

**MINUTES OF A MEETING OF THE BOARD OF DIRECTORS
HELD VIRTUALLY IN PUBLIC ON 7 JANUARY 2021 AT 9.30 AM,
BY MS TEAMS**

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
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

In attendance

Caroline Coles (CC)	Company Secretary
Tim Edmonds (TE)	Head of Communications and Engagement
Natalie Lawrence (NL)	Emergency Department Matron (agenda item 329/20 only)
Dr Natalie Whitton (NW)	Emergency Department clinician (agenda item 329/20 only)

Apologies for Absence

Paul Lewis (PL)	Non-Executive Director
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Number of members of the Public: 11 members of public (including 9 Governors; Pauline Cooke, Arthur Beltrami, Maggie Jordan, Chris Shepherd, Chris Callow, George Cahill, David Halik, Janet Jarmin and Judith Furse)

Matters Open to the Public and Press

Minute	Description	Action
322/20	<p>Apologies for Absence and Chairman's Welcome 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>	
323/20	<p>Declarations of Interest There were no other declarations of interest.</p>	
324/20	<p>Minutes The minutes of the meeting of the Board held on 3 December 2020 were adopted and signed as a correct record with the following amendments:-</p>	

Minute	Description	Action
	<u>288/20 : Declarations of Interest</u> - Add the new role as ‘ <i>Commissioner for Gloucester City Council Race Equality Commission</i> ’.	
	<u>292/20 : Questions from the public to the Board</u> - Change wording in last sentence to ‘associated with <i>any condition related to time...</i> ’.	
	<u>295/20 : IPR : Our Care</u> – Replace the work <i>interrupted</i> in the 3 rd paragraph with ‘ <i>interpreted</i> ’.	
	<u>298/20 : Chair of Mental Health Governance Committee Overview</u> - Add a further sentence ‘ <i>In the light of this, it was agreed that the Director of Finance would seek assurance from the commissioners that the funding that had been allocated for the Priory beds remained available for specialist CAMHS services even though the Priory beds were no longer available.</i> ’.	
325/20	Outstanding actions of the Board (public) The Board received and considered the outstanding action list.	
326/20	Questions from the public to the Board relating to the work of the Trust There were no questions from the public to the Board.	
327/20	Chair's Report, Feedback from the Council of Governors The Board received a verbal update which included:- <u>New Governor</u> – The Trust welcomed a new appointed governor Jennifer Seavor who replaced Douglas Looman as representative for Prospect Hospice in December 2020. <u>Public Health Talks</u> – The next virtual public Health Talk was due to take place on 21 January 2021 on Diabetes. Liam Coleman, Chair also added that as we entered into 2021 it continued to be a challenging and difficult time and, as a Board, wished to pause and pay tribute to those people who had passed away, and also to say how proud the Board were for the way the Trust had responded to the huge challenges that came our way in 2020, and to thank each and every colleague within Great Western Hospital and our partner organisations. We are fully aware of what our colleagues have experienced this year both professionally and personally, and we know that would continue to be challenging. As a Board we would continue to do what we can to keep the focus on colleagues wellbeing as well as patient care. The Board noted the report.	
328/20	Chief Executive's Report The Board received and considered the Chief Executive’s report and the following was highlighted:-	

Minute	Description	Action
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Covid-19 Update - As the Trust moved into a challenging period with covid infections a review of committee approach would be undertaken and any adjustments would be communicated with Board members.

An update on the current position in terms of the number of covid patients was shared together with the impact on activity and staffing in light of the significant increase in covid patients. There remained a continued focus on staff health and wellbeing especially as it was approaching a year since the first covid patient and staff had been working continuously at personal risk to them and their families.

Vaccination Programme - The Trust were identified as one of the first 50 hospitals in the country to launch the COVID-19 vaccination programme and were leading on this in the BSW STP. The first vaccination was given on 9 December 2020 and since the launch 2,500 people had been vaccinated before Christmas.

Infection Control and Prevention - Infection control and prevention remained a key priority for the Trust. There had been a number of small localised outbreaks which had successfully been contained.

Nursing Time Award - The Trust's health and well-being team had won a national Nursing Times award in the 'best wellbeing and staff engagement initiative' category, together with Sam Walklett, Health and Wellbeing Project Manager, who had won the regional Parliamentary Award and would go on to represent the region at the national awards next year.

Lizzie Abderrahim, Non-Executive Director asked what degree of health and well-being was being put in place given the increasing pressures and also the safeguards in connection with hoax stories in the media about hospitals being empty. Kevin McNamara, Chief Executive replied that the stories were disheartening and the Trust were keeping a close watch on social media coverage. The Trust also had a good relationship with the local police and shared intelligence within the BSW region to enable any appropriate prosecution. In terms of staff health and well-being, varying different options were being explored to further support staff through this second wave and also to identify any gaps.

