

**MINUTES OF A MEETING OF THE BOARD OF DIRECTORS
HELD IN PUBLIC ON THURSDAY 9 JANUARY 2020 AT 9.30 AM,
IN BOARD ROOMS, TRUST HQ, GREAT WESTERN HOSPITAL, SWINDON**

Present:

Liam Coleman (LC)	Chair
Lizzie Abderrahim (EKA)	Non-Executive Director
Nick Bishop (NLB)	Non-Executive Director
Andrew Copestake (AC)	Non-Executive Director
Charlotte Forsyth (CF)	Medical Director
Jude Gray (JG)	Director of HR
Peter Hill (PH)	Non-Executive Director
Tracey Cotterill (TC)	Interim Director of Finance
Paul Lewis (PL)	Non-Executive Director
Julie Marshman (JMa)	Chief Nurse
Kevin McNamara (KM)	Acting Chief Executive
Jemima Milton (JM)	Non-Executive Director
Carole Nicholl (CN)	Director of Governance & Assurance & Company Secretary
Jim O'Connell (JO)	Chief Operating Officer
Julie Soutter (JS)	Non-Executive Director

Also in attendance

Caroline Coles (CC)	Deputy Director of Governance & Assurance and Deputy Company Secretary
Dan Deacon	Observer – PricewaterhouseCoopers LLP

Apologies for Absence

None

Number of members of the Public: 4 members of public (including Roger Stroud, Arthur Beltrami and Chris Shepherd Governor) plus 2 members of staff

Matters Open to the Public and Press

Minute	Description	Action by whom	Action by when
276/19	<p>Apologies for Absence and Chairman's Welcome</p> <p>The Chair welcomed all to the Great Western Hospitals NHS Foundation Trust Board meeting held in public, particularly members of the public and governors. The Chair introduced Tracey Cotterill the Trust's new Interim Director of Finance.</p> <p>Apologies were received as outlined above.</p>		
277/19	<p>Declarations of Interest</p> <p>There were no declarations of interest.</p>		
278/19	<p>Minutes</p> <p>The minutes of the meeting of the Board held on 5 December 2019 were adopted and signed as a correct record, subject to the following amendments: -</p> <p><u>267/19 / Quality Report</u> : On page 3 last paragraph, 3rd line down change 'maximums' to 'performance'.</p>		

279/19	<p>OUTSTANDING ACTIONS OF THE BOARD (PUBLIC)</p> <p>The Board received and considered the outstanding action list and the following noted:-</p> <p>269/19 : Communication with Staff - It was noted that various mechanisms to communicate with staff would be considered as part of the Communication Strategy which would be reviewed by Performance, People and Place at the March 2020 meeting.</p> <p>Action : Acting Chief Executive</p>	KM	Mar-20 For PPPC
280/19	<p>QUESTIONS FROM THE PUBLIC TO THE BOARD RELATING TO THE WORK OF THE TRUST</p> <p>There was one question from a member of the public based on the Trust taking on Primary Care. There followed a discussion which highlighted the alignment of primary care with community services, the Trust's pursuit of obtaining CQC rating of 'good' and the fact that there were other services that were 'good' within the organisation not just end of life, the dedicated support funded by the CCG in terms of additional resource and the positive outcomes in terms of providing an integrated care system.</p> <p>There was concern that the timeliness of the response to the question was poor and to strengthen the process it was agreed to send all future questions directly to the appropriate Executive Director lead.</p> <p>Action : Director of Governance & Assurance</p>	CN	On-going
281/19	<p>CHAIRMAN'S REPORT</p> <p>The Deputy Chair gave a verbal report on the Council of Governors meeting held on 17 December 2019. A large number of new governors were welcomed at this meeting as well as thanks to those governors departing. Particular mention was given to Ros Thomson who had in excess of 10 years as contributing to the organisation as a governor. Also at the meeting a number of appointments were approved which included Roger Stroud as Lead Governor, Pauline Cooke as Deputy Lead Governor and Jemima Milton as Non-Executive Director. There were a number of briefings which included feedback from the Board sub-committees. Presentations were received on Freedom to Speak Up, Sustainability and Transformation Partnership (STP) and the acquisition of Primary Care, which prompted good discussion around concerns as well as appreciation for the Trust taking on primary care.</p> <p>Overall there were a number of insightful and challenging questions with a good level of communication with the Council of Governors. The next meeting was on 8 March 2020.</p> <p>RESOLVED</p> <p><i>that the verbal update be received.</i></p>	-	-
282/19	<p>CHIEF EXECUTIVE'S REPORT</p> <p>The Board received and considered a report from the Chief Executive with the following highlighted:-</p> <p><u>Winter Pressures</u> - The Trust had implemented a number of measures to help manage demand this winter. Feedback so far was that the early winter interventions had been well received by staff which included well-being initiatives.</p> <p><u>CQC Inspection</u> - As part of the preparations for the forthcoming CQC inspection</p>		

