

MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON

**TUESDAY 8 MAY 2018 AT 09:30 hours, Charles Hastings Education Centre,
Worcestershire Royal Hospital**

Present:

Acting Chairman:	Mark Yates	Acting Chairman
Board members: (voting)	Philip Mayhew Michelle McKay Inese Robotham Jill Robinson Vicky Morris Bill Tunncliffe Steve Williams	Non-Executive Director Chief Executive Interim Chief Operating Officer Director of Finance Chief Nursing Officer Non-Executive Director Non-Executive Director
Board members: (non-voting)	Richard Haynes Tina Ricketts Kimara Sharpe Sarah Smith	Director of Communications Director of People and Culture Company Secretary Director of Strategy and Planning
In attendance:	Bryan McGinity	Freedom to Speak Up Guardian (<i>items 1/8 to 8/8</i>)
Public Gallery:	Press Public	0 5
Apologies:	Richard Oosterom Suneil Kapadia	Associate Non-Executive Director Chief Medical Officer

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- 1/18 **WELCOME**
Mr Yates opened the meeting by thanking the previous Chairman, Mrs Caragh Merrick for her leadership over the previous 20 months. She had established a stable Trust Board and her drive had taken the Trust forward in many areas. He wished her well for the future. He also thanked Mr Chris Swan who had been a non-executive director for 15 months and in particular his work on the people and culture agenda.
- Mr Yates then welcomed members of the public to the meeting and explained that an opportunity for questions would be given at the end of the meeting.
- 2/18 **ANY OTHER BUSINESS**
There were no items of any other business.
- 3/18 **DECLARATIONS OF INTERESTS**
The Board noted the updated list of declarations of interest and that they would be published on the website.
- 4/18 **MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON 15 MARCH 2018**

RESOLVED that:-

- The Minutes of the public meeting held on 15 March 2018 be confirmed as a correct record and be signed by the Acting Chair subject to a minor typographical error which did not affect the accuracy of the minutes.

5/18

MATTERS ARISING/ACTION SCHEDULE

Mrs Sharpe reported that all actions had been completed.

6/18

Acting Chairman's Report

Mr Yates once again thanked Mrs Merrick and Mr Swan for their contributions to the Trust. He confirmed that he is working with NHS Improvement in respect of a replacement for both.

He highlighted that there will be a meeting of the Trust Board in public on 7 June at the Worcestershire Cricket Club. The agenda will focus on approval of documents for submission to NHS Improvement and other agencies.

Mr Yates highlighted the list of leads and reminded members that this would change as new people were appointed.

RESOLVED that the Board:-

- Approved the board level responsibilities
- Noted the report

7/18

Chief Executive's Report

Mrs McKay recognised the contribution that Mrs Merrick has made in her tenure as Chairman and thanked her for her personal support.

Mrs McKay drew the Board's attention to the three main priorities covered in her report. She was disappointed with the emergency access standard (EAS) performance and assured members that this was a focus for staff throughout the Trust. She was pleased however with the marked reduction in 12 hour trolley waits compared to the previous year.

In respect of finance, the Trust met the renegotiated out turn deficit of £57.9m. On the three key financial duties, the Trust has not achieved its Breakeven Duty, achieved the External Financing Limit and met its Capital Resource Limit.

There was improved cancer performance in March against the 62 day target which was the best performance since February 2016. There was now a focus on sustaining this work.

There had been an unannounced visit by the CQC to the emergency departments since the last Board meeting. She was expecting the report in the next few weeks.

She then turned to the General Data Protection Regulations (GDPR). The Trust will not be compliant by 25 May mainly due to data mapping. There are areas of compliance such as the appointment of a Data Protection Officer.

Mrs McKay highlighted the personnel changes at the Health and Care Trust and the restructuring of the CCGs. She also highlighted the merger of University Hospitals Birmingham with Heartlands and the detail of the Social Care white paper.

Resolved that:-

- The Board received the report for noting.

