

Trust Board

There will be a meeting of the Trust Board on Tuesday 16 January 2018 at 09:30 to 12:15 in the **Board Room, Alexandra Hospital, Redditch.**

This will be followed by a Board of Trustees meeting for the Trust Charitable Funds and then a public question and answer session from 12:30 to 12:45.



Caragh Merrick, Chairman

Agenda	Enclosure
1 Welcome and apologies for absence	
2 Patient Engagement <i>Presentation by the Chief Nurse</i>	
3 Items of Any Other Business <i>To declare any business to be taken under this agenda item.</i>	
4 Declarations of Interest <i>To declare any interest members may have in connection with the agenda</i> <i>To note the declaration of interests from the Steve Williams, NED and Tina Ricketts, Director of People and Culture</i> Steve Williams: Governor, Warwickshire College Group; Director, Unity Ltd Tina Ricketts: Gloucestershire Care Services NHS Trust, Director of HR <i>until 28-1-18.</i>	
5 Minutes of the previous meeting <i>To approve the Minutes of the meeting held on 9 November 2017 as a true and accurate record of discussions.</i>	Enc A
6 Action Log	Enc B
7 Chairman's Report	Enc C1
8 Chief Executive's Report	Enc C2
9 Integrated Performance Report	Enc C3
10 Quality of Care	
10.1 Quality Report CNO/CMO	Enc D1

10.2	Learning from Deaths CMO	Enc D2
10.3	Quality Governance Committee report Quality Governance Committee Chairman	Enc D3
11	Finance and Use of Resources/Operational Performance	
11.1	Financial Performance Report Chief Finance Officer	Enc E1
11.2	Winter Plan update Interim Chief Operating Officer	Enc E2
11.3	Finance and Performance Committee Finance and Performance Committee Chairman	Enc E3
12	Leadership and Improvement Capability	
12.1	People and Culture report Director of People and Culture	Enc F1
12.2	Safer staffing Chief Nursing Officer	Enc F2
12.3	People and Culture Committee People and Culture Committee Chairman	Enc F3
13	Strategic Change	
13.1	Delivering the Trust Vision and Strategic Objectives Director of Planning and Development	Enc G1
13.2	Acute Service Review Capital Development Programme Director of Planning and Development	Enc G2
14	Stakeholders	
15	Governance	
15.1	Board Assurance Framework <ul style="list-style-type: none"> • Processes and responsibilities • BAF update Interim Director of Governance	Enc H1.1 Enc H1.2
15.2	Audit and Assurance Committee report Committee chairman	Enc H2
15.3	Remuneration Committee Chairman	Enc H3



Any Other Business *as previously notified*

Date of Next Meeting The next public Trust Board meeting will be held on Thursday 15 March 2018, Kidderminster Hospital and Treatment Centre.

There will then follow a meeting of the Board of Trustees for the Worcestershire Hospitals NHS Trust Charity. Papers have been sent separately

Public Bodies (Admissions to Meetings) Act 1960

The Board is invited to RESOLVE: That under the provisions of Section 1 (2) of the Public Bodies (Admissions to Meetings) Act 1960, the public be excluded from the remainder of the meeting on the grounds that publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted.

**MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON
THURSDAY 9 NOVEMBER 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
	Inese Robotham	Interim Chief Operating Officer
	Jill Robinson	Director of Finance
	Vicky Morris	Chief Nursing Officer
	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
	Sarah Smith	Director of Planning and Development
	Stephen Williams	Associate Non-Executive Director
In attendance:	Kimara Sharpe	Company Secretary (minutes)
	Cathy Geddes	NHSI Improvement Director
Public Gallery:	Press	1
	Public	4
Apologies:	Stewart Messer	Chief Operating Officer
	Chris Swan	Non-Executive Director

90/17

WELCOME

Mrs Merrick welcomed Board members and members of the public to the meeting. She particularly welcomed Stephen Williams as Associate Non-Executive Director who will be shadowing Mr McGinity.

