WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

QUALITY GOVERNANCE COMMITTEE

Minutes of the meeting held on Thursday 26th October 2023 at 10:00hrs
Held virtually

Members:	Dame Julie Moore	Non-Executive Director (Chair)
	Sarah Shingler	Chief Nursing Officer
	Christine Blanshard	Chief Medical Officer/Deputy Chief Executive
	Michelle Lynch	NExT Director
	Simon Murphy	Non-Executive Director/Deputy Chair
	Nick Purser	Surgery Governance Lead
	Justine Jeffrey	Director of Midwifery
	Vikki Lewis	Chief Digital Information Officer
	Rosemary Smart	Patient Representative
	Jo Ringshall	Healthwatch
	Sue Sinclair	Associate Non-Executive Director
Attendees:	Jo Wells	Deputy Company Secretary
	Rachel Dunne	Deputy Chief Nursing Officer, ICB
	Julie Booth	IPC Lead
	Jules Walton	Deputy Chief Medical Officer
	Allan Bailey	Associate Director of Clinical Governance, Patient Safety & Risk
Apologies:	Ed Mitchell	Associate DD, SCSD
	Richard Oosterom	Associate Non-Executive Director
	Helen Lancaster	Chief Operating Officer

Minute

136/23 **Welcome and Apologies for absence**
Dame Julie welcomed all present and the meeting was confirmed as quorate.

137/23 **Declarations of Interest**
There were no additional declarations of interest raised.

138/23 **Minutes of the previous meeting**
The minutes of the meeting held on 28 September 2023 were approved.

RESOLVED THAT the minutes of the previous meeting were approved.

139/23 **Action Schedule**
Progress on the outstanding actions were reviewed and updates received.

140/23 **Escalations from Chief Medical and Nursing Officers for items outside of standard reporting/not on the agenda**
Dr Blanshard informed that a Never Event had been reported in relation to an eye injection. There was no harm to the patient.

In response to a query from Healthwatch and the Bluespier letter backlog, Dr Blanshard informed that there were 1200 letters waiting in the print queue. This number had decreased week on week. Approximately 5000 letters a day are sent out by the Trust. The remaining backlog was planned to be cleared by Bluespier by next Wednesday.

The Trust had commissioned an external review of the Prostate cancer pathway. Data collection and engagement with clinical teams has commenced. A site review was scheduled for 30th November and 1st December.

An incident with the IT server at the Alex was reported which led to an outage of clinical IT systems. It was initially categorised as a business critical incident and then updated to an internal critical incident due to the impact on patient flow. The systems had been restored but the impact was still being felt. Ms Lewis advised that there had been a mechanical failure in the plant room that serves the data centre, at 4am on Monday. The room had overheated by 8am. There was a hard shut down and teams proceeded to try to restore systems with Estates. By Tuesday, most systems were back up and running but there were some residual issues with the business intelligence server and Datix. The issue had been reported to Region. Hot de-briefs are scheduled

Dame Julie queried whether there was a warning for the rise in heat. Ms Lewis replied that there was. Estates attended and isolated the issue without realising the bigger impact but it could have been worse.
Dr Blanshard gave credit to the teams involved in managing the incident. There were no patient safety incidents as a result. Ms Shingler added a caveat that harm may have been caused by the incident that had not yet been reported.

Mr Murphy queried whether the review would include similar previous incidents. Ms Lewis replied that the issues needed to be understood and would take place at a later date. There would be a formal debrief in November with a first initial report expected at the end of November. This would be jointly compiled between estates and IT.

Ms Shingler informed that there were significant site pressures, and the Trust had an extremely challenged weekend. 1 ambulance was reported to have been waiting 17 hours to handover to ED. Teams needed to make difficult decisions to keep the organisation safe and additional patients were being boarded on ward areas along with patients being care for in corridors care on a daily basis. Harm was being seen as a result. Dame Julie asked whether everyone is doing their part such as early discharges. Ms Shingler replied that they were not. Discharge is low and not early enough in the day. Dr Blanshard replied that there is not consistency with wards and discharges. The Trust was also experiencing an increase in demand. ED walk in attendance was up 10% in September compared to September last year.
Mr Bailey informed that according to a Datix submitted last week, the ED had 212% bed occupancy.
Dame Julie queried what actions are being taken. Ms Shingler replied that internal professional standards are being rolled out to support improvements in faster speciality reviews, transfers of patients to assessment areas and the ward and board rounds and discharge processes on the wards to facilitate earlier discharges. An audit process will be put into place to ensure that it is known that ward rounds have taken place along with the outcomes in order to challenge teams. The standards are being rolled out next week and had been relaunched as they had not previously embedded.

Ms Shingler informed that there are a number of worry wards at both the Alex and the Worcester site. Triangulating information and action plans were being

put in place to support those wards. A report would be presented in November about how effective the wards are with managing their patients.

Dr Blanshard left and Ms Walton Joined the meeting.

141/23 **Patient Story Process**

Ms Shingler proposed that the patient story is moved to the Board Workshop rather than the Public Board meeting. A summary is then provided at the Public Board. The process would be revised for November.

