

Bundle Council of Governors 17 June 2025

- 0 Agenda
 - 0. COG Agenda 17 June 2025 draft v2
- 01 Welcome and apologies for absence
 - To receive apologies for absence and record the attendance of substitutes*
- 02 Declarations of Interest
 - Governors are reminded of their obligation to declare any interests relevant to items under consideration at the meeting.*
- 03 Minutes
 - To adopt and sign as a correct record the minutes of the public part of the meeting of the Council of Governors held on 16 April 2025*
 - 3. CoG Public Minutes 16 April 2025 v2
- 04 Action Tracker
 - To update the group on actions from previous meetings.*
 - 4. CoG Action Tracker - 17 June 2025 v2
- 05 Questions from the public and governors for discussion
 - To receive an update on questions and responses from Governors and members since the last meeting.*
 - 5. Question for the Board May-25
- 06 Report of the Chief Executive
 - Cara Charles-Barks, Chief Executive*
 - 6. CEO report COG Jun-25
- 07 Lead Governor Report
 - Natalie Titcombe, Lead Governor*
 - 7. Lead Governor Report v2
- 08.1 Engagement & Membership Working Group Assurance Report
 - Chris Callow, Governor Chair*
 - 8.1 Engagement and Membership Governor Assurance Report
- 08.2 People's Experience & Quality Working Group Assurance Report
 - Chris Shepherd, Governor Chair*
 - 8.2 People's Experience and Quality Governor Assurance Report 0625
- 08.3 Business & Planning Working Group Report
 - Ashish Channawar, Governor Chair*
- 09 Staff Survey
 - Angela Morris, Senior People Partner*
 - 9. Coversheet Staff Survey
 - 9. 2024 Staff Survey Results - Trust Level Presentation June 25
- 10 CQC Visits update
 - Luisa Goddard, Chief Nurse*
- 11 CoG Effectiveness Review
 - Caroline Coles, Company Secretary*
 - 11. Coversheet CoG Effectiveness Review
 - 11. COG Effectiveness survey results Feb-25 v2
- 12 Public Urgent Items (if any)
 - To consider any items the opinion of the Chair shall be accepted as items of urgent business in view of the special circumstances of each and the need for their consideration before the next meeting.*
- 13 Date of Next Meeting
 - The next meeting of the Council of Governors to be scheduled for 25 November 2025*

Council of Governors
Tuesday 17 June 2025, 1700 – 1900 hrs
MS Teams

AGENDA

Purpose			
Approve	Receive	Note	Assurance
To formally receive, discuss and approve any recommendations or a particular course of action	To discuss in depth, noting the implications for the Committee or Trust without formally approving it	To inform the Committee without in-depth discussion required	To assure the Committee that effective systems of control are in place

PAPER **BY** **ACTION** **TIME**

OPENING BUSINESS

- | | | | | | |
|-----------|---|--------|----|------------|------|
| 1. | Welcome and apologies for absence | Verbal | LC | - | 1700 |
| 2. | Declarations of Interest
<i>Governors are reminded of their obligation to declare any interests relevant to items under consideration at the meeting.</i> | Verbal | LC | - | |
| 3. | Minutes of the previous meeting
<i>To adopt and sign as a correct record the minutes of the public part of the meeting of the Council of Governors held on 16 April 2025.</i> | ✓ | LC | To approve | |
| 4. | Action Tracker
<i>To update the group on actions from previous meetings.</i> | ✓ | LC | To note | |

Assurance & Accountability

- | | | | | | |
|------------|--|---|-----|---------------|------|
| 5. | Questions from the public & governors for discussion
Caroline Coles - Company Secretary
<i>To receive an update on questions and responses from governors and members since the last meeting.</i> | ✓ | CC | To receive | 1710 |
| 6. | Report of CEO
Cara Charles-Barks, Chief Executive
<i>To provide an update on trust activities.</i> | ✓ | CCB | To note | 1720 |
| 7. | Lead Governor Report
Natalie Titcombe, Lead Governor
<i>To provide an update on governor activities.</i> | ✓ | NT | To note | 1735 |
| 8. | Governor Working Group Assurance Reports | | | | |
| 8.1 | Engagement & Membership Working Group Assurance Report
Chris Callow, Governor Chair
<i>To receive the Chair report of the Engagement & Membership Working Group held on 20 May 2025</i> | ✓ | CCa | For assurance | 1745 |

8.2	People's Experience & Quality Working Group Assurance Report Chris Shepherd, Governor Chair <i>To receive the Chair report of the People's Experience & Quality Working Group held on 9 June 2025.</i>	✓	CS	For assurance	1750
8.3	Business & Planning Working Group Report Ashish Channawar, Governor Chair <i>To receive the Chair report of the Business & Planning Working Group held on 21 May 2025.</i>	verbal	AC	For assurance	1755
Business Items					
9.	Staff Survey Angela Morris, Senior People Partner	Presentation	AM	To note	1800
10.	CQC visits update Luisa Goddard, Chief Nurse	Verbal	LG	To note	1815
Council of Governors - Governance					
11.	Council of Governors Effectiveness Review Caroline Coles, Company Secretary	✓	CC	To receive	1830
12.	Public Urgent Items (if any)	-	LC	-	1835
13.	Date of next meeting The next meeting of the Council of Governors is 25 November 2025.	-	LC	-	-
Exclusion of the Public and Press <i>The Council of Governors is asked to resolve that representatives of the press and other members of the public be excluded from the meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.</i>					
14.	Minutes of the previous meeting <i>To adopt and sign as a correct record the private minutes of the Council of Governors meeting held on 16 April 2025.</i>	✓	LC	To approve	1840
15	BSW Hospitals Group Joint Committee Briefing Report Liam Coleman, Trust Chair	✓	LC	For assurance	1845
16	BSW Hospitals Group Board to Board Seminar Briefing Liam Coleman, Trust Chair	✓	LC	For assurance	1850
17	Report from Nomination & Remuneration Committee Natalie Titcombe, Lead Governor	✓	NT	To approve	1855
18	Urgent Business (Private) – if any	-	-	-	1855

**MINUTES OF A MEETING OF THE COUNCIL OF GOVERNORS HELD IN PUBLIC
ON 16 APRIL 2025 AT 5:00PM
VIA MICROSOFT TEAMS/HILTON HOTEL**

Members Present:

Liam Coleman (LC)	Trust Chair
Natalie Titcombe (NT)	Lead Governor, Public Governor, Swindon Constituency
Chris Callow (CCa)	Deputy Governor, Public Governor, Wiltshire Central & Southern
Ashish Channawar (AC)	Public Governor, Swindon Constituency
Vivien Coppen (VC)	Public Governor Swindon Constituency
Judith Furse (JF)	Public Governor Swindon Constituency
Lesley Hemingway (LH)	Public Governor, Swindon Constituency
Sarah Marshall (SM)	Public Governor, Swindon Constituency
Cecelia Olley (CO)	Public Governor Swindon Constituency
Stephen Baldwin (SB)	Public Governor, West Berks and Oxfordshire
Emma Wiltshire (EW)	Staff Governor, Nursing & Therapy
Tony Pickworth (TP)	Staff Governor, Doctors & Dentists
Chris Shepherd (CS)	Staff Governor, Admin, Auxiliary & Volunteers
Sam Pearce-Kearney (SPK)	Appointed Governor, Wiltshire Council

In attendance

Lizzie Abderrahim (LA)	Non-Executive Director
Caroline Coles (CC)	Company Secretary
Luisa Goddard (LG)	Chief Nurse
Jude Gray (JG)	Chief People Officer
Bernie Morley (BM)	Non-Executive Director
Sharon Scott (SS)	Corporate Governance Assistant
William Smart (WS)	Non-Executive Director
Helen Spice (HS)	Non-Executive Director
Claire Thompson (CTh)	Chief Improvement & Partnerships Officer
Chris Trow (CT)	Associate Director of Strategy
Simon Wade (SW)	Chief Finance Officer
Jon Westbrook (JW)	Interim Managing Director
Claudia Paoloni (CP)	Non-Executive Director

Apologies

Faried Chopdat (FC)	Non-Executive Director
Stephen Haig (SH)	Acting Chief Medical Officer
Caroline Borishade (CB)	Staff Governor, Allied Health Professionals
Leah Palmer (LP)	Appointed Governor, New College
Cara Charles-Barks (CCB)	CEO
Benny Goodman (BG)	Chief Operating Officer
Jon Burwell (JB)	Acting Joint Chief Digital Officer
Ray Ballman (RB)	Appointed Governor, Wiltshire Council
Raana Bodman (RB)	Public Governor, Swindon Constituency
Julian Duxfield(JD)	Non-Executive Director

Matters Open to the Public and Press

Minute	Description	Action
01/25	Welcome and apologies for absence The Chair welcomed everyone to the meeting and announced that Lizzie Abderrahim, Non-Executive Director and Claire Thompson, Chief Officer of	

Improvement & Partnerships would be leaving the Trust and acknowledged their significant contributions to the Trust.

Apologies were noted as above

02/25 Declarations of Interest

There were no declarations of interest received.

03/25 Minutes

The minutes of the meeting of the Council of Governors held on 27 November 2024 were adopted and signed as a correct record.

04/25 Action Tracker

The Council of Governors received and considered the outstanding action list. It was noted that the first item on readmissions would be dealt with in the next item on the agenda.

The Council of Governors **noted** the report.

05/25 Questions from the public and governors for discussion

The Council of Governors received an update on the question raised by a governor with regards readmission rates. This was presented to Board on 9 January 2025 where it was confirmed that the rates were tracked at board level and that a deep dive into readmission rates had been undertaken following an internal action. This action was closed.

The Council of Governors **received** the report.

06/25 Report of the Managing Director

The Council of Governors received a verbal update from the Managing Director. The following were highlighted: -

- There was new lead for Freedom to Speak Up Guardian, Sonia McIver
- Launch of a new Patient Communication Toolkit to improve patient support with additional communication needs.
- Co-hosted new initiative for patients living with Motor Neurone Disease, in partnership with Prospect Hospice.
- Rebranding of private patient service, previously known as Shalbourne Private Health Care, as Great Western Hospitals Private Healthcare. In 2024 the service helped reinvest more than £1million back into NHS care.
- Staff Survey – 71% of staff response rate which was highest in the country with improvements in over 20 areas.
- CQC Inspections – 3 had taken place with positive outcomes about reception from both staff and patients. Inspectors were impressed by our adaptive patient pathways for vulnerable patients.
- National update – NHS England would be phased out over the next two years. ICBs told to cut running costs by 50%.
- Plan for 2025/26. This included reduction in waitlist and emergency performance maintained despite increased demand.
- Financial position 24/25 - £1.4m ahead of plan but achieved because of one-off funding which would not be repeated.

- Expansion of Land Development Plan. An appointed commercial partner has been appointed to help us secure investment to build new facilities and services on our expansion land.

CS asked about the staff survey feedback for his division as they had not received anything. JG advised she would take this away.

JG

Action: JG to feedback to CS results of staff survey for his division

NT asked how the staff survey comparisons would be made going forward with staff being moved from some of the divisions. JG advised that the teams had been moved in their entirety into other divisions so it would be a like for like comparison.

VC asked about the expansion land in particular the timescale, and the private facility. SW advised that the Trust was working with the commercial development company, Prime. Anticipated timescale was for Board sign-off in the next month with potential completion of some of the build within 18-24 months. SW confirmed there was no national capital which was why we were looking to work with Prime. SW confirmed that the new Private Patient facility was on the plan but also awaited sign-off.

Following clarity requested from AC on NHS England plans and anticipated timescale LC confirmed that much of this remained unclear but governors would be updated when further information became available.

AC asked for more information on the request for a reduction of 50% headcount. LC confirmed that this was suggested for national team headcount, potentially at ICB level, no further information was available. SW advised that in the past 7 days, Trusts had been asked to consider taking out 50% of corporate service cost growth between pre-covid 2017/18 and 2023/24.

The Council of Governors **noted** the report.

7/25

Lead Governor Report

The Council of Governors received an update from the Lead Governor which provided a summary of governor activity since the last meeting in November 2024.

The Council of Governors **noted** the report.

08/25

Chair of the Engagement & Membership Governance Working Group

The Council of Governors received the Engagement & Membership Governance Working Group Assurance Report which highlighted the detailed discussions held at the meeting since the last Council of Governors meeting in November 2024.

The Council of Governors **received** the report.

09/25 Chair of the People's Experience & Quality Working Group

The Council of Governors received the People's Experience & Quality Governance Working Group Assurance Report which highlighted the detailed discussions held at the meeting since the last Council of Governors meeting November 2024.

CS requested more detail between NED assurance reports and correlating graphs in the Integrated Performance Reports. BM advised that assurance came from the understanding of the data and demonstration of improvement. The graphs correlate with the data but in some cases the numbers were not high enough for the graphs to reflect change. He used the example of cancer and diagnostics as a demonstration of the graphs reflecting a visible change. LA added that assurance was gained by how much the position was understood and how it was being monitored. Example provided was for pressure harms.

CS advised that evidence of this was not always visible to governors. LC suggested that at the next working group 3 or 4 points should be selected as an example to consider whether there were any gaps in information provided to governors.

Action: The People's Experience & Quality Working Group to select points from the IPR to consider whether there were any gaps in CS information provided to governors.

The Council of Governors **received** the report.

10/25 Chair of the Business & Planning working group Report

The Council of Governors received the Business & Planning Working Group Assurance Report which highlighted the detailed discussions held at the meeting since the last Council of Governors meeting in November 2024.

The Council of Governors **noted** the report.

11/25 System Plan 25/26

The Council of Governors received a verbal update on the System Plan. The main productivity points highlighted were:

- Reduction length of stay – non criteria to reside patients
- Increased elective and day cases (500), 11,000 additional outpatient appointments
- Wholetime equivalent reduction targets

The Council of Governors **received** the report.

12/25 Strategy and Community Services Transfer

The Council of Governors received an update on the Strategy and Community Services Transfer.

SPK asked what the Trust was doing to ensure the staff knew about and acted out the pillars, how did the internal launch go and how was the strategy going with local authorities. He also asked for more information on the accessibility areas being covered. CTh advised that the pillars were being rolled out in engagement events and were also linked with Improving together events. With regards to partnerships, this was new and aligned with the Borough Council. CT advised there was a good understanding of the pillars but staff were struggling with the next level down and how their own contributions could be linked. The launch of the strategy took place 2 weeks ago. There would be continual messaging and support for staff through Comms and Induction. The external launch was scheduled for end of April. With respect to the accessibility areas, CT confirmed there were clear read versions of the document on our website.

LC made the observation that whilst we were dealing with Swindon and Wiltshire councils it raised the question about how we have the most meaningful conversations, both individually and collectively, especially as the ICB evolves. LC advised he would raise this within the System.

LH asked whether the various digital literacy communications were creating duplication of work. CTh advised that this was not the case. Following a discussion on accessible information, it was agreed that it would be beneficial for accessible information representatives from Get Connected Swindon to attend a governor meeting to provide more information on the work they plan to do with the population around connecting them more generally to digital services.

Action: SS to liaise with the PALs team to arrange a representative to present to governors from Get Connected Swindon **SS**

The Council of Governors **noted** the report.

13/25 Quality Account Priorities 25/26

The Council of Governors received an update on the Quality Account Priorities.

NT asked how we measured progress of priorities from start to finish. LG advised that the report was high level and further information would be provided to the governors in their working groups which would include progress metrics.

Action: Update to be added to People's Experience & Quality Working Group on 14 May. **SS**

AC asked how the priorities aligned with patient feedback and what happened with the priorities from last year. LG advised that triangulation with quality data took place to choose priorities. With regards to last year's priorities, they remained divisional priorities and continued to be monitored.

SM asked about the Trust perspective on end-of-life self-care and for more information on the self-administering of drugs policy within GWH. LG advised that self-administering of drugs was managed slightly differently outside of the hospital for end-of-life care, and there was a plan in place to relaunch the policy on emergency care at home.

VC asked whether GWH were actively promoting Martha's law regards the patient safety in reducing sepsis priority. LG advised it had been rolled out and was being led by the Acute Response Team. LG confirmed it covered both children and adults.

The Council of Governors **noted** the report.

15/25 Review of Annual Governor Development Plans 2024/25

The Council of Governors received and considered the Governor Development Plans which provided the opportunities for governors in 2024/25 to assist in their development as governors.

The Council of Governors **approved** the report.

16/25 Annual Declaration of Interests

The Council of Governors received the declaration of interest register. CCa advised he had updated SS prior to the meeting of a small change.

The Council of Governors **approved** the report.

16/25 Governor Code of Conduct

The Council of Governors received the refresh of the Code of Conduct.

The Council of Governors **approved** the report.

17/25 Council of Governors Working Group Terms of Reference 2025-26

The Council of Governors received the working group terms of reference.

The Council of Governors **approved** the working group terms of reference.

18/25 Report from Nomination & Remuneration Committee

The Council of Governors received the report on the appointment process for two new Non-Executive Directors and two Associate Non-Executive Directors.

CC advised there had been a couple of tweaks to the job description and would circulate the final version once received.

Action: CC to circulate final job description for the Non-Executive Directors **CC**

The Council of Governors **noted and supported** the process for the appointment of Non-Executive Director recruitment.

19/25 Public Urgent Items (if any)
None

20/25 Date of Next Meeting
The next meeting will be held on 16 June 2025.

Council of Governors - Action Tracker – 17 June 2025

Date of Meeting	Ref	Action	Who to action	Comments	Status
16/04/25	06/25	Staff Survey CS asked about the staff survey feedback for his division as they had not received anything. JG advised she would take this away.	Chief People Officer	Feedback provided in May.	Action Closed
16/04/25	12/25c	Strategy and Community Services Transfer Liaise with the PALs team to arrange a representative to present to governors from Get Connected Swindon	Corporate Governance Assistant	This action is in progress.	
16/04/25	13/25	Quality Account Priorities It was agreed a start and finish point would be included in the priorities to measure progress and this would be presented to the People's Experience and Quality Governor Working Group with the option for all governors to attend	Chief Nurse	On agenda for PEQ 9 June.	Action Closed
16/04/25	18/25a	Report from Nomination & Remuneration Committee It was agreed that CC would circulate the final job description for the Non-Executive Directors once she had received the final copy	Company Secretary	270525 JD emailed to governors	Action Closed
29/04/2024	08/24	Virtual Ward SS to arrange a further update on the virtual ward progress at a Council of Governors meeting at an appropriate time.	Corporate Governance Assistant	This service transferred to HCRG on 1 April 2025 and is now monitored by the ICB.	Action Closed

Future actions

Date of Meeting	Ref	Action	Who to action	Date
16/04/25	09/25	People's Experience & Quality Working Group The People's Experience & Quality Working Group to select points from the IPR to consider whether there were any gaps in information provided to governors.	Chris Shepherd, Staff Governor	tbc

Report Title	Questions for the Board				
Meeting	Council of Governors				
Date	17/06/2025	Part 1 - Public	✓	Part 2 - Private	☐
Accountable Lead	Liam Coleman, Trust Chair				
Report Author	Caroline Coles, Company Secretary				
Appendices	-				

Purpose

Approve	☐	Receive	☐	Note	✓	Assurance	☐
To formally receive, discuss and approve any recommendations or a particular course of action		To discuss in depth, noting the implications for the Board/Committee or Trust without formally approving it		To inform the Board/Committee without in-depth discussion required		To assure the Board/Committee that effective systems of control are in place	

Assurance Level

Assurance ratings are based on the 'overall assurance over effectiveness of controls (the measures in place to control risks and reduce the impact or likelihood of them occurring).

Substantial	✓	Good	☐	Partial	☐	Limited	☐
Governance and risk management arrangements provide substantial assurance that the risks/gaps in controls identified are managed effectively. Evidence provided to demonstrate that systems and processes are being consistently applied and implemented across relevant services. Outcomes are consistently achieved across all relevant areas.		Governance and risk management arrangements provide good levels of assurance that the risks/gaps in controls identified are managed effectively. Evidence is available to demonstrate that systems and processes are generally being applied and implemented but not across all relevant services. Outcomes are generally achieved but with inconsistencies in some areas.		Governance and risk management arrangements provide reasonable assurance that risks / gaps in controls identified are managed effectively. Evidence is available to demonstrate that systems and processes are generally being applied but insufficient to demonstrate implementation widely across services. Some evidence that outcomes are being achieved but this is inconsistent across areas and / or there are identified risks to current performance.		Governance and risk management arrangements provide limited assurance that the risks/gaps in controls identified are managed effectively. Little or no evidence is available that systems and processes are being consistently applied or implemented within relevant services. Little or no evidence that outcomes are being achieved and / or there are significant risks identified to current performance.	

Justification for the identified assurance rating (whether substantial, good, partial or limited).

If 'Partial' or 'Limited' assurance has been indicated, please indicate steps to achieve 'Good' assurance or above, and the timeframe for achieving this:

Process and outcome in respect of the process of obtaining and gaining response to questions to the Board

Report

Executive Summary – Key messages / issues of the report (inc. threats and opportunities / resource implications):

The Council of Governors is invited to consider the questions raised, the response given and agree if any further action is required.

