

Date of meeting	14 September 2017
Paper number	Enclosure A

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

Declarations of Interest

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

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		

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

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	N	BAF number(s)	
Level of assurance and trend N/A			

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Purpose of report	To present to the Board the up to date declaration of interests. The new guidance (on the agenda) states that declarations that are no longer relevant must stay on the register for 6 months before being removed.
Summary of key issues	N/A
Recommendations	The Board is requested to receive for assurance.

**TRUST BOARD OF DIRECTORS' REGISTER OF INTERESTS
2017/18**

Name	Designation	Declared Interest
Caragh Merrick	Chairman	<ul style="list-style-type: none"> • University of Birmingham <ul style="list-style-type: none"> ○ Member of Council ○ Honorary Treasurer • Royal College of Art <ul style="list-style-type: none"> ○ Member of Council ○ Deputy Chair of Council ○ Honorary Treasurer
Michelle McKay	Chief Executive	<ul style="list-style-type: none"> • None
Suneil Kapadia	Chief Medical Officer <i>from May 2017</i>	<ul style="list-style-type: none"> • Sanofi-Pasteur <ul style="list-style-type: none"> • Member of the independent drug monitoring committee for one of their trials into a vaccine for C difficile
Denise Harnin	Director of Human Resources & Organisational Development <i>Until Sept 2017</i>	<ul style="list-style-type: none"> • HRD/Becon Consultancy
Haq Khan	Acting Director of Performance	<ul style="list-style-type: none"> • Director - Cal Aaj Education Partnership (unpaid voluntary)
Philip Mayhew	Non-Executive Director	<ul style="list-style-type: none"> • Associate Director – Koru Consulting Limited • Director of Midlands School of Social Entrepreneurs • Director of the Institute for Continuous Improvement in Public Services • Member of Loughborough University's School of Service Operations Management Advisory Board • Trustee of Colebridge Trust • Governor at Solihull College <i>until May 2017</i> • Governor at Summerfield Pupil Referral Unit
Stewart Messer	Chief Operating Officer	<ul style="list-style-type: none"> • None
Bryan McGinity	Non-Executive Director Vice Chair <i>from 1</i>	<ul style="list-style-type: none"> • Director, Trustee and Treasurer – Bladder Health UK limited (formerly COB Foundation), company limited by

Name	Designation	Declared Interest
	<i>July 2017</i>	guarantee (National Health Charity)
Vicky Morris	Chief Nursing officer	<ul style="list-style-type: none"> None
Jim O'Connell	Interim COO <i>until Sept 2017</i>	<ul style="list-style-type: none"> Jim O'Connell & Associates, Managing Director
Richard Oosterom	Associate NED	<ul style="list-style-type: none"> MyMed Ltd (company number 09768044), 3.5% shareholding
Jill Robinson	Director of Finance	<ul style="list-style-type: none"> None
Inese Robotham	Acting Chief Operating Officer <i>from Sept 2017</i>	<ul style="list-style-type: none"> None
Kimara Sharpe	Company Secretary	<ul style="list-style-type: none"> Secretary – Princess of Wales Hospital League of Friends Member, Worcestershire Health and Care NHS Trust
Sarah Smith	Director of Planning and Development	<ul style="list-style-type: none"> None
Chris Swan	Non-Executive Director	<ul style="list-style-type: none"> Cobalt Development Ltd Chairman of Redditch Football Club
Lisa Thomson	Director of Communications <i>Until April 2017</i>	<ul style="list-style-type: none"> None
Bill Tunnicliffe	Non-Executive Director	<ul style="list-style-type: none"> Spouse works for Worcestershire Acute Hospital NHS Trust Main employment - University Hospital Birmingham NHS Foundation Trust. Associate Medical Director (UHB NHS FT) with responsibility for appraisal and revalidation of medical staff. Co-investigator - NHR HTA funded trial (REST study Ref 13/141/02).
Mark Yates	Associate Non-Executive Director <i>until June 2017</i> Non-Executive Director <i>from July 2017</i>	<ul style="list-style-type: none"> Director and Joint Owner of MJY Consulting Ltd. Independent Chair H&W STP Partnership Board
John Burbeck	Vice Chairman <i>Until 30 June 2017</i>	<ul style="list-style-type: none"> Director – Burbeck Ltd Spouse is a Director of Burbeck Ltd Spouse is the Company Secretary of The Joint Clinic

