Walsall Healthcare NHS
NHS Trust

MEETING OF THE PUBLIC TRUST BOARD

Held in public on Thursday 4th March 2021from 10.30am to 2.15pm
Meeting held virtually via Microsoft Teams

AGENDA

#	Agenda Item	Purpose	Lead	Format	Time
OPENING ITEMS					
1.	Chair's welcome; apologies and confirmation of quorum	Inform	Steve Field	Verbal	10.30
2.	Declarations of interest	Inform	Steve Field	Enclosure	
3.	Minutes of last meeting	Approve	Steve Field	Enclosure	
4.	Matters arising and action log	Review	Steve Field	Enclosure	10.45
5.	Chief Executive's Report	Inform	Daren Fradgley	Enclosure	10.50
6.	Improvement Programme Prioritisation	Inform	Glenda Augustine	Enclosure	11.05
PROVIDE SAFE, HIGH QUALITY CARE					
7.	Quality, Patient Experience and Safety Committee Report	Assure Inform	Pamela Bradbury	Enclosure	11.15
8.	Safe High Quality Care Executive Report (incorporating Board Assurance Framework, Performance, and Improvement Programme)	Assure Inform	Matthew Lewis Ann-Marie Riley	Enclosure	11.20
9.	Ockenden Report Update	Assure	Carla Jones-Charles Fateh Ghazal	Enclosure	11.35
10.	Mortality Report	Assure	Matthew Lewis	Enclosure	11.45
VALUE OUR COLLEAGUES					
11.	People and Organisational Development Committee Report	Assure Inform	Junior Hemans	Enclosure	11.55
12.	Value Our Colleagues Executive Report (incorporating Board Assurance Framework, Performance, and Improvement Programme)	Assure Inform	Catherine Griffiths	Enclosure	12.00
13.	Safe Staffing Report	Assure	Ann-Marie Riley	Enclosure	12.15
USE RESOURCES WELL					
14.	Performance, Finance and Investment Committee Report	Assure Inform	John Dunn	Enclosure	12.25
15.	Use Resources Well Executive Report (incorporating Board Assurance Framework, Performance, and Improvement Programme)	Assure Inform	Ned Hobbs Russell Caldicott	Enclosure	12.30
12.45 to 1.05- COMFORT BREAK					
CARE AT HOME					
16.	Walsall Together Partnership Board Report	Assure Inform	Anne Baines	Enclosure	1.05
17.	Care at Home Executive Report (incorporating Board Assurance Framework, Performance, and Improvement Programme)	Assure Inform	Matthew Dodd	Enclosure	1.10
WORK CLOSELY WITH PARTNERS					

#	Agenda Item	Purpose	Lead	Format	Time
18.	Work Closely with Partners Executive Report (incorporating Board Assurance Framework and Improvement Programme)	Assure Inform	Ned Hobbs	Enclosure	1.25
GOVERNANCE AND WELL LED					
19.	Audit Committee Report	Approve Assure Inform	John Dunn	Enclosure	1.45
20.	Governance Continuity Plan	Approve	Jenna Davies	Enclosure	1.55
21.	Memorandum of Understanding – Walsall Healthcare NHS Trust and Royal Wolverhampton NHS Trust	Approve	Jenna Davies	Enclosure	2.05
CLOSING ITEMS					
22.	Any other business	Discuss	Steve Field	Verbal	2.10
23.	Questions from the Public	Discuss	Steve Field	Verbal	
DATE AND TIME OF NEXT MEETING					
Thursday 1st April 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
Prof. Steve Field	Chair of Trust Board
Mr John Dunn	Vice Chair of Trust Board; Chair of Performance, Finance and Investment Committee
Mrs Pamela Bradbury	Non-Executive Director; Chair of Quality, Patient Experience and Safety Committee
Mrs Anne Baines	Non-Executive Director; Chair of Walsall Together Partnership Board
Mr Junior Hemans	Non-Executive Director; Chair of People and Organisational Development Committee
Mr Daren Fradgley	Acting Chief Executive Officer
Dr Matthew Lewis	Medical Director
Ms Ann-Marie Riley	Director of Nursing
Mr Russell Caldicott	Director of Finance and Performance
Ms Catherine Griffiths	Director of People and Culture
Mr Ned Hobbs	Chief Operating Officers
Ms Jenna Davies	Director of Governance
Mrs Glenda Augustine	Director of Planning and Improvement
Carla Jones-Charles	Head of Midwifery
Fateh Ghazal	Consultant Obstetrics and Gynaecology

Our **Vision, Objectives & Values**

Walsall Healthcare NHS Trust is guided by five strategic objectives which combine to form the overall 'vision' for the organisation.

