

COUNCIL OF GOVERNORS

Wednesday 19 April 2023, 1pm

Meeting Rooms A1 and A2, Spencer House, Dewhurst Road, Birchwood, Warrington

AGENDA

Ref	Time	Item Title	Lead	Action
18/23	13.00	(i) Welcome and Introductions (ii) Apologies for Absence: (iii) Quoracy Statement	Chair	Information Assurance
19/23	13.00	Declarations of Interest	Chair	Assurance
20/23 Page 3	13.00	Minutes of the last meeting: Council of Governors held 15 February 2023	Chair	Information
21/23 Page 9	13.05	Matters Arising from the Action Log	Chair	Action
22/23	13.15	Any Urgent Items to be taken at the discretion of the Chair	Chair	Action
23/23 Page 11	13.15	Chair's Report: Karen Bliss, Chair <i>Including the Board Summary Report and Board Assurance Framework.</i>	Chair	Information
24/23 Page 53	13.30	Report from the Lead Governor	Lead Governor	Information
25/23	13.45	Governor Feedback: (i) Governor Feedback from Localities and Local Groups – verbal	Governors	Information
26/23 (i) Page 56	13:55	Minutes and Feedback from Local Governor Meetings: (i) Rest of England (ii) Warrington and Halton (<i>minutes to be circulated separately by Angela Green due to meeting timings</i>)	Governors	Information
27/23 (i) verbal (ii) Page 61 (iii) Page 74 (iv) Page 99	14:05	Reports from Board Committees and Governor Observations: (i) Public Board held on 6 April 2023 (ii) Quality and Safety Committee held 23 February 2023 (iii) People Committee held on 15 March 2023 (iv) Finance and Performance Committee held on 23 March 2023	Committee Chairs and Governors	Information
28/23	14:20	Senior Independent Director – verbal report	Martyn Taylor	Information

29/23	14:30	Elections 2023 – verbal update	HoM	Information
30/23	14:35	Operational Update: Sarah Brennan, Chief Operating Officer - presentation to be given at the meeting	COO	Information
31/23 Page 106	14:50	Workforce Update – Recruitment, Retention, Health and Wellbeing, Culture, Leadership and Education	DoW	Information
32/23 (i) Page 152 (ii) Page 153	15:15	(i) Governor development programme (ii) Reminder regarding MIAA Governor Learning and Development Event – 24 May (iii) Update from Working Group concerning Quality Visits – verbal report	Trust Secretary	Information
33/23	15:35	Review of meeting	Chair	Information

DATE & TIME OF NEXT MEETING – Wednesday 14 June 2023, 1pm, virtual meeting via Microsoft Teams

**UNAPPROVED MINUTES FROM A MEETING OF THE
COUNCIL OF GOVERNORS**

Wednesday 15 February 2023, 1pm
Virtual meeting via Microsoft Teams

Present:

Karen Bliss, Trust Chair
Christine Stankus, Lead Governor
Bill Harrison, Public Governor, Rest of England
Paul Mendeika, Public Governor, Warrington
Andrew Mortimer, Public Governor, Rest of England
Jilly Wallis, Staff Governor, Allied Health Professionals
Sarah Power, Staff Governor
Sue Mackie, Staff Governor, Nursing

In attendance:

Linda Chivers, Non-Executive Director
Abdul Siddique, Non-Executive Director
Tina Wilkins, Non-Executive Director
Gail Briers, Non-Executive Director
Martyn Taylor, Non-Executive Director
Colin Scales, Chief Executive
Sarah Brennan, Chief Operating Officer (for item 11/23 only)
Jan McCartney, Trust Secretary
Angela Green, Head of Membership

Observers:

Howard Scott, Facere Melius

Item 11/23 Operational Update taken prior to item 08/23 Report from the Lead Governor
Item 13/23 Governor Development Programme taken prior to item 12/23 Quality and Place
23 proposal for the strategy

01/23	<p>Welcome and introductions</p> <p>Apologies for absence Matt Machin, Public Governor, Warrington Rachel Game, Partner Governor, Higher Education William Griffiths, Public Governor, Rest of England Nicola Wilson, Staff Governor, Nursing</p> <p>Quoracy Statement – The Chair confirmed that the meeting was quorate</p>	
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02/23	<p>Declarations of Interest</p> <p>The Trust Secretary noted that the Council of Governors would be asked to note the appointment of Non-Executive Director, Martyn Taylor as Senior Independent Director later in the meeting.</p>	
03/23	<p>Minutes from the last meeting held on 14 December 2022</p> <p>One correction was noted to those present at the last meeting: Andrew Mortimer to be listed as a Public Governor for Warrington.</p> <p>The minutes of the last meeting were otherwise approved as an accurate record.</p>	
04/23	<p>Matters Arising from the Action Log</p> <p>19/22ii Action Log (Information on potential changes to governor roles following the establishment of the ICBs on 1 July)</p> <p>Item to be taken forward as part of the Governor Development Programme.</p> <p>Informal Council of Governors meeting (session to take place on set up of organisation and how decisions are made)</p> <p>This item would be included as part of the Governor development session to take place following today's meeting. A separate session on the Board Assurance Framework would be included as part of the Governors Development Programme.</p> <p>54/22 Strategic Update</p> <p>The Director of People would be attending the Council of Governors meeting in April 2023 to provide an update on recruitment and retention and key matters across the People agenda.</p> <p>The following blue rated items were agreed to have been completed and could be removed from the action log: 40/22 Chair's Report (programme of visits) 60/22 Reports from Committees/Governor observer reports</p>	
05/23	<p>Any urgent items to be taken with the discretion of the Chair</p> <p>The Chair confirmed that she had not been made aware of any urgent items to be taken.</p>	
06/23	<p>Chair's Report</p> <p>The Chair introduced her report which included a summary of the items and discussions from the December 2022 Board meetings and the current Board Assurance Framework.</p> <p>Paul Mendeika referred to the discussions that had taken place at the Board concerning collaboration and asked if there could be an update provided to the Council of Governors regarding this in the future. The Chief Executive advised</p>	

	<p>that this was included within his strategic update later in the agenda. This would provide information on key issues being looked at through the Provider Collaborative.</p> <p>The Chair encouraged all Governors to attend Board meetings as this would help them in their role to hold the Non-Executive Directors to account.</p>	
07/23	<p>Appointments of Non-Executive Director and Senior Independent Director</p> <p>The Trust Secretary presented the report for the Council of Governors to note the appointment of a new Non-Executive Director and agree the appointment of a new Senior Independent Director (SID) following the departure of Sally Yeoman, which had been approved by the Council of Governors' Nominations Committee.</p> <p>The Lead Governor, Christine Stankus, commented on the recruitment process and interviews. She advised that there had been a wide range of candidates who were all of a high calibre. The interview panel had agreed that Elaine Inglesby was the preferred candidate as she had demonstrated significant knowledge and experience that she would bring to the role as well as a good knowledge of the Trust's localities/footprint. The Lead Governor would answer any questions from Governors concerning the appointment as needed. The Trust Secretary advised that all of the requisite employment checks had been successfully completed and Elaine could commence in post in March 2023.</p> <p>The Council of Governors noted the appointment of Non-Executive Director, Martyn Taylor as the SID and approved the appointment of Elaine Inglesby as a Non-Executive Director.</p>	
08/23	<p>Report from the Lead Governor</p> <p>A report was received from the Lead Governor that provided an overview of work that had been undertaken since December last year by the Council of Governors.</p>	

<p>09/23</p>	<p>Elections 2023</p> <p>The Head of Membership provided a verbal update concerning the 2023 elections. She reported that vacancies remained within the Rest of England and Halton constituencies. The Trust was planning to hold elections later in 2023 with a date to be agreed. She advised that there would be a focus on recruiting to Governor vacancies in the Halton borough. The Head of Membership would provide a further progress update to the Council of Governors in April 2023.</p>	
<p>10/23</p>	<p>Strategic Update</p> <p>The Chief Executive provided a presentation on the ICS and place work and progress with the Provider Collaborative, internal programmes and BOOST (Building On Our Strengths Together) work. He also reported that the Trust had established a Transformation Group to oversee all of the work being undertaken on service transformation and improvement. This forum would imminently hold its third meeting.</p> <p>Concerning work ongoing in the system, the Trust Secretary advised that the development session for Governors to take place later on 15 February would discuss the changes in Governor’s duties and the changes related to how the Trust integrated with the system. She highlighted that the updates that the Council of Governors would receive, such as the update from the Chief Executive would help the Council to observe how the Trust was integrating with the system and this was an example of information that Governors should look out for.</p> <p>Commissioning third sector voluntary services</p> <p>The Council of Governors received the report information which had been discussed by the Board on 2 February 2023.</p>	
<p>11/23</p>	<p>Operational Update TAKEN AFTER 07/23</p> <p>The Chief Operating Officer shared a presentation which set out information concerning Service Tenders and bids, a general operations update, Halton and Warrington adults and children’s services updates and updates in relation to Dental services.</p> <p>The Chief Operating Officer confirmed to Paul Mendeika that BOOST was a bottom-up approach to include staff and patients to shape and make services the best that they could be, including people in place and partners. This aligned with work being undertaken on transformation and development. She advised that this was currently at an early stage with people who used services helping to develop them. The Trust would seek to include children’s voices as well as adults, and linking into routes of communication that were already in place to gain feedback which would include linking in with the voluntary sector.</p> <p>Paul Mendeika sought further information on the Trust’s involvement with the Warrington Hub. The Chief Operating Officer advised that the Trust would be involved with health visitors, school nurses and clinics taking place on different days which would include children and specialist services. There would also be inclusion of frailty services, catheter and continence services. There may also be potential involvement from Drive Ability North West. She reported that there would be some appointment based sessions with outpatient clinics and some</p>	

	<p>drop in options.</p> <p>Andrew Mortimer asked whether the Trust was continuing to encourage staff to take influenza and Covid-19 vaccinations. The Chief Operating Officer advised that there was a continued focus on this with the Trust's Infection, Prevention and Control Team who had been visiting teams in their places of work to provide flu vaccines.</p> <p>Following a question from the Lead Governor concerning arrangements for patient records within the Dental network, the Chief Operating Officer advised that she would check into this with the Dental Teams, but confirmed that records were recorded via one electronic system across the network.</p> <p>The meeting thanked the Chief Operating Officer for her presentation and she left the meeting at this point.</p>	
12/23	<p>Quality and Place 23 proposal for the strategy</p> <p>The Chief Executive delivered a presentation concerning the refresh of the Trust's strategy. He highlighted that the significant additional components to this would be the Trust's position within the Cheshire and Mersey system and the impact and opportunities that this would bring. There would also be a focus on inequalities and deprivation with service responses to be tailored to address those challenges. This would be underpinned by a programme of engagement both internally and externally including Governors and patients, partners and other key stakeholders. The Board would receive the draft of the strategy at its April meeting, however engagement would continue beyond this to ensure that the underpinning delivery plans for the strategy were relevant and sufficiently agile to meet the objectives set out within the strategy. Following a question from Bill Harrison, the Chief Executive advised that the Trust would be checking progress and achievements with the strategy via a clearly set out delivery plan that would compel the meeting of set targets during the course of the year and those would be reported on internally ultimately through to the Board.</p>	
13/23	<p>Governor Development Programme (TAKEN BEFORE 12/23)</p> <p>The Trust Secretary presented the development programme which had been produced working with the Lead Governor and Chair. She advised that this was a starting point for Governors to review and feedback as to whether there were any additional areas that they would like to see covered within the programme.</p> <p>Following a discussion concerning the visits that were being undertaken by Governors to Trust Services, it was agreed that a working group would be established to review the format of the visits, improving the level of governor involvement and provision of feedback from the visits. This would include the Trust Secretary, Staff Governor, Sue Mackie as the Director of Quality Governance, the Lead Governor and other interested Governors who wished to contribute to the discussion. An update would be provided to the next meeting. Non-Executive Director, Linda Chivers highlighted the importance of dovetailing the Governor visits with the existing Time to Talk visits programme to Trust Services with Executive and Non-Executive Directors. She commented that it was important that the visits and the related communication channels were not confused for staff.</p>	

14/23	<p>Governor Feedback</p> <p>(i) Governor Support Workshop (online) NHS Providers</p> <p>The Lead Governor presented feedback following her attendance at the workshop which took place on 30 January 2023. She had set out the key feedback from this within her circulated report.</p> <p>(ii) Governor feedback from localities and local groups</p> <p>No feedback this month.</p>	
15/23	<p>Minutes and feedback from local governor meetings</p> <p>The meeting received minutes from the Rest of England and Warrington and Halton local governor meetings.</p> <p>Following a brief discussion, it was agreed that staff governors should be able to attend Rest of England or Warrington and Halton local governor meetings, but that attendance should distributed evenly.</p>	
16/23	<p>Papers from Board Committees and Governor Observations:</p> <p>The meeting received the Committee reports and Governor observations from the following meetings:</p> <p>(i) Public Board held on 2 February 2023 – verbal – not in attendance to give the update. (ii) Quality and Safety Committee held 21 December 2022 (iii) Audit Committee held on 12 January 2023 (iv) People Committee held on 23 January 2023 (v) Finance and Performance Committee held on 23 January 2023</p>	
17/23	<p>Review of Meeting</p> <p>There were no comments made.</p>	
<p>DATE AND TIME OF NEXT MEETING:</p> <p>Wednesday 19 April 2023, 1pm at Spencer House, Warrington</p>		

ACTION LOG				Meeting: Council of Governors		
Date	Minute Ref	Issue	Action	Responsible Person	Completion Date	
					Due Date/ RAG Status	Comments/Further Action
15.06.22	19/22ii	Action log	Information on potential changes to governor roles following the establishment of the ICBs on 1 July to be circulated.	Jan McCartney	BLUE	<p>October 2022: A draft document on the potential changes, which referred to Governors representing 'the public at large' would be circulated by Jan McCartney, Trust Secretary. The Chair would link with the Chairs of Foundation Trusts across Cheshire and Merseyside to enable a consistent, supportive approach.</p> <p>December 2022: It was recognised that a requirement for Governors to represent the public at large could be challenging and consideration would need to be given to interpretation of this duty. It was agreed that this action would remain on the action log to be revisited once guidance was available.</p> <p>February 2023: Item to be picked up as part of the Governors Development Programme.</p>
10.08.22	n/a	Informal Council of Governors meeting	Session to be scheduled on how the organisation is set up and how decisions are made.	Jan McCartney	BLUE	<p>October 2022: To be added to the development programme in consultation with lead governor. The programme would be agreed and circulated and include how the organisation is set up and how decisions are made in light of the Accountability Framework. The new programme should also include a session on the Board Assurance Framework.</p> <p>February 2023: Session for Governors has taken place on the Accountability Framework and Well Led. BAF to be included as part of the Development Programme.</p>
14.12.22	54/22	Strategic Update	It was agreed that the Director of People would be invited to attend a future meeting to present on the work that the Trust was undertaking on		GREEN April 2023	<p>April 2023: Item included on the agenda</p>

ACTION LOG				Meeting: Council of Governors		
Date	Minute Ref	Issue	Action	Responsible Person	Completion Date	
					Due Date/ RAG Status	Comments/Further Action
			recruitment and retention of staff.			
15.02.23	11/23	Operational Update	Chief Operating Officer to check on issue raised concerning use of paper records in dental services and provide update to the Lead Governor	Sarah Brennan	BLUE	Action is being dealt with operationally – this will be reported back through the Rest of England local Governors meeting.
15.02.23	13/23	Governor Development Programme	Working Group to be established to review service visits undertaken by the Governors. Sue Mackie to be included as Director of Quality Governance. Visits must be dovetailed with Time to Talk visits	Jan McCartney	GREEN	Date for the meeting has been set: 12 April 2023. Update will be provided on the agenda.

Red	Significantly Delayed and / or of High Risk
Amber	Slightly Delayed and / or of Low Risk
Green	Progressing to timescale
Blue	Completed

COUNCIL OF GOVERNORS

Title of Meeting	COUNCIL OF GOVERNORS	Date	19 April 2023
Agenda Item	23/23		
Report Title	CHAIR'S REPORT		
Lead	Karen Bliss – Trust Chair		
Report Author	Karen Bliss – Trust Chair		
Presented by	Karen Bliss – Trust Chair		
Action Required	<input type="checkbox"/> To Approve	<input type="checkbox"/> To Assure	<input checked="" type="checkbox"/> To Note
Executive Summary			
Chair's update report to the Council of Governors			
Previously considered by:			
n/a			
Strategic Objectives			
<input type="checkbox"/> Equality, Diversity and Inclusion – to actively promote equality, diversity and inclusion by creating the conditions that enable compassion and inclusivity to thrive			
<input type="checkbox"/> Innovation and collaboration – to deliver innovative and integrated care closer to home which supports and improves health, wellbeing and independent living			
<input type="checkbox"/> People – to be a highly effective organisation with empowered, highly skilled and competent staff			
<input type="checkbox"/> Quality – to deliver high quality, safe and effective care which meets both individual and community needs			
<input type="checkbox"/> Sustainability – to deliver value for money, ensure that the Trust is financially sustainable and contributes to system sustainability			

How does the paper address the strategic risks identified in the BAF?							
<input checked="" type="checkbox"/> BAF 1	<input type="checkbox"/> BAF 2	<input type="checkbox"/> BAF 3	<input type="checkbox"/> BAF 4	<input type="checkbox"/> BAF 5	<input type="checkbox"/> BAF 6	<input type="checkbox"/> BAF 7	<input type="checkbox"/> BAF 8
Failure to implement and maintain sound systems of corporate governance	Failure to deliver safe & effective patient care	Managing demand & capacity	Financial sustainability	Staff engagement and morale	Staffing levels	Strategy & organisational sustainability	Digital services

CQC Domains:	<input type="checkbox"/> Caring	<input type="checkbox"/> Effective	<input type="checkbox"/> Responsive	<input type="checkbox"/> Safe	<input checked="" type="checkbox"/> Well Led
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COUNCIL OF GOVERNORS

Title of Meeting	COUNCIL OF GOVERNORS	Date	19 April 2023
Agenda Item	23/23		
Report Title	CHAIR'S REPORT		
Report Author	Karen Bliss - Chair		
Purpose	Chair's report to the Council of Governors		

The Board held both public and private meetings on 6 April 2023, and the key issues discussed in public board are attached to this paper at appendix one. The latest BAF is attached at appendix two for information.

In particular, I would like to draw your attention to the following items on the public board agenda:

1. Finance plan for February 2023 (Month 11) – Despite the challenging circumstances the Trust is on target to deliver a surplus this financial year of just under £1m. In addition, the Trust has exceeded the national target for paying non-NHS invoices within the agreed terms during this financial year. Rates are consistently over 99% compared to a target of 95%, and we are one of the top performing Trusts in the country.
2. The Operational Plan for 23/24 was approved by the Board. We are planning a breakeven position for this financial year. The plan is in line with the Planning Priorities Guidance that was issued by NHSE on 23 December 2022 and the Delivery Plan for Recovering Urgent and Emergency Care services that was published on 30 January 2023. The plan excludes the 4.1% community growth funding, but includes additional funding for virtual wards and the 2-hour community response service. CIP is set at 4.2% which is in line with the expectations of the ICB.
3. The Board approved the refreshed Trust Strategy document that is attached as Appendix three.

The Private Board agenda included the following items:

1. An update on a national Paediatric Audiology Incident and its impact for our Warrington service. This is being managed internally via the Paediatric Incident Group, and across the system by a serious incident response group chaired by the Deputy Chief Nurse at the ICB.
2. An update on the Warrington 0-19 service tender.
3. A paper providing an update on the potential opportunities of partnering with voluntary sector organisations in Warrington and Halton to enhance and support service delivery.
4. A proposal to improve compliance with statutory and mandatory training.

NED and Chair Appraisal

The Chair appraisal process for 2023 has just commenced. Feedback will be sought from the Lead Governor, executive and non-executive colleagues, as well as a number of external stakeholders. The Senior Independent Director and the Lead Governor will conduct the appraisal meeting in early May. The non-executive director appraisals will follow on from this, and governor feedback will be welcomed.

Governor Observers

Thank you to Peter Hollett who attended the first half of April's Public Board as an observer.

Attendance at Board is a key way in which Governors can hold the non-executives to account, and I would urge Governor colleagues to attend whenever possible.

SUMMARY REPORT FROM TRUST BOARD

DATE OF MEETING: 6 April 2023

MAJOR ACTIONS COMMISSIONED

- None

MATTERS OF CONCERN OR KEY RISKS ESCALATED

- None

DECISIONS MADE

- None

ASSURANCES AND POSITIVE NEWS

- **Spotlight on Services – Stoma Service:** Following a change to the planned patient story (Neuro Service that will now be presented at the June meeting of the Board), the Board received a story from Steven who shared his experiences of the Stoma Service: He had been supported by the team from his time in hospital with a seamless service being provided through to and beyond discharge. The team had provided valuable re-assurance and advice, answering any questions that Steven had. The service had provided equipment for him and helped him in using and managing this at home. The Board noted that the stoma team comprised two members of staff who cared for 600 patients ranging from infants to older persons. The Board wished to place its thanks on record to the service for its important work. The Board also recognised the importance of screening, emotional as well as physical support and ongoing care, ensuring that patients could achieve the best possible outcomes.
- **Integrated Quality Performance Report (IQPR):** The Board noted that there had been an improvement in the majority of indicators from an operations perspective with cancer indicators improving and a significant improvement in A&E attendances in relation to the Widnes Urgent Treatment Centre. There had also been improvements in dental long waiters. Some long waiters had been identified week commencing 3 April which were being addressed. There had been a decrease in the number of waits for oral surgery in Cheshire and Merseyside with an increase in referrals across Greater Manchester West and Bury, Oldham and Rochdale, as well as an increase in referrals for inhalation sedation. In terms of quality, the Duty of Candour indicator had moved to green rated. Concerning the People indicators, there had been an increase in PPDR (appraisals) compliance with a focus on this and a reduction noted in sickness absence. A discussion took place concerning disaggregated data and elements that may be useful to include in the IQPR going forwards to provide further assurances to the

Board on key matters. The Executive Management Team would be discussing this further.

- **Performance Framework:** The Board received the performance framework which set out governance and responsibilities for performance within the Trust at each level and was aligned as part of a 'golden thread' to the Accountability Framework and the Trust strategy. A discussion took place concerning assurance between the Trust's Council meetings (Performance, Quality and Risk Management) and how this could continue to be strengthened. The importance of the Council Chair's roles was emphasised in ensuring that the right questions were being asked, that the right discussions were taking place and that appropriate feedback was being fed into Board Committees. It was agreed that an arrangement would be established between Council and Committee Chairs to set expectations concerning what the Committee Chairs would expect to receive and to build relationships with the Councils with a supportive/mentoring aspect. This could take place every quarter. The Board approved the framework which it considered to be a good piece of work with clear information.
- **Learning from Deaths:** The Board noted that there 142 patient deaths that had occurred during the reporting period. Those patients did not suffer any detriment from any care delivered by the Trust. It was agreed that further detail was required for future reports around unexpected deaths, a review of terminology used within the report and a stronger emphasis on the learning from deaths. The Trust would also seek to work with other partners to ensure a more rounded approach which would provide a better depth of information and cross-organisational learning. This would be supported by the imminent introduction of the patient safety incident response framework in the medium term which would provide a system wide approach with the ICB.
- **Finance Report – month eleven:** The Board noted the financial position at month eleven. The Trust was in line with plan and was confident of achieving a surplus. A discussion took place on agency staffing, converting to substantive roles and opportunities around this with the Trust seeking to be more agile with an agile workforce. A bank (NHS Professionals) would be utilised by the Trust for use of agency staff with a view to then offering substantive roles. However it was noted that there were significantly higher incentives and rewards being offered to potential staff by other organisations which went against the system's agreed principles and prevented a level field. This would be raised with the organisations responsible at Chief Executive level.
- **2023/24 Plan:** The Board received and approved the breakeven draft plan. The Director of Finance advised that any changes to the plan would be presented back to the Board, however a breakeven plan would be re-submitted each time. The Board acknowledged the significant work of the Finance Team in producing the plan and achieving the reported position.
- **Strategy and Strategic Objectives:** The Board approved the strategy and recognised the need for ongoing engagement with the public and Council of Governors. It would be of key importance to track the delivery of the strategy; this would be considered and fed back into the Board agenda setting and future work plan.

- **Staff Survey Results and Action Plan:** The Board received the report which demonstrated that the Trust compared favourably to other Trusts across the different categories of the survey. The first iteration of the action plans would be available later in April with individual action owners to present to relevant forums on progress. The action plans would be discussed in depth at the Performance Council. It was proposed that the survey results should provide comparators on a regional or sub-regional basis as this would add more value opposed to community organisation to community organisation comparisons. An impact assessment would also be undertaken to evaluate plans set from the 2021 survey and the impact for 2022 which would be taken through the People Committee.
- **People Plan:** The Board received the report for assurance that the Trust was delivering on its People Plan. This was aligned to the Trust's strategy.
- **Statutory and Mandatory Training Action Plan:** The Board were assured that full staff compliance with mandatory training would be achieved by 31 July 2023 and noted the progress that had been made in staff compliance since this target was set in July 2022. The importance of staff completing the training was acknowledged to ensure that they were safe to practice/undertake their roles and the responsibilities of staff and managers to ensure that appropriate conditions were in place for staff to undertake the training. It was highlighted that the training that staff must complete must be appropriate to their roles. Whilst the People Committee had undertaken some work to remove a number of unnecessary elements from some statutory and mandatory training for some staff, the Director of People would provide some further information on this to the Board. A set of principles were under development and would be discussed with staff side colleagues concerning the managing of continued non-compliance of staff where appropriate. This would take place during April.
- **Update Report on Industrial Action:** Following recent strike action, the Government had made an 'offer in principle' for the Agenda for Change workforce which was currently subject to consultation: Union bodies would consult with their members as to whether or not to accept the offer being made. The report also detailed actions taken by the Trust to support staff health and wellbeing and the lessons learned from strike action.
- **Results of annual Board effectiveness survey:** The results from the annual effectiveness review were positive. Particular highlights included that the Board was run well, with a good composition of skills. The response rate was also noted as high. It was noted that timings for items on the agenda may require some review to allow for sufficient discussion time on key items. In addition the Board was keen to receive more patient stories going forwards with a balance of good news and bad news stories, with a reflection on what could be improved and what lessons could have/had been learned. This could be undertaken by approaching previous complainants who may be interested in sharing their story with the Board.

- **Code of Governance Updates:** The Board received a report which advised on three Codes of Governance which would be brought into effect in April 2023, acting as a revision to the Foundation Trust Code of Governance (2014): Code of Governance for NHS Provider Trusts: Guidance on Good Governance and Collaboration and: System Working and Collaboration: Role of Foundation Trust Council of Governors.
- **Board Business Cycle:** The Board approved the business cycle for 2023/24.

BRIDGEWATER COMMUNITY HEALTHCARE NHS FOUNDATION TRUST – BOARD ASSURANCE FRAMEWORK
LAST UPDATED 24 March 2023

STRATEGIC OBJECTIVES

- **Equality, diversity and inclusion** – to actively promote equality, diversity and inclusion by creating the conditions that enable compassion and inclusivity to thrive.
- **Innovation and collaboration** – to deliver innovative and integrated care closer to home which supports and improves health, wellbeing and independent living
- **People** – to be a highly effective organisation with empowered, highly skilled and competent staff
- **Quality** – to deliver high quality, safe and effective care which meets both individual and community needs
- **Sustainability** – to deliver value for money, ensure that the Trust is financially sustainable and contributes to system sustainability.

