

**MINUTES OF A MEETING OF THE BOARD OF DIRECTORS HELD IN PUBLIC
 AT THE DOUBLE TREE HILTON, SWINDON AND VIA MS TEAMS
 ON 2 SEPTEMBER 2021 AT 9.30 AM**

Present:

Voting Directors

Liam Coleman (LC) (Chair)	Trust Chair
Lizzie Abderrahim (EKA)	Non-Executive Director
Nick Bishop (NB)*	Non-Executive Director
Paul Lewis (PL)	Non-Executive Director
Lisa Cheek (LCh)	Chief Nurse
Faried Chopdat (FC)*	Non-Executive Director
Andy Copestake (AC)	Non-Executive Director
Jude Gray (JG)	Director of HR
Peter Hill (PH)*	Non-Executive Director
Kevin McNamara (KM)	Chief Executive
Julie Soutter (JS)	Non-Executive Director
Helen Spice (HS)	Non-Executive Director
Felicity Taylor-Drewe (FT-D)	Chief Operating Officer
Claire Thompson (CT)	Director of Improvement & Partnerships
Simon Wade (SW)	Director of Finance & Strategy
Jon Westbrook (JW)	Medical Director

In attendance

Caroline Coles	Company Secretary
Maria Cuzon*	LD Liaison Nurse (observing)
Tim Edmonds*	Head of Communications
Hayley Moore*	Ward Manager Beech Ward (<i>agenda item 161/21 only</i>)
Jim O'Connell*	Former Chief Operating Officer (<i>agenda item 154/21 only</i>)

Apologies

Sanjeen Payne-Kumar	Associate Non-Executive Director
Claudia Paoloni	Associate Non-Executive Director

Number of members of the Public*: 4 members of public (including Governors; Pauline Cooke, Chris Shepherd, Arthur Beltrami and Janet Jarmin).

*Indicates those members attending virtually by MS Teams.

Matters Open to the Public and Press

Minute	Description	Action
154/21	<p>Apologies for Absence and Chairman's Welcome <i>Jim O'Connell, former Chief Operating Officer attended for this part of the meeting.</i></p> <p>The Chair welcomed all to the hybrid Great Western Hospitals NHS Foundation Trust Board meeting held in public, particularly Jim O'Connell who had been invited to the meeting in order for the Board to express their thanks for his contribution to the Trust over the years in his role as Chief Operating Office. Jim had seen the Trust go through enormous periods of change and volatility particularly in the last year during the pandemic. The Chair, on behalf of the Board, governors and all patients, thanked Jim for</p>	

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	<p>all his hard work and effort and wished him every success for the future.</p> <p>The Chairman wished to also pay tribute to Charlotte Forsyth, who was unable to attend the meeting, in her role as Medical Director. Although Charlotte had been hit by the pandemic in the early days she had worked tirelessly and incredibly hard remotely. The Chair, on behalf of the Board, governors and all patients, thanked Charlotte for her valuable contribution to the work of the Trust.</p> <p>It was noted that this was the first Board to be held both virtually and face to face, known as a hybrid meetings, in order for the Trust to try to move forward in this still uncertain environment in terms of covid. This was intended to provide choice to join in a particular format however guidance and circumstances would be carefully monitored for any future format.</p> <p>Apologies were received as above.</p>	
155/21	<p>Declarations of Interest There were no declarations of interest.</p>	
156/21	<p>Minutes The minutes of the meeting of the Board held on 5 August 2021 were adopted and signed as a correct record.</p>	
157/21	<p>Outstanding actions of the Board (public) The Board received and considered the outstanding action list and the following noted:-</p> <p><u>138/21 : Audit, Risk & Assurance Committee Board Assurance Report : Freedom to Speak Up</u> - It was confirmed that individuals were advised of the outcome of any freedom to speak up case but in a sensitive and confidential way.</p>	
158/21	<p>Questions from the public to the Board relating to the work of the Trust There was one question from the public to the Board with regard to the Radiology service. There followed a question around sharing patients records and system sharing policies. It was noted that both were under review.</p>	
159/21	<p>Chair's Report, Feedback from the Council of Governors The Board received a verbal update which included:-</p> <p><u>Governor Elections</u> - Governor elections for the following constituencies would take place during September 2021 for Central and Southern Wiltshire, Northern Wiltshire and West Berkshire, Oxford, Gloucestershire, Bath and NE Somerset.</p> <p><u>Annual Members Meeting</u> – The Trust’s Annual Members Meeting would take on Tuesday 21 September 2021 and this meeting was open to the public.</p> <p><u>Board Workshop</u> – The Board held a workshop on 5 August 2021 on Health Inequalities which included a presentation from Swindon Public Health. Kevin McNamara, Chief Executive added that Claire Thompson, Director of Improvement & Partnerships was the lead on health inequalities and any formal actions would come to Board following discussions from the Board Development that was currently taking place and off the back of this workshop. It was noted that the anchor concept within the Integrated Care System</p>	

