Bundle Council of Governors 8 February 2023

Agenda

COG Agenda 8 Feb 2023 Final.docx

01 Welcome and apologies for absence

To receive apologies for absence and record the attendance of substitutes

02 Declarations of Interest

Governors are reminded of their obligation to declare any interests relevant to items under consideration at the meeting.

03 Minutes

To adopt and sign as a correct record the minutes of the public part of the meeting of the Council of Governors held on 8 November 2022.

3.0 COG Public Minutes - 8 November 2022 Draft (v1).docx

04 Action Tracker

To update the group on actions from previous meetings.

4.0 CoG Action Tracker - Feb-23.docx

05 Questions from the public and governors for discussion

To receive an update on questions and responses from Governors and members since the last meeting.

05 Questions for Board Feb-23.docx

06 Report of the Chief Executive

Kevin McNamara, Chief Executive to provide a verbal report

6.0 CEO report February 2023 Final.docx

07 Lead Governor's Report

Chris Callow, Lead Governor
To acknowledge what the Council of Governors (CofG) have achieved since the last meeting in November 2022

07. Lead Governor Report.docx

08 Chair of the People's Experience & Quality working group Report

Chris Shepherd, Governor, Chair of the Patient Quality and Operational Performance working group.
To receive the Chair report of the meeting of People's Experience & Quality Working Group held on 11 January 2023.
To receive the Chairs' Board Assurance Reports from the
Quality & Safety Committee November, December 2022 and January 2023
People & Culture Committee Report October 2022 and January 2023.

8.0. People's Experience Quality Governor Assurance Report Feb 23.docx

8.0 Quality & Safety Board Assurance Report November 22.docx

8.0 Quality & Safety Board Assurance Report December '22.docx

08 - BAF QSC January 2023.docx

8.0 People & Culture Board Assurance Report October 2022.docx

8.0 People Culture Board Assurance Report January 2023.docx

09 Chair of the Business & Planning working group Report

Ashish Channawar, Governor, Chair of the Business & Planning working group.
No meeting since the last CoG.
To receive the Chairs' Board Assurance Reports for the
Finance, Digital & Infrastructure Committee November 2022, December 2022 and January 2023
Performance, Population & Place Committee Report November 2022, December 2022 and January 2023.

9.0 Coversheet Business & Planning Board Assurance Reports.docx

9.0 FIDC Board Assurance Report - 21 Nov 22 (draft).docx

9.0 FIDC Board Assurance Report - 21 Dec 22 (Final).docx

9.0 FIDC Board Assurance Report - Jan 2023 (draft).pdf

9.0 - Board Committee Assurance Report PPPC November 2022.docx

9.0 - Board Committee Assurance Report PPPC December 2022.docx

9.0 Board Committee Assurance Report PPPC January 2023.pdf

10 Business Planning & ICS Update

Chris Trow, Associate Director of Strategy/Claire Thompson Director of Improvement & Partnerships

10. Cover sheet System Planning and Community Services.docx

10. Council of Governors Planning Feb 2023 F.pptx

11 Future Community Services

Claire Thompson, Director of Improvement & Partnerships
Included with presentation agenda item 10

12 Annual Declaration of Interest

Caroline Coles, Company Secretary
To receive the interest register and for governors to be reminded of their obligation to keep the register up to date.

12. Coversheet Declarations of Interest.docx

12. Declaration of Interest Register 170123.pdf

13 Governor Working Groups Terms of Reference & Membership

Caroline Coles, Company Secretary

13. Coversheet Terms of Reference.docx

13. Terms of Reference Working Groups 2023-2024.pdf

14 Review Governor Annual Training and Development Plans 2022/23

Caroline Coles, Company Secretary
To agree that the requirements of s151(5) of the Health and Social Care Act, to provide training for governors in 2022/23 to ensure they are equipped with the skills and knowledge they need to undertake their role, have been fulfilled.

14. Coversheet Governor Training 2022-23.docx

14. GOVERNOR TRAINING 2022-23.docx

15 Elections Result Update

Caroline Coles, Company Secretary

15. Elections Result Update Feb-223 Draft (v1).docx

15. Report of Voting Administration_081222.pdf

15. Report of Voting_Swindon_ Allied Health_Doctors & Dentists_081122.pdf

15. Uncontested Report Nursing & Therapy.pdf

16 New code of governance for NHS Provider

Caroline Coles, Company Secretary

16. Code of Governance Report COG Feb-23.docx

16. Appendix 1 Key Changes - Code of Governance Report COG Feb-23.pptx

17 Public Urgent Items (if any)

To consider any items the opinion of the Chair shall be accepted as items of urgent business in view of the special circumstances of each and the need for their consideration before the next meeting.

18 Date of Next Meeting

The next meeting of the Council of Governors is 10 May 2023.

20 Nominations and Remuneration Committee

Chris Callow, Chair of Nominations & Remunerations Committee
Verbal update on the meeting held on 8 February 2023.

Great Western Hospitals NHS Foundation Trust

Council of Governors

Wednesday 8 February 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	LC	-	1700
2.	**Declarations of Interest** Governors are reminded of their obligation to declare any interests relevant to items under consideration at the meeting.	Verbal	LC	-	
3.	**Minutes of the previous meeting** To adopt and sign as a correct record the minutes of the public part of the meeting of the Council of Governors held on 8 November 2022.	✓	LC	To approve	
4.	**Action Tracker** To update the group on actions from previous meetings.	✓	LC	To note	
Assurance & Accountability					
5.	**Questions from the public & governors for discussion** Caroline Coles - Company Secretary To receive an update on questions and responses from governors and members since the last meeting.	✓	CC	To note	1715
6.	**Report of the Chief Executive** Kevin McNamara, Chief Executive, to provide an update on trust activities.	✓	KM	To note	1715
7.	**Lead Governor Report** Chris Callow, Lead Governor	✓	CCa	To note	1730

8.	**Chair of the People's Experience & Quality working group Assurance Report** Chris Shepherd, Governor, Chair of the Patient Quality and Operational Performance working group. To receive the Chair report of the meeting of People's Experience & Quality Working Group held on 11 January 2023.	✓	CS	For assurance	1740
	To receive the Chairs' Board Assurance Reports from the - Quality & Safety Committee November, December 2022 and January 2023 - People & Culture Committee Report October 2022 and January 2023.	✓	NB/PL	For assurance	
9.	**Chair of the Business & Planning working group Report** Ashish Channawar, Governor, Chair of the Business & Planning working group. No meeting since the last CoG.	✓	Ach	For assurance	1745
	To receive the Chairs' Board Assurance Reports for the - Finance, Digital & Infrastructure Committee November 2022, December 2022 and January 2023 - Performance, Population & Place Committee Report November 2022, December 2022 and January 2023.	✓	PH/FD	For assurance	
Briefings and Information					
10.	**Business Planning & ICS Update** Chris Trow, Associate Director of Strategy/Claire Thompson Director of Improvement & Partnerships	Presentation	CT/CT	To receive	1750
11.	**Future Community Services** Claire Thompson, Director of Improvement & Partnerships	Presentation	CT	To receive	1805
Council of Governors – Governance					
12.	**Annual Declaration of Interest** Caroline Coles, Company Secretary To receive the interest register and for governors to be reminded of their obligation to keep the register up to date.	✓	CC	To note	1820
13.	**Governor Working Groups Terms of Reference & Membership** Caroline Coles, Company Secretary	✓	CC	To approve	1825

14.	**Review Governor Annual Training and Development Plans 2022/23** Caroline Coles, Company Secretary To agree that the requirements of s151(5) of the Health and Social Care Act, to provide training for governors in 2022/23 to ensure they are equipped with the skills and knowledge they need to undertake their role, have been fulfilled.	✓	CC	To approve	1830
15.	**Elections Result Update** Caroline Coles, Company Secretary	Paper	CC	To note	1840
16.	**New code of governance for NHS Provider** Caroline Coles, Company Secretary	paper	CC	To note	1845
17.	**Public Urgent Items (if any)**	-	LC	-	1850
18.	**Date of next meeting** The next meeting of the Council of Governors is 10 May 2023.	-	LC	-	-

Exclusion of the Public and Press

The Council of Governors is asked to resolve

that representatives of the press and other members of the public be excluded from the meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.

19.	**Minutes of the previous meeting** To adopt and sign as a correct record the minutes of the private part of the meeting of the Council of Governors held on 8 November 2022.	✓	LC	To approve	1855
20.	**Nominations and Remuneration Committee** Chris Callow, Chair of Nominations & Remunerations Committee Verbal update on the meeting held on 8 February 2023.	Verbal	CCa		1900
21.	**Urgent Business (Private)** – if any	-	LC	-	1910

Great Western Hospitals NHS Foundation Trust

MINUTES OF A MEETING OF THE COUNCIL OF GOVERNORS HELD IN PUBLIC ON 8 NOVEMBER 2022, 5PM ON MICROSOFT TEAMS

Members Present:

Liam Coleman (LC)	Chair
Mufid Sukkar (MS)	Public Governor, Wiltshire Northern
Maggie Jordan (MJ)	Public Governor, Swindon Constituency
Pauline Cooke (PC)	Public Governor, Wiltshire Northern
Chris Callow (ChC)	Public Governor, Central Wiltshire Constituency
Judith Furse (JF)	Public Governor Swindon Constituency
Robert Hammond (RH)	Public Governor, Swindon Constituency
Ashish Channawar (AC)	Public Governor, Swindon Constituency
Pamela Kemp (PK)	Public Governor, Wiltshire Northern Constituency
Chris Shepherd (CS)	Staff Governor, Administrators, Maintenance, Auxiliary & Volunteers
Councillor Caryl Sydney-Smith (CSS)	Appointed Governor, Swindon Borough Council
Michelle Howard (MH)	Public Governor, Swindon Constituency
Raana Bodman (RB)	Public Governor, Swindon Constituency
Kevin Howard (KH)	Appointed Governor, Prospect Hospice

Also, in attendance

Lizzie Abderrahim (LA)	Non-Executive Director
Luisa Goddard (LG)	Deputy Chief Nurse
Faried Chopdat (FC)	Non-Executive Director
Kevin McNamara (KM)	Chief Executive Officer
Felicity Taylor-Drewe (FT)	Chief Operating Officer
Claire Thompson (CTn)	Director of Improvement and Partnership
Jude Gray (JG)	Director of HR
Nick Bishop (NB)	Non-Executive Director
Jon Westbrook (JW)	Medical Director
Simon Wade (JW)	Finance Director
Paul Lewis (PL)	Non-Executive Director
Andy Copestake (APC)	Non-Executive Director
Chris Trow (CT)	Associate Director of Strategy
Caroline Coles (CC)	Company Secretary
Patrick Ismond (PI)	Lead for Equality, Diversity & Inclusion
Sharon Scott (SS)	Corporate Governance Assistant

Apologies

Helen Spice	Non-Executive Director
Claudia Paolini	Associate Non-Executive Director
Peter Hill	Non-Executive Director
Eric Shaw	Public Governor, Swindon

Matters Open to the Public and Press

Minute	Description	Action
17/22	**Welcome and apologies for absence** The Chair welcomed everyone to the meeting and noted the apologies above.	

18/22 Declarations of Interest

There was one declaration of interest from Chris Callow declaring he was a lifetime member of Unison in terms of any reference to industrial action.

19/22 Minutes

The minutes of the meeting of the Council of Governors meeting held on 3 May 2022 were adopted and signed as a correct record.

20/22 Action Tracker

The Council of Governors received and considered the outstanding action list and the following noted:-

18/02/21 : Chair/CEO ICS Follow Up Meeting : This will be addressed in 2023 as the ICS arranges the various meetings with Non-Executive Directors and Governors. Lizzie Abderrahim, Non-Executive Director queried the date on this action, and it was confirmed that this was the first update the governors received on the ICS.

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

21/22 Questions from the public and governors for discussion

There were three questions from Pauline Cooke, Lead Governor. These had been presented to the Board for discussion and assurance.

- Has Wellbeing/HR considered helping staff in the current climate with the cost of living by providing a food bank or similar – could we get local business to help out like during the pandemic?
- How often does the Trust communicate with the patients to keep them updated on the position with regard to waiting lists?
- What is happening about appointments letters going out during the postal strike – is this causing a problem?

KH raised the question as to why Prospect Hospice was no longer being considered for representation as an Appointed Governor. The Chief Executive provided feedback on the rationale behind the decision in that now the ICS model had been established the focus for engagement for end of life/Prospect House would be through this mechanism. It was agreed to review the position in 12-months' time to ensure that this process of engagement was working.

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

22/22 Report of the Chief Executive

The Council of Governors received and considered the Chief Executive's Report which included:-

- An update on the Covid and flu vaccination programmes.

- Staff Survey update which highlighted a range of issues, and recent surveys highlighting issues from staff who are from protected groups. This information will be used to continue to try to make improvements.
- The celebrations to mark Black History Month were detailed – this event was organised by our BAME Network to celebrate some of the inspirational stories and shine a light on the contribution staff from BAME backgrounds have made to the NHS.
- The Trust's achievement of gaining silver award for the Defence Employer Recognition Scheme in recognition of the work which the Trust has done to ensure veterans and their families receive fair and equitable treatment.

A question was raised by a member of the public regarding what plans were in place when covid peaked. The Chief Executive gave assurance that the Trust has an Escalation Framework in place and the Infection Control team also monitored peaks and troughs closely.

A question was raised by a governor regards the news bulletin stating some flu vaccines will not be effective for over 65s due to incorrect dosage. The Medical Director gave assurance that this related to vaccines administered by Primary Care and not by the hospital.

RH raised the question on the double red rating for cancer performance with escalation on causes and the nature of escalation. The Chief Operating Officer responded that this specifically related to capacity within the Plastics pathway. The Trust were addressing the issue with Oxford University Hospitals and had also escalated to the Cancer Alliance and NHSE.

ChC asked how exposed we were with the current amber alert blood supply situation. The Chief Medical Officer gave assurance that emergency blood stocks had been maintained, and no elective activity had been lost to date

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

23/22 Chair of the People's Experience & Quality Working Group Report

The Council of Governors received a People's Experience & Quality Working Group Assurance Report which highlighted the detailed discussions held at the meetings on 15 August and 12 October 2022 which included: -

- New Integrated Performance Report. It was noted that the new format was evolving with a key part focussing on the breakthrough objectives, a small number of key items that if made substantial progress could make a big difference on outcomes.
- Tissue viability training which was non mandatory however the working group felt required further assurance. The Deputy Chief Nurse gave assurance that, although not mandatory, robust training was being carried out both bedside and bespoke for HCAs.

