

**WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST**  
**MINUTES OF THE ANNUAL GENERAL MEETING HELD ON**  
**THURSDAY 10 SEPTEMBER 2020**  
**Virtually**

**Present****Chairman**

Sir David Nicholson

**Board members (voting)**

Paul Brennan	Chief Operating Officer
Anita Day	Non-Executive Director
Mike Hallissey	Chief Medical Officer
Matthew Hopkins	Chief Executive
Dame Julie Moore	Non-Executive Director
Vicky Morris	Chief Nursing Officer
Robert Toole	Chief Finance Officer
Stephen Williams	Non-Executive Director
Mark Yates	Non-Executive Director

**Board members (non-voting)**

Richard Haynes	Director of Communications & Engagement
Colin Horwath	Associate Non-Executive Director
Vikki Lewis	Chief Digital Officer
Jo Newton	Director of Strategy and Planning
Tina Ricketts	Director of People and Culture
Kimara Sharpe	Company Secretary

**In attendance**

David Hill	System Improvement Director
Jackie Edwards	Deputy CNO

**Members of the public, press and staff**

42 Via zoom/YouTube

**Apologies:**

Fleur Blakeman	NHS Intensive Support Director
Bill Tunnicliffe	Non-Executive Director
Richard Oosterom	Associate Non-Executive Director

1/20 (AGM)

**Introductions and Opening remarks**

Sir David Nicholson welcomed everyone to the Trust's AGM, particularly those joining via YouTube and Zoom. He asked that any questions be submitted via the 'chat' function and they would be answered at the end of the meeting.

Sir David then made his introductory remarks. He stated that the Trust had been through some difficult years with regulatory intervention but he was pleased that progress was being made. He was proud of the Trust's response to the COVID-19 pandemic and thanked all staff for their remarkable contributions in a very difficult time.

He stated that 2019/20 heralded the end of the beginning. The journey to improve the quality of services to patients and to live within the financial

boundaries commenced 18 months ago. The annual report is a testimony to the work that has been undertaken and he reflected that the COVID-19 pandemic has enabled other work to progress at a fast rate, in particular joint work with the rest of the health and care community.

Sir David expressed optimism about the future and was looking forward to working with partners in the restoration of services following the pandemic.

2/20 (AGM)

**Declarations of interests**

There were no declarations of interest.

3/20 (AGM)

**Minutes of the Annual General Meeting held on 19 September 2019**

**Resolved: that**

- **The Minutes of the meeting held on 19 September 2019 were agreed as a correct record and signed by the Chairman.**

4/20 (AGM)

**Review of 2019/20**

Sir David invited Mr Hopkins, Chief Executive, to give an overview of the year.

Mr Hopkins also praised the staff for the tremendous amount of work achieved during the year. He started by highlighting the refurbishment of the Aconbury building. He thanked partners for ensuring that the acute beds were only used for patients in their acute phase and supporting the discharge of patients to an appropriate setting. He emphasised that team work was essential.

Mr Hopkins then turned to the three key priorities for 2019/20 which were quality improvement, better control of the finances and better use of data. The Trust also faced continuing operational pressures.

He emphasised the importance of listening to staff and gave an example of improved security for A&E staff at night. This issue had been raised by a member of the nursing team.

Mr Hopkins then turned to the performance indicators, some of which have improved. He presented the key operational targets and quality indicators. He drew attention to the Friends and Family performance in maternity and the HSMR which was now close to expected levels.

He then focussed on the workforce targets and stated that the Trust was keen to improve the sickness and vacancy rates.

Mr Hopkins then turned to the developments which had been achieved during the year. There had been a refresh of the purpose of the Trust (Putting Patients First) and the vision statement. The Clinical Services Strategy was now being refreshed following publication in 2019/20. There had been a significant amount of building work including the opening of 99 beds. There was a renewed focus on emergency care with the Home First Worcestershire plan and also a new surgical assessment pathway was

introduced at Worcestershire Royal.

He was pleased that the CQC rating was changed from inadequate to requires improvement in September 2019 with Kidderminster Hospital rating overall as 'good'. Continuity of carer was launched within the maternity service and there had been year on year improvements in 11 areas in the staff survey.

He concluded by stating that there had been steady progress throughout the year and the current year was building on this foundation. He was keen to build a strong offer for patients and staff throughout the year and into 2021/22.

Sir David thanked Mr Hopkins for his report.

**RESOLVED THAT the Board approved the annual report**

5/20 (AGM)

**Quality Account 2019/20**

Sir David invited Mrs Morris to present the Quality Account for 2019/20.

Mrs Morris was pleased with the significant progress made during the year and specifically thanked Mrs Edwards for her collation of the Report and the Patient and Public Engagement Forum (particularly Dr Smart), HealthWatch and the CCG for their contributions.

She asked Mrs Edwards to present the detail of the report.

Mrs Edwards commenced her presentation with a patient story. J was a long standing attendee at the ophthalmology clinic and Mrs Edwards outlined the support and personal care that he had received. J was now volunteering at the Trust and was enjoying a new lease of life.

Mrs Edwards then turned to the Quality Improvement Strategy's three priorities; care that is safe, clinically effective and gives a positive experience for patients. Mrs Edwards continued her presentation with examples of thank you notes relating to oncology, midwifery and paediatrics. She also went through the three priorities giving examples which showed how the Trust had progressed during the year.

