

**MINUTES OF A MEETING OF THE BOARD OF DIRECTORS  
 HELD VIRTUALLY IN PUBLIC ON 1 APRIL 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
Lisa Cheek (LCh)	Chief Nurse
Faried Chopdat (FC)	Non-Executive Director
Andrew 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
Jemima Milton (JM)	Non-Executive Director
Jim O'Connell (JO)	Chief Operating Officer
Claudia Paoloni (CP)	Associate Non-Executive Director
Sanjeen Payne-kumar (SPM)	Associate Non-Executive Director
Julie Soutter (JS)	Non-Executive Director
Helen Spice (HS)	Non-Executive Director
Simon Wade (SW)	Director of Finance & Strategy

**In attendance**

Emma Churchill	Deputy Divisional Director
Linda Clements	Assistant Practitioner (agenda item 08/21 only)
Caroline Coles	Company Secretary
Peter Coutts	Deputy Divisional Director (agenda item 08/21 only)
Tim Edmonds	Head of Communications and Engagement
Amanda Fox	Deputy Chief Operating Officer

**Apologies**

Tracey Cotterill (TC)	Interim Director of Improvement & Partnership
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**Number of members of the Public:** 9 members of public (including 7 Governors; Arthur Beltrami, Chris Shepherd, Roger Stroud, Janet Jarmin, Pauline Cooke, David Halik and Ashish Channawar)

**Matters Open to the Public and Press**

Minute	Description	Action
01/21	<p><b>Apologies for Absence and Chairman's Welcome</b>            The Chair welcomed all to the virtual Great Western Hospitals NHS Foundation Trust Board meeting held in public.</p> <p>Apologies were received as above.</p>	
02/21	<p><b>Declarations of Interest</b></p>	

Minute	Description	Action
	There were no declarations of interest.	
03/21	<p><b>Minutes</b>            The minutes of the meeting of the Board held on 4 March 2021 were adopted and signed as a correct record with the following amendments:-</p> <p><u>395/20 / Chair of Mental Health Governance Committee Overview</u> - Amend 2<sup>nd</sup> paragraph to “There followed a discussion with regard to the concern over the chronic lack of specialist <i>Children and Adolescent Mental Health Services (CAMHS)</i>’ beds which hindered the ability of the Trust to provide effective care to children in their care and was a gap in assurance and <i>one out of their control</i>. It was also recognised this was not an isolated Swindon issue and was part of a wider concern around children’s mental health and should be addressed through the BSW system. In light of this, it was agreed that the Chief Executive and Chair would raise this through the relevant BSW committees to ensure a system wide approach.</p> <p><b>Action : Chair &amp; Chief Executive”</b></p>	
04/21	<p><b>Outstanding actions of the Board (public)</b>            The Board received and considered the outstanding action list and noted that:-</p> <p><u>393/20 / IPR / Our Care / SI Report</u> - There followed a discussion on whether this was the right action however it was noted that a summary of all the serious incidents would be presented at the next Quality &amp; Governance Committee.</p> <p><u>393/20 / IPR / Use of Resource / Public View</u> - There was a short paper on the agenda that provided an overview of the Trust’s performance over the past year. It was noted that the Trust had received an offer from Public View to present an overview of their services. An invitation would be extended to the governors to attend once a date had been organised.</p>	
05/21	<p><b>Questions from the public to the Board relating to the work of the Trust</b>            There were two questions from the public to the Board which were on the Integrated Performance Report and Covid Vaccinations.</p> <p>With regard to the covid vaccinations and the hesitancy among black and other minority ethnic (BAME) groups the Chief Executive gave further data from a Trust staff perspective which had seen 88% of substantive staff vaccinated, however only 77% of staff from BAME backgrounds having had a first dose so far. With regard to BSW data there was a reluctance to publish data however a fuller picture would be provided on how the system was supporting our communities in the next Chief Executive Report.</p> <p><b>Action : Chief Executive</b></p>	KM
06/20	<p><b>Chair's Report, Feedback from the Council of Governors</b>            The Board received a verbal update which included:-</p> <p><u>Welcomes</u> - A warm welcome to Lisa Cheek as our new Chief Nurse, two new Non-Executive Directors, Faried Chopdat and Helen Spice, and two new Associate Non-Executive Directors, Sanjeen Payne-Kumar and Claudia Paoloni.</p>	