PC asked how assurance was gained that the data provided was 'stress-tested' and was accurate. The Chief Officer for Improvement and Partnership advised that an evidence-based approach was taken. Nick Bishop, Non-Executive Director

provided further assurance that the figures were discussed in detail at the Quality & Safety Committee.

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

24/22 Chair of the Business & Planning working group Report

The Council of Governors received the Business & Planning working group assurance report which highlighted the detailed discussions held at the meetings on meeting held on 13 July and 17 October 2022.

MF requested that the Governors have sight of the business planning documents to gain a better understanding on how decisions are made.

Action : Corporate Governance Assistant **SS**

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

25/22 Chair of the Engagement & Membership group Report

The Council of Governors received a report from the Engagement & Membership working group which highlighted the detailed discussions held at the meetings on 8 June and 27 September 2022. Of particular note was the discussion around the Membership Development Strategy which the working group recommended for approval by the Council of Governors.

RESOLVED

to approve the Membership Development Strategy 2022-2025

26/22 Business Planning

The Council of Governors received a paper outlining the process for Business Planning report.

The national guidance had not been yet published but CT offered members the opportunity to take an active role within the business planning. The next update on progress would be presented at the next meeting.

Action : Corporate Governance Assistant **SS**

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

27/22 Equality, Diversity & Inclusion Annual Report

The Council of Governors received a presentation from the Lead for Equality, Diversity & Inclusion.

A question was raised around the reason in the rise in bullying and harassment. In response it was noted that originally it was perceived as a covid pressure however in the latest annual Health & Safety Report the increase in staff and

security incidents had increased and the Trust were looking to address this concern.

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

28/22 External Auditors – Extension of contracts

The Council of Governor received a paper that outlined the process to explore a system wide contract for Audit Services including External Audit, together with the timelines which indicated a date of approval of the contract award by the Council of Governors in February 2023. A Governor representative would be invited to the presentation day.

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

29/22 Results of 2022 Elections / Governor Changes

The Council of Governors received a verbal update from CC on the results of the 2022 Elections. Due to receiving the information at 4pm, meaning that the newly elected governors had yet to be informed, CC was only able to advise the governors who had been re-elected successfully and that there would be 7 new governors. The full results will be shared on our website.

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

30/22 Lead / Deputy Governor Appointments

The Council of Governors received a paper that outlined the process and outcome of the appointment of a new Lead Governor and Deputy Lead Governor. The Chair welcomed Chris Callow as the new Lead Governor. It was noted that Pauline Cooke would take the role of Deputy Lead Governor elect for a month until the new governors had settled in. This role will then be re-evaluated should any other governors express an interest.

31/22 Lead Governor Report

The Council of Governors **received** an update from the Lead Governor.

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

32/22 Public Urgent Items (if any)

None

33/22 Date of Next Meeting

The next meeting will be held on 8 February 2023 at 5pm via MS Teams.

DRAFT

Council of Governors - Action Tracker – February 2023

Date of Meeting	Action	Who to action	Comments/Progress
18/02/21	Arrange follow up meeting for Chair & CEO of ICS to present to Council of Governors.	Chair/Company Secretary	The Lead and Deputy Lead Governors attended a Strategic Exchange meeting between ICS Chairs, CEOs and NEDs on 13 December 2022. **Closed**
08/11/22	24/22 SS to share the Business Continuity Plan with the Governors as per MF's request that the Governors have sight of the business planning documents to gain a better understanding on how decisions are made.	Corporate Governance Assistant	On agenda - the Business Plan for 2023/24 is currently being produced and is on the agenda to inform governors of progress.
08/11/22	26/22 Chris Trow to share the next update on Business Planning progress at the next CoG scheduled for 8 February 2023	Corporate Governance Assistant	21/11/22 Invite sent to Chris Trow to attend CoG on 8 February. **Closed**

Future actions

Date of Meeting	Action	Who to action	Date
	None		

NHS
Great Western Hospitals
NHS Foundation Trust

Report Title	**Questions for the Board**				
Meeting	**Council of Governors**				
Date	**8 February 2023**	Part 1 (Public)	X	Part 2 (Private)]	
Accountable Lead	Caroline Coles, Company Secretary				
Report Author	Caroline Coles, Company Secretary				
Appendices	n/a				

Purpose

Approve		Receive		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):

Process & outcome

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:

Assurance in respect of the process of obtaining and gaining response to questions to the Board from the public.

Report

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

This paper reports the questions and responses asked of the Board by governors and members of the public.

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

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	
Key Risks – risk number & description (Link to BAF / Risk Register)	n/a				**Risk Score**
	BAF S2 & S4				
Consultation / Other Committee Review / Scrutiny / Public & Patient involvement	Chief Financial Officer, Trust Board				
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:			

Recommendation / Action Required The Board/Committee/Group is requested to:	
that the questions and responses be considered with the Council invited to consider if further action is required.	
Accountable Lead Signature	Caroline Coles
Date	31 January 2023

Questions to the Board				
Topic	**Questioner**	**Question**	**Responder**	**Board Response**
Food Options	Harivadan Patel Member of the public	Why is it not possible to supply vegan meal options whilst an outpatient in the Renal Department	Simon Wade, Chief Financial Officer	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.

Great Western Hospitals NHS Foundation Trust

Report Title	**Chief Executive's Report**				
Meeting	**Council of Governors**				
Date	8 February 2023	**Part 1 (Public)**	**X**	**Part 2 (Private)**	
Accountable Lead	Chief Executive Officer				
Report Author	Kevin McNamara, Chief Executive Officer				
Appendices	N/A				

Purpose

Approve		Receive		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):

Council of Governors are asked to note the report.

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:

- Current pressures
- Industrial action
- Care Quality Commission national maternity survey
- Funding for the Integrated Front Door as part of our Way Forward Programme
- Our Shared Electronic Patient Record

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					
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 highlights the publication of our Book of Great which covers a number of issues which affect certain protected groups more than others.

This includes our Covid-19 vaccination programme and the work of our Covid Medicine Delivery Unit – we know that Covid disproportionately affects some groups more than others.

The Book of Great also provides an oversight of our work on equality, diversity and inclusion, highlighting our EDI strategy, appointment of our first EDI lead, development of our staff networks and Armed Forces Accreditation, along with our overall EDI commitments

Recommendation / Action Required The Board/Committee/Group is requested to:	
▪ **Note the report**	
Accountable Lead Signature	K. McNamara.
Date	26.1.23

1. Operational updates

1.1. Current pressures

Thanks to the hard work of staff across the organisation, and our partners, we were able to stand down our internal critical incident on 9 January.

The organisation now feels slightly less pressurised than at the beginning of year and we have made some good progress with discharging medically fit patients and seen this number reduce from over 100 a day, to around 80. This number remains high but for comparison we were recently the third best performing Trust in the South West against this measure.

Within the Swindon Integrated Care Alliance Coordination Centre, a new Discharge Hub has been set up to improve, streamline and speed up the process for getting patients home.

The hub is made up of staff working right across the Trust in discharge roles and partners including local authorities, and will make the existing process for ward staff much easier.

During its first phase, the hub will look to centrally coordinate out-of-area discharge referrals for social care and aim to resolve requests in a timely way.

The focus on patient flow remains critical to ensuring the hospital runs as smoothly as possible.

The number of patients with Covid-19 or flu has declined from where we were at the start of the year, and we have been able to reduce our internal Covid escalation level. However, we know that surges in the number of patients with respiratory conditions come in waves so we must prepare for further sudden rises in demand.

Despite higher rates of flu and Covid early in January we had some real success with reducing nosocomial infections, and at one point we were best in the South West for this thanks to a great combined effort between ward teams and our Infection Prevention and Control team to manage risk.

Along with the Chief Medical Officer, Chief Nurse, and Chief Operating Officer, in early January we sent a joint letter to all staff outlining the actions we were taking to improve the operational situation as much as we were able to, and outlining our support for any member of staff having to take very difficult decision at times of heightened pressure.

We also highlighted that our experiences from the early stages of the pandemic showed what we can achieve as a single, united team and the difference we make to our patients and the local community each and every day.

1.2. Industrial Action

Industrial action continues to affect both the health and social care service and in a number of other public sectors which impact upon our staff, such as education.

The Royal College of Nursing took further industrial action in January but this did not directly affect our Trust. The next wave of action on 6 and 7 February will impact upon us, and having two consecutive days of disruption (one of which coincides with some ambulance staff striking) has added an additional level of complexity to our planning.

As with the previous strikes in December, our priority is to minimise the disruption to patient care as much as possible, while at the same time recognising the strength of feeling on this issue, which remains a dispute between the unions and the Government over the national pay settlement.

The British Medical Association is balloting its junior doctor members this month on taking strike action and the results are expected at the end of February.

GMB and Unite members employed by the South Western Ambulance Service have also been on strike on a number of days in December and January and future dates for continued action have been announced.

Teachers who are members of the National Education Union are set to strike on 1 February, along with 2, 15 and 16 March. Clearly this presents significant challenges for members of our staff who have childcare responsibilities, and we have asked all staff with children in school to understand the impact on their school and to consider childcare arrangements in advance of the strike.

2. Quality

2.1. Care Quality Commission National Maternity Survey

Last month the Care Quality Commission published the results of its National Maternity Survey.

The survey asked people to think about their experiences of antenatal care, labour and birth and postnatal care during February 2022.

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.

Results show we're performing above the national average in the following areas:

- Providing enough information on induction before being induced
- Giving appropriate information and advice on the risks associated with an induced labour, before being induced
- Providing support or advice about feeding babies during evenings, nights, or weekends, if this was needed
- Midwives or the doctor appearing to be aware of mothers' medical history during antenatal check-ups
- During pregnancy, women and birthing people receiving the help they needed when they contacted the midwifery team.

The maternity team will use the responses to work on areas for further improvement, including postnatal mental health support and people being more involved in decisions during their labour.

2.2. Breast screening

It was announced last month that Great Western Hospital will receive two new remote access upgrades for breast screening.

The upgrade will enable staff to reduce travelling to regional centres should queries arise with any scans, allowing staff to log and address these issues on site.

Funding will come from £10m awarded to the NHS breast screening programme as part of the Women's Health Strategy.

2.3. Improving Together

We are approaching one year since we introduced Improving Together to the Trust.

More than 130 staff have taken part in specialist training which includes multidisciplinary groups being invited to whole-day training sessions and weekly coaching, over a five-month period.

Staff working in the Emergency Department, Urgent Treatment Centre, Trauma ward, Orthopaedic Theatres, acute medicine and outpatient's administration, will be next to start the training.

A new lighter-touch training programme has recently been introduced making training more accessible to those teams who find releasing staff a challenge. Staff from 27 speciality teams started this bite-sized training in December.

Some staff will also be invited to attend bootcamp training which is taking place this year.

2.4. NHS app

Patients can now view all their appointments at the Great Western Hospital on the NHS app as we became one of the first in the country to be visible through the app. Thanks to a collaboration between our patient portal DrDoctor and NHS Digital, this new addition will allow greater visibility and communication for our patients.

3. Systems and Strategy

3.1. Way Forward Programme – Integrated Front Door

Our Way Forward Programme reached a significant milestone with approval for the £32m Integrated Front Door business case last month.

The Department of Health and Social Care, alongside NHS England, approved the full business case at a meeting of the national Joint Investment Committee.

The decisions means £26.3million of funding has now been released to the Trust, in addition to £5.4million that we had available already.

This is the biggest investment in the hospital site since it was built, and also represents a significant investment in the infrastructure of Swindon.

The funding approval means construction can now begin.

Enabling works have already progressed and the construction phase will start this month.

New urgent and emergency care expansion will bring together Emergency Department majors, resuscitation, observation, Same Day Emergency Care and Joint Initial Assessment in one space. Children's Emergency Department will sit alongside it.

Refurbishment of existing space will take place by 2024 with construction of the expansion area by 2025.

To enable the work to take place the Emergency Department doors closed to the public last week, with patients now entering through the Urgent Treatment Centre.

3.2. Shared Electronic Patient Record

The delivery of a Shared Electronic Patient Record (EPR) is a key strategic priority for the Acute Hospital Alliance.

Following a procurement process, Oracle Cerner has now been chosen as the preferred supplier to provide the shared EPR at our Trust and the RUH and Salisbury.

Contract negotiations have now begun with Cerner. At this point we are not legally committed to the supplier but we are now in a position to progress the Full Business Case to help secure the funding for the programme. This is on track to be approved in the second half of this year.

The implementation of a shared EPR will be a step change in the way clinicians deliver care in BSW and will see many aspects of care standardised across the system with reduced variation in clinical pathways.

A shared record will increase efficiency, provide a better staff experience, and improve patient care.

All clinical and operational staff are encouraged to get involved early in the planning and implementation of this project to ensure we get a system that works for patients and staff to improve the delivery of care.

4. Workforce, wellbeing, and recognition

4.1. STAR of the Month

Our latest STAR of the Month winners are Cherie Brown, Christina McLean and Carla Glanville from the community nursing team.

They responded quickly to a patient who had deteriorated in their home and needed urgent medical assistance. They used skill, confidence and teamwork to provide complex medical care outside of a hospital environment.

4.2. Cardiac physiology

Our Cardiac Physiology Echocardiography team has secured accreditation for quality assurance, making them only the third in the UK to be awarded this level of recognition.

The team offer education alongside practice and have a number of trainees looking to join them.

They regularly seek patient feedback to make continuous improvement to the service and have robust quality assurance in place which ensures a high standard of service delivery.

4.3. Our Book of Great

Our Book of Great, highlighting some of the many successes are teams have had has been published online on our website.

4.4. Happiness Events

As part of our package of health and wellbeing support for staff we have reintroduced Happiness Events at the Trust.

Led by our health and wellbeing team, these give staff and volunteers access for a few hours to massage therapy, relaxing colouring stations, tea and treats at both Great Western Hospital and the Orbital.

Great Western Hospitals
NHS Foundation Trust

Report Title	Lead Governor Report				
Meeting	Council of Governors				
Date	8 February 2023	**Part 1 (Public) [Added after submission]**		**Part 2 (Private) [Added after submission]**	
Accountable Lead	Chris Callow				
Report Author	Chris Callow				
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 February Council of Governors. We have had elections for governors that could not be announced at the last COG meeting so welcome to each of you and I hope that we can get a face to face meeting before long.

We have had an induction training day on 6 January, and it was great to see so many present, albeit in a virtual room environment. It was a good opportunity to get a grounding of what is required of all Governors of the Great Western Foundation Trust. We have also had a training course on NED recruitment using free spaces funded by the Royal United Hospital.

