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

Also in attendance
Julie Marshman (JMa) Deputy Chief Nurse
Giles de Burgh (GdB) Head of Resilience

Number of members of the Public: 8 (including Rosemarie Phillips and Roger Stroud – Governors)

Matters Open to the Public and Press

<table>
<thead>
<tr>
<th>Minute</th>
<th>Description</th>
<th>Action by whom</th>
<th>Action by whom</th>
</tr>
</thead>
<tbody>
<tr>
<td>27 /18</td>
<td>Apologies for Absence and Chairman’s Welcome</td>
<td></td>
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<tr>
<td></td>
<td>Apologies for absence were received from Nerissa Vaughan, Chief Executive.</td>
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<tr>
<td>28 /18</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>29 /18</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 received a report which detailed 14 questions and responses relating to a number of issues. CN reported that 13 of the 14 questions had been received from Rosemarie Phillips, Governor who had requested that this be recorded.</td>
<td></td>
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<tr>
<td></td>
<td><strong>RESOLVED</strong></td>
<td></td>
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</tr>
<tr>
<td></td>
<td><em>that the questions and responses be noted and it be agreed that no further action is required.</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30 /18</td>
<td>Minutes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>The minutes of the meeting of the Board held on 5 April 2018 were adopted and signed as a correct record.</td>
<td></td>
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</tr>
<tr>
<td>31 /18</td>
<td>Outstanding actions of the Board (public)</td>
<td></td>
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<tr>
<td></td>
<td>The Board received and considered the outstanding action list. The Board agreed that completed actions should be removed from the tracker and the updates be noted.</td>
<td></td>
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</tr>
</tbody>
</table>
Chairman’s Report, Feedback from the Council of Governors

The Chairman gave a verbal report as follows: -

Activity – RH reported that during the last year the Trust had experienced sustained growth in demand and the level of patient acuity. The Trust had seen some 186,000 more patients than five years ago, presenting increased challenges on management and staff both from a financial and clinical perspective. RH commented that challenges would continue into 2018.

Chief Nurse Retirement – RH reported that Hilary Walker was due to retire from the Trust at the end of month. RH commented on Hilary’s outstanding performance in the role of Chief Nurse commenting on her hard work to drive and sustain improvement in the quality of care provided to patients. RH was joined by all members of the Board in wishing her well for the future.

Deputy Chairman Appointment – RH reported that at the meeting of the Council of Governors held at the end of April, Peter Hill had been appointed as the Deputy Chairman to take up the position on 1 June 2018. RH was joined by all members of the Board in thanking Julie Soutter for her hard work in the position which she was standing down from on 31 May 2018 due to work commitments.

Governor resignation - RH asked the Board to formally record that Bill Kingdon had resigned as a public governor for the Oxfordshire and West Berkshire Constituency. RH reported that there were other governor vacancies but bi-elections were not taking place at this time so as to avoid the period of purdah associated with local elections. It was explained that elections would be held for vacancies in due course.

Sustainability and Transformation Partnership – RH reported that together with Peter Hill and Roger Stroud (Lead Governor) he had attended a briefing on the progress and priorities associated with the work undertaken by the BaNES, Swindon and Wiltshire Sustainability and Transformation Partnership (STP). The STP priorities for 2018-19 were reflected, where appropriate, in the Trust’s Operational Plan and developing Strategy (currently being refreshed), details of which were reported on the STP website.

Annual Report and Quality Accounts – RH reminded Directors that the Draft Annual Report and Quality Account were available for all Board Directors for comment prior to sign off by the Audit, Risk & Assurance Committee later in the month. It was noted that both documents had already been considered at the Executive Committee. The Quality Account would also be considered by the Quality and Governance Committee later in the month.

RESOLVED

that the report of the Chairman be received.

Chief Executive’s Report

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

- Julie Marshman announced as new Chief Nurse
- Nearly 70% of GP referrals now paperless
- New E-observations system to be launched at GWH
- Trust celebrated 85% of staff had flu jab
- UNICEF re-acredits GWH as Baby Friendly
- GWH takes part in #EndPJParalysis
- End of Life Care improvement journey to be focus of NHSI webinar
GR was joined by all members of the Board in welcoming Julie Marshman who would take up the position of Chief Nurse from 1 June 2018.

GR highlighted that the paperless GP referrals allowed GPs to request advice directly from consultants with the intention of allowing more patients to be treated without the need to be seen at the hospital.

GR commented that a new e-observation system would enable staff to manage patient observations electronically. The new system called “Nerve Centre” was expected to support the care and management of sick patients more efficiently.

