Bundle Council of Governors 10 May 2023

Council of Governors

Wednesday 10 May 2023, 1700 – 1915 hrs
By 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	PH	-	1700
2.	**Declarations of Interest** Governors are reminded of their obligation to declare any interests relevant to items under consideration at the meeting.	Verbal	PH	-	
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 8 February 2023.	✓	PH	To approve	
4.	**Action Tracker** To update the group on actions from previous meetings.	✓	PH	To note	1710
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 note	1715
6.	**Report of the Chief Executive** Kevin McNamara, Chief Executive, to provide an update on trust activities. To include an update from Simon Wade, Chief Financial Officer on Integrated Front Door Business Case	✓ Verbal	KM SW	To note	1715
7.	**Lead Governor Report** Chris Callow, Lead Governor	✓	CCa	To note	1730

8. **Chair of the Engagement & Membership Working Group Assurance Report** Chris Callow, Governor Chair To receive the Chair report of the Engagement & Membership Working Group held on 21 March 2023.	✓	CCa	For assurance	1735
9. **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 11 April 2023.	✓	CS	For assurance	1740
To receive the Chairs' Board Assurance Reports from the Quality & Safety Committee February. March and April and People & Culture Committee Report February and April.	✓	NB/PL	For assurance	
10. **Chair of the Business & Planning working group Report** Ashish Channawar, Governor To receive the Chair report of the Business & Planning Working Group held on 11 April 2023.	✓	Ach	For assurance	1745
To receive the Chairs' Board Assurance Reports for the Finance, Digital & Infrastructure Committee February, March and April and Performance, Population & Place Committee Report for February, March and April.	✓	PH/FD	For assurance	

Briefings and Information

11. **Business Planning & ICS Update** Chris Trow, Associate Director of Strategy/Claire Thompson Director of Improvement & Partnerships	Presentation	CT/CT	To receive	1750
12. **Staff Survey Update** Jude Gray, Chief People Officer/Claire Warner, Deputy Chief People Officer	Presentation	JG	For assurance	1810

Council of Governors – Governance

13. **Follow up code of governance for NHS** Caroline Coles, Company Secretary	✓	CC	To note	1830
14. **Constitution Review** Caroline Coles, Company Secretary	✓	CC	To approve	1835
15. **Public Urgent Items (if any)**	-	PH	-	1840
16. **Date of next meeting**	-	PH	-	-

The next meeting of the Council of Governors/Joint Board 17 July 2023.

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.

17. **Minutes of the previous meeting** To adopt and sign as a correct record the minutes of the private part of the meeting of the Council of Governors held on 8 February 2023.	✓	PH	To approve	1845
18. **SID Appointment** Caroline Coles, Company Secretary	✓	CC	To note	1850
19. **Ratification of Decisions made by Circular** Caroline Coles, Company Secretary	✓	CC	To approve	1855
20. **Urgent Business (Private)** – if any	-	PH	-	1900

**MINUTES OF A MEETING OF THE COUNCIL OF GOVERNORS HELD IN PUBLIC ON
8 FEBRUARY 2023, 5PM ON MICROSOFT TEAMS**

Members Present:

Liam Coleman (LC)	Chair
Chris Callow (ChC)	Lead Governor
Pauline Cooke (PC)	Deputy Governor
Mufid Sukkar (MS)	Public Governor, Wiltshire Northern
Cecilia Olley (CO)	Public Governor, Swindon Constituency
Judith Furse (JF)	Public Governor Swindon Constituency
Lesley Hemingway (LH)	Public Governor, Swindon Constituency
Jade Dobson (JD)	Staff Governor, Allied Health Professionals
Chris Shepherd (CS)	Staff Governor, Administrators, Maintenance, Auxiliary & Volunteers
Jane Davies (JaD)	Appointed Governor, Wiltshire Council
Vivien Coppen (VC)	Public Governor Swindon Constituency
Natalie Titcombe (NT)	Public Governor, Swindon Constituency
Leah Palmer (LP)	Appointed Governor, New College
Emma Wiltshire (EW)	Staff Governor, Nursing & Therapy

Also, in attendance

Lizzie Abderrahim (LA)	Non-Executive Director
Helen Spice (HS)	Non-Executive Director
Faried Chopdat (FC)	Non-Executive Director
Kevin McNamara (KM)	Chief Executive Officer
Felicity Taylor-Drewe (FTD)	Chief Operating Officer
Lisa Cheek (LC)	Chief Nurse
Jude Gray (JG)	Chief People Officer
Jon Westbrook (JW)	Chief Medical Officer
Simon Wade (JW)	Chief Financial Officer
Chris Trow (CT)	Associate Director of Strategy
Caroline Coles (CC)	Company Secretary
Sharon Scott (SS)	Corporate Governance Assistant

Apologies

Claudia Paolini	Associate Non-Executive Director
Peter Hill	Non-Executive Director
Claire Thompson	Chief Improvement & Partnerships Officer
Raana Bodman	Public Governor, Swindon Constituency
Ashish Channawar	Public Governor, Swindon Constituency
Paul Lewis	Non-Executive Director
Andy Copestake	Non-Executive Director
Councillor Caryl Sydney-Smith	Appointed Governor, Swindon Borough Council
Tony Pickworth	Staff Governor, Doctors & Dentists

Matters Open to the Public and Press

Minute	Description	Action
34/23	**Welcome and apologies for absence**	
	The Chair welcomed everyone to the meeting and noted the apologies above.	
35/23	**Declarations of Interest**	
	No declarations noted	

36/23   Minutes

The minutes of the meeting of the Council of Governors meeting held on 8 November 2022 were adopted and signed as a correct record.

37/23   Action Tracker

The Council of Governors received and considered the outstanding action list.

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

38/23   Questions from the public and governors for discussion

There was one question from a member of the public. This was in connection with the supply of vegan meal options whilst an outpatient in the Renal Department.

Currently, Serco offer a standalone vegan menu for any inpatients at GWH who require a vegan diet regardless of the reason. There are soups, hot main dishes, sandwiches and wraps, dairy alternatives and desserts available on this menu depending on what the patient wishes. This menu is being reviewed by the Serco Catering Dietitian and Trust Dietitians as a result of the Soft FM contract extension due to go live from the 1st April 2023.

Serco staff do not take patient meal orders and therefore are not involved with this aspect of the meal service. Clinical staff offer patients the relevant menu and take meal orders. Unfortunately, there is no hot meal catering service to outpatient areas at GWH at the present time, however sandwiches and wraps are often requested by departments. Trust clinical staff will provide food and beverages for any day case patients which are ordered via the Serco Helpdesk as needed. As outpatient areas are only supplied with cold sandwich options, the sandwiches and wraps available on the vegan menu would be available to order from Serco for outpatients as needed by clinical staff on request. There are 2 sandwich and 2 wrap options for a vegan patient to choose from on the current vegan menu, all of which are made from wheat flour, as you would get in a standard supermarket vegan sandwich offering.

However, the Chief Executive Officer advised that the member of the public had requested further information and would be following this up.

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

39/23   Report of the Chief Executive

The Council of Governors received and considered the Chief Executive's Report and the following was highlighted:-

- An update on the strike action, emphasising our priority to minimise the disruption to patient care as much as possible
- The results of the Care Quality Commission Maternity Survey. We scored within the top five Trusts for experiences in labour and birth and postnatal

- care at home in the survey – and highest in the country for feeding babies and support with breastfeeding.
- The Way Forward Programme reaching a significant milestone with approval for the £32m Integrated Front Door business case last month.
- Delivery of the surgical robot

A question was raised with regards to whether the new front door would accommodate the increased number of attendances, due to the initial bid being made so long ago. SW offered to give an update on plans at the next meeting scheduled for May.

Action: SW to provide update on Integrated front door bid at May CoG   **SW**

A question was raised with regards to the procedures the robot would be doing and whether it would increase patient throughput. FTD advised that the robot would carry out urological and general surgical procedures. Training would be undertaken via VR.

It was also asked how we planned procedures during the strikes. FTD advised that it was dependent on good staff relationships. However, there was a vigorous process in place and assessments were completed on which clinics to reduce.

Clarification of the staff survey was asked in terms of whether it was part of a running survey and does it look at trends. JG advised that it provided independent, qualitative feedback and an update would be provided at the CoG in May.

Action: JG to provide update at CoG in May

JG

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

40/23	**Lead Governor Report**

The Council of Governors received an update from the Lead Governor which provided a summary of the activity of the governors since the last meeting in November 2022.

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

41/23	**Chair of the People's Experience & Quality Working Group Report**

The Council of Governors received the People's Experience & Quality Working Group Assurance Report which highlighted the detailed discussions held at the meeting on 11 January 2023.

- An update from the Mental Health Governance Committee on mental health within the hospital was received and the group was assured about the work going on to improve support for mental health issues.

- The Integrated Performance Report was presented as a work in progress. The group would monitor how things progressed but would not expect to have this document presented regularly at the meeting as it was available in the Board papers.

- A report was received from the People & Culture committee which was explored by the committee to understand the basis of the assurance scoring.

- A report was received from the Quality & Safety committee which was explored by the committee to understand the basis of the assurance scoring.

- It was noted that an item for further investigation at the meeting on the measurement of sickness rates against targets unclear in the People & Culture committee report and would be escalated to Ashley Oakshott, Head of HR & Wellbeing for clarification.

Action: Ashley Oakshott, Head of HR & Wellbeing to provide clarification at the next People's Experience & Quality Working Group

AO

- An update was received on Patient Experience and the group were assured the work on Carers Passports was progressing.

- It was noted that an item was escalated to the CoG to amend the formatting of the Integrated Performance Report as it was especially difficult to understand if assisted technologies were used to read it.

A discussion took place regarding the legibility of the reports without assisted technology. This was on the radar with the Chief Operating Officer and Chief Improvement & Partnership Officer and the Chair suggested the Chair of the People's Experience & Quality Working Group liaise with them, together with PALS. The governor this affected was also happy to be involved in discussions.

Board Assurance Reports were also received from the People and Culture Committee from October 2022 and January 2023 and the Quality and Safety Committee from November 2022, December 2022 and January 2023.

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

42/23   Chair of the Business & Planning working group Report
There had been no Business and Planning working groups held since the last CoG.

Board Assurance Reports were received from the Finance, Infrastructure & Digital Committee from November 2022, December 2022 and January 2023 and Performance, Population & Place Committee from November 2022, December 2022 and January 2023.

The question was raised by a governor regarding having sight of a business plan and it was confirmed that this would be discussed it at the next Business & Planning working group scheduled for 14 February.

Action: To be discussed at the Business & Planning Working Group.   **CT**

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

43/23   **System and Planning**

The Council of Governors received a presentation outlining the ongoing process for System and Planning. There were additional slides not included in the pack. SS would share these with the group once received.

Action: SS to share additional Planning Slides   **SS**

As a Trust we are working on our own Operational Plan; working collaboratively within our Acute Hospital Alliance to form alignment. The next step was for the ICB to submit a summary of provider plans by 31 March 2023. Updates were also provided at the Business & Planning Working Groups.

A question was raised with regards to whether realistically we would meet the targets set in a year's time. CT advised that he was not able to give a complete answer as in some areas we were challenged whereas others we were on target.

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

44/23   **Future Community Services**

The Council of Governors received a presentation on Future Community Services.

This was a new piece of work at the Integrated Care Board, aligning contracts and preparing for the future of Community Services across BSW.   Community contracts end dates were aligned to the end of March 2024.

A discussion took place on the demographics in the presentation and a question was raised on whether we were purely looking at Swindon data. CT advised that although the ICB want a consistent view the Trust was only involved in Swindon.

A question was asked with regards to the population overview slide, particularly around the new houses being built. CT advised that there were several scoring factors; green space, employment, health, housing quality and we were working alongside local authorities, taking all these into account when working on the plans.

A question was asked on who has carried out the work. CT advised that the local authorities had but we also had our own data.

A question was asked regarding the omission of detail for the various wards in the boroughs on the overview. KM advised that it was purely an overview; although we were part of the discussions, we were not involved in the decision making.

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

45/23   **Annual Quality Accounts**

The Council of Governor received a presentation outlining the proposal for quality improvement priorities 2023/24.

A question was raised regards Priority 1 being used 2-3 years ago. RM confirmed this was the case but since that time the improvement methodology step change was incorporated into the metrics. As it remained a top contributor it remained a Priority.

A question was raised on how much impact we can achieve with Priority 3 when we are reliant on outside influences. RM advised that, although we were working in a partner system, we still had our own contribution, process and information that we could improve.

A question was asked about how the nursing staff were involved and how the information was communicated to them. Also, how this was monitored as well as other priorities that cropped up? RM advised that we still had drivers and watched metrics but only respond if a metric went off over a number of months.

RM was asked how we measured success. She advised that the focus was on the percentage reduction and improvement, for example pressure damage reduction in harm and sustaining length of stay reduction in ED. The focus was on length of stay not a figure.

A question was raised regards the IPR detailing "making improvements in your area for staff" and why it wasn't a priority? RM advised that these priorities fit more naturally as there was generally more focus on patient quality, which was driven by quality accounts.

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

46/23   **Governor Declaration of Interest Register**

The Council of Governors received the Annual Declaration of Interest for 2023.

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

47/23   **Governor Working Group Terms of Reference & Membership**

The Council of Governors received the proposed Governor Working Group Terms of Reference and Membership for 2023 for approval. CC advised an alternative model was being explored and would consult with the governors throughout the process.

Action: Company Secretary to propose alternative models for working group terms of reference at Engagement & Membership Working Group.

CC

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

48/23   **Review Governor Annual Training and Development Plans 2022/23**

The Council of Governors received a paper outlining Training Records for Governors 2022/23 for approval.

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

49/23   **Election Results Update 2022**

The Council of Governors received an update on the outcome of the 2022 governor elections.

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

50/23   **Code of Governance for NHS Provider Trusts**

The Council of Governors received an update on the key headline changes to both the code of governance and the addendum to your statutory duties. A further update would be provided at the meeting in May.

Action: CC will provide a further update on the code of governance at the Council of Governor meeting in May

CC

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

51/23   **Public Urgent Items (if any)**
None

52/23   **Date of Next Meeting**
The next meeting will be held on 10 May 2023 at 5pm via MS Teams.

Council of Governors - Action Tracker – May 2023

Date of Meeting	Action	Who to action	Comments/Progress
08/02/23	39/23b SW verbal update on new front door plans, following question on how it will accommodate the increased number of attendance since the initial bid.	Chief Financial Officer	On Agenda 10 May
08/02/23	39/23b JG to provide an update on staff survey to include trends/qualitative feedback	Chief People Officer	On Agenda 10 May
08/02/23	41/23 Ashley Oakshott, Head of HR & Wellbeing to provide clarification on the measurement of sickness rates against targets at the next People's Experience & Quality Working Group	Ashley Oakshot	On Agenda for People's Experience & Quality Working Group 11 July
08/02/23	42/23 Business Plan to be discussed at the Business & Planning Working Group	Chris Trow	On agenda for Business & Planning Working Group 16 May. CT will provide an overview on the business process, initiatives, benchmarking and how the directives from the System interplay with the plan.
08/02/23	43/23 SS to share additional Business & Planning slides with group	Corporate Assistant	Action closed. Slides shared.
08/02/23	47/23 CC to explore an alternative model for working group terms of reference	Company Secretary	Required for review at Engagement and Membership Working Group 20 June
08/02/23	50/23 CC will provide a further update on the code of governance at the next CoG in May	Company Secretary	On Agenda 10 May

Future actions

Date of Meeting	Action	Who to action	Date
	None		

Report Title	Chief Executive's Report				
Meeting	Council of Governors				
Date	10 May 2023	Part 1 (Public) [Added after submission]	X	Part 2 (Private) [Added after submission]	
Accountable Lead	Chief Executive Officer				
Report Author	Kevin McNamara, Chief Executive Officer				
Appendices	N/A				

Purpose

Approve		Receive	X	Note	X	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		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:

The Chief Executive's report provides an overview of a broad range of current issues at the Trust themed around operations, quality, systems and strategy, and workforce, wellbeing and recognition.

Report

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

This report includes updates on:

- Industrial action
- Changes to the way we manage Covid-19
- Improving services for our outpatients
- National updates on Improving Patient Care Together, the Hewitt Review and the NHS England Maternity Plan
- Staff Survey 2022 results
- Staff Excellence Awards

Link to CQC Domain – select one or more	Safe	Caring	Effective	Responsive	Well Led
	X	X	X	X	X
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					

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

The report includes details of our Staff Survey 2022 results. These cover a broad spectrum of issues at the Trust, but in particular the survey seeks staff views on issues including discrimination, which is one of the key areas of focus this year.

The report provides an update on our new Women's Network, which was launched last month. This new network was created following staff feedback, and now sits alongside our existing BAME, LGBTQ+ and Differently Abled staff networks and will give a collective voice to staff and opportunities to influence change for the women who work right across the Trust.

The finalists for our Staff Excellence Awards are featured in the report and these awards include a category to recognise members of staff who have gone out of their way to champion equality, diversity and inclusion in the workplace.

The report also mentions our recent NHS Pastoral Care Quality Award in recognition of our work in international recruitment and our commitment to providing high-quality pastoral care to internationally educated nurses and midwives during recruitment processes and their employment.

Recommendation / Action Required	
The Board/Committee/Group is requested to:	
▪ **Note the report**	
Accountable Lead Signature	
Date	28 April 2023

1. Operational updates

1.1. Industrial Action

1.1.1. British Medical Association action

Strike action involving British Medical Association (BMA) junior doctors took place for 96 hours from 6.59am on 11 April to 6.59am on 15 April inclusive.

This action, taken as part of the dispute between the British Medical Association and the Government about pay for junior doctors, followed the 72-hour action taken in March.

We once again declared a Business Continuity Incident at the start of the strike, which was stood down once it was completed.

During this very busy period, many of our staff once again went above and beyond to reduce the impact on the care we provide. Many staff cancelled their annual leave, or did not take leave when they would have normally chosen to spend time with their families, in order to support our response. Several Consultants, Specialty and Specialist Doctors, and Advanced Care Practitioners once again undertook different tasks and performed unfamiliar roles to enable us to provide safe levels of care.

We have 379 Junior Doctors in total and a significant number of this group chose to strike on one or more days of the two rounds of BMA industrial action.