Pauline and I attended a Strategic Exchange meeting on 12 December with various stakeholders of the Integrated Care Board. It is clear that there is still a lot to do to make this work, we took part in a workshop to discuss communicating with users of the service (basically everyone) as there is still little information shared with them.

In the past few weeks, I and Pauline have been involved in the recruitment of the Non-Executive Directors and Associate Non-Executive Directors vacancies.

On communication, Sharon Scott our Membership Assistant shares a regular newsletter with all the governors, please read and digest. There are still places available on the sub committees that we run, especially the Membership one, please let Sharon know if you are interested.

Link to CQC Domain	Safe	Caring	Effective	Responsive	Well Led

– select one or more					
Links to Strategic Pillars & Strategic Risks – select one or more	★				
Key Risks – risk number & description (Link to BAF / Risk Register)	n/a				**Risk Score**
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:			

Recommendation / Action Required

The Board/Committee/Group is requested to:

- **To receive**

Accountable Lead Signature	Chris Callow
Date	31 January 2023

Great Western Hospitals NHS Foundation Trust

Report Title	People's Experience & Quality Governor Assurance Report				
Meeting	Council of Governors				
Date	8 February 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	Appendix 1 : Quality & Safety Committee Board Assurance Report Appendix 2 : People & Culture Board Assurance Reports				

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):

This report also includes the Board Assurance Committee report from the Quality & Safety Committee dated 17 November 2022 and 22 December 2022 and the Board Assurance Committee report from the People & Culture Committee dated 25 October and 9 January 2023.

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, 8 February 2023

Great Western Hospitals NHS Foundation Trust

Governor Working Group Assurance Report

People's Experience & Quality Working Group

Date of Meeting(s) 11 January 2023

Key discussion points and matters to be escalated
Core agenda items considered on 11 January 2023 **Assurance Update on Mental Health** Lizzie Abderrahim, Non-Executive Director **Integrated Performance Report - Our People** Ashley Oakshott, Head of HR and Wellbeing Services **Chair of the People and Culture Committee Report** Paul Lewis, Non-Executive Director **Chair of the Quality and Safety Committee Report** Nick Bishop, Non-Executive Director **Quality Accounts** Helen Winter Governors received Quality Accounts in the post – Q&A session **Patient Experience Update** Tania Currie/ Patient Advice Liaison Services
Assurance received We received an update on mental health within the hospital and were assured about the work going on to improve support for mental health issues. The **Integrated Performance Report** was presented as a work in progress, we will keep an eye on how things progress but do not expect to have this document presented regularly at this meeting as it is available in the Board papers. We found the document overwhelming and difficult to understand; the formatting of the report makes it especially difficult to understand if assistive technologies are used to read it. 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. The way the Trust measures sickness rates against local targets and not National targets wasn't clear in the report. A report was received from the **Quality & Safety 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. An update was received on **Patient Experience** and we were assured the work on Carers Passports was progressing.

Items escalated within working group Measurement of sickness rates against targets wasn't clear in the People & Culture committee report and we would like this clarified.
Items to be escalated to CoG Formatting of the Integrated Performance Report makes it especially difficult to understand if assistive technologies are used to read it. We would like to see if there is a way to address this as the report is a public document and should be accessible to all.

Report completed by

Chris Shepherd

Date

27-Jan-23

NHS
Great Western Hospitals
NHS Foundation Trust

Board Committee Assurance Report

Quality & Safety Committee			
Accountable Non-Executive Director	**Presented by**		**Meeting Date**
Dr Nicholas Bishop	Dr Nicholas Bishop		17 November 2022
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			
Q2 BAF			The BAF for Strategic risk 1 deals with 'Safe' and 'Effective'. Safe remains at 15 although some slight improvements have been made in some areas. The score for Effective remains at 8.		
Integrated Performance Report: **Pillar Metrics**	Amber	Amber	*The two pillar metrics for this Subcommittee are 'Total Harms' and 'FFT Positive Responses'. The overall score for Total Harms includes the Breakthrough Objective of Pressure Harms plus Watch Metrics of Falls, Hospital Acquired Infections, Medication Incidents, Serious Incidents and Never Events.* There has been a slight increase in total number of harms mainly due to nosocomial Covid during October.	UV Air 'scrubbers' should be installed in two more wards during November and this will reduce this risk.	

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
Friends and Family			A mixed report with a slight improvement in positive responses but also a continued rise in negative responses that now stands at 13%. Overall response rate has increased to 28%. See below.		
IPR: Pressure Harms Pressure Ulcer Harms	Amber	Amber	The total number of Pressure Harms increased slightly by single figures in both Acute and Community. Work continues under 'Improving Together' to continue to reduce these numbers. New mattress overlays are now in use together with focused teaching and introduction of early assessments. After establishing a small trust wide group to develop a mattress replacement programme, new mattresses have been purchased which will allow faster access for those who need them.		
IPR: Hospital Acquired Infections	Amber	Amber	Hospital acquired Covid infection increased in October in line with the national trend. The Trust remains below trajectory for C.diff, MRSA and Pseudomonas and in line for Klebsiella. One MRSA bacteraemia occurred in October and this is under investigation as a Serious Incident. E.coli and MSSA rates remain a concern and further work is underway to address this.		
Falls:			Falls rates remain within normal variance this month.		
Friends and Family Test (FFT) + Complaints			A mixed report with a slight improvement in positive responses but also a continued rise in negative responses that now stands at 13%. Overall response rate has increased to 28%. Staff attitude and the environment remain the top issues. Complaints, concerns and PALS activity remain high and this is affecting the ability to respond within the deadline.	Divisions are being supported by PALS	
Integrated Performance Report: Staffing			Safe Staffing now appears as a separate Monthly Report. See below.		
Perinatal Quality Surveillance Tool	Amber	Green	Midwife to birth remains at 1:29, (target 1:29). 1:1 care in labour is at 100%. Progress has been made in meeting the CNST 10 Safety criteria with the expectation that all measures will now be compliant at submission.		
Ockenden update	Amber	Amber	Further progress has been made but this remains a long-term project.		
Midwifery continuity of care update	Amber	Amber	GWH has one MCoC team whose aim is to prioritise those mothers who are most likely to benefit from personalised care during their pregnancy. This includes BAME women and those with a high index of multiple deprivation. Last month 31% of the former and 48% of the		

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
			latter received MCoC against a target of 80%. This is no longer a national requirement but as the service is established and can be delivered within available resources, the decision was taken to continue.		
Mortality Quarterly Update	Amber	Amber	The latest Dr Foster data is from July. The trust HSMR is well below the national average at 91.2. However the SMR, which is a measure of total deaths, is at 107.1. These figures may be amended in future as GWH is behind in coding. This is due to a shortage of coders resulting in a backlog. Steps have been taken to address this including recruitment of more coders back to establishment. A business case has been made to recruit some temporary coding time to manage the backlog. Poor engagement by consultants in monitoring mortality with poor attendance at mortality meetings is being addressed by the Chief Medical Officer via Job Plan Reviews. Plans have been completed to establish a Trust Mortality Team, funding is agreed and recruitment has commenced. This will address the criticisms levelled by our internal auditors.		
National Inpatient Survey.	Amber	Amber	This report is based on questionnaires completed by inpatients in November 2021. Results are disappointing with only one Q being improved and 10 deteriorated. Worst scores related to disturbed sleep due to lighting or staff noise, help with personal care, consideration of home situation on discharge and ability to discuss care without being overheard.	An improvement plan is being addressed by the Dep Chief Nurse with Div Dirs of Nursing.	As the 2022 survey is currently happening the improvement plan initiated will not have been fully implemented in time for next year's report.
Primary Care Network Action Plan	Amber	Green	This plan sets out to address the issues raised by CQC in their report on our two general practices. The inspection was in May '22. Nine improvement notices were issued but after improvements a further inspection in September resulted in the removal of these warning notices. Currently 20 actions have been closed and 10 are on track.		
Clinical Audit and Effectiveness	Amber	Green	GWH remains on track for most audits with a 9% increase in audits overall. However the trust did not participate in 8 national audits, the		

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
Annual Report '21/'22 and Q2 '22/'23			highest level of non-participation ever. These will be carried forward so that they undergo local assessment of results when national results are published.		
Monthly Safe Staffing	Amber	Amber	Fill rates have been satisfactory overall. Averag fill rates for nurses and midwives were 97% and for HCAs 102%. There are local variations within this. In the community it has not been possible to visit all planned patients so some have been deferred to the following day. Work in in progress to determine the causes of these deferments.		
Update on CQC Preparedness	Not Rated	Not Rated	There has been further progress. There is a plan in place to address the Safeguarding Children Level 3 Training which remains at 50-60% instead of 90%.		
Quality Accounts	N/R	N/R	An update on progress developing the QA was received showing aims to be generally on track or achieved.		

Issues Referred to another Committee	
Topic	**Committee**

NHS
Great Western Hospitals
NHS Foundation Trust

Board Committee Assurance Report

Quality & Safety Committee			
Accountable Non-Executive Director	**Presented by**		**Meeting Date**
Dr Nicholas Bishop	Dr Nicholas Bishop		22 December 2022
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**	Amber	Amber	*The two pillar metrics for this Subcommittee are 'Total Harms' and 'FFT Positive Responses'. The overall score for Total Harms includes the Breakthrough Objective of Pressure Harms plus Watch Metrics of Falls, Hospital Acquired Infections, Medication Incidents, Serious Incidents and Never Events.* Total Harms have decreased from 261 to 201, mainly due to reduced nosocomial Covid infections. Slight increase in medication incidents from three to seven. FFT positive responses remain at 84%, the target being a consistent 86%,	UV Air 'scrubbers' have still not been installed due to sickness in staff due to do so. We are told they are on site and should be installed in January. This is the responsibility of THC.	
Friends and Family			Negative responses now fell from 13% to 11% but in August they were at 8%. Overall response rate has increased to 28%. See below.		

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
IPR: Pressure Harms Pressure Ulcer Harms	Amber	Amber	Pressure harms continue to fall in both acute and community.		
IPR: Hospital Acquired Infections	Amber	Amber	Hospital acquired Covid infection fell in November in line with the national trend. The Trust remains below trajectory for C.diff, though numbers increased by seven. E.coli and MSSA rates are stable but work continues especially in catheter management, to reduce E.coli.		
IPR: Falls:	Amber	Amber	Falls rates remain within normal variance this month but have reduced slightly.		
IPR: Friends and Family Test (FFT) + Complaints	Amber	Amber	See above. Complaints and concerns plus PALS contacts continue at a high level with a 95% increase on last year's contacts. The number of concerns has reduced since last month.	Divisions are being supported by PALS	
Integrated Performance Report: Staffing			Safe Staffing now appears as a separate Monthly Report. See below.		
Perinatal Quality Surveillance Tool	Amber	Green	Midwife to birth remains at 1:28.9, (target 1:29). 1:1 care in labour is at 99.1%. Progress has been made in meeting the CNST 10 Safety criteria with the expectation that all measures will now be compliant at submission. This will come to the Trust Board in January prior to submission later in January. Peer review suggests we shall be complaint on submission.		
Ockenden update	Amber	Amber	Further progress has been made but this remains a long-term project.		
Quarterly Report on Patient Experience	Amber	Green	Steady improvement in many areas covered by this report including Great Care, communication following Care of the Dying audit and launch of Carers-Hospital Liaison Service to support effective discharge. Following discussion it was agreed that this report would in future be received twice a year with the option to add an extraordinary report should the need arise.		
Update on Electronic Discharge Summaries (EDS).	Red	Amber	Little further to report regarding performance. However there is a possibility that the EPMA prescribing system could be used to produce a limited EDS. This is being pursued with a view to a cost benefit analysis, pending the acquisition of a full EPR.		

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
Monthly Safe Staffing	Amber	Green	Fill rates are below 85% in some areas but overall the average fill rate is >90% for Nurses/Midwives and HCAs. Work is continuing to move towards a 1:8 nurse to patient ration from the current 1:10.		
Safe Staffing 6 month review for Nursing & Midwifery.	Amber	Green	Gradual improvement in recruitment of midwives which is commendable in the face of national trends. Sickness absence remains an issue but this is currently more short term sickness related to viral infections.		
Update on CQC Preparedness	Not Rated	Not Rated	There has been further progress. There is a plan in place to address the Safeguarding Children Level 3 Training which remains at 50-60% instead of 90%.		

Issues Referred to another Committee	
Topic	**Committee**

NHS
Great Western Hospitals
NHS Foundation Trust

Board Committee Assurance Report

Quality & Safety Committee			
Accountable Non-Executive Director	**Presented by**		**Meeting Date**
Dr Nicholas Bishop	Dr Nicholas Bishop		19 January 2023
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	BAF Numbers	BAF 1

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**	R	A	Total number of harms have increased from 195 to 267. This is across a range of associated metrics including pressure ulcers, falls resulting in harm and Covid infections.		
IPR: Friends and Family Test (FFT)	R	A	FFT positive responses have dropped to 80% from 83.7% but the inpatient positive response rate has remained the same.		
IPR: Pressure Harms Pressure Ulcer Harms	R	A	There were 44 hospital acquired pressure harms in December, an increase from 20. This was due to increased numbers of patients, higher numbers of patients per nurse due to sickness and in some areas a shortage of suitable mattresses. Increases in pressure harms were also seen in the community.	Mattresses have since been ordered and we heard today that some have arrived in the Emergency Department.	

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
IPR: Hospital Acquired Infections	R	A	Covid acquired in hospital has increased in number leading to an increase in total harms. However, the hospital acquired Covid rate for GWH was one of the lowest in the region through December.	To address E.coli infection further, training in catheter care continues. For MSSA, an IV Forum has been created to improve cannula care.	
IPR: Falls:	R	A	Whilst the overall fall rate remained consistent, there was an increase in serious harm with 5 fractured neck of femurs. There has been further rollout of encouraging appropriate footwear to help address the falls rate, which includes staff education and patient information.		
Perinatal Quality Surveillance Tool	A	G	An increased birth rate last month led to a slight drop in midwife to birth ratio to 1:30. The CNST submission has been made with all 10 rated 'green'. There is continued 90% compliance for all maternity staff in training.		
Ockenden	A	A	There has been further progress in Ockenden. The Maternity Team was congratulated for coming in the top 5 nationally for experiences in labour and birth and postnatal care at home; and also the first place for feeding your baby and support with breastfeeding.		
Quarterly Maternity & Neonatal Quality & Safety Report	A	G	The Committee was assured by the metrics within this report and there were no significant concerns.		
Perinatal Mortality Review Tool Q3	G	B	100% compliance across all measures and the system remains embedded.		
Emergency Department Dashboard	R	A	There have been significant rises in attendances with 1,700 more children in December than September, many as a result of Strep.A concerns rather than infections. 1,000 patients waited more than 12 hours in the Emergency Department. The metrics in the SHINE audit have deteriorated especially in relation to stroke and #NOF. There was evidence of pressure harms beginning in ED due to delays. The decline in stroke figures was largely due to handover delays and delay in initial diagnosis as a result.	New mattresses for trolleys arrived today and more comfortable reclining chairs are expected to relieve sacral pressure.	

