.13	7.18	7.09
Best result	7.35	7.46	7.51	7.39	7.34
Average result	7.04	7.09	7.12	7.18	7.09
Worst result	6.84	6.71	6.47	6.70	6.58
Responses	2019	2364	2482	2797	3023

Advocacy



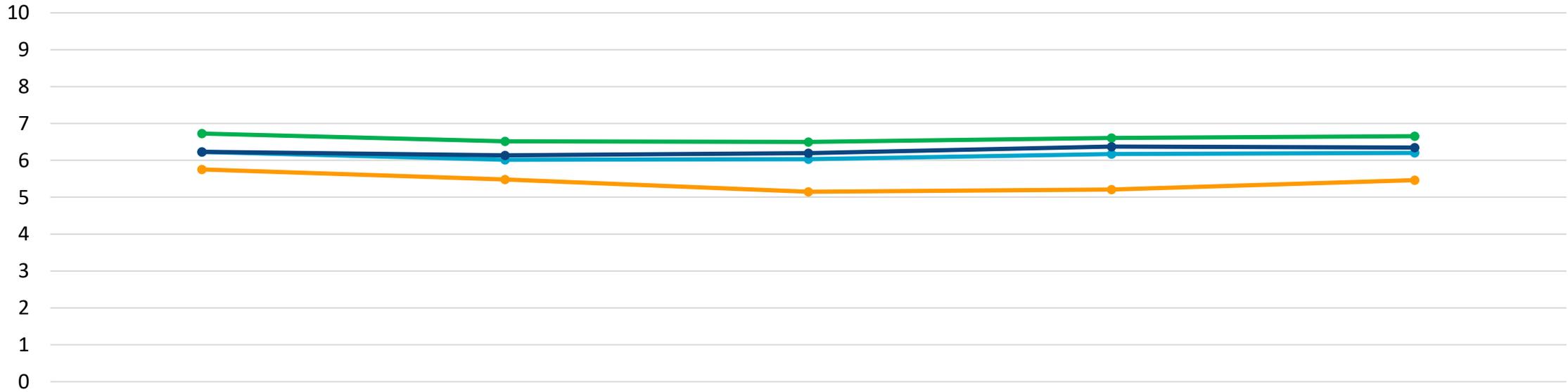
	2020	2021	2022	2023	2024
Your org	7.33	7.30	7.24	7.37	7.29
Best result	7.73	7.64	7.61	7.62	7.73
Average result	7.14	6.91	6.88	6.95	6.96
Worst result	6.05	5.85	5.71	5.87	5.65
Responses	2013	2357	2484	2801	3015

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



Theme: Morale

Morale



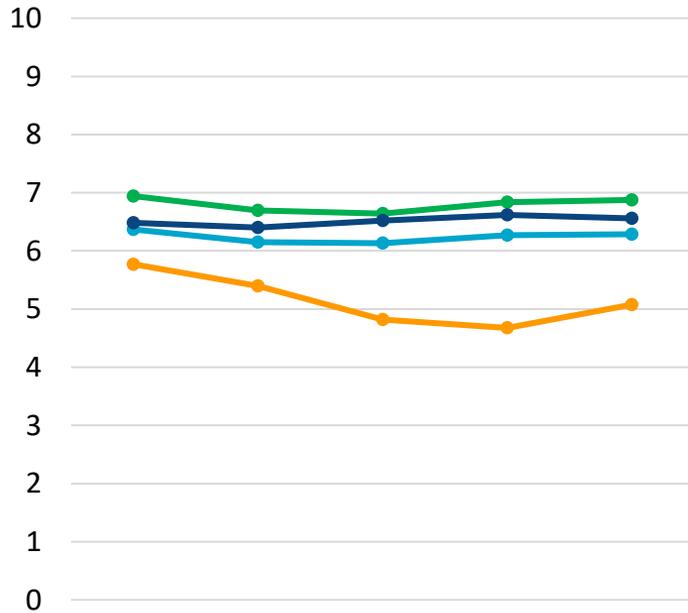
	2020	2021	2022	2023	2024
Your org	6.23	6.14	6.20	6.37	6.35
Best result	6.73	6.52	6.50	6.61	6.66
Average result	6.23	6.02	6.03	6.17	6.20
Worst result	5.75	5.48	5.15	5.21	5.46
Responses	2022	2365	2484	2803	3024

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



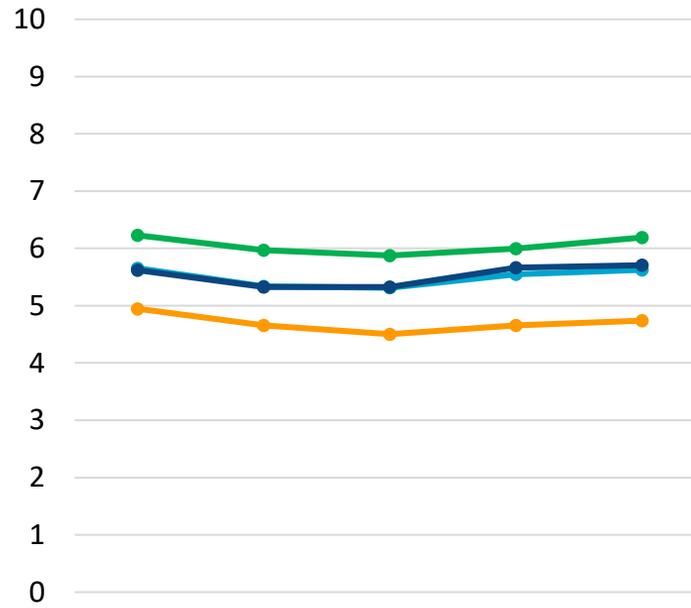
Theme: Morale

Thinking about leaving



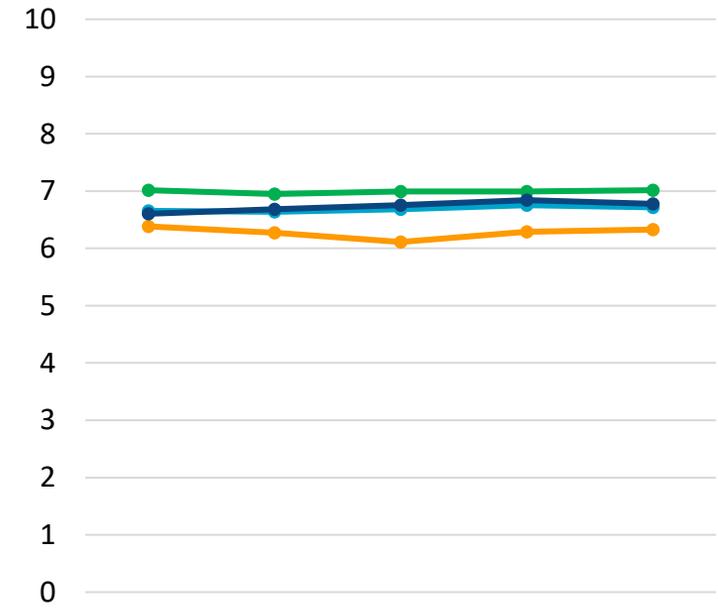
	2020	2021	2022	2023	2024
Your org	6.48	6.40	6.52	6.62	6.56
Best result	6.94	6.69	6.64	6.83	6.88
Average result	6.37	6.15	6.13	6.27	6.29
Worst result	5.77	5.40	4.82	4.68	5.07
Responses	2013	2362	2484	2797	3019

Work pressure



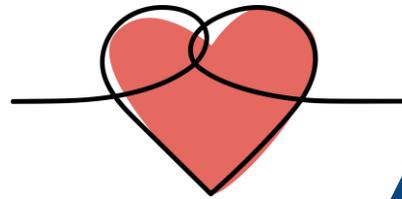
	2020	2021	2022	2023	2024
Your org	5.62	5.33	5.33	5.67	5.71
Best result	6.23	5.97	5.88	6.00	6.19
Average result	5.65	5.34	5.31	5.55	5.62
Worst result	4.95	4.66	4.50	4.66	4.74
Responses	2018	2363	2481	2797	3021

Stressors



	2020	2021	2022	2023	2024
Your org	6.60	6.68	6.76	6.84	6.78
Best result	7.02	6.95	6.99	7.00	7.02
Average result	6.65	6.64	6.69	6.75	6.72
Worst result	6.38	6.28	6.11	6.29	6.33
Responses	2018	2362	2479	2799	3018

People Promise element – We are compassionate and inclusive



Questions included:

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

Compassionate leadership – Q9f, Q9g, Q9h, Q9i

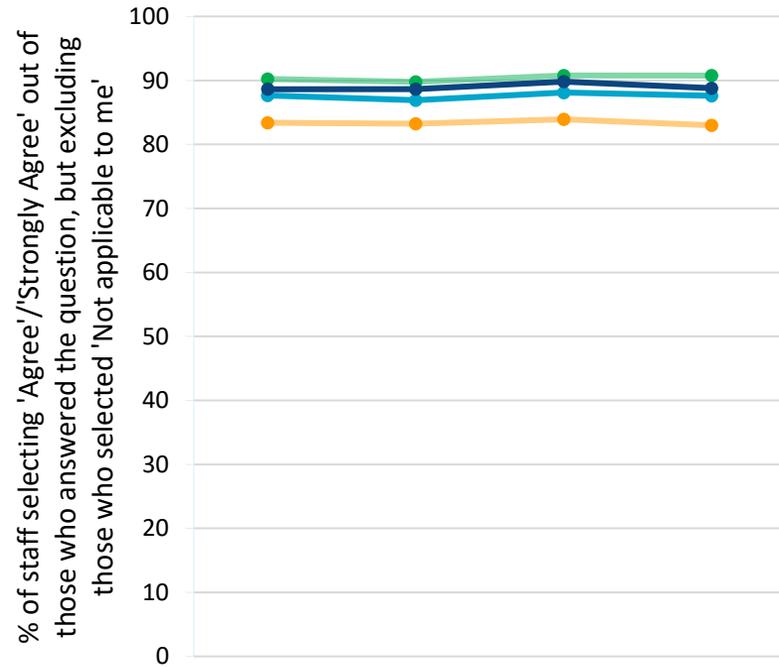
Diversity and equality – Q15, Q16a, Q16b, Q21

Inclusion – Q7h, Q7i, Q8b, Q8c

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

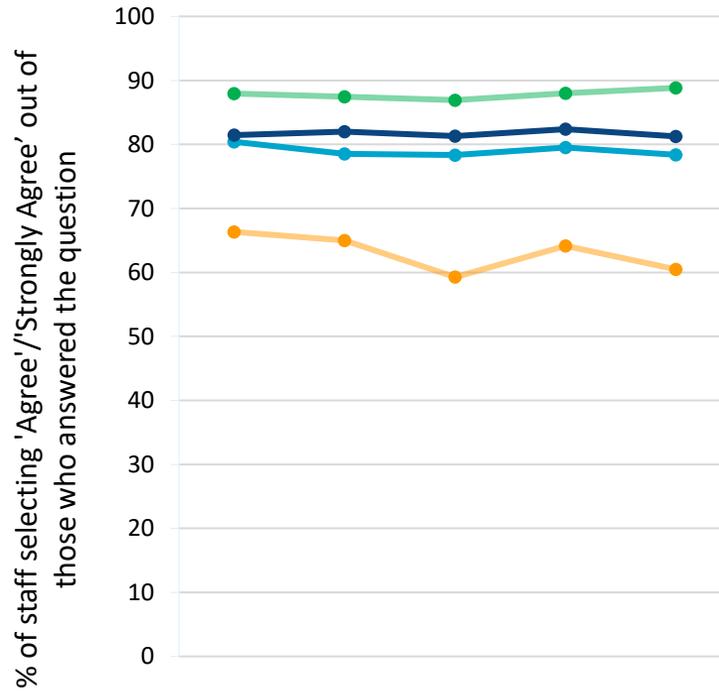


Q6a I feel that my role makes a difference to patients / service users.



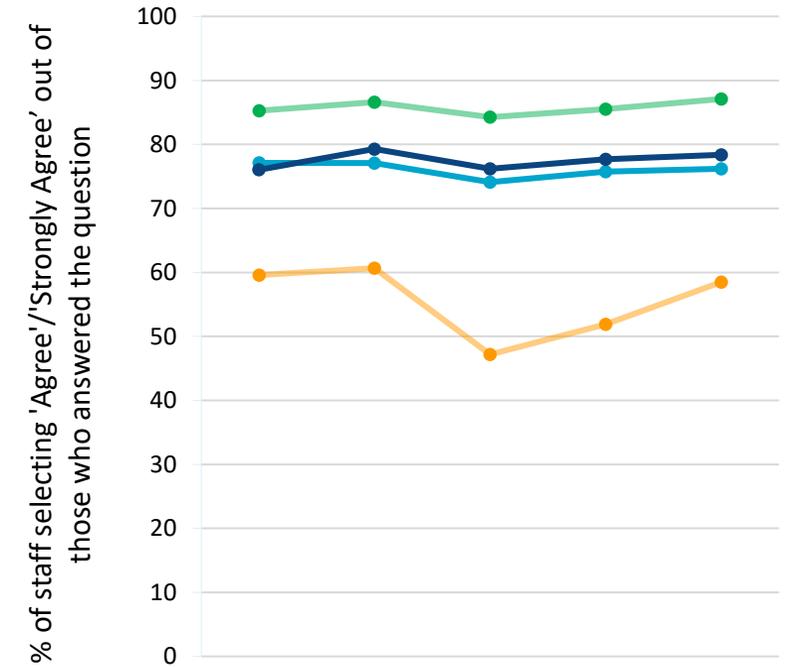
	2021	2022	2023	2024
Your org	88.62%	88.64%	89.82%	88.80%
Best result	90.21%	89.77%	90.76%	90.76%
Average result	87.68%	86.91%	88.12%	87.59%
Worst result	83.40%	83.25%	83.93%	82.99%
Responses	2266	2405	2710	2917

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



	2020	2021	2022	2023	2024
Your org	81.44%	82.00%	81.30%	82.39%	81.25%
Best result	87.93%	87.48%	86.93%	88.01%	88.84%
Average result	80.41%	78.52%	78.35%	79.50%	78.36%
Worst result	66.34%	64.99%	59.27%	64.13%	60.51%
Responses	2010	2359	2482	2798	3012

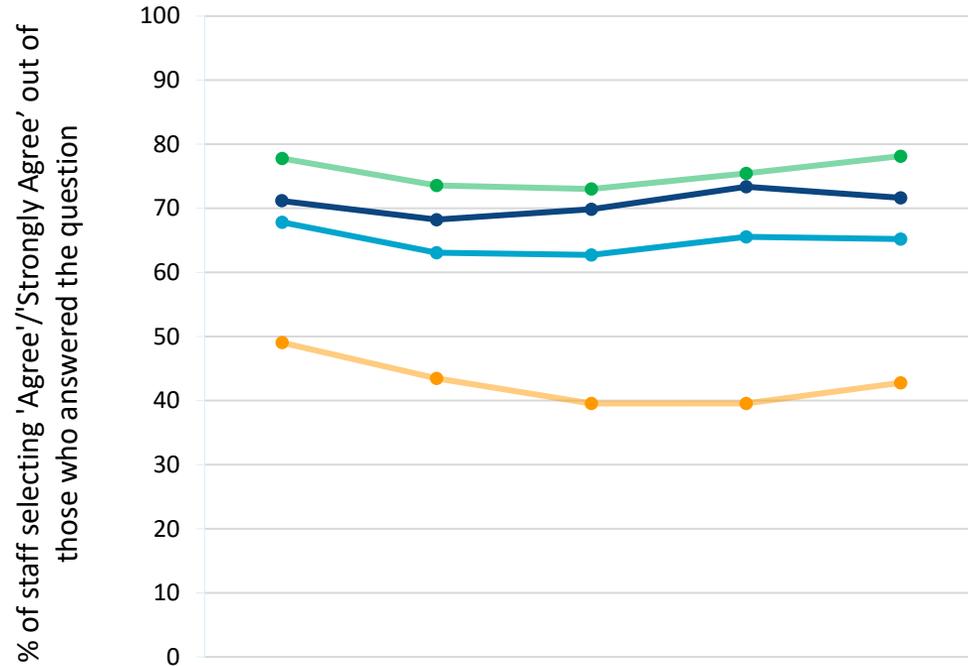
Q25b My organisation acts on concerns raised by patients / service users.



	2020	2021	2022	2023	2024
Your org	76.04%	79.29%	76.18%	77.69%	78.40%
Best result	85.27%	86.61%	84.26%	85.54%	87.11%
Average result	77.12%	77.09%	74.11%	75.77%	76.20%
Worst result	59.61%	60.67%	47.18%	51.91%	58.51%
Responses	2009	2353	2480	2796	3007

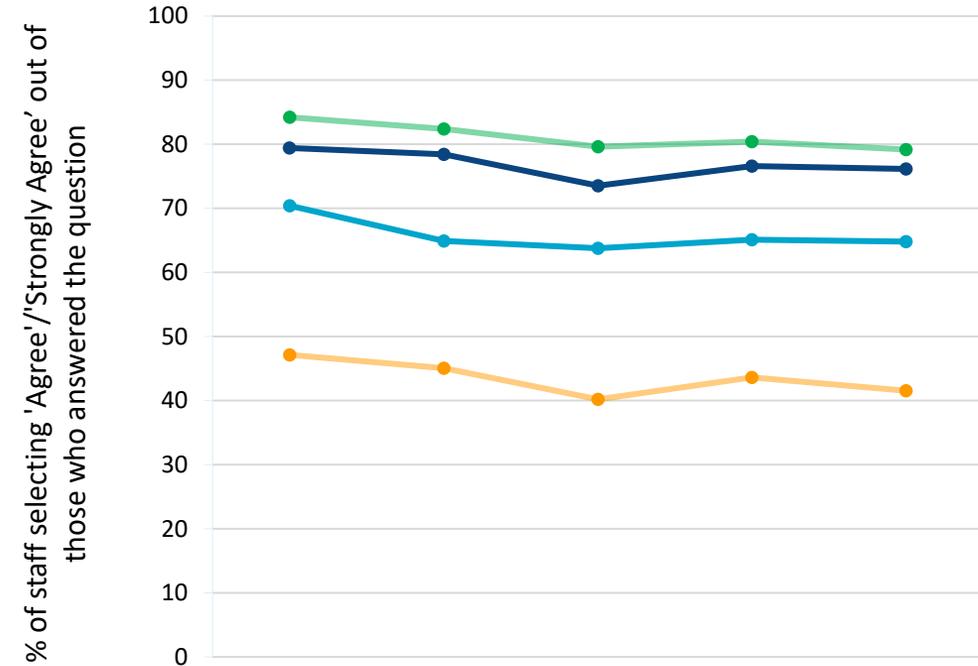


Q25c I would recommend my organisation as a place to work.



	2020	2021	2022	2023	2024
Your org	71.17%	68.25%	69.84%	73.37%	71.64%
Best result	77.76%	73.57%	73.02%	75.47%	78.15%
Average result	67.83%	63.10%	62.73%	65.57%	65.21%
Worst result	49.05%	43.47%	39.54%	39.56%	42.78%
Responses	2011	2352	2482	2793	3011

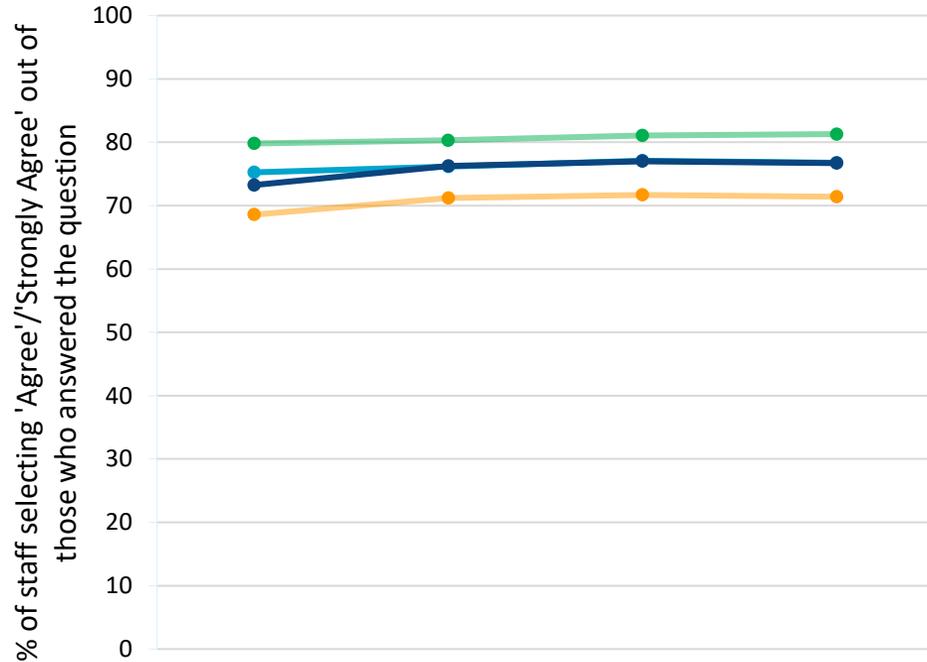
Q25d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.



	2020	2021	2022	2023	2024
Your org	79.42%	78.42%	73.54%	76.59%	76.14%
Best result	84.21%	82.37%	79.63%	80.42%	79.18%
Average result	70.41%	64.93%	63.77%	65.13%	64.84%
Worst result	47.14%	45.06%	40.20%	43.61%	41.55%
Responses	2008	2356	2476	2795	3008

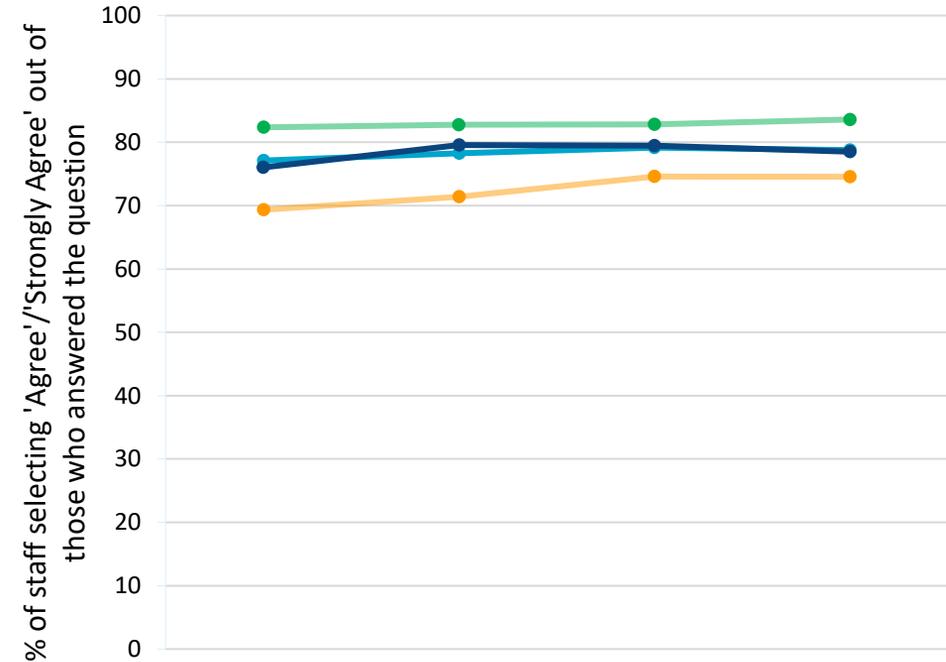


Q9f My immediate manager works together with me to come to an understanding of problems.



	2021	2022	2023	2024
Your org	73.25%	76.27%	76.99%	76.68%
Best result	79.81%	80.31%	81.04%	81.29%
Average result	75.25%	76.13%	77.09%	76.76%
Worst result	68.57%	71.22%	71.68%	71.38%
Responses	2354	2476	2792	3022

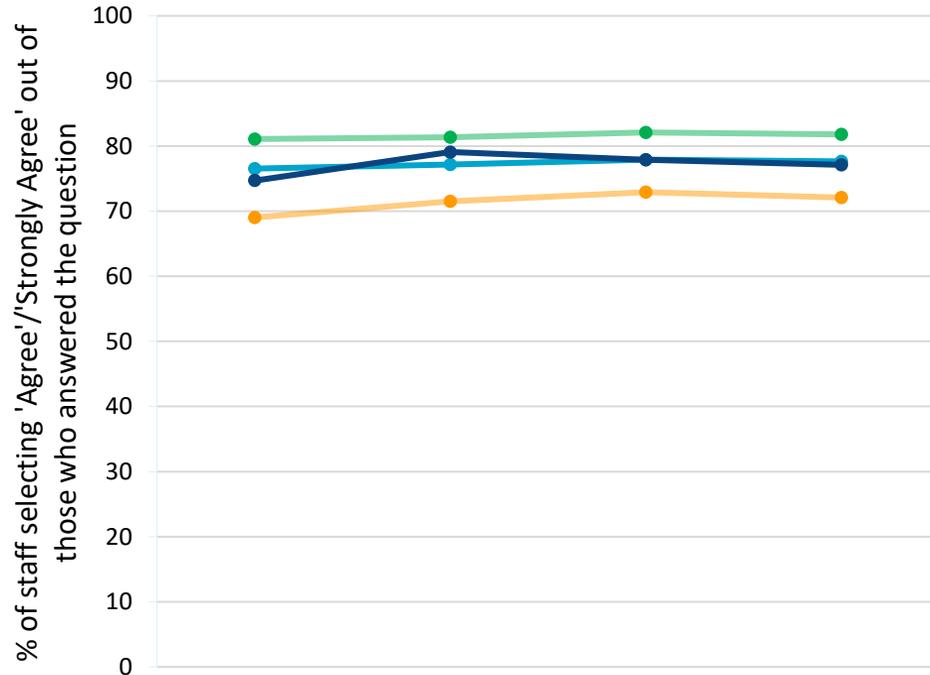
Q9g My immediate manager is interested in listening to me when I describe challenges I face.



	2021	2022	2023	2024
Your org	76.03%	79.56%	79.47%	78.52%
Best result	82.35%	82.77%	82.84%	83.59%
Average result	77.11%	78.28%	79.16%	78.78%
Worst result	69.34%	71.40%	74.59%	74.56%
Responses	2363	2482	2796	3022

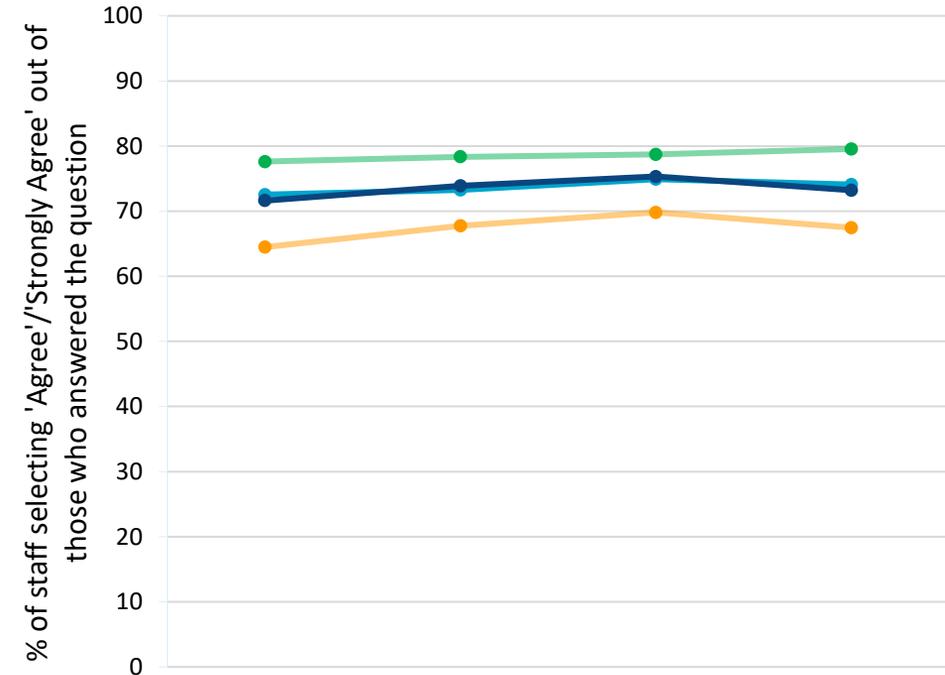


Q9h My immediate manager cares about my concerns.



	2021	2022	2023	2024
Your org	74.69%	79.09%	77.91%	77.14%
Best result	81.08%	81.35%	82.09%	81.78%
Average result	76.54%	77.18%	77.91%	77.64%
Worst result	69.03%	71.49%	72.91%	72.10%
Responses	2361	2480	2791	3014

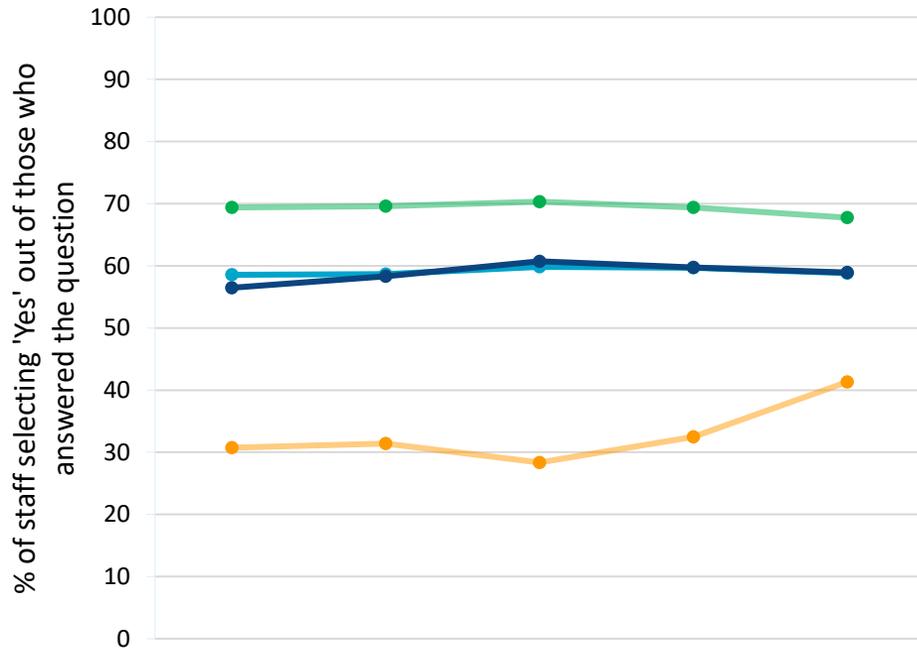
Q9i My immediate manager takes effective action to help me with any problems I face.



	2021	2022	2023	2024
Your org	71.61%	73.92%	75.33%	73.21%
Best result	77.62%	78.33%	78.72%	79.55%
Average result	72.55%	73.26%	74.92%	74.09%
Worst result	64.48%	67.74%	69.82%	67.44%
Responses	2354	2474	2791	3021

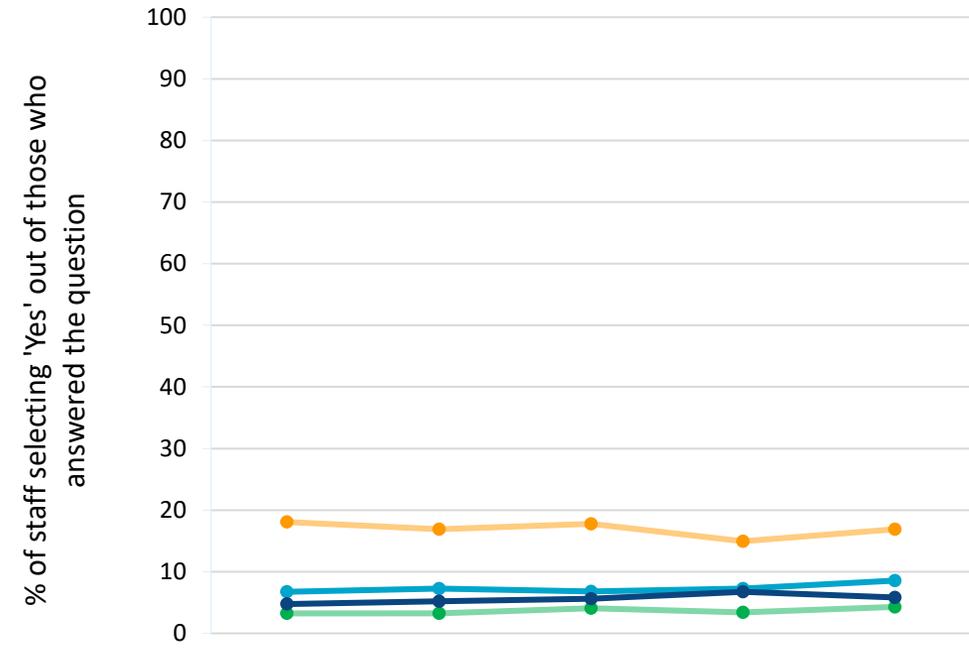


Q15 Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?



	2020	2021	2022	2023	2024
Your org	56.47%	58.32%	60.73%	59.72%	58.92%
Best result	69.38%	69.60%	70.32%	69.39%	67.75%
Average result	58.55%	58.68%	59.83%	59.71%	58.80%
Worst result	30.71%	31.41%	28.36%	32.47%	41.31%
Responses	2020	2341	2465	2767	2990

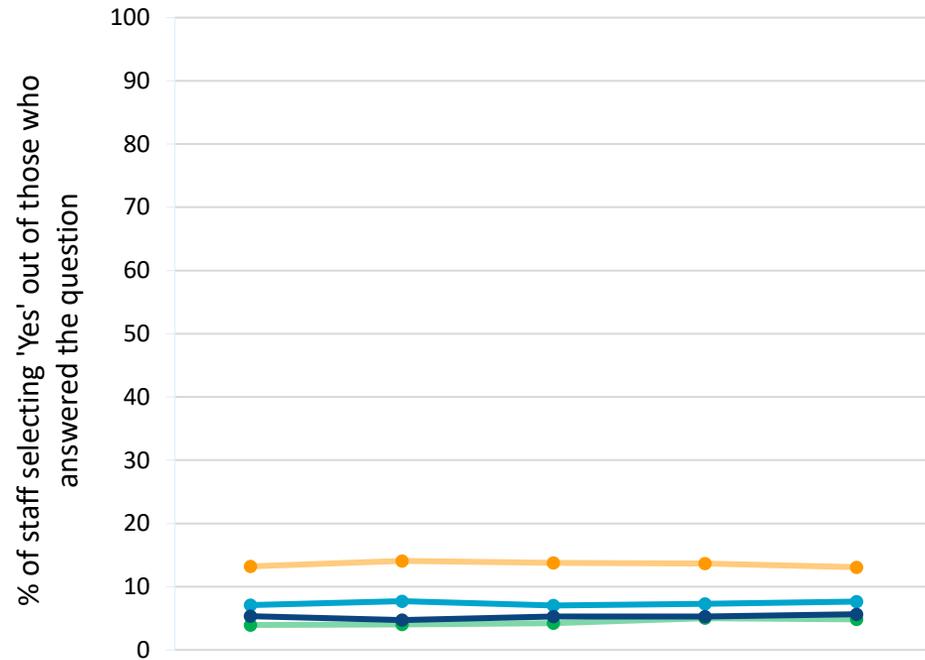
Q16a In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?



	2020	2021	2022	2023	2024
Your org	4.75%	5.19%	5.62%	6.74%	5.84%
Best result	3.24%	3.25%	4.06%	3.43%	4.29%
Average result	6.74%	7.26%	6.79%	7.25%	8.56%
Worst result	18.07%	16.91%	17.75%	14.95%	16.88%
Responses	2010	2355	2477	2784	3007

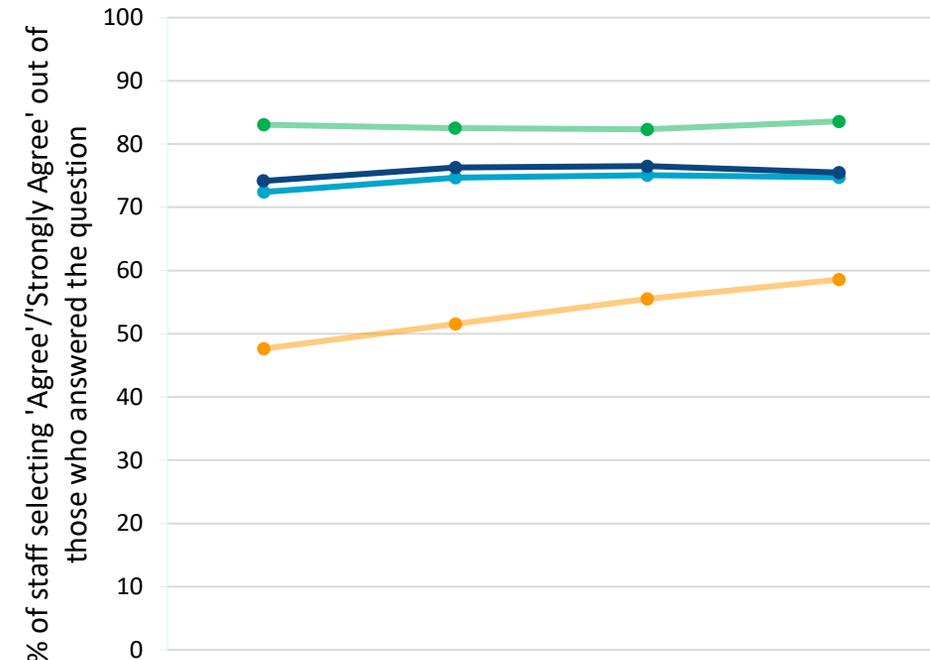


Q16b In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?



	2020	2021	2022	2023	2024
Your org	5.30%	4.71%	5.29%	5.25%	5.64%
Best result	3.94%	4.02%	4.22%	5.01%	4.84%
Average result	7.06%	7.70%	7.02%	7.27%	7.63%
Worst result	13.22%	14.07%	13.74%	13.64%	13.08%
Responses	2006	2344	2466	2771	2987

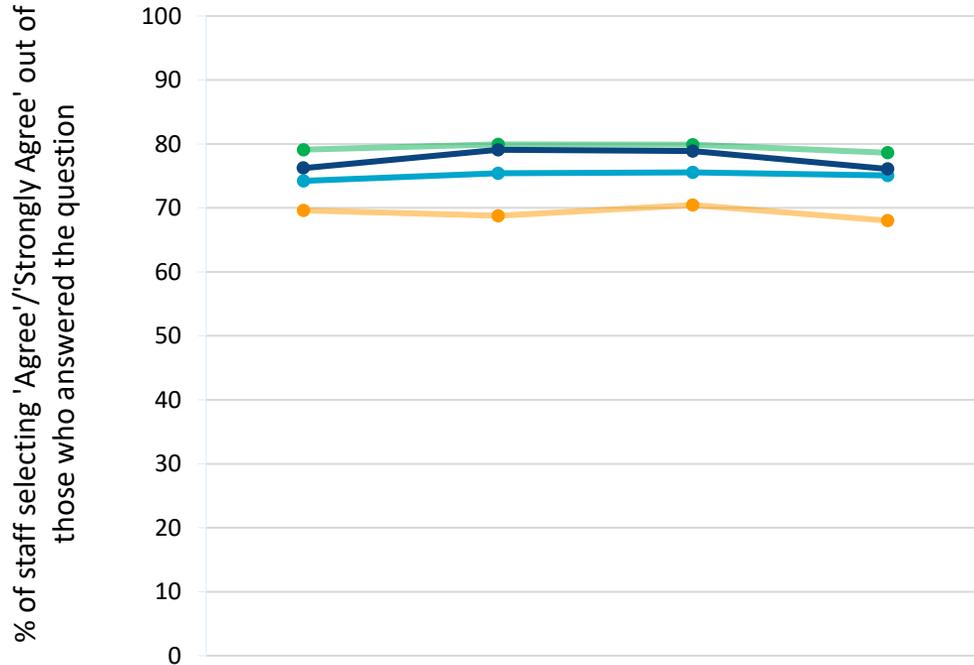
Q21 I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).



	2021	2022	2023	2024
Your org	74.17%	76.28%	76.52%	75.48%
Best result	83.06%	82.50%	82.34%	83.60%
Average result	72.41%	74.68%	75.08%	74.75%
Worst result	47.63%	51.53%	55.54%	58.56%
Responses	2356	2484	2780	2996

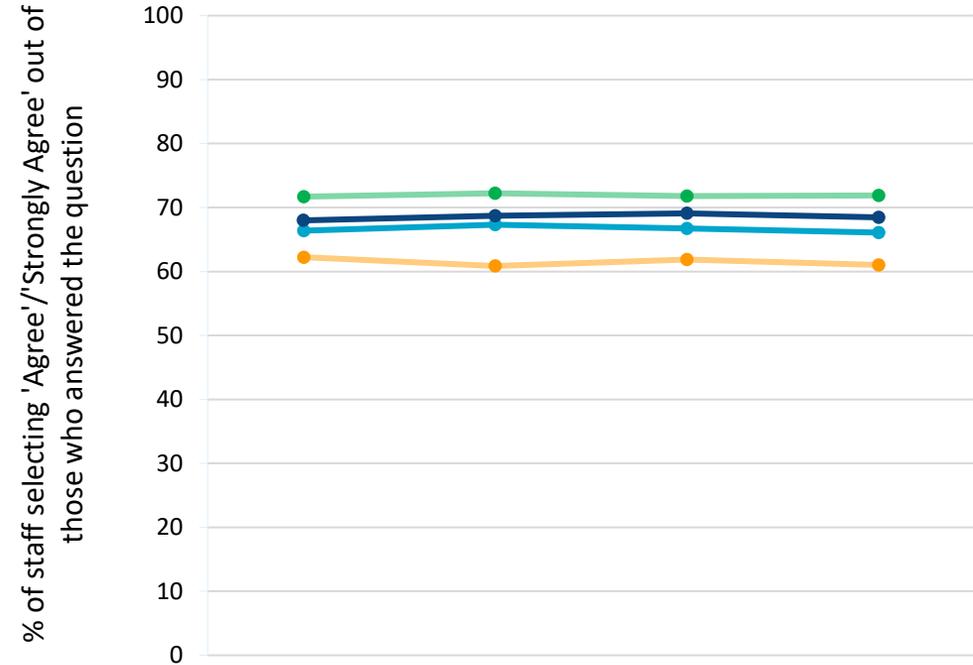


Q7h I feel valued by my team.



	2021	2022	2023	2024
Your org	76.23%	79.09%	78.92%	76.09%
Best result	79.11%	79.93%	79.87%	78.63%
Average result	74.23%	75.43%	75.55%	75.06%
Worst result	69.61%	68.78%	70.46%	68.01%
Responses	2354	2474	2786	3005

Q7i I feel a strong personal attachment to my team.

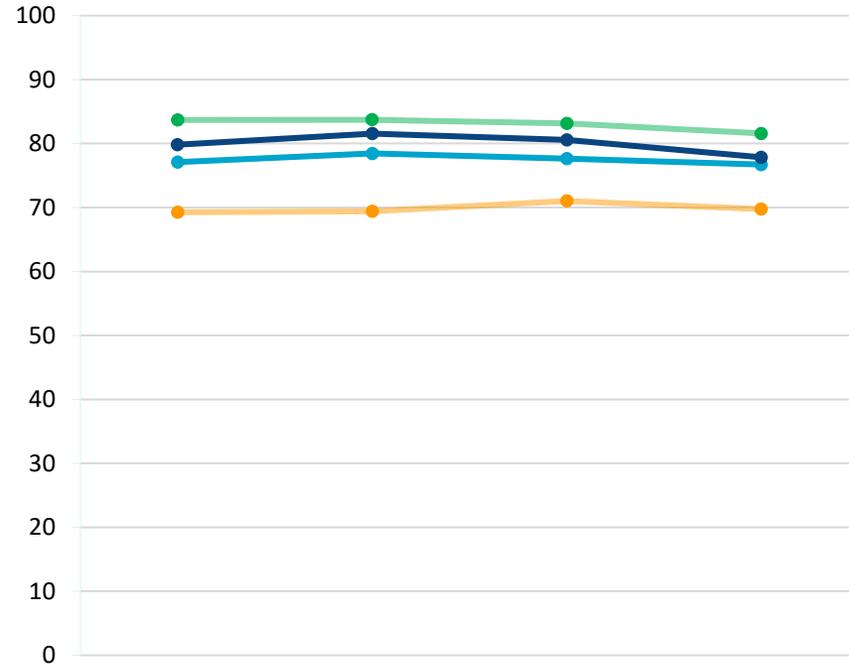


	2021	2022	2023	2024
Your org	67.99%	68.73%	69.08%	68.44%
Best result	71.70%	72.23%	71.79%	71.87%
Average result	66.37%	67.31%	66.73%	66.08%
Worst result	62.24%	60.86%	61.85%	61.03%
Responses	2357	2473	2792	3007



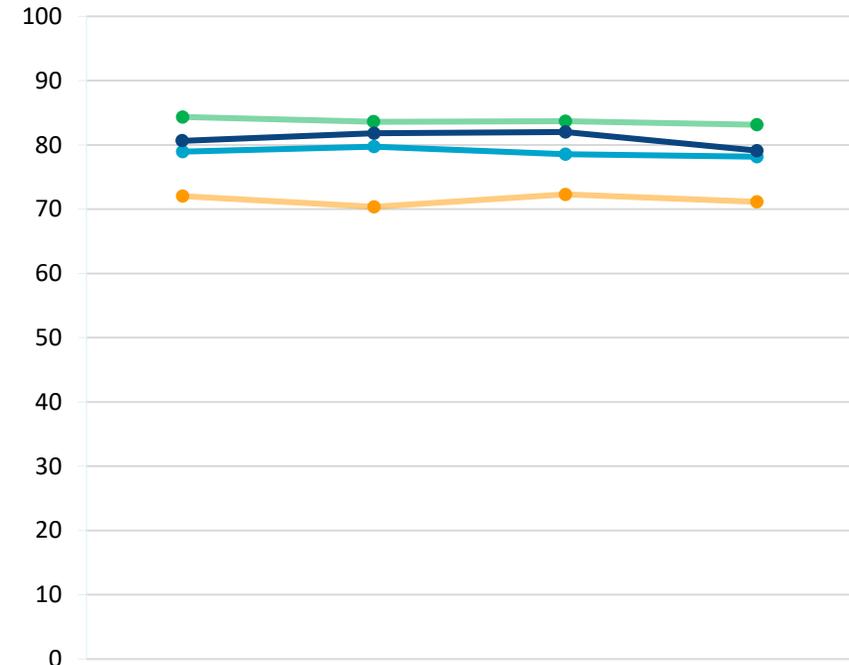
Q8b The people I work with are understanding and kind to one another.

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



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

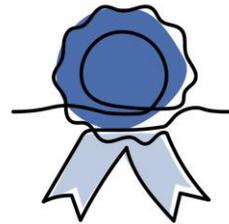
% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question



	2021	2022	2023	2024
Your org	79.81%	81.55%	80.55%	77.85%
Best result	83.69%	83.71%	83.14%	81.58%
Average result	77.09%	78.46%	77.65%	76.72%
Worst result	69.26%	69.41%	71.02%	69.74%
Responses	2356	2472	2785	3019

	2021	2022	2023	2024
Your org	80.64%	81.82%	82.01%	79.12%
Best result	84.35%	83.60%	83.70%	83.14%
Average result	78.95%	79.73%	78.56%	78.17%
Worst result	72.06%	70.37%	72.31%	71.17%
Responses	2356	2470	2782	3015

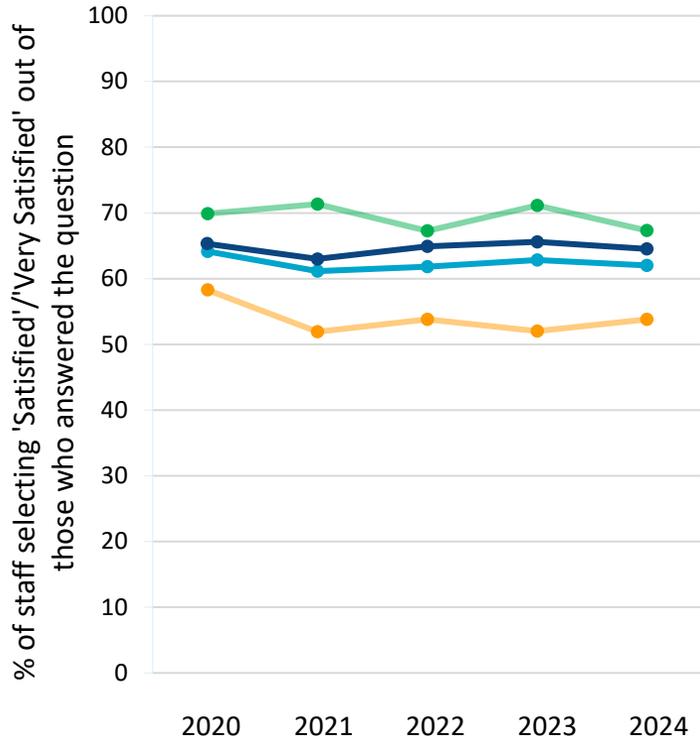
People Promise element – We are recognised and rewarded



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

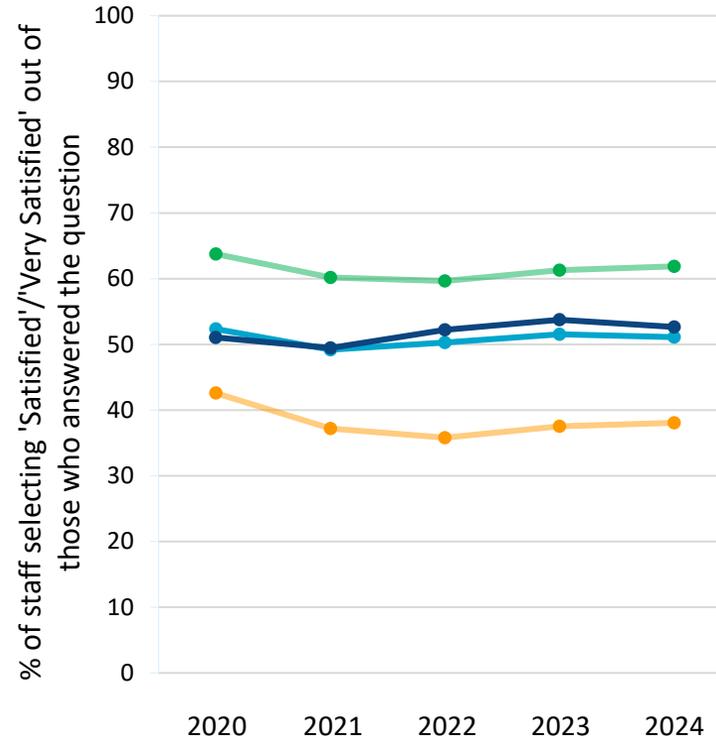


Q4a How satisfied are you with each of the following aspects of your job? The recognition I get for good work.



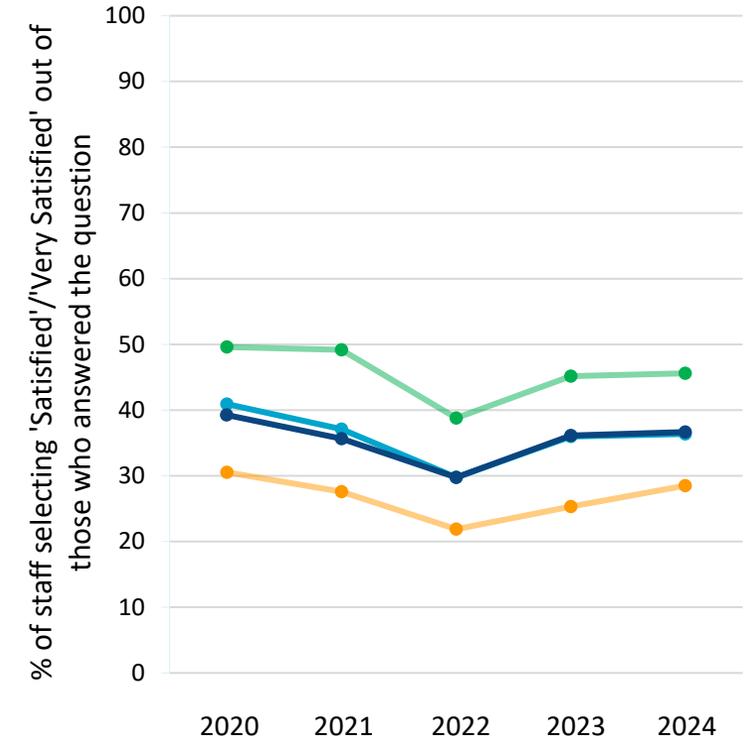
Responses	2010	2358	2476	2802	3020
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Q4b How satisfied are you with each of the following aspects of your job? The extent to which my organisation values my work.



Responses	2012	2357	2469	2790	3009
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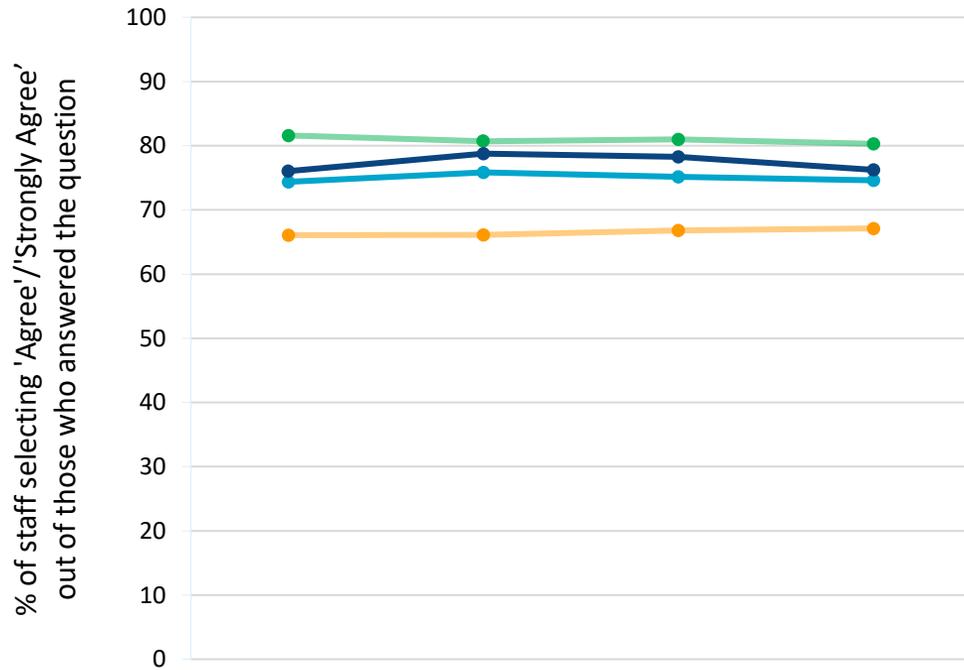
Q4c How satisfied are you with each of the following aspects of your job? My level of pay.



Responses	2011	2356	2473	2795	3016
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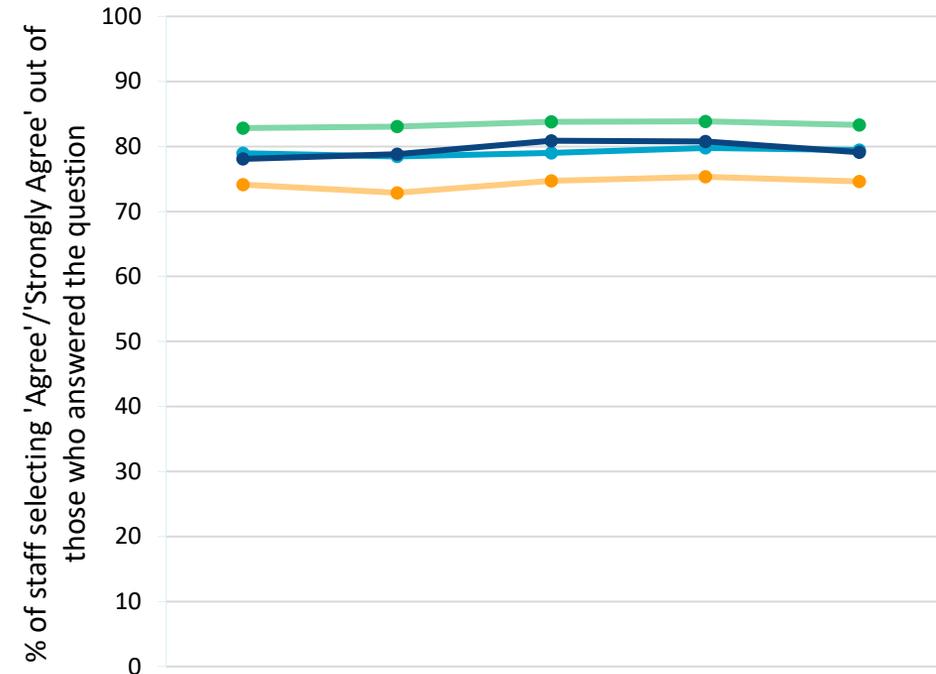


Q8d The people I work with show appreciation to one another.



	2021	2022	2023	2024
Your org	76.04%	78.77%	78.25%	76.22%
Best result	81.60%	80.70%	80.97%	80.30%
Average result	74.37%	75.85%	75.16%	74.59%
Worst result	66.07%	66.10%	66.80%	67.12%
Responses	2351	2474	2781	3012

Q9e My immediate manager values my work.



	2020	2021	2022	2023	2024
Your org	78.08%	78.83%	80.88%	80.74%	79.08%
Best result	82.83%	83.05%	83.78%	83.86%	83.28%
Average result	78.96%	78.46%	79.00%	79.76%	79.43%
Worst result	74.11%	72.87%	74.72%	75.33%	74.61%
Responses	2017	2357	2482	2798	3017

People Promise element – We each have a voice that counts



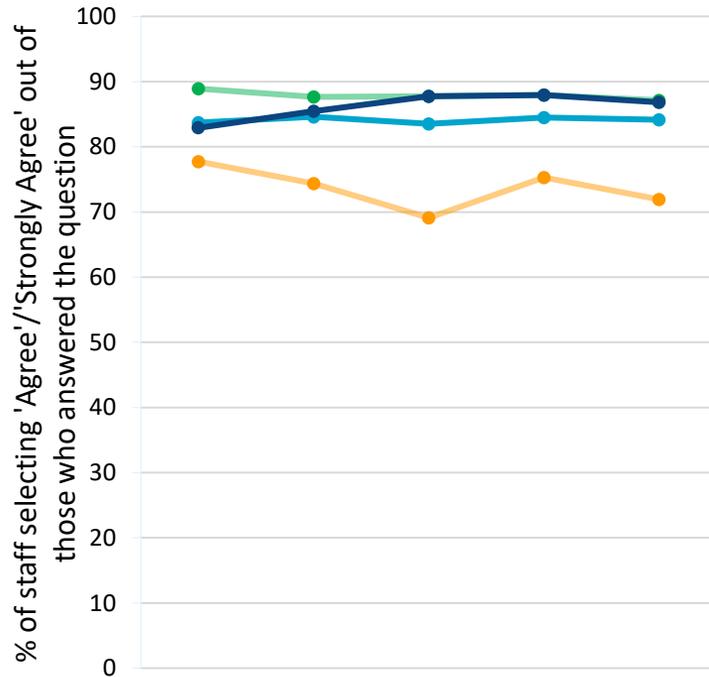
Questions included:

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

Raising concerns – Q20a, Q20b, Q25e, Q25f

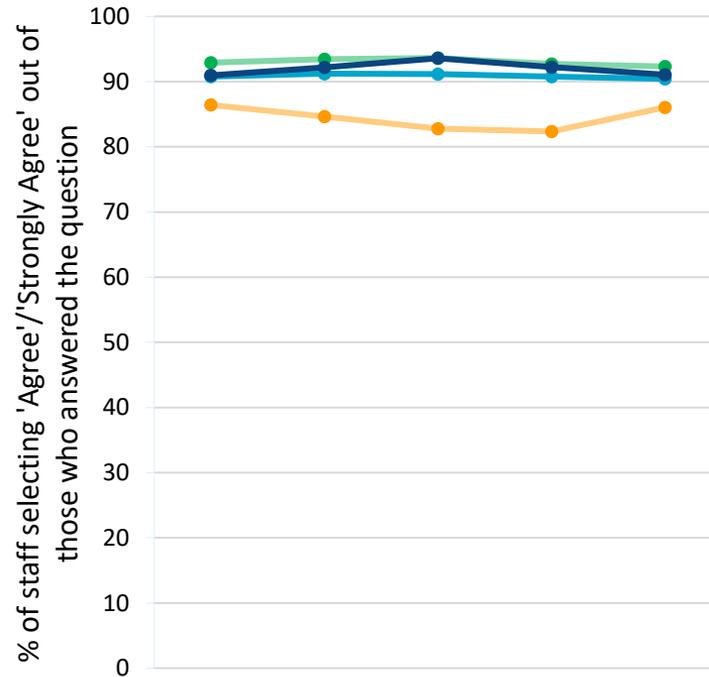


Q3a I always know what my work responsibilities are.



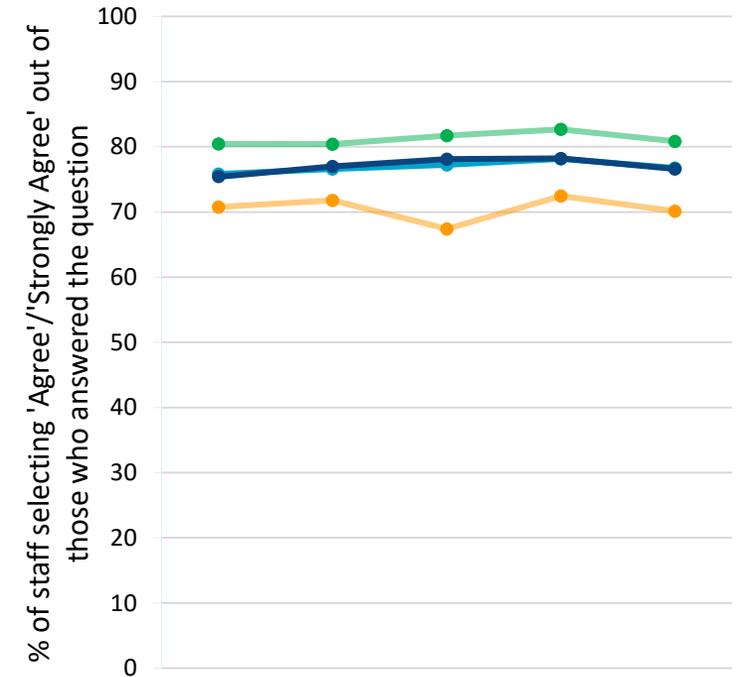
	2020	2021	2022	2023	2024
Your org	82.90%	85.48%	87.74%	87.94%	86.84%
Best result	88.92%	87.63%	87.74%	87.94%	87.13%
Average result	83.70%	84.61%	83.52%	84.49%	84.14%
Worst result	77.73%	74.36%	69.10%	75.26%	71.93%
Responses	2012	2363	2481	2801	3023

Q3b I am trusted to do my job.



	2020	2021	2022	2023	2024
Your org	90.96%	92.16%	93.58%	92.21%	91.04%
Best result	92.91%	93.44%	93.62%	92.73%	92.32%
Average result	90.75%	91.23%	91.17%	90.77%	90.43%
Worst result	86.41%	84.63%	82.77%	82.35%	86.02%
Responses	2005	2362	2480	2796	3021

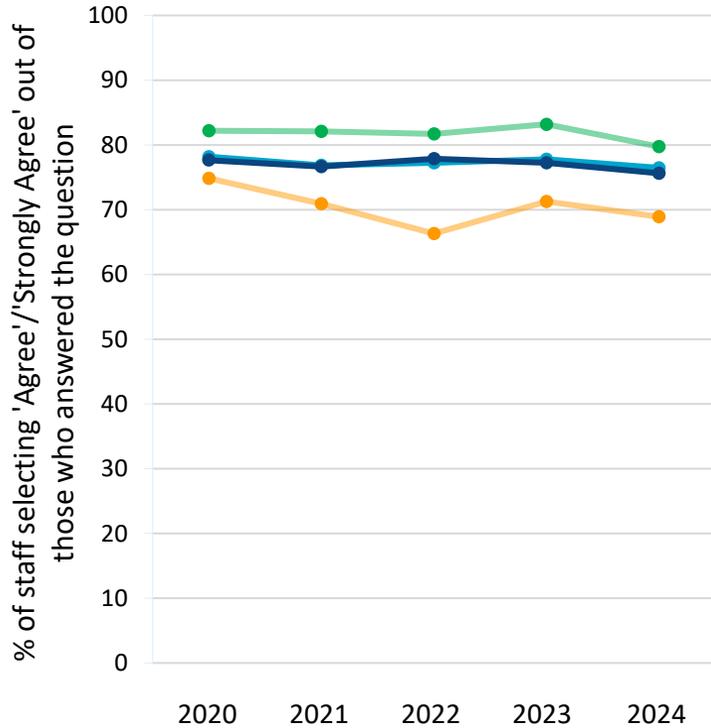
Q3c There are frequent opportunities for me to show initiative in my role.



	2020	2021	2022	2023	2024
Your org	75.39%	76.99%	78.11%	78.22%	76.60%
Best result	80.43%	80.41%	81.72%	82.67%	80.84%
Average result	75.82%	76.58%	77.23%	78.15%	76.77%
Worst result	70.77%	71.78%	67.40%	72.44%	70.11%
Responses	2015	2357	2474	2789	3015

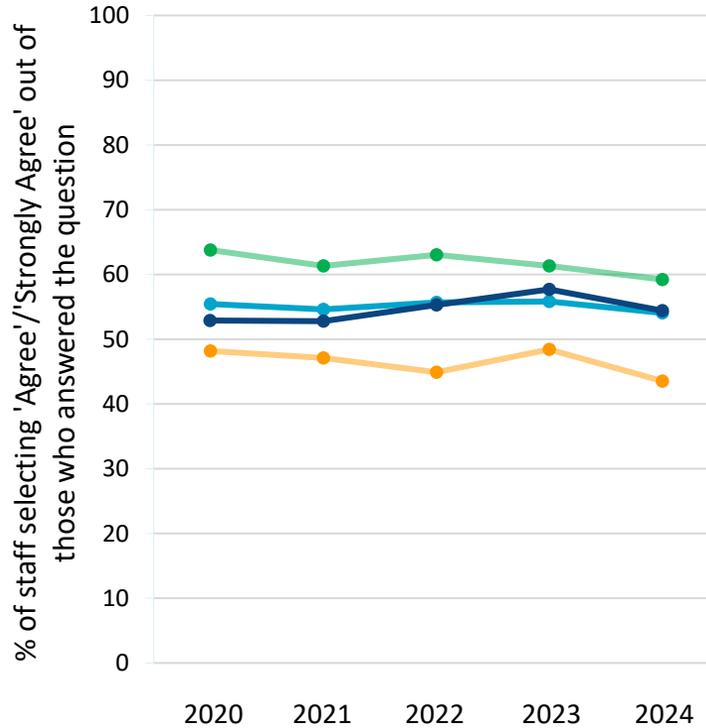


Q3d I am able to make suggestions to improve the work of my team / department.



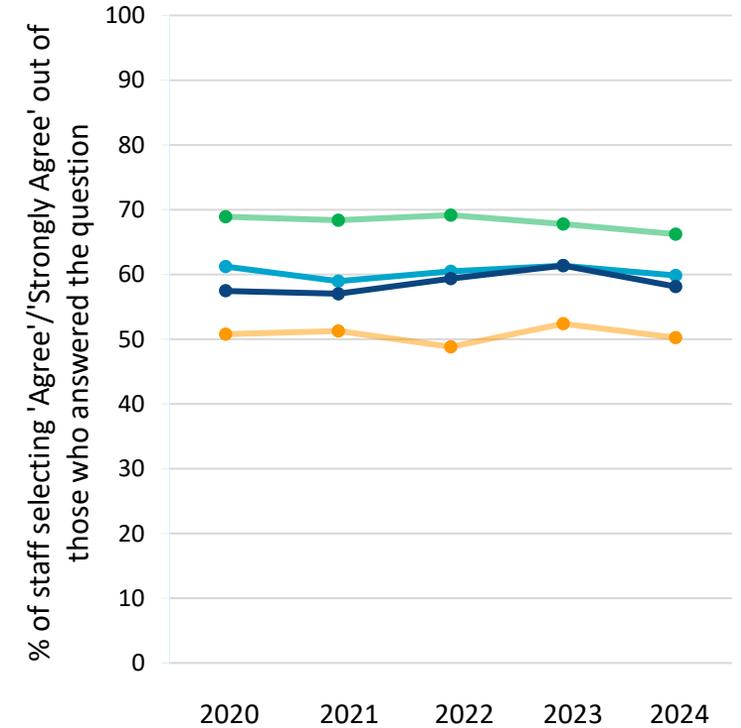
Responses	2015	2353	2474	2784	3010
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Q3e I am involved in deciding on changes introduced that affect my work area / team / department.



Responses	2009	2356	2481	2791	3017
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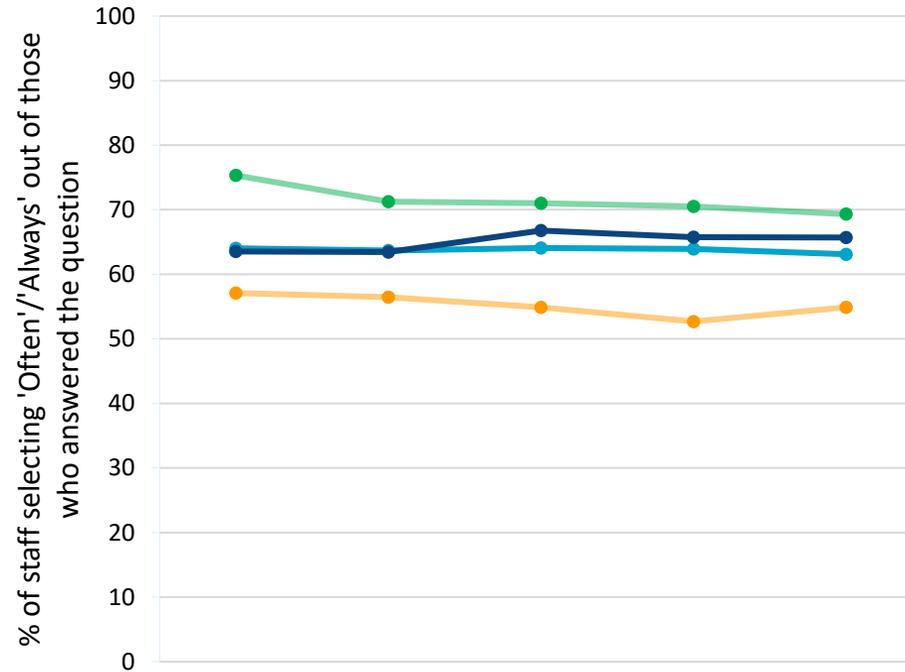
Q3f I am able to make improvements happen in my area of work.



Responses	2003	2338	2475	2782	3001
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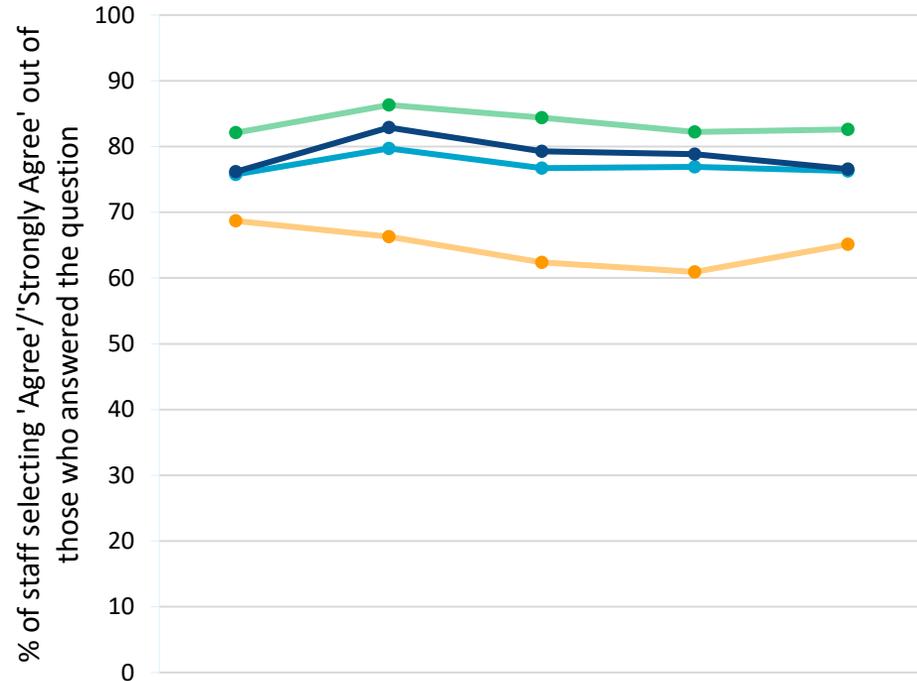
Q5b I have a choice in deciding how to do my work.



	2020	2021	2022	2023	2024
Your org	63.51%	63.45%	66.77%	65.76%	65.68%
Best result	75.32%	71.25%	71.00%	70.53%	69.31%
Average result	64.00%	63.70%	64.07%	63.94%	63.11%
Worst result	57.10%	56.45%	54.86%	52.68%	54.86%
Responses	2010	2349	2475	2778	3007

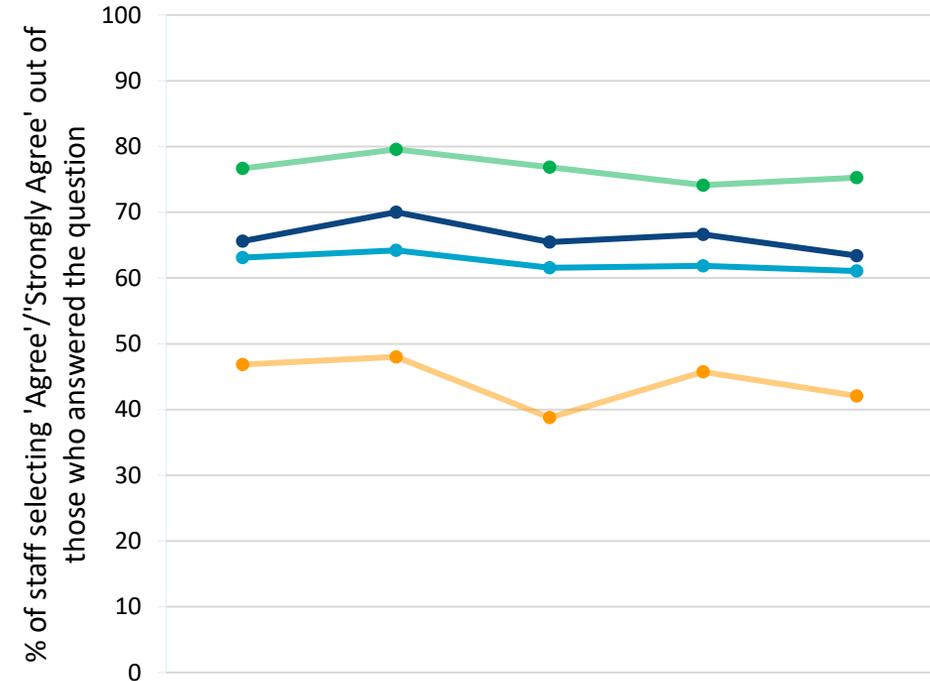


Q20a I would feel secure raising concerns about unsafe clinical practice.



	2020	2021	2022	2023	2024
Your org	76.16%	82.89%	79.26%	78.82%	76.56%
Best result	82.10%	86.32%	84.40%	82.22%	82.61%
Average result	75.76%	79.72%	76.72%	76.90%	76.27%
Worst result	68.68%	66.30%	62.38%	60.93%	65.14%
Responses	2011	2357	2477	2787	3009

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

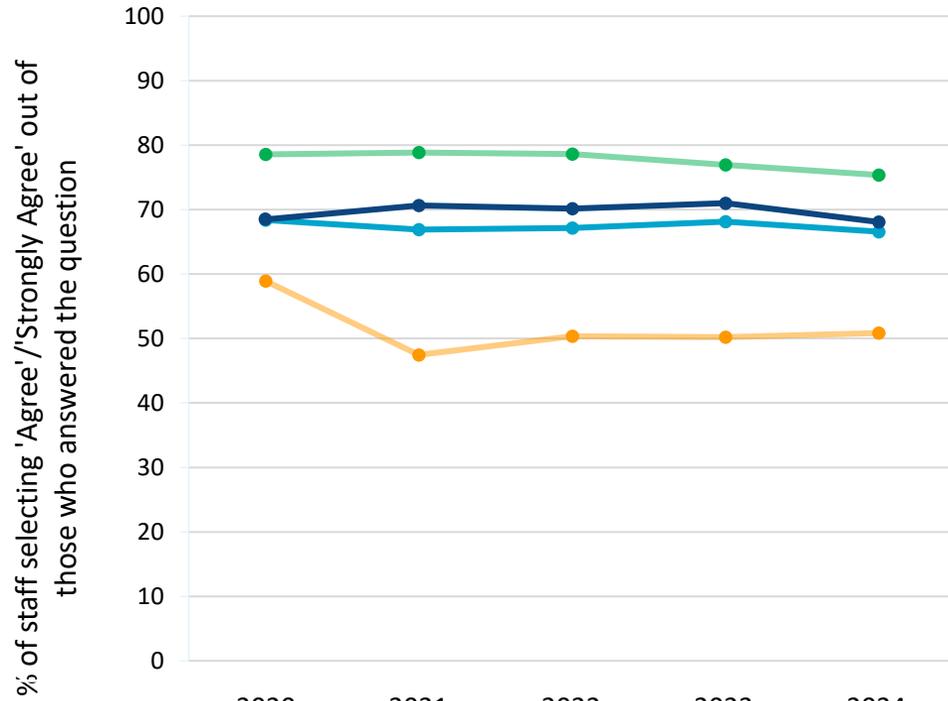


	2020	2021	2022	2023	2024
Your org	65.60%	70.01%	65.48%	66.65%	63.41%
Best result	76.65%	79.56%	76.86%	74.13%	75.27%
Average result	63.13%	64.21%	61.55%	61.84%	61.06%
Worst result	46.86%	48.01%	38.77%	45.73%	42.06%
Responses	2006	2349	2467	2781	3002



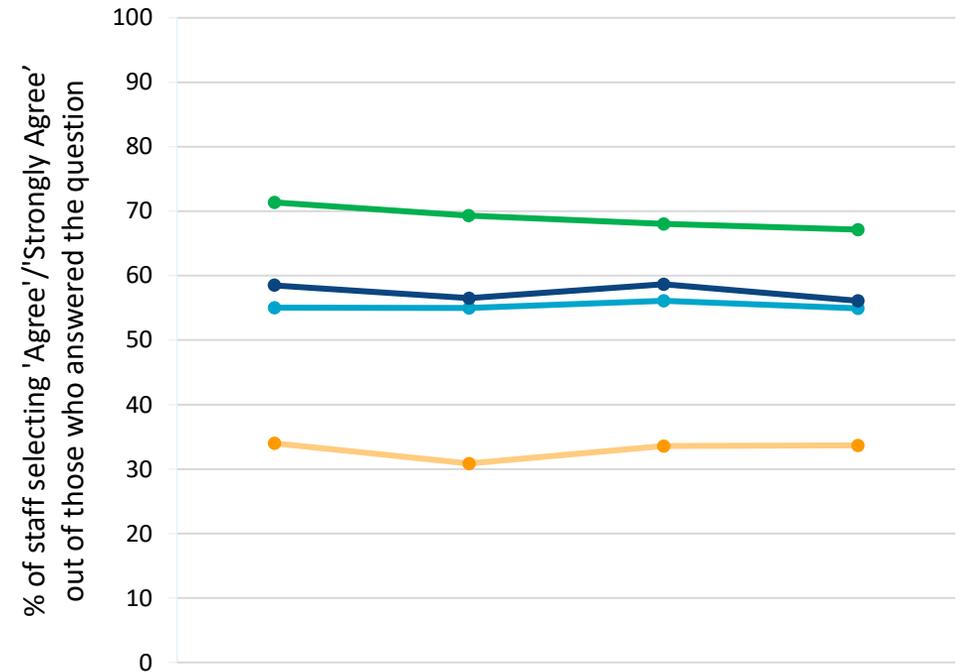
Q25e I feel safe to speak up about anything that concerns me in this organisation.

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



Your org	68.49%	70.62%	70.15%	71.00%	68.07%
Best result	78.55%	78.85%	78.61%	76.93%	75.37%
Average result	68.38%	66.88%	67.13%	68.13%	66.58%
Worst result	58.92%	47.46%	50.35%	50.21%	50.87%

Responses	2006	2357	2475	2793	3006
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Your org	58.49%	56.50%	58.67%	56.11%
Best result	71.37%	69.31%	68.05%	67.15%
Average result	55.04%	55.00%	56.11%	54.93%
Worst result	34.00%	30.87%	33.60%	33.65%

Responses	2354	2480	2792	3002
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People Promise element – We are safe and healthy



Questions included:

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

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

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

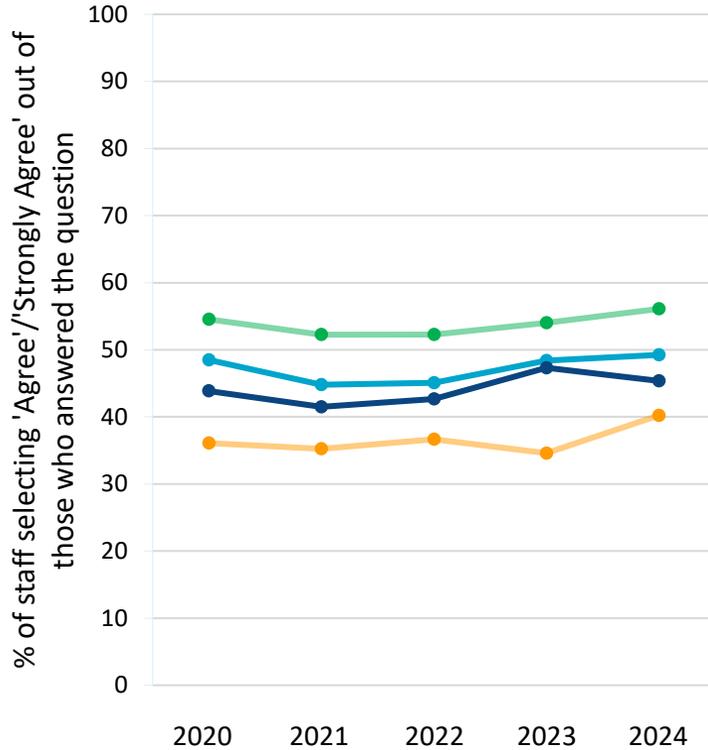
Other questions:* Q17a, Q17b, Q22

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

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

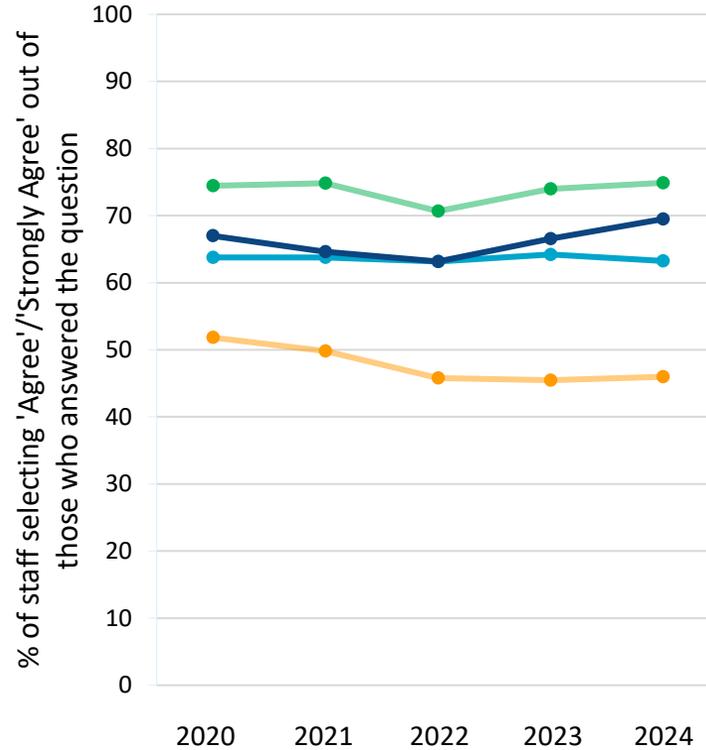


Q3g I am able to meet all the conflicting demands on my time at work.



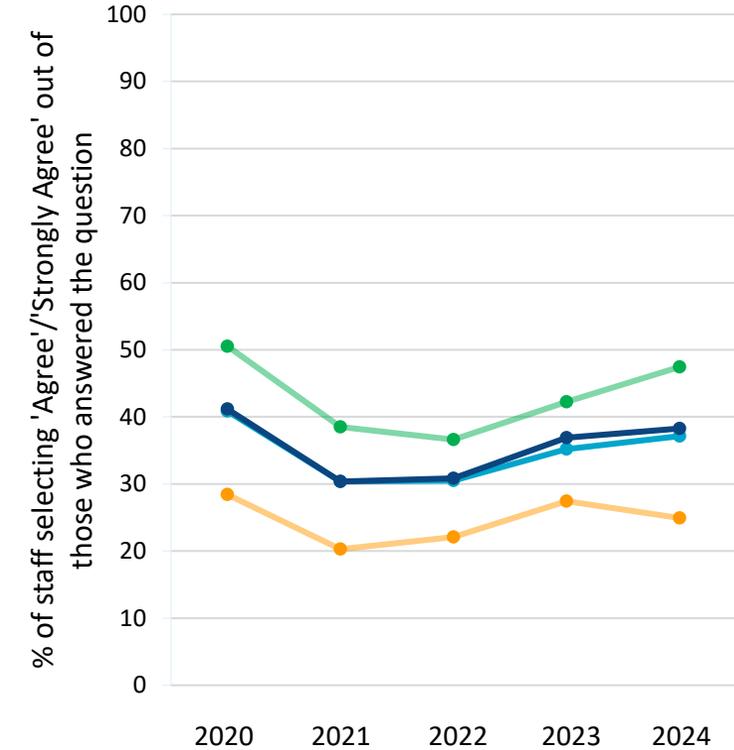
Responses	2010	2350	2471	2787	3012
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Q3h I have adequate materials, supplies and equipment to do my work.



Responses	2010	2339	2466	2782	2999
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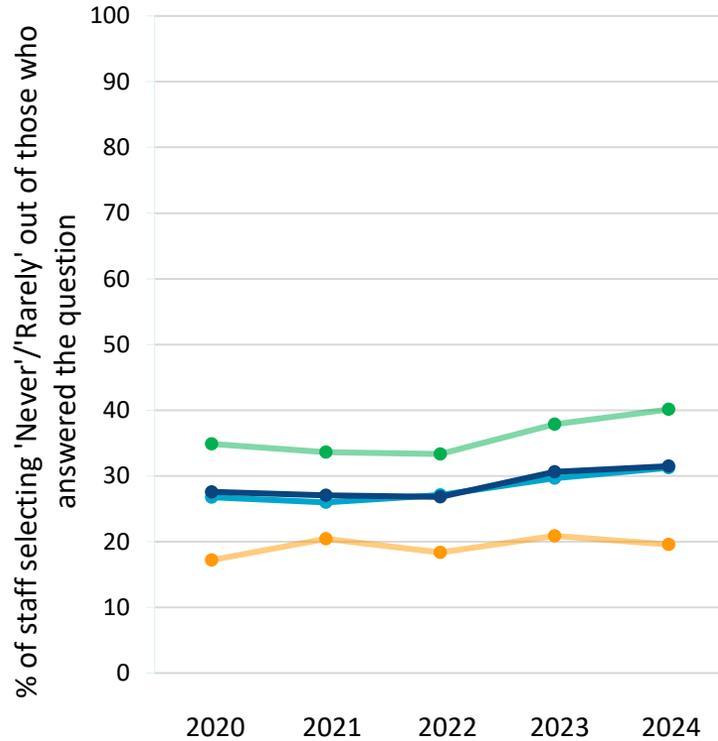
Q3i There are enough staff at this organisation for me to do my job properly.



Responses	2008	2355	2477	2790	3015
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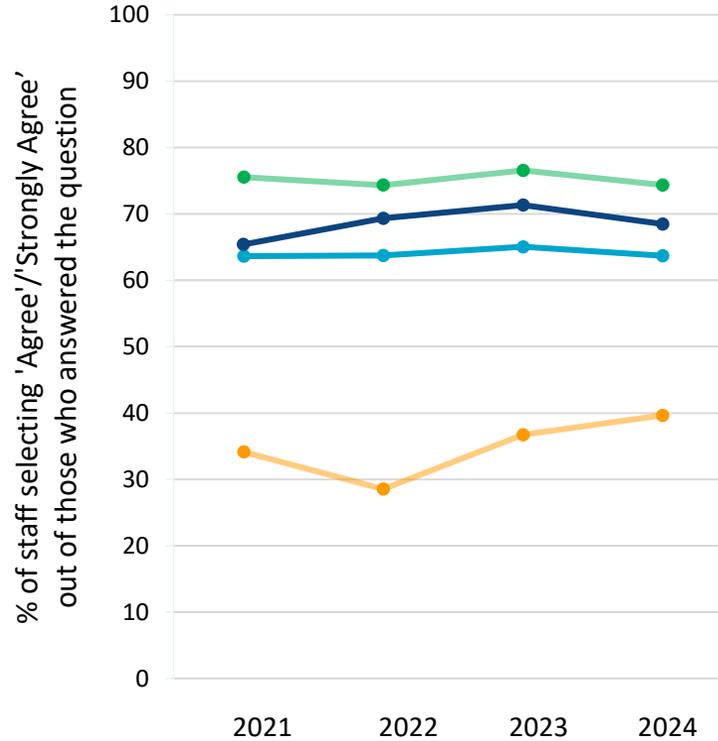
Q5a I have unrealistic time pressures.



Your org	27.58%	27.05%	26.81%	30.60%	31.48%
Best result	34.87%	33.62%	33.34%	37.88%	40.12%
Average result	26.78%	25.98%	27.11%	29.67%	31.24%
Worst result	17.20%	20.41%	18.34%	20.88%	19.58%

Responses 2016 2361 2478 2795 3012

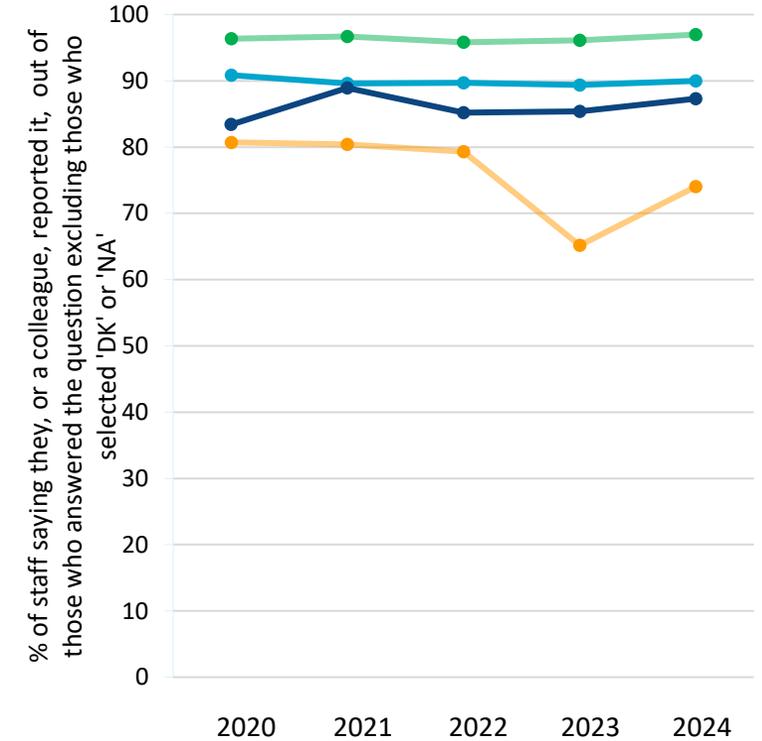
Q11a My organisation takes positive action on health and well-being.



Your org	65.40%	69.32%	71.34%	68.46%
Best result	75.54%	74.32%	76.56%	74.34%
Average result	63.64%	63.75%	65.06%	63.72%
Worst result	34.13%	28.53%	36.72%	39.66%

Responses 2333 2463 2765 2973

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



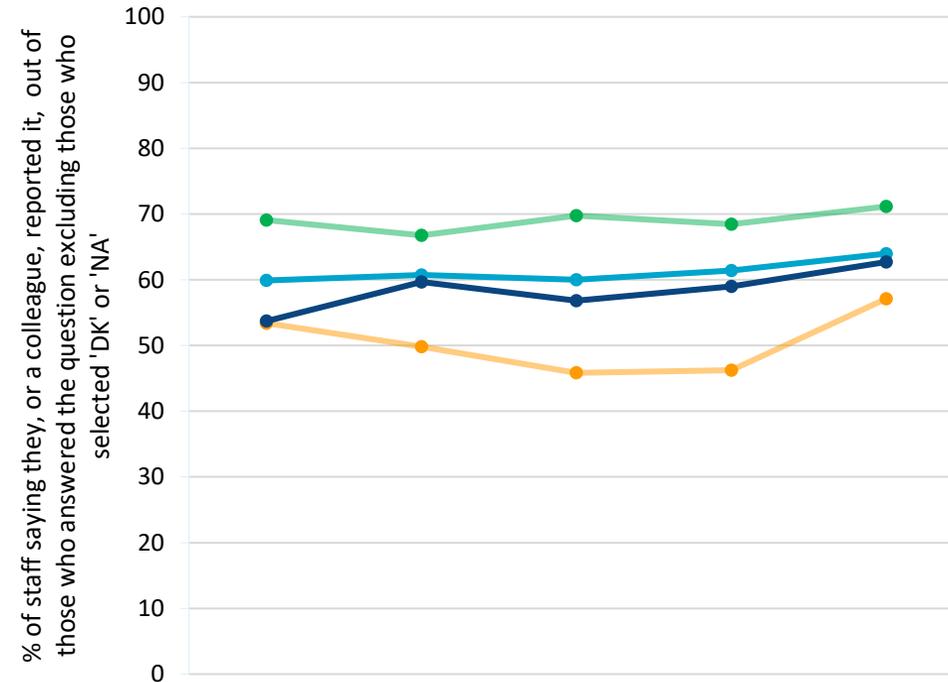
Your org	83.40%	88.93%	85.19%	85.38%	87.28%
Best result	96.37%	96.67%	95.82%	96.13%	96.97%
Average result	90.85%	89.60%	89.68%	89.38%	89.99%
Worst result	80.71%	80.42%	79.32%	65.16%	74.04%

Responses 227 236 263 331 322

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



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

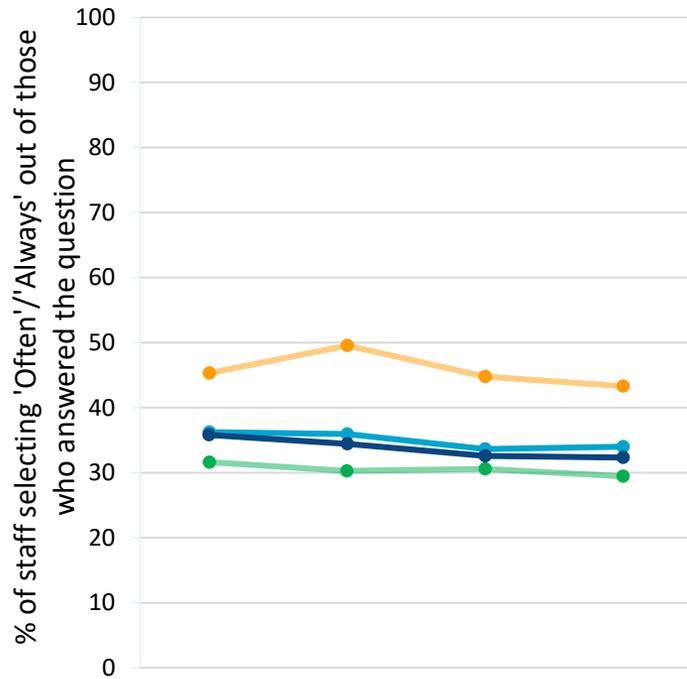


	2020	2021	2022	2023	2024
Your org	53.71%	59.67%	56.80%	58.98%	62.71%
Best result	69.09%	66.75%	69.73%	68.46%	71.15%
Average result	59.90%	60.73%	60.02%	61.42%	63.98%
Worst result	53.38%	49.80%	45.83%	46.26%	57.12%
Responses	667	759	787	768	861

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

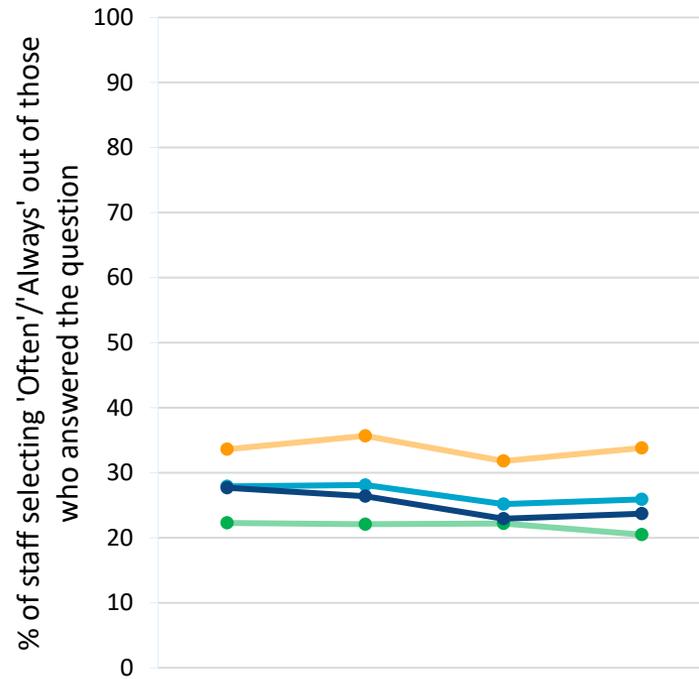


Q12a How often, if at all, do you find your work emotionally exhausting?



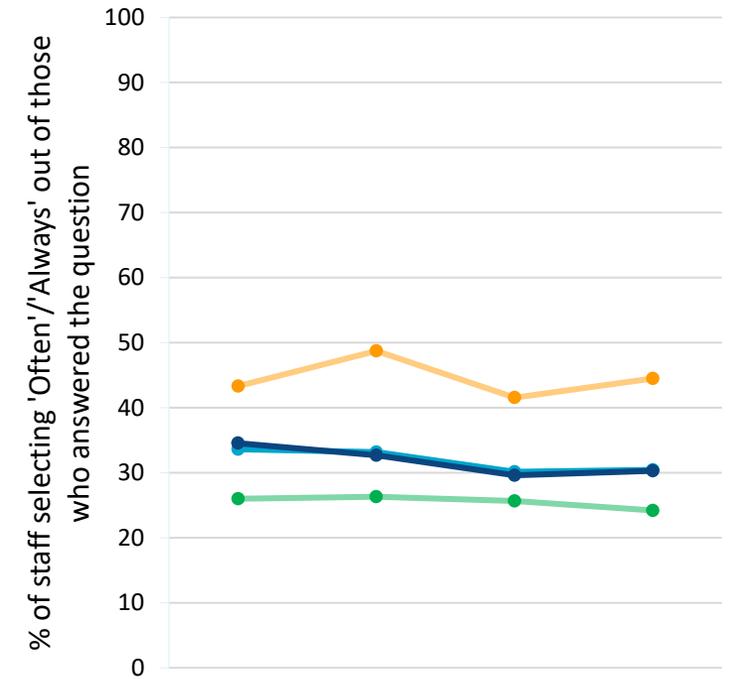
	2021	2022	2023	2024
Your org	35.81%	34.45%	32.58%	32.34%
Best result	31.63%	30.27%	30.57%	29.45%
Average result	36.24%	35.96%	33.64%	34.02%
Worst result	45.33%	49.55%	44.78%	43.32%
Responses	2359	2479	2795	3015

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



	2021	2022	2023	2024
Your org	27.69%	26.37%	22.93%	23.69%
Best result	22.27%	22.08%	22.21%	20.48%
Average result	27.91%	28.12%	25.18%	25.89%
Worst result	33.59%	35.67%	31.80%	33.80%
Responses	2354	2477	2797	3016

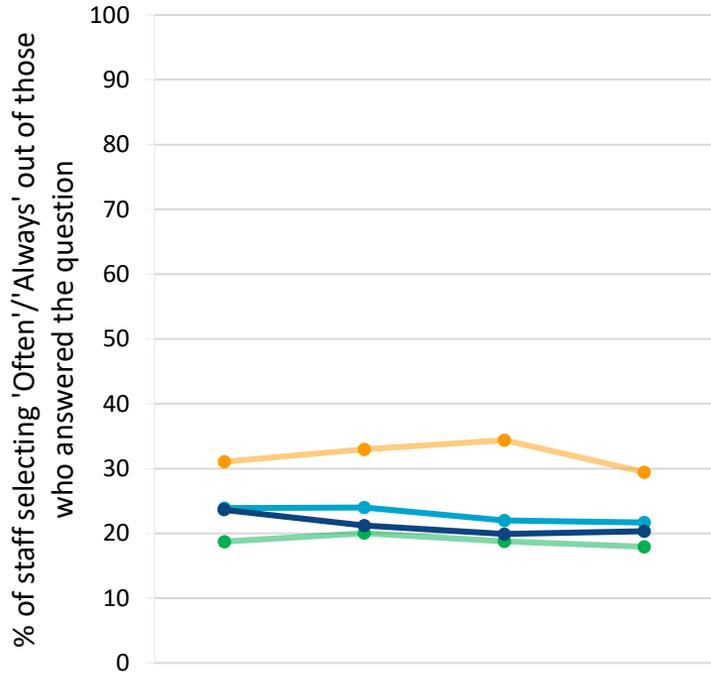
Q12c How often, if at all, does your work frustrate you?



	2021	2022	2023	2024
Your org	34.54%	32.66%	29.61%	30.29%
Best result	26.00%	26.31%	25.64%	24.20%
Average result	33.61%	33.15%	30.14%	30.44%
Worst result	43.32%	48.73%	41.54%	44.49%
Responses	2354	2476	2794	3010

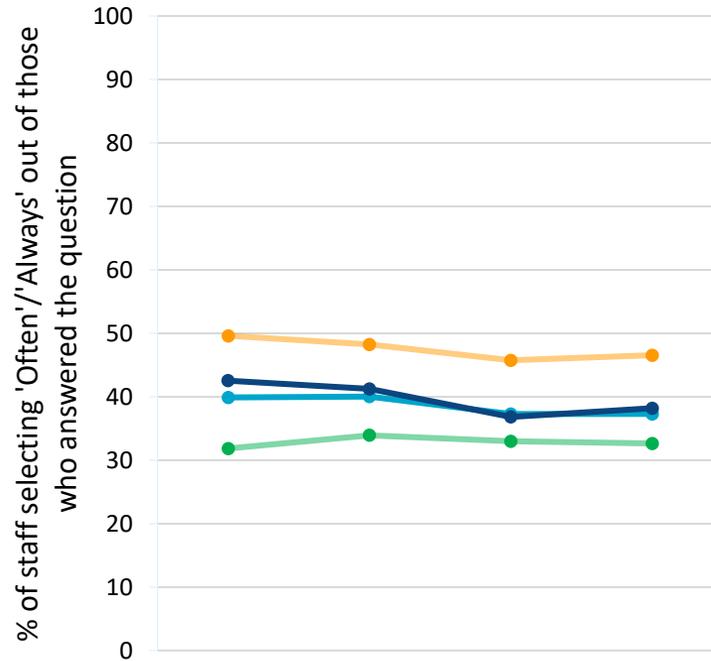


Q12d How often, if at all, are you exhausted at the thought of another day/shift at work?