	<p>Staff Open Forums had been arranged together with the production of a 'Book of Great' to show case the improvements and changes since the last CQC Inspection.</p> <p><u>New Independent Chair for BSW STP</u> - Bath and North East Somerset, Swindon and Wiltshire (BSW) Sustainability and Transformation Partnership (STP) had appointed Stephanie Elsy as Independent Chair.</p> <p><u>New director of public health for Swindon</u> - Swindon Borough Council had appointed a new Director of Public Health. Steve Maddern, who would take up the post in the spring.</p> <p><u>Service Successes</u> - The following achievements were recognised:-</p> <p>Hani Hasan, specialist doctor for ophthalmology had been awarded the Sir Arthur Conan Doyle Medal in Clinical Ophthalmology for 2019.</p> <p>The Trust's Cardiac Physiology team had been awarded an Award of Excellence by University of Southampton.</p> <p>Emily Gwinnett, student nurse had been presented with the 'Most Inspirational Student' award from the Open University.</p> <p>Bereavement Bags had been introduced which was a collaboration between Brighter Futures, the Mortuary team and End of Life team for relatives of deceased patients to take home their loved one's belongings.</p> <p>There followed a discussion on staff successes in particular how the Trust celebrated these successes and whether they could be used for inspiration across the organisation. The newly formed Leadership Forum was discussed as a possibility together with building on the "Star of the Month" process.</p> <p>Liam Coleman, Chair asked when would the successfully appointed Primary Care Lead start in their role, and when would the Board get the first insightful review of the acquisition of the GP practices. Kevin McNamara, Acting Chief Executive replied the individual was now in place and a report would be presented to Board in March 2020.</p> <p>Action : Acting Chief Executive</p> <p>RESOLVED</p> <p>(a) that the report of the Chief Executive be received, and;</p> <p>(b) a report on the acquisition of the GP practices to be presented in March 2020.</p>	<p>KM</p> <p>-</p> <p>KM</p>	<p>Mar-20</p> <p>-</p> <p>Mar-20</p>
<p>283/19</p>	<p>PATIENT STORY</p> <p>The Board watched an educational video produced by the Trust to help train staff better in providing high quality care for patients with additional and complex needs. The video highlighted common issues that patients with additional and complex needs may face during a hospital journey, as well as advice for staff on the most appropriate ways of addressing these concerns. It also teaches the best ways of communicating and caring for patients with learning disabilities.</p> <p>It was noted that this video not only was used locally but also over 70 other organisations across the country used for training purposes.</p> <p>The key message from the video was how crucial the Hospital Passports were in order to understand all patients' needs.</p>		