BEST SERVICES FOR LOCAL PEOPLE

142/23 **Maternity Services Safety Report**

Ms Jeffrey presented the report and highlighted the following key points:

- Assurance level of 5.
- Booking 12+6 had seen a slight increase in month. Single Point of Access is picking up pace and was expected to deliver in January 2024.
- Perinatal mortality rate was below the national rate. It was driven by a decrease in still birth rates.
- 1 stillbirth was reported in September raised as an SI.
- In year, neonatal deaths have increased. A deep dive was underway. No themes had been identified.
- Good progress was being made with training and compliance in all groups would be met by December. Compliance rates had decreased nationally due to industrial action.
- Staffing was in an overall good position though there were hot spot areas regarding support staff.
- The CQC had visited this month. The RAIT tool does not reflect the new actions following the visit.
- CNST was making good progress overall. On track for 8/9 out of 10 this year.
- Next area of focus is STP compliance.
- An LMNS visit took place in September which was positive.

Dr Sinclair asked that an acronym appendix was attached to future reports. **Action**.

Ms Shingler advised that there were a number of CQC information requests and there is a need to strengthen the ward to board governance and oversight. JJ replied that the process was strengthened immediately. More information would be detailed in the report next month.

Serious Incidents

Ms Jeffrey informed that a new incident report had been created for Private Board. In September, 1 serious incident was reported in relation to a delay in pathway. The incident was referred to HSIB and the family have consented to an investigation. No immediate safety actions had been identified.

2 neonatal death HSIB draft reports had been received.

Good progress was being made with action plans and they were signed off timely.

Dame Julie acknowledged the remarkable amount of progress made which was a credit to the teams.

RESOLVED THAT: The report was noted for assurance.

143/23 **Patient Safety Incident Response Plan**

Mr Bailey introduced the Plan which is part of the national Patient Safety Strategy. The Plan would replace the SI Framework with a view to carrying out fewer but better-quality investigations and is flexible to respond to emerging risks or areas of risk.

A detailed analysis had been conducted across the Trust to identify areas of risk in a whole system approach. The Plan had been agreed in principle with ICS colleagues and would require approval by Trust Board then the ICB. Approval had been recommended by CGG and TME.

Ms Smart queried the following points:

- Table 1 outlined a discrepancy between the years and asked what could be interpreted from the data. Mr Bailey replied that the data is pulled from all IT systems across the Trust.
- Responsibilities of the Managing Director Chief Executive and the Group. Mr Bailey replied that work was underway with the ICS regarding the co-joining of the Group. It was likely that the MD will communicate to Executives regarding training and oversight responsibilities. Funding was available for Executives to complete what will be mandatory training.
- Training. Mr Bailey informed that the Plan would be included in the induction pack. Training for governance leads had been conducted. There are 5 levels of training up to Board level.

RESOLVED THAT: The report was recommended for approval at Trust Board.

144/23 **Medicines Management (Annual Report)**

Ms Walton highlighted the following hey points:

- AMS was making good progress and there had been a decrease in prescriptions linked to c.diff levels of infection.
- A decrease in patient harm was reported.
- There had been a delay in electronic prescribing implementation. It was now due in the summer of 2024.
- There were ongoing issues with pharmacy staffing due to vacancies, which is a national issue.

Dame Julie queried whether the implementation of electronic prescribing would assist with the pharmacist shortage issue. Ms Walton replied that the impact on wards was not yet known.
Dr Sinclair advised that technology at other Trusts does demonstrate more remote pharmacy, but it does not mitigate the shortage of handling within pharmacy.

Dame Julie queried whether the Trust used dispensing robots. Ms Walton replied that they were used in ED.

RESOLVED THAT: The report was noted for assurance.

145/23 **CPE Outbreaks Update**

Ms Booth updated that there had been emerging issues from last week in relation to floor scrubbers being found to be CPE positive. Samples had been taken from the sit on cleaner used in corridors. 7 samples were taken and were CPE positive. Work was ongoing but the Trust could not knowingly use contaminated kit.

Dame Julie queried whether it was a PFI issue rather than the Trust. Ms Booth replied that it related to the maintenance and cleanliness of the kit. Swabs taken at the Alex were awaited. Kidderminster managed the equipment as per the manufacturers guidance and had not yet been swabbed. The issue had been escalated to the Regional IPC lead. A national review was taking place on Friday and it was likely that there would be multiple hospitals with the same issue.

There is no irradiation once CPE is present and the machine has been embargoed.

Ms Shingler advised that a proposal was being drafted for clean and dirty zonal kitchens. Dame Julie stated that the PFI contractor has responsibilities and should be included in the relationship meeting.

Ms Shingler replied that dates were being finalised with the PFI lead Executive to meet with Ms Shingler, Mr Burley and the Director of Estates . They would then be invited to attend a Board Workshop.

Dr Sinclair queried the line of responsibility for patient harm. Ms Shingler clarified that the Trust was accountable as we have oversight arrangements in place with the contract.

Avon 3 CPE issues had been reported and were related to environmental factors. The issues had been escalated and a review was underway. All needed to be clear on the clinical and cleaning responsibilities. The Avon kitchen remains out of action.

NHSE had expressed concern in relation to covid outbreaks. The number of positive patients had reached 99. A majority was due to patients presenting at the front door. Avon 3 was a covid cohort area. 12 outbreaks had been reported across the organisation at one point which made the Trust an outlier. The previous baseline was 25-30 patients, but this had risen to around 60. Data analysis had been completed and the day 7+ split impacts on discharges. National guidance is testing when patients are symptomatic only. The screening guidance had been revisited and embedded into the EPR system.

