

Date of meeting	17 July 2018
Paper number	C2

Chief Executive's report

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

Accountable Director	Michelle McKay Chief Executive		
Presented by	Michelle McKay Chief Executive	Author	Kimara Sharpe Company Secretary

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

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

Report previously reviewed by		
Committee/Group	Date	Outcome
Not applicable		

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	N	BAF number(s)	
---	---	---------------	--

Level of assurance and trend							
Significant assurance <i>High level of confidence in delivery of existing mechanisms/objectives</i>	<input type="checkbox"/>	Moderate assurance <i>General confidence in delivery of existing mechanisms/objectives</i>	<input type="checkbox"/>	Limited assurance <i>Some confidence in delivery of existing mechanisms/objectives</i>	<input type="checkbox"/>	No assurance <i>No confidence in delivery</i>	<input type="checkbox"/>

Recommendations	The Board is requested to <ul style="list-style-type: none"> Approve the statement of compliance (appendix 1) Note this report.
------------------------	---

Date of meeting	17 July 2018
Paper number	C2

Executive Summary

NHS 70: We had many activities within the sites to mark the 70th birthday of the NHS. Further details can be seen within the Communications and Engagement update, but the Trust's staff Facebook page, as well as the corporate social media accounts, were inundated with team photos and stories of staff marking the occasion with colleagues, patients and visitors. We also enjoyed a range of positive media coverage during the week, with staff and volunteers taking part in newspaper, radio and TV interviews. I particularly want to thank the Women and Children's Division, and staff in our maternity department, who took part in a 'Day In The Life Of' piece for ITV Central, showcasing the fantastic service at Worcester.

Responsible Officer – annual statement of compliance: Attached to this report is the annual statement of compliance which requires Board approval. The People and Culture Committee reviewed the statement and received an annual report on this issue. The Board is requested to approve the statement for signing.

Student nurse inspired by own treatment shortlisted for national award A student nurse at the University of Birmingham who was inspired to go into nursing by the care she received at Worcestershire Royal Hospital has been shortlisted for a national nursing award. Helena Corbett, from Worcester, has been a regular patient at Worcestershire Royal Hospital since the age of nine after being diagnosed with significant Crohn's Disease - a lifelong condition in which parts of the digestive system become inflamed. In April this year, Helena was nominated and then shortlisted as one of ten national finalists, for the Student Children's Nurse of the Year award in the prestigious Student Nursing Times Awards. Her nomination told of her inspirational story in overcoming the adversity of her condition and experiences of care at Worcestershire Royal in her childhood shaping her future ambitions to go into children's nursing.

Silver Oncology Ward Sister – shortlisted for award: Sam Bloomer, Silver Oncology Ward Sister has been shortlisted for the Rising Star in the Nursing Times Wards.

Secretary of State for Health and Social Care: Following the appointment of the Rt Hon Jeremy Hunt to the position of Foreign Secretary, Matt Hancock MP has been appointed to the position of Secretary of State for Health and Social Care. Mr Hancock is MP for West Suffolk and his previous role was Secretary of state for Digital, Culture, Media and Sport.

Five year funding settlement for the NHS: Prime minister Theresa May has announced a new five-year funding settlement for the NHS, giving the service real-terms growth of more than 3% for the next five years. She also tasked the NHS with producing a 10-year plan to improve performance, specifically on cancer and mental health care, and unpick barriers to progress.

First investigation report published by the Healthcare Safety Investigation branch: On 21 June HSIB published their first investigation report: *Investigation into implantation of wrong prostheses during joint replacement surgery*. It relates to hip replacement surgery where the third and fourth prostheses selected by the theatre team did not identify that they were made by different manufacturers and were therefore not compatible to be implanted together.

