

**MINUTES OF A MEETING OF THE BOARD OF DIRECTORS
HELD IN PUBLIC ON THURSDAY 7 DECEMBER 2017 AT 9.30 AM,
IN BOARD ROOMS, TRUST HQ, GREAT WESTERN HOSPITAL, SWINDON**

Present:

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| 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 |
| 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 |
| 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, Lead Governor)

Matters Open to the Public and Press

| Minute | Description | Action by whom | Action by when | | | |
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| 270 /17 | Apologies for Absence and Chairman's Welcome There were no apologies for absence as everyone expected was present. | | | | | |
| 271 /17 | Declarations of Interest There were no declarations of interest. | | | | | |
| 272 /17 | Questions from the public to the Board relating to the work of the Trust There were no questions from members of the public. | | | | | |
| 273 /17 | Minutes The minutes of the meeting of the Board held on 2 November 2017 were adopted and signed as a correct record. | | | | | |
| 274 /17 | Outstanding actions of the Board (public) The Board received and considered the outstanding action list. The Board noted updates reported at the meeting as set out below: - | | | | | |
| | <table border="1"> <tr> <td>181/17</td> <td>OPR – Brain imaging</td> <td> <p>It was explained that not all stroke patients accessed the hospital via the Emergency Department (ED). There were some patients who had strokes whilst on the wards. There was sufficient scanning capacity; the issue was around recognition of stroke and assessment periods.</p> <p>It was noted that work was underway around improvement to stroke performance and that brain imaging performance would be included as part of</p> </td> </tr> </table> | 181/17 | OPR – Brain imaging | <p>It was explained that not all stroke patients accessed the hospital via the Emergency Department (ED). There were some patients who had strokes whilst on the wards. There was sufficient scanning capacity; the issue was around recognition of stroke and assessment periods.</p> <p>It was noted that work was underway around improvement to stroke performance and that brain imaging performance would be included as part of</p> | | |
| 181/17 | OPR – Brain imaging | <p>It was explained that not all stroke patients accessed the hospital via the Emergency Department (ED). There were some patients who had strokes whilst on the wards. There was sufficient scanning capacity; the issue was around recognition of stroke and assessment periods.</p> <p>It was noted that work was underway around improvement to stroke performance and that brain imaging performance would be included as part of</p> | | | | |

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| | | | that. It was therefore agreed that this action could be removed from the tracker. | | |
| 212/17 | OPR – Older Peoples Pathway | | It was reported that a business case had been developed with funding sought towards an older person scheme which included specialist nursing. This action was therefore closed. | | |
| 212/17 | OPR Capacity SWICC | | SWICC and ED were working closely together and therefore the role of SWICC was becoming clearer. The number of discharges per day was improving. ECIP was on site working with the Trust around improvements to patient flow and this would include use of SWICC. It was therefore agreed that this action be closed on the tracker. | | |
| 212/17 | OPR – Patient length of stay | | Length of stay was being considered as part of the patient flow improvement plans. Improved flow would lead to reduced length of stay. Improvements had been seen with a reduction in the number of bed days lost. It was agreed that this action be closed as the matter was being picked up as part of winter planning. | | |
| 239/17 | Quality Report – patient stories | | It was noted that HW had shared patient feedback stories and therefore this action had been completed. | | |
| 239/17 | Quality Report – patient stories | | It was noted that HW had provided additional information around lessons learnt and therefore this action had been completed. | | |
| 239/17 | Quality Report – patient stories | | It was noted that KM had discussed support from Brighter Futures towards gaining patient feedback and therefore this action was closed. | | |
| 241/17 | OPR – Right Person Right Place | | It was noted that a review of first assessment breaches was underway. It was known that a number of breaches should not be classified as true breaches but related to the availability of beds. Therefore an additional assessment category was to be introduced to identify these. It was agreed that the action be closed. | | |
| 241/17 | OPR – Right Person Right Place | | It was reported that the Trust benchmarked higher than other Trusts for first assessments. It was therefore agreed that the action to provide benchmark information could be closed. | | |
| 241/17 | OPR – Acuity of patients | | In response to a request for insightful analysis of ED acuity levels, JO had advised that he was unaware of an acuity model which would provide this information. It was therefore agreed that this action be closed noting that this information might not necessarily have been beneficial in supporting performance improvements. | | |
| The Board agreed that completed actions be removed from the tracker and the updates be noted. | | | | | |

