

**MINUTES OF A MEETING OF THE BOARD OF DIRECTORS
HELD VIRTUALLY IN PUBLIC ON 1 JULY 2021 AT 9.30 AM,
BY MS TEAMS**

Present:

Voting Directors

Liam Coleman (LC) (Chair)	Trust Chair
Lizzie Abderrahim (EKA)	Non-Executive Director
Lisa Cheek (LCh)	Chief Nurse
Fariied 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
Paul Lewis (PL)	Non-Executive Director
Kevin McNamara (KM)	Chief Executive
Jim O'Connell (JO)	Chief Operating Officer
Sanjeen Payne-Kumar (SP-K)	Associate Non-Executive Director
Claudia Paoloni (CP)	Associate Non-Executive Director (part)
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
Tim Edmonds	Head of Communications
Alex Harrington	Head of Podiatry Therapy (agenda item 108/21 only)
Jill Kick	Head of Integrated Services & Community Therapy (agenda item 108/21 only)
Christina Rattigan	Head of Midwifery (agenda item 110/21 & 111/21 only)
Emma Churchill	Deputy Divisional Director, Women & Children Service ((agenda item 110/21 & 111/21 only)

Apologies

Nick Bishop (NB)	Non-Executive Director
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Number of members of the Public: 6 members of public (4 Governors; Chris Shepherd, Maggie Jordan, Arthur Beltrami and Janet Jarmin).

Matters Open to the Public and Press

Minute	Description	Action
101/21	Apologies for Absence and Chairman's Welcome The Chair welcomed all to the virtual Great Western Hospitals NHS Foundation Trust	

Minute	Description	Action
	Board meeting held in public.	
	Apologies were received as above.	
102/21	Declarations of Interest There were no declarations of interest.	
103/21	Minutes The minutes of the meeting of the Board held on 2 June 2021 were adopted and signed as a correct record with the following amendments:- <u>80/21 / IPR / Our Care / Maternity & Neonatal Safety</u> : Change the word 'investment' to 'incentive' in the 2 nd paragraph 1 st line. <u>80/21 / IPR / Our Care / Mortality</u> : Change 'next month' to 'October 2021' in last paragraph last line. <u>80/21 / IPR / Our People</u> : Change the word 'headcount' to 'temporary workforce' in the 1 st bullet point 1 st line. <u>80/21 / IPR / Our People</u> : Change 'Tracey' to 'Felicity' in last paragraph 3 rd line.	
104/21	Outstanding actions of the Board (public) The Board received and considered the outstanding action list and noted that:- <u>80/21 / IPR / Our Care</u> - The report around recognition of dying patients was due in October 2021 not July 2021 to Quality & Governance Committee. The Board noted the questions	
105/21	Questions from the public to the Board relating to the work of the Trust There were two questions from the public to the Board which were on staffing in the Swindon Intermediate Care Centre (SwICC) and Waiting Lists.	
106/21	Chair's Report, Feedback from the Council of Governors The Board received a verbal update which included:- <ul style="list-style-type: none"> • The Trust had hoped to move to hybrid meetings for this month's Board meeting, however due to the continued covid restrictions in place this had not been possible. The revised anticipated date to move to hybrid meetings was September 2021, however once again this would be dependent on government advice. Further details would be found on the Trust's website. The Chair noted that various options for locations had been put forward by a number of parties however the suitability of any venue would have to meet a variety of criteria. 	

