

MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON

THURSDAY 7 JUNE 2018 AT 09:30 hours, Worcestershire County Cricket Club

Present:

Chairman: Sir David Nicholson

Board members: (voting)	Suneil Kapadia	Chief Medical Officer
	Philip Mayhew	Non-Executive Director
	Michelle McKay	Chief Executive
	Inese Robotham	Interim Chief Operating Officer
	Jill Robinson	Chief Financial Officer
	Vicky Morris	Chief Nursing Officer
	Bill Tunncliffe	Non-Executive Director
	Steve Williams	Non-Executive Director
Mark Yates	Non-Executive Director	

Board members: (non-voting)	Richard Haynes	Director of Communications
	Richard Oosterom	Associate Non-Executive Director
	Tina Ricketts	Director of People and Culture
	Kimara Sharpe	Company Secretary
	Sarah Smith	Director of Strategy and Planning <i>part meeting</i>

Public Gallery:	Press	1
	Public	1

22/18 **WELCOME**

Sir David welcomed everyone to the special Board meeting which was to deal with ad hoc business.

He was delighted to be appointed Chairman of his local hospitals. He has been a patient at two out of the three and his whole family use the services. He was very aware that the Board needed to gain the confidence of local people and the regulators to enable the Trust to be able to act freely in the best interests of the local population.

He then turned to his priorities. He was keen to ensure that he met local people and staff and was keen to strengthen the governance arrangements to ensure that robust decisions were made at the appropriate level.

He recognised the progress made in the last 12 months and was keen to ensure that the progress continued.

He expressed his thanks to Mr Yates for his tenureship as Acting Chairman.

23/18 **ANY OTHER BUSINESS**

There were no items of any other business.

24/18 **DECLARATIONS OF INTERESTS**

The Board noted the declarations of interest in relation to the Chairman and that they would be published on the website.

25/18 **MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON 8 MAY 2018**
RESOLVED that:-

- The Minutes of the public meeting held on 8 May 2018 be confirmed as a correct record and be signed by the Chair subject to a minor typographical error on page 6 which did not affect the context of the minutes.

26/18 **MATTERS ARISING/ACTION SCHEDULE**

Mrs Sharpe reported that all actions had been completed or not yet due.

11/18/2 – Ms Ricketts stated that Consultant Excellence Awards policy will be reviewed in September by the People and Culture Committee, not in July.

27/18 **CHIEF EXECUTIVE'S REPORT**

Mrs McKay gave a verbal report on the publication on 5 June of the CQC Inspection report. She reminded members that the Report covered the inspections that took place in January, February and March 2018. A range of core services were inspected as well as a Well-Led review.

The report identifies improvements that have taken place for example in

- Maternity (good)
- Children and young people (requires improvement - all three sites)
- Diagnostic imaging (requires improvement – all three sites) (including the lifting of the section 31 notice)
- Well Led (requires improvement, trust wide).

Further, areas of outstanding practice were identified in the Meadow Birth centre, pregnancy bereavement support, and the minor injuries (Kidderminster) training programme

Mrs McKay then expressed her disappointment in the rating for surgery which was inadequate on all three sites. The issues with patient flow and the waiting times for operations were factors in this rating. Divisional and service leadership is inadequate and there are challenges in respect of mandatory training and appraisal rates, which need to be rapidly improved.

Mrs McKay undertook staff briefings on all three sites on the day of publication. Staff were disappointed but there was a determination to improve. There was an in depth discussion at the Trust Leadership Group meeting on 6 June which highlighted areas that could be developed within Surgery with the help of Women's and Children's division who have seen the outcomes of their improvement programme recognised so positively by the CQC.

The Trust is required to submit an action plan by the end of June. The actions will be incorporated within the Quality Improvement Strategy delivery plans. Most areas are already within the Plans. Mrs McKay confirmed that the CQC will return within 12 months to re-inspect Well Led (including Use of Resources) and those services which are inadequate. The CQC also has to inspect any services rated as requires improvement every two years and can, of course, inspect any other services that they choose.

Mr Mayhew stated that the staff briefing session at the Alex was very useful. It described the areas that had improved and those that needed improvement. A year ago six areas under the 'safe' domain were rated as inadequate, now there are only two. He is confident that the Trust will improve over the next 12 months.

Ms Robinson agreed to undertake a presentation to the Finance and Performance Committee followed by the Trust Board in relation to the Use of Resources assessment.

ACTION: Ms Robinson to present the CQC assessment of Use of Resources to F&P Committee and the Trust Board

Mr Oosterom asked what the Women and Children Division did to improve their rating. Mrs McKay stated that there was an absolute focus on risks to the services and the mitigations. These were meticulously documented. Mrs Morris added that the Division concentrated on sorting out and maintaining performance in relation to complaints. Staff then gained confidence. She added that governance played a large role with clinicians being expected to attend meetings and to account for performance.

Mrs McKay then turned to the Quality Summit which was held on 6 June. The aim of this was to bring together partners for a briefing on the report. Attendees included NHS England, NHS Improvement, CCG, West Midlands Ambulance Service, Health Overview and Scrutiny Committee, Health and Care Trust and HealthWatch. There was a lengthy discussion which included patient flow and medical staff training. Mrs McKay expected a summary of the actions to be circulated shortly.