She thanked Mr McGinity for his long service as he will be stepping down as a non-executive director on 31 December 2017. She was pleased that he has been appointed as the Freedom to Speak Up Champion and she looked forward to working with him in that role.

She also thanked Mrs Geddes for her support as NHS I Improvement Director and wished her well in her retirement.

Finally she thanked Mr Khan for his service at the Trust and wished him well in his new role.

She reminded Board members that the Countess of Wessex was opening The Haven later that morning and Mrs McKay would be leaving the meeting to welcome the Countess to the Trust.

91/17

PATIENT STORY

Mrs Merrick introduced the patient story. This concerned the wife of a local business man. The family rely on both incomes and she works flexitime in order to be able to care for the couple's two small children. Each time they attended for a hospital appointment, income was lost as the husband had to take time off to take his wife to the appointment.

Over the past eight months, the wife has had regular hospital appointments following discharge after surgery for a leg fracture. Issues that the couple have had to deal with have been as follows:

- The GP surgery not being registered on the Trust computer meaning that an outpatient appointment could not be given (the patient had to sort this out by contacting the surgery themselves)
- Surgery notes not available at the initial outpatient clinic as they had not been uploaded onto the system
- Inability of junior doctors to agree for the wife to weight bear which had an impact on the physiotherapy
- Ineligible notes
- Being told to attend A&E by trust staff in order to progress the issue
- Reception not manned and requests for an appointment 'posted' into a box which then was not actioned
- The secretary not being informed that further surgery was urgent so placed the patient on a routine list
- Promise of a phone call on a certain day and when that phone call did not materialise the patient phoned and was told that the member of staff did not work on Fridays.

Eventually the patient's husband asked one of his clients, who happened to work at the hospital, to progress the issue and the patient was booked for the surgery on 18 October.

Mrs Merrick concluded by saying that the family was not going to make a complaint – their view was that the face to face care was superb. It was let down by the 'back office' functions.

Mrs Merrick invited Mrs Morris to give an initial reaction. Mrs Morris confirmed that the Trauma and Orthopaedic teams have recognised that their ward rounds need to be improved and that younger patients had specific needs which were not being met.

Dr Tunnicliffe was ashamed of the treatment that the family had received. He has also had first-hand experience of similar 'back office' functions and asked that urgent action is taken to ensure that the staff working in these areas provide a more patient centred service.

Dr Kapadia also expressed his disappointment with the service provided. He admitted that there had been a focus on inpatient care and this focus now needed to encompass the whole patient journey and treatment experience.

Mr Mayhew reiterated the comments about the lack of customer service.

Ms Robotham expressed disappointment that the communication had not been adequate for this family. She stated that putting a patient on the wrong waiting list was unacceptable and this needed to be tackled.

Mrs McKay commented that the family needed to be able to comment on the service provided and the Trust should be clear that providing feedback on a service was not the same as making a complaint.

Mrs Morris stated that she was developing a patient experience strategy which would be presented to QGC in December. This strategy would detail clear objectives for improvement.

ACTION: Clear objectives for patient experience improvement to be included in patient experience strategy which will be presented to QGC in December. (Mrs Morris)

Mr Williams reminded members that the patient story had two main components, that of the lack of consultant follow up and the process for booking appointments. Dr Kapadia confirmed that it was usual practice that the consultant secretary managed the waiting list. He stated that whilst everyone's expectations were to see a consultant, this was not practicable. His concern was the lack of communication between the medical staff. Dr Kapadia referred to the retail industry which went out of their way to ensure customers had a good experience. Mr Mayhew commented that the cultural change programme should address some of these issues.

Ms Robinson observed that much time is spent with clinical staff. She advocated that non-clinical staff should be recognised and included within the change programmes.

Dr Tunnicliffe requested that the staff who told the couple to attend A&E at the weekend must be told to stop giving that advice immediately.

