

**MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON
THURSDAY 14 SEPTEMBER AT 09:30 hours**

Present:

Chairman of the Trust:	Caragh Merrick	Chairman
Board members: (voting)	Suneil Kapadia	Chief Medical Officer
	Michelle McKay	Chief Executive
	Philip Mayhew	Non-Executive Director
	Bryan McGinity	Non-Executive Director
	Jim O'Connell	Interim Chief Operating Officer
	Vicky Morris	Chief Nursing Officer
	Chris Swan	Non-Executive Director
	Bill Tunnicliffe	Non-Executive Director
	Mark Yates	Non-Executive Director
Board members: (non-voting)	Kay Darby	Interim Director of Governance
	Haq Khan	Acting Director of Performance
	Richard Haynes	Director of Communications
	Richard Oosterom	Associate Non-Executive Director
In attendance:	Kimara Sharpe	Company Secretary (minutes)
	Cathy Geddes	NHSI Improvement Director
	Katie Osmond	Assistant Director of Finance
	Inese Robotham	Deputy Chief Operating Officer
Public Gallery:	Press	0
	Public	11
Apologies:	Stewart Messer	Chief Operating Officer
	Jill Robinson	Director of Finance
	Sarah Smith	Director of Planning and Development

66/17

WELCOME

Mrs Merrick welcomed Board members and members of the public to the meeting. She particularly welcomed the following new directors:

- Richard Haynes, Director of Communications and Engagement
- Kay Darby, Interim Director of Governance
- Katie Osmond, Deputy Director of Finance
- Inese Robotham, Deputy Chief Operating Officer

She thanked Mr O'Connell for his tenure at the Trust and wished him well in his next role. She stated that Ms Robotham would assume the role as Interim Chief Operating Officer on 15 September and she looked forward to working with Ms Robotham in that role.

67/17

PATIENT STORY

Mrs Merrick asked Mrs Morris to introduce the Patient Story.

Mrs Morris introduced G, the dementia nurse who was accompanying the patient, P and her carer, J.

G explained that P had been diagnosed with early onset dementia six years previously. Eighteen months ago, the dementia team had been contacted by the colorectal specialist nurse. This nurse explained that P was attending the clinic for a diagnosis. The dementia team were present during the explanation of the diagnosis which made it easier for P and J as her carer.

G explained that the dementia team worked across the Trust to ensure that ward managers and other staff were aware of the rights of carers and that this was particularly important after surgery. However the Team were also involved with P during investigations such as a prolonged x-ray. When P was an inpatient on Beech, J was able to stay and be with P for her hospital stay. She was very grateful to P and J for supporting the Trust with the dementia champions.

J explained that whilst they have been through tough times, the presence of the dementia team has been support for them. He was very pleased to see a familiar face when they arrived for the diagnosis. P was relaxed when she received the diagnosis and it was helpful for him to stay for her operation and recovery.

He then described two instances where the care could have been improved. Firstly at Kidderminster when J was not allowed initially to go into the theatre when P had a cataract operation and he suggested that the communication between the GP and the Trust could be improved to indicate when the presence of a dementia nurse could have been beneficial e.g. during an outpatient MRI scan.

Mrs Morris thanked G, P and J for the story. She appreciated the feedback about the improvements that could be made in relation to communications.

Mrs Merrick added her thanks. She urged Board members to visit the garden at Avon 4 to see part of the dementia strategy in operation.

ACTION: Board members to visit Avon 4.

**Resolved: that
The Board**

- Noted the content of the story

68/17

ANY OTHER BUSINESS

There were no items of any other business and Board members clarified that they had no items to discuss under section I, items for information.

69/17

DECLARATIONS OF INTERESTS

Mrs Merrick presented the revised Declaration of Interests. Mrs Sharpe confirmed that the interests as declared by Mrs Darby and Mr Haynes would be added and the complete register uploaded onto the Trust website.

ACTION: Register of Interests to be uploaded onto internet by Mrs Sharpe.

Resolved that:

- The Declaration of Interests register was noted.

70/17 **MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON 5 JULY 2017**
Resolved that:-

- The Minutes of the public meeting held on 5 July 2017 be confirmed as a correct record and be signed.

