

MEETING OF WALSALL HEALTHCARE NHS TRUST BOARD OF DIRECTORS

Held in public on Thursday 4th February 2021 from 10.30am to 2.30pm

Meeting held virtually via Microsoft Teams

AGENDA

#	Agenda Item	Purpose	Lead	Format	Time
OPENING ITEMS					
1.	Chair's welcome, Apologies, and Confirmation of Quorum	Information	Danielle Oum	Verbal	10.30
2.	Declarations of Interest	Information	Danielle Oum	Enclosure	
3.	Minutes of meeting held on 3 rd December 2020	Approval	Danielle Oum	Enclosure	
4.	Matters Arising and Action Log	Review	Danielle Oum	Enclosure	10.45
5.	Chair's Report	Information	Danielle Oum	Enclosure	10.50
6.	Chief Executive's Report	Information	Richard Beeken	Enclosure	11.00
7.	Trust Collaboration Update	Information	Richard Beeken	Enclosure	11.10
PROVIDE SAFE, HIGH QUALITY CARE					
8.	Quality, Patient Experience and Safety Committee Report	Assurance	Pamela Bradbury	Enclosure	11.15
9.	Safe High Quality Care Executive Report (incorporating Board Assurance Framework, Performance, and Improvement Programme)	Assurance Information	Matthew Lewis Ann-Marie Riley	Enclosure	11.20
10.	Ockenden Self-Assessment	Assurance	Ann-Marie Riley	Enclosure	11.35
CARE AT HOME					
11.	Walsall Together Partnership Board Report	Assurance	Anne Baines	Enclosure	11.45
12.	Care at Home Executive Report (incorporating Board Assurance Framework, Performance, and Improvement Programme)	Assurance Information	Daren Fradgley	Enclosure	11.50
USE RESOURCES WELL					
13.	Performance, Finance and Investment Committee Report	Assurance	John Dunn	Enclosure	12.05
14.	Use Resources Well Executive Report (incorporating Board Assurance Framework, Performance, and Improvement Programme)	Assurance Information	Russell Caldicott Ned Hobbs	Enclosure	12.10
12.30 to 12.50 - COMFORT BREAK					
WORK CLOSELY WITH PARTNERS					
15.	Work Closely with Partners Executive Report (incorporating Board Assurance Framework and Improvement Programme)	Assurance Information	Ned Hobbs	Enclosure	12.50
VALUE OUR COLLEAGUES					
16.	People and Organisational Development Committee Report	Assurance	Danielle Oum	Enclosure	1.05
17.	Value Our Colleagues Executive Report (incorporating Board Assurance	Assurance Information	Catherine Griffiths	Enclosure	1.10

#	Agenda Item	Purpose	Lead	Format	Time
	Framework, Performance, and Improvement Programme)				
18.	Safe Staffing	Assurance	Ann-Marie Riley	Enclosure	1.25
GOVERNANCE AND WELL-LED					
19.	Audit Committee Report	Assurance	John Dunn	Enclosure	1.35
20.	Walsall Together Partnership Board Effectiveness Review	Approval	Jenna Davies	Enclosure	1.40
21.	Governance and Well-Led Update	Assurance	Jenna Davies	Enclosure	1.50
22.	Board and Board Committee dates 21/22	Approval	Jenna Davies	Enclosure	2.05
23.	Use of Trust Seal	Information	Jenna Davies	Enclosure	2.10
CLOSING MATTERS					
24.	Any Other Business	Discussion	All	Verbal	2.15
25.	Questions from the Public	Discussion	All	Verbal	2.25
DATE AND TIME OF NEXT MEETING					
	Thursday 4 th March 2021				
EXCLUSION OF THE PRESS AND MEMBERS OF THE PUBLIC					
	Exclusion to the Public – To invite the Press and Public to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960).				

Lead Presenters

Name of Lead	Position of Lead
Danielle Oum	Chair of Trust Board
John Dunn	Vice Chair of Trust Board; Chair of Performance, Finance and Investment Committee
Pamela Bradbury	Non-Executive Director; Chair of Quality, Patient Experience and Safety Committee
Anne Baines	Non-Executive Director; Chair of Walsall Together Partnership Board
Richard Beeken	Chief Executive Officer
Daren Fradgley	Deputy Chief Executive Officer and Director of Integration
Matthew Lewis	Medical Director
Ann-Marie Riley	Director of Nursing
Russell Caldicott	Director of Finance and Performance
Catherine Griffiths	Director of People and Culture
Ned Hobbs	Chief Operating Officers
Jenna Davies	Director of Governance

MEETING OF THE PUBLIC TRUST BOARD – 4 th February 2021			
Declarations of Interest			AGENDA ITEM: 2
Report Author and Job Title:	Trish Mills Trust Secretary	Responsible Director:	Danielle Oum Chair
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input type="checkbox"/> Assure <input checked="" type="checkbox"/>		
Executive Summary	<p>The report presents a Register of Directors' interests to reflect the interests of the Trust Board members.</p> <p>The register is available to the public and to the Trust's internal and external auditors, and is published on the Trust's website to ensure both transparency and also compliance with the Information Commissioner's Office Publication Scheme.</p>		
Recommendation	Members of the Trust Board are asked to note the report		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report.		
Resource implications	There are no resource implications associated with this report.		
Legal and Equality and Diversity implications	It's fundamental that staff at the Trust are transparent and adhere to both our local policy and guidance set out by NHS England and declare any appropriate conflicts of interest against the clearly defined rules.		
Strategic Objectives	Safe, high quality care <input checked="" type="checkbox"/>	Care at home <input checked="" type="checkbox"/>	
	Partners <input checked="" type="checkbox"/>	Value colleagues <input checked="" type="checkbox"/>	
	Resources <input checked="" type="checkbox"/>		

Register of Directors Interests at February 2021

Name	Position held in Trust	Description of Interest
Ms Danielle Oum	Chair	Chair: Birmingham and Solihull Mental Health NHS Foundation Trust
		Chair: Midlands Landlord whg
		Co-Chair of the NHS Confederation BME Leaders Network
		Co - Chair, Centre for Health and Social Care Leadership, University of Birmingham.
		Committee Member: Health watch England
Mr John Dunn	Non-executive Director	No Interests to declare.
Mrs Anne Baines	Non-executive Director	Director/Consultant at Middlefield Two Ltd
		Associate Consultant at Provex Solutions Ltd
Ms Pamela Bradbury	Non-executive Director	Consultant with Health Education England
		People Champion – NHS Leadership Academy
		Partner, Dr George Solomon is a Non-Executive Director at Dudley Integrated Health and Care Trust
Mr Ben Diamond	Non-executive Director	Director of the Aerial Business Ltd.
		Partner - Registered nurse and General Manager at Gracewell of Sutton Coldfield Care Home
Mr Paul Assinder	Non-executive Director	Chief Executive Officer - Dudley Integrated Health & Care Trust
		Director of Rodborough Consultancy Ltd.
		Governor of Solihull College & University Centre
		Honorary Lecturer, University of Wolverhampton
		Associate of Provex Solutions Ltd.
Mr Rajpal Virdee	Non-executive Director	No Interests to declare.
Mr Junior Hemans	Non-executive Director	Non-executive Director - Royal Wolverhampton NHS Trust
		Visiting Lecturer – University of Wolverhampton
		Director – Libran Enterprises (2011) Ltd
		Chair/Director - Wolverhampton African Caribbean Resource Centre
		Chair - Tuntum Housing Association (Nottingham)

Name	Position held in Trust	Description of Interest
		Company Secretary – The Kairos Experience Ltd.
		Member – Labour Party
		Mentor – Prince’s Trust
Mrs Sally Rowe	Associate Non-Executive	Executive Director Children’s Services - Walsall MBC
		Trustee Grandparents Plus - Registered charity
Mr Richard Beeken	Chief Executive	Spouse, Fiona Beeken is a Midwifery Lecturer at Wolverhampton University.
		Director – Watery Bank Barns Ltd.
Mr Russell Caldicott	Director of Finance and Performance	Member of the Executive for the West Midlands Healthcare Financial Management Association (HFMA)
Mr Daren Fradgley	Deputy Chief Executive and Director of Integration	Director of Oaklands Management Company
		Clinical Adviser NHS 111/Out of Hours
		Non-Executive Director at whg
Dr Matthew Lewis	Medical Director	Spouse, Dr Anne Lewis, is a partner in general practice at the Oaks Medical, Great Barr
		Director of Dr MJV Lewis Private Practice Ltd.
Ms Jenna Davies	Director of Governance	No Interests to declare.
Ms Catherine Griffiths	Director of People and Culture	Catherine Griffiths Consultancy Ltd
		Chartered Institute of Personnel (CIPD)
Mr Ned Hobbs	Chief Operating Officer	Father – Governor Oxford Health FT
		Sister in Law – Head of Specialist Services St Giles Hospice
Ms Ann-Marie Riley	Interim Director of Nursing	No interests to declare
Ms Glenda Augustine	Director of Performance & Improvement	No interests to declare

RECOMMENDATIONS

The Board are asked to note the report

**MINUTES OF THE PUBLIC MEETING OF THE BOARD OF DIRECTORS
WALSALL HEALTHCARE NHS TRUST HELD
ON THURSDAY 3rd DECEMBER 2020 AT 12:00 P.M. HELD VIRTUALLY VIA TEAMS**

PresentMembers

Ms Danielle Oum	Chair of the Board of Directors
Mr John Dunn	Non-Executive Director, Vice Chair Board of Directors
Mr Philip Gayle	Non-Executive Director
Mrs Anne Baines	Non-Executive Director
Mrs Pamela Bradbury	Non-Executive Director
Mr Ben Diamond	Non-Executive Director
Mr Rajpal Virdee	Associate Non-Executive Director (left at 1pm)
Mr Richard Beeken	Chief Executive Officer
Dr Matthew Lewis	Medical Director
Ms Ann-Marie Riley	Interim Director of Nursing
Mr Russell Caldicott	Director of Finance and Performance
Mr Ned Hobbs	Chief Operating Officer

In attendance

Mr Paul Assinder	Associate Non-Executive Director
Mr Daren Fradgley	Director of Integration/Deputy Chief Executive Officer
Ms Jenna Davies	Director of Governance
Ms Catherine Griffiths	Director of People and Culture
Ms Glenda Augustine	Director of Planning and Improvement
Mrs Trish Mills	Trust Secretary

Members of the Public: 6

Apologies

Mrs Sally Rowe Associate Non-Executive Director

146/20 Quorum and Declarations of Interest

The Chair welcomed members of the public to the meeting, as well as Jane Wilson and Pat Usher from Staff Side, and thanked all for taking the time to join. The meeting was declared quorate. The Board received the register of interests and no other interests were declared.

147/20 Minutes of the Board Meeting held in Public on 5th November 2020

The Minutes **were approved** as a true reflection of the meeting, subject to the following amendment:

Page 8 second paragraph, change 'The issues with transition....' to 'The majority of the issues with transition.....'

148/20 Matters Arising and Action Sheet

The action log was reviewed by the Board and updated with current position statements,

with the following noted:

Action 042/20 (risk assessments for vulnerable colleagues) and action 097/20 (organisational development interventions) were discussed at the People and Organisational Development Committee (PODC) on 26th November. The actions are covered in the PODC highlight report for this meeting, and both will return to the Board in February.

149/20 Chair's Report

The Board received the report from Ms Oum which was taken as read.

150/20 Chief Executive Officer's Report and COVID-19 Board Assurance Framework

Ms Oum proposed that both the Chief Executive Officer's report and the COVID-19 Board Assurance Framework (BAF) risk were taken at the same time given the nexus of the risk mitigations.

Mr Beeken reported that COVID-19 dominates the landscape this month, with planning parameters on which operational and financial plans for the second half of the financial year were based, significantly exceeded. The planning guidance asked all Trusts to plan for COVID-19 activity levels at 50% of the April 2020 peak, however the Trust has reached a peak of 88% of those levels. Mr Beeken noted that whilst bed occupancy resulting from COVID-19 admissions appears to have stabilised, there are nevertheless significant challenges and risks currently, which include;

- chronic staffing shortages resulting from high absence rates, staff exhaustion both physical and mental
- Infection prevention and professional practice compliance challenges in a significant minority of the workforce
- maintaining in this context, a significant elective and diagnostic recovery programme
- segregation and infection control challenges related to the management of separate streams for emergency admissions
- significant pressure on the budget plan for the second half of the financial year as a result of increased unplanned expenditure and the potential loss of elective incentive scheme income
- tension and anxiety within the organisation about how both individuals and teams will be able to cope with winter pressures and the second COVID-19 wave
- Logistical challenges associated with short deadline national imperatives such as twice weekly staff testing and COVID-19 mass vaccination planning

Mr Beeken drew the Board's attention to the Care Quality Commission (CQC) report from their inspection on 8th and 9th September to the Emergency Department and Maternity, which is appended to the report from the Quality, Patient Experience and Safety Committee (QPES). He advised that NHSI will be providing business intelligence and governance support to ensure the 'must do' and 'should do' actions from the inspection are closed off.

Mr Beeken commended the efforts of colleagues who have accelerated the flu

vaccination programme and rolled-out lateral flow testing kits to staff, which will support the planning of staff availability and COVID-19 infection status.

Mr Assinder sought to understand what additional support may be forthcoming regarding the costs and revenue implications associated with the second wave of COVID-19 in view of the fact that national planning parameters had been exceeded, and how the excess cost was being tracked. Mr Caldicott explained that a key risk to the plan remains the uncertainty over the financial consequences of non-delivery of historic elective activity, for which NHSEI can reduce income allocations at a Strategic Transformation Partnership (STP) level through the elective incentive scheme. A phase 4 letter addressing this is expected from Sir Simon Stevens, Chief Executive Officer of NHS England, and it is anticipated that additional resources will become available. With respect to tracking of costs, Mr Beeken confirmed that this is taking place, with the true impact being clear in the November finance report.

Mr Dunn commended Mr Beeken and the team for coping with a second wave demand above what was expected and keeping the restoration and recovery plan underway. Mr Beeken acknowledged that this was possible due to the robust winter plan and mutual aid provided through partnership working from all partners in the STP.

Mr Hobbs noted that the COVID-19 BAF risk has been updated to incorporate the second wave materially exceeding planning parameters; the Trust having the seventh highest proportion of its hospital beds occupied by COVID-19 positive patients in the country in early November; the Trust consistently having had one of the highest Critical Care bed occupancy relative to baseline commissioned capacity across the Midlands region during the second wave; and the uncertainty on financial planning arrangements into 2021/22. Due to the fast pace of the COVID-19 vaccination programme, that has not as yet been incorporated, but will appear in the next iteration.

151/20 **Trust Strategic Collaboration**

Mr Beeken presented two papers on Trust Collaboration, the first illustrating the benefits to the Walsall population and Trust staff of a multi-lateral collaboration with acute hospitals across the Black Country and West Birmingham (BCWB); and the second paper seeking the Board's approval to the first stage of that journey, i.e. a bi-lateral collaboration with the Royal Wolverhampton NHS Trust (Royal Wolverhampton).

Mr Beeken noted that the people of Walsall live in the 26th most deprived Borough in the United Kingdom with a deteriorating health life expectancy, and as such they deserve the best quality community and acute services that we can provide to address health inequalities. In February 2020 the Trust Board agreed to seek a multi-lateral structure in the region to drive max benefit for staff and patients to address this.

Mr Beeken explained that a consultation paper issued by NHS England and Improvement (NHSE/I) on 26th November 2020 sets out how forthcoming legislative change will drive "system by default" working, clearly signalling that NHS Trusts must, as a minimum, form strategic alliances within an integrated care system with more statutory powers by April 2022.

The Board endorsed the benefits paper, noting the extensive, but not exhaustive, benefits a multi-lateral system wide collaboration would have on quality, patient and staff experience, recruitment and retention, better utilisation of workforce and learning opportunities, patient safety and resources, and that further work would be required to identify the routes and mechanisms to realise these benefits fully. Mr Hobbs and Mrs Riley pointed out that the Trust has seen the benefits to the delivery of clinical services that flow from established functional collaboration with the STP through the Work Closely with Partners workstream of the Improvement Programme, particularly on dermatology, ENT and urology.

Mr Beeken reiterated that multi-lateral collaboration across the BCWB STP will drive the greatest benefits for our population and our staff, and discussions are still continuing with the STP about the model and the pace we would follow, to achieve that. Whilst the Dudley Group NHS Foundation Trust and the Sandwell and West Birmingham NHS Trust are committed to collaboration, we are not yet aligned on what form that should take and by when. Mr Beeken emphasised that the end-point must be multi-lateral collaboration for the benefit of the populations we serve, however bi-lateral collaboration with Royal Wolverhampton is proposed as the first step in this journey.

Mr Beeken pointed out that it would be recommended to NHSE/I that a bi-lateral collaboration with Royal Wolverhampton shares a joint Chair, however the separate Boards of Directors for Walsall Healthcare NHS Trust and Royal Wolverhampton would be retained, as would the Accountable Officers. Mr Beeken informed the Board that the opportunities of a bi-lateral collaboration are both immediate and long term, enabling the Trusts to accelerate joint work already initiated for mutual benefit; combine key elements of each organisations' improvement programmes for scale and pace; and share best practice both in leadership, governance, and clinical operations. Two immediate improvement projects include learning more from each Trust's successes in partnership working and workforce attraction, retention and recruitment.

Mr Virdee sought clarification as to the public consultation requirements on the proposal, and Mr Beeken responded that this would take place where there were significant service changes between Trusts or if a formal transaction, as recognised by the regulator, was proposed. He confirmed that a bi-lateral collaboration with Royal Wolverhampton was not a merger, acquisition or take-over, nor was it a formal regulator controlled transaction, therefore public consultation was not required at this stage.

Mr Assinder noted that whilst it was disappointing the multi-lateral approach was not possible at this time, a bi-lateral collaboration was a sensible first step for the Trust, with significant opportunities and benefits for the people of Walsall and our staff, as well as for the equivalent population of Wolverhampton. Mr Dunn echoed this, noting Walsall Healthcare Trust had a lot to contribute to the collaboration, as well as a lot to gain from all elements of the balanced scorecard.

Mrs Bradbury sought to place more weight on engagement with the population in any service redesigns, ensuring we hear what they want, and what will work for them in their communities to reduce health inequalities.

Mr Diamond enquired as to consistency of communication to staff on the direction of travel between the two Trusts, and Mr Beeken advised that there had been extensive collaboration, which continues, to ensure consistency of tone and content for staff messaging. Mr Gayle congratulated the parties on moving this to the first stage, and wished to ensure all communications to staff are clear on the benefits to them and the population.

Mr Caldicott pointed out that although this is driven by a clinical case, there will be resource benefits which will allow the Trust to generate a surplus and invest in key areas such as estates. Dr Lewis shared his view that collaboration provides opportunities to secure more stable, specialised and high quality services for Walsall, by both leading and following. Ms Griffiths welcomed the focus on organisational and leadership development in the collaboration.

Mrs Baines wished to convey her strong view that collaborative working across the Black Country must be the continued focus, but supported a bi-lateral collaboration as the first stage of this.

The Board **approved the bi-lateral collaboration with Royal Wolverhampton** as a first stage to BCWB multi-lateral collaboration. The Board would receive governance and programme details early in the new financial year.

152/20 **Improvement Programme**

Mrs Augustine provided a verbal update to the Board, advising that the November meeting of the Performance, Finance and Investment Committee (PFIC) received the prioritisation of the Improvement Programme workstreams due to COVID-19 second wave at their 25th November meeting. PFIC requested further information on the impact of projects paused, which would come back to them at their 16th December meeting, with the Board being updated thereafter.

153/20 **Value Our Colleagues**

Ms Oum proposed that both the PODC Highlight Report and Value Our Colleagues Executive Report were taken at the same time to promote a more rounded discussion. The Board took the latter report as read, noting it covered the Board Assurance Framework (BAF) and corporate risks, performance and Improvement Programme elements of this strategic objective, which had also been discussed at PODC.

Mr Gayle, Chair of PODC, advised that when the Committee met on 26th November its focus was on the COVID-19 risk assessments for vulnerable staff, and the organisational development (OD) interventions. The full Board was invited to that meeting, such was the focus and importance of the issues. With respect to the former, the Committee was not assured on the quality or impact of the COVID-19 risk assessment process for vulnerable colleagues. To ensure that staff are safe, and feel confident that the measures agreed to protect them have the desired impact, the following actions were

agreed to address the assurance gaps:

- Risk assessments forms will be changed to reflect the actual risks to staff including those of a socio-economic and demographic nature, rather than purely on a colleague's clinical risk factors;
- Assurance that risk assessments are taking place at the right time, including at the point of redeployment;
- The expectation is that revised risk assessments will be carried out in a way that leads to appropriate measures to mitigate risk, and a confidence that there will be no detriment or inequity that follows. Managers to be supported to do this;
- Process to capture that measures have actually been put in place to protect staff as a result of a risk assessment and a mechanism to provide assurance on that to the Committee; and
- Assurance that the colleague experience of the risk assessment is captured.

Ms Oum noted that a verbal update on the process elements will be provided at the December PODC meeting with an assurance report in January. Mr Beeken emphasised the importance of deploying the risk assessments in a meaningful way, particularly as we seek to use them to prioritise and protect the most vulnerable of our workforce as the COVID-19 vaccination is rolled out.

The Committee discussed the short term and long term OD interventions underway in areas of the Trust to address bullying and harassment, racist behaviours, discrimination, inequality, ineffective line management, and fear of speaking out. This was triangulated with first hand staff experiences shared with the Trust Chair in 'Pull up a chair with the Chair' sessions. The Committee was assured that the actions planned are those required however not assured that the actions planned were progressing at pace or having enough of an impact. The action agreed to come back to PODC in December included:

- Enhanced support and executive sponsorship in areas identified in the Pull up a chair with the Chair' session to ensure staff are aware that action is and will be taken in response to concerns raised;
- Assurance on the long-term OD work to address issues; understanding of the process and impact of the shorter OD interventions; and high impact actions that send a message across the Trust that staff are being heard and action is being taken; and
- Plan to cascade messaging through the organisation on this issue in a more targeted way

Ms Griffiths commented that the 'Pull up a chair with the Chair' sessions, Freedom to Speak Up Guardians, Health and Wellbeing Group, and Executive walk arounds have provided an invaluable opportunity to triangulate feedback and get a clearer map of the organisation. Ms Griffiths sought to have the Board focus on visible actions to demonstrate that we are moving our policy framework from one of retribution, to a more just and restorative culture, shining a light on the positive responses we expect to see and to model. Key in this is engaging with our staff networks, including Staff Side, on

what those definitive and highly visible actions might be.

Mrs Baines commended the action being taken to address the issues fairly but swiftly, and with compassionate leadership when behaviours or actions are inappropriate and contrary to the values of this organisation. This was echoed by Board members who offered their support for the measures being taken in keeping with their Board pledge.

Mr Assinder queried what was in place to ensure managers felt supported to take firm action in the face of unacceptable behaviour. Ms Griffiths conceded that managers have not always felt supported to do so, which is why programmes of leadership training planned under the Value our Colleagues workstream are critically important. Ms Riley agreed with this, noting that some historical behavioural expectations will take time to rectify, but executives in the areas identified for OD interventions are working closely with HR to investigate them robustly.

Mr Fradgley wished to note that whilst there is some poor and bad behaviour, there is a large cohort of really dedicated staff who do their very best every day in highly motivated teams.

Ms Oum announced that Mr Diamond had agreed to take the lead Non-Executive Director role for Freedom To Speak Up, which fits well with his involvement in the Health and Wellbeing Group.

154/20 **Provide Safe, High Quality Care**

Ms Oum proposed that both the QPES Highlight Report and Safe High Quality Care Executive Report were taken at the same time. The Board took the latter report as read, noting it covered the Board Assurance Framework (BAF) and corporate risks, performance and Improvement Programme elements of this strategic objective, which had also been discussed at QPES.

Mrs Bradbury, Chair of QPES, informed the Board that in keeping with the COVID-19 governance plan, the QPES meeting on 26th November was shortened in terms of agenda items and time to allow executives to focus on the second wave of COVID-19. Mrs Bradbury assured the Board that notwithstanding this, she is in close contact with Dr Lewis and Mrs Riley outside of meetings on issues of quality and safety.

The Committee acknowledged the work the teams have done both in the community and acute settings during difficult and unprecedented pressures due to second wave of COVID-19. Of note was the increased rate of dementia screening and reduced number of patients who are medically stable for discharge.

Mrs Bradbury drew the Board's attention to the report from the CQC following their inspection on 8th and 9th September which was in the Board pack. QPES reviewed the report and have sought further assurance on the actions to address both the 'must do' and 'should do' items in that report, as well as historical actions. These will be reviewed monthly by the Committee, with any exceptions or issues reported to Board thereafter. Dr Lewis noted there were a number of positive and supportive statements in the report that were important to recognise, and that immediate steps had been taken to address the management of sepsis, including a 24/7 sepsis nurse in the Emergency Department

to identify, monitor and treat sepsis patients, and the building of better processes to manage this condition more reliably in the future. Mrs Baines sought clarification as to whether the report raised concerns regarding workforce, and Mrs Riley responded that there were the right numbers of staff in the Emergency Department and Maternity, the issue was having the process to evidence it for CQC. Ms Oum pointed out that whilst it is disappointing to see some areas slipping back, overall issues the issues raised by CQC were known and were being addressed through the Improvement Programme.

The Committee reviewed the Infection Prevention and Control Board Assurance Framework (IPC BAF), which was available to the Board as an appendix to the QPES report. Mrs Bradbury highlighted that the IPC BAF was a focus of the meeting, particularly on the areas such as laundry bagging; patients placed in COVID-19 streams in error; appropriate fitting and usage of FFP3 masks; increased protection on trauma and orthopaedic wards with additional screening where adequate distancing was difficult; and also reinforcement of messaging to staff regarding social distancing particularly in communal areas. This will remain on the QPES agenda monthly.

Mrs Bradbury reported that the Committee was not assured and sought further detail to come in December on measures in place to prevent falls, particularly as they had increased significantly in month and were the theme of two serious incidents. The quarterly data for sepsis was not available prior to the meeting, which was a disappointment particularly given the issues raised in this regard in the CQC report, however Dr Lewis did provide a verbal update on this at the meeting.

Dr Lewis noted that the Mortality Report attached to the QPES highlight report was dominated by a high number of COVID-19 deaths, however the medical examiner team continues to carry out structured judgment reviews despite the pressure on that team due to COVID-19. Dr Lewis and Mrs Riley informed the Board that they are maintaining focus on the management of the deteriorating patient and accelerating the process of electronic audit of sepsis.

155/20 **Use Resources Well**

Ms Oum proposed that both the PFIC Highlight Report and Use Resources Well Executive Report were taken at the same time. The Board took the latter report as read, noting it covered the Board Assurance Framework (BAF) and corporate risks, performance and Improvement Programme elements of this strategic objective, which had also been discussed at PFIC.

Mr Dunn, Chair of PFIC, informed the Board that in keeping with the COVID-19 governance plan, the PFIC meeting on 25th November was also shortened in terms of agenda items and time to allow executives to focus on the second wave of COVID-19. Despite this it was a full agenda which enabled the Committee to gain assurance on key issues due to the quality of the reports.

Mr Hobbs reiterated that base case planning which assumed a second COVID-19 peak of 50% of first wave had been exceeded in November, resulting in the seventh highest proportion of its hospital beds occupied by COVID-19 positive patients in the country in early November, and one of the highest Critical Care bed occupancy relative to baseline commissioned capacity across the Midlands region.

The Board was informed that elective care entered the second wave in a strong position for both 18 week referral to treatment (RTT) and the diagnostics DM01 6 week wait standards, but the second wave has impacted both over the last month. Routine elective surgery has been reduced to enable staff from theatres to support Critical Care, resulting in 143 patients having their operations postponed as at 4th November. This will impact the 18 week RTT standard and will also increase the risk of 52 week breaches i.e. patients waiting more than 52 weeks for treatment. Mr Hobbs noted that October was the first full month post-Medway go-live for the Emergency Department, which meant that performance on the 4 hour emergency access standard had deteriorated while that embedded, however he advised that this has improved in November and the teams are working hard to sustain this through December.

Mr Caldicott informed the Board the Trust has attained a small surplus of £73,000 to 31st October 2020, an improvement over the planned surplus of £48,000, however, the Trust is forecasting increased expenditure that will result in the Trust moving into a planned deficit for November 2020, with the being a £3.8m deficit at 31st March 2021. The members noted the risk of income reductions associated with non-attainment of historic elective activity, the reported position containing no provision for this potential loss of income. Escalation and discussions are continuing with the regulator to seek clarification of the income risk

Mr Caldicott reported that the urgent and emergency care works made possible from the £4.1m capital received are progressing at pace and are on track to complete on 18th December. Thanks were expressed to the construction partners Interserve to make this possible.

Mr Dunn and Mr Hobbs commended the teams for the low numbers of patients medically stable for discharge, with Mr Hobbs pointing out the significant positive impact this has on urgent care pathways and keeping bed occupancy down. Mr Beeken informed the Board that the STP had recently recognised this as exemplary practice, as well as ambulance handover times, which has traditionally been strong at the Trust, and which has caused pressures at other Trusts due to the effect of COVID-19 and winter pressures on their urgent care pathways.

156/20 **Care at Home**

Ms Oum proposed that both the Walsall Together Partnership Board (WTPB) Highlight Report and Care at Home Executive Report were taken at the same time. The Board took the latter report as read, noting it covered the Board Assurance Framework (BAF), and performance elements of this strategic objective, as well as the Integrated Care Partnership requirement, all of which had also been discussed at WTPB.

Mrs Baines, Chair of WTPB, informed the Board that in keeping with the COVID-19 governance plan, the meeting on 18th November was also shortened in terms of agenda items and time to allow executives and partners to focus on the second wave of COVID-19. The COVID-19 vaccination programme dominated discussion, with the primary care networks leading those discussions and requesting a Walsall Together integrated care

approach given the size and scale of the roll-out, which all partners were in support of.

Mrs Baines noted that, notwithstanding the abridged meeting, the Committee gained assurance around a number of aspects of continued activity for all partners, which was possible due to the evolving nature of the performance data being presented by the partners, illustrating maturing integrated working. Mr Fradgley pointed out that social care data is now being reported in the pack for first time. The risk with respect to swabbing in care homes had been mitigated with Black Country Pathology Services, however the major risk remains the availability of funding. Partners are beginning to look at how they can work together to use resources differently, and these conversations will continue in order to mitigate this risk.

Mr Fradgley noted that community performance is strong and reiterated the numbers of patients who are medically stable for discharge remain at a reduced level. The pattern of demand and delivery within Community Services remains in place with lower referrals, more hours of service delivery and a more complex caseload. The Care Coordination Centre formally detached from Rapid Response on 9th November, providing increased capacity for call handling and receipt of urgent referrals. Both are performing well. Care Home performance in the second wave was better than the first, with lower death rates.

Mr Fradgley pointed out that demand and capacity on community services is growing exponentially, and next year's contracting round will need to recognise the need to upscale resources.

Mrs Baines and Mr Fradgley drew the Board's attention to the overview of the requirements to obtain Integrated Care Provider (ICP) status, which was included in the Board pack. Work to transition the existing Walsall Together partnership to a formal ICP contract has mobilised across multiple workstreams. In the context of growing pressures across the system, each workstream is in the process of confirming the specific deliverables required to operate in shadow form from 1st April versus what is required in advance of the formal contract variation. NHSE/I have requested that the Walsall Together Partnership Board undertakes a self-assessment in accordance with the NHSE/I transaction guidance by 8th January 2021. This will be the main focus of the partnership over the coming meetings.

Mrs Bradbury, referring to the maternity continuity of carer project approved by WTPB, requested that QPES is made aware of any service redesigns to ensure oversight of quality impact assessments. Mr Fradgley agreed and advised that the ICP governance structure will mandate closer Board Committee working with the ICP on all areas of the balanced scorecard.

Ms Oum wished to understand the risks to the model and the impact of those working from home and not close to locality teams. She also queried how we ensure services are shifted out of the hospital and how the resources follow that once the ICP is formalised. Mr Fradgley agreed that the lack of co-location of the locality teams currently has posed a challenge and there is some organisational development work underway in those teams now to support collaborative work. With respect to resources

flowing with the ICP, he advised that partners will need to contribute resources, but stressed that that may also mean that Trust funds may also be spent on 'non-health' areas such as social prescribing. In terms of the hospital partnership, the integrated front door, medically stable for discharge and flow through Emergency Department pathways are all working well and are strong. The next ambition, which is bold and has not been done in the Black Country, is to commit to move as much as possible the function of outpatients from the hospital into a place based part of the organisation. More detail on this is likely to come to the Board in quarter 4 of this year.

157/20 **Work Closely with Partners**

Mr Hobbs presented the Work Closely with Partners executive report covering the BAF risk and Improvement Programme elements of this strategic objective, noting that the first round of clinical fellowship appointments were made as a result of partnership working this week, which will benefit within medicine the middle grade rotas in particular.

Members of the Trust Board fully supported and **approved the Diagnostic Imaging Network configuration** that places the Trust within Diagnostic Imaging Network 'Midlands 1 - The Black Country' alongside The Dudley Group NHS Foundation Trust, Royal Wolverhampton and Sandwell & West Birmingham NHS Trust.

Mrs Baines enquired as to how the partnership working seen thus far aligns to the wider Trust collaboration, and working with Royal Wolverhampton as a first stage in this. Mr Hobbs responded that the collaborative working groups will continue to look at functional collaboration and other areas where there is a mutual desire to work together, however the more formal collaboration would serve to provide more pace to these areas.

GOVERNANCE AND WELL LED

158/20 **COVID-19 Evaluation – Lessons Learned**

Mrs Augustine presented the lessons learned paper, which was an amalgamation of experiences and lessons learned from internal evaluations, board walks and executive visits. Mrs Augustine explained that as we are in the midst of the second wave, the aim is to ensure that the learning that was gathered following the first wave has been applied to practice during the second. An independent external evaluation was recommended to demonstrate this.

Mrs Bradbury stressed that staff are going through the second wave now and it is difficult to draw a line under wave one and look at what can be done better next time; staff are living it now. She called for assurance that staff are aware that we have listened to them and we are making changes in real time to support them. Mr Beeken advised that there is regular communication to staff, however that may not be as focused or discrete as it should be on the lessons learned, therefore he will ensure a 'you said, we did' communication was developed for staff.

Action: A 'you said, we did' communication to all staff regarding the lessons learned in wave one of COVID-19, what had changed for the second wave to protect staff, and what will be embedded '#FromNowOn'.

159/20 **Questions from the Public**

Mrs Wilson of Staff Side voiced concerns raised by staff on Trust collaboration. She

urged clarity in the communication to staff that this is not a merger or takeover with Royal Wolverhampton as this is the fear that has been expressed. Mr Beeken assured Mrs Wilson and the Board that the communication will firstly demonstrate that we retain Walsall Healthcare Trust as an organisation, with its own Board and Accountable Officer, accountable to the people of Walsall and staff; and secondly demonstrate the key benefits collaboration can deliver at a greater pace than we have over the last years. Ms Oum felt this communication was important, however staff will have to take assurance from the impact of Trust collaboration, and the improvements that will bring.

The meeting finished at 15.00

Date of Next Meeting

Thursday 4th February 2021

Resolution: The Board resolved to invite the Press and Public to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960.

Ref:	Date	Agenda Item	Action Notes	Who	Due Date	Progress / Comments	Status
042/20	04/06/20	BAF & CRR	The BAF will continue to remain on the Board agenda each month until further notice.	Director of Governance	Monthly	Will remain open action for the agenda for foreseeable future	Open
042/20 Pvt Brd	04/06/2020	Impact of COVID-19 on BAME Colleagues	PODC to review quantitative measures i.e. compliance with completion of risk assessments, and qualitative measures i.e. the quality of the conversations and proportion of assessments resulting in change in workplace practices.	PODC	04/02/2021	<p>Report on agenda for January meeting.</p> <p>Update for 3 December meeting: Discussed at PODC 26/11/20. PODC highlight report provides for next steps and will return to Board in February 2021.</p> <p><i>Verbal update for 5 November meeting:</i> Risk assessments for BAME colleagues at 95%, and for other vulnerable groups at 92%. Overall for all staff the completion rates are at 88%. More analysis and internal discussion is required to provide assurance that those measures noted in a recent audit sample have been, and where appropriate, continue to be in place, and the quality of the conversations which have taken place as part of the assessment process. PODC to discuss in November. Returning to Board in December.</p> <p><i>Update from 1 October Meeting:</i> Action transferred from Private Board 01/10/20. PODC have been updated on quantitative and qualitative measures at the July, August, and September meetings. Further updates will be provided in October and November. Updates have been reported to Board. PODC has requested a process be Committee, and the Trust Board, that workplace practices have changed where appropriate for BAME colleagues as a result of risk assessments. Currently that information is not centrally held, however there is progress on this with Trust Management Board and directorates.</p>	Open

Ref:	Date	Agenda Item	Action Notes	Who	Due Date	Progress / Comments	Status
085/20	03/09/2020	Value our Colleagues	The use of staffing against the use of beds and the costs included within for ease of comparison to be included in future Safe Staffing reports	Director of Nursing	TBC	<p>Verbal update to be provided to February meeting</p> <p><i>Verbal update from November and December meeting:</i> Director of Nursing still working with Finance on this information.</p> <p><i>Update for October meeting:</i> Work is ongoing with finance colleagues with the aim to have data available from October</p>	Open
097/20 (b)	01/10/2020	Value Our Colleagues	Board to be updated on the process and outcomes of the work underway to target support being provided to five key services/departments	Director of People & Culture	04/02/2021	<p>Update for 4 February meeting: Discussed at PODC 28/01/21 and report on agenda for this meeting. Propose closing item.</p> <p>Update for 3 December meeting: Discussed at PODC 26/11/20. PODC highlight report provides for next steps and will return to Board in February 2021.</p> <p><i>Update for November meeting:</i> PODC will receive the full assurance report in December on the outcomes from the Organisational Development work and interventions for each area receiving support. The planned interventions are on schedule.</p>	Complete

Ref:	Date	Agenda Item	Action Notes	Who	Due Date	Progress / Comments	Status
124/20	05/11/2020	CEO's Report	Prioritisation of the Improvement Programme workstreams in light of the second wave of COVID-19 will return to the Board	GA	04/03/2021	<p><u>Not Due</u></p> <p><i>Update for February meeting:</i> An assessment of annual project delivery for each workstream over the next three years is currently underway and will highlight the phasing of projects with the associated benefits and efficiencies. This will enable a more detailed review of potential in year impact and the possible effect on subsequent interdependent project delivery, benefits and efficiencies in years two and three. The outcome of this review will be presented at the Performance, Finance and Investment Committee in February and at the Trust Board in March.</p> <p><i>Update from December Meeting:</i> Impact on benefits will be reviewed by PFIC in December and come back to Board</p>	Open
158/20	03/12/2020	COVID-19 Evaluation Lessons Learned	A 'you said, we did' communication to all staff regarding the lessons learned in wave one of COVID-19, what had changed for the second wave to protect staff, and what will be embedded '#FromNowOn'	GA	04/02/2021	Communication will be completed and circulated to all Staff by week commencing 8th February 2021	Open

MEETING OF THE PUBLIC TRUST BOARD – 4 th February 2021			
Trust Board Chair's Report			AGENDA ITEM: 5
Report Author and Job Title:	Danielle Oum, Trust Board Chair	Responsible Director:	Danielle Oum, Trust Board Chair
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/> Assure <input type="checkbox"/>		
Executive Summary	<p>This is a regular paper providing oversight of Chair and Non-Executive Director activities.</p> <p>The paper includes details of key activities undertaken since the last Trust Board meeting.</p>		
Recommendation	Members of the Trust Board are asked to note the report.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no specific risk implications associated with this report.		
Resource implications	There are no resource implications associated with this report.		
Legal and Equality and Diversity implications	This report sets out the commitment of the Board to equality, diversity and inclusion, and the work the Board has done this month to shape the Equality, Diversity and Inclusion Strategy.		
Strategic Objectives	Safe, high quality care <input checked="" type="checkbox"/>	Care at home <input checked="" type="checkbox"/>	
	Partners <input checked="" type="checkbox"/>	Value colleagues <input checked="" type="checkbox"/>	
	Resources <input checked="" type="checkbox"/>		

CHAIR'S REPORT – 4TH FEBRUARY 2021

1. This is my last Chair's report before I leave the Trust at the end of the month. I am pleased to welcome Junior Henmans who joins us as a Non-Executive and Chair of the People and Organisational Development Committee. I am also pleased that Daren Fradgley has agreed to take on the challenging role of interim Chief Executive, whilst Richard is secondment to Sandwell and West Birmingham NHS Trust.
2. My focus as my term comes to an end has been on supporting Executive and Non-Executive colleagues with the inevitable pressures of the second surge of COVID-19 on top of winter pressures and national COVID-19 vaccination logistics. Board and Board Committee agenda and meeting time continues to be truncated to enable Executives to focus on operations.
3. I was immensely proud that the Trust's Equality, Diversity and Inclusion Strategy, was discussed at the People and Organisational Committee in January. There are some adjustments to be made to the strategy and implementation but I would like to commend the entire organisation who has worked hard to develop it. It has been particularly important to me as the Trust Chair that this strategy provides our colleagues with the best possible place to work and to grow.
4. I am also proud that our Trust has taken the first step towards a Black Country approach by forming a strategic collaboration with The Royal Wolverhampton NHS Trust. There will undoubtedly be challenges as the two Trusts work together but the potential benefits to be reaped for our patients and colleagues are immense.
5. Finally I would like to pay tribute to two Board members who have made such significant contributions to the work of the Trust. Phil Gayle chaired the People and Organisational Development Committee and has overseen the increased focus around assurance of improvements in organisational culture and organisational development. Richard Beeken led the Trust out of CQC special measures and his leadership has enabled the unlocking of ingrained cultural, financial and performance issues within the Trust. The progress Richard has achieved in the partnership and collaboration arena, via Walsall Together and the collaboration with The Royal Wolverhampton NHS Trust, has laid firm foundations for service relevance, responsiveness and sustainability. It has been a great privilege to work with both Richard and Phil; I wish them every success for the future.

MEETING OF THE PUBLIC TRUST BOARD – 4th February 2021			
Chief Executive's Report			AGENDA ITEM: 6
Report Author and Job Title:	Richard Beeken, Chief Executive Officer	Responsible Director:	Richard Beeken, Chief Executive Officer
Action Required	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/> Assure <input type="checkbox"/>		
Executive Summary	This report provides the Chief Executive's (CEO) overview of the risks to delivery of the Trust strategic objectives, together with actions the CEO is leading and sponsoring, to address gaps in controls and assurance. It provides the Trust Board with a view into the delivery of our strategic objectives through the rapidly changing external tactical and strategic context, in particular the immediate context of the COVID pandemic.		
Recommendation	Members of the Trust Board are asked to: <ul style="list-style-type: none"> • Note the content of the report • Discuss its contents • Debate whether there need to be any changes to the focus and actions of the CEO as reflected in this report 		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	This report sets out the key risks to the delivery of our Trust strategic objectives and describes the CEO's personal areas of focus and action to mitigate those risks. The Board are invited to discuss the report and any changes it wishes to see in accountable officer focus in the coming weeks and months.		
Resource implications	There are no resource implications associated with this paper.		

Legal and Equality and Diversity implications	There are no legal or equality and diversity implications associated with this paper.	
Strategic Objectives	Safe, high quality care <input checked="" type="checkbox"/>	Care at home <input checked="" type="checkbox"/>
	Partners <input checked="" type="checkbox"/>	Value colleagues <input checked="" type="checkbox"/>
	Resources <input checked="" type="checkbox"/>	

CHIEF EXECUTIVE'S REPORT – 4TH FEBRUARY 2021

1. EXECUTIVE SUMMARY

COVID-19 dominates the landscape this month, as it did the last time the Board met. As I write this report, the impact of the second wave and in particular, the inability of the regional tier system to control the spread of the virus, has left the Black Country and Birmingham systems significantly challenged. When the Board last met, we were experiencing COVID-19 activity levels at 85% of the April 2020 peak. In Walsall, that has now reached 143% and shows no sign of quickly abating.

The pressure felt by and borne by, our staff, is incredible. There is a patient acuity challenge and an emotional toll, together with physical exhaustion, that this acuity and intensity brings.

Despite the pressure and the challenges, I am hugely proud of our team and how they have achieved the following over the last few months:

- Maintained such strong ambulance handover performance compared to most, that we received written thanks for this from both West Midlands Ambulance Service NHS FT as well as the NHSE/I regional team
- Delivered and maintained an innovative staff health and wellbeing offer which has been commended by our staff side partners
- Set up and delivered the most successful hospital COVID-19 vaccination hub in the Midlands region, prioritising citizens over the age of 80, care home workers and health & social care front line staff
- Maintained and developed community services resilience and innovation, such that other Trusts have asked for advice from our teams on how to establish, for example, credible “long COVID” services and COVID-19 oximetry discharge pathways
- Maintained urgent elective and cancer surgery despite having, at present, a critical care occupancy of 250% against baseline

This is a commendable list and just the tip of an iceberg of things of which we can be proud. We want to keep learning as a team and as a result, the “You said, we did” process we have established and are publishing to our staff, honestly sets out where we have met staff expectation throughout the pandemic, and where we have not.