	<p>There followed a robust discussion which included digitalisation and sharing records with external organisations, and the importance of including family and carers.</p> <p>The Board thanked all those involved in producing this excellent video both staff and the patient.</p> <p>RESOLVED</p> <p><i>that the Board receive the patient story.</i></p>		
284/19	<p>CHAIR OF QUALITY & GOVERNANCE COMMITTEE OVERVIEW</p> <p>The Board received and considered a report that summarised the key issues from a meeting of the Quality & Governance Committee held on 21 November and 19 December 2019 and the following was highlighted:-</p> <p><u>Quality</u> - There had been a further increase in the number of reported Serious Incidents (SI) however this was a reflection of the revised SI processes and that scrutiny of incidents had increased because of this. A benchmarking exercise with other trusts had been undertaken and the Trust was not reported as an outlier.</p> <p>Liam Coleman, Chair asked with the increase in SIs whether the Committee was content with the information provided in terms of trend analysis and investigations. Nick Bishop, Chair of Quality & Governance Committee confirmed that the correct analysis and actions were being taken and that patients were receiving the best possible care, and that appropriate challenge to Executive Directors was undertaken. Jemima Milton, Non-Executive Director added that there was some frustration on the time taken to look at and implement recommendations. Julie Marshman, Chief Nurse replied that the national framework was robustly adhered to particularly around timescales. Additional scrutiny and oversight on timelines and recommendations would be picked up through the Quality & Governance Committee.</p> <p>Action : Chief Nurse</p> <p><u>Friends & Family Test</u> - A new provider had been appointed in September 2019 with the expectation of better results in terms of the Friends and Family Test.</p> <p><u>ED</u> - Changes had been made to the utilisation of space in the Emergency Department in mid November 2019 which had had a positive impact on initial assessment and had helped to improve patient safety.</p> <p><u>Antibiotic Review Kit Project (ARK)</u> - The first report on the Antibiotic Review Kit Project was received which provided a summary of the journey that had led to GWH becoming an ARK hospital.</p> <p>Julie Soutter, Non-Executive Director asked if this project included the two GP practices. Charlotte Forsyth, Medical Director replied that currently this was an acute project only however this would be picked up through the links with the Trust's Pharmacists.</p> <p><u>Infection Prevention & Control Annual Report 2018-19</u> - The Infection Prevention & Control Annual Report was received at the December 2019 meeting, which outlined the Trust's performance for 2018-19 and included the reportable data, outbreaks and collaborative working for infection, prevention and control undertaken in the Trust.</p> <p><u>Equality & Human Rights Annual Report 2019</u> - A report was received which set out the Trust's response to the Public Sector Equality Duty and Equality Act 2010. It detailed equality information, highlighting the progress and key achievements the</p>	JMa	For Q&GC

	<p>Trust had made since the last report, along with objectives for 2019 – 2022. The Committee welcomed the report but questioned whether the Trust was sufficiently challenging of itself and if it should be evidencing achievements against national initiatives.</p> <p>Liam Coleman, Chair noted that within the National Audit of Care at the End of Life report there was a recommendation for investment and asked where this would be picked up. Charlotte Forsyth, Medical Director replied that a Business Case was currently being produced to go through the appropriate governance channels.</p> <p>RESOLVED</p> <p>(a) that the Board receives the report and notes that the Quality & Governance Committee will continue to scrutinise and challenge delivery of actions to drive improvements, and;</p> <p>(b) that the Committee would take additional scrutiny and oversight on timescales and recommendations around SIs.</p>	<p>-</p> <p>JMa</p>	<p>-</p> <p>For Q&GC</p>
<p>285/19</p>	<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 for November 2019 were as follows: -</p> <p><u>Serious Incidents (SIs)</u> - There had been 8 SIs in November 2019 which included 2 insulin omission and DKA. A Task and Finish Group had been established to review Diabetes with a report to the Quality & Governance Committee following completion. Action : Chief Nurse</p> <p><u>Patient Falls</u> - There were a further 3 fractured neck of femur (NOF's) reported in November 2019. There were a combination of reasons for the increase in the number of falls in the elderly frail patients and various options were being reviewed including the great success in Neptune Ward and Juniper Wards were different flooring and dementia friendly environment had been installed. Liam Coleman, Chair added that it was right to look at linkage between the wards however asked if refurbishment of Saturn Ward was feasible. Julie Marshman, Chief Nurse replied that in reality there was no current facility to decant 38 patients from the ward to refurbish. There followed a discussion on the PFI life cycle maintenance regime with acknowledgement that a staged refurbishment would have to be factored in before the end of the contract.</p> <p><u>Infection, Prevention and Control</u> - The increase of Gram Negative Blood Stream Infections (GNBSI) was above the level of increase nationally. No patterns had been identified however further scrutiny to understand and address the root cause was being undertaken which included joint working with the BSW STP and recruitment of a new member to the IPC team to focus on C.Difficile rates and GNBSI The report to Quality & Governance Committee was anticipated by April 2020 latest. Action : Chief Nurse</p> <p><u>Patient Advice and Liaison (PALS) and Complaints</u> - It was noted that 18% of patients in October 2019 said they would unlikely or extremely unlikely to recommend ED, to put this in context this was 246 patients out of 2,000.</p> <p>Lizzie Abderrahim, Non-Executive Director asked if this feedback was before or after the ED had put in place actions to improve patient experience. Julie Marshman, Chief Nurse replied before the improvement actions which were introduced in November 2019. It was recommended to review the actions and</p>	<p>JMa</p> <p>JMa</p>	<p>For Q&G</p> <p>For Q&G</p> <p>Apr-20 For Q&G</p>