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
Nursing & Midwifery Audit Programme	Not Rated	Not Rated	There was evidence of good work here with the expected rollout of ward accreditation across the Trust. This links with the Improving Together programme. The audit example of patient experience included a number of patients who felt unsafe during their stay and also those being bothered by noise at night. The Committee was informed that the detailed notes from the audit showed a link between these, in that agitated patients causing noise at night often led to a feeling of being unsafe.		
Board Safety Walk Arounds	Not Rated	Not Rated	It was emphasised that these were Board level safety walk arounds. There was a discussion about how feedback from these visits could be cascaded to Non-Executive Directors and Executive Directors; this will be taken forward at the next NEDs meeting. The Chief Nurse said that she would ensure these reports are discussed at Executive Team meetings.		
Monthly Safe Staffing Report	A	A	Fill rates have declined slightly mainly due to staff sickness absence. Within the community, this has led to an increase in deferred visits and unallocated patients thus an increase in agency spend.	Additional workforce and roster controls have been put in place and there is a recruitment campaign in place to increase community staff numbers.	
Update on CQC Preparedness	Not Rated	Not Rated	There has been further progress. There is a plan in place to address the Safeguarding Children Level 3 Training, all spaces have been filled and therefore an increase in compliance is expected.		

Issues Referred to another Committee	
Topic	**Committee**

Great Western Hospitals NHS Foundation Trust

Board Committee Assurance Report

People & Culture Committee			
Accountable Non-Executive Director	**Presented by**		**Meeting Date**
Paul Lewis	Paul Lewis		25th October 2022
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 improved check & balance workforce planning controls, with both the Divisional Directors of Nursing Meetings and Medical Staffing Meetings, are having a positive impact. Recruitment plans are in place to further improve the staffing position, including the additional requirements for the Winter Plan. Absenteeism rates are reducing which is encouraging, although levels are still higher than target. The risk of industrial action remains a key concern in how this may affect workforce planning over coming months.	Review progress at the next meeting.	January 2023
Great Opportunities	A	A	Although the 'Stay & Thrive' approach has been well received, turnover levels are still a concern and plans are in place to improve the quality of career conversations to deploy and retain our staff more effectively. The new Appraisal process will also help with this.	Review progress at the next meeting.	January 2023

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
Employee Experience	A	A	Safety Visits and 'Walkabouts' are taking place and more are planned, so this will continue to provide further insight. The initial response rates for the latest Staff Survey are encouraging and we will review the next set of results in detail through this Committee There has been a detailed review of progress with our People Strategy and the report was well received by the Committee Members. At the next meeting we will complete a RAG review to establish an agreed rating of the progress made.	Review progress at the next meeting.	January 2023
Employee Development	A	A	There are plans to improve the appraisals process and documentation (which will include development reviews and discussions) and this will be reviewed in more detail at the next meeting.	Review progress at the next meeting.	January 2023
Great Leadership	A	A	We will await further clarity and guidance about the Messenger Report before initiating further actions (especially where additional funding will be required) particularly within the key recommendation area of 'management standards and accredited training'. In the meantime, we will continue to deliver our existing plans and initiatives to further improve Leadership capability.	Review progress at the next meeting.	January 2023

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

Great Western Hospitals NHS Foundation Trust

Board Committee Assurance Report

People & Culture Committee – January 2023			
Accountable Non-Executive Director	**Presented by**		**Meeting Date**
Paul Lewis	**Paul Lewis**		**9th January 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	Recruitment plans are in place to further improve the staffing position and the Committee received further assurance through papers and updates about 'growing our workforce' and 'medical hard to fill' which were well received. Recruitment time to hire is a concern and the new Head of Recruitment is reviewing this in detail with the Recruitment Team to make the imporvements needed. Absenteeism rates have increased slightly and to mitigate this, targeted HR support is in place to support managers. The Trust is also working with the NHS sickeness national team to roll out a toolkit to help improve sickess rates. Plans are in place to respond to industrial action and this remains a key concern over coming weeks and months which is why our risk level remains 'red'.	Review progress at the next meeting.	February 2023
Great Opportunities	A	A	The Committee received encouraging updates about Apprenticeship pathways and T-Level early years careers support. There are plans to further improve opportunities and understanding about career progression which should address remaining gaps in assurance.	Review progress at the next meeting.	February 2023

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
Employee Experience	A	A	Safety Visits and 'Walkabouts' continue to take place with no significant issues being raised. The Committee received a very insightful update about the approach and action taken in reposne to concerns being raised by staff in one area of the Trust to the CQC in July. It was agreed to consider how the learning from this can be applied in other areas of the Trust to further improve the Employee Experience (in relation to listening/understanding, being seen & being present and in tresting each team differently in particular). The initial response rates for the latest Staff Survey are encouraging and we will receive and review the next set of results at the next meeting. The Committee received a Communications Updated and noted the progress and achievements being made with our communications, especially with our staff. The findings of the 'Jungle Green' Research in particular provided very encouraging feedback from staff. The RAG rating review of progress with our People Strategy will take place at the next meeting following the presentation of the report at the last meeting which was was well received by the Committee Members.	Review progress at the next meeting.	February 2023
Employee Development	A	G	The Committee received updates about a wider range of initiatives and programmes now being implemented covering the stages of Get Ready>Get In> Get On>Go Further which demonstated significant progress being made. As a result, the RAG rating for our plan was changed from Amber to Green to reflect his. There are plans to improve the appraisals process and documentation (which will include development reviews and discussions) and this will be reviewed in more detail at the next meeting.	Review progress at the next meeting.	February 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'. We will continue to deliver our existing plans and initiatives to further improve Leadership capability and will review the latest staff survey results and comments about our leadership capability at the next meeting.	Review progress at the next meeting.	February 2023

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

NHS
Great Western Hospitals
NHS Foundation Trust

Report Title	**Business & Planning Board Assurance Reports**				
Meeting	Council of Governors				
Date	8 February 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 23 January 2023
Board Assurance Report, Performance, Population & Place Committee 25 January 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	Faried Chopdat, Peter Hill
Date	8 February 2023

NHS
Great Western Hospitals
NHS Foundation Trust

Board Committee Assurance Report

Finance, Infrastructure & Digital Committee – 21 November 2022			
Accountable Non-Executive Director	**Presented by**		**Meeting Date**
Faried Chopdat	**Faried Chopdat**		**21 November 2022**
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Yes	BAF Numbers	BAF SR7

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

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			
RISK MANAGEMENT & REPORTING					
BAF Strategic Risks	G	G	The latest summary of the Board Assurance Framework for Finance and Infrastructure risks were 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 periodically through FIDC and Board.	FIDC Meetings 2022/23
Finance, Infrastructure and Digital Risk Management	A	A	We are assured that the risk management process and reporting risks for Finance, Infrastructure and Digital are adequate and effective. However, we continue to raise challenges in mitigating salient risks such as, for example, the £3m gaps in delivering the efficiency target recurrently in 2022/23. Overall, we are pleased with the focus and attention to the risk management process, reporting of identified risks, and governance; however, greater emphasis is on ensuring ownership of the risk mitigation activities.	Monitor monthly through FIDC and (significant risks to be reviewed quarterly at Board).	FIDC Meetings 2022/23
OPERATIONAL					
BSW Financial Position	R	R	The Committee received an update on the overall financial position of the BSW ICB financial position at Month 6, including key risks, mitigations, and delivery of efficiencies. The Committee challenged the overall finance governance at BSW. Further, we raised concerns about the need for more clarity, the workings of the new model and structure, and its impact on GWH.	Monitor through FIDC	FIDC meetings 2022/23

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
Month 7 Finance position	A	A	The overall position for Month 7 has improved compared to previous months. Income is received from the ICB to fund the planned deficit (£19.4m); £11.3m of this is reported in the Month 7 position. The Trust is reporting a deficit of £0.4m in Month 7, which is £1.2m favourable to plan. The year-to-date position is £11.6m deficit, £1.1m adverse to plan.	Monitor through FIDC	FIDC meetings 2022/23
Improvement and Efficiency Plan – Update	R	A	£1.2m of efficiency is reported against a plan of £1m in Month 7. This improvement reflects non-recurrent delivery in the Corporate Division and Divisional enhancements. The forecast to year-end has also improved because of this work; however, as noted in the risk section above, we remain concerned that we are unlikely to achieve the full CIP of £11.1m by year-end as we have a substantial gap of £3m yet to identify.	Monitor through FIDC and monthly update to the Board	FIDC meetings 2022/23
2023/24 Financial Planning Process	A	G	The Committee was updated on the business planning for 2023/24 and was delighted with the progress. The Committee looks forward to the outputs of the planning process and future updates.	Monitor through FIDC and key updates to the Board	FIDC meetings 2022/23
BUSINESS CASES & UPDATES – for noting					
Surgical Robot Business Case	-	-	A paper outlining the business case for rapid development of a robotics surgery programme was presented for approval. Following the Committee's review and challenge, this was approved by the Trust Board in December 2022.	-	-
Shared EPR Programme Update	R	A	An update on the EPR procurement process and key achievements were presented. Overall, we raised concerns about the risks associated with the approval by multiple parties of the FBC, including the risk of receiving funds to commence the project.	Monitor through FIDC	FIDC meetings 2022/23
IT & Infrastructure Update	A	G	A summary of the key developments about IT planned activities for the previous quarter was presented to the Committee, with overall good progress noted in several areas. The essential risk to the comprehensive digital plan is the availability of resources and the scope and speed required for effective and sustainable change.	Monitor through FIDC	FIDC meetings 2022/23
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.	Monitor through FIDC	FIDC meetings 2022/23

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

Great Western Hospitals NHS Foundation Trust

Board Committee Assurance Report

Finance, Infrastructure & Digital Committee – 21 December 2022			
Accountable Non-Executive Director	**Presented by**		**Meeting Date**
Faried Chopdat	**Faried Chopdat**		**21 December 2022**
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Yes	BAF Numbers	BAF SR7

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

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			
RISK MANAGEMENT & REPORTING					
Finance, Infrastructure & Digital Risk Management	A	A	We are assured that the risk management process and reporting risks for Finance (A/G), Infrastructure (A/A) and Digital (A/A) are adequate and effective. However, the Committee continues to challenge the adequacy, effectiveness, and ownership of mitigation actions, particularly regarding Infrastructure and IT & Digital Risks.	Monitor monthly through FIDC (and significant risks to be reviewed quarterly at Board).	FIDC Meetings 2023
OPERATIONAL					
Month 8 Finance position	A	G	The overall position for Month 8 has improved compared to previous months. Income is received from the ICB to fund the planned deficit (£19.4m); £12.9m of this is reported in the Month 8 position. The Trust is reporting a deficit of £1.7m in Month 8, which is £0.4m favourable to plan. The year-to-date position is £13.3m deficit, £0.7m adverse to plan. The latest forecast position is £1m worse than the plan, which is an improvement on the previously reported £1.8m due to the ICB agreement to fund ESRF costs.	Monitor through FIDC	FIDC meetings 2023
Capital Plan	A	A	The total Capex at Month 8 is £6.4 m below plan. Of this, £4.8m relates to Trust CDEL schemes, with the remaining £1.6m slippage on externally funded schemes. The slippage is managed to expedite the reprioritisation of the Capital plan and bring forward other items of spend to use the Capital allocation.	Monitor through FIDC	FIDC meetings 2023

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
Improvement and Efficiency Plan – Update	A	A	£0.67m of efficiency is reported against a plan of £1.05m in Month 8, resulting in an under-achievement of £0.38m. The forecasted position is that 74% of the plan will be achieved at year-end however, there is reliance on non-recurrent schemes with both the year-to-date and forecasted position.	Monitor through FIDC and monthly update to the Board	FIDC meetings 2023
2023/24 Financial Planning Process	R	G	An update was noted on the business planning for 2023/24, summarising the National Update, Progress to Date, and Anticipated Outcomes. The Committee notes that the planning methodology is comprehensive and robust and looks forward to the outputs of the planning process and future updates. The Committee continues to raise concerns about the clarity of the financial planning and governance processes at the ICS level and therefore have rated the inherent risk as Red.	Monitor through FIDC and key updates to the Board	FIDC meetings 2023
BUSINESS CASES & UPDATES – for noting					
BSW Financial Strategy	-	-	A paper outlining the Financial Strategy for BSW ICB setting up a high-level road map by which the BSW system seeks to achieve long-term financial sustainability over five years. The challenge is significant given that there is an estimated underlying position of £125m across the BSW with the focus on how turnaround support could be provided, and positions challenged across all organisations.	-	-
Shared EPR Programme Update	R	A	An update on the EPR procurement process and key achievements was presented. Overall, the programme inherent risk is Red due to the lack of benefits to support the FBC, including estimated increased costs and the challenges around resourcing.	Monitor through FIDC	FIDC meetings 2023
Update on Procurement	A	G	An update was received providing an overview of crucial work plan projects, status and service development initiatives, a look forward to high-value contracts coming up for renewal in the next 12 months, and savings performance to date. The Committee was delighted with the proactive actions management has taken to address significant challenges to procurement activities in the current climate.	Monitor through FIDC	FIDC meetings 2023

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

NHS
Great Western Hospitals
NHS Foundation Trust

Board Committee Assurance Report

Finance, Infrastructure and Digital Committee – 23 January 2023			
Accountable Non-Executive Director	**Presented by**		**Meeting Date**
Faried Chopdat	**Faried Chopdat**		**23 January 2023**
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Yes	BAF Numbers	BAF SR6 & 7

