Trust Board
There will be a meeting of the Trust Board on Thursday 12 September 2019 at 10:00 in Education Centre, Kidderminster Hospital and Treatment Centre, Kidderminster.

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	**Patient story**		
3	**Items of Any Other Business** *To declare any business to be taken under this agenda item.*		
4	**Declarations of Interest** To note any additional declarations of interest and to note that the declaration of interests is on the website.		
5	**Minutes of the previous meeting** *To approve the Minutes of the meeting held on **11 July 2019** as a true and accurate record of discussions.*	*For approval*	**Enc A**
6	**Action Log**	*For noting*	**Enc B**
7	**Chairman's Report**	*For approval*	**Enc C**
8	**Chief Executive's Report** Chief Executive	*For noting*	**Enc D**
9	**Integrated Performance Report**		**Enc E**
9.1	**Executive Summary** Chief Operating Officer/Deputy CEO	*For assurance*	
9.2.1	**Section 1 – Quality Performance Report** Chief Nurse/Deputy Chief Medical Officer		
9.2.2	**Quality Governance Committee Assurance report** Quality Governance Committee Chairman		
9.3.1	**Section 2 – Operational & Financial Performance Report** Chief Operating Officer/Assistant Chief Finance Officer		
9.3.2	**Finance and Performance Committee Assurance Report** Finance and Performance Committee Chairman	*To follow*	

9.4.1	**Section 3 – People and Culture Performance Report** Director of People and Culture		
9.4.2	**People and Culture Committee Assurance Report** People and Culture Committee Chairman		
10	**Governance**		
10.1	**Care Quality Commission - Report** Chief Nurse	*For assurance*	**Enc F1** *plus presentation*
10.2	**Stakeholder Report** Director of Communications and Engagement	*For assurance*	**Enc F2**
10.3	**Report on nursing and midwifery staffing levels** Chief Nurse	*For assurance*	**Enc F3**
10.4	**Annual Appraisal and revalidation report** Deputy Chief Medical Officer	*For approval*	**Enc F4**
10.5	**Trust Management Executive Report** Chief Operating Officer/Deputy CEO	*For assurance*	**Enc F5**
10.6	**European Union Exit Preparedness** Chief Operating Officer/Deputy CEO	*For assurance*	**Enc F6**
10.7	**Emergency Planning – Core Standards Self-Assessment** Chief Operating Officer/Deputy CEO	*For assurance*	**Enc F7**
11	**Assurance Reports**		
11.1	**Audit and Assurance Committee Report** Audit and Assurance Committee Chairman	*For assurance*	**Enc G1**
11.2	**Remuneration Committee Report** Chairman	*For assurance*	**Enc G2**
12	**Annual Reports**		
12.1	**Health and Safety** Chief Operating Officer/Deputy CEO	*For assurance*	**Enc H1**

Any Other Business *as previously notified*

Date of Next Meeting

The next public Trust Board meeting will be held on 10 October 2019 in the Education Centre, Kidderminster Hospital and Treatment Centre

The Annual General meeting will be held on 18 September, Charles Hastings Education Centre, Worcestershire Royal Hospital

Public Q&A session

Exclusion of the press and public

The Board is asked to resolve that - **pursuant to the Public Bodies (Admission to Meetings) Act 1960 'representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest'** (Section 1(2) Public Bodies (Admission to Meetings) Act 1960).

Worcestershire Acute Hospitals NHS Trust

MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON
THURSDAY 11 JULY 2019 AT 10:00 hours
Charles Hastings Education Centre, Worcestershire Royal Hospital, Worcester

Present:

Chairman:	Sir David Nicholson	
Board members: (voting)	Anita Day	Non-Executive Director
	Mike Hallissey	Chief Medical Officer
	Dame Julie Moore	Non-Executive Director
	Vicky Morris	Chief Nursing Officer
	Robert Toole	Interim Chief Finance Officer
	Stephen Williams	Non-Executive Director
Board members: (non-voting)	Richard Haynes	Director of Communications & Engagement
	Richard Oosterom	Associate Non-Executive Director
	Tina Ricketts	Director of People and Culture
	Sarah Smith	Director of Strategy and Planning
	Colin Horwath	Associate Non-Executive Director
In attendance:	Kimara Sharpe	Company Secretary
	Jackie Edwards	Deputy Chief Nursing Officer
	Robin Snead	Deputy Chief Operating Officer
Public Gallery:	Press	
	Public	8 (inc 3 staff members)
Apologies	Matthew Hopkins	Chief Executive
	Paul Brennan	Deputy Chief Executive/Chief Operating Officer
	Bill Tunnicliffe	Non-Executive Director
	Mark Yates	Non-Executive Director

40/19 **WELCOME**

Sir David welcomed Mr Hallissey to his first Trust board meeting. He also welcomed Mr Snead and Mrs Edwards. He explained that Mrs Morris was acting as the Chief Executive Officer for the meeting. He wished Mr Hopkins well after his recent operation.

41/19 **Patient story**

Sir David asked Mrs Edwards to introduce the patient story. Mrs Edwards explained that the patient story this month was about how to make reasonable adjustments for those patients who were most vulnerable. She introduced the Learning Disability Lead Nurse and the Head of Patient Engagement.

The Head of Patient Engagement explained that following a presentation related to a patient with a learning disability and Autism, she and the Learning Disability Lead Nurse recognised the focus required to understanding the patient and their particular needs.

The Learning Disability Lead Nurse then read out an email that he had received from a

patient's mother relating to the reasonable adjustments made for when the patient came into hospital recently. The adjustments made included:

- Changing the operation time to first not last on the list
- Open access to the consultant and anaesthetist to answer any queries
- Pre-admission tour to meet the team
- Access to the ward via a side door
- Use of a side room on the children's ward
- Extra tests were arranged whilst the patient was under anaesthetic
- Use of 'mufti' when examining the patient

Mrs Morris thanked the Lead Nurse for his work with the patient and family. It showed that many adjustments are simple but required coordination on behalf of the patient. Mrs Edwards also thanked the Lead Nurse and stated that the training course attended by the staff had been essential in recognising when reasonable adjustments could and should be made.

The Head of Patient Engagement stated that the Trust has introduced an A5 form which enables communication to take place between the family and staff who may visit patients when the family are not around. The staff member will write down that they have visited and ask whether any further advice or communication is required.

Mr Horwath was impressed that the staff were empowered to make the reasonable adjustments.

Sir David asked what happened when the Lead Nurse was not present. The Lead Nurse explained that he undertakes a lot of teaching. He has link champions on all service areas. He reiterated that some changes are very simple such as having a quiet area to wait.

Mrs Morris stated that there is an alert system in place to identify people who may need the extra support.

Sir David thanked the staff for their story. He was pleased that staff were empowered.

42/19 **ANY OTHER BUSINESS**

There were no items of any other business.

43/19 **DECLARATIONS OF INTERESTS**

There were no additional declarations of interest. Sir David noted that the Register was on the website.

44/19 **MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON 13 JUNE 2019**

RESOLVED that:-

- The Minutes of the public meeting held on 13 June 2019 be confirmed as a correct record with the addition of the Improvement Director and the Interim Director of Finance as present and add 'see below for more detail' at the end of the second bullet point under Workforce (para 38/19/1).

45/19 **MATTERS ARISING/ACTION SCHEDULE**

All actions were either completed or not yet due.

46/19 **CEO Report**

Mrs Morris focussed on the Quality Account and Clinical Negligence Scheme for Trusts (CNST). The Quality Account was published by 30 June as required. There was a

qualified audit in relation to venous thrombolytic embolism (VTE). This audit will be presented to the Audit and Assurance Committee on 16 July and to the Quality Governance Committee on 18 July. The position has improved since the previous year.

She then turned to CNST. There is a requirement to comply with the 10 standards. The two declared as partially compliant in 2018/19 are now compliant. NHS Resolution have clarified that for two of the criteria (previous concerns regarding reporting timescales) the previously stated timescales were for guidance only and as long as all actions completed prior to submission the organisation would be compliant. QGC will review the submission prior to uploading. On that basis CNO noted that we would be fully compliant with the 10 CNST standards.

RESOLVED that:-
The Board

- Noted the report
- In respect of CNST
    - Noted that the two safety actions have been reassessed and the Division is focussing on full compliance
    - Noted that there is no option for partial compliance for 2019/20
    - Approved the declaration that the 10 safety actions are compliant.

47/19 **Chairman's Report**

Sir David confirmed that he has been appointed as chair of the Sustainability and Transformation Partnership (STP) for Herefordshire and Worcestershire. There is a huge amount of activity and work being undertaken. He has identified four main areas of work; Integrated Care Systems (ICS); identification of three-four priorities for the system such as the focus on the cost improvement programmes, stroke services, neighbourhood teams and a focus on the local authorities; infrastructure issues and the future vision for services.

He was looking forward to working together and emphasised the role of the STP in allocating capital.

Ms Smith reminded members of the long term framework published in the previous week. The STP needs to align to the objectives set out. Sir David agreed.

Mr Williams asked whether the Trust was contributing to the delivery of the STP. Sir David stated that the Trust representation on the STP Board is the vice chairman and the Chief Executive. The Trust is actively involved in work such as the stroke service and work is also being undertaken with respect to Acute staff being part of community teams. There is also discussion about guaranteeing an apprenticeship to all children exiting from care services.

Mr Oosterom was concerned that capital does not feature as one of the Chair's priorities. Sir David confirmed that this was covered in the infrastructure discussions. Better use of the estate was crucial to the delivery of the plans. There was also work with the local authority to review different sources of capital.

48/19 **Board Assurance Framework (BAF)**

Mrs Sharpe explained that the updated BAF had been presented to each of the committees in the previous month. At the Trust Management Executive, a challenge was raised in respect of a proposal to reduce the risk rating of BAF risk 4 to 16 from 20. This issue has not been resolved so the risk rating remains at 20.

She highlighted to members the risk gap which was on the first page of the attachment.

She confirmed that the BAF would be considered at the Governance Working Group in August, with particular regard to the controls and assurances.

Mr Horwath added that the Working Group was also reviewing the links to the strategic objectives, risk and the work of the committees.

Mr Williams requested some criteria for moving risks from one score to another. Mrs Morris outlined the clinical involvement in risk scoring through the risk management group. She also highlighted the challenge made within the Trust Management Executive referenced to earlier. She stated that there needs to be evidence of movement, particularly in outcomes. Mr Horwath agreed and stated that this was an important issue to consider.

RESOLVED that
The Board

- **Approved the Board Assurance Framework**

49/19 **INTEGRATED PERFORMANCE REPORT (IPR)**

49/19/1 **Executive summary**

Mrs Morris drew the Board's attention to the following:

- The changes which will be in place for the next version of the Report, as outlined in the three slides at the end of the pack
- The significant financial challenges
- The targets within the operational delivery which are not being met
- The key improvement with the stroke targets – the Trust has moved to band C in the SSNAP data
- Progress with the recruitment of staff.

49/19/2 **Quality Performance/Quality Governance Committee Assurance Report**

Mrs Edwards was pleased with the real improvement in the number of hospital acquired pressure ulcers. There is considerable work being undertaken at ward level to ensure that these improvements are sustained.

Mr Hallissey stated that he was aware of the hotspots in relation to the achievement of the VTE standards and he was reviewing the processes in relation to this. The root cause is the paper based systems in place. This will be solved with the implementation of the Digital Strategy.

Mr Oosterom praised the performance in relation to patients who have had a fractured neck of femur. However he wondered whether there continued to be rehabilitation beds within the Health and Care Trust. Mrs Morris confirmed that there were 16 beds within Pershore Community Hospital which were for rehabilitation for these patients. She agreed that there was learning to be had in relation to other patient pathways.

Sir David agreed and stated that the STP were reviewing how community hospitals could better support the healthcare system. Mr Hallissey agreed that it was important to ensure that the community beds were utilised for rehabilitation.

RESOLVED that
The Board

- Received the report for assurance

49/19/3 **Financial & Operational Performance/Finance and Performance Committee Assurance Report**

Mr Toole confirmed that the Trust continues to deliver activity broadly in line with the plan. Activity is skewed towards non-elective. There is work ongoing across the system to reduce the non-elective activity.

Mr Toole stated that month 1 and month 2 show the cost improvement programme (CIP) is performing better than trajectory. The Trust is working to ensure that the outturn is no worse than the outturn for 2018/19.

Ms Day was pleased with the progress with the CIP. She was also pleased to see better productivity and good recruitment. However she was concerned that there was still no improvement with bank and agency spend. Mr Toole stated that there was still a requirement for bank and agency spend on surge areas. There was also an increased spend on specialling for the period. He confirmed that the Finance and Performance Committee is tracking the whole time equivalent worked and seeing the change month by month. He was hopeful that the international recruitment would improve the figures.

Ms Day asked whether there was any early indication with the establishment review due in the next month. Ms Ricketts explained that the review being undertaken was an acuity review to ensure that the ward staffing was safe. She stated that she would be working with Mr Hallissey on the medical staff establishment. She was setting up a task and finish group to scrutinise the reviews and to recommend the right sized workforce.

Sir David expressed his frustration with the lack of reduction in bank and agency spend. He challenged the executives to state that they were satisfied that this was under control. Ms Ricketts confirmed that by the end of August changes should be seen as the new systems and processes became embedded. There was now increased grip and control in place.

Mrs Morris explained that the international nurse recruitment was being managed as a project. The numbers of vacancies would eventually be halved by the numbers being recruited. There would be limited impact in 2019/20 but Mr Toole stated that the full year effect was within the plans.

Mr Williams praised the robust CIP process. However he was cautious as whilst £16.3m was within divisional budgets, less than one third of this was green rated. The current situation was £5m worse than in 2018/19. £2m is required each month to meet the deficit of £73m. He was pleased with the presentation by the Specialised Clinical Services Division (SCSD) at the Finance and Performance Committee where they demonstrated engagement with the challenges but making the hard operational changes was difficult. Mr Oosterom agreed with the point made and asked for a forecast for the remainder of the year.

Mr Williams then expressed disappointment that the business case/benefits realisation on the extra beds had not been presented to the last Committee meeting, despite being promised at the May meeting. He wondered whether the benefit of the extra beds at Aconbury was being reflected in operational and financial plans. Ms Smith reminded members of the discussion at the Committee in respect of the delay caused by asbestos.

Sir David then invited Mr Snead to highlight key points within the operational performance. Mr Snead stated that the performance in relation to breast cancer (symptomatic) two week wait had deteriorated. This was due to the reliance on waiting list initiatives to cope with the increase in demand of 10% year on year. The waiting list initiatives had ceased due to the national pension issues. A plan is in place with a trajectory of achieving 90% by the end of September.

Mr Snead then turned to patient flow. Patients are still waiting over 60 minutes in ambulances and patients are still being cared for on the corridor. Home First Worcestershire is being implemented with six work streams. There are some good signs, for example, one ward is achieving more than 30% discharges before midday. Overall the super stranded patient numbers have remained static but the number of bed days has reduced from 1200 to 600 as longer stay patients have been moved to the appropriate place of care.

Mr Snead recognised that more clinical engagement was required and is working with Mr Hallissey on this.

Mrs Morris asked about the results from the harm reviews of patients whose care has been delayed. Mr Snead assured members that harm reviews were undertaken and reported through the harm review group.

Dame Julie asked for clarification on some terminology used within the document. Mr Snead confirmed that 'special cause variation' was significant deviation from the standard. He also explained 'internal proxy measure'. Dame Julie also challenged Mr Snead that there will be zero patients waiting over 40 weeks by the end of September. Mr Snead assured members that all specialties, apart from gynaecology, were on trajectory to achieve this target.

Sir David made a general point about the failure of the Trust to meet externally submitted trajectories and the link with flow. He recognised that Home First Worcestershire had action plans in place but none of the measures were changing as yet. His observation was that people needed to change the way that they worked, in particular, the clinicians. Nurse led discharge was not in place.

Mr Williams observed that the plans to deal with the shortfalls are similar month by month. He wondered whether more radical plans were needed and he asked whether resourcing had been identified and explicit. Ms Day agreed. She stated that capacity issues should have been anticipated – issues with pensions had been known for some time.

Ms Ricketts recognised that the Trust remains transactional not transformational. Leadership development continues as does 4ward and work on the single improvement methodology continues. The organisational development plan has been refreshed to support the actions needed and she was working with Ms Day on the issues. Dame Julie acknowledged the importance of this work but stated that the transactional work was not being undertaken correctly. Mr Oosterom agreed.

Mr Oosterom confirmed that the Finance and Performance Committee reviews the corrective action plans. These will be further reviewed in detail at the next meeting.

Ms Smith stated that this is the third or fourth time that the Trust has implemented red to green. She wondered what was different this time and whether the Trust had learnt from the previous implementations.

Mrs Morris stated that the focus was on the Home First Worcestershire plan. ECIST (the emergency care intensive support team) was working with the Trust and have highlighted that the application of actions is not consistent across the trust which causes patient delays. The consistency required in applying the methodology has been agreed at the senior nurse meetings. Ms Smith welcomed this but wondered about sustainability of the consistency.

Mr Horwath asked whether it could be clearer who the Board was holding to account for the various actions. He expressed concern about the lack of clinical engagement to bring about positive change in certain areas. Mrs Morris agreed that the report needs to reflect accountability.

Sir David acknowledged that Home First Worcestershire is the key action plan. This affects all Trust working. The Annual Plan states that there will be no patients waiting in the corridor by the end of September. He was sceptical as to whether this would happen. He urged the executive to concentrate on this as a priority.

RESOLVED that:
The Board

- Received the report for assurance

49/19/4 **People and Culture Performance/People and Culture Committee Assurance Report**

Ms Ricketts invited questions on her report. Mr Horwath asked whether suspensions were regularly reported to the People and Culture Committee. Ms Ricketts confirmed that this had commenced. There is no external benchmarking. There are currently eight staff suspended. She will begin to report non-disclosure agreements as well.

ACTION: non-disclosure agreements to be report to the People and Culture Committee (Ms Ricketts).

Mr Williams asked about mandatory training within medical and dental staff and estates. Ms Ricketts confirmed that work was on-going with these staff groups through the performance review meetings. She also confirmed that estates and facilities have greater sickness than other areas. One reason for this is due to line management. Her department was actively supporting this area and bespoke training events were being delivered.

Mr Oosterom asked how estates was being held to account. Ms Ricketts explained that corporate performance report meetings were being set up and accountability for estates and facilities had been moved to the Chief Operating Officer. She described the process for non-compliance with mandatory training.

Sir David invited Ms Day to comment from the Committee's perspective. Ms Day welcomed the successful recruitment of overseas nurses. She asked about the support package in place for the staff. She also commended the consultant recruitment and job planning for consultants. She welcomed the improvement in mandatory training rates. She stated that the last People and Culture Committee highlighted excellent work being undertaken in respect of the LGBT+ community. Finally she stated that the Trust strategy is aligned to the interim national People Plan.

Mrs Edwards explained that a steering group is in place to oversee the international recruitment with dedicated support. Staff on that Group have had personal experience of moving to Worcestershire from abroad. Support was in place. She was also working with the local authorities in respect of the community.

RESOLVED that:
The Board:

- Received the Committee report for assurance

50/19 **GOVERNANCE**

50/19/1 **Learning from Deaths**

Mr Hallissey reported that the overall trend is downwards. He was keen to understand some of the issues which included challenges with coding and clinical documentation. He drew members' attention to the graphs on pages 8 and 9 of the report. There was a further focus on pneumonia as a cause of death.

He also reported that there was an external review currently being undertaken.

He was clear that a priority for him was to appoint medical examiners and would be inviting medical examiners from other organisations to share their experiences of the rewarding work.

Ms Day asked about the inter-relations with other factors. She wondered whether the Trust was able to learn lessons from other trusts in respect of learning from audits. Mr Hallissey explained how the cause of death is recorded on the death certificate. Other factors are also recorded. The other causes have not been reviewed. The most important aspect is a real time review of the cause of death. Interaction with the family can then take place to discuss the pathway to death. He was frustrated that a number of the deaths were not avoidable and his initial view was that more needed to be undertaken within the community to ensure that death took place in the appropriate place.

Sir David agreed with the analysis. He stated that it was imperative to have a timely review of all the factors.

Mr Oosterom was pleased to see the learning. He wondered how the Trust ensured that this was embedded. Mr Hallissey explained that all cases where deficit of care was identified, a serious incident review was undertaken and the learning took place through the SI group.

Ms Day asked why three divisions had not submitted reports. Mr Hallissey was unable to answer the specific question, but assured members that this would not happen again.

RESOLVED that:
The Board:

- Noted the year on year reduction in the number of deaths and crude mortality rates.
- Noted the HSMR and SHMI trends and support the detailed work to understand those trends

50/19/2 **Report on Nursing and Midwifery Staffing Levels – March and April 2019**

Mrs Edwards reported that staffing levels for March and April were safe across the Trust. Mitigations had been put in place where necessary. She was working with the University and students in recruitment drives. The simulation laboratory was proving very popular with local schools.

Mrs Morris confirmed that there had been an extensive discussion at People and Culture Committee in respect of the paper. She stated that there were a significant number of nurses who were able to retire and return and the Senior Nursing team and workforce team were working to ensure that there was support in place for flexible working for those staff.

RESOLVED that:
The Board noted

- Staffing levels were safe in March and April 2019 following mitigating actions
- Work continues to reduce the qualified nursing and healthcare assistant vacancies across the Trust. Current vacancy factor is 278 WTE
- The recruitment of 50 overseas nurses has been successful, the Executive team have endorsed the further recruitment of additional nursing numbers

50/19/3 **7 Day Services – Board Assurance Framework - June 2019**

Mr Snead confirmed that all acute trusts has to submit the Board Assurance Framework associated with 7 day services. The Framework shows that the Trust achieved standard 5 and 5 out of six requirements in standard 6 – the business case for interventional radiology is going through the governance process currently. With respect to standards 2 and 8, actions are now in place and incorporated within Home First Worcestershire to provide the governance framework to support their implementation. Actions now needed to take place at pace and a bi-annual audit put into place.

Sir David expressed his concern that the paper had been already submitted but the Board was being asked to approve it. He welcomed the incorporation of the actions into Home First Worcestershire.

Mr Horwath asked how the performance is tracked. Mr Snead confirmed that there would be monthly audits to ensure that progress was being made against standards 2 and 8. He was challenged by Dame Julie on the feasibility of this, and he confirmed that this was able to be undertaken. He also confirmed that the results would form part of the performance dashboard.

ACTION: Audits against standards 2 and 8 to form part of the performance dashboard

RESOLVED that:-

The Board

- Approved the 7 Day Services Board Assurance Framework, noting that it was submitted to NHS E/I by 28 June 2019, to support compliance with the nationally agreed deadline.

50/19/4 **Trust Management Executive Report**

Mrs Morris drew members' attention to the report which showed the clear line of sight from ward to board. She stated that the revised Quality Impact Assessment process now includes the equality impact assessment and escalation process, she referred to system wide quality impact analyses requirements and has a planned meeting to agree the process.

Sir David asked about the progress with Aston Medical School and the implication for the proposed medical school in Worcester. Mr Hallissey stated that Worcester currently has level 3 GMC approval. Following financial approval it will then need level 4 approval. There will be a small cohort from Aston University. In the longer term, the Trust will probably be exclusively for Worcester, given the numbers of possible students.

Resolved that:

The Board:

- Received the report for assurance

50/19/5 **CQC Feedback – Well-Led Review**

Mrs Morris presented the letter received following the recent well led inspection. The

contents will feed into the final report. The draft report is due at the end of July with the final report being published in early September.

Resolved that:
The Board:

- Received the letter for assurance
- Noted that the final CQC report will be based on the content contained within the letter.

51/18 **ASSURANCE REPORTS FROM COMMITTEES**

51/19/1 **Audit and Assurance Committee Report**

Mr Williams stated that the Committee signed off the Audit Plan for 2019/20 which is focussed on the key risks, driven by the Board Assurance Framework.

RESOLVED that:
The Board

- Noted the report for assurance.

51/19/2 **Remuneration Committee**

RESOLVED that:
The Board

- Noted the report

51/19/3 **Charitable Funds Committee**

Mrs Sharpe reminded members that they should review this paper as Corporate Trustees for the Charitable Funds.

Ms Day reported that the fund managers had attended and a group was meeting to discuss the future relationship with them. The post of Fundraising Manager has been advertised.

RESOLVED that:
The Board as Corporate Trustee

- Noted the report

52/18 **ANNUAL REPORTS**

51/19/1 **Infection, Prevention and Control**

Mrs Morris stated that the Annual Report outlines activity and outcomes of 2018/19 and details the improvement plan for 2019/20. The Quality Governance Committee has focussed on the compliance with the hygiene code. The Deputy Director of Infection Control (DIPC) continues to work closely with the medicines management group to ensure good use of anti-microbials. There is an NHS Improvement inspection on 24 July.

She stated that she was giving a split level of assurance – limited for 2018/19 but moderate for the plans going forward. There had been significant improvements in the engagement with divisions.

Sir David commented that the discussions about infection control concerns had been very frequent until about six months ago. He wondered what had changed. Mrs Morris confirmed that the leadership and expertise of the Deputy DIPC (Infection prevention and Control) had changed further to the external review which the DIPC had commissioned last year. The advice and engagement through the Deputy DIPC with the

Divisions was ensuring improved outcomes. There is far more engagement with front line staff and support to the IPC team and she gave an example of the work that the Deputy DIPC undertook on the wards.

RESOLVED that:
The Board

- Noted the statutory responsibility for compliance with the Hygiene Code, and the statement of compliance via the annual report.
- Received and endorse the Infection Prevention & Control Annual Report 2018-19, and the Improvement Plan for 2019-20.
- Noted the recommended levels of assurance.

51/19/2 **Safeguarding**

Mrs Morris welcomed the significant improvements in this area with the appointment of the Head of Safeguarding. She confirmed that the Trust was fulfilling its statutory role and legal responsibility. The report details the progress against the CQC recommendations.

Mrs Morris assured Mr Oosterom that the Trust is compliant with its statutory responsibilities despite not yet achieving the mandatory training levels required. The priority for achieving the safeguarding training compliance to ensure all staff can demonstrate the awareness they need in order to safeguard adults and Children is a top priority.

RESOLVED that:
The Board noted:

- Noted that the Trust is fulfilling its legal and statutory obligations in relation to the safeguarding of vulnerable adults, children & young people whom access services from the Trust.
- Endorsed the Safeguarding Annual Report 2018/19 and forward plan for 2019/20.

52/19 **Any other business**

Mr Haynes drew members' attention to the article in the Guardian of the 11 July. The journalist Adrian Chiles writes a moving account of his recent experience at the Alexandra Hospital with his father.

DATE OF NEXT MEETING

The next Public Trust Board meeting will be held on Thursday 12 September 2019 at 10:00 in the Education Centre, Kidderminster Hospital and Treatment Centre.

The meeting closed at 12:34 hours.

Signed _____ Date _____

Sir David Nicholson, Chairman

PUBLIC QUESTION AND ANSWER
Sir David explained that the Trust had been notified of a question from Mr Trigger. He invited Mr Trigger to speak.

Mr Trigger stated that he was not happy with the response that he had received. He felt that more could be undertaken. He felt that as septicaemia had been identified as the second most common cause of death, the Trust should be more focussed on the treatment. Mr Hallissey stated that one death too many is too many. Crucial was the delivery of antibiotics in a timely manner. The application of sepsis 6 on the wards could be improved and he was ensuring the availability of trainers in order to improve this.

Mr Hallissey has committed to meet with Mr Trigger outside the meeting.

Exclusion of the press and public

The Board is asked to resolve that - **pursuant to the Public Bodies (Admission to Meetings) Act 1960 'representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest'** (Section 1(2) Public Bodies (Admission to Meetings) Act 1960).

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

PUBLIC TRUST BOARD ACTION SCHEDULE – SEPTEMBER 2019

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
17-7-19	Board development – clinical services strategy		• Agenda item for STP Board in September • Consider external review of individual directorate strategies • Establish links with other Trusts nationally (to learn)	SS	Sept 2019		Update session 16-17 September.	
11-7-19	P&C performance report	49/19/4	Non-disclosure agreements to be report to the People and Culture Committee	TR	Aug 2019		Completed. Action closed.	
11-7-19	7 day services	50/19/3	Audits against standards 2 and 8 to form part of the performance dashboard	PB	Sept 2019		Report to Trust Management Executive (Aug 2019) detailing the audits to be undertaken. Action closed.	
13-6-19	Patient story	34/19	Follow up from the Deaf Direct patient stories • Culture relating to deaf people • Provision of an iPad	TR VM/ RT	Sept 2019		Being taken forward via the E&D Group, monitored by the P&C Committee. Action closed.	

Meeting	Trust board
Date of meeting	12 September 2019
Paper number	C

Chairman's Report

For approval:		For discussion:		For assurance:		To note:	x

Accountable Director	Sir David Nicholson Chairman		
Presented by	Sir David Nicholson Chairman	**Author /s**	Kimara Sharpe Company Secretary

Alignment to the Trust's strategic objectives							
Best services for local people		Best experience of care and outcomes for our patients		Best use of resources	x	Best people	

Report previously reviewed by		
Committee/Group	Date	Outcome

Recommendations	Trust Board are requested to note the two chairman's actions undertaken since the last Trust board meeting in July.

Executive summary	I have undertaken 2 Chairman's Actions (as per section 24.2 of the Trust Standing Orders): • Approval of the interventional radiology business case • Mandatory training target reduced from 95% to 90% with a review prior to 31 March 2020.

NHS
Worcestershire
Acute Hospitals
NHS Trust

Meeting	Trust Board
Date of meeting	12 September 2019
Paper number	D

Chief Executive's Report

For approval:		For discussion:		For assurance:		To note:	X

Accountable Director	Matthew Hopkins CEO		
Presented by	Matthew Hopkins CEO	**Author /s**	Kimara Sharpe Company Secretary

Alignment to the Trust's strategic objectives							
Best services for local people		Best experience of care and outcomes for our patients		Best use of resources		Best people	

Report previously reviewed by		
Committee/Group	Date	Outcome

Recommendations	The Trust Board is requested to • Note this report • Note the register of seals annual report

Executive summary	This report is to brief the board on various local and national issues.

Risk								
Key Risks	N/A							
Assurance	N/A							
Assurance level	**Significant**		**Moderate**		**Limited**		**None**	
Financial Risk	N/A							

Meeting	Trust Board
Date of meeting	12 September 2019
Paper number	D

Introduction/Background

This report gives members an update on various local, regional and national issues.

Issues and options

Appointment of Chief Financial Officer: I am delighted to report that we have appointed Robert Toole as our new Chief Finance Officer (CFO). Robert has been our interim CFO since March, working closely with clinical and corporate teams across the Trust, leading on the vital work to address our long-running financial challenges and helping to ensure that colleagues are supported in their efforts to reduce waste and deliver improved efficiency, alongside quality and safety improvements through sound budget management. He has now been appointed to the post on a substantive basis following a competitive recruitment process.

CQC – published report: The Trust is expecting the publication of the CQC Inspection Report this week following the announced and unannounced inspections in May and June 2019. I should like to thank all staff members for their support and enthusiasm during the visit which provided the opportunity to demonstrate the improvements made by our teams across the Trust as well as highlighting areas for further development and improvement.

MADE: A full Multi Agency Discharge Event (MADE) will take place at Worcester Royal Hospital on the 16th, 17th and 18th September 2019. This is being led by the Acute Trust Executive team and has significant senior support from system wide partners and the Emergency Care Intensive Support Team (ECIST) team.

A further MADE event is being scheduled to focus on the Alexandra Hospital Site on 15th, 16th and 17th October 2019. This will follow the same format as the Worcester Royal Event.

Each site will then continue a full MADE event on a bi-monthly cycle for the following six months to ensure that all benefits are maximised. The events have got clearly defined outcomes for the Acute Trust; Social Care; Clinical Commissioning Group (CCG); West Midlands Ambulance Service (WMAS); and the Health and Care Trust which are focused on reducing length of stay, utilising ambulatory pathways and ensuring our assessment units operate as an assessment facilities rather than inpatient wards. This follows our success in preventing Endoscopy Recovery, Theatre Recovery and AEC being used as inpatient surge areas.