Ms Shingler informed that there had been improved compliance in ward cleaning areas within audits, but work was ongoing.

RESOLVED THAT: The report was noted for assurance.

146/23 **GIRFT Q1 Report**

Ms Walton informed that there was ongoing engagement and triangulation into workstreams but it was not being monitoring in a robust way.

Oversight was moving into operational management which may assist with triangulation.

RESOLVED THAT: The report was noted for assurance.

BEST EXPERIENCE OF CARE AND BEST OUTCOMES FOR PATIENTS

147/23 **Integrated Performance Report**

Ms Shingler advised that the report had been delayed due to the critical incident. The following key points were reported:

- Challenges continue at the front door and with elective recovery.
- IPC is challenging.
- Complaints were continuing to fail the KPI of 25 day responses. Additional support has been placed within surgery reviewing complaints and writing responses. An improved position was expected to be reported in October.
- Reduction in falls.
- No increase of pressure ulcers reported.

Dame Julie suggested that any questions be forwarded to Executives.

RESOLVED THAT: The report was noted for assurance.

148/23 **Adult Inpatient Survey**

Ms Shingler informed that field work took place in January 2022.
521 surveys had been completed and there was a 45% response rate.
95% of the responses were received from white patients.
81% had a long term condition.
The age profile was mostly those aged 66 years and above.
In comparison, 42 of the questions scored similarly and were 2 were worse than expected.
There was an increase in performance in 1 question.
Comparison to 2020 results, there was a significant decrease in cleanliness, asking questions, sleeping and discharge information.

Inpatient surveys will be digitally enabled and each ward will complete 50 surveys a month. Focus is on areas where we performed worst and will be published monthly as part of the IPR starting from November.

Divisions are creating their own action plans to address the issues identified. The Trust was not an outlier when benchmarked against other Trusts but we can do better.

RESOLVED THAT: The report was noted for assurance.

GOVERNANCE

149/23 **Committee Escalations**

a) **Trust Board**
Patient Safety Incident Response Plan.
Cleaning/CPE
Maternity SI report.
Recent critical IT event.

b) **Other Committees**
None.

c) BAF
None.

150/23 **Any Other Business**
There was no other business.

151/23 **Reflections on the meeting**
Dame Julie commended the good progress made within maternity.
IPC issues had been discussed at length.
Critical incident update was discussed.
Update on flow to be presented at the next meeting.

Date of Next Meeting
29 November 2023.

Signed: Date:

Chair

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AUDIT AND ASSURANCE COMMITTEE

Minutes of the Meeting held on Thursday 28 September 2023 at 2.00pm held via MS Teams

PRESENT:		
CHAIR:	Colin Horwath	Non-Executive Director
MEMBERS:	Simon Murphy	Non-Executive Director
	Tony Bramley	Non-Executive Director
	Karen Martin	Non-Executive Director
IN ATTENDANCE:	Rebecca O'Connor	Director of Corporate Governance
	Neil Cook	Chief Finance Officer
	Lynne Walden	Head of Financial Planning and Financial Services
	Jo Wells	Deputy Company Secretary
	Emma Masters	Internal Audit
	Paul Westwood	Counter Fraud
	Helen Lancaster	Chief Operating Officer
	Chris Douglas	Director of Performance
	Christine Blanshard	Chief Medical Officer
	Rebecca Brown	Digital Information Officer
	Jo Newton	Director of Strategy & Planning
	Scott Dickinson	Director of Estates & Facilities
APOLOGIES:	Julie Masci	External Audit
	Vikki Lewis	Chief Digital Information Officer
	Sarah Shingler	Chief Nursing Officer

058/23 **WELCOME AND APOLOGIES FOR ABSENCE** **ACTION**

Mr Horwath welcomed all to the meeting. There were no further items of business identified.

059/23 **DECLARATIONS OF INTEREST**

There were no new declarations of interest. Declarations are available on the Trust's website.

060/23 **MINUTES OF MEETING HELD ON 8 August 2023**

The minutes of the meeting held on 8th August 2023 were approved.

RESOLVED THAT: The minutes of the meeting held on 8th August 2023 were approved.

061/23 **Matters Arising and Action Schedule**

Ms O'Connor reviewed the action schedule and updates were noted.

External Audit

062/23 **External Audit Progress Update**

No update received. Item deferred.

Internal Audit

063/23 **Internal Audit Progress Report**

Ms Masters presented the report and highlighted the following key points:

Page 2 of the reported highlighted the work undertaken since the last Committee.

- Agreed ToR for job planning.
- Completed testing on complaints.
- Commenced testing on budget setting.
- Reducing historic outstanding recommendations.
- There are 13 actions overdue but work is underway. Only 2 historic actions are outstanding.

Appendix A – internal audit plan
Appendix B – ToRs for job planning was approved.
Appendix C – KPIs
Appendix D – historic recommendations.

Mr Bramley asked if there was confidence that there is sufficient access and responses required from management to ensure the programme is on track. Ms Masters replied that there are difficulties with clinical elements. There were delays to starting reviews with some staff. The team would escalate through Ms Walden and Mr Cook when required.
Mr Horwath encouraged escalation of any issues.