GR advised that 85% of front line staff had received a flu vaccine this winter which it was believed had protected staff against the flu virus.

GR was pleased to announce that the Trust had received full accreditation from UNICEF’s Baby Friendly initiative after a recent assessment. The initiative supported breast feeding and parent and child relationships by working with public services to improve care standards.

GR explained that the “#EndPJParalysis” was an NHS England campaign to encourage patients to get up, get moving and get home quicker. The Trust was to take part in the campaign.

Finally, GR commented that End of Life Lead Karen Brown had been invited to share her team’s learning and good practice in a webinar led by NHS Improvement, the focus of which would be on improvement work, including early interventions, personalised plans and engagement.

**RESOLVED**

that the report of the Chief Executive be received.

### Finance Report

The Board received and considered a report on finance for month 12, together with a presentation as follows:

<table>
<thead>
<tr>
<th>Actual Operating costs</th>
<th>In month deficit of £1,042k. Year to date deficit of £11,324k compared to target deficit excluding Sustainability &amp; Transformation Funding (STF) of £4,960k. Including STF the year to date deficit was £7,771m against the target surplus of £1.796m. The Trust had received notification of an STF incentive payment of £1.997m.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Clinical Income</td>
<td>£25.0m in month and £272.3m year to date (YTD) (£4.0m above plan YTD)</td>
</tr>
<tr>
<td>Total Income</td>
<td>£31.6m in month and £334.7m YTD (£2.5m above plan YTD)</td>
</tr>
<tr>
<td>Income Activity highlights:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Elective inpatients below plan</td>
</tr>
<tr>
<td></td>
<td>• Day case activity below plan</td>
</tr>
<tr>
<td></td>
<td>• Non-elective above plan</td>
</tr>
<tr>
<td></td>
<td>• Outpatient appointments below plan</td>
</tr>
<tr>
<td></td>
<td>• A&amp;E below plan</td>
</tr>
<tr>
<td>Expenditure</td>
<td>£31.1m in month and £323.2m YTD (£8.7m above plan YTD)</td>
</tr>
</tbody>
</table>
**Expenditure highlights in month**

- Drugs £0.6m above plan (£3.43m above plan YTD)
- Pay £1.6m above plan (£9.48m above plan YTD)
- Supplies £0.55m above plan (£1.65m above plan YTD)
- Other Costs £1.4m above plan (£5.8m below plan YTD)

**EBITDA**
3.4% YTD against a plan of 5.3%

**Savings**
Savings plan of £14.052m of which £12.912m identified £1.106m CI delivered in month against a plan of £1.392m. £11.042m delivered against a plan of £14.052m YTD (£3.010m below plan)

**Debtors**
£30.5m debtors and stock
£0.3m above plan

**Creditors**
£45.2m creditors and borrowings
£14m below plan

**Cash**
£1.1m
£2.4m below plan

**Loan**
Loan of £6.1m received in Month

**Finance Risk Ratings**
Use of Resources 4 (high risk)

The Board discussed the report and highlights were noted as follows:

**Pay expenditure** - KJ highlighted that a significant area of focus was agency spend reduction, noting that this remained too high.

**Cash** – KJ highlighted that cash was under considerable pressure due mainly to creditor payments being maintained at a level to ensure continuity of supply. JS commented that additional cash now was helpful, but there was still a need to focus on the longer term cash position. KJ agreed commenting that income and expenditure was included in the five year forecast, but there was a need to build in cash to the forecast position. KJ reported that by the end of the financial year the Trust’s borrowing was likely to be circa £15m. Repayment of borrowing had been re-profiled to reflect the newly agreed repayment timescales.

**Additional Income** – KJ reported that the outturn position was £7.7m deficit because the Trust had received additional income STF in recognition that the Trust had signed up for a control total at the beginning of the financial year.

**Fixed Assets Register** – KJ reported that the fixed assets had been reviewed in detailed following a complete rework of the fixed asset register. There was a risk that asset values were overstated due to over-revaluation which had been discussed with the External Auditors and an update on building asset values as at 31 March 2018 had been carried out to offset this.

**RESOLVED**

(a) that it be noted that the Month 12 financial position is a full year deficit of £7,771k including STF and Tranche 1 Winter Monies;

(b) that it be noted that the Month 12 financial position excluding STF and
### Chair of Finance & Investment Committee Overview

The Board considered a report which summarised the key issues from a meeting of the Finance & Investment Committee held on 23 April 2018 which it was considered should be drawn to the attention of the Board covering the following:

- Overall financial performance
- Cost Improvement Programme (CIP) overview
- Agency reduction
- Private patients update
- Control Total

SN highlighted that the Committee had focused much of the discussion on the end of year accounts and had considered the areas of focus for next year.

