

**MINUTES OF A MEETING OF THE BOARD OF DIRECTORS  
HELD VIRTUALLY IN PUBLIC ON 4 FEBRUARY 2021 AT 9.30 AM,  
BY MS TEAMS**

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**Present:**

**Voting Directors**

Liam Coleman (LC) (Chair)	Chair
Lizzie Abderrahim (EKA)	Non-Executive Director
Nick Bishop (NB)	Non-Executive Director
Andrew Copestake (AC)	Non-Executive Director
Tracey Cotterill (TC)	Interim Director of Improvement & Partnership
Charlotte Forsyth (CF)	Medical Director
Jude Gray (JG)	Director of HR
Peter Hill (PH)	Non-Executive Director
Paul Lewis (PL)	Non-Executive Director
Julie Marshman (JMa)	Chief Nurse
Kevin McNamara (KM)	Chief Executive
Jemima Milton (JM)	Non-Executive Director
Jim O'Connell (JO)	Chief Operating Officer
Julie Soutter (JS)	Non-Executive Director
Simon Wade (SW)	Director of Finance & Strategy

**In attendance**

Lisa Cheek	Observer – Chief Nurse Designate
Caroline Coles	Company Secretary
Tim Edmonds	Head of Communications and Engagement
Francis Stickland	Observer – Blue Grain Ltd
Dr Jon Freeman	Clinical Psychologist (agenda item 359/20 only)
Sam Walklett	Health & Wellbeing Project Manager (agenda item 359/20 only)
Philippa Williams	Observer – Blue Grain Ltd

**Apologies for Absence**

None

**Number of members of the Public:** 7 members of public (including 7 Governors; Pauline Cooke, Arthur Beltrami, Chris Shepherd, David Halik, Janet Jarmin, Badri Chandrasekaran and Ashish Channawar)

**Matters Open to the Public and Press**

Minute	Description	Action
352/20	<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>	
353/20	<p><b>Declarations of Interest</b> There were no declarations of interest.</p>	
354/20	<p><b>Minutes</b> The minutes of the meeting of the Board held on 7 January 2021 were adopted and signed as a correct record with the following amendments:-</p>	

Minute	Description	Action
	<u>328/20 : Chief Executive's Report</u> - Add 'for' after 'care' in the 8 <sup>th</sup> paragraph 7 <sup>th</sup> line	
	<u>330/20 : Integrated Performance Report : Referral to Treatment Time (RTT)</u> - amend sentence '....state of flux <i>due to the impact of covid-19</i> not .....	
	<u>330/20 : Integrated Performance Report : Surgical Pathway</u> - amend sentence '....that red was not <i>intended to indicate a lack of understanding</i> ....'	
	<u>330/20 : Integrated Performance Report</u> - End the sentence at 'waits' in the paragraph after stroke performance, line 7.	
	<u>330/20 : Integrated Performance Report</u> - Change 'Paulton Down' to ' <i>Porton Down</i> ' in the 2 <sup>nd</sup> paragraph after complaints, 34 <sup>th</sup> line down.	
355/20	<b>Outstanding actions of the Board (public)</b> The Board received and considered the outstanding action list and noted that:-  <u>330/20 : Integrated Performance Report : Getting it Right First Time (GIRFT)</u> - The plan of actions for the Transformation Programme would be discussed at the Finance & Investment Committee.  <u>334/20 : Responsible Officer's Annual Report on Appraisal and Revalidation</u> – Once the appropriate governance route for quality assurance at Board level had been formalised Performance, People and Place Committee would determine whether this required further Board oversight. <b>Action : Medical Director</b>	CF
356/20	<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.	
357/20	<b>Chair's Report, Feedback from the Council of Governors</b> The Board received a verbal update which included:-  <u>Monthly Chair / Lead Governors meeting</u> - There was a meeting held between the Chair and Lead Governors on 18 January 2021 and the issues discussed included the current Covid situation, an update on the Ockenden Report as well as the People agenda in terms of recruitment, and the Integrated Care System.  <u>Governor Development</u> - As the governors had not been able to visit the hospital for some time a virtual governor ward visit was piloted last month with the governors talking to the staff in Community Services to obtain an overview of the service and to share any areas of success or concerns. It was very well received and another visit will be organised in due course. Also organised was an informal governor briefing which Julie Soutter, Non-Executive Director was invited to give an overview of her role as both NED and Chair of the Audit, Risk and Assurance Committee. There was also a presentation on 'Interpreting the Data'.  The Board <b>noted</b> the report.	
358/20	<b>Chief Executive's Report</b> Firstly the Chief Executive wished to mark the sad news of the death of Captain Sir Tom Moore as the Trust had been privileged to receive a significant amount of funding through his work and the incredible response from the public. The Trust, through Brighter Futures, had heavily invested in the staff wellness programme to help staff	