Minute	Description	Action
	<ul style="list-style-type: none"> • A Joint Board and Council of Governors meeting was held on 14 June 2021 and the governors were given updates on the Integrated Care System (ICS), site developments and organisational restructure. • The governors held a virtual visit with the ICU team on 16 June 2021. <p>The Board noted the report.</p>	
107/21	<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>Covid Position</u> - There had been a slight rise in the number of patients with confirmed Covid within the hospital over the last few weeks, although numbers remained low in comparison to the first and second waves. In addition to Covid, the Trust were also planning for a potential increase in cases of paediatric respiratory syncytial virus (RSV) due to Covid as there had been almost two seasons of children who may have no immunity due to decreased social interaction.</p> <p>Andy Copestake, Non-Executive Director asked what the profile of the covid patients were and whether there was any pressure on ICU. Charlotte Forsyth, Medical Director replied that the patients were younger in age, not vaccinated and not requiring intensive care. However in relation to intensive care this was not the case with the Trust's two neighbouring hospitals and there was a concern that this could change.</p> <p>Liam Coleman, Chair asked about the plans for a booster vaccination. Charlotte Forsyth, Medical Director replied that no information had been received as such however it was anticipated that this would be business as normal and driven by the primary care networks as per the flu vaccination. Kevin McNamara, Chief Executive added that this would result in the Trust scaling down its vaccine response at the end of September 2021 and focus on staff support in this area.</p> <p><u>Vaccination Programme</u> - The vaccination programme had hit a significant milestone with 1m vaccines administered.</p> <p><u>CQC</u> - The CQC had published its new strategy, which places a real focus on relationship-building and indicates a move away from scheduled inspections to a more flexible and targeted approach.</p> <p>Julie Soutter, Non-Executive Director asked if the Key Lines of Enquiries (KLOEs) would change as these were linked to a variety of documents within the Trust. Lisa Cheek, Chief Nurse replied that the framework that underpinned the strategy had not changed at the moment.</p> <p><u>Integrated Care System (ICS) Development</u> - A 2-day workshop had been attended by</p>	

Minute	Description	Action
	<p>various Executive Directors to develop the Swindon Place-Based element of the ICS which would underpin the Memorandum of Understanding (MOU) to be signed by the end of the summer.</p> <p>The Board noted the report.</p>	
108/21	<p>Patient Story <i>Jill Kick, Head of Integrated Services & Community Therapy and Alex Harrington, Head of Podiatry joined the meeting for this item.</i></p> <p>The Board received a patient story which highlighted how integrated care supported a vulnerable patient in managing appointments. This story was a good example of a different way of approach in delivering patient care whilst utilising established pathways. As a result of the new approach the podiatry and dental treatments were completed in one session for this patient.</p> <p>Lizzie Abderrahim, Non-Executive Director asked what would have happened to the patient if this different approach had not been undertaken. The response was that the patient would have been referred for further intervention and added to a waiting list.</p> <p>Liam Coleman, Chair recognised that the benefit of hearing patient's stories was so the organisation could learn from their experiences to continually improve the services the Trust provided and asked if there was anything that the Trust could do to make integration more effective. The response was for all services to focus on patient pathways and for all staff to understand their roles and responsibilities within those pathways. There were many examples of services that were working in this way however further work was required in this area.</p> <p>Liam Coleman, Chair thanked Jill and Alex for sharing their story and recognised the importance of integration to the organisation as the Trust was not just an acute hospital but also had community and primary care services and therefore had to learn how to truly integrate.</p> <p>The Board noted the patient story.</p> <p><i>Claudia Paoloni joined the meeting.</i></p>	
109/21	<p>Integrated Performance Report 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>	

Part 1 : Our Performance

Performance, People and Place Committee Chair Overview

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 23 June 2021 and highlighted the following:-

Cancer - The Committee were assured that based on the current trajectory and management plan improvements would be seen in the Breast Service by August 2021. Short term access issues had been experienced in G.I. due to 2 doctors who were required to quarantine on their return from India.

Emergency Department - Good leadership and lessons learnt within the department. Demand for the service continued to increase with significant numbers trying to access the service. This mirrored the national situation.

Referral to Treatment Time (RTT) - Solid progress had been made with a very challenging target. The Committee were particularly heartened to see the reduction in the over 52 week waiters.

Diagnostics - Steady progress made with challenges on the way.

Stroke - There had been an unexpected dropped in the SNNAP score to a C partly as a result of the breaches getting onto the Stroke Unit. The Committee would scrutinise this in a deep dive that was on the agenda for the July 2021 meeting.

Workforce - The Committee felt that the current position was incredibly positive and the quality of reporting from the Workforce team gave a significant amount of assurance. Whilst appreciating the substantial progress that had been made it was acknowledged by the team that there was still room for improvement. The on-going issues were being addressed and the Committee were comfortable with the work undertaken to monitor and improve them.

Staff Engagement - The Committee had seen significant effort by the Leadership team to promote staff engagement over recent months. Several indicators (including Public View) suggested this was having a positive effect.