The Committee had discussed agency spend reduction in detail and had emphasised this was an area for close attention and support as the current level of agency spend was unaffordable. Although agency spend had reduced, the level was of reduction was insufficient.

SN reported that the Committee had looked at reference costs which had shown that overall the Trust was running efficiently compared to peer group Trusts which was encouraging.

**RESOLVED**

that the report be received.

### Chair of Audit, Risk & Assurance Committee Overview

The Board considered a report which summarised the key issues from a meeting of the Audit, Risk and Assurance Committee held on 15 March 2018 which it was considered should be drawn to the attention of the Board covering the following:

- Assurance of compliance for Cyber Security
- External Audit progress report and technical update / interim report 2017/18 / benchmarking report for Quarter 3
- Internal Audit progress report 2017/18 / Follow up report
- BDO Internal Audit Strategic and Operational Plan 2018/19
- Counter Fraud / Draft Counter Fraud Work Plan 2018/19
- Conflict of Interest

AC who had chaired the meeting of the Committee highlighted that there had been a detailed discussion on cyber security with the Committee keen to seek assurance that processes and systems in place were robust.

It was flagged that the Committee had welcomed the Internal Auditors plan for next year which was agreed.

AC advised that the External Auditors had provided some useful benchmarking information which showed that in a number of areas this Trust benchmarked favourably with other Trusts. Borrowing was much lower than many other Trusts, but creditor days were high. However, the Board was well sighted on the actions being taken to address this and the correlating impact on the cash position which was being balanced. AC advised that the benchmarking information was
reassuring on the Trust’s performance against the metrics measured.

**RESOLVED**

that the report be received.

### 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 headlines to note for March 2018 were as follows:

- Most recent Hospital Standard Mortality Rate (HSMR) was 98.78 (12 month period January 2017 – December 2017)
- There were 3 cases of *Clostridium difficile* during March 2018 and the current rate was 11.82 per 100,000 bed days against a 9.4 trajectory.
- 1 Serious Incident was reported during March 2018.

**National Audits** – The Trust was on track to achieve national audits and that data had been submitted in respect of foot diabetes (an area previously flagged as a concern).

**Infection, prevention and control** – A downward trajectory in blood culture contaminations rates was being seen. A Quality Improvement approach had been applied to support sustained improvement.

At the end of March 2018, the Trust had reported 25 cases of Clostridium Difficile which was 5 cases above trajectory. However of those reviewed to date only 5 had been deemed avoidable. The Trust’s rate was better than the national and regional averages.

A total of 437 swabs were taken and tested for Influenza in March of which 102 swabs had tested positive for Influenza A and 36 swabs for Influenza B. In response to a question from PH around staff being vaccinated against Influenza A only, OF advised that for next year the Trust would provide vaccinations against 4 strains of Influenza to protect staff.

**Never event** – It was noted that there had been a surgical never event, details of which would be reported next month.

**Investigation of maternity incidents by the Healthcare Safety Investigation Branch (HSIB)** – It was flagged that there were national changes in recording and that HSIB would commence investigations into certain categories of maternity incidents during 2018/19 which was part of a National Maternity Transformation Programme. The aim was around national learning and improving.

**National Cardiac Arrest Audit (NCAA)** – It was noted that the NCAA aimed to promote local performance management through the provision of timely, validated comparative data to participating hospitals. The data showed that this Trust benchmarked very well. The Board expressed its thanks to the Cardiology Team on the excellent performance.

**Complaints** – It was noted that consideration was being given to separating out the Patient Advice Liaison Service from Complaint Handling. An options appraisal was being developed.

**Patient Safety Visits** – It was noted that Julie Soutter was to attend the patient safety visit on 30 May 2018 and not Nick Bishop as set out in the report.
RESOLVED

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

(b) that it be agreed that the Quality Report provides assurance of progress towards quality improvements and quality indicators; and

(c) that the report be noted.