70/17/1 **MATTERS ARISING/ACTION SCHEDULE**

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

Mrs Merrick asked that Mr Haynes consider the presentation of a Stakeholder strategy to the Board in the near future. She also requested that the leads for decontamination and organ donation be determined. Mrs Sharpe agreed to present the revised non-executive induction to the Board Development session in October.

ACTION:

- Present a Stakeholder Strategy (MR Haynes)
- Leads for decontamination and organ donation be determined (Mrs Sharpe)
- Present revised induction programme (Mrs Sharpe)

71/17 **Chairman's Report**

Mrs Merrick outlined the content of her report. Mrs Sharpe agreed to arrange support to Mr Mayhew as lead for the Model Hospital.

Mrs Merrick informed the Board that she would be advertising for a patient representative shortly.

ACTION: Arrange support Mr Mayhew as lead for the Model Hospital (Mrs Sharpe)

Resolved that:-

The Board

- Noted the Board appointments
- Agreed the lead roles for non-executive directors
- Agreed the renaming of the Workforce Committee to People and Culture Committee
- Approved the Committee membership
- Approved the non-executive director lead roles for the model hospital, local maternity service, emergency planning and health and safety

72/17 **Chief Executive's Report**

Mrs McKay highlighted the medical division split into emergency and specialist medicine. The lead for emergency medicine has changed to Dr Walton for the next six months. Mrs McKay requested approval for the posts included within the definition of the Fit and Proper Person. She finally highlighted the Sustainability and Transformation Plan.

Mr Swan requested further information about the recruitment of the Director of People and Culture. Mrs McKay stated that she was looking for someone with a wide range of experience, particularly from the not for profit or private sector. She was looking to conclude the appointment process by the beginning of November and the start date would be dependent on the notice period for the successful individual. She agreed to circulate the job description to members of the People and Culture Committee and confirmed that one of the interview panel members would be the Chairman of that Committee.

ACTION: Circulate the job description for the Director of People and Culture to P&C Committee members and ensure one panel member is the Chairman of the Committee (Mrs McKay)

Mrs McKay explained that she had secured strategic support from a neighbouring trust in the absence of the Director being in place.

Mrs Merrick asked for clarification in respect of the recruitment to the post of lead for emergency medicine. Dr Kapadia stated that by early 2018 he would have hopefully secured a permanent lead for this role. He was currently looking external to the Trust. He agreed that Dr Walton needed support to carry out the role and he outlined that support in place.

Mrs Merrick asked for QGC to review the arrangements in place.

ACTION: Review lead for emergency medicine QGC (Dr Kapadia)

Resolved that:-

The Board

- Approved the directors that fall within the Fit and Proper Person regulations to be:
 - All attendees to the Trust board, voting and non-voting directors and non-executives plus the Company Secretary
- Noted the progress being made with the section 29a letter requirements
- Noted the STP Governance arrangements
- Noted the report

73/17

Chief Executive Review and 'The Way Forward'

Mrs McKay reminded members that she had first presented this report at the May meeting to identify priorities for 3-6 months. She was pleased to report that the recruitment and Retention Strategy had been approved by the People and Culture Committee and was presented later on the agenda. The People and Culture Strategy was being presented to the next meeting of the Committee.

The Culture Change programme was progressing well with 200 leaders engaged in the initial discussions. There were a number of staff advocates and a several areas were taking forward the improvement methodology, including the utilisation of emergency beds.

There had been several initiatives in respect of improving safety such as the refresh of the Board Assurance Framework and embedding into the Board subcommittees. The Quality Improvement Plan was approved at the July meeting. The model hospital session held earlier in the month was helpful to review the potential financial benefits. She acknowledged that there was more work to be undertaken on organisational governance.

The clinical service strategy was progressing and she was pleased that the Clinical Commissioning Groups had approved the model for the future of acute hospital services. She also highlighted the frailty model to be built at the Alexandra Hospital.

She would bring a progress report to the next meeting.

ACTION: Bring updated report to November meeting (Mrs McKay)

In response to Mr Oosterom, Mrs McKay stated that progress was being made. There was a very significant amount of work to be undertaken and she was conscious of the need to balance long term sustainability with short term actions. Mr Oosterom stated that he was concerned that the pace of change needed to be increased. Mr Yates agreed.

Resolved that:

The Board

- Noted the report

74/17

QUALITY OF CARE

74/17/1

Quality Governance Committee report

Dr Tunnicliffe stated that the papers for the Committee had made a substantial improvement. The engagement of executive directors had also improved.

