Bundle Council of Governors 16 April 2025

00 Agenda
0. COG Agenda 16 April 2025 draft v2

1 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.

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
3. CoG Public Minutes 27 November draft V3

04 Action Tracker
To update the group on actions from previous meetings.
4. CoG Action Tracker - 16 April 2025

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. Questions to the Board

06 Report of the Managing Director
Jon Westbrook to provide verbal update

07 Lead Governor's Report
Natalie Titcombe, Lead Governor
7. Lead Governor Report

08.1 Chair of the Engagement & Membership Working Group
Chris Callow
8.1 Engagement and Membership Governor Assurance Report

08.2 Chair of the People's Experience & Quality working group Report
Chris Shepherd,
8.2 People's Experience and Quality Governor Assurance Report

08.3 Chair of the Business & Planning working group Report
Ashish Channawar, Governor, Chair of the Business & Planning working group.
8.3 Business and Planning Governor Assurance Report

09 System Plan 25/26
Simon Wade, Deputy Managing Director

10 Strategy and Community Services Transfer
Chris Trow, Associate Director of Strategy / Claire Thompson, Chief Improvement Officer & Partnership Officer
11. Coversheet Strategy and Community Services Transfer
10. Strategy and Community Services Transfer

11 Quality Account Priorities 25/26
Luisa Goddard, Chief nurse
11. Coversheet Quality Account Progress
10. Quality Account progress and proposals for 25-26 Governors

12 Review of Annual Governor Development Plans 2024/25
Caroline Coles, Company Secretary
11. Coversheet Annual Development Plans 2024 25
11. Appendix 1 Governor Development 2024-25

13 Annual Declaration of Interests
Caroline Coles, Company Secretary

12. Coversheet Governor Annual Declaration of Interest
12. Appendix 1 Annual Declaration of Interest Register 310325

14 Governors Code of Conduct
Caroline Coles, Company Secretary
13. Coversheet Governor Code of Conduct 2024 27
13. Appendix 1 Governors code of conduct Draft (v2) for COG approval Feb-25

15 Council of Governors Terms of Reference 2025/26
Caroline Coles, Company Secretary
14. Coversheet Working Group Terms of Reference and Membership
14. Terms of Reference Working Groups 2025-2026 Apr

16 Report from Nomination & Remuneration Committee
Natalie Titcombe, Lead Governor
NomRem Com Report COG Apr-25 Draft (v1)

18 Date of Next Meeting
The next meeting of the Council of Governors is 17 June 2025

Great Western Hospitals NHS Foundation Trust

Council of Governors

Wednesday 16 April 2025, 1700 – 1900 hrs
via Hawkesworth Suite, Hilton / 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** *Governors are reminded of their obligation to declare any interests relevant to items under consideration at the meeting.*	Verbal	LC	-	
3.	**Minutes of the previous meeting** *To adopt and sign as a correct record the minutes of the public part of the meeting of the Council of Governors held on 27 November 2024.*	✓	LC	To approve	
4.	**Action Tracker** *To update the group on actions from previous meetings.*	✓	LC	To note	
Assurance & Accountability					
5.	**Questions from the public & governors for discussion** Caroline Coles - Company Secretary *To receive an update on questions and responses from governors and members since the last meeting.*	✓	CC	To receive	1710
6.	**Report of Managing Director** Jon Westbrook, Managing Director *To provide an update on trust activities.*	Verbal	JW	To note	1720
7.	**Lead Governor Report** Natalie Titcombe, Lead Governor *To provide an update on governor activities.*	✓	NT	To note	1730
8.	**Governor Working Group Assurance Reports**				
8.1	**Chair of the Engagement & Membership Working Group Assurance Report** Chris Callow, Governor Chair	✓	CCa	For assurance	1740

	To receive the Chair report of the Engagement & Membership Working Group held on 21 January 2025.				
8.2	**Chair of the People's Experience & Quality Working Group Assurance Report** Chris Shepherd, Governor Chair *To receive the Chair report of the People's Experience & Quality Working Group held on 5 March 2025.*	✓	CS	For assurance	1745
8.3	**Chair of the Business & Planning Working Group Report** Ashish Channawar, Governor *To receive the Chair report of the Business & Planning Working Group held on 5 February 2025.*	✓	AC	For assurance	1750
	Business Items				
9.	**System Plan 25/26** Simon Wade, Deputy Managing Director	Verbal	SW	To note	1800
10.	**Strategy and Community Services Transfer** Chris Trow, Associate Director of Strategy / Claire Thompson, Chief Improvement Officer & Partnership Officer	✓	CT/CTh	To note	1810
11.	**Quality Account Priorities 25/26** Luisa Goddard, Chief Nurse *To provide an update on Quality Account Priorities*	✓	LG	To note	1825
	Council of Governors - Governance				
12.	**Review of Annual Governor Development Plans 2024/25** Caroline Coles, Company Secretary To agree that the requirements of s151(5) of the Health and Social Care Act, to provide training for governors in 2024/25 to ensure they are equipped with the skills and knowledge they need to undertake their role, have been fulfilled.	✓	CC	To approve	1835
13.	**Annual Declaration of Interests** Caroline Coles, Company Secretary To receive the declaration of interest register and for governors to be reminded of their obligation to keep the register up to date	✓	CC	To approve	
14.	**Governor Code of Conduct** Caroline Coles, Company Secretary	✓	CC	To approve	
15.	**Council of Governors Terms of Reference 2025-26** Caroline Coles, Company Secretary	✓	CC	To approve	
16.	**Report from Nomination & Remuneration Committee** Natalie Titcombe, Lead Governor	✓	NT	To note	1845

	To receive the annual review for Chair and the Non-Executive Directors				
17.	**Public Urgent Items (if any)**	-	LC	-	1850
18.	**Date of next meeting** The next meeting of the Council of Governors is 17 June 2025.	-	LC	-	-

Exclusion of the Public and Press

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.

19.	**Minutes of the previous meeting** *To adopt and sign as a correct record the private minutes of the Council of Governors meeting held on 27 November 2024 and the extraordinary meetings of the Council of Governors held on 18 March 2025*	✓	LC	To approve	1855
20.	**Urgent Business (Private)** – if any	-	LC	-	1900

MINUTES OF A MEETING OF THE COUNCIL OF GOVERNORS HELD IN PUBLIC ON 27 NOVEMBER 2024 AT 5:00PM VIA MICROSOFT TEAMS

Members Present:

Liam Coleman (LC)	Trust Chair
Stephen Baldwin (SB)	Public Governor, West Berks and Oxfordshire
Raana Bodman (RB)	Public Governor, Swindon Constituency
Caroline Borishade (CB)	Staff Governor, Allied Health Professionals
Chris Callow (CCa)	Lead Governor, Public Governor, Wiltshire Central & Southern
Ashish Channawar (AC)	Public Governor, Swindon Constituency
Pauline Cooke (PC)	Public Governor, Wiltshire Northern
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
Leah Palmer (LP)	Appointed Governor, New College
Tony Pickworth (TP)	Staff Governor, Doctors & Dentists
Chris Shepherd (CS)	Staff Governor, Admin, Auxiliary & Volunteers
Natalie Titcombe (NT)	Deputy Lead Governor, Public Governor, Swindon Constituency
Emma Wiltshire (EW)	Staff Governor, Nursing & Therapy

Also, in attendance

Lizzie Abderrahim (LA)	Non-Executive Director
Cara Charles-Barks (CCB)	CEO
Caroline Coles (CC)	Company Secretary
Julian Duxfield(JD)	Non-Executive Director
Luisa Goddard (LG)	Chief Nurse
Benny Goodman (BG)	Chief Operating Officer
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

Apologies

Jon Westbrook (JW)	Acting Chief Executive Officer
Faried Chopdat (FC)	Non-Executive Director
Stephen Haig (SH)	Acting Chief Medical Officer
Dr Claire Lehman (CL)	Associate Non-Executive Director
Rommel Ravanan (RR)	Associate Non-Executive Director
Ray Ballman (RB)	Appointed Governor, Wiltshire Council
Claudia Paoloni (CP)	Non-Executive Director

Matters Open to the Public and Press

Minute	Description	Action

15/24 Welcome and apologies for absence

The Chair welcomed everyone to the meeting, including the 3 new governors, and announced several key personnel changes: Luisa Goddard replaced Lisa Cheek as Chief Nurse, Benny Goodman joined as the new Chief Operating Officer, Cara Charles-Barks was welcomed as the new Chief Executive and Pauline Cooke received acknowledgement to the end of her long-standing role as governor.

Apologies were noted as above.

16/24 Declarations of Interest

Declarations of interest were received from the Trust Chair and Non-Executive Directors in relation to agenda item 14, Report from Nominations & Remuneration Committee reporting on the Non-Executive Directors annual review. It was agreed to move this agenda item to last and the Non-Executive Directors (including the Chair) would depart the meeting.

17/24 Minutes

The minutes of the meeting of the Council of Governors held on 29 April 2024 were adopted and signed as a correct record.

18/24 Action Tracker

The Council of Governors received and considered the outstanding action list. It was noted that PC had raised a question about readmissions and would be addressed at the next board meeting before being presented to the Council of Governors

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

19/24 Questions from the public and governors for discussion

The Council of Governors received an update on the question raised by a governor on 1 August with reference to the recent reports in the media relating to NHS computer issues being linked to patient harm. The question was robustly discussed at the Board meeting with further assurance given.

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

20/24 Report of the Managing Director

The Council of Governors received and considered the Managing Director's Report. The following was highlighted: -

- Bed reconfiguration: Recent work had been done to reconfigure beds, reducing medical outliers and improving patient care by consolidating patients onto dedicated wards

- Quality initiatives: Efforts were underway to address night-time noise, enhancing the night-time environment to improve patient stays
- Cardiac Physiology Team: The team completed their first ever implant of new heart monitoring technology in the UK, featuring AI to improve diagnosis.
- NHS 10-Year Plan: Encouragement for staff to engage with the Department of Health and NHS England's consultation on the ten-year plan, focusing on digital services, community care and prevention.
- Lord Darzi report: This report highlighted NHS performance issues, such as long waits in ED, patient flow through hospitals, high cancer mortality rates and capital investment in the NHS.
- Community Services Tender: The trust was not the successful bidder for a recent contract, which went to HCRG Care Group. The focus was now on supporting staff through the transition.
- Financial update: The trust was £2.9 million off its financial plan but aimed to improve through increased savings and productivity measures.
- Staff engagement: Positive response to the staff survey which runs until 22 November 2024.
- Sustainability Awards: The trust received the Silver Green ED accreditation and recognition at the BBC Wiltshire Awards for sustainability efforts, including solar energy and transport improvements.

AC asked about ensuring there was adequate staff training and technical support for the EPR implementation. SW explained that there was an extensive plan, including dedicated roles for training and transition, collaboration with clinical teams and the implementation company. The plan included significant resources for change management and shared learning across sites. CCB added that we were actively learning from other organisations implementing EPR systems to ensure success. TP highlighted that the Clinical Digital Information Officer leading the project had prior experience with EPR implementation.