manage their physical and mental wellbeing during the pandemic, and beyond. The Board received and considered the Chief Executive's report and the following was highlighted:-

Vaccination Programme - Along with the response to covid, the Trust had maintained focus on the vaccination programme and last month reached the milestone of 10,000 people having had a first dose of the vaccine. There was a particular concern around vaccine hesitancy amongst the BAME population and a local and system-wide communications focus would be undertaken to dispel some of the myths that had been circulating.

Jemima Milton, Non-Executive Director asked how the Trust was going to support and encourage SERCO staff with regard to vaccinations. Kevin McNamara, Chief Executive replied that SERCO staff were considered as part of the GWH family and would be targeted the same as GWH staff within the communications plan.

Covid Update - The rate of covid cases in Swindon had recently dropped however the number continued to remain around the 100 mark with 22% of the beds occupied by covid patients. Unfortunately the number of deaths had increased since the last Board meeting which put into context the real human factor of the pandemic.

The very high number of patients seen recently had put significant pressure on bed capacity which in turn led to delays in the Emergency Department and as a result the Trust declared an internal critical incident on 13 January 2021. The following day, a critical incident was also declared more widely across BSW reflecting the system-wide issue. The Trust's own internal critical incident was stood down a few days later however the hospital remained very busy, and a coordinated system-wide response remained in place, along with a focus on discharging patients as soon as they can go home or for on-going care elsewhere.

It was noted that even if the numbers of patients decreased at the front door there would continue to be significant pressure both in the hospital and system-wide due to the higher numbers of seriously unwell patients staying in hospital for a much longer length of time.

Staff Appointments - Following a competitive recruitment process the Trust had appointed Claire Thompson as its first substantive Director of Improvement and Partnership. The new Chief Nurse, Lisa Cheek would commence in role at the end of March 2021 and Julie Marshman, current Chief Nurse, had offered to step in to manage the transition so that there was not a gap in cover. Also the Trust had reached agreement with Salisbury hospital to jointly recruit a Chief Digital Officer to develop the IT infrastructure.

GWH Site Development - The Trust continued to make progress on a number of key strategic developments on site which included the Urgent Care Centre and Radiotherapy Centre.

Julie Soutter, Non-Executive Director highlighted media attention on the disruption to training of junior doctors caused by the pandemic and asked if the Trust had seen this filter through, and if so what were the plans to mitigate this risk. Charlotte Forsyth, Medical Director replied that in the short term any disruption to training was being managed with the deanery, however longer term this could lead to a potential shortage of consultants coming through the system. It was agreed to refer this to the Performance, People and Place Committee to understand the national and regional

