

Additional meeting of the Trust Board

There will be an additional meeting of the Trust Board to consider specific routine business as detailed below on Thursday 7 June 2018 at 09:30 in the **View Level 3 Suite, Worcestershire County Cricket Club, County Ground, New Road, Worcester, WR2 4QQ.**

This meeting will be followed by a public question and answer session.



Sir David Nicholson
Chairman

Agenda	Enclosure
1 Welcome and apologies for absence	
2 Items of Any Other Business <i>To declare any business to be taken under this agenda item.</i>	
3 Declarations of Interest <i>To declare any interest members may have in connection with the agenda</i> <i>To note the declarations of interest by the Chairman</i>	Enc A
4 Minutes of the previous meeting <i>To approve the Minutes of the meeting held on 8 May 2018 as a true and accurate record of discussions.</i>	Enc B
5 Action Log	Enc B1
6 Chief Executive report	Verbal
7 Clinical Negligence Scheme for Trusts – Maternity services <i>Chief Nurse</i>	Enc C
8 Fit and Proper Persons – Annual Report <i>Director of People and Culture</i>	Enc D
9 Audit and Assurance Annual Report <i>Audit and Assurance Committee Chairman</i>	Enc E
10 Gifts and Hospitality Annual Report <i>Company Secretary</i>	Enc F
Any Other Business <i>as previously notified</i>	



Date of Next Meeting

*The next public Trust Board meeting will be held on 17 July 2018,
Education Centre, Kidderminster Hospital and Treatment Centre.
This meeting will be followed by the Trust Annual General Meeting.*

Date of meeting	7 June 2018
Paper number	A

Update to Declaration of Interests Register

For approval:		For assurance:		To note:	x
---------------	--	----------------	--	----------	---

Accountable Director	Michelle McKay CEO		
Presented by	Kimara Sharpe Company Secretary	Author	Kimara Sharpe Company Secretary

Alignment to the Trust's strategic priorities				
Deliver safe, high quality, compassionate patient care		Design healthcare around the needs of our patients, with our partners		Invest and realise the full potential of our staff to provide compassionate and personalised care
Ensure the Trust is financially viable and makes the best use of resources for our patients		Develop and sustain our business		

Alignment to the Single Oversight Framework				
Leadership and Improvement Capability	x	Operational Performance		Quality of Care
Finance and use of resources		Strategic Change		Stakeholders

Report previously reviewed by		
Committee/Group	Date	Outcome

Assurance: <i>Does this report provide assurance in respect of the Board Assurance Framework strategic risks?</i>				N	BAF number(s)		
Significant assurance <i>High level of confidence in delivery of existing mechanisms/objectives</i>	<input type="checkbox"/>	Moderate assurance <i>General confidence in delivery of existing mechanisms/objectives</i>	<input type="checkbox"/>	Limited assurance <i>Some confidence in delivery of existing mechanisms/objectives</i>	<input type="checkbox"/>	No assurance <i>No confidence in delivery</i>	<input type="checkbox"/>

Recommendations	The Board is recommended to note the update to the Declaration of Interests register.
------------------------	---

Date of meeting	7 June 2018
Paper number	A

Update to the Declaration of Interests Register

Sir David Nicholson

- Sole Director – David Nicholson Healthcare Solutions
- President – Organisation of State Health Services, Cyprus
- Chair of Impact Evercare 1 Billion Healthcare Provider, Africa and South Africa (based in Dubai)
- Senior Advisor – Universal Healthcare, KPMG Global
- Member – Health Advisory Board, IPPR
- Visiting Professor – Global Health Innovation, Imperial College
- Chair of Universal Healthcare Forum World Innovation for Health, funded by Qatar Foundation
- Spouse is Chief Executive of Birmingham Women's and Children's NHS Foundation Trust

MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON

**TUESDAY 8 MAY 2018 AT 09:30 hours, Charles Hastings Education Centre,
Worcestershire Royal Hospital**

Present:

Acting Chairman:	Mark Yates	Acting Chairman
Board members: (voting)	Philip Mayhew Michelle McKay Inese Robotham Jill Robinson Vicky Morris Bill Tunnicliffe Steve Williams	Non-Executive Director Chief Executive Interim Chief Operating Officer Director of Finance Chief Nursing Officer Non-Executive Director Non-Executive Director
Board members: (non-voting)	Richard Haynes Tina Ricketts Kimara Sharpe Sarah Smith	Director of Communications Director of People and Culture Company Secretary Director of Strategy and Planning
In attendance:	Bryan McGinity	Freedom to Speak Up Guardian (<i>items 1/8 to 8/8</i>)
Public Gallery:	Press Public	0 5
Apologies:	Richard Oosterom Suneil Kapadia	Associate Non-Executive Director Chief Medical Officer

- 1/18 **WELCOME**
 Mr Yates opened the meeting by thanking the previous Chairman, Mrs Caragh Merrick for her leadership over the previous 20 months. She had established a stable Trust Board and her drive had taken the Trust forward in many areas. He wished her well for the future. He also thanked Mr Chris Swan who had been a non-executive director for 15 months and in particular his work on the people and culture agenda.
- Mr Yates then welcomed members of the public to the meeting and explained that an opportunity for questions would be given at the end of the meeting.
- 2/18 **ANY OTHER BUSINESS**
 There were no items of any other business.
- 3/18 **DECLARATIONS OF INTERESTS**
 The Board noted the updated list of declarations of interest and that they would be published on the website.
- 4/18 **MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON 15 MARCH 2018**

RESOLVED that:-

- The Minutes of the public meeting held on 15 March 2018 be confirmed as a correct record and be signed by the Acting Chair subject to a minor typographical error which did not affect the accuracy of the minutes.

5/18

MATTERS ARISING/ACTION SCHEDULE

Mrs Sharpe reported that all actions had been completed.

6/18

Acting Chairman's Report

Mr Yates once again thanked Mrs Merrick and Mr Swan for their contributions to the Trust. He confirmed that he is working with NHS Improvement in respect of a replacement for both.

He highlighted that there will be a meeting of the Trust Board in public on 7 June at the Worcestershire Cricket Club. The agenda will focus on approval of documents for submission to NHS Improvement and other agencies.

Mr Yates highlighted the list of leads and reminded members that this would change as new people were appointed.

RESOLVED that the Board:-

- Approved the board level responsibilities
- Noted the report

7/18

Chief Executive's Report

Mrs McKay recognised the contribution that Mrs Merrick has made in her tenure as Chairman and thanked her for her personal support.

Mrs McKay drew the Board's attention to the three main priorities covered in her report. She was disappointed with the emergency access standard (EAS) performance and assured members that this was a focus for staff throughout the Trust. She was pleased however with the marked reduction in 12 hour trolley waits compared to the previous year.

In respect of finance, the Trust met the renegotiated out turn deficit of £57.9m. On the three key financial duties, the Trust has not achieved its Breakeven Duty, achieved the External Financing Limit and met its Capital Resource Limit.

There was improved cancer performance in March against the 62 day target which was the best performance since February 2016. There was now a focus on sustaining this work.

There had been an unannounced visit by the CQC to the emergency departments since the last Board meeting. She was expecting the report in the next few weeks.

She then turned to the General Data Protection Regulations (GDPR). The Trust will not be compliant by 25 May mainly due to data mapping. There are areas of compliance such as the appointment of a Data Protection Officer.

Mrs McKay highlighted the personnel changes at the Health and Care Trust and the restructuring of the CCGs. She also highlighted the merger of University Hospitals Birmingham with Heartlands and the detail of the Social Care white paper.

Resolved that:-

- The Board received the report for noting.

8/18

Freedom to Speak Up (FTSU) Guardian

Mr Yates welcomed Mr McGinity, FTSU Guardian, to the Board and invited him to present his first bi annual report to the Board.

Mr McGinity thanked the Board for inviting him to present his first report as FTSU Guardian. He reported that the FTSU policy will be presented to the Trust Board for approval on 7 June. The Trust had recently received further guidance from NHS I and he would be reporting compliance with this guidance to the People and Culture Committee.

Mr McGinity then turned to the work he has undertaken since being appointed. He reminded Board members that whilst the Trust had over 6000 employees, most worked in small units of between 6-10 people. This meant that if unacceptable behaviour was exhibited it has a major impact on a small group of people. Staff on the receiving end can be concerned that the issue is related to them not the other person. The situation is exacerbated if the staff member is more junior. The options for action are limited for the member of staff. However they can talk in confidence to the FTSU Guardian or any of the Champions. This can be cathartic for the staff member who can be quite distressed.

Mr McGinity commented that national statistics show strong correlation between FTSU and the CQC rating. Additionally, the Francis Report identified that patients died due to substandard care and a correlation was made between staff not willing to speak up and sub-standard care.

The Francis Report resulted in legislation to ensure that each organisation appointed a FTSU Guardian. Within the Trust, the FTSU Guardian is supported through the 4ward programme to create an open culture in the Trust.

Mr McGinity reported that the Director of People and Culture was developing a programme for managers to attend on how to deal with performance issues. This reflected feedback from managers that they felt unprepared to tackle the issues.

Mr Williams asked whether the timeliness for resolution could be improved. Mr McGinity outlined the current process which was a maximum of 4 days. He felt that this could not be improved. If a case is referred to another agency (e.g. fraud allegation) then the resolution times are longer.

Mrs Morris complimented Mr McGinity on his work and she had been able to triangulate cases that she had been involved in. She felt that the approach was very helpful.

Mr Mayhew also welcomed the report and asked for more information on the learning from cases. Mr McGinity explained that the FTSU Group reviews local and national themes. Champions write confidential reports to the FTSU on all contacts with staff (anonymously if necessary) so themes can be picked up. Ms Ricketts is linking the themes to Datix and other sources of information such as staff side. This will be reported to the People and Culture Committee.

Mrs McKay asked whether Board members would have a role with the Champions. Mr McGinity explained that the Champions meet on a site basis. He felt that the attendance of Board members was not necessary.

In response to Mr Haynes, Mr McGinity confirmed the arrangements for support for champions. He also confirmed that the Trust was 'in the middle' in respect of reporting concerns.

Mr McGinity confirmed to Mr Yates that there is a good spread of champions amongst staff including senior consultant staff.

Ms Ricketts stated that the learning and development plan would be reconsidered at the People and Culture Committee and the new conflict resolution would be included.

Mr Yates thanked Mr McGinity for his work and looked forward to his next report to the Board.

Q

**Resolved that:
The Board**

- Supported the on-going communication of the FTSU programme to all staff.
- Discussed whether there could be any improvement on the FTSU programme.
- Noted the analysis of learning from both the Southport and Ormskirk Trust and North Lincolnshire and Goole Trust case reviews which will be incorporated into the FTSU Working Group.
- Received the plan to develop an effective learning process from concerns raised for assurance.

9/18

QUALITY OF CARE

9/18/1

Integrated Quality and Safety Report

Mr Yates asked Mrs Morris to present her report. He reminded members that the integrated performance report should be considered in conjunction with this report, the Operational Performance report and the People and Culture report.

Mrs Morris highlighted the management of complaints. Now 78.57% of complaints are responded to within 25 days. This compares to 31.15% in August 2017. The contractual standard is 75%; the national standard is 80%. She recognised that the performance needed to be sustained. She then turned to serious incidents. Only one was overdue. VTE performance needed to be improved in relation to follow up assessments. She expressed disappointment in the reduction in primary mortality reviews but was able to assure members that no serious incidents closed in February related to the death of patients.

