

**MINUTES OF A MEETING OF THE BOARD OF DIRECTORS  
HELD IN PUBLIC ON THURSDAY 4 JANUARY 2018 AT 9.30 AM,  
IN BOARD ROOMS, TRUST HQ, GREAT WESTERN HOSPITAL, SWINDON**

**Present:**

Roger Hill (RH)	Chair
Nick Bishop (NLB)	Non-Executive Director
Andrew Copestake (AC)	Non-Executive Director
Oonagh Fitzgerald (OF)	Director of HR
Peter Hill (PH)	Non-Executive Director
Karen Johnson (KJ)	Director of Finance
Kevin McNamara (KM)	Director of Strategy
Jemima Milton (JM)	Non-Executive Director
Carole Nicholl (CN)	Director of Governance & Assurance
Steve Nowell (SN)	Non-Executive Director
Jim O'Connell (JO)	Chief Operating Officer
Guy Rooney (GR)	Medical Director
Julie Soutter (JS)	Non-Executive Director
Hilary Walker (HW)	Chief Nurse
Nerissa Vaughan (NV)	Chief Executive

Number of members of the Public: 3 (including Roger Stroud, Governor)

**Matters Open to the Public and Press**

<b>Minute</b>	<b>Description</b>	<b>Action by whom</b>	<b>Action by when</b>
295 /17	<b>Apologies for Absence and Chairman's Welcome</b>  Apologies for absence were received from Steve Nowell.		
296 /17	<b>Declarations of Interest</b>  There were no declarations of interest.		
297 /17	<b>Questions from the public to the Board relating to the work of the Trust</b>  There were no questions from members of the public.		
298 /17	<b>Minutes</b>  The minutes of the meeting of the Board held on 7 December 2017 were adopted and signed as a correct record, subject to the following amendment: -  The deletion of Adrian Griffiths (AG) in the list of members present and the substitution thereof with Jim O'Connell (JO).		
299 /17	<b>Outstanding actions of the Board (public)</b>  The Board received and considered the outstanding actions list. The Board noted updates as recorded on the tracker and agreed that completed actions be removed.		
300 /17	<b>Chairman's Report, Feedback from the Council of Governors</b>  The Chairman gave a verbal report as follows: -  <u>Non-Executive Director Re-appointment</u> - The Chairman was pleased to advise that Julie Soutter had been re-appointed as a Non-Executive Director and the Deputy Chair for a further 3 year term.		

	<p><u>Reference to the Board from Governors</u> - At the Governors' Patient Quality and Operational Performance Working Group governors had received the answer to a question around bedside notifications and had asked that further information be sought. The Chairman invited the Quality and Governance Committee to consider this matter on behalf of the Board and report back to the governors.</p> <p><u>Lead Governors</u> - The Chairman was delighted to advise that Roger Stroud and Pauline Cooke had been appointed Lead and Deputy Lead Governors respectively. The Chairman was joined by all members of the Board in expressing thanks to Margaret White for her hard work as Lead Governor over the last couple of years.</p> <p><b>RESOLVED</b></p> <p><i>that the report of the Chairman be received.</i></p>		
301 /17	<p><b>Chief Executive's Report</b></p> <p>The Board received and considered a report from the Chief Executive covering the following issues: -</p> <ol style="list-style-type: none"> <li>1. Brighter Futures' Radiotherapy Appeal had reached £2 million milestone</li> <li>2. Secretary of State visited GWH</li> <li>3. Staff showed commitment during adverse weather</li> <li>4. Care for hip fracture patients improved</li> <li>5. New senior responsible officer for STP</li> <li>6. Norovirus at GWH</li> </ol> <p>In presenting the report, the following comments were made: -</p> <p><u>Radiotherapy Appeal</u> – NV was delighted to report that more than £2 million had been raised for the appeal which was a fantastic achievement. NV expressed her gratitude to the people of Swindon who had contributed towards the funds, noting that the £2 million was from local people and not major donors. NV referred to the media coverage for the appeal from The Advertiser which had raised local awareness and support. NV was joined by members of the Board in expressing gratitude for the support.</p> <p><u>Secretary of State Visit</u> – It was noted that the Secretary of State for Health had visited the Trust. NV thanked Guy Rooney, the Medical Director for his excellent presentation on patient safety.</p> <p><u>Staffing commitment during adverse weather</u> – It was noted that during the recent bad weather staff had shown their commitment to providing care and there were many instances of staff covering shifts, offering lifts and providing overnight beds for colleagues. NV was joined by members of the Board in thanking staff generally and especially those staff who had worked over Christmas.</p> <p><u>Additional Winter Money</u> - Further to the report, NV advised that the Trust had received confirmation of additional money for winter pressures totalling £1.4m split into 3 categories namely buying nursing home beds; additional staff to support the front door; and increased resilience 7 days per week, the details of which were being worked through. It was noted that there would be additional expenditure on agency and that the Trust was already an outlier for agency spend. OF commented that the agency spend for escalation would be separated out to allow clear oversight of agency spend.</p> <p>In response to a question from RH, NV confirmed that the £1.4m was short term money for the winter. PH commented that the biggest concern was expenditure on nursing home beds as any costs associated after 1 April 2018 would need to be met.</p>		

