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| Date of meeting | 14 September 2017 |
| Paper number | Enclosure C1 |

| Report provided: | | | | | | | |
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| For approval: | √ | For assurance: | √ | To note: | | For information: | |

Chairman's report

| | |
|-----------------------------|------------------------------------|
| Accountable Director | Caragh Merrick Chairman |
| Presented by | Caragh Merrick Chairman |
| Author | Kimara Sharpe Company Secretary |

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| Alignment to the Trust's strategic priorities (√) | Deliver safe, high quality, compassionate patient care | √ | Design healthcare around the needs of our patients, with our partners | √ |
| | Invest and realise the full potential of our staff to provide compassionate and personalised care | √ | Ensure the Trust is financially viable and makes the best use of resources for our patients | √ |
| | Develop and sustain our business | | | |

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| Alignment to the Single Oversight Framework (√) | Leadership and Improvement Capability | √ | Operational Performance | |
| | Quality of Care | | Finance and use of resources | |
| | Strategic Change | √ | Stakeholders | |

Report previously reviewed by N/A

| Committee/Group | Date | Outcome |
|-----------------|------|---------|
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| Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks? | N | BAF number(s) | |
| Level of assurance and trend | | | |
| Significant | Limited | None | |

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| Purpose of report | This report updates the Board on the Committee membership. |
| Summary of key issues | This report recommends the Committee membership and NED lead roles. |
| Recommendations | <p>The Board is requested to approve</p> <ul style="list-style-type: none"> • The renaming of the Workforce Committee to People and Culture Committee • the Committee membership • the lead roles for NEDs |

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WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

CHAIRMAN'S REPORT

1 Introduction

Following a review of Committee membership, this report details the revised non-executive director membership of each Board subcommittee.

2 Background

The Board has new members and it is opportune for me to review the appropriate membership of the Committees.

3.1 Committee membership

Members will recall that at the last Board meeting, we agreed to set up a Workforce Committee. I am pleased that this has now met. I am recommending to the Board that this Committee is renamed 'People and Culture' Committee.

The proposed non-executive director committee membership is as follows:

- Audit and Assurance
 - Chair – Bryan McGinity
 - Members – Phil Mayhew, Mark Yates
- Charitable Funds
 - Chair – Caragh Merrick
 - Members – Chris Swan, Bryan McGinity
- Finance and Performance
 - Chair – Phil Mayhew
 - Members – Bryan McGinity, Richard Oosterom
- Quality Governance
 - Chair – Bill Tunnicliffe
 - Members – Phil Mayhew, Chris Swan, Mark Yates
- Remuneration
 - Chair – Caragh Merrick
 - Members – Bryan McGinity, Mark Yates
- People and Culture
 - Chair – Chris Swan
 - Members – Mark Yates, Richard Oosterom

3.2 Non-Executive Director – leads

I am required to identify and the board approve leads for the following topics:

- Mortality – Bill Tunnicliffe
- Model Hospital – Phil Mayhew
- Local Maternity Service – Chris Swan
- Emergency Planning – Mark Yates

4 Implications

The Audit and Assurance Committee and Remuneration Committee are required by statute.

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5 Recommendations

The Board is requested to approve

- The renaming of the Workforce Committee to People and Culture Committee
- the Committee membership
- the lead roles for NEDs

Compiled by
Kimara Sharpe
Company Secretary

Director
Caragh Merrick
Chairman

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| Report provided: | | | | | | | |
| For approval: | √ | For assurance: | √ | To note: | | For information: | |

Chief Executive's Report

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

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| Alignment to the Trust's strategic priorities (√) | Deliver safe, high quality, compassionate patient care | Design healthcare around the needs of our patients, with our partners | |
| | Invest and realise the full potential of our staff to provide compassionate and personalised care | Ensure the Trust is financially viable and makes the best use of resources for our patients | |
| | Develop and sustain our business | | |

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| Alignment to the Single Oversight Framework (√) | Leadership and Improvement Capability | Operational Performance | |
| | Quality of Care | Finance and use of resources | |
| | Strategic Change | Stakeholders | |

| | | |
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| Report previously reviewed by N/A | | |
| Committee/Group | Date | Outcome |
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|---|---------|---------------|--|
| Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks? | N | BAF number(s) | |
| Level of assurance and trend | | | |
| Significant | Limited | None | |