Name	Designation	Declared Interest
		<ul style="list-style-type: none"> • Spouse is self-employed management consultant providing support to the private health sector and IT companies • Spouse is Trustee, Age UK (Kidderminster, Redditch and Bromsgrove Branch) • Spouse – director of BBK Ltd, a small company undertaking marketing for small business including the health sector
Kiran Patel	Medical Advisor <i>Until May 2017</i>	<ul style="list-style-type: none"> • NHS England: Medical Director • Honorary Consultant Cardiologist, Heart of England NHS FT • Non Exec Director, BMJ Group (BMA Publisher) • Chair of Trustees, South Asian Health Foundation (Charity)
Andrew Short	Interim CMO <i>Until May 2017</i>	<ul style="list-style-type: none"> • None

Kimara Sharpe
Company Secretary
September 2017

MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON

WEDNESDAY 5 JULY 2017 AT 09:30 hours

Present:

Chairman of the Trust:	Caragh Merrick	Chairman
Board members: (voting)	Michelle McKay Philip Mayhew Bryan McGinity Jim O'Connell Vicky Morris Jill Robinson Chris Swan Bill Tunnicliffe Mark Yates	Chief Executive Non-Executive Director Non-Executive Director Interim Chief Operating Officer Chief Nursing Officer Chief Financial Officer Non-Executive Director Non-Executive Director Associate Director
Board members: (non-voting)	Haq Khan Richard Oosterom Sarah Smith	Acting Director of Performance Non-Executive Director Director of Planning and Development
In attendance:	Martin Wood Cathy Geddes	Deputy Company Secretary NHS I Improvement Director
Public Gallery:	Press Public	2 5
Apologies:	Suneil Kapadia Stewart Messer Kimara Sharpe Denise Harnin	Chief Medical Officer Chief Operating Officer Company Secretary Director of HR and OD

33/17

WELCOME

Mrs Merrick welcomed members of the public to the Board meeting noting that today was the 69th anniversary of the NHS. She also welcomed Mr Richard Oosterom to his first meeting as an Associate Non-Executive Director and Mr Mark Yates to his first meeting as a full Non-Executive Director having previously served as an Associate Non-Executive Director.

34/17

PATIENT STORY

Mrs Merrick said that the format of patient stories is to change over the Summer months to be more coherent. She invited Mrs Morris to present the patient story in the present format.

Mrs Morris in introducing the story said that it related to a patient who had been

admitted to the Emergency Department at the Worcestershire Royal Hospital (WRH) on two occasions. He had said that his life had been saved more than once. His wife had also attended WRH separately. The patient, whilst not enjoying the experience, said that it had not been as bad as he had expected. He praised the pleasant and professional manner in which staff worked at the hospital observing that it was a team of staff from all cultural backgrounds working together. Staff had performed a nice gesture in phoning his wife when admitted and a doctor working beyond his shift. He commented that the chemotherapy ward was spotless.

Mrs Merrick asked what Mrs Morris had learnt from the story. In response Mrs Morris said that she had taken the good aspects of patient care provided to the frail elderly. The ED is a busy Department and compassion and communication are important aspects to patient care which our Trust must maintain.

The Board thanked Mrs Morris for bringing this story to the meeting.

RESOLVED: That the story be noted.

35/17

ANY OTHER BUSINESS

There were no items of any other business.