275 /17

Finance Report

The Board received and considered a report on finance for month 7, together with a presentation as follows: -

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| Actual Operating costs | The report did not contain any data relating to Sustainability and Transformation Funding (STF) and represented the Trust Control Total only. In month deficit was £391k. Year to date (ytd) deficit of £3,312k compared to a target deficit of £1,933k. |
| NHS Clinical Income | £23.1m in month and £158.4m ytd (£1.0m above plan ytd) |
| Total Income | £28.3m in month and £193.7m ytd (£1.2m below plan ytd) Income Activity highlights for the month (based on estimated activity) <ul style="list-style-type: none"> • Elective inpatients below plan • Day case activity above plan • Non-elective above plan • Outpatient appointments below plan • A&E below plan |
| Total Operating Expenditure | £26.8m in month and £183.4m ytd (£0.021m above plan ytd) Expenditure highlights in month: <ul style="list-style-type: none"> • Drugs £0.259m above plan (£1.05m above plan ytd) • Pay £0.544m above plan (£3.952m above plan ytd) • Supplies £0.315m above plan (£0.031m below plan ytd) • Other Costs £1.645m below plan (£4.993m below plan ytd) |
| EBITDA | 5.3% YTD |
| Savings | Savings plan of £14.052m of which £12.454m identified £1.278m Cost Improvement Plans (CIPS) delivered in month against a plan of £1.289m £6.231m delivered against a plan of £7.286m ytd (£1.055m below plan) |
| Forecast | Forecast had deteriorated in month prior to any recovery or mitigation actions. After the application of £1.27m recovery actions and £1.9m of mitigations and recovery actions, the forecast was a £6,824k deficit which was £1.864m below the plan deficit of £4.96m. In addition there were approximately £700k risks to the forecast that could result in a £7,460k deficit which was £2,500 worse than the Control Total |
| Debtors | £37.5m debtors and stock |

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| | £7.0m above plan |
| Creditors | £61.8m creditors and borrowings £4.3m above plan |
| Cash | £2.9m £1.1m above plan |
| Loan | No repayment made in month |
| Finance Risk Ratings | Use of Resources (UoR) 4 (Rating 1 is now top and 4 is bottom). |

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

National overview

KJ commented that the NHS as a whole was struggling financially. KJ reported that the national financial position which included acute, specialist and community was forecasting a large deficit with many Trusts swinging out on their forecast position. Nationally there was £2.2billion overspend against a planned deficit of £1billion.

Financial position

KJ reported that as at month 7 there was a slightly improved financial position. However, pay costs had increased. A shift between permanent and agency spend was being seen but not at the right level.

It was noted that the financial impact of the junior doctor contracts negotiated earlier in the year was now being seen. OF highlighted that the Trust had not been awarded any extra funding as the view was that the new contracts would be cost neutral but this was not the case.

Cost Improvement Plans (CIPs)

It was noted that the fortnightly Transformation Board meetings continued where CIP identification and delivery was scrutinised and challenged.

Cash

KJ emphasised that cash was the main concern. KJ was having daily conversations with NHSI about support. The Trust had submitted information to NHSI about the cash forecast position and the need for borrowing or some form of financial support.

Income

JS referred to the income position relating to private patients which was £805k below plan. JS commented on the use of Shalbourne during escalation and questioned the private patient income forecast and recovery of performance at the end of year. KJ responded that a forecast outturn position had been identified together with plans considered on how the Trust could mitigate against site pressures impacting on the private patient unit. KJ reported that this had been highlighted to the Performance, People and Place Committee and it was expected that the position would deteriorate.

Use of Resources Rating

JM referred to the Use of Resources rating and questioned whether it was realistic to agree that the forecast year-end use of resources rating would be 3. KJ responded that there was a significant amount of work underway to recover the position and that the reason for the rating related to agency spend and a deviation from the control total.