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| Purpose of report | This report is provided to inform the Board on issues relating to the activity of the Trust and national policy of which the Board needs to be aware. |
| Summary of key issues | <p>This report covers the following topics:</p> <ul style="list-style-type: none"> • Section 29a update • Visit by Ted Baker • Fit and Proper Persons – definitions • Annual cancer care patient experience results • WIFI • A&E delivery board – update • Appointment of the CCG Chief Officer and the Chief Data Officer • Update on Executive and Trust Leadership Group positions |
| Recommendations | <p>The Trust Board is recommended to:</p> <ul style="list-style-type: none"> • Approve the directors that fall within the Fit and Proper Person regulations to be: <ul style="list-style-type: none"> ○ All attendees to the Trust board, voting and non-voting directors and non-executives plus the Company Secretary • Note the progress being made with the section 29a letter requirements • Note the STP Governance arrangements • Note the report |

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WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

CHIEF EXECUTIVE'S REPORT

1 Introduction

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

2 Section 29a – update

Work has continued to ensure that the Trust makes visible progress on the issues raised by the CQC in the recent warning notice.

The Quality Governance Committee received a report about work of the Quality Improvement Plan (QIP) which is central to the quality improvements necessary. The six work streams are working on improving performance. Each of the work streams has an executive director as the lead and is supported by a work stream lead. Further information can be found in the QGC report on this agenda.

3 Executive and Trust Leadership Group changes

I am pleased to advise that the Director of Communication and Engagement, Richard Haynes started with the Trust on 6 September. Richard joins us at a time when staff, patient and public communication and engagement is a key focus for the Trust and I am confident we will rapidly see his influence in our internal and external communications.

I take this opportunity to inform the Board of the resignation of the Director of HR and OD, Denise Harnin. I pass on my appreciation to Ms Harnin for her contribution to the Trust and wish her well in the future. Recruitment processes have begun for our new Director of People and Culture. This is another critical role for the Trust given the focus over the last few months on strengthening our attention on our most vital asset, our workforce. Later in the agenda is the report of our inaugural People and Culture Board sub-committee, which also seeks approval of our recruitment plan.

This is the last Board meeting for Jim O'Connell who has been our interim Chief Operating Officer since April of this year. I thank Jim for his contribution to the Trust over the last six months and wish him well in his new role. Inese Robotham steps into the acting Chief Operating Officer role from her deputy position. I look forward to Inese's contribution in this position.

Changes have also occurred within the Trust Leadership Group. Given the considerable challenge that the Trust has in Urgent and Emergency Care, I have determined to split the Division of Medicine into an Urgent and Emergency Care division and a Specialised Medicine division. We will keep this structure in place throughout winter and review in the Spring, and will provide more support to the Urgent and Emergency Care work. This has created some movement within the Trust Leadership Group, with some members taking on new roles for this time. Additionally, Dr Gary Ward has decided to step down from the role of Divisional

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Medical Director for Urgent and Emergency Care. Dr Jules Walton, currently clinical lead, will step into this position while we undertake a recruitment process. I thank Gary for his contribution in this role over the last two years.

4 Visit by Ted Baker

The Trust was visited by Ted Baker, the incoming Chief Inspector of Hospitals. The visit included a discussion with relevant Executive staff regarding action underway to address concerns raised in the section 29a notice, as well as a tour of the Emergency Department and Birth Centre at the Worcester site.

5 Capital investment

The Department of Health and NHS England have confirmed that £29.6m of investment needed to implement the clinical model for the future of acute hospital services in Worcestershire, which was approved by the county's CCGs in July 2017.

This gives us the necessary capital investment to provide more beds, increase car parking and improve facilities at our hospitals.

The plans for Worcestershire Royal Hospital include the partial refurbishment of Aconbury East to create 81 additional beds in three modern ward areas, increased paediatric and obstetric capacity, a High Dependency Unit and 141 new car parking spaces. At the Alexandra Hospital plans include the refurbishment and modernisation of operating theatres and improvements to endoscopy facilities.