8/18

Freedom to Speak Up (FTSU) Guardian

Mr Yates welcomed Mr McGinity, FTSU Guardian, to the Board and invited him to present his first bi annual report to the Board.

Mr McGinity thanked the Board for inviting him to present his first report as FTSU Guardian. He reported that the FTSU policy will be presented to the Trust Board for approval on 7 June. The Trust had recently received further guidance from NHS I and he would be reporting compliance with this guidance to the People and Culture Committee.

Mr McGinity then turned to the work he has undertaken since being appointed. He reminded Board members that whilst the Trust had over 6000 employees, most worked in small units of between 6-10 people. This meant that if unacceptable behaviour was exhibited it has a major impact on a small group of people. Staff on the receiving end can be concerned that the issue is related to them not the other person. The situation is exacerbated if the staff member is more junior. The options for action are limited for the member of staff. However they can talk in confidence to the FTSU Guardian or any of the Champions. This can be cathartic for the staff member who can be quite distressed.

Mr McGinity commented that national statistics show strong correlation between FTSU and the CQC rating. Additionally, the Francis Report identified that patients died due to substandard care and a correlation was made between staff not willing to speak up and sub-standard care.

The Francis Report resulted in legislation to ensure that each organisation appointed a FTSU Guardian. Within the Trust, the FTSU Guardian is supported through the 4ward programme to create an open culture in the Trust.

Mr McGinity reported that the Director of People and Culture was developing a programme for managers to attend on how to deal with performance issues. This reflected feedback from managers that they felt unprepared to tackle the issues.

Mr Williams asked whether the timeliness for resolution could be improved. Mr McGinity outlined the current process which was a maximum of 4 days. He felt that this could not be improved. If a case is referred to another agency (e.g. fraud allegation) then the resolution times are longer.

Mrs Morris complimented Mr McGinity on his work and she had been able to triangulate cases that she had been involved in. She felt that the approach was very helpful.

Mr Mayhew also welcomed the report and asked for more information on the learning from cases. Mr McGinity explained that the FTSU Group reviews local and national themes. Champions write confidential reports to the FTSU on all contacts with staff (anonymously if necessary) so themes can be picked up. Ms Ricketts is linking the themes to Datix and other sources of information such as staff side. This will be reported to the People and Culture Committee.

Mrs McKay asked whether Board members would have a role with the Champions. Mr McGinity explained that the Champions meet on a site basis. He felt that the attendance of Board members was not necessary.

In response to Mr Haynes, Mr McGinity confirmed the arrangements for support for champions. He also confirmed that the Trust was 'in the middle' in respect of reporting concerns.

Mr McGinity confirmed to Mr Yates that there is a good spread of champions amongst staff including senior consultant staff.

Ms Ricketts stated that the learning and development plan would be reconsidered at the People and Culture Committee and the new conflict resolution would be included.

Mr Yates thanked Mr McGinity for his work and looked forward to his next report to the Board.

- Q **Resolved that:**
The Board
- Supported the on-going communication of the FTSU programme to all staff.
 - Discussed whether there could be any improvement on the FTSU programme.
 - Noted the analysis of learning from both the Southport and Ormskirk Trust and North Lincolnshire and Goole Trust case reviews which will be incorporated into the FTSU Working Group.
 - Received the plan to develop an effective learning process from concerns raised for assurance.

9/18 **QUALITY OF CARE**

9/18/1 **Integrated Quality and Safety Report**

Mr Yates asked Mrs Morris to present her report. He reminded members that the integrated performance report should be considered in conjunction with this report, the Operational Performance report and the People and Culture report.

Mrs Morris highlighted the management of complaints. Now 78.57% of complaints are responded to within 25 days. This compares to 31.15% in August 2017. The contractual standard is 75%; the national standard is 80%. She recognised that the performance needed to be sustained. She then turned to serious incidents. Only one was overdue. VTE performance needed to be improved in relation to follow up assessments. She expressed disappointment in the reduction in primary mortality reviews but was able to assure members that no serious incidents closed in February related to the death of patients.