Mr Williams asked how the issues would be taken forward and addressed. Mrs McKay stated that one focus in the Quality Improvement Plan was patient experience and the issues would be taken through there. A Quality Improvement Strategy is being developed and patients are being involved in this. The Board does need to ensure that the focus is wider than urgent care and A&E. Work is underway, being led by Ms Robotham, on the modernisation of outpatients.

Mrs Merrick requested that Mr Haynes consider publicity about the use of PALS and ensure that patients realise that feedback is essential for the Trust. Mr Haynes agreed and he has been working with the Associate Director for Patient Experience to ensure that the Patient Experience Strategy and the Stakeholder Strategy align.

ACTION: Mr Haynes to consider publicity in respect of the use of PALS and the importance of patient feedback.

Mrs Merrick asked for another patient story in four to five months to show the full patient pathway. Hopefully this would show improvements have been made.

ACTION: Mrs Morris to source a patient pathway story for presentation in May 2018.

Mrs Merrick will thank the family for sharing their story with the Board.

**Resolved: that
The Board**

- Noted the content of the story

92/17 **ANY OTHER BUSINESS**

There were no items of any other business.

93/17 **DECLARATIONS OF INTERESTS**

There were no additional declaration of interests.

94/17 **MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON 14 SEPTEMBER 2017**

Resolved that:-

- The Minutes of the public meeting held on 14 September 2017 be confirmed as a correct record and be signed.

94/17/1 **MATTERS ARISING/ACTION SCHEDULE**

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

95/17 **Chairman's Report**

Mrs Merrick confirmed that the Well Led assessment had been undertaken and the Board was considering the output in the private section of the Board. The assessment involved the observation of board and committee meetings and a paper review of the Board papers and minutes.

**Resolved that:
The Board**

- Noted the oral report

96/17 **Chief Executive's Report**

Mrs McKay stated that the results of the first 4Ward survey were currently being collated. She was looking forward to the results which will be shared with the Board at the end of the month.

She was delighted that 64% of staff have received their flu vaccination. She also was pleased that the Trust has appointed specialist mental health and learning disability nurses to ensure that patients with specific needs are having the optimum care.

Interviews for the Director of People and Culture have taken place and she was hopeful that an announcement would be made imminently. The successful candidate was looking to commence in January 2018.

She then turned to the A&E delivery board. This Board meets monthly and the focus is on a comprehensive plan for winter covering all the health economy. The health service is being asked for very regular information in respect of winter.

The CQC has published its State of Care report and she commended it to members. The CQC undertook an unannounced inspection 1-3 November and an announced inspection 7-8 November. The report should be published in the next couple of months.

Finally she expressed her thanks to both Mrs Geddes and Mr Khan for their help and

support and wished them well for the future.

Mrs Merrick was delighted to see the national awards given to staff.

Resolved that:-

The Board

- Noted the report.

97/17

QUALITY OF CARE

97/17/1

Quality Improvement Plan

Mrs Morris reminded members that the Quality Improvement Plan was approved by the Board in the Summer. The Quality Improvement Board, chaired by Mrs McKay, monitors progress. This board meets monthly.

There are six work streams, each with an executive lead and associated key performance indicators. The paper outlines the key achievements to date. There is a rigorous approach to performance management.

She stated that the paper presented provided an overview. The detail is discussed at the Board meeting. She was disappointed with the small deterioration in PEWS and she is investigating this. She was also clear that she was expecting corrective action in respect of the number of C Diff cases, which was now behind trajectory.

Mrs Smith was encouraged to see the improvement in sepsis screening in the emergency department. This improvement needs to be sustained. Mrs Morris agreed and complemented the enthusiasm of the sepsis lead for the Trust.

Mr Yates and Mrs Merrick expressed disappointment with the number of red arrows with decreasing performance within the safety domain. Mr Yates wondered what the split was between issues to do with culture and those concerning process. Mrs Morris stated that there was a mixture but she was confident of improvement being shown in the next report. Dr Tunnicliffe confirmed that the QGC were seeing improvement and he was confident that the number of red arrows would decrease in the next report.