	<p>NV responded that Swindon Clinical Commissioning Group had commissioned beds until the end of April, but agreed that ongoing costs would need to be looked at. NV explained that the criteria of patients to go into nursing home beds was being carefully considered to ensure that long term patient stays were avoided.</p> <p><u>Norovirus</u> – NV reported that norovirus was present in the hospital and that it was possible to isolate patients into side rooms. However, members of the public, family and friends of patients were being encouraged not to visit the hospital if they had norovirus to avoid further infections.</p> <p><b>RESOLVED</b></p> <p><i>that the report of the Chief Executive be received.</i></p>																
302 /17	<p><b>Finance Report</b></p> <p>The Board received and considered a report on finance for month 8, together with a presentation.</p> <p>The report did not contain any data relating to Sustainability &amp; Transformation Funding (STF) and represented the Trust Control Total only. Furthermore, the report did not include any winter funds which needed to be added.</p> <table border="1" data-bbox="252 922 1225 2024"> <tr> <td data-bbox="252 922 459 1016">Actual Operating costs</td> <td data-bbox="464 922 1225 1016">In month deficit of £702k. Year to date (YTD) deficit of £4,014k compared to target deficit of £2,457k.</td> </tr> <tr> <td data-bbox="252 1023 459 1077">NHS Clinical Income</td> <td data-bbox="464 1023 1225 1077">£23.4m in month and £181.8m YTD (£1.6m above plan YTD)</td> </tr> <tr> <td data-bbox="252 1084 459 1339">Total Income</td> <td data-bbox="464 1084 1225 1339"> <p>£28.3m in month and £222.0m YTD (£1.0m below plan YTD)</p> <p>Income Activity highlights for the month (based on estimated activity)</p> <ul style="list-style-type: none"> <li>• Elective inpatients below plan</li> <li>• Day case activity below plan</li> <li>• Non-elective above plan</li> <li>• Outpatient appointments below plan</li> <li>• A&amp;E below plan</li> </ul> </td> </tr> <tr> <td data-bbox="252 1346 459 1624">Total Operating Expenditure</td> <td data-bbox="464 1346 1225 1624"> <p>£27.1m in month and £210.5m YTD (£0.24m above plan YTD)</p> <p>Expenditure highlights in month:</p> <ul style="list-style-type: none"> <li>• Drugs £0.439m above plan (£1.49m above plan YTD)</li> <li>• Pay £0.640m above plan (£4.592m above plan YTD)</li> <li>• Supplies £0.458m above plan (£0.428m above plan YTD)</li> <li>• Other Costs £1.284m below plan (£6.329m below plan YTD)</li> </ul> </td> </tr> <tr> <td data-bbox="252 1630 459 1662">EBITDA</td> <td data-bbox="464 1630 1225 1662">5.2% YTD against a plan of 5.7%</td> </tr> <tr> <td data-bbox="252 1668 459 1805">Savings</td> <td data-bbox="464 1668 1225 1805"> <p>Savings plan of £14.052m of which £12.491m identified</p> <p>£0.887m Cost Improvement Plans (CIPS) delivered in month against a plan of £1.309m.