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	<p>was the overarching strategy and that the Trust would have more clarity on this approach by the end of the year.</p> <p>Lizzie Abderrahim, Non-Executive Director asked which Board committee would this discussion occur. Kevin McNamara, Chief Executive replied that currently this would be Performance, People & Place however the Board Committee structure was under review.</p> <p>The Board noted the report.</p>	
160/21	<p>Chief Executive's Report</p> <p>The Board received and considered the Chief Executive's Report and the following was highlighted:-</p> <p><u>Current Pressures</u> - The whole health system, including the hospital, were still experiencing very high non-elective demand. The pressure on the Emergency Department had led to increased delays for ambulance handovers and measures had been put in place to mitigate this. The Trust held its second 'SAFER week' to focus efforts on safe and timely discharge to help ensure a good flow of patients through the hospital in the run up to the Bank Holiday weekend. It was noted that there had also been an increased number of admissions of children with respiratory syncytial virus (RSV), and the Trust were closely monitoring this trend.</p> <p>The Urgent Care Centre remained closed overnight which would continue until September 2021 due to difficulties in staffing.</p> <p><u>Covid-19</u> - The Trust had seen an increase in the number of patients in the hospital with confirmed or suspected Covid-19 in recent weeks. An increasing number of these patients needed treatment in our Intensive Care Unit (ICU).</p> <p>Jon Westbrook, Medical Director noted that half of the patients in ICU were pregnant women and the Trust would endeavour to do all it would to get pregnant women access to the vaccination. Liam Coleman, Chair asked for clarification on the guidelines. Jon Westbrook, Medical Director replied that the guidelines were clear that pregnant women should get vaccinated however recognised this was still a difficult decision.</p> <p><u>Staff Recognition</u> - A number of events were planned to recognise staff and families for their great work and support over such a challenging period.</p> <p><u>Senior Appointments</u> - A warm welcome was extended to two new members of the Executive Team, Felicity Taylor-Drewe had joined as Chief Operating Officer from Gloucestershire Hospitals NHS Foundation Trust and Jon Westbrook had joined as Medical Director from Oxford University Hospitals NHS Foundation Trust.</p> <p>Also congratulations to Rayna McDonald and Luisa Goddard who had been appointed to two substantive Deputy Chief Nurse roles.</p> <p>The Board noted the report.</p>	
161/21	<p>Patient Story</p>	

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	<p><i>Hayley Moore, Ward Manager Beech Ward joined the meeting for this agenda item.</i></p> <p>The Board received a patient story which highlighted the experience a patient had on Beech Ward whilst dealing with a complex gynaecological condition. This story was a good example of a specialist nurse led ward. Although the majority of the experience was positive there were certain aspects of care that could be improved, namely on administering pain relief. As a result a different way of working was implemented so that there was no gap in prescribing.</p> <p>There followed a discussion which included shared learning, sharing medical records and embedding a learning culture.</p> <p>The Chair thanked Hayley for sharing the story.</p> <p>The Board noted the patient story.</p>	
162/21	<p>Integrated Performance Report</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 June/July 2021.</p> <p>Part 1 : Our Performance</p> <p>Performance, People and Place Committee Chair Overview</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 25 August 2021.</p> <p>It was recognised that in the evolving assurance and rating discussions within the board committee meetings the narrative was an important part of the process when determining an assurance rating. It was also acknowledged that this was a point in time.</p> <p>Peter Hill, Chair of the Performance, People & Place Committee (PPPC) wished to recognise that Felicity Taylor-Drewe, Chief Operating Officer (COO) had attended the last 3 meetings before taking up the appointment of COO which had been quite a commitment and helpful to get up to speed before starting.</p> <p>The following was highlighted:-</p> <p><u>Recovery Plans</u> - The Committee acknowledged that the Trust had failed to meet the revised national target and the target that GWH set itself, but work had progressed within specialties to improve recovery.</p> <p><u>Board Assurance Framework</u> - The Committee noted that this continued to be work in progress and that a Board workshop on Risk Management followed this meeting.</p> <p><u>Emergency Department (ED)</u> - High demand and lengthy ambulance turnaround continued. The Trust was awaiting further guidance on the new standards that were about to be introduced and a new management plan was in place, however the Trust was still waiting to see improvement and the Committee would monitor closely for the next few months.</p> <p><u>Referral to Treatment (RTT)</u> - The Trust performance remained static. There were</p>	