Minute	Description	Action
	<p>context in terms of mitigating the risk(s).</p> <p><b>Action : Medical Director</b></p>	CF
	<p>In relation to the item concerning staff support Lizzie Abderrahim, Non-Executive Director advised that she had attended the NHSE/I launch event for the Wellbeing Guardian role at which Boards were urged to take a more preventative approach to the matter of staff wellbeing.</p> <p>The Board <b>noted</b> the report.</p>	
359/20	<p><b>Staff Story</b>  <i>Dr Jon Freeman, Clinical Psychologist and Sam Walklett, Health &amp; Wellbeing Project Manager joined the meeting.</i></p> <p>The Board received a presentation which centred around the changes made last year to support staff health and wellbeing during covid-19 and the planned actions to enhance the wellbeing programme going forward.</p> <p>It was acknowledged that, although the wellbeing team was small in number, a lot of the success had been due to their physical visibility within the hospital. It was noted that to improve the reach and impact of this service Dr Jon Freeman's role would become full time from April 2021.</p> <p>Julie Soutter, Non-Executive Director asked if the programme extended to the community and GP practices. Dr Jon Freeman, replied that sessions with the community nurses had already taken place, together with contact with Princess Lodge and Primary Care. The aim was to embed staff wellbeing within every team on and off site.</p> <p>Paul Lewis, Non-Executive Director commented that there had been challenges with staff wellbeing around breaks with PPE and pressures of demand and asked if there were any ideas to support staff physically having a break. Dr Jon Freeman, replied this was a challenge due to the reduction in space however more wobble rooms had been created to help give staff covid respite, and added that breaks should be compulsory and this message should come from the top.</p> <p>Lizzie Abderrahim, Non-Executive Director congratulated the team on its well-deserved Nursing Times Workforce Award and as the Board wellbeing guardian asked how the Board wished information to be fed from the process and planning. Liam Coleman, Chair agreed to take this action to assess how to take this forward.</p> <p><b>Action : Chair</b></p> <p>The Board wished to thank the team for their incredible commitment and effort during this most challenging time. The Board were completely supportive and committed to staff wellbeing and this would continue to be a focus of Board's attention.</p> <p>The Board <b>noted</b> the staff story.</p>	LC
360/20	<p><b>Integrated Performance Report</b>  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 November/December 2020.</p> <p><b>Part 1 : Operational Performance</b></p>	

**Performance, People and Place Committee Chair Overview**

The Board received an overview of the detailed discussions held at the Performance, People and Place Committee around the IPR at its meeting on 27 January 2021 and highlighted the following:-

NHS Elect/NBI/NECSU Reports - Assurance level amber. These reports had been commissioned from the committee's disquiet on quality of data. The action plans were very good and in general progress had been made however had been hampered by covid. It was anticipated that the plans would be signed off in April 2021.

Cancer Performance - Assurance level amber. The revised rating (previously green) related to difficulties experienced at the Tertiary Centre (Oxford). The Chief Executive had sent a letter to the Oxford Chief Executive outlining a number of areas where reassurances were required. It was noted that a response had now been received and the immediate issue had been resolved.

Referral to Treatment Time - Assurance level red. Good progress had been made however once again performance had been hampered by covid as surgical activity, except for urgent and cancer operations, had been taken down.

Diagnostics - Assurance level red. Similar to RTT above, activity had been hampered by covid however improvements in waiting times over recent months had been helped from the independent sector. The Committee was assured that priority was given to cancer and other clinically urgent patients.

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

ED Performance - Performance against the 4 hr access standard had dropped in December to 81.5% however increased in January 2021 to 86.3%. However it was noted the data masked other factors which included a critical incident declared on 13 January 2021 due to significant increased admissions of covid patients. Daily 'Criteria to Reside' calls with partners continued to support patient flow.

Cancer Performance - The Cancer 62 Day standard had seen a significant improvement in performance in December 2020 however had dipped in January 2021. The cancer performance had not been immune to covid impact due to stops and starts and patient choice.

Referral to Treatment Time (RTT) - The gradual improvement in performance against the Referral To Treatment standard continued however performance was still well below target due to the on-going impact of Covid. It was noted that performance would fluctuate in coming months due to taking down surgical activity, except for urgent and cancer patients, in the current wave of the pandemic.

Diagnostics – Space restrictions to do with social distancing due to covid impacted on the 6 weeks delivery standard; however performance varied in different specialties. Neighbouring trusts had achieved better numbers and any learning would be taken through the Performance, People and Place Committee.