BAF 1	BAF 2	BAF 3	BAF 4	BAF 5	BAF 6	BAF 7	BAF 8
Failure to implement and maintain sound systems of Corporate Governance	Failure to deliver safe & effective patient care	Managing demand & capacity	Financial sustainability	Staff engagement & morale	Staffing levels	Strategy & organisational sustainability	Digital services
BAF 1	BAF 2	BAF 3	BAF 4	BAF 5	BAF 6	BAF 7	BAF 8
Inherent risk rating 4(C) x 4 (L) = 16, significant	Inherent risk rating 5(C) x 5 (L) = 25, significant	Inherent risk rating 4(C) x 4 (L) = 16, significant	Inherent risk rating 4(C) x 4 (L) = 16, significant	Inherent risk rating 4(C) x 4 (L) = 16, significant	Inherent risk rating 5(C) x 4 (L) = 20, significant	Inherent risk rating 4(C) x 3 (L) = 12, high	Inherent risk rating 4(C) x 4 (L) = 16, significant
Current risk rating 4(C) x 2 (L) = 8, medium	Current risk rating 5 (C) x 3 (L) = 15, significant	Current risk rating 4 (C) x 4 (L) = 16, significant	Current risk rating 4 (C) x 2 (L) = 8, medium	Current risk rating 4 (C) x 3 (L) = 12, high	Current risk rating 5 (C) x 3 (L) = 15, significant	Current risk rating 4 (C) x 2 (L) = 8, medium	Current risk rating 4 (C) x 2 (L) = 8, medium
Target risk rating 4(C) x 2(L) = 8, medium	Target risk rating 5(C) x 2 (L) = 10, high	Target risk rating 4(C) x 2 (L) = 8, medium	Target risk rating 4(C) x 2 (L) = 8, medium	Target risk rating 4(C) x 1 (L) = 4, low	Target risk rating 5 (C) x 2 (L) = 10, high	Target risk rating 4 (C) x 2 (L) = 8, medium	Target risk rating 4(C) x 2 (L) = 8, medium

Board Assurance Framework (BAF) April 2023 – V0.2 – for Board

BAF 1: Failure to implement and maintain sound systems of Corporate Governance	TRUST OBJECTIVES:	RISK RATING:	RISK APPETITE:
	<ul style="list-style-type: none"> • People • Sustainability 	Inherent risk rating: 4 (C) x 4(L) = 16, significant Current risk rating: 4(C) x 2 (L) = 8, medium Target risk rating: 4(C) x 2 (L) = 8, medium	CAUTIOUS
Lead Director/ Lead Committee	Principal risk	Rationale for current score	Prevent Controls & Assurances
Chief Executive Officer Deputy CEO / Chief Nurse Last reviewed: January 2023 Audit Committee Last reviewed: January 2023 Risk Ratings reviewed: January 2023	<p>Failure to implement and maintain sound systems of Corporate Governance.</p> <p>If the Trust is unable to put in place and maintain effective corporate governance structures and processes.</p> <p>Caused by insufficient or inadequate resources and / or fundamental structural or process issues including those caused by the pandemic.</p> <p>Risks on register 15 plus No risks at this level</p>	<p>Governance structure approved by Board and audited by internal auditors.</p> <p>Substantial Assurance - Heads of Audit opinion 2021/22</p> <p>Well Led actions fully implemented.</p>	<p>Prevent Controls</p> <ul style="list-style-type: none"> • Trust Board • Governance structure approved by the Board, SFIs & Scheme of Reservation and Delegation • Operational management structure and policies and procedures are in place • Board Assurance Framework & Risk Register <p>Detect Controls</p> <ul style="list-style-type: none"> • The committees receive by exception reports from Ops leads, these are reported to the Board • Staff engagement • Performance Council established • Senior Leadership Team meeting monthly • Risk Management Council • Staff Survey – improving position <p>Assurances</p> <ul style="list-style-type: none"> • Clean Unmodified Audit Opinion & clean VFM opinion 2021/22 • Board, committees (Quality & Safety, Finance & Performance, and People) • Trust continuous improvement plan in place • Internal Audit Plan agreed for 22/23 • Leader in Me • External independent Well Led review • Daily automated data reporting • Declarations of Interests Register • MIAA governance checklists • Annual Review of Committee Effectiveness • Annual Review of Effectiveness of Anti-Fraud Service • Annual Review of Effectiveness of External Audit Service • Audit Committee Effectiveness Review (2020/21) • Effectiveness Review of External Audit and Anti-Fraud (2020/21) • Board Assurance Framework Review – (2020/21) • Risk Management Audit – substantial assurance (2021/22) • DSPT Audit – substantial / moderate assurance (2021/22)
<p>Gaps in controls and assurance: (and mitigating actions) 2018 CQC rating 'requires improvement' remains due to changes to inspections. CQC not due to inspect as no concerns have been raised in relation to the Trust.</p>			

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BAF 2: Failure to deliver safe and effective patient care	TRUST OBJECTIVES: • Quality		RISK RATING: Inherent risk rating: 5 (C) x 5(L) = 25, significant Current risk rating: 5 (C) x 3(L) = 15, significant Target risk rating: 5(C) x 2 (L) = 10, high	RISK APPETITE: MINIMAL
Lead Director/ Lead Committee	Principal risk	Rationale for current score	Prevent Controls & Assurances	
<p>Chief Nurse / Deputy CEO / Last reviewed: February 2023</p> <p>Quality & Safety Committee Last reviewed: February 2023</p> <p>Risk Ratings reviewed: February 2023</p>	<p>Failure to deliver safe & effective patient care.</p> <p>There is a risk that the Trust may be unable to achieve and maintain the required levels of safe and effective patient care. This could be caused by multi-faceted risks such as</p> <p>a) challenges in relation to recovery, restoration, and service reset b) National recruitment challenges (inc. accessibility to specialist training) c) Geographical recruitment pressures d) Potential industrial action e) Seasonal pressures</p> <p>If this were to happen it may result in instances of avoidable patient harm, this in turn could lead to regulatory intervention and adverse publicity that damages the Trust's reputation and could affect CQC registration.</p> <p>Risks on register 15 plus 3075 : Dermatology – patient safety</p> <p>Less than 15 – combined District Nursing workforce risk</p>	<p>Quality & safety governance structure in place.</p> <p>Robust QIA process for all services</p> <p>Number of ongoing high risks</p> <p>Industrial action (Cross ref. with BAF2)</p> <p>Additional winter capacity</p>	<p>Prevent Controls</p> <ul style="list-style-type: none"> • Clinical policies, procedures & pathways • Risk Management Council & Quality Council in place • Quality Impact Assessment Process • Trust Strategy – Quality and Place • Freedom to speak up guardian in place • Winter Plan • Daily Ops Huddle & Daily sit rep • Directorate Team Meetings <p>Detect Controls</p> <ul style="list-style-type: none"> • Quality & Safety Committee bimonthly meetings • Clinical & Internal Audit Programme • IQPR & quality dashboards • Quality Council • Performance Council • Learning from deaths report • Clinical Quality and Performance Groups (CQPGs) in place with all NHS commissioners. • Increased reporting of incidents, including medication incidents • Equality Impact Assessments • Quality Impact Assessments • End of Life group • Health and Safety group • Deep Dives at Committee • Ockenden Report to Committee • E-roster monitoring • Trust transformation programme (BOOST) • Quality Summits <p>Audits</p> <ul style="list-style-type: none"> • Risk Management Substantial Assurance (2020/21) • Trust Improvement Plan – Significant Assurance (2019/20) • Quality Spot Check – Significant Assurance (2021/22) 	
<p>Gaps in controls and assurance: (and mitigating actions)</p> <p>Staff compliance with mandatory and service specific training - training trajectory in place, monitoring related incidents</p> <p>Current processes in relation to developing specialist roles – workforce PODS</p> <p>System pressures – involvement in system pressure meetings and System Sustainability Group (SSG)</p> <p>Agency Cap – mitigating actions in place</p>				

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BAF 3: Managing demand and capacity	TRUST OBJECTIVES: <ul style="list-style-type: none"> • People • Quality 		RISK RATING: Inherent risk rating: 4 (C) x 4(L) = 16, significant Current risk rating: 4 (C) x 4(L) = 16, significant Target risk rating: 4(C) x 2 (L) = 8, medium	RISK APPETITE: CAUTIOUS
Lead Director/ Lead Committee	Principal risk	Rationale for current score	Prevent Controls & Assurances	
Chief Operating Officer Last reviewed: February 2023 Quality & Safety Committee last reviewed: February 2023 Risk Ratings reviewed: February 2023	Managing demand & capacity If the Trust is unable to manage the level of demand. It may result in sustained failure to achieve constitutional standards in relation to access; substantial delays to the treatment of multiple patients; increased costs; financial penalties; unmanageable staff workloads. <u>Risks on register 15 plus</u> 2887: Dermatology, waiting lists 3091: Capacity in Risk & Patient Safety Team	Quality & Safety Committee Risk Management Council meets monthly. Performance Council meets monthly. Daily joint operations and nursing meetings. Managed risk with approval from the Board. Quality and safety under constant review to ensure no patient harm.	Prevent Controls <ul style="list-style-type: none"> • Quality & Safety Committee • Waiting list management via Performance council and Directorate Leadership Teams (DLTs) • Patient pathway management arrangements • System One PAS – Patient Administration System • RTT lists to track 6 week and 18-week access standards, national weekly submission • Executive management performance dashboard • Risk management council • Monthly workforce information reports • Winter plans • IQPR • Daily Operations and Nursing meetings • EPPR • Health roster implementation Detect Controls <ul style="list-style-type: none"> • Borough Quality & FWP meetings to gain overview of risks in relation to capacity at local level • Weekly Operational Management Team meetings • Contract meetings with commissioners • Daily system pressure calls • Workforce Strategy in place / Workforce POD • Daily joint operations and nursing meetings Assurances <ul style="list-style-type: none"> • Audits monitored at each relevant Board Committee, exception reports to Audit Committee • Performance Council reports to Finance & Performance Committee • Deep dives at Committee • Winter Plans • Emergency Preparedness, Resilience and Response Plans (EPPR) • Quality Summits • Rapid Improvement Events Absence Management Audit – Significant Assurance (2019/20)	
Gaps in controls and assurance: (and mitigating actions) Dermatology – Action plans in place				

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BAF 4: Financial sustainability	TRUST OBJECTIVES: • Sustainability		RISK RATING: Inherent risk rating: 4 (C) x 4(L) = 16, significant Current risk rating: 4 (C) x 2(L) = 8, medium Target risk rating: 4(C) x 2 (L) = 8, medium	RISK APPETITE: OPEN
Lead Director/ Lead Committee	Principal risk	Rationale for current score	Prevent Controls & Assurances	
<p>Director of Finance Last reviewed: March 2023</p> <p>Finance & Performance Committee last reviewed: March 2023</p> <p>Risk Ratings reviewed: March 2023</p>	<p>Financial sustainability If the Trust is unable to achieve and maintain financial sustainability.</p> <p>Due to the requirement to achieve a break-even budget against a backdrop of increasing system pressures may result in a deficit for 2022/23 and the potential loss of public and stakeholder confidence.</p> <p>Risks on register 15 plus No risks at this level</p>	<p>Financial governance arrangements in place</p> <p>Bi-monthly F&P Committee</p> <p>National COVID-19 arrangements in place due to be removed.</p> <p>Break even budget 2022/23. System pressures may result in a deficit</p>	<p>Prevent Controls</p> <ul style="list-style-type: none"> Accountability Framework and Standing Financial Instructions with limits approved by the Board. Financial plan and budgets signed off by the Board and submitted to NHSI Process around Capital and Revenue Business Cases Robust temporary staffing expenditure control and monitoring – MIAA follow up in progress <p>Detect Controls</p> <ul style="list-style-type: none"> F&P Committee review bi-monthly financial performance Audit committee receives reports from internal audit and external audit Exec team and Committees receive Audit Recommendations tracker HCP/ICS control and reporting NHSE/I monthly returns CIP Council <p>Assurances</p> <p>Monthly Finance Report including</p> <ul style="list-style-type: none"> Financial position / Forecast Position Cash & Capital Working Capital CIP <p>Internal audit reports including</p> <ul style="list-style-type: none"> CIP – moderate assurance (2019/20) Key Financial Systems (2020/21) and high and substantial assurance (2021/22) Board review of internal audit plan <p>External audit</p> <ul style="list-style-type: none"> Audit review findings – Clean Unmodified Audit (2020/21) Board review of external audit plan and annual accounts 	
<p>Gaps in controls and assurance: (and mitigating actions)</p> <p>The Trust is setting budgets in line with recurrent expenditure to ensure budget monitoring control and reporting is in place. All Grip and control measures remain in place and the Trust is utilising the HfMA best practice guide -“Improving NHS financial stability – are you getting the basics right?” to benchmark against best practice.</p>				

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BAF 5: Staff engagement and morale	TRUST OBJECTIVES: <ul style="list-style-type: none"> • People • Quality 		RISK RATING: Inherent risk rating: 4 (C) x 4(L) = 16, significant Current risk rating: 4 (C) x 4(L) = 16, significant Target risk rating: 4(C) x 1 (L) = 4, very low	RISK APPETITE: OPEN
Lead Director/ Lead Committee	Principal risk	Rationale for current score	Prevent Controls & Assurances	
Director of People and OD Last reviewed: March 2023 People Committee Last reviewed: March 2023 Risk Ratings reviewed: March 2023	Staff engagement & morale If the Trust loses the engagement of a substantial sector or sectors of its workforce. Caused by uncertainty of internal and/or external factors, influences and conditions i.e cost of living crisis. Impact on leadership and management practices, winter pressures, system incentives It may result in low staff morale, leading to poor outcomes and experience for large numbers of patients; less effective teamwork; reduced compliance with policies and standards; high levels of staff absence; and high staff turnover rates. Risks on register 15 plus No risks at this level	People Committee ensure governance and holds to account. Current risk rating reflects the Board acknowledges that, despite the controls and assurances in place, staff are currently fatigued; Restoration and recovery programmes / post covid effects Patient experience adversely affected (links to Q&S Committee) Uncertainty / Impact of national change programmes – Health & Care Act integration and collaboration Organisational structures and service redesigns and reorganisations	Prevent Controls <ul style="list-style-type: none"> • People Committee Organisational and local Staff engagement plan • Managers' Key brief/ communication, Time to Talk and CEO Q&A sessions • Local Negotiating Committee, Joint Negotiation & Consultative Committee • Occupational Health Service & Staff Health & Wellbeing Officer/Board Health & Wellbeing Guardian • Talent Management process and Succession Planning Tool • Revised Exit interview questionnaire / In house Resilience Training Programme • People Hub and POD Groups • Recruitment & Retention • Health & Wellbeing • Education & Professional development • Northwest Person-Centred approach to absence management • Fortnightly meetings with Staff Side • Industrial Action working group, national negotiations Detect Controls <ul style="list-style-type: none"> • National Staff Survey. • Feedback from Quality and Safety Committee on workforce issues • Staff Friends and Family Test (SFFT) and Staff Engagement Surveys • E-rostering project plan and implementation PDR reporting • Staff Stress Audit Survey Assurances <ul style="list-style-type: none"> • Staff Survey and 'temperature check' surveys • DAWN – Disability and wellbeing Network • LGBT+ and Race Inclusion Networks • The Employee Relations Activity Report • Staff Survey – sustained score for staff engagement • Temporary increase in mileage payments <div data-bbox="1547 1075 2074 1295" style="border: 1px solid black; padding: 5px;"> Internal Audit MIAA Substantial Assurance <ul style="list-style-type: none"> • Freedom to Speak Up (2020/21) • Attendance management Staff Engagement (2019/20) • Induction (2020/21) </div>	
Gaps in controls and assurance: (and mitigating actions) Engagement with staff groups including BAME and LGBT+ staff (remain until all established Networks are considered to be embedded) PDR Compliance and mandatory training (to remain until processes embedded) Staff morale and resilience (inc. cost of living crisis) – ongoing monitoring, communication, engagement and health and wellbeing services and programmes Warrington Adults staff survey results – engagement ongoing Pay deals under negotiation nationally				

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BAF 6: Staffing levels	TRUST OBJECTIVES:	RISK RATING:	RISK APPETITE:
	<ul style="list-style-type: none"> Equality, diversity and inclusion People Quality 	Inherent risk rating: 5 (C) x 4(L) = 20, significant Current risk rating: 5 (C) x 3(L) = 15, significant Target risk rating: 5(C) x 2 (L) = 10, high	CAUTIOUS - OPEN
Lead Director/ Lead Committee	Principal risk	Rationale for current score	Prevent Controls & Assurances
Chief Operating Officer Last review: March 2022 Quality & Safety Committee Last review: February 2022 People Committee: March 2023 Risk Ratings reviewed: March 2022	<p>Staffing levels If the Trust fails to have an appropriately resourced, focused, resilient workforce in place that meets service requirements;</p> <p>Caused by an inability to recruit, retain and/or appropriately deploy a workforce with the necessary skills and experience; or caused by organisational change;</p> <p>It may result in extended unplanned service closure and disruption to services, leading to poor clinical outcomes & experience for large numbers of patients; unmanageable staff workloads; and increased costs</p> <p>Risks on register 15 plus No risks at this level</p>	<p>Robust operational management structures in place.</p> <p>Adverse impacts to consider include: winter pressures, system wide incentives causing instability in recruitment and retention, potential for industrial action. (Cross ref. with BAF2)</p> <p>With consideration to local employment opportunities and competing with local employers.</p>	<p>Prevent Controls</p> <ul style="list-style-type: none"> Business continuity plans in place Organisational Development Strategy Agreed medical and nursing revalidation protocols, preparation and remedial processes Agreed recruitment and selection policies and processes People Strategy & People Delivery Plan HR Policies and working groups Fortnightly meetings with staff side People Hub & PODs / Culture & Leadership / Recruitment & Retention / Health & Wellbeing / Education & Professional Development <p>Detect Controls</p> <ul style="list-style-type: none"> Agency staff reporting / Staff sickness reporting Turnover rate reporting Premium Pay and Spend reporting Daily Ops Huddles x 3 per week Staff survey / pulse survey results <p>Assurances</p> <ul style="list-style-type: none"> Quality & Safety Committee Integrated Performance Report includes workforce metrics including training levels Vacancy approval process reviews use of agency staff – regular review of staffing levels Performance report indicating number of lapsed registrations each month E-rostering / Safer Staffing Report Key workforce metrics 'heat map' now received at Board via the IQPR Workforce plans developed by service to support recruitment <p>Audits – Substantial Assurance Induction audit (2020/21) Attendance Management (2019/20)</p>
<p>Gaps in controls and assurance: (and mitigating actions)</p> <p>Winter plan being refreshed.</p>			

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BAF 7: Strategy and organisational sustainability	TRUST OBJECTIVES: <ul style="list-style-type: none"> Innovation and collaboration Sustainability 		RISK RATING: Inherent risk rating: 4 (C) x 3(L) = 12, high Current risk rating: 4 (C) x 3(L) = 12, high Target risk rating: 4(C) x 2 (L) = 8, medium	RISK APPETITE: CAUTIOUS - OPEN
Lead Director/ Lead Committee	Principal risk	Rationale for current score	Prevent Controls & Assurances	
Director of Finance Last reviewed: March 2023 Executive Team July 2022 F&P Committee Last reviewed: March 2023 Risk Ratings reviewed: March 2023	<p>Strategy & Organisational Sustainability</p> <p>If the Trust does not develop and deliver a strategy which demonstrates innovation and collaboration with partners and which is in line with current NHS Guidance and Health & Care Act, then the organisation may fail to deliver the best outcomes for patients and their families.</p> <p>The Trust may also lose its identity as a key system and place partner or lose influence within the ICS or provider collaborative which could result in services being assigned to other providers and the Trust would become financially and clinically unsustainable.</p> <p>Risks on register 15 plus No risks at this level</p>	<p>Trust involved in influencing the development of the Integrated Care Boards and Mental Health Provider Collaborative.</p> <p>Trust Strategy 2023 is being refreshed and re-launched.</p> <p>Trust System Oversight Framework (SOF) is segment 2</p>	<p>Prevent Controls</p> <ul style="list-style-type: none"> Trust Board Oversight – engagement and delivery of Health & Care Act Regular Exec meetings with commissioners and other key stakeholders Exec involvement with borough based integrated care partnerships visions; ‘Warrington Together’ and ‘One Halton’ Execs carrying out SRO roles for system projects such as integrated community teams Joints working on a number of projects with commissioners and local authority i.e. rapid community response and intermediate care Contributing to work across the system in relation to developing Children’s Services Exec involvement in ICS and Provider Collaborative development across the Cheshire & Mersey and GM footprint Chair working within wider system Exec attendance at Collaborative Commissioning Forum (CCF) Implementing dental strategy with partners Board development with Good Governance Institute and NHS Providers <p>Assurances</p> <ul style="list-style-type: none"> Mental Health, Community and Learning Disability Provider Collaborative member – Trust is host, including employing staff Programme Director – Collaboration and Integration Emerging integrated governance structures with partners MOU in place where services are delivered in conjunction with other partners Chief Executive’s monthly reports providing an overview of engagement activity Executive Directors hold regular meetings with all key partners and stakeholders Adaptive reserve contribution 	
<p>Gaps in controls and assurance: (and mitigating actions) Implementation of revised system governance arrangements, to be finalised</p>				

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BAF 8: Digital services which do not meet demands of the organisation	TRUST OBJECTIVES: <ul style="list-style-type: none"> Innovation and collaboration People Quality Sustainability Equality, diversity & inclusion 	RISK RATING: Inherent risk rating: 4 (C) x 4(L) = 16, significant Current risk rating: 4 (C) x 2 (L) = 8, medium Target risk rating: 4(C) x 2 (L) = 8, medium	RISK APPETITE: SEEK
Lead Director/ Lead Committee	Principal risk	Rationale for current score	Prevent Controls & Assurances
Director of Finance Last reviewed: March 2023 F&P Committee Last reviewed: March 2023 Risk Ratings reviewed: March 2023	<p>If the Trust does not maintain and develop and adopt digital services to meet the current and future needs of the Trust.</p> <p>This could impact in our ability to;</p> <ul style="list-style-type: none"> deliver the Digital Strategy meet operational, regulatory, contractual & reporting requirements embrace innovative and existing clinical service models collaborate in system place-based developments keep the Trust safe from Cyber-related threats <p>Risks on register 15 plus</p>	<p>Cyber risks.</p> <p>Assurance received from DIGIT, Risk Council and Performance Council.</p> <p>Consideration of resource to deliver Digital Strategy and system requirements.</p> <p>Lack of stability in the system.</p> <p>Cyber risks.</p>	<p>Prevent controls Digital Strategy 2018–2021 approved by Board Multi layers cyber solutions All current software and hardware solutions supported by the provider Continued migration of services to cloud based solutions Digital technology assessment criteria (DTAC) and Data Protection Impact Assessment (DPIA) routinely completed</p> <p>Detect Controls DIGIT and Digital Programmes Groups Participation and membership of ICS and Place based digital development groups High Severity Care Cert notifications from the National Cyber Security Centre</p> <p>Assurances Finance & Performance Committee Audit Committee The Board receives reports from the F&P Committee which receives regular IT reports Relevant MIAA audit reports. SIRO & Caldicott Guardian Data, Security & Protection (DSP) Toolkit Cyber Essentials – on site assessment Business Continuity Management (BCM) and Cyber Incident Response Plan (CIRP) plans Password penetration test tools</p> <p>Audits – Substantial Assurance: IT Threats & Vulnerability (2020/21) DSP Toolkit (2021/22) Information Commissioners Officer Audit (2019/20)</p>
<p>Gaps in controls and assurance: (and mitigating actions)</p> <p>Digital Services team capacity</p>			

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Appendix 1: BAF Tracker

No.	Risk Title	Inherent Score			Target Score			Q1			Q2			Q3			Q4			Target Date	Change	Impact on Objectives				
		C	L	S	C	L	S	August			October			February			April					Equality, Diversity & Inclusion	Innovation & Collaboration	People	Quality	Sustainability
								C	L	S	C	L	S	C	L	S	C	L	S							
BAF 1	Failure to implement and maintain sound systems of corporate governance	4	4	16	4	2	8	4	2	8	4	2	8	4	2	8	4	2	8	TBC	➡			✓		✓
BAF 2	Failure to deliver safe & effective patient care	5	5	25	5	2	10	5	3	15	5	3	15	5	3	15	5	3	15	TBC	➡				✓	
BAF 3	Managing demand & capacity	4	4	16	4	2	8	4	4	16	4	4	16	4	4	16	4	4	16	TBC	➡			✓	✓	
BAF 4	Financial sustainability	4	4	16	4	2	8	4	3	12	4	3	12	4	2	8	4	2	8	TBC	➡					✓
BAF 5	Staff engagement and morale	4	4	16	4	1	4	4	3	12	4	3	12	4	4	16	4	4	16	TBC	➡			✓		✓
BAF 6	Staffing levels	4	5	20	5	2	10	5	3	15	5	3	15	5	3	15	5	3	15	TBC	➡	✓		✓	✓	
BAF 7	Strategy & organisational sustainability	3	4	12	4	2	8	4	3	12	4	3	12	4	3	12	4	3	12	TBC	➡		✓			✓
BAF 8	Digital services	4	4	16	4	2	8	4	3	12	4	3	12	4	2	8	4	2	8	TBC	⬆	✓	✓	✓	✓	✓

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Appendix 2: Risk grading criteria

Risk type	Consequence score & descriptor with examples				
	Very low 1	Low 2	Moderate 3	High 4	Very high 5
<p>a. Patient harm</p> <p>OR</p> <p>b. Staff harm</p> <p>OR</p> <p>c. Public harm</p>	<p>Minimal physical or psychological harm, not requiring any clinical intervention.</p> <p>e.g.: Discomfort.</p>	<p>Minor, short term injury or illness, requiring non-urgent clinical intervention (e.g., extra observations, minor treatment or first aid).</p> <p>e.g.: Bruise, graze, small laceration, sprain. Grade 1 pressure ulcer. Temporary stress / anxiety. Intolerance to medication.</p>	<p>Significant but not permanent injury or illness, requiring urgent or on-going clinical intervention.</p> <p>e.g.: Substantial laceration / severe sprain / fracture / dislocation / concussion. Sustained stress / anxiety / depression / emotional exhaustion. Grade 2 or3 pressure ulcer. Healthcare associated infection (HCAI). Noticeable adverse reaction to medication. RIDDOR reportable incident.</p>	<p>Significant long-term or permanent harm, requiring urgent and on-going clinical intervention, or the death of an individual.</p> <p>e.g.: Loss of a limb Permanent disability. Severe, long-term mental illness. Grade 4 pressure ulcer. Long-term HCAI. Retained instruments after surgery. Severe allergic reaction to medication.</p>	<p>Multiple fatal injuries or terminal illnesses.</p>
d. Services	<p>Minimal disruption to peripheral aspects of service.</p>	<p>Noticeable disruption to essential aspects of service.</p>	<p>Temporary service closure or disruption across one or more divisions.</p>	<p>Extended service closure or prolonged disruption across a division.</p>	<p>Hospital or site closure.</p>
e. Reputation	<p>Minimal reduction in public, commissioner and regulator confidence.</p> <p>e.g.: Concerns expressed.</p>	<p>Minor, short term reduction in public, commissioner and regulator confidence.</p> <p>e.g.: Recommendations for improvement.</p>	<p>Significant, medium term reduction in public, commissioner and regulator confidence.</p> <p>e.g.: Improvement / warning notice. Independent review.</p>	<p>Widespread reduction in public, commissioner and regulator confidence.</p> <p>e.g.: Prohibition notice.</p>	<p>Widespread loss of public, commissioner and regulator confidence.</p> <p>e.g.: Special Administration. Suspension of CQC Registration. Parliamentary intervention.</p>
f. Finances	<p>Financial impact on achievement of annual control total of up to £50k</p>	<p>Financial impact on achievement of annual control total of between £50 - 100k</p>	<p>Financial impact on achievement of annual control total of between £100k - £1m</p>	<p>Financial impact on achievement of annual control total of between £1 - 5m</p>	<p>Financial impact on achievement of annual control total of more than £5m</p>

Every risk recorded within the Trust's risk registers is assigned a rating, which is derived from an assessment of its **Consequence** (the scale of impact on objectives if the risk event occurs) and its **Likelihood** (the probability that the risk event will occur).

The risk grading criteria summarised below provide the basis for all risk assessments recorded within the Trust's risk registers, at strategic, operational and project level. +

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Likelihood score & descriptor with examples				
Very unlikely 1	Unlikely 2	Possible 3	Somewhat likely 4	Very likely 5
Less than 1 chance in 1,000 Statistical probability below 0.1% Very good control	Between 1 chance in 1,000 and 1 in 100 Statistical probability between 0.1% - 1% Good control	Between 1 chance in 100 and 1 in 10 Statistical probability between 1% and 10% Limited effective control	Between 1 chance in 10 and 1 in 2 Statistical probability between 10% and 50% Weak control	Greater than 1 chance in 2 Statistical probability above 50% Ineffective control

Risk scoring matrix						
Consequence	5	5	10	15	20	25
	4	4	8	12	16	20
	3	3	6	9	12	15
	2	2	4	6	8	10
	1	1	2	3	4	5
	1	2	3	4	5	
	Likelihood					

Rating	Very low (1-3)	Low (4-6)	Medium (8-9)	High (10-12)	Significant (15-25)
Oversight	Specialty / Service level annual review		Borough quarterly review		Board monthly review
Reporting	None			Relevant Board Committee	



**Bridgewater
Community Healthcare**
NHS Foundation Trust

Communities Matter

Creating stronger, healthier, happier communities

2023 - 2026



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1) Summary on a page – Mission statement, objectives and deliverables

1) QUALITY	2) HEALTH EQUITY	3) STAFF
<p>We will deliver high quality services in a safe, inclusive environment where our patients, their families, carers and staff work together to continually improve how they are delivered</p> <ul style="list-style-type: none"> We will apply a systematic approach to the measurement of safety, patient experience, continuous learning, leadership and governance, ensuring accountability for improvement in line with the CQC quality statements. We will use Our Building On Our Strengths Together (BOOST) methodology to drive forward continuous quality improvements in the services we provide, led by our staff. This will be supported by access to learning, mentoring and training to improve the care delivered. We will ensure patients and their families, including children and young people, are more involved in shaping our services, and the voice of the child, and their feedback will shape service transformation plans, alongside the views, insight and experience of our staff. We will learn through an open approach when things go well and when things go wrong, and we will continually strive to improve the care we provide to patients. Implementing the new NHS Patient Safety Strategy including the Patient Safety Incident Response Framework and Patient Safety Partners. We will support staff and services to recover from the impact of the pandemic and ensure that patients receive care in a timely way. 	<p>We will collaborate with partners and communities to improve equity in health outcomes and focus on the needs of those who are vulnerable and at-risk</p> <ul style="list-style-type: none"> We will implement the evidence-based, priority areas of focus from the NHS Prevention Pledge. We will work with partners in place to change the way our services are designed and delivered to ensure more equitable access, which will support improved outcomes and experience. We will influence, shape and support the delivery of Health and Wellbeing strategies in the places that we work. We will further develop working relationships with all our health and care partners to identify high intensity users of services and support these patients to access the right services at the right time. We will enhance our relationships with the voluntary sector and we will work in partnership with them to support the needs of our most vulnerable and at risk patients. 	<p>We will ensure the Trust is a great place to work by creating an environment for our staff to develop, grow and thrive</p> <ul style="list-style-type: none"> We will maximise our workforce intelligence to fully understand our workforce profile to inform workforce planning utilising Population Centric Workforce Planning approaches. We will promote 'Grow your Own' initiatives with the local community to understand the potential future workforce and create job pipelines with colleges, local businesses and our strategic partners within each borough. We will maximise utilisation of the apprenticeship levy to support the development of our workforce. We will realise the added value to our workforce of our volunteers, third sector organisations and the armed forces. We will create opportunities for working together with our community and other health and social care providers. We will create a culture where we are supportive of innovative roles – new ideas and innovative ways of working, upskilling and transforming services.

Our mission statement
We will improve health, health equity, wellbeing and prosperity across local communities, by providing person-centred care in collaboration with our partners

4) RESOURCES	5) EQUITY, DIVERSITY & INCLUSION	6) PARTNERSHIPS
<p>We will ensure that we use our resources in a sustainable and effective way</p> <ul style="list-style-type: none"> We will work in collaboration with staff, partners and communities to transform the way we provide services to generate efficiencies, which can be reinvested to improve the quality of care and improve outcomes in health equity. We will enable excellent digital and data services to drive and deliver efficiency and optimisation. We will look to reduce carbon emissions and deliver the Trusts Green Plan. We will embed Anchor principles and look to procure locally where we can. We will work with partners to maximise and right size our estates. We will work with partners to operate within our financial allocations and maintain financial balance. 	<p>We will ensure that equity, diversity and inclusion are at the heart of what we do and we will create compassionate and inclusive conditions for patients and staff</p> <ul style="list-style-type: none"> We will build a culture that champions diversity, equity and inclusion. Supporting and developing our people to provide compassionate and culturally competent care to our patients and each other. We will be proactive in anticipating the diversity of our patient needs and will respond to them to ensure we achieve the best outcomes. We will become an Anchor Institute in the community: We will take our social and environmental responsibility seriously, addressing the socioeconomic determinants of health. We will improve the reach of our organisation and grow our standing in the community through local partnerships. 	<p>We will work in close collaboration with partners and their staff in place, and across the system to deliver the best possible care and positive impact in local communities</p> <ul style="list-style-type: none"> We will continue work in close partnership with local General Practice, the Primary Care Networks and GP Federations to further enhance the quality and provision of services across our local communities. We will work closely with all our partners to drive forward continuous quality improvements in the services we collectively provide. We will work across our organisational boundaries with partners in place as we create future integrated care and service models. We will work with partners to improve equity in health outcomes. We will work with our system partners to collaborate at scale to enable better care at place.