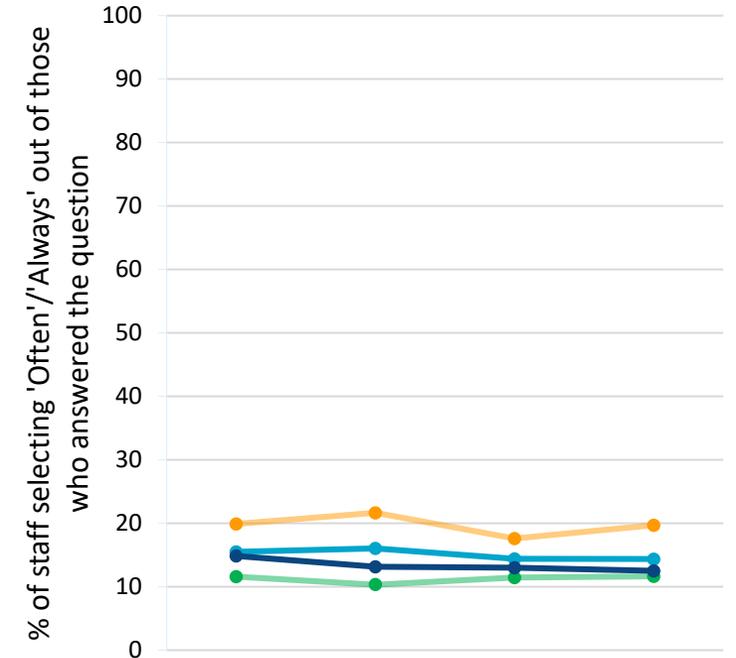
	2021	2022	2023	2024
Your org	23.62%	21.21%	19.90%	20.32%
Best result	18.73%	20.02%	18.77%	17.93%
Average result	23.89%	23.99%	22.02%	21.68%
Worst result	31.06%	32.95%	34.38%	29.46%
Responses	2355	2475	2788	3014

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



	2021	2022	2023	2024
Your org	42.52%	41.25%	36.81%	38.17%
Best result	31.84%	33.91%	32.98%	32.65%
Average result	39.88%	40.02%	37.28%	37.29%
Worst result	49.60%	48.24%	45.74%	46.53%
Responses	2344	2475	2784	3007

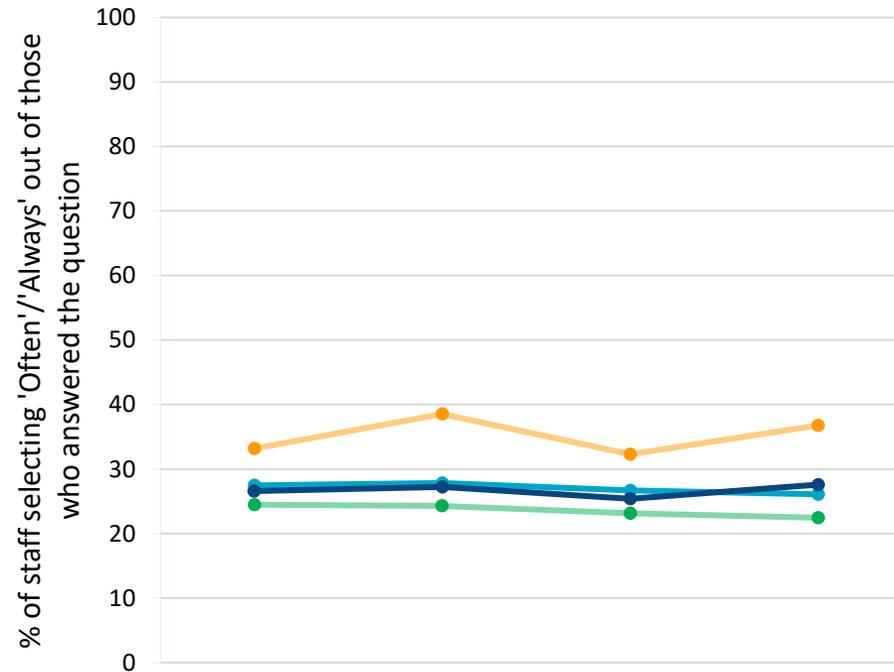
Q12f How often, if at all, do you feel that every working hour is tiring for you?



	2021	2022	2023	2024
Your org	14.84%	13.15%	13.01%	12.51%
Best result	11.59%	10.30%	11.46%	11.64%
Average result	15.51%	16.03%	14.42%	14.37%
Worst result	19.90%	21.65%	17.60%	19.69%
Responses	2348	2470	2787	3011



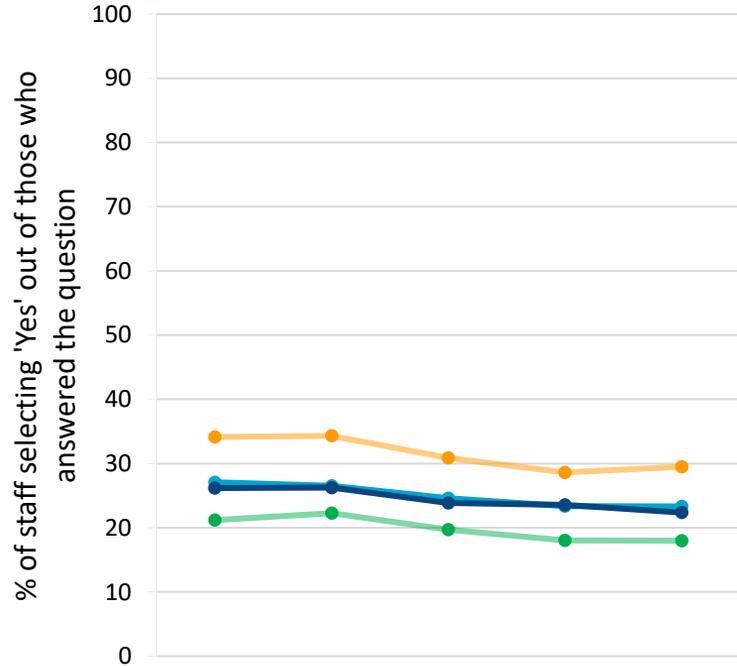
Q12g How often, if at all, do you not have enough energy for family and friends during leisure time?



	2021	2022	2023	2024
Your org	26.58%	27.20%	25.39%	27.58%
Best result	24.47%	24.28%	23.16%	22.45%
Average result	27.48%	27.83%	26.70%	26.08%
Worst result	33.16%	38.53%	32.29%	36.79%
Responses	2356	2475	2796	3010

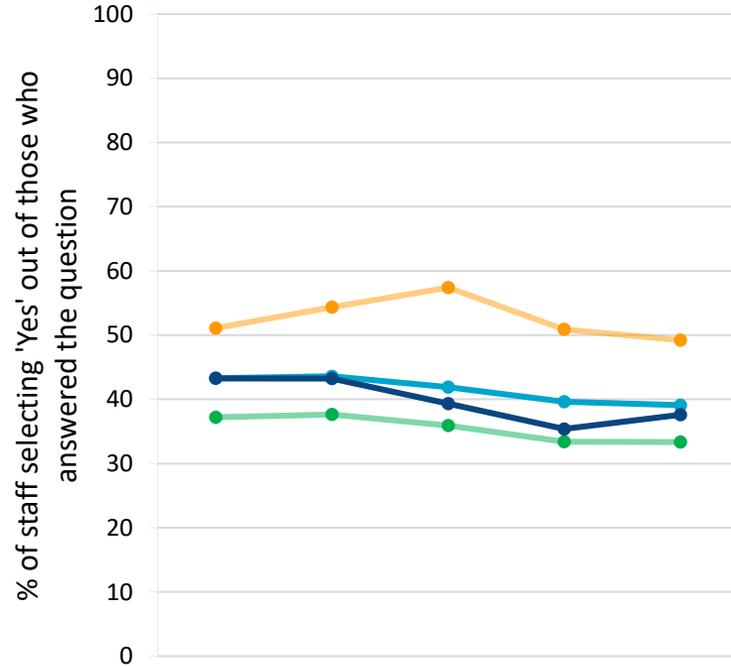


Q11b In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?



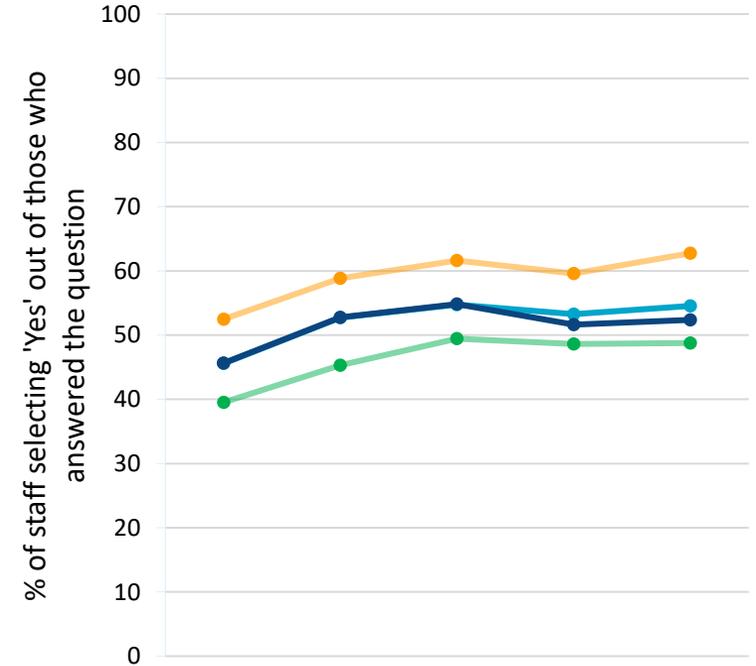
	2020	2021	2022	2023	2024
Your org	26.17%	26.25%	23.84%	23.54%	22.37%
Best result	21.20%	22.27%	19.70%	18.05%	17.99%
Average result	27.08%	26.53%	24.62%	23.38%	23.32%
Worst result	34.14%	34.31%	30.89%	28.61%	29.48%
Responses	2009	2350	2468	2783	3002

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



	2020	2021	2022	2023	2024
Your org	43.25%	43.21%	39.32%	35.39%	37.57%
Best result	37.19%	37.64%	35.90%	33.38%	33.34%
Average result	43.30%	43.59%	41.90%	39.61%	39.09%
Worst result	51.11%	54.34%	57.40%	50.87%	49.20%
Responses	2011	2349	2471	2782	2997

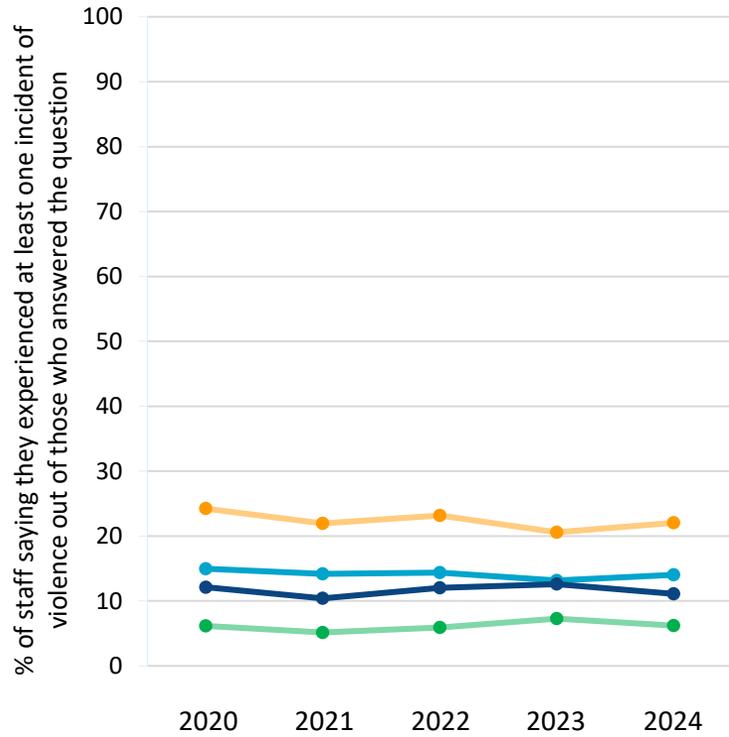
Q11d In the last three months have you ever come to work despite not feeling well enough to perform your duties?



	2020	2021	2022	2023	2024
Your org	45.64%	52.77%	54.83%	51.63%	52.38%
Best result	39.53%	45.30%	49.45%	48.64%	48.76%
Average result	45.58%	52.71%	54.75%	53.28%	54.53%
Worst result	52.48%	58.83%	61.63%	59.58%	62.76%
Responses	2011	2353	2468	2783	2996

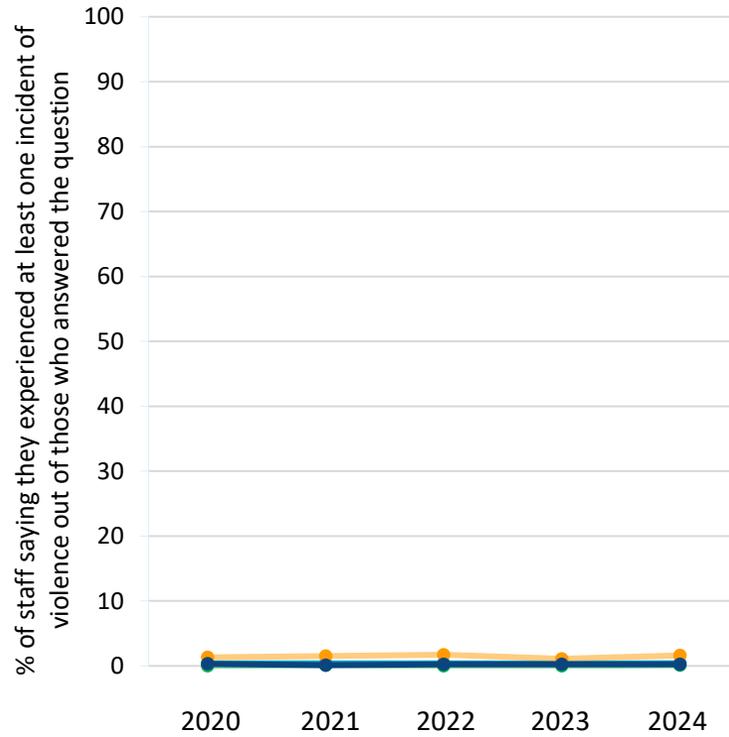


Q13a In the last 12 months how many times have you personally experienced physical violence at work from...? Patients / service users, their relatives or other members of the public.



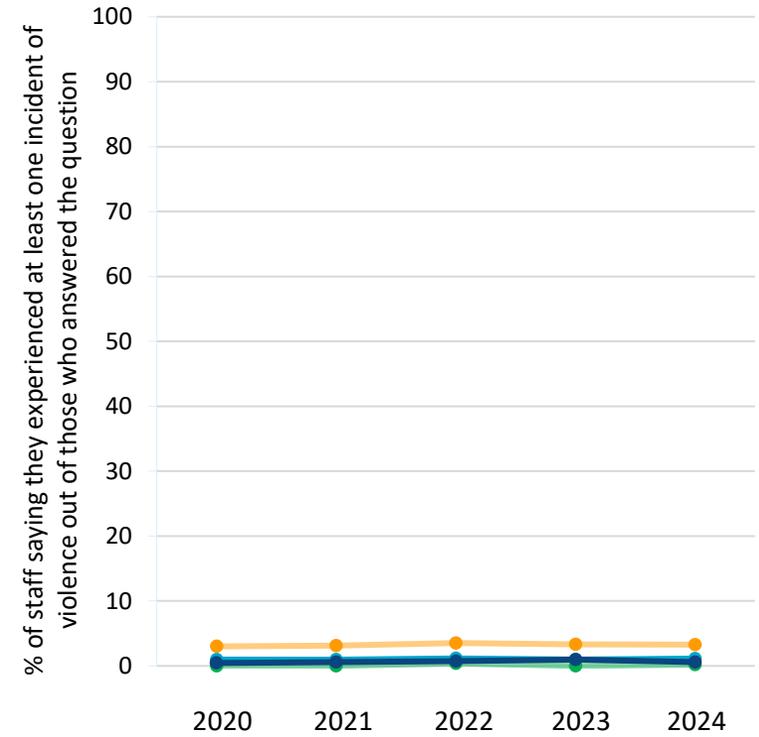
Responses	2016	2355	2473	2785	3011
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Q13b In the last 12 months how many times have you personally experienced physical violence at work from...? Managers.



Responses	2008	2344	2462	2769	2997
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Q13c In the last 12 months how many times have you personally experienced physical violence at work from...? Other colleagues.

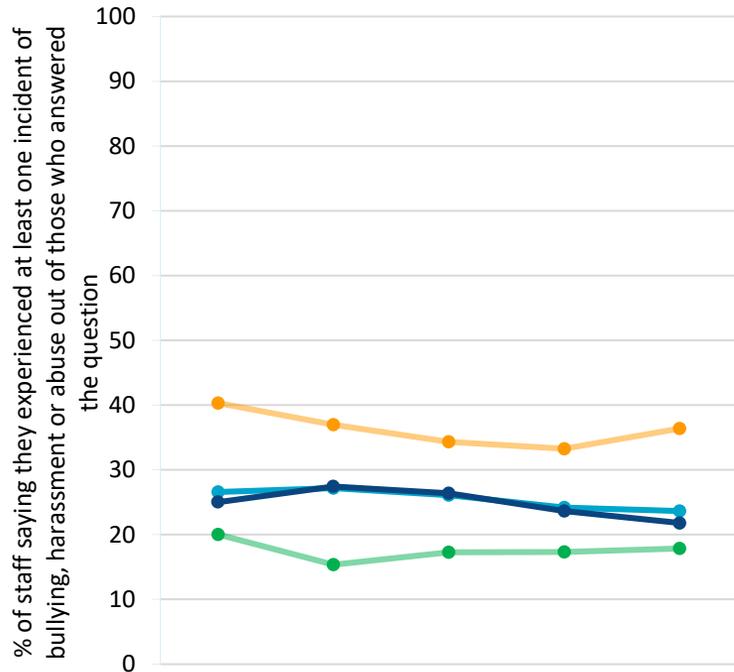


Responses	1996	2314	2449	2759	2980
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Note: 2023 results for Q13a-c are now reported using corrected data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.



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

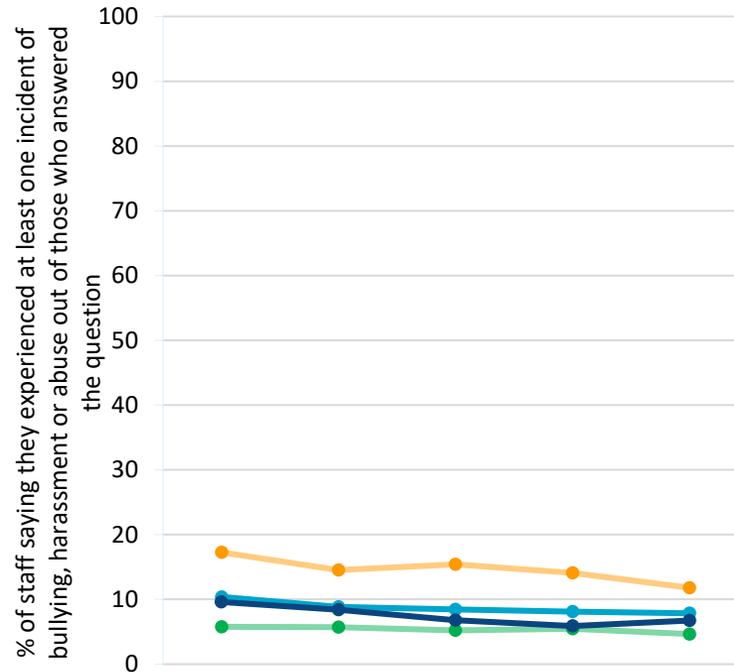


2020 2021 2022 2023 2024

Your org	25.04%	27.43%	26.37%	23.65%	21.81%
Best result	20.03%	15.37%	17.25%	17.31%	17.84%
Average result	26.60%	27.18%	26.11%	24.17%	23.64%
Worst result	40.32%	36.98%	34.31%	33.27%	36.39%

Responses 2007 2350 2470 2780 3013

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

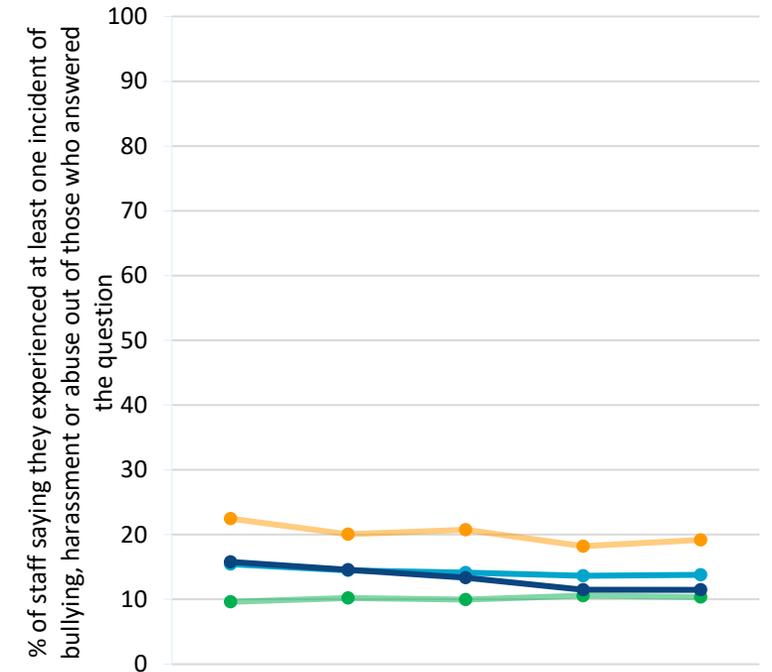


2020 2021 2022 2023 2024

Your org	9.60%	8.40%	6.77%	5.89%	6.74%
Best result	5.78%	5.73%	5.20%	5.48%	4.65%
Average result	10.39%	8.83%	8.47%	8.11%	7.86%
Worst result	17.26%	14.55%	15.44%	14.10%	11.80%

Responses 2003 2338 2456 2768 3004

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



2020 2021 2022 2023 2024

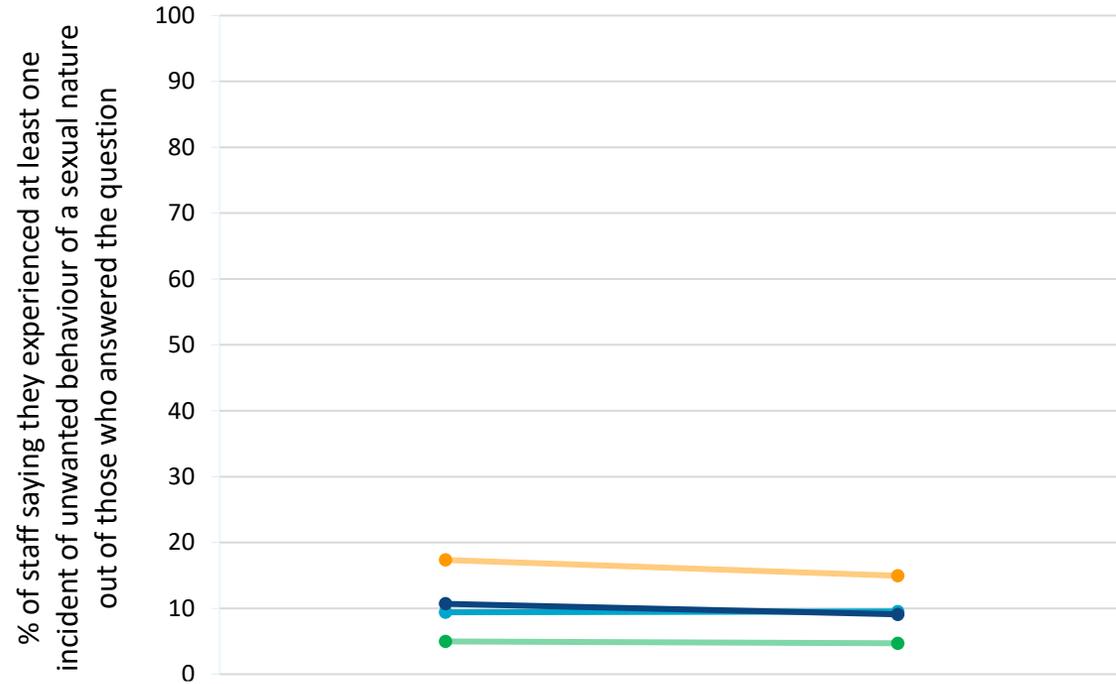
Your org	15.79%	14.56%	13.36%	11.52%	11.48%
Best result	9.63%	10.20%	9.95%	10.59%	10.36%
Average result	15.44%	14.48%	14.16%	13.65%	13.81%
Worst result	22.47%	20.09%	20.75%	18.23%	19.20%

Responses 1982 2316 2450 2763 3001

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



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

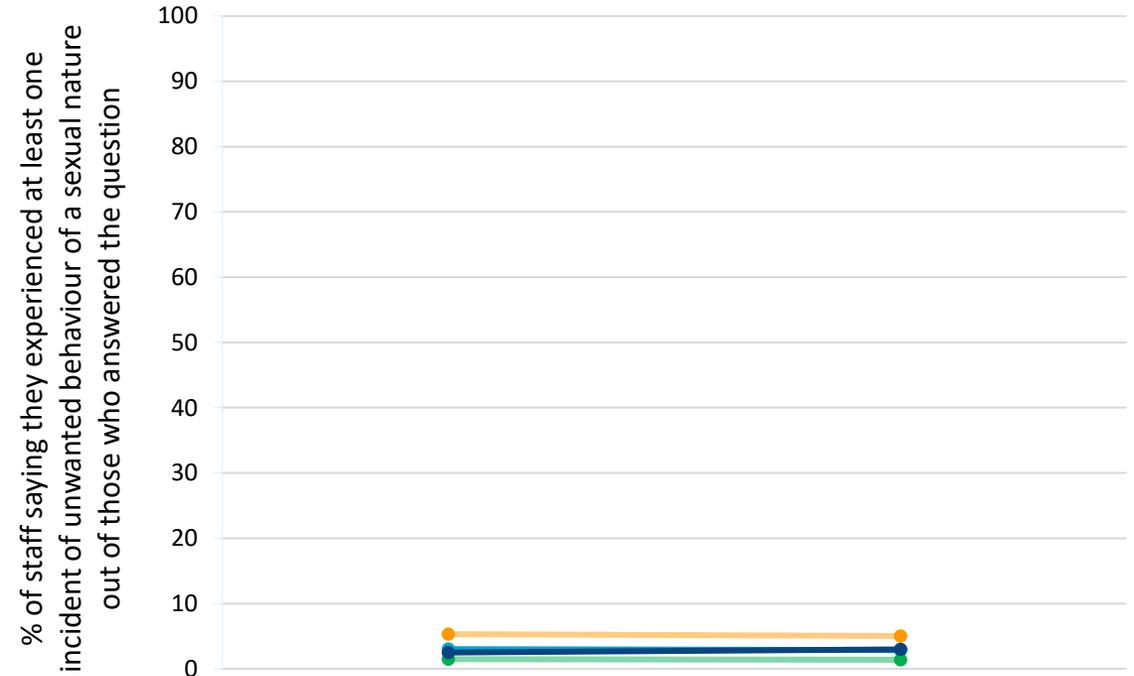


2023 2024

Your org	10.68%	9.09%
Best result	4.97%	4.70%
Average result	9.40%	9.52%
Worst result	17.34%	14.95%

Responses 2787 3013

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



2023 2024

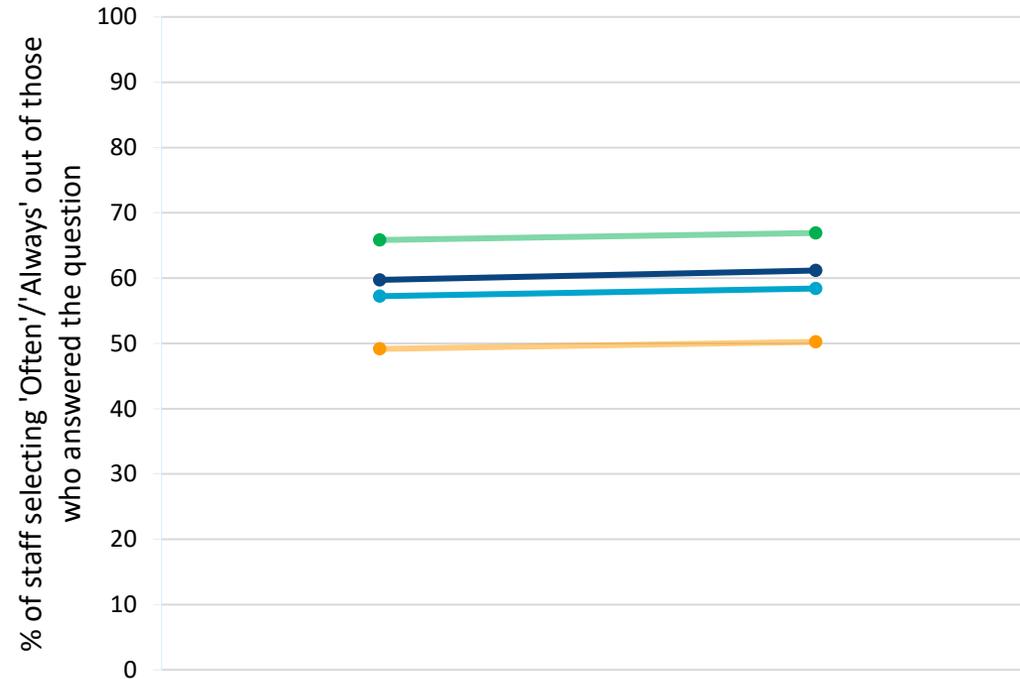
Your org	2.50%	2.97%
Best result	1.47%	1.39%
Average result	3.02%	2.87%
Worst result	5.31%	5.03%

Responses 2779 3006

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



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



	2023	2024
Your org	59.72%	61.16%
Best result	65.83%	66.91%
Average result	57.23%	58.41%
Worst result	49.15%	50.23%
Responses	2794	3018

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

People Promise element – We are always learning



Questions included:

Development – Q24a, Q24b, Q24c, Q24d, Q24e

Appraisals – Q23a*, Q23b, Q23c, Q23d

Other questions** - Q24f

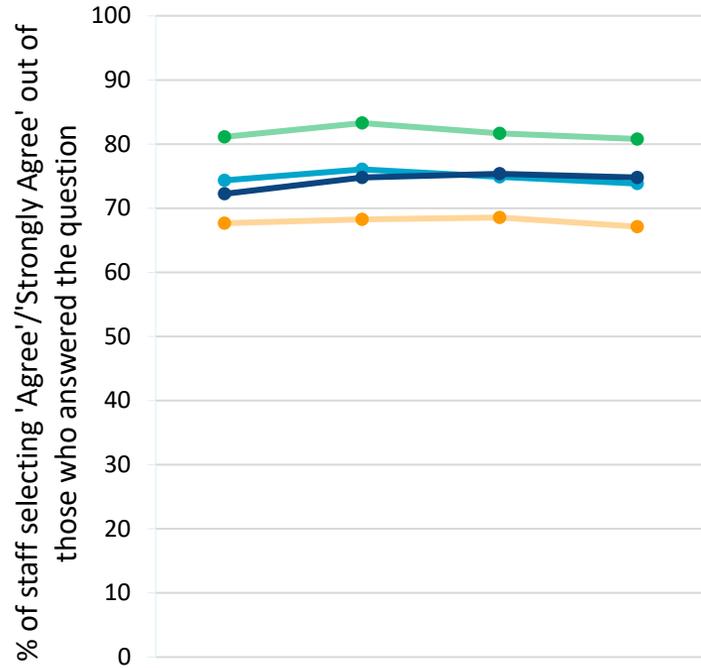
*Q23a is a filter question and therefore influences the sub-score without being a directly scored question.

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

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

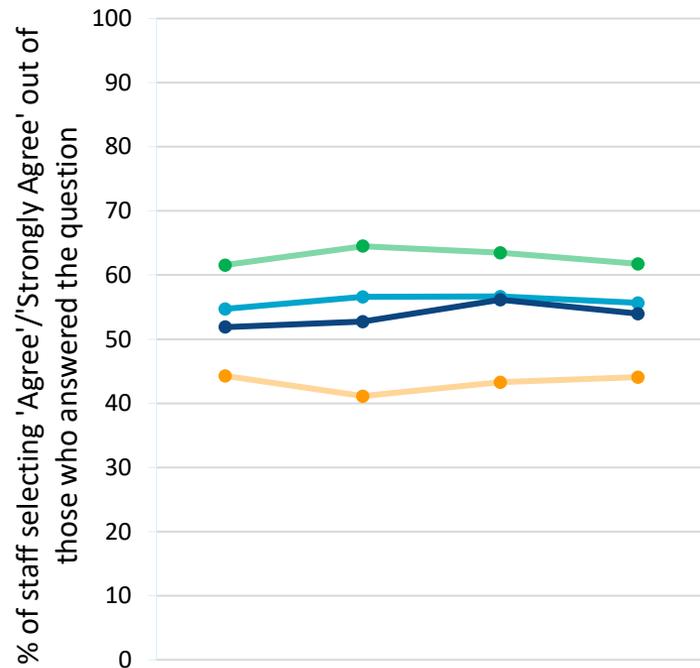


Q24a This organisation offers me challenging work.



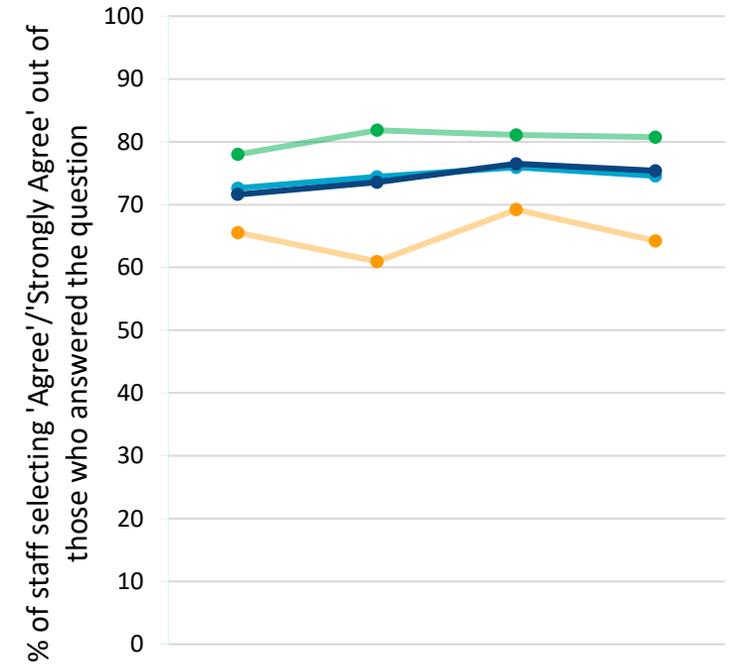
	2021	2022	2023	2024
Your org	72.23%	74.81%	75.36%	74.78%
Best result	81.12%	83.27%	81.67%	80.80%
Average result	74.36%	76.05%	74.90%	73.84%
Worst result	67.64%	68.26%	68.55%	67.12%
Responses	2355	2485	2797	3019

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



	2021	2022	2023	2024
Your org	51.87%	52.75%	56.15%	54.01%
Best result	61.57%	64.48%	63.48%	61.77%
Average result	54.73%	56.61%	56.67%	55.65%
Worst result	44.28%	41.13%	43.30%	44.09%
Responses	2354	2482	2798	3016

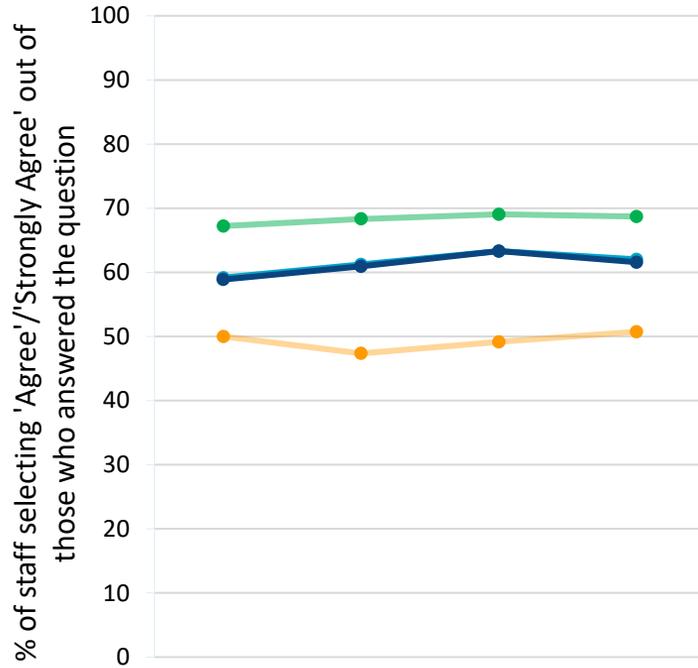
Q24c I have opportunities to improve my knowledge and skills.



	2021	2022	2023	2024
Your org	71.60%	73.56%	76.50%	75.38%
Best result	77.99%	81.82%	81.12%	80.76%
Average result	72.62%	74.43%	75.95%	74.56%
Worst result	65.53%	60.95%	69.20%	64.22%
Responses	2358	2481	2797	3018

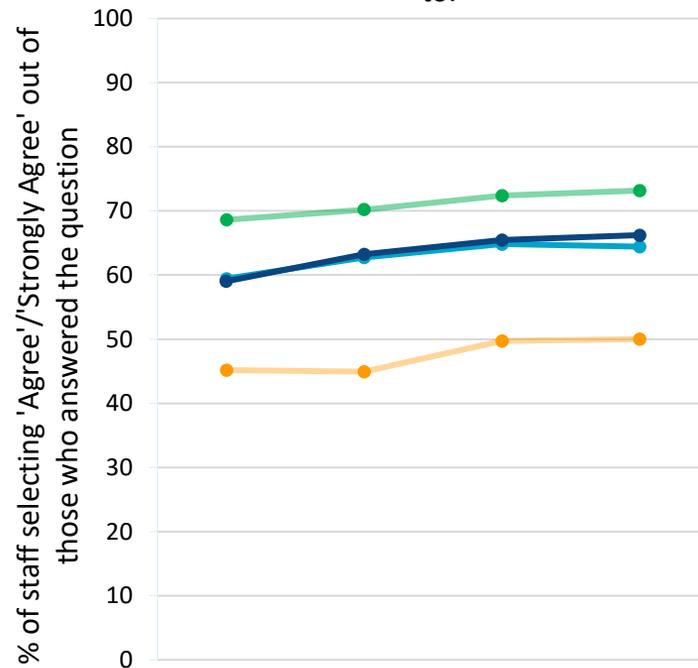


Q24d I feel supported to develop my potential.



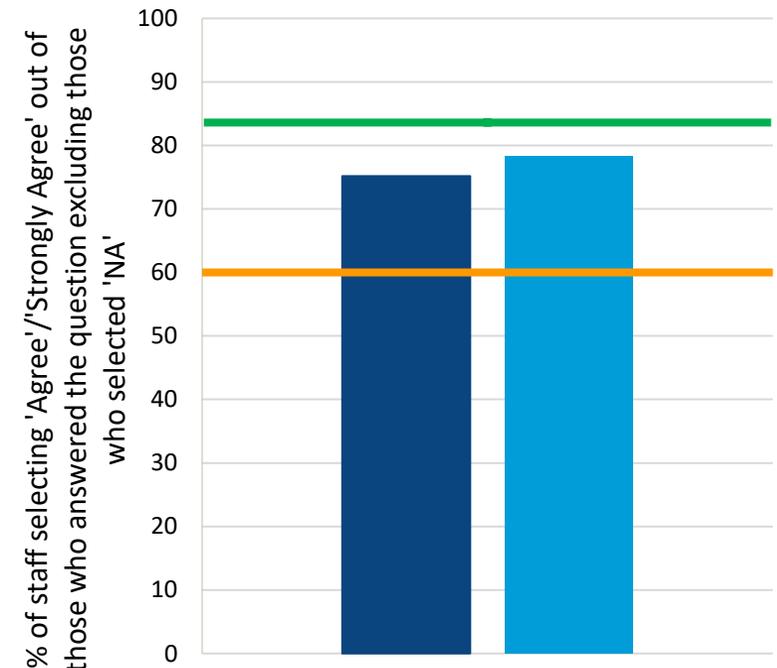
	2021	2022	2023	2024
Your org	58.88%	60.93%	63.32%	61.56%
Best result	67.22%	68.32%	69.05%	68.70%
Average result	59.18%	61.24%	63.32%	62.01%
Worst result	49.98%	47.36%	49.16%	50.75%
Responses	2352	2483	2793	3003

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



	2021	2022	2023	2024
Your org	59.03%	63.24%	65.49%	66.23%
Best result	68.61%	70.18%	72.41%	73.18%
Average result	59.43%	62.72%	64.84%	64.44%
Worst result	45.18%	44.94%	49.72%	50.01%
Responses	2351	2483	2794	2984

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

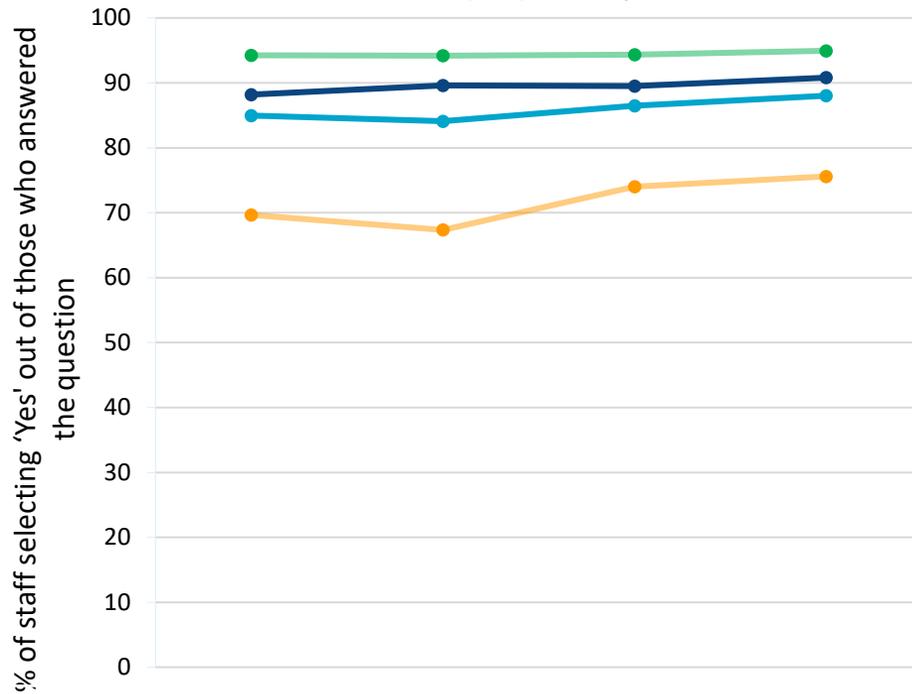


	2024
Your org	75.17%
Best result	83.60%
Average result	78.28%
Worst result	60.00%
Responses	2439

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



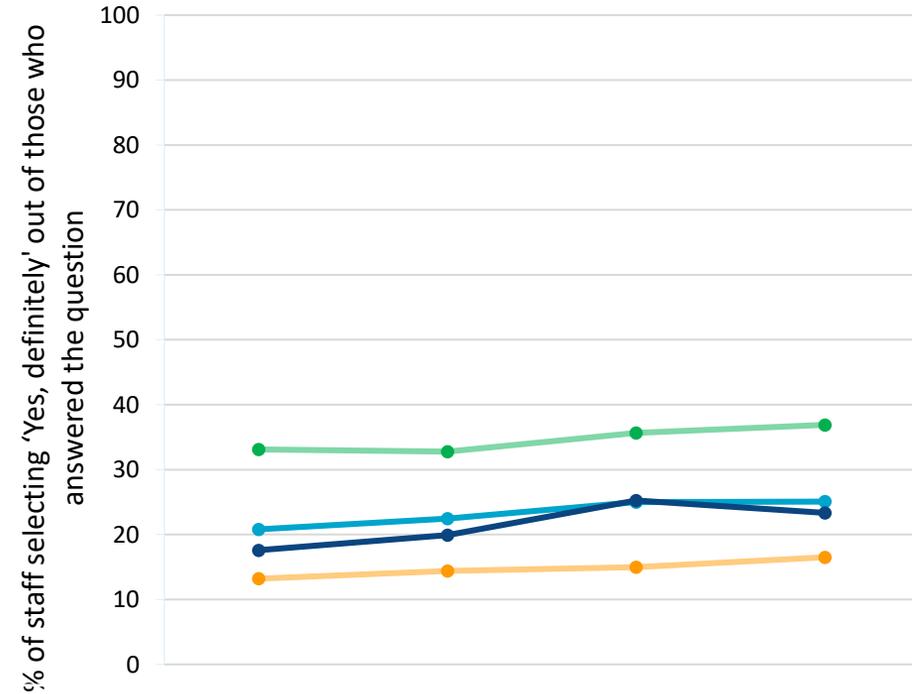
Q23a* In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?



	2021	2022	2023	2024
Your org	88.20%	89.62%	89.49%	90.80%
Best result	94.27%	94.19%	94.36%	94.94%
Average result	84.97%	84.10%	86.46%	88.02%
Worst result	69.66%	67.34%	74.02%	75.59%

Responses 2344 2463 2789 3003

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



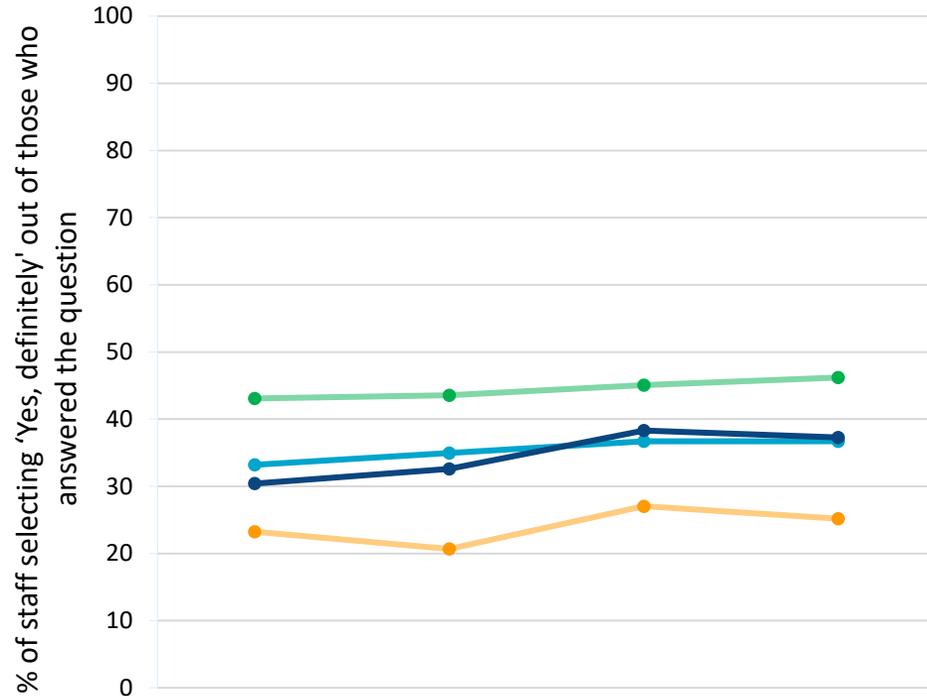
	2021	2022	2023	2024
Your org	17.59%	19.91%	25.25%	23.35%
Best result	33.11%	32.77%	35.66%	36.89%
Average result	20.80%	22.45%	24.98%	25.07%
Worst result	13.21%	14.41%	14.98%	16.50%

Responses 2058 2198 2486 2715

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

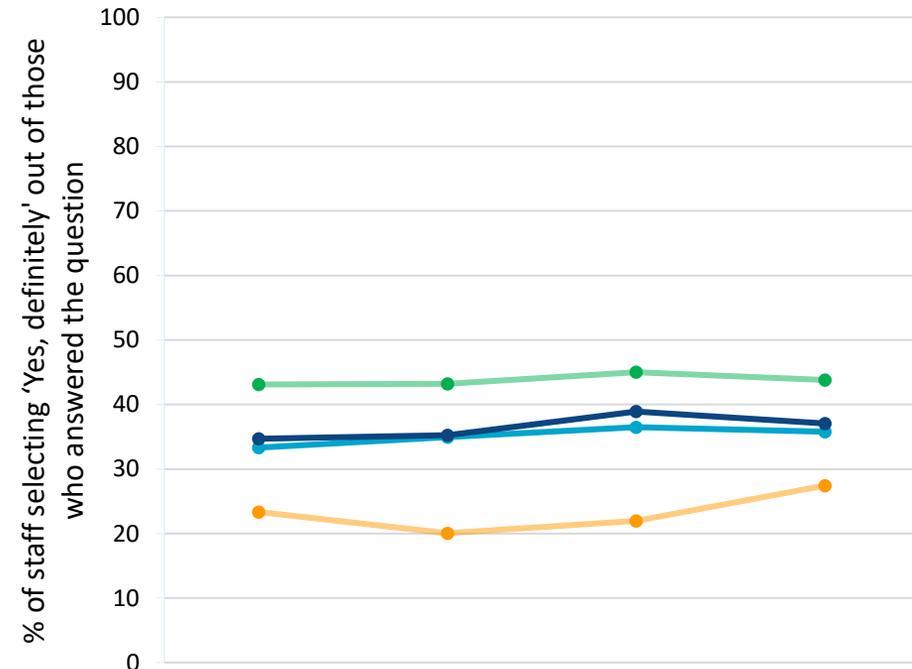


Q23c It helped me agree clear objectives for my work.



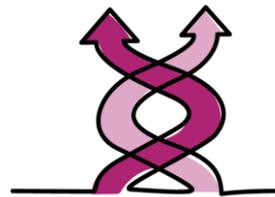
	2021	2022	2023	2024
Your org	30.40%	32.60%	38.30%	37.27%
Best result	43.08%	43.56%	45.06%	46.19%
Average result	33.20%	34.95%	36.70%	36.69%
Worst result	23.23%	20.67%	27.04%	25.17%
Responses	2058	2195	2483	2712

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



	2021	2022	2023	2024
Your org	34.69%	35.23%	38.91%	37.07%
Best result	43.10%	43.18%	45.00%	43.80%
Average result	33.31%	34.94%	36.49%	35.76%
Worst result	23.34%	20.05%	21.95%	27.44%
Responses	2056	2199	2481	2710

People Promise element – We work flexibly



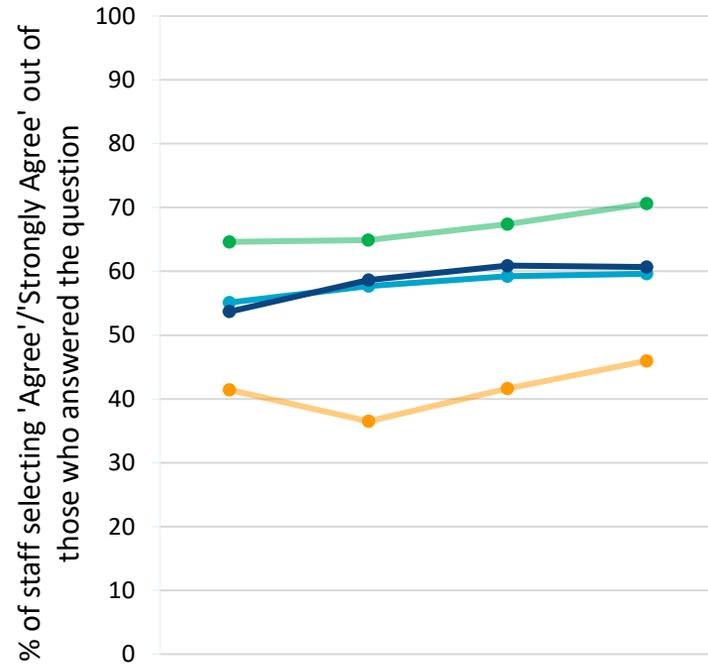
Questions included:

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

Flexible working – Q4d

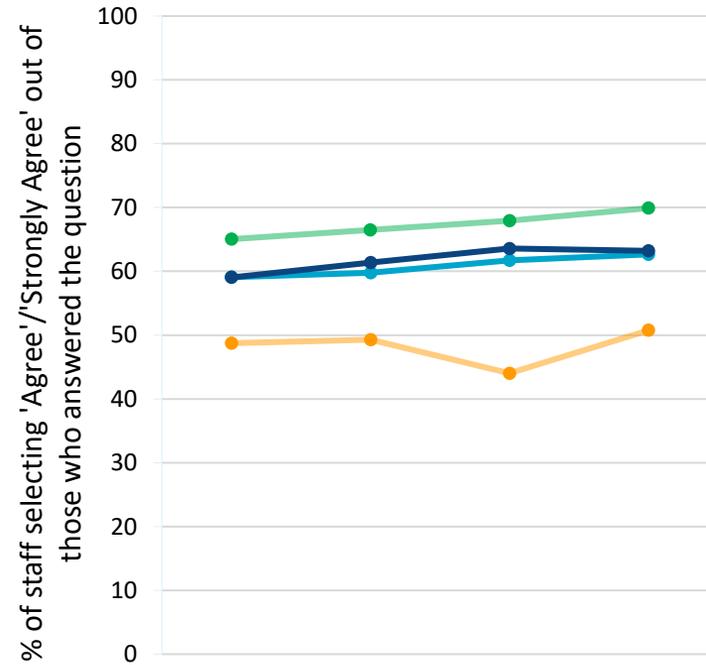


Q6b My organisation is committed to helping me balance my work and home life.



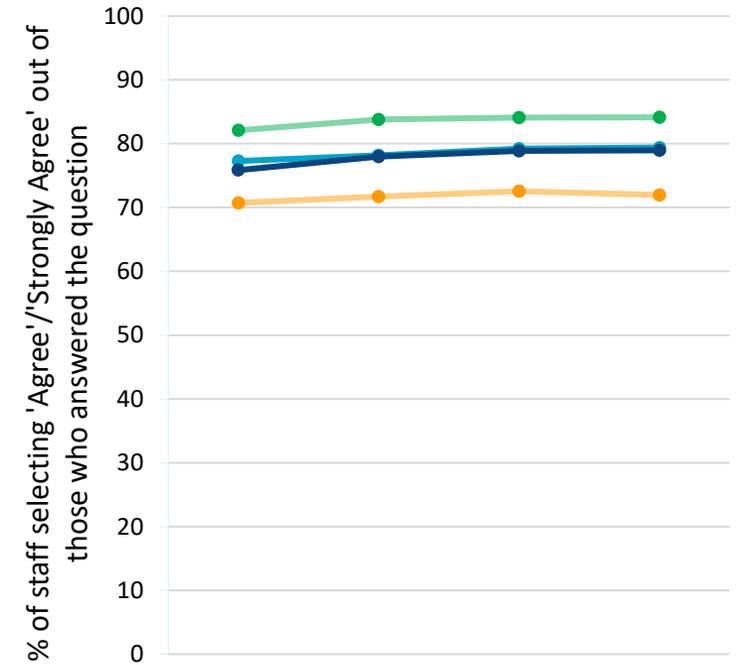
	2021	2022	2023	2024
Your org	53.67%	58.62%	60.89%	60.65%
Best result	64.61%	64.89%	67.39%	70.61%
Average result	55.10%	57.66%	59.23%	59.61%
Worst result	41.43%	36.49%	41.60%	45.97%
Responses	2360	2476	2796	3014

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



	2021	2022	2023	2024
Your org	59.03%	61.38%	63.57%	63.22%
Best result	65.03%	66.48%	67.91%	69.90%
Average result	59.08%	59.76%	61.72%	62.65%
Worst result	48.72%	49.29%	44.02%	50.75%
Responses	2359	2479	2790	3009

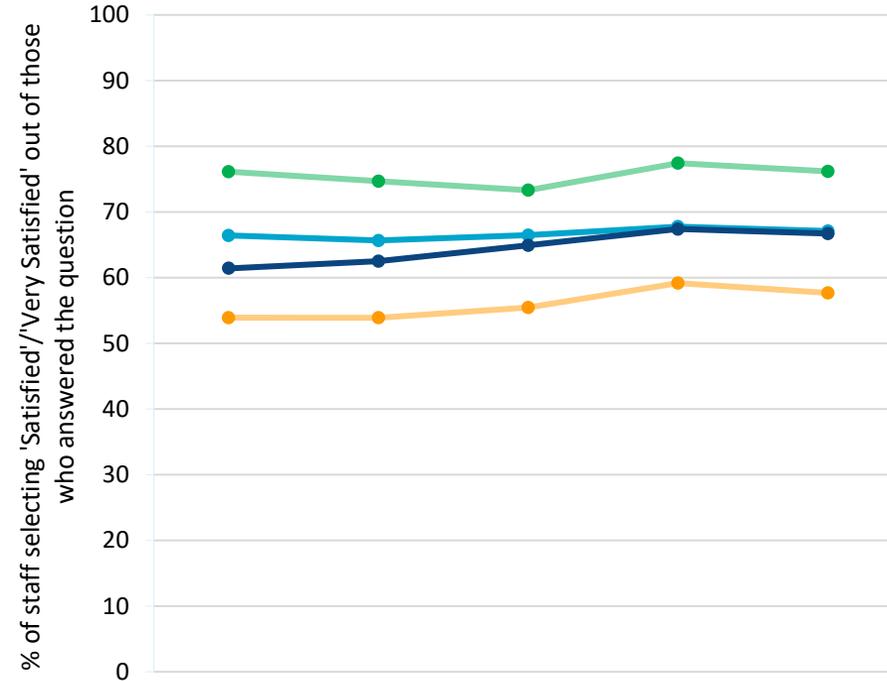
Q6d I can approach my immediate manager to talk openly about flexible working.



	2021	2022	2023	2024
Your org	75.85%	77.98%	78.87%	78.96%
Best result	82.09%	83.79%	84.09%	84.12%
Average result	77.28%	78.17%	79.23%	79.39%
Worst result	70.71%	71.71%	72.54%	71.97%
Responses	2360	2482	2798	3010

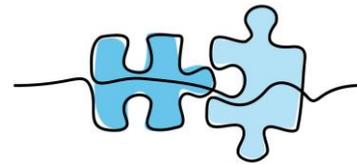


Q4d How satisfied are you with each of the following aspects of your job? The opportunities for flexible working patterns.



	2020	2021	2022	2023	2024
Your org	61.41%	62.54%	64.92%	67.41%	66.74%
Best result	76.13%	74.69%	73.31%	77.43%	76.20%
Average result	66.42%	65.67%	66.49%	67.76%	67.11%
Worst result	53.93%	53.89%	55.48%	59.17%	57.67%
Responses	2013	2356	2472	2794	3011

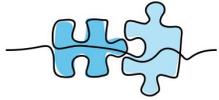
People Promise element – We are a team



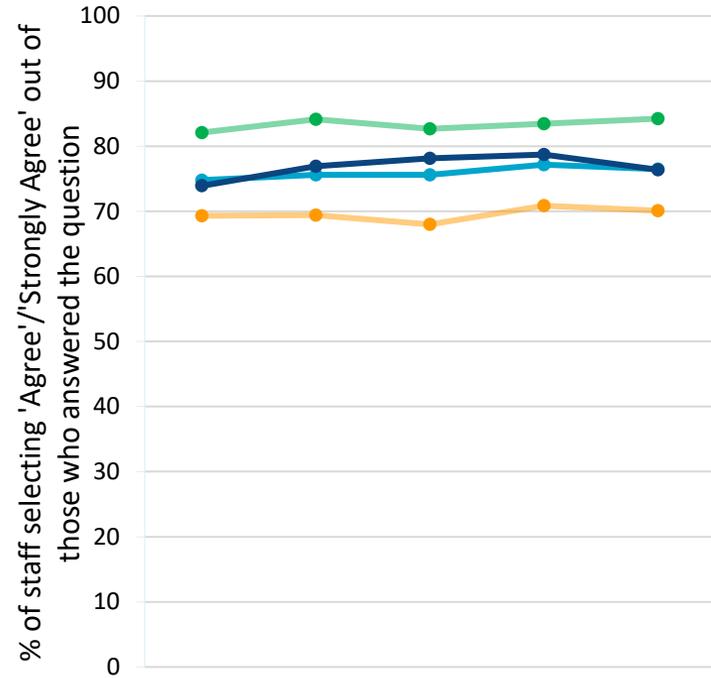
Questions included:

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

Line management – Q9a, Q9b, Q9c, Q9d



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

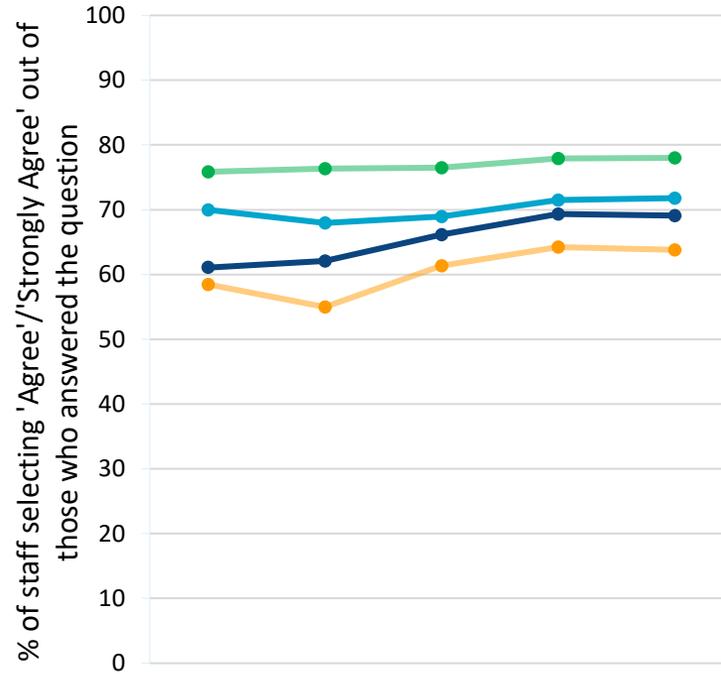


2020 2021 2022 2023 2024

Your org	73.91%	76.92%	78.15%	78.71%	76.37%
Best result	82.09%	84.13%	82.65%	83.47%	84.23%
Average result	74.79%	75.62%	75.60%	77.16%	76.46%
Worst result	69.31%	69.41%	67.98%	70.85%	70.11%

Responses 2004 2359 2480 2797 3021

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

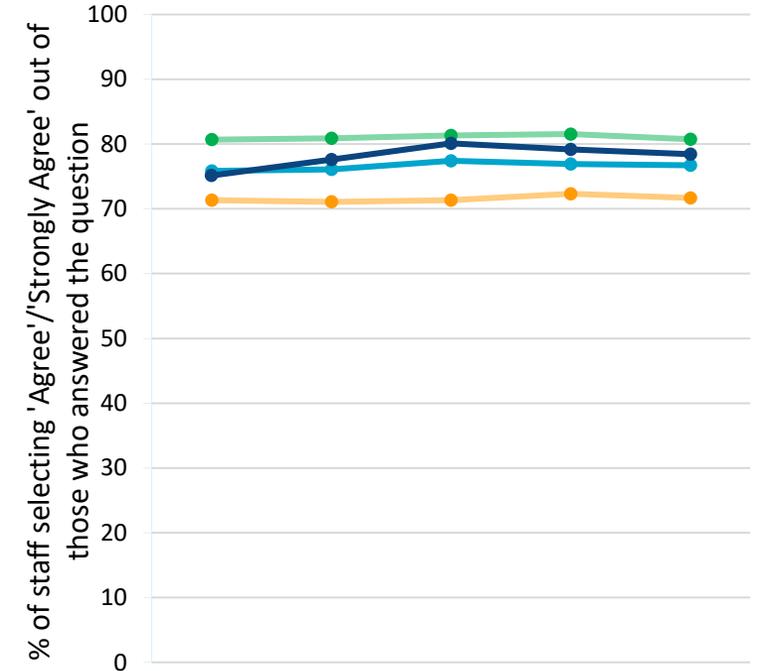


2020 2021 2022 2023 2024

Your org	61.07%	62.10%	66.17%	69.34%	69.10%
Best result	75.85%	76.33%	76.50%	77.92%	78.00%
Average result	69.97%	67.95%	68.98%	71.52%	71.79%
Worst result	58.45%	54.98%	61.37%	64.23%	63.82%

Responses 2009 2360 2481 2796 3013

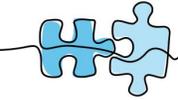
Q7c I receive the respect I deserve from my colleagues at work.



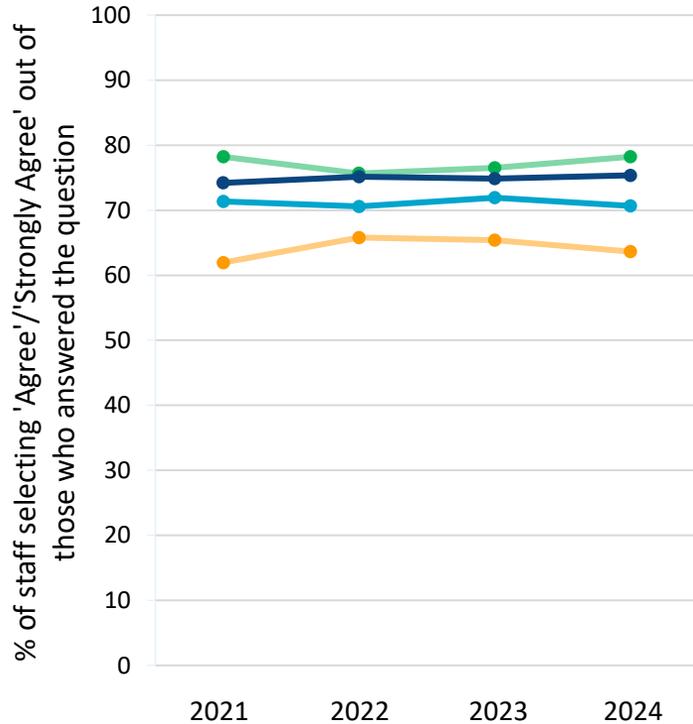
2020 2021 2022 2023 2024

Your org	75.15%	77.61%	80.11%	79.17%	78.46%
Best result	80.68%	80.91%	81.34%	81.54%	80.72%
Average result	75.86%	76.07%	77.42%	76.92%	76.71%
Worst result	71.34%	71.07%	71.34%	72.33%	71.68%

Responses 2014 2362 2481 2795 3020

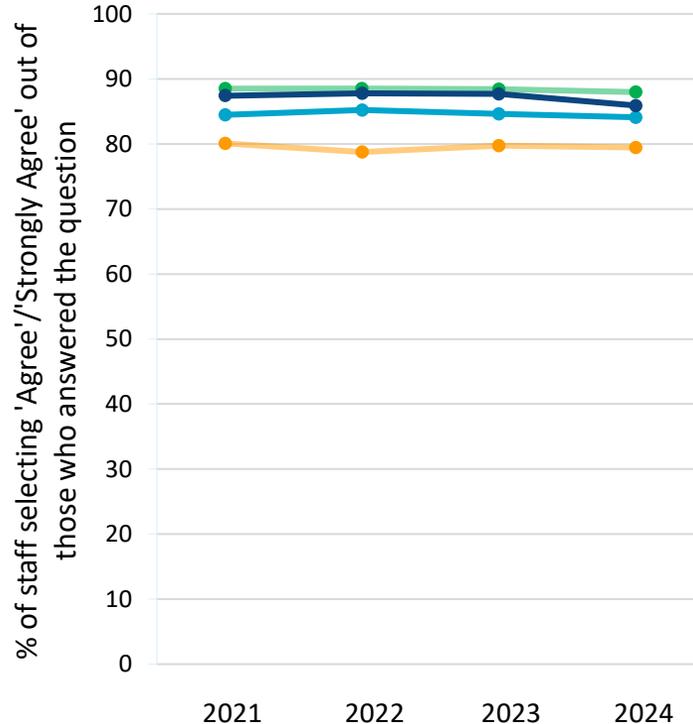


Q7d Team members understand each other's roles.



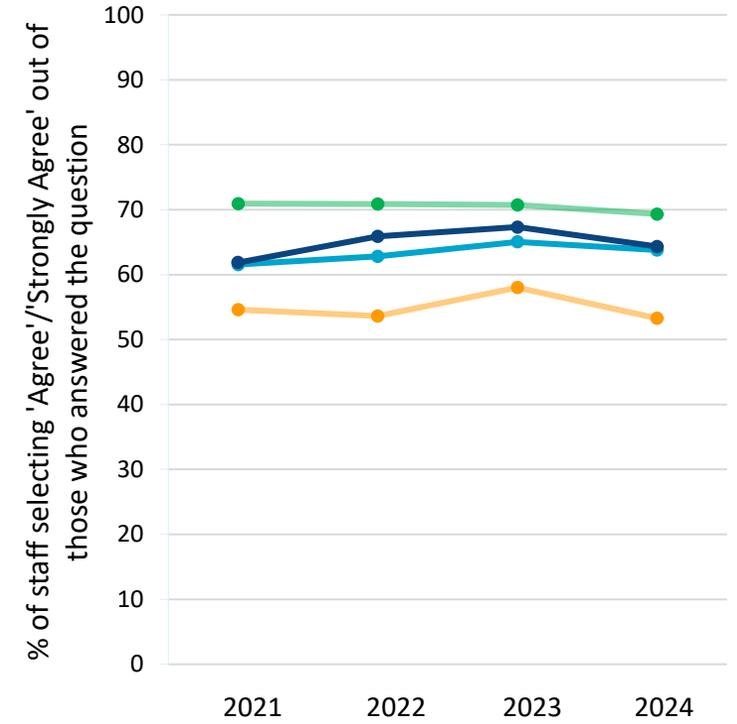
Responses	2359	2477	2796	3020
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Q7e I enjoy working with the colleagues in my team.

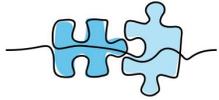


Responses	2362	2479	2798	3013
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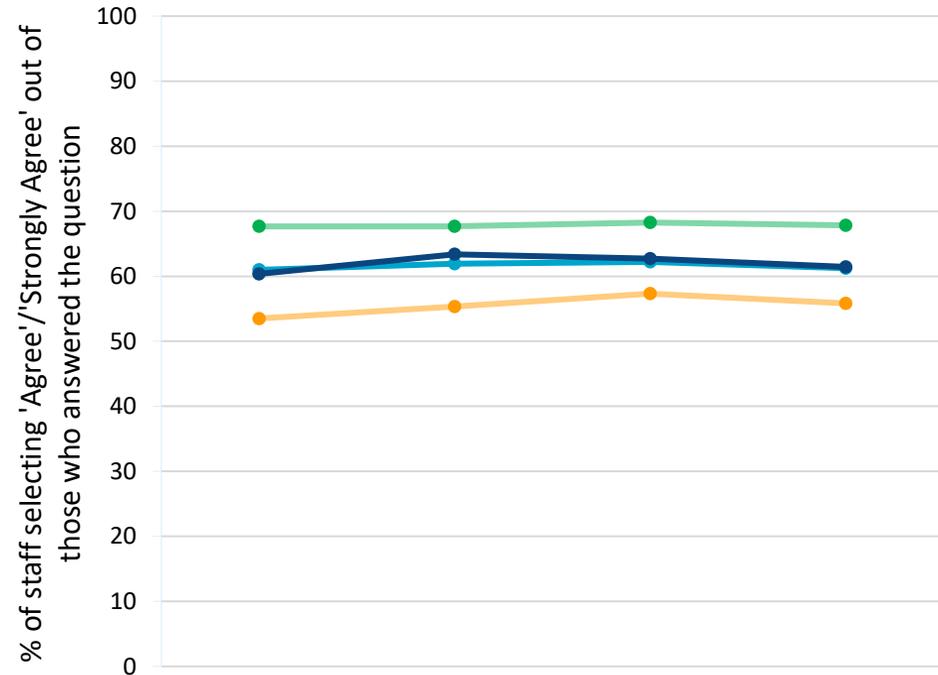
Q7f My team has enough freedom in how to do its work.



Responses	2357	2472	2790	3015
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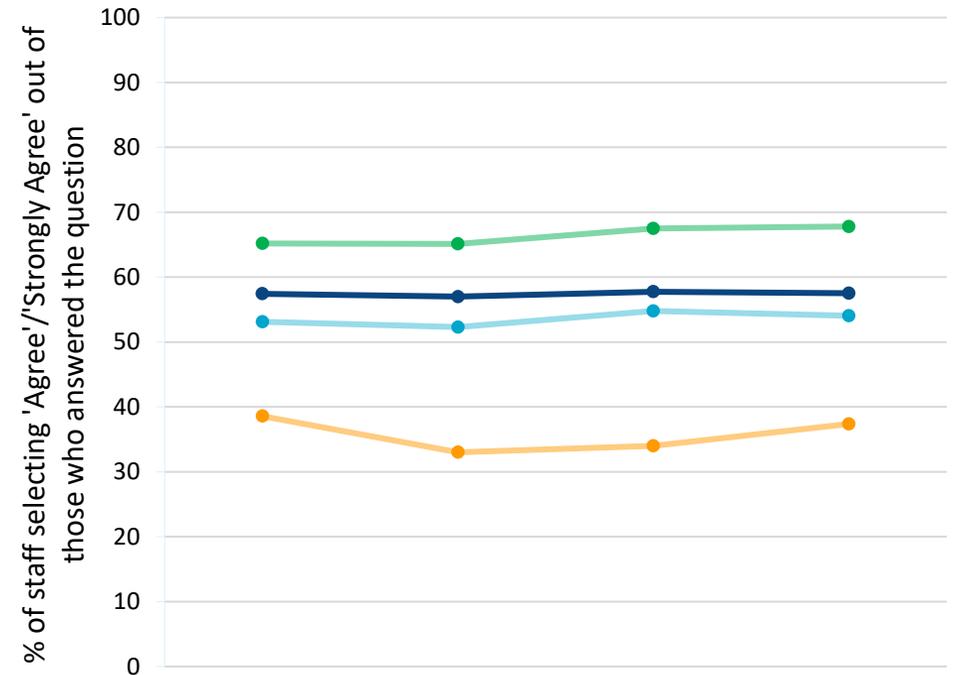


Q7g In my team disagreements are dealt with constructively.

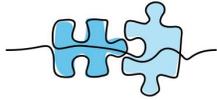


	2021	2022	2023	2024
Your org	60.37%	63.37%	62.73%	61.42%
Best result	67.66%	67.67%	68.26%	67.82%
Average result	60.98%	61.94%	62.20%	61.26%
Worst result	53.51%	55.33%	57.32%	55.83%
Responses	2357	2475	2790	3015

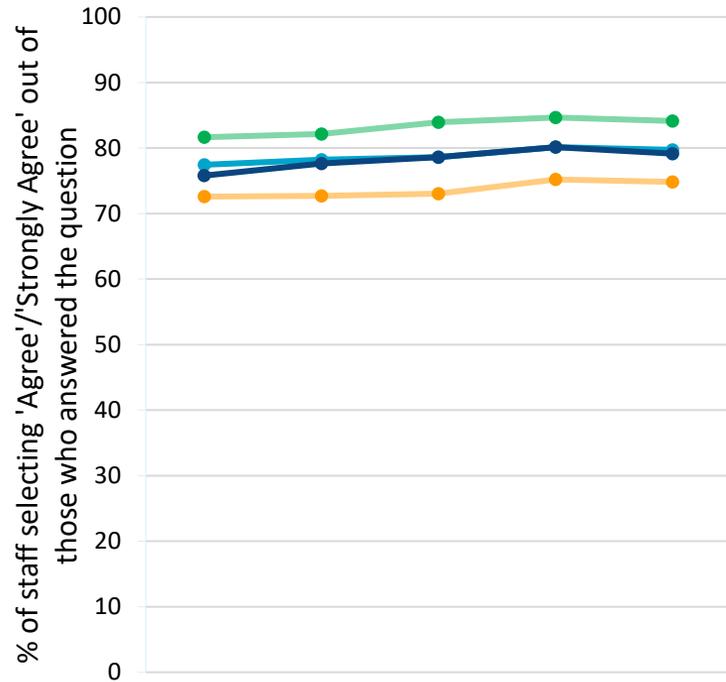
Q8a Teams within this organisation work well together to achieve their objectives.



	2021	2022	2023	2024
Your org	57.43%	57.01%	57.74%	57.51%
Best result	65.19%	65.12%	67.51%	67.81%
Average result	53.10%	52.31%	54.79%	54.05%
Worst result	38.58%	33.01%	34.00%	37.38%
Responses	2353	2471	2788	3018

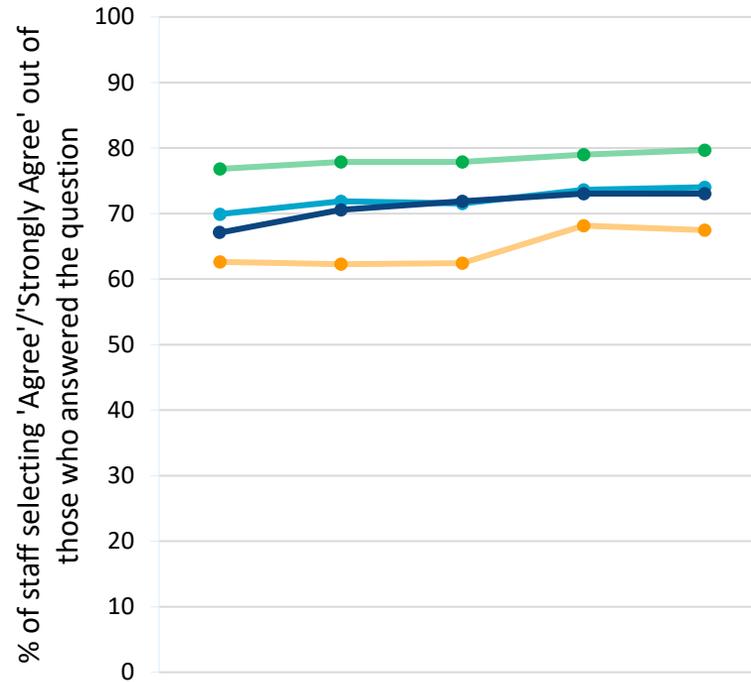


Q9a My immediate manager encourages me at work.



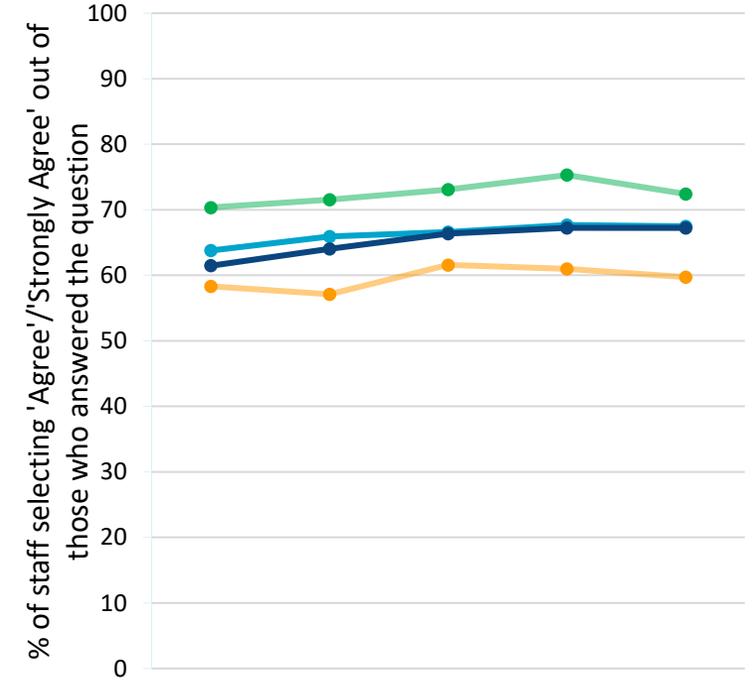
	2020	2021	2022	2023	2024
Your org	75.80%	77.64%	78.61%	80.13%	79.12%
Best result	81.65%	82.16%	83.95%	84.65%	84.13%
Average result	77.44%	78.24%	78.61%	80.13%	79.73%
Worst result	72.59%	72.72%	73.03%	75.20%	74.85%
Responses	2016	2362	2481	2792	3022

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

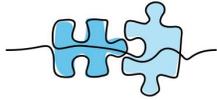


	2020	2021	2022	2023	2024
Your org	67.08%	70.56%	71.90%	73.04%	73.03%
Best result	76.81%	77.87%	77.86%	79.00%	79.69%
Average result	69.91%	71.86%	71.56%	73.60%	74.02%
Worst result	62.62%	62.27%	62.44%	68.15%	67.47%
Responses	2013	2363	2480	2791	3020

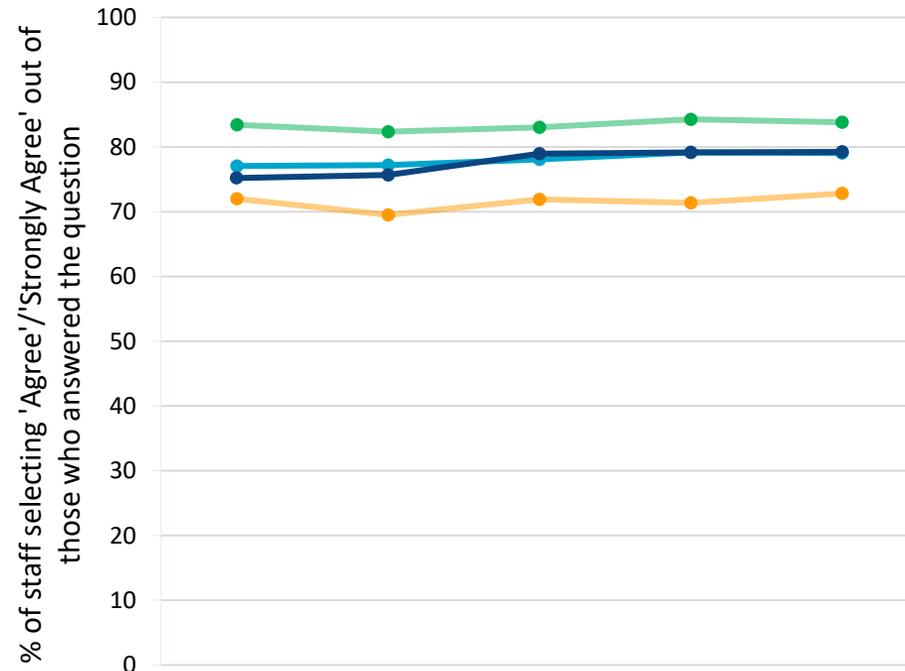
Q9c My immediate manager asks for my opinion before making decisions that affect my work.



	2020	2021	2022	2023	2024
Your org	61.46%	64.06%	66.38%	67.25%	67.21%
Best result	70.36%	71.54%	73.08%	75.31%	72.42%
Average result	63.78%	65.92%	66.61%	67.68%	67.49%
Worst result	58.34%	57.11%	61.59%	60.97%	59.74%
Responses	2010	2359	2479	2791	3019



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



	2020	2021	2022	2023	2024
Your org	75.20%	75.68%	78.97%	79.14%	79.23%
Best result	83.41%	82.36%	83.02%	84.28%	83.84%
Average result	77.06%	77.21%	78.10%	79.16%	79.08%
Worst result	72.02%	69.51%	71.88%	71.36%	72.81%
Responses	2012	2360	2480	2799	3024

Theme – Staff engagement



Questions included:

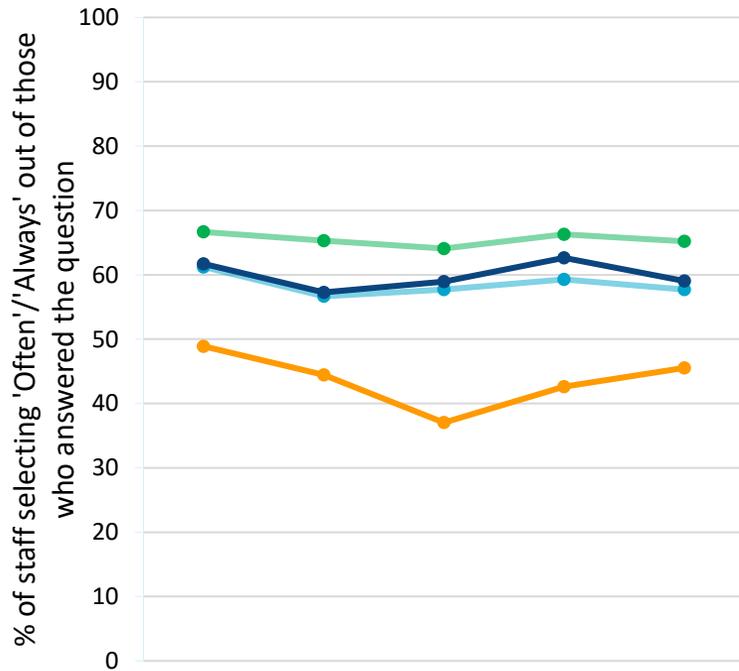
Motivation – Q2a, Q2b, Q2c

Involvement – Q3c, Q3d, Q3f

Advocacy – Q25a, Q25c, Q25d

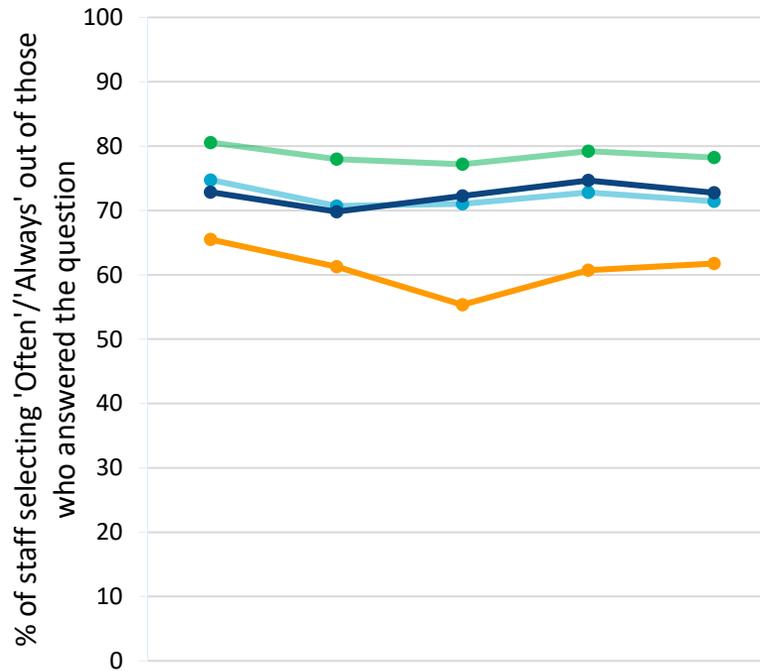


Q2a I look forward to going to work.



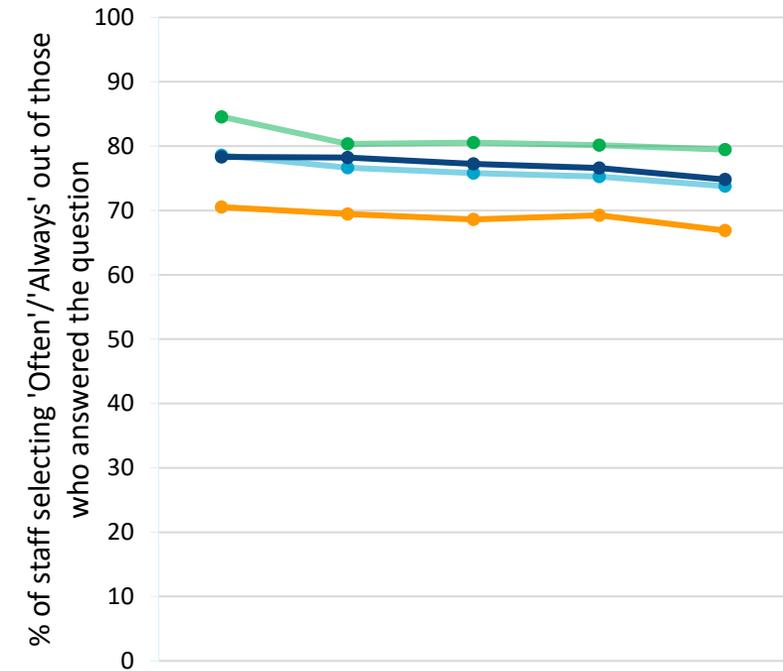
	2020	2021	2022	2023	2024
Your org	61.69%	57.27%	58.92%	62.64%	59.03%
Best result	66.66%	65.31%	64.08%	66.26%	65.19%
Average result	61.22%	56.65%	57.69%	59.31%	57.71%
Worst result	48.89%	44.45%	37.03%	42.61%	45.55%
Responses	2016	2358	2478	2784	3013

Q2b I am enthusiastic about my job.



	2020	2021	2022	2023	2024
Your org	72.83%	69.81%	72.25%	74.66%	72.74%
Best result	80.55%	77.96%	77.18%	79.19%	78.22%
Average result	74.75%	70.70%	71.03%	72.81%	71.44%
Worst result	65.49%	61.28%	55.34%	60.71%	61.74%
Responses	2004	2348	2470	2776	2997

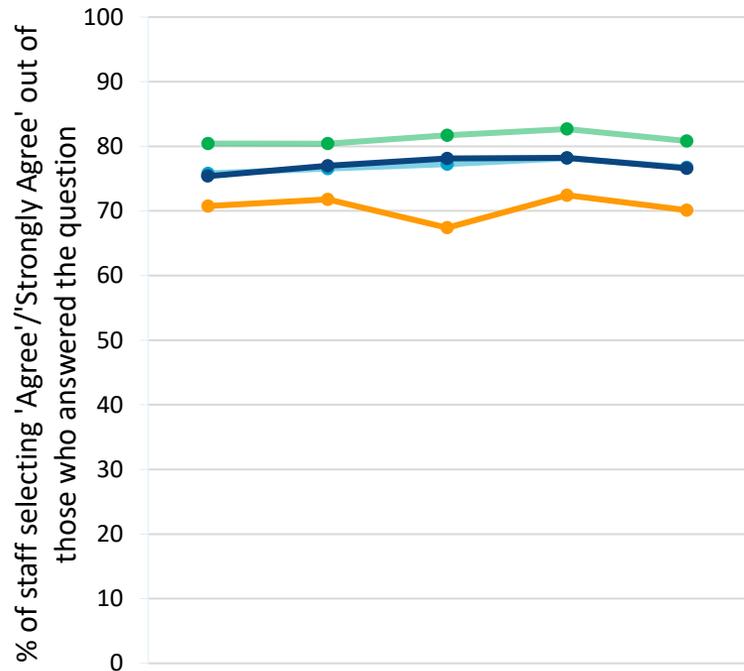
Q2c Time passes quickly when I am working.



	2020	2021	2022	2023	2024
Your org	78.32%	78.24%	77.26%	76.59%	74.80%
Best result	84.56%	80.33%	80.53%	80.16%	79.45%
Average result	78.59%	76.62%	75.80%	75.27%	73.76%
Worst result	70.52%	69.47%	68.62%	69.22%	66.87%
Responses	2004	2348	2465	2774	2997

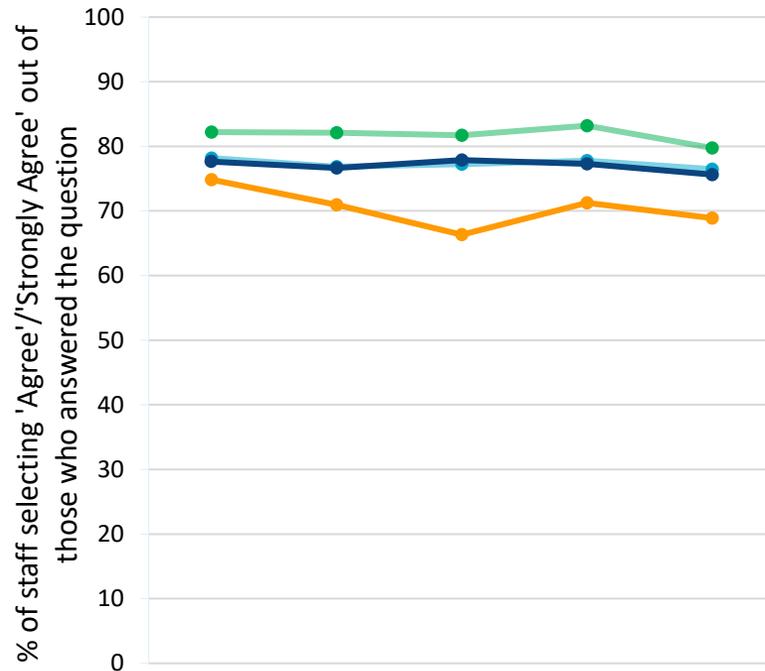


Q3c There are frequent opportunities for me to show initiative in my role.



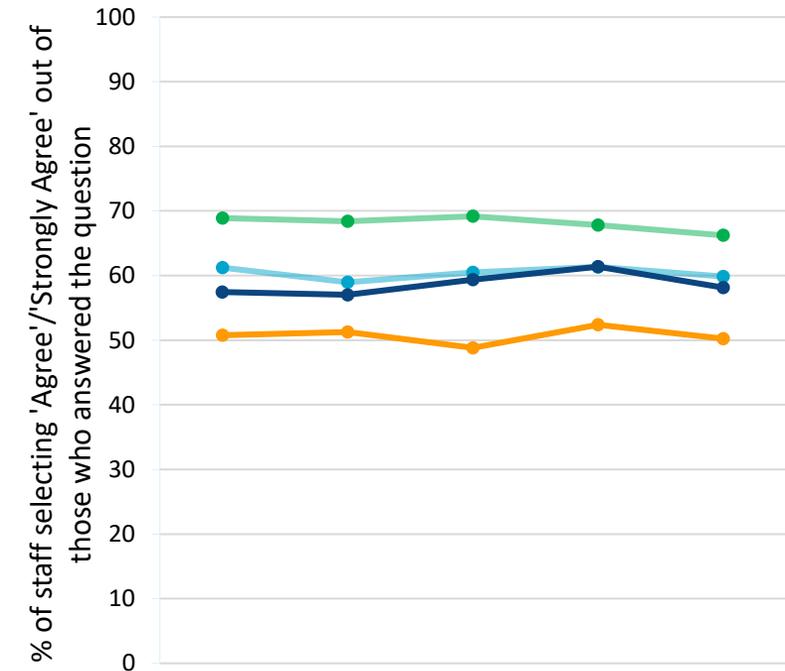
	2020	2021	2022	2023	2024
Your org	75.39%	76.99%	78.11%	78.22%	76.60%
Best result	80.43%	80.41%	81.72%	82.67%	80.84%
Average result	75.82%	76.58%	77.23%	78.15%	76.77%
Worst result	70.77%	71.78%	67.40%	72.44%	70.11%
Responses	2015	2357	2474	2789	3015

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



	2020	2021	2022	2023	2024
Your org	77.65%	76.64%	77.87%	77.27%	75.63%
Best result	82.20%	82.10%	81.71%	83.20%	79.74%
Average result	78.19%	76.85%	77.25%	77.80%	76.48%
Worst result	74.84%	70.93%	66.32%	71.27%	68.90%
Responses	2015	2353	2474	2784	3010

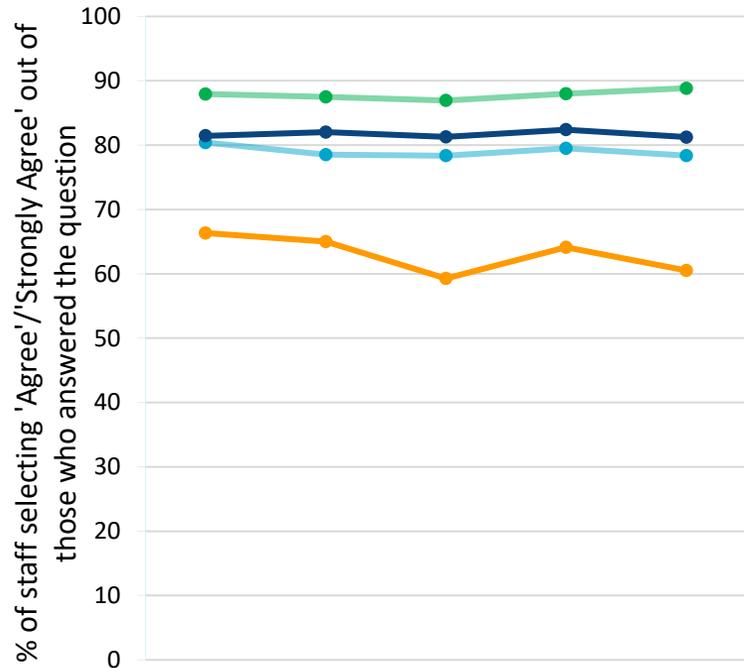
Q3f I am able to make improvements happen in my area of work.



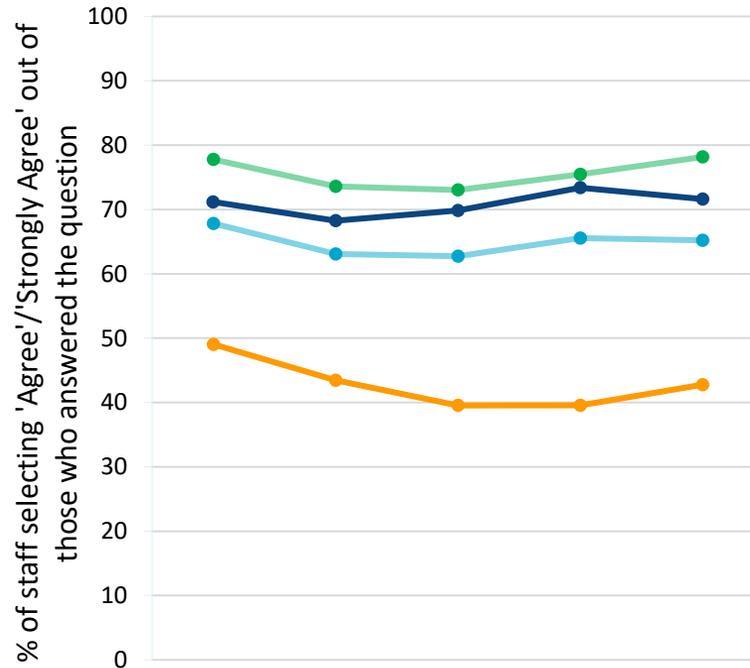
	2020	2021	2022	2023	2024
Your org	57.45%	57.03%	59.36%	61.37%	58.15%
Best result	68.92%	68.39%	69.17%	67.79%	66.22%
Average result	61.22%	58.96%	60.50%	61.35%	59.86%
Worst result	50.79%	51.26%	48.82%	52.39%	50.22%
Responses	2003	2338	2475	2782	3001



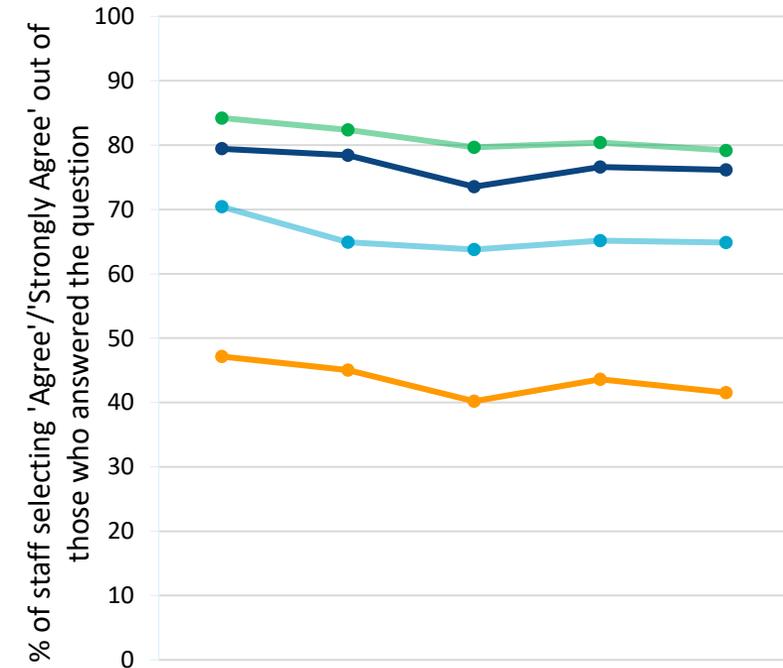
Q25a Care of patients / service users is my organisation's top priority.



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



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



	2020	2021	2022	2023	2024
Your org	81.44%	82.00%	81.30%	82.39%	81.25%
Best result	87.93%	87.48%	86.93%	88.01%	88.84%
Average result	80.41%	78.52%	78.35%	79.50%	78.36%
Worst result	66.34%	64.99%	59.27%	64.13%	60.51%
Responses	2010	2359	2482	2798	3012

	2020	2021	2022	2023	2024
Your org	71.17%	68.25%	69.84%	73.37%	71.64%
Best result	77.76%	73.57%	73.02%	75.47%	78.15%
Average result	67.83%	63.10%	62.73%	65.57%	65.21%
Worst result	49.05%	43.47%	39.54%	39.56%	42.78%
Responses	2011	2352	2482	2793	3011

	2020	2021	2022	2023	2024
Your org	79.42%	78.42%	73.54%	76.59%	76.14%
Best result	84.21%	82.37%	79.63%	80.42%	79.18%
Average result	70.41%	64.93%	63.77%	65.13%	64.84%
Worst result	47.14%	45.06%	40.20%	43.61%	41.55%
Responses	2008	2356	2476	2795	3008

Theme - Morale



Questions included:

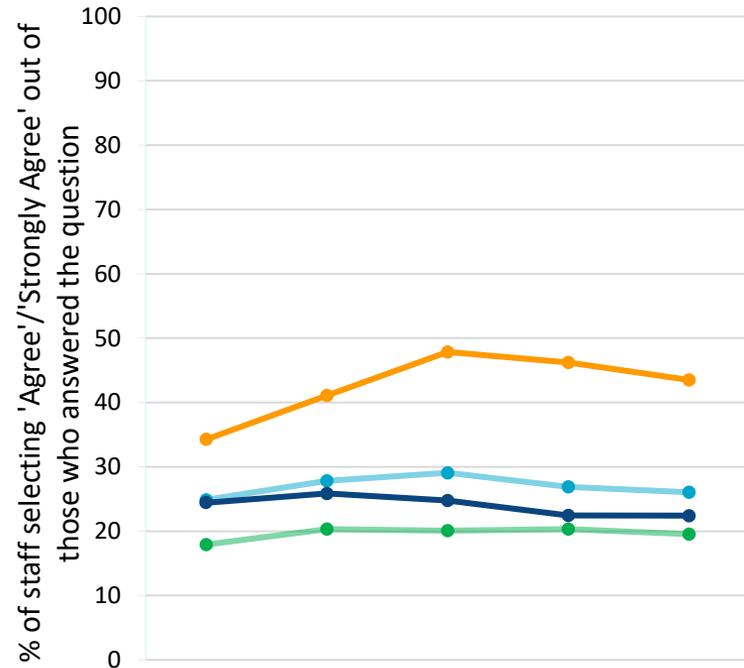
Thinking about leaving – Q26a, Q26b, Q26c

Work pressure – Q3g, Q3h, Q3i

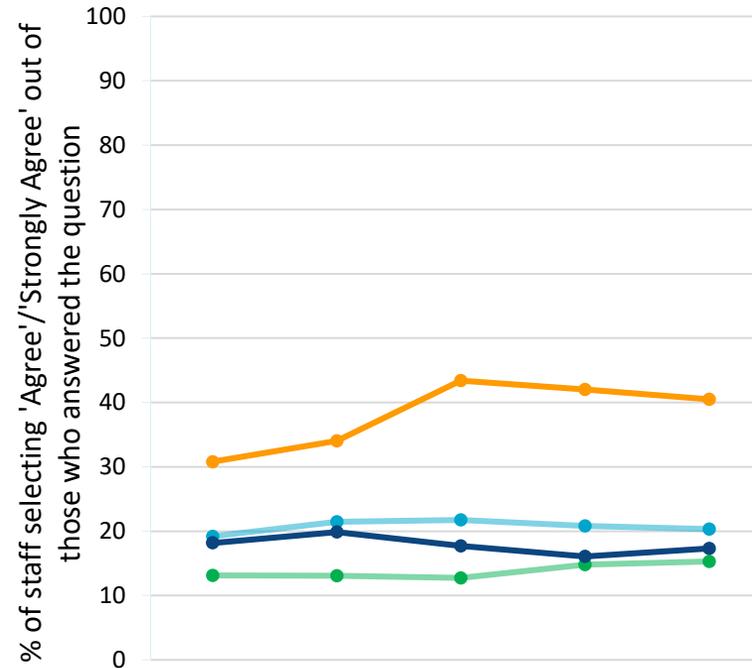
Stressors – Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a



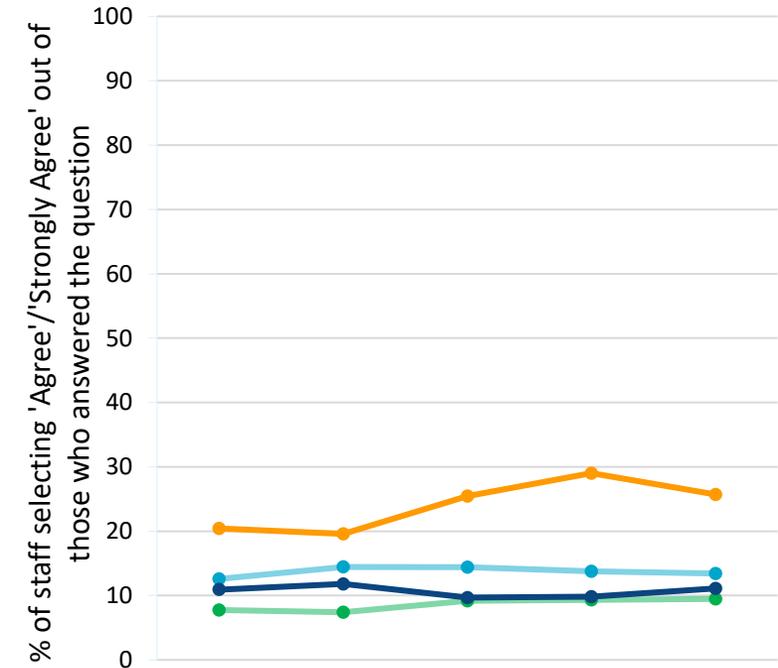
Q26a I often think about leaving this organisation.