36/17

DECLARATIONS OF INTERESTS

Mr Mark Yates declared an interest in minute 48/17/2 (Herefordshire and Worcestershire Sustainability and Transformation Plan (STP)) as the independent Chair of the STP.

There were no further declarations of interest.

37/17

MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON 3 MAY 2017

RESOLVED: That the Minutes of the public meeting held on 3 May 2017 were confirmed as a correct record and be signed by the Chair.

38/17

MATTERS ARISING/ACTION SCHEDULE

38/17/1

Quality of Care

Mrs Morris updated the Board on three high profile Serious Untoward Incidents. Each Incident had been thoroughly investigated and reviewed with peer challenge and action plans prepared. The Incidents had now been closed and forwarded to the Clinical Commissioning Group and StEIS in accordance with national reporting requirements.

38/17/2

Quality Improvement Plan

This item appeared later in the Agenda (Action closed).

38/17/3

Financial Plan

This has a September 2017 timeline and will be picked up as part of the Report of the Finance and Performance Committee. (Action closed).

38/17/4

Operational Performance

This formed part of the Chief Executive's Report on the Way Forward. (Action closed).

Pulse Workshop

The Pulse programme is now being overseen by the Culture Committee. (Action closed).

38/17/5 **Stakeholders**
A summary of the development of the Public Engagement Strategy as the Way Forward Plan develops will be presented to the Board in September 2017. (Action closed).

39/17 **Chairman's Report**
There were no specific items of business to report at this time.

40/17 **Chief Executive's Report**
Mrs McKay presented her report. She highlighted the assurance which she had received from the Director of Asset Management & ICT that there are no significant issues on our sites following the tragic events at Grenfell Tower, London. The CQC report following the inspection in November 2016 was published on 20 June 2017 and the report into the unannounced inspections in April 2017 is due to be published later in July 2017. Mrs McKay had attended the HealthWatch annual conference on 29 June 2017.

Mrs Merrick invited questions on the report.

Mr Swan sought information on the future structure of the NHS in the County and an analysis of the demographic changes. Mrs McKay said in response that this information was contained in the Sustainability and Transformation Plan which was considered later in the agenda.

Mr McGinity asked if fire safety training is mandatory to which Mrs McKay said that it was.

Mrs Merrick thanked Mrs McKay for her report.

RESOLVED: That the report be noted.

41/17 **Chief Executive's Review and Way Forward**
Mrs McKay presented her report providing an update on current progress against the strategies and timelines identified in the original plan and incorporated additional actions determined against the key areas identified. Broadly progress is on track. Mrs McKay had received a final draft of the Recruitment Plan which will be presented to the Board in September 2017. The Deputy Company Secretary was invited to ensure that sufficient time is allocated for consideration of the Plan. The intensive Red2Green programme is to focus at Worcestershire Royal Hospital beyond the initial week and not initially at the Alexandra Hospital as some of the processes are better embedded there. The self-assessment against the well-led framework will take place later in July 2017 leading to an independent review against the framework in October 2017.

Mrs Merrick invited questions on the report.

Mr Mayhew welcomed the continuation of the focus on the intensive Red2Green initiative on the Worcestershire Royal Hospital site where he had observed positive results from walkabouts. He said it is key that they are embedded as business as usual. Dr Tunnicliffe echoed Mr Mayhew's point about business as usual being embedded in the organisation. Staff engagement is also key to improvement. Mr McGinity said that there was a noticeable pace of improvement towards the end of the first week of the initiative. Mr Yates added that the good practice needs to be cascaded throughout the Trust. He asked what feedback the Board would receive on the initiative. Mr O'Connell replied saying that he is preparing a stocktake on the seven key areas of the initiative which is planned to be available by the end of the week. He

would circulate this report to the Board once finalised. The outcome will also be reported to the Board in September 2017 as part of an update on the Quality Improvement Plan. Dr Tunnicliffe said that it would be helpful for the dates for the initiative at the Alexandra Hospital to be circulated when determined.