Both Mrs Morris and Dr Kapadia commented that many of the issues could be tackled by the Trust alone. Mr Williams stated that there needs to be clarity over what is expected by partners. Sir David added that he would like to see actions and holding organisations to account for actions agreed. The fact that the Trust was in quality special measures and enhanced oversight for finances was not good for patients and staff and actions needed to be agreed and undertaken.

Sir David praised Mrs McKay and Mr Haynes on the communications in relation to the publication of the CQC report.

Mrs McKay then turned to the £8m which the Trust has received for refurbishment of the Aconbury building at Worcestershire Royal to create additional acute bed capacity. She explained that detailed work is now being undertaken with the contractors. Ms Robotham confirmed that the programme will deliver 46 beds in January with a further ward by the end of March 2019. This will have significant operational consequences and the Medicine Division is reviewing the use of beds. Mrs McKay confirmed that the health economy will need to focus on management of patients who are medically fit for discharge as the Trust will not have the beds used for that purpose now.

In response to a question from Sir David, Ms Robotham confirmed that the draft plan for the use of the beds would be presented to the Finance and Performance (F&P) Committee in June. The final winter plan would be ready in August. Detailed discussions were taking place at the A&E Delivery Board. Mrs McKay stated that the external review that the CCGs have commissioned in respect of winter 2017/18 is due in the next few weeks.

Mr Oosterom stated that an in depth discussion about the risks and mitigations was needed at the next F&P Committee. Sir David stated that the timescale for the development of the Winter Plan should be brought forward so that the Board could

consider the mitigations at its meeting in July.

ACTION: Winter Plan to be presented to the Board in July (Ms Robotham)

Mrs Sharpe confirmed that virtual approval for the £8m was required by the Board and this would be sent out in the next few days.

RESOLVED that the Board:-

- Noted the report.

28/18

CLINICAL NEGLIGENCE SCHEME FOR TRUSTS (CNST) – MATERNITY SERVICE

Mrs Morris presented this report which had been compiled by the Women and Children Division. She explained that the Secretary of State announced that there would be a new incentive scheme in relation to safer maternity care. The paper details the 10 key questions and the responses by the Trust to enable the Trust to apply for the new scheme and therefore gain a reduction in CNST contributions.

Mrs Morris stated that she has reviewed all the evidence on behalf of the Board and she was assured with the quality of the responses. Eight questions were compliant and two were partially complaint. She outlined the partially compliant areas which included multi-professional training and scanning.

Mrs Morris concluded by recommending to the Board approval of the paper.

Mr Mayhew asked why all the reimbursement would be used to fund the actions needed. Following a discussion, it was agreed to remove the word 'any' from the final recommendation.

Ms Smith joined the meeting.

Resolved that:-

The Board:

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

29/18

FIT AND PROPER PERSONS TEST – ANNUAL REPORT

Ms Ricketts reported that the annual audit has been undertaken in accordance with the Trust Policy. She is recommending that the Trust is fully compliant with areas of mandatory training and overseas checks outstanding which pose minimal risk to the Trust.

Resolved that:

The Board

- approved the inclusion of the deputies for the voting directors of the trust board and
- Received the report for assurance.

30/18

AUDIT AND ASSURANCE ANNUAL REPORT

Mr Williams presented his annual report. He reported that the Committee works well

supported by a good internal audit service. He expressed concern in respect of the Clinical Information Systems report which showed operational and safety risks. He emphasised that the report showed not only technical but also training issues.

Mr Williams went on to explain that a new process has been put in place to ensure more timely responses to audits with the auditors being more proactive. He concluded by stating that the external auditors were pleased with the timeliness and cooperation received from all areas when they undertook their year-end audit.

Sir David asked for more detail in relation to the Clinical Information Systems audit. Mr Williams explained about the inefficiency and patient risk associated with the working of the systems. He confirmed that Ms Robinson was the lead officer for the IT systems and Dr Kapadia was the lead clinician and overall Senior Responsible Officer. Ms Robinson explained that there is a group which is working through the recommendations with the oversight of the Audit and Assurance Committee. Dr Kapadia confirmed that significant changes had already been made to strengthen the systems and he was continuing to work with clinicians to improve the ways of working.

Dr Tunnicliffe stated that the Quality Governance Committee had oversight of the delayed letters incident and this included receiving harm reviews.

Sir David asked Mrs McKay to review the accountability and programme of work. This was agreed.

ACTION: Mrs McKay to review the accountability and programme of work in relation to the Clinical Information Systems audit and report to the Board

In response to a question from Mr Oosterom, Mrs Sharpe confirmed that the General Data Protection Regulations were now added to the work plan and that data quality was a standing agenda item presented every six months. Mr Williams confirmed that the audits presented were robust and he had no reason to believe that there were any problems with data quality.

Resolved that:-

The Board:-

- Approved the annual report.

31/18

GIFTS AND HOSPITALITY REGISTER

Mrs Sharpe presented the Register which had been received by the Audit and Assurance Committee and was on the website.

Resolved that:-

The Board:

- Received the report.

DATE OF NEXT MEETING

The next Public Trust Board meeting will be held on Tuesday 17 July 2018.

The meeting closed at 10:33 hours.

Signed _____
Sir David Nicholson, Chairman

Date _____