</p> <p>£7.117m delivered against a plan of £8.595m YTD (£1.478m below plan)</p> </td> </tr> <tr> <td data-bbox="252 1812 459 2024">Forecast</td> <td data-bbox="464 1812 1225 2024"> <p>The forecast had deteriorated in month prior to any mitigation actions. After the application of £1.6m of mitigations, the forecast was a £7.784m deficit which was £2.824m below the plan deficit of £4.96m. In addition there were additional risks to the forecast that could result in a £8.460m to £8.960m deficit which was £3.5m - £4m worse than the Control Total.</p> <p>Since closing the month end position a further risk of up to</p> </td> </tr> </table>	Actual Operating costs	In month deficit of £702k. Year to date (YTD) deficit of £4,014k compared to target deficit of £2,457k.	NHS Clinical Income	£23.4m in month and £181.8m YTD (£1.6m above plan YTD)	Total Income	<p>£28.3m in month and £222.0m YTD (£1.0m below plan YTD)</p> <p>Income Activity highlights for the month (based on estimated activity)</p> <ul style="list-style-type: none"> <li>• Elective inpatients below plan</li> <li>• Day case activity below plan</li> <li>• Non-elective above plan</li> <li>• Outpatient appointments below plan</li> <li>• A&amp;E below plan</li> </ul>	Total Operating Expenditure	<p>£27.1m in month and £210.5m YTD (£0.24m above plan YTD)</p> <p>Expenditure highlights in month:</p> <ul style="list-style-type: none"> <li>• Drugs £0.439m above plan (£1.49m above plan YTD)</li> <li>• Pay £0.640m above plan (£4.592m above plan YTD)</li> <li>• Supplies £0.458m above plan (£0.428m above plan YTD)</li> <li>• Other Costs £1.284m below plan (£6.329m below plan YTD)</li> </ul>	EBITDA	5.2% YTD against a plan of 5.7%	Savings	<p>Savings plan of £14.052m of which £12.491m identified</p> <p>£0.887m Cost Improvement Plans (CIPS) delivered in month against a plan of £1.309m.</p> <p>£7.117m delivered against a plan of £8.595m YTD (£1.478m below plan)</p>	Forecast	<p>The forecast had deteriorated in month prior to any mitigation actions. After the application of £1.6m of mitigations, the forecast was a £7.784m deficit which was £2.824m below the plan deficit of £4.96m. In addition there were additional risks to the forecast that could result in a £8.460m to £8.960m deficit which was £3.5m - £4m worse than the Control Total.</p> <p>Since closing the month end position a further risk of up to</p>		
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	£1.8m income could have a direct impact on the Trust's year end position resulting in the worst case scenario of £1.8m variance from plan (£10.76m deficit).
Debtors	£32.7m debtors and stock £2.3m above plan
Creditors	£61.2m creditors and borrowings £2.1m above plan
Cash	£6.9m £3.4m above plan
Loan	Loan repayment of £99k in month
Finance Risk Ratings	YTD Use of Resources (UoR) 4 (Rating 1- top and 4 - bottom).