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

21/24 **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 April 2024.

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

22/24 **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 April 2024.

CCa thanked CCB for taking on the role of Chief Executive and acknowledged PC's contributions during her term of office. He also mentioned efforts to engage with the public through health talks and a membership questionnaire to better understand and meet their expectations.

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

23/24 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 in April 2024.

The group were generally satisfied but had concerns about the electronic discharge summary but recognised that these were being addressed. SW advised that an interim solution was in place to mitigate the risks around the electronic discharge summary, with funding secured.

There was also concern about Non-Executive Directors relying solely on committee reports for assurance without triangulation. HS emphasized the role of the Audit Risk and Assurance Committee in ensuring risks were addressed and independent audits were conducted in the triangulation process. JD and BM supported the need for triangulation and shared their efforts in seeking assurance from a wide range of sources and to verify data which included through direct observation and staff surveys.

CS mentioned plans to reorganise governor meetings to better address issues.

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

24/24 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 April 2024.

AC reported on the financial performance of the Great Western Hospitals NHS Foundation Trust, noting a year-to-date adjusted deficit of £7.6 million, which was £2.9 million worse than planned. Despite challenges, there was nothing critical to escalate.

SW emphasized the focus on financial sustainability and highlighted improvements in productivity. CCB mentioned efforts to reduce the use of agency staff and focus on urgent care and reducing waiting times.

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

25/24 Strategic Strategy

Trust Strategy

The Council of Governors received an update on the Trust Strategy.

CT outlined the development of the new strategy, incorporating feedback from staff, volunteers, and the community to shape future services.

Overall, the trust was working on financial challenges, improving productivity, and developing a collaborative strategy for future service delivery.

NT expressed an interest in how the new the 10 years plan would impact the process of developing the strategy. CT explained that the development of the strategy was heavily influenced by initial conversations with staff, volunteers, local communities, and partners. They conducted surveys, workshops, and meetings to gather input. An internal strategy development group, representing various staff groups, played a key role in this process with various national guidance including the 10-yr plan incorporated into the thinking.

CS appreciated the inclusive language in the document and improvements in readability.

SPK asked about outreach to Wiltshire residents and the possibility of a youth-friendly version of the strategy. CT confirmed that the strategy would be available in multiple formats and emphasised ongoing engagement with staff. CCB supported SPK's point in the importance of engaging younger people in the strategy to inspire a new generation to improve health outcomes.

CCa inquired about the timing of the document's release to governors and the consultation process. CT acknowledged past consultations and offered to discuss the document further before its final launch. **CT**

Action: CT to arrange update to governors on Trust Strategy.

VG asked about the impact of new government strategies. CT noted that whilst the full details were not yet known, the strategy included priorities like reducing waiting lists and transitioning to digital systems, aligning with early government messaging.

NT asked what had been identified as the biggest areas of concern or risk whilst working on the project. CT identified staff stability and the risk of staff leaving as the biggest areas of concern or risk in their current project to transfer care.

PC asked who would oversee the HCRG contract and where would the responsibility of the services sit once we had handed the services over. CTh advised that the Integrated Care Board Commissioners would oversee the HCRG contract and be responsible for the services after the transfer. To ensure no detriment to patients, the mobilization team at HCRG and the current team had a shared goal of making the contract work successfully from day one. They were working together to demobilize and mobilize services effectively. They aimed to keep commercial negotiations separate from joint working to ensure a smooth service transfer. HCRG had a clear partnership board and governance structure, which was established during their consortium bid and involved people they had already worked with.

SB, expressed interest in understanding the strategy and its supporting documents. CT assured him that the final version would be shared with governors.

SB also asked whether there was a list of acronyms available to governors for assist understanding the documents.

Action: SS to provide governors with a list of acronyms **SS**

Community Services Contract

A joint program board with HCRG and other partners would oversee the mobilization of services, ensuring they were delivered safely from day one. Key risks included staff stability and clarity about service transitions. Staff would remain in their current locations initially, with potential changes during the transformation period.

PC asked whether staff would be moving anywhere or expected to stay in their current roles. CTh advised that staff would remain in their current locations to ensure a safe transfer of services. There would be a subsequent transformation period where changes to estates and bases may occur.

SB raised concerns about the visibility of HCRG's plans and the accountability mechanisms in their contract. CTh assured the group that HCRG were willing to share their transformation plans and that the contract included measurable outcomes. While the trust was not responsible for holding HCRG accountable, there were mutual accountability mechanisms in place.

Action: CTh to liaise with HCRG to arrange a presentation to governors on their transformation plans **CTh**

CS asked about the risk of HCRG focusing on lucrative services and neglecting others. CTh acknowledged this risk but noted that separating commercial negotiations from service design helped mitigate this.

SM highlighted issues with communication between primary and secondary care. CTh explained that the new community services contract aimed to improve integration and communication through multidisciplinary neighbourhood teams, enhancing the resilience and capacity of primary care to provide better patient experiences.

Group Model

CTh discussed the shift in the NHS from competition to collaboration, emphasizing the creation of integrated care boards and systems. The goal was to enhance mutual accountability while maintaining the benefits of competition. The trust was moving towards a shared joint leadership model, with a focus on strategic direction, talent management, and frontline improvements.

SB questioned the integration of the group model benefits into the strategy. CTh explained that the strategy aligned with the BSW footprint and addressed local challenges. The strategy would increasingly fall under a BSW umbrella over time.

CS asked about measuring improvements. CTh highlighted the "Improving Together" methodology, which focused on selecting the right metrics to track progress. This approach ensured that both strategic initiatives and frontline improvements were effectively measured and managed.

CCB emphasized the need to focus on stabilising services over the next two years, addressing financial challenges, implementing an electronic patient record, and partnering on community services. A strategic conversation about long-term ambitions would begin in 2026.

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

26/24 Staff Survey

The Council of Governors received the staff survey results, noting the highest response rate to date. The survey revealed improvements in staff recommending Great Western Hospitals as a place to work, driven by a focus on specific survey questions and the "Improving Together" methodology.

NT asked about response rates and comparison metrics. JG explained the methodology and the shift to focusing on respect.

It was noted that the staff survey results were running at the same time as the National Education Training Survey and the results would be received at the same time which would result in triangulation of different data points.

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

27/24 Constitution Change

The Council of Governors received a paper on proposed Constitution changes.

CC outlined the key change to the trust's constitution which was around board composition adjustments following new executive appointments as a result of moving to a shared leadership model. It was noted that the Board had approved these changes at its meeting on 7 November 2024.

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

28/24 Results of 2024 Election / Governor Changes

The Council of Governors received an update on the results of the uncontested elections and governor changes.

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

29/24 Lead / Deputy Governor Appointments

The Council of Governors received a report which outlined the process for appointing a new Lead Governor and Deputy Lead Governor. It was noted that NT would become the Lead Governor, and CCa would step into the Deputy Lead role, pending formal approval from the Council.

The Council of Governors **approved** the appointments of Natalie Titcombe as Lead Governor and Chris Callow as Deputy Lead Governor.

30/24 Report from Nomination & Remuneration Committee

The Council of Governors received the annual review for Chair and Non-Executive Directors for approval.

CCa confirmed that a robust appraisal processes for the Trust Chair and Non-Executive Directors had been completed with no issues of concern.

The Council of Governors **approved** the recommendations from the Nominations & Remuneration Committee that a robust process had been undertaken in respect of the Trust's Chair and Non-Executives annual review.

31/24 Appointment of External Auditors

The Council of Governors received a report on lessons learned from the last external auditors and outlined the process for appointing new external auditors going forward.

The Council of Governors **approved** the process for the appointment of external auditors.

32/24 Public Urgent Items (if any)

none

33/24 Date of Next Meeting

The next meeting will be held on 12 February 2025.

Great Western Hospitals NHS Foundation Trust

Council of Governors - Action Tracker – 16 April 2025

Date of Meeting	Ref	Action	Who to action	Comments	Status
27/1120/24	**18/24**	**Readmissions Question to the Board** CC to ensure this question, which missed the deadline for 27 November CoG, is addressed at the next Board meeting and reported to CoG on 12 February 2025	Company Secretary	On agenda	
27/11/2024	**25/24**	**Trust Strategy** CT to arrange update to governors on Trust Strategy before its final launch	Associate Director of Strategy	Update provided 220125 via email by CT to governors before final launch. **Action Closed**	Closed
27/11/24	**25/24**	**Community Services Contract** CTh to arrange with HCRG on an update of their transformation plans	Chief Improvement & Partnership Officer	Meeting took place on Tuesday 18 February. **Action Closed**	Closed

Future actions

Date of Meeting	Ref	Action	Who to action	Date
29/04/2024	08/24	SS to arrange a further update on the virtual ward progress at a Council of Governors meeting at an appropriate time.	Corporate Governance Assistant	Forward Planner - 2025

Great Western Hospitals NHS Foundation Trust

Report Title	**Questions to the Board**				
Meeting	**Council of Governors**				
Date	**16/04/2025**	Part 1 - Public	✓	Part 2 - Private	☐
Accountable Lead	Caroline Coles, Company Secretary				
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:

Assurance 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 question 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)	n/a	
Consultation / Other Committee Review / Scrutiny / Public & Patient involvement	Deputy Chief Operating Officer Deputy Director Improvement & Partnership	
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:

Receive the report

Accountable Lead Signature	Caroline Coles
Date	**01/04/2025**

Questions to the Board				
Topic	**Questioner**	**Question**	**Responder**	**Board Response**
Readmission rates	Pauline Cooke, member	Could the Board give assurance that re-admission data is discussed at NED/Board level, and that the figures for re-admissions are monitored and if it is unusually high that a solution is found as I have been informed of several multiple re- admissions in the last few weeks, which is compounded by the number of hours each time waiting in A&E to restart the process.	Rob Presland Depuy Chief Operating Officer	**Trust Board 9 January 2025** The readmission rate is tracked through the Integrated Performance Report (IPR) which is considered by both Performance, Population and Place Committee (PPPC) and Board on a monthly basis. The Trust Urgent and Emergency Care sub-committee track progress and actions on it. A deep dive into readmission is currently underway following an internal audit with any recommendations and actions being monitored through the Urgent and Emergency Care sub-committee and overseen by the Trust Management Committee and PPPC.

Great Western Hospitals NHS Foundation Trust

Report Title	**Lead Governor Report**				
Meeting	**Council of Governors**				
Date	**16/04/2025**	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):

First and foremost, I would like to thank you for welcoming me as the new Lead Governor. It is an honour to step into this role, and I would like to thank Chris for his continued support as Deputy Lead Governor and look forward to learning from him.