	<p>impact to patient experience through the Friends and Family Test in the March 2020 Quality Report. Action : Chief Nurse</p> <p>There had been an increase in the number of overdue complaint cases (29) at the end of November which was now down to 23. A workshop was planned with Divisional Leads to address any process concerns however it was also recognised that there were some attitude issues within some divisions which required specific intervention.</p> <p>Liam Coleman, Chair pointed out that although the hospital was extremely busy Unscheduled Care was successful in getting overdue complaints resolved compared to Planned Care and that the Board should take particular note at its March Board meeting to ensure that there was a positive impact following the actions being put in place to address overdue complaints. Action : Chief Nurse</p> <p>Carole Nicholl, Director of Governance & Assurance asked if there was a link between closure and oversight of actions and recommendations from overdue serious incidents and overdue complaints in terms of an alignment with the Trust being busy. Julie Marshman, Chief Nurse replied that overdue SIs were debated robustly at Quality & Governance Committee and was a different process.</p> <p>Paul Lewis, Non-Executive Director asked if the proposals from the new provider of the Patients Family & Friends Test would be reported to Board. It was acknowledged that this would be presented to Quality & Governance Committee in due course. Action : Chief Nurse</p> <p>Andy Copestake, Non-Executive Director highlighted an error in the improvement rate in the matrons audit in outpatients, the correct figure was 77% not 66% as stated.</p> <p>Andy Copestake, Non-Executive Director was concerned to note that the area of concern in the outpatients matron audit was drug cupboards not being locked. Julie Marshman, Chief Nurse explained that this was around broken locks and lost keys however emphasised that this did not involve controlled drug cupboards. It was noted that new digilocks were currently being installed to address this issue.</p> <p>RESOLVED</p> <p><i>(a) that the report and quality matters and exceptions contained within the report be noted;</i></p> <p><i>(b) that a Diabetes Report is presented to Quality & Governance Committee on completion;</i></p> <p><i>(c) review impact of improvements made in ED to improve patient experience reflected through the Friends and Family;</i></p> <p><i>(d) GNBSI report to be presented to Quality & Governance Committee in April 2020;</i></p> <p><i>(e) that the proposals from the new provider of the Patient Friends and Family Test be presented to Quality & Governance Committee in due course, and;</i></p> <p><i>(f) that the Quality Report in March 2020 is checked for improvement to the overdue complaints figures following actions put in place to decrease the numbers.</i></p>	<p>JMa</p> <p>JMa</p> <p>JMa</p> <p>JMa</p> <p>JMa</p> <p>JMa</p> <p>JMa</p> <p>JMa</p> <p>JMa</p> <p>JMa</p> <p>JMa</p> <p>JMa</p> <p>JMa</p> <p>JMa</p> <p>JMa</p> <p>JMa</p> <p>JMa</p> <p>JMa</p>	<p>Mar-20</p> <p>Mar-20</p> <p>For Q&GC</p> <p>For Q&GC</p> <p>Apr-20 For Q&GC</p> <p>Mar-20</p> <p>For Q&GC</p> <p>Mar-20</p>
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<p>286/19</p>	<p>SAFER STAFFING MONTHLY EXCEPTION REPORT</p> <p>The Board received and considered a report that provided the current position of nursing staffing in line with National Quality Board requirements with a focus on Community Nursing and Meldon Ward. The following was highlighted:-</p> <p><u>Ward Fill Rates</u> - Overall the fill rate continued to be over 100% due to escalation, close support and waiting list initiatives. The breakdown of fill rates for each department showed a combination of running high and low all with good reasons for the variance which were outlined in the report on page 47.</p> <p><u>Care Hours Per Patient Day (CHPPD)</u> - Whilst the overall CHPPD remained at 7.2 the Trust ranked 10th lowest nationally. A deep dive would be undertaken to understand any risk within the data or mitigations that would be required. It was noted that there was some impact due to Assistant Practitioners (APs) who were not included in the data submission.</p> <p>Liam Coleman, Chair asked how the Trust was going to address the CHPPD position. Julie Marshman, Chief Nurse replied that a change in skill mix had been undertaken and that the proposals would be included in the next six monthly safer staffing report. Andy Copestake, Non-Executive Director added that this linked with the Trust's productivity efficiency initiative which was currently being undertaken.</p> <p>Action : Chief Nurse</p> <p>RESOLVED</p> <p><i>(a) that the Board notes the quality matters and exceptions contained within the report, and;</i></p> <p><i>(b) the proposals to address the CHPPD position to be presented within the next 6 monthly safer staffing report.</i></p>	<p>JMa</p> <p>-</p> <p>JMa</p>	<p>Mar-20</p> <p>-</p> <p>Mar-20</p>
<p>287/19</p>	<p>WORKFORCE REPORT ; KEY PERFORMANCE INDICATORS (MONTH 8 – NOV 2019)</p> <p>The Board received and considered a report that summarised the key workforce issues and risks identified from the workforce report for November 2019. The following were highlighted:-</p> <p><u>Report Format</u> - The format of the report continued to evolve and was discussed at the Performance, People and Place Committee. It was anticipated that the new report format would commence from 1 April 2020.</p> <p><u>Recruitment and Retention</u> - Overall recruitment and retention was trending green.</p> <p><u>Mandatory Training</u> - Although the overall compliance training rates remained above target this was one area of focus to develop a new format as there were still persistent areas that remained a challenge.</p> <p><u>Winter Save Scheme</u> - A Winter Save Scheme had been introduced as an incentive for staff working over the winter period and had had positive impact on agency spend. However from a learning point of view this scheme ended too early as December was challenging. A similar scheme would be introduced in Spring.</p> <p><u>Staff Survey 2019</u> - The staff survey closed on 29 November 2019 with a new cycle of review signed off by the Executive Leads.</p> <p><u>Sickness Absence</u> - As with the NHS national trend in the winter period the sickness absence levels for the trust had increased. A programme of wellness</p>		

