Present:
Roger Hill (RH) Chair
Nick Bishop (NLB) Non-Executive Director
Andrew Copestake (AC) Non-Executive Director
Oonagh Fitzgerald (OF) Director of HR
Adrian Griffiths (AG) Interim Chief Operating Officer
Peter Hill (PH) Non-Executive Director
Karen Johnson (KJ) Director of Finance
Jemima Milton (JM) Non-Executive Director
Carole Nicholl (CN) Director of Governance & Assurance
Steve Nowell (SN) Non-Executive Director
Guy Rooney (GR) Medical Director
Julie Soutter (JS) Non-Executive Director
Hilary Walker (HW) Chief Nurse

Also in attendance
Julie Marshman (JMa) Deputy Chief Nurse (part of meeting)
Lorraine Austin (LA) Associate Director Community Services (part of meeting)
Caroline Davies (CD) Head of Community Nursing (part of meeting)

Number of members of the Public: 3 (including Rosemarie Phillips, Governor)

Matters Open to the Public and Press

<table>
<thead>
<tr>
<th>Minute</th>
<th>Description</th>
<th>Action by whom</th>
<th>Action by when</th>
</tr>
</thead>
<tbody>
<tr>
<td>169 /17</td>
<td>Apologies for Absence and Chairman's Welcome</td>
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<tr>
<td></td>
<td>Apologies for absence were received from Kevin McNamara and Nerissa Vaughan.</td>
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<tr>
<td>170 /17</td>
<td>Declarations of Interest</td>
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<tr>
<td></td>
<td>There were no declarations of interest.</td>
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<tr>
<td>171 /17</td>
<td>Questions from the public to the Board relating to the work of the Trust</td>
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<tr>
<td></td>
<td>The Board noted questions and answers relating to the following, details of which had been circulated with the agenda: -</td>
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<tr>
<td></td>
<td>1. Treatment Escalation Plans</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>2. Pharmacy and dispensing drugs</td>
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<td></td>
<td>In addition the Board noted the following question from Kevin Parry, Governor which it was agreed should be referred to the Clinical Commissioning Group for response.</td>
<td></td>
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<td></td>
<td>“There are many drug users that are supplied needles to help to prevent the risk of aids and other drug related diseases. There is a need to improve the safety from needles being discarded in parks and public places to ensure that children and members of the public are safe. Is there a possibility of looking at secure deposit boxes on Doctors Surgeries/Pharmacies?”</td>
<td></td>
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<tr>
<td>172 /17</td>
<td>Minutes</td>
<td></td>
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<tr>
<td></td>
<td>The minutes of the meeting of the Board held on 3 August 2017 were adopted and</td>
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</table>
signed as a correct record, subject to the following amendments: -

Minute 149/17 Finance Report Forecast Outturn Position - The deletion of “report on this through the Finance and Investment Committee in October” in the last sentence and the substitution thereof with “report on this through the Finance and Investment Committee in December”.

Minute 150/17 Quality Report Incidents – The deletion of the sentence “A quality role was being established within each Division to support this work”.

Minute 150/17 Quality Report Family & Friends - The deletion of the words “not many texts were being received” and the substitution thereof with “not many texts were being replied to”.

173 /17

**Outstanding actions of the Board (public)**

The Board received and considered the outstanding action list. The Board noted updates as set out below:

<table>
<thead>
<tr>
<th>Action Number</th>
<th>Action Description</th>
<th>Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>50/17</td>
<td>Operational Performance Report – Home to Assess</td>
<td>In response to a question from RH, AGr confirmed that Home to Assess would not be funded by the Clinical Commissioning Group going forward but that financial support for an alternative home enablement system was likely.</td>
</tr>
<tr>
<td>54/17</td>
<td>Mental Health Training Module</td>
<td>The Board noted that the mental health training modules had been developed and had been in use for less than 6 months. Evaluation of the modules was required before potential engagement with external partners.</td>
</tr>
<tr>
<td>87/17</td>
<td>Operational Performance Report – Delayed Transfers of Care</td>
<td>It was noted that this action had been superseded by events and could be removed from the tracker.</td>
</tr>
</tbody>
</table>

**The Board agreed that completed actions be removed from the tracker and the updates be noted.**

174 /17

**Chairman’s Report, Feedback from the Council of Governors**

The Chairman gave a verbal report as follows:

**Annual Members Meeting** – RH reminded Directors that the Joint Annual Members and Council of Governors Meeting would take place on Thursday 28 September 2017 in the Academy at 6.00pm to which all members of the Board were invited, highlighting that as in previous years there would be health workshops beforehand.

**Governor Elections** – RH advised that governor elections were underway for the following seats: -
In addition the term of office of the nominated governor representing Prospect House was due to end and Prospect House had been asked to confirm their nomination going forward.

**Urgent Business** – RH reported that he had agreed to accept an item of urgent business relating to estates matters which would be considered in the private part of the meeting.

**RESOLVED**

*that the report of the Chairman be received.*

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### Chief Executive's Report

The Board received and considered a report from the Chief Executive presented by GR covering the following issues:

- Latest rating by the Care Quality Commission (CQC)
- Shalbourne Private Health Care open event
- New provider of Swindon Walk-In Centre
- Leaving hospital campaign continues
- New Integrated Discharge Service
- Celebrating our staff at our annual awards ceremony
- Revolutionary genomic project
- Transfer of property to NHS Property Services
- Proposals for investment in Wiltshire community healthcare services
- Local STP chosen for national diabetes prevention programme
- STP ratings published for the first time
- New CCG ratings shared
- Chairman of Wiltshire Clinical Commissioning Group to step down.

In presenting the report, the following comments were made:

**Care Quality Commission (CQC)**

GR highlighted that whilst the Trust retained the same overall rating of “requires improvement” there had been considerable service improvements across the Trust and notably in the Emergency Department which had achieved an “outstanding” rating for quality of care which was commendable. GR referred to the many positive comments in the report about innovations and kind, compassionate and caring staff.