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			
FINANCE					
Finance Risks & Way Forward Programme Risks	A	G	The Committee noted that Finance's risk management process is adequate and effective. Whilst the scoring of risks for 2022/23 was appropriate, the Committee debated that several Finance related risks are likely to be amplified as critical as we transition into the 2023/24 year. The Committee also received the Way Forward Program Risk report and was assured that risks are appropriately identified, managed, and mitigated.	Monitor monthly through FIDC and significant risks to be reviewed quarterly at Board.	FIDC Meetings 2023
Month 9 Finance position	A	G	The Trust received income from the ICB to fund the planned deficit (£19.4m), of which £14.5m is reported in the Month 9 position. Excluding this income, the Trust is reporting a shortage of £1.5m in the month, of which £0.2m is favourable to the plan. The latest forecast position is breakeven which is an improvement from the previously reported £1m gap due to a review of reserves and contingencies alongside the in-month cost pressures.	Monitor monthly through FIDC	FIDC Meetings 2023
CIP Programme Update	A	A	The Month 9 position is that £0.7m of efficiency is delivered against the plan of £1.05m resulting in an adverse variance of £0.34m. 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 crucial 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 amplified to R/R as we step into the next financial year.	Monitor monthly through FIDC	FIDC Meetings 2023

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
Business Planning Update	R	A	An update 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 planning methodology is comprehensive and robust and looks forward to the outputs of the planning process and future updates. However, it pointed out 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.	Monitor at FIDC + proposal to review final plan at an extraordinary FIDC scheduled for the week c/o 20th March 2023	FIDC meetings 2023
Costing Assurance Update	A	A	A paper on the Costing Assurance Programme was received and noted by the Committee. The priorities of the costing team continue to be driven by nationally required developments, whilst the internal focus will move to support services with improved productivity data to inform planning. The Committee noted vital risks to the work performed by the costing team, including coding risks, developing reports in Power BI, and tying governance around cost data with governance around data shared with divisional teams.	Monitor 6 monthly updates at FIDC	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 clarity and detailed action plans were required for the one risk that scored 15, i.e. engagement in using digital solutions to deliver change.	Monitor through FIDC	FIDC meetings 2023
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. Work is still commencing to incorporate key risks into the Trust's corporate risk registers to enable complete visibility at the Trust level. The inherent risk of the overall program remains high notwithstanding the continued efforts by the executive and the project team.	Monitor through FIDC	FIDC meetings 2023
Shared EPR Program update	R	A	An update on the EPR procurement process and key achievements to date was presented to the Committee. Overall, the inherent programme risk is Red due to the lack of benefits to support the FBC including estimated increased costs, availability of central Capital funding to support the programme, resourcing challenges and the risk that the FBC needs to be approved.	Monitor through FIDC and monthly update to the Board	FIDC meetings 2023
PACS business case approval	-	-	The Committee reviewed the Outline Business Case (OBC) for the Trust to invest in a single integrated Picture Archiving & Communication System (PACS) across its core radiology and breast imaging services. The Committee provided approval to commence a tender exercise to enable a Full Business Case to be developed.	FBC to be reviewed and approved by the FIDC, and update to the Board including approval.	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 actions are in place to mitigate risks.	Monitor through FIDC	FIDC meetings 2023

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
PFI Report	-	-	An update on the mobilisation of the Soft FM Benchmarking, including other PFI activities, was received by the Committee for noting. No significant issues are noted, although the Committee remains interested in more detailed action plans related to the Trust's preparedness for the expiry of the PFI in 2029.	Monitor through FIDC	FIDC meetings 2023
Site Utility and Resilience	A	A	An update on how the Trust manages ongoing risk in respect of the capacity and resilience within primary utility services across GWH and the Brunel Treatment Centre was received by the Committee. Whilst many actions have been completed to date, several activities and completion dates are yet to be established, resulting in an A/A assurance rating.	Monitor through FIDC	FIDC meetings 2023
Integrated Front Door – Guaranteed Maximum Price and Stage 4 Contract	-	-	The Committee received a comprehensive paper outlining approval for the main construction (stage 4) contract and the related Guaranteed Maximum Price (GMP). It confirmed that the proposed GMP is affordable, and that the agreement will deliver a new IFD by the Trust's requirements, as the clinically led IFD team specifies. The Committee approved the GMP and the Main Construction Contract and recommends approval to the Trust Board.	For approval at the Trust Board	-

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

Great Western Hospitals NHS Foundation Trust

Board Committee Assurance Report

Performance, Population & Place Committee			
Accountable Non-Executive Director	**Presented by**		**Meeting Date**
Peter Hill	Peter Hill		23rd November 2022
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			ED/UTC still performing relatively well against targets compared to other trusts and national average. However, the average waiting time now at 8.5 hours with 17% waiting 12+ hours. Ambulance handovers remain a concern with over a third in delayed by an hour or more. Further improvement work planned with SWAST in December. High levels of NCTR patients, however, there are signs of improvement with patient numbers reducing from c. 130 during the reporting period to 1.05 at time of meeting.	Monitor Actions	December 22
Integrated Performance Report – Elective Access - RTT			Trust continues to have no patients waiting in excess of 104 and remains on track to have no over 78 week waiters by February/March 2023. There are still concerns around the 52 week waiters with numbers increasing by 1,500 since March 22.	Monitor Actions	December 22

Integrated Performance Report – Elective Access – DM01			The committee noted a continued improvement in wait times in Radiology (MRI/CT/Echo). Further work planned to improve waiting times for Endoscopy patients and PPPC will receive a presentation on this at it's December meeting.	Monitor Actions	December 22
Integrated Performance Report - Cancer			The committee received a presentation from the Deputy Divisional Director responsible for Cancer Services. Performance is similar or better than the South West and National averages. Over-reporting of low-grade skin cancers (not expected to be reported nationally) was noted resulting in GWH reporting a higher figure of long waiters than required ie more patients reported waiting longer than the 2 week access time than should have been. The revised figures will show an improvement in performance although the number of patients requiring consultation and possible treatment remains the same. The committee noted good development work and the Deputy DD anticipated an improved performance going forward.	Monitor Actions	December 22
UTC Improvement Plan			Presentation from UTC Matron highlighting some of the improvements over recent weeks including the move into purpose designed building, recruitment of GPs and other members of the team including the new Matron and a Clinical Navigator. Evidence of improved staff engagement along with a rise in the number of compliments and positive media coverage was also noted.	Monitor actions	December 22
Emergency Preparedness, Resilience & Response Assurance Report (EPRR)			Described as "substantially compliant" but with a few amber areas that have an action plan against the self-assessment.	Monitor actions	February 2023

Issues Referred to another Committee – None	
Topic:	**Committee:**

Great Western Hospitals NHS Foundation Trust

Board Committee Assurance Report

Performance, Population & Place Commitee			
Accountable Non-Executive Director	**Presented by**		**Meeting Date**
Peter Hill	Peter Hill		23rd December 2022
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 committee noted some minor improvements with ED performance across some metrics compared to October. However, the mean waiting time remained in excess of 8 hours. Non-criteria to reside occupied bed days remained high in November creating difficulties with flow from ED, this has reportedly improved at the time of the meeting. UTC seems to be performing well.	Monitor Actions	January 2023
Integrated Performance Report – Elective Access - RTT	R	A	The combination of increased referrals (5%) and reduced clock stops has resulted in an increased waiting list size in year, with a corresponding increase in the number of patients waiting over 52 weeks. However, patients waiting over 78 weeks has been maintained, with good progress being made against the target of zero patients waiting over 78 weeks by March 2023 and with consistently high performance in this area regionally.	Monitor Actions	January 2023
Integrated Performance	R	A	Trust performance improved by a further 4% in October with the number of patients waiting over 6 weeks reducing by 424 and the total waiting list decreasing by 412 showing	Monitor Actions	January 2023

Report – Elective Access – DM01			a continued improvement.		
Integrated Performance Report - Cancer	A	A	The committee received a presentation from the Deputy Divisional Director responsible for Cancer Services. At Trust total level, there has been an increase in referrals in comparison to 2019/20 of 16.9% across all tumour sites. This has particularly impacted the ability to achieve the 2ww standard for patients on Lung, Lower GI and Skin pathways. However, despite these increases, of the 6 largest tumour sites (Breast, Lower GI, Gynae, Upper GI, Skin, Urology), 5 have remained consistently better than the national average percentage of patients waiting over 62 days and at Trust level the 28 Day Faster Diagnosis standard has been achieved for 4 out of 8 months. The Skin pathway remains the most challenged area with a significant demand and capacity gap within Plastic Surgery and remains a priority to address. The committee noted good development work and the Deputy DD anticipated an improved performance going forward.	Monitor Actions	January 2023
Winter Plan Update	R	A	The committee received an update on the various programmes in place such as Home First and the co-ordination hub where the teams are trying to evidence whether focusing on flow rather than beds has a material difference in operational pressures.	Monitor actions	January 2023
IT Performance	A	A	The report submitted shows significant improvement in terms of the response times and the consequent reduction in abandoned calls for all front of service issues. There remains continued issues with Wi-Fi onsite. The committee were keen to monitor progress with Wi-Fi issues along with a meaningful user survey report.	Monitor actions	March 2023

Issues Referred to another Committee – None	
Topic:	**Committee:**

Great Western Hospitals NHS Foundation Trust

Board Committee Assurance Report

Performance, Population & Place Commitee			
Accountable Non-Executive Director	**Presented by**		**Meeting Date**
Peter Hill	Peter Hill		25th January 2023
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	BAF Numbers	BAF 3, 4 & 5

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	Emergency Care saw a significant increase in attendance in December (1,212 increase on November making it the highest ever level of attendance). The mean wait time now exceeds 9 hours. UTC is holding up well but further work required to ensure the maximum number of patients benefit from the service (rather than attending ED). It was also noted that on the 25/01 the new front door to ED was in use and therefore all walk in patients will be received through this route.	Monitor Actions	February 2023
Integrated Performance Report – Elective Access - RTT	R	A	RTT is moving more positively in terms of 78-week waiters despite additional pressures from Covid, strike days etc. The number of 52-week waiters, which had been increasing month on month, has decreased for the first month. This month was also the first month of positive day case activity during the period with more future capacity increases noted.	Monitor Actions	February 2023

Integrated Performance Report – Elective Access – DM01	R	A	DM01 performance has improved as a whole with a waiting list and long waiter reduction. The waiting list size has reduced by 2,000 since June 2022 and access time performance has improved by 8 percentage points since August 2022. Still significant challenges in Endoscopy especially in terms of staffing turnover and sickness. The committee noted the Endoscopy Recovery Plan & JAG accreditation was noted.	Monitor Actions	February 2023
Integrated Performance Report - Cancer	A	A	Cancer remains the same as the previous two months with hot spots still around Dermatology and Plastics, however, there has been an improvement particularly in Dermatology from additional outsourcing. A further update is expected next month.	Monitor Actions	February 2023
Virtual Ward Update	A	A	The committee received an update on the Virtual ward (aka NHS at Home). Members were very impressed with the progress made. The committee noted the renewed national focus on this service model and the recruitment challenges currently being experienced.	Monitor Actions	February 2023
Trust Action Plan for Health Inequalities	A	A	The committee received an update from the Chief Officer for Improvement and Partnerships. Progress had been slower in some areas than had been hoped for with aspects of working on inequalities proving challenging in the current climate. However, the committee recognised the Trust's progress relative to other local NHS Trusts. The committee will continue to monitor.	Monitor Actions	February 2023

Issues Referred to another Committee – None	
Topic:	**Committee:**

NHS
Great Western Hospitals
NHS Foundation Trust

Report Title	**System and Planning Future Community Services**				
Meeting	Council of Governors				
Date	8 February 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):

Planning, System and Future Community Services

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	Chris Trow
Date	8 February 2023

NHS
Great Western Hospitals
NHS Foundation Trust

Council of Governors

Feb 2023

Service Teamwork Ambition Respect

NHS
Great Western Hospitals
NHS Foundation Trust

System and Planning

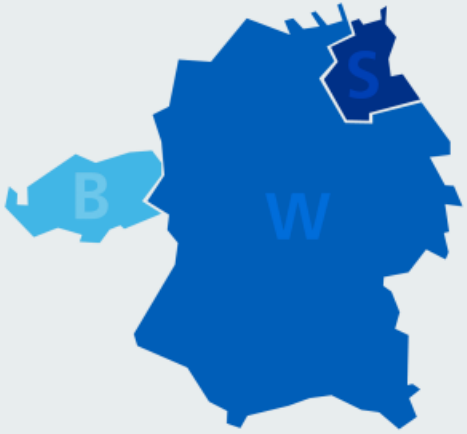
Feb 2023

Service Teamwork Ambition Respect

System structure & challenge

Great Western Hospitals NHS Foundation Trust

- Integrated Care Partnership
  - Statutory joint vehicle between health and local authority
  - Will set the strategy for BSW to integrate care and address population needs (due Dec 2022)
  - Chaired by Wiltshire Council Leader, membership includes ICB CEO & executives, local authority CEOs & leaders, health organisations' chairs, VCSE & Healthwatch
- Integrated Care Board
  - Statutory NHS body responsible for the health of the population of BSW
  - Responsible for enacting plans and ensuring the performance of the constituent parts of the system to deliver the strategy
- Integrated Care Alliance
  - Place based partnership of those involved in health and care services in Swindon
  - Delegated responsibilities from ICB for local services and planning



Complex and novel architecture with unprecedented challenge in terms of NHS patient backlogs, demand & service sustainability as well as impact of social services budget cuts.