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	<p><u>Farewells</u> – A sad farewell to Jemima Milton, Non-Executive who had come to the end of her term of office. The Board thanked Jemima for all her hard work and commitment to providing a continued focus on patients over the past 7 years and wished her well in the future.</p> <p>It was also recorded that Rachel Skittrel appointed governor for Oxford Brookes University had decided to stand down and a replacement would be nominated in due course from the university.</p> <p><u>Charitable Funds Committee</u> - As Jemima Milton was stepping down as the Chair of the Charitable Funds Committee it was proposed that the new Chair would be Paul Lewis with Peter Hill as an additional Non-Executive Director member going forward.</p> <p><u>Council of Governors Meeting – 25 March 2021</u> - The Council of Governors met on 25 March which included a briefing on the Integrated Care System (ICS), and approval of an amendment in our constitution with regard to the use of the Trust Seal. It was noted that the governors would receive in due course an attendance and presentation from the Chair of the ICS who had recently attended a Board meeting.</p> <p><u>Board Development</u> - The Board were involved in a Digital Leadership workshop held on 10 March 2021 which was facilitated by NHS Providers. The Chair had also attended a national Digital Conference in March which offered a good opportunity to speak to the wider community and gauge how the Trust was progressing in terms of the digital agenda. This had demonstrated that not only were the Trust not a slow adopter on the digital path but also how well we were working as a system in this area.</p> <p>The Board <b>noted</b> the report.</p>	
07/21	<p><b>Chief Executive's Report</b></p> <p>The Board received and considered the Chief Executive's Report and the following was highlighted:-</p> <p><u>Covid Position</u> - The number of patients in Great Western Hospital had now fallen to single figures – a significantly improved position from January and February 2021.</p> <p>Andy Copestake, Non-Executive Director commented that the rate of infection within the Swindon area was twice the national average and asked if there was any more insight and would this translate into increased admissions. Kevin McNamara, Chief Executive replied that Swindon was the highest in the South West for infection rates and had been a consistent feature in all waves. The Public Health team had done a good job in targeting local areas however the Trust would have to ensure that any assumptions would be factored into planning for 2021/22.</p> <p><u>Marking one year of the pandemic</u> - On 11 March 2021, one year after the Trust treated its first patient with covid, a virtual internal memorial service to remember those members of staff and volunteers who died during the year was held. Also BBC Wiltshire had produced a 20-minute special report featuring some of the staff video diaries which gave an insight into what it was like to work on the frontline during the pandemic.</p> <p><u>Recovery programme</u> - Although coronavirus remained present, the decline in patient</p>	