More than 1,000 outpatient appointments and a number of operations were cancelled and rescheduled at short notice during the two strikes, however these cancellations only reflect part of the impact on patients, with other activity deliberately not arranged to coincide with strike days.

Regular incident control meetings involving Executives, Divisional Directors, and senior operational staff were held throughout the course of the industrial action in the Coordination Centre.

My thanks go to everyone involved in preparing for and responding to the strike.

1.1.2. Royal College of Nursing action

The Royal College of Nursing was due to hold a 48-hour strike from 8pm on 30 April to 8pm on 2 May, which would include the first May bank holiday. Following a challenge by the government in the High Court the action will now take place until 11.59pm on the Bank Holiday Monday.

This action followed the RCN's members rejecting the Government's pay offer. The RCN has also said it will re-ballot members for further strike action.

This strike will be without derogations and as such will include areas such as emergency and critical care for the first time. An update on the impact of this action will be provided at the Board meeting.

1.1.3. NHS Staff Council

Unison and Royal College of Midwives members voted to accept the Government's Agenda for Change pay offer and the results of other health union ballots were expected ahead of the NHS Staff Council meeting to discuss the pay offer on 2 May.

Until the dispute is resolved, we will continue to plan for strikes directly affecting our staff, along with industrial action in other public sectors which will impact upon our ability to run services – such as in education – and hope the ongoing disputes between unions and the Government are resolved as soon as possible.

It is clear that ongoing industrial action by a number of unions will continue to have a material impact on the operation of the NHS and our Trust each time impacting our ability to deliver the ambitious recovery plan we have set ourselves reinforcing the need for resolution at a national level.

2. Quality

2.1. Infection Prevention and Control changes

Following updated national guidance from the Government, acting on advice from the UK Health Security Agency, we made changes to the way we manage Covid-19 last month, bringing our approach more in line with the way we manage influenza.

The key changes are:

Testing:

- Patients should only be tested if symptomatic and it's necessary for diagnostic purposes.
- Testing of asymptomatic patients is only needed when discharging to another care setting.
- Symptomatic staff don't need to take a Covid test but should stay at home until they don't have a temperature or don't feel unwell. Exceptions apply to staff on Dove ward, the Day Therapy Unit and Coate Water Unit who require negative tests before returning to work.

Masks:

- Wearing of masks is now voluntary in all areas – except for oncology and haematology – for staff, patients and visitors.
- There is no requirement to wear masks when attending to patients in their own homes and in our front-door departments.
- Masks must continue to be worn when caring for patients with particular infections or undertaking specific procedures.
- We have moved away from the Covid Escalation Framework and are taking a more targeted approach – where outbreaks occur, masks may be used as control measure.

- We have said to staff that anyone who wishes to continue to wear a mask can do so – and we should respect everyone's views on this.

2.2. Preparing for a Perfect Week

Towards the end of April, we held a week-long event to find out how we can improve services for our outpatients.

Using Improving Together principles, we set out to understand why not all patients attend their appointments, why clinics do not always operate at 100% capacity, and whether clinical space was being fully utilised.

Across the seven days, 42 Go and See visits to the Wren unit, ENT and Cardiology departments took place. We received 32 improvement suggestions from clinicians.

Using the data, soft intelligence and learnings collected we will consider how we can improve our services for the long-term with the aim of holding a Perfect Week later in the year. This will be an opportunity to test our improvements across selected departments and look to identify further areas for change.

2.3. Care Coordination System

We have launched a new digital solution to help improve patient care and reduce the time patients have to wait for treatment.

The Care Coordination Solution uses modern data technology to help us reduce the elective waiting list, maximise our theatre utilisation, and ensure that the right patients are booked at the right time.

The solution will provide service managers, clinicians and admissions with web-based applications to effectively manage the elective waiting list, review upcoming theatre sessions and schedule bookings.

Initially, training for this software is being given to admissions, theatre teams and consultants, who will see several benefits, including:

- Allowing patients with a higher clinical need to be identified and seen sooner.
- Reducing waiting times through regularly checking that those on the lists still need our care or if their condition has changed.
- Better patient safety, with consultants able to see a full picture of patient information all stored in one system, meaning better decisions can be made about what care the patient needs.
- Time saving, as clinical and operational staff experience fewer manual workarounds.
- Improved control of theatre facilities, with consultants able to see all the theatre utilisation allowing them to schedule operations appropriately.

Where this system has been used in other parts of the NHS, improvements in patient management and theatre utilisation have been reported.

3. **Systems and Strategy**

3.1. Improving Patient Care Together

Last month NHS England published the findings of its review of delivery and continuous improvement in the NHS, and launched its new approach to improvement, NHS Impact.

NHSE plans to establish a national improvement board, which will agree national priorities for improvement-led delivery and co-design and establish a Leadership for Improvement programme.

We already have our own well-established Improving Together approach to improvement, and this national development highlights the importance of continuing to embed this methodology and new way of working through the operational management system.

3.2. NHS England Maternity Plan

NHS England has approved a three-year delivery plan for maternity and neonatal services.

The plan identifies 12 objectives across four themes, bringing together actions from recent national reports into maternity (including the Ockenden and Kirkup reports) as well as the NHS long-term plan and maternity transformation programme.

The themes and objectives are:

Listening to and working with women and families with compassion
- All women to receive compassionate personalised care
- Improve equity for mothers and babies by addressing key health inequalities
- Involve service users in quality, governance and co-production

Supporting the workforce
- Grow the workforce
- Retain the workforce
- Invest in skills

Developing and sustaining a culture of safety
- Developing a positive safety culture
- Learning from safety incidents and improving
- Support and oversight of maternity and neonatal services from trusts and ICBs

Meeting and improving standards and structures
- Implement best practice
- Use data well
- Develop and improve use of digital technology.

3.3. Hewitt review

Former Health Secretary, and current Chair of NHS Norfolk and Waveney Integrated Care Board, Patricia Hewitt's review into integrated care systems, commissioned by Chancellor Jeremy Hunt, was published last month.

The key recommendations of the report include:

- Reducing the number of targets set at a national level.
- Developing high accountability and responsibility partnerships for more mature systems.
- More investment in prevention, including increasing the public health grant allocation.
- Reducing use of short-term funding pots.
- Reviewing the entire NHS capital regime.

We await the next steps on how the recommendations of the review may be implemented.

4. Workforce, wellbeing, and recognition

4.1. Staff Survey 2022

Our Staff Survey results for 2022 were published in March and saw us place eighth in the country and highest in the region for our response rate, with 59 per cent of staff members sharing their feedback.

Our overall scores place us 11th in the region, up from 17th the previous year.

This successful rise was due to a number of positive improvements in many areas, including the two most improved People Promises compared with 2021 which were 'we are always learning' and 'we work flexibly'.

In comparison to 2021, we also saw a six per cent increase for questions surrounding career development, a five per cent increase in staff feeling that their team meets regularly to discuss effectiveness and a 4.5 per cent increase in staff feeling that the organisation takes positive action on health and wellbeing.

This year, we were just 3.8 points off reaching the top position, and work is underway to evaluate further areas for improvement to help us move up the league table even more next year.

We are also consistently tracking at the national average – for the last five years – within People Promise 3, 'we each have a voice that counts', that relates to questions around autonomy, control and raising concerns.

A Staff Survey working group has been stood up, which is represented by each division, HR and Transformation and Improvement colleagues who meet regularly to work through the divisional breakdown of the results and identify all actions that need to be taken forwards.

There are a number of areas that the Trust needs to refocus its efforts on at a Trust-wide level, and a number of actions unique to each division. Some of the focus areas for the wider organisation include:

- Work pressures, staffing and resources
- Morale and advocacy of the organisation you work for
- Discrimination
- Continued momentum of Improving Together and staff being able to make improvements in their own area of work.

4.2. Vaccination programmes

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Our Trust ranked highest among all NHS Trusts in the South West in delivering both flu and Covid-19 vaccines to staff this winter.

We were also fifth in the country for Covid vaccine take-up, and eighth nationally for flu vaccinations.

Around 76 per cent of frontline staff took up the offer of a flu vaccine. In total, 86 per cent of all our staff had the vaccine at work, in the community, or chose to opt out.

This is in addition to more than 1,000 flu vaccines which have been administered to inpatients and those using our maternity services.

Around 65 per cent of staff took up the offer of a Covid-19 vaccine. In total our team gave out Covid-19 vaccines to 4,346 people this winter, including staff, students, Serco and volunteers.

4.3. Women's Network

Our new Women's Network was formally launched in March and its first official meeting will be held on 10 May, the National Day of Staff Networks.

The new network now sits alongside our existing BAME, LGBTQ+ and Differently Abled staff networks and will give a collective voice to staff and opportunities to influence change for the women who work right across the Trust.

Based on feedback received so far, key areas of interest for the network include menopause support, career development and support with flexible working arrangements to accommodate childcare needs.

The first meeting will be an opportunity for all staff to feedback on what the network should focus its activities on in the coming months. The first meeting will be an opportunity for all staff to feedback on what the network should focus its activities on in the coming months.

4.4. Disability Confident Level 3 Leader award

I am pleased to report that we have been awarded the Disability Confident Level 3 Leader Award as a Trust. This is the highest award you can hold in the Disability Confident scheme and shows our commitment to ensuring that individuals with disabilities have the opportunities to fulfil their potential and realise their aspirations within the Trust. This is also a further step towards creating a truly inclusive culture.

4.5. Staff Excellence Awards

We have announced the finalists for our 2023 Staff Excellence Awards, which are:

Star of the Year 2022/23 Award:

- Emma Burgess, Senior Sister
- Mark Chapple, Associate Director of Estates and Facilities
- Amanda Smith, Senior Healthcare Support Worker

Patients Choice Award:

- Anne Kendall, Consultant
- Azeem Ahmed, Consultant
- Stephanie Taylor, Cardiac Rehabilitation Sister
- Cardiac Rehabilitation Team

Team of the Year Award:

- Sunflower Lodge
- Urgent Treatment Centre
- Communications and Engagement Team

Wellbeing at Work Award:

- Leanne Kent, Staff Nurse
- Kenresa Stratford, Community and Events Fundraiser
- Michael Pope, Senior Dental Officer

Leading the GWH Way Award:

- Timea Novak, Consultant
- Auditi Naziat, Consultant
- Isaac Frank, GP
- Lucy Moxham, Lead Advanced Clinical Practitioner

Kindness Award:

- Claire Brice, Speech and Language Therapist
- Community Rehabilitation Assistants
- Carrie Thomas, Breast Clinical Nurse Specialist

Improving Patient Experience Award:

- Acute Rehab Physiotherapy
- Hospital @ Night and Critical Care Outreach
- Lisa Daniel, Consultant

Hero Award: Beyond the Call of Duty:

- Stewart Chikukuza, Clinical Fellow
- Louise Knight, Palliative Care and End of Life Team Leader
- Swindon Community Equipment Service

GWH Rising Star Award:

- Eleanor Drew, Trainee Physiologist
- Shrinivas Sharma, Consultant
- Charlotte Vockins, Senior HR Business Partner

Championing Equality, Diversity and Inclusion Award:

- Patient Advice and Liaison Service
- Renee Santos, Assistant HR Business Partner
- Kelly Milne, Learning and Development Coordinator

Lifetime Achievement Award:

- Sally Charlton, Transfusion Practitioner
- Mark Juniper, Consultant
- Sue Facey, Community Outreach Nurse

The awards ceremony will take place at the Steam Museum in Swindon on Friday 9 June.

4.6. STAR of the Month

Our latest STAR of the Month winners are:

- Kathryn Fuller, Physiotherapist, who was recognised for always going the extra mile to ensure that patient care is holistic and engaging, and recently co-leading on deconditioning games to encourage patients to get out of bed and walking.

- Sammi Cunningham, Mortuary and Bereavement Services Manager, who won the award for the care and compassion she showed while looking after a grieving family. Sammi listened and understood the individual needs and concerns of the family and acted with genuine professionalism and integrity throughout the time she spent with them.

4.7. External recognition

We have two finalists in the **South West Maternity & Perinatal Awards**: Dr Sarah Bates in the Leadership Category and PERIPrem / Perinatal Team in the Multidisciplinary Team Working Category. Winners will be announced on 22 May.

Swindon Integrated Care Alliance Coordination Centre awarded a certificate of appreciation in **Skills for Health's Our Health Heroes Awards**.

We have been awarded the **NHS Pastoral Care Quality Award** in recognition of our work in international recruitment and our commitment to providing high-quality pastoral care to internationally educated nurses and midwives during recruitment processes and their employment.

Report Title	Lead Governor Report				
Meeting	Council of Governors				
Date	10 May 2023	Part 1 (Public) [Added after submission]	X	Part 2 (Private) [Added after submission]	
Accountable Lead	Chris Callow, Lead Governor				
Report Author	Chris Callow, Lead Governor				
Appendices	-				

Purpose							
Approve		Receive	X	Note	X	Assurance	X
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	X	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):

Dear Governors,

Here is my brief report for the May Council of Governors.

Since our last meeting in February, we have had a face to face meeting which took place on Friday 24 March at the Great Western Hospital, which gave us the opportunity to get both our new and existing governors together and for each governor to get to know each other a little better.

We have had two very interesting Health Talks; Menopause and HRT and PERIPrem in Neonatal (Perinatal Excellence to Reduce Injury in Premature Birth).

The governors had the opportunity to virtually meet Helen Spice, one of our Non-Executive Directors, to find out more about her background and her NED involvement within the Trust.

We had a very successful and informative finance training session with Johanna Bogle, Deputy Chief Financial Officer in March and another is scheduled for September.

For the future there is a planned walkabout of the Forest and Orchard ward and a visit to the Urgent Care Centre and an ED&I Governor Workshop with Sharon Woma, Equality Diversity Inclusion Lead in June.

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 – **r**isk number & description (Link to BAF / Risk Register)				**Risk Score**
	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?		x	
Does this report provide assurance to improve and promote equality, diversity and inclusion / inequalities?	x		
Explanation of above analysis: Planned governor training around ED&I			

Recommendation / Action Required

The Board/Committee/Group is requested to:

- ▪ **To receive**

Accountable Lead Signature	Chris Callow
Date	28 April 2023

Report Title	Engagement & Membership Governor Assurance Report				
Meeting	Council of Governors				
Date	10 May 2023	Part 1 (Public)	X	Part 2 (Private)]	
Accountable Governor	Chris Callow, Governor Chair of Engagement & Membership Working Group				
Report Author	Chris Callow, Governor Chair of Engagement & Membership Working Group				
Appendices					

Purpose

Approve	X	Receive		Note		Assurance	X
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	X	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):

This report outlines the Key Issues identified in relation to the Engagement & Membership Working Group.

Link to CQC Domain – select one or more	Safe	Caring	Effective	Responsive	Well Led
					x
Links to Strategic Pillars & Strategic Risks – select one or more	⭐	👥	🤝	🐷
	x	x	x	x
Key Risks – risk number & description (Link to BAF / Risk Register)					Risk Score
	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?		X	
Does this report provide assurance to improve and promote equality, diversity and inclusion / inequalities?	X		

Recommendation / Action Required

The Board/Committee/Group is requested to:

- **To note**

Accountable Lead Signature	Chris Callow, Governor Chair of Engagement & Membership Working Group
	28 April 2023

Governor Working Group Assurance Report

Engagement & Membership Working Group

Date of Meeting(s)   21 March 2023

Key discussion points and matters to be escalated
Core agenda items considered 21 March 2023 Comms Strategy Addendum to Your statutory duties with oversight of the ICS/ICB Membership Strategy 2022-2025 We also covered producing Cribb sheets for Governors to pass on the benefits of being a member
Assurance received that we will address the following with the assistance of the Comms team   - The demographics of the membership and how to match the community we serve.   - How to make the key benefits of being a member more attractive.   - Focus on patients, carers and relatives who are already in the system.   - Access to leaflets/information around the hospital   - Target seldom heard population.
Items escalated within working group   Constructive meeting held with governors prior to the working group with Tim Edmonds, Associate Director of Communications & Engagement.
Items to be escalated to CoG   n/a

Report completed by Chris Callow

Date 28 April 2023

Report Title	People's Experience & Quality Governor Assurance Report				
Meeting	Council of Governors				
Date	10 May 2023		Part 1 Public	X	Part 2 Private
Accountable Lead	Chris Shepherd, Governor Nick Bishop, NED Chair of Quality & Safety Committee Paul Lewis, NED Chair of People & Culture Committee				
Report Author	Chris Shepherd, Governor Chair of People's Experience & Quality Governor Working Group				
Appendices	QAS Board Assurance Report 16 February 2023 QAS Board Assurance Report 23 March 2023 QAS Board Assurance Report 20 April 2023 P&C Board Assurance Report 21 February 2023 P&C Board Assurance Report 28 April 2023				

Purpose

Approve		Receive		Note		Assurance	X
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	X	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:

This report outlines the Key Issues identified in relation to the People's Experience & Quality Working Group.

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

Link to CQC Domain – select one or more		Safe	Caring	Effective	Responsive	Well Led
						x
Links to Strategic Pillars & Strategic Risks – select one or more		★	👥	🤝	🐷	
		x	x	x	x	
Key Risks – risk number & description (Link to BAF / Risk Register)						Risk Score
		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?	X		
Does this report provide assurance to improve and promote equality, diversity and inclusion / inequalities?	X		

The report outlines the findings which aims to contribute to the Trusts improvement

Recommendation / Action Required
The Board/Committee/Group is requested to:

· **Note the reports**
Accountable Lead Signature	Chris Shepherd, 2nd May 2023

Governor Working Group Assurance Report

People's Experience & Quality Working Group

Date of Meeting(s)   11 April 2023

Key discussion points and matters to be escalated

Core agenda items considered on 11 April 2023

Chair of the People & Culture Committee Report
Paul Lewis, Non-Executive Director

Chair of the Quality & Safety Committee Report
Paul Lewis, with the help of Tania Currie and Rayna McDonald

Patient Experience Update
Tania Currie / Patient Advice Liaison Services
Governors received Quality Accounts in the post – Q&A session

Quality Accounts – Improvement Priorities 23-24 and Improving Together
Emily Beardshall

Organisation Learning and Sharing
Helen Winter

Assurance received

A report was received from the **People & Culture committee** which was explored by the committee to understand the basis of the scoring and be assured that the NEDs were holding the executive to account. We were pleased to hear that a six-monthly report has been implemented by Jon Freeman and asked for an update on the report.