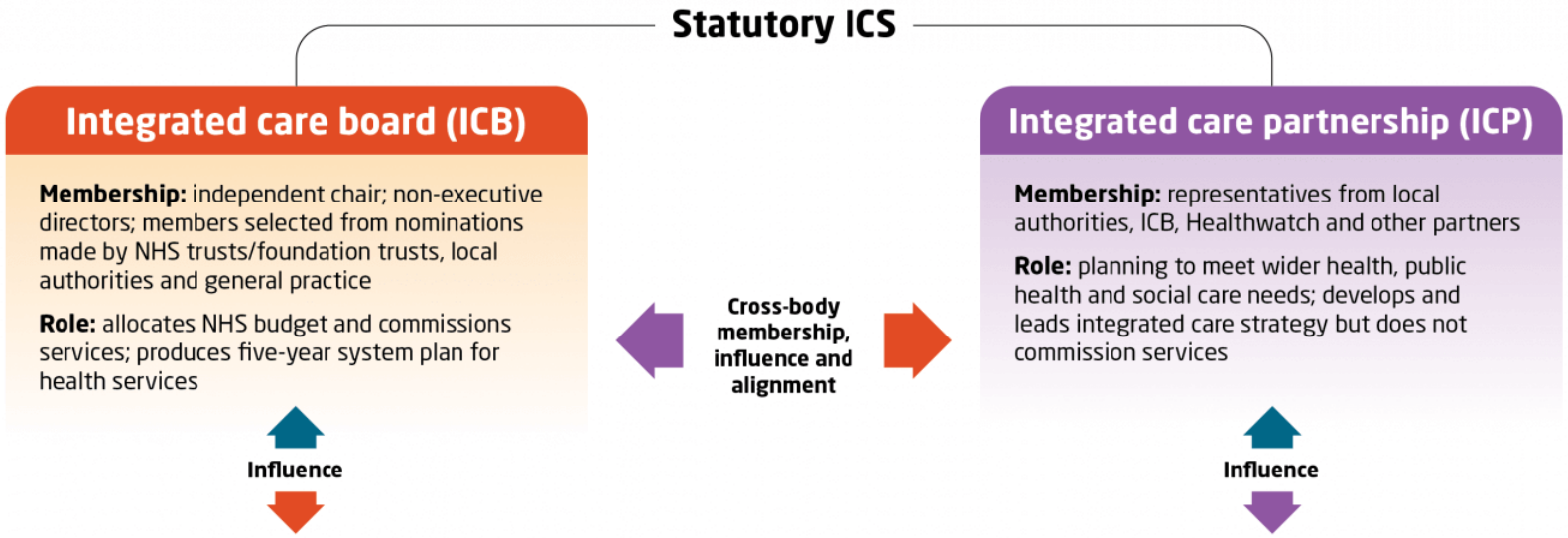
Integrated care systems (ICSs)

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

NHS
Great Western Hospitals
NHS Foundation Trust



Geographical footprint	Partnership and delivery structures	
	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

The King's Fund

A reminder of how the health & care system is now structured

BSW Integrated Care Partnership (ICP)

Great Western Hospitals NHS Foundation Trust

Council of Governors

The ICP is one of the two new statutory bodies in the Integrated Care System (ICS), arising from the Health & Care Act.

The ICP is the committee jointly formed between the NHS integrated care board and all upper tier local authorities that fall within the ICS area.

Our ICP brings together a broad alliance of partners concerned with improving the care, health and wellbeing of the population, with membership determined locally.

Our ICP is responsible for producing an integrated care strategy on how to meet the health and wellbeing needs of the population in the ICS area.

The membership of our ICP covers the local authorities of BaNES, Swindon & Wiltshire and members are listed here.

- **Leader, Swindon Borough Council Cabinet - Leader**
- ICB CEO
- Leader, BaNES Council Cabinet
- CEO, BaNES Council
- CEO, Swindon Borough Council
- CEO, Wiltshire Council
- Director of Public Health BaNES
- Director of Public Health Swindon
- Director of Public Health Wiltshire
- Chief Medical Officer ICB
- Director of Place - BaNES
- Director of Place – Swindon
- Director of Place - Wiltshire
- ICB Director of Strategy and Transformation
- ICB Director of Equalities, Innovation and Digital Enterprise
- SFT Board - Chair
- RUH Board - Chair
- GWH Board - Chair
- Wiltshire Health & Care - Chair
- AWP - Chair
- Healthwatch BaNES & Swindon
- Healthwatch Wiltshire
- ICB Non Executive Director Public Engagement
- ICB Non Executive Director VCSE

BSW Integrated Care Board (ICB)

Council of Governors

Great Western Hospitals NHS Foundation Trust

Our ICB is the NHS statutory body responsible for **developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the Integrated Care System area. The plan will deliver the aims of the integrated care strategy set by the ICP.**

It is governed by its Board. The Board is the key decision-making body of the ICB, and ensures that the ICB has appropriate arrangements in place to exercise its functions efficiently, effectively and economically, and in accordance with principles of good governance.

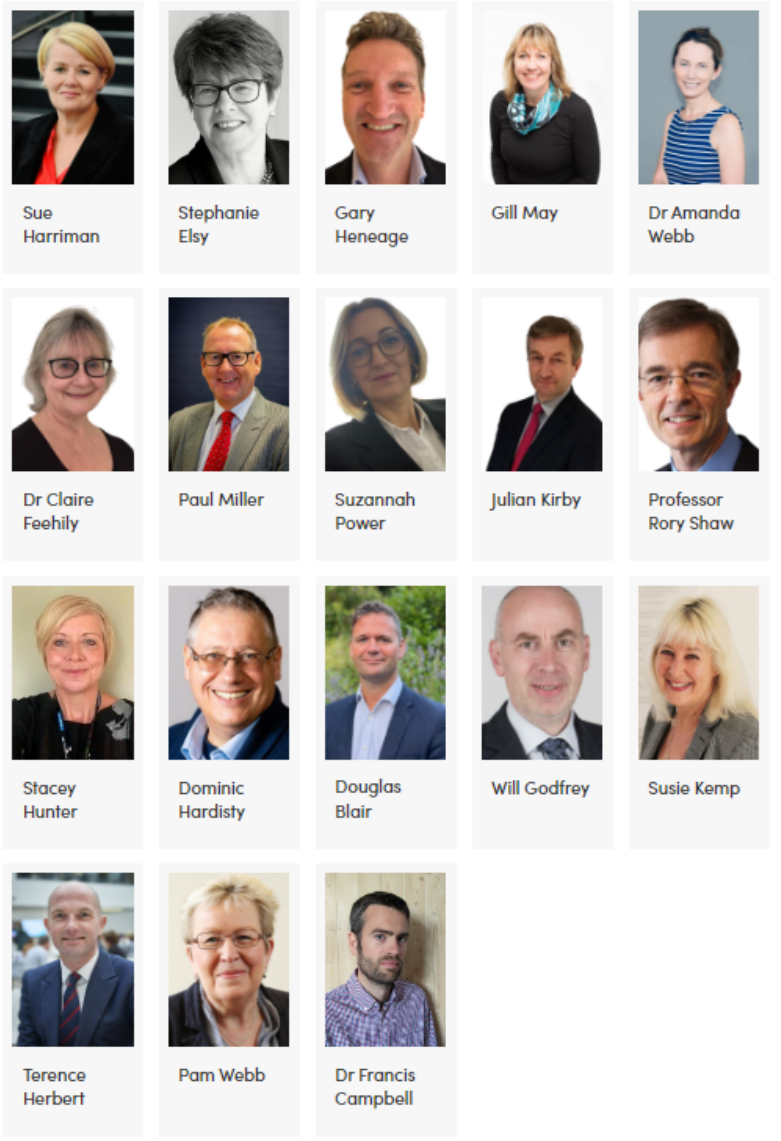
- ICB Board (see right)

- Further information can be found at the link below:

[Our ICB Board - Bath and North East Somerset, Swindon and Wiltshire ICB]

Service | Teamwork | Ambition | Respect

Our Board members



System context

NHS
Great Western Hospitals
NHS Foundation Trust

Planning

- As partners across BSW, there are three key document that we need to produce:
- **Integrated Care Strategy – 'the Strategy' (by 31st March 23)**
  - This is being developed by the Integrated Care Partnership (ICP).
  - It will link to and be consistent with the place based health and wellbeing strategies.
- **5 Year Integrated Care Implementation Plan (also known as the Joint Forward Plan) – 'the Plan' (by 30th June 23)**
  - This is being developed by the Integrated Care Board (ICB)
  - Opportunity to bring system partners together to develop and implement joint strategies and plans, building on those that already exist at system & place, to best deliver the 4 core ICS purposes:
    - Improving outcomes in population health and healthcare.
    - Tackling inequalities in outcomes, experience and access.
    - Enhancing productivity and value for money.
    - Helping the NHS support broader social and economic development.
- **Operating Plan 23/24 (by 31st March 23)**
  - Setting out our system plan key metrics for submission to NHSE.
- At a Trust level we are working on our own Operational Plan and we are working collaboratively within our Acute Hospital Alliance to form alignment. The ICB will submit a summary of provider plans.

NHS
Great Western Hospitals
NHS Foundation Trust

Future Community Services

Feb 2023

Service Teamwork Ambition Respect

Future Community Services

Council of Governors

NHS
Great Western Hospitals
NHS Foundation Trust

- Work is now underway at the Integrated Care Board to prepare for the future of Community Services across BSW.

- Community contract end dates have been aligned to end of March 2024.

- System partners have started a collaborative dialogue approach to consider how services can be better provided in the future and how we can reduce inequity of care across BSW.

Swindon – Population Overview

DEMOGRAPHICS

Swindon's population is **222,881** (mid-2020 estimates)

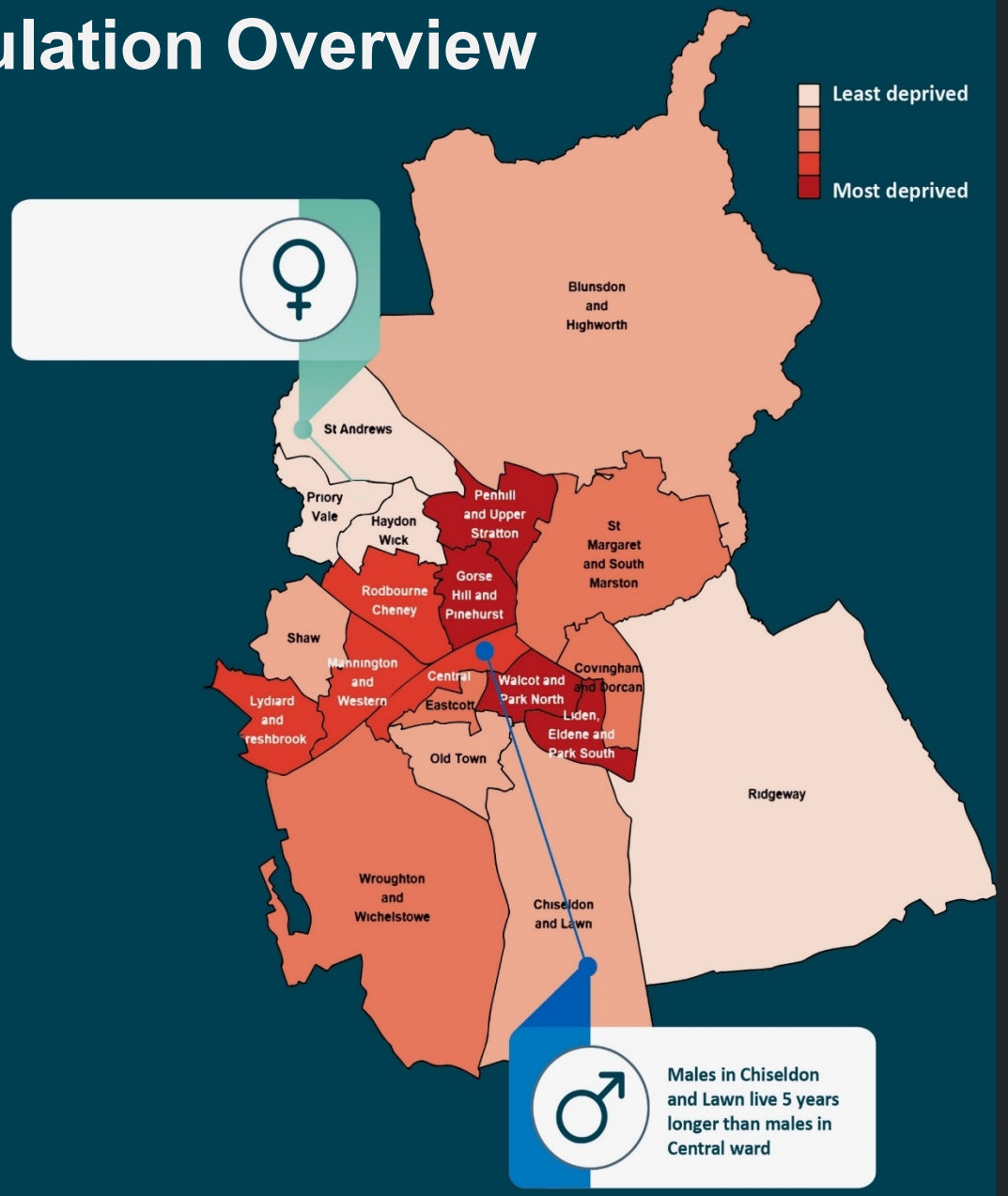
- 22.8% 50,752 — Aged between 0-17
- 60.7% 135,256 — Aged between 18-64
- 16.5% 36,873 — Aged 65 or older

The most common age group (32,746 people) is 45-55 years — 14.7%

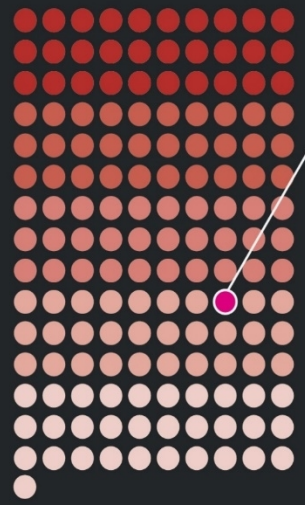
5% Population projection 2020 to 2030

4% Further population projection increase 2030 to 2040

By 2040, 20,000 more people over 65 years will live in Swindon.



DEPRIVATION



Ranked out of 151 local authorities in England for deprivation.

12 out of 132 smaller Swindon geographies are in the 10% most deprived areas in England.

Work is underway, as a place based partnership, to map the population of Swindon against health services, needs and areas of deprivation.

This will take in to account the anticipated growth and changes within the local population over the next five years.

This data is being compiled and will be used as we start the think about how we might deliver services in the future.

Swindon Adult Community Services

Council of Governors

Great Western Hospitals NHS Foundation Trust

Starting Well

Specialist support for complex needs currently undertaken by Paediatrics Department in the Acute

Currently children's continence, enuresis, equipment and wheelchair services are managed by the Trust's community health services.