Minute	Description	Action
	<p>numbers in recent weeks had meant a focus on the recovery programme which aimed to begin tackling the significant waiting time challenges the pandemic had caused. This remained a very significant quality, operational, financial and workforce challenge for all Trusts and the impact of the pandemic on the Trust's services and staff would be felt for some time.</p> <p><u>Focus in 2021/22</u> - The main challenges and focus in 2021/22 were broadly grouped around four headings; reset on quality, restore elective activity, regroup as a team and replenish our wellbeing, and recover our finances. All in the context of a pandemic that is far from over and therefore the ability to flex and respond as needs arose to Covid would be central to the Trust's planning.</p> <p><u>Vaccination programme</u> - The vaccination programme continued to be a key priority and the Trust would maintain focus on vaccinating those in the national priority groups.</p> <p>In the context of vaccine hesitancy it was noted the national report published on 31 March 2022 into racial and ethnic disparities in the UK. There was nothing contained within the report to stop focussing on the Trust's Equality, Diversity &amp; Inclusion (ED&amp;I) agenda for staff and the local community, however the Chief Executive had asked the ED&amp;I Lead and BAME network to advice on what term should be used as an organisation with regard to the Black, Asian and Minority Ethnic (BAME) group.</p> <p>Lizzie Abderrahim, Non-Executive Director welcomed the organisation revisiting the use of the term BAME as this was not as inclusive as intended.</p> <p><u>NHS staff survey</u> - The NHS staff survey results had been received. The Trust had its best ever response rate (53%) and the results are significant in providing a better understanding of how Covid-19 had impacted upon the organisation. The results would go through the normal governance routes in April with targeted actions.</p> <p><u>Primary care</u> - The Trust's Primary Care Network had a recent CQC inspection. The final report was yet to be received.</p> <p><u>Recruitment to senior roles</u> - Lisa Cheek had commenced in her new role as Chief Nurse. The Trust were also currently in the process of recruiting two further roles on our Executive team – Medical Director and Chief Operating Officer.</p> <p><u>Land Purchase</u> - The Trust had now signed the deal to buy the parcel of land next to the Great Western Hospital site. The purchase of this land created a strategic opportunity for future development on the site, to improve services and ensure the Trust could meet the demand created by Swindon and North Wiltshire's rapid population growth.</p> <p>The Board <b>noted</b> the report.</p>	
08/21	<p><b>Staff Story</b>  <i>Linda Clements, Assistant Practitioner joined the meeting for this agenda item.</i></p> <p>The Board received a presentation which centred on a member of staff who had to readjust to a completely different role together with working from home as a shielding member of staff during covid. The challenges faced from the staff member's perspective were described together with the support from both the Trust, particularly</p>	

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	<p>from team members, and family members. In addition the new ways of working that had been put in place, to enable an effective and stress free environment.</p> <p>The Board thanked Linda for sharing her story as it added value to the Board in terms of what the organisation had learnt through the pandemic and to take those changes and make the future better for its staff. The main lessons learnt were noted as:-</p> <ul style="list-style-type: none"> <li>• ensure that changes and support were consistent between departments</li> <li>• weekly meetings were invaluable</li> <li>• the support from family as well as the organisation</li> <li>• flexible working going forward.</li> </ul> <p>The Board recognised how important the support from employees' families was not just in this example but in other aspects of hospital working life and extended their gratitude. A discussion followed on how the Trust could widen its appreciation beyond staff members to family. Kevin McNamara, Chief Executive added that a Family Day was planned for the summer, rules permitting.</p> <p>The Board <b>noted</b> the patient story.</p>	
09/21	<p><b>Integrated Performance Report</b></p> <p>The Board received and considered the Integrated Performance Report (IPR) which provided commentary and progress on activity associated with key safety and quality indicators in February/March 2021.</p> <p><b>Part 1 : Our Performance</b></p> <p><b>Performance, People and Place Committee Chair Overview</b></p> <p>The Board received an overview of the detailed discussions held at the Performance, People and Place Committee around the IPR at its meeting on 24 March 2021 and highlighted the following:-</p> <p><u>Emergency Access</u> - Although the Trust were not achieving the national targets, performance was in the national upper quartile and the attitude and leadership of staff was impressive. A solid performance in challenging times.</p> <p><u>Referral to Treatment Time (RTT)</u> - A verbal update on the recovery plan had been received with the full Recovery Plan to be considered at the next meeting in April 2021.</p> <p><u>Diagnostic Wait Times</u> - Good performance in February 2021 which showed improvement. Further improvement was expected during the next few months.</p> <p><u>Re-admissions</u> - This was work in progress and the Committee expected to see plans for improvement in June 2021.</p> <p><u>Community &amp; Primary Care</u> - Some services were under enormous pressures with increased demand, however this service was generally performing well under excellent leadership.</p> <p><u>Sickness Absence</u> - In the context of covid-19 sickness rates were good however the Trust did not meet its local target which was set before the pandemic of 3.5%. Plans were in place to improve performance.</p>	

Minute	Description	Action
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Agency Spend - Agency spend continued to be high however the Trust moved to the PSL contract from 1 April 2021 and therefore improvements were anticipated.