We were concerned about the workforce plan risk remaining red despite the planned improvements but were assured that there were improvements in maternity and we are attracting high quality NED appointments, although there are still concerns around Consultants and Specialist Nursing appointments and the effect of the strikes.

We sought assurance that there were plans to learn from the results of the staff survey with a high-level action plan centred on Improving Together. It was pointed out that not all staff are yet on the list to receive Improving Together training and we were assured there is a plan in place to address this.

We sought assurance that the Trust is addressing the shortfall highlighted in the gender pay audit and were advised the P&C committee were assured and there is a new team member tasked with implementing a detailed action plan, we will receive further insight into the staff survey at the next meeting.

A report was received from the **Quality & Safety committee** which was explored by the committee who were concerned about the correlation between the Statistical Process Control charts and the red flags. We were told that people are becoming more familiar with the SPC and still deciding whether this is the best measure. We were assured there were no hidden red flags. The board recognises that despite the monitoring and action plans there are seldom long-term improvements noticeable in the data.

An update was received on **Patient Experience**; the top four themes remain unchanged.

A report was received regarding the **Quality Accounts Improvement Priorities.** We were assured that the Improving Together training was being rolled out effectively, although there was concern that only 350 people have been trained in the first year this was to be addressed using a cascade method to hasten rollout. There is a plan to extend this to patients/carers and service users next year.

The priorities for the quality accounts were presented. There was concern that, yet again, pressure ulcers is a priority despite little evidence of improvement in previous years. We were assured there had been some areas where improvement had occurred.

Items escalated within working group

Need to ensure the Quality Account priorities lead to sustained improvement particularly with regard to pressure ulcers.

Items to be escalated to CoG

We are concerned that the SPC data is not fully understood or reflected in the committee reports and that its use is not leading to sustained improvement.

Report completed by:

Chris Shepherd

Date:

2-May-23

Board Committee Assurance Report

Quality & Safety Committee		
Accountable Non-Executive Director	**Presented by**	**Meeting Date**
Dr Nicholas Bishop	Dr Nicholas Bishop	16 February 2023

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	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**			
Board Assurance Framework	Not Rated	Not Rated	The Committee received the report and thought that the scoring was reasonable.		
Integrated Performance Report: **Pillar Metrics**	R	A	Slight reduction in total harms from 267 to 258, mainly due to decreased Covid rates.		
IPR: Friends and Family Test (FFT)	R	A	FFT positive responses have improved in all areas with a more than 10% increase in positive responses within the Emergency Department and Urgent Treatment Centre. Although slight improvement in this area, the red risk rating reflected patient experience as a whole.		
IPR: Pressure Harms	R	A	Pressure harms have decreased slightly within hospital but have increased within community.		

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
IPR: Hospital Acquired Infections	R	A	Concerns remain about MSSA and *E.coli*. Efforts are concentrating on cannula care and catheter care respectively. We are still awaiting delivery of a new skin preparation which has been subject to delay. The Trust remains below trajectory for *C.diff*.		
IPR: Falls:	R	A	The number of falls with harm has returned to be in line with previous months.		
Perinatal Quality Surveillance Tool	A	G	Regarding the CNST data, there will be a few months where we do not receive this data unless there is an adverse change given that we submitted 10/10 'green' ratings. The criteria for the 2023 submission will become available within the next few months when the Quality & Safety Committee will again receive compliance predictions.		
Ockenden	A	A	Work is continuing on full compliance but there has been no movement since November 2022. The Committee requested that each monthly report reflects the status that month, even if this is unchanged.		
National Maternity Survey CQC Report 2022	G	G	The Maternity Team was congratulated on behalf of the Board for a very good report. The department recorded better than average results on all metrics and compared very favourably with the South West region. The Committee received an action plan focusing on areas that can be further improved.		
Mortality	A	A	The Clinical Lead for Mortality again stated the position regarding low coding numbers which influences much of the data presented. Having said that, the results were generally reassuring with the proviso that the latest data is dated September 2022. The Structured Judgement Reviews revealed some learning points which were spread where necessary. The decision has been taken that from April 2023 presented data will be based on substantially improved coding following improvements in staffing levels. This must be taken into account when making comparisons post-April.		

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
Clinical Audit & Effectiveness Q3	A	A	Some concern was expressed by the Committee that for the fifth year the Trust was not contributing to the National Asthma Audit. The Deputy Chief Medical Officer informed the Committee that plans were in place following the appointment of a new consultant respiratory physician to allow the asthma audit to take place.

The Committee was pleased to hear that since the publication of the report, the number of national audits – overdue items had reduced to six i.e. 3% of national audits. | The Committee pressed the Deputy Chief Medical Officer to fix a time when this could be expected to begin and to work with the Chief Medical Officer on this | |
| Governance during operational pressures | A | G | This comprehensive but concise report was welcomed by the Committee as it outlined all the actions that had been put in place in response to unprecedented operational pressures during the Winter. This report will act as a template for future operations under similar circumstances. Although the clinical risks during this time were undoubtedly 'red' the 'amber' rating was applied for the governance of the processes. | | |
| Monthly Safe Staffing Report | A | A | This brief report showed that fill rates had improved since December and that qualified staff and HCAs were now rated 'green'. | | |
| Update on CQC Preparedness | Not Rated | Not Rated | The Committee was assured that the only 'Must Do' action relating to Safeguarding Children Level 3 training would be completed by the end of March 2023.

The report outlined the expected direction of travel for future CQC inspections. | | |

Issues Referred to another Committee	
Topic	Committee

Board Committee Assurance Report

Quality & Safety Committee		
Accountable Non-Executive Director	**Presented by**	**Meeting Date**
Dr Nicholas Bishop	Dr Nicholas Bishop	23 March 2023

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	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**			
Integrated Performance Report: **Pillar Metrics**	A	A	Decrease in total number of harms from 258 to 218. Improvements in falls rates and pressure harms.		
IPR: Friends and Family Test (FFT)	A	A	Positive responses have reduced by 1% overall to 89% but remains above our target of 86%. Positive response rates in all areas remain above or close to internal targets.		
IPR: Pressure Harms	A	A	Pressure harms in the hospital and the community have both reduced for this month. More than 150 new mattresses have been purchased which will reduce risk of pressure harms.		
IPR: Hospital Acquired Infections	R	A	MSSA remains above trajectory almost wholly due to poor cannula practice. Efforts are concentrating on reducing the currently 30% use		

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
			of ante cubital fossa (at the elbow) for cannula replacement. E.coli rates have also increased, all associated with urinary catheters.		
IPR: Falls:	A	A	There has been a significant reduction in the rate of falls during February.		
Perinatal Quality Surveillance Tool	A	G	Good performance on midwife to birth ratio at 1:26. This is partly due to the shorter month of February with fewer deliveries. We are now at full recruitment level for inpatient midwives.		
Ockenden	A	A	There has been no change although work continues to move the "reds" to "green". The Committee requested trajectory and/or likely date for meeting these goals.		
Patient Experience Report	A	G	A comprehensive report outlining all the work in association with the Friends & Family Test and patient experience. Concerns rose in the last quarter but complaints reduced. Slight increase in reopened complaints. This was the last of the quarterly reports which henceforth will be 6-monthly.		
Guardian of Safe Working	A	G	Overall the number of exceptions raised were relatively low although most were the F1 year trainees. The expectation is that these reports will move to 6-monthly but with the continuation of junior doctor strike action, the decision was made to keep them quarterly for the moment. The reports will in future be taken by the People & Culture Committee.		
Freedom to Speak Up	A	A	There were only five concerns raised under FTSU since August 2022. There were more HR related referrals than is typical and fewer safety issues. The Committee debated whether this was because other routes exist for raising safety concerns. The Lead Guardian intends to relaunch FTSU using learning from Oxford about hard to reach staff who do not access their NHS email.		
Safeguarding Adults	A	G	The Committee welcomed the news that the St Luke's training venue was now available to the Trust. This comprehensive report listed all		

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
			the achievements and risks in the last 6 months. Good progress has been made in Mental Capacity Act compliance.		
Safeguarding Children	A	A	The main concerns remain to be compliance with Level 3 Safeguarding Training. The Committee was assured that all efforts were in place to increase training but with constant staff turnover this will always be difficult. Nevertheless we were told that the service was safe as all those awaiting Level 3 training should have received Levels 1 and 2.		
Monthly Safe Staffing Report	A	A	Little substantial change since the last report. Poor fill rates are the exception to what is otherwise good. The Committee was pleased to hear about recent promotions for three internationally educated nurses.		

Issues Referred to another Committee	
Topic	Committee

Board Committee Assurance Report

Quality & Safety Committee		
Accountable Non-Executive Director	**Presented by**	**Meeting Date**
Dr Claudia Paoloni	Dr Claudia Paoloni	20 April 2023

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	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**			
IPR Pillar Metric: Total Harms	A	A	Increase in total number of harms from 218 to 302. Significant factors are in an increase in hospital acquired pressure harms, falls and *Clostridium difficile (C.diff)* numbers. Going forwards, as we are no longer testing for Covid routinely, this will impact our total harms numbers and so consideration is being made on how to manage this in the future. Two Never Events were reported and are being investigated appropriately.		
IPR Pillar Metric: Patient Experience	A	A	FFT positive responses have reduced in March but still remain within the internal target of 86%. FFT positive responses in Maternity is 91%, just short of its target 94%.		
IPR Breakthrough Objective: Pressure Harms	A	A	Hospital acquired pressure harms have increased from 23 to 40. Community acquired pressure harms have reduced slightly in month. Whilst somewhat disappointing, there is going to be a review of how pressure		

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
			harms are measured to ensure that we can focus on addressing areas of most impact. Senior leadership will continue to focus on safety huddles providing oversight and coaching support, with specific focus in gaps on admission skin inspections which has been identified as an ongoing concern. There has been a reduction in DTIs (deep tissue injuries) but an increase in Category 2 pressure ulcers and there appears to be some association in the use of medical devices which is being investigated.		
IPR Alerting Watch Metric: Hospital Acquired Infections	R	A	Increasing *C.diff* rates rose in March from 39 to 49. This is currently under review to identify a cause. In March GWH has seen a higher rate of hospital acquired Covid than the South West average as well as in Norovirus outbreaks, as a result the capacity of our portable air scrubbers has been limited. Still awaiting completion of the installation of permanent units which will mitigate this harm.		
IPR Non Alerting Watch Metric: Falls	A	A	There has been an increase in the rate of falls during March from 96 to 127. Education and decision making tools have been enhanced.		
Quarterly Maternity & Neonatal Quality & Safety Report	A	G	The Committee was assured by the metrics within this report. There had been a gap analysis against a regional maternal death which identified some learnings around translation services which are being addressed. A deeper dive of the Ockenden report has addressed an action plan to work towards moving the 'red' actions forwards. March saw three serious incidents of which one has been referred to HSIB and two under local investigation. Following initial investigation there is no common theme.		
Perinatal Mortality Review Tool Q3	G	B	100% compliance across all measures and the system remains embedded.		
15+ Risk Report	A	A	This is a new report to identify and address any 15+ risks that fall under the Quality & Safety Committee. There is one risk to report relating to timely triage and delays in time critical interventions and treatments for patients utilising Major Chairs/Paeds (walk-in and ambulance).		

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
			The building of the new Emergency Department should see an improvement in patient pathways which should in part address this risk. Additional actions to include provision of "Hello Nurse" in the Paediatric area/reception. A review of the impact of emergency chairs following the opening of new UTC is being undertaken.		
Emergency Department Dashboard	R	A	There has been a reduction in attendances since December, however length of stay still remains high with 16% to 18% of all ED patients having a stay greater than 12 hours. There is work being done to understand the drivers for this, especially at peak times. The SHINE audit has identified two particular areas that are being addressed – ECG recording within 10 minutes of arrival and NEWS scores recording on admission. Part of this is related to availability of equipment and logistics which are being improved. Patient feedback has shown good results of 90% positive or more in all areas, except pain management which scored 84% which will now be a focus of quality rounds with specific education to focus on pain management.		
Getting It Right First Time (GIRFT)	Not rated at this stage	Not rated at this stage	With the appointment of a new GIRFT Lead, there has been a renewed focus on GIRFT activity within GWH. A centralised support has now been identified to help coordinate and support services, and a new overarching governance process is being put in place to ensure that we can have better oversight around recommendations and improvements that may be required following scheduled GIRFT visits or deep dives. The report did identify that GWH does perform very well compared with national and local peers in several areas, but rates of day surgery still remain insufficient compared to peers and nationally. The hope is that working at a system level will mean learnings from regional peers can be shared.		

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
Clinical audit	A	G	Following some focused activity in the completion of multiple projects, the close of 2022/23 had resulted in only 430 projects being carried over. Going into 2023/24, there are 486 new projects planned. 204 national projects are overdue at 4%. We are awaiting the final national audit programme details which are mandatory for us to participate in. But the level of internal support for data management analysis and reporting has been strengthened following a recent restructure of the team with the introduction of a dedicated facilitator for divisions.		
Draft Quality Account 2022/23	Not rated	Not rated	In order to prepare the Quality Account going forwards, and in alignment with improving together breakthrough objectives, the Committee considered a proposal for three Quality Account priorities: • Reducing the incidence of hospital and community acquired pressure ulcers • Reducing the number of patients in the hospital who are ready to be discharged to care elsewhere in our community • Reducing the amount of time patients spend in our emergency department before they are ready to go home or move on into a hospital bed The final version should be available to be share with the Board by the end of June 2023.		
safe	A	A	There has been a slight improvement in the average fill rate for nurses and midwives. A slight reduction in the full rate for HCA and the three ward areas identified are being focused on in the retention and recruitment plan. This monthly report has a mandated measure which has limited detail and greater assurance comes through the 6-montly report.		

Issues Referred to another Committee	
Topic	Committee

Board Committee Assurance Report

People & Culture Committee – January 2023		
Accountable Non-Executive Director	**Presented by**	**Meeting Date**
Paul Lewis	**Paul Lewis**	**21ˢᵗ February 2023**
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?		

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**			
Workforce Planning	R	A	The level of risk remains 'red' due to the on-going position with industrial action, but the Committee were provided with further assurance about plans in place to mitigate and manage this as effectively as possible. We reviewed the workforce planning elements of the Integrated Performance Report in detail (which include voluntary turnover rate, sickess/absence rate, leavers within 1ˢᵗ year, vacancy rate and time to hire) and noted the on-going plans with recruitment, sickness/abence rates, 1ˢᵗ year attrition and 'time to hire' to further improve our position. The Committee received a detailed update about SARD implementation and this was also reviewed sepeartely from an assurance perspective (see below).	Review progress at the next meeting.	April 2023
Great Opportunities	A	A	The Committee received an excellent update about our Talent Management & Succession Strategy. There plans were well received, incuding the decision to explore the Scope For Growth model as an alternative to the 9 Box Grid for talent reviews.	Review progress at the next meeting.	April 2023

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	**Actions**			
Employee Experience	A	A	The response rates for the latest Staff Survey are very encouraging and we will receive and review the full set of results, including details at Divisional level, at the next meeting. The Committee received a detailed update about Health & Wellbeing and reviewed the annual Gender Pay Report. These were also reviewed sepeartely from an assurance perspective (see below).	Review progress at the next meeting.	April 2023
Employee Development	A	A	As already mentioned, the Committee received an excellent update about our Talent Management & Succession Strategy and noted the contribution made by Sally Fox. The plans to improve the appraisals process and documentation (which will include personal development plans) will be covered at the next meeting and will be a key deliverable	Review progress at the next meeting.	April 2023
Great Leadership	A	A	We are still awaiting further clarity and guidance about the Messenger Report before initiating further actions within the key recommendation areas of 'management standards and accredited training'.	Review progress at the next meeting.	April 2023

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	**Actions**			
Gender Pay Report	A	A	In order to meet obligations under the Equality Act 2010 the Trust is required to publish gender pay gap date. The Committee were presented with the 2021-2022 Report which included the latest position and plans to make further improvements next year. A detailed action plan is now being developed, with input from best practice at regional and national levels.	Review progress at the August meeting	August 2023
Health & Wellbeing	A	G	The Committee received an update about Health & Wellbeing, which covered the framework, a summary of findings and revised improvement actions. It was agreed that progress has been encouraging and it was good to see that feedback from staff forums and Networks have been taken into consideration (along with MI/data) to support the self-assessment.	Review progress at the August meeting	August 2023
SARD Implementation	G	G	The Committee received an update about the Secure Appraisal Revalidation Database (SARD) implementation which is the deployment of an electronic workforce system for medical staff covering revalidation, appraisal and job planning. It was agreed that excellent progress has been made and noted the first cycle of electronic job planning is due in July 2023 when the appraisal process will also commence to help improve the quality of appraisals.	Review progress at the December meeting.	December 2023

Issues Referred to another Committee	
Topic	**Committee**
None	N/A

Board Committee Assurance Report

People & Culture Committee – April 2023		
Accountable Non-Executive Director	**Presented by**	**Meeting Date**
Paul Lewis	**Paul Lewis**	**28th April 2023**
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?		