Mrs Merrick invited the Board to consider whether it wished to establish a Workforce Committee as a Committee of the Board or an Executive Group reporting to the Trust Leadership Group. The consensus was for a Board Committee to be established to include within its terms of reference implementation of the Workforce Strategy, recruitment, organisational development and culture. A Non-Executive Director will Chair the Committee with Executive Director membership. The Deputy Company Secretary was invited to prepare draft Terms of Reference for the Committee for presentation to the next Public Board in September 2017 for approval.

Mr Swan asked how staff engagement Key Performance Indicators (KPIs) will be measured. Mrs McKay said in response that this will be undertaken through the Pulse programme.

Dr Tunnicliffe asked how capacity and demand is being analysed as part of job planning. Mr O'Connell in response said that Edge Health have been engaged to undertake a piece of work on capacity and demand management in Surgery Division and their report is expected on 17 July 2017 and their findings will be presented to the Trust Leadership Group. The workforce will be aligned with the findings. With regard to Medicine Division, Chris Green from the Intensive Support Team (IST) will be visiting the Trust on 12 July 2017 to undertake a piece of work on bed capacity management in Medicine Division. The results will be presented to the Finance and Performance Committee prior to Board.

Mrs Merrick thanked Mrs McKay for her report.

RESOLVED: That:-

1. The report be noted.
2. The establishment of a Workforce Committee be approved with draft terms of reference being presented to the Public Board in September 2017 for approval.

42/17

Board Development Program

Mrs Merrick presented the report inviting the Board to approve its development programme as part of the "Way Forward". The programme incorporates the PULSE cultural change with a quarterly programme instituted for the Board to enable a greater focus on aspects relevant to its responsibilities and understanding of the health system. It is important that our Trust is well led and the self-assessment and external assessment are fundamental. A more developed induction programme for Board members taking into account feedback from the current programme and the Deputy Company Secretary was invited to take forward this work.

Mrs Merrick invited questions on the report.

Mrs Geddes said that a session on quality improvement methodology would be helpful and this will be arranged as part of Board development.

Mr Mayhew suggested that our Trust should visit areas which are recognised as what good looks like including the reporting arrangements to Board.

RESOLVED: That the quarterly programme of Board development be approved.

43/17 **QUALITY OF CARE**43/17/1 **Quality Governance Committee report**

Dr Tunnicliffe reported on the meeting of the Committee held on 22 June 2017. Written reports would be provided for future meetings.

He had worked with Mrs Morris to improve the quality of papers presented to the Committee which now provided greater clarity and incorporated associated risks. This was also reflected in the papers now being presented to the Clinical Governance Group. Medicine Division has been invited to present in September 2017 as part of developing the governance structure. He congratulated all involved in the improvement in fractured neck of femur demonstrating what can be achieved. There are concerns with the mortality review process with a failure to meet requirements and learning from deaths. This is an area for the Committee to focus upon. The Committee also considered the learning from complaints and sepsis and the patient pathway.

Mrs Merrick invited questions on the report.

Mr Mayhew asked when the mortality review process will be resolved. Dr Tunnicliffe said that there is a need to bring a clear focus to this requiring complete medical staff engagement with Executive Director support.

Mrs Merrick thanked Dr Tunnicliffe for his report.

RESOLVED: That the report be noted as a level of assurance provided by the Committee.

43/17/2 **Quality Improvement Plan (QIP)**

Mrs Morris presented the report inviting the Board to approve the Quality Improvement Plan and proposed governance structure for submission to the CQC. She thanked Mrs Geddes for her support in developing the plan. The Plan is to form part of mainstream business and Divisions understanding the six themes plus finance and strategy. The CQC “must do” actions are incorporated within the Plan. The Plan will be monitored and forms a basis for reducing risks to patient safety.

Mrs Merrick invited questions on the report.