Strategic Alignment – select one or more	☐	✓ Outstanding care	☐	☐ Valued teams	☐	☐ Better together	☐	☐ Sustainable future		
Link to CQC Domain – select one or more	Safe	☐	Caring	☐	Effective	☐	Responsive	☐	Well-led	✓

Risk + Oversight		Risk Score		
Key risks – risk number & description (Link to BAF / Risk Register)				
Consultation / Other Committee Review / Scrutiny / Public & Patient involvement	Deputy Director Improvement & Partnership Trust Board			
Next Steps	Consideration by the Council of Governors			
Equality, Diversity & Inclusion / Inequalities Analysis		Yes	No	N/A
Do any issues identified in the report affect any of the protected groups less / more favourably than any other?		✓	☐	☐
Does this report provide assurance to improve and promote equality, diversity and inclusion / inequalities?		✓	☐	☐
Explanation of above analysis:				
Quality Impact and risk assessments were done for the moves and mitigations were put in place where concerns were identified.				
Recommendation / Action Required				
The Board/Committee/Group is requested to:				
The Council of Governors is requested to review the responses to the questions and to consider whether any further action is required.				
Accountable Lead Signature	Liam Coleman, Trust Chair			
Date	28/04/2025			

Questions to the Board				
Topic	Questioner	Question	Responder	Board Response
Trust's policies and procedures for relocating wards with particular reference to the moves in November 2024.	Member of the public via Sam Pearce-Kearney, Appointed Governor	The question was around the Trust's policies and procedures for relocating wards. Specifically, around:- • What kind of training is provided to staff involved in ward moves, both clinical and non-clinical? How are staff informed and prepared for the move? • What specific checklists or protocols are in place to ensure a smooth and safe transition during ward moves? How far in advance are ward moves planned? How are patient safety and continuity of care prioritised during this process? • What mechanisms are in place to oversee and monitor ward moves? How are potential risks and challenges identified and mitigated? • Based on the recent ward moves that occurred during the	Emily Beardshall, Deputy Director Improvement & Partnership	Ahead of ward changes there was a mobilisation plan put in place that included induction of staff, both clinical and non-clinical into the ward environments. There were additional staff rostered to work during the move days to help smooth the transition. There was a comprehensive staff engagement plan that supported staff to express a preference for where they would move to working and to review the skill-mix and training needs of staff. Where specialist skills were required, this was reviewed as part of the relocation of staff e.g. urology nursing skills. However, it is not uncommon for staff to need to be mobile around the organisation and as far as possible processes are standard across the organisation to support mobility of staff and the prioritisation of patient care. The changes went through a full business case process and were reviewed, iterated, and agreed by Trust Management Committee – the final decision to proceed was made in May 2024 with the move taking place in November 2024. There was a checklist process in place for the 4-week period where moves were taking place with gateways that reviewed the operational status of the organisation and agreed whether we could progress to the next stage of the move. There was an underpinning principle of minimising patient moves and bed

		week commencing 18 November, what key lessons have been learned? How will these lessons be applied to future ward relocation processes to improve efficiency and patient experience?	capacity was flexed over a 3-4 week period to support smooth transition. All normal patient safety measures continued throughout the move with additional clinical and non-clinical staff being in place to support transition. Quality Impact and risk assessments were done for the moves and mitigations were put in place where concerns were identified. During the move period the multidisciplinary project group met daily to review the status of the transition and to take any actions needed to support the change. There were regular walk arounds undertaken by senior clinical and non-clinical leaders to assess areas of further need and any staff concerns or observations. The project group continues to meet fortnightly to review the changes and to support full benefits realisation. Risks and challenges are flagged to the project group through the normal management and reporting routes. We are currently undertaking a lesson learnt process with questionnaires having been distributed to staff involved. We will summarise key lessons learnt as part of the project closure.
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Report Title	CEO report				
Meeting	Council of Governors				
Date	17/06/2025	Part 1 - Public	✓	Part 2 - Private	☐
Accountable Lead	Cara Charles-Barks, Chief Executive				
Report Author	Cara Charles-Barks, Chief Executive				
Appendices					

Purpose

Approve	☐	Receive	☐	Note	✓	Assurance	☐
To formally receive, discuss and approve any recommendations or a particular course of action		To discuss in depth, noting the implications for the Board/Committee or Trust without formally approving it		To inform the Board/Committee without in-depth discussion required		To assure the Board/Committee that effective systems of control are in place	

Assurance Level

Assurance ratings are based on the 'overall assurance over effectiveness of controls (the measures in place to control risks and reduce the impact or likelihood of them occurring).

Substantial	☐	Good	☐	Partial	☐	Limited	☐
Governance and risk management arrangements provide substantial assurance that the risks/gaps in controls identified are managed effectively. Evidence provided to demonstrate that systems and processes are being consistently applied and implemented across relevant services. Outcomes are consistently achieved across all relevant areas.		Governance and risk management arrangements provide good levels of assurance that the risks/gaps in controls identified are managed effectively. Evidence is available to demonstrate that systems and processes are generally being applied and implemented but not across all relevant services. Outcomes are generally achieved but with inconsistencies in some areas.		Governance and risk management arrangements provide reasonable assurance that risks / gaps in controls identified are managed effectively. Evidence is available to demonstrate that systems and processes are generally being applied but insufficient to demonstrate implementation widely across services. Some evidence that outcomes are being achieved but this is inconsistent across areas and / or there are identified risks to current performance.		Governance and risk management arrangements provide limited assurance that the risks/gaps in controls identified are managed effectively. Little or no evidence is available that systems and processes are being consistently applied or implemented within relevant services. Little or no evidence that outcomes are being achieved and / or there are significant risks identified to current performance.	

Justification for the identified assurance rating (whether substantial, good, partial or limited).

If 'Partial' or 'Limited' assurance has been indicated, please indicate steps to achieve 'Good' assurance or above, and the timeframe for achieving this:

Report

Executive Summary – Key messages / issues of the report (inc. threats and opportunities / resource implications):

The Chief Executive's report covers:

1. National and system updates
2. Group Development
3. Shared Electronic Patient Record
4. Quality improvements
5. Systems and strategy
6. Workforce, wellbeing and recognition

Strategic Alignment – select one or more	☐	☒ Outstanding care	☐	☒ Valued teams	☐	☒ Better together	☐	☒ Sustainable future
Link to CQC Domain – select one or more	Safe	☒	Caring	☒	Effective	☒	Responsive	☒ Well-led
Risk + Oversight								Risk Score
Key risks – risk number & description (Link to BAF / Risk Register)		N/A						
Consultation / Other Committee Review / Scrutiny / Public & Patient involvement		N/A						
Next Steps		None						
Equality, Diversity & Inclusion / Inequalities Analysis								
Do any issues identified in the report affect any of the protected groups less / more favourably than any other?								☒ Yes ☐ No ☐ N/A
Does this report provide assurance to improve and promote equality, diversity and inclusion / inequalities?								☒ Yes ☐ No ☐ N/A
Explanation of above analysis:								
The report details our new Patient communication toolkit which aims to improve the support staff provide to patients who may have additional communication needs, including those who have experienced a stroke or a brain injury, or who do not speak fluent English. The report mentions the Staff Excellence Awards, which contains a specific category on Championing Health Equalities. This category celebrates staff who have called out inequalities in healthcare experienced by staff, patients, or families. This could include: - Championing equality and inclusion - Challenging discrimination and prejudice - Encouraging equal opportunities - Ensuring inclusivity in their department								
Recommendation / Action Required								
The Board/Committee/Group is requested to:								
Note the report								
Accountable Lead Signature		Cara Charles-Barks						
Date		09/06/2025						

1. National/system

1.1 Laying the Foundations for Reform

Sir James Mackey, the new interim NHS England Chief Executive wrote to Trust and ICB Chairs and Chief Executives on 1 April 2025 setting out priorities for the coming weeks and months. The letter covers an update on 2025/26 planning, next steps on reducing non-patient-facing roles and planned work on the financial regime and NHS operating model.

The government's mandate published in January to reform the NHS lays the foundation for longer-term reform as part of its health mission, focusing on bringing care closer to communities, prioritising prevention over treatment, embracing digital transformation, and embedding financial discipline within the system.

Through the 10 Year Health Plan, the government will focus on three strategic shifts, moving care from:

- hospital to community
- sickness to prevention
- analogue to digital

These shifts will help to:

- cut waiting times for care
- reduce the amount of time spent in ill health
- tackle health inequalities
- reduce the lives lost to the biggest killers - cancer, cardiovascular disease and suicide
- make the NHS sustainable in the long term.

Among those changes:

We are required to reduce the cost of the current operating model of the NHS

- 50% reduction in NHSE and DHSE staffing by Q3 – Central oversight of the NHS (which has been the remit of NHS England since 2012) will now be reduced in size and move back into the Department of Health in the following 2 years.
- 50% reduction in ICB running and programme costs by start of Q3
- 50% reduction in corporate cost growth in providers
- Plans to reduce costs and streamline governance and non-clinical activities.

I appreciate that these are challenging messages, the reason for these changes are that the NHS and BSW are in deficit and need to make changes to move to a more financially sustainable model. There are also clear requirements regarding service offering and delivery of core performance and quality metrics.

I appreciate that this is a challenging time for all of our teams. For providers such as ourselves, there is a significant change in the oversight regime and the expectation regarding delivery, along with a changed consequence regime for non-delivery.

I understand that these times of transition and uncertainty are by nature unsettling. I also want to reassure you that we are already doing good work in terms of the change that's needed for our future NHS. For example leaders of corporate services are taking control of what will be best for us and our patients in terms of future service design. Planning has also been underway for a number of months now responding to the asks of the national guidance issued in January and consistent with creating a bright and sustainable future for the NHS.

As a group we have a great opportunity to learn together, to tackle inequalities in access to services, to work together to remove barriers to good health and provide improved health outcomes for all our communities. Together I believe we can be at the forefront of the transformation that's needed in the NHS, but most importantly we will achieve this by working together.

2. Group Development

April/May saw progress in resourcing and governance supporting the establishment of BSW Hospitals Group.

2.1 Leadership Team: Managing Directors and Group Chief Transformation and Innovation Officer (Interim)

The recruitment process for our three Managing Director has been completed and I am pleased to announce the appointment of three new substantive Managing Directors across BSW Hospitals Group;

- Great Western Hospitals Swindon - Lisa Thomas – Lisa joins from Salisbury NHS Foundation Trust where she is currently the interim Managing Director.
- Royal United Hospitals Bath - John Palmer – John joins from Royal Devon University Healthcare NHS Foundation Trust where he is the Chief Operating Officer.
- Salisbury NHS Trust - Nick Johnson – Nick joins from a joint role with Dorset County Hospital NHS Foundation Trust and Dorset Healthcare University NHS Foundation Trust where he is Joint Chief Strategy, Transformation and Partnerships Officer and Deputy Chief Executive at Dorset County Hospital.

Also in April, Jonathan Hinchcliffe started with us as interim Group Chief Transformation and Innovation Officer. Jonathan brings a wealth of digital experience as well as years of working in a hospital group at Manchester University Hospitals.

2.2 Transitional Support Partner

Following a detailed procurement exercise, we have selected an experienced partner, Teneo, to support us in our Group set-up, design and implementation over the next eighteen months. The Teneo team is led by Lucy Thorp and started working with us in late March. Initially, focus will be on detailed planning for our Group design phase – including work on our operating model, leadership structure, corporate services programme and governance and accountability framework.

2.3 Partnership Agreement and Joint Committee Establishment

The BSW Hospitals Group Partnership Agreement and Terms of Reference (TOR) for a group Joint Committee were approved and signed at the first meeting of the Joint Committee on 23 May 2025. A further briefing will be provided later in the meeting.

2.4 Board to Board Development

The first session of our three Board to Board development sessions was held in June, with another two planned for October and next February 2026. A further briefing will be provided later in the meeting.

2.5 Operating Model/ Leadership Structures/ Corporate Services

Work to establish our new operating model began in April, supported by colleagues from Teneo. Corporate services will be an important part of the new operating model. We have re-launched a comprehensive joined-up corporate services programme. A Steering Group with executive leads (Simon Wade and Melanie Whitfield), has been established to oversee the programme, confirming core assumptions and adopting a common framework in response to latest national requirements on NHS provider corporate service workforce.

2.6 Governance and Accountability Framework

Trust governance leads and company secretaries meet weekly and, with Teneo's support, are developing our Group Governance and Accountability Framework, identifying opportunities for collaboration, alignment and avoidance of duplication.

2.7 Group Engine Room

Improving Together and the engine room rhythm is well-established in the Trust; we will establish something similar for the Group to help us align teams around our biggest problems, connecting Teams across the Group. Improving Together leads, Alex Talbot, Emily Beardshall and Rhiannon Hills are helping shape our approach, aiming to establish our Group Engine Room in June.

Great Western Hospitals NHS Foundation Trust update

3. Operational update

3.1 Current operational pressures

Our overall waiting list has decreased over recent months and now stands at around 37,500 (April) patients.

The number of patients waiting more than 52 weeks has fallen to 816 patients, but still remains much higher than we would like.

We continue to experience challenges with the number of patients in the hospital with no criteria to reside, along with high bed occupancy, and we are working closely with our partners to try to tackle the wider issues which contribute towards this.

Positively, we have improved our performance to see more patients with a suspected cancer diagnosis within 28 days.

3.2 Aseptic Suite

Construction of our new aseptic and clean room facility has been completed. The unit will enable on-site preparation of complex injectable medicines like chemotherapy.

Local production of these medicines will reduce reliance on external suppliers, improve cost-effectiveness, speed up delivery to wards and provide faster support for cancer patients and stem cell transplant patients.

The unit is now undergoing rigorous validation, with the first dose expected to be dispatched by August.

4. Systems and strategy

4.1 Improving Together

As part of our work to roll-out our Improving Together methodology and way of working, an online Staff Improvement Forum has been created by our Transformation and Improvement Hub for staff to share positive changes or improvements they have made in their area.

4.2 New Sustainability App

We have launched a new app, OnHand, which will replace our sustainability app, ACT, across our Trust and the RUH and SFT.

OnHand offers ideas for sustainable activities alongside health and wellbeing actions, inclusivity and community missions – all with the aim of supporting our mission to be a Net Zero Carbon organisation by 2040.

4.3 Shared Electronic Patient Record

During July staff will have the opportunity to see first-hand what our new Shared Electronic Patient Record from Oracle Health will look like.

There will be a series of events taking place at the Trust to demonstrate the first stage of the build of the new system to date.

This stage is called Future State Review, preparing us to reach our next milestone in July – Future State Validation.

5. Workforce, wellbeing and recognition

5.1 Staff Excellence Awards

Nominations for our Staff Excellence Awards have closed.

We received 225 nominations across all of the categories.

The judging panel will now review the nominations and a shortlist will be published ahead of the awards ceremony which will take place at a venue in Swindon on 18 July.

5.2 Our behaviours

As part of our work to be a vision and values-led organisation, we have launched Let's Talk Behaviours, a staff engagement exercise to co-create a set of behaviours to support our STAR values.

We need one simple set of behaviours to support our STAR values which are meaningful to everyone, and which best show these values on a day-to-day basis, but we are aware that over time a number of different behaviours frameworks have been developed.

This work aims to create one definitive set of behaviours, which will then guide the expectations for all teams and individuals as we work together to deliver the Trust's new strategic priorities.

Report Title	Lead Governor Report				
Meeting	Council of Governors				
Date	17/06/2025	Part 1 - Public	✓	Part 2 - Private	☐
Accountable Lead	Natalie Titcombe, Lead Governor				
Report Author	Natalie Titcombe, Lead Governor				
Appendices	-				

Purpose

Approve	☐	Receive	☐	Note	✓	Assurance	☐
To formally receive, discuss and approve any recommendations or a particular course of action		To discuss in depth, noting the implications for the Board/Committee or Trust without formally approving it		To inform the Board/Committee without in-depth discussion required		To assure the Board/Committee that effective systems of control are in place	

Assurance Level

Assurance ratings are based on the 'overall assurance over effectiveness of controls (the measures in place to control risks and reduce the impact or likelihood of them occurring).

Substantial	☐	Good	✓	Partial	☐	Limited	☐
Governance and risk management arrangements provide substantial assurance that the risks/gaps in controls identified are managed effectively. Evidence provided to demonstrate that systems and processes are being consistently applied and implemented across relevant services. Outcomes are consistently achieved across all relevant areas.		Governance and risk management arrangements provide good levels of assurance that the risks/gaps in controls identified are managed effectively. Evidence is available to demonstrate that systems and processes are generally being applied and implemented but not across all relevant services. Outcomes are generally achieved but with inconsistencies in some areas.		Governance and risk management arrangements provide reasonable assurance that risks / gaps in controls identified are managed effectively. Evidence is available to demonstrate that systems and processes are generally being applied but insufficient to demonstrate implementation widely across services. Some evidence that outcomes are being achieved but this is inconsistent across areas and / or there are identified risks to current performance.		Governance and risk management arrangements provide limited assurance that the risks/gaps in controls identified are managed effectively. Little or no evidence is available that systems and processes are being consistently applied or implemented within relevant services. Little or no evidence that outcomes are being achieved and / or there are significant risks identified to current performance.	

Justification for the identified assurance rating (whether substantial, good, partial or limited).

If 'Partial' or 'Limited' assurance has been indicated, please indicate steps to achieve 'Good' assurance or above, and the timeframe for achieving this:

Report

Executive Summary – Key messages / issues of the report (inc. threats and opportunities / resource implications):

Since our last meeting in April 2025, we have continued to actively engage with the transition to the Group model. From May onwards, we have participated in meetings to approve the structure and working practices of the new Joint Committee. We have also considered the interim appointments and remuneration for the Joint Chair and Vice Chairs. It is understood that these roles - and their job descriptions - are likely to evolve after the interim period.

As the Council of Governors (CoG), we are currently supporting the Trust in recruiting two Non-Executive Directors (NEDs) and two Associate NEDs (ANEDs). Chris and I are directly involved in the process, with interviews scheduled for July 2025.

Following the March 2025 announcements regarding changes within NHS England (NHSE) and the Integrated Care Board (ICB), Chris and I have sought clarification from our Trust Chair about any potential implications for the Great Western Hospitals NHS Foundation Trust. We have been receiving regular monthly updates, which I continue to share with CoG members to keep everyone informed.

Our CoG members attended the NHS Bath and North East Somerset, Swindon and Wiltshire (BSW) ICB – ICB & Acutes: Next Steps Forward meeting on 27 May 2025. The session was informative and provided insights into current plans and issues. However, further clarity is still needed and we hope that next month's publication of the NHS 10-Year Plan will address these uncertainties and offer more detailed direction.

With the new community care provider having been in place since April 2025, we are keen to receive regular updates on the progress of the transition. The full transition is expected to be completed within two years.

Our CoG subgroups continue to meet regularly. All three groups are working in accordance with their terms of reference and are actively making recommendations to the full Council.

Upcoming Elections

This Autumn, we have a significant election, with all seven Swindon seats up for re-election, together with the three staff seats; Nursing & Therapy, Doctors & Dentists, and Administrative staff. We also still have a vacancy to cover the Wiltshire Northern, Wiltshire Central, Gloucestershire, and Bath & North East Somerset constituency.

I hope that many of our current Governors will consider standing again, and I look forward to welcoming new volunteers and newly elected staff Governors to the Council.

Strategic Alignment – select one or more	☐	☒ Outstanding care	☐	☒ Valued teams	☐	☒ Better together	☐	☒ Sustainable future		
Link to CQC Domain – select one or more	Safe	☐	Caring	☐	Effective	☒	Responsive	☐	Well-led	☒
Risk + Oversight									Risk Score	
Key risks – risk number & description (Link to BAF / Risk Register)		n/a								
Consultation / Other Committee Review / Scrutiny / Public & Patient involvement		n/a								
Next Steps		-								
Equality, Diversity & Inclusion / Inequalities Analysis								Yes	No	N/A
Do any issues identified in the report affect any of the protected groups less / more favourably than any other?								☐	☒	☐
Does this report provide assurance to improve and promote equality, diversity and inclusion / inequalities?								☒	☐	☐
Explanation of above analysis:										
Recommendation / Action Required										
The Board/Committee/Group is requested to:										

The Council of Governors is requested to note the report.

Accountable Lead Signature	Natalie Titcombe, Lead Governor
Date	09/06/2025

Report Title	Engagement and Membership Governor Assurance Report				
Meeting	Council of Governors				
Date	17/06/2025	Part 1 - Public	✓	Part 2 - Private	☐
Accountable Lead	Chris Callow, Governor Chair Engagement and Membership Working Group				
Report Author	Chris Callow, Governor Chair Engagement and Membership Working Group				
Appendices	-				

Purpose

Approve ☐	Receive ☐	Note ☒	Assurance ☒
To formally receive, discuss and approve any recommendations or a particular course of action	To discuss in depth, noting the implications for the Board/Committee or Trust without formally approving it	To inform the Board/Committee without in-depth discussion required	To assure the Board/Committee that effective systems of control are in place

Assurance Level

Assurance ratings are based on the 'overall assurance over effectiveness of controls (the measures in place to control risks and reduce the impact or likelihood of them occurring).

Substantial ☐	Good ☒	Partial ☐	Limited ☐
Governance and risk management arrangements provide substantial assurance that the risks/gaps in controls identified are managed effectively. Evidence provided to demonstrate that systems and processes are being consistently applied and implemented across relevant services. Outcomes are consistently achieved across all relevant areas.	Governance and risk management arrangements provide good levels of assurance that the risks/gaps in controls identified are managed effectively. Evidence is available to demonstrate that systems and processes are generally being applied and implemented but not across all relevant services. Outcomes are generally achieved but with inconsistencies in some areas.	Governance and risk management arrangements provide reasonable assurance that risks / gaps in controls identified are managed effectively. Evidence is available to demonstrate that systems and processes are generally being applied but insufficient to demonstrate implementation widely across services. Some evidence that outcomes are being achieved but this is inconsistent across areas and / or there are identified risks to current performance.	Governance and risk management arrangements provide limited assurance that the risks/gaps in controls identified are managed effectively. Little or no evidence is available that systems and processes are being consistently applied or implemented within relevant services. Little or no evidence that outcomes are being achieved and / or there are significant risks identified to current performance.

Justification for the identified assurance rating (whether substantial, good, partial or limited).

If 'Partial' or 'Limited' assurance has been indicated, please indicate steps to achieve 'Good' assurance or above, and the timeframe for achieving this:

Report

Executive Summary – Key messages / issues of the report (inc. threats and opportunities / resource implications):

This report outlines the key issues identified in relation to the Engagement and Membership Working Group.

Strategic Alignment – select one or more	☐	☐ Outstanding care	☐	☐ Valued teams	☐	☒ Better together	☐	☐ Sustainable future
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Link to CQC Domain – select one or more	Safe ☐	Caring ☐	Effective ☐	Responsive ☐	Well-led ☒
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Risk + Oversight

Key risks – risk number & description (Link to BAF / Risk Register)	n/a	Risk Score
Consultation / Other Committee Review / Scrutiny / Public & Patient involvement		

Next Steps

Equality, Diversity & Inclusion / Inequalities Analysis

Yes No N/A

Do any issues identified in the report affect any of the protected groups less / more favourably than any other?

☐
☐
☐

Does this report provide assurance to improve and promote equality, diversity and inclusion / inequalities?

☐
☐
☒

Explanation of above analysis:

Engagement and Membership Working Group

Date of Meeting: 20 May 2025

Key discussion points and matters to be escalated

Core agenda items considered:

- Young Governor Role
- Elections
- Governor coffee morning
- Membership Strategy Action Plan
- Member survey

Assurance received:

- None

Items escalated within working group:

- None

Items to be escalated to CoG:

- None

Topics discussed:

Young Governor Role.