Since our last meeting in November 2024, a lot has happened. With our new Group CEO and the ongoing transition to a Group model the Council of Governors has worked hard to understand the proposal and how our responsibilities may evolve within this new framework. We continue to receive regular updates from our Chair and NED's, and have had sessions with Cara, our new Group CEO to discuss future plans and strategy. As Lead Governor I am taking an active role in engaging

with individual governors more proactively and sending regular updates on my monthly meetings with the Chair.

With a new community care provider stepping in, we had an update meeting with the HCRG Care Group representatives and continue to ask informed questions and hold our Non-Executive Directors (NEDs) to account.

As CoG we are currently supporting the Trust in recruiting two NED's and are involved in the process of appointing a Joint Chair.

Engaging with Our Members
In January 2025, we held an in-person Trust Member's Meeting - our first face-to-face session in quite some time. It was well attended by staff, Trust members, and a representative group of Governors. This meeting provided a fantastic opportunity to engage directly, answer questions, and discuss how we fulfil our responsibilities as elected representatives. The feedback was overwhelmingly positive, and we would like to hold these sessions more regularly.

As a result of this meeting, we had some new members joining and also interest was expressed about becoming a governor.

Our working groups meet regularly and all three groups are continuing to meet their working terms of reference and make recommendations to the Council of Governors.

Here a few highlights:
The ENGAGEMENT & MEMBERSHIP WORKING GROUP - looked at improving communications between CoG and members and recommended using bar code to make it easier to join the Trust. It was agreed that the Hospital Radio team would be approached to set up a quarterly governor spots and as a result of these recommendations, I have appeared on the Hospital Radio and talked about the CoG and being a Governor; we have another Governor scheduled to appear.

THE PEOPLE'S EXPERIENCE & QUALITY and THE BUSINESS & PLANNING WORKING GROUPs, both continue actively engaging with identifying key issues relevant to the Trust finances and the Quality of the work within the trust.

The Chairs of the respective groups will provide us with more details on their activities.

A Royal Visit to GWH

As you may know, on 21 January 2025, Her Majesty Queen Camilla visited the newly opened Emergency and Urgent Care Department (EUCD) at GWH. I had the privilege of meeting Her Majesty and, even more excitingly, introducing her to some of our significant donors, fundraisers, and campaigners. She showed great interest in our work and how we support the Trust and its members.
This visit was widely covered by the press and created lasting memories for all involved.

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	**07/04/2025**

Great Western Hospitals NHS Foundation Trust

Report Title	**Engagement and Membership Governor Assurance Report**				
Meeting	**Council of Governors**				
Date	**16/04/2025**	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 ☐

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		

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: 21 January 2025

Key discussion points and matters to be escalated

Core agenda items considered:

- Attendance
- Declaration of interest
- Outstanding actions from previous meetings
- Welcome new members to the group.
- Membership Strategy Action Plan
- Membership survey

Assurance received:

- None

Items escalated within working group:

- Questions for membership survey

Items to be escalated to CoG: None

Topics discussed:

Meeting members.

The coffee morning held in January 2025 at the Academy was well attended and it was a good opportunity to meet members of the public.

The membership survey had a good response, it was noted that communication was a main driver in the replies. There were a large number of responses from members of staff, relevant anonymous responses will be passed to staff representatives.

Overall, it was felt that members were happy with what we were doing but would benefit from more face-to-face meetings.

Membership Newsletter.

The newsletter circulated to members is popular and features an item each quarter for a governor to introduce themselves.

Other items.

It was agreed to contact Hospital Radio for a quarterly attendance from one of our governors. Our Lead Governor attended in February.

We will be planning attendance at the local Freshers Fair later this year, we will investigate some “freebies” to encourage take-up.

Health talks remain popular and well attended.

Recommendation / Action Required

The Board/Committee/Group is requested to:

The Council of Governors are requested to note the update.

Accountable Lead Signature	Chris Callow, Governor
Date	**07/04/2025**

NHS
Great Western Hospitals
NHS Foundation Trust

Report Title	**People's Experience Governor Assurance Report**				
Meeting	**Council of Governors**				
Date	**16/04/2025**	Part 1 - Public	✓	Part 2 - Private	☐
Accountable Lead	Chris Shepherd, Governor Chair People's Experience Working Group				
Report Author	Chris Shepherd, Governor Chair People's Experience 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 ☐

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		

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:

Quality & Safety Committee Report

Helen Winter provided an update. We sought clarification around

- the data regarding falls and moderate harm, again the NEDs were assured but the published data showed no changes over the past two years
- Learning from Deaths report and clarification about how communication between consultants/medical staff and the coroner took place

People and Culture Committee Report

Julian Duxfeld (NED) provided an update from the People & Culture Committee. We sought clarification around:

- When the staff survey results would be available (imminent)
- Clarification around recruitment and turnover. This was discussed at every meeting; turnover is modest compared to other Trusts
- Staff numbers and that centrally NHS England had imposed tighter headcount targets but reducing this without affecting service would be a problem
- International recruiting which is now more of an ad hoc thing

Update on loop implementation

We received an update on the Implantable Loop Recorder; a small device implanted under the skin under local anaesthetic to monitor peoples hearts and linked to our electronic patient record.

Patient Experience update

We received an update on the PALS and complaints performance. We discussed hospital payouts for negligence, referrals to the ombudsman, the decision-making process and how the appropriateness of complaints was assessed. This process is undertaken by the legal team and we will invite a member of the legal team to one of the working groups.

Any Other Business

We asked for more information about the dignified deaths process followed within GWH. We will seek advice from Caroline Coles, Company Secretary, about how to progress this line of enquiry.

Post Meeting Note from Company Secretary on information on dignified deaths process : A governor representative attends the Learning from deaths meeting and will provide assurance through this route.

Assurance received

We were largely assured by the committee reports subject to the items below.

Items to be escalated

Items to be escalated to CoG
We remain concerned that the published data does not always seem to support the narrative provided, for example reported improvements not showing up as a change in overall numbers.

Recommendation / Action Required

The Board/Committee/Group is requested to:

The Council of Governors are requested to note the update.

Accountable Lead Signature	Chris Shepherd, Governor
Date	**09/04/2025**

Great Western Hospitals NHS Foundation Trust

Report Title	**Business & Planning Governor Assurance Report**				
Meeting	**Council of Governors**				
Date	**16/04/2025**	Part 1 - Public	✓	Part 2 - Private	☐
Accountable Lead	Ashish Channawar, Governor Chair Business & Planning Working Group				
Report Author	Ashish Channawar, Governor Chair Business & Planning 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

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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 Business & Planning Working Group.

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		

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:

Business & Planning Working Group
Date of Meeting: 5 February 2025

Key discussion points and matters to be escalated

Core agenda items considered:

- Attendance
- Declaration of interest
- Approval to the minutes of previous group meeting on 12 November 2024
- Outstanding actions from previous meetings
- People, Performance & Place Committee Report
  - Benny Goodman, Chief Operating Officer presented the reports for November to January 2025, in absence of Bernie Morley, NED. The focus of the report were the 3 critical incidents and the percentage of patients remaining on the wait list longer than 18 weeks.
- Finance Board Report
  - Johanna Bogle, Deputy Finance Director presented the report.
  - In month 9 (January) the Trust had delivered a year-to-date financial deficit of £9.1m. This was £2.1m worse than plan. The overspend was predominantly due to: 1) Undelivered CIP 2) Clinical supplies being overspent 3) Medical and dental temporary staffing (including industrial action costs).
  - However, this impacts next year as we would go from having about 20% of our original capital limit to spend on EPR to around 77% - meaning we would have virtually nothing for the whole of our capital program, i.e. estates, medical equipment, strategic improvements
- Finance, Infrastructure & Digital Committee Report
  - Johanna Bogle, Deputy Finance Director presented the reports for November to January 2025 in absence of Faried Chopdat, NED.
  - Limited assurance was given to the BSW financial recovery work streams being financially affected by Salisbury and RUH having a much higher monthly deteriorating position than us.
  - Due to the guidance coming through very late at the end of January instead of the anticipated date of Christmas Eve the 2025/26 planning update was also given limited assurance. The update stated that all NHS Trusts were doing too much activity, and the Treasury couldn't afford it. Therefore, the need to reduce the waitlist is constrained and more clarity needed on how this would be implemented.

Assurance received:

- Finance Board Report Month 09 2024/25

- FIDC Board Assurance report based on the committee meeting on 26th November 2024
- PPPC Board Assurance report based on the committee meeting on 27th November 2024

Items escalated within working group: None

Items to be escalated to CoG: None

Recommendation / Action Required

The Board/Committee/Group is requested to:

The Council of Governors are requested to note the update.

Accountable Lead Signature	Ashish Channawar, Governor
Date	**07/04/2025**

Great Western Hospitals NHS Foundation Trust

Report Title	**Strategy and Community Services Transfer**				
Meeting	**Council of Governors**				
Date	**16/04/2025**	Part 1 - Public	✓	Part 2 - Private	☐
Accountable Lead	Chris Trow/Claire Thompson				
Report Author	Chris Trow/Claire Thompson				
Appendices	Strategy and Community Services				

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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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:

Recommendation / Action Required

The Board/Committee/Group is requested to:

The Council of Governors is requested to note the report

Accountable Lead Signature	Chris Trow
Date	**09/04/2025**

NHS
Great Western Hospitals
NHS Foundation Trust

Strategy Update

Council of Governors | April 2025

Claire Thompson – Chief Officer for Improvement + Partnerships

Chris Trow – Associate Director of Strategy

Together we are Great

Strategy update

Council of Governors

Great Western Hospitals NHS Foundation Trust

- Community Services Transfer
- Our Local Strategic Direction
- BSW Hospitals Group

Strategy update

Council of Governors

Great Western Hospitals NHS Foundation Trust

- Community Services Transfer

Community Services Transfer

Great Western Hospitals NHS Foundation Trust

Update

- In Oct 2023, the ICB started a procurement activity to bring together community services across BSW under a single provider.
- At the end of Oct 2024, HCRG were awarded the contract and mobilisation started.
- The Trust and HCRG have been working together to ensure the safe transfer of services.
- The mobilisation concluded on 31st March with the new HCRG contract going live from 1st April 2025.
- Work continues post transfer to finalise a number of commercial issues, including the Business Transfer Agreement, Service Level Agreements, estate transfers and data transfers etc.
- The Trust continues to work with the ICB to agree commercial issues, including areas of stranded services now with incomplete or without direct or indirect funding.
- The Trust programme board will now move to phase 2 – post transfer there are services that will continue for the next 12 months – Audiology, Community Peads, MSK and Soft FM services.
    - This will include disaggregating these complex services and understanding the impact of the transfer and managing the change / impact of the HCRG transformation programme, especially in areas that impact on hospital flow.
    - Preparation for potential transfer in 12 months.