The Board discussed the report and comments were made as follows: -

Forecast

The Trust's income had been reduced by about £1m mostly because of patient streaming. KJ reported that she was having discussions with Swindon Clinical Commissioning Group (CCG) around an end of year block payment. However, the CCG was seeing pressures within primary care and therefore a block payment was unlikely which was reflected in the forecast. AC questioned whether there was anything that the Board could do to strengthen discussions with the CCG commenting that the revised streaming arrangements were right for patients. AC questioned whether a Chair to Chair discussion might be helpful. KJ advised that this was the way the national funding worked but that she would continue the discussions with the CCG as it was not unreasonable to seek financial support.

KJ explained the main causes for the variance to plan. There had been an impact relating to payments to ID Medical which had not been accrued. This was currently being validated totalling £140k. Also the Trust had experienced a small number of patients with costly specialist cancer treatments circa £10k - £15k per patient.

Control Total

KJ advised that she had been in discussion with NHS Improvement (NHSI) around the Trust's Control Total. NHSI had advised that closure of the financial gap and achievement of the Control Total was possible, but KJ believed this was unlikely and that she would have further discussions with NHSI at month 9. KJ reported that deviation from plan at the end of quarter 3 was not supported by NHSI. The Trust was able to demonstrate it was struggling financially, and a recovery plan was in place.

Income

It was noted that activity in December was lower and therefore income would be lower.

Cash

The Trust had yet to hear back from NHSI around the cash draw down in January.

**RESOLVED**

- (a) *that it be noted the Month 8 financial position is a year to date deficit of £3,152k including STF and excluding STF is a year to date deficit of £4,014k;* -
- (b) *that it be noted that the forecast outturn after mitigations is a deficit of £7,748k excluding STF which is £2,824k worse than the Trust Control Total;* -
- (c) *that it be noted that there are additional risks to the forecast that could result in a deficit of at least £10,760k deficit which £5,800k* -

	<p><b>worse than the Control Total; and</b></p> <p><b>(d) that the forecast year end Use of Resources Rating is a 4.</b></p>		
303 /17	<p><b>Chair of Finance &amp; Investment Committee Overview</b></p> <p>The Board considered a report which summarised the key issues from a meeting of the Finance &amp; Investment Committee held on 27 November and 22 December 2017 which it was considered should be drawn to the attention of the Board covering the following: -</p> <ul style="list-style-type: none"> <li>• Overall financial performance</li> <li>• Cost Improvement Programme (CIP) overview</li> <li>• Draft budget</li> <li>• Divisional updates</li> <li>• Business planning</li> <li>• Managed services</li> </ul> <p><b>RESOLVED</b></p> <p><b>that the report be received.</b></p>	-	
304 /17	<p><b>Risk Tolerance Statement - Annual Refresh</b></p> <p>The Board considered a report that set out proposed changes to the Trust's Risk Tolerance Statement. The revised statement reflected feedback from the Audit, Risk and Assurance Committee from its meeting held in November. The change proposed related to organisation risk in that the Trust now had a low risk appetite and a minimal tolerance for organisational risk and would only be prepared to accept the possibility of very limited financial loss if essential. Value for money was a primary concern.</p> <p>The Board discussed the rationale behind proposed levels of tolerance for risk relating to patients, the organisation, opportunities, compliance including legal requirements and reputation and agreed the change proposed.</p> <p><b>RESOLVED</b></p> <p><b>that the Risk Tolerance Statement be agreed as set out in the report.</b></p>	-	
305 /17	<p><b>Quality Report</b></p> <p>The Board received and considered a monthly report which provided commentary and progress on activity associated with key safety and quality indicators. The key points to note for November 2017 were as follows: -</p> <ul style="list-style-type: none"> <li>• Most recent Hospital Standardised Mortality Rate (HSMR) was 98.9 (12 month period September 2016 to August 2017)</li> <li>• There were no cases of <i>Clostridium difficile</i> during November 2017 with a current rate of 9.4 per 100,000 bed days.</li> <li>• 1 Serious Incident was reported during November 2017.</li> <li>• There had been a decrease in overdue clinical incident investigations during November 2017.</li> <li>• There was a slight increase in complaints in November 2017.</li> </ul> <p><u>Hospital Standardised Mortality Rate (HSMR)</u> HSMR remained below 100 but was expected to change when the data was next rebased.</p>		

It was highlighted that the septicaemia diagnosis group was alerting again which was being investigated. Previously coding and reporting as well as the way Dr Foster captured data had been the issue. GR commented on the recording being undertaken by junior doctors which was being reviewed with Dr Foster.

GR reported that there was new guidance on learning from deaths which included publication requirements. GR advised that the Trust's focus was on the quality of mortality reviews with an emphasis on learning. There was an aim to achieve 50% reviews. GR reported that the good news was that the Trust was not reporting more than 50% avoidable deaths. GR highlighted that the Trust would always be reporting a quarter late.

Infection Prevention and Control

GR was pleased to advise that there had been no cases of C.diff in November. GR advised that cases of norovirus, flu and influenza were being seen.