Paul Lewis, Non-Executive Director observed that not all KPIs had rag ratings around data quality and asked if it was possible to have this on all the KPIs. Jim O'Connell, Chief Operating Officer agreed to include these ratings with the caveat that until the

Minute	Description	Action
	<p>data was automated this was a manual exercise and therefore could lead to some errors.</p> <p><b>Action : Chief Operating Officer</b></p> <p>In summing up the Chair drew attention to the two main areas of focus which were RTT and diagnostic waiting times. The Board acknowledged the red rag ratings were an accurate score but with good visibility on what was required with a realistic plan for achievement. This in turn raised another point which was the assurance piece, a format which had just been introduced and work in progress. The concept was to determine a route to improvement from a specific rated colour, to include how long it would take with critical points for assessment by the Board sub-committees. This, along with the Board Assurance Framework, would result in Board agenda items considered from a risk perspective and prioritised accordingly.</p> <p><b>Part 2 : Our People</b></p> <p>The Board received and considered the workforce performance element of the report with the following highlighted:-</p> <p><u>Workforce</u> - Continued Covid related absence inevitably created a need for backfill and thus a reliance on temporary staffing, however the availability of temporary staff resource across both bank and agency was limited and therefore was an increase pressure on staff and divisions.</p> <p><u>Mandatory Training &amp; Appraisals</u> - Compliance remained under target overall. Part of the issue was IT together with a decision to pause certain training to deal with the pandemic. Divisional improvement plans were in place and the appraisal process was under review to develop a simpler form with a focus on wellbeing.</p> <p>There followed a discussion on appraisals and mandatory training which included medical staff, learning, culture and compliance. It was acknowledged that these were work in progress from moving from one point to a better point and was one for Performance, People and Place Committee to oversee progress.</p> <p>Lizzie Abderrahim, Non-Executive Director asked for clarification on the data around the number of disabled identified staff accessing CPD. Jude Gray, Director of HR took the action to get clarification for the next Performance, People and Place Committee.</p> <p><b>Action : Director of HR</b></p> <p><b>Part 3 : 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 17 December 2020 and the following highlighted:-</p> <p><u>WHO Checklist</u> – Assurance level red. This audit of compliance within surgical services demonstrated some failure to comply with standard procedures for safe practice within several surgical specialties. The narrative was deliberately robust in order to bring to the Board’s attention and to cascade throughout the organisation that non-compliance would result in formal action against those responsible.</p> <p>Julie Soutter, Chair of Audit, Risk &amp; Assurance Committee added that discussions</p>	<p>JO</p> <p>JG</p>

Minute	Description	Action
	<p>around incidents, learning, and compliance had resulted in commissioning an internal audit review to look at how to triangulate the data to gain assurance that processes and controls were working. Julie Marshman, Chief Nurse added that this review was being scoped with the auditors and once completed would be reported back to Audit, Risk &amp; Assurance Committee.</p> <p><b>Action : Chief Nurse</b></p>	JMa
	<p><u>Clinical Audit and Effectiveness Annual Report</u> - Assurance level red. Clinical Audits had been seriously affected by the pandemic at both a local and national level. It was recognised that a timely review would be sensible to identify those overdue audits that would be meaningless if pursued with oversight and challenge of the final list by Quality &amp; Governance Committee.</p> <p><b>Action : Medical Director</b></p>	CF
	<p><u>Primary Care</u> - Assurance level green. Significant progress within Primary Care had been made in addressing the many shortfalls in performance that the Trust had inherited and the staff was commended with such excellent progress.</p> <p>Kevin McNamara, Chief Executive added that great work had taken place within Primary Care however this had come with significant financial cost and recognised that a risk was emerging in terms of financial implications to the Trust once the indemnity expired and one question for the Board to consider in the near future.</p> <p>The Board received and considered the workforce performance element of the report with the following highlighted:-</p> <p><u>Patient Safety / Tissue Viability</u> - Tissue viability incidents remained an area of concern with increased number of harms recorded in both the acute and community settings. The Tissue Viability team were working closely with the Deputy Chief Nurses and RUH Bath to develop a reinvigorated campaign to improve awareness and engagement with improvement plans to embed best practice. This was a priority focus on the preventable harm agenda, followed by falls.</p> <p>Liam Coleman, Chair asked what the timescale to see improvements in this area was. Julie Marshman, Chief Nurse replied that some actions would see improvements fairly rapidly for instance those connected with processes and documentations. Regular progress reports and oversight would be through Quality &amp; Governance Committee.</p> <p><u>Patient Safety / Safer Staffing</u> - New safe staffing meetings were now in place to ensure safe staffing across the organization. Staff had been redeployed between and across the divisions using the Safer Nursing Care Sundial Information to ensure safety was maintained where there was a significant shortfall in required hours. It was noted that 3<sup>rd</sup> year nursing students had entered the temporary register to work in the Trust and this would greatly contribute to the skill mix however recognising that this cohort of students still required a learning environment and did not replace permanent staff.</p> <p>Paul Lewis, Non-Executive Director commented that he was hugely encouraged by the progress made in complaints given all the challenges within the organisation, and, thanked the team for responding and applied learning where appropriate.</p>	