Liam Coleman, Chair highlighted that a realistic trajectory for agency usage would be required, in the context of pressures within the NHS and the BSW system, that could be delivered from both a financial and quality aspect. This challenge spanned the portfolios of the Chief Operating Officer, Director of Finance and Director of HR and a risk that would be constantly on the Committees' list of monitoring. There followed a discussion on this challenge in particular that it was much bigger than a single trust issue and was one for debate at system level. The Chair agreed to consider whether there was added value to organise a workshop at system level.

LC

**Action : Chair**

Mandatory Training and Appraisal Rates - Performance was challenging during the pandemic however some improvements had been seen but it was recognised that there was still work to be done.

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

- Over the last several months, the Trust had seen a significant improvement in its Hospital Combined Performance score on Public View – it had achieved 48th position out of 123 Trusts (in March 2020 our ranking was 87th) and currently one of the most improved Trusts in England (8th).
- Performance against the 4 Hour Access standard had improved from 86.14% to 87.79% in month; however this continued to be below the 95% standard. Daily 'Criteria to Reside' calls continued and robust processes had been implemented for managing the flow of patients through the system. There was still inconsistency in discharging Golden Patients every day and this was now part of the Flow Transformation Project, led by the Chief Nurse.
- Overall, the Trust's RTT Incomplete Performance for January 2021 was 65.57%, which was a deterioration of 1.47% in month. January saw referrals at 76% of the prior year. The Patient Treatment List (PTL) had decreased by 293 in month. In terms of diagnostic waiting times, the DM01 performance saw a slight decline to 60.7% in January 2021 compared to 61.5% in December 2020.
- December's 62 day performance was 87.5% with the Trust achieving the national 62 day standard for the last three months. Prior to this, performance had been heavily impacted by Covid-19 with diagnostic/treatment delays.
- The Trust has achieved level B SSNAP performance (74%) for Q3, and had maintained level B for the last 12 months.
- National guidance had now been received with regard to phase 3 recovery with 6 priorities. It was noted that as the path to recovery evolved it would impact operationally and financially in terms of the Trust's own improvement plans. The Board recognised that there would be trade-offs to improve long term structure of the Trust and the ability to do things in the short term and recovery.



**Part 2 : Our Care**

**Quality & Governance Committee Chair Overview**

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 18 March 2021 and the following highlighted:-

Mortality Review - This item was a referral from Audit, Risk & Assurance Committee as an issue raised by an internal audit. The Committee were assured that the Deputy Medical Director was progressing with actions and working closely with the Medical Examiners but recognised that this was work in progress.

Board Assurance Framework - The Committee supported the new refreshed report.

Integrated Performance Report (IPR) - The Committee were assured that appropriate actions were in place however recognised there was still work to improve pressure ulcers and falls rates.

Get It Right First Time (GIRFT) - The pandemic had had a negative impact on the introduction of some of the recommended practices but it had to be acknowledged that many predated Covid by a long time. Effort was being made however more action was required to move ahead with this.

Andy Copestake, Non-Executive Director asked what the prioritisation process was for the GIRFT action plan. Charlotte Forsyth, Medical Director replied that each department were reviewing their outstanding action list to ensure that it was relevant and up to date, before a prioritisation process commenced.

Patient Engagement & Experience - Good progress had been made on this with a detailed plan in place. In terms of the Inpatient Survey 2019 it was recognised that there were quite a few areas the Trust had scored down in however the recently appointed Head of Patient Experience and Engagement had developed a plan to address those ranked lowest.

Julie Soutter, Non-Executive Director had two points to highlight, firstly from the minutes of the last meeting it stated that a detailed report on falls would be presented to the March meeting, and secondly was there any data from Public View in terms of falls. Nick Bishop, Chair of Quality & Governance Committee replied that the falls report had not yet been presented to the Committee however the Committee recognised that the increase in falls was due to the severity of the patients during the covid period which was much worse than normal and not only were they falling because they were more frail but injuring themselves because they were more frail. The national data was not known however would be a question for Public View at their visit.