Safer Staffing - The Committee received the review on safer staffing which demonstrated good control systems on a daily basis, coupled with good recruitment overall, although the national position with regards to Midwife and Community Nursing recruitment were challenging.

The Board received and considered the Operational Performance element of the report with the following highlighted:-

Minute	Description	Action
	<p><u>Emergency Department (ED)</u> : The 4 Hour Emergency Care Standard deteriorated from 82.59% to 80.63% in May 2021. ED attendances had increased by 12% and emergency admissions had increased by 6%. Covid admissions to the Trust continued to reduce from the peak of 163 in January 2021.</p> <p><u>Referral to Treatment Time (RTT)</u> - Overall the Trust's RTT Incomplete Performance for May 2021 was 68.02% which was an improvement of 1.64% in month.</p> <p><u>Cancer</u> - 62 Day Cancer performance in April 2021 was 86.6% against a national and local target of 85%.</p> <p><u>Stroke</u> - Stroke performance unexpectedly reduced to a Level C for Quarter 4 (67.5%). This was not in line with the Bournemouth prediction tool for the first time. Recovery actions had been put in place.</p> <p><u>Diagnostics</u> - Diagnostic Wait (DMO1) Performance in April 2021 was 76.2% a decrease from 81.57% in March 2021 driven primarily by increases in Ultrasound breaches (+391) due to the CT van moving to another area. Actions were in place to address this issue.</p> <p>Liam Coleman, Chair asked about the progress on waiting times particularly in the context of the continued pressures of covid together with the increased demand on both diagnostics and emergency care. Jim O'Connell, Chief Operating Officer replied there was a lot of focus both locally and nationally on how to improve these issues for our patients. With regards to diagnostics new national guidance had been published outlining new ways of working with one of the key recommendations being Community Diagnostic Hubs. In terms of emergency care new national standards were being introduced with the focus on ambulance handover delays and a move to booked appointments. Kevin McNamara, Chief Executive added that the NHS Oversight System Metrics for 2021/22 had been published and the link was distributed to Board members in the meeting for information.</p> <p>There followed a discussion on the difficulties on managing A&E demand in particular when sometimes there was a disconnect between national guidance and media messages.</p>	
	<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 17 June 2021 and the following highlighted:-</p> <p><u>Integrated Performance Report</u> - The overall assurance ratings were green. This did not mean there were no issues, for incidence pressure ulcers, however there were</p>	

Minute	Description	Action
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robust actions plans in place to address these matters.

Mortality - Mortality had been scrutinised frequently and the Committee were assured of its performance especially with the development of the Medical Examiners service. Charlotte Forsyth, Medical Director added that Mortality performance had been on the watch list for a while with lots of work on different aspects undertaken which had not identified anything of concern causing the slight increase in SHMI, albeit it had continued to be under the expected range. However, the Trust had a much better oversight with focus on improved learning especially with the appointment of the new Medical Examiners.

Getting It Right First Time (GIRFT) - Many outstanding actions had been safely closed on the basis that they were out of date or evidence had changed, however the Committee noted that there was still some work to be done to achieve full GIRFT Compliance.

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

Medicine Safety - An additional slide on Medicine Safety had been introduced 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.

Pressure Ulcers - The number of pressure ulcers continued to be high even though good action plans were in place. External scrutiny from NHSI had given assurance that the Trust were taking the right actions and perseverance and close monitoring were key.

Patient Experience - Owing to changes in process the number of concerns had increased but the number of complaints had reduced. The new approach was to ask people how they wished their issue to be addressed. Concerns tended to be resolved much quicker bringing earlier resolution. It was noted that although the top theme in complaints and concerns was staff behaviour and attitude the Chief Nurse put this in to context in that the Trust received over 1,000 positive comments on staff attitude.

Paul Lewis, Non-Executive Director praised the positive changes around recording and evaluation of complaints and concerns however asked for assurance that both categories captured the learning. Lisa Cheek, Chief Nurse replied that all complaints and concerns were treated seriously and the level of investigation was exactly the same with all learning captured.

