

**MINUTES OF A MEETING OF THE BOARD OF DIRECTORS
 HELD VIRTUALLY IN PUBLIC ON 6 MAY 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
Lisa Cheek (LCh)	Chief Nurse
Fariad 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
Jim O'Connell (JO)	Chief Operating Officer
Claudia Paoloni (CP)	Associate Non-Executive Director
Sanjeen Payne-Kumar (SP-K)	Associate Non-Executive Director
Helen Spice (HS)	Non-Executive Director
Claire Thompson (CT)	Director of Improvement & Partnerships
Simon Wade (SW)	Director of Finance & Strategy

In attendance

Caroline Coles	Company Secretary
Tim Edmonds	Head of Communications and Engagement
Christina Rattigan	Head of Midwifery (agenda item 39/21 only)

Apologies

Julie Soutter (JS)	Non-Executive Director
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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
32/21	<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>	
33/21	<p>Declarations of Interest There were no declarations of interest.</p>	
34/21	<p>Minutes The minutes of the meeting of the Board held on 1 April 2021 were adopted and signed as a correct record.</p>	

Minute	Description	Action
35/21	<p>Outstanding actions of the Board (public) The Board received and considered the outstanding action list and noted that:-</p> <p><u>05/21 : Covid Vaccination Hesitancy</u> - A further briefing note would be circulated with regard to the vaccination programme. Action : Chief Executive</p> <p><u>09/21 : Our People : SPC Charts</u> - The response to this action was questioned however the action sought was to obtain an insight in trends emerging in which ever methodology was thought appropriate. It was agreed to close the action however the Director of HR would explore the options to include in the report.</p>	KM
36/21	<p>Questions from the public to the Board relating to the work of the Trust There were no questions from the public to the Board.</p>	
37/21	<p>Chair's Report, Feedback from the Council of Governors The Board received a verbal update which included:-</p> <ul style="list-style-type: none"> • Welcome to Claire Thompson in the role of Director of Improvement & Partnership and also to Faried Chopdat and Helen Spice as Non-Executive Directors and Sanjeen Payne-Kumar and Claudia Paoloni as Associate Non-Executive Directors. Induction programmes had commenced for the new members of the Board and would continue over the coming months. • A Board Development process was underway and the first two workshops took place on 19 & 28 April 2021 with further sessions planned over the next few weeks. • Three governor workshops took place in April 2021 around finance, quality, performance and membership and an update from the respective chairs would be presented to the next Council of Governors meeting on 20 May 2021. The Chair also continued with regular meetings with the Lead Governors. • Options were being explored on how to return to physical meetings. Priority was for the safety and security of all parties attending as well as recognising that virtual meetings worked well. <p>The Board noted the report.</p>	
38/21	<p>Chief Executive's Report The Board received and considered the Chief Executive's Report and the following was highlighted:-</p> <ul style="list-style-type: none"> • The reduction in the number of Covid patients continued to be low however Swindon had the highest community rate in the South West. • The Trust had now administered more than 50,000 first and second doses as part of its vaccination programme. There had been an isolated incident in which a different second vaccine had been given to a patient. The Trust had apologised to the patient involved, and provided guidance which indicated they would still had received a boost to their immunisation level. The Trust had reviewed its pathways to avoid this happening again. • One of the consequences of the Pandemic was that patients had to wait much longer for treatment. The Trust was collaborating with Royal United Hospitals Bath 	