2) Foreword from the Chair and Chief Executive Officer

Each and every day our dedicated and professional staff work tirelessly to provide person-centred care and support. The work that they undertake is varied and diverse, from visiting new parents to providing compassionate end of life care. Every contact they carry out is used to make a real difference to patients' lives and they speak passionately about how privileged they are to share key life moments with patients and their families. As a Trust, we are exceptionally proud of all the achievements of our staff.

Our staff are our greatest asset, and we could not do what we do without them. Alongside our commitment to continuously improving services, we are committed to supporting our staff to be the best that they can be and developing a modern, flexible workforce that has the skills to meet the changing needs of local communities. We will also continue to focus on, and support the wellbeing needs of our staff to try and ensure Bridgewater is an organisation every member of staff is proud to be part of.

We are equally committed to the people and communities we serve and our collaboration with local partners enables us to provide person-centred care that improves health, health equity, wellbeing and prosperity. Our focus is on the positive and progressive action we will take to improve health equity across those communities, as we address the challenging health inequalities that exist.

As we launch this strategy, the world looks beyond a global pandemic that has fundamentally changed the way many NHS services are provided, and it laid bare the health disparities and complex access issues across different ethnic communities. Demand for healthcare is greater than ever, inequalities are deeper and waiting lists are longer. We have faced challenges that have never been seen before and the importance of collaborating with partners has never been greater.

To respond to the demands upon us, we must make sure we continue to drive forward the quality of our services despite growing economic uncertainty. We will continue to work tirelessly to transform and adapt our services to ensure that we meet the needs of local people and their families using the resources we have to do this in a sustainable and efficient way.



As an organisation, we are values-driven. They are the beliefs and principles that guide us and shape our decision making. We have recently reviewed and updated our values with our staff, and we will continue to embed them across all that we do. They provide us all with the foundations of how we what and expect Bridgewater staff to think and act in all that they do.

This is a significant moment for us. As the recognition of the huge contribution NHS community services makes to patients, their families and the communities in which they live continues to grow, we are proud and ready to take on the challenges ahead.

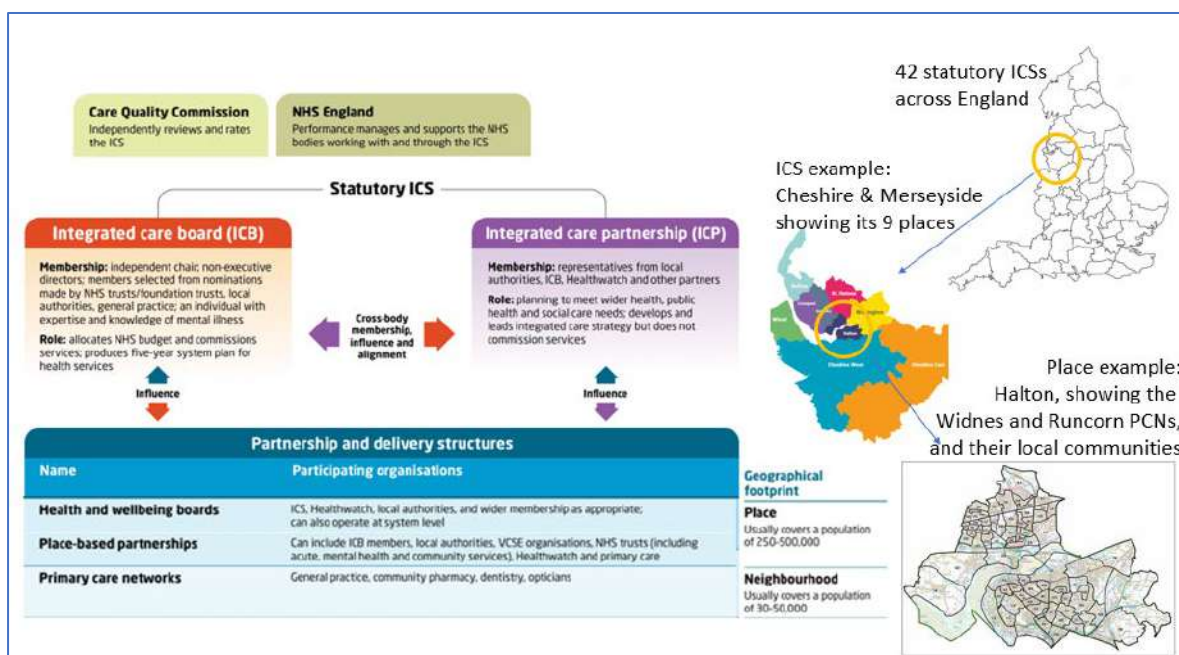
3) Context

When it was established, the primary focus of the NHS was on treating single conditions or illnesses, but since then, the health and care needs of the population have changed dramatically. People are living longer with multiple, complex, long-term conditions which increasingly require long-term support from many different services and professionals, placing increasing demands across all health and care services.

Where people live matters. Communities matter. We see the impact of health inequalities, and the wider determinants of health, across our local communities. The Institute for Health Equity ‘All Together Fairer’ report clearly sets out the health challenges we face as a nation, as system and as places ([executive-summary.pdf \(instituteofhealthequity.org\)](#)).

The challenges aren’t new and for some years, health and care professionals have been working to bring organisations and services closer together, in neighbourhoods, places and networks, to better meet the needs of local people by working in a joined-up way. But previous legislation has limited integration and encouraged competition between providers.

The new Health & Care Act 2022 and associated Integrated Care Systems (ICS) shape a vision of forming integrated partnerships around a person, empowering and supporting them and their families, in their homes and communities, to only access hospital and specialist services when they really need to, where we collaborate to prevent ill health, and ultimately, create health equity and well-being.



We have aligned our strategy and ambitions with objectives and emerging priorities of the new ICSs and in the places that we deliver care, so that we collectively address the demands and acuity of need, as well as increasing the economic prosperity for individuals, households, streets and neighbourhoods.

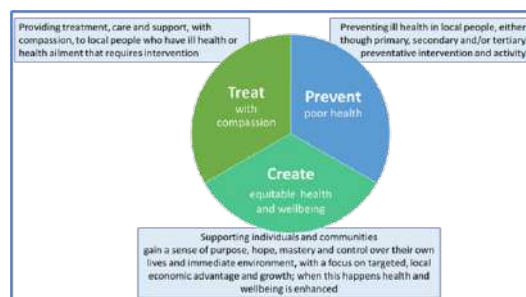
We will focus on supporting and delivering prosperity as we embed the NHS Prevention Pledge and Anchor Institute practices. We will continue to focus on local recruitment across health and care roles, we will focus on local and collaborative procurement helping to support and drive local recruitment, and we will continue to explore new partnership opportunities to increase investment into the local voluntary sector and other local organisations.

These emerging priorities focus on a workforce that is equipped to respond to patient needs and have effective support in place. This will ensure we can prevent ill health, ensure early intervention and accelerate a joined up, integrated approach. Where we give the best possible start in life to babies and children, where we can use our vast reach into communities to positively influence wider determinants, and where we focus on improving health equity.

As a community health care provider, Bridgewater is stitched-into the fabric of local communities. Every year, our community services in Warrington and Halton provide high quality, compassionate, person-focused care and support to 30% of the local population, and our Community Dental services reach over 18,500 people across Cheshire, Merseyside and Greater Manchester. Our ability to connect, influence and support our communities is significant and this should be at the forefront of the care that we provide.

We are a critical conduit in people's lives as we work with partners across our broad and diverse range of services every day. We prevent hospital admissions and support people to be discharged from hospital into their usual place of residence. We support and care for people in our communities with Long Term Conditions (and often people with multiple conditions), helping them to live their best lives. We provide specialised dental care to people of all ages, with disabilities and special needs which make it impossible for them to access treatment from an NHS family dentist. We work with local schools, children's centres/family hubs, children's social services and other partners to give all local children the best start in life. Our Drive Ability service helps local people drive safely and remain independent. We will drive forward the recognition of community services and promote access to reduce the burden on our hospital and primary care services.

We are determined to maximise the health, wellbeing and prosperity of communities and we are challenging the traditional notion that an NHS Provider only treats the ill. Across our service portfolio, we already play a huge role in offering expert clinical care, and we play a significant role in preventing poor health and creating health and wellbeing.



Communities matter. Our role is to develop stronger, healthier and happier communities.

4) Our Services

Our services are structured around four Directorates, each of which has a clearly identified, multi-skilled leadership team:

Warrington adults

Our Warrington adults' services has a large team of community nurses supported by specialised nurses and matrons. Responding to urgent care needs and therapy needs as part of an integrated intermediate tier health and care offer, intermediate care beds, care in care homes, equipment services, wheelchair services, acquired brain injury and neuropsychology as well as podiatry, musculoskeletal and orthopaedic clinical assessment and dermatology.

Halton and St Helens adults

As in Warrington, our Halton adult's services has a large team of community nurses supported by specialised nurses and matrons, a Neuro Rehabilitation service, as well as providing integrated urgent care and an integrated frailty services, with local providers, as we support the community and intermediate care needs of the population.

Our urgent treatment centre in Widnes is the focal point for a lot of community-based services, with clear connections to our own services and those of our local partners. We also deliver wheelchair services, equipment services, podiatry and speech and language services.

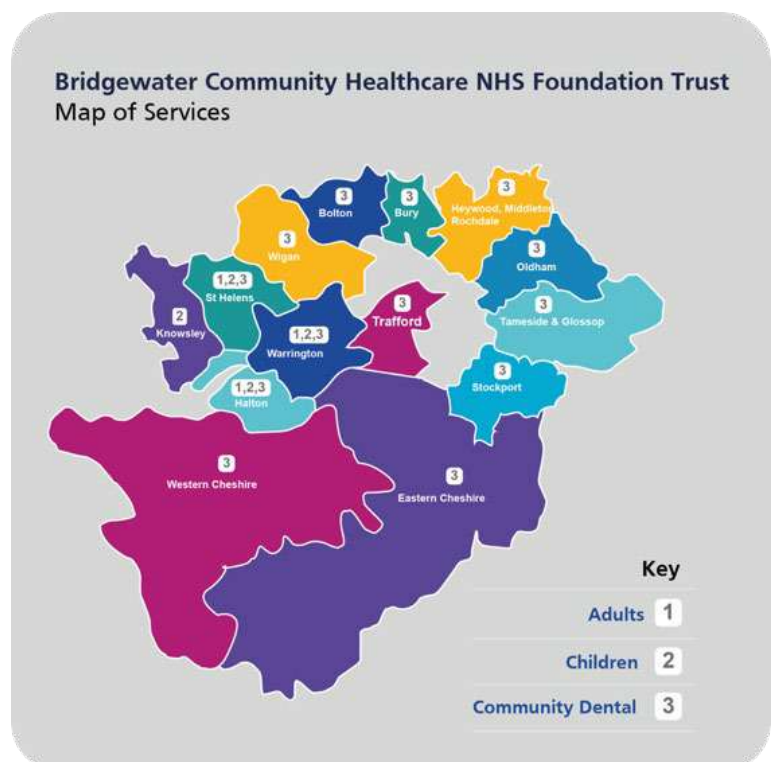
The Drive Ability North West service, delivered in partnership with Drive Mobility and the Department for Transport, provides services across the North West of England, supporting people with assisted driving, accessibility and independent living ([Drive Ability North West – Bridgewater Community Healthcare NHS Foundation Trust](#))

Children's Services

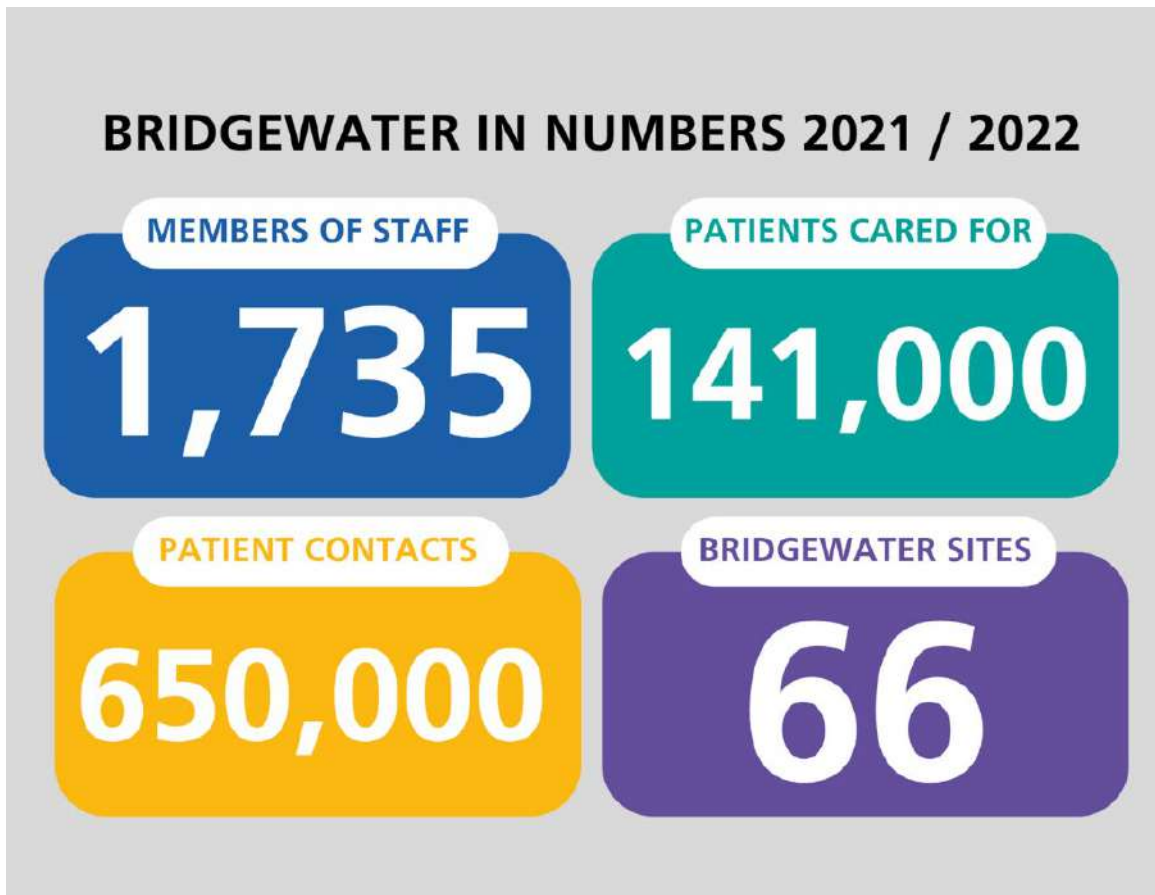
We deliver 0-19s (25 for those with special educational needs) services in both Warrington and Halton as well as a number of specialised children's services such as audiology, occupational therapy, physiotherapy and speech and language. We have community paediatric services and deliver the neurodevelopment pathway in both Halton and Warrington.

Specialised Dental services

The Bridgewater Dental Network currently provides services to a combined population of over two million people, who live across Cheshire, Merseyside and Greater Manchester. We provide specialised dental care on referral to people of all ages, with disabilities and special needs which make it impossible for them to access treatment from an NHS family dentist (General Dental Practice)



We provide services across three *Integrated Care Systems*, and 25 local *places*, with a total catchment population of 7.7 million people. Our reach is vast.



In over 90% of the sites we deliver services from, we are not the sole provider. We co-locate with other providers to deliver services in the heart of communities across the Northwest.

5) Our Mission

We have reviewed and renewed our mission statement to ensure it is fit for purpose, aligned to the mission of our partners, and provides clarity and focus for our staff.

Our new mission statement is:

“We will improve health, health equity, wellbeing and prosperity across local communities, by providing person-centred care in collaboration with our partners”.

The table below presents the mission and/or vision from four of our key partners;

- The Cheshire & Merseyside and Greater Manchester Health (& Social) Care Partnerships.
[Cheshire and Merseyside Health and Care Partnership - NHS Cheshire and Merseyside](#)
[About the Greater Manchester Health & Social Care Partnership \(gmhsc.org.uk\)](#)
- Warrington Together [Warrington Together | warrington.gov.uk](#)
- One Halton [One Halton | Working Better Together](#)

Cheshire & Merseyside Health Care Partnership <i>We want everyone in C&M to have a great start in life, and get the support they need to stay healthy and live longer</i>	Greater Manchester Health & Social Care Partnership <i>Our vision is to make Greater Manchester one of the best places in the world to grow up, get on and grow old</i>
Warrington Together <i>To ensure Warrington is a place where we work together to create stronger neighbourhoods, healthier people and greater equality across our communities.</i>	One Halton <i>To improve the health and wellbeing of the population of Halton by empowering and supporting local people from the start to the end of their lives by preventing ill health, promoting self care and independence, arranging local, community based support and ensuring high quality services for those who need them</i>

It is vital we maximise the opportunities of collaboration across the health and care landscape, and so ensuring alignment of our mission is critical.

How will we know if we've been successful?

And by successful, we mean, how will we know if we've met our mission?

The following pages describe, for each Strategic Objective, the key deliverables and relevant context. Each Directorate will, as part of the internal, annual planning cycle, describe how they will meet the Strategic Objectives and the actions they will take to achieve the key deliverables.

We have created the Bridgewater quadruple aims (using the principles of the Triple Aim), and will use these aims to measure the progress of the key deliverables that underpin our Strategic Objectives. This will all be aligned, monitored and assured through our Performance Assurance Framework and governance arrangements:

The Bridgewater quadruple aims:

- Improve the health and wellbeing of local people and communities (including equity in that health and wellbeing).
- Improve the health and wellbeing of our staff (including equity in that health and wellbeing).
- Improve the quality of services provided (including equity in benefits from those services).
- Improve the sustainable and efficient use of resources.

6) Strategic Objectives

We have described the diversity of our service portfolio and the vast reach across our communities. This diversity also means that across our services, we have a range of different national, regional and local priorities and must do's. However, our Strategic Objectives are cross-cutting and apply to every service and Directorate, and align with those of our partners, supporting our ambition for great collaboration.

Our Strategic Objectives have been developed to ensure they help drive delivery of our mission, provide clear goals and measurable steps for each Directorate and service, and describe how they will, collectively, enable our services and our staff to thrive.

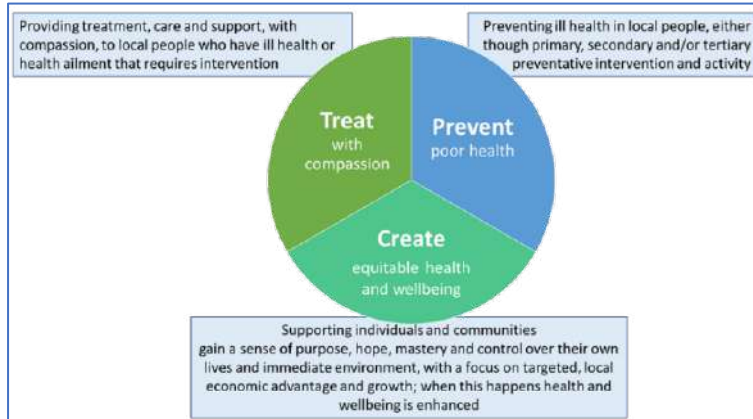
Our six Strategic Objectives are:

1. **Quality** - We will deliver high quality services in a safe, inclusive environment where our patients, their families, carers and staff work together to continually improve how they are delivered.
2. **Health equity** - We will collaborate with partners and communities to improve equity in health outcomes and focus on the needs of those who are vulnerable and at-risk.
3. **Staff** - We will ensure the Trust is a great place to work by creating an environment for our staff to develop, grow and thrive.
4. **Resources** - We will ensure that we use our resources in a sustainable and effective way.
5. **Equity, Diversity and Inclusion** - We will ensure that equity, diversity and inclusion are at the heart of what we do, and we will create compassionate and inclusive conditions for patients and staff.
6. **Partnerships** - We will work in close collaboration with partners and their staff in place, and across the system to deliver the best possible care and positive impact in local communities.

6a) Strategic Objective 1 - Quality

We will deliver high quality services in a safe, inclusive environment where our patients, their families, carers and staff work together to continually improve how they are delivered.

Context



Our services already play a huge role in treating the ill, but we also prevent poor health. We want to build on this, and we want to drive transformation and continuous improvement further with a person-centred approach to improve equity, improve outcomes and improve the health and wellbeing of local people. We have invested in our transformation

capacity and capability to drive forward a culture of sustainable continuous improvement where staff are empowered and equipped to lead change. We recognise that the opportunities for increased prevention and health creation actions and activities will vary across our range of services. As we set out in Objective 4, one of our key deliverables is to work in collaboration with staff, partners and communities to transform the way we provide services to generate efficiencies, which can be reinvested to improve the quality of care and improve outcomes in health equity.

The Trust has worked hard to develop a continuous improvement culture, driven by our People and Quality teams. *Leader in Me* events, *Time to Shine* and *Staff Awards* are examples of how we've invested in the development of our staff, our culture and how we capture and share great practice, ideas and innovation. Our ongoing approach and embedding of *Just Culture* is critical as we strive to improve people practices and focus on fairness and learning.

We will embed the new Patient Safety Incident Response Framework (PSIRF), which is the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety. It replaced the current Serious Incident Framework. PSIRF represents a significant shift in the way the NHS responds to patient safety incidents and is a key part of the NHS patient safety strategy.

We recognise the importance of ensuring our staff feel valued and supported with an enhanced model of preceptorship and we have introduced Professional Nurse Advocates. We listen intently and actively seek feedback and hold ourselves to account to create a just culture based on a high level of psychological safety, encouraging reporting of incidents and errors without fear with a focus on learning, development and improvement.

We recognise the importance of investing in research and innovation. Our ambition is to broaden the opportunities available to all our patients, staff and communities to not only co-produce and participate in high quality research but to ensure staff have the capacity and capability to lead research and drive evidence based clinically effective practice that will increase time to care and shape future health services that we provide.

Deliverables

- We will apply a systematic approach to the measurement of safety, patient experience, continuous learning, leadership and governance, ensuring accountability for improvement in line with the CQC quality statements.
- We will use Our Building On Our Strengths Together (BOOST) methodology to drive forward continuous quality improvements in the services we provide, led by our staff. This will be supported by access to learning, mentoring and training to improve the care delivered.
- We will ensure patients and their families, including children and young people, are more involved in shaping our services, and the voice of the child, and their feedback will shape service transformation plans, alongside the views, insight and experience of our staff.
- We will learn through an open approach when things go well and when things go wrong, and we will continually strive to improve the care we provide to patients. Implementing the new NHS Patient Safety Strategy including the Patient Safety Incident Response Framework and Patient Safety Partners.
- We will support staff and services to recover from the impact of the pandemic and ensure that patients receive care in a timely way.

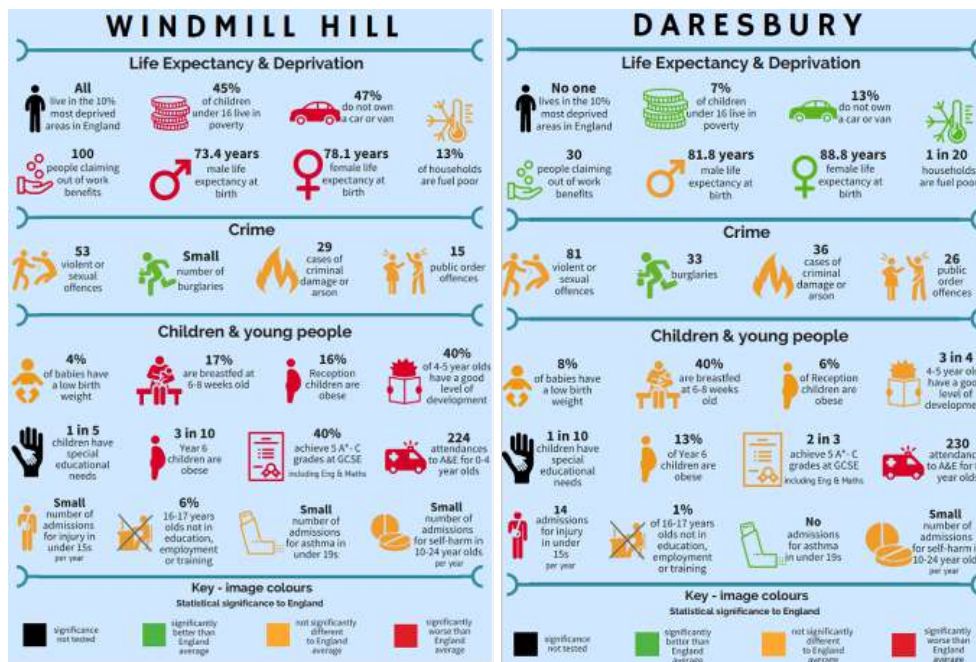
6b) Strategic Objective 2 – Health Equity

We will collaborate with partners and communities to improve equity in health outcomes and focus on the needs of those who are vulnerable and at risk.

Context

Our focus is on the collaborative, positive and progressive action we will take with our partners to improve outcomes in health equity across the communities we serve.

The World Health Organisation (WHO) defines health inequity as ‘*systematic differences in the health status of different population groups.*’ This means that certain groups experience worse health and increased difficulty accessing healthcare as a result of the systems that influence their lives. We want the focus of our actions to be on how we ‘level up’, and not just reduce the gap, hence our recognition of improving equity, rather than reducing inequality.

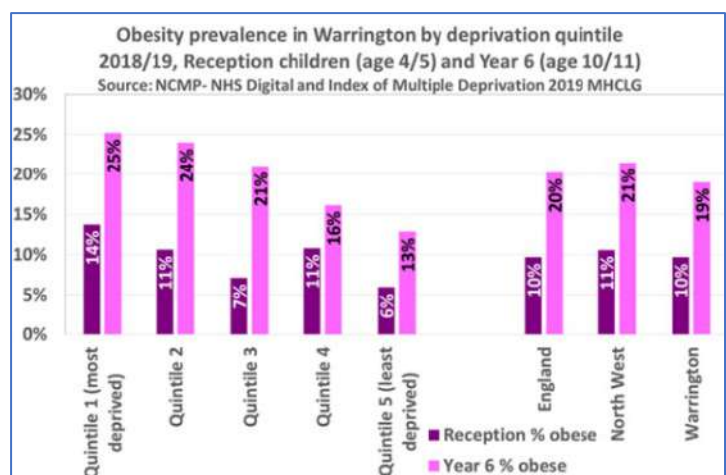


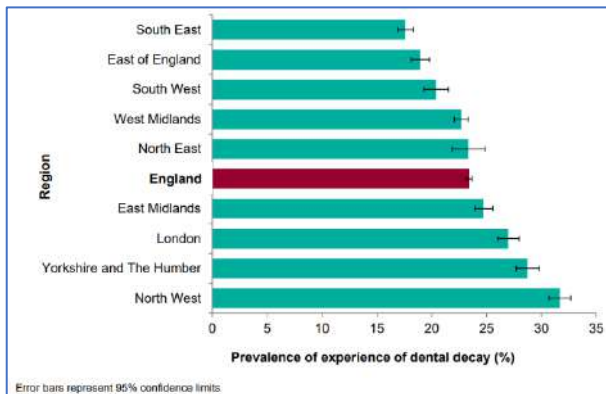
This graphic and the data it contains is sourced from the Halton Public Health Intelligence Team (2017) and has been shown in various meetings in Bridgewater over the last year as it is a powerful demonstration of the above.

The primary schools between these two wards in Halton are 2 miles apart, and yet the life expectancy and health metrics vary significantly. But inequalities are prevalent across many of the communities where we deliver our services.

Sourced from the Warrington Joint Strategic Needs Assessment (2021), we see inequalities in the obesity prevalence rates, by deprivation quintile, across both reception and Year 6 aged children.

In Year 6, obesity prevalence is highest (25%) in Quintile 1 (most deprived) and gradually reduces by quintile to 13% in Quintile 5 (least deprived).





Sourced from the Public Health England National Dental Epidemiology Programme for England (Oral health survey of 5-year-olds, 2019), we see the prevalence of experience of dental decay in 5-year-old children in England, by region. This clearly demonstrates the highest prevalence rates in the North West. As per the chart from Warrington above, this demonstrates the difference of prevalence across people living in the most deprived and the least deprived areas.

As part of our response, we are focusing on the delivery of the NHS Prevention Pledge, as we look to achieve Anchor Institute status. We will be embedding the various elements across our organisation and partnerships.

The NHS Prevention Pledge has been designed to assist NHS Trusts in Cheshire & Merseyside strengthen and scale up prevention activities across local populations. Working together on this with our partners is a vital aspect of our approach ([NHS Prevention Pledge - NHS Cheshire and Merseyside](#))

Driving our actions will be a newly formed Health Equity group, comprising cross-organisational representation. The group will oversee and coordinate all activities including our Health Inequalities training, research and engagement. From our engagement work, we will bring insights back into organisation, and share learnings, actions and opportunities.

This new group will also drive the development of Directorate Health Equity reports, to support our services identify where the opportunities to tackle inequalities exist.

Deliverables

- We will implement the evidence-based, priority areas of focus from the NHS Prevention Pledge.
- We will work with partners in place to change the way our services are designed and delivered to ensure more equitable access, which will support improved outcomes and experience.
- We will influence, shape and support the delivery of Health and Wellbeing strategies in the places that we work.
- We will further develop working relationships with all our health and care partners to identify high intensity users of services and support these patients to access the right services at the right time.
- We will enhance our relationships with the voluntary sector and we will work in partnership with them to support the needs of our most vulnerable and at risk patients.

6c) Strategic Objective 3 - Staff

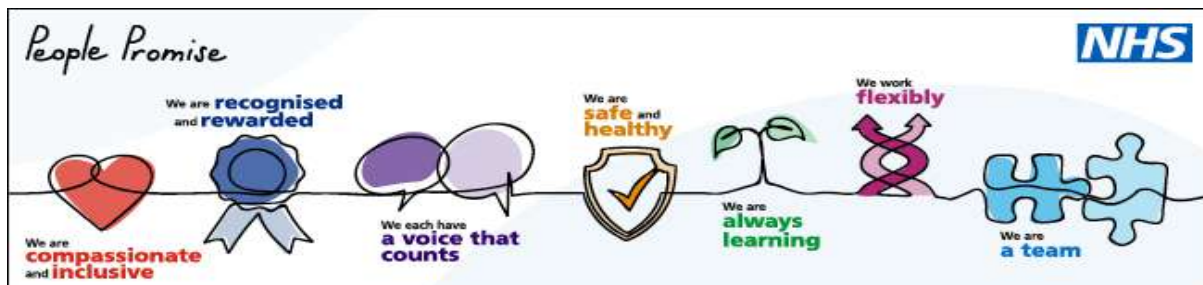
We will ensure the Trust is a great place to work by creating an environment for our staff to develop, grow and thrive

Context

“Key to our continued success as a Trust is that we effectively work across our organisational boundaries with borough partners as we create our future integrated care models, delivered safely and with patient experience at its heart by ‘One Workforce’ irrespective of employer.”