She then reported that the Quality Governance Committee (QGC) reviewed the detailed plans associated with the Quality Improvement Strategy. There were some amendments to the action plans and trajectories. The divisional plans needed more work to ensure that they fully aligned to the strategies.

Mrs Morris then highlighted the CQUIN programme. She stated that the CQUIN in relation to reducing ill health as a result of risky behaviours would be a challenge to meet as services are not currently commissioned. She is working with the commissioners to determine what can be delivered.

Finally she highlighted the quality impact assessment in relation to emergency surgery. This was reviewed and signed off by TLG.

Ms Smith acknowledged that the primary mortality review process is now more robust and asked whether the backlog would be reported retrospectively. Mrs Morris affirmed

that it would be. Dr Tunnicliffe assured members that the QGC were fully sighted on this agenda and were disappointed that the performance had deteriorated, particularly as the additional medical examiners have now been appointed. He went onto recognise that specialised training was required so this may have contributed to the time lag.

Mrs Morris confirmed to Mr Mayhew that further work was needed with respect to the divisional Quality Improvement Plans, particularly with respect to the corporate functions (for example infection control) and key performance indicators.

Resolved that:-

The Board:-

- Noted the commentary provided which supports the improving performance across the Integrated performance report (Quality section)
- Noted the CQUIN programme.

9/18/2

Inpatient Survey *this is redacted as the subject is embargoed and will be for publication at a later date*

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Resolved that:-

The Board:

- Noted the report

9/18/3

Quality Governance Committee Report

Dr Tunnicliffe presented the QGC report. He highlighted that the Committee had received the final action plans in relation to the two never events. He also reported that the harm reviews in respect of the delayed correspondence had shown that there had been little or no harm. He was concerned however that the national standard was not being met in respect of sending letters to GPs.

Dr Tunnicliffe went onto recognise the work undertaken by the Chief Nurse and Chief Medical Officer in respect of managing complaints. He was pleased to see the work of the Women and Children division in respect of developing a local Quality Improvement Strategy.

He stated that the flow of information and assurance between the Clinical Governance Group (CGG) and the QGC was improving. He reflected that he would have preferred to have seen the Quality Impact Assessment in relation to the Acute Surgical pathway easier and stated that there had been learning from this process.

Mr Yates was pleased to see the moderate and significant assurance within the report.

RESOLVED that:-

The Board:

- Noted the substantial improvement on complaints performance
- Noted that the Committee will receive another update on the never events action plans at its June meeting
- Noted that the Committee reviewed the metrics associated with the divisional quality improvement plans and that the monitoring of these plans will be through the Clinical Governance Group (CGG)
- Noted that the Committee received the quality impact assessment for the acute surgical pathway changes which were implemented on 9 April
- Received this report for assurance.

10/18

FINANCE AND USE OF RESOURCES/OPERATIONAL PERFORMANCE

10/18/1

Financial Performance Report

Ms Robinson presented the final report for 2017/18. The revised financial target of £57.9m for 2017/18 had been achieved. She thanked all staff for ensuring that this was met. She reported that the Trust had received sustainability and transformation funding at the end of the year ensuring receipt of nearly 50% of the STF.

She expressed concern about the cash position. She reports the position daily with a weekly review of the forecast. The amounts are agreed monthly with NHS I and the Department of Health.

Moving onto 2018/19, she reflected that there were lessons to learn from the approach in 2017/18. She continued to be encouraged by the commitment there was to achieve the targets and to use resources efficiently and effectively. To this end, the fortnightly confirm and challenge meetings were continuing with the divisions.

Ms Robinson reported that the Trust remains in enhanced oversight with NHS Improvement. She was pleased to see benefits being realised within Procurement with the additional support being given.

She stated that the 2018/19 financial plan needed to identify significant cost improvement plans and whilst some had already been identified, there was a need to identify more.

Ms Robinson then turned to capital. This was a significant issue for the Trust. Another emergency loan application will be submitted shortly.

Mr Williams was pleased that the divisions had financial control embedded within their systems and processes. There was a clear commitment to achieving financial balance.

Ms Ricketts requested an additional comment to be inserted on slide 7 in relation to the control being exercised with respect to bank and agency costs as well as the development of benchmarking information. This was agreed.

ACTION: Ms Robinson to insert supplementary information into slide 7

Mr Yates requested assurance that controls are in place from the beginning of the year. Ms Robinson confirmed that the TLG were fully sighted on the issues and the actions needed.

RESOLVED that:-

The Board:

- Noted the financial position at the end of Month 12 and 2017/18 Financial Year
- Noted the Month 12 and 2017/18 delivery to the revised forecast.
- Noted the continued requirement for access to interim revenue support (cash) in line with the planned 2018/19 I&E deficit position.

10/18/2

Operational Plan refresh

Ms Smith stated that the Trust is in year two of a two year planning cycle. She explained that the limited further guidance, issued in February, stated that the Trust needed to highlight the changes between years one and two.

She went onto explain that the contractual arrangement with the CCGs has not changed. The cap and collar activity has been agreed. A robust financial recovery plan was being developed and work is starting on the link bridge with the full business case being developed to access the remainder of the £29.6m.

Ms Ricketts highlighted the challenging workforce targets and requested a change of wording within the page 8.

Mr Yates wondered about whether the targets were realistic. Ms Smith stated that they were national average and that locally discussions were ongoing.

RESOLVED that:-

- Trust Board approved the 2018/19 Operational Plan refresh in line with joint NHSI/NHSE planning guidance issued in February 2018 subject to the revision of wording on page 8.

10/18/3

Operational Performance

Ms Robotham outlined the key messages in relation to operational performance.

The previous month had been very challenging in respect of the emergency access standard only reaching 78%. More than half the trolley waits for the 12 month period were in March. Worcestershire Royal remains under significant pressure with the main driver the underlying deficit of acute beds. She reported that the first phase of the work to increase the bed base had started and the Trust had worked closely with partners to ensure appropriate capacity within the community.

Improvement work on patient flow is on-going under the leadership of the newly appointed deputy Chief Operating Officer for Urgent Care. Additional programme support for the work streams is being finalised with NHSI and the Trust's Turnaround Director to build on Carnall Farrar recommendations. The programme consists of five distinct work streams: front, middle, back, frailty and bed management. The Emergency Surgery Triage Clinic (ESTC) commenced on 9 April 2018. During the first

two weeks of the clinic being operational there have been 173 calls to the ESTC consultant mobile and 49 attendances to the clinic with only two admissions directly from the clinic to surgical inpatient beds.

Richard Haynes left the meeting.

Mr Williams asked whether there were any further actions that needed to be taken to maintain patient flow. Ms Robotham confirmed that there is concentrated work being undertaken on reducing 12 hour breaches including working on the 11 hour clock. There is also a rigorous approach to managing the 4 hour breaches which is very effective at the Alexandra Hospital. Ms Smith confirmed that there would be an extra three wards available on the completion of the Bridge at the end of November.

Richard Haynes returned to the meeting.

Ms Robotham then turned to the cancer 62 day referral to treatment standard (RTT). There has been a significant improvement in Quarter 4 against the 62 day referral to treatment standard with March 2018 performance peaking at 82.07%. This is the highest performance against this standard since February 2016. The marked increase in performance is a direct result of consistent reduction of backlog of patients waiting over 62 days during Quarter 3 and Quarter 4 with added benefit of higher than usual conversion rate in March 2018. The current 62 day backlog is 73 patients (compared to 160 in September 2017); equally the number of patients waiting over 104 days has reduced to 17 (compared to 35 in September 2017).

There have been major improvements in performance for RTT have been seen in the Specialty Medicine division, for example thoracic medicine has improved from 63.13% in April 2017 to 74.72% in March 2018 and neurology has improved from 75.36% in March 2017 to 90.92% in March 2018).

Mr Williams congratulated the Trust on the real progress that has been made. Ms Robotham stated that the work has been led by her deputy, David Burrell who leaves shortly. A new cancer manager starts at the end of the May. She also confirmed that there had been investment in the form of additional staff for neurology and thoracic medicine.

Dr Tunnicliffe expressed concern at the continued use of endoscopy as a surge area. Ms Robotham stated that the use had minimal impact on RTT but a huge impact on the six week diagnostic target. Ms Smith stated that there were plans to move to the Alexandra and Kidderminster but both were dependent on capital investment.

Ms Robotham then turned to the six week diagnostic standard. Following a good recovery in Quarter 3 of 2017/18 against a challenging trajectory which was met for 6 consecutive months from August 2017 to January 2018, performance has been off trajectory and deteriorating since February 2018 (2.54% versus trajectory of 1.58%) and during March the figure was 3.8%, compared to the trajectory of 0.99%. The March 2017 performance was 3.73%. The Trust and the commissioners are currently undertaking a joint deep dive analysis of the significant increase in demand for radiology diagnostic procedures. Despite capacity constraints radiology have achieved “carve out” of capacity for all cancer patients resulting in reduction in time from referral to report to 9 days.

Mr Yates congratulated the staff involved in making the significant improvements.

RESOLVED that:-

The Board:

- Reviewed the operational performance against the four main operational standards
- Sought assurance that robust remedial actions are in place to sustain/improve performance against the four main operational standards
- Agreed limited assurance

10/18/4

Finance and Performance Committee Assurance Report

Mr Mayhew gave an overview of the work of the Committee. There continues to be a focus on the three priorities, flow, cancer and financial performance. He expressed optimism for the future and was pleased with the work that was being undertaken in respect of flow. He was also pleased with the progress made with the cancer waiting times and congratulated the whole trust on the achievement of the revised financial deficit.

Finally he reported that the new turnaround director has commenced and he was looking forward to being able to extend the financial planning horizon to two-three years.

RESOLVED that:-

The Board confirmed that it was assured that:

- A revised Patient Flow Programme is in place.
- A full-time Turnaround Director is in place to support delivery of the Trust's Recovery Programme and strengthen governance around CIP.
- The Trust delivered its revised pre STF deficit of £57.9m (pre-audited).
- The Trust met its Capital Resource Limit.

11/18

LEADERSHIP AND IMPROVEMENT CAPABILITY

11/18/1

People and Culture Report

Ms Ricketts presented her report which reviewed the year's performance against the baseline. The report showed that progress had been made but there was still room for improvement. Specifically, she highlighted the following improvements:

- 27% improvement in the net culture score
- reduction in medical vacancies from 20% to 16%
- reduction in registered nursing vacancies from 8.4% to 7.5% and
- Reduction in the overall staff turnover rate from 12.57% to 11.04%.

Mrs McKay welcomed the report. By addressing the challenges in the workforce, challenges in respect of quality and finance are addressed.

Ms Ricketts confirmed to Mr Yates that the Trust has had 14 visa applications for additional medical staff turned down. This will result in increased vacancy rates and agency costs. The issue has been escalated to the Department of Health and the Home Office via NHS Improvement.

Ms Ricketts then turned to the other area of concern which is deterioration in PDR (personal development review) compliance. She will be monitoring this through TLG.

Ms Ricketts then turned to the workforce transformation plan. This is a key component of the Trust's recovery plan and will help in the line of sight, from ward to board. The outcomes will be reported through the People and Culture Committee and the recovery steering group.