Living Well & Aging Well

Supporting Self Care & Prevention

- Diabetes education*
- Parkinson's education*
- Remote Monitoring*
- COPD condition Management - Pulmonary Rehab (Maintain the gain)*
- Continence Education
- Medication Management Education
- Pressure Ulcer Prevention & Skin Management
- Long Covid
- Stroke Coordinator

Proactive Care & Support

- Community Nursing – 24 Hour Provision
- Tissue Viability*
- Continence
- Phlebotomy
- Wheelchair Service
- Dermatology Service
- Podiatry*
- Diabetes Service*
- Parkinson's Service
- COPD
- Equipment Service
- IV/OPAT Service
- Homefirst*
- Oxygen service
- Complex community nursing caseload
- Clinical Leads
- Speech & Language*
- Intermediate Care – Reablement Therapy*
- Discharge to assess – bed base*

Responding to Urgent Needs

- Urgent Community Response – 2 Hour and 2-48 hour Nursing
- Urgent Community Response – 2 Hour and 2-48 hour Therapy
- Virtual Ward*
- Night Service
- Intermediate Care (Homefirst)
- Equipment
- Oxygen Service
- COPD

Rehabilitation and recovery (at home or not)

- Community Stroke Team
- Early supported discharge - Stroke
- COPD- Pulmonary Rehab
- Community Rehab Team
- Sunflower*
- SWICC*
- Virtual Ward*
- Discharge to Assess
- Homefirst
- Parkinson's Rehabilitation
- Speech & Language*

*Integrated Services

Dying Well

Palliative & End of Life

The Trust's community services listed below are provided to support people at the end of life:

- Community Nursing – 24 Hour provision
- SELeCT
- End of Life Specialist Nurses
- End of Life OT Provision
- Integrated Palliative & End of Life team
- Partnership working with Prospect Hospice
- Access to equipment
- Allocation of community inpatient beds (Sunflower)

NHS
Great Western Hospitals
NHS Foundation Trust

Report Title	Governor Declaration of Interest Register				
Meeting	Council of Governors				
Date	8 February 2023	Part 1 (Public) [Added after submission]		Part 2 (Private) [Added after submission]	
Accountable Lead	Caroline Coles				
Report Author	Caroline Coles				
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):

This outlines the Declaration of Interest Register for Governors 2023

Link to CQC Domain – select one or more	**Safe**	**Caring**	**Effective**	**Responsive**	**Well Led**
Links to Strategic Pillars & Strategic Risks – select one or more	★				
Key Risks – risk number & description (Link to BAF / Risk Register)					**Risk Score**
	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:			

Recommendation / Action Required

The Board/Committee/Group is requested to:

- **To note**

Accountable Lead Signature	Caroline Coles
Date	23 January 2023

GOVERNOR REGISTER OF INTEREST
GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST

Register of Interests – Council of Governors (as at 030123)		
Name of Governor	**Interest Disclosed / Membership of Committees etc**	**Role within Interest Disclosed**
Pauline Cooke	School Governor, Downland School	Governor
Raana Bodman	None	None
Chris Shepherd	None	None
Chris Callow	Bishops Cannings Parish Council Great Western Hospital	Member Police Stop Searches Independent Advisory Group Family Member employed (Daughter in Law)
Judith Furse	Central Church at the Chair of Trustees Swindon and Marlborough Amnesty International Group	Overseeing the charitable Pilgrim Centre activities of the church and centre Chair Chairing meetings
Ashish Channawar	Bharat Info Tech Services UK Limited (IT Service provider in Program Management, Information Security, Financial Crime etc) Independent Advisory Group for Counter-Terrorism Police for Swindon & Wiltshire Swindon Equality Coalition Independent Advisory Group for South Swindon Interfaith Recovery & Resilience Forum AbilityNet Neighbourhood Watch Swindon Hindu Temple Trust Swindon Hindu Forum	Director Chairman Founding Member Deputy Chairman Core Team Member Technical Consultant Area coordinator Volunteer Founder and coordinator
Vivien Coppen	None	None
Natalie Titcombe	None	None
Cecilia Olley	Westmill Sustainable Energy Trust (WeSET), Swindon Ocotal Link (SOL),	Education Trustee Chair
Mufid Sukkar	None	None

(*) Waiting for declarations of interest to be confirmed

GOVERNOR REGISTER OF INTEREST
GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST

Leslie Hemingway	Friends of Beechcroft Library, Reg Charity No 1188953	Chair of the Trustees
Emma Wiltshire	None	None
Jane Davies	Wiltshire Council: Cabinet Member Corporate Parenting Panel, Full Council, Eastern Area Committee, Health & Wellbeing Board, Officer Appointments Committee, Marlborough Area Board, Safeguarding Children and Young People Pane.	Cabinet member Chairman
Caryl Sydney-Smith	Swindon Borough Councillor Planning and Environment Committee Oliver Tomkins Primary School	Chair of Standards, Vice-chair of Adult Health West Swindon Parish Councillor LA Governor
Jade Dobson	None	None
Tony Pickworth	None	None
Leah Palmer	None	Senior Post Holder at New College, Swindon

(*) Waiting for declarations of interest to be confirmed

NHS
Great Western Hospitals
NHS Foundation Trust

Report Title	Governor Working Group Terms of Reference & Membership				
Meeting	Council of Governors				
Date	8 February 2023	**Part 1 (Public) [Added after submission]**		**Part 2 (Private) [Added after submission]**	
Accountable Lead	Caroline Coles				
Report Author	Caroline Coles				
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):

This outlines the Terms of Reference for governor Working Groups and the proposed membership for 2023.

Link to CQC Domain – select one or more	**Safe**	**Caring**	**Effective**	**Responsive**	**Well Led**
Links to Strategic Pillars & Strategic Risks – select one or more	★				
Key Risks – risk number & description (Link to BAF / Risk Register)					**Risk Score**
	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:			

Recommendation / Action Required

The Board/Committee/Group is requested to:

- **To approve**

Accountable Lead Signature	Caroline Coles
Date	23 January 2023

NHS
Great Western Hospitals
NHS Foundation Trust

Council of Governors

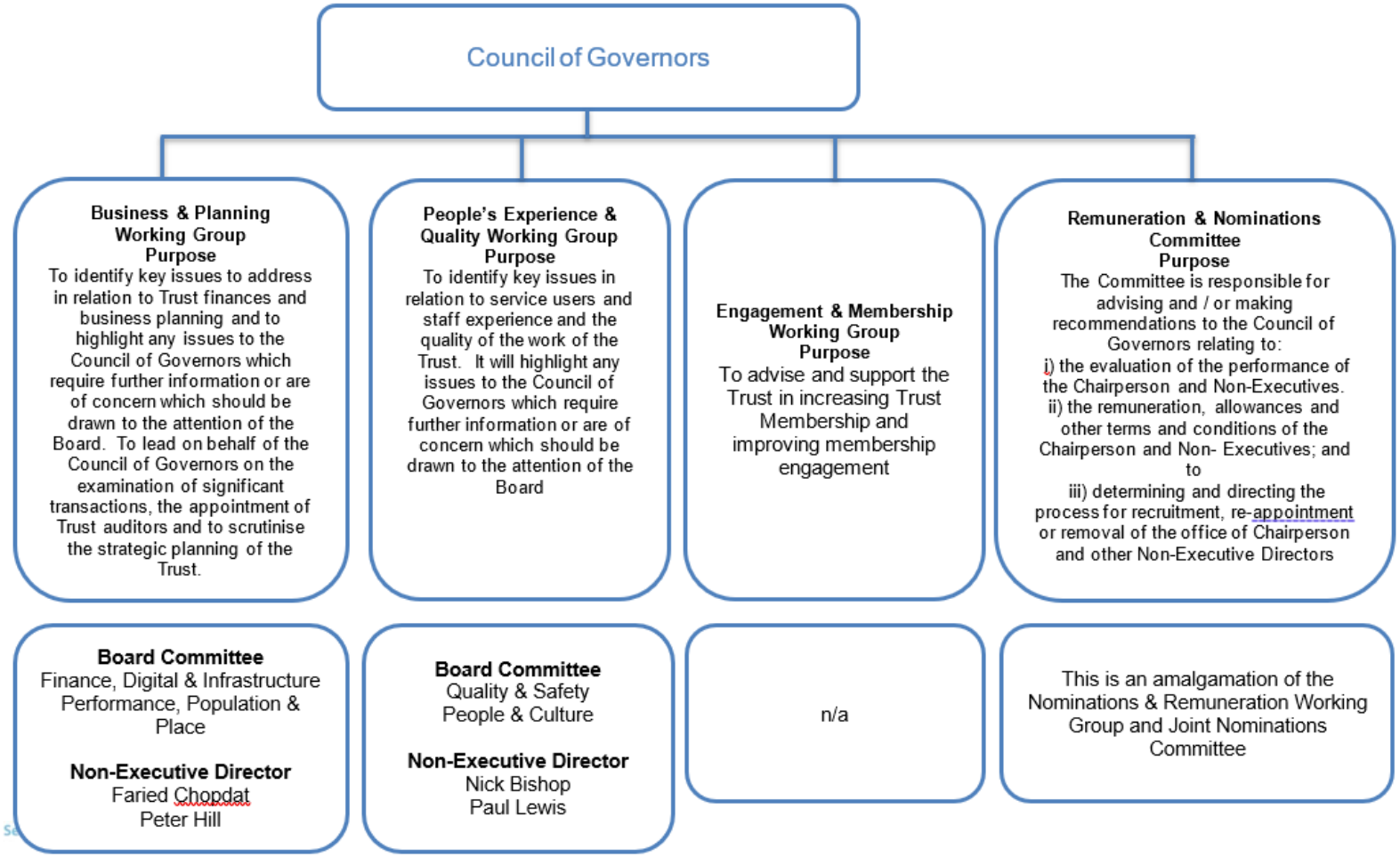
Meetings of the Council of Governors Terms of Reference

2023-2024

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

NHS
Great Western Hospitals
NHS Foundation Trust

Structure and Meetings of the Council of Governors



Great Western Hospitals
NHS Foundation Trust

People's Experience and Quality Working Group Terms of Reference

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

Objectives:
- To be informed of Trust quality and operational performance.
- To consider each year, for recommendation to the Council of Governors, a local quality indicator for scrutiny by the Trust's appointed external auditors a part of the annual Quality Accounts audit process.
- To identify issues affecting patient experience/ friends and family survey
- To receive and consider patient experience reports, surveys and data.

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

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

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

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

Chair & Deputy Elections:

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

What is the Role of the Governor in this meeting?

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

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

Governor Membership (member attendance expected):

1	Chris Shepherd (staff) (Chair)
2	Judith Furse
3	Pauline Cooke
4	Vivien Coppen
5	Tony Pickworth (staff)
6	Raana Bodman
7	Jade Dobson (staff)

Other Attendees

1	Nick Bishop	Non-Executive Director
2	Paul Lewis	Non-Executive Director
3	Helen Winter	Head of Patient Safety and Quality
5	Rayna McDonald	Deputy Chief Nurse

6	Candace Wood	PALS and Complaints Team Leader
7	Tania Currie	Head of Patient Experience and Engagement
8	Ashley Oakshott	Head of HR and Wellbeing Services

Business & Planning Working Group Terms of Reference

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

Objectives:

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

Requirements:

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

Governor Membership (member attendance expected):

1	Ashish Channawar (Chair)
2	Chris Callow
3	Mufid Sukkar
4	Emma Wiltshire
5	Natalie Titcombe

Other Attendees

1	Faried Chopdat (FC)	Non-Executive Director
2	Peter Hill, (PH)	Non-Executive Director
3	Johanna Bogle (JB)	Deputy Director of Finance

Engagement & Membership Working Group Terms of Reference

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

Objectives:

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

Requirements:

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

Governor Membership (member attendance expected):

1	Chris Callow (Chair)
2	Judith Furse
3	Lesley Hemmingway
4	Raana Bodman

Great Western Hospitals
NHS Foundation Trust

Remuneration & Nominations Committee Terms of Reference

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

Objectives:

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

Requirements:

- The membership of the Group shall comprise up to 5 Governors.
- The quorum is 3 members.
- The Group will meet at least once per year.
- The minutes of the Group will be presented to the Council of Governors by the Chair of the Group.
- Other Governors may attend but prior notice shall be given to the Chair of the Group or Company Secretary in advance of the meeting.
- The Group will be supported by the Company Secretary and Chief People Officer.

Governor Membership (member attendance expected):

1	Chris Callow (Chair)
2	Pauline Cooke
3	Mufid Sukkar
4	Emma Wiltshire
5	Natalie Titcombe

Other Attendees

1	Jude Grey, Chief People Officer
2	Caroline Coles, Company Secretary
3	Helen Spice, Non-Executive NED
4	Peter Hill, Non-Executive NED

Note: Executive Directors are appointed by the Board.

Useful Contact Details:

Caroline Coles
Company Secretary – caroline.coles3@nhs.net
Telephone 01793 605369

Sharon Scott
Corporate Governance Assistant - sharon.scott27@nhs.net
corporategovernance@nhs.net
Telephone 01793 605395

Chris Callow
Lead Governor
chris@callow.com

Pauline Cooke
Deputy Lead Governor
pauline.cooke2@btinternet.com

Deborah Rawlings
PA to Chairman – deborah.rawlings2@nhs.net
Telephone 01793 604179

Caterina Gallo
Executive Assistant to the Chief Executive – caterina.gallo1@nhs.net
Telephone 01793 604180

NHS
Great Western Hospitals
NHS Foundation Trust

Report Title	**Review Governor Annual Training and Development Plans 2022/23**				
Meeting	Council of Governors				
Date	8 February 2023	Part 1 (Public) [Added after submission]		Part 2 (Private) [Added after submission]	
Accountable Lead	Caroline Coles				
Report Author	Caroline Coles				
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	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):

This outlines the Training Record for Governors 2022-23

Link to CQC Domain – select one or more	**Safe**	**Caring**	**Effective**	**Responsive**	**Well Led**
Links to Strategic Pillars & Strategic Risks – select one or more	★				
Key Risks – risk number & description (Link to BAF / Risk Register)	n/a				**Risk Score**
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:			

Recommendation / Action Required

The Board/Committee/Group is requested to:

- **To approve**

Accountable Lead Signature	Caroline Coles
Date	23 January 2023

Great Western Hospitals NHS Foundation Trust

GOVERNOR TRAINING 2022/23

1. Introduction

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

This report invites the Governors to consider the training provided to Governors (and Non-Executive Directors) during 2022/23 and to express a view as to whether the training has met the requirements of the Health and Social Care Act.