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	<p>some concerns around anaesthetic staffing and its impact on Elective activity, this was being reviewed and recommendations expected to be made that will form part of a recovery plan for the service.</p> <p><u>Diagnostic Performance (DMO1)</u> - Performance had improved from May to June 2021 and a decrease was seen in the wait list size. Waiting lists and breaches were expected to increase due to reduced CT van capacity, staff vacancies and overdue surveillance lists which would impact on the Trust's performance going forward.</p> <p><u>Cancer Performance</u> - There had been on-going issues around two week wait and recovery would be delayed until October 2021. The Committee acknowledged the pressure on the system. A deep dive was scheduled for the next meeting.</p> <p><u>Stroke Performance</u> - Stroke performance had been discussed in more depth at the July 2021 meeting and since then an increase had been seen in demand with multiple patients arriving on site at the same time which had caused some delays in admittance.</p> <p><u>IT</u> - The team had demonstrated good progress on a number of fronts whilst recognising the challenges ahead. The amber rating reflected the vacancy for a Director of IT.</p> <p><u>Community Performance</u> - Great work had been achieved in this area however there were a number of risks and a lot of pressures within the community and primary care division that the team were working hard to overcome and make improvements.</p> <p><u>Workforce</u> - Whilst acknowledging risks the Committee was assured by management actions. The amber rating reflected the dynamic and challenging environment.</p> <p><u>Equality, Inclusion & Diversity (EDI)</u> - The Committee were pleased to read the work that was being done around EDI as presented in the Annual Report.</p> <p><u>PAM submission</u> - The Committee were assured on behalf of the Trust Board to approve the submission, whilst noting that there were several issues to be addressed going forward (as identified in the submission).</p> <p>Liam Coleman, Chair recognised that there were key areas to keep close observation, namely ED pressures and the recovery programme. For the Board the recovery programme was vital and should not remain static however recognised that the nature of the covid environment, which constantly changed, together with certain factors not in the Trust's control all impacted on the plans for recovery. The Board recognised the in-depth and up to date discussions at the Board Committees and that it was for the Board Committees to determine whether escalation to Board for any decisions on resource realignment was required.</p> <p>The Board received and considered the Operational element of the report with the following highlighted:-</p> <p><u>Stroke Performance</u> - Although as yet to be validated the anticipated GWH Sentinel Stroke National Audit Programme (SSNAP) Audit Score for Q1 was a level B.</p> <p><u>Cancer Performance</u> - It was noted that a number of cancer patients had been contacted due to their current patient choice status as 'awaiting treatment post covid-19 in order to have a clear pathway going forward.</p> <p><u>RTT Recovery</u> - In H2 the Trust would be introducing modelling and forecasting and</p>	

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	<p>more detail would come through the Board committee.</p> <p>There followed a discussion with regard to forecasting and modelling not only for acute local demand but also for system working. The Chief Executive and Chief Operating Officer would pick this up and link within the system conversations linking it to inequalities.</p> <p>Action : Chief Executive</p>	KM
	<p>Part 2 : Our Care</p> <p>Quality & Governance Committee Chair Overview</p> <p>The Board received an overview of the detailed discussions held at the Quality & Governance Committee around the quality element of the IPR at the meeting held on 19 August 2021 and the following highlighted:-</p> <p><u>Electronic Discharge System (EDS)</u> - The Committee was again disappointed at the lack of progress. The trust's failure to meet a contractual requirement constituted a red rating. Whilst accepting that a new computer system would go some way to addressing this matter the Committee believed there were other approaches that could be used meanwhile in order to improve performance.</p> <p><u>Ockenden Report</u> - Although there had been continued improvement, concern was raised at the c£200,000 shortfall in NHS funding to meet the planned investment.</p> <p>Liam Coleman, Chair asked if the £200k funding was not received would the Trust be able to find the shortfall. Paul Lewis replied in his capacity as Non-Executive Director Maternity Champion that discussions and actions were in place to resolve this issue both locally and in the wider system and this would be worked through in the next 4-6 weeks. Andy Copestake, Chair of Finance & Investment Committee (FIC) added that this had also been raised at FIC as there was some concern that the shortfall figure kept moving. Lisa Cheek, Chief Nurse clarified that the confusion resulted from pulling all maternity areas together and that there were other funding streams to include. In undertaking a whole maternity approach this would enable an understanding of all gaps to be addressed in terms of maternity and safety.</p> <p>There followed a discussion that linked back to board assurance and risk appetite. It was acknowledged that as a Board there was no risk appetite to not delivering on the Ockenden recommendations and therefore the Trust would have to find sufficient funds to meet the shortfall. It was agreed that the timescale to revisit this would be at the November 2021 Board meeting, tracked through the Quality & Governance Committee.</p> <p>Action : Chief Nurse</p>	LCh
	<p>It was noted that this decision could impact on the Trust's use of resources CQC rating and therefore a clear audit trail would be required to evidence the factors that contributed to a possibly low rating and clearly demonstrating where the Trust had put its priorities.</p> <p>Julie Soutter, Non-Executive Director commented that the public view data for complaint rates and Friends and Family Test appeared low against a backdrop of patient experience rated green/green in the board committee assurance report. Lisa Cheek, Chief Nurse replied that the public view data for Q4 was expected to improve and more in line nationally and locally. In terms of the board committee assurance report there were a variety of reports considered on how the Trust was learning which encapsulated the</p>	

