

**MINUTES OF A MEETING OF THE BOARD OF DIRECTORS  
 HELD VIRTUALLY IN PUBLIC ON 3 JUNE 2021 AT 9.30 AM,  
 BY MS TEAMS**

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**Present:**

**Voting Directors**

Liam Coleman (LC) (Chair)	Trust Chair
Lizzie Abderrahim (EKA)	Non-Executive Director
Nick Bishop (NB)	Non-Executive Director
Lisa Cheek (LCh)	Chief Nurse
Fariad Chopdat (FC)	Non-Executive Director
Andy Copestake (AC)	Non-Executive Director
Charlotte Forsyth (CF)	Medical Director
Jude Gray (JG)	Director of HR
Peter Hill (PH)	Non-Executive Director
Kevin McNamara (KM)	Chief Executive
Jim O'Connell (JO)	Chief Operating Officer
Sanjeen Payne-Kumar (SP-K)	Associate Non-Executive Director
Julie Soutter (JS)	Non-Executive Director
Helen Spice (HS)	Non-Executive Director
Claire Thompson (CT)	Director of Improvement & Partnerships
Simon Wade (SW)	Director of Finance & Strategy

**In attendance**

Caroline Coles	Company Secretary
Charmaine Durant	Occupational Health Nurse (agenda item 79/21 only)
Kirsty Hart	Quality Governance Facilitator (agenda item 79/21 only)

**Apologies**

Paul Lewis (PL)	Non-Executive Director
Claudia Paoloni (CP)	Associate Non-Executive Director

**Number of members of the Public:** 6 members of public (6 Governors; Chris Shepherd, Roger Stroud, Pauline Cooke, Ashish Channawar, Judith Furse and Janet Jarmin).

**Matters Open to the Public and Press**

Minute	Description	Action
72/21	<p><b>Apologies for Absence and Chairman's Welcome</b>            The Chair welcomed all to the virtual Great Western Hospitals NHS Foundation Trust Board meeting held in public.</p> <p>Apologies were received as above.</p>	
73/21	<p><b>Declarations of Interest</b>            There were no declarations of interest.</p>	
74/21	<p><b>Minutes</b>            The minutes of the meeting of the Board held on 6 May 2021 were adopted and signed as a correct record with the following amendments:-</p>	

Minute	Description	Action
	<p><u>40/21 : Our Care : Summary Hospital Level Mortality Indicator (SHMI) Data Review Report</u> - Change the word 'journey' to 'data' in the 2<sup>nd</sup> paragraph, 2<sup>nd</sup> line.</p> <p><u>43/21 : Gender Pay Gap</u> - Add title of report at end of 1<sup>st</sup> paragraph "(Mend the Gap: The Independent Review into Gender Pay Gaps in Medicine in England).</p> <p><u>43/21 : Gender Pay Gap</u> - Change the last paragraph to "The Board were assured that there had been a comprehensive analysis of the gender pay gaps as at 31 March 2020 and an appropriate action plan was in place."</p>	
75/21	<p><b>Outstanding actions of the Board (public)</b>            The Board received and considered the outstanding action list and noted that:-</p> <p><u>05/21 : Covid vaccinations hesitancy</u> - Included in the Council of Governors discussions around vaccination hesitancy was the wider risk within the Swindon population. There were a range of vaccine delivery models which included the hospital hub however the Trust were responsible for the uptake of hospital staff only and supported Swindon Borough Council through Public Health and Primary Care with the wider Swindon population.</p>	
76/21	<p><b>Questions from the public to the Board relating to the work of the Trust</b>            There were no questions from the public to the Board.</p>	
77/21	<p><b>Chair's Report, Feedback from the Council of Governors</b>            The Board received a verbal update which included:-</p> <ul style="list-style-type: none"> <li>• The Board had been holding virtual meetings since the onset of the pandemic but were now exploring the most viable and safe options to move to hybrid meetings (a mixture of online and face-to-face participation). It was hoped that this would be from July 2021 however would be dependent on a number of factors including government advice. Any change would be published on our website.</li> <li>• A Council of Governors meeting was held on 20 May 2021. The governors were presented with the Trust's Efficiency and Improvement Plan as well as the local priorities for the Quality Accounts. The Chair wished to record his thanks to the Governors for their understanding of the challenges the Trust faced in terms of the governance process and tight timescales with regard to the production of the Quality Accounts this year.</li> <li>• The Trust had received the resignation of David Halik, appointed governor for Wiltshire Council caused by the change in his elective position.</li> <li>• The governors held a virtual visit with the Orthopaedics and Fracture clinic team on 17 May 2021 which gave the governors some insight into the opportunities and concerns within the service.</li> </ul> <p>The Board <b>noted</b> the report.</p>	
78/21	<p><b>Chief Executive's Report</b>            The Board received and considered the Chief Executive's Report and the following was highlighted:-</p> <ul style="list-style-type: none"> <li>• There were a number of staff that were recognised for their hard work and dedication in the Newsquest Swindon and Wiltshire Health and Social Care Awards</li> </ul>	