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

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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**			
IPR – Staff Survey (Recommend Place To Work)	A	A	The Trust aims to improve our Staff Survey response rates year on year and increase the number of staff "recommending the Trust as a place to work''. In 2022 it was agreed that the main focus for staff survey action plans would be on the breakthrough objective of "I am able to make improvements happen in my area of work" (see below) and our approach for 2023 is currently under review so this will be discussed again at the next meeting to agree the way forward. The question (recommend place to work) has also been added to the Pulse Surveys to gain further insight and understanding.	Review progress at the next meeting.	June 2023
IPR – Staff Survey (I am able to make improvements happen in my area of work)	G	A	The Trust Breakthrough objective is to achieve a 5% improvement in this question in the Staff Survey. The latest survey showed positive progress and the Divisions presented their action plans at this meeting for further improvement. It was agreed that the Divisions will return on rotation going forward to provide regular updates and assurance about the implementation of their actions plans so the Committee can monitor progress. The first regular review will be at the next meeting with Surgery, Women & Children.	Review progress at the next meeting.	June 2023

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
IPR – Voluntary Staff Turnover Rate	A	A	The Trust target is 11%. Voluntary Turnover Rates have been on a positive, downward trend since July 2022, but are still above target. The 6 Monthly Retention Progress Report was also presented to the Committee at this meeting to provide further insight and assurance about our position, plans and priorities. (please see below)	Review progress at the next meeting.	June 2023
IPR – EDI Disparity Ratio			The EDI Measure is currently under review and so an Assurance Rating was not discussed at this meeting	Review progress at the next meeting.	June 2023
6 Monthly Retention Report	A	A	The 6 Monthly Retention Progress Report was well received and the key priorities for improvement will be the Health & Wellbeing conversation training refresh and evaluation, the launch of a Trust-wide Retention Working Group with operational and clinical stakeholders, the publication of GWH Leadership Behaviours by the OD team and the publication & launch of the Trust Resourcing Strategy.	Review progress in 6 months.	October 2023

Issues Referred to another Committee	
Topic	Committee
None	N/A

Report Title	**Business & Planning Board Assurance Reports**			
Meeting	Council of Governors			
Date	10 May 2023	Part 1 (Public) [Added after submission]	X	Part 2 (Private) [Added after submission]
Accountable Lead	Simon Wade, Director of Finance & Strategy			
Report Author	Faried Chopdat, Non-Executive Director Peter Hill, Non-Executive Director			
Appendices				

Purpose

Approve		Receive	X	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	X	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):

Board Assurance Report Finance, Infrastructure & Digital Committee 20 February 2023
Board Assurance Report Finance, Infrastructure & Digital Committee 27 March 2023
Board Assurance Report Finance, Infrastructure & Digital Committee 24 April 2023
Board Assurance Report, Performance, Population & Place Committee 22 February 2023
Board Assurance Report, Performance, Population & Place Committee 29 March 2023
Board Assurance Report, Performance, Population & Place Committee 26 April 2023

	Safe	Caring	Effective	Responsive	Well Led
Link to CQC Domain – select one or more		X	X	X	X
Links to Strategic Pillars & Strategic Risks – select one or more	⭐	👥	🤝	🐷
	X	X	X	X
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?		X	
Does this report provide assurance to improve and promote equality, diversity and inclusion / inequalities?	X		

Recommendation / Action Required

The Board/Committee/Group is requested to:

- **To receive**

Accountable Lead Signature	Faried Chopdat, Peter Hill

Finance, Infrastructure and Digital Committee – 20 February 2023		
Accountable Non-Executive Director	**Presented by**	**Meeting Date**
Faried Chopdat	Faried Chopdat	**20 February 2023**
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks? Yes BAF Numbers		BAF4 SR6 & 7

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

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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			
FINANCE					
Finance Risks & Way Forward Programme Risks	A	A	The Committee noted that Finance's risk management process and reporting, including that of the Way Forward Program is adequate and effective. Whilst the Committee was reassured of the scoring of risks for 2022/23, we noted that several Finance-related risks are likely to increase significantly as we enter the 2023/24 year.	Monitor monthly through FIDC (and significant risks to be reviewed quarterly at Board).	FIDC Meetings 2023
Board Assurance Framework	A	G	The Board Assurance Framework for Finance and Infrastructure risks' latest summary was presented to the Committee for review. Significant levels of assurance were received around the process to support the completion of the BAF, enabling effective scrutiny and challenge.	Monitor monthly through FIDC & Board	
Month 10 Finance position	G	G	The Trust received income from the ICB to fund the planned deficit (£19.4m), of which £16.1m is reported in the Month 10 position. Excluding this income, the Trust reports a shortage of £1.6m in the month, of which £0.1m is favourable to the plan. The latest forecast position is breakeven with no material movements in forecast positions.	Monitor monthly through FIDC	FIDC Meetings 2023
BSW Consolidated Finance Report	R	A	The Committee received a verbal update on the overall financial position of the BSW ICB, including key risks, mitigations, and delivery of efficiencies. Whilst the Committee was satisfied with the management engagement and response of GWH with the ICB, we challenged the overall finance governance at BSW. Further, we raised concerns about the need for more clarity, decision authority, trust and transparency, the workings of the new model and structure, and its impact on GWH.	Monitor monthly through FIDC & Board	

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
Capital Plan	R	A	Capital Expenditure is £8.2m below plan due to slippage and profiling; however, the Trust's teams are managing slippage by enhancing governance outside of the Capital Management Group to monitor progress and ensure funding will be spent by year-end. Whilst the Committee is assured that actions and plans are in place to address the spending gap, we are concerned about the scale of work and the short time frame to achieve delivery by year-end.	Monitor monthly through FIDC	
CIP Programme Update	A	A	The Month 10 position is that £0.64m of efficiency is delivered against the plan of £1.05m resulting in an adverse variance of £0.4m. At year to date, 76% of the program has been delivered, with a forecast position of 72% of the plan delivered at year-end. No further opportunities are identified due to the increased focus on 2023/24 planning. As a result, there remains a significant risk to the complete delivery of the 2022/23 plan with a projected £2.9m shortfall that will form part of the 2023/24 targets. It is anticipated that this risk will be substantially amplified to R/R given that the shortfall will be carried into the next financial year.	Monitor monthly through FIDC	FIDC Meetings 2023
Business Planning Update	R	R	An updated paper was noted on the business planning for 2023/24, summarising the National Update, Progress to Date, and Anticipated Outcomes. The Committee notes that the national planning guidance has been gradually released since December, and there remain several unknowns and that an initial view of the proposed deficit and the requirement for difficult decisions and trade-offs will result in a challenging budget for 2023/24. FIDC will consider the whole plan at an Extraordinary FIDC meeting planned for the week c/o 20th March.	Monitor at FIDC + proposal to review final plan at an extraordinary FIDC scheduled for the week c/o 20th March 2023	FIDC meetings 2023
Winter Plans	A	G	The Committee noted an update on the Winter Plan for 2022/23 that was agreed upon in September 2023. The financial envelope, £1.2m, has been tracked, and where there have been underspend, monies assigned to the Winter Plan have been allocated to additional schemes. The Committee noted the initial success of the Navigation Hub initiative in managing flow and agreed that the Trust plans to move to a seasonal plan that will run throughout the year with funding identified to support over 12 months.	Monitor monthly through FIDC	
IT AND DIGITAL					
IT & Digital Risks	A	A	The Committee is assured that the risk management process and reporting risks for IT and Digital are adequate and effective; however, further work is required to improve the maturity of the risk management process as a whole – management has undertaken a review to improve the approach and oversight of risks for the division as whole, and the update will be provided to FIDC in April 2023.	Monitor through FIDC	FIDC meetings 2023

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
Shared EPR Risks	R	A	The Committee is assured that EPR Programme Risks are identified, managed, and actioned within the Shared EPR Programme Governance structure. Programme managers with reporting and escalation undertake regular reviews through appropriate channels. Work is still commencing to incorporate key risks into the Trust's corporate risk registers to enable complete visibility at the Trust level. Procurement activities are on track, with Oracle Health (previously Cerner) noted as the preferred bidder. Overall, the inherent programme risk is Red due to the lack of benefits to support the FBC, including estimated increased costs, resourcing challenges, and the risk that the FBC needs to be approved.	Monitor through FIDC	FIDC meetings 2023
IT Quarterly Update	A	A	A summary update on the key developments in the planned IT activity was provided to the Committee. Whilst positive progress has been made with the remaining phases of the IT Infrastructure programme of work, the crucial risk to the delivery remains the availability of resources and the scope and speed of change required. Funding opportunities will continue to be explored, and bids will be undertaken as necessary.	Monitor through FIDC and monthly update to the Board	FIDC meetings 2023
Cyber Security Update	A	G	An update on salient Cyber Security developments to further enhance the Trust's cyber defences was presented to the Committee. No reported incidents were noted however the further vigilance and continued control is required to mitigate the possibility of a Cyber-attack.	Monitor monthly through FIDC	FIDC meetings 2023
ESTATES & FACILITIES					
Estates and Facilities Risks	A	A	The Committee was assured that the risk management process and reporting risks for Estates and Facilities, which includes Health, Safety, Fire and Security Risks are adequate and effective. Whilst the overall risk remains amber, we were satisfied that management continues to take appropriate actions to mitigate risks.	Monitor through FIDC	FIDC meetings 2023
PAM Submission	A	A	The Committee received an update paper on the process followed to achieve compliance with the Premises Assurance Model (PAM) that the NHS National Contract mandates. We reviewed the proposed submission and findings and were satisfied with the following steps to be taken. However, we required management to consider funding and timelines to deliver the compliance program.	Monitor through FIDC	FIDC meetings 2023

Issues Referred to another Committee	
Topic	**Committee**
None	-

Finance, Infrastructure and Digital Committee – 27 March 2023		
Accountable Non-Executive Director	**Presented by**	**Meeting Date**
Faried Chopdat	**Faried Chopdat**	**27 March 2023**
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Yes	BAF Numbers	BAF SR7

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Full	Blue – Delivered and fully embedded

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
FINANCE					
Finance Risks & Way Forward Programme Risks	A	A	The Committee noted that Finance's risk management process and reporting, including that of the Way Forward Program, is adequate and effective. Whilst the Committee was reassured of the scoring of risks for 2022/23, we noted that several Finance-related risks are likely to increase as we enter the 2023/24 year. We noted several risks relating to the Way Forward Program that was adequately mitigated and removed from the risk register resulting in the Committee's assurance evaluation as A/G.	Monitor quarterly through FIDC.	FIDC Meetings 2023
Month 11 Finance position	G	G	As noted in Month 10, the assurance level remains G/G. The Trust received income from the ICB to fund the planned deficit (£19.4m), of which £17.7m is reported in the Month 11 position. Excluding this income, the Trust reports a shortage of £1.5m in the month, of which £0.2m is favourable to the plan. The latest forecast position is breakeven with no material movements in forecast positions. Given the challenges with the forecast plan for 2023/24, the financial situation will likely trend towards a rating of R/R.	Monitor monthly through FIDC	FIDC Meetings 2023
Debtors	G	G	The Committee received a detailed update and positive assurance of the Debtors position as of February 23. We noted the improvements in the current position and the continued focus on collecting and managing aged debt within the Finance function and the SBS teams.	Monitor through FIDC	FIDC Meetings 2023

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
CIP Programme Update	A	A	The in-month position is that £0.81m of efficiency is delivered against the plan of £1.04m resulting in an adverse variance of £0.24m. It is forecast that 70% of the plan will be delivered at year-end. No further opportunities are identified due to the increased focus on 2023/24 planning. As a result, there remains a significant risk to the complete delivery of the 2022/23 plan with a projected £3m shortfall that will form part of the 2023/24 targets. It is anticipated that this risk will be amplified to R/R given that the shortfall will be carried into the next financial year – approximately £7.7m of cash-releasing savings have been identified so far within the 2023/24 plan to date.	Monitor monthly through FIDC	FIDC Meetings 2023
ESTATES & FACILITIES					
Estates and Facilities Risks	A	G	The Committee was assured that the risk management process and reporting risks for Estates and Facilities, which includes Health, Safety, Fire and Security Risks are adequate and effective. Whilst the overall risk remains amber, we were satisfied that management continues to take appropriate actions to mitigate risks.	Monitor through FIDC	FIDC meetings 2023
ERIC – Benchmarking data comparison Update	A	A	Following the approval of the Estates Return Information Collection (ERIC) submission in July 2022, FIDC requested further insight to illustrate where GWH sits across peers in the region. A number of key metrics comparing GWH with other acutes across the South West region was presented with a number of variations noted.	Monitor through FIDC	FIDC meetings 2023
Department of Health & Social Care PFI Centre of Best Practice Survey Process	-	-	The Committee noted a comprehensive update on the CoBP GWH survey process, proposed commercial arrangements, legal documentation, and progress timelines. The Committee approved the contents of the report, including the development of an agreed rectification plan, produced, and implemented within 14 months of the completion plan, built, and implemented within 14 months of the completion of the survey.	Monitor through FIDC	FIDC meetings 2023
Sustainable Travel Plan 2022-2025	-	-	The Travel Plan was presented to the Committee for noting. The aim of the Plan is intended to recognise, develop, and set a pathway for Great Western Hospitals' commitment to sustainable transport through the enablement of alternative modes of travel. The Plan supports the Trust's Staff Travel Choice Policy 2021. It will help the transition away from single occupancy internal combustion engine vehicles to distribute journeys more sustainably across alternative modes of travel.	Review periodically via FIDC	FIDC meetings 2023
PROCUREMENT					
Procurement Quarterly Update	A	G	Procurement continues to deliver against the 2022/23 Plan, and the current savings delivered is £2.1m against a complete plan of £1.76m. The focus is on identifying savings for the 2023/24 plan. Key risks such as PO compliance, cost pressures, and inflation were noted. Overall, management has made good progress in identifying mitigation plans and savings and assisting with capital procurement during the quarter.	Monitor through FIDC	FIDC meetings 2023

Issues Referred to another Committee	
Topic	Committee
None	-

Finance, Infrastructure and Digital Committee – 24 April 2023			
Accountable Non-Executive Director	**Presented by**		**Meeting Date**
Faried Chopdat	**Faried Chopdat**		**24 April 2023**
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Yes	BAF Numbers	BAF SR7

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Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
FINANCE					
Month 12 Finance position	A	G	A verbal update was presented on the Month 12 Finance position. Several key risks were noted, including audit challenges on provisions, etc. However, the Committee was satisfied with the mitigation actions to address risks.	Monitor monthly through FIDC	FIDC Meetings 2023
Capital Plan	G	G	Capital spending was behind plan throughout the year as capital plans did not progress as anticipated. Trust teams proactively managed slippage by developing a governance process with Procurement and capital scheme leads to bring forward other items of spending where it was appropriate to do so and helped support the effective delivery of patient care in a safer, more robust environment. At the end of the financial year, the trust reported a small underspend of £0.017m on CDEL and an underspend of £1.49m on total capital expenditure.	Monitor monthly through FIDC	FIDC Meetings 2023
CIP Programme Update	R	A	In-month, £1.32m of efficiency has been reported against a plan of £1.04m, resulting in an over-achievement of £0.28m. The Month 12 position is that £9.08m of efficiencies have been delivered in the year, which is 79% delivery against the £11.1m target. Given the efficiencies achieved non-recurrently in 2022/23, there is a £3m carry forward of the target to 2023/24 efficiency targets. The Trust target for 2023/24 has been finalised at £16.7m. Currently, 65% of the identified saving is recurrent.	Monitor monthly through FIDC	FIDC Meetings 2023

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
Community Diagnostic Centres Business Case	A	G	BSW providers across primary, community and secondary care have come together as a collective to deliver enhanced diagnostic services to the local population. The BSW community diagnostic Centre (CDC) scheme is bringing forward a business case to provide additional, networked diagnostic capacity in the community, with investment in staff, equipment, and facilities. The Committee reviewed the business cases and supported the principle of development of a system-based community diagnostic provision across BSW. The risk is rated A as there is a dependency for funding to be approved at the national level, notwithstanding several operational risks that may present themselves as the Trust aligns with new ways of working.	Board discussion and approval	FIDC meetings 2023
IT AND DIGITAL					
IT & Digital Risks	A	A	The Committee is assured that the risk management process and reporting risks for IT and Digital are adequate and effective; however, further work is required to improve the maturity of the risk management process as a whole – management has undertaken a review to improve the approach and oversight of risks for the division as whole, and the update will be provided to FIDC in July 2023.	Monitor through FIDC	FIDC meetings 2023
Shared EPR Risks	R	A	The Shared EPR Procurement is progressing on track with a preferred bidder identified and notified - Oracle Health – previously known as Cerner. Contract finalisation / negotiation now underway. Overall, the inherent programme risk is Red due to the lack of benefits to support the FBC, including estimated increased costs, resourcing challenges, and the risk that the FBC needs to be approved.	Monitor through FIDC	FIDC meetings 2023
ESTATES & FACILITIES					
Site Utility & Resilience Update	A	G	The Committee received an update on how the Trust manages the ongoing risk regarding the capacity and resilience within our primary utility services across the Great Western Hospital & Brunel Treatment Centre. The Committee was reassured by management's plan to address the ongoing risk regarding the capacity and resilience within the primary utility services across the Great Western Hospital & Brunel Treatment Centre.	Monitor through FIDC	FIDC meetings 2023

Issues Referred to another Committee	
Topic	**Committee**
None	-

Board Committee Assurance Report

Performance, Population & Place Committee		
Accountable Non-Executive Director	**Presented by**	**Meeting Date**
Peter Hill	Paul Lewis	22nd February 2023

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	BAF Numbers	BAF 3

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Full	**Blue – Delivered and fully embedded**

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	**Actions**			
Integrated Performance Report - Emergency Access	R	A	January saw a significant decrease in ED attendances which coincided with Industrial Action by several Health Care unions.	Monitor Actions	March 2023
Integrated Performance Report – Elective Access - RTT	R	A	Delivery against RTT continues to show a worsening trend and has been outside of control limits since May 2022. RTT 18 week compliance for January shows a slight improvement in month. This was discussed in detail in particular in relation to the outpatient perfect week plans which were very well received. The Amber rating for assurance with the actions planned, but it was agreed to retain the current ratings and review again in March.	Monitor Actions	March 2023

Integrated Performance Report – Elective Access – DM01	R	A	DM01 performance decreased in December compared to November and there are still significant challenges in Endoscopy especially in terms of staffing turnover and sickness. The committee are aware of the plans in place to deliver further improvement and will continue to monitor this closely.	Monitor Actions	March 2023
Integrated Performance Report – Cancer & Cancer Services Assurance Report	A	A	Cancer waiting times remain below standard, however there was an improvement in January and this is the 3rd month improvements have been seen. The Committee received the latest Cancer Services Quarterly Assurance Report, which continues to focus on the hot spots with Dermatology and Plastics.	Monitor Actions	March 2023
EPRR	A	A	The annual Emergency Preparedness Resilience & Response Report (October 2021-October 2022) was presented. It was noted that 62 core standards were fully compliant and amber with further work required in 6. Of these 2 are now fully complete and also compliant. The main areas of risk are with Shelter & Evacuation and Lockdown where further work is required with collaboration and support with the H&S team. It was also confirmed that a Fire Evacuation Test will be completed later this year. Further progress will be reviewed again at the meeting in May.	Monitor Actions	May 2023

Issues Referred to another Committee – Coding Risk	
Topic: Financial Risk due to issues with Coding resource, expertise and practice.	Committee: Finance, Infrastructure & Digital Committee