	<p>events and staff support was in place which included the incentive for flu vaccinations.</p> <p><u>The Academy</u> - A new relationship had been established with Kings to add to acquiring trainees.</p> <p>Julie Soutter, Non-Executive Director commended the initiative of getting ideas from staff and asked how staff would get feedback. Kevin McNamara,, Acting Chief Executive replied that a paper would be presented to the Finance & Investment Committee on how the Trust would approach transformation in the future and this would be part of those proposals.</p> <p>Action : Acting Chief Executive 286 RESOLVED</p> <p><i>(a) that the Board notes the report, and;</i></p> <p><i>(b) proposals on how the Trust would approach transformation to be presented to Finance & Investment in due course.</i></p>	<p>KM</p> <p>-</p> <p>KM</p>	<p>For F&IC</p> <p>-</p> <p>For F&IC</p>
<p>288/19</p>	<p>DRAFT PEOPLE STRATEGY 2019-2024</p> <p>The Board received and considered the draft People Strategy which identified the five workforce priorities required to support the Trust's Strategic ambition and vision. It was noted that the strategy had been developed following consultation with staff and volunteers and taken into account the Trust's strategy, together with feedback from the Performance, People and Place Committee.</p> <p>Whilst considering the strategy the following were noted:-</p> <ul style="list-style-type: none"> • There was recognition that there would need to be some flexibility as it was not possible to plan for the next 5 years. • The strategy should deliver the right people now and in the future at the most appropriate price. • A key element was the development of a changing workforce particularly in retaining clinicians and in-house training • Reference to the wider STP and health economy in terms of working across the system • Sharing of the document should be far reaching and maximise the audience internally and externally. • An equality and diversity theme should thread through the document. <p>The next steps were discussed which was a detailed communication and delivery plan which would be discussed within the Performance, People and Place Committee.</p> <p>Action : Director of HR</p> <p>RESOLVED</p> <p><i>(a) that the feedback as outlined above be reflected in the People Strategy;</i></p> <p><i>(b) that the Board supports the implementation of the People Strategy subject to any further feedback, and;</i></p> <p><i>(c) a detailed Communications and Delivery Plan be presented to Performance, People & Place Committee.</i></p>	<p>JG</p> <p>-</p> <p>-</p> <p>JG</p>	<p>For PPC</p> <p>-</p> <p>-</p> <p>For PPC</p>