Mr Mayhew asked whether appraisal can be linked to pay progression. Ms Ricketts

explained that many staff were at the top of the band already. The new pay deal, currently being consulted on, looks to strengthen this link. She is also recommending that each manager should have an objective to ensure that all their staff have a PDR.

There then followed a discussion about the level of assurance. Ms Ricketts was recommending limited assurance as the benchmarking showed the Trust still in the bottom quartile of performance. Mr Yates, Dr Tunnicliffe, Mr Mayhew and Mr Williams supported moderate assurance as the processes were in place and the data were improving.

RESOLVED that:-

The Board

- noted the report which was provided for assurance
- Agreed the level of assurance was moderate.

11/18/2

Gender Pay Gap

Ms Ricketts explained that the gender pay gap shown within the paper was due to the inclusion of consultant excellence awards (CEA) and most were awarded to male consultants. Once the CEA are excluded, there is only a 10p difference. She is committed to reviewing the CEA policy and undertaking an equality impact assessment.

ACTION: Ms Ricketts to review the Consultant Excellent Awards Policy and take to the People and Culture Committee

RESOLVED that:-

- The Board noted the report.

11/18/3

Safer Staffing

Mrs Morris stated that the circulated report covers the months of January and February. The February data show that 2% of shifts had red flags prior to mitigation. Appendix 2 shows the figures post mitigation. She confirmed that the surge areas were putting pressure on the staff. Fewer bank shifts were being undertaken as staff were tired.

Mrs Morris then highlighted that a national process has been undertaken to review staffing in the light of birthrate plus and she will bring this back to the board in July.

ACTION: Mrs Morris to present the report in relation to Birthrate plus in July

Ms Ricketts is working with Mrs Morris in developing a dashboard as there is a disconnect between the model hospital and how staff report. Mrs Morris reminded members that the band 4 roles were not included in the safer staffing return.

Mrs Morris explained to Dr Tunnicliffe that the 182.82% fill rate for HCAs was due to small numbers. She agreed to review the numbers in respect of red flags and incidents as they do not appear consistent.

ACTION: Mrs Morris to review red flags and numbers of incidents (doubled red flags and halved number of incidents)

RESOLVED that:-

The Board

- Noted the data for January and February 2018 regarding levels of nursing and

midwifery staffing across the 42 inpatient ward areas of the Trust.

- Noted for assurance the mitigations put into place to ensure patients' care needs are met.

11/18/4

People and Culture Committee Assurance Report

Mr Yates reported that the People and Culture Committee continued to monitor the implementation of strategy. A revised Leadership Strategy will be presented to the next Committee. There has been a significant improvement in medical vacancies from 161 to under 70. He reminded members that the next checkpoint for 4Ward is 18 June.

RESOLVED that:-

The Board

- Noted the report for assurance

12/18

GOVERNANCE

12/18/1

Board Assurance Framework

Mrs McKay presented the report. She stated that the next report will detail why the changes are recommended. She reminded members that the BAF will be reviewed following the strategy away day.

RESOLVED that:

The Board

- Approved the changes as detailed in the report.

12/18/2

Cyber Security Assurance

Ms Robinson presented the short report to give board assurance in respect of cyber security in the Trust. She reminded members that the trust was not affected by Wannacry. The report shows significant assurance against the standards required as all items apart from business continuity have been implemented.

There followed a discussion about levels of assurance and it was agreed to review the front sheet and specify what the Board was being assured against.

ACTION: Mrs Sharpe to revise the front sheet in respect of assurance

RESOLVED that:

The Board

- Noted the progress made around strengthening the Trust's data security and information requirements and the actions required to further mitigate the known risks.
- Approved the submission of compliance with 17/18 Data Security Protection Requirements

12/18/3

Compliance statements

Mrs McKay explained that the Trust was required to state compliance against provider licence conditions G6 and FT4. The compliance will be uploaded onto the website. The prime driver for the compliance were the section 29A letters.

RESOLVED that:-

The Board:-

- Declared non-compliance with NHS Provider Licence Condition G6
- Declared the following with respect to condition FT4:
 - 1, 2, 5, 6 – confirmed
 - 3&4 – not confirmed

DATE OF NEXT MEETING

The next Public Trust Board meeting will be held on Tuesday 7 June 2018 at 09:30 in the Worcestershire Cricket Club.

The meeting closed at 11:48 hours.

Signed _____

Date _____

Sir David Nicholson, Chairman

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST
PUBLIC TRUST BOARD ACTION SCHEDULE – JUNE 2018

RAG Rating Key:

Completion Status	
	Overdue
	Scheduled for this meeting
	Scheduled beyond date of this meeting
	Action completed

Meeting Date	Agenda Item	Minute Number (Ref)	Action Point	Owner	Agreed Due Date	Revised Due Date	Comments/Update	RAG rating
8-5-18	Safer Staffing	11/18/3	Present the report in relation to Birthrate plus in July	VM	July 2018			
8-5-18	Safer Staffing	11/18/3	Review red flags and numbers of incidents (doubled red flags and halved number of incidents)	VM	July 2018			
8-5-18	Cyber security	12/18/2	Revise the template front sheet in respect of assurance	KS	July 2018			
8-5-18	Financial performance report	10/18/1	Insert supplementary information into slide 7	JR	May 2018		Action completed	
8-5-18	Gender Pay Gap	11/18/2	Review the Consultant Excellent Awards Policy and take to the People and Culture Committee	TR	July 2018		Transferred to P&C Committee. Action closed	

Date of meeting	7 June 2018
Paper number	C

Worcestershire Acute Hospitals NHS Trust progress against the Clinical Negligence Scheme for Trusts (CNST) incentive scheme - maternity safety actions

For approval:	<input checked="" type="checkbox"/>	For assurance:	<input type="checkbox"/>	To note:	<input type="checkbox"/>
---------------	-------------------------------------	----------------	--------------------------	----------	--------------------------

Accountable Director	Vicky Morris Chief Nurse		
Presented by	Vicky Morris Chief Nurse	Author	Dr Andrew Short, Divisional Medical Director

Alignment to the Trust's strategic priorities					
Deliver safe, high quality, compassionate patient care	<input checked="" type="checkbox"/>	Design healthcare around the needs of our patients, with our partners	<input checked="" type="checkbox"/>	Invest and realise the full potential of our staff to provide compassionate and personalised care	<input checked="" type="checkbox"/>
Ensure the Trust is financially viable and makes the best use of resources for our patients	<input checked="" type="checkbox"/>	Develop and sustain our business	<input checked="" type="checkbox"/>		

Alignment to the Single Oversight Framework					
Leadership and Improvement Capability	<input checked="" type="checkbox"/>	Operational Performance	<input checked="" type="checkbox"/>	Quality of Care	<input checked="" type="checkbox"/>
Finance and use of resources	<input checked="" type="checkbox"/>	Strategic Change	<input checked="" type="checkbox"/>	Stakeholders	<input checked="" type="checkbox"/>

Report previously reviewed by		
Committee/Group	Date	Outcome
QGC	19 April	Approved
Women and Children Divisional Board Meeting	23 May	Approved

Assurance: <i>Does this report provide assurance in respect of the Board Assurance Framework strategic risks?</i>				N	BAF number(s)		
Significant assurance <i>High level of confidence in delivery of existing mechanisms/objectives</i>	<input checked="" type="checkbox"/>	Moderate assurance <i>General confidence in delivery of existing mechanisms/objectives</i>	<input type="checkbox"/>	Limited assurance <i>Some confidence in delivery of existing mechanisms/objectives</i>	<input type="checkbox"/>	No assurance <i>No confidence in delivery</i>	<input type="checkbox"/>

Recommendations	<p>The Board is asked to:</p> <ul style="list-style-type: none"> Satisfy itself that the evidence provided to demonstrate compliance with/achievement of the maternity safety actions meets the required standards and that the self-certification is accurate. Note that content of this report has been shared with the commissioner(s) of the Trust's maternity services. Agrees that any reimbursement of CNST funds will be used to deliver the action(s) referred to in Section B.
------------------------	---

Date of meeting	7 June 2018
Paper number	C

Executive Summary

The newly established CNST Incentive scheme provides an opportunity to significantly reduce the Trust contribution to the scheme in 2018/19. The Women and Children Division have completed a self assessment against the 10 standards, gathered evidence of compliance and identified actions required to improve compliance in the two standards where full compliance has not been achieved. The evidence has been provided in the agreed format and is included in the Appendices (available on request). The Chief Nurse has reviewed all the documentation and can provide assurance to the Board that the evidence supports the self-assessment.

The Board is asked to review the evidence and sign off the paper to enable submission to NHS Resolution by 29th June 2018.

Background

In line with The Secretary of State for Health's announcement on the 28 November 2017 on "Safer maternity care: progress and next steps" the CNST maternity incentive scheme will be implemented for 2018/19.

The maternity element of contributions has been increased by 10% above the standard 2018/19 maternity contribution to create a maternity incentive fund.

Maternity services that can demonstrate achievement of a specified set of requirements will be eligible for a share of that incentive fund of at least 10% of their base contribution together with a share of the balance of undistributed funds, the amount of which will be determined once the results from all services have been gathered. The specific safety actions are:

1. Are you using the National Perinatal Mortality Review Tool to review perinatal deaths?
2. Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?
3. Can you demonstrate that you have transitional care facilities that are in place and operational to support the implementation of the ATAIN Programme?
4. Can you demonstrate an effective system of medical workforce planning?
5. Can you demonstrate an effective system of midwifery workforce planning?
6. Can you demonstrate compliance with all four elements of the Saving Babies' Lives care bundle?
7. Can you demonstrate that you have a patient feedback mechanism for maternity services, such as the Maternity Voices Partnership Forum, and that you regularly act on feedback?
8. Can you evidence that 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session within the last training year?
9. Can you demonstrate that the trust safety champions (obstetrician and midwife) are meeting bi-monthly with Board level champions to escalate locally identified issues?
10. Have you reported 100% of qualifying 2017/18 incidents under NHS Resolution's Early Notification Scheme?

Date of meeting	7 June 2018
Paper number	C

A standard template for providing evidence of compliance has been produced by NHS Resolution. The completed template is included in this report, and needs to be submitted to NHS Resolution by 29th June 2018.

Maternity services that do not demonstrate achievement may be allocated a smaller sum from the fund to support them to implement the required actions.

Once the full results are available for all maternity providers, NHS Resolution will confirm the value of the credit to be made to members. A credit note will be issued and a payment made. For Worcestershire Acute Hospitals NHS Trust compliance with the 10 standards will mean a reduction in CNST contributions of at least £565,000.

Recommendations

The Board is asked to:

- Satisfy itself that the evidence provided to demonstrate compliance with/achievement of the maternity safety actions meets the required standards and that the self-certification is accurate.
- Note that content of this report has been shared with the commissioner(s) of the Trust's maternity services.
- Agrees that any reimbursement of CNST funds will be used to deliver the action(s) referred to in Section B.