These plans form part of an Outline Business Case which now needs to be approved by NHSI. Subject to the necessary approvals being received, an implementation plan is in place to deliver these improvements by May 2020.

6 Fit and Proper Persons – definitions

Further to my report to Trust Board in July, I am recommending that the Board explicitly defines the individuals falling within the scope of the Fit and Proper person regulations. After considering the approach made by other Trusts, I am recommending that only Trust board attendees that is, voting and non-voting Directors and non-executive directors plus the Company Secretary fall within the scope of the regulations.

7 Annual cancer care patient experience survey results published

Nearly nine out of ten cancer patients (88%) in Worcestershire rated their hospital care as very good, according to latest figures. The national survey published results from patients who were cared for at over 209 Clinical Commissioning Groups and 146 Acute Hospital Trusts. The Trust scored higher than the national average in a number of areas including:

- Patient told they could bring a family member or friend when first told they had cancer. We scored 81% (National average 76%)
- Hospital staff told patients they could get free prescriptions. We scored 87% (National average 80%)
- Dr had the right notes and other documentation with them. We scored 98%

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(National average 80%)

- Patient definitely given enough support from health or social services during treatment. We scored 61% (National average 53%)
- Practice staff definitely did everything they could to support patient. We scored 67% (National average 62%)

We are also showing significant progress in discussing taking part in cancer research with our patients, where we scored 31%, up from 24% last year.

Unfortunately we did score lower than the national average in some areas. These were mainly based around information giving, waiting times and privacy and dignity.

Whilst there are already plans to address a number of these issues, these plans will be refreshed to reflect this year's survey findings. Further information on the National Cancer Patient Experience Survey, as well as all of the national and local reports and data, is available at www.ncpes.co.uk. Seminars are being held on all three sites to give further information.

8 **WIFI comes to the Trust**

I am delighted to report that an application made to NHS Digital by our ICT Team, for funding to be one of the country's early adopters of a new patient and staff wifi system has been approved. We will receive £210,000 to fund this work in this financial year with the work completing by March 2018. Not only will this replace aging elements of our wireless infrastructure and improve the quality of what we do for patients, it will also mean that clinical access to wifi is enhanced and with better coverage.

9 **A&E Delivery Board – report on progress**

A&E Delivery Board (AEDB) continues to push forward with the delivering the urgent care agenda for Worcestershire. Currently the key focus is on the system wide planning required in preparation for winter. This work is particularly focussed on the following areas:

- Demand and capacity plans
- Front door processes and primary care streaming
- Flow through the UEC pathway
- Effective discharge processes
- Planning for peaks in demand over weekends and bank holidays
- Ensuring the adoption of best practice as set out in the NHS Improvement guide: Focus on Improving Patient Flow.

All partners are committed to delivering a more effective and efficient urgent care service for the population of Worcestershire. Three key areas of development within the next 2 months will be:

- Extended Ambulatory Emergency Care services on the Worcester site.
- Primary Care Streaming services to be co-located within the Worcester Emergency Department.

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- Revised pathway for Frail patients.

10 CCG Accountable officer

Simon Trickett has been appointed to the Worcestershire CCGs as their Accountable Officer. He took up his appointment on 1 August. I look forward to working with Simon in his new role.

11 Worcestershire Office of Data Analytics and Chief Data Officer role

Alongside our public sector and voluntary and community sector partners (County Council, NHS, Police, Districts, Fire, Local Enterprise Partnership, Worcestershire Voices), we have formed a Worcestershire Office of Data and Analytics (WODA). A Chief Data Officer (CDO) role has been created to lead WODA and Neill Crump has been appointed to the role and will start this September. This is the UK's first Chief Data Officer role that is jointly funded by public sector partners and demonstrates our commitment to improving the sharing of data between partners and supporting our front line staff to deliver more effective services to our Worcestershire residents and businesses.

If you wish to contact Neill directly to find out more, please contact him on ncrump@worcestershire.gov.uk.