COVID-19 Board Assurance Framework attached at Appendix 1 highlights the significant risks that the Trust is managing at the current time.

2. BOARD ASSURANCE FRAMEWORK

2.1 Provide Safe, High Quality Care

The Trust has submitted its formal action plan following the CQC focused inspection of maternity and emergency services. The Quality, Patient Experience and Safety Committee (QPES) scrutinised the plan and approved it.

Linked to the CQC inspection findings, we have an important task as a Trust to improve our quality governance at sub-Board (tier 2) and Divisional level, both through the lens of standardising processes to best practice and improving the robustness and streamlining of assurance information in patient safety and clinical effectiveness. This work will be managed through the well-led/governance workstream of our #FromNowOn programme, with some extremely useful external support provided by NHSE/I in helping us to establish those improvements. I encourage all Board colleagues to challenge ourselves on the establishment of a clear plan for governance improvement and seek assurance on progress throughout. The Audit Committee will have a clear role to play in this.

2.2 Care at Home

The biggest risk our directly governed community services currently face is the significant excess of demand for admission avoidance, discharge facilitation and new, COVID-19 related services, set against baseline supply. The Walsall Together Partnership Board has carefully risk assessed all its services and redeployed resources to the areas of greatest urgent need and/or risk. This systematic approach will be reaffirmed again via the ethics committee and can be scrutinised via QPES as required for assurance processes. The stark facts are however, that COVID-19 oximetry, discharge to assess beds and admission

avoidance services have occupancy rates of 200% or more, which will be difficult to sustain without consequences.

Another risk to highlight for the Board is that of the financial envelope and resourcing for community services as a result of the COVID-19 legacy. There will be an ongoing need to develop, for example, long COVID-19 services and a need to continue to maintain healthy bed occupancy at the Manor Hospital for restoration and recovery purposes. When this gets quantified in resource terms, set against what we understand to be a very challenging backdrop of NHS investment from national government in 2021/22, then a systematic and evidence based prioritisation and risk assessment process will be required. The Walsall Together Partnership Board will establish a sub-group to examine developments and necessary investments against likely income quantum. The need to use block contract flexibilities across all of “place” has never been greater.

2.3 Work Closely with partners

I am pleased that, despite our current challenges operationally, we continue to be able to move forward elements of our strategic partnership with The Royal Wolverhampton NHS Trust (RWT). A draft memorandum of understanding has been jointly drawn up. A commitment has been made to meet in March to start to conjoin the improvement programmes of the two Trusts and also to align corporate and clinical governance to best practice, wherever appropriate.

For understandable operational pressure reasons, the proposed programme Board between all 4 acute hospital Trusts in the Black Country & West Birmingham system has been deferred. Despite this, I will commit the organisation to follow through on its agreed Board resolutions both in respect of our bi-lateral arrangements with RWT and to develop resilience and improvements in acute hospital services across the system via the multi-lateral collaboration. The post COVID-19 recovery agenda necessitates it and we must not allow ourselves to fall back into the separate, Trust level approach of the past. This will not meet our population’s needs or expectations.

2.4 Value our Colleagues

The big focus of our attention since the Board last met has been the establishment of the Manor Hospital COVID-19 vaccine hub. For the first six weeks of its operation, it was the most productive hospital hub in the Midlands region and has allowed us to vaccinate a significant percentage of patients over the age of 80, care home workers and our own staff in health and social care. The hub also provided vital vaccinations to front line workers and high risk staff in six NHS Trusts locally and has been heralded by the national team as an exemplar in its design and implementation. There is a risk that we continue to manage regarding service user upset at the national vaccine strategy change on the timescale for 2nd (booster) doses and staff remain frustrated but in large part understanding, of that change.

Two significant, extant risks remain in this sphere. COVID-19 has further exposed the need for us to mitigate the risk associated with sub-optimal leadership capacity and skills across the Trust. In addition, our chronic workforce shortages have been cruelly exposed during the pandemic, leading to unsustainable discretionary effort from existing staff.

I am delighted that we are now using the combined skills of our local partnerships to recruit to clinical and other support roles at the Trust with Walsall Housing Group. I am also delighted that we have been able to secure significant pump prime funding from the national team to help with registered nurse international recruitment. The executive team are confident that both, very different initiatives will be successful in mitigating the recruitment risk. Progressing with the planned and extensive management and leadership development programme will be essential to mitigate the leadership skills risk and reinforce our work on developing a just culture in the Trust. We will proceed with this programme despite operational pressures, as we have already deferred it twice.

2.5 Use Resources Well

I am pleased that through good command and control financial governance and through executing carefully compiled winter plans well, we are still on track to meet our financial plan for the year despite the activity and acuity surges we are facing.

The challenge for next financial year looks significant, however. The signals from national sources appear to be pointing to a financial envelope, once we exit level 4 national incident, similar to the 2019/20 baseline. This will leave little or nothing for elective recovery or, as I stated above, development or investment in our Walsall Together partnership to tackle the inherent health inequalities we face. I suspect there will follow a time consuming and difficult, parallel process established nationally for declaring resource requirements for the recovery agenda. We must work hard as a Board to ensure our request is not just adequate for the task, but also focused not exclusively on recovery of acute hospital services.

3. RECOMMENDATIONS

The Board are asked to note and discuss the content of this report and determine whether there should be any changes to those set out in this report, to the focus and attention of the Chief Executive Officer in the immediate future.

Risk Summary		
BAF Reference and Summary Title:	BAF 06 COVID - This risk has the potential to impact on all of the Trusts Strategic Objectives.	
Risk Description:	The impact of Covid-19 and recovering from the initial wave of the pandemic on our clinical and managerial operations is such that it prevents the organisation from delivering its strategic objectives and annual priorities.	
Lead Director:	Chief Operating Officer	Supported By:
Lead Committee:	All Executive Directors	
Links to Corporate Risk Register:	Title	Current Risk Score
	2051- Inability to mitigate the impact of Covid-19, results in possible harm and poor patient experience to the people of Walsall. 2066- There is a risk of lack of skilled registered nurses (RN's)/registered midwives (RM's) on a shift by shift basis affecting our ability to consistently maintain delivery of excellent standards of care 2093- Risk of staff contracting COVID-19 through the course of their duties in Walsall Healthcare NHS Trust 2095- Inability of the NHS supply chain to provide an adequate and on-going supply of PPE to meet the demand to ensure that Walsall Healthcare NHS staff are fully protected during the Covid-19 pandemic. 208 – Failure to achieve 4 hour wait as per National Performance Target of 95% resulting in patient safety, experience and performance risks (Risk score = 16) 2081- Operational expenditure incurred during the current financial year exceeds income allocations, which results in the Trust being unable to deliver a break even financial plan. (Risk Score =16) 2082-Failure to realise the benefits associated with the outcomes of the improvement programme work-streams, results in the Trust not delivering efficiencies required to attain agreed financial control targets, and deliver financial balance without central support, which therefore impacts on the Trusts ability to deliver financial and clinical sustainability. (Risk Score =16)	25 (Catastrophic)

Risk Scoring								
Quarter	Q1	Q2	Q3	Q4	Rationale for Risk Level	Target Risk Level (Risk Appetite)		Target Date
Likelihood:	4	4	4		<ul style="list-style-type: none"> Covid-19 is a novel virus and therefore there is only an emerging understanding of the disease, how it behaves and the likely trajectory of further resurgence in cases. The initial wave of Covid-19 had a profound impact on the services that the Trust provides, both in terms of urgent, emergency and critical care services to manage covid-19 positive patients (in the hospital and the community), and in terms of the reduction in capacity of elective care services. The initial wave had a particularly significant impact on care home residents within the Borough's population. The initial wave of Covid-19 had a profound impact on the workforce of the Trust. By May 2020, almost 1 in 4 Trust staff who have undergone a Covid-19 Antibody test have been antibody positive suggesting a significant proportion of the workforce has experienced the disease themselves. Moreover, the challenges of managing the initial wave of the pandemic has had significant psychological impact on staff too. The Trust is operating in a uncertain financial planning environment resulting in additional challenges to restoring and recovering services impacted by the initial wave of Covid-19, and planning for the 2021/22 financial year. Covid-19 has exposed existing significant health inequalities in the population the Trust serves. Covid-19 has exacerbated some existing inequalities in colleague experience within the Trust. 43 probable or definite Nosocomial deaths reported in Learning from Nosocomial Covid deaths report received at QPES 27/08/20 Planning assumptions for a second wave of Covid-19 cases assumed a peak at half the level of the April peak. In November 2020 the Trust exceeded 80% of the April peak in terms of Covid-19 positive bed occupancy. In January 2021 the Trust has exceed 140% of the April peak. The Trust has had the 7th highest proportion of its hospital beds occupied by Covid-19 positive patients in the country in early November. The Trust has consistently had one of the highest Critical Care bed occupancy relative to baseline commissioned capacity across the Midlands region during the second wave. In January 2021 Critical Care bed occupancy has exceeded 250% of baseline commissioned capacity The Trust has been successful in rolling out the Pfizer Vaccine to Patients, and staff across Health and Social Care. 	Likelihood:	2	31 March 2021
Consequence:	5	5	5	Consequence:		5		
Risk Level:	20 (Major)	20 (Major)	20 (Major)			Risk Level:	10 (Moderate)	

Control and Assurance Framework 3 Lines of Defence			
	1 st Line of Defence	2 nd Line of Defence	3 rd Line of Defence
Controls:	<p>Governance:</p> <ul style="list-style-type: none"> Incident Command structure in place incorporating Strategic Command, Hospital Tactical Command, Walsall Together Community Tactical Command and Corporate Tactical Command. Bespoke Incident Command structure in place for Covid-19 Vaccination programme. Governance continuity plan in place to ensure Board and the Committees continue to receive assurance. Specific Covid-19 related SOPs and guidelines ITU Surge Plan in place Covid Streaming processes in place Enhanced Health and Safety/IPC Process in place in relation to Covid-19, with particular focus on social distancing, patient/staff, screening, zoning of Ward/Department areas, visiting guidance and PPE Guidance 	<ul style="list-style-type: none"> Individual committees consider specific impact relevant to their portfolio, i.e. Financial matters and Restoration and Recovery of elective services under PFIC; Quality, Safety and Patient experience matters under QPES and Workforce matters including staff wellbeing under P&ODC. Board Development sessions (x2) on approach to Restoration and Recovery. UEC and Covid resilience Winter Plan approved by Trust Board. Covid-19 Deaths incorporated into SJR processes <p>Nosocomial Covid-19 Infections are subjected to RCA and reported to the Infection Control Committee</p>	<ul style="list-style-type: none"> Regional and National Incident Control structure.
Gaps in Control	<ul style="list-style-type: none"> Walsall borough disproportionately hard hit in second wave again. 7th highest proportion of beds occupied by Covid positive patients in the country, in early November 2020. One of the highest Critical Care bed occupancy levels relative to baseline funded Critical capacity in the Midlands Critical Care Network throughout waves 2a in the Autumn of 2020 and 2b over the Winter of 2020. Resurgence of Covid-19 cases has coincided with Winter pressures resulting in severe pressures on the emergency care pathway, and stretching the RN, medical and WHP workforce significantly. Significantly increased Critical Care demand resulting in a dilution of ratios of specialist Critical Care Nurses to patients, partially mitigated through use of Category B and Category C registrants. Significant reduction in elective surgical operating theatre capacity due to requirement to support Critical Care staffing, resulting in prolonged waits for elective surgery. Ability for neighbouring Trust's to manage demand from patients conveyed by ambulance resulting in additional ambulance patients being conveyed to Walsall Manor through WMAS Intelligent Conveyancing protocol. National directives and mandates impact on the Trust's ability to make local decisions. Ability of the Midlands Critical Care Network to successfully manage demand Critical Care demand across the region. Unable to progress all elements of the improvement programme owing to capacity of senior leaders. Comprehensive OD/Culture Improvement plan. 		

Assurance:	<ul style="list-style-type: none"> • IPC Board Assurance Framework 	<ul style="list-style-type: none"> • Nosocomial Covid-19 infection rate in line with peer-reviewed published evidence • Antibody positive staff rate in line with BCWB peers. • Financial top up requests in line (or lower) as a proportion of turnover than BCWB peers. • Faculty of Research and Clinical Education evaluation of response to first wave 	<ul style="list-style-type: none"> • Cancer waiting times in line with national average • Elective waiting times upper quartile for Diagnostics (DM01) and routine elective treatment (18-week Referral to Treatment) nationally • Elective 52-week wait performance 3rd best in the Midlands. • Ambulance handover times and 12-hour Decision to Admit trolley wait performance amongst the best in the Midlands. • CQC Assurance of the IPC Board Assurance Framework
Gaps in Assurance	<ul style="list-style-type: none"> • Lack of assurance of communications within the organisation to ensure staff feel well informed and engaged. • Evidence of higher staff absence rates than BCWB peers during initial wave of Covid-19, absence rates consistent with peers in second/third wave. 		

Future Opportunities

- Lead role for the Vaccination Programme through Walsall Together.
- With a more digital/virtual enabled organisation further opportunity to explore clinical application in improvement programme deliverables
- Increased focus on Walsall Together and partnership working to support reduced reliance on hospital care, and to support reduced health inequalities in the borough.
- Covid-19 has necessitated closer collaboration with other Acute hospitals which can continue to be built upon.
- Increased profile and appreciation of the NHS within the general public could be harnessed to attract and retain staff.
- National planning guidance for Phase 3 (Recovery & Transformation) creates an expectation that services must not be reintroduced based on historical models
- Identifying and adapting the workforce and professions to create a modern and adaptable workforce

Future Risks

- Potential for further resurgence in Covid-19 cases.
- Second wave of Covid-19 cases coinciding with Winter pressures including seasonal Influenza and norovirus, and delayed and advanced (in terms of disease progression) presentation of patients that have not accessed healthcare services in recent months.
- Ongoing pressure on community services associated with patients rehabilitating following Covid-19.
- Risk of increase of infections/deaths in care homes and/or lack of timely assessments due to decrease in visits in order to protect residents.
- Delayed and/or prolonged impact of managing the initial wave of the pandemic on staff wellbeing.
- Potential workforce absence in the event of a second wave.
- Limited management and leadership capacity to address core objectives due to the significant demands of managing covid-19 pandemic, and the restoration and recovery of services affected by covid-19.
- More constrained financial operating environment.
- Logistical challenges of delivering the Covid-19 Vaccination.

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	Action Required	Executive Lead	Due Date	Quarter 3 Progress Report	BRAG
1.	Approval of UEC & Covid resilience Winter Plan	COO	Oct 2020	Complete – approved at Trust Board 01/10/20	
2.	Completion of £4.1m UEC & Covid resilience Estate works to promote segregated pathways	COO	Dec 2020	Complete	
3.	Confirmation of M7-M12 Financial income settlement with STP	DoF	Oct 2020	Complete	
4.	Evidence of outcomes of BAME/vulnerable staff risk assessments to be presented to PODC	DoP&C	Nov 2020	Complete	
5.	Re-modelling of impact of second wave on elective activity, waiting time performance and financial position	COO	Dec 2020	Complete	
6.	Confirmation of 2021/22 Financial arrangements	DoF	Feb 2021		

MEETING OF THE TRUST BOARD – 4 th February 2021			
Update on Acute Care Collaboration in the Black Country and West Birmingham Trust Collaboration			AGENDA ITEM: 7
Report Author and Job Title:	Glenda Augustine, Director of Planning & Improvement	Responsible Director:	Richard Beeken, Chief Executive Officer
Action Required	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/> Assure <input type="checkbox"/>		
Executive Summary	<p>The Trust Board approved a formal approach to Acute Care Collaboration (ACC) in the Black Country and West Birmingham (BCWB) at the December 2020 Board meeting. A shared governance arrangement was agreed alongside commitment to a shared programme of priorities to include a clinical programme of change, a shared approach to leadership, workforce and organisational development and a shared programme on efficiency and infrastructure.</p> <p>Since the beginning of January 2021, weekly meetings facilitated by Jo Cadman (Acute Care Collaboration Programme Director) have been held with the Executive Directors leading ACC for the BCWB acute care providers. Plans were in place for an initial meeting on 14th January with Trust Chief Executive Officer, Trust Chair and the respective ACC lead Executive Directors in attendance.</p> <p>The aim of this meeting was to discuss the proposal for a Joint Programme Board and agree membership, the Terms of Reference and consider the proposed priority areas, governance and resourcing. The plan was, following this meeting, a detailed shared paper outlining the agreed programme, formal terms of reference and the timetable for delivery be submitted to all Trust Boards for approval in February 2021.</p> <p>However, due the escalating challenge for all Trusts due to the rapidly increasing response required to meet the COVID-19 demand on services, the decision was taken by the BCWB Sustainable</p>		

	<p>Transformation Partnership leadership team to postpone the meeting on 14th January. There are plans to reconvene the meeting in mid-February if the COVID-19 operational demands decrease to more manageable levels across the system.</p>
<p>Recommendation</p>	<p>The Board is requested to note the plans to progress the Acute Care Collaboration planning and delivery once the operational demands related to COVID-19 abate.</p>
<p>Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline</p>	<p>Acute care Collaboration has the potential to mitigate against the following risks by strengthening the quality and range of clinical services offered to the local population, increasing the skills and competence of the workforce, raising staff morale, supporting recruitment and retention, ensuring the optimal use of resources and maximising risk sharing and economies of scale to ensure organisational objectives are met:</p> <p>BAF Risk 1: <i>The Trust fails to deliver excellence in care outcomes, and/or patient/public experience, which impacts on the Trust’s ability to deliver services which are safe and meet the needs of our local population.</i></p> <p>BAF Risk S03: <i>Failure to integrate functional and organisational form change within the Black Country will result in lack of resilience in workforce and clinical services, potentially damaging the trust’s ability to deliver sustainable high quality care.</i></p> <p>BAF Risk S04: <i>Lack of an Inclusive and open culture impacts on staff morale, staff engagement, staff recruitment, retention and patient care.</i></p> <p>BAF Risk S05: <i>The Trust’s financial sustainability is jeopardised if it cannot deliver the services it provides to their best value. If resources (financial, human, physical assets, and technology) are not utilised to their optimum, opportunities are lost to invest in improving quality of care. Failure to deliver agreed financial targets reduces the ability of the Trust to invest in improving quality of care, and constrains available capital to invest in Estate, Medical Equipment and Technological assets in turn leading to a less productive use of resources.</i></p>

<p>Resource implications</p>	<p>There are resource implications associated with Trust collaboration that, whilst not currently fully defined, include resources associated with overall governance of the collaboration process which may require the establishment of a Programme Board (and the associated subgroups) to oversee the clinical, workforce, operational, corporate, financial, communication and engagement alongside patient and public involvement elements of the agreed collaborative arrangements to ensure the proposed benefits are maximised across all BCWB Trusts.</p>	
<p>Legal and Equality and Diversity implications</p>	<p>The current NHS statutory framework does not provide any specific mechanisms for NHS provider collaboration and advice will be needed to address any legal barriers that may arise in relation to the chosen option for collaboration. There will need to be consideration of a number of areas such as the legal powers for decision-making, employment and pensions, regulatory issues, information governance, procurement and existing contracts.</p> <p>There are also equality and diversity implications related to employment and service delivery. An equality impact assessment would be required to assess the agreed option for collaboration to mitigate against equality and diversity risks in relation to employment and service delivery. Trust collaboration is likely to provide greater opportunities for increasing and widening employee participation, talent management, personal and professional development. Shared learning across organisations around patient access and the provision of inclusive services for the population we service will be beneficial.</p>	
<p>Strategic Objectives</p>	<p>Safe, high quality care <input checked="" type="checkbox"/></p>	<p>Care at home <input checked="" type="checkbox"/></p>
	<p>Partners <input checked="" type="checkbox"/></p>	<p>Value colleagues <input checked="" type="checkbox"/></p>
	<p>Resources <input type="checkbox"/></p>	

MEETING OF THE PUBLIC TRUST BOARD – 4th February 2021			
Quality, Patient Experience and Safety Committee (QPES) Highlight Report			AGENDA ITEM: 8
Report Author and Job Title:	Trish Mills Trust Secretary	Responsible Director:	Mrs Pamela Bradbury – Chair of QPES (Non-Executive Director).
Action Required	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/> Assure <input checked="" type="checkbox"/>		
Executive Summary	<p>This report provides the key messages from the Quality and Patient Safety Committee meetings held on 17th December 2020 and 28th January 2021. The meeting time and agenda were shortened to allow executives to focus their time on the response to the second wave of COVID-19. Of note are:</p> <ol style="list-style-type: none"> 1. The Committee reviewed the Infection Prevention and Control Board Assurance Framework in December. At that time a root cause analysis review was underway to review 43/221 COVID-19 deaths (as reported to the Trust Board in September 2020) that had followed healthcare associated infection or nosocomial infection based on a positive Coronavirus PCR swab result in patients who had died of any cause. The January meeting was informed that review used a root cause analysis methodology of the deaths during the first phase, finding 10 cases did not include COVID-19 as part 1A on the death certificate; 9 cases attended prior to mandatory testing of all admissions; and 3 cases demonstrated previously unrecognised features of COVID-19 admission. On the basis of this, it is now believed that 21/221 of COVID-19 deaths followed nosocomial infection, not 43. Reviews of COVID-19 deaths continue to take place and will be reported to QPES. 2. The Committee reviewed the BAF S01 for Safe High Quality Care with focus on gaps in assurance. 3. The December and January meeting received detail of the work underway to address concerns raised on Mental Capacity Act assessments, however reporting was only up to August, therefore 		

	<p>the Committee will continue to keep an eye on progress.</p> <ol style="list-style-type: none"> 4. The Annual Chaplaincy Report for 2019-20 was received at the December meeting. The cycle for reporting will be adjusted to ensure the report is current, however the committee commended the amount of work being done by the chaplaincy team to support patients, families and colleagues. 5. CQC action plan was discussed and the Committee has requested an updated position of overdue actions from each executive lead at the February meeting 6. The Committee reviewed the Serious and Adverse Incidents Report in January and sought an update on the triangulation of updates on actions with the improvement programme; and further assurance on the immediate learning that is being put in place as a result of an incident. 7. The Patient Relations and Engagement Quarter 3 report was reviewed in January and the Committee commended the team and the volunteers for supporting patients and colleagues during the pandemic. Whilst PLACE (Patient-Led Assessments of Care) inspections are not currently taking place due to COVID-19, QPES has supported the suggestion for these to take place virtually with the volunteers already on site. 8. The Committee was informed of the extra demand on community services which included the additional support required for people with long Covid which is an ongoing cause for concern; this will be reviewed monthly. In addition there is a lack of community therapy services available due to staff shortage which is being monitored closely. 9. The Ockendon gap analysis was reported to Committee with some outstanding actions which are currently being addressed, with progress monitored in the February meeting. <p>The next meeting of the Committee will take place on 25th February 2021</p>
<p>Recommendation</p>	<p>Members of the Trust Board are asked to note the escalations and any support sought from the Trust Board.</p>
<p>Risk in the BAF or Trust</p>	<p>This report aligns to BAF risk S01 for safe high quality care and</p>

Risk Register	COVID-19 BAF risk S06.	
Resource implications	There are no new resource implications associated with this report.	
Legal, Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper	
Strategic Objectives	Safe, high quality care <input checked="" type="checkbox"/>	Care at home <input type="checkbox"/>
	Partners <input type="checkbox"/>	Value colleagues <input type="checkbox"/>
	Resources <input type="checkbox"/>	

MEETING OF THE PUBLIC TRUST BOARD – 4 th February 2021			
Provide Safe High Quality Care – Executive Update			AGENDA ITEM: 9
Report Author and Job Title:	Ann-Marie Riley, Director of Nursing	Responsible Director:	Ann-Marie Riley, Director of Nursing Matthew Lewis, Medical Director
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/> Assure <input checked="" type="checkbox"/>		
Executive Summary	This report describes the continuing actions that are taking place to support Provide Safe, High Quality Care (SHQC) in the Trust. The report includes details relating to the Board Assurance Framework (BAF), the Corporate Risk Register and the Performance Report, relevant to SHQC.		
Recommendation	<ol style="list-style-type: none"> 1. Note the update to Trust Board on actions taken relating to the Improvement Programme through the Quality, Patient Experience & Safety Committee (QPES) and supporting groups. 2. Note the highlighted updates to BAF risk S01 and related risks on the Corporate Risk Register. 3. Note the relevant updates and assurance in relation to the performance report. 		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	<p>This report highlights updates relevant to Board Assurance Framework (BAF) Risk SO1 and provides assurance or mitigations in place to manage this risk. The related corporate risks are:</p> <p>Risk 208: Failure to achieve 4 hour wait as per National Performance Target of 95% resulting in patient safety, experience and performance risks.</p> <p>Risk 274: Failure to resource backlog maintenance and medical equipment replacement.</p> <p>Risk 2260: Lack of a whole system approach across health and social care for the management of Children and Young People</p>		

	<p>(CYP) in mental health or behavioural crisis which will replace</p> <p>Risk 1986 (Delays in access to Tier 4 in-patient psychiatric care for Children and Young People.</p> <p>Risk 2066: There is a lack of skilled registered nurses and registered midwives on a shift by shift basis affecting our ability to consistently maintain delivery of excellent standards of care, and excellent patient and staff experience.</p>	
Resource implications	Current resource implications relate to the delivery of the Safe High Quality Care improvement programme.	
Legal and Equality Diversity implications	Failure to deliver safe, high quality care may result in further breaches of legal requirements under the Health and Social Care Act 2008	
Strategic Objectives	Safe, high quality care <input checked="" type="checkbox"/>	Care at home <input type="checkbox"/>
	Partners <input type="checkbox"/>	Value colleagues <input checked="" type="checkbox"/>
	Resources <input checked="" type="checkbox"/>	

PROVIDE SAFE HIGH QUALITY CARE – EXECUTIVE UPDATE

1. EXECUTIVE SUMMARY

The delivery of safe, high quality care remains a key priority for the Trust. This priority remains as strong as ever while delivering care in challenging circumstances through the second phase of the COVID-19 pandemic.

The Care Quality Commission (CQC) inspection from September 2020 highlighted specific concerns around Maternity staffing and sepsis management in the Emergency Department (with particular focus on the identification, documentation, monitoring and audit related to sepsis). Action plans are monitored via a number of routes including the Patient Safety Group and Divisional Performance Review meetings, with ongoing oversight at the Quality, Patient Experience and Safety Committee.

2. BOARD ASSURANCE FRAMEWORK (BAF)

Our strategic objective is to deliver excellent quality of care as measured by an outstanding CQC rating by 2022. The BAF for SHQC appears at Appendix 1. The Trust continues to have a low risk appetite for compromising quality and safety of patient care. Key updates on progress over the last month are highlighted below.

2.1. Rationale for current score

The Royal College of Surgeons have now submitted their final report in relation to concerns into audit and data registration. The Surgery Division has developed an action plan in response to the findings that will be monitored and progress overseen via the Clinical Effectiveness Committee.

2.2. Gaps in Controls update

Previous NHSEI review of Maternity regarding insufficient assurance on infection control standards: A provisional date for re-inspection of 8th December was postponed by NHSIE due to pressures of COVID-19. Internal monitoring of performance suggests improvements made have been sustained.

2.3. Future Opportunities

As noted in 4.1 below, we have secured funding to support the recruitment of 20 international nurses via The Royal Wolverhampton Clinical Fellowship Programme with anticipated start dates of April 2021. We are also scoping recruitment of trainee nursing associates in partnership with Walsall Housing Group via their Changing Futures bid to support the ongoing Resilient Communities work.

2.4. Link to Corporate Risk

There are four aligned corporate risks which have been reviewed this month:

- 208 Failure to achieve 4 hour wait as per National Performance Target of 95%, resulting in patient safety, experience and performance risks
- 274 Failure to resource backlog maintenance and medical equipment replacement
- 2066 Lack of registered nurses and midwives - this risk remains at 20 for December 2021 due to increased pressures of COVID19 on staffing resource
- 2260 Lack of a whole system approach across health and social care for the management of Children and Young People (CYP) in mental health or behavioural crisis.

3. PERFORMANCE REPORT

The performance report was discussed at the Quality Performance and Safety Committee. A few key areas to report as follows:

3.1. Mixed sex accommodation breaches

There were no breaches in December 2020.

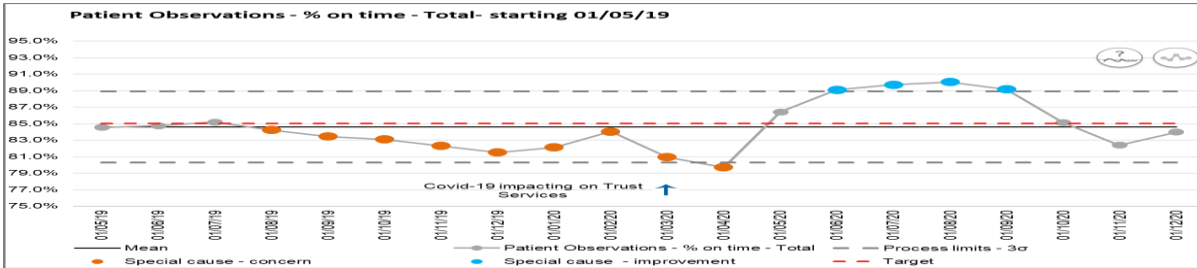
3.2. Clostridium Difficile number of cases

No cases were reported in December 2020.

3.3. % of observations rechecked within time

The prevalence of late observations has slightly improved in month from 82.38% in November 2020 to 83.96% in December 2020 (Chart 1).

Chart 1: % Patient observations completed on time

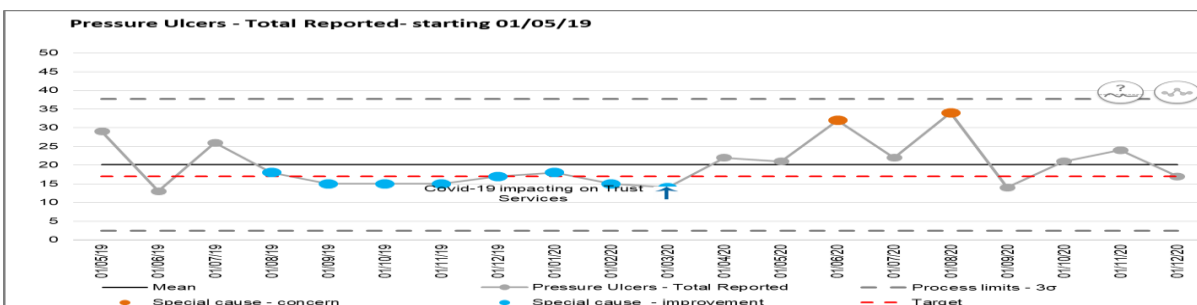


Emergency Department performance is still significantly contributing to the overall performance seen since Medway (electronic patient record system) introduction in the department late last year. This is due to the system default of resetting observations to be recorded two-hourly. Education is continuing with support of the Medway team to resolve ongoing issues and improve compliance.

3.4. Pressure Ulcers

The total number of Trust acquired pressure ulcers in December 2020 is 22; this is a slight decrease from the 25 reported in December 2020 (Chart 2).

Chart 2: Total number of Trust acquired pressure ulcers



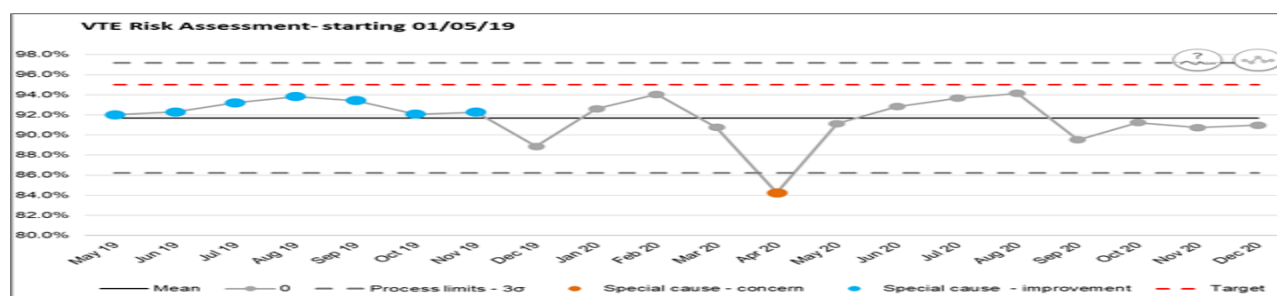
3.5. Number of falls resulting in severe injury or death

No falls with sever harm occurred in December 2020.

3.6. Venous thromboembolism (VTE) assessment

VTE compliance for December was 90.98% which remains below the compliance target of 95% (Chart 3). Most of the IT issues are now resolved or have a resolution plan and focus is now on delivery of timely assessments with plans being considered, with the support of Medway, to make the VTE assessment a mandatory field. Ongoing monitoring of performance and actions is conducted via the Divisional Performance Meetings.

Chart 3: % VTE compliance



3.7. Midwife to Birth ratio

Birth to midwife ratio was 1:28.9 in December 2020 against our current target of 1:28. No adverse incidents were reported in relation to staffing. 1:1 care in labour was maintained for women throughout December.

3.8. Safeguarding Training

Safeguarding Adult levels 1 and 2 compliance is currently being attained at the required level but with a slight drop in adult level 1 (Charts 4 and 5).

Chart 4: Safeguarding adult level 1 - %

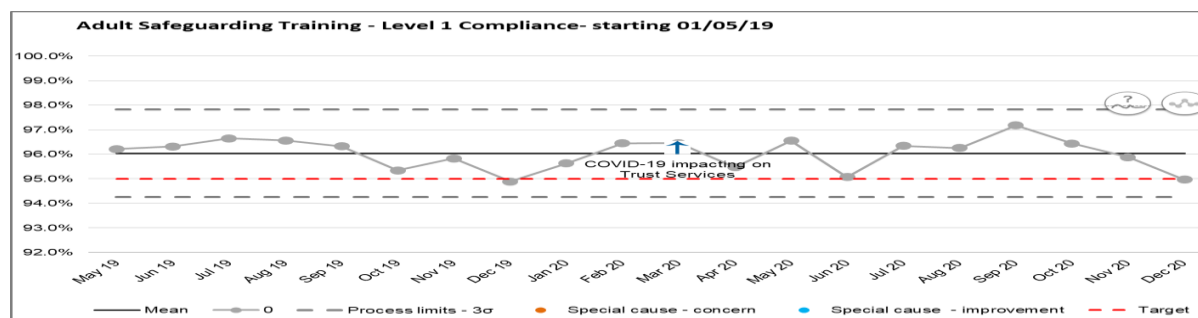


Chart 5: Safeguarding adult level 2 - %

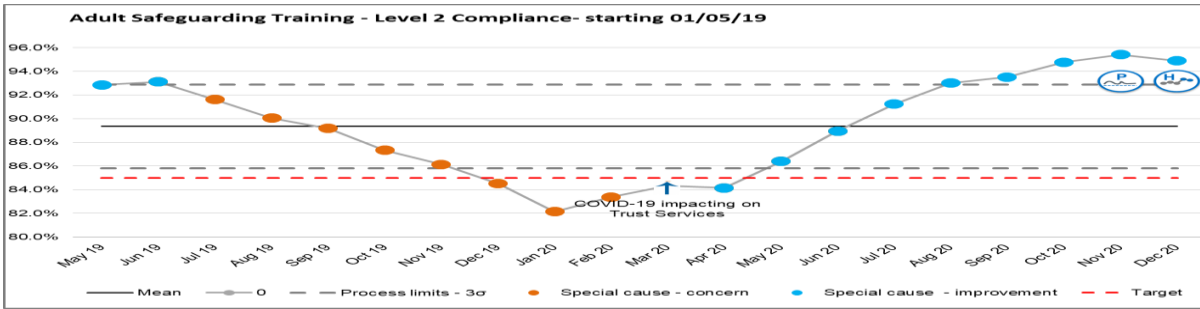


Chart 6 below shows continued increase in safeguarding adults level 3 training but there remains work to do to achieve the target performance. Safeguarding training remains a high priority despite the COVID-19 pressures with sessions delivered via microsoft teams.

Chart 6: Safeguarding adult level 3 - %

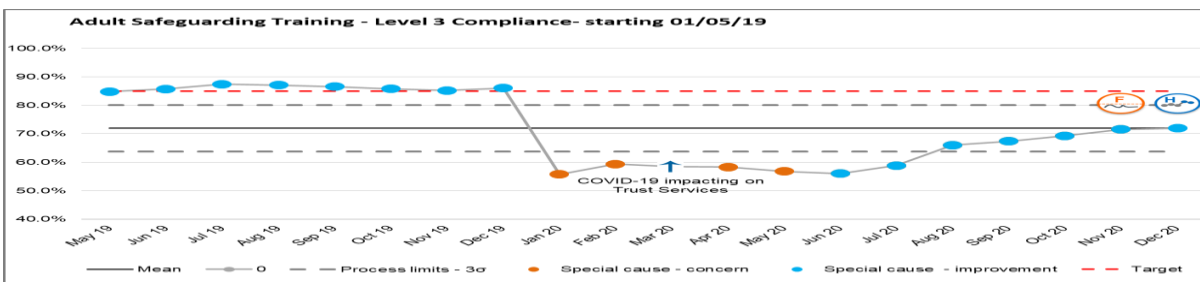


Chart 7 shows safeguarding children level 1 compliance has increased again in month. Safeguarding children level 2 training remains at target (Chart 8).

Chart 7: Safeguarding children level 1 - %

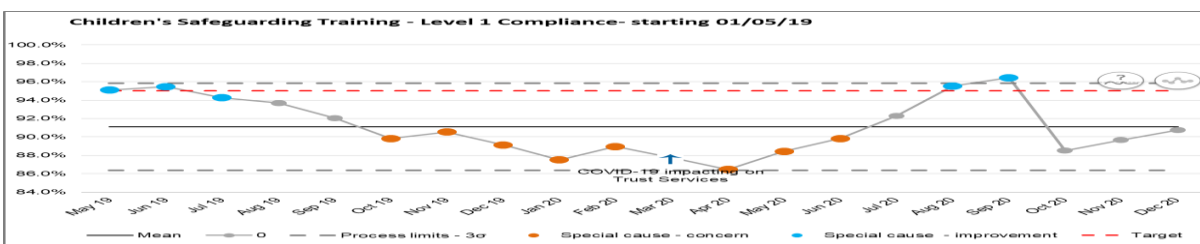
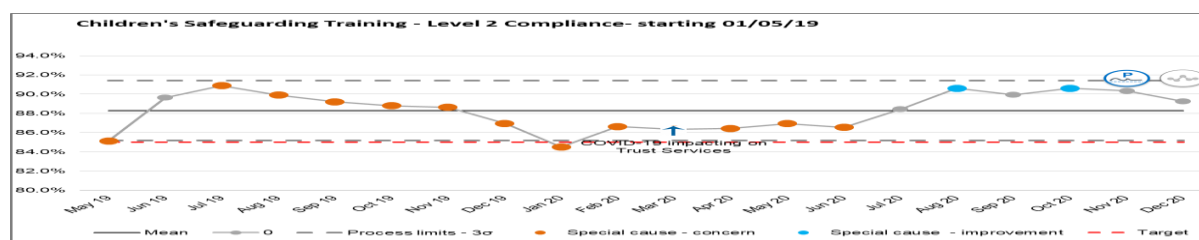
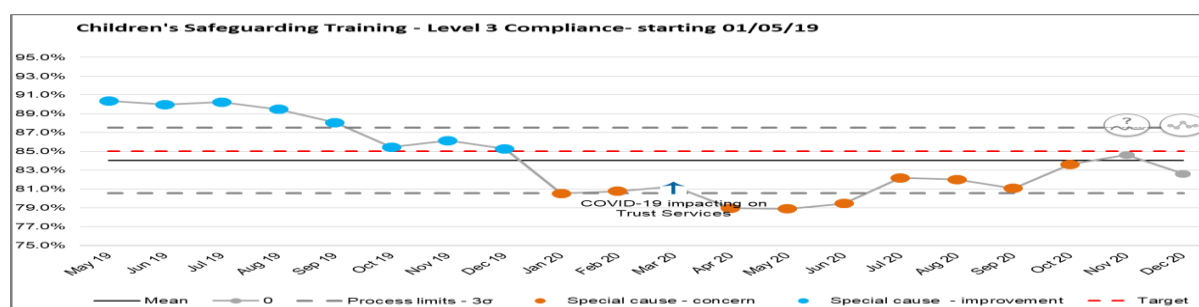


Chart 8: Safeguarding children level 2 - %



Level 3 training has decreased slightly in month (Chart 9). This training is delivered via Microsoft teams.

Chart 9: Safeguarding children level 3 - %



4. IMPROVEMENT PROGRAMME

4.1. Safe Staffing

Walsall Healthcare Trust follows the principles of safe staffing for its wards based on a systematic approach for identifying the organisational, managerial and ward/department factors that support clear identification of staffing requirements.

The ongoing pandemic continues to put additional strain on the staffing resource and skill mix available. We continue to operate our staffing hub which has oversight of the staffing position across acute and community services and the Walsall Healthcare Trust Vaccination Centre. The hub co-ordinates the most appropriate deployment of staff in response to staffing shortfalls, increased acuity and red flag reports to ensure we have the safest possible staffing levels.

Over the last month the Divisional Teams have updated their business continuity plans in relation to Nursing and Midwifery staffing levels and Safety Summit meetings are to be held

with each Division over the coming few weeks to review plans and related quality impact assessments.

The full safe staffing report appears for the Trust Board at this meeting as a separate agenda item, and the Board will note that the Registered Nurse vacancy rate for December is 8%. The Central Recruitment Team have commenced a 'Task and Finish' Group to undertake work related to the Nursing and Midwifery recruitment strategy to ensure that it is aligned to support operational changes and service re-design to ensure the safest staffing levels possible are achieved whilst COVID-19 challenges remain.

We have secured funding to recruit 20 international nurses via the Royal Wolverhampton Hospital Clinical Fellowship Programme, with predicted start dates of April 2021, and have secured part funding for a further 30 international nurses, also with April 2021 start dates, that will need part funding by Walsall Healthcare NHS Trust and this is being progressed.

We are currently scoping recruitment of trainee nursing associates in partnership with Walsall Housing Group via their Changing Futures bid to support the ongoing Resilient Communities work

The establishment review initial findings have now been shared with the Executive Team and will be presented through the relevant Board Committees across February and March.

4.2. Care Excellence Update

The final draft of the Care Excellence Strategy is complete and is awaiting the new Walsall Together care model graphic to be agreed so this can be added to the document.

The final draft of the Nutrition ambition is now complete and is just awaiting graphics to be added to the document. The ambition is planned to launch early February and includes all actions to be considered following a gap analysis against the Report of the Independent Review of NHS Hospital Food (2020).

The development of ambitions relating to tissue viability and maintaining skin integrity, and prevention of falls and maintenance of optimal mobility are now underway and expected to be completed in the next couple of months.

The Continence Steering Group continues to lead on a standardised approach to care plans; training with wards; community skills analyses and review of the continence formulary.

4.3. Care Quality Commission (CQC) action plan

The updated position for actions relevant to the 2019 and 2020 CQC reports was presented at the Quality, Patient Experience and Safety Committee on 28th February. Ongoing monitoring of progress against required actions continues via Divisional Performance Meetings and Patient Safety Group. Whilst the CQC action plan oversight meeting did not meet in December due to COVID-19 related operational pressures, we have worked with Divisional leads to ensure progress is being monitored and robust sign off of completed actions continues.

5. RECOMMENDATIONS

Members of the Trust Board are asked to note the update and progress made relating to the SHQC portfolio.