**Shalbourne Private Health Care open event**

GR highlighted that staff and the public had been invited to learn about the benefits to the Trust and to the wider community of offering a private healthcare option which like many NHS trusts across the country, was about giving local people who choose to pay for healthcare, an alternative to private companies but with the benefit that all profits were invested back into NHS services at the Great Western Hospital and in the Swindon community.

**Leaving hospital campaign**

GR advised that delayed transfers of care were increasing which was a concern nationally. The Trust continued to promote the “Leaving Hospital” campaign which encouraged staff, families and carers to have open discussions about leaving
hospital earlier on and provided a reminder of the practical things everyone could do to help, such as being available to collect the patient from hospital, arranging help around the home and bringing clothes for them to leave in.

Celebrating our staff at our annual awards ceremony
A staff awards evening had been held to recognise and celebrate success.

Revolutionary genomic project
GR reported that the Trust had been named as the first trust in the region to join Oxford’s NHS Genomic Medicine Centre, which was part of the national 100,000 Genomes Project.

The innovative project was working to establish a world class genomic medicine service in the NHS, which would give scientists and doctors a better understanding of the complete genetic coding of an individual. This would help the NHS to better understand the DNA which caused rare diseases and certain cancers, develop more personalised treatment options and prevent and treat diseases that were passed from one generation to another.

As an official partner, the Trust was inviting patients with certain rare diseases and their family members to take part in whole genome sequencing.

AC questioned why the Trust was involved and whether there were resource implications. GR responded that there were two halves to the project namely cancer and diseases and that there were genetic doctors who came to Great Western Hospital to provide treatment. Sessions were hosted at this hospital and therefore this was about ensuring the relevant patients were included. A network was in place. GR reported that the Trust had not experience resource implications because of the project.

Transfer of property to NHS Property Services / Proposals for investment in Wiltshire community healthcare services

Arising upon consideration of this, JM commented that the ownership of the community estate had transferred to PropCo and this needed to be clear.

Local STP chosen for national diabetes prevention programme
Arising upon consideration of this, NLB referred to diabetes prevention commenting that type 1 diabetes was not preventable so this programme referred to type 2 diabetes which was lifestyle related and was preventable.

**RESOLVED**

*that the report of the Chief Executive be received.*
The Board discussed the report and comments were made as follows:

**National overview**

KJ commented that she thought it would be beneficial for the members of the Board to understand the national budget picture regarding NHS finances. KJ explained that the national picture for quarter one was a deficit of £735m for 2017-18 compared to a deficit of £461m in 2016-17. The revised year end forecast deficit was now £530m from £496m. 67 providers were reporting adverse variances to plan and overall there was a national slippage on Cost Improvement Programmes of 10% totalling £102m behind plan.

Agency spend had fallen to 4.6% compared to 6.5% in 2016-17 but there was therefore an increase in bank usage. 68% (162 of 238) providers were reporting adverse variances to plan and overall there was a national slippage on Cost Improvement Programmes of 10% totalling £102m behind plan.

KJ advised that nationally was as follows:-
- A&E attendance 2.9% increase in activity
- 4 hour access target 90.29% achievement
- RTT 89.96% achievement

In terms of an overview the funding increase had fallen from 3.6% to 1.3% making efficiency targets of 5%.
<table>
<thead>
<tr>
<th>Financial Performance</th>
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<tr>
<td>As at month 4 the year to date overall financial performance was a surplus of £475k which was below plan by £166k including Sustainability and Transformation Funding (ST&amp;F) of £1.463m. The underlying position excluding ST&amp;F was a deficit of £988k.</td>
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<tr>
<th>Reserves</th>
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<tr>
<td>The reserves balance at month 4 was £11.7m. Of this £6.3m was already allocated for specific projects and future commitments leaving an uncommitted balance of £5.4m. KJ highlighted that with NV she would be looking at this at the end of quarter 2 to decide if projects should be speeded up or placed on hold.</td>
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<thead>
<tr>
<th>Activity</th>
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<tr>
<td>KJ highlighted that activity in A&amp;E and non-elective activity had increased marginally from June to July which was broadly in line with plan.</td>
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<table>
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<tr>
<th>Private Patient Income</th>
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<tr>
<td>KJ highlighted that this was below plan year to date (£0.399m) due to lower private patient activity in prior months, although some of this was substituted by Referral to Treatment Time (RTT) and any qualified provider NHS activity. KJ advised that she was working closely with the Private Patient Unit (PPU) to improve income noting that additional theatre hours were needed. It was explained that the gap in private patient income would grow pending approval of the business case for additional theatre capacity.</td>
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</table>

In response to a question from AC regarding the income gap, KJ advised that she was unable to quantify how much of this was related to escalation. KJ explained that beds used in the PPU were empty and thought was given to siting those patients which could be discharged early. It was clarified that private patient activity had not been cancelled due to escalation but it was noted that accommodation of NHS patients was not conducive to the environment desired for a private patient unit.