Appendices

1. Evidence of progress against 10 key actions
2. Further actions required
3. Sign-off by Board
4. Appendices to be submitted with evidence of progress – *available on request*

Date of meeting	7 June 2018
Paper number	C

SECTION A: Evidence of Trust's progress against 10 safety actions:

Please note that trusts with multiple sites will need to provide evidence of each individual site's performance against the required standard. NB All inpatient maternity services were centralised onto the Worcestershire Royal Hospital site in November 2015

Safety action – please see the guidance for the detail required for each action	Evidence of Trust's progress	Action met? (Y/N)
1). Are you using the National Perinatal Mortality Review Tool (NPMRT) to review perinatal deaths?	<p>Commenced January 2018. LMS partner Wye Valley Trust has agreed to provide external representation at the review panel meetings. Key staff identified with access to NPMRT. Meetings planned for every 8 weeks to include external representation.</p> <p>2017 cases reviewed via Standardised Clinical Outcome Review (SCOR) which was the locally agreed process promoted by and agreed with the Perinatal Institute. Evidence has been attached in the Appendices of the summary findings for these reviews</p> <p>Results of MBRRACE report (2015) summarised and presented to Women and Children's Divisional Board in September 2017. Results of Worcestershire and Hereford MBRRACE reports jointly analysed and presented to LMS Board in March 2018. Themes are consistent with Saving Babies Lives agenda.</p>	Yes
2). Are you submitting data	Within the MSDS there are 10 data criteria to be met. In November 2017 we met 8 out of the 10 criteria. From March	Yes

Date of meeting	7 June 2018
Paper number	C

to the Maternity Services Data Set (MSDS) to the required standard?	<p>2018 we have consistently met 9 out of the 10 criteria</p> <p>The outstanding criterion yet to be met is number 10.</p> <p>Evidence is attached in the appendices which provides confirmation from NHS Digital that we are meeting the criteria to the required standards</p>	
3). Can you demonstrate that you have transitional care facilities that are in place and operational to support the implementation of the ATAIN (Avoiding term admissions) Programme?	<p>A Transitional Care facility has been in place at Worcestershire Royal Hospital for many years. In 2015 the capacity was increased from 6 to 9 spaces at the time that maternity care was centralised. The attached data extracted from the Badger database shows that in 2017 219 babies were admitted to TCU allowing them to be cared for with their mothers present. In addition the neonatal service is supported by a Neonatal Nursing outreach service which provides support to families at home, thereby facilitating early discharge of babies with ongoing nursing needs such as tube feeding.</p> <p>The rates of unexpected term admissions are monitored on our performance dashboard as well as on Unit reports generated by the Badger database system. The dashboard included in the appendices shows that our average unexpected term admission rate is just under 3%. We are able to achieve this figure because the pathways for hypoglycaemia, jaundice, additional monitoring and treatment for risk of sepsis all aim to keep babies with their mothers either on the post natal ward, or on TCU. The attached data also captures babies who were nursed on the post-natal ward but required an enhanced level of care.</p> <p>Despite the low admission rates for term infants, we also hold monthly meetings to review unexpected term admissions. These multidisciplinary meetings involve neonatal nurses, doctors, midwives and Obstetricians and aim to identify further cases where admission might be avoided. A document demonstrating the summary findings of these meetings is also attached in the appendices.</p>	Yes
4). Can you	In 2016 as a result of a shortfall in specialty trainees allocated to Worcestershire by Health Education England, West	Yes

Date of meeting	7 June 2018
Paper number	C

demonstrate an effective system of medical workforce planning?	<p>Midlands we began to monitor O&G Medical staffing on a regular basis as a standing agenda item at our weekly divisional Serious Incident and Safety Review meetings. In 2017 the situation improved as a consequence of increased trainee numbers and recruitment to non training grade posts. The data is now monitored on a monthly basis. The data submission for April 2018 is attached as an example in the appendices.</p> <p>Further information on staffing rotas is available if required. In addition the suggested RCOG monitoring tool has been completed and attached as requested in the appendix.</p>	
5). Can you demonstrate an effective system of midwifery workforce planning?	<p>The Trust participated in the Birth Rate+ assessment in 2018. The draft report was received March 2018 and is attached in the Appendix.</p> <p>The total funded staffing requirement using Birth rate methodology is 217 WTE.</p> <p>The current establishment is 219 WTE.</p> <p>This provides evidence that the staffing levels are safe for the acuity and activity we have going through maternity services.</p> <p>The report recommends doing a skill mix review and aiming for a 9:1 ratio of midwifery to midwifery support worker roles. This work will involve reviewing job descriptions for the role and learning from other units, followed by recruitment, training to meet agreed competencies and implementation of the role. This is also an ideal opportunity to work across the LMS.</p> <p>Birth rate also recommends looking at the distribution of staff between hospital and community teams.</p> <p>They recommend a ratio of 1: 107 caseload per WTE midwife.</p>	Yes

Date of meeting	7 June 2018
Paper number	C

	<p>Review of caseloads is currently being undertaken.</p> <p>At last review, when the annual delivery number was higher, caseloads were 1: 112 per WTE.</p> <p>In addition the Trust has developed a Safe staffing app which is completed daily. This allows confirmation of safe staffing numbers for individual shifts. There is 100% compliance with the use of this tool with an escalation policy in place. Staff are deployed within the unit according to activity and acuity. There is a Maternity manager on call 24/7 for advice and support in line with the escalation policy.</p>	
<p>6). Can you demonstrate compliance with all 4 elements of the Saving Babies' Lives (SBL) care bundle?</p>	<p>Review of the saving babies lives bundle identified that most processes and pathways are in place. Whilst there is some evidence of audit to ensure these processes are embedded, a more robust approach or re-audit is required to ensure that practice reflects our processes for SBL. Areas for improvement are sustainable scanning capacity to meet the targets for assessing reduced fetal movements, rates of CTG Training and referral pathways for smoking cessation. In order to document evidence of progress in these areas a single unified maternity information system would be beneficial</p> <p>For scanning capacity we instituted the checklist and protocol following which we have audited results. This highlighted a capacity issue within ultrasound scanning and we are now in the process of putting a business case together to ensure expansion of scan services to support this element of SBL.</p> <p>The department has recently moved to a new system of CTG training and competence assessment. As a result compliance figures against our standard are between 75 and 85%. However it should be noted that the standard set in SBL is annual assessment, whilst the local standard has been for formal training and assessment every 2 years, with annual updates at mandatory training days.</p> <p>Work streams are in place with named leads for each of the four elements of SBL. These groups will collect and review data related to SBL making recommendations and implementation plans for improvement where required. A meeting has</p>	<p>Partial</p>

Date of meeting	7 June 2018
Paper number	C

	taken place with the board level safety representative and the SBL bundle has been reviewed.	
7). Can you demonstrate that you have a patient feedback mechanism for maternity services, such as the Maternity Voices Partnership Forum, and that you regularly act on feedback?	<p>The Trust utilises the Friends and Family test (FFT). Overall uptake rates for this survey have been low across the Trust, and there has recently been a re-launch as part of the patient experience strategy. Within the maternity department completion rates for the meadow birth centre and the post natal ward are consistently around 80%, with excellent scores approaching 100% satisfaction.</p> <p>The Trust also participates in the annual Picker Institute Maternity Survey, reviewing and responding to the feedback received.</p> <p>The main concern in the latest report was the lack of facilities for partners to be able to stay the night, and this has been addressed.</p> <p>There is representation on Maternity Voices Partnership Forum (MVPF).</p> <p>MVPF Meetings December 2017 January 2018 - see notes of meetings. The MVPF have also been active in reviewing and supporting a new policy for partners staying overnight on the maternity unit.</p> <p>In addition our consultant midwife has undertaken a survey on women's views of continuity of carer, supported by the MVPF. There have been over 700 responses which are being used to develop our model of care.</p> <p>A member of the MVPF has also been involved in the interview process for a new Obstetric consultant, providing valuable feedback to the appointment committee.</p>	Yes
8). Can you evidence that 90% of each	We have recently moved from mandatory training for midwives only to the new multidisciplinary training module for maternity emergencies. Full details of the programme are included in the Appendix. This also shows the numbers currently trained (41) and the total number who need to complete training (283). We plan to move from the current figure	Partial

Date of meeting	7 June 2018
Paper number	C

maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session within the last training year?	of 14% to 90% by April 2019. This means by which we will achieve this is also outlined in the Appendix.	
9). Can you demonstrate that the trust safety champions (obstetrician and midwife) are meeting bi-monthly with Board level champions to escalate locally identified	Meetings have been set up involving our Board Level Champion Vicky Morris (Chief Nurse) and our two safety champions from Obstetrics and Maternity. The first meeting has taken place, with the notes from the meetings attached in the appendix. Further meetings have been scheduled.	Yes

Date of meeting	7 June 2018
Paper number	C

issues?		
10). Have you reported 100% of qualifying 2017/18 incidents under NHS Resolution's Early Notification scheme?	100% of eligible cases have been reported. The supporting evidence for this is included in the Appendix. In addition to this data we have included evidence from the GIRFT study that the Trust is not an outlier in terms of rates of neonatal HIE.	Yes

Date of meeting	7 June 2018
Paper number	C

SECTION B: Further action required:

If the Trust is unable to demonstrate the required progress against any of the 10 actions, please use this section to set out a detailed plan for how the Trust intends to achieve the required progress and over what time period. Where possible, please also include an estimate of the additional costs of delivering this.

The National Maternity Safety Champions and Steering group will review these details and NHS Resolution, at its absolute discretion, will agree whether any reimbursement of CNST contributions is to be made to the Trust. Any such payments would be at a much lower level than for those trusts able to demonstrate the required progress against the 10 actions and the 10% of the maternity contribution used to create the fund. If made, any such reimbursement must be used by the Trust for making progress against one or more of the 10 actions.

To capture all the data on maternal smoking, CO monitoring and referral to smoking cessation services a unified maternity information system would be very helpful. Until this has been implemented we will be reliant on notes audits on a small sample of patients in order to demonstrate compliance. An audit of 10 sets of notes each week would give a representative sample size of 10%.

Documentation of provision of information regarding fetal movements is also found in hand-held maternity records. A unified electronic maternity information system would facilitate demonstration of compliance with this element of the Saving Babies Lives care bundle. Until that is available demonstration of compliance will depend upon a retrospective audit of an adequate sample size.

We need to develop and ensure a consistent approach to mothers who contact maternity triage with concerns about reduced fetal movements. The introduction of the BSOTS (Birmingham Standardised Obstetric Triage System) Triage tool is planned for September this year.

Date of meeting	7 June 2018
Paper number	C

An increase in obstetric ultrasound scanning capacity is required to provide the increased level of surveillance required for high risk mothers. A business case is being developed to provide an additional 40 obstetric ultrasound slots per week. It is thought this will cost approximately £35000 plus additional overheads.

In order to improve detection rates for fetal growth restriction there are ongoing training requirements for our midwifery and Obstetric staff on the use of GROW charts.

The local maternity training standard for competence in CTG interpretation requires assessment every 2 years, and compliance data reflects this standard. The SBL standard requires 100% of labour ward staff to have had annual updates. The inclusion of the CTG interpretation module on the mandatory training days does address this, and figures suggest compliance is at 85%

MDT Training has only recently been reintroduced for obstetric emergencies. As a result currently less than 20% of our staff have completed this element of training. The training plan aims to achieve full compliance by April 2019

The costs of training will be funded through the existing training budget. There will also be a review of how mandatory training is prioritised when

A dashboard of data is being developed to allow monitoring of progress against our planned trajectory to achieve compliance in steps 6 and 8. Action plans are attached to address the three areas identified for improvement: CTG Training, Multi-professional obstetric emergency training and ultrasound scan capacity

Date of meeting	7 June 2018
Paper number	C

SECTION C: Sign-off

.....