A discussion was held on this with the action to consider one of the governors mentoring any young governor, we will also approach to see if a governor can attend one of the student board meetings.

Elections

All seven Swindon seats are up for election, we know that we will be losing one of the members, but we will look at ways to keep them involved with co-option onto the working group.

Coffee morning

This was popular in January and another has been arranged for 14 July 2025. This will be supported by the Falls Team.

Membership Strategy Plan.

The current plan comes to an end in 2025, it will be circulated to all governors for comment to take this forward. It is felt that we should concentrate on improving engagement rather than increasing numbers of members.

Member survey

Discussions on this are progressing, with a focus on providing feedback to the member survey questions.

Recommendation / Action Required

The Board/Committee/Group is requested to:

The Council of Governors is requested to note the update.

Accountable Lead
Signature

Chris Callow, Governor

Date

09/06/2025

Report Title	People's Experience & Quality Governor Assurance Report				
Meeting	Council of Governors				
Date	09/06/2025	Part 1 - Public	✓	Part 2 - Private	☐
Accountable Lead	Chris Shepherd, Governor Chair People's Experience & Quality Working Group				
Report Author	Chris Shepherd, Governor Chair People's Experience & Quality Working Group				
Appendices					

Purpose

Approve	☐	Receive	☐	Note	✓	Assurance	✓
To formally receive, discuss and approve any recommendations or a particular course of action		To discuss in depth, noting the implications for the Board/Committee or Trust without formally approving it		To inform the Board/Committee without in-depth discussion required		To assure the Board/Committee that effective systems of control are in place	

Assurance Level

Assurance ratings are based on the 'overall assurance over effectiveness of controls (the measures in place to control risks and reduce the impact or likelihood of them occurring).

Substantial	☐	Good	✓	Partial	☐	Limited	☐
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Justification for the identified assurance rating (whether substantial, good, partial or limited).

If 'Partial' or 'Limited' assurance has been indicated, please indicate steps to achieve 'Good' assurance or above, and the timeframe for achieving this:

Report

Executive Summary – Key messages / issues of the report (inc. threats and opportunities / resource implications):

This report outlines the key issues identified in relation to the People's Experience and Quality Working Group.

Strategic Alignment – select one or more	☐	✓ Outstanding care	☐	☐	Valued teams	☐	✓ Better together	☐	Sustainable future
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Link to CQC Domain – select one or more	Safe	✓	Caring	☐	Effective	☐	Responsive	✓	Well-led	✓
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Risk + Oversight

Risk - Oversight		Risk Score
Key risks – risk number & description (Link to BAF / Risk Register)	n/a	
Consultation / Other Committee Review / Scrutiny / Public & Patient involvement		

Next Steps

Equality, Diversity & Inclusion / Inequalities Analysis

	Yes	No	N/A
Do any issues identified in the report affect any of the protected groups less / more favourably than any other?	☐	☒	☐
Does this report provide assurance to improve and promote equality, diversity and inclusion / inequalities?	☐	☐	☒

Explanation of above analysis:

Key discussion points from meeting of 5th March

Core agenda items considered:

Learning from Deaths Working Group

Judith Furse provided a verbal update on the Working Group and what it does.

Patient Experience Update

Jenny Kear provided an update on Patient Experience and the teams improvement plans. It was noted the feedback remains around 600 and the top themes were discussed with waiting times remaining a key element. The response rate KPI remains below target. It was also noted that just over half the responses come in via text and just over 40% using the Friends & Family cards. Issues around the availability of F&F cards have now been resolved but analysis of the cards remains a concern going forward.

Quality Account Priorities Update

Luisa Goddard informed us that three priorities that are not breakthrough objectives under Improving Together are being proposed, representing long-term improvement aspirations. We were given an update on the 2024-25 priorities. The priorities for 2025-26 are:

1. Measuring and Improving Compliance with the Sepsis 6 Bundle
2. "Putting the Hospital to Bed"
3. Supporting Patients to Self-administer their own Medications

Whilst being supportive of the three priorities we noted that Sepsis had been a high priority around 7 years ago but had lost its way, we were assured the team were aware of this and wished to put strategies in place to ensure it becomes embedded.

Falls Team

Rachel Taylor & Sue Day gave a presentation on the issues surrounding falls (they are never simple). Despite much work on improvement (examples were given) the headline 'Falls per 1000 bed days' metric has remained at just over 5.3/1000 bed days for at least the last two years.

Quality & Safety Committee Reports (Mar/Apr/May 25)

Claudia Paolini (NED) provided an update, we sought clarification around

- Harms and falls – despite improvement work overall figures remain stubbornly constant
- Infection control
- Complaints
- Maternity
- Learning from deaths
- Electronic Discharge Summary – end March, we look forward to seeing its effect
- Integrated front door – problems remain with ambulance delays, overcrowding and admissions

People and Culture Committee Report (Apr 25)

Julian Duxfeld (NED) provided an update, we sought clarification around:

- Education & training, apprenticeships, People Promise project
- Staff survey and divisional plans in preparation

Assurance received

We were largely assured by the committee reports.

Items to be escalated

Items to be escalated to CoG

None.

Recommendation / Action Required

The Board/Committee/Group is requested to:

The Council of Governors is requested to note the update.

Accountable Lead

Signature

Chris Shepherd, Governor

Date

10/06/2025

Report Title	Staff Survey				
Meeting	Council of Governors				
Date	17/06/2025	Part 1 - Public	✓	Part 2 - Private	☐
Accountable Lead	Jude Gray, Chief People Officer				
Report Author	Angela Morris, Senior People Partner				
Appendices	Staff Survey				

Purpose

Approve ☐	Receive ☐	Note ☒	Assurance ☐
To formally receive, discuss and approve any recommendations or a particular course of action	To discuss in depth, noting the implications for the Board/Committee or Trust without formally approving it	To inform the Board/Committee without in-depth discussion required	To assure the Board/Committee that effective systems of control are in place

Assurance Level

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Justification for the identified assurance rating (whether substantial, good, partial or limited).

If 'Partial' or 'Limited' assurance has been indicated, please indicate steps to achieve 'Good' assurance or above, and the timeframe for achieving this:

Report

Executive Summary – Key messages / issues of the report (inc. threats and opportunities / resource implications):

This report outlines the headline findings of the Staff Survey 2024

Strategic Alignment – select one or more	☒	Outstanding care	☒	Valued teams	☒	Better together	☒	Sustainable future		
Link to CQC Domain – select one or more	Safe	☐	Caring	☐	Effective	☐	Responsive	☐	Well-led	☒
Risk + Oversight									Risk Score	
Key risks – risk number & description (link to BAF / Risk Register)				n/a						

Consultation / Other Committee Review / Scrutiny / Public & Patient involvement	n/a		
Next Steps	-		
Equality, Diversity & Inclusion / Inequalities Analysis	Yes	No	N/A
Do any issues identified in the report affect any of the protected groups less / more favourably than any other?	☐	☐	☒
Does this report provide assurance to improve and promote equality, diversity and inclusion / inequalities?	☐	☐	☐
Explanation of above analysis:			
The purpose of this paper is to share the results.			
Recommendation / Action Required			
The Board/Committee/Group is requested to:			
The Council of Governors is requested to note the staff survey results.			
Accountable Lead Signature	Jude Gray		
Date	17/06/2025		

2024 Staff Survey Results

Council of Governors| June 2025



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3. [Response Rate](#)
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5. [2024 Methodology](#)
6. People Promise Elements
 - i. [We are compassionate and inclusive](#)
 - ii. [We are recognised and rewarded](#)
 - iii. [We each have a voice that counts](#)
 - iv. [We are safe and healthy](#)
 - v. [We are always learning](#)
 - vi. [We work flexibly](#)
 - vii. [We are a team](#)
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 - ix. [Morale](#)
7. [WRES & WDES](#)
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8. [Improving Together](#)
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National Context

2024 Staff Survey Results



A total of **774,828** NHS staff responded to the 2024 Staff Survey
(707,872 in 2023)



210 NHS Trusts participated in the survey to give an overview of Staff Engagement for Autumn 2024

National Results

- Overall, all People Promise indicators remained stable to last year. A slight improvement in four People Promise indicators; safe and healthy, always learning, and work flexibly. Reward and recognition and team working remained unchanged, whereas compassion and inclusivity and whether staff have a voice that counts slightly declined.
- Morale saw a slight improvement, staff saying they were thinking of leaving the NHS is unchanged compared to last year and retains the improvement seen between 2022 and 2023.
- Improvements seen on health and wellbeing measures, with the proportions of staff experiencing harassment, bullying or abuse from each of patients/service users, managers and other colleagues are all at their lowest reported levels in five years.
- Key measures of staff experience remained stable to last year with staff willing to recommend the NHS as a place to work remaining similar. The percentage of staff that would recommend their organisation as a place to get care also remained similar to last year, however both measures remain below their 2020 levels.
- On equality and diversity scores were broadly stable, There remained a significant equality gap in the experience of Black Minority Ethnic staff.

GWH Staff Survey

2024 Staff Survey Results



GWH Staff were surveyed from
September to November 2024



Both **Substantive** and **Bank** Staff were surveyed, with a tailored set of questions delivered to our **Bank** workers

GWH Response Rate: 71%

Median Response Rate: 49%

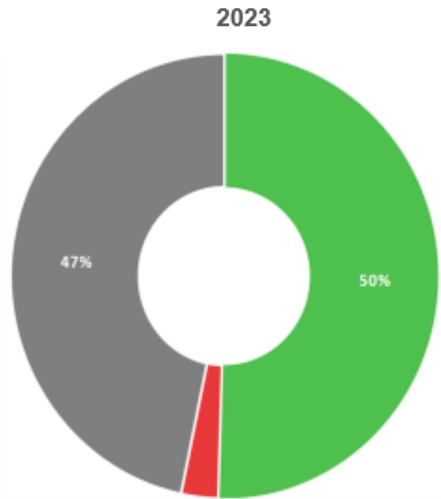
Benchmarking for 2024 is against a group of 122 comparable Acute and Acute & Community Trusts, representing a median response rate of 49% and 532,587 comparable completed questionnaires.

For the 2024 Survey we improved and received our highest ever response rate at **71%**. This was a considerable increase both to the median and to our 2023 response rate of 69%, and the highest response rate for Acute & Acute and Community Trusts nationally, reflective of a successful targeted comms plan and incentive programme.

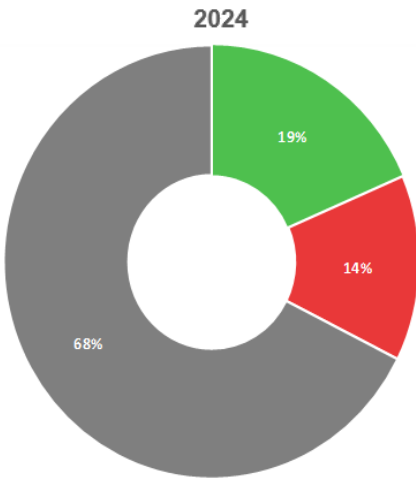
Headline Findings

2024 Staff Survey Results 2024

People Promise/Theme/Question	2023 Score	Significance	2024 Score	Significance	Sector Score
Theme - Staff engagement	6.85	Not Significant	6.81	Not Significant	6.85
Theme - Morale	5.91	Not Significant	5.93	Not Significant	5.93
People Promise 1 - We are compassionate and inclusive	7.25	Not Significant	7.23	Not Significant	7.22
People Promise 2 - We are recognised and rewarded	5.91	Not Significant	5.92	Not Significant	5.90
People Promise 3 - We each have a voice that counts	6.71	Not Significant	6.69	Not Significant	6.68
People Promise 4 - We are safe and healthy	6.11	Not Significant	6.14	Not Significant	6.09
People Promise 5 - We are always learning	5.69	Not Significant	5.71	Not Significant	5.69
People Promise 6 - We work flexibly	6.40	Not Significant	6.42	Significantly Better	6.22
People Promise 7 - We are a team	6.78	Not Significant	6.77	Not Significant	6.74



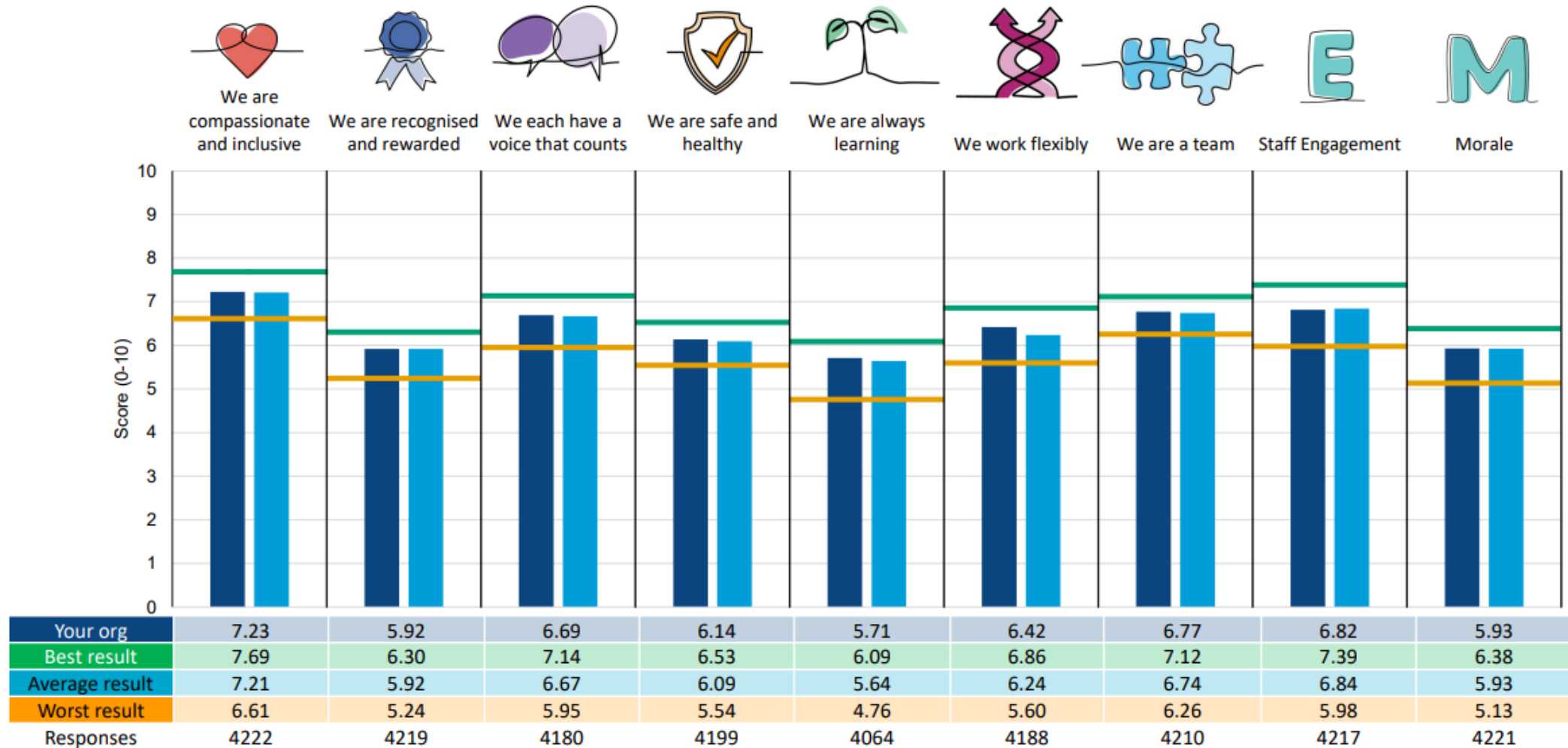
- 54 (50%) question(s) scored significantly better than in 2022
- 3 (3%) question(s) scored significantly worse than in 2022
- 50 (47%) question(s) showed no significance in relation to the 2022 score or comparisons could not be drawn



- 20 (19%) question(s) scored significantly better than the sector
- 15 (14%) question(s) scored significantly worse than the sector
- 73 (68%) question(s) showed no significance in relation to the sector average or comparisons could not be drawn

People Promises & Themes

2024 Staff Survey Results



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.

Successes to Celebrate

2024 Staff Survey Results

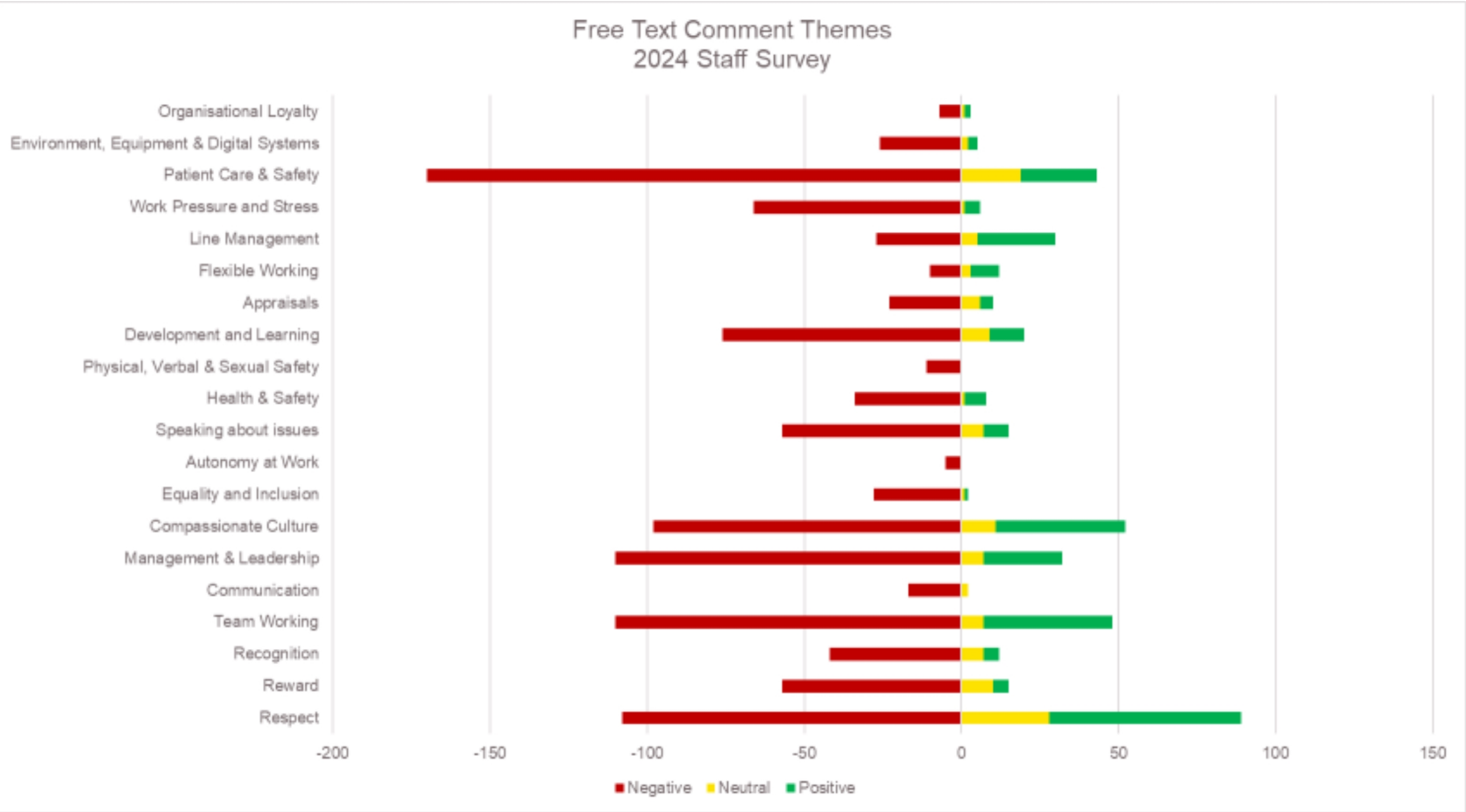
- **20** questions scored **significantly better (19%)** compared to the sector
- **47** questions (**43.52%**) showed an **improvement**, and **3** questions (**2.78%**) showed an **significant improvement** to the scores in comparison to 2023 results
- The People Promise '**We work flexibly**' is **significantly better** than sector scores



We work
flexibly

Free Text Analysis

2024 Staff Survey Results



The Staff Survey allows our staff to provide a free text response highlighting any other comments they wish to share. For 2024, we have analysed and grouped these responses into prevalent ‘themes’ and reported the number of Positive/Neutral/Negative responses associated with each.

Overall, free text sentiments are:

19% Positive	18% Neutral	63% Negative
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By volume, Patient Care and Safety is a prevalent theme with the negative narrative being a contributing factor between positive and negative split.

Respect is another prevalent theme although a more balanced split between positive and negative, the negative narrative being the contributing factor.