He highlighted that the actions being taken following the section 29a letter from the CQC was supported by the Committee. However, he challenged the pace of improvement. Pace of change is an issue.

He praised the development and now the use of the SQUID dashboard which showed live data during the meeting.

The Clinical Governance Group report was now clear in respect of the level of assurance given and there was a clear focus on ward to board information.

He was pleased to see the success of the change in practice resulting in an improved metric in relation to the fractured neck of femur. He continued to be frustrated with the slow progress with mortality reviews but was confident that Dr Kapadia would bring a welcome grip on the issues. The VTE assessment performance had improved in the past two months.

He expressed concern about the management of the deteriorating patient, sepsis and complaints and urged a rapid improvement in these areas.

He was looking forward to the deep dive into Women and Children at this month's meeting. He reported that the Infection Control Annual Report and the Safeguarding Annual Report had been discussed and approved at the meeting. He recommended approval of the *Learning from Deaths Policy*, attached to his report.

Finally he has committed to visiting the complaints department, Evergreen and the elective admissions process to lend his support to the staff.

Mrs Morris acknowledged that the management of complaints needed to improve in the next two months. Dr Kapadia was pleased that a nurse with a specialist interest in sepsis had been appointed and he was hopeful of a step change in the metrics associated with this. He understood the frustration with the mortality process but he was cautiously optimistic that an improvement would be made shortly.

Mr Mayhew asked for all Board members to have the opportunity to view SQUID. This was agreed.

ACTION: Arrange for a viewing of SQUID (Mrs Sharpe)

Mrs Merrick challenged whether there were any opportunities in which the Trust could

work differently to increase the pace of change. She was particularly referring to the areas identified by the section 29a letter. Dr Kapadia stated that whilst he understood the anxieties of the Board, there were some areas such as mortality reviews which needed to be embedded and the pace, he advised, should not be increased.

Mr Mayhew asked whether the focus was on the right areas as the Trust had short term pressures but needed long term systemic change. Mr Yates recognised that the improvement journey was long term and that sustainability was needed.

Dr Tunnicliffe stated that the clinicians in the Trust had the perception that the problems were solved by the executives when in fact they were solved by clinicians. Until this cultural change had taken place, sustainable change was not achievable. He was keen to see this change happening at pace.

Dr Kapadia acknowledged the challenges as outlined by Dr Tunnicliffe. He stated that he was working with clinicians for sustainable culture change. Mrs Morris added that the safety walkabouts engaged with staff and issues are identified.

Mrs Merrick reminded members that there are three 'Process Flow' initiatives being taken forward – emergency care, theatres and the specialised services division. She wondered whether there should be more process flow initiatives throughout the Trust. Mrs McKay acknowledged that the process flow work ensured that clinicians were actively engaged and that accelerating the work was an option.

Dr Tunnicliffe also stated that job planning and appraisals were essential for all consultants. Dr Kapadia confirmed that appraisal was on track but that job planning could be improved.

Resolved that:-

The Board:-

- Approved the Policy on Learning from Deaths
- Noted the update on the section 29a letter response
- Noted the assurance given within the report
- Noted that the QGC has approved the Safeguarding Annual Report and the Infection Control Annual Report
- Noted the report

74/17/2

GP letters- update

Dr Kapadia confirmed that all correspondence will have been sent from the Trust by 22 September. The serious incident investigation is being undertaken. He stated that not all the outstanding items were letters.

Mrs Morris confirmed that she has spoken to an organisation to undertake a review of IT systems and she will advise the QGC at its meeting on 21 September of the timescale.

ACTION: Advise QGC of the timing of the IT system review (Mrs Morris)

Resolved that:-

The Board:

- Noted the verbal report

75/17

FINANCE AND USE OF RESOURCES

75/17/1

Finance and Performance Committee

Mr Mayhew reported on the July and August meetings of the committee. He explained that there is a rotating agenda to ensure that the three elements, finance, performance and capital, are reviewed on an equal basis. The Committee received a presentation in relation to the culture change programme and the need to develop metrics for value for money and to measure the impact.

This month the focus was on capital. He expressed disappointment that the £29.6m for the service reconfiguration work to be undertaken would not be available until 2019. He also reminded members that the capital position was very tight for the Trust. He expressed concern that the electronic prescribing system was going forward without a strategy for IT development.