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



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



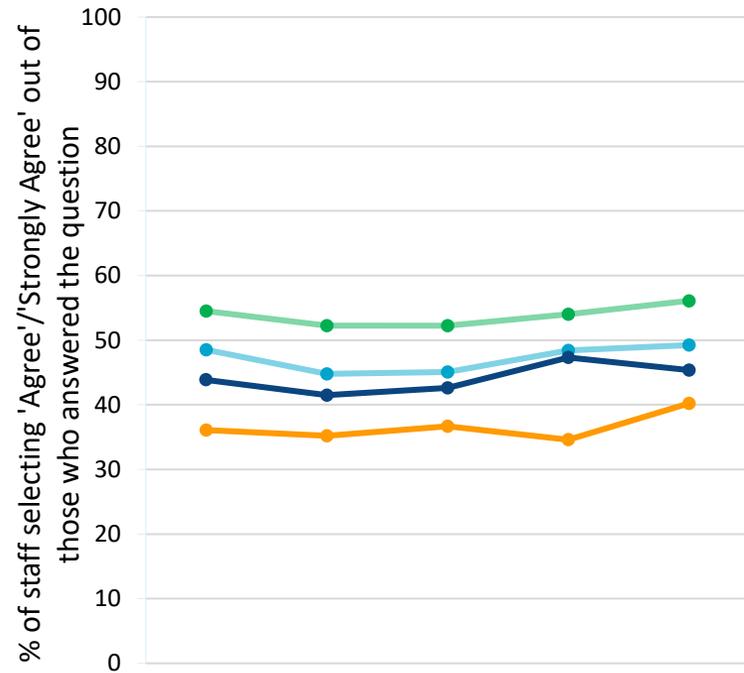
	2020	2021	2022	2023	2024
Your org	24.44%	25.87%	24.77%	22.44%	22.42%
Best result	17.92%	20.31%	20.10%	20.30%	19.52%
Average result	24.88%	27.84%	29.07%	26.89%	26.04%
Worst result	34.26%	41.07%	47.85%	46.24%	43.50%
Responses	2016	2364	2489	2799	3021

	2020	2021	2022	2023	2024
Your org	18.18%	19.86%	17.70%	16.07%	17.34%
Best result	13.13%	13.06%	12.74%	14.81%	15.29%
Average result	19.20%	21.44%	21.74%	20.81%	20.35%
Worst result	30.80%	34.04%	43.40%	42.04%	40.51%
Responses	2008	2357	2483	2789	3014

	2020	2021	2022	2023	2024
Your org	10.92%	11.81%	9.69%	9.83%	11.08%
Best result	7.77%	7.40%	9.18%	9.32%	9.47%
Average result	12.58%	14.44%	14.40%	13.77%	13.43%
Worst result	20.43%	19.58%	25.45%	29.02%	25.72%
Responses	2006	2348	2471	2783	3003

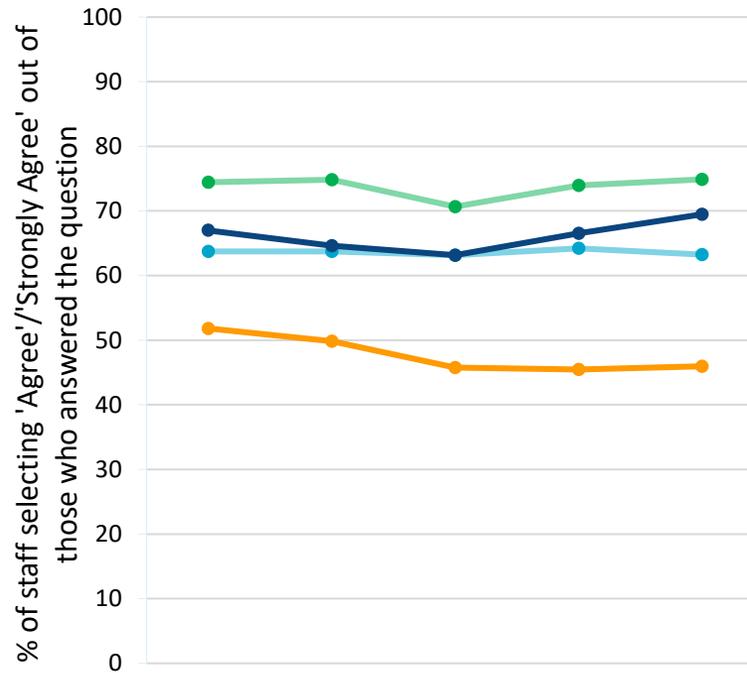


Q3g I am able to meet all the conflicting demands on my time at work.



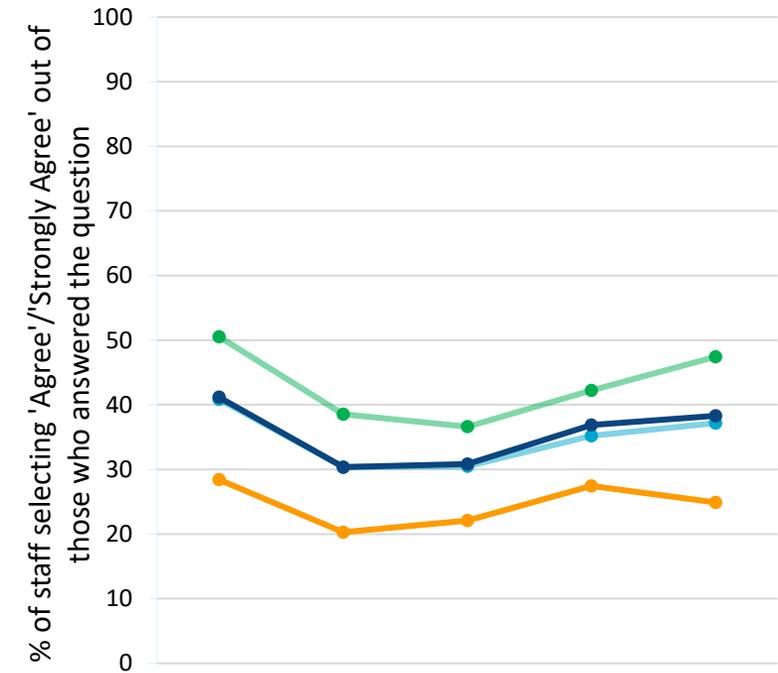
	2020	2021	2022	2023	2024
Your org	43.86%	41.50%	42.64%	47.32%	45.38%
Best result	54.53%	52.25%	52.26%	54.00%	56.10%
Average result	48.49%	44.79%	45.08%	48.39%	49.24%
Worst result	36.08%	35.22%	36.65%	34.60%	40.22%
Responses	2010	2350	2471	2787	3012

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



	2020	2021	2022	2023	2024
Your org	67.00%	64.60%	63.16%	66.55%	69.48%
Best result	74.46%	74.84%	70.66%	73.98%	74.89%
Average result	63.75%	63.75%	63.16%	64.21%	63.23%
Worst result	51.82%	49.83%	45.77%	45.47%	45.98%
Responses	2010	2339	2466	2782	2999

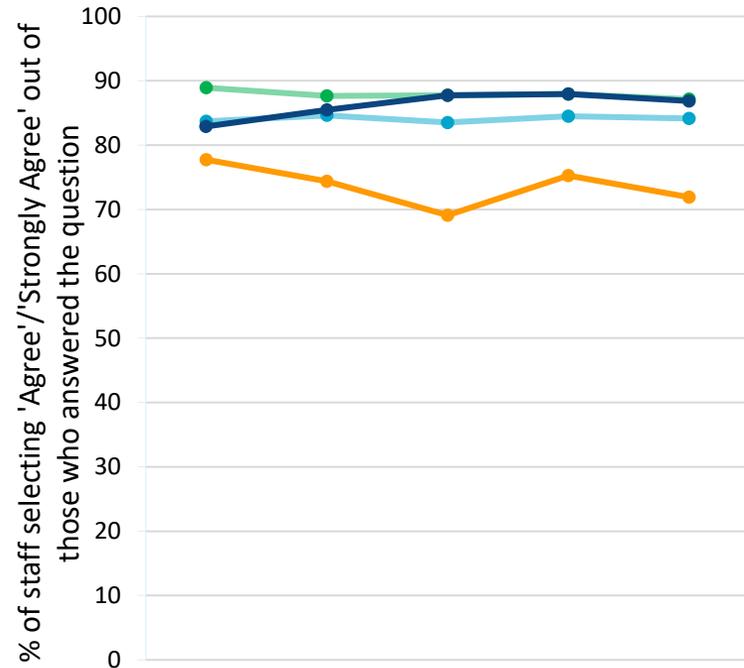
Q3i There are enough staff at this organisation for me to do my job properly.



	2020	2021	2022	2023	2024
Your org	41.16%	30.37%	30.86%	36.88%	38.29%
Best result	50.54%	38.52%	36.61%	42.25%	47.43%
Average result	40.86%	30.37%	30.50%	35.21%	37.16%
Worst result	28.41%	20.28%	22.10%	27.43%	24.91%
Responses	2008	2355	2477	2790	3015

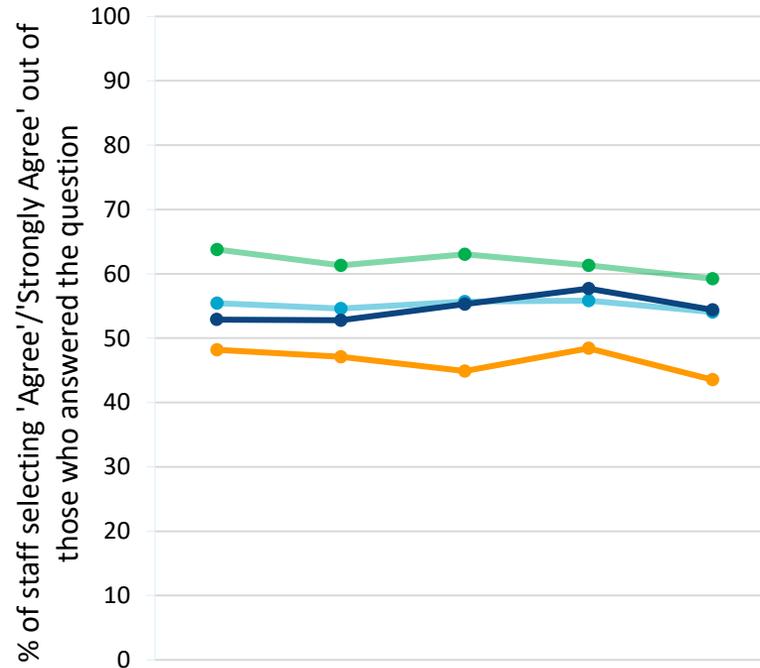


Q3a I always know what my work responsibilities are.



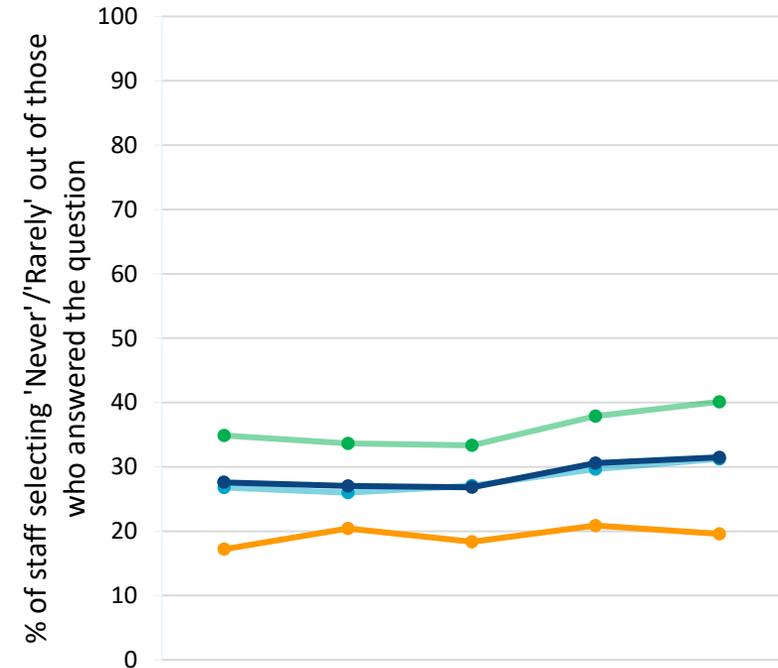
	2020	2021	2022	2023	2024
Your org	82.90%	85.48%	87.74%	87.94%	86.84%
Best result	88.92%	87.63%	87.74%	87.94%	87.13%
Average result	83.70%	84.61%	83.52%	84.49%	84.14%
Worst result	77.73%	74.36%	69.10%	75.26%	71.93%
Responses	2012	2363	2481	2801	3023

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



	2020	2021	2022	2023	2024
Your org	52.89%	52.78%	55.28%	57.70%	54.39%
Best result	63.78%	61.31%	63.06%	61.30%	59.23%
Average result	55.45%	54.62%	55.67%	55.83%	54.06%
Worst result	48.18%	47.12%	44.88%	48.42%	43.54%
Responses	2009	2356	2481	2791	3017

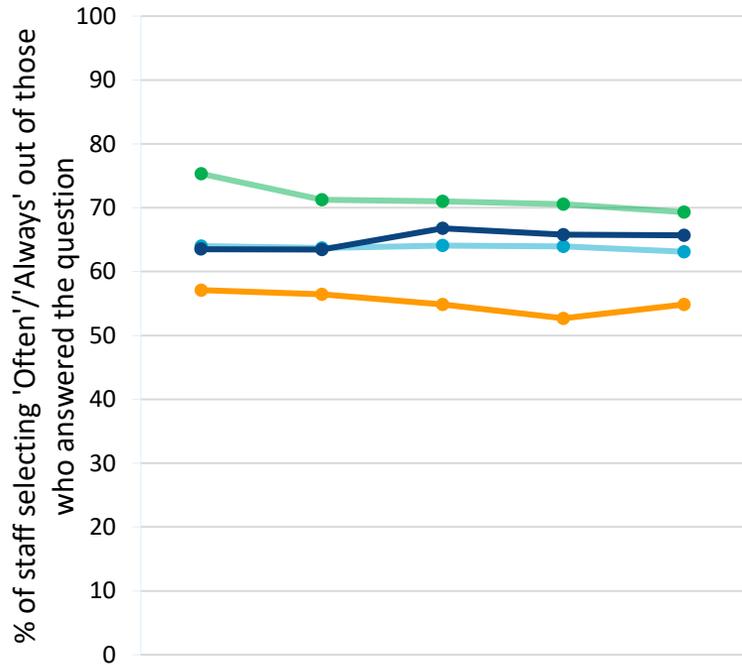
Q5a I have unrealistic time pressures.



	2020	2021	2022	2023	2024
Your org	27.58%	27.05%	26.81%	30.60%	31.48%
Best result	34.87%	33.62%	33.34%	37.88%	40.12%
Average result	26.78%	25.98%	27.11%	29.67%	31.24%
Worst result	17.20%	20.41%	18.34%	20.88%	19.58%
Responses	2016	2361	2478	2795	3012

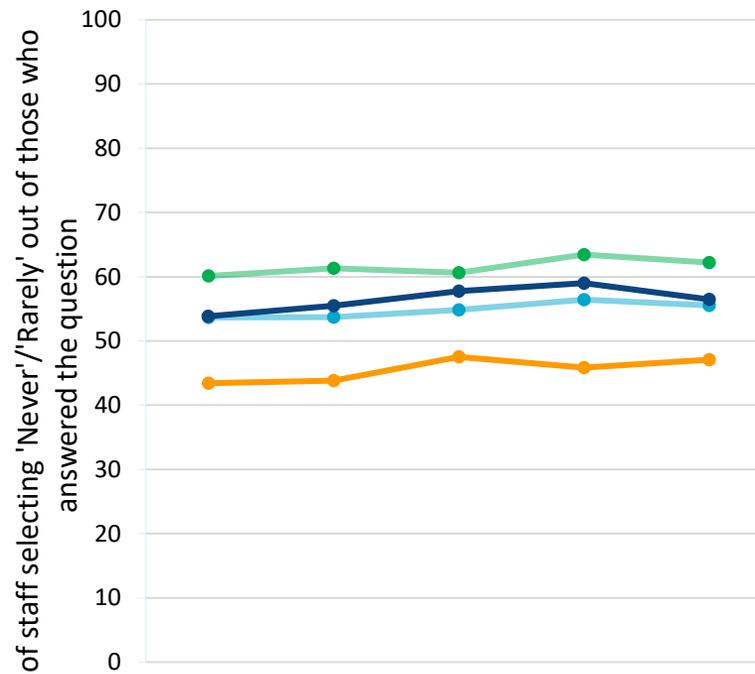


Q5b I have a choice in deciding how to do my work.



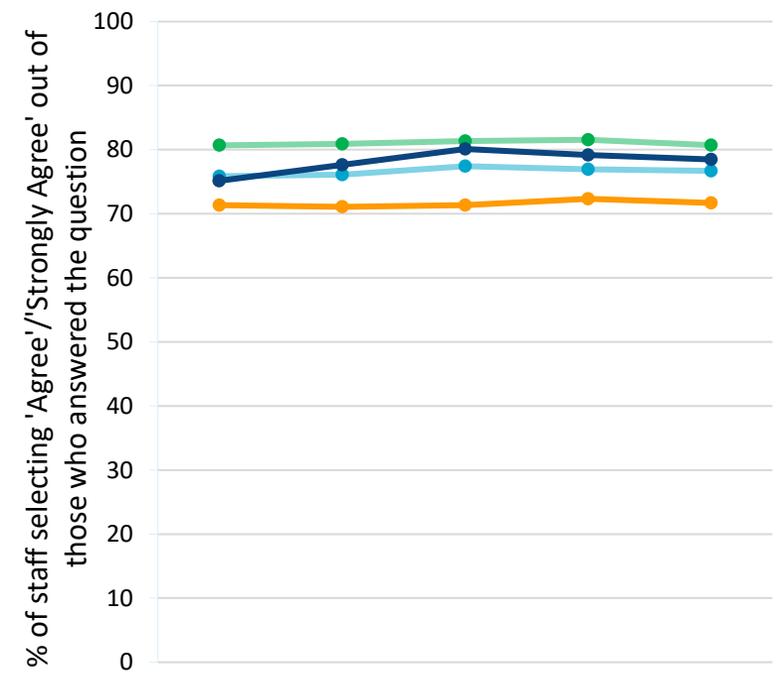
	2020	2021	2022	2023	2024
Your org	63.51%	63.45%	66.77%	65.76%	65.68%
Best result	75.32%	71.25%	71.00%	70.53%	69.31%
Average result	64.00%	63.70%	64.07%	63.94%	63.11%
Worst result	57.10%	56.45%	54.86%	52.68%	54.86%
Responses	2010	2349	2475	2778	3007

Q5c Relationships at work are strained.



	2020	2021	2022	2023	2024
Your org	53.85%	55.48%	57.77%	59.01%	56.45%
Best result	60.11%	61.31%	60.61%	63.45%	62.20%
Average result	53.67%	53.70%	54.84%	56.44%	55.54%
Worst result	43.43%	43.81%	47.51%	45.84%	47.11%
Responses	2013	2358	2477	2790	3006

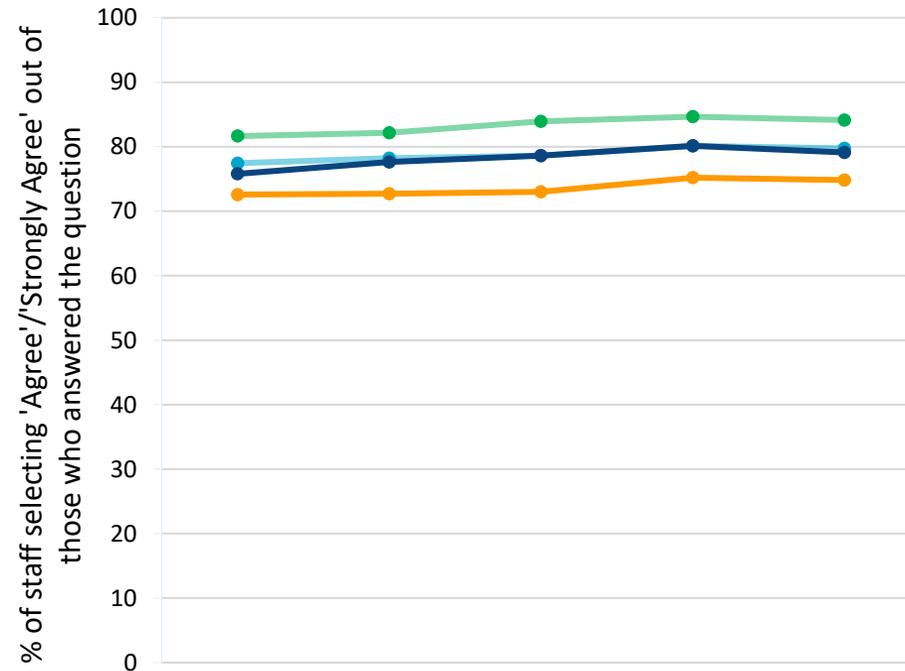
Q7c I receive the respect I deserve from my colleagues at work.



	2020	2021	2022	2023	2024
Your org	75.15%	77.61%	80.11%	79.17%	78.46%
Best result	80.68%	80.91%	81.34%	81.54%	80.72%
Average result	75.86%	76.07%	77.42%	76.92%	76.71%
Worst result	71.34%	71.07%	71.34%	72.33%	71.68%
Responses	2014	2362	2481	2795	3020



Q9a My immediate manager encourages me at work.



	2020	2021	2022	2023	2024
Your org	75.80%	77.64%	78.61%	80.13%	79.12%
Best result	81.65%	82.16%	83.95%	84.65%	84.13%
Average result	77.44%	78.24%	78.61%	80.13%	79.73%
Worst result	72.59%	72.72%	73.03%	75.20%	74.85%
Responses	2016	2362	2481	2792	3022

Questions not linked to People Promise elements or themes

Questions included:*

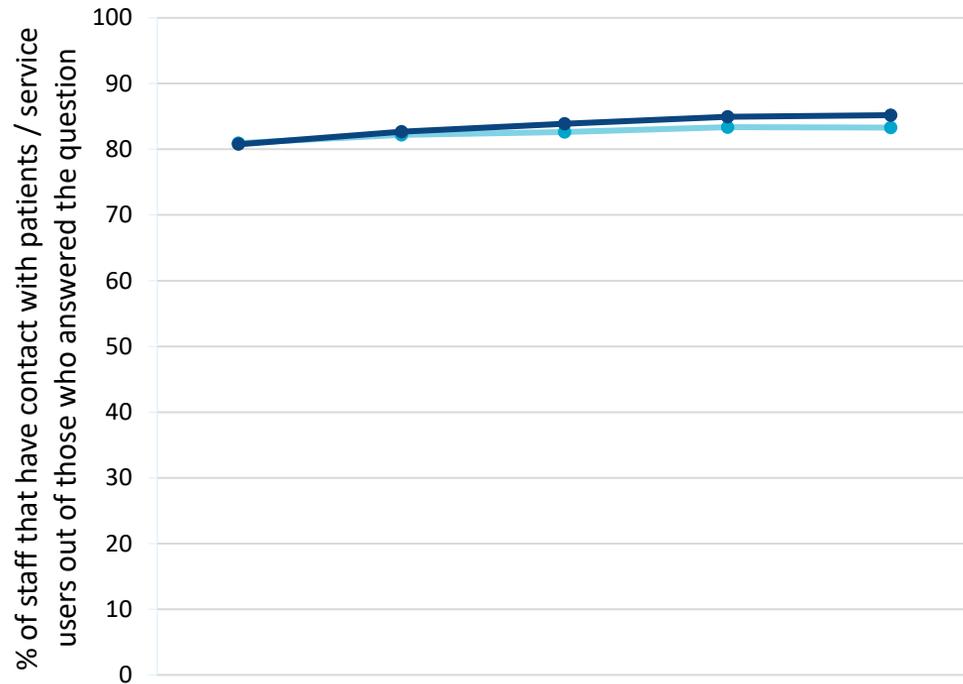
Q1, Q10a, Q10b, Q10c, Q11e, Q16c, Q18, Q19a, Q19b, Q19c, Q19d, Q31b, Q26d

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

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



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

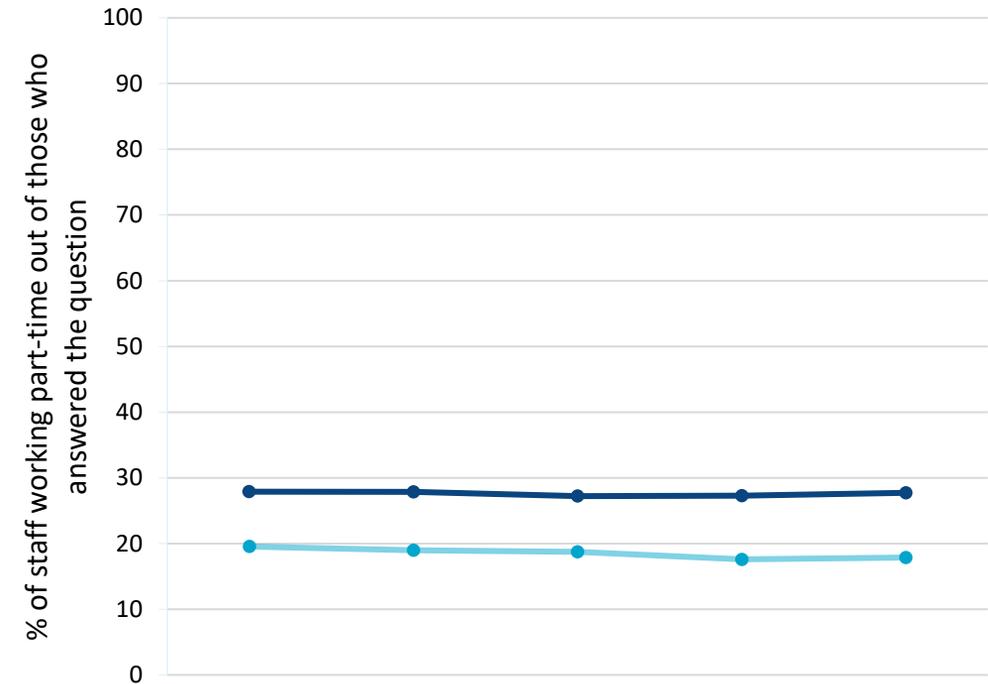


2020 2021 2022 2023 2024

Your org	80.76%	82.67%	83.87%	84.95%	85.19%
Average	80.93%	82.21%	82.64%	83.36%	83.33%

Responses 2011 2349 2474 2784 3012

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



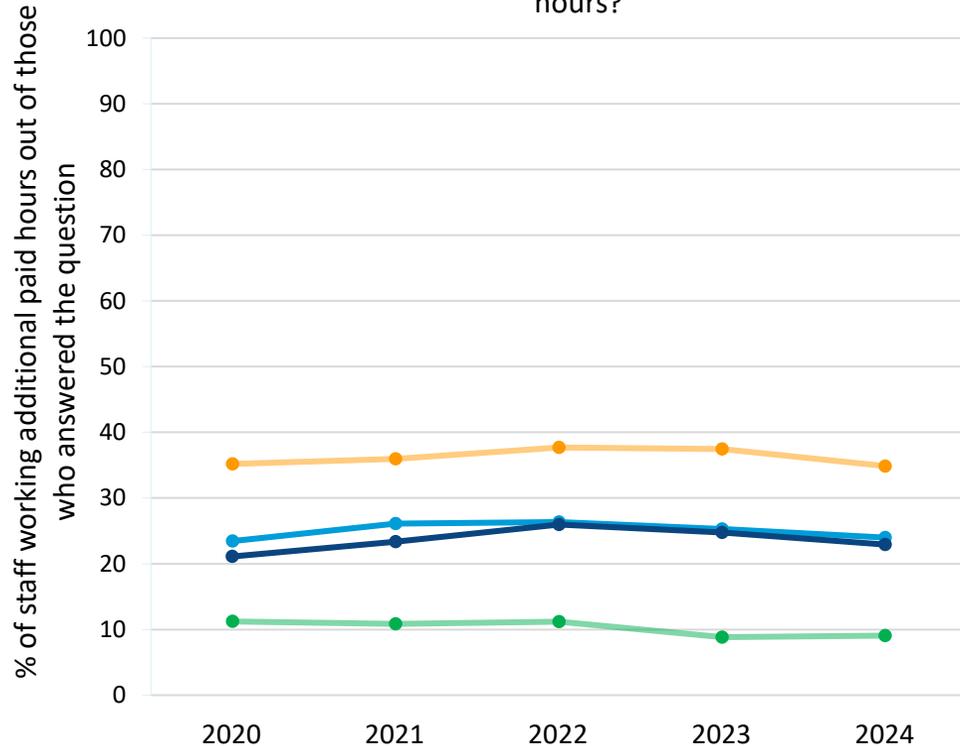
2020 2021 2022 2023 2024

Your org	27.89%	27.88%	27.21%	27.30%	27.71%
Average	19.54%	18.96%	18.74%	17.59%	17.87%

Responses 1904 2217 2337 2645 2869



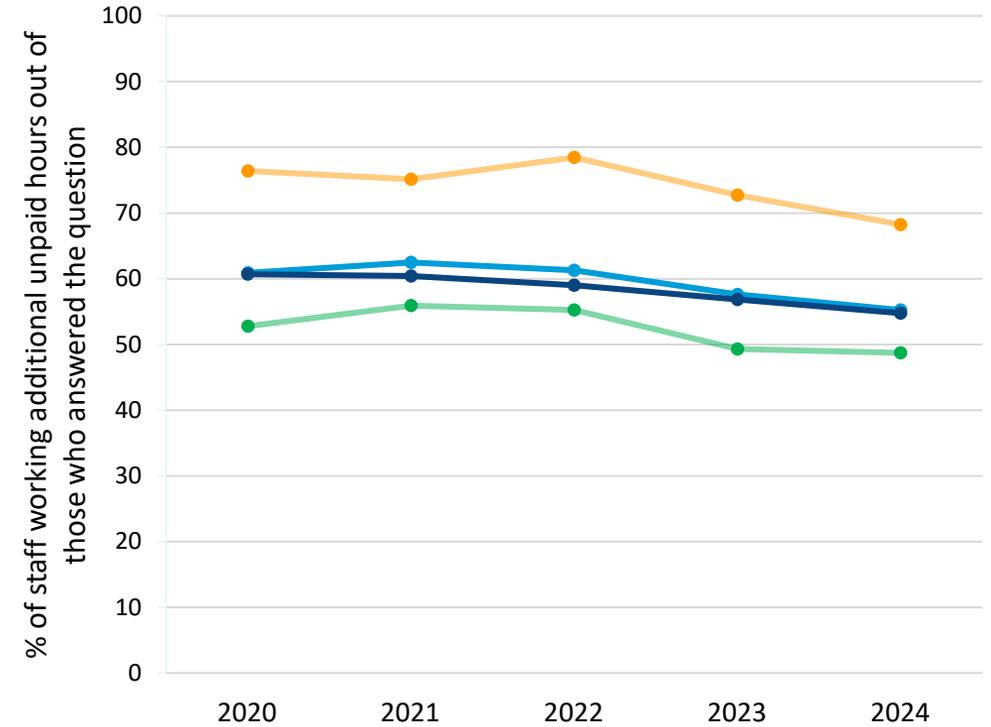
Q10b On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours?



Your org	21.11%	23.34%	25.97%	24.75%	22.91%
Lowest	11.22%	10.83%	11.18%	8.83%	9.08%
Average	23.45%	26.10%	26.35%	25.29%	23.97%
Highest	35.17%	35.97%	37.70%	37.47%	34.87%

Responses 1922 2271 2370 2687 2901

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

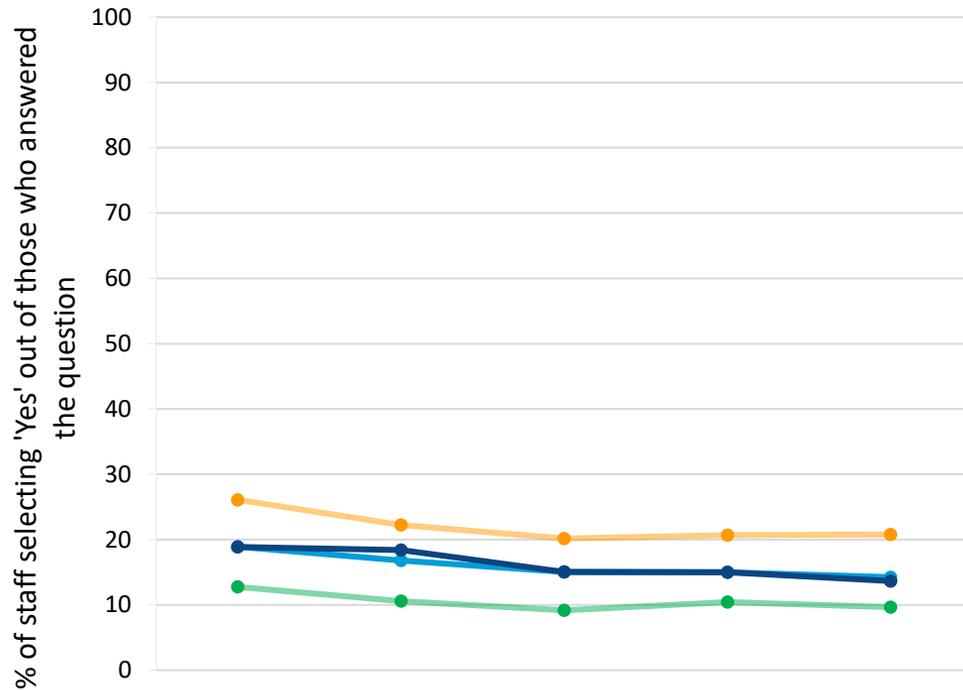


Your org	60.68%	60.42%	59.00%	56.84%	54.76%
Lowest	52.80%	55.90%	55.26%	49.32%	48.71%
Average	60.91%	62.48%	61.27%	57.61%	55.23%
Highest	76.40%	75.15%	78.46%	72.74%	68.25%

Responses 1964 2306 2407 2700 2928

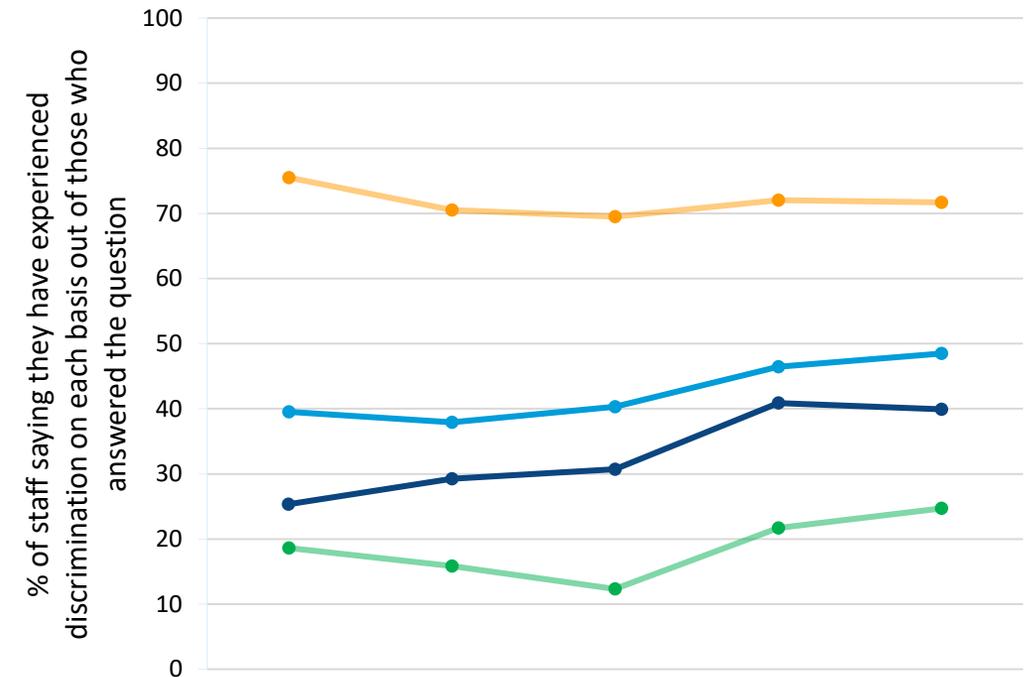


Q11e* Have you felt pressure from your manager to come to work?



	2020	2021	2022	2023	2024
Your org	18.86%	18.41%	15.06%	14.99%	13.65%
Best result	12.75%	10.58%	9.16%	10.43%	9.66%
Average result	18.90%	16.80%	15.02%	14.99%	14.24%
Worst result	26.09%	22.24%	20.16%	20.66%	20.78%
Responses	913	1206	1306	1395	1543

Q16c.1 On what grounds have you experienced discrimination?
- Ethnic background.

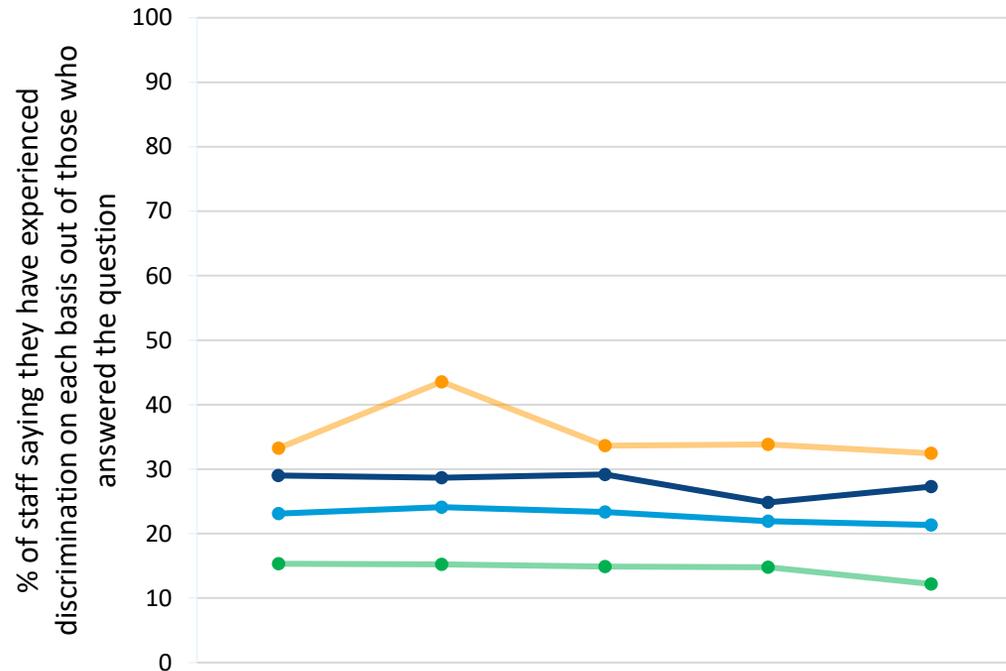


	2020	2021	2022	2023	2024
Your org	25.34%	29.25%	30.72%	40.87%	39.90%
Best result	18.60%	15.83%	12.32%	21.69%	24.69%
Average result	39.55%	37.92%	40.31%	46.46%	48.48%
Worst result	75.51%	70.53%	69.50%	72.04%	71.71%
Responses	178	190	239	276	307

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



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

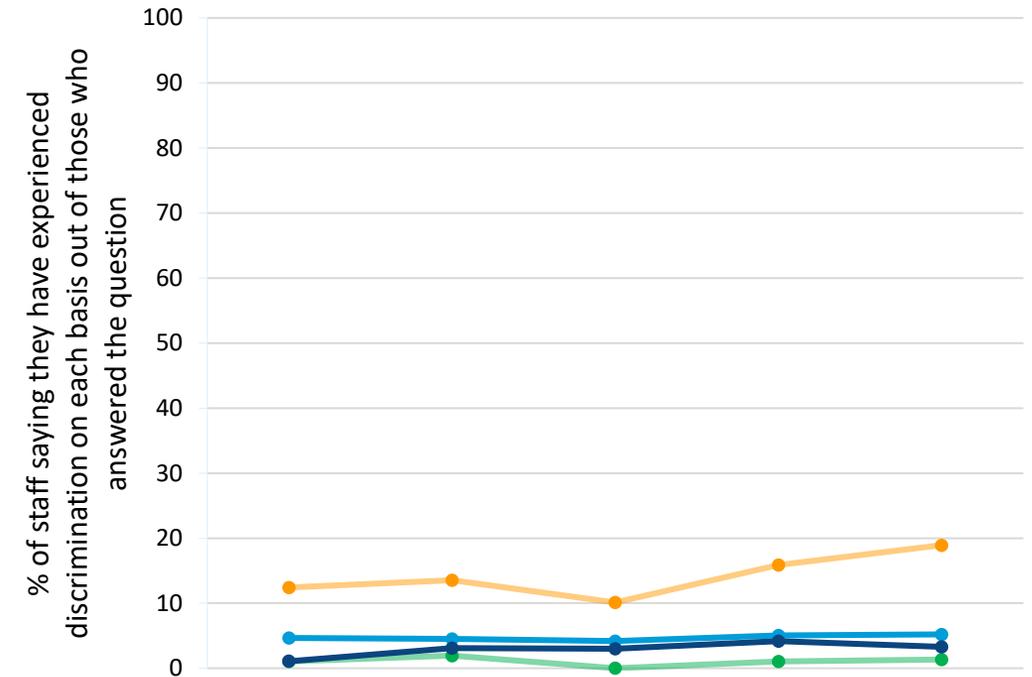


2020 2021 2022 2023 2024

Your org	29.00%	28.67%	29.18%	24.83%	27.27%
Best result	15.33%	15.24%	14.91%	14.77%	12.19%
Average result	23.09%	24.11%	23.35%	21.91%	21.34%
Worst result	33.24%	43.55%	33.63%	33.83%	32.45%

Responses 178 190 239 276 307

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



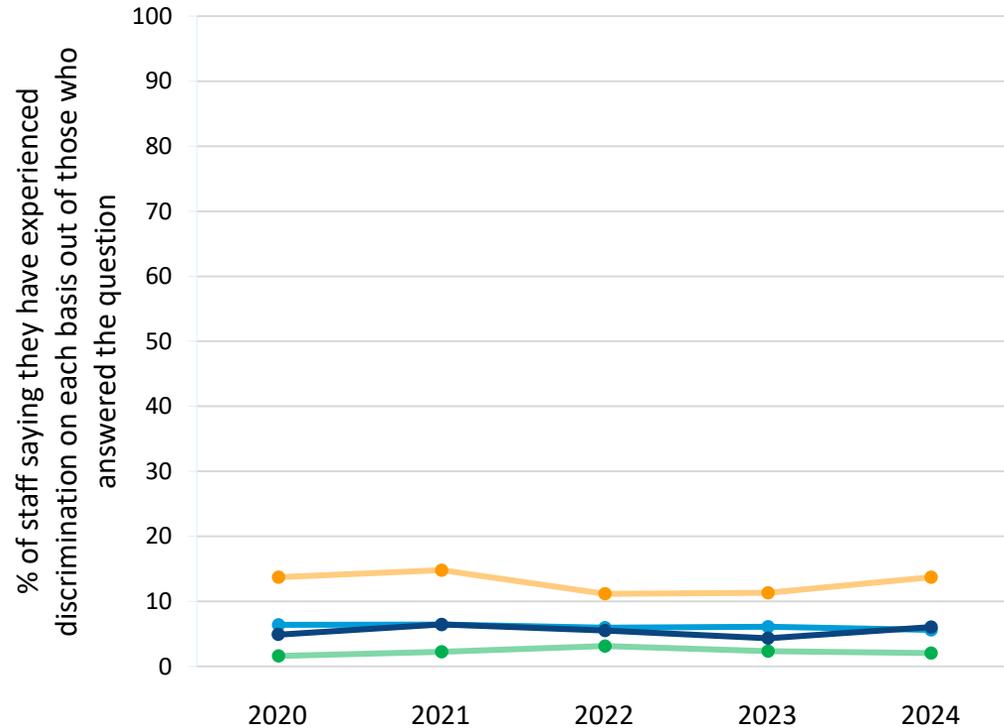
2020 2021 2022 2023 2024

Your org	1.07%	3.08%	3.01%	4.17%	3.28%
Best result	1.07%	1.94%	0.00%	1.04%	1.32%
Average result	4.66%	4.49%	4.18%	5.06%	5.20%
Worst result	12.41%	13.52%	10.11%	15.87%	18.93%

Responses 178 190 239 276 307

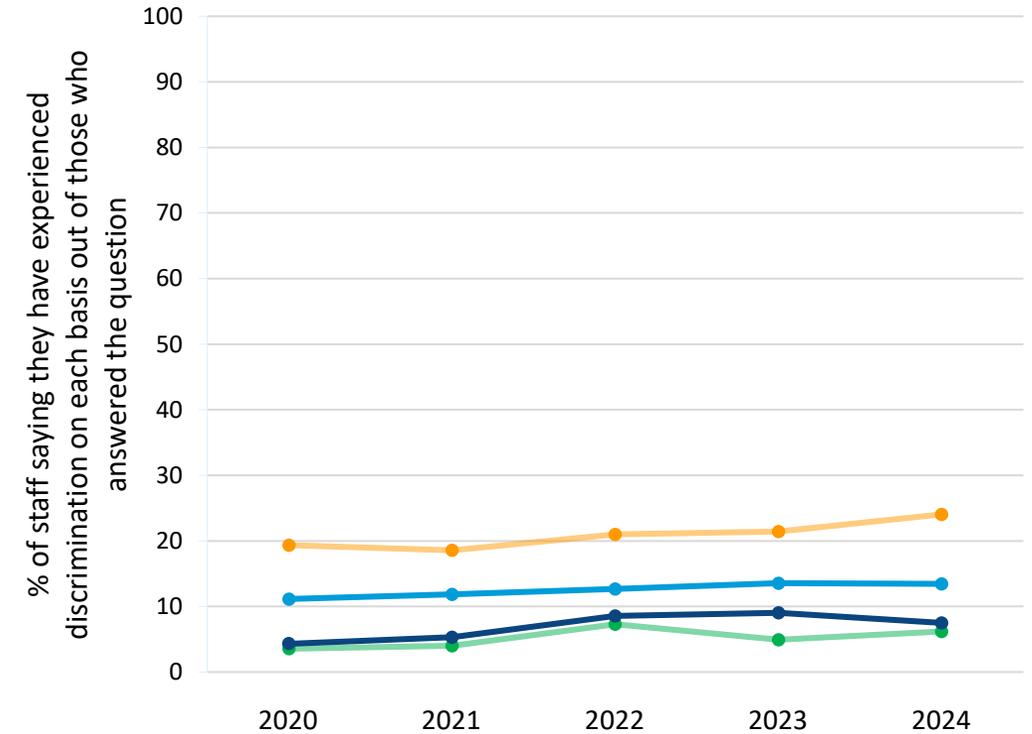


Q16c.4 On what grounds have you experienced discrimination?
– Sexual orientation.



	2020	2021	2022	2023	2024
Your org	4.90%	6.46%	5.51%	4.33%	6.04%
Best result	1.60%	2.23%	3.13%	2.33%	2.07%
Average result	6.41%	6.43%	5.96%	6.10%	5.62%
Worst result	13.73%	14.80%	11.16%	11.31%	13.69%
Responses	178	190	239	276	307

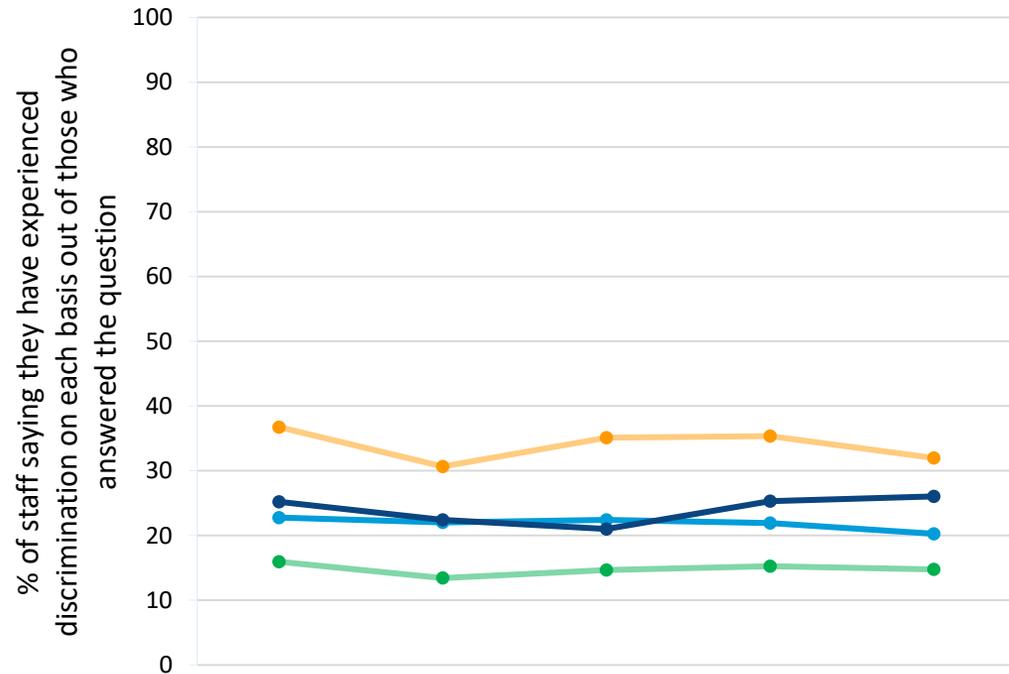
Q16c.5 On what grounds have you experienced discrimination?
– Disability.



	2020	2021	2022	2023	2024
Your org	4.31%	5.34%	8.54%	9.03%	7.50%
Best result	3.56%	4.02%	7.29%	4.94%	6.17%
Average result	11.14%	11.86%	12.69%	13.56%	13.43%
Worst result	19.33%	18.56%	20.98%	21.45%	24.05%
Responses	178	190	239	276	307



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

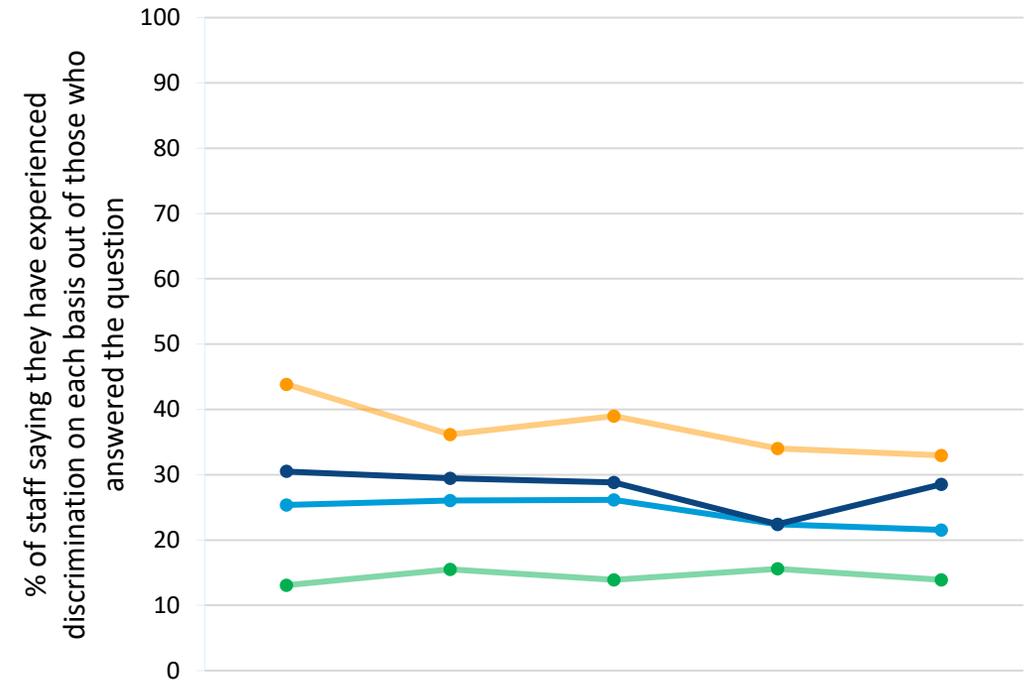


2020 2021 2022 2023 2024

Your org	25.18%	22.40%	21.01%	25.30%	26.04%
Best result	15.94%	13.42%	14.64%	15.26%	14.74%
Average result	22.77%	22.01%	22.39%	21.91%	20.27%
Worst result	36.73%	30.65%	35.11%	35.36%	31.97%

Responses 178 190 239 276 307

Q16c.7 On what grounds have you experienced discrimination?
– Other.



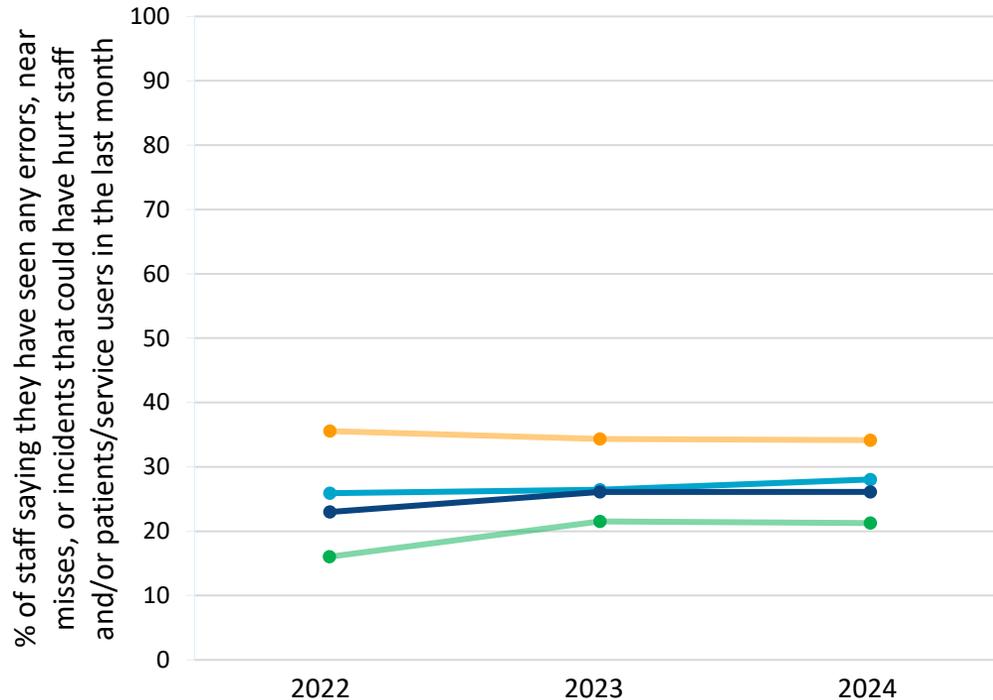
2020 2021 2022 2023 2024

Your org	30.48%	29.48%	28.82%	22.43%	28.53%
Best result	13.09%	15.49%	13.89%	15.58%	13.91%
Average result	25.36%	26.06%	26.15%	22.43%	21.55%
Worst result	43.85%	36.14%	38.96%	34.02%	32.97%

Responses 178 190 239 276 307



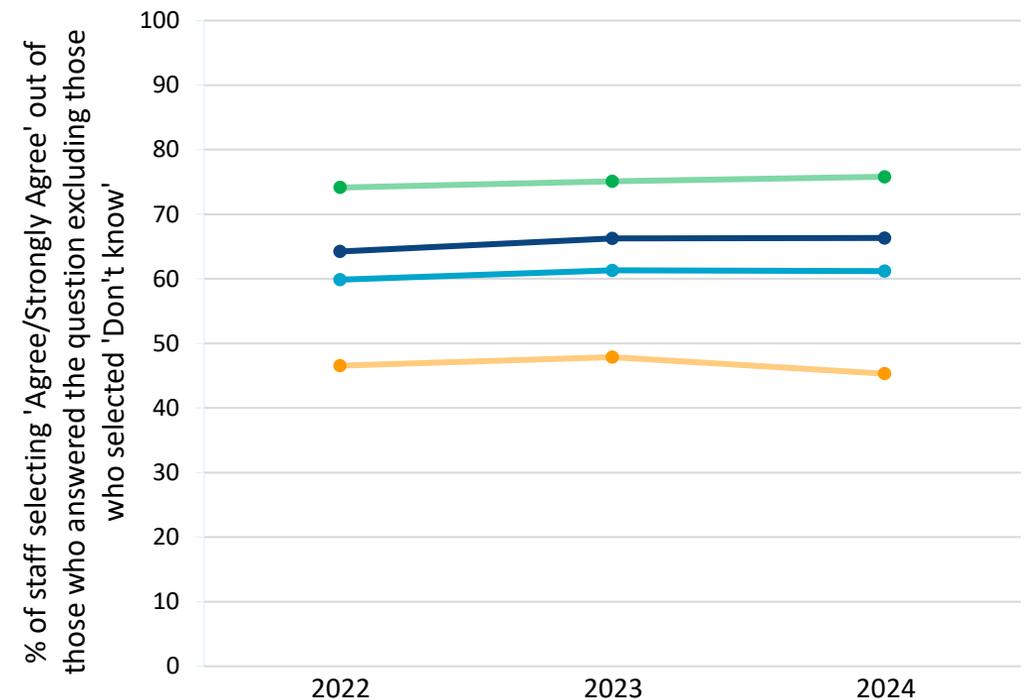
Q18 In the last month have you seen any errors, near misses, or incidents that could have hurt staff and/or patients/service users?



Your org	22.98%	26.09%	26.11%
Best result	16.03%	21.52%	21.25%
Average result	25.91%	26.45%	28.04%
Worst result	35.56%	34.34%	34.15%

Responses 2472 2753 2976

Q19a My organisation treats staff who are involved in an error, near miss or incident fairly.

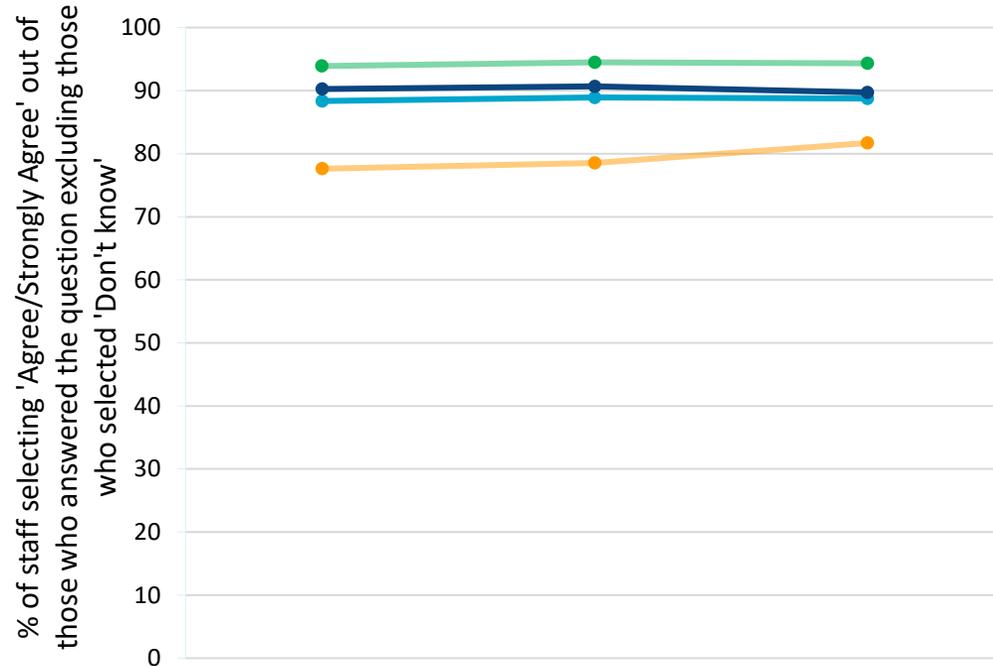


Your org	64.23%	66.25%	66.33%
Best result	74.14%	75.10%	75.81%
Average result	59.87%	61.32%	61.20%
Worst result	46.54%	47.88%	45.31%

Responses 1854 2123 2276

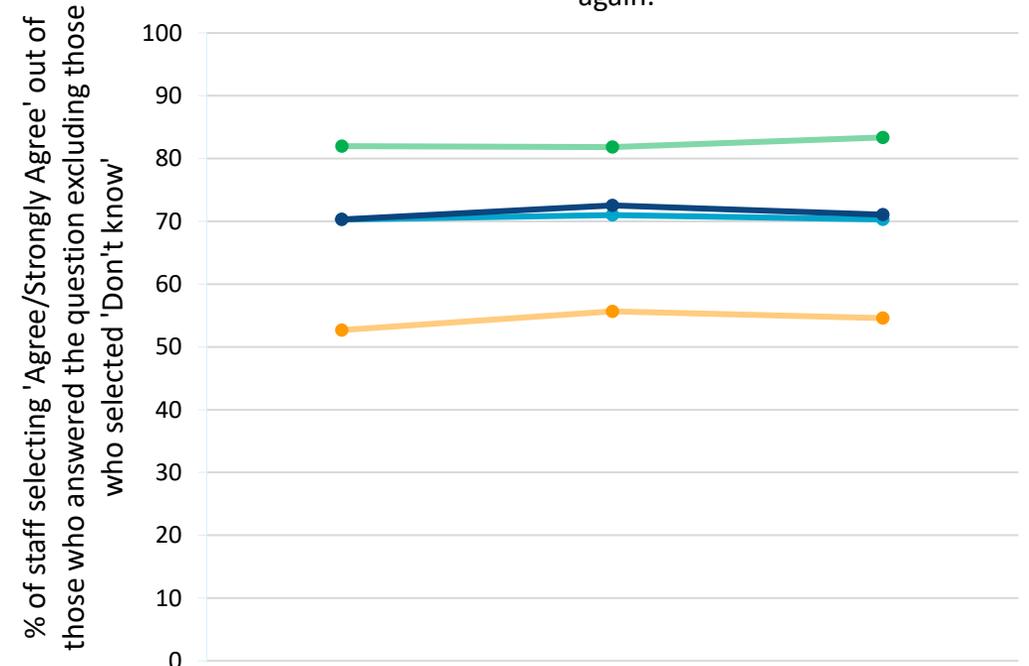


Q19b My organisation encourages us to report errors, near misses or incidents.



	2022	2023	2024
Your org	90.25%	90.68%	89.72%
Best result	93.89%	94.49%	94.35%
Average result	88.35%	88.92%	88.76%
Worst result	77.62%	78.55%	81.70%
Responses	2395	2699	2905

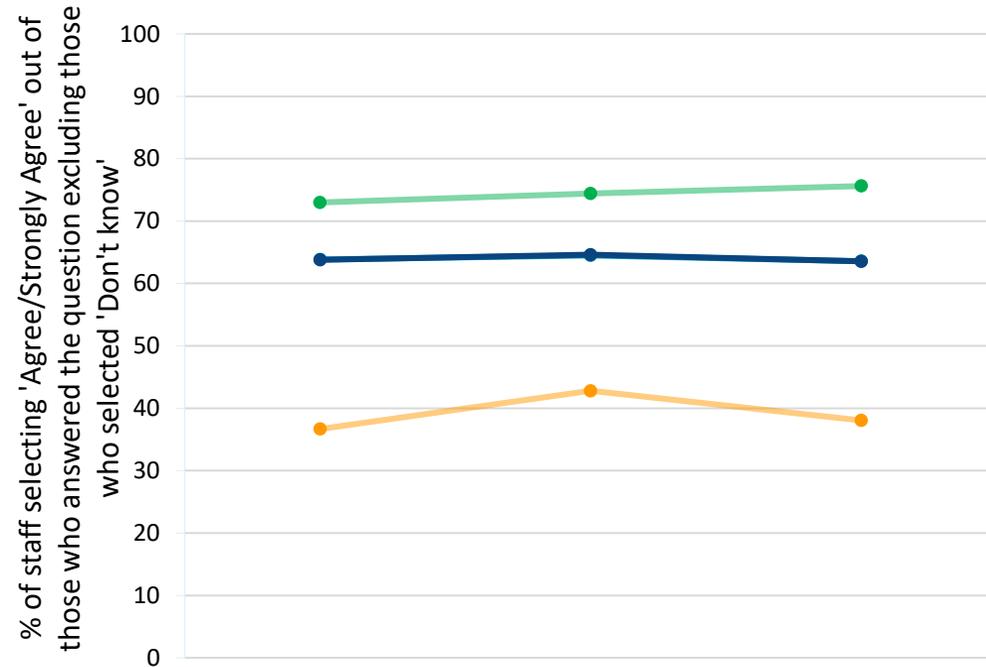
Q19c When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.



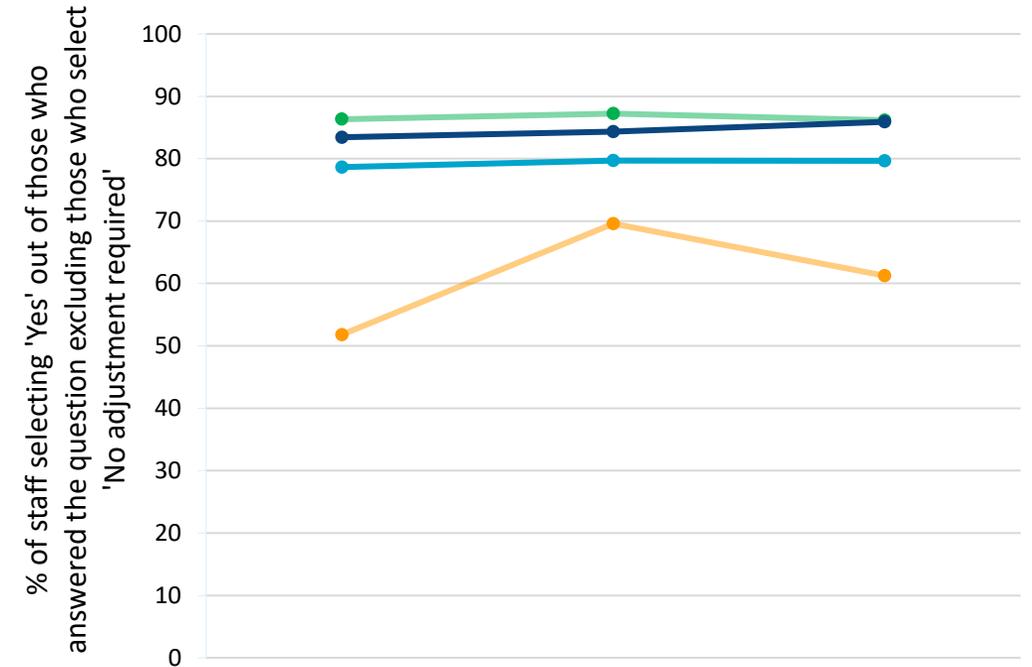
	2022	2023	2024
Your org	70.29%	72.53%	71.05%
Best result	81.97%	81.82%	83.36%
Average result	70.29%	71.00%	70.32%
Worst result	52.68%	55.67%	54.56%
Responses	2153	2450	2578



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



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

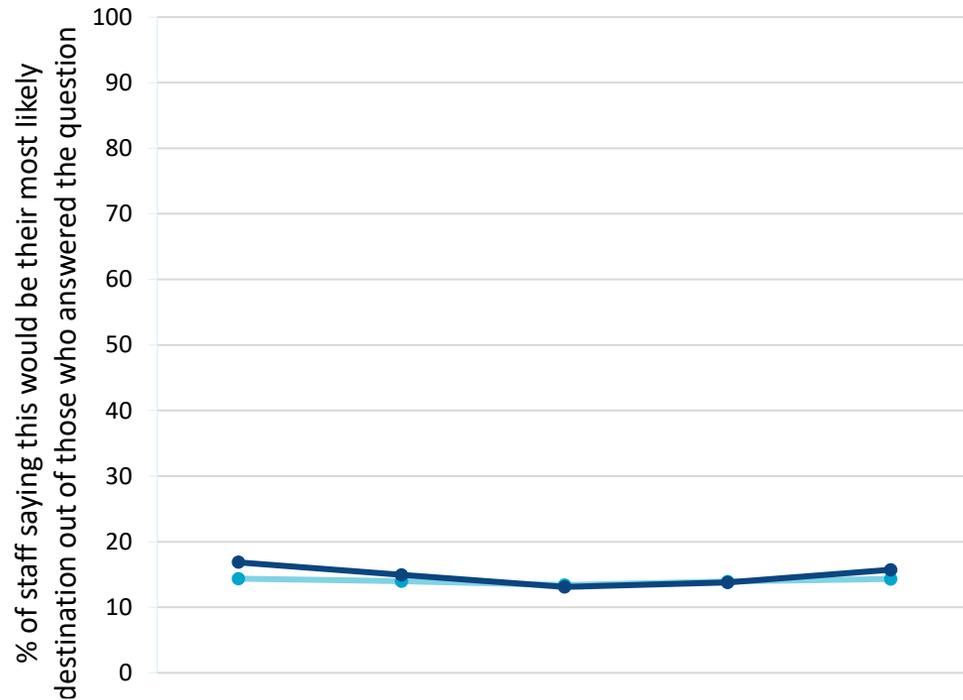


	2022	2023	2024
Your org	63.80%	64.62%	63.56%
Best result	72.99%	74.40%	75.62%
Average result	63.85%	64.50%	63.56%
Worst result	36.67%	42.81%	38.05%
Responses	2211	2485	2669

	2022	2023	2024
Your org	83.44%	84.34%	85.91%
Best result	86.33%	87.22%	86.17%
Average result	78.65%	79.70%	79.65%
Worst result	51.80%	69.59%	61.23%
Responses	377	443	512



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

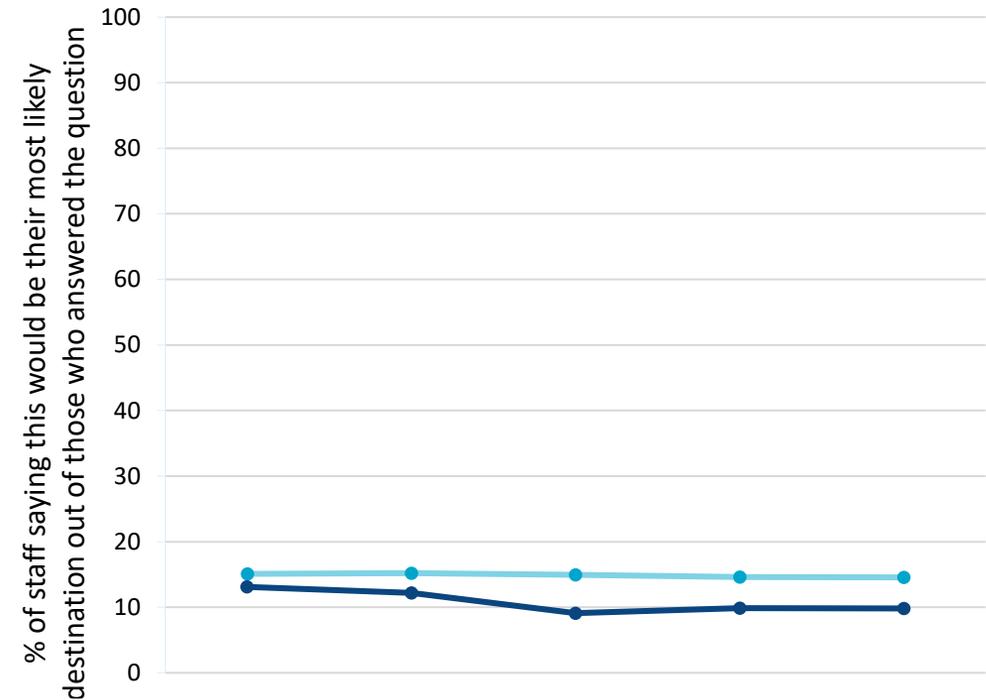


2020 2021 2022 2023 2024

Your org	16.84%	14.93%	13.10%	13.79%	15.74%
Average	14.36%	13.95%	13.38%	13.92%	14.31%

Responses 1817 2097 2153 2443 2694

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



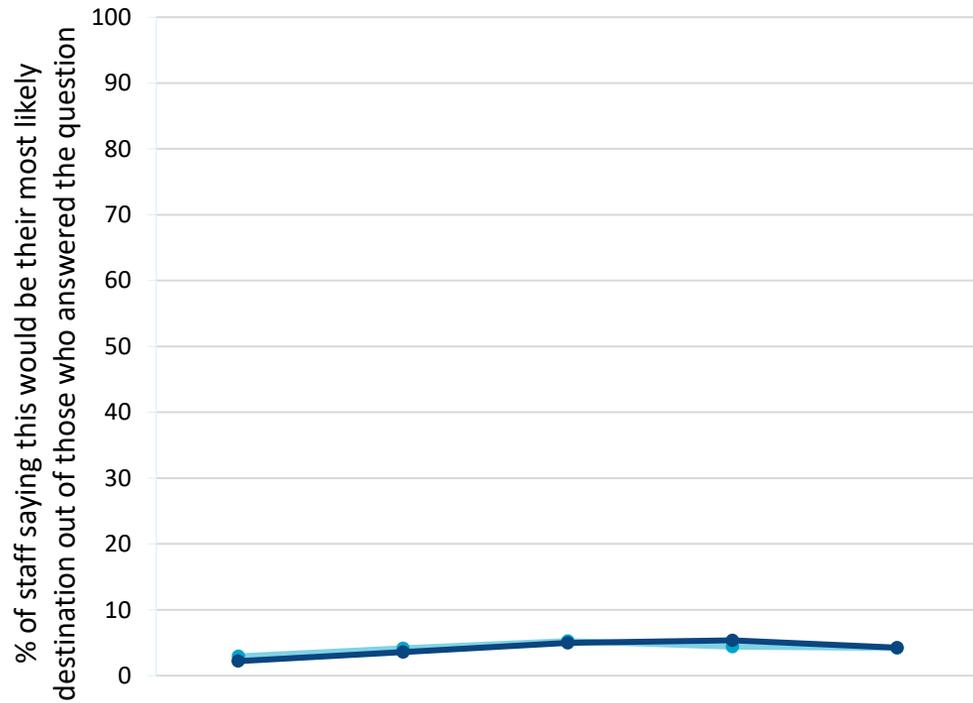
2020 2021 2022 2023 2024

Your org	13.10%	12.21%	9.10%	9.86%	9.84%
Average	15.08%	15.20%	14.94%	14.63%	14.55%

Responses 1817 2097 2153 2443 2694



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

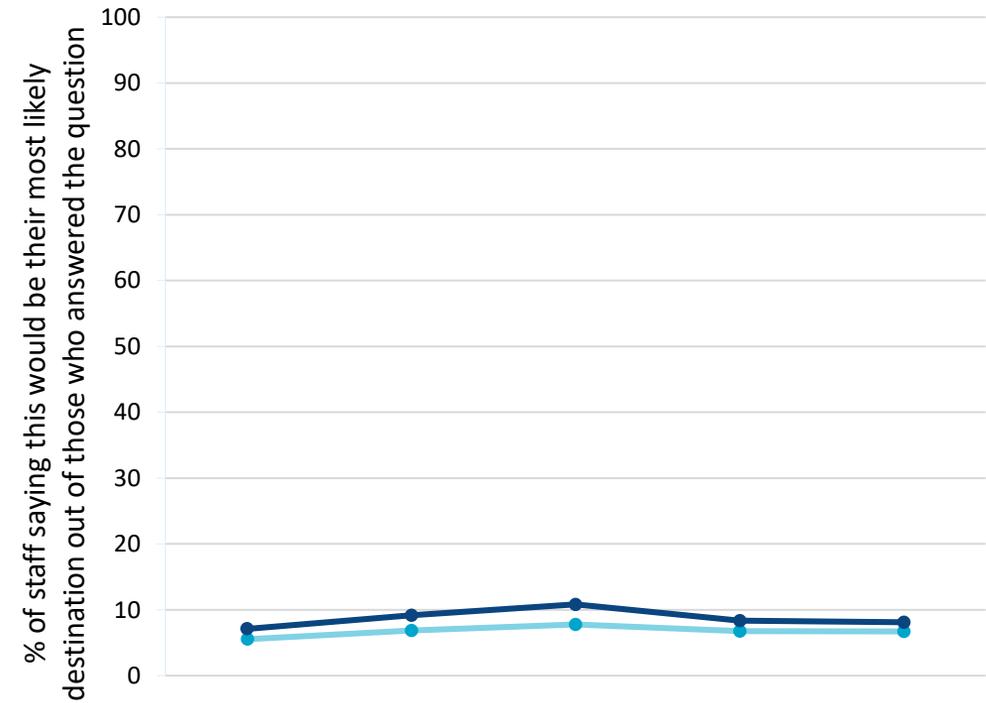


2020 2021 2022 2023 2024

Your org	2.20%	3.58%	4.97%	5.36%	4.23%
Average	2.93%	4.17%	5.26%	4.39%	4.23%

Responses 1817 2097 2153 2443 2694

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



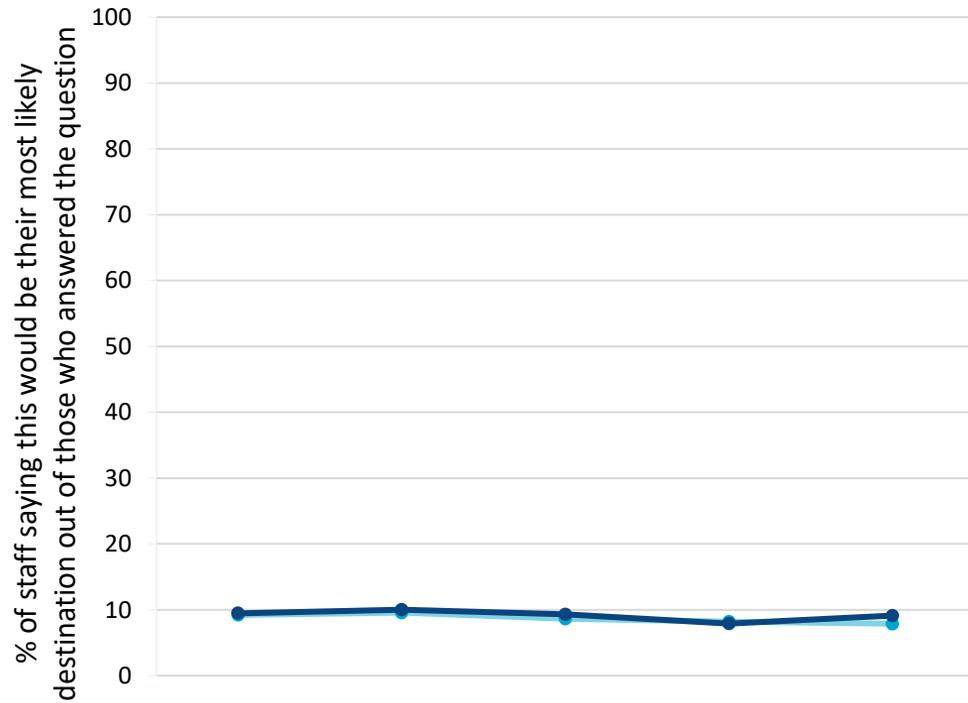
2020 2021 2022 2023 2024

Your org	7.10%	9.16%	10.82%	8.35%	8.09%
Average	5.53%	6.83%	7.77%	6.78%	6.70%

Responses 1817 2097 2153 2443 2694



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

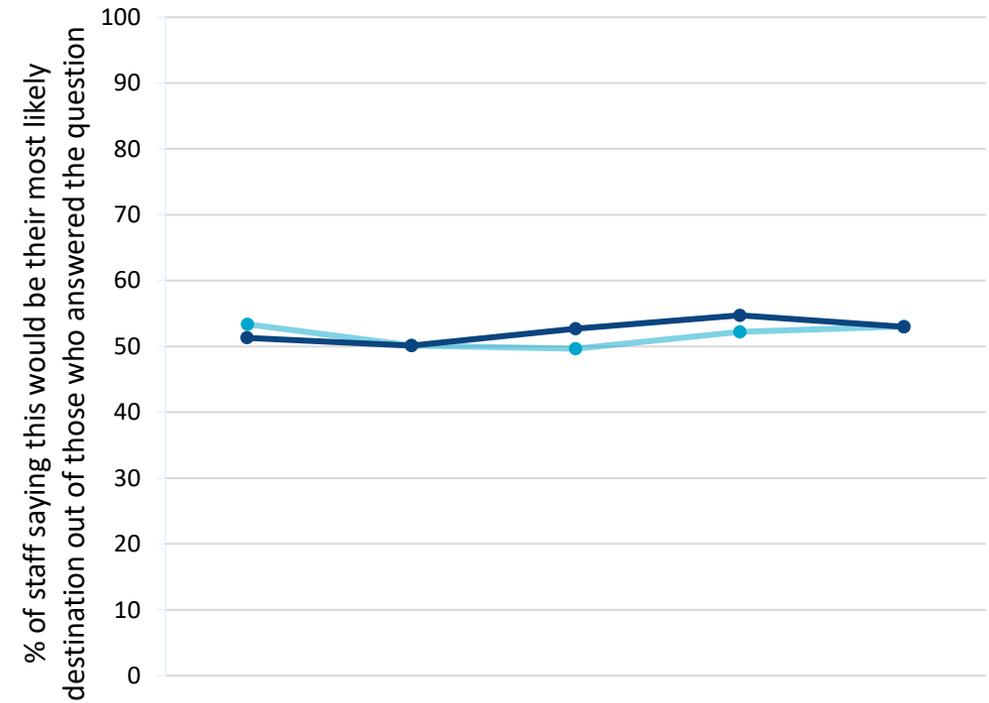


2020 2021 2022 2023 2024

Your org	9.47%	10.01%	9.34%	7.90%	9.13%
Average	9.24%	9.57%	8.64%	8.18%	7.89%

Responses 1817 2097 2153 2443 2694

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



2020 2021 2022 2023 2024

Your org	51.29%	50.12%	52.67%	54.73%	52.97%
Average	53.36%	50.12%	49.65%	52.22%	53.01%

Responses 1817 2097 2153 2443 2694

Workforce Equality Standards

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

Workforce Race Equality Standards (WRES)

This section contains data for the organisation required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES). It includes the 2020-2024 organisation and benchmarking group median results for q13a, q13b&c combined, q15, and q16b split by ethnicity (by white staff / staff from all other ethnic groups combined).

Workforce Disability Equality Standards (WDES)

This section contains data for the organisation required for the NHS Staff Survey metrics used in the Workforce Disability Equality Standard (WDES). It includes the 2020-2024 organisation and benchmarking group median results for q4b, q11e, q14a-d, and q15 split by staff with a long lasting health condition or illness compared to staff without a long lasting health condition or illness. It also shows results for q31b (for staff with a long lasting health condition or illness only), and the staff engagement score for staff with a long lasting health condition or illness, compared to staff without a long lasting health condition or illness and the overall engagement score for the organisation.

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

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

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

Workforce Race Equality Standards (WRES)

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

Workforce Disability Equality Standards (WDES)

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

*Staff with a long term condition

Workforce Race Equality Standards (WRES)

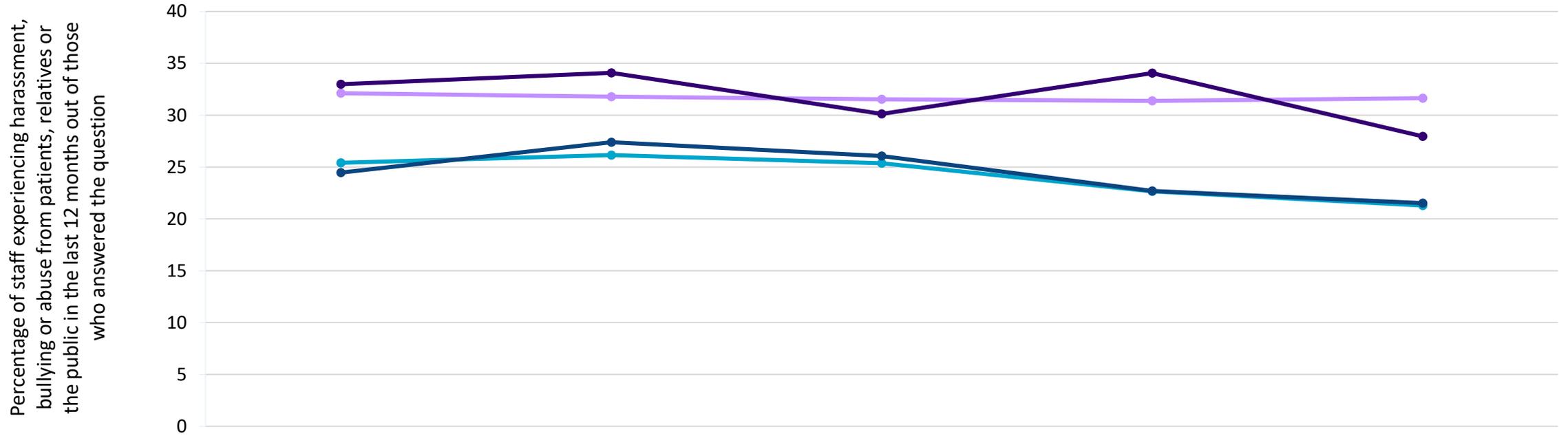
Vertical scales on the following charts vary from slide to slide and this effects how results are displayed. This allows incremental changes and small differences between results for subgroups to be more easily interpreted.

Data shown in the WRES charts are unweighted.

Averages are calculated as the median for the benchmark group.

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

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

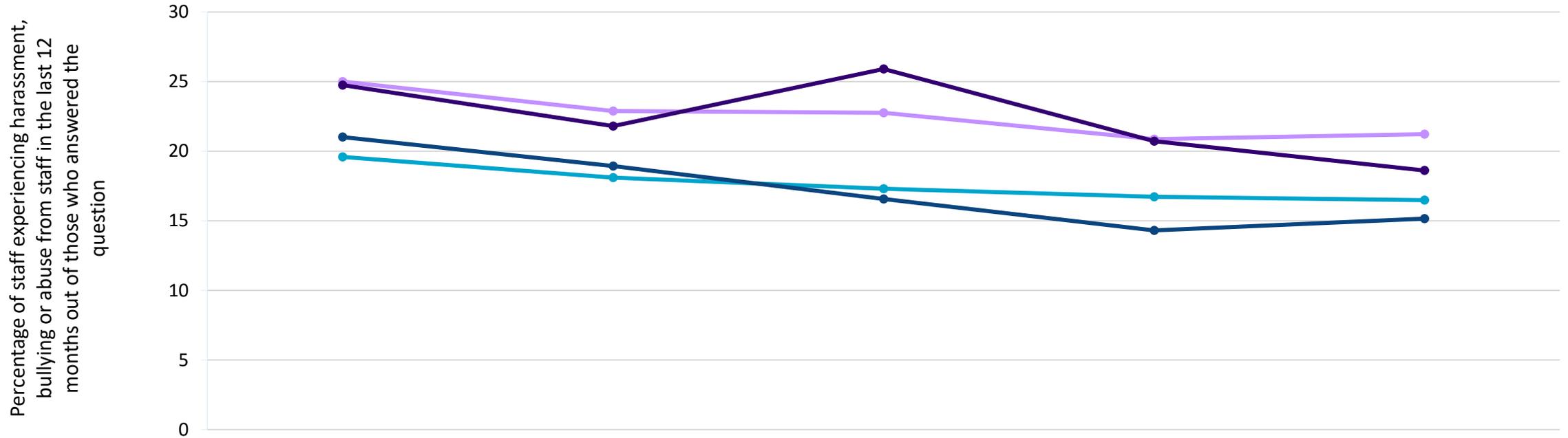


	2020	2021	2022	2023	2024
White staff: Your org	24.46%	27.40%	26.07%	22.69%	21.52%
All other ethnic groups*: Your org	32.99%	34.09%	30.12%	34.06%	27.96%
White staff: Average	25.40%	26.16%	25.37%	22.66%	21.29%
All other ethnic groups*: Average	32.12%	31.79%	31.54%	31.38%	31.64%
White staff: Responses	1893	2201	2275	2477	2695
All other ethnic groups*: Responses	97	132	166	276	279

*Staff from all other ethnic groups combined

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

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

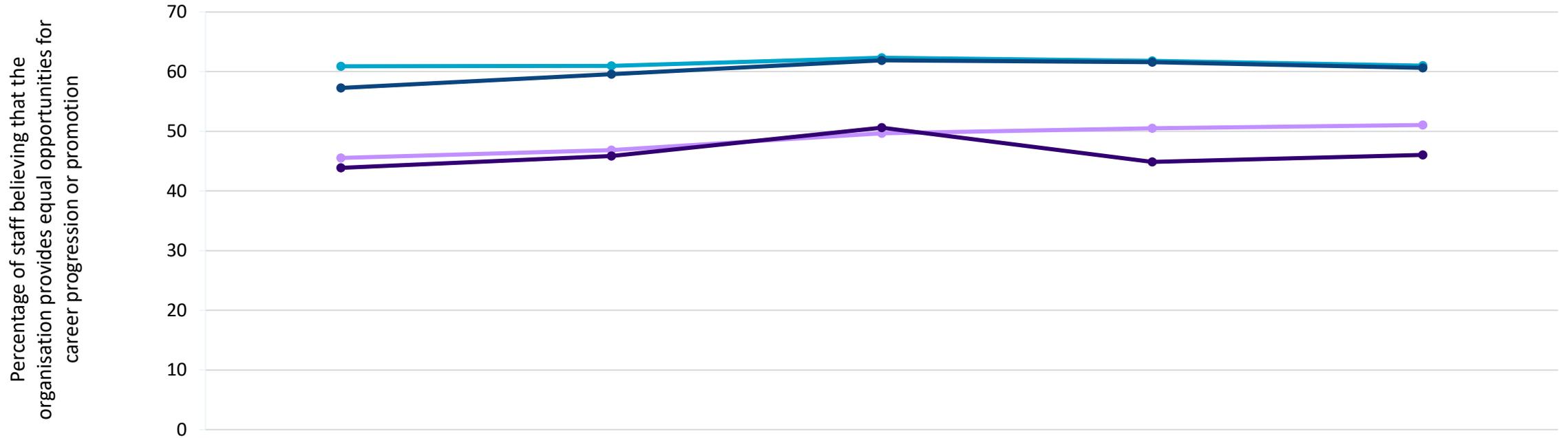


	2020	2021	2022	2023	2024
White staff: Your org	21.01%	18.93%	16.56%	14.31%	15.16%
All other ethnic groups*: Your org	24.74%	21.80%	25.90%	20.73%	18.61%
White staff: Average	19.59%	18.10%	17.31%	16.72%	16.48%
All other ethnic groups*: Average	25.00%	22.88%	22.75%	20.86%	21.23%
White staff: Responses	1899	2197	2276	2481	2698
All other ethnic groups*: Responses	97	133	166	275	274

*Staff from all other ethnic groups combined

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

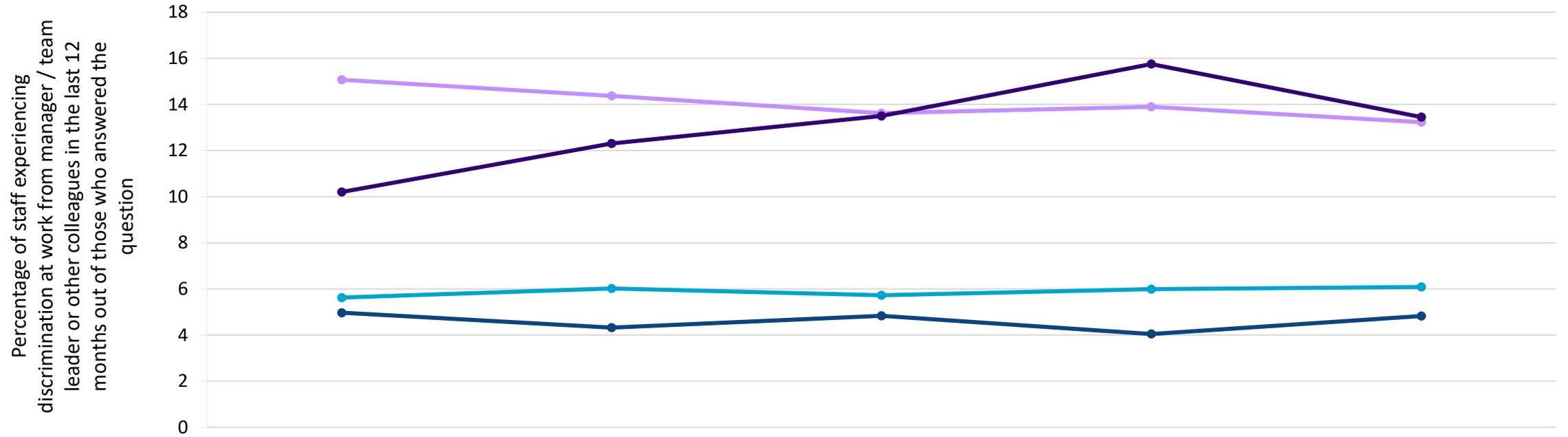
Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.



	2020	2021	2022	2023	2024
White staff: Your org	57.27%	59.56%	61.89%	61.59%	60.62%
All other ethnic groups*: Your org	43.88%	45.86%	50.60%	44.89%	46.04%
White staff: Average	60.90%	60.98%	62.33%	61.82%	60.99%
All other ethnic groups*: Average	45.54%	46.84%	49.65%	50.50%	51.05%
White staff: Responses	1905	2191	2270	2468	2674
All other ethnic groups*: Responses	98	133	166	274	278

*Staff from all other ethnic groups combined

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



	2020	2021	2022	2023	2024
White staff: Your org	4.97%	4.32%	4.84%	4.05%	4.82%
All other ethnic groups*: Your org	10.20%	12.31%	13.50%	15.75%	13.45%
White staff: Average	5.63%	6.02%	5.73%	5.99%	6.08%
All other ethnic groups*: Average	15.07%	14.37%	13.63%	13.90%	13.23%

White staff: Responses	1891	2197	2274	2472	2674
All other ethnic groups*: Responses	98	130	163	273	275

*Staff from all other ethnic groups combined

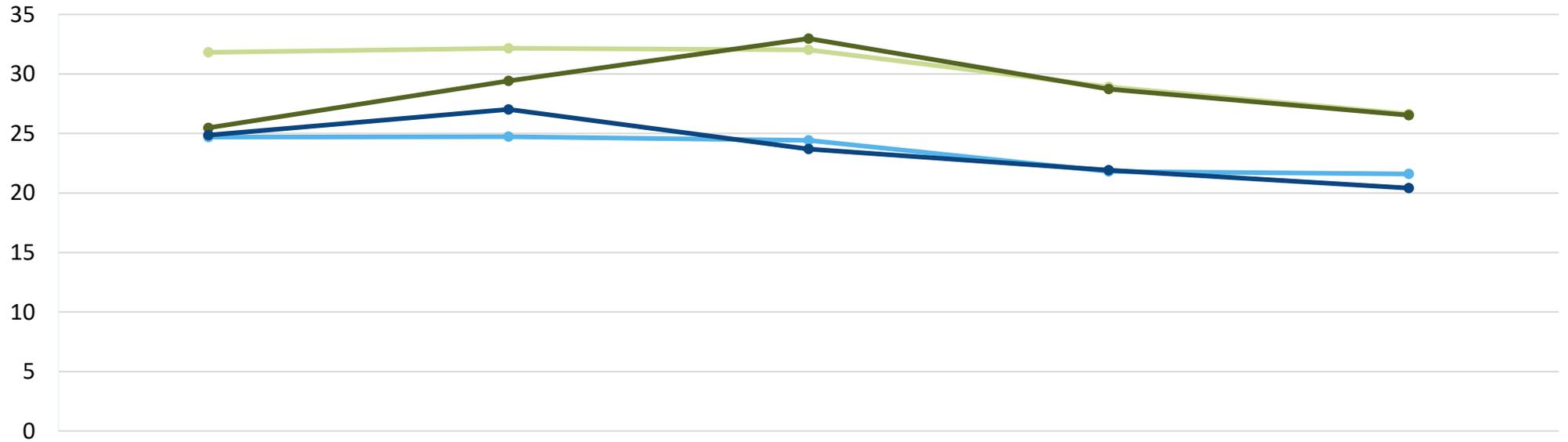
Workforce Disability Equality Standards (WDES)

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

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

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

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

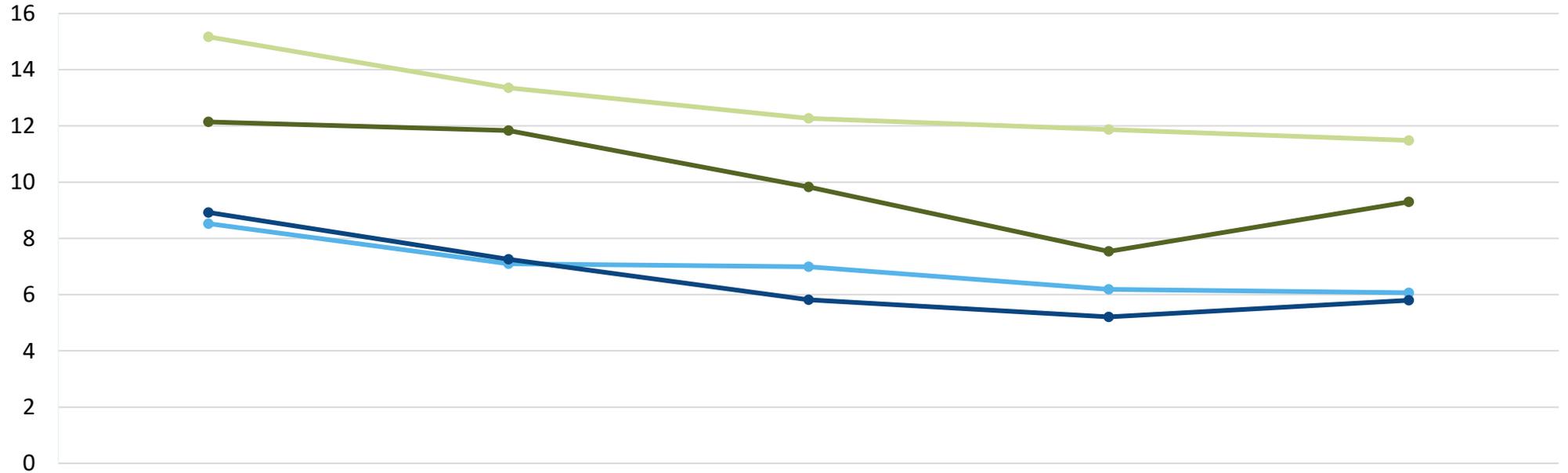


	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	25.48%	29.42%	32.98%	28.72%	26.54%
Staff without a LTC or illness: Your org	24.86%	27.02%	23.70%	21.91%	20.41%
Staff with a LTC or illness: Average	31.81%	32.16%	32.04%	28.92%	26.64%
Staff without a LTC or illness: Average	24.69%	24.73%	24.42%	21.82%	21.60%
Staff with a LTC or illness: Responses	420	588	652	745	829
Staff without a LTC or illness: Responses	1573	1743	1802	1990	2146

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

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

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

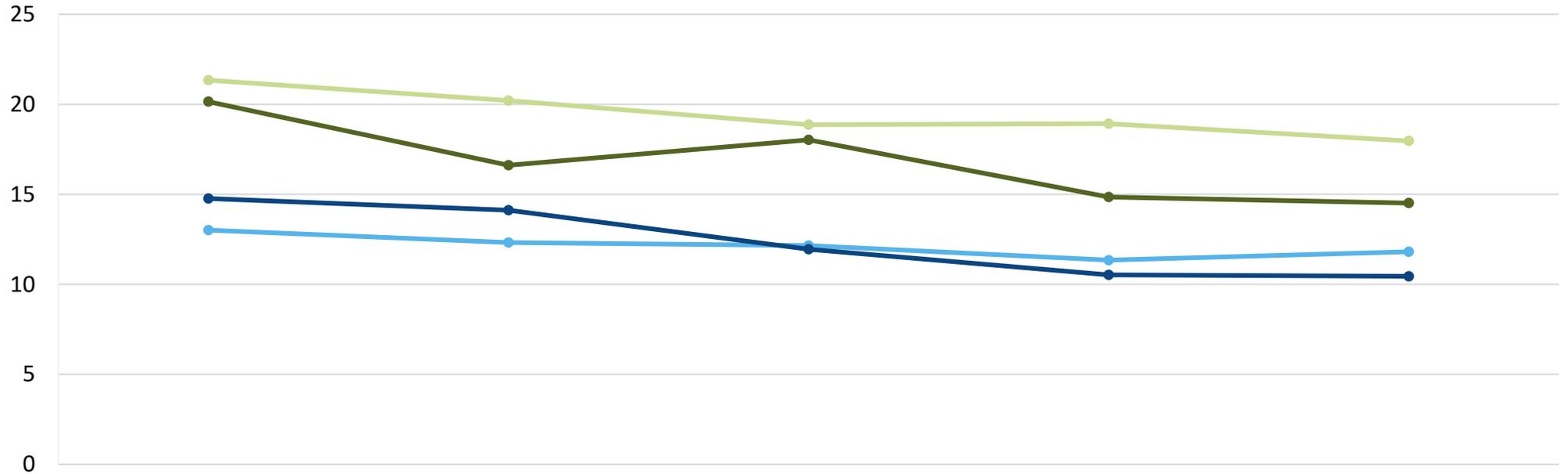


	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	12.14%	11.84%	9.83%	7.54%	9.30%
Staff without a LTC or illness: Your org	8.92%	7.26%	5.81%	5.21%	5.80%
Staff with a LTC or illness: Average	15.17%	13.36%	12.27%	11.87%	11.49%
Staff without a LTC or illness: Average	8.52%	7.10%	6.99%	6.19%	6.07%
Staff with a LTC or illness: Responses	420	583	651	743	828
Staff without a LTC or illness: Responses	1569	1736	1789	1978	2138

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

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

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

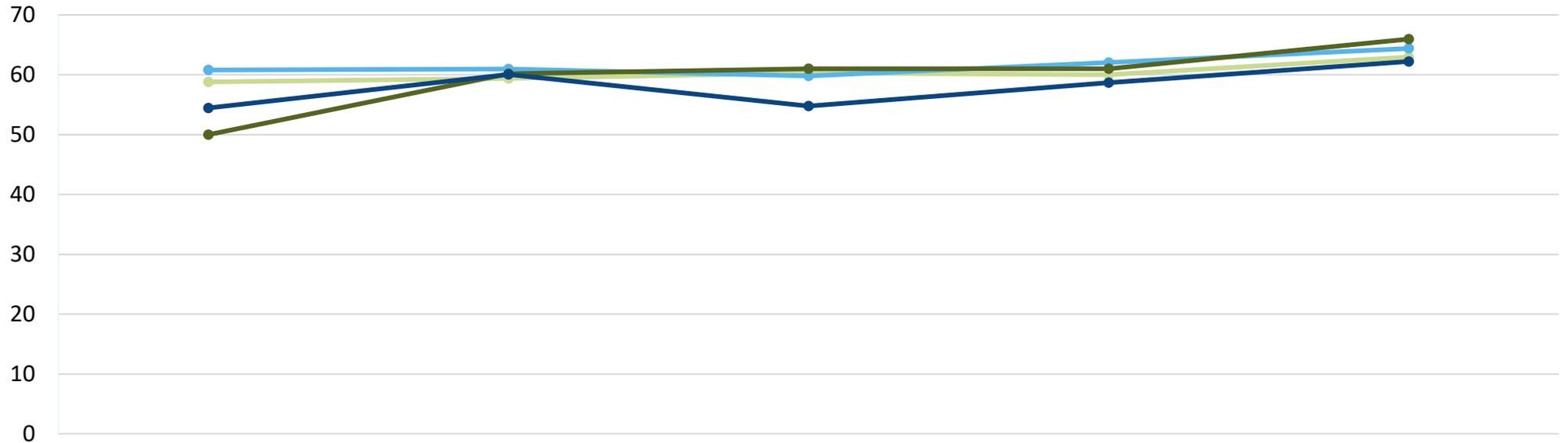


	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	20.14%	16.61%	18.03%	14.84%	14.51%
Staff without a LTC or illness: Your org	14.76%	14.12%	11.94%	10.52%	10.44%
Staff with a LTC or illness: Average	21.34%	20.21%	18.86%	18.93%	17.96%
Staff without a LTC or illness: Average	13.01%	12.33%	12.15%	11.34%	11.81%
Staff with a LTC or illness: Responses	417	584	649	741	827
Staff without a LTC or illness: Responses	1551	1714	1784	1977	2135

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

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

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

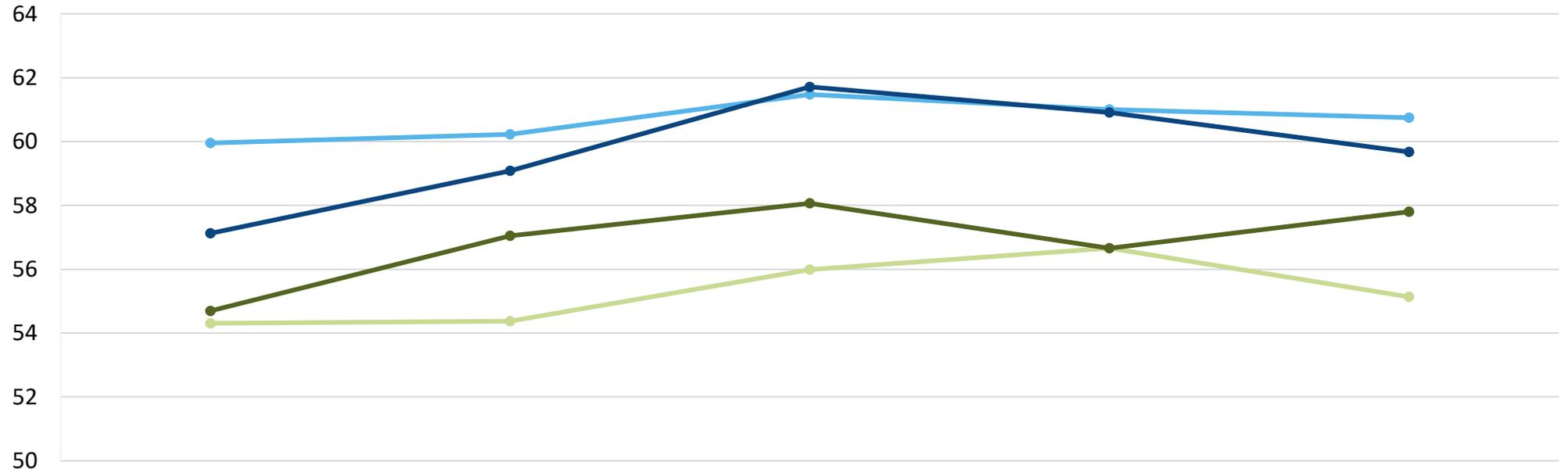


	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	50.00%	60.19%	61.00%	61.00%	65.97%
Staff without a LTC or illness: Your org	54.46%	60.04%	54.79%	58.67%	62.23%
Staff with a LTC or illness: Average	58.81%	59.38%	60.32%	60.00%	62.98%
Staff without a LTC or illness: Average	60.81%	60.96%	59.81%	62.07%	64.40%
Staff with a LTC or illness: Responses	156	211	259	259	288
Staff without a LTC or illness: Responses	505	543	522	496	564

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

Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion out of those who answered the question

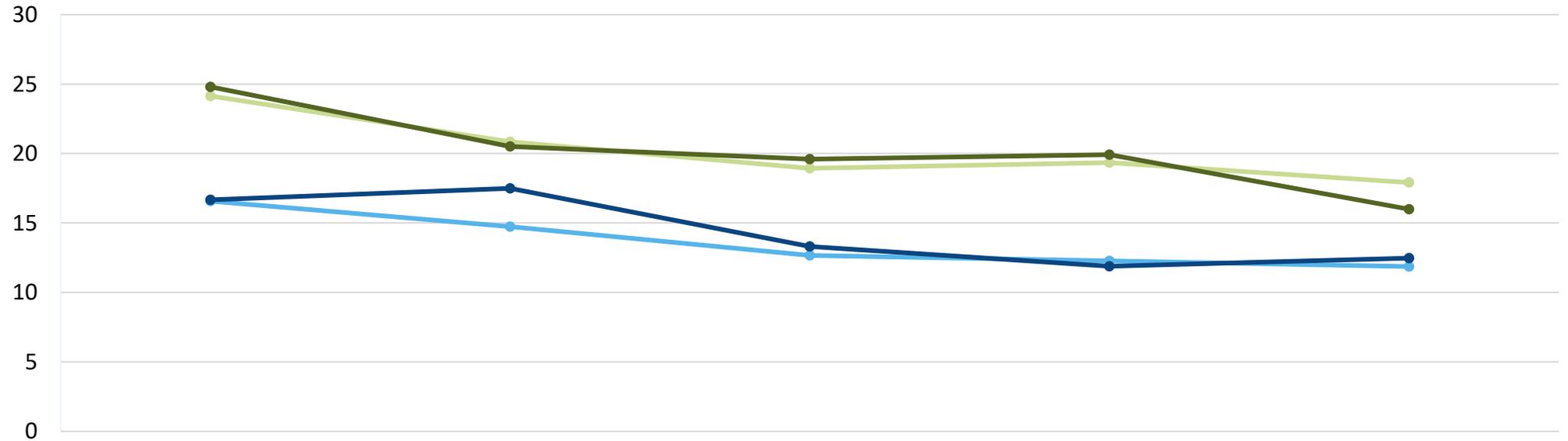
Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion.