<table>
<thead>
<tr>
<th>Pay Costs</th>
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<tr>
<td>KJ highlighted that total staff costs were £0.108m above plan in month and £1.753m above plan year to date of which £1.041m related to agency costs. KJ highlighted that although there had been a reduction in agency spend in the last couple of months this was not a trend but related to Divisional reasons associated with unit costs and inability to fill positions.</td>
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<tr>
<th>Cost Improvement Plans (CIPs)</th>
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<tr>
<td>KJ reported that the total CIP target for the year was £14.052m but as at month 4 the Divisions had identified a forecast of £10.336m. The total value achieved year to date was £2.510m against the Trust plan of £3.622m. Divisions continued to look at additional CIP schemes that would close this gap and improve the run-rate in future. KJ highlighted that she anticipated the forecast position to improve by an additional £1m and that CIP delivery was a major contributory factor to the Trust's underlying financial position.</td>
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<table>
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<tr>
<th>Cash</th>
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<tr>
<td>KJ reported that the cash position was not sustainable going forward and that she was undertaking a piece of work to look at cash requirements over the next two years. KJ highlighted that the Trust had been advised that it had been unsuccessful in its appeal to achieve the streaming element of A&amp;E which was about £150k and therefore the financial position would deteriorate further. KJ advised that although the Trust was £166k away from plan this was because reserves and provisions had been used and that the underlying financial position was not satisfactory.</td>
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<table>
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<tr>
<th>Forecast</th>
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<tr>
<td>KJ highlighted that the financial forecast position included S&amp;TF and before</td>
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</table>
mitigation was a deficit of £2,308k against a planned surplus of £1,796k (excluding S&TF of forecast deficit £8,355k against a planned deficit of £4,960k) after mitigation a surplus of £1,087k compared to plan of £1,796k excluding S&TF which was on plan. KJ reported that Divisional management teams were fully engaged in supporting and driving improvements to the forecast position and mitigation identified had been RAG rated. KJ advised that the Trust had received notification from Swindon Clinical Commissioning Group that it was looking to support the Out of Hours GP Service and therefore it was likely that there would be an additional £310k income which would improve the bottom line.

Summary
In summary month 4 was showing continued pressure and that a clearer indication of the financial position would be provided at the end of quarter 2.

SN questioned whether more sophisticated forecasting was being done. KJ responded that quarter 2 was in line with what NHS Improvement was expecting and it made sense to forecast in line with others nationally. SN commented that the sooner Board members understood the forecast position the quicker decisions could be made. KJ agreed commenting that further sophisticated forecasting would be undertaken this month but, in her view, forecasting was the best it was going to be because it was informed from the Divisions and that the element yet to be clarified was around what the Trust might cease to do to drive out costs.

AC questioned the sensitivities built into the forecast. KJ responded that the forecast was the likely forecast with risks identified, as shown in the risk bubbles in the report which would affect the forecast position. AC questioned whether over income was assumed in the forecast. KJ responded that this had been included and was happy to explain the detail outside of the meeting.

SN asked for an explanation of the work on the cash forecasting noting that the cash position looked extremely challenging. KJ responded that in terms of cash forecasting, NHS Improvement looked at this on a month on month position. In October the Trust’s cash position would fall below £1.7m which was the control total. KJ was keeping everyone informed and it might be necessary to secure a loan in October. The Finance Team had undertaken a piece of work to forecast the cash position for the year end which was very complex and included some very high level assumptions. Initial thoughts were that it was likely that the Trust would need to borrow £11m. KJ reminded the Board that the Trust had already borrowed £20m. KJ commented that the Trust was engaging with NHS Improvement through the process to ensure that arrangements around cash were as planned as possible. KJ flagged that a proportion of the existing loan was due for payment next year and consideration was being given to consolidation of the existing loan with any new loans into one loan. NHSl had asked for a position on a number of scenarios including do nothing, keep creditors down, collects debts, write off historic debts etc. and the detail on this would be reported to the Finance and Investment Committee in October. In addition sessions were being held with NHS Improvement to ensure their understanding and recognition of the longer term solutions needed and support. KJ commented that she had begun to highlight to NHS Improvement the potential for a top up to the Trust’s cash position because of the Trust’s PFI. In response to a question from HW, regarding the cash shortfall in October, KJ advised that the Trust would be making a loan application.

JS commented that the cash position was due to a longer term legacy element and she questioned how much of the finance position over time be mapped to the PFI. KJ responded that she could probably compare the Trust with an organisation of a similar size to understand what they paid for facilities etc. for report to the Finance and Investment Committee in October.

AC commented that cash was being sought because of a structural problem rather than cash not being managed effectively and he emphasised the need for strategic
longer term solutions.

RESOLVED

(a) that the Month 4 financial position is a year to date surplus of £475k including Sustainability & Transformation Funding (S&TF) and a year to date deficit of £988k excluding S&TF;

(b) that the forecast outturn is a surplus of £1,087k including STF and deficit of £4,960k excluding STF and in line with control total; and

(c) that the forecast year end Use of Resources Rating is a 3.

177 /17 Chair of Finance & Investment Committee Overview

The Board considered a report which summarised the key issues from meetings of the Finance & Investment Committee held on 24 July and 21 August 2017 which it was considered should be drawn to the attention of the Board covering the following:

- Overall financial performance
- Unscheduled Care Division
- Diagnostics and Outpatients Division
- Cost Improvement Plans
- Carter Review
- BAF Strategic Risks
- Policies
- Procurement Transformation Plan and Update
- Unplanned Nursing Costs
- Capital Schemes
- Asset Register

RESOLVED

that the report be received.

178 /17 Chair of Audit, Risk & Assurance Committee Overview

The Board considered a report which summarised the key issues from a meeting of the Audit, Risk & Assurance Committee held on 13 July 2017 which it was considered should be drawn to the attention of the Board covering the following:

- 15+ Risk Register / Board Assurance Framework
- External audit progress report
- Internal audit progress report
- Counter Fraud / Counter Fraud Self-Assessment
- Freedom to Speak Up
- Conflicts of Interest
- Contract Extensions and Waivers
- Losses and Compensation Payments

RESOLVED

that the report be received.

179 /17 Quality Report

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 July were as follows:

- Most recent HSMR = 95.24 (12 month period April 2016 to March 2017)
- 4 cases of *Clostridium difficile* during July
- 1 Serious Incident was reported during July 2017.
- 4 Maternity incidents requiring RCA’s were reported during July
- 34 Mixed Sex Accommodation breaches occurred during July 2017
- 5 - 12 hour Decision to Admit (DTA) breaches reported in July 2017
- 10 complaint cases were re-opened during July due to failure to answer concerns and family or patients being dissatisfied with responses

Hospital Standardised Mortality Rate (HSMR)

GR reported that the Hospital Standard Mortality Rate (HSMR) figure for April 2016 to March 2017 was 95.51. GR explained that HSMR was the observed number of deaths and expected deaths based on population and geographical area. AC referred to the week day and weekend mortality by day of admission table set out in the report and GR undertook to talk to AC outside of the meeting to explain the detail.

