

## Bundle Council of Governors 22 March 2022

### Agenda

COG Agenda 22 March.pdf

- 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.*
- 04 Action Tracker  
*To update the group on actions from previous meetings.*  
CoG Action Tracker - 22.03.22 Final.pdf
- 05 Business/Strategic Planning  
*To receive an update on the Business Planning process for 2022/23*  
05. Coversheet Business Strategic Planning.pdf  
COG March 22 Strategy Update.pdf
- 06 Annual Declaration of Interest - for approval  
*To receive the Interest Register and for Governors to be reminded of their obligation to keep the register up to date.*  
*Caroline Coles - Company Secretary*  
06. Coversheet Declarations of Interest FINAL.pdf  
06. Declaration of Interest Register 160322.pdf
- 07 Review Governor Annual Training and Development Plans 2021/22  
*Caroline Coles - Company Secretary*  
*To receive the Interest Register and for Governors to be reminded of their obligation to keep the register up to date*  
07. Coversheet Review Governor Training FINAL.pdf  
07. GOVERNOR TRAINING 2021-22.pdf
- 08 Board Reports - March 2022  
*Non-Executive Director to present.*  
*To receive March Board reports*  
08. 7.1 CEO Report.pdf  
08. 7.2 Board Assurance Report Quality and Assurance.pdf  
08. 7.3 Board Assurance Report Performance, People and Places.pdf  
08. 7.4 Board Assurance Report Finance and Investment.pdf  
08. 7.5 Board Assurance Report Mental Health.pdf
- 13 Date of Next Meeting  
*The next meeting of the Council of Governors to be scheduled on 3 May 2022 at 5pm on Microsoft Teams.*

## Council of Governors Agenda

<b>Date</b>	22 March 2022
<b>Time</b>	17:00 – 1830 hrs
<b>Location</b>	Microsoft Teams
<b>Chair</b>	Liam Coleman
<b>Description</b>	A meeting of the Council of Governors

- |       |                                          |                                                                                                                                                                                                                                                                                                                                                              |                          |
|-------|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| 1     | <b>Welcome and apologies for absence</b> | -                                                                                                                                                                                                                                                                                                                                                            |                          |
| 17:00 | 2                                        | <b>Declarations of Interest</b><br>Governors are reminded of their obligation to declare any interests relevant to items under consideration at the meeting.                                                                                                                                                                                                 | -                        |
| 17:10 | 3                                        | <b>Minutes</b><br>To adopt and sign as a correct record the minutes of the public part of the meeting of the Council of Governors held on 8 February 2022.                                                                                                                                                                                                   | ✓<br><b>For approval</b> |
|       | 4                                        | <b>Action Tracker</b><br>To update the group on actions from previous meetings.                                                                                                                                                                                                                                                                              | ✓<br><b>To note</b>      |
|       | 5.                                       | <b>Business / Strategic Planning</b><br>Chris Trow to provide an update on the Business Planning process for 2022/23.                                                                                                                                                                                                                                        | <b>Presentation</b>      |
|       | 6.                                       | <b>Annual Declaration of Interest</b><br>Caroline Coles, Company Secretary<br><br>To receive the interest register and for governors to be reminded of their obligation to keep the register up to date.                                                                                                                                                     | ✓<br><b>For approval</b> |
|       | 7.                                       | <b>Review Governor Annual Training and Development Plans 2021/22</b><br>Caroline Coles, Company Secretary<br><br>To agree that the requirements of s151(5) of the Health and Social Care Act, to provide training for governors in 2021/22 to ensure they are equipped with the skills and knowledge they need to undertake their role, have been fulfilled. | ✓<br><b>For approval</b> |

### CONSENT ITEMS

These are items that are provided for consideration and information. Members are asked to read the papers prior to the meeting, and unless the Chair/Secretary receives notification before the meeting that a member wishes to debate the item or seek clarification on an issue, the items and recommendations will be noted without debate at the meeting in line with process for consent items. The recommendations will then be recorded in the minutes of the meeting.

8. **Board Reports – March 2022** ✓

- 7.1 Report of the Chief Executive
- 7.2 Quality and Governance Committee Board Assurance Report
- 7.3 Performance, People and Place Committee Board Assurance Report
- 7.4 Finance and Investment Committee Board Assurance Report
- 7.5 Mental Health Committee Board Assurance Report

9. **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***

10. **Nominations & Remuneration Committee - Re-appointment of Non-Executive Director and Terms of Reference** ✓

Pauline Cooke, Lead Governor

To receive the minutes of the meeting of the Nominations & Remuneration Committee held on 8 March 2022 and to approve the recommendations contained therein.

**For approval**

11. **Date of Next Meeting**

The next meeting of the Council of Governors is on 3 May 2022 at 5pm on Microsoft Teams.

## Council of Governors - Action Tracker – March 2022

Date of Meeting	Reference	Action	Who to action	Comments/Progress
18/11/21	9/21	CC suggested that the Membership database may have the facility to run a report split into postcodes. PCy will look at running the report and provide it to CC for distribution.	PCy	Work in Progress (WiP)
08/02/22	36/21	PCy to attend next Informal Governors meeting on to discuss Governance Effectiveness next steps.	PCy	No further action for this group.
08/02/22	38/21	Liam Coleman (Chair) agreed to discuss with the Board the possibility of a Non-Executive Director attending the Engagement and Membership working group as it now has a bigger remit	PCy	To be confirmed.





### Future actions

Date of Meeting	Action	Who to action	Date
08/02/22	LC to present update on 2021 Quality Priorities to CoG on 13 June.	LC	June-22
18/11/21	New Governor Working Groups terms of referenced now revised. CofG approval in May-22.	PCy	May-22
18/02/21	Arrange follow up meeting for Chair & CEO of ICS to present to Council of Governors. CEO now appointed however ICS establishment delayed to 1 July 2022.	PCy	. tbc

Report Title	<b>Business /Strategic Planning</b>				
Meeting	Council of Governors				
Date	22 March 2022	Part 1 (Public) [Added after submission]	<b>x</b>	Part 2 (Private) [Added after submission]	
Accountable Lead	Chris Trow				
Report Author	Chris Trow				
Appendices					

Purpose				
Approve	Receive	<b>x</b>	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 in respect of: process/outcome/other (please detail):				
Significant	Acceptable	<b>x</b>	Partial	No Assurance
High level of confidence / evidence in delivery of existing mechanisms / objectives	General confidence / evidence in delivery of existing mechanisms / objectives		Some confidence / evidence in delivery of existing mechanisms / objectives	No confidence / evidence in delivery
Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:				

Report					
Executive Summary – Key messages / issues of the report (inc. threats and opportunities / resource implications):					
Update on the Business Planning process for 2022/23					
Link to CQC Domain – select one or more	Safe	Caring	Effective	Responsive	Well Led
Links to Strategic Pillars & Strategic Risks – select one or more					
Key Risks – risk number & description (Link to BAF / Risk Register)					Risk Score
Consultation / Other Committee Review / Scrutiny / Public & Patient involvement					
Next Steps					