	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	54.69%	57.04%	58.06%	56.66%	57.80%
Staff without a LTC or illness: Your org	57.12%	59.08%	61.71%	60.91%	59.67%
Staff with a LTC or illness: Average	54.31%	54.38%	55.99%	56.66%	55.13%
Staff without a LTC or illness: Average	59.96%	60.23%	61.48%	61.00%	60.75%
Staff with a LTC or illness: Responses	426	582	651	743	827
Staff without a LTC or illness: Responses	1579	1740	1797	1980	2125

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

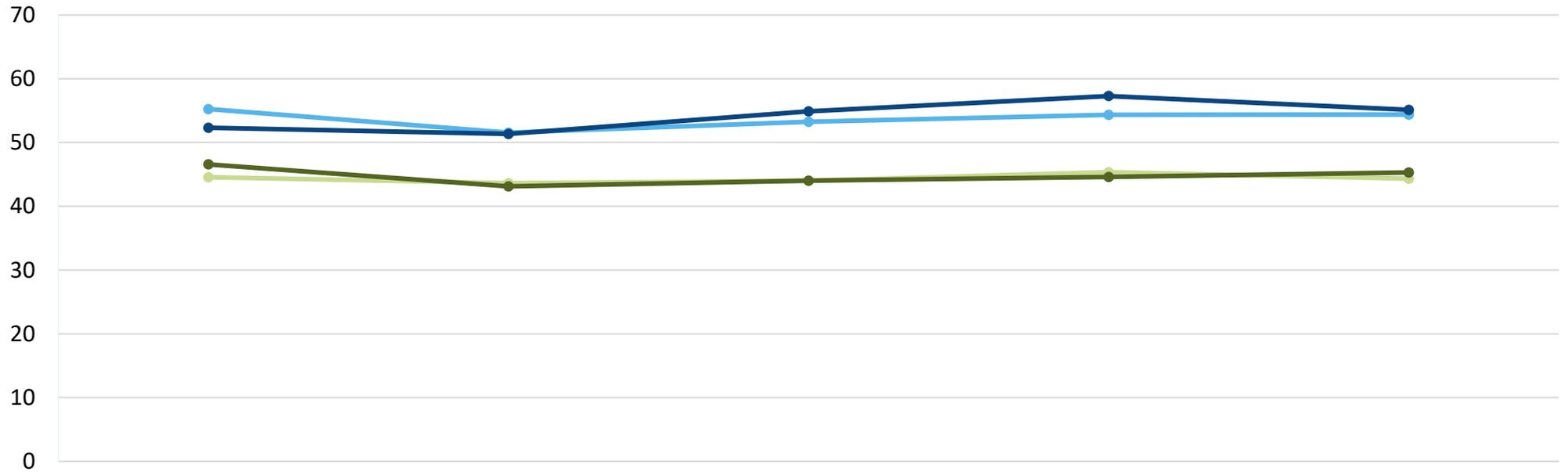
Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.



	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	24.80%	20.51%	19.59%	19.92%	15.99%
Staff without a LTC or illness: Your org	16.67%	17.49%	13.31%	11.89%	12.46%
Staff with a LTC or illness: Average	24.14%	20.85%	18.93%	19.35%	17.91%
Staff without a LTC or illness: Average	16.57%	14.74%	12.67%	12.27%	11.86%
Staff with a LTC or illness: Responses	254	390	444	497	544
Staff without a LTC or illness: Responses	654	806	849	875	979

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

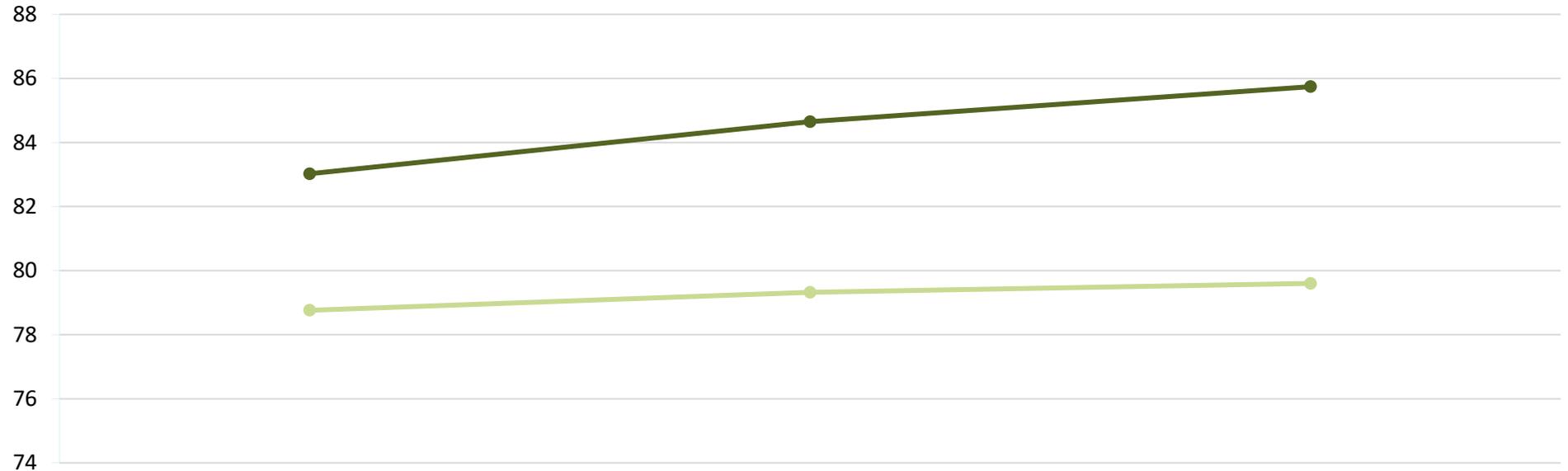
Percentage of staff satisfied with the extent to which their organisation values their work.



	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	46.57%	43.12%	44.02%	44.61%	45.30%
Staff without a LTC or illness: Your org	52.32%	51.34%	54.89%	57.29%	55.14%
Staff with a LTC or illness: Average	44.56%	43.63%	44.02%	45.36%	44.33%
Staff without a LTC or illness: Average	55.25%	51.54%	53.25%	54.35%	54.37%
Staff with a LTC or illness: Responses	423	589	652	751	830
Staff without a LTC or illness: Responses	1573	1749	1798	1990	2140

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

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



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

Staff engagement score (0-10)

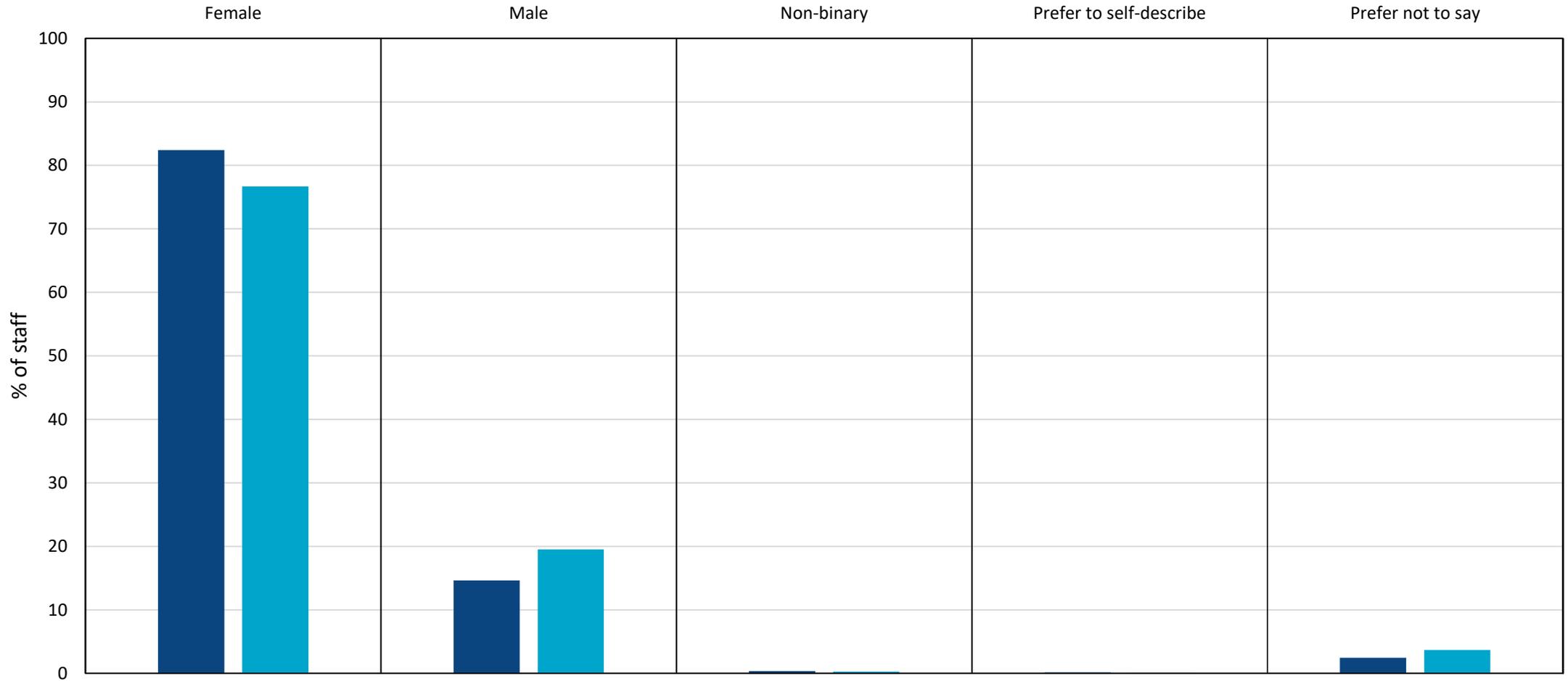


	2020	2021	2022	2023	2024
Organisation average	7.19	7.19	7.20	7.27	7.18
Staff with a LTC or illness: Your org	6.94	7.00	6.94	6.95	6.98
Staff without a LTC or illness: Your org	7.26	7.26	7.29	7.39	7.26
Staff with a LTC or illness: Average	6.85	6.74	6.74	6.82	6.74
Staff without a LTC or illness: Average	7.26	7.17	7.18	7.23	7.20
Staff with a LTC or illness: Responses	427	590	652	753	831
Staff without a LTC or illness: Responses	1579	1755	1815	1999	2154

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

About your respondents

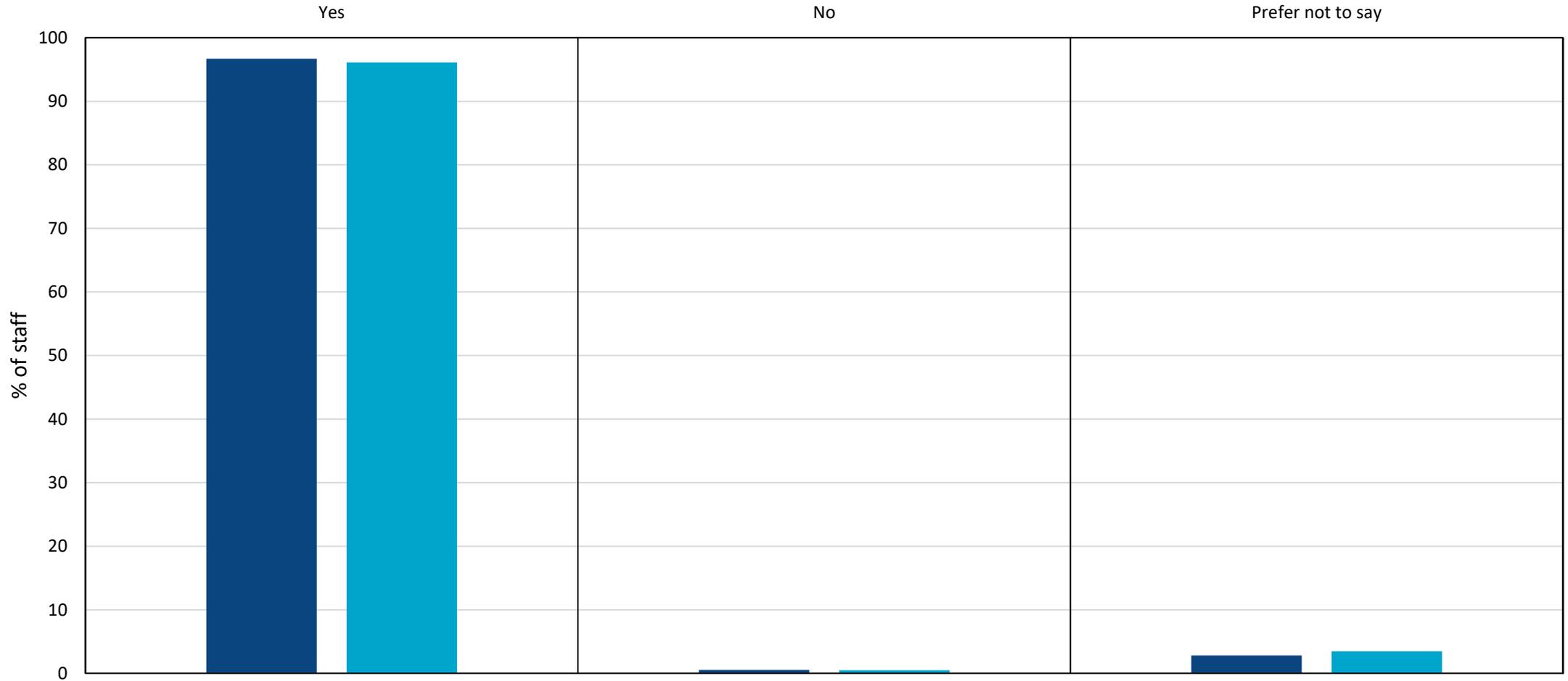
This section shows demographic and other background information for 2024.



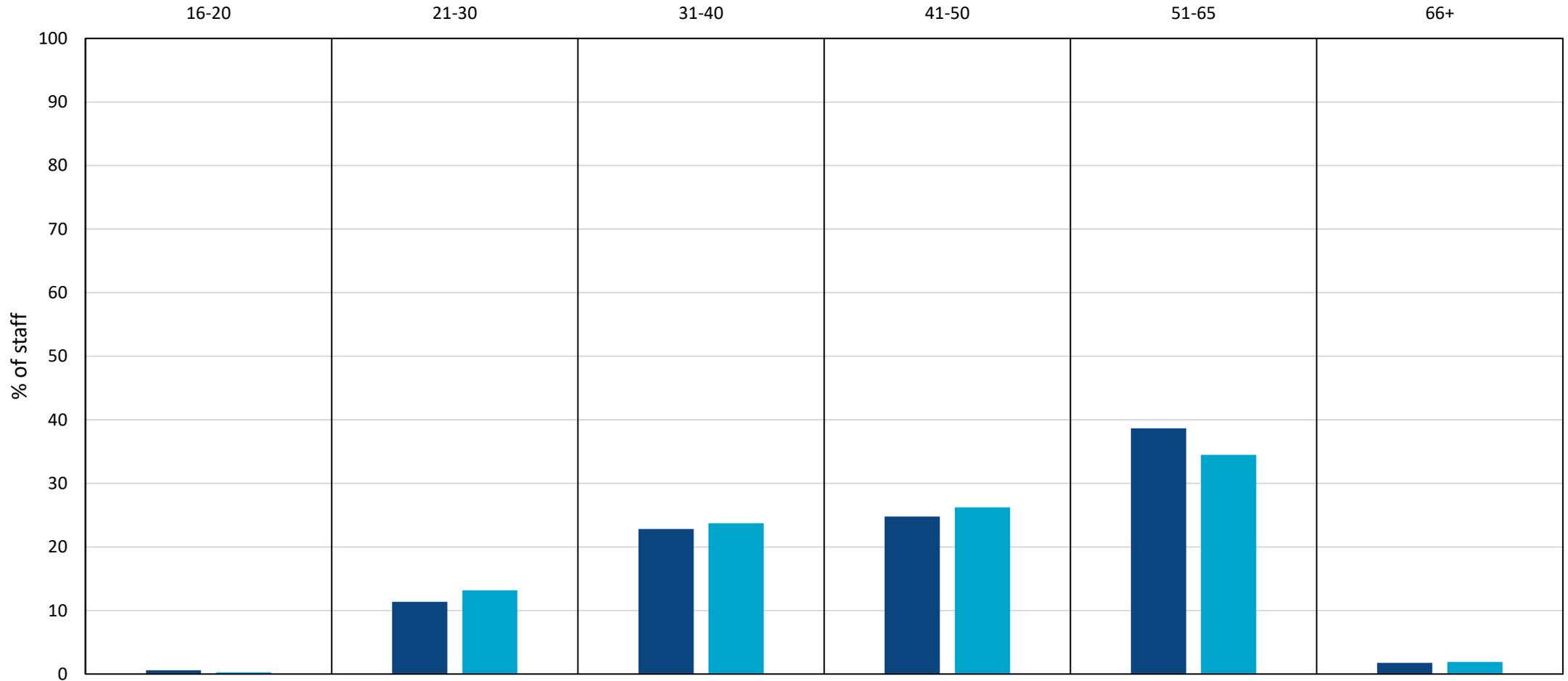
	Female	Male	Non-binary	Prefer to self-describe	Prefer not to say
Your org	82.40%	14.64%	0.33%	0.17%	2.46%
Average	76.67%	19.53%	0.27%	0.14%	3.67%
Responses	3006	3006	3006	3006	3006



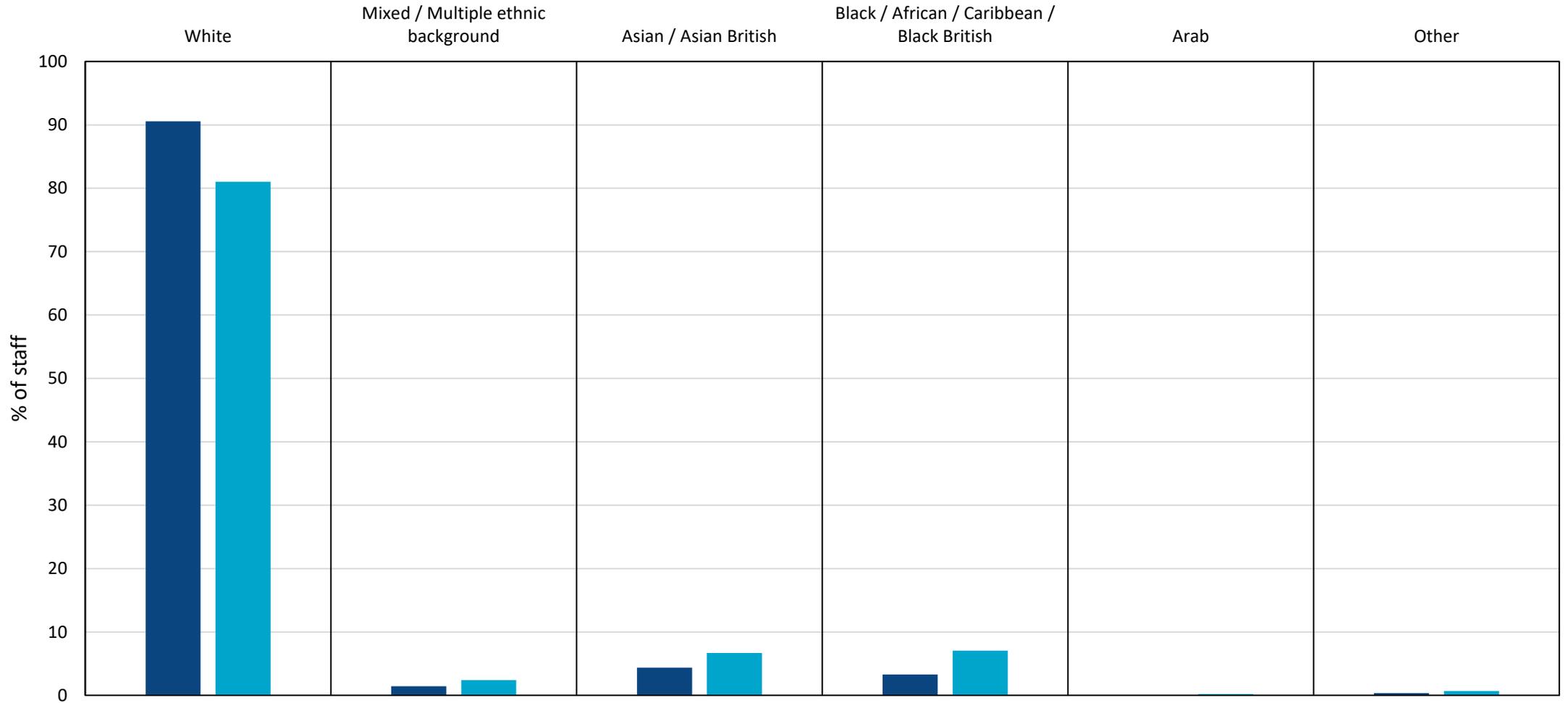
Background details – Is your gender identity the same as the sex you were registered at birth?



Your org	96.68%	0.53%	2.79%
Average	96.09%	0.48%	3.48%
Responses	2829	2829	2829

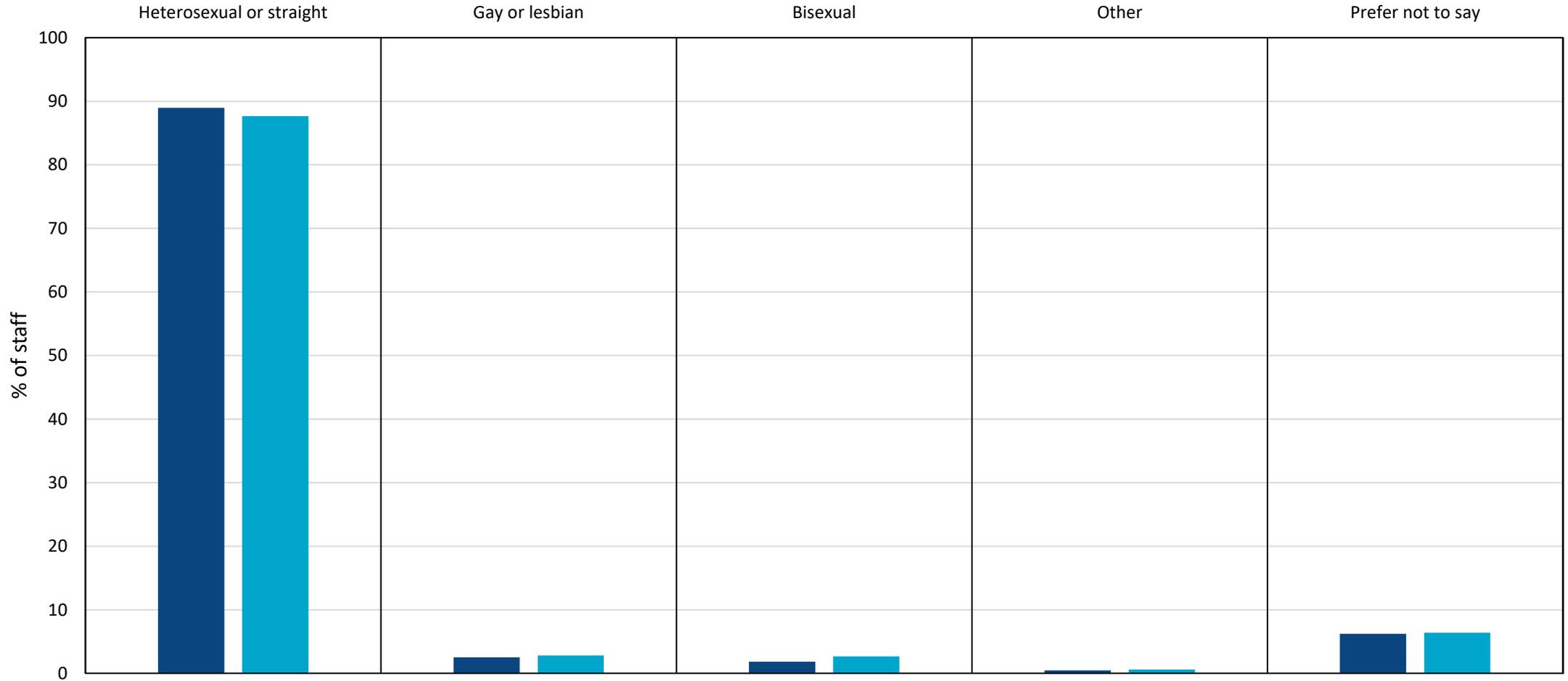


	16-20	21-30	31-40	41-50	51-65	66+
Your org	0.61%	11.38%	22.82%	24.77%	38.67%	1.75%
Average	0.26%	13.19%	23.74%	26.24%	34.48%	1.92%
Responses	2971	2971	2971	2971	2971	2971



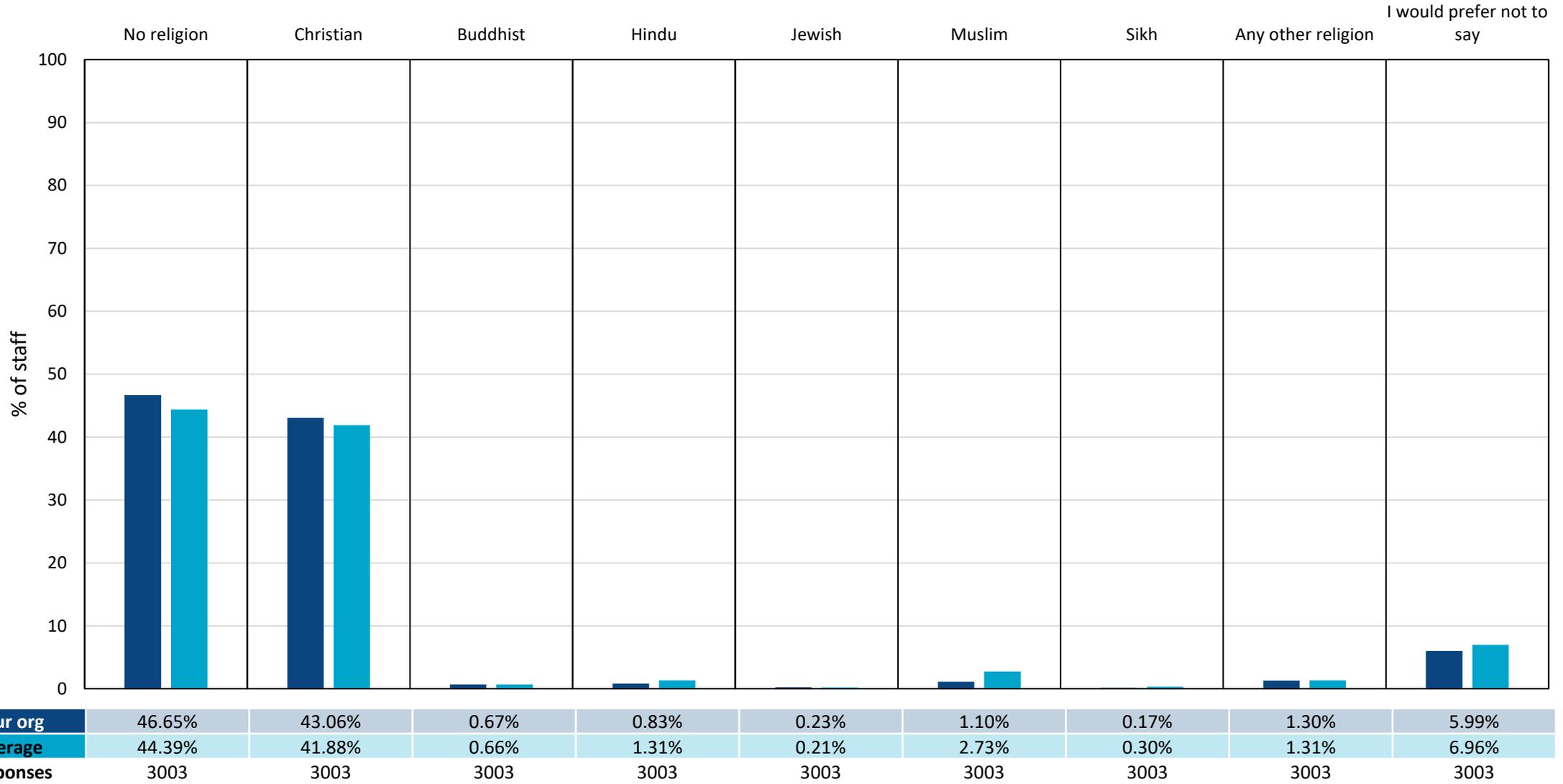
	White	Mixed / Multiple ethnic background	Asian / Asian British	Black / African / Caribbean / Black British	Arab	Other
Your org	90.57%	1.44%	4.38%	3.28%	0.00%	0.33%
Average Responses	81.04%	2.40%	6.70%	7.06%	0.18%	0.68%
Responses	2989	2989	2989	2989	2989	2989

Background details – Sexual orientation

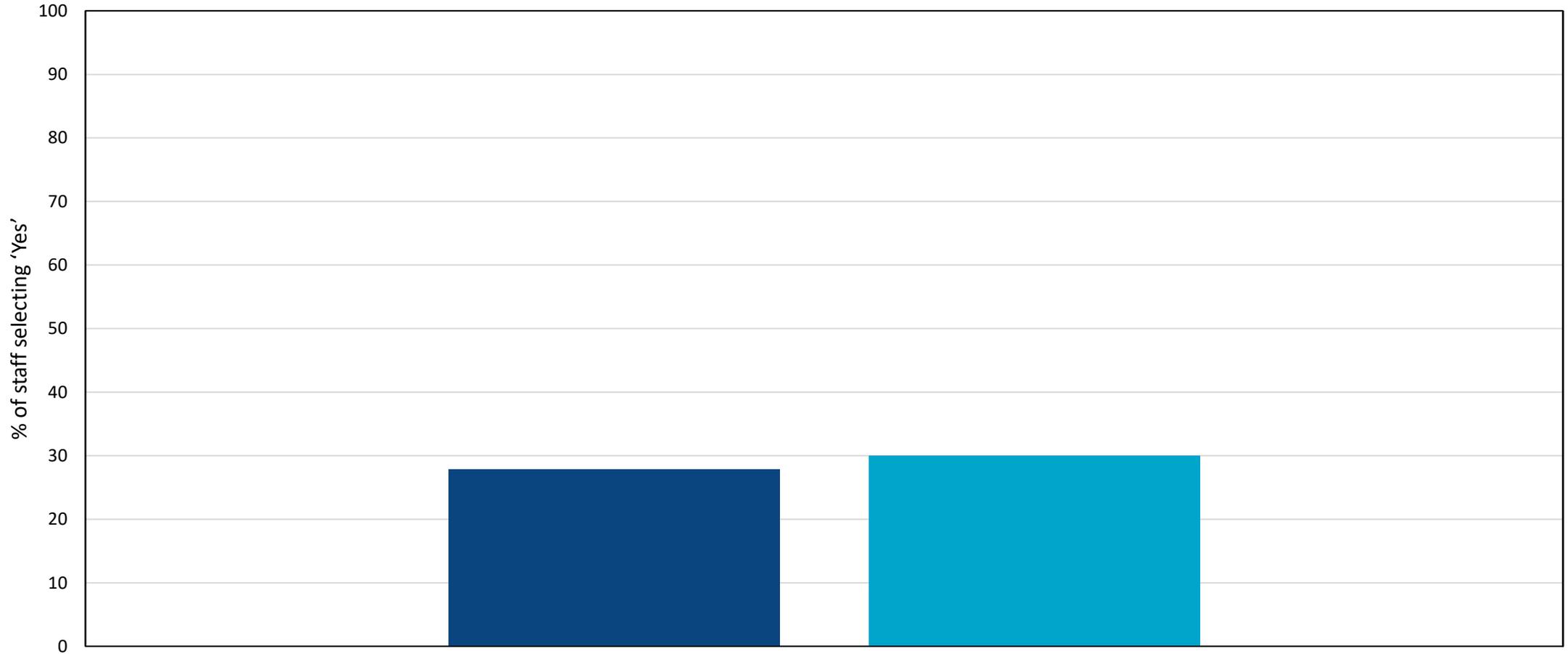


Responses	3005	3005	3005	3005	3005
Your org	88.95%	2.53%	1.83%	0.47%	6.22%
Average	87.65%	2.79%	2.65%	0.62%	6.42%

Background details - Religion



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



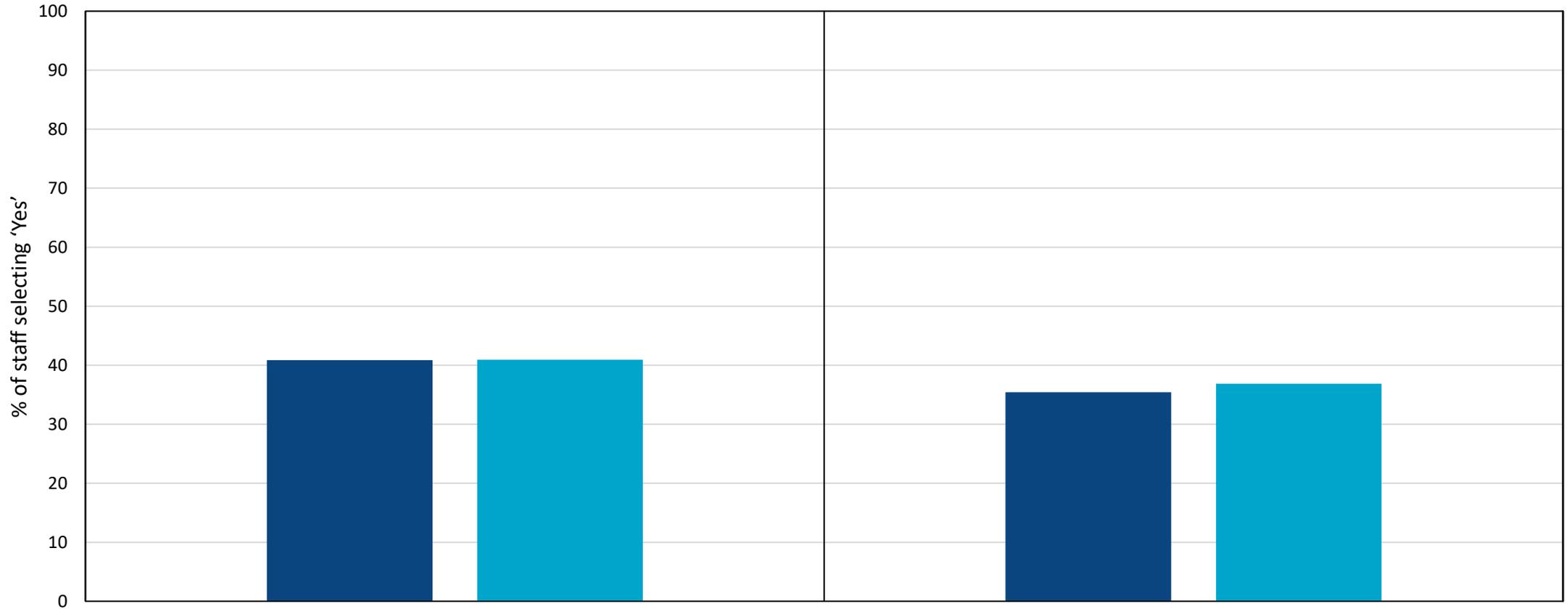
Your org	27.87%
Average	29.92%
Responses	2989



Background details – Parental / caring responsibilities

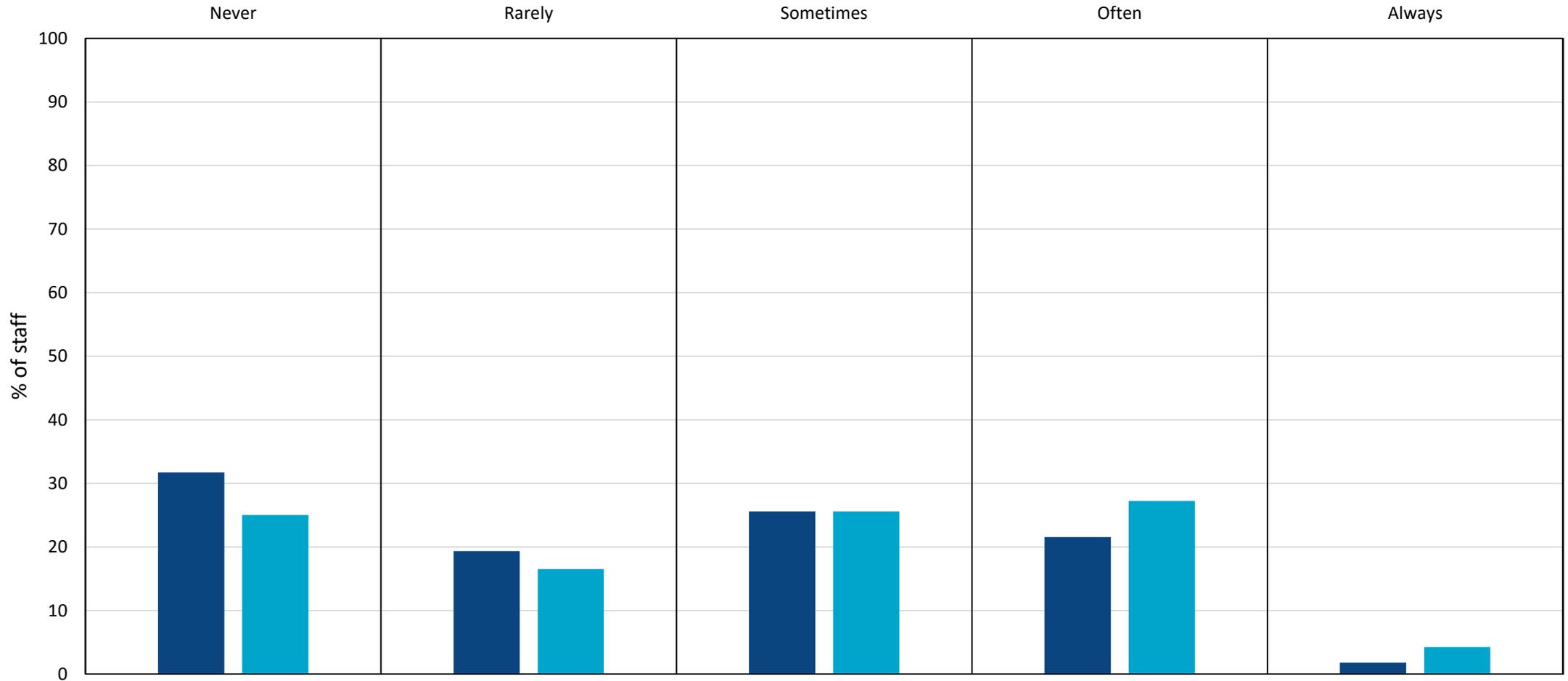
Do you have any children aged from 0 to 17 living at home with you or who you have regular caring responsibility for?

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

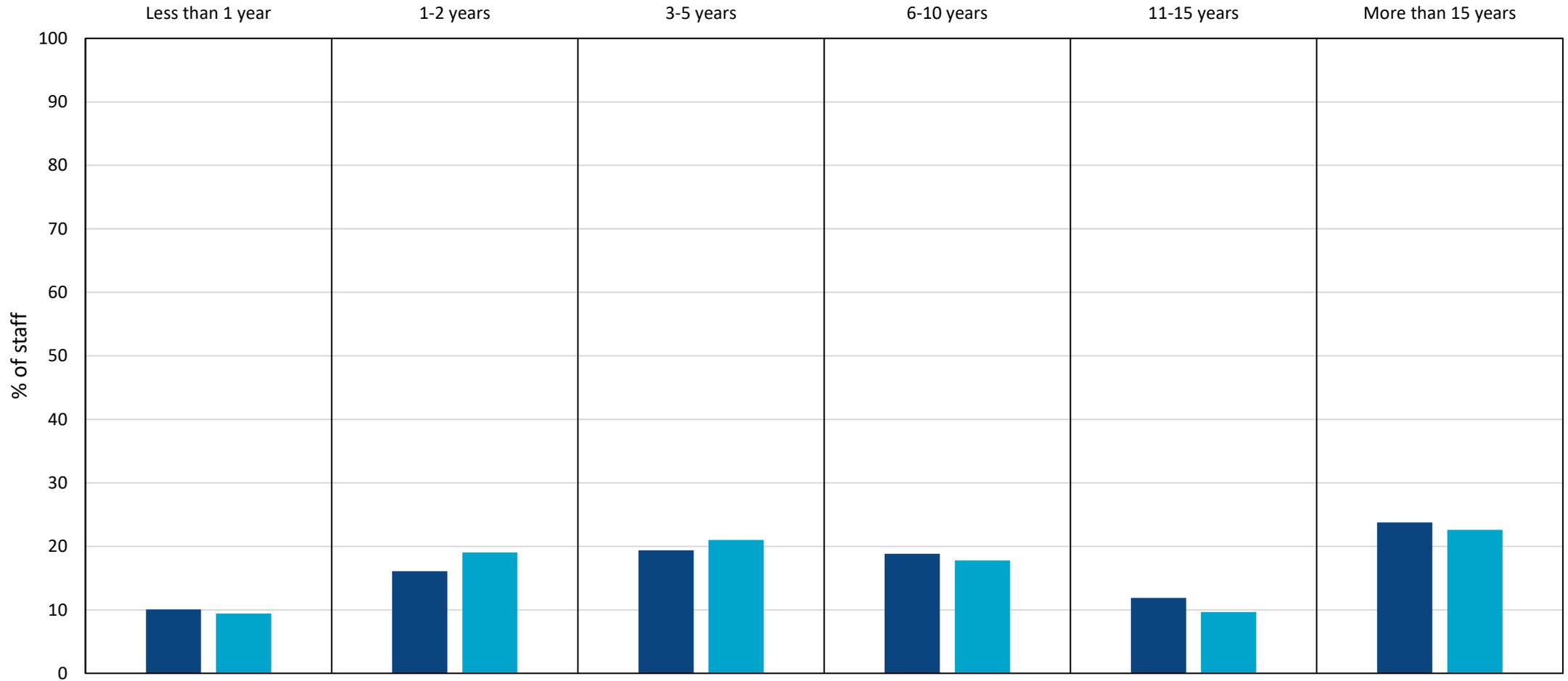


Your org	40.86%	35.44%
Average	40.93%	36.88%
Responses	2993	2985

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



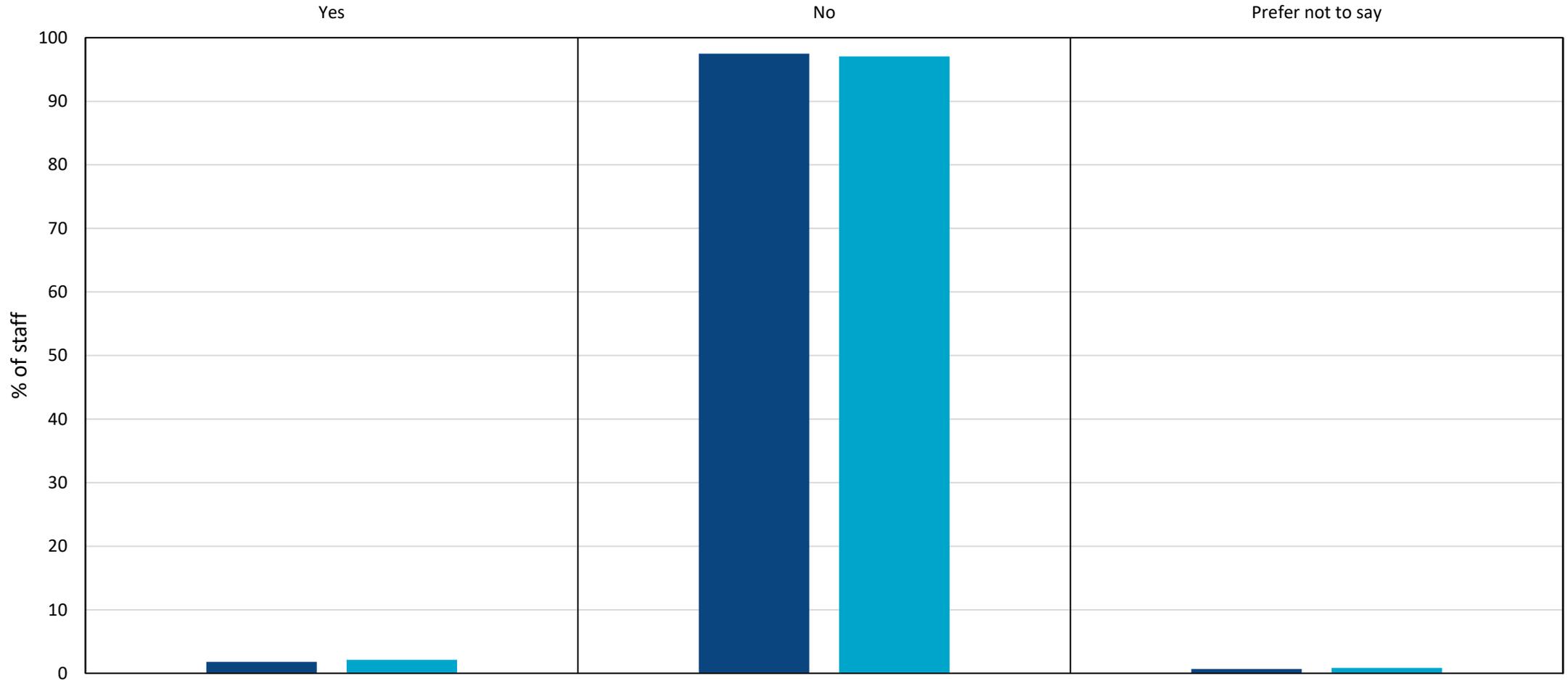
	Never	Rarely	Sometimes	Often	Always
Your org	31.74%	19.34%	25.57%	21.56%	1.79%
Average Responses	25.02%	16.52%	25.57%	27.24%	4.26%
	3015	3015	3015	3015	3015



Your org	10.08%	16.08%	19.39%	18.83%	11.87%	23.77%
Average Responses	9.41%	19.04%	21.02%	17.78%	9.65%	22.61%
	3017	3017	3017	3017	3017	3017

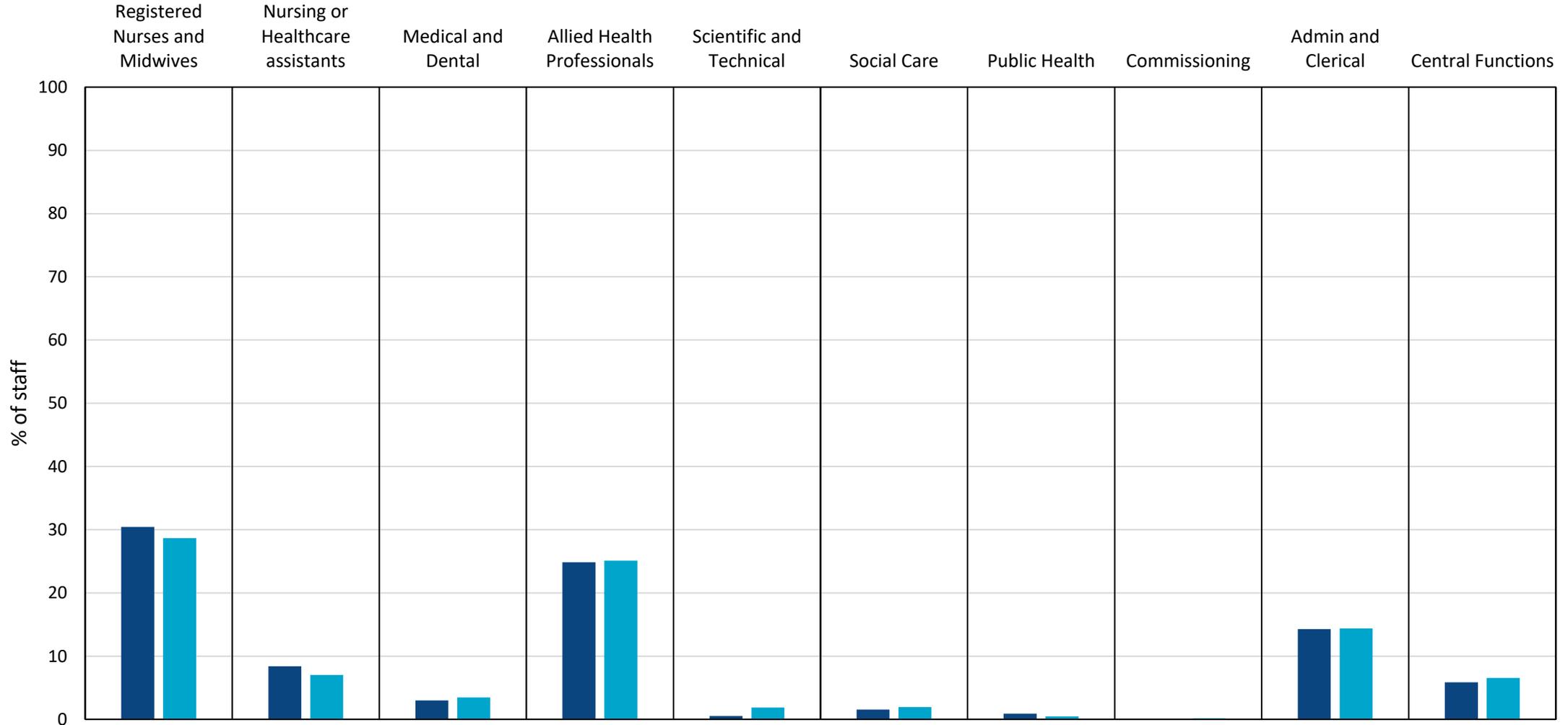


Background details – When you joined this organisation, were you recruited from outside of the UK?



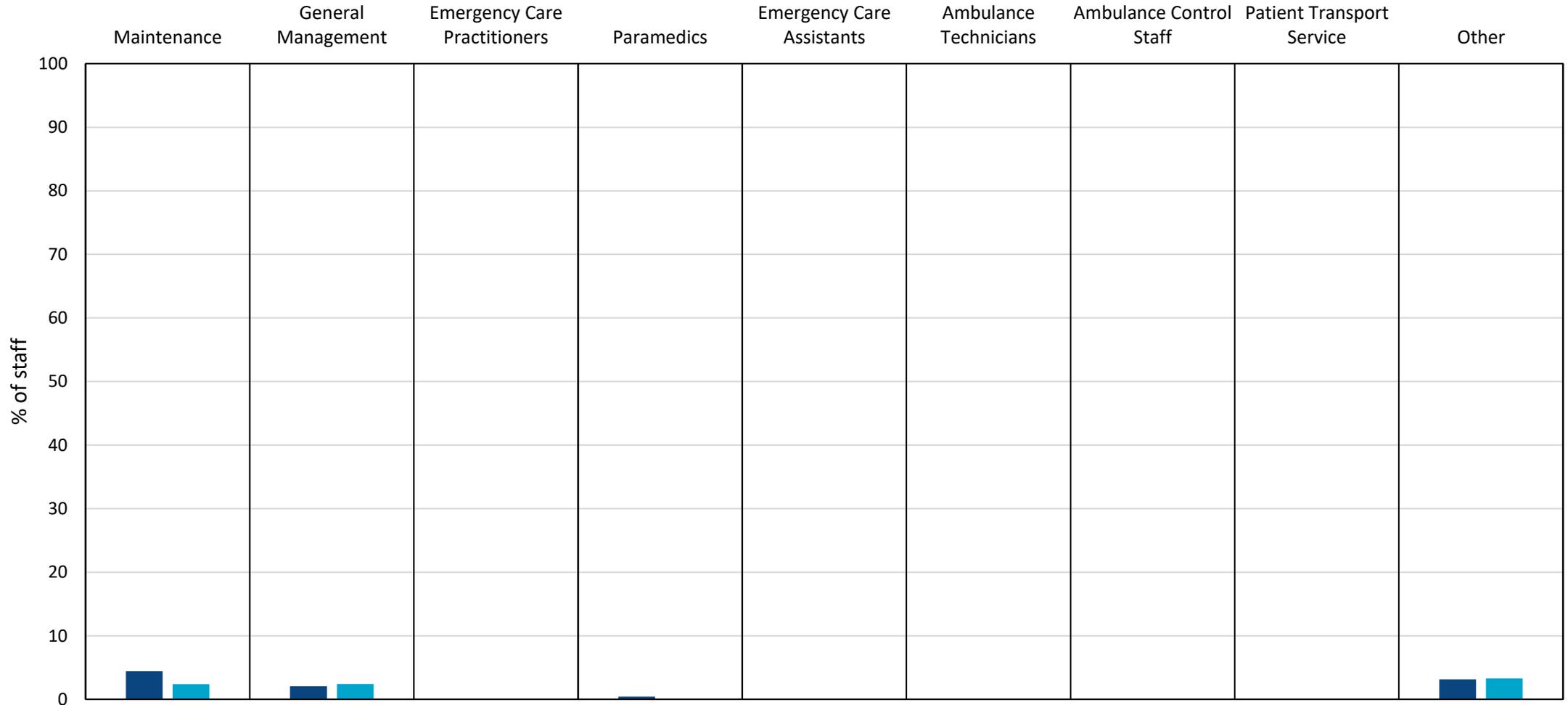
	Yes	No	Prefer not to say
Your org	1.81%	97.50%	0.68%
Average	2.11%	97.04%	0.84%
Responses	2925	2925	2925

Background details – Occupational group



Responses	2979	2979	2979	2979	2979	2979	2979	2979	2979	2979
Your org	30.45%	8.39%	2.99%	24.84%	0.54%	1.54%	0.91%	0.03%	14.27%	5.87%
Average	28.65%	7.01%	3.47%	25.12%	1.88%	1.94%	0.47%	0.16%	14.39%	6.56%

Background details – Occupational group

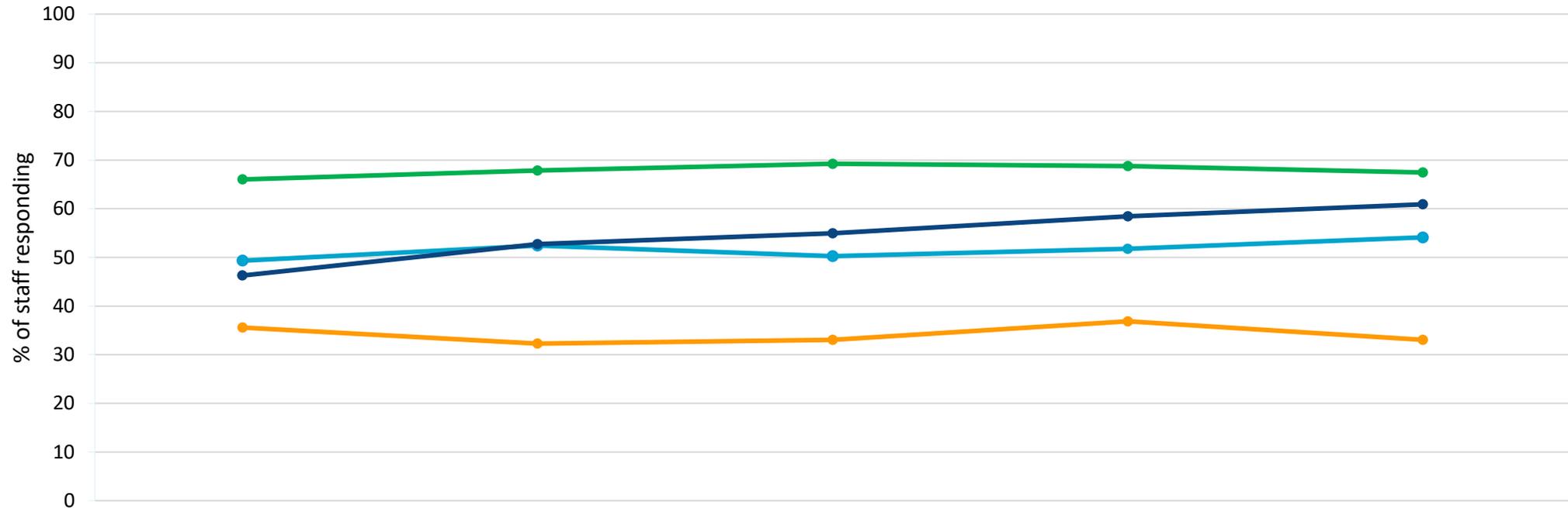


Occupational Group	Your org (%)	Average (%)	Responses
Maintenance	4.43%	2.37%	2979
General Management	2.05%	2.42%	2979
Emergency Care Practitioners	0.10%	0.00%	2979
Paramedics	0.40%	0.01%	2979
Emergency Care Assistants	0.03%	0.00%	2979
Ambulance Technicians	0.00%	0.00%	2979
Ambulance Control Staff	0.00%	0.00%	2979
Patient Transport Service	0.00%	0.00%	2979
Other	3.16%	3.27%	2979

Appendices

Appendix A: Response rate

Response rate



	2020	2021	2022	2023	2024
Your org	46.26%	52.71%	54.94%	58.45%	60.91%
Highest	66.02%	67.86%	69.24%	68.76%	67.46%
Average	49.31%	52.40%	50.26%	51.76%	54.12%
Lowest	35.56%	32.27%	33.04%	36.86%	33.03%
Responses	2023	2367	2492	2808	3029

Appendix B: Significance testing 2023 vs 2024

Appendix B: Significance testing – 2023 vs 2024

Statistical significance helps quantify whether a result is likely due to chance or to some factor of interest. The table below presents the results of significance testing conducted on the theme scores calculated in both 2023 and 2024*. For more details, please see the [technical document](#).

People Promise elements	2023 score	2023 respondents	2024 score	2024 respondents	Statistically significant change?
We are compassionate and inclusive	7.73	2799	7.67	3023	Not significant
We are recognised and rewarded	6.54	2800	6.48	3021	Not significant
We each have a voice that counts	7.11	2773	7.00	2991	Significantly lower
We are safe and healthy	6.50	2774	6.48	3003	Not significant
We are always learning	6.05	2725	6.05	2925	Not significant
We work flexibly	6.83	2790	6.84	3003	Not significant
We are a team	7.23	2794	7.21	3024	Not significant
Themes					
Staff Engagement	7.27	2800	7.18	3024	Significantly lower
Morale	6.37	2803	6.35	3024	Not significant

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

Note: 2023 results for 'We are safe and healthy' are now reported using corrected data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.

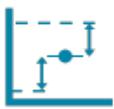
Appendix C: Tips on using your benchmark report

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

Key points to note



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



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



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

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

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

Areas to improve

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



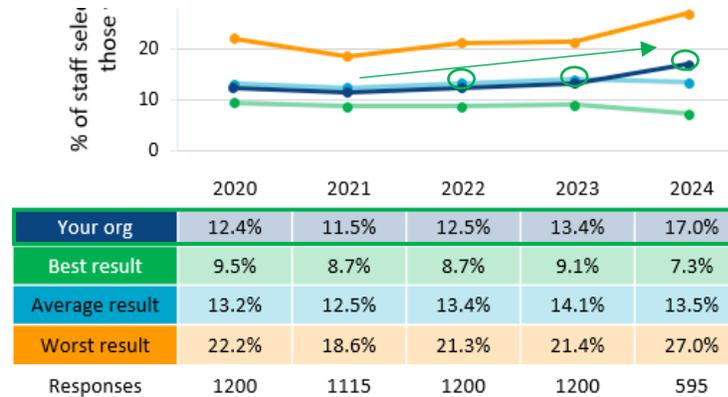
Only one example is highlighted for each point

Positive outcomes

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

Review trend data

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

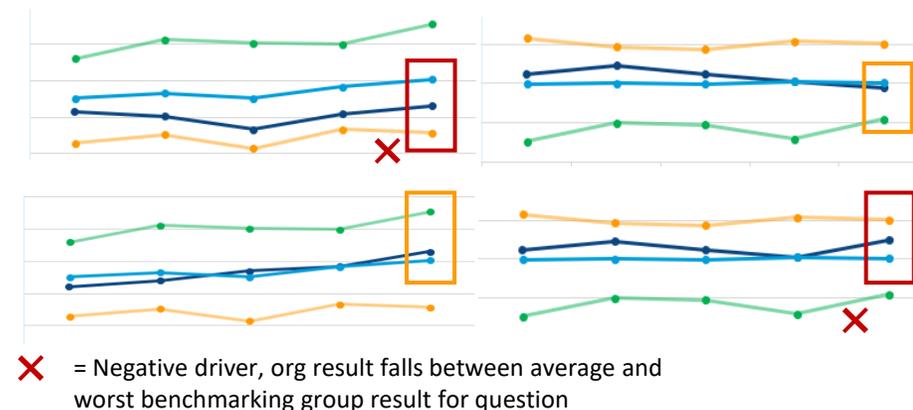


Benchmarked trend data also allows you to review local changes and benchmark comparisons at the same time, allowing for various types of questions to be considered: e.g. how have the results for my organisation changed over time? Is my organisation improving faster than our peers?

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

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

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



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

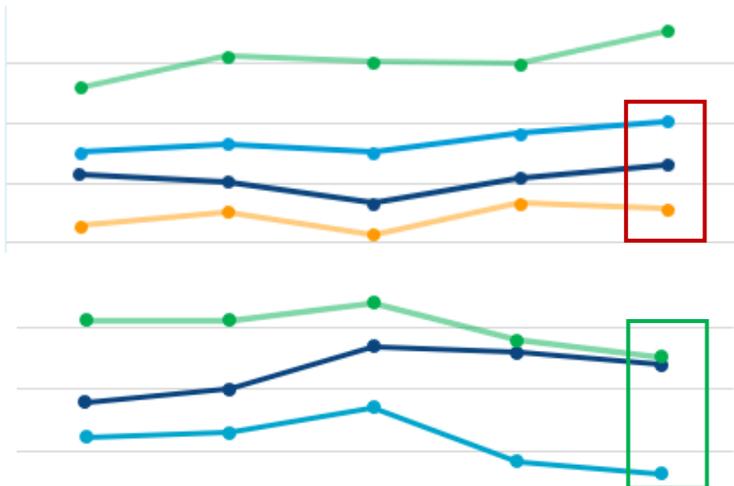
Identifying questions of interest

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

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

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

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



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

Appendix D: Additional reporting outputs

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

Supporting documents



Basic Guide: Provides a brief overview of the NHS Staff Survey data and details on what is contained in each of the reporting outputs.



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

Other reporting outputs



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



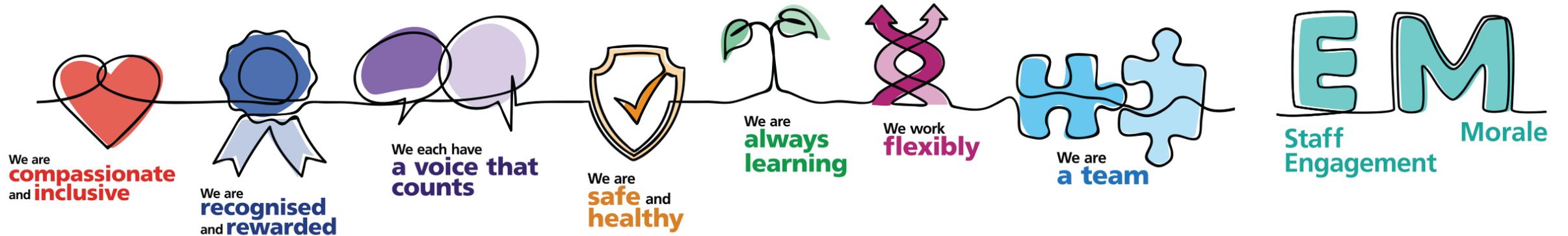
Breakdown reports: Reports containing People Promise and theme results split by breakdown (locality) for Gloucestershire Health and Care NHS Foundation Trust.



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



Detailed spreadsheets Contain detailed weighted results for all participating organisations, all trusts nationally, and for each region and ICS.



Gloucestershire Health and Care NHS Foundation Trust

2024 NHS Staff Survey

Breakdown report

Introduction	4
People Promise element and Theme results – Breakdowns 1	5
<u>Adult Comm Mgmt & Admin</u>	<u>6</u>
<u>Adult Comm Physical Health</u>	<u>7</u>
<u>Adult Community Entry Services</u>	<u>8</u>
<u>Adult Community LD</u>	<u>9</u>
<u>Adult Community Mental Health</u>	<u>10</u>
<u>CW Leadership</u>	<u>11</u>
<u>CW Specialist Services</u>	<u>12</u>
<u>CYPS Management & Admin</u>	<u>13</u>
<u>CYPS Mental Health</u>	<u>14</u>
<u>CYPS Physical Health</u>	<u>15</u>
<u>Dental & Sexual Health Services</u>	<u>16</u>
<u>Executive</u>	<u>17</u>
<u>Finance</u>	<u>18</u>
<u>Finance - BI</u>	<u>19</u>
<u>Finance - Digital Services</u>	<u>20</u>
<u>Finance - Estates & Facilities</u>	<u>21</u>
<u>Human Resources</u>	<u>22</u>
<u>MH Urgent Care & IP</u>	<u>23</u>
<u>Medical and R & D</u>	<u>24</u>
<u>Nursing, Therapies & Quality</u>	<u>25</u>
<u>Operational Management</u>	<u>26</u>
<u>PH Urgent Care & IP</u>	<u>27</u>
<u>Strategy & Partnerships</u>	<u>28</u>
<u>Therapies & Spec Equip</u>	<u>29</u>

<u>Add Prof Scientific and Technic</u>	31
<u>Additional Clinical Services</u>	32
<u>Administrative and Clerical</u>	33
<u>Allied Health Professionals</u>	34
<u>Estates and Ancillary</u>	35
<u>Medical and Dental</u>	36
<u>Nursing and Midwifery Registered</u>	37

This breakdown report for Gloucestershire Health and Care NHS Foundation Trust contains results by breakdown area for the People Promise element and theme results from the 2024 NHS Staff Survey. These results are compared to the unweighted average for your organisation.

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

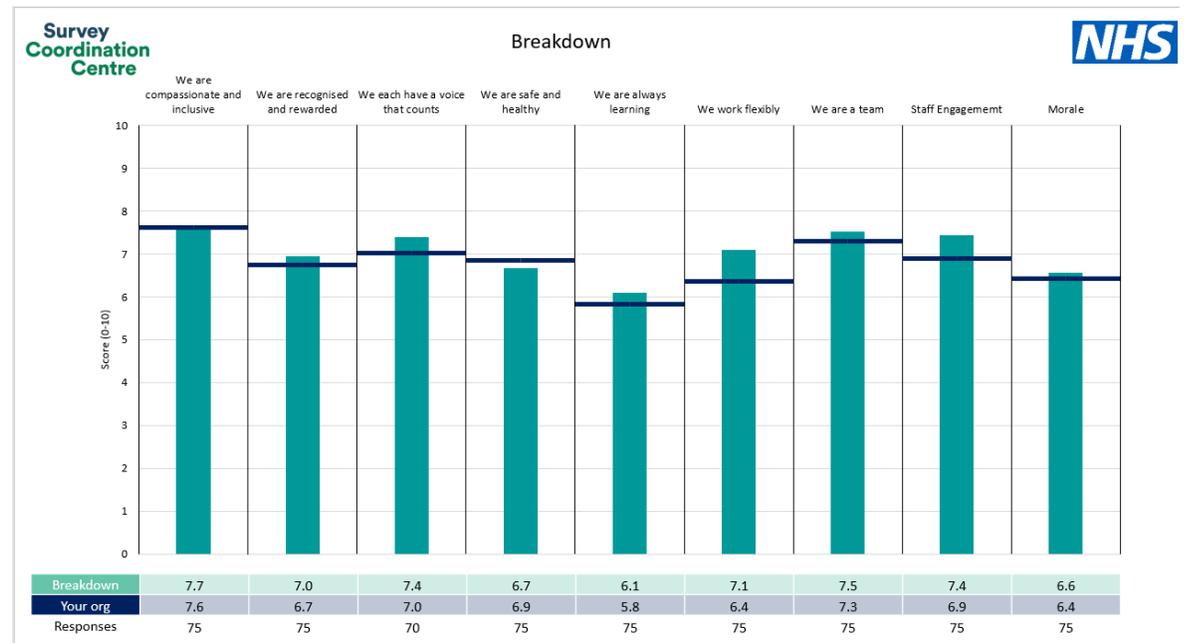
The breakdowns used in this report were provided and defined by Gloucestershire Health and Care NHS Foundation Trust. Details of how the People Promise element and theme scores were calculated are included in the Technical Document, available to download from our results website.

Key features

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

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

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



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

Breakdowns 1

Gloucestershire Health and Care NHS Foundation Trust
2024 NHS Staff Survey



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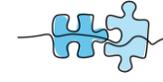
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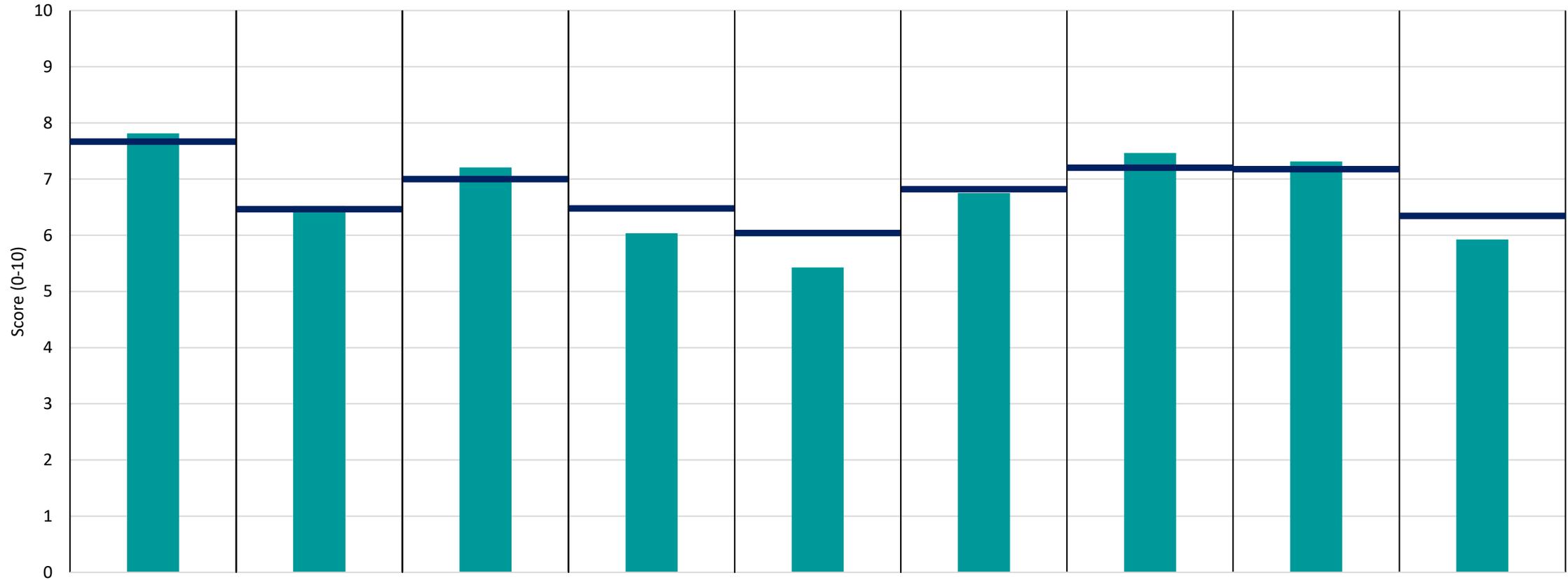
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Staff Engagement



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Breakdown	7.81	6.52	7.21	6.04	5.43	6.75	7.47	7.31	5.93
Your org	7.67	6.46	7.00	6.48	6.04	6.82	7.20	7.18	6.34
Responses	24	24	24	24	23	24	24	24	24



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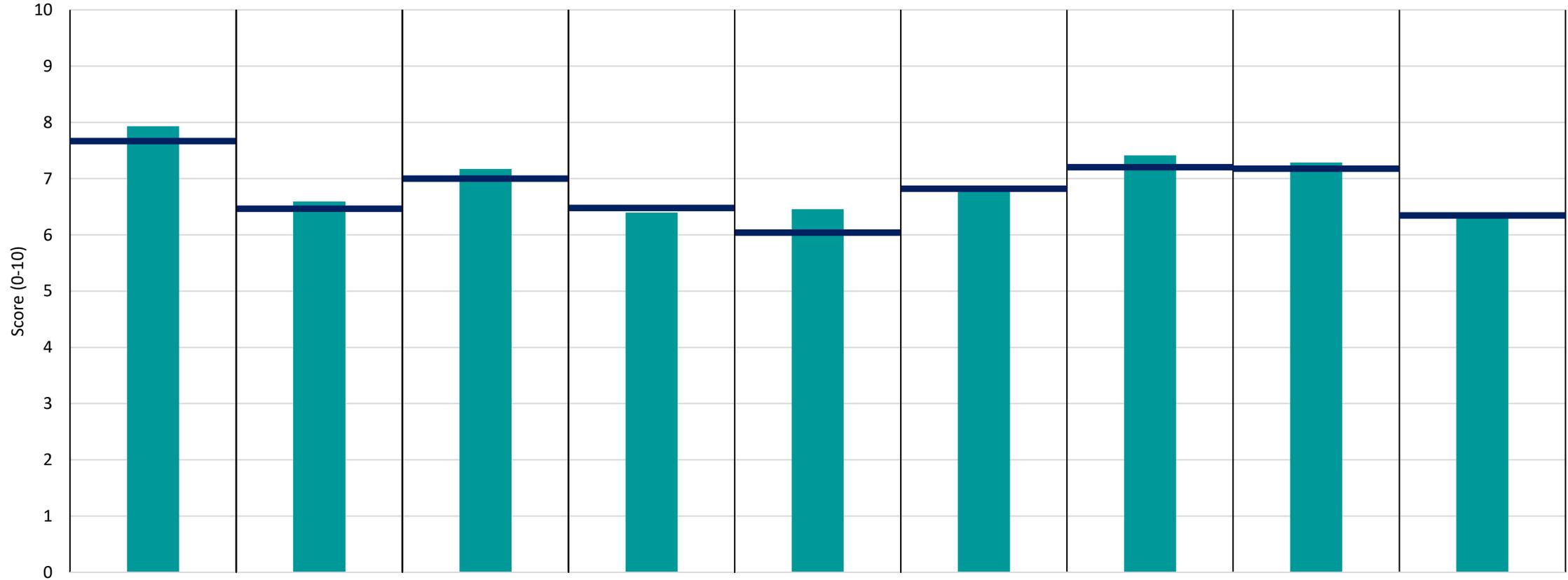
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Breakdown	7.93	6.60	7.17	6.40	6.46	6.78	7.41	7.29	6.39
Your org	7.67	6.46	7.00	6.48	6.04	6.82	7.20	7.18	6.34
Responses	311	311	310	311	301	311	310	311	311



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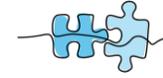
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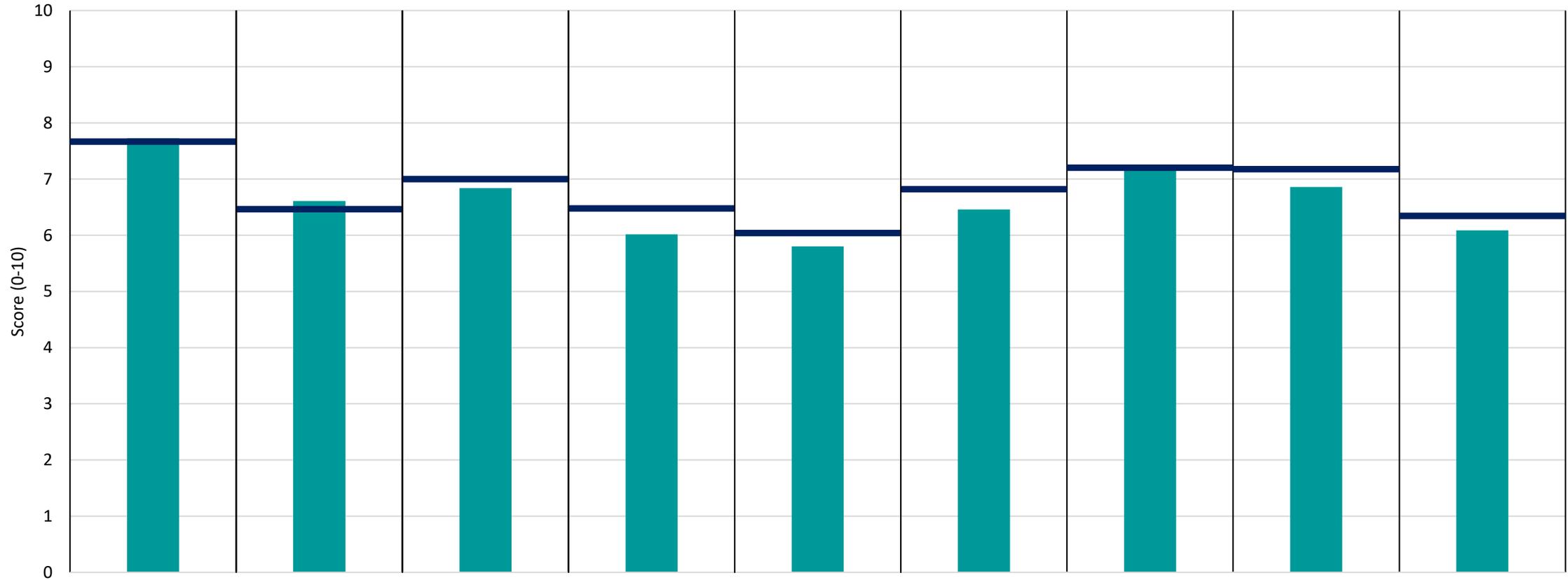
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Breakdown	7.73	6.61	6.84	6.02	5.80	6.46	7.19	6.86	6.09
Your org	7.67	6.46	7.00	6.48	6.04	6.82	7.20	7.18	6.34
Responses	126	126	126	126	122	125	126	126	126



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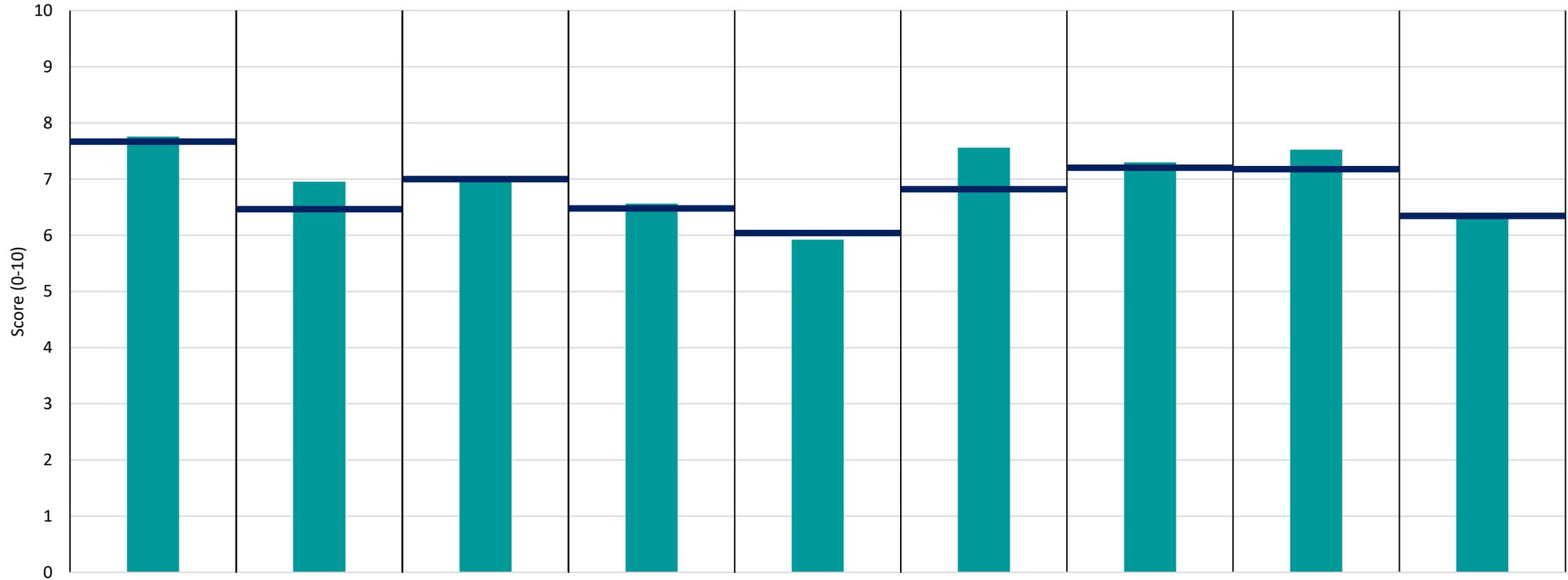
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Breakdown	7.76	6.95	7.01	6.56	5.92	7.56	7.30	7.53	6.37
Your org	7.67	6.46	7.00	6.48	6.04	6.82	7.20	7.18	6.34
Responses	54	54	54	54	54	54	54	54	54



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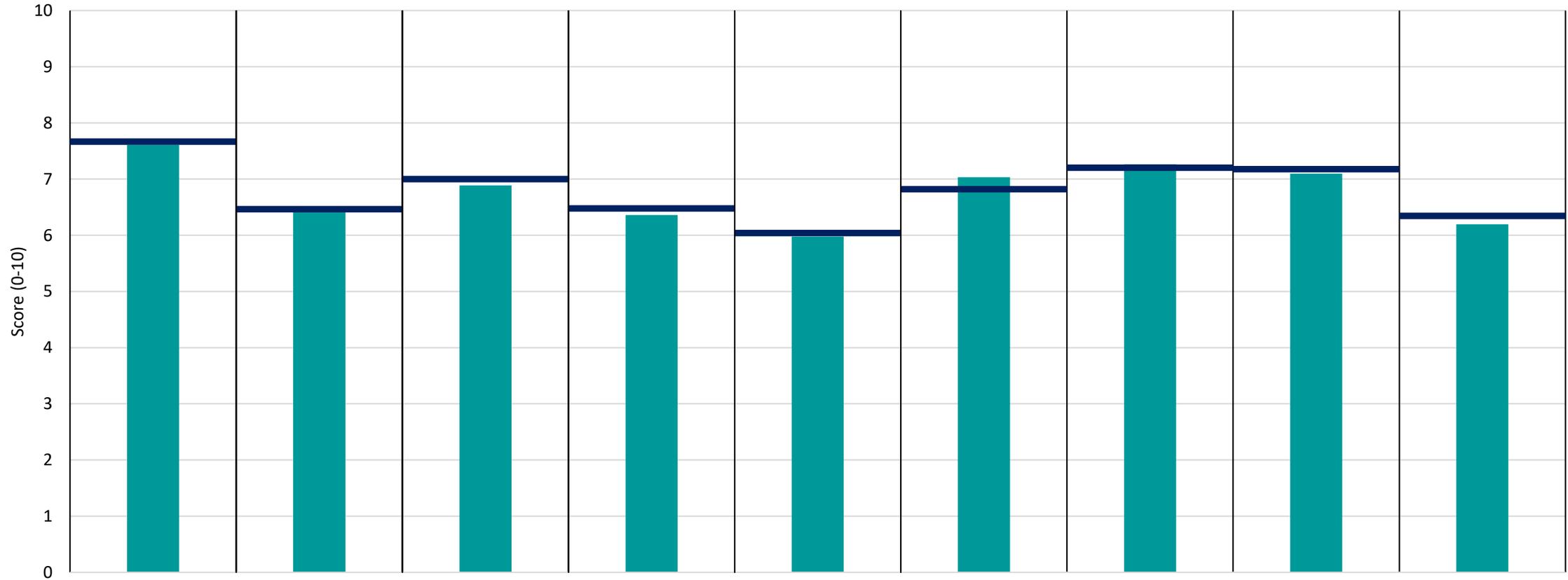
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Breakdown	7.61	6.42	6.89	6.36	5.98	7.03	7.26	7.10	6.20
Your org	7.67	6.46	7.00	6.48	6.04	6.82	7.20	7.18	6.34
Responses	229	228	225	227	223	227	229	229	229



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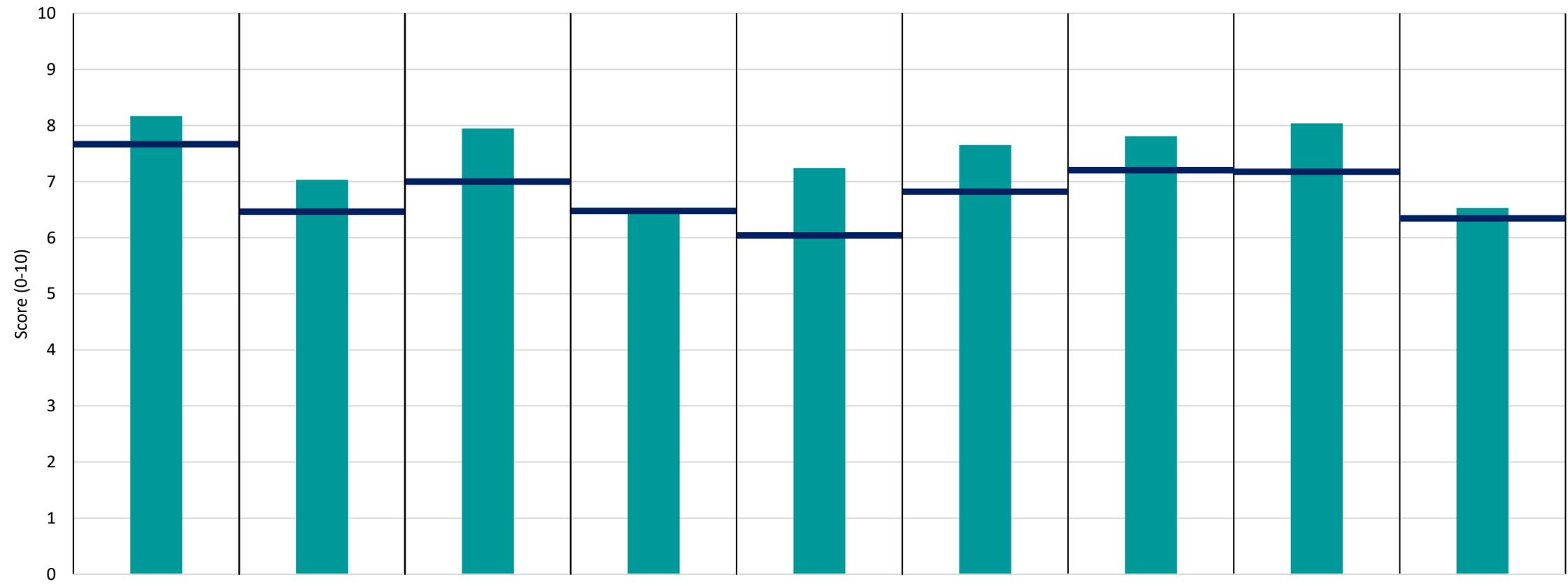
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Breakdown	8.17	7.03	7.95	6.52	7.24	7.65	7.81	8.04	6.53
Your org	7.67	6.46	7.00	6.48	6.04	6.82	7.20	7.18	6.34
Responses	30	30	30	30	29	30	30	30	30



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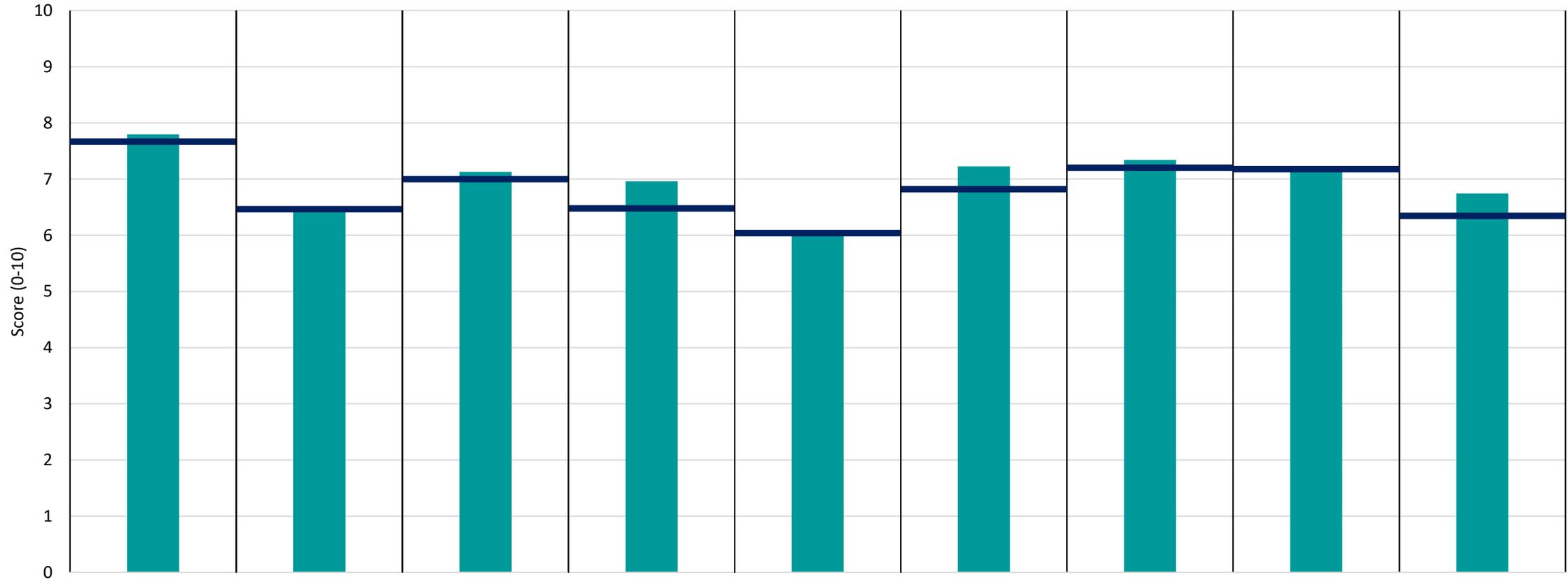
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Breakdown	7.80	6.49	7.13	6.96	6.09	7.23	7.34	7.15	6.75
Your org	7.67	6.46	7.00	6.48	6.04	6.82	7.20	7.18	6.34
Responses	101	101	101	101	100	101	101	101	101



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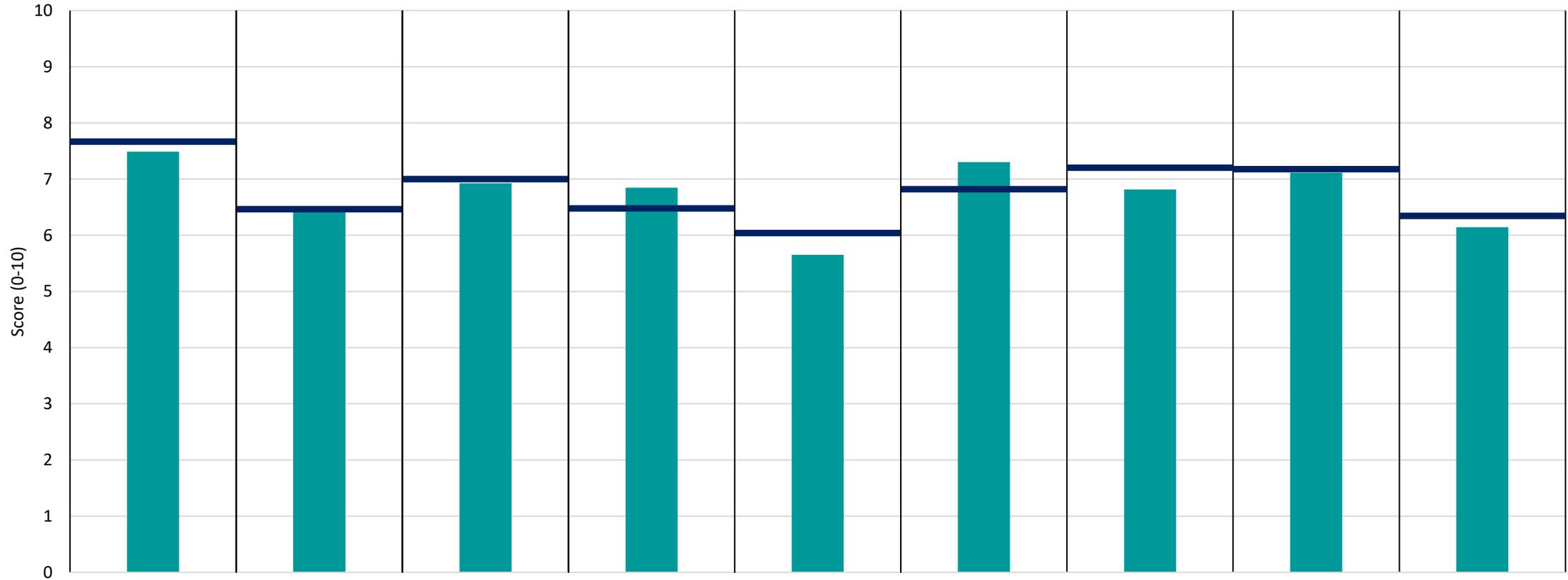
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Breakdown	7.49	6.46	6.93	6.85	5.65	7.30	6.81	7.11	6.14
Your org	7.67	6.46	7.00	6.48	6.04	6.82	7.20	7.18	6.34
Responses	59	59	59	59	59	59	59	59	59



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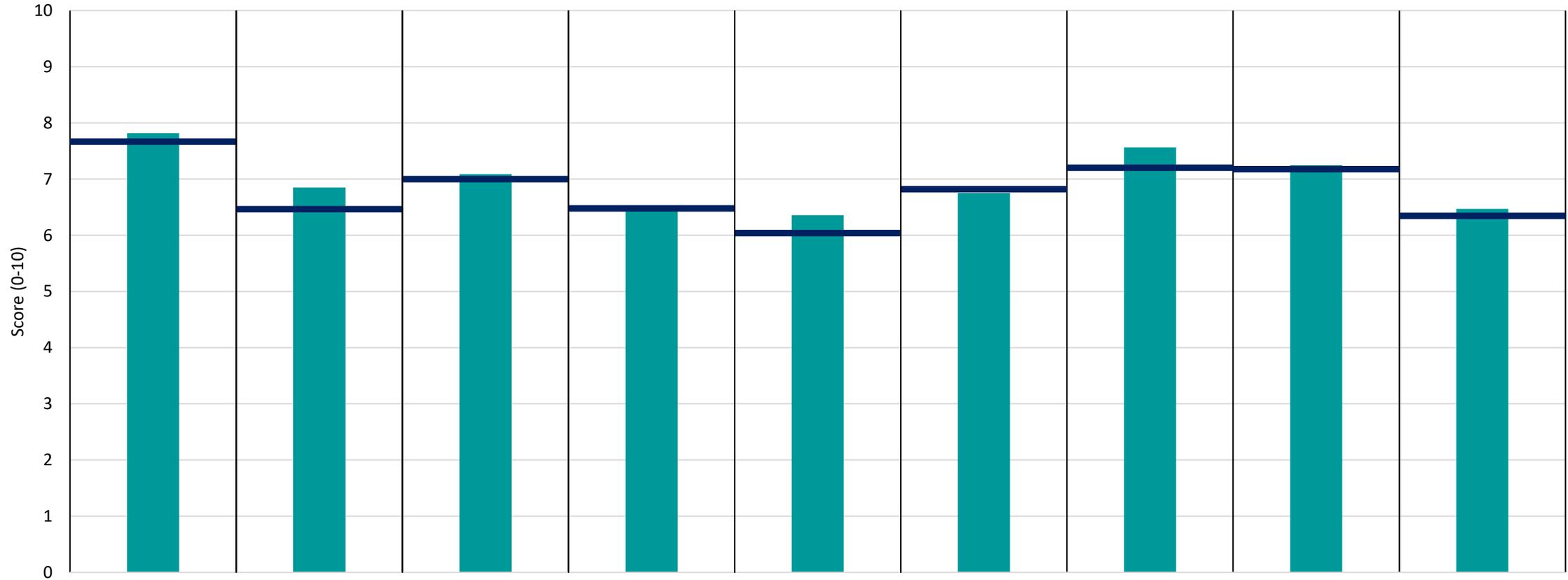
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Breakdown	7.82	6.85	7.09	6.44	6.36	6.75	7.56	7.25	6.47
Your org	7.67	6.46	7.00	6.48	6.04	6.82	7.20	7.18	6.34
Responses	97	97	96	97	92	97	97	97	97