Mortality Reviews

GR highlighted that the national Quality Board had published guidance on learning from deaths in March 2017. A new mortality review process had been introduced as a result of this guidance. GR explained that the Trust was looking to formalise its processes around mortality reviews. More structured reviews would be detailed and measure different themes and the Trust was aiming to increase the number completed.

National Audits

GR highlighted that progress was being made with completion of National Audits with a number in progress and a number not applicable to the Trust. Locally the number of awaited national summaries had continued to rise during the last three months.

Infection Prevention and Control

GR reported that there were 3 cases of *Clostridium difficile* reported in July for Acute Services and 1 case reported in Swindon Community Health Services. However, the Trust remained under trajectory. GR highlighted that there was a world-wide shortage of a particular antibiotic and therefore it was expected that the number of *Clostridium difficile* cases would increase.

E coli bacteraemia

GR highlighted that there were 2 cases of e coli bacteraemia attributed to Acute Services during July. GR explained that e coli bacteraemia was not in the hospital but the measurement of e coli bacteraemia was captured by the hospital. There were plans in place to address this across the system.

Blood Culture Contamination Rate

KJ noted that the Blood Culture Contamination Rate had increased over the last four months and she questioned whether there was a need to be concerned. GR responded that an intensive piece of work was under way working through a QI process which included additional training to look to address this. *HW commented that this was about members of staff doing what they needed to do every time and that it would be more helpful to the Board if a rolling twelve month average was provided.*

Serious Incidents

HW highlighted that there had been 1 Serious Incident reported in July and that there were 2 action plans overdue. HW had followed this up and actions were progressing which included the ratification of guidelines through formal governance routes.
Complaints
HW highlighted that it had been noted at the Quality and Governance Committee when discussing patient experience that there had been an increased number of complaints relating to the attitude of staff. A piece of work was underway to look at this to determine patterns or themes together with a review of re-opened complaint cases, detailed of which would be reported back through that Committee.

Maternity
HW referred to a cluster of still births in maternity advising that all case had been reviewed initially. In addition the Trust had commissioned an external review led by my Swindon Clinical Commissioning Group to include an external obstetrician. HW advised that each case was independent and she believed there were no specific concerns to highlight to the Board. It was commented that some of the babies had been inter-uterine deaths with the mothers deciding to give birth at the Great Western Hospital. In response to a question raised HW advised that further information would be presented to the Quality and Governance Committee in October. GR advised that the Trust had contacted the national body which collated data on still births to inform them of the cluster. HW advised that the Trust had had clusters of still births before and that actions being undertaken to manage the cluster were similar to those put in place by other organisations.

Quality Dashboard
HW advised that the Quality and Governance Committee had received an overview of the Quality Dashboard and had discussed its benefit noting that the dashboard was a work in progress. The Committee had noted that the dashboard provided granular information which was beneficial at department level although more sophisticated analysis of a smaller number of indicators including narrative was required at Committee and Board level.
HW advised that later in the month there would be a Quality Week and members of the Board were invited to join in the activities being held in The Academy.

JS referred to a discussion about events going on around quality in The Academy and consideration as to whether there were other areas which could accommodate such activities including the Brunel Treatment Centre and other areas. HW undertook to consider this.

SN advised that at the Performance, People & Place Committee it had been suggested that AGr would pick out 3 or 4 metrics from the quality dashboard to be included in the Operational Performance Report.

HW commented that the Quality & Governance Committee had looked at all the detail which was too much and that a handful of key performance indicators should be presented to provide assurance on quality. NLB commented that the Committee wanted to know that the dashboard was used and welcomed evidence of outcome changes made from the dashboard.

Patient Safety Visits
SN referred to a visit he had made to the Mortuary commenting that issues raised regarding staff pay were not included in the report and he questioned whether there had been any progress in addressing the issues. KJ advised that she was addressing the matter and HW undertook to ensure the accuracy of the notes recorded.

RESOLVED
(a) that the quality matters and exceptions contained within the report be noted; and
(b) that it be agreed that the Quality Report provides assurance of
The Committee received a report from the Chair of the Quality & Governance Committee which summarised key issues considered by that Committee at its meetings held on 20 July and 17 August 2017 covering the following:

- Quality Report
- Emergency Department Dashboard
- Overdue Outpatient Follow Ups
- Annual Clinical Audit and Effectiveness Report 2016/17 and 2017/18 Audit Programme
- Safer Staffing Monthly Exception Report
- Swindon Community Health Services clinical governance and quality oversight
- Board Assurance Framework – Strategic risks aligned to this Committee
- Corporate Governance Report
- Equality & Diversity Update
- Trust response to CQC Consultation on Fit and Proper Persons Test

**RESOLVED**

*that the report be received and it be noted that the Quality & Governance Committee will continue to scrutinise and challenge the delivery of actions to drive improvements.*

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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:

<table>
<thead>
<tr>
<th>Performance Indicator</th>
<th>July Status</th>
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<tbody>
<tr>
<td>Emergency Department (ED) 4 hour standard (95%)</td>
<td>July - 87.4% (not achieved)</td>
</tr>
<tr>
<td>12 hour reportable Decision to Admit breaches</td>
<td>July – 5</td>
</tr>
<tr>
<td>Referral to Treatment Incomplete standard (92%)</td>
<td>July – 91.06% (achieved)</td>
</tr>
<tr>
<td>6 Week Diagnostic Wait (99%)</td>
<td>July – 98.8% (not achieved)</td>
</tr>
<tr>
<td>Cancer Targets</td>
<td>June -</td>
</tr>
<tr>
<td>2 Week Waits (93%)</td>
<td>90.1% (not achieved)</td>
</tr>
<tr>
<td>2 Week Wait Breast Symptomatic (93%)</td>
<td>66.4% (not achieved)</td>
</tr>
<tr>
<td>31 Day Surgery (94%)</td>
<td>96.2% (achieved)</td>
</tr>
<tr>
<td>62 Day Surgery (85%)</td>
<td>81.3% (not achieved)</td>
</tr>
</tbody>
</table>