Equality, Diversity & Inclusion / Inequalities Analysis	Yes	No	N/A
Do any issues identified in the report affect any of the protected groups less / more favourably than any other?		<b>x</b>	
Does this report provide assurance to improve and promote equality, diversity and inclusion / inequalities?	<b>x</b>		
Explanation of above analysis:			

Recommendation / Action Required	
The Board/Committee/Group is requested to:	
<b>that the report is received by the Council of Governors</b>	
Accountable Lead Signature	Chris Trow
Date	16/03/22

# Strategy Update

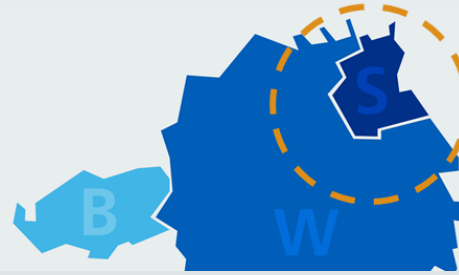
Council of Governors | March 2022

Chris Trow

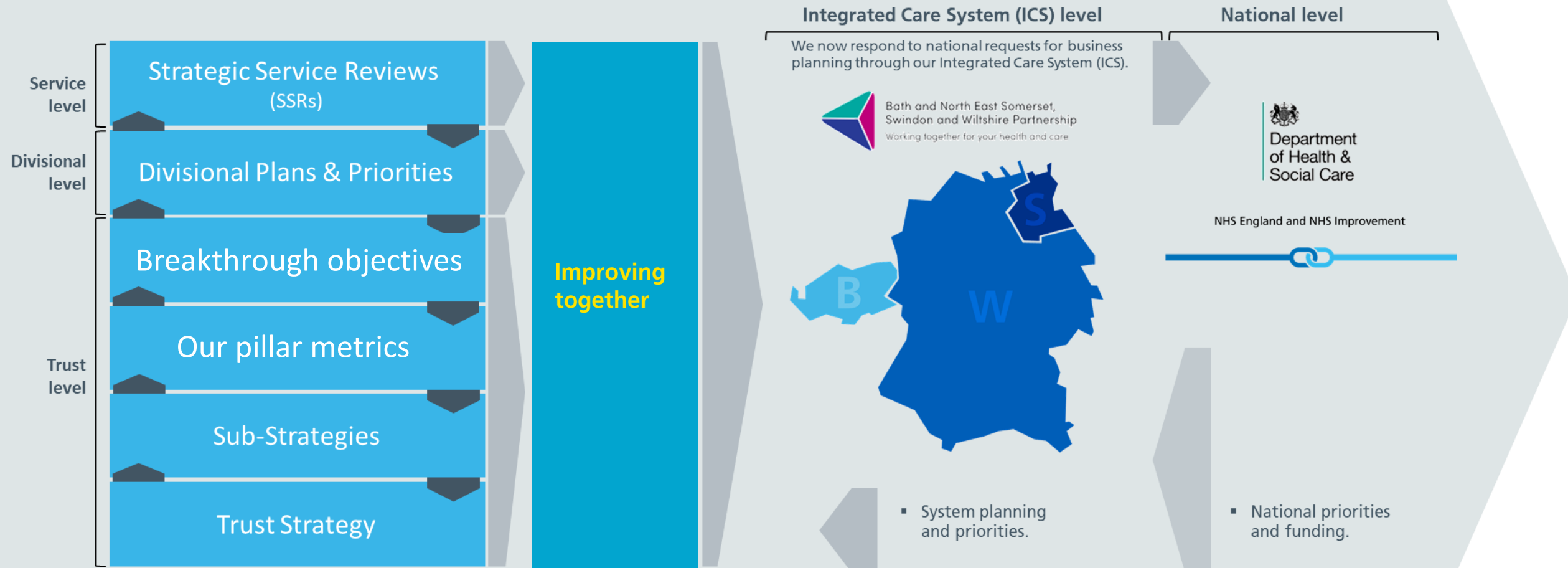
Associate Director of Strategy

# Our strategic framework

Coherent plans developed through a multi-disciplinary approach with timely information. They should be owned by those delivering care (divisional and service level) with a view on the longer term not just the here and now.



Most importantly plans should have our local communities at their heart, planning for current and emerging needs.

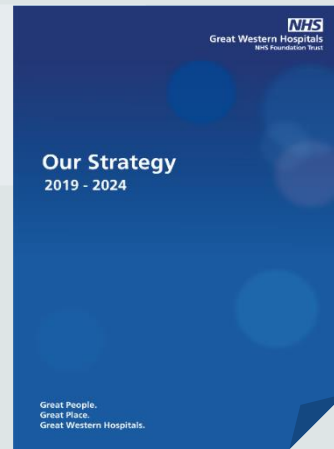


# Our strategic framework

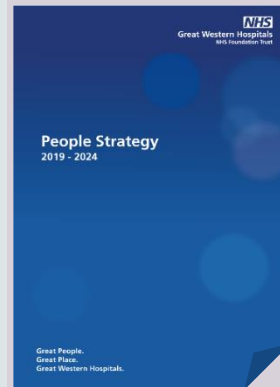
We have developed a number of key documents to shape the future direction of the Trust.

Our Supporting Plans provide detail of what we plan to achieve in the coming years.

These plans detail service by service and at divisional level what we are going to achieve and how.



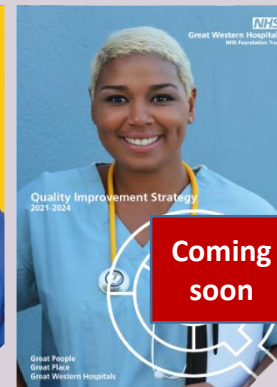
**Trust Strategy**



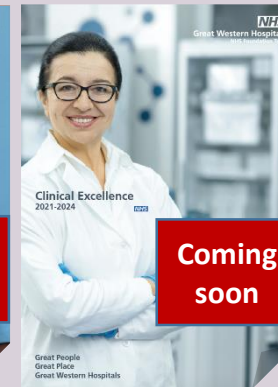
**People Strategy**



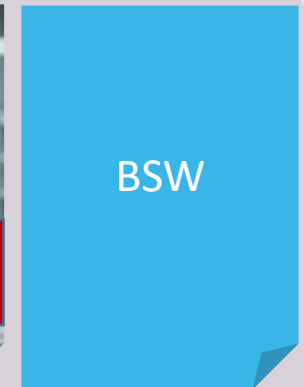
**Equality, Diversity & Inclusion**



**Quality Improvement Strategy**



**Clinical Excellence**



**Acute Hospital Alliance (AHA) Clinical Strategy**

## Supporting Plans



**Improvement & Efficiency Plan**



**How We Work**

- Overview of the way we work as an organisation and our key tools. Includes our tone of voice, identity, business case guidance, leadership principles etc.