Andy Copestake, Non-Executive Director asked how many ICU beds were occupied and what lessons had been learnt in the treatment of covid so that less patients required ICU treatment. Jim O'Connell, Chief Operating Officer replied that in this wave the correlation to ICU beds and general beds was very different and that currently there were 8 patients in ICU compared to 26 in wave 1. Charlotte Forsyth, Medical Director added that a greater number of patients were being cared for on the wards and that treatment strategies had changed which also had led to shorter lengths of stay in hospital. The age profile had also changed with a lower age affected, averaging 55 year olds.

Andy Copestake, Non-Executive Director asked if the Trust had received the Oxford AstraZeneca vaccine. Charlotte Forsyth, Medical Director replied that

Minute	Description	Action
	<p>the Trust had only received the Pfizer/BioNTech version, however had prepared for both in terms of staff training.</p> <p>Julie Soutter, Non-Executive Director asked if there were any concerns filtering through with regard to the change in dosage in extending the second dose to up to 12 weeks. Charlotte Forsyth, Medical Director replied that no issues had been raised. Kevin McNamara, Chief Executive added that the rationale behind the change was to reduce hospitalisation and maximise the lives that can be saved.</p> <p>The Board noted the report.</p>	
329/20	<p>Patient Story <i>Natalie Lawrence, Emergency Department Matron and Dr Natalie Whitton, Emergency Department joined the meeting</i></p> <p>The Board received a patient story that highlighted the successful implementation of the High Intensity User (HIU) Programme which identified high intensity service users to offer support and find out the underlying reasons behind their frequent trips to A&E. The HIU programme helped some of the most vulnerable people in society while saving NHS resources through reductions in A&E attendances, 999 calls, and non-elective admissions. This programme yielded positive and meaningful outcomes for clients and their families, including the opportunity to regain friends and purpose, prevent crises, address loneliness or social isolation, and return to employment, as well as a reduction in or prevention of self-harm and dependency on family and friends.</p> <p>There followed a robust discussion on this initiative which included how the Board could support in taking this programme forward, the financial savings as well as the quality of care aspect, partnership working especially agencies outside the healthcare sector, and equality & diversity.</p> <p>It was acknowledged that this initiative not only covered improvements in patient quality of care but also from a financial, system working and staff well-being perspective and therefore had all the components for a good transformation case study. It was suggested that for further support and to drive this initiative forward it should be considered part of the Transformation Programme.</p> <p>Action : Director of Improvement and Partnership</p> <p>The Chair thanked the team for their great efforts and reiterated the Board's offer of support to develop this valued initiative to the next stage.</p> <p>The Board noted the staff story.</p>	TC
330/20	<p>Integrated Performance Report</p> <p>The Board received and considered the Integrated Performance Report (IPR) which provided commentary and progress on activity associated with key safety and quality indicators in October/November 2020.</p>	

Part 1 : Operational 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 around the IPR at its meeting on 23 December 2020 and highlighted the following:-

Board Assurance Framework (BAF) - Assurance level green as the Committee felt that the BAF provided evidence of assurance and flagged those areas to seek further assurance.

Emergency Access 4hr Standard – Assurance level amber. Although the Trust were not achieving the standard it was ranked at 27th within the country for ED performance and most importantly improvement plans were in place and were striding to achieve the national performance.

Referral to Treatment Time & Diagnostic Waits - Assurance level red. This was mainly due to the country being in a state of flux due to the impact of covid-19 not because there were no plans or effort in place and the Committee would monitor these closely.

Cancer - Assurance level green. Good overall performance with challenges being managed.

Surgical Pathway - Assurance level red. It was acknowledged that theatres were under enormous pressure due to covid however the Committee remained concerned at the lack of progress.

Liam Coleman, Chair endorsed the new approach in assurance levels within the new Chair Board Committee reports as this indicated clear visibility on performance however clarified that red was not intended to indicate a lack of understanding or transparency but a concern around controls, compliance, actions or outcomes.

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

Overview - The current position was outlined which included a system overview, current performance figures and to note the significant deterioration in ambulance handover due to a combination of winter, increase in covid numbers and mutual aid.

ED Performance - Performance against the 4 Hour Access standard had dropped to 86.98%, although this was still within normal cause variation. Daily 'Criteria to Reside' calls with partners had been introduced to improve patient flow. These focused on unblocking internal and external delays to discharges and providing support to wards to identify 'Golden Patients' for early discharge.