For and on behalf of the Board of Worcestershire Acute Hospitals NHS Trust confirming that:

- The Board are satisfied that the evidence provided to demonstrate compliance with/achievement of the maternity safety actions meets the required standards and that the self-certification is accurate.
- The content of this report has been shared with the commissioner(s) of the Trust's maternity services.
- If applicable, the Board agrees that any reimbursement of CNST funds will be used to deliver the action(s) referred to in Section B.

Position:

Date:

We expect Trust Boards to self-certify the Trust's declarations following consideration of the evidence provided. Where subsequent verification checks demonstrate an incorrect declaration has been made, this may indicate a failure of board governance which the Steering group escalate to the appropriate arm's length body/NHS System leader.

Date of meeting	7 June 2018
Paper number	C

SECTION D: Appendices *available on request*

Please list and attach copies of all relevant evidential appendices:

Item number	Title of Document(s)
1) Are you using the National Perinatal Mortality Review Tool (NPMRT) to review perinatal deaths?	SCOR Review Summaries
2) Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?	Maternity Services Data Set (MSDS) Evidence January – March 2018 Maternity Services Data Set (MSDS) Information October – December 2017
3) Can you demonstrate that you have transitional care facilities that are in place and operational to support the implementation of the ATAIN (Avoiding term admissions) Programme?	Review of unexpected term admissions to Neonatal Unit 2017/18 Unit report extracted from Badger database Performance dashboard
4) Can you demonstrate an effective system of medical workforce planning?	Report submitted to the weekly SI and safety review meeting April 2018

Date of meeting	7 June 2018
Paper number	C

5) Can you demonstrate an effective system of midwifery workforce planning?	Birthrate plus report 2018
6) Can you demonstrate compliance with all 4 elements of the Saving Babies' Lives (SBL) care bundle?	CTG meeting attendance sheets and summary of evidence to demonstrate training SGA/GR Referral & Detection Rates 2017/18 Mandatory Maternity Training itinerary Maternity Mandatory Training Evaluation Score sheets Mandatory Maternity training attendance sheets
7) Can you demonstrate that you have a patient feedback mechanism for maternity services, such as the Maternity Voices Partnership Forum, and that you regularly act on feedback?	Picker Survey results 2017 Notes from MVP workshop and meetings
8) Can you evidence that 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session within the last training year?	Local Training Plan

Date of meeting	7 June 2018
Paper number	C

9) Can you demonstrate that the trust safety champions (obstetrician and midwife) are meeting bi-monthly with Board level champions to escalate locally identified issues?	Letter from NPEU re Launch of National Perinatal Mortality Review Tool (PMRT) Notes from first meeting
10) Have you reported 100% of qualifying 2017/18 incidents under NHS Resolution's Early Notification scheme?	Neonatal National report Encephalopathy Extract from GIRFT report Reporting claims to NHS Resolution June 2017 Early notification report forms

Date of meeting	7 June 2018
Paper number	D

Fit and Proper Person Test – Annual Report

For approval:	<input checked="" type="checkbox"/>	For assurance:	<input type="checkbox"/>	To note:	<input type="checkbox"/>
---------------	-------------------------------------	----------------	--------------------------	----------	--------------------------

Accountable Director	Tina Ricketts Director of People and Culture		
Presented by	Tina Ricketts Director of People and Culture	Author	Kimara Sharpe Company Secretary

Alignment to the Trust's strategic priorities				
Deliver safe, high quality, compassionate patient care		Design healthcare around the needs of our patients, with our partners		Invest and realise the full potential of our staff to provide compassionate and personalised care
Ensure the Trust is financially viable and makes the best use of resources for our patients		Develop and sustain our business		

Alignment to the Single Oversight Framework				
Leadership and Improvement Capability	<input checked="" type="checkbox"/>	Operational Performance		Quality of Care
Finance and use of resources		Strategic Change		Stakeholders

Report previously reviewed by		
Committee/Group	Date	Outcome
People and Culture	May 2018	Approved

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?			N	BAF number(s)		
Significant assurance <i>High level of confidence in delivery of existing mechanisms/objectives</i>	<input checked="" type="checkbox"/>	Moderate assurance <i>General confidence in delivery of existing mechanisms/objectives</i>	<input type="checkbox"/>	Limited assurance <i>Some confidence in delivery of existing mechanisms/objectives</i>	<input type="checkbox"/>	No assurance <i>No confidence in delivery</i>

Recommendations	The Board is requested to <ul style="list-style-type: none"> approve the inclusion of the deputies for the voting directors of the trust board and receive the report for assurance.
------------------------	--

Date of meeting	7 June 2018
Paper number	D

Executive Summary
<p>This paper outlines the annual review that has been undertaken with respect to the Fit and Proper Person Test.</p> <p>All Board members plus the Company Secretary have reaffirmed the requirements in relation to the FPPT. The checklist for all Board members is shown in appendix 1. Additionally all the personnel files have been reviewed by the Company Secretary. This review shows that the files are up to date. The CQC recently undertook a spot check and no issues were identified.</p> <p>The outstanding items, which the Chairman has deemed as low risk include some mandatory training for executives and non-executives and the annual review of the directors register for two members of the board. The UK element of the director registers have been completed but we are awaiting confirmation from overseas.</p> <p>Currently if a voting member of the Board is unable to attend, their deputy attends in their place. Whilst this situation is unusual, it has happened during the year. My recommendation to the Board is to include the following posts within the FPPT:</p> <ul style="list-style-type: none"> • Deputy Chief Medical Officer • Deputy Chief Nurse (Quality) • Assistant Chief Finance Officer • Deputy Chief Operating Officer
Background
<p>The Fit and Proper Person test was introduced following the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Under the regulations all provider organisations must ensure that director level appointments meet the 'fit and proper persons test' and the regulations place a duty on NHS providers not to appoint a person or allow a person to continue to be an Executive Director or equivalent or Non-Executive Director under given circumstances.</p>
Issues and options
N/A
Recommendations
<p>The Board is requested to</p> <ul style="list-style-type: none"> • approve the inclusion of the deputies for the voting directors of the trust board and • receive the report for assurance.
Appendices
Fit and Proper Person Check list

Date of meeting	7 June 2018
Paper number	D

Appendix 13B - Annual Checklist Director and Director Equivalent

Please ensure that all the documentation below is retained on the employees' personal file, along with a copy of this form.

NAME:

POST:

Annual Checks

Item	No	✓	Date Checked / Completed	By Whom	Comment
Professional Registration or PIN Check				PA to DOP&C	
Fit and Proper Persons Annual Directors Declaration			April 2018	Company Secretary	
Annual Statement to Trust Board			June 2018	Company Secretary	
Maintenance of the register of declared interests.			April 2018	Company Secretary	
Annual checks for credit, bankruptcy and registration.				PA to DOP&C	
Mandatory Training				PA to CEO	
Formal appraisal processes.				PA to CEO	

Notes

- Any issues in obtaining the documentation to complete this checklist to be escalated to the Trust Chair for action.

I can confirm that all of the relevant documentation has been reviewed and dated:

Signed: _____

Date: _____

PA to Director of HR

Signed: _____

Date: _____

Company Secretary

I confirm that this Board member meets the Fit and Proper Person requirements as outlined by the CQC.

Signed: _____

Date: _____

Chair

Date of meeting	7 June 2018
Paper number	D

Any Outstanding Documents at the time of annual check

Document	Date Provided	Confirmation initials	Chair's signature	Date

Date of meeting	7 June 2018
Paper number	Enc E

Audit and Assurance Committee – Annual Report

For approval:	<input checked="" type="checkbox"/>	For assurance:	<input type="checkbox"/>	To note:	<input type="checkbox"/>
---------------	-------------------------------------	----------------	--------------------------	----------	--------------------------

Accountable Director	Steve Williams A&A Committee Chair		
Presented by	Steve Williams A&A Committee Chair	Author	Kimara Sharpe Company Secretary

Alignment to the Trust's strategic priorities				
Deliver safe, high quality, compassionate patient care	<input type="checkbox"/>	Design healthcare around the needs of our patients, with our partners	<input type="checkbox"/>	Invest and realise the full potential of our staff to provide compassionate and personalised care
Ensure the Trust is financially viable and makes the best use of resources for our patients	<input checked="" type="checkbox"/>	Develop and sustain our business	<input type="checkbox"/>	

Alignment to the Single Oversight Framework				
Leadership and Improvement Capability	<input type="checkbox"/>	Operational Performance	<input type="checkbox"/>	Quality of Care
Finance and use of resources	<input checked="" type="checkbox"/>	Strategic Change	<input type="checkbox"/>	Stakeholders

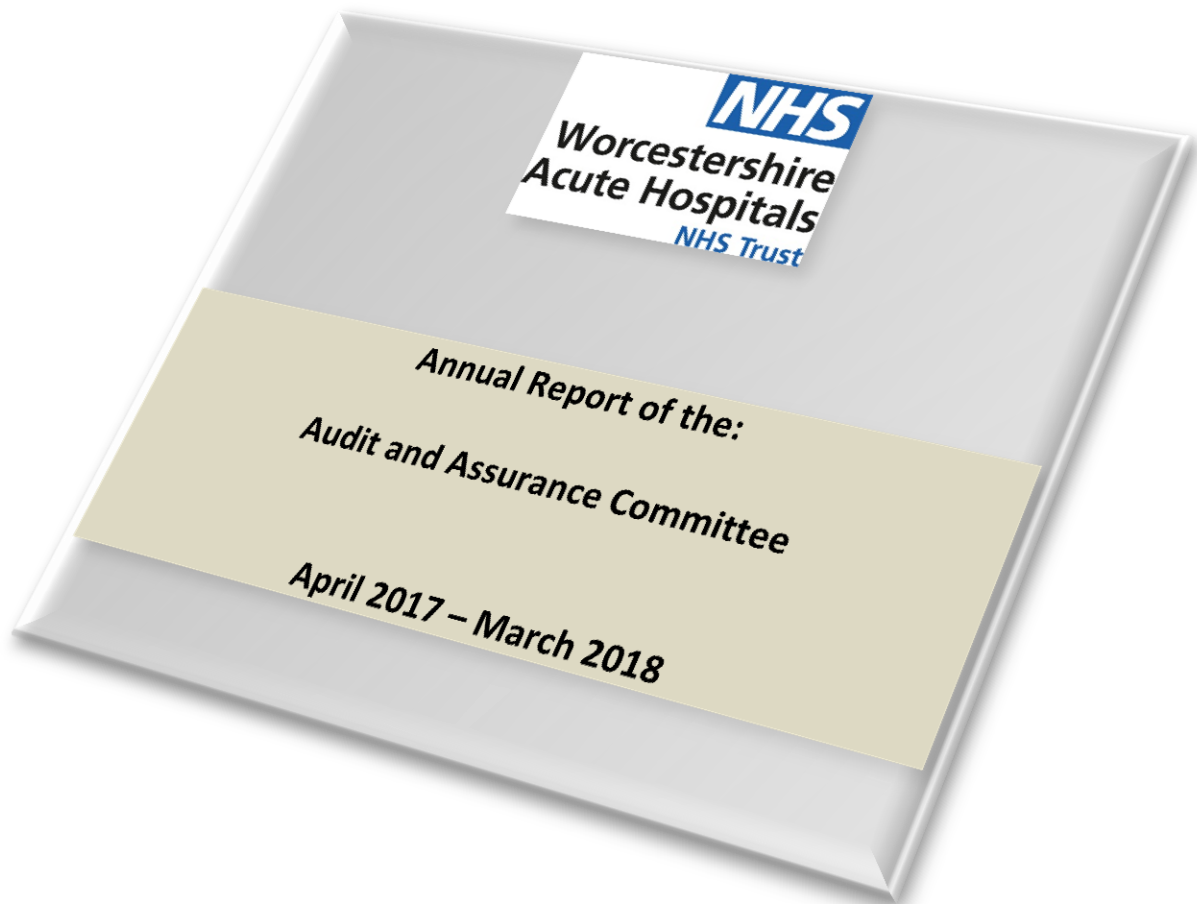
Report previously reviewed by		
Committee/Group	Date	Outcome
A&A Committee	May 2018	Approved with one change