**Divisional Plans (Annual Review)**



**Strategic Service Reviews (To be kept up to date by service, reviewed on rolling programme)**

## Divisional & Service Level Plans



# Roles and responsibilities

## Developing plans

### ▪ Divisional level

- Ownership and oversight of specialty / service level planning that must follow Trust process, ensuring that sufficient review and challenge has taken place.
- Plans to be approved at divisional level before being peer reviewed with other divisions as part of the Annual Divisional Plan process – this will be supported by corporate teams and Execs.
- Divisional priorities will need to be jointly agreed with peers with a finalised position\* (this will need to be within pre-set parameters and within the financial envelope available) to be approved by the Director of Finance & Strategy and the Chief Operating Officer ahead of Trust Board ratification.

\*This will include Accountability Agreements for activity, workforce and finance plans.

### ▪ Specialty / service level

- Demonstrate clarity on activity that can be delivered with current capacity.
- A bottom up approach should be taken to ensure plans are not a rollover with incremental pressures raised.
- Ownership of the budget, activity and workforce plan is key and each specialty/service will be required to sign off plans to be delivered.
- This work must align with live Strategic Service Reviews which should be reviewed by specialty / service leads every quarter.

### ▪ Business Intelligence support

- Work closely with clinical and operational teams to produce activity plans at specialty level reflecting the available capacity across the Trust.
- The works needs to ensure operational targets such as ED standards, RTT targets and Diagnostic trajectories can be met within the available resources.
- Plans need to be understood and signed up to at the required levels to inform the workforce requirements and financial plans.

### ▪ Workforce support

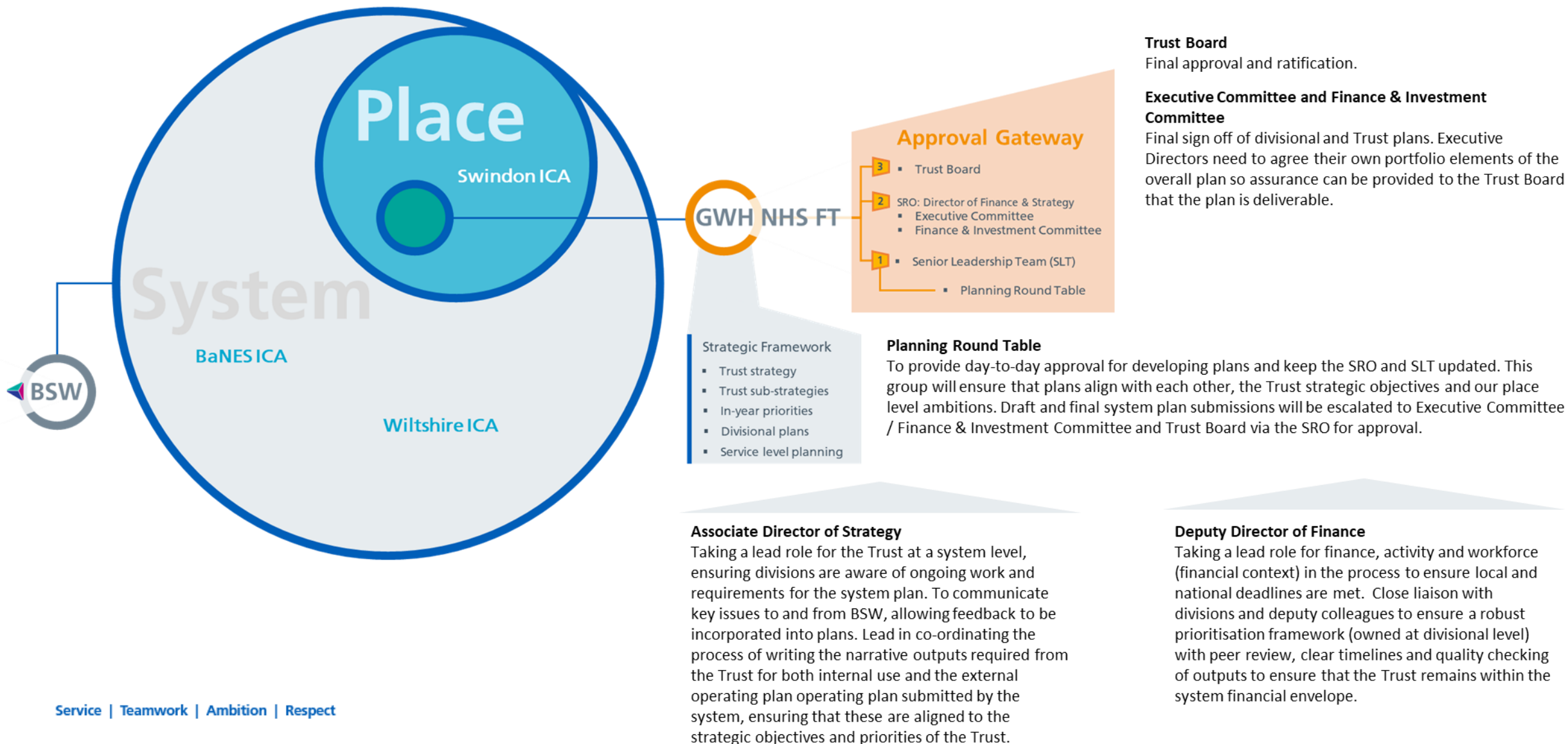
- Understand the activity plan and the workforce inputs required to deliver it.
- Robust engagement at divisional and specialty / service level to ensure medical job plans reflect the activity plan, national and local staffing issues are recognised and accounted for during planning and also to ensure workforce transformation is incorporated into annual Divisional Plans and ongoing Strategic Service Reviews.
- Must be an agreed and realistic workforce plan that reflects the environment divisions are operating in and not generated from finance numbers.

### ▪ Finance support

- Identify financial impact of activity and workforce plans.
- Robust engagement with divisions and specialty / service to understand impact of these plans on the current budget and run rate, working collaboratively to identify mitigations where this is in excess of current budget.
- Work with divisions to understand underlying income and expenditure run rate to identify how this can be brought back in line with budget or to identify improvement and efficiency opportunities.
- Financial plan must be realistic based on service requirements but within agreed financial envelope.