Referral To Treatment (RTT) - The gradual improvement in performance against the Referral To Treatment (RTT) standard continued however performance was still well below target due to the on-going impact of Covid-19.

Minute	Description	Action
	<p>For the first time since May, the PTL decreased in size by 26 patients. RTT performance was being measured and reported against the previous year's activity as part of the Phase 3 Recovery Programme.</p> <p><u>Diagnostics Performance</u> - In terms of diagnostic performance, the DM01 performance saw an improvement in performance to 55.7% compared to 52.3% in September.</p> <p><u>Cancer Performance</u> - The Cancer 62 Day Standard had seen an improvement in performance this month to 79% from 73.1% in September. In October; the patient pathways were delayed with initial diagnostics, outpatient capacity, pre-assessment clinics (PACS) and theatre capacity and many of the Covid-19 delay patients had now been treated.</p> <p><u>Stroke Performance</u> - A downturn in performance around admission times to the Acute Stroke Unit (ASU) was impacting on the Trust's Stroke SSNAP score, with ring fenced ASU beds allocated to long waiting patients in the Emergency Department (ED). However, the projected performance for Q2 remained a B. Actions were currently focusing on the target of admission to ASU time as delays here contributed to delays further into the patient pathway.</p>	
	<p>Liam Coleman, Chair asked if, from a Board or Chair perspective, there was anything more that could be done in terms of working within the BSW system or partner hospitals. Jim O'Connell, Chief Operating Officer replied that the relationships were working well. It was noted that a new set of standards in urgent care were currently out for consultation with proposals for updated standards aimed to capture what matters clinically to patients and end hidden waits. This would result in a change in reporting which would be discussed in depth at the Performance, People and Place Committee when known.</p>	JO
	<p>Action : Chief Operating Officer</p>	
	<p>Liam Coleman, Chair asked, in the context of the red assurance rating for appraisals, whether an option could be considered for shorter, quicker appraisals to suit the challenges of coping with the demands of the pandemic. Charlotte Forsyth, Medical Director added that from a medical perspective the GMC guidance for wave 2 was for the appraisal to be used to check the health and well-being of staff. Jude Gray, Director of HR agreed and took the action to review the current paperwork and appraisal process to ensure there was a focus on health and wellbeing.</p>	JG
	<p>Action : Director of HR</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 December 2020 and the following highlighted:-</p>	
	<p><u>Board Assurance Framework</u> - Assurance rating amber as all the strategic risks required further actions in order to make progress.</p>	

Minute	Description	Action
	<p><u>Integrated Performance Report</u> - Assurance rating amber as key items on-going for some time and continued concern with regard to the number of complaints and pressure ulcers.</p> <p>There followed a discussion around the mortality indicators although both indicators were below the 100 national average score and did not generate a need for instant and urgent investigation, the SHMI showed an increasing trend and therefore a review was being undertaken around patients who had died within 30 days of discharge to aid the understanding of what was driving the increase.</p> <p><u>Getting it right first time (GIRFT)</u> - Assurance level red as there were unacceptable long delays in progress on some topics. It was noted that this was not a criticism on the Medical Director but more to do with improvement culture within the organisation.</p> <p>There followed a discussion on GIRFT and particularly the lack of progress. It was agreed that the Medical Director could not do this solely and it was suggested that GIRFT should be considered under the Transformation Programme. Tracey Cotterill, Interim Director of Improvement and Partnership agreed to follow this up.</p>	
	<p>Action : Interim Director of Improvement and Partnership</p>	TC
	<p><u>Provider Licence Annual Review</u> - Assurance level green.</p> <p>The Board received and considered the quality performance element of the report with the following highlighted:-</p> <p><u>Infection Control</u> - A total of 156 patients were diagnosed with Covid-19 during November 2020, up from 73 in October 2020. One of these cases was judged to be hospital acquired. 23 deaths were recorded during November bringing the total at GWH to 152 cases during 2020/21 to date.</p> <p><u>Pressure Ulcers</u> - The data for Acute Hospital Tissue Viability Incidents was showing special cause for concern as the number of Acute Hospital tissue viability incidents in month had risen above the upper control limit. This was as a result of improved processes for validating the category and origin of the pressure ulcer.</p> <p><u>Complaints</u> - There was a review around the management of complaints being undertaken to improve the process.</p> <p>Jemima Milton, Non-Executive Director asked if there was an explanation why there were no patients with flu. Julie Marshman, Chief Nurse replied that all the measures put in place to protect from covid has had a significant impact on flu.</p> <p>Liam Coleman, Chair asked if covid testing differentiated between the differing variants. Julie Marshman, Chief Nurse responded that some trusts had sent samples to Porton Down but Great Western was not one of those trusts. However from feedback from other organisations on how the virus was</p>	

Minute Description

Action

transmitting in this phase the Trust was seeing the new variant.