Register of Seals – annual report: In accordance with the Trust's standing orders, the Board is required to receive an annual report on the use of the seal. Since 1 September 2018, the Seal has been used six times. These are detailed below:

- 28 March 2019, Malvern View supplementary lease
- 26 April 2019, PFI variation CV1 41 & CV1 42 *used twice*
- 26 April 2019, PFI Benchmarking concession and hard services variation
- 26 April 2019, PFI supplementary agreement to the concession agreement
- 26 April 2019 PFI confirmed variation instruction no 39

Interim Director of Public Health: Dr Kath Cobain has been appointed as the Worcestershire Interim Director of Public Health, replacing Dr Frances Howie who left on 31 July 2019.

Meeting	Trust Board
Date of meeting	12 September 2019
Paper number	D

NHS Providers – Chair: Sir Ron Kerr will take over the Chair of NHS Providers on 1 January 2020 when the current chair's term of office runs out. Sir Ron has had a long and distinguished career in the NHS including most recently as Chief Executive of Guys and St Thomas' Hospital and as independent chair of an STP.

Deputy Chief People Officer: Professor Em Wilkinson-Brice has been appointed as Deputy Chief People Officer for NHS I/E. This post will play a lead role in supporting delivery of the NHS Long Term Plan.

Junior Health Ministers: Nadine Dorries and Jo Churchill have been appointed as junior health ministers, replacing Jackie Doyle Price and Seema Kennedy.

Recommendations

The Trust Board is requested to

- Note this report
- Note the register of seals annual report

Appendices - none

NHS
Worcestershire
Acute Hospitals
NHS Trust

Meeting	Trust Board
Date of meeting	12 Sept 2019
Paper number	E

Trust Board - Integrated Performance Report – Month 4 2019/20

For approval:		For discussion:		For assurance:	✓	To note:	

Accountable Director	Matthew Hopkins Chief Executive		
Presented by	Paul Brennan Chief Operating Officer / Deputy Chief Executive	**Author**	Nicola O'Brien – Head of Information and Performance

Alignment to the Trust's strategic objectives							
Best services for local people	✓	Best experience of care and outcomes for our patients	✓	Best use of resources	✓	Best people	✓

Report previously reviewed by		
Trust Management Executive	15 August 2019	
Quality Governance Committee	22 August 2019	Limited Assurance
Finance and Performance Committee	5 September 2019	(meeting scheduled post Board paper deadline)

Recommendations	The Board is asked to: 1) Review the progress updates provided for the Annual Plan priorities. 2) Review the key messages from the Integrated Performance Reports provided in Month 4 2019-20 which are not already included under the annual priorities. 3) Note areas of improved and sustained performance. 4) Seek assurance as to whether the risks of under-performance in each area have been suitably mitigated, with robust plans for stabilisation and recovery.

Executive summary	This paper provides the Committee with an update on the Trust's annual plan priorities and the key messages from the governance committees in relation to operational, quality of care, finance and workforce performance. The key points to draw the Board's attention to are: - A grade 4 pressure ulcer has been confirmed and recorded in April following an investigation. - We are on the trajectory for MSSA and better than trajectory for C.Diff, but are current not achieving the trajectory for E-coli. - We did not meet the externally submitted monthly trajectories for Referral to Treatment within 18 weeks, zero 52 week waiters, Cancer 2WW (including Breast symptomatic), 62 day Cancer and 60 min ambulance handover.

	- The Trust did meet the externally submitted monthly trajectory for 31 day Cancer and Diagnostics within 6 weeks. - Breast symptomatic continues to show 'special cause' variation though performance has improved against previous month as is expected to have recovered by December 2019. - As a result the internal savings/CIP target remains at £22.5m of which opportunities to the value of c. £20m have been identified to date with £16.2m removed from budgets. - For July 2019 - month 4 of 2019/20 is a deficit of £(5.8)m against a submitted plan deficit of £(7.1)m, resulting in a £1.2m favourable variance to the £(82.8)m deficit plan. - Sickness absence remains higher than last year even allowing for seasonal variation. - Our establishment has increased as a result of the investment in Evergreen, Frailty and Home First programmes. A line by line establishment review has been completed which has identified areas for right sizing and these are being taken forward by the Trust Management Executive. - Staff retention remains a key focus.

Risk	
Key Risks	Board Assurance Framework –1,2,3,4,5,6,7,8,10,11,12 **Corporate Risks with a score of 20 or above:** ***4184 – Ophthalmology:** risk of patient harm due to lack of capacity in medical retina service. ***4183 – Equipment:** risk to safe service following site-wide Medical Device audit. ***4118 – Ophthalmology:** Heidelberg OCT instability. ***4099 – Finance:** Delivery of the in-year stretch target 19/20. **3482 – Operations**: overcrowding in the Emergency Department **3361 – ED Corridor:** Standards of care for patients will be compromised in the corridors of ED **3956 – Endoscopy:** There is a risk of delay in diagnosis and treatment for surveillance endoscopy patients due to lack of appointment capacity. **4075 – Clinical Practice:** Harm from avoidable infection as a result of poor clinical practices - Score 20 **3792 – Achievement of the financial plan** **3603 – Information/IT:** risk of loss or compromise due to inadequate cyber security precautions. **3631 – Increased spend for NHSP tier 1 and 2** The next highest severity accorded to a workforce risk is currently 16; **3939 – Failure to recruit, retain and develop staff.** *Please note: There are further risks that will have a negative impact on performance, but only those with a rating of over 20 have been included above.* ** risks registered since date of last meeting.*

Assurance	The source of assurance for the data included in this paper is undertaken across several meetings including the Trust Board sub-Committees, performance management group, clinical governance group, divisional management reviews and directorate validation at patient level. Further data assurance has been completed by the Information Team based on the data provided from the operational and clinical teams.							
Assurance level	**Significant**		**Moderate**		**Limited**	✓	**None**	
Financial Risk	There is a financial risk that we will not complete the activity required under our contract due to dependencies on funding which is limited. There is a risk that the limitations in capital funding will impact on our ability to provide safe and effective services for our patients.							

Worcestershire Acute Hospitals NHS Trust

Meeting	Trust Board
Date of meeting	12 Sept 2019
Paper number	E

Introduction/Background

This Integrated Performance Report (IPR) provides the Board Members with an update on the Trust's quality of care, financial performance, operational performance and workforce against the priority metrics which form part of NHSI's Single Oversight Framework (SOF) and the Trust's own internal reporting priorities.

Included are the key messages from each area, detailing actions agreed to improve performance, along with summary grids of performance and assurance reports from the Finance and Performance Committee (FPC), People and Culture Committee (PCC) and the Quality Governance Committee (QGC).

The NHS Constitutional standards are the Emergency Access Standard and Access to Elective treatment within 18 weeks. We are required to externally submit trajectories to NHSE/I that provide the monthly performance during 19/20. We have advised that we are not expecting to meet the constitutional standards by the end of 19/20, but we will be working towards reducing the gap from March 2019 performance towards the standard.

Issues and options

Strategic Objective: Best services for local people

1.Core objective: We committed to delivering an overarching Trust Strategy with a Clinical Services Strategy and a Digital Strategy by October 2019.

Below are the improvement priorities that underpin delivery of the core objective and progress updates against our success measures.

More effective alignment of our capacity with our current and future demand for our services.

(Executive lead: Sarah Smith)

- The work plan for service re-design will be dependant on the clinical strategy and will be delivered in Q3 2019/20. The clinical strategy will be in draft by September and is due to be signed off by Board in October. This is on track.
- The Annual plan planning process has commenced in September and we now have the planning assumptions which are aligned to the STP/LPT process. This is due for completion by December 2019.

1.2 Re-engineer the site management aligned with Health and Safety and flow processes across the sites to align operational capacity against monthly activity plan.
(Executive lead: Paul Brennan)

- We have committed to the delivery of our activity plan each month. Elective and non-elective delivery monitored on a weekly basis by the Executive Team.

1.3 Improve medical staff engagement and leadership alignment with our strategic objectives, annual goals and improvement priorities. (Executive lead: Paul Brennan)
(Executive lead: Mike Hallissey)

- Increased participation levels in the 4ward process – Meetings are in plan to meet with the consultant body to re-inforce the process.
- A revision to the clinical management arrangements should facilitate the recruitment of suitable clinical leaders.
- We will have >90% of medical staff job plans signed off by Q3 2019/20. Job planning has improved significantly and was above the target for the latest reported data (June – 91%) and the target has been met for sessional planning. During the next year will see a focus on objective setting within the job plan.

1.4 Improve the training experience for junior doctors in line with their feedback. Executive lead: Mike Hallissey.

- A formal review of workforce requirements has been initiated to establish the support required to deliver safe care and adequate support to the trainees. The support to the acute assessment areas will be subject to a separate review.

==========

Strategic Objective: Best experience of care and best outcomes for our patients

2. Core objective: We committed to implementing Year 2 of the Quality Improvement Strategy to improve quality and safety of patient care.

Below are the improvement priorities that underpin delivery of the core objective and progress updates against our success measures.

2.1 Embed our infection prevention and control (IPC) recovery plan.
(Executive lead: Vicky Morris)

- We are on the trajectory for MSSA with 5 cases (April to July) and better than trajectory for C.Diff cases having had 9 cases of hospital onset against a trajectory of 15. However we have concerns about sustainability due to observed variation from expected standards.
- We are 91.38% compliant with the completion of hand hygiene audits, which then show 97.92% compliance to the expected standards, so we are above the 95% target (July 2019). We have reviewed our systems and processes to ensure the delivery of required actions that will ensure reduction in infection is achieved, including revision of Divisional plans. Strengthened scrutiny and holding to account via newly-established TIPCC Scrutiny and Learning meetings is in place.

2.2 Embed our risk management policy and procedures within the clinical divisions.
(Lead Executive: Vicky Morris)

- We committed to reducing the number of red rated risks, however the number of open extreme risks have remained about the same from April 2019 to Sept 2019 ranging between 61 and 67. All extreme risks are reviewed and discussed at Risk Management Group with appropriate challenge around scoring, mitigation and actions in place. This follows a period of review of all risks with some being downgraded due to the completion of the mitigating actions, but others have been re-

assessed as Extreme.
- In order to achieve improved alignment between the corporate risk register and the operational plan we are developing a revised risk management strategy which will be due for approval in September.

2.3 Reduce medicines management incidents leading to patient harm
(Executive lead: Mike Hallissey)
- We committed to reducing the number of medication incidents to <4.88 per 1,000 bed days, we are currently not achieving the target of 5.24 per 1,000 bed days. This is a result of a targeted approach with staff to consistently report all incidents. The volume of incidents causing harm is 16.42% which is above the target of 14.1%. Previous months have all been below the 14.1% target, so this is not yet a trend raising statistical cause for concern.

2.4 Strengthen our compliance with health and safety practices and regulations
(Executive lead: Paul Brennan)
- Discussions continue in regard to the implementation of new PFI management structure including preparation of job descriptions, person specifications and benchmarking.
- Director of Estates and Facilities role being advertised with interviews planned for early October 2019.
- Estates strategy remains under review pending clinical strategy being finalised and approved in October 2019.
- Estates and Facilities policies and procedures under review and being assessed for adequacy.

2.5 Improve our learning from deaths processes
(Executive lead: Mike Hallissey)

- The 12 months rolling crude mortality reduction appears to be plateauing and the HSMR value for the 12 months to March 2019 is 111.8 making the Trust a statistical outlier. This is contributed to by a number of broad areas (e.g. respiratory infection, use of symptom codes for primary condition treated) but no clear single issue. The SHMI value for the 12 months to February 2019 is 114.3 making the Trust a statistical outlier. The value has plateaued over the last 4 months. The number of expected deaths is falling faster than the reduction in the actual number of deaths. The proportion of cases being reviewed is rising and was 58% for May 2019. The programme to integrate a Medical Examiner system and mortality review process is progressing. The external review of Learning from deaths is due to report by the end of August 2019.

Below are further updates in relation to other national or local priorities in relation to the quality of patient services, safety and effectiveness.
(Note: This data relates to July 2019 in line with the reporting to the Quality Governance Committee)

Falls and Falls with serious harm

Falls performance across both metrics continues to improve across the Trust. Falls per 1,000 bed days is slightly under the trajectory, but is not a statistical cause for concern.

VTE

Although VTE has improved and is now consistently achieving the 95% target, there are still some Ward areas where performance is below the expected level. Urgent Care is the only Division to be underperforming against the standard.

Pressure Ulcers

The total number of hospital acquired pressure ulcers is currently above the agreed trajectory. A grade 4 pressure ulcer has been confirmed and recorded in April following an investigation. A grade 3 investigation has also been completed which resulted in a downgrade. In Q1, 489 patients who already had sustained pressure damage were admitted to the Trust, and of these, 30 had a Grade 4 and 140 were Cat 3/unstageable. This is an increase in the volume of patients admitted with pressure damage compared to Q1 18/19. An initial review shows a majority of these patients are being admitted from their own homes (322/489).

Infection Prevention and Control

The number of hospital acquired infections can fluctuate, the statistical analysis shows common cause variation and therefore there is no cause for concern. The Trust is 2 above trajectory for E coli BSI at month 4 (had 6 against a trajectory of 4). There is moderate assurance that performance will meet target level by the end of the year.

Neck of Femur

The % of NOF patients in theatre in less than 36 hours increased from June to July but it is still below target and the change is as a result of common cause variation.

Friends and Family Test

A&E and maternity response rates are common cause variation. Inpatient and Outpatients response rates are both showing significant sustained special cause improvement.
The actions to instigate change with A&E in the coming weeks are as follows:

- Review next month's performance to see if the implementation of a text service reminder to complete the FFT questions delivers improvement.
- Review whether the communication to A&E staff that all discharges from A&E should be provided with an FFT card, not just those going home.

Complaints

Although there was improvement in performance from June to July, this is due to common cause variation. The standard of 80% was met and on average it will be met, but it is not yet consistent.
The actions being put in place in the next few weeks to improve the responsiveness to complaints is as follows:

- A new complaint response template has been designed to make responses to patients and their families more personable.
- An updated tracking system has been put into Datix to enable more transparency of the status of complaints.
- Regular monitoring has been put in place to identify themes and lessons learned.
- More scrutiny regarding the terminology and grammar has been introduced to prevent delays of draft complaint letters being transferred between departments internally.

3. Core objective: Implement our Urgent and Emergency Care Recovery Plan to eradicate corridor care and ambulance handover delays by September 2019.
(Executive lead: Vicky Morris/Mike Hallissey)

- We committed to reducing the number of discharge process complaints.
- We have been focused on reducing the number of medically fit for discharge / super stranded patients and have set a target of having no more than 56 patients with a long length of stay (21 days or more) by March 2020. The current performance is 96 (July 2019) against a baseline position of 92 in March 2019.
  To drive forward the reduction we have implemented the national best practice approach to the review meetings and held an enhanced long length of stay event with system wide stakeholders in July.
  During August we have introduced an integrated multiagency discharge team (Onward Care Team) for a six week pilot at the Alexandra Hospital. A review of the pilot will occur in early October.
  We will be undertaking a system wide multi-agency discharge event (MADE) in mid-September.
  The Home First Programme Board is seeing some success with reducing length of stay and before midday discharges in some of the pilot wards, but the delivery of initiatives is inconsistent. There is still further work to do on engaging staff to complete required activities.
- In order to move the median discharge time to an earlier time of 4pm, we are looking to have 33% of all discharge before midday. We are currently achieving 18.07% across all wards. We are using some wards as pilots for the Red to Green programme focusing on ensuring actions are completed in a timely manner as part of discharge planning, in a 2 of 7 wards we have seen statistical significant improvement, but we need to understand why we do not see improvements across all wards.

Below are further updates in relation to other national or local priorities in relation to the operational performance.
(Note: This data relates to July 2019 in line with the reporting to the Finance and Performance Committee)

Patient Flow and the Emergency Access Standard

In July, the Trust had the highest number of monthly attendances on record at 18,960. Performance increased to 76.85%, remaining within common cause variation limits, but was below the month 4 internal target of 80.10%. Without significant improvement to the system/processes, EAS will meet neither local trajectory nor national target. There were 60 12 hour breaches and 467 60+ minute ambulance handover delays. There have been significant improvements to length of stay in six of the Home First pilot wards.

Assurance levels:
Performance trend – **variation is common cause – no significant change.**
Ability to meet trajectory – **no assurance based on current trend that this will achieve.**
Based on recovery plan –**assurance for improvements seen on pilot Wards in the Home First Programme.**

Cancer

2WW All

The underperformance in Breast and Lung is driving the underperformance for patients waiting longer than two weeks from urgent referral in July (performance is currently 79.68% 79.79%) against the trajectory (93.94%). The performance in Breast continues to be 'special cause' variation.

2WW Breast Symptomatic

Of the 224 patients waiting for a symptomatic breast appointment in July, 188 waited longer than the operational standard of 2 weeks. As noted last month, recovery of the service is not expected until December 2019.

62 day performance

The trajectory for July was to achieve 82.91%; we are currently achieving 67.41% despite treating 201 patients. Across the specialties, Urology continues to display 'significant variation' (variation that has declined below the lower limit of random variation).

Assurance levels:
Performance trend – **special cause variation – low assurance.**
Ability to meet trajectory – **consistently failing – low assurance (with the exception of 2WW all and Breast who are may or may not reach target).**
Based on recovery plan – **limited assurance.**

Referral to treatment

RTT is failing to meet the monthly internal trajectory, which for July was 87.69%, with insufficient numbers of patients being treated within 18 weeks. The validated performance for July at the time of writing was 80.54% and without significant improvement to the system/processes, RTT will not meet the local trajectory. In addition to this, for the first time since June 2018, we have reported patients waiting longer than 52 weeks at the month end snapshot; these were four patients waiting for oral surgery/orthodontic treatment.

The Trust continues to focus on reducing patients who have to wait over 40 weeks for their first definitive treatment. The trajectory for the end of July was to have no more than 125 patients; however we currently have 311 patients waiting longer than 40 weeks at the end of July. The target of zero patients by September will not be achieved due to the identification of a cohort of oral surgery patients and a group of gynaecology patients who will be treated by a consultant starting in October. All other 40+ week patients are expected to be treated by the end of September. Our Surgical Division is furthest way from plan, with 234 patients waiting longer than 40 weeks (130 over target). Specialty Medicine has reduced their number of patients to two and they are focussing on the 30-39 cohort over the remainder of the year.

What will we do to drive improvements?

- External capacity is being agreed to support Oral Surgery, Urology, Ophthalmology and Endoscopy. One contract is due to be signed and additional capacity will commence towards the end of August.
- Long term sustainability plans to meet and sustain over the internal 40+ week target are being developed.
- With the exception of Gynaecology and Oral Surgery all other specialties are

expecting to meet the end of September target of zero breaches over 40 weeks.

Assurance levels
Performance trend – **special cause variation – low assurance.**
Ability to meet trajectory – **consistently failing – low assurance.**
Based on recovery plan – **consistently failing – low assurance (40 week waiters).**

Diagnostics
The July performance was 4.32% of patients waiting longer than 6 weeks for their diagnostics, we therefore achieved the monthly trajectory of 8.58%. The variation is showing common cause variation although it is improving towards the upper control limit.

Assurance levels:
Performance trend – **common cause variation**
Ability to meet trajectory based on current trend– **May or may not reach target.**
Based on recovery plan – **Assured.**

Stroke services
In June, the percentage of patients seen in TIA clinic within 24 hours increased to 91.2% which was above the operational standard but still remains common cause variation. Although Direct Admission to the stroke ward and CT scan within 60 minutes both improved, they did not achieve the standard; both reflective of common variation attributable to the system. The percentage of patients spending 90% of their stay on a stroke ward declined; again, attributable to common variation.

What will we do to drive improvements?
- Reconfigure the ward footprint to be able to ring-fence the beds for stroke patients only
- Revise the workforce to ensure that the appropriate staff and skill mix is available to the ward to effectively manage capacity.
- Ensure CNS's are trained in order to increase clinic capacity and cover

Assurance levels
- **Assurance level of performance trend –** common cause variation for all of the stroke metrics that are detailed here.
- **Assurance level of process/system –** the targets for CT scan within 60 mins and direct admission to the stroke ward will not be met without external intervention or system redesign. The targets for TIA clinic within 24 hours and patients spending 90% of their stay on the ward will not be met consistently; success will be due to random variation.

==========

Strategic Objective: Best use of resources

4. Core objective: Implement a financial recovery plan to achieve agreed deficit plan by March 2020.

Below are the improvement priorities that underpin delivery of the core objective and

progress updates against our success measures.

4.1 Strengthen pay controls and use of resources via weekly/regular review of all vacancies and structures across the Trust, including governance and compliance with electronic rostering and temporary staffing.

- Weekly pay panels are in place. The nursing (12 week rotas) e-rostering is operational and medics are in progress. The process for AHPs and clinical A&C is yet to be agreed. A half yearly review of controls is being undertaken. Despite this the agency and bank spend remains high so assurance would be limited.
- Income and expenditure run rates remain variable although income remains above plan even though adjusted for non-elective threshold adjustment.

4.2 Review underlying finance position including impact of significant Long-Term committed/outsourced high value contracts

- CIP opportunities identified to date £20.1m however forecast delivery is currently £11.3m (this excludes non-recurrent slippage of c.£3m. FYE). The target is £22.5m. Q1 2019/20. Forecast developed bottom up adverse to stretch target of £73.7m. The Q1 Forecast excludes additional actions to take including assessment of benefits of International Nurse Recruitment, Integrated Discharge Teams and system focused improvement (Multi-Agency Discharge Events "MADE"); and opportunities re Ward changes; plus further workforce areas of focus. Limited assurance.

4.3 Develop a medium term financial plan (3 years) aligned to outputs of the Clinical Services Strategy and associated strategies.

- This will build on the Clinical Services Strategy which is due for sign off in October.

Below are further updates in relation to other national or local priorities in relation to the operational performance.

(Note: This data relates to July 2019 in line with the reporting to the Finance and Performance Committee)

- For 2019/20 the Trust committed to delivering a deficit of no more than £(82.8)m with a stretch target of £(73.8)m. This Stretch target requires delivery of £22.5m of savings/margin improvement. The Trust has not signed up to the revised control total set by NHSI of £(64.4)m [£58.4m+£6m] (excluding PSF, FRF and MRET funding). Whilst we recognise that it is disappointing that we have not been able to submit a plan closer to the control total, we believe that the submission reflects a credible plan based on the existing plan information and assumptions available to us at this time. Notwithstanding the aforementioned that we continue to aim to achieve the £(73.8)m 18/19 internal out-turn target. In month 2 budgets were revised to reflect £16.2m of identified savings opportunities with a remaining gap of £6.3m to identify and deliver a minimum of £22.5m.
- For July 2019 - month 4 of 2019/20 is a deficit of £(5.8)m against a submitted plan deficit of £(7.1)m, resulting in a £1.2m favourable variance to the £(82.8)m deficit plan. The positive in month variance continues to be driven by estimated income margin productivity growth; lower level of spend related to the provision of additional (Bed) capacity, and slippage in planned business case expenditure (Electronic Prescribing & Medicines Administration – EPMA and proposed expansion of Managed Equipment Service - MES).
- The combined income (including Other Operating Income and after adjusting for the

blended payment mechanism) was £2.2m above plan in July (YTD position is £2.8m above plan). If the £0.9m blended adjustment did not apply (20% Marginal Rate), income would be £3.6m [net £2.7m] above the year to date plan.

- Pay is £354k adverse to plan in month and £1.5m favourable year to date, key variances include timing and level of spend against additional bed/ward capacity, vacancies, slippage against business cases (EPMA & MES) and income margin growth. The impact of these favorable variances has been lessened by operational expenditure variances including premium nursing and continuation of additional medical staffing in the Emergency Department.
- Non pay is £247k adverse to plan in month and £38k adverse year to date, over spends on drugs are largely being offset by timing of spend against additional capacity, agreed business cases (MES & EPMA) and income margin / productivity growth.
- In July month 4 savings cumulatively are £2.3m (excluding Non –Recurrent slippage e.g. Beds). We remain focused on maximising the savings plans and are continuing every effort to drive further improvements to our financial position, whilst ensuring a credible plan for delivery. As a result the internal savings/CIP target remains at £22.5m of which opportunities to the value of c. £20m have been identified to date with £16.2m removed from budgets.
- As a result of the ongoing deficit position, we continue to rely on additional cash support from the Department of Health and Social Care (DHSC) and request cash in line with financial performance on a monthly basis.

==========

Strategic objective: Best services for local people

5. Core objective: Implement our People and Culture Strategy, with particular focus on embedding 4ward. (Executive lead: Tina Ricketts)
Below are the improvement priorities that underpin delivery of the core objective and progress updates against our success measures.

5.1 Refresh our recruitment and retention plan and reengineer our recruitment and retention practices and approach. (Executive lead: Tina Ricketts)

- We have committed to reducing the overall turnover rate by 1% by March 2020. Our overall turnover rate reduced to 11.82% as at 31st July 19.
  We have seen an increase in our staff turnover rate since May 2018. The top 3 reasons for leaving are work/life balance, relocation and retirement. For the nursing workforce, the Chief Nurse and senior nursing team have recognised the need to have a robust retention framework over and above the work done to date. In September drop in sessions will be held at each level (ward, directorate, divisional and corporately) to understand the issues that would support improved retention across the nursing and AHP teams, particularly focusing on how we retain our experienced nursing staff through flexible retire and return options.
- We have committed to reducing our vacancy rate to below 9% by March 2020, Vacancy rates have increased to 11.5% as at the end of July 19 due to the increase in establishment (new wards) as part of Home First Worcestershire. Key actions include overseas nursing campaign (c100 qualified nurses) and clinical fellow programme (c30 middle grades)
  A line by line review of the establishment has been completed which has highlighted

a number of areas for review. These reviews are being taken forward under our finance recovery plan.

5.2 Achieve 90% compliance with mandatory training. (Executive lead: Tina Ricketts)

- Our current performance (July 2019) is at 89%.

Below are further updates in relation to other national or local priorities in relation to the operational performance.

(Note: This data relates to May 2019 in line with the reporting to the People and Culture Committee)

Good progress is being made in getting the basics right with mandatory training, job planning and appraisal compliance continuing to improve. The areas of exception are as follows:

- Sickness absence – our monthly run rate continues to be higher than last year even allowing for seasonal variation. Adherence to our sickness absence policy is fundamental to providing support to staff and to reducing sickness absence and the HR team are supporting managers with back to work interviews and escalation to the formal stages of the policy.

Recommendations

The Board is asked to:

1) Review the progress updates provided for the Annual Plan priorities.
2) Review the key messages from the Integrated Performance Reports provided in Month 4 2019-20 which are not already included under the annual priorities.
3) Note areas of improved and sustained performance.
4) Seek assurance as to whether the risks of under-performance in each area have been suitably mitigated, with robust plans for stabilisation and recovery.

Appendices

1) Trust Board IPR Dashboards – M4 2019-20 (Operational Performance, Finance and Workforce)*

**As approved by the internal governance process*

Enc E

Trust Board

Integrated Performance Report

July 2019
Month 4

12th September 2019

Quality Governance Committee Assurance Report

Accountable Non-Executive Director	Presented By	Author
Dr Bill Tunnicliffe - Non-Executive Director	Dr Bill Tunnicliffe - Non-Executive Director	Kimara Sharpe –Company Secretary

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	**BAF number(s)**	1, 2, 3, 9

Level of assurance and trend

Significant assurance	Moderate assurance	Limited assurance	No assurance
		X	

Executive Summary

The Committee met on 22nd August 2019. A summary of key points discussed are as follows:

- **Bluespier letters**: There is a problem with a backlog of letters. This will be resolved by the end of September. We have been working with the CCG and GPs. A further update will be given in October.
- **Integrated Quality Report**: We are pleased with how this is developing with the use of SPC charts and improvement statements. It was disappointing that the Trust has recorded a grade 4 pressure ulcer which was caused by a patient being in the emergency department waiting for a bed. The patient had significant skin problems prior to admission. We discussed the use of another form of assurance levels and we agreed that this was still work under development. We will be reviewing the work plan to ensure that it related to the data being presented.
- **Learning from Deaths**: This report is on the agenda for the board meeting. The crude death rate is down – 2200 to 1200 over a period of 24 months. The Committee received a detailed review of deaths from skin and subcutaneous infection. It was an excellent report which showed the importance of coding and also have an unbiased review of any death. We were also informed of the MADE event taking place in September to ensure that patients were in the right place at the right time. This would support patient flow and the movement of patients out of the ED. We were informed that the CMO would be asking medical examiners from other trust to attend to explain the value of the post to try to encourage the recruitment of more. There is going to be a regular system wide quality meeting and the trust is a member.
- **Safeguarding quarterly report**: Progress has been made in areas covered by this report. In particular, safeguarding training has been a focus and with this, the provision and attainment of level 3. By the end of September, this should be 90% of staff. The trust was fully compliant with the national requirements relating to PREVENT and WRAP and there had been zero cases of FGM in this quarter. There were now strong links with the mental health administrators.
- **Medicines Optimisation Annual Report**: This comprehensive report showed progress in the last year with incidents reporting increasing and harm reducing. Targets have been overachieved in the use of resources. Work continues across the STP and this work is aligned to the development of the Clinical Services Strategy.
- **Getting it Right First Time**: A routine update was received which showed good progress and engagement from the divisions.
- **Infection Control**: We received the monthly update in relation to Infection control. Unfortunately the Trust has had an MRSA bacteraemia case – the first one for several years. This showed that our systems and processes need to be tightened as the patient probably came in with the infection and blood cultures were not taken in a timely manner. All other indicators show an overall level of improvement. We received the NHS E/I exception report relating to the visit in July which de-escalated the Trust to amber. Most issues raised were concerning human factors and change of culture. Engagement and leadership were key.
- **Brexit**: We were informed that the Trust was following national guidance in relation to a no deal Brexit.

The Committee then met in private to consider the draft CQC report.

Quality Governance Committee Assurance Report

Accountable Director	Presented By	Author
Dr Bill Tunnicliffe - Non-Executive Director	Dr Bill Tunnicliffe - Non-Executive Director	Kimara Sharpe –Company Secretary

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	**BAF number(s)**	1, 2, 3, 9

Level of assurance and trend

Significant assurance	Moderate assurance	Limited assurance	No assurance
		X	

Background

The Quality Governance Committee is set up to assure the Board with respect to the quality agenda.

Issues and options

None.

Recommendations

The Board is requested to receive this report for assurance.

Appendices

Month 4 [July] | 2019-20 Quality & Safety Summary

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for July 19 as at **03 Sep 19**

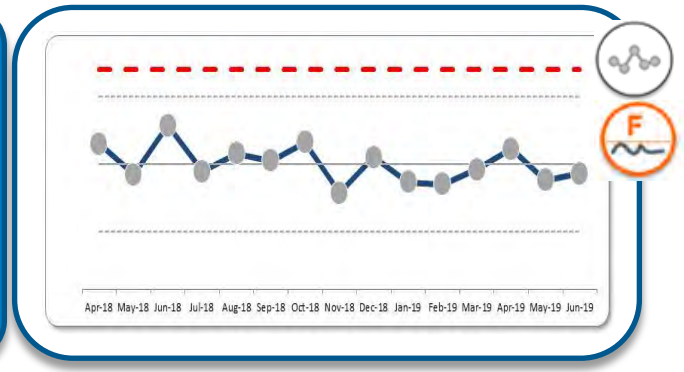
Worcestershire Acute Hospitals NHS Trust

Falls Per 1,000 bed days causing harm

0

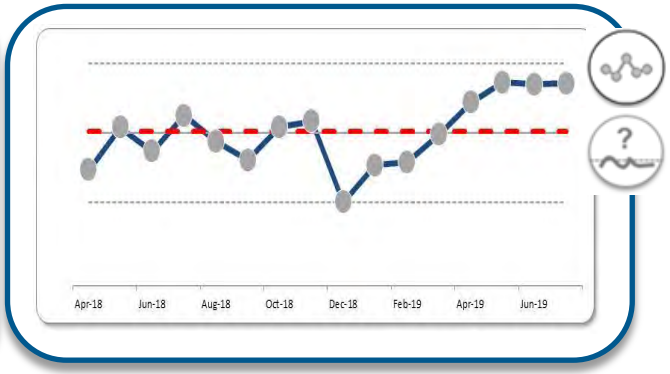
Sepsis 6 Bundle Compliance

June 47.47%



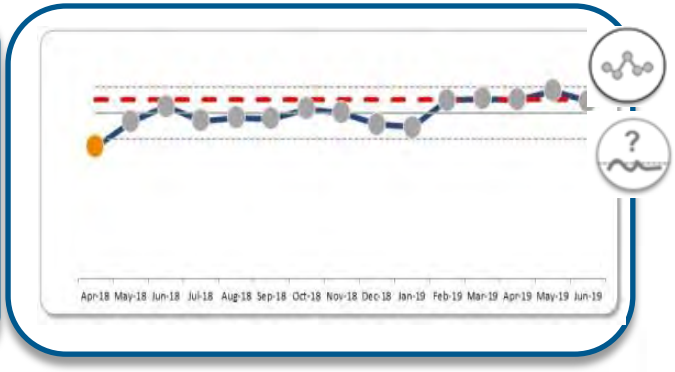
VTE Assessment Compliance

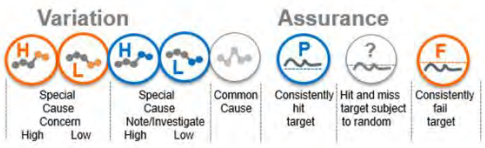
96.55%



Sepsis Screening Compliance

June 89.24%





*Please note - for 19/20, there has been a change to Cdiff guidance; the definitions now include hospital onset healthcare associated and community onset healthcare associated.