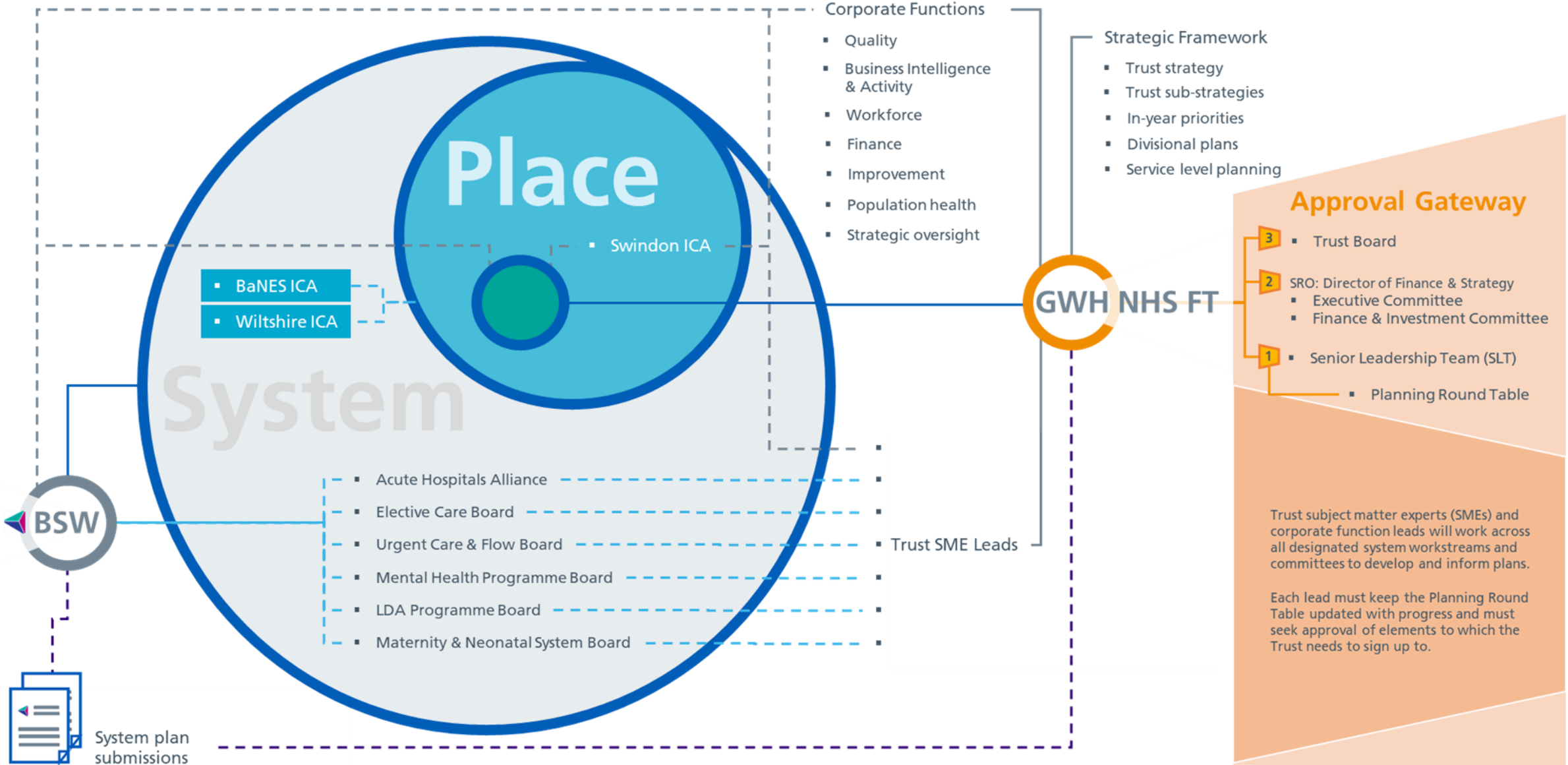
# Roles and responsibilities

## Oversight



# System architecture

## Alignment with system plans



# Developing our 2022/23 plans

- Significant progress have been made to the way the Trust approached business planning, both internally and working with partners across the system.
- We now have an established multi-disciplinary approach to leading the planning process internally.
- Our plans are driven by our operating clinical divisions, we have improved engagement in developing these plans and now have better ownership of delivery as we go into the next financial year.
- We recognise our contribution and impact to the system.
- System we are improving our joint approach.

## Update and highlights

- We are nearing the end of the current planning round. Draft plans were submitted on 17<sup>th</sup> March and final plans are due for submission on 28<sup>th</sup> April.
- The system is financially challenged and this reflects discussions that are currently ongoing at a BSW level.
- The Trust has developed activity, workforce and finance plans.
  - To date we have modelled two activity scenarios:
    - 1 – Elective activity deliverable within current 2022/23 budgets
    - 2 – Activity deliverable with additional funding

These scenarios will be discussed at BSW to agree final approach to our system submission.

# Next steps

## How we'll move this forward

- Further work to be done to improve joint working / collaboration across the system – but we've moved significantly on this already compared to how we have traditionally responded to national planning rounds.
- Further work to be done internally to learn from this planning round and take forward into next year.
- Move to a full year approach to planning, rather than traditional cycles, usually falling within our most operationally pressured months.
- 3-5 year planning round starts summer 2022.

<b>Report Title</b>	Declaration of Interest Register				
<b>Meeting</b>	Council of Governors				
<b>Date</b>	22 March 2022	Part 1 (Public)	<b>X</b>	Part 2 (Private)	
<b>Accountable Lead</b>	Caroline Coles, Company Secretary				
<b>Report Author</b>	Caroline Coles, Company Secretary				
<b>Appendices</b>					

Purpose				
Approve	<b>X</b>	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 in respect of: process/outcome/other (please detail):							
Process							
Significant	x	Acceptable		Partial		No Assurance	
High level of confidence / evidence in delivery of existing mechanisms / objectives		General confidence / evidence in delivery of existing mechanisms / objectives		Some confidence / evidence in delivery of existing mechanisms / objectives		No confidence / evidence in delivery	
Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:							

Report					
<b>Executive Summary</b> – Key messages / issues of the report (inc. threats and opportunities / resource implications):					
<p>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.</p> <p>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.</p> <p>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.</p>					
<b>Link to CQC Domain</b> – select one or more	Safe	Caring	Effective	Responsive	Well Led
<b>Links to Strategic Pillars &amp; Strategic Risks</b> – select one or more	★	👥	🔧	🏠	
<b>Key Risks</b> – risk number & description (Link to BAF / Risk Register)	n/a				<b>Risk Score</b>
<b>Consultation / Other Committee Review / Scrutiny / Public &amp; Patient involvement</b>	n/a				
<b>Next Steps</b>					

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?			<b>X</b>



Does this report provide assurance to improve and promote equality, diversity and inclusion / inequalities?			<b>X</b>
Explanation of above analysis:			

### Recommendation / Action Required

The Board/Committee/Group is requested to:

The Council of Governors is asked to:-

- note that the requirement of governors to register their relevant and material interests as they arise or within 7 clear days of becoming aware of the existence of an interest be noted;
- note that the requirement to keep the register up to date by making amendments to any registered interests as appropriate be noted;
- note that the requirement to declare the existence of registered interests or any other relevant and material interests at meetings be noted including the requirement to leave the meeting room whilst the matter is discussed; and
- to receive the Governor's Register of Interests and it be agreed that the requirements of the Constitution to maintain a register of interest of Governors are being met.