Free Text Analysis

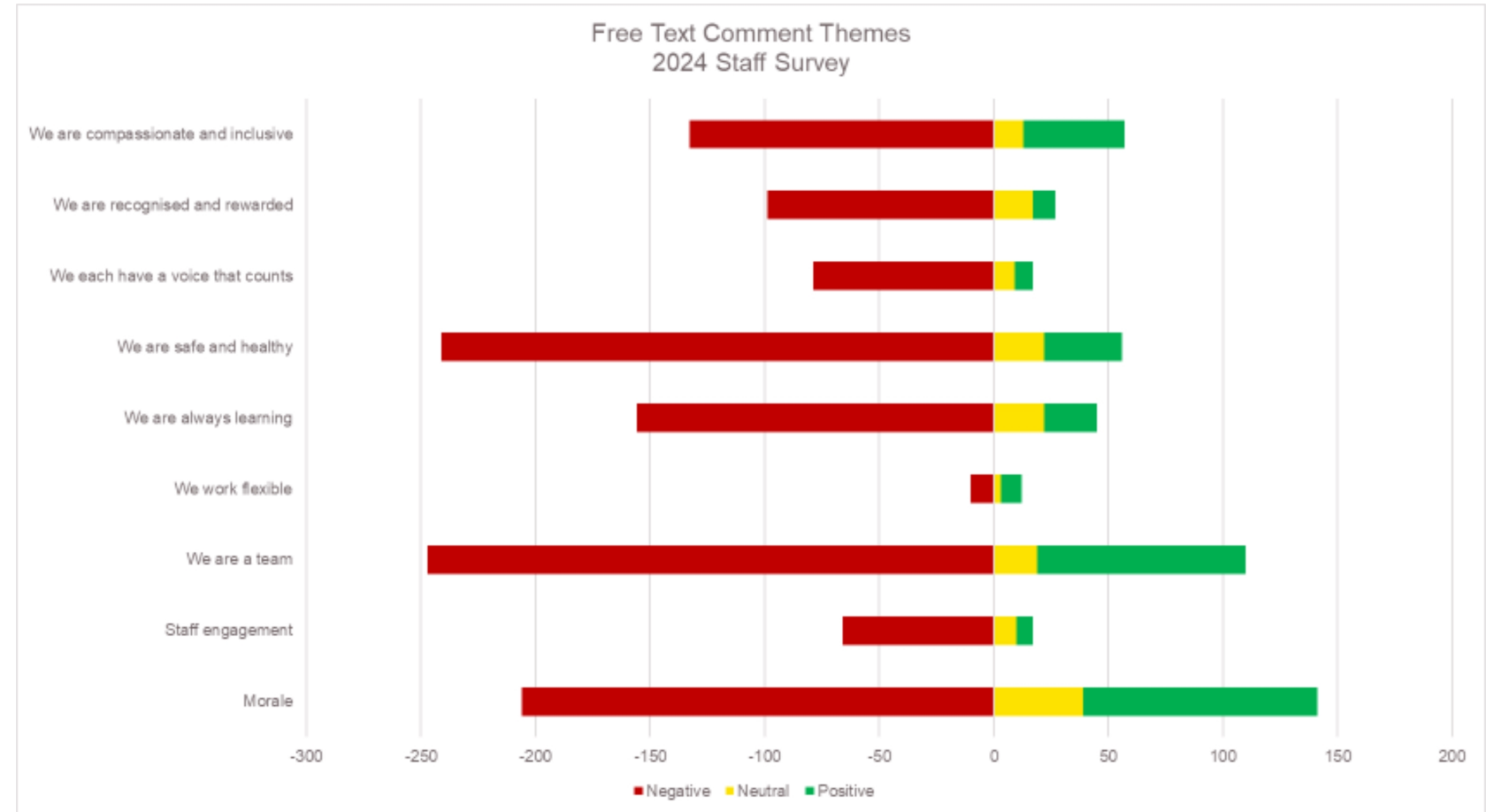
2024 Staff Survey Results

Free-text comment themes in the 2024 survey were also mapped against the NHS People Promise.

The 'Morale' theme and 'We are safe and healthy' promise are the most prevalent promises in the free-text comments, closely linked to workplace stressors, burnout, and materials/resources required to complete roles.

Teamwork was also a dominant message throughout the comments in the survey, which is largely linked to 'respect'.

Although the above elements displayed a high volume of negative sentiment, there are promising positive messages coming through from our staff around teamwork, respect, and compassionate culture.



South-West Ranking

2024 Staff Survey Results



Ranking excluding
response rate
9th in 2024
9th in 2023

Rank	Acute and Acute & Community Trusts South West Region inc. OUH	Response Rate	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff engagement	Morale	Total Score
1	Somerset NHS Foundation Trust	51%	7.45	6.23	6.88	6.32	5.80	6.54	6.94	7.06	6.19	59.4
2	University Hospitals Bristol and Weston NHS Foundation Trust	54%	7.52	6.19	6.90	6.32	5.75	6.50	6.99	7.10	6.13	59.4
3	North Bristol NHS Trust	62%	7.44	6.12	6.86	6.23	5.94	6.37	6.89	7.08	6.14	59.1
4	Salisbury NHS Foundation Trust	59%	7.38	6.09	6.85	6.24	5.67	6.35	6.89	7.09	6.09	58.7
5	Dorset County Hospital NHS Foundation Trust	46%	7.41	6.09	6.81	6.05	5.74	6.47	6.92	7.03	5.93	58.5
6	Royal Devon University Healthcare NHS Foundation Trust	40%	7.46	6.16	6.76	6.26	5.26	6.38	6.89	6.96	6.11	58.2
7	Oxford University Hospitals NHS Foundation Trust	48%	7.34	5.96	6.76	6.16	5.92	6.25	6.91	6.98	5.92	58.2
8	University Hospitals Dorset NHS Foundation Trust	58%	7.37	5.99	6.79	6.15	5.72	6.30	6.86	6.90	5.95	58.0
9	Great Western Hospitals NHS Foundation Trust	71%	7.23	5.92	6.69	6.14	5.71	6.42	6.77	6.82	5.93	57.6
10	Royal United Hospitals Bath NHS Foundation Trust	54%	7.35	5.96	6.71	5.95	5.57	6.19	6.83	6.92	5.89	57.4
11	University Hospitals Plymouth NHS Trust	42%	7.16	5.89	6.62	6.02	5.60	6.30	6.64	6.74	5.86	56.8
12	Torbay and South Devon NHS Foundation Trust	39%	7.19	5.93	6.52	5.96	5.31	6.23	6.69	6.68	5.79	56.3
13	Royal Cornwall Hospitals NHS Trust	45%	7.08	5.84	6.52	5.96	5.27	6.07	6.67	6.56	5.79	55.8
14	Gloucestershire Hospitals NHS Foundation Trust	65%	7.02	5.76	6.38	6.05	5.45	5.99	6.59	6.53	5.79	55.6

Ranking including
response rate
3rd in 2024
2nd in 2023

Rank	Acute and Acute & Community Trusts South West Region inc. OUH	Response Rate	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff engagement	Morale	Total Score inc. Response Rate
1	North Bristol NHS Trust	62%	7.44	6.12	6.86	6.23	5.94	6.37	6.89	7.08	6.14	65.2
2	University Hospitals Bristol and Weston NHS Foundation Trust	54%	7.52	6.19	6.90	6.32	5.75	6.50	6.99	7.10	6.13	64.8
3	Great Western Hospitals NHS Foundation Trust	71%	7.23	5.92	6.69	6.14	5.71	6.42	6.77	6.82	5.93	64.7
4	Salisbury NHS Foundation Trust	59%	7.38	6.09	6.85	6.24	5.67	6.35	6.89	7.09	6.09	64.6
5	Somerset NHS Foundation Trust	51%	7.45	6.23	6.88	6.32	5.80	6.54	6.94	7.06	6.19	64.5
6	University Hospitals Dorset NHS Foundation Trust	58%	7.37	5.99	6.79	6.15	5.72	6.30	6.86	6.90	5.95	63.8
7	Dorset County Hospital NHS Foundation Trust	46%	7.41	6.09	6.81	6.05	5.74	6.47	6.92	7.03	5.93	63.1
8	Oxford University Hospitals NHS Foundation Trust	48%	7.34	5.96	6.76	6.16	5.92	6.25	6.91	6.98	5.92	63.0
9	Royal United Hospitals Bath NHS Foundation Trust	54%	7.35	5.96	6.71	5.95	5.57	6.19	6.83	6.92	5.89	62.8
10	Royal Devon University Healthcare NHS Foundation Trust	40%	7.46	6.16	6.76	6.26	5.26	6.38	6.89	6.96	6.11	62.2
11	Gloucestershire Hospitals NHS Foundation Trust	65%	7.02	5.76	6.38	6.05	5.45	5.99	6.59	6.53	5.79	62.1
12	University Hospitals Plymouth NHS Trust	42%	7.16	5.89	6.62	6.02	5.60	6.30	6.64	6.74	5.86	61.1

Below Average
At Average
Above Average

Results Aligned to our Strategic Pillar

Improving Together A3 Approach



Pillar Metrics

2024 Staff Survey



Staff and volunteers feeling valued and involved in helping improve quality of care for patients

Two of our pillar metrics aligned to this pillar are monitored through the annual and quarterly staff surveys:

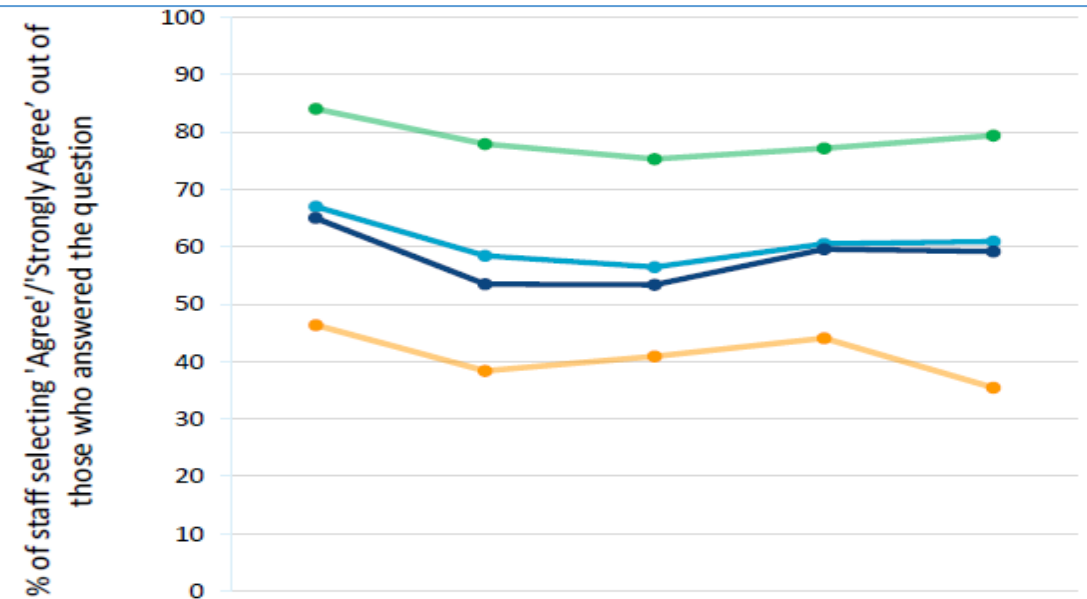
- Recommend as a place to work
- EDI – Disparity for discrimination from colleagues/managers

Our breakthrough objective focuses around respect:

- I receive respect from colleagues

Pillar Metric: “I would recommend my organisation as a place to work”

-0.4% decline



	2020	2021	2022	2023	2024
Your org	64.97%	53.45%	53.37%	59.57%	59.17%
Best result	84.01%	77.87%	75.29%	77.14%	79.38%
Average result	66.98%	58.40%	56.46%	60.53%	60.90%
Worst result	46.35%	38.38%	40.89%	44.05%	35.43%
Responses	653	2412	3131	3907	4211

Pillar Metrics

2024 Staff Survey

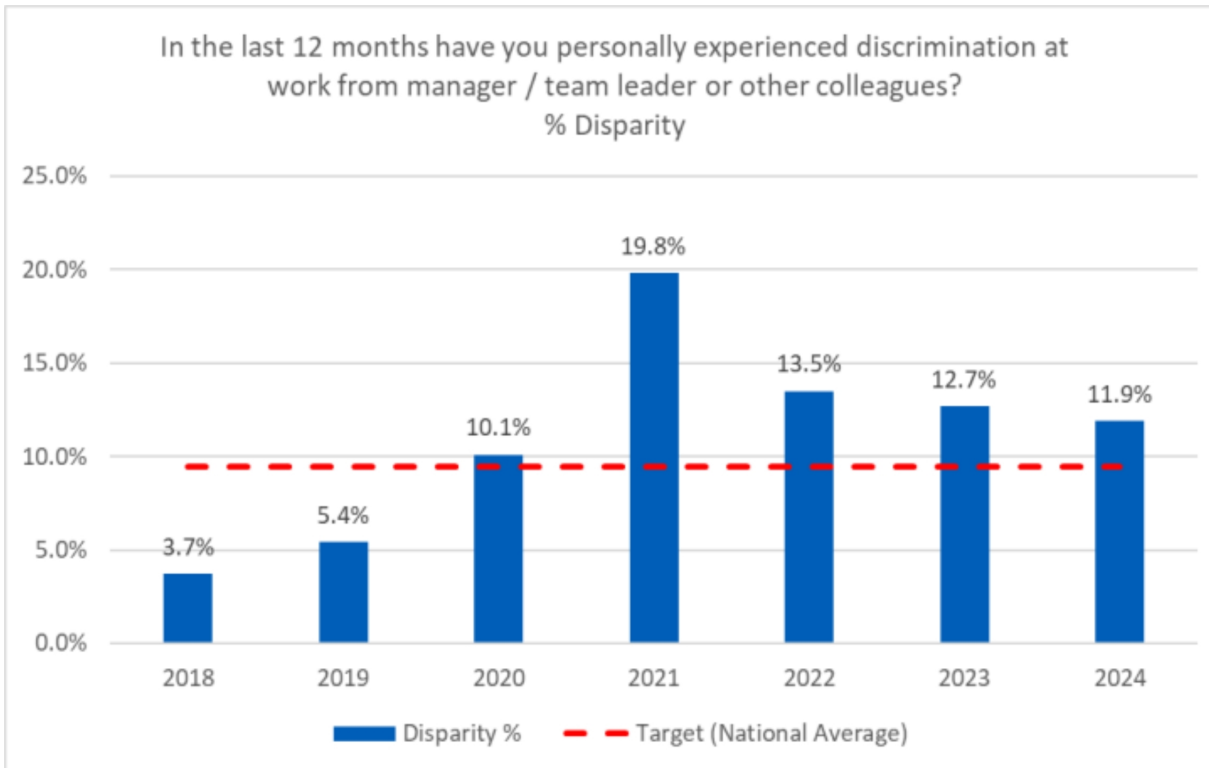


Great Western Hospitals
NHS Foundation Trust

Pillar Metric:

% Disparity for “In the last 12 months have you personally experienced discrimination at work from manager/team leader or other colleagues?”

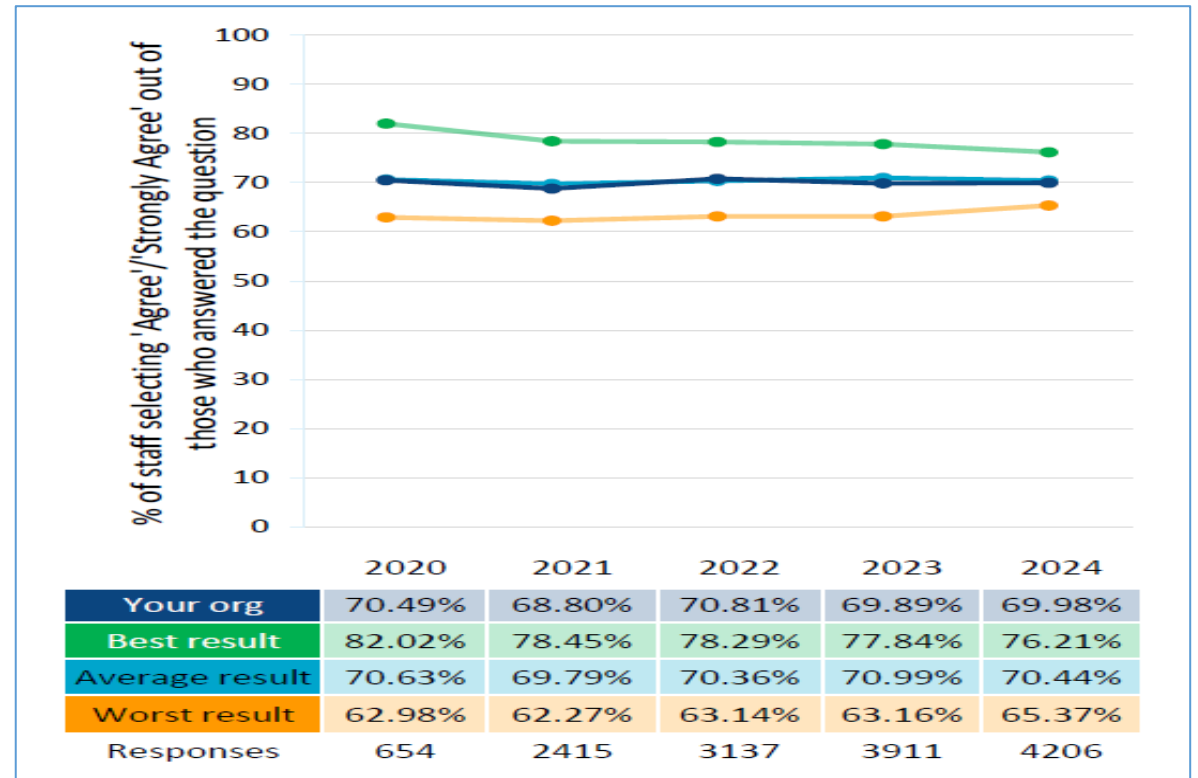
0.81% Improvement



Breakthrough Objective:

“I receive the respect I deserve from colleagues at work”

+0.1% Improvement



Pillar metric: Recommend as a Place to Work

- Results remained consistent with last years' results (59.6%), demonstrating stability in a challenging year.
- The Trust is -1.3% below national average for this question.
- Breakthrough question 'Receive Respect' had a marginal increase, alongside a marginal national decrease, resulting in closing the gap between the Trust (69.8%) and national (70.4%) for this question.

Pillar metric: Disparity

- The disparity gap between white and BME colleagues reporting personal discrimination from managers/colleagues has a positive reduction of 0.8% and brings the Trust within 2% of national disparity levels.

Results by People Promise & Theme

2024 Staff Survey



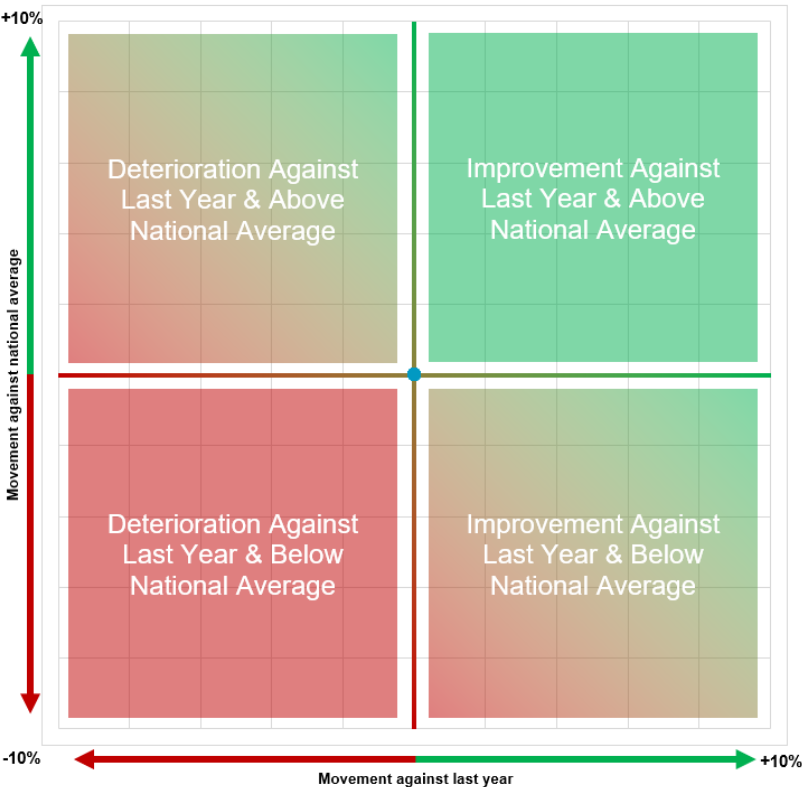
Using This Report

2024 Staff Survey

From the 2021 survey onwards, questions in the NHS Staff Survey have been aligned to the People Promise which is comprised of seven elements:



- This report breaks down performance against these People Promise elements as well as two historic ‘themes’ reported in previous years (Engagement and Morale).
- A quadrant graph has been created for each promise/theme, showing the relevant group of questions and their performance against last year and the national average.
- For 2024 reporting, all methodology (positive or negative scoring) continues to be aligned with the national methodology.
- Positively scored questions are denoted with a (+) and a higher result than last year/national average is good.
- Negatively scored questions are denoted with a (-) and a higher result than last year/national average is bad.