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	<p>whole patient journey where improvements had been made and hence the green/green rating. Kevin McNamara Chief Executive added that the Board should be mindful in comparatives that the Trust had a higher risk due to the mix of services, including Primary Care, which the other acute hospitals in the BSW system did not have.</p> <p>The Board received and considered the Quality element of the report with the following highlighted:-</p> <p><u>Serious Incidents (SIs)</u> - There had been a real focus not only to reduce the number of SIs, which were now down to 16 from 63 in March 2021, but also to learn from the incidents. The next steps, once the backlog (due to covid) had been completed, was to look at the processes and the more wider themes and the outcome would go through the governance structure.</p> <p>Part 3 : Our People</p> <p>The Board received and considered the Workforce performance element of the report. It was noted that October 2021 was Black History month and that the Trust's BME network would lead on a Trust event on 14 October 2021, more detail would be included in next month's report.</p> <p>Finance & Investment Committee Overview</p> <p>The Board received an overview of the detailed discussions held at the Finance & Investment Committee around the financial element of the IPR at the meeting held on 23 August 2021 and the following highlighted:-</p> <p><u>Month 4 Position</u> - Another good month with all the main indicators green. The only concern this month was Theatre stocks where an accrual of £498k had been made to correct a potential stock discrepancy. This was being investigated.</p> <p><u>Expenditure Trends</u> - The Committee welcomed the first report of its kind on expenditure trends in the Trust over recent years, accepting that Covid had a marked effect on expenditure levels over the last 18 months. The red risk rating reflected the significant challenge to reduce expenditure levels post-Covid and the amber rating on management actions reflected that this report was work in progress.</p> <p><u>Finance Risk Register</u> - A good discussion on the Finance Risk Register. The amber rating on management actions reflected the need to address a small number of housekeeping and timing issues.</p> <p><u>Board Assurance Framework</u> - The Committee discussed the revised BAF and was assured that there was good linkage between the Finance Risk Register and the BAF. The new layout appeared to work well, including an extensive list of flags and associated actions. Whilst this was still work in progress, the Committee was assured that the strategic risk was being managed effectively.</p> <p><u>Strategic Planning Framework</u> - A good paper setting out a revised approach to system and organisational planning. The Committee was pleased to see good linkage between Finance, Operations and HR in the planning process. The Committee approved the new approach; however gave an amber/amber rating on the basis of emergent timelines, responsibilities and links to overall system approach.</p> <p><u>Procurement</u> - The Committee approved a one year extension to the contract for</p>	

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outsourced diagnostic services to University Hospitals Southampton NHS FT.

Andy Copestake, Chair of FIC added that the two main concerns at the Committee were the significant challenge to reduce the deficit which was moving in the wrong direction year on year and the increasing cost index. It was noted that an updated driver report across the BSW system was due which would help with these concerns.

The Board received and considered the Use of Resource performance element of the report and the items highlighted included the Cost Improvement Programme (CIPs), capital spend and the planning process.

RESOLVED

- (a) to review the IPR and the on-going plans to maintain and improve performance; and,**
- (b) that maternity was a priority area in terms of funding and meeting the Ockenden recommendations.**

163/21 Mental Health Governance Committee Board Assurance Report

The Board received an overview of the discussions held at the Mental Health Governance at the meeting held on 2 July 2021.