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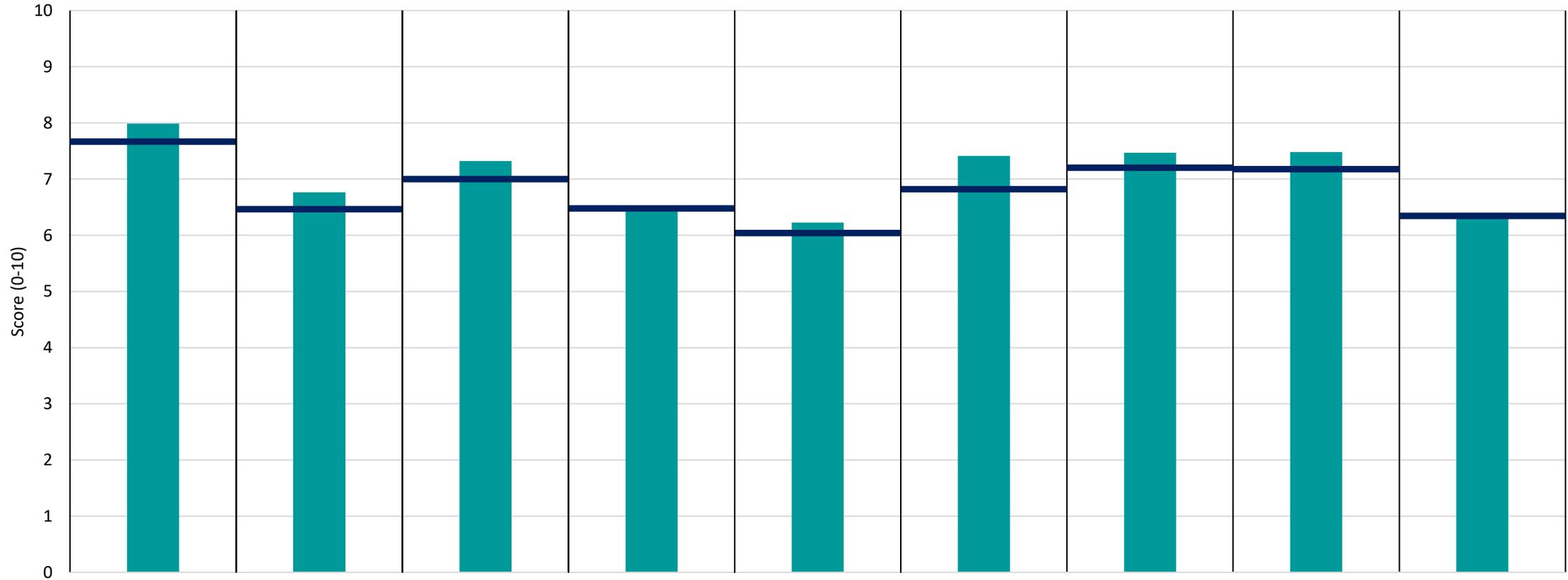
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Breakdown	7.99	6.76	7.32	6.46	6.22	7.41	7.47	7.48	6.39
Your org	7.67	6.46	7.00	6.48	6.04	6.82	7.20	7.18	6.34
Responses	206	206	205	206	203	206	206	206	206



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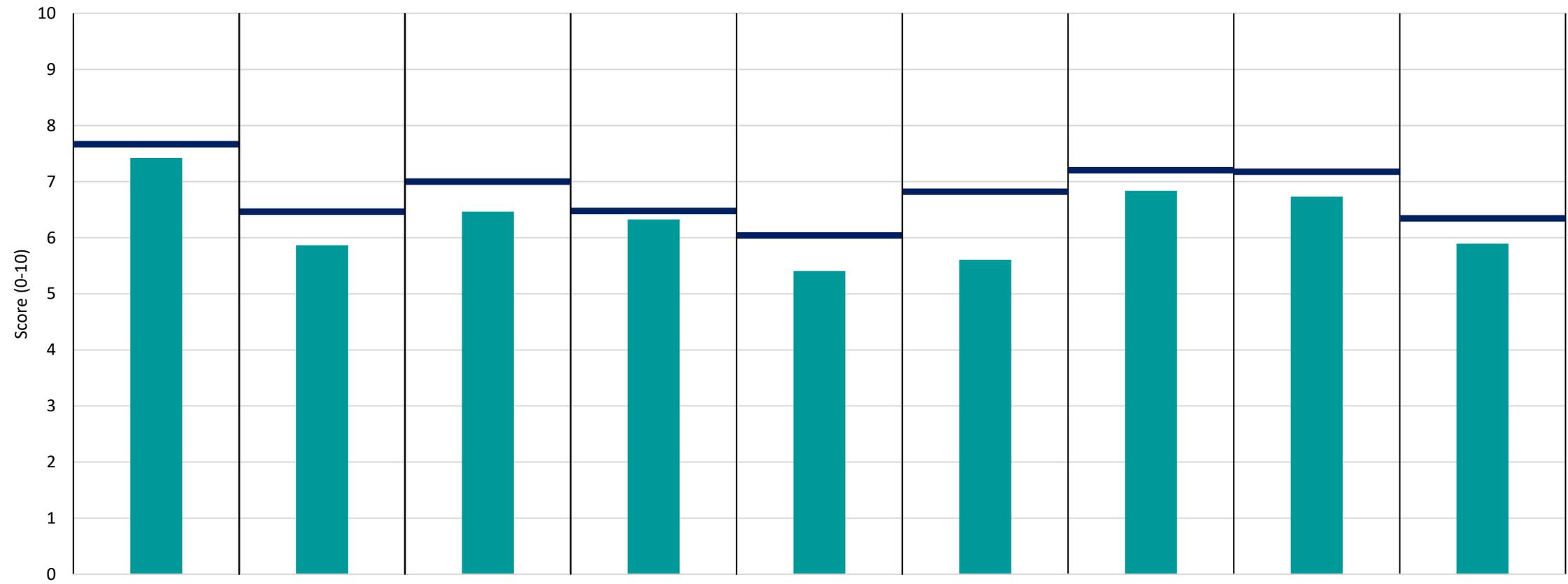
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Breakdown	7.42	5.87	6.46	6.32	5.41	5.60	6.84	6.73	5.89
Your org	7.67	6.46	7.00	6.48	6.04	6.82	7.20	7.18	6.34
Responses	89	89	89	89	84	89	89	89	89



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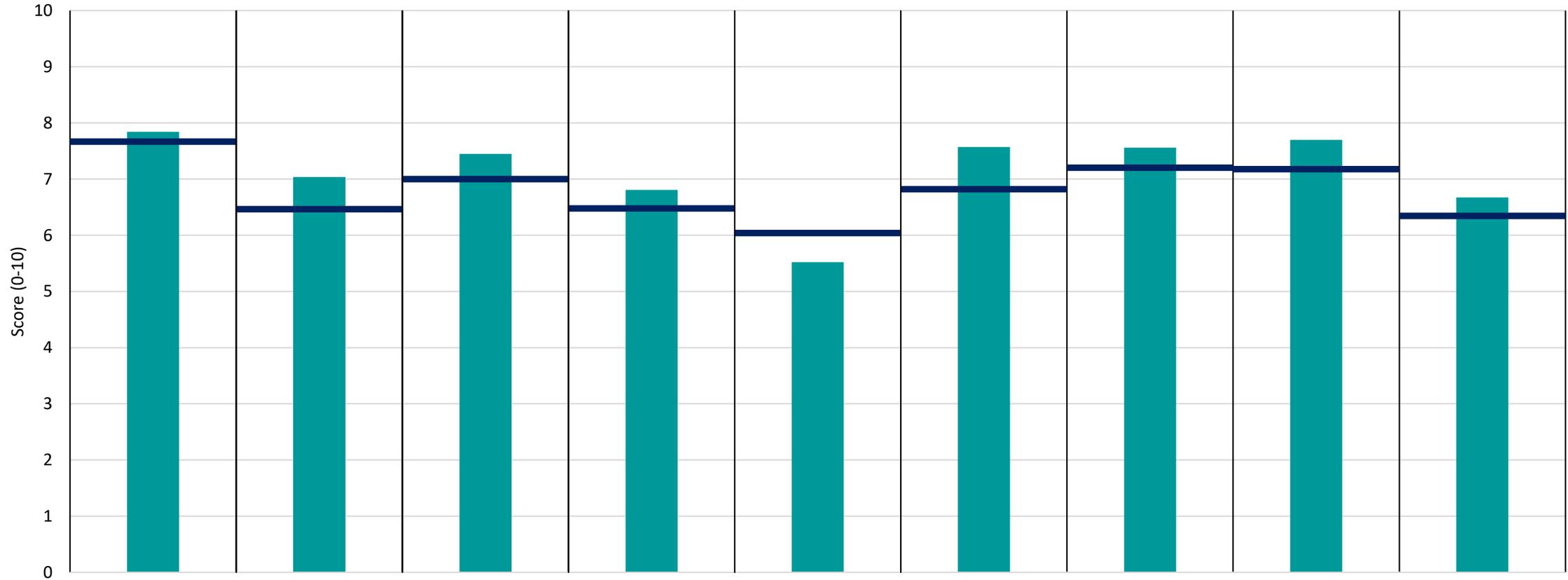
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Breakdown	7.84	7.04	7.45	6.81	5.52	7.57	7.56	7.70	6.67
Your org	7.67	6.46	7.00	6.48	6.04	6.82	7.20	7.18	6.34
Responses	35	36	35	35	35	35	35	36	36



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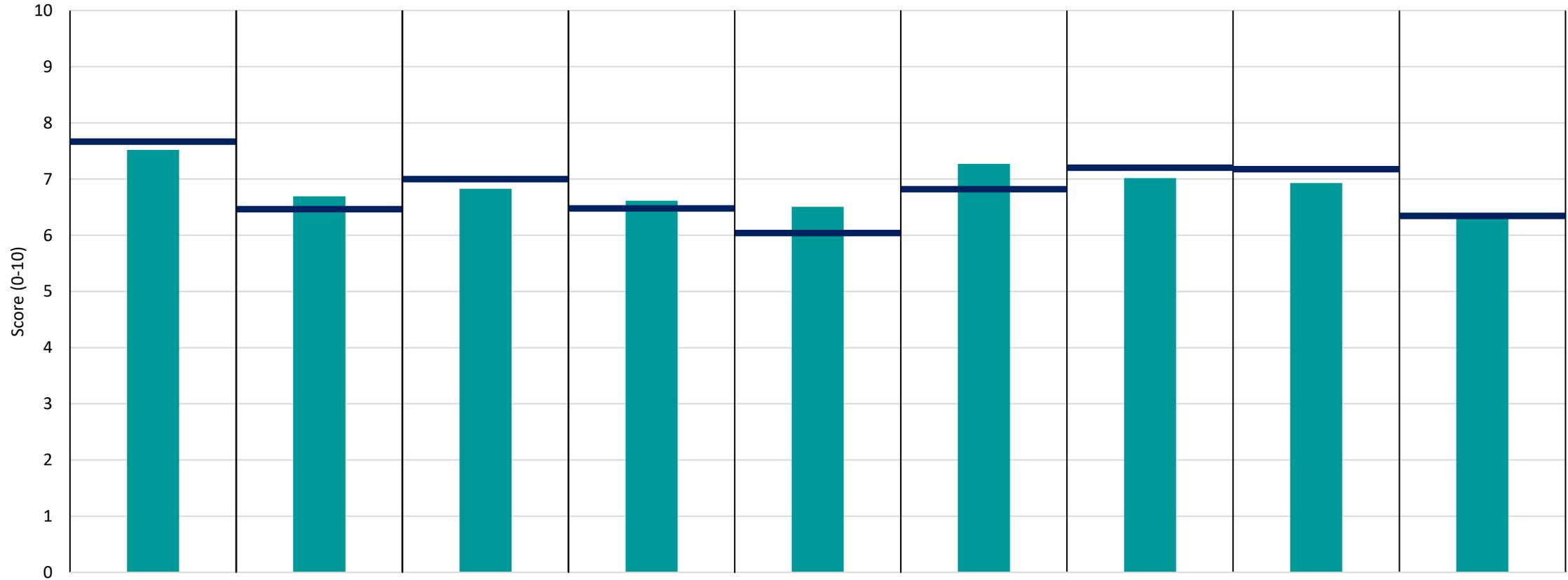
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Breakdown	7.52	6.69	6.83	6.61	6.51	7.27	7.02	6.93	6.32
Your org	7.67	6.46	7.00	6.48	6.04	6.82	7.20	7.18	6.34
Responses	31	31	30	31	28	31	31	31	31



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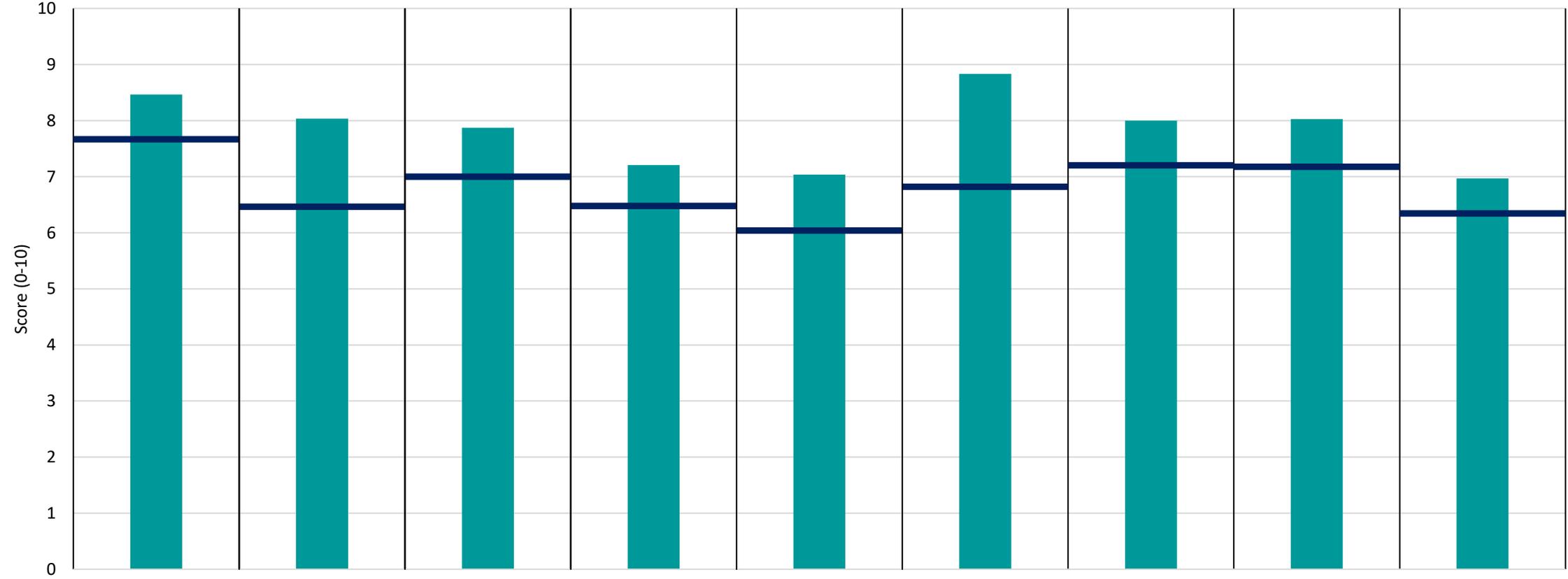
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Breakdown	8.46	8.03	7.87	7.21	7.04	8.83	8.00	8.03	6.97
Your org	7.67	6.46	7.00	6.48	6.04	6.82	7.20	7.18	6.34
Responses	15	15	15	15	13	15	15	15	15



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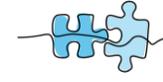
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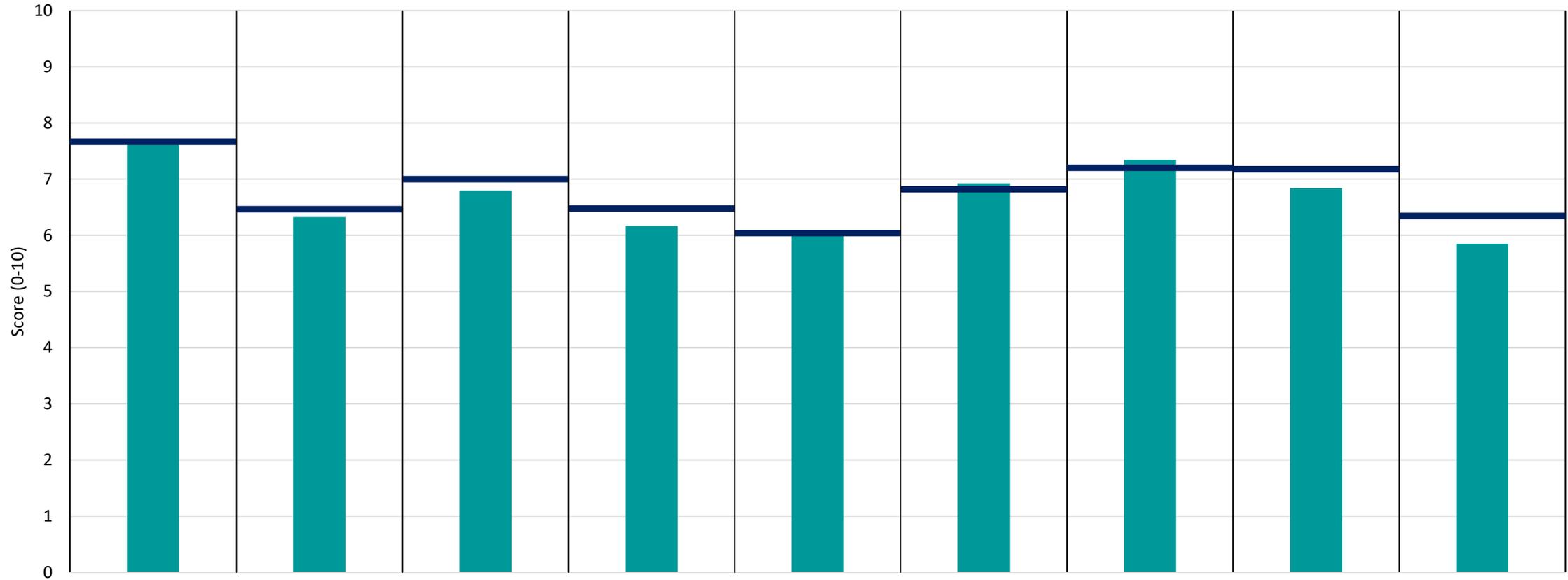
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Breakdown	7.63	6.32	6.79	6.17	6.01	6.93	7.35	6.84	5.85
Your org	7.67	6.46	7.00	6.48	6.04	6.82	7.20	7.18	6.34
Responses	67	67	67	67	64	66	67	67	67



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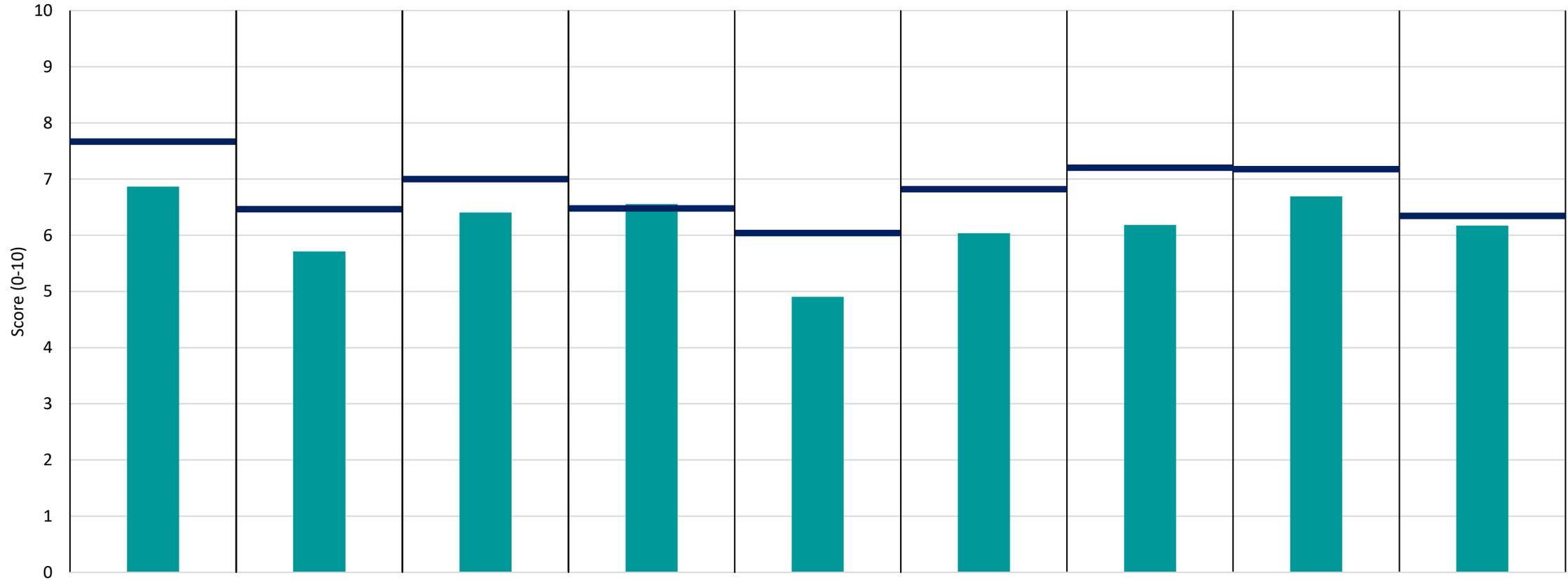
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Breakdown	6.87	5.71	6.41	6.55	4.91	6.04	6.18	6.69	6.17
Your org	7.67	6.46	7.00	6.48	6.04	6.82	7.20	7.18	6.34
Responses	161	163	155	156	148	155	163	162	162



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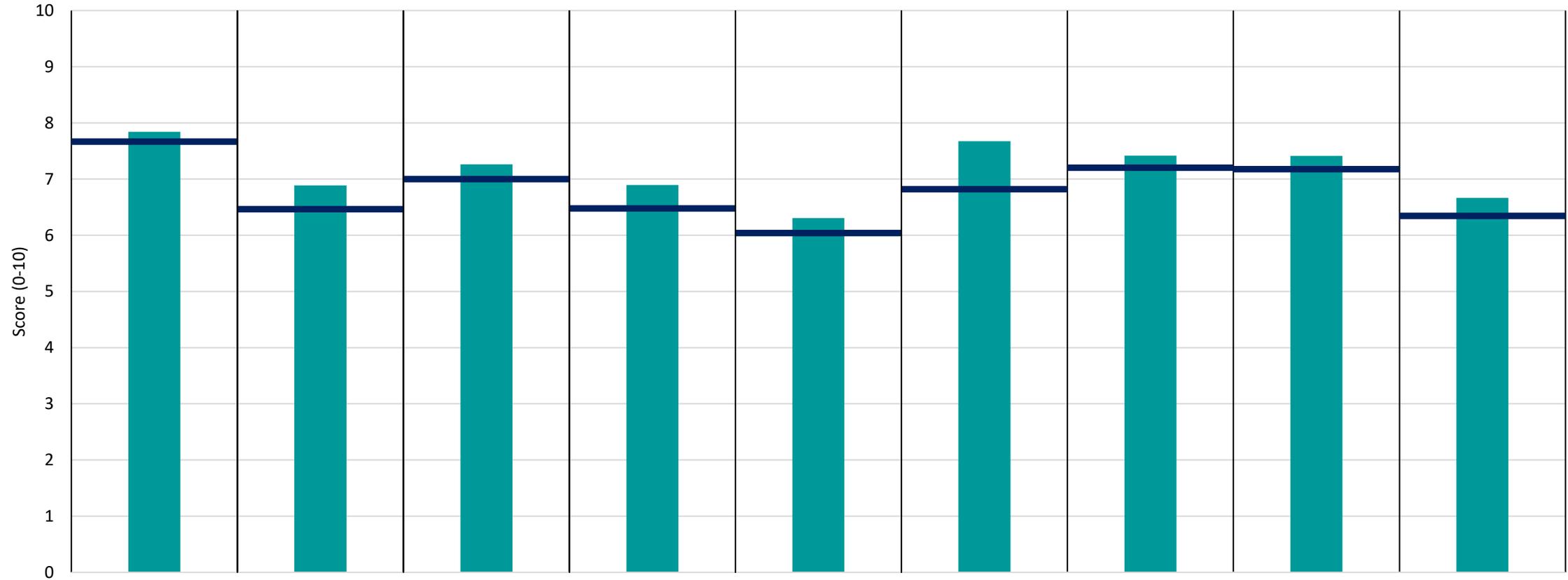
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Breakdown	7.84	6.89	7.26	6.89	6.30	7.67	7.42	7.41	6.67
Your org	7.67	6.46	7.00	6.48	6.04	6.82	7.20	7.18	6.34
Responses	156	156	154	155	150	156	157	156	156



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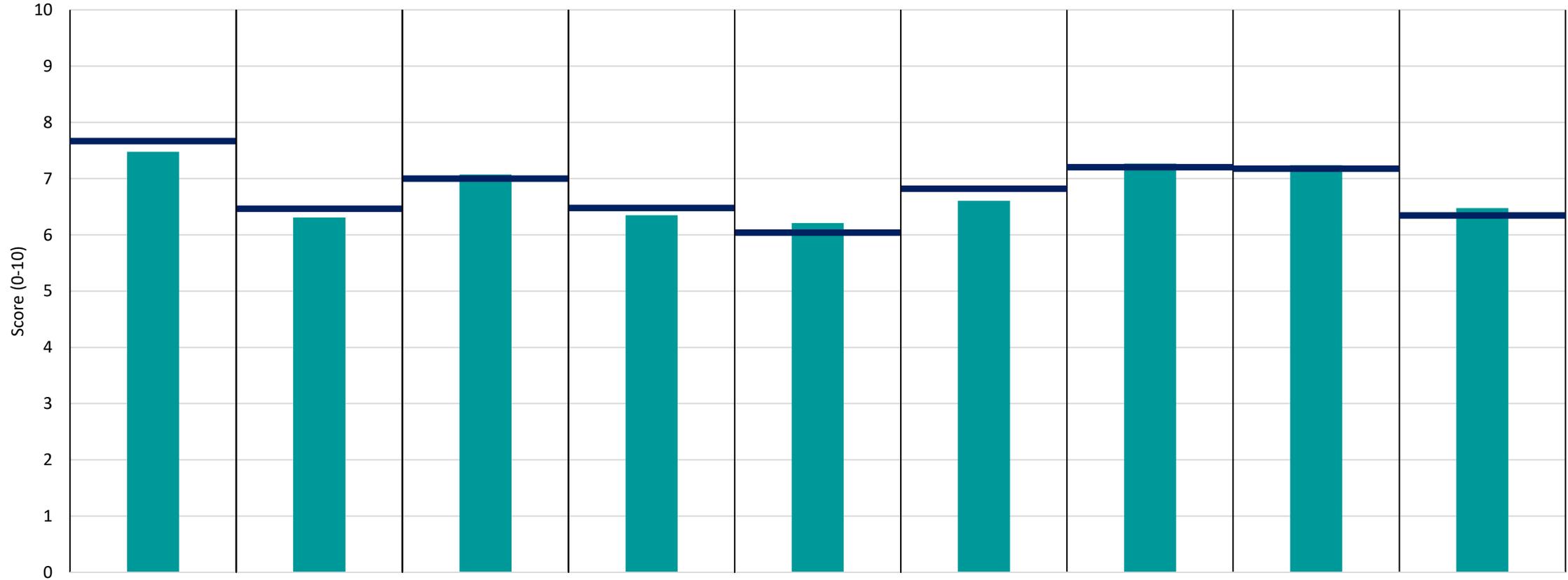
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Breakdown	7.47	6.31	7.07	6.35	6.21	6.60	7.27	7.24	6.48
Your org	7.67	6.46	7.00	6.48	6.04	6.82	7.20	7.18	6.34
Responses	336	334	329	327	322	331	336	335	335



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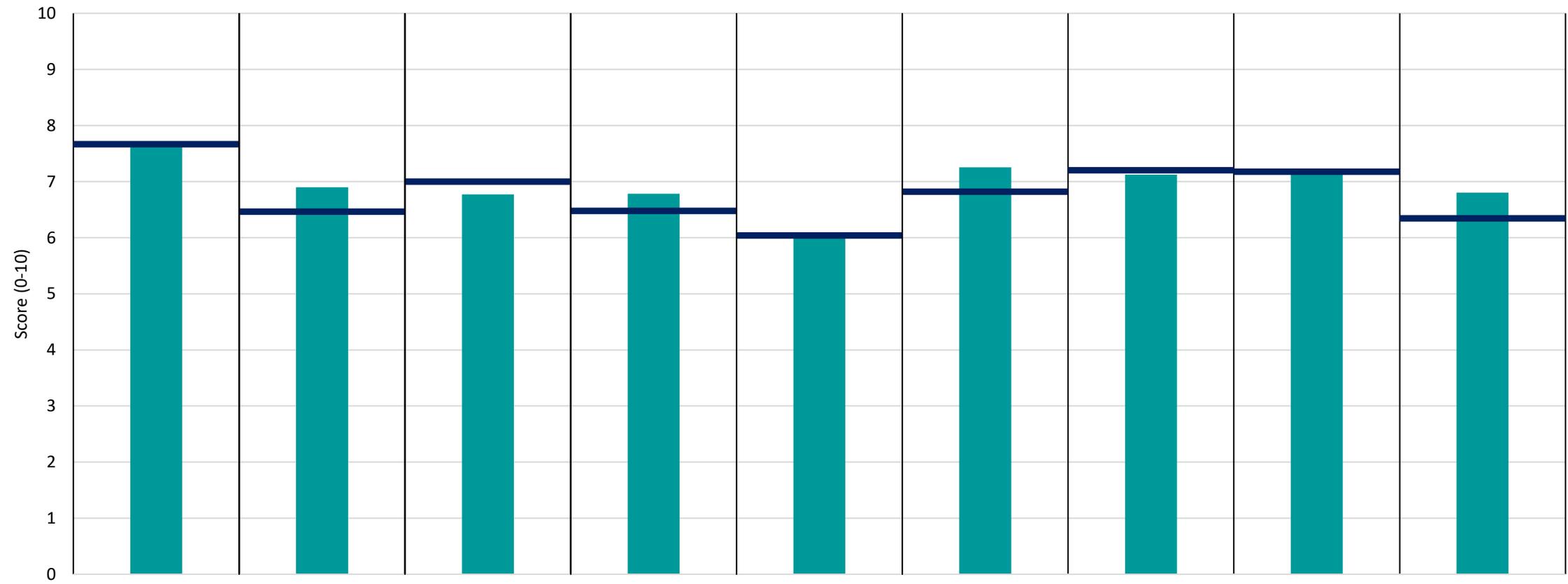
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Breakdown	7.62	6.90	6.77	6.78	6.04	7.25	7.13	7.12	6.80
Your org	7.67	6.46	7.00	6.48	6.04	6.82	7.20	7.18	6.34
Responses	120	120	119	120	116	120	120	120	120



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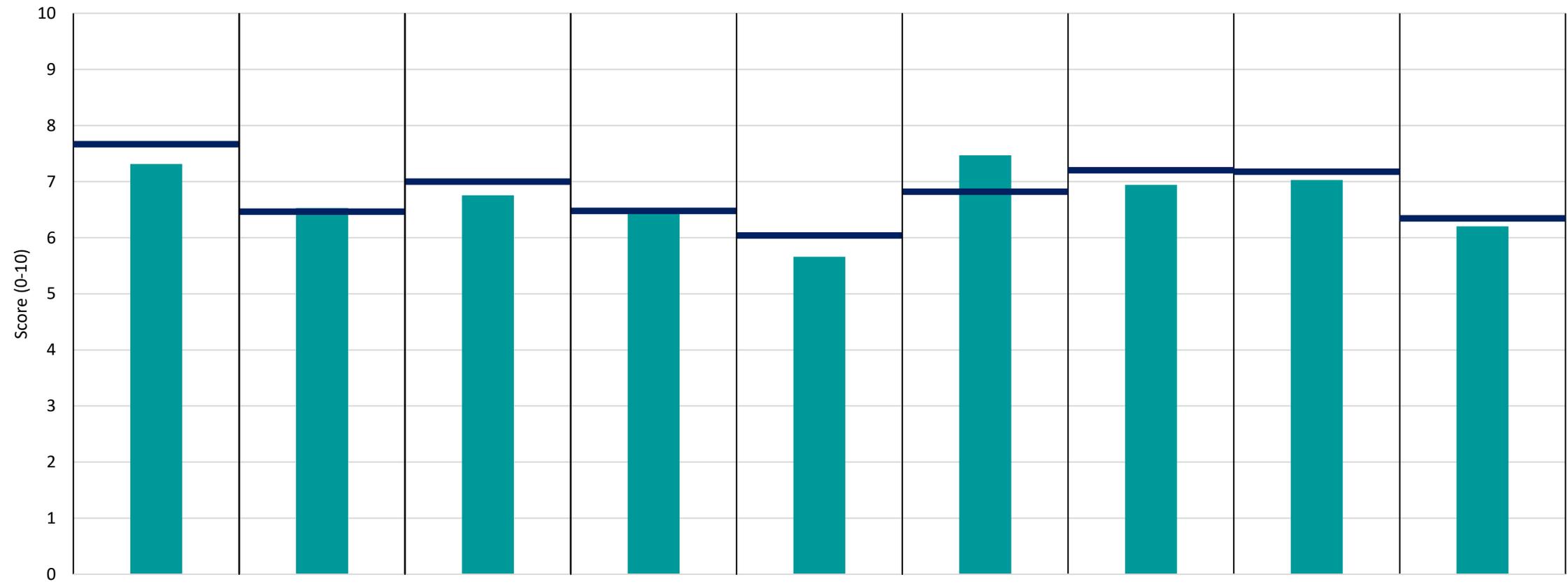
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Breakdown	7.31	6.53	6.76	6.43	5.66	7.47	6.94	7.03	6.20
Your org	7.67	6.46	7.00	6.48	6.04	6.82	7.20	7.18	6.34
Responses	89	89	89	89	86	89	89	89	89



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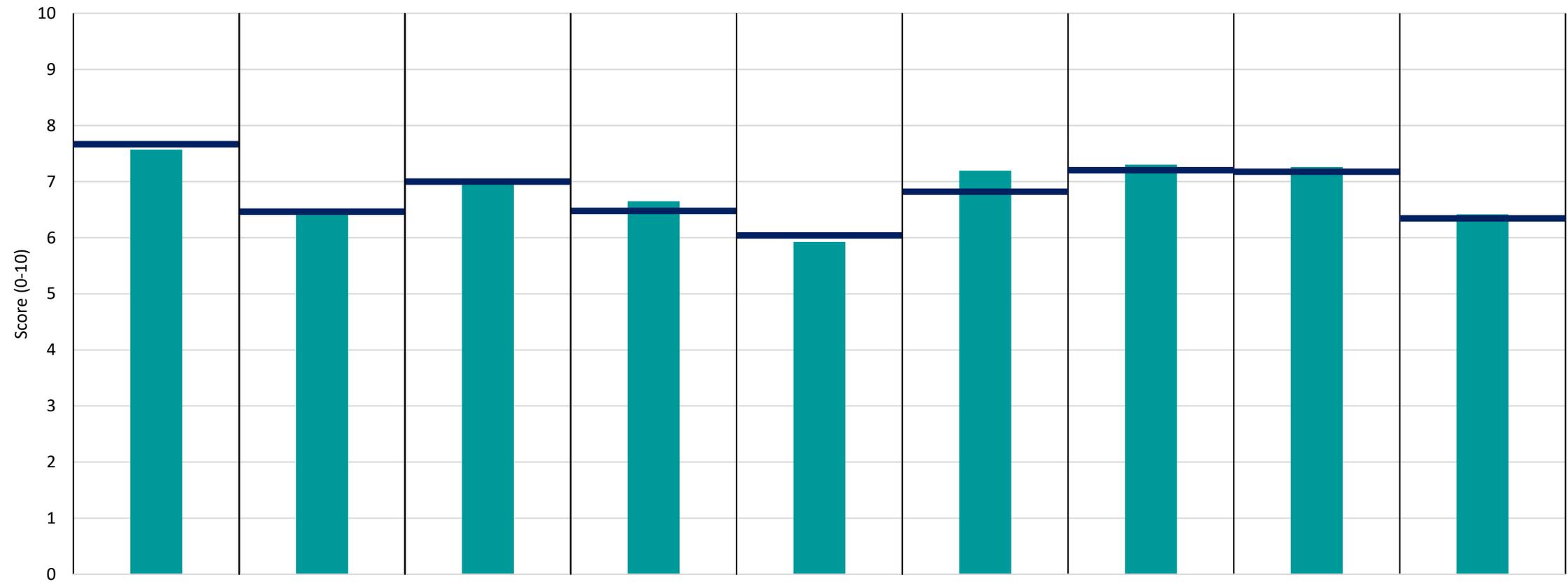
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Staff Engagement



Morale



Breakdown	7.57	6.49	7.03	6.65	5.93	7.19	7.30	7.26	6.42
Your org	7.67	6.46	7.00	6.48	6.04	6.82	7.20	7.18	6.34
Responses	30	30	30	30	30	30	30	30	30



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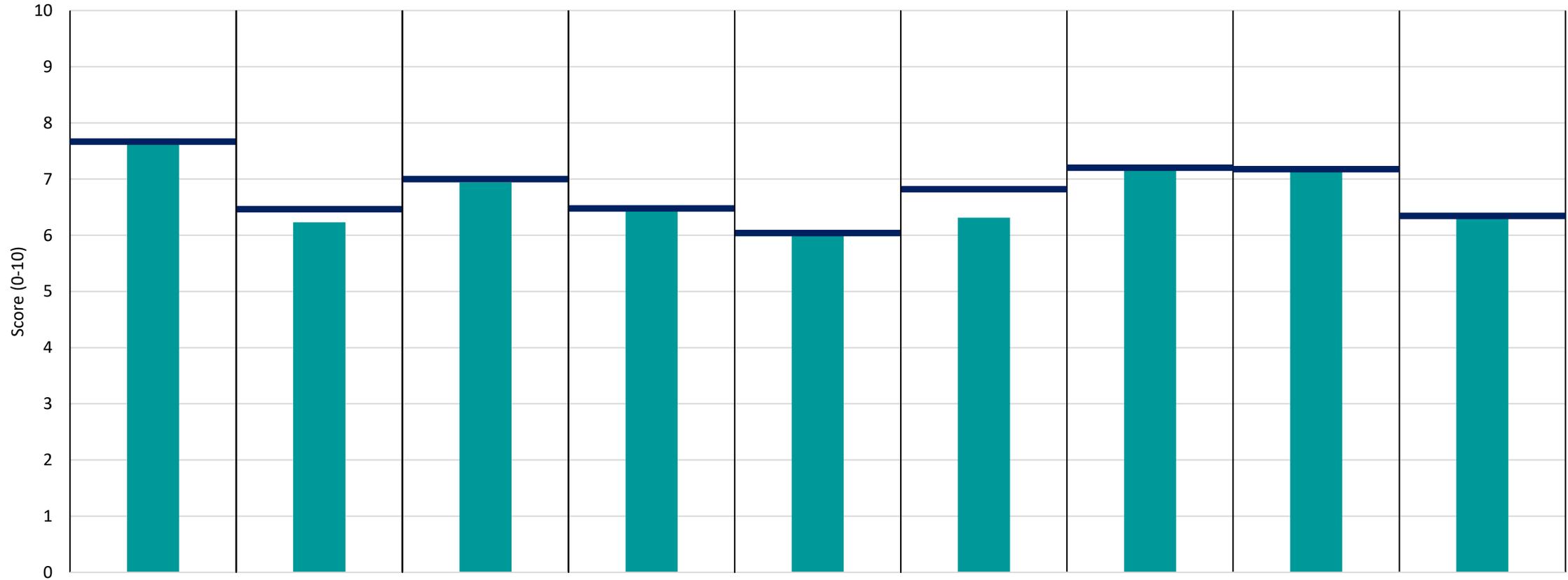
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Staff Engagement



Morale



Breakdown	7.72	6.23	6.94	6.52	6.08	6.31	7.17	7.13	6.30
Your org	7.67	6.46	7.00	6.48	6.04	6.82	7.20	7.18	6.34
Responses	434	433	429	431	423	430	433	434	434



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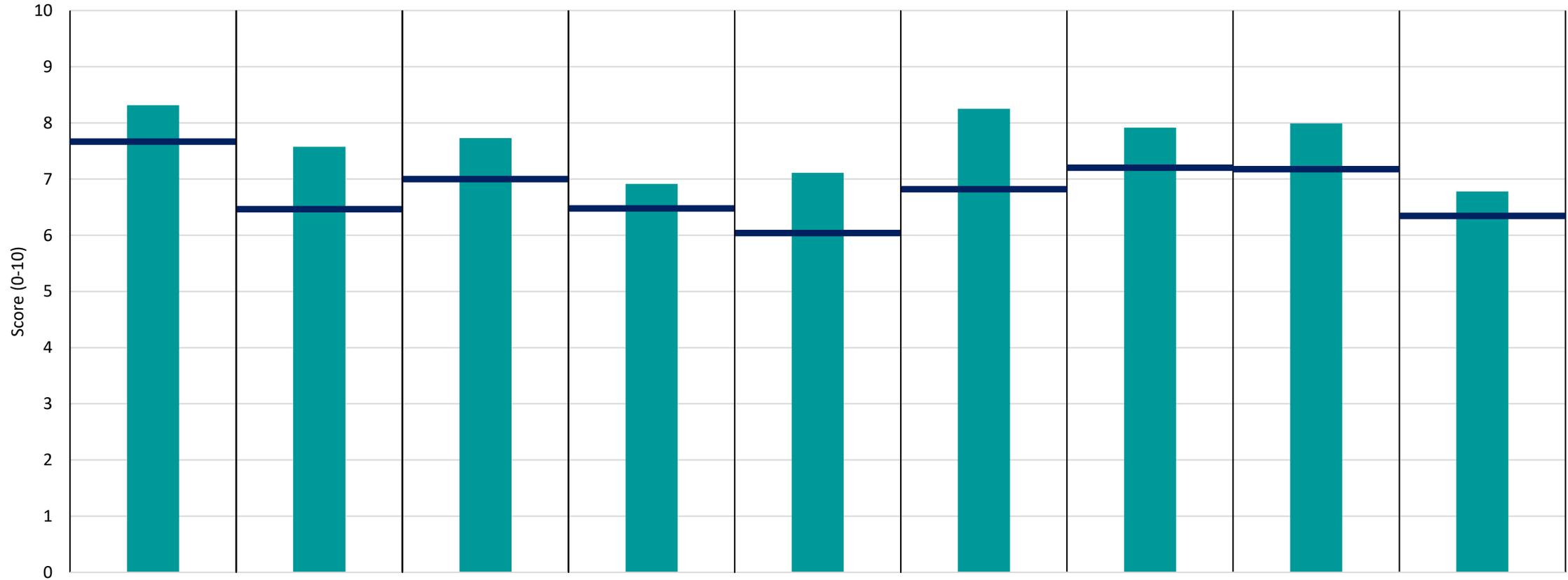
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Staff Engagement



Morale



Breakdown	8.31	7.58	7.73	6.92	7.11	8.25	7.91	7.99	6.78
Your org	7.67	6.46	7.00	6.48	6.04	6.82	7.20	7.18	6.34
Responses	26	26	26	26	24	26	26	26	26



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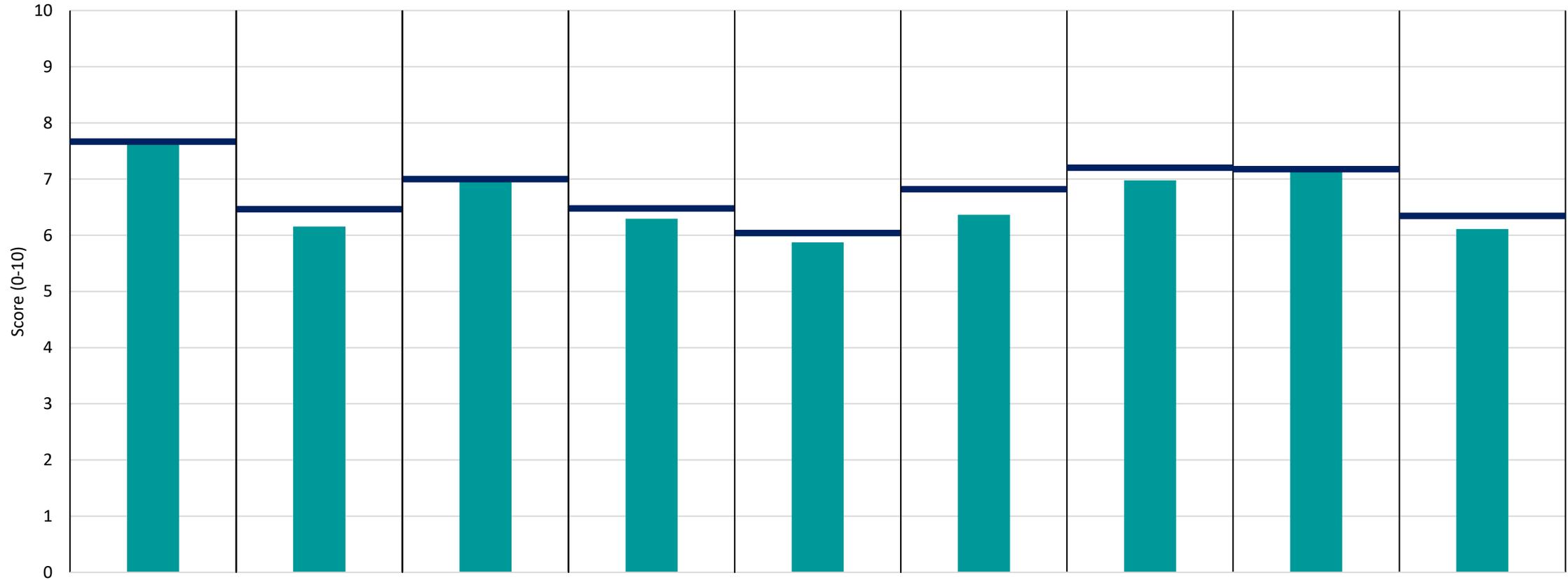
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Staff Engagement



Morale



Breakdown	7.65	6.15	6.97	6.29	5.87	6.36	6.98	7.13	6.11
Your org	7.67	6.46	7.00	6.48	6.04	6.82	7.20	7.18	6.34
Responses	197	196	194	197	196	196	197	197	197

Breakdowns 2

Gloucestershire Health and Care NHS Foundation Trust
2024 NHS Staff Survey



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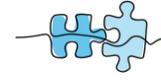
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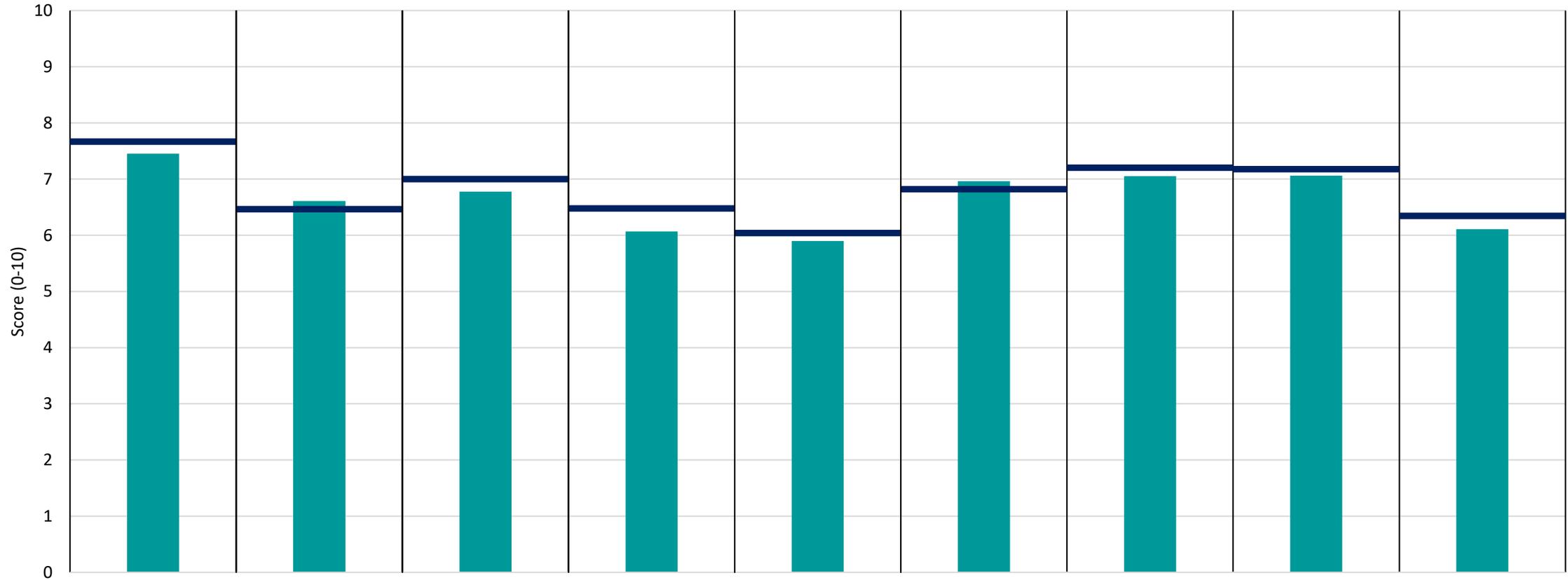
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Staff Engagement



Morale



Breakdown	7.45	6.61	6.78	6.07	5.90	6.96	7.05	7.06	6.11
Your org	7.67	6.46	7.00	6.48	6.04	6.82	7.20	7.18	6.34
Responses	120	120	118	120	117	119	120	120	120



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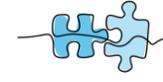
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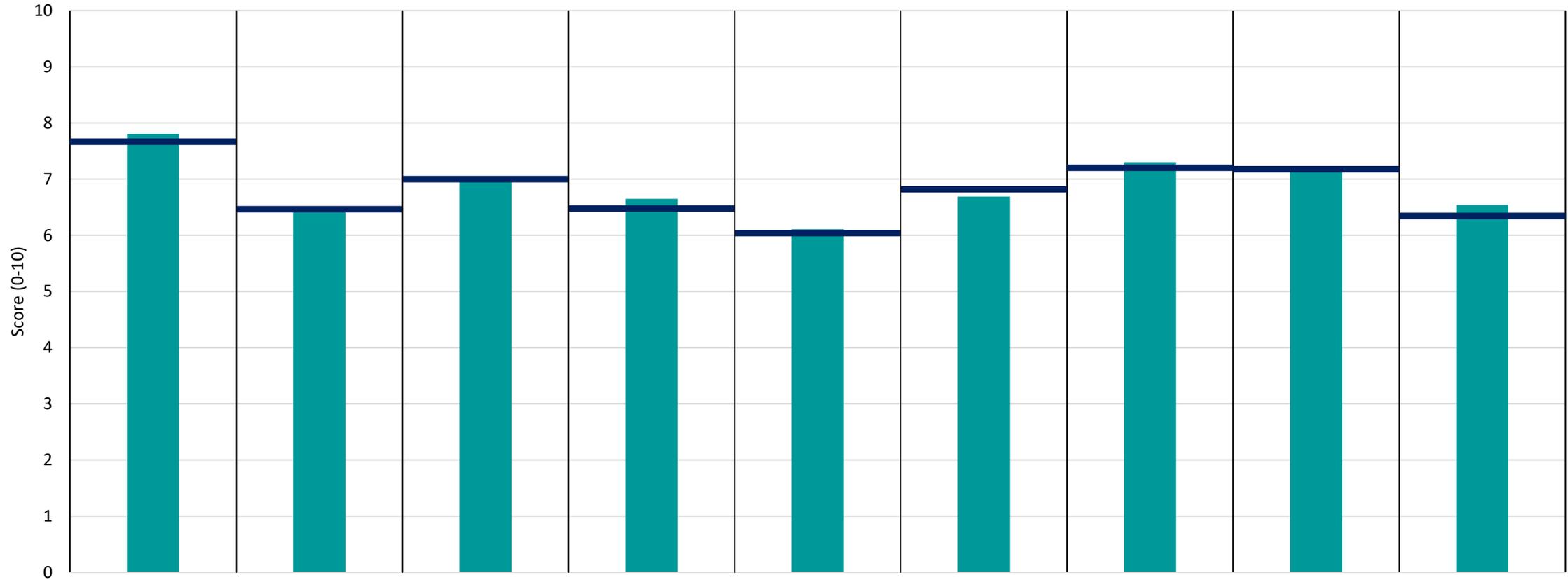
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Staff Engagement



Morale



Breakdown	7.80	6.45	7.02	6.65	6.11	6.69	7.30	7.20	6.54
Your org	7.67	6.46	7.00	6.48	6.04	6.82	7.20	7.18	6.34
Responses	599	596	594	591	577	592	598	598	598



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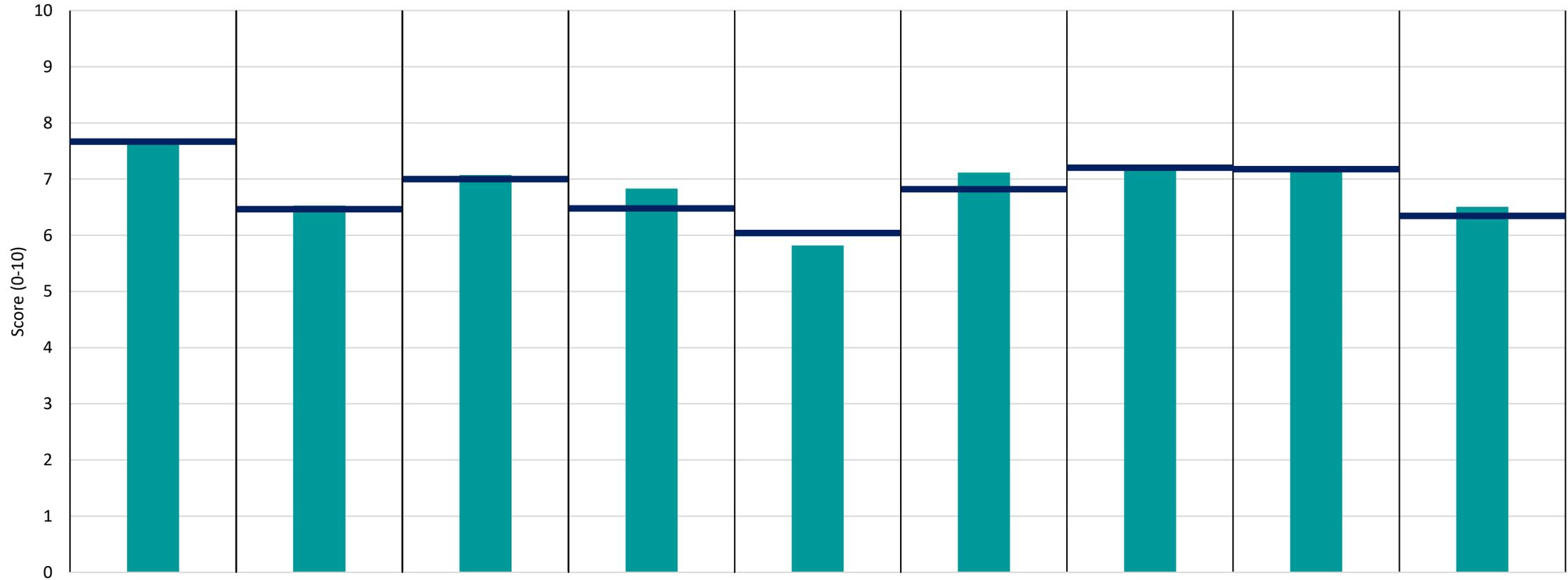
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Staff Engagement



Morale



Breakdown	7.67	6.53	7.07	6.83	5.82	7.12	7.18	7.20	6.51
Your org	7.67	6.46	7.00	6.48	6.04	6.82	7.20	7.18	6.34
Responses	806	807	799	803	779	805	807	807	807



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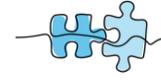
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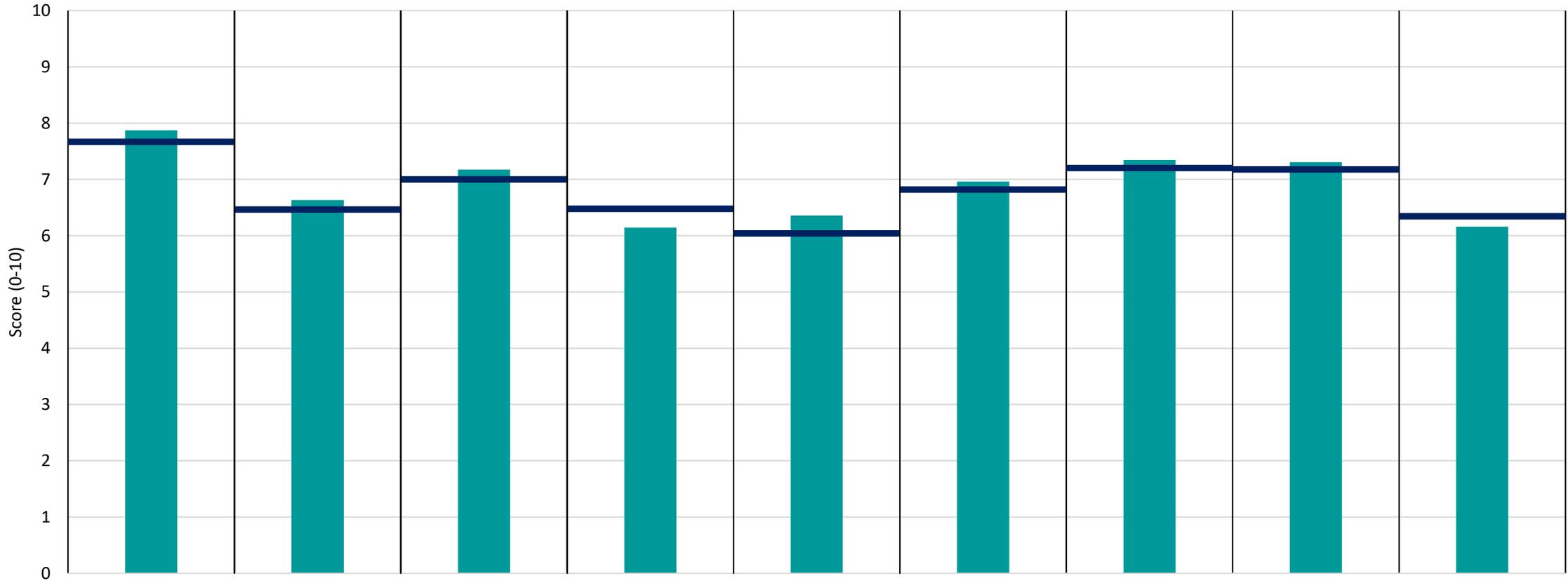
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Staff Engagement



Morale



Breakdown	7.87	6.63	7.18	6.14	6.36	6.96	7.35	7.31	6.16
Your org	7.67	6.46	7.00	6.48	6.04	6.82	7.20	7.18	6.34
Responses	441	440	438	439	434	438	441	441	441



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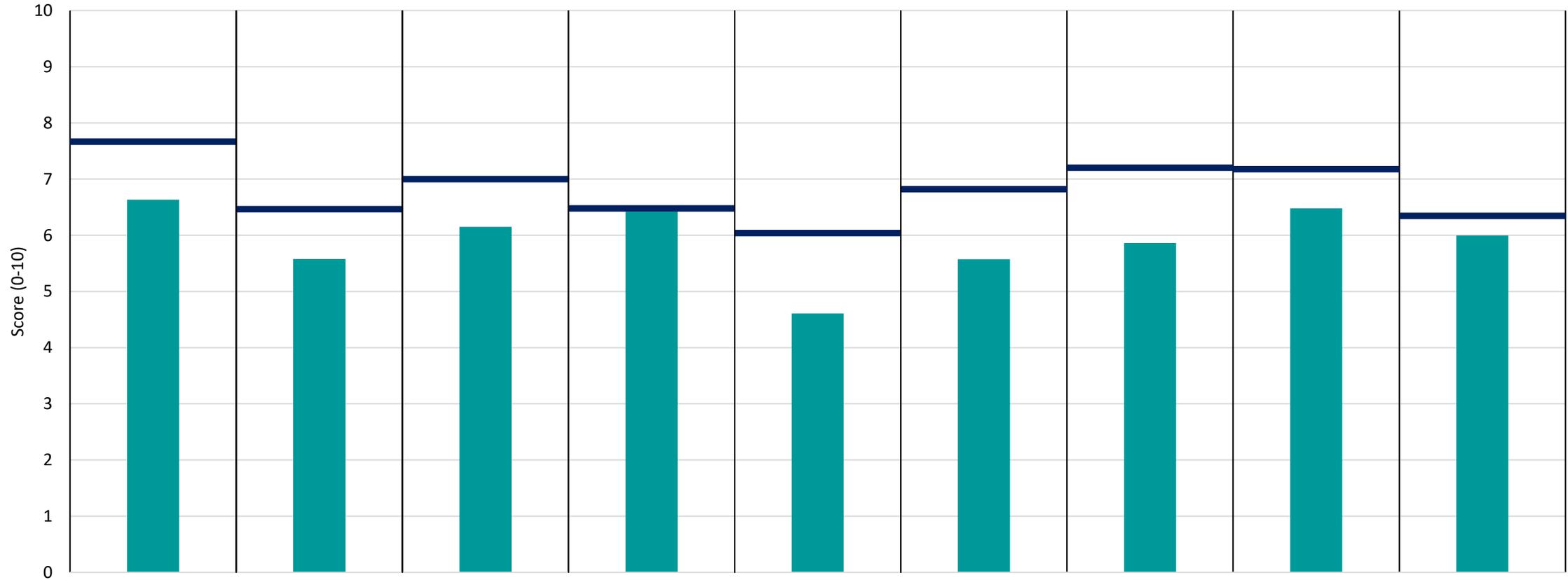
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Staff Engagement



Morale



Breakdown	6.63	5.58	6.15	6.42	4.61	5.57	5.86	6.48	6.00
Your org	7.67	6.46	7.00	6.48	6.04	6.82	7.20	7.18	6.34
Responses	113	115	107	108	101	107	115	114	114



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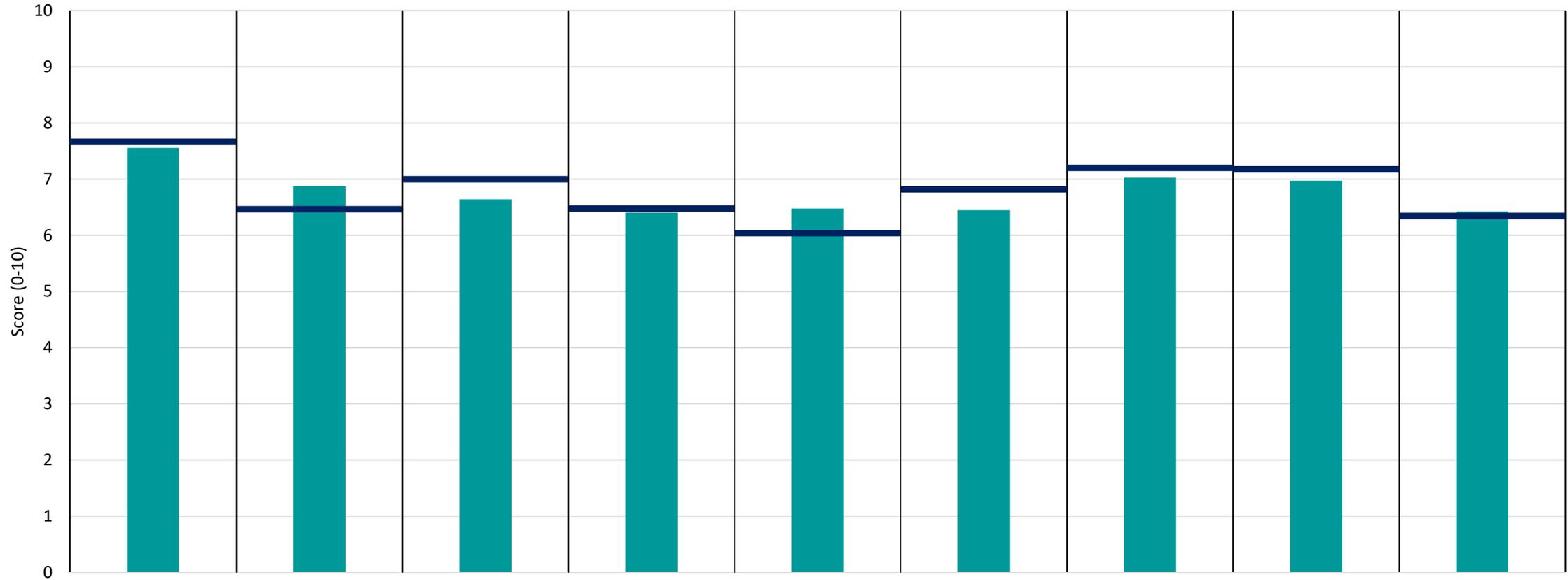
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Staff Engagement



Morale



Breakdown	7.56	6.87	6.64	6.41	6.48	6.45	7.03	6.97	6.43
Your org	7.67	6.46	7.00	6.48	6.04	6.82	7.20	7.18	6.34
Responses	84	84	84	84	82	84	84	84	84



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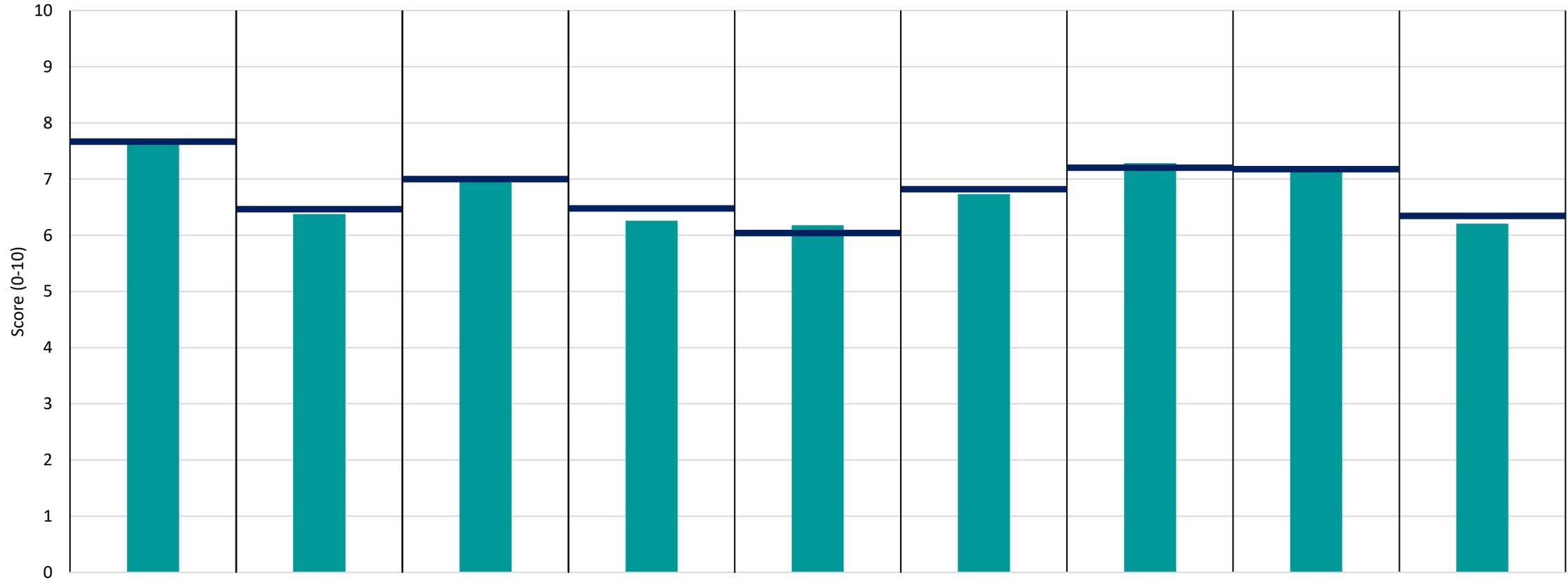
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Staff Engagement



Morale



Breakdown	7.63	6.38	7.00	6.26	6.18	6.73	7.28	7.19	6.21
Your org	7.67	6.46	7.00	6.48	6.04	6.82	7.20	7.18	6.34
Responses	851	850	842	849	827	849	850	851	851

REPORT TO: TRUST BOARD PUBLIC SESSION – 27 March 2025

PRESENTED BY: Neil Savage, Director of Human Resources and Organisational Development

AUTHORS: Andrew Mills, Associate Director Workforce Planning and Temporary Staffing
Neil Savage, Director of HR and OD

SUBJECT: 2024 GENDER, ETHNICITY AND DISABILITY PAY GAP

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

N/A

This report is provided for:

Decision

Endorsement

Assurance

Information

The purpose of this report is to:

Inform the Board of the 2024 combined gender, ethnicity and disability pay gaps across Gloucestershire Health & Care NHS Foundation Trust, outline next steps and actions, and to seek agreement on a written equalities' commitment.

Recommendations and decisions required

The Trust Board is asked to:

1. **Note** the current report
2. **Note** that the Executive Team Meeting and Great Place to Work Committee have also discussed and approved in principle the proposed actions for the Board's consideration
3. **Agree** in principle to the proposed actions
4. **Note** that report will be published on the Trust website and the data submitted to the government website for the end of March deadline
5. **Agree** the recommended equalities statement as amended, which will also be published on the Trust website and the government website.

Executive summary

The Equality Act 2010 mandates that employers with 250 or more employees must publish annual gender pay gap reports, detailing the difference in average hourly earnings between male and female employees. While the Equality Act 2010 specifically focuses on gender pay gap reporting, there is currently no specific legislation that mandates the



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reporting of ethnicity or disability pay gap information. However, with the expected approval of the Equality (Race and Disability) Bill, this is expected to make disability and ethnicity pay reporting compulsory for employers with at least 250 employees. However, to get ahead of the curve and promote transparency and accountability, this paper includes the broader diversity and inclusion pay gap information.

In reporting the Ethnicity and Disability gap, we have applied the same principles for calculating the data as stipulated by the government guidance below on Gender pay gap reporting: <https://www.gov.uk/guidance/making-your-gender-pay-gap-calculations>

These are calculated from the Trust's workforce data on the required date in 2024 and are summarised below:

Gender Pay Gap

- **Mean average gender pay gap.** Women earn less than men by 11.99%. This is a minor improvement and compares with a previous 2023 gap of 12.42%
- **Median average gender pay gap.** Women earn less than men by 5.27%. This is a slight deterioration and compares with a previous 2022 gap of 4.72% but remains lower than the gap in 2020 and 2022
- **Mean average bonus gender pay gap *.** Women Consultants are paid similar than men, a difference of 0.18% which compares with women being paid 0.17% more than men in 2023
- **Median average bonus gender pay gap *.** Women Consultants are paid more than men by 24.91%. This compares with a previous 2022 gap of 51%

Ethnicity Pay Gap – (first year of reporting)

- **Mean average ethnicity pay gap.** The mean gap is 2.41% in favour of BME colleagues
- **Median ethnicity pay gap.** The median gap shows a 0.67% hourly rate in favour of White employees
- **Mean ethnicity bonus pay gap *.** This shows a gap of 31.34% in favour of White Consultants
- **Median ethnicity bonus pay gap *.** This shows a 34.67% median bonus in favour of White Consultants

Disability Pay Gap (first year of reporting)

- **Mean disability pay gap.** This shows a gap of 7.20% in favour of Non-Disabled colleagues
- **Median disability pay gap.** This shows a gap of 6.90% in favour of Non-Disabled colleagues
- **Mean disability bonus pay gap *.** This shows a 39.43% in favour of Non-Disabled colleagues
- **Median disability pay gap *.** This shows a 33.33% in favour of Non-Disabled colleagues. For context, 1 colleague is recorded as having a disability against a group of 21

* **NB** There is little opportunity or any local mechanism to impact this now that the only bonus scheme (aka LCEAs) has been stopped. The contractual entitlement to apply for an annual award ceased in April 2024 and the final LCEA round was for the period from April 2023 to March 2024. The national CEAs, which impacts a very small number of consultants have also been reformed and are now known as the NCIAs. These awards will continue to recognize nationally across the NHS a small number of consultants, dentists, and academic GPs who make outstanding contributions to patient care and service improvement. The Trust can support applicants but is not involved in the decision making.

GHC's People Strategy makes a key strategic commitment to equality, diversity and inclusion. In agreeing this, the Board has previously committed to being *"a fair organisation that celebrates diversity and ensures real equality and inclusion. People will be able to bring their hearts to work, free from bullying or discrimination."* Reducing, and ultimately removing, the pay gaps is a key element to operationally delivering on this commitment, alongside our aspirations and actions on the Workforce Race and Disability Equality Schemes. It is also good business sense.

While this past year's data generally presents a modest improving picture on the gender pay gap for the Trust, it also shows that there is much more to do to reach desired equity, particularly for disabled colleagues.

Importantly, the data continues to demonstrate the size of challenge and the inherent inequity globally and in the UK more widely.

Without doubt, a quantum improvement requires further amendments to legislation, continued application of good practice, such as legally allowable positive action, supported by changes in education provision, early schools and Higher Education Institute (HEI) careers advice, optimisation of flexible working, and a strong and visible leadership culture that champions equity and diversity in both words and actions.

To comply with related national requirements, the Trust needs to reconsider its statement of commitment to reducing the pay gap. ATOS (Appointment and Terms of Service), has previously recommended that the Board of Directors endorses the detailed statement of intent as described later in the report. This required has now passed from ATOS to the GPTWC (Great Place To Work Committee).

Corporate Considerations	
<i>Quality implications</i>	The Trust strives to provide equality for all colleagues, leading to increased levels of colleague satisfaction and ultimately improved patient care and experience.
<i>Resource implications:</i>	By failing to recognise and address issues of equality, colleague turnover could increase and also increase the amount of casework by responding to claims of detrimental treatment.
<i>Equalities implications:</i>	The Equalities Act 2010 sets out the duties of the Trust in relation to equality generally, and the gender pay gap specifically. The Equality and Human Rights Commission gives guidance which the Trust endeavours to meet. This report is intended to further progress and positively impact the agenda to meet these duties and guidance and to ensure compliance.
<i>Risk implications:</i>	Failure to provide equality of opportunity may result in claims of discrimination, damage to the reputation of the Trust as a fair employer with resultant impact on retention, recruitment and morale.

<ul style="list-style-type: none"> Gender Pay Gap Reporting has been in place since 2018 and has been reported annually to WOMAG, ATOS, and the Board of Directors. Executive Team Meeting Great Place to Work Committee 	2019, 2020, 2021, 2022, 2023, 2024 18 Feb 2025 25 Feb 2025
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Explanation of acronyms used:	ESR – Electronic Staff Record VSM – Very Senior Manager GHC - Gloucestershire Health and Care NHSFT ATOS – Appointment and Terms of Service Committee HEI – Higher Education Institutes BME or BAME refers to “black, Asian and minority ethnic”. The Trust commits to using the acronym for the purpose of brevity in graphs and charts only. LCEA – Local Clinical Excellence Awards NCIA - National Clinical Impact Awards
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Report authorised by: Neil Savage	Title: Director of Human Resources & Organisational Development
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2024 GENDER, ETHNICITY & DISABILITY PAY GAP

1. CONTEXT & DEFINITIONS

- 1.1 UK law requires employers with over 250 employees to annually publish statutory calculations showing the size of the pay gap between their female and male employees. There are two sets of regulations, one mainly for the private and voluntary sectors, which became effective from 2017. The second, mainly for public sector organisations, took effect from March 2017.
- 1.2 The Government has required subsequent rounds of reporting to be published on both organisation and the Government's websites by 30 March annually. The data is based on a snapshot of the workforce from a required date the previous year. This report it is based on 2024 data drawn from the Trust's ESR.
- 1.3 These results must be accompanied by a written statement of confirmation from the Chief Executive or another appropriate person. The Trust has historically made this statement from the whole Board. Any actions should also be published outlining how the organisation plans to reduce the gender pay gap.
- 1.4 *Importantly, and often misunderstood, gender pay gap reporting is different to equal pay.* This is important and often a point of confusion and misunderstanding. An explanation and definitions are outlined as follows:

Equal pay covers with the difference in pay between men and women doing the same or similar jobs or jobs of equal value. It is unlawful to pay people unequally because of gender and this has been in place since 1970 and the Equal Pay Act, which prohibits less favourable treatment between men and women in terms of pay and conditions of employment.

This differs from the **gender pay gap** which shows the difference in the **average (or mean) pay** between men and women in the workforce. If the workforce has a high gender pay gap, this can indicate a number of issues, and the individual calculation can help to identify what these issues are.

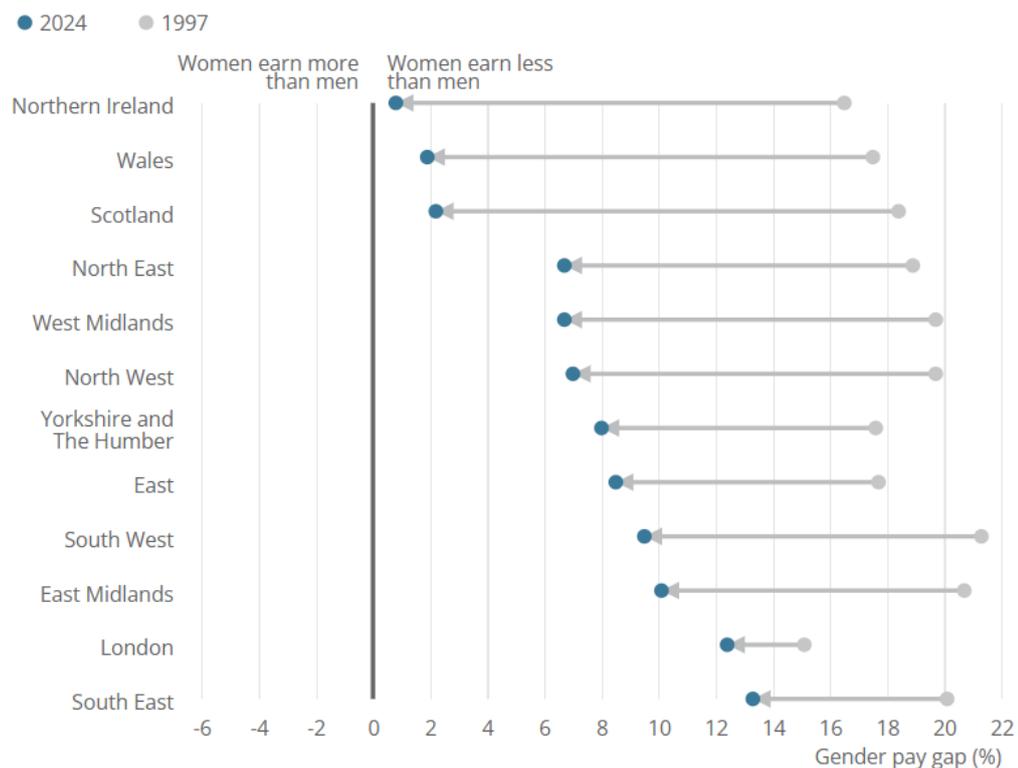
1.5 National NHS Agenda for Change terms and conditions contain the pay and conditions of service for NHS colleagues other than VSMs, medical and dental colleagues. The majority of colleagues are employed on these national NHS terms and conditions, and the terms were introduced in 2004 with the express intention of removing pay inequalities. The terms cover over 1 million workers and harmonise their banding and career progression arrangements across previously separate pay groups. Colleagues are expected to progress through pay bands irrespective of gender or any other protected characteristic. The Agenda for Change job evaluation process enables jobs to be matched to national job profiles and allows employers to evaluate jobs locally with trained evaluators to determine which pay band posts should sit. There is some concern about the equalities impact element of the current Department of Health consultation on creating a new and different pay spine and pay rates exclusively for nurses, as this could risk legal equalities claims from non-nursing colleagues.

- 1.6 Dental and Medical colleagues have different terms and conditions, depending upon their seniority. However, these are also based on principles of equality and are set

across a number of pay scales for basic pay, which have varying thresholds within them.

- 1.7 Executive Directors have been appointed on similar equal opportunity job evaluation methods, informed by the national NHS Improvement VSM Guidance and benchmarked using national surveys, for example from NHS Providers, regional and local labour market data.
- 1.8 By means of wider background and context, the national gender pay gap continues to vary substantially between regions. Regional variations in the gender pay gap are likely to be caused by differences in the types of jobs and industries.
- 1.9 The national gender pay gap has been declining slowly over time; over the last decade it has fallen by approximately a quarter among full-time employees. In April 2024, the gender pay gap among full-time employees was higher in every English region than in Wales, Scotland, or Northern Ireland. The details can be seen in the following chart.

Gender pay gap for median gross hourly earnings, excluding overtime, for full-time employees, by work region, UK, April 1997 and 2024



Source: Annual Survey of Hours and Earnings (ASHE) from the Office for National Statistics

Gender pay gap drivers continue to be numerous, and the evidence shows just how much further improvement is needed to remove the gender pay gap within the Trust, the wider NHS, and the United Kingdom.

2. PAY GAP INDICATORS

2.1 Using the guidance, this paper reports on:



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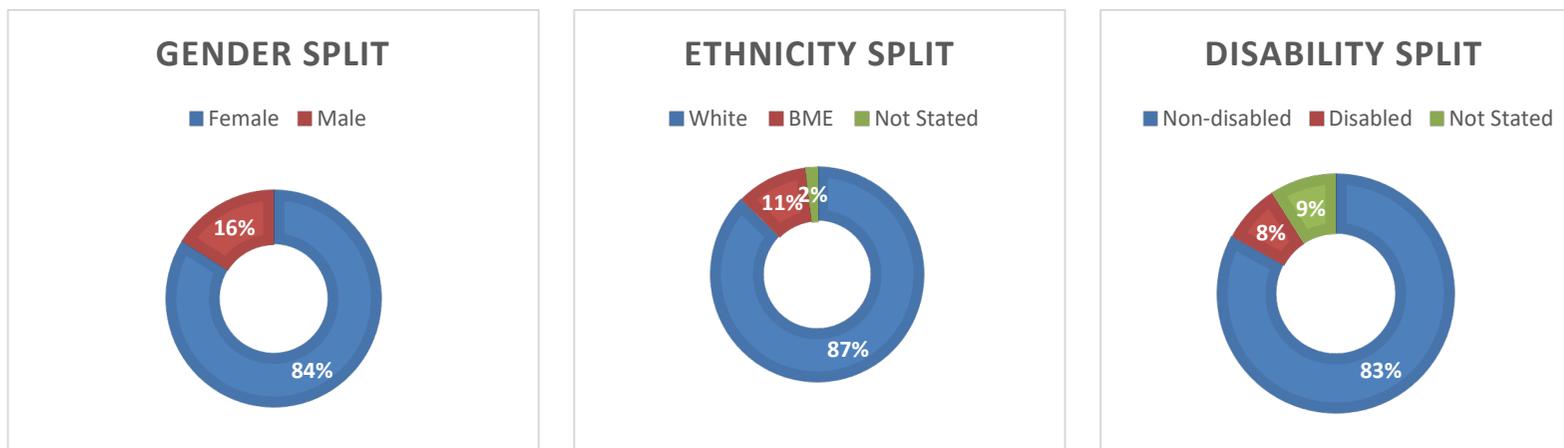
Gloucestershire Health and Care

NHS Foundation Trust

1. The mean (i.e. average) and median (i.e. the mid-point) pay gap based on hourly rates of ordinary pay at the snap-shot date in relation to Gender, Ethnicity and Disability.
 2. The difference between the mean and median hourly rate of ordinary pay at the snap-shot date in relation to Gender, Ethnicity and Disability.
 3. The proportion of colleagues in each pay quartile band by hourly rates of pay at the snap-shot date in relation to Gender, Ethnicity and Disability.
 4. The mean and median bonus pay gap based on the bonus paid at the snap-shot date in relation to Gender, Ethnicity and Disability.
 5. The proportion of colleagues receiving a bonus payment at the snap-shot date in relation to Gender, Ethnicity and Disability.
- 2.2 It should be noted that following the national removal of the previous LCEAs, Consultant Medical colleagues are now the only employees to receive bonus payments within the Trust in the form of the NCIAs. The decisions on these awards sit wholly outside the Trust's processes and span of influence.

3.0 WORKFORCE DEMOGRAPHIC INFORMATION

3.1 As of the requisite 2024 date, the Trust had a total of 4935 headcount, substantive colleagues. The tables below show the percentages of colleagues in relation to Gender, Ethnicity and Disability. This provides a context to view the pay gaps.



3.2 In our workforce, there were 84% females and 16% males. This generally reflects the overall gender demographics nationally within the NHS. In our Trust females are represented across all pay bandings, including at VSM levels.

3.3 Our ethnic minority workforce population is at 11%. In comparison to the overall ethnic population of 6.9% in Gloucestershire, (data extracted from the Gloucestershire County Council Population Profile 2023 overview - <https://www.gloucestershire.gov.uk/media/uxvcfrsp/equality-profile-2023.pdf>), the Trust has higher representation overall. But also noting that Gloucestershire, despite recent increases remains well below the national average of 19%.

3.4 We have a people with disabilities workforce population of 8%. Data derived from the Gloucestershire County Council Population Profile 2023 overview - <https://www.gloucestershire.gov.uk/media/uxvcfrsp/equality-profile-2023.pdf> , shows that the percentage of population of people with disabilities within our area of coverage is 16.8%, therefore we do not have proportional representation of in our organisation. This may be due to the on-going challenges of colleagues declaring a disability through ESR data reporting, despite the regular reminders.

4.0 GENDER PAY GAP ANALYSIS

Table 1 – Employees by assignment.

AfC Pay Grade	Totals			
	Female	% makeup	Male	% makeup
Band 1	12	92%	1	8%
Band 2	693	86%	117	14%
Band 3	839	82%	183	18%
Band 4	491	84%	95	16%
Band 5	957	87%	139	13%
Band 6	1116	86%	177	14%
Band 7	551	83%	116	17%
Band 8 - Range A	164	81%	39	19%
Band 8 - Range B	62	76%	20	24%
Band 8 - Range C	9	60%	6	40%
Band 8 - Range D	7	50%	7	50%
Band 9	3	75%	1	25%
Other	110	57%	82	43%
Totals	5014	84%	983	16%

- 4.1 The percentages in table 1 above remain similar to previous years' data 84% women and 16% men.
- 4.2 **NB:** Band 1 roles are part-time roles in Facilities. While all Trusts have previously closed entrance to new Band 1 roles, in line with national terms, all these colleagues were given the option to accept Band 2 roles. Across NHS Trusts a small number of Band 1 colleagues rejected this offer, as it meant they would lose benefits and be made worse off from a pay rise. GHC colleagues in this situation are provided with an annual review opportunity with their manager and HR to reconsider accepting a Band 2 role. The changes in national minimum wage planned for April 2025 will mean all Band 1 colleagues will have to transition to Band 2 roles, unless there is a national remedy for protected Band 1s.

Table 2– Average and Median Hourly Rates – all eligible staff and pay schemes.

Gender	Avg. Hourly Rate '24	Avg. Hourly Rate '23	Median Hourly Rate '24	Median Hourly Rate '23
Female	£19.16	£18.53	£18.09	£17.07
Male	£21.77	£21.16	£19.10	£17.91
Difference	£2.61	£2.63	£1.00	£0.85
Pay Gap %	11.99%	12.42%	5.27%	4.72%

- 4.3 The figures in Table 2 above show minor changes in the average hourly and median gender pay gaps over the previous year's reporting period.

Table 3 – Number of employees – Q1 = Low, Q4 = High

Quartile	Female	Male	Female %	Male %
1	1,111 (1,081)	185 (184)	86 (85)	14 (15)
2	1,069 (1,068)	202 (183)	84 (85)	16 (15)
3	1,126 (1,091)	199 (189)	85 (85)	15 (15)
4	1,026 (1,001)	272 (265)	79 (79)	21 (21)

(Previous year's figures in brackets)

4.4 **Table 3** above shows that whilst overall numbers have increased, there remains a reasonably static workforce percentage in relation to gender breakdown.

Table 4 – Average Bonus* Gender Pay Gap

Gender	Avg Bonus Pay '24	Avg. Pay '23	Median Bonus Pay '24	Median Bonus Pay '23
Male	£9,480.54	£9,406.89	£7,540.02	£6,032.04
Female	£9,463.81	£9,422.46	£9,418.54	£9,110.84
Difference	-£16.72	-£15.57	-£1,878.53	-£3,078.80
Pay Gap %	-0.18%	-0.17%	-24.91%	-51.04%

4.5 The figures in **Table 4** above illustrates a continued reversal in payments of bonus pay showing women are paid more than men in both average and median despite the pandemic driven equal distribution of LCEAs in the final two years of operation prior to scheme removal. The only new bonus pay scheme a very small number of colleagues can apply for are the new NCIA's. These are solely open to Medical and Dental Consultants who can evidence that their work demonstrates a national impact above the expectations of their job role over the previous five years or since a prior national award if within the last five years.

Table 5 – Proportion of Men and Women receiving a bonus against the overall totals

Year	Total	Gender		% of total		Number receiving a bonus		% receiving bonus	
		Male	Female	Male	Female	Male	Female	Male	Female
2023	148	57	91	39%	61%	17	5	11%	3%
2024	146	59	87	40%	60%	16	5	11%	3%

4.6 As part of previous pay gap actions agreed, the Trust will continue to strive to communicate and encourage NQIA applications from women, BAME and colleagues

with a disability, offering training and support to maximise the quality of the very small number of applications likely.

5. ETHNICITY PAY GAP

5.1 As shown in Table 6 below, the mean Ethnicity pay gap is at 2.41% in favour of BAME colleagues. The median pay gap shows a 0.67% hourly rate in favour of White employees.

Table 6 – Ethnicity Group Average and Median Hourly Rates – all eligible staff and pay schemes.

Ethnic Origin Grouping Summary	Avg. Hourly Rate	Median Hourly Rate
BME	£19.88	£17.97
White	£19.41	£18.09
Difference	£-0.47	£0.12
Ethnicity Pay Gap %	-2.41%	0.67%

Table 7 – Number of employees by Ethnicity group – Q1 = Low, Q4 = High

5.2 Data below shows the detailed 2024 ethnicity headcount split. Going forwards, all data will be tracked and compared each year in order to show trends. The table shows the proportion of colleagues in four pay quartiles by hourly rates of pay, ranked from the lowest hourly rate to the highest hourly rate.

Quartile	Asian	Black	Mixed	NULL	Not Stated	Other	White British	White Other
1	57	38	18		17	7	1097	62
2	82	70	21	1	17	6	995	79
3	73	58	20		28	6	1092	48
4	54	42	26	2	25	9	1083	57

Table 8 – Proportion of BAME/White receiving a bonus against the overall totals

Ethnicity Group	Average Bonus Pay '24	Median Bonus '24
BAME	£7,854.79	£6,032.04
White	£11,440.87	£9,233.27
Difference	£3,586.08	£3,201.23
Pay Gap %	-31.34%	-34.67%

Table 9 - Proportion of those eligible receiving a bonus against the overall totals by ethnicity

Ethnicity	Headcount	% of total	Number receiving a bonus	% receiving bonus
Asian	29	21%	5	17%
Black	3	2%	0	0%
Mixed	4	3%	0	0%
Not Stated	5	4%	2	40%
Other	4	3%	1	25%
White British	73	54%	9	12%
White Other	17	13%	3	18%

6. DISABILITY PAY GAP

Table 10 – Disability Average and Median Hourly Rates – all eligible staff and pay schemes.

- 6.1 The mean Disability pay gap is at 7.20% in favour of Non-Disabled colleagues and the median pay gap is 6.90% in favour of Non-Disabled colleagues.

Disability	Avg. Hourly Rate	Median Hourly Rate
No	19.03	17.69
Yes	17.66	16.47
Difference	1.37	1.22
Disability Pay Gap %	7.20%	6.90%

Table 11 – Number of employees by Disability grouping – Q1 = Low, Q4 = High

- 6.2 Data below shows the 2024 Disability headcount split. Again, going forwards, all data will be tracked and compared annually to identify trends and performance. The table shows the proportion of colleagues in four pay quartiles by hourly rates of pay, ranked from the lowest hourly rate to the highest hourly rate.

Quartile	No	Not Declared	Prefer Not To Answer	Unspecified	Yes
1	1093	103	2	13	79
2	998	94	3	16	72
3	1039	99	3	8	77
4	912	101	2	6	42

Table 12 – Proportion of those recorded of having a Disability or not receiving a bonus.

Disability	Average Bonus Pay '24	Median Bonus '24
No	£9,958.99	£9,048.00
Yes	£6,032.04	£6,032.04
Difference	£3,926.95	£3,015.96
Pay Gap %	39.43%	33.33%

6.3 The mean bonus pay gap is at 39.43% in favour of Non-Disabled colleagues and the median pay gap is 33.33% in favour of Non-Disabled colleagues. Importantly, for context, one colleague with a disability is recorded within the data group of 21 colleagues.

Table 13 - Proportion of those eligible receiving a bonus against the overall totals by disability group

Disability	Headcount	% of total	Number receiving a bonus	% receiving bonus
No	108	80%	15	14%
Not Declared	18	13%	3	17%
Unspecified	2	1%	1	50%
Yes	7	5%	1	14%

7. CONCLUSIONS AND NEXT STEPS

7.1 Conclusions

7.1.1 The headline figure based on all eligible Trust employees and pay schemes indicated that the gender pay gap continues to slowly close, and, that women are paid 11.99% less on average than men against a previous year of 12.42%. Longitudinal trend data is shown below, however, at this rate, it would take at least another decade for the mean gender pay gap to be neutralised.

Gender Pay Gap Trend - Mean percentages					
	2020	2021	2022	2023	2024
Mean GPG in favour of men	18.63%	17.09%	15.13%	12.42%	11.99%

7.1.2 The gap for median (middle point) earnings in the Trust stands at 5.27%, trend data shown below.

Gender Pay Gap Trend - Median percentages					
	2020	2021	2022	2023	2024
Median GPG in favour of men	7.55%	4.31%	7.09%	4.72%	5.27%

- 7.1.3 The median gender pay gap is likely to take longer than the mean pay gap to be neutralised.
- 7.1.4 The data indicates that in 2024 some 84% (84% also in 2023) of the Trust's substantive workforce were women. An analysis would be expected to show this is broadly reflected in each of the Agenda for Change pay bands, Medical and Dental pay and VSM / Executive Board level pay. However, it is also noted that there has been some growth in the lowest quartile, with the Trust employing more male at lower banding levels.
- 7.1.5 While seeing minor improvements, as with previous years, the gender split in the pay bands still suggests that there is less opportunity for women in more senior roles and/or that jobs for this group are less attractive. The appointment of three women Directors in the 2024/25 year and some other key senior appointments is expected to positively impact improvements further.
- 7.1.6 However, even allowing for the availability of promotional opportunities, the pay gap will only close gradually due to a wide range of contributory factors including incremental pay progression, student pipeline recruitment changes (via HEIs and how they recruit and retain students) and with further significant shifts in the number of senior and very senior management and clinical appointments.
- 7.1.7 In light of the Trust's student labour pipeline, with associated training time and the subsequent career progression timeframes, it takes many years to be trained and to rise through pay bands. The term 'feminisation of the medical workforce' was used increasingly from the mid-1990s as a driver for change. 2017 was originally forecast as the year that the number of women on the medical register would exceed the number of men. But despite this, with the exception of Scotland, this has still not happened. That's despite the GMC's "The state of medical education and practice in the UK" reporting confirming that there are now more than 60% of medical students who are women, and, at the other end, older, mainly male, doctors are retiring. The most recent GMC report confirms the national Medical Register is slowly changing and now nearly equal, with 49% women and 51% men.
- 7.1.8 Improvement interventions contained in last year's report, including better flexible working and wider choices about career breaks, alternative working patterns, turnover, positive action in targeted recruitment advertising -- particularly for senior levels -- will all continue to factor into this, alongside improved gender ratios in our apprenticeship and degree supply chain, particularly in medical school, nursing and allied health professionals.
- 7.1.9 The Trust has regularly stated its full commitment to equality of opportunity across the whole organisation and should recognise from the most recent data that there remains much further work to be done to close the pay gaps. Our experience shows that progress will not be achieved quickly or exclusively by internal organisational actions, requiring a wider shift in education policies, societal attitudes and behaviours. However, there are clear actions the Trust can continue to take to make a positive difference.

7.2 Proposed 2025 Actions

Improving and reducing the combined Gender, Ethnicity and Disability related pay gaps is clearly a long-term goal. Year-on-year improvements will only be possible through sustainable actions that will take time to make an impact. In assessing the pay gap data, we will take the following actions:

- A. **Diversity Networks** – As with previous years, sharing of the pay gap report and below proposals with the Disability Awareness Network, the Women’s Leadership Network and the Race and Cultural Awareness Network, for feedback and further ideas. Action: Director of HR & OD, and EDI Lead. Q1 2025/26. NB Executives have asked that this is done for the next 2025 report prior to bringing to Committee.
- B. **Inclusion Allies system wide programme** – Following the completion of the latest ICS Reciprocal Mentoring Programme, partner OD functions are taking forward an Inclusion Allies programme, which may include the development of provision for a “Shadowing Executives” programme. This aims at giving people from under-represented protected characteristics extra exposure and support to senior leaders to support their career options and promotion opportunities. Action: ICS OD Leads. Q2 2025/26.
- C. **Flexible Working** – While our Flexible Working Policy was previously reviewed and updated in 2023/24, it is again under further partnership review with our Trades Unions to see what else can be enacted to maximise flexible working. While our score remains above average, colleagues’ rating in the “We Work Flexibly” Theme in the Staff Survey have only seen very minor year-on-year improvements in the 2022, 2023 and 2024 periods of 4%. Action: Head of HR and OD. Q1 2025/26.
- D. **Management and Leadership Development** - Positive Action in Management and Leadership Development training programme, for example, prioritised access for women, BAME colleagues and those with a disability for our First Line Managers Induction, Foundational Management Programme, and wider Leadership Academy regional and national programme. This will include further supported nominations to future Ready Now and Developing Aspirant Leaders (DAL) programmes intakes which support ethnic minority colleagues aspiring towards a senior leadership role. Two Trust colleagues have been supported through the latter programme in 2024. Action: Director of HR and OD with Executive Directors. Qs 1 to 4 2025/26.
- E. **National Clinical Impact Award Bespoke Training & Buddying**. This support had to be paused pending the cessation of the previous LCEAs and introduction of the new NCIA process. This presents limited opportunity in light of the very low historic success rate for Trust applicants but considering the values remains worthwhile. Action: Medical Director with the Director of HR and OD. 1 April 2025 to 27 May 2025.
- F. **Effectiveness Review** – an effectiveness review will be carried out to determine how successful the previous and recent support of women and BAME colleagues on regional, King’s Fund and national DALs programmes has been, to inform future approaches. Action: Head of Leadership and OD with EDI Lead. Q3 2025/26.

- G. **Executive Succession Planning** - the Appointment and Terms of Service Committee received succession planning and talent management updates in 2023 and 2024 for Executive Recruitment, with a focus on equity and opportunities for positive action in recruitment. This will be refreshed again in 2025. Action: ATOS supported by the CEO, Director of HR and OD with Director of Corporate Governance. TBC 2025/26.
- H. **Utilization of the new ESR reporting functions for Pay Gap** – for the 2025 report the Trust will use the increased and improved reporting function for Pay Gap analysis to identify hot spot areas and opportunities for positive action. Using this, the completion of the 2025 pay gap will be completed within the next quarter and may influence the further development of actions. Action: GPTWC supported by the Associate Director of Workforce Systems and Planning and EDI lead. Q1 2025/26.

8.0 RECOMMENDATIONS

8.1 The Great Place To Work Committee is asked to:

1. **NOTE** the current report
2. **AGREE** in principle to the proposed actions, and to consider any additional ideas
3. **AGREE** in principle to publish this report on the Trust website and submit the data to the government website
4. **AGREE** in principle the recommended statement (**below in bold**), is recommitted to, and then be published on the Trust website and via the government website.

“Gloucestershire Health & Care NHS Foundation Trust’s Board of Directors confirms its commitment to the ongoing monitoring and analysis of its Gender, Disabled and Ethnicity Pay Gap data and to developing the appropriate actions aimed at reducing and eradicating the gaps over time.

Additionally, the Board is fully committed to working in partnership with colleagues, stakeholder organisations and external agencies to learn from other organisations, apply good practice and to take innovative approaches, including positive action in its action to reduce and remove pay gaps.”

REPORT TO: TRUST BOARD PUBLIC SESSION – 27 March 2025

PRESENTED BY: Sandra Betney, Director of Finance and Deputy CEO

AUTHOR: Lisa Proctor, Associate Director of Contracts and Planning

SUBJECT: BUSINESS PLANNING OBJECTIVES FOR 2025-2026

If this report cannot be discussed at a public Board meeting, please explain why.	
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This report is provided for:

Decision Endorsement Assurance Information

The purpose of this report is to:

This report sets out the Trust Annual Business Planning process for 2025/26 and the proposed Business Planning Objectives for operational and corporate teams. There are a total of 190 objectives which are listed in **Appendix 1** of this report.

Recommendations and decisions required

The Trust Board is asked to:

1. **Approve** the business planning objectives.
2. **Note** the planned refresh during quarter 1 to ensure alignment with the System Portfolio Work and 10 Year Health Plan.

Executive summary

This report sets out the business planning process that was launched in September last year to support Directorates and Teams in developing their business planning objectives for 2025/26 and beyond. The business plan is key to the delivery of the Trust Strategy and the business planning structure is underpinned by our four strategic aims. This paper also sets out the known national and local priorities that have informed the business planning objectives and the proposed new schemes for investment.

A business planning refresh is proposed in quarter 1 of 2025/26 to ensure the business plan is updated to include any system changes and any outcomes from the system portfolio work and the 10 Year Health Plan requirements when known.

This year the quality assurance process identified a potential capacity constraint within the clinical systems team resources which requires further prioritisation. The business plan will be refreshed quarterly allowing resources to be flexed where possible.

This report also includes a delivery forecast and overview of the key achievements for the Trust business plan for 2024/25.

Risks associated with meeting the Trust's values

The key risks to delivering the Business Plan for 2024/25 are identified as follows:

Impact of System Deficit: Progress towards achieving the business planning objectives will be impacted by the distraction on the organisation from the system financial deficit.

Clinical Systems Team capacity: following the resource allocation process there is a risk that the clinical systems team capacity is unable to deliver the full business planning objectives as well as existing projects within the current pipeline.

10 Year Health Plan: The business plan has been developed ahead of the publication of the 10 Year Health Plan so there is a risk that some key outcomes may need to change.

Productivity Outcomes still to be defined: There is a risk that the need to concentrate on further productivity opportunities will be higher priority

Not all interdependencies identified: The quality assurance process may not have fully identified all interdependences and capacity constraints leading to a risk that the business plan is not deliverable in year in its entirety particularly where objectives require further scoping.

Impact of System Priorities Delay: At the time of writing, not all key investment decisions have been concluded for System Strategic Priorities and non-recurrent investments.