Mr McGinity asked for information on the level of assurance for the process. Mrs Morris said that implementation of the Plan will be overseen by a Quality Improvement Board which reports to the Quality Governance Committee and the Board and to our regulators through the Quality Improvement Review Group.

Mr Mayhew urged that the all supporting plans are reflected in the Plan to avoid duplicate reporting. Mrs Morris said that Divisions are engaged on implementation and reporting.

Mrs Merrick sought assurance that the 204 actions on the previous spreadsheet are reflected in the Plan to which Mrs Morris said that the actions have been worked through to provide the evidence to support the Plan.

Mr Oosterom asked who manages the Plan. Mrs Morris said that there is an Executive Lead with robust administrative arrangements through the PMO as enabler to monitor implementation.

Mrs Merrick thanked Mrs Morris for the report.

RESOLVED: That the Quality Improvement Plan be approved together with the governance structure for submission to the CQC.

43/17/3 **Executive and Non-Executive Director Walkabouts**
This report will be considered outside of the meeting.

44/17 **FINANCE AND USE OF RESOURCES**

44/17/1 **Finance and Performance Committee**

Mr Mayhew reported on the work of the Committee at its meeting on 26th May and 28th June 2017.

As at month 2, our Trust is reporting a pre Sustainability and Transformation Fund (STF) deficit of £9.1m which is £515k adrift of plan mainly attributable to a shortfall in Cost Improvement Programme (CIP) delivery. Concern was expressed that full savings against the CIP target of £20.9m had yet to be identified. The challenge to Divisions is to improve quality, performance and finance concurrently. Early work has begun to identify back office and overhead savings. This is a very challenging position. Business cases to support delivery of the RTT trajectories have been approved in the knowledge that there is currently no funding identified. It is important that these schemes are approved but if there is no improvement in performance they will be stopped. The format of the Financial Performance report is being revised to provide greater transparency.

Mrs Robinson added the context to the financial position in that the underlying run rate at the end of the last financial year was £5m per month leading to a year end deficit of £60m. This was a position from which our Trust is moving forward. Divisions are engaged in CIP but the savings are not at a rate to see improvement.

Mr Khan said that there have been improvements in operational performance in certain areas. The immediate issue is how to maintain that improvement during the summer months. Plans are being made from the bottom up to make improvements by better use of capacity. RTT for 52 weeks and 104 days will take a longer period of time to reduce significantly due to the size of the backlog.

Mrs Merrick invited questions on the report.

Mr McGinity said that the CIP underperformance is a concern asking how a substantial improvement will be made. He was supported in these comments by Mr Mayhew and Mr Oosterom. Mrs Robinson explained that for 2017/18 there is a sizeable proportion in the Programme to be achieved at the back end of the financial year leading to a better position in 2018/19. She acknowledged that this is a challenge and our position for savings in quarters 3 and 4 is greater than our peer group. Mr Mayhew and Mr Yates said that transparency is required over this position. The CIP for 2017/18 was included in the Operational Plan which was agreed before the start of the current financial year. Mr Oosterom asked for information on the real issues to underperformance. Mrs Robinson indicated that traction is not at the required level with the development of ideas and turning them into workable plans. Choices need to be made and more resources are required for RTT. Edge Health is undertaking a piece of work on capacity and demand. Mrs McKay said that a Financial Strategy is being developed for consideration in September 2017. The drive is to improve the financial position, operational performance and patient safety.

Mr Swan said that back office costs are high. He considered that the Sustainability and Transformation Plan provided an opportunity to reduce such costs and the

appointment of the new Associate Non–Executive Director, Richard Oosterom, to the Committee would give an enhanced focus. Mrs Robinson explained that costs are driven by non substantive staff which needs to be addressed.

Mr O’Connell commented that winter planning is starting earlier than last year, but he indicated that there might be a requirement for an increased number of beds over the winter period. He supported the Business cases indicating that they are long overdue.