Board Committee Assurance Report

Performance, Population & Place Committee			
Accountable Non-Executive Director	**Presented by**		**Meeting Date**
Peter Hill	Peter Hill		29th March 2023
Assurance: 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**			
Integrated Performance Report - Emergency Access	R	A	Attendance fell during January/February to their lowest level in 22/23. The Trust performed relatively well against the 4 hour standard and saw mean waiting times reduce to 8 hours from the previous high of 9+ hours. Industrial action and a decrease in the number of non-criteria to reside patients in the Trust are thought to have contributed to this improved performance. Unfortunately, 16% of patients still experienced wait times in excess of 12 hours.	Monitor Actions	April 2023
Integrated Performance Report – Elective Access - RTT	R	A	Management of the March 78 week cohort continues, with patient-by-patient reviews continuing and extending to patients who will be waiting over 78 weeks in April and May to ensure next steps are in place and being expedited, and any complexities of pathways understood so these can be mitigated. A RTT training workshop is being scheduled in April for Trust operational management teams, to support with applying RTT and Elective Access rules into practice.	Monitor Actions	April 2023

	R	A	Post committee note – FTD to provide update once the end of year position is established.		
Integrated Performance Report – Elective Access – DM01	R	A	Overall waiting times for diagnostics improved by 5.7% in February (54.2%) with MRI/CT scans continuing to see good progress. The committee was heartened to note the continued delivery of all scans for cancer referrals within the two week target. Other diagnostic services such as Ultrasound and Dexa scans remain under pressure and significantly below target.	Monitor Actions	April 2023
Integrated Performance Report – Cancer	A	A	Committee members were re-assured last month of the Amber/Amber rating following the latest Cancer Services Quarterly Assurance Report presented which continues to focus on the hot spots with Dermatology and Plastics.	Monitor Actions	April 2023
Non-Criteria to Reside	A	A	Committee members noted that this is the 4th month in a row that there has been a reduction in the number of bed days lost through non criteria to reside. It was also noted that GWH is the second best performing trust in the South West at time of reporting. The committee heard a number of positive discharge initiatives including Home First and the success of the Co-ordination Centre where work is taking place with partners reviewing processes and is very action orientated.	Monitor Actions	April 2023
Peer Trauma Network Results	G	G	Committee members received a very positive update on the findings of the 2022 NHS England annual Major Trauma Peer Review. Clinical and Nursing leadership was praised and the multi-disciplinary pathways were flagged as working well. No immediate risks or serious concerns were identified, and numerous examples of good practice were noted. A couple of concerns were raised which the management team are working on.	Monitor Actions	April 2023

Issues Referred to another Committee – Coding Risk	
Topic: Financial Risk due to issues with Coding resource, expertise and practice.	**Committee: Finance, Infrastructure & Digital Committee**

Board Committee Assurance Report

Performance, Population & Place Committee		
Accountable Non-Executive Director	**Presented by**	**Meeting Date**
Peter Hill	Peter Hill	26th April 2023

Assurance: 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**			
Integrated Performance Report - Emergency Access	R	A	The Trust continues to perform relatively well against the 4-hour standard and saw a reduction in mean waiting times. Industrial action and a decrease in the number of non-criteria to reside patients in the Trust are thought to have contributed to this improved performance.	Monitor Actions	May 2023
Integrated Performance Report – Elective Access - RTT	R	A	Positive news in terms of end of year compared to the previous month. Management of the March 78 week cohort continues, with patient-by-patient reviews continuing and extending to patients who will be waiting over 78 weeks to ensure next steps are in place and being expedited, and any complexities of pathways understood so these can be mitigated. A similar position from last month was reported. Activity performance for March was strong against plan.	Monitor Actions	May 2023

Integrated Performance Report – Elective Access – DM01	R	A	DM01 performance was the highest it has been in two years at 56% with MRI/CT scans continuing to see good progress, in line with the performance delivery plan. Overall, the service is continuing to show steady progress being made which the committee felt is a sustainable improvement.		Monitor Actions	May 2023
Integrated Performance Report – Cancer	R	A	Committee members received an update on cancer performance which showed no decrease in 62-day waiting performance, however, an increase in the number of patients waiting & predicted March decline. This was a similar position reflected across the whole of England, where GWH are performing better than all England performance. Continued focus with plan on the hot spots within Colorectal, Urology, Dermatology and Plastics. Issues highlighted in terms of Colorectal which reported 13.62% over 62 days and impacted by some strike action.		Monitor Actions	May 2023
Theatres Programme Assurance Report	A	G	Assurance was provided by the Deputy Divisional Director, SWC on the Theatre Improvement Programme along with national benchmarking exercises, regional theatre projects and the actions resulting from these. Members noted and acknowledged the significant improvements within the service.		Monitor Actions	May 2023

Issues Referred to another Committee –	
Topic:	**Committee:**

Report Title	**Business Planning & ICS Update**		
Meeting	Council of Governors		
Date	10 May 2023	Part 1 (Public) [Added after submission]	X	Part 2 (Private) [Added after submission]	
Accountable Lead	Simon Wade, Director of Finance & Strategy/Claire Thompson, Chief Improvement and Partnership Officer		
Report Author	Chris Trow, Associate Director of Strategy		
Appendices			

Purpose

Approve		Receive	X	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	X	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):

2023/24 Planning update
ICS – Strategy & Plan, Community Services update
Trust Strategy 2024+ Reflection, taking stock, next steps

	Safe	Caring	Effective	Responsive	Well Led
Link to CQC Domain – select one or more		X	X	X	X
Links to Strategic Pillars & Strategic Risks – select one or more	★	👥	🤝	🐷
	X	X	X	X

Key Risks – **r**isk 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?		X	
Does this report provide assurance to improve and promote equality, diversity and inclusion / inequalities?	X		

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Recommendation / Action Required

The Board/Committee/Group is requested to:

- **To receive**

Accountable Lead Signature	Chris Trow
Date	3 May 2023

Agenda
Council of Governors

- 2023/24 Planning Update

- Integrated Care System
  - Strategy & plan
  - Community Services update

- Trust Strategy 2024+
  Reflection, taking stock & next steps

Service | Teamwork | Ambition | Respect

Our plan for 2023/24

Challenging savings target along with need to significantly improve productivity and performance.

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£0m deficit at start of year, due to one-off funding.

£16.7m savings required. **£7m** identified so far.

15% increase in activity needed.

167 WTE staff (including 50 for Safer Staffing and extra staff in Unscheduled Care) could be recruited if we have a strong enough case for why these roles are critical.

Significant investments include:

£5.6m in Safer Staffing and Robotics, but need system approval to proceed on these and other investments.

£61.8m planned capital spend, inc. Way Forward Programme, equipment replacement, PACS, IT replacement, and BSW Community Diagnostic Centre programmes.

We are ambitious and want to do more for our patients, seeing them as quickly as we can. In a challenging operating context we are committed to improving our productivity and delivering the highest quality care for our patients.
We have **35,740** patients on a waiting list at end of March 2023 (19,900 pre-pandemic), and 2,159 patients waiting 52+ weeks.

For our patients, we will improve our performance, & through doing so plan to meet or exceed national expectations in these areas:

- Cancer 62 days
- ED 4 hour performance
- 21+ day length of stay
- Reducing NCTR
- Elective activity

- Outpatient first appointments and follow ups.
- 6 week performance in MRI, CT, Echo, Flexi Sig, Gastroscopy.

We are working towards having **zero patients waiting 65+ weeks** by the end of March (but national expectation is beginning of March).

Meeting demand for **diagnostic** activity will be challenging, and we are unlikely to meet national expectation for our **colonoscopy** patients.

Given our Integrated Front Door reconfiguration, we are more likely to be at 97% bed occupancy than the national target of 92%.
We are unlikely to achieve national performance expectation for ultrasound patients.

Planning Update

2023/24

- Final plan submitted by BSW in April.

- Discussions with NHSE still ongoing to agree the plan.

- Resubmission of final plan made 04th May 2023.
    - The Trust rephased activity across the year, no impact to performance commitments. Income re-profiled in our financial templates to model activity changes.
    - Further detail provided on our improvement & efficiency plan.

- Our final system and Trust plan shows a financially balanced position for 2023/24.

- At a Trust level we need to deliver significant savings of £16.7m in year to remain breakeven going into 2024/25.

Integrated care systems (ICSs)

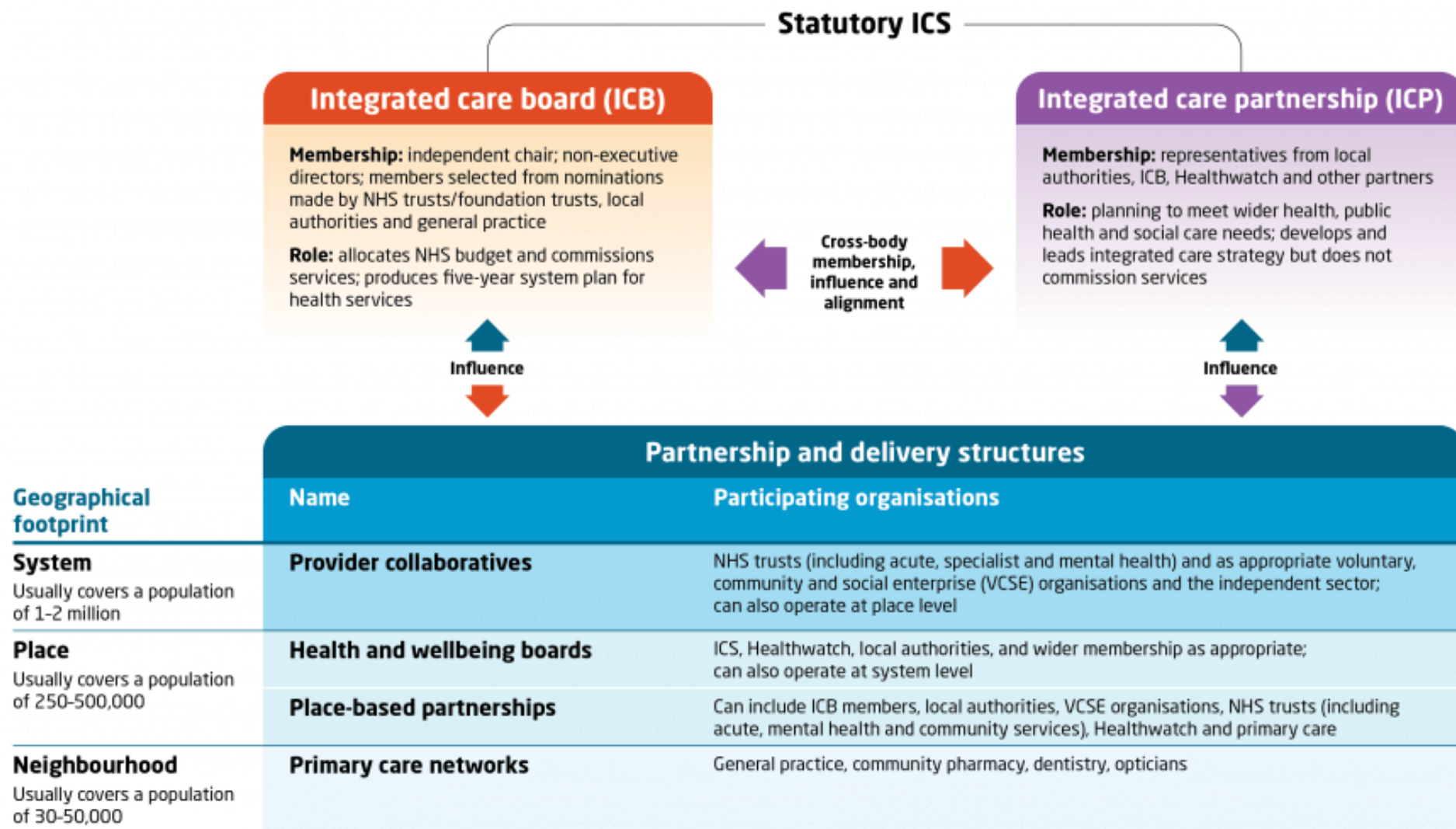Key planning and partnership bodies from April 2022

NHS England
Performance manages and supports the NHS bodies working with and through the ICS

Care Quality Commission
Independently reviews and rates the ICS

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Great Western Hospitals
NHS Foundation Trust

Statutory ICS

Integrated care board (ICB)

Membership: independent chair; non-executive directors; members selected from nominations made by NHS trusts/foundation trusts, local authorities and general practice

Role: allocates NHS budget and commissions services; produces five-year system plan for health services

Integrated care partnership (ICP)

Membership: representatives from local authorities, ICB, Healthwatch and other partners

Role: planning to meet wider health, public health and social care needs; develops and leads integrated care strategy but does not commission services

Cross-body membership, influence and alignment

Influence

Influence

Partnership and delivery structures

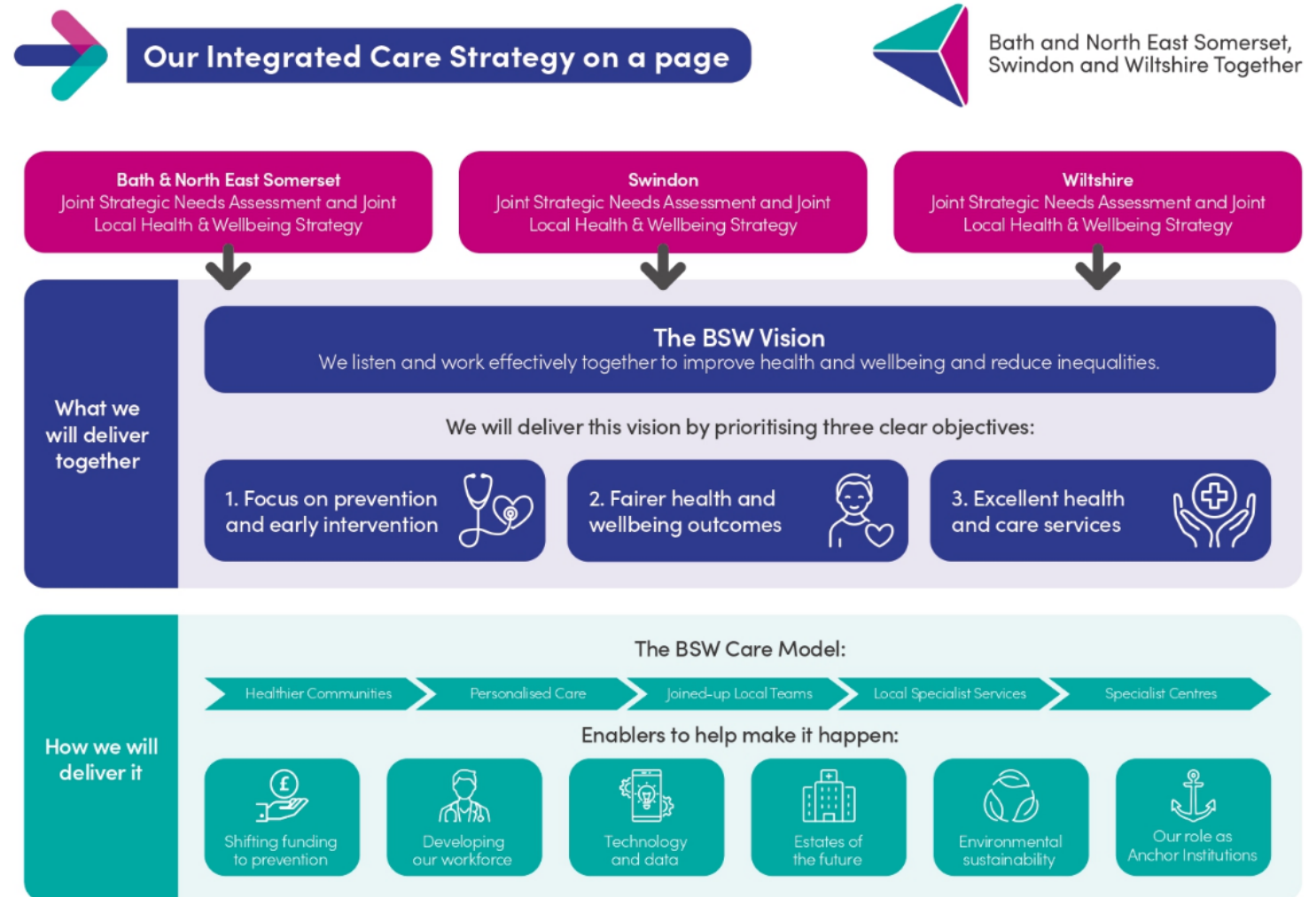| Geographical footprint	Name	Participating organisations
System Usually covers a population of 1–2 million	**Provider collaboratives**	NHS trusts (including acute, specialist and mental health) and as appropriate voluntary, community and social enterprise (VCSE) organisations and the independent sector; can also operate at place level
Place Usually covers a population of 250–500,000	**Health and wellbeing boards**	ICS, Healthwatch, local authorities, and wider membership as appropriate; can also operate at system level
	Place-based partnerships	Can include ICB members, local authorities, VCSE organisations, NHS trusts (including acute, mental health and community services), Healthwatch and primary care
Neighbourhood Usually covers a population of 30–50,000	**Primary care networks**	General practice, community pharmacy, dentistry, opticians

Service | Teamwork | Ambition | Respect

Integrated Care Partnership Strategy

The ICP Strategy provides a vision for the next five years in BSW, focussing on:

- Prevention and early intervention

- Fairer health and wellbeing outcomes

- Excellent health and care services

ICS partners are now working together to create an implementation plan with delivery milestones and measurable outcomes.