Bridgewater People Strategy (Jan 2023)

We support everyone working at the Trust to be their very best and reach their full potential through a relentless focus on delivering the NHS People Plan and the NHS Our People Promise, of which there are seven promises. We are able to measure the impact of these by way of the NHS Annual Staff Survey:



Delivery of our People Strategy will continue to be driven via a People Hub underpinned by our People Operational Delivery Groups (the PODs), of which there are four:

1. **Recruitment and Retention** – We have received national recognition and awards for our approach to recruitment and have a significant programme of work underway to retain our valued workforce. We are attracting our future workforce from the communities we serve.
2. **Health and Wellbeing** – We are constantly focusing on ensuring that our staff can balance their home and work lives, offering a wide range of support programmes and initiatives to ensure that they are safe, healthy and well.
3. **Education and Professional Development** – We ensure that our staff can learn and develop throughout their careers and have established competency, talent management and succession planning frameworks. Career development pathways are supporting the work of all PODs.
4. **Culture and Leadership** – We remain committed to our Just and Learning Culture journey with compassionate leadership, kindness, civility and respect being at the forefront of everything we do. Our staff have a voice that counts and we communicate and engage with staff via a variety of methods. Our PEOPLE Values are owned as are the behavioural statements that underpin them.

We are focused on creating a great employee experience and great place to work. We will continue to inspire staff to communicate with us and make suggestions for improvement on our people plans and promises. The work of our PODs is further supported by our Staff Survey Action Plans.

Prioritising the health and wellbeing of all our staff to ensure that working at the Trust has a positive impact on employee experience and our commitment to a healthy workforce includes addressing health inequalities at work and in our communities.

There will continue to be a strong focus on supporting and enabling our Bridgewater People to develop throughout their careers, with a particular emphasis on building the capabilities and expertise that support service transformation and cultural change. Leading improvement, change and innovation will be productive, efficient and much more responsive as our Operating Model delivers transformation and embeds innovation across the organisation and system at various levels. Crucial to this is our journey to make best use of technology and digital solutions to deliver great services. We are developing our digital capability to equip ourselves for the future.

We are enabling and will continue to facilitate new ways of working and planning for the future, supporting our people to work differently to support new models of care. In doing so, we anticipate the needs of the health and care system and play our part in creating a sustainable supply of workforce which meets the needs of our patients now and for the future. Our continued focus will be on 'growing our own' models of workforce planning, skills mixing and offering opportunities for new entrants into the NHS from our local communities through the support of Apprenticeships. This workforce will also share our values and our kindness, care and compassion.

We recognise our efforts and achievements by way of a Staff Awards celebration event which takes place annually. During the year, we continuously thank our staff through various means for their contribution to the work of the Trust and their impact on the communities we serve.

We are now seeing more integrated working emerge with our partners to provide the best possible care to our communities.

Deliverables

- We will maximise our workforce intelligence to fully understand our workforce profile to inform workforce planning utilising Population Centric Workforce Planning approaches.
- We will promote 'Grow your Own' initiatives with the local community to understand the potential future workforce and create job pipelines with colleges, local businesses and our strategic partners within each borough.
- We will maximise utilisation of the apprenticeship levy to support the development of our workforce.
- We will realise the added value to our workforce of our volunteers, third sector organisations and the armed forces.
- We will create opportunities for working together with our community and other health and social care providers.
- We will create a culture where we are supportive of innovative roles – new ideas and innovative ways of working, upskilling and transforming services.

6d) Strategic Objective 4 - Resources

We will ensure that we use our resources in a sustainable and effective way

Context

As stated in Strategic Objective 1, our ambition is to drive transformation and continuous improvement further to improve the health and wellbeing of local people. We have, and will continue to invest in our transformation capacity and capability to support our staff and services, to enable them to drive forward continuous quality improvements. As part of this, it is vital we maximise the opportunities of collaboration across the health and care landscape, engaging and working with our broad and diverse range of partners, stakeholders and communities.

Our partnerships across service planning and transformation are evolving in place, provider collaboratives and the ICB, with a focus on Starting Well, Living Well, Ageing Well. Our focus in place on developing integrated community services is at the heart of this transformation.

This includes how we maximise and optimise our use of estates, and how our communities access and utilise health and care premises, not just for care, but to support and drive prevention and health creation.

Digital and data is one of the main enablers for our Trust. It underpins nearly everything we do, from seeing patients to ensuring staff are paid; from turning the lights on to communicating. Thinking digitally is our opportunity to use the strengths of our systems, data, and people to focus on delivering the best we can for patients and communities. The challenge for the Trust is to seek out every opportunity to benefit from digitisation for all, whilst protecting those most vulnerable from being the impact of the digital divide

Digital and data have been used to redesign services, raising the expectations of service users about self-service, personalisation, and convenience, and increasing workforce productivity. The pandemic accelerated the shift to online and changed patient expectations and clinical willingness to adopt new ways of working. In addition, it has facilitated new collaborations across local health and care systems. Together, these changes have enabled previously unimaginable progress in digitally enabled care pathways, and we must harness this to drive efficiencies and to support our Green ambitions.

Together, these opportunities support our plans to become an Anchor Institution and will be vital in our aspirations to address Health Inequalities in the places where we deliver services.

Deliverables

- We will work in collaboration with staff, partners and communities to transform the way we provide services to generate efficiencies, which can be reinvested to improve the quality of care and improve outcomes in health equity.
- We will enable excellent digital and data services to drive and deliver efficiency and optimisation.
- We will look to reduce carbon emissions and deliver the Trusts Green Plan.
- We will embed Anchor principles and look to procure locally where we can.
- We will work with partners to maximise and right size our estates.
- We will work with partners to operate within our financial allocations and maintain financial balance.

6e) Strategic Objective 5 – Equity, Diversity & Inclusion

We will ensure that equity, diversity and inclusion are at the heart of what we do and we will create compassionate and inclusive conditions for patients and staff.

Context

Our aim is to have a healthy and diverse workforce as possible to deliver better health outcomes and improved patient access and experience, taking into consideration health inequalities in the populations we serve and our staff working in and serving those communities.

We are committed to high quality care and compassion for our staff and service users, anticipating the diversity of our patient needs and responding to them to ensure we achieve the best possible outcomes.

We will improve the reach of our organisation and grow recognition of the services we provide in the community through local partnerships, ensuring everyone has equal and fair access our services.

All who come into contact with the Trust will be treated with the utmost dignity and respect, whether that is patients, families or staff.

Deliverables

- We will build a culture that champions diversity, equity and inclusion. Supporting and developing our people to provide compassionate and culturally competent care to our patients and each other.
- We will be proactive in anticipating the diversity of our patient needs and will respond to them to ensure we achieve the best outcomes.
- We will become an Anchor Institute in the community: We will take our social and environmental responsibility seriously, addressing the socioeconomic determinants of health.
- We will improve the reach of our organisation and grow our standing in the community through local partnerships.

6f) Strategic Objective 6 - Partnerships

We will work in close collaboration with partners, and their staff, in place and across the system to deliver the best possible care and positive impact in local communities

Context

It is vital we maximise the opportunities of collaboration across the health and care landscape, engaging and working with a broad and diverse range of partners, stakeholders and staff.

The benefits of delivering services in collaboration are well documented and include:

- Improved outcomes.
- Improved equity in health outcomes.
- Improved experience (for patients, local people and staff).
- Faster access to the right intervention, first time.
- Reduced inefficiencies.
- Improved staff morale and job satisfaction.

Throughout our strategy, we have described our ambition to deliver high quality, person-focused care and we believe that a partnership approach will best help us collectively achieve this. The partnership between community health care, primary care, local government, the voluntary sector and wider partners is absolutely pivotal.

However, our collaboration ambition goes further and beyond some of the traditional boundaries, as we recognise that to improve equity in health outcomes, the opportunities to collaborate with housing, social prescribing, faith, food banks and education – and many, many more local providers, organisations and groups – will enable us to go further, faster. We are united in our mission of providing support, help, aid and/or compassion to local people and communities.

Our partnership working in the places where we deliver care is critical in shaping, influencing and developing integrated services across local communities. Our focus is not only on treating the ill (where we already play a huge role in offering expert clinical care), but where we also, collectively, prevent poor health and create health and wellbeing.

Our work in the emerging Cheshire & Merseyside Mental Health, Learning Disability and Community Provider Collaborative is focusing on what we can do together, that delivers better outcomes for people and communities and that drives and delivers more equitable services in place.

Deliverables

- We will continue work in close partnership with local General Practice, the Primary Care Networks and GP Federations to further enhance the quality and provision of services across our local communities.
- We will work closely with all our partners and their staff to drive forward continuous quality improvements in the services we collectively provide.
- We will work across our organisational boundaries with partners and their staff in place as we create future integrated care and service models.
- We will work with partners to improve equity in health outcomes.
- We will work with our system partners to collaborate at scale to enable better care at place.

7) Innovation in action

The Community Health Worker service

We are proud to have launched the Community Health Worker (CHW) service in Warrington, as one of three national projects. This service is a great demonstration of how we can and will deliver the mission, values and objectives set out in our strategy and we aspire to create many more opportunities like this.

Our Community Health Workers utilise a population health approach into primary and community care, through delivery of community, public health and household interventions. They provide holistic, person-focused care, and support the principles and objectives set out the Marmot review to reduce the social gradient in health:

- Give every child the best start in life.
- Enabling all children, young people and adults to maximise their capabilities and have control over their lives.
- Creating fair employment and good work for all.
- Ensuring a healthy standard of living for all.
- Creating and developing sustainable places and communities.
- Strengthening the role and impact of ill-health prevention.

The objective of the service is to support people and families in their homes through regular home visits and virtual contacts, delivering advice, support and interventions.

The CHWs positively contribute to a range of outcomes, with a focus on improving health equity. This includes:

- Improving rates of screening.
- Partnership working through better linkage of communities to existing third sector resources.
- Early detection of severe mental and physical illness.
- Increased rates of immunisation.
- Support the management of long-term conditions.
- Surveillance of patients who have delayed seeking care.

Our ambition is to continue to grow this service and it's impacts, working in close collaboration with our partners and local communities.

8) Engagement

Our strategy focuses on continuing to build on and reshape how we engage and how we empower individuals. Our Governors have been critical in shaping our thinking, approach and ambitions.

At the heart of the collaboration between the NHS and its partners, our aspiration is that patients, public and staff must be further empowered to ensure their voices are heard and embedded. Not as a one off, periodically undertaken task, but in the true spirit of, continuous co-production to shape and influence how we improve the health and wellbeing of local communities.

By taking a values and strengths-based approach to our engagement, working with partners to consider about how we can achieve this and recognise that the conversation will develop over time. Our ambition is to engage jointly with our partners and communities, not as individual providers.

We want to build on the existing community networks, staff network, meetings, groups and committees – both internally and externally - and not create extra demands but to build the conversations into our business as usual.

Initially, we have identified four broad stakeholder groups – patients, public, staff and partners.

We are mindful that, across our range of stakeholders, the knowledge and ability to engage in discussions varies greatly but this should not preclude anyone from participating. Our approach must therefore cater, and be tailored, to all.

How we will engage

- We will engage in all places and across all communities where we deliver services and support, ensuring all communities and community groups have a voice.
- We will adopt a strengths-based approach to our engagement, where we will attend existing groups, fora and committees, investing in the areas where we have gaps.
- We will develop new and innovative ways to continuously engage with our staff to ensure their voice is embedded in how we deliver our mission and achieve our Objectives.
- We will embed the patient voice at the heart of our service transformation ambitions.
- We will celebrate our successes and share good practice, innovation and case studies and embed this into our business as usual.

9) How we will deliver our strategy together

Our approach to the delivery of this strategy will be categorised and guided by the Care Quality Commission description of an outstanding, Well Led, NHS provider, where “...the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture.”

Guided by the underpinning Key Lines of Enquiry, we have made fundamental changes to our internal governance and ways of working, devolving greater levels of decision-making to our staff and services, through a new Accountability Framework and performance framework, providing greater levels of leadership autonomy and accountability, via the newly formed Directorate Leadership Teams

Good governance is essential to the provision of safe, sustainable and high-quality care for patients. Accountability and performance management are core components of our governance framework and enable the Board to fulfil its obligations in the effective management of the organisation.

A culture of high performance is defined by continued improvement, leadership development, and empowerment to act, providing clear direction through a credible strategy, objectives / values and ensuring effective systems for appraisal and feedback.

There is a strong and established evidence base demonstrating the link between cultures of compassionate and inclusive leadership and stronger organisational performance in terms of patient experience, innovation, operational delivery, finances, staff retention and staff engagement.

Achieving a culture of high performance is dependent upon performance management being an integral part of our organisational environment and is recognised as a positive, not punitive activity. Therefore, the implementation of the new Accountability Framework supports us in delivering our strategy, objectives and will provide clarity on our expectations.

As such, our approach to engagement, investment in transformation, digital and data, and a clear focus on action help legitimise this new approach through our Directorate Leadership Teams into the whole organisation and brings this new approach to life.

Developing annual operational delivery plans

Delivery of our strategy is the responsibility of every member of staff.

Each Directorate Leadership Team and their services will be supported to develop an annual operational delivery plan, using a common framework, to ensure consistency in approach, but with the scope to enable each Directorate to tailor and hone their plans to their unique challenges, needs and opportunities.

Through this process, measurable indicators will be developed to monitor all actions identified in the delivery plans, aligned to our quadruple aims. These indicators will be embedded into the new Performance Assurance Framework, which is aligned to our Directorate approach and new governance framework. This is how our Trust Board, Senior Management Team, Governors and all services will monitor the impact and effectiveness of our strategy, objectives and delivery plans and provide the assurance that we are delivering our objectives and meeting our ambi

Summary – Mission statement, objectives and deliverables

1) QUALITY	2) HEALTH EQUITY	3) STAFF
<p><i>We will deliver high quality services in a safe, inclusive environment where our patients, their families, carers and staff work together to continually improve how they are delivered</i></p> <ul style="list-style-type: none"> We will apply a systematic approach to the measurement of safety, patient experience, continuous learning, leadership and governance, ensuring accountability for improvement in line with the CQC quality statements. We will use Our Building On Our Strengths Together (BOOST) methodology to drive forward continuous quality improvements in the services we provide, led by our staff. This will be supported by access to learning, mentoring and training to improve the care delivered. We will ensure patients and their families, including children and young people, are more involved in shaping our services, and the voice of the child, and their feedback will shape service transformation plans, alongside the views, insight and experience of our staff. We will learn through an open approach when things go well and when things go wrong, and we will continually strive to improve the care we provide to patients. Implementing the new NHS Patient Safety Strategy including the Patient Safety Incident Response Framework and Patient Safety Partners. We will support staff and services to recover from the impact of the pandemic and ensure that patients receive care in a timely way. 	<p><i>We will collaborate with partners and communities to improve equity in health outcomes and focus on the needs of those who are vulnerable and at-risk</i></p> <ul style="list-style-type: none"> We will implement the evidence-based, priority areas of focus from the NHS Prevention Pledge. We will work with partners in place to change the way our services are designed and delivered to ensure more equitable access, which will support improved outcomes and experience. We will influence, shape and support the delivery of Health and Wellbeing strategies in the places that we work. We will further develop working relationships with all our health and care partners to identify high intensity users of services and support these patients to access the right services at the right time. We will enhance our relationships with the voluntary sector and we will work in partnership with them to support the needs of our most vulnerable and at risk patients. 	<p><i>We will ensure the Trust is a great place to work by creating an environment for our staff to develop, grow and thrive</i></p> <ul style="list-style-type: none"> We will maximise our workforce intelligence to fully understand our workforce profile to inform workforce planning utilising Population Centric Workforce Planning approaches. We will promote 'Grow your Own' initiatives with the local community to understand the potential future workforce and create job pipelines with colleges, local businesses and our strategic partners within each borough. We will maximise utilisation of the apprenticeship levy to support the development of our workforce. We will realise the added value to our workforce of our volunteers, third sector organisations and the armed forces. We will create opportunities for working together with our community and other health and social care providers. We will create a culture where we are supportive of innovative roles – new ideas and innovative ways of working, upskilling and transforming services.
<p>Our mission statement</p> <p><i>We will improve health, health equity, wellbeing and prosperity across local communities, by providing person-centred care in collaboration with our partners</i></p>		
4) RESOURCES	5) EQUITY, DIVERSITY & INCLUSION	6) PARTNERSHIPS
<p><i>We will ensure that we use our resources in a sustainable and effective way</i></p> <ul style="list-style-type: none"> We will work in collaboration with staff, partners and communities to transform the way we provide services to generate efficiencies, which can be reinvested to improve the quality of care and improve outcomes in health equity. We will enable excellent digital and data services to drive and deliver efficiency and optimisation. We will look to reduce carbon emissions and deliver the Trusts Green Plan. We will embed Anchor principles and look to procure locally where we can. We will work with partners to maximise and right size our estates. We will work with partners to operate within our financial allocations and maintain financial balance. 	<p><i>We will ensure that equity, diversity and inclusion are at the heart of what we do and we will create compassionate and inclusive conditions for patients and staff</i></p> <ul style="list-style-type: none"> We will build a culture that champions diversity, equity and inclusion. Supporting and developing our people to provide compassionate and culturally competent care to our patients and each other. We will be proactive in anticipating the diversity of our patient needs and will respond to them to ensure we achieve the best outcomes. We will become an Anchor Institute in the community: We will take our social and environmental responsibility seriously, addressing the socioeconomic determinants of health. We will improve the reach of our organisation and grow our standing in the community through local partnerships. 	<p><i>We will work in close collaboration with partners and their staff in place, and across the system to deliver the best possible care and positive impact in local communities</i></p> <ul style="list-style-type: none"> We will continue work in close partnership with local General Practice, the Primary Care Networks and GP Federations to further enhance the quality and provision of services across our local communities. We will work closely with all our partners to drive forward continuous quality improvements in the services we collectively provide. We will work across our organisational boundaries with partners in place as we create future integrated care and service models. We will work with partners to improve equity in health outcomes. We will work with our system partners to collaborate at scale to enable better care at place.

COUNCIL OF GOVERNORS

Title of Meeting	COUNCIL OF GOVERNORS	Date	19 April 2023
Agenda Item	24/23		
Report Title	REPORT FROM LEAD GOVERNOR		
Lead	Christine Stankus, Lead Governor		
Report Author	Christine Stankus, Lead Governor		
Presented by	Christine Stankus, Lead Governor		
Action Required	<input type="checkbox"/> To Approve	<input type="checkbox"/> To Assure	<input checked="" type="checkbox"/> To Note
Executive Summary			
Update to the Council of Governors from the Lead Governor.			
Previously considered by:			
n/a			
Strategic Objectives			
<input type="checkbox"/> Equality, Diversity and Inclusion – to actively promote equality, diversity and inclusion by creating the conditions that enable compassion and inclusivity to thrive			
<input type="checkbox"/> Innovation and collaboration – to deliver innovative and integrated care closer to home which supports and improves health, wellbeing and independent living			
<input type="checkbox"/> People – to be a highly effective organisation with empowered, highly skilled and competent staff			
<input type="checkbox"/> Quality – to deliver high quality, safe and effective care which meets both individual and community needs			
<input type="checkbox"/> Sustainability – to deliver value for money, ensure that the Trust is financially sustainable and contributes to system sustainability			

How does the paper address the strategic risks identified in the BAF?							
<input checked="" type="checkbox"/> BAF 1	<input type="checkbox"/> BAF 2	<input type="checkbox"/> BAF 3	<input type="checkbox"/> BAF 4	<input type="checkbox"/> BAF 5	<input type="checkbox"/> BAF 6	<input type="checkbox"/> BAF 7	<input type="checkbox"/> BAF 8
Failure to implement and maintain sound systems of corporate governance	Failure to deliver safe & effective patient care	Managing demand & capacity	Financial sustainability	Staff engagement and morale	Staffing levels	Strategy & organisational sustainability	Digital services

CQC Domains:	<input type="checkbox"/> Caring	<input type="checkbox"/> Effective	<input type="checkbox"/> Responsive	<input type="checkbox"/> Safe	<input checked="" type="checkbox"/> Well Led
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COUNCIL OF GOVERNORS

Title of Meeting	COUNCIL OF GOVERNORS	Date	19 April 2023
Agenda Item	24/23		
Report Title	REPORT FROM THE LEAD GOVERNOR		
Report Author	Christine Stankus, Lead Governor		
Purpose	Lead Governor's report to the Council of Governors		

Firstly I wish to place on record my condolences to the family of Mrs Diane McCormick who sadly passed away in February 2023. Diane served as a public Governor representing the interests of members in our Halton constituency. Diane was a highly respected and much valued colleague/friend and a staunch advocate of the Halton borough. She was one of the Trust's longest serving public governors. Diane will be sadly missed by all who knew her.

The work to agree Governor observers for each of the Board Committees has concluded. My thanks to everyone who has provided their support to this work. I am pleased to note a number of my colleagues are providing support to newly elected colleagues and are 'buddying up' when/where appropriate. Observations/feedback from the Committees should be concise and cover the main items/issues under discussion. A template to support the observations/ feedback has been circulated, it's important everyone uses the form.

The Trust has re-engaged Facere Melius to undertake a follow up Well Led review, which they are in the midst of. As part of that review, all will be aware that Howard Scott has been observing a number of Board Committee and Board meetings and has interviewed the members of the Board. I will be meeting with Howard as part of the Well Led work on 21 April at 3.15pm and I would like to suggest if any other Governor(s) wish to take part you're more than welcome, please let me know.

Non-Executive Director, Martyn Taylor has been appointed to the role of the Senior Independent Director (SID). Martyn and I have met on 11 April and will continue to hold regular one to one meetings with a view to the SID providing support to myself in the Lead Governor role.

As reported at the last meeting of the Council of Governors, Dame Elaine Inglesby has been appointed as the Trust's new Non-Executive Director with the appointment agreed by the Council of Governors and the Governors' Remuneration Committee on February 1. I would like to express a warm welcome to Elaine, I'm looking forward to working with her.

We are seeking partnership representation from the Local Authority in Warrington which was being progressed. The Trust has written to colleagues at Warrington Disability Partnership to seek representation. We are awaiting a response.

I am delighted to report HealthWatch Halton has responded to our request to be represented on the Council of Governors. Unfortunately, Dave Wilson, Manager of Halton Healthwatch, was unable to attend the February meeting but hopes to attend future meetings.

All governors should be receiving information in relation to the Trust's Time to Shine sessions. I have found these sessions extremely uplifting and informative. All Governors are welcome to join the sessions. The point of contact is Rebecca.coy@nhs.net

Myself and Paul Mendeika have continued to represent Governors on the ICS/Q&P Working Group. We are hoping to secure Halton representation. This workstream will now be brought together under the umbrella of the Bridgewater Engagement/Experience group. The Trust's Quality and Place Strategy is currently under review and an updated version will be published in April this year. It is important that Governors continue to drive forward the public engagement/involvement element.

I am delighted to report the first of the recently renamed Governor Service Visits have been reinstated. To date three visits have been carried out:

- The first was on Wednesday, January 11 at the **Urgent Treatment Centre, Widnes.**
- The second was on Thursday, January 19 at the **Dental Clinic, St Helens.**
- The third was on Monday, March 13 at the **Careers/ Apprenticeship team at Spencer House, Birchwood Warrington.**
- A visit to the Finance Team has been suggested and will be progressed. Details to be circulated.

A meeting to discuss the arrangements for the Governor Service Visits following service visits has been arranged by the Trust Secretary and took place on April 12.

An invitation has been extended to a 30 year anniversary celebration event for the Drive Ability Team on May 18 at Haydock Park Racecourse. The event will provide an opportunity for staff to find out about the work of the team, speak with staff members and hear/see how it has developed over the past 30 years. Please liaise with myself or Angela Green if you would like to attend.

The Trust is holding a Leader in Me event at Haydock Park Racecourse on April 21. An invitation will be circulated.

Bridgewater has two places at the NHS Provider Annual Governors Focus conference in London on May 23. If anyone wishes to attend, please let Sam Scholes know. All travel arrangements will be made and funded by the Trust.

Bridgewater will hold elections for a number of vacant public and staff Governor seats this year. I would very much welcome any thoughts/ideas governors might have in relation to the recruitment of prospective governors. We are particularly anxious to increase our representation in the borough of Halton where we provide a considerable number of services and treat/support hundreds of patients every day, please contact myself if you have any ideas/suggestions.

I have suggested as a temporary measure that the May local Governor meetings should be brought together and there be a single meeting of the governors. Views/opinions on this going forwards will be canvassed at the April local Governor meetings.

Thank you for your continued support. If there are any issues, ideas, or suggestions you may have on any topic to help continue to build on Governors' teamwork, please email myself or Angela Green.

**Minutes: Rest of England
Virtual Meeting**

Tuesday, April 4 2023
Time 10.00am – 12.00pm

People

Chair	Angela Green Head of Membership
Attendees	Christine Stankus, Bill Harrison, Barry Hutton , Linda Chivers, Tina Wilkins, Jilly Wallis
Apologies	Sarah Power, Sue Mackie. .

Welcome / Apologies AG welcomed everyone to the meeting.
Apologies received from staff governors; Sarah Power, Sue Mackie,

Minutes of the last meeting Received .

Matters Arising No matters arising

Barry Hutton – Operational Lead – Community Dental Barry provided an overview of the main issues within the community dental network. The move into the Altrincham hub is progressing. The HR consultation process has concluded .In the process of developing / implementing a communications plan with stakeholders – to include patients, carers, partners.

The dental network will be transferring the management of data on to a new system across the whole of the dental network .

A review of estate across Greater Manchester by commissioners may impact on Bridgewater’s ambitions to address some of the issues it currently faces in the region The monies to develop the Altrincham hub have been

provided centrally whilst Bridgewater has project managed the development .

Looking to implement the new operational clinical leadership structure in the next couple of months.

The organisation has continued to build on its relationship with Health Education England.

Bridgewater and HEE have worked together to support the role of foundation dental therapists . HEE also looking to Bridgewater to host the role of foundation dentist . This will be a two year programme of work . This provides a great opportunity to embed the organisation's role regionally and within place . Linda welcomed the development and described it as a great opportunity to showcase the work that goes on within the network and provides great insight into the role/importance of community services .

Work continues within the network to address the issue of extremely long waits in some areas . Barry says there is a 12 month plan that has been drawn up to support initiatives to reduce waits in a number of areas .

Following the last meeting Barry offered to support/facilitate any future service visits to dental sites. AG has asked if governors would advise of which services they would like to visit so visits might be arranged.

Christine asked if a calendar might be produced highlighting which services had been visited to date . AG to progress.

Feedback from Service Visits

Bill Harrison asked if details of the meeting to discuss the service visits programme could be circulated . It was important the meeting looked at the interaction between governors and NEDs and greater understanding of the staff governor role in relation to the visits . Important to prepare a methodology.

Linda explained that as a staff governor, individuals are required to wear several hats and the organisation needs to be clear about the role/responsibilities of governors undertaking visits .

AG outlined the visits undertaken to date .

Linda Chivers said the celebration event marking 30 years of operation for the Drive Ability team clashed with a number of key meetings. A number of governors have already expressed their intention in attending and this was welcomed.

In relation to staff governors , whilst they come from a different cohort of individuals their remit is no different to that of other governor colleagues. It is important the role/responsibilities of governors are understood by all within the organisation

Tina said the clarifying of functions was fundamental and was particularly important given recent changes to changes/developments and the publication of the updated framework for governors .

A future governor development session to be held on the role of a governor .

Partner governors

AG explained the organisation had a vacancy for a partner governor in Warrington . The further/higher education sector is represented by Rachel Game from UCLAN, Dave Wilson, manager of Halton Healthwatch will be representing the voluntary/third sector in Halton. Bridgewater has written to Warrington Borough Council and Warrington Disability Partnership seeking representation .

Tina said the role of a partner governor in local authorities can be undertaken by senior officers, not just elected members . Tina suggested the organisation be clear in what it is looking for in case there's an assumption being made that a particular representation is being sought.

Staff governor Jilly Wallis said the recent discussions to ensure the voluntary/third sector working relationships are strengthened should support the organisation's ambitions to extend its reach into the communities it serves and support greater representation .

NHSP Governor Conference

Bridgewater has two complementary passes for the conference on May 23 at the Kia Oval, London. The Trust will fund and arrange all travel and overnight accommodation will be funded . Anyone interested in attending to contact Angela Green / Sam Scholes.

Council of Governor – elections .

A proposed timetable for elections in 2023 has been drafted by Civica – the organisation that manages the election process for the majority of FTs . Important to establish the number of vacancies in each of the constituencies .

AG to contact two public governors regarding their current position . Since the meeting contact has been made and personal/professional issues have prevented participation in the work of the Council. An updated position will be made available prior to the election and details of the available places in each of the constituencies will be circulated .

Each of the governors elected in 2023 to serve a term of three years. Important the organisation has a complement of governors -staff , public and partners to ensure the voice of its members are heard .

A proposed timetable for the election in 2023 will be shared at the Council meeting in April. A decision for the Council to proceed with the suggested timeframe.

Meeting Arrangements

Lead governor Christine Stankus said she was keen to propose the next local meetings be merged. She felt this arrangement would support governors to better understand the business of the organisation in its entirety. Governors and NEDs agreed in principle. The matter will be raised at the Halton & Warrington meeting on April 13 and if agreed the meeting details will be circulated by AG . The merger would be in the short term and would give

governors an opportunity to better understand the work of the Trust and get to know each other better .

Staff governor Jilly Wallis gave an overview of some of the key issues in the Halton area and described her ambitions to introduce a training session to support staff in better understanding the needs of those with learning difficulties. Details of the training session were circulated following the meeting.

Jilly also highlighted a visit she and fellow governor Sarah Power who is head of the apprenticeship/learning team made to UCLAN in which they spoke to potential clinicians of the future .

Any Other Business

Tina Wilkins provided an overview of a meeting she had attended on behalf of Bridgewater and organised by the ICB. There was focus given to agency spend and the need to address the increase in spend and how better the staffing issues in the NHS might be addressed .

Date & Time of Next Meeting; Details to be circulated .

Council of Governors on Wednesday, April 19 from 1-4pm at Spencer House, Warrington. Parking is available behind the building . Passes are no longer required .