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?		N	BAF number(s)		
Significant assurance <i>High level of confidence in delivery of existing mechanisms/objectives</i>	<input type="checkbox"/>	Moderate assurance <i>General confidence in delivery of existing mechanisms/objectives</i>	<input type="checkbox"/>	Limited assurance <i>Some confidence in delivery of existing mechanisms/objectives</i>	<input type="checkbox"/>
				No assurance <i>No confidence in delivery</i>	<input type="checkbox"/>

Recommendations	The Board is requested to approve the Audit and Assurance Committee Annual Report
------------------------	---

Date of meeting	7 June 2018
Paper number	Enc E

Executive Summary
It is best practice for the Audit and Assurance Committee to produce an Annual Report which is then presented to the Trust Board. Attached is the draft annual report. The Report will be amended to include the final Head of Internal Audit Opinion and the assurances for the final internal audit reports not yet completed.
Background
N/A
Issues and options
N/A
Recommendations
The Board is requested to approve the Audit and Assurance Committee Annual Report
Appendices
2017/18 A&A Committee Annual Report





Improve, Inspire, Innovate

Foreword

Throughout this report, you will see how the role of the Audit and Assurance Committee has contributed to the achievement of all the Trust's key strategic objectives, in particular, to *ensure the Trust is financially viable and makes the best use of resources*. This has been a particular challenge for us, given the current economic context, but the Audit and Assurance Committee has been clear and focused in ensuring that not only the financial control total is met, but that it is delivered without compromise to the quality of care delivered in our organisation, whilst increasing efficiency.

The evidence in this report provides assurance to support the statements made by the Chief Executive in the Annual Governance Statement 2017/18.

Steve Williams

Audit & Assurance Committee
Chairman

Mark Yates

Member at 31 March 2018

Phil Mayhew

Member at 31 March 2018

4ward behaviours

Do what we say we do: No delay, everyday:

We listen we learn we lead: Work together celebrate together



Audit and Assurance Committee Annual Report

For the year 1 April 2017 - 31 March 2018

1 Introduction

The Committee's chief function is to advise the Board on the adequacy and effectiveness of the Trust's systems of internal control and its arrangements for risk management, control and governance processes. The Committee also reviews the effective working of the other Board subcommittees.

In order to discharge this function, the Audit and Assurance Committee is recommended to prepare an annual report for the Board and Accounting Officer. This report includes information provided by Internal Audit and External Audit.

2 Audit and Assurance Committee's Opinion

Members of the Board should recognise that assurance given can never be absolute. The highest level of assurance that can be provided to the Board is a reasonable assurance that there are no major weaknesses in the Trust's risk management, control and governance processes are adequate and effective and may be relied upon by the Board.

3 Information Supporting Opinion

Summarised below is the key information/sources of assurance that the Committee has relied upon when formulating its opinion.

3.1 Internal Audit

At each of its meetings the Committee receives a report from Internal Audit, detailing its work since the last report.

At its meeting on 4 May 2018, the Committee received the draft Internal Audit Annual Report for the 2017/18 financial year, which incorporates a summary of all work undertaken throughout the financial year, and the draft Head of Internal Audit Opinion.

The Head of Internal Audit's overall opinion for 2017/18 is that only **limited** assurance can be given as weaknesses in the design and/or inconsistent application of controls put the achievement of the Trust's objectives at risk in a number of areas reviewed.

The opinion takes into account the range of individual opinions arising from risk based audit assignments that have been reported throughout the year. The internal audit plan was divided into two broad categories; work on the financial systems that underpin financial processing and reporting and then broader risk focused work driven essentially by principal risk areas that we had identified in the Assurance Framework.

The assurance levels provided for all reviews undertaken is summarized below:

Full Assurance

- IR35

4ward behaviours

Do what we say we do: No delay, everyday:

We listen we learn we lead: Work together celebrate together



Significant Assurance

- Medical Revalidation
- Budget Setting, Monitoring and Reporting*
- Financial Systems

Moderate assurance

- Patients' Property and Monies
- Mandatory Training
- Referral to Treatment (RTT)
- Serious Incidents*
- Financial sustainability & Outcomes*
- Risk Management
- Medicine storage

Limited assurance has been achieved in the following areas:

- Complaints
- Delayed Discharges and Stranded Patients

Assurance statements were not provided against the following reviews due to the scope and nature of work undertaken:

- Risk Assessment of Clinical Information Systems – advisory review where a number of high level issues were noted
- EDU Practices at the Royal Alexandra Hospital - advisory review where areas of non-compliance were noted

The Audit and Assurance Committee will continue to monitor the actions and has asked for more rigorous control to ensure that actions are completed within the specified timeframes. Internal Audit will be asked to continue to rigorously monitor progress over the next year.

With reference to the Assurance Framework, the Head of Internal Audit concluded that

It is my view that an Assurance Framework has been established which is designed and operating to meet the requirements of the 2017/18 Annual Governance Statement, and enables the Accountable Officer to assess the effectiveness of the overall system of internal control. The Assurance Framework highlights a number of significant risks to the achievement of the Trust's strategic objectives, and these are monitored regularly by the Trust Board.

3.2 External Audit

The Trust's external audit is provided by Grant Thornton, who have attended all Audit and Assurance Committee meetings during the year. In May 2018 they presented their Annual Audit Letter summarising the findings of their work carried out at the Trust for the year ended 31 March 2018. The audit was completed and the audit opinion issued before the deadline specified by the Department of Health.

Grant Thornton issued an unqualified opinion on the Trust's 2017/18 accounts, after reporting the detailed audit findings to the Audit and Assurance Committee. They were not satisfied that the Trust put in place proper arrangements to ensure economy, efficiency and effectiveness in its

4ward behaviours

Do what we say we do: No delay, everyday:

We listen we learn we lead: Work together celebrate together



use of resources because of weaknesses in the Trust's arrangement for setting and agreeing its budget, monitoring and managing delivery of its budget and responding to service delivery issues raised by regulators. They therefore issued an adverse value for money conclusion.

This situation also required Grant Thornton to refer the Trust's financial position to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014. The audit relating to the Quality Account has yet to be completed.

Progress and update reports have been presented to each Audit and Assurance Committee meeting during the year providing committee members with an overview of progress with the 2017/18 audit and highlighting issues in the wider Health environment. This includes briefings on Grant Thornton's national report on Health Sector issues.

Grant Thornton have also run a variety of workshops and seminars during the year which Trust representatives have attended.

3.3 Other Assurance Providers

3.3.1 Head of Anti Fraud

Regular reports were received from the Head of Anti Fraud and the Committee is satisfied that the Trust has complied with the NHS Counter Fraud Service guidance and Secretary of State Directives. There were no significant frauds detected during the year.

3.3.2 Management

The Committee has considered assurances provided by the Chief Executive, Director of Finance and other Directors in the Communication with the External Auditors. It has also considered the Annual Governance Statement (AGS) provided by the Chief Executive. The Committee has noted that there were four significant control issues listed in the AGS.

4. The Role and Operation of the Audit and Assurance Committee

4.1 Membership of the Committee

The Members of the Committee during the period of the report were as set out in the Trust Board section of the Annual Report where a full disclosure of interests is also set out.

The Company Secretary ensures that the Committee functions in accordance with its Terms of Reference. The Committee was supported administratively during the year by the Company Secretary.

4.2 Operation of the Committee

4.2.1 Meetings and attendance

The Committee is required to meet at least 4 times a year. Seven meetings took place during the period April 2017 to March 2018. The attendance register is as set out in the Trust Board section of the Annual Report.

The quorum for meetings of the Committee is 2 members and all meetings held were quorate.

4ward behaviours

Do what we say we do: No delay, everyday:

We listen we learn we lead: Work together celebrate together



4.2.2 Work Programme

The Committee is satisfied that it has covered all work planned as outlined in the work programme in appendix 1.

4.2.3 Key Business Considered by the Committee during the year

The Committee:

- a) Received assurance from the internal audit on the design and operation of the Board Assurance Framework and associated process to support the Trust's AGS.
- b) Reviewed the 2017/18 Annual Accounts and Annual Report, recommending to the Board that these be approved.
- c) Reviewed and approved instances where the Waiver to Tenders procedures has been applied ensuring satisfactory explanation as to why.
- d) Reviewed the Internal Audit work plan for 2017/18 and has emphasised to management, its requirement to be involved in the development of the areas to be included in the programme.
- e) Reviewed progress on implementation of actions agreed through audit recommendations.

5. Conclusions

Based on the information presented and discussed at the Audit and Assurance Committee meetings during the year we have concluded that:

5.1 Board Assurance Framework

The Assurance Framework has been reviewed by the Audit and Assurance Committee and full Board during the year. The Committee are satisfied that the process to update and manage the BAF is robust.

5.2 Governance Arrangements

The Audit and Assurance Committee has monitored the work of other Board Committees. Chairs of the committees accountable to the Board have attended the Committee to present their work and to discuss their effectiveness. We are satisfied with the operation of the Committees.

The Annual Governance Statement (AGS) was reviewed by the Committee during May 2018.

5.3 Self assessment

The Committee undertook a self-assessment of its working and has asked that senior managers attend the committee when requested. An item to reflect the way each committee meeting operates has been added to the each agenda.