Complementing this are our 'values', a set of individual behaviours that we wish to project amongst our workforce in order to deliver effective care for all.

Our Vision: **Caring for Walsall together**

"Caring for Walsall together" reflects our ambition for safe integrated care, delivered in partnership with social care, mental health, public health and associated charitable and community organisations.

Our Objectives: **Underpinning the vision**

The organisation has five strategic objectives which underpin our vision of 'Caring for Walsall together', and they are to:

Provide Safe, high-quality care;
We will deliver excellent quality of care as measured by an outstanding CQC rating by 2022.

Care at Home;
We will host the integration of Walsall together partners, addressing health inequalities and delivering care closer to home.

Work Closely with Partners;
We will deliver sustainable best practice in secondary care, through working with partners across the Black Country and West Birmingham System.

Value our Colleagues;
We will be an inclusive organisation which lives our organisational values without exception.

Use Resources Well;
We will deliver optimum value by using our resources efficiently and responsibly.

Walsall Healthcare NHS
NHS Trust

Our Values: **Upholding what's important to us as a Trust**

Our values, coupled with individual behaviours, represent what we wish to project in our working environments.

Respect

We are open, transparent and honest, and treat everyone with dignity and respect.

- I appreciate others and treat them courteously with regard for their wishes, beliefs and rights.
- I understand my behaviour has an impact on people and strive to ensure that my contact with them is positive.
- I embrace and promote equality and fairness. I value diversity and understand and accept our differences. I am mindful of others in all that I do.

Compassion

We value people and behave in a caring, supportive and considerate way.

- I treat everyone with compassion. I take time to understand people's needs, putting them at the heart of my actions.
- I actively listen so I can empathise with others and include them in decisions that affect them.
- I recognise that people are different and I take time to truly understand the needs of others.
- I am welcoming, polite and friendly to all.

Professionalism

We are proud of what we do and are motivated to make improvements, develop and grow.

- I take ownership and have a 'can do' attitude.
  I take pride in what I do and strive for the highest standards.
- I don't blame others. I seek feedback and learn from mistakes to make changes to help me achieve excellence in everything I do.
- I act safely and empower myself and others to provide high quality, effective patient centred services.

Teamwork

We understand that to achieve the best outcomes we must work in partnership with others.

- I value all people as individuals, recognising that everyone has a part to play and can make a difference.
- I use my skills and experience effectively to bring out the best in everyone else.
- I work in partnership with people across all communities and organisations.

MEETING OF THE PUBLIC TRUST BOARD – 4th March 2021			
Declarations of Interest			**AGENDA ITEM: 2**
Report Author and Job Title:	Trish Mills Trust Secretary	**Responsible Director:**	Steve Field, Trust Board Chair
Action Required	Approve ☐ Discuss ☐ Inform ☐ Assure ☒		
Executive Summary	The report presents a Register of Directors' interests to reflect the interests of the Trust Board members. 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.		
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 ☒	Care at home ☒	
	Partners ☒	Value colleagues ☒	
	Resources ☒		