In presenting the report, the following points were highlighted:

**Emergency Department 4 Hours Access Target / 12 hour Breaches**

The Trust had achieved 87.4% against the 95% ED four hour patient access standard in July. The Trust had five breaches of the 12 hour Decision to Admit (DTA) standard at the beginning of July but AGer was pleased to report that there had been no further breaches of the 12 DTA standard in August. AGer referred to the high numbers of admissions in month and the high level of delayed transfer of care (DTOC) patients totalling 80. It was explained that in July there had been...
considerable focus on improving delayed transfers of care in Wiltshire but this could not be sustained. AGr reported that the ED 4 hour access target for August was 88.8%.

The report summarised progress with the ED Improvement Plan with specific areas highlighted for the attention of the Board. AGr referred to the changes to the work patterns of the acute physicians which had been developed to secure improved consultant coverage of the Acute Medical Unit (AMU) and for an increased period of the day. A formal consultation was underway with a planned implementation date of 23 October 2017. AGr advised that at the same time there would be a reorganisation of the Linnet Assessment Area which would provide more capacity. More space (approximately 70 places) would be created which would enable the movement of patients away from the Emergency Department which would mitigate crowding.

In response to a question from CN, AGr explained that the conversion of the Linnet Assessment Area into a trolled unit to allow for active patient assessment and turnaround with a size and throughput large enough to accommodate the medical take within the 4 hour standard could not be implemented sooner than 23 October 2017 because the staffing element was subject to the acute physician consultation.

AGr referred to challenges in the Unscheduled Care Centre reporting that a triage system had been introduced. AGr mentioned first assessment breaches advising that a twilight Registrar was proposed which it was hoped would be supported outside of the formal acute physician consultation. The twilight Registrar would aid the reduction of first assessment breaches. AGr explained that breach analysis was translating into functions and that efforts were being made to eradicate all reasons, within the Trust control, for first assessment breaches.

AGr reported that streaming to Ambulatory Care was currently 38% which was commendable; Ambulatory Care was taking a large number of patients. With reference to streaming in the round AGr explained that the Trust had not included some services which other Trusts had included which was a statistical presentation but could affect the Trust’s ability to secure finance. Work was underway to address this with metrics governing Ambulatory Care performance being re-assessed.

AGr reported that the Integrated Discharge Service continued to support the identification and management of complex patient discharges and the increased level of patients identified for early discharge the previous evening (Golden patients). AGr explained that metrics were being developed to define the success of the Integrated Discharge Service such as length of stay and medical discharge rates.

AGr reported that in support of discharge processes the new Patient Flow Manager was to re-emphasise the medically fit for discharge date as a means to pro-actively manage capacity and the patient discharge process in liaison with Social Services. Meridian was working closely with the Patient Flow Manager in support of this work and general improvement to the ward discharge processes.

AGr reported that criteria led discharge at weekends was now showing real movement on the medical wards with up to 13 patients per week, subject to criteria led discharge, with outcomes monitored and reasons for non-discharge recorded and understood. In response to a question from RH, AGr explained that 13 patients equated to approximately 20%. GR advised that the Trust was now hitting 4,000 emergency admissions which was approximately a thousand more than previous years.

AGr reported that the work of the system wide Delayed Transfer of Care Steering Group and Urgent Care Working Group had been reviewed and it was hoped that
this would lead to greater re-enablement capacity which in turn would be a significant contribution to reducing long term patient delays. It was explained that a critical friend visit was planned and it was hoped that a number of actions would come into place from that.

AGr reported that full Winter Planning was underway with an increasing daily escalation and scrutiny including a more clinically led response at higher level Opel 3 and 4. In response to a question raised by JM, AGr reported that the Winter Plan would be considered through the Performance, People and Place Committee in September and would include Swindon Community Services and wider system actions. JS commented that a brief summary of the Winter Plan would be helpful for members of the Board prior to the provider review meeting later in the month and AGr undertook to provide this.

Arising upon consideration of this PH referred to the number of initiatives outlined in the report which were being brought together and he referred to the Meridian work asking what sort of issues were being identified. AGr responded that Meridian had found the discharge process at ward level to be inconsistent; this aligned with the work on the discharge service and work undertaken with Ward Managers about their responsibility for discharge. AGr explained that the Trust was good at dealing with issues of the day and not good at planning for the next day which was an area for focus together with proactive work around back door flow to include clinical sign off.

AC referred to the chart in the report on first assessments commenting that if first assessments and discharges before noon could be resolved these two issues alone would have a significant impact on the flow of patients and performance in the Emergency Department. AGr agreed, commenting that resolution of first assessments and early discharges was the basis of the rationale for reviewing the medical workforce to spread consultant coverage. AGr advised that first assessment breaches should be zero and he undertook to consider a trajectory target to get to this point. JS welcomed the identification of KPI’s for first assessments.

OF advised that there were 19 vacancies in the Emergency Department and it was hoped that there would be substantive staff in the near future which would support initiatives to improve patient flow and discharge. HW advised that although agency staff were used in the department they were often the same agency staff and were well experienced in the practices and processes in place.

GR referred to the information in the report on the Right Patient Right Place advising that significant work had taken place particularly around medicines and that the Trust was very near delivering on the metrics identified. GR advised that the Golden Patient was a focus with the next areas for attention being the number of patients who could be discharged before 5.00pm. In response to a comment raised by AC around examples where the Trust was falling below targets for ensuring patient discharges it was confirmed that individuals were held account for their actions.