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| | <p>RESOLVED</p> <p>(a) that it be noted that the Month 7 financial position is a year to date deficit of £3,312k excluding Sustainability & Transformation Funding;</p> <p>(b) that it be agreed that the forecast year end Use of Resources Rating is a 3 (Rating 1 is now top and 4 is bottom);</p> <p>(c) that it be agreed that the forecast outturn including mitigations is a deficit of £6,824k which is £1,864k worse than the Trust's Financial Control Total;</p> <p>(d) that it be noted that there are approximately £700k risks to the forecast that could result in a £7,460k deficit which is £2,500k worse than the Control Total; and</p> <p>(e) that it be agreed that formal reporting of the Trust's outturn position will remain at £4.9m deficit for month 7.</p> | - | |
| 276 /17 | <p>Quality Report</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 were as follows: -</p> <ul style="list-style-type: none"> • Most recent Hospital Standardised Mortality Rate (HSMR) - 96.67 (12 month period July 2016 to June 2017) • There was 1 case of <i>Clostridium difficile</i> during October, the current rate was 11.49 per 100,000 bed days year to date. • 3 Serious Incidents were reported during October 2017. • There were 550 overdue investigations into incidents (by more than 14 days). • No Freedom to speak up alerts were received during October. <p><u>Hospital Standardised Mortality Rate (HSMR)</u> GR reported that the HSMR was being maintained below 100 which was good.</p> <p><u>Infection Prevention and Control</u> GR advised that the Trust had one Clostridium Difficile case above trajectory. 11 cases had been reported to date, with 6 of those being deemed unavoidable, 1 avoidable and the others awaiting decision.</p> <p><u>Patient safety indicators</u> AC sought clarification around the RAG rating of the patient safety indicators. GR responded that for some indicators the number observed was very low and that the Trust was not an outlier. In response to a question on what would lead to a Red RAG rating it was commented that usually this would be more than two standard deviations and the Trust would receive an alert.</p> <p>AC questioned whether there could be concerns which might not flag. GR responded that this was why Dr Foster's independent alerts had been introduced. A national methodology applied. AC commented that he would like to understand this better and GR undertook to talk to AC outside of the meeting to provide further information on the trigger of alerts.</p> <p><u>Clinical Audits</u> AC questioned the reason why a number of clinical audits were delayed commenting that it was important to participate in the national audits highlighting the falls and fragility audit as important.</p> | GR | 01-Feb-18 |

HW advised that for some audits listed, the start might have been delayed due to capacity or competing priorities but that the audit was underway. GR advised that the Trust had a track record of compliance with national audits and that each year there were a number with delayed starts but they were completed.

Quality considerations

HW highlighted that the report set out details of where quality of care was being compromised, notably care was being provided for some patients in an environment not designed for care. Cleaning was an area for close attention to ensure that standards were maintained. HW advised that one ward had been closed due to norovirus.

It was noted that clinical teams were spending more time on direct clinical care because of the additional patients and therefore staff were choosing to prioritise their work with a focus on patient safety and care. As such some administrative duties were being delayed such as responding to complaints and carry out incident investigations in a timely way. Focus was on those incidents which had resulted in harm. HW highlighted that over the last two years there had been an increase in incident reporting which was positive.

Mixed sex breaches

HW advised that the Trust had recently experienced mixed sex breaches on the stroke ward and in the assessment unit. It was unusual to have mixed sex breaches in these areas which was a direct result of the operational pressures being experienced across the Trust.

Governance

HW reported that it had been necessary to cancel the Patient Quality Committee for two consecutive months because the Trust had been at OPEL 4 status and those individuals who normally attended the Committee were required to support site management. HW advised that she would consider alternative arrangements to ensure effective governance continued.

Safety thermometer

HW reported that she was working with commissioners to cease use of the Safety Thermometer. PH supported this approach.

National survey results

HW highlighted that the ED results showed improvement from the 2014 survey whereas the Children & Young Peoples results showed that the Trust was significantly worse than average in 11 questions. The Divisional Director of Nursing (Womens, Childrens & Sexual Health Division) was reviewing the results and would formulate an action plan to drive improvement. The Maternity results showed an improvement with the Trust being significantly better than average on 12 questions.

Infection control

GR reported that there had been an outbreak of norovirus following an infected relative's visit to the hospital.

In response to a question around earlier indicators of flu, it was noted that the Infection, Prevention and Control Team was monitoring the situation. To date 77% of front line staff had been vaccinated, as well as over 80% of local GPs. Also school children had been vaccinated.