Paul Lewis, Non-Executive Director asked if the Trust was still on track to roll out the Friends and Family Tests (F&FT) electronic messaging in Maternity in July 2021. Lisa

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Cheek, Chief Nurse responded that this had been delayed and was currently establishing the reason why. In the meantime the PALS team had been asked to explore other options to collect feedback with oversight through Quality & Governance Committee.

Helen Spice, Non-Executive Director asked for clarification about the roll out of the electronic F&FT in Outpatients which was to be completed once financial sign off agreed. Lisa Cheek, Chief Nurse replied that in the original paper roll out for texting was for In-patients and ED departments only and Maternity and Outpatients were not included. However since then the Trust had been able to negotiate a reasonable price for Maternity. There were still costs implications for Outpatients however work was underway to determine whether this was still the best solution for the department.

Helen Spice, Non-Executive Director asked when a concern was raised was feedback given to the person. Lisa Cheek, Chief Nurse responded that feedback was given to confirm that the concern had been rectified and the learning from them.

Part 3 : Our People

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

- The Key Performance Indicators (KPIs) remained the same as last month or improving. One area that had dipped was mandatory training recording however this was due to a change in IT systems and was anticipated to improve over the coming months.
- The next area for deep dive would be for all turnover to understand the drivers in the increase to 14% above target.
- There had been positive results to the Aspiring Leadership course which would start in September 2021.
- There had been significant effort by the Leadership team to promote staff engagement over recent months which included a new NHS quarterly staff survey.
- There had been an increase in the level of rigour in medical resourcing in those areas of concern in terms of the approach to recruitment campaigns. The HR team had also been reorganised to focus on those areas that had persistent vacancies.
- The Equality, Diversity & Inclusion (EDI) Group had met this month. This was an important time of year in the EDI agenda with the preparation of the Annual Reports. The agenda for September 2021 would focus on inequalities and approach to transgender individuals and links with Stonewall.

Liam Coleman, Chair asked what the general feeling was within our workforce. Jude Gray, Director of HR replied that there was a huge degree of tiredness with concerns around winter challenges to come. There was a robust set of services around mental health and the next step was to focus on physical health. Charlotte Forsyth, Medical Director added that from a medical perspective a large number of consultants had

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retired and returned and the concern was that conditions had changed significantly due to covid which could potentially force consultants to leave all together leading to extra pressures on staff due to gaps in recruitment. The Medical Director was working closely with HR with the recruitment campaigns.

Paul Lewis, Non-Executive Director added that from a NED insight following a walk about in Maternity he could confirm that overall there was genuine optimism albeit genuine tiredness.

Finance & Investment Committee Overview

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 21 June 2021 and the following highlighted:-

Month 2 Financial Position - All the main indicators had an assurance rating of green. One point of note was that the Trust, for the first time, achieved the 95% target for paying creditors within 30 days and the team were to be congratulated. The amber rating on management actions reflected concerns over escalating pay costs, especially close support, and a shortfall in CIP achievement.

Finance Risk Register - A good update report on Finance risks, which now included a new table setting out the possible £ value associated with each key risk.

Procurement - The Committee approved the business case for the establishment of a single procurement service across the 3 Acute hospitals from 1 October 2021. The Committee also considered the novation of 5 further Pathology contracts into the Beckman Coulter Managed Service Contract resulting in significant VAT savings as well as other benefits and recommended approval by the Board. This followed the novation of 6 Pathology contracts last month.

Business Planning and Budget Setting Process - The Committee discussed a helpful paper commissioned by the Chief Executive produced by the Director of Finance which highlighted a number of business planning and budget setting issues that had emerged from the production of the first half year (H1) budget. The paper included a clear set of actions which the Committee welcomed. Divisions would be invited to the Finance & Investment Committee to give assurance that the key issues were being addressed.