Minute	Description	Action
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2021.

- Recent media had brought attention to the significant pressure primary care was under. Of note was the Trust's concern around the challenges that our primary care colleagues faced around abuse and criticism. Contrary to media reports our GP practices were open and staff were working extremely hard to accommodate people, however the public should be mindful that services were part of the Trust's recovery plan.
- The numbers of patients with confirmed covid-19 within the Trust were low; however coronavirus was still present and remained a concern. At the time of writing the Swindon case rate was lower than the England average but higher than that of the South West.
- The Trust had now administered more than 62,000 first and second doses as part of the vaccination programme.
- A new Great Care campaign had been launched which would seek to align all initiatives, schemes, quality improvement project and other good work around improving the patient experience under one umbrella.
- The demolition of the old Clover building was completed last week marking an important milestone in the programme to build our new Urgent Treatment Centre.
- In addition to the report it was noted that the Royal United Hospitals Bath NHS Foundation Trust had announced that it had bought Circle Bath – an independent hospital which would secure capacity for NHS patients at a critical time of recovery for NHS waiting lists nationally.

Peter Hill, Non-Executive Director congratulated all the staff award winners but particularly Abbey Meads and Moredon for the GP Practice of the Year award which was testament to the commitment of staff to turn around the practices in such a short space of time. Kevin McNamara, Chief Executive agreed however the staff recognised that there was still work to be undertaken to build on this progress.

Andy Copestake, Non-Executive Director asked if there were any implications to the Trust with regard to the acquisition of a hospital in Bath in terms of diverting resources. Simon Wade, Director of Finance & Strategy confirmed that there would be no impact on capital funding.

The Board **noted** the report.

79/21

**Staff Story**

*Charmaine Durant Occupational Health Nurse and Katie Hart, Quality Governance Facilitator joined the meeting for this agenda item.*

The Board received a presentation which centred on a member of staff's experience working through the pandemic and who had to readjust to working in different roles and locations within the organisation, ending up in the vaccination hub. The challenges faced from the staff member's perspective were described together with the personal development that had resulted.

The Board thanked Charmaine for sharing her story as it added value to the Board in terms of what the organisation had learnt through the pandemic and to take those