JS referred to the chart in the report on trends, themes and learning from clinical incidents highlighting the number of incidents relating to trips, slips and falls. JS commented that recently there had been a lot in the media about this with a focus on the cost to the NHS. An area for attention was around people who were susceptible to falls having appropriate foot wear. JS questioned whether the Trust knew the number of its slips, trips and falls which were caused by inappropriate

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| | <p>footwear. HW responded that this level of detail was unknown, however the Trust did provide slipper socks to patients and a very strong Falls Team was in place with continuous learning and improvement around falls.</p> <p>JM advised that there was a slipper exchange system in Wiltshire. The Board noted that there had been adverse media around such schemes siting inappropriate use of tax payers' money.</p> <p><u>Cleaning standards</u> AC sought additional information about the patient care equipment department self-audits noting that the score for October was 94% (below 95% standard). HW advised that the self-audits related to nurse cleaning of equipment and the low score was a reflection of how busy nursing teams were in caring for patients. HW explained that the Divisional Directors of Nursing were working on improvements to cleaning standards. HW clarified that equipment was being cleaned but that some parts of equipment such as wheels and bases (the non-contact areas) were being missed.</p> <p>RESOLVED</p> <p><i>(a) that it be agreed that the Quality Report provides assurance of progress towards quality improvements and quality indicators; and</i></p> <p><i>(b) that the report be noted.</i></p> | - | | | | | | | | | | | | | | | | | |
| 277 /17 | <p>Operational Performance Report</p> <p>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: -</p> <table border="1" data-bbox="252 1167 1238 1572"> <tr> <td>Emergency Department (ED) 4 hour standard (95%) (combined – Emergency Department, Minor Injuries Unit (MIU) & Urgent Care Centre (UCC))</td> <td>October 88.1% (not achieved)</td> </tr> <tr> <td>Referral to Treatment +Incomplete standard (92%)</td> <td>October 90.2% (not achieved)</td> </tr> <tr> <td>6 Week Diagnostic Wait</td> <td>October 96.8% (not achieved)</td> </tr> <tr> <td>Cancer Targets</td> <td>October Achieved</td> </tr> <tr> <td>2 week waits (93%)</td> <td>95.8%</td> </tr> <tr> <td>2 week wait breast symptomatic (93%)</td> <td>97.3%</td> </tr> <tr> <td>31 day treatment (96%)</td> <td>98.3%</td> </tr> <tr> <td>62 day treatment (85%)</td> <td>85.7%</td> </tr> </table> <p>In presenting the report, the following points were highlighted: -</p> <p><u>Emergency Department (ED) performance</u> JO advised that performance against the 4 hour access target was not achieved due to first assessment breaches and bed availability. The availability of beds was the key issue to address and there was a focus on medically fit for discharge (MFFD) patients. JO advised that data suggested that approximately 90 MFFD patients occupied acute beds at any given time and these patients accounted for approximately 600 lost bed days. Meetings between partners were taking place three times a week to ensure movement of these patients. There were some improvements with the position at 69 MFFD patients equating to 359 lost bed days last week.</p> <p>JO advised that ECIP was supporting ED. ECIP had undertaken a two day walk</p> | Emergency Department (ED) 4 hour standard (95%) (combined – Emergency Department, Minor Injuries Unit (MIU) & Urgent Care Centre (UCC)) | October 88.1% (not achieved) | Referral to Treatment +Incomplete standard (92%) | October 90.2% (not achieved) | 6 Week Diagnostic Wait | October 96.8% (not achieved) | Cancer Targets | October Achieved | 2 week waits (93%) | 95.8% | 2 week wait breast symptomatic (93%) | 97.3% | 31 day treatment (96%) | 98.3% | 62 day treatment (85%) | 85.7% | | |
| Emergency Department (ED) 4 hour standard (95%) (combined – Emergency Department, Minor Injuries Unit (MIU) & Urgent Care Centre (UCC)) | October 88.1% (not achieved) | | | | | | | | | | | | | | | | | | |
| Referral to Treatment +Incomplete standard (92%) | October 90.2% (not achieved) | | | | | | | | | | | | | | | | | | |
| 6 Week Diagnostic Wait | October 96.8% (not achieved) | | | | | | | | | | | | | | | | | | |
| Cancer Targets | October Achieved | | | | | | | | | | | | | | | | | | |
| 2 week waits (93%) | 95.8% | | | | | | | | | | | | | | | | | | |
| 2 week wait breast symptomatic (93%) | 97.3% | | | | | | | | | | | | | | | | | | |
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| 62 day treatment (85%) | 85.7% | | | | | | | | | | | | | | | | | | |