Improvement Plan - The Committee received an update on the financial savings opportunities associated with each of the key work streams under the Improvement Plan. The Committee acknowledged that the numbers in the report were subject to validation but were concerned on 2 points; firstly that the savings opportunities appeared to be lower than in the original plan and, secondly, that a number of savings opportunities and initiatives were not included in the report. The Committee asked that all the relevant work was brought together and reported in one place and that the gap was identified between the original savings target included in the Efficiency &

Minute	Description	Action
	<p>Improvement Plan and the new total, so any necessary action can be taken to plug the gap.</p> <p><u>Model Hospital</u> - This was linked to the Improvement Plan and highlighted the top 10 financial opportunity areas produced by Model Hospital based on 2019/20 data. The assurance red rating reflected the Committee's view that there could be better linkage between Model Hospital and GIRFT data and that the apparent savings opportunities needed to be validated.</p> <p>The Board received and considered the Use of Resource performance element of the report with the following highlighted:-</p> <p><u>Elective Recovery Fund (EDF)</u> - There had been strong performance against the elective recovery trajectory as the Trust had exceeded the threshold by a good level. Confirmation of income levels would be confirmed in July 2021.</p> <p><u>Pay</u> - There was a marginal reduction in run rate and agency usage was slightly down however it was noted that pay costs had increased over the last 18 months and the Trust would have to look at efficiencies going forward as this could not be managed in the second part of the year.</p> <p><u>Non-Pay</u> - Non -pay expenditure was overspent in month and year to date. Costs of clinical supplies had increased in month which reflected the additional elective activity to achieve the EDF target and it was anticipated that this would be offset from the income from this achievement.</p> <p><u>Cost Improvement Programme (CIP)</u> - The CIP had under achieved however there had been a significant increase in month 2. The efficiency requirement for the second half of the year was still to be quantified as it would depend on the financial settlement.</p> <p><u>Balance Sheet</u> - There was good performance with regard to the Better Pay Practice Code and the cash position was stable.</p> <p><u>Capital Spend</u> - The capital plan was overspent due to a rephrasing of the plan which would be presented to Finance & Investment Committee in July 2021.</p>	
	<p>Action : Director of Finance</p> <p>Capital funding for the future was extensive across the system with not the appropriate funds. Constructive discussions at system level to prioritise urgent schemes for the benefit of patients had taken place.</p> <p><u>H2 Planning</u> - Lessons from H1 planning would be taken on board for H2 with the right accountability and ownership in place. Work had started however guidance was still to be published.</p>	SW
	<p>RESOLVED</p> <p><i>to review the IPR and the on-going plans to maintain and improve performance.</i></p>	

Minute	Description	Action
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110/21 Safer Staffing – Six Monthly Skill Mix Review

The Board received and considered the report on safer staffing which provided assurance to the Board of Directors that nursing and midwifery clinical areas had been safely staffed over the last 6 months.

It was noted that the report was longer and more detailed as the last report was in March 2020 mainly due to the pandemic.

The key points highlighted were:-

- The Trust had been experiencing unprecedented challenges on its workforce due to the pandemic. However the Trust had attained safe staffing during this period.
- There were two key challenged areas to maintain safe staffing; Maternity due to vacancies, maternity leave and sick leave. Daily measures were in place to ensure the department was safe. The current risk level scored 9 however this was under review and the score would be increased until recruitment had been achieved. The second area was Community Nursing Services as demand and activity levels had increased and therefore more community nurses were required. An active and successful recruitment plan was underway and the risk level would now be decreased as a result.
- There had been positive work around reducing the nurse vacancies which was reliant on the overseas programme which had been managed well despite the challenges.
- The report had been scrutinised at Performance, People and Place Committee.

Liam Coleman, Chair recognised safer staffing was ultimately a Board responsibility with full oversight although still flowed through the Board sub committee. Lisa Cheek, Chief Nurse confirmed that there was a requirement to come to formal Board however the sub committee had undertaken robust and detailed discussions which provided assurance that the right system and processes were in place to maintain safe staffing.

Peter Hill, Chair of Performance, People & Place confirmed that there had been a robust and appropriate challenging discussion and the Committee were suitably assured that a good control system on a daily basis was in place that matched the evidence. The assurance level was amber in the risk but green for management actions.

Liam Coleman, Chair added that this was less about absolute numbers in the roster but in filling vacancies with the right people which was a national challenge. Lisa Cheek, Chief Nurse confirmed that this was definitely a national challenge with the Ockenden report and CNST magnifying the challenge as we were all fishing from the same pool. Although challenging the Trust had robust oversight and plans going forward.