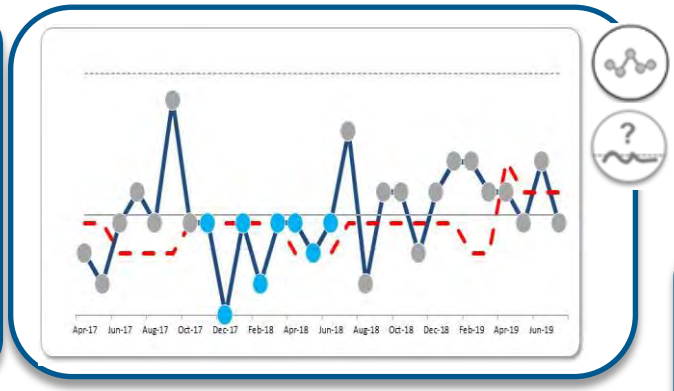
Month 4 [July] | 2019-20 Quality & Safety Summary

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for July 19 as at **03 Sep 19**

Worcestershire Acute Hospitals NHS Trust

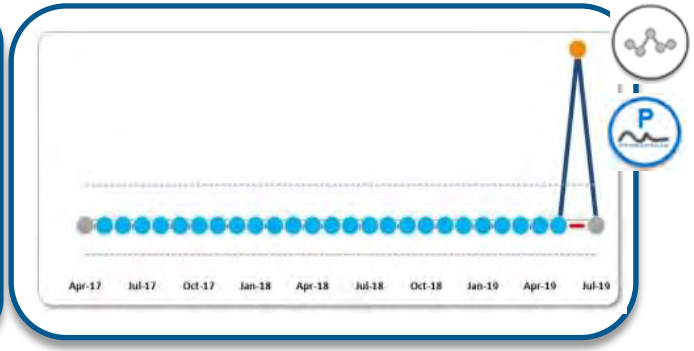
Number of patients developing Clostridioides difficile

3



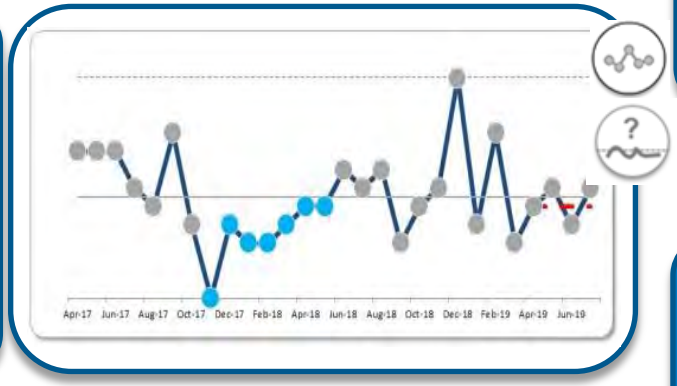
Number of patients developing MRSA bacteraemia

0



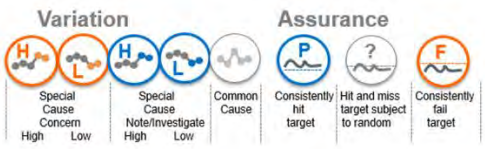
Number of patients developing Ecoli bacteraemia

6



Hospital Acquired Deep Tissue Injuries

8



*Please note - for 19/20, there has been a change to Cdiff guidance; the definitions now include hospital onset healthcare associated and community onset healthcare associated.

Month 4 [July] | 2019-20 Quality & Safety Summary

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for July 19 as at **03 Sep 19**

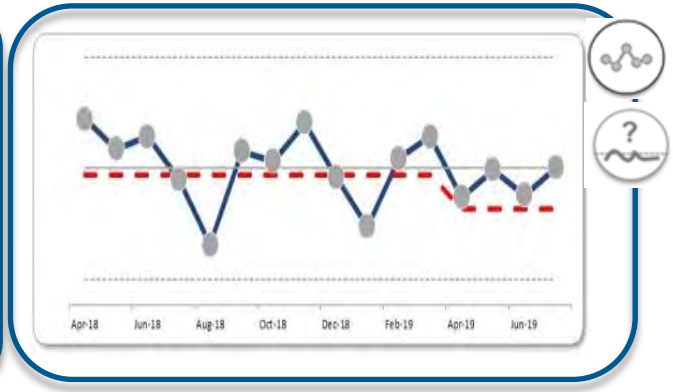
Worcestershire Acute Hospitals NHS Trust

Total Medicine incidents reported

134

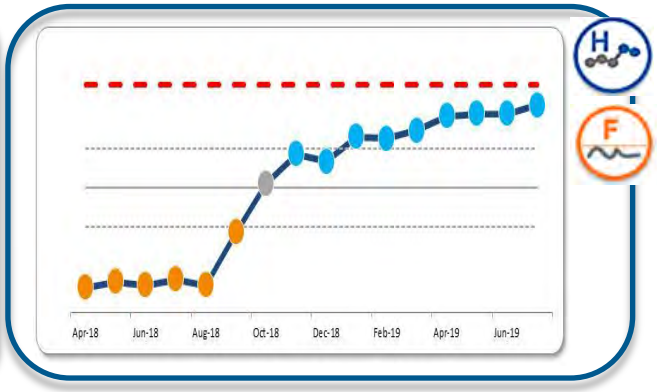
% Medicine incidents causing harm

15.67%



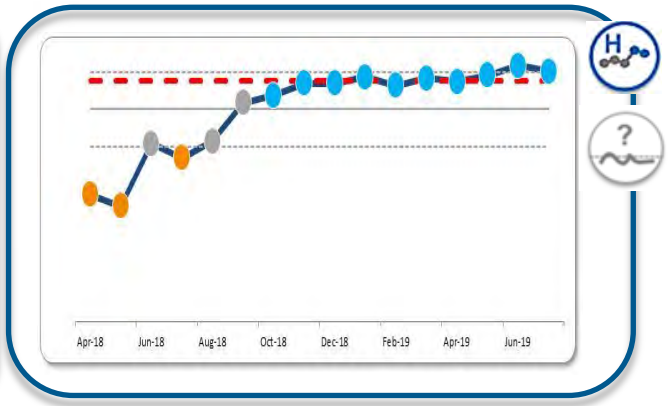
Hand Hygiene Audit Participation

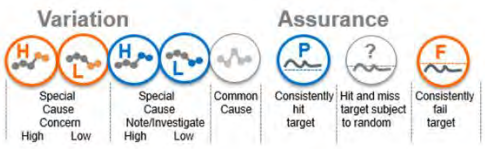
91.38%



Hand Hygiene Compliance

97.88%





*Please note - for 19/20, there has been a change to Cdiff guidance; the definitions now include hospital onset healthcare associated and community onset healthcare associated.

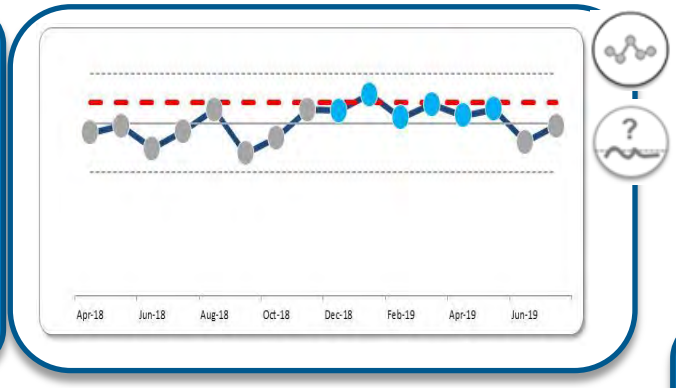
Month 4 [July] | 2019-20 Quality & Safety Summary

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for July 19 as at **03 Sep 19**

Worcestershire Acute Hospitals NHS Trust

#NOF time to theatre </=36 hours

79.1%

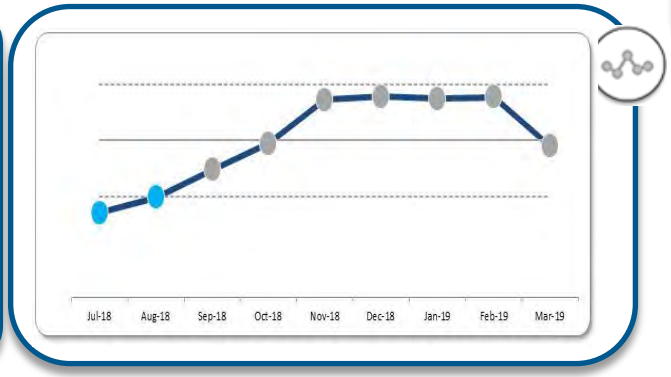


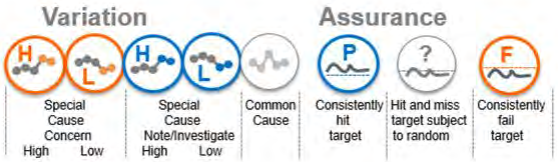
Mortality Reviews completed </=30 days

May 53.74%

HSMR 12 month rolling average

Mar '19 111.8





Month 4 [July] | 2019-20 Quality & Safety Summary

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for July 19 as at **03 Sep 19**

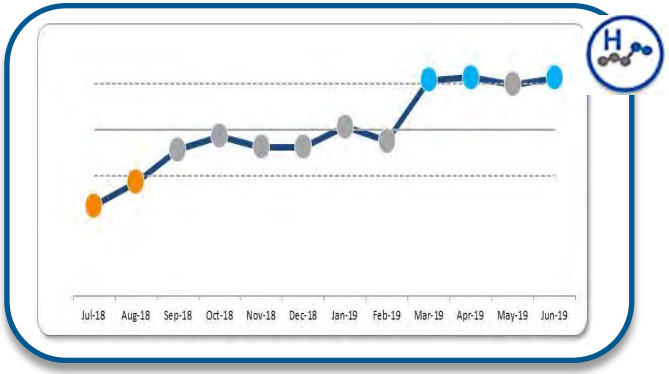
Worcestershire Acute Hospitals NHS Trust

ICE reports viewed [radiology]

June 92.28%

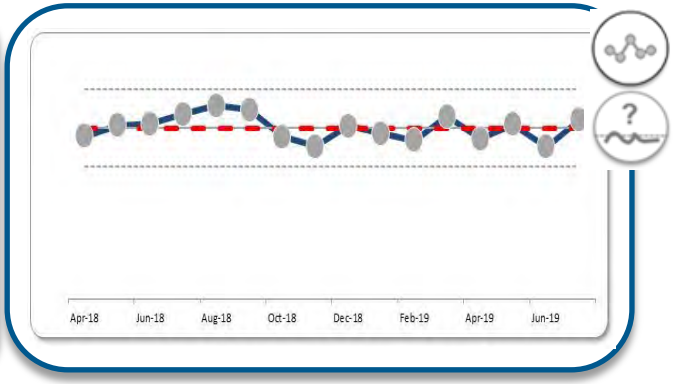
ICE reports viewed [pathology]

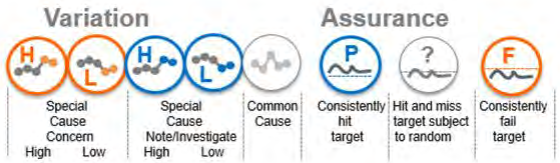
June 96.83%



Complaints Responses </= 25 days

83.93%





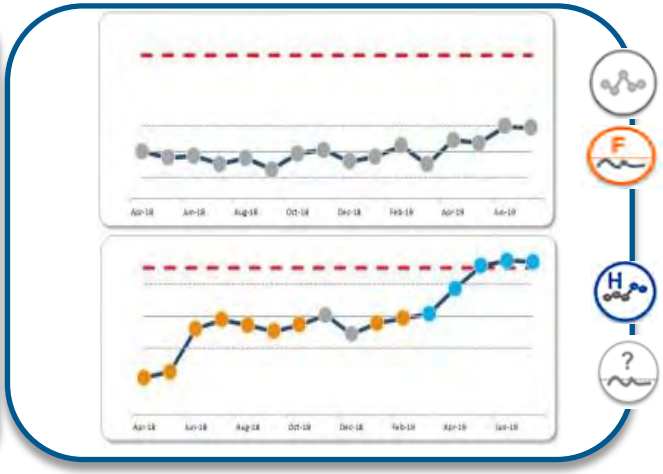
Month 4 [July] | 2019-20 Quality & Safety Summary

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for July 19 as at **03 Sep 19**

Worcestershire Acute Hospitals NHS Trust

A&E and Inpatient Response rates Friends & Family Test

ED 9.91%
In. 31.12%



Maternity and Outpatient Response rates Friends & Family Test

Mat 49.8%
Out. 8.74%

Risks overdue review

99

Risks with overdue actions

127

Variation

- Special Cause Concern (High / Low)
- Special Cause Note/Investigate (High / Low)
- Common Cause

Assurance

- Consistently hit target
- Hit and miss target subject to random
- Consistently fail target

Finance & Performance Committee Assurance Report

Accountable Non-Executive Director	Presented By	Author
Richard Oosterom – Associate Non-Executive Director	Steve Williams– Non-Executive Director	Martin Wood – Deputy Company Secretary

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	**BAF number(s)**	4, 5, 6, 7

Level of assurance and trend

Significant assurance	Moderate assurance	Limited assurance	No assurance
		X	

Executive Summary

Meeting took place Thursday 5th September – update to follow

Finance & Performance Committee Assurance Report

Executive Summary (cont.)

Meeting took place Thursday 5th September – update to follow

Background

The Finance and Performance Committee is set up to assure the Board with respect to the finance and performance agenda.

Issues and Options

The Committee in considering a number of key reports noted that they contained a considerable amount of detailed information but lacked clarity on the main issues, whether performance is on trajectory and, of not, the actions and timeframes to address. This is to be taken forward by the Executive Directors.

Recommendations

The Board is requested to receive this report for assurance.

Appendices

none

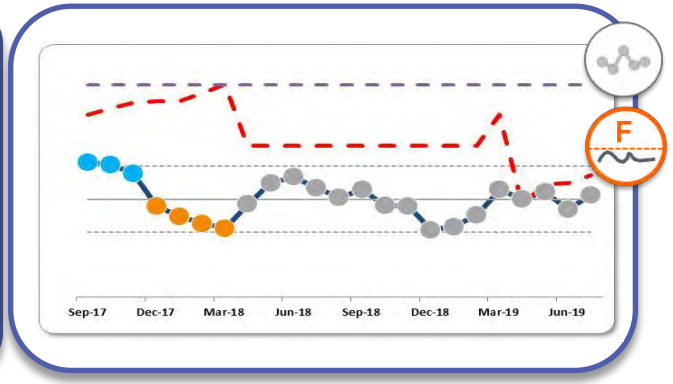
Month 4 [July] | 2019-20 Operational Performance Summary

Responsible Director: Chief Operating Officer | Validated for July as at 03 September 2019

Worcestershire Acute Hospitals NHS Trust

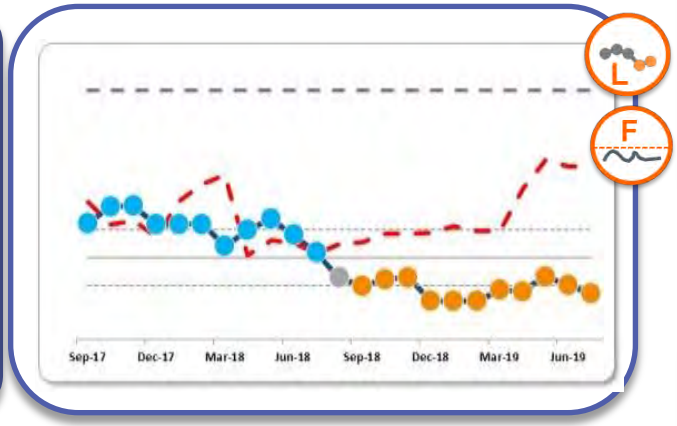
4 Hour EAS (all)

76.85%



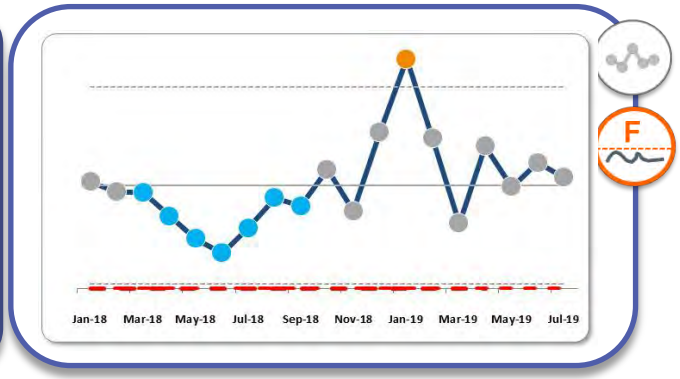
RTT Incomplete

80.54%



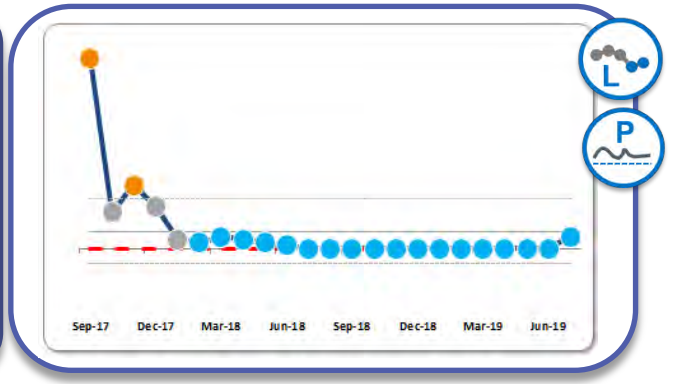
60 minute Ambulance H.O delays

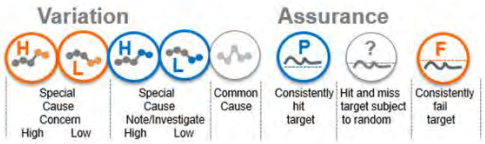
386



52+ week waits

4





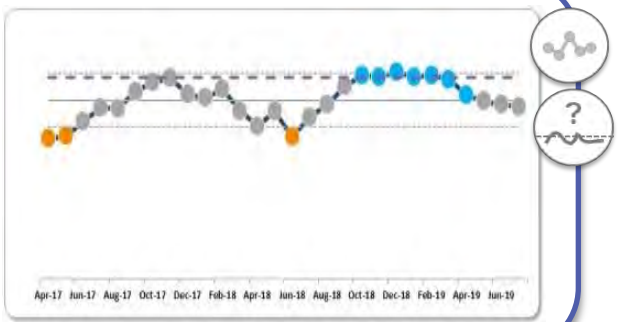
Month 4 [July] | 2019-20 Operational Performance Summary

Responsible Director: Chief Operating Officer | Unvalidated for July as at 16 August 2019

Worcestershire Acute Hospitals NHS Trust

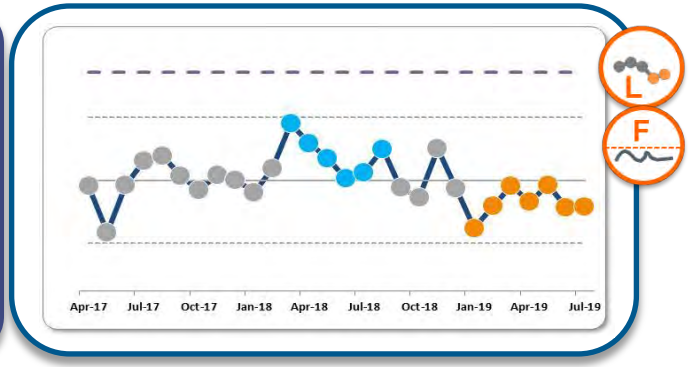
Cancer 2WW All

79.79%



Cancer 62 Day All

67.41%

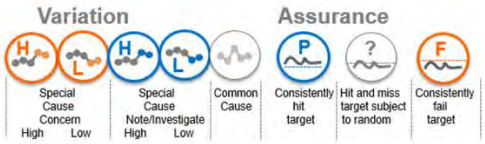


Cancer 2WW Breast Symptomatic

16.10%

Cancer 104 day waits

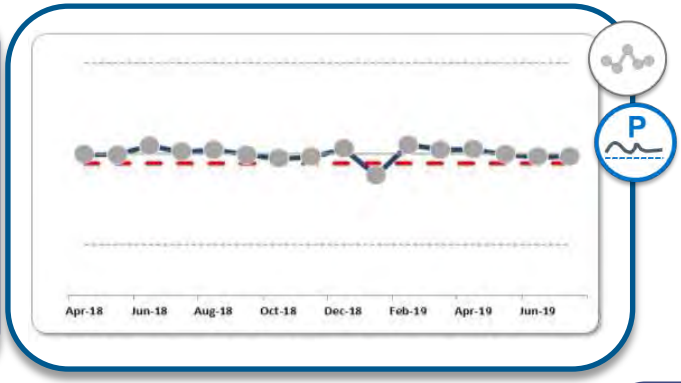
30



Worcestershire Acute Hospitals NHS Trust

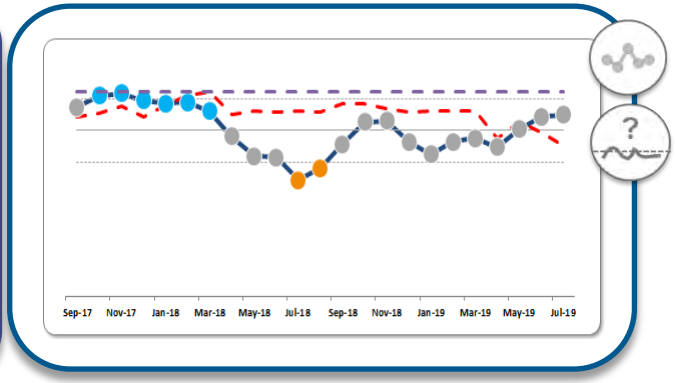
Cancer 31 Day All

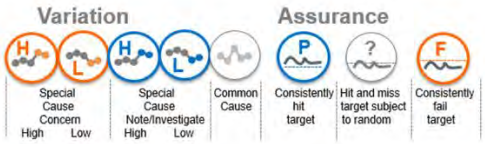
97.13%



Diagnostics

95.68%





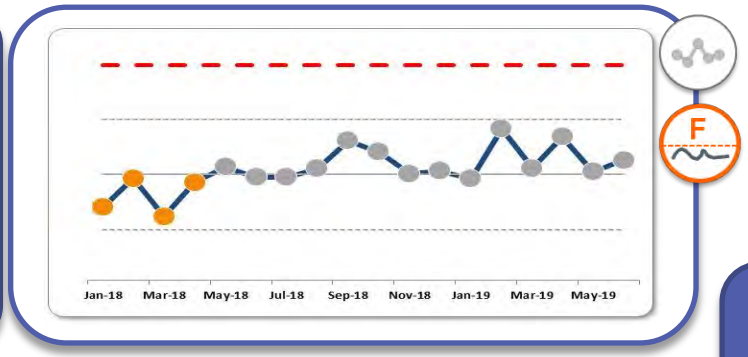
Month 3 [June] | 2019-20 Operational Performance Summary

Responsible Director: Chief Operating Officer | Validated for June as at 03 September 2019

Worcestershire Acute Hospitals NHS Trust

Stroke : % CT scan within 60 minutes

44.6%



Stroke: % seen in TIA clinic within 24 hours

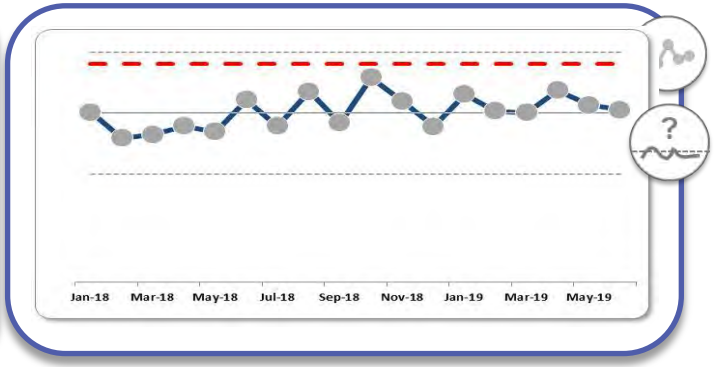
91.2%

Stroke : % Direct Admission to Stroke ward

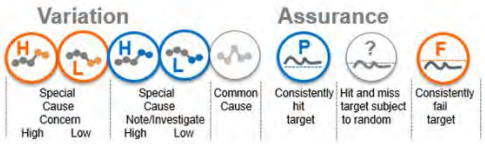
36.2%

Stroke: % patients spending 90% of time on stroke unit

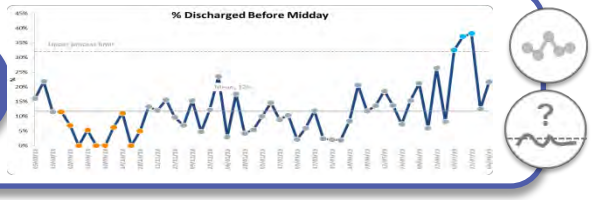
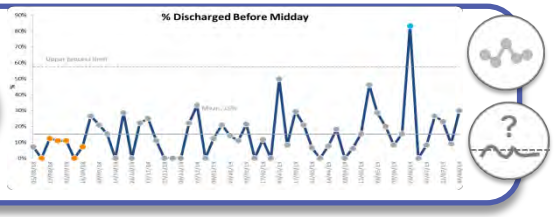
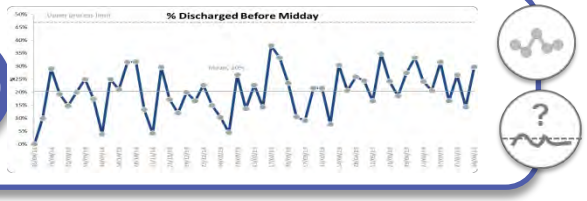
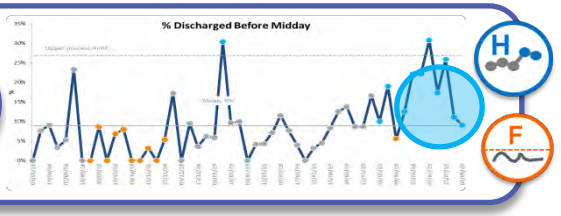
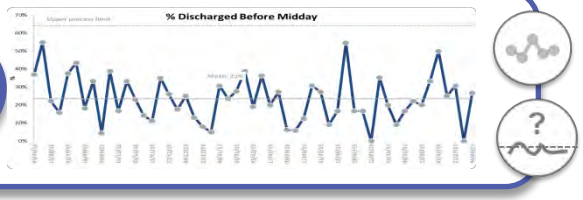
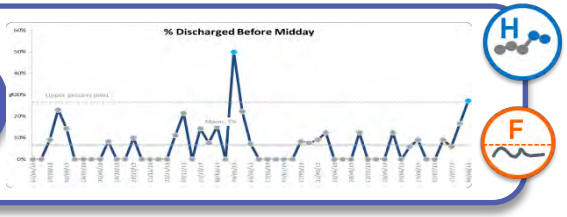
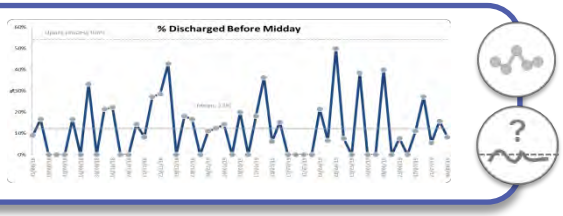
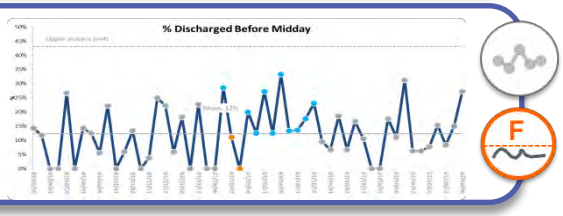
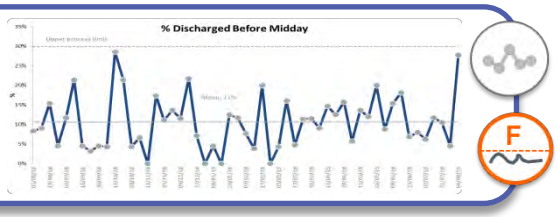
71.0%

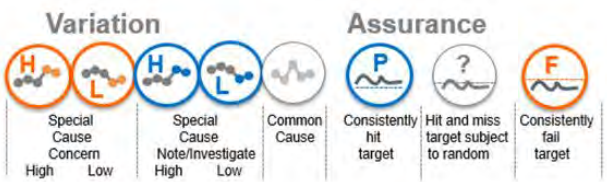


*Please note – Stroke Data is month in arrears due to validation process.