Mr Murphy observed reference on two outstanding items and asked how significant they are. Ms Masters replied that one has been closed down. The other relates to retrospective shifts and work is ongoing. A review will be undertaken in January.

Mr Horwath asked if there was confidence in handover. Ms O'Connor replied that the BAF had been reviewed and there needed to be evidence of the ongoing embedding in place. The approach taken is respective of outstanding audit actions but is not fully complete. Steps should be taken to ensure that teams had addressed the recommendations and developments are separate.
Ms Masters added that the progress reports related to such and asked to ensure that timeframes are realistic. Ms O'Connor agreed that there needed to be senior input to ensure its realistic for year-end determination.
Mr Horwath advised that it was a sensible recommendation but asked who will own it. Ms Walden advised that she would be the lead.

Data Protection Security Toolkit Audit Report

Ms Brown presented the annual audit requirement and highlighted the following key points:

- 13 areas had been audited and there was an assessment of moderate assurance.
- There 5 areas for further action.
- Meetings had taken place with the IG manager and Chief Technology Officer.
- 4.2.1 and 4.2.4 relate to the leavers process. The SOP has been finalised and teams are auditing more frequently.
- Residual risk will be focused upon with peripheral systems.

- 8.3.7 related to the desktop estate and there was 98% compliance.
- Server estate is at 86%. This is a known issue are aware of which needs to be replaced. A monitoring system is in place for the 9% that is not on the up to date operating system.
- 9.3.9 relating to the network is complete. The Policy has been updated.
- In relation to the supplier and data protection risks, the timescales had been extended by 1 month. A gap analysis would be completed to ensure that checks are in place.

Mr Bramley referred to medical devices and queried whether the main issue is compliance with the policy. Ms Brown replied that if the equipment is not on the network, it can't be protected. 4G Wi-Fi usage was being looked at and there had been progress made as the Wi-Fi has improved.

Mr Horwath asked for clarification in regard to the unapproved use of devices. Ms Brown informed that the issue is documented within the Medical Devices Policy. This related largely to kit given as a trial that causes issues.

Assurance level 5 was approved.

RESOLVED THAT: The report was noted for assurance.

Counter Fraud

064/23 **Counter Fraud Progress Report**

Mr Westwood presented the report, advising that amber areas identified that work was ongoing. Plans were in place.

Investigations were ongoing in relation to fraud cases.
A trial at the Crown Court was scheduled for December 2023 and staff from the Trust had been asked to attend.

1 new referral had been reported regarding working whilst off sick.
4 cases were ongoing and awaiting information. 2 were likely to be handed to HR.
2 cases had been closed.

Fraud matches are being progressed.

3 Fraud prevention alerts had been reported.

Ms Martin queried at what point escalation took place. Mr Westwood replied that there needed to be confirmation from the person who made the referral.

Dr Blanshard would discuss details of who the new referrals related to with Ms Walden offline. **Action.**

RESOLVED THAT: The report was noted for assurance.

External Audit

065/23 **Urgent & Emergency Care Major Refurbishment Programme**

Ms Lancaster advised that slides had been shared and discussed in the Board workshop.

Mr Horwath advised that the report needed to articulate the financial impact, whether it demonstrates value for money and any lessons to be learnt.

Mr Bramley encouraged looking forward for future projects. When faced with these opportunities, the timescale and inevitable consequence is the changes that have to be made. Mr Bramley queried that when faced with another opportunity would we be honest with the times and costs.

Mr Murphy advised that the timescale is too short to react. There were a number of lessons to be learnt. Construction inflation was an example that was not identified fully and the report did not explain how it ended up in this position.

Dr Blanshard advised that the existing ED was unfit for purpose. When the Trust was given the opportunity to create a purpose build department that meets the requirements, human factors were at play.

Ms O'Connor encouraged documenting the story. How was the business case developed at that time and how the context changed including the pandemic and inflation. Having the Estates Strategy enables the Trust to handle things in a different way. A more detailed scope would be helpful for the next meeting.

Ms Martin advised that there needed to be a scope needed to include whether the Board decisions were documented and needed to be included.

Ms Lancaster advised that there is opportunity to understand the challenges and there were lots of lessons to be learnt. There were some internal issues to be explored. There needed to be capability to manage it and build the business case along with benefits realisation. The build to the new ED does not solve all of the problems. The capacity within the new ED is the same as it is now but focus would be on flow.

Mr Cook observed a similar challenge with TIF2 approvals where the Trust was saved by a late amendment to the short form business case threshold or could have been placed into a similar situation. Learning should be with the writing and approval of the business case requirements against the funding available, not what could we deliver with the available resource as this is not a safe driver of a viable business case. Ms Newton stated that £15m was what was offered for the UEC. Ms Newton was supportive of including wider learning from a strategic perspective to the response when issues arise.

Mr Murphy informed that there was only a set amount of money and timeframe in which to work to.

Mr Horwath summarised there was appetite for another piece of work with a scope, key issues identified and further requirements. Ms Lancaster/Ms Newton/Mr Cook to bring the report back to the next Committee. **Action.**

Mr Dickinson, Ms Newton, Dr Blanshard and Ms Lancaster left the meeting.