Five Safety Recommendations have been made

Date of meeting	17 July 2018
Paper number	C2

- **NHS Improvement** amends the national Prosthesis Verification Standard to incorporate the specific aspects of verification practice developed to mitigate error identified in this investigation.
- The **British Standards Institute** amends existing standards for prosthesis labels to include details of design that make them easier to read in operating theatres.
- The **National Joint Registry** changes the response when data is entered into the registry suggesting the wrong prosthesis has been implanted due to incompatible manufacturers, so that it is consistent with the response when data indicates the wrong size or side has been implanted.
- The **Department of Health and Social Care** expands the remit of the working group to include alerts to identify wrong prostheses prior to implantation
- The **Department of Health and Social Care** commissions the development and implementation of an interim basic scanning system to identify wrong prostheses prior to implantation.

They have also made a Safety Observation. The national serious incident reporting system does not require inclusion of data regarding human factors such as environmental conditions, and individual and team factors. It would be beneficial for future developments to the system to collect such data. I have requested that the QGC considers the report.

New Associate Medical Director for Research and Development: Dr David Wilson, Consultant Cardiologist has been appointed as the AMD for Research and Development. As the clinical lead for research he will support clinicians and health professionals wanting to undertake clinical research, chair the Research Expert Forum and represent R&D at various key meetings. He will work closely with the R&D Team to oversee the implementation of the new Trust R&D strategy, which is part of the Quality Improvement Strategy – Clinical Effectiveness theme. He also takes on responsibility for governance and oversight of clinical research in the Trust. Dr Wilson is a prominent researcher in Heart Failure and complex devices, having been involved in research in both Worcestershire and Southampton.

Department of Health and Social Care – single departmental plan: The DHSC has published six key objectives. Further information on these can be found here <https://www.gov.uk/government/publications/department-of-health-single-departmental-plan/department-of-health-and-social-care-single-departmental-plan>:

1. Keep people healthy and support economic productivity and sustainable public services
2. Transform primary, community and social care to keep people living more independent, healthier lives for longer in their community
3. Support the NHS to deliver high quality, safe and sustainable hospital care and secure the right workforce
4. Support research and innovation to maximise health and economic productivity
5. Ensure accountability of the health and care system to Parliament and the taxpayer; and create an efficient and effective DHSC
6. Create value (reduced costs and growing income) by promoting better awareness and adoption of good commercial practice across the DHSC and our arm's length bodies

Tier 2 visas: The Home Secretary has announced that the immigration rules relating to tier 2 skilled worker visas have been relaxed. This change took place on 6 July and will mean for the Trust that 12 overseas doctors will be able to continue their application for visas to work

Date of meeting	17 July 2018
Paper number	C2

within Worcestershire.

NHS England: After 11 years with the NHS, the Chief Financial Officer, Paul Baumann CBE is to leave the Health Service in November to take up the post of Receiver General of Westminster Abbey.

Background

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

Recommendations

The Board is requested to

- Approve the statement of compliance (appendix 1)
- Note this report.

Appendix – statement of compliance

Date of meeting	17 July 2018
Paper number	C2

Appendix 1 Designated Body Statement of Compliance

Designated Body Statement of Compliance 2017/2018

The board/executive management team – Worcestershire Acute Hospitals NHS Trust has carried out and submitted an annual organisational audit (AOA) of its compliance with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013) and can confirm that:

1. A licensed medical practitioner with appropriate training and suitable capacity has been nominated or appointed as a responsible officer;

Yes

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

Yes

3. There are sufficient numbers of trained appraisers to carry out annual medical appraisals for all licensed medical practitioners;

The Trust has 58 trained appraisers and 428 doctors connected to the Trust during the reporting period, a ratio of approximately 1:7. This is in line with the Trust recommendation of a ratio of 5-8 appraisees per appraiser. There are currently 15 new doctors who have expressed their interest to become appraisers.

4. Medical appraisers participate in on-going performance review and training / development activities, to include peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers or equivalent);

The Trust Clinical Lead for Appraisal and Revalidation uses the ASPAT tool to provide a qualitative analysis of two appraisal outputs (including Appraisal Summary Agreement & Sign Off and Personal Development Plan (PDP) per appraiser. Appraisal inputs by the doctor/appraiser are also quality assured using a locally developed tool using key headings as described by NHS England. A qualitative analysis is also undertaken for the first three appraisals of newly trained appraisers.