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| | <p>through of ED and had provided feedback on the tightening up of processes. The Trust would continue to work with ECIP to deliver improvements. In response to a question about the scope of ECIPs work, NV advised that ECIP would be supporting the Trust throughout the winter, focussing on length of stay, rehabilitation and best use of SWICC. ECIP was providing targeted intervention to support ED with a lot of focus on frailty and elderly care.</p> <p>JO advised that there was additional national funding for the NHS and the Trust had submitted a bid for a range of options focussed on liberating beds and finding solutions for those patients blocking beds. <i>In response to a question from JM, it was noted that the outcome of the bid application would be known in mid-December at which point detail would be shared with the wider Board.</i></p> <p><u>Referral to Treatment Times (RTT)</u> JO advised that performance remained above 90% which whilst below the standard, was at a level deemed acceptable by the Trust given the need to balance priorities namely cancer performance, ED performance and financial control. Recovery proposals were being developed and in response to a comment from JS around Non-Executive Director oversight, it was noted that these would be reported through the Performance, People and Place Committee.</p> <p><u>Cancer</u> JO reminded the Board that there were improved processes and systems in place. Performance had continued to recover but remained challenged due to reliance on tertiary centres and volumes and complexity of patients. A comprehensive plan was being developed which would show pinch points in the cancer pathway which would improve management going forward. JM was joined by members of the Board in recognising the hard work of staff in getting the cancer targets back on track.</p> <p><u>DM01</u> JO flagged that a mobile unit was now on site and a recovery plan had been requested from the D&O Division.</p> <p><u>Stroke</u> JO clarified that performance was not related to scan availability but was around where stroke was detected and the availability of stroke beds. Ring fencing stroke beds was taking place when possible, but this was not consistent due to site pressures. It was recognised that further work was required to improve stroke performance including a review of processes in place.</p> <p><u>Theatres</u> <i>In response to a request from NLB it was agreed that the oral surgery presentation on late starting and under-running lists which adversely affected theatre utilisation would be presented to the Quality and Governance Committee in January.</i></p> <p><u>Model Hospital – 2016 national benchmarking</u> <i>NLB drew attention to the national analysis of theatre productivity which stated that staffing costs were £755 per session against £1,317 peer group and £1,188 nationally and he questioned why the Trust was able to perform so much cheaper than others and whether the information was correct. OF undertook to check the information and report back.</i></p> <p><u>Still births</u> NLB requested that the referencing in future reports to still births should be corrected to intrauterine fetal deaths.</p> <p><u>Swindon Community Health Services</u> In response to a question from JS, KM reported that the community clinical hub had been in place since mid-November providing a clinical triage at the point of contact.</p> | <p>KJ</p> <p>JO</p> <p>OF</p> | <p>Mid Dec-17</p> <p>Q&GC 15-Feb-18</p> <p>01-Feb-18</p> |
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| | <p>Patients were able to access the service to request an urgent call out and could speak to a clinician for advice. The clinical hub provided improved access for secondary care referrals to community nursing. The clinical hub and the Ambulance Service were working together to improve processes.</p> <p>KM advised that recruitment to posts had continued and that feedback from staff had been positive.</p> <p>KM reported that work continued to streamline processes, including paperwork. The re-structure and re-design of the community nursing service was near completion. The introduction of holistic assessments and treatment programmes had led to an increase in visits and a reduction in waiting times. Headlines were set out in the reported and it was flagged that the average daily number of completed care plans in October showed an increase of 5% compared to the same time last year which was positive. Also the number of urgent referrals seen within 24 hours had increase to 92% but there remained a drive to improve this further.</p> <p>KM reported that the three areas of concern were patient choice, weekend discharges and Forest Ward which remained challenged.</p> <p><i>Arising upon consideration of this JS advised that she would welcome a visit to SWICC which KM undertook to arrange for the Non-Executive Directors.</i></p> <p>JM questioned when staff in SWICC would be provided with GWH uniforms. KM advised that purchase of uniforms had been delayed due to financial pressures.</p> <p>Reference was made to whether SWICC staff felt part of GWH and also whether the wider organisation recognised SWICC staff as part of GWH. It was noted that there was work to do around this which would be picked up by the Deputy Director of HR.</p> <p>RESOLVED</p> <p><i>that the report be received and the ongoing plans to maintain and improve performance be accepted, acknowledged and supported.</i></p> | KM | 01-Feb-18 |
| 278 /17 | <p>Ratification of Decisions made via Board Circular/Board Workshop</p> <p>None.</p> | | |
| 279 /17 | <p>Urgent Public Business (if any)</p> <p>None.</p> | | |
| 280 /17 | <p>Date and Time of next meeting</p> <p>It was noted that the next meeting of the Board would be held on 4 January 2018 at 9:30am in Trust Management Boardrooms, Trust HQ, 2nd Floor, Great Western Hospital.</p> | | |
| 281 /17 | <p>Exclusion of the Public and Press</p> <p>RESOLVED</p> <p><i>that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest when the following items are considered: -</i></p> <ul style="list-style-type: none"> • <i>Minutes</i> • <i>Outstanding Actions of the Board (Private)</i> | | |