She then reported that the Quality Governance Committee (QGC) reviewed the detailed plans associated with the Quality Improvement Strategy. There were some amendments to the action plans and trajectories. The divisional plans needed more work to ensure that they fully aligned to the strategies.

Mrs Morris then highlighted the CQUIN programme. She stated that the CQUIN in relation to reducing ill health as a result of risky behaviours would be a challenge to meet as services are not currently commissioned. She is working with the commissioners to determine what can be delivered.

Finally she highlighted the quality impact assessment in relation to emergency surgery. This was reviewed and signed off by TLG.

Ms Smith acknowledged that the primary mortality review process is now more robust and asked whether the backlog would be reported retrospectively. Mrs Morris affirmed

that it would be. Dr Tunnicliffe assured members that the QGC were fully sighted on this agenda and were disappointed that the performance had deteriorated, particularly as the additional medical examiners have now been appointed. He went onto recognise that specialised training was required so this may have contributed to the time lag.

Mrs Morris confirmed to Mr Mayhew that further work was needed with respect to the divisional Quality Improvement Plans, particularly with respect to the corporate functions (for example infection control) and key performance indicators.

Resolved that:-

The Board:-

- Noted the commentary provided which supports the improving performance across the Integrated performance report (Quality section)
- Noted the CQUIN programme.

9/18/2

Inpatient Survey *this is redacted as the subject is embargoed and will be for publication at a later date*

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Resolved that:-

The Board:

- Noted the report

9/18/3

Quality Governance Committee Report

Dr Tunnicliffe presented the QGC report. He highlighted that the Committee had received the final action plans in relation to the two never events. He also reported that the harm reviews in respect of the delayed correspondence had shown that there had been little or no harm. He was concerned however that the national standard was not being met in respect of sending letters to GPs.

Dr Tunnicliffe went onto recognise the work undertaken by the Chief Nurse and Chief Medical Officer in respect of managing complaints. He was pleased to see the work of the Women and Children division in respect of developing a local Quality Improvement Strategy.

He stated that the flow of information and assurance between the Clinical Governance Group (CGG) and the QGC was improving. He reflected that he would have preferred to have seen the Quality Impact Assessment in relation to the Acute Surgical pathway easier and stated that there had been learning from this process.

Mr Yates was pleased to see the moderate and significant assurance within the report.

RESOLVED that:-

The Board:

- Noted the substantial improvement on complaints performance
- Noted that the Committee will receive another update on the never events action plans at its June meeting
- Noted that the Committee reviewed the metrics associated with the divisional quality improvement plans and that the monitoring of these plans will be through the Clinical Governance Group (CGG)
- Noted that the Committee received the quality impact assessment for the acute surgical pathway changes which were implemented on 9 April
- Received this report for assurance.

10/18

FINANCE AND USE OF RESOURCES/OPERATIONAL PERFORMANCE

10/18/1

Financial Performance Report

Ms Robinson presented the final report for 2017/18. The revised financial target of £57.9m for 2017/18 had been achieved. She thanked all staff for ensuring that this was met. She reported that the Trust had received sustainability and transformation funding at the end of the year ensuring receipt of nearly 50% of the STF.

She expressed concern about the cash position. She reports the position daily with a weekly review of the forecast. The amounts are agreed monthly with NHS I and the Department of Health.

Moving onto 2018/19, she reflected that there were lessons to learn from the approach in 2017/18. She continued to be encouraged by the commitment there was to achieve the targets and to use resources efficiently and effectively. To this end, the fortnightly confirm and challenge meetings were continuing with the divisions.

Ms Robinson reported that the Trust remains in enhanced oversight with NHS Improvement. She was pleased to see benefits being realised within Procurement with the additional support being given.

She stated that the 2018/19 financial plan needed to identify significant cost improvement plans and whilst some had already been identified, there was a need to identify more.

Ms Robinson then turned to capital. This was a significant issue for the Trust. Another emergency loan application will be submitted shortly.