RESOLVED THAT: A further scope would be presented at the next meeting.

066/23 **Accountability Framework**

Mr Douglas introduced the Accountability Framework that had been presented to Trust Management Executive and Finance & Performance Committee. The framework supports a Ward to Board assurance approach across four domains – operational delivery, quality, workforce, finance and is reliant on the annual business planning cycle to agree priorities and objectives which the Trust, Divisions and individual services will be enabled to deliver.

Ms Martin asked to ensure that a review process was built in. Mr Douglas suggested that it is reviewed again at the Committee in 6 months time to review its effectiveness. **Action.**

RESOLVED THAT: The report was noted for assurance.

067/23 **Board Assurance Framework**

Ms O'Connor presented the Board Assurance Framework which had been reviewed through sub-committees. External Audit had requested that it was presented to Committee. The BAF is dynamic and owned by Committees. There were no items for escalation.

Mr Bramley suggested that the Chairs of each Committee attend Audit Committee once a year about how they manage risks. Mr Horwath suggested discussing at the audit development meeting. **Action.**

There are a number of risks in relation to urgent care. Will feed back to risk owners. Risks will change as the programme progresses.

RESOLVED THAT: The report was noted for assurance.

068/23 **Trust Response to NHSE Letter – Verdict in the Trial of Lucy Letby**

Ms O'Connor presented the report and informed that the report had been reviewed at Trust Board. There was assurance of the processes in place and consideration of the work of the Committees with Freedom to Speak Up, fit and proper etc.
The report was presented to provide assurance of the processes in place.

Mr Bramley informed that he felt uneasy about the maternity report being presented in Private Board. Ms O'Connor replied that though she did agree, there had been previous IG issues raised when it was presented in Public. Due to the size of the service, our numbers are small which is the issue. The report would now be split for Public and Private Board and would include the neonatal safety elements. Quality Governance Committee have agreed the outline and IG checks have been completed.

RESOLVED THAT: The report was noted for assurance.

069/23 **Debt Write Off**

Ms Walden presented the report for approval of the debt write off.
19 invoices had been written off. 11 had been taken though debt recovery.

RESOLVED THAT: The Debt Write Off was approved.

070/23 **Debtors & Creditors**

Ms Walden presented the report for information.
Committee were asked to note the internal controls in place for balances over £5k or over 6 months old. Detail of outstanding invoices are detailed within the report.

Mr Horwath was satisfied with the process in place regarding salary overpayments. Ms Walden informed that it was improving slightly. This element was rated as amber and performance was 32%. Similar sized Trust were reporting 60%.
Evidence was being requested on a more regular basis.

RESOLVED THAT: The report was noted for assurance.

071/23 **Waivers**

Mr Cook presented the Waivers report, advising that the majority were externally driven by third parties.
Business Analysis is now in place within the procurement team and would form part of the Dashboard going forward to influence and change behaviours.
Teams were keen not to progress with retrospective waivers.

Mr Bramley queried the table with categorisation of the reasons as it was contradictory. Mr Cook replied that it was driven by UEC build examples such as snagging. Mr Bramley suggested a rewording.

Ms Martin observed that there appeared to be a waiver without a reason yet it was signed off. Mr Cook would review.

Mr Horwath asked whether there was a tight grip on waivers. Mr Cook replied that it could be improved and he did not agree with retrospective waivers. Mr Horwath encouraged building in some commentary to the next report.

RESOLVED THAT: The report was noted for assurance.

072/23 **VFM Assurance**

Mr Cook advised that there were recommendations from the 22/23 audit. Some had carried forward and some were new.
This approach worked well for the team and positive progress was reflected in the conclusion. The same approach would be taken to develop the next milestones.

Mr Murphy asked that timelines for completion were included. Mr Cook replied that he would chase dates.

RESOLVED THAT: The report was noted for assurance.

073/23 **Risk Management Strategy**

Ms O'Connor presented the Strategy which was linked to VFM and Well-Led.
It was being developed to ensure that it accurately reflects practice. This was stage 1, stage 2 to come.

The Strategy would close off an internal audit recommendation.
There would be a wider review with the ICS and the context of the Foundation Group.
There will be a bigger update of the document later in the year.

Mr Horwath welcomed a more radical review and asked to ensure that we are consistent within the Group.

RESOLVED THAT: Recommended approval of the Risk Management Strategy.

074/23 **Financial Performance, Controls & Governance Self-Assessment**
Mr Cook advised that NHSE had written to Trusts with a list of things items and evidence required to support. The letter was attached for information. A response had not yet been received from the Region regarding whether the self-assessment was efficient or the next steps.

Mr Bramley advised that the ICB finance group may move into a formal Committee. As it stood, Mr Bramley represents the Trust on the forum but if it moved to a Committee, there was a question in regard to the accountability framework and asked who should represent the Trust if it is formalised and becomes a decision making Committee. Ms O'Connor questioned which body it would be a sub-committee of. Clarity was required of the group and the constitution of how its operating. It would be a question to the Board about responsibilities. Mr O'Connor urged caution to delegated decision making. Mr Murphy to feed back to Mr Hardy on behalf of the Committee. **Action.**

Mr Horwath asked if we are building a bridge to additional staffing. The topic is included on the People & Culture Committee but wished to flag it to the Committee. Mr Cook replied that it is a work in progress. There have been a number of interventions about changed activity through investments which is challenging.