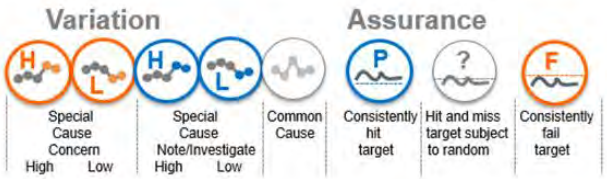
Discharges Before Midday

T&O WRH	21.74%	
Avon 3 WRH	30.00%	
Head & Neck WRH	29.73&	
Laurel 1 WRH	9.09%	
Ward 11 ALX	27.67%	
Laurel 3 WRH	27.27%	
Ward 12 ALX	8.33%	
Silver WRH	27.27%	
MSSU WRH	27.78%	



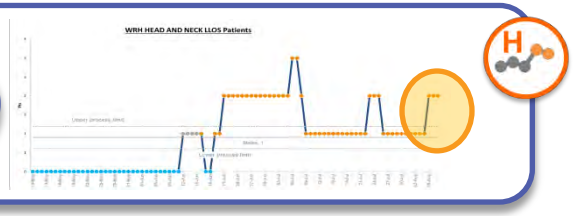
Average Length of stay

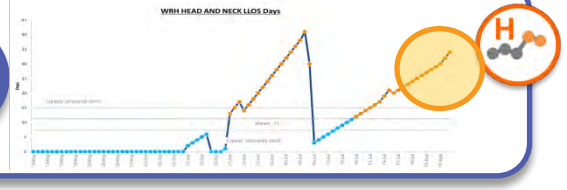
T&O WRH	4.2
Head & Neck WRH	1.38
Ward 11 ALX	8.13
Ward 12 ALX	11.06
Avon 3 WRH	7.26
Laurel 1 WRH	2.77
Laurel 3 WRH	7.25
Silver WRH	6.44
MSSU WRH	5.36

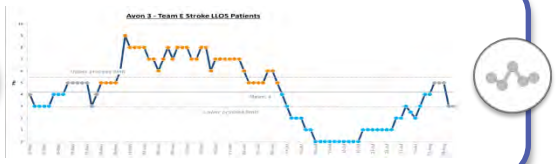


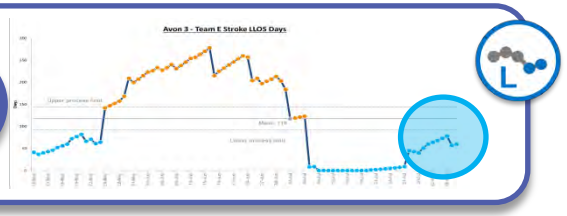
Long Length of Stay

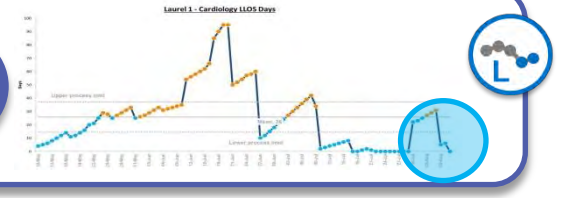
	No. of Patients	No. of Days
Head & Neck WRH	2	34
Avon 3 WRH	3	60
Laurel 1 WRH	1	0
Laurel 3 WRH	5	40
T&O WRH	5	62

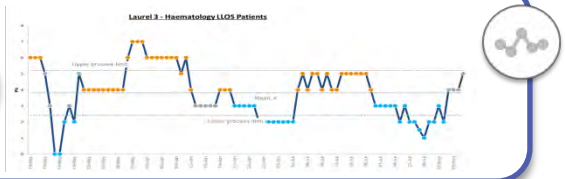


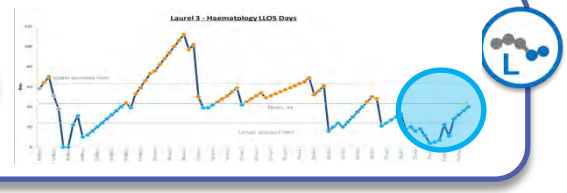


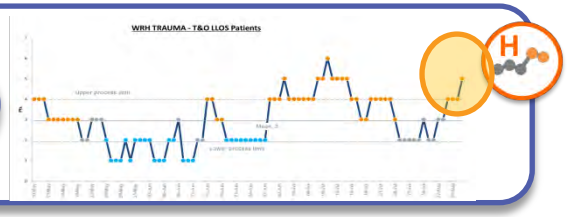


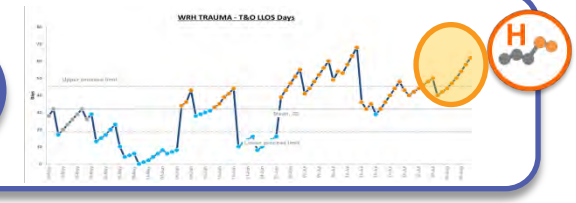






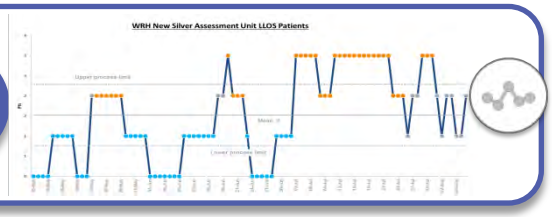


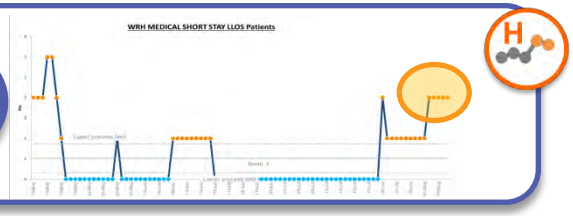


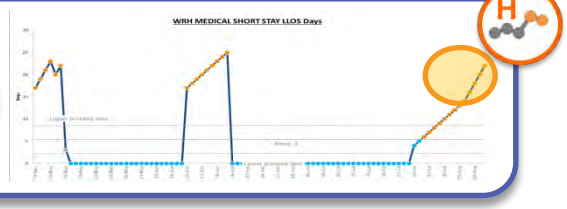


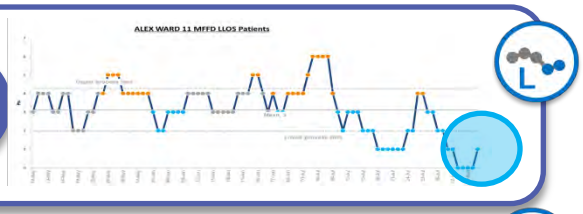
Long Length of Stay

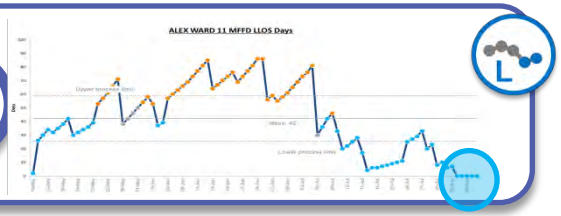
	No. of Patients	No. of Days
Silver Assessment WRH	2	9
Medical Short Stay WRH	2	22
Alex Ward 11	1	0
Alex Ward 12	1	0

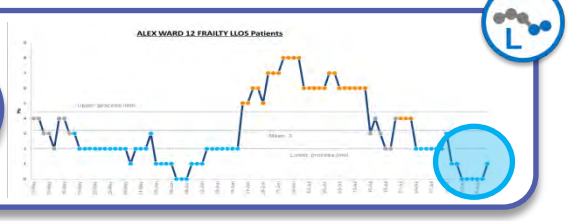












Finance | Key Messages

2019/20 Plan	For 2019/20 the Trust committed to delivering a deficit of no more than £(82.8)m. This includes £13.6m of planned savings/CIP delivery. The Trust has not signed up to the revised control total set by NHSI of £(64.4)m [£58.4m+£6m] (excluding PSF, FRF and MRET funding). Whilst we recognise that it is disappointing that we have not been able to submit a plan closer to the control total, we believe that the submission reflects a credible plan based on the existing plan information and assumptions available to us at this time. Clearly we are some way off the £(73.7)m target we wish to achieve, and the Board remains focused on maximising the savings plans setting an internal Quality and Savings/CIP Improvement Target with the Divisions and Corporate functions totalling £22.5m.
I&E Position	For July 2019 - month 4 of 2019/20 is a deficit of £(5.8)m against a submitted plan deficit of £(7.1)m, resulting in a £1.2m favourable variance to the £(82.8)m deficit plan. The positive in month variance continues to be driven by estimated income margin productivity growth; lower level of spend related to the provision of additional (Bed) capacity, and slippage in planned business case expenditure (Electronic Prescribing & Medicines Administration – EPMA and proposed expansion of Managed Equipment Service - MES).
Income	The combined income (including Other Operating Income and after adjusting for the blended payment mechanism) was £2.2m above plan in July (YTD position is £2.8m above plan). If the £0.9m blended adjustment did not apply (20% Marginal Rate), income would be £3.6m [net £2.7m] above the year to date plan. Patient Care Income was £1.7m above plan in month (excluding drugs & devices) after adjusting for the blended payment marginal rate (£0.9m in July).
Expenditure	Pay is £354k adverse to plan in month and £1.5m favourable year to date, key variances include timing and level of spend against additional bed/ward capacity, vacancies, slippage against business cases (EPMA & MES) and income margin growth. The impact of these favourable variances has been lessened by operational expenditure variances including premium nursing and continuation of additional medical staffing in the Emergency Department. Non pay is £247k adverse to plan in month and £38k adverse year to date, over spends on drugs are largely being offset by timing of spend against additional capacity, agreed business cases (MES & EPMA) and income margin / productivity growth. Non pay costs excluding Non PbR items, Depreciation, Interest Payable and Interest Receivable increased by £350k from £11.3m in June to £11.7m in July, these movements are largely aligned to increased activity.

Finance | Key Messages

Q1 Forecast Alignment	The month 4 deficit of £(5.8)m is £0.4m better than the forecast prepared at Q1 of £(6.2)m (to deliver £83.8m).
CIP (Savings Improvement Plans)	In July month 4 savings cumulatively are £2.3m (excluding Non –Recurrent slippage e.g. Beds) vs an equivalent £3.7m stretch requirement (£1.4m adverse). (note this is against profile to deliver £22.5m Full Year). We remain focused on maximising the savings plans and are continuing every effort to drive further improvements to our financial position, whilst ensuring a credible plan for delivery. As a result the internal savings/CIP target remains at £22.5m of which opportunities to the value of c. £20m have been identified to date with £16.2m removed from budgets.
Capital	The Trust has a minimal £2.24m internal source of funding after repaying the capital loans and accounting for IFRIC 12 and PFI capital repayments. In addition the Trust has loan funds confirmed of £5.64m and £0.906m. Of the limited capital for spend on critical and emergency schemes YTD at month 4, £1.4m has been committed. A further £60k of urgent schemes have been put forward for approval this month. The Full Year Forecast shows a breakeven position against available funds. We have reviewed with partners, and resubmitted the annual capital plan, following a national process to establish STP capital Control Totals.
Cash Balance	As a result of the ongoing deficit position, we continue to rely on additional cash support from the Department of Health and Social Care (DHSC) and request cash in line with financial performance on a monthly basis. At the end of July the cash balance was £13.0m which is over the £1.9m minimum balance required due to the timing of due payments. The Trust has received £7.844m working capital cash support in July 2019. Cash limitations will prevent repayments of existing and future revenue support loans without refinancing existing borrowings, or a change to the existing financing regimes for Trusts that are in financial difficulties. Based on this scenario, we are in on-going discussions with NHS Improvement and the DHSC regarding the planned repayments due in 2019/20 for revenue support loans. The DHSC has currently deferred a total of £19.6m revenue loan repayments due in 2019/20 to later within the same financial year. Capital loans are repaid through the capital programme.

Financial Performance Indicators
Use of Resources
Risk Rating Summary

	Metric Definition	How we did YTD at M4	Risk Rating		Previous Month YTD	Full Year Plan (Forecast)
Are we spending more than the income we receive?	I&E surplus or deficit / total revenue.	(19.00%)	4	Adjusted financial performance deficit of **£27,041** (£27,041k/ total operating income £142,580k = **(19.00%).**	4	4
How close are we to our financial plan?	YTD actual I&E surplus/deficit in comparison to YTD plan I&E surplus/deficit.	3.10%	1	I&E margin YTD actual of **(19.00%)** less I&E margin YTD plan of **(22.10%) = 3.10%**	1	1
How many days' worth of cash do we have?	Measures the days of operating costs held in cash, cash-equivalent and liquid working capital forms.	(102.72)	4	Working Capital of (£134,856k) / YTD Operating Expenditure of £160,163 multiplied by the number of YTD days (122) = (102.74).	4	4
Do we have sufficient income to cover the interest owed on our borrowings?	Degree to which the organisation's generated income covers its financing obligations.	(2.498)	4	Revenue available for capital service (£17,041k)/ capital service **£6,821k**= **(2.498)**	4	4
Is our agency spend within the imposed limits?	Total agency spend compared to the agency ceiling.	(70.0%)	4	Total agency spend of **£9,825k** less agency ceiling of **£5,764k** / divided by agency ceiling of **£5,764k** = **(70.0%).**	4	3

People and Culture Committee Highlight Report August 2019

Non-Executive Director lead	Presented By	Author
Mark Yates - Non-Executive Director	Mark Yates - Non-Executive Director	Fleur Blakeman – Improvement Director & Kimara Sharpe - Company Secretary/Data Protection Officer

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	**BAF number(s)**	10,11

Level of assurance and trend

Significant assurance	Moderate assurance	Limited assurance	No assurance
	x		

Executive Summary

The Committee met on 20th August 2019. A summary of key points discussed are as follows:

- The Communication and engagement strategy is in development and its publication will coincide with the publication of the clinical services strategy.
- A framework for nurse retention remains in development.
- 'Safer staffing module' is now live in the 'Allocate' system, staff rostering is more efficient and easier to use, additional staffing needs are being flagged much earlier. We had two members of front line staff who gave a first hand account of the embedding of the Allocate system on the wards.
- Medical workforce vacancies have reduced from 140.82 WTE to 129.21 WTE. A new Guardian for Safe Working (Dr Sally Millett) has been appointed.
- The Committee received and approved an annual report and statement of compliance with the Medical Profession regulations for 2018/19. This is on the Board agenda for this meeting. The Trust achieved 98.7% compliance submitting revalidation recommendations on time within 2018/19.
- As part of the Integrated People and Culture Committee report, the Committee received a very clear plan on a page prioritising actions to support delivery of the people and culture strategy. Workforce and organisational development capacity is being created through the recruitment to key posts including the appointment of a Deputy Director of People and Culture. Whilst considering the Divisional People and Culture Engagement Scorecard as at 30 June 2019, compliance with Safeguarding Level 3 training was discussed in detail (performance 59% compliance June 2019, 62% compliance July 2019). This is being picked up with the Chief Operating Officer as the accountable officer for the divisions. A working group has been established to consider the impact of the current NHS pension arrangements on staff and their ability to work additional sessions. An interim solution has been implemented in some areas to separately contract for the additional medical workforce staffing requirements. Risks relating to the Trust's ability to deliver the workforce related cost improvement plans, particularly relating to reducing the premium payments were discussed and it was acknowledged that accountability for workforce expenditure does not solely sit with this Committee.
- The Committee received and commented on the draft annual equality and diversity report for 2018/19. The final draft will be presented to the October 2019 People and Culture Committee before being presented to the Trust Board in November 2019.
- The Committee received and approved the annual health and safety report for 2018/19 which is on this Board's agenda.
- The Committee considered and received for information a report outlining the benefits of year 2 of the 4ward programme (within the private agenda due to being commercial in confidence). A proposal outlining the next steps approach to the 4ward programme will be presented to the People and Culture Committee in October 2019.
- An update on the issues and concerns raised with the Freedom to Speak Up Guardian and how these are being addressed was noted. The Trust has a low number of anonymised issues and concerns indicating that staff have the confidence to raise these with the Guardian. The Freedom to Speak Up Champions are more visible during the leave of absence of the Freedom To Speak Up Guardian.
- An update on the nursing and midwifery safer staffing levels was noted. It was also noted that there is currently no allied health professional and medical safer staffing model and work is underway to develop these. Safer staffing information needs to be triangulated with the budgeted workforce establishment.

People and Culture Committee Highlight Report August 2019

Non-Executive Director lead	Presented By	Author
Mark Yates - Non-Executive Director	Mark Yates - Non-Executive Director	Fleur Blakeman – Improvement Director & Kimara Sharpe - Company Secretary/Data Protection Officer

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	**BAF number(s)**	10,11

Level of assurance and trend

Significant assurance	Moderate assurance	Limited assurance	No assurance
	x		

Executive Summary

- The first tranche of nurses recruited internationally (37) will be joining the Trust over the next few months. Work is underway to ensure the pastoral care of these individuals is met.
- An Education Academy has been established and will be launched in October 2019 to make staff aware of the Academy and how they can access training, education and development.
- There is an underspend on the Apprenticeship Levy across the Sustainability and Transformation Partnership and work is ongoing to reassign this.
- The risk rating in relation to mandatory training and funding for 'essential to role' training has reduced as the rate of mandatory training uptake has increased & funding has been confirmed.
- The Committee was assured that there has been slight increase in numbers of staff from the EU and there is currently no indication that the Trust will lose any staff as a result of Brexit.

People and Culture Committee Assurance Report

Accountable Director	Presented to the September 2019 Board by:	Author
Mark Yates - Non-Executive Director	Mark Yates - Non-Executive Director	Fleur Blakeman – Improvement Director & Kimara Sharpe - Company Secretary/Data Protection Officer

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	**BAF number(s)**	10,11

Level of assurance and trend

Significant assurance	Moderate assurance	Limited assurance	No assurance
		X	

Background

The People and Culture Committee is set up to assure the Board with respect to the workforce and culture agenda.

Issues and options

None.

Recommendations

The Board is requested to receive this report for assurance.

Appendices

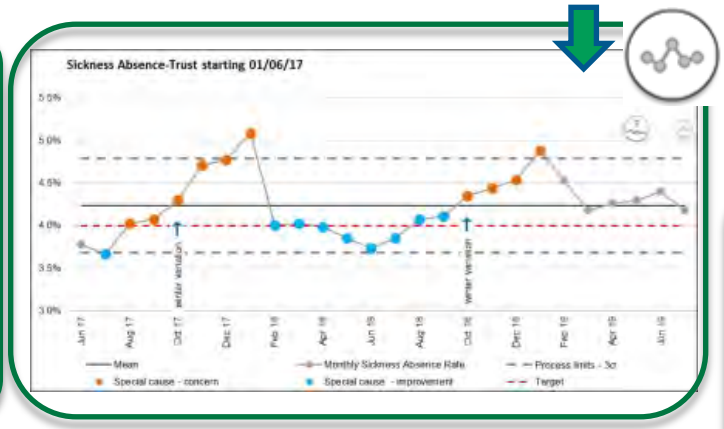
Month 4 | 2019-20 Engaged & Skilled Workforce Summary

Responsible Director: Director of People & Culture | as at 31st July 2019

Worcestershire Acute Hospitals NHS Trust

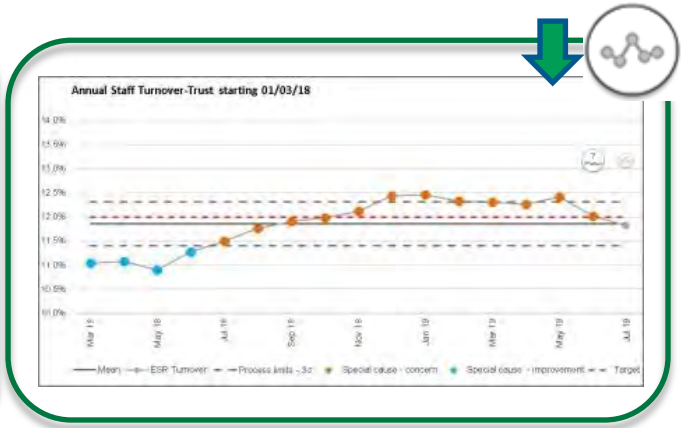
Monthly Sickness Absence Rate

4.18%



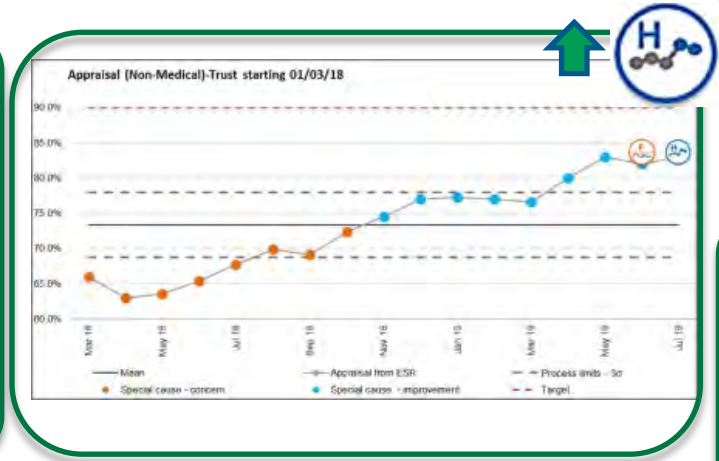
Annual Staff Turnover

11.82%



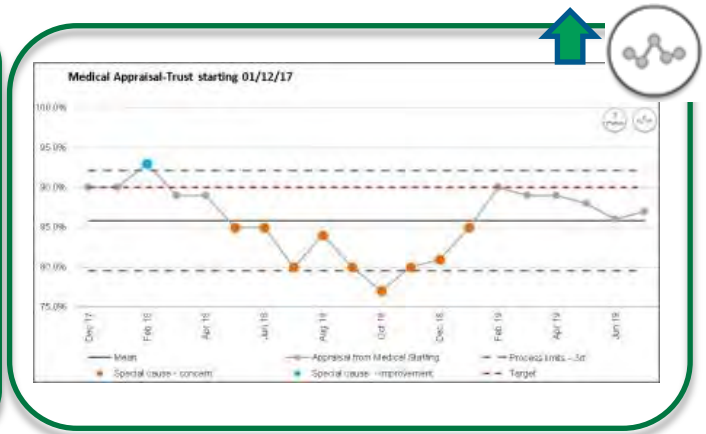
Non Medical Appraisal

83%



Medical Appraisal

87%



Variation

- Special Cause Concern High / Low
- Special Cause Note/Investigate High / Low
- Common Cause

Assurance

- Consistently hit target
- Hit and miss target subject to random
- Consistently fail target

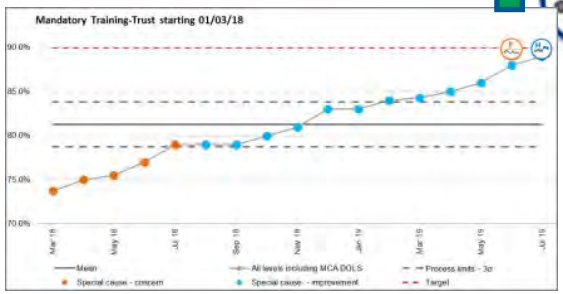
Month 4 | 2019-20 Engaged & Skilled Workforce Summary

Responsible Director: Director of People & Culture | as at 31st July 2019

Worcestershire Acute Hospitals NHS Trust

Mandatory Training

89%

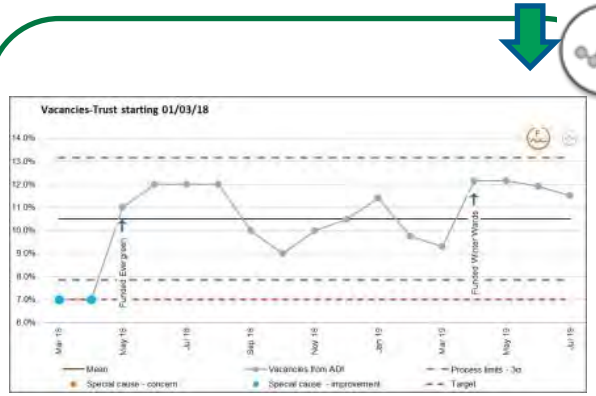


Consultant Job Plans

91%

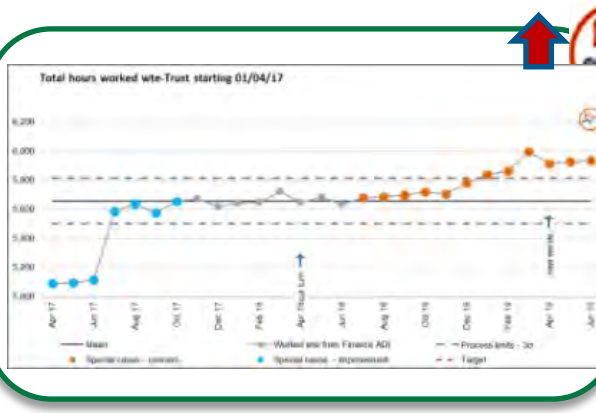
Vacancies

11.5%



Increase in Hours Worked

847.5 wte



Variation

- Special Cause Concern High / Low
- Special Cause Note/Investigate High / Low
- Common Cause

Assurance

- Consistently hit target
- Hit and miss target subject to random
- Consistently fail target

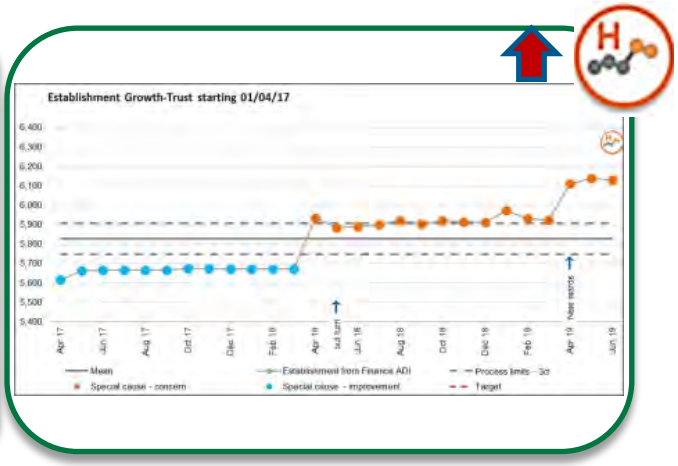
Month 4 | 2019-20 Engaged & Skilled Workforce Summary

Responsible Director: Director of People & Culture | as at 31st July 2019

Worcestershire Acute Hospitals NHS Trust

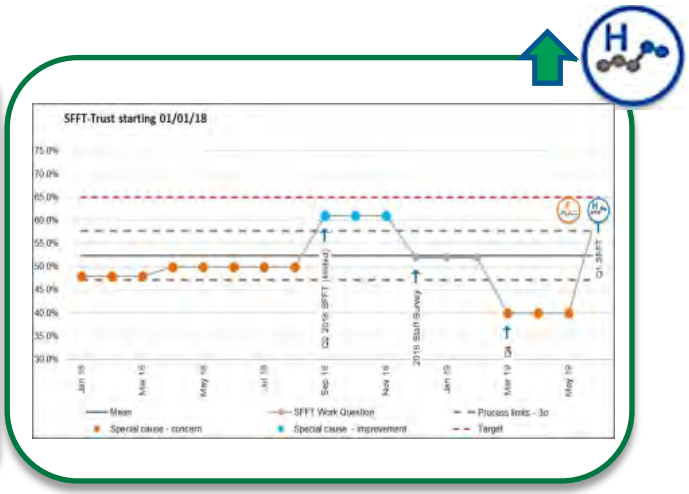
Establish-ment Growth

513 wte



Staff Friends and Families Test Q1

63%



Variation

- Special Cause Concern High / Low
- Special Cause Note/Investigate High / Low
- Common Cause

Assurance

- Consistently hit target
- Hit and miss target subject to random
- Consistently fail target

NHS
Worcestershire
Acute Hospitals
NHS Trust Putting patients first May 2019

Meeting	Trust Board
Date of meeting	12th September 2019
Paper number	F1

CQC Inspection Report - September 2019

For approval:		For discussion:		For assurance:	x	To note:	

Accountable Director	Vicky Morris Chief Nurse		
Presented by	Vicky Morris Chief Nurse	**Author /s**	Vicky Morris Chief Nurse

Alignment to the Trust's strategic objectives							
Best services for local people	X	Best experience of care and outcomes for our patients	X	Best use of resources	X	Best people	X

Report previously reviewed by		
Committee/Group	Date	Outcome

Recommendations	The Trust Board are requested to note this report and receive the CQC report (if published) We are anticipating the latest CQC Inspection report to be published week beginning 9th September 2019. A verbal update will be provided at the Trust Board meeting.

Executive summary	Following a series of announced and unannounced inspections at our Worcestershire Royal Hospital, Alexandra General Hospital, Kidderminster Hospital and Treatment Centre and Evesham Community Hospital, the Care Quality Commission (CQC) are due to published its findings during the week beginning 9th September 2019. The following core services were inspected during 14th May and 6th June 2019 : • Children and Young People's Services • Diagnostics • Medical Care, including older people's care • Surgery • Outpatients • Urgent and Emergency Care, including minor injuries The report will also include its findings following the Well Led Review which took place between 19th – 21st June where 35 interviews of Executives, Non Executives, Directors, Chair of Staff side, Corporate Services Leads and Chair of Patient and Public Forum took place.

Meeting	Trust Board
Date of meeting	12th September 2019
Paper number	F1

Risk								
Key Risks	BAF 3930 IF we do not deliver the Quality Improvement Strategy (incorporating the CQC 'must and should' dos) THEN we may fail to deliver sustained change RESULTING IN required improvements not being delivered for patient care & reputational damage							
Assurance	*N/A*							
Assurance level	**Significant**		**Moderate**		**Limited**		**None**	
Financial Risk	*N/A*							

Worcestershire Acute Hospitals NHS Trust

Meeting	Trust Board
Date of meeting	12 September 2019
Paper number	F2

Communications and Engagement Update

For approval:		For discussion:		For assurance:		To note:	X

Accountable Director	Richard Haynes, Director of Communications and Engagement		
Presented by	Richard Haynes	**Author /s**	Richard Haynes/ Communications Team

Alignment to the Trust's strategic objectives							
Best services for local people		Best experience of care and outcomes for our patients		Best use of resources	X	Best people	X

Report previously reviewed by		
Committee/Group	Date	Outcome

Recommendations	Board members are asked to note the report

Executive summary	This report provides Board members with an update on significant communications and engagement activities which have taken place in June, July and August as well as looking ahead to key communications events/milestones in coming months.

Risk									
Key Risks	BAF Risk 12: If we have a poor reputation, then we will be unable to recruit or retain staff, resulting in loss of public confidence in the trust, lack of support of key stakeholders and system partners and a negative impact on patient care								
Assurance	Social media activity and media coverage are monitored on a daily basis by the communications team and reported weekly to the Board and senior leadership team through the 'In the News' briefing as well as being summarised in Communications and Engagement Updates to the Board. Evaluation on return on investment is also included where possible – for example levels of interest in, and attendance at, recruitment events where awareness raising includes paid for social media advertising.								
Assurance level	**Significant**		**Moderate**	*X*	**Limited**		**None**		
Financial Risk	All activities carried out within existing communications budget								

Meeting	Trust Board
Date of meeting	12 September 2019
Paper number	F2

Introduction/Background

This report provides Board members with an update on significant communications and engagement activities which have taken place in June, July and August as well as looking ahead to key communications events/milestones in coming months

Issues and options

Trust 'Pyramid' and Clinical Services Strategy

We continue to use all available internal and external communications channels to raise awareness of the Trust's Strategic 'Pyramid' , the hashtag #PuttingPatientsFirst and the work being done to develop our Clinical Services Strategy.

At the time this report was submitted, plans were being finalised for a patient engagement event on 10 September, focussing on our Clinical Services Strategy and how our strategic vision fits with, and supports, the aims of our local Sustainability and Transformation Partnership (STP) and the national NHS Long Term Plan.

To ensure alignment with the Clinical Services Strategy, the draft Communications Strategy which had been due to come to Trust in July is currently being redrafted and will come to Board in November.

Care Quality Commission (CQC)

To support the CQC 'Well Led' inspection in June, the communications team produced a video showcasing progress and improvements made in a number of key areas relating to the inspection.

At the time this report was submitted, a timed internal and external communications plan was being developed ahead of the expected publication of our CQC report.

4Ward

4Ward Advocates are currently helping to plan for celebrations to mark the second anniversary of the launch of our 4ward programme and to showcase the many improvements that team across our Trust have made to their services by embracing our 4ward behaviours. Activities and events will take place across all our sites from Monday 7 October onwards including our biggest ever 'Thank You Thursday.'

4Ward advocate development sessions continue to be held across all sites monthly and we are also engaging our advocates in developing a 4ward strategy which will set out a vision for the future, with 4ward behaviours at the heart of our strategic 'Pyramid.'

Recruitment

Bespoke recruitment campaigns are currently being developed for Theatre Practitioners and Endoscopy Nurses, including professionally designed materials for potential recruits as well as targeted online advertising to encourage attendance at recruitment events.

Social Media

- Our Facebook posts were seen by 33% (21,000) more people in August compared to July.
- Our Tweets were seen by over 25% (110,000) more people in June, July and August compared to the previous three months.

Meeting	Trust Board
Date of meeting	12 September 2019
Paper number	F2

- Our Facebook Page has the eleventh highest number of 'followers' of any Acute Hospital Trust – now over 15,500
- Our dedicated Staff Facebook Group to encourage staff to "work together, celebrate together" and share their own good news stories, now has over 3,350 members (about 56% of workforce). This is the largest open Staff Facebook Group of any NHS organisation.
- A recent push on Instagram has grown our following to more than 2,200 people. This makes us one of the largest followed NHS accounts, on a platform that is the most popular channel for under-25s – a notoriously difficult group to reach and engage with.
- We continue to work with a number of teams to set up their own Service/Department social media accounts.
- We are now delivering talks and advice sessions to external bodies such as local Macmillan and Support Groups, as well as being invited to present on our use of social media to national NHS and public sector audiences.
- Following previous invitations to present at conferences and other events, members of the communications team were asked to help lead a session at the national NHS Expo earlier this month on 'Using social media in NHS engagement and communications'

Topics generating significant media coverage included:

- As well as making the front page of our own Worcestershire Weekly, the story of Vicky Hall and her journey from Holby City Actress to real-life A&E Nurse generated numerous pieces of positive local, regional and national media coverage - press release
- Family thanks staff after their father recovers from 'terminal cancer' – press release
- Research & Development and Clinical Trials in-depth BBC Radio feature – Listen Here

Other activities of note include:

Evesham endoscopy expansion: Following briefings to key stakeholders on our plans to expand endoscopy at Evesham, and the associated relocation of some day case surgical activity to alternative sites, we saw extensive local media coverage and high levels of interest in the community.