Community Services 2025+

- ICB Principles / delivery plan / transformation ambitions

Commissioning Principles

Population focussed	Informed by the experts and those with lived experience	Rewarding roles and carers	Support delivery of the BSW Together 'Integrated Care Strategy'	Consistency of service offer
Specification of requirements – outcomes based	Scope of requirements – core and reserved list	Work collaboratively	Focus on value for money	

ICS Strategy

OBJECTIVES

1. Focus on prevention and early intervention
2. Fairer health and wellbeing outcomes
3. Excellent health and care services

CARE MODEL

Healthier communities → Personalised care → Joined up local teams → Local specialist services → Specialist centres

Primary and community care

TRANSFORMATION PRIORITIES

- Provide services that reflect local need by **embedding PHM** within primary and community care
- Improve prevention and early intervention by **engaging citizens** and **strengthening local partnerships** (e.g. Local Authorities and VCSEs)
- Enhance the outcomes and experience of adults and children with complex and long-term conditions through **integrated neighbourhood teams**
- Improve access by bringing **local specialist services** closer to home
- Support access to the right care by providing co-ordinated **urgent care within the community**

ICS ENABLERS

Shifting funding to prevention | Developing our workforce | Technology and data | Estates of the future | Environmental sustainability | Our role as an anchor institution

Strategy update

Council of Governors

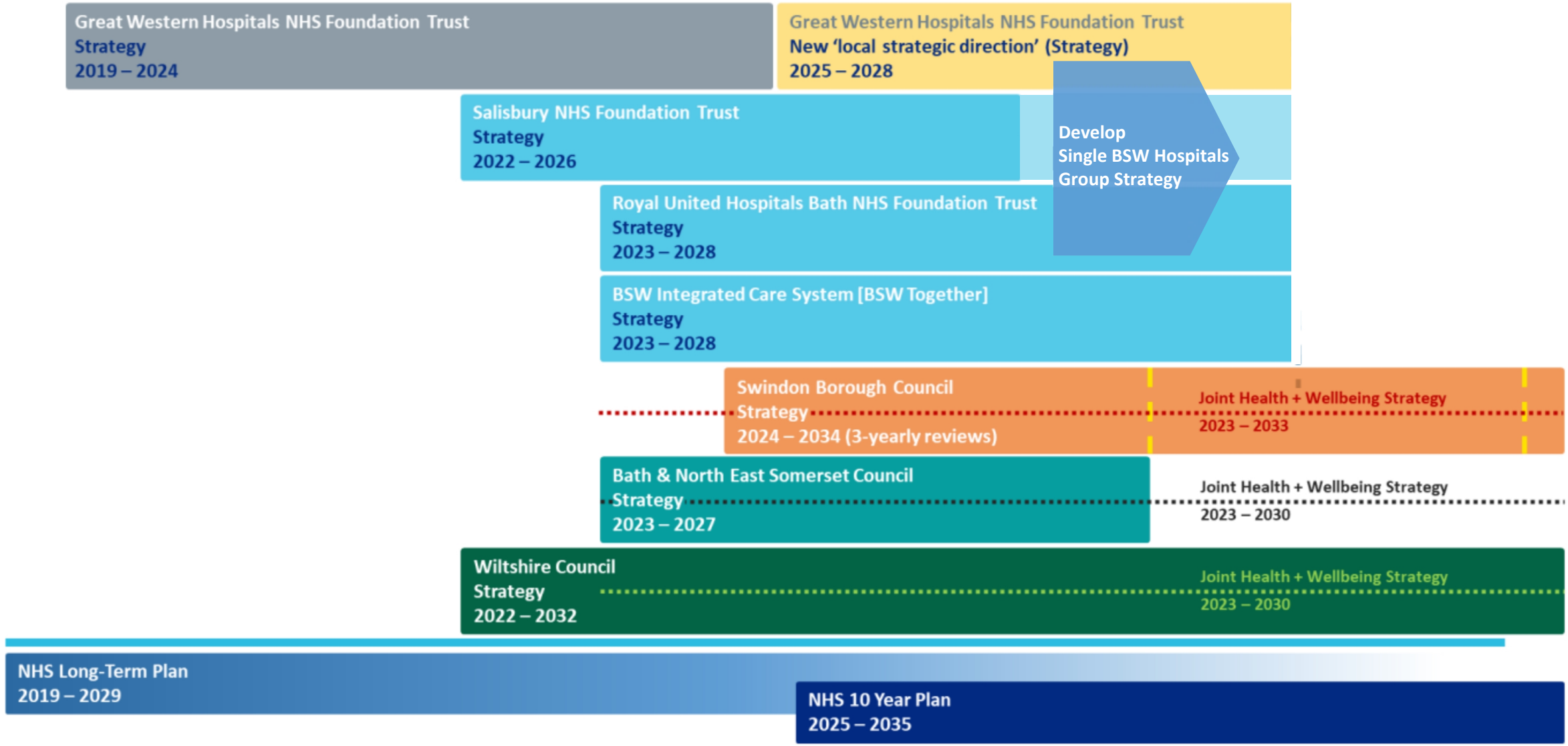
Great Western Hospitals NHS Foundation Trust

- Our Local Strategic Direction

Context

BSW

Great Western Hospitals NHS Foundation Trust



Our local strategic direction

2025-28

NHS
Great Western Hospitals
NHS Foundation Trust

our vision

Great services for local people at home, in the community and in hospital, enabling independent and healthier lives.

our values

S T A R

service | teamwork | ambition | respect

We are committed to being a values-led organisation, we believe that our core principles define who we are and shape the outstanding care we provide.

Our priorities

Our local strategic direction | 2025-28

Great Western Hospitals NHS Foundation Trust

Our priorities are set out through our four strategic pillars.

Outstanding care
Continuous quality improvement and co-creation of services with local communities, with a focus on prevention and early intervention.

Valued teams
Our teams of staff and volunteers feeling valued and knowing their contribution to our future success, enabling them to deliver high quality care.

Better together
Collaborative and integrated working to improve quality of care and address health inequalities in our local communities.

Sustainable future
Maximise research, innovation and digital opportunities to support quality improvement, spend wisely, and deliver on carbon net zero.

These pillars are what we want to be known for.

Contributions

Our local strategic direction | 2025-28

NHS
Great Western Hospitals
NHS Foundation Trust

Local communities

Care access

- Think prevention and take action early.
- Access care in the most appropriate way.

Life choices

- Take care of yourself and access care in timely way.
- Participate in health programmes such as vaccinations, cancer screening and blood donation.
- Lead by example to inspire the next generation to a healthy lifestyle.

Getting involved

- We need to hear the voices of our entire community.
- Feedback – the good and the bad.

Our teams + volunteers

- You are our champions
- Embrace our improvement journey
- Live our values

We want to provide the best possible care for our local communities.

We need to deliver against our day-to-day commitments and deliver a significant and transformational improvement plan.

We can only achieve this with the full support of our teams of staff and volunteers.

Our partners

We send a call to action to all our partners, be they local, across our health footprint or nationally.

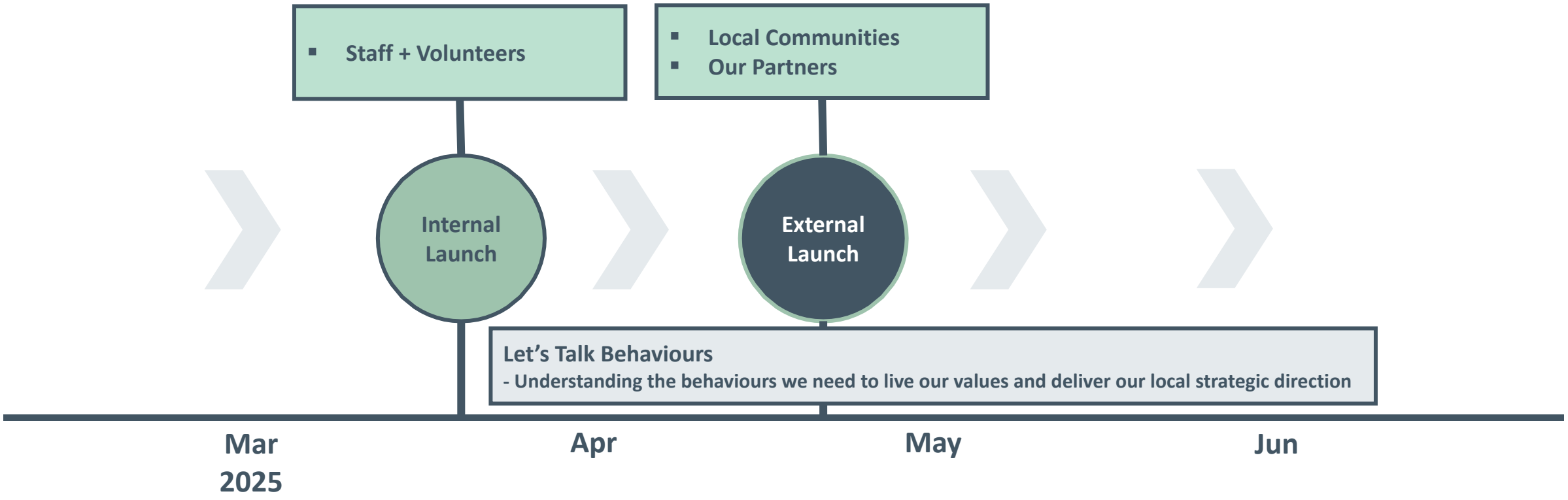
We want to work with you in an open, transparent, helpful and collaborative way, with shared goals.

We want you to hold us to account when we say we are going to take action.

We also ask that you join us with the same spirit, enthusiasm and pace to deliver the change that we need to improve health and care services, taking advantage of integration opportunities where we can to make our services efficient and a better experience for our local communities.

Timeline

Our local strategic direction



Strategic Initiatives

2025-28

Great Western Hospitals NHS Foundation Trust

- **Way Forward Programme**

  - Focused on setting and delivering our estates and infrastructure strategic plan and planning for the completion of the Great Western Hospital PFI (Public Finance Initiative) in 2029.

  → Continuation of our capital projects work and the development of a Strategic Estates + Infrastructure Plan.

- **Digital First**

  - Delivering our shared Electronic Patient Record system across our three group NHS foundation trusts and developing our strategic approach to make the switch from analogue to digital, in a sustainable way, fit for the future.

  → Focus on access and mobility, infrastructure, applications, use of information and digital literacy, support and training.

- **Leadership + Management Capability**

  - Building and developing our leadership and management capability across the organisation.

  → Let's talk behaviours – engagement across the Trust.

- **System + Place**

  - Developing and delivering integration across our health system and 'place' (for us that means Swindon).

  → This will refocus effort on working with all partners to collectively improve service provision / health outcomes for our local communities as well as looking at the impact of the new community services provision.

- Improving Together

  - Delivering our improvement methodology across our organisation and embedding it into our everyday work.

  → Refresh underway to include the revised strategy.

Strategy update

Council of Governors

Great Western Hospitals NHS Foundation Trust

- BSW Hospitals Group

BSW Hospitals Group

Great Western Hospitals NHS Foundation Trust

Update

- A transitional support team has now been appointed

  – Teneo started working with our three Trusts w/c 31st March and will support with the development of the group operating model, and our governance and accountability framework.