<p>289/19</p>	<p>CHAIR OF PERFORMANCE, PEOPLE AND PLACE COMMITTEE OVERVIEW</p> <p>The Board received and considered a paper that summarised the key issues considered by the Performance, People and Place Committee at its meetings held on 27 November and 20 December 2019 and the following highlighted:-</p> <ul style="list-style-type: none"> • The monthly workforce report was reviewed which included working towards the new format. • The main focus at the December 2019 meeting was around the progress on Organisational Development which included leadership development, talent management, succession planning and engage to change. • An update on health and safety which included assurance that the transfer of patients to Princess Lodge had been successful and that the essential fire precautions had been completed in the Swindon Intermediate Care Centre (SwICC). • The Wheelchair service had been raised as a concern and the action plan to improve the service by May 2020 was discussed in detail. <p>RESOLVED</p> <p><i>that the report be received.</i></p>		
<p>290/19</p>	<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. The following was highlighted:-</p> <p><u>Cancer Performance</u> : Overall cancer performance was doing well. The exception was the 2 week wait which was below the target driven by dermatology and colorectal services. As demand continued to increase a deep dive would be undertaken.</p> <p><u>Stroke Performance</u> - The SSNAP performance remained at level D.</p> <p><u>ED Performance</u> - The ED 4 hours target was not achieved however the Trust still ranked well nationally which demonstrated how much pressure the healthcare system was under. Total site attendance for ED and the Urgent Care Centre had increased by 490 since last November and there had been an increase in 'long waits' within ED.</p> <p>12 Hour Breach continued to increase and the focus continued on improving early discharges which would in turn help flow.</p> <p>Liam Coleman, Chair asked if the with the introduction of a new process where Directors regularly reviewed our longest staying patients was having an impact. Jim O'Connell, Chief Operating Officer responded that although stranded patients were still high the process was identifying issues and putting in place actions to overcome blockages within the system. There followed a discussion on the sustainability of the model and the shift from this initiative being managed by senior directors to senior managers which the Board asked to be completed by April 2020.</p> <p>Action : Medical Director/Chief Operating Officer</p> <p><u>Referral to Treatment Time</u> - The RTT recovery action plans were starting to have a positive impact. However it was recognised that there was still an issue with accurate forecasting and further measures had been introduced to strengthen the process in the form of new staff in informatics, hyper validation and creating a new Patient Tracker List (PTL).</p>	<p>CF/JO</p>	<p>Apr-20</p>

	<p><u>Diagnostics</u> - Performance in October 2019 had improved to 97.08% from 94.79% in September 2019. Although a mobile Radiology Unit was being progressed there still remained a risk around not being able to secure the required additional capacity due to availability in time to deliver performance.</p> <p><u>Outpatients</u> - Overall follow ups increased in month which was due to staff focussing on improving the waiting list size. A new Head of Outpatients had been recruited whose key objective was to improve the position.</p> <p><u>Public View Date</u> - It was noted that the public view data had been included in the report as requested by the Board.</p> <p><u>Community Services</u> It was noted that work was in progress to integrate both Community Services and Primary Care into the main report. The following was highlighted:-</p> <p><u>Wheel Chair Service</u> : The service was currently not meeting the national target for new referral to wheelchair delivery waiting times. This was due to an increase in the number and complexity of new referrals, a lack of clinic space and capacity of clinical resource. A business case was being developed to present to the CCG for extra staff resources.</p> <p><u>Community Matron Service</u> - There was a rise in admissions in October 2019. It was recognised that the caseload for this small team was not sustainable and therefore the model of care was under review.</p> <p><u>Orchard Ward</u> - There had been excellent flow with the average length of stay at 3 days. Length of stay remained a focus to ensure discharge planning proceeded as quickly as possible whilst allowing patients to reach realistic rehab goals</p> <p><u>Community Nursing</u> - It was recognised that the community nursing service was in need of critical investment and this was subject to on-going discussions with the CCG.</p> <p><u>Primary Care</u> - Work had progressed and the services were more stable with greater accessibility for the public. However there were still areas of concern particularly around timeliness of prescribing reviews and the vulnerability of the nursing workforce. There followed a discussion around the risks, the discovery process and the relationships with the CCG and CQC.</p> <p>RESOLVED</p> <p><i>(a) that the report be received and the ongoing plans to maintain and improve performance be accepted, acknowledged and supported, and;</i></p> <p><i>(b) that the regular stranded patients reviews be led by senior managers.</i></p>	<p>-</p> <p>CF/JO</p>	<p>-</p> <p>Apr-20</p>
<p>291/19</p>	<p>EMERGENCY PREPAREDNESS RESILIENCE AND RESPONSE (EPRR) ASSURANCE REPORT</p> <p>The Board received and considered a paper that provided an annual report on the Trust's preparedness for emergencies which included the planning progress, training and exercising programmes.</p> <p>The report also brought together the requirements for Emergency Preparedness, Resilience and Response at the Trust, in terms of:-</p>		