The risks were discussed and of particular note were those that the Trust were exposed to due to 3rd party organisations which included Deprivation of Liberty Safeguards (DoLs) – a future obligation for the Trust, and, Children and Mental Health Services (CAMHS) – a current state of demand vs capacity and one that was a national issue with the shortage of mental health beds.

Andy Copestake, Non-Executive Director asked why the impact on ED due to lack of mental health beds had only been raised informally with the BSW System. Lisa Cheek, Chief Nurse replied that there was no easy solution however concerns were being raised within the BSW system. Claire Thompson, Director of Improvement and Partnerships added that this would be part of transformation as an ICA and ICS to see how we work together across the organisations.

Faried Chopdat, Non-Executive Director commented that there were clear constraints in resources and finding new ways of working was a significant challenge and required a long term plan, in this context when would the assurance turn green. Lizzie Abderrahim, Chair of Mental Health Governance Committee replied that this would remain red for a considerable long time as there were real long standing structural issues and not ones that the Trust could address on its own. Lisa Cheek, Chief Nurse agreed however emphasised that the Trust were doing what was in its control in terms of right environment and right training for staff in all areas.

Further discussions followed on the issue which included funding, national context, AWP, and learning from other ICS regions.

One particular area of discussion was around priorities. Following a robust discussion the Board agreed that supporting mental health was a priority area.

RESOLVED

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	<p>(a) <i>to note the report; and,</i></p> <p>(b) <i>to support mental health as a priority area both in terms of locally and at a system level.</i></p>	
164/21	<p>Responsible Officer Annual Report</p> <p>The Board received and considered the Responsible Officer annual report which outlined the issues and actions that had taken place during 2020/21. Due to covid this report was not submitted in 2020. The following was highlighted:-</p> <ul style="list-style-type: none"> • Jon Westbrook the new Medical Director had completed the Responsible Officer training. • Robust pre-employment tests were now in place with regard to locums with a connection to other trusts. • The appraisal process covered all aspects of clinical practice not just at the Trust. • The benefits of linking job planning with the appraisal process. <p>A discussion followed on further considerations for next year which included governance primary care, together with a further follow up through the Audit, Risk and Assurance Committee in terms of internal audit recommendations and register of interests.</p> <p>Action : Medical Director</p> <p>RESOLVED</p> <p>(a) to approve the Annual Responsible Officer Report for sign off by the Chair or Chief Executive.</p>	JW
165/21	<p>Equality, Diversity and Inclusion (EDI) Annual Report</p> <p>The Board received and considered the Equality, Diversity & Inclusion Annual Report which provided evidence of progress and achievements during the period. The following was highlighted:-</p> <ul style="list-style-type: none"> • The Trust focussed on both patient and work force EDI. • Improved working within the BSW system. • Strengthened links with community groups. • Introduced a pilot mentoring programme. • Refreshed the BAME network and launched the Differently Abled Network (formerly named the Disability Equality Network). • Future work included taking the actions from the WRES and WDES. <p>A number of changes were proposed and agreed which included information around religion and belief, and adding primary care before publication.</p> <p>Lizzie Abderrahim, Non-Executive Director commented that there had been a significant improvement in the production of the report and asked for some assurance that the role of ED&I Lead would continue as currently it was an interim post funded by Charitable Funds. Jude Gray, Director of HR replied that the intention was to submit a funding bid into the financial planning round to secure a substantive Lead for the future.</p> <p>Fariad Chopdat, Non-Executive Director asked if there was an overall governance body</p>	

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for all the networks. Jude Gray, Director of HR responded that the EDI Lead co-ordinated the networks and all network chairs attended the quarterly Trust EDI Group with Lizzie Abderrahim as Non-Executive Director representative.

Fariel Chopdat, Non-Executive Director asked a further two questions around data collection particularly the root cause in why people did not include certain information and whether there was more recent information than that contained in the snapshot of Swindon. Jude Gray, Director of HR replied that this was the latest Swindon data, and as for declaration of information this would be a future piece of work to encourage people to declare.

RESOLVED

to approve the EDI annual report before publication subject to amendments reflected in the meeting.

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.

166/21 **Ratification of Decisions made via Board Circular/Board Workshop**
None.

167/21 **Urgent Public Business (if any)**
None.

168/21 **Date and Time of next meeting**
It was noted that the next virtual meeting of the Board would be held on 7 October 2021 at 9:30am to be held at the Double Tree, Hilton, Swindon and via MS Teams.

169/21 **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 1527 hrs.

Chair Date.....