Accountable Lead Signature	Caroline Coles, Company Secretary
Date	16 March 2022



**GOVERNOR REGISTER OF INTEREST  
GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST**

Register of Interests – Council of Governors (as at 16.03.22)		
Name of Governor	Interest Disclosed / Membership of Committees etc	Role within Interest Disclosed
Pauline Cooke	School Governor, Downland School	Governor
Karen Hawkins	None	None
Michelle Howard	Swindon Equalities Coalition Willows Counselling Service Brunel SEN MAT	Chair Trustee Trustee
Chris Shepherd	None	None
Chris Callow	Bishops Cannings Parish Council Day Lewis & Nutricia Great Western Hospital	Member Police Stop Searches Independent Advisory Group Family Member employed (Daughter in Law)
Oliver Harness	None	None
Maggie Jordan	None	None
Jennifer Seavor	Prospect Hospice Trust	Member
Dr Nick Ware	GP Partner, Northlands Surgery, Calne BSW CCG Healthcare Professional and Governing Body	Director Member
Dr Amanda Webb	BSW CCG Governing Body Westrop Surgery	Member Director
Judith Furse	Central Church at the Chair of Trustees Swindon and Marlborough Amnesty International Group	Overseeing the charitable Pilgrim Centre activities of the church and centre Chair Chairing meetings
Ashish Channawar	Bharat Info Tech Services UK Limited (IT Service provider in Program Management, Information Security, Financial Crime etc) 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	Director  Chairman  Founding Member Deputy Chairman Core Team Member Technical Consultant Area coordinator Volunteer Founder and coordinator

**GOVERNOR REGISTER OF INTEREST  
GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST**

Register of Interests – Council of Governors (as at 16.03.22)		
Name of Governor	Interest Disclosed / Membership of Committees etc	Role within Interest Disclosed
Dr Badri Chandrasekaran	Great Western Hospitals Foundation Trust	Cardiosynchrony Ltd. Director and Shareholder
Robert Hammond	None	None
Raana Bodman	None	None
Eric Shaw	Tbc*	Tbc*
Pamela Kemp	Other	Retired Justice of the Peace
Maurice Alston	Pewsey Vale U3A	Member
Jenny Jefferies	None	None

<b>Report Title</b>	<b>Governor Training</b>				
<b>Meeting</b>	Council of Governors				
<b>Date</b>	<b>22 March 2022</b>	Part 1 (Public)	<b>x</b>	Part 2 (Private)	
<b>Accountable Lead</b>	Caroline Coles, Company Secretary				
<b>Report Author</b>	Caroline Coles, Company Secretary				
<b>Appendices</b>					

Purpose				
Approve	<b>x</b>	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 in respect of: process/outcome/other (please detail):				
Process				
Significant	x	Acceptable	Partial	No Assurance
High level of confidence / evidence in delivery of existing mechanisms / objectives		General confidence / evidence in delivery of existing mechanisms / objectives	Some confidence / evidence in delivery of existing mechanisms / objectives	No confidence / evidence in delivery
Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' 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 2012 requires training of 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 training provided to Governors (and Non-Executive Directors) during 2021/22 and to express a view as to whether the training has met the requirements of the Health and Social Care Act.					
A summary of the training and learning outcomes is attached.					
Link to CQC Domain – select one or more	Safe	Caring	Effective	Responsive	Well Led
Links to Strategic Pillars & Strategic Risks – select one or more	★	👥	🩹	🏠	
Key Risks – risk number & description (Link to BAF / Risk Register)					Risk Score
Consultation / Other Committee Review / Scrutiny / Public & Patient involvement					
Next Steps					

Equality, Diversity & Inclusion / Inequalities Analysis	Yes	No	N/A
Do any issues identified in the report affect any of the protected groups less / more favourably than any other?			<b>x</b>
Does this report provide assurance to improve and promote equality, diversity and inclusion / inequalities?			<b>x</b>
Explanation of above analysis:			

**Recommendation / Action Required**

The Board/Committee/Group is requested to:

***The Council of Governors is requested to agree that that the requirements of s151(5) of the Health and Social Care Act, to provide training for governors in 2019/20 to ensure they are equipped with the skills and knowledge they need to undertake their role have been fulfilled.***

<b>Accountable Lead Signature</b>	Caroline Coles, Company Secretary
<b>Date</b>	22 March 2022

## GOVERNOR TRAINING 2021/22

### 1. Introduction

S151(5) of the Health and Social Care Act 2012 requires training of 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 training provided to Governors (and Non-Executive Directors) during 2021/22 and to express a view as to whether the training has met the requirements of the Health and Social Care Act.

A summary of the training and learning outcomes is set out below. It should be noted that this year's training programme was against the backdrop of a national pandemic training is still being undertaken virtually.

### 2. Background

The Board is required to submit an annual governance statement to NHS Improvement part of which includes a declaration around the training provided to Governors. This report seeks to inform the Board on the views of governors as to whether the training provided meets the requirements of the Act.

### 3. Training provided to Governors during 2021/22

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

Training & Development	Date Provided	Learning Outcome
Trust Induction	Ongoing	5
<b>Public Lectures</b>		
Menopause/Perimenopause	10-Feb-21	1 & 2
Diabetes	25-Mar-21	
Dying Matters	31-May-21	
Organ Donation	23-Sep-22	
Urinary Incontinence	09-Dec-21	
Mental Health	31-Jan-22	
GP Surgeries: The impact of the pandemic and looking ahead to the future	28-Feb-22	
'diabetic heart disease' and new NICE guidelines	28-March-22	
Macmillan Swindon CAB Benefits Advice Service	26-April-22	
Way Forward Programme	10-May-22	

Governor Visits		
Meldon Ward	20-Oct-21	1 & 2 & 3
Betjeman Centre	17-Nov-21	
Hazel Ward	06-Dec-21	
Urology/Surgical	17-Jan-22	
Emergency Department	14-Feb-22	
Department of Older Persons' Services	14-Mar/22	
Council of Governor Meeting Presentations		
Equality, Diversity & Inclusion Strategy	18-Feb-21	1 & 2
Efficiency and Improvement Plan	20-May-21	
Health Inequalities (Public Health)	18-Nov-21	
Equality, Diversity and Inclusion	18-Nov-21	
Quality Priorities	08-Feb-22	
Critical Incidents Presentation	08-Feb-22	
Business Strategic Planning	22-Mar-22	
Business & Planning Working Group		
Presentation on PFI	08-Jul-21	1 & 2
Staff Survey Results	08-Jul-21	
People's Experience & Quality Working Group		
Presentation of Trust Chaplaincy	12-Apr-21	1 & 2
Informal Governor Meeting Presentations		
NED engagement		4
Others		
Governor Finance Workshop	23-March-22	1 & 2 & 3

#### 4. Governor Training and Development Working Group

The programme of training and development is overseen by the Membership & Governor Training and Development Working Group. Governors are encouraged to attend training throughout the year.

#### 5. Recommendation

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

## **1. Covid-19**

We have seen the number of inpatients with Covid-19 begin to reduce and this has meant we have been able to begin to free up more beds for patients without Covid.

Whilst this, combined with the reduction in the community case rate in Swindon, is a positive development it remains too early to predict whether this recent trend will continue and we await the impact of any further easing of restrictions, particularly in relation to requirements when self-isolating, along with greater mixing over the February half-term period.