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	<p>changes and make the future better for its staff. The main lesson learnt was the importance of communication and support from both a personal and professional aspect.</p> <p>The Board also thanked the vaccination team for their incredible work and significant achievement in rolling out the vaccination.</p> <p>The Board <b>noted</b> the staff story.</p>	
80/21	<p><b>Integrated Performance Report</b></p> <p>The Board received and considered the Integrated Performance Report (IPR) which provided commentary and progress on activity associated with key safety and quality indicators in April/May 2021.</p> <p><b>Part 1 : Our Performance</b></p> <p><b>Performance, People and Place Committee Chair Overview</b></p> <p>The Board received an overview of the detailed discussions held at the Performance, People and Place Committee (PPPC) around the IPR at its meeting on 26 May 2021 and highlighted the following:-</p> <p>Emergency Access - There was significant increase in demand whilst still maintaining Covid safe measures. The Trust was performing well relative to other Emergency Departments in the country and the appropriate actions were being taken to make further improvements.</p> <p>Referral to Treatment Time (RTT) - As like other trusts an incredibly challenging position however there had been a reduction in 52 week waiters and a better than expected recovery in month 1 (April).</p> <p>Diagnostic Wait Time - A slight downturn had been seen partly due to the fact the mobile CT van was no longer available.</p> <p>Cancer Performance - There continued to be significant challenges within the Breast Service, however, actions against the improvement plan were looking positive and an improvement in performance was expected by the summer. Good performance continued across most cancer services against the various targets.</p> <p>Stroke Performance - Continued to perform well.</p> <p>IT Performance Report - A well-received report on positive work however further work was required to understand the risks around the benefit realisation for many of the schemes.</p> <p>Research &amp; Innovation (R&amp;I) Annual Report - The Committee received very positive assurance with regards to R&amp;I at the Trust.</p> <p>Workforce Report - Continued improvements in performance.</p> <p>The Board received and considered the Operational Performance element of the report with the following highlighted:-</p>	

Minute	Description	Action
	<p><u>52 Week Breach Standard</u> - Early estimates for April showed a large reduction in 52-week reportable breaches due to a downturn in referrals during April 2021. However performance was expected to move up and down as patient referrals increased post-Covid.</p>	
	<p><u>4 hr Standard</u> - ED performance remained a key concern for the Trust due to the significant increase in ED attendances month on month. The challenges remained around capacity and social distancing constraints. Action plans were in place which included 'Safer Week' a national initiative where the Trust puts additional support into services to improve the flow of patients through the hospital to enhance patient safety, experience and performance across emergency care.</p>	
	<p>Liam Coleman, Chair commented that the Trust were making all efforts to try and balance between re-establishing elective capacity, dealing with the surge in demand and hospital constraints and asked what support from the Board was required in terms of decision-making or influencing. Peter Hill, Chair of Performance, People and Place Committee replied that the ask was one of tolerance and assured the Board that the Committee considered the recovery plan every month and were holding the team to account who were doing a good job in very difficult situation. Jim O'Connell, Chief Operating Officer agreed with understanding and tolerance as the Trust emerged from a pandemic.</p>	
	<p><b>Part 2 : Our Care</b></p>	
	<p><b>Quality &amp; Governance Committee Chair Overview</b></p>	
	<p>The Board received an overview of the detailed discussions held at the Quality &amp; Governance Committee around the quality element of the IPR at the meeting held on 20 May 2021 and the following highlighted:-</p>	
	<ul style="list-style-type: none"> <li>• All risks were rated an assurance level of amber in terms of risk however all actions were rated green which reflected the effort of the management team.</li> <li>• The Mortality Audit Report was referred from the Audit, Risk &amp; Assurance Committee as a result of an Internal Audit. The Committee were satisfied that actions had been put in place to address the recommendations from the internal audit report and would continue to monitor progress through the quarterly mortality updates.</li> <li>• The Perinatal Quality Surveillance tool showed the Trust remained just short of compliance however this was expected to be resolved in the coming months.</li> <li>• Compliance with the Shine Checklist was green throughout. However since March five additional standards had been added to the list by the department. These related to skin assessment and progress was already being made though not yet green. This would assist the reduction in Pressure Ulcers.</li> </ul>	
	<p>The Board received and considered the Quality element of the report with the following highlighted:-</p>	
	<p><u>Medicine Safety</u> - An additional slide on Medicine Safety had been introduced this month due to a theme coming out of incident reporting. There were 2 key areas of focus; administration in ED and allergies and documentation Focussed improvement work was underway in both areas. It was noted that the numbers of unintended omitted medicines remained consistently low and well below national levels.</p>	

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Patient Safety - There had been a slight reduction in both pressure ulcers and falls however it was recognised that further improvement work was required.