Mr Williams was pleased that the divisions had financial control embedded within their systems and processes. There was a clear commitment to achieving financial balance.

Ms Ricketts requested an additional comment to be inserted on slide 7 in relation to the control being exercised with respect to bank and agency costs as well as the development of benchmarking information. This was agreed.

ACTION: Ms Robinson to insert supplementary information into slide 7

Mr Yates requested assurance that controls are in place from the beginning of the year. Ms Robinson confirmed that the TLG were fully sighted on the issues and the actions needed.

RESOLVED that:-

The Board:

- Noted the financial position at the end of Month 12 and 2017/18 Financial Year
- Noted the Month 12 and 2017/18 delivery to the revised forecast.
- Noted the continued requirement for access to interim revenue support (cash) in line with the planned 2018/19 I&E deficit position.

10/18/2

Operational Plan refresh

Ms Smith stated that the Trust is in year two of a two year planning cycle. She explained that the limited further guidance, issued in February, stated that the Trust needed to highlight the changes between years one and two.

She went onto explain that the contractual arrangement with the CCGs has not changed. The cap and collar activity has been agreed. A robust financial recovery plan was being developed and work is starting on the link bridge with the full business case being developed to access the remainder of the £29.6m.

Ms Ricketts highlighted the challenging workforce targets and requested a change of wording within the page 8.

Mr Yates wondered about whether the targets were realistic. Ms Smith stated that they were national average and that locally discussions were ongoing.

RESOLVED that:-

- Trust Board approved the 2018/19 Operational Plan refresh in line with joint NHSI/NHSE planning guidance issued in February 2018 subject to the revision of wording on page 8.

10/18/3

Operational Performance

Ms Robotham outlined the key messages in relation to operational performance.

The previous month had been very challenging in respect of the emergency access standard only reaching 78%. More than half the trolley waits for the 12 month period were in March. Worcestershire Royal remains under significant pressure with the main driver the underlying deficit of acute beds. She reported that the first phase of the work to increase the bed base had started and the Trust had worked closely with partners to ensure appropriate capacity within the community.

Improvement work on patient flow is on-going under the leadership of the newly appointed deputy Chief Operating Officer for Urgent Care. Additional programme support for the work streams is being finalised with NHSI and the Trust's Turnaround Director to build on Carnall Farrar recommendations. The programme consists of five distinct work streams: front, middle, back, frailty and bed management. The Emergency Surgery Triage Clinic (ESTC) commenced on 9 April 2018. During the first

two weeks of the clinic being operational there have been 173 calls to the ESTC consultant mobile and 49 attendances to the clinic with only two admissions directly from the clinic to surgical inpatient beds.

Richard Haynes left the meeting.

Mr Williams asked whether there were any further actions that needed to be taken to maintain patient flow. Ms Robotham confirmed that there is concentrated work being undertaken on reducing 12 hour breaches including working on the 11 hour clock. There is also a rigorous approach to managing the 4 hour breaches which is very effective at the Alexandra Hospital. Ms Smith confirmed that there would be an extra three wards available on the completion of the Bridge at the end of November.

Richard Haynes returned to the meeting.

Ms Robotham then turned to the cancer 62 day referral to treatment standard (RTT). There has been a significant improvement in Quarter 4 against the 62 day referral to treatment standard with March 2018 performance peaking at 82.07%. This is the highest performance against this standard since February 2016. The marked increase in performance is a direct result of consistent reduction of backlog of patients waiting over 62 days during Quarter 3 and Quarter 4 with added benefit of higher than usual conversion rate in March 2018. The current 62 day backlog is 73 patients (compared to 160 in September 2017); equally the number of patients waiting over 104 days has reduced to 17 (compared to 35 in September 2017).

There have been major improvements in performance for RTT have been seen in the Specialty Medicine division, for example thoracic medicine has improved from 63.13% in April 2017 to 74.72% in March 2018 and neurology has improved from 75.36% in March 2017 to 90.92% in March 2018).