6. Recommendation

Given the issues identified in Section 4 and our conclusions in Section 5 we recommend that the Board approves the Audit and Assurance Committee's Annual Report 2017/2018, recognising that it provides it with further assurance to support the Annual Governance Statement (AGS)

Steve Williams

Audit and Assurance Committee Chairman

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST**Audit and Assurance Committee – Work plan 2018**

Items	Jan	March	May	Late May	July	Sept	Nov
Internal Audit Annual Report			✓				
Internal Audit Work Plan		✓					
Internal Audit Reports	✓	✓	✓		✓	✓	✓
Internal Audit Progress Report	✓	✓	✓		✓	✓	✓
Annual Audit Letter and Action Plan			✓		✓		
External Audit Annual Plan and Agreement of Audit Fees		✓					
External Audit Reports – Drafts and Final Accounts		✓	✓	✓			
External Audit Progress Report	✓	✓	✓		✓	✓	✓
Audit Committee Annual Report			✓				
Trust Annual Report				✓			
Trust Annual Accounts			✓	✓			
Annual Governance Statement		✓	✓				✓
Letter of Representation				✓			
Anti Fraud Update Report	✓	✓	✓		✓	✓	✓
Anti Fraud Annual Report		✓	✓				
Anti Fraud Work Plan		✓					
Changes to the BAF	✓	✓	✓		✓	✓	✓
Audit Committee Terms of Reference - Review						✓	
Audit Committee self-assessment of its own effectiveness (comprehensive assessment Year 1 – interim reviews for years 2 & 3)	✓						

4ward behaviours

Do what we say we do: No delay, everyday:

We listen we learn we lead: Work together celebrate together

Workplan (v4.2 April 2018)

Items	Jan	March	May	Late May	July	Sept	Nov
Audit Committee Assessment of External Audit						✓	
Audit Committee Assessment of Internal Audit.			✓			✓	
Data Quality Audit (Rebecca Brown)		✓				✓	
Private Audit Committee meeting with External Auditors to consider the External Auditors' audit strategy.		✓				✓	
Private Audit Committee meeting Internal Auditors to review and approve Internal Audit Plan.		✓					
Review of SFIs/Standing Orders/Scheme of Delegation						✓	
Declarations of interest – annual report Gifts and Hospitality – annual report			✓		✓		
Review of Tender Waivers Charlotte Kings					✓		✓
Review of Debts Write off		✓					✓
Review of Losses & Compensation Payments					✓	✓	
Review of Clinical Negligence Claims			✓				
LSMS	✓					a/r	
Freedom to Speak up annual report and process review			✓				
People and Culture chair (only commenced Aug 2017)						✓	
QGC Chair		✓					
Finance & Performance Committee Chair							✓
Trust Management Group Chair			✓				

4ward behaviours

Do what we say we do: No delay, everyday:

We listen we learn we lead: Work together celebrate together

Date of meeting	7 June 2018
Paper number	F

Gifts and Hospitality Register

For approval:		For assurance:		To note:	x
---------------	--	----------------	--	----------	---

Accountable Director	Michelle McKay CEO		
Presented by	Kimara Sharpe Company Secretary	Author	Kimara Sharpe Company Secretary

Alignment to the Trust's strategic priorities				
Deliver safe, high quality, compassionate patient care		Design healthcare around the needs of our patients, with our partners		Invest and realise the full potential of our staff to provide compassionate and personalised care
Ensure the Trust is financially viable and makes the best use of resources for our patients		Develop and sustain our business		

Alignment to the Single Oversight Framework				
Leadership and Improvement Capability		Operational Performance		Quality of Care
Finance and use of resources		Strategic Change		Stakeholders

Report previously reviewed by		
Committee/Group	Date	Outcome
Audit and Assurance	May 2018	Approved

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?		N	BAF number(s)		
Significant assurance <i>High level of confidence in delivery of existing mechanisms/objectives</i>	<input type="checkbox"/>	Moderate assurance <i>General confidence in delivery of existing mechanisms/objectives</i>	<input type="checkbox"/>	Limited assurance <i>Some confidence in delivery of existing mechanisms/objectives</i>	<input type="checkbox"/>
				No assurance <i>No confidence in delivery</i>	<input type="checkbox"/>

Recommendations	The Board is requested to receive the attached Gifts and Hospitality Register, 2017/18.
------------------------	---

Date of meeting	7 June 2018
Paper number	F

Executive Summary
Attached is the Gifts and Hospitality Register for 2017/18. Members will note that there is a variety of items declared ranging from individuals kindly donating to the neonatal unit and Riverbank to organisations sponsoring the launch of the 4ward programme. Individuals have also declared sponsorship or gifts.
Background
The governance for the declaration for gifts and hospitality lies within the Policy for Standards of Business Conduct, revised in July 2017.
Issues and options
There remains a concern that not all gifts and hospitality is being declared, despite reminders placed through the Worcestershire Weekly publication. The Company Secretary has recently instigated a monthly return from departments (e.g. oncology) to mirror that being undertaken by Riverbank and the education centres.
Additionally there is concern that cash gifts are still being accepted, despite this being against Trust policy. This has been raised with the individuals directly and with the divisional management team. Cash gifts should be refused or the cash donated to the relevant Charitable Fund.
Recommendations
The Board is requested to receive the attached Gifts and Hospitality Register, 2017/18.
Appendices
Gifts and Hospitality register 2017/18

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

GIFTS AND HOSPITALITY REGISTER 2017-18

DATE	NAME OF COMPANY	NAME OF MEMBER OF STAFF/DIRECTORATE	GIFT/HOSPITALITY RECEIVED	APPROXIMATE VALUE	COMMENTS
Apr 2017	Stryker	K Mathur	Registration - Robotic-Arm Solutions in Joint Arthroplasty Meeting	Unknown	
July 2017	Stryker	N Aslam	EU Hip symposium, Amsterdam	£400	
29-6-17	Practicus	A Markall	Flowers for birthday	£40	
29-30 Sept 17	Bristol-Myers-Squibb	M Marimon	Anticoagulant course in Berlin	£800	Travel, accommodation and course fees
Sept 2017	L&R	L Coxwell	Leg ulcer conference	£300	Hotel and conference fee
28-9-17	Aspen Medical Europe	J Belcher	Study day (tissue viability)	£40	
6-10-17	Patient	T Lucas	Figurine	£20	
16-11-17	Wilmington Healthcare	L Miruszenko	Conference fee	£399+VAT	
13/9/17	HCL workforce solutions, 10 Old Bailey, London EC4M 7NG	Sponsorship for 4Ward Launch and engagement process		£1000	
22/9/17	NHSP, 3 kings court, Worcester Royal Hospital	Sponsorship for 4Ward Launch and engagement process		£1000	
8/9/17	Computacenter, Hatfield Avenue Hatfield, Hertfordshire, AL10 9TW	Sponsorship for 4Ward Launch and engagement process		£1000	
13/9/17	Worcs Hospitals SPC PLC	Sponsorship for 4Ward Launch and engagement process		£1000	
2/10/17	Chartered Management Institute CMI	Sponsorship for 4Ward Launch and engagement		£1000	

	House Cottingham Rd Corby Northants NN17 1TT	process			
15/9/17	Patient	Oncology	Cash gift	£30	Donated to staff coffee fund. Staff reminded that they must not accept cash gifts
6/10/17	Patient	Lung Specialist	Figurine	£20	
11/12/18	Patient	Oncology	Cash gift	£30	Donated to staff coffee fund. Staff reminded that they must not accept cash gifts
8/2/18	Mills and Reeve LLP 78-84 Colmore Row Birmingham B3 2AB	K Sharpe	Charity dinner	£75	
Dec 2017	Patients	Respiratory service	17 boxes of chocolates, 3 bottle of wine, 3 bags of bath bombs	In total, >£25	Shared between the staff
12/3/18	Tesco, Redditch	Garden Suite	Microwave	£100	To heat wheat bags
12/3/18	Tesco, Redditch	Garden Suite	Vouchers	£200	Patients being consulted on how to spend
Sept 17-Mar 18	Patients/relatives	Garden Suite	Cash	£499.20	Garden Suite League of Friends fund
Sept 17-Mar 18	Patients/relatives	Millbrook Suite	Cash	£13898.60	Charitable Funds

Arafa Education Centre, Alexandra Hospital, Redditch					
1.4.17	Flynn Pharma	Paediatric meeting		£40.00	
1.4.17	Boehringer	Paediatric meeting		£25.00	
3.4.17	BMS	Paediatric meeting		£175.00	
6.4.17	BMS	Paediatric meeting		£100.00	
12.4.17	Bayer	Paediatric meeting		£175.00	
20.4.17	UCB Pharma	Paediatric meeting		£35.00	
26.4.17	Ashfield Healthcare	Paediatric meeting		£175.00	
27.4.17	BMS	Paediatric meeting		£100.00	
28.4.17	Norgine	Paediatric meeting		£220.00	
28.4.17	Bayer	Paediatric meeting		£220.00	
10.5.17	MSD	Paediatric meeting		£175.00	
12.5.17	Sanofi	Paediatric meeting		£220.00	
12.5.17	Grunenthal	Paediatric meeting		£220.00	
4.5.17	MSD	Paediatric meeting		£65.00	
19.5.17	AstraZeneca	Paediatric meeting		£220.00	
18.5.17	Inter Pharma	Paediatric meeting		£75.00	
22.5.17	Coloplast	Paediatric meeting		£50.00	
22.5.17	Global Kinetics	Paediatric meeting		£25.00	
24.5.17	Ashfield Healthcare	Paediatric meeting		£175.00	
25.5.17	Vifor	Paediatric meeting		£55.00	
1.6.17	Sanofi	Paediatric meeting		£35.00	
8.6.17	A Menarini	Paediatric meeting		£35.00	
9.6.17	Inter Pharma	Paediatric meeting		£220.00	
9.6.17	Pfizer	Paediatric meeting		£255.00	
12.6.17	AstraZeneca	Paediatric meeting		£175.00	
14.6.17	Bayer	Paediatric meeting		£175.00	
15.6.17	Eli Lilly	Paediatric meeting		£75.00	
22.6.17	Pfizer	Paediatric meeting		£55.00	
28.6.17	Sanofi	Paediatric meeting		£75.90	
28.6.17	Novo Nordisk	Paediatric meeting		£75.90	
28.6.17	AstraZeneca	Paediatric meeting		£175.00	

29.6.17	Novo Nordisk	Paediatric meeting		£50.00	
30.6.17	Norgine	Paediatric meeting		£220.00	
6.7.17	Boehringer	Post grad ed meeting		£45.00	
7.7.17	MSD	Post grad ed meeting		£220.00	
7.7.17	Astra Zeneca	Post grad ed meeting		£220.00	
10.7.17	A Menarini	Post grad ed meeting		£175.00	
11.7.17	Ethypharm	Post grad ed meeting		£30.00	
13.7.17	Boehringer	Post grad ed meeting		£40.00	
17.7.17	BMS	Post grad ed meeting		£175.00	
20.7.17	Norgine	Post grad ed meeting		£40.00	
26.7.17	Thornton Ross	Post grad ed meeting		£55.00	
3.8.17	Grunenthal	Post grad ed meeting		£40.00	
10.8.17	UCB Pharma	Post grad ed meeting		£45.00	
11.8.17	Pfizer	Post grad ed meeting		£45.00	
17.8.17	Sanofi	Post grad ed meeting		£50.00	
24.8.17	Internis	Post grad ed meeting		£45.00	
31.8.17	Novo Nordisk	Post grad ed meeting		£50.00	
7.9.17	Astra Zeneca	Post grad ed meeting		£40.00	
14.9.17	Boehringer	Post grad ed meeting		£50.00	
15.9.17	Pfizer	Post grad ed meeting		£220.00	
15.9.17	Boehringer	Post grad ed meeting		£220.00	
21.9.17	Flynn Pharma	Post grad ed meeting		£30.00	
28.9.17	Profile Pharma	Post grad ed meeting		£50.00	
29.9.17	Kyowa Kirin	Post grad ed meeting		£220.00	
6.10.17	Interis Pharma	Post grad ed meeting		£220.00	
5.10.17	Bial	Post grad ed meeting		£40.00	
12.10.17	Bayer	Post grad ed meeting		£50.00	
13.10.17	Grunenthal	Post grad ed meeting		£220.00	
13.10.17	Mylan	Post grad ed meeting		£220.00	
18.10.17	MSD	Post grad ed meeting		£120.00	
18.10.17	AstraZeneca	Post grad ed meeting		£150.00	
19.10.17	Boehringer	Post grad ed meeting		£55.00	