6. APPENDICES

Appendix 1: BAF Risk S01

Appendix 2: Performance Report

Risk Summary								
BAF Reference and Summary Title:		BAF 1: Safe, high quality care: We will deliver excellent quality of care as measured by an outstanding CQC rating by 2022						
Risk Description:		The Trust fails to deliver excellence in care outcomes, and/or patient/public experience, which impacts on the Trust’s ability to deliver services which are safe and meet the needs of our local population.						
Lead Director:		Director of Nursing			Supported By:		Medical Director	
Lead Committee:		Quality, Patient Experience and Safety Committee						
Links to Corporate Risk Register:		Title					Current Risk Score	
		<ul style="list-style-type: none"> 208 Failure to achieve 4 hour wait as per National Performance Target of 95%, resulting in patient safety, experience and performance risks 274 Failure to resource backlog maintenance and medical equipment replacement 2066 Lack of registered nurses and midwives 2260 Lack of a whole system approach across health and social care for the management of Children and Young People (CYP) in mental health or behavioural crisis. 					20 (High)	
Risk Scoring								
Quarter	Q1	Q2	Q3	Q4	Rationale for Risk Level	Target Risk Level (Risk Appetite)		Target Date
Likelihood:	4	4	5		<ul style="list-style-type: none"> Lack of a clear quality strategy impacts on our ability to accurately monitor and assure care outcomes Significant gap in the Trust’s approach to patient engagement and patient involvement. Impact of pandemic of COVID-19 resulting in changes in practice and delivery of care from central government command and control resulting in reactive policy and clinical practice changes Outstanding CQC Must and Should Do actions from 2019 inspection and new actions from 2020 inspection in Maternity and the Emergency Department Gaps in the number and quality of clinical guidance, policies and procedures to ensure safe and quality care Concerns that have been raised about delivery care through anonymous and overt routes (including safeguarding and CQC) Final report received by the Royal College of Surgeons relating to concerns into audit and data registration Duty of Candour below target performance level 	Likelihood:	2	31 March 2021
Consequence:	5	4	4			Consequence:	5	
Risk Level:	High 20	High 20	High 20			Risk Level:	Mod 10	

					<ul style="list-style-type: none"> • Failure to deliver 7 Day Services to provide uniform levels of care throughout the week • Failure to demonstrate that the trust is identifying and addressing inequalities in health • Delays in cancer diagnosis and treatment pathways • Increased staffing pressures, and impact on staff resilience, caused by increased requirement in ITU, COVID pathway management, sickness absence and outbreak management 		
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Control and Assurance Framework 3 Lines of Defence								
		1 st Line of Defence		2 nd Line of Defence		3 rd Line of Defence		
Controls:		<ul style="list-style-type: none"> • Clinical Guidelines/Policies and Standard Operating Procedures in place • Clinical divisional structures, accountability & quality governance arrangements at Trust, division, care group & service levels • Central staffing hub co-ordinating nurse staffing numbers in line with acuity and activity • Clinical audit programme & monitoring arrangements • Safety Alert process in place • Freedom to speak up process in place • Covid-19 SJR undertaken for all deaths • GIRFT Meetings reinstated • Thrombosis committee reinstated • Agreement and plan to implement the electronic sepsis bundle for adults and children. • Process of assurance for lessons learnt being developed • CQC registration for the regulated activity of assessment or medical treatment for persons detained under the Mental Health Act 1983 at Manor Hospital. 		<ul style="list-style-type: none"> • Patient Experience group in place • Governance and quality standards managed and monitored through the governance structures of the organisation, performance reviews and the CCG/CQC • Learning from death framework supporting local mortality review. • Faculty of Research and Clinical Education (FORCE) established to promote research and professional development in the trust • Perfect Ward app allows local oversight of key performance metrics 		<ul style="list-style-type: none"> • Annual External Audit of Quality Account • CQC Inspection Programme • Process in place with Commissioners to undertake Clinical Quality Review Meetings (CQRM) • NHSEI scrutiny of Covid-19 cases/Nosocomial infections/Trust implementation of Social distancing, Patient/Staff screening and PPE Guidance • Quality Review 6 monthly reviews in place with NHSEI/CQC 		
Gaps in Control		<ul style="list-style-type: none"> • Clinical audit monitoring arrangements to be reviewed and strengthened • VTE performance continues to be below the Trust Target • Deterioration in the Trust's complaints response performance • Mental Capacity Act compliance below the Trusts Standards • Out of date clinical Policies, Procedures and SOP's 						

	<ul style="list-style-type: none"> • Training performance not meeting set targets • Mandatory training below acceptable levels of completion • Quality Impact Assessment process is not yet established within the trust • Preventing future deaths notice for VTE • Sepsis audit frequency and performance • New Electronic Patient Record not yet functioning at full capacity 		
Assurance:	<ul style="list-style-type: none"> • Quality Governance process are in place with oversight and escalation process in place throughout the organisation. Escalations are reported to QPES each month. • Ward Review process in place which provides assurance on the quality of care • Improvement programme in place to oversee and monitor improvements associated with the Trust delivery of Safe, and High Quality Care • Signed SLA with Mental Health Trust to support the organisation to meet the requirements of our CQC registration for the regulated activity of assessment or medical treatment for persons detained under the Mental Health Act 1983 at Manor Hospital. 	<ul style="list-style-type: none"> • Quality, Patient Experience and Safety Committee meets monthly and provides assurance to the Board on quality outcomes • Duty of Candour is reported quarterly, and patient experience is reported monthly to QPES • Patient priorities for 2021 identified, which will form part of Quality Account objectives 	<ul style="list-style-type: none"> • External Performance review meetings in place with NHSEI/CQC/CCG • Monthly Quality meetings with NHSEI and CQC • External review undertaken on the SI processes • CQC report (2019) showed improvement and the Trust was rated as 'outstanding' for caring • NHSI and CCG reviews of IPC practice in ED and Maternity have not highlighted any immediate concerns.
Gaps in Assurance	<ul style="list-style-type: none"> • Outstanding CQC 'MUST' and 'SHOULD' do actions remain outstanding • Trust CQC rating requires improvement • Quality Concerns raised to CQC • A number of national audits outcomes remain below national average • NHSEI review insufficient assurance on infection control standards resulting in RED rating • External audit Assurance relating to the annual quality account has been deferred owing to COVID-19 • Inconsistent evidence both through quality governance structures and performance reviews, of practice having changed as a result of learning from RCAs • Gaps in assurance noted from the recent CQC inspection including management of sepsis and robust audit data; gaps in ability to have two paediatric nurses rostered each shift in paediatric ED • Complaints highlighting failure to deliver consistently high standards of care, poor patient experience • CQC inpatient survey 2019 results • Lack of assurance regarding equality, diversity and inclusion and actions to reduced inequalities • Lack of evidence of risk assessments and quality impact assessments relating to staffing contingency planning and/or activity changes 		
Future Opportunities			
<ul style="list-style-type: none"> • Improvement programme offers consistency in methodologies and documentation used across transformation programmes • Care Excellence Programme offer a structured programme to achieve excellence in care outcomes, patient/public experience and staff experience • Availability and implementation of new technologies as a clinical or diagnostic aid (such as: electronic patient records, e-prescribing and patient tracking; artificial intelligence; 			

telemedicine).

- Development of Prevention Strategy
- Development of a Quality Assurance Framework
- Opportunities to increase baseline registered nursing and trainee nursing associates being scoped. Progression with recruitment of 20 international nurses now in progress

Future Risks

- Resources to deliver the improvement programme.
- Impact of Covid-19 plus additional significant time pressured programmes of work such as COVID vaccination, staff testing etc
- Dependence on the success of interdependencies from other work-streams.
- Failure to develop and maintain relationships with key stakeholders.
- Finance and resources.
- Maintaining alignment between SHQC Programme priorities and the activities taking place in Divisions
- Communications across the organisation to share programme objectives

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)

No.	Action Required	Executive Lead	Due Date	Quarter 3 Progress Report	BRAG
1.	<p>Staffing Risk</p> <ul style="list-style-type: none"> • red flag process being embedded, escalation SOP in development • implementation of Allocate in line with business case, review of KPI's and temporary staff booking reasons • QIA's to be undertaken for every area that has nursing associate role within establishment • Establishment review in progress • Self-assessment against NHSI Developing Workforce Safeguards (2018) underway 	Ann-Marie Riley	30.11.2020	The establishment review has concluded. Outputs from that and the Birthrate plus recommendations discussed at Executive meeting in January 2021 and recommendations to progress through relevant committees in February 2021 Funding secured to recruit 20 international nurses via RWT clinical fellowship model. Predicted start date by April 2021 Discussion underway with WHG to scope recruitment of trainee nursing associates	
2.	<p>Care Excellence</p> <ul style="list-style-type: none"> • Care Excellence strategy in development • Final phase of consultation to take place in September 	Ann-Marie Riley & Matthew Lewis	01/04/21	The Professional Practice Model was chosen by staff. The draft strategy has been drafted, WT logo drafted and out for comments	
3.	<p>Patient Experience</p> <ul style="list-style-type: none"> • Reviewing TOR for patient experience group • We have developed 12 patient priorities – the action plans for these are underdevelopment 	Ann-Marie Riley & Matthew Lewis	1/12/20	These actions are completed	



SAFE, HIGH QUALITY CARE

No.	HSMR (HED) nationally published in arrears
No.	SHMI (HED) nationally published in arrears
No.	MRSA - No. of Cases
No.	Clostridium Difficile - No. of cases
Rate	Pressure Ulcers (category 2, 3, 4 & Unstageables) Hospital Acquired per 1,000 beddays
Rate	Pressure Ulcers (category 2, 3, 4 & Unstageables) Community Acquired per 10,000 CCG Population
Rate	Falls - Rate per 1000 Beddays
No.	Falls - No. of falls resulting in severe injury or death
%	VTE Risk Assessment
No.	National Never Events
Rate	Midwife to Birth Ratio
%	C-Section Rates
%	% of Emergency Readmissions within 30 Days of a discharge from hospital (one month in arrears)
%	Electronic Discharges Summaries (EDS) completed within 48 hours
%	Compliance with MCA 2 Stage Tracking
%	Friends and Family Test - Inpatient (% Recommended)
%	PREVENT Training - Level 1 & 2 Compliance

Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
104.46	105.65	118.77	121.63		
90.53	112.16	99.71			
0	0	0	0	0	0
3	3	2	5	2	0
0.9	0.72	0.49	0.91	0.53	0.61
0.45	0.86	0.24	0.24	0.55	0.28
4.66	5.21	3.26	4.67	4.57	5.02
0	3	1	2	1	0
93.67%	94.15%	89.51%	91.24%	90.74%	90.98%
0	0	0	0	0	0
32.7	30.8	28.5	37.3	31.4	28.9
29.62%	25.42%	30.11%	26.21%	26.58%	33.70%
14.62%	15.53%	13.64%	13.57%	13.26%	
88.73%	87.82%	84.98%	86.65%	85.00%	84.25%
36.84%	85.71%	46.67%	52.38%	25.00%	57.14%
87%	88%	88%	92%	87%	
92.12%	92.91%	93.34%	89.85%	90.15%	90.46%















2020/21 YTD	2020/21 Target	2019/20 YTD	SPC Variance	SPC Assurance
	100			
	100			
0	0	4		
25	26	36		
	6.1			
10	0	20		
91.14%	95.00%	92.22%		
0	0	1		
	28			
29.33%	30.00%	30.16%		
14.19%	10.00%	11.50%		
87.00%	100.00%	84.59%		
57.78%	100.00%	62.61%		
	96%			
	85.00%			

QUALITY, PATIENT EXPERIENCE SAFETY COMMITTEE



%	PREVENT Training - Level 3 Compliance
%	Adult Safeguarding Training - Level 1 Compliance
%	Adult Safeguarding Training - Level 2 Compliance
%	Adult Safeguarding Training - Level 3 Compliance
%	Children's Safeguarding Training - Level 1 Compliance
%	Children's Safeguarding Training - Level 2 Compliance
%	Children's Safeguarding Training - Level 3 Compliance

Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
85.44%	86.79%	86.74%	87.69%	85.49%	85.62%
96.34%	96.26%	97.18%	96.44%	95.88%	94.97%
91.22%	93.01%	93.50%	94.77%	95.40%	94.89%
58.83%	66.01%	67.33%	69.26%	71.50%	71.92%
92.27%	95.53%	96.43%	88.51%	89.65%	90.73%
88.44%	90.60%	89.94%	90.60%	90.35%	89.25%
82.18%	82.00%	81.06%	83.61%	84.61%	82.61%

2020/21 YTD	2020/21 Target	2019/20 YTD	SPC Variance	SPC Assurance
	85.00%			
	95.00%			
	85.00%			
	85.00%			
	95.00%			
	85.00%			
	85.00%			

MEETING OF THE PUBLIC TRUST BOARD – 4 th February 2021			
Ockenden Report and Trust's Self-Assessment			AGENDA ITEM: 8
Report Author and Job Title:	Carla Jones-Charles, Divisional Director of Midwifery, Gynaecology & Sexual health	Responsible Director:	Ann-Marie Riley, Director of Nursing
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/> Assure <input checked="" type="checkbox"/>		
Executive Summary	<p>The Ockendon report was published in December 2020 looking into maternity services at Shrewsbury and Telford Hospital. The report recommended seven Immediate and Essential Actions (IEAs) for all maternity services within England. As part of this the Trust was asked to submit an action plan by the 21st December 2020 and an assessment tool by February 2021. This is attached at Appendix 1.</p> <p>Ockendon also recommends direct access to Board by the Director/Head of Midwifery and the Clinical Director for maternity services so that Board oversight and assurance can be gained.</p> <p>The service will continue to work to implement the full recommendations of the report with the Executive Director of Nursing, the Director of Governance and our LMNS partners.</p>		
Recommendation	The Committee is asked to note the contents of this report.		
Does this report mitigate risk included in the BAF or Trust Risk Registers?	BAF 1: Safe, high quality care: We will deliver excellent quality of care as measured by an outstanding CQC rating by 2022.		
Resource implications	There are no resource implications associated with this report.		
Legal and Equality and Diversity	There are no legal and equality and diversity implications associated with this report.		

implications		
Strategic Objectives	Safe, high quality care <input checked="" type="checkbox"/>	Care at home <input checked="" type="checkbox"/>
	Partners <input checked="" type="checkbox"/>	Value colleagues <input checked="" type="checkbox"/>
	Resources <input checked="" type="checkbox"/>	





Walsall Healthcare Trust

Maternity services assessment and assurance tool

We have devised this tool to support providers to assess their current position against the 7 Immediate and Essential Actions (IEAs) in the [Ockenden Report](#) and provide assurance of *effective* implementation to their boards, Local Maternity System and NHS England and NHS Improvement regional teams. Rather than a tick box exercise, the tool provides a structured process to enable providers to critically evaluate their current position and identify further actions and any support requirements. We have cross referenced the 7 IEAs in the report with the urgent clinical priorities and the [ten Maternity incentive scheme safety actions](#) where appropriate, although it is important that providers consider the full underpinning requirements of each action as set out in the [technical guidance](#).

We want providers to use the publication of the report as an opportunity to objectively review their evidence and outcome measures and consider whether they have *assurance* that the 10 safety actions and 7 IEAs are being met. As part of the assessment process, actions arising out of CQC inspections and any other reviews that have been undertaken of maternity services should also be revisited. This holistic approach should support providers to identify where existing actions and measures that have already been put in place will contribute to meeting the 7 IEAs outlined in the report. We would also like providers to undertake a maternity workforce gap analysis and set out plans to meet Birthrate Plus (BR+) standards and take a refreshed view of the actions set out in the [Morecambe Bay](#) report. We strongly recommend that maternity safety champions and Non-Executive and Executive leads for Maternity are involved in the self-assessment process and that input is sought from the Maternity Voices Partnership Chair to reflect the requirements of IEA 2.

Fundamentally, boards are encouraged to ask themselves whether they really know that mothers and babies are safe in their maternity units and how confident they are that the same tragic outcomes could not happen in their organisation. We expect boards to robustly assess and challenge the assurances provided and would ask providers to consider utilising their internal audit function to provide independent assurance that the process of assessment and evidence provided is sufficiently rigorous. If providers choose not to utilise internal audit to support this assessment, then they may wish to consider including maternity audit activity in their plans for 2020/21.



Walsall Healthcare Trust

Maternity services assessment and assurance tool

Regional Teams will assess the outputs of the self-assessment and will work with providers to understand where the gaps are and provide additional support where this is needed. This will ensure that the 7 IEAs will be implemented with the pace and rigour commensurate with the findings and ensure that mothers and their babies are safe.

Section 1

Immediate and Essential Action 1: Enhanced Safety

Safety in maternity units across England must be strengthened by increasing partnerships between Trusts and within local networks. Neighbouring Trusts must work collaboratively to ensure that local investigations into Serious Incidents (SIs) have regional and Local Maternity System (LMS) oversight.

- Clinical change where required must be embedded across trusts with regional clinical oversight in a timely way. Trusts must be able to provide evidence of this through structured reporting mechanisms e.g. through maternity dashboards. This must be a formal item on LMS agendas at least every 3 months.
- External clinical specialist opinion from outside the Trust (but from within the region), must be mandated for cases of intrapartum fetal death, maternal death, neonatal brain injury and neonatal death.
- All maternity SI reports (and a summary of the key issues) must be sent to the Trust Board and at the same time to the local LMS for scrutiny, oversight and transparency. This must be done at least every 3 months

Link to Maternity Safety actions:

Action 1: Are you using the [National Perinatal Mortality Review Tool](#) to review perinatal deaths to the required standard?

Action 2: Are you submitting data to the Maternity Services Dataset to the required standard?

Action 10: Have you reported 100% of qualifying cases to HSIB and (for 2019/20 births only) reported to [NHS Resolution's Early Notification scheme?](#)

Link to urgent clinical priorities:

(a) A plan to implement the Perinatal Clinical Quality Surveillance Model

(b) All maternity SIs are shared with Trust boards at least monthly and the LMS, in addition to reporting as required to [HSIB](#)

What do we have in place currently to meet all requirements of IEA 1?	Describe how we are using this measurement and reporting to drive improvement?	How do we know that our improvement actions are effective and that we are learning at system and trust level?	What further action do we need to take?	Who and by when?	What resource or support do we need?	How will mitigate risk in the short term?
WHT currently has a joint perinatal mortality review with SATH for PMRT. The SSBN network also monitors quality metrics. The current governance framework means that Maternity SIs are	We currently use the PMRT tool to share learning and findings are used to review processes and influence guidelines and SOPS, to	By monitoring the trends of incidents, themes for examples the number of stillbirths and neonatal deaths. Regular monitoring of action plans which evidence is	Implement use of 'Minimum data measures for Trust board	Director Governance March 2021	Board support	Continue to meet bi-monthly meetings with the Safety Champion

<p>reported quarterly to QPES. These are also discussed weekly in the Trust SI committee which is chaired by the Deputy Medical Director.</p> <p>The LMNS currently does not have a process to undertake reviews of SIs.</p> <p>All incidents meeting HSIB criteria are referred</p> <p>We have now appointed a non-executive director to work alongside the executive safety champion</p>	<p>identify training needs.</p> <p>The joint review reduces bias when reviewing local cases and provides challenge.</p> <p>By looking at themes we are able to drive change</p> <p>Shared learning from SIs across the organisation prompts review of guidelines and processes, including looking at human factors and training.</p> <p>Shared learning from incidents including SIs through the LMNS Quality and Safety Group supports joint guidelines and review of processes.</p>	<p>submitted against before closed.</p> <p>Audits to stress test whether actions completed have made a difference for assurance.</p>	<p>overview' proforma to report to board.</p> <p>Process to be developed to report Maternity SIs directly to Trust Board</p> <p>Develop Maternity dashboard to include 'Minimum data measures for Trust board overview' proforma.</p> <p>Develop clear roles and responsibilities in conjunction with the existing flow chart to</p>	<p>Director Governance – March 2021</p> <p>DDOM/ CD – April 2021</p> <p>Maternity and Obstetric Safety Champions – April 2021</p>	<p>Agreement from the Board regarding the use of this template. Invitation to Trust Board for Maternity Services to present.</p> <p>Executive support</p> <p>Additional Governance Support is required. (1WTE Band 7)</p>	<p>Continue with quality reports at QPES, regular 1:1 updates to Chief Nurse and Director of Governance. With DDoM and Clinical Director.</p> <p>As above</p> <p>Working with the LMNS to have unified dashboard to compare data</p>
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			<p>improve clarity of roles.</p> <p>Audit to confirm that 100% of qualifying cases have been reported to NHS R early notification scheme for 19/20</p> <p>Identify allocated funding (1PA) for PMRT lead</p>	<p>DGA – April 2021</p> <p>DBA – April 2021</p>	<p>Additional governance support (1WTE Band 4)</p> <p>Additional Governance support</p> <p>Additional funding</p>	<p>Flow chart is currently in place which describes floor to board feedback.</p> <p>Assurance that all known cases are submitted.</p> <p>Currently a cost pressure to the care group.</p>
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Immediate and essential action 2: Listening to Women and Families

Maternity services must ensure that women and their families are listened to with their voices heard.

- Trusts must create an independent senior advocate role which reports to both the Trust and the LMS Boards.

- The advocate must be available to families attending follow up meetings with clinicians where concerns about maternity or neonatal care are discussed, particularly where there has been an adverse outcome.
- Each Trust Board must identify a non-executive director who has oversight of maternity services, with specific responsibility for ensuring that women and family voices across the Trust are represented at Board level. They must work collaboratively with their maternity Safety Champions.

Link to Maternity Safety actions:

Action 1: Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?

Action 7: Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership to coproduce local maternity services?

Action 9: Can you demonstrate that the Trust safety champions (obstetrician and midwife) are meeting bimonthly with Board level champions to escalate locally identified issues?

Link to urgent clinical priorities:

- Evidence that you have a robust mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership (MVP) to coproduce local maternity services.
- In addition to the identification of an Executive Director with specific responsibility for maternity services, confirmation of a named non-executive director who will support the Board maternity safety champion bringing a degree of independent challenge to the oversight of maternity and neonatal services and ensuring that the voices of service users and staff are heard.

What do we have in place currently to meet all requirements of IEA 2?	How will we evidence that we are meeting the requirements?	How do we know that these roles are effective?	What further action do we need to take?	Who and by when?	What resource or support do we need?	How will we mitigate risk in the short term?
WHT have bi-monthly MVP meetings. These are currently being held on Teams. An engagement event was held in July to increase membership.	Minutes of meetings, evidence of collaboration, schedules of meetings, presentation from survey findings,	Co-production of services has supported better engagement from service users to improve outcomes for example breast	Allocated budget for MVP chair as per CNST. Independent administrative support for the	CCG - April 2021 CCG – April 2021	Additional funding and CCG support Additional funding and CCG support	Successful bid for non-recurrent funding from the CCG for 2019/2020 to support an engagement event and to remunerate

<p>A questionnaire was developed for service users to further understand their needs and priorities for the service. These actions will be aligned to the maternity services 5 year forward plan.</p> <p>The MVP has a closed Facebook page where WHT share any new development e.g. new leaflets, pathways etc. for comments</p> <p>A 15 steps has been undertaken in the last 12 months and was planned to take place again this year but was suspended due to the pandemic. An action plan was developed and completed after the last 15 steps as part of our co-production.</p> <p>WHT has an Executive Director with specific responsibility for maternity services and a Maternity safety champion for Maternity</p> <p>We also have a Neonatal safety champion.</p> <p>We do not have a named non-executive director.</p>	<p>engagement event and action plan from 15 steps</p>	<p>feeding initiation and support.</p>	<p>MVP group to undertake meetings, action plans and co-ordinate service improvement responses.</p> <p>Appoint a non-executive director work alongside the executive safety champion.</p> <p>Reinstate robust FFT feedback.</p> <p>Continue participation in the Maternity National survey and engagement with MVP regarding the results.</p> <p>Open discussions regarding complaint themes at MVP to ensure user perspective in terms of action plans</p>	<p>Director Governance – March 2021</p> <p>– March 2021</p> <p>DDOM October 2021</p> <p>DDOM – April 2021</p>	<p>Board support</p> <p>Electronic /remote support</p> <p>N/A</p> <p>N/A</p>	<p>the chair</p> <p>DoM has 1:1s with the chair of the MVP and will continue.</p> <p>Resintated for Antenatal patients via text. However, feedback sporadic.</p> <p>N/A</p> <p>Discussions at, Triumvirate meetings at care group and Divisional level.</p>
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Immediate and essential action 3: Staff Training and Working Together

Staff who work together must train together

- Trusts must ensure that multidisciplinary training and working occurs and must provide evidence of it. This evidence must be externally validated through the LMS, 3 times a year.
- Multidisciplinary training and working together must always include twice daily (day and night through the 7-day week) consultant-led and present multidisciplinary ward rounds on the labour ward.
- Trusts must ensure that any external funding allocated for the training of maternity staff, is ring-fenced and used for this purpose only.

Link to Maternity Safety actions:

Action 4: Can you demonstrate an effective system of clinical workforce planning to the required standard?

Action 8: Can you evidence that at least 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session since the launch of MIS year three in December 2019?

Link to urgent clinical priorities:

- (a) Implement consultant led labour ward rounds twice daily (over 24 hours) and 7 days per week.
- (b) The report is clear that joint multi-disciplinary training is vital, and therefore we will be publishing further guidance shortly which must be implemented. In the meantime we are seeking assurance that a MDT training schedule is in place

What do we have in place currently to meet all requirements of IEA 3?	What are our monitoring mechanisms?	Where will compliance with these requirements be reported?	What further action do we need to take?	Who and by when?	What resource or support do we need?	How will we mitigate risk in the short term?
We currently provide twice daily Consultant ward round Monday – Thursday.	Consultant is allocated to Delivery Suite during this time period	This is monitored through the Maternity Dashboard	Review of Consultant rota to facilitate an extension of cover for Friday to Sunday	CD – February 2021	Additional budget to increase Consultant PAs to support the rota following	Plan to pilot Consultant attending ward round twice daily of a weekend by splitting the allocated hourly

<p>We undertake MDT training via PROMPT and quarterly skills drills that involve the MDT.</p> <p>Training schedule is in place for the coming year.</p> <p>Due to the pandemic we have introduced PROMPT on line to facilitate remote training however, have continued to provide face to face skills drills.</p> <p>Currently the care group does not manage the CNST refund or CNST improvement fund</p> <p>There is no allocated funding for maternity services</p>	<p>Monthly and quarterly report for monitoring of training compliance.</p>	<p>Monitored through the Care Group and through CNST</p>	<p>Audit to confirm that ward rounds are being undertaken twice daily</p> <p>Ensure these figures are included on the Trust reporting dashboard</p> <p>Ensure any training funds allocated for clinical staff and Maternity Services are ring fenced for improvements.</p> <p>Business case to be developed by</p>	<p>DDOM – April 2021</p> <p>DBA – April 2021</p> <p>CD Anaesthetics</p>	<p>job plan review</p> <p>Anaesthetic support and resource to achieve full MDT compliance (increased pressure on Anaesthetics due to Covid 19)</p> <p>Allocated funding</p> <p>Additional funding</p>	<p>consultant presence during this time e.g. 3 hours morning and 2 hours evening. This is being achieved due to our birth rate being less than 4000.</p> <p>Risk monitored locally at present. Virtual Prompt has improved compliance.</p> <p>Assurance received following escalation that Maternity services will receive last years CNST Funding. TNAs are undertaken yearly and bids submitted to LMNS for additional funding.</p> <p>Rota is co-ordinated to cover</p>
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			the Anaesthetic team to ensure Consultant cover at every C-section in addition to Consultant Anaesthetist cover on the labour ward.	– December 2021		
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Immediate and essential action 4: Managing Complex Pregnancy

There must be robust pathways in place for managing women with complex pregnancies

Through the development of links with the tertiary level Maternal Medicine Centre there must be agreement reached on the criteria for those cases to be discussed and /or referred to a maternal medicine specialist centre.

- Women with complex pregnancies must have a named consultant lead
- Where a complex pregnancy is identified, there must be early specialist involvement and management plans agreed between the woman and the team

Link to Maternity Safety Actions:

Action 6: Can you demonstrate compliance with all five elements of the Saving Babies’ Lives care bundle Version 2?

Link to urgent clinical priorities:

- All women with complex pregnancy must have a named consultant lead, and mechanisms to regularly audit compliance must be in place.
- Understand what further steps are required by your organisation to support the development of maternal medicine specialist centres.

What do we have in place currently to meet all requirements of IEA 4?	What are our monitoring mechanisms?	Where is this reported?	What further action do we need to take?	Who and by when?	What resources or support do we need?	How will we mitigate risk in the short term?
All women with complex pregnancies have a named Consultant	This is recorded on the woman’s record on BadgerNet (electronic system).	The recent audit was presented to the quality improvement care group meetings	The organisation has commenced working across the LMNS to develop	Lead Consultant OBS – September	LMNS engagement. Financial support for any	Referrals to specialist services are currently undertaken on a

<p>Clear and agreed pathways for referral to tertiary specialist maternity services are in place. This includes Maternal Mental Health.</p>	<p>An audit has recently been conducted and shared. However, this is not yet embedded in the current audit programme</p>	<p>and senior management group meetings.</p>	<p>maternal medicine specialist centres.</p> <p>Develop further pathways for referral to specialist secondary care services</p> <p>Review Antenatal Clinic access for any women requiring consultant care including complex care</p>	<p>2021</p> <p>Lead Consultant OBS – July 2021</p> <p>Lead Consultant OBS– July 2021</p>	<p>amendments for job plans (2PAs)</p> <p>Financial support for any amendments for job plans (2PAs for 6 months)</p> <p>QI improvement programme and additional admin support for Antenatal processes (1WTE Band 4)</p>	<p>case by case basis.</p> <p>Cost pressure currently due to additional PAs and QI academy work for Antenatal clinic</p> <p>Antenatal clinic manager is currently supporting this project</p>
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Immediate and essential action 5: Risk Assessment Throughout Pregnancy

Staff must ensure that women undergo a risk assessment at each contact throughout the pregnancy pathway.

- All women must be formally risk assessed at every antenatal contact so that they have continued access to care provision by the most appropriately trained professional
- Risk assessment must include ongoing review of the intended place of birth, based on the developing clinical picture.

Link to Maternity Safety actions:

Action 6: Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle Version 2?

Link to urgent clinical priorities:

- a) A risk assessment must be completed and recorded at every contact. This must also include ongoing review and discussion of intended place of birth.

This is a key element of the Personalised Care and Support Plan (PSCP). Regular audit mechanisms are in place to assess PCSP compliance.

What do we have in place currently to meet all requirements of IEA 5?	What are our monitoring mechanisms and where are they reported?	Where is this reported?	What further action do we need to take?	Who and by when?	What resources or support do we need?	How will we mitigate risk in the short term?
<p>As per NICE We undertake formal risk assessments at: Booking Consultant review Any admission (Antenatal, Intrapartum and Postnatal) At 36 weeks Risk assessments are completed but not routinely formally risk assessed at every contact.</p> <p>We do not routinely audit PSCP.</p>	<p>Care plans are documented as per NICE on BadgerNet</p> <p>Documentation audit monitors risk assessment in labour</p>	<p>Reported to the quality improvement audit meeting</p>	<p>To work with Clevermed for feasibility regarding adding a prompt question for clinicians asking about changes in risk</p> <p>To be added to forward audit plan and reported as per guidance.</p>	<p>Digital lead Officer – July 2021</p> <p>Audit Lead Consultant – September 2021</p>	<p>Clevermed support</p> <p>Additional governance support</p>	<p>Informal risk assessment completed as per NICE</p> <p>Not applicable</p>

Immediate and essential action 6: Monitoring Fetal Wellbeing

All maternity services must appoint a dedicated Lead Midwife and Lead Obstetrician both with demonstrated expertise to focus on and champion best practice in fetal monitoring.

The Leads must be of sufficient seniority and demonstrated expertise to ensure they are able to effectively lead on: -

- Improving the practice of monitoring fetal wellbeing –
- Consolidating existing knowledge of monitoring fetal wellbeing –
- Keeping abreast of developments in the field –
- Raising the profile of fetal wellbeing monitoring –
- Ensuring that colleagues engaged in fetal wellbeing monitoring are adequately supported –
- Interfacing with external units and agencies to learn about and keep abreast of developments in the field, and to track and introduce best practice.
- The Leads must plan and run regular departmental fetal heart rate (FHR) monitoring meetings and cascade training.
- They should also lead on the review of cases of adverse outcome involving poor FHR interpretation and practice. •
- The Leads must ensure that their maternity service is compliant with the recommendations of [Saving Babies Lives Care Bundle 2](#) and subsequent national

guidelines.

Link to Maternity Safety actions:

Action 6: Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle Version 2?

Action 8: Can you evidence that at least 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session since the launch of MIS year three in December 2019?

Link to urgent clinical priorities:

- a) Implement the saving babies lives bundle. Element 4 already states there needs to be one lead. We are now asking that a second lead is identified so that every unit has a lead midwife and a lead obstetrician in place to lead best practice, learning and support. This will include regular training sessions, review of cases and ensuring compliance with [saving babies lives care bundle 2](#) and national guidelines.

What do we have in place currently to meet all requirements of IEA 6?	How will we evidence that our leads are undertaking the role in full?	What outcomes will we use to demonstrate that our processes are effective?	What further action do we need to take?	Who and by when?	What resources or support do we need?	How will we mitigate risk in the short term?
<p>We have a fetal monitoring lead who works in conjunction with the practice development midwife, looking specifically at fetal monitoring concerns as part of the SBL care bundle. We also have a lead consultant.</p> <p>We audit compliance with SBL on a monthly basis.</p> <p>One to one training is provided after review of incidences as required for both midwives and doctors.</p> <p>WHT undertake case reviews after</p>	<p>The leads produce newsletters, audits for monitoring fetal wellbeing</p> <p>The consultant leads undertake a weekly CTG review with Middle Grade medical staff</p> <p>Adhoc support is provided to the Midwifery team by the SBL Lead Midwife when</p>	<p>Audit results</p> <p>Training compliance</p> <p>Incident trends</p> <p>PMRT findings</p> <p>ATAIN findings</p>	<p>Allocated budget for SBL Consultant lead, CTG Consultant Lead and Consultant Lead for ATAIN as this is currently a cost pressure to the Care Group</p> <p>Allocated budget for SBL Lead Midwife (including CTG and ATAIN) as this is currently funded by the</p>	<p>DBA – April 2021</p> <p>DBA – April 2021</p>	<p>Substantive funding for consultant lead (4PA) recurrently</p> <p>Substantive funding for 1.4WTE band 7</p>	<p>The lead is in place as a cost pressure to the Care Group with funding to be sourced for 20/21</p> <p>Funded by LMNS with funding to be sourced for 20/21</p>

<p>morning ward rounds.</p>	<p>required.</p> <p>Fetal monitoring guidelines have been updated.</p> <p>Implementation of electronic CTG is in process</p> <p>K2 is used within WHT and a SOP has been developed to support this training, this includes 1:1 support if required for all staff.</p> <p>Review of cases from the night before are undertaken after handover</p> <p>Leads attend the CNST monthly meetings to provide updates regarding SBL care bundle 2.</p> <p>SBL shared learning and trends are discussed at the 'Quality and Safety' meeting across the</p>		<p>LMNS</p> <p>Review K2 training process using QI methodology to support shared learning</p>	<p>DDOM – September 2021</p>	<p>QI academy</p>	<p>Not applicable</p>
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	LMNS for benchmarking and best practice					
<p>Immediate and essential action 7: Informed Consent</p> <p>All Trusts must ensure women have ready access to accurate information to enable their informed choice of intended place of birth and mode of birth, including maternal choice for caesarean delivery.</p> <p>All maternity services must ensure the provision to women of accurate and contemporaneous evidence-based information as per national guidance. This must include all aspects of maternity care throughout the antenatal, intrapartum and postnatal periods of care</p> <p>Women must be enabled to participate equally in all decision-making processes and to make informed choices about their care</p> <p>Women's choices following a shared and informed decision-making process must be respected</p>						
<p>Link to Maternity Safety actions:</p> <p>Action 7: Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership to coproduce local maternity services?</p>						
<p>Link to urgent clinical priorities:</p> <p>a) Every trust should have the pathways of care clearly described, in written information in formats consistent with NHS policy and posted on the trust website. An example of good practice is available on the Chelsea and Westminster website.</p>						
What do we have in place currently to meet all requirements of IEA 7?	Where and how often do we report this?	How do we know that our processes are effective?	What further action do we need to take?	Who and by when?	What resources or support do we need?	How will we mitigate risk in the short term?
<p>Pregnancy journey is available to all women who book at WHT via the Maternity BadgerNet App.</p> <p>WHT also have a dedicated Maternity Webpage that discusses</p>	<p>Place of birth is recorded on BadgerNet (electronic system)</p> <p>Pregnancy journey</p>	<p>Audits</p> <p>Maternity Survey</p>	<p>Review and update information currently available to women booking at WHT and add this to the</p>	<p>CGM – April 2021</p>	<p>Communication support</p>	<p>Leaflets on BadgerNet App</p>

services available however, is not as detailed as the exemplar Chelsea and Westminster website.	is on the BadgerNet App		Webpage Pregnancy Journey to be added to Maternity Website	Digital Officer – March 2021	Communication support	This is electronic on the BadgerNet App
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Section 2

MATERNITY WORKFORCE PLANNING

Link to Maternity safety standards:

Action 4: Can you demonstrate an effective system of clinical workforce planning to the required standard

Action 5: Can you demonstrate an effective system of midwifery workforce planning to the required standard?

We are asking providers to undertake a maternity work-force gap analysis, to have a plan in place to meet the Birthrate Plus (BR+) (or equivalent) standard by the 31st January 2021 and to confirm timescales for implementation.

What process have we undertaken?	How have we assured that our plans are robust and realistic?	How will ensure oversight of progress against our plans going forwards?	What further action do we need to take?	Who and by when?	What resources or support do we need?	How will we mitigate risk in the short term?

WHT Midwifery: Currently funded to BirthRate plus of 2016/2017 however, not currently staffed to that level. The BirthRate plus review has been completed in February 2020. A report was presented to the Divisional Board in October 2020 based on 3700 births (delayed due to the pandemic). Discussions have been held with the Chief Nurse, Chief Operating Officer and Director of Finance. The report is awaiting approval at exec level. This will need to be reviewed if deliveries exceed 4000

WHT is currently working with HEE reviewing a developing the role of the Maternity Support Worker and are also engaged with the University of Wolverhampton in a view to commence Midwifery apprenticeship programmes in 2021

Clinical workforce: The current medical workforce would meet the standards for the number of deliveries of less than 4000 apart from the extra 7PAs highlighted within this report. Our current birthrate is approximately 3700 therefore if deliveries exceed 4000 then and additional 2WTE Consultants will need to be recruited.

The paper has been completed and submitted based on Birthrate Plus which his awaiting the exec approval.

Current vacancies are recruited to.

Staffing levels are monitored on a daily, weekly and monthly basis

The new dashboard will be reported to the Trust Board

Approval for funding for Birthrate Plus and additional 7 PAs for the Consultants (additional 7PAs to support the elements within this document)

CNO March 2021

Funding

Birthrate plus does not include any additional resources to support ockendon recommendations and the Care Group medical budget does not currently include the additional 7PAs required to support. These are cost pressures.

MIDWIFERY LEADERSHIP

Please confirm that your Director/Head of Midwifery is responsible and accountable to an executive director and describe how your organisation meets the maternity leadership requirements set out by the Royal College of Midwives in [Strengthening midwifery leadership: a manifesto for better maternity care](#)

Currently the Divisional Director for Midwifery is accountable to the Divisional Director for the Women's, Children's and Clinical Support services Division and professionally accountable to the Director of Nursing. With regards to the RCM Manifesto for Better Maternity Care the Divisional Director of Midwifery role has not been reviewed to this standard however, plans to review this has been discussed within the Divisional Team. With a view to correct the current position within 20/21.

NICE GUIDANCE RELATED TO MATERNITY

We are asking providers to review their approach to NICE guidelines in maternity and provide assurance that these are assessed and implemented where appropriate. Where non-evidenced based guidelines are utilised, the trust must undertake a robust assessment process before implementation and ensure that the decision is clinically justified.

What process do we have in place currently?	Where and how often do we report this?	What assurance do we have that all of our guidelines are clinically appropriate?	What further action do we need to take?	Who and by when?	What resources or support do we need?	How will we mitigate risk in the short term?

<p>All our guidelines are updated against NICE and RCOG. In addition guidelines reflect NHSE/I update as well as perinatal institute</p> <p>The Trust are notified of new guidance through the Trusts governance team. The Care Group will then review the new guidance to update guidelines.</p>	<p>The Care group have a monthly policy group to review guidance. Any updated guidelines are agreed and ratified at the Maternity Governance Group.</p>	<p>This is currently reported to the Maternity Governance Group</p>	<p>Quarterly report regarding updated guidelines to Divisional Quality Board and Senior Management Group meetings.</p>	<p>Lead Consultant Guidelines – April 2021</p>	<p>Additional Governance support (admin)</p>	<p>Closer oversight by the DDoM and CD.</p>
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MEETING OF THE PUBLIC TRUST BOARD – 4 th February 2021			
Walsall Together Partnership Board Highlight Report			AGENDA ITEM: 16
Report Author and Job Title:	Trish Mills Trust Secretary	Responsible Director:	Mrs Anne Baines –Non-Executive Director and Chair – Walsall Together
Action Required	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/> Assure <input type="checkbox"/>		
Executive Summary	<p>The report provides the key messages from the Walsall Together Partnership Board (Partnership Board) meetings on 16th December 2020 and 20th January 2021. The meeting time and agenda were shortened to allow partners to focus their time on the response to the second wave of COVID-19.</p> <p>Key points for the attention of the Trust Board are:</p> <ol style="list-style-type: none"> 1. The Clinical Pathways Leadership Group, who develop and monitor the clinical and operational model, have not been meeting due to the current pressures. The Group is currently being re-designed, and this will be reported to the February meeting. 2. In both December and January, COVID-19 second wave has created service pressures across the partnership around demand, staffing and care capacity. This has been compounded by the significant amount of resource diverted to support the mass vaccination programme. The pressure on community services has significantly increased due to the rise in infection rates. The Partnership Board recognised the significant efforts which the partners are making in very difficult circumstances. It also recognised the importance of partnership working and urged partners to continue to support each other rather than work in silos in times of extremis. 3. The Walsall Together Senior Management Team continues to 		

	<p>meet daily to review any specific issues, either COVID-19 related or usual operational, that require a partnership response or intervention. The Partnership Board emphasised the importance of this mechanism, and thanked the team for their flexibility and dedication.</p> <ol style="list-style-type: none"> 4. Good progress is being made with the COVID-19 vaccination programme, with 75% of over 80's completed, however concerns were raised in relation to supply. The decline rate for the Black, Asian and Minority Ethnic population in the borough was raised, and an engagement and communications strategy is being developed. This risk has been added to the risk register. 5. The transformational programme is currently rated at amber, however significant work continues despite the pressures felt by the teams. 6. An urgent task and finish group has been established to look at the risk to the diabetes service and Care Home Support scheme, and potential investment/disinvestment priorities for the programme to link back to individual partner budgets and/or service provisions. The Walsall Healthcare NHS Trust Performance, Finance and Investment Committee and the Quality, Patient Experience and Quality Committee has been requested to review the risk as it relates to their remit. 7. The Integrated Care Provider Core Team Terms of Reference were approved. <p>Next meeting will take place on 17th February 2021.</p>
Recommendation	Members of the Board are asked to note the report.
Risk in the BAF or Trust Risk Register	This report aligns to the BAF risks for Care at Home (S02) and COVID-19 (S06)
Resource implications	There are no new resource implications associated with this report.
Legal, Equality and	There are no legal, or equality & diversity implications in this paper,

Diversity implications	however the developing approach to health inequalities is noted.	
Strategic Objectives	Safe, high quality care <input checked="" type="checkbox"/>	Care at home <input checked="" type="checkbox"/>
	Partners <input type="checkbox"/>	Value colleagues <input checked="" type="checkbox"/>
	Resources <input checked="" type="checkbox"/>	

MEETING OF THE PUBLIC TRUST BOARD – 4th February 2021			
Care at Home Executive Report			AGENDA ITEM: 12
Report Author and Job Title:	Michelle McManus Walsall Together Acting Head of Transformation	Responsible Director:	Daren Fradgley Executive Director of Integration, Deputy CEO
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/> Assure <input checked="" type="checkbox"/>		
Executive Summary	<p>This report provides an overview performance, risk, assurance, and transformation in the Care at Home Strategic domain. The following attachments provide the evidence pertinent to the board requirements. Detailed discussions in these areas have been covered in the relevant Board Committees this month in addition to that noted in the Partnership Board highlight report.</p> <ul style="list-style-type: none"> • Operational performance for community services and Adult Social Care, provided via the Section 75 (App 1); • The most recent risk and assurance position following significant changes in demand during January 2021 (Appendix 1); • Board Assurance Framework (BAF) for Care at Home (Appendix 2); • An update on the transition to obtain Integrated Care Provider (ICP) status (Appendix 3); <p><u>Performance, Assurance and Risk – Community Services</u></p> <p>COVID-19 continues to create service pressures across the partnership around demand, staffing and care capacity. This is compounded by a significant rise in the community infection rates and discharged patients which are requiring enhanced care and monitoring as a result of the infection rates. The Walsall Together Senior Management Team continues to meet daily to</p>		

review any specific issues, either COVID-19 or operational, that require a partnership response or intervention.

The extent to which pressures on community services have increased during January cannot be over-stated.. Despite this we have seen excellent levels of performance from services under such significant pressure whether that be in urgent access to safe at home pathways and very timely discharge to continued availability in Rapid Response and Care Navigation Services which have continued to provide a clinical safety net during the pressures. Despite this exceptional response and maintenance of flow through the system, backlogs in therapy pathways, demand way above forecast in covid pathways and suspension of less urgent appointments has been an unavoidable position and have been the core focus of the mitigated response The key risks to community services and priorities to maintain service provision are included in Appendix 1 and all relevant Board Committees have been sighted in these risks in January.