Corporate considerations

Quality Implications	Identified within the report
Resource Implications	Identified within the report
Equality Implications	No equality implications identified

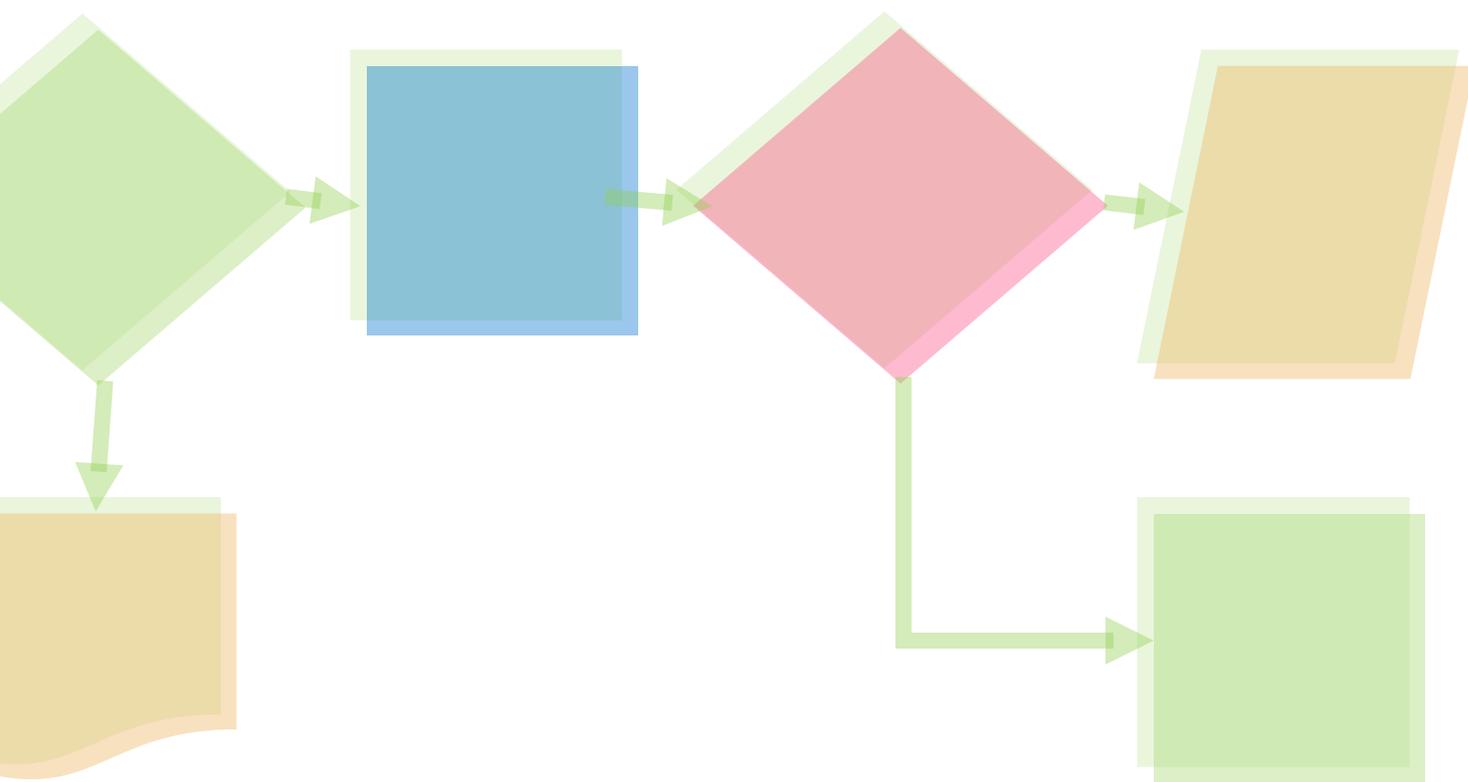
Where has this issue been discussed before?

The Business Planning process was shared with the Council of Governors in November 2024 before being agreed by the Resources Committee in December 2024.

Appendices:	<ol style="list-style-type: none">1. Trust Business Plan 2025-262. Appendix 1 – Table of Business Planning Objectives
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Report authorised by: Sandra Betney	Title: Director of Finance/Deputy CEO
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Trust Business Plan From 2025-26



Contents

1. Introduction
2. Background and context
3. Business Planning Approach 2025/26
4. Business Planning Timeline 2025/26
5. Business Planning Priorities 2025/26
6. Business Planning Objectives 2025/26
7. Business Planning Outcomes 2025/26
8. Business Planning Forecast Delivery 2024/25
9. Key Achievements 2024/25
10. Business Planning Risks 2025/26
11. Recommendations

1. Introduction

1.1 Business planning is a well understood process across the Trust. It dovetails with budget setting and provides a clear financial framework to ensure the Trust priorities are affordable.

1.2 This report sets out the integrated business planning and budget setting process for 2025/26 including the approach to planning, timescales, risks and a short summary of key objectives. The full list of business planning objectives is included in Appendix 1. This report also includes a delivery forecast and overview of the key achievements for 2024/25.

2. Background & Context

2.1 The Trust business plan comprises of an agreed set of business planning objectives across all directorates and teams ensuring our key objectives are owned and connected across operational and corporate boundaries.

2.2 It is recognised that the delivery of the business plan can span multiple financial years and any identified longer-term ambitions can be built into the business plan and carried forward. It is also informed by long term Trust Strategic goals and the One Gloucestershire ICS Joint Forward Plan for 2024/29.

2.3 The business plan is key to the delivery of the Trust Strategy and is underpinned by our strategic aims to ensure everything we do contributes to achieving our vision. As such, each business planning objective is linked to one of our four strategic themes.

2.4 The 2025/26 priorities for the agreed integrated enabling strategies that support the long-term delivery of the Trust Strategy are embedded across the business planning objectives. The business planning objectives will be updated to reflect any new requirements as they emerge.

2.5 The business planning process also aligns with the system planning process. The System Operational Plan for 2025/26 has been developed in line with the National Planning Guidance for 2025/26 and will be submitted on the 27th March 2025.

2.6 The delivery of the business plan is monitored quarterly and includes an assessment of the achievement of milestones and appropriate key measures for the delivery of the Trust Strategy. This also provides an opportunity to refresh the business plan each quarter to ensure the plan is 'live'.

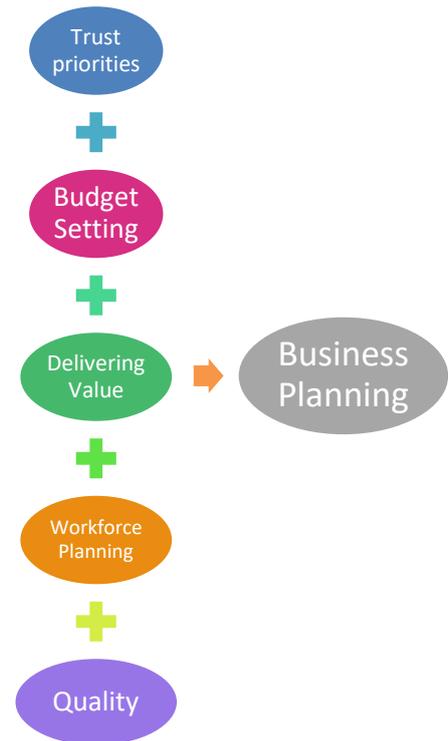
3. Business Planning Approach

3.1 The updated business planning approach was discussed with the Executive Team and agreed at the Resources Committee in December 2024. To ensure appropriate oversight of the business planning process and timelines, the business planning approach was also presented to the Council of Governors for comment in November 2024. The Council of Governors were supportive of the business planning approach and the quality assurance process.

3.2 The quality assurance process took place from February to March 2025 to review the alignment of the business planning objectives. This year, the process included a 'Carousel' style workshop for business planning leads to share the key highlights being developed and facilitate the initial planning of resources.

3.3 The business planning quality assurance approach includes a formal mapping process in line with the HFMA financial planning checklist as follows:

- cross referencing of directorate priorities to ensure Trust wide alignment
- stronger integration with budget setting and associated cost improvement planning
- strengthened links with the Trust Strategy to include agreed measures and targets
- internal mapping with enabling strategies to ensure consistency of delivery across workforce, operational, capital, digital, efficiency, quality, environmental sustainability
- improved process to ensure supporting resources can be allocated appropriately including increased visibility for corporate services
- improved feed into the external system delivery plans
- improved flow of priority objectives to inform the transformation pipeline



3.3 The quality assurance process includes a detailed assessment of the supporting resources required to deliver the business planning objectives and milestones to enable corporate leads to make a more informed estimate of the resource allocation. This has been expanded to include corporate objectives as recommended by the internal audit of the business planning process last year.

3.4 Large ‘Business as usual’ tasks continue to be captured within the business planning process to inform the resource allocation process but these are now identified separately within the business planning template so they can be included throughout the objective setting discussions but excluded from the monitoring process.

3.5 Business Planning was also incorporated within the budget setting meeting and actions taken to reach a balanced budget including cost improvement planning.

3.6 The business planning process will continue to be improved to ensure consistency in completing the business planning template and the level of detail required.

4. Business Planning Timeline

4.1 The Integrated Business Planning and Budget Setting process for 2025/26 was launched at the earlier time of the 27th September 2024 enabling appropriate planning time and prioritisation to ensure the business plan includes the priorities the Trust needs to deliver throughout the year and also the ambitions for future years.

4.2 The business planning process is managed in three stages:

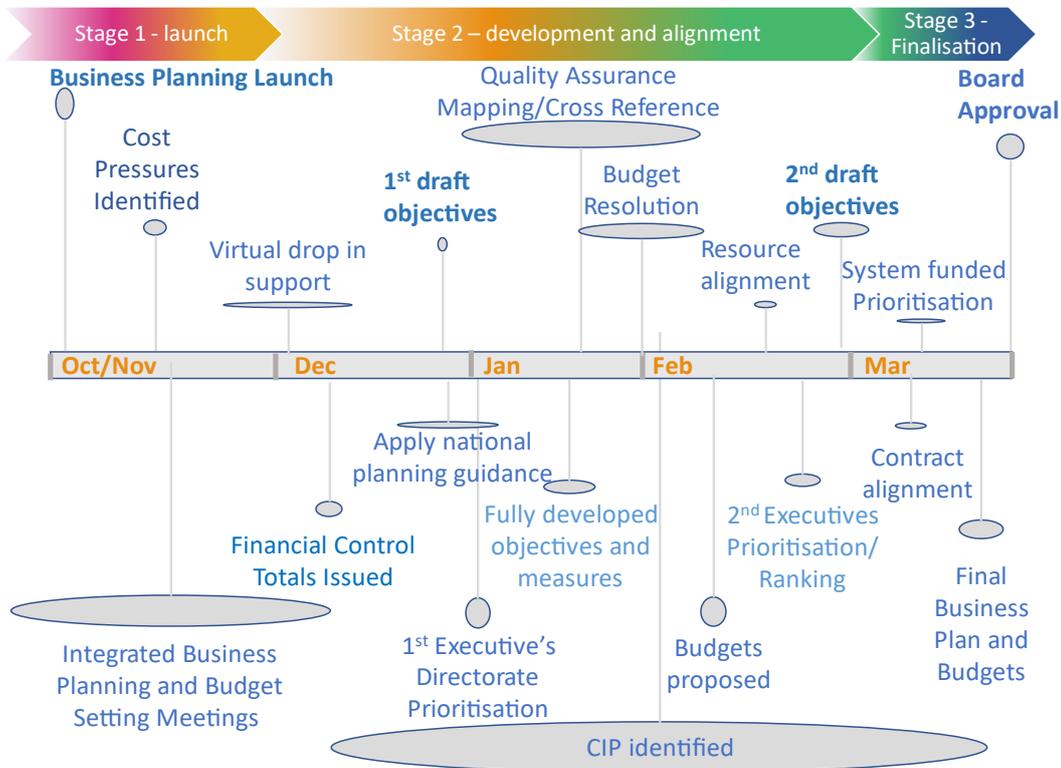
- Launch Integrated Business Planning and Budget Setting approach presented at Resources Committee
Executive Directors set their key priorities
- Development & Alignment with coordinated internal planning

Alignment

Alignment with System priorities
Feedback from Council of Governors
Plans drafted
Executive review of plans
Board oversight
External planning guidance applied

● Finalisation

4.3 The following chart shows the timeline for the three business planning stages including the governance and approval and how this integrates with budget setting:



4.4 The development and alignment stage of the business planning process was undertaken as the National Planning Guidance was published and prior to key interdependencies and system decisions being made. It is proposed that a further quality assurance mapping exercise is carried out in quarter 1 of 2025/26 to ensure the impact of the National Planning Guidance and system decisions is aligned across the business plan where appropriate.

4.5 The quality assurance process identified business planning objectives that require further scoping to understand the resources required to support delivery. This is not an unusual position at this stage of the business planning process. As business planning is a 'live' process, objectives will be reassessed during the quarterly refresh process as they become fully scoped and resources will be flexed to support where possible.

4.6 The affordability of the business planning objectives has interdependencies with the system position. The relevant business planning objectives will be updated when the decisions are known and unfunded investments will be removed from the business plan where necessary. Further detail of schemes requiring investment are included in section 5.2 below.

5. Business Planning Priorities

5.1 National Priorities

The business plan is informed by national and local agreed priorities as part of the annual planning cycle. The recent independent investigation of the NHS in England by Lord Darzi identified 3 major shifts for the forthcoming 10-year health plan:

- * Analogue to digital
- * Hospital to community
- * Treatment to prevention

The report stated that general practice, mental health and community services will need to expand and adapt to the needs of those with long-term conditions whose prevalence is growing rapidly as the population age. This is expected to be delivered through new financial flows and multidisciplinary models of care that bring together primary, community and mental health services.

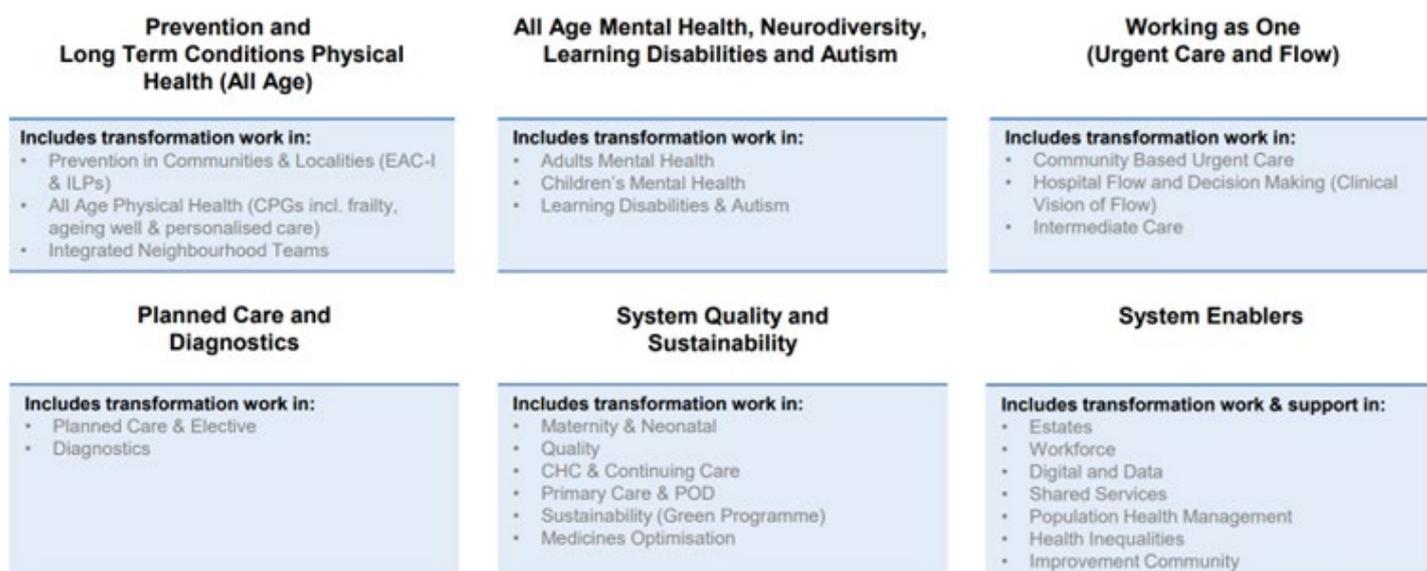
The 10-year health plan is expected in the Spring and will set out how the major themes will be implemented and the key deliverables to be prioritised.

5.2 Local Priorities:

Our Trust business planning process is aligned to the ICS planning process and system prioritisation for service development. The Integrated Care System planning process for 2025/26 includes a forward look and required actions for Operational Planning and the Joint Forward Plan refresh over the medium term (including the financial requirements over this medium term).

A portfolio structure has been developed to enable the system to be more strategic about the delivery of projects across Gloucestershire and support the realisation of benefits. These portfolios will enable the delivery of shared performance, productivity, quality and financial objectives. This transformation work will be underpinned by an improvement approach.

The 6 transformation portfolios are:



The planning guidance sets very clear expectations on improving system productivity and that every area of the NHS needs to live within its financial means as well as ensuring continued safety of services. This will require difficult decisions to be made by Portfolios in how our system transformation work will deliver this.

In addition, the Trust is reviewing the opportunities presented in the non-acute productivity pack produced by NHSE in February. The pack contains information regarding clinical services productivity (community only), corporate benchmarking, temporary staffing and potential commercial opportunities.

System Strategic Prioritisation: During the Trust's Integrated Business Planning and Budget Setting process, high risk areas for investment were identified for agreement by the Executive Team and submitted to the ICS planning team by the 23rd October 2024. This included recurrent and non-recurrent strategic priorities. Business cases have been developed where appropriate. A scoring process has been implemented and overseen by the ICS Programme Development Group.

The Trust schemes are as follows:

Non-Recurrent Schemes: Services delivered by the Trust that have been funded non-recurrently in 2024/25 and require further long-term investment decisions are as follows:

Non-Recurrent Schemes

Wellbeing Line 24/25	384,528
Health Visiting Video Interaction Guidance*	112,036
Early Language Support for Every Child (ELSEC)	373,093
CYPS Weight Management*	64,842
SARC Counsellor 2425	59,344
Homeless Healthcare (Mental Health)	161,708
Community Neuro Rehabilitation*	361,245
Stroud & Berkeley Vale Dementia (24/25)	224,101
Court of Protection (MHIS)	120,000
Ashley & Kingham (Reablement Beds 24/25)**	258,028
GARAS (MHIS)	78,624
Potential commitments	2,197,549

*System Strategic Priorities **Better Care Fund

Mental Health Investment Standard:

In addition to the mental health cost pressures and inflation, the following investments have been identified for funding from the MHIS in 2025/26:

MHIS Investment Proposal 25/26

Assertive Outreach	1,400,000
Crisis (all age)	1,000,000
Later Life Mental Health	250,000
Mental Health Act compliance	1,000,000
ECT	112,000
CAMHS Neuro	160,000
Recovery Service	500,000
Total investment required	(4,422,000)

The MHIS also includes £0.827m for slippage that was removed this year which will need to be funded from the MHIS in 2025/26 as follows:

MHIS Pick up

Eating Disorders	84,634
MH Liaison (Additional Consultant)	60,000
MH Contact Centre - NHS 111	364,000
ARR Additional Roles - (B7s)	116,667
Right Care Right Person	201,000
Total Pick up required	826,301

The Community Mental Health Transformation (CMHT): the current CMHT budget allocation of £3.62m will cease at the end of March 2025 and will be picked up from the MHIS. Current schemes costing £3.2m have been prioritised by the CMHT Board for 2025/26.

Service Development Schemes:

Service Development Funds have been allocated for the Talking Therapies service and Independent Placement Scheme to support the delivery of the Operational Plan increased trajectories for 2025/26. These are expected to be for a combined value of c£400k.

Better Care Fund:

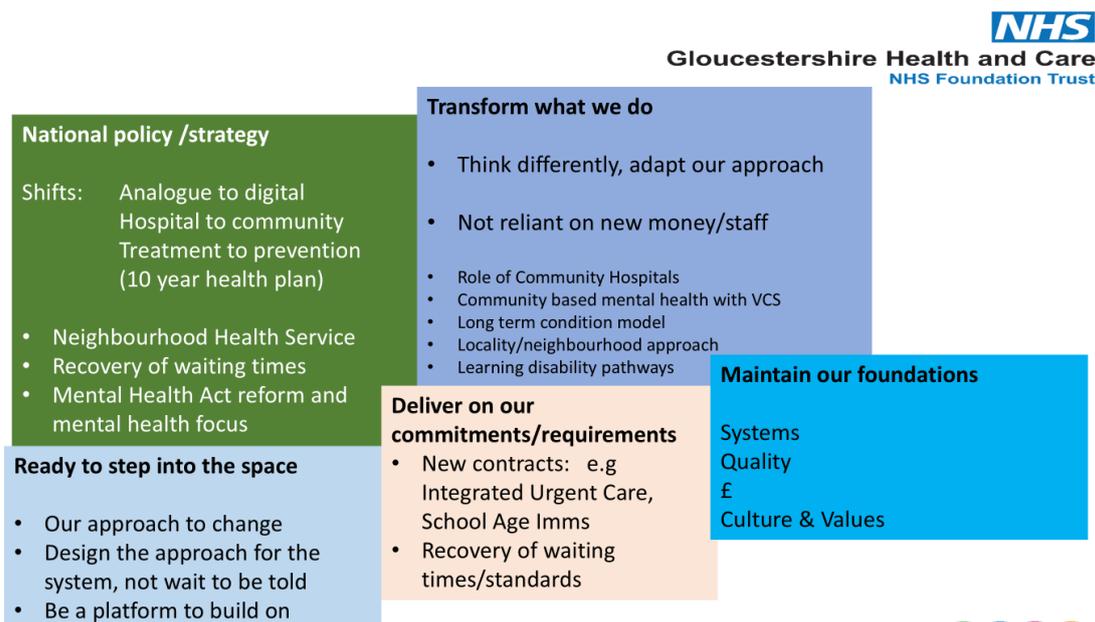
The Better Care Fund is being reviewed and refreshed in line with the National Planning Guidance for 2025/26. The proposed investments for 2025/26 are overcommitted so there is a risk that existing non-recurrent Better Care Fund schemes may not be prioritised. This applies to the Ashley and Kingham Reablement Beds.

5.3 Trust Priorities

The Trust Strategic Aims are embedded within the business planning process and objectives are linked to at least one Strategic Theme. The business planning quality assurance process found that there was a good read across for the delivery of the strategic aims. Further detail of the activity by theme is included in 7.1 of this report.

At the Integrated Business Planning and Budget Setting launch event at the end of September, the following Executive Team priorities were shared:

Chief Executive overview:



The operational priorities for 2025/26 are:

- Successfully embed and enhance the new IUCS service, taking opportunities to improve and develop the service in partnership with IC24 and liberate the potential in internally related services connected to this new function and service
- Across the board continue to seek opportunities to localise our service offers tailoring the offer to address health inequality; this includes inter-alia virtual wards, the transformation of our community teams, further development of FCP/ARRS type roles and working more closely with local services, communities and Vol sector
- Continue to work with GCC partners in social care and education to adapt children's services to a more local and all-encompassing offer that more clearly defines its inclusivity for those children and young people who are neurodivergent
- Deliver the integrated Adults community team programme
- Drive on with WaO recommendations and in particular work with UCR services to enhance effectiveness and capacity/ impact
- Firm up plan for MHUAC and gain ICS support to implement, while continuing to evolve MH urgent care services (MH vehicle etc) and RCRP
- Look after our people, develop and build on existing career pathways focussing on apprenticeships and other entry level routes right up to consultant practice roles, deriving and agreeing safe staffing levels, and encouraging staff empowerment and flexible working patterns

The quality priorities for 2023/25 are:

- Tissue Viability: - with a focus on increasing performance through improvement in the recognition, reporting, and clinical management of chronic wounds.
- Dementia Education: - with a 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.
- Falls prevention: – with a focus on reduction in medium to high harm falls within all inpatient environments.
- End of Life Care: – with a focus on patient centred decisions, including the extent by which the patient wishes to be involved in the End of Life Care decisions.
- Friends and Family Test: – 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 tranquilization.
- Learning disabilities: – with a focus on developing a consistent approach to training and delivering trauma informed Positive Behavioural Support Plans in line with National Learning Disability Improvement Standards. This includes training all learning disability staff 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.

The workforce priorities for 2025/26 are:

- Recruitment, retention & talent management to secure our future workforce supply
- Invest in our health & well-being offers
- Create an organisational culture that is welcoming and celebrates inclusivity & diversity
- Colleagues are heard, valued & influential
- Flexible working, digital enablement & innovative roles
- Optimise education & training & related funding & resources (e.g. Care to Learn, Leadership Academy, CPD & apprenticeship funding) to enable workforce transformation

6. Business Planning Objectives

6.1 Business planning objectives have been developed by each directorate team. There are 190 business planning objectives identified for 2025/26. This includes any multiyear objectives set in 2024/25 that have been carried forward into 2025/26.

6.2 A summary of the key highlights for delivery in 2025/26 are as follows: (the complete list of business planning objectives is included in Appendix 1)

Community Physical Health, Mental Health and Learning Disability Services:

- To deliver year three of the Community Mental Health Transformation Plan
- To embed the Home First Reablement transitional plan and pathway before implementing the long-term plan

Countywide Services:

- To scope feasibility of implementing digital triage and self-management tool into MSK pathways
- To implement 3D Printing within the Podiatry service

Mental Health and Learning Disability Urgent Care and Inpatient Services:

- To develop an options appraisal for the urgent care pathway provision to ensure effective and efficient operational delivery
- To implement the Mental Health Inpatient Transformation in line with National Guidance

Physical Health Urgent Care and Inpatient Services:

- To undertake activities which seek to modernise the delivery of ambulatory care from our community hospitals responding to the needs of the population and delivering sustainable localised health care in an efficient and financially stable manner
- To develop and deliver high performing community urgent care services informed by population health needs in alignment to the localisation agenda and the outcomes of the Working As One programme

Children and Young Peoples Services:

- To further roll out of countywide single point of access for CYPS experiencing SEMH and /or education inclusion needs as part of the Multi Agency Navigation Hub
- To improve the referral pathway for screening for Under 18's ASD/ADHD diagnostic assessment

Integrated Urgent Care Services:

- To support the Integrated Care Co-ordination interface with SWAST
- To explore the development of the digital patient portal

Business Intelligence:

- To deliver Faster Data Flows in line with contractual and national data reporting requirements
- To improve the integrated reporting and incorporation of qualitative measures and automated quantitative measures

Digital Services:

- To explore additional information to add into JUYI2 that may support reduction in licences and need for clinicians to access more than one system.
- To implement a proof-of-concept solution to assist in the reduction of cyber security related risk, across the ICS with regards to IOT and Medical Devices

Estates, Facilities & Medical Equipment:

- To implement enhancements to Stock Management services including eDC rollout to maximise storage
- To progress agreed Net Zero Carbon schemes in line with overarching Capital Plan

Finance:

- To utilise the benchmarking information available to analyse and compare service area performance against appropriate comparators
- To enhance the quality, accuracy, and accessibility of financial information provided to budget holders by implementing a standardised reporting system.

Contract & Planning:

- To implement the outcomes from the Procurement Shared Service internal audit and monitor progress, including reviewing the delivery model
- To improve the integration of Patient Level Costing Service outputs and support the development of national currencies for community and mental health services

Nursing, Therapies and Quality:

- To scope and agree professional practice frameworks
- To support the implementation of the Inpatient Establishment Reprofitting recommendations

Medical:

- To understand, articulate and prepare for impacts to the Trust as a result of legislative changes to the Mental Health Act
- To relaunch the Locum Zero project to deliver reductions in medical locum usage

Human Resources & Organisational Development

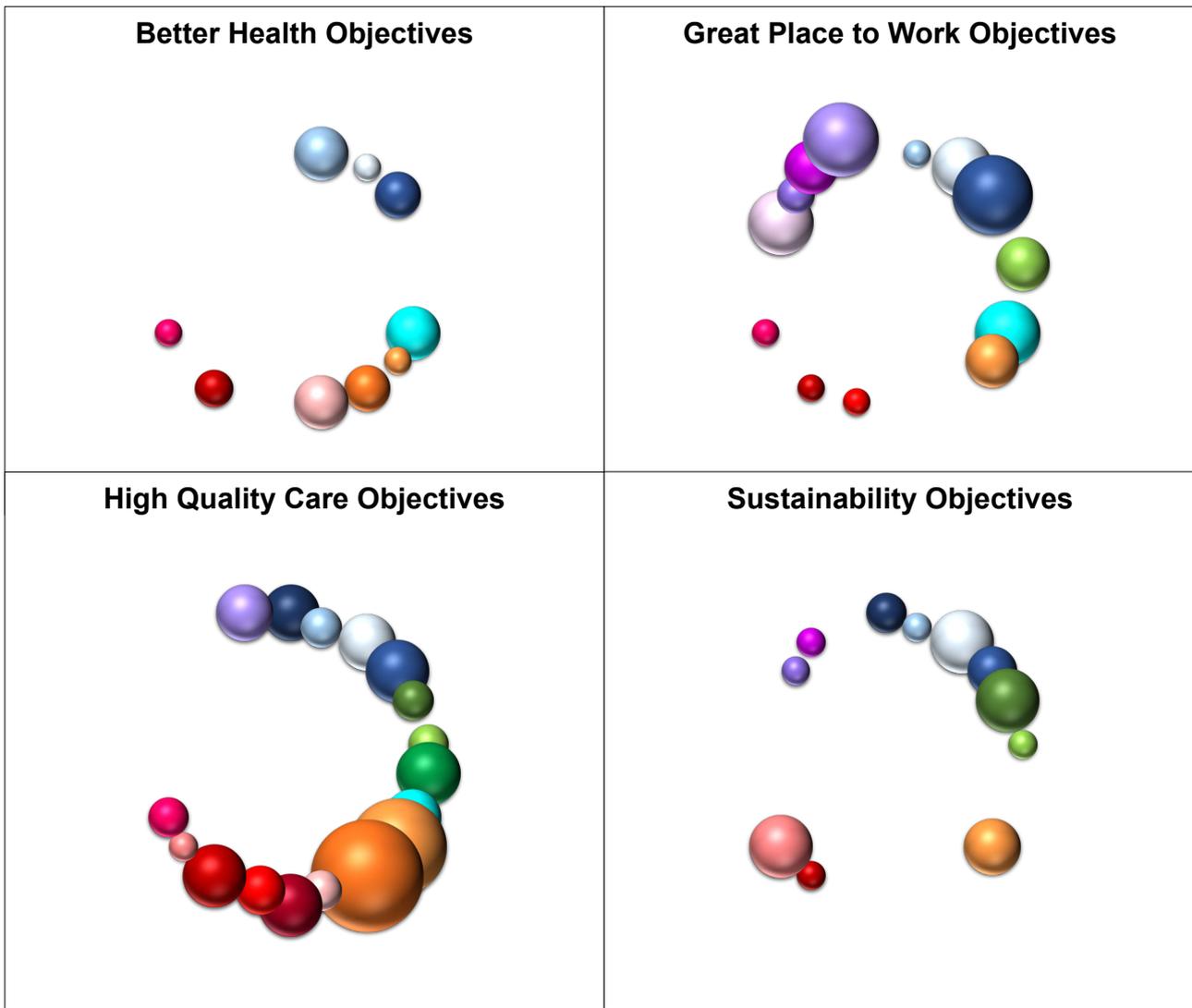
- To progress the implementation of the NHSE Safe Learning Environment Charter
- To establish an enhanced Leadership and Culture Programme with the focus on improving/enhancing GHC culture and leadership skills, values and behaviours.

Improvement & Partnerships

- To expand our Peer Support/Lived experience workforce across all services through establishing a leadership structure
- To ensure our approach to addressing health inequalities is linked to the Integrated Care System framework and incorporated into the Trust's 2025/26 strategy refresh

7. Business Planning Outcomes

7.1 One of the key aims for the business planning process is to demonstrate a preferred balance of objectives across our strategic aims. The bubble diagram below shows the balance of business planning objectives for each team/directorate for each of our four strategic aims. The operational teams are coloured red/orange and the corporate teams are coloured blue/green. (The position of the bubble within each theme on the diagram has no significance.)



(see 7.3 for key to identify teams)

7.2 The diagram shows some teams focus more on one theme than another. The Resources Committee considered mandating at least one sustainability objective per team but agreed this was not necessary as, although the number of sustainability objectives is low, the strategic impact of the schemes can be high potentially affecting everyone. This year the 'Better Health' theme has the least number of objectives. The Better Health theme is often a secondary consideration to the main strategic driver for High Quality Care objectives which is not recorded within the business planning template but could still deliver a better health benefit.

Some of the Operational Service Directorate objectives are broad themes containing a significant number of large-scale milestones. As the strategic theme is aligned to the objective and not the individual milestones, there is likely to be a greater strategic impact than reported.

7.3 The table below shows the key for identifying teams in the previous bubble diagram.

Key	Sub-Directorate
	Business Intelligence
	Contracts & Planning
	Estates, Facilities & Medical Equipment
	Digital Services

	Finance
	Corporate Governance
	Nursing, Therapies & Quality
	Communications
	Countywide Services
	Community PH, MH & LD
	Children's & Young People's Service
	MH & LD Urgent Care & Inpatient
	PH Urgent Care & Inpatient
	Medical Team
	Organisational Resilience
	Improvement & Partnerships
	Integrated Urgent Care Service
	Workforce Systems & Planning
	Working Well
	Recruitment & Retention
	Organisational Development / Learning & Development
	HR Operations

7.4 A key challenge is the allocation of corporate resources required to support the business plan. Throughout February and March, the corporate leads from Digital Services, Improvement & Partnerships, Contract & Planning, HR, NTQ, Medical and Business Intelligence met as a group to discuss the business plans and ensure alignment of objectives across corporate and operational plans. Corporate colleagues for Estates and Legal were included in the quality assurance process but did not complete the resource allocation due to the low level of support required from their services.

7.5 The business planning resource allocation tool was completed to assess the deliverability of the business plan. The tool showed that the business plan can be delivered within the existing corporate resources apart from the clinical systems team resource which requires further prioritisation. Several objectives require further scoping to understand the resources required to support the delivery. As the delivery detail for the objectives becomes known, the resource allocation will be reconsidered during the quarterly refresh process and applied flexibly.

7.6 The complete list of business planning objectives is included in Appendix 1. Please note this does not include the full details of each objective, for ease of reading.

8. Business Planning Forecast Delivery 2024/25

8.1 Teams were asked to provide a forecast for the delivery of their 2024/25 business planning objectives. There were 190 objectives at the beginning of 2024/25. Performance was monitored throughout the year by a quarterly online self-assessment of progress and monthly exception report.

8.2 There were 687 milestones for delivery by the end of the year. The performance results below reflect the self-assessment forecast for 2024/25 by milestone:

RAG-Ratings					
	Red	Amber	Green	Q4 YTD Total	%
Better Health	-	34	92	126	18%
Great Place to Work	-	11	67	78	11%
High Quality Care	8	94	266	368	54%
Sustainability	-	38	77	115	17%
TOTAL	8	177	502	687	
	1%	26%	73%		

8.3 The results show that just 1% of the business plan milestones will not be achieved in year. This is an improvement in our performance from the previous year (5% red) although there was a greater number of milestones delivered in 2024/25 (777). There has been a significant increase in the number of milestones that were not fully achieved this year. This has been largely due to capacity issues and the impact of the mobilisation of the new Integrated Urgent Care Service in quarter 3. The majority of amber rated milestones have been carried over for completion in quarter 1 of 2025/26 including some objectives that are scheduled to be delivered across multiple years.

8.4 The results also show that despite the challenges this year, over two thirds of our business planning milestones are expected to be delivered by the end of March 2025.

9. Business Planning Key Achievements 2024/25

9.1 The following is a sample of the key achievements in 2024/25:

- ✓ Successful official opening of the new Forest of Dean Hospital
- ✓ Completed building works at Hope House to comply with new forensic accreditation criteria
- ✓ Supported the technical design, testing and introduction of Rio data feed for JUYI v2
- ✓ Successful launch of School Aged Immunisation digital system and e-consent capability
- ✓ Published new Patient and Carer Race Equality Framework (PCREF) reporting dashboard
- ✓ Successful launch of new Integrated Urgent Care Service mobilisation plan with our partner Integrated Care 24
- ✓ Successful Patient Level Costing submission underpinned by improved automated data processing
- ✓ Successful completion of the dental clinical system procurement process
- ✓ Successful Windows 11 rollout process in place
- ✓ Successful tender outcome achieved for the Integrated Non-Custodial Service bid with our partner Nelson Trust
- ✓ Successful deployment of the dementia CARE tool to all community inpatient units
- ✓ Successful switching to hybrid fleet vehicles
- ✓ Positive progression of data quality across all clinical and corporate systems by championing best practice and providing appropriate data quality reporting tools
- ✓ Successful launch of the digital wound care application pilot
- ✓ Completion of training needs analysis regarding CYPs MH for 'all age' services that support u 18s

(for CYP MH aspect only)

- ✓ Completion of transition plan for the Post Covid Service
- ✓ Successful rollout of digital catering bedside ordering system into mental health inpatient sites
- ✓ Developed prescribing improvement action plan informed by in depth analysis of FP10s & prescribing data
- ✓ Successful implementation of the Interactive Voice Response (IVR) link between NHS 111 and Mental Health services
- ✓ Successful rollout of the Rapid Response Vehicle with SWAST to support urgent mental health assessments

10. Business Planning Risks 2025/26

10.1 The key risks to delivering the Business Plan for 2025/26 are identified as follows:

Risk:	L likelihood, I impact, R risk rating	L	I	R	R
<p>Impact of System Deficit: Progress towards achieving the business planning objectives will be impacted by the distraction on the organisation from the system financial deficit.</p> <p>A clear financial strategy will be developed setting out how we will manage the position in-year and continue to prioritise and deliver appropriately</p>		4	3	12	●
<p>Clinical Systems Team capacity: following the resource allocation process there is a risk that the clinical systems team capacity is unable to deliver the full business planning objectives as well as existing projects within the current pipeline.</p> <p>We will review the resource allocation tool during each quarterly refresh and reprioritise schemes within the clinical systems team pipeline where appropriate</p>		3	3	9	●
<p>10 Year Health Plan: The business plan has been developed ahead of the publication of the 10 Year Health Plan so there is a risk that some key outcomes may need to change.</p> <p>The 10 Year Health Plan is expected to be published in the Spring so we will re-plan our objectives to include any changes during the business planning refresh in quarter 1 as necessary.</p>		2	3	6	●
<p>Productivity Outcomes still to be defined: There is a risk that the need to concentrate on further productivity opportunities will be higher priority</p> <p>We will use the business planning refresh to include any new productivity schemes identified or change existing objectives where there are productivity gains identified</p>		2	3	6	●

<p>Not all interdependencies identified: The quality assurance process may not have fully identified all interdependences and capacity constraints leading to a risk that the business plan is not deliverable in year in its entirety particularly where objectives require further scoping.</p> <p>We will use the business planning refresh process to rebalance the capacity requirements of the business plan when known and optimise resources where appropriate.</p>	<p>2 3 6 ●</p>
<p>Impact of System Priorities Delay: At the time of writing, not all key investment decisions have been concluded for System Strategic Priorities and non-recurrent investments.</p> <p>We will use the business planning refresh to rebalance the business plan and assess the affordability of our objectives. Any unfunded objectives will be removed or an alternative delivery method will be explored.</p>	<p>3 2 6 ●</p>
<p>● Low Risk ● Moderate Risk ● Significant Risk ● High Risk</p>	

10.2 The completion of a business planning refresh at the end of quarter 1 is key to mitigating the identified risks. There will be a refresh at every quarter to ensure the business plan remains ‘live’ and resources will be flexed to support where possible.

11. Recommendations

11.1 The Board is asked to:

- approve the business planning objectives.
- note the planned refresh during quarter 1 to ensure alignment with the System Portfolio Work and 10 Year Health Plan.

Appendix 1 - Business Planning Objectives 2025/26

Theme
Better Health
Great Place to Work
High Quality Care
Sustainability

Team	Description of Objective
Business Intelligence	To support the business intelligence elements of the Transforming Care Digitally programme 2025/26
Business Intelligence	To deliver the integrated reporting programme milestones for 2025/26
Business Intelligence	To support the various digital system developments in the business plan
Business Intelligence	To provide expert business intelligence consultancy for business plan projects
Business Intelligence	To implement the Faster Data Flows for the Trust
Business Intelligence	To support the data source developments for 2025/26
Childrens & Young People's Service	To bring together mental and physical health services for Children in Care under a single clinical and operational structure to best realise system benefits and child focussed impact
Childrens & Young People's Service	To Maintain progress on the SEND and Inclusion Partnership Priorities, specifically SILAP objective 1.1 and SEND Programme Workstream
Childrens & Young People's Service	To further roll out of countywide single point of access for CYPs experiencing SEMH and/or education inclusion needs as part of the Multi Agency Navigation Hub
Childrens & Young People's Service	To review the Under 18's Urgent/Crisis Mental Health Care in line with NHS Implementation Guidance
Childrens & Young People's Service	To establish a single referral route for Childrens and Young Peoples Services, which can operationalise all referrals received by specific CYPs services (Therapies, CAMHS, School Nursing)
Childrens & Young People's Service	To improve the referral pathway for screening for Under 18's ASD/ADHD diagnostic assessment
Communications	To support Working Well to review branding, implementing any changes to printed and digital materials, including website and intranet sections
Communications	To further embed the Charitable Funds coordinator role to build better links with teams and services
Communications	To support the transfer of the autism website and support the introduction of the 'chat bot'
Communications	To oversee the production of the 2024/25 Annual Report ensuring all deadlines are met for submission
Communications	To support capital projects with internal and external comms activity
Communications	To implement a new comms approach for staff networks, briefings and forums
Communications	To support the Leadership and Culture work with full programme of external and internal comms activity
Communications	To host the Better Care Together awards and Long Service Awards
Communications	To promote recognition avenues, including 'give recognition' via Trust intranet and new monthly Chair's award
Communications	To ensure the publication of three membership newsletters during the year
Communications	To support the Integrated Urgent Care Service with further embedding comms approaches, particularly with GP colleagues and partner organisations
Communications	To provide comms support to digital transformation and individual digital projects
Communications	To maintain and enhance accessibility of the Trust website, ensuring compliance with statutory and regulatory standards
Communications	To promote the Accessible Information Standard and encourage compliance from teams and services
Community PH, MH & LD	To support the commissioning of VCSE services to support the community mental health transformation
Community PH, MH & LD	To develop a dynamic support approach for people with Learning Disabilities
Community PH, MH & LD	To ensure the appropriate electronic system recording of mental health social care assessment information
Community PH, MH & LD	To improve the productivity of the Occupational Therapy function within the Integrated Care Teams
Community PH, MH & LD	To implement E-job planning for Physiotherapists in the Integrated Care Teams
Community PH, MH & LD	To embed the Home First Reablement transitional plan and pathway before implementing the long term plan
Community PH, MH & LD	To review and update the community nursing strategy, applying learning from the Integrated Care Team model of care
Community PH, MH & LD	To develop a Standard Operating Procedure for the Integrated Care Team referral centres and associated call handler algorithms
Community PH, MH & LD	To trial and evaluate the Minutely for Wound app in the Forest of Dean locality
Community PH, MH & LD	To trial and evaluate step up virtual ward for frailty in the Forest of Dean locality
Community PH, MH & LD	To ensure efficient systems and processes are in place to maximise the capacity of the ADHD/ASC Adult Diagnostic service
Community PH, MH & LD	To undertake an internal review of Memory Services and Later Life Teams and implement service improvement plan
Community PH, MH & LD	To achieve the agreed Talking Therapies trajectories and service development
Community PH, MH & LD	To continue to deliver the Community Eating Disorders Service Transformation Agenda
Community PH, MH & LD	To scope and design the primary care community mental health offer so that it aligns with the transformation agenda
Community PH, MH & LD	To deliver year three of the Community Mental Health Transformation Plan
Community PH, MH & LD	To implement a new operational policy based on mental health intensive and assertive guidance
Community PH, MH & LD	To review the learning disability pathways service to support people in the community
Community PH, MH & LD	To support the development of Community Social Work, Inpatient Social Work and the Social Care Review Hub service specifications
Contracts & Planning	To target the extension of the Engagement Value Outcomes approach to priority service areas to identify and inform change from Q3 onwards
Contracts & Planning	To improve the integration of Patient Level Costing Service outputs and support the development of national currencies for community and mental health services
Contracts & Planning	To ensure the Procurement Act is embedded in our systems and processes, and continue to provide guidance and training for key stakeholders throughout the year
Contracts & Planning	To support the planning outcomes from the 10 Year Health Plan when published
Contracts & Planning	To oversee the expansion of the business planning processes and reporting to better incorporate detailed in-year changes and prioritisation
Contracts & Planning	To improve the process for the collection of overseas visitor activity and associated care costs in line with national policy (non-European)
Contracts & Planning	To establish a Trust wide Clinical Consumables Group to standardised the approach to clinical consumable purchasing
Contracts & Planning	To implement the outcomes from the Procurement Shared Service internal audit and monitor progress, including reviewing the delivery model
Corporate Governance	To implement and embed a new digital/automated SAR System
Corporate Governance	To extend the Health and Safety Managers training to the wider cohort of Band 5/6 colleagues with wider responsibility
Corporate Governance	To develop procedures to collate evidence to be used for assurance purposes to evidence new security standards
Corporate Governance	To review and refresh the champion network, linking with leadership and culture programme
Corporate Governance	To develop and embed the Integrated Urgent Care Service corporate governance processes ensuring timely accurate responses
Corporate Governance	To implement the revised Governor Ways of Working programme by end of year
Corporate Governance	To prepare for the new Mental Health Act implementation and compliance
Countywide Services	To continue to engage in system Lower Limb pathway review with the aim to deliver improvements by end of the year.
Countywide Services	To scope digital dictation opportunities for countywide services by year end
Countywide Services	To review the Sexual Assault and Referral Centre commissioned workforce model to ensure effective use of resources delivering high quality care by year end
Countywide Services	To develop and implement an agreed improvement plan for sexual health services based on internal metrics and survey feedback by year end
Countywide Services	To deliver improvements across podiatry for Friends and Family Tests, Referral To Treatment targets and staff survey results by year end
Countywide Services	To scope potential for updating the model of delivery for long term conditions by end of Q2
Countywide Services	To scope feasibility of implementing digital triage and self-management tool into Musculoskeletal pathways
Countywide Services	To implement Systems4Dentist by July and set up BI reporting that meets local and national requirements by year end
Countywide Services	To work with the ICB to determine a future model for Springbank and begin implementation as appropriate by year end
Countywide Services	To work towards achieving ISO15189 UKAS accreditation for the Sexual Assault and Referral Centre by October 2026
Countywide Services	To agree a sustainable sexual health services delivery model and implement by year end
Countywide Services	To oversee the safe transfer of the Specialist Allocation Service by July 2025
Countywide Services	To unify the Neuro Rehabilitation workforces into a single service pathway by the end of the year, dependant on outcome of Community Neuro Rehabilitation Service evaluation
Countywide Services	To complete community SALT service review
Countywide Services	To complete Acute SALT service review
Countywide Services	To scope the potential for systemwide Musculoskeletal integration by year end
Countywide Services	To align processes and standardised data input approaches to enable the production of accurate data including the implementation of Lillie hub to improve access to care.
Countywide Services	To support the development of a sustainable CHPSS service model and secure recurrent funding

Countywide Services	To support the safe transfer of the Telecare service by July 2025
Countywide Services	To engage with the falls pathway review as part of the system wide programme
Countywide Services	To implement 3D Printing within the Podiatry service
Digital Services	To mobilise the Lillie system hub and support for direct patient booking
Digital Services	To implement Quality Improvement project to explore and optimise the clinical systems team
Digital Services	To support digital element of wound care application project
Digital Services	To review analysis of Desk phone usage, replace out of support desk phones and implement softphone pilot
Digital Services	To review Analogue lines at the Trust and migrate lines to digital solution
Digital Services	To migrate virtual server platform from VMware to Nutanix AHV at Edward Jenner Court and Cirencester Data Centres
Digital Services	To replace current Wi-Fi Solution to modern and future proofed technology which meet the needs of the organisation and the wider Integrated Care System requirements
Digital Services	To implement a proof-of-concept solution to assist in the reduction of cyber security related risk, across the ICS with regards to IOT and Medical Devices
Digital Services	To ensure core IT Server and Hub rooms to have physical security measures in place including new door access control and reporting
Digital Services	To undertake preparation for using Co-Pilot across Digital and other Services
Digital Services	To support the Digital Literacy aspect of Transforming Care Digitally projects
Digital Services	To support Phase 3 of the Experts by Experience Application
Digital Services	To support the dental system replacement contract, configure, data migration, training and mobilise fully
Digital Services	To explore additional information to add into JULY2 that may support reduction in licences and need for clinicians to access more than one system.
Digital Services	To participate in the evaluation process to select and adopt a Digital Dictation system
Digital Services	To investigate and rollout the use of Group consultations within Attend Anywhere remote consultation system
Digital Services	To support the Patient Portal Project
Digital Services	To support the expansion of Azure cloud infrastructure
Digital Services	To investigate how SharePoint could be rolled out across the Trust and undertake appropriate pilots
Digital Services	To upgrade to .net 8
Estates, Facilities & Medical Equipment	To implement Phase 2 of the digital catering project to roll out bedside ordering into MH inpatient sites and begin prep work for Phase 3 linking Saffron to clinical systems.
Estates, Facilities & Medical Equipment	To implement enhancements to Stock Management services including eDC rollout to maximise storage
Estates, Facilities & Medical Equipment	To review the implementation of virtual reception systems at Rikenel as a test base for other sites
Estates, Facilities & Medical Equipment	To complete a SWOT analysis of the existing Estates and Facilities Team structure and review and explore opportunities to refine.
Estates, Facilities & Medical Equipment	To identify and formalise the Logistics service & function and future service delivery model for the Trust.
Estates, Facilities & Medical Equipment	To review and identify opportunities to improve the Transport Services
Estates, Facilities & Medical Equipment	To develop Business Cases for the redevelopment of Cirencester Hospital that develops the site as the South Cotswold Campus
Estates, Facilities & Medical Equipment	To progress the development of the 2026 - 2031 Trust Estates Strategy in line with the Trust Strategic Framework and the System Infrastructure Strategy.
Estates, Facilities & Medical Equipment	To achieve Gold/Silver/Bronze Plus Performance management, training and Procurement Shared Services support to improve Estates and Facilities Contract Management
Estates, Facilities & Medical Equipment	To review and agree General Medical Services Licenses
Estates, Facilities & Medical Equipment	To progress agreed Net Zero Carbon schemes in line with overarching Capital Plan
Estates, Facilities & Medical Equipment	To improve the use of internal space and reduce spend on external room hire, to be supported by a Policy and formalised procedures.
Estates, Facilities & Medical Equipment	To explore options for operational Energy Management for the Trust.
Estates, Facilities & Medical Equipment	To upgrade and promote the implementation of unused areas of MICAD
Estates, Facilities & Medical Equipment	To identify and formalise the furniture procurement service & function and future service delivery model for the Trust.
Finance	To identify areas that would benefit from prepaid credit cards ensuring that they fit within the scope of agreed usage as per Standing Financial Instructions and Scheme of Delegation.
Finance	To utilise the benchmarking information available to analyse and compare service area performance against appropriate comparators, xx% of service areas to have discussed their benchmarking data with finance support and considered any implications / actions.
Finance	To automate the data flow through the ledger system, reducing manual data entry (or work) by 10% within the next 12 months by implementing a software solution (e.g. power query) that connects key financial data sources to the ledger
Finance	To prepare the system for Making Tax Digital (MTD) by automating VAT return generation within the next 3 months, ensuring all VAT data is correctly compiled and ready for submission once filing is allowed, improving efficiency and reducing errors
Finance	To implement the chosen NHS government banking solution, ensuring alignment with the outcomes of the national tender exercise and compliance with relevant regulatory and NHS operational standards.
Finance	To enhance the quality, accuracy, and accessibility of financial information provided to budget holders by implementing a standardised reporting system.
Finance	To investigate and resolve the barriers to generating income from Bookwise, Overseas income streams, and recharges from other NHS organisations.
HR Operations	To scope, plan and engage with wider stakeholders to inform a plan for introducing restorative, just and learning principles, producing a high level plan for design, implementation and evaluation of the change.
HR Operations	To scope, with a view to implementing, a new ER tracker/database to provide a more efficient way of recording and reporting on ER casework
HR Operations	To redesign how we present data to our directorates, to triangulate different sources of data and ensure that we have one version
Improvement & Partnerships	To ensure the Trust approach to addressing health inequalities is linked to the Integrated Care System framework and incorporated into the Trust's 25/26 strategy refresh and strategic goals for next 3-5 years, in particular the development of neighbourhood teams across physical and mental health services
Improvement & Partnerships	To expand Peer Support/Lived experience workforce across all services through establishing a leadership structure (embedded in Nursing, Therapy and Quality), improving support infrastructure, finalising the draft strategic framework by Q1 2025/26 with input from VCSE colleagues.
Improvement & Partnerships	To support operational teams to implement Personalised Care models across all services
Improvement & Partnerships	To refresh Transformation approach to ensure each transformation board is clear on benefits realisation with direct link to CIPs, performance impact and quality goals through the implementation of a gateway process, by March 2026
Integrated Urgent Care Service	To implement the Integrated Care Co-ordination role to improve the urgent care flow and the interface with SWAST
Integrated Urgent Care Service	To review the integrated urgent care patient pathways to identify improvements and seamless transitions
Integrated Urgent Care Service	To scope direct booking into acute services from NHS111
Integrated Urgent Care Service	To develop a patient portal for integrated urgent care building on the existing online service
Integrated Urgent Care Service	To develop a long term integrated urgent care workforce strategy including future skill mix
Medical Team	To deliver a business case to establish a Trans-cranial Magnetic Stimulation service, to include scope for using current ECT suite and upskilling staff, protocols, benefits, cost and potential to be income generating
Medical Team	To evidence the growth in demand for Older Age Psychiatric services and build into a business case for growth in medical cover for the service
Medical Team	To maximise offered trainee places and find ways to host as many trainees as possible within financial constraints
Medical Team	To continue to understand, articulate and prepare for impacts to the trust as a result of legislative changes to the Mental Health Act, and contribute to system approach
Medical Team	To bring medical provision in line with the community transformation programme (CMHT) by considering population and demographic changes to inform growth requirements / demand and capacity
Medical Team	To review the LD and Later Life services in line with demographic changes, including scoping demographic growth and profile changes
Medical Team	To scope, track and manage improved planning and knowledge about doctors' and dentists' training needs
Medical Team	To ensure there is sufficient medical care for the Integrated Urgent Care Service by embedding sessional GPs to provide resilient medical cover
Medical Team	To relaunch to the Locum Zero project to deliver reductions in medical locum usage and reduce overspend
MH & LD Urgent Care & Inpatient	To develop an options appraisal for the urgent care pathway provision, including the section 136 suite to ensure effective and efficient operational delivery in line with national direction.
MH & LD Urgent Care & Inpatient	To highlight a formal options appraisal for the Mental Health Recovery Pathway and align Trust Recovery Units/Service to Best Practice Guidance which will include a locality interfacing model
MH & LD Urgent Care & Inpatient	To review the under 18's Urgent/Crisis Mental Health Care in line with NHS Implementation Guidance.
MH & LD Urgent Care & Inpatient	To support the delivery of the Right Care, Right Person business case and project implementation
MH & LD Urgent Care & Inpatient	To implement the Mental Health Inpatient Transformation in line with National Guidance
Nursing, Therapies & Quality	To report on the progress of the 11 quality priorities via a dashboard to Quality Committee.
Nursing, Therapies & Quality	To enhance the operational and quality reporting framework through the development of integrated performance reports.

Nursing, Therapies & Quality	To scope and agree professional practice frameworks
Nursing, Therapies & Quality	To support the implementation of the IER recommendations
Nursing, Therapies & Quality	To lead the commissioning of pharmacy services for the Trust
Organisational Development / Learning & Development	To ensure the Trust meets all ten commitments set out in the NHSE Sexual Safety Charter and the outcomes specified in the NHSE Sexual Safety Charter Assurance Framework
Organisational Development / Learning & Development	To fully implement NHSE Placement Capacity Toolkit with partner HEIs to ensure placement capacity is realised for and utilised by a full range of undergraduate, post graduate and non-University students
Organisational Development / Learning & Development	To review and determine guidelines for the Trust's future workforce pipeline offer and as a One Gloucestershire partner
Organisational Development / Learning & Development	To progress the implementation of the NHSE Safe Learning Environment Charter
Organisational Development / Learning & Development	To engage with Directorate workforce planning activities to ensure consideration of apprenticeships within the plans maximising apprenticeship Utilisation and Levy expiry reduction
Organisational Development / Learning & Development	To establish an enhanced Leadership and Culture Programme with the focus on improving/enhancing culture and leadership skills, values and behaviours.
Organisational Development / Learning & Development	To support the three-year EDI action plan, collaboratively developed with priorities aligned to the Leadership and Culture Programme, EDI workstream 2 and Trust Values
Organisational Development / Learning & Development	To examine, identify and implement an approach that supports colleagues to have a meaningful annual appraisal.
Organisational Development / Learning & Development	To support Digital Literacy skills for the Trust's Transforming Care Digitally programme to help ensure staff have the skills and confidence they need
Organisational Development / Learning & Development	To ensure the Trust meets the requirements of the NHSE Optimise, Rationalise and Redesign Programme including the establishment of an Learning and Development Oversight Group.
Organisational Development / Learning & Development	To ensure that there are quality assurance mechanisms and processes put in place to monitor, assess, and improve the quality of teaching/training oversight, development and delivery
Organisational Development / Learning & Development	To raise the profile, attendance at, and completion of the Care Certificate by our Healthcare Support Workforce
Organisational Resilience	To exercise and validate EPRR Plans and mitigate other key risks facing the Trust such.
Organisational Resilience	To ensure lessons learnt from previous winter preparations and responses are embedded in preparation for 2025/26.
Organisational Resilience	To ensure lessons learnt from previous summer preparations and responses are embedded in preparation for 25/26
Organisational Resilience	To ensure preparation, reporting and Incident Coordination Centre activation plan is in place in response to industrial action if required.
Organisational Resilience	To ensure Business Continuity Plans and Emergency Response Guides are in place and up to date
Organisational Resilience	To support Digital Services to ensure compliance with Cyber Resilience guidance
PH Urgent Care & Inpatient	To work to recruit and retain colleagues who work with our values to delivery outstanding care and practice.
PH Urgent Care & Inpatient	To undertake activities which seek to modernise the delivery of healthcare from the inpatient physical health units. Responding to the needs of the population and delivering sustainable localised health care
PH Urgent Care & Inpatient	To develop and deliver high performing community urgent care services informed by population health needs in alignment to the localisation agenda and the outcomes of the Working As One programme
PH Urgent Care & Inpatient	To undertake activities which seek to modernise the delivery of ambulatory care from our community hospitals responding to the needs of the population and delivering sustainable localised health care in an efficient and financially stable manner
Recruitment & Retention	To produce a implementation plan for the staff passport by the end of quarter 4.
Recruitment & Retention	To produce a recruitment dashboard by September 2025, that identified clear recruitment metrics for services.
Recruitment & Retention	To scope and plan for a values based approach to recruitment by the end of 2025.
Recruitment & Retention	To review the job evaluation process in terms of accuracy by carrying out a full audit of job roles against job evaluation outcomes.
Recruitment & Retention	To carry out research throughout the first three quarters of 2024 into retention metrics across the Trust.
Workforce Systems & Planning	To improve the Manager Self-Service including replacing change/variation forms with direct Electronic Staff Record input
Workforce Systems & Planning	To ensure compliance with the national Levels of Attainment (LOA) for e-rostering and e-job planning.
Workforce Systems & Planning	To reduce off-framework and agency spend in line with the National Planning Guidance
Workforce Systems & Planning	To deliver 90% tailored job plan for Allied Health Professionals by end of 2025/26 subject to delivery of wider 1 year pilot
Workforce Systems & Planning	To review compliance with working time regulations within the Trust, ensuring there is no inappropriate use of opt-out.
Workforce Systems & Planning	To support the transition from AIS packs to Datahub
Working Well	To develop and implement a communications plan for the year ahead to improve colleague and stakeholder understanding of Working Well, Occupational Health and wider Health and Wellbeing support
Working Well	To establish a Trust wide Health and Well Being plan (HWB) for the year in collaboration with HWB colleagues to create improved clarity of roles and responsibilities to deliver the HWB strategic framework aligning with the Our People/Great Place To Work strategy
Working Well	To review costs across Working Well services to ensure income, pay and non pay are aligned with service budgets.

AGENDA ITEM: 12/0325

REPORT TO: TRUST BOARD PUBLIC SESSION – 27 March 2025

PRESENTED BY: Sandra Betney, Director of Finance and Deputy CEO

AUTHOR: Stephen Andrews, Deputy Director of Finance

SUBJECT: BUDGET SETTING PAPER 2025/26

If this report cannot be discussed at a public Board meeting, please explain why.	
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This report is provided for:

Decision

Endorsement

Assurance

Information

The purpose of this report is to

The Trust's Standing Financial Instructions state in section 2 'Business Planning, Budgets, Budgetary Control and Monitoring' that the Director of Finance will 'prepare and submit budgets for approval by the Board'.

This paper sets out the level of budgets proposed and how they have been prepared in order to meet this annual obligation under the Standing Financial Instructions.

This paper should be read in-conjunction with the System Finance presentation and the Business Planning paper.

Recommendations and decisions required

The Board is asked to:

- **Note** the budget setting process and linkages with business planning
- **Approve** the revenue budgets and capital plan for 25/26, and approve in principle the 5-year capital programme
- **Approve** the inpatient establishment reprofiled proposed budgets
- **Note** the risks associated with the proposed budgets for 25/26

Executive summary

The paper sets out the budget setting process for 25/26. It highlights the links with the NHSE planning, contracting and business planning processes and sets out risks and opportunities within the financial control totals that have been set for each directorate.

Budget setting for 25/26 has been completed alongside the compilation of the Gloucestershire ICS financial plan for 25/26. The Trust has continued to conduct its own thorough process to develop a set of budgets that reflect the business plan of the Trust in 25/26, and has fed these proposals into the wider system discussions. The Trust's proposed budgets reflect a detailed bottom up approach that dovetails with the plans and objectives of the Trust for 25/26.

As part of the ICS process for finalising the system plan for 25/26 all organisations budget proposals have been subject to scrutiny and review. Included in the Trust's position are the actions that the Trust has agreed to undertake, and these bring the Trust to a proposed budget position of a break even position. There remains a risk that these system amendments are not transacted in the way the Trust has assumed leading to further adjustments to the budgets.

These budgets are reconciled to the organisation's NHSE submission on the 27th March. Any further changes to the budgets set or the overall system position will be reported to the Resources Committee in April. The system plan shows a break even position, and this is the position submitted in the 27th March system planning submission.

The Trust has set Whole Time equivalent (WTE) budgets as part of the budget setting process and articulated how WTEs have moved from April 2024 through to April 2025. The Trust's plans reflect the drive to reduce bank and agency spend and ensure that non clinical WTEs are carefully controlled. Additional WTE budget has been included for Inpatient Establishment Reprofitting.

These budgets provide a clear financial framework in which all Trust staff can continue to operate and make financial decisions and form the basis of the plans on which the Trust will deliver its business planning objectives and strategic aims for the year ahead.

In order to deliver the proposed plan, recurrent cost improvement schemes of £10.086m are required. In addition significant non-recurrent savings of £5.169m will be delivered to support non-recurrent expenditure and non-recurrent cost pressures. During budget setting 60% (£9.127m) of the total savings target has been delivered or identified.

A capital expenditure plan of £15.449m, and £3.265m disposals, are proposed for 25/26. There are a number of capital disposals planned for 25/26, and bids have been received for two of these sites already, and a number of other sites are being actively marketed for disposal. The Capital Management Group has agreed the priorities for next year and the main focus of the programme will be investment in net zero carbon schemes £3.3m, improvements to IT Infrastructure £1.3m, progression of the Transforming Care Digitally programme and the continuing reduction in backlog maintenance.

The system has a confirmed capital CDEL of £53.117m for 25/26 and has a balanced programme incorporating all essentials requirements of each organisation.

Risks associated with meeting the Trust's values

Risks have been identified within the paper under section 8

The 3 highest scoring risks are as follows;

- There is a risk that because CIP plans are not all yet worked up this may impact on delivery of the financial plan
- The risk of system balance discussions leads to the Trust taking share of deficit as a reduction in Trust income or increased CIP
- There is a risk that the 25/26 pay award is under funded once finalised leading to a cost pressure

Corporate considerations

Quality Implications	<i>Accurate and sufficient budgets are required to deliver high quality services</i>
Resource Implications	<i>The Trust must get its financial budgets right to deliver services and successfully meet its statutory financial targets</i>
Equality Implications	

Where has this issue been discussed before?

Executive team meetings Oct and Nov 2024, Resources Committee 26th February 2025, Capital Management Group meetings, multiple System planning meetings

Appendices:

Report authorised by: Sandra Betney

Title: Director of Finance

BUDGET SETTING 2025/26

1. Introduction and Purpose

The purpose of this paper is to update the Trust Board on:

1. The progress made in setting budgets for 25/26.
2. Risks arising from the budgets proposed.
3. To give the Board sufficient information to approve budgets for 25/26.

National planning guidance was issued to the NHS for the 25/26 planning process on the 31st January 2025. The Trust and its system partners have used this guidance as the basis for setting budgets for the system. These budgets provide the financial framework on which the Trust can provide services and deliver its objectives.

2. Financial Control totals for 25/26

2.1 To create a clear financial framework against which to measure budget proposals from directorates the Trust calculated Financial Control Totals (FCTs). These are indicative based on a number of assumptions.

2.2 The financial control totals for 25/26 were calculated through the following steps:

Recurrent 2024/25 month 9 budgets, adjusted for:

- a. Pay and non-pay inflation
- b. Cost pressures funded by the Trust
- c. Efficiency 1.0% CIP target
- d. Delivering Value 1.3% CIP targets
- e. Programme savings CIP target
- f. Non-recurrent income and expenditure for services

2.3 These calculations resulted in a deficit position of £1.034m. This broadly equated to unfunded inflation and pay award shortfalls of £2.7m and £844k reduced Berkeley House income offset by £2.5m of savings in excess of inflation for 24/25 and 25/26. The FCTs were approved by the Executive Team in November 2024. They were then notified to services and budget holders as FCTs (see table 1). Where there were difficulties in bringing the budgets within target, resolution meetings were held with the Director of Finance and Service Directors to explore alternative options to reduce any gaps.

2.4 National planning guidance was published on the 31st January 2025 and contained some significant differences to the assumptions used to set the FCTs. Efficiency savings were set at 2% rather than the 1.1% of recent years, the proposed pay award was set at 2.8% compared to 2% and the impact of changes to National Employers contributions was factored into inflationary uplifts and the proposed tariff increase of 2.15%.

- 2.5 Budget proposals were worked up using the original planning assumptions first in order to understand any variations to the original FCT assumptions and then adjusted for the implications of the actual planning assumptions.

Table 1: Issued Financial Control Totals

Directorate Financial Control Totals		
Directorate	Recurring £000s	Non Recurring £000s
Adult Community	70,281	50
PH Urgent Care and Inpatients	28,323	319
MH/LD Urgent Care and Inpatient	33,295	130
CYPs	26,901	0
Countywide	28,501	0
Medical	17,564	0
Board	5,662	10
Finance	36,022	711
Integrated Urgent Care	9,360	0
HR & OD	7,008	0
Nursing, Quality & Therapies	7,538	0
Improvement and Partnerships	1,655	0
Operations Mgt	3,214	0
Inpatient Establishment reprofiling & C	2,993	0
Non Operational	17,238	1,191
Savings	-813	-2,411
		0
Central income Glos ICB	-245,784	-616
Other Central Income	-46,493	0
Interest Receivable	-825	
TOTAL Deficit/ (surplus)	1,639	-616

3. Budget Setting

- 3.1 Budget setting for 25/26 followed a similar format to previous years and was as follows:-

- Cost pressures were submitted, considered and, where approved, included within Financial Control Totals. These were discussed and agreed by the Executive Team in November 2024
- Financial Control Totals were calculated that gave an outline financial framework against which budget proposals could be measured. These were approved by the Executive Team in November
- Business partners met with budget holders during November, December and January to prepare draft 25/26 budgets and to discuss business plans
- A strong theme of this year's budget setting has been to emphasise that they should dovetail with the business plans produced
- As part of preparing the 25/26 budgets the Efficiency cost improvement of 1.0% were identified across most budgets

- Delivering Value cost improvements were identified in some budgets. Other directorates have identified plans and ideas for these savings that require a longer timescale over which to both plan and deliver
 - Budget resolution meetings were held with directorates that proposed budgets above their FCT
 - Budgets were finalised with budget holders
 - 25/26 contract discussions continue with Gloucestershire ICB. The Trust has submitted a draft finance schedule for 25/26.
 - System funding discussions have taken place and analysis of recurrent and non-recurrent positions shared with partners to enable the system to review the financial plans, scrutinise and challenge where appropriate, and produce a balanced plan.
- 3.2 Following the late publication of the national planning guidance the revised assumptions used in the calculation of budgets were as follows;
- Net tariff inflator of 2.15% (inflation 4,15%, efficiency -2.0%) per NHSE planning guidance
 - pay award of 2.8%
- 3.3 Budget holders have been involved in the budget-setting process, both in agreeing their recurrent M9 baseline and working through the considerations required to set their budgets for 25/26 within FCTs. Budget setting was completed alongside business planning and there is a strong degree of integration between the business planning objectives and the budgets set.
- 3.4 Workforce establishments have also been completed during this process. With a strong national emphasis on whole time equivalent (WTE) monitoring and control the Trust has embedded a review of WTEs in its budget setting process. Each directorate has completed a reconciliation of the reasons for the change in WTE numbers from the start of 24/25 to the proposed budgets at the start of 25/26. The Trust is projecting a movement in WTEs of 38 based on the budget proposed, which is split between the following categories;

Table 2: WTE Reconciliation

GHC WTE RECONCILIATION 24/25 to 25/26	
WTE Budget at March 24 (per plan)	4,693
Funded Developments	22
Home first	4
Non recurring schemes 24/25	(16)
Skillmix	(10)
Inpatient Establishment reprofiling	93.2
FoD hospital	(32)
WTE Budget Proposed 25/26	4,755



- 3.5 The operational finance team worked with budget holders and service leads to align expenditure budgets to service needs, using a mixture of actual, forecast and in some cases activity data to agree realistic budget proposals for 25/26.
- 3.6 The approach to dealing with costs pressures is similar to that used in previous years. A list of cost pressures was gathered from all services and submitted to the Deputy Director of Finance which totalled £8.54m. These were reviewed and discussed before a refined list of potential cost pressures was put forward to the Executive Team in November. These were then reviewed and either approved, or rejected because they were deemed avoidable or affordable within existing resources.
- 3.7 Initially approved were £0.278m of recurrent cost pressures and £0.742m of non-recurrent cost pressures were approved and added to the proposed financial control totals.

4. Budget Setting Outcomes

- 4.1 The Trust has set budgets for all its directorates. Whilst Operational Finance staff worked closely with budget holders and Service Directors the Trust also engaged with system partners to share budget setting proposals and review all proposals in light of the system position. Where additional funding or assumption changes have been agreed these have been reflected in budget setting proposals.

Cost Pressures

- 4.2 As budget setting progressed the cost pressures list was reviewed to ensure that they had been appropriately managed. A number of cost pressures not funded in Financial Control totals have subsequently been included in budgets as part of this review while others have been added to the risk table. A summary of how the £8.458m of cost pressures identified at the start of the budget setting process and the additional pressures identified during budget setting have been dealt with through to the end of the process is shown below;

Table 3: Summary of Cost Pressures

COST PRESSURES BY CATEGORY 25/26	Recurring 000's	Non Recurring 000's	Comments
Initially Agreed Recurring cost pressures	278	0	
Initially Agreed non recurring cost	0	742	
Funded in budget setting	1,433	1092	Reactive maint, medical vacancy cover, incr drift
Inflationary pressures	496	0	Rates, utilities, maintenance contracts, provisions
Development income to cover costs	1,112	0	Outreach Team, Wellbeing Hub, Court of Protection team
Maternity	0	741	Non recurring savings to cover overspent directorates
Risk not crystallised	629	0	Ambulatory Care income - PH hospitals
Affordable	535	4	
Avoidable	2,689	984	
TOTAL	7,172	3,563	

Budget Resolution Meetings

- 4.3 Budget resolution meetings were held with the following directorates; Adult Community, Countywide, Medical, Finance, Children's, Improvements & Partnerships, Operations, Integrated Urgent Care, Human Resources and OD, Nursing, Quality and Therapies, Mental Health & LD Urgent Care and Inpatients, and Physical Health Urgent Care and Inpatients.
- 4.4 These directorates all identified pressures in setting budgets within FCT and met with the Director of Finance to agree ways forward to close the gap between the target and budget, where possible. Two common themes throughout the resolution meetings were the impact of inflationary pressures on the ability of the directorate to set a budget in line with the FCT, and the deliverability of cost improvements.
- 4.5 Three directorates had a second resolution meeting to finalise budget proposals, Medical, Physical Health Urgent Care and Inpatients, and Finance. A number of directorates have yet to fully identify their Delivering Value savings target but all demonstrated sufficient plans and ideas to allow them to set a budget within FCT, while they work up their detailed plans by June 2025.
- 4.6 Discussions with the directorates identified a range of actions and analysis to be completed before budgets could be set. Once these were completed agreement was reached with each directorate on their proposed budget for 25/26, and any agreed additions were added to the budgets proposed.
- 4.7 A number of issues remain risks and these have been added to the risks listed in section 8 of this report. The risk of non-delivery of delivering value savings is identified in the risk table.
- 4.8 The budget resolution meetings highlighted a number of issues. Lessons learnt from this year's exercise include the benefits gained from having a clear standard agenda for all meetings to follow and a clear set of action notes for everyone to work from, and the importance of maintaining a record of WTE budget changes throughout the year. Next year budget resolution meetings will include a standardised format for note taking to ensure all are recorded in the same format.

Inpatient Establishment Refiling

- 4.9 Inpatient budgets in both Mental Health and Physical Health were significantly over spent in 24/25 despite carrying significant vacancies. This has been a trend over the last few years that the Trust has been managing with non recurrent financial support. In order to set budgets that address this issue permanently a detailed analysis of the reasons behind the over spends was completed as part of the review of inpatient establishments. A project team was established to complete the analysis which was presented to the Board and set out a detailed phased transition plan.



4.10 A profile emerged of a substantive workforce with a number of vacancies topped up significantly with bank and agency staff. The financial disbenefits of paying for bank and agency staff over substantive staff, and the quality impact on care of having many temporary staff were drivers to reduce the reliance on bank and agency staff. Budgets have been identified to support the transition from temporary to substantive staffing and underpin the reprofiling. Unallocated budgets set as part of last year’s budget approved by the Board can now be allocated to ward budgets to support the reprofiling from temporary staffing to substantive. It is recommended that these reprofiled WTEs (94.16) are included in the budgets for 25/26.

Table 4: Inpatient Establishment Reprofiling

	24.25 Budget £	24.25 Budgeted wte	Proposed Substantive WTE	WTE Adj	Proposed Budget uploads
MH Inpatient Total	£11,275,341	257	287	41	£1,470,017
PH Inpatient Total	£10,960,786	248	301	53	£2,510,966
	£22,236,127	505	588	94	£3,980,983

Maternity Cover

4.11 A significant cost pressure that has been raised by a number of directorates over the past few years has been the cost of maternity cover. The combined cost of an individual’s maternity pay and the additional member of staff to cover the post, has caused over spends in a number of areas, most notably in directorates running rotas.

4.12 In order to address this in 25/26 budgets the Trust has set a non recurring central budget by increasing the Trust’s target for non recurring savings. The budget set is £741k based on a proportion of the estimated £2.654m cost of maternity in 24/25, and directorates who are over spent during the year as a result of maternity cover will be allowed to request non recurring budget to cover that impact.

Non Operational budgets

4.13 Depreciation and Public Dividend Capital (PDC) budgets have been based on the current asset register. Work throughout 24/25 to review the asset register has helped the Trust to mitigate the effect of cost pressures on these budgets from capital inflation. There is a small increase in depreciation costs in 25/26 but this has been offset by a non recurrent allocation increase from NHSE under revised funding arrangements for depreciation. In the future any increase in depreciation cost during the year will be funded by an equal increase in the system allocation for depreciation thus removing this as a cost pressure risk.

4.14 The interest receivable budget has been set higher by £175k recurrently and £500k non recurrently to reflect the continuing high level of interest rates. The £175k increase will fund non recurrent transitional costs in 2025/26 and the £500k is being used to improve the Trust’s I & E position.



5. Income

5.1 The Trust has calculated the anticipated level of funding for 25/26 using the closing position of the 24/25 contracts as the start point, with the tariff uplift of 2.15% applied. The Trust has been negotiating to ensure it receives an appropriate level of funding to deliver services. Contract management discussions have continued throughout 24/25 to ensure detailed contract schedules are maintained that outline the recurrent funding. These have formed the start point of the 25/26 contracts.

Table 5: Clinical Income budgets

Organisation	25/26 Budget £000s
Income - Aneurin Bevan UHB	-1,247,037
Income - NHS Gloucestershire ICB	-281,384,875
Income - Gloucestershire Hosps NHS FT	-3,694,895
Income - Devon Partnership NHS T	-3,983,304
Income - NHS Hereford & Worcs ICB	-809,499
Income - Low Volume Activity	-1,560,000
Income - NHS England	-6,202,226
Income - Other	-693,726
	-299,575,562

5.2 Funding from the Mental Health Investment Standard (MHIS) and Strategic Development Fund (SDF) for 25/26 is still under discussion and has not been included in budgets for income or expenditure, except where agreement has been reached during system planning discussions. Once agreed, budgets will be adjusted to reflect the additional income, and matching expenditure budgets set up to reflect the different schemes. A full reconciliation of the contract to budgets will be completed once the contract is agreed. Recurrent investment is expected to be added to the contract to meet the Mental Health Investment Standard as this has remained a key NHS commitment for 25/26.

6. Cost Improvement Plans (CIPs)

6.1 The national savings requirement in the planning guidance for 25/26 was 2% of NHS income, an increase on the previous years 1.1%, at c.£5.9m. The late issue of the national planning guidance and the increase to the national savings target meant that the savings requirements and plans had to be adjusted during budget setting. The Trust’s original and revised CIP Requirements and Plans are set out in table 6.

6.2 The CIP requirement is made up not only of the national savings requirement but also from a number of other factors. e.g. the impact of cost pressures, both recurrent and non-recurrent, and the non delivery of savings from 24/25. There are also non-recurrent budgets that need establishing to cover costs such as cost pressures, maternity cover and excess travel. These are funded through the identification of non-recurrent savings during 25/26.

- 6.3 The Trust held a Budget setting and Business Planning joint launch in September 2024 where a CIP presentation was given to senior operational managers. Over 50 delegates participated in the session to hear about the CIP requirement for 25/26 and to discuss potential schemes for 25/26.

Table 6: Calculation of CIP requirement & plan

<u>Original 25/26 CIP Requirements</u>			<u>Revised 25/26 CIP Requirements</u>		
	£000s	% of budget		£000s	% of budget
Contract Efficiency (1.1% then 2%)	3,109	1.0%		5,909	1.9%
Savings over requirements	0	0.0%		157	0.1%
Cost Pressures	2,300	0.8%		1,754	0.6%
Unfunded inflation	543	0.2%		320	0.1%
Undelivered 24/25 savings	0	0.0%		1,947	0.6%
Recurrent total	5,952	2.0%		10,086	3.2%
Non Recurrent - budgets	100	0.0%		17	0.0%
Non Recurrent costs pressures	1,500	0.5%		2,762	0.9%
Non Recurrent Maternity	741	0.2%		741	0.2%
Non Recurrent - contribution to system	0	0.0%		1,375	0.4%
Non Recurrent - TCD	270	0.1%		274	0.1%
Non Recurrent total	2,611	0.9%		5,169	1.6%
Total CIP required	8,563	2.8%		15,255	4.9%

- 6.4 CIP is expected to be recurrent, and result in reduction in budget, rather than just cost avoidance. In order to deliver the CIP requirement identified above the CIP is aligned to five areas:

<u>Original 25/26 Cost Improvement Plan</u>			<u>Revised 25/26 CIP Plan</u>		
	£000s	% of budget		£000s	% of budget
CIP target for budget setting					
Efficiency 1.1 then 2%%	-3,079	-1.1%		-3,189	-1.0%
Delivering Value 1.3%	-3,919	-1.3%		-4,001	-1.3%
Undelivered 24/25 savings	0	0.0%		-1,947	-0.6%
Programme Savings	0	0.0%		-949	-0.3%
carried forward delivered non recurrent	0	0.0%		0	0.0%
Recurring total	-6,998	-2.3%		-10,086	-3.2%
Non Recurring	-2,020	-0.7%		-4,428	-1.4%
Non Recurrent - contribution to system	0	0.0%		0	0.0%
Non Recurrent Maternity	-741	-0.2%		-741	-0.2%
Non Recurring share of deficit reduction	0	0.0%		0	0.0%
Non Recurrent total	-2,761	-0.91%		-5,169	-1.7%
Total CIP	-9,759	-3.2%		-15,255	-4.9%

- a) Efficiency £3.189m. This targets efficiency in every budget at individual budget holder level, and is expected to be delivered full year and removed at budget



setting. Work continues to complete QEIAs to support efficiency savings identified in budget setting.

- b) Delivering Value, £4.001m. This is spread over all directorates and aims to deliver more transformational and longer term savings schemes. These schemes are more complex in nature and take longer to develop so directorates that have not yet been able to identify these savings in budget setting have been given until the end of quarter one to finalise these plans and complete the QEIAs required. Any schemes that cannot deliver full year effect will need to be supported by either non-recurrent savings or higher alternative Delivering Value schemes to compensate.
 - c) Programme savings, £0.949m. When the planning guidance was released and indicated an increase in the national savings requirement the Trust increased this central savings target rather than increase each directorates target. The Trust has identified the majority of these savings during the budget setting process.
 - d) Non-recurrent, £5.169m. Non-recurrent savings are required to cover non-recurrent costs identified such as excess mileage payment, pay protection and non-recurrent costs pressures such as maternity cover, the new Forest of Dean Hospital staffing costs and the international nursing costs. These will be delivered from opportunistic schemes and it is anticipated they will be delivered in the early months of the financial year.
 - e) Savings 24/25, £1.947m. Some savings have not been delivered in 24/25 and have been carried forward into the directorate's budgets, to be found in 25/26. Some of these savings remain unidentified from 24/25 but others have a clear plan for delivery, £0.614m.
- 6.5 All recurrent CIP schemes will require QEIAs to be completed to assess the impact on services, and will be reviewed by Executive Directors for Medical, and Nursing Qualities and Therapies. QEIAs have been completed for the 8 directorates where savings have been delivered through the budget setting process and already removed from the budgets to be uploaded, although 4 are scheduled to be presented to the Improving Care Group on the 8th April 2025. The overall savings programme of £15.255m equates to 4.9% of total Trust income in 25/26. This compares to 4.1% last year.
- 6.6 The table below shows the current progress towards delivery of the different CIP schemes. As additional cost pressures were identified through the budget setting process the level of non recurring savings required has increased to £5.169m. It is expected that this higher target is still achievable (the Trust delivered £6.8m in 24/25), and will be opportunistic in nature i.e. through slippage rather than planned. They would be expected to be achieved in the first few months of the financial year.
- 6.7 It shows that progress has been made towards the delivery of the 1.0% Efficiency schemes with 55% delivered or identified, and some of the Delivering Value schemes have already been fully identified during budget setting.

Table 7: CIP schemes and delivery to date

Rec / Non rec	Scheme	Target	Delivered	Identified	Unidentified
Rec	Efficiency 1.1%	3,189	1,089	664	1,436
Rec	Delivering Value 1.4%	4,001	258	994	2,749
Rec	Undelivered 24/25 brought forward	1,947	0	614	1,333
Rec	Programme Savings	949	901	0	48
Non Rec	Non recurrent savings	5,169	500	4,107	562
		15,255	2,748	6,379	6,128
			18%	42%	40%

6.8 The recurring elements of 'Unidentified' are the highest risk of non-delivery at £5.566m. CIP delivery is reported monthly as part of the Finance and Performance Reviews within Operations, at the Resources Committee, and at CIP Management Group, where escalations are employed to expedite delivery. An update on the progress of identification of the savings will be given to the Board and Resources Committee.

7. Summary position

7.1 The summary Income and Expenditure position for the Trust from the proposed budgets is as follows;

Table 8: Trust Income and Expenditure budgets v FCT 25/26

Directorate Financial Control Totals	Recurring	Non Recurring	Total	Proposed	Variance	Comments
Directorate	£000s	£000s	FCTs £000s	budgets £000s	£000s	
Adult Community	70,281	50	70,331	74,598	4,267	Increased pay award and Nat'l Ins change
PH Urgent Care and Inpatients	28,323	319	28,642	29,750	1,109	Increased pay award and Nat'l Ins change
MH/LD Urgent Care and Inpatient	33,295	130	33,425	34,562	1,138	Increased pay award and Nat'l Ins change
CYPs	26,901	0	26,901	27,915	1,014	Increased pay award and Nat'l Ins change
Countywide	28,501	0	28,501	29,326	825	Increased pay award and Nat'l Ins change
Medical	17,564	0	17,564	18,685	1,122	Increased pay award and Nat'l Ins change
Corporate Governance	5,662	10	5,672	5,580	-92	Increased pay award and Nat'l Ins change
Finance	36,022	711	36,733	38,447	1,714	Increased pay award and Nat'l Ins change
Integrated Urgent Care	9,360	0	9,360	9,606	247	Increased pay award and Nat'l Ins change
HR & OD	7,008	0	7,008	7,096	88	Increased pay award and Nat'l Ins change
Nursing, Quality & Therapies	7,538	0	7,538	8,081	543	Increased pay award and Nat'l Ins change
Improvement and Partnerships	1,655	0	1,655	1,782	128	Increased pay award and Nat'l Ins change
Operations Mgt	3,214	0	3,214	3,269	55	Increased pay award and Nat'l Ins change
Inpatient Establishment reprofiling & Overheads	2,993	0	2,993	3,641	648	Inpatient reprofiling moved to directorates
Non Operational	17,238	1,191	18,429	15,280	-3,149	Cost pressures moved into directorates
Savings	-813	-2,411	-3,224	-5,717	-2,493	increased savings target
		0	0		0	
Central income Glos ICB	-245,784	-616	-246,400	-249,516	-3,116	Tariff increase. Funding transfer GCC to ICE
Other Central Income	-46,493	0	-46,493	-50,889	-4,396	Tariff increase. Funding transfer GCC to ICE
Interest Receivable	-825		-825	-1500	-675	
TOTAL Deficit/ (surplus)	1,639	-616	1,023	0	-1,023	

7.2 The proposed budgets give a break even position for 25/26.

7.3 The conclusions of budget discussions resulted in all directorates with a budget proposal above the Financial Control Total set, after adjustments for the revised planning assumptions and agreed developments.

7.4 Analysis of the underlying recurrent position of the Trust has also been conducted as part of the budget setting process (see table 9 below). This

shows that if proposed budgets are approved, and cost improvement plans are delivered then the Trust will have a recurrent underlying deficit of £2.196m.

Table 9: Underlying Recurrent budget position

Recurring and Non recurring I & E position 25/26			
<u>Recurring position</u>	FCT v9	Proposed budgets	Variance
	£000s	£000s	£000s
Income	(317,298)	(328,004)	(10,706)
Pay	242,337	251,517	9,180
Non Pay	63,876	65,959	2,083
Non Operational	12,724	12,724	(0)
Recurring Deficit	1,639	2,196	557
<u>Non Recurring position</u>			
Income	(6,116)	(778)	5,338
Pay	3,930	2,553	(1,377)
Non Pay	3,981	1,248	(2,733)
Savings	(2,411)	(5,169)	(2,758)
Non Recurring (Surplus)	(616)	(2,145)	(1,529)
Trust total position	1,023	51	(972)
Less Dep'n on donated assets	(180)	(51)	129
Performance position	843	(0)	(843)

7.5 Analysis of the position shown above has been undertaken to assess the drivers of the underlying budgetary position of the Trust. This is shown in the table below;

Table 10: Underlying Target Recurrent position

GHC Summary Reasons for Underlying position		£000s
GHC Summary Under Staff Support Wellbeing Hub		-393
Glos ICB / NHSE	Vaccination Team	-385
Glos ICB / CMHT	Locality Commissioning Boards	-379
LD Berkeley House - excess costs		-835
Unfunded inflation & pay awards 23/24		-1,042
Savings over pay award/inflation 24/25		487
Savings over requirement 25/26		352
Underlying recurring deficit 25/26		-2,196

8. Risks in the Budget

- 8.1 There are a number of potential risks in the proposed budget that should be noted:

Table 11: Risk analysis

Risk	Mitigations	Likelihood	Impact	Mitigated Risk Score
System balance discussions lead to Trust taking share of deficit as reduction in Trust income or increased CIP	Continued negotiation with system partners. Review all costs. Identify additional savings. Peer review of system partners	3	5	15
There is a risk that GHC does not fully deliver recurrent CIP savings in year, resulting in GHC not achieving its financial targets	Non recurrent savings. Close monitoring by the CIP management board	3	4	12
25/26 pay award is under funded once final value is agreed causing a cost pressure	Detailed assessment of implications to ensure clear understanding of impact and to allow appropriate mitigations to be sought	4	3	12
There is a risk that services do not have the capacity to identify CIP schemes in year resulting in under delivery of in year CIP target	create dedicated time to review CIP. CIP Management Group to actively manage situation and support directorates if greater support needed	3	3	9
No budget to cover agency premium costs leads to over spends	Forward planning on rotas, active recruitment and detailed monthly monitoring of agency usage by SSOG	3	3	9
Loss of CPD Income after being funded for the last three years will cause a cost pressure in the training budget	Monitor training spend and understand level of funding required	4	2	8
The risk that in the last stages of bedding in the service and transitioning to the Trust running the services there will be additional unbudgeted costs in the short term	Careful monitoring of service provision . Review of service delivery over a full 12 month period. Additional costs if required to manage demand.	4	2	8
Risk that Capital programme disposals don't happen in 25/26 leading to need to reduce capital programme	Close monitoring of disposals by Capital Management Group and liaison with System partners and NHSE to explore flexibility	3	2	6
Gloucestershire County Council (GCC) are reviewing their budgets to identify significant savings which could affect the Trust's finance position	Close monitoring of GCC proposals.Possible need to identify further savings	2	3	6
Risk that the Trust does not get all the income assumed when the system position is finalised leading to a deficit	Monitoring at system level. Scrutiny and joint working across the system to agree funding arrangements	2	3	6
A risk that Inpatient establishment reprofiling implementation plan does not go to plan and costs are greater than expected	Clear implementation plan and recruitment strategy to underpin business case.	2	3	6
Utility, fuel, waste costs may rise further due to inflationary pressures above the additional funding added to the budget	Continued monitoring and early warning of cost pressures. Dialogue with NHSE/I to highlight cost pressure	3	2	6
Adult Mental Health Inpatients require Out of Area beds which is unbudgeted	Work underway within directorate to ensure lengths of stay are shortened, staffing establishment is filled with the aim of ensuring less need for out of county bed usage	3	2	6
Mental Health Act White paper reforms (8 year programme) cost more than the funding provided	Identify funding streams while proposals are worked up	3	2	6
A risk that funding for First Contact Practitioner Physios x 5 through GPs is no longer made available causing cost pressure	Identify redeployment roles should funding be withdrawn	2	2	4
Budget assumption that vacancies filled at bottom of scale may be incorrect leading to pay over spend	Staff trajectory monitoring in place to understand any deviation from budget setting assumptions	2	2	4
Children in care placed in Gloucestershire require care but funding not received	Discuss with Contracts Team and ICB the current rules around funding for out of county placements. Get clear funding agreements in place before agreeing care arrangements	2	2	4
The Outreach Vaccination team staff are substantive but risk that funding remains non recurrent	Identify alternative roles should funding not be made recurrent.	2	2	4
Risk that CIP targets may become more of a limiting factor in terms of Service Quality, with an impact on the Trust's ability to provide CQC rated Outstanding services and/or key elements of Trust Strategy	Continued close scrutiny of QEIAs	2	2	4
Non recurring budget for Maternity cover is insufficient to meet all the costs	Identify additional non recurring savings	2	2	4
Maintenance materials costs may rise due to inflationary and demand pressures above budget	Continued monitoring and early warning of cost pressures. Detailed assessment completed at budgets etting to predict appropriate budget. Some additional funding agreed to cover new requirements. Dialogue with NHSE/I to highlight cost pressure	2	2	4
Agenda for Change pay award for Council related staff is not fully funded	Early discussions with GCC have taken place to ensure they include estimate in budget.	2	2	4
The impact of all the inflationary pressures might have been underestimated in budgets	Monitor non pay. Prepare options to reduce costs	2	2	4
Cost improvement plans may have been removed from budgets before all QEIAs and may lead to savings being reversed due to adverse quality impact	All Efficiency and agreed Delivering Value QEIAs to be completed before 31st March. Remaining QEIAs to be promptly completed to allow time for alternative ideas to be identified. Careful monitoring by CIP Management Group.	2	1	2
A risk that unplanned legal costs might impact on the Corporate Governance budget	Review of usage and the process for purchasing to be undertaken. Monitoring of spend	2	1	2
here is a risk that Bone Health prescribing for Zolendric Acid will continue to increase and the service will be required to give all three treatments rather than just the one as at present	Monitor prescribing levels and discuss with ICB the appropriate prescribing route	2	1	2
Adult Community directorate cost pressure from increased travel proves to be sustained and not non recurring	review of mileage usage by team and working practices to assess if permanent or not	2	1	2
Unpredictable expenditures in employment matters leads to increased costs	Identify non recurring costs if additional costs materialise	2	1	2

9. Opportunities

9.1 The Trust's review of its balance sheet in 24/25 may lead to the need for a reduced budget for depreciation and PDC in 25/26. Once the year end



accounts are completed and audited the Finance department will review the level of budgets required for next year.

- 9.2 The organisation has consistently delivered its financial control totals over a number of years. This has often been due to non-recurrent savings made during the year and it is anticipated that the Trust will continue to be able to generate these savings to support the financial position of the Trust. The Trust has been able to review its balance sheet and resolve a number of financial issues that puts it in a strong financial position at the start of 25/26 giving further confidence that non-recurrent savings will be generated that can be utilised to support the Trust.
- 9.3 The Trust has set budgets to cover cost pressures through CIP delivery. If any of these cost pressures are later resolved through other means, this would be an opportunity to reduce the CIP burden for the year.

10. Capital Expenditure

- 10.1 The proposed capital programme has been developed by the Capital Management Group and has been considered by the Resources Committee in February 2025.
- 10.2 During 25/26 the Trust intends to invest significantly in Net Zero Carbon schemes, improvements to IT Infrastructure £1.3m, progression of the Transforming Care Digitally programme and the continuing reduction in backlog maintenance.
- 10.3 The overall capital plan for the Trust anticipates a spend of £15.449m in 25/26 before disposals of £3.265m.
- 10.4 IFRS 16 funding for leases has been incorporated into the System's CDEL funding from 25/26. They will be funded directly from the system CDEL allocation rather than a separate allocation held by the Department of Health and Social Care.
- 10.5 There are a number of capital disposals planned for 25/26 in order to provide additional funding to support the capital programme totalling £3.265m.
- 10.6 The capital envelope for Gloucestershire has been published for next year, and is £53.117m. The share of the envelope for 25/26 has been agreed between system partners so the Trust's 25/26 programme is fully covered by system CDEL.

Table 12: Capital Plan for 25/26

Capital Plan	Plan	Plan	Plan	Plan	Plan
£000s	2025/26	2026/27	2027/28	2029/29	2028/30
Land and Buildings					
Buildings	3,942	10,500	3,000	3,000	3,000
Backlog Maintenance	2,405	1,393	1,393	1,393	1,393
Buildings - Finance Leases	1,496	1,900	250	250	250
Vehicle - Finance Leases	250	250	250	250	250
Net Zero Carbon	3,395	1,400	1,800	500	500
Medical Equipment	581	602	930	1,030	1,030
IT					
IT Device and software upgrade	320	600	600	600	600
IT Infrastructure	1,800	1,300	1,300	1,300	1,300
Transforming Care Digitally	1,260	790	250	250	250
Digital Innovation			500	500	500
Total of Updated Programme	15,449	18,735	10,273	9,073	9,073
Disposals	(3,265)	(6,500)	0	0	0
Total CDEL spend	12,184	12,235	10,273	9,073	9,073
Funded by;					
Anticipated System CDEL	12,349	12,235	10,273	9,073	9,073

11. Next steps

- 11.1 Once budgets are agreed by board, budget holder sign off will be completed. Development of plans for Delivering Value CIP are expected to be completed with associated QEIAs by the end of quarter 1.
- 11.2 Budgets have been uploaded to the finance system in preparation for Month 1 reporting but will amended for any changes proposed by the Board.

12. Conclusion and Recommendations

- 12.1 It is recommended that the Trust Board:
- Note the budget-setting process and linkages with business planning
 - Approve the budget totals for revenue and the capital plan
 - Approve the Inpatient Establishment reprofiling proposals
 - Note the risks within the proposed budgets

REPORT TO: TRUST BOARD **PUBLIC SESSION – 27 March 2025**

PRESENTED BY: Sandra Betney, Director of Finance and Deputy CEO

AUTHOR: Stephen Andrews, Deputy Director of Finance

SUBJECT: FINANCE REPORT FOR PERIOD ENDING 28th February 2025

If this report cannot be discussed at a public Board meeting, please explain why.	
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This report is provided for:

Decision Endorsement Assurance Information

The purpose of this report is to

Provide an update of the financial position of the Trust.

Recommendations and decisions required

The Trust Board is asked to **NOTE** the month 11 position.
The Trust Board to formally approve the accuracy and robustness of the capital forecast as submitted including the charge against capital allocations, the impact of IFRS 16, and the total CDEL charge

Executive summary

- At month 11 the Trust's surplus is £0.178m compared to plan of £0.034m. Forecast surplus is £0.296m.
- 24/25 Capital plan is £10.704m with £4.000m of disposals leaving a net £6.704m programme. Spend to month 11 is £5.035m against a ytd budget of £8.335m.
- Cash at the end of month 11 is £52.292m, an increase of £7.32m due to a reduction in NHS receivables
- Cost improvement programme has delivered £5.465m of recurring savings at month 11 compared to plan of £6.585m. Target for the year is £7.319m of which £1.334m is currently unidentified.
- £6.841m of non-recurring savings have been delivered at month 11 against plan of £5.537m. Target for the year was £5.661m, and has been fully delivered.
- The Trust spent £4.772m on agency staff up to month 11. This equates to 2.14% of total pay compared to the agency ceiling of 3.2%.
- The Board is asked to formally record approval of the accuracy and robustness of the capital forecast

- | |
|---|
| <ul style="list-style-type: none"> • Coleford Health Centre lease business case to the May Board |
|---|

Risks associated with meeting the Trust's values	
Risks included within the paper	
Corporate considerations	
Quality Implications	
Resource Implications	
Equality Implications	

Where has this issue been discussed before?

Appendices:	Finance Report
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Report authorised by: Sandra Betney	Title: Director of Finance and Deputy CEO
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with you, for you



Gloucestershire Health and Care
NHS Foundation Trust

AGENDA ITEM: 13.01/0325



Finance Report Month 11



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

- At month 11 the Trust's surplus is £0.178m compared to plan of £0.034m. Forecast surplus is £0.296m.
- 24/25 Capital plan is £10.704m with £4.000m of disposals leaving a net £6.704m programme. Spend to month 11 is £5.035m against a ytd budget of £8.335m.
- Cash at the end of month 11 is £52.292m, an increase of £7.32m due to a reduction in NHS receivables
- Cost improvement programme has delivered £5.465m of recurring savings at month 11 compared to plan of £6.585m. Target for the year is £7.319m of which £1.334m is currently unidentified.
- £6.841m of non recurring savings have been delivered at month 11 against plan of £5.537m. Target for the year was £5.661m, and has been fully delivered.
- Worked WTEs were 57 below the budgeted WTEs in February but 62 higher than plan
- The Trust spent £4.772m on agency staff up to month 11. This equates to 2.14% of total pay compared to the agency ceiling of 3.2%. There were 29 off framework agency shifts in February
- Better Payment Practice Code increased to 90.7% of invoices by value paid within 30 days, against 95% target
- The 7 day performance at the end of February was 65.0% of invoices by value paid
- Coleford Health Centre lease business case to the May Board

GHC Income and Expenditure

Gloucestershire Health and Care
NHS Foundation Trust

	2024/25	2024/25	2024/25	2024/25	2024/25
	NHSE Plan	Revised budget	YTD revised budget	YTD Actuals	Variance - ytd actual to ytd revised budget
Operating income from patient care activities	272,338	302,691	275,176	276,370	1,194
Other operating income	16,993	19,263	17,658	19,135	1,477
Employee expenses - substantive	(198,597)	(243,827)	(222,808)	(200,416)	22,392
Bank	(17,771)	(2,616)	(2,398)	(17,703)	(15,305)
Agency	(7,152)	(1,165)	(1,068)	(4,772)	(3,704)
Operating expenses excluding employee expenses	(63,887)	(74,570)	(67,082)	(72,839)	(5,757)
PDC dividends payable/refundable	(2,624)	(2,624)	(2,405)	(2,472)	(67)
Finance Income	825	2,973	3,041	2,936	(105)
Finance expenses	(212)	(212)	(194)	(205)	(11)
Surplus/(deficit) before impairments & transfers	(87)	(87)	(80)	34	114
Gains/ (losses) from disposal of assets				(26)	(26)
Remove capital donations/grants I&E impact	87	87	80	170	90
Surplus/(deficit)	0	0	0	178	178
Adjust (gains)/losses on transfers by absorption/impairments	0	0	0	0	0
Remove net impact of consumables donated from other DHSC bodies	0	0	0	0	0
Revised Surplus/(deficit)	0	0	0	178	178
WTEs	4702	4764	4764	4707	57

Forecasts	Forecast 24/25 £000s	Forecast 25/26 £000s	Forecast 26/27 £000s	Forecast 27/28 £000s	Forecast 28/29 £000s	Forecast 29/30 £000s
Recurring						
Income	-314,156	-328,004	-330,712	-341,944	-344,987	-347,139
Pay	238,971	251,517	251,867	260,720	261,077	261,438
Non Pay	80,623	78,683	79,912	81,060	82,406	83,156
Total Recurring Deficit/ (surplus)	5,438	2,197	1,067	-163	-1,504	-2,544
Non Recurring						
Income	-12,459	-2,638	-3,618	-3,631	-3,643	-3,656
Pay	4,514	2,987	1,120	850	850	850
Non Pay	2,391	-2,546	1,580	1,825	1,775	1,725
Total Non Recurring Deficit/ (surplus)	-5,554	-2,197	-918	-956	-1,018	-1,081
Total Deficit/ (surplus)	-116	-0	149	-1,119	-2,522	-3,625
Depreciation on donated assets	-181	-181	-181	-181	-181	-181
Performance Deficit / (surplus)	-297	-181	-32	-1,300	-2,703	-3,806
Recurring savings	-7319	-10,130	-7,553	-7,623	-7,644	-7,669
Savings as % of budget	2.5%	3.20%	2.30%	2.31%	2.29%	2.28%
Non recurring savings	-5662	-3,814	-2,370	-2,125	-2,175	-2,225
Savings as % of budget	2.0%	1.2%	0.72%	0.64%	0.65%	0.66%
Total savings	-12,981	-13,944	-9,923	-9,748	-9,819	-9,894
TOTAL Savings %	4.5%	4.4%	3.03%	2.9%	2.9%	2.9%

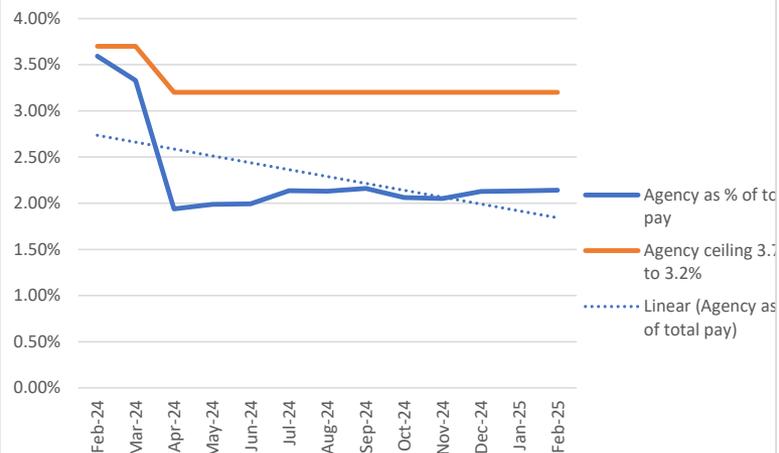
Inflation assumptions in line with NHSE guidance.