Andy Copestake, Non-Executive Director asked for clarification that future reports may wish to include Medical and Allied Health Professionals (AHP). Lisa Cheek, Chief

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	<p>Nurse replied that the latest guidance suggested that there should not always be scrutiny on a single discipline but to look wider to give assurance across the whole organisation, which the Trust would work towards for future reports. Charlotte Forsyth, Medical Director added that historically there had been no issues or concerns around medical staff however as trusts used more locums it was now relevant that the whole workforce was included not just the nursing element.</p> <p>RESOLVED</p> <p><i>that the Board:</i></p> <p style="padding-left: 40px;">(a) notes the actions being taken to ensure nurse staffing levels are safe; and,</p> <p style="padding-left: 40px;">(b) notes the report as assurance of compliance against the expectations of the National Quality Board 2016.</p>	
110/21	<p>Ockenden Quarterly Report <i>Christina Rattigan, Head of Midwifery and Emma Churchill, Deputy Divisional Director Women & Children Services attended the meeting for this item.</i></p> <p>The Board received and considered a report that provided an update on progress with recommendations laid out in the Ockenden Report (written following an independent review of maternity and neonatal services at Shrewsbury and Telford Hospital NHS Trust) and the Trust's actions to achieve full compliance. It also described the investment that would be required in the Maternity workforce and the plan to meet Midwifery staffing standards.</p> <p>Paul Lewis, Non-Executive Director gave an overview of the responsibilities as the NED Safety Maternity Champion together with the outcomes of a recent visit and walkabout to the Maternity Department. Overall the Trust was in a good place with robust actions. There were 3 core challenges around resource levels, more robust patient feedback and an overall cautious culture which was not overtly opportunistic. There was clear evidence that the Trust were supportive and listened to staff.</p> <p>There followed a discussion on how this new role, which was one of the findings from the Ockenden report, would be embedded together with the plans to strengthen patient and family feedback.</p> <p>It was noted that the Ockenden submission had been submitted on 30 June 2021 for review nationally. In terms of evidence and submission this had been on time with good evidence and a robust sign off. The outcome date was yet not known.</p> <p>The action plans would be monitored through the Divisional Governance with added scrutiny by the Maternity Safety Champion Group and through Quality & Governance Committee.</p>	

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	<p>Lizzie Abderrahim, Non-Executive Director asked for clarity with regard to the midwifery leadership. Lisa Cheek, Chief Nurse confirmed that the structure had been changed so the Head of Midwifery was professionally accountable to the Chief Nurse and managerial accountable to Divisional Director of Nursing and Midwifery and this was compliant with the standard.</p> <p>Fariel Chopdat, Non-Executive Director asked when would all the actions be completed and had the audit programme identified any specific concerns relating to compliance or any additional issues. Lisa Cheek, Chief Nurse confirmed that the majority of the actions would be completed within 3 months with 1 or 2 workforce business cases taken into the next financial year. Timeframes were clear in the action plans which would be monitored closely and ultimately go to the Safety Champions for sign off. With regard to the audit this had not shown any surprises as work was already on-going. It was noted that this was only the first part of the Ockenden report and there would be a second part that would highlight other areas to focus.</p> <p>RESOLVED</p> <p><i>that the Board notes the progress to meet the recommendations outlined in the Ockenden Report and the on-going work to ensure full compliance.</i></p>	
111/21	<p>Maternity Incentive Scheme – NHS Resolution 10 Criteria <i>Christina Rattigan, Head of Midwifery and Emma Churchill, Deputy Divisional Director Women & Children Services attended the meeting for this item.</i></p> <p>The Board received and considered a report that provided an update regarding the evidence or associated action plans to demonstrate the Trust’s assessment against the 10 Maternity Safety Actions to the required standards requested by NHS Resolution (NHSR).</p> <p>It was noted that the report had been presented to the Quality & Governance Committee outlining the position the Trust thought it was at the time, on track towards full compliance, against guidance that indicated that certain number of safety standards could be provided with action plans. However since the meeting changes had meant that the submission would now not be compliant against all the standards particularly in one area where evidence could not be provided due to historical monthly feedback from staff walkabouts in January and February 2020.</p> <p>Lizzie Abderrahim, Non-Executive Director asked if the walkabouts in 2020 that could not be evidence did actually happen. Christina Rattigan, Head of Midwifery replied that informal walkabouts in maternity took place all the time but for these particular months no evidence could be found however the Trust now had a robust system in place and these would be more formal going forward.</p> <p>Andy Copestake, Non-Executive Director asked what the financial impact was in not</p>	