Maternity and Neonatal Safety - A new quality surveillance tool would provide consistent oversight of maternity and neonatal services with the measures reported to Board on a monthly basis. The on-going learning and insight would help to inform improvements in the provision of perinatal services, together with the establishment of a Maternity and Neonatal Safety Champions meeting led by the Lisa Cheek, Chief Nurse and Paul Lewis, Non-Executive Director maternity champion.

Andy Copestake, Non-Executive Director commented that there was a lot of incentive in meeting the CNST maternity standards and asked what confidence was there was in achieving this standard. Lisa Cheek, Chief Nurse replied that the Trust were making good progress and there was no anticipation of any significant risk due to a robust action plan.

Quality Accounts - Due to reduced time scales this year there was a limited consultation compared to previous years with regard to the priorities. Data and information were used from the past year to determine what would make a difference with the following priorities proposed; listening and engaging with our patients, their families and carers; reducing the incidence of hospital acquired pressure ulcers and achieving smooth and effective flow across the hospital and community.

Mortality - The focus on mortality was now around learning particularly with the introduction of the Medical Examiner service which would provide better oversight of all deaths.

Faried Chopdat, Non-Executive Director asked how the learning from the Great Care Campaign would be documented and what were the measures of success. Lisa Cheek, Chief Nurse responded that a framework had been built with priorities and outcomes and the intention was to produce a key performance dashboard which would include other key metrics to show progress. In terms of learning there were a number of ideas which included a learning zone, quality forums and webinars, together with plans to ensure actions had been embedded.

CF

Liam Coleman, Chair asked the Chair of Quality & Governance Committee whether there were any areas of focus to be brought to the Board's attention. Nick Bishop replied that there were no other areas other than as mentioned in respect of the recognition of dying patients which was linked to the mortality report. Charlotte Forsyth, Medical Director confirmed that this would be an agenda item for Quality & Governance Committee in October 2021.

**Action : Medical Director**

### **Part 3 : Our People**

The Board received and considered the workforce performance element of the report with the following highlighted:-

- There had been a better performance this month in terms of workforce planning. Overall temporary workforce was down nevertheless there continued to be reliance on temporary workforce. However the trend was encouraging supported by positive

Minute	Description	Action
	<p>feedback following the introduction of the preferred supplier list.</p> <ul style="list-style-type: none"> <li>• Vacancy rate was low and sickness absence was below target.</li> <li>• There continued to be significant areas with disproportionate vacancies. Work was underway to explore a number of ways to market the Trust particularly in respect of the unique position of having secondary, primary care and community services.</li> <li>• Mandatory training and appraisal rates were close to their targets. The move to a different system, ESR, had been implemented and this may see a dip as staff acclimatised to change.</li> <li>• There was potential impact on overseas nurse's intake due to an immediate pause on all nurse international travel from India as a result of the Red Country status due to the Covid-19 pandemic. Alternative arrangements were being explored to keep the gap to a minimum.</li> <li>• Roll out of e-roster to the medical workforce had commenced in Obstetrics &amp; Gynecology with a plan to rollout across the rest of the medical departments.</li> <li>• Planning for the annual flu campaign had commenced this month with the requirement to align with the on-going Covid-19 vaccination programme.</li> <li>• Further funding had been secured to develop the nursing workforce.</li> <li>• In July a new Head of Learning would join the Academy.</li> </ul> <p>Liam Coleman, Chair asked how the funding to develop the nursing workforce would be deployed. Jude Gray, Director of HR replied that there was strict criteria to use this money. This was year 2 funding over a 3 year period and the Trust would build on the plans produced last year. Lisa Cheek, Chief Nurse added that the Trust were exploring the option of employing a small team of practice educators within the clinical setting.</p> <p>Kevin McNamara, Chief Executive updated on the Executive team in that following a Remuneration Committee on 26 May 2021 new appointments had been made for a Medical Director, Jon Westbrook currently at Oxford University Hospitals NHS FT and a Chief Operating Officer, Felicity Taylor-Drew at Gloucester Hospitals NHS FT. Both would start at the end of summer.</p>	
	<p><b>Finance &amp; Investment Committee Overview</b></p>	
	<p>The Board received an overview of the detailed discussions held at the Finance &amp; Investment Committee around the financial element of the IPR at the meeting held on 24 May 2021 and the following highlighted:-</p>	
	<p><u>Income and Expenditure</u> - Month 1 was only a £2k deficit against a breakeven budget. However, the amber rating reflected concerns from the Committee on the shortfall in the Cost Improvement Programmes (CIPs) achieved in the month. Also, pay costs were above plan, which was a cause for concern this early in the financial year.</p>	
	<p><u>Financial Planning : 1<sup>st</sup> Half of Year</u> - The financial regime for the first 6 months of 2021/22 would broadly follow the pattern from 2020/21 with enhanced monthly block payments. The Committee approved the H1 revenue budget on behalf of the Board, however the amber rating on actions reflected concerns over CIP delivery and Pay control within the agreed plan.</p>	
	<p><u>Financial Planning : 2<sup>nd</sup> Half of Year</u> - The second half of the year would probably be much more challenging from a finance perspective. Central guidance had still not been received and if the regime reverted to the pre-Covid regime the Trust would, again, be facing a substantial operating deficit.</p>	