Register of Directors Interests at March 2021

Name	Position held in Trust	Description of Interest
Professor Steve Field	Chair	Chair: Royal Wolverhampton NHS Trust
		Director: EJC Associates
		Trustee for Charity: Pathway Healthcare for Homeless People
		Trustee: Nishkam Healthcare Trust Birmingham
		Honorary Professor: University of Warwick
		Honorary Professor: University of Birmingham
Mr John Dunn	Vice Chair Non-executive Director	Non-Executive Director, Royal Wolverhampton NHS Trust
Mrs Anne Baines	Non-executive Director	Director/Consultant at Middlefield Two Ltd
		Associate Consultant at Provex Solutions Ltd
Ms Pamela Bradbury	Non-executive Director	Dudley Group Foundation Trust – COVID-19 vaccination bank
		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.
		Volunteer at Gracewell of Sutton Coldfield Care Home
		Partner - Registered nurse and General Manager at Gracewell of Sutton Coldfield Care Home
		Volunteer Vaccinator with St John's Ambulance
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)
		Company Secretary – The Kairos Experience Ltd.
		Member – Labour Party
		Mentor – Prince's Trust
Mr Paul Assinder	Associate Non-executive Director	Chief Executive Officer - Dudley Integrated Health & Care Trust

Name	Position held in Trust	Description of Interest
		Director of Rodborough Consultancy Ltd.
		Governor of Solihull College & University Centre
		Honorary Lecturer, University of Wolverhampton
		Associate of Provex Solutions Ltd.
Mr Rajpal Virdee	Associate Non-executive Director	Lay Member, Employment Tribunal Birmingham
Mrs Sally Rowe	Associate Non-Executive	Executive Director Children's Services - Walsall MBC
		Trustee of the Association of Directors of Children's Services
Mr Daren Fradgley	Acting Chief Executive from 1 February 2021 Director of Integration	Director of Oaklands Management Company
		Spouse, Helen Willan, is Systems Manager at West Midlands Ambulance Service
		Clinical Adviser NHS 111/Out of Hours
		Non-Executive Director at whg
Mr Russell Caldicott	Director of Finance and Performance	Member of the Executive for the West Midlands Healthcare Financial Management Association (HFMA)
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 is asked to note the report

Walsall Healthcare NHS
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MEETING OF THE PUBLIC TRUST BOARD
HELD ON THURSDAY, 4TH FEBRUARY 2021 AT 10.30AM
HELD VIRTUALLY VIA MICROSOFT TEAMS

PRESENT

Members	
Ms Danielle Oum	Chair of the Board of Directors
Mr John Dunn	Non-Executive Director; Vice Chair, Board of Directors
Mrs Anne Baines	Non-Executive Director
Mrs Pamela Bradbury	Non-Executive Director
Mr Ben Diamond	Non-Executive Director
Mr Junior Hemans	Non-Executive Director
Mr Rajpal Virdee	Associate Non-Executive Director (left 11.40am to 2pm)
Mr Paul Assinder	Associate Non-Executive Director
Mr Richard Beeken	
Mr Daren Fradgley	Interim Chief Executive Officer
Dr Matthew Lewis	Medical Director
Ms Ann-Marie Riley	Director of Nursing
Mr Russell Caldicott	Director of Finance and Performance
Mr Ned Hobbs	Chief Operating Officer
Ms Catherine Griffiths	Director of People and Culture
Ms Jenna Davies	Director of Governance
In attendance	
Prof Steve Field	Chair, Royal Wolverhampton NHS Trust
Mr Keith Wilshere	Trust Secretary, Royal Wolverhampton NHS Trust
Mrs Trish Mills	Trust Secretary
Members of staff, public and press:	7
Apologies	
Mrs Sally Rowe	Associate Non-Executive Director
Mrs Glenda Augustine	Director of Planning and Improvement

160/20	**Welcome, Apologies and Confirmation of Quorum**
	The Chair welcomed members of staff, public and the press to the meeting. Ms Oum introduced Professor Steve Field, Chair of the Royal Wolverhampton NHS Trust, who has been appointed to the Chair of the Walsall Healthcare NHST Trust from 1st March. Mr Junior Hemans was also welcomed to his first meeting as Non-Executive Director of the Board. Apologies for absence are noted above.
161/20	**Declarations of Interest**
	The following additions were noted to the register of interests: (a) Mrs Pamela Bradbury declared her work on the vaccination programme