She then turned to the planned CQC inspection which took place in September 2019 and showed a summary of the ratings. The Trust then had an unannounced inspection in December 2019 and although no safety concerns were raised, the inspection resulted in section 31 improvement notices and a requirement to make significant improvements for patients attending A&E.

Mrs Edwards continued her presentation with an explanation of Home First Worcestershire. The six associated work streams were set up to ensure the patient's journey from the emergency department through to discharge was as smooth as possible.

Mrs Edwards concluded her presentation with an outline of Year 3 of the

Quality Improvement Strategy. Areas included in the Strategy were fundamentals of care, HomeFirst Worcestershire, Infection, Prevention and Control, further reduction in mortality rates, embedding the dementia bundle and implementing the volunteer strategy.

Sir David thanked Mrs Edwards for her presentation.

### **RESOLVED that the Board received the Quality Account**

6/20 (AGM)

#### **Annual Accounts 2019/20**

Sir David introduced the Annual Accounts and reflected that the Trust has developed a significant deficit which affects any progress the Trust makes. He stated that the Board was committed to tackling the issue at a pace that was commensurate with protecting the services provided. He invited Mr Toole to present the annual accounts.

Mr Toole provided a brief overview of 2019/20 accounts. He explained that the Trust has three key financial duties and achieved compliance with the Capital Resource Limit and External Financing Limit though did not achieve the Statutory Breakeven duty.

Although the year-end financial position was £1.3m favourable variance against plan, he stated that the Trust was not able to achieve the stretch target deficit of £73.7m. This was principally due to demand in emergency care pathways significantly in excess of the system plan leading to premium costs for additional staffing with only marginal recovery of income and insufficient identification and delivery of recurrent productivity and efficiency improvement schemes.

The Trust has an accumulated deficit of £349.2m. The external finance limit was achieved and the Trust had £2m in the bank at year end. The Trust invested £13.7m of capital resources in line with its Capital Resource Limit. The Trust received £65.5m of revenue cash support from the Department of Health and Social Care to support the Trust's day-to-day activities. The Trust also received capital loans of £7.7m and Public Dividend Capital of £4.6m making the total new borrowings of £77.8m in 2019/20. The total revenue loan support now received from the Department of Health and Social Care is £301.2m. Total capital borrowings were £37.6m at 31 March 2020. Following a national change in the cash regime, historic support loans and many capital loans are being converted to Public Dividend Capital (PDC) effective 1 April 2020. In addition to internally generated capital resources, the Trust received £4.6m PDC funding for Urgent and Emergency Care, Health System Led Investment and Cyber Security Schemes. These included developments such as the Acute Services Review - Aconbury East ward scheme, cyber security, replacement of clinical equipment, improvements in IT systems/infrastructure and maintenance of the estate. In addition the Trust received £1.1m as part of a £7.97m agreed capital loan for critically urgent schemes, with the remainder available for use in 2020/21.

Mr Toole then turned to the annual audit. It recognised that the production of the accounts during lockdown was very challenging. The accounts were

delivered on time but due to the lockdown, the auditors did not undertake all the testing that they normally would have done and as a result, qualified the accounts. Mr Toole emphasised that the qualification was not as a result of any control weaknesses or governance failures. The quality account was not audited due to COVID-19.

Mr Toole concluded by stating the normal contracting and planning processes have been paused for 2020/21 and an interim financial regime implemented across the NHS. This is based on providing a guaranteed income level to Providers to ensure stability through the COVID period. Originally established for April – July and now extended until end September, the interim regime provides nationally determined block income from commissioners and a central top up to fully offset spend, resulting in a reported monthly break-even position as opposed to the traditional Payment by Results process. Arrangements from October 2020 through to the end 2020/21 will be based on a similar architecture, but with a greater focus on system working and restarting elective activity.

Sir David thanked Mr Toole for his presentation.

**RESOLVED: that the annual accounts were approved**

7/20 (AGM)

**Looking 4ward**

Sir David invited Mr Hopkins to look forward.

Mr Hopkins stated that the ambition was to move to a CQC ‘good’ rating. There was an imperative to continue to obtain value for money and ensure that the spend is within the Trust’s means.

Continued staff engagement was paramount, as was reducing turnover and improving staff experience. Patients need to be more involved in the planning of the services and patient feedback must be used more systematically.

He welcomed the continued focus on integrated care across the county. Partnerships with tertiary centres are key. He was looking forward to the new way of working with the Ambulance Trust with respect to the use of 111 and the emergency department. Walk-in patients should have contacted 111 prior to attending to ensure that they were utilising the best resource for their health problem.

He then outlined some other areas of work such as 7 day working, increased use of mobile and remote working as well as the introduction of new ways of working.

Finally, Mr Hopkins thanked all the staff, public, patients, partners and stakeholders who work with the Trust to ensure that the services provided are the best possible. He asked all those present to have a flu jab and given it was organ donation week, to ensure that loved ones were aware of people’s views.

8/20 (AGM)

**Questions**

Dr Smart congratulated the Trust on a good year. She undertook a safety walkabout at the Alexandra Hospital and she praised the staff for the noticeable improvements. She asked how the new 111 service would be monitored to ensure that it is beneficial for patients. Mr Hopkins confirmed that the Trust was working with partners in primary care and he was clear that the impact on the quality of care needed to be monitored.

9/20 (AGM)      **Date of next meeting**  
July 2021

In closing the meeting, Sir David Nicholson thanked the public for attending.

The meeting closed at 16:17

Signed ..... Date .....

**Sir David Nicholson**  
**Chairman**