Mr Williams congratulated the Trust on the real progress that has been made. Ms Robotham stated that the work has been led by her deputy, David Burrell who leaves shortly. A new cancer manager starts at the end of the May. She also confirmed that there had been investment in the form of additional staff for neurology and thoracic medicine.

Dr Tunnicliffe expressed concern at the continued use of endoscopy as a surge area. Ms Robotham stated that the use had minimal impact on RTT but a huge impact on the six week diagnostic target. Ms Smith stated that there were plans to move to the Alexandra and Kidderminster but both were dependent on capital investment.

Ms Robotham then turned to the six week diagnostic standard. Following a good recovery in Quarter 3 of 2017/18 against a challenging trajectory which was met for 6 consecutive months from August 2017 to January 2018, performance has been off trajectory and deteriorating since February 2018 (2.54% versus trajectory of 1.58%) and during March the figure was 3.8%, compared to the trajectory of 0.99%. The March 2017 performance was 3.73%. The Trust and the commissioners are currently undertaking a joint deep dive analysis of the significant increase in demand for radiology diagnostic procedures. Despite capacity constraints radiology have achieved "carve out" of capacity for all cancer patients resulting in reduction in time from referral to report to 9 days.

Mr Yates congratulated the staff involved in making the significant improvements.

RESOLVED that:-

The Board:

- Reviewed the operational performance against the four main operational standards
- Sought assurance that robust remedial actions are in place to sustain/improve performance against the four main operational standards
- Agreed limited assurance

10/18/4

Finance and Performance Committee Assurance Report

Mr Mayhew gave an overview of the work of the Committee. There continues to be a focus on the three priorities, flow, cancer and financial performance. He expressed optimism for the future and was pleased with the work that was being undertaken in respect of flow. He was also pleased with the progress made with the cancer waiting times and congratulated the whole trust on the achievement of the revised financial deficit.

Finally he reported that the new turnaround director has commenced and he was looking forward to being able to extend the financial planning horizon to two-three years.

RESOLVED that:-

The Board confirmed that it was assured that:

- A revised Patient Flow Programme is in place.
- A full-time Turnaround Director is in place to support delivery of the Trust's Recovery Programme and strengthen governance around CIP.
- The Trust delivered its revised pre STF deficit of £57.9m (pre-audited).
- The Trust met its Capital Resource Limit.

11/18

LEADERSHIP AND IMPROVEMENT CAPABILITY

11/18/1

People and Culture Report

Ms Ricketts presented her report which reviewed the year's performance against the baseline. The report showed that progress had been made but there was still room for improvement. Specifically, she highlighted the following improvements:

- 27% improvement in the net culture score
- reduction in medical vacancies from 20% to 16%
- reduction in registered nursing vacancies from 8.4% to 7.5% and
- Reduction in the overall staff turnover rate from 12.57% to 11.04%.

Mrs McKay welcomed the report. By addressing the challenges in the workforce, challenges in respect of quality and finance are addressed.

Ms Ricketts confirmed to Mr Yates that the Trust has had 14 visa applications for additional medical staff turned down. This will result in increased vacancy rates and agency costs. The issue has been escalated to the Department of Health and the Home Office via NHS Improvement.

Ms Ricketts then turned to the other area of concern which is deterioration in PDR (personal development review) compliance. She will be monitoring this through TLG.

Ms Ricketts then turned to the workforce transformation plan. This is a key component of the Trust's' recovery plan and will help in the line of sight, from ward to board. The outcomes will be reported through the People and Culture Committee and the recovery steering group.

Mr Mayhew asked whether appraisal can be linked to pay progression. Ms Ricketts

explained that many staff were at the top of the band already. The new pay deal, currently being consulted on, looks to strengthen this link. She is also recommending that each manager should have an objective to ensure that all their staff have a PDR.

There then followed a discussion about the level of assurance. Ms Ricketts was recommending limited assurance as the benchmarking showed the Trust still in the bottom quartile of performance. Mr Yates, Dr Tunnicliffe, Mr Mayhew and Mr Williams supported moderate assurance as the processes were in place and the data were improving.