	with the Dudley Group Foundation Trust (b) Mr Ben Diamond declared his vaccination work with St John's Ambulance
162/20	**Minutes of Last Meeting**
	The minutes of the meeting on 3rd December 2020 were approved as a true record.
163/20	**Matters Arising and Action Log**
	The Board noted the following with respect to the action log: 042/20 Pvt Brd – Impact of COVID-19 on BAME Colleagues: It was agreed to close this item given the anticipated second round of the risk assessments on the revised process, and the extensive discussion which has taken place on this in the People and Organisational Development Committee. That Committee will receive a timetable for the second round of assessments at its February meeting. 085/20 – Use of staffing against use of beds: The Performance, Finance and Investment Committee will receive a report in February on volume and price movements in the ward environment. The outputs of that report will inform this action with a view to close it at the March Board meeting. 097/20(b) – Targeted support to five key services/departments: Agreed that this item was closed, and the wider organisational development programme will be monitored by the People and Organisational Development Committee. 158/20 – 'You Said We Did' Communication: It was noted that this will be circulated to staff week commencing 8th February and the item was closed.
164/20	**Chair's Report**
	Ms Oum paid tribute to Mr Gayle, Non-Executive Director, who left the Board on 31 January 2021. Mr Gayle chaired the People and Organisational Development Committee and oversaw the increased focus around assurance of improvements in organisational culture and organisational development. Ms Oum also commended Mr Beeken, Chief Executive Officer, who will be joining Sandwell and West Birmingham NHS Trust on an interim six month secondment from February 2021. Mr 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. Ms Oum noted the progress Mr Beeken has achieved in the partnership and collaboration arena, via Walsall Together and the collaboration with The Royal Wolverhampton NHS Trust. Mr Dunn, Vice Chair of the Board, thanked Ms Oum for her significant contribution to the Trust, noting that she will be leaving the Trust from 28 February 2021. Mr

	Dunn commended Ms Oum's unwavering pursuit to ensure that the people of Walsall get the best care possible, and that Trust colleagues are working in an environment where they can give of their best and are supported. He thanked Ms Oum for leading the Board and being a thought leader when it comes to equality, diversity and inclusion in particular, and that it had been a privilege to work with her. Mr Beeken agreed, adding that Ms Oum's personal support of him and the executive team has been tremendous. All members of the Board joined in those thanks, and wished Ms Oum, Mr Gayle, and Mr Beeken the best of success.
165/20	**Chief Executive's Report**
	Mr Beeken presented the Chief Executive's report, and provided a summary of the current challenges with the South African variant of COVID-19 in the WS2 postcode, noting that there is a single index case and no other positive cases have been identified so far. He reinforced the message that there is no enhanced lockdown in WS2, however there has been enhanced surveillance of all COVID-19 positive residents in that postcode. Mrs Baines enquired as to the information provided to colleagues who both live and work in the WS2 postcode, and Dr Lewis advised that the advice remains the same from an infection prevention and control perspective i.e. completing mandatory training, taking necessary precautions, hand hygiene, personal protective equipment, ensuring fit testing takes place for the right FFP3 masks, and that colleagues are able to take up the vaccination offer. Mr Fradgley confirmed that those colleagues in the postcode catchments are also being directly contacted. In addition, three staff bulletins have been distributed on the variant and the measures in place. *The Board observed one minute's silence at 11.00am in memory of Captain Sir Tom Moore.* Mr Diamond enquired as to whether colleagues at the Trust had been affected by adverse social media postings regarding the vaccine. Mr Beeken responded that he was not aware of any reported incidents. Mr Beeken advised that there has been a focus through the Walsall Together Partnership on community and faith groups to alleviate the anxieties about the vaccine. Mr Assinder enquired as to whether existing care pathways were adequate or required adaptation for 'long covid'. Dr Lewis confirmed that 'long covid' pathways were being proactively created through the community and respiratory teams and patients provided with relevant information on this. Mrs Baines noted that 'long covid' patients will need the care of our acute and community colleagues, together with those from the voluntary sector, social prescribing and housing.