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Capital Expenditure - The capital expenditure for the year had been approved. There were a number of unfunded projects in the new financial year. Phasing of the budget would be picked up at the next meeting to ensure there were no undue pressure to spend in the latter part of the year.

Debtors in depth review - Good progress had been made in resolving a number of long-standing issues in this area and reducing debt levels.

Business Cases - One business case was approved for automated endoscope washer/dryer.

Contracts - Three contracts were approved; replacement and maintenance of automated endoscopy washer, novation of 6 pathology contracts and maintenance of Siemens equipment.

The Board received and considered the use of resource performance element of the report with the following highlighted:-

- The in month and year to date position was a deficit of £2k against a plan of breakeven, an adverse variance of £2k.
- The Trust income was above plan by £293k year to date due to Education & Training funding received from HEE and Carbon Energy Fund, both of which are matched by costs.
- Pay was £145k overspent in month and year to date. The in month position included nursing overspend of £299k and medical overspend of £48k which were offset by underspends within scientific, technical and admin staff.
- Non -pay expenditure was overspent by £150k in month and year to date. The in month position included a savings target of £169k of which £34k had been achieved.
- The Trust capital plan for 2021/22 was £33,493k including the UEC Clover project and Way Forward Programme. A contingency of £541k (CDEL) was being held centrally to mitigate any potential risks arising in year.

Liam Coleman, Chair noted a reference from Performance, People and Place Committee with regard to an update on Research & Innovation (R&I) and asked in respect of income and expenditure how much income was brought in via R&I and what were the costs associated to this. Simon Wade, Director of Finance & Strategy replied that this was being monitored and would be brought into future financial reports.

Liam Coleman, Chair asked if there were any indications on when the guidance for H2 would be published. Simon Wade, Director of Finance & Strategy replied that possibly late August/September however the Trust continued with internal planning processes.

**RESOLVED**

***to review and support the continued development of the IPR and the on-going plans to maintain and improve performance.***



Minute	Description	Action
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81/21 **Chair of Charitable Funds Committee Board Assurance Report**

The Board **noted** the report.

**Consent Items**

*Consent Items Note – these items are provided for consideration by the Board. Members were asked to read the papers prior to the meeting and, unless the Chair / Company Secretary received notification before the meeting that a member wished to debate the item or seek clarification on an issue, the items and recommendations would be approved without debate at the meeting in line with the process for Consent Items. The recommendations would then be recorded in the minutes of the meeting.*

82/21 **Ratification of Decisions made via Board Circular/Board Workshop**

None.

83/21 **Urgent Public Business (if any)**

None.

84/21 **Date and Time of next meeting**

It was noted that the next virtual meeting of the Board would be held on 1 July 2021 at 9:30am via MS Teams.

85/21 **Exclusion of the Public and Press**

**RESOLVED**

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

The meeting ended at 1520 hrs.

Chair .....

Date.....