Positive/negative reporting				Variance to last year's results for GWH		Variance to national average	
Theme	Question Number	Question	2023 Result	Variance to 2022	National Average	Variance to National Average	
+ Sub-Theme	ex1	Example Question 1 (Strongly Agree/Agree) Positive Reporting: Higher than LY/Average is good	67.5%	1.3%	65.0%	2.5%	
- Sub-Theme	ex2	Example Question 2 (Disagree/Strongly Disagree) Negative Reporting: Higher than LY/Average is bad	9.3%	-9.3%	9.0%	-0.3%	

We are compassionate and inclusive

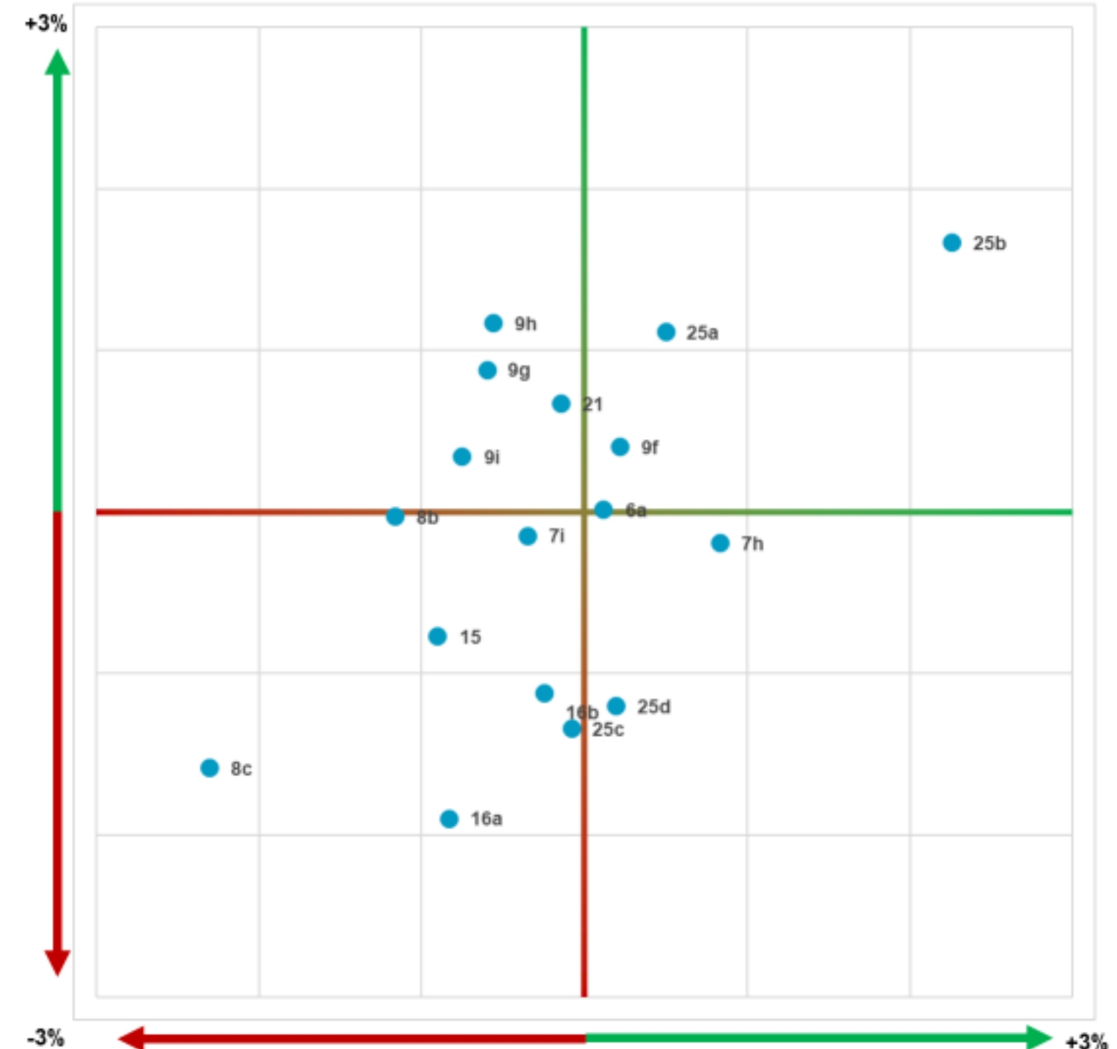


2024 Staff Survey

Questions aligned to this People Promise explore the following sub-themes:

- **Compassionate Leadership:** No significant change against 2023. Initiatives commencing in-year include civility and respect training, Leadership Behaviours framework (Oct 2023), and more recently Expectations of a Line Manager in Nov 2024. These are in early stages of roll-out and impact is expected to develop with more staff trained during 2025/6. The Just & Learning approach is embedding with 84% of line managers now completing J&L Conduct training and routinely using the 4-step J&L approach.
- **Compassionate Culture:** Questions showed overall improvement for a 2nd consecutive year demonstrating that staff lived experience is positively reflecting culture development initiatives. A success for the Trust is the above national average scores for care of patients (Q25b), and addressing concern of patients (Q25a). The 'Great Place to Work' campaign ran throughout the survey period highlighting staff stories of positive experience working at the Trust.
- **Diversity & Equality:** The question relating to fairness in career progression and promotion (Q15) has the highest decline (0.9%) and is 0.8% below national average, highlighting the need for embedding recruitment and selection equality initiatives. Recruitment Champions were introduced in Nov 2023 and unconscious bias videos shared with interviewing panels early 2024. On-going Impact measurement of this should be a focus in 2025.
- **Inclusion:** There is a continued fall in staff reporting colleagues being understanding and kind to one another (Q8b) with a 1.1% decline against 2023 and 2.5% decline against 2022. Similarly, staff reporting being polite and treating each other with respect (Q8c) declines 2.3% on 2023, and 3.9% decline on 2022. Both of these relate to the Trust breakthrough Q7c, receiving respect.

People Promise 1
We are compassionate and inclusive



We are compassionate and inclusive



2024 Staff Survey

Theme	Question Number	Question	2024 Result	Variance to 2023	National Average	Variance to National Average
+ Compassionate culture	6a	I feel that my role makes a difference to patients / service users (Agree/Strongly agree).	88.0%	0.1%	88.0%	0.0%
+ Compassionate culture	25a	Care of patients / service users is my organisation's top priority (Agree/Strongly agree).	75.5%	0.5%	74.4%	1.1%
+ Compassionate culture	25b	My organisation acts on concerns raised by patients / service users (Agree/Strongly agree).	72.6%	2.3%	70.9%	1.7%
+ Compassionate culture	25c	I would recommend my organisation as a place to work (Agree/Strongly agree).	59.6%	-0.1%	60.9%	-1.3%
+ Compassionate culture	25d	If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation (Agree/Strongly agree).	60.3%	0.2%	61.5%	-1.2%
+ Compassionate leadership	9f	My immediate manager works together with me to come to an understanding of problems (Agree/Strongly agree).	68.9%	0.2%	68.5%	0.4%
+ Compassionate leadership	9g	My immediate manager is interested in listening to me when I describe challenges I face (Agree/Strongly agree).	71.8%	-0.6%	71.0%	0.9%
+ Compassionate leadership	9h	My immediate manager cares about my concerns (Agree/Strongly agree).	70.8%	-0.6%	69.6%	1.2%
+ Compassionate leadership	9i	My immediate manager takes effective action to help me with any problems I face (Agree/Strongly agree).	67.2%	-0.7%	66.8%	0.3%
+ Diversity and equality	15	Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age (Yes).	55.2%	-0.9%	56.0%	-0.8%
+ Diversity and equality	16a	In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public (No).	89.4%	-0.8%	91.3%	-1.9%
+ Diversity and equality	16b	In the last 12 months have you personally experienced discrimination at work from a manager / team leader or other colleagues (No).	89.5%	-0.2%	90.7%	-1.1%
+ Diversity and equality	21	I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc) (Agree/Strongly agree).	70.7%	-0.1%	70.1%	0.7%
+ Inclusion	7h	I feel valued by my team (Agree/Strongly agree).	68.9%	0.8%	69.1%	-0.2%
+ Inclusion	7i	I feel a strong personal attachment to my team (Agree/Strongly agree).	63.0%	-0.3%	63.2%	-0.1%
+ Inclusion	8b	The people I work with are understanding and kind to one another (Agree/Strongly agree).	68.9%	-1.2%	68.9%	0.0%
+ Inclusion	8c	The people I work with are polite and treat each other with respect (Agree/Strongly agree).	68.4%	-2.3%	70.0%	-1.6%

We are recognised and rewarded

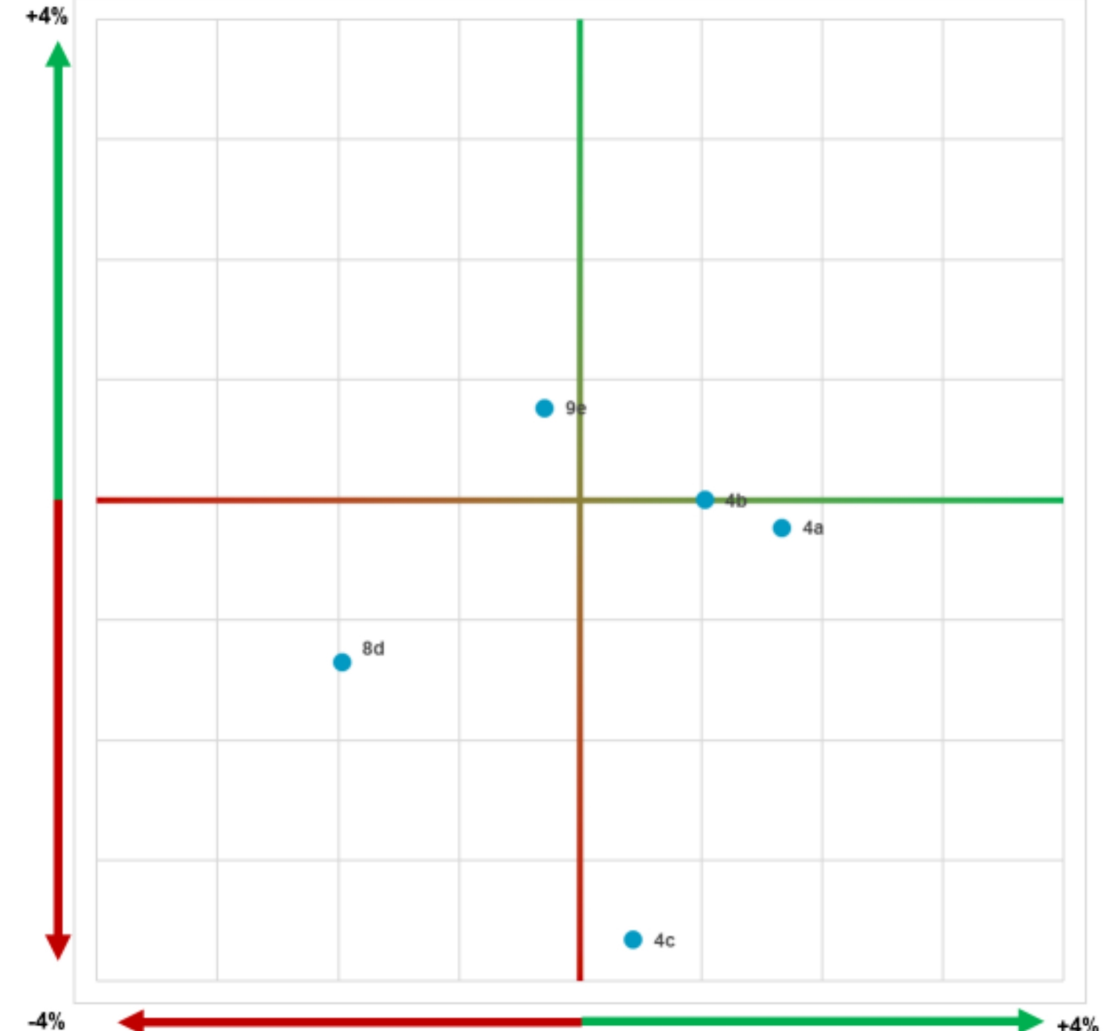


2024 Staff Survey

Questions aligned to this People Promise explore staff connection to themes of Reward and Recognition.

- **Reward:** The 2023 7% increase in satisfaction on pay (Q4c) has been maintained with a further improvement to 27.5%. It is encouraging to see that the increased controls on pay (e.g. overtime reduction, system-aligned bank rates) have not had a negative impact on staff perception of pay levels. To support colleague preparation for retirement, the Trust introduced quarterly pension workshops as part of the people promise programme.
- **Recognition:** Significant increase for 2nd consecutive year in staff reporting recognition for good work (Q4a +1.7% improvement against 2023, and +5% on 2022). Similarly, there is an improvement in staff reporting that the Trust values their work (Q4b +1.1% against 2023, and +6.7% against 2022), reflecting the breadth of recognition schemes at GWH e.g. xmas hampers, tea trolley, anniversary day, Great West Fest and Staff Excellence awards.
- Peer staff recognition scheme Star of the Month continues to be promoted and there has been a 29% increase in Hidden Hero nominations with 253 received Jan-Dec 2024.
- The Trust re-introduced face-to-face long service awards during 2024. This was well received and will continue in this format through 2025/6.
- Despite the above, staff showing appreciation to one another (Q8d) falls against both 2023 and national average. E-cards were launched in August to encourage peer-to-peer recognition and will be promoted and measured for positive impact during 2025/6.

People Promise 2
We are recognised and rewarded



We are recognised and rewarded



2024 Staff Survey

	Theme	Question Number	Question	2024 Result	Variance to 2023	National Average	Variance to National Average
+	Reward and recognition	4a	The recognition I get for good work (Satisfied/Very satisfied).	52.8%	1.7%	53.0%	-0.2%
+	Reward and recognition	4b	The extent to which my organisation values my work (Satisfied/Very satisfied).	43.9%	1.0%	43.9%	0.0%
+	Reward and recognition	4c	My level of pay (Satisfied/Very satisfied).	27.5%	0.4%	31.1%	-3.7%
+	Reward and recognition	8d	The people I work with show appreciation to one another (Agree/Strongly agree).	64.9%	-2.0%	66.3%	-1.3%
+	Reward and recognition	9e	My immediate manager values my work (Agree/Strongly agree).	72.1%	-0.3%	71.3%	0.8%

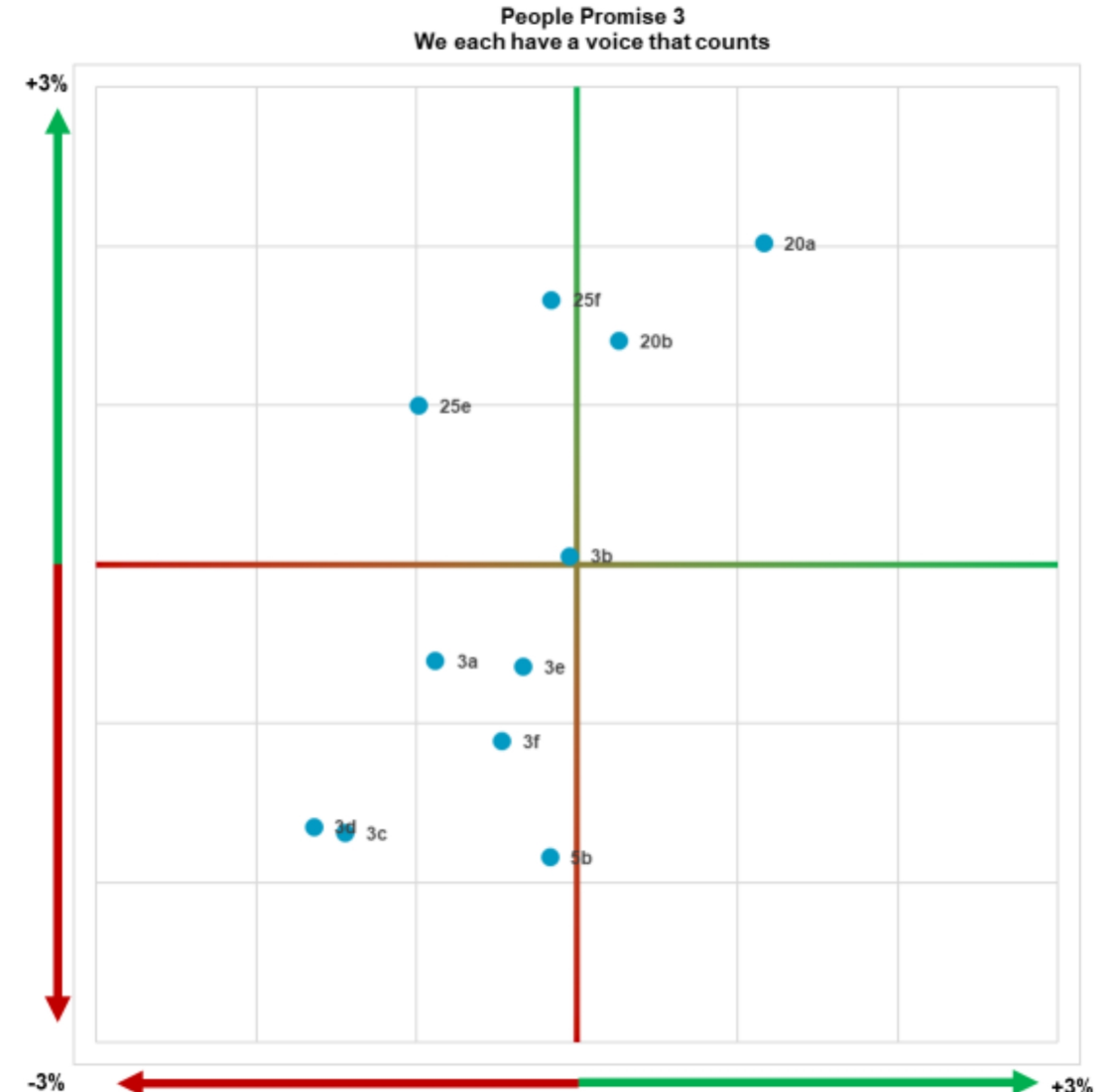
We each have a voice that counts



2024 Staff Survey

Questions aligned to this People Promise look at themes of Autonomy & Control and Raising Concerns (speaking up culture).

- **Autonomy and Control:** Overall, the improvement seen 2022-23 has not been sustained in 2024, with a decline in 9 of 11 questions. Staff feeling able to make suggestions and improvement, having opportunities to show initiative, and being involved in decisions about change all decline. This may reflect the Trust change of breakthrough objective in April 2024 (from making improvements happen to respect) and demonstrate that teams have not yet embedded the improvement approach as BAU.
- **Raising Concerns:** Encouraging to see better-than national improvement in staff feeling safe to raise clinical concerns (Q20a) given that it had deteriorated in 2023. Scores relating to staff feeling safe to speak up about anything that concerns them (Q25e), and confidence in them being addressed by the Trust (Q25f), have declined. The Trust is developing an embedded expectation and accountability for people to speak-up supported by Clever Together.
- Exit interview questionnaires were uploaded to ESR in October 2024 to provide the Trust with more meaningful insight into reasons for leaving. A dashboard report will share insights to divisions on a quarterly basis starting May 2025.
- A review of 'stay conversations' took place in Oct 2024 which highlighted that conversations were mainly taking place once staff had resigned, therefore less opportunity to influence remaining at the Trust. Stay conversations have now been built into the standard 1:1 template to promote conversation throughout employment.



We each have a voice that counts



2024 Staff Survey

	Theme	Question Number	Question	2024 Result	Variance to 2023	National Average	Variance to National Average
+	Autonomy and control	3a	I always know what my work responsibilities are (Agree/Strongly agree).	85.9%	-0.9%	86.6%	-0.6%
+	Autonomy and control	3b	I am trusted to do my job (Agree/Strongly agree).	90.0%	0.0%	90.0%	0.1%
+	Autonomy and control	3c	There are frequent opportunities for me to show initiative in my role (Agree/Strongly agree).	71.5%	-1.4%	73.2%	-1.7%
+	Autonomy and control	3d	I am able to make suggestions to improve the work of my team / department (Agree/Strongly agree).	69.0%	-1.6%	70.6%	-1.6%
+	Autonomy and control	3e	I am involved in deciding on changes introduced that affect my work area / team / department (Agree/Strongly agree).	50.2%	-0.3%	50.8%	-0.6%
+	Autonomy and control	3f	I am able to make improvements happen in my area of work (Agree/Strongly agree).	54.6%	-0.5%	55.7%	-1.1%
+	Autonomy and control	5b	I have a choice in deciding how to do my work (Often/Always).	50.2%	-0.2%	52.0%	-1.8%
+	Raising concerns	20a	I would feel secure raising concerns about unsafe clinical practice (Agree/Strongly agree).	72.5%	1.2%	70.4%	2.0%
+	Raising concerns	20b	I am confident that my organisation would address my concern (Agree/Strongly agree).	57.3%	0.3%	55.9%	1.4%
+	Raising concerns	25e	I feel safe to speak up about anything that concerns me in this organisation (Agree/Strongly agree).	61.3%	-1.0%	60.3%	1.0%
+	Raising concerns	25f	If I spoke up about something that concerned me I am confident my organisation would address my concern (Agree/Strongly agree).	49.9%	-0.2%	48.2%	1.7%

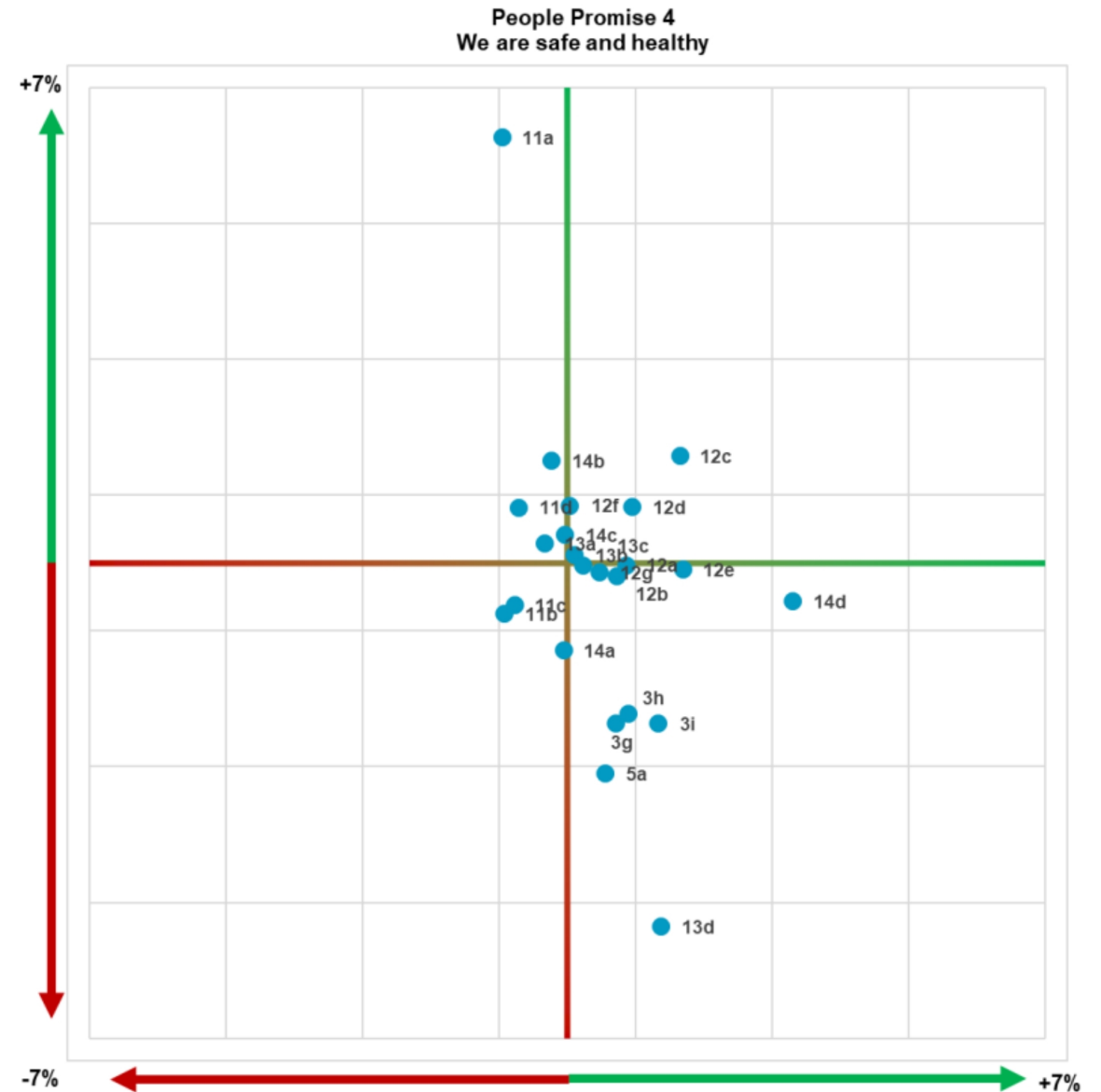
We are safe and healthy

2024 Staff Survey

This People Promise and its questions focus on sub-themes of Burnout, Negative Experience, and Health & Safety Climate.