GR advised that the flu vaccination campaign had been successful but there were variations in the strain of flu and outbreaks had been seen nationally.

Operational pressures

HW referred to the operational pressures advising that the Patient Quality Committee had been cancelled in November due to the Trust's OPEL 4 escalation status, which was the highest level that could be declared. Membership of the Committee was comprised of senior clinical staff who were needed to provide direct patient care. Cancellation had been mitigated by making sure key messages were sent via email. HW anticipated that the meeting of the Committee next week would proceed.

Complaints, Concerns and Compliments

HW reported that the Patient Advice Liaison Service (PALS) and the Clinical Risk Team were supporting Divisions to continue investigation and learning from incidents and complaints. Complaint responses were being prioritised, such as those in maternity.

Safeguarding

The report included the 6 monthly update for adult safeguarding. There was an increasing understanding of safeguarding requirements. HW commented that there was variable compliance with mandatory training, but good compliance with level 2 adult safeguarding training.

National Audit of Inpatient Falls 2017

HW highlighted that there had been considerable improvement in results noting that the Trust was the only hospital in the South West to achieve 80-100% compliance in 4 key areas and the Trust had achieved above national average in 5 out of 7 key areas. Staff were very proud of the progress made and there was ongoing commitment to make the improvements identified.

Patient Stories

HW referred to the patient feedback noting that extracts from NHS Choices were included in the report. It was explained that responses were provided and individuals were invited to contact the Trust about their concerns.

Freedom to Speak Up

There were two cases during November which were being investigated. Since April a pattern of internal escalation was being seen rather than external notifications, which was desirable.

**RESOLVED**

***(a) that the quality matters and exceptions contained within the report be***

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	<p><i>noted;</i></p> <p><i>(b) that it be agreed that the Quality Report provides assurance of progress towards quality improvements and quality indicators; and</i></p> <p><i>(c) that the report be noted.</i></p>	-	-
306 /17	<p><b>Chair of Quality &amp; Governance Committee Overview</b></p> <p>The Committee received a report from the Chair of the Quality &amp; Governance Committee which summarised key issues considered by that Committee at its meetings held on 23 November and 21 December 2017 covering the following: -</p> <ul style="list-style-type: none"> <li>• Quality Report</li> <li>• Emergency Department Quality Dashboard</li> <li>• Quality Strategy update</li> <li>• National Mortality Reviews and 500 Lives</li> <li>• Overdue follow up update</li> <li>• Stroke nation audit</li> <li>• Safeguarding adults update</li> <li>• Safer staffing monthly report</li> <li>• Swindon Community Health Services</li> <li>• Well Led Assurance Framework</li> <li>• Code of Governance overview</li> <li>• Provider Licence update</li> <li>• Corporate Governance Report</li> </ul> <p>NLB highlighted the encouraging results from the National Audit of Inpatient Falls 2017 noting that the Trust was the only hospital in the South West to achieve 80-100% compliance in 4 key areas and the Trust had achieved above national average in 5 out of 7 key areas.</p> <p>NLB also highlighted the campaign to save 500 lives and noted that observed mortality rates were better than the national average.</p> <p><b>RESOLVED</b></p> <p><i>that the report be received and it be noted that the Quality &amp; Governance Committee will continue to scrutinise and challenge the delivery of actions to drive improvements.</i></p>	-	-
307 /17	<p><b>Quality Strategy Update</b></p> <p>The Board considered a report which provided an update on the progress over the past six months on the delivery of the key performance indicators of the Quality Strategy since April 2017.</p> <p>Included in the report was detailed progress against key performance indicators (22 achieved, 8 partially achieved and 12 not achieved as intended).</p> <p>In response to a question from RH, HW advised that given the site pressures, progress was satisfactory but it was disappointing that some indicators were not achieved.</p> <p><b>RESOLVED</b></p> <p><i>that the report be received and progress noted.</i></p>	-	-

308 /17

**Operational Performance Report**

The Board considered the operational performance report which provided an update on performance against key national and local performance standards in addition to progress against key work streams and remedial recovery plans with headlines as follows: -