NLB referred to discussions which took place at that Quality and Governance Committee around patient discharges and it was noted that there were higher numbers on Fridays and that there should be an attempt to smooth discharges through-out the week which would support the bed state and the delayed transfer of care position. AGr agreed commenting that a move to full seven day discharges would solve this issue but there were resource implications including a requirement for an increase in acute physicians.

**Stroke**

AGR reported that the Community Stroke Team was to work as an early supportive discharge service. An application would be made to Swindon Clinical...
Commissioning Group to support this to ensure a correlation to SSNAP performance. NLB referred to stroke brain imaging seeking additional information about the two key points in the data referred to in the report and AGr undertook to report back on this at the next meeting. Furthermore reference was made to the July and quarter 2 figures which did not correlate and AGr undertook to correct the performance data in the next report.

In response to a comment made by PH it was noted that the Trust had appointed two neurologists with a specialist interest in stroke earlier in the month.

**Referral to Treatment Times (RTT)**
AGr highlighted that the RTT incomplete standard was not achieved in July at 91.06% with the drop in performance being directly linked to a number of cancelled procedures at the beginning of the month in response to site pressures and more recently to the need to divert outpatient and diagnostic capacity to cancer services.

**Diagnostic Waits**
AGr reported that the standard had fallen marginally to 98.8% in July due to breaches in neurophysiology and CT imaging. A mobile CT scanner had been hired which had now arrived on site.

**Cancer Services**
AGr advised that August data was subject to verification but broadly showed uplift in performance which was reassuring. The Trust was performing above 93% for systematic breast cancer services and it was anticipated that the 31 day target would be achieved next month. AGr highlighted that the area of main challenge was around the 62 day target with particular reference to colorectal cancer and urological cancer. An external review had taken place earlier in the week with consultants agreeing to revised processes which would improve performance. AGr advised that whilst the performance percentage was 78%, the numbers of patients was very low. AGr advised that breaches would continue around the 62 day target until the end of October.

**Electronic Discharge summaries**
JS questioned the link between electronic referrals and CQUIN. AGr responded that Swindon GPs did not support electronic referrals because of concerns around appointment slot issues. An action plan had been formulated to address this. In response to a question raised by JS around the mechanism for reporting progress, AGr explained that he would include detail in future Operational Performance Reports.

**ED Dashboard**
It was noted that the Unscheduled Care Division was considering a number of metrics and informatics had produced an ED Dashboard which collected a significant amount of information about breaches which could be better understood through the option of drop down boxes. It was noted that the dashboard was not fully in place but there was an intention to demonstrate the benefits of the dashboard to NHS Improvement at the forthcoming Provider Review Meeting. It was noted that the data was almost real time and granular and would include a more rationalised performance section and operational section.

**RESOLVED**

that the report be received and the ongoing plans to maintain and improve performance be accepted, acknowledged and supported.

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182/17 **Chair of Performance, People & Place Committee Overview**

The Committee received a report from the Chair of the Performance, People & Place Committee which summarised key issues considered by that Committee at its
Meeting held on 26 July and 23 August 2017 covering the following:

- Operational performance
- Baseline Emergency Staffing Tool Audit
- Workforce
- Electronic roster implementation
- Fire risk
- Digital and IT Strategy
- Information Governance
- Managed Equipment Services

It was noted that there needed to be a refresh of the ED improvement plan to include points from NHS Improvement letter received in July.

The Committee still had some concerns around data quality noting that there was a need to have an effective validation process in place connecting pathways and identifying potential breaches.

The Committee had noted that testing of cladding was underway and that the report on this had not yet been received from the Fire Officer.

The Committee had welcomed a progress report on the Digital and IT Strategy for the next five years.

The Committee had noted the workforce vacancy rate noting that staff recruitment continued to be a major challenge for the Trust.

**RESOLVED**

*that the report be received and it be noted that the Performance, People & Place Committee will continue to scrutinise and challenge the delivery of actions to drive improvements.*

**Mental Health Act and Mental Capacity Act Committee Annual Report 2016/17**

The Board received and considered a report that advised that under the requirements of the Mental Health Act 1983, (MHA) and the Mental Capacity Act 2005, (MCA) the Trust had a key responsibility for ensuring that patients with mental health issues were assessed, treated, monitored and discharged/transferred under the requirements of the Acts as follows:

"The Trust must:
- Ensure that patients who require detaining are done so under the correct legal framework i.e. MHA and MCA and DoLS.
- Ensure that patients’ treatment and care accords fully with the provision of the Acts;
- Patients are fully informed of, and supported in, exercising their rights;

The Five Year forward view for Mental Health (FYFV MH) priority areas for action 2016 – 2021 were set out in the report.

It was noted that a significant point to highlight from the report was the establishment of a mental health liaison service 24/7 which was a significant improvement.
The Board recorded its thanks to Wendy Johnson, Head of Safeguarding Adults at Risk, MCA and DoLS Compliance and Health for her hard work in this area.

**RESOLVED**

*that the report be received.*

### 184 /17 Safer Staffing Monthly Exception Report

The Board considered a report which provided the monthly exception reporting on actual nursing and midwifery staffing compared to that planned, together with associated quality impacts.

In June the position was as follows:

Proportion of actual versus planned nursing hours (fill rate):

<table>
<thead>
<tr>
<th></th>
<th>Registered Nurses</th>
<th>Auxiliary Nurses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day Shift</td>
<td>86.6%</td>
<td>104%</td>
</tr>
<tr>
<td>Night Shift</td>
<td>100.5%</td>
<td>117.5%</td>
</tr>
</tbody>
</table>

In July the position was as follows:

Proportion of actual versus planned nursing hours (fill rate):

<table>
<thead>
<tr>
<th></th>
<th>Registered Nurses</th>
<th>Auxiliary Nurses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day Shift</td>
<td>84.9%</td>
<td>100.3%</td>
</tr>
<tr>
<td>Night Shift</td>
<td>97.6%</td>
<td>112.9%</td>
</tr>
</tbody>
</table>

Average skill mix ratio (day): -

<table>
<thead>
<tr>
<th></th>
<th>June</th>
<th>July</th>
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<tbody>
<tr>
<td>Registered Nurse Staff</td>
<td>61.6%</td>
<td>61.9%</td>
</tr>
<tr>
<td>Care Staff</td>
<td>38.4%</td>
<td>31.8%</td>
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</tbody>
</table>

**RESOLVED**

*that the report be received*

### 185 /17 Safer Staffing - Six monthly skill mix review

The Board received a paper that advises the Board, by exception, of the nursing and midwifery 6 monthly skill mix review undertaken against the current establishments.