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How it fits together

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Integrated Care Strategy

The Integrated Care Strategy has been informed by emerging priorities outlined in individual strategies below

In future, individual strategies across BSW will reflect the ambitions of this Integrated Care Strategy

Place-based Strategies

BaNES Joint Local Health and Wellbeing Strategy

Swindon Joint Local Health and Wellbeing Strategy

Wiltshire Joint Local Health and Wellbeing Strategy

Organisational strategies

These include:

NHS organisations (e.g. Trust strategies)

Local authorities (e.g. Local Plans, Air Quality Strategies)

VCSE organisations

Wider public sector (e.g. fire and police)

Universities

Thematic Strategies

These include:

Health Inequalities Strategy

Primary Care Strategy

Mental Health and Wellbeing Strategy

Children and Young People Strategy

Elective Care Strategy

Urgent Care and Flow Strategy

Acute Services Clinical Strategy

Maternity Services Strategy

End of Life Strategy

Enabling Strategies

These include:

BSW Green Plan

Financial Sustainability Strategy

People Strategy

Digital Strategy

Infrastructure Strategy

Quality Strategy

How the objectives will be delivered

Prevention and early intervention

Areas of focus

1. Focusing funding and resources on prevention rather than treatment

2. Intervening before ill-health occurs (primary prevention)

3. Identifying ill-health early (secondary prevention)

4. Slowing or stopping disease progression (tertiary prevention)

5. Wider determinants of health

Fairer health and wellbeing outcomes

Areas of focus

1. Adopting CORE20PLUS5 and Children & Young People CORE20PLUS5

2. A system-wide focus on reducing health inequalities

Excellent health and care services

Areas of focus

1. Personalised care

2. Joined-up local teams

3. Responsive local specialist services

4. High quality specialist centres

5. Mental health and parity of esteem
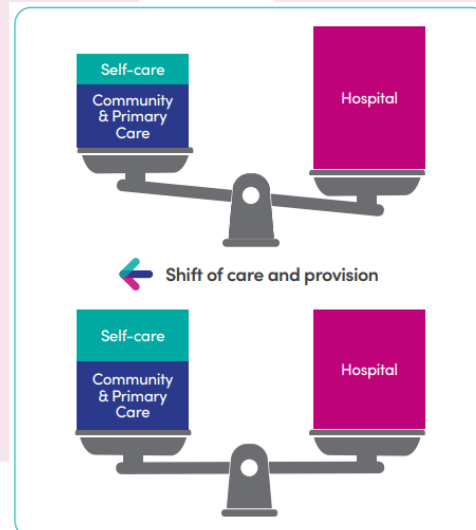
Trust Strategy 2024+

Council of Governors | May 2023

Strategy 2024+

Introduction

- Our current Trust strategy runs to 2024, we now need to start the process to look forward to the new phase of the Trust's outlook, setting the direction for the organisation and capitalising on the success and progress we have made over the last five years.

- **This is an exciting opportunity to set our future direction and ambition.**

- Since 2019 we've created a strategic framework across the organisation which now links directly to our Improving Together methodology.

- This not only provides the organisation with clear direction but also empowers our clinical and corporate teams to plan for the future and align with our Trust level priorities.

Service | Teamwork | Ambition | Respect
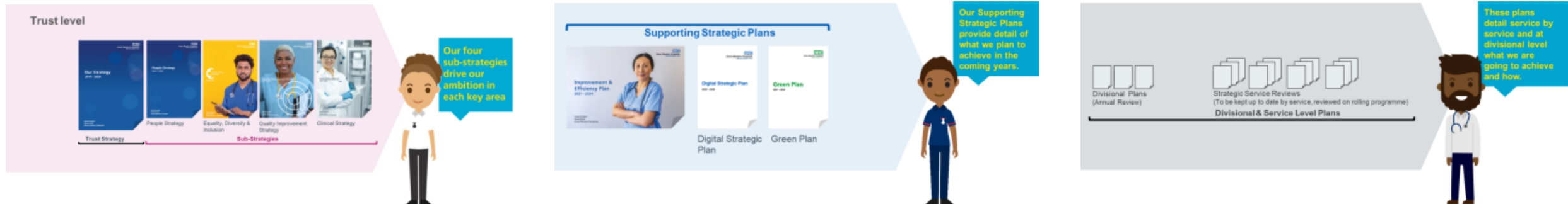
Reflection: 2019-2024

Our vision

Our vision

We will deliver joined up services for local people at home, in the community and in hospital helping them to lead independent and healthier lives.

We believe this remains strong and relevant. Through engagement we will test whether our statement still reflects our vision for the future.

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Reflection: 2019-2024

Our four strategic pillars

We believe our 'four strategic pillars' and their areas of focus remain valid. Through engagement we will the test the narrative that describes and that sits below them.

Outstanding care and a focus on quality improvement in all that we do

Improving quality of care by joining up acute and community services in Swindon and through partnerships with other providers

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

Using our funding wisely to give us a stronger foundation to support improvements in quality

Our four strategic pillars

Service | Teamwork | Ambition | Respect

Taking stock

Trust Strategy 2024+

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▪ **Much has changed since 2019 and we need to reflect this and shape our future:**

- ▪ The arrival of system and place and the way we are now expected to work collaboratively with partners.
  - – Integrated Care System / Integrated Care Alliance / Integrated Care Board / Integrated Care Partnership / Acute Hospital Alliance etc.

- ▪ Following the Covid-19 pandemic, the NHS and social care are both showing signs of growing pressure across all services, including mental health, learning disability services, primary care and community services.

- ▪ Long-term improvements in population health management have not advanced as expected. The cost of living crisis, the lack of reform in social care and cuts to the public health grant to local authorities are impacting and, in the short-term, this situation is likely to deteriorate further.

- ▪ Our Trust has changed. Since our last strategy we have taken on a primary network and handed it back to primary care in a position of improvement and stability. Now we face the re-procurement of community services across BSW, of which the Trust currently delivers directly in Swindon and as part of a Joint Venture in Wiltshire.

- ▪ Financially we are challenged. Although reporting a system breakeven position for 2023/24 we need to deliver significant savings of £16.7m in year to remain breakeven going into 2024/25.

Taking stock

Trust Strategy 2024+

- **Looking forward:**

Our strategic Initiatives:

- The Way Forward Programme
  - This will deliver a new Integrated Front Door and we need to consider our next priorities for the expansion land.
  - The PFI concludes in **2029** – this will represent a significant piece of work.

- System & Place
  - We face the re-procurement of community services across BSW, of which the Trust currently delivers directly in Swindon and as part of a Joint Venture in Wiltshire. We need to consider potential future delivery models.

- Leadership & Management Capability
  - Seeking improvements in CQC Well-led and Staff Survey performance regarding L&M Capability

- Digital First
  - EPR (Electronic Patient Record)
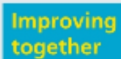
- Improving Together
  - Continued roll-out of our continuous improvement methodology across the organisation.

Engagement
Internal & External

NHS Great Western Hospitals NHS Foundation Trust

Internal Engagement - Staff

We want to have a 'big conversation' with staff. It's important for people to buy into this and feel part of what we are creating. This will lead to more ownership and higher engagement during the deployment phase.

Examples of potential engagement options:
- Online participation
  - Polls and surveys
- Exec-led drop in sessions
- Informal drop-in sessions in Workspace
- Thematic discussions
- Existing staff forums and networks
- Through divisions and corporate teams
- Speciality level discussions
- Tea trolleys

External Engagement

- Local Communities and supporting partners, such as Healthwatch
- System Partners – inc. BSW / AHA
- Stakeholders

+ consideration of ICP Strategy and AHA collaboration work.

We will engage with staff and stakeholders through to October and we will also draw on wider system strategies, particularly the emerging AHA priorities and ICP strategy.

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Timeline

Roadmap to new strategy publication

Council of Governors

Council of Governors
- **Update**

Engagement

- National policy drivers
- ICP Strategy
- AHA input

Feedback & Review

Provisional Publication

May	June	July	August	September	October	November	December	January	February

2024

Service | Teamwork | Ambition | Respect

*High-level timeline, the detailed plan includes further detail on key dates and events with all stakeholders.

Report Title	**2022 Staff Survey Results**			
Meeting	Council of Governors			
Date	10 May 2023	Part 1 (Public) [Added after submission]	X	Part 2 (Private) [Added after submission]
Accountable Lead	Jude Gray, Chief People Officer			
Report Author	Jude Gray, Chief People Officer			
Appendices				

Purpose

Approve		Receive	X	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	X	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):

To provide an overview of the 2022 Staff Survey Results and Planning Approach March to September 2023

Link to CQC Domain – select one or more	Safe	Caring	Effective	Responsive	Well Led
		X	X	X	X

Links to Strategic Pillars & Strategic Risks – select one or more	★	👥	🔗🤝	🐷
	X	X	X	X

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

Recommendation / Action Required

The Board/Committee/Group is requested to:

- **To receive**

Accountable Lead Signature	Jude Gray, Chief People Officer
Date	10 May 2023

Staff Survey Results

2022 Data (2023 Publication)

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Service Teamwork Ambition Respect

2022 Staff Survey – National Context

- A total of **636,348** of NHS staff from **215 trusts** in England, took part in the 2022 Staff Survey. The results give an overview of NHS staff engagement in the autumn 2022.

National Results:

- Nationally, the greatest decline is within the 'Compassionate Culture' theme. The sub-score question "staff recommending friend or relative needed treatment" has declined. The 2022 result was 62.9%, a decrease of 4.5% compared to 2021 and 11.3% compared to 2020.

- Since 2021, although with a background of reducing COVID levels, staff have continued to deal with a high level of work pressures driven by record breaking months for attendances in A&E, the elective surgery back log and high sickness absence.

- Within the survey period the cost of living crisis heightened and the RCN, for the first time in its history, balloted members on strike action therefore, unsurprisingly, national satisfaction with pay is lower than pre-pandemic levels.

Summary

- We had a 59 per cent response rate to our staff survey – eighth highest in the country.
- When compared to other Trusts we are 11th in the South West – up from 17th last year.
- Action plan being created to address areas of focus.

What the survey tells us

- Two most improved People Promises compared with 2021 were **'we are always learning'** and **'we work flexibly'**
- 6% increase for questions surrounding **career development**
- 5% increase in staff feeling their team meets regularly to discuss **effectiveness**
- 4.5% increase in staff feeling the organisation takes positive action on **health and wellbeing**
- Consistently tracking at the national average – for the last five years – within People Promise 3, **'we each have a voice that counts'**, that relates to questions around autonomy, control and raising concerns.

Focus areas for the wider Trust include:

- Continued momentum of Improving Together and staff being able to make improvements in their own area of work
- Work pressures, staffing and resources
- Morale and advocacy of the organisation you work for
- Discrimination

Divisional action plans will be shared shortly.

National Quarterly Pulse Survey open until 30 April and takes less than five minutes to complete.
Quarterly survey runs alongside the annual NHS Staff Survey to give staff a regular opportunity to provide feedback.

Service | Teamwork | Ambition | Respect

We each have a voice that counts

People Promise
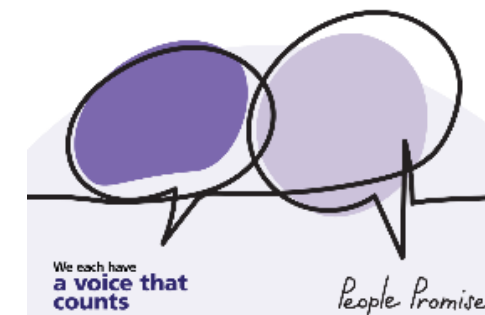
Headline Findings by Question
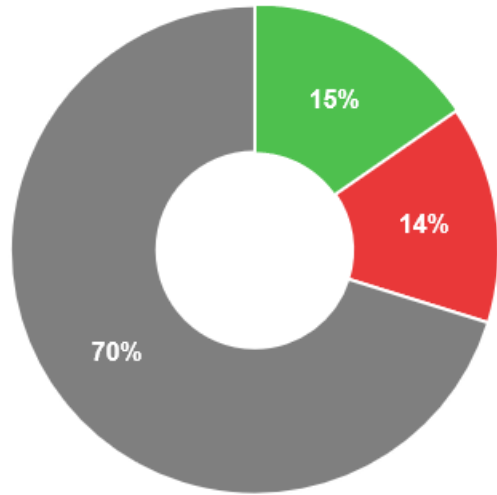
16 (15%) question(s) scored significantly better than the sector

15 (14%) question(s) scored significantly worse than the sector

73 (70%) question(s) showed no significance in relation to the sector average or comparisons could not be drawn

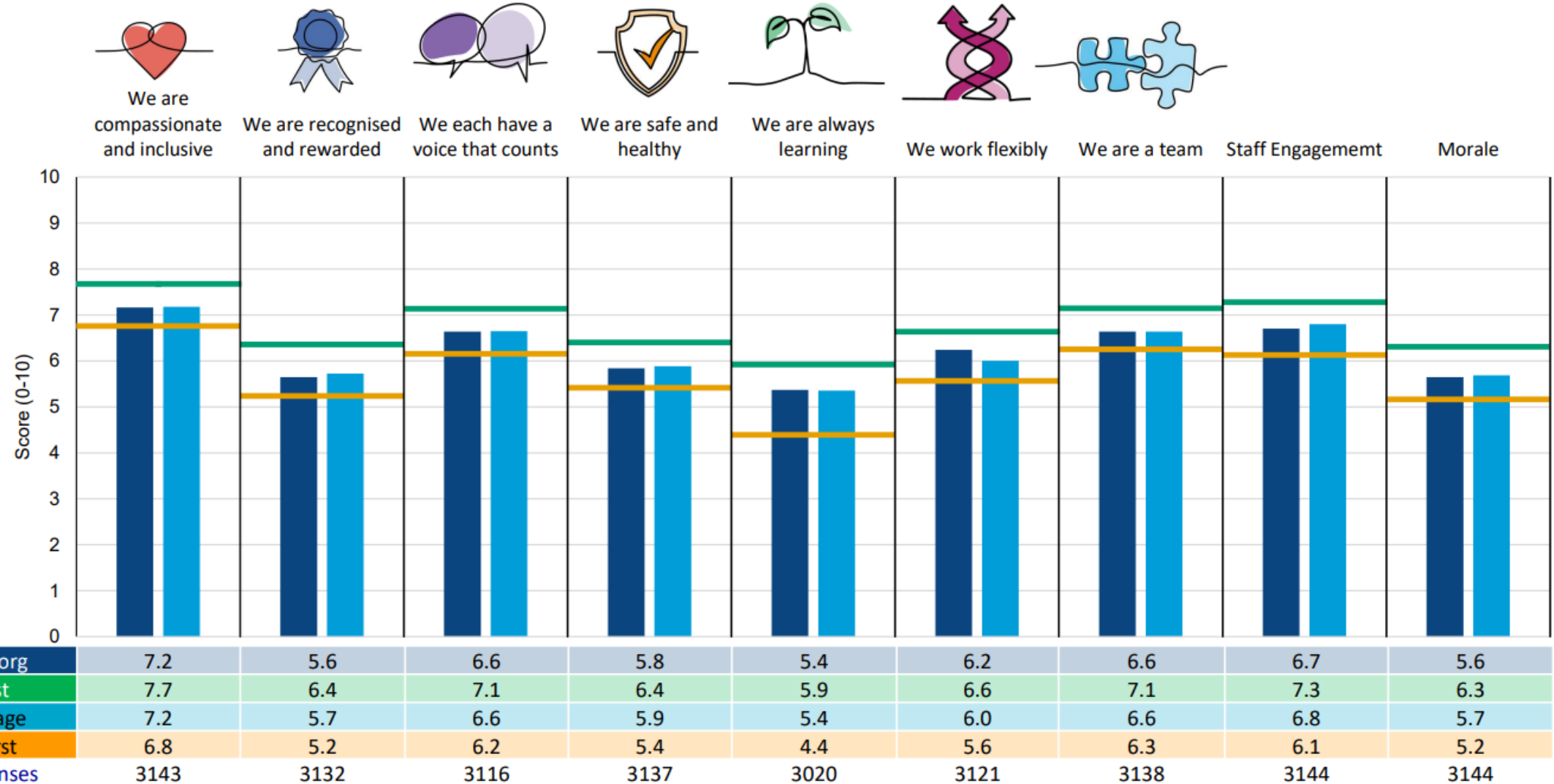In 2021, 5 were better and 35 were worse than the sector comparison*
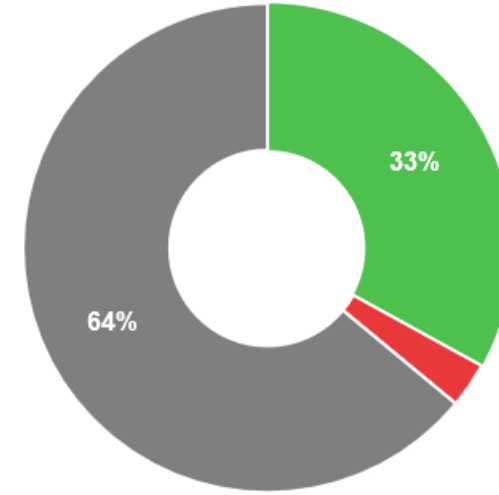
32 (33%) question(s) scored significantly better than in 2021

3 (3%) question(s) scored significantly worse than in 2021

63 (64%) question(s) showed no significance in relation to the 2021 score or score is suppressed

In 2021, 33 had declined and none had improved.

GWH Results by People Promise & Theme

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

	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Your org	7.2	5.6	6.6	5.8	5.4	6.2	6.6	6.7	5.6
Best	7.7	6.4	7.1	6.4	5.9	6.6	7.1	7.3	6.3
Average	7.2	5.7	6.6	5.9	5.4	6.0	6.6	6.8	5.7
Worst	6.8	5.2	6.2	5.4	4.4	5.6	6.3	6.1	5.2
Responses	3143	3132	3116	3137	3020	3121	3138	3144	3144

Score (0-10)

Service | Teamwork | Ambition | Respect

Areas to Celebrate Success

GWH scores above the national benchmark for "We work flexibly"

- All 4 questions have improved and are ahead of the benchmark.

- In particular, 71.4% of staff said they were comfortable to approach their manager about flexible working.

People Promise element – We work flexibly
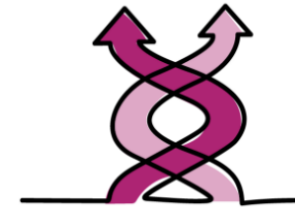
Other areas of success

- There have been increases in the four questions in Compassionate Leadership: 68.5% said that line managers care about their concerns.

- There are also improvements in staff being understanding and kind to each other (71.5% vs 68.3% in 2021) and appreciate each other (68.4% vs 65.7%)

Identified Priorities

Advocacy

- The score for the subtheme Advocacy (6.4) is behind the national average (6.6).
- 56.4% would be happy with the standard of care if a friend or family member needed treatment (61% in 2021). The national average is at 56.5%.

Work Pressures

- The score for the subtheme Work Pressure (4.8) is behind the national average (5.0).
- Although improving, only 48.8% agree they have adequate materials and supplies to do their job (49.3% in 2021).

In line with Improving Together methodology the Trust needs to understand the root causes behind these results starting with an A3 analysis to identify countermeasures.