- Appointment of Managing Directors – stakeholder panels and final interviews scheduled for this month.
- Governance for Group Joint Committee and single Group Chair is under development.

  - Group Joint Committee to include the following joint functions:

    1) Group Strategy + Planning Framework
    2) Transforming our model of care for the BSW population
    3) Financial sustainability – use of resources
    4) Group mobilisation + development
    5) Achieving digital maturity

- Corporate services transformation programme launched.
- Improving Together – group engine room development, shaping underway.
- We need to capitalise on the opportunity that being part of a Group now gives us.

  - We face a significant challenges in 2025/26 and beyond, we need to rise to this and create the new NHS, meeting the challenges of the forthcoming 10 Year Plan and the three strategic shifts:

    → hospital to community → digital transformation → treatment to prevention

Great Western Hospitals NHS Foundation Trust

Report Title	**Quality Account Priorities 2025/26**				
Meeting	**Council of Governors**				
Date	**16/04/2025**	Part 1 - Public	✓	Part 2 - Private	☐
Accountable Lead	Luisa Goddard, Chief Nurse				
Report Author	Luisa Goddar, Chief Nurse				
Appendices	Quality Account Priorities 2025/26				

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 provides a summary on progress on the quality priorities for 2024/25 and the selected quality priorities for 2025/26.

Detailed oversight will be presented through the governor working group.

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 are requested to note the update on progress with the quality priorities for 24/25 and the priorities for 25/26.

Accountable Lead Signature	Luisa Goddard
Date	**08/04/2025**

Great Western Hospitals NHS
NHS Foundation Trust

Quality Account Priorities 2025-26
April 2025

Service Teamwork Ambition Respect

Background

There are two specific pieces of legislation governing NHS healthcare providers (Foundation Trusts) to publish a quality account each year: The Health Act 2009; and The NHS (Quality Accounts) Amendment Regulations 2017 ('the quality account regulations')

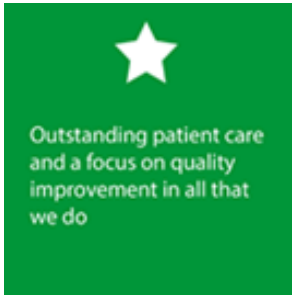
Each year The Great Western Hospital select quality improvement priorities which are then subjected to increased focus and governance throughout the financial year, with a review of progress on these priorities. The aim for these Quality Priorities is to continue to improve, Patient Experience, Safety and Clinical Effectiveness for our service users.

Identification of the quality priorities

Great Western Hospitals NHS
NHS Foundation Trust

The quality priorities are informed by the quality and safety information that has been gathered over the last year, this includes

- Results from national In-patient surveys
- Local and national audit
- Reporting against National priorities e.g., Learning disabilities
- Analysis of Patient Safety Reviews
- Analysis of complaints and concerns



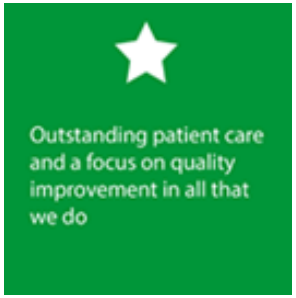
Identification of the quality priorities

Great Western Hospitals NHS
NHS Foundation Trust

This year we are purposely proposing three priorities that are not breakthrough objectives under Improving Together.

They are initiatives that are a requirement from the Quality Contract 2025-26 and all represent a long-term improvement aspiration as described in the Quality Strategy 2022-26.

The monitoring and oversight of the priorities will be by the Nursing, Midwifery & AHP committee and Patient Quality Sub Committee.



Summary of Achievement for Quality Priorities 2024/25

Great Western Hospitals NHS
NHS Foundation Trust

2024-25 Priority 1 :Reducing falls and falls with harm

What we did:

Reduce the number of patients who have more than one fall in hospital

Improve compliance with falls prevention actions such as identifying patients with postural hypotension and supporting those patients that require enhanced care

Progress

- Updated falls training module to include the national Fallsafe/Carefall e-learning.
- Mandatory training - Achieved 90.87% compliance across clinical staff.
- Introduced a Trust-wide project to improve compliance with postural hypotension assessment.
- Delivered training resources and monthly audit feedback to wards.
- Developed and piloted a new Level of Supervision assessment tool (Oct 2023).Rolled out electronically in April 2024 to assess all adult inpatients every day.
- Launched Prevention Campaign: *Get up, Get Dressed, Keep Moving*
- Tour de Swindon' event engaged patients in a virtual walk/cycle challenge (94.4 miles completed).

2024-25 Priority 2 :Improving the experience of carers by delivering responsive support and information

What we did:

- Monitor compliance with the carers passport by producing monthly data to show how many passports are being handed out.
- Roll out the new visiting guidance and associated support and conduct an evaluation after six months.
- Reach out to community organisations to promote the carers support available across the Trust and measure the impact through carers surveys

Progress

- Carers survey conducted in August 2024, included questions on Carers Passport awareness, action plan developed, follow-up survey by August 2025.
- Criteria developed to support staff in issuing passports consistently
- Promotion via weekly carers café, updated ward boards, and new information packs.
- Launched: Open visiting policy (8am–8pm) across most wards
- Participation in a minimum 10 community events annually
- Monthly communications sent to community orgs & GP practices.
- Launched awareness campaigns including, Ward trolley dashes, “stop the pressure day”

2024-25 Priority 3:Improving initial assessment of patients on front door services

What we did:

- Develop a triage working group ahead of the Integrated Front Door (IFD) to ensure a robust process for triage, which will be standardised across the Emergency Department and Urgent Treatment Centre.
- Embed triage courses to improve compliance and ensure staff are aware of expectations and what the process involves.
- Children's Emergency Department will ensure all staff have completed a training and competency framework.
- Ensure all maternity patients that need urgent review are seen in a timely manner in a dedicated triage service.
- Ensure patients that attend the Acute Medical Unit and Surgical Assessment Unit are seen and assessed a timely manner in line with national guidance.

Progress

- Rapid Assessment group meet regularly to develop process for assessment of arriving ambulances.
- An emergency physician in charge is based in the Rapid Assessment whose role is to rapidly assess patients to ensure early intervention of shared decision making.
- Additional triage capacity & training within Urgent Treatment Centre
- Navigator role maintained and ongoing
- Band 7 Nurse Manager recruited for Children's Emergency Unit, giving oversight to all training & development.
- Clinical Practice Educator role in Paediatrics (new).
- All staff working in Children's Emergency Unit have undertaking extended Paediatric competencies.
- Specific Triage Training package in place

Priority 1 25/26 : Patient safety

Great Western Hospitals NHS
NHS Foundation Trust

Measuring and Improving Compliance with the Sepsis 6 Bundle

Why is this a priority?

Compliance with the Sepsis 6 Bundle is crucial for improving patient safety because early recognition and intervention in sepsis significantly reduce morbidity and mortality. The Sepsis 6 Bundle is a set of six evidence-based actions that should be initiated within one hour of identifying sepsis. Early identification and treatment are essential to prevent further sepsis-related morbidity and mortality.

What is our aim for the coming year?

To participate in the national audit program to monitor compliance against the Sepsis 6 bundle, the outcome of the audit will support development of an improvement plan in relation to the management of sepsis.

What will we do

- We will complete the Sepsis 6 Bundle audit by participating in the National programme
- We will measure compliance against actions undertaken in the critical “Golden Hour” for high-risk sepsis patients.
- We will develop an improvement plan once the audit is complete

Great Western Hospitals NHS
NHS Foundation Trust

Priority 2 25/26 : Patient Experience

"Putting the Hospital to Bed"

Why is this a priority?

Getting a good night's sleep is important for patient recovery, this is why we have launched the putting the hospital to bed project. Our inpatient survey results, along with a review of complaint themes demonstrated that patients are telling us that they are receiving different levels of care at night time. Themes have emerged relating to a lack of care and compassion, poor sleep environment and inconsistency between the day and night. Patients have told us they are unable to seek support from their relatives or carers overnight and are experiencing delays in responsiveness from staff in comparison to daytime hours.

What is our aim for the coming year?

We will improve the nighttime environment for patients by increasing awareness of the impact of noise levels and night time patient transfers have in disrupting sleep for patients .

What will we do

- We will ensure senior oversight of improvement actions including a number a of "go and see's" across the year.
- We will review and improve the level of senior cover across the acute wards.
- We will work to reducing the number of non-urgent bed moves at night and reduce the number of non-urgent medical interventions after the hours of 23:00hr
- We will ensure teams who are working overnight are supported to provide consistent high levels of care
- We will provide support to allow open visiting for patients and to ensure carer support is provided at the same levels as day light hours

Priority 3 25/26 : Clinical Effectiveness

Supporting Patients to Self-administer their own Medications

Why is this a priority?

A number of hospital in-patients are often on long term medications which they are able to take independently at home. If it is possible to maintain patient self-administration during hospital admission this should always be explored. This will assist in maintaining patient independence for those adult inpatients who meet the assessment criteria.

This will also give maximum therapeutic benefit for those patients who require relief medications at short notice or are on complex timed regimes that do not correspond with the timings of the traditional drug round.

What is our aim for the coming year?

We will develop a programme that will support competent adult patients to safely self-administer their medications

What will we do?

- We will develop a standard operating procedure (SOP) for patient self-administration of medication
- We will pilot the SOP on wards
- We will train Pharmacy, Nursing, and Medical staff, on patient self-administration

NHS
Great Western Hospitals
NHS Foundation Trust

Report Title	**Review Governor Annual Development Plans 2024/25**				
Meeting	**Council of Governors**				
Date	**16/04/2025**	Part 1 - Public	✓	Part 2 - Private	☐
Accountable Lead	Caroline Coles, Company Secretary				
Report Author	Caroline Coles, Company Secretary				
Appendices	Appendix 1 : Schedule of governor annual development 2024/25				

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):

S151(5)of the Health and Social Care Act Health 2012 requires development & insight opportunities are provided to governors to ensure they are equipped with the skills and knowledge they need to undertake their role.

This report invites the Governors to consider the opportunities provided to Governors to assist the development of their roles during 2024/25 and to express a view as to whether this has met the requirements of the Health and Social Care Act.

A summary outcome is attached.

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 agree that the requirements of s151(5) of the Health and Social Care Act to enhance development opportunities for governors to ensure they are equipped with the skills and knowledge they need to undertake their role have been fulfilled.

Accountable Lead Signature	Caroline Coles, Company Secretary
Date	**01/04/2025**

Great Western Hospitals NHS Foundation Trust

Appendix 1` : GOVERNOR DEVELOPMENT 2024/25

1. Introduction

S151(5)of the Health and Social Care Act Health 2012 requires development & insight opportunities are provided to governors to ensure they are equipped with the skills and knowledge they need to undertake their role.

This report invites the Governors to consider the learning opportunities provided to Governors to assist the development of their roles (and Non-Executive Directors) during 2024/25 and to express a view as to whether it has met the requirements of the Health and Social Care Act.