Income and Pay include c.£9.5m for employers contribution of nationally funded pensions

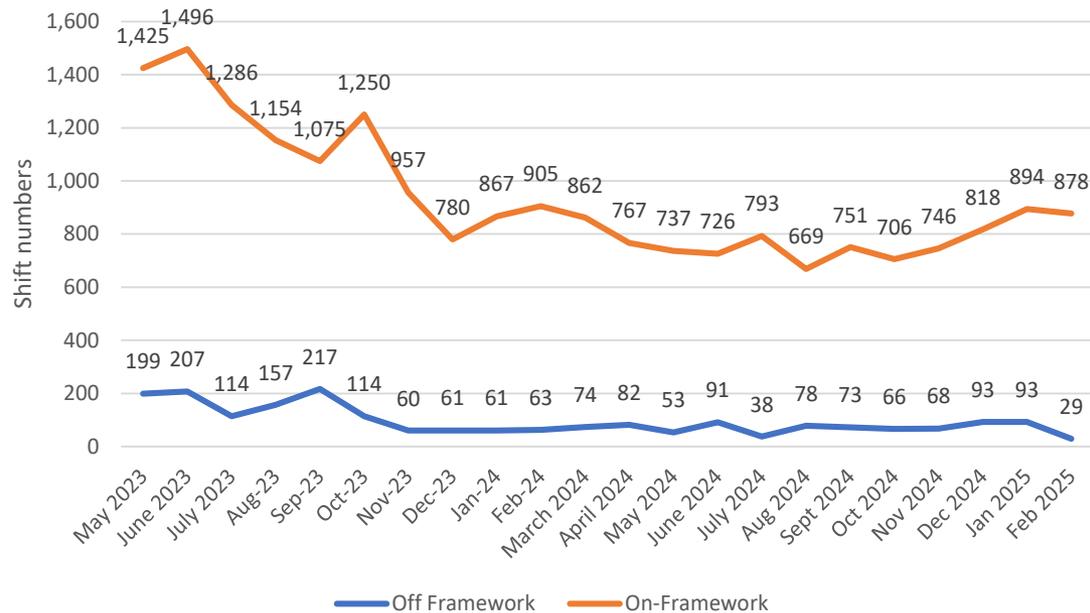
Pay analysis month 11						
	Plan WTE Month 11	Budget WTE Month 11	Budget ytd £000s	Actual WTE Month 11	Actual ytd £000s	Actual ytd £ as % of Total £
Substantive	4,242	4,759	222,808	4,351	200,416	89.9%
Bank	366	6	2,398	355	17,703	7.9%
Agency	53	0	1,068	2	4,772	2.14%
Total	4,661	4,764	226,274	4,707	222,891	100.0%

- Trust WTE budget 62 higher than plan +35 IUC, +28 IAPT trainee posts
- substantive costs include employers contribution of nationally funded pension costs of 6.3% (£9.3m)
- Trust does not routinely set budgets for bank and agency but the plan includes assumed levels
- the Trust used 29 off framework agency shifts in February. The target is 0.
- 2.14% of pay bill spent on agency year to date. System agency ceiling 3.2%

Agency Ceiling Trend %



GHC Agency Shifts - On and Off Framework



From Mar 24 pay costs include nationally funded pension costs

Balance Sheet

STATEMENT OF FINANCIAL POSITION (all figures £000)		2023/24	2024/25			2024/25	
		Actual	NHSE Plan	YTD revised budget	YTD Actual	Variance	Full Year Forecast
Non-current assets	Intangible assets	1,618	2,106	2,048	1,420	(628)	2,137
	Property, plant and equipment: other	120,401	120,161	119,606	116,580	(3,026)	120,535
	Right of use assets	17,358	16,886	16,051	16,129	78	16,468
	Receivables	1,013	1,013	1,013	1,236	223	1,234
	Total non-current assets	140,390	140,166	138,718	135,365	(3,353)	140,375
Current assets	Inventories	356	356	356	343	(13)	343
	NHS receivables	3,184	3,184	3,184	10,583	7,399	3,448
	Non-NHS receivables	9,248	9,248	9,248	16,111	6,863	9,243
	Credit Loss Allowances	(1,565)	(1,565)	(1,565)	(1,637)	(72)	(1,637)
	Property held for Sale	5,025	1,201	3,025	3,123	98	3,123
	Cash and cash equivalents:	51,433	54,152	51,046	52,292	1,246	54,811
	Total current assets	67,681	66,576	65,294	80,816	15,521	69,331
Current liabilities	Trade and other payables: capital	(2,743)	(2,743)	(1,743)	(2,202)	(459)	(3,202)
	Trade and other payables: non-capital	(35,320)	(35,319)	(34,319)	(42,681)	(8,362)	(35,388)
	Borrowings	(1,454)	(1,385)	(1,391)	(1,439)	(48)	(1,439)
	Provisions	(8,464)	(7,464)	(7,547)	(10,039)	(2,491)	(10,039)
	Other liabilities: deferred income including contract liabilities	(1,086)	(1,086)	(1,086)	(1,899)	(813)	(1,104)
	Total current liabilities	(49,067)	(47,997)	(46,086)	(58,260)	(12,174)	(51,172)
Non-current liabilities	Borrowings	(14,925)	(14,752)	(13,892)	(13,758)	134	(14,138)
	Provisions	(2,510)	(2,510)	(2,510)	(2,485)	25	(2,485)
Total net assets employed		141,569	141,482	141,524	141,677	153	141,910

Taxpayers Equity	Public dividend capital	131,876	131,876	131,876	131,976	100	132,103
	Revaluation reserve	13,821	13,821	13,821	11,980	(1,841)	11,980
	Other reserves	(1,241)	(1,241)	(1,241)	600	1,841	600
	Income and expenditure reserve	(2,888)	(2,974)	(2,933)	(2,888)	45	(2,888)
	Income and expenditure reserve (current year)		0	0	8	8	114
Total taxpayers' and others' equity		141,569	141,482	141,524	141,676	152	141,909

NHS Receivables high due to pensions 6.3% accruals, and matched by expenditure

Balance Sheet Forecasts

STATEMENT OF FINANCIAL POSITION (all figures £000)		2024/25	2025/26	2026/27	2027/28	2028/29
Forecasts		Full Year Forecast	Forecast £000s	Forecast £000s	Forecast £000s	Forecast £000s
Non-current assets	Intangible assets	2,138	2,699	2,606	2,236	1,834
	Property, plant and equipment: other	121,710	124,360	124,417	124,546	124,539
	Right of use assets*	16,369	15,550	14,240	12,953	11,666
	Receivables	321	322	322	322	322
	Total non-current assets	140,538	142,930	141,584	140,056	138,360
Current assets	Inventories	343	343	343	343	343
	NHS receivables	4,131	3,764	3,734	3,704	3,674
	Non-NHS receivables	9,629	9,683	9,633	9,583	9,533
	Credit Loss Allowances	(1,637)	(1,637)	(1,637)	(1,637)	(1,637)
	Property held for Sale	3,024	381	881	381	381
	Cash and cash equivalents:	53,961	51,059	51,064	52,343	54,073
	Total current assets	69,451	63,593	64,018	64,717	66,367
Current liabilities	Trade and other payables: capital	(3,381)	(3,174)	(3,174)	(3,174)	(3,174)
	Trade and other payables: non-capital	(35,751)	(35,126)	(35,126)	(35,126)	(35,126)
	Borrowings*	(1,416)	(1,322)	(1,244)	(1,231)	(1,231)
	Provisions	(9,849)	(8,033)	(8,033)	(8,033)	(8,033)
	Other liabilities: deferred income including contract liabilities	(1,418)	(1,271)	(1,271)	(1,271)	(1,271)
	Total current liabilities	(51,816)	(48,926)	(48,848)	(48,835)	(48,835)
Non-current liabilities	Borrowings	(14,072)	(13,747)	(13,032)	(12,344)	(11,628)
	Provisions	(2,485)	(2,489)	(2,489)	(2,489)	(2,489)
	Total net assets employed	141,615	141,361	141,233	141,105	141,775
Taxpayers Equity	Public dividend capital	132,103	131,976	131,976	131,976	131,976
	Revaluation reserve	13,821	13,821	13,821	13,821	13,821
	Other reserves	(1,241)	(1,241)	(1,241)	(1,241)	(1,241)
	Income and expenditure reserve	(2,888)	(3,196)	(3,324)	(3,452)	(2,782)
	Income and expenditure reserve (current year)	(181)				0
	Total taxpayers' and others' equity	141,615	141,360	141,232	141,104	141,774

Cash Flow Summary



Gloucestershire Health and Care
NHS Foundation Trust

Statement of Cash Flow £000	YEAR END 23/24		YTD ACTUAL 24/25		FULL YEAR FORECAST 24/25		2025/26 Forecast £000s	2026/27 Forecast £000s	2027/28 Forecast £000s	2028/29 Forecast £000s
Cash and cash equivalents at start of period		48,836		51,433		51,433	54,811	51,059	51,064	52,343
Cash flows from operating activities										
Operating surplus/(deficit)	475		(228)		17		1,835	1,697	2,218	3,016
Add back: Depreciation on donated assets	189		170		185		28	28	28	28
Adjusted Operating surplus/(deficit) per I&E	664		(58)		202		1,863	1,725	2,246	3,044
Add back: Depreciation on owned assets	9,856		10,015		10,701		8,100	8,121	8,286	8,454
Add back: Depreciation on Right of use assets	0		0		0		1,796	1,810	1,787	1,787
Add back: Impairment	277		0		0		0	0	0	0
(Increase)/Decrease in inventories	50		14		13		0	0	0	0
(Increase)/Decrease in trade & other receivables	8,262		(14,547)		(541)		150	80	80	80
Increase/(Decrease) in provisions	502		1,550		1,550		0	0	0	0
Increase/(Decrease) in trade and other payables	(3,556)		6,200		68		0	0	0	0
Increase/(Decrease) in other liabilities	(21)		813		18		0	0	0	0
Net cash generated from / (used in) operations		16,034		3,988		12,011	11,909	11,736	12,399	13,365
Cash flows from investing activities										
Interest received	2,843		2,847		3,053		998	1,237	820	820
Interest paid	0		(8)		(12)		(7)	(7)	(7)	(7)
Proceeds from Sale of PP&E	1,356		1974		1974		2,743	5,000	500	0
Purchase of property, plant and equipment	(15,371)		(5,239)		(9,448)		(15,056)	(13,613)	(8,073)	(8,073)
Assets Held for Sale										
Net cash generated used in investing activities		(11,172)		(427)		(4,433)	(11,322)	(7,383)	(6,760)	(7,260)
Cash flows from financing activities										
PDC Dividend Received	1,710		100		227		0	0	0	0
PDC Dividend (Paid)	(2,409)		(1,179)		(2,704)		(2,790)	(2,890)	(2,990)	(2,990)
Finance lease receipts - Rent	230		87		94		0	0	0	0
Finance lease receipts - Interest	(8)		(57)		(62)		0	0	0	0
Finance Lease Rental Payments	(1,559)		(1,461)		(1,546)		(1,385)	(1,293)	(1,201)	(1,216)
Finance Lease Rental Interest	(229)		(192)		(209)		(164)	(165)	(169)	(169)
		(2,265)		(2,702)		(4,200)	(4,339)	(4,348)	(4,360)	(4,375)
Cash and cash equivalents at end of period		51,433		52,292		0	54,811	51,059	51,064	54,073



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Capital – Five year Plan



Gloucestershire Health and Care

Capital Plan	Full Year Revised Plan	Plan ytd	Actuals to date	Forecast Outturn	Plan	Plan	Plan	Plan
£000s	2024/25	2024/25	2024/25	2024/25	2025/26	2026/27	2027/28	2028/29
Land and Buildings								
Buildings	2,197	2,110	215	868	4,021	10,500	3,000	3,000
Backlog Maintenance	1,612	1,612	1,401	2,889	1,879	1,393	1,393	1,393
Buildings - Finance Leases	420	86	86	502	1,496	1,900	250	250
Vehicle - Finance Leases	239	189	189	239	250	250	250	250
Other Leases	0	0	0	0	0			
Net Zero Carbon	645	645	351	959	2,643	1,400	1,800	500
Dimmable LED Lights				127				
Medical Equipment	903	813	518	1,083	1,780	602	930	1,030
IT								
IT Device and software upgrade	880	599	1,199	1,199	320	600	600	600
IT Infrastructure	1,865	1,543	315	1,160	1,300	1,300	1,300	1,300
Transforming Care Digitally	770	945	144	770	1,760	790	250	250
Cyber Security				100				
Digital Innovation							500	500
Sub Total	9,531	8,542	4,418	9,896	15,449	18,735	10,273	9,073
Forest of Dean	617	237	617	617	0	0	0	0
Total of Updated Programme	10,148	8,779	5,035	10,513	15,449	18,735	10,273	9,073
Disposals	(2,000)	0	(2,000)	(2,000)	(3,100)	(6,500)	0	0
Total CDEL spend	8,148	8,779	3,035	8,513	12,349	12,235	10,273	9,073
Funded by;								
Anticipated System CDEL	4,239			4,239	12,349	12,235	10,273	9,073
IFRS 16	659			741				
Additional CDEL	3,250			3,541				
Additional Funding	0			227				
CDEL Shortfall / (under commitment)	0			(235)	0	0	0	0

Additional funds for Endoscopy scopes £650k, Cyber security £100k and Energy Efficiency £127k

Risks

potential risks are as set out below:

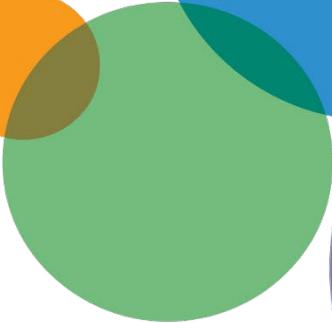
Risk No.	Risks 24/25	Risk Value	Made up of: Recurring	Made up of: Non Recurring	Likelihood	Impact	RISK SCORE
391	There is a risk that GHC does not fully deliver recurrent CIP savings in year, resulting in GHC carrying forward additional CIP pressures and not achieving its financial targets in 25/26	1334	1334		4	3	12
	Total of risks	1334	1334	0			
Risk No.	Risks 25/26	Risk Value	Made up of: Recurring	Made up of: Non Recurring	Likelihood	Impact	RISK SCORE
391	There is a risk that GHC does not fully deliver recurrent CIP savings in year, resulting in GHC not achieving its financial targets	2500	2500		3	4	12
443	There is a risk that the costs of the Inpatient Establishment reprofiling project are greater than expected	1029	1029		2	3	6
447	Gloucestershire County Council (GCC) are reviewing their budgets to identify significant savings which could affect the Trust's finance position	950	950		2	3	6
	System balance discussions lead to Trust taking share of deficit as reduction in Trust income or increased CIP	4011.2	4011.2		3	5	15
180	Mental Health Act White paper reforms (8 year programme) costs more than the funding provided	250	1400	-1150	3	2	6
	Total of risks	8740	9890	-1150			



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REPORT TO: TRUST BOARD **PUBLIC SESSION – 27 MARCH 2025**

PRESENTED BY: Nicola Hazle, Director of Nursing, Therapies and Quality

AUTHOR: Jane Stewart, Quality Team

SUBJECT: **QUALITY DASHBOARD REPORT – FEBRUARY 2025 DATA**

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

N/A

This report is provided for:

Decision Endorsement Assurance Information

The purpose of this report is to:

To provide the Gloucestershire Health & Care NHS Foundation Trust (GHC) Board with a summary assurance update on progress and achievement of quality priorities and indicators across Trust Physical Health, Mental Health, and Learning Disability services.

Recommendations and decisions required.

The Quality Committee are asked to **RECEIVE, NOTE** and **DISCUSS** the February data 2025 Quality Dashboard.

Executive summary

This dashboard provides an overview of the Trust's Quality activities for February 2025. This report is produced monthly for Trust Board, Quality Committee, Operational Delivery and Governance Forums for assurance.

The Nursing, Therapies and Quality services, alongside the Business Intelligence team have initiated a programme of work to develop an integrated performance report that will reduce duplication of reported data and ensure we have a blended approach to reporting. The long-term ambition is to integrate the Performance and Quality Dashboards into a single report with a single source of data and an agreed timepoint for the data lift. It is acknowledged that at present there can be anomalies in data produced as some is taken at a specific point from Tableau (Snapshot) and some from the live system. Therefore, we are looking to agree upon an earlier snapshot date (possibly 2nd of the month) or a set date early in month where data

is extracted (or for reports to highlight differences if and where they arise.) The Dashboard will move to a more streamlined slide deck as this work progresses with quality narrative beginning to feature in the main BI reports, however different slides may be added to the Dashboard as we develop the System Process Control (SPC) graphical data. The remaining Dashboard slides will develop a more thematical approach as this process continues.

Quality issues showing positive improvement:

- The development of the integrated performance report continues with quality narrative beginning to be seen within the BI reports alongside the removal of duplicated data and improvements to graphical representation taking place within the Quality Dashboard. There are thematical slides being presented at QAG this month and the comments received will shape future slides to be presented. New development slides are being drafted to be presented at QAG in April in relation to Safeguarding and length of time Datix incidents take to close prior to inclusion in the future iterations of the Dashboard. The development work being undertaken on the dashboard will look to bring through from QAG assurance related to clinical effectiveness.
- Progress is being made to improve safeguarding performance involving the provision of training such as the development of a shared Gloucestershire Domestic Abuse Support Services (GDASS) offer with Crisis Team Managers & First Point of Contact Manager now being in place.
- Older person's Domestic Abuse (DA) training for Charlton Lane Hospital continues and further dates are planned.
- Analysis work concentrating on special cause variations and themes rather than individual events continues to be developed within Patient Safety narratives.
- The NEDS Quality visits show positive feedback.
- Good progress is being made towards the achievement of the Quality Priority objectives.

Quality issues for priority development:

- We continue to report against an agreed set of metrics in relation to closed cultures, further work is needed to improve our approach, and this will be developed over the next few months in conjunction with the integrated reporting project.
- The Guardians of Safe Working report Q3 is included this month. A work schedule review is underway to evaluate working patterns and intensity whilst on call to address the recent breaches and exception reports made.

- Quality Committee are maintaining oversight in relation to skin integrity, particularly covering areas of low and moderate harm.

Risks associated with meeting the Trust’s values

Specific initiatives or requirements that are not being achieved are highlighted in the Dashboard.

Corporate considerations

Quality Implications	By the setting and monitoring of quality outcomes this provides an escalation process to ensure we identify and monitor early warning signs and quality risks, helps us monitor the plans we have in place to transform our services and celebrates our successes.
Resource Implications	Improving and maintaining quality is core Trust business.
Equality Implications	No issues identified within this report

Where has this issue been discussed before?

Quality Assurance Group, updates to the Trust Executive Committee and bi-monthly reports to Quality Committee/Public Board.

Appendices:

Quality Dashboard Report – January 2025 Data

Report authorised by:
Nicola Hazle

Title:
Director of Nursing, Therapies and Quality



Gloucestershire Health and Care
NHS Foundation Trust

AGENDA ITEM: 14.1/0325

QUALITY DASHBOARD 2024/25

Physical Health, Mental Health and Learning Disability Services

Data covering February 2025

This Quality Dashboard reports quality focused performance, activity and developments regarding key quality measures and priorities for 2024/25. This data includes national and local contractual requirements. Certain data sets contained within this report are also reported via the Trust Resources Committee; they are included in this report where it has been identified as having an impact on quality matters. Feedback on the content of this report is welcomed and should be directed to Nicola Hazle, Director of Nursing, Therapies and Quality (NTQ).

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Are our services SAFE?

- There were a total of 1354 patient incidents reported in February. Zero new Patient Safety Incident Investigations and five After Action Reviews (AAR) were undertaken in February.
- Abbey Ward saw an increase in no and low harm incidents that were related to specific patients in the current ward population.
- Quality Committee are maintaining oversight in relation to skin integrity, particularly covering areas of low and moderate harm.
- We have noted the increase in open incidents on Datix. A short life task and finish group is current reviewing an issue with national reporting which is preventing closure. The issue has been escalated to the ICB. There is a specific focus on incidents over 40 days old.
- The Guardians of Safe Working report is included this month evidencing that there were 14 exception reports in time period, with 4 being breaches of contractual working conditions resulting in fines being levied. A work schedule review is underway to evaluate working patterns and intensity whilst on call to address the recent breaches and exception reports made by Higher Residents. There are trends occurring as 3 of the 4 breaches were as a result of there not being a continuous rest period.

Are our services CARING?

- 93% of Friends and Family Test (FFT) respondents reported a positive experience. Across the Trust there were 1478 FFT responses last month.
- 27 formal complaints were received in February, with 12 of these relating to the IUC. 88% of complaints were closed within 3 months and 100% of complaints being closed within six months (against targets of 50% and 80% respectively). Two complaints were re-opened in February and the PCET continue to work collaboratively with patients and carers to ensure post-complaint actions are completed.
- The number of complaints acknowledged within the national 3-day requirement remained at 100% in February. At the end of February there were 62 open complaints. There are 3 complaints that remain with the Parliamentary and Health Service Ombudsman (PHSO). There were 174 compliments recorded in month. PCET visits continue at Berkeley House. Feedback from the new Forest of Dean hospital shows a positive rating of 97% for MIU (34 responses) and 100% positive for inpatients (10 responses).

Are our services EFFECTIVE?

CQC - Berkeley House update

- We have submitted 4 cycles of information to the CQC under the revised reporting structure. The feedback from the CQC remains positive and they are assured and reassured by the information and narrative provided around the key areas of interest, namely quality of life indicators, visits by external advocates and discharge planning. This is part of our stepped approach to the application for the removal of conditions under the section 31 notice which is due for review in March 25.

Appendix One Quality Dashboard Development

- Safeguarding developmental slide to be presented at QAG in March.

Appendix Two NEDS Quality Visits

- Positive feedback from four visits received, results of one awaited.

Appendix Three Learning From Deaths Quarter 3

- A positive message and assurance comes from our Learning from deaths report which indicates that 0, representing 0.0% of the patient deaths reviewed during Q2 2024-25, were judged more likely than not to have been due to problems in the care provided to the patient.

Appendix Four Summary of Quality Priorities

- The priorities are expected to carry forward to next year (depending upon final discussions). This will enable the benefits of each workstream to be fully embedded and evaluated with due consideration being given to any national priorities that have been published. As at Q3 we can provide assurance that progress is being made however several areas are likely to roll over into 25/26 and monitoring will continue. There was a separate presentation to Quality Committee given to cover off further detail, Going forward full detail will be provided to QAG for assurance and flow through to Quality Committee and Board in summary form.

Summary

Trust Safeguarding Data – February 25

- *There is assurance that Safeguarding activity which is a Trust priority function, is closely monitored and is being delivered as per the requirements of the Gloucestershire Safeguarding Adults Board (GSAB), the Safeguarding Children Partnership (GSCP), commissioning expectations, and national guidance and legislation. Safeguarding children and adults is a key element of the assessment and care management processes for staff and there are arrangements in place to monitor and provide assurance that staff are appropriately trained, supervised and supported in their safeguarding related work. The Trust's Safeguarding Group monitors safeguarding activity and reports quarterly into the Quality Assurance Group.*

Highlights:

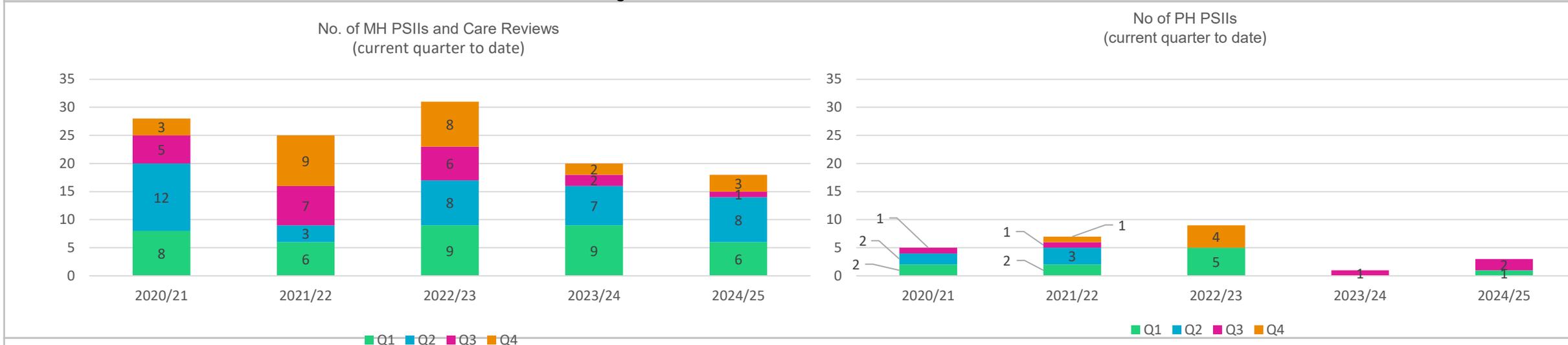
Progress is being made to further improve performance and therefore increase patient safety, examples of this are detailed below:

- Compliance of children's safeguarding supervision and children L2 & 3 is being discussed with managers across operations to increase rates and meet Trust targets.
- The Safeguarding Focus newsletter in February was well received and there will be a Safeguarding Learning Lunch concentrating on "cuckooing" in March. This is where a vulnerable person's home is taken over by criminals for illicit/undesirable purposes.
- Following the BDO external audit last year, work has been taking place to better disseminate the learning and recommendations to practitioners following a Children's Rapid Review or LCSPR (Local Child Safeguarding Practice Review). Now linked in with the Learning Assurance team
- Bespoke DA training has been delivered by the GHC Safeguarding Team, delivering older person's Domestic Abuse training to staff at Charlton Lane Hospital and a further date has been arranged for April.
- Following a recent Domestic Homicide Review recommendation a shared Gloucestershire Domestic Abuse Support Services (GDASS) offer with Crisis Team Managers & First Point of Contact Manager is now in place.
- The Named Nurse for Adults is working to further progress Domestic Abuse (DA) training plans .

Challenges/risks:

- Risk 298 - there is still progress in relation to obtaining complete data from the Local Authority regarding Safeguarding referrals (Adults & Children). Therefore, progress towards addressing risk 298 has been delayed, the Head of Safeguarding is revisiting this problem to identify exactly where the barriers are occurring, and this will be reported to Quality Committee in April..
- Risk 299 - following the recommencement of work to introduce the new Children's Safeguarding template on System1, a tentative launch date of 31st May has been given. We are also looking at other potential solutions in the form of JUY12 or obtaining additional licences for more staff to have System1 & RiO access & therefore greater visibility of Trust involvement with patients.
- Risk 416 – our Clinical Audit colleagues have confirmed that the Community Hospital re- Audit has been put back to April, there are no negative implications of this action.

CQC DOMAIN - ARE SERVICES SAFE? – Serious Incidents and Embedded Learning



Key Highlights:

We have included in this dashboard a summary of patient safety incidents reported over the 15 months and seek to present data that can identify patterns requiring deeper analysis. It is important to note that there has been a change in the way data has been reported in February 2025 with skin integrity incidents presented separately to other incidents.

In February 2025 there were 1354 patient incidents reported on Datix, 100 less than January 2025 (1454). 1243 were reported as No and Low harm incidents, 59 less than January (1302) and 111 as Moderate or Severe harm or Death, 41 less than January (152),

New Patient Safety Incident Investigations (PSIs) and Care Reviews

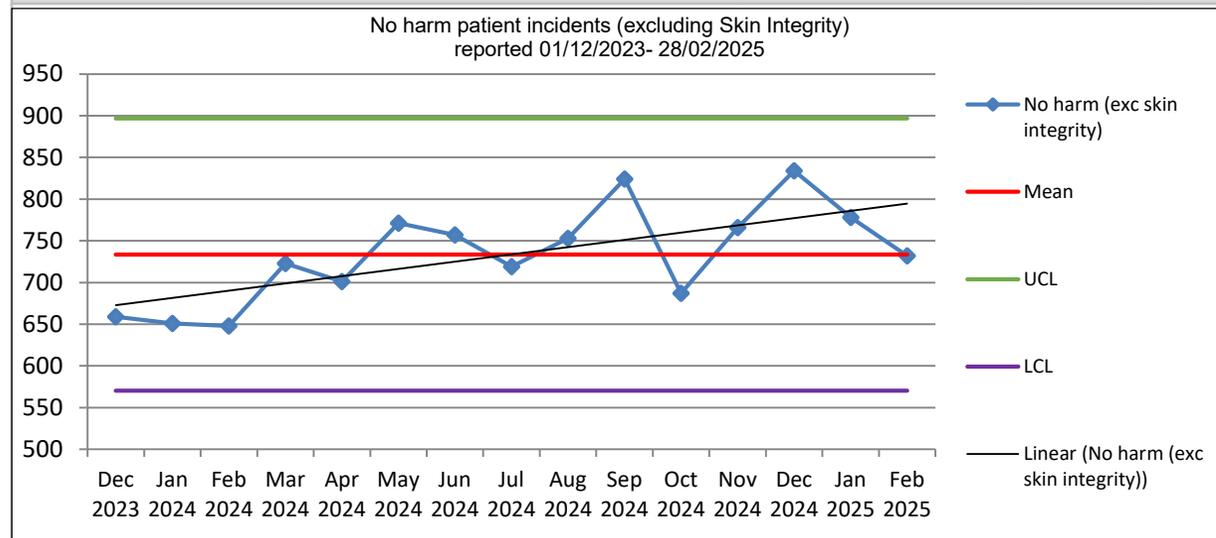
There were 0 new PSIs or Care Reviews declared in February and there were 18 open PSIs at the end of February.

Post incident learning activity – After Action Reviews

We held five After-Action Review meetings in February:

These were in relation to Cheltenham CHRTT where no recommendations were made, SARC Gloucester where an action plan has been agreed with the clinical team around areas of learning, including safeguarding and expectations of the on-call duty, Mulberry Ward, Charlton Lane Hospital where an. action plan is being developed around areas of learning which include the use of the “Look out Bedside Vision Check”, Standing and lying blood pressure readings being completed on admission and a process to ensure required equipment is transferred with the patient. Colne Ward Cirencester where a plan including post falls Systematic, Review and Analysis of the Management of Falls (SWARM) and the IUCS where action plans have also been put in place to include modifying the process to enable chronological re ordering of waiting cases.

CQC DOMAIN - ARE SERVICES SAFE? – No Harm Patient Safety Incident Data (Excluding Skin Integrity Incidents)



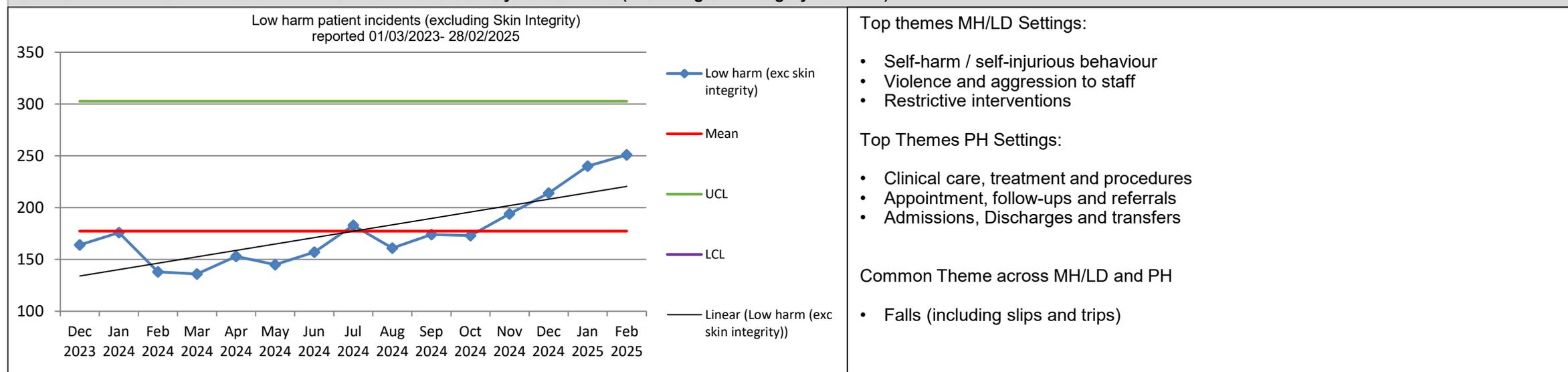
Top themes: seen this month

- Restrictive interventions - 139
- Self-harm / self-injurious behaviour - 114
- Violence and aggression to staff - 105
- Falls (including slips and trips) - 100
- Medication Incidents -67

Key Highlights from No harm incidents

- In February 2025 there were fewer no harm incidents reported with a reduction from 778 to 728
- Although we saw fewer reported incidents overall Abbey Ward, Wotton Lawn Hospital saw an increase, reporting 88 incidents in February compared to 31 incidents in January (increase of 57 incidents). Abbey Ward have however been managing specific patients. This is being managed by high level nursing observations and crisis management plans in place which aim to reduce the frequency of these incidents.
- Of the no harm violence and aggression to staff incidents, the most common subcategories were; patient to staff - verbal (31), Patient to staff - Physical (32), patient to staff - attempted assault (22). There were also 9 patient to staff verbal racial incidents.
- There appears to be no clear themes around the category of no harm falls but most occur within the inpatient setting, only a small number occurred in public settings or patients homes in February.

CQC DOMAIN - ARE SERVICES SAFE? – Low Harm Patient Safety Incident Data (Excluding Skin Integrity Incidents)

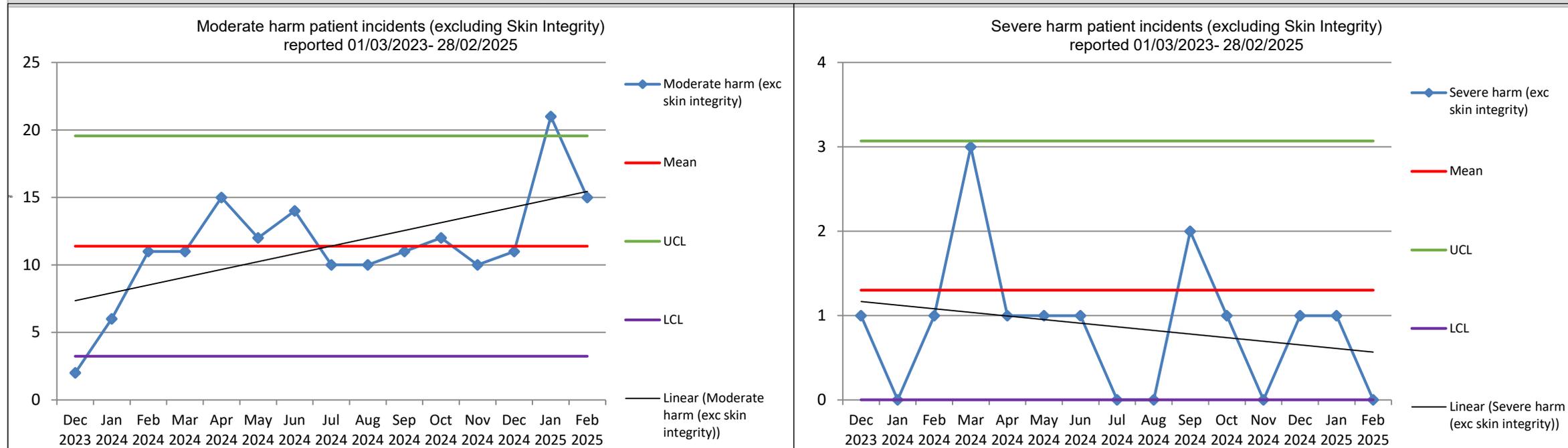


- Top themes MH/LD Settings:
- Self-harm / self-injurious behaviour
 - Violence and aggression to staff
 - Restrictive interventions
- Top Themes PH Settings:
- Clinical care, treatment and procedures
 - Appointment, follow-ups and referrals
 - Admissions, Discharges and transfers
- Common Theme across MH/LD and PH
- Falls (including slips and trips)

Low Harm Incident Summary

- There has been another slight increase in the number of reported low harm incidents in February compared to January.
- Abbey Ward, Wotton Lawn Hospital, again saw the largest increase, reporting 35 incidents in February compared to 14 incidents in January (an increase of 21 incidents) and self-harm / self-injurious behaviour category saw the largest increase (an increase of 12 incidents). This is due to the same reason as no harm incidents.
- The overarching theme of clinical care, treatment and procedures covers a broad range of subcategories on the reporting system which includes delays in treatment and procedures and failure to monitor. These incidents have been reported by a variety of teams. It will be an action point to consider our incident reporting categories as it appears that some similar incidents are reported under the other identified top themes of 'Appointment, follow-ups and referrals' and 'Admissions, Discharges and transfers'. This will be undertaken over the next two months.
- In February there was an increased number of incidents reported by SALT Adults Physical Health (33- for all harm levels) in the above identified theme areas. We have liaised with the Head of Service for this area who has reported that they have recently completed a thematic review of incidents and are promoting the use of Datix to report incidents including where there are challenges in meeting needs of service users which is likely to explain this month's increase in figures. The results of the review will be shared next month.

CQC DOMAIN - ARE SERVICES SAFE? – Patient Safety Incident Data (Excluding Skin Integrity)



Moderate harms (excluding skin integrity):

There was a total of 15 moderate harm incidents reported in February 2025, with 1-2 incidents reported across several incident categories:

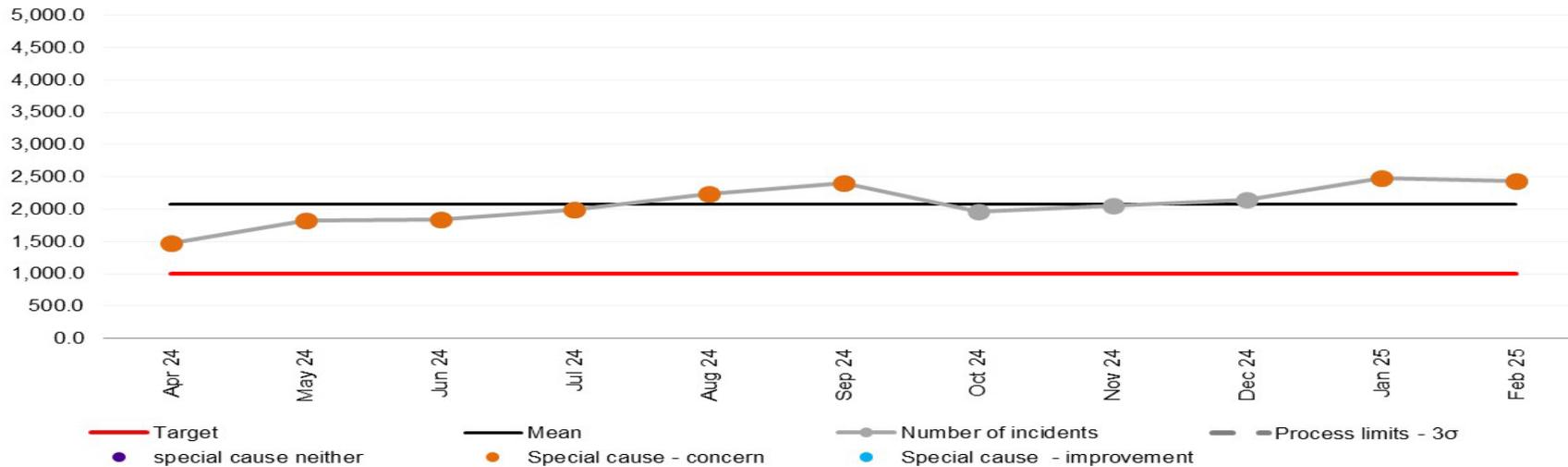
- Self harm/Self injurious behaviour
- Violence and Aggression to Staff
- Falls (Including slips and trips)
- Appointments, Follow Ups and referrals
- Clinical care, treatments and procedures
- Equipment and medical devices
- Admissions, discharges and transfers
- Medical emergency (including 999 and emergency response)
- Safeguarding concern

Severe harm (excluding skin integrity):

There were 0 severe harm incidents in February 2025.

Incidents awaiting review and confirmation of level of harm: data priority areas and actions underway

Datix Outstanding/Unopened Incidents-Test Quality starting 01/04/24



We are trialling using NHSE recommended software to display data in a more informative manner highlighting special cause variations. The data opposite shows orange data points (concerns) as there are 6 continuous data points showing a worsening position, then two further data points are shown making 6 above the mean. There are not yet any SPC levels established.

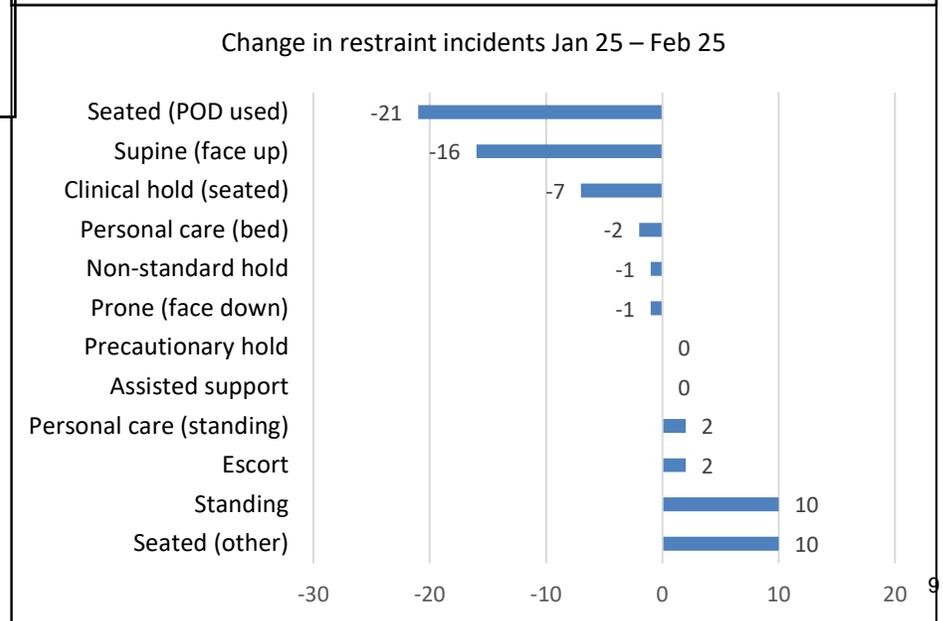
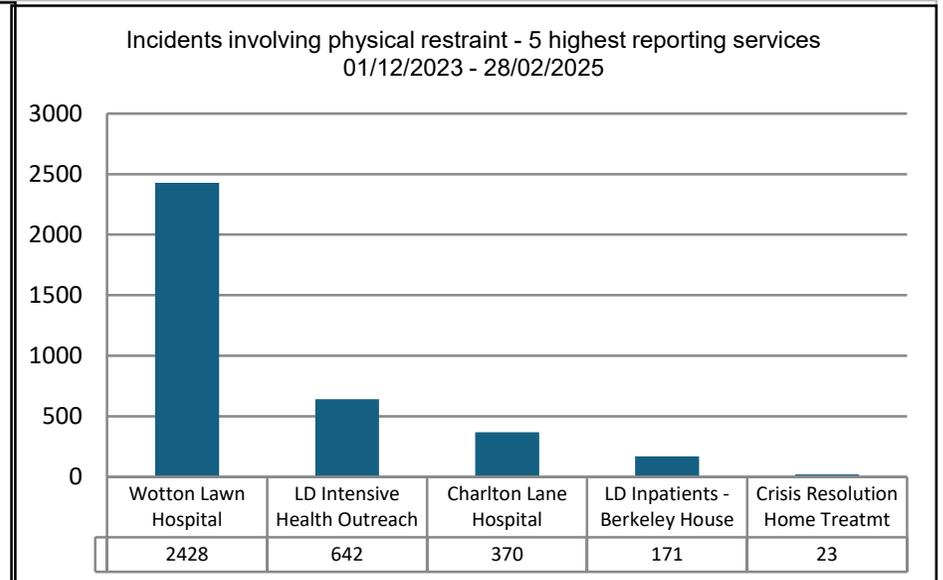
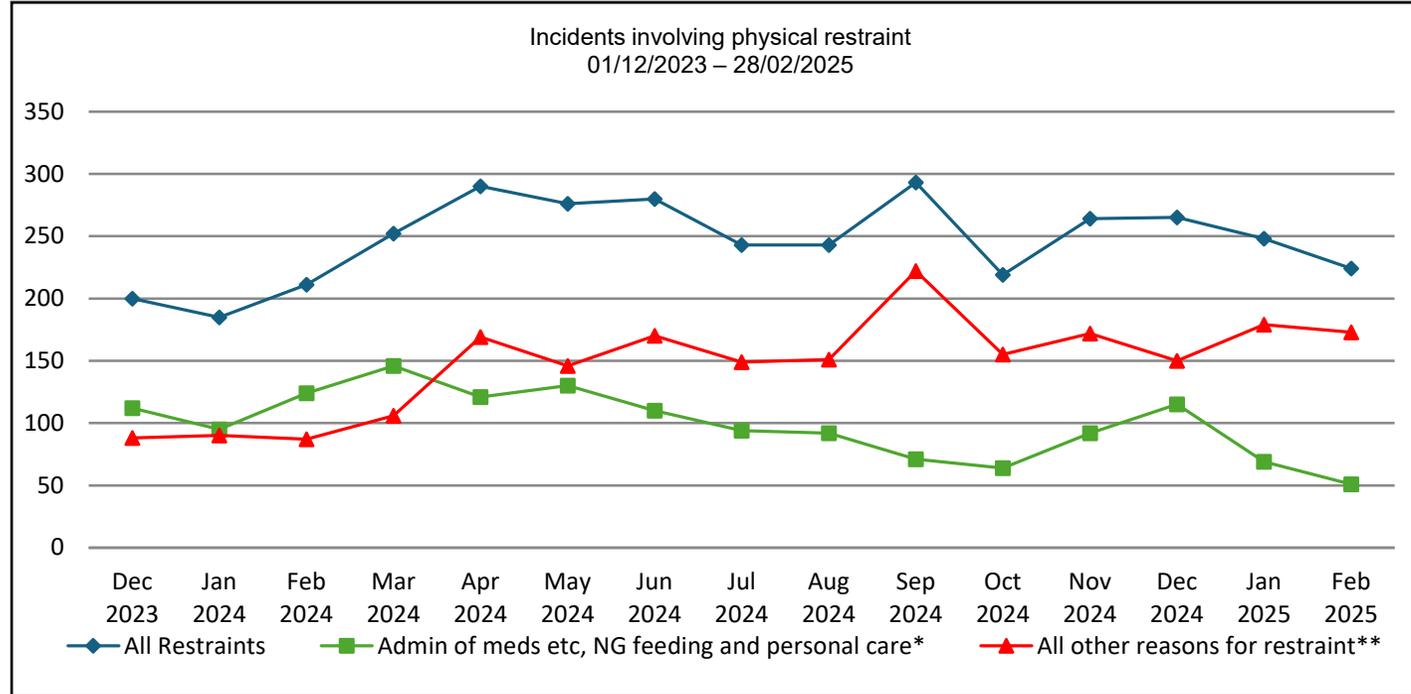
The Datix incident reporting system captures reported incidents and requires managers to review the incident and allocate the correct level of harm and overall severity. The total number of open incidents (awaiting review / being reviewed) that had yet to be closed was 2434 as of 04/03/2025, a decrease of 45 since the start of February. Of these:

- 1884 were incidents affecting patients, an increase of 71 since 04/02/2025
- 414 were incidents affecting staff, a decrease of 68 since 04/02/2025
- 25 were incidents affecting visitors, a decrease of 9 since 04/02/2025
- 111 were incidents affecting the Trust, a decrease of 39 since 04/02/2025

National incident reporting changed from NRLS to LFPSE within GHC Datix from 9 January 2024. Any moderate/severe harm or death patient incidents reported before 9 January, but which remained open at that time, needed to be reported nationally via LFPSE, with the mandatory LFPSE questions completed retrospectively. 32 such incidents remain open as of 04/02/2025.

** Note: there is a current issue with DatixWeb preventing these incidents from being uploaded to LFPSE. A support ticket has been opened with RLDatix and the issue is under investigation by their development team. Until this issue is resolved these incidents will continue to be closed locally on the GHC DatixWeb system once Patient Safety investigations are complete, but they cannot be reported via LFPSE.

Incidents involving restraint



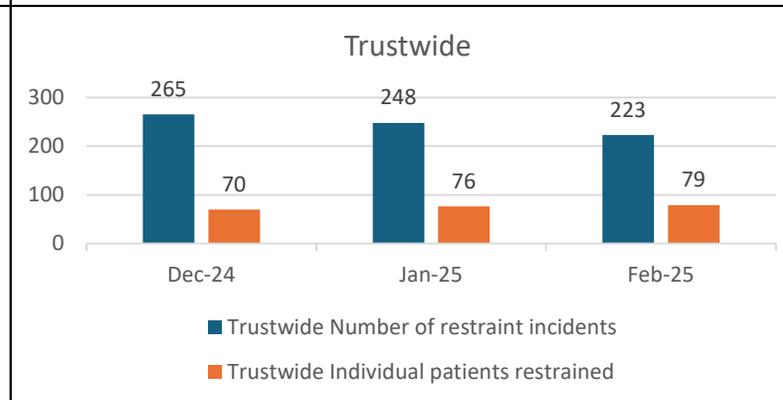
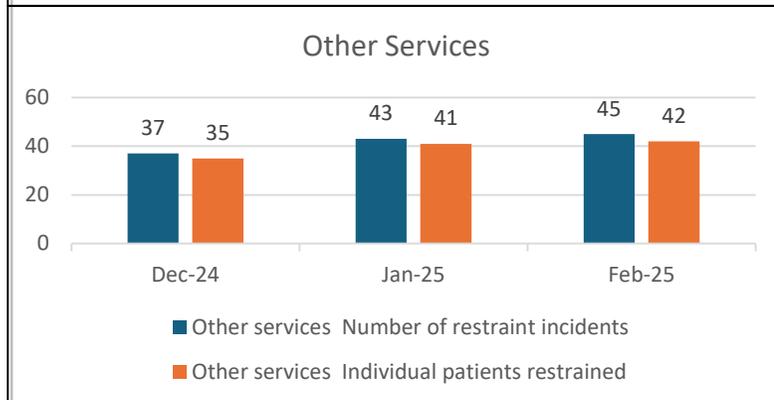
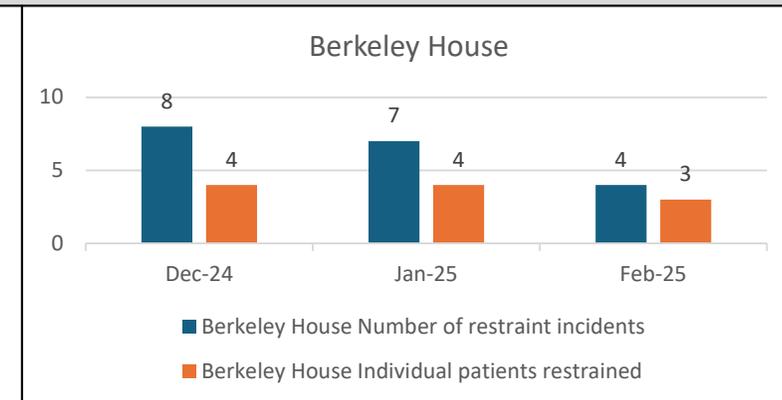
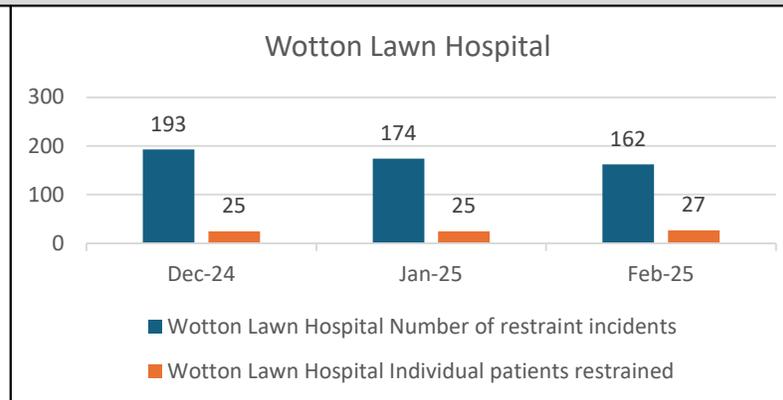
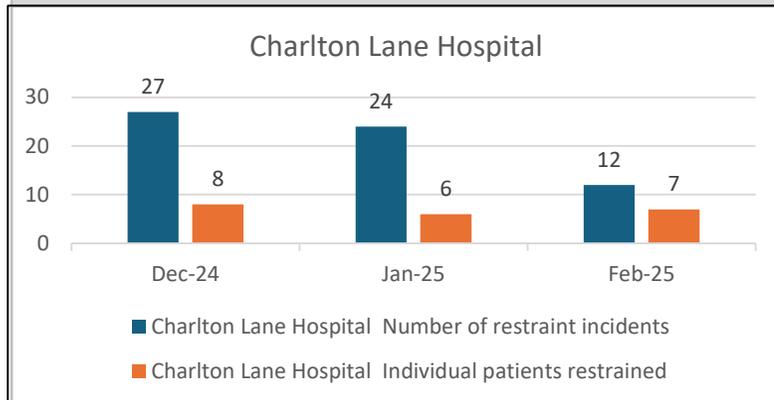
*Lawfully administer medicines or other medical treatment, Facilitate nasogastric (NG) feeding & Facilitate personal care
 **Prevent a patient being violent to others, Prevent a patient causing serious intentional harm to themselves, Prevent a patient causing serious physical injury to themselves by accident, Prevent the patient exhibiting extreme and prolonged over-activity, Prevent the patient exhibiting otherwise dangerous behaviour, Undertake a search of the patient's clothing or property to ensure the safety of others, Prevent the patient absconding from lawful custody & Other/Not Known.

The overall number of incidents involving physical restraint has been consistently in a range between 200-300 per month since February 2024, and this remained the case in February 2025. Within this we saw increased use of more restrictive floor based supine restraints (6% of restraints in December 2024 to 12% of restraints in February 2025, however this was down from 17% of restraints in January 2025). While most restraints continued to be seated, this reduced from 80% of restraints in December 2024 to 64% of restraints in February 2025. This is the result of changes in patient population at Wotton Lawn Hospital.

There continued to be a trend of increased use of Rapid Tranquilisation (RT), which has risen from 37 incidents in November 2023 to 111 incidents in February 2025. This was discussed at the Positive and Safe Group meeting on 11 December 2024. Staff present confirmed this relates to specific patients at Wotton Lawn Hospital, and their specific care plans, but will be kept under review. Low levels of RT were reported at Charlton Lane (4 incidents) in February 2025.

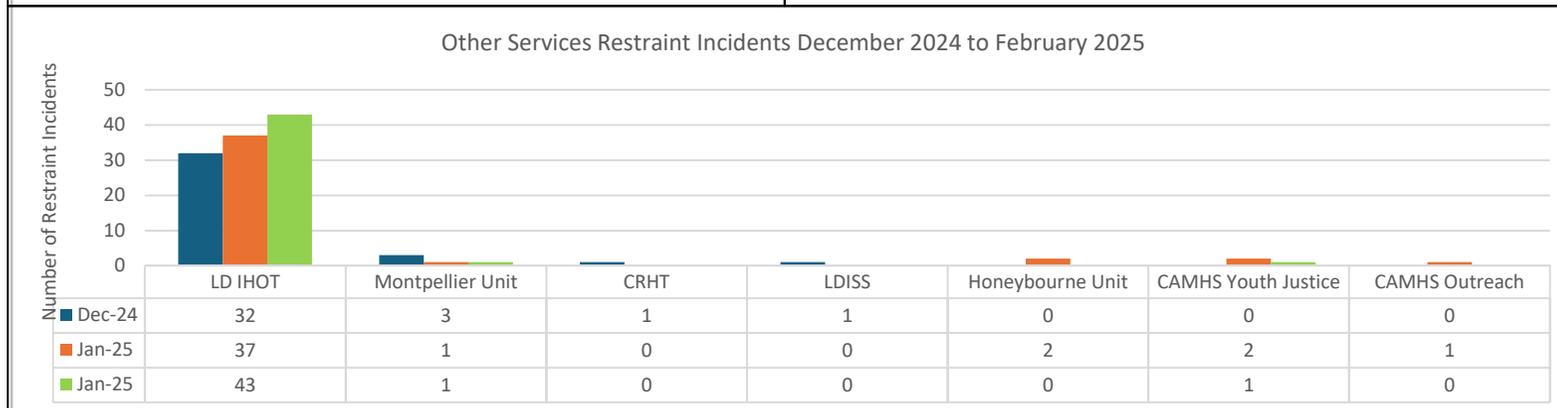
Restraints to facilitate NG feeds have reduced significantly, from a range of 50-60 per month between November 2023 and August 2024, to 18 incidents in January 2025 and 0 incidents in February 2025. This is the result of changes in patient population at Wotton Lawn Hospital. Restraints in LD IHOT are due to the need for physical tests and treatment.

Incidents involving restraint – individual patients restrained

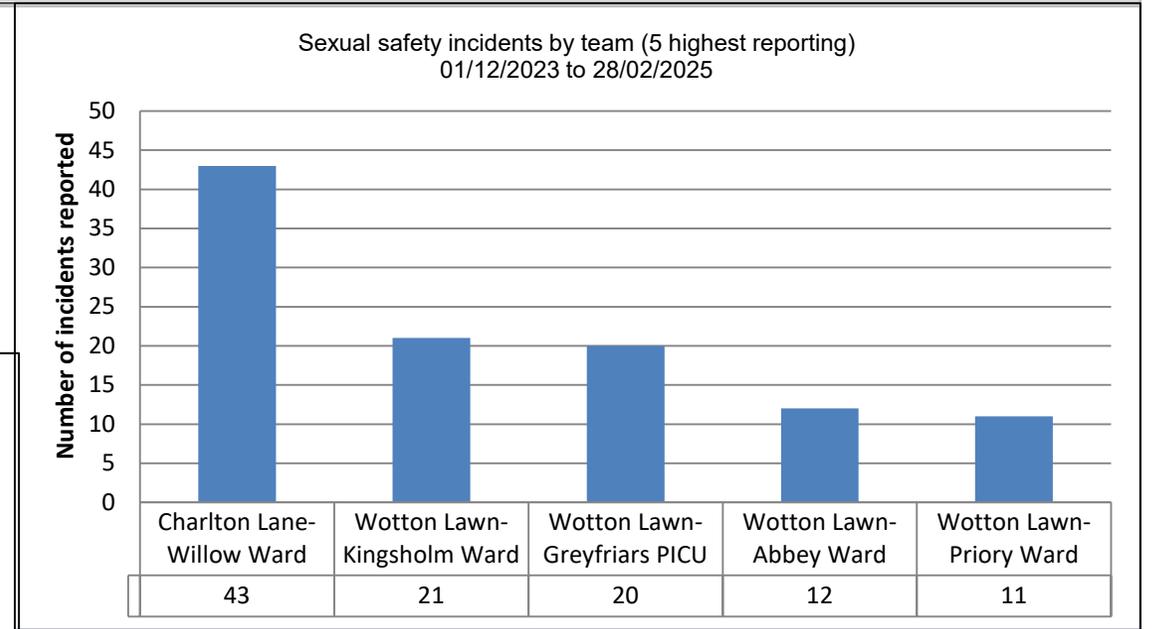


Mental health and learning disability inpatient services continue to account for the settings where individual patients are likely to have the highest frequency of restraints. Looking more widely at other services:

In February 2025 45 restraint incidents were reported across the other services of LD IHOT (43), CAMHS VC Youth Justice (1), Montpellier Unit (1).



Sexual Safety Incidents



Sexual Safety update:

8 sexual safety incidents were reported during February. 78% of incidents occurred in mental health inpatient areas and 22% in Community Hospitals.

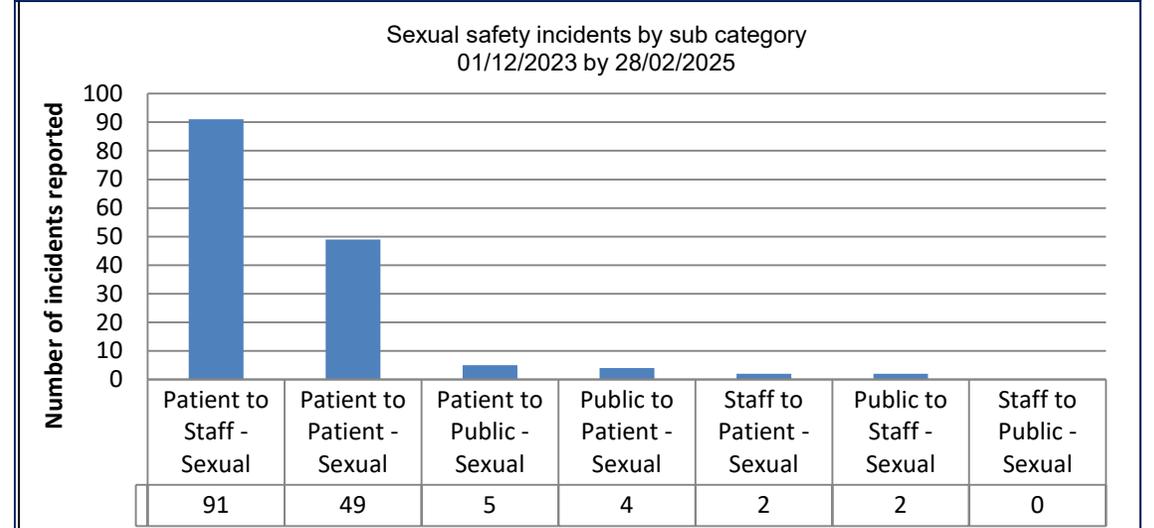
Wotton Lawn Hospital reported 7 incidents:

- There was evidence that good practice, care planning and safeguarding where appropriate was provided.

Community Hospitals reported 1 incident:

- There was evidence that good practice, care planning and safeguarding where appropriate was provided

89% of reported incidents this month resulted in no harm, and zero incidents were connected to reported AWOL or with lone workers. Male patient to female staff incidents remains most reported. Manually cross-checking RiO for ethnicity data of alleged perpetrators is required, and ethnicity data for staff affected is not generally recorded, hence not reported. E-learning sexual safety training has been updated alongside NHS E Sexual Misconduct resources. Communications regarding this work will soon be available.

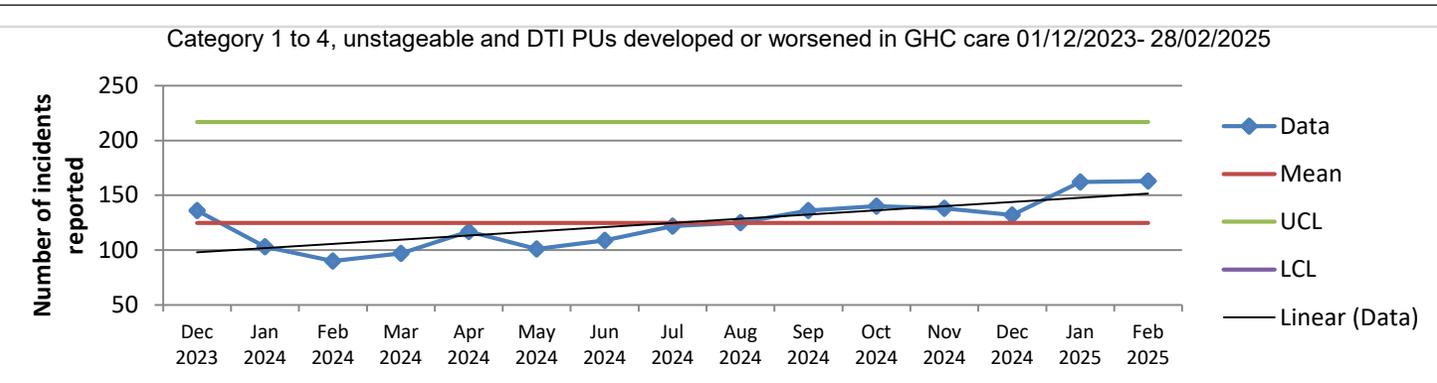


CQC DOMAIN - ARE SERVICES SAFE? Trust Wide Physical Health Focus

	Reporting Level	Threshold	2023/24 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2024/25 YTD	R	Exception Report?	Benchmarking Report
																	A		
																	G		
VTE Risk Assessment - % of inpatients with assessment completed	N - T	95%	99%	97.8%	100%	97%	98%	98%	98%	99%	98%	98%	98%	98%		98%	G		
N02 - Minimise rates of C. Diff (Clostridium Difficile) - Hospital-onset Healthcare acquired (HOHA) cases only	N	14	5	1	0	0	0	0	1	2	1	0	0	0		5	G		
Number of MRSA Bacteraemia	N	0	0	0	0	0	0	0	0	0	0	0	0	0		0	N/A		
PU Data threshold removed therefore no longer RAG rated – in line with revised national guidance.																			
Total number of pressure ulcers developed or worsened within our care.	L - R		1433	117	101	109	122	125	136	140	138	132	162	164*		1446			
Number of Category 1 & 2 pressure ulcers developed or worsened within our care.	L - R		912	87	70	72	72	81	82	80	80	80	98	111*		913			
Number of Category 3 pressure ulcers developed or worsened within our care.	L - R		44	4	4	4	5	2	8	5	11	10	6	9*		68			
Number of Category 4 pressure ulcers developed or worsened within our care.	L - R		16	4	1	1	2	3	1	0	2	2	7	0*		23			
Number of unstageable and deep tissue injury (DTI) pressure ulcers developed or worsened within our care.	L - R		461	22	26	32	43	39	45	55	45	40	51	44*		442			

ADDITIONAL INFORMATION - Health Care Acquired Infections (HCAI) & Pressure Ulcers (PU)

In February there were 0 C.Diff and 0 MRSA Bacteraemia

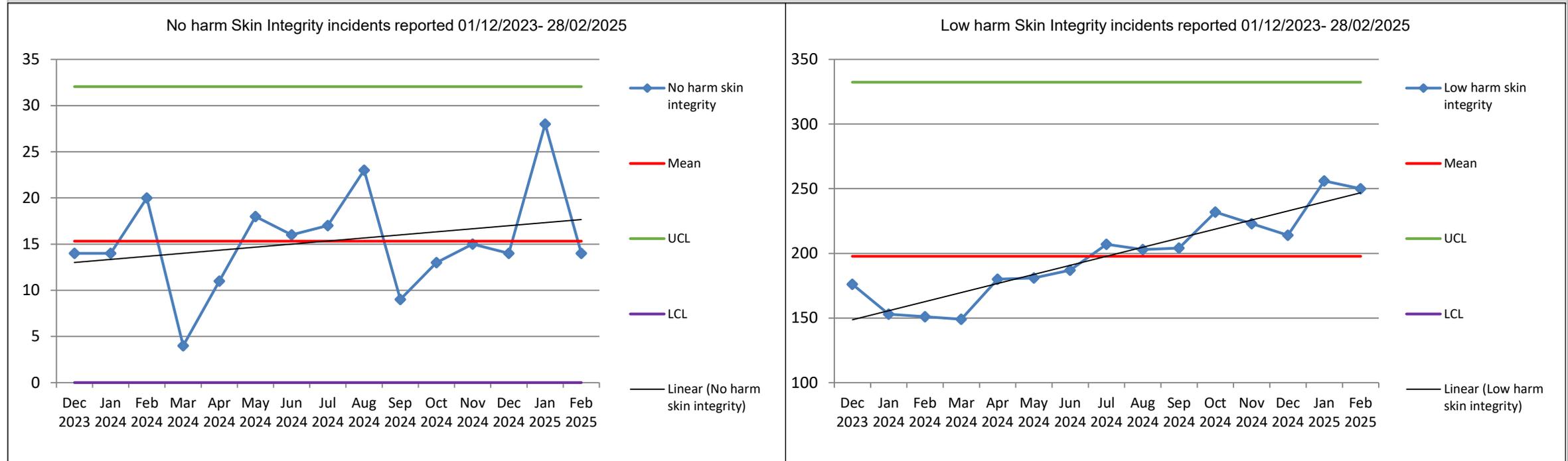


Pressure Ulcers:

All cat 3, 4 & unstageable pressure ulcers each month are subject to senior clinical review as part of our validation process.

*February 2025 data has not been fully validated so PU classification may alter after review. 45.73% of category 1 to 4, unstageable and DTI PUs developed or worsened in GHC care, and reported in February 2025, had been reviewed and closed by 04/03/2025.

CQC DOMAIN - ARE SERVICES SAFE? – Skin Integrity Incident Data



Key Highlights:

There was a total of 355 skin integrity incidents reported in month, of these approximately 86% were reported by out ICT teams, 12% by inpatient settings (Mental Health, Physical Health and Learning Disabilities) and 1% by other community teams. These figures are likely to reflect the larger number of people that are supported within their usual residence by our ICT's compared to inpatient settings.

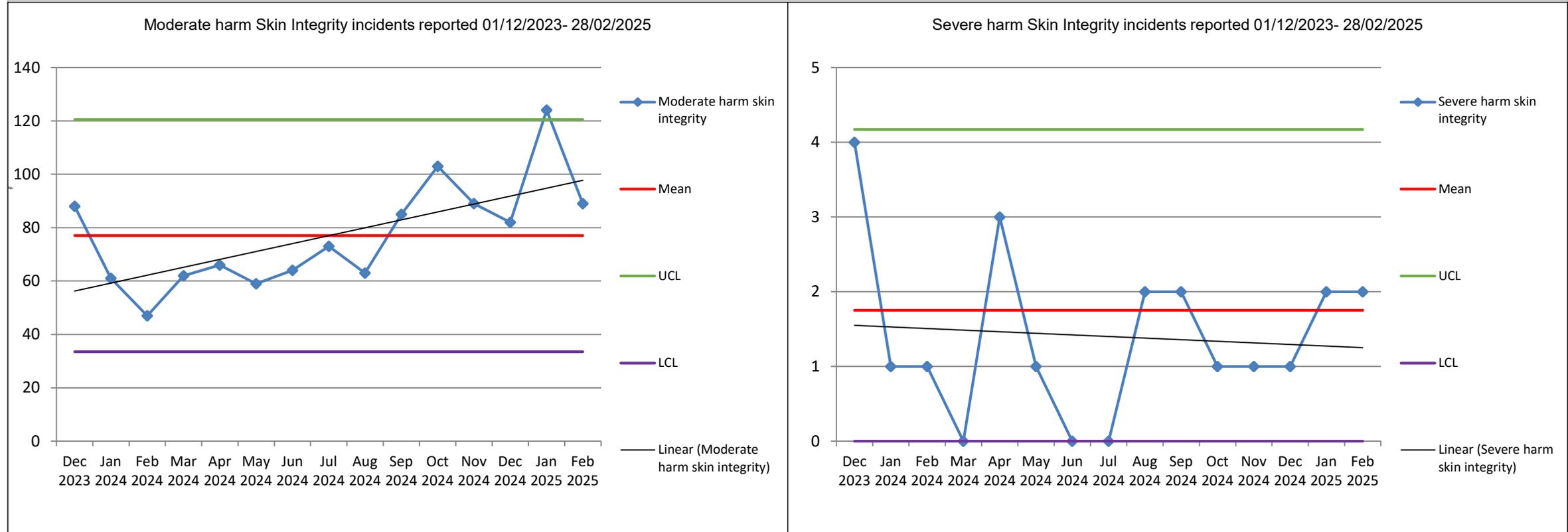
Low harm skin integrity incidents continue to be the most frequently reported harm level as indicated in the shared graphs.

No and Low harm skin integrity incidents:

There were 14 no harm skin integrity incidents reported in February 2025, whilst this is a reduction from the previous month, this figure is in line with the mean average that we have observed over the last 15 months. There were no clear trends or patterns in terms of reporting team with small numbers of incidents for several community and ward settings.

Low harm skin integrity patterns continue to follow an upward trend with 250 reported in February 2025.

CQC DOMAIN - ARE SERVICES SAFE? – Skin Integrity Incident Data



Moderate harm skin integrity incidents:

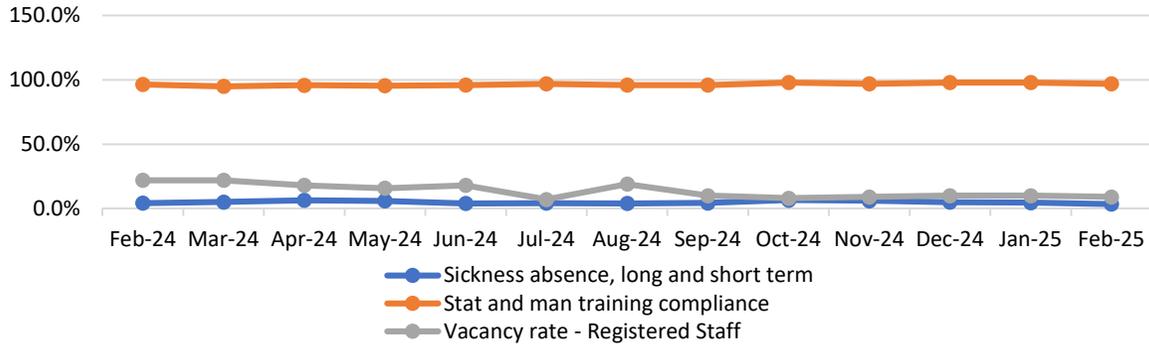
There were 89 moderate harm skin integrity incidents reported in February, a reduction on the previous month. In line with the information shared on slide 9 the largest proportion of moderate harm skin integrity incidents were reported by our ICT's. It is important to note that whilst a number of these are reported to have worsened during our care that approximately 42 of the 89 were present prior to admission to our community caseloads and wards.

Severe Harm skin integrity incidents:

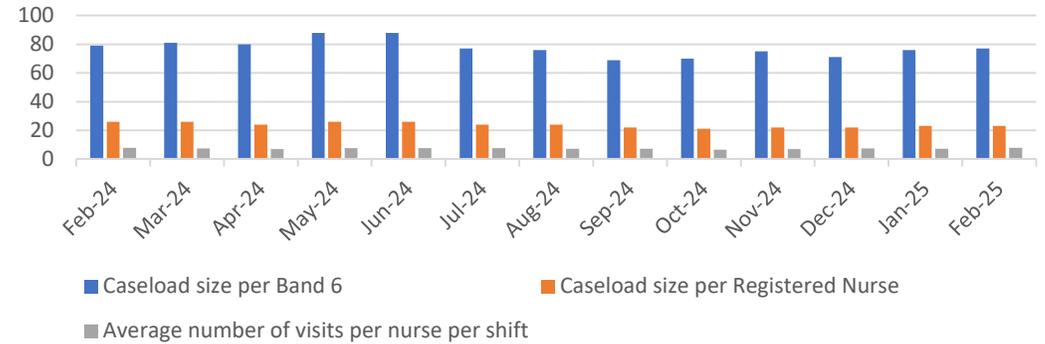
There were 2 severe harm incidents reported this month, both incidents are being reviewed to identify any learning.

ICT Community Nursing Workforce - February 2025

Workforce



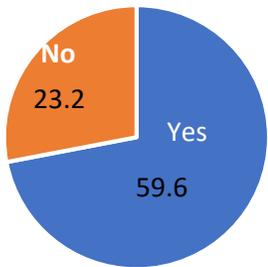
Nurse Caseload



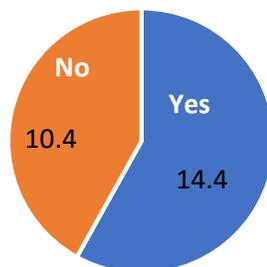
The data over time records good compliance with stat & man training, the vacancy rate for registered nurses has halved although most nurses are newly qualified taking approx. a year to complete clinical competencies. Sickness rates have reduced in Feb 25 by 1.1%

The caseload size for band 5 & 6 nurses has been broadly stable across the last 12 months and remains so, the average number of visits per nurse per shift ranges from 7.8 (Feb 24) to 6.5 (Oct 24) and in Feb 25 was 7.7.

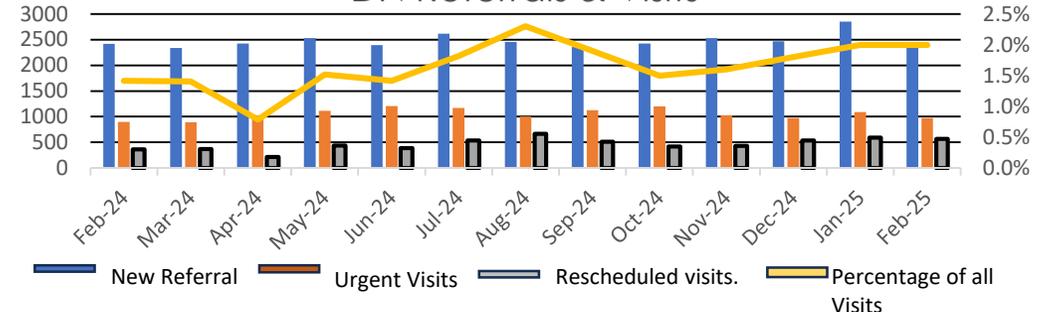
SPQ at B6



SPQ at B7



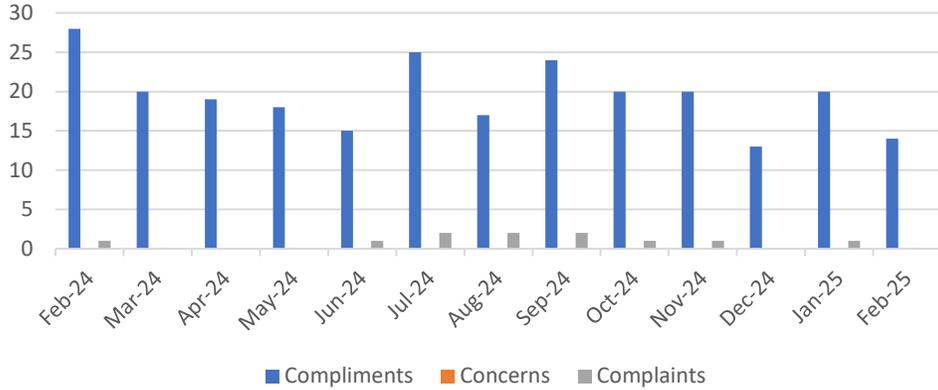
DN Referrals & Visits



In Feb 25 missed visits run at 2%, the same as the previous month. And although there were fewer referrals than in Feb 24 there was an increase of 72 urgent visits for Feb 25 compared to the previous Feb.

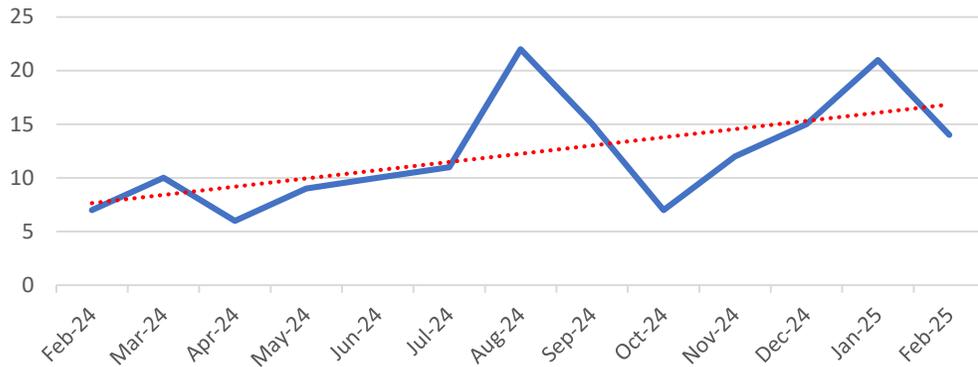
ICT Community Nursing – February 2025

Patient Experience



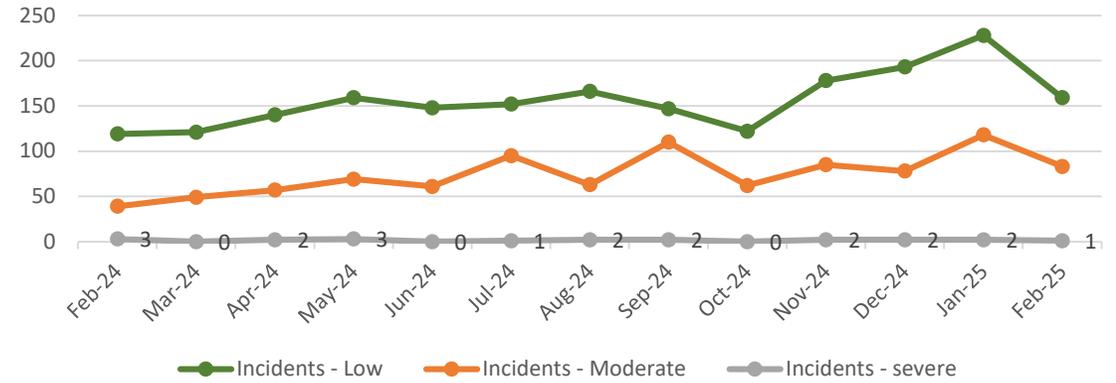
As promised last month we are including concerns in this chart but there are none to report.

Number of missed visits



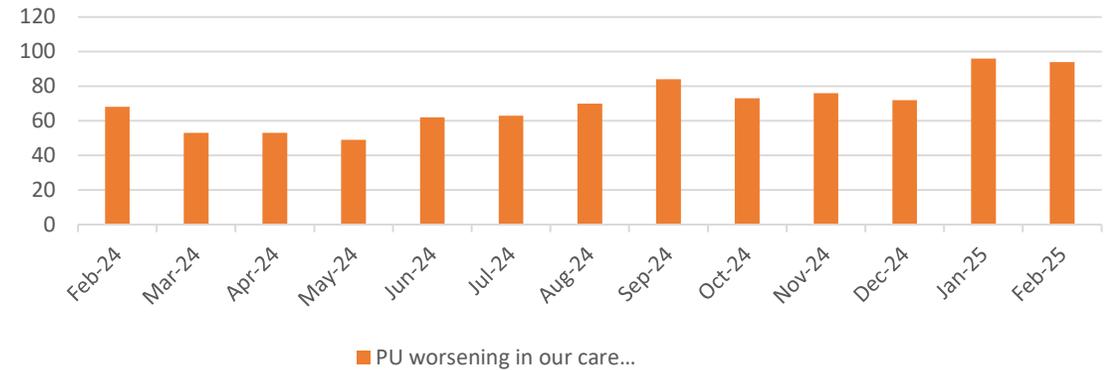
The number of missed visits has reduced by 7 in February, however remains of concern. Further graphs to identify localities experiencing the greatest amount will be included in future quality dashboards.

Open Incidents by Severity



The trend is for severe incidents to be investigated & managed quickly. The volume of moderate is supported by the PST & low incidents by locality teams. Breakdown by locality will support targeted understanding, learning and improvements.

PU worsening in our care



There is continued work around understanding the incidence and prevalence of PU's and Community nursing has excellent oversight with a focus on education, learning and governance.

CQC DOMAIN - ARE SERVICES SAFE? Closed Cultures: eliminating the risk of our patients experiencing abuse

Closed cultures – identification and risk factors (Feb 25)

The CQC closed culture-related work applies to services that can be described as locked environments or areas where open access is restricted. Alongside these areas, services that deliver care to people that have communication or significant cognitive challenges are also considered at risk of becoming a closed culture. We have identified the following settings in the Trust as *potentially* having a raised risk of a closed culture; these are the focus of increased monitoring and support to eliminate this risk.

- **Berkeley House: Learning disabilities assessment and treatment**
- **Montpellier Ward: Mental health forensic low secure**
- **Willow Ward: Dementia unit**
- **Greyfriars Ward: Psychiatric intensive care unit**

Objectively, however, all our Trust inpatient services are potentially vulnerable to delivering poor care due to a complex range of organisational and individual factors, ranging from staffing issues, frail/vulnerable patients, organisational mandated tasks that divert staff from care giving through to an individual's personal values and behaviours that, in turn, can lead to poor care.

We are using the recent [substantial governance review of the Manchester Edenfield Unit](#), published by the Good Governance Institute (2023), to develop an improved governance approach and implement anti-closed culture interventions. We are planning a Board development session on the report's findings and will update on outputs from this work.

Montpellier Unit

Staffing: Good staffing levels, 1WTE vacancy HCA. All other vacancies filled. Vacancy rate 5%
Incidents: The team are taking a person-centred systems-based approach to learn from incidents. Staff are encouraged to use the SEIPS model to learn, reduce blame culture and encourage staff to speak up. 9 incidents in Feb, 50% were Violence and aggression to staff or patients/public.

Training: Statutory and mandatory training compliance good and 97.8% overall. Relational security facilitators are leading on projects including improving our empathy and trauma informed approach to care and improving our progress notes. Training for HCA's and EAP's regarding health outcomes, formulation, pathway plan and special arrangements, delivered in house by Unit Manager and Deputy Unit Manager. Staff have also been booked onto the ADDRESS: Working with personality disorder course, for which the current population at Montpellier consists of an ever-increasing proportion.

Issues: None to report, note that we are currently undertaking the RCP Quality Network for Forensic MH services peer review.

Other: Daily activity with outside agencies and enhancing community focussed opportunities for patients

Greyfriars Ward

Staffing: Vacancy rate 19.9%. **Band 6-** 2WTE vacancy. **Band 5-** 0.5WTE. **Band 4-** 2WTE. **Band 3-** 1.4WTE.

Incidents: 56 incidents in Feb. Familiar themes with the majority of Datix incidents concerning the management of disturbed patients (PMVA, RT administration and verbal abuse). Focus to be on improving supervision.

Training: Statutory and mandatory training rate is good at 91.8% All training is on-going, with notable increase in the percentage rate of completion in most areas.

Issues: On-going challenges in regard to bed management and PICU beds being used for acute patients. This has impacted upon patients being moved to acute wards when they have met their PICU goals of admission. It is evident that this is impacting on the ability to consolidate patient's recovery in a less restrictive environment. However, there has been an evident improvement in patient flow, with a clear increase in patients being transferred to acute beds when deemed ready for transfer. This is due to significant pressures for beds across the county.

Other Greyfriars ward is participating in the National Mental Health Act Quality Improvement Programme, which is a programme looking into change ideas to support reducing inequalities within mental health services. This project is now in full flow, with the team involved having weekly coaching session to support.

Berkeley House

Staffing: Vacancy rates remain high at 30.1%.

Incidents: 106 incidents in Feb. The majority were self-harm/self-injurious behaviour (SIB) (67). SIB, Violence and aggression to staff (19) and restrictive interventions (8) were the top 3 types of incident.

Training and supervision: Statutory and mandatory training levels remain good at 96.8%.

Issues: None to report this month.

Other: Plans progress to discharge 4 of our patients, these are at various stages.

Charlton Lane Hospital, including Willow Ward

Staffing: Vacancy rate low at 0.9% for whole of CLH. We have some HCA's who have now completed their OSCE and registering with NMC (3 on Chestnut and 1 on Willow). These IEN nurses will be looking for predominately RGN posts

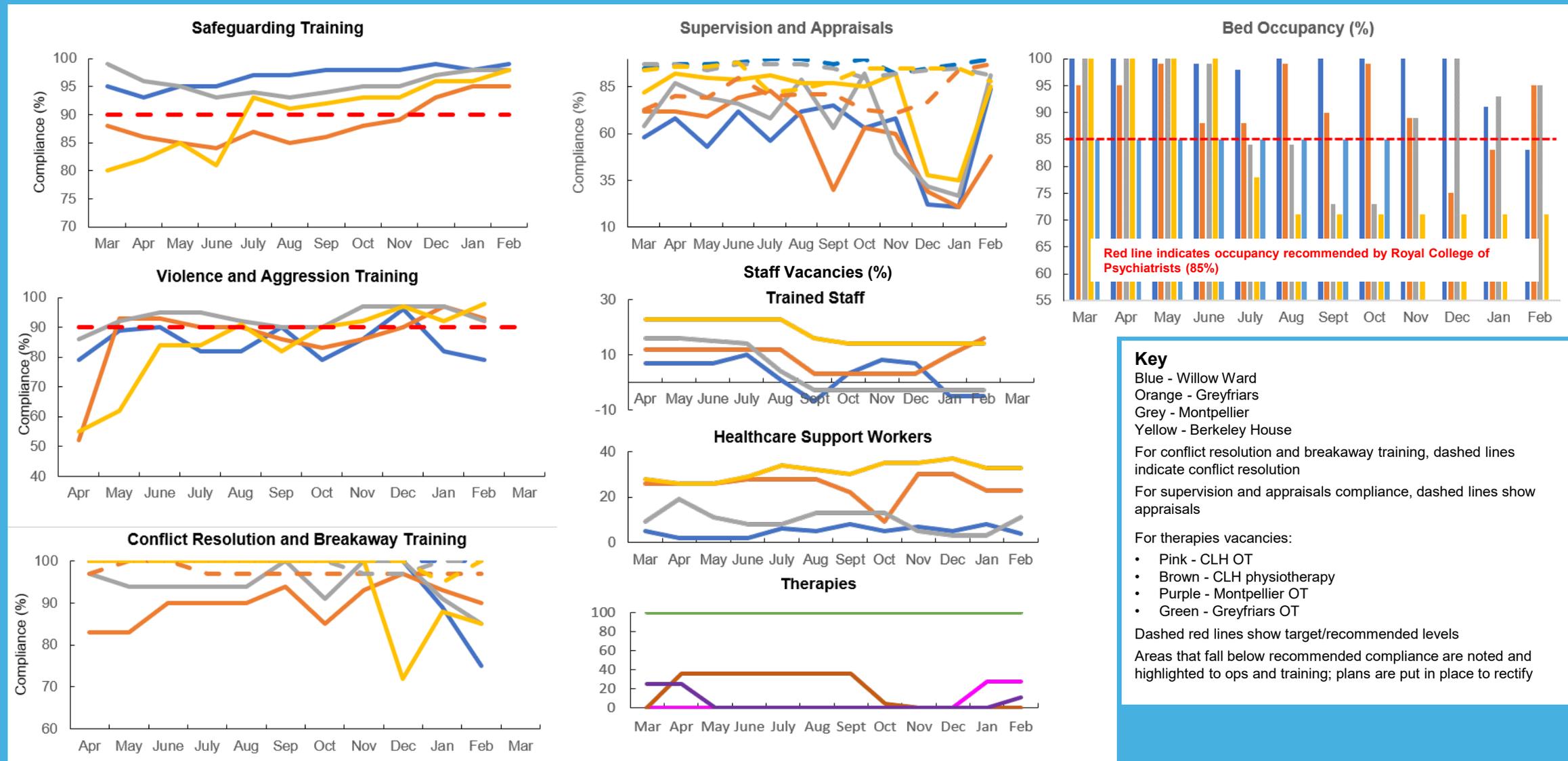
Incidents: Decrease in incidents this month, 149 for February. Falls incidents (62), Violence and aggression to staff (28) and restrictive interventions (14) were the top 3 types of incident.

Training: Statutory and mandatory training compliance is good, currently 97.7%. Domestic abuse training taking place Feb.

Issues: After review of taxi expenditure, the Matron is working with E&F to review fleet and portering hours to reduce the use of taxi's. The number of suitably able clinical staff who can drive wheelchair accessible fleet is improving and staff are promoting families, where appropriate, to support with home leave..

CQC DOMAIN - ARE SERVICES SAFE? Closed Cultures: eliminating the risk of our patients experiencing abuse

Closed cultures – Trust safeguards against risks



CQC DOMAIN - ARE SERVICES SAFE? Closed Cultures: eliminating the risk of our patients experiencing abuse

Closed cultures – Trust safeguards against risks

Patient to patient incidents		Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
Attempted assault	Willow W	1	4	5	5	2	4	2	2	1	2	4	4
	Greyfriars	2	3	0	0	0	0	3	5	2	0	0	1
	Montpellier	0	0	0	0	0	0	0	0	0	0	0	0
	Berkeley H	0	0	0	0	0	0	0	0	1	0	0	0
Physical	Willow W	8	1	14	8	3	3	9	6	17	9	13	6
	Greyfriars	2	13	2	4	0	4	10	10	2	4	9	1
	Montpellier	0	1	0	0	1	0	0	0	0	0	1	0
	Berkeley H	0	0	0	0	0	0	0	0	1	0	0	2
Verbal	Willow W	2	1	1	2	0	0	0	0	0	0	0	2
	Greyfriars	0	0	0	0	0	1	0	2	0	0	2	1
	Montpellier	1	1	0	0	0	0	0	2	2	3	0	0
	Berkeley H	0	0	0	0	0	0	0	0	0	0	0	0
Racial abuse	Willow W	0	0	0	0	0	0	0	0	0	0	0	0
	Greyfriars	0	0	0	0	0	4	0	1	0	0	0	0
	Montpellier	2	0	0	0	0	0	0	0	0	0	0	0
	Berkeley H	0	0	0	0	0	0	0	0	0	0	0	0
RT (RT only + PI and/or RT)	Willow W	56	5	30	4	2	18	12	13	19	17	3	4
	Greyfriars	18	54	20	19	16	38	65	48	33	15	44	23
	Montpellier	1	2	1	0	1	1	0	0	0	3	2	1
	Berkeley H	20	16	16	14	10	14	20	5	10	7	7	3
Total sexual safety incidents	Willow W	0	1	1	4	0	0	1	2	6	6	11	0
	Greyfriars	3	2	2	0	5	1	0	3	0	0	0	1
	Montpellier	0	0	0	0	0	0	0	0	0	0	0	1
	Berkeley H	0	0	0	0	0	0	0	0	0	0	0	0
PALS/PCET													
Visits (no. patients giving feedback)	Willow W	0	3	3	4	2	0	0	3	1	0	2	2
	Greyfriars	1	2	2	3	3	0	0	2	3	0	2	1
	Montpellier	0	2	2	2	1	0	0	2	1	1	0	1
Enq/comment	Willow Ward		0	0	0	0	0	0	1	0	0	1	0
	Greyfriars	2	1	0	0	1	2	1	2	0	0	0	2
	Montpellier	0	0	0	0	0	0	0	0	0	0	0	0
	Berkeley House	0	0	0	0	0	0	0	0	0	0	1	0
Early resn	No new early resolutions in February												

Patient to staff incidents

Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
2	0	6	3	1	3	3	0	3	0	6	7
1	5	0	1	2	4	8	3	2	0	0	4
1	0	0	0	0	1	0	0	0	0	1	0
3	11	9	4	4	1	5	2	3	1	2	3
6	4	8	5	1	13	8	19	25	30	6	3
5	23	8	2	4	24	22	11	8	9	12	11
3	0	1	0	2	0	0	0	1	1	2	0
14	30	18	21	10	19	29	7	4	5	10	15
0	0	0	0	0	1	2	0	0	0	1	1
1	1	1	0	1	2	8	4	8	6	3	1
3	2	3	1	1	1	2	0	4	1	3	0
0	0	0	0	0	0	0	0	3	1	3	1
0	0	0	0	0	1	0	0	0	0	6	1
1	11	2	0	2	7	10	3	2	4	2	1
0	2	0	0	0	0	2	2	3	0	2	3
0	0	0	0	0	0	0	0	0	0	0	0

Reported incidents of physical intervention and/or rapid tranquilisation in February, by individual. Montpellier had 1 incident in February.



Willow Ward, 4 incidents



Greyfriars, 23 incidents



Berkeley House, 3 incidents

PALS, Patient Advice and Liaison Service; PCET, Patient and Carer Experience Team; PI, physical intervention; resn, resolution; RT, rapid tranquilisation.

Datasets are collated at different timepoints as incidents are validated; numbers may not align with other reports.

CQC DOMAIN - ARE SERVICES SAFE

Safe Staffing Inpatient data February 2025

Ward Name	Code 1		Code 2		Code 3		Code 4		Code 5	
	Hours	Exceptions	Hours	Exceptions	Hours	Exceptions	Hours	Exceptions	Hours	Exceptions
Gloucestershire										
Dean	22.5	3	0	0	0	0	0	0	0	0
Abbey	157.5	20	45	6	0	0	0	0	0	0
Priory	82.5	11	0	0	0	0	0	0	0	0
Kingsholm	0	0	0	0	0	0	0	0	0	0
Montpellier	52.5	7	32.5	4	0	0	0	0	0	0
Greyfriars	67.5	9	52.5	7	0	0	0	0	0	0
Willow	7.5	1	15	2	0	0	0	0	0	0
Chestnut	7.5	1	7.5	1	0	0	0	0	0	0
Mulberry	0	0	30	4	0	0	7.5	1	0	0
Laurel	105	14	52.5	7	0	0	0	0	0	0
Honeybourne	60	8	0	0	0	0	0	0	0	0
Berkeley House	97.5	13	0	0	0	0	0	0	0	0
Total In Hours/Exceptions	660	87	235	31	0	0	7.5	1	0	0

Code 1	Min Staff numbers met – skill mix non-compliant but met needs of patients
Code 2	Min staff numbers not compliant but met needs of patients
Code 3	Min staff numbers met – skill mix non – compliant and did not meet needs of patients
Code 4	Min staff numbers not compliant and did not meet needs of patients
Code 5	Other

Key highlights:
 The Director of Nursing, Therapies and Quality (NTQ) reviews safe staffing reports every month ahead of submission to NHS England (NHSE). This acts as a rolling review of safe staffing and is informing a detailed Trustwide safe staffing review in line with NHSE guidance. This includes staffing data for Community Hospitals which is reported within the Performance Dashboard. We have cross referenced highest exceptions with patient safety and patient experience data with no adverse trends being noted. Abbey ward have reported the highest code 1 exception levels, followed by Laurel House .The Matrons report no adverse impact on care delivery or patient experience. Code 1 exceptions on Abbey ward were mainly attributed to shortages of RN.s on early and night shifts and Laurel was a shortage of HCA’s on early and late shifts. There was a code 4 exception noted on Mulberry Ward however this was later found to be a code 2 with no adverse effects on patients.

Guardian of Safeworking Hours Committee Report Part 1

Reporting time period October 2024 – December 2024

- GoSWH – Dr Sally Morgan
- **Number of mental health doctors in training (all on 2016 contract)** - Doctors rotated posts at end of November 2024 2024.
- 55 doctors in training posts (16 HTs, 7 CT3s, 10 CT2s, 5 CT1s, 4 GP trainees, 8 FY2s, 7 FY1s)
- **17 gaps during this period due to Resident Doctors not completing on-calls as normal.**
- **Reasons for gaps –** . The gaps were due to multiples reasons such as gaps from part time doctors and short term sickness
- 4 were covered by speciality doctors in trust bank, 13 covered by our resident doctors
- **During this time period there were 3 breaches of the continuous rest period required for non residential on calls plus 1 breach of a GP trainee working in excess of 13 hours.**
- **These breaches incurred a fine**

Fine Amount	Date of Occurrence	Grade of Doctor	Nature of Breach
£38.51	5/10/2024	ST5	Breach of rest period ST on call
£38.51	2/11/2024	ST5	Breach of rest period ST on call
£38.51	9/11/2024	ST5	Breach of rest period ST on call
£275.00	8/12/2024	GP Trainee	Day doctor was late, night doctor stayed on to cover until night doctor arrived
Total : £390.53			

Guardian of Safeworking Hours Committee Report Part II

- **14 exception reports** in this time period, 11 relating to hours worked, 3 relating to pattern of work – **these 3 were breaches** of the rest period on the non resident on call rota. No immediate patient safety concerns identified.
- **Outcomes agreed** : TOIL and compensatory rest . A work schedule review has been undertaken for the Higher Trainees (the non resident on call work).
- **Junior Doctors Forum (JDF)** held via MS Teams on 18 October 2024 which was well attended.
- **GOSWH continues to work with Modern Matrons from WLH and CLC** to ensure adequate junior doctor office and rest spaces at both sites
- **GOSWH attended the Induction for Resident Doctors to ensure awareness od ER process**
- **GOSWH and Resident Doctor are developing a GOSWH trust webpage**
- **Wellbeing Days planning continued for next Wellbeing Day (date Jan 25)**

CQC DOMAIN - ARE SERVICES CARING? Patient and Carer Experience Team (PCET)

	Reporting Level	Threshold	2023/24 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2024/25 YTD	Notes
Number of Friends and Family Test Responses Received	N - R		30,519	2,471	3,093	2,638	2,274	2,314	1,960	2,443	2,195	1,934	2,471	1,478		25,271	Including 20 responses from carers (80% positive response)
% of respondents indicating a positive experience of our services	N - T	95%	94%	94%	93%	93%	93%	95%	94%	93%	93%	94%	94%	93%		94%	
Number of compliments received in month	L - R		2,506	151	241	156	203	211	173	241	182	199	183	174		2,114	As reported on last day of the month, noting compliments can be added retrospectively
Number of enquiries (other contacts) received in month	L - R		1,186	150	172	133	149	140	149	157	157	122	183	123		1,637	
Number of complaints received in month <i>Includes ALL complaints (closer look complaint / early resolution complaint)</i>	N - R		161	8	9	15	9	10	13	14	13	33	19	27		170	3 x MHUC/IP, 1 x PHUC/IP, 6 x CYPS, 2 x Comm (2 x MH), 2 x Countywide, 12 x IUC, 1 x Operational Flow
Of complaints received in month, how many were early resolution complaints	L - R			8	9	14	9	10	12	14	13	33	18	26		166	
Number of open complaints (not all opened within month) <i>Includes ALL complaints (closer look complaint / early resolution complaint)</i>	L - R			24	21	27	29	29	30	28	29	51	63	62			
Percentage of complaints acknowledged within 3 working days	N - T	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	93%	100%	100%		99%	
Number of complaints closed in month <i>Includes ALL complaints (closer look complaint / early resolution complaint)</i>	L - R			11	13	9	7	10	12	16	13	11	10	25		137	Out of the 25 closed complaints, 1 was withdrawn, and 1 was redirected to the ICB
Number of complaints closed within 3 months	L - I			9	9	7	4	5	11	13	7	11	7	22		105	
Number of re-opened complaints (not all opened within month)	L - R			3	1	1	1	0	2	1	3	2	2	2			
Number of external reviews (not all opened within month)	L - R			7	7	6	8	7	4	4	4	4	4	3			

N - T	National measure/standard with target	L - I	Locally agreed measure for the Trust (internal target)
N - R	Nationally reported measure but without a formal target	L - R	Locally reported (no target/threshold) agreed
L - C	Locally contracted measure (target/threshold agreed with GCGG)	N - R/L - C	Measure that is treated differently at national and local level, e.g. nationally reported/local target

CQC DOMAIN - ARE SERVICES CARING? Patient and Carer Experience Team (PCET)

Key Highlights:

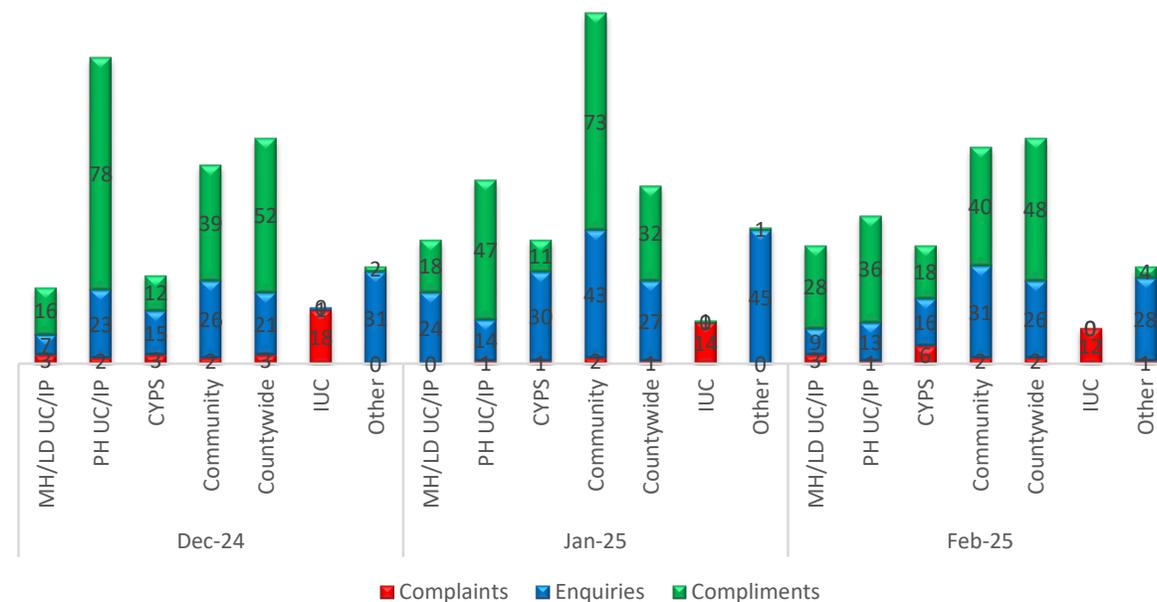
- We continue to see far more compliments than any other type of feedback and directorates now receive a full list of these each month.
- Directorate level data is shared with senior operational leads each month to enable interrogation of service specific feedback; this time is also used to discuss ongoing investigations and emerging themes/learning.