In response to a question raised, it was explained that the Out-patient modernisation groups reported into the Transformation Board as part of the Productive People Workstream.

It was reported that the Divisional Directors of Nursing had determined that an annual review was more helpful with a focused response. It was noted that the information in the report had already gone through internal reporting processes.

HW drew attention to the work on Saturn Ward to support a large number of acutely unwell patients requiring high dependency support advising that a business case was being developed.

HW reported that in December 2015 the Government launched plans for a new nursing role, expected to work alongside care assistants and registered nurses to deliver hands-on care. The *Shape of Caring* review recommended developing this role because of a need in the NHS. Eleven sites were chosen to deliver pilots of 2
year programmes from January 2017; with a further 24 test sites from April 2017. There is no formal evaluation information from pilots yet. The Chief Nurse and senior team would be watching, with interest, to decide how this role could support GWH nurse staffing. HW commented that it had only been two years since the Trust had undertaken a large piece of work around associate Practitioners and it might be concluded that the current arrangements remain appropriate.

**RESOLVED**

that the report be received.

|--------|----------------------------------------------------------------------------------|

The Board received and considered a report which provided an update on the progress of the roll-out of the People Strategy 2014-19. An assessment against milestone actions and identified associated risks was included. It was flagged that recruiting to vacant posts continued to be the highest risk and the focus was on Recruitment and Retention Plans with a need to ensure the Trust had safe staffing levels supported by temporary staff.

In presenting the report OF highlighted that the number of staff had increased by 55 whole time equivalents; there was a downward trend on turnover and the bank fill rate was increasing. Reference was made to the use of volunteers many of whom were students. 26 volunteers had subsequently secured employment with the Trust. OF explained that she was working to recruit students at Swindon College studying health to support growth of the future workforce.

KJ commented on all the movement on Sustainable Transformation Programmes and Accountable Care Systems questioning if there was a need to include any reference to this in the People Strategy. OF responded that she was planning to undertake a refresh of the Strategy next year which would include this.

JS referred to international recruitment commenting on the 33 members of staff working below level until they obtained their registration questioning what was their expected profile and cost. OF responded that she had had a meeting to assess each individual and advised that some of these staff were unlikely to pass the English language test and might be able to stay as part of the workforce but on a lower grade. It was commented that some individuals had taken the English language test four times and were therefore unlikely to pass. RH asked for an update to the Board on the financial and operational implications of this.

JM commented on the need to take a system wide approach to recruitment to include key worker accommodation. KJ responded that this was being addressed through the work of the Sustainable Transformation Programme. In addition OF advised that she was a member of the Swindon Employment Board looking at this point. Furthermore, KJ advised that Health Education England had allocated some money across the system and one of the bids being submitted was to do with work around initial costings of key worker accommodation and how this could look for the region.

**RESOLVED**

(a) that it be agreed the progress made against each of the six commitments set out in the report is in line with expectations and

(b) that the risk with the current vacancy position and the work underway to reduce both vacancies and turnover be recognised.
**Guardian of Safe Working - Six monthly update**

The Board considered a report which provided assurance that following the introduction of the new Junior Doctors Contracts, the Trust had the processes in place for the monitoring of junior doctors’ working hours and that this was in accordance with the Terms and Conditions of Service for NHS Doctors and Dentists in Training in England (July 2016), Schedule 06 Guardian of Safe Working Hours. The report included data on all rota gaps on all shifts.

GR reported that Dr Neil Campbell was the Guardian of Safe Working.

GR highlighted that a junior doctor forum had been established. GR advised that the monitoring required new doctors filling in lots of forms but that the number of exception reports was low. PH referred to the issues arising set out in the report around reluctance to complete exceptions report due to the perception around lack of resultant change and GR advised that he would support Dr Campbell with future reporting.

**RESOLVED**

that the report be noted.

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**Responsible Officer’s Annual Board Report on Appraisal and Revalidation**

The Board received and considered a report from the Medical Director explaining that medical revalidation had been launched in 2012 to strengthen the way that Doctors were regulated with the aim of improving the quality of care provided to patients, improving patient safety and increasing public trust and confidence in the medical systems.

The statutory duties of the responsible officers in discharging their duties under the Responsible Officers Regulations were set out in the report including the expectation of provider Boards to oversee compliance.

In presenting the report GR highlighted that the Trust had 360 prescribed connections (Doctors whose Responsible Officer was the Medical Director at Great Western Hospital) as at 31 March 2017. There had been a significant increase in Doctors compared to previous years. Whilst there had been growth in all staff groups the main growth had been in Junior Doctors that were not Deanery trainees. As a proportion they currently represented 29% of the medical workforce compared to the 18% nationally.

GR referred to appraisal completion explaining that for Consultants the Trust had seen an improvement that matched the national comparison. Likewise the Trust matched national comparison at FSA level. Overall the figures were reduced by “other” Doctors of which very few had had an unapproved delay. GR highlighted that “others” included Clinical Fellows and the main reason was that they were included in other systems. GR highlighted that there were only 7 unapproved delays which was very low and that all appraisal were completed within 15 months.

GR commented that an electronic system was used to support revalidation.

JS questioned what was the link between Mandatory Training through the appraisal process. GR responded that medics were being told of their training and the timescales for completion. SN welcomed the improvement in the appraisal completion rate.