In summary, Mrs Merrick said that the Business cases should be supported so as not to sacrifice patient safety for finance but this was not giving a “blank cheque”.

Mrs Merrick thanked Mr Mayhew for his report.

RESOLVED:- That:-

1. The underachievement of the STF so far this year and the impact on the financial position be noted.
2. The concerns around delivery of the CIP target be noted.
3. The Business cases in support of delivering the RTT target be approved.
4. The on-going work being undertaken to improve operational performance and flow through the Trust be noted.
5. The improved processes to facilitate better recruitment and retention be noted.
6. The achievements so far against the Procurement Savings target be noted and the Procurement Transformational Plan be approved.
7. The Board confirm it is assured proper processes and internal controls are in place to sign off the final combined costs collection return.

44/17/2 **Financial Performance Report**
This was considered in the previous minute.

45/17 **OPERATIONAL PERFORMANCE**

45/17/1 **Integrated Performance Report**
This was considered as part of the Finance and Performance Committee report.

46/17 **STRATEGIC CHANGE**

46/17/2 There were no items to report.

47/17 **LEADERSHIP AND IMPROVEMENT CAPABILITY**

47/17/1 There were no items to report.

48/17 **STAKEHOLDERS**

48/17/1 **Care in the Corridor in Worcestershire Royal Hospital**

Mrs Morris presented the report on the survey undertaken by HealthWatch Worcestershire of patients on trolleys in the corridors in the Emergency Departments at both Worcestershire Royal and Alexandra Hospitals. The action plan to deliver the recommendations reflected the 19 actions either already in place or had been completed since the survey was undertaken in May 2017. The action plan with timescales will be placed on the Trust’s website. A follow up on the actions will be presented to the Quality Governance Committee.

Mrs Merrick thanked Mrs Morris for the report.

RESOLVED: That the HealthWatch report be received and the action plan approved.

48/17/2 **Herefordshire and Worcestershire Sustainability and Transformation Plan (STP)**

Ms Smith presented the report seeking approval to the refreshed STP. Since publication of the original Plan an extensive process of public engagement had been undertaken which identified broad support for the direction of travel in the original Plan but highlighted a number of areas requiring further consideration as the detail is developed. The vision and key priorities remain the same, but minor changes have been made in a number of areas. The Partnership Board endorsed the refreshed version of the Plan and commended it to the Clinical Commissioning Bodies and NHS Provider Boards for approval and publication.

Mrs Merrick invited questions on the report.

Mr Mayhew asked whether the percentage bed reductions set out in the Plan had been tested. Mrs Smith said that this had been undertaken as part of the engagement on community beds and other offers to provide a robust bed base to make reductions.

Mrs Merrick thanked Mrs Smith for the report.

RESOLVED: That:-

1. The refreshed Sustainability and Transformation Plan (STP) be approved for publication dated the 5th of July 2017 and that the plan be reviewed at least annually.
2. STP delivery plans will now be developed to underpin delivery of the plan as published and that it is expected these plans will be coordinated through the STP Programme Office be noted.
3. Over the coming months, the Trust considers the need to engage in the light of the emerging Accountable Care environment that is being encouraged through national policy formulation be noted.

49/17

GOVERNANCE

49/17/1

Audit and Assurance Committee report

Mr McGinity reported on the meeting of the Audit and Assurance Committee held on 26 May 2017. The Committee in accordance with delegated authority approved the Letter of Representation, the Annual Report and Accounts for submission to NHS Improvement and the Annual Governance Statement. He thanked Ms Robinson and her team for their valuable contribution in preparing these documents.

Mrs Merrick thanked Mr McGinity for his report.

RESOLVED: That the report be noted as a level of assurance provided by the Committee.

49/17/2

Risk Management – Board Assurance Framework and Risk Management Strategy

49/17/2/1

Risk Management Strategy

Mrs Morris presented the report seeking endorsement to the revised Risk Management Strategy. She thanked Mrs Geddes for her work in revising the Strategy.