12 STP Governance

NHS England published “Next Steps on the NHS Five Year Forward View” on 31st March 2017. The document confirmed that all NHS organisations are required to be part of a Sustainability and Transformation Partnership (STP) and whilst STPs are not new statutory bodies, all STPs need a basic governance and implementation framework to enable effective working. Consequently, at the August meeting of the Herefordshire and Worcestershire STP Partnership Board the following governance issues were discussed and agreed.

STP Partnership Board

The STP Partnership Board will continue in its present guise underpinned by a detailed memorandum of agreement which clearly defines scope and organisational accountabilities. Chairs of the constituent statutory bodies and Health and Wellbeing Boards will engage through regular feedback and debate led by their respective CEOs and through participation in a “Chairs Advisory Forum”.

Independent Chair

There was agreement to progress the recruitment process for an independent chair for the Partnership Board for the next phase of STP development. Mark Yates will continue as Chair until a new Chair had been appointed.

CEO leadership

Sarah Dugan will continue as CEO lead for the STP until 31st March 2018.

Central STP function

NHSE are now aligning local staff to STPs and Jo-anne Alner (NHSE Locality

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Director, Herefordshire and Worcestershire) is now aligned to the STP for 0.5wte of her time and will take on the STP Programme Director role driving and supporting local delivery and will chair the Delivery Board in this role. Supporting Jo-Anne in aspects this role will be a wider support team from NHSE.

Joint Commissioning Committee

The 4 CCGs across Herefordshire and Worcestershire have established in the last year a Joint Commissioning Committee which will enable collective commissioning decisions to be made across the STP. CCGs are to review the delegated powers and core focus of the Joint Committee going forward.

It was also agreed to develop a programme to explore the accountable care system (ACS) development, recognising and building on the current work within the two counties.

12 National update

12.1 Ambulance response time standard to change

NHS England has proposed that fewer 999 ambulance calls will be classed as life threatening which will result in about 8% of callouts being classed as needing the quickest response. Currently half of callouts are but many are not serious or could wait longer. The changes have been piloted with 14m calls over the past 18 months.

Ministers have agreed the changes proposed.

13 Implications

None

14 Recommendations

The Trust Board is recommended to:

- Approve 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
- Note the progress being made with the section 28a letter requirements
- Note the STP Governance arrangements
- Note the report

Compiled by
 Kimara Sharpe
 Company Secretary

Director
 Michelle McKay
 Chief Executive

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| Report provided: | | | | | | | |
| For approval: | | For assurance: | | To note: | √ | For information: | |

Chief Executive Review and Way Forward Update

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| Accountable Director | Michelle McKay Chief Executive Officer |
| Presented by | Michelle McKay Chief Executive Officer |
| Author | Michelle McKay Chief Executive Officer |

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| Alignment to the Trust's strategic priorities (√) | Deliver safe, high quality, compassionate patient care | √ | Design healthcare around the needs of our patients, with our partners | √ |
| | Invest and realise the full potential of our staff to provide compassionate and personalised care | √ | Ensure the Trust is financially viable and makes the best use of resources for our patients | √ |
| | Develop and sustain our business | √ | | |

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| Alignment to the Single Oversight Framework (√) | Leadership and Improvement Capability | √ | Operational Performance | √ |
| | Quality of Care | √ | Finance and use of resources | √ |
| | Strategic Change | √ | Stakeholders | |

Report previously reviewed by N/A

| Committee/Group | Date | Outcome |
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| Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks? | Y | BAF number(s) | All |
| Level of assurance and trend not assessed | | | |
| Significant | Limited | None | |

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| Purpose of report | Following endorsement of the 'Way Forward' plan by the Trust Board on 3 May 2017 and the update provided to the Board on 5 July, this paper provides a further update on progress to date against the strategies and timelines identified in the 'Way Forward' plan. The areas of focus identified in the plan have largely been implemented. |
| Summary of key issues | This report covers the following areas: <ul style="list-style-type: none"> • Investing in staff • Delivering better performance and flow • Improving safety • Stabilising our finances • Corporate governance • Strategic planning |
| Recommendations | The Board is asked to note the contents of this report. |

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WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

UPDATE 'WAY FORWARD PLAN'

1 Introduction

This paper provides an update on the progress of the 'Way Forward Plan' as reported to the Board at its May and July meetings.