South West Ranking

Rank	Acute Trusts	Response Rate	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff engagement	Morale	Total Score	Total Score inc. Response Rate
1	Yeovil District Hospital Foundation Trust	50%	7.6	6.4	7.1	6.3	5.9	6.6	7.1	7.2	6.2	60.4	65.4
2	Somerset NHS Foundation Trust	46%	7.5	6.2	7.0	6.2	5.5	6.4	6.9	7.1	6.1	58.9	63.5
3	Royal Berkshire NHS Foundation Trust	57%	7.4	6.0	7.0	6.2	5.7	6.3	6.9	7.2	6.0	58.7	64.4
4	University Hospital Southampton NHS Foundation Trust	55%	7.5	6.0	6.9	6.1	5.8	6.4	6.9	7.1	6.0	58.7	64.2
5	Oxford University Hospital NHS Foundation Trust	51%	7.3	5.9	6.8	6.1	5.6	6.2	6.8	7.0	5.8	57.5	62.6
6	Dorset County Hospital NHS Foundation Trust	43%	7.3	5.9	6.8	5.9	5.5	6.2	6.8	6.9	5.8	57.1	61.4
7	Royal United Hospitals Bath NHS Foundation Trust	53%	7.4	5.9	6.7	5.7	5.4	6.1	6.7	6.9	5.7	56.5	61.8
8	University Hospitals Bristol and Weston NHS Foundation Trust	45%	7.4	5.9	6.8	5.9	5.2	5.9	6.8	6.9	5.7	56.5	61.0
9	Royal Devon University Healthcare NHS Foundation Trust	37%	7.4	5.9	6.7	6.0	4.8	6.1	6.7	6.8	5.8	56.2	59.9
10	University Hospitals Dorset NHS Trust	46%	7.3	5.7	6.7	5.8	5.3	6.0	6.7	6.8	5.6	55.9	60.5
11	**Great Western Hospitals NHS Foundation Trust**	**59%**	**7.2**	**5.6**	**6.6**	**5.8**	**5.4**	**6.2**	**6.6**	**6.7**	**5.6**	**55.7**	**61.6**
12	North Bristol NHS Trust	51%	7.2	5.7	6.6	5.8	5.3	6.0	6.6	6.8	5.7	55.7	60.8
13	Torbay and South Devon NHS Foundation Trust	38%	7.2	5.8	6.6	5.8	5.2	6.1	6.7	6.7	5.6	55.7	59.5
14	Portsmouth Hospitals NHS Foundation Trust	39%	7.1	5.7	6.6	5.7	5.5	5.8	6.6	6.7	5.5	55.2	59.1
15	Royal Cornwall Hospitals NHS Trust	46%	7.1	5.7	6.5	5.8	5.1	6.0	6.6	6.5	5.6	54.9	59.5
16	University Hospitals Plymouth NHS Trust	38%	7.1	5.7	6.5	5.7	5.3	5.8	6.5	6.6	5.5	54.7	58.5
17	Salisbury NHS Foundation Trust	48%	7.1	5.6	6.6	5.8	4.7	5.9	6.5	6.7	5.4	54.3	59.1
18	Gloucestershire Hospitals NHS Foundation Trust	50%	6.8	5.4	6.2	5.6	5.0	5.6	6.3	6.3	5.3	52.5	57.5
	Average	**44%**	**7.2**	**5.7**	**6.6**	**5.9**	**5.4**	**6.0**	**6.6**	**6.8**	**5.7**	**55.9**	**60.3**

Below Average
At Average
Above Average

The Trust ranked 11th when benchmarked against the National Staff Survey themes for all organisations across the South West (17th in 2021)

Service | Teamwork | Ambition | Respect

Pillar Metric - Outcome

Question 3F: "I am able to make improvements happen in my area of work"

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Staff Survey - "I am able to make improvements happen in my area of work"
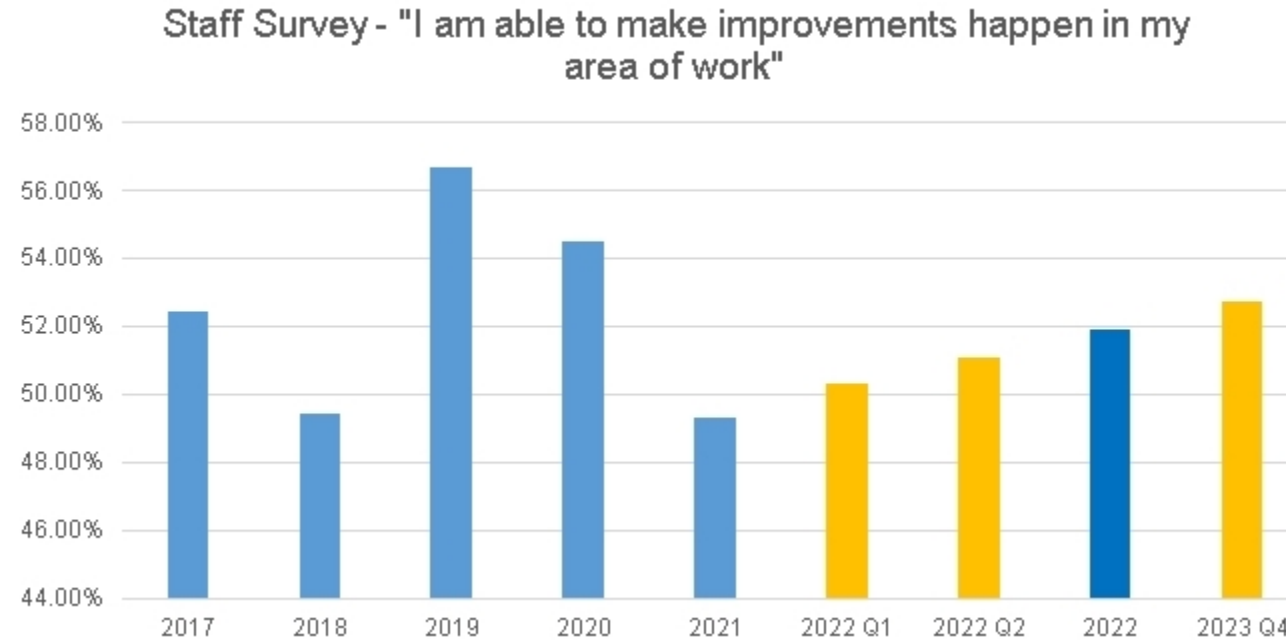
- The score for the Improving Together focus question "I am able to make improvements happen in my area of work" increased from 49.2% in 2021 to 52.0% in 2022 and further improvement in Q4.

- 320 staff trained on Improving Together and a further 130 staff undergoing training currently (boot camp, frontline and speciality training)

- Monthly Trust Wide Staff Survey Working Group

Staff Survey Timeline

The below sets-out key planning milestones over the next seven months to build into the staff survey planning approach.

March 2023	April 2023	May 2023	June 2023	July 2023	August 2023	September 2023
Trust wide results shared with TMC – refresh Trust A3 and countermeasures	Divisions to present at April P&CC – refreshed A3s and countermeasures	Improving Together Communication Plan – increase frequency of communications and build momentum				Staff Survey Go-Live

Progress to be monitored via divisional performance reviews, reported via TMC (monthly) and P&CC

Service | Teamwork | Ambition | Respect

Building Improving Together Momentum

A number of activities are planned or underway, to support organic Improving Together momentum across the organisation, acting as enablers for Question 3f. We want our staff to continue to feel excited about Improving Together, and driving an continuous improvement culture into the ethos of the organisation.

Communication Plan Refresh

Updated Improving Together communication plan under development, to support momentum and to develop case studies and best practice.

Improving Together Blog

An idea suggested by a colleague in USC, to share case studies and examples, with opportunity to colleagues to network and to develop into a newsletter. Work underway to implement this at pace

Orbital

Work planned to improve meeting room 5 into an Improving Together meeting area, for all staff to use.

Project Management Network

Dates scheduled for March and April, with a view to sharing further case studies and aligning project management with Improving Together. Over 150 staff, from project professionals to those with an interest, are currently members.

A3 Networking Events

Pipeline plans for later this year, led by Coach House, to hold A3 sharing and marketplace events in Workspace.

Improving Together Tea Trolley

Dedicated trolley to support the drive of Improving Together awareness, principles, and to support further engagement

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Next Steps – A3 Improving Together

Q3f "I am able to make improvement happen in my area of work"

Trust wide A3 and countermeasure refresh

Divisional A3 and countermeasure refresh

Department A3 and countermeasure refresh

Direct Coach House support to departments identified in A3s

Quarterly/Annual Staff Surveys Undertaken and results analysed
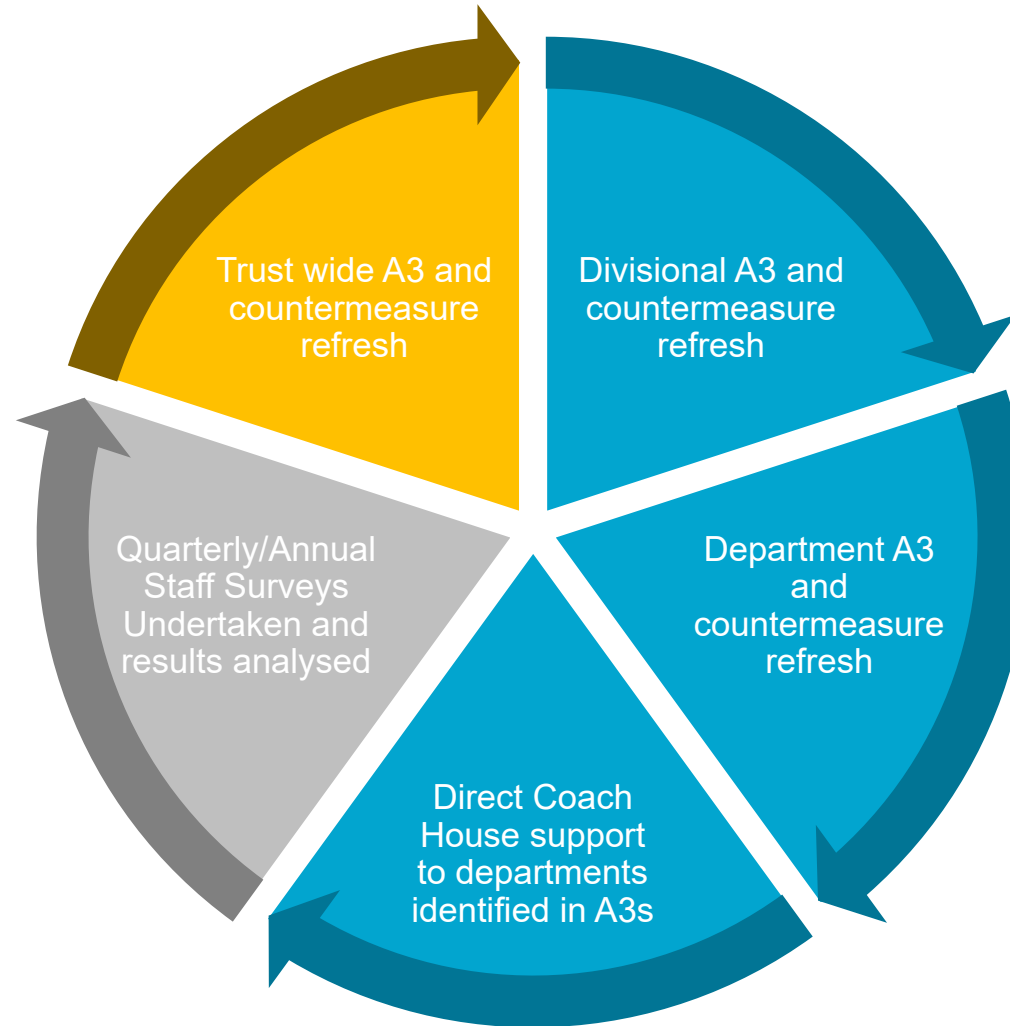
| Complete | In Progress | Planned |

Service | Teamwork | Ambition | Respect

Countermeasures

Staff Survey – Improvements in own area of work

Concern	Cause	Countermeasure	Owner	Due date	Status
I am able to make improvements in my area of work' low positive responses	Staff on the ground do not feel they can make improvement in the area.	On the ground root cause analysis with wards participating in cohort 4 of frontline improving together training.	Divisional Tri	October 2023	Next cohort of areas undergoing improving together training beginning in May 2023: Trauma Meldon ED Outpatients Admin Acute Medicine Urgent Treatment Centre — Planned
I am able to make improvements in my area of work' low positive responses	Staff on the ground do not feel they can make improvement in the area.	Review Annual Staff Survey data insight for question 3f to understand departments and staffing groups to focus actions around.	Divisional Tri	April 2023	Divisions to refresh A3s on question 3f and countermeasures and present plans to April PPC. — Being implemented
I am able to make improvements in my area of work' low positive responses	Staff on the ground do not feel they can make improvement in the area.	Understand what drives people to recommend the Trust as a place to work (Advocacy).	Charlotte Vockins	April 2023	Included open question in Quarterly Pulse Staff Survey to understand reasons for/not recommending the Trust as a place to work. Quarterly Pulse Staff Survey closes 30 April – results to be reviewed w/c 1 May. — Being implemented
I am able to make improvements in my area of work' low positive responses	Staff on the ground do not feel they can make improvement in the area.	Review Annual Staff Survey data insight to understand Trust wide focus areas.	Charlotte Vockins	April 2023	Trust to review stratified data for the below focus areas to agree next steps (outside A3 methodology) • Advocacy • Work Pressures — Being implemented

Status Key   Planned   Being implemented   Implemented   Reviewed

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Updated 14/04/23

Advocacy and Work Pressure Trust wide Response

- Review stratified data

- Divisional actions
  - Stratify data and share with divisions (completed)
  - Divisions to develop a plan for hotspot departments and share at monthly Trust wide Staff Survey Working Group

- Trust wide actions
  - Safer staffing investment communication
  - Increased staffing across all groups communication
  - "My favourite thing about working here" campaign
  - Great Place to Work listening group
  - Review of quarterly pulse survey results and free text responses (what would make staff recommend the Trust as a place to work)

Any questions?

Great Western Hospitals NHS Foundation Trust

Report Title	System Working and Collaboration: Role of Foundation Trust Council of Governors				
Meeting	Council of Governors				
Date	10 May 2023	Part 1 (Public)	X	Part 2 (Private)]	
Accountable Lead	Caroline Coles, Company Secretary				
Report Author	Caroline Coles, Company Secretary				
Appendices	Appendix 1 - Assessment against Addendum Requirements				

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 in respect of: process/outcome/other (please detail):

Process – new governance guidelines

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):

To provide an overview of a recently published Addendum and a self-assessment on compliance to the addendum and proposed actions to further strengthen governor's duties.

Link to CQC Domain – select one or more	Safe	Caring	Effective	Responsive	Well Led
	x	x	x	x	x
Links to Strategic Pillars & Strategic Risks – select one or more	★	👥	🔗🤝	🐷
	x	x	x	x

Key Risks – risk number & description (Link to BAF / Risk Register)		Risk Score
	-	
Consultation / Other Committee Review / Scrutiny / Public & Patient involvement	-	
Next Steps	Governors to consider any further actions required.	

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

Recommendation / Action Required

The Board/Committee/Group is requested to:

The Council of Governors is requested to receive the report and note the outcomes of an assessment against the requirements of the NHS England publication, System Working and Collaboration: Role of Foundation Trust Council of Governors at Appendix 1 of the report.

Service | Teamwork | Ambition | Respect

Accountable Lead Signature	Caroline Coles, Company Secretary
Date	17 April 2023

System Working and Collaboration: Role of Foundation Trust Councils of Governors

1.   Introduction

1.1   On 27 October 2022 NHS England published an addendum to what had originally been a Monitor publication Your statutory duties: A reference guide for NHS foundation trust governors (the guide for Governors). The addendum document is titled System Working and Collaboration: Role of Foundation Trust Councils of Governors and follows the formal establishment of Integrated Care Systems as part of the Health and Care Act 2022.

1.2   The purpose of this report is to provide the Council of Governors with an overview of the Addendum and any implications for the Trust together with proposed actions as set out in the Addendum.

2.   Background

2.1   The Guide for Governors has been in place since August 2013 and, clearly, there have been a range of significant developments in the intervening period. The NHS Long Term Plan was published in 2019 and set out an ambition to develop new ways of working based on principles of co-design and collaboration. The importance of different parts of the health and care system working together in the best interests of patients and the public was starkly demonstrated during the Covid-19 pandemic.

2.2   A key milestone in developing collaborative working was the establishment of Integrated Care Systems (ICSs) across England bringing health and care organisations together to deliver priorities for the system including compliance with the triple aim of better health and wellbeing for everyone, better quality of health services for all individuals and sustainable use of NHS resources. The Health and Care Act 2022 removed legal barriers to collaboration and integrated care and put ICSs on a statutory footing in the summer of 2022. The Addendum document supplements existing guidance for NHS Foundation Trust Governors and explains how the existing legal duties of Councils of Governors support system working and collaboration.

2.3   **It should be noted that there has been no change to the statutory duties of Councils of Governors** and that the Addendum only applies to a Council of Governors' role within its own Foundation Trust's governance structure. The Addendum does not relate to the governance of Integrated Care Boards.

2.4   Key points of the Addendum are:

- • It is based on existing statutory duties set out in the National Health Service Act 2006
- • It incorporates the principles of the ICS Design Framework
- • It supports collaboration between organisations and the delivery of better joined up care

- Councils of Governors are required to form a rounded view of the interests of the 'public at large'
- It includes updated considerations for the statutory duties of Councils of Governors
- It only relates to a Council of Governors' role within its own Foundation Trust's governance structure.
- The Addendum does not relate to the governance of Integrated Care Boards.

2.5   As stated earlier, the Addendum only applies to a Council of Governors' role within its own Foundation Trust's governance structure. Councils of Governors will need to be assured that the Foundation Trust Board has considered the consequences of decisions on other partners within their system, and the impact on the public at large.