JO

**Action : Operating Chief Officer**

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

Minute	Description	Action
	<p><u>Harm Free Care</u> - A Pressure Ulcer Improvement Programme launch day was held on the 4th March 2021, all divisions and professions were well represented. Also members of staff attended an RUH learning event to share learning across the system. It was recognised that any improvement would take time in terms of actions.</p> <p>Andy Copestake, Non-Executive Director asked about one of the maternity serious incidents contained within the report around a second unnecessary procedure and asked if this was a cross trust issue. Charlotte Forsyth, Medical Director replied that this was not a widespread issue and in this incident was around the duplication in a patient's records between notes and a ward's whiteboard.</p> <p><u>Patient Experience</u> - There were a number of avenues to collate feedback from patients and carers. A lot of work was taking place to improve this process which included additional resource, updating the Friends &amp; Family Test to revised guidance, and further use of social media and texting. In terms of the In Patient Survey the Great Care Campaign would involve visible listening and responding to patient voice together with empowering staff to make changes mapped to the CQC domains with tangible milestones.</p> <p><u>Mortality Reviews</u> - This was a priority focus of the Deputy Medical Director to address the issues raised in an internal audit review.</p> <p>The Chair asked if it was possible for the Non-Executive Directors to have training on a mortality review and would leave the approach to the Quality &amp; Governance Committee.</p>	
	<p><b>Action : Medical Director</b></p>	CF
	<p>The Chair of Audit, Risk and Assurance Committee (ARAC) added that this report was raised by internal audit at ARAC and it would therefore be helpful to understand what happens to the learning and assurance.</p> <p><b>Action : Medical Director</b></p>	CF
	<p><b>Part 3 : Our People</b></p> <p>The Board received and considered the workforce performance element of the report with the following highlighted:-</p> <p><u>Overall Performance</u> : Areas of pressure for February 2021 were in workforce in terms of reliance on agency bank fill rate and sickness absence. An area of improvement was in vacancy rates, and turnover remained stable. There were also signs of improvement in mandatory training and appraisal rates.</p> <p><u>Great Workforce Planning</u> - The Trust were above target for agency spend which was the 7<sup>th</sup> month in a row due to robust scrutiny and challenge around agency spend. However Community Nursing was one area that continued to have the greatest demand for temporary staffing resource and although funding had been secured for an additional 25 nurses it would be a challenge to recruit this number and therefore the service would continue to rely on agency staff. GP practices were also reliant on locums to run the service and the Trust was looking at different ways to recruit.</p> <p><u>Great Opportunity</u> - Overall the vacancy rate versus the established rate decreased to 6.30% with the medical and nursing rate at a low 4%. A deep dive would be undertaken into key workforce areas to identify those small number of roles which are</p>	



Minute	Description	Action
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not filled but making a significant impact on the service and to look at offering more attractive propositions in what the Trust could offer.

Great Experience - The Trust continued to invest in the health and wellbeing plan with a number of initiatives now in place. The Trust was using the NHSI Framework to track and measure the impact of investments made.

In relation to the health and wellbeing diagnostic tool Lizzie Abderrahim, Non-Executive Director advised that on reviewing the assessment outcome the Trust had done a significant amount of work which was nationally recognised however it also highlighted the need to focus on prevention and further work would be required to work out what this meant and how this was to be measured and the Board would get more information as this progressed.

Great Employee - Overall mandatory training was just below the 85% target, with the elements of training the CQC take an interest in at 84% which was above the Trust's target. There continued to be challenges in recording compliance due to the IT system as manual input was required however a weekly task force was in place to move to a digitalised system by the end of May 2021.

Great Leadership - The appraisal rate compliance had significantly improved in February 2021 which was due to the positive decision in the summer to reintroduce and amend the appraisal form to include a section on health and wellbeing. Although there was increase this would continue to be monitored closely.

In addition the Trust was embarking on Organisational Development work with one of our partners. This was organisation wide from Board to ward.

Paul Lewis, Non-Executive Director asked if there were any plans to use SPC charts within the staff survey element of the Integrated Performance Report. Jude Gray, Director of HR replied that this was not currently planned however took the action to explore this option.