Minute	Description	Action
	<p>and Salisbury Hospital on tackling some of the waiting lists and to find different ways of doing things.</p> <p>The Chair assured the Board and public that system working on waiting lists was a high priority as it was recognised that as standalone trusts this would not be addressed in a meaningful timescale.</p> <ul style="list-style-type: none"> The Trust had now signed the deal to buy the parcel of land next to the Great Western Hospital which created a strategic opportunity for future development on the site, to improve services and ensure we could meet the demand created by Swindon and North Wiltshire's rapid population growth. <p>The Chair recognised that there were many developments being undertaken on the hospital site and was very conscious of the potential impact on access and parking for patients and staff. The Trust would endeavour to minimise this impact.</p> <ul style="list-style-type: none"> The Care Quality Commission's report of the inspection of Abbey Meads and Moredon Medical Centres GP practices undertaken in February 2021 was published last month and recognised the improvements that had been made. Claire Thompson joined the Trust this month as Director of Improvement and Partnerships. Recruitment was currently underway for the roles of Medical Director and Chief Operating Officer. <p>The Board noted the report.</p>	
39/21	<p>Patient Story <i>Christina Rattigan, Head of Midwifery joined the meeting for this agenda item.</i></p> <p>The Board received a video which centred on a couple's experience of the maternity and neonatal services. The story highlighted the different experiences and approaches the couple had received throughout their pregnancy.</p> <p>The Board reflected on the story and recognised the importance of treating patients as individuals and how easy it was to forget that.</p> <p>Paul Lewis, Non-Executive Director asked how this patient story was going to be shared with staff and involve them in discussing potential learning to improve family experience. Christina Rattigan, Head of Midwifery replied that valuable feedback from all levels was important and that the video would be shared at various meetings</p> <p>Nick Bishop commented that it was up to the professional to get the fine balancing act in carrying out routine safe procedures and to understand that patients were still individuals and required assurance.</p> <p>The Chair recognised that the benefit of hearing patient's comments was so the organisation could learn from their experiences to continually improve the services the Trust provided. This particular story would be picked up through the patient experience team to create learning zones and through the Great Care Campaign under the theme of personalised care in terms of compassionate conversations.</p> <p>The Chair thanked the team for sharing this story.</p>	

Minute	Description	Action
	The Board noted the patient story.	
40/21	<p>Integrated Performance Report</p> <p>The Board received and considered the Integrated Performance Report (IPR) which provided commentary and progress on activity associated with key safety and quality indicators in March/April 2021.</p> <p>Part 1 : Our Performance</p> <p>Performance, People and Place Committee Chair Overview</p> <p>The Board received an overview of the detailed discussions held at the Performance, People and Place Committee (PPPC) around the IPR at its meeting on 28 April 2021 and highlighted the following:-</p> <p><u>Covid Recovery Plan</u> - The Committee were satisfied by the actions taken by the management team given the limited national guidance received.</p> <p><u>NHS Elect/MBI/NECSU Reports</u> - The Committee were assured in terms of data quality and use of information and satisfied that the majority of the actions had been completed. The outstanding actions would be absorbed through the Integrated Performance Report or through quarterly deep dives.</p> <p><u>Theatre Transformation</u> - Early successes were noted by the Committee and the next review of progress would come to PPPC in September 2021.</p> <p><u>Outpatients Transformation</u> - Significant improvements had been achieved and on-going improvement work would be part of the Recovery Programme. The Committee requested another deep dive in October 2021.</p> <p><u>Junior Doctors Training & Annual Report</u> - A positive report despite the challenges faced over the past year.</p> <p><u>NHSI Learning Lessons to Improve Our People Practice</u> - The Committee were assured that the Trust had taken on board learning.</p> <p><u>Overall Agency Use</u> - With the reduction in vacancies, the new agency contract and shielding staff returning to work it was expected that agency usage would come down.</p> <p>The Board received and considered the Operational Performance element of the report with the following highlighted:-</p> <p><u>ED Performance</u> - Performance against the 4 Hour Access standard had improved from 87.79% to 88.33% in month (March 2021). However this continued to be below the 95% standard. It was noted that increased pressures were being experienced in the ED as attendances increased.</p> <p><u>Covid Recovery</u> - Overall, the Trust's RTT Incomplete Performance for February 2021 was 64.43% which was a deterioration of 1.14% in month. February saw referrals at 87% of the prior year. The Patient Treatment List (PTL) had increased by 404 in month. As mentioned previously the Trust was collaborating within the system to develop ways to resolve this issue.</p>	

Minute	Description	Action
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Diagnostics - DM01 performance saw a significant improvement to 74.94% in February 2021 compared to 60.7% in January 2021. In March 2021 performance was over 80% however this would level off for a while as the region had taken the CT van to focus on other areas.

62 day Cancer - Performance had deteriorated to 79.7% due to covid and demand.

The Chair thanked the Chief Operating Officer and his team in evolving the Operational Integrated Performance Report to maintain strategic board focus rather than operational.

The Chair asked what the cause was in the increase in attendance in ED. Jim O’Connell, Chief Operating Officer replied that in part it was because of the number of people who had kept away during covid. The difficulty was that due to the restrictions in place the Trust would have to do things differently in order to move patients through more quickly. Another impact was the different ways of working within the health care system for instance the closure of the walk-in centre and GP virtual clinics.