5. All licensed medical practitioners¹ either have an annual appraisal in keeping with GMC requirements (MAG or equivalent) or, where this does not occur, there is full understanding of the reasons why and suitable action taken;

The Trust has made recent progress in achieving consistent appraisal rate above the Trust tolerance rate and on occasions meeting the national rate. The appraisal completion rate for eligible medical staff (excludes Doctors in training) as of 31

¹ 428 doctors with a prescribed connection to the designated body on the date of reporting.

Date of meeting	17 July 2018
Paper number	C2

March 2018 was 88.96%, Consultant appraisal completion rate was 92.77% and SAS/Trust grade doctors was 90.24%. Appraisal induction sessions specifically for all doctors new to the Trust take place monthly to provide support and to ensure compliance, engagement and to improve appraisal completion rates. In addition to the induction sessions appraisal workshops are held for all doctors, as well as 1-2-1 support available as and when required.

Where an appraisal has not occurred there is a process for capturing and recording the reason why these have not occurred and a robust action is put in place in liaison with the various directorates so that the number of missed appraisals is reduced and the processes improved.

6. There are effective systems in place for monitoring the conduct and performance of all licensed medical practitioners¹, which includes [but is not limited to] monitoring: in-house training, clinical outcomes data, significant events, complaints, and feedback from patients and colleagues, ensuring that information about these is provided for doctors to include at their appraisal;

Doctor's conduct and performance is monitored in accordance with the Trust Policy on Maintaining High Professional Standards for medical doctors.

The Multi Source Feedback (MSF) system is used by Trust doctors to collate patients and colleagues feedback. The outcome is released to the doctor's appraiser which forms part of the appraisal meeting.

7. There is a process established for responding to concerns about any licensed medical practitioners¹ fitness to practise;

The Trust Responsible Officer in liaison with the Human Resources Lead for Appraisal and Revalidation together with the relevant directorates investigates into any GMC referrals liaises with the GMC Investigating Officer to address any concerns.

8. There is a process for obtaining and sharing information of note about any licensed medical practitioners' fitness to practise between this organisation's responsible officer and other responsible officers (or persons with appropriate governance responsibility) in other places where licensed medical practitioners work;

The Medical Practitioner Information Transfer (MPIT) is the process used for sharing information between this organisation and other Responsible Officers.

9. The appropriate pre-employment background checks (including pre-engagement for Locums) are carried out to ensure that all licenced medical practitioners² have qualifications and experience appropriate to the work performed; and

² 428 Doctors with a prescribed connection to the designated body on the date of reporting.

Date of meeting	17 July 2018
Paper number	C2

The Trust engages the Trust Preferred List PSL (Agencies) as part of the Health Trust Europe Agencies. These agencies comply with the regulatory standards of NHS in relation to mandatory pre-employment checks. There is a system and checklist in place to ensure compliance.

Pre-employment audit checks undertaken in June 2018 for all permanent and fixed term Medical Staff employed during the reporting period showed that not all pre-employment documents under the audit description items had been completed within one month of a doctors start date. Specific areas of concern include; Medical Practitioner Information Transfer (this covers not obtaining the name of last Responsible officer, Responsible officer reference, appraisal due date, appraisal outputs and unresolved performance concerns). These concerns reflect the increased number of missed appraisals. As inadequate appraisal status information is collated at the early stage of the recruitment process, it is unlikely that any issue could be identified early enough and to resolve.

To mitigate the risks Medical Resourcing training covering identified training will be provided together with implementing monthly pre-employment audit checks for all new starters within one month of their start date. 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.

There remain a number of outstanding DBS for new starters. Where the DBS has not been completed for international doctors there is certificate of good standing on file. A self-declaration and Executive Approval is obtained for other doctor's outstanding DBS clearance before they commence in post. A monthly audit check will ensure that all outstanding DBS applications for international doctors are submitted within a month of their start date. This will also cover doctors with Executive Approval and self-declaration if place.

A development plan is in place that addresses any identified weaknesses or gaps in compliance to the regulations.

Yes

Signed on behalf of the designated body

Name: Mrs Michelle McKay
 Chief Executive

Signed: _____

Date: _____