**Action : Director of HR**

JG

#### **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 22 March 2021 and the following highlighted:-

- A shorter report this month as all green assurance ratings however it was noted that this had been a very unusual year from a financial perspective. The Trust had started with a £24m deficit which moved to a forecast of breakeven; however there still remained an underlying deficit of £32-33m. The Trust had received extra funding this year because of covid, re-budgetted mid-year and now at breakeven.
- Capital expenditure had been a big achievement as the Trust was on track to spend £30.8m of £33.6m plan as predicted. This had been a tremendous performance to reach this level of spend over the last few months.
- The next financial year would be different and there was one red assurance which was around the budget setting and business planning. This was due to as there

Minute	Description	Action
	<p>was yet no agreed budget due to the lack of national guidance particularly for the second half of the year.</p> <ul style="list-style-type: none"> <li>• The Committee agreed to recommend the contract for the supply of Orthopaedic Prostheses for hips and knees.</li> <li>• There had also been an additional paper around the Clover project as additional funding had been secured which would be used to extend the lease life for decant facilities.</li> </ul> <p>The Board received and considered the use of resource performance element of the report with the following highlighted:-</p> <ul style="list-style-type: none"> <li>• The Trust in month position was £3,008k surplus against a plan of £648k deficit which was £3,656k favourable variance. The YTD position was £1,195k surplus against a plan of £2,964k deficit which was £4,160k favourable variance.</li> <li>• Pay was £1,776k overspent due to costs of Covid-19 Vaccination Programme, HDP, aspirant nurses, incentive payments, lateral flow testing staff and additional staffing required to meet Covid-19 surges. It was noted that there was a provision in medical pay which was due to the amount of time worked throughout the year and related to TOIL (time off in lieu).</li> <li>• Non-pay expenditure was overspent by £1,776k due a number of factors which included costs of Covid-19 vaccination programme, estates dilapidation costs and carbon energy costs which were funded by additional income. Non-pay also included International Recruitment fees linked to NHSE/I funding, IT equipment and screens to support agile working. Clinical supplies and drugs were underspent due to reduction in elective activity during Covid-19 surges. .</li> <li>• The forecast position for 2020/21 was, for purely operational purposes, breakeven however showed a potential deficit of £752k to reflect annual leave which had been agreed nationally and would be funded nationally.</li> <li>• Cash had improved in month due to lost income received.</li> <li>• The Trust capital plan for 2020/21 was £39,467k. This had increased by £1,593k in month relating to funding agreed for Pathology LIMs, IT Audio-visual and Remote Monitoring.</li> <li>• For 2021/22 planning some guidance had now been received which outlined 6 key priorities for 2021/22 all underpinned by system working.</li> <li>• Internal budget setting had been on-going for several month with the divisions with a draft plan submitted to Finance &amp; Investment Committee in April and then to Board in May 2021.</li> </ul> <p><b>RESOLVED</b></p> <p><b><i>to review and support the continued development of the IPR and the on-going plans to maintain and improve performance.</i></b></p>	
10/21	<p><b>Chair of Audit, Risk &amp; Assurance Committee Overview</b></p> <p>The Board received an overview of the discussions held at the Audit, Risk &amp; Assurance Committee at the meeting held on 11 March 2021 and the following highlighted:-</p> <p><u>Divisional Risk Register – Unscheduled Care</u> - Good grip on controls demonstrated with further strengthening as Division restructure continued to bed in.</p> <p><u>Board Assurance Framework (BAF)</u> - The Committee supported the new BAF format which started with Quality, Finance would be next and the others to follow. This was an</p>	