Dr Tunnicliffe went onto express concern that the dashboard implied that all the metrics presented were of the same value. He stated that length of stay, numbers of discharges before midday, beds occupied by stranded patient are the key issues.

Mr Mayhew expressed concern that the dashboard and the performance report did not appear to read across. He requested that Board members have one source of information presented. He was also clear that there were a number of metrics which would go green in the next few weeks.

Mrs McKay confirmed to Mrs Merrick that each of the six areas shown had an executive lead whose priority was the work as shown. Mrs Geddes stated that the work areas were not new and when the Quality Improvement Plan was developed, the areas shown were already within the work plans for the executives.

It was agreed that the work needed to inform the financial recovery plan as many actions have a direct impact on the financial sustainability.

ACTION: Ensure that there are links between the QIP and the FRP (Mrs Morris and Ms Robinson)

In response to Mrs Merrick, Ms Robotham stated that the professional standards were

monitored at each bed meeting. The data show September data which is before the implementation of the Standards.

Mr McGinity reflected that he observed a ward round on 8 November which started at 08:10 and finished at 12:30 due to the number of outlying patients. He stated that the reduction of stranded patients was needed to improve flow through the hospital.

Mrs Morris confirmed to Mr Oosterom that there were trajectories that lay behind the targets. Ms Smith stated that whilst there were projects set up, there needed to be a more robust approach to this and therefore to trajectory setting.

Dr Kapadia reminded the meeting that the Trust was operating at >100% bed occupancy. This is a huge restriction for staff and there will therefore be a challenge in meeting the targets. Setting up the frailty unit will help considerably.

Mrs McKay emphasised that there was a need to ensure that the information presented was coherent and consistent. She stated that sepsis was a challenge and the issue was being raised nationally. She was pleased to see the improvement in the number of serious incidents relating to deteriorating patients.

Resolved that:-

The Board:-

- Noted the report

97/17/2

Learning from Deaths

Dr Kapadia presented the report. He was pleased to note that the HSMR had decreased to 102 from 109. He pointed members to the funnel plot on page 7 which showed the Trust's position. The mortality rate for patients with a fractured neck of femur and those with septicaemia was decreasing. He has reviewed the elective mortality rate and has concluded that the coding is incorrect and a number of patients should have been categorised as emergencies. He was pleased that the number of primary mortality reviews was improving.

Mr Oosterom was pleased to see the progress and requested future reports to include learning from mortality reviews. This was agreed.

ACTION: Dr Kapadia to include learning from mortality reviews in future reports.

Dr Tunnicliffe was also pleased to see the improvement which had taken place since Dr Kapadia took up post.

Resolved that:-

The Board:

- Received the report for assurance

97/17/3

Quality Governance Committee Report

Dr Tunnicliffe presented his report. He was encouraged by the participation of members of the Committee. He has invited divisions to attend quarterly and the interactive use of SQUID was a positive development. He was also pleased with the increased assessment of VTE and thanked Miss Imitiaz for her work in this area.

He expressed frustration with the continued poor performance in relation to complaints management.

He was pleased with the progress of actions relating to the backlog of GP letters.

Finally he asked for approval of the revised terms of reference.

Mr McGinity also expressed frustration with the lack of improvement with the management of complaints. Dr Tunnicliffe confirmed that he has visited the corporate complaints department and he was of the opinion that the divisional teams were struggling with meeting the response time. He confirmed that this issue was high on the QGC agenda.

Mrs Merrick was keen to ensure a bigger focus for the Board on patient engagement and would be advertising for a patient representative in the next few weeks.

Mrs Merrick reflected that the Trust was dealing with a number of very difficult issues and she thanked all the staff for their work.

Resolved that:-

The Board:

- Reviewed the report and noted the progress with the GP letters
- Approved the revised terms of reference
- Noted the report

98/17

LEADERSHIP AND IMPROVEMENT CAPABILITY

98/17/1

People and Culture Strategy

Mrs McKay was pleased to present the People and Culture Strategy for Board approval. The Strategy has been discussed in depth at the People and Culture Committee. She has ensured that it covers the 4ward programme and it aligns to the signature behaviours. The strategy was in three areas, an engaged, skilled and supported workforce. She highlighted the 'strategy on a page' which will be the focus for the dissemination across the Trust.