He then turned to finance. He stated that the financial position was difficult with a current projection not to meet the control total. The cost improvement plan (CIP) was not being met and there continued to be challenges over temporary staffing. He was hopeful that work around the model hospital could generate savings.

In relation to operational performance, he drew members' attention to the structure of the report, which was now more focused. Whilst some metrics were on the cusp of changing from red to green, emergency access standard and cancer 62 days remained unachieved.

He confirmed that the next F&P Committee would focus on the RTT challenge and the additional funding allocated to improve performance.

Resolved that:-

The Board

- Noted that the criticality of the Capital Programme situation and the timing of receipt of loans is crucial.
- Noted the actions being taken to address the financial run rate through the implementation of the financial recovery plan and improve delivery against the cost improvement programme.
- Noted the actions being taken to facilitate better flow through the Trust by improving the discharge process.
- Noted the status of the business cases to improve RTT and Cancer trajectories.
- Noted the actions taken to improve Theatre Productivity.

75/17/2

Financial Performance Report

Mrs Osmond reported that the CIP shortfall was currently projected to be £11m by the end of the year if no further action is taken. The July underlying monthly run rate deficit was £4.8m, a £0.2m increase on the quarter 1 average. In July the in-year run rate increased by £0.5m to £5.1m. An adverse variance against plan of £1m was predicted, primarily due to CIP delivery. The key drivers of this increase were:

- Temporary Medical Staffing £0.3m - backfill for annual leave and prior month's shifts booked directly by the Divisions as opposed to the central team. The Trust is working with HCL to pull together a plan to maximise its potential for savings. This will focus on mandating that all bookings are to be administered through the centralised team.
- RTT business case costs £0.1m for a General Surgeon and Endoscopy outsourcing.
- CIP schemes targeted against a further reduction in agency have not materialised with overall CIP delivery plateauing.

She assured the board that actions were being taken to strengthen financial grip and

control to improve the current run rate. Currently divisions were reviewing the schemes to ensure all opportunities are maximised. The theatre process flow workshop in October and the standardisation of medical rostering will help. However, £6.2m of the plan remains unidentified. There are clear areas within the Model Hospital that could be exploited. Financial recovery actions are in place and the financial situation is being closely monitored by the Trust Leadership Group.

Finally Mrs Osmond stated that the forecast against the financial control total would need to be resubmitted, which could only be done at the end of a quarter. She recommended that this was undertaken at the end of December so more modelling could be undertaken and mitigating actions identified. Mr Mayhew endorsed this approach.

Mr Yates wondered why the targets were set so high. Mrs McKay confirmed that some targets, particularly those around performance, had been renegotiated. However stretch targets were expected and in some cases mandated.

Dr Kapadia wondered why the Trust could not begin to draw down the £29.6m capital funding. Mrs Osmond confirmed she was still speaking with NHS Improvement but essentially full business case was required before the funding was available. Mrs McKay was hoping that funding would be available to build the link bridge prior to 2018/19 winter. She shared the public concern that the money was not yet available and that this was a reputational risk.

Dr Tunnicliffe turned to the pace of the CIP. He reminded members that the theatre utilisation figures showed up to 100 half day sessions lost each month. He wondered whether the Board could support any transformational work. Mrs Osmond confirmed that theatre utilisation was a key process flow initiative.

In response to Mr Swan, Mrs Osmond confirmed that the Trust was having a regular dialogue with NHS improvement about the financial position. She explained that the CIP target was set in December 2016 but due to the low elective activity in quarter 4, the trust has been unable to pursue the repatriation element of the target.

Resolved that:-

The Board

- Reviewed the financial position and noted that the underlying deficit remains high compared to plan and that without robust mitigation via the financial recovery actions, the Trust is at risk of not delivering its agreed control total.

75/17/3

Integrated Performance Report

Mr Khan spoke to the integrated performance report. The Trust is broadly on trajectory for most key operational standards. The trajectories have been modelled at speciality level. In respect of the emergency access standard, whilst triage times are improving and patients are spending less time on average being cared for within the corridor, the target is not being met. The impact of the RTT validation work is shown within the July and August performance figures. The impact of the non-RTT work on diagnostics is being closely tracked at the Committee.