To provide local people with an opportunity to hear more, we arranged an open public meeting at Evesham Hospital in August, with a team of senior Trust clinicians and managers. The event was well attended (c 60 people) and the Trust team (and colleagues from the Health and Care Trust) faced a series of challenging questions from the audience about the development and other issues affecting the Evesham site.

Conclusion

- The communications team remain focussed on enabling our staff, partners, patients, the public and anyone with an interest in our services to take part in positive, well informed conversations about our plans for the future and the progress we are making on our strategic and operational priorities.
- We continue to look for the most effective ways of evaluating the impact and value of our communications and engagement activities, both quantitatively and qualitatively

Meeting	Trust Board
Date of meeting	12 September 2019
Paper number	F2

Recommendations
• The Board is asked to note the report
Appendices

Meeting	Trust Board
Date of meeting	12 September 2019
Paper number	F3

Report on Nursing and Midwifery Staffing Levels (including vacancy position for Allied Health professionals) May and June 2019

For approval:		For discussion:		For assurance:	x	To note:	

Accountable Director	Vicky Morris, Chief Nursing Officer		
Presented by	Vicky Morris Chief Nursing Officer	**Author /s**	Louise Pearson: Lead for Nursing and Midwifery Workforce

Alignment to the Trust's strategic objectives							
Best services for local people	x	Best experience of care and outcomes for our patients	x	Best use of resources	x	Best people	x

Report previously reviewed by		
Committee/Group	Date	Outcome
Senior Nurses meeting	30th July 2019	Received
People and Culture	20th August 2019	Received
Trust Management Executive	21st August 2019	Received

Recommendations	The Trust Board is requested to note that: • This report gives accounts of staffing for nursing, midwifery and Allied Health Professionals (AHP's) for the months of May and June 2019 which are reported as separate sections. • Overall both months report staffing levels were safe following the comprehensive actions taken in real time when wards reported reduced levels.

Executive summary	This paper provides the Trust Board with an account on the key headlines and metrics for assurance of the nursing and midwifery staffing position for May and June 2019. A full report was received in Trust Management Executive and People and Culture committees in August 2019. Key messages: • In May and June 2019 staffing levels were reported as safe. There were occasions where actions were required on specific ward areas where levels did decrease from that planned due to vacancies or sickness or when patient acuity and dependency required additional staffing. A detailed account ward by ward for both months is given in appendix 1. • There have been no harms reported to patients from decreased staffing levels. • Maintaining safe nursing and midwifery staffing is a key priority for the trust. This is due to risks of maintaining safe levels with the vacancy factor on inpatient ward areas trust wide of 342

	WTE. The rise in vacancies is a result of the required staffing for the 3 additional wards opened in Dec – Jan 18/19. • The two divisions with the highest vacancies continue month on month to be specialised medicine and urgent care. The hot spot ward areas which are deemed as hard to recruit are Acute Stroke Unit, ward 4 (medical) MAU, Trauma and Orthopaedics and theatres countywide. There are targeted recruitment workstreams in place. • The use of temporary staffing and moving staff to cover high risk areas has been a necessity in maintaining patient safety and quality of care delivered. • Midwifery Staffing levels in May and June were safe. ➢ A review of midwifery staffing establishment will be undertaken in July/Aug this will be reported in September 2019, as part of the acuity and dependency study known as Birth Rate plus. We have 3 Registered Midwives (RM) vacancies. • AHP (Dieticians ,OTs, physiotherapists, orthoptists and radiographers) vacancies across the trust are: ➢ Speciality medicine 14.1 WTE ➢ SCSD 29 WTE ➢ There are no reported risks at this time with the current vacancy numbers. ➢ Further breakdown of these positions will be available in the July 2019 safe staffing paper. At present further analysis is underway of which professional groups may pose a significant risk to the trust. • Maintaining safe staffing levels and the required recruitment and retention are risks on the corporate risk register. This is reviewed monthly and actions are in place through an active recruitment and retention campaign. • The International nursing work stream has offered 90 posts between April to June 2019. The pipeline for recruitment is underway with a projected target of placement of staff as band 3 nurses initially by 31st March 2019. • Actions required in July –September 2019 are for divisional workforce plans to substantiate the recruitment and retention actions required following the biannual acuity and dependency reviews, the proposed moves of wards/opening of wards within the Aconbury building at Worcester Royal Hospital over July – January 2019/20 and the business case for Accident and Emergency staffing for Alexandra Hospital.

Risk	
Key Risks	The need for temporary staffing on ward areas to ensure there is an ability to keep open the number of beds required to meet patients needs and meet demand - Risk number 4000
Assurance	Limited assurance is provided due to the current vacancy position. An

	improved level of assurance is predicted with the international nurse recruitment programme, 43 student nurses qualifying from Worcester University in September 19 who are taking up posts and the success of HCA nurse recruitment.							
Assurance level	**Significant**		**Moderate**		**Limited**	*x*	**None**	
Financial Risk	Continued spend in bank and agency to keep open the increased number of ward based beds required to meet patient need and demand. This is specifically for wards with an increased vacancy factor over 25%, increased activity seen at A&E Alexandra Hospital and on going opening of surge capacity areas in the A&E departments, AEC and discharge lounge (Worcester Royal) and Birch Unit (Alexandra Hospital). Initial costs for the recruitment of International nurses to support filling of vacancies which has resulted from opening of 3 additional ward areas.							

Worcestershire Acute Hospitals NHS Trust

Meeting	Trust Board
Date of meeting	12 September 2019
Paper number	F3

Appendices

May 2019

RAG RATED DATA - MAY 2019 WARD	Registered midwives/ nurses	Care Staff	Overall	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)
Acute Stoke Unit	4.1	3.1	7.1	72.5%	105.0%	87.0%	123.8%
Avon 2	3.6	3.1	6.7	101.3%	84.8%	109.6%	119.5%
Avon 3	3.2	3.5	6.7	100.8%	95.2%	73.2%	117.8%
Avon 4	2.5	5.5	8.0	88.3%	128.4%	68.9%	163.1%
Avon 5	3.2	3.7	6.9	92.1%	102.3%	91.2%	118.7%
Beech A	3.3	2.4	5.7	104.2%	79.8%	109.7%	90.3%
Beech B	5.5	1.7	7.1	78.3%	96.7%	93.6%	9.7%
Beech C	3.3	3.1	6.4	71.7%	93.5%	103.2%	101.7%
Beech High Care	8.0	3.0	11.0	76.4%	89.2%	90.4%	93.5%
CCU AGH	14.9	0.0	14.9	86.6%	-	98.3%	-
Evergreen 1	2.5	4.3	6.7	67.2%	104.5%	64.1%	164.3%
Heand and Neck	4.8	3.0	7.9	116.8%	87.2%	100.3%	48.3%
ICCU - AGH	24.2	2.1	26.3	100.1%	100.8%	99.5%	-
ICCU - WRH	24.5	0.3	24.8	100.0%	100.0%	100.0%	-

Meeting	Trust Board
Date of meeting	12 September 2019
Paper number	F3

Laurel 1 and CCU	6.1	1.7	7.9	93.7%	114.2%	99.4%	135.8%
Laurel 2	4.8	4.0	8.8	95.2%	84.4%	100.8%	159.2%
Laurel 3	5.8	2.6	8.5	105.4%	96.7%	102.5%	106.7%
Maternity	12.9	4.2	17.1	82.4%	66.8%	88.2%	88.4%
MAU	5.3	3.1	8.3	95.4%	110.8%	98.3%	99.3%
MAU - AGH	5.4	5.3	10.6	78.2%	89.6%	86.3%	81.0%
MAU High Care and Short Stay	4.1	3.9	8.1	89.9%	97.9%	81.4%	90.2%
NICU	14.6	0.0	14.6	83.9%	-	81.6%	-
Riverbank	11.6	2.2	13.8	90.9%	148.2%	102.9%	98.2%
SCDU	3.9	2.6	6.5	95.1%	93.5%	111.2%	87.1%
Silver	4.1	3.9	8.1	123.8%	129.0%	100.0%	98.9%
T&O	3.0	3.0	6.1	86.8%	90.2%	91.9%	87.7%
Vascular and VHCU	5.6	2.0	7.7	86.4%	74.5%	97.5%	61.2%
Ward 1 - AGH	4.0	4.1	8.0	101.0%	78.1%	95.7%	114.0%
Ward 1 KTC	29.6	10.5	40.1	87.4%	68.9%	95.2%	-
Ward 10	3.3	3.1	6.4	94.7%	94.9%	96.8%	98.3%
Ward 11	3.7	4.2	8.0	100.3%	103.9%	86.0%	103.3%
Ward 12	3.2	3.8	7.1	102.4%	111.4%	94.9%	107.9%
Ward 14	3.2	3.3	6.5	85.8%	98.9%	100.0%	111.6%
Ward 16	4.3	3.3	7.6	85.5%	87.9%	86.0%	91.9%
Ward 17	3.1	3.4	6.6	92.1%	96.3%	101.1%	101.6%
Ward 18	3.5	3.1	6.6	95.2%	95.7%	109.5%	168.0%
Ward 2	4.1	3.8	7.9	105.1%	132.9%	115.0%	166.2%
Ward 4	3.4	3.9	7.3	99.8%	148.6%	91.5%	132.6%

Meeting	Trust Board
Date of meeting	12 September 2019
Paper number	F3

Ward 5	4.1	2.9	7.0	103.1%	113.4%	106.3%	145.2%
Ward 6	3.2	3.1	6.4	94.3%	114.1%	115.8%	123.1%

June 2019

CHPPD

	Registered midwives/ nurses	Care Staff	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)
Acute Stroke Unit	4.3	2.8	80.9%	92.8%	86.1%	123.3%
Avon 2- Gastro	3.3	3.2	101.5%	94.1%	93.3%	115.8%
Avon 3 Infectious Diseases	3.3	3.4	95.5%	94.1%	85.5%	116.7%
Avon 4	2.6	5.2	90.3%	121.8%	70.0%	158.0%
Avon 5	3.3	3.7	90.2%	111.0%	93.7%	111.7%
Beech A	3.2	2.6	103.7%	83.5%	101.7%	96.7%
Beech B - Female	4.7	1.8	61.1%	113.4%	98.4%	10.0%

Meeting	Trust Board
Date of meeting	12 September 2019
Paper number	F3

Beech C	3.2	3.1	74.2%	94.5%	100.0%	101.6%
Beech High Care	8.1	3.4	74.3%	108.2%	101.2%	106.7%
CCU-Alex	13.0	0.0	86.2%	-	100.0%	-
Evergreen 1	2.8	4.3	74.7%	112.1%	74.4%	148.4%
Head and Neck Ward	4.4	3.5	99.9%	99.9%	105.8%	63.1%
ICCU - Alex	18.6	1.6	100.1%	101.7%	100.0%	-
ICCU - Worcs	23.2	0.2	100.7%	-	101.4%	-
Laurel 1 Cardiology-CCU	6.0	2.0	93.7%	109.6%	98.3%	203.9%
Laurel 3 Haem Ward	5.7	2.9	103.5%	97.6%	98.3%	140.3%
Laurel Unit 2	4.7	3.2	99.2%	76.1%	97.0%	103.6%
M A U - Alex	5.6	5.3	75.0%	92.8%	104.5%	78.3%
Maternity Team 1 Midwives	11.8	4.1	80.0%	69.8%	88.9%	91.6%
MAU Assessment	5.2	2.7	95.8%	92.6%	98.3%	103.5%
MAU High Care and Short Stay	4.2	3.7	91.3%	89.3%	83.2%	84.9%
NICU- Paeds	7.8	0.0	104.9%	-	89.5%	-
Riverbank Unit- Paeds	11.3	2.1	91.1%	88.6%	103.7%	94.0%
Silver Oncology	3.9	3.7	115.9%	117.1%	94.4%	96.6%
Surgical Clinical Decisions Unit (SCDU)	3.7	2.7	92.0%	94.3%	103.3%	100.0%
Trauma & Orthopaedic A Ward - WRH	2.9	2.9	81.9%	92.8%	93.3%	92.9%
Vascular Unit & VHCU	5.7	2.1	85.9%	78.4%	100.0%	61.6%

Meeting	Trust Board
Date of meeting	12 September 2019
Paper number	F3

Ward 1 - KTC	35.1	10.6	89.5%	65.6%	96.6%	-
Ward 1 - Medicine	3.9	4.3	101.3%	76.5%	104.4%	128.4%
Ward 10 - Urology	3.1	3.1	94.2%	102.8%	100.6%	101.6%
Ward 11 - Medicine	4.1	4.3	98.7%	98.8%	103.2%	99.2%
Ward 12 Medicine	3.3	3.4	98.4%	99.0%	104.3%	95.9%
Ward 14 - Surgery	3.2	3.2	85.3%	95.7%	100.0%	105.3%
Ward 16 - Elective Orthopaedic Ward	4.8	3.3	91.2%	80.2%	89.0%	88.3%
Ward 17 - Trauma Ward	3.3	3.6	96.7%	99.2%	103.7%	98.3%
Ward 18	4.0	3.0	106.1%	104.8%	112.5%	125.4%
Ward 2 - Medicine	4.2	3.2	118.7%	118.4%	128.8%	161.6%
Ward 4	3.0	2.6	92.5%	142.6%	105.5%	88.2%
Ward 5 Alex	4.3	3.1	106.0%	122.0%	109.2%	147.6%
Ward 6 - Medicine	3.5	2.8	102.1%	102.3%	103.0%	106.1%

Worcestershire Acute Hospitals NHS Trust

Meeting	Trust Board
Date of meeting	12 September 2019
Paper number	F4

NHS England Annual Board Report & Statement of Compliance (Designated Body) 2018/19

For approval:	x	For discussion:		For assurance:		To note:	

Accountable Director	Mike Hallissey Chief Medical Officer Graham James Deputy Chief Medical Officer and Responsible Officer		
Presented by	Mike Hallissey Chief Medical Officer Graham James Deputy Chief Medical Officer and Responsible Officer	**Author /s**	Beth Fraser HR Officer, Medical Resourcing Dawn-Marie Wright Revalidation Support Officer Melwyn Pereira Trust Clinical Lead for Appraisal & Revalidation

Alignment to the Trust's strategic objectives							
Best services for local people		Best experience of care and outcomes for our patients		Best use of resources		Best people	x

Report previously reviewed by		
Committee/Group	Date	Outcome
Trust Management Executive	21 August 2019	Approved
Quality Governance Committee	22 August 2019	Approved

Recommendations	Trust Board is requested to: • Note the report which is provided for assurance • Approve the 'Statement of Compliance' confirming the organisation as a designated body is compliant with the Medical Profession (Responsible Officer) regulations (Appendix 3)

Executive summary	This report provides the Board with an assurance that appraisal and revalidation are in line with National standards and processes are in place to build on the improvements to date to increase compliance and build on quality of appraisal documentation. This report covers the period 01 April 2018 to 31 March 2019.

Risk									
Key Risks	BAF risk 1: If we do not have in place robust clinical governance, then we may fail to deliver high quality safe care, resulting in negative impact on patient experience and outcomes.								
Assurance	Robust implementation of the policy.								
Assurance level	**Significant**	*x*	**Moderate**		**Limited**		**None**		
Financial Risk	Detailed within the paper.								

Meeting	Trust Board
Date of meeting	12 September 2019
Paper number	F4

Introduction/Background

Medical revalidation was launched in 2012 to strengthen the way that doctors are regulated, with the aim of improving the quality of care provided to patients, improving patient safety and increasing public trust and confidence in the medical system.

Provider organisations have a statutory duty to support their Responsible Officers in discharging their duties under the Responsible Officer Regulations and it is expected that provider boards will oversee compliance by:

- monitoring the frequency and quality of medical appraisals in their organisations;
- checking there are effective systems in place for monitoring the conduct and performance of their doctors;
- confirming that feedback from patients and colleagues is sought periodically so that their views can inform the appraisal and revalidation process for their doctors; and
- ensuring that appropriate pre-employment background checks (including pre-engagement for locums) are carried out to ensure that medical practitioners have qualifications and experience appropriate to the work performed.

Issues and options

- Due to the increasing number of prescribed connections and natural turnover of appraisers, the ratio is above that outlined in the Trust's Medical Staff Appraisal and Revalidation Policy, currently 1:8.
- There is inequitable distribution of trained Trust appraisers across all five Divisions which makes it difficult to allocate appraisers across similar specialties.

High levels of clinical activity means appraisers are having difficulties taking time out to attend training sessions and conduct and prepare for appraisal meetings.

Revalidation

As at 31 March 2019, 440 doctors hold a prescribed connection to the Trust with 387 revalidated.

Table 1 - Breakdown of Recommendations

Recommendation	2017-18	2018-19
Total Recommendations	45	53
Number of Recommendations submitted on time	42 (93%)	52 (98%)
Positive Recommendations	41	45
Deferral Recommendations	4	7
Non-Engagement Notification	0	0

The Trust achieved 98.7% compliance submitting revalidation recommendations on time for the 2018/19 periods as described above. The reason for late submission was administrative error. This was an isolated incident and systems are now in place to ensure that this does not happen again.

Recommendations for deferral were made on the basis of insufficient evidence for a recommendation to revalidate due to a variety of reasons including working outside of the UK for a significant period, career break, maternity leave, or extended sick leave during the revalidation cycle. 6 of the 7 doctors with a recommendation of deferral have been placed on

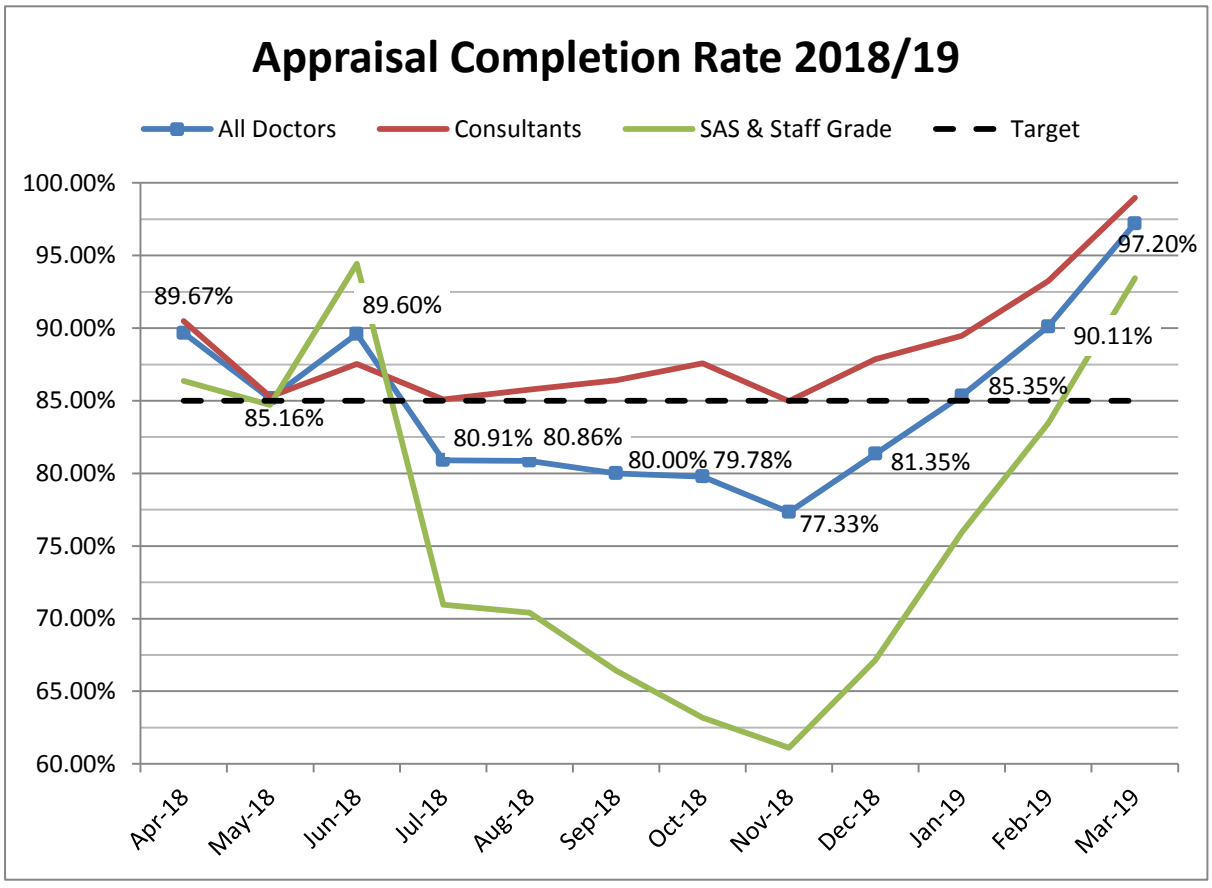
action plans to ensure a positive recommendation can be made within the deadlines set by the GMC. The 7th doctor has relinquished his licence and taken planned retirement.

- The Trust Clinical Lead for Appraisal and Revalidation undertakes Quality Assurance of Medical Appraisals (QAMA) by reviewing a large selection of appraisal inputs and outputs. The QAMA Audit for the reporting period 2017-2018 has now been completed, and the results can be provided .

Medical Appraisal

The total eligible Medical Staff appraisal rate reached its highest at 97.20% in March 2019. This was in line with national and above the Trust target rate. Recent changes to the Trust targets for Appraisal and Revalidation mean that from June 2019 onwards the target is 90%, with no 'tolerance' figure.

Figure 1 - Appraisal completion rates by grade and Trust total



During the 2018/19 reporting period, Consultant staff appraisal rates remained consistently above the Trust target. However appraisal rates for SAS & Staff Grade doctors fell dramatically in the second quarter. Prior to July 2018, doctors on long term leave, including maternity, adoption, sabbatical, career break, and long term sick leave, or those with less than 12 months service were excluded from the reporting calculations. In July 2018, this reporting was brought in line with the Trust's standard reporting process which includes all staff regardless of criteria resulting in a change in denominator and a significant decrease in

appraisal figures was reported. In addition, the SAS Tutor for the Trust, a vital part of appraisal support for SAS and Staff grade doctors, resigned effective of January 2019 and has yet to be replaced, although recruitment is ongoing. A focussed programme of training, monitoring and support by the Trust Appraisal and Revalidation Team produced significant improvements in quarters 3 and 4 of the year. Additional support that has been brought into the team and this improvement should be sustained through the current reporting year.

The NHS England Annual Organisational Audit (AOA) has shown a significant improvement with an increase in the number of completed appraisals from **68.9%** in 2017/18 to **90.7%** in 2018/19 despite a 2.8% increase in connected doctors. There was and a decrease in the number of missed appraisals from 133 in 2017/18 to 41 in 2018/19, 36 of which were approved. The Trust is now performing above the sector average for appraisals completed and a comparison of the outputs for the 2017/18 and 2018/19 periods can be provided.

Appraisers

The Trust has continued to deliver appraiser network training which has received positive feedback from delegates. Medicine, Surgery and Women and Children divisions do not have sufficient appraisers to enable equitable distribution of appraisees in line with the Trust's Medical Staff Appraisal and Revalidation Policy.

Table 2 - Appraiser ratios by division

Division	No. of Appraisers	No. of Appraisees	Ratio
Specialist Medicine	9	78	1 : 9
Urgent Care Medicine	4	42	1 : 11
Specialised Clinical Services Division	27	159	1 : 6
Surgery	11	102	1 : 10
Women & Children	4	49	1 : 13

Feedback and comments from the appraiser network training shows that a number of appraisers lack confidence in appraising across specialty and there is a need for Divisions to allocate Programmed Activities for appraisal within their specialties. A range of options are being considered to address this but the job planning review should ensure time for appraisals is appropriately reflected in appraiser job plans.

The current appraiser/appraisee ratio is 1:8 which is compliant with the NHS England requirements of 1:20. The current number of trained appraisers has reduced from 58 in 2017/18 to 55 in 2018/19. This figure includes 10 newly trained appraisers. Currently, a further 11 doctors have expressed their interest to become an appraiser and will be provided with training as explained in 4.8 – Controls in Place and Corrective Actions.

Recruitment and Engagement Background Checks

Processes around recruitment and engagement background checks are now closely monitored. Individual Appraisal and Revalidation information is now gathered as part of the pre-employment process, enabling each individual's appraisal journey at the Trust to be identified at the earliest opportunity to prevent missed appraisals.

Meeting	Trust Board
Date of meeting	12 September 2019
Paper number	F4

Responding to Concern About a Doctor's Practice
The Responsible Officer meets with the Director of People and Culture regularly to discuss all medical casework or doctors of concern. Advice is sought from the GMC Employer Liaison Advisor and NCAS where appropriate.

Additionally, the Trust Clinical Lead for Appraisal and Revalidation works closely with the Appraisal and Revalidation, Medical Resourcing and HR Advisory Teams to support the process of responding to concerns.

Mitigations
The Clinical Lead for Appraisal and Revalidation is in the process of recruiting a team of Senior Appraisers to support with Quality Assurance and the Clinical Lead for Appraisal and Revalidation role and responsibilities.

Key Risks
- Doctors failing to undertake appraisal will result in the Trust compliance rates not being met. Such doctors pose a governance risk to the organisation as the process ensures doctors are regularly assessed against the GMC's Good Medical Practice standards.
- 41 doctors had missed their appraisals in the reporting period April 2018-March 2019.

The Trust is replacing its current appraisal and 360 patient feedback systems from Equiniti and MAG to the Allocate combined Appraisal & e360 suite. A rigorous training programme has been put in place for both the appraisers and appraisees at the Trust. However, during this transitional period the Trust may see an increase in missed appraisals whilst the new system embeds across all user groups.

Controls in Place and Corrective Actions
Corrective actions to improve engagement and increase the medical appraisal compliance rate include:
1. Continue to issue RAG rated appraisal status reports to Divisional Management teams as a tool to monitor and manage appraisal completion.
2. To improve the appraisal rate for SAS/Trust grade doctors, appraisal induction sessions have been made mandatory for all doctors within three months of their start date. Training resources have been developed and uploaded on to the Trust intranet and a new SAS Tutor is being recruited to provide support. For all doctors with intermittent working hours or bank contract, it is a requirement for them to provide appraisal summary output from the previous employer within one month of making a prescribed connection to the Trust. This will ensure that any late appraisals are identified and appropriate support provided. Additionally, a set of criteria for connection of bank doctors has now been published in the Medical Staff Appraisal and Revalidation Policy to provide increased assurance regarding the validity of connections to the Trust.
3. Escalate all missed appraisals to the Responsible Officer for follow up with the relevant divisions including a trajectory for the next 12 months. All appraisees are provided with a postponement form to complete if they anticipate that due to extenuating circumstances, they will not be able to undertake their appraisals. The process flow for non-engagement laid out in the Medical Staff Appraisal and Revalidation Policy is now followed more promptly by the team and early notifications of non-engagement are made to the GMC to enable timely wrap-around support to

Meeting	Trust Board
Date of meeting	12 September 2019
Paper number	F4

be provided to individuals.

4. A resource pack is available on the Trust intranet and is part of the appraiser network sessions to equip appraisers to appraise cross specialty. This will ensure that in Divisions where there are fewer numbers of appraisers, appraisees will be allocated appraisers from appropriate specialty areas.
5. Appraiser Network events continue to take place across all sites as a mechanism for peer review, to ensure consistency of best practice and provide opportunity for key NHS England and GMC updates to be disseminated by the Clinical Lead for Appraisal and Revalidation/Responsible Officer to appraisers. The team are developing in-house training for potential appraisers, based on NHS England's guidance, and the first session due on the 15th October 2019. This will provide a cost saving.
6. Appraisal and Revalidation status is now gathered as part of the job application process, on new starter forms and as part of the standard checks for all prospective employees. During the appraisal and revalidation induction session all outstanding information will be collected from all doctors.

Success Criteria

- To achieve consistent Medical Appraisal compliance rate of 90% in all staff groups by March 2020 supported by a quarterly comparator report.
- To achieve 100% compliance with timely submission of revalidation recommendations.
- To deliver internal training for all new appraisers.
- To recruit new appraisers and senior appraisers.
- To maintain appraisal compliance in line with both sector and national targets.

Recommendations

Trust Board is requested to:

- Note the report which is provided for assurance
- Approve the 'Statement of Compliance' confirming the organisation as a designated body is compliant with the Medical Profession (Responsible Officer) regulations (Appendix 3)

Appendix : **Statement of Compliance**

Worcestershire Acute Hospitals NHS Trust

Meeting	Trust Board
Date of meeting	12 September 2019
Paper number	F4

Appendix 3 – Statement of Compliance

Annual Board Report and Statement of Compliance

Designated Body Annual Board Report

Section 1 – General:

The board of Worcestershire Acute Hospitals NHS Trust can confirm that:

1. The Annual Organisational Audit (AOA) for this year has been submitted.

Date of AOA submission: 28 May 2019

Action from last year: Following a disappointing AOA return for 2017/2018 in terms of appraisal compliance rates, the Appraisal and Revalidation Team recognised that action was required to improve compliance for the 2018/2019 AOA. Corrective actions were as follows:

*Introduce a mandatory appraisal and revalidation 'induction' session for all Drs with a new prescribed connection to the organisation to ensure they are aware as soon as possible after commencement of their appraisal and revalidation responsibilities, the resources and tools available to them, and how to contact the Appraisal and Revalidation team in case of any queries.

*Ask Drs with a new prescribed connection to provide verification of their last appraisal within one month of connection to the Trust so that we can ascertain as soon as possible when their next appraisal is due, and allocate a suitable appraiser accordingly.

*Ensure that the Medical Resourcing ask for appraisal and revalidation history as part of pre-employment checks, if the information has not already been provided as part of the job application process.

*Increase the staff resource allocated to Medical Appraisal and Revalidation team to ensure that all administrative tasks are completed in a timely fashion and a more pro-active approach to chasing Drs is taken.

Comments: The above measures have been instrumental in helping the Trust achieve the highest appraisal compliance annual rate since the AOA was introduced.

Action for next year: We will strive to ensure that the successes of the past year are continued and our appraisal compliance rate (which was above average for designated bodies within the Acute sector) is maintained.

2. An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Action from last year: N/A – we have always had a Responsible Officer in post.

Comments: Following the departure of our former Responsible Officer Dr Suneil Kapadia in May 2019, Mr Graham James who was Deputy Chief Medical Officer at the time became Responsible Officer. Mr James had attended the NHS England Responsible Officer training in December 2018.

Action for next year: Mr Mike Hallissey has been appointed as Chief Medical Officer for the Trust with effect from August 2019. He will be attending the NHS England Responsible Officer Training in November 2019 with a view to becoming Responsible Officer thereafter. Mr James will continue as Responsible Officer until such time.

3. The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

Yes

Action from last year: N/A

Comments: The administrative element of the Appraisal and Revalidation team has increased by 0.8WTE.

Action for next year: To maintain current staffing levels within the Appraisal and Revalidation team, and provide additional temporary cross-team support when required.

4. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is always maintained.

Action from last year: N/A

Comments: The prescribed connections made to the Trust are monitored on a weekly and monthly basis and any new connections which have been made by the Dr themselves or the GMC are investigated promptly to see if they are appropriate. Connections are made to Drs by the Trust on their first day in post in the majority of cases, and connections of Drs who are leaving the organisation are broken on the day of termination.

Action for next year: To maintain an accurate record of prescribed connections by continuing the current actions taken.

5. All policies in place to support medical revalidation are actively monitored and regularly reviewed.

Action from last year: N/A

Comments: The Trust's Medical Staff Appraisal and Revalidation Policy is reviewed every two years in line with the Human Resources Policy Review Programme. In addition to this, specific items in the policy are discussed at Medical Appraisal and Revalidation Advisory Group meetings, and where appropriate changes are agreed in principle before being shared with the Local Negotiating Committee, Medical Management Committee and then a final version is agreed and reviewed by Clinical Governance prior to publication.

Action for next year: The Medical Staff Appraisal and Revalidation Policy is due for review as part of the Human Resources Policy Review Programme in January 2020.

6. A peer review has been undertaken of this organisation's appraisal and revalidation processes.

Action from last year: N/A

Comments: We have not undergone a peer review of our processes, but we do have periodical audits from CW Audit internal audit services on our Medical Appraisal and Revalidation processes. The last follow-up audit was in November 2017. We have requested contact details from NHS England of appropriate peers in order to establish a peer review group, as yet we have not received this information.