Committee Chair's Report

Name of Committee/Group:	Quality and Safety Committee		Report to:	Board of Directors
Date of Meeting:	23 February 2023		Date of next meeting:	20 April 2023
Chair:	Gail Briers		Quorate (Yes/No):	Yes
Members present/attendees:	<p>Committee Members Present: Gail Briers, Non-Executive Director and Committee Chair Abdul Siddique, Non-Executive Director Martyn Taylor, Non-Executive Director Ted Adams, Medical Director Lynne Carter, Chief Nurse Eugene Lavan, Deputy Chief Operating Officer (on behalf of Sarah Brennan, Chief Operating Officer)</p>	<p>In attendance: Susan Burton, Deputy Chief Nurse Sarah Howarth, Associate Director of Warrington Adults Services Tania Strong, Interim Head of HR Mark Charman, Assistant Director of Transformation (from item 05/23) Anita Buckley, Head of Information (from item 05/23) Jim Eatwell, Head of Safeguarding Adults (on behalf of Kristine Brayford West, Director of Safeguarding Services) Andi Sizer, Principal Lead for Public Health Jan McCartney, Trust Secretary Observers: Paul Mendeika, Public Governor, Warrington (first half of meeting) Christine Stankus, Public Governor, Rest of England (second half of meeting) Howard Scott, Facere Melius</p>	Key Members not present:	Apologies received from: Sarah Brennan, Chief Operating Officer Sue Mackie, Director of Quality Governance Aruna Hodgson, Medical Director Kristine Brayford-West, Director of Safeguarding Services

Key Agenda Items:	BAF	RAG	Key Points/Assurance Given:	Action/decision:
Deep Dive - Waiting List Validation and Clinical Harms Review	2, 3		<p>The Deputy Chief Nurse, Assistant Director of Transformation and Head of Information presented a report to inform the Committee on progress with the development and roll-out of the Trust-wide standard operating procedure (SOP) for validation of clinical waiting lists and the subsequent clinical harms review.</p> <p>In February 2022, NHS England (NHSE) produced draft 10 of the framework for clinical prioritisation of outpatient and non-admitted waiting lists, in recognition of increased waiting times due to the pandemic. NHSE detailed the current scope of the programme to be:</p>	

	No assurance – could have a significant impact on quality, operational or financial performance;
	Moderate assurance – potential moderate impact on quality, operational or financial performance
	Assured – no or minor impact on quality, operational or financial performance

Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

Committee Chair's Report

			<ul style="list-style-type: none"> ▪ All new patient 52+ week waits should be reviewed on a three-monthly basis: this included Gastroenterology waits, Cardiology waits and patients on RTT and non-RTT pathways <p>During the last reporting cycle there had been 179 patients within this scope in the Trust and, of these:</p> <ul style="list-style-type: none"> ▪ 173 waiters had been validated ▪ 146 waiters had been incorrectly listed, due to data quality errors ▪ 27 Clinical Harm Reviews were required ▪ 27 Clinical Harm Reviews were undertaken ▪ 0 actual harms were identified <p>Compliance was measured on a regional basis with expectations set out for each quarter. By quarter four a minimum of 25% of total regional waiting lists would need to be clinically prioritised. In response to this, the Trust established a task and finish group that developed a Standard Operating Procedure (SOP) for validation of clinical waiting lists that would satisfy the NHSE requirements. This had now been rolled out to all directorates and waiting list validation was underway for all new patients waiting longer than 52 weeks for an initial appointment. The task and finish group would now focus on the development and roll out of the process for the review of waiting lists. It was noted that work had enabled a focus on the waiting lists and data quality and managing data errors.</p> <p>The Committee agreed that it was assured that the waiting list validation process was being effectively managed and being driven forwards acknowledging the current issues that were affecting the delivery of the programme. It was also assured that steps were being taken to resolve or mitigate those as quickly and effectively as possible.</p>	<p>The Committee discussed the potential for data quality issues to be present across other areas and it was agreed that a benchmark would be helpful to measure against to demonstrate improvements. It was agreed that the data quality issues would be referred to the Finance and Performance Committee for their consideration, along with the suggestion for some benchmarking to be undertaken. This should also include a breakdown of how the Trust captured 52 week waiters.</p>
<p>Serious Incidents Compliance Report</p>	<p>2, 3</p>		<p>The Deputy Chief Nurse presented the report which provided information from December 2022 to the end of January 2023. There had been 11</p>	

	No assurance – could have a significant impact on quality, operational or financial performance;
	Moderate assurance – potential moderate impact on quality, operational or financial performance
	Assured – no or minor impact on quality, operational or financial performance

Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

Committee Chair's Report

		<p>incidents reported and managed as serious incidents. The Trust had been 100% compliant with the reporting of incidents and the submission of investigations. The Trust submitted eight completed serious incident investigation reports to the ICB.</p> <p>Two cases had been closed and six remained open with feedback awaited from the ICB. One serious incident had been reported from the dermatology service related to a patient with multiple lesions under the care of both the dermatology service and Whiston Hospital, and the investigation had demonstrated poor communication regarding the planning of treatment between the organisations. The Deputy Chief Nurse explained that following the rapid improvement work for the dermatology service, this would help to address the multiple actions identified within that report and in addition there would be further actions taken forward to review communication in the pathways between the organisations. There were 10 serious incidents in relation to pressure ulcers. The report highlighted the significant lessons learned during the period. There was also significant good practice highlighted.</p> <p>The Deputy Chief Nurse highlighted that preparation had commenced for the process of transition to the Patient Safety Instant Response framework.</p> <p>The Committee noted the contents of the report and was assured of the systems and processes in place to effectively manage serious incidents reported within the Trust.</p>	<p>The Committee agreed that a deep dive would be provided concerning the Patient Safety Response Framework. This would give the Committee an understanding of the new arrangements that would be in place and areas of pressures recognising that this new system would be significantly different than the one previously in place. This could also include any potential gaps in terms of the Trust's ability to resource the transfer.</p> <p>An update was also requested on confirmation of the decision related to the Trust's transfer from Ulysses to Datix which had been experiencing delays. This could be provided via a verbal update.</p>
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Committee Chair's Report

<p>Summary Report for Risks Relating to Quality and Safety</p>	<p>2, 3</p>		<p>The report detailed identified risks in relation to Quality and Safety from 3 January 2023, discussed at the Risk Management Council on 25 January 2022. There were 21 risks regarding quality and safety, however, four of those risks had passed their review dates, which had been subsequently updated by the risk owners. Regarding risk themes, there had been an increase relating to capacity treatment and delay and business continuity, which was indicative of the current pressures within the teams. Two risks had been closed: One related to a dental risk which was a duplicate risk and the children's immunisation and vaccination risk. This related to the supply of vaccines which had since been resolved. One new risk was identified in relation to the Wheelchair Service. This was concerning and the lack of service provision of for reassessment once a wheelchair has been supplied. This was discussed in detail by the Risk Management Council and was currently under review.</p> <p>The Committee received the report and was assured that risks scoring 12 plus in relation to quality and safety aspects within the Trust were being managed effectively.</p>	
<p>IQPR – month nine</p>	<p>2, 3, 6</p>		<p>The Deputy Chief Operating Officer reported that for month nine there had been six red rated indicators with four improvements in month, with one indicator unchanged. There was a new indicator moving from red to green which was in relation to safeguarding training. Safeguarding Children level three training was reporting as compliant. There was an action plan in place to achieve compliance for adults. This was being discussed on a regular basis on operational teams calls and there were several actions in place. Staff were continuing to be supported to participate in training, with additional sessions being delivered.</p> <p>The Committee also noted the Duty of Candour compliance which had remained at 75% for a period of time. It requested that this be improved to achieve the previous compliance level of 100% for the next reporting period.</p>	

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Committee Chair's Report

		<p>The Committee accepted the report as assurance that any indicators impacting on quality and safety were being reviewed and appropriate actions were being taken to rectify any indicators reporting as red rated. The Committee also noted that the IQPR was a work in progress as further work progressed on indicators and the performance framework.</p>	
Report from the Quality Council	2, 3	<p>The Committee received the report setting out the key considerations from the Quality Council meeting held in January 2023: A report was provided from Warrington and Halton boroughs on all BOOST plans. Community Paediatrics had undertaken quality summits in both boroughs and the BOOST plans had identified areas for focus.</p> <p>Both Halton and Warrington boroughs were providing assurances concerning the reviews of clinical policies that had been delayed. The Quality Council was being fully sighted on all of the outstanding reviews and was continuing to monitor this position.</p> <p>The Committee noted the work of the clinical practice educators and associate clinical practice educators and the positive impact of those roles in supporting newly registered nurses within community nursing as well as support for Specialist Practitioner Qualifications (SPQ) for students and their mentors.</p> <p>The Quality Council would continue to be sighted on the record keeping compliance and audit completion around this.</p> <p>A new quality summit had taken place for both Warrington and Halton boroughs around the implementation of the universal in-reach personalised response and the modernisation of health visiting and school nursing delivery model. The first session had taken place in January 2023 with two workshops being held: one for 0-19 service and one for school health. This was to explore creative ideas to meet the population needs and demands in place whilst ensuring that the service provided a workforce focussed on improving outcomes. The Deputy Chief Nurse explained that this work would progress over the next few months, and this would involve engagement and discussion with partners.</p>	

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Committee Chair's Report

		<p>The Deputy Chief Nurse provided an update on reports received from dental services. This included a report around an audit reviewing antibiotic usage where an increase in compliance had been observed in the fifth cycle of the audit. Work was still required and it had been identified that targeted feedback was required with a future audit to take place. This would be reported back through the Quality Council. Discussions also took place regarding recent guidance concerning direct patient access to therapist and hygienist care. This was considered to be positive for the services, however any further implications for dental services would be reported through to the Quality Council.</p> <p>Positive reports were noted from Infection, Prevention and Control, with compliance reported of 73% for quarter three against a target of 85%. This demonstrated a steady improvement from the beginning of the year.</p> <p>The Committee noted that an Ofsted follow up visit had taken place in Halton in November 2022 following an inspection in October 2021. This was focussed on 'front door' arrangements. The visit demonstrated that services reflected positive engagement and good communication.</p> <p>Concerning the use of lone worker devices, it was noted that there had been an ongoing issue with the devices being available but staff not undertaking the training to use them or were just not utilising them. The Chief Nurse had discussed this issue with operational managers to ask them to insist that staff must carry and use the devices for their safety and this would be monitored going forwards as part of staff and manager's roles. The Committee asked that the Quality Council provided an update on this matter as part of its next report.</p> <p>The Committee agreed that it was assured that the Quality Council was undertaking its duties effectively and received the report.</p>					
Production of the Quality Account	2,3	<p>The Trust had not yet received any official guidance on the submission date for the report, but it was expected that this would be the same date as in previous years which was 30 June. The Trust would be working towards this date for submission of the report. The Deputy Chief Nurse advised that all paper authors had been contacted to request the information for the inclusion in the report, with some authors advising that</p>	<p>It was agreed that the Committee would receive the partially completed report in April 2023, which would include all submissions</p>				
<table border="1"> <tr> <td data-bbox="96 1453 145 1485"></td> <td data-bbox="145 1453 1281 1485">No assurance – could have a significant impact on quality, operational or financial performance;</td> </tr> <tr> <td data-bbox="96 1485 145 1517"></td> <td data-bbox="145 1485 1281 1517">Moderate assurance – potential moderate impact on quality, operational or financial performance</td> </tr> <tr> <td data-bbox="96 1517 145 1541"></td> <td data-bbox="145 1517 1281 1541">Assured – no or minor impact on quality, operational or financial performance</td> </tr> </table>		No assurance – could have a significant impact on quality, operational or financial performance;		Moderate assurance – potential moderate impact on quality, operational or financial performance		Assured – no or minor impact on quality, operational or financial performance	<p>Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust</p>
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Committee Chair's Report

			<p>due to the year end, some information may not be available until early May.</p>	<p>provided up to that time. Any feedback would then be incorporated into the report mid-May with a further draft to be circulated subsequently. This may be via e-governance due to the timings. The report would then be presented to the ICB at the end of May with the final report to be presented to the Quality and Safety Committee in June 2023 setting out any further amendments</p>
<p>Dermatology Update</p>	<p>2, 3</p>		<p>The Deputy Chief Operating Officer and the Associate Director of Warrington Adults Services presented the report which reflected the current position with the service and actions being taken. The Committee discussed the recommendations and agreed: That the service was being managed to ensure the delivery of safe and effective care. That it recognised the risks in relation to the ability to recruit additional staff to deliver the cancer pathway and the impact that this would have for continuing to deliver the cancer activity. It noted that there has been one new risk added to the risk register and there have only been a low number of incidents which largely relate to old processes. It noted the significant amount of work that had been done to complete the required actions in the action plan but that delivery of these were challenged by capacity in the department and any further concerns will be escalated.</p>	<p>A further update would be provided to the Committee in April 2023 to monitor the progress and to monitor any increases in risks and incidents.</p>

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Committee Chair's Report




Learning from Deaths Monitoring – Quarter One	2, 3		<p>The Principal Lead for Public Health presented the report and set out the number of deaths from quarters one to three (1,375). By the end of the third quarter, 142 case record 72-hour reviews/investigations were carried out in relation to those deaths. Of the 142, 78% of the deaths were recorded as unexpected. There were 19 unexpected child deaths. Five of the 142 cases were related to patients with a Learning Disability. Concerning the review outcomes, none of the 142 patient death reviews were judged to have been due to problems in the care provided to the patient. However there were some themes identified as learning areas for the Trust, including communication with partner agencies and documentation/record keeping.</p>	
CQC Update Report	2, 3		<p>The Chief Nurse reported that there had been no further meetings with the CQC since the last update was provided to the Committee in December 2022.</p>	
Trust Improvement Plan Update	2, 3		<p>There were 10 improvement plans currently on the Trust Improvement Programme with four new plans added since the last report: Community Paediatrics and Halton, Warrington District Nursing, Halton and Warrington Children's Services and Dental Services. Three plans had been removed in the last reporting cycle in relation to Padgate House, Well Led Review and the Royal College of Paediatricians report with two improvement plans revised in relation to Dermatology and Driveability North West. It was noted that the MIAA quality spot check plan was completed but the review from MIAA was still outstanding. This was being followed up.</p> <p>The Community Equipment Stores plan held two amber ratings however it was anticipated that those areas should now be completed. The Committee noted two amber actions which had now moved to a red rating causing some concern: Those were related to configuration work for clinical systems which the Trust configuration team had advised that they did not have the capacity to undertake. The Assistant Director of Transformation had raised this as an escalation to the Quality Council and this was now recognised as a risk. Support was now being provided</p>	

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Committee Chair's Report

			to release some capacity within the configuration team for this work to be undertaken.	
			The Committee received the report for assurance.	
QIA Report – Quarter Three	2,3		There were 11 QIAs that had been taken to panel during quarter three. The Committee received the report for assurance and noted that the report demonstrated that the Trust had robust QIAs in place as part of routine areas of service development moving away from the arrangements that had been in place for QIAs in the pandemic.	
Review of MIAA and Clinical Audits with Limited or Moderate Assurance	2,3		The Committee noted that there were no current audits to be reviewed.	
Children's Strategy	2, 3		The Deputy Chief Nurse provided a verbal update reporting that children's transformation work was underway across both boroughs which would inform the overall strategy. Alongside this, the Associate Director of Children's Services was holding regular meetings with the Programme Director for Integration and Collaboration to ensure that the strategy flowed from the overall Trust strategy. She advised that this work was independent of the place based starting well priorities and programme. However there would be linkages with partners concerning the service offer for children and the Trust's approach. She noted that whilst the work was not at a stage to be able to share a draft strategy at the current time, it was anticipated that a further update would be provided at a future Committee meeting.	
Safeguarding Strategy	2,3		The Head of Safeguarding Adults provided a verbal update on the three year safeguarding strategy which would run from 2022 to 2025. He reported that the strategy covered themes of leadership, the approach to safeguarding, multi-agency partnership, accountability and governance and issues around competent workforce and the learning ethos and just culture, where there were programmes in place and an extensive programme of wider activity around briefings and launches. He reported	

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Committee Chair's Report

			that there was a good level of engagement with partners within Warrington and Halton across safeguarding groups. Safeguarding supervision was in place on a one-to-one basis and also group supervision available. There had been good work undertaken in the Trust around the voice of the child as well as the voice of adults.	
Risk Management Framework	2, 3		The Committee noted that this item had been deferred to the next meeting in April 2023.	
Committee Annual Effectiveness Review	1		<p>The Trust Secretary presented the results from the Committee's annual effectiveness review survey. She reported that 14 responders had been invited to provide input, with 12 of those providing a response. The results demonstrated that there was a high level of satisfaction with the Committee, with the Chairing of the Committee being of particular note, with Committee members indicating that they valued the way in which the meeting was run. The Trust Secretary highlighted some potential areas for further consideration, which included the length of the overall meeting and therefore the length of the minutes.</p> <p>The importance of responses being provided to the effectiveness review survey by members, attendees and observers was emphasised.</p>	
Committee Annual Report	1		The Committee approved its annual report, with some minor amendments to be made. This would now be provided to the Audit Committee to give assurance that the Quality and Safety Committee was undertaking its role and functions effectively in accordance with its Terms of Reference.	
Committee Business Cycle	1		<p>The Committee approved its business cycle for 2023/24.</p> <p>A discussion took place concerning the volume of items for the February meeting in particular. The Chief Nurse suggested that presenters be reminded to adhere to the allotted times on the agenda when presenting their items and also allowing sufficient time for questions and discussion to avoid exceeding their time, supporting the smooth running of the agenda.</p>	

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Committee Chair's Report

Board Assurance Framework	2,3,6		<p>BAF2: Updates to be made concerning Dermatology risks under the principal risk section.</p> <p>It was agreed that BAF2 and BAF3 should contain further detail/information about the quality summits and BOOST programmes. The newly established Trust Transformation Council would bring together elements such as BOOST and quality summits and this should now be included and referred to within the BAF as a detect control.</p> <p>BAF3: The Trust Secretary confirmed that she had undertaken a review of this section with the Chief Nurse and the Chief Operating Officer. This now ensured that BAF3 was more current. She confirmed that all of the actions discussed previously by the Committee for BAF3 had been encompassed in the review and update. It was also agreed that the deep dive on waiting times and clinical harms would be included.</p> <p>BAF6: It was agreed within the gaps and assurances, that references to the winter plan would be updated.</p>	
Items for Deep Dive	1, 2, 3, 6		The Committee discussed Deep Dive subjects for upcoming meetings.	<p>It was agreed that the following Deep Dives would be scheduled:</p> <p>April 2023: Patient Safety Incident Response Framework</p> <p>June 2023: Nurse Advocate, Clinical Practice Educators and the Associate Clinical Practice Educators.</p>
Items to be shared with the Board or other Committees	1		Following the earlier deep dive, it was agreed that data quality issues be referred to the Finance and Performance Committee for their consideration, along with the suggestion for some benchmarking to be	This matter has now been reviewed by the Finance and Performance Committee at it's

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Committee Chair’s Report

		<p>undertaken. This would also include a breakdown of how the Trust captured 52 week waiters.</p> <p>It was noted that the Committee’s Annual Report was to be taken through the Audit Committee.</p>	<p>meeting on 23 March. The Quality and Safety Committee will receive a verbal update at it's April meeting.</p>
<p>Risks Escalated: None from this meeting</p>			

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GOVERNOR OBSERVATION FEEDBACK

Governor Observer	Christine Stankus and Paul Mendeika
Board or Committee	Quality & Safety Committee
Date	23 February 2023
Chair	Gail Briers

Did the Chair welcome members and attendees to the meeting?	Yes/No
Did the Chair keep to time and follow the agenda?	Yes/No
Was there a review of the Committee meeting?	Yes/No
Were you given chance to comment on your observations on how the meeting was conducted?	Yes/No

Would you like to make any other comments about the meeting?

Shared observation on this meeting:

Paul Mendeika

Found the meeting excellent in terms of positive management & challenges / questions. The only issue was the length of the meeting, hence 'shared observation'. Interesting agenda items for debate, assurance & information.

Christine Stankus

Paul handed over the baton halfway through the meeting, and the Chair acknowledge our hand over to the Committee members, which was professional. The meeting was well attended, and all attendees contributed to debate with professionalism / excellent knowledge throughout the meeting.

All NEDs (Non-Executive's) also contributed to discussion with interest and appropriate challenges including positive suggestions.

At the end of the meeting the Chair always asks the observers if they have any comments to make.

Comment made:

Thank you for allowing me to share Governor observation. I find here meetings interesting, informative & helpful to understand how services are delivered / managed by dedicated professional staff. Howard Scott, (Facere Melius) is carrying out a Well Led report on behalf of the Trust and has observed & contributed to the meeting, which was excellent in my opinion. Thank you to all the managers & staff for their hard work, who contribute in detail in these excellent reports.

Committee Chair's Report

Name of Committee/Group:	People Committee	Report to:	Board of Directors
Date of Meeting:	15 March 2023	Date of next meeting:	10 May 2023
Chair:	Abdul Siddique, Non-Executive Director	Parent Committee:	Board of Directors
Members present/attendees:	<u>Members</u> Abdul Hafeez Siddique, Non-Executive Director (Chair) Tina Wilkins, Non-Executive Director Linda Chivers, Non-Executive Director Dame Elaine Inglesby, Non-Executive Director Paula Woods, Director of People & Organisational Development Sarah Brennan, Chief Operating Officer <u>In attendance</u> Jo Waldron, Deputy Director of People & Organisational Development Mike Baker, Deputy Director of Communications and Engagement Tania Strong, Interim Head of Human Resources Adie Richards, Education and Professional Development Lead Ruth Besford, Equality and Inclusion Manager Denise Bradley, Unison Bridgewater Branch Secretary & Staff Side Chair Katherine Summers, IPC Nurse Andi Sizer, Principal Lead for Public Health attending on behalf of Dr Ted Adams, Medical Director Samantha Scholes, Head of Governance attending on behalf of Jan McCartney, Trust Secretary Jeanette Hogan, Deputy Chief Nurse attending on behalf of Lynne Carter, Chief Nurse Observers Christine Stankus, Governor Observer	Quorate (Yes/No):	Yes
		Key Members not present:	Member: Dr Ted Adams, Medical Director Member: Lynne Carter, Deputy Chief Executive & Chief Nurse Attendee: Jan McCartney, Trust Secretary Attendee: Helen Hollett, Head of Leadership and Organisational Development Attendee: Kathryn Sharkey, Head of Workforce Observer: Sarah Power, Governor Observer Observer: Rachel Game, Governor Observer

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	Elaine Richards, HR Business Partner – Warrington Adults		
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Key Agenda Items (aligned to the BAF, Well-led Action Plan Recommendations – WLR and the 7 NHS People Promises - PP):	BAF, WLR and PP	RAG	Key Points/Assurance Given	Action/decision
REVIEW OF PEOPLE COMMITTEE BUSINESS CYCLE	BAF 5 and 6		<p>The People Committee Business Cycle was presented by Sam Scholes, Head of Governance for assurance and approval purposes.</p> <p>Each item was reviewed by the Director of People and Organisational Development and the Trust Secretary and the following items were amended:</p> <ul style="list-style-type: none"> • The interim business cycle review was moved from July to September to provide an equidistant date in the cycle. • With agreement of the Executive Medical Director, the Responsible Officer (RO) <p>Annual Report was moved from March to September to align with the September Medical Appraisal and GMC Revalidation Report.</p> <p>It was agreed that the business cycle would be reviewed again in June to factor in some potential changes to the Equality, Diversity and Inclusion (EDI) reporting.</p>	<p>The Committee approved the changes to the business cycle proposed.</p> <p>Cycle will be reviewed again June 23 to factor some anticipated changes to EDI reporting.</p>
PEOPLE COMMITTEE ANNUAL EFFECTIVENESS SURVEY	BAF 5 and 6		<p>The People Committee Business Cycle was presented by Sam Scholes, Head of Governance for assurance purposes.</p> <p>As part of the annual review of the People Committee's effectiveness, an online survey was distributed to 19 members, invited attendees and observers who regularly attend the People Committee in February 2023</p>	<p>The Committee noted the contents of the survey and were assured of the Committee's effectiveness due to the high response rate and level of satisfaction.</p>

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Key Agenda Items (aligned to the BAF, Well-led Action Plan Recommendations – WLR and the 7 NHS People Promises - PP):	BAF, WLR and PP	RAG	Key Points/Assurance Given	Action/decision
			<p>17 returns were received, equating to an 89% response rate. 6 were from the 7 members, 9 were attendees and 2 were observers.</p> <p>The majority of responders either agreed or strongly agreed to the statements, demonstrating a high level of satisfaction with the effectiveness of the People Committee’s function.</p> <p>Overall satisfaction was 4.5 out of 5.</p>	
PEOPLE COMMITTEE ANNUAL ACTIVITY REPORT	BAF 5 and 6		<p>The People Committee Business Cycle was presented by Sam Scholes, Head of Governance for assurance purposes.</p> <p>The People Committee is a Committee of the Board and is for maintaining the strategic overview of the Trust’s People and Organisational Development arrangements.</p> <p>The Committee reviews compliance with all People and Organisational Development policies.</p> <p>This report outlined the activity for 2022-23 to provide assurance to the Audit Committee on the People Committee’s governance and processes.</p>	The Committee were assured on the level of activity and noted the extensive work taking place to support the People agenda.
RISK REPORT UPDATES <ul style="list-style-type: none"> • HR • OD/EPD COMMUNICATION	BAF 5 and 6		The Risk Reports for HR, OD/EPD and Communications were tabled for information and assurance purposes. The detail and discussions relating to the risks as presented, are addressed in more detail at the Trust’s Risk Management Council (RMC).	The Committee noted the content of the reports and were assured that the risks were being managed appropriately.

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Key Agenda Items (aligned to the BAF, Well-led Action Plan Recommendations – WLR and the 7 NHS People Promises - PP):	BAF, WLR and PP	RAG	Key Points/Assurance Given	Action/decision
			<p>HR Risk Report</p> <p>During the reporting period there are a total of 2 risks detailed on the HR Risk Register, one of which is at a score of 12:</p> <ul style="list-style-type: none"> • Staff health and wellbeing: aim of reduction in sickness absence levels, along with the attainment of the Trust's sickness absence target of 4.8% • Ongoing Industrial/Strike Action linked to National Pay award. <p>Due to the fast-paced nature of Industrial Action, updates since the time of writing the report were given to the Committee. At the time of writing this Chair's Report, the Trust has had confirmation that all planned Industrial Action is currently paused. The Secretary of State for Health and Social Care, trade unions and NHS Employers, have agreed an 'offer in principle' and members will be consulted with over the coming weeks.</p> <p>Educational and Professional Development (EPD) and Organisational Development (OD) Risk Report</p> <p>During the reporting period there is 1 risk detailed on the EPD and OD Risk Register:</p> <ul style="list-style-type: none"> • Reduction in Mandatory Training compliance as a consequence of the pandemic response. <p>This risk was created following the recommendation of the RMC to merge the two previous risks and create one overall mandatory training compliance corporate risk, covering all</p>	

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Key Agenda Items (aligned to the BAF, Well-led Action Plan Recommendations – WLR and the 7 NHS People Promises - PP):	BAF, WLR and PP	RAG	Key Points/Assurance Given	Action/decision
			<p>reported core statutory and mandatory training titles together.</p> <p>It was recognised by the RMC that areas of low compliance within individual services should be recognised and managed locally. It was agreed that service specific risks should be logged and assessed to address these areas as required.</p> <p>Communications Risk Report</p> <p>During the reporting period there is 1 risk detailed on the Communications Risk Register:</p> <ul style="list-style-type: none"> • Bridgewater staff intranet – continuity of service <p>Following the last presentation to People Committee in January, the risk remains unaltered although work is happening behind the scenes between the Communications Team, IT Team and Procurement Team in the potential of working with a preferred digital supplier.</p> <p>Dedicated Communications Team resource, using the current establishment, is focusing on this Extranet task so progression can continue.</p>	
IQPR – PEOPLE INDICATORS	BAF 5 and 6 WLR 9 PP 1-7		<p>The 5 IQPR people indicators were presented to the Committee for month 8. Four of the five People Indicators were reporting as red – the exception being Induction which is reporting green.</p> <p>Three of the indicators however PDR's, Sickness and Turnover still remain adrift from the Trust targets.</p>	<p>The Committee noted and were assured of the progress with the indicators. Further updates will be provided at future meetings.</p>

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Key Agenda Items (aligned to the BAF, Well-led Action Plan Recommendations – WLR and the 7 NHS People Promises - PP):	BAF, WLR and PP	RAG	Key Points/Assurance Given	Action/decision
			<p>Voluntary turnover is at 15.20% and when compared with similar local Trusts, who haven't been impacted as significantly by the transfer of services, we are not a significant outlier.</p> <p>The Recruitment and Retention Pod actions are focusing on retention, recruitment, and workforce planning strategies including identifying areas of the new national retention toolkit that can support existing strategies, best practice, and resources to help NHS Trusts recruit and retain staff. Turnover data is provided to Borough leads each month to ensure that local plans can be put into place to address and improve retention.</p> <p>As per the request from January 23 Committee, themes from Exit Interviews and On-boarding surveys were presented. A new process for the application and processing of exit interviews and for the completion of on-boarding surveys, intends to improve reporting richness with qualitative data to inform action planning. It was noted that actions in the PODs and DLT meetings are seeking to address the themes.</p> <p>As per the action from January 23 Committee, a comparison of incentives on offer across the Region was presented. Messages are on-going via the ICB to ensure that all Cheshire and Merseyside Trusts are committed to consistency in offer.</p> <p>Papers presented later in the agenda outlined the actions being taken to address those other indicators that remain below the Trust target.</p>	

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Key Agenda Items (aligned to the BAF, Well-led Action Plan Recommendations – WLR and the 7 NHS People Promises - PP):	BAF, WLR and PP	RAG	Key Points/Assurance Given	Action/decision
DIRECTOR'S UPDATE REPORT	BAF 5 and 6 WLR as highlighted in the report PP as highlighted in the report		<p>The Director's Update Report was presented by Paula Woods, Director of People and OD, for information and assurance purposes. The following areas were highlighted to the Committee by Paula Woods, paying attention to any developments since the writing of the report by way of verbal updates:</p> <p>The Director's update report additionally tabled the following:</p> <ul style="list-style-type: none"> • Industrial Acton Update: Suspension of strike action at the Trust (RCN, UNISON and CSP) • Staff Survey 2022: Benchmarking and Breakdown Reports • NHS Quarterly Pulse Survey – January 2023 • NHSE National NHS People Policies • Veteran Aware Accreditation - Letter and Certificate • North West Wellbeing Pledge: Wellbeing & Sickness Absence Policy – Early Adopter • Cheshire & Merseyside Resilience Hub – Cessation of services from 31st March • Warrington Together: Workforce & OD Enabling Group Update • Our relationships with Further Education Colleges • NHS HR Graduate Trainee Bid • MHLDC Provider Collaborative – Inaugural Workforce Meeting • Diane McCormick, Public Governor - Acknowledgement • TUC – Dying to Work Charter 	The Committee noted the report and its comprehensive contents. Further updates on the workstreams will be provided in future meetings as they progress.