Mr Haynes confirmed to Mr Williams that he will be working with the Director of People and Culture on communications and he will ensure that celebrating success is a key area.

Mr Khan welcomed the strategy. He asked whether the equality and diversity section could be enhanced, particularly to reflect that people with protected characteristics are represented in decision making. Mrs McKay agreed that this area of work has not had the focus that there should be and she will ensure, together with the Director of People and Culture, that the work in this area will have better visibility and will increase.

In response to an observation by Mr Mayhew, it was agreed that the 'vision' at the beginning should be the 'purpose'.

ACTION: Change 'vision' to 'purpose' (Director of People and Culture).

Dr Tunnicliffe welcomed the strategy and looked forward to receiving updates on its implementation from the People and Culture Committee.

Both Mrs Morris and Dr Kapadia welcomed the Strategy.

Resolved that:-

The Board

- Approved the people and culture strategy

- Approved the strategy on a page document
- Noted the implementation plan

Mrs McKay left the meeting.

98/17/2

Safer Staffing

Mrs Morris confirmed that the paper had been presented at the People and Culture Committee. She was reviewing the content and presentation and would be including the contribution of allied health professionals and health care assistants.

She expressed concern about the number of vacancies and the divisional nurse directors have undertaken risk assessments which have resulted in changes in surgery and medicine. The use of *what's app* is now embedded and includes acuity of patients. She acknowledged that the mitigation section needed to be strengthened.

Mrs Merrick commented that the paper demonstrated that lack of recruitment is a clear risk to patient safety.

Dr Tunnicliffe was pleased to see the data. However he was concerned about the average fill rate – only 72% of wards were 'green'. He asked when the staffing levels were deemed unsafe.

Mrs Morris acknowledged that the paper needed to make clearer the mitigations. She has an escalation process for ward staff which is very clear. Mrs Geddes stated that the Trust's nursing vacancy rate was good when compared to other trusts. She reminded members that the report was a recommendation from the Francis enquiry and she asked that incidents and outcomes be included. She was concerned that the paper only presented data on registered nurses and it was important to realise other members of staff (e.g. therapists and pharmacists) can support delivering care on the wards.

Mr McGinity expressed concern that the data were for September. Mrs Morris reminded members that SQUID shows the most up to date data which was accessible by members.

It was agreed that the People and Culture Committee would continue to review the paper in detail and that Mrs Morris and Dr Kapadia would consider whether the paper needed to be reviewed at QGC.

ACTION: Mrs Morris and Dr Kapadia to review whether the paper needs to be considered at QGC.

Resolved that:-

The Board

- Noted the data submitted for September 2017 on levels of staffing across ward areas of the trust and the mitigations put into place to ensure patients' needs are met.

98/17/3

Fit and Proper Persons

Mrs Darby explained that her recent audit of the process for Fit and Proper Persons found that the Policy within the Recruitment Policy was out of date. She has revised that element of the Recruitment Policy and was asking for Board approval.

Resolved that:-

The Board

- Approved the appendices to the Recruitment and Retention policy
- Approved the annual audit process.

98/17/4

People and Culture Committee

Mr Yates presented the report, in the absence of Mr Swan. The Committee has now met three times and with the appointment of the Director of People and Culture he was pleased with the progress being made.

He drew members' attention to the *Timewise* programme which would pick up flexible working. The strategic workforce plan was discussed and he outlined the discussion held in respect of the recruitment timeline. The discussion on the Safer Staffing paper was not mirrored at the Board and he expressed disappointment that the role of other staff had not been mentioned in the meeting.

Resolved that:-**The Board**

- Noted the report

99/17

FINANCE AND USE OF RESOURCES

99/17/1

Financial Performance

Ms Robinson presented the report. She reported that there was a continued lack of delivery against the planned cost improvement plans (CIP) and there was a continued problem with recruitment. The run rate has been stabilised but it is not sufficient to meet the control total.