Action for next year: Establish a peer review group in the next year and consider initiating a peer review process.

7. A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

Action from last year: N/A

Comments: Locum doctors employed via agencies are from locum agencies that are approved as part of the framework agreement. Pre-employment checks carried out as defined by NHS Employers and Healthcare Professional Alert Notices (HPAN) alerts are checked. There is a departmental induction and a locum doctor induction pack which include the process for escalating concerns. Locum doctors that are here for a longer period attend Trust induction which is held monthly. Locum doctors have access to local policies, protocols and guidance on local clinical pathways, they are granted access pass for appropriate buildings, and IT systems access. There are online mandatory training modules available. Some placements may be extremely short and time limited so not all of the available options may be taken up.

Locum doctors are responsible for their own continuing professional development. They are supported by the Medical Education Centres at all three sites where opportunities exist to access education services at their place of work. They have access to information such as clinical governance data, learning events analysis, quality improvement activities, significant events and complaints and case reviews. They also have an opportunity to gather patient and colleague feedback whilst at the Trust.

Action for next year: To continue to support locum or short-term placement doctors appropriately.

Section 2 – Effective Appraisal:

1. All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes.

Action from last year: N/A

Comments: The Trust currently utilises two appraisal systems – Equiniti Revalidation Management System (RMS) and the NHS England Medical Appraisal Guide (MAG) form. Both of these formats have mandatory fields requiring the doctor to describe their full scope of work, complaints and significant events. Appraisees are given contact details of departments in the Trust who can provide evidence in relation to complaints and significant events. The Trust Appraisers are trained to ensure that these fields are completed in the appraisal preparation stage.

The Drs are required to complete two self-declarations prior to the appraisal meeting relating to health and probity. Any fitness to practice investigations or concerns should be raised at this time. This relies on the doctor's honesty and integrity as the appraiser would not necessarily be aware of any current investigations. Occasionally following an incident or concern raised there

is a request from the Responsible Officer for it to be discussed at the appraisal meeting, and the appraiser is made aware of the necessary details.

Action for next year: To fully embed the new appraisal system purchased by the Trust enabling equity of provision to all medical employees of the Trust.

2. Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

Action from last year: N/A
Comments: N/A
Action for next year: N/A

3. There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

Action from last year: N/A

Comments: The Trust's Medical Staff Appraisal and Revalidation Policy is broadly based on the NHS England policy and has received approval from Local Negotiating Committee (LNC), Medical Management Committee (MMC) and Medical Appraisal and Revalidation Advisory Group (MARAG). Following any amendments the policy is reviewed by Clinical Governance prior to publication.

Action for next year: To incorporate any changes in GMC or NHS England national guidance into the policy where appropriate following the established approval route.

4. The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

Action from last year: Due to the increased number of prescribed connections and recent natural attrition of appraisers there was a shortage of appraisers for the ratio described in the Trust's Medical Staff Appraisal and Revalidation Policy (between 5-8 per appraiser).

Comments: Although a further 10 new appraisers were trained in January 2019 there is still a shortage of appraisers and further training is being arranged for October 2019. We currently have 55 appraisers including the Trust Clinical Lead for Appraisal and Revalidation who appraises a reduced number of doctors due to the other requirements of the role. The number of prescribed connections is currently 447, leaving a ratio of just over 1:8 per appraiser.

Action for next year: To try and recruit further appraisers and to retain the current set by encouraging the divisions to incorporate the 0.25PA per week dedicated to the role into the job plan as soon as they have been trained. To complete the process for creating a separate

Appraisal and Revalidation business unit to facilitate payment for appraisers and facilitate the Appraisal and Revalidation support processes.

5. Medical appraisers participate in ongoing performance review and training/ development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers[1] or equivalent).

Action from last year: N/A

Comments: The Trust Clinical Lead for Appraisal and Revalidation holds 6 Appraiser Networks annually and all appraisers are required to attend a minimum of 1 per year. The Networks provide a forum for Trust appraisers to meet on a regular basis and discuss any issues or challenges, enable peer support, calibration of professional judgement and provide an opportunity for national and local updates to be shared and discussed. Results from Quality Assurance audits are also shared with the group and areas for improvement in the appraisal output documentation is discussed. Feedback is collected after each session and reflected upon by the team.

Action for next year: To refresh the content annually so that the Appraisers continue to find it a valuable session.

6. The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

Action from last year: The Quality Assurance of Medical Appraisals (QAMA) process for 2017/18 was in progress at the time of last year's board report and has since been completed.

Comments: The Trust Clinical Lead for Appraisal and Revalidation quality assures the appraisal inputs and outputs throughout the year both as part of a structured audit using the Appraisal summary and PDP audit tool ASPAT, and also informally when reviewing appraisal outputs and supporting information for revalidation recommendations.

Action for next year: Plan to complete the annual audit for 2018/19 in time for the annual board report so the headlines from the audit can be shared as part of this report. To also make the doctors who are not appraisers aware of the quality assurance process and results of audit.

[1] http://www.england.nhs.uk/revalidation/ro/app-syst/
[2] Doctors with a prescribed connection to the designated body on the date of reporting.

Meeting	Trust Board
Date of meeting	12 September 2019
Paper number	F4

Section 3 – Recommendations to the GMC:

1. Timely recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.

Action from last year: N/A

Comments: When doctors come under notice for revalidation approximately 4 months prior to their submission date they are contacted promptly and given information regarding their upcoming revalidation and the evidence they will need to provide. The evidence is made available to the Responsible Officer or his nominated deputy at least 4 weeks prior to the submission date to give ample time to review the documentation. Of the 53 recommendations submitted in this period only 1 was a late recommendation due to an administrative error. Only persons that have attended the NHS England Responsible Officer training may make a submission decision on behalf of the Trust and they are aware of the responsible officer protocol including the types of recommendations available and the criteria to help with decision making, and they are aware that the local GMC Employer Liaison Service contact is available for advice in difficult cases.

Action for next year: To ensure that all recommendations are submitted on time. Also for the administrative team to identify actions required by the doctor prior to their revalidation submission date earlier, to avoid issues like 360 degree multi source feedback exercises still being in progress when the submission date is approaching.

2. Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.

Action from last year: N/A

Comments: We have not entered any non-engagement recommendations, but when a deferral recommendation is submitted this is discussed with the doctor and an action plan is agreed for the doctor to carry out the listed actions before their next deferral date, if the recommendation is approved by the GMC. Presently we do not always confirm positive revalidation recommendations to the doctor.

Action for next year: As a team we could improve the communication to the doctors we enter a positive revalidation recommendation for.

Meeting	Trust Board
Date of meeting	12 September 2019
Paper number	F4

Section 4 – Medical governance:

1. This organisation creates an environment which delivers effective clinical governance for doctors.

Action from last year: N/A

Comments: The Trust has an active Clinical Governance Team who work closely with the patient care and public engagement teams, PALS, bereavement services, patient information, patient engagement and Divisional Quality Governance teams to maximise quality across the Trust. Regular grand rounds, mortality & morbidity and multi-disciplinary team meetings are held universally across all departments. There is an established route for reporting incidents, and Divisional Medical Directors meet weekly to discuss all aspects of medical and divisional governance.

Action for next year: Continue to provide effective medical governance.

2. Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

Action from last year: N/A

Comments: The Trust has systems in place for monitoring conduct and performance, including divisional management teams, Datix reporting, significant events reporting, mortality reviews, and patient complaints records. The Trust has several policies relating to conduct and performance for all staff, and the HR advisory service actively participates in the support of departments and individuals with conduct and performance issues. All data pertaining to a doctor's conduct and performance is available to the individual on request, and new doctors to the Trust are provided with the contact details of all relevant departments during their initial appraisal and revalidation training. The Appraisal and Revalidation Team will also assist with requests for information.

Action for next year: To continue to monitor the systems in place for efficacy, and to make improvements where needed.

3. There is a process established for responding to concerns about any licensed medical practitioner's[1] fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

Action from last year: N/A

Comments: The Trust has an established protocol for responding to concerns about fitness to practice and a Conduct, Capability, Ill Health and Appeals Policies and Procedures for Medical and Dental Staff document which collates all the relevant policies and outlines the arrangements for investigation and intervention into one easily accessible document. This is published on the Trust intranet for all staff to access where needed.

Action for next year: The Trust Conduct, Capability, Ill Health and Appeals Policies and Procedures for Medical and Dental Staff document is due for review in June 2020 as part of the Human Resources Policy Review Programme.

4. The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors[2].

Action from last year: N/A

Comments: A monthly update and report regarding casework for all staff groups is presented at Joint Negotiating Consultative Committee, Divisional Board meetings and the Trust People & Culture Committee on a regular basis.

Action for next year: To continue to report on casework regularly.

5. There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation[3].

[4]This question sets out the expectation that an organisation gathers high level data on the management of concerns about doctors. It is envisaged information in this important area may be requested in future AOA exercises so that the results can be reported on at a regional and national level.

[3] The Medical Profession (Responsible Officers) Regulations 2011, regulation 11: http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents

Action from last year: N/A

Comments: The Trust utilises the NHS England Medical Practice Information Transfer Form to ensure information is shared appropriately between responsible officers for all medical personnel at the Trust, including for those with multiple contracts at separate Trusts or with connections to private medical practices. The former RO for the Trust established good working links with the private medical practices in the region, ensuring a quick and effective transfer of information regarding concerns from these external parties. There is currently one person at the Trust responsible for collating information for MPIT forms. This can sometimes cause delays in information transfer due to workload and a reliance on third parties providing information in a timely manner.

Action for next year: To continue to build effective working relationships across the region. To consider providing support from the Appraisal and Revalidation and Medical Resourcing teams for the processing of MPITs to reduce unnecessary delays.

6. Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref GMC governance handbook).

Action from last year: N/A

Comments: All Trust policies are subject to a process of equality impact assessment prior to publication. Medical Policies are subject to approval from the Local Negotiating Committee (LNC), Medical Management Committee (MMC) and Medical Appraisal and Revalidation Advisory Group (MARAG). Following any amendments the policy is reviewed by Clinical Governance and the HR Advisory service prior to publication to ensure processes are fair and free from bias.

Action for next year: To review policies in line with the Human Resources Policy Review Programme, taking into account and updates from NHS Employers, NHS England and the GMC.

Section 5 – Employment Checks:

1. A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

Action from last year: To improve pre-employment check standards to ensure all checks required by NHS England are completed within one month of doctors commencing in post.

Comments: Processes around recruitment and engagement background checks are now closely monitored, with KPIs in place to ensure all required pre-employment clearances are completed

prior to a doctor commencing in post. As such, all doctors commencing at the Trust are fully cleared in line with NHS England guidelines which state that all pre-employment documents be completed within one month of a doctor commencing. Assurance regarding these processes and recruitment and engagement background checks is now included in a monthly Medical Workforce Report that is presented at the Trust People & Culture Committee.

Action for next year: To continue to monitor and maintain our current pre-employment check standards.

Section 6 – Summary of comments, and overall conclusion:

- General review of last year's actions:
- Despite difficulty maintaining appraisal figures in quarter 1 and 2 of the year, significant improvements were made in quarters 3 and 4 of the year, attributable to a focussed programme of training, monitoring and support spearheaded by the Trust Appraisal and Revalidation Team, alongside the Clinical Lead for Appraisal and Revalidation. Monitoring and reporting on the appraisal and revalidation processes is now more robust, with more governance oversight.
- Current issues:
- Due to the increased number of prescribed connections and natural attrition of appraisers there is now a shortage of appraisers for the ratio described in the Trust's Medical Staff Appraisal and Revalidation Policy, which is currently 1:8.
- There is inequitable distribution of appraisers across all five Divisions which makes it difficult to allocate appraisers across similar specialties.
- The Trust is replacing its current appraisal and 360 patient feedback systems from Equiniti and MAG to the Allocate combined Appraisal & e360 suite. A rigorous training programme has been put in place for both the appraisers and appraisees at the Trust.
- Actions still outstanding from previous reporting year:
- Continuing to improve the appraisal rate for SAS/Trust Grade doctors at the Trust
- Update reporting tools in line with Trust Board Tolerances
- Deliver internal training for new appraisers
- New actions identified in this reporting year:
- To review and update policies where required/appropriate
- Establish a peer group for external review of systems and processes
- Embed the new appraisal system with minimal impact to medical appraisal
- Recruit and train new appraisers and senior appraisers within the Trust
- Complete the 2018/19 QAMA Audit
- To improve communication with doctors regarding positive revalidation recommendations.

Overall conclusion:

Meeting	Trust Board
Date of meeting	12 September 2019
Paper number	F4

The Trust made vast improvements to the Appraisal and Revalidation processes in quarter 3 and 4 of 2018/19. Our main aim for the 2019/20 reporting year is to maintain this improvement by utilising the processes and systems in place and by addressing those issues listed above effectively.

Section 7 – Statement of Compliance:

The Board of The Worcestershire Acute Hospitals NHS Trust has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

[(Chief executive or chairman (or executive if no board exists)]

Official name of designated body: WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

Name: Paul Brennan **Signed:**

Role: Acting Chief Executive

Date: 12 September 2019

Meeting	Trust Board
Date of meeting	12 September 2019
Paper number	F5

Trust Management Executive

For approval:		For discussion:		For assurance:	x	To note:	

Accountable Director	Matthew Hopkins CEO		
Presented by	Paul Brennan Deputy CEO	**Author /s**	Kimara Sharpe Company Secretary

Alignment to the Trust's strategic objectives							
Best services for local people	X	Best experience of care and outcomes for our patients	X	Best use of resources	X	Best people	x

Report previously reviewed by		
Committee/Group	Date	Outcome

Recommendations	The Trust Board is requested to receive this report for assurance.

Executive summary	This report gives a summary of the items discussed at both meetings. Members will see that there is a clear line of sight between the Board, Committees and TME.

Risk								
Key Risks	TME, as the decision making body for the Trust, addresses all risks.							
Assurance								
Assurance level	**Significant**		**Moderate**		**Limited**		**None**	
Financial Risk	Within budgets							

Meeting	Trust Board
Date of meeting	12 September 2019
Paper number	F5

Introduction/Background

TME is the primary executive decision making body for the Trust. It is set up to drive the strategic agenda and the business objectives for the Trust. It ensures that the key risks are identified and mitigated as well as ensuring that the Trust achieves its financial and operational performance targets.

Issues and options

Since my last report at the July Board, TME has met twice, 24 July and 21 August. This report covers both meetings.

21 August meeting

Items presented for approval

- **Health and Safety Annual Report** – on this month's board agenda
- **Security Annual Report** – being presented to the Audit and Assurance Committee (September) followed by the Trust board in November
- **NHS England Annual Board Report & Statement of Compliance (Designated Body) 2018/19** – on this month's board agenda
- **Electronic Patient Record Outline Business Case** – on this month's board agenda
- **EPRR Core Standards Self- Assessment submission 2019** – on this month's board agenda
- **Centralised Recruitment Model**
- **Full Time orthodontic consultant –** OBC
- **Revisions to the Clinical Excellence Policy**
- **ASR – OJEU procurement**
- **Decision to Admit (DTA)** – approval of the emergency department clinicians to be able to admit patients
- **Use of the new wards in Aconbury**

Items presented for information/discussion

- **Health and Safety internal audit report** - being presented to the Audit and Assurance Committee (September)
- **4ward Programme – Year 2 Benefits Realisation** – on this month's board agenda
- **Termination of Provision of Pharmacy Service to Health & Care Trust**
- **Measurement of progress against 7 day standards**
- **Integrated Quality Report** – presented to the QGC
- **Learning from deaths** – presented to the QGC and is on this month's board agenda
- **Infection control update** – presented to QGC
- **Getting it right first time (GIRFT)** – presented to QGC
- **Integrated Performance Report** – presented to F&P and is on this month's board agenda
- **RTT Internal Audit Report**
- **Financial Performance – Month 4 and Capital Finance Report** - presented to F&P
- **Brexit – implications for no deal** – on this month's Board agenda
- **Review of active business cases**
- **People and Culture strategy resource plan** – presented to P&C committee
- **Equality and Diversity Annual report** – presented to P&C committee and to Trust

Meeting	Trust Board
Date of meeting	12 September 2019
Paper number	F5

Board in November

- **Freedom to Speak Up –** presented to P&C Committee
- **Safe Staffing –** presented to P&C Committee and on this month's board agenda
- **Bluespier letters –** presented to QGC

Following this meeting, there was a substantial discussion about achieving the £22.5m cost reduction which was followed up by an extraordinary meeting on 27 August.

Subgroup reports

- **Medical Workforce**
- **Education, Learning and Development**
- **Strategy and Planning update** – approval of capital spend

24 July meeting

Items presented for approval

- **Digital Strategy Implementation Plan**
- **Standards of Business Conduct Policy** (also approved at the July Audit and Assurance meeting)
- **Strategy and Planning update – approval of capital spend**

Items presented for information/discussion

- **Clinical Services Strategy update** (focus of the Board development session on 17 July)
- **Integrated Quality Report** (presented to July QGC)
- **CQC inspection update**
- **Infection control update** (presented to July QGC)
- **Learning from Deaths** (presented to July QGC)
- **Medical Devices** (presented to July QGC)
- **Quality Account – Audit** (presented to July Board and Audit and Assurance Committee)
- **Review of Oral maxillofacial surgery, Head and Neck services** (presented to Trust Board, July 2019)
- **NHS Patient Safety Strategy** (presented to July QGC)
- **CNST** (presented to July QGC and July trust board)
- **Integrated Performance Report** (presented to July F&P)
- **Financial Performance – M3 and capital finance report** (presented to July F&P)
- Forecasting procedure (presented at July F&P)
- Bed capacity business case and benefits realisation (presented to July F&P)
- Contract management (presented to July F&P)
- **Lessons learnt from External Audit report** (presented to July F&P)
- **Overpayments** (presented to July F&P)
- **Revenue support loan documents July 2019**
- **P&C strategy resource plan**
- **How to use Wisdom in the Workplace**
- **Risk Management Group**

Recommendations

Meeting	Trust Board
Date of meeting	12 September 2019
Paper number	F5

The Trust Board is requested to receive this report for assurance.
Appendices

NHS
Worcestershire
Acute Hospitals
NHS Trust

Meeting	Trust Board
Date of meeting	12 September 2019
Paper number	F6

European Union Exit Preparedness

For approval:		For discussion:		For assurance:	x	To note:	

Accountable Director	Robert D Toole – Chief Finance Officer		
Presented by	Paul Brennan Deputy CEO/COO	**Author /s**	Charlotte Kings – Assistant Director of Procurement

Alignment to the Trust's strategic objectives							
Best services for local people	x	Best experience of care and outcomes for our patients	x	Best use of resources	x	Best people	x

Report previously reviewed by		
Committee/Group	Date	Outcome

Recommendations	To advise the Board that our European Union (EU) exit response is being updated in respect of previous position in order to be prepared and ready for any impacts of leaving the EU on the revised time-tabled date of 31st October 2019.

Executive summary	This paper is to provide an update on the current status of NHS preparations for EU Exit, and a brief in relation to the key activities that need to be progressed locally as we prepare for leaving the EU on 31st October 2019. Regional EU Exit teams from NHS England began assuring local preparations from the end of August 2019. The assurance process covers similar ground as previous exercises, including our plans, systems and contingency arrangements for key areas such as operational readiness, communication, continuity of supply, workforce, clinical trials, data, finance and health demand. As of 21st October 2019, we can expect regular situation reporting to commence to NHS England in the build up to the timetabled EU exit on 31st October 2019.

Risk									
Key Risks	IF we are unable to sustain our clinical services THEN the Trust will become unviable RESULTING IN inequity of access for our patients								
Assurance	EU preparedness plan, supporting risk register and action plan.								
Assurance level	**Significant**		**Moderate**		**Limited**	x	**None**		
Financial Risk	Not able to quantify at this stage but Finance prepared to record any impact incurred as a result of EU exit.								

Meeting	Trust Board
Date of meeting	12 September 2019
Paper number	F6

Introduction/Background

This paper is to provide an update on the current status of NHS preparations for EU Exit, and a brief in relation to the key activities that need to be progressed locally as we prepare for leaving the EU on 31st October 2019.

A previous paper submitted to Board in February 2019, details preparations that took place in the lead up to the original EU exit date of 31st March 2019. The text from this paper is reproduced in appendix A (the workforce section has been updated).

Our EU Exit SRO is Robert D Toole, Chief Finance Officer. A supporting EU Exit team, with management and oversight of the organisation's Single Point Of Contact (SPOC) email for EU exit communications, has been reinstated via Stuart Allen, our Emergency Planning and Resilience officer.

Issues and options

A series of regional EU exit workshops are scheduled to be hosted by NHS England during September designed to provide an update on the current national status of NHS preparations and to update on key activities that need to be progressed locally as we prepare for leaving the EU on 31st October 2019.

In the meantime, we plan to progress the following, so that we are prepared, and geared up to respond to the messages that will be shared at the regional workshops in relation to the following areas:

- Complete the mitigation of any issues identified in the previous assurance processes. This will be carried out using the previous risk register and actions log (as detailed in appendix B) which is in the process of being updated.
- Re-establish the regular EU Exit team task and finish group that includes the following subject matter experts for critical areas; supply chain/ procurement, pharmacy, logistics, estates and facilities, workforce and data.
- Reinstate on-call arrangements, and ensure on-call directors understand what is required of them and the escalation routes for any issues experienced upon exiting the EU.
- Ensure our business continuity plans are up-to-date and tested, including winter and flu plans.
- Ensure we are engaged with local system preparations around EU exit through Local Health Resilience Partnerships and Local Resilience Forums, and have agreed to link with partner agencies including local authority, CCG and provider colleagues to collaboratively manage and address issues.
- Re-familiarise our teams with details of the EU exit operational guidance from 21 December 2018 bearing in mind some aspects of this may have been supplemented with further information and/or may be updated in the coming weeks.
- Revisit our contract and supplier assurance process including 'walk the floor' checks, to include smaller and/or niche local suppliers not covered by national assurance exercises.
- Ensure we communicate with healthcare professionals and patients using the available information on the GOV.UK, NHS England and Improvement websites and NHS Choices.

Meeting	Trust Board
Date of meeting	12 September 2019
Paper number	F6

Conclusion

Charlotte Kings, Assistant Director of Procurement is scheduled to attend our local regional EU exit workshop in Leicester 17th September 2019.

Regional EU Exit teams from NHS England will begin assuring local preparations from the end of August 2019. The assurance process will cover similar ground as previous exercises, including our plans, systems and contingency arrangements for key areas such as operational readiness, communication, continuity of supply, workforce, clinical trials, data, finance and health demand.

Following feedback from previous assurance processes, NHS England are currently working with NHS Digital to make improvements to the situation reporting system and process. As of 21st October 2019, we can expect regular situation reporting to commence.

Recommendations

To advise the Board that our EU exit response is being updated in respect of previous position in order to be prepared and ready for any impacts of leaving the EU on the revised time-tabled date of 31st October 2019.

Appendices

Appendix A – Text from February 2019 Board Paper

Meeting	Trust Board
Date of meeting	12 September 2019
Paper number	F6

Appendix A
Key issues as received by the Board in February 2019

Supply of Medicines & Vaccines
The Government recognises the vital importance of medicines and vaccines, and has developed a UK-wide contingency plan to ensure the flow of these products into the UK in a 'no deal' scenario. The plan covers medicines used by patients and service users in all four nations of the UK. WAHT are ensuring awareness of the national plan and are responding locally when appropriate.

The DHSC is working very closely with the devolved administrations, the Crown Dependencies and other government departments to explore specific issues related to the various supply chains for medicines in the UK, as well as potential mitigations. The plan covers medicines used by all types of providers, including private providers.

Earlier this year, the DHSC undertook an analysis using Medicines and Healthcare Products Regulatory Agency and European Medicines Agency data, on the supply chain for all medicines (including vaccines and medical radioisotopes). This identified those products that have a manufacturing touch point in the EU or wider EEA countries.

In August 2018, the DHSC wrote to pharmaceutical companies that supply the UK with prescription-only and pharmacy medicines from, or via, the EU or European Economic Area (EEA) to prepare for a no deal scenario.

Companies were asked to ensure they have a minimum of six weeks' additional supply in the UK, over and above their business as usual operational buffer stocks, by 29 March 2019.

Companies were also asked to make arrangements to air freight medicines with a short shelf life, such as medical radioisotopes. Since then, the DHSC has advised that there has been very good engagement from industry to ensure the supply of medicines is maintained in a 'no deal' exit.

The DHSC is supporting manufacturers taking part in the contingency planning and is already providing funding for the provision of additional capacity for the storage of medicines.

In October, the DHSC invited wholesalers and pre-wholesalers of pharmaceutical warehouse space to bid for government funding to secure the additional capacity needed for stockpiled medicines, and funding for selected organisations has now been agreed.

On 7 December 2018, the DHSC wrote to UK manufacturers of medicines currently using the short straits crossings of Dover and Folkestone as they will want to review supply arrangements in light of the Government's updated planning assumptions.

Whilst the six-week medicines stockpiling activity remains a critical part of the DHSC UK-wide contingency plan, it is now being supplemented by additional national actions. The Government is working to ensure there is sufficient roll-on, roll-off freight capacity to enable medicines and medical products to continue to move freely into the UK.

The Government has agreed that medicines and medical products will be prioritised on these alternative routes to ensure the flow of all these products will continue unimpeded after 29 March 2019. This includes all medicines, including general sales list medicines.

In the event of delays caused by increased checks at EU ports, the DHSC will continue to develop the UK-wide contingency plan for medicines and vaccines with pharmaceutical companies and other government departments.

UK health providers – including hospitals, care homes, GPs and community pharmacies – should not stockpile additional medicines beyond their business as usual stock levels. There is also no need for clinicians to write longer NHS prescriptions and the public should be discouraged from stockpiling.

Chief and Responsible Pharmacists are responsible for ensuring their organisation does not stockpile medicines unnecessarily. Any incidences involving the over-ordering of medicines will be investigated and followed up with the relevant Chief or Responsible Pharmacist directly.

The DHSC and NHS England and Improvement are developing arrangements to allow local and regional monitoring of stock levels of medicines; arrangements are also likely to be put in place to monitor the unnecessary export of medicines.

The DHSC is putting in place a “Serious Shortage Protocol”. This will involve changes to medicines legislation that will allow flexibility in primary care dispensing of medicines. Robust safeguards will be put in place to ensure this is operationalised safely, including making authoritative clinical advice available.

Public Health England (PHE) is leading a separate UK-wide programme ensuring the continuity of supply for centrally-procured vaccines and other products that are distributed to the NHS for the UK National Immunisation Programme or used for urgent public health use. In addition to the national stockpiles that PHE has in place to ensure continued supply to the NHS, PHE continues to work alongside contracted suppliers on their contingency plans to ensure that the flow of these products will continue unimpeded in to the UK after exit day.

Supply of Medical Devices and Clinical Consumables

On 23 October 2018, the Secretary of State for Health and Social Care wrote to suppliers of medical devices and clinical consumables updating them on the contingency measures the DHSC is taking to ensure the continuity of product supply.

One of these measures is to increase stock levels of these products at a national level in England. This involves working with the devolved nations and Crown Dependencies to ensure that national contingency arrangements are aligned and able to support specific preparedness measures necessary to meet the needs of their health and care systems including WAHT.

The DHSC is also developing contingency plans to ensure the continued movement of medical devices and clinical consumables that are supplied from the EU directly to organisations delivering NHS services in England.

All suppliers that regularly source products from EU countries have to review their supply chains and determine what measures they need to take to ensure the health and care system has access to the products it needs.

NHS Supply Chain officials are also contacting suppliers who routinely import products from the EU to establish what measures are required to ensure they can continue to provide products in a 'no deal' scenario. Products are already being ordered and stockpiled

The Government is working to ensure there is sufficient roll-on/roll-off freight capacity to enable medicines and medical products to continue to move freely into the UK. This will help facilitate the flow of products to both NHS and private care providers. The Government has agreed that medicines and medical products will be prioritised on these alternative routes to ensure the flow of these products will continue unimpeded after 29 March 2019.

There is no need for health and adult social care providers to stockpile additional medical devices and clinical consumables beyond business as usual stock levels. Officials in the Department will continually monitor the situation and, if the situation changes, will provide further guidance by the end of January 2019.

Supply of Non-Clinical Consumables, Goods and Services
The DHSC has identified categories of national suppliers for non-clinical consumables, goods and services that it is reviewing and managing at a national level. Examples of relevant categories include food and laundry services. For these categories, the DHSC is engaging with suppliers and industry experts to identify and plan for any supply disruption. Where necessary, there will be cross-government work to implement arrangements at the point of EU Exit to ensure continued supply.

On food, for example, the DHSC is engaging with both suppliers and health experts to identify and plan for any food items that might suffer supply disruption in the event of a 'no deal'. Standard guidelines will be developed for health and adult social care providers on suitable substitution arrangements for any food items identified as being at risk.

The DHSC is also conducting supply chain reviews across the health and social care system to assess commercial risks. This includes reviews for high-risk non-clinical consumables, goods and services, and a self-assessment tool for NHS Trusts and Foundation Trusts. WAHT has completed this self-assessment.

The results of these self-assessments were received at the end of November, and DHSC is conducting analysis of the data, that will be used to provide additional guidance to Trusts and Foundation Trusts in February 2019.

Workforce
As at 1st December 2018 the Trust had 223 members of staff that are EU citizens representing 4% of the Trust's workforce.

The Trust has written to these employees to support them in obtaining settled status. Through the EU Settlement Scheme, EU citizens will be able to register for settled status in the UK if they have been here for five years, or pre-settled status if they have been here for

less than five years. This will ensure the rights of EU citizens are protected in the UK after EU Exit, and guarantee their status and right to work. Initially the Government had applied a £65 fee for this application with the Trust offering to reimburse staff if they remained in our employment. However, the Government recently agreed to waive this fee for NHS staff.

Relevant staff were invited to register for EU settled status under the pilot scheme that was open between the 3rd and 21st December 2018. Staff that did not register under the pilot scheme will have the opportunity to register from January 2019, when it re-opens following the initial pilot, up to 2020. This will allow sufficient opportunity for staff to register even in a 'no deal' scenario. It is noted that the Settlement Scheme will have less deterrent impact following the announcement that the associated fees would be abandoned.

The Trust has yet to receive any resignations from EU citizens in relation to Brexit so the risk to the Trust is felt to be minimal at this stage. However, the situation will be monitored monthly with regular updates reported through the People and Culture Committee.

A higher proportion of EU citizens tend to work in social care predominately in the domiciliary care sector. The Trust has sought assurances through the STP Workforce and OD Advisory Group on whether there will be any impact to these services in Worcestershire as a result of a no deal Brexit.

Professional regulation (recognition of professional qualifications)
Health and care professionals (including UK citizens), whose qualification has been recognised and who are registered in the UK before 23:00 on 29 March 2019, will continue to be registered after this point.

Health and care professionals (including UK citizens), who apply to have their qualification recognised in the UK before 23:00 on 29 March 2019, will have their application concluded under current arrangements.

Health and care professionals (including UK citizens) with an EU/EEA or Swiss qualification, who apply to have their qualification recognised in the UK from 23:00 on 29 March 2019 will be subject to future arrangements.

WAHT has prepared plans to ensure that professional regulation does not become a barrier to working within WAHT.

Research and Clinical Trials
The guidance published by the DHSC specifically requests that Trusts do not directly approach sponsors regarding EU Exit planning and instead go to the lead NHS site (where the Chief Investigator is based) and that organisation will liaise with the Sponsor on all NHS trusts behalf. A collaborative approach has been discussed with other R&D Managers in the region. It has been requested that the Clinical Research Network co-ordinates this activity for the region.

Data sharing, processing and access
The 'Data' workstream for EU exit (Chaired by DHSC, with representatives of ALB's, DCMS and the ICO) has considered impacts and sourced mitigations to ensure continued flows of data post March 2019. Detailed guidance is to be published February 2019. Whilst it is

unlikely that the Commission will have given the UK an Adequacy Decision by the end of March, it should be possible to use 'appropriate safeguards' to ensure continued flows. Department for Culture Media and Sport and the Information Commissioners Office are assisting in the identification and application of safeguards throughout the health and care 'Data' work stream. This work stream is considering both outbound and inbound data flows.