We continue to ask people attending our buildings to wear face masks and observe social distancing and will review any national guidance in relation to healthcare settings in order to take a cautious approach given how quickly we know Covid spreads.

Staff are required to wear face masks and appropriate personal protective equipment to reduce the risk of infection spreading. Along with good infection prevention and control measures, we know it is vaccinations which offer the route out of the pandemic and we encourage everybody to take up the offer of the vaccine in order to protect themselves and others.

## **2. Mandatory vaccinations**

Since the last Board meeting, the Health Secretary announced a pause on the legal requirement for staff to be double-vaccinated as a condition of their deployment.

At the time of writing, the Government legislation requiring all patient-facing NHS staff to be fully vaccinated by 1 April 2022 has not been revoked, but we have been advised not to proceed with any action impacting upon any member of staff's terms and conditions in relation to their vaccination status.

For some time we have strongly encouraged all our staff to be double-vaccinated and take up the offer of a booster vaccine at the earliest opportunity and have put a range of support in place for those staff who have been hesitant to have the vaccination so far.

Our focus remains on ensuring that all staff have access to advice on the safety of the vaccination, along with the opportunity to have one-to-one conversations to help alleviate their concerns and protect themselves.

Latest figures indicate that 98% of Trust staff have had at least one dose, and 96% have had two doses. Of those staff eligible, 93% have taken up the offer of a booster vaccine.

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### **3. Current operational pressures**

The whole health and social care system continues to be busy, although we had seen a slight reduction in numbers attending our Emergency Department at the time of writing.

However, we continue to experience issues with ambulance handover delays, high bed occupancy, discharge of patients and flow throughout the hospital. Trusts in the South West are contributing to the highest numbers of ambulance delays in the country at times, with GWH having at times been in the top 10 trusts in terms of hours lost. This continues to be a significant risk for the system and we are looking again at what other interventions we need to make as a system.

### **4. Storm Eunice**

Ahead of Storm Eunice hitting the UK in mid-February we advised those staff who were able to work from home to do so and asked those coming in to allow extra time for their journeys.

Schools across Swindon, Wiltshire, Gloucestershire and Oxfordshire took the decision to close.

As a result, staffing was very difficult and we saw a number of patients take the decision not to attend appointments. We issued advice to the public to attend their appointment if it was safe to do so, but to let us know if they were unable to come.

### **5. Staffing**

The current level of operational demand has been more difficult to manage due to the high level of staff absence we have seen related to both Covid and non-Covid issues over the past few weeks.

Although levels of sickness have been less than the very high numbers we saw shortly after New Year, this remains a significant challenge.

Nursing and medical teams continue to meet throughout the day to monitor staffing in real-time so that we can maintain a safe service however this has been very challenging at some points over the last few weeks.

### **6. Recovering from the pandemic**

There is considerable focus nationally on the NHS' recovery from the pandemic and a national plan for tackling the backlog of elective care was announced last month.

This plan is focused on increasing health service capacity, prioritising diagnosis and treatment, transforming the way elective care is provided, and providing better information and support to patients.



There are a number of key targets we must meet in the national plan, as follows:

#### **RTT Long Waits**

- No over 104 week waiters by July 2022
- No over 78 week waiters by April 2023
- No over 65 week waiters by March 2024
- No over 52 week waiters by March 2025
- Further choice for long wait patients.

#### **Diagnostics**

- Return to 95% delivery against 6 week standard by March 2025 (rather than 99%).

#### **Cancer**

- 75% of patients diagnosed within 28 days of urgent GP referral.
- Return over 62 day waiters to pre-pandemic levels by March 2023.
- Deliver around 30% more elective activity by 2024/25 than before the pandemic.

We are working on a multi-year plan to eliminate long waits, recognising the impact that these have on patients, and we are working to identify any opportunities to bid for national funding to support this programme of work.

### **7. Staff health and wellbeing – breastfeeding room**

As part of our staff health and wellbeing programme and commitment to breastfeeding, we have opened up a breastfeeding room for staff to use whilst at work.

This room is a bookable quiet space to be used for breastfeeding or expressing and is equipped with a lockable fridge.

### **8. Reciprocal mentoring**

Following a successful pilot last year, we have extended the opportunity to join our Reciprocal Mentoring Programme to all staff.

Reciprocal Mentoring is an established process used across the NHS to create mutually beneficial relationships between senior leaders and staff across the organisation.

Through regular meetings, the pairs have meaningful and honest conversations, and allies are formed which are reciprocal in nature.

Both members of staff benefit from the personal experiences, different perspectives and knowledge of the other, and they work in partnership to prompt change, inform decision making and champion inclusivity at every level of the organisation.

Last June, 13 partnerships were formed between Trust Board members and members of our staff networks.

## **9. Improving Together**

We have begun talking with staff about Improving Together, which will be a fundamental shift in the way we do things.

We have met with each of our clinical divisions to discuss the transformation, and how we will work with them to roll it out to their teams.

Last month we ran a three day 'bootcamp' for an identified group of staff to develop a more in depth understanding and learn about the methodology we will be training staff in to support them to bring their great ideas to life.

Training will begin to be rolled out to divisions over the next few weeks.

## **10. Staff recognition**

A number of staff have been recognised for their incredible efforts. These include:

- Deputy Allied Health Professionals Lead Simon Lovett, who has been announced as a finalist for the Advancing Healthcare Awards in the AHP Clinical Leadership category.
- Our Research and Pharmacy teams, who have been shortlisted for their collaboration as part of the Covid Recovery trial in the West of England National Institute for Health Research awards. Anthony Kerry, Suzannah Pegler, Elizabeth Price and Ru Davies have also been shortlisted for the awards, with the winners due to be announced on 24 March.

## **11. Senior appointments**

Last month Lisa Marshall joined the Trust as Director of Midwifery and Neonatal Services. Lisa, who has previously worked for the Trust in 2009-12, was previously Head of Maternity Investigations at the Healthcare Safety Investigation Branch.

## **12. Integrated Care Board**

The Chair and I were pleased to welcome the new Chief Executive designate of the Integrated Care Board Sue Harriman on a visit to the Trust last month.

Sue was previously Chief Executive of Solent NHS Trust from 2014 and in 2021 completed a six-month secondment as Chief Operating Officer for the national Covid vaccination deployment programme.

The Integrated Care Board is due to be established in July.