ICP Roadmap

Work continues to progress with the transition to a formal Integrated Care Provider (ICP) contract. A Core Team, reporting jointly into the Walsall Together Partnership Board and Walsall Place Commissioning Committee, has been established to deliver the core components required across all functions and partner organisations. Appended to this report is the high-level roadmap; further detail beyond the current financial year is developing as we make progress with understanding the scope of services and the impact of proposed legislative changes which will come into place by April 2022

As reported last month, NHSE/I requested a self-assessment against the Transaction Guidance, which has been identified as a best-fit assurance framework. The initial self-assessment presents Walsall Healthcare as having no significant issues that would delay or stop the transition to ICP status. As agreed with NHSE/I it is considered best practice to focus due diligence through this process although it is not anticipated that any issues will result. The maturity of Walsall Together already places the key foundations for an established ICP contract within Walsall

Healthcare as a lead provider. The final process will include a governance review that aligned the ICP contract with the Trusts committee structure and retains the partnership board as a committee of the Trust Board

The direction of travel to ICP status remains in line with the Walsall Together business case and strategic objectives of Walsall Healthcare. The components that are in scope for 1st April 2021 will involve some reorganisation of services into acute and community contractual schedules but with no change of overall provision or financial envelope of the provision of services outside of the Trust

Beyond April 2021, the Finance & Contracting workstream, led by the Walsall Healthcare Director of Finance and Performance, has identified the full ambition for in-scope services that could transfer into an ICP contract. The additional services proposed to be in scope will fall broadly into the following categories:

- Already provided by Walsall Healthcare NHS Trust
- Not currently provided but minimal financial risk and clear route to provision via an existing provider e.g. Black Country Healthcare
- Not currently provided and with potential increased financial risk

Those that fall into the second or third categories will be subject to full due diligence and will only be included after this is complete and therefore will be phased over the next 14 months.. The due diligence process is to be carried out by Walsall Healthcare NHS Trust & Walsall Clinical Commissioning Group with external support with the scope to be the final schedule of all intended “in scope” services. The outputs of the due diligence will steer a final in/out of scope decision ready for a full contract when the proposed legislation goes live in April 2022. This will be passed through all appropriate committees and sub-committees of the Trust for approval ahead of further progress towards a formal operational integrated care provider and contract.

Given the recent announcement of delayed planning timelines to

	<p>at least the end of Q1 2021/22, additional time for planning will be possible.</p> <p><u>Improvement Programme</u></p> <p>The majority of projects within Care at Home have continued, though with some delays due to staff being diverted to support operational delivery, most notably the outpatients planning phase in support of the transition into Walsall Together.</p> <p>Progress with further aligning the Walsall Together work with the improvement programme has been made and early discussions are in progress to increase the visibility of all Walsall Healthcare projects that are currently reported within Walsall Together. This will ensure alignment with all strategic planning areas including financial and business planning processes.</p>
Recommendation	<p>Members of the Trust Board are asked to note the contents of this report and to note the full detail regarding due diligence on the ICP transition be received via all relevant Board Committees in February.</p>
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	<p>BAF Risk- S03 - Failure to understand population health and inequalities, integrate place-based services and deliver them through a whole population approach would result in a continuation if not widening of health inequalities.</p>
Resource implications	<p>There are no new resources implications associated with this report.</p>
Legal and Equality and Diversity implications	<p>The issue of health inequalities continues to receive growing prominence in all forums across Walsall Together. It is reflected in the strategic objectives of the partnership and the associated BAF risk for Walsall Healthcare. There are multiple workstreams that have given focus to this issue within the forward look programme.</p>
Strategic Objectives	<p>Safe, high quality care <input type="checkbox"/></p> <p>Care at home <input checked="" type="checkbox"/></p>

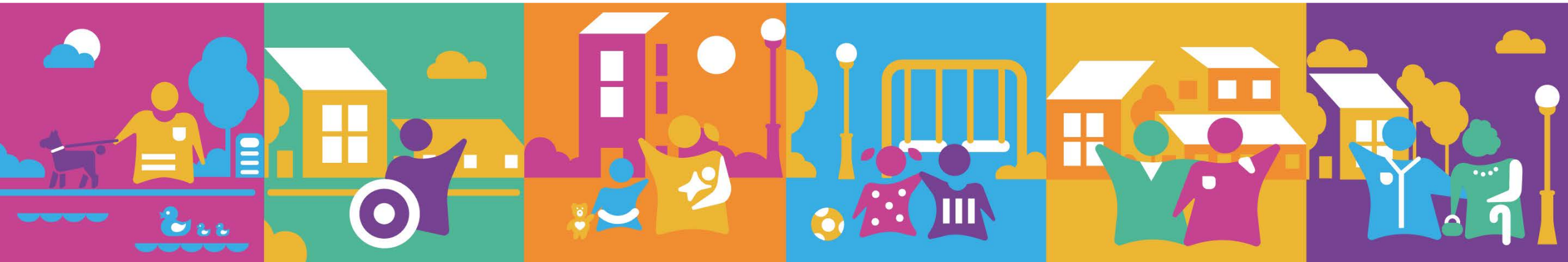
(highlight which Trust Strategic objective this report aims to support)	Partners <input type="checkbox"/>	Value colleagues <input type="checkbox"/>
	Resources <input type="checkbox"/>	





Walsall Community Services January 2021

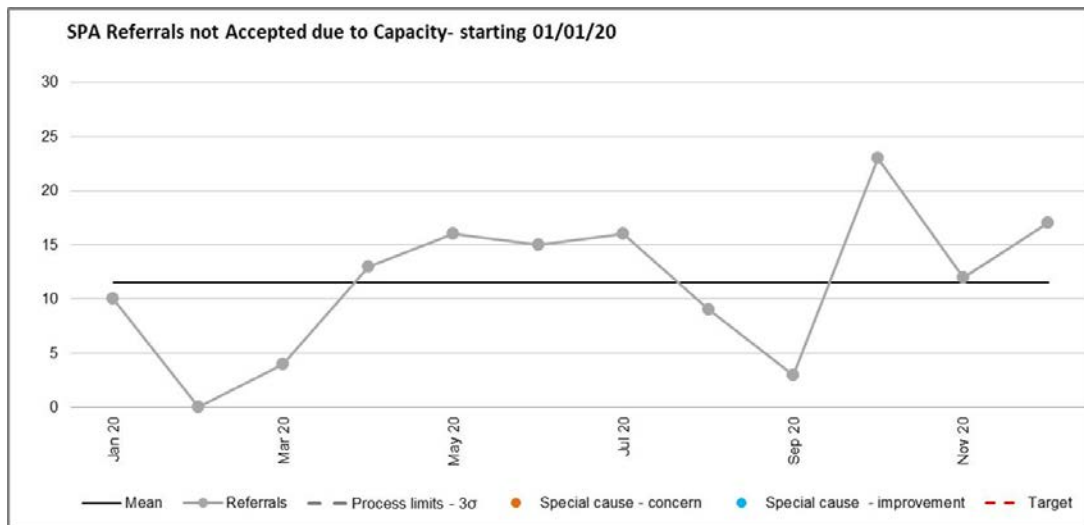
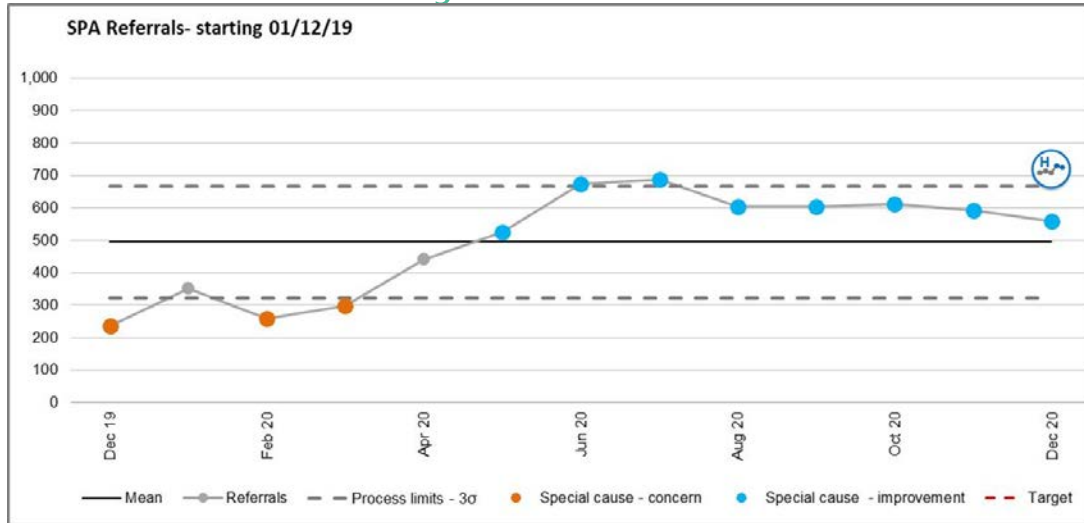
Daren Fradgley
Director of Integration / Deputy CEO



Collaborating for happier communities

Care Navigation Centre:

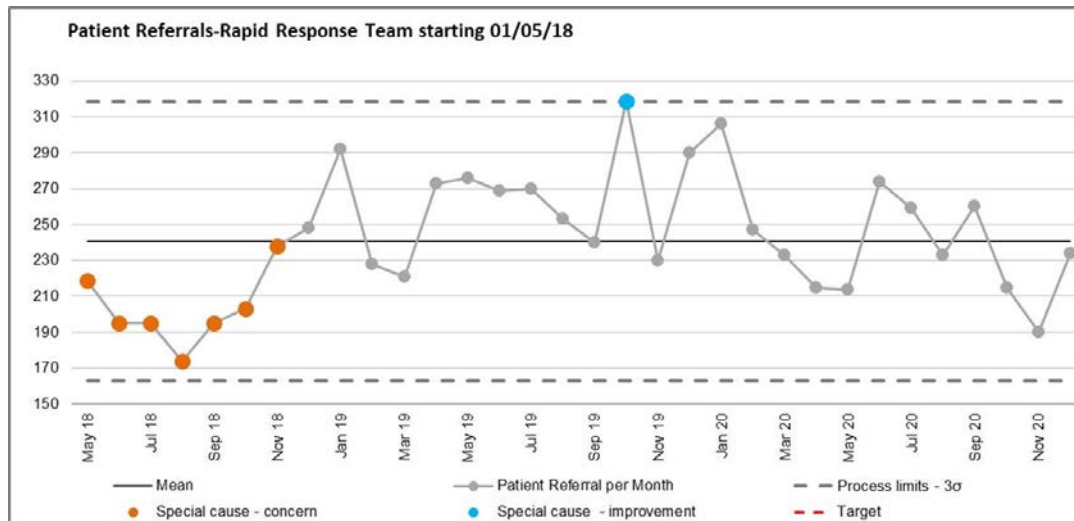
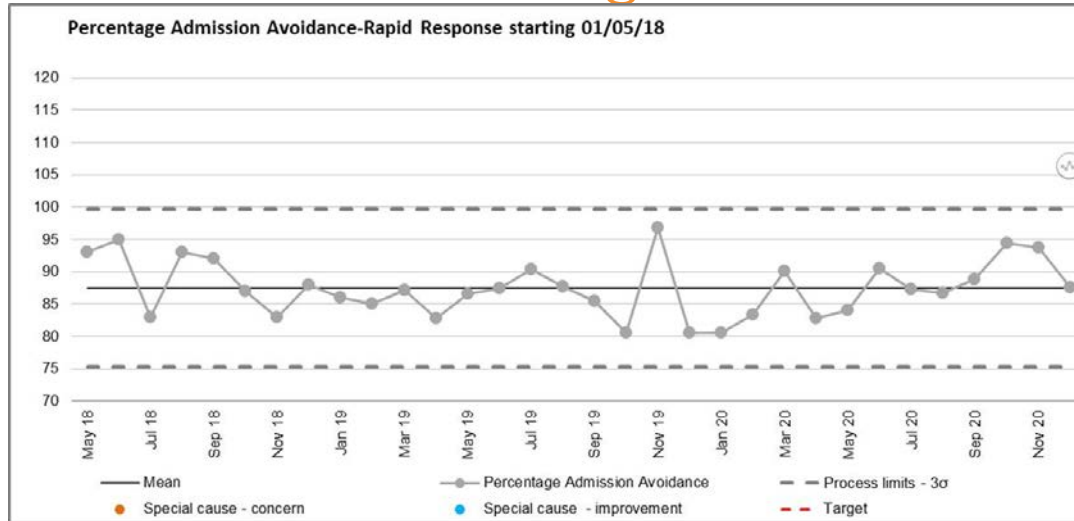
Hours of availability have increased but call volume is static



- While the numbers of referrals into the CNC is static, the additional hours have been used to support new services aimed at monitoring people within their own home, the activity for which is not shown in these figures
- The 'Safe at Home' (S@H) pathway deals with patients with COVID-19 who have been discharged from Walsall Manor Hospital on the basis that they will be monitored by the CNC for three times a day for 2 weeks per patient
- Established in December 2020 for a maximum of 10 patients, this service is now holding up to 66 patients at any one time

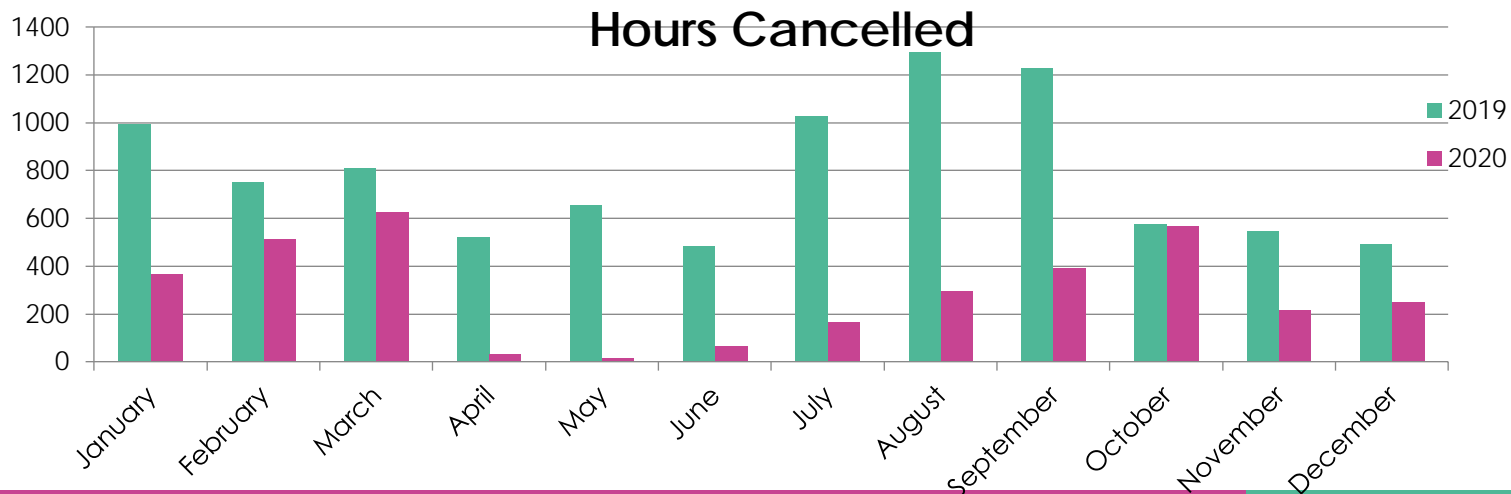
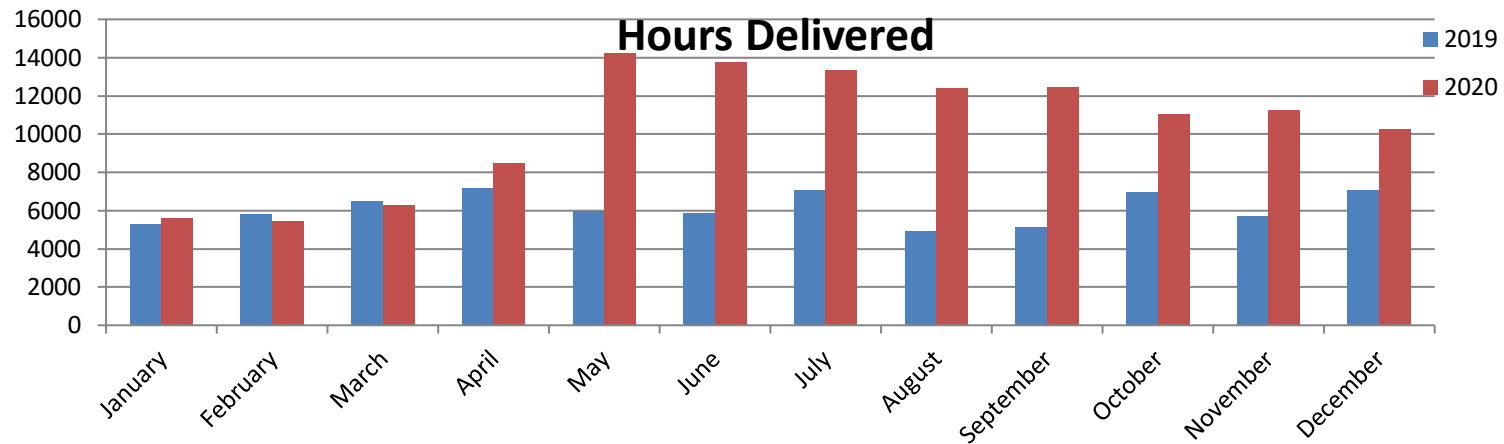
Rapid Response

The service is receiving fewer referrals [impact of CNC]



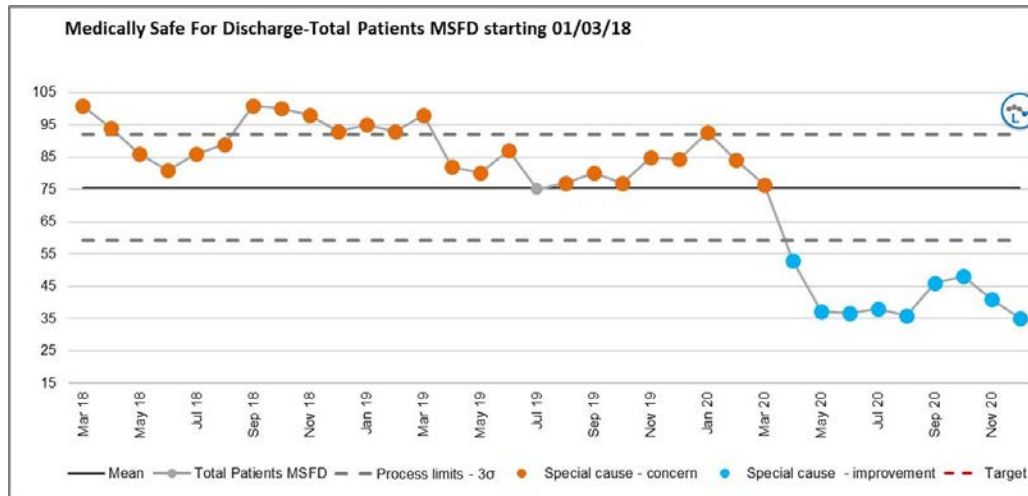
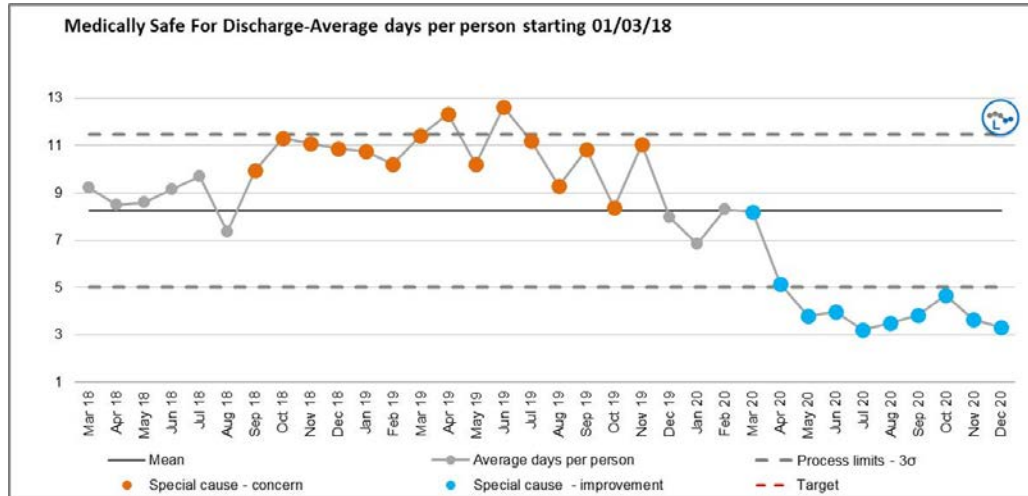
- The trend continues within Rapid Response for fewer referrals to be made into the service. This is due to the ability of the Care Navigation Centre to triage referrals into other services as well as providing advice and guidance
- This change in demand profile has enabled Rapid Response to better deal with staff shortages linked to COVID-19 as well as supporting the Integrated Assessment Hub at the Manor . This has allowed capacity to be retained in this team for urgent clinical safety netting when required within 2 hours

Community Nursing Capacity and Demand: Community Services continue to deliver more hours and cancel less hours of activity than in 2019



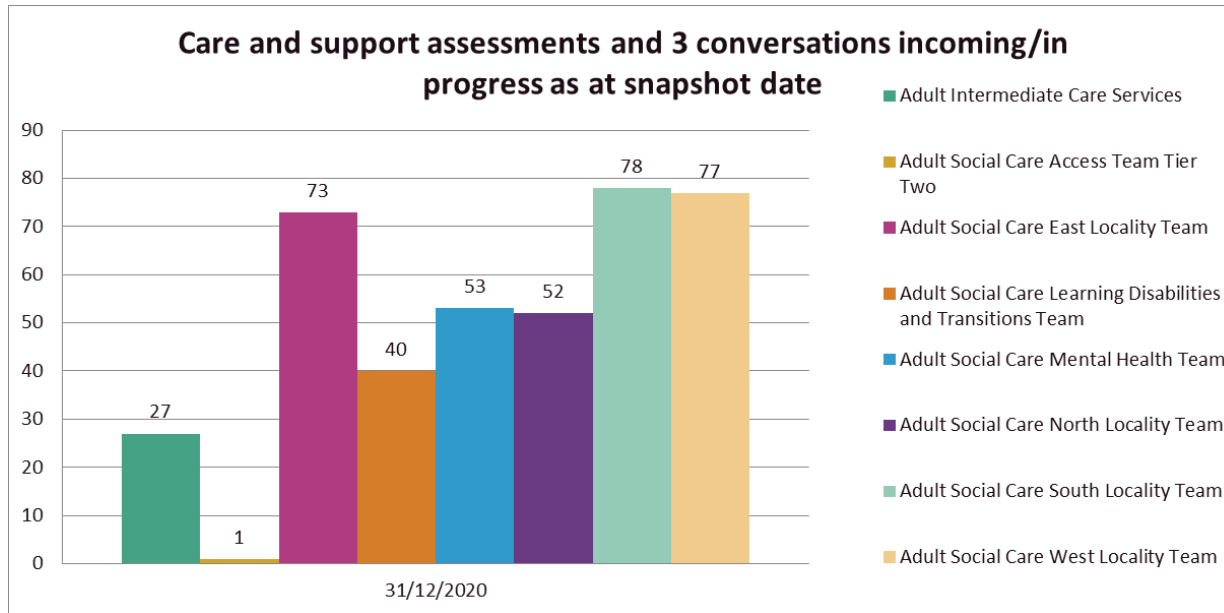
- Despite staffing pressures within teams, Community Services provided more hours of care and cancelled fewer hours than in the previous year
- The capacity of the service is still insufficient to match current demand despite the demonstrable efficiencies

Medically Stable for Discharge (MSFD): numbers remain low



- The number of MSFD patients remains significantly lower than for the same period in the previous year
- Key pressures in the service will be the capacity of the Intermediate Care Service downstream to ensure rapid assessment and planning in order to deal with the volume of demand from the acute sector. The flow through all pathways has also been maintained despite the growing pressures and numbers of patients on the pathways remains at an all-time low

Adult Social Care

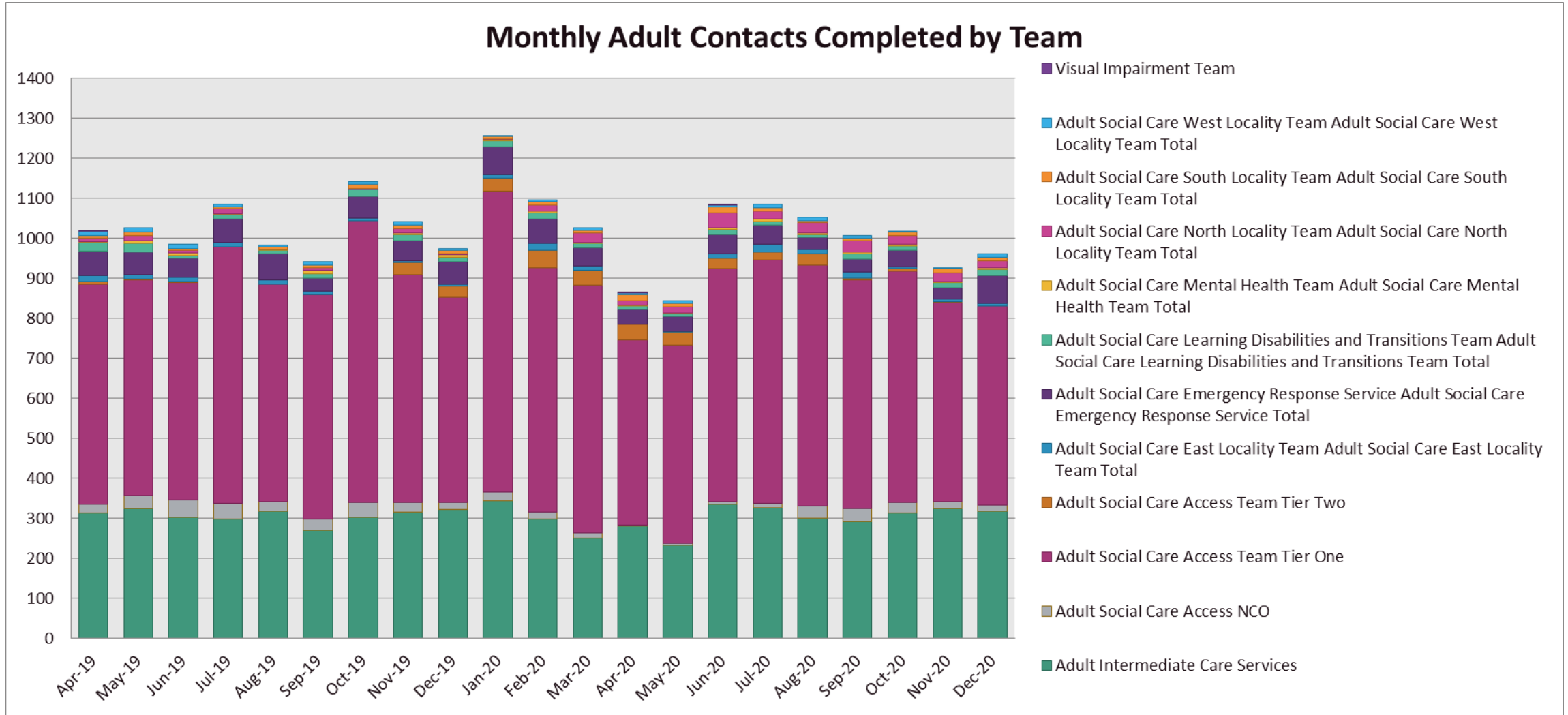


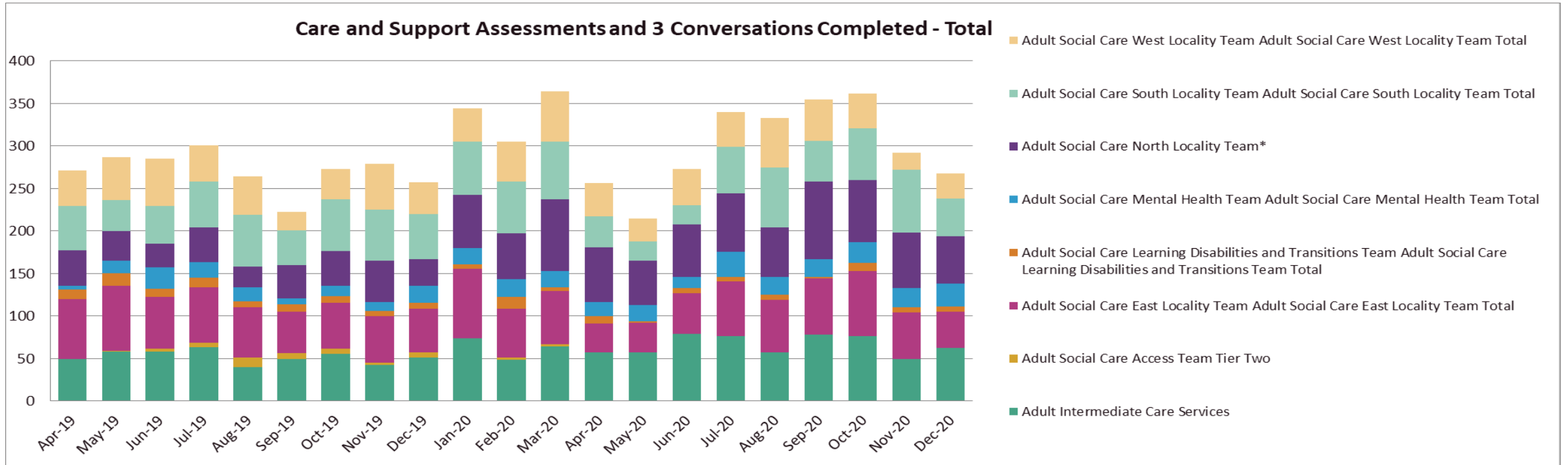
The number of new referrals is slightly higher than last month for our locality teams.

Assessments continue to be screened and prioritised.

Assessments awaiting allocation have reduced again through working in partnership with health teams.

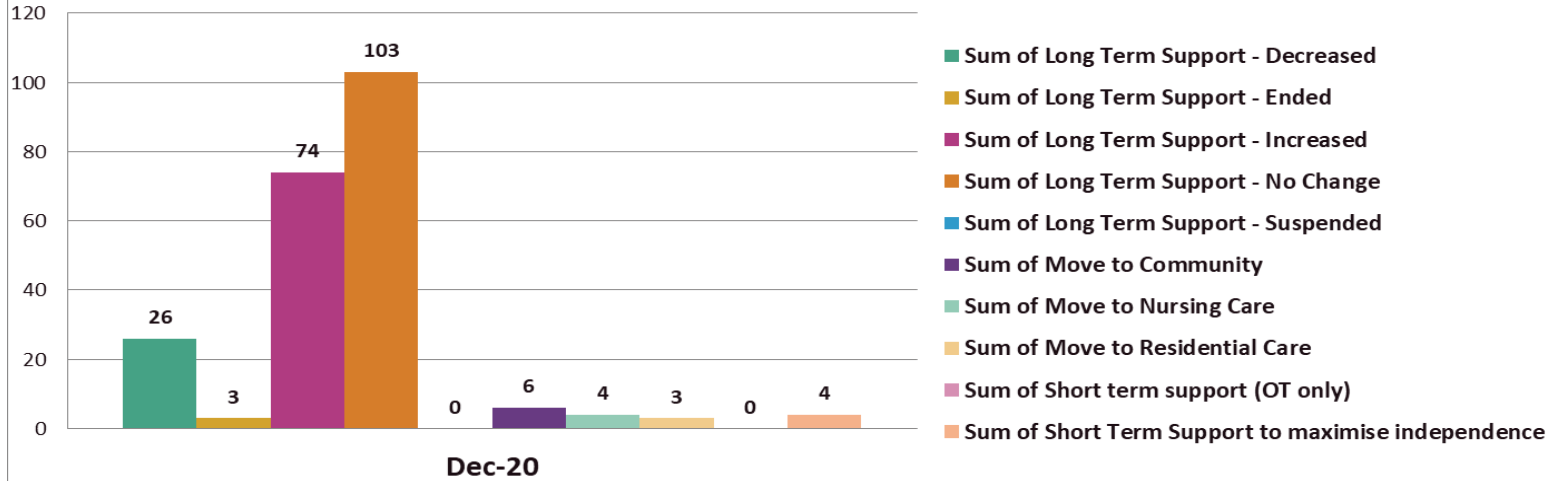
Adult Social Care





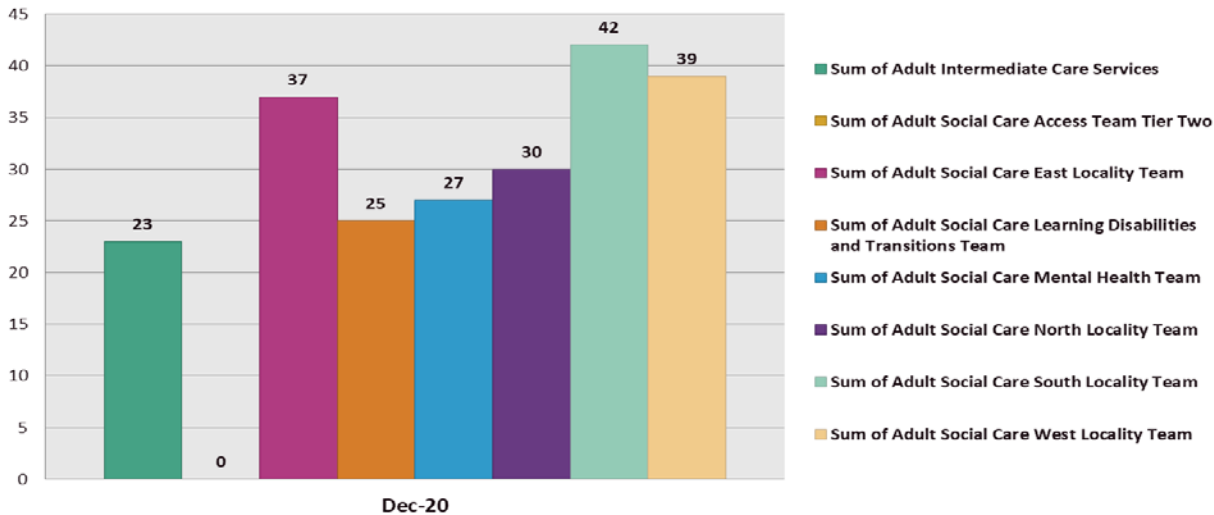
Completed Care and Support assessments have reduced in December due to Christmas and New Year period and staff absences and staff isolating. The focus over Christmas was to respond to crisis work rather than planned work which is normal for this time of year. Recovery in January is well under way.

Initial and Subsequent Review Outcomes



Date	Sum of Total Initial and Subsequent Reviews Completed
Dec-20	223
Grand Total	223

Initial and Subsequent Reviews Completed by Teams

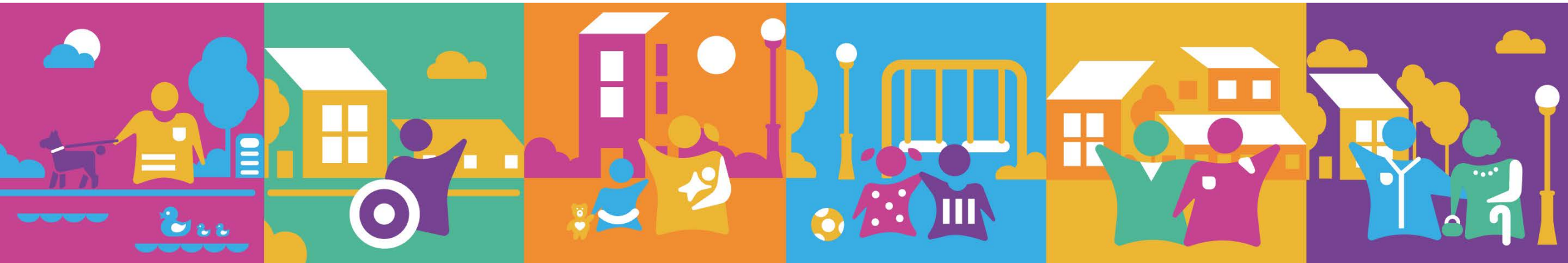


- Completed Care and Support assessments have reduced in December due to Christmas and New Year period and staff absences and staff isolating. The focus over Christmas was to respond to crisis work rather than planned work.
- The outcomes of reviews is of comparison to last month.



Walsall Community Services Response to Operational Pressures

20th January 2021



Collaborating for happier communities

What are the pressures that we are seeking to address? Core Services

Locality Teams		Status	27/01/2021	Status
Absence rate (Av prev 3/12)	21%			
Absence Rate (w/b 18/01/21)	30%		32%	
Daily Hours Cancelled (Av prev 3/12)	15			
Daily Hours Cancelled (w/b 18/01/21)	42		52	
Heart Failure				
Staff in post (Av prev 3/12)	2			
Staff available (w/b 18/01/21)	0		1	
MSK				
Staff redeployed / clinic activity cancelled (av prev 3/12)	0			
Staff redeployed / clinic activity cancelled (w/b 18/01/21)	4 staff		6 staff	
ICS Therapy				
Wait to be seen non-urgent referrals > 4/52 (av prev 3/12)	35			
Wait to be seen non-urgent referrals > 4/52 (w/b 18/01/21)	48		40	
Acute Therapy				
Staffing shortages (av prev 3/12)	10			
Staffing shortages (w/b 18/01/21)	6.2		5.2	

		Status	27/01/2021	Status
Enhanced Care Home Support Team				
Ward rounds in care homes cancelled per week (Av prev 3/12)	1			
Ward rounds in care homes cancelled per week (w/b 18/01/21)	4		0	
Out of Hours Nursing Team				
Nights with no staff cover (av prev 3/12)	1<			
Nights with no staff cover (w/b 18/01/21)	3		0	
Health Visiting & School Nursing				
Staffing shortages service impact (av prev 3/12)	0		0	
Staffing shortages service impact (w/b 18/01/21)	0		0	
Rapid Response				
Service closures / week (av prev 3/12)	1			
Service closures / week (w/b 18/01/21)	1		0	
Locality Rapid Response				
Service not available in any locality / week (av prev 3/12)	2			
Service not available in any locality / week (w/b 18/01/21)	2		0	

What are the pressures that we are seeking to address? Emergent Pressures / New Services

Existing Services

Phlebotomy		Status	27/01/2021	Status
Average Waiting list	150			
Current Waiting list	313		302	
Average Max Waiting time (weeks)	1			
Current Waiting time (weeks)	2		2	

New Services

Safe at Home Pathway		Status	27/01/2021	Status
Planning Assumptions - maximum number of patients	10			
Current patients on caseload	66		54 (3 x calls daily) 12 (1 x call daily)	
Planning Assumptions - volume of daily reviews	30			
Current daily reviews	201		174	
Long COVID-19 Pathway				
Planning Assumptions	350			
Current patients on caseload	557		510	
Integrated Assessment Hub				
Number of patients actively discharged per day	3		3	
Number of patients reviewed and moved into existing discharge pathways per day	4		7	

What are the service priorities?:

- Keeping people at home
 - Resilient Communities
 - Integrated Primary, Health and Care Teams
- Avoiding hospital admission
 - Integrated Primary, Health and Care Teams
 - Specialist Community services
 - Intermediate, Unplanned Crisis Services
- Supporting hospital discharge
 - Resilient Communities
 - Integrated Primary, Health and Care Teams
 - Specialist Community services
- Maintaining community-led in-patient care
- Supporting the Vaccination programme

- There are 4 strands to Community Services which encompass the Rapid Response Team, the Care Navigation Centre, Intermediate Care Services, Community Nurses and the Stroke Rehabilitation and Palliative Care in-patient units. This is core of the Walsall Together model.
- Dealing with growing healthcare need arising from COVID-19 within the community as well as reducing demand on the acute sector means that a balance must be maintained between all 4 strands with none neglected or under-served
- A 5th strand relates to the growing requirement to support the community vaccination programme through work in Care Homes and Domiciliary settings

What are the service risks?

Bed Day Reduction for Walsall Manor Hospital

	Bed reduction New Schemes	Bed reduction Existing Schemes
MSFD	40	
Safe at Home	5	
24 hr IV scheme	4	
Rapid Response		31
Long COVID-19	1	
IAH	12	
Total	62	31

Risk of Clinical Harm in Community

- Patients not seen by Community teams that normally would be and therefore the resultant delays in care
- Reduced support to Care Home residents & staff in relation to infection prevention and complex case management
- Pressure ulcer incidence could increase
- Increased conveyance to hospital as the ability to avoid admission is reduced

Actions to Maintain Service Provision: Keeping People at Home

- The RAG scoring for each Locality team is reviewed daily and staff moved across the borough to support as required
- Services offering planned reviews (eg Continence; Pressure area checks; Diabetes; Podiatry) have curtailed their activity and supported locality teams. This will reduce the amount of cancelled visits and enable the service to return to treat all AMBER patients face to face. The risk to patients within each of these services is being managed daily by the individual service lead. This information is fed through to Community tactical for assurance.
- Focus on self-care: the caseload is being reviewed again to identify those patients who can self-care or receive care from family
- Move to a greater volume of virtual care reviews

What does this involve?

- This will require redeployment of staff to other roles within Community Services. An agreement has been reached with Public Health to reduce the School Nursing activity to move additional resources to localities. Preservation of safeguarding is assured and the covered in the Quality Impact Assessment.
- Moving to cancellation of more Amber patients increases the risk of clinical harm as telephone calls are unable to substitute entirely for a face to face assessment & review. The service has reviewed its caseload over the autumn / winter to undertake a further risk stratification of some cohorts of patients which enables better targeting of patients whose care may not be stepped down
- Services such as Health Visiting and School Nursing will be included in this review [whilst aware of the need to deliver a core service to vulnerable children and families]

Actions to Maintain Service Provision:

Avoiding Hospital Admission

- The Care Navigation Centre (CNC) will expand its hours to 22.00 hrs as more staff commence new roles. The expansion of hours will enable call volumes from an average of 25/day to 45/day. This provides the capacity to expand the S@H pathway as well as to support calls from GPs & WMAS
- Rapid Response will be protected and staff kept in their current roles as an escalation point
- The redeployment of staff within localities will increase the capacity available for the Locality Rapid Response function
- Therapy staff will be redeployed from elective activity to support the Intermediate Care Service (ICS) therapy team
- The integrated Assessment Hub is to be expanded to a 7/7 service which will increase capacity thereby enabling up to 14 more discharges per week

What does this mean For Therapy services?

- Therapy staff will be required to support in-patient and community therapy teams with a reduction in Outpatient, MSK & Paediatric elective provision
- Redeployed Therapy staff will deal with the ICS backlog (650 patients @ 4 weeks to be seen) and allow ICS to deal with all urgent and next day visits to patients who have been discharged. The redeployed staff will mitigate the risk from the backlog but additional funding will be required to sustain the model- This together with staff availability is currently being reviewed
- Bank rates and overtime are already used but this will be maximised where possible
- Therapists will be focused on measures to reduce LOS in both the hospital and community and reduce hospital acquired functional decline.
- Board rounds support will be reduced for a two week period to establish additional capacity to maintain flow. Professional guidance will still be available on request and priority will be given the confirmed discharge planning and MSFD lists.

Actions to Maintain Service Provision:

Supporting Hospital Discharge

- Services aimed at supporting early discharge of COVID-19 patients will be maintained and enhanced (e.g. the S@H pathway will be increased to a max of 50 patients from 10 capacity; the Long COVID-19 pathway now has 575 patients rather than 350)
- Therapists will be focused on direct patient contact on wards
- The Intermediate Care Services discharge activity will continue with the integrity of its current processes respected & protected [Dec 19= 85 x MSFD; Dec 20 = 35 x MSFD]
- Focus is on resilience of existing services rather than creating new pathways or expanding the scope of existing ones (eg Community Services will not be able to provide a domiciliary Oxygen service)

What does this mean for Hospital services?

- The following actions are in progress, but further work is required to ensure full implementation is achieved and benefits realised.
- Wards will be expected to undertake basic mobilisation of patients as they have been trained to do via the BMAT
- Integrated Assessment Hub operate a pull model but there needs to be more emphasis on wards 'pushing', as valuable time is spent walking the wards which could be used on direct patient care and discharge role. It is expecting that this will build over a period of weeks
- Referrals to community should not include work that could be managed better by the referring team (eg. IV antibiotics that could be stopped or changed to orals)
- **Digital Rectal Evacuation:** Community Services are still expected to undertake basic patient care for acute wards. Plan e-learning for Acute Matrons; 1:1 session arranged and Community Services to work through a plan of transition quickly

Actions to Maintain Service Provision:

Maintaining community-led in-patient care

Holly Bank House

- Will maintain its capacity at 12 beds
- Where there are no stroke patients to transfer from Wolverhampton, the unit will accept MSFD Neuro-Rehab & MSFD short-stay patients from Walsall Manor

Goscote Hospice

- Will have 10 beds available
- The unit will accept patients 7/7 rather than 5/7 when it was managed by St Giles. This will provide the Hospital with a potential for 2-3 discharges to the hospice at weekends

What does this involve?

- Holly Bank House will not be able to increase its capacity beyond 12 beds as staffing cover required would mean degrading other community services
- Maintaining admission avoidance & discharge activity will have a bigger impact on hospital capacity and is deemed a greater priority than opening 4-6 extra beds at Holly Bank House
- The community units will not be able to routinely provide staffing support to the wards at Manor hospital

Actions to Maintain Service Provision: Supporting the Vaccination Programme

The service is supporting:

- **Hospital hub:** Community staff now withdrawn
- **Care Homes:** in East 1 & South 2
- **Oak Park hub:** 1-2 staff per day
- **Domiciliary Vaccination:** East 1 & 2; South 2
- **Saddlers:** senior clinical & management for the centre

Estimated Volumes of activity

	Patients	Vaccinations
Domiciliary	1,272	2,544
Care Home	369	738
Total	1,641	3282

What does this involve?