A summary of the outcomes is set out below.

2. Development opportunities provided to Governors during 2024/25

Learning outcomes
1 – Knowledge of our Trust
2 – Learning about specific services
3 – Knowledge and skills for the Governor Role
4 – Networking Opportunities / Benchmarking / other organisations
5 – Corporate Induction
6 – Specific skills

Development & Insight Activities that assist in the development, understanding and knowledge of the Trust	**Date Provided**	**Learning Outcome**
Public Lectures		
Prostate Cancer	07 May 2024	1 & 2
Dementia	10 June 2024	
HRT & Menopause	13 November 2024	
ADHD	22 January 2025	
Breast Cancer	26 February 2025	
Governor Visits – virtual		
Children's Ward	12 April 2024	1 & 2 & 3
Huddle – Neonatal Ward	16 August 2024	
Council of Governor Meeting Presentations		
Virtual Ward Progress Update Community Services Contract	29 April 2024	1 & 2
Case for Change	08 July 2024	
Ratification of Appointment of Joint CEO	10 October 2024	
Strategic Strategy / Trust Strategy Community Services Contract / Group Model Staff Survey	27 November 2024	

Business & Planning Working Group – discussion topics at meetings		
Finance Board Report and FDIC Risk reports	All meetings	1 & 2
People's Experience & Quality Working Group - discussion topics at meetings		
CQC – New Approach	07 August 2024	1 & 2
AHP Recruitment and Retention	30 October 2024	
Update on Progress of Mandatory Safeguarding Training in Maternity	30 October 2024	
Update on Loop Implantation	05 March 2025	
CQC – New Approach	07 August 2024	
Informal Governor Meeting Presentations		
NED engagement	24 June 2024 16 September 2024 24 March 2025	5
Others		
Improving Together Session	24 June 2024	1 & 2 &3 & 4
Governor Focus Conference – zoom	9 July 2024	
Integrated Front Door Opening	19 July 2024	
Digital Patient Communication Engagement Event	25 July 2024	
Governwell Induction	29 January 2025	
Accountability and Holding to Account (RUH)	05 February 2025	
Invitation to Share Future BSW Community Services	18 February 2025	
Learning from Deaths Quarterly Meeting	10 March 2025	
Hospital Radio	24 October 2024 28 February 2025	

3. Engagement & Membership Working Group

The programme is overseen by the Engagement & Membership Working Group. Governors are encouraged to attend these learning opportunities throughout the year.

4. Recommendation

Governors are asked to consider the learning opportunities provided and governors are asked to express a view as to whether this has provided governors with the skills and knowledge, they need to undertake their role.

Great Western Hospitals NHS Foundation Trust

Report Title	**Governor Declaration of Interest Register**				
Meeting	**Council of Governors**				
Date	**16/04/2025**	Part 1 - Public	✓	Part 2 - Private	☐
Accountable Lead	Caroline Coles, Company Secretary				
Report Author	Caroline Coles, Company Secretary				
Appendices	Appendix : Governor Register of Interest				

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 provides an annual reminder to governors of their obligation to register any relevant and material interests as soon as they arise or within 7 clear days of becoming aware of the existence of the interest and to also make amendments to their registered interests as appropriate.

The report also reminds of the requirement to declare interests at meetings when matters in which there is an interest are being considered and the requirement to withdraw from the meeting during their consideration.

Furthermore, this report asks the Council of Governors to receive a copy the Register of Interests of the Governors for review, which best practice suggests should be undertaken on at least an annual basis.

Great Western Hospitals NHS Foundation Trust

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 approve the Register of Interests/

Accountable Lead Signature	Caroline Coles
Date	**01/04/2025**

GOVERNOR REGISTER OF INTEREST
GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST

Register of Interests – Council of Governors (as at 310325)		
Name of Governor	**Interest Disclosed / Membership of Committees etc**	**Role within Interest Disclosed**
Raana Bodman	None	None
Chris Shepherd	None	None
Chris Callow	Bishops Cannings Parish Council Great Western Hospital	Member Police Stop Searches Independent Advisory Group Family Member employed (Daughter in Law)
Judith Furse	Central Church at the Chair of Trustees Swindon and Marlborough Amnesty International Group Town Advisory and Engagement Group, Voluntary Action Swindon Oxford Brooks, Service Users Carers Information Group Oxford Brooks Service Users Recruitment Advisory Group	Overseeing the charitable Pilgrim Centre activities of the church and centre Chair meetings Panel member
Ashish Channawar	Independent Advisory Group for Counter-Terrorism Police for Swindon & Wiltshire Swindon Equality Coalition Independent Advisory Group for South Swindon Interfaith Recovery & Resilience Forum AbilityNet Neighbourhood Watch Swindon Hindu Temple Trust Swindon Hindu Forum	Chair Founding Member Deputy Chairman Core Team Member Technical Consultant Area coordinator Volunteer Founder and coordinator
Vivien Coppen	None	None
Natalie Titcombe	None	None
Cecilia Olley	Westmill Sustainable Energy Trust (WeSET), Swindon Ocotal Link (SOL),	Education Trustee Chair

GOVERNOR REGISTER OF INTEREST
GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST

Register of Interests – Council of Governors (as at 310325)		
Name of Governor	**Interest Disclosed / Membership of Committees etc**	**Role within Interest Disclosed**
Leslie Hemingway	Friends of Beechcroft Library, Reg Charity No 1188953	Chair of the Trustees
Emma Wiltshire	None	None
Tony Pickworth	None	None
Leah Palmer	None	Senior Post Holder at New College, Swindon
Ray Ballman	None	None
Sarah Marshall	None	None
Stephen Baldwin	None	None
Sam Pearce-Kearney	Holy Trinity C of E Academy Wiltshire Council Calne Town Council Calne Wordfest Wiltshire Racial Equality Council	Governor Councillor Councillor Trustee Trustee
Caroline Borishade	None	None

Great Western Hospitals NHS Foundation Trust

Report Title	**Review Governors Code of Conduct 2025 - 27**				
Meeting	**Council of Governors**				
Date	**16/04/2025**	Part 1 - Public	✓	Part 2 - Private	☐
Accountable Lead	Caroline Coles, Company Secretary				
Report Author	Caroline Coles, Company Secretary				
Appendices	Appendix : Governor Register of Interest				

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):

High standards of corporate and personal conduct are an essential component of public services. As an NHS Foundation Trust, the Great Western Hospitals NHS Foundation Trust is required to comply with the principles of best practice applicable to corporate governance in the NHS/health sector and with any relevant code of practice. The purpose of this code is to provide clear guidance on the standards of conduct and behaviour expected of all governors. This is in addition to the Trust's STAR Values (Service, Teamwork, Ambition, Respect).

This Code, and the Code of Conduct for Directors and the NHS Constitution, form part of the framework designed to promote the highest possible standards of conduct and

behaviour within the NHS Foundation Trust. The Code is intended to operate in conjunction with NHS Code of Governance for Providers, The NHS Trust's Provider Licence, the NHS Foundation Trust's Constitution and with Standing Orders.

The Governor code of conduct for 2025 – 2027 has been updated to align with the other trusts within the BSW Hospitals Group and is attached as appendix 1.

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 approve the revised Governors Code of Conduct 2025 – 27.

Accountable Lead Signature	Caroline Coles
Date	**01/04/2025**

Great Western Hospitals
NHS Foundation Trust

GOVERNORS CODE OF CONDUCT 2025-2027

1. Introduction

High standards of corporate and personal conduct are an essential component of public services. As an NHS Foundation Trust, the Great Western Hospitals NHS Foundation Trust is required to comply with the principles of best practice applicable to corporate governance in the NHS/health sector and with any relevant code of practice. The purpose of this code is to provide clear guidance on the standards of conduct and behaviour expected of all governors. This is in addition to the Trust's STAR Values (Service, Teamwork, Ambition, Respect).

This Code, and the Code of Conduct for Directors and the NHS Constitution, form part of the framework designed to promote the highest possible standards of conduct and behaviour within the NHS Foundation Trust. The Code is intended to operate in conjunction with NHS Code of Governance for Providers, The NHS Trust's Provider Licence, the NHS Foundation Trust's Constitution and with Standing Orders.

The Code applies at all times when Governors are carrying out their governor role.

2. Role of the Council of Governors

The role of the Council of Governors is defined in law and in NHS England's regulatory and governance framework. Although the role definition is not repeated here it is important as context for this Code of Conduct to recognise that good governance in the Trust depends upon active and constructive engagement between the Board of Directors and the Council of Governors. Adopting this approach will ensure that the Council of Governors is able to discharge its statutory duties, particularly in relation to:

- Holding the Non-Executive Directors individually and collectively to account for the performance of the Board;
- Representing the interests of the members as a whole and of the public at large.

3. Board of Directors/Council of Governors Engagement

The Constitution and supporting guidance commit the Board of Directors and the Council of Governors (as a whole and Governors individually) to engaging proactively and constructively with the Board of Directors, acting through the Trust Chair, Senior Independent Director and the Lead Governor where appropriate according to their roles.

The Council of Governors will work with the Board of Directors for the best interests of the Trust as a whole, taking into account all relevant advice and information presented to, or requested by, the Council of Governors. The Council of Governors will not unduly delay responses to proposals or other reports from the Board of Directors, acting proactively to agree with the Board of Directors the information which the Council of Governors will need in order properly to discharge its statutory duties.

4. Conduct of Governors

This section of the Code sets out the conduct which all Governors agree to abide by. These commitments are in addition to compliance with NHS England's requirements, the Code of Governance, and the Constitution.

5. Principles of Public Life

All governors are expected to abide by the Nolan principles of selflessness, integrity, objectivity, accountability, honesty, transparency and leadership.

- **Selflessness**
  Governors should act solely in the public interest; they should not act so as to gain financial or other benefits for themselves, their family or their friends. Governors should not have a singular or personal agenda but should consider the broader interests and feedback from Members and the public.

- **Integrity**
  Governors should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

- **Objectivity**
  Governors should make choices on merit alone in deciding appointments and awarding contracts.

- **Accountability**
  Governors are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

- **Openness**
  Governors should be as open as possible about all the decisions and actions they take: they should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

- **Honesty**
  Governors have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts of interests so that the public interest is protected.

- **Leadership**
  Governors should promote and support these principles by leadership and example.

6. General Principles

Foundation Trust Council of Governors have a duty to conduct business with probity, to respond to staff and patients impartially and to demonstrate high ethical standards of personal conduct.

The general duty of the Council of Governors and of each governor individually is to act in a manner which promotes the success of the Trust so as to maximise the benefits for the members of the Trust as a whole and to the wider public. The Council of Governors therefore undertakes to set an example in the conduct of its business and to promote the highest corporate standards of ethical conduct. The Council of Governors expects that this Code of Conduct will inform and govern the decisions and conduct of all governors.