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 22 April 2021 and the following highlighted:-

Summary Hospital Level Mortality Indicator (SHMI) Data Review Report - The Trust’s SHMI had trended upwards since 2018 although it remained within the expected range. The purpose of this report was to analyse a random set of notes to see if this could be explained. There was no evidence of poor care as a contributing factor. Under-coding of end of life was a possible reason for the rising trend.

Charlotte Forsyth, Medical Director added that this was one of many reviews that had looked at different areas that impacted mortality data. This report was based on patients who died within 30 days of discharge and confirmed that it had not shown any areas of concern around care however had highlighted an issue of recognition of dying by clinicians and palliative care as disease trajectories were often unpredictable, and difficult for clinicians to identify when a patient was nearing end of life. Work was being undertaken to make improvements and Quality & Governance Committee would be updated in due course.

Action : Medical Director

From a Board perspective the Chair took confidence that this analysis had been undertaken and as a result, supported by Dr Foster, the Trust did not have any underlying materially negative trend.

Safeguarding Services Update - This was the first report that combined Adult, Children’s and Maternity Safeguarding and would be reported on quarterly in the future.

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

Pressure Ulcers - This was a key focus for the organisation looking at three themes, early identification, right preventative measure and right equipment.

Falls - There had been a reduction in the number of falls which had been a result of a Quality Improvement (QI) approach. Five wards had trialled a number of initiatives and 4 out of the 5 had seen significant improvement in the number of falls. Analysis would be undertaken to understand what had made a difference before taking the learning across the organisation.

Patient Experience - There had been a shift in the number of formal complaints to concerns. This had been a purposeful piece of work to signpost patients and carers to the right people for the right action to achieve an early resolution. The next step would be to look at the themes and trends from the early resolutions.

There were several initiatives to strengthen patient and carer feedback taking place which included the Family & Friends Test roll out to Outpatients in June as part of a gradual roll out trust wide, introduction of a patient experience question in the Matron Audit Survey, volunteers going out to patients to understand the results from the In-patient survey and the launch of the Great Care Campaign on 19 May 2021.

Part 3 : Our People

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

- Good progress had been made in reducing the vacancy rate.
- Turnover was stable and sickness absence higher than target.
- Reliance on temporary staff continued to be high with the primary reason vacancy cover and escalation, alongside the on-going need to supply registered nursing staff to deliver the Covid vaccination programme. Community Nursing continued to have the greatest demand for temporary staffing resource, which was supported by the approval to secure up to an additional 20 registered nurses per day.
- Since the report had been written the position with regard to international nurses had changed. The NHS had suspended the recruitment of doctors and nurses from India amid concerns over healthcare professionals leaving the country when they were most needed during India's covid second wave. The Trust was also supporting members of staff who had family in India.

Fariel Chopdat, Non-Executive Director asked whether agency staff were included in the Trust's training statistics. Jude Gray, Director of HR replied that agency staff were required to have their training up to date and checks and balances were undertaken to ensure this was in place.

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 26 April 2021 and the following highlighted:-

Minute	Description	Action
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Year End Position - Key targets had been achieved at the year end due to the covid financial regime, and ended with a small surplus of £28k (subject to audit).

Board Assurance Framework (BAF) - The new format of the BAF for Strategic Pillar 4 – Using our Funding Wisely was considered. The Committee liked the new format and suggested a number of additions to the content.

Financial Planning 2021/22 - The main discussion of the meeting focussed on next year's financial regime which would be split into first half of the year (H1) and the second half (H2). The financial regime for the first 6 months of 2021/22 would broadly follow the pattern from 2020/21 with enhanced monthly block payments. There was an efficiency target and the Committee discussed the achievability of this, together with closing a £4m funding gap. After discussion, the Committee were happy to recommend approval of the H1 revenue budget to the Board. The second half of the year would be much more challenging from a finance perspective. Central guidance had still not been produced and if the regime reverted to the pre-Covid regime the Trust would, again, be facing a substantial operating deficit.