- The work in the care homes has meant that the Enhanced Care Home team has had to curtail clinical reviews in some homes to support vaccinations. However, the intervention of vaccinations is quickly reducing the risk of significant outbreaks in homes.
- The support to the Manor hub ceased from 14/01/21 and staff redeployed to the community programs as the staffing resilience improves
- Community Services has allocated 1 x Band 8a and 1 x Band 7 nurse and 1 x General Manager to coordinate now that capacity in these teams has been established
- Community Services management team have been trained to deliver vaccinations to provide additional capacity and also to lead from the front.
- The clinical support for the Saddlers Vaccination Hub has been initially scaled back to manage the risk. Support required and ability to support will be kept under constant review.
- Current delivery of the program is manageable and is an effective use of resources to keep pending infection rates under control. This will be kept under constant review. Delivery is in line with visits where possible

Risk Summary								
BAF Reference and Summary Title:		BAF SO2 - Care at Home – We will work with partners in addressing health inequalities and delivering care closer to home through integration as the host of Walsall together.						
Risk Description:		Failure to work with partners and communities to understand population health and inequalities, integrate place-based services and deliver them through a whole population approach would result in a continuation of poor health and wellbeing and widening of health inequalities.						
Lead Director:		Director of Integration		Supported By:		Anne Baines – Non-Executive		
Lead Committee:		Walsall Together Partnership Board						
Links to Corporate Risk Register:		Title						Current Risk Score
		<ul style="list-style-type: none"> Risks in this area relate to Walsall Together programme risks the biggest ones are associated with the limited investment and the size and complexity of the population health challenges None programme risks relating to Community Services at the current time. These are updated through the divisional structure. Each organisation retains its own risk log although the section 75 presents the opportunity to start to bring the logs together Risks associated with creating an ICP contract will be considered through a formal due diligence process, supported by NHSE/E Operational capacity due to a increase in community prevalence of Covid during Dec and January 2021 						16 (High)
Risk Scoring								
Quarter	Q1	Q2	Q3	Q4	Rationale for Risk Level	Target Risk Level (Risk Appetite)		Target Date
Likelihood:	3	3	4		<ul style="list-style-type: none"> Significant increase in operational pressure due to Covid wave 2 Reorganisation of services to cope with unprecedented demand on services currently. Slow down in some elements of functional transformation because of current wave albeit other areas of delivery transforming at a faster pace. Strongly established relationship with 50% of General Practice on robust vaccine delivery. Other practices chose not to connect with partnership and deploy alone. Vaccine delivery with operational teams mainly in primary care initially has diluted focus on core delivery items and increased system pressure. Maturing place-based teams in all areas of Walsall on physical health and Social Care. Additional integration required for Mental Health with IAPT and primary care but not established yet. Significant maturity in communications and confidence in Walsall Together Advancing maturity in performance data – Work now commenced on aligned 	Likelihood:	2	30 June 2021
Consequence:	4	4	4			Consequence:	4	
Risk Level:	12	12	16			Risk Level:	Mod 10	

quality governance.

- Risk Stratification process for COVID developed with partners which demonstrates the evolving maturity of the partnership
- Substantial improvements in medically stable for discharge before and during Covid 19
- Virtual clinics and community outpatients maturing and triage and referral services now in place
- Partnership approach to managing care home support and intervention
- Strong evidence base being established for ICP due diligence
- The step up of the risk level relates to the above factors. It is anticipated that recovery back initially to 12 will be within Q4 – early Q1 21/22 and delivery to target as noted above. This trajectory will remain under constant review.

Control and Assurance Framework 3 Lines of Defence

	1 st Line of Defence	2 nd Line of Defence	3 rd Line of Defence
Controls:	<ul style="list-style-type: none"> • Executive Director recruited • Non-Executive Director appointed • Partnership Board/Groups and meetings in place • Business Case developed • PMO/Project in place and reporting • Operational coordination and twice daily battle rhythm in place • Covid Vaccine response plan in place with 50% of primary care 	<ul style="list-style-type: none"> • Alliance agreement signed by Partners • Governance structure in place and working. • S75 in place and operational practices now maturing • Integration of performance data across the partnership is being progressed and reported to the Walsall Together Committee • Business case approved by all partners • Monthly report to Board and partner organisations 	<ul style="list-style-type: none"> • Enactment of section 75 in terms of Monitoring meeting • External assessment – CQC/Audit • STP Scrutiny • Health and Wellbeing Board Reporting • Overview and Scrutiny Committee
Gaps in Control	<ul style="list-style-type: none"> • No strategic finance plan for investment across the partnership which potentially impacts on the delivery notwithstanding the recent investment from the Trust. This has been mitigated short term with Covid funding, but further work required to establish ongoing formal mechanisms through ICP contracts • Commissioner contracts not yet aligned to Walsall Together although ICP planning will resolve this issue • Data needs further aligning to project a common information picture • Effective engagement with community in development with local groups limited due to Covid social restrictions • Organisational development for wider integrated working not yet outlined or agreed and delayed due to Covid 		
Assurance:	<ul style="list-style-type: none"> • Divisional quality board now starting to look at the integrated team response. • Risk management established at a programme level and a service level integrating risks 	<ul style="list-style-type: none"> • Walsall Together included on Internal Audit Programme • Walsall Together Committee in place overseeing assurance of the partnership • STP oversight of 'PLACE' based model • Reporting to Board and Partners • Oversight on service change from other 	<ul style="list-style-type: none"> • NHSE/I support of Walsall Together • STP support • NHSE/I validation of ICP due diligence

		committees <ul style="list-style-type: none"> • ICP due diligence underway 	
Gaps in Assurance	<ul style="list-style-type: none"> • Limited in overall external assurance as regulators inspect individual organisations and as yet have not developed 'PLACE' based inspections although Walsall 		
Future Opportunities			
<ul style="list-style-type: none"> • Further development of the Governance around risk sharing • S75 Deployment based on other services relating to health prevention and public health commissions • PCN partnership alignment and risk share with building trust and confidence • Covid-19 offers an opportunity to increase the pace of delivery and more importantly stress test benefits before substantive deployment • Strategic partnership(s) with major primary care organisations to further accelerate vertical and horizontal integration of care in the borough • Formal contract through an ICP mechanism • Formal working with other partners to support their ability to achieve additional income and support via a partnership approach • CQC action oversight group 			
Future Risks			
<ul style="list-style-type: none"> • Insufficient promotion of success narrative • Inability to deliver enough investment up front to change demand flows in the system. • National influences on constitutional targets moves focus from place to STP • Retention of inspirational and committed leadership across partners • Estates – ability to fund the full business case offering (4 Health & Wellbeing Centres) • Misalignment of provider strategies created by mergers or form changes or senior personnel turnover • Lack of uninterrupted community clinic space due to Covid Restrictions • Programme Resource – Capacity to deliver the WT programme will become more difficult as the same resource will be required to support the delivery of COVID-19 workstreams, e.g. mass swabbing, flu vaccination programme, Covid-19 vaccination programme, outbreak management and the covid-19 management Service (CMS) 			

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	Action Required	Executive Lead	Due Date	Quarter 3 Progress Report	BRAG
1.	Agree a joint business plan for Walsall Together and PCNs that describes how the enhanced and additional roles within the PCN contract will integrate with community services	Daren Fradgley	Dec 20	Good progress has been made in this area and agreement has been reached with PCN's to host additional recruitment in roles such as First Contact Practitioners and Pharmacists. I	
2.	Refresh strategic case for Resilient Communities, ensuring appropriate focus on reducing health inequalities and alignment of strategic objectives across partner organisations	Daren Fradgley	Dec 20	This work is well underway and will be completed in Feb 2021. The key partners in this area have agreed 4 key focus areas and will bring a delivery report to the partnership board. This item has been delayed due to C19 wave 2	
3.	Develop population health management strategy across Walsall Together and PCNs including the deployment of the population health module (Digital workstream)	Daren Fradgley	Mar 21	This work is well underway with the support of the STP Academy and Public health. The Population Health module as part of the Medway deployment is also in our test environment	
4.	Develop robust governance and legal frameworks for Walsall Together with devolved responsibility within the host (WHT) structure. This should include an outline governance structure that shows the links to other WHT committees and acknowledge the transition to holding a formal ICP contract.	Jenna Davies	Mar 21	This work is on track as part of the ICP programme	
5.	Agree a Communications & Engagement Strategy for Walsall, aligning work across all partner organisations, that clearly articulates the ambition for addressing health inequalities and how we will achieve coproduction with our citizens and communities	Daren Fradgley	Dec 20	First draft of this has been reviewed and includes the launch of new branding and identity. You tube animation, model of care graphic and broad patient and stake holder plan are either deployed or due to be deployed in February. This item has been delayed due to wave 2 Covid but is recovering quickly	
6.	Prepare for implementation of a formal ICP contract under a Lead Provider model with WHT as Lead Provider. This will include confirmation of all services in scope and a clear rationale for the change in the context of improving outcomes for the population.	Daren Fradgley	April 21	On track and formally reported to WTPB monthly	
7.	Coordinate and delivery an enhanced emergency response plan as a result of unprecedented pressure of Covid wave 2 on services which mitigates clinical, operational and reputational risks	Daren Fradgley	January 21	This new risk and response is on track and comprehensive assurance has been provided to board committees during this monthly cycle.	



ICP Roadmap

Updated: 26/01/21



Collaborating for happier communities

ICP Roadmap



Walsall Together Partnership launch under Host governance arrangements and Alliance Agreement

Integrated adult community, adult social care and mental health place-based teams, co-located and receiving single referral forms from GPs

COMPLETE

Established workstreams to support transition to formal ICP contract and ICS legislation

Section 75
School nursing/health visiting
Therapies
Shared care record

NHSEI assurance process
Self-assessment against Transaction Guidance
Due diligence including financial risk assessment, following confirmation of total services in scope, and CQC well-led self-assessment

Refresh governance, legal and risk management frameworks for the partnership including a new Alliance Agreement

Finalise Outcomes Framework

Q4 2020/21

NHSEI consultation outcome regarding proposed legislative changes for Integrated Care Systems

Strategy development:

- Population Health and Inequalities (1-year)
- People Plan
- Resilient Communities and wider Engagement Model
- Personalised Care

Mobilisation of services to transfer in April 21 (outpatients, primary mental health, IAPT, children's and maternity services, digital)

Population Health
Mental Health & Well Being Board

Walsall Healthcare contact split into 2 schedules (acute and community)

APRIL 21

Walsall Healthcare contact split into 2 schedules (acute and community)

Shadow ICP governance arrangements including contract monitoring, risk management, quality

Agreement in principle to work with Primary Care Networks, alignment of community services to the identified priorities for each PCN

Develop Integration Agreement with Primary Care Networks

In scope services for Walsall Healthcare, Black Country Healthcare and Walsall Council (via section 75) will operate under a single ICP contract

JUNE 21
(Quarter 1 of the financial year)

Preparation for ICP contract and new legislation implications at Place level including population-based funding approach and potential transfer of CCG functions

New legislation comes into effect

More information to follow

APRIL 22

More information to follow

CURRENT	APRIL 21	JUNE 21	APRIL 22
In scope value up to £130m	In scope value up to £xxm	In scope value up to £xxm	In scope value up to £xxm
Alliance Agreement and s.75	Shadow ICP	Formal ICP contract	ICP Contract and new legislation

MEETING OF THE PUBLIC TRUST BOARD – 4 th February 2021			
Performance, Finance & Investment Committee (PFIC) Highlight Report			AGENDA ITEM: 13
Report Author and Job Title:	Trish Mills, Trust Secretary	Responsible Director:	Mr John Dunn – Chair of PFIC (Non-Executive)
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/> Assure <input checked="" type="checkbox"/>		
Executive Summary	<p>This report provides the key messages from the Performance, Finance & Investment Committee meetings on 16th December 2020, 20th and 27th January 2021. The meeting time and agenda were shortened to allow executives to focus their time on the response to the second wave of COVID-19. Of note are:</p> <ul style="list-style-type: none"> - On 20th January the Committee held an extraordinary meeting to review and agree the resource and income alignment of the mass vaccination programme, as delegated by the Trust Board in private session on 3rd December 2020. The Committee reviewed the range of delivery mechanisms for vaccination to be deployed, the expected costs associated with the resourcing model and current assurances regarding recovery of costs incurred in delivery of vaccinations. The Committee noted the financial exposure and mitigations, and approved expenditure to March 2021. A further review in March will be able to confirm the relative success of claims submitted. - The Committee paid tribute to the acute and community teams for steady performance under significant pressure in both settings. Over February and March the committee will discuss the recovery of elective capacity. - The SIRO (senior information risk owner) report was received for assurance, showing the relationship between information governance, the role of the SIRO (Daren Fradgley) and that of the Caldicott Guardian (Dr Matthew Lewis) to keep our information and clinical processes safe. - A separate meeting will be held with the executive owners of the 		

	<p>Board Assurance Risks for Use Resources Well and Working with Partners to review the mitigations and actions.</p> <p>The next meeting of the Committee will take place on 24th February 2021.</p>	
Recommendation	<p>Members of the Trust Board are asked to note the escalations and any support sought from the Trust Board.</p>	
Does this report mitigate risk included in the BAF or Trust Risk Registers?	<p>This report aligns to the BAF risk for use of resources and working with partners, and associated corporate risks.</p>	
Resource implications	<p>The resource implications are set out in this highlight report.</p>	
Legal and Equality and Diversity implications	<p>There are no legal or equality & diversity implications associated with this paper</p>	
Strategic Objectives	Safe, high quality care <input type="checkbox"/>	Care at home <input type="checkbox"/>
	Partners <input checked="" type="checkbox"/>	Value colleagues <input type="checkbox"/>
	Resources <input checked="" type="checkbox"/>	

MEETING OF THE PUBLIC TRUST BOARD – 4 th February 2021			
Use Resources Well Executive Report			AGENDA ITEM: 14
Report Author and Job Title:	Ned Hobbs, Chief Operating Officer Russell Caldicott, Director of Finance & Performance	Responsible Director:	Ned Hobbs, Chief Operating Officer Russell Caldicott, Director of Finance & Performance
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/> Assure <input checked="" type="checkbox"/>		
Executive Summary	<p>This report provides an overview of the risks to delivery of the Use Resources Well strategic objective, mitigations in place to manage the risks identified, and actions identified to address gaps in controls and assurance. It provides the Trust Board with assurance on performance for Use Resources Well and NHS constitutional standards successes and areas for improvement.</p> <p>This report recognises the extraordinary circumstances that the Trust has operated in thus far this financial year, and the altered financial arrangements as a consequence of the national level 4 incident prompted by the COVID-19 pandemic. It updates Board members on the allocation for the remainder of financial year 2020/21, on financial performance for Month 9 of this financial year, and on remaining items of uncertainty / risks (revenue and capital).</p> <p>The report confirms the moving of planning for 2021/22 to quarter 1 of the new financial year (current income allocations rolled forward into quarter 1, 2021/22) with work being undertaken to develop resource plans that drive run rate modelling (to include developments and cost pressures) for 2021/22 by the Trust.</p> <p>This report identifies continued strong operational performance in national rankings for the elective NHS constitutional standards, and recovering performance of the Emergency Access Standard following adjustment to the new Electronic Patient Record in the Emergency Department. It describes the extent to which Walsall has been disproportionately hard hit again in the second and third</p>		

	waves of COVID-19, and the consequential impact on emergency care, critical care and elective care restoration and recovery.
Recommendation	<p>Members of the Trust Board are asked to note the contents of this report, and the next steps:</p> <ol style="list-style-type: none"> 1. Re-forecasting elective restoration and recovery plans in the context of a second wave of COVID-19 that has far exceeded the original planning parameters. 2. Assessment of the quantified impact of the necessity to prioritise Improvement Programme workstreams, including the deferral of some schemes. 3. Securing NHSEI agreement to proceed with enabling works associated with the Emergency Department development 4. Confirmation from NHSEI of the income risk associated with non-attainment of historic (non-urgent) elective performance 5. Development of plans for expenditure run rates moving into 2021/22, whilst uncertainty remains over income to be received beyond the 30th June 2021 as we await receipt of planning guidance
Does this report mitigate risk included in the BAF or Trust Risk Registers?	This report addresses BAF Risk S05 – Use Resources Well to provide positive assurance that there are mitigations in place to manage this risk and the related corporate risks.
Resource implications	<p>This strategic objective is: <i>We will deliver optimum value by using our resources efficiently and responsibly</i></p> <p>October Public Trust Board approved the Trust’s Urgent and Emergency Care and COVID-19 resilience Winter Plan, at a cost of £4.697m which is accounted for in the likely financial modelling scenario for months 7-12.</p> <p>The return to a level 4 national incident due to the scale of the second wave of COVID-19 has not yet resulted in further resources being allocated to the Trust.</p>
Legal and Equality and Diversity implications	There is clear evidence that greater deprivation is associated with a higher likelihood of utilising Emergency Department services,

	<p>meaning longer Emergency Access Standard waiting times will disproportionately affect the more deprived parts of the community we serve.</p> <p>Whilst not as strongly correlated as emergency care, there is also evidence that socioeconomic factors impact the likelihood of requiring secondary care elective services and the stage of disease presentation at the point of referral. Consequently, the Restoration and Recovery of elective services, and the reduction of waiting times for elective services must be seen through the lens of preventing further exacerbation of existing health inequalities too.</p> <p>The published literature evidence base for differential access to secondary care services by protected characteristic groups of the community is less well developed. However, there is clear evidence that young children and older adults are higher users of services, there is some evidence that patients who need interpreters (as a proxy for nationality and therefore a likely correlation with race) are higher users of healthcare services. And in defined patient cohorts there is evidence of inequality in use of healthcare services; for example end of life cancer patients were more likely to attend the Emergency Department multiple times if they were men, younger, Asian or Black.</p> <p>In summary, further research is needed to make stronger statements, but there is published evidence of inequity in consumption of secondary care services against the protected characteristics of age, gender and race.</p>	
<p>Strategic Objectives</p>	<p>Safe, high quality care <input type="checkbox"/></p>	<p>Care at home <input type="checkbox"/></p>
	<p>Partners <input type="checkbox"/></p>	<p>Value colleagues <input type="checkbox"/></p>
	<p>Resources <input checked="" type="checkbox"/></p>	

USE RESOURCES WELL – EXECUTIVE UPDATE**1. EXECUTIVE SUMMARY**

This report recognises the extraordinary circumstances that the Trust has operated in thus far this financial year, and the altered financial arrangements as a consequence of the initial national level 4 incident prompted by the COVID-19 pandemic, and the return to this status as a result of the scale of the second wave. The Trust has incurred significant additional costs associated with COVID-19 (during the period in which a top up could be requested, £13.8m was received in order to attain break-even) to ensure patients and staff are kept safe.

This report identifies continued strong operational performance in national rankings for the elective NHS constitutional standards, and recovering performance of the Emergency Access Standard following adjustment to the new Electronic Patient Record in the Emergency Department. It describes the extent to which Walsall has been disproportionately hard hit again in the second and third waves of COVID-19, and the consequential impact on emergency care, critical care and elective care restoration and recovery.

This report identifies the financial performance to month 9 from the confirmed income settlement for months 7-12 of this financial year, and the remaining uncertainties/risks regarding the financial settlement. In addition, it identifies the work progressing to secure approval for works associated with the Emergency Department new build development and the work progressing to support planning for 2021/22, to include financial run rate modelling following deferral of the issuing of planning guidance.

This report also highlights to the Board the clear risk that the nationally set assumptions in relation to COVID-19 positive hospitalisations, which were used to underpin the Trust's Urgent & Emergency Care and COVID-19 Resilience Winter Plan have been materially exceeded. Namely, the assumption of a 2nd COVID-19 peak being at 50% of the April peak has been significantly exceeded, with the Trust surpassing 140% of the April peak in January 2021.

2. BOARD ASSURANCE FRAMEWORK

The Use Resources Well Board Assurance Framework (BAF) risk has been further updated to reflect the COVID-19 second wave and third wave exceeding planning parameters, the significant uncertainty to the 2021/22 financial planning arrangements and the uncertainty associated with the potential impact of the Elective Incentive Scheme in 2020/21.

The primary strategic risk affecting this month's cycle of BAF updates is the clear evidence that the second wave of COVID-19 has materially exceeded 50% of the April peak, and thus materially exceeded the base case planning assumptions. As of 18th January 2021, the Trust

had 268 COVID-19 positive inpatients, representing 143% of April's peak. In mid-November the Trust had the 7th highest proportion of its hospital beds occupied by COVID-19 positive inpatients in the country, and in January it has had the second highest proportion of its hospital beds occupied by COVID-19 positive patients in the Midlands, and the Trust has consistently had one of the highest Critical Care bed occupancies in the Midlands, relative to baseline commissioned establishment. The second wave of COVID-19, at this scale, has adversely impacted the ability of the Trust to deliver emergency care, has adversely affected the Trust's elective restoration and recovery plan, and will pose financial risks due to the need to care for more acutely unwell and critically unwell inpatients than forecast.

Key financial risks are articulated within the corporate risk register and inform the Use Resources Well section of the Board Assurance Framework, namely;

- Efficient running of the Trust, using every pound wisely in delivery of the financial plan and securing improved run rate performance to ensure financial sustainability in the longer-term.
- Securing the income block allocation in full, with no reduction based on non-attainment of historic non-urgent elective activity.
- Capital resource availability to service current backlog works requirements and future major capital developments

3. PERFORMANCE REPORT

Financial

The Trust entered the 2020/21 financial year having attained planned financial outturn for 2019/20. However, the onset of COVID-19 has resulted in emergency budgets being set by NHSE/I and the normal planning process halted.

The Trust attained a break-even financial position for the initial six months of the financial year (attaining break-even through requesting additional funds of £13.8m for the period as a top up). From month 7 onwards, the Trust no longer receives retrospective top up income to offset costs, instead the Trust has negotiated an income settlement for the remainder of the financial year. The Trust has a deficit plan of £3.8m for the financial year and as at Month 9 the Trust is performing slightly better than the financial plan with a deficit of 1.26m versus a plan of a £1.57m deficit (a £0.3m improvement) the income settlement off-setting costs incurred.

An operational plan has been developed through the restoration and recovery work and financial modelling completed, with the modelling identifying a likely income scenario and run rate modelling for the remainder of the financial year (presented through Board Development

and received by the Performance, Finance and Investment Committee), which has been met through the income settlement.

Whilst this plan delivers key elements prioritised by Board, it does not deliver historic levels of elective activity. Resulting in a key risk to the plan regarding the uncertainty over the financial consequences of non-delivery of historic elective activity (for which NHSE/I can reduce income allocations at a Strategic Transformation Partnership (STP) level through the Elective Incentive Scheme).

The Trust has secured income for the latter half of the financial year in the likely income scenario and run rate modelling. The STP as a whole is working to a deficit plan of £27.1m with the Trust having a £3.8m deficit in year. The deficit for the Trust is driven by omissions contained within NHSE/I's income allocation methodology (the overall deficit of the STP a consequence of these income allocation shortfalls).

There is opportunity to secure additional income within the STP as the national team seek to increase allocations for these omissions, the STP original planned deficit set to reduce accordingly for any income realised (some STP providers in receipt of confirmed allocations). However, Walsall has not yet received confirmation of funds, an update will be provided at the next round of Committees.

Planning for 2021/22 has been moved to quarter 1 of the new financial year (current income allocations rolled forward into quarter 1 of 2021/22) with work being undertaken to develop resource plans that drive run rate modelling (to include developments and cost pressures) for 2021/22 by the Trust. The plan adopted by Executive and Trust Management Board, then presented to Performance, Finance and Investment Committee. In addition, a national exercise for expenditure run rates moving into 2021/22 is being undertaken by the regulator.

Performance, Finance and Investment Committee will receive confirmation of outputs from the NHSE/I modelling of run rates and Trust identification of developments and cost pressures moving into 2021/22, to support development of expenditure plans for the next financial year in readiness for when planning guidance is released by the regulator (and income allocations are known).

The Trust has also received capital allocations in year totalling in excess of £20m, with key risks now centring around the ability to utilise this financing in year. However, this funding is insufficient to offset the backlog maintenance risk the Trust is exposed to and so a full estates strategy has been requested to be provided to the Performance, Finance and Investment Committee. The Trust held discussions with NHSE/I regarding a further allocation of £2m to support Critical Care but unfortunately received no award. The Trust has now received a £200k allocation for Endoscopy.

The Trust has submitted a request for funding to support the new Emergency Department and Acute Medicine development enabling works (as requested by NHSE/I) and in addition has submitted the Full Business Case (FBC) for the development. Approval to the enabling works and the FBC will be critical to keeping the development to programmed completion timeframes.

Securing efficiencies from the Improvement Programme (to ensure the Trust exit run rate aligns to available income for 2021/22) is key to securing a balanced financial model for clinical care, enabling the financial latitude to invest in key developments moving forwards.

Operational

Elective Care:

The Trust continues to deliver strong performance in DM01 (6 week wait diagnostics) and 18-week Referral to Treatment (RTT) NHS constitutional standards.

The Trust is currently the 39th best performing Trust nationally for the 6 week wait (DM01) Diagnostic standard out of 123 reporting Acute Trusts in the most recently published national statistics (November 2020). Reported performance was adversely affected in November due to challenges in Clinical Measurement Unit diagnostics, and has improved in December's performance and is on track for substantial further recovery in January's performance.

The Trust is ahead of its trajectory to recover the 18-week RTT waiting time standard following the impact of COVID-19 on elective care earlier this year, despite running reduced elective operating theatres since November to release Theatres and Anaesthetics staff to support Critical Care as a result of COVID-19 second and third waves. The Trust's 18-week RTT national ranking position is 31st best in the country in November out of 121 reporting Trusts. The reduced elective operating capacity will continue through January and February at least and will further adversely impact on 18-week performance in coming months. Whilst patients waiting over 52-weeks for elective treatment have increased to 110 in December, the proportion of the Trust's waiting list that is over 52-weeks is the 3rd best in the Midlands.

The Trust's Cancer waiting times performance benchmarks reasonably, but with clear opportunity for improvement. Thus far throughout the second and third waves of COVID-19 cancer surgery operating has managed to be protected. The Trust has got particular challenges with demand from 2 week wait referrals to the Breast Service (both symptomatic and suspected cancer) – this is a consistent challenge across the Black Country and West Birmingham STP, and indeed neighbouring Trusts waiting times have exceeded Walsall's.

Emergency Care:

As previously reported, the Trust implemented the first phase of its new Electronic Patient Record (EPR) on the weekend of 19th/20th September. This included the Emergency Department (ED) moving from a paper-based clinical record to an electronic clinical record for the first time. December's Emergency Access Standard performance improvement is evidence of the joint work between the ED team and EPR team to embed and refine the EPR. The Trust has returned to the top half of national and regional rankings as a result, and has some of the best Ambulance handover performance in the Midlands. However, the extent of pressure from the COVID-19 third wave in January 2021 coinciding with peak Winter Pressures will result in materially worse Emergency Access Standards performance reported for the month.

4. IMPROVEMENT PROGRAMME

The Use Resources Well component of the Improvement Programme has needed to be re-prioritised in light of the scale of the second wave of COVID-19. The focus for the Clinical Divisions has been on workstreams that improve emergency care, as there is a direct benefit for the COVID-19 response. Highlights include the fact that Surgery have delivered record Same Day Emergency Care rates through improvements to the Surgical Ambulatory Emergency Care pathway, and Medicine & Long Term Conditions have delivered significant improvements in the number of patients being managed without overnight admission through the Frail Elderly Service, which is now in its new home alongside Community Services as part of our Integrated Assessment Unit.

The attainment of recurrent financial efficiency improvement through the Use Resources Well workstream is key to securing future sustainability of services, ensuring the Trust exits the 2020/21 financial year with a run rate that can be supported by the income earned by the Trust.

5. RECOMMENDATIONS

Members of the Trust Board are asked to:

- Note the contents of the report.
- Note the following actions;

1. Re-forecasting elective restoration and recovery plans in the context of a second wave of COVID-19 that has far exceeded the original planning parameters.
2. Assessment of the quantified impact of the necessity to prioritise Improvement Programme workstreams, including the deferral of some schemes.
3. Securing NHSEI agreement to proceed with enabling works associated with the Emergency Department development
4. Confirmation from NHSEI of the income risk associated with non-attainment of historic (non-urgent) elective performance
5. Development of plans for expenditure run rates moving into 2021/22, whilst uncertainty remains over income to be received beyond the 30th June 2021 as we await receipt of planning guidance

APPENDICES

1. Board Assurance Framework Risk S05
- 2(a). Performance Report (Finance and Constitutional Standards)
- 2(b). Performance Dashboard

Risk Summary					
BAF Reference and Summary Title:	BAF 05 Use Resources Well; We will deliver optimum value by using our resources efficiently and responsibly				
Risk Description:	The Trust’s financial sustainability is jeopardised if it cannot deliver the services it provides to their best value. If resources (financial, human, physical assets, and technology) are not utilised to their optimum, opportunities are lost to invest in improving quality of care. Failure to deliver agreed financial targets reduces the ability of the Trust to invest in improving quality of care, and constrains available capital to invest in Estate, Medical Equipment and Technological assets in turn leading to a less productive use of resources.				
Lead Director:	Chief Operating Officer Supported By: Director of Finance				
Lead Committee:	PERFORMANCE, FINANCE, AND INVESTMENT COMMITTEE				
Links to Corporate Risk Register:	<table border="1"> <thead> <tr> <th>Title</th> <th>Current Risk Score</th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> •Risk 208 – Failure to achieve 4 hour wait as per National Performance Target of 95% resulting in patient safety, experience and performance risks (Risk score = 16) •Risk 274- Failure to resource backlog maintenance and medical equipment replacement costs results in the organisation being unable to deliver fundamental clinical services and care (Risk Score=20) •Risk 665 - Risk of a cyberattack (ransomware, spearfishing, doxware, worm, Trojan, DDoS etc) upon a NHS or partner organisation within the West Midlands Conurbation. (Risk Score=15) •Risk 1005- The Trust has insufficient resources available to ensure the essential maintenance of the Trust's Estate. (Risk Score=16) •Risk 1155 - Failure to demonstrate fire stopping certification for all areas of the Trust would breach fire safety regulation, risking public/ patient safety. (Risk Score=16) •Risk 2081- Operational expenditure incurred during the current financial year exceeds income allocations, which results in the Trust being unable to deliver a break even financial plan. (Risk Score =16) •Risk 2082-Failure to realise the benefits associated with the outcomes of the improvement programme work-streams, results in the Trust not delivering efficiencies required to attain agreed financial control targets, and deliver financial balance without central support, which therefore impacts on the Trusts ability to deliver financial and clinical sustainability. (Risk Score =16) •Risk 2188 (NEW) - A continued dependency on suboptimal legacy patient information infrastructure, will limit the flow of clinical information, reduce professional confidence and increase administrative burden for healthcare professionals, ultimately impacting on patient care and the ability to transform healthcare services. (Risk Score = 10) </td> <td style="text-align: center; vertical-align: middle;">20 (Major)</td> </tr> </tbody> </table>	Title	Current Risk Score	<ul style="list-style-type: none"> •Risk 208 – Failure to achieve 4 hour wait as per National Performance Target of 95% resulting in patient safety, experience and performance risks (Risk score = 16) •Risk 274- Failure to resource backlog maintenance and medical equipment replacement costs results in the organisation being unable to deliver fundamental clinical services and care (Risk Score=20) •Risk 665 - Risk of a cyberattack (ransomware, spearfishing, doxware, worm, Trojan, DDoS etc) upon a NHS or partner organisation within the West Midlands Conurbation. (Risk Score=15) •Risk 1005- The Trust has insufficient resources available to ensure the essential maintenance of the Trust's Estate. (Risk Score=16) •Risk 1155 - Failure to demonstrate fire stopping certification for all areas of the Trust would breach fire safety regulation, risking public/ patient safety. (Risk Score=16) •Risk 2081- Operational expenditure incurred during the current financial year exceeds income allocations, which results in the Trust being unable to deliver a break even financial plan. (Risk Score =16) •Risk 2082-Failure to realise the benefits associated with the outcomes of the improvement programme work-streams, results in the Trust not delivering efficiencies required to attain agreed financial control targets, and deliver financial balance without central support, which therefore impacts on the Trusts ability to deliver financial and clinical sustainability. (Risk Score =16) •Risk 2188 (NEW) - A continued dependency on suboptimal legacy patient information infrastructure, will limit the flow of clinical information, reduce professional confidence and increase administrative burden for healthcare professionals, ultimately impacting on patient care and the ability to transform healthcare services. (Risk Score = 10) 	20 (Major)
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Risk Scoring								
Quarter	Q1	Q2	Q3	Q4	Rationale for Risk Level	Target Risk Level (Risk Appetite)		Target Date
Likelihood:	4	4			<u>Evidence of risk control</u> <ul style="list-style-type: none"> Achievement of 19/20 financial plan. <u>Evidence of risk gaps in control</u> <ul style="list-style-type: none"> The Trust experienced run rate risk for the 19/20 financial year that led to needing to re-forecast outturn during the financial year. High reliance on temporary workforce Lack of credible plan to address backlog maintenance requirements. <u>Evidence of planning uncertainty</u> <ul style="list-style-type: none"> The Trust has an Emergency Budget for April 2020 to September 2020, and only received confirmation of October 2020 to March 2021 income levels in October 2020. Financial improvement planning and delivery has been impacted by Covid-19. Significant uncertainty associated with 2021/22 financial arrangements. 	Likelihood:	2	31 March 2021
Consequence:	5	5				Consequence:	5	
Risk Level:	20 (Major)	20 (Major)				Risk Level:	10 (Moderate)	
Control and Assurance Framework 3 Lines of Defence								
	1 st Line of Defence			2 nd Line of Defence			3 rd Line of Defence	
Controls:	<ul style="list-style-type: none"> Finance reported monthly via Divisional Performance Reviews and Executive Governance Structures CIP Governance processes in place Revised financial governance in place for COVID-19 Board Development session for the Improvement Programme with identified 3-year targeted financial benefits. 			<ul style="list-style-type: none"> Performance, Finance & Investment Committee in place to gain assurance Audit Committee in place to oversee and test the governance/financial controls Adoption of business rules (Standing Orders, Standing Financial Instructions and Scheme of Delegation) Use of Resources work-stream identified as part of the Improvement Programme 			<ul style="list-style-type: none"> Externally benchmarked Financial performance data. 	
Gaps in Control	<ul style="list-style-type: none"> Business planning processes require strengthening Accountability Framework has been approved, however needs review further to the NHSI Governance Review report Trust scored requires improvement on its assessment of 'Use of Resources' owing to low productivity and high staff and support costs being evident Evidencing oversight of the controls in force to monitor and regulate temporary workforce – Implementation of Allocate progressing throughout the Trust (Medical and Nursing) and Internal Audit conducting a full review of controls in force. Leadership development needs at Care Group, Divisional and corporate support service levels, with leadership development programme deferred due to Covid-19 second wave. Covid-19 second wave has significantly exceeded planning parameter assumptions. 							

Assurance:	<ul style="list-style-type: none"> Model Hospital Use of Resources assessments 	<ul style="list-style-type: none"> Internal Audit reviews of a number of areas of financial and operational performance 	<ul style="list-style-type: none"> Annual Report and Accounts presented to NHSE/I NHSE/I oversight of performance both financial and operational External Audit Assurance of the Annual Accounts
Gaps in Assurance	<ul style="list-style-type: none"> NHSi Governance review highlighted areas of improvement for business process and accountability framework. External Audit limited due to Covid-19 Internal Audit core financial controls not completed. Late confirmation of a confirmed Month 7 -12 20/21 financial plan, and late confirmation of 21/22 financial architecture. 		

Future Opportunities

- Further Development of LTFM to include potential additional income sources, such as non-clinical commercial opportunities and repatriation of patients resident to Walsall currently receiving care out of area.
- Enhanced clinical economies of scale through Acute Hospital Collaboration (Working with Partners).
- Reduced reliance on inpatient hospital care through Walsall Together Partnership (Care at Home).
- Utilisation of national productivity benchmark information (e.g. GIRFT and Model Hospital) to target work through the Use of Resources Improvement Programme
- Development of major capital upgrades (new Emergency Department) to support improved recruitment of staff.
- Harnessing the teamwork and innovation so evident throughout the Covid-19 pandemic to develop service improvements that lead to improved use of resources.
- Capitalising on the digital advancement during Covid-19 to harness technology to improve effective use of resources.
- Rationalising Estate requirements through increased remote working.
- Enhanced leadership capability through Well-led Improvement Programme workstream.

Future Risks

- Covid-19 second wave has significantly exceeded planning parameter assumptions, leading to increased costs delivering emergency and critical care.
- Likely move away from PbR towards block contracts.
- Adverse Covid-19 impact on ability to deliver improved productivity for elective care in 20/21.
- Additional costs associated with safe non-elective and critical care during Covid-19.
- Significant impact on elective and non-elective demand during Covid-19, leading to difficulty planning for the future with confidence.
- Insufficient Capital to enable investments in the Estate, equipment and technology that would in turn support more effective use of resources, and lead time for deployment of capital.
- Planning guidance stipulation that receipt of FRF is 50% dependent on delivery of STP financial plan.
- Adverse impact of Britain's exit from the European Union on business continuity and the Trust's financial position.
- Supply costs are more volatile within the market based on supply and demand associated with Covid-19.
- Workforce exhaustion and/or psychological impact from Covid-19 results in higher sickness rates and further reliance on temporary workforce.

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	Action Required	Executive Lead	Due Date	Quarter 2 Progress Report	BRAG
2.	Review and update Accountability Framework further to the NHSI Governance Review report.	R. Caldicott	Oct 2020		
3.	Financial regime post 31st September 2020 to be approved by Board in October 2020- Russell Caldicott	R. Caldicott	Oct 2020	Complete	
4.	All work-streams to have Improvement programme benefits defined.	G. Augustine	Oct 2020	Complete – Presented to Trust Board Development Session on 1st October 2020	
5.	Development of 2021/22 Financial plan	R. Caldicott	March 2021		

Performance, Finance and Investment Committee – Highlight Page

Executive Lead: Director of Finance: Russell Caldicott / Non-Executive Director Lead and Chair of PFIC Committee: John Dunn

Key Areas of Success

- Despite cessation of most routine 6 Week Wait (DM01) Diagnostics during March and April, and the associated deterioration in waiting times, the Trust's performance remains in the Top 40 nationally, with clear recovery plans for Neuro and Respiratory Physiology being implemented in January 2021.
- Despite cessation of routine elective services during March and April, the Trust's 18-week RTT national ranking position remains in the upper quartile nationally, and it's 52-week waiting time performance remains 3rd best in the Midlands.
- Following the Trust implementation of the first phase of its new Electronic Patient Record on the weekend of 19th/20th September, the Emergency Access Standard showed marked deterioration. In December Emergency Access Standard performance has continued to recover and is now back in the top half of national and regional rankings.
- The Trust attained a break-even financial position for the initial six months of the financial year (attaining break-even through requesting additional funds of £13.8m for the period as a top up). The Trust no longer receives retrospective top up income to offset costs, instead the Trust has negotiated an income settlement for the remainder of the financial year. As at Month 9 YTD the Trust has a £1.26m deficit and is performing £0.3m better than the financial plan (the plan for the year a £3.8m deficit).
- The Trust has secured capital resources for Critical Infrastructure Risk (£3.7m) which enables replacement of the end of life theatre air handling units and in addition has secured further capital funding to support Urgent and Emergency Care of £4.1m (these facilities now open and in use).
- The Trust has positive cashflows currently supported by receipt of cash a month in advance of normal mandate payments (a positive impact of £19.8m). The Trust has been notified the mandate for the month paid in advance will be reversed by April 2021, though with this reduction in cash payments the Trust is still projecting cash to be held totalling approximately £20m.



Performance, Finance and Investment Committee – Highlight Page

Executive Lead: Director of Finance: Russell Caldicott / Non-Executive Director Lead and Chair of PFIC Committee: John Dunn

Key Areas of Concern

- The second surge of Covid-19 over autumn 2020 has grossly exceeded planning parameters of only being at half the level of April's surge. In January 2021 the Trust has had more than 140% of April's peak Covid positive inpatients. Consequently, the Trust has needed to reduce routine elective surgery during November, December and January and reduce targeted outpatient clinics as well, to release staff to safely cover non-elective inpatient wards and critical care. This is impacting 18-weeks RTT performance (and to a lesser extent) Cancer performance against previously set trajectories.
- A consequence of the above is that the Trust will continue to have 52-week breaches awaiting routine surgical treatment whilst there is insufficient operating theatre capacity to undertake both routine and urgent operations. The Trust had 110 52-week breaches in December.
- Whilst in line with STP and West Midlands Cancer Alliance performance, both 2 week wait (particularly Breast) and 62-day Cancer access standards are highly challenged. 62-day performance is a measure of completed pathways in month, and thus will deteriorate whilst long-waiting patients are treated. November had the highest number of completed pathways (combined GP referred, screening and Consultant upgrades) since Covid emerged in the spring, despite constraints on elective operating capacity.
- The Trust will continue to receive income as a 'block' for the remainder of the 2020/21 financial year (to include fixed income allocations for Covid-19). Should costs exceed the negotiated block income following the increased demands of Covid-19 on Urgent and Emergency services, the Trust will move away from the planned deficit of £3.8m for the year and no longer having the capacity to claim additional funds to offset this cost increase.
- The STP has elective activity targets for the remaining months of the financial year (based on a percentage of historic performance). If the STP does not achieve these targets there could be a reduction to the income the Trust is to receive (a reduction in the block). The Trust has seen increased Urgent and Emergency Care demands from the second wave of Covid-19 that has displaced elective (non-urgent) activity. There is no provision made in the financial performance to month 9 for a reduction in income for non-attainment of historic non-urgent elective activity, this remains a risk to delivery of the plan.
- The Trust has submitted a request for funding to support the Emergency Department development enabling works (as requested by the regulator) and in addition has submitted the Full Business Case (FBC) for the development, approval to the enabling and then FBC will be critical to keeping the development to programmed completion timeframes.
- Securing efficiencies from the Improvement Programme to ensure the Trust exit run rate aligns to available income for 2021/22 is key to securing a balanced financial model for clinical care.
- Temporary workforce costs remain higher than the baseline period and will be a key focus for ensuring delivery of financial balance moving forward.
- Planning for 2021/22 has been suspended, with income rolled forward into quarter 1 of the 2021/22 financial year. The Trust will need to develop a resource model for 2021/22 from quarter 2 of the financial year upon receipt of national planning guidance.



Performance, Finance and Investment Committee – Highlight Page

Executive Lead: Director of Finance: Russell Caldicott / Non-Executive Director Lead and Chair of PFIC Committee: John Dunn

Key Actions Taken

- The Trust has secured funding from the STP national allocations that covers the Trust 'most likely' scenario for months 7-12 and formed a risk share arrangement, costs below income projections for the months of October and November 2020.
- The Trust has requested from NHSEI clarification of the risk associated with the 'Elective Incentive Scheme' and potential for income to be reduced owing to performance being below historic (non-urgent) elective activity, so as to clarify the methodology and evaluate fully the risk to delivery of the financial plan. The STP has not received an income reduction for the months of October and November 2020.
- The Trust has escalated with the regulator the urgent need for approval and allocation of resource to support the Emergency Department development.
- Financial modelling has taken place to analyse year on year temporary staffing costs and a review of temporary workforce controls is to be undertaken by the Trust Internal Auditors.
- Improvement Programme financial efficiencies to be presented to Performance, Finance and Investment Committee in February and March 2021
- The Executive and Trust Management Board are completing a review of exit expenditure run rate and future developments and cost pressures, to support financial planning moving into the 2021/22 financial year. In addition, a national cost collection run rate model is to be populated by the Trust and STP to identify baseline expenditure requirements for 2021/22. The resultant financial modelling from both exercises presented to future meetings of PFIC.