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			<ul style="list-style-type: none"> • Leader in me – 21st of April • AHP Lead appointed internally • People Strategy branding • Reciprocal Mentoring for Inclusion Programme • Children’s Services: 0-19 (25) Tender and Bidding Process • Practice Placement Evaluations in Bridgewater – Feature in March’s Team Brief • NHS 75 Years Celebrations – 3 staff stories published online 	
<p>REVIEW OF THE PEOPLE STRATEGY: PEOPLE OPERATIONAL DELIVERY PLAN REPORT</p>	<p>BAF 5 and 6 PP 1-7</p>		<p>The Review of the People Strategy: People Operational Delivery Plan Report was presented by Jo Waldron, Deputy Director of People and Organisational Development for information and assurance purposes.</p> <p>The report specifically focuses on the progress of the four PODs that have been established to deliver on the NHS People Plan and People Promises, along with other People agendas. The work of the PODs is driven by the Trust data and underpinned by various NHSE/I Frameworks and toolkits which have been developed to support Trust’s with the delivery of the People Plan and Promises. The four PODs are:</p> <ol style="list-style-type: none"> 1. Recruitment and Retention <ul style="list-style-type: none"> • Significant focus on how we improve and enhance our recruitment processes and attraction techniques, with a particular focus on engaging with students • Better wrap around support for newly qualified clinical staff 	<p>The Committee noted the content of the report and agreed that it provided a good overview of the work in progress.</p>

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			<ul style="list-style-type: none"> • Richer data to support Trust wide and Directorate action planning • Promotion and strengthened culture around flexible working 2. Health and Wellbeing <ul style="list-style-type: none"> • Strong focus on how we better support staff suffering symptoms of stress 3. Education and Professional Development <ul style="list-style-type: none"> • Consistent Trust wide competency frameworks and career pathways • Leadership development, with a focus on First Line Managers and Operational Managers 4. Culture and Leadership <ul style="list-style-type: none"> • Review of Staff Survey Results and overseeing of Trust wide action plans • Embedding of Just Culture principles 	
<p>MEDICAL APPRAISAL AND GMC REVALIDATION REPORT</p>	<p>BAF 5 and 6</p>		<p>The Medical Appraisal and GMC Revalidation Report was taken as completely read by Andi Sizer, Principle Lead for Public Health for information and assurance purposes.</p> <p>As of February 2023, there were 18 doctors aligned to Bridgewater for appraisal. This included 15 doctors employed by Bridgewater and 3 doctors employed by hospices (2 by Halton Haven and 1 by St Rocco’s Hospice).</p> <p>16 of these 18 doctors had had their 2022/23 appraisals by 28th February 2023, with two approved postponements (in</p>	<p>The Committee noted the content of the report</p>

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			<p>both cases, the appraisal dates have been deferred due to sick leave).</p> <p>In regards to revalidation, there are 15 doctors who have been aligned to Bridgewater as their Designated Body throughout the 2022/23 year. Responsible Officer responsibilities are also provided for 3 hospice-employed doctors via a Memorandum of Understanding (2 doctors have Halton Haven as their Designated Body and 1 has St Rocco's Hospice as their Designated Body).</p> <p>In addition, the Responsible Officer received notification on 28th February 2023 from the General Medical Council (GMC) that another doctor had added the trust as their Designated Body. Details are being sought about this doctor's appraisal compliance and revalidation date.</p> <p>One positive revalidation recommendation was made during the period 1st September 2022 to 28th February 2023. There was also one deferral, pertaining to a doctor with performance concerns which are in the process of being addressed.</p> <p>Two more doctors are due for revalidation before the end of March 2023.</p>	
RESPONSIBLE OFFICER ANNUAL REPORT	BAF 5 and 6		<p>The Medical Appraisal and GMC Revalidation Report was taken as completely read by Andi Sizer, Principle Lead for Public Health for information and assurance purposes.</p> <p>The 2021-22 Annual Submission to NHS England North West: Appraisal and Revalidation and Medical Governance report</p>	The Committee noted the content of the report

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			<p>was submitted on 26th September 2022 following its approval by People Committee by e-governance.</p> <p>It is expected that the submission date for the 2022-23 Responsible Officer Annual Report will be 30th September 2023. The template for this report is awaited from NHS England Northwest.</p>	
<p>CHAIRS REPORT: MEDICAL AND DENTAL PROFESSIONAL GOVERNANCE MEETING</p>	<p>BAF 5 and 6</p>		<p>The Chairs Report: Medical and Dental Professional Governance Meeting was presented by Andi Sizer, Principle Lead for Public Health for information and assurance purposes.</p> <p>During the period 1st September 2022 to 28th February 2023, four formal meetings and one informal meeting of the Medical & Dental Professional Governance group have taken place. Issues discussed have included:</p> <ul style="list-style-type: none"> • Medical appraisal compliance and revalidation recommendations • Medical and dental performance concerns • Governance of locum doctors • Governance of sessional GPs • Progress with the implementation of the 2021 Specialty Doctor and Specialist Grade Contracts • Allocation of the 2022/23 Clinical Excellence Awards and planning for the 2023/24 round. • Progress with the Responsible Officer (RO) Action Plan <p>At present there are three doctors and dentists employed substantively by Bridgewater where there are concerns about</p>	<p>The Committee noted the content of the report</p>

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			<p>their performance (one doctor and two dentists). One of these practitioners has been referred to Practitioner Performance Advice (PPA) for a behavioural assessment. In the other two cases, health issues are thought to be a contributory factor to the performance concerns. All three cases are being managed in accordance with Trust policy.</p>	
<p>NATIONAL STAFF OPINION SURVEY – FINAL REPORT ISSUED 9TH MARCH 2023 AND ACTION PLANNING PROCESS</p>	<p>BAF 5 and 6 PP 1-7</p>		<p>The National Staff Opinion Survey – Final Report Issued 9th March 2023 and Action Planning Process was presented by Mike Baker, Deputy Director of Communications and Engagements for information and assurance purposes.</p> <p>56% of Bridgewater staff completed the survey this year, making it the best response rate ever.</p> <p>The 2022 NHS Staff Survey benchmark report showcases an average and static looking staff survey for the organisation. The graphics and tables included in the report outlined in greater detail the breakdown of the key figures from the 2022 survey.</p> <p>Five out of the nine elements/themes remain static when compared against the Community Trust average. Four elements/themes show a decrease. These will be the areas that the Trust will work closely on as part of its organisation-wide action planning:</p> <ul style="list-style-type: none"> • We are recognised and rewarded • We are always learning • We work flexibly 	<p>The Committee noted the content of the report and the governance arrangements in relation to action planning.</p> <p>It was requested that a comparative analysis of the last year’s action plan effectiveness and impact on this year’s staff survey results be brought to the next Committee.</p>

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			<ul style="list-style-type: none"> • We are a team <p>The directorate information contains greater breakdown content. Any areas highlighted in red display where the directorate has scored lower than the Trust score. This will result in the directorate focussing on these areas for further improvement and development at directorate level.</p> <p>Staff Survey Action Plans will once again be created Trust-wide and at directorate level.</p> <p>A dedicated Staff Survey Action Plan Group has been created on Microsoft (MS) Teams once again this year. Both the trust-wide and directorate action plans will be saved in this dedicated MS Teams channel and will be a live and workable document.</p> <p>The importance of ownership of action plans at a Directorate level was noted, which should be monitored at the DLT's and reported to Performance Council. Trust wide work will be overseen in the People Operational Delivery (POD) Groups.</p> <p>A comparative analysis of the last year's action plan effectiveness and impact on this year's staff survey results was requested for the next People Committee Meeting. It was noted that this would be a significant piece of work and this would need to be driven by the Directorates.</p>	
REVIEW OF STAFF SICKNESS AGAINST TRUST TARGET OF 4.8%	BAF 5 and 6 WLR 8		The Review of Sickness Absence against Trust Target report was presented by Jo Waldron, Deputy Director of People and Organisational Development for information and assurance purposes.	The Committee noted the content of the report and were assured that the appropriate scrutiny was being applied.

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	PP 4		<p>Trust sickness absence for the period 01 February 2022 to 31 January 2023 was 6.52% compared to 01 February 2021 to 31 January 2022 (6.45%). The trust sickness absence target is 4.80%.</p> <p>Over the 12-month period, rolling sickness absence rates increased month on month from February to June 2022 but decreased month on month from July 2022 to January 2023 from 7.05% to 6.19%. Actual sickness absence % rate has increased month on month from August to December 2022, however, has shown a reduction in January 2023 to 6.52%</p> <p>Support and programmes of work to support improvements were presented to the Committee.</p>	
EMPLOYEE RELATIONS REPORT INCLUDING FREEDOM TO SPEAK UP REPORT	BAF 5 and 6 PP 3		<p>The Employee Relations Report was presented by Tania Strong, Interim Head of HR for information and assurance on the management of employee relations cases.</p> <p>The report details numbers of ER Cases, numbers of Freedom to Speak Up (FTSU) cases and as per our Just and Learning Journey the report contained numbers of those who had been engaged in the Just and Learning 4 Step Process and the numbers of those who had progressed to formal procedures.</p> <p>Over the rolling 12 month period, a total of 25 employee relations cases have been opened (28 in the previous 12 month rolling period). No new cases have been opened during January and February.</p>	<p>The report was noted by the Committee.</p> <p>Next report to include EDI data alongside ER cases.</p>

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			<p>Following the adoption of the Just Culture ‘4 step’ approach (going forward labelled as the ‘informal’ procedure), the number of cases where this has been adopted is 8 in total.</p> <p>Over the rolling 12 month period, a total of 13 Freedom to Speak contacts have been made.</p> <p>The Committee requested that Equality, Diversity and Inclusion data be provided alongside the Employee Relations cases in the May 23 Committee Report. It was noted this was included in the WRES and WDES data.</p>	
SYSTEM STAFFING IMPLEMENTATION UPDATE	BAF 5 and 6		<p>The System Staffing Implementation Update report was presented by Jo Waldron, Deputy Director of People and Organisational Development for information and assurance purposes.</p> <p>With the exception of Dental Services, the E-Rostering system is embedded within all teams. Dental Services are currently undertaking training and will go live on the 1st of April 2023.</p> <p>E Scheduling – Allocate and EMIS have confirmed the interface between the systems and work commenced in February 2023. To support the interface of the systems and introduce E Community within Halton District Nursing Team a series of training meetings started on 6th February 2023.</p> <p>It was noted by Committee members, the extensive work that had taken place to successfully implement the system.</p>	The Committee noted the reports and were assured on the progress and plans.

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HR POLICIES AND PROCEDURES	BAF 5 PP 1-7		<p>The progress with the review and approval of HR Policies and Procedures was presented by Tania Strong, Interim Head of HR for information and assurance purposes.</p> <p>There were four policies presented to HRPG since the last Committee as follows:</p> <ul style="list-style-type: none"> • E- Roster Policy - JNCC members approved the policy in February meeting. The policy was final formatted and uploaded to the intranet in February 2023. The policy will be next reviewed in February 2026. • Freedom to Speak Up in the NHS Policy - JNCC members approved the policy in February meeting and the policy was final formatted and uploaded to the intranet in March 2023. The policy will be next reviewed in February 2026. • Staff Carer Support Policy - Only minor amendments were proposed via the consultation process and so the policy was approved by HRPG members, with the recommendation it be presented to February JNCC for final approval. Clarity was sought as to whether the policy was to be a standalone policy or an addendum to the Special Leave Policy and so JNCC did not approve the policy but proposed that it go back to the policy author for clarification. Once amended, the policy will re-presented to HRPG and JNCC for final sign off. • Disciplinary Policy - JNCC members approved the policy in February meeting. The policy is awaiting finalisation of a supporting toolkit which will aid roll 	The Committee noted the content of the report. The Committee also noted the extension of the Trust’s Absence Management Policy in light of the pending implementation of a North West Policy.

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			out / implementation of the policy from April 2023. The policy will be uploaded to the staff intranet in advance of the April rollout.	
<p>EQUALITY, DIVERSITY AND INCLUSION</p> <ul style="list-style-type: none"> • Equality, Diversity & Inclusion Strategy: Refresh • Objectives and Action Plan Updates • Public Sector Equality Duty (PSED) for Workforce and Services Annual Report 	BAF 5 PP 1-7		<p>The following was presented by Ruth Besford, EDI Lead for information and assurance purposes as follows:</p> <ul style="list-style-type: none"> • Equality, Diversity & Inclusion Strategy: Refresh • Objectives and Action Plan Updates • Public Sector Equality Duty (PSED) for Workforce and Services Annual Report <p>Equality, Diversity and Inclusion Strategy: Refresh</p> <p>NHS England have undertaken some initial communications with Trusts to advise that a new Equality, Diversity, and Inclusion Workforce Plan is to be published in March 2023. At the time of writing this report the new plan has not yet been released. The understanding is that there will be resources, actions and accountabilities, including at Board level.</p> <p>To allow time to review and understand this new mandate once published, and to consider alignment to the NHS People Plan and NHS Long Term Plan, it was asked that the Committee agree an extension to the existing Equality, Diversity, and Inclusion Strategy to 31 December 2023. The Committee agreed that it was a sensible approach to await the publishing of the EDI Workforce Plan and extend the refresh of the Strategy to December 23.</p>	<p>The Committee noted the reports and were assured on the progress and plans.</p> <p>Committee agreed to extend the refresh of the EDI Strategy whilst the Trust’s awaits the publication of the national EDI Workforce Plan. Extension agreed to December 23.</p> <p>It was agreed that the EDI Action Plan report would be by exception for future Committees.</p> <p>The Committee approved the PSED report for escalation to Board as per best practice.</p>

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			<p>Objectives and Action Plan Updates</p> <p>Since the last update in January 2023 there has been progress/completion of a number of the actions within the workforce action plans that support the Six High Impact Areas for Equality, mandated plan. The covering report provided updates by exception and a full copy of the plan was provided to the Committee by way of an appendix. It was agreed for future Committee's, exception reporting will suffice with an assurance that the full action plan is overseen at the Culture and Leadership POD.</p> <p>Public Sector Equality Duty (PSED) for Workforce and Services Annual Report</p> <p>There is a legal requirement on the Trust to publish an annual report detailing how due regard is evidenced for both employment and service delivery. Committee members were provided with a full copy of the report. Committee members were asked to approve this, pending any suggested amendments to allow for publishing before the 30th March 2023.</p> <p>There is no legal requirement for this report to be signed off at Board level, however Board oversight is best practice and as such the report is scheduled for the Board's April agenda.</p>	
<p>DELIVERY OF THE STAFF VACCINATION PROGRAMME 2022/23</p>	<p>BAF 5 and 6 PP 4</p>		<p>The Vaccinations Campaign and Staff Take Up Report was presented by Katherine Summers, Adult Immunisation and Infection Prevention and Control (IPC) nurse, for information and assurance purposes.</p>	<p>The Committee noted the reports and were assured on the progress and plans.</p> <p>Survey to be conducted to understand staff reasons for their vaccine choice.</p>

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			<ul style="list-style-type: none"> • After being suspended since 2020 during the Covid-19 pandemic, the Commissioning for Quality & Innovation (CQUIN) scheme has been reintroduced for 2022/23 to support the NHS in its recovery campaign • The CQUIN goal is to achieve an uptake of 70% to 90% of frontline healthcare workers • Initial Covid-19 booster sessions commenced on 10th October and further sessions took place at Spencer House on 28th and 29th November 2022. • Staff receiving their vaccinations elsewhere are asked to inform the IPC team so the uptake rates can be captured. • A total of 738 BCHFT staff have received their Covid-19 autumn booster. This equates to 52% of staff overall with 48% patient facing staff. • A total of 918 BCHFT staff have received their flu vaccine. This equates to 62% of staff overall with 61% patient facing staff. • A monthly drawer takes place at the end of each month for one member of staff to win a £50 voucher. <p>It was suggested by the Committee that a survey be sent to staff to understand why staff choose to have the vaccine and why they choose not to.</p>	
ORGANISATIONAL DEVELOPMENT UPDATES:	BAF 5 and 6 PP 4 and 5		Three reports were presented for information and assurance purposes – PPDR & Mandatory and Statutory Training Compliance and the Talent Management and Succession	PPDR, S&MT compliance is being actively monitored and staff will be asked to prioritise safeguarding training and maintain overall compliance.

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			Planning and Staff Engagement and Recognition Annual Report.	
PDR AND STATUTORY & MANDATORY TRAINING COMPLIANCE	BAF 5 and 6 WLR7 and 8 PP 1, 4 and 5		<p>The PDR and Statutory and Mandatory Training Compliance Report was presented by Adie Richards, Education and Professional Development Lead for information and assurance purposes.</p> <p>Month 10 (latest available data when the paper was written) compliance with Mandatory Training shows 17 requirements at green, 5 at amber and 1 at red. PPDR compliance at Month 9 stands at 70.13%.</p> <p>In the interests of providing the most up to date information to the Committee, since the paper was written new reports for Month 11 show an improvement in all required modules, with the exception of Data Security Awareness which has slightly decreased to 88.59%. All Safeguarding modules are now in green with the exception of Level 3 Adults which is at 78.45%.</p> <p>Clear communications continue to be prioritised and Managers continue to be requested to allocate time in the E-Roster system for the completion of mandatory training.</p> <p>The Committee noted the on-going improvement in the compliance rates but asked that there continues to be a focus, ensuring that we create the right environment for staff to become compliant. Sarah Brennan, Chief of Operations recognised that there needs to be a focus on Warrington Adults and she has plans to work with the Associate Director</p>	The Committee noted the reports and were assured on the progress and plans, as above. Positive compliance trends were noted.

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			<p>for that Directorate. Non-Executive Director, Elaine Inglesby noted that a number of indicators i.e. sickness, staff survey were suggesting that Warrington Adults needed closer support and monitoring.</p> <p>Paula Woods, Director of People noted that a paper will be presented to Board in relation to our journey, proposed actions/trajectories and consideration of what measures may be considered should we continue with the current challenges around compliance. This will be done in full consultation with our Staff-Side colleagues. Most important was to focus on creating the right conditions for training to be undertaken.</p>	
<p>TALENT MANAGEMENT AND SUCCESSION PLANNING</p>	<p>BAF 5 and 6 PP 1, 4 and 5</p>		<p>The Talent Management and Succession Planning Report was presented by Jo Waldron, Deputy Director of People and OD for information and assurance purposes.</p> <p>The 22-23 Mary Seacole Programme completed in February 2023. Participants are awaiting the results of their final assignment. Recruitment for a 23-24 cohort has commenced.</p> <p>The Operational Managers Programme has a cohort of 47 current and aspiring Operational Managers. The Leadership Development aspect of Operational Managers programme concluded in November 2022 and the Transactional aspects of the programme commenced in February 2023.</p> <p>The first Line managers programme is now established with 40 participants signed up for this rolling programme. This is a positive uptake and will support the future development of managers across the Trust.</p>	<p>The Committee noted the reports and were assured on the progress and plans.</p>

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			<p>Progress towards the launch of Scope for Growth has been delayed due to operational and capacity issues, however plans continue to be developed with a focus on ensuring the OD Team have the capacity and skills to progress this at speed. Currently, the Team continue to promote the well-established PPDR process.</p> <p>The Committee noted and commended the focus on first line managers by way of ensuring that good leadership starts early in line managers careers.</p>	
STAFF ENGAGEMENT AND RECOGNITION ANNUAL REPORT	BAF 5 PP 1-7		<p>The Staff Engagement and Recognition Annual Report was presented by Mike Baker, Deputy Director of Communications and Engagement for information and assurance purposes.</p> <p>The report is broken down into two parts. These being Staff Engagement and the second being Staff Recognition.</p> <p>Staff Engagement</p> <p>The following items are discussed within this part of the paper:</p> <ul style="list-style-type: none"> • NHS Staff Survey • Staff Engagement Champions • Leader in Me Events • Time to Talk Sessions • Health & Wellbeing 	

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			<p>Staff Recognition</p> <p>The following items are discussed within this part of the paper:</p> <ul style="list-style-type: none"> • Reward and Recognition Package • 2022 Bridgewater ‘Thank You’ Awards 	
MIAA INTERNAL AUDIT UPDATE – NO CURRENT AUDITS	BAF 5 and 6		There were no current reports.	
BOARD ASSURANCE FRAMEWORK & RISK REGISTER	BAF 5 and 6		<p>A review of BAF 5 and 6 was undertaken.</p> <p>There were some suggestions for additions to the gaps in controls which Sam Scholes, Head of Governance assured she would add.</p>	The Committee were assured on the progress and governance around the monitoring of the BAF.
ANY ITEMS FOR ESCALATION TO BOARD OR SHARING WITH OTHER COMMITTEES	BAF 5 and 6		It was agreed that the Public Sector Equality Duty (PSED) Report would be escalated to board by way of best practice.	PSED Report to progress to Board.
REVIEW OF MEETNG ANY ITEMS TO BE ADDED TO THE BOARD ASSURANCE FRAMEWORK			Christine Stankus, Lead Governor reviewed the meeting as positive and informative, particularly noting the extensive work on-going in terms of the People Operational Delivery Groups. Christine noted in a recent visit with the People Team that team members were fully on board with the POD work and showed a great deal of enthusiasm for the delivery.	

	No assurance – could have a significant impact on quality, operational or financial performance;
	Moderate assurance – potential moderate impact on quality, operational or financial performance
	Assured – no or minor impact on quality, operational or financial performance

Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

Committee Chair's Report

Key Agenda Items (aligned to the BAF, Well-led Action Plan Recommendations – WLR and the 7 NHS People Promises - PP):	BAF, WLR and PP	RAG	Key Points/Assurance Given	Action/decision
Risks Escalated			None.	

	No assurance – could have a significant impact on quality, operational or financial performance;
	Moderate assurance – potential moderate impact on quality, operational or financial performance
	Assured – no or minor impact on quality, operational or financial performance

Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

GOVERNOR OBSERVATION FEEDBACK

Governor Observer	Christine Stankus – Lead Governor
Board or Committee	People Committee
Date	15 March 2023
Chair	Abdul Hafeez Siddique

Did the Chair welcome members and attendees to the meeting?	Yes/ Ne
Did the Chair keep to time and follow the agenda?	Yes/ Ne
Was there a review of the Committee meeting?	Yes/ Ne
Were you given chance to comment on your observations on how the meeting was conducted?	Yes/ Ne

Would you like to make any other comments about the meeting?

Information well presented & informative, the meeting full of discussion with good interaction and debate.

Challenges and professional discussions are balanced to a high standard, in my opinion.

My observations on the People Committee Business Cycle 2023/24, jammed packed with heavy workload for Lead personnel, I respect their dedication and passion.

IQPR - People Indicators update report provides brilliant information, 4 new workforce PODs sharing lots of ideas.

E-Rostering for Dental staff still scheduled to go LIVE April, staff training already started.

Heavy committee to observe, but interesting & enjoyable. Thank You

Committee Chair's Report

Name of Committee/Group:	Finance and Performance Committee		Report to:	Board of Directors
Date of Meeting:	23 March 2023		Date of next meeting:	27 April 2023
Chair:	Tina Wilkins		Quorate (Yes/No):	Yes
Members present/attendees:	<p>Committee Members Present: Tina Wilkins, Committee Chair Gail Briers, Non-Executive Director Linda Chivers, Non-Executive Director Nick Gallagher, Director of Finance Sarah Brennan, Chief Operating Officer</p>	<p>In Attendance Rachel Hurst, Deputy Director of Finance Susan Burton, Deputy Chief Nurse Gareth Pugh, Assistant Director of Finance Eugene Lavan, Deputy Chief Operating Officer Debbie Weir, Financial Controller John Morris, Deputy Director of Estates Anita Buckley, Head of Information Jan McCartney, Trust Secretary</p> <p>Observers: Andrew Mortimer, Public Governor, Warrington Howard Scott, Facere Melius</p>	Key Members not present:	<p>Apologies received from: Martyn Taylor, Non-Executive Director Lynne Carter, Chief Nurse Mark Charman, Assistant Director of Transformation Dave Smith, Assistant Director of IT</p>

Key Agenda Items:	BAF	RAG	Key Points/Assurance Given:	Action/decision:
Finance	4		<p>Month 11 finance report received and provided assurance.</p> <p>The Committee noted that:</p> <ul style="list-style-type: none"> Month 11 22/23 ahead of plan CIP on plan 	<p>The Committee noted the financial position now being ahead of plan as a result of increased interest receivable income and the release of historic provisions.</p> <p>The Committee noted CIP delivery including the element delivered non recurrently.</p>

	No assurance – could have a significant impact on quality, operational or financial performance;
	Moderate assurance – potential moderate impact on quality, operational or financial performance
	Assured – no or minor impact on quality, operational or financial performance

Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

Committee Chair's Report

			<ul style="list-style-type: none"> • Maintenance of improvement in BPPC performance • Healthy cash position • Increased capital spend to date 	<p>The Committee noted agency spend and for the top three spend areas and received confirmation that recruitment was underway.</p> <p>The Committee noted the capital position and the robust process in place to ensure the plan is delivered.</p>
Finance	4		Operational Plan 2023-24	<p>The Committee received an update on the latest plan.</p> <p>The Committee noted that the ICB had redistributed community growth monies to fund virtual wards.</p> <p>There are likely to be further iterations as the system deficit is currently about that expected by NHSE.</p> <p>The Committee noted the tight turnaround and the potential need for e governance and extraordinary committee meetings.</p>
Finance	4		Chair's report from CIP Council was received. This provided an update to the programme for 2022/23 and the pipeline for 2023/24.	<p>The Committee noted the report and the progress reported to date for 2022-23 including recurrent/non recurrent split. The pipeline for 2023/24 schemes was received by the Committee including best, worst and most likely scenarios. CIP Council will work through and refine the schemes including development of PIDs and QIAs etc.</p>
Finance	4		Service Line Reporting/National Cost Collection	<p>The Committee noted the report.</p>

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Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

Committee Chair's Report

Finance	4		Charitable Funds	The Committee noted the report.
Performance	4,8		IQPR for month 10 was received by the Committee	<p>The Committee noted the report.</p> <p>There were improvements in performance across all operational indicators. All cancer indicators were green and Widnes UTC performance has been steadily improving.</p> <p>There was an increase in the dental waiting list excluding Cheshire and Merseyside.</p> <p>Performance for the Duty of Candour indicator had returned to green.</p> <p>Action plans are in place to support RTT waiting lists.</p> <p>There are 4 patients showing with a waiting time of over 78 weeks in dental all of which will be cleared by 1st April. The cohort of waiters between 52 to 78 weeks is being closely monitored and clinical harm reviews are being undertaken to ensure these patients do not exceed the 78-week mark.</p> <p>There are no other services with waiters of 78 weeks or more. Dermatology, community paediatrics in Warrington and Paediatric Speech and Language therapy in Warrington have waiters on or around the 52 week mark and there are action plans in place to reduce the waiting times.</p>

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Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

Committee Chair's Report

Performance	4,8		Performance Framework	<p>The Committee received the report and made a number of observations and comments which would feed into the development of the framework.</p> <p>It was agreed that the detailed elements relating to the process would be included in a SOP, and the high level principles would remain as the policy. Hierarchy and governance would be reviewed, and Committee members would receive the updated version via e governance with comments back to the COO and a final version to be presented to Board on 6th April.</p>
Performance	4.8		Waiting List Data Quality	<p>The Committee received the report. The Committee requested a report once all sessions have been completed which would summarise key findings and how progress will be monitored.</p>
Performance	4,8		The Chair's report from Performance Council for month 11 was received.	<p>The Committee noted the report.</p> <p>The Committee requested that further work be carried out to provide assurance around key performance hot spots with more focused commentary on actions in future Chair's reports.</p>
Digital	8		Chair's report from DIGIT	<p>The Committee received the report. The rationale for the RAG ratings was discussed.</p>
Estates	4		Estates Update including update on Estates and Health and Safety Strategy Green Plan Update	<p>The Committee noted the report.</p> <p>The Committee noted the report.</p>

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Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

Committee Chair's Report

Audit	4			The Committee noted the report and requested an end date for out of date policies (ISA260).
Risks	4			The Committee noted the report. The Committee requested that the level of assurance from Risk Council be included for the Digital risk in the next report.
BAF	4,7,8		BAF 4 BAF 7 BAF 8	<p>The Committee requested the removal of the gap in control</p> <p>“The plans for 2022/23 have been submitted to both HCP and NHSE/I. The breakeven plan submitted has some provision for restoration and recovery but the Trust does not qualify for full reimbursement from the Elective Recovery Fund.”</p> <p>Risk unchanged.</p> <p>No change</p> <p>A number of updates were recommended and accepted by the Committee; these can be found in the Board Assurance Paper earlier in the agenda. Following a robust discussion the Committee agreed that on balance the Risk rating be recommended to Board to reduce from 12 to 8.</p>
Governance	4,7,8		Committee Annual Report Committee Business Cycle	<p>The Committee received the report.</p> <p>The Committee noted the annual business cycle.</p>

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Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

Committee Chair's Report

			Review of meeting	Feedback regarding the meeting was very good and members were assured by the content and triangulation between the papers and the interrelated discussions. However, it was noted that the meeting had a large agenda and was lengthy.
<p>Risks Escalated: None from the meeting</p> <p>Actions delegated to other Committees:</p> <ol style="list-style-type: none"> 1. The waiting list data quality report to go to next Q&S for noting 2. The Committee recommend to the Board to approve the proposed change in risk rating for BAF 8. 				

	No assurance – could have a significant impact on quality, operational or financial performance;
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Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

GOVERNOR OBSERVATION FEEDBACK

Governor Observer	Andrew Mortimer
Board or Committee	Finance & Performance Committee
Date	23 March 2023
Chair	Tina Wilkins

Did the Chair welcome members and attendees to the meeting? Yes/~~Ne~~

Did the Chair keep to time and follow the agenda? Yes/~~Ne~~

Was there a review of the Committee meeting? Yes/~~Ne~~

Were you given chance to comment on your observations on how the meeting was conducted? Yes/~~Ne~~

Would you like to make any other comments about the meeting?

This was a long meeting – too long in my view and I understand some thought is being given to trying to lessen the time burden.

In my view some pertinent questions were asked, suggestions were made and there was good feedback with the Chair doing a good job, all considered.



Bridgewater
Community Healthcare
NHS Foundation Trust

WE ARE BRIDGEWATER PEOPLE

**Council
of
Governors**

Sorry I can't be with you today....