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

2. Background

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

3. Training provided to Governors during 2022/23

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

Training & Development	Date Provided	Learning Outcome
In-house Trust Induction	05 Apr 2022	1,3,5
	17 Jun 2022	
	07 Oct 2022	
	14 Oct 2022	
Trust Induction, NHS Provider	06 Jan 2023	
In-house Trust Induction	06 Feb 2023	
Public Lectures		
Dietetics at GWH: How & Where do Dietitians Work to Support our Patients	20 Sep 2022	1 & 2
Health Inequalities	01 Nov 2022	
Swindon Carers	22 Nov 2022	
Smoking Cessation	16 Jan 2023	
Co-ordination Centre	21 Feb 2023	
Menopause	28 Mar 2023	
PERIprem in Neo-natal	24 Apr 2023	

Research and Activity of GWH	24 May 2023	
Psychology & Wellbeing	19 Sep 2023	
Governor Visits – virtual		
Biomedical Electronics Department	16 May 2022	1 & 2 & 3
Communications Team	20 Jun 2022	
Nutrition and Dietetics - Supporting patients with Hydration and Nutrition on wards	18 Jul 2022	
Children's Ward	12 Sep 2022	
PALS	17 Oct 2022	
Pain Management	28 Nov 2022	
BAME Network	16 Jan 2023	
Council of Governor Meeting Presentations		
ICS Health Inequalities	03 May 2022	1 & 2
Business Strategic Planning	08 Nov 2022	
EDI Annual Report	08 Nov 2022	
Business Planning & ICS Update	08 Feb 2023	
Community Services Redesign	08 Feb 2023	
Business & Planning Working Group		
IT Infrastructure work and other Improvement Project Inflight Update	17 Oct 2022	1 & 2
Procurement Function Overview	17 Oct 2022	
People's Experience & Quality Working Group		
Acute Service Lead Tissue Viability	12 Oct 2022	1 & 2
Assurance Update on Mental Health	11 Jan 2023	
Informal Governor Meeting Presentations		
NED engagement		4
Others		
Communication Team Overview	20 Jun 2022	1 & 2 & 3
NHS Provider Annual Conference	5-7 Jul 2022	
NHS Provider Governor Virtual Workshop	22 Sep 2022	
NHS Provider Effective Questioning & Challenging	22 Nov 2022	
NHS Provider Governor Virtual Workshop	30 Jan 2023	
NHS Provider NED Appointment Training	26 Jan 2023	
Inhouse Governor Finance Workshop	07 Mar 2023	

4. Engagement & Membership Working Group

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

5. Recommendation

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

Great Western Hospitals NHS Foundation Trust

Report Title	**Election Results Update 2022**				
Meeting	**Council of Governors**				
Date	**8 February 2023**	Part 1 (Public)	x	Part 2 (Private)]	
Accountable Lead	Caroline Coles, Company Secretary				
Report Author	Caroline Coles, Company Secretary				
Appendices					

Purpose

Approve		Receive		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):

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):

The report is to update the Council of Governors on the outcome of the 2022 governor elections.

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	-				

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 note the update.

Accountable Lead Signature	Caroline Coles, Company Secretary
Date	27 January 2023

1. Introduction

1.1 The election process took place between August to November 2022 and was managed by GWH Membership Office. Civica Election Services were the independent scrutineer.

1.2 The elections covered the following categories:-

- Swindon, Constituency
- West Berkshire/Oxfordshire/B&NES
- Staff Constituency

1.3 Nominations were sought through postal and repeated emailed invitations, via the Trust website as well as social media. This resulted in ballots in each constituency being contested.

1.4 Two Prospective Governor Workshops were held on 7th and 20th September 2022.

2. Results

2.1 The numbers of seats per constituency for election and the elected candidates are provided below:

Constituency and Class	Number of seats for election	Turnout 2022 %	Number of candidates	Elected Candidate(s)
Public - Swindon	7	7.4	10	7
West Berkshire/Oxfordshire/ B&NES	1	No candidate uptake		
Staff – Allied Health Professionals	1	13.3	3	1
Staff – Doctors & Dentists	1	11.2	2	1
Staff – Nursing and Therapy	1	Uncontested	1	1
Staff – Administration, Maintenance, Auxiliaries and Volunteers	1	7.5	2	1

I would like to take this opportunity to formally welcome our new public governors, Vivien Coppen, Natalie Titcombe, Cecelia Olley, Lesley Hemingway and Raana Bodman and welcome back for their second terms both Judith Furse and Ashish Channawar.

I would also like to welcome our new staff governors, Jade Dobson, Allied Health, Tony Pickworth, Doctors and Dentists and Emma Wiltshire, Nursing and Therapy, and welcome back Chris Shepherd, Administrators, Maintenance, Auxiliary and Volunteers for his second term.

3. Appointed Governors

3.1 In view of the changing NHS landscape and to remain fit for purpose a review of the external stakeholders has been undertaken and invitations for governor representation has been sought from New College and Voluntary Action Swindon. I am delighted to announce that Leah Palmer from New College has joined the Trust as an appointed governor.

4. Vacancies

4.1 The following constituencies have vacancies:-

- Wiltshire Central & Southern (1)
- West Berkshire, Oxfordshire, Gloucestershire and B&NES (1)
- Rest of England & Wales (1)
- Voluntary Action Swindon (1)

4.2 Elections for the above vacancies will take place in summer 2023.

5. Recommendations

5.1 For the Council of Governors to note the update.

Report of Voting

GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST

ELECTION TO THE COUNCIL OF GOVERNORS

CLOSE OF VOTING: 5PM ON WEDNESDAY 07 DECEMBER 2022

CONTEST: STAFF: ADMINISTRATORS, MAINTENANCE, AUXILIARY AND VOLUNTEERS

The election was conducted using the single transferable vote electoral system.
The following candidate was elected:

ELECTED
SHEPHERD, Chris

Number of eligible voters		1911
Votes cast online:	144	
Total number of votes cast:		144
Turnout:		7.5%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		144

The result sheet for the election forms the Appendix to this report. It details:-

- the quota required for election
- each candidate's voting figures, and
- the stage at which the successful candidate was elected.

Civica Election Services can confirm that, as far as reasonably practicable, every person whose name appeared on the electoral roll supplied to us for the purpose of the election:-

a) was sent the details of the election and

b) if they chose to participate in the election, had their vote fairly and accurately recorded

The elections were conducted in accordance with the rules and constitutional arrangements as set out previously by the Trust, and CES is satisfied that these were in accordance with accepted good electoral practice.

All voting material will be stored for 12 months.

Abi Walcott-Daniel
Returning Officer
On behalf of Great Western Hospitals NHS Foundation Trust

Report of Voting

GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST

ELECTION TO THE COUNCIL OF GOVERNORS

CLOSE OF VOTING: 5PM ON MONDAY 7 NOVEMBER 2022

CONTEST: PUBLIC SWINDON

The election was conducted using the single transferable vote electoral system.
The following candidates were elected (in order of election):

ELECTED
COPPEN, Vivien
TITCOMBE, Natalie
HEMINGWAY, Lesley
CHANNAWAR, Ashish
FURSE, Judith
BODMAN, Raana
OLLEY, Cecilia

Number of eligible voters		2,767
Votes cast by post:	93	
Votes cast online:	112	
Total number of votes cast:		7.4%
Turnout:		205
Number of votes found to be invalid:		2
Total number of valid votes to be counted:		203

CONTEST: STAFF: ALLIED HEALTH PROFESSIONAL

The election was conducted using the single transferable vote electoral system.
The following candidate was elected:

ELECTED
DOBSON, Jade

Number of eligible voters		1,009
Votes cast online:	134	
Total number of votes cast:		134
Turnout:		13.3%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		134

CONTEST: STAFF: DOCTORS AND DENTISTS

The election was conducted using the single transferable vote electoral system.
The following candidate was elected:

ELECTED
PICKWORTH, Tony

Number of eligible voters		729
Votes cast online:	82	
Total number of votes cast:		11.2%
Turnout:		82
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		82

The result sheet for the election forms the Appendix to this report. It details:-

- the quota required for election
- each candidate's voting figures, and
- the stage at which the successful candidate was elected.

Civica Election Services can confirm that, as far as reasonably practicable, every person whose name appeared on the electoral roll supplied to us for the purpose of the election:-

a) was sent the details of the election and

b) if they chose to participate in the election, had their vote fairly and accurately recorded

The elections were conducted in accordance with the rules and constitutional arrangements as set out previously by the Trust, and CES is satisfied that these were in accordance with accepted good electoral practice.

All voting material will be stored for 12 months.

Abi Walcott-Daniel
Returning Officer
On behalf of Great Western Hospitals NHS Foundation Trust

The Election Centre • 33 Clarendon Road • London • N8 0NW • 020 8365 8909 • civica.com/electionservices • support@cesvotes.com

To read our privacy policy please visit our website: https://www.cesvotes.com/privacy | Registered in England, number: 02263092

UNCONTESTED REPORT

GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST

ELECTION TO THE COUNCIL OF GOVERNORS

CLOSE OF NOMINATIONS: 5PM ON 21 SEPTEMBER 2022

Further to the deadline for nominations for the above election, the following constituencies are uncontested:

PUBLIC: WEST BERKS, OXON, GLOUCESTER, BATH AND NE SOMERSET 1 TO ELECT
No valid nominations were received *1 vacancy remains*

STAFF: NURSING AND THERAPY 1 TO ELECT
The following candidate is elected unopposed: Emma Wiltshire

Abi Walcott-Daniel
Returning Officer
On behalf of Great Western Hospitals NHS Foundation Trust

The Election Centre • 33 Clarendon Road • London • N8 0NW • 020 8365 8909 • civica.com/electionservices • support@cesvotes.com

To read our privacy policy please visit our website: https://www.cesvotes.com/privacy | Registered in England, number: 02263092

Great Western Hospitals NHS Foundation Trust

Report Title	**Code of Governance for NHS Provider Trusts**				
Meeting	**Council of Governors**				
Date	**8 February 2022**	Part 1 (Public)	X	Part 2 (Private)]	
Accountable Lead	Caroline Coles, Company Secretary				
Report Author	Caroline Coles, Company Secretary				
Appendices	Appendix 1 – Key Headlines on changes to Code of Governance				

Purpose							
Approve		**Receive**		**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):							
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):

NHS England in October 2022 published three documents that will sit under a revised Provider Licence which will apply to all trusts on 1 April 2023. The documents reflect the passing of the Health & Care Act 2022, updating governance arrangements were relevant.

One of the documents is an ~Addendum to your statutory duties – reference guide for NHS foundation trust governors.

The report outlines the key headline changes to both the code of governance and the addendum to your statutory 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	None				
Next Steps	None				

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:	
To note the update.	
Accountable Lead Signature	Caroline Coles, Company Secretary
Date	26 January 2023

NHS
Great Western Hospitals
NHS Foundation Trust

Code of Governance for NHS Provider Trusts

Council of Governors

February 2023

Service Teamwork Ambition Respect

NHS Code of Governance

Great Western Hospitals NHS Foundation Trust

Three Documents

NHS England has published three documents that will sit under a revised Provider Licence which will apply to all trusts on 1 April 2023. The documents reflect the passing of the Health and Care Act 2022, updating governance arrangements where relevant.

1

New **Code of Governance for NHS provider trusts** which replaces the NHS Foundation Trust Code of Governance which was last updated in 2014

2

Addendum to Your statutory duties – reference guide for NHS foundation trust governors

3

Guidance on Good Governance and Collaboration.

NHS Code of Governance

Great Western Hospitals NHS Foundation Trust

In general, the provisions of the code do not greatly differ from the 2014 version since the Health and Care Act 2022 does not change the statutory role, responsibilities and liabilities of provider trust boards of directors. However, there are some new themes included in the code for the first time including:

- The requirement for Trust Boards to assess contribution to the objectives of the ICB, ICPs and place based partnerships. 1
- The board's role in assessing and monitoring the culture of the organisation 2
- A new focus on equality, diversity and inclusion 3
- For foundation trusts, potentially greater involvement for NHS England in recruitment and appointment processes, including utilising NHSE's Non-Executive (NED) Talent and Appointments team in preference to external recruitment consultancies and having representation from NHSE on NED recruitment panels. When setting remuneration for NEDs, including the chair, foundation trusts should use the Chair and Non-Executive Director remuneration structure. 4

Addendum to Your statutory duties

Great Western Hospitals NHS Foundation Trust

The statutory duties of councils of governors have not changed, and governors should not anticipate any material change to their day-to-day role.

However as the NHS moves to a new way of working with the amendment to the Health & Care Act 2022 removing legal barriers to collaboration and integrated care and put ICSs on a statutory footing by establishing an Integrated Care System will affect what Council of Governors need to consider when performing their statutory duties.

The addendum only applies to the a Council of Governors' role within its own Foundation Trust governance structure and does not relate to the governance of Integrated Care Boards.

The three statutory duties that will be most affected by the transition to system working are:

	1	2	3
WHAT	Holding the Non-Executive Directors individually and collectively to account for the performance of the board of directors	Representing the interests of the members of the NHS foundation trust and the public	Approving 'significant transactions', mergers, acquisitions, separations or dissolutions
HOW	Council may look at the nature of the trust's "collaboration with system partners" as an indicator of organisational performance	Councils of governors' duty to represent the interests of the "**public at large**" – expanded to the population of the local system of which the trust is part	Clarification of the council's role in relation to approving significant -"to withhold its consent, the council of governors would need to provide evidence that due diligence was not undertaken."

Addendum to Your statutory duties

Great Western Hospitals NHS Foundation Trust

Reference guide for NHS FT Governors

Supporting Governors to undertake their duties in the context of ICSs and system working:-

Communication and Engagement	How
The Trust's chair should facilitate engagement between the ICB, the ICP and the trust's council of governors	▪ **Attending public board meetings** to listen to the discussions on ICS arrangements. This should also indicate whether the board is acting in the wider public interest and provides an opportunity to hear the types of questions non-executive directors are asking in this respect ▪ Board members **providing ICS updates at council meetings** to ensure that governors are well informed and have an opportunity to ask questions ▪ **Governor engagement sessions arranged by the ICB or ICP** to update on progress in the delivery system plans ▪ The **Chair cascading key messages** after an ICP or ICB meeting
The Trust should also ensure governors are updated in a timely way on system plans, decisions and delivery	
The Trust should ensure governors receive information on the ICP Integrated Care Strategy and the ICB's five-year forward plan, as decisions and aspects of delivery that directly affect the trust and its patients	
The council of governors should consider how it can support its board to engage with patients and the community across the geography of the ICS	

Addendum to Your statutory duties

Great Western Hospitals NHS Foundation Trust

Reference guide for NHS FT Governors

Next Steps

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.

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.

There are also some areas where it will be possible to develop practice over shorter timescales, the scope of reporting to the Council of Governors for example, and the Company Secretary will work with management colleagues to review reporting practice and incorporate System activities in reports to the Council.

Progress in developing practice and achieving compliance will be overseen by the Chair and a follow-up assessment report will be scheduled for consideration by the Council of Governors at its meeting in May 2023.

NHS Code of Governance

Great Western Hospitals NHS Foundation Trust

Reference documents

Your statutory duties: A reference guide for NHS foundation trust governors

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/284473/Governors_guide_August_2013_UPDATED_NOV_13.pdf

Addendum to “Your statutory duties: A reference guide for NHS foundation trust governors”

https://www.england.nhs.uk/wp-content/uploads/2022/10/B2077-addendum-to-your-statutory-duties-reference-guide-for-nhs-foundation-trust-governors-october-22_.pdf