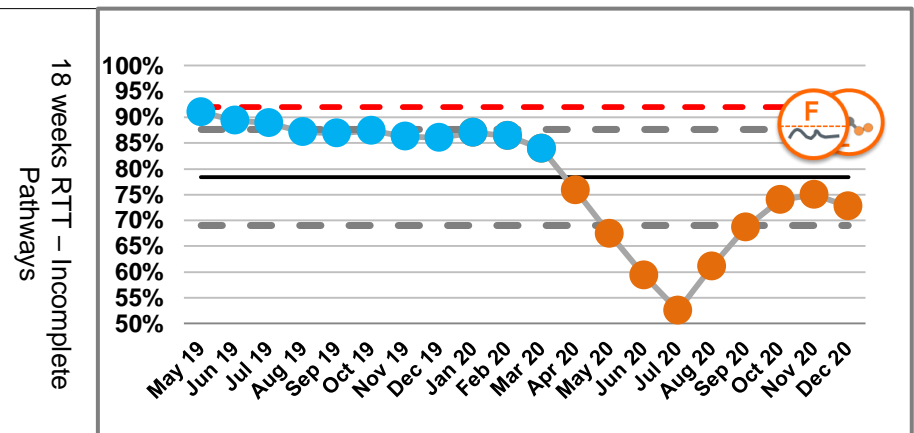
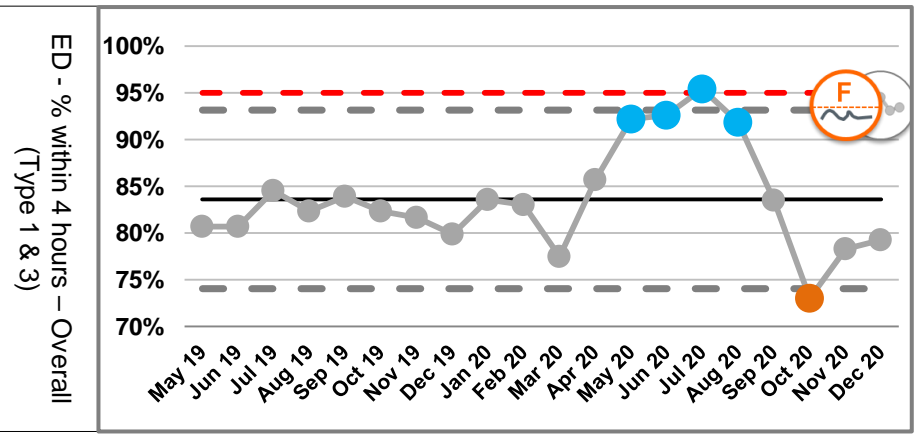


Performance, Finance and Investment Committee

SPC Key

- Mean
- - - Process limits - 3σ
- Special cause - improvement

- Measure
- Special cause - concern
- - - Target



Narrative (supplied by Chief Operating Officer)

Emergency/Urgent Care

Although EAS 4 hour performance has been challenging, performance improved in the month of December to 79.3%. This put WHT back into the top half of the national league table, with a relative lack of Exit Block for patients requiring admission a key strength relative to other trusts. The reduction in Type 1 attendances and Type 3 attendances is associated with reduced low-acuity presentations, and the similar numbers of historical non-elective admissions is clear evidence that seriously unwell patients are continuing to present to ED and require admission to hospital, particularly acute medical admissions where the majority of Covid positive patients are admitted under. Steady improvements have been made to EAS Performance since Medway go-live in September 2020. Particular problems in controlling WTBS (Waiting to be seen time) have been observed on Mondays and therefore an extra late middle grade shift and triage nurse have been rostered.

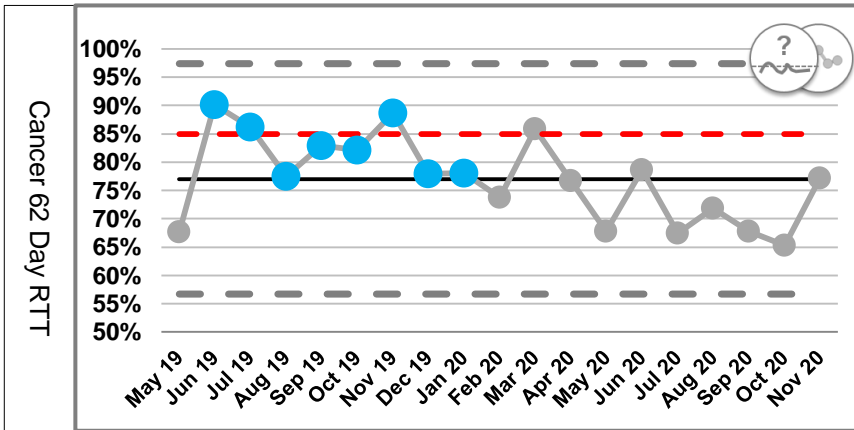
RTT (18 weeks Referral to Treatment)

RTT incomplete % performance remains ahead of forecast. The reduced level of elective theatre capacity since November has impacted on the surgical specialities. Cancer lists have been protected to date. The result of the requirement to support Critical Care has impacted on the Division of Surgery's ability to minimise the number of 52 week breaches. The impact on clinics due to the covid surge during December was not as significant as theatres, but there was seasonal reduction in activity over the Festive Period. The number of patients waiting greater than 18 weeks has increased for the Trust by circa 700 this month and total pathways continue to increase (+900).

The Trust National ranking for RTT is within the upper quartile.



Performance, Finance and Investment Committee

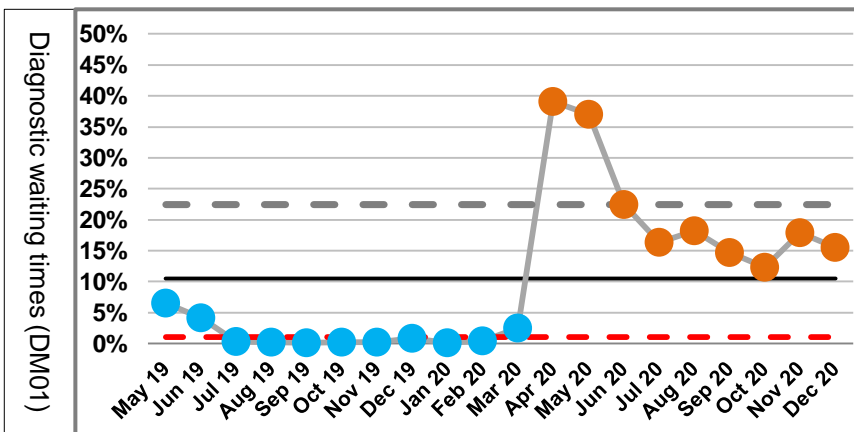


Cancer

The Trust failed to achieve the constitutional measure for 62 day RTT with a performance of 77.1%.

New actions to support improvement against the standard:

- Protected theatre lists for cancer
- Weekly meetings with diagnostics to expedite diagnostic pathways
- Outsourcing of reporting & increased CT capacity
- WLIs (Waiting list Initiatives) confirmed for breast, bringing average wait to be seen from 25 to 19 days
- Additional cystoscopy capacity in place
- Move to real time tracking by team



Diagnostic waiting times & activity (DM01)

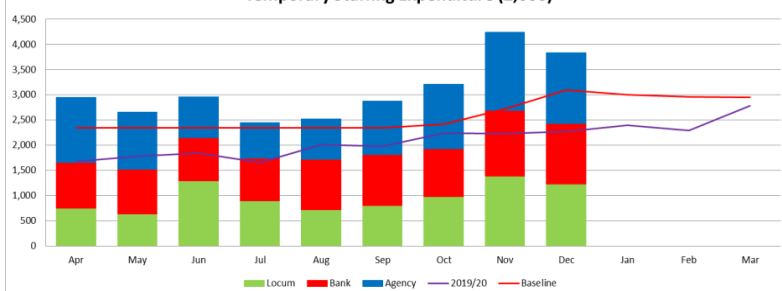
In December 2020, performance improved from 17.92% in November to **15.53%** patients waiting more than 6 weeks. Revised performance trajectories provided by service modalities for the remainder of the financial year still predict sustained overall improvement over the coming 3 months to a position of 5.13% by March 2021.

Issues with post-COVID service recovery have been reported within Physiological Measurement (Clinical Measurement Unit – CMU) specifically relating to sleep studies and neurophysiological assessment. This has affected a significant number of patients which in turn has had a detrimental effect on the Trust’s overall DM01. An integrated recovery plan involving temporary agency staffing and third party outsourcing has been developed to support these services commencing in January 2021. A nominated patient tracker has also now been appointed to support monitoring and booking of patients for CMU services.

Financial Performance to December 2020 (Month 9)

	YTD Dec Plan £000s	YTD Dec Actual £000s	YTD Variance £000s
Income			
Clinical Contract Income	200,221	199,407	(813)
Additional Covid Top-up	0	13,678	13,678
Other Income (Education&Training)	5,164	5,673	509
Other Income (Other)	23,205	19,443	(3,762)
Subtotal Income	228,590	238,202	9,612
Pay Expenditure			
Substantive Salaries	(123,107)	(124,273)	(1,166)
Temporary Nursing	(11,975)	(12,677)	(702)
Temporary Medical	(9,872)	(11,324)	(1,452)
Temporary Other	(2,516)	(3,697)	(1,181)
Subtotal Pay Expenditure	(147,471)	(151,972)	(4,502)
Non Pay Expenditure			
Drugs	(13,868)	(12,976)	892
Clinical Supplies and Services	(13,879)	(11,429)	2,450
Non-Clinical Supplies and Services	(11,956)	(13,151)	(1,196)
Other Non Pay	(31,068)	(38,031)	(6,963)
Depreciation	(4,784)	(5,018)	(234)
Subtotal Non Pay Expenditure	(75,554)	(80,606)	(5,052)
Interest Payable	(7,185)	(7,020)	165
Subtotal Finance Costs	(7,185)	(7,020)	165
Total Surplus / (Deficit)	(1,619)	(1,397)	223
Donated Asset Adjustment	45	133	88
Adjusted Surplus / (Deficit)	(1,574)	(1,264)	311

Temporary Staffing Expenditure (£,000)



Financial Performance

- The Trust has achieved 'breakeven' for months 1-6 of the 2020/21 financial year but the second half of the year will see a different funding regime. The Trust continues to receive a block level of funding however the retrospective 'top up' for Covid-19 funding is removed and has been issued to the STP as a one-off amount.
- The Operational Divisions and support functions have produced a Trust run rate plan for the remainder of the 2020/21 financial year, set to deliver; Urgent and Emergency care and Covid-19 resilience, Elective recovery and restoration and maintain measures endorsed for health and well-being and already committed investment in Walsall Together. The Trust has developed a balanced financial plan on this basis.
- The Trust forecasted a deficit of £1.173m in month for December 2020 and £1.574m year to date, with the actual performance being slightly better at £0.933m in month and £1.264m year to date.
- The adverse variance on other income is driven largely by guidelines for Covid-19 resulting in our not being able to charge the CCG for IT, Property Services and other services (£3.3m), the Trust has also lost income on car parking, R&D and accommodation charges (£0.7m) in the first 6 months of the year. This has been offset through the retrospective top up funding available in these months.
- Temporary workforce expenditure remains over baseline plan and historic levels being driven by increased vacancies, COVID related absence, increased staffing levels and increased use of escalation capacity.
- Other non pay expenditure is higher, largely due to monthly support costs for the Electronic Patient Record being chargeable this year and costs associated with delays to go live, combined with Covid-19 related costs incurred.

Capital

- The Trust has submitted a revised capital plan of £16.5m, though has subsequently received £4.1m for Urgent and Emergency Care (taking the program to £20.6m). Key will be the ability of the Trust to commit and spend the resource during the financial.
- The expenditure to date on capital totals £11.2m (£2.9m in December) with approvals for the Emergency Department currently being progressed.

Cash

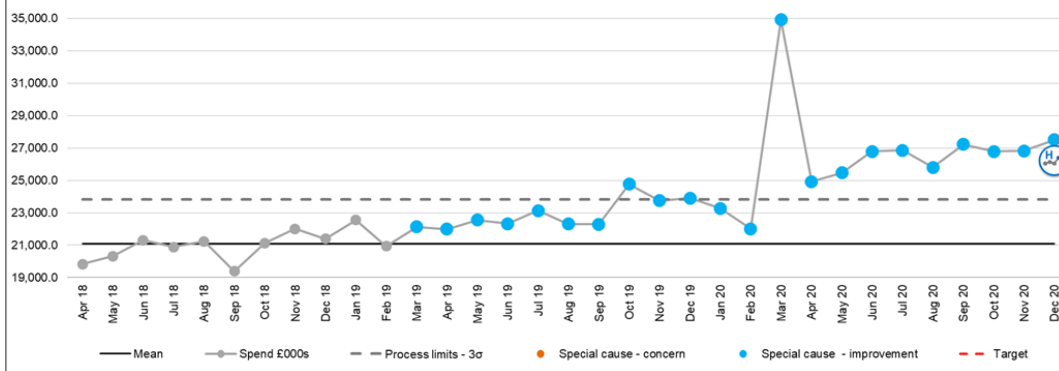
- The Trust is holding substantial cash allocations at the end of December 2020. This is largely a consequence of block contracts being received a month in advance since April 2020. This arrangement allows the Trust to pay suppliers more quickly in line with Cabinet Office advice and ensure the health of the supply chain and speed of supply.

Efficiency attainment

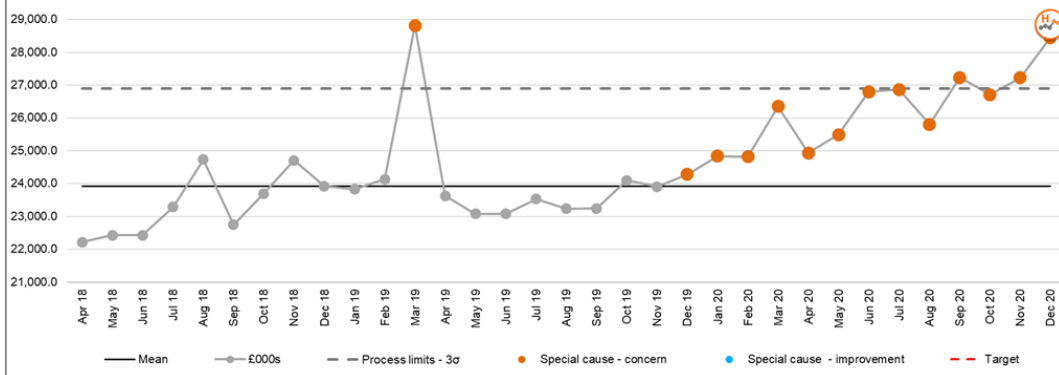
- The emergency budget planning letter and guidance states there was no efficiency requirement for Months 1-6. However, development of Improvement Programme initiatives is key to ensuring financial sustainability moving forwards, with the outputs of this program to be reviewed by Performance, Finance and Investment Committee.

Income and expenditure run rate charts

Total Income-Finance starting 01/04/18



Total Expenditure-Finance starting 01/04/18



Income additional information

- Income has continued to increase year on year, this reflects a level of tariff inflation and growth serviced through the Trust over this period.
- January and February 2020 income reduced as the Trust moved away from plan, losing central income from the Financial Recovery Fund (FRF) and Provider Sustainability Fund (PSF) during these months
- March 2020 saw the Trust move back on plan and receive the quarters FRF and PSF in month accordingly.
- April's income reflects the emergency budget income allocation (increasing monthly to reflect the increase in the top up of funding received).
- From October there will no longer be retrospective top up funding received, block income has been agreed based on operation run rates.

Expenditure additional information

- March 2019 the Trust accounted for the ICCU Impairment of £6.2m
- March 2020 costs increased to reflect the Maternity theatre impairment £1m & Covid-19 expenditure
- Throughout April and May 2020 costs increased in support of COVID-19, with June and July seeing these costs increase further for elective restart and provision for EPR, Clinical Excellence Awards impacts on cost base, noting a reduction in expenditure in August due to the non recurrent nature of these. Spend increased again in September due to back dated Medical Pay Award, increased elective activity and non recurrent consultancy spend and remains high driven by the additional pressures of a second wave of COVID activity.
- December's costs have increased owing to response to the Covid-19, though additional costs for rates and Pathology one off charges have also occurred in month and are non-recurrent (will not repeat in January 2021).

Cash Flow Statement & Statement of Financial Position (M9)

Walsall Healthcare 





























NHS Trust

CASHFLOW STATEMENT		STATEMENT OF FINANCIAL POSITION			
Statement of Cash Flows for the month ending November 2020	Year to date Movement	Statement of Financial Position for the month ending November 2020	Balance as at 31/03/20	Balance as at 30/11/20	Year to date Movement
	£'000		£'000	£'000	£'000
Cash Flows from Operating Activities		Total Non-Current Assets	144,866	148,247	3,381
Adjusted Operating Surplus/(Deficit)	5,806	Current Assets			
Depreciation and Amortisation	4,461	Receivables & pre-payments less than one Year	39,001	20,079	(18,922)
Donated Assets Received credited to revenue but non-cash	0	Cash (Citi and Other)	9,056	42,516	33,460
(Increase)/Decrease in Trade and Other Receivables	19,381	Inventories	2,620	2,653	33
Increase/(Decrease) in Trade and Other Payables	19,990	Total Current Assets	50,677	65,248	14,571
Increase/(Decrease) in Stock	(33)	Current Liabilities			
Interest Paid	(5,567)	NHS & Trade Payables less than one year	(25,955)	(26,835)	(880)
Dividend Paid	0	Other Liabilities	(1,480)	(22,150)	(20,670)
Net Cash Inflow/(Outflow) from Operating Activities	44,038	Borrowings less than one year	(134,693)	(1,387)	133,306
Cash Flows from Investing Activities		Provisions less than one year	(437)	(437)	-
Interest received	0	Total Current Liabilities	(162,565)	(50,809)	111,756
(Payments) for Property, Plant and Equipment	(7,995)	Net Current Assets less Liabilities	(111,888)	14,439	126,327
Receipt from sale of Property	0	Non-current liabilities			
Net Cash Inflow/(Outflow) from Investing Activities	(7,995)	Borrowings greater than one year	(116,013)	(116,013)	-
Net Cash Inflow/(Outflow) before Financing	36,043	Total Assets less Total Liabilities	(83,035)	46,673	129,708
Cash Flows from Financing Activities	(2,583)	FINANCED BY TAXPAYERS' EQUITY composition :			
Net Increase/(Decrease) in Cash	33,460	PDC	68,300	198,455	130,155
Cash at the Beginning of the Year 2020/21	9,056	Revaluation	14,832	14,740	(92)
Cash at the End of the November	42,516	Income and Expenditure	(166,167)	(166,165)	2
		In Year Income & Expenditure	-	(357)	(357)
		Total TAXPAYERS' EQUITY	(83,035)	46,673	129,708



SAFE, HIGH QUALITY CARE	
%	Total time spent in ED - % within 4 hours - Overall (Type 1 and 3)
%	Ambulance Handover - Percentage of clinical handovers completed within 15 minutes of recorded time of arrival at ED
No.	Ambulance Handover - No. of Handovers completed over 60mins
%	Cancer - 2 week GP referral to 1st outpatient appointment
%	Cancer - 62 day referral to treatment of all cancers
%	18 weeks Referral to Treatment - % within 18 weeks - Incomplete
No.	18 weeks Referral to Treatment - No. of patients waiting over 52 weeks - Incomplete
%	% of Service Users waiting 6 weeks or more from Referral for a Diagnostic Test
No.	No. of Open Contract Performance Notices
CARE AT HOME	
%	ED Reattenders within 7 days
RESOURCES	
%	Outpatient DNA Rate (Hospital and Community)
%	Theatre Utilisation - Touch Time Utilisation (%)
%	Delayed transfers of care (one month in arrears)
No.	Average Number of Medically Fit Patients (Mon&Thurs)
No.	Average LoS for Medically Fit Patients (from point they become Medically Fit) (Mon&Thurs)

Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
95.43%	91.88%	83.50%	73.00%	78.27%	79.29%
80.29%	79.35%	58.23%	57.04%	61.85%	57.67%
0	5	20	66	42	19
93.00%	92.06%	86.57%	82.27%	77.03%	
67.44%	71.83%	67.78%	65.35%	77.11%	
52.50%	61.06%	68.66%	74.03%	74.97%	72.69%
9	8	14	14	37	110
16.32%	18.24%	14.70%	12.35%	17.92%	15.53%
9	9	9	9	9	9
8.45%	8.78%	6.63%	7.60%	7.67%	7.94%
6.76%	10.25%	11.42%	12.93%	13.23%	12.85%
62.98%	67.50%	43.61%	66.17%	54.91%	50.90%
2.57%					
39	35	46	48	41	34
3.00	3.00	4.00	5.00	4.00	4.00

2020/21 YTD	2020/21 Target	2019/20 YTD	SPC Variance	SPC Assurance
85.58%	95.00%	81.77%		
68.35%	100.00%	62.37%		
153	0	312		
88.02%	93.00%	84.07%		
71.33%	85.00%	80.93%		
				
202	0	0		
19.18%	1.00%	1.63%		
	0			
8.00%	7.00%	7.60%		
10.05%	8.00%	10.44%		
55.82%	75.00%	85.42%		
2.54%	2.50%	3.68%		
				
				

MEETING OF THE PUBLIC TRUST BOARD - 4 th FEBRUARY 2020			
Working with Partners			AGENDA ITEM: 15
Report Author and Job Title:	Ned Hobbs, Chief Operating Officer	Responsible Director:	Ned Hobbs, Chief Operating Officer
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/> Assure <input checked="" type="checkbox"/>		
Executive Summary	<p>This report provides an overview of the risks to delivery of the Working with Partners Strategic Objective, mitigations in place to manage the risks identified, and actions identified to address gaps in controls and assurance.</p> <p>The Collaborative Working and Integration Executive Group Meeting (CWIEG) between Royal Wolverhampton Hospital NHS Trust (RWT), The Dudley Group NHS Foundation Trust (DGFT) and Walsall Healthcare NHS Trust (WHT) was reinstated and met on 30th June, 11th August and 13th October since reinstatement. Sandwell and West Birmingham NHS Trust (SWBH) are now also members. Due to the level of pressure on the BCWB system associated with the second and third waves of COVID-19, however, the CWIEG meetings scheduled for November and December were cancelled.</p> <p>The Working with Partners Improvement Programme reflects the work of Divisional teams and the progression of functional integration between Acute Hospitals. This report gives a brief update on functional integration, in the absence of a formal CWIEG meeting to report from.</p>		
Recommendation	Members of the Trust Board are asked to note the contents of this report.		

<p>Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline</p>	<p>This report addresses BAF Risk S03 Working with Partners to provide positive assurance the mitigations in place to manage this risk and the related corporate risks</p> <p>There are no direct corporate risks associated with Partnership working. However increased partnership working provides a mitigation to the following Corporate risks;</p> <p>2066- Nursing and Midwifery Vacancies</p> <p>2072- Temporary workforce</p>	
<p>Resource implications</p>	<p>There are no resource implications associated with this report.</p>	
<p>Legal and Equality and Diversity implications</p>	<p>There are no legal or equality & diversity implications associated with this paper.</p>	
<p>Strategic Objectives</p>	<p>Safe, high quality care <input type="checkbox"/></p>	<p>Care at home <input type="checkbox"/></p>
	<p>Partners <input checked="" type="checkbox"/></p>	<p>Value colleagues <input type="checkbox"/></p>
	<p>Resources <input type="checkbox"/></p>	



WORKING WITH PARTNERS

1. EXECUTIVE SUMMARY

COVID-19 has affected the ability of the Trust to formally oversee and manage the programme of integration between Acute Hospital services. However, COVID-19 has also necessitated and accelerated significant collaboration between Trusts on many matters including mutual aid for Personal Protective Equipment, standardisation of policies in relation to the workforce, approaches to restoration and recovery planning, Critical Care mutual aid, mutual aid for the management of patients conveyed to Emergency Departments by ambulance, and shared learning to deal with a novel virus pandemic.

As a result, collaboration between Black Country Trusts is stronger due to the experience of this year. There is a clear appetite to use this opportunity to build upon those foundations and progress functional service integration where there is an opportunity to improve care for the patients we serve and/or to improve the working lives of our staff.

2. BOARD ASSURANCE FRAMEWORK

The BAF risk recognises the risk, previously shared with Trust Board that COVID-19 has affected the pace with which functional collaboration with Acute Hospital partners in the Black Country could progress. The Collaborative Working and Integration Executive Group Meeting (CWIEG) between Royal Wolverhampton Hospital NHS Trust (RWT), The Dudley Group NHS Foundation Trust (DGFT) and Walsall Healthcare NHS Trust (WHT) was reinstated and met on 30th June, 11th August and 13th October since reinstatement. Due to the level of pressure on the BCWB system associated with the second and third waves of COVID-19, however, the CWIEG meetings scheduled for November and December were cancelled. The BAF recognises the risk that the second and third waves of COVID-19 are likely to further delay some elements of functional integration between services.

The BAF risk has been reviewed and updated. The risk has been brought up to date to reflect the evidence of successful partnership working, the demonstrable progress in functional service integration in further specialties now, and to recognise the approved Strategic Collaboration between The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust. Consequently the risk score has reduced from 12 to 9.

3. IMPROVEMENT PROGRAMME

The Working with Partners Improvement Programme reflects the work of Divisional teams and the progression of functional integration between Acute Hospital specialties

overseen through CWIEG to support improved patient care, and improved working lives for our people. Abbreviated updates, in the absence of a formal CWIEG meetings are drawn out for the Board's attention as follows:

3.1. Urology

A joint Chief Operating Officers and Medical Directors meeting took place on the 27th November 2020 between WHT and RWT Directors to consider opportunities to accelerate the integration of Urology services.

A report was received at Trust Management Board on 26th January 2021 setting out phase 1 of the collaboration, namely the centralisation of emergency admissions at New Cross, with a targeted commencement timeframe of May 2021. Detailed work to cover both income and expenditure implications at both Trusts, and to engage with key stakeholders is underway.

3.2. Dermatology

Progress continues in the Dermatology workstream, supported by the joint Clinical Directorship of Dr James Halpern. Workstream group meetings were suspended in January due to operational pressures on both RWT and WHT. However, the project team continue to meet weekly. An overarching programme plan with milestones, risks and benefits has been completed and is monitored by the project team and steering group.

Demand & Capacity work has been undertaken on both sites to inform the workforce model for a joint service (to include a plan for cross-site matron). Due the suspension of meetings, as mentioned above, it has not yet been presented to the Dermatology Partnership Steering Group, however, this work to identify a workforce model continues in the background.

The draft business case for Microscopically Controlled (Mohs) Surgery is to go through the approval process at RWT and WHT separately. Assuming approval it will then be presented to CWIEG to determine the next steps for this particular service.

3.3. Clinical Fellowship Programme

The Clinical Fellowship joint working Service Level Agreement between WHT and RWT has been approved, and the Memorandum of Understanding (MOU) has also been approved. The MOU includes a revised recruitment process and responsibilities of each Trust. The first Clinical Fellow interviews have taken place in Acute Medicine, with 4 candidates appointed with expected start dates by the end of February 2021.

4. RECOMMENDATIONS

Members of the Trust Board are asked to note the contents of this report.

5. APPENDICES

Appendix 1 - BAF SO3



Risk Summary								
BAF Reference and Summary Title:	BAF S03 Working with partners; We will deliver sustainable best practice in secondary care, through working with partners across the Black Country and West Birmingham System							
Risk Description:	Failure to integrate functional and organisational form change within the Black Country will result in lack of resilience in workforce and clinical services, potentially damaging the trust's ability to deliver sustainable high quality care.							
Lead Director:	Chief Operating Officer	Supported By:		Medical Director & Executive Director for Planning and Improvement				
Lead Committee:	PERFORMANCE, FINANCE, AND INVESTMENT COMMITTEE							
Links to Corporate Risk Register:	Title						Current Risk Score	
	<ul style="list-style-type: none"> There are no direct corporate risks associated with Partnership working. However increased partnership working provides a mitigation to the following Corporate risks; 2066- Nursing and Midwifery Vacancies 2072- Temporary workforce 						9 (Moderate)	
Risk Scoring								
Quarter	Q1	Q2	Q3	Q4	Rationale for Risk Level	Target Risk Level (Risk Appetite)		Target Date
Likelihood:	3	3	3		This risk has been reduced to moderate due to the advancement of a number of key work streams.	Likelihood:	2	31 March 2021
Consequence:	4	4	3			Consequence:	2	
Risk Level:	12	12	9		<ul style="list-style-type: none"> Executive group established across provider organisations to review opportunities for collaboration Success of Black Country Pathology Service (BCPS) Transfer of WHT payroll service to RWT Advanced collaboration in Dermatology including appointment of joint clinical director, and cross-site working of Consultant Dermatologists. Advanced discussions in Urology including cross site working Integrated ENT on-call rota in place Initial discussions re: bariatric services and radiology STP Clinical Leadership Group, relevant restoration and recovery groups and relevant network collaboration continue to drive Clinical Strategy 	Risk Level:	4 (low)	

- Shared Clinical Fellowship Programme agreed with RWT, and first round of appointments made.
- Despite progress, integration plans are not yet fully implemented

Control and Assurance Framework 3 Lines of Defence

	1 st Line of Defence	2 nd Line of Defence	3 rd Line of Defence
Controls:	<ul style="list-style-type: none"> • Collaborative working and integration executive group in place • Sustainability review process completed • Regular oversight through the Board and its sub committees • Improvement Programme to progress clinical pathway redesign with partner organisations 	<ul style="list-style-type: none"> • Approved Strategic Collaboration between The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust. 	<ul style="list-style-type: none"> • Third line of control NHSE/I regulatory oversight • Black Country and West Birmingham STP plan and governance processes in place
Gaps in Control	<ul style="list-style-type: none"> • Lack of co-alignment by our organisation and neighbouring trusts • Lack of formal integration at Trust level across all four BCWB Acute Trusts • Mandated arrangements by regional networks 		
Assurance:	<ul style="list-style-type: none"> • Track record of functional integration of clinical services including hyper acute stroke, vascular surgery, cardiology, rheumatology, ophthalmology, neurology, oncology, Black Country Pathology Service and OMFS 	<ul style="list-style-type: none"> • Demonstrable evidence of recent functional integration in ENT, Urology and Dermatology • Emerging commitment from Acute Collaboration partners to more formalised collaborative working. • Audit Committee has oversight of partnership working within its terms of reference. • System Review Meetings providing assurance to regulators on progress 	<ul style="list-style-type: none"> • Progress overseen nationally and locally
Gaps in Assurance	<ul style="list-style-type: none"> • Clinical strategy is still emerging • CCG currently in a state of transition • Additional pressures with Covid-19 have delayed acute collaboration, and organisational capacity is concentrated on managing the second and third waves. • Limited independent assessment of integrated services or collaborative working arrangements • Embryonic independent evidence-base for successful collaborations to assess progress against. 		

Future Opportunities

- Consolidate other services, including back office functions
- Collaborate with partner organisations outside the Black Country Acute Trusts, including community and third party organisations
- Promote Walsall as an STP hub for selected, well-established services
- Collaborative working during COVID-19 presents an opportunity to accelerate some elements of clinical pathway redesign

Future Risks

- Conflicting priorities and leadership capacity to deliver required changes
- STP level governance does not yet have statutory powers
- Lack of engagement/involvement with the wider public

- Acute Hospital Collaboration may not progress at the anticipated pace due to the resurgence of COVID-19 coinciding with a challenging winter.
- Disrupted relationships with neighbouring trusts due to altered visions of the form and pace of future collaboration

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	Action Required	Executive Lead	Due Date	Quarter 1 Progress Report	BRAG
1.	Keep abreast of Trust Acute collaboration discussions and updates accordingly.	G. Augustine	Dec 2020	Complete – Trust Board endorsed the benefits of BCWB Trust collaboration for the population of Walsall	
2.	Develop over-arching programme plan to support individual projects for each phase (Phase 1, emergencies, Phase 2, Elective/Cancer work).	Programme Manager	Dec 2020	Delayed due to resurgence of Covid-19.	
4.	Assess resource requirement to support Imaging Network programme	G Augustine & N Hobbs	Jan 2020		

MEETING OF THE PUBLIC TRUST BOARD – 4 th February 2021			
People and Organisational Development Committee (PODC) Highlight Report			AGENDA ITEM: 16
Report Author and Job Title:	Trish Mills Trust Secretary	Responsible Director:	Danielle Oum, Trust Chair
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/> Assure <input checked="" type="checkbox"/>		
Executive Summary	<p>The report provides the key messages from the People and Organisational Committee meetings on 17th December 2020 and 28th January 2021. The meeting time and agenda were shortened to allow executives to focus their time on the response to the second wave of COVID-19. Of note are:</p> <ol style="list-style-type: none"> 1. The Committee discussed in detail at its December and January meetings the organisational development issues and interventions, and whilst recognising their complexity and commending the breadth of work to date, urged pace in the development of the both the internal and external elements of assurance. Internal assurance will be monitored through improvement programme reporting to the Committee. External assurance in the form of internal audit and peer review will provide an additional level of confidence that colleague concerns are being addressed in the short and longer term, which was welcomed by the Committee. <p>The Committee agreed to amend the timescales within the Board Assurance Framework from March 2021 to March 2022 for the cultural and leadership development work, to provide for more realistic and successful mitigations of the issue.</p> <ol style="list-style-type: none"> 2. The December and January meetings of the Committee discussed the COVID-19 risk assessments for vulnerable colleagues. The committee recognised the processes in place to manage the current significant staffing challenges, and to protect vulnerable staff on redeployment and who are working in COVID-19 positive 		

	<p>wards. However it noted gaps in terms of consistency of process and of experience, and a lack of assurance that the risk assessments are safeguarding vulnerable colleagues who may be at an increased COVID-19 risk. A revised second round of risk assessments will now commence, and the Committee will continue to monitor the impact and seek assurance on how they are keeping clinically vulnerable colleagues safe.</p> <p>3. The Committee reviewed the Equality, Diversity and Inclusion Strategy and its implementation plan. It commended the organisation for the culmination of significant consultation in developing the strategy, and thanked the Equality, Diversity and Inclusion Group for their support. The implementation plan will be further developed to provide the Committee with clarity on the measurable elements over which they will have oversight, and that will return to the committee in April, with the Board due to receive the strategy in May.</p> <p>4. The January meeting was the last meeting for the Chair of the Committee, Philip Gayle, and the Trust Chair, Danielle Oum, thanked him for his support and dedication to the development of the people and culture agenda at the Trust, and his chairmanship of the Committee. The Committee will be chaired by Junior Hemans from the next meeting in February</p>
Recommendation	Members of the Trust Board are asked to note the report and the escalations for its attention.
Risk in the BAF or Trust Risk Register	BAF S04 – Culture (lack of an Inclusive and open culture impacts on staff morale, staff engagement, staff recruitment, retention and patient care)
Resource implications	There are no new resource implications associated with this report.
Legal, Equality and Diversity implications	This Committee supports the Trust’s approach to delivering equality, diversity and inclusion for the benefit of the patient population and staff who work for the Trust and who live in Walsall.

Strategic Objectives	Safe, high quality care <input type="checkbox"/>	Care at home <input type="checkbox"/>
	Partners <input type="checkbox"/>	Value colleagues <input checked="" type="checkbox"/>
	Resources <input type="checkbox"/>	



MEETING OF THE TRUST BOARD - 4 TH February 2021			
VALUE OUR COLLEAGUES –EXECUTIVE UPDATE			AGENDA ITEM: 17
Report Author and Job Title:	Catherine Griffiths – Director of People and Culture	Responsible Director:	Catherine Griffiths – Director of People and Culture
Action Required	Approve <input checked="" type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/> Assure <input type="checkbox"/>		
Executive Summary	<p>This report provides an update on actions taken last month relating to the Value our Colleagues workstream of the Improvement Programme. The following points seek to inform the Trust Board of progress, identify where assurance can be taken, where there are assurance gaps or improvement required and, where required, to seek approval for actions proposed.</p> <p>1. Organisational Development (OD) Interventions and Programme: There has been significant activity relating to the OD interventions which now form a sub-set of the Value our Colleagues workstream explicitly to govern the assurance on activity completed and planned. Dedicated resource has been identified to lead the OD elements of the plan. The People and Organisational Development Committee considered three levels of internal assurance relating to organisational culture, this relates to how individual colleague experience is gathered and how actions and feedback is given. This is graphically represented at Appendix 1. The first level being individual response with written confirmation of action taken for individuals by letter from the Chair of Trust Board and FTSU Guardians to reassure their voice is being heard and appropriate action will be taken. The second level of oversight derives from delivery of the Improvement Programme actions and the use of the people focused accountability framework, with the use of cultural heat-maps for flagging issues through the monthly performance review meetings. The Board is asked to note this approach will be part of managerial accountability and governance from April</p>		

2021. It complements the established quantitative workforce data report with a range of qualitative and colleague experience metrics including those identifying discriminatory system outcomes, such as access to promotion, workforce representation, Workforce Race Equality standard (WRES) and Workforce Disability Equality Standard (WDES), and other supporting data. The third level relates to the leadership development and competency framework for delivery this calendar year (2021) with a development and assessment process to provide assurance on competence against compassionate and inclusive leadership.

The People and Organisational Development Committee discussed and noted the gaps in assurance to Board on the effectiveness of OD interventions taken and impact on the Trust culture. It noted the first line of assurance will be on the internal actions taken above, the second line of assurance will be the plan to engage internal audit to provide a view on this element of the Value our Colleagues workstream. In addition the third line of assurance through an externally led peer review was discussed and recommended to Trust Board, to be scheduled during Q3 2021. The initial analysis from the 2020 National Staff Survey raw data was considered at the People and Organisational Development Committee as part of reviewing qualitative metrics; the full public results will follow in March 2021.

2. The resource plan for Occupational Health and COVID-19 team resource is extended during this month due to the ongoing requirements of outbreak contact tracing. Additional resource has been made available from the operational divisions through the deployment of colleagues from the Women's, Children and Clinical Support Services Division and Public Health from the end of January 2021. This is a critical move required to focus Occupational Health professionally supporting colleagues, performance on referrals and will support SEQOHS (Safe Effective Quality Occupational Health Service) accreditation plans as well as the broader work on the Health and Wellbeing Strategy. The Health and Wellbeing Strategy for 2021 to 2022 continues to develop. The update on the work has been deferred for presentation to the People and Organisational

Development Committee until March 2021.

3. The consultation work on the Equality, Diversity and Inclusion Strategy completed during January 2021 with a focused consultation during the Equality, Diversity and Inclusion Group meeting in January to take final comments and amendments to the strategy. The People and Organisation Development Committee considered a working draft for discussion and consideration along with a detailed action plan in January. The Committee commended the work and this plan will continue to develop as a dynamic statement of ambition with plans and targets. The data supporting the approach is to be embedded within the accountability performance data and hence the outcomes expected will continue to be defined with a plan to update Trust Board in April 2021.
4. There have been further discussions with the Black Country Strategic Transformation Partnership (STP) relating to the risk assessment process and amendments made to the process to reflect the national approach within the People Plan and to reflect the socio-demographic considerations. There remains a significant gap in assurance to report to the Trust Board, the risk assessment process is to inform how individual work environment on protections are managed. To provide the assurance to the People and Organisational Committee and the Trust Board requires the risk assessment process to change. The Committee consequently approved a recommendation to initiate a further risk assessment round with updated paperwork reflecting socio-demographic elements. The Committee agreed this whilst noting there remain gaps in assurance currently relating to the effectiveness of the first round of assessments.
5. The Board Assurance Framework (BAF) risk 04 mitigations in place measure performance against key workforce metrics: these are quantitative metrics. This month the performance on non COVID-19 related sickness absence has improved at 4.95% for the week to 26th January 2021, this rises to 5.72% when COVID-19 related sickness absence is included; with self-isolation, total absence from work is 8.59%. Compliance levels for Infection Prevention Levels 1 and 2 are steadily improving; outliers have been escalated through the command structures.

	<p>The flu vaccine uptake is currently at 72% at 27th January 2021. The Lateral Flow Device test kit has been deployed to 3,855 colleagues with 97 positive test results recorded as at 28th January 2021. The arrangements for the LAMP (Loop-mediated Isothermal Amplification) testing became operational during January. The People and Organisational Development Committee noted plans for reporting on qualitative workforce data within the people elements of the accountability framework within the monthly performance reviews from April 2021.</p> <p>6. The Trust Board are asked receive positive assurances arising from the Improvement Programme work and to note the gaps in assurance and plans to address these gaps. In addition Trust Board is asked to note that the timescales within the Board Assurance Framework have been amended following discussion at the People and Organisational Development Committee to reflect the focus this year on emergency operational response. This has diverted some of the planned activity on cultural development, including deferral of the leadership development work and the colleague experience reporting through the cultural heat-map approach to pinpointing areas of good practice as well as areas of concern. The expected date for improvement in cultural indicators and metrics measured within the Board Assurance Framework and improvement plan is proposed to be March 2022 rather than March 2021.</p>
<p>Recommendation</p>	<p>1. Members of the Trust Board are asked to note the report and in particular the three levels of review and feedback on colleague experience and note the plans for external review relating to work to re-set the organisation culture (relating to raising concerns including racism and inequality based on protected characteristics). The Board is asked to note the development of cultural heat-maps as part of the performance and accountability arrangements within the Trust to start from April 2021.</p> <p>2. Members of the Trust Board are asked to note the update on the risk assessment process and note the significant assurance gap and the plans to close these assurance gaps, through</p>

	<p>adopting the templates recommended by the People and Organisation Development Committee. These templates update the approach to assessing risk.</p> <p>3. Members of the Trust Board are asked to note the ongoing requirement for investment in health and wellbeing support during the new financial year in order to fully support workforce recovery and to note a report will follow on the strategic elements of Health and Wellbeing.</p>
<p>Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline</p>	<p>This report addresses BAF Risk 04 to provide positive assurance the mitigations in place to manage this risk and the related corporate risks. It proposes an amendment to delivery date on the basis of resource and effort being diverted to the emergency response and therefore the target for the planned improvement on the 'value our colleagues' metrics is proposed as March 2022 (rather than March 2021).</p>
<p>Resource implications</p>	<p>The improvement program and OD/cultural approach will require investment beyond the base budget in order to achieve the milestones and progress envisaged by 2022 to create a consistently healthy organisational culture able to support outstanding provision and achieving top quartile performance in the indicators set. In particular, further resource on engagement will be required.</p>
<p>Legal and Equality and Diversity implications</p>	<p>There are significant issues relating to equality arising from matters addressed in the report. The Committee has been presented with the evidence base for differential staff experience based on ethnicity, disability, age, sexuality, gender, religion and other protected characteristics.</p> <p>This goes to the heart of both the Trust Board pledge and the Trust values and supporting behaviours. The Board Assurance Framework identifies the controls and actions planned to reduce these risks. The People and Organisation Development Committee approved the approach to reviewing cultural heat maps from April 2021.</p>

Strategic Objectives	Safe, high quality care <input type="checkbox"/>	Care at home <input type="checkbox"/>
	Partners <input type="checkbox"/>	Value colleagues <input checked="" type="checkbox"/>
	Resources <input type="checkbox"/>	

VALUE OUR COLLEAGUES EXECUTIVE UPDATE

1. EXECUTIVE SUMMARY

The Trust Board made a pledge relating to valuing colleagues as follows:

“We the Trust Board, pledge to demonstrate through our actions that we listen and support people. We will ensure that the organisation treats people equally, fairly and inclusively with zero tolerance of bullying. We uphold and role-model the Trust values chosen by you”

The evidence available demonstrates that the pledge is not met consistently across the Trust. There are areas of good practice from which we need to learn; equally there are areas of poor and discriminatory practice which run counter to the trust values and which are normalised in some areas.

Without decisive action to tackle poor and discriminatory practice and behaviours, including racism, the ability to demonstrate the Trust truly values colleagues will not be achieved and the authenticity and credibility of the Trust Board pledge compromised.

The purpose of the Value our Colleagues enabling work-stream of the improvement programme is to deliver workforce improvement so colleagues recommend the Trust as a place to work and as a place to be treated. Colleague experience has a direct correlation with patient experience and outcomes.

The focus on developing the culture of the organisation is contained within the OD Plan which is delivered through the Improvement Programme. This has been supplemented by a sub-programme resourced to ensure the activity is delivered on time and as planned for the OD interventions along with the provision of dedicated resource. There will continue to be monthly meetings with the Freedom to Speak Up (FTSU) Guardians and the Non-Executive lead for FTSU and Health and Wellbeing to oversee assurance on this crucial element of colleague experience. The levels of assurance internally are shown graphically at Appendix 1.

The raw data from the National Staff Survey was included within the update report on OD for the People and Organisational Development committee and indicates a significant improvement on the staff advocacy indicator of recommending Walsall as a place to work. It also shows a significant increase in the reporting of race discrimination. The full reports will be brought to Trust Board in March. The cultural heat-map approach will become operational from April 2021 as the accountability and performance review governance. This will draw in

the colleague experience qualitative metrics and the outcome measures within the EDI strategy and action plan as well as the measures within the BAME cabinet stocktake.

2. BOARD ASSURANCE FRAMEWORK

The Board Assurance Framework (BAF) Risk 04 at Appendix 2 provides that lack of an inclusive and open culture impacts on staff morale, staff engagement, staff recruitment, retention and patient care. The following actions have been taken in month to mitigate the risks are as follows:

- The OD work has been defined as a sub-set of the workstream on culture. A dedicated resource has been established to oversee the delivery of the programme activity and the programme outcomes will be discussed on a monthly basis by the FTSU Guardians and non-executive Board lead for FTSU and Health and Wellbeing to ensure the assurances are achieved.
- Additional operational and public health resource will be deployed at the end of January to supplement the Occupational Health and Wellbeing resource which will be focused on supporting the workforce and the additional resource in place will support the COVID-19 outbreak work. This is critical to providing workforce support and recovery.