Minute	Description	Action
	<p>iterative process.</p> <p><u>15+ Risk Register</u> - Risk management processes continued to be improved which included a new risk management system.</p> <p><u>External Audit</u> - There were no significant matters to report with year end reporting on track. It was noted that there were new requirements in terms of responsibility for year end going concern, and value for money. With regard to the Annual Report and Accounts it was confirmed that the Quality Accounts were no longer required to be included once again this year, and that there was a new requirement to include diversity and inclusion ambitions into the report.</p> <p><u>Internal Audit and Counterfraud</u> - New functional standards were being introduced for counterfraud however no detail had been received as yet hence the amber assurance rating.</p> <p><u>Pre-employment Report</u> - This report reviewed longer term employee records before current requirements were required on pre-employment checks. The Committee agreed a risk-based approach to achieve compliance as necessary. It was noted that current practice was compliant.</p> <p>The Board <b>noted</b> the report.</p>	
11/21	<p><b>GWH Performance &amp; Public View Data</b></p> <p>The Board considered a paper which provided the key performance standards in March 2020 and in terms of national benchmarking through public view data how the Trust had performed.</p> <p>The Trust had improved during the year from ranking 87<sup>th</sup> out of 123 trusts to 48<sup>th</sup>. The first time in the top 50. It was noted that there were 10 indicators in public view that correlated with CQC ratings and the Trust had moved from 'Requires Improvement' to the 'Good' zone. Further work was still required for a more balanced approach however it demonstrated strong performance by the Trust.</p> <p>The Board <b>noted</b> the report.</p>	
12/21	<p><b>Theatres and Outpatients Transformation</b></p> <p>The Board considered papers that provided an overview of both the Theatres and Outpatient transformation projects. It was noted that this was a top level oversight as the detailed reporting would be dealt with by Performance, People and Place Committee.</p> <p><b>Theatres Transformation</b></p> <p>A presentation outlined the improvement and project frameworks, approach and why it was different to previous approaches to improvements in theatres, the project work streams, the key performance indicators and programme governance.</p> <p>There followed a discussion which included staff motivation/culture change, productivity and efficiency.</p> <p>The Chair noted that this had been identified as a key focus as it was critical in helping the elective recovery process. A new approach had been outlined to galvanise and</p>	

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	<p>inject pace for short sharp steps for improvement. From a Board perspective oversight would be through Performance, People and Place Committee to track resources to enable improvement but also to achieve improvements.</p> <p><b>Outpatients Transformation</b>            A presentation outlined the performance update, briefing on automation and review of the roadmap for 2021/20.</p> <p>The Chair noted the excellent work. This service was the biggest volume of activity and biggest impact on most people and was a vital area.</p> <p>The Chair added that any strategic questions for any of the projects should be sent through to the Chair of Performance, People and Place Committee.</p> <p>The Board <b>noted</b> the reports.</p>	
13/21	<p><b>Ratification of Decisions made via Board Circular/Board Workshop</b>            The Board was asked to ratify two Board Circulars which had been approved since the last Board meeting:-</p> <ul style="list-style-type: none"> <li>• The changes to the Trust Constitution in terms of the usage of the Trust Seal; and</li> <li>• The contract for the purchase of Radiology equipment (computed tomography).</li> </ul> <p><b>RESOLVED</b></p> <p><b>(a) to ratify the that the seal may be used between Board meetings, based on business need, at the discretion of the Chief Executive or Director of Finance and to amend the Trust's Constitution accordingly; and,</b></p> <p><b>(b) to ratify to award the contract for purchasing the computed tomography to Siemens.</b></p>	
14/21	<p><b>Terms of Reference of Committees</b>            The Board received and reviewed a paper to consider the annual review for the Board Committee structure and the terms of reference for Board Committees Audit, Risk &amp; Assurance, Quality &amp; Governance Committee, Finance &amp; Investment Committee, Charitable Funds Committee and Remuneration Committee. The following was noted:-</p> <ul style="list-style-type: none"> <li>• Each Board Committee had undertaken an open discussion to consider their effectiveness, including terms of reference.</li> <li>• There were no issues or concerns to draw to the attention of the Board.</li> <li>• The terms of reference of the Committees were circulated showing minor amendments.</li> </ul> <p><b>RESOLVED</b></p> <p><b>(a) that it be agreed that there are no changes proposed to the Board Committee structure set out in this report, and;</b></p> <p><b>(b) that the Terms of Reference for each Committee as circulated separately with the agenda be approved.</b></p>	

Minute	Description	Action
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15/21     **Urgent Public Business (if any)**  
None.

16/21     **Date and Time of next meeting**  
It was noted that the next virtual meeting of the Board would be held on 6 May 2021 at 9:30am via MS Teams.

17/21     **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 1530 hrs.

Chair .....

Date.....