RESOLVED THAT: The report was noted for assurance.

075/23 **Lessons Learnt from External Audit 2022/23**
Ms Walden presented the report to provide assurance that the Audit Findings report was being reviewed. The team undertook additional sampling to submit the accounts.

The report identifies the work underway against the recommendations.
The asset verification process had commenced.

Teams had taken the report seriously and working groups were ongoing within finance and with directorates when required.

RESOLVED THAT: The report was noted for assurance.

For Information

076/23 **Any Other Business**
None noted.

077/23 **Committee Escalations**
UEC

078/23 **Reflections**

Ms O'Connor shared her reflections.

Ms O'Connor was thanked for her passion and commitment to governance at the Trust, support to the Committee and was wished well for the future.

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST
People and Culture Committee Minutes
Tuesday 3 October 2023 at 10.00 am
Held Virtually

Chair	Karen Martin, Non-Executive Director

Present

Tina Ricketts	Director of People and Culture
Christine Blanshard	Chief Medical Officer
Sue Sinclair	Associate Non-Executive Director
Colin Horwath	Non-Executive Director
Neil Cook	Chief Finance Officer
Sue Sinclair	Associate Non-Executive Director

Attendees

Jo Wells	Deputy Company Secretary
Richard Haynes	Director of Communications and Engagement
Justine Jeffrey	Divisional Director of Midwifery
Liz Faulkner	Assistant Director, HR Corporate Services
Melanie Stinton	Freedom to Speak Up Guardian
Sophie Burt	Head of Fundraising
Simon Murphy	Non-Executive Director
Erica Hermon	Company Secretary
Jas Cartwright	Director of Continuous Improvement

Apologies

Helen Lancaster	Chief Operating Officer
Sarah Shingler	Chief Nursing Officer
Dame Julie Moore	Non-Executive Director
Sue Smith	Deputy Chief Nursing Officer

037/23 **Welcome and Apologies for Absence**
Ms Martin welcomed all to the meeting.

Apologies were as listed above.

038/23 **Declarations of interest**
There were no new Declarations of Interest. Declarations of Interest are available on the Trust's website.

039/23 **Minutes of the Meeting held on 1 August 2023**
The minutes were approved.

RESOLVED THAT: The minutes of the meeting held on 1 August 2023 were agreed as a correct record.

040/23 **Action Schedule & Matters Arising**
The action schedule was reviewed.

Action 098/22 relating to meal vouchers was closed. Mr Haynes advised that a cut off point for the vouchers had been agreed and a proposal for future staff health and wellbeing support will be presented in due course.

041/23 **Staff Story**

Ms Burt joined the meeting to share her story in relation to the staff award nominations. 9 award categories would be given out along with 3 special recognition awards. £39k in sponsorship had been secured. Two companies were supplying gift in kind such as printing.

The headline sponsor is ComputaCentre.

320 people would be attending for a drinks reception, dinner and the awards. The event was very successful last year.

Mr Murphy advised that a great amount of money had been raised and it was a great event for staff to be recognised. Mr Murphy commended Ms Burt and the team for their efforts in arranging the event and securing sponsorship as it was not part of their role to plan the event.

Mr Haynes advised that following the joining of the Foundation Group, there may be some changes across the Trust going forward in order to align staff reward and recognition in a more consistent way.

Ms Burt left the meeting.

042/23 **Director of People & Culture Report**

Ms Ricketts informed that a new national framework was being adopting locally and reviewed through Health & Wellbeing Steering Group following some sexual harassment cases within the NHS reported within the national media.
There had been 2 such cases previously raised at the Trust; one resulted in dismissal and the other was reaching conclusion.

In terms of winter planning, there was a requirement for more staff during winter to meet the projected increase in sickness absence. We were making progress in reducing our vacancy rates through international recruitment and this will continue for the next 3 years.

It was reported that there had been an increase in pension drawdown. Though this does assist with retention, those on the 1995 scheme may need to reduce hours by 10% thereby impacting on our vacancy rates.

There had been a recent change in legislation which prevents the use of agency workers to cover for industrial action. Bank staff were being utilised but this required them to be set up on our payroll.

Mr Murphy queried whether any money had been saved by not using agency. Ms Ricketts replied that the Trust was not seeing an associated reduction with bank and agency. The key drivers of agency were vacancy rates, sickness absence, staffing for escalation areas and the specialising of patients.

RESOLVED THAT: The report was noted for assurance.

BEST SERVICES FOR LOCAL PEOPLE

043/23 **Learning from the Lucy Letby Case**

Ms Ricketts presented the report, advising that the safety aspects had been reviewed at Quality Governance Committee.

Since this case had been made public there had been an increase in cases referred to Ms Stinton regarding concerns of practice of colleagues.

In response to a question raised about employee relations cases and culture, MS Ricketts confirmed that reviews had been undertaken into cases that had been deemed to have not been handled well. For example, the Trust had commissioned an external company to review the culture within the Theatres at the Alexandra Hospital and a report outlining recommendations would be presented to the next meeting.

Dr Blanshard joined the meeting.

Ms Stinton informed that 10 cases had been reported in August and July, but this rose to 17 in September and many related to concerns of colleagues' practice. There did need to be a review of speak up channels and follow up to ensure colleagues remained confident in raising concerns.