Mrs Merrick said that risk appetite will be discussed at another session.

RESOLVED: That the revised Risk Management Strategy be endorsed.

49/17/2/2

Board Assurance Framework (BAF)

Mrs Morris presented the report seeking approval to the BAF. Further work is to be undertaken to ensure that that all strategic risks have been captured and comments received are incorporated for presentation to the next Board meeting.

Mrs Merrick invited comments from Board members of the BAF.

Mr Yates asked how the Risk Register is used on a daily basis as part of the Trust's business as usual. Mrs Morris said that a review is being undertaken as to how the actions are being monitored and that this process is robust. The Head of Risk Management and Clinical Governance is providing training on the risk matrix and the process for removing risks from the register. Controls and actions to mitigate risks should be set out.

Mr Mayhew said that there should be a reduction in risk ratings reported as a result of the mitigating actions. Mrs Morris added that the new Risk Management Committee will meet quarterly reporting to Trust Leadership Group the Board.

Mrs Merrick thanked Mrs Morris for the report.

RESOLVED: That the BAF be approved with a further report being presented to the next Board meeting.

49/17/3

Board Business

Mrs McKay presented the report seeking approval to a number of issues affecting the business of the Board.

Workforce Committee

This was established earlier in the meeting.

Revised Board Calendar

With a new Board the opportunity had been taken to review the Corporate Calendar for the remainder of the year.

Mrs Merrick invited questions on the proposed calendar.

The Deputy Company Secretary confirmed that the comments to date received from Board members had been incorporated into the calendar now presented for approval.

Mr Oosterom said that the reference to PULSE meetings should be made clearer regarding the involvement of individual Board members.

RESOLVED: That the Chair in consultation with the Deputy Company Secretary finalise the Calendar prior to publication.

Lead Roles for Board Members

There is a requirement for the Board to identify a Board member to undertake certain roles, some of which are statutory and some are considered best practice. The list in the report set out the roles to date and those relating to decontamination and organ donation would be identified.

RESOLVED: That the list of leadership roles for Board members be approved and updated as new roles emerge.

49/17/4

Freedom To Speak Up Guardian (FTSUG) Update

Mrs Merrick presented the report on the appointment of a Non-Executive Director to act in an interim role as FTSUG and to approve a proposal to recruit externally to the role.

Mr Burbeck had previously undertaken the role of FTSUG and with him leaving our Trust it provided an opportunity to review the model in line with lessons learnt and best practice. Two options had been considered. Firstly that our Trust continues with the current model of a Non-Executive Director undertaking this role. The limitation to this option is that there is no dedicated time to fulfil the role with it being an additional duty to existing roles. The second and preferred option in line with guidance from the National Guardian's Office and the CQC is the appointment of a dedicated FTSUG directly reporting to the Chief Executive Officer. There would still be a supporting role for a dedicated Non-Executive Director. The role is currently not funded and if the Board supported this option consideration will be given how the existing overall resources are allocated within Corporate functions to resource this key role.

RESOLVED: That:-

1. The appointment of Mr Brian McGinty to the interim role of FTSUG be noted.
2. The proposal to externally recruit to the FTSUG role be approved.

49/17/5 **Fit and Proper Persons Test**

Mrs McKay presented the report providing assurance that all members of our Trust Board meet the requirements of the Fit and Proper Persons Test.

Following concerns raised by the CQC during their inspection a thorough examination has been undertaken to identify the outstanding information and to ensure that it has been obtained. It was confirmed that all voting Board members comply with the regulations. A process has been established with Human Resources and the Deputy Company Secretary to ensure compliance is maintained.

Mrs Merrick thanked Human Resources staff for their support in undertaking this investigation.

Mrs Merrick thanked Mrs McKay for the report.

RESOLVED: That compliance with the requirements of the Fit and Proper Persons Test and the arrangements in place to ensure future compliance be noted.