- **Burnout questions:** All questions relating to Burnout have improved for a 2nd consecutive year and equal or better than national average. A 4% increase in staff reporting they work zero additional paid hours reflects the overtime restrictions introduced during 2024.
- **Health & Safety Climate:** The improvement in staff reporting having adequate materials (Q3h) and enough staff to do their job (Q3i) is reflected in staff feeling better able to meet conflicting demands (Q3g) and reflects further investment in safer staffing. Greater awareness of the Trust investments in equipment and staff may bring these closer to national levels.

Encouraging improvement in staff reporting relating to incidents of physical violence, bullying or harassment. Whilst small in percentage terms, the experience of violence and aggression at work and should be explored with hotspot departments.



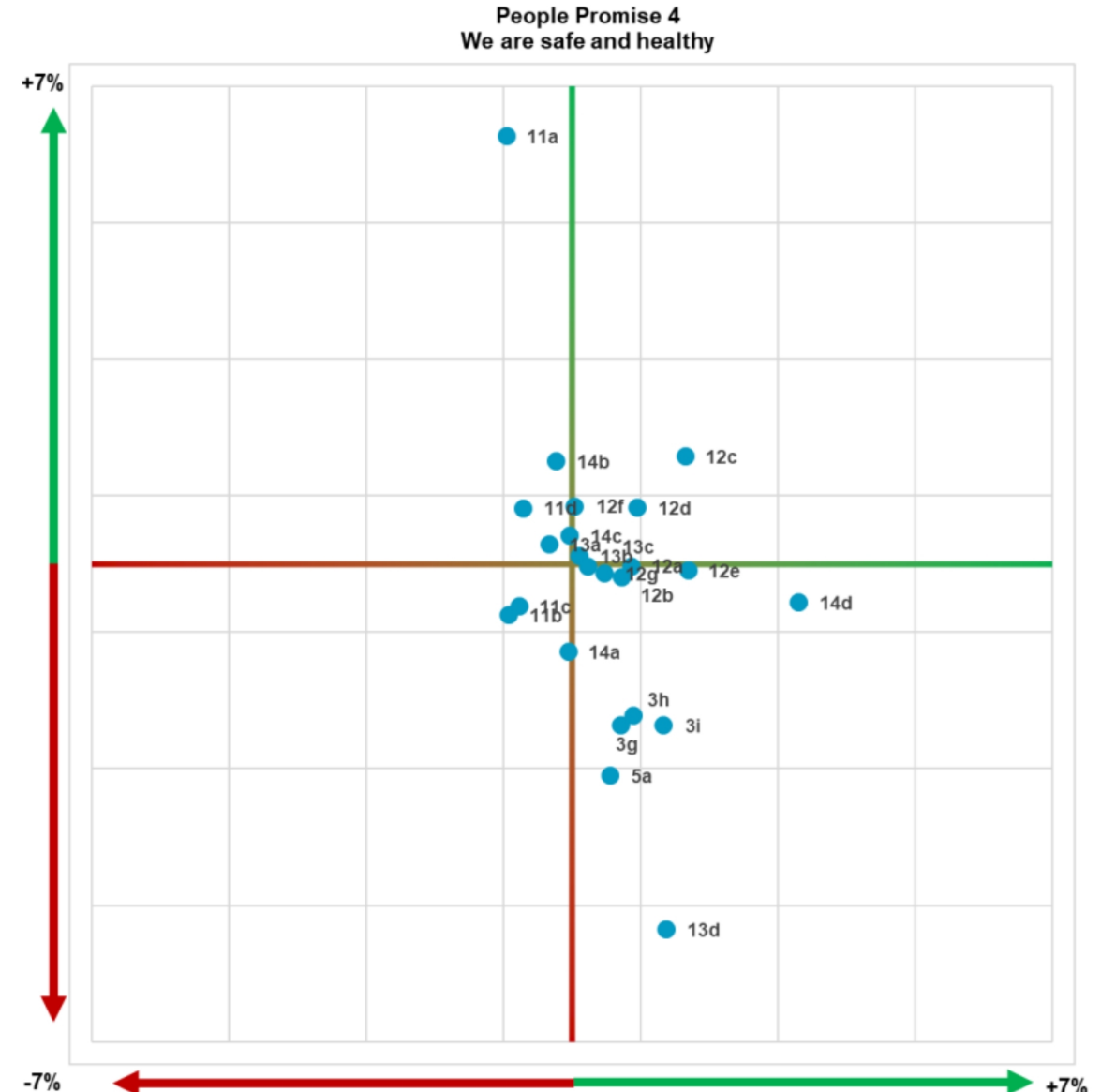
We are safe and healthy cont'd



2024 Staff Survey

This People Promise and its questions focus on sub-themes of Burnout, Negative Experience, and Health & Safety Climate.

- Staff feeling the organisation takes positive action on their health and wellbeing remains a success for the Trust at +6% above national average. Staff awareness of the broad H&WB offer is being maintained through weekly Comms signposting to H&W events and initiatives. This includes a focus on community teams with Orbital-based H&S events and tea-in-a-box recognition scheme.
- Nov 2023 the Trust signed up to the NHS Sexual Safety Charter, with an interim policy launched Nov 2024 and Sexual Misconduct Policy launched Dec 2024. 'Understanding Sexual Misconduct in the Workplace' E-learning module launched on ESR Jan 2025 which will support improvement in 2025.



We are safe and healthy

2024 Staff Survey

	Theme	Question Number	Question	2024 Result	Variance to 2023	National Average	Variance to National Average
+	Health and safety climate	3g	I am able to meet all the conflicting demands on my time at work (Agree/Strongly agree).	45.1%	0.7%	47.5%	-2.4%
+	Health and safety climate	3h	I have adequate materials, supplies and equipment to do my work (Agree/Strongly agree).	54.8%	0.9%	57.0%	-2.2%
+	Health and safety climate	3i	There are enough staff at this organisation for me to do my job properly (Agree/Strongly agree).	30.4%	1.3%	32.8%	-2.4%
+	Health and safety climate	5a	I have unrealistic time pressures (Never/Rarely).	22.6%	0.6%	25.7%	-3.1%
+	Health and safety climate	11a	My organisation takes positive action on health and well-being (Agree/Strongly agree).	62.3%	-1.0%	56.0%	6.3%
+	Health and safety climate	13d	The last time you experienced physical violence at work, did you or a colleague report it (Yes).	65.2%	1.4%	70.6%	-5.4%
+	Health and safety climate	14d	The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it (Yes).	51.3%	3.3%	51.9%	-0.6%
-	Burnout	12a	How often, if at all, do you find your work emotionally exhausting (Often/Always).	33.9%	0.9%	33.9%	0.0%
-	Burnout	12b	How often, if at all, do you feel burnt out because of your work (Often/Always).	31.0%	0.7%	30.8%	-0.2%
-	Burnout	12c	How often, if at all, does your work frustrate you (Often/Always).	34.6%	1.6%	36.2%	1.6%
-	Burnout	12d	How often, if at all, are you exhausted at the thought of another day/shift at work (Often/Always).	27.3%	0.9%	28.1%	0.8%
-	Burnout	12e	How often, if at all, do you feel worn out at the end of your working day/shift (Often/Always).	42.6%	1.7%	42.5%	-0.1%
-	Burnout	12f	How often, if at all, do you feel that every working hour is tiring for you (Often/Always).	19.0%	0.0%	19.8%	0.8%
-	Burnout	12g	How often, if at all, do you not have enough energy for family and friends during leisure time (Often/Always).	29.7%	0.5%	29.6%	-0.1%
-	Negative experiences	11b	In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities (Yes).	31.0%	-0.9%	30.3%	-0.8%
-	Negative experiences	11c	During the last 12 months have you felt unwell as a result of work related stress (Yes).	42.1%	-0.8%	41.5%	-0.6%
-	Negative experiences	11d	In the last three months have you ever come to work despite not feeling well enough to perform your duties (Yes).	55.1%	-0.7%	56.0%	0.8%
-	Negative experiences	13a	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 (One or more times).	14.1%	-0.3%	14.4%	0.3%
-	Negative experiences	13b	In the last 12 months how many times have you personally experienced physical violence at work from managers (One or more times).	0.6%	0.1%	0.8%	0.1%
-	Negative experiences	13c	In the last 12 months how many times have you personally experienced physical violence at work from other colleagues (One or more times).	1.9%	0.2%	1.9%	0.0%
-	Negative experiences	14a	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 (One or more times).	26.0%	-0.1%	24.7%	-1.3%
-	Negative experiences	14b	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers (One or more times).	8.5%	-0.2%	10.0%	1.5%
-	Negative experiences	14c	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues (One or more times).	18.1%	0.0%	18.5%	0.4%

We are always learning



2024 Staff Survey

Questions aligned to this People Promise look at Development and Appraisals.

- Maintained as the most improved Trust promise in 2023 and 2024.
- **Development:** Staff report over the last 3 surveys a consistent improvement in having opportunity to improve knowledge and skills and access to development opportunities. This reflects the breadth of training and development offered at the Trust with further opportunity for improvement in 2025 provided by a new 'Leadership, Talent and Organisational Development Prospectus'.
- Expectations Of A Line Manager training launched Nov 2024 includes management accountability and resources for signposting and developing staff talent, including through Scope for Growth and career mentoring.
- April 2025 sees the launch of a Trust-wide induction workbook to support new starters. This includes introduction to the Trust, role-specific and mandatory training expectations. and incorporates a buddy system to further support early days of working at GWH. An extended induction programme was also developed in 2024 for resident doctors.
- **Appraisal:** The importance of appraisal conversations at GWH is reflected in the improved score, and is also better than national levels. This will be further supported in 2025 by the link of appraisal to pay progression, and the introduction of an ESR-based format which reinforces a focus on objective setting and STAR behaviours.
- Appraisals helping people do their job slightly improves however this isn't translating into staff being offered challenging work and links to a decline in staff having clear objectives (Q23c) and understanding each others roles (Q7d). It may also link to Q15 relating to fairness of career progression.



We are always learning



2024 Staff Survey

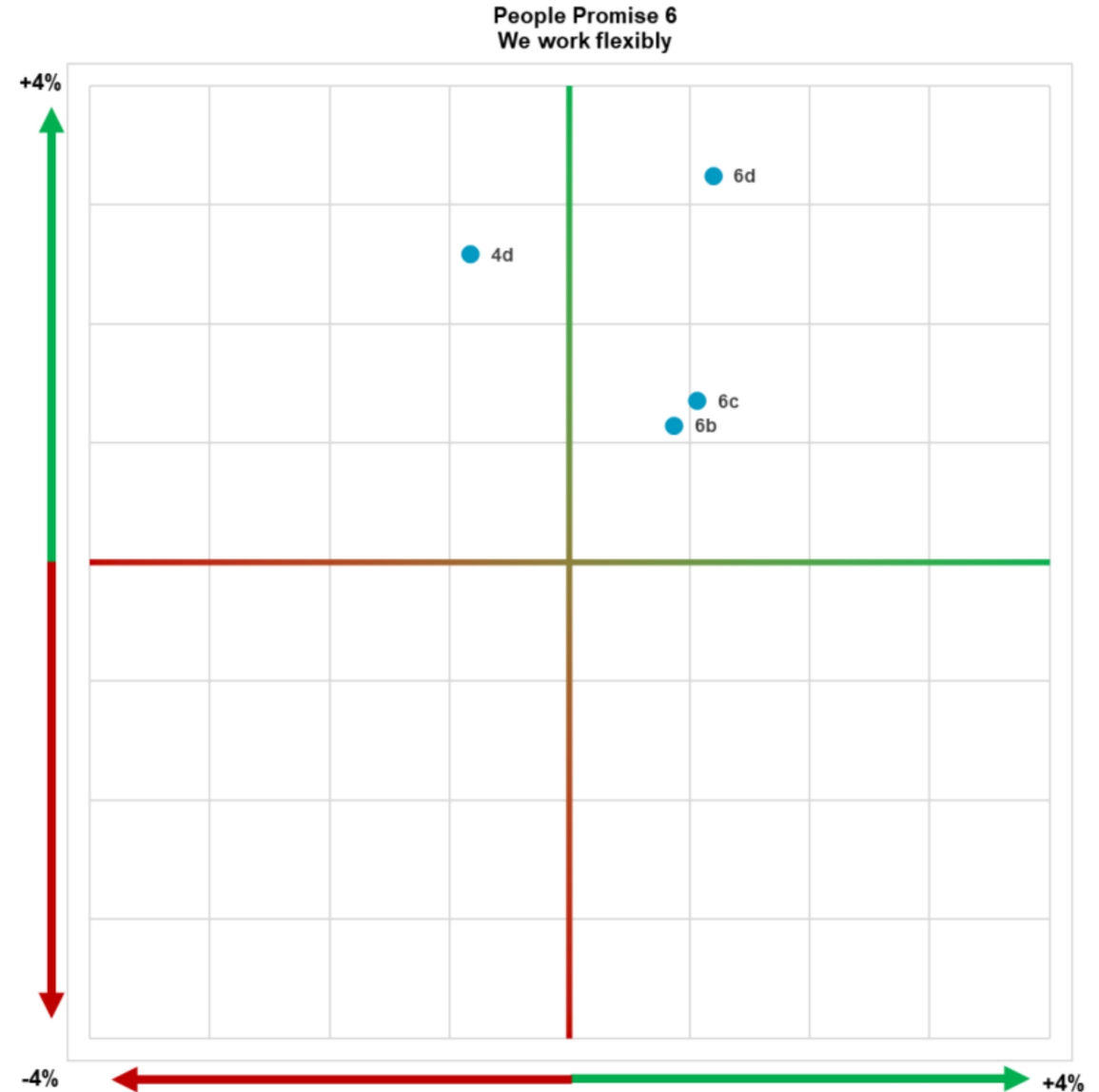
	Theme	Question Number	Question	2024 Result	Variance to 2023	National Average	Variance to National Average
+	Development	24a	This organisation offers me challenging work (Agree/Strongly agree).	66.5%	-2.1%	68.1%	-1.6%
+	Development	24b	There are opportunities for me to develop my career in this organisation (Agree/Strongly agree).	55.7%	-0.8%	54.3%	1.4%
+	Development	24c	I have opportunities to improve my knowledge and skills (Agree/Strongly agree).	71.5%	0.9%	69.4%	2.1%
+	Development	24d	I feel supported to develop my potential (Agree/Strongly agree).	56.7%	-0.3%	56.2%	0.5%
+	Development	24e	I am able to access the right learning and development opportunities when I need to (Agree/Strongly agree).	60.3%	1.2%	59.5%	0.8%
+	Appraisals	23a	In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review (Yes).	86.0%	2.7%	85.1%	0.9%
+	Appraisals	23b	It helped me to improve how I do my job (Yes, definitely).	28.1%	0.1%	25.7%	2.4%
+	Appraisals	23c	It helped me agree clear objectives for my work (Yes, definitely).	36.4%	-1.1%	36.0%	0.4%
+	Appraisals	23d	It left me feeling that my work is valued by my organisation (Yes, definitely).	34.4%	0.3%	33.8%	0.6%



2024 Staff Survey

This People Promise is split into sub-themes of work/life balance and flexible working.

- All questions are better than national average.
- Further evidence that the Trust has a culture of openly discussing flexible working opportunities and demonstrating a commitment to support staff balance home and work life, +0.9% against 2023, and +2.1% compared to 2022.
- The Trust embeds consistency using a standard management toolkit, 1:1 and appraisal meeting templates. Consideration of flexible working arrangements is prioritised in change management programmes where possible, for example during the bed reconfiguration moves in 2024.
- Line managers understanding of their responsibilities will be further embedded in 2025 through the Expectations of a Line Manager programme.
- Improved self-management access to roster and annual leave management was made available to staff by the introduction of Loop in June 2024.
- Retirement workshops now include a specific 'retire and return' workshop to support staff with flexible options on approaching retirement.
- A project run through the people promise programme highlighted that there was no application and outcome visibility at Trust level. As a result flexible working applications will be completed through ESR for AfC colleagues from March 25. This will enable oversight of compliance within policy, patterns and impact of decisions on turnover.





2024 Staff Survey

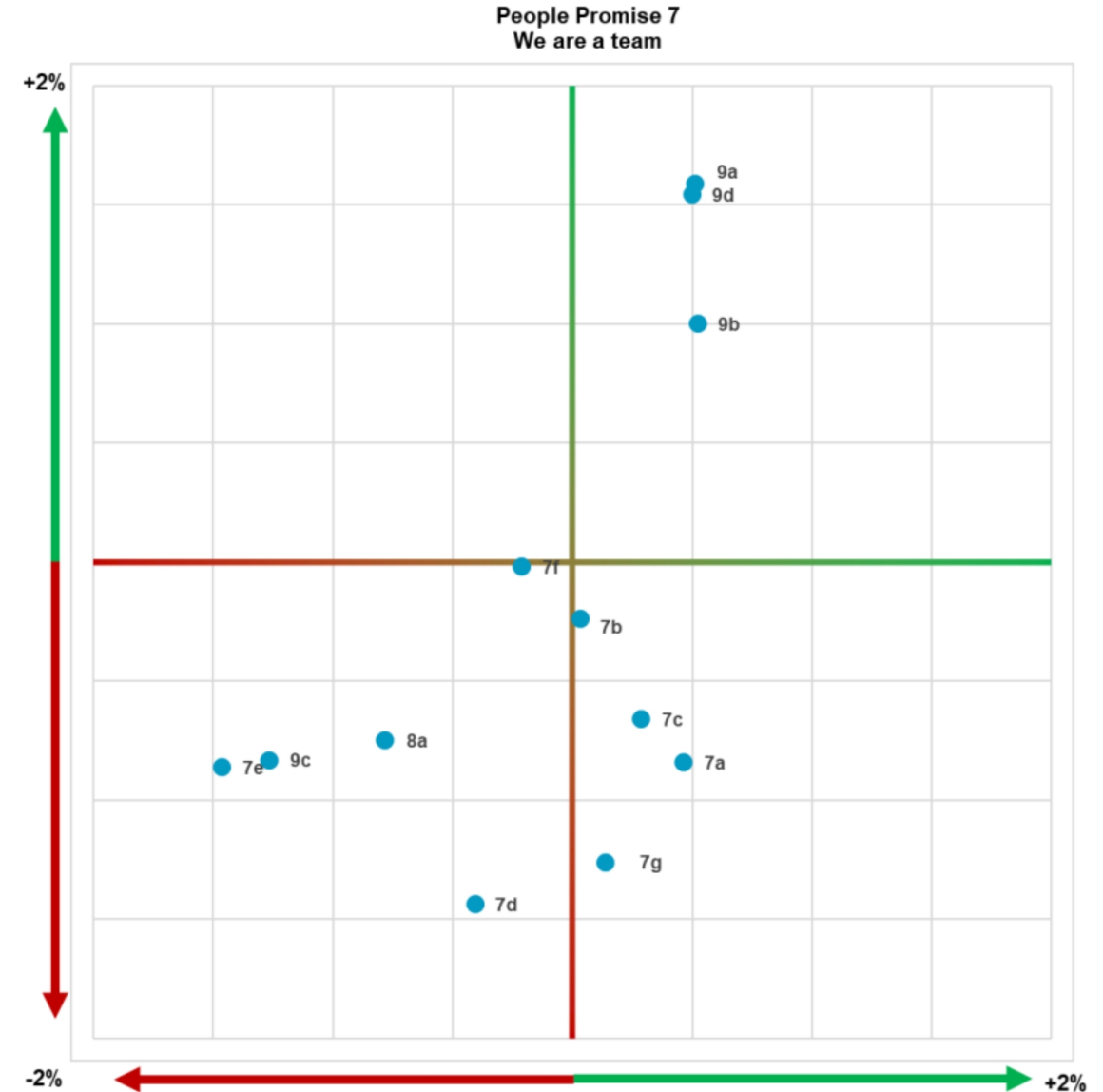
	Theme	Question Number	Question	2024 Result	Variance to 2023	National Average	Variance to National Average
+	Support for work-life balance	6b	My organisation is committed to helping me balance my work and home life (Agree/Strongly agree).	50.5%	0.9%	49.3%	1.1%
+	Support for work-life balance	6c	I achieve a good balance between my work life and my home life (Agree/Strongly agree).	57.2%	1.1%	55.9%	1.4%
+	Support for work-life balance	6d	I can approach my immediate manager to talk openly about flexible working (Agree/Strongly agree).	73.0%	1.2%	69.7%	3.2%
+	Flexible working	4d	The opportunities for flexible working patterns (Satisfied/Very satisfied).	59.0%	-0.8%	56.4%	2.6%

We are a team



2024 Staff Survey

- Questions aligned to this People Promise examine team working and line management.
- Trust corporate projects in 2024/5 aimed at driving improvement of staff feeling respected include implementation of the national toolkit "role of the line manager"; our compassionate way; leaderships behaviours; and improved staff recognition and opportunities to thank staff.
- Pulse free text data provided a summary view that respect relates to 'belonging to a team and culture where staff are valued, heard, and all voices matter.' Trust and divisions will align to Q7c in 2025/6.
- **Team working:** The Trust saw significant change management programmes during 2024 with the new IFD and bed reconfiguration moves. These, and the loss of community contract do not appear to have negatively influenced staff responses to this promise.
- Wider use of the engagement and development tool (TED) will help impacting teams understand how effectively they work together and engage team members in ideas and improvement actions.
- **Line management:** An observation that there is a 7% difference in staff feeling that their line manager takes positive interest on their health and wellbeing (Q9d 70.4%) versus the organisation (Q11a 63.2%). This indicates the importance of local comms and managers providing updates to their teams.
- Questions relating to the immediate line manager see positive progress against both 2023 and national levels for a 2nd consecutive year, although the theme of staff not feeling involved in decisions is repeated.