2 Background

The situation that the Trust is in currently sees challenges across the spectrum of quality service provision, performance against KPIs, financial sustainability and culture. The 'Way Forward' plan was endorsed by the Board on 3 May 2017, with the request for regular updates on progress. It is important to note that the plan does not incorporate all activity underway in the Trust's priority areas but instead focusses attention on those that are necessary for the Trust to succeed.

3 'Way Forward' Plan components

3.1 Investing in Staff

3.1.1 Recruitment and Workforce Strategy

- Recruitment plan completed – May
- Workforce workshop with NHS Improvement – May
- Additional recruitment strategies implemented – June
- Comprehensive Workforce strategy approved - July
- Measure of success – decreasing vacancy rate from July

Finalisation of this work was delayed due to the absence of the Director HR and OD. Additional resource was identified from a neighbouring Trust to support this work. The recruitment plan has been completed and is with the Board for approval today. The draft Workforce Strategy is complete and will be considered by the People and Culture Committee in September and then proceed for Board approval. While formal approval is pending, work is underway across these areas.

The medical vacancy rate in April was 153/705. Forty three doctors have been recruited since that time with a further thirty four offers made following the recruitment drive in India. The vacancy rate for August is 85 with the projected rate for September of 70 and October 64.

3.1.2 Staff engagement and culture change

- Initial workshop held – April
- Proposal for culture change programme approved – May
- Signature behaviours agreed – June
- Board and Exec Pulse survey process commenced – July
- All staff Pulse survey process commenced – August
- Measure of success – demonstrable increase in staff engagement and safety focus from July

Signature behaviours were determined and the Board and Trust Leadership Group (TLG) survey process began in June. Debriefing and one-to-one coaching have occurred for all Board and TLG members in July. Leaders' engagement forums are underway with approximately 170 leaders engaged to date, with a further nine

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sessions scheduled through September. Feedback to date is very positive. The culture committee has met on a number of occasions to oversight Phase 1 of the programme. A number of areas have begun to develop improvement strategies based on the 'process flow conversation' methodology. Discussion continues with NHS I on the business case for the balance of the programme. Pending approval, it is anticipated that the first all staff survey will occur in October.

3.2 Delivering better performance and flow

3.2.1 SAFER

- Plan for intensive Red-2-Green week approved – May
- Intensive Red-2-Green week – June
- Measure of success – attainment of (KPIs) as per trajectory

The intensive Red-2-Green week was commenced at the Worcester site in June. Aspects of the process are on-going and implementation is monitored via the daily audit process. Supporting the Red-2-Green work, ECIP (Emergency Care Improvement Programme) have conducted reviews on length of stay, Emergency Department streaming, 6 A's and the patient flow centre. To date the following results have been seen:

- Over the last 6 weeks, the Alexandra Hospital Emergency Access Standard has been over 90% on 48% of days and over 95% on 12% of days
- Triage within 15 minutes has improved from 85% in April to 88% in August at the Worcester site and from 82% in April to 85% in August at the Alexandra
- Stranded patient (patients in hospital over 7 days) average is down from 46% in March to 37% in July
- Ambulance handover in 15 minutes has improved by 19% at WRH from April to August and 8% at Alexandra.

3.2.2 Capacity and Demand

- Proposal approved – May
- Analysis of capacity and demand – June
- Implementation of new scheduling and job planning – July
- Measure of success – attainment of KPIs as per trajectory

This analysis has been completed and was considered by the Trust Leadership Group on 16 August. A detailed analysis has been undertaken across the Trust to ensure attainment of trajectories for RTT (referral to treatment time), cancer waits and diagnostic waits. Trajectories have been agreed with the Clinical Commissioning Groups. Additional funding has been sourced to support the cancer work and the Board approved funding to support the RTT work in July. There has been improvement across all 5 indicators since May.