2.6   The Addendum provides clarity on the three statutory duties that will be most affected by the transition to system working together with additional considerations for each duty that reflect the new context that Trusts are operating in. The three duties are:

- Holding the Non-Executive Directors to account - and recognising that the Trust's success will increasingly be judged against its contribution to the objectives of the ICS
- Representing the interests of Trust members and the Public - to support collaboration between organisations and the delivery of better, joined up care, Councils of Governors are required to form a rounded view of the interests of the 'public at large'. This includes the population of the local system of which the Foundation Trust is part. No organisation can operate in isolation and each is dependent to a greater or lesser extent on the effort of others
- Taking Decisions on Significant Transactions - in the context of due process including consideration of the 'public at large' and impact on partners within the ICS.

2.7   The Addendum also includes suggested approaches to support better working between the Council of Governors and the Board together with examples of means of communication and engagement. An assessment of the updated considerations for Councils of Governors set out in the Addendum has been undertaken with outcomes detailed at Appendix 1 to the report.

3. Next Steps

3.1   The self-assessment and associated outcomes at Appendix 1 represents the starting point for work to develop Council of Governors understanding and practice to satisfy the various requirements, with proposed developments for the Council to consider.

3.2   It is likely that developing practice will take place over an extended period of time, not least because 'systems' themselves are continuing to develop and consider their own engagement activities.

3.3   Similarly, provider organisations with Councils of Governors in the region will be considering means of developing engagement activities collaboratively to enhance efficiency and mitigate the risk of duplication, and there is clearly an important role for the Engagement & Membership Working Group Committee in considering potential means of development on behalf of the Council.

NHS
Great Western Hospitals
NHS Foundation Trust

Updated Considerations	Potential Implications for GWH	Assessment	Proposed Actions to strengthen compliance
1. The Council of Governors has a duty to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors.			
The success of an individual foundation trust will increasingly be judged against contribution to the Integrated Care System and therefore performance must be seen in the context of openness to collaboration.	Adherence to these principles will be largely demonstrated through the papers received, and the challenge by Governors at COG meetings.	• The COG receives regular updates from the Chair, CEO and Chief Officer of Improvements and Partnership on GWH involvement in collaborative working. • Governors should continue to hold NEDs to account in the context of the system as a whole and the 'public at large'. • Observation of Board meetings by Governors is a good opportunity to observe Director challenge in practice.	• Review the CoG work plan to ensure that information on System strategy, plans and performance is provided to CoG. • Consider scheduling of a joint Board and CoG strategy / development session with a focus on collaboration and partnership working.
Consideration should be given to how Board decision making complies with the triple aim duty (better health and wellbeing; better quality of services; and sustainable use of resources) as well as reducing health inequalities in access, experience and outcomes.	Consideration of the triple aim duty needs to be incorporated in COG consideration.	• The Board Assurance Reports from the Performance, Population & Place, Quality & Safety and Finance, Digital & Infrastructure Committees presented at each COG meeting includes some elements relating to the triple aim duty*	• In relation to health inequalities, work is being undertaken by the Trust to identify relevant metrics for disaggregation by ethnicity and deprivation. These would then be included in the IPR / Performance Update.
The statutory duties of the COG have not changed, and the relationship of COGs remain with their own Board, the ICB or any other part of the system(s) their Trust operates in.	The role of the COG in terms of the ICB and system relationship requires further clarity.	• The Lead Governors attended a Strategic Exchange meeting in December 2022 with various stakeholders of the Integrated Care Board.	• Whilst the guidance states that the statutory duties have not changed, the role of COGs within systems is not yet clear and the Trust continues to work with the ICB and to understand the emerging roles within the new system architecture.
2. Representing the interests of Trust members and the public			
Each ICB will build a range of engagement approaches and this will be supported by a continuation	Current COG role to continue.	• The COG is well established with an active Membership Engagement &	None required.

Updated Considerations	Potential Implications for GWH	Assessment	Proposed Actions to strengthen compliance
of existing FT duties relating to patient and public involvement including the role of Governors.		• Communication Committee which is seeking to enhance engagement activities post-Covid. • Current activity includes members' events, Governor participation in external events and participation in Governor virtual ward visits and public health talks .	
Governors are not restricted to representing a narrow section of the public served by the foundation trust, and are required to take into account the interests of the 'public at large' (including population of the local systems).	While COG composition covers a wide geographical area, the concept and practicality of taking into account the 'public at large' will need to be explored further.	• Current Council of Governors constituencies covers a wide geographical area.	• Governors will need to consider the implications of the 'public at large' requirement to both their individual roles and their collective role as a Council of Governors. This should be the subject for discussion at the Membership & Engagement Working Group.
There is no expectation that the way Governors undertake the engagement duty should materially change. However, COG should be assured that their Trust is engaging widely.	The COG should consider how it is assured about the scope and breadth of Trust engagement across the system.	• The Council of Governors has Appointed Governor representation across a wide range of stakeholder organisations. • Verbal updates have been provided, by the Chair and CEO, on ICS development and partner collaboration through the Acute Hospital Alliance for example. • Presentations have regularly been given by the Chief Officer for Improvement and Partnerships on system developments and progress.	None required.
Governors will need to consider interests beyond their own ICS, working with their Board to	The COG should consider how it is assured about the scope and breadth of	• The Trust collaborates outside the BSW ICS and has established networks.	• The Council of Governors has limited representation outside Swindon and Wiltshire. This should

Updated Considerations	Potential Implications for GWH	Assessment	Proposed Actions to strengthen compliance
consider how to represent the interest across other ICSs	Trust engagement beyond the BSW the system, where appropriate		be the subject for discussion at the Membership & Engagement Working Group.
3. Taking decisions on significant transactions, mergers, acquisitions, separations and dissolutions			
Governors need to be assured that the process undertaken by the Board in reaching its decision was appropriate, and that interests of the 'public at large' were considered.	The concept of 'public at large' needs to be further explored.	• Significant transactions etc, by their nature would only happen infrequently.	None required.
Transaction proposals need to demonstrate a clear case for change, and in the new NHS ways of working this may mean that COGs may need to consent to decisions that benefit broader public interest while not having immediate benefit for the Trust.	The COG will need to have an understanding of the broader system implications in decision making	• Requirement noted. As detailed above, such developments will be infrequent. • The system architecture, roles and decision making are still developing and the means of reporting progress to COG will need to be considered	None required.

Report Title	**Annual Review of Trust Constitution**					
Meeting	**Council of Governors**					
Date	**10 May 2023**		Part 1 (Public)	x	Part 2 (Private)]	
Accountable Lead	Caroline Coles, Company Secretary					
Report Author	Caroline Coles, Company Secretary					
Appendices	Appendix 1 – Revisions to the Trust Constitution Appendix 2 – Trust Constitution – available on request					

Purpose							
Approve	**x**	**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):

As part of an annual review of the Trust Constitution amendments have been proposed to cover changes since the last review. The propose key changes reflect:-

- the establishment of Joint Committees/Committees-in-Common
- the appointments of Associate Non-Executive Directors
- the revised National Health Service Act 2006
- the changes to the Trust's Partner organisations on the Council of Governors
- holding virtual/hybrid meetings
- various 'tidying up' ie change of job title and gender-neutral language.

For ease of identification of key changes, appendix 1 provides a summary of the main elements of revision.

Changes to the Constitution require approval of both the Trust Board and Council of Governors.

Link to CQC Domain – select one or more	Safe	Caring	Effective	Responsive	Well Led
	x	x	x	x	x
Links to Strategic Pillars & Strategic Risks – select one or more	★	👪	🤝	🐷	
	x		x	x	x
Key Risks – risk number & description (Link to BAF / Risk Register)					Risk Score
	None				
Consultation / Other Committee Review / Scrutiny / Public & Patient involvement					

Next Steps	Approval from the Trust Board

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

Recommendation / Action Required
The Board/Committee/Group is requested to:
The Council are requested to approve the proposed amendments to the Trust's Constitution.

Accountable Lead Signature	Caroline Coles, Company Secretary
Date	5 April 2023

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Appendix 1 - Trust's Constitutional Review 2023 – the amendments are highlighted in red

Page No	Proposed Changes	Note
Various	References to:- - "Monitor" has been deleted and replaced with "NHS England" - "Director of Finance" has been replaced with "Chief Financial Officer" - "his or her" and "he or she" have been replaced with gender neutral pronouns such as "their" and "they" - Any reference to Chairman have been replaced by Chair - Any reference to the" NHS Foundation Trust Code of Governance" have been changed to "Code of Governance for NHS Providers"	Health and Care Act 2022 merged Monitor and TDA into NHS England New Code of Governance for NHS Providers came into effect from 1 April 2023.

Page 5	**Powers –** add the following paragraphs
	
	3.6 The Trust may arrange for any functions exercisable but it to be exercised by or jointly with any one or more of the bodies set out in section S 65Z5(i) of the 2006 Act. Where such a function is exercisable jointly the bodies may arrange for the functions to be exercised by joint committees as set out in S5 65Z6 of the 2006 Act.
	
	3.7 In exercising its powers, the Trust will have regard to:
	
	    3.7.1 S.63B of the 2006 Act (revised 2022) (duty to have regard to the wider effect of discussions), also referred to as the "Triple Aim".
	
	    3.7.2 S.63B of the 2006 Act (revised 2022) (duties in relation to climate change).
		Updated to recognise joint committees and the 2006 Act (revised 202)
		
		As specified in the Health and Care Act 2022

Page 10	**Council of Governors – duties of Governors** 13A.1.2 to represent the interests of the Members of the Trust as a whole and the interests of the public at large.	Update. To support collaboration between organisations and the delivery of better, joined-up care, councils of governors are required to form a rounded view of the interests of the 'public at large'. This includes the population of the local system of which the NHS foundation trust is part.
Page 12	**Board of Directors – appointment and removal of Chair and other Non-Executive Directors, including Associate Non-Executive Directors** 21.1 The Council of Governors at a general meeting of the Council of Governors shall appoint or remove the Chair and the other Non-Executive Directors, including Associate Non-Executive Directors. 21.2 Removal of the Chair or another Non-Executive Director, including Associate Non-Executive Directors shall require the approval of three-quarters of the members of the Council of Governors.	To reflect that the Trust has appointed Associate Non-Executive Directors as part of the Board membership.
Page 24 - 28	**Interpretation and definitions** 38.1 Unless a contrary intention is evident or the context requires otherwise, words or expressions contained in this Constitution shall bear the same meaning as in the 2006 Act as amended by the 2012 Act and the Health and Social Care Act 2022. 38.2 ~~Words importing the masculine gender only shall include the feminine gender; words importing the singular shall import the plural and vice versa.~~ 38.5 "**2022 Act**" Means the Health & Care Act 2022; "**Associate Non-Executive Director**" means a non-voting director of the Trust who is not an employee of the Trust" "**Integrated Care Board**" An integrated care board is an organisation. Integrated Care Boards (ICB's) are statutory organisations that bring NHS and care organisations together locally to improve population health and establish shared strategic priorities within the NHS.	Updated to reflect the Health and Care Act 2022. 38.2 deleted as the Constitution has been updated to gender neutral pronouns. New definitions added.

	"Integrated Care Partnership" An 'integrated care partnership' (ICP) is a formal partnership of organisations (commissioners and providers) working together to improve the health and care of the whole population they serve. **"Integrated Care System"** An integrated care system In England, is an integrated care system (ICS) is a statutory partnership of organisations who plan, buy, and provide health and care services in their geographical area. The organisations involved include the NHS, local authorities, voluntary and charity groups, and independent care providers **" Code of Governance for NHS Providers"** means the best practice advice published by NHS England on 27 October 2022, with effect from 1 April 2023; **" NHS England"** The Health and Care Act 2022 has merged "Monitor" and the Trust Development Authority (TDA) into NHS England and removed legal barriers to collaboration and integrated care, making it easier for providers to take on greater responsibility for service planning and putting Integrated care Systems (ICSs) on a statutory footing.	
Page 35	**Composition** 1.1 The Council of Governors shall comprise: 1.1.1 13 Public Governors;	Amended to reflect the current number of public governors from 14 to 13 (this was not amended when the constituencies changed in 2022)

Page 35	**Composition**
	                1.1.4 **2 Other Partnership Governors**
	
	     1.3 Subject to the provisions of 1.4 below, the organisations specified as Other Partnership Organisations that may appoint members of the Council of Governors are:
	
	          1.3.1 New College Swindon, New College Drive, Swindon, SN3 1AH; and
	
	          1.3.2 Voluntary Action Swindon, 1 John Street, Swindon, SN1 1RT.
		This reflects the changes made to partner organisations.

	1.4 From 1 April 2020, the organisations specified as Other Partnership Organisations that may appoint members of the Council of Governors are those organisations listed in paragraphs 1.3.1 and 1.3.2 above ~~and:~~ ~~1.41. NHS Bath and North East Somerset, Swindon & Wiltshire (BSW) Clinical Commissioning Group of the Trust HQ St Martins Hospital, Clara Cross Lane, Bath BA2 5RP~~	
Page 36	**2.2 Other Partnerships Governors** Other Partnership Organisations may each appoint one Other Partnership Governor ~~with the exception of the Clinical Commissioning Group Partner Organisation which may appoint two Other Partnership Governors~~ by notice in writing signed by the chief executive or chair of the organisation, or other senior member duly authorised by the organisation and delivered to the Secretary.	As above
Page 87	**Appendix 3 – Roles and Responsibilities of Governors** **1** The roles and responsibilities of the Governors are: 1.1 at a general meeting (which may be the annual meeting referred to in paragraph 3.1 of Appendix 4 of Annex 5 below): 1.1.1 Subject to paragraph 21 of this Constitution, to appoint or remove the Chair and the other Non-Executive Directors, including Associate Non-Executive Directors. The removal of a Non-Executive Director, including Associate Non-Executive Directors requires the approval of three-quarters of the members of the Council of Governors; 1.1.2 to decide the remuneration and allowances, and the other terms and conditions of office, of the Non-Executive Directors, including Associate Non-Executive Directors;	To reflect that the Trust now has Associate Non-Executive Directors as part of the Board membership.

Page 93	**Annex 6 – standing orders of practice and procedure of the Council of Governors** 4.2 **Calling meetings** 4.2.1 Meetings of the Council of Governors shall be held at such times and places and of such format including in person, by using electronic communication or hybrid as the Council of Governors may determine and there shall be at least 4 meetings in any year including:	Various sections of the Constitution updated to take account of holding virtual meetings.
Page 94	**Annex 6 – standing orders of practice and procedure of the Council of Governors** **4.3** **Notice of Meetings and agenda** 4.3.2 Before each meeting of the Council of Governors a public notice of the time and place, and if appropriate remote access/electronic communication arrangements, of the meeting, and if possible the public part of the agenda, shall be displayed at the Trust's Headquarters and shall be advertised on the Trust's website at least 6 Clear Days before the meeting, save in the case of emergencies	As above
Page 97	**Annex 6 – standing orders of practice and procedure of the Council of Governors** **4.11** **Voting** 4.11.5 All questions put to the vote shall, at the discretion of the Chair, be determined by oral expression or by a show of hands. A paper ballot may also be used if a majority of the Governors present so request. In the event of a meeting held using electronic communication, an electronic voting facility will be made available, including when appropriate, the facility for holding a secret ballot. 4.11.8 A Governor may only vote if present (either in person or by electronic communication) at the time of the vote on which the question is to be decided; no Governor may vote by proxy but a Governor is considered to have been present at the meeting if they took part by telephone or video link and so is therefore entitled to vote.	As above
Page 113	**Annex 7 – standing orders of practice and procedure of the Board of Directors** 2.9.1 The Council of Governors at a general meeting of the Council of Governors shall appoint or remove the Chair of the Trust and	To reflect that the Trust now has Associate Non-Executive Directors as part of the Board membership.

	the other Non-Executive Directors, including Associate Non-Executive Directors.	
	2.9.2 Removal of the Chair or another Non-Executive Directors, including Associate Non-Executive Directors shall require approval of three-quarters of the members of the Council of Governors.	
	2.10.1 The Chair and the Non-Executive Directors, including Associate Non-Executive Directors are to be appointed for a period of office determined by the Council of Governors at general meeting of the Council of Governors not exceeding 3 years.	
	2.10.2 At the general meeting of the Council of Governors referred to at SO 2.10.1, the Council of Governors shall decide the remuneration and allowances and other terms and conditions of office of the Chair and other Non-Executive Directors, including Associate Non-Executive Directors.	
Page 116	**Annex 7 – standing orders of practice and procedure of the Board of Directors** 3.4 **Agendas and supporting papers** Agendas will be sent to members of the Board of Directors 3 Clear Days before the meeting and supporting papers, whenever possible, shall accompany the agenda, save in emergency giving rise to the need for an immediate meeting as set out in SO 3.3.5 above. Failure to serve the agenda and (where relevant) supporting papers on more than three members of the Board of Directors will invalidate the meeting. An agenda and supporting papers shall be presumed to have been served one day after posting and in the case of by electronic communication on the day it is sent.	Various sections of the Constitution updated to take account of holding virtual meetings.
Page 120	**Annex 7 – standing orders of practice and procedure of the Board of Directors** 3.13 **Voting** 3.13.2 All questions put to the vote shall, at the discretion of the Chair of the meeting, be determined by oral expression or by a show of hands or by	As above

	appropriate electronic means. A paper ballot may also be used if a majority of the Directors present so request.	

Page 125	**Annex 7 – standing orders of practice and procedure of the Board of Directors**
	5.1.7 The committees established by the Board of Directors are:
	
	        5.1.7.1 Audit Risk and Assurance Committee;
	
	        5.1.7.2 Remuneration Committee; and
	
	        5.1.7.3 Mental Health Governance Committee
		Change in meeting title form Mental Health Act and Mental Capacity Act Committee to Mental Health Governance Committee

Page 125	**Annex 7 – standing orders of practice and procedure of the Board of Directors**
	5.2 **Joint Committees**
	    5.2.1 Joint committees may be appointed by the Trust, by joining together with one or more other trusts, consisting of wholly or partly of the Chair and Directors of the Trust or other health service bodies, or of Directors of the Trust with non-directors of other health bodies in question.
	    5.2.2 Any Committee-in-Common or Joint Committee appointed under standing orders may, subject to such directions or guidance as may be given by NHS England or the Trust or any other health bodies in question, appoint sub-committees consisting wholly or partly of directors sitting on the Committee or Joint Committee (whether or not they are directors of the other health bodies in question) or wholly of persons who are not directors of the other health bodies in question provided that the Trust is always represented by an Executive Director (or deputy nominated by the Executive Director) on such Committees, Joint Committees or sub committees.
		Added to reflect the establishment of Joint Committees and Committee-in Common