Part 2 : Our People

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

Agency spend - In November agency spend was over plan, Trust activity and Covid-19 related impact had resulted in a significant increase in demand for additional staffing resulting in 156.77WTE worked above budget.

Vacancy position - The vacancy position decreased in October. Virtual recruitment continued to work effectively for the Trust with successful recruitment campaigns to senior leadership roles and a range of virtual open events for departments, wards and student recruitment. The time to hire for October was 28 days (within the KPI target) from advert live to start date confirmed, this improvement was attributed to the introduction of the TRAC system and implementation of the Recruitment strategy.

Mandatory Training - Overall mandatory training performance was 83.10% and below target of 85%. Data recording issues remained a source of frustration and will be reduced once Training Tracker is decommissioned and recording is via ESR.

All areas of the People IPR had been discussed in depth at the Performance, People and Place Committee.

Jemima Milton, Non-Executive Director asked if the Trust was experiencing staff having to take time off due to adverse side effects from the Covid vaccination. Jude Gray, Director of HR replied that there appeared to be minimal reaction to the first dose but would have better data in a few months.

Liam Coleman, Chair asked what measures were being put in place to promote health and wellbeing within the trust and encourage staff to use the interventions and support sessions as the increase in pressure continued. Jude Gray, Director of HR explained that there was a 3-pronged approach; an oversight team to continue and improve health and well-being; a wellbeing support team; and health & wellbeing advocates.

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:-

- The report was similar to last month's except for the IT Infrastructure which now had an assurance rating of green.
- The two red assurance ratings were around Business Planning & Budget Setting purely as there was no national guidance published as yet, and, also as the Committee had not yet had sight on the Financial Recovery and Efficiency report however it was acknowledged that that progress had been

Minute	Description	Action
	<p>made behind the scenes.</p> <p>Liam Coleman Chair asked about the funding to support the replacement of the steam generator and questioned whether the Trust was confident this was progressing. Simon Wade, Director of Finance replied that the business case would be presented to the Finance & Investment Committee in February 2021.</p> <p>Action : Director of Finance</p>	SW

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

- The Trust had received notification from NHSE/I that the financial baseline had been reviewed for M7-12 and the financial control total had been adjusted.
- Pay was underspent due to vacancies and slippage in Hospital Discharge Programme and Reset and Recovery schemes.
- Non-pay expenditure was overspent due to estates dilapidation costs and carbon energy costs, both of which were funded by additional income.
- There was a good degree of confidence around spend with regard to the Trust capital plan for 2020/21. The EU transition risk had not materialised however there was the additional risk arising from the availability of contractors during lockdown for construction and this would be monitored closely over the coming months, together with the continued risk of the Elective Incentive Scheme penalty of £1m.
- Although no national guidance had been published yet work around the planning process had commenced with the Divisions.

There followed a discussion around year end processes and whether there would be any disruption due to the continued pandemic. Although there were no concerns around producing the accounts at this stage there would be more audit topics because of the uncertainty. It was noted that the audit plan for 2021/22 would be discussed at the Audit, Risk and Assurance Committee next week.

RESOLVED

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

331/20 **Ockenden Report**

The Board received and considered a paper that provided an initial briefing detailing the recommendations and findings from the Ockenden Report (December 2020) and the following was highlighted:-

- Paul Lewis had been identified as the Non-Executive Director Maternity Champion.
- The Assurance Assessment Tool submission date was 15 January 2021
- The full report would be shared with the Quality & Governance Committee on 21 January 2021.
- Monthly reporting to Board would be through the Integrated Performance Report, specifically serious incidents in maternity.

Minute	Description	Action
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- There were no significant issues or concerns found in the initial findings within the Trust, however there was learning and therefore processes and procedures would be strengthened.

Nick Bishop, Non-Executive Director asked for clarification on the weekend labour ward cover. Julie Marshman, Chief Nurse replied that although ward rounds were in place changes would have to be made as physical presence for all staff was required. Julie Soutter, Non-Executive Director asked how this was going to be implemented as it was not referenced in the report. Julie Marshman, Chief Nurse responded that this would be done through changes to job plans which would result in a cost pressure, and this detail would be included in the final report

Julie Soutter, Non-Executive Director asked whether assurance mechanisms were in place within the Trust and were effective. Julie Marshman, Chief Nurse confirmed that additional controls had been put in place and were effective.