We are a team



2024 Staff Survey

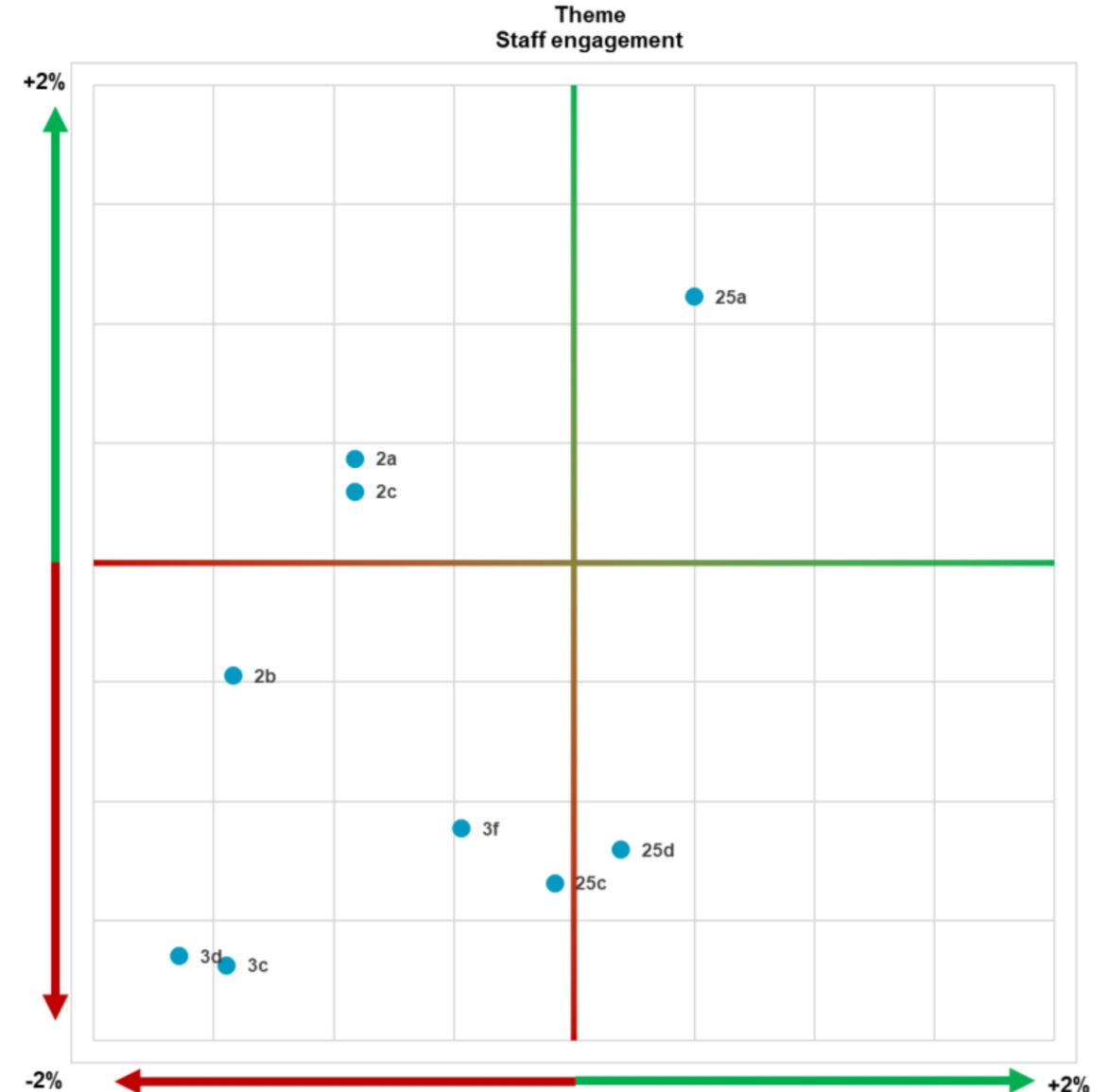
	Theme	Question Number	Question	2024 Result	Variance to 2023	National Average	Variance to National Average
+	Team working	7a	The team I work in has a set of shared objectives (Agree/Strongly agree).	72.7%	0.5%	73.5%	-0.8%
+	Team working	7b	The team I work in often meets to discuss the team's effectiveness (Agree/Strongly agree).	61.7%	0.0%	61.9%	-0.2%
+	Team working	7c	I receive the respect I deserve from my colleagues at work (Agree/Strongly agree).	69.8%	0.3%	70.4%	-0.7%
+	Team working	7d	Team members understand each other's roles (Agree/Strongly agree).	69.8%	-0.4%	71.3%	-1.4%
+	Team working	7e	I enjoy working with the colleagues in my team (Agree/Strongly agree).	79.5%	-1.5%	80.3%	-0.9%
+	Team working	7f	My team has enough freedom in how to do its work (Agree/Strongly agree).	59.5%	-0.2%	59.5%	0.0%
+	Team working	7g	In my team disagreements are dealt with constructively (Agree/Strongly agree).	55.4%	0.1%	56.7%	-1.3%
+	Team working	8a	Teams within this organisation work well together to achieve their objectives (Agree/Strongly agree).	53.5%	-0.8%	54.3%	-0.7%
+	Line management	9a	My immediate manager encourages me at work (Agree/Strongly agree).	73.0%	0.5%	71.4%	1.6%
+	Line management	9b	My immediate manager gives me clear feedback on my work (Agree/Strongly agree).	66.3%	0.5%	65.3%	1.0%
+	Line management	9c	My immediate manager asks for my opinion before making decisions that affect my work (Agree/Strongly agree).	58.0%	-1.3%	58.8%	-0.8%
+	Line management	9d	My immediate manager takes a positive interest in my health and well-being (Agree/Strongly agree).	70.9%	0.5%	69.4%	1.5%

Staff engagement

2024 Staff Survey

The Staff Engagement theme explores sub-themes of Motivation, Involvement, and Advocacy.

- No significant change to questions under the sub theme **motivation** and **involvement**. These questions largely link to the people promise 'We have a voice that counts' which highlighted a decline in staff having opportunities to show initiative, and being involved in decisions about change.
- **Advocacy** questions are considered to be a key indicator of staff engagement in a Trust. All 3 questions under the advocacy sub theme have been sustained or improved in 2024. Of particular note is improvement in the friends and family measure for a second consecutive year, with an increase staff reporting being happy with the standard of care provided by the organisation (Q25d). This closes the gap against national average given that this question saw a -1.8% reduction nationally.



Staff engagement

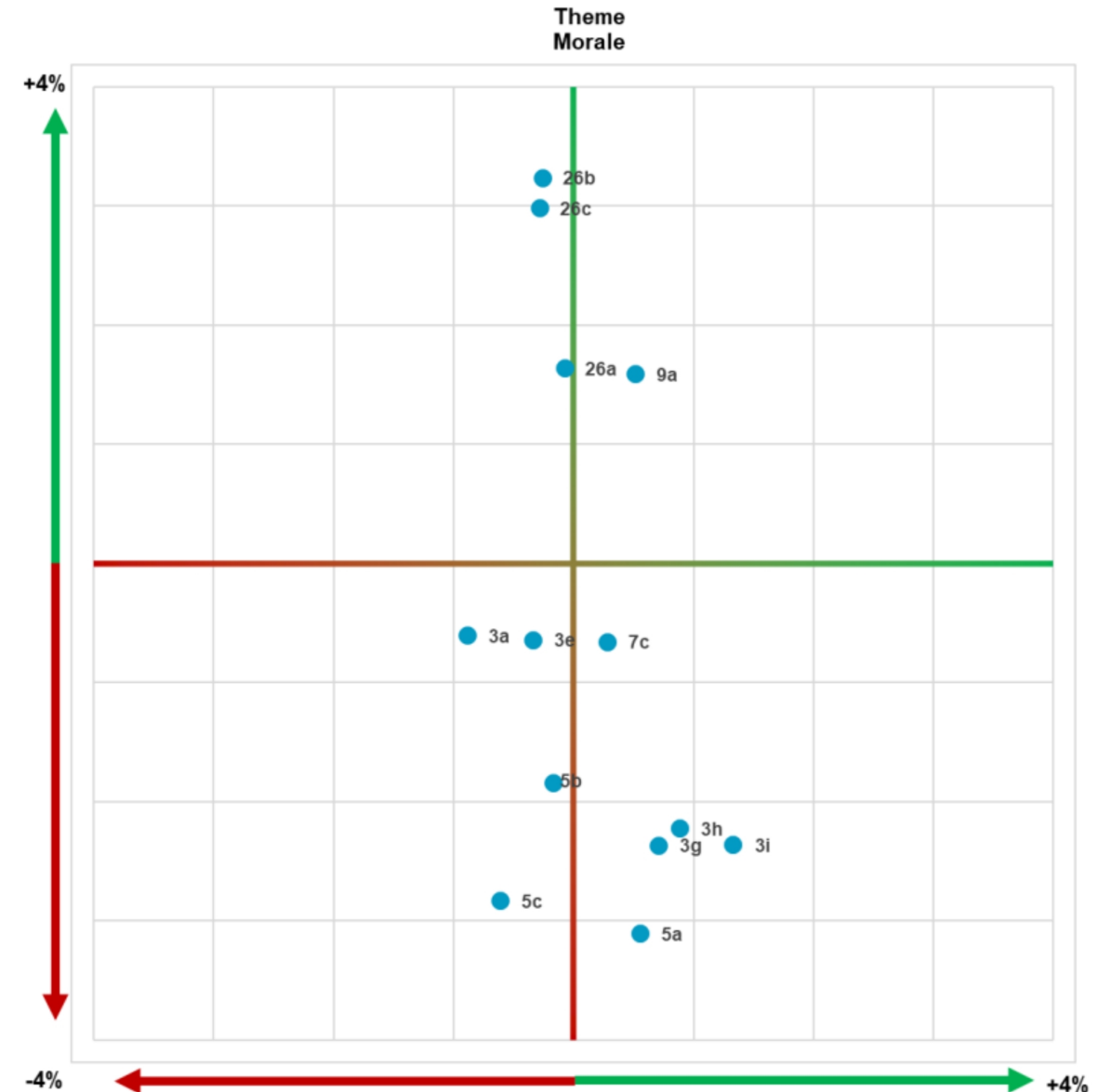


2024 Staff Survey

	Theme	Question Number	Question	2024 Result	Variance to 2023	National Average	Variance to National Average
+	Motivation	2a	I look forward to going to work (Often/Always).	54.6%	-0.9%	54.2%	0.4%
+	Motivation	2b	I am enthusiastic about my job (Often/Always).	67.5%	-1.4%	68.0%	-0.5%
+	Motivation	2c	Time passes quickly when I am working (Often/Always).	71.2%	-0.9%	70.9%	0.3%
+	Involvement	3c	There are frequent opportunities for me to show initiative in my role (Agree/Strongly agree).	71.5%	-1.4%	73.2%	-1.7%
+	Involvement	3d	I am able to make suggestions to improve the work of my team / department (Agree/Strongly agree).	69.0%	-1.6%	70.6%	-1.6%
+	Involvement	3f	I am able to make improvements happen in my area of work (Agree/Strongly agree).	54.6%	-0.5%	55.7%	-1.1%
+	Advocacy	25a	Care of patients / service users is my organisation's top priority (Agree/Strongly agree).	75.5%	0.5%	74.4%	1.1%
+	Advocacy	25c	I would recommend my organisation as a place to work (Agree/Strongly agree).	59.6%	-0.1%	60.9%	-1.3%
+	Advocacy	25d	If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation (Agree/Strongly agree).	60.3%	0.2%	61.5%	-1.2%

The Staff Engagement theme explores sub-themes of Health and Safety Climate and Burnout.

- The pattern of slow and steady improvement against the **work pressures** cluster of questions remains in 2024 with more staff feeling they are able to meet the conflicting demands on their time (+0.7%) and have adequate materials, supplies and equipment to do their work (+0.9%), however, these questions are below the national average.
- The Trust could review further ways to improve staff awareness and communicate the investments being made in staffing numbers and equipment.
- Voluntary turnover has remained at an 8.5% average over the last 12 months showing the resilience of staff response to change programmes and positive impact of Trust Retention Working group. The introduction of a People Promise Manager in 2024/5 facilitated a 30-day diagnostic and countermeasures focussed on retention in the first 12 months of employment, role of the line manager during induction, and improving leaver intelligence.



	Theme	Question Number	Question	2024 Result	Variance to 2023	National Average	Variance to National Average
-	Health and safety climate	26a	I often think about leaving this organisation (Agree/Strongly agree).	26.8%	-0.1%	28.4%	1.6%
-	Health and safety climate	26b	I will probably look for a job at a new organisation in the next 12 months (Agree/Strongly agree).	17.7%	-0.3%	21.0%	3.2%
-	Health and safety climate	26c	As soon as I can find another job, I will leave this organisation (Agree/Strongly agree).	12.9%	-0.3%	15.9%	3.0%
+	Health and safety climate	3g	I am able to meet all the conflicting demands on my time at work (Agree/Strongly agree).	45.1%	0.7%	47.5%	-2.4%
+	Health and safety climate	3h	I have adequate materials, supplies and equipment to do my work (Agree/Strongly agree).	54.8%	0.9%	57.0%	-2.2%
+	Health and safety climate	3i	There are enough staff at this organisation for me to do my job properly (Agree/Strongly agree).	30.4%	1.3%	32.8%	-2.4%
+	Health and safety climate	3a	I always know what my work responsibilities are (Agree/Strongly agree).	85.9%	-0.9%	86.6%	-0.6%
+	Burnout	3e	I am involved in deciding on changes introduced that affect my work area / team / department (Agree/Strongly agree).	50.2%	-0.3%	50.8%	-0.6%
+	Burnout	5a	I have unrealistic time pressures (Never/Rarely).	22.6%	0.6%	25.7%	-3.1%
+	Burnout	5b	I have a choice in deciding how to do my work (Often/Always).	50.2%	-0.2%	52.0%	-1.8%
+	Burnout	5c	Relationships at work are strained (Never/Rarely).	43.1%	-0.6%	45.9%	-2.8%
+	Burnout	7c	I receive the respect I deserve from my colleagues at work (Agree/Strongly agree).	69.8%	0.3%	70.4%	-0.7%
+	Burnout	9a	My immediate manager encourages me at work (Agree/Strongly agree).	73.0%	0.5%	71.4%	1.6%

BME and Disability Overview

2024 Staff Survey



Workforce Equality Standards

2024 Staff Survey

A subset of questions in the Staff Survey contain indicators used in the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES).

 Workforce Race Equality Standard (WRES)	
Q#	Responses for White Staf vs All Other Ethnic Groups for:
Q14a	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
Q14b & Q14c	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
Q15	Percentage believing that their organisation provides equal opportunities for career progression or promotion
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 Standard (WDES)	
Q#	Responses for Staff with LTC vs Staff Without LTC:
Q14a	Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public
Q14b	Percentage of staff experiencing harassment, bullying or abuse from managers
Q14c	Percentage of staff experiencing harassment, bullying or abuse from other colleagues
Q14d	Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it
Q15	Percentage believing that their organisation provides equal opportunities for career progression or promotion
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
Q4b	Percentage staff saying that they are satisfied with the extent to which their organisation values their work
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
Engagement Theme	The staff engagement score for staff with LTC or illness vs staff without a LTC or illness

Race Equality

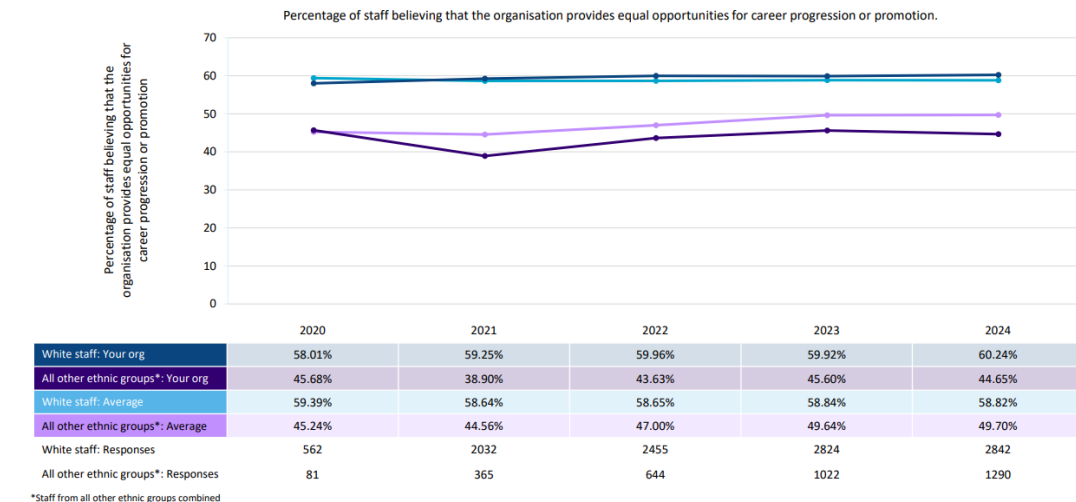
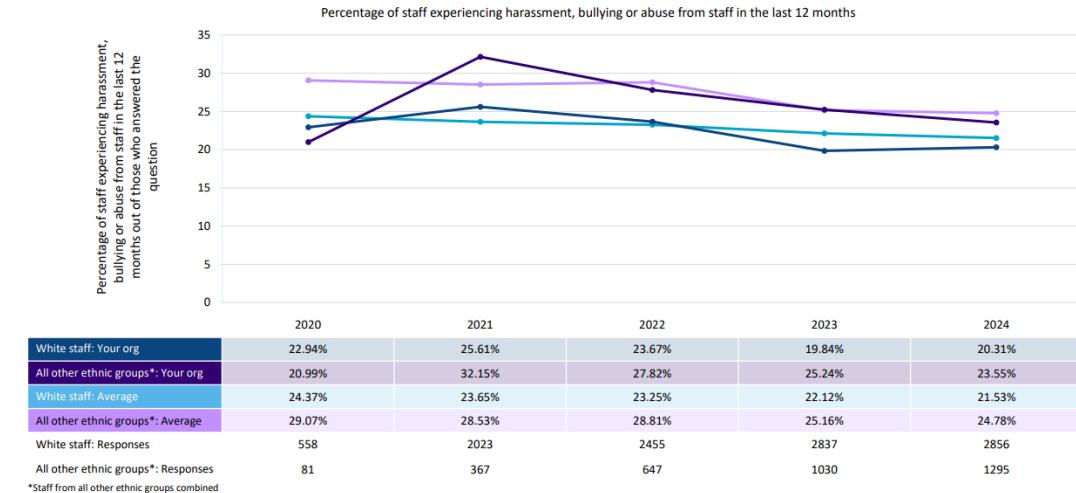
2024 Staff Survey

Successes

- We have continued to see an improvement in BME staff experiencing harassment, bullying or abuse from colleagues in last 12 months, this has reduced by 1.69% since last year, this is 1.23 percentage points lower than the benchmark average. There is no significant change for White staff, however, this has worsened by a small increase of 0.47%.

Areas for improvement

- BME staff believing that the organisation provides equal opportunities for career progression or promotion has worsened by 0.85%, notably 5 percentage points lower than the benchmark average, whilst the rate for White staff has stayed relatively the same as last year (0.32% improved) and is 1.42% better than the benchmark average. Inclusion and Recruitment Champions were introduced in November 2023 for band 8B and above. Leadership Skills training has also been delivered including interview skills for ethnic minority and internationally educated staff. Focus for 2025 will be to assess the impact measurement and the Board will engage with Staff Networks including Race Equality Network to review data in the Summer of 2025.
- BME staff experiencing harassment, bullying or abuse from patients / service users, relatives or the public in last 12 months has increased slightly by 1.18%, this is marginally lower than the benchmark average (0.32% lower). There was no significant change for White staff, a reduction of 0.22% since 2023. EDI conference in November 2024 focused on allyship and included Bystander training, we will better understand the impact of this in 2025. A guide is currently being developed to support staff to address racism which will be launched during Black History Month.
- Although BME staff experiencing discrimination from a manager or colleague in the last 12 months has reduced by 0.98% to 18.57%, this remains higher than the benchmark average by 2.85 percentage points. The percentage of White staff experiencing discrimination is relatively the same as 2023 (0.15 percentage points lower) and is the same as the benchmark. The disparity between BME and white staff is 11.88% (down by 0.83%), the Trust Pillar Metric target is 9.4% (the national disparity worsened from 8.3%).
- To support EDI pillar metric question 16B, Divisional Working Groups are taking local action and over 60 EDI champions are supporting local actions and addressing unprofessional behaviours. The Cultural Ambassador has recently been introduced and will be piloted in our Conduct Management Policy to support staff that feel they are being treated unfavourably. This is in the early stages and dependent on the impact, may be extended to other Trust policies.



Disability Equality

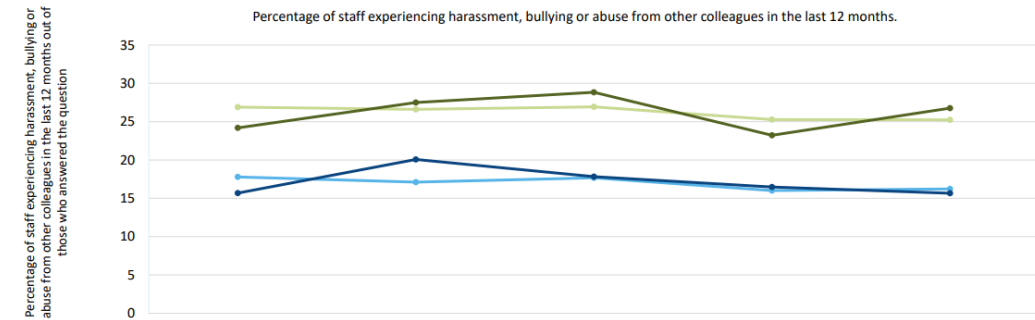
2024 Staff Survey

Successes

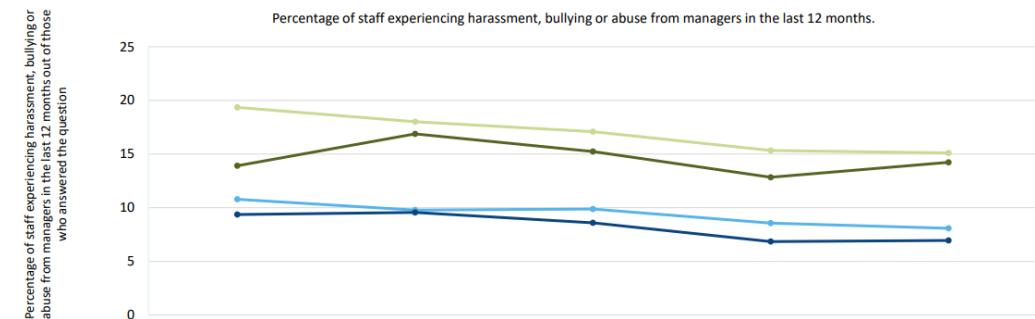
- The percentage of staff with LTC or illness who have experienced harassment, bullying and abuse from patients has reduced by 0.81%, this is 4.51% higher than the benchmark average, and is a continuing downward trend for the third year in a row. The percentage for staff without LTC or illness remains relatively the same since last year (0.8% higher than the benchmark average).