He was pleased to report that the cancer targets have improved. The June milestone against the 62 Day performance related to the cancer funding was met. The breast symptomatic two week wait performance has also significantly improved. Patients exercising choice were the only ones not to be seen who within the 2 week breast symptomatic target. Mr Khan expanded on this for members. He is working with the CCGs to ensure patients are fully informed when exercising the right of choice.

Mr Khan continued to say that consultant recruitment is essential to continue to hit the trajectories. This is a significant challenge in some specialities. Sustainable improvement in performance against the cancer standards is dependent on improving the timeliness of diagnostics, endoscopy in particular. Endoscopy insourcing has commenced and there is an expectation that activity levels will increase within endoscopy leading to reduced waiting times.

Finally, Mr Khan stated that the Trust's performance is being very robustly managed through weekly meetings he is leading with the clinical divisions.

A mid-year stock take is underway that will refresh the demand and capacity models. Options will be drawn up to deliver the operational performance trajectories whilst aiming to strike a balance with the financial challenge.

Mrs Merrick thanked Mr Khan for his presentation and asked whether the pace of recruitment to consultant posts was fast enough. Ms Robotham explained that for some specialities there is a shortage of consultants. Mrs McKay commented that it was essential that appropriate elective work should take place at Kidderminster or the Alexandra Hospital.

Resolved that:-

The Board

- Reviewed the Integrated Performance Report for Month 4.
- Sought assurance as to whether:
 - the risks of under-performance in each area have been suitably mitigated, and;
 - robust plans are in place to improve performance.

76/17

STRATEGIC CHANGE

76/17/1

Children and Young Person's Plan

Mrs McKay presented the Plan which had been previously endorsed by the Trust Leadership Group. It was acknowledged that the Plan was the consultation document but by endorsing it, the Partnership could continue with the direction of travel. Mrs McKay confirmed that the Health and WellBeing Board were overseeing the work. The Trust would be engaged through the Women and Children Division, recognising that engagement was required across the whole trust, not just that division.

Resolved that:-

The Board

- noted the views of children, young people, parents/carers and practitioners and Scrutiny summarised in the report;
- adopted the new Children and Young People's Plan (CYPP) 2017-2021, set out at Appendix 1 as approved by the Health and Wellbeing Board, as part of the Policy
- adopted the framework for a whole-system response to improving outcomes for children, young people and their families;
- noted that Women and Children Division are engaged in this process and will work with Worcestershire County Council and all other relevant agencies and organisations to draw up an action plan to put the CYPP into effect.

77/17

LEADERSHIP AND IMPROVEMENT CAPABILITY

77/17/1

People and Culture Committee

Mr Swan reported on the first meeting of this Committee. He stated that there were a number of issues that had to be tackled. He commended the terms of reference to the

Board and confirmed that there were two groups accountable to the Committee.

He has requested further information on recruitment as there was much work to be undertaken. He voiced concern about the lack of senior HR advice to the Trust with the departure of the HR director. Mrs McKay agreed to review the resource within the HR department.

ACTION: Review the HR resource (Mrs McKay)

Dr Kapadia reminded members that the trust also needed to make strategic decisions in order to improve recruitment – for example within breast radiology there is a reluctance to apply for roles due to the geographical spread – rationalisation of the number of sites covered was necessary.

Resolved that:-

The Board

- approved the Terms of Reference
- noted that the Committee approved the Recruitment and Retention Plan
- noted the contents of the report

77/17/2

Reflections

Mrs Merrick invited Mr Oosterom to reflect on the discussions held so far.

Mr Oosterom stated that the Board had not made any decisions about different approaches to the challenges the Trust faced. Choices were need to be made such as stopping doing some things to facilitate faster work in other areas. He felt that the lack of senior HR expertise was a problem. Mr Mayhew added that a 3-5 year financial strategy was needed. Mr McGinity advocated more resource was needed to release Directors to be able to tackle issues. This was echoed by Dr Tunnicliffe who specifically requested a view on capacity at divisional level.

Mrs Merrick asked for a focus on increasing the pace of change, particularly on elements that directly affect patient safety and experience.

It was agreed that the November Board meeting would consider whether the forecast against the control total should be revised.

ACTION: Consider the forecast against the control total should be revised at the November Board (Mrs Osmond/Ms Robinson)

77/17/3

Developmental review of leadership and governance

Mrs McKay presented the report which was a follow up to the report presented at the previous board meeting. There were a number of actions needed and she would bring a paper to the next board summarising the improvements and priorities. She confirmed that the cultural change programme was integrated with the programme.