## Board Committee Assurance Report

Quality & Governance Committee			
Accountable Non-Executive Director	Presented by		Meeting Date
Dr Nicholas Bishop	Dr Nicholas Bishop		17 February 2022
<b>Assurance:</b> Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y/N	BAF Numbers	

The key headlines / issues and levels of assurance are set out below, and are graded as follows:

Assurance Level	Colour to use in 'Assurance level' column below
Not assured	Red – there are significant gaps in assurance and we are not assured as to the adequacy of current action plans. If red, commentary is needed in "Next Actions" to indicate what will move the matter to "full assurance"
Limited	Amber – there are gaps in assurance but we are assured appropriate action plans are in place to address these
Significant	Green – there are no gaps in assurance / high level of confidence in delivery of existing mechanisms/objectives
Full	Blue – Delivered and fully embedded

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
BAF 1 Q3	Amber	Amber	The committee was fully assured by the process but the content was rated A/A.		
IPR: Overall	Amber	Amber	The IPR was rated as shown this month with the following comments to note.		
Integrated Performance Report: Pressure Ulcer Harms	Amber	Amber	Number reduced this month in acute but is unchanged in community.		
Integrated Performance Report: Medicines Safety	Green	Green	Numbers of medication incidents have increased slightly this month after a long period of stability. This is probably related to staffing issues. See later.	Medicines trolleys to be replaced with ones that improve storage and reduce administration incidents.	March 2022

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
Integrated Performance Report: Infection Control	Amber	Amber	<i>C.diff.</i> infections still rising. This is the case across the south west. Ribotyping shows this is not a result of cross-infection in wards but more likely related to antibiotic therapy. Efforts are focused on catheter management, hydration and nutrition to reduce UTI rates.		
Integrated Performance Report: Falls	Amber	Amber	Falls have again increased this month. A review has shown that each month approximately 300 – 350 patients are admitted as a result of a fall or a fall as a contributing factor. These patients remain at risk of further falls. Trials are under way to improve footwear for these patients and sensor mats.		
Integrated Performance Report: Staffing	Amber	Amber	High sickness levels due to Covid, including isolation, continue and high HCA vacancy. This is proving challenging with 18 days of Black (High risk) in January followed by 13 days of Red (Significant risk).		
Integrated Performance Report: Perinatal Quality Surveillance Tool	Amber	Amber	A recent announcement from NHSI requires us no longer to report Caesarean Section rates and to use the National Data Base for reporting.		
Serious Incidents Monthly Report	Amber	Green	Serious incidents stable. Work continues to reduce delayed investigations but some are outside the trust's control. Three of the 8 studied incidents related to delay in diagnosis. This theme will be examined further and any learning from it disseminated.		
Patient Experience Report Q2 and 3	Green	Green	This was a generally good report showing fewer reopened complaints and fewer concerns and complaints reported. There was a notable variation across BSW in proportions of concerns to complaints, highlighting the lack of a clear definition of a concern and the variable means to report them across BSW. Response rates to FFT have improved and positive response rates are improving. The Patient Experience and Engagement Framework 2021-2023 was noted.		
Clinical Audit & Effectiveness Q3	Amber	Amber	Very slow improvement and some delays in reports continue. None are critical.		
BDO Audit of WHO Checklist	Amber	Green	The report showed improvements in the approach to ensuring 100% compliance. Staff changes especially within Theatres promise to bring more robustness to the process. Whilst the WHO checks are partially carried out in almost all cases, there remain a large number where the processes and documentation are not completed. The findings of the WHO		

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
			Safety Culture Survey reveal areas for improvement which are already under way.		
Quality Strategy Report (Draft) for 2022-2026	Not rated		The Committee welcomed this report as a significant improvement on previous versions. Basing the report on 8 objectives made it clearer especially when read together with "what this will look like".	Progress report to this committee when relevant data are available but within 2 years	
Draft Quality Accounts Priorities	Not rated		Quality accounts priorities for 2022-23 were discussed and agreed.		
Quality (and other) Impact Assessments Update	Not rated		The Committee noted this brief report which outlined the approach to aligning Impact Assessments across the Acute Hospital Alliance.		

Issues Referred to another Committee	
Topic	Committee



## Board Committee Assurance Report

Performance, People & Place Committee			
Accountable Non-Executive Director	Presented by		Meeting Date
Peter Hill	Peter Hill		23 <sup>rd</sup> February 2022
<b>Assurance:</b> Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y/N	BAF Numbers	

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Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
Integrated Performance Report – Emergency Access	Red	Amber	The service remains under pressure; however, SAFER month initiatives have saw a decrease in medical outliers and an increase in weekend discharges. Lessons learnt from the initiatives with a view to making them business as usual.	Monitor actions	March 2022
Integrated Performance Report - RTT	Red	Amber	RTT remains just above 60% for January. The Trust received 9,556 referrals, which is 97% of the Pre-Covid 19 average referral rate whilst capacity remains below Pre-Covid times.	Monitor actions	March 2022
Integrated Performance Report – DM01	Red	Amber	Breaches have increased primarily driven by MRI and CT. The task and finish group has completed its work and made recommendations and there is a good management action plan in place. An external review has been commissioned to review capacity and how this is used in terms of scans. The opening of the fifth endoscopy procedure room at the end of March will help with capacity.	Monitor actions	March 2022

Integrated Performance Report – Stroke	Green	Green	Good SNNAP performance continues at Level B. The service continues to perform well despite being under pressure.	Monitor actions	March 2022
Integrated Performance Report - Cancer	Amber	Amber	Despite pressure points within some areas that are struggling to cope with demand there are some good stories within the department.	Monitor actions	March 2022
EDI 6 monthly update	Green	Green	The Committee were pleased to hear the report on progress being made in EDI across the Trust. Improving engagement by an increasing number of staff was noted.	Monitor actions	August 2022
Integrated Performance Report - Workforce	Amber	Amber	It remains a challenging time for the Trust workforce, however significant initiatives are being put in place to support staff and their wellbeing. The vast majority of staff that request flexible working have had their requests granted. Sickness levels remain above 5%. Appraisal rate continues at 74.17% which is below the Trust's 85% target. Completion of mandatory training remains above Trust target. Staff turnover was slightly above the Trust target of 13.9% and agency spend represented 7.13% against a target of 6%. Staff recruitment remains a challenge in some areas e.g. HCAs and Radiographers.	Monitor actions	March 2022
Flu Vaccination Programme	Green	Green	Excellent work has been done with the staff flu vaccine programme, with 90% of staffing having received the vaccine or explicitly declined. Occupational health staff to be commended for their flexible approach to the delivery of this programme.	Monitor actions	March 2022

Issues Referred to another Committee	
Topic	Committee

## Board Committee Assurance Report

Finance & Investment Committee			
Accountable Non-Executive Director	Presented by		Meeting Date
Andy Copestake	Andy Copestake		21 February 2022
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Yes	BAF Numbers	BAF SR7

The key headlines / issues and levels of assurance are set out below, and are graded as follows:

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Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
Month 10 Finance position	G	G	Another good bottom line result for Month 10. A favourable I & E variance to date of £1.6m, Cash of £33.6m at the end of January and a continued strong CIP achievement of £368k above plan year to date. Whilst Pay and Non-Pay was still overspending in-month, this was more than covered off through additional funding and the Committee was assured the Trust would achieve its Budget target for 2021/22.	Monitor through FIC	FIC meetings 2021/22
Finance Risk Register	A	G	No major changes to the Finance Risk Register this month. Half of the Emergency Capital funding had been received and there is confidence that the balance will be received before the year-end. The Committee noted that the key financial risks are subject to a thorough review before the start of the new financial year.	Monitor through FIC	FIC meetings 2021/22
BAF Strategic Risks	A	A	The Committee discussed both Strategic Risks covered by FIC. On the first (a possible risk to the delivery of patient services if costs are not effectively controlled), the Committee was assured this is being well managed, that there is action to tackle the main issues and that the revised (lower) score of 12 is appropriate. On the second (the risk of catastrophic infrastructure failure) the Committee noted the increased score of 16 and the fact that most of the discussions relating to this risk are being picked up by PPPC.	Quarterly update	FIC meeting May 2022



Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
Winter plans	G	G	A good update from the CoO on progress with (and the funding of) Winter plans.	Monitor through FIC	21 March 2022
Divisional Financial Plans	A	A	A good discussion with the CoO and Divisional leads on emerging financial plans for 2022/23. The Committee was pleased and assured to see continuing good collaboration between the Divisions and between Finance, Operations and HR on the financial, activity and workforce plans. The focus of Committee questions was on the deliverability of the likely £10m CIP target for next year. There was also concern about apparent escalating headcount, Pay and Non-pay costs combined with lower overall activity levels – comparing the numbers to a base (pre-Covid) year. A further major concern was the likely loss of £6m of HDP funding for the Community next year, which would create a major challenge. Negotiations continue with Commissioners to mitigate this loss.	FIC meeting sign-off	21 March 2022
PFI Benchmarking Update	A	A	The Committee received a good update on progress with the 5 yearly benchmarking process for Soft FM services provided under the PFI contract. Another update and firm recommendation is to follow in March.	FIC	21 March 2022
Overseas Visitors – update re: up-front payments	G	G	A good update from the Overseas Visitor Manager which showed excellent progress on charging for treatment where appropriate and recovering outstanding debts.	None	

Issues Referred to another Committee	
Topic	Committee
None	

Board Committee Assurance Report			
Mental Health Governance Committee			
Accountable Non-Executive Director	Presented by		Meeting Date
Lizzie Abderrahim	Lizzie Abderrahim		14 January 2022
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Yes	BAF Numbers	1.4a <sup>1</sup>

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Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
Use of the Mental Health Act Q3	Risk	Actions	The committee agreed to maintain a red risk rating primarily because there remain issues outside the direct control of GWH but it was satisfied that appropriate action plans are in place. In particular, mandatory training requirements had been met, discussions were taking place with AWP to address the Trust's inability to meet best practice guidelines re the second reading of rights to detained patients and a review of the Trust's use of s.5[2] was to be undertaken to provide assurance that this followed best practice.		
Mental Capacity Act: Update			Ratings remained consistent. The committee continued to be assured that MCA practice was supported by the necessary training and that none of the clinical incident reports with an MCA component had required categorisation as a serious incident, although two incidents did suggest a lack of MCA knowledge and a plan was in place to share the learning from these.		

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
Deprivation of Liberty Safeguards Update			The committee agreed to maintain a red risk rating primarily because numbers of patients subject to urgent authorisation have been increasing exponentially and there continue to be issues in relation to these patients that relate to the ability of the supervisory bodies to carry out those assessments. These issues are outside the direct control of GWH. However, the committee remained satisfied that actions are in place to address the risks with audits providing evidence of appropriate use across the Trust.		
Liberty Protection Safeguards			Ratings remained consistent. The implementation date continues to be delayed and the Trust continues to engage in planning activity [internally and across BSW]. However, pending the publication of Code of Practice, the ability to plan effectively is undermined, in particular by the inability to understand the extent of the financial implications.		
Mental Health Governance Workplan Q3 Report			The committee was satisfied by the robustness of the workplan and by the progress reported.		
Audit Reports			The audit programme had been paused but the committee received an assurance that a recovery plan was in place. Actions arising from completed audits were reported and the committee was advised that an audit relating to the use of chemical restraint would be reported at the next meeting.		
Mental Health Quarterly Dashboard and Risk Report			The committee noted that 2 risks [1125 and 1458] scoring 12 remain on the risk register but was satisfied that these were subject to regular review and that appropriate actions were in place to mitigate them. The committee was reassured by plans in relation to mental health risk activity [absconson, self -harm and restraint practice] and noted that reporting would now be more robust with the use of Datix [the inadequacy of Ulysses for reporting mental health activity having been noted in the past].		
CQC Gap Analysis: Assessments in Acute Trusts			The Committee was satisfied that the self-assessment conducted against the CQC requirements set out in the report: <i>Assessment of Mental Health Services in Acute Trusts. How are people's mental health needs met in acute hospitals, and how can this be improved?</i> demonstrated that the Trust had a reasonable degree of oversight of how mental health services are provided to patients but agreed to discuss the development of a Mental Health Strategy at the next meeting with input from CCG and BSW colleagues to support a coherent and consistent regional approach.		

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
Divisional Update: Integrated Care and Community			The committee recognised the challenge in meeting the increasing demand in the community and in primary care, hence the amber risk rating, but agreed that appropriate actions were in place to address this, including the appointment of specialist mental health nurses.		
Emergency Department Update			The committee noted that there had been no increase in mental health presentations nor any increase in severity although there was concern about the risk to walk-in patients who, because of overcrowding in the Majors Chairs area, were having to remain in an open waiting room for up to 4 hours. This was of particular concern in relation to patients who had expressed suicidal thoughts but it was hoped a clinical navigator role being piloted in ED would address this. Also of note was the positive feedback from staff about the conflict resolution training that had been provided and the constructive collaborative relationships between GWH, AWP and the CCG.		
Mental Health Liaison Team Update			The longstanding shortage of acute mental health beds continues to impact with delays being caused in discharging patients from GWH. AWP also continue to experience workforce challenges and MHLT response times have been impacted by issues associated with electronic referrals. However, the committee noted the initiatives to support the delivery of effective and efficient mental health services for patients in ED and to those on wards and that there had been good uptake of the training offered by the MHLT.		
CAMHS			The committee agreed to maintain a red risk rating primarily because there remain issues outside the direct control of GWH, in particular the lack of Tier 4 specialist beds and the recruitment challenge within the CAMHS service. Of concern at the last meeting was that the CAMHS workforce contingency plans had resulted in reduced hours for the GWH liaison role [leading to a red assurance rating] but the committee was satisfied that, since that meeting, the reduction in liaison hours had been added to the risk register and a mitigation plan was in place.		
Children's Services			The lack of specialist Tier 4 beds and difficulties in arranging discharge into the community mean that children and young people presenting with mental health issues continue to require care in an acute setting for longer than the optimum. However, the committee continues to be assured by the measures in place to address the associated risks. These measures include the possibility of providing close support through the use of Band 3 nursing staff rather than through RMNs and the development of an individualised risk care plan for high-risk patients.		

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
Mental Health Governance Annual Report			The Committee reviewed and, subject to further proof reading, approved the draft Annual Report for presentation at the Trust Board meeting in February.		