49/17/6 **Annual Report**

Mrs McKay presented the report inviting the Board to delegate authority to the Chief Executive Officer in consultation with the Chair to approve the final version of the Annual Report. The Annual report is consistent with the External Auditors' audit opinion and cannot be changed. Any further changes will be largely presentational for the Annual General Meeting.

Mrs Merrick thanked Mrs McKay for the report.

RESOLVED: That authority be delegated to the Chief Executive Officer in consultation with the Chair to approve the final version of the Annual Report.

49/17/7 **Medical Revalidation Quarterly Report**

Mrs McKay presented the report describing the progress and management of medical appraisal and revalidation since the report to the Board in February 2017 with associated risks and corrective actions. The actions will be monitored by the Workforce Committee.

Mrs Merrick thanked Mrs McKay for the report.

RESOLVED: That the current status be noted and the required actions for medical

appraisal and revalidation to achieve Trust and national targets be supported.

50/17

DATE OF NEXT MEETING

The next Trust Board meeting will be held on Tuesday 12 September 2017.

52/17

PUBLIC BODIES (ADMISSION TO MEETINGS ACT) 1960

RESOLVED: 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.

The meeting closed at 12:11 hours.

Signed _____
Caragh Merrick, Chairman

Date _____

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

PUBLIC TRUST BOARD ACTION SCHEDULE – AS AT SEPTEMBER 2017

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
3-5-17	Stakeholders	16/17/1	Explore the development of a Public Engagement Strategy as the 'Way Forward' plan develops.	MMcK			Update on Agenda ('Way Forward'). Director of Communications in post. Action closed.	
5-7-17	CEO review	41/17	Present ToR for Workforce Committee to next meetings	KS	Sept 2017		On agenda (People and Culture Committee). Action closed.	
5-7-17	Board Assurance Framework (BAF)	49/17/2	Further work is to be undertaken to ensure that all strategic risks have been captured and comments received are incorporated for presentation to the next Board meeting.	VM	September 2017		On agenda. Action closed.	
5-7-17	Recruitment Plan	41/17	The deputy Company secretary was invited to ensure that sufficient time is allocated for consideration of the Plan	MW	September 2017		On agenda. Previously considered by the People and Culture Committee. Action closed.	
5-7-17	Board Calendar	49/17/3	Revised Board Calendar to be circulated	KS			Revised calendar circulated. Still waiting confirmed dates for two F&P and two board dates. Action closed.	
5-7-17	CEO review	41/17	Update on Red2Green	JO'C			Detailed update sent to NEDs 31-8-17. QIP considered by QGC. Action	

							closed.	
3-5-17	Quality Improvement Plan (QIP)	11/17/2	Plans for three year QIP to be brought back to the Trust Board for approval.	VM	July 2017		Action closed.	
3-5-17	Financial Plan	12/3/3	Discussion of the Financial Plan to be included on the Away Day programme.	JR	June 2017		Picked up as part of the Report of the Finance and Performance Committee. Action closed.	
3-5-17	Operational Performance	13/17/1	Interim report on Workforce Strategy to be presented to the Board,	DH	July 2017		This formed part of the Chief Executive's Report on the way Forward which appeared on the Agenda. Action closed.	
3-5-17	Pulse Workshop	15/16/1	Board to consider proposal for full roll-out of this programme.	MMcK	June 2017		Business case approved at Private Trust Board 10-5-17. First meeting of Culture Steering Group held 1-6-17. Closed.	
5-7-17	Induction Programme for Board members	42/17	The Deputy Company Secretary was invited to prepare a more developed induction program taking into account feedback from the current program.	MW	September 2017		In progress. Action closed.	
5-7-17	Care in the Corridor in Worcestershire Royal Hospital	48/17/1	A follow up on the action plan will be presented to the Quality Governance Committee	VM	July 2017		This update was presented to the Quality Governance Committee. Action plan to be updated and represented to Sept meeting. Action closed.	