3.2.3 Capital works in Emergency Department

- Proposal approved by Trust Leadership Group – June
- Measure of success – enhancement of Emergency Department (ED) streaming post construction and subsequent attainment of KPIs as per trajectory

The proposal has been agreed which will result in ED streaming, expansion of the

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assessment footprint and collocation of GP out of hours service being in place by end October.

3.3 Improving safety

3.3.1 Board Development

- 12 month board development programme, with a focus on safety, determined – June
- Board development programme commenced – June
- Measure of success – Board members have shared knowledge of for example safety, patient experience and risk.

The Board development programme was approved by the Board in July. Since June, sessions have occurred already on ‘Defining Excellence – the Board’s role in driving safety and quality’, strategic risk, risk awareness and the beginning of the ‘Wisdom in the Boardroom’ process as part of the culture change programme. Topics scheduled for the next six months include learning from deaths, frailty, flow and patient experience.

3.3.2 Risk Management

- Risk management strategy approved by Board – June
- Board review of strategic risks – June
- Training programme for senior staff – June/July
- Refresh of divisional risk registers – July
- Measure of success – demonstrated use of risk management process informing organisational decisions

The Risk Management Strategy was approved by the Board in July and is being implemented. The Board has revised the Board Assurance Framework (BAF) aligned to the organisation’s strategic objectives and inclusive of assessment of risk appetite and this is on today’s agenda for final approval. During August, the Board sub-committees reviewed the BAF risks relevant to their work with review of risk rating, controls and mitigation strategies as relevant. The corporate risk register has been reviewed and all divisions have reviewed their risk management processes. It is planned that Oxford University Hospitals will undertake a risk maturity assessment of the Trust following their earlier review in 2016.

3.3.3 Quality Improvement Strategy

- Meeting with NHS Improvement (NHSI) patient experience lead – May
- Quality Improvement Strategy approved – July
- Measure of success – approach to quality aligned to ‘normal business’

The Quality Improvement Plan was approved by the Board in July. The six domains each have an Executive lead and is now aligned within ‘normal business’. Given the warning notice issued to the Trust in July, a more robust daily audit programme has commenced to monitor and improve key areas identified by the CQC as requiring improvement. Progress is monitored at the Quality Improvement Board and assured via the Board Quality Governance Committee.

3.4 Stabilising our finances

- Analysis of Model Hospital benchmarking data – May

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- Identification of areas of opportunity – June
- Detailed plans approved – July
- Financial sustainability strategy approved - September
- Measure of success – attainment of 2017/18 financial plan

Review of the Model Hospital benchmarking data has identified opportunities in Theatre productivity and medical and nursing workforce management practices which are being progressed as high return opportunities. Back of house and clinical service opportunities, such as pathology, are being explored via the STP process. James Cook, Regional Productivity Director from NHSI, visited the Trust on 1 September and gave a presentation on the Model Hospital metrics. The development of a financial sustainability strategy is underway in line with the STP process

3.5 Corporate governance

- Review and amendment of committee structure – June
- Measure of success – reduction in number of meetings and increase in meeting effectiveness and decision making

The Board and TLG have undertaken a self-assessment of the well-led framework with subsequent identification of key areas of focus necessary to improve in this area. This is an agenda item for today's meeting. The key lines of enquiry related to the well-led framework have been incorporated into the Board and TLG 360 degree process as part of the cultural change programme. An independent review will be undertaken in early 2018.

Work has been commenced in clarifying the organisation's committee structure with rationalisation of TLG / Executive meetings and revision of meetings supporting the Quality agenda. It is anticipated that this work will be finalised by October.

3.6 Strategic planning

- Clinical service strategy, incorporating technology and estate planning – September
- Measure of success – clarity regarding future service configuration and cost for implementation.

The 'Future of Acute Hospitals in Worcestershire' was determined by the Clinical Commissioning Groups in July. This has resulted in the provisional approval of £29.6M of capital funding to support the clinical model, pending final business case approval. The acute medicine strategy is being implemented as part of the urgent and emergency care model changes. The frailty model has been reviewed with planned implementation in October. Work on the remainder of the clinical services strategy, in concert with the STP work, continues.

4 Implications

None

5 Recommendation

The Board is asked to note the contents of this report.

Michelle Mckay, Chief Executive