Ms Martin was assured that a strong Freedom to Speak Up process was in place but there were other ways of reporting incidents available which should also be reviewed. Ms Singler informed that the Datix processes were being reviewed along with the outcomes.

Mr Horwath queried the escalation process and whether wilful harm was escalated in a different way. Ms Stinton replied that these cases should be captured by line managers and then linked back to ascertain whether any issues have been raised before.

Ms Sinclair advised that it was positive that there had been an increase in concerns reported and suggested that a simple mortality report that is sighted by the Board would be helpful.
Dr Blanshard replied that the new IPR and content had been discussed and it had been suggested that a slide on mortality was included. Mortality rates were not a current concern, but it has the potential to highlight issues in the quality of care.

Ms Ricketts added that there was a 4ward Steering Group in place where staff networks leads, FTSU, Datix lead, HR, staff side meet to review trends. One delivery vehicle to improve culture is the behavioural charter and having a toolkit to support to support it. A gap had been identified with training around FTSU and a recommendation would be presented through TME for approval.

RESOLVED THAT: The report was noted for assurance.

044/23 **Well-Led – Improvement/4watd Improvement Systems Benefits Realisation**

Ms Cartwright presented the NHS Impact baseline assessment which was a summary of questions scored by ourselves in regard to improvement culture.

RPIWs continued and applying tools to their work, though there was a way to go from development to progressing. There have been stalls in progress due to pressures and industrial action.
The tools needed to embed into the mindset of staff so that it was not seen as a separate initiative but the way we do things here.
The Trust had been working with Virginia Mason over the last 18 months and were now looking at what to do differently and what had worked well.

Assurance level 3 was approved.

RESOLVED THAT: The report was noted for assurance.

BEST USE OF RESOURCES

045/23 **Job Planning Compliance**

Ms Ricketts informed that Dr Blanshard is the senior officer for the job planning policy. Compliance sits with Divisional Directors and therefore the Chief Operating Officer. All were working together to make improvements.

An issue had been identified with job plans being agreed and no job planning consistency panel was in place. There was also a lack of knowledge and experience in undertaking job plans.
Additional job planning capacity has been identified and resource was being introduced during October.

Dr Blanshard expressed concern around the lack of consistency in the current job planning approach. Teams had not been good at aligning between service objectives, personal objectives and the job plan.

Dr Blanshard added that there are some discrepancies around the way that on call weeks are counted within the job plan.

Mr Horwath felt assured of the work that is underway, adding that job planning is crucial and features in PEPs. He encouraged ensuring that teams were working in the most effective way.

Ms Sinclair informed that our Trust is not alone as others had reported similar issues.

Mr Cook cautioned the financial risk and advised that an assurance level was required in order to be sighted on whether it was favourable or adverse. The risk needed to be quantified. Ms Ricketts replied that timeliness is critical, and the risk and assurance can be pulled from the Allocate system.

Ms Martin requested a deep dive report was presented at the next meeting with more detail, timescales included and linked to revalidation. Dr Blanshard informed that the two processes are separate. A review of the job plan in appraisal is to look at doctors' scope to work. An appraisal is

retrospective. The job plan is a prospective agreement and should be done in a 1:1 with the clinical manager. Dr Blanshard added that appraisals make staff feel valued where job planning has more challenge around their work. **Action.**

Mr Cook queried how there was assurance that staff were working to the right job plan in order to deliver. Dr Blanshard replied that currently we were not assured.

Level 3 assurance was considered and approved.

It was agreed that given the implications and consequences, the report would be revisited at the next meeting.

RESOLVED THAT: The report was noted for assurance and would be updated to include timescales for further review at the next meeting.

BEST PEOPLE

046/23 **Integrated People & Culture Report**

Ms Ricketts informed that the Trust was in year 2 of the 3 year plan.
A review had been undertaken in regard to the people and culture priorities and their alignment to the 10 point plan. It was identified that the year 2 priorities remained appropriate but that the people and culture function will need to free up capacity to support future organisational change programmes.

The OD team were supporting amber and reds areas of the Heat Map with leadership and using best practice.

Mr Horwath observed that lack of career development is sighted in exit interviews. Ms Ricketts replied that the academy approach had not been successfully embedded so a review of our offer was being undertaken by Louise Pearson, Head of Clinical Education. Louise is the education, learning and development offer and would provide an update at the next meeting. There is a gap in early career conversations and PDR forms have been updated to discuss career development when staff join the Trust.

Recruitment
Ms Edwards informed that there were 706 vacancies across the Trust but there were 300 more staff in post than this time last year.
The vacancy rate had reduced to 10.1%.
Forward planning was an area of focus and 390 offers had been made with a view to start between now and December.
The 148 nurse vacancies did not include overseas nurses, which was approx. 10 a month.
There was an average of 15 nurse leavers per month.
Time to hire overall is coming down.

Mr Cook noted the agency usage in maternity and queried whether there would be swap outs. Ms Jeffrey replied that the service were managing to remain a safe service There will be a financial saving but the vacancies

had to be filled. Mr Cook asked to be sighted on from the perspective of swap outs not being a saving.