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	<p>achieving full compliance. Lisa Cheek, Chief Nurse replied that the financial risk was not yet known however other trusts had experienced similar difficulties and there was a possibility that some monies would still be given even if non-compliant.</p> <p>The Board thanked the team for their effort and diligence in terms of safety and service and supplying the evidence in what was a moving feast.</p> <p>RESOLVED</p> <p><i>that the Board:-</i></p> <p style="padding-left: 40px;"><i>(a) notes the compliance status in regard to Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme; and,</i></p> <p style="padding-left: 40px;"><i>(b) delegates authority to the Chief Executive to sign off the final submission before the deadline of 15 July 2021.</i></p>	
112/21	<p>Audit, Risk & Assurance Committee Board Assurance Report</p> <p>The Board received an overview of the discussions held at the Audit, Risk & Assurance Committee at the meeting held on 2 June 2021 and the following highlighted:-</p> <p><u>Annual Report and Accounts</u> - The meeting focussed on the approval of the Annual Report and Accounts 2020/21. The Committee expressed its thanks to all involved in delivering the Annual Report and Accounts to such a tight timescale and still within challenging times, particularly the Company Secretary, Finance team and Auditors.</p> <p><u>Risk Tolerance & Appetite</u> - Robust discussions on statement and usage including applicability, decision making, clarity and consistency. This would be part of a Board workshop on Risk Management planned for September 2021.</p> <p><u>External Audit</u> - Year end report and annual report had progressed well this year. Some audit completion work was outstanding but nothing significant expected. Audit risks stable or reduced. No unadjusted audit differences. One adjusted audit difference corrected with nil impact on trust results. No subsequent events identified. Going concern confirmed on basis of revised definition (continuation of services principal). Unqualified audit opinion issued with no significant weaknesses in VFM arrangements.</p> <p><u>Internal Audit Annual Report</u> - Overall moderate assurance that there was sound system of internal control. Good assurance/confidence on management's positive approach and actions to address areas for improvement. All audits were either significant or moderate for design, moderate for effectiveness, with only 1 Limited Assurance for effectiveness which was an area known to management and being addressed.</p>	

Minute	Description	Action
	<p><u>Data Quality Internal Report</u> - Discussion on data quality impact across organisation. Actions required to improve data access, awareness, training, support and resources - as well as understanding of responsibilities - across all teams. Understanding, communication and use of policies also discussed. Policy approval process to be reported to ARAC for further discussion.</p> <p><u>Risk Management Advisory Review</u> - Advisory review requested in anticipation of new system and impact of recent changes to divisional structures and management. Discussion centred around achieving good risk identification and description; consistency of risk management and reporting; and governance. Opportunity for new system to enable better quality risk management across Trust. This would be part of the Board workshop on Risk Management planned for September 2021.</p> <p><u>Data Security and Protection Toolkit</u> - Some gaps in compliance with new and tougher Toolkit requirements. Plan to address for June 2021 submission. GWH in top quartile of Trusts audited.</p> <p>The Board noted the report.</p>	
113/21	<p>Integrated Care System (ICS) Development Update</p> <p>The Board received and considered a presentation that summarised the latest guidance relating to Integrated Care System (ICS) from the Design Framework published on 16 June 2021. The following was highlighted:-</p> <ul style="list-style-type: none"> • The respective roles of the ICS Partnership and ICS Body • The membership of the ICS NHS Board • Options for place-based leadership and delivery • Requirements for provider collaboration. <p>The Board noted the update.</p> <p>Consent Items</p> <p><i>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.</i></p>	
114/21	<p>Ratification of Decisions made via Board Circular/Board Workshop</p> <p>None.</p>	
115/21	<p>Urgent Public Business (if any)</p> <p>None.</p>	
116/21	<p>Date and Time of next meeting</p> <p>It was noted that the next virtual meeting of the Board would be held on 5 August 2021</p>	

Minute	Description	Action
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at 9:30am via MS Teams.

117/21 **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 1500 hrs.

Chair

Date.....