Andy Copestake, Non-Executive Director acknowledged that this was an important area however recognised that considerable investment was required and asked where the funding was coming from or would it increase the Trust's bottom line deficit. Kevin McNamara, Chief Executive replied that there was no additional funding and would be part of discussions both internally and externally with commissioners. Julie Marshman, Chief Nurse added that although the CNST money would be ring fenced, the standards had increased significantly and it was not certain that the Trust would receive this funding this year.

It was acknowledged that the Trust were committed to all the recommendations from the Ockenden Report but recognised that the financial cost pressure would be a challenge.

RESOLVED

- (a) to note the Ockenden Report and the on-going work that will be undertaken in response; and,***
- (b) to delegate oversight of the Assurance Assessment Tool by the Quality & Governance Committee for submission on 21 January 2021 with all subsequent reviews and reports being presented to Board as stipulated in the recommendations.***

332/20 Equality & Diversity Annual Report 2019-20

The Board received and considered the Equality & Diversity Annual Report for 2019/20 which outlined the Trust's performance in relation to the national context of statutory, mandatory and regulatory requirements and provided evidence of progress and achievements during the period. The report had been discussed robustly at Performance, People and Place Committee.

The Board **noted** the report.

333/20 Equality, Diversity and Inclusion Strategy 2020-24

Minute	Description	Action
	<p>The Board received and considered the Equality, Diversity & Inclusion (EDI) Strategy which outlined how the Trust would be guided in the delivery of its vision and goals for EDI over the next four years. A work plan would be produced by the EDI Lead which would go through Executive Committee and Performance, People and Place Committee.</p> <p>Lizzie Abderrahim, Non-Executive Director commented that there had been discussions around a Board pledge and would not like to lose the opportunity for this to happen. Liam Coleman, Chair agreed and to ensure that the topic was given time and space for an in-depth discussion would incorporate it into a future Board Workshop.</p> <p>Action : Chair</p>	<p>LC</p>
	<p>Julie Soutter, Non-Executive Director questioned whether the trust already involved patients, carers and service users in the design of services and pathways as referenced in a year 3-4 achievement. Kevin McNamara, Chief Executive explained that some areas were better than others in user involvement however approach was not from a diversity perspective. The new roles of EDI Lead and Head Of Patient Experience and Engagement would strengthen community input, as well as governor input.</p> <p>The Board congratulated all those involved in producing the EDI Strategy.</p> <p>RESOLVED</p> <p><i>to approve the Equality, Diversity and Inclusion Strategy 2020-24.</i></p>	
334/20	<p>Responsible Officer's Annual Report on Appraisal and Revalidation</p> <p>The board received and considered the Responsible Officer's Annual Report on Appraisal and Revalidation and provided assurance that the statutory functions of the Responsible Officer were being appropriately and adequately discharged.</p> <p>Liam Coleman, Chair asked if the systems and controls for oversight to ensure visibility of compliance in all areas were effective. Charlotte Forsyth, Medical Director gave assurance that robust oversight was in place.</p> <p>There followed a discussion on what the governance arrangements were for reporting to the Board, or equivalent governance group, in respect of concerns about a doctor. It was noted that when the Trust took action to exclude or restrict practice this involved a group of appropriate and senior individuals and included robust challenge and scrutiny however there was not a specific governance route for oversight for quality assurance at Board level, except for the this annual report. It was agreed to strengthen this part of the process and formulate an appropriate route for endorsement by the Board.</p> <p>Action : Medical Director</p>	<p>CF</p>
	<p>RESOLVED</p> <p><i>(a) to note and accept the summary; and</i></p>	

Minute	Description	Action
	<i>(b) that the Chair or CEO sign the statement of compliance subject to the additional action around medical governance as outlined above.</i>	
335/20	<p>Ratification of Decisions made via Board Circular/Board Workshop The Board was asked to ratify one Board Circular which had been approved since the last Board meeting.</p> <p>RESOLVED</p> <p><i>to ratify the Board Circular to award a contract for the provision of temporary decant facilities to support the Clover re-development project.</i></p>	
336/20	<p>Urgent Public Business (if any) None.</p>	
337/20	<p>Date and Time of next meeting It was noted that the next virtual meeting of the Board would be held on 4 February 2021 at 9:30am via MS Teams.</p>	
338/20	<p>Exclusion of the Public and Press</p> <p>RESOLVED</p> <p><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 business to be transacted, publicity of which would be prejudicial to the public interest.</i></p>	

The meeting ended at 1602 hrs

Chair Date.....