ACTION: paper summarising the improvements and priorities to the next Board meeting (Mrs McKay)

Resolved that:-

The Board

- noted the results of the self-assessment undertaken in August 2017
- approved action to progress the priorities outlined.

77/17/3 **Recruitment and Retention plan**

Mr Swan highlighted that the table showing the reasons for leaving only covered 45% of staff. He asked for more detail in relation to this. Mr Mayhew wondered whether flexible working should be more prominent.

ACTION: Further information to Mr Swan about the reasons for leaving (Mrs Sharpe)

**Resolved that
The Board**

- approved the Recruitment and Retention Plan noting that the high level action plan in appendix 1 is subject to further refinement by the Recruitment and Retention Steering Group

77/17/4 **Safer Staffing**

Mrs Morris confirmed that the paper should be discussed at People and Culture but that the Quality Governance Committee should have oversight of the implications of the gaps. Dr Tunnicliffe agreed.

Mr Swan asked whether the lack of a substantial training budget impacted on the workforce. Mrs Morris stated that there were other avenues for obtaining training monies, particularly through the University and Health Education England. This has been established as a national issue.

Mr Mayhew asked whether the Trust had considered the capacity needed. Mrs Morris confirmed that national guidance has in the past been prescriptive, but this approach is changing, particularly with the use of allied health professionals, generic workers and healthcare assistants. She confirmed that she receives notification when areas are challenged and she is ensuring that risk assessments take place in these areas.

ACTION: It was agreed that QGC would review the quality issues and People and Culture would continue to drive the recruitment. (Mrs Morris)

**Resolved that
The Board noted that**

- building a flexible and permanent nursing workforce against a backdrop of national nursing shortages remains a challenge.
- the Trust is strengthening its approach to recruitment and retention.
- controls are in place to manage the risks associated with nursing vacancies.

78/17 **STAKEHOLDERS**

There were no items under this agenda item.

79/17 **GOVERNANCE**79/17/1 **Board Assurance Framework**

Mrs Merrick reminded members that there have been a number of discussions at different in relation to this area of work. She noted that there had been one change since the last discussion and that related to the financial performance.

Mr McGinity commented that all risks are presented to the relevant committee as well as the Trust Leadership Group. Mrs Morris pointed out the risk flow chart which was attached to the paper.

Dr Tunnicliffe challenged the lack of risk reduction. He stated that if the risk rating was not changing, then the mitigations needed to be reviewed. Mrs McKay agreed and

suggested that this issue needed to be considered in each committee.

ACTION: Consider the mitigations at each Committee (BAF Leads)

Resolved that:-

The Board

- agreed and signed off the BAF, noting the changes to risk scoring and mitigations to address gaps in controls.
- noted the risk flow chart

79/17/2 **Managing Conflicts of Interest in the NHS**

Resolved that

The Board

- approved the policy.

79/17/3 **Audit and Assurance Committee report**

Mr McGinity presented the report. He stated that a useful summary of relevant national documents is produced by the auditors which will be circulated on a regular basis.

Resolved that

The Board

- Noted the report

79/17/4 **Register of Seals**

Resolved that

The Board

- Noted the report

80/17 **ITEMS FOR APPROVAL**

80/17/1 **Infection prevention and control annual report**

Mrs Merrick asked whether the QGC could specifically reflect on the impact of cleaning on infection control.

ACTION: Consider the impact of cleaning on infection control at QGC (Mrs Morris)

Resolved that

The Board

- Approved the report

80/17/2 **Safeguarding annual report**

Resolved that

The Board

- Approved the report

80/17/3 **Health and Safety Annual report**

Resolved that

The Board

- Approved the report

80/17/4 **Equality and diversity annual report**

Mr Mayhew asked whether the Trust could consider whether there could be a measurement of whether EU citizens were experiencing harassment or challenges in other areas such as recruitment.

ACTION: Consider harassment/bullying of EU citizens (P&C Committee)

**Resolved that
The Board**

- Approved the report

DATE OF NEXT MEETING

The next Trust Board meeting will be held on Thursday 9 November 2017 at 09:30 in the Kidderminster Hospital and Treatment Centre.

The meeting closed at 12:30 hours.

Signed _____
Caragh Merrick, Chairman

Date _____