Areas for improvement

- The percentage of staff with LTC or illness experiencing harassment, bullying and abuse from a manager has increased by 1.38% (0.88% lower than the benchmark average), the percentage for staff without LTC or illness remains relatively the same as last year (1.13% lower than the benchmark). Civility & Respect training has been implemented, and Leadership Behaviours were introduced in October 2023, more recently Expectations of a Line Manager training was introduced in November 2024 with further training sessions planned for 2025, the impact of this will be measured over the coming months. EDI Champions include disabled staff, and the Differently Abled Network were instrumental in shaping the programme and oversight in its delivery.
- The percentage of staff with LTC or illness experiencing harassment, bullying or abuse from colleagues in the last 12 months has increased by 3.54%, in contrast to having reduced by 5.61% the year before. This is higher than the benchmark average by 1.52%. The percentage of staff without LTC or illness who have experienced harassment, bullying or abuse has decreased by 0.81%. This is slightly better than the national average. However, the number of staff with LTC who went on to report it has improved by 5.93% indicating staff are more likely to speak up.
- The percentage of staff with LTC or illness who believe the organisation provides equal opportunities for career progression or promotion has reduced by 1.33%, similar to the benchmark average. The disparity between this group and staff without LTC and illness is 4.69% (the non-LTC/illness group is 1.29% lower than the benchmark average). Inclusion and Recruitment Champions sit on interview panels for 8B and above roles and the Board engaged with disabled staff in December 2024 to understand their lived experiences. The feedback from these listening events were reviewed at a People Services Workshop to identify actions and a 'you said, we did' document will be published in new financial year.



	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	24.18%	27.49%	28.83%	23.22%	26.76%
Staff without a LTC or illness: Your org	15.68%	20.07%	17.83%	16.47%	15.66%
Staff with a LTC or illness: Average	26.89%	26.60%	26.93%	25.26%	25.24%
Staff without a LTC or illness: Average	17.79%	17.11%	17.67%	16.01%	16.22%
Staff with a LTC or illness: Responses	153	553	711	857	908
Staff without a LTC or illness: Responses	491	1804	2373	2951	3193



	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	13.91%	16.88%	15.23%	12.84%	14.22%
Staff without a LTC or illness: Your org	9.37%	9.56%	8.58%	6.84%	6.95%
Staff with a LTC or illness: Average	19.35%	18.00%	17.09%	15.33%	15.10%
Staff without a LTC or illness: Average	10.78%	9.77%	9.88%	8.56%	8.08%
Staff with a LTC or illness: Responses	151	557	709	857	907
Staff without a LTC or illness: Responses	491	1810	2388	2952	3193

Responding through Improving Together

2024 Staff Survey



Pillar Metric

To achieve an improvement target of 63% against a national average of 61%, in the national staff survey question:
I would recommend my organisation as a place to work

June -25



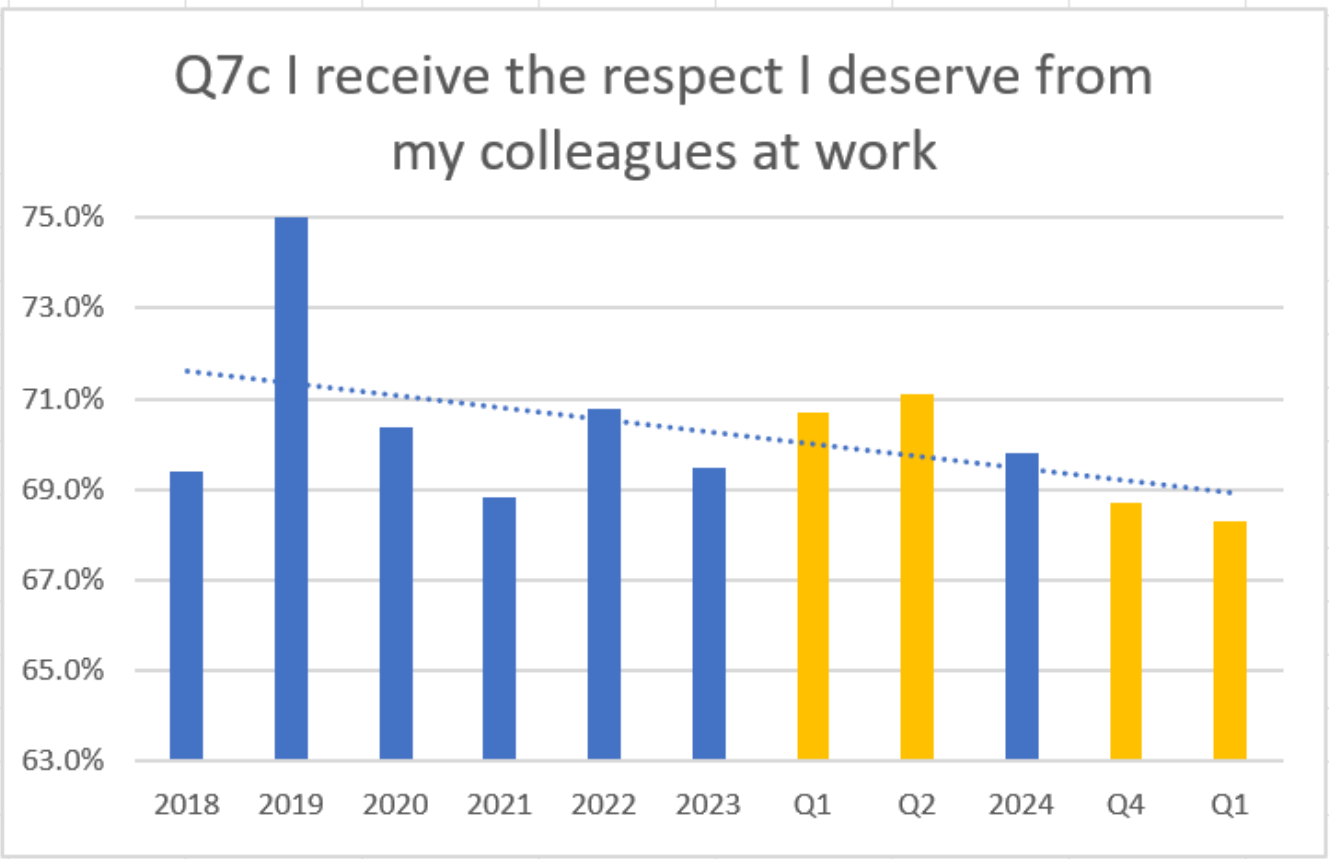
Target: 63%
Gap: 8.3%

2022 Q1	50.60%
Q2	50.76%
2022	53.30%
Q4	51.78%
2023 Q1	58.35%
Q2	57.20%
2023	59.60%
Q4	55.89%
2024 Q1	56.71%
Q2	55.47%
2024	59.60%
Q4	51.60%
Q1	54.70%

Breakthrough
Objective

To reach a target score of 75% in the main 2024 staff survey national staff survey question:
I receive the respect I deserve from my colleagues at work

June-25



Target: 75%
Gap: 6.7%

2018	69.4%
2019	75.4%
2020	70.4%
2021	68.9%
2022	70.8%
2023	69.5%
2024 Q1	70.7%
Q2	71.1%
2024	69.8%
Q4	68.70%
Q1	68.3%

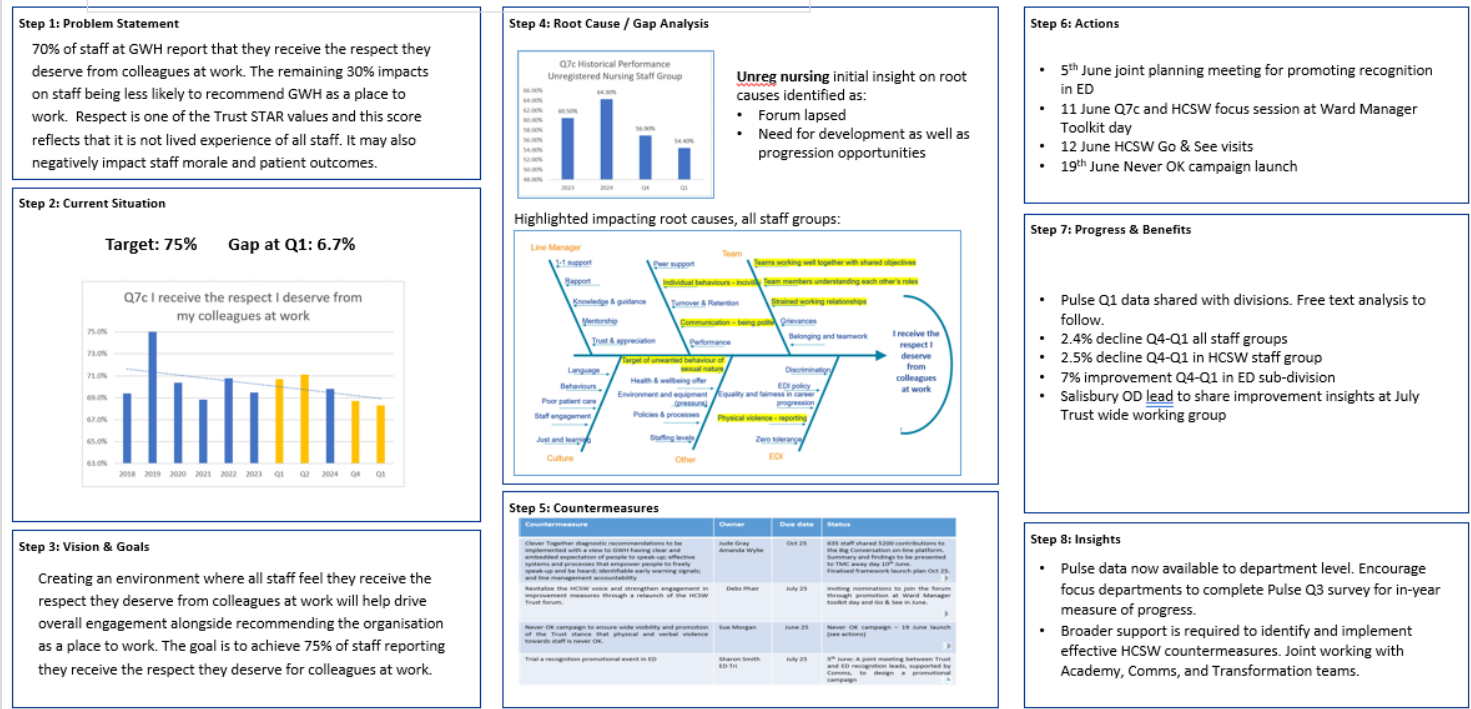
Trust Wide A3

2024 Breakthrough Objective

An A3 analysis has taken place highlighting the impacting departments and staff groups.

All divisions will align with the Trust breakthrough focus in 2025/6:

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



Root Cause Analysis

2024 Breakthrough Objective

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



Trust Breakthrough Objective

2024 Staff Survey

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



Timeline

- Align divisions with the Trust focus question receiving respect (Q7c)
- A3 and countermeasure refresh
- TMC Trust Wide presentation in April
- People and Culture Divisional presentations in April
- Divisions to review senior survey leads within the new division structure
- Monthly Trust Wide Staff Survey Working Group to provide joined up working, share good practice ideas, and encourage momentum



Trust-Wide Action

- Expectations of the line manager
- Clever Together – Values based culture
- Clever Together – Speaking up Culture
- A3 refresh by Division to understand biggest contributing factor and build countermeasures to support front line staff develop plans to improve.

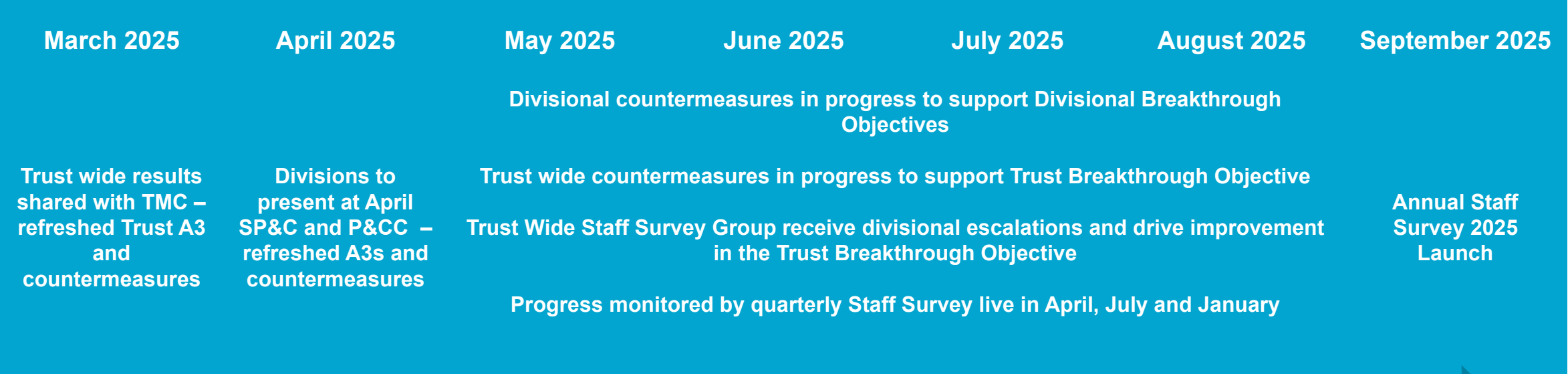


Risks

- Q4 quarterly pulse survey results have declined
- Lead time from impact of countermeasure
- Financial challenge (workforce reduction/redundancy will not have a positive impact)
- Division restructure following TUPE to HCRG
- Group model, gap in senior leadership posts

Staff Survey 2024 Timeline

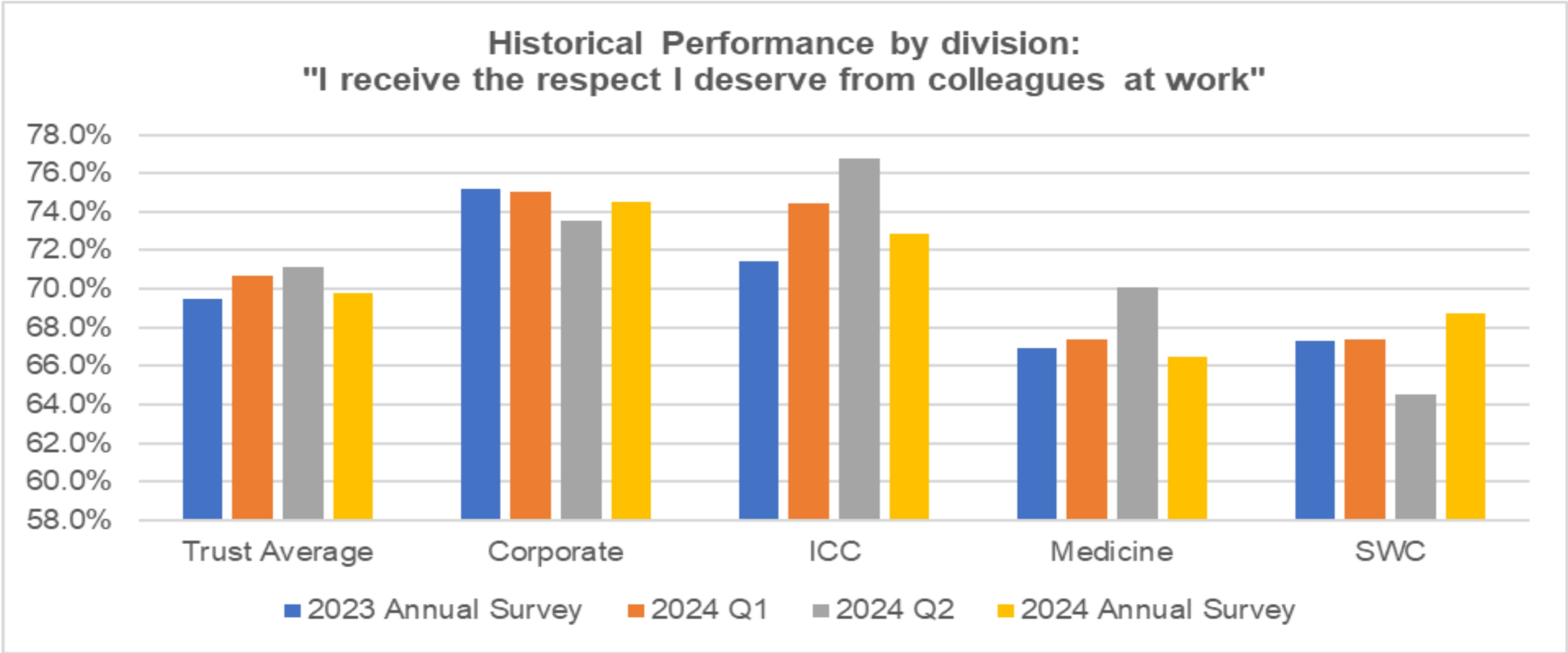
2024 Staff Survey



Progress to be monitored via monthly Trust Wide Staff Survey Working Group, divisional performance reviews, reported via TMC (monthly), SP&C, and P&CC

Divisional Breakthrough Objective

2024 Staff Survey



Any questions?



Report Title	Council of Governors Effectiveness Review 2024				
Meeting	Council of Governors				
Date	17/06/2025	Part 1 - Public	✓	Part 2 - Private	☐
Accountable Lead	Caroline Coles, Company Secretary				
Report Author	Caroline Coles, Company Secretary				
Appendices	Appendix 1 - Council of Governors Effectiveness Review Results				

Purpose

Approve	☐	Receive	✓	Note	☐	Assurance	☐
To formally receive, discuss and approve any recommendations or a particular course of action		To discuss in depth, noting the implications for the Board/Committee or Trust without formally approving it		To inform the Board/Committee without in-depth discussion required		To assure the Board/Committee that effective systems of control are in place	

Assurance Level

Assurance ratings are based on the 'overall assurance over effectiveness of controls (the measures in place to control risks and reduce the impact or likelihood of them occurring).

Substantial	☐	Good	✓	Partial	☐	Limited	☐
Governance and risk management arrangements provide substantial assurance that the risks/gaps in controls identified are managed effectively. Evidence provided to demonstrate that systems and processes are being consistently applied and implemented across relevant services. Outcomes are consistently achieved across all relevant areas.		Governance and risk management arrangements provide good levels of assurance that the risks/gaps in controls identified are managed effectively. Evidence is available to demonstrate that systems and processes are generally being applied and implemented but not across all relevant services. Outcomes are generally achieved but with inconsistencies in some areas.		Governance and risk management arrangements provide reasonable assurance that risks / gaps in controls identified are managed effectively. Evidence is available to demonstrate that systems and processes are generally being applied but insufficient to demonstrate implementation widely across services. Some evidence that outcomes are being achieved but this is inconsistent across areas and / or there are identified risks to current performance.		Governance and risk management arrangements provide limited assurance that the risks/gaps in controls identified are managed effectively. Little or no evidence is available that systems and processes are being consistently applied or implemented within relevant services. Little or no evidence that outcomes are being achieved and / or there are significant risks identified to current performance.	

Justification for the identified assurance rating (whether substantial, good, partial or limited).

If 'Partial' or 'Limited' assurance has been indicated, please indicate steps to achieve 'Good' assurance or above, and the timeframe for achieving this:

Report

Executive Summary – Key messages / issues of the report (inc. threats and opportunities / resource implications):

Strategic Alignment – select one or more	☐	✓ Outstanding care	☐	☐ Valued teams	☐	☐ Better together	☐	☐ Sustainable future		
Link to CQC Domain – select one or more	Safe	☐	Caring	☐	Effective	☐	Responsive	☐	Well-led	✓
Risk + Oversight									Risk Score	
Key risks – risk number & description (Link to BAF / Risk Register)									n/a	

Consultation / Other Committee Review / Scrutiny / Public & Patient involvement	n/a		
Next Steps	-		
Equality, Diversity & Inclusion / Inequalities Analysis	Yes	No	N/A
Do any issues identified in the report affect any of the protected groups less / more favourably than any other?	☐	☐	✓
Does this report provide assurance to improve and promote equality, diversity and inclusion / inequalities?	☐	☐	☐
Explanation of above analysis:			
The purpose of this paper is to share the results.			
Recommendation / Action Required			
The Board/Committee/Group is requested to:			
The Council of Governors is requested to note the results of the 2024 effectiveness survey together with the actions that have been put in place.			
Accountable Lead Signature	Caroline Coles, Company Secretary		
Date	10/06/2025		

Council of Governors Committee Effectiveness Survey Results - 2024

Jun-25



COG Committee Effectiveness Survey 2024/25

Background

- ❑ Survey conducted over the period of Spring 2024
- ❑ 11 responses received (65%)
- ❑ Overall governors understood their roles and responsibilities and satisfied with the Council as a whole
- ❑ One governor strongly disagreed with 2 questions:-
 - The Lead Governor has a good relationship with the Chair
 - The council of governors reflects the diversity of our local population – *it should be noted that the majority of the governors are elected by the public*

Themes to focus from survey

No	Theme	Actions put in place since survey
1	Governor Induction	• The Membership & Engagement working group considering options for the elections in summer 2025 • In 2024 the working group reviewed the induction programme and made suggestions to strengthen the process
2	Paperwork – timeliness and content	• All papers are circulated within the time as stated in the Constitution*. It is acknowledged that some ad hoc emergency meetings may fall short of this, and we will endeavour to ensure adequate time is given to governors to be able to read the documents in a realistic timeframe. <i>* “6 Clear Days before the meeting save in the case of emergencies.”</i>
3	Working better as a team	• Face-to-face COG meetings resumed – next meeting Nov-25 in Lecture Hall 1 • Coffee mornings arranged