Emergency Department (ED) 4 hour standard (95%) (combined – Emergency Department, Minor Injuries Unit (MIU) & Urgent Care Centre (UCC))	November 86.1% (not achieved)
Referral to Treatment Incomplete standard (92%)	November 90.2% (not achieved)
6 Week Diagnostic Wait	November 96.6% (not achieved)
Cancer Targets	October Achieved
2 week waits (93%)	95.7%
2 week wait breast symptomatic (93%)	97.3%
31 day treatment (96%)	98.2%
62 day treatment (85%)	85.8%

In advance of presenting the report, JO advised that the format and content of the report would be reviewed in consultation with CN, SN and PH.

Emergency Department (ED) Performance

JO reported that performance was above 80% which was in line with the region. JO referred to the significant operational pressures each day commenting on the excellent work being undertaken by the staff teams to maintain patient safety.

JO reported that all escalation areas were open and the site pressures were being managed on a day to day basis.

JO reported that the ability to achieve the 4 hour performance standard was dependent on bed availability and that bed occupancy was an issue.

JO referred to the volume of patients noting that it was challenging to cope with over 90 attendances in the Urgent Care Centre and yet there had been 120 plus patients. It had not been possible to get all the staff needed. Notwithstanding this and the site pressures, performance was satisfactory compared to the national picture.

Referral to Treatment Times (RTT)

JO reminded the Board that RTT was not one of the three priorities set by NHS Improvement (NHSI) and as such there had been informal agreement that circa 90% performance would be acceptable. JO highlighted that this would be challenging going forward due to a recent direction from NHSI that routine elective cases should be cancelled during January.

JO advised that day surgery would continue as far as possible, however the Recovery 2 area was being used as an escalation area and this could impact the Trust' ability to carry out day cases.

JM advised that it was across the national papers that operations were cancelled. NV explained that there were instructions issued nationally to cease elective cases during January and that it was important for the Trust to comply with the directive. NV commented that it was also critical to ensure that urgent, essential or cancer cases were treated. HW advised that the reason for cancellation of routine elective work was to free up staff to support the winter pressures.