## Part 4 - Use of Resources

### 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 December 2020 and the following highlighted:-

Finance Recovery and Efficiency - The assurance rating had moved from red to amber due to an excellent report from Tracey Cotterill, Interim Director of Improvement and Partnership. The draft paper set out a clear financial recovery plan across a number of key areas.

There followed a discussion on how the financial recovery plan fits within the overall transformation and improvement programme and it was noted that a more integrated improvement strategy was being prepared with the next iteration to be presented at the Finance & Investment Committee in February 2021 and ultimately to Board in due course.

#### Action : Interim Director of Improvement and Partnership

Business Planning and Budget Setting - Assurance level red. The Trust had been informed that the planning process had been delayed by 3 months and the current financial regime would continue into Q1 2021/22.

Forecast Income and Expenditure Position - Assurance level amber. Despite concerns over escalating Pay and non-Pay costs, the forecast appeared to be achievable, especially as the loss due to the Elective Incentive Scheme was now likely to be considerably lower than £1m.

Agency Usage and Staffing Levels - Assurance rating amber. A deep dive was undertaken as the Committee had been concerned that agency staffing levels and costs increased in August despite Covid-related activity and acuity apparently falling. There had been a good discussion and paper which outlined the reasons for the high agency spend with a number of conclusions and lessons learned that should be helpful as the Trust looked to de-escalate staffing levels post-Covid.

Forecast Capital Expenditure position - Assurance rating amber. Whilst it now appeared unlikely that the Trust would spend the full £31.7m in the plan, the Committee was assured that in most cases, any underspends should be able to be carried forward into 2021/22.

Following a comment from a governor around research funding, there followed a discussion around the opportunities to access potential research funding. It was confirmed that this would be part of the business planning process for next year.

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

- The year-to-date position was £130k better than plan.
- The Trust's in month position was £71k better than plan.
- Trust income was above plan by £1,228k year to date due to funding received to cover costs in relation to Thames Valley Cancer Alliance (TVCA), Carbon Energy Fund, high cost drugs and estates dilapidation work in Primary Care sites.
- Pay was £147k overspent year to date due to costs of Covid vaccination programme, December incentive payments and temporary staffing pressures.