7. Bribery and Corruption

Governors should be aware that under the Bribery Act 2010 it is an offence to accept any inducement or reward for doing or refraining from doing anything in an official capacity or corruptly showing favour or disfavour in the handling of contracts. Breaches of these provisions will be reported to the Local Counter Fraud Specialist and could give rise to liability to criminal prosecution and may lead to loss of office.

8. Fit and Proper Person

It is a condition of the Code of Governance that every governor serving on the Council of Governors is a 'fit and proper person'. Governors must certify on election or appointment, and each year that they

are/remain a fit and proper person. If circumstances change so that a governor can no longer be regarded as a fit and proper person or if it comes to light that a governor is not a fit and proper person, their term of office will be terminated pending confirmation and the outcome of any appeals process.

9. Duty of Candour

In so far as it relates to their role, Governors are required to comply with the Duty of Candour in terms of complying with statutory requirements to inform and apologise to patients if there have been mistakes in their care that have led to significant harm noting that the aim of the Duty of Candour is to help patients receive accurate, truthful information from health providers.

10. Confidentiality and Access to Information

Governors must comply with the Trust's confidentiality policies and procedures. Governors must not disclose any confidential information, except in specified lawful circumstances.

Information on decisions made by the Council of Governors and information supporting those decisions should be made available in a way that is understandable. Positive responses should be given to reasonable requests for information and in accordance with the Freedom of Information Act 2000 and other applicable legislation and governors must not seek to prevent a person from gaining access to information to which they are legally entitled.

The Trust has adopted policies and procedures to protect the confidentiality of personal information and to ensure compliance with the Data Protection Act, the freedom of information act and other relevant legislation which will be followed at all times by the governors.

Governors must not make any public statements on behalf of the Trust or communicate in any way with the media without the prior consent of the Chair or a designated officer from the Trust's Communications Department.

11. Register of Interests

Governors are required to register all relevant interests on the Trust's register of interests in accordance with the provisions of the Constitution. It is the responsibility of each governor to update register entries where their interests change. A pro forma is available from the Company Secretary. Failure to register an interest when it comes to light within a reasonable time may constitute a breach of this Code.

12. Conflicts of Interest

Governors have a duty to avoid situations where they have direct or indirect interests that conflict or may conflict with those of the Trust. Governors must not accept a benefit from a third party by reason of being a director or for doing (or not doing) anything in that capacity.

If a governor has in any way a direct or indirect interest in a proposed transaction or arrangement with the Trust the governor must declare the nature and extent of that interest to the other governors. If such a declaration proves to be or becomes inaccurate or incomplete, a further declaration must be made. Any such declaration must be made at the earliest opportunity and before the Trust enters into the transaction or arrangement.

The Company Secretary will provide advice on declaring interests.

13. Gifts and Hospitality

The use of the Trust for hospitality and entertainment, including hospitality at conferences or seminars is carefully considered. All expenditure on these items should be capable of justification as reasonable in the light of the general practice in the public sector.

Governors must comply with any Trust policy on gifts and hospitality. Governors must not accept gifts or hospitality other than in compliance with this policy.

14. Raising Matters of Concern

Governors should raise concerns through the Council of Governors, the Chair or the Company Secretary. However, other routes exist as set out in the Constitution.

15. Personal Conduct

Governors are expected to conduct themselves in a manner that reflects positively on the Trust and not to conduct themselves in a manner that could reasonably be regarded as bringing their office or the Trust into disrepute.

- Act in the best interests of the Trust and adhere to its values and this Code of Conduct;
- Respect others and treat them with dignity and fairness;
- Seek to ensure that no one is unlawfully discriminated against and promote equal opportunities and social inclusion;
- Be honest and act with integrity and probity;
- Contribute to the workings of the Council of Governors in order for it to fulfil its role and functions;
- Recognise that the Council of Governors is collectively responsible for the exercise of its powers;
- Raise concerns and provide appropriate challenge of the Non-Executive Directors;
- Represent the interests of the NHS Foundation Trust's members and partner organisations;
- Make every effort to attend meetings where practicable;
- Adhere to good practice in respect of the conduct of meetings and respect the views of others;
- Take and consider advice on issues as appropriate;
- Not use their position for personal advantage or seek to gain preferential treatment; nor seek improperly to confer an advantage or disadvantage on any other person;
- Abide by any Trust policies, practices, procedures, protocols or guidance;
- Accept responsibility for their conduct, learning and development; and
- Ensure that no person is discriminated against on grounds of religion or belief; ethnic origin; gender; marital status; age; disability; sexual orientation or socio-economic status and specifically against any characteristics covered in the Equality Act 2010 or subsequent iterations;

16. Participation in Meetings and in Training and Development

The Council of Governors will hold a number of meetings per year, the number to be determined by the Chair. The schedule for these meetings and for other activities will be provided by the Trust Secretariat and is subject to approval by the Council of Governors.

It is expected that Governors will attend meetings of the Council of Governors and any committees to which they are appointed but it is accepted that there will be occasions on which Governors cannot attend, in which case they will give apologies for absence.

The Constitution provides for the Council of Governors to remove any Governor from office where they fail to attend throughout a period of six consecutive months from the date of their last attendance, any meeting of the Council of Governors, its Committees, Sub-Committees or Working Groups and where the Council is not satisfied that the absence was due to a reasonable cause.

The Board of Directors has a statutory duty to take steps to ensure that the Governors are equipped with the skills and knowledge they need to discharge their responsibilities appropriately. A programme of training and development will be provided to the Council of Governors and it is expected that Governors will participate in such activities unless, in reasonable circumstances, this is not possible.

17. Compliance

Governors will satisfy themselves that the actions of the Council of Governors and individual Governors in conducting business fully reflects the values, general principles and provisions in this Code. All Governors will be required to give an undertaking to abide by the provisions of this code of conduct.

Any Governor who requires advice on the provisions or application of this Code should obtain it from the Company Secretary.

All Governors are required to comply with this Code. Each Governor must confirm this within 7 days of their appointment by signing and returning to the Company Secretary a copy of this Code.

Any suspected or actual non-compliance with this Code will be addressed in accordance with the Constitution.

18. Approval and review of this Code

This Code was approved by the Council of Governors on xx.

This Code will be subject to review, led by the Chair and Company Secretary, not more than two years from its date of approval.

Declaration

I (insert name) …… have read, understood and agree to comply with this Code of Conduct for Governors of Great Western Hospitals NHS Foundation Trust.

Signature Date

NHS
Great Western Hospitals
NHS Foundation Trust

Report Title	Governor Working Group Terms of Reference & Membership				
Meeting	**Council of Governors**				
Date	**16/04/2025**	Part 1 - Public	✓	Part 2 - Private	☐
Accountable Lead	Caroline Coles, Company Secretary				
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:

Report

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

This outlines the Terms of Reference for governor working groups and the proposed membership to November 2025

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:

To approve

Accountable Lead Signature	Caroline Coles
Date	**01/04/2025**

NHS
Great Western Hospitals
NHS Foundation Trust

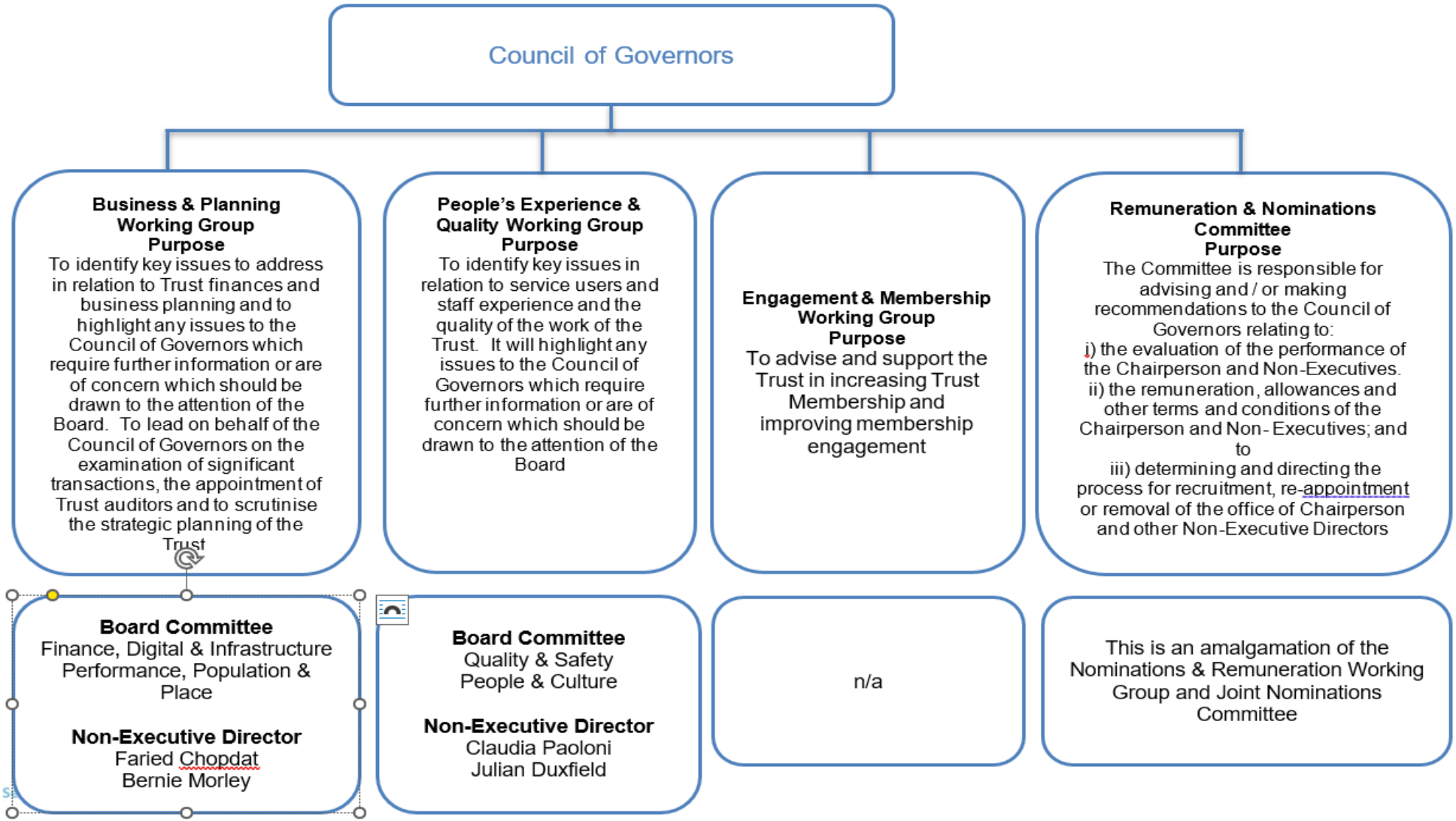
Council of Governors

Meetings of the Council of Governors Terms of Reference

2025-2026

The Council of Governors cannot delegate authority for decision making. Its working groups therefore can only make recommendations to the Council of Governors.