RH questioned communication to the public around cancellations. NV responded

<p>that the message given was that if a patient did not hear from the Trust then they should attend as planned. In response to a comment from JM, it was noted that further communication was being worked through.</p> <p>NLB commented that he was not sure what could be achieved from freeing up an Ophthalmologist. NV agreed commenting that the Trust would need to make sure cancellations were made knowing what the gain would be. This was currently being worked through in terms of redeployment of consultants.</p> <p>RH questioned whether cancelling elective work would improve ED performance. JO responded that he thought that it might support maintaining performance levels rather than improve them.</p> <p>AC referred to bed availability, commenting that there were some things within the Trust's control which were not being addressed. AC questioned what was preventing achievement of timely first assessments and discharges as examples. JO responded that this was an area for focus through the Right Patient Right Place work. JO explained that there were a range of patients who might need another doctor review or something else as part of their care before they could go home. These needs were increasing. JO reassured the Board that efforts were continually made to ensure timely discharges.</p> <p>GR advised that Directors were looking at percentages but that they should also look at the numbers because they were going up. GR confirmed that there was a strong focus on timely assessments and timely discharges.</p> <p>KJ questioned how productive were the medically fit for discharge (MFFD) meetings were with the clinical commissioning groups. JO advised that the meetings were continuing and they were effective in that the numbers of MFFD patients remaining in the hospital were coming down. JO commented that there was now better system level engagement and support.</p> <p><u>Cancer</u>          JO was pleased to report that the Trust had achieved all the standards in October. JO explained that the November performance data was not yet finalised but that it was likely that the position had been maintained in November. JO advised that sustainable performance would be achieved when all elements of the pathway were standardised. There was more work to do but JO commended Cancer Services for their hard work and effort to turn the position around.</p> <p>In response to a question from RH, JO advised that one area of concern was Gynaecology due to the complexity of patients although numbers of patients was small.</p> <p><u>Stroke Performance</u>          JO advised that it was difficult to ring fence beds given the signification operational pressures. JO advised that there was a need to look at the whole bed compliment and ring fencing. JO noted that stroke performance was not where it needed to be but at present the focus was on the priorities set by NHS Improvement. However, notwithstanding this there was a plan to revisit the stroke actions.</p> <p><u>Patients who Did Not Attend (DNA)</u>  <i>JS referred to DNAs commenting that it might be beneficial to have more public communication around this to reduce DNAs and enable patient slots to be rebooked for others.</i></p> <p><u>Swindon Community Services</u>          It was noted that referrals to community nursing remained high. It was flagged that there had been an increase in the number of completed daily care plans by about 12% which was good. It was noted that in the recent bad weather community</p>	<p>JO</p>	<p>Mar-18</p>
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	<p>nurses had made all of their ordinary visits with staff supporting each other and working collectively.</p> <p>KM explained that there were more patients requiring urgent referrals to community services with more transfers to SWICC by 5pm being achieved (currently 92%). In response to a comment from JM around the timing, KM clarified that this was for patients going from the hospital to SwICC and not the timing for patients going home but nevertheless this was an area for focus.</p> <p>It was highlighted that an ambulance had been secured to take patients to SwICC and for those patients requiring outpatient appointments in the hospital.</p> <p>KM highlighted that the length of stay in SwICC had come down from 40 days in May to less than 18 in November which was excellent progress. Patient choice had been a factor in delays. There needed to be a sustained focus with Council of MFFD patients including those in SwICC.</p> <p>KM reported that the Out of Hours service would transfer to Medvivo from 1 February 2018. This was commissioner requested transfer.</p> <p><i>JM was joined by members of the Board in thanking KM and all the community staff for their hard work and efforts to make improvement. The Board also recorded its thanks to the continuing hard work of all staff during significant operational pressures.</i></p> <p><b>RESOLVED</b></p> <p><b><i>that the report be received and the ongoing plans to maintain and improve performance be accepted, acknowledged and supported.</i></b></p>	<p>JO</p> <p>-</p>	<p>Feb-18</p> <p>-</p>
<p>309 /17</p>	<p><b>Chair of Performance, People &amp; Place Committee Overview</b></p> <p>The Committee received a report from the Chair of the Performance, People &amp; Place Committee which summarised key issues considered by that Committee at its meetings held on 29 November and 20 December 2017 covering the following: -</p> <ul style="list-style-type: none"> <li>• Emergency Department Performance</li> <li>• Recovery Plans and reporting</li> <li>• Additional funding</li> <li>• Quality</li> <li>• Stroke performance</li> <li>• Referral to Treatment Times (RTT)</li> <li>• Theatre activity and utilisation performance</li> <li>• Cancer performance</li> <li>• Diagnostic Tests</li> <li>• Pharmacy</li> <li>• Swindon Community Services</li> <li>• Communications Strategy</li> <li>• Workforce</li> </ul> <p>At this point in the meeting it was noted that Steve Nowell had stood down as Chair of this Committee and PH was joined by all Directors in commending Steve for his hard work in the role.</p> <p><b>RESOLVED</b></p> <p><b><i>that the report be received and it be noted that the Performance, People &amp; Place Committee will continue to scrutinise and challenge the delivery of actions to drive improvements.</i></b></p>	<p>-</p>	<p>-</p>