NHS
Worcestershire
Acute Hospitals
NHS Trust

Meeting	Trust Board
Date of meeting	12 September
Paper number	F7

Emergency Preparedness, Resilience And Response (EPRR) Core Standards Self-Assessment Submission 2019

For approval:	√	For discussion:		For assurance:		To note:	

Accountable Director	Paul Brennan Deputy Chief Executive Officer/Accountable Emergency Officer		
Presented by	Paul Brennan Deputy Chief Executive Officer//Accountable Emergency Officer	**Author /s**	Stuart Allen EPRR Manager

Alignment to the Trust's strategic objectives							
Best services for local people		Best experience of care and outcomes for our patients	√	Best use of resources		Best people	

Report previously reviewed by		
Committee/Group	Date	Outcome
TME	21 August 2019	Approved

Recommendations	The Trust Board is requested to: • Note the progress in the delivery of the EPRR Core Standards and planned actions. • Note the self-assessment compliance level declared to NHS England. • Agree to publish the Trust's EPRR core standards statement of compliance in the annual report following ratification at the Local Health Resilience Partnership (LHRP).

Executive summary	The Trust has performed its annual self-assessment against the NHS England 64 EPRR Core Standards. Based on these self-assessments the Trust has submitted to NHS England an overall EPRR core standards compliance of substantial. There are 4 levels of compliance: Full, Substantial, Partial and Non-Compliant.

Risk	
Key Risks	This paper highlights the Trust's annual level of compliance for the NHS England EPRR Core Standards and all standards where the Trust is not currently achieving full compliance against set criteria.
Assurance	The is a national EPRR Framework and associated EPRR Core Standards that set out the minimum requirements expected of the NHS in England and providers of NHS funded care. The Civil Contingencies Act 2004 and the NHS Act 2006, as amended by the Health and Social Care Act 2012, underpin EPRR within health. Both Acts place EPRR duties on NHS England and the NHS in England. Additionally, the NHS Standard Contract Service Conditions (SC30) requires providers of NHS funded services to comply with the EPRR Framework and other NHS England guidance.

Meeting	Trust Board
Date of meeting	12 September
Paper number	F7

	The NHS England and NHS Improvement Board has a statutory requirement to formally assure its own and the NHS in England's, readiness to respond to emergencies. This is provided through the EPRR annual assurance process and assurance report. This report is submitted to the Department of Health and Social Care, and the Secretary of State for Health and Social Care. As the NHS Core Standards for EPRR provide a common reference point for all organisations, they provide the basis of the EPRR annual assurance process. Providers of NHS funded services complete an assurance self-assessment based on these core standards. This assurance process is led by NHS England and NHS Improvement via the Local Health Resilience Partnerships (LHRP).							
Assurance level	**Significant**		**Moderate**	✓	**Limited**		**None**	
Financial Risk	A dedicated budget for EPRR has been withdrawn. Monies relating to EPRR are managed as part of the COO budget.							

Meeting	Trust Board
Date of meeting	12 September
Paper number	F7

Introduction/Background

The NHS needs to be able to plan for and respond to a wide range of incidents and emergencies that could affect health or patient care. These could be anything from severe weather to an infectious disease outbreak or a major transport accident. Under the Civil Contingencies Act (2004), NHS organisations and sub-contractors must show that they can deal with these incidents while maintaining services to patients. This work is referred to in the health service as 'Emergency Preparedness, Resilience and Response' (EPRR).

A set of national core EPRR standards has been developed with an aim to clearly set the minimum EPRR standards expected of each NHS organisation and provider of NHS funded care and each organisation is asked to self-assess against these core standards.

The standards also:

- Enable agencies across the country to share a purpose and co-ordinate activities; and
- Provide a consistent framework for self-assessment, peer review and more formal control processes carried out by the NHS England.

The purpose of this report is to give the Trust Board a position statement on the Trust's self-assessment against the EPRR core standards and outline actions to be taken to ensure compliance.

Issues and options

At the beginning of July 2019 NHS England sent a letter to all Accountable Emergency Officers (AEO (Trust COO)) setting out the expectations for the 2019-2020 EPRR assurance process to be used to ensure that NHS England and the NHS organisations in England are prepared to respond to an emergency, and have resilience in relation to continued provision of safe patient care. A copy of the letter is available on request.

The letter mandated a submission to NHS England of a self-assessed declaration of the level of compliance achieved against the national core standards. There are 4 levels of compliance: Full, Substantial, Partial and Non-Compliant.

This year there are 64 core standards for Acute Trusts to RAG rate against. The core standards cover the following areas: Governance; Duty to Risk Assess; Duty to Maintain Plans; Command and Control; Training and Exercising; Response; Warning and Informing; Cooperation; Business Continuity; and CBRN (Chemical, Biological, Radiological, Nuclear). This year's deep dive focuses on Severe Weather and Climate Adaptation. There are 20 additional questions relating to these requiring RAG rating, however these do not form part of the overall assessment.

Each core standard is assessed using the following RAG rating: GREEN = fully compliant with core standards, AMBER = not compliant with core standards but there is an associated action plan to achieve compliance within the next 12 months, RED = not compliant with core standards and the Trust will not be able to achieve compliance within the next 12 months. This years completed core standards submission and associated documents are available on request.

The Trust's previous submission of the core standards self-assessment was in September

Meeting	Trust Board
Date of meeting	12 September
Paper number	F7

2018 with an overall self-assessment of substantial compliance. A summary position of the Trust's self-assessed compliance against each core standard for the year's submission is as follows:

RAG	2019
GREEN	59
AMBER	5
RED	0

Amber Core Standards		
Core Standard	Shortfalls	Action required/being taken
EPRR Resource	The Trust does not have sufficient resource proportionate to its size.	AEO to review and assess required EPRR resources.
Shelter and Evacuation	The Trust does not have a plan for a whole site evacuation and shelter.	A review of whole site evacuation and shelter is required to develop a strategy and operation plan. A working group is to be established.
LHRP Attendance	The Trust continues to struggle to provide appropriate level representation at LHRP. The current AEO has designated deputised attendance to the Trust EPRR Manager. This designation is documented in the ToR for HWLHRP and has been signed off by LHRP members in early 2019.	AEO to attend meetings.
Core Standard	Information not supplied due to sensitivity of subject matter which is not for discussion at public meetings.	Refer to Core Standards action plan/EPRR Manager.
Core Standard	Information not supplied due to sensitivity of subject matter which is not for discussion at public meetings.	Refer to Core Standards action plan/EPRR Manager.

Based on these self-assessments the Trust has submitted, to NHS England, an overall EPRR Core Standards compliance of SUBSTANTIAL on Wednesday 31st July 2019. This level of compliance will be peer reviewed by the CCG and WHCT with each organisation AEO during August 2019. Further presentations and discussions will be held at the Local Health Resilience Partnership (LHRP) during September and October.

Over the past 12 months the Trust has successfully dealt with several planned and unplanned business continuity events/incidents. These have included planned telephony replacement involving downtime; burst water pipes; confirmed fires and temporary loss of ICT functionality; severe weather events (both heat and snow); and extreme demand on capacity. None of the events/incidents resulted in significant loss to service delivery.

Conclusion

The Trust has performed its annual self-assessment against the NHS England 64 EPRR Core Standards. Based on these self-assessments the Trust has submitted to NHS England an overall EPRR core standards compliance of SUBSTANTIAL. There are 4 levels of compliance: Full, Substantial, Partial and Non-Compliant.

Recommendations

The Trust Board is requested to:

- Note the progress in the delivery of the EPRR Core Standards and planned actions.
- Note the self-assessment compliance level declared to NHS England.
- Agree to publish the Trust's EPRR core standards statement of compliance in the annual report following ratification at the Local Health Resilience Partnership (LHRP).

Appendices - none

Worcestershire Acute Hospitals NHS Trust

Meeting	Trust Board
Date of meeting	12 September
Paper number	F7

Meeting	Trust board
Date of meeting	12 September 2019
Paper number	G1

Audit and Assurance Committee Assurance Report

For approval:		For discussion:		For assurance:	x	To note:	

Accountable Director	Steve Williams Audit and Assurance Chairman		
Presented by	Steve Williams Audit and Assurance Chairman	**Author /s**	Kimara Sharpe Company Secretary

Alignment to the Trust's strategic objectives							
Best services for local people		Best experience of care and outcomes for our patients		Best use of resources	x	Best people	

Report previously reviewed by		
Committee/Group	Date	Outcome

Recommendations	The Trust Board is requested to • Note the report for assurance • Note the Gifts and Hospitality annual report

Executive summary	This report summarises the business of the Audit and Assurance Committee at its meeting held on 16 July 2019.

Risk								
Key Risks	The Committee reviews all significant risks.							
Assurance								
Assurance level	**Significant**		**Moderate**		**Limited**		**None**	
Financial Risk								

Meeting	Trust board
Date of meeting	12 September 2019
Paper number	G1

Introduction/Background

The Audit and Assurance Committee has been established to critically review the governance and assurance processes upon which the Trust Board places reliance, ensuring that the organisation operates effectively and meets its strategic objectives. Membership is three non-executive directors.

The Committee has met once since the last report.

Issues and options

Items discussed at the 16 July meeting:

- **Risk Management**: The Chief Nurse attended the meeting to give an update on the management of risk in the Trust. This is a key area of work for the Audit and Assurance Committee. Mrs Morris explained the role of the Risk Management Group, accountable to the Trust Management Executive, which has been meeting regularly since January, with senior clinical and non-clinical attendance. The two members of staff supporting the function have ensured that the risk registers are regularly reviewed and updated. We discussed the process for identifying a risk and escalation of a risk to the corporate risk register. The issue of medical devices was the example chosen. The Committee was pleased with the quality of the report and was assured with the management of risk and have requested the attendance of Mrs Morris at the January 2020 meeting for a further update.
- **Quality Account:** We received the qualified audit opinion. This was formally received by the Board at its July meeting and at the Quality Governance meeting, also in July.
- **Cybersecurity report**: The Committee received an update on the work undertaken by Templar Executives in this area. There is significant work to be undertaken to achieve cyber essentials plus by summer 2021 (this is an NHS-wide target). There are four areas of action: Procurement in relation to streamlining the central purchase of IT solutions; Communication in respect of adherence to Trust policies; Leadership and Technology and IT in relation to capital investment. We were pleased to see a comprehensive action plan and understand that this is being monitored through the Finance and Performance Committee.
- **IT systems audit**: the Trust Board requested that we monitor this action plan. There are three actions still open and we understand why these have not yet been completed. The remaining actions are being overseen by the IT clinical quality lead. We will receive an updated report in January 2020.
- **Gifts and Hospitality Annual report**: The Committee received this report. The Internal Auditors stated that in their view it was very comprehensive. It is attached for information.

Items approved:

- Internal Audit Reports:
  - Client controls – significant assurance overall. Problems were noted with the timeliness of payroll paperwork which had led to overpayments. Actions have taken place to address the problems and to recover the overpayments.
  - Review of standalone departments – a further update will be bought to the November meeting
- Standards of Business Policy - update

Meeting	Trust board
Date of meeting	12 September 2019
Paper number	G1

- Updated standing financial instructions and standing orders

Other items received:

- Annual Audit letter
- Internal Audit progress report
- Annual Counter Fraud Report
- Waiver report
- Contract update
- GDPR Working Group – this Group has now been disbanded and we have removed this from our work plan. Updates will be through the Information Governance Steering Group which we receive regular updates from.

Recommendations

The Trust Board is requested to note the report for assurance.

Appendices

- Gifts and Hospital Register 2018/19

Date	Name of Company	Name of member of staff/directorate	Gift/Hospitality received	Approximate value	Comments
01/04/2018	Patients/carers	Garden Suite	Cash	£1,024	Garden Suite League of Friends fund
01/04/2018	Patients/carers	Millbrook Suite	Cash	£852.50	Charitable Funds
05/04/2018	Daiichi	Education Centre, Alexandra Hospital	Hospitality	£60.00	
06/04/2018	Chase De Vere	CHEC medical education	Hospitality	£5 per head	
09/04/2018	Ashfield & Orphan Europe	CHEC medical education	Hospitality	£5 per head	
12/04/2018	Novo Nordisk	Education Centre, Alexandra Hospital	Hospitality	£25.00	
13/04/2018	Nutricia Early Life Nutrition	CHEC medical education	Hospitality	£5 per head	
16/04/2018	Pfizer & Amgen	CHEC medical education	Hospitality	£5 per head	
19/04/2018	Relative	Riverbank	44 detailed therapeutic colouring books	£60	
19/04/2018	Pfizer	Education Centre, Alexandra Hospital	Hospitality	£55.00	
20/04/2018	Kyowa Kirin	Education Centre, Alexandra Hospital	Hospitality	£220.00	
20/04/2018	Rosemont	CHEC medical education	Hospitality	£5 per head	
23/04/2018	The MDU & Boehringher Ingelheim	CHEC medical education	Hospitality	£5 per head	
25/04/2018	Chiesi	Education Centre, Alexandra Hospital	Hospitality	£175.00	
25/04/2018	Astra Zeneca	Education Centre, Alexandra Hospital	Hospitality	£400.00	
25/04/2018	Lilly	Education Centre, Alexandra Hospital	Hospitality	£250.00	
26/04/2018	Daiichi	Education Centre, Alexandra Hospital	Hospitality	£55.00	
27/04/2018	Alexion	Education Centre, Alexandra Hospital	Hospitality	£220.00	
27/04/2018	Dermal	CHEC medical education	Hospitality	£5 per head	
30/04/2018	BMS	Education Centre, Alexandra Hospital	Hospitality	£100.00	
30/04/2018	Wesleyan & Vifor Pharma	CHEC medical education	Hospitality	£5 per head	
01/05/2018	Relative	Riverbank	Assorted toys/books	£50	
01/05/2018	Relative	Riverbank	Toys	£15	
01/05/2018	Patients/carers	Millbrook Suite	Cash	£15,121.50	Charitable Funds
01/05/2018	Bayer	Education Centre, Alexandra Hospital	Hospitality	£175.00	
03/05/2018	Thornton Ross	Education Centre, Alexandra Hospital	Hospitality	£50.00	
04/05/2018	Astra Zeneca	Education Centre, Alexandra Hospital	Hospitality	£220.00	
04/05/2018	Nutricia Early Life Nutrition	CHEC medical education	Hospitality	£5 per head	
11/05/2018	Pfizer	Education Centre, Alexandra Hospital	Hospitality	£220.00	
11/05/2018	Nestle Health Science	CHEC medical education	Hospitality	£5 per head	
14/05/2018	L'Oreal	CHEC medical education	Hospitality	£5 per head	
17/05/2018	UCB Pharma	Education Centre, Alexandra Hospital	Hospitality	£40.00	
18/05/2018	Pfizer	Education Centre, Alexandra Hospital	Hospitality	£220.00	
18/05/2018	Nutricia Advanced Medical Nutrition	CHEC medical education	Hospitality	£5 per head	
21/05/2018	Norgine	CHEC medical education	Hospitality	£5 per head	
23/05/2018	Astra Zeneca	Education Centre, Alexandra Hospital	Hospitality	£175.00	
23/05/2018	Lilly	Education Centre, Alexandra Hospital	Hospitality	£53.87	
23/05/2018	Novo	Education Centre, Alexandra Hospital	Hospitality	£53.87	
23/05/2018	Sanofi	Education Centre, Alexandra Hospital	Hospitality	£53.87	
24/05/2018	A Menarini	Education Centre, Alexandra Hospital	Hospitality	£55.00	
25/05/2018	V Pharma	Education Centre, Alexandra Hospital	Hospitality	£220.00	
25/05/2018	Orphan Europe	CHEC medical education	Hospitality	£5 per head	
31/05/2018	Pfizer	Education Centre, Alexandra Hospital	Hospitality	£45.00	
01/06/2018	Relative	Riverbank	PSP	£50	
01/06/2018	Relative	Riverbank	Toys	£50	
01/06/2018	Relative	Riverbank	Football table	£30	
01/06/2018	Health Partnership Network conference	Rebecca Brown, Information	Course plus overnight accomodation	£150	
01/06/2018	Health Partnership Network conference	Kevin Dockerty, Information	Course plus overnight accomodation	£150	
01/06/2018	Relative	Haematology/Oncology	Cash	£296.56	
04/06/2018	The MDU & AstraZeneca	CHEC medical education	Hospitality	£5 per head	
06/06/2018	Relative	Garden Suite	Cash	£231.78	League of Friends
07/06/2018	Pfizer	Education Centre, Alexandra Hospital	Hospitality	£40.00	
08/06/2018	Internis	Education Centre, Alexandra Hospital	Hospitality	£220.00	
08/06/2018	Mylan	CHEC medical education	Hospitality	£5 per head	
11/06/2018	Pfizer & Chase De Vere	CHEC medical education	Hospitality	£5 per head	
13/06/2018	Ashfield	Education Centre, Alexandra Hospital	Hospitality	£175.00	
14/06/2018	Internis	Education Centre, Alexandra Hospital	Hospitality	£45.00	
15/06/2018	Relative	Garden Suite	Cash	£1,002.62	League of Friends
15/06/2018	Trudell Medical	CHEC medical education	Hospitality	£5 per head	
18/06/2018	A.Menarini & Pfizer	CHEC medical education	Hospitality	£5 per head	
21/06/2018	Thornton Ross	Education Centre, Alexandra Hospital	Hospitality	£50.00	
22/06/2018	A Menarini	Education Centre, Alexandra Hospital	Hospitality	£220.00	
25/06/2018	BMS	Education Centre, Alexandra Hospital	Hospitality	£175.00	
25/06/2018	Kyowa Kirin	CHEC medical education	Hospitality	£5 per head	
27/06/2018	Boehringer	Education Centre, Alexandra Hospital	Hospitality	£175.00	
28/06/2018	Boeheringer	Education Centre, Alexandra Hospital	Hospitality	£30.00	
29/06/2018	Astra Zeneca	Education Centre, Alexandra Hospital	Hospitality	£220.00	
29/06/2018	Abbott	CHEC medical education	Hospitality	£5 per head	
02/07/2018	A Menarini	Education Centre, Alexandra Hospital	Hospitality	£175.00	
02/07/2018	Bayer & BMA	CHEC medical education	Hospitality	£5 per head	
05/07/2018	BMS	Education Centre, Alexandra Hospital	Hospitality	£100.00	
05/07/2018	Zambon	Education Centre, Alexandra Hospital	Hospitality	£45.00	
09/07/2018	Boehringher Ingelheim & Pfizer	CHEC medical education	Hospitality	£5 per head	
11/07/2018	Bayer	Education Centre, Alexandra Hospital	Hospitality	£175.00	
12/07/2018	Boehringer	Education Centre, Alexandra Hospital	Hospitality	£50.00	
13/07/2018	Kebomed	CHEC medical education	Hospitality	£5 per head	
19/07/2018	Boehringer	Education Centre, Alexandra Hospital	Hospitality	£45.00	
25/07/2018	MDU	Education Centre, Alexandra Hospital	Hospitality	£175.00	
27/07/2018	Orphan Europe	CHEC medical education	Hospitality	£5 per head	
01/08/2018	Relative	Riverbank	Books and puzzles	£50	
01/08/2018	Relative	Riverbank	toys	unknown	
01/08/2018	National Citizen Service	Riverbank	toys	£250	
01/08/2018	Relative	Garden Suite	Cash	£1,310	League of Friends
02/08/2018	Vifor	Education Centre, Alexandra Hospital	Hospitality	£55.00	
15/08/2018	David Morris, PwC, Birmingham	Jill Robinson, Finance	Dinner	£30	
16/08/2018	Internis	Education Centre, Alexandra Hospital	Hospitality	£50.00	
23/08/2018	Pfizer	Education Centre, Alexandra Hospital	Hospitality	£60.00	
01/09/2018	Relative	Riverbank	toys	unknown	
06/09/2018	Bayer	Education Centre, Alexandra Hospital	Hospitality	£80.00	
07/09/2018	Nutricia Advanced Nutrition	CHEC medical education	Hospitality	£5 per head	
10/09/2018	Xograph	D Hill	guest passes to medical cntre at Silverstone	£30	
12/09/2018	Bausch	Education Centre, Alexandra Hospital	Hospitality	£175.00	
12/09/2018	Aspen Medical	Education Centre, Alexandra Hospital	Hospitality	£60.00	
12/09/2018	L R Medical	Education Centre, Alexandra Hospital	Hospitality	£60.00	
12/09/2018	Smith & Nephew	Education Centre, Alexandra Hospital	Hospitality	£60.00	
12/09/2018	Gama H'Care	Education Centre, Alexandra Hospital	Hospitality	£60.00	
12/09/2018	Convatec	Education Centre, Alexandra Hospital	Hospitality	£60.00	
13/09/2018	Internis	Education Centre, Alexandra Hospital	Hospitality	£55.00	
14/09/2018	Rosemont	CHEC medical education	Hospitality	£5 per head	
17/09/2018	Actelion & Kyowa Kirin	CHEC medical education	Hospitality	£5 per head	
20/09/2018	A Menarini	Education Centre, Alexandra Hospital	Hospitality	£45.00	

21/09/2018	Orphan Europe	CHEC medical education	Hospitality	£5 per head	
21/09/2018	Norgine	Education Centre, Alexandra Hospital	Hospitality	£220.00	
24/09/2018	Norgine	CHEC medical education	Hospitality	£5 per head	
27/09/2018	Bristol MyersSquibb	Education Centre, Alexandra Hospital	Hospitality	£100.00	
27/09/2018	Sanofi	Education Centre, Alexandra Hospital	Hospitality	£60.00	
28/09/2018	A Menarini	Education Centre, Alexandra Hospital	Hospitality	£220.00	
01/10/2018	Relative	Riverbank	Teddies	£60	
01/10/2018	Relative	Riverbank	Knitted baby hats	unknown	
01/10/2018	Relative	Garden Suite	Cash	£172	League of Friends
01/10/2018	Relative	Garden Suite	Cash	£274	League of Friends
01/10/2018	Bayer & Besins	CHEC medical education	Hospitality	£6.00 per head	
04/10/2018	Vifor	Education Centre, Alexandra Hospital	Hospitality	£220.00	
04/10/2018	Internis	Education Centre, Alexandra Hospital	Hospitality	£55.00	
11/10/2018	Bristol MyersSquibb	Education Centre, Alexandra Hospital	Hospitality	£100.00	
12/10/2018	Internis	Education Centre, Alexandra Hospital	Hospitality	£220.00	
12/10/2018	Mead Johnson Nutrition	CHEC medical education	Hospitality	£6.00 per head	
15/10/2018	RC Psychiatrists	Education Centre, Alexandra Hospital	Hospitality	£35.00	
17/10/2018	AstraZeneca	Education Centre, Alexandra Hospital	Hospitality	£300.00	
17/10/2018	Novo Nordisk	Education Centre, Alexandra Hospital	Hospitality	£50.00	
18/10/2018	Vifor	Education Centre, Alexandra Hospital	Hospitality	£55.00	
19/10/2018	Daiichi Sankyo	Education Centre, Alexandra Hospital	Hospitality	£220.00	
19/10/2018	MDU	CHEC medical education	Hospitality	£6.00 per head	
22/10/2018	A.Menarini	CHEC medical education	Hospitality	£6.00 per head	
24/10/2018	Bayer	Education Centre, Alexandra Hospital	Hospitality	£175.00	
26/10/2018	AbbVie	CHEC medical education	Hospitality	£6.00 per head	
29/10/2018	Actelion Pharma & GSK	CHEC medical education	Hospitality	£6.00 per head	
01/11/2018	Norgine	Education Centre, Alexandra Hospital	Hospitality	£50.00	
06/11/2018	Healthcare Partnership Network - www.healthcarepartnershipnetwork.com	K Docherty	Overnight stay	£79	
06/11/2018	Healthcare Partnership Network - www.healthcarepartnershipnetwork.com	S Ansante Boakye	Overnight stay	£79	
08/11/2018	UCB Pharma	Education Centre, Alexandra Hospital	Hospitality	£50.00	
08/11/2018	Sanofi	Education Centre, Alexandra Hospital	Hospitality	£126.00	
09/11/2018	AstraZeneca	Education Centre, Alexandra Hospital	Hospitality	£220.00	
12/11/2018	Bristol MyersSquibb	Education Centre, Alexandra Hospital	Hospitality	£175.00	
12/11/2018	AstraZeneca	CHEC medical education	Hospitality	£6.00 per head	
15/11/2018	Internis	Education Centre, Alexandra Hospital	Hospitality	£60.00	
15/11/2018	Internis	Education Centre, Alexandra Hospital	Hospitality	£70.00	
16/11/2018	Daiichi Sankyo	Education Centre, Alexandra Hospital	Hospitality	£175.00	
19/11/2018	A Menarini	Education Centre, Alexandra Hospital	Hospitality	£175.00	
19/11/2018	LaRoche Posay	Education Centre, Alexandra Hospital	Hospitality	£64.50	
19/11/2018	Kyowa Kirin & Daiichi Sankyo	CHEC medical education	Hospitality	£6.00 per head	
21/11/2018	PULSE	J Walton	breakfast meeting	£25	
23/11/2018	Norgine	Education Centre, Alexandra Hospital	Hospitality	£220.00	
23/11/2018	Chiesi Ltd	CHEC medical education	Hospitality	£6.00 per head	
26/11/2018	A.Menarini & Alexion	CHEC medical education	Hospitality	£6.00 per head	
29/11/2018	AstraZeneca	Education Centre, Alexandra Hospital	Hospitality	£80.00	
30/11/2018	Alexion	CHEC medical education	Hospitality	£6.00 per head	
01/12/2018	Relative	garden Suite	Donation to league of Friends	£100	
01/12/2018	Relative	garden Suite	Donation to league of Friends	£220	
01/12/2018	Independent fundraisers of Worcester	Riverbank	Chcolates	£75	
01/12/2018	Relative	Riverbank	Gifts	£50	
01/12/2018	Relative	Riverbank	Voucher	£40	
01/12/2018	Relative	Riverbank	Art sdupplies/toys	$40	
01/12/2018	Morrisons, Kidderminster	Riverbank	Gifts	£200	
05/12/2018	Relative	Riverbank	new and old toys	£250	
06/12/2018	Daiichi Sankyo	Education Centre, Alexandra Hospital	Hospitality	£65.00	
07/12/2018	Alexion	Education Centre, Alexandra Hospital	Hospitality	£220.00	
08/12/2018	Relative	Riverbank	Chocolates and presents	£175	
08/12/2018	Relative	Riverbank	Cushion	£30	
10/12/2018	Relative	Riverbank	Presents	£100	
10/12/2018	Pfizer	CHEC medical education	Hospitality	£6.00 per head	
10/12/2018	Athona recruitment	B Fraser	various low value items - post it notes, mul	under £25 per item	Wine - raffled, rest distributed amongst staff
11/12/2018	Everyman Theatre	Riverbank	Rabbits	£30	
11/12/2018	Abbvie	Education Centre, Alexandra Hospital	Hospitality	£30.00	
13/12/2018	Relative	Riverbank	Presents (Disney)	£500	
13/12/2018	Pfizer	Education Centre, Alexandra Hospital	Hospitality	£55.00	
14/12/2018	Relative	Riverbank	presents	£20	
14/12/2018	Relative	Riverbank	Chocolates	£10	
14/12/2018	Relative	Riverbank	Books	£100	
14/12/2018	Nutricia Advanced Medical Nutrition	CHEC medical education	Hospitality	£6.00 per head	
16/12/2018	Bromsgrove School	Riverbank	Books	£100	
17/12/2018	Tesla	Riverbank	Tesla cars	£900	
18/12/2018	Relative	Riverbank	Presnenst	£100	
19/12/2018	Worcester Raiders Football Club	Riverbank	Toys	£300	
19/12/2018	Worcester Wolves Basketball Team	Riverbank	toys	£200	
20/12/2018	Relative	Riverbank	Toys	£50	
20/12/2018	Relative	Riverbank	teddies	£200	
20/12/2018	Relative	Riverbank	Toys	£250	
20/12/2018	Relative	Riverbank	Gifts & books	£100	
20/12/2018	Pfizer	Education Centre, Alexandra Hospital	Hospitality	£124.80	
21/12/2018	Listeners Volvo	Riverbank	Toys	£80	
22/12/2018	Unicorn Inn, great malvern	Riverbank	toys	£100	
23/12/2018	Relative	Riverbank	Presents	£50	
24/12/2018	Clintons, worcester	Riverbank	Teddies	£100	
24/12/2018	Relative	Riverbank	Cakes	£10	
24/12/2018	Morrisons Droitwich	Riverbank	Toys/clothing	£100	
24/12/2018	Relative	Riverbank	Christmas presents	£100	
24/12/2018	Morrisons Redditch	Riverbank	Gifts	£100	
25/12/2018	West Mercia Police	Riverbank	Gufts	£300	
03/01/2019	Norgine	Education Centre, Alexandra Hospital	Hospitality	£60.00	
10/01/2019	Charity	Riverbank	Toys	£200	
10/01/2019	Boehringer	Education Centre, Alexandra Hospital	Hospitality	£78.00	
11/01/2019	Daiichi Sankyo	Education Centre, Alexandra Hospital	Hospitality	£265.00	
14/01/2019	JNJ	Education Centre, Alexandra Hospital	Hospitality	£210.00	
16/01/2019	Morrisons Malvern	Riverbank	Teddies	£100	
17/01/2019	Pfizer	Education Centre, Alexandra Hospital	Hospitality	£102.00	
18/01/2019	Patient	S Chadwick	Voucher for afternoonn tea	Donated to Oncology	
18/01/2019	GSK	Education Centre, Alexandra Hospital	Hospitality	£265.00	

21/01/2019	GSK	Education Centre, Alexandra Hospital	Hospitality	£210.00	
23/01/2019	Sanofi	Education Centre, Alexandra Hospital	Hospitality	£175.00	
24/01/2019	Daiichi Sankyo	Education Centre, Alexandra Hospital	Hospitality	£72.00	
25/01/2019	Chiesi Ltd	Education Centre, Alexandra Hospital	Hospitality	£210.00	
28/01/2019	relative	garden Suite	Cheque - League of Friends	£800	
28/01/2019	MDU & Daiichi Sankyo	Education Centre, Alexandra Hospital	Hospitality	£420.00	
30/01/2019	relative	Riverbank	baby knitted hats		
31/01/2019	Nutricia	Education Centre, Alexandra Hospital	Hospitality	£54.60	
31/01/2019	Vifor	Education Centre, Alexandra Hospital	Hospitality	£66.00	
31/01/2019	Bristol Myers Squibb	Education Centre, Alexandra Hospital	Hospitality	£300.00	
01/02/2019	relative	garden Suite	Cheque - League of Friends	£110	
01/02/2019	Bristol Myers Squibb	Education Centre, Alexandra Hospital	Hospitality	£265.00	
01/02/2019	Bristol Myers Squibb	Education Centre, Alexandra Hospital	Hospitality	£100.00	
01/02/2019	Relative	Riverbank	Plaque	£50	
04/02/2019	UCB & Alexion	Education Centre, Alexandra Hospital	Hospitality	£420.00	
07/02/2019	Sanofi	Education Centre, Alexandra Hospital	Hospitality	£84.00	
08/02/2019	Internis	Education Centre, Alexandra Hospital	Hospitality	£265.00	
11/02/2019	A.Menarini	Education Centre, Alexandra Hospital	Hospitality	£210.00	
13/02/2019	Bristol Myers Squibb	Education Centre, Alexandra Hospital	Hospitality	£175.00	
14/02/2019	Internis	Education Centre, Alexandra Hospital	Hospitality	£54.00	
15/02/2019	Patient	garden Suite	Cheque - League of Friends	£50	
15/02/2019	Patient	garden Suite	Cheque - League of Friends	£90	
15/02/2019	Alexion	Education Centre, Alexandra Hospital	Hospitality	£265.00	
18/02/2019	Boehringer- Ingelheim	Education Centre, Alexandra Hospital	Hospitality	£210.00	
20/02/2019	Relative	Riverbank	Easter eggs	£40	
21/02/2019	Sanofi	Education Centre, Alexandra Hospital	Hospitality	£42.00	
21/02/2019	Sanofi	Education Centre, Alexandra Hospital	Hospitality	£78.00	
21/02/2019	Relative	Riverbank	Lego	£250	
22/02/2019	Abbott	Education Centre, Alexandra Hospital	Hospitality	£210.00	
25/02/2019	A Menarini	Education Centre, Alexandra Hospital	Hospitality	£210.00	
25/02/2019	Norgine	Education Centre, Alexandra Hospital	Hospitality	£210.00	
27/02/2019	GSK	Education Centre, Alexandra Hospital	Hospitality	£175.00	
28/02/2019	Alexion	Education Centre, Alexandra Hospital	Hospitality	£89.00	
01/03/2019	Astra Zeneca	Education Centre, Alexandra Hospital	Hospitality	£265.00	
01/03/2019	Alexion	Education Centre, Alexandra Hospital	Hospitality	£210.00	
04/03/2019	Daiichi Sankyo & Vifor Pharma	Education Centre, Alexandra Hospital	Hospitality	£420.00	
05/03/2019	Relative	Riverbank	Rocking horse	£100	
11/03/2019	Bayer	Education Centre, Alexandra Hospital	Hospitality	£210.00	
14/03/2019	Zambon	Education Centre, Alexandra Hospital	Hospitality	£72.00	
15/03/2019	Eli Lilly	Education Centre, Alexandra Hospital	Hospitality	£265.00	
15/03/2019	BMA	Education Centre, Alexandra Hospital	Hospitality	£210.00	
19/03/2019	Daiichi Sankyo	Education Centre, Alexandra Hospital	Hospitality	£265.00	
21/03/2019	Pfizer	Education Centre, Alexandra Hospital	Hospitality	£72.00	
21/03/2019	Daiichi Sankyo	Education Centre, Alexandra Hospital	Hospitality	£210.00	
22/03/2019	Sainsburys, St John's Worcester	Riverbank	Red nose donations	£150	
22/03/2019	Orphan Europe	Education Centre, Alexandra Hospital	Hospitality	£210.00	
25/03/2019	Worcester City Football Club	Riverbank	Easter eggs	£50	
25/03/2019	GSK & Pfizer	Education Centre, Alexandra Hospital	Hospitality	£420.00	
29/03/2019	Thermofisher	Education Centre, Alexandra Hospital	Hospitality	£210.00	
30/03/2019	Relative	Riverbank	Easter eggs	£60	

Meeting	Trust Board
Date of meeting	12 September 2019
Paper number	G2

Remuneration Committee Report

For approval:		For discussion:		For assurance:	x	To note:	

Accountable Director	Sir David Nicholson Chairman		
Presented by	Sir David Nicholson Chairman	**Author /s**	Kimara Sharpe Company Secretary

Alignment to the Trust's strategic objectives							
Best services for local people		Best experience of care and outcomes for our patients		Best use of resources		Best people	x

Report previously reviewed by		
Committee/Group	Date	Outcome

Recommendations	The Trust board is requested to note this report for assurance.