	<ul style="list-style-type: none"> • Compliance with the requirements for testing Major incident arrangements • Revision of key response plans • Performance against the requirements of the NHS England EPRR core standards. <p>Having completed the 2018 NHSE Core Standards for Emergency Preparedness, Resilience and Response self-assessment, the Trust had completed 62 of the 64 standards. There were 2 ambers which included:-</p> <ul style="list-style-type: none"> • An annual Board report – which was now completed • A Business Impact Analysis which had expired for services at the beginning of 2019. A simplified template was currently being developed to reduce resource requirements from team. <p>In terms of the Chemical, Biological, Radiological, Nuclear (CBRN) Audit South Western Ambulance Service (SWAS) met all the standards.</p> <p>There followed a discussion on EPRR which included collaboration with the wider healthcare community in terms of developing skills and shared learning, plus the timeliness of reporting.</p> <p>The Board thanked the team for all their hard work.</p> <p>RESOLVED</p> <p><i>To acknowledge the 2019 NHS England EPRR core standards and SWAST CBRN assurance and iRespond as the principle system in place to build organisational resilience.</i></p>		
292/19	<p>CHAIR OF FINANCE AND INVESTMENT COMMITTEE OVERVIEW</p> <p>The Board considered a report which summarised the key issues from meetings of the Finance & Investment Committee held on 23 September and 29 October 2019 and highlighted the following:-</p> <ul style="list-style-type: none"> • The month 7 and 8 financial position was discussed and the Committee were pleased to see that at month 8 there had been a stabilisation of the financial position. • The Board Assurance Framework (BAF) was considered and the Committee continued to prioritise the highlighted issue. • There was an initial discussion about productivity with further discussion when the new Model Hospital data was available. • There was a deep dive into theatres and non-pay. • The overall target for CIPs for 2020/21 was discussed with the target of £9m agreed. The process for allocation was also discussed. <p>Lizzie Abderrahim, Non-Executive Director asked if the Committee was satisfied that the Divisions would be able to manage their targets better than last year. Andy Copestake, Chair of Finance & Investment Committee responded that the question was asked and some comfort came from the fact that Divisions had already identified initiatives however this would come out of the budget setting process.</p> <p>RESOLVED</p> <p><i>that the report be received.</i></p>		