The BAF risks impact the delivery of the Trust Board pledge; the controls in place to mitigate the risks and gaps in assurance were:

- The Risk Assessment process and the process for redeploying colleagues demonstrated that significant gaps in assurance relating to the process remain relating to the risk stratification tool and the data deriving from this. As a response to this concern the People and Organisational Development Committee agreed further work to audit the process and the risk assessment templates recommended were adopted by committee and the process itself is being re-run to continue to update risk mitigations for the workforce and individuals.
- Individual staff members raising concerns about their experience of unreasonable treatment will receive a letter from the Chair of the Trust to reassure them they have been listened to and action has been taken. The assurance on this will be monitored on a monthly basis through the FTSU Guardians and non-executive board lead for FTSU and health and wellbeing.
- The committee discussed the approach represented at Appendix 1 to provide internal oversight on the culture of the trust. In addition the committee approved additional

levels of external assurance on the organisational culture relating to internal audit and a peer based review the timing of which is to be set.

The following assurance is in place to mitigate the risk:

- The People and Organisational Committee receives monthly assurance updates on arrangements in place to support colleagues through the impact of COVID-19.
- The report on organisational culture to the Committee will provide three levels of review relating to the activity taking place and recommends the introduction of a cultural heat-map from April 2021 to ensure accountability is discussed at each monthly performance review.
- There is a further resource plan in place for Occupational Health to ensure the emergency requirements of responding to COVID-19 can be met and the health and wellbeing needs of the workforce can be supported at both strategic and operational level drawing fully on the availability of support through the STP.

3. PERFORMANCE REPORT

The workforce metrics performance element of the report to the People and Organisation Development Committee provides a standard shortened set of quantitative metrics and tracks performance over time, the People and Organisation Development Committee reviewed the metrics and key points are contained within the executive summary for this report to Trust Board. The People and Organisation Development Committee noted plans to supplement the quantitative metrics with qualitative colleague experience metrics to provide assurance to board on OD and cultural development measures and the measures within the Equality Diversity and Inclusion action plan. The Committee set a requirement for further assurance on the impact and outcomes of these metrics.

4. IMPROVEMENT PROGRAMME

There are 29 overarching projects in the Value our Colleagues workstream; these are structured into three sub-work-streams as follows:

- Leadership, Culture and OD
- Organisation Effectiveness
- Making Walsall (and the Black Country) the best place to work

The Value our Colleagues workstream of the improvement programme has been reviewed and priorities identified. The actions supporting the delivery of the Organisation Development Framework, which is a change programme designed to improve two key outcome measures (recommending the Trust as a place to work and a place to be treated) to be top quartile by

2022. The prioritised areas of work in support of the emergency response are on target, no points of escalation. The timescale on delivery for change to the cultural measures towards outstanding in 2022 have been reviewed and amended to reflect the fact that resource has been deployed to support the emergency response and hence some elements of the OD and cultural improvement plan, e.g. leadership development have been deferred. The date for material improvement on the metric measures has been set to March 2022, board are asked to note and approve this.

5. RECOMMENDATIONS

- (a) Members of the Trust Board are asked to note the report and in particular the three levels of review and feedback on colleague experience and note the plans for external review relating to work to re-set the organisation culture (relating to raising concerns including racism and inequality based on protected characteristics). The Board is asked to note the development of cultural heat-maps as part of the performance and accountability arrangements within the Trust to start from April 2021.
- (b) Members of the Trust Board are asked to note the update on the risk assessment process and note the significant assurance gap and the plans to close these assurance gaps, through adopting the templates recommended by the People and Organisation Development Committee. These templates update the approach to assessing risk.
- (c) Members of the Trust Board are asked to note the ongoing requirement for investment in health and wellbeing support during the new financial year in order to fully support workforce recovery and to note a report will follow on the strategic elements of Health and Wellbeing.

6. APPENDICES

Appendix 1 – Internal sources of OD assurance

Appendix 2 – Board Assurance Framework Risk 04

Colleague Experience – Recommend Walsall as a place to work



Valuing our Colleagues – Colleague Experience metric recommending Walsall as a place to work:

- The sources of information will be through colleague experience from all sources, formal surveys including quarterly pulse surveys from April 2021, workforce metrics and individual feedback (boardwalks, executive walkabouts, pull up a chair, colleague inclusion groups, networks and councils, regular engagement events, line manager and Trust Management Board (TMB) feedback)
- **The first line of review** resides with individual case and review activity through HR casework dashboard, Freedom to Speak Up (FTSU) cases dashboard, Staff Side and intelligence on specific concerns or celebration points raised – currently contained within targeted OD programme of work. The metrics are monitored through the Joint Negotiating Consultative Committee, People and Organisational Development Committee (PODC), TMB, Executives and Board. Where required the feedback loop can be confidential to maintain independence, the culmination of individual experience also provides data and intelligence on cultural themes. The Workforce Metric dashboard provides oversight on output measures (absence, turnover, retention, vacancy rate).
- **The second line of review** resides with the metric on recommending Walsall as a place to work (outcome measure) is supported by the formal people elements of the accountability framework, here a selection of people metrics are drawn together to form a heatmap of organisational health. The design will be based upon the organisation units used within the national staff survey in order to drill down to unit level across the trust [indicators included are workforce race equality standards and workforce disability equality standards (WRES/WDES) and representation, engagement, morale and direct line manager support, wellbeing indicators and sickness absence, retention rate, turnover, FTSU, Staff Side concerns, HR casework] from April 2021 the 'Heatmap' approach will be used to direct discussion on People elements of performance at the monthly performance reviews, TMB, Exec, PODC, Improvement Board and Trust Board. The improvement programme delivery is critical.
- **The third line of review** resides with the effectiveness of the line-management approach with embedding the organisational culture and approach inherent in the trust values and behavioural framework. This is specifically about the capability and capacity of line managers because this defines colleague experience at work. The support to leaders, managers and supervisors and their competence to lead and manage ultimately defines experience. The Walsall Manager competence framework coupled with the detailed development support (which will complete by year end) will also contain an element of assessment for leaders and managers on people management skills with an element of 360 Review.

Risk Summary								
BAF Reference and Summary Title:	BAF 04 - Value our Colleagues - We will be an inclusive organisation which lives our organisational values at all times							
Risk Description:	Lack of an inclusive and open culture impacts on staff morale, staff engagement, staff recruitment, retention and patient care							
Lead Director:	Director of People and Culture	Supported By:						
Lead Committee:	PEOPLE AND ORGANISATIONAL DEVELOPMENT COMMITTEE							
Links to Corporate Risk Register:	Title							Current Risk Score
	<ul style="list-style-type: none"> 2072 - Inability to recruit and retain the right staff with the right skills which impacts on fundamentals of care (both patients and staff), and undermines financial efficiency. 707 - Relates to a Failure to comply with equality, diversity and inclusion standards. 2093 - Staff are exposed to infection with COVID-19 through contact with infected patients, visitors and colleagues. There is a risk of significant physical and mental illness, including death 2095 - The demand for 'Personal Protective Equipment' (PPE) has contributed to a national shortage of proper and effective PPE, resulting in delays in obtaining from supply chain, with the potential to impact on our ability to maintain key critical services and protect staff against COVID-19. 							20 (Major)
Risk Scoring								
Quarter	Q1	Q2	Q3	Q4	Rationale for Risk Level	Target Risk Level (Risk Appetite)		Target Date
Likelihood:	4	4			<ul style="list-style-type: none"> Staff recommending Walsall as a place to work is below all England average [bottom quartile Q2 2019-2020] Staff recommending Walsall as a place to be treated is below all England average [bottom quartile Q2 2019-2020] Staff engagement score in NHS staff survey is below peer comparators NHS staff survey indicates a lack of inclusive culture with differential staff experience in bullying, harassment, violence, career progression and promotion NHS staff survey indicates a lack of open culture (speaking up) below peer comparators The model hospital data indicates bottom quartile performance on workforce indicators such as sickness absence and use of resources Historical WRES data indicates a lack of progress to tackle barriers to inclusion. 	Likelihood:	2	31 March 2021
Consequence:	5	5				Consequence:	5	
Risk Level:						Risk Level:	8	

- Data and information shared via staff feedback mechanisms evaluating impact of COVID identifies staff and line managers being fatigued and fearful of the impact that a second wave will have on individuals and staffing levels.
- Data and information from staff engagement events have identified the existence of toxic climates in several areas/departments across the Trust where staff have shared stories of unreasonable treatment based on their race, disability, ethnicity and sexuality.

Control and Assurance Framework 3 Lines of Defence

	1 st Line of Defence	2 nd Line of Defence	3 rd Line of Defence
Controls:	<ul style="list-style-type: none"> • Values launched and evaluated across the Trust • Staff engagement and communication approach in place • Policy on zero tolerance to violence in place • Behaviour Framework implemented and evidence of practicing behaviours in action to be reviewed within the IPDR process • Values based appraisal process in place which incorporates Talent Management and the ability to track access to career progression and promotion • Increased engagement through engagements and EDI champions • Health and Wellbeing approach based on holistic offering to staff being developed. • Internal staff mental health awareness champions identified. • Restorative Just Culture work initiated and ER casework triaged for opportunities for early resolution. • Staff in at risk groups have been identified and managed appropriately according Wellbeing Review and Stratified Risk Assessments. • Staff identified as at higher risk of contracting Covid-19 and potentially suffering from more severe symptoms are prioritised for Covid-19 vaccine. • Set of measures have been identified to monitor progress against workforce inequalities and employment inequality in Walsall. 	<ul style="list-style-type: none"> • Head of Talent, Resourcing and Inclusion appointed to lead the approach • Analysis against actions required from NHS People Plan against actions progressed under the Valuing Colleagues Improvement Programme has been reviewed by PODC. • PODC approved measures to monitor progress against Trust Board Pledge in place. • STP funding achieved to support training and implementation of restorative just and learning culture. Cohorts for Walsall reserved for April/May 2021. • F2SU strategy agreed at PODC and in place. • Accredited RCN training programme for 60 Cultural Ambassadors has been implemented to support recruitment and selection processes. • Outcomes of additional HR/OD to support work areas with complex people needs and poor staff experience monitored via PODC and Value Our Colleagues Improvement Programme. • Internal Mental First Aider network established, accredited training complete and network contact details and support available to staff promoted. • 15 x Freedom to Speak Up Confidential Contact Links appointed to support healthy workplace speaking up climate and signposting. • Strategic intention to formalise partnership with strategic alliance to support learning and development opportunities for managers and staff at Walsall Healthcare NHS Trust have commenced. • Fixed term appointment of Consultant of Occupational 	<ul style="list-style-type: none"> • Quarterly deep dive of key workforce metrics by CCG. • BCWB STP People Plan in development to support implementation of National NHS People Plan. • Midlands NHSE&I monitoring of individual COVID-19 risk assessment performance. • STP and regional NHSE&I monitoring of Trust performance regarding uptake of staff flu programme. • WRES and WDES outcomes monitored at national and regional NHSE&I level. • ESR external quality review to be undertaken in Q4 20/21. • 2020 National Staff Survey results provide core indicator of staff engagement to enable local, regional and national benchmarking.

	<ul style="list-style-type: none"> A range of HR / OD resources have been commissioned to support departments / teams in difficulty where there is poor colleague experience. Point of Care Foundation Team Time model steering group implemented – Team Time model planned for launch Q4 20/21. Customer satisfaction survey re HR Management and Advisory Service completed. 	<ul style="list-style-type: none"> Health Medicine extended until February 2022. Audit of redeployment decisions for front line workers to understand the extent to which their personal health and safety is protected has been completed and reported to PODC (January 2021). F2SU and Inclusion Coordinator appointed for six months to support and progress activities. 	
Gaps in Control	<ul style="list-style-type: none"> Lack of an approved EDI Strategy and Delivery Plan could inhibit the scale and pace of progress towards an inclusive culture Approaches and resources may be insufficiently robust or at scale to achieve meaningful change Current Policy framework not fit for purpose – legacy policies are not aligned to the approach Leadership development programme is in its infancy Management competency framework is not yet available, impact and evaluation not complete Resourcing not yet stable – workforce metrics still demonstrate adverse trends EDI targets at organisational and divisional level have not been developed. Ensuring colleagues identified as high risk are protected against redeployment which may enhance risks to persona health and safety. Ensuring the individual Covid-19 stratified risk assessment process is fit for purpose (clinical assessment tool due to be reviewed in January 2021). The Trust has not formally introduced the individual wellbeing plan which is a requirement on the NHS People Plan from March 2021. 		
Assurance:	<ul style="list-style-type: none"> Engaging with the wider Trust and TMB on co-designing an Organisation Development Plan – work packages and delivery through the improvement programme BAME decision making forum has been established to advise and guide the Trust in its understanding of issues facing colleagues from BAME backgrounds in the workplace and what measures can be taken to improve their experiences. Audit of Individual COVID-19 Risk Assessments undertaken to understand risk levels and outcomes of measures implemented to protect staff. Review of Individual COVID-19 Risk Assessments with PHE, OH professionals and staff networks – January 2021. Benefits of ‘Value our Colleagues’ improvement programme agreed. 	<ul style="list-style-type: none"> People and OD committee of the Board in place to seek assurance, through the cycle of business and review of workforce metric trends. EDI group led by a Non-Executive director in place to review approach to EDI and delivery of metrics in the EDI strategy framework and Equality Impact Assessment. PODC receive monthly updates regarding to assure robust arrangements in place to support colleagues through the impact of COVID. BAME cabinet provides strategic Board focus on EDI. Board development sessions to support co-design and approval of EDI strategy completed in October 2020. Staff Inclusion Network established in May and meetings taking place with Network leads across the protected characteristics. Communication leaflet and contact details shared with all colleagues. Targeted OD and HR interventions form a specific workstream of the Value Our Colleagues Improvement Programme. 	<ul style="list-style-type: none"> NHSi working with the Trust to develop the FTSU approach and to develop a strategic framework by Q2 for FTSU by 2020-2021 NHS Leadership Academy working with the Trust on developing leadership capacity and capability, the delivery was scheduled for Q1 2020-21, paused due to Covid response. Revised implementation plan agreed at TMB to commence Q1 2021. NHSi partner for Retention programme – the 90 day plan is complete, impact on retention rate to be reviewed Q2 1920 EDI WRES/WDES metrics and other EDI metrics developed for inclusion within the organisation’s accountability framework
Gaps in Assurance	<ul style="list-style-type: none"> All elements of the Trust Board pledge, bullying harassment, discrimination and listening to the voice of staff. Lack of an approved EDI Strategy and Delivery Plan could inhibit the scale and pace of progress towards an inclusive culture 		

- Evidence based approach to positive action interventions not yet in place to support EDI objective
- Evaluation of zero tolerance to violence not yet evaluated.
- NHS staff survey results do not evidence an improvement in staff reporting of an inclusive and open culture
- The indicators for staff recommending the Trust as a place to work or a place to be treated have failed to improve significantly.
- The staff engagement score has worsened indicating lower levels of staff morale and role satisfaction.
- NHSE/I Governance and Accountability review highlighted areas of improvement associated with culture and leadership
- No internal audit assurance gained in year
- Line managers are required to ensure all staff have received an opportunity to undertake a wellbeing review and individual covid-19 risk assessment. Not all staff are

Future Opportunities

- Capitalise on external resource/expertise to establish evidence based best practice
- Closer working with through the STP/LWAB
- Collaborative working with other Trusts to creatively address resourcing matters
- New roles and scenario based workforce planning for full resourcing and consequent impact on staff morale
- To work collaboratively on a Black Country Health and Wellbeing approach to make Walsall and the Black Country the best place to work
- To develop a more structured and inclusive approach to widening participation
- To develop the Trust's profile as an employer of choice by having clear pathways for career development.
- To become an anchor employer within Walsall attracting talent as a result of our EDI approach and strategy.
- Implementation of cultural ambassadors to enhance recruitment processes and recognise the value of diversity.
- Board EDI development sessions scheduled for October 2020.
- Divisional Board Accountability Framework to monitor on Divisional EDI targets
- Strategic intention to formalise partnership with strategic alliance to support learning and development opportunities for managers and staff at Walsall Healthcare NHS Trust have commenced.
- Develop civility and respect campaign with STP partners following national model.

Future Risks

- The capability and capacity of leaders does not support the development of a Just Culture approach in practice
- Recruitment and retention activity does not result in improved performance, meeting targets for vacancy, turnover, absence and the trust remains below peer comparators within the STP.
- Continued impact of COVID on the physical and psychological health of individuals and workforce availability.

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)

No.	Action Required	Executive Lead	Due Date	Progress Report	BRAG
1.	Draft Health & Wellbeing Strategy & Engage and Consult Key stakeholders	Catherine Griffiths	March 2021	<ul style="list-style-type: none"> • Focus and rapid development and implementation of HWB interventions to support staff working through COVID-19. • Continuous development of HWB conversations and developing process and skill set to support individual HWB plan conversations – updated presented to Nov PODC. 	

				<ul style="list-style-type: none"> • HWB booklet completed and individual copy provided to all colleagues to signpost access to core HWB services. • 	
2.	Develop and Implement a leadership Development Programme	Catherine Griffiths	March 2021	<ul style="list-style-type: none"> • Updates shared at Execs and TMB in October 2020 • FMLD programme recommissioned following COVID-19 pause – commence Q1 2021. • Growth Mindset Leadership Development Programme commissioned – due to be implemented from Q4 20/21. • Management Framework due to be launched on Q4 20/21. 	
3.	Launch EIA Policy and Form	Catherine Griffiths	October 2020	<ul style="list-style-type: none"> • New forms and Policy agreed and in place. . Board and Executive paper EIA prompt sheet developed and uploaded on to Trust Corporate Communications Intranet web pages alongside Corporate communication templates • EIA learning package with EIA Video launched with Policy. 	
4.	Review and relaunch equality impact assessment processes	Catherine Griffiths	March 2021	<ul style="list-style-type: none"> • Options currently being explored to develop an online version of the EIA proforma via Cloud 2 intranet project and the functionality of share point. 	
5.	Agree Valuing Colleagues Improvement Programme Benefits	Catherine Griffiths	November 2020	<ul style="list-style-type: none"> • Set of qualitative and quantitative benefit measures considered at Improvement Board workshop 02 October 2020. 	
6.	Finalise and approve Equality, Diversity and Inclusion Strategy	Catherine Griffiths	January 2021	<ul style="list-style-type: none"> • Colleague and community engagement and consultation completed in September 2020. • EDIC and Staff Inclusion Network BAME Decision Making Counsel engagement completed. • Board Development sessions on the 5 & 19 October 2020 completed. • Strategy to be received by PODC in December ahead of Trust Board consideration in January 2021. 	
8.	Provide assurance regarding outcomes of individual COVID-19 Risk Assessments	Catherine Griffiths	October 2020	<ul style="list-style-type: none"> • Detailed audit commissioned between 12-23 October 2020. Initial analysis to be reported to October PODC. Ongoing assurance reports provided monthly to PODC. 	

MEETING OF THE PUBLIC TRUST BOARD – 4 th February 2021			
Safe Staffing Report			AGENDA ITEM: 18
Report Author and Job Title:	Caroline Whyte Interim Deputy Director of Nursing	Responsible Director:	Ann-Marie Riley Director of Nursing
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/> Assure <input checked="" type="checkbox"/>		
Executive Summary	<ul style="list-style-type: none"> • Corporate Risk 11: Failure to assure safe nurse staffing levels remains at score of 20. • Registered Nurse (RN) vacancy rate is currently 8%. • We have secured funding for recruitment of 20 international nurses and have part funding approval for a further 30. • The overall Nursing and Midwifery fill rate was 94.3%, a slight reduction on last month. Mean Bed occupancy in December was 104%, with extra capacity being open for in Ward 10 for periods in December. This calculation is based on adult in-patient wards, excluding paediatrics and maternity. • RN sickness absence has increased during December. For Clinical Support Workers (CSWs) the level of absence has decreased. • December saw an increase in temporary staffing booked hours overall for RN and CSWs combined, this correlates with the increased demand over the recent months due to COVID-19 pressures. • Matrons redeployed 1612 hours of substantive RN and 1033 hours of CSWs from reviews during staffing approval meetings to avoid temporary staffing usage where possible. • NHSE/I Agency Cap Breaches have continued to be reported weekly. There were 58 shifts of Off Framework use in December, this is less than November and all were used to support Intensive Care Unit. 		
Recommendation	The Committee is requested to note the contents of the report		

<p>Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline</p>	<p>BAF S01: We will deliver excellent quality of care as measured by an outstanding CQC rating by 2022</p> <p>Corporate Risk No 2066: Lack of registered nurses and midwives</p>	
<p>Resource implications</p>	<p>COVID-19 impact - staff are working in different ways and locations; risk to staff health and wellbeing; impact on training and continual professional development</p>	
<p>Legal and Equality and Diversity implications</p>	<p>COVID-19 has impacted disproportionately on people who are men, from low socioeconomic backgrounds and from Black, Asian and Minority Ethnic backgrounds</p> <p>Our local population is subject to multiple inequalities which affect quality of life, health and mortality.</p> <p>Further work is required to consider how best we provide assurance on equality, diversity and inclusion and the resulting impact on outcomes.</p>	
<p>Strategic Objectives</p>	<p>Safe, high quality care <input checked="" type="checkbox"/></p>	<p>Care at home <input type="checkbox"/></p>
	<p>Partners <input checked="" type="checkbox"/></p>	<p>Value colleagues <input type="checkbox"/></p>
	<p>Resources <input checked="" type="checkbox"/></p>	

SAFE STAFFING REPORT

1. Introduction

The ongoing pressures of COVID-19 are still being acutely felt across our teams. Staff are regularly being asked to cover shortfalls and move from their base ward to support overall site safety. Whilst necessary, we are very mindful this can add additional stress to individuals. A number of additional capacity areas are heavily reliant on temporary staffing to support a small core team of substantive staff and so whilst overall fill may not always cause concern, the subsequent skill mix is not ideal and it is possible that care could be missed or delayed because of this. Critical Care is not working within usual ITU staffing ratios due to increased capacity and is utilising the national staffing model approved to support the COVID19 response. The Divisional Directors of Nursing have a range of mechanisms in place to support increased oversight of their areas and staff are encouraged to report red flags as required.

Staffing risk assessments have been completed by divisional teams which outline how nursing care will be delivered if staffing numbers or skill mix is significantly affected and which essential tasks will be maintained.

The staffing hub continues to have oversight of overall staffing and red flag risks and oversees deployment of staff across Divisions to mitigate any identified risk.

In view of this continued pressure the Corporate Risk 2066: Lack of registered nurses and midwives remains at a score of 20.

2. Staffing Update

Nursing areas have use of the Safecare system which can report Red Flags - recommended by NHSE/I. Use of the SafeCare system commenced in June 2020 and this system records shift by shift information of Red Flags being reported at ward level. Red Flag events are alerts which warn when nurses in charge must act immediately to ensure they have the right staff to meet the needs of patients – these include patients not being provided with basic care such as pain relief, vital signs not assessed, unplanned missed medications and a shortfall of >8hrs or 25% of RN time compared to actual requirement for the shift (NICE 2014).

In December 2020 there was an increase in use of the system across ward areas. There were 288 Red Flags recorded in December and 203 in November. Red flags are reviewed and mitigation considered by Matrons, and also discussed at the twice daily staffing hub meetings. We have a robust mechanism and evidence of staff deployment to support areas who have staffing/skill deficit to ensure the safest staffing level possible.

Risk assessments have been completed by divisional teams which outline how nursing care will be delivered if staffing in clinical areas reduces to 75% and 50% of planned workforce or skill mix is significantly affected and which essential tasks will be maintained. The risk assessments also include actions taken by divisions to manage pressures such as extended opening of ‘Ambulatory Emergency Care’ and the introduction of a dedicated flow matron.

2.1. Vacancy Position

The RN vacancy rate for December is slightly higher than last month at 8% (Chart 1). Table 1 outlines the Divisional RN vacancy position.

The Central Recruitment Team have commenced a ‘Task and Finish’ Group to undertake work related to the Nursing and Midwifery recruitment strategy to ensure that it is aligned to support operational changes and service re-design to ensure the safest staffing levels possible are achieved whilst COVID-19 challenges remain. We have secured funding to recruit 20 international nurses via the Royal Wolverhampton Hospital Clinical Fellowship Programme with predicted start dates of April 2021. We have also secured part funding for a further 30 international nurses, also with April 2021 start dates, that will need part funding by WHT and this is being progressed.

Chart 1: Nursing and Midwifery vacancy % (excluding Nurse Associates)

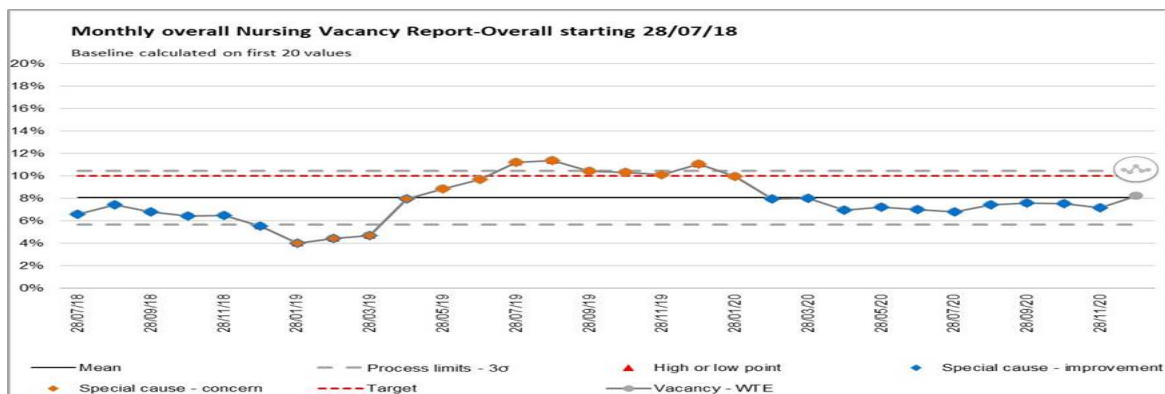


Table 1: Divisional RN vacancies

Division	RN Vacancy WTE
MLTC	9.05
SURGERY	44.64
WCCCS	58.13
COMMUNITY	36.0
TOTAL	147.82

There are a total of 59.32 WTE Nursing Associate (NA) posts within establishments of which 38 WTE are vacant. The vacant gaps for these positions are predominantly filled with either bank or agency Band 5 nurses and lead to an additional £6.31/hr (potential >£10k/wk) cost pressure for every shift filled.

We are scoping recruitment of trainee nursing associates in partnership with Walsall Housing Group via their Changing Futures bid to support the ongoing Resilient Communities work

The establishment review initial findings have now been shared with the Executive Team and will be presented via the Trust Committee structure from February.

2.2. Temporary Staffing Analysis of Hours used

Nurse agency use continued to increase during December along with extra COVID-19 related activity across the Trust (Chart 2). The majority of the Agency usage was within Tier 1 and Tier 2 and remains lower than the same period last year. Increased staffing numbers across some areas who have COVID-19 streaming and high patient acuity have contributed to the increased use in Agency.

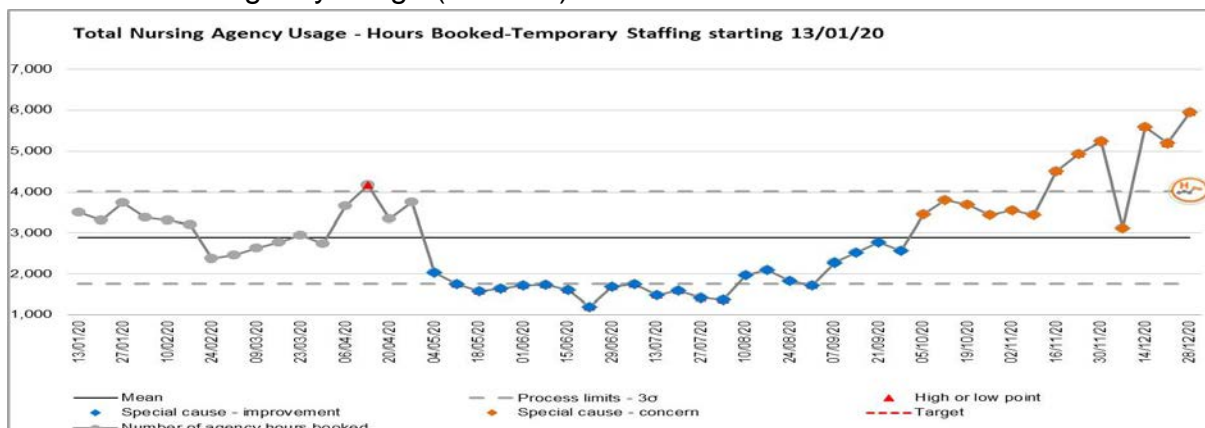
Matrons also ensure that in the twice daily staffing meetings opportunities are sought to redeploy personnel where this is safe to do so. In December, Matrons redeployed 1612 hours of substantive RN and 1033 hours of CSW from reviews during staffing approval meetings.

Agency Tiers are determined by the local Black Country Cluster Group (BCCG) of which WHT are a part. This group agrees with providers the charge rates for their services. Tier 1 is the lower cost Agency pool, Tier 2 is the higher cost Agency pool and 'Off Framework' use is not ordinarily a consideration for use. NHSE/I are aware of our request to use 'Off Framework' in periods of extremis and this is reported via weekly returns.

Table 2: Divisional RN vacancies

WHT bank	Temporary staffing pool recruited and managed via WHT
Tier 1 Agency	Lowest cost agency pool – as agreed by the BCCG
Tier 2 Agency	Higher cost agency pool – as agreed by the BCCG
Off Framework	Agencies with costs in excess of limits determined by NHSE/I

Chart 2: Nurse Agency usage (in hours)



Bank shift utilisation (Chart 3) has decreased during December and it is anticipated this is due to higher levels of staff absence during 2nd wave COVID-19. December saw a fluctuation in booked hours overall for RN and CSWs combined (Chart 4) and use in nursing continued to exceed the level of bookings for any time this last year which correlates with the increased demand and levels of RN absence that has been seen throughout December.

Chart 3: Nurse bank usage (in hours)

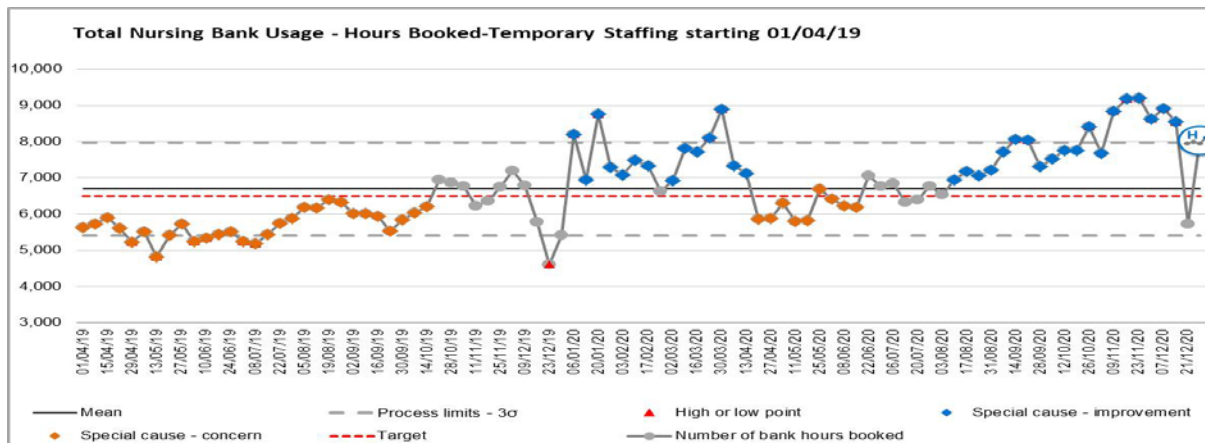
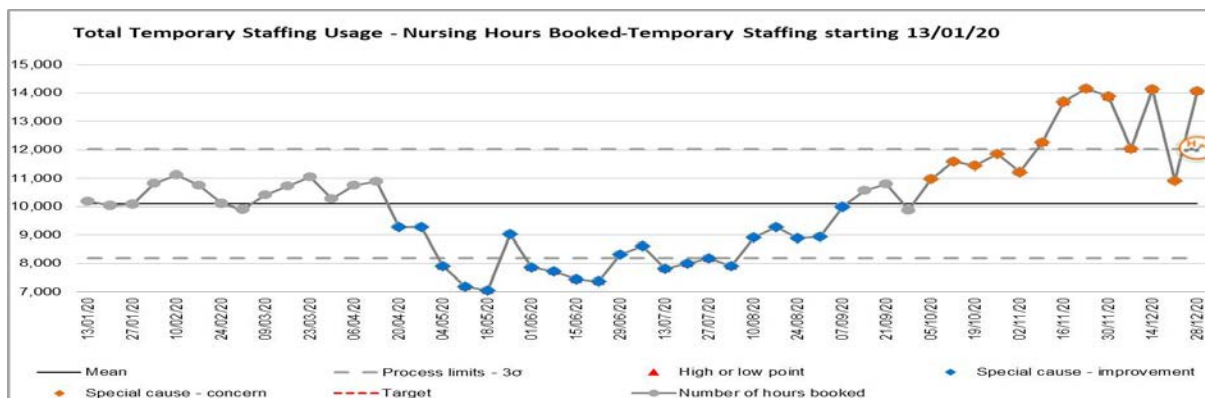


Chart 4: Total nurse temporary staffing use (in hours)



Bank as a proportion of our temporary staffing continued to decrease in December (Chart 5) even though the volume of bookings was higher; this is because of the overall increased demand. Agency use by Tier has changed significantly since March (Chart 6).

Chart 5: % of nurse bank shifts as a proportion of temporary shifts filled

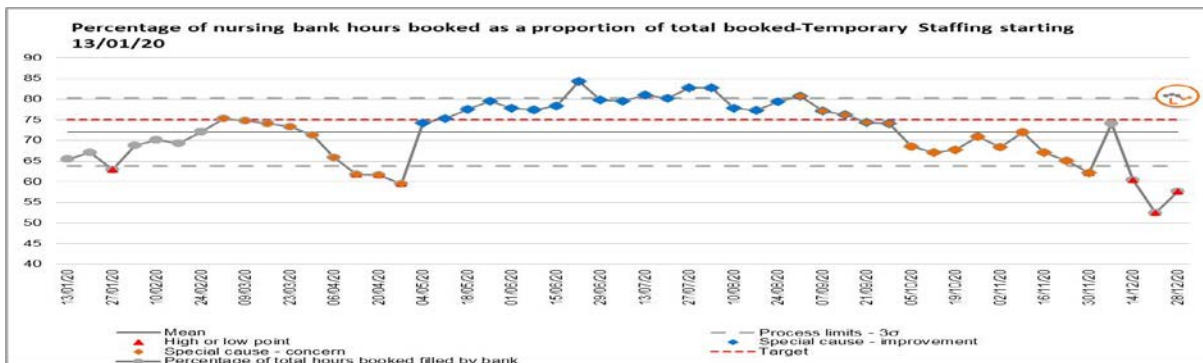
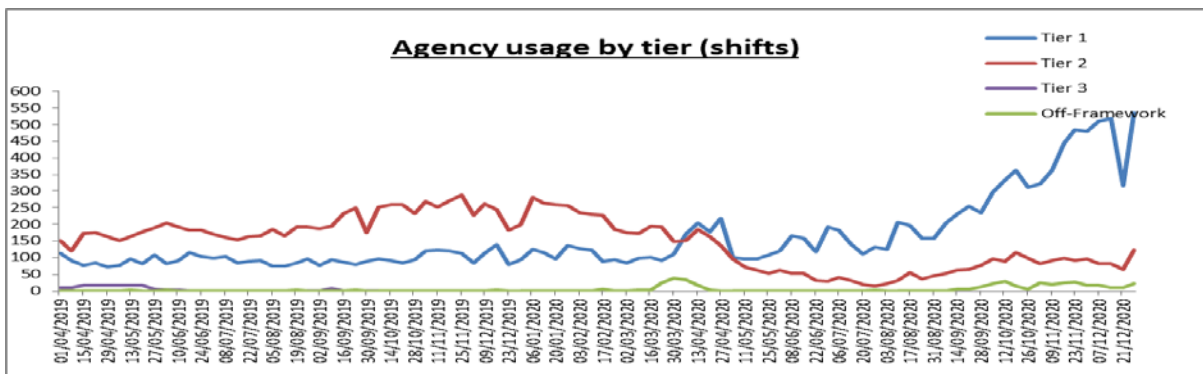
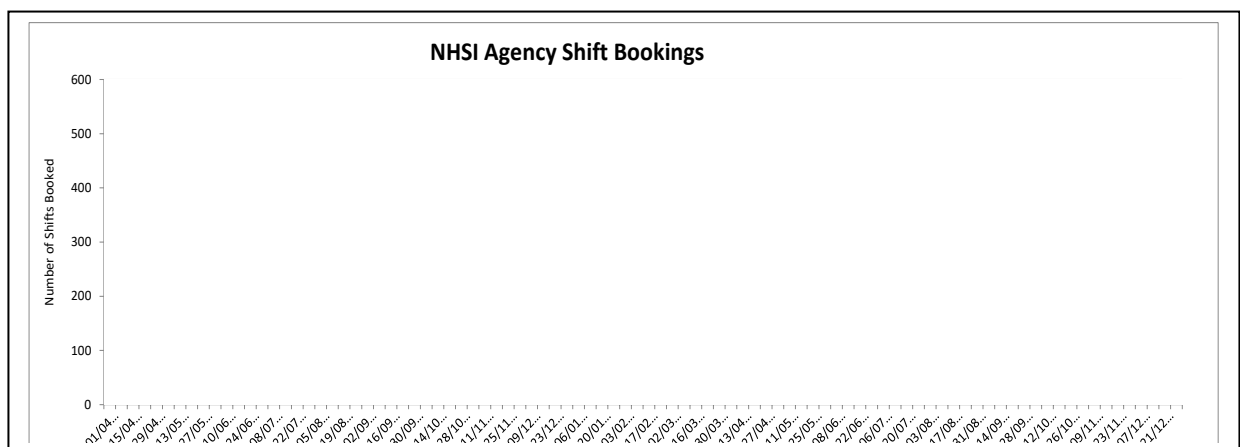


Chart 6: Agency use by tier



NHSE/I Agency Cap Breaches (Chart 7) continue to be reported weekly to NHSE/I and increased on the previous month. Off framework shifts (total 631 hours) has been used solely to support Intensive Care Unit and Emergency Department during December.

Chart 7: Agency Cap Performance

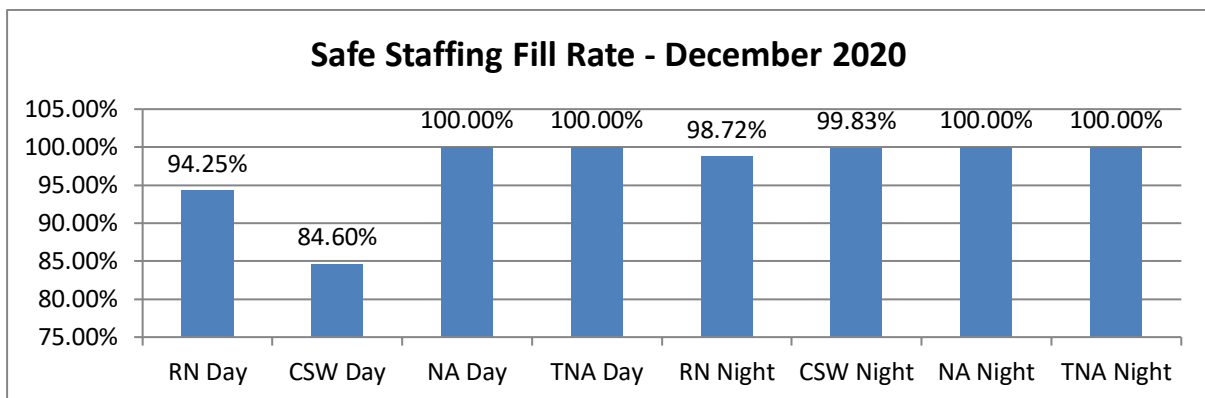


Additional controls have been put in place to provide greater assurance for temporary staffing bookings where the request is for additional capacity or to provide enhanced supervision (where a patient requires 1:1 care). Quality impact Assessments have been received for areas where uplift in staffing has been agreed due to COVID-19 activity. 1:1 care is recorded through the Staffing Hub and included on the twice daily SITREP report.

2.3. Staffing Fill Rates

Lowest fill rate was seen in the CSW day shift at 84.6% (Chart 8). The overall fill rate (combined RN and CSW) was 94.3%, a slight reduction since November. December has seen increased bed demand and capacity at times throughout the month due to COVID19 streaming and Infection Prevention & Control (IPC) restrictions creating a demand for the correct type of bed for patients.

Chart 8: Ward areas fill rates



2.4. Staff sickness and Temporary staffing cover

RN sickness absence has increased during December 2020 and CSW sickness absence decreased slightly (Chart 9 & 10). RN sickness absence remains similar to level seen in May 2020.

Chart 9: Sickness Absence RN (ESR data)

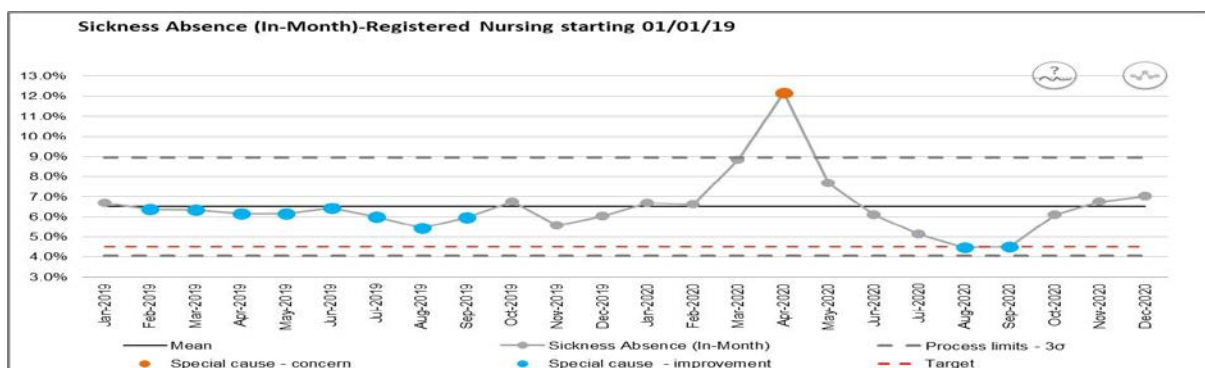
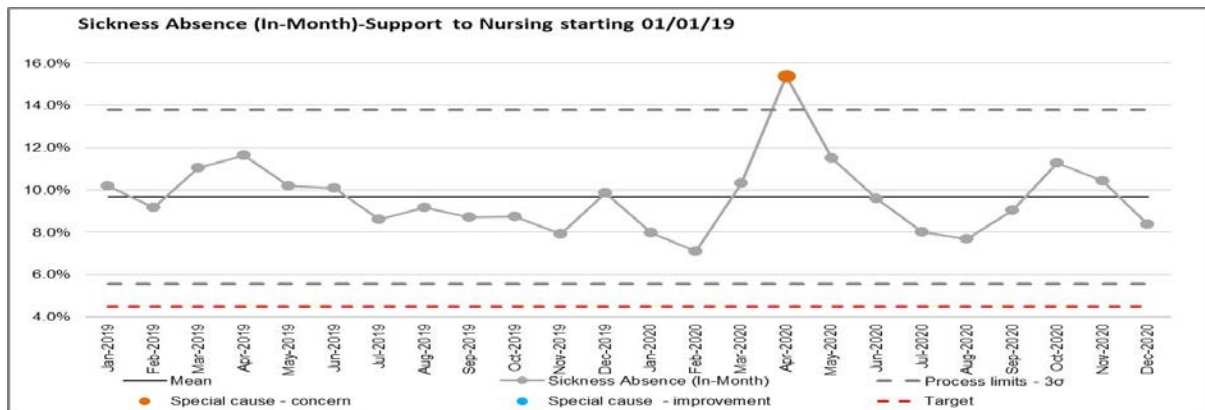


Chart 10: Sickness Absence CSW (ESR data)



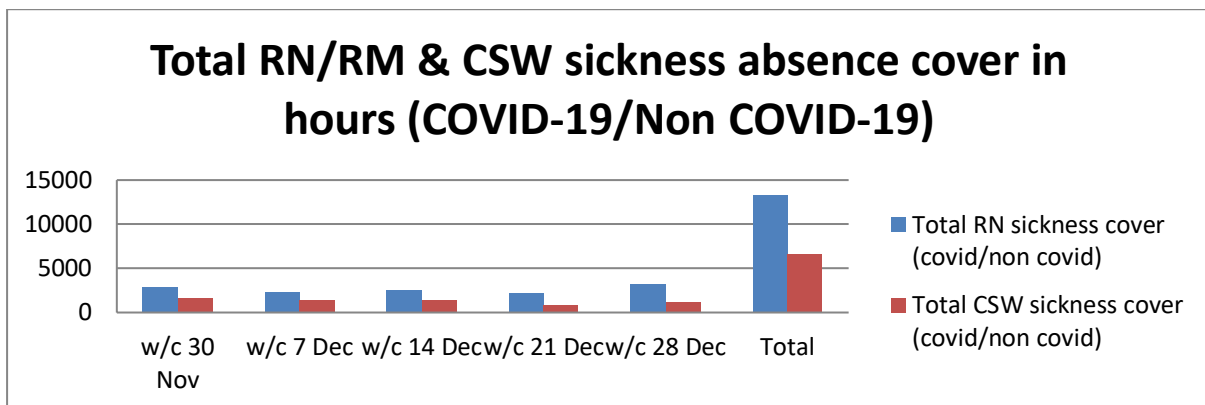
In addition to sickness absence, in the Eroster systems we have the recorded numbers of COVID-19 related ‘other leave’ which areas will backfill using the sickness reason for temporary staffing (Table 4).