Executive summary	This report is a routine report to the Trust board outlining the business of this committee.

Risk								
Key Risks	N/A							
Assurance	N/A							
Assurance level	**Significant**		**Moderate**		**Limited**		**None**	
Financial Risk	N/A							

Meeting	Trust Board
Date of meeting	12 September 2019
Paper number	G2

Introduction/Background

The Remuneration Committee sets and reviews pay for staff not on agenda for change terms and conditions of service. It also ensures that there is a succession plan for senior members of staff including Board members.

Issues and options

The Committee has met three times since my last report in July. The meetings covered the following:

- July 2019 - Approval of a local salary premium for a member of staff
- July 2019 – Approval of the appointment of the CMO including the salary arrangements in respect of the post and the acting CMO
- August 2019 – Approval of the appointment of the Chief Finance Officer

Recommendations

The Trust board is requested to note this report for assurance.

Appendices - none

Meeting	Trust board
Date of meeting	12 September 2019
Paper number	H1

Annual Health & Safety Report 2019

For approval:	✓	For discussion:		For assurance:		To note:	

Accountable Director	Paul Brennan Chief Operating Officer/Deputy CEO		
Presented by	Paul Brennan Chief Operating Officer/Deputy CEO	**Author /s**	Paul Graham Health & Safety Manager

Alignment to the Trust's strategic objectives							
Best services for local people	✓	Best experience of care and outcomes for our patients	✓	Best use of resources	✓	Best people	✓

Report previously reviewed by		
Committee/Group	Date	Outcome
People & Culture Committee	20th August 2019	Approved with amendments
Trust Management Executive	21st August 2019	Approved with amendments
Health & Safety Committee	23rd August 2019	Agreed

Recommendations	Trust board is requested to receive this report for assurance purposes.

Executive summary	This report contains details of the recent health and safety activities and the health and safety risks that the Trust is currently exposed to. The report shows some encouraging results following the excellent work put in by managers and staff to identify and avoid/control workplace hazards and where appropriate report accidents and near miss incidents. Sharps related incidents continue to be a frequently reported problem with physical and non-physical assault featuring as the most common cause of harm to staff.

Risk								
Key Risks	• Health & Safety Committee Risk Register							
Assurance	• Workplace Risk Assessments 2019 • Health & Safety Compliance Audits 2019 • CW Audit Report 2019							
Assurance level	**Significant**		**Moderate**	✓	**Limited**		**None**	
Financial Risk	N/A							

NHS
Worcestershire
Acute Hospitals
NHS Trust

Meeting	Trust board
Date of meeting	12 September 2019
Paper number	H1

Introduction

This annual report has been produced to inform the Trust Board of the health and safety management activities that have occurred during the period 1st April 2018 – 31st March 2019. These activities were based upon meeting the key objectives within the Health and Strategy 2018/20. A series of graphs generated by the DATIX Risk Management System have been included to illustrate the numbers of incidents reported during the above period. The report also includes details of the health and safety risks that are currently on the Trust's Risk Register.

Issues

Objective 1

To ensure an effective, co-operative and integrated approach to health and safety management across all three hospital sites.

- The Trust Health & Safety Committee met in April, July, October 2018 and January 2019. Meetings have been well attended during the year with the following topics being discussed:
  - ELPAS Baby abduction system
  - Security Services at the Alexandra Hospital (AH)
  - Thefts at the AH
  - Maintenance of work equipment
  - Exposure to needles and other drug abuse materials
  - Exposure to vehicles in the loading bay area at AH
  - Exposure to lone worker issues including violence & aggression whilst out in the community
  - Crime Reduction Surveys AH and Kidderminster Treatment Centre (KTC)
  - Annual Health & Safety Report
  - Key Performance Indicators
  - External Health and Safety Audit 2018
  - Work related stress
  - Regulation 14 – Premises and Equipment (CQC Standards)
  - Drug abuse in toilets at KTC

- A number of these topics were subsequently communicated to all members of staff via the Trust's Weekly Brief.
- In April 2019 the Trust appointed a new Band 6 Health & Safety Officer to support the existing Health & Safety Manager. This appointment increased the staffing level of the team to 1.7 Whole Time Equivalent (WTE).

Objective 2

To ensure effective compliance with all relevant health & safety legislation and any quality and safety standards that includes the 5 Care Quality Commission (CQC) Domains.

- In 2018 the Trust amended the process for approving Health & Safety Polices. Documents are now consulted on and agreed via the Joint Negotiating Consultative Committee (JNCC) and Policy Working Group and finally approved by the Health & Safety Committee. The Trust Management Executive (TME) is then informed of all reviewed and approved policies.
- The following documents were reviewed and updated during 2018/19:

  - Security Policy
  - Security Strategy 2018/20
- The Trust has continued to assess its level of compliance with the CQC Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and in particular Regulation 15 which relates to Premises and Equipment. Assurance is obtained via the risk assessment and audit processes with the records of risk assessments being retained on the Datix Risk Register. One area in need of improvement is for the Trust to ensure that where significant changes are made to either the environment or working practices a formal risk assessment is carried out to identify any potential hazards and associated risks created by the changes. This was raised and discussed at the Health & Safety Committee meeting.
- The Trust continues to regularly internally distribute and take action to address risks identified via safety alerts issued by the Medicines and Healthcare products Regulatory Agency (MHRA), NHS Improvement and the Department of Health. The Trust also receives Field Safety Notices (FSN) directly from manufactures or suppliers. Management of these notices follows the same process as the safety alerts.
- The Trust met the deadlines of all of the Estates and Facilities Safety Alerts received via the Central Alert System (CAS). These included alerts on the following topics:
  - Fire risks from personal rechargeable electronic devices
  - Portable fans and the risk of cross infection
  - Assessment of ligature points
  - Ingestion of cleaning chemicals
- The Patient Safety Alerts continue to be managed by the Patient Safety Team.

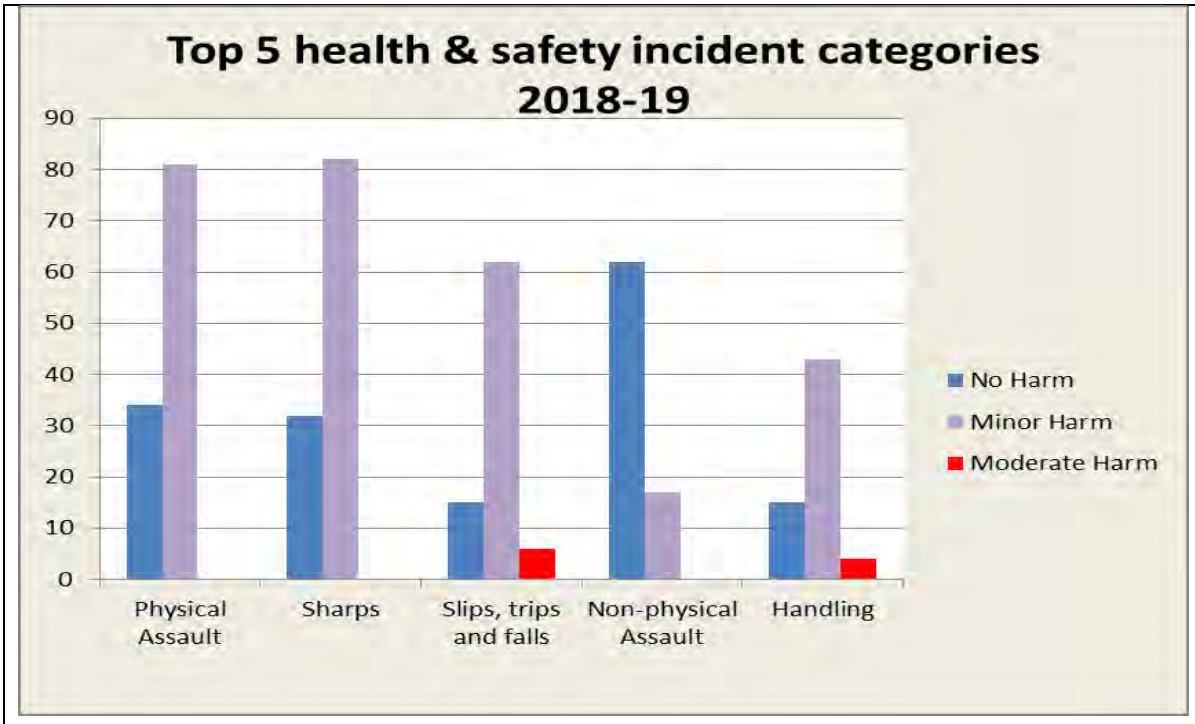
Objective 3

To increase staff involvement in health and safety management by encouraging them to participate in the risk assessment process, reporting and investigating accidents and incidents.

- The Trust continues to make use of the Datix electronic Incident Reporting System which is available to all staff via the intranet. The system currently has 661 non-clinical incidents in the holding areas awaiting action. Of those 432 are overdue for review/action i.e. not being managed in accordance with the Trust's Incident Reporting Policy. Many of these records do not actually relate to health and safety however the Divisional Governance Teams are responsible for regularly monitoring the closure of all incidents in order to meet the timescales stated within the Policy. Divisions also provide the H&S Committee with quarterly reports which identify any outstanding actions and serve to highlight any learning points from their health and safety incidents.

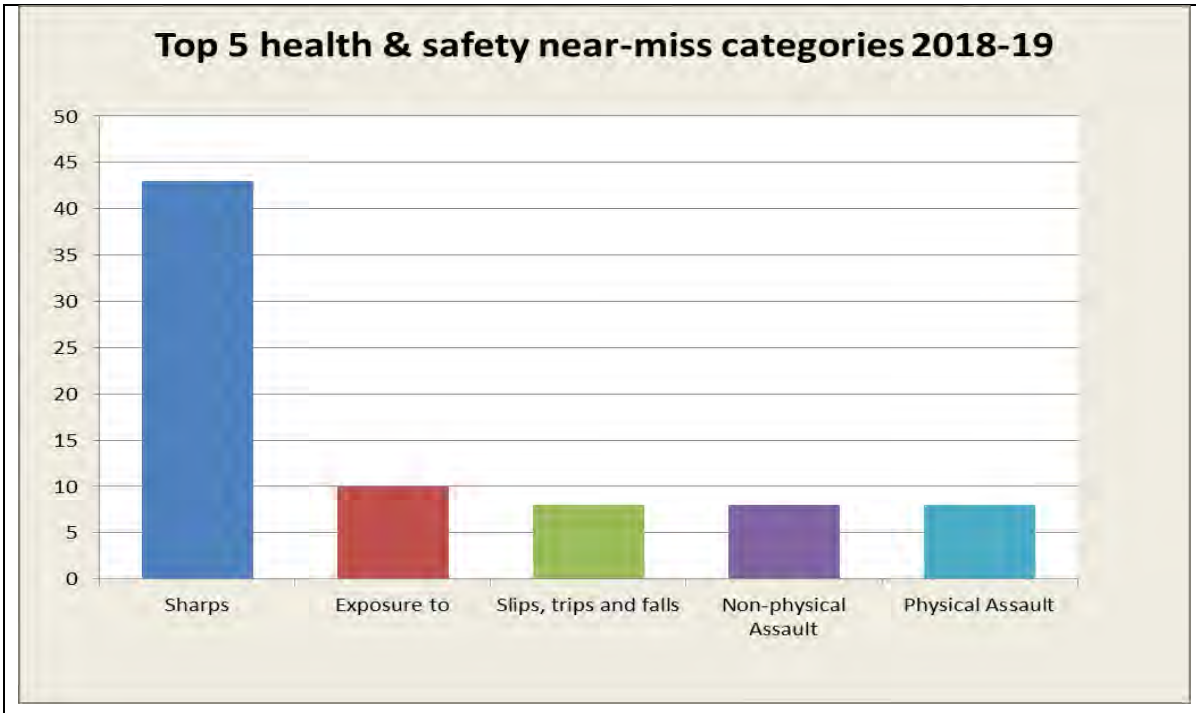
The Bar Chart below illustrates the main categories of health & safety incidents reported over the past 12 months together with details of the outcome i.e. the level of harm.

Meeting	Trust board
Date of meeting	12 September 2019
Paper number	H1



- The positive outcome from this chart is that the majority of incidents result in either minor or no harm with the exception of a small number of slip, trips and falls, and manual handling incidents which resulted in 'over 7 day' injuries.
- The number of incidents relating to phyiscal and non-physical assault demonstrate that violence and aggression remains the highest risk to members of staff working in a clinical setting. The Policy for the Managament of Violence and Aggression contains a number of useful tools that can be used to help manage patients who display violent and aggressive behaviour these include a formal risk assessment, warning and exclusion letters and a behavioural agreement. Where appropriate the Trust will seek legal sanctions against any perpetrator.
- The sharps category includes both contaminated and non-contaminated needle-stick injuries and any other sharps for example scalpel blades, glass vials etc. Safe practice here is key to ensuring good control in helping to reduce the risk of sharps injuries.

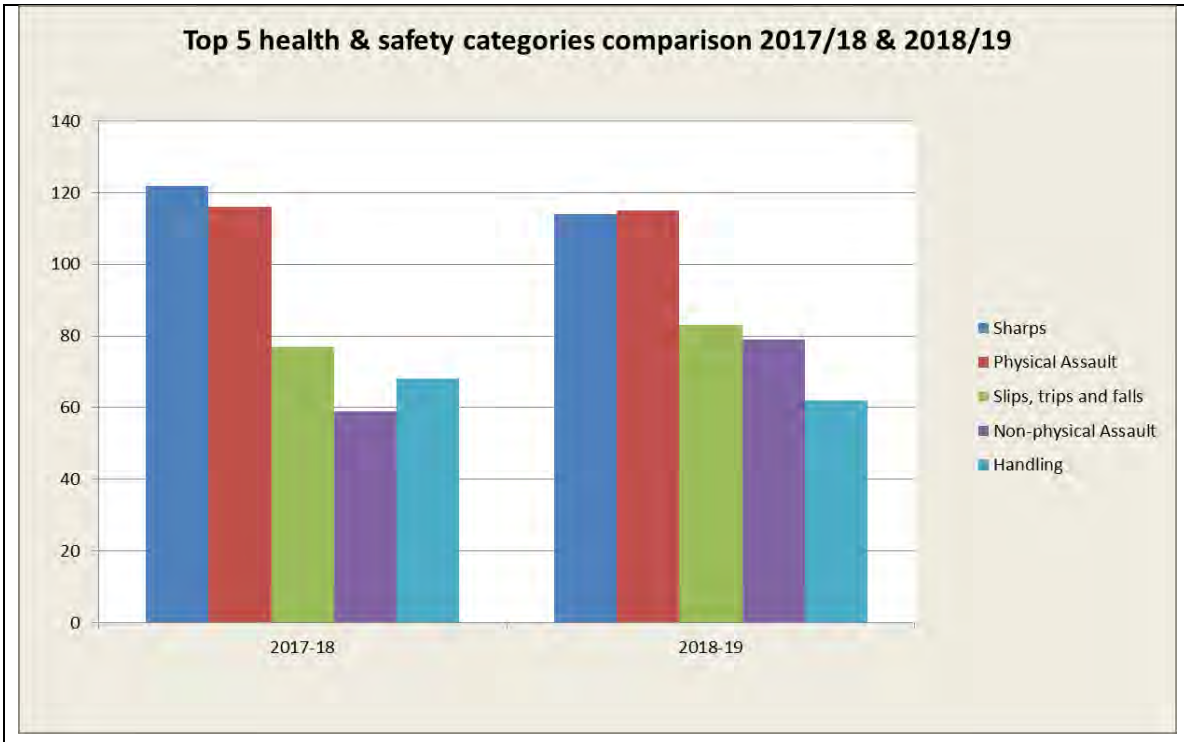
The Bar Chart below illustrates the top 5 'near miss' health and safety incidents reported during the same period.



- The main category here is sharps which again includes both contaminated and non-contaminated needle-stick injuries and any other sharps.This suggests that despite comprehensive training staff are still carrying out unsafe practice when it comes to the handling and disposal of sharps devices. The Trust contnues to consider introducing safer sharps devices that may become available which could help to reduce the number of near miss incidents and accidents.
- The 'exposure to' category includes for example exposure to hot and cold liquids, chemicals and bodily fluids.

The final Bar Chart below shows the comparison between the top 5 health and safety incidents occuring in 2017/18 and 2018/19.

- The largest increase occurred in the number of non-physical assaults agaisnt staff.
- A Sharps Working Group has recently been re-established to monitor the overall number and types of sharps incidents with a view to updating and/or changing any training, equipment and safe practice techniques.
- Regular audits continue to be undertaken by the Infection Control team which contribute to the overall health & safety management programme.



The Trust also uses the Datix system to record all of its health and safety risks. The system currently has 60 health and safety related risks recorded on the Risk Register. Of those, 2 are graded as Extreme, 28 High, 27 Moderate and 2 Low.

- The following risks are graded as extreme**:**
  - **Clinical safe clean environment** – ***If the Trust is not able to sustain a safe, clean environment, this could lead to adverse patient experience and significant patient harm.*** There are currently 4 actions linked to this risk and a number of controls that have already been implemented. During the last 6 months there has been significant progress towards reducing this risk together with close monitoring by the Trust Infection, Prevention and Control Committee and then reporting to the Trust management Executive and the Quality Governance Committee. The Trust has recently been de-escalated to amber by NHS I/E.
  - **Lack of comprehensive asset register** ***- If the Trust is unable to obtain a comprehensive asset register across the Trust, this could lead to an inability to determine if equipment is being maintained in line with manufacturers guidelines, which may result in harm to patients, staff or visitors.*** There are currently 2 actions against this risk to help address a number of non-compliance issues and improve the ineffective control measures that are in place. There is currently a Trust wide survey being carried out to locate and describe items of equipment in order that an asset register can be developed. Progress is being closely monitored by the Risk Management Group and reported to the Trust Management Executive.

- The following risks are adequately controlled but remain graded as high in terms of

Residual risk:

- Manual handling – general risk to staff employed to carry out manual handling tasks.
- Exposure of staff to the potential risk of sustaining a needle-stick injury.
- Staff at risk of violence & aggression from patients.
- Exposure of staff, visitors & contractors to slip trip & fall hazards.

- The Trust's newly appointed Health & Safety Officer has recently begun carrying out a Trust-wide Health & Safety Compliance Audit Programme. This programme is seeking to provide the Trust Board with a position statement in terms of its overall compliance with health and safety legislation. To date a total of 35 work areas have been visited with the average rate of compliance being **94%**. The current emerging non-compliance themes appear to be associated with the safe use of display screen equipment and managers not having attended any formal health and safety training. The audit programme is due to be completed by the 1st October.
- The Health & Safety Workplace Risk Assessments for 2019 were completed by **92%** of all work areas. This was an excellent return rate and one that far exceeds the normal level of response. The findings from these risks assessments were collated with any high risks being communicated back to the Divisions for further management. Progress against reduction/closure will also be monitored by the Trust Health & Safety Committee.

Objective 4

To provide appropriate training and guidance for managers and staff that enables them to safely undertake their work activities.

- During 2019 the Health & Safety Manager has provided health and safety training for managers. Attendance on this one day course has been very poor with many managers booking in and then not attending on the day. The Training and Education Team have followed up on the non-attenders however the Divisional Operational Managers need to encourage their ward/departmental managers to attend this training to ensure that they have the necessary knowledge and skills to be able to manage health and safety at a local level.
- All members of staff continue to attend a three yearly refresher risk management training day which includes an update on health, safety and security issues.
- Attendance figures at mandatory training currently show that the Trust is achieving a **93%** level of compliance for both Health & Safety and Violence & Aggression (Conflict Resolution Training).

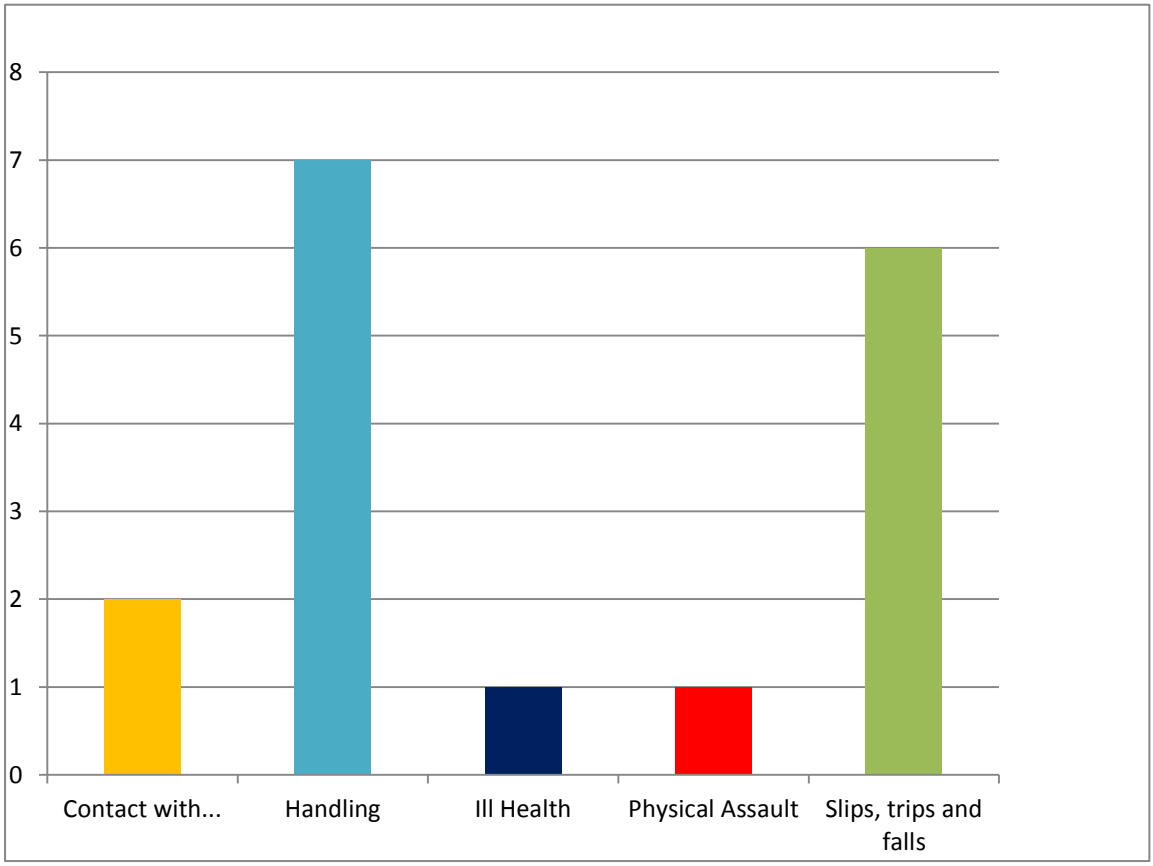
Objective 5

To reduce the number of accidents reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995. (RIDDOR).

- Datix has been used to record and regularly report on performance in terms of reducing the numbers of accidents across the Trust. These reports have been provided to various committees and included as part of the Trusts overall performance review.
- The H&S Manager reviewed each RIDDOR case with the relevant managers and staff-side members in order to help identify the root causes and determine what

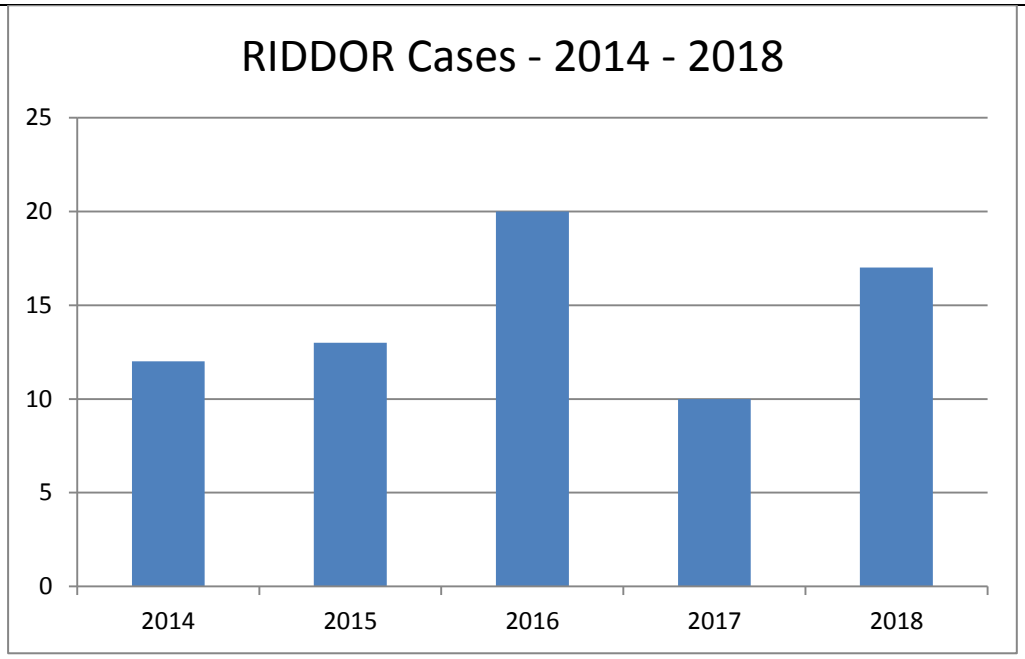
lessons could be learnt to prevent any re-occurrences.

- The overall number of **RIDDOR cases** (see chart below) reported for 2018/19 was **17** compared to a total of 10 reported in 2017/18. There were no cases reported involving patients. The following graph shows the categories of the 17 RIDDOR cases.



- The 17 cases resulted in the following outcomes:
  - The 7 manual handling cases resulted in ‘over 7 day’ musculoskeletal injuries.
  - The 6 cases of slips, trips or falls resulted in either a fracture or sprain injury.
  - The 3 cases related to coming into ‘contact with’ a piece of equipment resulted in either a fracture or a sprain
  - The 1 case involving physical assault resulted in a fracture

The final graph shows the trend in the total numbers of RIDDOR cases reported over the last 5 years:



The following learning points were identified and shared as part of the investigation process:

- Staff must ensure that they refer and adhere to the manual handling assessments detailed in the patients care plan or following on from a dynamic assessment of the task to be carried out. (Included in Manual Handling training)
- Staff must be made aware of any potential hazards associated with their work practice or working environment. Environmental Assessments are undertaken but the results from these must be shared with all affected staff. (Informed by responsible managers)
- Physically aggressive or verbally abusive patients must be suitably assessed to identify any control measures that need to be implemented to help reduce the risk of injuries. (Included in Mandatory Training).
- Where necessary falls assessments of patients must be carried out and any falls prevention techniques implemented accordingly. These must also be suitably recorded in the patients care plans/medical records.(Shared with members of Serious Incident Group – revised version of falls assessment)

Objective 6

To ensure that all food service areas of the Trust including the PFI, that are inspected by their relevant Local Authority Environmental Health Food Safety Inspectors, achieve a minimum Food Hygiene Rating level of 4 Stars.

- The food hygiene and waste management standards and any associated risks continue to be monitored by the Catering and Portering & Transport Manager respectively. No significant risks have been reported through to the Trust H&S Committee.
- In 2019 the Alexandra and Kidderminster Hospital's Catering Departments again achieved an excellent 5 Star Food Hygiene Rating.

Meeting	Trust board
Date of meeting	12 September 2019
Paper number	H1

Objective 7

To achieve an acceptable standard of fire safety in accordance with statutory requirements and Department of Health guidance, thereby minimizing the incidence and impact of fire.

- Fire Safety within the Trust is managed strictly in accordance with NHS Firecode recommended standards and the Regulatory Reform (Fire Safety) Order 2005.
- The fire safety strategy and policies are detailed in the Trust Fire Safety Strategy and Policy document that is reviewed annually by the Trust Fire Safety Manager and the Trust Fire Group.
- The Trust Fire Group and the three Site Fire Groups meet quarterly to review fire safety management throughout the Trust. The minutes of the meetings are formally passed to the Trust's Responsible Persons to assist them to monitor statutory compliance levels.
- Acute trust unwanted fire signals history across the three hospital sites continues to be low given the number of automatic smoke detectors fitted and the public access. All incidents are investigated to reduce re-occurrence.
- All Fire Risk Assessments are subject to continuous informal review via regular audits, fire drills and surveys. Formal reviews will occur in the event of a significant fire incident, a change in relevant legislation, a change in mandatory requirements, every two years (or sooner if material alterations are made to the structure, fire precautions or use of the premises), or at the specific request of the Local Fire Enforcement Authority. A Certificate of Fire Safety Management is signed each year by the CE as proof of compliance and kept on file. The significant findings of each fire risk assessment are passed to the relevant managers for action and are tracked at regular meetings with the Fire Safety Manager.
- Monthly fire evacuation route audits are carried out on each site and all building work in patient areas is also subjected to weekly high fire risk inspection with reports emailed directly to all relevant managers for action.
- All 6000 plus staff receive regular fire training from the Trust Fire Safety Advisers with a 90% attendance target. All clinical staff receives annual face to face training that includes the use of Hagen Smoke Goggles, Laser fire extinguishers and the practical use of ski pads for evacuation. Office based staff do face to face training every other year with e-learning in the intervening year.
- Monthly fire drills are carried out on each hospital site together with bi-monthly fire team and fire warden training sessions.
- The severe occasional overcrowding in the ED Department has continued through the year. Management and staff have coped admirably with the need to treat patients in the corridors; however this continues to adversely affect the Evacuation Routes from other departments. Weekly inspections by the Fire Safety Manager have helped everyone identify and reduce the fire risks but a solution to the overcrowding problem is still badly needed. A number of Trust ward developments are ongoing that should help considerably when they are finished later this year.

Recommendations
Trust board is requested to receive this report for assurance purposes.