She then referred members to the final two pages of her report. Page 14 showed the key themes being worked on in relation to the Financial Recovery Plan. There is a focus on temporary staff and moving staff from agency to bank.

Mr Oosterom asked what mitigation there was around the cash position. Ms Robinson confirmed that she is working with the Department of Health to draw down emergency cash from January.

Mr Mayhew asked about the capital position. Ms Robinson confirmed that she is working with NHS I and the Department of Health to draw down part of the £29m capital to enable work to commence so it can be completed prior to winter 2018/19.

Dr Tunnicliffe wondered what the challenges were in respect of delivering the CIPs. Ms Robinson explained that the CIP was agreed prior to winter 2016/17 when considerable elective surgery was not undertaken. This meant that the £5m expected due to repatriation has not taken place. She also explained that the £2m PFI technical adjustment was included in 2016/17 accounts. She also reminded members that the Trust is expecting a lot of a small number of staff. Many projects underway (e.g. the theatre utilisation project) will reap rewards but not for the full year in 2017/18.

Mr Williams advocated setting higher targets than needed and also clear action plans are needed.

Mrs Merrick requested that non-executive directors with financial experience could support the financial team. She was keen to support the divisional teams in their work.

ACTION: Mrs Merrick to identify NEDs to work with the Finance staff to support the divisional teams

Resolved that:-**The Board**

- Noted the financial position, recognising 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.
- Noted that the Trust will be required to submit a revised forecast outturn to NHSI at the end of Month 9 in January
- Noted the status of the business cases to improve RTT and Cancer trajectories.
- Noted the actions taken to improve Theatre Productivity.

99/17/3

Integrated Performance Report

Mr Khan presented his report. He acknowledged that more work was needed, particularly to capture the discussions at the People and Culture Committee and QGC in relation to the dashboard.

He apologised for the lack of information on 62 day cancer sites and will circulate this after the meeting.

ACTION: Circulate information on 62 day cancer sites. (Mr Khan)

He expressed concern that there were a number of metrics which were not improving. Specifically, serious incidents open after 60 days, falls resulting in serious harm, appraisals for non-medical staff and numbers of patients waiting over 52 weeks. The main cause of the patients waiting over 52 weeks is the speciality of respiratory medicine. This is now back in control. He was pleased with the fact that there were no 12 hour breaches in August or September and in the same period in 2016, there had been 22.

Ms Robotham reported that whilst there had been an improvement in cancer two week waits, there remained a challenge in respect of cancer 62 days. She explained the calculation of the metric and stated that her prediction for October was that the performance will be worse but the backlog better.

In respect of 104 days, 30 patients continually breach the standard. She explained that the aim is to reduce this number by the end of November. A large number of people are referred to tertiary centres, but sometimes this referral is late which impacts on this standard. She explained to Mr McGinity that whilst the number appears small, in order to get the figure of 30, a considerable number of patients need to be seen and treated. She is dealing with 1500 on a daily basis. She was pleased that the improved diagnostics metric means a positive effect on cancer targets. She predicted that overall performance would improve in 2-3 months.

Ms Robotham then turned to the emergency access standard. The Trust achieved 82% in September and October will be broadly similar with an increase at Worcestershire Royal and a decrease the Alexandra.

There was a marginal improvement with RTT in August. She was hopeful that by the end of November there would be 0 people waiting over 52 weeks.

Mrs Morris explained that she is rolling out improved documentation in relation to falls.

Mrs Merrick was pleased with the progress being made.

**Resolved that:-
The Board**

- Reviewed the Integrated Performance Report for Month 4.

99/17/4

Finance and Performance Committee

Mr Mayhew reflected that the patient story not only showed a human cost, but a financial impact by not ensuring *no delay every day*. A key area of work for the Committee is to develop a medium term financial strategy. Embracing the Model Hospital is key to this.

He was pleased to see a stabilisation in the run rate and that there were signs of more long term improvement in the Trust's key performance areas.