310 /17	<p><b>Nursing, Midwifery and Allied Health Professional - response to the Five Year Forward View</b></p> <p>The Board received and considered a paper which described the Nursing, Midwifery and Allied Health Professionals' response to the five year forward view (NHSE 2014), Leading Change, Adding Value, a framework for nurses, midwives and care staff (NHSE 2016), Better Births, A Five Year Forward View for Maternity Services (2016) and the Trust Strategic Objectives.</p> <p>HW reported that there had been focus on three key principles namely health and wellbeing; care and quality; and funding and efficiency, with some attention to some of the wider national workstreams.</p> <p>HW reminded Directors that the Quality and Governance Committee had received a detailed presentation from Maternity about their response to the guidance. HW highlighted that there was scope for additional benefits for patients plus career development through workforce redesign, notably around the nursing associate role and the introduction of assistant practitioner posts.</p> <p>In response to a question from RH, OF confirmed that the Trust had experienced difficulties in recruitment to Allied Health Professional posts. Pay premium had been introduced, noting that neighbouring trusts paid at a higher rate. It was noted that a Head of Podiatry had been recruited into the community and that this appointment would attract more staff.</p> <p>JS questioned how staff feedback had fed into the recruitment process. OF confirmed that staff feedback had been captured and considered and that NHS Improvement had offered lots of support around recruitment and retention. HW advised that the Nursing Together Strategy was formulated with what staff had said. HW commented that staff welcomed development opportunities and that the Allied Health Professionals had advised that they wanted a modular development approach.</p> <p><b>RESOLVED</b></p> <p><b><i>that the Strategy as set out in the report be supported for roll out across clinical areas and Divisions.</i></b></p>																								
311 /17	<p><b>Safer Staffing Bi-Monthly Exception Report</b></p> <p>The Board received and considered the safer staffing bi-monthly exception report and noted that the actual versus planned nursing hours (fill rate) was as follows: -</p> <table border="1" data-bbox="252 1503 1161 1630"> <tr> <td rowspan="2">November</td> <td>Dayshift</td> <td>Registered Nurses</td> <td>91.2%</td> <td>Care Staff</td> <td>107.9%</td> </tr> <tr> <td>Night shift</td> <td>Registered Nurses</td> <td>96.3%</td> <td>Care Staff</td> <td>112%</td> </tr> </table> <table border="1" data-bbox="252 1664 1161 1792"> <tr> <td rowspan="2">October</td> <td>Dayshift</td> <td>Registered Nurses</td> <td>87.7%</td> <td>Care Staff</td> <td>105%</td> </tr> <tr> <td>Night shift</td> <td>Registered Nurses</td> <td>95.6%</td> <td>Care Staff</td> <td>109.8%</td> </tr> </table> <p>HW advised that fill rates had improved, there was less reliance on closer support and that there were additional nursing staff in the organisation. HW commented that there was a lack of clarity in terms of the overall denominator as this would go up if there were staff in areas where the Trust would not normally have patients.</p> <p>The key nursing quality indicators were noted in the report, namely that whilst an increase in falls and hospital acquired pressure ulcers had been seen, average call</p>	November	Dayshift	Registered Nurses	91.2%	Care Staff	107.9%	Night shift	Registered Nurses	96.3%	Care Staff	112%	October	Dayshift	Registered Nurses	87.7%	Care Staff	105%	Night shift	Registered Nurses	95.6%	Care Staff	109.8%		
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	<p>bell response times had improved and there were no cases of acquired category 3 pressure ulcers and only one case of C.diff in October and none in November.</p> <p><b>RESOLVED</b></p> <p><i>that the report be noted.</i></p>		
312 /17	<p><b>Membership of Committees</b></p> <p>The Board received a report which invited Directors to approve the membership of Committees and Non-Executive Director appointments, details of which were in a schedule appended to the report.</p> <p>An amendment was noted to the schedule in that Peter Hill was to be a member of the Quality and Governance Committee but not a member of the Audit, Risk and Assurance Committee.</p> <p><i>CN advised that she would ask the policy leads to contact the relevant Non-Executive Directors about the roles associated with the Non-Executive Director appointments referred to in the report.</i></p> <p><b>RESOLVED</b></p> <p><i>that the membership of meetings as set out in the appendix to the report as now amended be approved from 1 January 2018.</i></p>	CN	Jan-18
313 /17	<p><b>Ratification of Decisions made via Board Circular/Board Workshop</b></p> <p>None.</p>		
314 /17	<p><b>Urgent Public Business (if any)</b></p> <p>None.</p>		
315 /17	<p><b>Date and Time of next meeting</b></p> <p>It was noted that the next meeting of the Board would be held on 1 February 2018 at 9:30am in Trust Management Boardrooms, Trust HQ, 2nd Floor, Great Western Hospital</p>		
316 /17	<p><b>Exclusion of the Public and Press</b></p> <p><b>RESOLVED</b></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 12.10 pm

Chair .....

Date.....