Great Western Hospitals NHS Foundation Trust



Great Western Hospitals
NHS Foundation Trust

People's Experience and Quality Working Group Terms of Reference

Purpose:
To consider information on how the Board manages patient quality (including patient experience) and operational performance
To highlight any issues which require further information to the Council of Governors or are of concern which should be drawn to the attention of the Board.
To raise issues from Members and members of the public in relation to patient quality and operational performance.

Objectives:
- To be informed of Trust quality and operational performance.
- To received and consider progress of the quality indicator as part of the annual Quality Accounts.
- To identify issues affecting patient experience/ friends and family survey
- To receive and consider patient experience reports, surveys and data.

Requirements:
- The membership of the Group shall comprise up to 9 Governors.
- The quorum is 3 members.
- The Group will meet at least 4 times per year.
- The minutes of the Group will be presented to the Council of Governors by the Chair of the Group who will highlight the main discussions.
- Other Governors may attend but prior notice shall be given to the Chair of the Group or Company Secretary in advance of the meeting.

Membership of the Committee:
- All Governors will be given the option to join any of the available committees in November/December each year ready for the new year being January – (providing they are eligible).
- Governors will be given details of the working groups and the guidelines to ensure they are fully aware of all the roles and are able to decide if they wish to nominate themselves for the Chair roles, when appropriate.

Chair Role:
- Check and confirm agenda and timings (via the Trust).
- Preparation before each meeting to ensure all relevant papers are ready & circulated (via the Trust).
- Ensure invites to external participants have been issued (via the Trust).
- Ensure the smooth running of the meeting (all participants are engaged).
- Prepare notes of the meeting to give feedback to other Governors at relevant meetings.
- Attend meetings with LG & DLG to talk about the committee meetings.

Deputy Chair:
- To deputise for the chair for all above items (Chair's Role) when chair is unavailable. This role is not essential but provides an opportunity to develop important chairing skills.

Chair & Deputy Elections:

- Any member of the committee can be considered for the chair roles (providing they have sufficient time to fulfil the role and feel they have the relevant skills).
- The chair will be elected for a 2-year term with provision to extend for an extra year if there are no objections (This will allow for a degree of continuity but also allow for new blood to come through)
- During the "continuous 2 year period" the committee should ratify each year by a secret ballot prior to commencement of the New Year to ensure all members are happy with the Chair continuing (to be conducted by email via the Trust) but should be completed before the first meeting of the new year.

What is the Role of the Governor in this meeting?

- To read all documents relating to the meeting beforehand.
- Prepare questions relating to the reports they would like explored, either with the invited attendees or ask that the question is taken away or addressed at a later date
    - Questions should be formulated in a way that is respectful and impartial **remembering our remit is not to be operational but to ensure that the NED's are challenging the Executive to fulfil the needs of our communities in the best possible way**

- Request additional information on particular subjects in either written format or a future presentation, if appropriate
- Ensure we have received the best possible answers to our questions
- To participate fully in the meetings to ensure we are representing our population to the best of our ability

Governor Membership (member attendance expected):

1	Chris Shepherd (staff) (Chair)
2	Judith Furse
4	Vivien Coppen
5	Tony Pickworth (staff)
6	Raana Bodman
7	Caroline Borishade
8	Sarah Marshall
9	Lesley Hemingway
10	Stephen Baldwin

Other Attendees

1	Claudia Paoloni	Non-Executive Director

2	Julian Duxfield	Non-Executive Director
3	Helen Winter	Associate Director of Nursing – Insights and Learning
5	Ana Gardete	Deputy Chief Nurse
6	Jenny Kear	Head of PALS
7	Tania Currie	Head of Patient Experience and Engagement
8	Ashley Oakshott	Head of HR and Wellbeing Services

Business & Planning Working Group Terms of Reference

Purpose:
To consider information on how the Board manages financial performance and staffing costs and to highlight any issues to the Council of Governors which require further information or are of concern which should be drawn to the attention of the Board? To highlight any representations from Members and members of the public in relation to financial performance or issues of staffing costs.

Objectives:

- To be informed of Trust finance.
- To be informed of Trust staffing costs.
- To receive and consider the Trust's financial accounts.
- To identify issues affecting finance and staffing.
- To receive and consider finance reports, audits and data.
- To receive and consider staff reports (to include the staff survey).

Requirements:

- The membership of the Group shall comprise up to 9 Governors.
- The quorum is 3 members.
- The Group will meet at least twice per year.
- The minutes of the Group will be presented to the Council of Governors by the Chair of the Group.
- Other Governors may attend but prior notice shall be given to the Chair of the Group or Company Secretary in advance of the meeting.

Governor Membership (member attendance expected):

1	Ashish Channawar (Chair)
2	Chris Callow
3	Cecilia Olley
4	Emma Wiltshire

5	Natalie Titcombe
6	Sarah Marshall
7	Stephen Baldwin

Other Attendees

1	Faried Chopdat (FC)	Non-Executive Director
2	Bernie Morley (BM)	Non-Executive Director
3	Johanna Bogle (JB)	Deputy Director of Finance

Engagement & Membership Working Group Terms of Reference

Purpose:
To develop and review the implementation of the Membership Strategy and to highlight any representations from Members and members of the public in relation to membership, including recruitment and engagement.

Objectives:

- To agree and monitor implementation of the Membership Strategy.
- To monitor membership levels in terms of gender, age, ethnicity and number and to identify areas for specific target.
- To consider and agree engagement ideas and opportunities from a Governor perspective.
- To evaluate and review recruitment and engagement activity to determine their value and effectiveness to enable the prioritisation of focus.
- To consider and review the role of the Governor.
- To consider and evaluate the information and training received by Governors.
- To oversee the development of Governors.

Requirements:

- The membership of the Group shall comprise up to 9 Governors
- The quorum is 3 members
- The Group will meet at least twice per year.
- The minutes of the Group will be presented to the Council of Governors by the Chair of the Group.
- Other Governors may attend but prior notice shall be given to the Chair of the Group or Company Secretary in advance of the meeting

Governor Membership (member attendance expected):

1	Chris Callow (Chair)
2	Judith Furse
3	Lesley Hemmingway
4	Raana Bodman
5	Vivien Coppen
6	Leah Palmer
7	Sam Pearce-Kearney

Remuneration & Nominations Committee Terms of Reference

Purpose:
The Committee is responsible for advising and / or making recommendations to the Council of Governors relating to:
i) the evaluation of the performance of the Chairperson and Non-Executives.
ii) the remuneration, allowances and other terms and conditions of the Chairperson and Non- Executives; and to
iii) determining and directing the process for recruitment, re-appointment or removal of the office of Chairperson and other Non-Executive Directors

Objectives:

- To consider the Non-Executive Director appraisal process.
- To receive reports on the appraisal of the Chairman and Non-Executive Directors from the Senior Independent Director and the Chairman of the Trust respectively.
- To review the remuneration of the Non-Executive Directors.

Attendance

- Only members of the Committee have the right to attend Committee meetings.
- At the invitation of the Committee, meetings shall routinely be attended by the Company Secretary and/or Assistant Company Secretary and Chief People Officer
- Other persons may be invited by the Committee to attend a meeting so as to assist in deliberations.

Requirements:
The membership of the Committee shall consist of the Chair of the Trust, and at least three Governors and one NED.

- The Committee will be chaired by the Chair of the Trust. If the Chair is absent the Senior Independent Director or Deputy Chair will act as Chair. Where the Chair has a conflict of interest, for example when the Committee is considering the Chair's reappointment or remuneration, the Committee will be chaired by the Governor agreed by the Committee.
- When the Committee is considering the Trust Chair's reappointment, remuneration or performance review, the Committee the Senior Independent Director (SID) will be co-opted to join the Committee. The SID will attend in an advisory capacity and will not participate in the formal decision-making process.
- The quorum for each meeting will be four members, the majority of whom must be Governors and at least one must be a Non-Executive Director (when appropriate and no conflict of interest).

Governor Membership (member attendance expected):

1	Natalie Titcombe (Chair)
2	Leah Palmer
4	Emma Wiltshire
5	Chris Callow
6	Liam Coleman
7	Helen Spice, Non-Executive NED
8	Julian Duxfield, Non-Executive NED

Other Attendees

1	Jude Grey, Chief People Officer
2	Caroline Coles, Company Secretary

Note: Executive Directors are appointed by the Board.

Great Western Hospitals NHS Foundation Trust

Report Title	**Nominations & Remuneration Committee Report**				
Meeting	**Council of Governors Meeting**				
Date	**16/04/2025**	Part 1 - Public	✓	Part 2 - Private	☐
Accountable Lead	Natalie Titcombe, Lead Governor				
Report Author	Natalie Titcombe, Lead Governor				
Appendices	Appendix 1 – NED Job Description Appendix 2 - ANED Job Description				

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:

Due process followed as per Trust Constitution and Code of governance for NHS provider trusts.

Report

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

This report provides a summary of the discussions at the Joint Nominations & Remuneration Committee on 7 April 2025.

Under the NHS Act 2006, the Council of Governors appoints (and removes) the Chair and Non-Executive Directors (NEDs), and decides their remuneration, allowances and their other terms and conditions of office.

The Council's Nominations & Remuneration Committee is an established standing committee of the Council and has the delegated responsibility to recommend and enact the recruitment process for the identification and nomination of suitable candidates for Chair and NED vacancies.

Great Western Hospitals NHS Foundation Trust needs to appoint two new Non- Executive Directors; one to replace Lizzie Abderrahim leaving in April 2025 and a new Non-Executive Director (NED) post following the appointment of a BSW Hospitals Group Chief Executive (GWH board member) and a Managing Director (GWH Board member) to be compliant with the Trust's Constitution. The Trust also needs to appoint two new Associate Non- Executive Directors (ANED); one to replace Claire Lehman and the other to replace Rommel Ravanan whose terms ended on March 2025.

At the meeting the Committee considered the following points:-

- Skill set and experience
- Time commitment
- Succession planning
- NED champion roles
- The timetable
- The options being explored for interim arrangements to cover compliance with Constitution until recruitment process completed.

Following a robust discussion the Nomination & Remuneration Committee approved the proposal for the recruitment of 2 x NEDs and 2 x ANEDs with the following comments:-

- The ANED job description has some inconsistency around time requirements, it gives a minimum monthly time requirement which the NED JD doesn't.
- The shortlisting should be more 'robust' this time round.
- Timetable needs adjustment and a requested that governors involved in the recruitment process have sufficient notice for any meetings to be arranged

It was noted that the remuneration and terms of condition would not change as these remain within the national guidelines.

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	-	
Next Steps	Recruitment process commences	

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:

Due process followed.

Recommendation / Action Required

The Board/Committee/Group is requested to:

The Council of Governors is requested to note the outcome of the Nominations & Remuneration Committee on 7 April 2025.	
Accountable Lead Signature	Lead Governor
Date	**09/04/2025**