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Minute	Description	Action
	<ul style="list-style-type: none"> <li>• Non-pay expenditure was overspent year to date by £951k due to costs of the covid vaccination programme, TVCA, estates dilapidation costs and carbon energy costs which are funded by additional income. Vaccination costs had not been budgeted for however costs would be recovered.</li> <li>• The two main financial risks were escalation of pay and the capital programme.</li> <li>• The capital programme current underspend was £4.4m with covid having had a significant impact, however with mitigating actions in place any underspends should be carried forward into 2021/22.</li> <li>• Business planning had been delayed for 3 months with the 1<sup>st</sup> quarter of 2021/22 under a block contract similar to the 2<sup>nd</sup> half of 2020/21.</li> </ul>	
	<b>RESOLVED</b>	
	<i>to review and support the continued development of the IPR and the on-going plans to maintain and improve performance.</i>	
361/20	<p><b>Chair of Audit, Risk and Assurance Committee Board Assurance Report</b> The Board received and considered a paper which summarised key issues considered by the Audit, Risk and Assurance Committee at the meeting held on 14 January 2021 and the following was highlighted:-</p> <p><u>Risk Management – Integrated Care and Community</u> - Assurance level amber. Good progress to implement consistent and robust risk management processes across the new Directorate.</p> <p><u>15+ Risks</u> - Assurance level red due to the number of top risks. Development of risk management underway with a new focus on the Risk Committee and Executive Director lead for key risks.</p> <p><u>External Audit Plan 2020/21</u> - Assurance level green. Audit risks remained stable except Going Concern (reduced risk). Timetable changes noted - ARAC May meeting would be moved in line with annual report and accounts submission deadline. It was noted that Quality Accounts was likely to be deferred.</p> <p><u>Internal Audit &amp; Counter Fraud update</u> - Assurance level green. Positive report on internal audit and counter fraud work. Good assurances on key financial systems.</p> <p><u>Internal Audit Follow up report</u> - Assurance level green. There were a number of overdue recommendations however all being monitored and progressed with some agreed delays due to restructure of Divisions and covid.</p> <p><u>Internal Audit Draft Plan 2021/22</u> – Assurance level green. Final plan to be agreed at March 2021 meeting.</p> <p><u>Committee Effectiveness Annual Review</u> – Assurance level green. A number of areas identified which included succession planning for Chair and improvement in reporting in risk management and Board Assurance Framework which was under development.</p> <p>The Board <b>noted</b> the report.</p>	
362/20	<p><b>Immediate and Essential Actions from the Ockenden Report</b> The Board received and considered a paper which provided the assessment and effective assurance of the immediate and essential actions from the Ockenden report. The report also described the Trust’s commitment to meet the BirthRate Plus standard</p>	

Minute	Description	Action
	<p>by 31 January 2021.</p> <p>The Board had received an earlier report at its meeting in January 2021 and this was the next stage which was to submit an Assurance Assessment Tool to NHSE&amp;I on 15 February 2021. There were eight areas identified that were not fully compliant and robust action plans with deadlines to achieve full compliance produced.</p> <p>Liam Coleman, Chair thanked the team for all their hard work in pulling together the report in such short timescales and confirmed that the governance route for overseeing and monitoring was through the Quality &amp; Governance Committee with any concerns or timescales not reached escalated to Board.</p> <p>The Board felt strongly that this was a really important agenda and were committed to implementing all of the actions within the report however recognised that there was a significant financial burden against achieving these recommendations, in particular to achieve the required increase in workforce numbers to meet the revised standard.</p> <p>In terms of recruitment, this had been identified as a gap and in reality to find another 10 midwives on top of the current vacancies was a significant challenge for the Trust however it was emphasised that the Trust had the required level of midwives per population birthing levels and the last CQC inspection, in February 2020, had rated the maternity service as 'good' across all domains.</p> <p>A robust discussion followed around the financial implications especially in the context of the wider system and at national level, notwithstanding the reality of the serious shortage of midwives and obstetricians. It was noted that these financial risks had been raised through various channels to national level to consider funding implications and pipelines for midwives in the future.</p> <p>Paul Lewis, Non-Executive Director maternity champion confirmed his independent review and input into the assessment tool following a detailed session.</p> <p><b>RESOLVED</b></p> <p><b><i>to approve the Assurance Assessment Tool to be submitted to NHSE&amp;I in response to the recommendations outlined in the Ockenden Report and the on-going work to ensure full compliance.</i></b></p>	
363/20	<p><b>Ratification of Decisions made via Board Circular/Board Workshop</b></p> <p>None.</p>	
364/20	<p><b>Urgent Public Business (if any)</b></p> <p>None.</p>	
365/20	<p><b>Date and Time of next meeting</b></p> <p>It was noted that the next virtual meeting of the Board would be held on 4 March 2021 at 9:30am via MS Teams.</p>	
366/20	<p><b>Exclusion of the Public and Press</b></p> <p><b>RESOLVED</b></p> <p><b><i>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</i></b></p>	

<b>Minute</b>	<b>Description</b>	<b>Action</b>
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*business to be transacted, publicity of which would be prejudicial to the public interest.*

The meeting ended at 1605 hrs.

Chair .....

Date.....