Chair of Quality & Governance Committee Overview

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 22 March and 19 April 2018 covering the following:

- Quality Report
- Patient Experience and PALS
- Emergency Department Quality Dashboard / SHINE Audit Presentation
- Maternity Services Transformation Plan & Quality Improvement Initiatives – six monthly update
- The neoPrem QI Project
- Mortality Outlier alert for septicaemia (except in labour) at GWH
- Clinical Audit & Effectiveness : Quarterly Report and Proposed Audit Programme for 2018/19
- Safer Staffing Monthly Exception Report
- Director Fit and Proper Person Requirements – Further Guidance
- Board Assurance Framework – Strategic risks aligned to this Committee
- Corporate Governance Report

NLB drew attention to the neoPrem QI Project, commenting on the inspirational presentation given by the Team on their achievements and successes.

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.

Operational Performance Report

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

<table>
<thead>
<tr>
<th>Emergency Department (ED) 4 hour standard (95% target)</th>
<th>March 85% (not achieved)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral to Treatment Incomplete standard (92% target)</td>
<td>February 87.02% (not achieved)</td>
</tr>
<tr>
<td>6 Week Diagnostic Wait (DM01) (99% target)</td>
<td>February 93.79% (not achieved)</td>
</tr>
<tr>
<td>Cancer Targets</td>
<td>Achieved</td>
</tr>
<tr>
<td>2 Week Waits, 31 Day &amp; 62 Day</td>
<td>Not achieved</td>
</tr>
<tr>
<td>Stroke targets</td>
<td></td>
</tr>
</tbody>
</table>
Emergency Department (ED) 4 hour standard – It was noted that performance continued to improve and that nationally the Trust had ranked favourably for performance. JO advised that the main reasons for the improved performance were around improved flow; patient streaming; changed rotas in Acute Medicine; progress around stranded patients and work around medically fit for discharge patients.

JO flagged the explanatory text in the report around breaches highlighting that the Walk in Centre had seen a drop in performance, due to the second highest level of attendances for the year and staff sickness. A review of the type of clinical work that was being done in the Walk in Centre had been undertaken.

Cancer – It was flagged that whilst performance standards were showing as improved, going forward achievement of performance standards would be challenging due to capacity and demand in areas such as Urology and Colorectal. A Cancer Recovery Plan was in place monitored through a weekly steering group.

Stroke – JO advised that improving stroke performance was an area for attention. A number of new management processes were in place but there was a need to also review clinical processes. JO advised that improvement was needed around data and that at present there was daily micro-management of patients. More detail of actions to address the issues identified would be reported through the Performance, People and Place Committee.

Diagnostics (DM01) – JO highlighted that performance had been significantly impacted by the level of cancer referrals. This was an area for attention in coming weeks. Additional Radiographers had been recruited to take up post later in the summer and in the shorter term it was proposed to have a mobile CT scanner on site, albeit this was an expensive solution.

Winter Plan – JO advised that the Winter Plan was being developed and that two well attended workshops had been held to enable teams to feed in their views. The focus was on actions over and above ordinary everyday business.

Delayed Transfers of Care (DTOCs) – In response to a question from RH about improvements in DTOCs, JO advised that Swindon Borough Council had put significant work into improving their delays, notably through the funding of reablement. The Council had looked at the drivers for delays and had target actions to address these. JO explained that the level of improvement was not being seen in Wiltshire but that there were ongoing discussions on this. Reduction in length of stay was being reviewed at the Sustainability and Transformation Partnership.

Swindon Community Services performance – KM reported that an area for focus was to understand the increase in re-admissions. Telephone calls to patients at 3 and 7 days following discharge were now in place to check on a patient’s progress. KM advised that reducing length of stay would be targeted over the summer months for improvement.

**RESOLVED**

that the report be received and the ongoing plans to maintain and improve performance be accepted, acknowledged and supported.
Pharmacy overview – The Committee had received a presentation from the Pharmacy Director explaining challenges within the Pharmacy Department (mainly demand and capacity), achievements and progress against standards and actions. The Committee welcomed the progress made notably around prescription turnaround times.

Theatre Utilisation – The Committee had received an update on the Theatre Utilisation project and noted that whilst a number of actions were progressing, there was more to do in terms of driving improvements and that a further review of progress would be considered by the Committee later in the summer.

Winter Plan – The Committee had discussed the effectiveness of the Winter Plan 2017/18 to pull out learning for 2018/19.

**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.

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**41 /18 Safer Staffing Bi-Monthly Exception Report**

The Board considered a report which set out the actual Register Nurse (RN), Midwifery and Care Staff fill rates compared to that planned and associated impacts.