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| | <ul style="list-style-type: none"> • <i>Forecast Outturn</i> • <i>NHSI Cash Drawdown Request</i> • <i>PFI – Deloitte Review</i> • <i>Emergency Department Performance update</i> • <i>Wiltshire Health & Care update</i> • <i>Audit, Risk and Assurance Committee Minutes</i> • <i>Executive Committee Minutes</i> • <i>Finance & Investment Committee Minutes</i> • <i>Performance, People & Place Committee Minutes</i> • <i>Quality & Governance Committee Minutes</i> • <i>Urgent Private Business (if any)</i> | | |
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**SUMMARY OF ITEMS CONSIDERED IN THE PRIVATE PART OF THE BOARD MEETING
HELD ON 7 DECEMBER 2017**

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| 282/17 | Minutes The minutes of the meeting of the Board held in private on 2 November 2017 were adopted and signed as a correct record subject to amendments. | | |
| 283 /17 | Outstanding Actions of the Board (Private) The Board received and considered the outstanding actions list. | | |
| 284 /17 | Forecast Outturn The Board received and considered a report which provided an explanation of the month 7 financial position and the movement in year-end forecast between month 6 and month 7. | | |
| 285 /17 | Cash Drawdown This Board considered a report that provided an overview of a submission to NHS Improvement. The Board noted the report. | | |
| 286 /17 | PFI The Board considered a report on the PFI. | | |
| 287 /17 | Emergency Department Performance The Board received a verbal update on ED performance. | | |
| 288 /17 | Wiltshire Health & Care - update The Board received and considered a report which provided an update on key topics discussed at the recent Wiltshire Health and Care (WH&C) Board meeting. | | |
| 289 /17 | Audit, Risk and Assurance Committee The minutes of the meeting of the Audit, Risk and Assurance Committee held on 14 September 2017 were received. Furthermore, it was noted that a meeting of the Audit, Risk and Assurance Committee had been held on 16 November 2017. | | |
| 290 /17 | Executive Committee The minutes of the meeting of the Executive Committee held on 17 October 2017 | | |

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| | were received. Furthermore, it was noted that a meeting of the Executive Committee had been held on 21 November 2017. | | |
| 291 /17 | Finance and Investment Committee The minutes of the meeting of the Finance and Investment Committee held on 23 October 2017 were received. Furthermore, it was noted that a meeting of the Finance and Investment Committee had been held on 27 November 2017. | | |
| 292 /17 | Performance, People & Place Committee The minutes of the meeting of the Performance, People & Place Committee held on 25 October 2017 were received. Furthermore, it was noted that a meeting of the Performance, People & Place Committee had been held on 29 November 2017. | | |
| 293 /17 | Quality and Governance Committee The minutes of the meeting of the Quality & Governance Committee held on 19 October 2017 were received. Furthermore, it was noted that a meeting of the Quality & Governance Committee had been held on 23 November 2017. | | |
| 294 /17 | Urgent Business (Private) (if any) None. | | |

The meeting ended at 11.35 am

Chair Date.....