Message from Paula Woods Director of People & OD

- Apologies that I can't be personally present at the CoG to share some of the fantastic work we are doing on our PEOPLE agendas
- This meeting clashes with my role as Chair of the Warrington Together Workforce & OD Enabling Group (WEG) who are looking at the development of a Place Based Integrated Workforce Strategy for Warrington
- I've left you in the very able hands of my Deputy, Jo Waldron who planned to do a 'double act' with me
- I hope you are as pleased as we are with all of the work we are doing to make the Trust a great place to work



Our PEOPLE Values, Behaviours and Promises

Our PEOPLE Strategy and its delivery via (PODs)



We are Bridgewater

P



We are passionate about individual needs and promote independence in the healthcare that we provide.

E



We empower our people and encourage new ideas to deliver and create improvements in community care.

O



We behave in a way that develops relationships based on trust, openness, honesty and respect.

P



We support our people, so everyone has the right skills and training to deliver outstanding patient care.

L



We are always learning about our communities and show great pride in being a local provider of health and care.

E



We use our resources wisely to provide sustainable and value for money healthcare for our patients.

Respect Charter

R

RESPONSIBLE

We are responsible for positive working relationships with all colleagues.

We will not get involved in the 4 B's (bickering, backbiting, blaming and bullying).

E

EQUAL

We treat all colleagues with equal respect; value diversity and recognise that we all bring different ideas, opinions, knowledge and culture to the Trust.

This diversity is key to giving us strength to provide quality care.

S

SOLVING

We are committed to solving any issues in a constructive manner and all staff can express their views through appropriate contribution to the discussion.

We will work to resolve issues rather than blame or complain.

P

PROMPT

We act in a prompt, professional and confidential manner, this includes being on time for meetings and giving others notice of change of plans.

If we have any concerns, they will be raised promptly with the people involved.

E

EVERYONE

We recognise that everyone is key to our success and no one has the right to bully, intimidate or harass a colleague.

We thank others for their contribution.

C

COMMUNICATION

We communicate in a courteous way that is clear, relevant, respectful, accurate and timely.

Our communication is transparent and we listen to the views of others without interrupting. We do not shout or blame.

T

TRUST

We trust our colleagues by being open, honest and fair.

We are part of an organisation where staff work together and not against each other.

A vertical column of six decorative arrow shapes pointing to the right, stacked vertically. The colors from top to bottom are blue, yellow, teal, purple, light blue, and pink.

National Directives

The NHS People Plan and NHS People Promises

Delivering the National NHS People Plan

Looking after our people

- Sets out our People Promise to everyone who works in the NHS. This will help make the NHS a better place to work by ensuring staff are:
- Safe and healthy
- Physically and mentally well Able to work flexibly

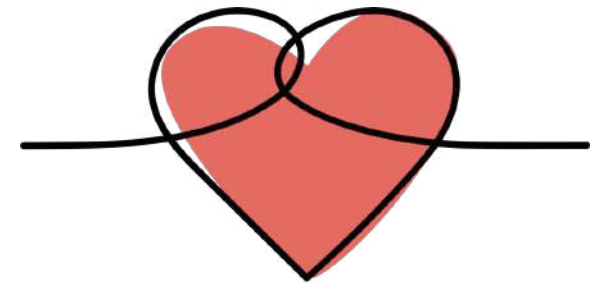
Belonging in the NHS

Action to ensure the NHS is **inclusive and diverse** and a place where discrimination, violence and bullying do not occur. This Includes:

- Overhauling **recruitment practices** to improve representation
- **Health and wellbeing conversations**
- Confidence to **speak up** and empowering staff to **use their voice** to inform learning and improvement
- **Inclusive, compassionate leadership**



We are
safe and
healthy



We are
compassionate
and **inclusive**

Delivering the National NHS People Plan

New ways of working and delivering care

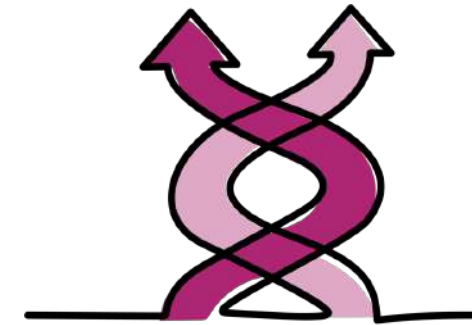
COVID-19 compels us to be **flexible** and make **best use** of skills and experience. We will continue to enable working differently:

- **Upskilling** staff
- Expanding **multi-disciplinary teams**
- Supporting **volunteers** in the NHS and expanding routes into health and care careers
- Supporting staff **learning and development** (access to CPD and greater access to online learning)

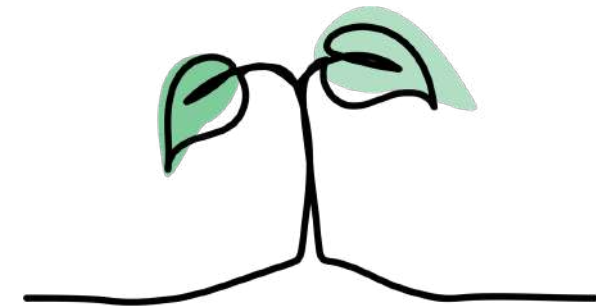
Growing for the future

We want to capitalise on **unprecedented interest** in NHS careers and higher **numbers of applications** to education and training. We will do this through:

- **Recruiting** into entry-level clinical and non-clinical roles
- **Return to practice**
- **Training places** in shortage professions
- **International recruitment**
- **Retaining more people** in the service



We work
flexibly



We are
**always
learning**

The NHS 'Our People Promise'7 Promises



We are compassionate & inclusive

We do not tolerate any form of discrimination, bullying or violence.

We are open and inclusive. We make the NHS a place where we all feel we belong.



We are recognised & rewarded

A simple thank you for our day-to-day work, formal recognition for our dedication, and fair salary for our contribution.



We each have a voice that counts

We all feel safe and confident to speak up. And we take the time to really listen to understand the hopes and fears that lie behind the words.



We are safe and healthy

We look after ourselves and each other. Wellbeing is our business and our priority – and if we are unwell, we are supported to get the help we need. We have what we need to deliver the best possible care – from clean safe spaces to rest in, to the right technology.



We are always learning

Opportunities to learn and develop are plentiful, and we are all supported to reach our potential. We have equal access to opportunities. We attract, develop and retain talented people from all backgrounds.



We work flexibly

We do not have to sacrifice our family, our friends or our interests for work. We have predictable and flexible working patterns – and, if we do need to take time off, we are supported to do so.



We are a team

First and foremost, we are one huge, diverse and growing team, united by a desire to provide the very best care. We learn from each other, support each other and take time to celebrate successes.

A vertical stack of six colorful arrow shapes pointing to the right, located on the left side of the slide. The colors from top to bottom are blue, yellow, teal, purple, light blue, and pink.

Bridgewater's PEOPLE Hub & PODs (People Operational Delivery Groups)

People Committee

(4 PODs Reporting to Trust Board)



**Culture & Leadership
POD**
Chair: Jo Waldron/Mike Baker

- Culture & Leadership, including Staff Engagement
- Equality, Diversity and Inclusion

**Recruitment & Retention
POD**
Chair: Jo Waldron

- Recruitment
- Retaining Staff
- Flexible Working
- Recruitment and Deployment across Systems

**Education & Professional
Development POD**
Chair: Jo Waldron

- Growing the Workforce
- New Ways of Delivering Care
- Education Governance

Health & Wellbeing POD
Chair: Jo Waldron

- Health & Wellbeing

People Committee

Recruitment & Retention

- Over-hall of Recruitment processes
- Enhancing our reporting of qualitative retention data to support directorate and trust wide action planning
- Enhanced Trust wide support for newly qualified Nursing and AHP's – Mutli-professional Preceptorship Policy, Defined role profiles for support roles i.e PNA, CPE, Preceptor, PEF's, AHP Lead role.
- Introduction of the Legacy Mentor role – supported funding from NHSE/I
- Flexible Working – Policy reviewed to actively promote, regular comms via Team Brief and Bulletin, ESR function for applications now functional

Health & Wellbeing

- Delivery of the NHSE/I Health and Wellbeing Framework and action plan. Inherent links to Retention Toolkit.
- Training delivery – Health and Wellbeing Conversations, Looking after Your Emotional Wellbeing. Evaluation and targeted support in services with most pressure.
- Rugby League Cares
- Focus on stress based on data – Task and Finish group looking at process, training and monitoring of Stress Risk Assessments

People Committee

Education and Professional Development

- Development of a Trust wide Competency Framework and Career Pathways – linked to standardised JD's
- Collaborative Education Group – cross working with DON's, Apprenticeship Lead, PEF's, CPE etc
- Subject Matter Expert Group – review of training content and delivery
- Allocation of HEE CPD Funding – aimed at Growing the Workforce, Workforce Transformation
- Early Adopter of the Scope for Growth Programme

Culture and Leadership

- Just Culture Programme – Introduction and embedding of 4 step process, training, using data to inform actions, promotion and communication
- Oversight of Staff Survey Results and Trust wide action plans
- Oversight of Equality agenda including Equality Action Plans, EDS2022, Staff Networks etc.
- Oversight of Leadership Programmes – Development in conjunction with Operational and Corporate Teams and Evaluation, Leader in Me
- Review of Reward and Recognition programmes i.e Thank you awards, Birthday and anniversary messages, long service awards



**Bridgewater
Community Healthcare**
NHS Foundation Trust

Thank You

Questions?



01925 946400



bchft.enquiries@nhs.net



www.bridgewater.nhs.uk

BOARD OF DIRECTORS

Title of Meeting	BOARD OF DIRECTORS		Date	06 April 2023
Agenda Item	27/23			
Report Title	PEOPLE PLAN			
Executive Lead	Paula Woods – Director of People & Organisational Development			
Report Authors	Paula Woods – Director of People & Organisational Development Jo Waldron – Deputy Director of People & Organisational Development			
Presented by	Paula Woods – Director of People & Organisational Development			
Action Required	<input type="checkbox"/> To Approve	<input checked="" type="checkbox"/> To Assure	<input checked="" type="checkbox"/> To Note	
Executive Summary				
<p>Published in July 2020 by NHS England, the NHS People Plan’s aim is to have more people, working differently, in a compassionate and inclusive culture within the NHS.</p> <p>A year after the NHS People Plan was published, we saw the introduction of the NHS Our People Promise, which outlines behaviours and actions that staff can expect from NHS Leaders and Colleagues, to improve the experience of working in the NHS for everyone. There are seven People Promises. We measure our progress against these by way of the annual NHS Staff Survey and NHS Pulse Surveys that enable a temperature check on a quarterly basis.</p> <p>Following on from the release of these publications, we refreshed our Workforce Strategy and renamed it People Strategy. This progressed through various ratification channels and on to Trust Board. Our People Strategy refresh included a review of its nine strategic aims which ultimately support the delivery of the People Plan. We have subsequently revisited our PEOPLE Values and their underpinning behavioural statements.</p> <p>The Trust’s approach to the delivery of the NHS People Plan, Promises and its resultant People Strategy is by way of our People Operational Delivery Groups (PODs), of which there are 4:</p> <ol style="list-style-type: none"> 1. Recruitment and Retention 2. Health and Wellbeing 3. Education and Professional Development and; 4. Culture and Leadership <p>A report was presented to the Trust’s People Committee on the 15th of March 2023. It provides an overview of the programmes of work taking place in each POD. It should be noted that progress reports are taken to the Committee periodically and there is an overall Action Plan. To reduce the amount of paperwork presented, we report on progress since the last report is tabled.</p>				

Previously considered by:	
<input type="checkbox"/> Audit Committee	<input type="checkbox"/> Quality & Safety Committee
<input type="checkbox"/> Finance & Performance Committee	<input type="checkbox"/> Remuneration & Nominations Committee
<input checked="" type="checkbox"/> People Committee	<input type="checkbox"/> EMT
Strategic Objectives	
<input checked="" type="checkbox"/> Equality, Diversity, and Inclusion – to actively promote equality, diversity and inclusion by creating the conditions that enable compassion and inclusivity to thrive	
<input checked="" type="checkbox"/> Innovation and collaboration – to deliver innovative and integrated care closer to home which supports and improves health, wellbeing and independent living	
<input checked="" type="checkbox"/> People – to be a highly effective organisation with empowered, highly skilled and competent staff	
<input checked="" type="checkbox"/> Quality – to deliver high quality, safe and effective care which meets both individual and community needs	
<input checked="" type="checkbox"/> Sustainability – to deliver value for money, ensure that the Trust is financially sustainable and contributes to system sustainability	

How does the paper address the strategic risks identified in the BAF?							
<input type="checkbox"/> BAF 1	<input type="checkbox"/> BAF 2	<input checked="" type="checkbox"/> BAF 3	<input type="checkbox"/> BAF 4	<input checked="" type="checkbox"/> BAF 5	<input checked="" type="checkbox"/> BAF 6	<input type="checkbox"/> BAF 7	<input type="checkbox"/> BAF 8
Failure to implement and maintain sound systems of corporate governance	Failure to deliver safe & effective patient care	Managing demand & capacity	Financial sustainability	Staff engagement and morale	Staffing levels	Strategy & organisational sustainability	Digital services

CQC Domains:	<input checked="" type="checkbox"/> Caring	<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Well Led
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BOARD OF DIRECTORS

Title of Meeting	BOARD OF DIRECTORS	Date	06 April 2023
Agenda Item	27/23		
Report Title	PEOPLE PLAN		
Report Authors	Paula Woods – Director of People & Organisational Development Jo Waldron – Deputy Director of People & Organisational Development		
Purpose	To provide an update to Board on the progress being made in relation to the delivery of the NHS People Plan and Promises in line with our People Strategy and People Operational Delivery Groups (PODs).		

1. SCOPE

- 1.1 To inform the Board of the approach that we are taking in relation to the delivery of the NHS People Plan and People Promises in line with our People Strategy and People Operational Delivery Groups.
- 1.2 To provide a progress update on the delivery of the People Plan and Promises and commitments outlined in the Trust's People Strategy.
- 1.3 To provide the Board with assurance on the significant amount of work being undertaken to support our Bridgewater PEOPLE which is routed through the Trust's People Committee.

2. INTRODUCTION

- 2.1 Published in July 2020 by NHS England, the NHS People Plan's aim is to have more people, working differently, in a compassionate and inclusive culture within the NHS.
- 2.2 The plan also includes the NHS Our People Promise, which outlines behaviours and actions that staff can expect from NHS Leaders and Colleagues, to improve the experience of working in the NHS for everyone.

3. OUR PEOPLE STRATEGY

- 3.1 Our People Strategy was refreshed following national people publications. It has nine strategic aims which ultimately support the delivery of the NHS People Plan and its Promises.
- 3.2 A copy of the latest re-branded People Strategy is in Appendix A. This includes updated PEOPLE Values and underpinning behavioural statements.

4. OUR APPROACH

- 4.1 The Trust's approach to the delivery of the NHS People Plan and its People Strategy is by way of our People Operational Delivery Groups (PODs), of which there are 4:
1. Recruitment and Retention
 2. Health and Wellbeing
 3. Education and Professional Development and;
 4. Culture and Leadership
- 4.2 The work committed to in each POD is driven by associated Trust data and is underpinned by the appropriate NHSE/I Guidance, Frameworks and Toolkits. There are reporting schedules that we must adhere to, and we are required to send in several returns, documentary evidence and also attend webinars at regional and national levels.
- 4.3 The People Directorate's approach is one of "what gets measured, gets done" and we are all clear on our people priorities. Not only do they respond to national and regional requirements, they also ensure delivery on our Quality & Place Strategy.
- 4.4 Membership of the PODs is focused on ensuring the right subject matter experts are involved to ensure programmes of work have the right input, skills and expertise.
- 4.5 There is an equal spread of Operational, Clinical and Corporate membership, and an Operational Associate Director is aligned to each POD. They take responsibility for updating each other.
- 4.5 There is a recognition that there are inherent links between the workstreams in each POD, and the Chair ensures that there is sufficient alignment to ensure work is joined up and avoids duplication of effort. The PODs are the equivalent of a Trust Council i.e. Risk Management.
- 4.6 A number of Task and Finish groups sit under the PODs to ensure the appropriate delivery. Highlight reports are presented to guarantee that projects remain on track and that any barriers to delivery can be supported by the wider group and escalated accordingly.

5. GOVERNANCE

- 5.1 The report in Appendix B was presented to the People Committee on the 15th of March 2023 and provides an overview of the programmes of work taking place in each POD.
- 5.2 The report was very well received at the Committee and the extensive work being undertaken was commended by Committee Members.

- 5.3 The Trust's Lead Governor, Christine Stankus observed the Committee and in her articulate and structured review of the meeting, she noted the extensive work being progressed through the PODs. Furthermore, she referred to a recent visit to the People Directorate and made reference to staff's enthusiasm and commitment to the work of the PODs.
- 5.4 Our people agendas will be highlighted at the Council of Governors meeting in April where the Director and Deputy Director of People & OD have a dedicated slot on the agenda.

6. RECOMMENDATION

- 6.1 It is recommended that the Board:
- note the content of the report, along with appendices A and B.
 - are assured on the delivery of the NHS People Plan, Promises and the Trust's People Strategy via the four well established PODs.

7. APPENDICES

- Appendix A Bridgewater's People Strategy
- Appendix B People Operational Delivery Groups – POD Progress Report



**Bridgewater
Community Healthcare**
NHS Foundation Trust



STRATEGY

JANUARY 2023

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Introduction



Paula Woods

Director of People & Organisational Development

I would like to welcome our staff, volunteers and those engaged to work at Bridgewater to our People Strategy which sets out our firm commitment to developing and supporting our people so that they are equipped with the right knowledge and skills to continuously improve the quality of care for our patients and service users. It also outlines how we will make this a reality, in term of having the right policies, processes, skills, equipment and environment to provide a great service irrespective of role.

We have embraced many changes over recent years including but not exclusively, developing new roles, accessing apprenticeships, working differently and upskilling. All done with the purpose of improving the quality of care provided to our patients. Reflecting back to, 2020 will be a period of time the NHS will never ever forget. The Covid-19 Pandemic has been the most significant challenge in the 73-year history of the NHS.

Key to our continued success as a Trust is that we effectively work across our organisational boundaries with borough partners as we create our future integrated care models, delivered safely and with patient experience at its heart by 'One Workforce' irrespective of employer.

Our aim is to ensure that all those who work for the Trust strive to be outstanding in all they do and that they believe that we are all focused on providing safe high quality care, which is responsive, caring and effective in terms of providing good outcomes for our patients. Staff health and wellbeing, as well as that of our patients is paramount. All providers of care have worked hard and much more closely together to meet the unprecedented levels of demand, putting the needs of patients and communities first.

The strategic priorities set out in this strategy will be reviewed annually to ensure our plans and key projects support the delivery of the strategy in practice. We have refreshed the Trust's overall Quality & Place Strategy and as part of that review, we have captured significant people developments nationally and regionally around the support our staff can expect locally for us to deliver the NHS People Plan and its People Promises.

Foreword

Our healthcare workforce is changing, roles and responsibilities are evolving and traditional organisational demarcation lines are being eroded in the face of new ways of working. During the years ahead the NHS will continue to evolve as it recovers from the pandemic.

I believe that we have a strong future as part of a progressive local integrated health and care system which supports our populations to live long and healthy lives independently. There were many examples of true system working during the pandemic which provided improved outcomes for patients and this is something we will continue to focus on to meet the growing challenges that we face.

Our staff remain our greatest asset and we aim to retain our highly skilled and committed staff by enabling flexible careers, having supportive employment models and ensuring we have the right skills, competencies and equipment to allow staff to do their jobs.

We anticipate our organisational form changing over the next 3 years as we align our ambition and service offer to the development of Integrated Care Systems and the creation of Integrated Care Teams within boroughs, including working differently with our partners within Primary Care, Voluntary and Community Sector (VCS), Acute Providers, Local Authorities, Social Care, and Education. Integral to this is the NHS People Plan published in July 2020 and it's subsequent People Promises published in 2021, which you will see are prevalent in this strategy, our people objectives and our key priorities.

We recognise that our future workforce will be supported by unpaid volunteers and carers and our plans will help to ensure that they too are appropriately supported, developed and trained.

This strategy is our commitment to our staff, to support them to improve health and wellbeing in the communities we serve, whilst we equally support their wellbeing. As a key provider and partner in the emerging ICS in our boroughs, it is crucial the links between community services



Colin Scales
Chief Executive

Our Strategic Objectives

Bridgewater Community Healthcare NHS Foundation Trust delivers out of hospital care and currently provides services across Warrington, Halton, and St Helens. It also provides extensive Specialist Dental Services within Bolton, Bury, Glossop, Halton, Heywood, Middleton, Oldham, Rochdale, Salford, Stockport, St Helens, Tameside, Trafford, Eastern and Western Cheshire.

Our five strategic objectives make clear our vision to be an outstanding provider of community services:



Innovation & Collaboration

Delivering innovative and integrated care closer to home which supports and improves health, wellbeing, and independent living.



Quality

Delivering high quality, safe and effective care which meets both individual and community needs.



Sustainability

Delivering value for money, ensure that the Trust is financially sustainable and contributes to system sustainability.



People

To be a highly effective organisation with empowered, highly skilled, and competent staff.



Equality, Diversity & Inclusion

To actively promote equality, diversity, and inclusion by creating the conditions that enable compassion and inclusivity to thrive.

What we want to achieve:

To be a highly effective organisation with empowered, highly skilled and competent staff.

Our Strategy

Over the next 3 years we will work to:

Implement and deliver on the actions required of the 'We are the NHS: People Plan – action for us all'.

Deliver the "NHS Our People Promise" – a promise we must all make to each other to improve the experience of working in the NHS for everyone, making the NHS the best place to work and an employer of choice.

We will create a progressive, collaborative, safe and healthy working environment that is conducive and beneficial to both staff and patient experience.

We will attract and recruit the best staff who aspire to work within an innovative community healthcare integrated organisation and our recruitment will select those who align to our inclusive culture, values and our future plans for community services.

Create an environment in which our staff can see (and are rewarded for) an alignment between their overall contribution and the quality of patient care delivered.

To develop a culture of continuous quality improvement to support patient safety and the quality of care delivered.

Enable the delivery of high quality and safe healthcare as we strive to be rated as 'outstanding' and aim to improve the health of our local communities.

Engage in the integration of health and social care, working in multi-disciplinary teams to support the 'system' and the communities we serve.

How we are doing this now

Some of our current work in these areas includes:

- 1 An action plan with programmes of work that underpin the NHS People Plan and Promise to be delivered through the Trust's PEOPLE Hub and People Operational Delivery Groups (PODs):**
 - Health and wellbeing
 - Flexible working
 - Equality and diversity
 - Culture and leadership (including the implementation of a "Just Culture")
 - New ways of delivering care
 - Growing the workforce
 - Recruitment
 - Retaining staff
 - Recruitment and deployment across systems
- There are specific commitments and pledges to support the above:**
- Looking after our people – with quality health and wellbeing support for everyone
 - Belonging in the NHS – with a particular focus on tackling the discrimination that some staff face
 - New ways of working and delivering care – making effective use of the full range of our people's skills and experience, including the rolling out of an e-roster system
 - Growing for the future – how we recruit and keep our people, and welcome back colleagues who want to return
- 2 A suite of Key Performance Indicators (KPI), metrics and measures to enable us to monitor and evaluate our progress, including the NHS Staff Survey and NHS Quarterly Pulse Survey**
- **Communication, Engagement and OD Plans and Frameworks**
 - **Talent Management and Succession Planning Frameworks**

How we will do this in the future

We will:

Deliver our People Strategy via a People Hub underpinned by People Operational Delivery Groups (the PODs).

Maximise our workforce intelligence to fully understand our workforce profile to inform workforce planning utilising Population Centric Workforce Planning approaches.

Promote 'Grow your Own' initiatives with the local community to understand the potential future workforce and create job pipelines with colleges, local businesses and our strategic partners within each borough.

Maximise utilisation of the apprenticeship levy to support the development of our workforce.

Realise the added value to our workforce of our volunteers, third sector organisations and the armed forces.

Create opportunities for working together with our community and other health and social care providers.

Create a culture where we are supportive of innovative roles – new ideas and innovative ways of working, upskilling and transforming services.

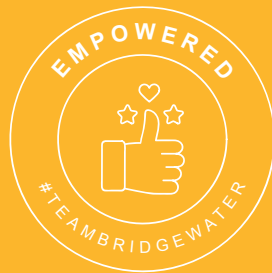
We are Bridgewater

P



We are passionate about individual needs and promote independence in the healthcare that we provide.

E



We empower our people and encourage new ideas to deliver and create improvements in community care.

O



We behave in a way that develops relationships based on trust, openness, honesty and respect.

P



We support our people, so everyone has the right skills and training to deliver outstanding patient care.

L



We are always learning about our communities and show great pride in being a local provider of health and care.

E



We use our resources wisely to provide sustainable and value for money healthcare for our patients.

Our positive partnership working arrangements support our people values. Our Staff-side Colleagues work closely with us on our people agendas.

People Strategy Vision

At Bridgewater Community Healthcare NHS Foundation Trust our strategic vision for the people we employ is to create a modern employment culture where staff want to work, to deliver innovative models of care.

The Trust's Board of Directors

Our Pledge to You

The Trust Board are committed to delivering this People Strategy and the aim is to ensure that, like all the best organisations, the focus is on constant improvement, innovation and adaptation. The Board pledge to:

- Set out the vision for the people that work for it and how they can deliver quality and safe services to patients and service users
- Ensure that the leadership and culture of the Trust focuses on how we deliver the People Plan Pledges and Promises, whilst monitoring performance delivery
- Invest in developing our workforce so that they have the skills fit for the future
- Help support a system where staff know what the direction of the Trust is, so that leaders can develop their business plans and support their staff

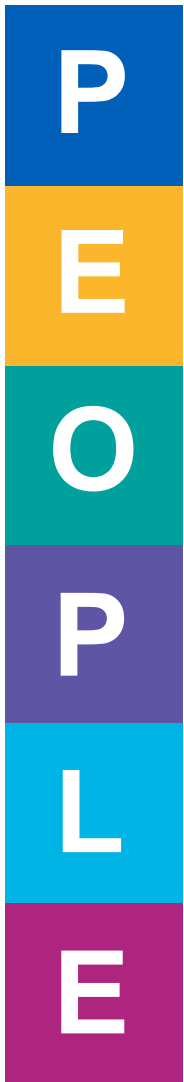
Direction Setting

- We want to ensure that we know how good we are and where we stand relative to the best and that we outline for staff our People Strategy and vision
- We will engage staff on issues that will impact on their work and career choices and co-produce innovative solutions to future models of care, integration and collaboration
- We will ensure that due to our governance systems, we know where our risks are and that we have plans to ensure we manage, mitigate and reduce risks
- We ensure that we have the knowledge and skills in the Trust so that we can respond to the changing health and social care landscape and that we are well placed to deliver the NHS Long Term Plan, its People Plan and People Promises
- We have robust data and information that can show the effectiveness of our people practices

Our Commitment to Each Other

Our strategic vision for the people we employ is to create a modern employment culture where staff want to work, and where they are equipped with the skills and flexibility to deliver innovative models of care

Our commitment and expectations of the people we employ



We will

You will

- Ensure visible, accessible, compassionate leadership and recognise your hard work and performance ensuring it is centred on achieving the best possible health and care outcomes for our communities
- Engage and involve you in decisions affecting your roles whilst embracing and helping us to shape future outstanding community care
- Model the 'PEOPLE' behaviours and care and support you so that you maintain your health, wellbeing and safety
- Listen to you, recognise everyone's contribution to the care we provide to our communities and strive to have the necessary skills to deliver outstanding care
- Working in partnership with our communities and with you so we are responsive to changing needs as we develop future models of care delivery
- Support the delivery of our services and always aim to give you the resources needed to do a good job

- Embrace #TeamBridgewater, believe in yourself and treat others with mutual trust and respect so that you can focus on achieving the best health and care outcomes for your patients and service users
- Be efficient, flexible and professional and engage with learning and development opportunities to ensure you continuously learn and grow
- Model the 'PEOPLE' behaviours and take care of your own health, wellbeing and safety
- Raise issues and concerns appropriately and have your say so that you maintain your skills to be able to provide future models of care and provide outstanding services
- Recognise the changing health and social care landscape so that you can knowledgeably tailor care to the needs of local communities
- Always act in the patient /service users best interest putting 'quality first and foremost'

THE NHS PEOPLE PLAN

The pledges and actions within the NHS People Plan fall under nine headings:

1. Health and Wellbeing
2. Flexible Working
3. Equality and Diversity
4. Culture and Leadership
5. New ways of Delivering Care
6. Growing the Workforce
7. Recruitment
8. Retaining Staff
9. Recruitment and Deployment across Systems

Strategic Priority 1

HEALTH & WELLBEING

Pledge: We will create and sustain a progressive 'person centred' health and wellbeing offer, that is conducive and beneficial to our people and patient experiences

Appointment of a Wellbeing Guardian at Board level – Chair of the People Committee

Staff Wellbeing Champions

Effective infection, prevention and control measures, including personal protective equipment (PPE) and staff vaccinations

Occupational health and Counselling Services

All staff will have a health and wellbeing conversation as part of their personal development review and 121 meetings

Promotion and monitoring of risk assessments for vulnerable staff and those suffering from stress

All staff will be supported to take their rest breaks and annual leave and will be supported as best possible, to manage the physical and psychological demands of work

Prevention of violence, bullying, harassment and abuse (our Civility & Respect commitments)

A just and learning culture that advocates civility and respect, reducing the need to revert to formal procedures (where appropriate to do so)

Support for an open and transparent culture so that staff feel free to raise concerns

Ensuring that people working from home can do so safely and have the support to do so, with the equipment they need

Respond to internal and external feedback to ensure that our workforce recommend the Trust to their friends and family as a place to work and receive care/treatment

Build resilience within the workforce at all levels, recognising mental health, physical wellbeing and psychological safety

A focus on health and wellbeing to support decreased work related stress and burnout

A person-centred and holistic approach to managing and handling absence and presenteeism



Strategic Priority 2

FLEXIBLE WORKING

Pledge: To attract, develop and retain a workforce that is agile in nature and works as flexibly as possible to enable the balancing of home and work lives, whilst maintaining the best possible delivery of high quality care to patients and service users

Regular promotion of our Board's commitment to flexible and agile working practices

A continuation of the Trust being open to all clinical and non-clinical permanent roles being flexible

Flexible working to be promoted at induction and in annual appraisals, supervision and 121 discussions

Requesting of flexible and agile working to be looked on as favourably as possible, regardless of role, team, grade etc

Ongoing review of our Employee Adjustment Passport to support staff with disabilities and caring responsibilities