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

- The draft full year position was £28k surplus against a plan of £3,829k deficit which was £3,857k favourable variance.
- The BSW system achieved its year end target.
- Trust income was above plan by £28,448k year to date due to funding received to cover additional costs, lost income and technical pension adjustments. The Trust had received funding to cover the increase in annual leave accrual that was due to the Covid-19 pandemic. Funding had also been received from BSW to cover in-year pressures.
- Pay was £4,794k overspent in month and £6,570k overspent for the full year. The in month position included a provision for Birthday/Annual Leave in lieu of time and effort worked during the pandemic.
- Non -pay expenditure was overspent by £16,488k in month and £18,021k full year. The in month position included year-end provisions for anticipated costs related to 2020/21, stock adjustments and technical adjustments for notional pension costs (matched by income).
- The Trust capital plan for 2020/21 had increased by £1.1m since Month 11, this related to the Urgent Emergency Care (UEC) Clover project. The full year capital plan was £40,567k, within this the PFI was forecast to overspend by £111k and the Way Forward Programme was forecast to underspend by £2,542k. These items sat outside the Trust CDEL target. The Trust was forecasting to spend the full CDEL allocation in 2020/21.

The Chair commented that there had been a real step change in the Trust's ability to utilise money positively and delivery on projects.

Lizzie Abderrahim, Non-Executive Director asked why performance was better in regard to non-NHS suppliers vs NHS suppliers and what were the consequences of

Minute	Description	Action
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failure. Simon Wade, Director of Finance & Strategy replied that there were no consequences and the Trust adhered to the standard, however there was historically a number of issues with NHS suppliers in terms of contracts not formalised and the Trust were working to improve the statistics. It was noted that the Trust were not measured on non-NHS suppliers and ensured that local businesses were not put at risk with late payments.

RESOLVED

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

41/21 Chair of Mental Health Governance Committee Overview

The Board received an overview of the discussions held at the Mental Health Governance Committee at the meeting held on 9 April 2021 with the areas of concern around availability of specialist beds and funding envelope.

Paul Lewis, Non-Executive Director commented that as a member of the committee and reading the summary he was more assured that the Committee was focussing on its key remit with regular significant updates.

Faried Chopdat, Non-Executive Director stated there were a number of red and amber assurance levels and asked if there was anything else the Board could do to address these issues to move them to a better rag status. Lizzie Abderrahim, Non-Executive Director replied that most of these issues were created outside the Trust's immediate control. Kevin McNamara, Chief Executive added that the partnership element was important and that the Trust's new Director of Improvement and Partnerships would have an input in some of these area to formalise some of the processes to resolve collectively as a system.

The Board **noted** the report.

42/21 Staff Survey 2020 – Results, Analysis and Action Plans

The Board received and considered a paper that provided the key messages from the Staff Survey 2020, together with an action plan. The following was highlighted:-

- The response rate in 2020 was 53% compared with a response rate of 45% in 2019.
- The Trust moved from being below the national average for 20 indicators to being below in only 4 in 2020.
- The Trust improved significantly in two themes for Health and Well-being and Quality of Care during a difficult year with Covid-19.
- The Trust remained ranked 15th in the South West.
- The areas of focus for 2021/22.

Paul Lewis, Non-Executive Director asked if there would be clear Trust wide standard/expectations and commitment reflecting the key themes and what support would managers receive to fulfil this expectation. Jude Gray, Director of HR replied that there would be some element in personal objectives but not a Trust wide objective as it would be left to Divisions to lead from their surveys through the appraisal process. As for support this would be part of the leadership development that was currently taking place and visibility would be seen through Performance, People & Place Committee.

Minute	Description	Action
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Faried Chopdat, Non-Executive Director asked if there were other ways of capturing concerns other than the questions and commented that Unscheduled Care had a few more issues than the other Divisions and was there something specific within this Division. Kevin McNamara, Chief Executive replied that the Trust had not yet received the written text from the survey which would be key to show any other issues that had not been captured. In terms of Unscheduled Care the results reflected the intensity of an emergency care service. The Division had good team leaders who take their issues incredibly seriously and had recently launched a Civility and Respect framework. There were no concerns structurally with the driver purely around the intensity of the service.

Paul Lewis, Non-Executive Director stated that the level of openness and engagement from the Executive had improved dramatically however asked if this had been translated down to middle managers/divisional managers. Kevin McNamara, Chief Executive responded that the Executive team had a key role in setting the standard for staff to adopt and role model. However, there was further work to be done through communication, development of the Clinical Strategy in terms of deeper engagement within the organisation and through trust wide leadership development.