He commended the Terms of Reference to the Board, stating that he had removed the elements relating to workforce as these were now considered by the People and Culture Committee.

**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

100/17

OPERATIONAL PERFORMANCE

100/17/1

Winter Plan

Ms Robotham reminded members that the Winter Plan is based around four initiatives. The county wide Frailty Assessment Unit commenced on 16 October as planned. So far, she reported, there had been significant numbers of admission avoidance. She emphasised the necessity to work with the Ambulance Service to ensure optimum use of the Unit.

The work to ensure the expansion of the Ambulatory Emergency Care service started on 30 October. The plan is open the new unit on 20 November.

A model of palliative care provision on Evergreen 2 was explored; however, the End of Life team are currently piloting a successful model of admission avoidance in Emergency Department and targeted in-reach. Both approaches are felt to be more appropriate and patient centred.

Alternative options of expanding and enhancing the successful therapy led Evergreen 1 model and associated staffing implications are currently being worked through.

Ms Robotham then highlighted additional supportive measures in place which included reducing the numbers of stranded patients and a dedicated oncology service bay on Laurel 3.

Finally she notified members that there is a significant amount of information being collated for submission to NHS I and other agencies. This is being coordinated through a health economy winter control room. She confirmed to Mr Oosterom that the Control Room's primary function was to ensure that requests for information were collated and returned in a timely manner.

Mr Haynes confirmed that there has been a joint approach to winter communications across the health economy.

Dr Tunnicliffe congratulated Ms Robotham on the robust approach to winter planning. He was pleased to see the changes made to end of life care and wondered whether there was more opportunity for some patients to be cared for within the community. Mrs Morris agreed and confirmed that the specialist input working across the health economy was ensuring that patients were in the most appropriate place for their needs.

Resolved that:-

The Board

- Noted the assurance in relation to the progress to date against the Trust's Winter Plan.

100/17/2 Patient Flow

Ms Robotham highlighted the two events held on flow across the Trust. She stated that the attached professional standards had been agreed. Accountability for adhering to the Standards was through the bed meetings. Another change has been to move the bed meetings to A&E where they are now very focused on the patient. She reported less patients within the A&E corridor. Mrs Merrick reminded members that the Trust had a goal to ensure no patients in the corridor by 1 December. Ms Robotham agreed and stated that this was also contingent on partners delivering 30 extra social care beds, which had been agreed through the A&E Delivery Board.

Resolved that:-

The Board

- Noted the actions being taken to improve patient flow and associated key performance indicators.

100/17/3 Emergency Preparedness Resilience and Response (EPRR) Core Standards Assurance Submission 2017

Mrs Merrick confirmed that Mr Yates was the non-executive director with oversight in this area.

Ms Robotham explained that each organisation undertakes a self-assessment against core standards. Of the 60 applicable to acute trusts, the Trust has self assessed as 58 green and 2 amber. The two amber relate to fuel disruption (national guidance is awaited) and testing. The plans have been tested (e.g. Riverbank flooding) but not been through a rigorous exercise.

Mr Yates was pleased with the self-assessment and has met with the EPRR Manager. He agreed that an exercise was needed and that this would take place in 2018. Mrs Morris confirmed that the flu plan was being tested on 1 December.

Resolved that:-

The Board

- Noted the progress in the delivery of the EPRR core standards and planned actions.
- Noted the self-assessment Compliance Level declared to NHS England
- Agreed to publish the Trust's EPRR core standards statement of compliance in the annual report

101/17 STAKEHOLDERS

101/17/1 Endorsement of the Data Sharing Agreement

Ms Robinson as the Trust's Senior Information Risk Owner, she recommended that the

Charter was endorsed.

**Resolved that
The Board**

- Endorsed the Data Sharing Agreement

102/17 **GOVERNANCE**

102/17/1 **Board Assurance Framework**

Mrs Darby highlighted one change in risk rating which was Finance, which has changed from 12 to 20.