Ongoing commitment to being a Disability Confident Leader (as accredited)

Ongoing review of our Flexible and Agile Working Policies and Practices that are available to people on day one of working for the Trust

Flexible working to be an integral part of health and wellbeing conversations which should take place regularly



Strategic Priority 3

EQUALITY & DIVERSITY

Pledge: We will attract and recruit a diverse workforce who aspire to work within an innovative community healthcare integrated organisation and our recruitment will select those who align to our inclusive culture and our future plans for community services (collaboration and integration)

Review our recruitment and promotion practices to make sure that staffing levels reflect the diversity of the communities that we serve

Work to reduce any ethnicity gaps in formal disciplinary and grievances processes

Become an 'Employer of Choice' across all staff groups, by offering a modern employment culture, harnessing a bespoke approach to local, regional, national and international labour markets

Develop a unique and flexible employment package to attract the best talent

Identify our 'difficult to recruit' posts and create bespoke recruitment campaigns to address these

Review best practice and ensure our 'offer' is reflective and responsive to the organisation's needs

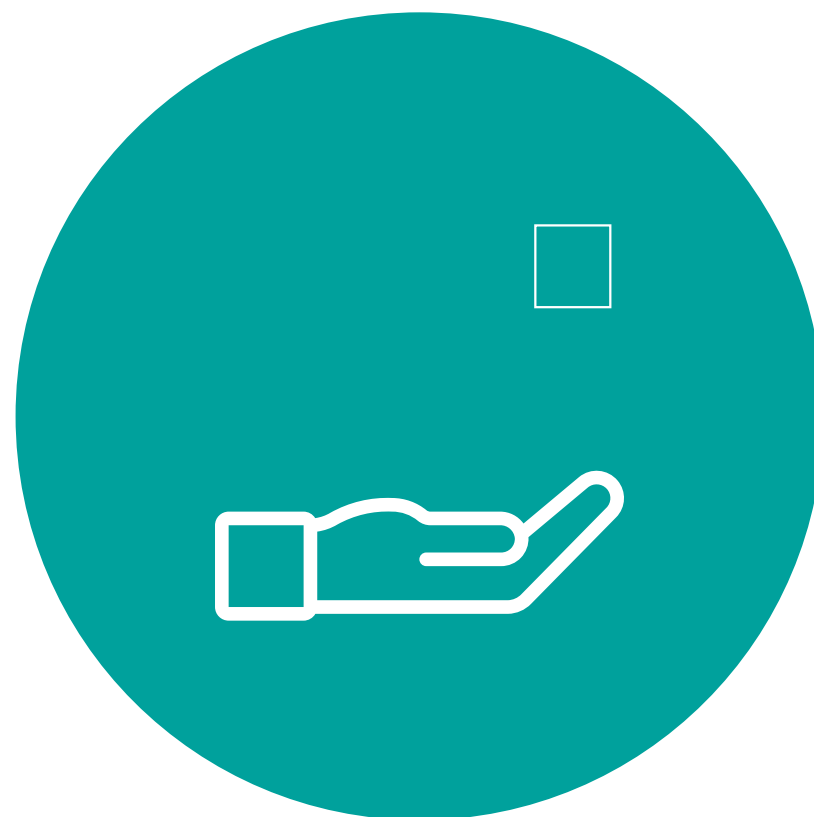
Maximise our workforce intelligence to fully understand our workforce profile to inform workforce planning, utilising Population Centric Workforce Planning approaches

Tackle health inequalities within our communities and strive to improve the quality of their lives and access to employment and services

Develop our on-boarding approach so that we appeal to staff with Protected Characteristics because we have adopted an inclusive approach to our recruitment and we enhance the induction and preceptorship and support to all new staff

Complete Quality Impact Assessments (QIA) for any fundamental changes made to our workforce and service delivery, ensuring the quality of care we deliver is not adversely affected

Embedding equality, inclusion and diversity as fundamental principles in all activities affecting current and future workforce



Strategic Priority 4

CULTURE & LEADERSHIP

Pledge: We want to create an environment in which our staff feel safe, well-led and fully supported throughout their working lives to provide the best possible healthcare to the communities we serve

Further develop the Trust's Reward, Recognition and Retention Packages so that they are flexible and equitable for all our colleagues

Promote a just and learning culture where staff feel confident to raise concerns and report incidents, creating a culture of psychological safety

To promote a culture whereby we refer less to formal grievance and disciplinary procedures, where it is appropriate to do so

Ensure flexible and agile working opportunities are available for staff including flexible retirement, fixed term contracts, varying shift patterns, agile working and hot desking

Empower our colleagues to access opportunities to ensure they have the right competence, the right skills and knowledge to deliver the best possible care and support services

Capture and share our success stories, recognising our role models and sharing this learning through recognition schemes, the promotion of achievements and awards

Enhance and develop our Health & Wellbeing programmes, ensuring they are reviewed and evaluated annually to best meet the needs of the Trust

Build our talent management and succession planning processes to provide opportunities for staff who demonstrate the aptitude to progress

Develop a planned and systemic approach management and leadership development

Promote integrated and inclusive approaches to personal and professional development through our structured 'My Plan' process

Create opportunities for our people to gain experience of the wider health economy through participation in rotational posts



Strategic Priority 5

NEW WAYS OF DELIVERING CARE

Pledge: We are committed to developing a culture of continuous quality improvement to support patient safety and high levels of quality of care delivered by our people to the diverse communities they serve

Create and support a culture of workforce transformation

Continued focus on developing skills and expanding capabilities to create more flexibility, boost morale and support career progression

Embed workforce planning frameworks and approaches

Develop and evaluate the impact of new roles and new ways of working and create a climate to work differently

Support 'portfolio careers' for people seeking very flexible and transferrable development opportunities

Source funding streams and collaborative working opportunities

Understand regulatory frameworks and the potential impact on our workforce/services

Provide assurance of our Education activity through the Education Governance Frameworks

Enrich and strengthen our workforce through 'Grow your Own' initiatives
Support joint posts and working arrangements

Proactively identify training needs to respond to changes in the local health and social care economy

Realise the potential of our volunteers and carers to enhance service delivery
Upskill our workforce to support them to work in a digitally enabled environment

Support and upskill our colleagues to maximise the opportunities for 'evidence based' decision making

Promote sharing of best practice across boroughs and services, and the system as a whole

To work with our partners by way of multi-disciplinary teams and integrated pathways and ways of working



Strategic Priority 6

GROWING THE WORKFORCE

Pledge: Enable the delivery of high quality and safe healthcare as we strive to be ‘outstanding’ and aim to improve the health of our local communities

Full integration of education and training into restart and recovery plans following the pandemic

Releasing the time of Educators and Supervisors to support the expansion of clinical placement capacity

Increased focus on support for students, placements and trainees
Maximising the potential of workforce systems to develop an inclusive, in depth understanding of our workforce

Develop an internal bank and work to develop a shared approach with other Trusts to drive down premium costs

Ensure people have access to continuing professional development, supportive supervision, and protected time for training

Embed systems that support revalidation and preceptorship across professional groups

Ensure appropriate utilisation of a temporary workforce within local and national guidance

Deliver cost effective services which can demonstrate added value across Cheshire & Merseyside

Maximise our medical and dental workforce, improve productivity and modernise careers across community, primary and social care settings

Support and monitor the transition of staff into new teams as part of a programme of organisational change, integrated and collaborative working

Prepare for and implement as appropriate nationally agreed new employment contracts

Share learning through our lessons learned frameworks



Strategic Priority 7

RECRUITMENT

Pledge: To attract and recruit a diverse range of people into health and care careers and corporate support, managerial and executive roles

Increase recruitment to roles such as Health Care and Clinical Support Workers, highlighting the importance of these roles for patients and other Healthcare Workers as well as potential career pathways to other registered roles

Actively work alongside schools, colleges, universities and local communities to attract a more diverse range of applicants

More Apprenticeships, ranging from entry level jobs through to senior clinical and managerial roles

Maximise utilisation of the Apprenticeship Levy to support the development of our workforce

Realise the added value to our workforce of our volunteers, third sector organisations and the armed forces

Make better use of routes into the NHS, supporting routes into non-clinical as well as clinical roles

Encourage our former people to return to practice as a key part of our recruitment drives and campaigns

Develop Lead Recruiter and system-level models of recruitment which will improve support for new starters as well as being more efficient and better value for money

Work in partnership with our managers to strengthen and streamline our recruitment processes

Promote 'Grow your Own' initiatives with the local community to understand the potential future workforce and create job pipelines with colleges, local businesses and our strategic partners within each borough

Utilise multiple media platforms to attract the best talent, using innovative recruitment and retention initiatives such as the Staff App



Strategic Priority 8

RETAINING STAFF

Pledge: To attract, develop and retain our People, making the Trust a model employer, an employer of choice and most of all a brilliant place to work and provide the best possible healthcare to the communities we serve

Design roles which make the greatest use of each person's skills and experience and fit with their needs and preferences

Ensure that staff have a robust onboarding experience following their induction, gathering employment experience data through a series of onboarding questionnaires over a 12-18 month period

Ensure that staff who are mid-career have career conversations

Ensure that staff are aware of the increase in the annual allowance pension tax threshold

Make sure potential returners, or those who plan to retire are aware of the ongoing pension flexibility

Strengthen the approach to workforce planning to sure the skills of our people and teams more effectively and efficiently

Work with NHSE/I's regional teams to further develop competency based workforce modelling and planning, including assessing any existing skills gaps' and agreeing, where possible, system wide action to address this

Ensure the best possible people policies and practices

Ensure that our strategic priorities from one to nine are an integral part of everyone's working experience with us



RECRUITMENT & REDEPLOYMENT

Pledge: To support the systems within which we operate, actively working with other Trusts, Primary Care, Social Care, the Voluntary Sector and beyond.....

Working with schools, colleges, universities and local communities

Better use of our volunteering, work experience/placements and apprenticeships schemes

Develop workforce sharing agreements and memorandums of understanding to enable system deployment of our people across health and social care and the system as a whole

When recruiting temporary staff, we will prioritise the use of Bank Staff before more expensive Agency and Locum Options, thus reducing the use of 'off framework' agency shifts

Joint posts

Hosting arrangements

Honorary contracts

Rotational posts and rotational working arrangements

Secondments

Support for the Provider Collaborative

Support for place-based partnerships and workforce planning

Collaborative Banks

Staff Passports

Integrated Teams / Multi-Disciplinary Teams

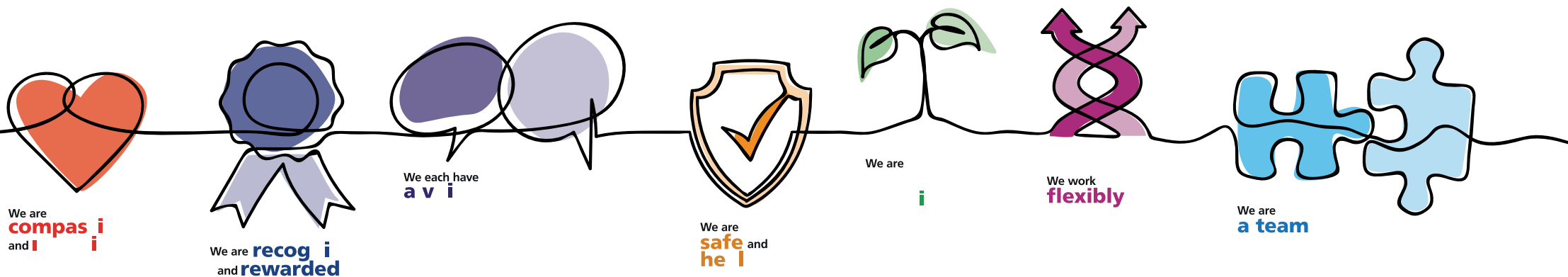


National Drivers

The NHS Our People Promise

The NHS People Plan sets out what our NHS people can expect from their leaders and each other to make the NHS the best place to work. The NHS 'Our People Promise' was created by way of significant engagement with those working in the NHS. Its seven elements form the framework that embodies the importance of employee experience and quality of work, as well as a fully understood, consistent and standardised way of talking about employee experience.

We have mapped the 'Promises' to our existing frameworks. Our success will be evident in our annual NHS Staff Survey results and Quarterly NHS Pulse Survey Results. From 2021, the Survey has been aligned to all elements of the People Promise. There are two remaining themes – Morale and Staff Engagement.



National Drivers - The NHS Our People Promise



We are safe and healthy

** We're considerate of each other's time and mindful of each other's workload and the physical and emotional impact this can have.

** Wellbeing is our business and our priority. We stay mentally and physically fit and healthy through working hour limits, healthier food choices and access to schemes to help us stay in shape.

** If we're unwell ourselves, we are supported to get the help we need, take the time to recover, and return to work at our own pace.

** Our occupational health and wellbeing services are there for us when we need them, with rapid access to help with work-related mental and physical injury and illness.

** We have clean safe spaces to rest and reflect, and access to hot food and drinks, including fresh water. These are the basics, but they really matter and can't be underestimated.

** We have the technology and equipment we need to keep us safe, deliver the best possible care, and make the best use of our time and our skills.



We are always learning

** Opportunities to learn and develop while working for the NHS are plentiful.

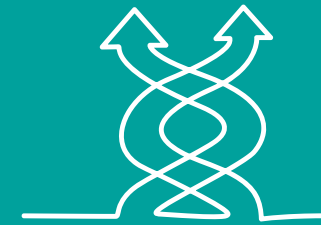
** Our management and supervision are first class – with regular reviews of work-load, and opportunities for two-way feed-back and appraisals – to ensure we are able to realise our potential.

** We are supported to invest in our careers, through formal and informal training, to reach our personal and professional goals. We have the time, space, and funding to do this.

** The many career options mean we can experience a variety of health and care settings, skills and practice, and progress to different roles.

** There are opportunities to take advantage of shadowing and secondments, coaching and mentoring, and contribute towards research and teaching.

** We exchange our skills and knowledge across the local health and care system, and beyond.



We work flexibly

** Our work doesn't mean we have to sacrifice family, friends or interests.

** Predictable working patterns and hours, that we have a say in agreeing, make a real difference to our lives and our wellbeing.

** That's why we have access to new rostering technology that lets us take more control over when we work.

** We can work flexibly, doing whatever work pattern fits our needs, regardless of the type of role we're in.

** As a modern and model employer, flexible and less than full-time working isn't a barrier to progress in the NHS – it is commonplace.

** If we have unpaid caring duties, we are supported and helped to return to work if we take time off to look after someone.

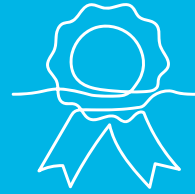
** We are able to come back to the NHS even after we retire, if we still want to contribute our expertise.

National Drivers - The NHS Our People Promise



We are compassionate and inclusive

- ** We are kind and respectful.
- ** We all feel the pressure at times, but we care for each other, as we care for our patients.
- ** We don't tolerate any form of discrimination, bullying or violence, and call out inappropriate behaviour.
- ** We are open and inclusive.
- ** We understand, encourage, and celebrate diversity, making the NHS a place where we all feel we belong.



We are recognised and rewarded

- ** We are recognised and appreciated.
- ** We have a fair salary, competitive pension and an attractive package of extended benefits, whatever our role.
- ** We have more choices. We can buy and sell unused holiday and arrange unpaid leave, if this is what we'd prefer.
- ** We also enjoy enhanced maternity and shared parental leave.
- ** We have access to employee assistance programmes for advice and support on issues like caring responsibilities and financial wellbeing.



We each have a voice that counts

- ** We all feel safe and confident when expressing our views. If something concerns us, we speak up, knowing we will be listened to and supported.
- ** Our teams are safe spaces where we can work through issues that are worrying us.
- ** If we find a better way of doing something, we share it.
- ** We use our voices to shape our roles, workplace, the NHS, and our communities, to improve the health and care of the nation.
- ** We take the time to really listen – beyond the words – to understand the hopes and fears that lie beneath them.
- ** We help one another through challenges, during times of change, and to make the most of new opportunities.



We are a team

- ** The NHS is first and foremost one huge team. Regardless of our role, experience, or background, if we work for the NHS, we are part of that team.
- ** We are united by a desire to provide the very best care and support not just to those using our services, but to each other.
- ** We're also part of a growing team, with people from many different professions and roles, working together in a flexible way to respond to the changing needs of our patients. Being in a diverse team gives us a chance to learn from each other's experience, specialisms, and skills, working with a shared purpose.
- ** Our work is fulfilling – it makes a real difference and is rewarding.
- ** We give one another the space to innovate, we support each other when times are tough, and we take time to celebrate successes, small and large.

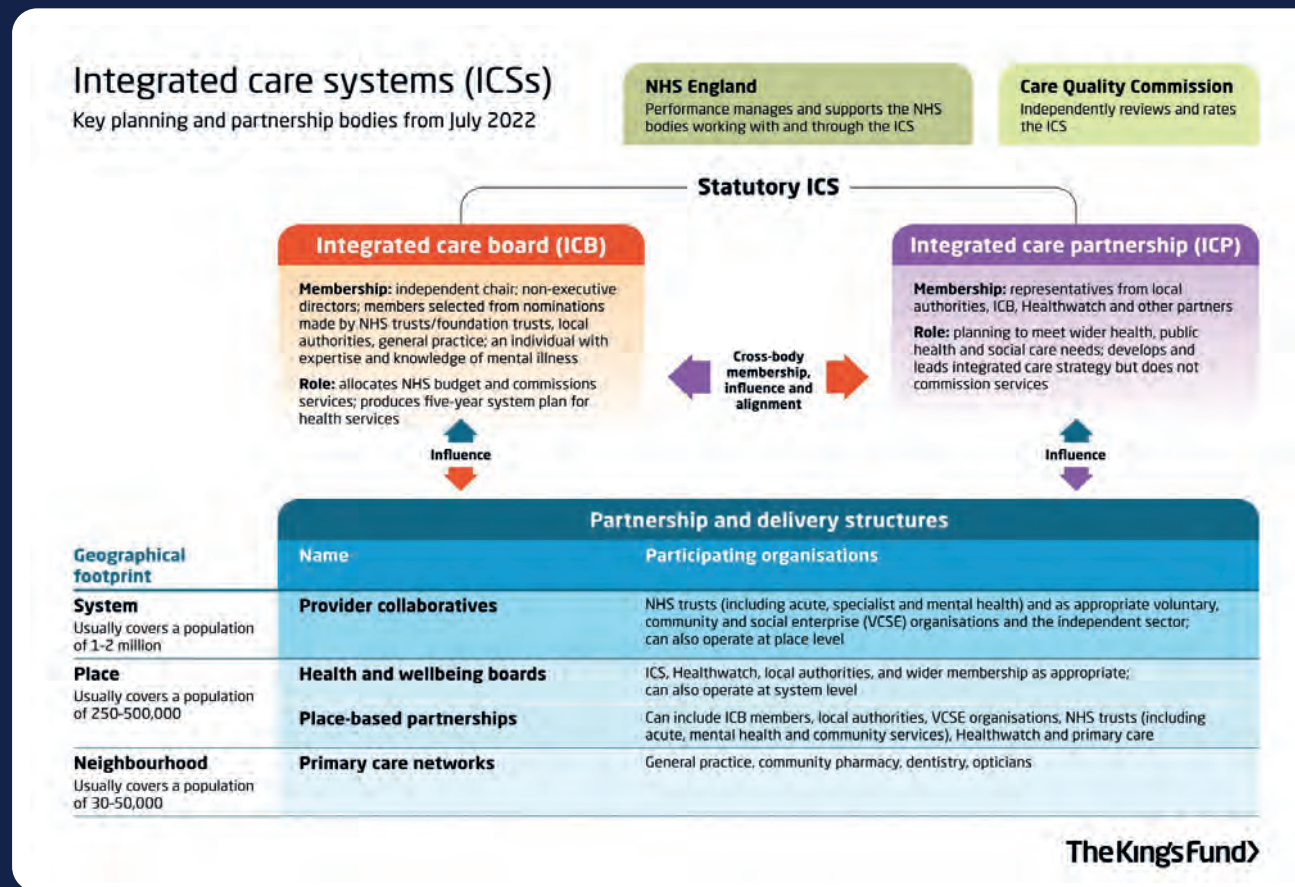
The Health & Care Bill - Our Future Direction

Integration and Innovation: Working together to improve health and social care for all

On 11 February 2021, the Department of Health and Social Care published the White Paper - Integration and Innovation: Working together to improve health and social care for all, which set out legislative proposals for a Health and Care Bill. This received Royal Assent in July 2022.

This brings together proposals that build on the recommendations made by NHS England and NHS Improvement.

The Health and Care system faces many challenges, including chronic staff shortages, deep health inequalities and an urgent need for the long-term reform of social care. The system will work together to find the best way out of these deep-seated challenges. The people that work in the system are more crucial than ever.



Integrated Care Systems: Integration & Collaboration

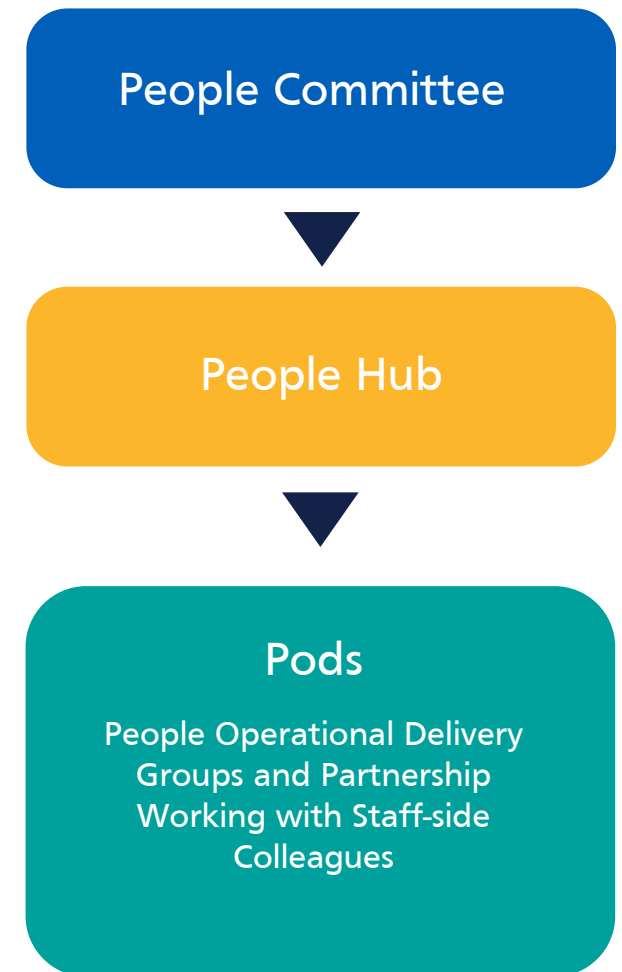
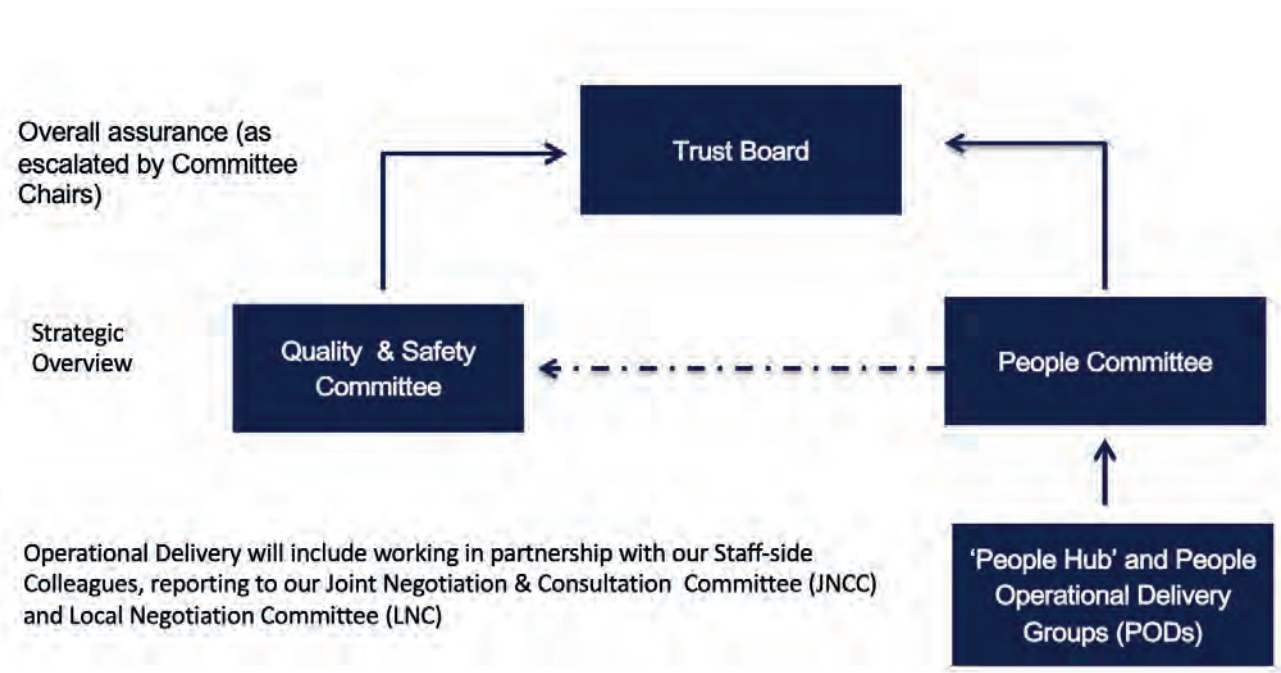
Integrated care systems (ICSs) are geographically based partnerships that bring together providers and commissioners of NHS services with local authorities and other local partners to plan, co-ordinate and commission health and care services. They are part of a fundamental shift in the way the health and care system is organised. The future is that of health and care organisations working together to integrate services and improve population health.

The following diagram and accompanying narrative uses the framework of system, place and neighbourhood to explain how organisations will contribute to system working at these different levels. Many organisations will work across more than one level. This flexibility is an important feature of ensuring ICSs can work effectively to meet local needs. Our staff have a key part to play.

The Trust's PEOPLE Governance Arrangements

We will deliver our People Strategy over a 3 year period through partnership working with internal and external stakeholders. People Operational Delivery Group Action Plans have been introduced to underpin each of the People Plan Pledges and People Promises.

A 'People Hub' has been established to oversee the People Operational Delivery Groups (PODs) which report to the People Committee. The Committee which will monitor progress, along with all the operational aspects of this Strategy.



PEOPLE Operational Delivery Plans

KEY PERFORMANCE INDICATORS (KPIs) to be developed for year on year improvement and reported in line with the Trust's People Committee's business reporting cycle

If we achieve everything we set out in our People Strategy we should see the following:

Increased annual NHS Staff Survey Response Rates

Above peer average for all 9 themes on the national NHS Staff Survey

Turnover rates below the Trust target of 8%

Lower 'Actual' sickness absence rates against the Trust target of 4.8%

Lower 'Rolling' absence rates against the Trust target of 4.8%

Higher Retention Rates (length of service)

Tracked 'onboarding' candidates awaiting appointment to posts and improved induction attendance against the Trust's target of 95%

Personal Development Reviews(PDRs) compliance against the Trust target rate of 85%

An improved experience with PDRs and the quality of Appraisals (Staff Survey results)

Statutory & Mandatory Core Skills Training compliance improved against the Trust targets as set between 85% and 95%

Talent Management and Succession Planning implemented across the Trust

Increased applications from people wanting to work at the Trust

Increased diversity – in particular Senior, Executive and Board level roles

Increased opportunities for BAME staff to access training and development opportunities

Reduction in the number of disciplinary and grievance cases as we embrace the principles of a Just and Learning Culture

Reduced time to deal with disciplinary and grievance cases where the principles of a Just and Learning Culture identify the need to apply formal procedures

More productive use of our resources - maximisation of the Trust's e-rostering system, capacity and demand tools

More staff with agile and flexible working arrangements in place

Increases in the number of staff recommending the Trust to their family and friends as a place to work and receive care/treatment (measured by the NHS Staff Survey)

Collaborative working examples increasing - Integrated Care Teams and increased Multi-disciplinary Working

Evidence of our fulfilling of the NHS People Promises (measured by the NHS Staff Survey)

Increase in Volunteers, Apprenticeships and Work Experience Placements

Freedom to Speak Up – Staff reporting their awareness of the Guardian role across all services and how to access service

Reduction in the use of premium spend for workforce including overtime, on-call, agency and bank

Supporting Strategies, Frameworks and Plans

The People Strategy is an enabler to the Trust's Quality & Place Strategy, the national NHS Long Term Plan, the NHS People Plan and People Promises. There are a number of frameworks and plans that underpin the People Strategy, delivered by the People Hub and People Operational Delivery Groups (PODs):

People Operational Delivery Plans

Staff Engagement Plan

Organisational Development Plan

Leadership Development "Offer"

Talent Management and Succession Planning Frameworks

(Scope for Growth)

Workforce Plans

Glossary

BAME - Black, Asian and minority ethnic

BCHT – Bridgewater Community Healthcare NHS Foundation Trust

HR – Human Resources

ICS – Integrated Care System

ICB – Integrated Care Board

ICP – Integrated Care Partnership

ICT – Integrated Care Team

KPI – Key Performance Indicators

MDT – Multi Disciplinary Teams

NHSE/I – NHS England / Improvement

OD – Organisational Development

POD – People Operational Delivery Group

PDR – Personal Development Review

GOVERNOR DEVELOPMENT PROGRAMME 2023-24

Date	Subject	Delivered by
February	Accountability Framework / Well Led	Jan McCartney
April	Internal Audit	Mersey Internal Audit Agency
June	Risk	Alan Lee
August	Board Assurance Framework (BAF)	Jan McCartney
Extraordinary	Welcome to New Governors	Corporate Governance
October	Integrated Quality Performance Report (IQPR)	Sarah Brennan / BI Team
December	Staff Networks & Inequalities	Ruth Besford
February 2024	Quality Governance	Sue Mackie

Webinar

Governors Learning & Development Event

This event will provide an update on the changing NHS landscape including Integrated Care Systems, Provider Collaboratives and partnership working. We will also provide an update on governance developments within Foundation Trusts and the implications for governors.



24 May
10.00 -
12.30

This is a fantastic opportunity to hear from a panel of experts and will support governors to understand their role in the new governance arrangements.

Book Here

or via MIAA website
www.miaa.nhs.uk

Keynote speakers



Emma Stockwell,
Partner,
Hill Dickinson LLP



Karan Wheatcroft,
Director of Risk &
Improvement,
Liverpool Heart &
Chest Hospital



Daniel Scheffer,
Director of
Corporate Affairs/
Company
Secretary,
Liverpool
University Hospital



Louise Cobain,
Executive
Director of
Assurance, MIAA