RESOLVED that:-

The Board

- noted the report which was provided for assurance
- Agreed the level of assurance was moderate.

11/18/2

Gender Pay Gap

Ms Ricketts explained that the gender pay gap shown within the paper was due to the inclusion of consultant excellence awards (CEA) and most were awarded to male consultants. Once the CEA are excluded, there is only a 10p difference. She is committed to reviewing the CEA policy and undertaking an equality impact assessment.

ACTION: Ms Ricketts to review the Consultant Excellent Awards Policy and take to the People and Culture Committee

RESOLVED that:-

- The Board noted the report.

11/18/3

Safer Staffing

Mrs Morris stated that the circulated report covers the months of January and February. The February data show that 2% of shifts had red flags prior to mitigation. Appendix 2 shows the figures post mitigation. She confirmed that the surge areas were putting pressure on the staff. Fewer bank shifts were being undertaken as staff were tired.

Mrs Morris then highlighted that a national process has been undertaken to review staffing in the light of birthrate plus and she will bring this back to the board in July.

ACTION: Mrs Morris to present the report in relation to Birthrate plus in July

Ms Ricketts is working with Mrs Morris in developing a dashboard as there is a disconnect between the model hospital and how staff report. Mrs Morris reminded members that the band 4 roles were not included in the safer staffing return.

Mrs Morris explained to Dr Tunnicliffe that the 182.82% fill rate for HCAs was due to small numbers. She agreed to review the numbers in respect of red flags and incidents as they do not appear consistent.

ACTION: Mrs Morris to review red flags and numbers of incidents (doubled red flags and halved number of incidents)

RESOLVED that:-

The Board

- Noted the data for January and February 2018 regarding levels of nursing and

midwifery staffing across the 42 inpatient ward areas of the Trust.

- Noted for assurance the mitigations put into place to ensure patients' care needs are met.

11/18/4 **People and Culture Committee Assurance Report**

Mr Yates reported that the People and Culture Committee continued to monitor the implementation of strategy. A revised Leadership Strategy will be presented to the next Committee. There has been a significant improvement in medical vacancies from 161 to under 70. He reminded members that the next checkpoint for 4Ward is 18 June.

RESOLVED that:-

The Board

- Noted the report for assurance

12/18 **GOVERNANCE**

12/18/1 **Board Assurance Framework**

Mrs McKay presented the report. She stated that the next report will detail why the changes are recommended. She reminded members that the BAF will be reviewed following the strategy away day.

RESOLVED that:

The Board

- Approved the changes as detailed in the report.

12/18/2 **Cyber Security Assurance**

Ms Robinson presented the short report to give board assurance in respect of cyber security in the Trust. She reminded members that the trust was not affected by Wannacry. The report shows significant assurance against the standards required as all items apart from business continuity have been implemented.

There followed a discussion about levels of assurance and it was agreed to review the front sheet and specify what the Board was being assured against.

ACTION: Mrs Sharpe to revise the front sheet in respect of assurance

RESOLVED that:

The Board

- Noted the progress made around strengthening the Trust's data security and information requirements and the actions required to further mitigate the known risks.
- Approved the submission of compliance with 17/18 Data Security Protection Requirements

12/18/3 **Compliance statements**

Mrs McKay explained that the Trust was required to state compliance against provider licence conditions G6 and FT4. The compliance will be uploaded onto the website. The prime driver for the compliance were the section 29A letters.

RESOLVED that:-

The Board:-

- Declared non-compliance with NHS Provider Licence Condition G6
- Declared the following with respect to condition FT4:
 - 1, 2, 5, 6 – confirmed
 - 3&4 – not confirmed

DATE OF NEXT MEETING

The next Public Trust Board meeting will be held on Tuesday 7 June 2018 at 09:30 in the Worcestershire Cricket Club.

The meeting closed at 11:48 hours.

Signed _____

Date _____

Sir David Nicholson, Chairman