This table shows all reported PCET data received this month by type and directorate

It is important to note that this is a snapshot and does not consider directorate size/footfall/caseloads/acuity of patients.

Directorate	Complaint		Enquiry	Compliment	
MH/LD urgent care and inpatient	3	Early resolution:	3	9	28
		Closer look:	0		
PH urgent care and inpatient	1	Early resolution:	0	13	36
		Closer look:	1		
CYPS	6	Early resolution:	6	16	18
		Closer look:	0		
PH/MH/LD Community	2	Early resolution:	2	31	40
		Closer look:	0		
Countywide	2	Early resolution:	2	26	48
		Closer look:	0		
IUCS	12	Early resolution:	12	0	0
		Closer look:	0		
Other	1	Early resolution:	1	28	4
		Closer look:	0		
Totals	27	Early resolution:	26	123	174
		Closer look:	1		

Directorate feedback over the past three months



Examples of complaints [as reported] for each directorate:

- MH UC/IP: Patient unhappy with her Consultant and has requested a new one.
- PH UC/IP: Wife of patient unhappy that the MliU refused to see the patient as a walk in which has resulted in a digit amputation with a possibility of a limb amputation in the near future.
- CYPS: Father of patient very unhappy with a letter they have received that states the patient is overweight.
- IUCS: Patient unhappy as they have not received a call back from 111.
- Countywide: Consultant removed coil from patient by mistake.

The above graph shows feedback by type and directorate over the past three months.

Whilst we continue to welcome complaints as an opportunity to improve our services, it is important to recognise good practice across all directorates.

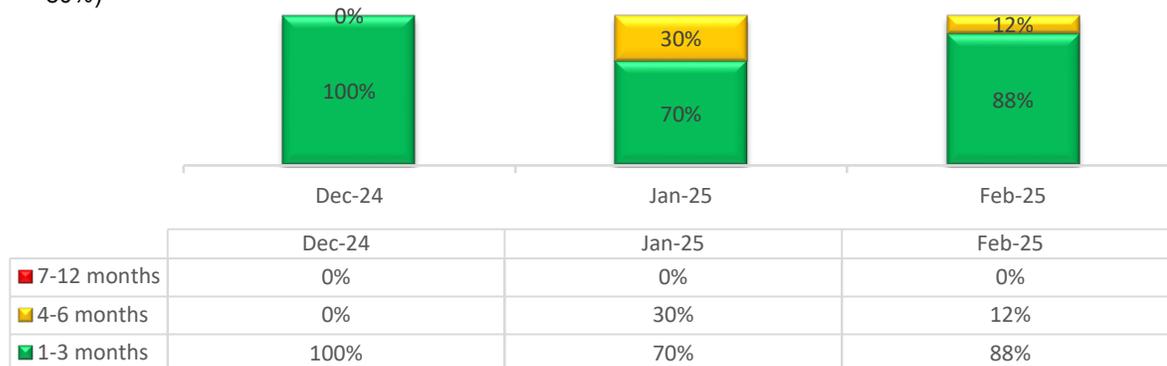
CQC DOMAIN - ARE SERVICES CARING? Patient and Carer Experience Team (PCET)

The below table shows all complaints CLOSED this month by outcome and directorate. These include closer look and early resolution complaints.

Directorate	Upheld	Partially upheld	Not upheld	Withdrawn	Other	Total
MH/LD urgent care, inpatient	0	0	1	0	0	1
PH urgent care, inpatient	1	0	2	0	0	3
CYPS	0	0	0	0	0	0
PH/MH/LD Community	0	3	0	0	0	3
Countywide	0	0	1	0	0	1
IUC	9	3	2	1	2	17
Other	0	0	0	0	0	0
Totals	10	6	6	1	2	25

The below graph shows the length of time taken to close complaints.

This month, 88% were closed within three months (target = 50%), 100% closed within six months (target = 80%)

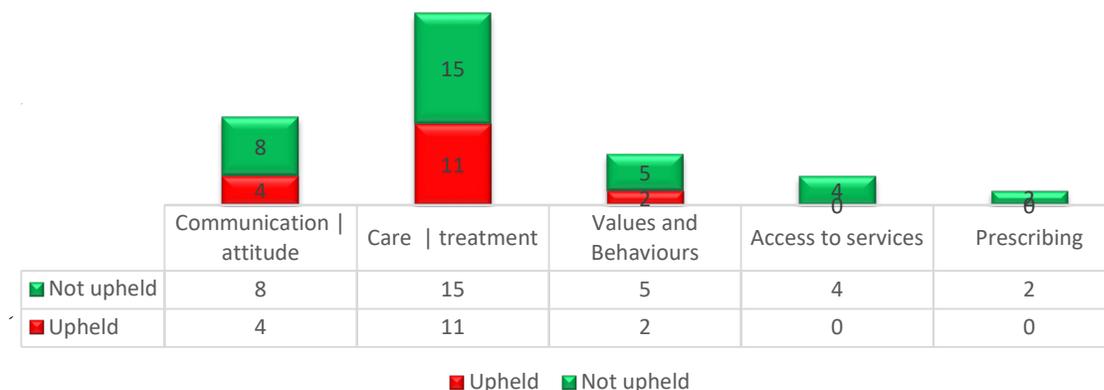


The below table shows some of the upheld COMPLAINT THEMES this month.

These include closer look and early resolution complaints.

Directorate	Upheld themes for complaints closed this month
Community (15964)	Ensure clinicians fully communicate nutritional supplements plans with families and explain this would differ if the patient did then get admitted to an acute hospital. Communication
Countywide (15848)	End of Life and syringe driver training updates should be arranged for the team. Clinical treatment
PH UC/IP (17088)	Learning identified through HR investigation but will be fed into wider 'language that cares' piece. Values and behaviours
IUCS (17044)	Some comments were inappropriate and not objective, different communication techniques shared with the clinician Communication

The chart below shows the themes highlighted in all complaints closed over the past month

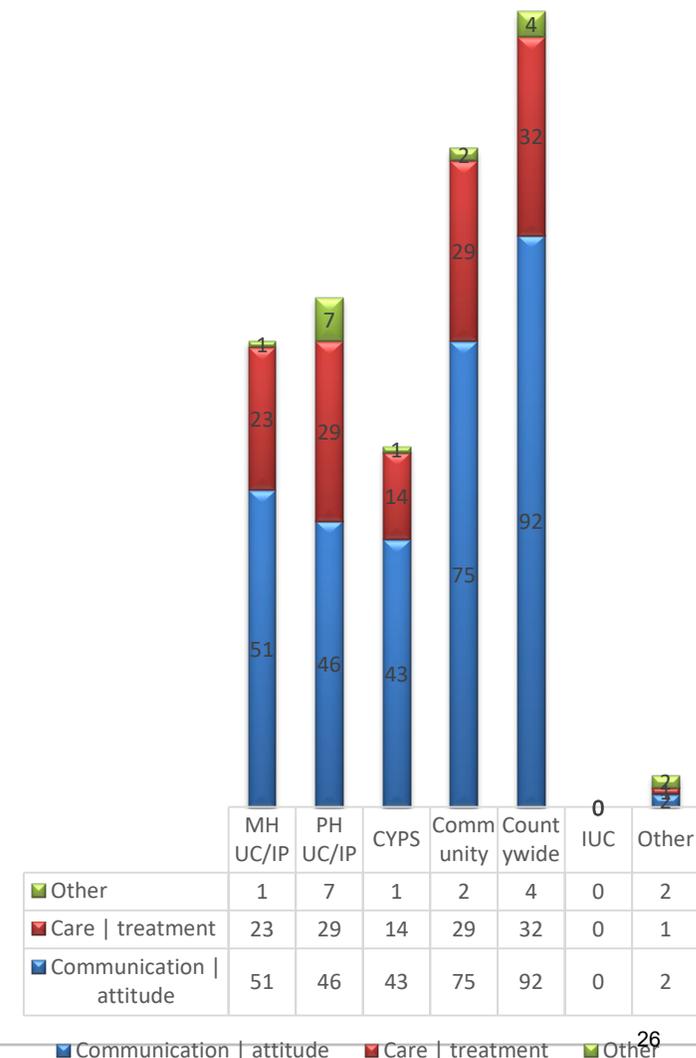


CQC DOMAIN - ARE SERVICES CARING? Patient and Carer Experience Team (PCET)

The table below is a sample of compliments received this month, and the chart opposite shows all COMPLIMENTS received this month by theme and directorate.

The 174 compliments recorded contained comments that were distributed over **10** different themes. **Some compliments contained more than one theme.** It is very likely that more compliments were received but not recorded, therefore, not reported; this is due to operational challenges in some teams.

Date	ID	Team	Compliment
27/02/2025	17863	Charlton Lane-Mulberry Ward	I saw my husband's care plan that was sent from CLH to his new care home. I was very impressed with how detailed and patient centred it was, especially around personal care.
14/02/2025	117710	CRHT West Glos	Patient spoke really highly of the crisis team, stated they have been nothing but supportive and consistent to her and she cannot fault the service.
12/02/2025	17762	Ciren Hosp-Windrush Ward	Family said they were 'extremely happy with the amazing care from all the staff on the ward'
05/02/2025	17730	Stroud Hosp-OPD	Patient attending Eye Clinic commented on how he always receives a 'Warm Welcome' here at Stroud!24/02
24/02/2025	17820	CYPS/PH-Health Visiting	Thank you for organising today, the public health nurse was lovely, and I felt heard and validated with everything brought up about my child. It was such a personal contact. I appreciate all that you did.
01/02/2025	17512	ICT Forest North DN	Patient's family reported they cannot thank the district nursing team enough for all their support over the past week. Patient's daughter reported the nurse who visited 31/1 was outstanding and provided her with so much support.
26/02/2025	17847	CLDT Stroud	"Would like to thank you for your continuous support and guidance, working with us and helping to provide support to C. "
07/02/2025	17628	Sexual Assault Referral SARC	Thank you again for your support and kind words, I felt better after our phone call and less hopeless than before.
13/02/2025	17686	MSK Advanced Practitioner	Patient was very please with the help provided by clinician that moved his appt around to accommodate him. Patient brought in chocolate to thank her.

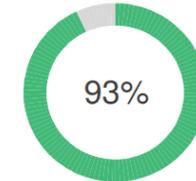


CQC DOMAIN - ARE SERVICES CARING? Patient and Carer Experience Team (PCET)

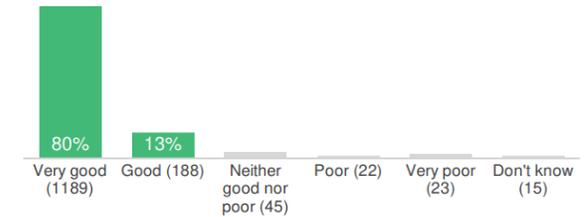


■ No. of positive responses ■ No. of negative responses ■ Postive score

Patient feedback Overall experience of our service | February 2025



93% 'Very good' or 'Good'



Key indicators (% positive) | February 2025



99%

Did you feel you were treated with respect and dignity?



95%

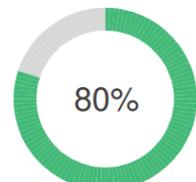
Were you involved as much as you wanted to be in decisions about your care and treatment?



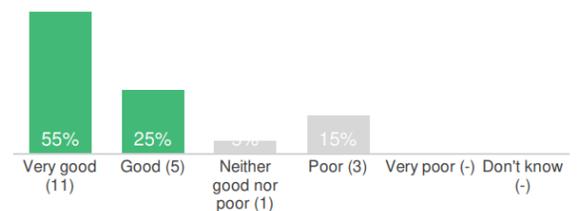
97%

Did you feel the service was delivered safely and protected your welfare?

Carer feedback Overall experience of our service | February 2025



80% 'Very good' or 'Good'



Highlights for this month:

- The overall positive experience rating is 93% which is line with recent data.
- We are continuing to work with services where responses are low to promote a variety of survey methods such as iPads, QR codes and paper where this is appropriate.
- Feedback from the new FoD hospital – Positive rating of 97% for MIU (34 responses) and 100% positive rating from inpatients (10 responses).
- Evaluation of 'You Said, We Did' Boards pilot to be evaluated in Q4.
- Service users made 3 requests for contact/action through the FFT.
- FFT set up to support new IUC service – due to go live in March 2025. 111 and remote CAS PEQs managed by IC24.

1. New improvement opportunity/concept/idea

- National mandate
- New service bid
- GHC Strategic priority
- ICS/CCG mandate
- Colleagues
- Service users/Carers
- Quality Issue

2. Improvement idea scoping

- What is it
- Why are we doing it
- What are the benefits/risks
- Is the problem clear, understood and agreed
- Is there data

3. Improvement idea initiated

- Stakeholder mapping
- Tools to understand the problem
- Baseline data
- Early team tasks
- Life QI

4. Improvement idea testing – e.g.: PDSAs

- Using the Model for Improvement to test change ideas
- Data to show towards progress and inform next steps

5. Improvement idea sustained & implemented

- Evidence of sustained improvement through data
- Ongoing quality control & assurance agreed

- = Number of ECGs successfully signed with a Bazett QTc
- = Digital Front Door process
- =STOMP guidelines
- = Reducing non attendance in outpatient clinic services
- = Pressure ulcers
- + Assistance with Voice patient service within SLT
- + Colonoscopy procedure
- + Catheter Trauma - increase knowledge and how to prevent and manage

- = Culture of Care Abbey Ward
- = CYPs collaborative information library
- = (s) (G) Local and national AAC pathways for children who may benefit from AAC
- = (G) TTO (Tablets To Take Out) from inpatient settings in physical health units
- =(s) Guidance on treatment of hyponatraemia and hypernatremia in the community

- = MH inpatient and urgent care flow pathway mapping
- = (s) (G) Improving the number of patients receiving their depots in primary care
- = People Promise - Learning from Leavers
- = Paper Care Certificate Workbooks
- = Clinical System Team Model
- = Improving access for mothers from ethnic minority into perinatal service
- =(s) Sexual health triage capacity and improving patient access
- =Complex Emotional Needs pathway
- = Culture of Care - Priory Ward
- = Team nursing on Abbey Ward, WLH
- = (s) The Vale Stroke Unit
- = Getting feedback from patients about MHA assessment
- = Improving the process for offering SLT placements to T-level students
- = (s) Gloves off - reducing PPE glove waste
- = Getting feedback from patients about MHA assessment
- ↑ Inadequate and not optimised bone protection
- = CYPs SLT Selective Mutism Project
- ↑ Adverse events pathway
- ↑ (s) Streamlining triage process for adult SLT
- ↑ ASC waiting list project

- = Dental Services – medical history form
- = Culture of Care - Dean Ward
- = Culture of Care - Kingsholm Ward
- = IPS Project
- =Improving self-referral form for MSK physiotherapy
- = Inequities in the Mental Health Act - Greyfriars
- = Increasing the time between incidents of severe constipation needing a proactive response in CLH
- = Stroud HV pre-SCAAS
- = Toilet training - improving outcomes for children
- = QUITT
- = Measuring effectiveness of new OATS service
- = Improving health inequalities in school age immunisation
- = Paired ROMs compliance – Outreach Team
- = Paired ROMs compliance – Vulnerable Children's Team
- = Paired ROMs compliance – Young Adults team
- = Paired ROMs compliance –CORE CAMHS South
- = Paired ROMs compliance –CORE CAMHS North
- = (G) Improving access to ECT in WLH and community
- = (G) Weight management in SMI project
- = Developing a process for Observed Practice within AHPs
- = School nursing - Supporting Primary Schools with High Health Needs
- = School nursing mental health pathway and resources
- = (s) CYPs SLT waiting list

- = Diabetes Service demand and capacity
- = Patchwork project Infection Prevention Control
- = Reducing restrictive practice in Greyfriars, WLH
- = DBT outcomes
- = Staff retention - itchy feet

The Quality Improvement Hub is a dedicated Trust team of subject matter experts whose primary aim is to provide leadership to the organisation in the field of improvement science. The team seek to support the experts – the people who use our services and those that deliver them, to understand problems identified and the associated data, find change ideas, test them out at small scale, upscale as appropriate and make them sustainable using proven methodology.

This update provides a brief overview of the Trust QI training programme- with its intention to ensure that a QI approach is embedded across the whole organisation by;

1. Providing a complete range of training packages that demonstrate learning outcomes in alignment with the Kirkpatrick Evaluation Framework
2. It also shows the active QI projects recorded on Life QI- the system the trust utilises to capture and share QI activity.

Key:

- + new to tracker
- = no movement
- ↑ moved forwards
- ↓ moved backwards
- *Restarted
- (s) Silver project
- (G) Gold coach

Directorate	No of improvement work supported by QI Hub (includes projects from Lifecycle and others)
Countywide	9
MH Hospitals and UC	15
PH Hospitals and UC	4
Adult MH/PH/LD Community	16
CYPs	15
Corporate	12
Total: 71	

Training data February 2025:
33 Silver (current trained taken from Care to Learn, GHFT or GHC silver trained) –0.7% workforce
743 Bronze (current trained taken from Care to Learn) - 14% workforce
1077 Pocket QI, total trained overtime – 22% workforce

Appendix One

Quality Dashboard Development

Summarised timescales for development of the dashboard, current ownership of slides and any proposed developments agreed through Quality Committee.

Slide	Description	Ambitions for slide	Timescale (by end)	Slide Owner
0-3	Cover and Exec Summary	To remain.	N/A	Jane Stewart
3	Safeguarding Highlights and Challenges	Remain at present as not included in performance measures. Aim to redraft to include more narrative describing what this means for patients and future actions. New style development slide will be presented at QAG in March. The focus will include, What the data tells us, Risks and Key Actions.	Feb 25	Paul Gray
4 to 11	Patient Safety Data	To be redrafted to concentrate on thematic findings over time rather than reporting on actual data and events . Notably to concentrate on Pressure Ulcers and Falls over time and to use SPC charts in order to track themes and trends., we have commenced by adding these to slide 11. Introduction of new slides this month re PU.	April 25	Nicola Mills
12 to 14	Closed Culture	To remain, with input to reflect organisational culture of care work programme.	Mar 25	James Wright
15	Safe Staffing	This slide needs to remain to fulfil statutory reporting requirements and is part of the BAF. Development work on safe staffing reporting to be completed by a workstream within the safe staffing programme..	Nov 25	Nicola Hazle
16-17	Guardians of Safe Working	To remain as quarterly	N/A	Amjad Upall
18 - 22	PCET	To recognise pockets within the organisation where the patients' voices are not being heard and to shift away from presenting actual monthly data to themes reviews and trend analysis for both complaints and compliments. NEDS audit and Quality Visits to continue or be reported separately.	Nov 25	Kate Bowden
23-24	District Nursing Data	Remain – plan to revise ICT metrics.	April 25	Jane Stewart
25	QI Information	Primarily a list of projects – re draft to show the “what effect is this having” and what happens next elements of work streams – how they impact upon quality.	April 25	Tanya Stacey
	Long Length of stay MH and CoHo	Removed, as captured in the integrated report under Board Domain.	Complete	Jane Stewart

Appendix Two

Non-Executive Directors Quality Visits

Q3 2024/25

October to December 2024



with you, for you

NHS

Gloucestershire Health and Care
NHS Foundation Trust

Living our Trust's Values: making a difference (Q3, 2024/25 visits)

Positive feedback from NED colleagues (as described in visit reports):

Gloucestershire Wheelchair Assessment Service [GWAS]

As a NED, I felt proud of the work that the Wheelchair Service are doing, and the person centred, caring approach that I witnessed...I felt reassured by the quality of service and commitment to finding a solution that works for an individual's life.

First Point of Contact Centre [FPCC]

There is a strong sense of team with a supportive culture and many of them have volunteered to work overtime to help the new service develop and deliver.

Community Neurology Service [CNS]

My visit to a local care home to see a patient with Parkinsons was enlightening... The therapist was aware of the user's background but despite this they took time to seek out on site staff to provide a more current update of the user. The therapist was always respectful, to the user and care home staff alike, and took time to not only explain things to the user, but also to build rapport.

Children's Autism and ADHD Assessment Service [CAAAS] *formally SCAAS*

The team are incredibly mutually supportive...[managers] are involved in the support and development of every team member and are acutely aware of the challenges (particularly around caseload and administration) that they all face.

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

Visit outcomes update from completed visits in Q3, 2024/25

Service	Recommendations/questions	Progress	Status
Gloucestershire Wheelchair Assessment Service [GWAS]	The team continue to consider feedback options and how they can gather more patient feedback, and track this over time to look at changes in opinion.	GWAS would like patient input on service development and will consider this during their away day at the end of February 2025.	Being taken forward by the service
	There is an issue with wheelchair storage relating to mould and batteries breaking in the cold – the recommendation was to look at estates and see whether there is a storage option for wheelchairs that is less vulnerable to the weather.	Space was needed as more people have come to work at the Independent Living Centre (ILC), so wheelchair storage has moved to a shipping container. While it would be good to look at the estate to identify a storage option for wheelchairs that is less vulnerable to the weather, it is important that the team have quick access to stored items so somewhere off site may cause different issues.	Closed
	The team link in more with the Allied Health Professionals Community for networking, shared learning and support	GWAS is based at the ILC so has regular contact with Cheltenham ICT and ESD, however without specific joint working GWAS does not have the opportunity to link with other teams. Other ways the team link in with the wider trust is via supervision with the Head of Profession for Occupational Therapy (OT), attending governance meetings, and joining OT networking days. The team welcome any other suggestions for building networks across the Trust.	Service lead to support wider engagement of colleagues across the Trust

Visit outcomes update from completed visits in Q3, 2024/25

Service	Recommendations/questions	Progress	Status
First Point of Contact Centre [FPCC]	With the extension of the service and increased numbers of colleagues the room can be quite noisy. Could the partitions be improved to improve both confidentiality and the level of noise?	The Health and Safety Lead has visited FPCC's base and is due to return to consider extending the noise cancelling boards.	Closed
	Could we reach out to the Can-Do service to identify any potential to work more closely?	The Connect and Offload (CandO) service is offered by Rethink Mental Illness, and our patients can be signposted there for support. There is now a CandO card on each desk in the FPCC to remind staff to signpost patients where appropriate.	Closed
	Should we be identifying opportunities for some integration and joint working with the new IUCS in recognition of the Trust commitment to integration of MH and physical health? There may be learning from both.	The FPCC manager has plans to visit IUCS with a reciprocal visit to FPCC to seek opportunities for closer working.	Closed
	I was told that communications with the public re the MH 111 were led nationally. It was felt that a lot of the public are still not aware of the new service and now that the service is better staffed perhaps, we should be doing more locally?	Although 111 is led nationally, the public do appear to be aware the mental health support may be accessed via 111 – calls are now around 600 per month which is an increase from its previous 200 calls per month.	Closed
	The partnership working with the police continues to be beneficial although it never became as integrated as was hoped.	Partnership working with police is proving beneficial – police will talk to mental health staff regarding s136 decision making, or ask general questions, and in return can share information regarding risk. With the introduction of Right Care Right Place (RCRP), police no longer routinely conduct welfare checks, however, there is a shift towards working more closely with SWAST and the new band 7 posts will be working in the ambulance response vehicle.	Closed

Visit outcomes update from completed visits in Q3, 2024/25

Service	Recommendations/questions	Progress	Status
Community Neurology Service [CNS]	The team are keen to learn and adapt and are open to addressing areas of unmet need – hopefully, the vacant Band 3 posts can be filled soon. I anticipate that the current Service evaluation will be favourable, but the Team may need some Executive level support to ensure that appropriate recurrent funding is provided.	The service evaluation was received positively and is awaiting final sign off, currently being supported by Execs. The posts were originally funded for twelve months and when recurring funding is secured, two of the four posts will be four-year apprenticeships (one OT, one physio). The two remaining posts are currently filled by one full time and one 0.6 staff member.	Closed
	I would recommend reviewing the parking and transport arrangements for this busy clinical team.	The team have been allocated two spaces at EJC which has helped.	Closed
	I would recommend that a discussion takes place with Commissioners regarding Functional Neurological Disorder. The Team would be quite capable of managing this difficult disorder but would need additional clinicians	The team have done a fantastic job of supporting these patients within the remit of OT and physio – discussions with commissioners are ongoing.	Closed

Visit outcomes update from completed visits in Q3, 2024/25

Service	Recommendations/questions	Progress	Status
Children's Autism and ADHD Assessment Service [CAAAS] [Formerly SCAAS]	The waiting list is impacted by several factors including the amalgamation of others' waiting lists into CAAAS, and the (welcome) reduction in stigma / growth in awareness. Is reducing the number of children on the waiting list the right KPI for this service, or could it be the number of ADOS assessments per month, or overall waiting time for diagnosis?	This feedback has been shared with the Trusts COO, MD and DoN and will be included as part of the wider conversations and T&F group that is being led by the Deputy MD.	Ongoing work within the Trust
Service	Recommendations/questions	Progress	Status
Social Care Hub	Awaiting report		

Appendix Three

Learning From Deaths Report Quarter Three

Quarter 3 Learning From Deaths

During Q3 2024-25 **78** Gloucestershire Health and Care NHS Foundation Trust (GHC) patients died:

GHC Patient Deaths reported during Q3 2024-25

October	November	December	Total
30	23	25	78

During Q3 2024-25 there were 3 care record reviews

Number of comprehensive investigations and care record reviews completed during Q3 2024-25 for deaths occurring in:

	Q4 2022/23	Q2 2023/24	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q3 2024/25	Total
Comprehensive Inspections	0	1	2	0	0	3	0	6
Care Review Records	1	1	3	10	4	20	3	42
	1	2	5	10	4	23	3	48

- The numbers above do not include open investigations and care record reviews
- 0, representing 0.0% of the patient deaths reviewed during Q3 2024-25, were judged more likely than not to have been due to problems in the care provided to the patient.
- During Q3 2024-25, October’s Mental Health Mortality Review Group was held as an Away Day and the group reconvened in December 2024.

Learning for the Trust in Q3:

Animals and Pets in a Hospital Setting IPC Policy reviewed and written to give clarification about decision making for animals / pets visiting patients who are dying on compassionate grounds.

Mental Health and LD

Regular monthly Matron's checks of patients' bedrooms will be undertaken as well as the monthly Infection Control check. Plastic boxes are now provided for patients to store their belongings in.

Where patients are resistant to treatment Pathological Demand Avoidance (PDA) teams should consider carrying out an autism assessment.

PDA training suggested for Eating Disorders Team.

Learning for system partners in Q3:

South Western Ambulance Trust (SWAST): Shared with SWAST Clinical Lead 3 incidents that related to communication, the recognition of dying and the use of Just in case medication by ambulance clinicians if it is available and has been prescribed and is available.

End of Life (EOL) lead has previously worked on a poster with SWAST and this has been re-shared among clinicians.

A Hospice@Home provider disposed of used sharps in a plastic bottle for community nurses to dispose of as no sharps bin available, shared with provider that this was unsafe and they have now arranged to have sharps bins available or their Registered Nurses in case there is not one already in the property.

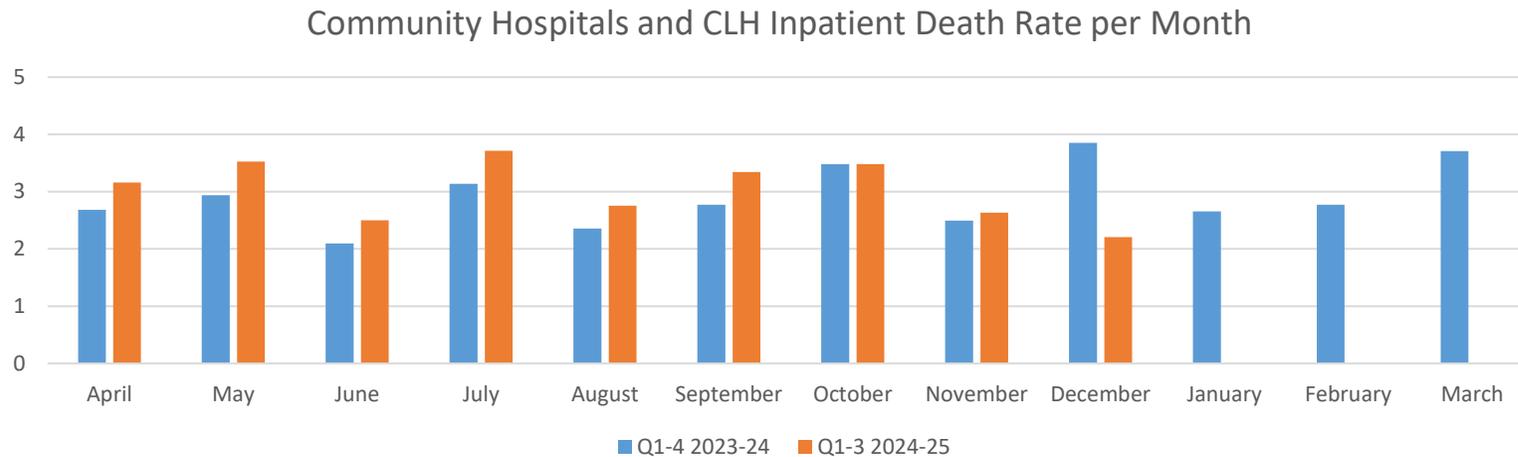
Quarter Three Specific End of Life Learning

Inpatient Wards

- Pure Cremation and similar organisations are on the increase therefore inpatient wards to have a good awareness and understanding of the complete process.
- Repeated reminders to be given of the importance to ensure that everything is documented and appropriate communication and handover to other services is given.
- Managing the expectations of family particularly around palliative rehab – due to information given to them by the hospital they have transferred from and what is expected or likely to be delivered from a Community Hospital.

Community Hospitals and CLH Inpatient Death Rate per Month

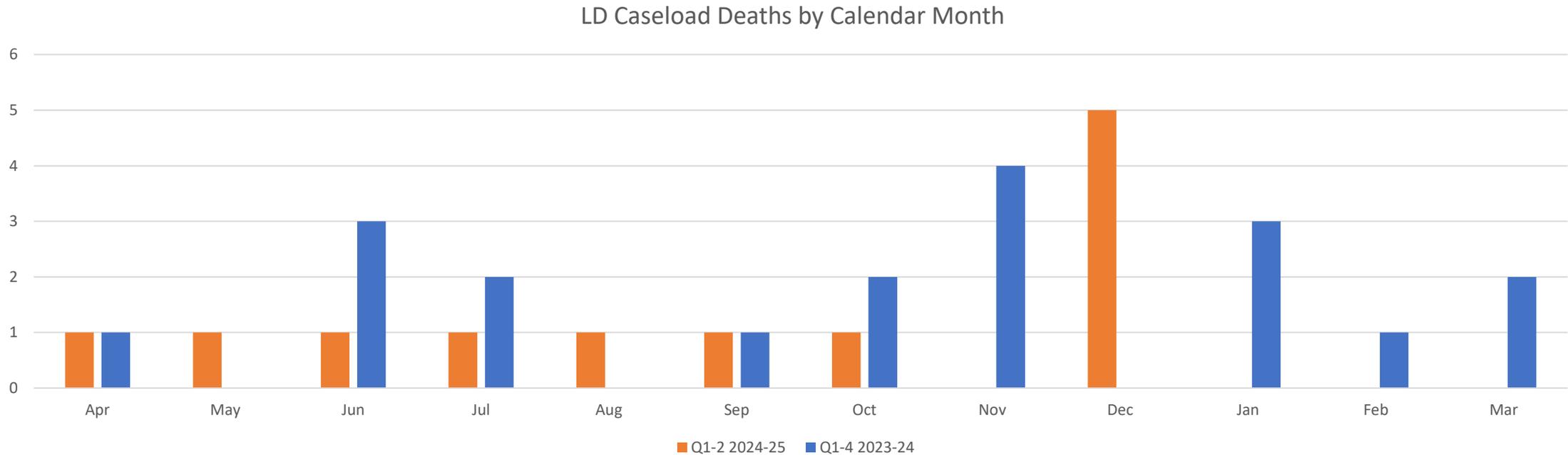
During Q3 2024/5 there were 61 deaths in Community Hospitals (CH) and Charlton Lane Hospital (CLH) combined. (177 for Q1-3 in total). Death rates in the chart below are given per 1000 occupied bed days. Comparison with rates observed in Q1-4 2023/24 are also shown, wherein there were 254 inpatient deaths in total for the whole financial year



Patient Confirmed/Suspected Suicides (Excluding those with a primary diagnosis of dementia and those on the MHICT caseload)

During Q3 2024-25, there were 0 patient deaths by suspected suicide.

Learning Disability Patients Deaths per Month



- During Q1,Q2 & Q2 2024-25, there were 12 deaths of patients open to trust Learning Disability (LD) caseloads. Deaths per month are shown above with comparison to Q1-4 2023-24 figures, wherein there were 19 LD caseload deaths in total.
- All deaths have been referred to LeDeR for review.

Medical Examiner KPI's	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2024-25 YTD
Number of deaths generating Medical Certificate of Cause of Death(MCCD) resolved with the input of the ME service													
Number	64			52			64						
Number of times a MCCD is rejected by Registrar and reason this occurs	0			0			0						
Number of referrals to the Coronial Service													
Number	2 patients were investigated for Inquest without autopsy due to unnatural events. 4 x Form 100As issued re part 2 of the cause of death on the MCCD.			2 patients referred to HMC, one due to trauma related death, the other for postmortem as cause of death was unclear.			2. Both cases were referred for a post mortem because the cause was unclear.						
Complaints made by bereaved relatives due to perceived delays to completion and release of MCCD (end to end timescales examined)	0			0			0						



Gloucestershire Health and Care
NHS Foundation Trust

AGENDA ITEM: 09.1/0524

Quality Dashboard 2024/25

Appendix 4 Summary of Quality Priorities .

Priority	Description	Status 24/25
1	<ul style="list-style-type: none"> Tissue Viability (TVN) - with a focus on reducing performance through improvement in the recognition, reporting, and clinical management of chronic wounds. 	Following non implementation of the Wound Care App last year the workstream has progressed at pace however the roll out will now commence in April 2025.
2	<ul style="list-style-type: none"> 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. 	Objectives expected to be met and workstreams to carry forward.
3	<ul style="list-style-type: none"> Falls prevention – with a focus on reduction in medium to high harm falls within all inpatient environments based on 2021/22 data. 	At this stage it would be prudent to manage expectations and raise the issue that the full roll out of the falls plan will most likely not be achieved by March 2025 and implementation will run over into next year.
4	<ul style="list-style-type: none"> 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. 	Progress being made to mee the objectives and workstreams to carry forward. Apart from the Essential to role Training which is now part of a wider review.
5	<ul style="list-style-type: none"> Friends and Family Test (FFT) – with a focus of building upon the findings of the 22/23 CQC Adult Community Mental Health Survey action plan. 	Progress being made to meet the objectives and workstreams to carry forward.
6	<ul style="list-style-type: none"> Reducing suicides – with a focus on incorporating the NHS Zero Suicide Initiative, developing strategies to improve awareness, support, and timely access to services. 	Progress being made to meet the objectives and workstreams to carry forward.
7	<ul style="list-style-type: none"> Reducing Restrictive Practice – with a focus on continuing our strategy in line with the Southwest Patient Safety Strategy to include restraint and rapid tranquilisation. 	Progress being made to meet the objectives and workstreams to carry forward.
8	<ul style="list-style-type: none"> Learning disabilities – with a focus on developing a consistent approach to training and delivering <i>trauma informed</i> 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. 	Progress being made to meet the objectives and workstreams to carry forward.
9	<ul style="list-style-type: none"> Children’s services – with a focus on the implementation of the SEND and alternative provision improvement plan. 	Progress being made to meet the objectives and workstreams to carry forward.
10	<ul style="list-style-type: none"> Embedding learning following patient safety incidents – with a focus on the implementation of the Patient Safety Improvement Plan. 	Progress being made to meet the objectives and workstreams to carry forward.
11	<ul style="list-style-type: none"> Carers – with a focus on achieving the Triangle of Care Stage 3 accreditation. 	Stage 3 will not be achieved this year – will carry forward.

REPORT TO: TRUST BOARD **PUBLIC SESSION – 27 March 2025**

PRESENTED BY: Sandra Betney, Director of Finance and Deputy CEO

AUTHOR: Chris Woon, Deputy Director of Business Intelligence

SUBJECT: **Quality & Performance Dashboard Feb 2024/25 (Month 11)**

If this report cannot be discussed at a public Board meeting, please explain why.	
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This report is provided for:

Decision Endorsement Assurance Information

The purpose of this report is to

This quality and performance dashboard report provides a high-level view of performance and quality indicators in exception across the organisation. Activity covers the period to the end of February (Month 11 2024/25). Where performance is not achieving the desired threshold, operational service leads are prioritising appropriately to address issues. Service led Operational & Governance reports are presented to the operational governance forums and more widely account for performance indicators in exception and outline service-level improvement plans. Data quality progress will be more formally monitored through the Patient Records Quality Group.

Recommendations and decisions required

The Board are asked to:

- Note the Quality and Performance Dashboard Report for February 2024/25 as a **significant level of assurance** that the Trust's performance measures are being met or
- Appropriate service improvement action plans are being developed or are in place to address areas requiring improvement

Executive summary

Business Intelligence Update

Business Intelligence summary updates are presented on page 1.

Chief Operating Officer & Director of Nursing, Therapies & Quality Perspective

Executive Updates are presented on pages 2&3 of the performance dashboard.

Performance Update

The performance dashboard indicators are presented from page 4 within the Board's four domain format (*to note, the Operational Domain is only presented to Resources Committee but is reviewed at BIMG for each period*). The Board's Performance Dashboard offers a lighter commentary format however members can be assured detailed exception narrative is reviewed within BIMG for each period. Integrated Urgent Care Service (IUCS) indicators are now incorporated within relevant domains.

- **Nationally measured domain** (under threshold)

There were 8 indicators in exception this month; 6 IUCS and 2 Adolescent Eating Disorders.

- **Specialised & directly commissioned domain** (under threshold)

3 health visiting indicators (S02, S04 & S09) were slightly behind their thresholds for the period.

- **ICS Agreed domain** (under threshold & outside of statistical control rules)

There were 2 indicators reported in exception for the period covering CYPS LD assessment waits (L04) and Eating Disorders assessment waits (L07).

- **Board focus domain** (under threshold & outside of statistical control rules)

7 indicators were in exception for the period;

- B01 Care Programme Approach - formal review within 12 months
- B17 Pressure Ulcers
- B19 MH PICU Inpatients Length of Stay
- B20 MH Older Adult Inpatients Length of Stay
- B24 PH CATU Length of Stay
- B25 PH Stroke Rehab (Vale) Length of Stay
- B30 Trust Sickness Absence rate

- **Performance to note**

There are sometimes indicators that are not formally highlighted for exception, but they are useful for Board's wider awareness. These indicators are all routinely monitored by operational and support services within the online Tableau reporting portfolio and discussed in more detail within BIMG to evaluate trends. This month these highlights (from pg11) focus on IUCS activity:

- Improvement and compliance in the Proportion of calls abandoned (N44)
- High performance with two indicators which monitors the calls that initially are given an ambulance disposition (N51) or ETC disposition (N52) that receive remote clinical intervention.
- N48, M49 and L23 indicators that require further data validation and development before accurate reporting can be monitored

Risks associated with meeting the Trust's values

Where appropriate and in response to significant, ongoing and wide-reaching performance issues; an operationally owned Service led Improvement Plan which outlines any quality impact, risk(s) and mitigation(s) will be monitored through BIMG.

Corporate considerations

Quality Implications	The information provided in this report can be an indicator into the quality-of-care patients and service users receive. Where services are not meeting performance thresholds this may also indicate an impact on the quality of the service/ care provided. Data quality measures were introduced in 2023/24 and will be monitored through the Clinical & Corporate Records Group.
Resource Implications	The Business Intelligence Service works alongside other Corporate service areas to provide the support to operational services to ensure the robust review of performance data and co-ordination of the combined corporate performance dashboard and its narrative.
Equality Implications	Equality information is monitored within BI reporting. The font size of the report was increased in March 2024.

Where has this issue been discussed before?	BIMG on 21/03/2025
Appendices:	<i>None</i>
Report authorised by: Sandra Betney	Title: Director of Finance

Quality & Performance Dashboard Report

Aligned for the period to the end February 2025 (month 11)

In line with the Quality & Performance Indicator Portfolio and the Trust's Performance Management Framework; this report presents performance indicators across four domains including **Nationally measured, Specialised & Direct Commissioning, ICS Agreed** and **Board Focus** domain. The (fifth) **Operational** domain is only presented to Resources Committee (not Board) however is always reviewed within the monthly Business Intelligence Management Group (BIMG). The new **Integrated Urgent Care Service (IUCS)** KPIs are now presented within the relevant National and Locally Agreed domains.

In support of these metrics a monthly Operational Performance & Governance summary (with action planning, where appropriate) is routinely presented to the Business Intelligence Management Group (BIMG) alongside specific service level improvement plans. Examples over the last few months include Perinatal, Eating Disorders, Occupational Therapy, CYPS & Adult SaLT and CYPS Physio. Operational performance measures for Community PH (ICT and Podiatry) and MH Social Work are due to be presented to BIMG next. An operationally led Patient Record Quality Group also reports into BIMG.

Quality & Performance Dashboard Summary

An Executive level observation of operational performance and quality assurance is provided within the Executive statement ([on pages 2&3](#)), which has been written by the Trust's *Chief Operating Officer* and supported by the *Director of Nursing, Therapies & Quality (NTQ)*.

The Dashboard itself ([on pages 4-11](#)) provides a high level view of Performance Indicators in exception across the organisation for the period. Indicators within this report are underperforming against their threshold or are showing special cause variation (as defined by Statistical Process Control SPC rules) and therefore warrant escalation and wider oversight. To note, confirmed data quality or administrative issues that are being imminently resolved will inform any escalation decision unless there has been consecutive, unresolved issues across periods. A full list of all indicators (in exception or otherwise) are available to all staff within the dynamic, online server version of this Tableau report. All services are using this tool, alongside their operational reporting portfolios to monitor wider performance.

Where performance is not achieving the desired results, operational service leads are prioritising appropriately to address issues. Additionally, where appropriate and in response to significant, ongoing and wide-reaching performance issues a single performance improvement plan is held at Directorate level to outline the risks, mitigation and actions. Areas of note are presented at the end of the report on [page 12](#) entitled '[Performance to note](#)'. This section acknowledges either positive progress, possible areas for close monitoring, methodology or data quality updates, or offer context to wider indicators that may be in exception.

Business Intelligence Summary Update

Operational planning guidance publications have set out key areas for the system in 2025/26. Services are supporting Systems and Trust planning to monitor and contribute to these ambitions and productivity opportunities. In addition a Joint Forward Plan is being drafted for the ICS. Work continues to improve the operational governance within the Trust, alongside improvement plans for Trustwide integrated reporting. The Performance Management Framework and Trust KPI Portfolio will be reviewed and updated in Quarter 1 2025/26.



Executive Statement

Sarah Branton, Chief Operating Officer (COO) & Nicola Hazle, Director of Nursing, Therapies and Quality

o Advise

- Adolescent Eating Disorders routine referral to NICE treatment start within 4 weeks/Adolescent Eating Disorders urgent referral to NICE treatment (N11, N12) – recovery plans have been discussed at the Business Intelligence Management Group (March 2025). An internal six month service efficiency process has commenced, with a number of risk mitigations in place. Recruitment plan in place with interview and start dates set against each vacancy. Triage process under review in partnership with VCSE.

- Integrated Urgent Care Service speed to answer calls, call answer time, proportion of calls allocated the first service time offered by the directory of services, caller booked into GP practice or IUC Treatment Centre (N45 to N55) – a number of key indicators are in exception. A summary of some of the actions being taken to address these are: progressing actions with IC24 to address call performance, collaborative recovery plan in place with IC24 involving Pharmacy First which aims to improve the pharmacy DoS selection, working with ICB primary care leads regarding availability of bookable slots.

o Assure

- 72 hour follow up (N03) – achieved in February 2025. Learning event held with key stakeholders to understand why this measure had not been met. A clear process, which includes visual aids have been agreed to ensure patients are followed up. Daily reviews of this measure are now undertaken to ensure appropriate follow up.

- Length of stay in mental health inpatient settings (B18 – B22). A number of processes have already been put in place, including purpose of admission and red to green. This work will follow a clinically led quality improvement approach to engage with staff/services, identify ideas and agree the outcomes required to improve this measure.

- Podiatry (routine referrals is 82.3% against 95%), (O04) (risk 491). Recovery plan in place which includes effective triage, advice and guidance and recruitment including apprenticeship pipeline. Trajectory for recovery is August 2025.

- MSK Physiotherapy and Podiatry - Community appointment days being trialled. These provide a comprehensive range of MSK services, including assessments, advice, health promotion, rehabilitation, community and voluntary sector support, all in a non-medicalised environment. The aim is to move beyond a focus on individual health conditions by focusing on what matters to each individual and give people the tools to manage their own health. Our plan is to see up to 300 patients per day with significant reductions in follow ups and high satisfaction from patients and staff alike. Trial events are due to take place in Stroud and Cirencester by the middle of April with a robust evaluation planned to establish the impact on performance and patient satisfaction.

o Alert

- CATU (B24 PH CATU % of discharges within length of stay threshold) – An internal review has commenced to understand the CATU clinical model and how it meets the needs of our population. This will report in May 2025.

- Core CAMHS treatment (no current KPI) - A recovery plan is in place. Data analysis demonstrates improvements in very long waits. The trajectory was originally March 2025, a new trajectory is being determined. Actions in progress are additional demand and capacity work, clear job planning for clinicians, balancing capacity between assessment and treatment.

o Applause

- Supervision in community hospitals – following the focus on clinical supervision to improve this measure, there has been an improvement on the previous month.



Executive Statement

Sarah Branton, Chief Operating Officer (COO) & Nicola Hazle, Director of Nursing, Therapies and Quality

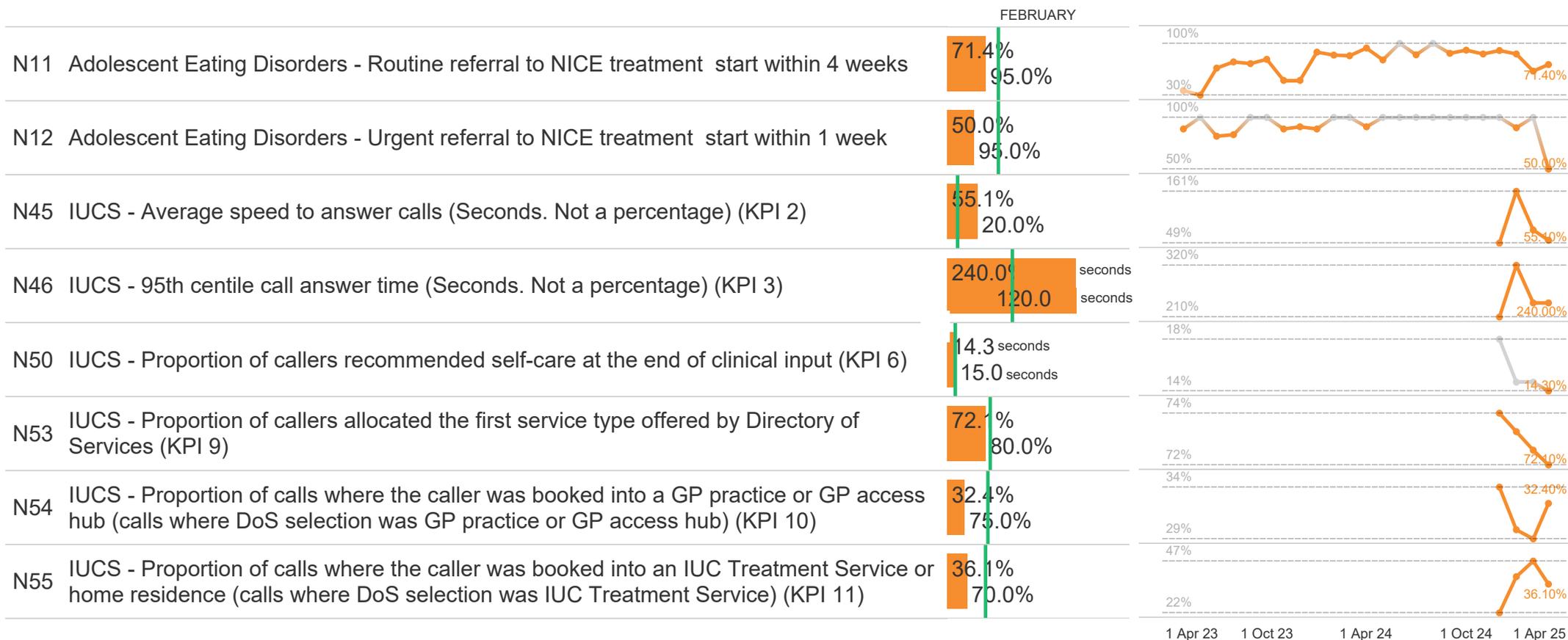
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- IUCS (N51 Cat 3 and Cat 4 ambulance disposition) – validation continues to perform well beyond compliance at 96.6%.
- Montpellier Ward – “Bored Board”, created with service users to listen to their feedback. This has led to improvements in ward environment and service user experience.
- IUCS and MIU – task and finish group in place to complete joint case reviews and learn together on how to improve the pathway. This has enabled a slight reduction in the inappropriate attendances.
- Children’s Physiotherapy – achievement of 100% against clinical supervision.
- Open Access Therapeutic Service – in partnership with Kingfisher Treasure Seekers. This is a peer therapy group for people with complex emotional needs. The review of our first year shows that for those who have attended a 28% reduction in GP attendances and a 62% reduction in contact with crisis teams.

KPI Breakdown

■ Compliant
 ■ Non Compliant

National Contract Domain



Performance Thresholds not being achieved in Month - Note all indicators have been in exception previously in the last twelve months.

N11 - Adolescent Eating Disorders - Routine referral to NICE treatment start within 4 weeks

February performance is reported at 71.4% against a performance threshold of 95.0%. There were 2 patients not treated within 4 weeks in February out of 7. Statistical process control is not used for this KPI due to the small number of cases.

Attempts were made to offer appointments for the 2 patients within 4 weeks of referral, but these were declined by the parent/carer.

Narrative continued on next page...

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The service continues to focus on offering all routine adolescent patients an assessment within 28 days of the referral. In most instances the clinicians leading the assessment can provide treatment to then enable patient and families to progress with a plan until the patient is assigned a clinician for continued treatment.

At the end of February there were 40 routine adolescent patients with an assessment completed that were waiting for treatment to commence. A decrease from January at 48.

In the latest national data (MHSDS) for October to December 2024, GHC achieved 75.0%, which is lower than the England average of 81.9%.

N12 - Adolescent Eating Disorders - Urgent referral to NICE treatment start within 1 week

February performance is reported at 50.0% against a performance threshold of 95.0%. There was 1 patient not treated within 1 week in February out of 2. Statistical process control is not used for this KPI due to the small number of cases.

There were multiple attempts to contact the patient to start treatment, with the first appointment booked in 6 days of referral. However, the patient did not attend the appointment.

In the latest national data (MHSDS) for October to December 2024, GHC achieved 94.0%, which is higher than the England average of 80.8%.

N11 & N12 note: This set of indicators has a Service Improvement Plan and is on the Performance Governance Tracker. This is on the risk register ID 149 (Score 16).

N45 - Average speed to answer calls (Seconds. Not a percentage)]

Average speed to answer calls in February is non-compliant at 55 seconds against threshold of 20 seconds. However, this is another consecutive improvement from 77 seconds in January 2025 and 161 seconds in December 2024.

N46 - 95th centile call answer time (Seconds. Not a percentage)

The 95th centile call answer time for February is non-compliant at 240 seconds against a 120 second threshold, remaining steady since January 2025.

N45 & N46 note: Total calls answered in February were 17% higher than the ICB forecast. 17,135 calls answered against a forecast of 14,648. Weekly operational meetings between the service and IC24 have been set up to address call performance.

N50 - Proportion of callers recommended self-care at the end of clinical input

Proportion of callers recommended self-care was below the threshold of 15% at 14.3% for February (January was 15%). The service are monitoring all recommendations with an aim to optimise final recommendations given to callers, of which appropriate usage of the self-care recommendation forms a key subset. 15% is an anticipated level for self-care recommendations.

N53 - Proportion of callers allocated the first service type offered by Directory of Services

Allocation of first DoS (directory of services) selection was non-compliant for February at 72% against a threshold of 80% (January was 73%). There is a collaborative recovery plan in place with IC24 involving pharmacy first. This aims to improve compliance with pharmacy DoS selections.

Narrative continued on next page...

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N54 - Proportion of calls where the caller was booked into a GP practice or GP access hub (calls where DoS selection was GP practice or GP access hub)

GP DoS booking performance is at 32% against 75% threshold, a slight improvement from January at 29%. Work continues with ICB primary care leads regarding availability of bookable slots.

N55 - Proportion of calls where the caller was booked into an IUC Treatment Service or home residence (calls where DoS selection was IUC Treatment Service)

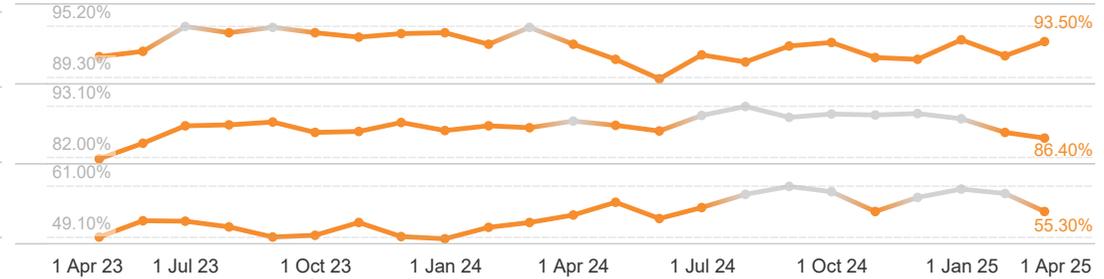
IUC Treatment Service (OOH service) performance has declined since January 2025, at 36.1% for February compared to 47.2% for January, against a 70% threshold. This performance is under reported due to recording changes whilst following intended surge protocols, wherein patients are streamed to OOH outside of the DoS selection booking process. These patients are still overseen by the CAS clinician to determine if presentation is appropriate for a face to face OOH appointment.

KPI Breakdown

Non Compliant

Specialised Commissioning Domain

		FEBRUARY	
S02	% of live births that receive a New Birth Visit within 7- 14 days by a Health Visitor	93.5%	95.0%
S04	% of children who received a 9-12 month review by the time they turned 12 months	86.4%	90.0%
S09	% of infants being totally or partially breastfed at 6-8wks(breastfeeding prevalence)	55.3%	58.0%



Performance Thresholds not being achieved in Month - Note all indicators have been in exception previously in the last twelve months.

S02 - % of live births that receive a New Birth Visit within 7- 14 days by a Health Visitor

Performance in February is 93.5% (January was 91.9%) compared to a threshold of 95.0% with 28 out of 433 babies not seen within 14 days. Performance is within normal variation.

NICU admissions and hospital re-admissions consistently continues to be the primary factor behind babies not being seen on time.

S04 - % of children who received a 9-12 month review by the time they turned 12 months

Performance in February is 86.4% (January was 87.6%) compared to a threshold of 90.0% with 65 out of 478 infants not seen within 12 months. Performance is within normal variation.

17 of the exceptions were where the parents re-arranged the appointment to an out-of-timeframe date. 25 exceptions were due to patients not attending their appointment A home visit scheme will commence in March to address first-time non-attendees and improve uptake.

S09 - % of infants being totally or partially breastfed at 6-8wks(breastfeeding prevalence)

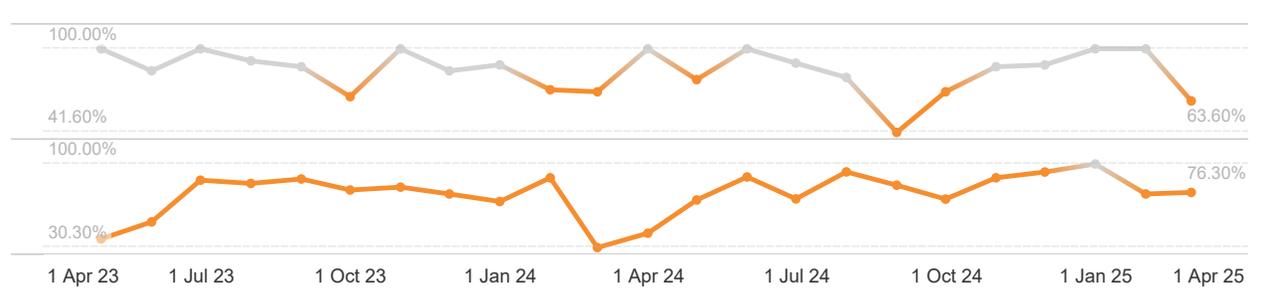
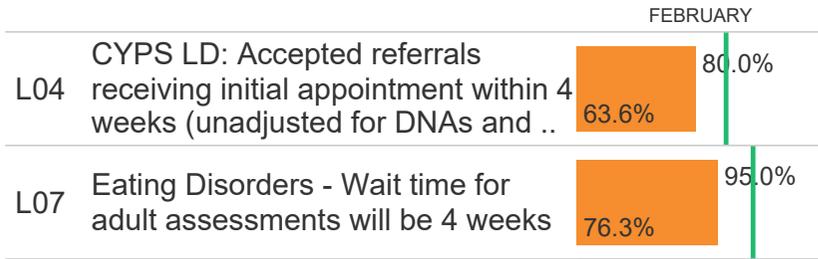
Performance in February is 55.3% (January was 59.3%) compared to a threshold of 58.0% with 196 out of 439 babies recorded as not being totally or partially breastfed at 6-8 weeks. Performance is within normal variation.

This is the first time since October 2024 that the KPI has been below threshold. It has been reported that performance has been adversely affected by staffing-capacity pressures across hospital Midwifery teams.

KPI Breakdown

Non Compliant

ICS Agreed Domain



Performance Thresholds not being achieved in Month - Note all indicators have been in exception previously in the last twelve months.

L04 - CYPS LD: Accepted referrals receiving initial appointment within 4 weeks (unadjusted for DNAs and Cancellations & excluding Group work)

February performance is reported at 63.6% against a performance threshold of 80%. There were 4 non-compliant cases out of 11. This is a decrease in performance compared to 100% in January 2025, Numbers are too few to use Statistical Process Control with this indicator.

L07 - Eating Disorders - Wait time for adult assessments will be 4 weeks

February performance is reported at 76.3% against a 95.0% threshold. There were 9 patients not assessed within 4 weeks in February out of 38. Statistical Process Control is not used for this KPI as performance is too variable.

Due to the length of time patients have been on the waiting list, performance is currently expected to be below the threshold until the waiting list tail can be recovered. The number of adults waiting for assessment at the end of February was 63, a decrease from January at 66.

All attempts are made to offer patients an assessment within 4 weeks. Self-help guidance is provided as appropriate and is recorded as a treatment start in line with relevant SNOMED coding for referrals following triage via a phone call.

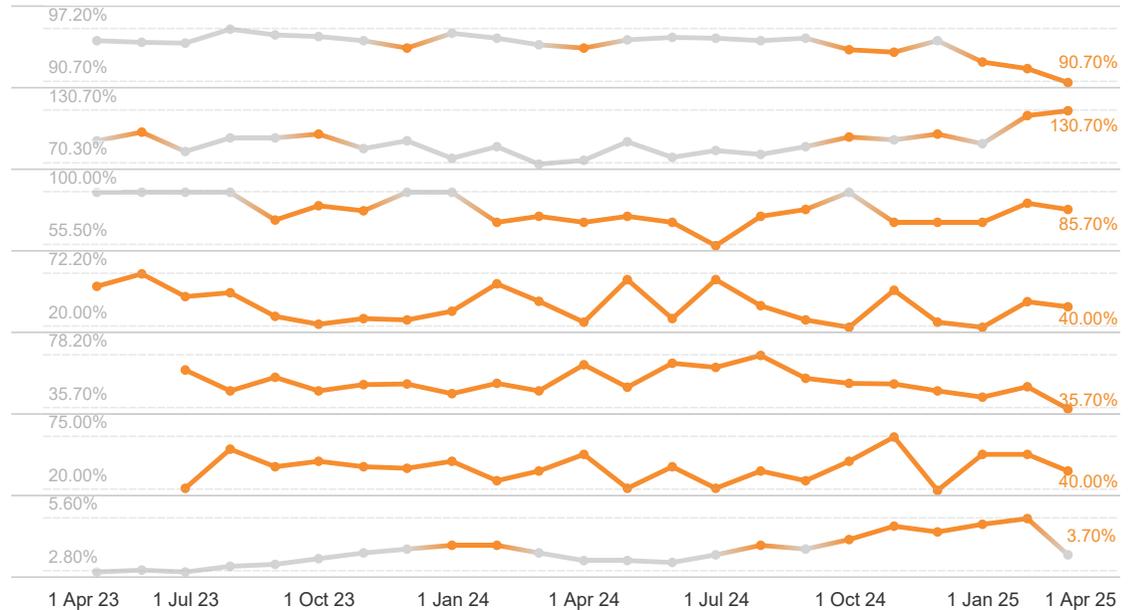
This set of indicators has a service improvement plan and is on the performance governance tracker. This is on the risk register ID 149 (score 16).

Narrative continued on next page...

KPI Breakdown

Board Focus Domain

		FEBRUARY	
B01	Care Programme Approach - formal review within 12 months	90.7%	95.0%
B17	Total number of pressure ulcers developed whilst receiving care by GHC	130.7%	100.0%
B19	MH PICU Inpatients - Percentage of discharges within LOS threshold (61 days)	85.7%	95.0%
B20	MH Older Adult Inpatients - Percentage of discharges within LOS threshold (70 days)	40.0%	95.0%
B24	PH CATU - Percentage of Discharges within LOS Threshold (10 days)	35.7%	95.0%
B25	PH Stroke Rehab (Vale) – Percentage of discharges within LOS Threshold (42 Days)	40.0%	95.0%
B30	Sickness absence average %	4.0%	3.7%



Performance Thresholds not being achieved in Month - Note all these indicators have been in exception previously in the last twelve months.

B01 - Care Programme Approach - formal review within 12 months

February performance is reported at 90.7% against a performance threshold of 95.0%. There were 77 patients reviewed after 12 months in February. Performance is a low outlier and outside of normal variation.

Most of the patients that were reviewed after 12 months are within the Recovery teams and eating disorder teams. There are operational pressures, with staff sickness and vacancies.

Patients are being seen regularly and their care reviewed within appointments. Staff are being encouraged to use my care plan and do 6-month reviews.

B17 - Total number of pressure ulcers classification

February 2025 data has not been fully validated so Pressure Ulcer (PU) classification is highly likely to alter after review. It should be acknowledged that there are factors such as patient compliance and equipment availability that can result in an increase in reported PU's. Physiological tissue changes experienced at a persons end of life may also result in a PU developing and therefore the number of EoL patients across the Trust should also be considered when analysing this data.

Narrative continued on next page...

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A Quality deep dive review of community nursing was presented to Quality Committee by HOP community Nursing & DSD ICT in January 25. It was requested to review the approach to reporting data, rather than a focus on PU incidence, this has been agreed. In February there were 119 pressure ulcers developed whilst receiving care by GHC (in January there were 114) compared to a threshold of 91. Performance is above normal variation.

There is a nationally recognised risk of incidence and prevalence of pressure ulcers. Increases in reported category 1 and 2 pressure ulcers corresponds to increases in caseload referrals in community nursing, but the data has not been triangulated. Tissue Viability specialists and Community Nursing colleagues have commenced a Quality Improvement (QI) project in March to explore the reasons behind this and understand how different approaches may reduce occurrence. QI tools will be used and a PDSA method employed.

A wound care app pilot is commencing in March in the Forest of Dean for 9 months and is expected to support triangulation as well as a visual dashboard of all wounds. This is expected to improve all wound care for patients in the locality.

Wording for the current risk, 114 – rating 9, is under review to reflect factors that adversely impact mitigation.

B19 - MH PICU Inpatients - Percentage of discharges within LOS threshold (61 days)

In February performance was 85.7% against a 95% target (January was 90.9%). Of the 7 patients whose PICU ward stay ended in January, 1 exceeded the 61 day threshold. The average LOS for PICU was 27.1 days (Jan was 29.8 days).

B20 - MH Older Adult Inpatients - Percentage of discharges within LOS threshold (70 days)

In February performance was 40.0% against a 95% target (January was 45.0%). The average LOS for a Older Adult wards was 86.4 days (Jan was 88.1 days). The maximum continuous LOS on an Older Adult Ward was 213 days (Jan was 258 days).

B24 - PH CATU - Percentage of Discharges within LOS Threshold (10 days)

In February performance was 35.7% compared to January at 53.3%. Average length of stay for all patients was 12.6 days.

18.9% of beddays were lost to patients having no criteria to reside (nCTR), with the highest percentage of days as nCTR for patients on Pathway 1 (22.7%). On average 2.5 days were added per length of stay due to nCTR. If patients were able to be discharged when they were clinically ready the average LOS would be 10.1 days and performance would rise to 61.5%.

Admission criteria to CATU is currently under review as well as the information available on the intranet for CATU admissions.

B25 - PH Stroke Rehab (Vale) – Percentage of discharges within LOS Threshold (42 Days)

In February performance was 40% (January was 57.1%), the average LOS for a stroke rehab patient was 51.3 days, compared to the threshold of 42 days, (January was 56.7 days).

15% of beddays were lost to patients having no criteria to reside in our beds, with the highest percentage of days as nCTR for patients on pathway 1 (21.0%). On average this equates to 6.4 days nCTR for all patients and 9.7 days nCTR for each P1 patient. If patients were able to be discharged when they were clinically ready the average LOS would be 36.2 days, performance would be 42.6%.

Narrative continued on next page...

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B30 - Sickness absence average %

Sickness absence rate in February 2025 was 3.6%, this does not include data from the e-rostering system (Allocate) because it is not available at the time of reporting however we predict it to be at 4.6% and above our normal variation control limit. For comparison, the reported sickness absence rate previously in January 2025, including e-rostering, was 5.6% (4.1% pre-Allocate contribution) compared to a threshold of 4%; this was also above normal variations.

Trust sickness absence historically increases over the Winter months and Jan 2025 shows a similar peak to Jan 2023 and Jan 2024. However, “Cold/ flu” as a reason for staff sickness was the highest level in January 2025 in 2 years since Covid. This is likely to be as a result of a much higher incidence of flu and RSV across England than we have seen since before the covid pandemic; and a low uptake of flu and covid staff and public vaccinations across Gloucestershire and the rest of England.

Positive performance areas

The following three performance indicators are not in exception but are highlighted for note as **positive** areas of performance:

- o **N44 - Proportion of calls abandoned (KPI 1)**

Abandoned calls are within compliance for February at 2.9% against a threshold of 3% (January was 4%). This improvement can be potentially attributed to weekly operational meetings between the service and IC24 which have been set up to address call performance.

- o **N51 - Proportion of calls initially given a category 3 or 4 ambulance disposition that receive remote clinical intervention (KPI 7)**

Category 3 and 4 ambulance validation continues to perform well beyond compliance at 96.6% against a threshold of 85%.

- o **N52 - Proportion of calls initially given an ETC disposition that receive remote clinical intervention (KPI 8)**

ETC validation is compliant for February at 83% against a local threshold of 75%. This performance is well beyond the national threshold which is set at 50%.

Indicators requiring further development

The Trust is unable to currently report an accurate picture for N48, N49 & L23 due to the data requiring validation. Updates have been implemented since January 2025 reporting, however further changes are required from IC24 before validation can be completed to ensure data is accurate. Meetings to resolve the issue are ongoing.

- o **N48 - Proportion of call backs assessed by a clinician in agreed timeframe under 20 minutes (KPI 5a)**
- o **N49 - Proportion of call backs assessed by a clinician in agreed timeframe over 20 minutes (KPI 5b)**
- o **L23 - Proportion of HCP calls that receive clinical consultation within 20 minutes (KPI 15)**

REPORT TO: TRUST BOARD **PUBLIC SESSION – 27 March 2025**

PRESENTED BY: Lavinia Rowsell, Director of Corporate Governance

AUTHOR: Anna Hilditch, Assistant Trust Secretary

SUBJECT: **BOARD COMMITTEE TERMS OF REFERENCE (TOR) REVIEW**

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

N/A

This report is provided for:

Decision

Endorsement

Assurance

Information

The purpose of this report is to:

Present the Trust Board with the outcome of the annual Board Committee Terms of Reference review.

Recommendations and decisions required

The Trust Board is asked to **ENDORSE** the proposed revisions to the TOR for the Board Committees, as highlighted within this report.

Executive summary

The Trust carries out an annual committee evaluation/self-assessment of performance which is considered good practice. Alongside this, a full review of the Committee terms of reference is carried out to take account of the outcome of the evaluation and to update in line with best practice. Some minor changes to the TOR have been made following this review.

An additional point in relation to seeking assurance around the use of Quality Equality Impact Assessments (QEIA) has been inserted into all Board level governance Committees. This is in response to a recommendation from the 2024 BDO internal audit on EDI. The addition is as follows:

- *Ensuring that Quality Equality Impact Assessments (QEIA) are considered and completed for those policy and procedural matters presented to the Committee for its consideration/approval.*

To confirm, those TOR that have been reviewed as part of this cycle include:

- **Great Place to Work Committee**
- **Charitable Funds Committee**
- **Resources Committee**
- **Quality Committee**
- **Audit & Assurance Committee**
- **Mental Health Legislation Scrutiny Committee**

The Audit & Assurance Committee reviewed its TOR at its meeting on 6th February. Some more significant changes were proposed, and these are therefore presented in full to the Board for approval.

A wider review of the Committee ways of working, to include a full review of membership and attendance, will be carried out during 2025/26. Any subsequent changes to the TOR as a result of this will be brought back to the Board, if required.

Risks associated with meeting the Trust’s values

Corporate considerations

Quality Implications

Resource Implications

Equality Implications

Where has this issue been discussed before?

The TOR have been received and considered at the individual Board Committees, and subject to minor amendments, these remain fit for purpose at this time and accurately reflect the roles and responsibilities of the Committee.

Appendices:

Board Committee TOR

- Audit & Assurance Committee

Report authorised by:
Lavinia Rowsell

Title:
Director of Corporate Governance / Trust Secretary

TERMS OF REFERENCE

AUDIT AND ASSURANCE COMMITTEE (v5)

1.	Purpose
1.1	The Audit and Assurance Committee will provide the Board of Gloucestershire Health and Care NHS Foundation Trust with an independent and objective review of its governance and assurance processes; including internal control, risk management, financial systems, financial information and compliance with laws, guidance and regulations governing the NHS.
2.	Membership
2.1	<p>Four Non-Executive Directors as core members, one of whom will be appointed Chair.</p> <p>Any other Non-Executive Trust Board Member, (except the Chair) may attend the meetings and would contribute to the quorum.</p> <p>At least one member of the Committee shall have recent, relevant financial experience and a relevant financial qualification.</p> <p>The Chair of the Board shall not be a member of the Committee but may attend by invitation. Executive Directors shall not be members of the Committee but may be invited to attend. The Chief Executive shall not be a member of the Committee but will be invited to attend to discuss the Annual Report, Annual Accounts and the assurance process for the Annual Governance Statement</p> <p><u>In attendance:</u> Director of Finance or deputy Local Counter Fraud Specialist at least twice a year Director of Corporate Governance or Deputy</p> <p>Internal Auditors (every meeting) External Auditors (minimum twice a year)</p> <p>At least once a year the Committee will meet privately with the external and internal auditors and the Local Counter Fraud Specialist, all of whom additionally have a right to direct access to the Chair of the Committee. The Local Counter Fraud Specialist will be entitled to attend every meeting of the Committee.</p>
2.2	Other Officers or Directors of the Trusts may attend at the discretion of the Chair.
3.	Quorum
3.1	Three Members.
4.	Reporting Arrangements
4.1	The Audit and Assurance Committee will update each routine Board meeting on its activity, highlighting decisions made, issues being progressed and concerns requiring further consideration or decision by the Board.
4.2	The Committee will report to the Board annually on its work in support of the Annual Governance Statement.

4.3	The Committee will advise any key issues or concerns which require consideration by another of the Board's committees. The Chair will work with the Chairs of other Board Committees to ensure that where there are apparent overlaps in the work of the Committees, which will inevitably arise from time to time, every effort is made to ensure that duplication of work is avoided.
5.	Powers
5.1	The Trust's Standing Orders, Standing Financial Instructions, Scheme of Reservation and Scheme of Delegation shall apply to the Audit and Assurance Committee.
5.2	The Committee is authorised to obtain any external legal or other independent professional advice it considers necessary.
5.3	The Committee is authorised to establish sub-groups, to which it can delegate specific tasks or functions, whose activities it will monitor through the groups minutes or reports depending on the tasks or functions undertaken. The Committee will approve the terms or reference of the sub groups.
6	Responsibilities
6.1	<p><u>Governance, Risk Management and Internal Control</u></p> <p>The Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives.</p> <p>In particular, the Committee will review the adequacy of:</p> <ul style="list-style-type: none"> • all risk and control related disclosure statements (in particular the Annual Governance Statement and, the Annual Report together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board) • the underlying assurance processes, including the Board Assurance Framework, that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements • the policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certification • the effectiveness of the arrangements in place by which staff may, in confidence, raise concerns, particularly the Freedom to Speak Up procedures • the policies and procedures for all work related to fraud and corruption • the systems to secure value for money • information governance and cyber security processes • the Trust's insurance arrangements • the operation of the Board's Committees to ensure that the Trust's governance responsibilities can be achieved <p>The Committee will maintain responsibility for the oversight of risk management across the Trust, oversee all risk management processes, including review of the Board Assurance Framework, the overarching Corporate Risk Register and other risks as determined by the risk stratification matrix to ensure their effectiveness.</p> <p>In carrying out this work the Committee will utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these functions. It will also seek reports and assurances from other committees, directors and managers as appropriate, concentrating on the overarching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness. This work should provide assurance that Board Committees adequately assure the Board that risks are appropriately managed</p>

	<p>The Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, where relevant to the governance, risk management and assurance of the organisation.</p> <p>These may include, but will not be limited to, any reviews by Department of Health and Social Care arm's length bodies or regulators/ inspectors (for example, the Care Quality Commission, NHS Resolution) and professional bodies with responsibility for the performance of staff or functions (for example, Royal Colleges, accreditation bodies).</p> <p>The Committee will seek assurance that Quality Equality Impact Assessments (QEIA) are considered and completed for those policy and procedural matters presented to the Committee for its consideration/approval.</p>
<p>6.2</p>	<p><u>Internal Audit</u></p> <p>The Committee shall ensure that there is an effective internal audit function established by management that meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the Audit and Assurance Committee, Chief Executive and Board.</p> <p>This will be achieved by:</p> <ul style="list-style-type: none"> • consideration of the provision of the Internal Audit service, the cost of the audit and any questions of resignation and dismissal, • review and approval of the Internal Audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the Assurance Framework • consideration of the major findings of internal audit work (and management's response), and ensuring co-ordination between the Internal and External Auditors to optimise audit resources • ensuring that the Internal Audit function is adequately resourced and has appropriate standing within the organisation • annual review of the effectiveness of internal audit, including independence and objectivity
<p>6.3</p>	<p><u>External Audit</u></p> <p>The Committee shall review the work and findings of the External Auditor and consider the implications and management's responses to their work.</p> <p>This will be achieved by:</p> <ul style="list-style-type: none"> • consideration of the performance of the External Auditor, including consideration of independence and objectivity • discussion and agreement with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the Annual Plan, and ensuring coordination, as appropriate, with other External Auditors in the local health economy • reviewing all External Audit reports, including agreement of the annual audit letter and any work carried outside the annual audit plan, together with the appropriateness of management responses. <p>The Committee will assist the Council of Governors to discharge its duties in respect of the appointment of the External Auditors.</p>
<p>6.4</p>	<p><u>Financial Reporting</u></p> <p>The Committee shall review the Annual Report and Financial Statements before submission to NHSE, focusing particularly on:</p>

	<ul style="list-style-type: none"> the wording in the Annual Governance Statement and other disclosures relevant to the Terms of Reference of the Committee changes in, and compliance with, accounting policies and practices unadjusted mis-statements in the financial statements major judgemental areas significant adjustments resulting from the audit <p>The Committee should also ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board. This will include:</p> <ul style="list-style-type: none"> recommending updates to the Trust's Standing Orders, Standing Financial Instructions, and Scheme of Delegation; monitoring compliance and approving any waivers approving any schedules of losses and non HR special payments. reviewing the schedule of debtor/creditor balances
6.5	Engagement Ensure effective on-going engagement and communication with all relevant internal and external stakeholders, including staff, service users, the public, the Integrated Care Board and other professional partners, as appropriate to the Committee's duties and remit.
7.	Frequency and Review of Meetings
7.1	The Committee will meet a minimum of five times per year
7.2	These Terms of Reference will be reviewed annually, with any change recommended to the Trust Board for approval following approval by the Audit & Assurance Committee. This review will include a self-assessment of its effectiveness in discharging its responsibilities as set out.
8.	Administration
8.1	The Trust Secretary will ensure appropriate support is provided to the Committee.

Version:	Date Approved:	Approved by:
Version 1	06/11/19	Approved by Audit and Assurance Committee
Version 1	28/11/19	Approved by Trust Board
Version 2	05/11/20	Approved by Audit and Assurance Committee
Version 2	25/11/20	Approved by Trust Board
Version 3	10/11/21	Reviewed and confirmed by Audit and Assurance Committee
Version 4	11/11/22	Approved by Audit and Assurance Committee
Version 4	24/11/22	Approved by Trust Board
Version 4	9/11/23	Reviewed by committee in 2024 – minor amends proposed.
Version 5	06/02/25	Reviewed by A&A Committee – minor amends proposed

REPORT TO: TRUST BOARD PUBLIC SESSION – 27 March 2025

PRESENTED BY: Rosanna James, Director of Improvement and Partnerships

AUTHOR: Julie Mackie, Head of Partnerships
Dominika Lipska-Rosecka, Service Development Manager

SUBJECT: WORKING TOGETHER ADVISORY COMMITTEE REVIEW

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

The purpose of this report is to:

Present the Board with an update of engagement to review and co-design the next iteration of the GHC Working Together Advisory Committee which includes a proposal for a new name, purpose, structure and function.

Recommendations and decisions required

1. **Note** the robust process used to co-create the approach over winter 24/25.
2. **Endorse** the recommended changes to the name, purpose, reporting, membership, and functions.
3. **Endorse** disestablishment of the Working Together Advisory Committee to be replaced by Working Together Network.
4. **Endorse** the recommendation to develop a parallel process for a Youth Voice approach.
5. **Note and endorse** the recommendation to use the Trust Strategy Refresh process in 24/25 to provide a clearer mandate for coproduction and the need to further explore performance metrics and cost implications.

Executive summary

Following recommendations from the WTAC meeting on 25th July 2024, the Board agreed with a proposal to pause the committee group to enable a comprehensive review of the purpose, function, and membership. A robust engagement approach was followed to co-create and agree preferences for model design, functions and features. For clarity, participants agreed that the current Working Together Plan, vision, aims and goals remain relevant, with annual measurable objectives to be developed further and to reflect the new features identified.

The refreshed working together model proposed seeks to build on the components that were working well, make improvements to shortfalls, and introduce new features to strengthen GHC's co-production approach. The approach is detailed on pages 5 and 6. Key features to note include:

- New name: **Working Together Network**
- The new model represents a next iteration working towards involving more people and communities as partners in driving improvement and decisions.
- Change to leadership, quoracy, & reporting. A joint chair (GHC Director I&P and Expert by Experience) will present an annual report against objectives.
- Roles NED's to be developed and agreed once VCSE NED is appointed.
- Development of new community out-reach and GHC in-reach features that will be developed into objectives and tasks.
- Development of a parallel process and governance for the GHC Youth Voice participation programme.
- Areas requiring further development are outlined and next steps identified.

The Trust Board is asked to **NOTE** and **ENDORSE** the proposed approach to disband the Committee and launch and develop the Network, to progress further work to explore performance metrics, and use the Trust Strategy Refresh process in 2024/25 to provide a clearer mandate for coproduction and any cost implications.

Risks associated with meeting the Trust's values

Aligns with the Trusts approach and strategic goal to embed a culture of working together with the people and communities we serve throughout the Trust.

Corporate considerations

Quality Implications	Governance process for a re-designed Working Together Advisory Committee to be considered.
Resource Implications	None identified
Equality Implications	A new model aims to improve equity – by increasing opportunity for community involvement and inclusion.

Where has this issue been discussed before?

- Trust Board – regular summary reports
- Council of Governors – presentation received at November meeting
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Report authorised by: Jan Marriot Rosanna James	Title: Non-Executive Director (WTAC Committee Chair) Director of Improvement and Partnerships
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RECOMMENDATIONS FOR A NEW WORKING TOGETHER APPROACH

1.0 INTRODUCTION

We know community-based transformation is at the heart of the 10-year plan to be released in May 2025. We understand that to deliver the Gloucestershire Integrated Care System strategy we need to collaborate with our partners and work in different ways with the communities we serve, to provide joined up patient centred care for our population. This is why it is important that we continuously improve our GHC working together approach.

Our Working Together Plan (2021-2026) outlines the GHC approach to how we listen to, involve, and work with people and communities we serve. Our ambition is to have a **Trust-wide culture of working together** with the people and communities we serve. Our aims are to:

1. **Inspire each other** by working together to make improvements that matter and make a difference to everyone we serve.
2. **Include everyone** by making it easy for all people and communities to have their say, get feedback and be involved in ways that suit them.

The Working Together Advisory Group was established in October 2022 as a mechanism to drive forward the Working Together Plan including: reporting on improvement, partnership and participation activity, highlighting best practice, and ensuring that co-production principles are implemented across the Trust. It became a Committee from April 2023 reporting directly to the Trust Board to advise, influence and organise activities to achieve the Trust's strategic goal to embed a culture of working together with the people and communities we serve throughout the Trust. Following recommendations from the WTAC meeting on 25th July 2024, the Board agreed a comprehensive review of the WTAC to ensure its format was fit for purpose.

2.0. COLLABORATION METHOD SUMMARY

Two workshops were held: October 17, 2024, involving WTAC core members; and 5th December 2024, included a broader group of stakeholders to gain deeper insights, and included voluntary and charity sector (VCS) partners, experts by experience, Trust Governors and operational service leads. The workshops co-produced the features and principles that we wanted to maintain, improve, and introduce. In March 2025, a survey and on-line discussion sessions were held to ratify the possible options.

3.0. THE WORKING TOGETHER APPROACH PROPOSED

The model proposed would replace the current committee structure and establish a network that reports to the Board annually. The aim is to further develop, test and evolve the structure and features identified towards a goal to **embed people and communities as partners** guiding GHC coproduction agendas to influence decisions that matter and make a difference to the population we serve. Notably workshop participants agreed that the **Working Together Plan (2021-26), ambition, aims, and goals are still relevant** with objectives refreshed and new ones developed from the new features identified.

The figure below describes the structure of the new working together approach:

Name	Working Together Network. This name represents the new energy and focus behind our approach – a group that is connected, dynamic, and open to communities, neighbourhoods, partnerships.
Purpose and function	A GHC public participation forum that contributes to GHC decisions, advises, and makes recommendations via the Director of I&P to the Trust Board about emerging issues gained from locality network insight, GHC in-reach partnership work, and community out-reach activity to contribute to improving experiences, health, and care of the population we serve. Provides an annual report about progress on the Trusts co-production strategic goals and GHC Working Together Plan objectives.
Co-Chair & Board reporting	A co-chair arrangement – an EBE (annual rotation) and GHC Director of Improvement and Partnerships - will present an annual working together report to the Trust Board. Relevant insights and learning from the Network will be feed through to Board by the executive director. A parallel approach will be developed for GHC Youth Voice .
Core Membership	Public membership: Increased representation of public representative and EbE’s, Public Governors, public members GHC colleagues (a representative from Quality, Operational, and Partnerships Directorates), and system partners. The role for GHC Chair and NED will be developed to support and embed the network structure and functions as appropriate.
Arrangements	Three annual meetings (2-3 hours depending on focus) - rotating MSTEams & in-person meetings - in-person at Edward Jenner Court or a community venue; rotate meeting time for in- and out- of office hours (e.g.2-4pm or 4.30-6.30pm). Potential for 2x annual workshops with additional participants: 1) Co-production and review of the working together plan objectives; 2) Better Care Together workshop – themed, sharing good practice, and collaboration focused.
2 x agenda items	1) Themed presentation e.g. information developed from community and Trust intelligence gathering to support deliberative discussion to develop action recommendations and/or contribute to GHC decision making. 2) Co-create themes and content for engagement activity.
Organisation	Agenda themes agreed & Trust Board updates by Co-chairs. Partnerships Team support meeting and workshop planning, annual report collation, and engagement activity coordination; Developing the ‘In-reach’ EbE and GHC Directorate coproduction partners may take time and requires clear role descriptions, training, and support networks.

For clarification, previous reporting e.g. engagement and inclusion activity, Expert by Experience programmes, participation and involvement activity, Personalised Care Approach implementation, etc, will be included in the annual report proposed as part of demonstrating progress on GHC strategic coproduction goals and Working Together Plan objectives.

The figure below shows core principles (purple) and new features (green) – please note these will take time to set up and subject to **development, testing, and review**.

<p>Strengthen how we involve communities and work with partners</p>	<p>We commit to involving and developing ways to work in partnership with the voluntary and charity sector and community groups to strengthen local health care options, promote early support & health equity.</p>
<p>Focus on fair and equitable health and care</p>	<p>We commit to hearing the voice of people and communities we serve to improve health and care access and availability with a focus on those that are marginalised and at risk of health inequalities by developing and working with existing or emerging partnerships, networks and forums.</p>
<p>Embed a culture of co-production in how we work everyday.</p>	<p>Disperse co-production remit to GHC leaders to embed and spread culture: Add coproduction to GHC internal meetings and committee agenda's; Establish GHC and EbE coproduction partner roles to explore improvement co-production opportunities & complete the maturity matrix to track progress to champion co-production and personalised care.</p>
<p>Developing community out-reach conversations.</p>	<p>Public Governor's are linked to localities and represent local issues. We will explore ways to increase listening and information sharing by attending existing community events and/or target a specific population or community (i.e. health condition groups, LGBTQIA+ community, ethnic group, etc.).</p>
<p>Include the voice of service users, patients, and carers.</p>	<p>GHC has an established patient experience process but this has not been previously connected to the working together approach. We will explore how we can include feedback (e.g. Friend & Family Test, complaints, and learning) to hear the voice of service users/patients & carers, to share with partners and inform local improvement activity.</p>
<p>Develop a parallel Youth Voice Approach</p>	<p>The GHC Youth Voice is established and supports participation from young people and connects with community Youth groups. We will develop a parallel process to provide updates and recommendations reflecting youth participation activity and objectives set out in the new strategic framework and to ensure equivalent time and representation of youth issues.</p>
<p>Explore ways to involve GHC Trust members.</p>	<p>Develop and test a Pulse-check survey with GHC members e.g. to gain insight about a GHC decision, presenting issues or business objective. Monitor number of members participating.</p>
<p>Know Your Patch community conversation</p>	<p>Locality based Know Your Patch events are facilitated by VCSE partners. We will request and support a local KYP to host a community health themed conversations to seek intelligence and opinion about GHC activity, local service delivery and local health needs.</p>
<p>Working together plan 'you said... together we did...' communication.</p>	<p>Explore how GHC can better communicate to people and communities so that they know we are listening, improving, and what is happening. Learning and collaborating with partners we will explore a public facing dashboard or mechanism, that shares information in a range of accessible and inclusive ways.</p>

4.0. AREAS FOR FURTHER DEVELOPMENT

The approach described seeks to evolve and develop over time and will be incorporated into the GHC Strategy refresh that will be launched internally over the next 6 months. There are areas requiring further exploration and we recommend using **the Trust Strategy Refresh process in 24/25 to provide a clearer mandate for coproduction, to explore performance metrics, and potential cost implications.**

- 1) The workshop participants identified that if GHC is to embed Trust-wide culture of working together with the people and communities we serve, coproduction will need to feature not only in the Working Together Network but as a wider trust ‘must do’ rather than a ‘nice to include’ activity, e.g. in all GHC committees and forums.
- 2) Currently in GHC, co-production activity involving of Experts by Experience (EbE) is funded by the budget of services requesting involvement. We will consider whether EbE resources need to be expanded and the benefits of staff training as co-production & personalised care champions.
- 3) Currently there are no agreed metrics for measuring co-production performance. We will work with partners to learn from good practice, develop metrics, and present recommendations. We will continue to test the GHC maturity matrix to understand where improvement activity can make a difference. Of note, GCC is currently leading a system wide Co-production Charter for Gloucestershire.
- 4) We need to explore how we can better engage with and enhance the connections between Gloucestershire’s network of forums and partnership boards to inform health and care improvement activity and learning.

5.0. NEXT STEPS

Action	Who
Launch the Working Together Network in JUNE 2025.	Partnership Team
Explore and develop a Youth Voice parallel process for approval (Aug 2025)	Children and Young People Service Director & Director of Improvement and Partnerships.

6.0. SUMMARY

To progress next steps and commence the development of the new structure and features of the Working Together approach, the Trust Board members are asked to endorse and or provide direction on the following:

1. **ENDORSE** the disbanding of the committee and confirm approval of the recommended changes to the name, purpose, reporting, membership, and functions.
2. **ENDORSE** the recommendation to develop a Youth Voice parallel process.
3. **ENDORSE** the recommendation to use the Trust Strategy Refresh process in 24/25 to provide a clearer mandate for coproduction and the need to further explore performance metrics and cost implications.

ASSURANCE REPORT TO BOARD

REPORT TO:	TRUST PUBLIC BOARD – 27 MARCH 2025
COMMITTEE:	AUDIT & ASSURANCE COMMITTEE – 6 FEBRUARY 2025
AUTHOR:	Trust Secretariat
PRESENTED BY:	Bilal Lala, Chair of Committee

ALERT: Alert to matters that require the Board’s attention or action, e.g. non-compliance, safety or a threat to the Trust’s strategy

Nothing to report.

ADVISE: Advise of areas of ongoing monitoring or development

The Committee **received** an update on the GMS sterilisation issue, and **noted** the material improvement. Ongoing review was requested by operational management and an assurance update would be provided to the Audit & Assurance Committee in six months’ time.

The Committee **received** the Procurement and Contract management Internal Audit and **noted** that this was scored moderate by design and limited for design effectiveness.

The principle of quarterly deep dives was **discussed** and **agreed** by the Committee to provide assurance from other Board Committees to the Audit and Assurance Committee.

ASSURE: Inform the Board where positive assurance has been achieved

The Committee **received** the Performance Appraisals Internal Audit, which was scored moderate for both design opinion and design effectiveness. The findings were referred to the GPTW Committee for a more detailed consideration.

The Committee **noted** the progress which had been made with the action plan developed in response to the internal audit on Directorate Governance (Operations) and were assured by the timelines proposed.

The Committee **noted** the External Audit Progress Report and Technical Update and were assured that the external audit plan for 2023/24 would be received ahead of the next Committee meeting.

The Counter Fraud, Bribery and Corruption team provided the National Procurement Local Proactive exercise and the Committee **noted** the positive assurance received.

The Finance Compliance Report was **received** and assurance was provided, noting the improvement made with the overall level of debt and age profile with marked reduction with long overdue. This was due to proactive intervention by the finance team.

The Committee **considered** the outcome of the annual evaluation of the Internal Audit function provided by BDO and noted the positive responses received. Executive colleagues would continue to work colleagues to ensure an understanding of internal audit process.

The Committee was **informed** of the new appointment of External Auditors Sumer NI who would commence work April 2025.

APPROVALS: Decisions and Approvals made by the Committee

The Committee **endorsed** the Audit and Assurance Committee Terms of Reference for onward approval by the Trust Board.

RISK & BOARD ASSURANCE FRAMEWORK (BAF) UPDATE

The Committee **received** the Board Assurance Framework and Risk Report for quarter three.

The change in ownership for the BAF risk 9: Cyber Risk from the Audit and Assurance Committee to the Resources Committee was noted. The Committee would receive an update on cyber assurance on 6 monthly basis from the Resources Committee.

CELEBRATE: Share any practice innovation or action that the committee considers to be outstanding

The Committee **noted** the progress made in closing the Internal Audit recommendations over the past quarter and **noted** the need to maintain focus on delivering to agreed dates, by ensuring achievable target dates were set.

ITEMS RECEIVED: The following items were received and discussed at the meeting

The Committee **noted** the follow summary reports:

- BEME Management Group
- Health & Safety & Security Management Group
- Information Governance Group

ASSURANCE REPORT TO BOARD

REPORT TO:	TRUST PUBLIC BOARD – 27 MARCH 2025
COMMITTEE:	GPTW COMMITTEE – 25 FEBRUARY 2025
AUTHOR:	Trust Secretariat
PRESENTED BY:	Sumita Hutchison, Chair of Committee

ALERT: Alert to matters that require the Board’s attention or action, e.g. non-compliance, safety or a threat to the Trust’s strategy

The Committee **received** the national Workforce Policy Update and **noted** the update on the Operational Planning Guidance publication, which outlined the national asks and people priorities for providers and commissioners. This focused on the following elements:

- Workforce Productivity
- Retention
- Health and Wellbeing
- Equality Diversity and Inclusion
- Sexual Safety

The Committee **received** the BDO Internal Audit Report on Performance Appraisals and discussed the key findings and how they triangulate with the staff survey results. Alternative approaches were being piloted. The wider implications would be reviewed further by the Leadership and Culture Programme, Executives and the Workforce Management Group.

ADVISE: Advise of areas of ongoing monitoring or development

A powerful staff story on reasonable workplace adjustments for disabilities was presented to the Committee and following the Committee discussion, it was **agreed** a task and finish group would be established to develop the documentation on the process for colleagues seeking reasonable adjustments within the workplace.

ASSURE: Inform the Board where positive assurance has been achieved

The Committee **received** the Performance Report – Workforce KPIs and **noted** the turnover rate for staff members in the last year who had been in post for less than a year; and also, the sickness and absence data. It was reported that anxiety continued to be the biggest cause of sickness. The Committee understood that there were some challenges that needed to be further understood at a team level.

The Committee **received** the embargoed Staff Survey Results for 2024 and would **review** further in a thematic way at the next Committee meeting.

The Committee **received** the first combined Gender, Ethnicity and Disability Pay Gap Report, which provided an update on the detailed, nuanced reporting capability to look at the banding at team level gender pay gap. This would be discussed with the diversity network groups and be expedited further at the next Committee meeting.

APPROVALS: Decisions and Approvals made by the Committee

The Committee **endorsed** the Gender, Ethnicity and Disability Pay statement, **noting** that this would be presented to the Trust Board in March for approval.

The Committee **agreed** that its Terms of Reference were fit for purpose, **noting** that a wider review of its ways of working would be carried out in the upcoming months.

RISK & BOARD ASSURANCE FRAMEWORK (BAF) UPDATE

The Committee **received** and **noted** the Risk Report for quarter three, and the Board Assurance Framework.

Risk ID	Risk Title	Comment	Current Score
Risk 3:	Recruitment and Retention	No change in risk score	12
Risk 4 & 9:	Internal Culture and Closed Culture Risks	The Committee was informed that these risks were under review and had a range of mitigations and action plans in place	16
Risk 10:	Workforce Transformation	No change in risk score	12

CELEBRATE: Share any practice innovation or action that the committee considers to be outstanding

The Committee **received** the Volunteer Strategy update and **recognised** the great voluntary work happening and being progressed across the Trust.

ITEMS RECEIVED: The following items were received and discussed at the meeting

- Workforce Management Group – Summary Report
- Joint Negotiating & Consultative Forum – Summary Report
- Integrated Reporting

ASSURANCE REPORT TO BOARD

REPORT TO:	TRUST PUBLIC BOARD – 27 MARCH 2025
COMMITTEE:	RESOURCES COMMITTEE – 26 FEBRUARY 2025
AUTHOR:	Trust Secretariat
PRESENTED BY:	Jason Makepeace, Chair of Committee

ALERT: Alert to matters that require the Board’s attention or action, e.g. non-compliance, safety or a threat to the Trust’s strategy

Constructive challenge about the risk to delivery given the capacity required for planning and financial compliance was discussed and referred on to the Executive team.

ADVISE: Advise of areas of ongoing monitoring or development

A full presentation was **received** on the Annual Operating Plan update ahead of being received by the Trust Board in March.

The Budget Setting 2025/26 update was **received** and **noted** ahead of budgets for Board approval in March.

ASSURE: Inform the Board where positive assurance has been achieved

The Committee **received** and **noted** the Cyber Security Assurance Report, noting that cyber risks were being appropriately managed with gaps in assurance noted.

The Committee **reviewed** the outcome of the review of the Committee’s effectiveness, noting areas for improvement.

APPROVALS: Decisions and Approvals made by the Committee

The Committee **received** the Finance Report for month 10 and **formally approved** the capital forecast, including the charge against capital allocations, the impact of the International Financial Reporting Standard (IFRS 16), and the total Capital Departmental Expenditure Limit (CDEL) charge.

The Committee **endorsed** the amendments to the previously approved Integrated Care System (ICS) Cyber Strategy.

The Committee **approved** the Resources Committee Terms of Reference.

RISK & BOARD ASSURANCE FRAMEWORK (BAF) UPDATE

The Committee **received** and **noted** the Quarter 3 Risk Report and was informed that the oversight responsibility for Digital / Cyber & Information Security Risks had been transferred from the Audit & Assurance Committee to the Resources Committee.

The Committee **received** and **noted** the Board Assurance Framework.

CELEBRATE: Share any practice innovation or action that the committee considers to be outstanding

The Committee **received** the Business Planning Report for quarter 3 performance and was informed that performance had exceeded expectations with 74% of milestones being completed, **noting** that there were significantly fewer red milestones at quarter 3 than the previous year.

ITEMS RECEIVED: The following items were received and discussed at the meeting

An update on the progress being made relating to theatres utilisation in Community Hospitals.

Performance Report – month 10 was **received** and **noted**.

A verbal update was provided on the month 10 System Finance Position & Deficit Risk Share.

Summary Reports of Management Groups:

- Business Intelligence Management Group
- Capital Management Group
- Community Mental Health Transformation
- Digital Group
- Strategic Oversight Group

ASSURANCE REPORT TO BOARD

REPORT TO:	TRUST PUBLIC BOARD – 27 MARCH 2025
COMMITTEE:	QUALITY COMMITTEE – 4 MARCH 2025
AUTHOR:	Trust Secretariat
PRESENTED BY:	Jan Marriott, Chair of Committee

ALERT: Alert to matters that require the Board’s attention or action, e.g. non-compliance, safety or a threat to the Trust’s strategy

The Committee **received** an update on Berkeley House and **noted** the progress made towards the section 31 notice being lifted. It was **noted** that some of aspects of delivery were not in the gift of the Trust, which may pose a risk.

GP training in Community Hospitals was raised in the Medical Education Annual Report, and that GP training placements would be at risk if there was not the right supervision in community hospitals. Further discussions would be held regarding the potential impacts of this.

ADVISE: Advise of areas of ongoing monitoring or development

The Committee was **advised** that an update on the Integrated Urgent Care Service (IUCS) was scheduled to be received at the next Committee meeting in May.

The Committee **received** a presentation on Rapid Tranquilisation – Benchmarking and **noted** that the Trust benchmarked high in usage of this and sought a greater understanding of the reasons for this.

The Committee **received** assurance from the Crisis Services briefing received and further discussions on Crisis Services was scheduled to be received by the Committee in July.

The Committee **received** the Quality Strategy 2021-26 which provided an update on the strategy work which had commenced and reflected on the update, and **agreed** that this needed to be more outcome and values focused.

ASSURE: Inform the Board where positive assurance has been achieved

The Committee **received** and **noted** the Medical Education Annual Report and was informed that even though it had been a challenging year in terms of delivering high quality medical education and training, the Trust had had a very successful year.

The Committee **received** the Sexual Safety Update – addressing sexual safety and sexual misconduct, and **considered** the plan proposed in the report. It was **noted** that this would also be received by the GPTW Committee.

APPROVALS: Decisions and Approvals made by the Committee

The Committee **received** and **reviewed** the Terms of Reference and **agreed** they were fit for purpose, **noting** that further amendments were required in regards to the Committee quoracy.

The Committee **received** and **approved** the Psychological Services Strategic Framework.

RISK & BOARD ASSURANCE FRAMEWORK (BAF) UPDATE

The Committee **received** and **noted** the Risk Report and Board Assurance Framework for quarter 3:

Risk ID	Risk Title	Current Score
Risk 1:	Quality Standards	12
Risk 9:	<i>Closed Culture Risks</i>	16

CELEBRATE: Share any practice innovation or action that the committee considers to be outstanding

The Committee was **informed** that the Trust remained on the top ten highest ranked NHS Trusts in England and Wales in terms of Resident Doctor and Trainer Satisfaction.

ITEMS RECEIVED: The following items were received and discussed at the meeting

- Clinical Issues Report
- Quality Assurance Group Summary Report

ASSURANCE REPORT TO BOARD

REPORT TO:	TRUST PUBLIC BOARD – 27 MARCH 2025
COMMITTEE:	CHARITABLE FUNDS COMMITTEE – 12 MARCH 2025
AUTHOR:	Trust Secretariat
PRESENTED BY:	Nicola de longh, Chair of Committee

ALERT: Alert to matters that require the Board’s attention or action, e.g. non-compliance, safety or a threat to the Trust’s strategy

Nothing to report.

ADVISE: Advise of areas of ongoing monitoring or development or where there is negative assurance

The Committee **received** a bid for art work at Pullman Court for a total of £12,600. The bid was for 25 pieces of art for Pullman Court, at £165 each. Although supportive of the project, the Committee **agreed** not to progress with the bid, **noting** that the artwork would be received on loan for a 3-year period from “Paintings in Hospital” rather than being owned outright. It was **agreed** that it would be beneficial to seek other co-production methods for the artwork, including engagement with local charities and service users. The opportunity for a photography competition could also be considered.

ASSURE: Inform the Board where positive assurance has been achieved

The Committee was **informed** that Microhive had been launched on social media and further promotions for this would commence in the upcoming weeks. An update would be brought to the next Committee meeting.

The Committee **recommended** continued membership of NHS Charities Together into 2025/26 at a cost of £775 for the year (payable by 1st April).

APPROVALS: Decisions and Approvals made by the Committee

Nothing to report.

CELEBRATE: Share any practice innovation or action that the committee considers to be outstanding

The Committee was **informed** that the Wotton Lawn garden project had received approximately £42,500 of grants and that the work would commence in April.

The Committee was **informed** that a grant of £7000 had been received from Severn Trent to develop a green space at Charlton Lane Hospital.

ITEMS RECEIVED: The following items were received and discussed at the meeting

- Charitable funds Committee Terms of Reference
- League of Friends and Forest of Dean Proposal