<p>293/19</p>	<p>FINANCE REPORT MONTH 8 (ENDING 30 NOVEMBER 2019)</p> <p>The Board received and considered the finance report for month 8 (ending 30 November 2019) and the following was highlighted:-</p> <ul style="list-style-type: none"> • Financial recovery continued to be a priority, however, current recovery proposals were not in the value region required and focus was required on this area, including on CIP progression. • The financial position in November was a deficit of £1,135k, which was £993k worse than plan and £57k worse than to forecast. • The year to date position at month 8 was a deficit of £12,096k which was £5,889k above plan this assumed all reserves were now supporting the overall position. • Month 9 was a crucial month to finalise the year end forecast. • The current financial position has had an adverse impact on the cash forecast and the Trust submitted a loan application to NHSI for £25m to support long term stability however although NHSI recognised the need only £9m has been granted on this request. It was also noted the emergency capital funding had also been approved with receipt of funding split with £1m to spend in 2019/20 and the remainder in 2020/21. <p>There followed a discussion on the emergency capital funding which included the governance process in terms of prioritisation of capital funding, and the need for some urgency. It was agreed that the business case for the first tranche of £1m emergency capital funding for 2019/20 would go to the January 2020 Finance & Investment Committee.</p> <p>Action : Director of Finance / Chief Operating Officer.</p> <p>RESOLVED</p> <p>(a) the Month 08 financial position is a year to date deficit of £8.628m including PSF, MRET & FRF, all currently forecast to plan.</p> <p>(b) The Month 08 financial position excluding PSF, MRET & FRF is a year to date deficit of £12.096m, and;</p> <p>(c) that the Use of Resources Rating is a 4, and;</p> <p>(d) that the business case for the £1m emergency capital funding be presented to January 2020 Finance & Investment Committee.</p>	<p>TC/JO</p> <p>-</p> <p>-</p> <p>-</p> <p>TC/JO</p>	<p>For F&IC Jan-20</p> <p>-</p> <p>-</p> <p>-</p> <p>For F&IC Jan-20</p>
<p>294/19</p>	<p>CHAIR OF AUDIT, RISK AND ASSURANCE COMMITTEE OVERVIEW</p> <p>The Board considered a report which summarised the key issues from meetings of the Audit, Risk and Assurance Committee held on 14 November 2020.</p> <p>RESOLVED</p> <p>that the report be received.</p>	<p>-</p>	<p>-</p>

295/19	<p>CHAIR OF CHARITABLE FUNDS COMMITTEE OVERVIEW</p> <p>The Board considered a report which summarised the key issues from meetings of the Charitable Funds Committee held on 6 November 2020.</p> <p>RESOLVED</p> <p><i>that the report be received.</i></p>		
296/19	<p>EQUALITY AND DIVERSITY ANNUAL REPORT 2019</p> <p>The Board received and considered the annual Equality and Diversity annual report for 2019.</p> <p>The report had been scrutinised by the Quality & Governance Committee with feedback that further work was required in terms of the report itself. Since then a meeting of the Equality & Diversity Group had been held in December 2019 and a number of actions came out of the meeting which included a review the E&D strategy to ensure alignment with Trust Strategy, action plans and terms of reference. However, it was noted that attendance at this meeting was low.</p> <p>Peter Hill, Non-Executive Director commented the equality and diversity agenda was important and therefore attendance should not be optional. Kevin McNamara, Acting Chief Executive agreed and would Chair this group in the future. Action : Acting Chief Executive</p> <p>Liam Coleman, Chair requested that the Performance, People and Place Committee review how the Trust was going to review improvements through equality and diversity KPIs for both staff and population in 3 months time. Action : Director of HR</p> <p>Nick Bishop, Non-Executive Director pointed out that the vision in the report differed in a number of places and that the correct one was “to be equally accessible to all....”.</p> <p>RESOLVED</p> <p><i>(a) that the Board note the information provided in the paper and support the continuation of this work;</i></p> <p><i>(b) that the Chief Executive becomes the Chair of the Equality & Diversity Group, and;</i></p> <p><i>(c) that the Performance, People and Place Committee review the KPIs in 3 months time.</i></p>	<p>KM</p> <p>JG</p> <p>-</p> <p>KM</p> <p>JG</p>	<p>On-going</p> <p>Apr-20 For PPPC</p> <p>-</p> <p>On-going</p> <p>Apr-20 For PPPC</p>
297/19	<p>RATIFICATION OF DECISIONS MADE VIA BOARD CIRCULAR/BOARD WORKSHOP</p> <p>None.</p>		
298/19	<p>URGENT PUBLIC BUSINESS</p> <p>None.</p>		
299/19	<p>DATE AND TIME OF NEXT MEETING</p> <p>It was noted that the next meeting of the Board would be held on 6 February 2020 at 9:30am in Trust Management Boardrooms, Trust HQ, 2nd Floor, Great Western Hospital</p>		

300/19	EXCLUSION OF THE PUBLIC AND PRESS RESOLVED <i>that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.</i>		
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The meeting ended at 1735 hrs

Chair Date.....