Mrs Merrick went through the Trust priorities and summarised the Board discussion against each objective. She asked Board members whether they agreed with the assessment that had been undertaken. Mr Mayhew asked whether the risk assessment against the collaborative should be reviewed. Mrs Darby agreed that this would be reviewed as part of the review of the strategic objectives, taking place in December.

**Resolved that:-
The Board**

- Approved the Board Assurance Framework

102/17/3 **Audit and Assurance Committee report**

Mr McGinity presented the report. He asked for approval of the following documents:

- Annual Security Report
- The Gifts and Hospitality – annual register
- Revised Standing Orders
- Revised Terms of Reference

Mr McGinity was disappointed that some reports issued by internal auditors were not being actioned by the executives. He understood that this was partly due to the transition to substantive directors and the absence of the Company Secretary. He understood that this issues was now being rectified. Ms Robinson will be taking all reports to the Trust Leadership Group in future and the Chief Executive will also receive all reports. He also expressed concern that the waiting list policy had not been applied consistently across all the specialities.

Ms Robinson agreed to review the internal audit plan with Mrs Morris and Dr Kapadia.

ACTION: Ms Robinson to review the internal audit plan with Mrs Morris and Dr Kapadia.

Mr Khan suggested a summarised version of the Standing Orders. This was agreed.

ACTION: Mrs Sharpe to develop a summarised version of the Standing Orders.

**Resolved that
The Board**

- Approved:
 - The Annual Security Report
 - The Gifts and Hospitality – annual register
 - The revised Standing Orders
 - The revised Terms of Reference
- Noted that concern was raised in respect of timeliness of the sign off of internal

- audit reports and the lack of closure of outstanding actions
Noted the report.

DATE OF NEXT MEETING

The next Trust Board meeting will be held on Tuesday 16 January 2018 at 09:30 in the Board Room, Alexandra Hospital, Redditch.

The meeting closed at 12:54 hours.

Signed _____
Caragh Merrick, Chairman

Date _____

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

PUBLIC TRUST BOARD ACTION SCHEDULE – AS AT JANUARY 2018

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
09-11-17	A&A Committee report	102/17/3	Review the internal audit plan with Mrs Morris and Dr Kapadia	JR	Dec 2017	Jan 2018	Outstanding	
09-11-17	A&A Committee report	102/17/3	Develop a summarised version of the Standing Orders	KS	Dec 2017		In progress.	
14-9-17	Matters arising	70/17/1	Presentation of a stakeholder strategy to TB	RH	Dec 2017		Discussed at the Board development day, 18.12.17. Action closed.	
09-11-17	Patient Story	91/17	Clear objectives for patient experience improvement to be included in patient experience strategy to be presented to QGC in December.	VM	Dec 2017		Presented to QGC in Dec. Further presentation in Feb. presentation on agenda for TB. Action closed.	
09-11-17	Patient Story	91/17	Consider publicity in respect of the use of PALS and the importance of patient feedback	RH	Dec 2017		Part of comms plan. Action closed.	
09-11-17	QIP	97/17/1	Ensure that there are links between the QIP and the FRP	JR/VM	Dec 2017		Links established.	
09-11-17	Learning from Deaths	97/17/2	Include learning from mortality reviews in future reports	SK	Jan 2018		On TB agenda. Action closed.	

09-11-17	P&C Strategy	98/17/1	Change 'vision' to 'purpose'	TR	Nov 2017		Action completed. Closed.	
09-11-17	Safer Staffing	98/17/2	Review whether the paper needs to be considered at QGC	VM/SK	Dec 2017		Paper continues to be presented to P&C Committee. Action closed	
09-11-17	Financial Performance	99/17/1	Identify NEDs to work with the Finance staff to support the divisional teams	CM	Nov 2017		NEDs identified. Action closed.	
09-11-17	IPR	99/17/3	Circulate information on 62 day cancer sites	HK	Nov 2017		Information circulated. Action closed.	
09-11-17	Patient Story	91/17	Source a patient pathway story for presentation in May 2018	VM	May 2018			