Retention.
Ms Edwards informed that there had been a reduction in turnover. Exit interviews had been changed and there was now a 42% return rate. A survey monkey is now issued to staff before they leave, and they are invited to a meeting with HR or a manager. More needed to be done on work life balance and personal development.

Ms Ricketts informed that Organised for Success was subject to consultation. The 10 point plan will bring together the urgent care and specialty medicine divisions over the next few months. Concerns were raised about the leadership capacity within the Surgery division.

Mr Horwath referred to the PEPs and asked to be sighted on the progress being made and any issues. Ms Ricketts replied that teams were working with finance as the next step to ensure that there are benefits and quantifying the impact of time to hire.

Mr Cook asked where the Doctors and Associates Workforce Group linked to. TR replied that both DAWG and the equivalent nursing group are linked to the Best People Steering Group. Staff Group and Operational attendance is required.

Ms Faulkner informed that Standing Operating Procedures were in place and teams had worked to develop an off-framework agency plan. There was a commitment to eliminate off framework spend by the end of the financial year.

Ms Ricketts acknowledged that a key area of the PEP is the agency staffing costs. Improvements were being seen with retention, which needed to continue. Sickness absence had not seen a reduction as anticipated. It was hoped that traction would be seen over the next few months with the new referral process in place for mental health issues.

Ms Sinclair referred to 'BAME' and informed that 'Global Majority' was often now being used rather than 'BAME'. Ms Ricketts replied that the descriptor would be tested with the networks.

RESOLVED THAT: The report was noted for assurance.

047/23 **WRES, WDES and Gender Pay Reports**

The workforce race equality standards, workforce disability equality standards and gender pay reports and associated action plans were presented to the Committee for review before being published. It was recognised that our Equality, Diversity and Inclusion 7 point plan was key to addressing the issues highlighted in the reports.
Action plans to findings were included within the appendices.

Ms Martin observed the actions taken to date to improve the position and queried the correlation to whether actions will make improvements.
Ms Ricketts replied that the positive recruitment scheme had seen positive benefits.

RESOLVED THAT: The report was noted for assurance.

048/23 **Fit & Proper Persons Audit**

Ms Wells presented the report and informed that new guidance was being introduced, which Board members had been informed of. The policy was being updated to reflect the changes.

Ms Martin observed that a small group of staff had identified as being eligible and queried whether it had been benchmarked. Ms Harmon replied that the query was raised and discussed at a National Company Secretary meeting last week. All were in agreement that it related to Board members and included deputies.

RESOLVED THAT: The report was noted for assurance.

BEST EXPERIENCE OF CARE AND OUTCOMES FOR OUR PATIENTS

049/23 **Safest Staffing Report**

Adult/Nurse Staffing

The report was taken as read due to apologies.

Midwifery Staffing

Ms Jeffrey presented the midwifery staffing report with an assurance level of 6 and highlighted the following key points:

- Focus is on support workers and turnover.
- New Maternity Support Worker lead is in post.
- Retention midwife started in September.
- 1:1 care in labour was met but supernumerary status was not.

Ms Sinclair asked for a theatre staff update. Ms Jeffrey replied that the advert had gone out. 4 midwives would be released out of theatre cover.

RESOLVED THAT: The reports were noted for assurance.

GOVERNANCE

050/23 **People & Culture Risk Register**

Ms Ricketts presented the Risk Register, updating that there were 2 recommended increases in risk rating:

1. In relation to the job planning risk giving the issues identified in the earlier report
2. In relation to the culture within the surgery division

RESOLVED THAT: The Risk Register was approved.

051/23 **Board Assurance Framework**

A reduction in the level of assurance for workforce was proposed from a 5 to 4.

It was recommended that the industrial action assurance rating was increased to 5.

It was suggested that the BAF included a risk in relation to mental health related sickness absence. **Action.**

RESOLVED THAT: Approved.

052/23 **Committee Workplan**
The proposed Workplan for the Committee was reviewed and approved.

RESOLVED THAT: The Committee Workplan was approved.

053/23 **Terms of Reference**
Minor changes had been made following a review. A further review would take place in 6 months time.

RESOLVED THAT: The Terms of Reference were approved.

ANY OTHER BUSINESS

Mr Horwath informed that he was due to join an AAC on Friday but it was cancelled due to lack of college representation. Mr Horwath advised that such issues as this is causing difficulties when trying to speed up recruitment. Ms Ricketts replied that an improvement workshop had been held to improve the process going forward. There had been a gap in training for clinical leads. There was a risk on this occasion as there was no external representation and therefore the interviews needed to be rescheduled.

Ms Stinton advised that October was culture month and a number of events were taking place.

Mr Haynes flagged that because of Trust financial challenges, there will not be any funding for some of the Christmas staff wellbeing funding initiatives such as meals throughout the festive period. The funds available were in the region of £14k and discussion will take place on how to get the best value out of what is available. This may cause an adverse reaction from staff.
Ms Martin asked whether there would be an announcement made. Mr Haynes replied that communication would be issued positively. Content would be discussed with the Executive Team.

Ms Martin queried the level of return of the staff survey. Ms Ricketts replied that it had only launched a week ago. To date, the returns were 5% in clinical, 22% corporate and 16% for digital.

Date and Time of Next Meeting:

Face to face meeting:
Tuesday 5th December 2023, 10:00 – 13:00.