Table 4: Eroster Systems COVID-19 related absence levels

Staff Type	COVID-19 Related Absence Hours (Eroster)
RN	3180 (steep increase since last month)
CSW	1598 (decrease since last month)

Chart 11 shows the sickness and Covid-19 related temporary staffing bookings per week.

Chart 11: Temporary Staffing bookings for Nursing and CSW sickness absence (Eroster)



Additional Capacity across the hospital site – December 2020:

Area with increase in staffing numbers	RN increase per 24 hrs	CSW increase per 24 hrs	Total Hrs Required
Ward 1	11.5 hrs	11.5 hrs	RN= 356.5 hrs CSW= 356.5 hrs
Ward 2	11.5 hrs	11.5 hrs	RN= 356.5 hrs CSW= 356.5 hrs
Ward 3	23 hrs		RN= 713 hrs
Ward 4	80.5 hrs	80.5 hrs	RN=2495 hrs CSW=2495 hrs
Ward 5/ 6		11.5 hrs	CSW= 356.5 hrs
Ward 29	23 hrs		RN=713 hrs
ICU	Dependent on patient points but majority of November required 92 hrs per day Registered		RN=2760 hrs
Ward 9 from Nov 23rd	23 hrs	23 hrs	RN= 161 hrs CSW=161 hrs
Ward 10	69 hrs	34.5 hrs	RN=2139 hrs CSW= 1069.5 hrs
Ward 12	23 hrs	34.5 hrs	RN=690 hrs CSW=103.5 hrs
Ward 14	80.5 hrs	69 hrs	RN=2495 hrs CSW=2139 hrs
ED (Sepsis Nurse)	23 hrs	0	RN=713 hrs
ED (COVID-19 streaming)	57.5 hrs		RN=1725 hrs
Total Required for Month			RN=15,317 hrs CSW=7,037 hrs

As noted earlier the impact of COVID-19 on acuity and/or reduced skill mix/staffing levels could potentially lead to missed or delayed aspects of care, sub-optimal communication with patients, relatives or other members of the multidisciplinary team and increased stress and anxiety in members of staff. The Divisional teams are closely monitoring care standards and supporting teams during this period of increased pressure and internal safety summits are planned with each Division during February; the outputs of which will be reported via Quality, Patient Experience and Safety Committee.

2.5. Community Temporary Staffing

RN Community total absence (Electronic Staff Record data) was 12,601 hours in December which is an increase on the previous month. For CSW there was 2557 hours of absence and for RN there was 10,044 hrs which is an increase for both staff groups since last month, see Table 7. The Division do not use Agency.

The Finance Weekly Tracker detail is not sufficient for a validation of bookings by reason due to the work in the community being recorded on paper timesheets. The detail of bookings by reason is not recorded on timesheets. Nursing will continue to work with Finance to explore the inclusions for Community in the Finance Weekly Tracker. This work is currently delayed whilst the Trust is in 2nd wave of COVID-19.

Table 7: Community sickness absence in October (COVID-19 and Non COVID-19)

Type of absence	Where?	FTE Days Lost	3/7ths of FTE Day lost*	Conversion to hrs (@11.5hrs)
RN/RM sickness absence and COVID-19 related Absence (ESR data)	Community	2038	873.43	10,044.43
CSW sickness absence and COVID-19 related Absence (ESR data)	Community	519	222.43	2,557.93

3. Allied Healthcare Professionals Update

Work has continued to gather the Allied Healthcare Professional information for vacancies in month. Currently there is not a single route of oversight that gathers this data and a lot of the information is held within Divisions. Work will continue to determine how this information could be sourced and avoid the risk of ‘double counting’. Work is also continuing to gather information on bank bookings per department for analysis and appropriate challenge to be put into place, these areas use a paper timesheet process for any Bank worked. Information gathered so far from service leads is shown in Table 8 and shows a total gap of 61.71 WTE.

Table 8: Allied Health Professionals Vacancy (WTE)

	Band 5 Vacancy (WTE)	Band 6 Vacancy (WTE)	Band 7 Vacancy (WTE)	Band 8+ Vacancy (WTE)
Physiotherapy	1.0	1.0	0.2	0
OT acute	0.4	1.68	0	0
Diagnostic Radiography	1.0	2.2	0.49	1
Dietetics	1.0	(1.0) funded by paediatric business case	0	0

	Band 5 Vacancy (WTE)	Band 6 Vacancy (WTE)	Band 7 Vacancy (WTE)	Band 8+ Vacancy (WTE)
Podiatry	1	0.6	0	0
SLT	(2.0)	0.39	0.99	(0.2)
Orthoptics	0	(0.04)	0.04	0
ODP's	37.5	8.11	0	0
Audiology	0	0	0	0
CMU Neuro	0	0	0	0
Clinical Psychology	0	0	0	0
Specialist complimentary therapy	0	0	0	0
Paramedics	0	0	0	0
Sonography	N/A	N/A	2.13	1
Bereavement services	0	0	0	0
Pharmacy	0	0	0	0
TOTAL GAP	41.9 WTE	13.96 WTE	3.85 WTE	2 WTE

(Bracketed number is over established)

MEETING OF THE PUBLIC TRUST BOARD – 4 th February 2021			
Audit Committee Highlight Report			AGENDA ITEM: 19
Report Author and Job Title:	Trish Mills Trust Secretary	Responsible Director:	Mr John Dunn, Acting Chair of Audit Committee (Non-Executive Director)
Action Required	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/> Assure <input checked="" type="checkbox"/>		
Executive Summary	<p>This report provides the key messages from the Audit Committee meeting on 18th January 2021. The report sets out escalations for the attention of the Trust Board, and key issues discussed and work underway.</p> <ol style="list-style-type: none"> 1. A revised internal audit plan was presented and agreed, which will enable the Internal Auditors to provide the Head of Internal Audit Opinion in the set timescales. Further assurance on the monitoring mechanism to deliver the revised plan will be circulated to the Committee prior to this Board meeting. 2. By way of electronic approval on 22 December 2020, the Committee approved the retention of Mazars as the Trust's External Auditors for 2021/22. 3. The timetable for the annual filings was approved, with External Audit confirming they are comfortable with progress to date. 4. The Walsall Together Partnership Board annual report and Terms of Reference were reviewed and endorsed by the Committee for approval by the Board (separate agenda item for this meeting). 5. Due to operational pressures caused by the pandemic, the Board Assurance Framework and Corporate Risk Register was not presented to this meeting, however it was agreed that an extraordinary meeting would be held in late February to review 		

	<p>these.</p> <p>The next meeting of the Audit Committee will be in April 2021.</p>	
Recommendation	<p>Members of the Trust Board are asked to note the escalations and any support sought from the Trust Board.</p>	
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	<p>Audit Committee is essential to Trust Board managing risk across the organisation.</p>	
Resource implications	<p>Poor internal control and/or management of risk would almost certainly result in financial loss.</p>	
Legal and Equality and Diversity implications	<p>There are no legal or equality & diversity implications associated with this paper.</p>	
Strategic Objectives	Safe, high quality care <input checked="" type="checkbox"/>	Care at home <input checked="" type="checkbox"/>
	Partners <input checked="" type="checkbox"/>	Value colleagues <input checked="" type="checkbox"/>
	Resources <input checked="" type="checkbox"/>	

MEETING OF THE PUBLIC TRUST BOARD – 4 February 2021

Walsall Together Partnership Board Effectiveness Review

AGENDA ITEM: 20

Report Author and Job Title:

Trish Mills – Trust Secretary

Responsible Director:

Jenna Davies- Director of Governance

Action Required

Approve Discuss Inform Assure

Executive Summary

The Trust Board reviewed and endorsed the annual reports and amendments to terms of reference, for the Audit Committee; Quality, Patient Experience and Safety Committee; Performance, Finance and Investment Committee; People and Organisational Development Committee; and Remuneration Committee on 3rd September 2020.

The Walsall Together Partnership Board initially considered their annual report and amended terms of reference on 23rd September 2020. Partner comments were obtained and the annual report was endorsed by the partnership board on 21st October 2020. The terms of reference were further amended and approved on 18th November 2020. The Audit Committee reviewed and endorsed the annual report and terms of reference on 18th January 2021. The annual report is attached at Appendix 1 and the terms of reference are attached at Appendix 2 showing the comparison with changes.

The annual report and amendments to the terms of reference for the Charitable Funds Committee were endorsed by that Committee on 17th September 2020 and approved by the Board of Trustees on 1st October 2020.

The effectiveness reviews are now concluded for the Board Committees for 2019-20, and the Audit Committee will receive a revised approach to the 2020-21 effectiveness reviews at its April meeting.

Recommendation	The Board is requested note the outcome of the effectiveness review for the Walsall Together Partnership Board and approval of the Committee's Terms of Reference.	
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	The Paper provides assurance that robust structures are in place to support the Trust Board in delivering its Strategic Objectives.	
Resource implications	There are no resource implications in this paper.	
Legal and Equality and Diversity implications	Failure to implement robust governance structures within the organisation impacts on the Trusts CQC registration and NHSi licence requirements	
Strategic Objectives	Safe, high quality care <input type="checkbox"/>	Care at home <input checked="" type="checkbox"/>
	Partners <input checked="" type="checkbox"/>	Value colleagues <input type="checkbox"/>
	Resources <input type="checkbox"/>	



ANNUAL REPORT ON COMMITTEE EFFECTIVENESS 2019/20 WALSALL TOGETHER PARTNERSHIP BOARD

1. INTRODUCTION

The purpose of this report is to formally report on the work of the Walsall Together Partnership Board (“Partnership Board”) during 2019/20 and to indicate the priorities for the Partnership Board for 2020/21.

The Committee has met on eleven occasions throughout the year and has provided a highlight reports following each meeting for the purpose of assuring partnership Boards.

2. MEMBERSHIP OF THE COMMITTEE

The Terms of Reference provides that the membership is comprised of partner organisations, and chaired by a Walsall Healthcare Trust Non-Executive Director, who is Anne Baines.

Changes to the membership have been agreed to include the Healthwatch representative as a full member, and to include Walsall Council Commissioning as attendees. Walsall Clinical Commissioning Group are attendees, and executive directors/managers from across the partnership are invited to attend where required.

The Terms of Reference require members to attend at least 75% of meetings. Attendance during the 2019/20 year is as follows:

Position (NED/ED)	Name	% Attendance	No. of Eligible Meetings	Attendance
Non-Executive Director of Walsall Healthcare Trust and Chair of the Walsall Together Partnership Board	Anne Baines	90%	10	9
Executive Director of Integration and Executive Lead of this Committee	Daren Fradgley	90%	11	10
Chief Executive of Walsall Health Care Trust	Richard Beeken	73%	11	7
Non-Executive Director of Walsall Healthcare Trust	Ben Diamond	100%	5	5
Director of Children’s Services Walsall Council	Sally Rowe	82%	11	9
Chief Executive, Dudley and Walsall Mental Health Partnership NHS Trust (part year)	Mark Axcell	66%	6	4
Executive Director of Governance for Walsall Healthcare Trust	Jenna Davies	73%	11	7
Chief Executive, One Walsall	Alex Boys	90%	10	9

Position (NED/ED)	Name	% Attendance	No. of Eligible Meetings	Attendance
Director of Commissioning, NHS Walsall Clinical Commissioning Group	Paul Tulley	55%	11	6
Director of Operations, Walsall Housing Group	Fay Shanahan	75%	8	6
Director of Operations – Dudley and Walsall Partnership NHS Trust (part Year)	Marsha Foster	100%	8	8
Non-Executive Director, Dudley and Walsall Mental Health Partnership NHS Trust	Christine Fearn	90%	3	2
Executive Director of Adult Social Care, Walsall Council	Paula Furnival	55%	11	6
Director of Public Health Walsall Council	Meradin Peachy/ Stephen Gunther	91%	11	10
Primary Care Network Nominated Lead, East Locality	Dr Bhupinder Sarai	83%	6	5
Primary Care Network Nominated Lead, South Locality	Dr Narinder Sahota	100%	6	6
Primary Care Network Nominated Lead, North Locality	Greg Bloom	100%	6	6
Primary Care Network Nominated Lead, West Locality	Shadia Abdalla	83%	6	5

3. REVIEW OF EFFECTIVENESS

A review of the effectiveness of the Board was undertaken on 10th July and included input from the Chair; Walsall Healthcare Trust; Black Country Healthcare NHS Foundation Trust; Walsall Council; Walsall Housing Group; Walsall Clinical Commissioning Group; and the West and South locality Primary Care Network nominated leads.

Partners agreed that the Partnership Board had been effective in ensuring that relationships had been forged which were robust enough to allow partners to work effectively together to deliver a lot of change on the ground in Walsall. Partners recognised that this was vital foundational work which allowed the partnership to respond so well to Covid-19.

Whilst not all papers had been data driven during 2019/20 given the maturing nature of the partnership, it was agreed that this would be a priority for 2020/21, with clear objectives to enable lines of accountability to be drawn.

4. REVIEW OF COMMITTEE DUTIES

The Committee had discharged its duties in a number of areas as outlined below:

2019/2020		
Duties (from TORs for ICP Board v.0.10)	Outputs for 2019/20	Purpose (Approval/Assurance)
1. The primary responsibility of the Walsall Together Partnership Board will be the integration of services deemed to be “in scope” and not for the delivery of those services.	Integration of Place Based Teams – in addition to North and West, colocation achieved for East (BVC) and South (Eldon) localities Integration of specialist nursing services for Respiratory and Cardio	
The functions of the ICP would be to:		
2.1 Provide strategic leadership and oversight of service delivery for in-scope services and for Walsall Together programme work streams	Senior Management Team action log on a monthly basis CPLG Highlight Report monthly Operational performance data and information monthly	Assurance
2.2 Promote and encourage commitment to the Alliance Principles and Alliance Objectives amongst all Alliance Participants	Alliance Agreement – August 2019	Approval
2.3 Monitoring and review of key interdependencies between Partners to ensure that benefits of the new Services model is fully realised for the benefit of patients, carers and their families		
2.4 Oversee the development of, and transition to, new models of care in priority areas/in scope services	Digital strategy (Oct-19) and PIDs (Jan-20) Workstream Plans for each Tier of the Clinical Operating Model and all associated project documentation	Approval
2.5 Make decisions in the context of the shared vision for the Walsall Together Partnership, and as detailed in the Alliance Agreement	Occupancy of Blakenall Village Centre for colocation of East Locality teams, programme office and senior operational management team	Approval
2.6 Consider investment and any disinvestment decisions across the partnership	Walsall Together Business Case 2020/21 – March 2020	Approval
2.7 Collectively hold Walsall Together partners to account for upholding the commitments made in the Business case, and the Alliance Agreement.		
2.8 To provide assurance that the needs of the community and patients are best serviced by the proposed partnering arrangements.	Healthwatch report on engagement activities and key themes identified - quarterly	Assurance

2019/2020		
Duties (from TORs for ICP Board v.0.10)	Outputs for 2019/20	Purpose (Approval/Assurance)
3. To review the risk implications of the partnership arrangements	Risk framework proposal – Sep 19 and Jun 20 with monthly risk register review and agreement to share pertinent sections of respective partner strategic risk registers	Approval and assurance
4. To establish meaningful patient and public engagement in planning for the future.	Resilient Communities Workstream Plan including commitment to coproduction with service users and CVSE organisations – Nov 19 Engagement Plan – Dec 19	Approval

5. SUB-GROUPS

The following sub-groups reporting to the Board in 2019/20 are:

- 5.1 Clinical and Practitioner Leadership Group – responsible for tone and design of the delivery model
- 5.2 Senior Management Team – responsible for delivering the transformational change

A new sub-group – Care Home Oversight Group - has been established as a result of COVID-19 which sits under SMT, but has a dual reporting responsibility while the model is being developed.

6. REVIEW OF TERMS OF REFERENCE

It was noted that the terms of reference were reflective of the responsibilities of the Partnership Board, however updates were agreed to provide clarity and reflect the maturity of the partnership. A new duty was added to provide direction on the options for pursuing Integrated Care Partnership or comparable status.

The comparison terms of reference are attached at appendix 2.

7. WORK PROGRAMME for 2020/21

The Partnership Board will address the following priorities for 2020/21:

- Continued integrated response to community needs arising from COVID 19 transmission
- Development of integrated approach to addressing health inequalities and wider determinants of health
- Continued delivery of Business Case through development of local services based on increased levels of engagement and co design with local communities
- Agreement of Partnership outcome measures to assess continuous health improvement
- Consideration of ICP status journey/options and agreed direction of travel

REVISIONS TO WALSALL TOGETHER PARTNERSHIP BOARD TERMS OF REFERENCE

Current (version 0.10)	Proposed revisions July 2020
<p>1. CONSTITUTION</p> <p>1.1 The Board of Directors hereby resolves to establish a Committee of the Board of Directors to be known as the Walsall Together Partnership Board (WTPB) (The Committee). The Committee has no executive powers, other than those specifically delegated in these Terms of Reference.</p>	<p>1. CONSTITUTION</p> <p>The Board of Directors of the Walsall Healthcare Trust as Host Provider of the Walsall Together Partners established the Integrated Care Partnership Board and whose name was later changed to the Walsall Together Partnership Board (“WTPB”). The WTPB is a committee of the Walsall Healthcare Trust and has no executive powers, other than those specifically delegated in these Terms of Reference.</p>
<p>2. PURPOSE</p> <p>2.1 The Committee will be responsible for decision making and strategic direction, including responsibility for the delivery of the Walsall Together Business Plan.</p> <p>2.2 The Committee will have responsibility for the oversight of service integration contractually in scope for the system integration and transformation.</p> <p>2.3 The Committee is authorised by the board to investigate any activity within its terms of reference. The Committee is authorised by the Board to obtain outside legal or independent advice and to see the attendance of outsiders with relevant experience and expertise if it considers necessary</p>	<p>Change to 2.1</p> <p>2.1 The Committee will be responsible for decision making and strategic direction and outcomes, including responsibility for the delivery of the Walsall Together Business Plan.</p>
<p>3. MEMBERSHIP</p>	<p>Changes to 3.2 (in red)</p>

Current (version 0.10)	Proposed revisions July 2020
<p>3.1 As the Committee is one focused on partnership working across the borough of Walsall, the WTP Board will include members of Partner organisations.</p> <p>3.2 The Membership of the Committee shall consist of:</p> <ul style="list-style-type: none"> • A Non-Executive Director to be appointed by the Chairman; • Two Non-Executive Directors (one from each provider Trust); • Executive Director of Walsall Together; • Chief Executive, Walsall Healthcare Trust; • Chief Executive, Dudley and Walsall Mental Health Partnership Trust; • Director of Adult Social Care, Walsall MBC; • Director of Public Health, Walsall MBC; • Director of Children’s Services, Walsall MBC; • Chief Executive, One Walsall; • Primary Care Network Clinical Directors; • Director of Governance, Walsall Healthcare Trust; • Corporate Director, Walsall Housing Group representing Housing. <p>3.2 Professional Representation:</p> <ul style="list-style-type: none"> • Consultant, professional lead for in-scope hospital services; • Consultant, professional lead for mental health; • Professional lead for nursing and AHPs; • Professional lead for Adult Social Care 	<p>3.2 The Membership of the Committee shall consist of:</p> <ul style="list-style-type: none"> • A Non-Executive Director to be appointed by the Walsall Healthcare NHS Trust Chairman to Chair the Partnership Board*; • Two Non-Executive Directors (one from each NHS provider Trust); • Executive Director of Walsall Together; • Chief Executive, Walsall Healthcare Trust; • Director of Partnerships, Black Country Healthcare NHS Foundation Trust; • Director of Adult Social Care, Walsall Council; • Director of Public Health, Walsall Council; • Director of Children’s Services, Walsall Council; • Chief Executive, One Walsall; • Primary Care Representatives; • Director of Governance, Walsall Healthcare Trust; • Corporate Director, Walsall Housing Group representing Housing • Healthwatch representative <p>*Appointed in collaboration with partner organisations.</p>

Current (version 0.10)	Proposed revisions July 2020
<ul style="list-style-type: none"> Professional lead for Children's Services 	
<p>4. ATTENDEES</p> <p>4.1 Walsall CCG has the right to attend as a participating attendee. Other executive directors/managers from across the partnership should be invited to attend, particularly when the Committee is discussing areas of risk or operation that are the responsibility of that director/manager..</p>	<p>Change</p> <p>Walsall Clinical Commissioning Group and Walsall Council Commissioning have the right to attend as a participating attendees. Other executive directors/managers from across the partnership should be invited to attend, particularly when the Committee is discussing areas of risk or operation that are the responsibility of that director/manager.</p>
<p>5. ATTENDANCE</p> <p>5.1 It is expected that each member attends a minimum of 75% of meetings and performance will be reported for each member in terms of attendance at the end of each financial year.</p>	<p>No change</p>
<p>6. DECISION MAKING</p> <p>6.1 A quorum shall be 2 Non-Executive Directors and one representative from each partner organisation.</p> <p>6.2. It is recognised that each of the partners has their own regulatory and statutory responsibilities and partners have their own internal governance arrangements. There may be some matters where partners respective Boards/Governing Bodies need to retain the ability to reserve the approval of some decisions for that Board/Governing Body. The limits of that authority will be recorded in partner's respective Schemes of Delegation. Partners therefore acknowledge that the relevant individuals may not have the appropriate levels of delegated authority to make decisions at meetings of the Walsall Together Partnership Board. Accordingly, some decisions will need to be considered and approved by partner's individual Boards/Governing Bodies before final resolution by the Walsall Together Partnership Board.</p>	<p>No change</p>

Current (version 0.10)	Proposed revisions July 2020
6.3. All decisions will be made by consensus of the partnership.	
<p>7. FREQUENCY OF MEETINGS</p> <p>7.1 The Committee will meet 10 times a year additional meetings may be arranged as required.</p>	<p>Change to add in 'or as otherwise agreed by the partners'</p> <p>7. FREQUENCY OF MEETINGS</p> <p>The WTPB will meet 10 times a year or as otherwise agreed by the partners.</p>
<p>8. CHANGES TO TERMS OF REFERENCE</p> <p>8.1 Changes to the terms of reference including changes to the Chair or membership of the WTP Board are a matter reserved to the Trust Board.</p>	<p>Change for clarity</p> <p>8. CHANGES TO TERMS OF REFERENCE</p> <p>Changes to the terms of reference including changes to the Chair or membership of the WTPB are a matter reserved to the Board of the Walsall Healthcare NHS Trust</p>
<p>9. ADMINISTRATIVE ARRANGEMENTS</p> <p>9.1 The Chair of the WTP Board will agree the agenda for each meeting with the Executive Director of Walsall Together. The WTP Board shall be supported administratively by the Executive PA who's duties in this respect will include:</p> <ul style="list-style-type: none"> • Agreement of agenda with Chair and attendees and collation of papers with all partner organisations; • Taking the minutes; • Keeping a record of matters arising and issues to be carried forward; • Advising the committee on pertinent issues/areas; • Enabling the development and training of Board members. <p>9.2 All papers presented to the WTP Board should be prefaced by a summary of key issues and clear recommendations setting out what is required of the</p>	<p>No change</p>

Current (version 0.10)	Proposed revisions July 2020
WT Boards.	
<p>10. ANNUAL CYCLE OF BUSINESS</p> <p>10.1 The Walsall Together Partnership Board will develop an annual cycle of business for approval by the Trust Board meeting at its first meeting of the financial year. The Walsall Together work plans informs the standing agenda items as described within the terms of reference, to ensure that all regulatory and legislative items are adequately reviewed and acted upon.</p>	No change
<p>11. REPORTING TO THE TRUST BOARD</p> <p>11.1 The Chair of the WTP Board will on behalf of the Trust Board provide a highlight report monthly to each of the partner organisations outlining key actions taken with regard to the issues, key risks identified and key levels of assurance given.</p>	No change
<p>12. STATUS OF THE MEETING</p> <p>12.1 All WTP Board meetings will meet in private. Matters discussed at the meeting should not be communicated outside the meeting without prior approval of the Chair of the Committee.</p>	No change
<p>13. MONITORING</p> <p>13.1 The Committee will provide the Trust Board with an Annual Report setting out the issues that have been considered by the WT Board and details of assurance provided</p>	<p>Change</p> <p>13. MONITORING</p> <p>The WTPB will prepare an Annual Report setting out the issues that have been considered by the it and details of assurance provided</p>
<p>14. DUTIES</p>	<p>16. DUTIES</p>
<p>14.1 The primary responsibility of the Board will be the integration of services</p>	No change

Current (version 0.10)	Proposed revisions July 2020
deemed to be “in scope” and not for the delivery of those services.	
14.2 The functions of the Board are to:	
<ul style="list-style-type: none"> • Provide strategic leadership and oversight of service delivery for in-scope services and for Walsall Together Programme Work Streams 	<p>Change</p> <p>Provide strategic leadership and oversight of service delivery and outcomes for in-scope services and for Walsall Together Programme Work Streams</p>
<ul style="list-style-type: none"> • Promote and encourage commitment to the Alliance Principles and Alliance Objectives amongst all Alliance Participants 	No change
<ul style="list-style-type: none"> • Monitoring and review of key interdependencies between Partners to ensure that benefits of the new Services model is fully realised for the benefit of patients, carers and their families; 	No change
<ul style="list-style-type: none"> • Oversee the development of, and transition to, new models of care in priority areas/in scope services; 	No change
<ul style="list-style-type: none"> • Make decisions in the context of the shared vision for the Walsall Together Partnership, and as detailed in the Alliance Agreement; 	No change

Current (version 0.10)	Proposed revisions July 2020
<ul style="list-style-type: none"> Consider investment and any disinvestment decisions across the partnership; 	No change
<ul style="list-style-type: none"> Collectively hold Walsall Together partners to account for upholding the commitments made in the Business case, and the Alliance contract. 	No change
<ul style="list-style-type: none"> To provide assurance that needs of the community and patients are best serviced by the proposed partnering arrangements 	No Change
	<p>Add New</p> <ul style="list-style-type: none"> Provide direction on the options for pursuing Integrated Care Provider or comparable status.
14.3 To review the risk implications of the partnership arrangements	No change
14.4 To establish meaningful patient and public engagement in planning for the future.	No change

MEETING OF THE PUBLIC TRUST BOARD – 4 th February 2021			
Well Led Workstream Update			AGENDA ITEM: 21
Report Author and Job Title:	Well Led Workstream Leads	Responsible Director:	Jenna Davies Director of Governance
Action Required	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/> Assure <input checked="" type="checkbox"/>		
Executive Summary	<p>The current COVID-19 pandemic presents an unprecedented impact on the NHS and the Trust. At the core of our organisation we remain committed to ensuring that we keep our patients and our staff safe, within a well led organisation.</p> <p>‘Delivering Safe and High Quality’ against the backdrop of the COVID-19 pandemic is at the forefront of the aims of the organisation, and therefore we have agreed to pause a number of the workstreams within the Well Led workstream to ensure there are sufficient resources to effectively respond to the continued impact of COVID-19.</p> <p>The workstream has continued to progress a number of key areas and has made improvements in areas such as Risk Management, Health Safety, standardisation of divisional governance, and Board Governance.</p> <p>However the impact of COVID-19 has impacted on the Trusts ability to progress improvements associated with clinical effectiveness, performance management and reporting, and leadership development. The Trust has secured specific support from NHSEI to address areas the areas of concern identified.</p>		
Recommendation	The Board are asked to note the report, the improvements which have been made, and the areas of risk to the delivery of the Well Led Improvement plan.		
Does this report	Failure to deliver improvement under the Well Led domain, may		

<p>mitigate risk included in the BAF or Trust Risk Registers? please outline</p>	<p>impact the safe delivery of care, patient experience, and an inability to effectively identify and manage risk and incident trends. Therefore impacting on the mitigation of all BAF risks.</p>	
<p>Resource implications</p>	<p>There is a risk outlined in the paper in relation to resource to deliver the programme, however any additional resource requirements would be requested via business case and appropriate approval processes.</p>	
<p>Legal and Equality and Diversity implications</p>	<p>Boards have a duty to demonstrate measurable outcomes that build patient, public and stakeholder confidence that their organisations are providing Safe and High-Quality care. Robust governance processes and open, transparent leadership should give staff at all levels confidence about their capability to maintain and continuously improve services.</p>	
<p>Strategic Objectives</p>	<p>Safe, high quality care <input checked="" type="checkbox"/></p>	<p>Care at home <input checked="" type="checkbox"/></p>
	<p>Partners <input checked="" type="checkbox"/></p>	<p>Value colleagues <input checked="" type="checkbox"/></p>
	<p>Resources <input checked="" type="checkbox"/></p>	

WELL LED WORKSTREAM – EXECUTIVE UPDATE

1. PURPOSE OF REPORT

The Purpose of this report is to provide the Board with an overview of the Well led workstream, and progress to date. This report also outlines risks to delivery of the workstream.

2. DETAILS

2.1 Board Governance

The Board Governance programme of work sets the scene for good governance in an ‘Outstanding’ Trust. The Programme has three projects

1. Governance framework
2. Effectiveness
3. Statutory and regulatory compliance

Governance Framework brings together the elements of the Trust’s corporate governance arrangements in one place. The framework articulates the characteristics of a high performing, mature Board of and ‘Outstanding’ organisation, and develops good governance principles that are applied as a golden thread throughout the organisation.

The framework will be embodied in a governance manual that distils information (such as the Standing Orders, codes and terms of reference) in an easily digestible way, assisting in a better understanding of how good governance can delivery strategy, manage performance and risk, and support the vision of the Trust in an integrated way. It sets out the roles of the Board and Board Committees, and their connectivity to Tier 2 Board Sub-Groups and other operational assurance groups. It forms the basis of information to populate the board induction process; governance education and training; and communication generally. It includes the roles, responsibilities and behaviours that are expected to ensure governance is effective, including a code of conduct for the Board, which was a recommendation made following the Governance and Accountability Framework Review.

The handbook is the foundation upon which effectiveness reviews will be based. Work has commenced on the governance framework, with the overall structure and table of contents developed, and section outlines agreed. It has been agreed that the

Standing Financial Instructions, Standing Orders, and the Scheme of the delegation will be submitted to Audit Committee in April.

The project links closely with the integrated governance programme, and ten principles of good governance have been agreed with that team. They are: leadership and direction; accountability; clarity on roles and responsibilities; performance management and improvement; quality information; culture and behaviours; risk management; communication; lean processes and structures; and cycles of meetings.

We have appointed Value Circle to deliver a programme of long-term development for the Board. The Value Circle will provide a 12 month programme of Board development, with a focus on the Board developing the markers of a high performing, mature board of an 'Outstanding' organisation, which will then allow us to articulating the pathways and programmes of work to deliver that. The behaviours articulated during this development work will be embodied in a code of conduct for the Board. Key performance indicators will be developed to ensure that both, qualitatively and quantitatively, the Board is on track for their maturity journey. The Value Circle has commenced their review of key documents and will speak to individual members in February.

The Standard Operating Procedure which guides the work of the Board and its Committees has been revised and incorporates a complete checklist for each executive assistant which manages a Board Committee to follow. This will provide consistency of approach across all Board Committees. Key Performance Indicators have been developed to measure performance against the checklist in the Standard Operating Procedure. These include timeframes for setting of agenda, receipt and upload of Board and Board Committee reports, and development of minutes. Collection and reporting of these will commence in February.

The Trust has also gained the support of NHSI who will conduct three days of workshops on 'writing for assurance' for various levels of report writers in the organisation. This includes structuring of Board papers and an understanding of how to provide assurance. A revised reporting template and cover sheet is being finalised.

2.2 Assurance Workstream

The Assurance programme of work sets the scene for Assurance in an 'Outstanding' Trust. The Programme has eight projects;

- Assurance Framework
- Risk Management
- Clinical Audit

- External Review Process
- Programme Assurance
- Data Quality
- Information Governance
- Quality and Safety Assurance

The vision to the development of a Trust Assurance Framework is to ensure that there is a common understanding throughout the Trust of what is meant by assurance and its importance in a well-functioning organisation.

The Trust Assurance Framework is underpinned by a number of elements, including risk management, external reviews and effective internal controls (for example data quality). The Assurance Framework will add value to the Trust by eliminating duplication of effort and resources, reducing the burden of bureaucracy, and providing a central point of expertise in relation to governance, risk management and assurance. The promotion of a better understanding of assurance will lead to improved knowledge of the systems and processes in place. This will in turn lead to an improvement in the assurance tools used in the Trust and the ability of the Trust to address identified gaps. The Assurance Framework is still in early development, owing to the impact of COVID-19.

The Trust has made improvement in Risk Management, and the Board Assurance Framework (BAF) has been refreshed to focus on the high level strategic risks to achieving the Trust's objectives. The BAF is reviewed with Executive Director leads, with controls, assurance and mitigating actions reviewed at each of the Board Committees. The focus of the Audit Committee on the BAF has resulted in Board Committee dedicated time to test the controls, mitigations and assurances within the BAF with respective executive directors in attendance. Oversight of corporate risks has been embedded through the Risk Management Committee, chaired by Chief Executive, and attended by all Executive Directors, and Divisional Directors.

We are due to commence the annual review of our BAF and Corporate Risks in line with the annual planning round. For the coming year we will be developing Key Risk Indicators (KRIs), which are a series of indicators that highlight performance of the Trust in mitigating the impact of a potential risk. We are also in the process of finalising the risk appetite statements ahead of the start of the new financial year.

Clinical audit and feedback aim to improve patient care by reviewing clinical performance against explicit standards and directing action towards areas not meeting those standards. The Trust currently has a gap in our approach to clinical audit, and the

current process does not align to the quality strategy or priorities of the organisation nor does it have a direct link to quality improvement. The Clinical Audit project has clear interdependencies with the Safe High Quality Care workstream, and the wider work being led by the Medical Director on clinical effectiveness. Work is underway to revise the terms of reference for the Clinical Effectiveness Group, as well as to review the quality metrics within the Organisation.

One of the key aspects of the project will ensure the organisation is meeting the standards set by HQIP (Healthcare Quality Improvement Programme) as a baseline. We have delayed the HQIP (Healthcare Quality Improvement Partnership) audit owing to Covid however this will be a priority in the first quarter of the 2021 financial year. The Aim of the Audit is to map the position of the Trust and Identify improvements to ensure an integrated approach

2.3 Accountability

The Trust has been focused on the establishment of a revised Accountability Framework with increased effectiveness for decision making and inclusion of;

- Enhanced emphasis on people and culture metrics (ensuring staff feel supported to give their best)
- Ownership of the Accountability Framework throughout the Trust, with clearly defined and endorsed performance measures
- Visibility of the framework throughout the organisation, to include the renaming of the framework
- Enhanced understanding of what motivates the teams to deliver, defining reward and escalation measures

There has been substantial progress through engagement with the Trust on development of People and Culture ‘softer’ metrics and in relation to Divisional ownership of the Accountability Framework (Divisional Directors, Executive and Trust Management Board) in agreement for revisions to streamline the accountability structure whilst maintaining oversight in the current financial year. However, production of the final accountability framework has been impacted upon by COVID-19 (the wider Trust engagement programme significantly impacted).

Through co-production with NHSE/I and leaders/staff throughout the Trust, the updated Accountability Framework is still targeting launch on 31st March 2021. However, should the current operational demands continue (cessation of Divisional Board meetings an example), it may result in the revised and re-named Accountability Framework being delayed into the 2021/22 financial year. If the delay is confirmed this

will be a priority for the first half of the new financial year, the key elements requiring conclusion being;

- The metrics refresh developed and endorsed by lead Executives and Chairs of Board Committees in the domains of People & Culture, Patient Safety & Quality, Operational Performance and Financial (supported by NHSEI)
- Wider organisational awareness of the framework, engagement in the philosophy and subsequent renaming of the framework
- Approval for adoption by Divisional Boards, Executive, Trust Management Board of the revised framework

The key component of the workstream to be finalised (which is dependent upon the integrated governance workstream) is to establish Corporate, Divisional and Care Group performance metrics together with a comprehensive suite of routine integrated performance reports. The resultant metrics aligned to Trust objectives and values that are both accurate and contextual which will flow through the Trusts governance structures, and into Tier 2 and Committees.

2.4 Integrated Governance

The Integrated Governance workstream has been impacted most significantly by COVID-19. The need to flex the current governance structures to maintain a well-led organisation with robust governance in the context of wholly unprecedented challenges presented by COVID-19 is clear. As the Board will be aware, the Trust considered the national emergency guidance in terms of governance and the national recommendation to reduce and stand down governance. The Trust implemented a governance continuity plan which focused on continued good governance, and enhanced oversight, and therefore we reduced the numbers of meetings and timings however we felt it was important to maintain governance and oversight/assurance from the point of care to the Board.

The Governance continuity plan has enabled us to embed good foundations of governance which we can now build on over the coming year. An example of this is the consistent approach to governance across all of the Clinical Divisions, not only in structure but also in escalation. The agendas of these meetings are increasingly risk driven given time limitations.

Through the Integrated Governance workstream we continue to progress the policy project. An interim policy manager started in the Trust in November who has been focused on aligning our outstanding policies into the relevant sections of the improvement programme.

As part of the new patient safety strategy, a revised patient safety response framework (SI Framework) will be implemented through a phased approach with a number of nationally appointed ‘early adopter’ Trusts and commissioners working to implement it during the course of 2021

In a marked change to the current system, the new framework sets out a broader, more proactive and risk-based approach. There is no distinction between incidents and ‘serious incidents’. Instead, the Patient Safety Incident Response Plan (PSIRF) provides guidance for organisations on how to respond to patient safety incidents, defined as “unintended or unexpected incidents which could have or did lead to harm for one or more patients receiving healthcare”.

Some incidents will qualify for a Patient Safety Incident Investigation but it is recognised that there may be other alternative proportionate responses (e.g. case note review; time mapping; ‘being open’ conversations; after action review; audit) as well as some incidents where ‘do not investigate’ or ‘no response required’ will be appropriate.

Under the new framework, each organisation must develop a PSIRP (reviewed every two years) setting out how incidents will be identified and investigated. We have approved an interim SI processes due to the impact of Covid which includes an improved process in relation to immediate learning actions and pace of investigation.

2.5 Strategy and Business Planning

The business planning process for the trust has been reviewed by various teams with a view to closer working across corporate services to reduce the number of occasions care groups and operational teams have to meet and share similar information.

Assuming a respite in COVID-19 pressures, the process commences in Q1 with bi-annual sustainability reviews using the three-step approach of self-assessment, confirm and challenge, and road-map. In Q2 this will be followed up with joint meetings/workshops with care groups to develop their business plans and efficiency improvement opportunities for the following year and beyond – usually a refresh of their three to five year plans. This work will be supported by “deep-dive” packs, highlighting productivity and financial opportunities.

The outputs of these feed into our provider intentions notifications to commissioners, and inform plans for budget setting, including requirements for workforce, estate, IT and other supporting departments. The details of efficiency programmes are finalised in Q3/4, with the final submission of the trust’s annual plan to the trust board, and regulators.

3. RECOMMENDATIONS

The Board are asked to note the report, the improvements which have been made, and the areas of risk to the delivery of the Well Led Improvement plan.

MEETING OF THE PUBLIC TRUST BOARD – 4 th February 2021			
Board and Committee Dates for 2021-22 Financial year			AGENDA ITEM: 22
Report Author and Job Title:	Trish Mills Trust Secretary	Responsible Director:	Jenna Davies Director of Governance
Action Required	Approve <input checked="" type="checkbox"/> Discuss <input type="checkbox"/> Inform <input type="checkbox"/> Assure <input type="checkbox"/>		
Executive Summary	<p>The Trust Board sets its meetings dates and those of the Board Committees in advance of the financial year to ensure that the public is notified of public meeting dates; to ensure Board member availability; and to allow for the cycle of business for the Board and its Committees to be delivered.</p> <p>Attached at Appendix 1 are the proposed dates for the Trust Board, Board of Trustees, and Board Committees for the period April 2021 to March 2022. The frequency of meetings remains the same as 2020/21, and as follows:</p> <ul style="list-style-type: none"> • Twelve scheduled Board meetings; • Two Board of Trustee meetings; • Five Audit Committee meetings; • Twelve meetings each of the Performance, Finance and Investment Committee; Quality, Patient Experience and Safety Committee; People and Organisational Development Committee; and the Walsall Together Partnership Board; • Four Charitable Funds Committee meetings; • Two Nominations and Remuneration Committee meetings' <p>All meetings, other than Trust Board, will be set for two hours, unless the Trust is operating under COVID-19 governance, or if the Chair deems a longer meeting necessary.</p>		

Recommendation	The Board is requested to approve the meeting dates for the 2021/22 financial year.	
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report.	
Resource implications	There are no resource implications associated with this report.	
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.	
Strategic Objectives	Safe, high quality care <input checked="" type="checkbox"/>	Care at home <input checked="" type="checkbox"/>
	Partners <input checked="" type="checkbox"/>	Value colleagues <input checked="" type="checkbox"/>
	Resources <input checked="" type="checkbox"/>	

Appendix 1

TRUST BOARD, BOARD OF TRUSTEES AND BOARD COMMITTEE MEETINGS - APRIL 2021 TO MARCH 2022													
Meeting	Time	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
		2021									2022		
Trust Board	12.00 start	1st	6th	3rd	1st	5th	2nd	7th	4th	2nd	6th	3rd	3rd
Board of Trustees	10.00 to 12.00		6th								21st		
Nominations & Remuneration Committee	10.00 to 12.00			3rd					4th				
Walsall Together Partnership Board	10.00 to 12.00	21st	19th	23rd	21st	18th	22nd	20th	17th	15th	19th	16th	23rd
Audit Committee	09.30 to 11.30	26th	24th		26th			18th			24th		
Performance, Finance & Investment Committee	14.00 to 16.00	28th	26th	23rd	28th	25th	29th	27th	24th	15th	26th	23rd	30th
People & Organisational Development Committee	13.30 to 15.30	29th	27th	24th	29th	26th	30th	28th	25th	16th	27th	24th	31st
Quality, Patient Experience and Safety Committee	09.00 to 11.00	29th	27th	24th	29th	26th	30th	28th	25th	16th	27th	24th	31st
Charitable Funds Committee	10.00 to 12.00			17th			16th			9th			17th

MEETING OF THE PUBLIC TRUST BOARD – 4 th February 2021			
Use of Trust Seal			AGENDA ITEM: 23
Report Author and Job Title:	Trish Mills Trust Secretary	Responsible Director:	Jenna Davies Director of Governance
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/> Assure <input type="checkbox"/>		
Executive Summary	<p>In accordance with the Trust’s Standing Orders the Seal of the Trust is affixed to a document that has been authorised by a resolution of the Board or of a Committee of the Board, or where the Board has delegated its powers¹.</p> <p>Use of the Trust Seal is reported at least quarterly, with the report containing details of the seal number, the description of the document and date of sealing².</p> <p>At the 5th November 2020 Trust Board meeting the transaction dated 15th June 2020 for ‘License to assign – change of name – Cention Plc’, was incorrectly stated as transaction number 163. This was recorded as transaction number 162 in the Register of Seals. However, there was an inadvertent duplication of the use of number 162 as the transaction number for two registrations – this has now been corrected to provide for the second use to show as 162(a).</p> <p>For the avoidance of doubt, the entries which have previously been reported and now show as corrected, and the new sealings are set out below:</p> <p>Transaction number 162 dated 1st May 2020 for Deed of Variation – Project Agreement – Network and Comms. The document was witnessed by Richard Beeken and Russell Caldicott. Reported to 3rd September 2020 Trust Board</p> <p>Transaction number 162(a) dated 15th June 2020 for ‘License to assign – change of name – Cention Plc’. The document was witnessed by Richard Beeken and Jenna Davies. Incorrectly</p>		

¹ Standing Order 8.2

² Standing Order 8.3

	<p>reported to the 5th November Trust Board as transaction number 163.</p> <p>Transaction number 163 dated 3rd October 2020 for 'S.75 Partnership Agreement – Walsall Council'. The document was witnessed by Jenna Davies and Daren Fradgley.</p> <p>Transaction number 164 dated 18th December 2020 for 'Land Planning for Accident and Emergency S.106'. The document was witnessed by Russell Caldicott and Ned Hobbs.</p>	
Recommendation	The Board is asked to note the use of the Trust Seal.	
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no BAF or Trust Risk Register implications associated with this report.	
Resource implications	There are no resource implications associated with this report.	
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.	
Strategic Objectives	Safe, high quality care <input type="checkbox"/>	Care at home <input type="checkbox"/>
	Partners <input type="checkbox"/>	Value colleagues <input type="checkbox"/>
	Resources <input checked="" type="checkbox"/>	