Nick Bishop, Non-Executive Director asked if we received more complaints/grievances about equality, inclusion and diversity last year. Jude Gray, Director of HR replied that there had not been a significant increase however more concerning, in discussions with the EDI Lead, were the number of people not coming forward and steps were being taken to address this.

RESOLVED

(a) to note the staff survey results; and,

(b) to approve the action plan

43/21

Gender Pay Gap

The Board received and considered a paper that provided the results of the Gender Pay Gap analysis (31 March 2020) together with an action plan which was in line with an independent review into gender pay gap in medicine commissioned by the Department of Health and Social Care (*Mend the Gap: The Independent Review into Gender Pay Gaps in Medicine in England*).

Peter Hill, Chair of Performance, People & Place Committee (PPPC) reported that this had been robustly discussed at PPPC with the amendments proposed reflected in this report, which made for a more balanced view.

The Board were assured that there had been a comprehensive analysis of the gender pay gaps as at 31 March 2020 and an appropriate action plan was in place.

RESOLVED

to approve the information for publication.

Consent Items

Consent Items Note – these items are provided for consideration by the Board. Members were asked to read the papers prior to the meeting and, unless the Chair / Company Secretary received notification before the meeting that a member wished to debate the item or seek clarification on an issue, the items and

Minute	Description	Action
	<i>recommendations would be approved without debate at the meeting in line with the process for Consent Items. The recommendations would then be recorded in the minutes of the meeting.</i>	
44/21	<p>Ratification of Decisions made via Board Circular/Board Workshop None.</p>	
45/21	<p>Terms of Reference of Committees The Board received and reviewed a paper to consider the annual review for the terms of reference of Performance, People & Place Committee and Mental Health Governance Committee.</p> <p>RESOLVED</p> <p><i>that the Terms of Reference for each Committee as circulated separately with the agenda be approved.</i></p>	
46/21	<p>Membership of Committees The Board received and reviewed a paper to consider the annual review of committee membership and Non-Executive Director supporting roles.</p> <p>The Chair advised that further discussion was required with regard to the core membership of Performance, People & Place Committee and Quality & Governance Committee in terms of spreading the load amongst the Non-Executive Directors. In terms of the supporting roles this would form part of the Board development in order to look at those areas to focus on going forward.</p> <p>RESOLVED</p> <p><i>to approve the committee membership and NED supporting roles for 2021/22 noting that a further review of core membership of Performance, People & Place Committee and Quality & Governance Committee.</i></p>	
47/21	<p>Register of Interests and Declaration of Interests at Meetings The Board considered a report that provided an annual reminder to Directors of their obligation to register any relevant and material interests as soon as they arise or within 7 clear days of becoming aware of the existence of the interest and to also make amendments to their registered interests as appropriate.</p> <p>The report also reminded of the requirement to declare interests at meetings when matters in which there was an interest were being considered and the requirement to withdraw from the meeting during their consideration.</p> <p>Furthermore, the report asked the Board to receive a copy of the Register of Interests of the Board of Directors for review, which best practice suggested, should be undertaken on at least an annual basis.</p> <p>RESOLVED</p> <p><i>(a) that the requirement of directors to register their relevant and material interests as they arise or within 7 clear days of becoming aware of the existence of an interest be noted;</i></p> <p><i>(b) that the requirement to keep the register up to date by making</i></p>	

Minute	Description	Action
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amendments to any registered interests as appropriate be noted;

(c) that the requirement to declare the existence of registered interests or any other relevant and material interests at meetings be noted including the requirement to leave the meeting room whilst the matter is discussed; and

(d) that the Director's Register of Interests be received and it be agreed that the Board is assured that the requirements of the Constitution to maintain a register of interest of Board Directors are being met.

48/21 Annual Self-Certifications

The Board received and considered a number of self-certifications for Board approval prior to submission to NHSI/E. The self-certifications were:-

- Effective systems to ensure compliance with the conditions of the NHS provider licence, NHS legislation and the duty to have regard to the NHS Constitution (condition G6);
- Complied with governance arrangements (condition FT4); and
- For NHS foundation trusts only, the required resources available if providing commissioner requested services (CRS) (condition CoS7).

RESOLUTION

that the annual self-certifications be approved.

49/21 Urgent Public Business (if any)

None.

50/21 Date and Time of next meeting

It was noted that the next virtual meeting of the Board would be held on 3 June 2021 at 9:30am via MS Teams.

51/21 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.....