**RESOLVED**

(a) that the report be noted and the summary accepted; and
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<tbody>
<tr>
<td><strong>189 /17</strong></td>
<td><strong>Ratification of Decisions made via Board Circular/Board Workshop</strong></td>
</tr>
<tr>
<td></td>
<td>None.</td>
</tr>
<tr>
<td><strong>190 /17</strong></td>
<td><strong>Equality &amp; Diversity Update</strong></td>
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<tr>
<td></td>
<td>The Board received and considered a report that provided a summary of the work underway to provide assurance on how the Trust was working towards meeting its public sector duty in relation to Equality and Diversity. The headlines in the report were as follows: -</td>
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<tr>
<td></td>
<td>- Equality &amp; Diversity 2014-18 Vision agreed by the Board</td>
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<td></td>
<td>- Objectives agreed to meet Equality &amp; Diversity objective outcome</td>
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<tr>
<td></td>
<td>- Milestone actions underpinning objectives identified with continued annual refresh and prioritisation</td>
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<td></td>
<td>- E&amp;D Steering Group established – quarterly meetings booked</td>
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<tr>
<td></td>
<td>- Governance in place - E&amp;D Minutes presented to Executive Committee / reporting to Quality &amp; Governance Committee and annual reporting to Board</td>
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<tr>
<td></td>
<td>- Forward Plan 2017/18 in place</td>
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<td></td>
<td>- National Reporting Requirements being met</td>
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<td>- Equality Delivery System for the NHS – EDS2 completed Apr-17</td>
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<td></td>
<td>- Workforce Race Equality Standard (WRES) 2016/17 approved Jul-17</td>
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<td></td>
<td>- Workforce Disability Equality Standard 2017/18 due Apr-18</td>
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<td></td>
<td>- Information on Trust’s website</td>
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<td>- E&amp;D included as mandatory training module</td>
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<td>- Networking groups joined to ensure sharing of best practice</td>
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<td>Appended to the report was a Workforce Race Equality Standard (WRES) action plan which the Board considered and approved.</td>
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<td><strong>RESOLVED</strong></td>
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<td>(a) that the report be received and that the Board be assured that processes are in place to ensure on-going governance arrangements to support the Trust in delivering milestone actions to support achievement of the Trust’s equality and diversity objectives; and</td>
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<td>(b) that the Workforce Race Equality Standard Action Plan appended to this report be approved.</td>
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<td><strong>191 /17</strong></td>
<td><strong>Urgent Public Business (if any)</strong></td>
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<td></td>
<td>None.</td>
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<td><strong>192 /17</strong></td>
<td><strong>Date and Time of next meeting</strong></td>
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<td>It was noted that the next meeting of the Board would be held on 5 October 2017 at 9:30am in Trust Management Boardrooms, Trust HQ, 2nd Floor, Great Western Hospital</td>
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<tr>
<td><strong>193 /17</strong></td>
<td><strong>Exclusion of the Public and Press</strong></td>
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<td><strong>RESOLVED</strong></td>
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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 when the following items are considered:

- Minutes
- ID Medical Master Vendor Agreement Review
- Swindon Community Services
- Emergency Department Performance
- Charitable Funds Committee Minutes
- Executive Committee Minutes
- Finance & Investment Committee Minutes
- Performance, People & Place Committee Minutes
- Quality & Governance Committee Minutes
- Urgent Private Business – Estates Matter

194 /17 Minutes

The minutes of the meeting of the Board held in private on 3 August 2017 were adopted and signed as a correct record subject to amendment.

195 /17 Outstanding Actions of the Board (Private)

The Board received and considered the outstanding actions list. The Board noted progress against the actions and agreed that completed actions be removed.

196 /17 ID Medical Master Vendor Agreement Review

The Board considered a report which explained that the Trust had entered a Master Vendor contract with ID Medical (IDM) from 1 June 2017 in order to reduce agency spend and ensure the Trust had a good supply of agency workers when needed. The Board noted implementation of the new arrangement to date.

197 /17 Swindon Community Services

The Board received and considered a report that advised that Swindon Community Services had undergone significant changes since the Trust took over the services last Autumn. Accompany the report was a presentation which provided some key highlights since transition in particular focusing in depth on the work that had been done to improve community nursing.

The presentation included:

- Key priorities
- Structure
- Current community nursing provision
- Current situation
- Vision
- Potential model community services access
- Future access to community services
- Potential model community nursing working practices
- Replacement for the virtual ward
- Community nursing the wider team vision
- Relationships with the acute setting
- Potential outcome of the changes

The Board noted the report.

198 /17 Emergency Department Performance - verbal discussion

The Chairman explained that in addition to the Operational Performance Report
discussed earlier in the public part of the meeting it was essential that the Board had the opportunity to discuss matters associated with ED performance, the nature of which would be prejudicial to the public interest and therefore should be considered the private part of the Board. The Board had a brief discussion which included staffing matters.

<table>
<thead>
<tr>
<th>No.</th>
<th>Committee</th>
<th>Meeting Date &amp; Minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>199</td>
<td>Charitable Funds Committee</td>
<td>2 August 2017</td>
</tr>
<tr>
<td>200</td>
<td>Executive Committee</td>
<td>18 July 2017</td>
</tr>
<tr>
<td>201</td>
<td>Finance and Investment Committee</td>
<td>24 July 2017</td>
</tr>
<tr>
<td>202</td>
<td>Performance, People &amp; Place Committee</td>
<td>26 July 2017</td>
</tr>
<tr>
<td>203</td>
<td>Quality &amp; Governance Committee</td>
<td>20 July 2017</td>
</tr>
<tr>
<td>204</td>
<td>Urgent Business (Private) - Estates</td>
<td>15 August 2017</td>
</tr>
</tbody>
</table>

The Chairman had agreed to accept this item of urgent business in view of the Board needing to be advised of the issue as soon as possible.

The Board received a verbal report on estate matters.

The meeting ended at 1.25 pm

Chair …………………………………………… Date……………………………………