The proportion of actual versus planned nursing hours (fill rate) was as follows:

<table>
<thead>
<tr>
<th></th>
<th>Day shift RN</th>
<th>Night shift RN</th>
<th>Day shift Care Staff</th>
<th>Night shift Care Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>February</td>
<td>89.9%</td>
<td>100%</td>
<td>107.5%</td>
<td>119.9%</td>
</tr>
<tr>
<td>March</td>
<td>88.6%</td>
<td>98.7%</td>
<td>104.2%</td>
<td>112%</td>
</tr>
</tbody>
</table>

HW highlighted that the fill rates remained steady.

HW drew attention to the Care Hours Per Patient Day (CHPPD) set out in the report explaining that a “Safecare” summary was included. Safecare was pulled from the electronic rostering system and gave an overview at a point in time of whether the nursing provision was sufficient or not. The acuity of patients was described, which would be managed through close support. Further thought was needed on how to display the information to ensure it was meaningful and useful to staff.

**RESOLVED**

that the report be noted.

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**42 /18 Emergency Preparedness Resilience & Response (EPRR) Assurance Report**

The Board considered a report which outlined the NHS Core Standards for Emergency Preparedness, Resilience and Response (EPRR) assurance return.

It was explained that the NHS England Core Standards for EPRR were the minimum standards which NHS organisations and providers of NHS funded care must meet. NHS England conducted an assurance process in line with the core standards annually using a RAG rated assessment.

In addition to this Trust’s position against the standards, the report highlights other key activities carried out by the Resilience Team, namely an “iRespond” general update; planned service changes that had been managed by the Resilience Team.
and Incident Response Training and Exercising.

In considering the report it was noted that the Trust’s rating had worsened on last year due to the incorporation of Swindon Community Health Services. It was explained that there was a self-assessment and thereafter review by the Clinical Commissioning Group.

Reference was made to the individual core standards, notably “8.7 – Mass casualties” and it was noted that the Trust had rated itself as “amber” because the Trust was not a Trauma Centre. GR asked if there was a future regional plan around this. GdB responded that there was a Trauma Network Plan. An exercise had been run in November 2016, which had established that there were challenges in getting patients to the right places for their care. It was noted that another exercise was not planned at this stage due to limited resources and capacity. However, had been an internal exercise in November 2017 and the learning from that was being progressed into action.

GdB explained that the Trust was working towards how it would handle a major incident as effectively as possible. NLB commented that there could be a major event and the Trust would have a link role. GdB responded that there was an array of major incidence processes which would come into play in that situation.

RESOLVED

that the NHS Core Standards for Emergency Preparedness, Resilience and Response (EPRR) core standards return 2017 be received.

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43 /18

Ratification of Decisions made via Board Circular/Board Workshop

Operational Plan and Budget

Directors were invited to ratify approval of the operational plan and budget which had been agreed via a Board circular in April.

RESOLVED

(a) that the final budget be approved as previously reported reflecting the changes of the control total at £12.4m prior to provider sustainability funding;

(b) that the Board accepts its control total and agrees to submit the operational plan for 2018/19 that meets or exceeds the required financial control total for 2018/19 and the Board agrees to the conditions associated with the Sustainability and Transformation fund

(c) that it be agreed that to the best of its knowledge, using its own processes, the financial projections and other supporting material included in the completed Provider Financial Monitoring System (PFMS) Template represent a true and fair view, are internally consistent with the operational and, where relevant, strategic commentaries, and are based on assumptions which the board believes to be credible. This operating plan submission will be used to measure financial performance in 2018/19 and will be included in the calculation of the finance and use of resources metrics assessed under the Single Oversight Framework in 2018/19; and

(d) that the operational plan as now amended be approved for submission to NHS Improvement.
<table>
<thead>
<tr>
<th>44/18</th>
<th><strong>Urgent Public Business (if any)</strong></th>
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<tbody>
<tr>
<td></td>
<td>None.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>45/18</th>
<th><strong>Date and Time of next meeting</strong></th>
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<tbody>
<tr>
<td></td>
<td>It was noted that the next meeting of the Board would be held on Thursday 7 June 2018 at 9:30am in Trust Management Boardrooms, Trust HQ, 2nd Floor, Great Western Hospital</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>46/18</th>
<th><strong>Exclusion of the Public and Press</strong></th>
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</thead>
<tbody>
<tr>
<td></td>
<td><strong>RESOLVED</strong></td>
</tr>
<tr>
<td></td>
<td><em>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.</em></td>
</tr>
</tbody>
</table>

At this point the Chairman left the meeting room and the Deputy Chairman chaired the remainder of the meeting.

The meeting ended at 1.15 pm

Chair .......................................................... Date...........................................