20.10.17	Vifor	Post grad ed meeting		£220.00	
26.10.17	Pfizer	Post grad ed meeting		£60.00	
2.11.17	Norgine	Post grad ed meeting		£40.00	
3.11.17	A Menarini	Post grad ed meeting		£220.00	
9.11.17	Thornton Ross	Post grad ed meeting		£55.00	
13.11.17	Bristol Myers	Post grad ed meeting		£175.00	
14.11.17	Abbvie	Post grad ed meeting		£30.00	
16.11.17	Vifor	Post grad ed meeting		£60.00	
23.11.17	BMS	Post grad ed meeting		£100.00	
20.11.17	AstraZeneca	Post grad ed meeting		£175.00	
21.11.17	K Storz	Post grad ed meeting		£200.00	
27.11.17	Daiichi Sankyo	Post grad ed meeting		£175.00	
28.11.17	Astra Zeneca	Post grad ed meeting		£175.00	
30.11.17	Merck	Post grad ed meeting		£45.00	
11.12.17	Boehringer	Post grad ed meeting		£40.00	
14.12.17	A Menarini	Post grad ed meeting		£50.00	
4.1.18	Novo Nordisk	Post grad ed meeting		£60.00	
11.1.18	Boehringer	Post grad ed meeting		£55.00	
12.1.18	Daiichi Sankyo	Post grad ed meeting		£220.00	
10.1.18	Nutricia	Post grad ed meeting		£175.00	
18.1.18	Flynn Pharma	Post grad ed meeting		£45.00	
25.1.18	UCB Pharma	Post grad ed meeting		£45.00	
25.1.18	Chiesi	Post grad ed meeting		£175.00	
25.1.18	BMS	Post grad ed meeting		£100.00	
26.1.18	Norgine	Post grad ed meeting		£220.00	
1.2.18	Viofor	Post grad ed meeting		£65.00	
2.2.18	Internis	Post grad ed meeting		£220.00	
9.2.18	Daiichi Sankyo	Post grad ed meeting		£220.00	
15.2.18	Zambon	Post grad ed meeting		£40.00	
16.2.18	Pfizer	Post grad ed meeting		£220.00	
12.2.18	Daiichi Sankyo	Post grad ed meeting		£175.00	
14.2.18	Ashfield Healthcare	Post grad ed meeting		£175.00	

22.2.18	Internis	Post grad ed meeting		£40.00	
28.2.18	Scope Ophthalmics	Post grad ed meeting		£175.00	
1.3.18	Norgine	Post grad ed meeting		£55.00	
8.3.18	Boehringer	Post grad ed meeting		£70.00	
9.3.18	Wesleyan	Post grad ed meeting		£220.00	
13.3.18	Profile Pharma	Post grad ed meeting		£50.00	
22.3.18	Bristol Myers	Post grad ed meeting		£100.00	
Education Centre, Worcestershire Royal Hospital					
03.04.17-	Grunenthal & Allergan	Physician meeting		£4.50 perhead	
08.05.17	Janssen & Vifor	Physician meeting		£4.50 perhead	
15.05.17	BMS & Kyowa Kirin	Physician meeting		£4.50 perhead	
22.05.17	Bayer & Boehringer- Ingelheim	Physician meeting		£4.50 perhead	
05.06.17	UCB Pharma Ltd & Grunenthal	Physician meeting		£4.50 perhead	
12.06.17	NAPP	Physician meeting		£4.50 perhead	
19.06.17	Bayer & BMS	Physician meeting		£4.50 perhead	
26.06.17-	Internis & Amgen	Physician meeting		£4.50 perhead	
03.07.17	Grunenthal & BMS	Physician meeting		£6 per head	
10.07.17	AstraZeneca & Mylan	Physician meeting		£6 per head	
18.09.17	Pfizer & Alexion	Physician meeting		£6 per head	
25.09.17	A.Menarini & Boehringer- Ingelheim	Physician meeting		£6 per head	
14.07.17	MDU	Paediatric meeting		£5 per head	
21.07.17	Johnson Nutrition	Paediatric meeting		£5 per head	
08.09.17	Nutricia	Paediatric meeting		£5 per head	
22.09.17	AstraZeneca	Paediatric meeting		£5 per head	
02.10.17	Norgine & Boehringer Ingelheim	Physician meeting		£5 per head	
09.10.17	Grunenthal, GlucoRx & Fontus Health	Physician meeting		£5 per head	
16.10.17	Boehringer Ingelheim & Vifor	Physician meeting		£5 per head	
30.10.17	Daiichi Sankyo & Bayer Healthcare plc	Physician meeting		£5 per head	
06.11.17	AstraZeneca & Amgen	Physician meeting		£5 per head	
13.11.17	Mylan & Bayer Healthcare plc	Physician meeting		£5 per head	
20.11.17	Boehringer Ingelheim & Bristol Myers	Physician meeting		£5 per head	

	Squibb				
27.11.17	Grunenthal & Bristol Myers Squibb	Physician meeting		£5 per head	
04.12.17	Internis Pharma & Boehringer Ingelheim	Physician meeting		£5 per head	
11.12.17	Norgine & Alexion	Physician meeting		£5 per head	
06.10.17	Abbott	Paediatric meeting		£5 per head	
17.11.17	Abbott	Paediatric meeting		£5 per head	
01.12.17	Nutricia- Early Life Nutrition	Paediatric meeting		£5 per head	
08.12.17	Nutricia	Paediatric meeting		£5 per head	
15.12.17	Nestle Health Science	Paediatric meeting		£5 per head	
19.01.18	Rosemont	Paediatric meeting		£5 per head	
26.01.18	Mead Johnson Nutrition	Paediatric meeting		£5 per head	
02.02.18	Proveca	Paediatric meeting		£5 per head	
16.02.18	Nutricia Advanced Medical Nutrition	Paediatric meeting		£5 per head	
23.02.18	Nestle Health Science	Paediatric meeting		£5 per head	
09.03.18	Mylan	Paediatric meeting		£5 per head	
08.01.18	Boehringer Ingelheim Ltd	Physician meeting		£5 per head	
15.01.18	Norgine	Physician meeting		£5 per head	
22.01.18	Bayer	Physician meeting		£5 per head	
29.01.18	AstraZeneca	Physician meeting		£5 per head	
05.02.18	Chase De Vere & BMA	Physician meeting		£5 per head	
12.02.18	A.Menarini & Pfizer	Physician meeting		£5 per head	
19.02.18	Pfizer	Physician meeting		£5 per head	
05.03.18	Pfizer & Boehringer Ingelheim Ltd	Physician meeting		£5 per head	
12.03.18	Mylan	Physician meeting		£5 per head	
19.03.18	AstraZeneca & Ipsen	Physician meeting		£5 per head	
26.03.18	Bayer	Physician meeting		£5 per head	

Riverbank/Neonatal					
07/04/17	Tesco	Riverbank	30 Easter Eggs	£20	
11/04/17	Daisy Chain Charity/Freedom Leisure	Riverbank	7 Easter Eggs	£10	
11/04/17	Leah Co-operation	Riverbank	Eggs ?Amount		
12/04/17	Workforce	Riverbank	Eggs ?Amount		
13/04/17	Adam Edkins and Annie Andrews (Funeral Directors)	Riverbank	100 Eggs	£120	
14/04/17	Tesco	Riverbank	300+ Easter Eggs	£400	
15/04/17	Lennox Children's Cancer Trust	Riverbank	100 Eggs	£120	
15/04/17	Student Disability Officer, Worcester University	Riverbank	25 Eggs	£40	
16/04/17	The Eglesfield Girls	Riverbank	Easter Eggs ?Amount		
17/04/17	The Guides at Alvechurch and Bromsgrove	Riverbank	45 Eggs	£60	
17/04/17	Fit 4 Free	Riverbank	50 Eggs	£65	
16/05/17	League of Friends	Riverbank	Colouring books and pencils	£10	
19/06/2017	Patient/relative	Riverbank	2 x boxes of lego cards	£20	
24/07/17	Patient/relative	Riverbank	Handmade knitted cardigans	Value unknown	
31/07/17	Patient/relative	Riverbank	2x bags of toys, and a box of paints	£50	
24/08/2017	Patient/relative	Riverbank	2 x large bags of toys	Appox value unknown as second hand	
unknown	Patient/relative	Riverbank	Baby clothes and nappies	Value unknown	
4-9-17	Patient/relative	Riverbank	Toys	£150	
8/10/2017	Patient/relative	Riverbank	Books and jigsaws	£50	
20/11/17	Patient/relative	Riverbank	Dvds	£50	

22/11/17	Patient/relative	Riverbank	Books and toys	Value unknown	
2/12/17	Independent Fundraises of Worcester	Riverbank	50 Selection boxes	£50	
9/12/17	Patient/relative	Riverbank	Houses with Chocolate	Approximately £50	
/17	Patient/relative	Riverbank	Gifts for The Children and Parents, Paper and tags	£300	
17/12/17	James Rigby and Colleagues from Npower	Riverbank	Gifts, Toys and Games	£200	
18/12/17	Sandra and Claire Morrisons Droitwich	Riverbank	Gifts for Children	Approximately £100	
19/12/17	Patient/relative	Riverbank	Mixed Boxes of Gifts, Old and New Toys	£100	
21/12/17	Strawberry Fields Charity Crescent Evesham	Riverbank	6 Large boxes of Presents	£200	
21/12/17	Clintons	Riverbank	Teddies and Chocolates	£200	
21/12/17	First Personnel	Riverbank	Gifts for the patients	£250	
22/12/17	Hanbury First School School Road Droitwich	Riverbank	Selection of toys	£250	
22/12/17	Patient/relative	Riverbank	Shoes boxes	£50	
23/12/17	Patient/relative	Riverbank	Assortment of Toys	Value not stated	
23/12/17	Patient/relative	Riverbank	Assortment of Gifts	Value not stated	
24/12/17	Patient/relative	Riverbank	31 chocolate Santas	£40	
24/12/17	Patient/relative	Riverbank	Buckaroo and Hungry Hippo	£30	
24/12/17	Patient/relative	Riverbank	3x gifts	Value not stated	
26/12/17	Patient/relative	Riverbank	Chocolates	Value not stated	

26/12/17	Patient/relative	Riverbank	Assortment of toys	Second hand toys so value not known	
27/12/17	Patient/relative	Riverbank	Disney Toys	£1200	
29/12/17	Patient/relative	Riverbank	Toys	Value not stated	
Unknown	Mandy Griffiths Free radio 'Cash for Kids'	Riverbank	Bags of gifts for the children	£200	
Unknown	Patient/relative	Riverbank	4 Trains	£15	
16/1/18	Patient/relative	Riverbank	Large red car and carry along princess castle	Unknown	
3/2/18	Patient	Riverbank	Second hand cottage gate	Not known	
8/3/18	Relative	Riverbank	Second hand toys	£50	
29/3/18	Philip Tomlins Funeral Director	Riverbank	40xEaster Eggs	£50	
29/3/18	4 steps to a smile	Riverbank	Easter Chocolate bag for patients, parents and staff	£30	
29/3/18	Workforce recruitment, Redditch	Riverbank	Large box of Easter Eggs	£50	
29/3/18	Relatives	Riverbank	50 Easter eggs, soft toys and craft	£100	
29/3/18	Anytime Fitness, Droitwich	Riverbank	100xeggs	£120	
Date unknown	Patient/relative	Riverbank	Toys	£100	
Date unknown	Patient/relative	Riverbank	Toys	£30	

Kimara Sharpe
Company Secretary