	Mr Fradgley noted that the vaccination programme been commended regionally and nationally, and Ms Oum thanked the teams who mobilised quickly and efficiently for the people of Walsall. Action: The Board wished to receive regular reports on the impact of 'long covid', from a patient safety and resourcing perspective, and to include any disproportionate effect on vulnerable patients. The Performance, Finance and Investment committee, Quality, Patient Experience and Safety Committee, and Walsall Together Partnership Board were requested to monitor and report back to the Board regularly.
166/20	**Trust Collaboration Update**
	Mr Beeken updated the Board on the work ongoing with Trust collaboration in the Black Country and West Birmingham. Weekly meetings continue to be held, however a meeting to discuss the proposal for a joint programme board was paused due to the escalating challenges for all Trusts due to the current COVID-19 pressures. This meeting has been rescheduled to mid-February and the Board will be updated further in March. Mr Beeken noted however that the bi-lateral collaboration work between the Trust and The Royal Wolverhampton NHS Trust continues, and executives from both Trusts will be meeting in February to discuss which elements of the two organisations' improvement programmes can be combined for greater impact. Mr Dunn requested that both Trusts look at their recovery programmes at that stage also to see how they may recover services in a collaborative way. Mrs Baines sought clarity on the process of consultation/approval/assurance on proposals for service and/or workforce reconfigurations or integrations. Mr Beeken confirmed that any such proposals would go through each Trusts' management boards, the appropriate Board Committees and then to their Board. It was agreed that the precise governance process would be provided to the Board in the next update. Action: The governance processes for consultation/approval/assurance where service and/or workforce reconfigurations or integrations were proposed to be provided to the Board in the next update.
167/20	**Quality, Patient Experience and Safety Committee Report**
	Mrs Bradbury, Chair of the Quality, Patient Experience and Safety Committee presented the highlight report from the Committee's December 2020 and January

	2021 meetings, noting the following: • 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 the 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, and it is now believed that 21/221 of COVID-19 deaths followed nosocomial infection, not 43. • CQC action plan was discussed and the Committee has requested an updated position of overdue actions from each executive lead at the February meeting. • Whilst PLACE (Patient-Led Assessments of Care) inspections are not currently taking place due to COVID-19, the Committee supported the suggestion for these to take place virtually and with the volunteers already on site. • The Ockenden gap analysis was reported to the Committee with some outstanding actions which are currently being addressed, with progress monitored in the February meeting. Mrs Bradbury is the interim Ockenden Non-Executive lead until Professor Steve Field joins the Board. Mr Virdee left the meeting at 11.40
168/20	**Safe, High Quality Care Executive Report**
	Ms Riley and Dr Lewis presented the Safe, High Quality Care report, which included the Board Assurance Framework strategic risk for this objective, the corporate risks and the Improvement Programme workstream. The following was highlighted: • 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). Ms Oum noted that the CQC have not yet been assured on the actions and sought to understand what process was in place to address this. Ms Riley confirmed that evidence of the actions taken is being urgently collated for updated assurance to CQC. The Quality, Patient Experience and Safety Committee were requested to review the evidence against the action plan at their next meeting and provide that assurance to the Board that the concerns raised by CQC have been satisfactorily addressed. • Prevalence of late observations has slightly improved, however

	performance is still below the target of 95%. This is partly due to the impact of the new electronic patient record Medway being introduced to the Emergency Department. Work is ongoing with Medway to reset default timings for observations to correct this. • Safeguarding training has improved in most areas however some areas are receiving ongoing focus to maintain training as a priority. • Venous thromboembolism (VTE) assessment compliance for December was 90.98% which remains below the compliance target of 95%. Medway is looking at how these assessments can be mandated to improve performance. Ms Oum urged executives to provide their updates to the board for assurance. Whilst the significant amount of work, particularly during the pandemic, is highly commendable and not to be undermined, the Board needs to be assured that all of that work is providing the safety, high levels of patient experience, and the quality standards we need to deliver. Dr Lewis informed the Board that work is underway to ensure the tier 2 sub-groups reporting to the Quality, Patient Experience and Safety Committee are functioning optimally and align to that Committee, which will assist in the provision of assurance. Mr Hemans requested that the impact of COVID-19 on maternity patients, particularly BAME (Black, Asian and Minority Ethnic) patients, be considered by the Quality, Patient Experience and Safety Committee and assurance provided to the Board on measures in place to address this. Ms Riley noted the effect the pandemic is having on the teams, which have been feeling the pressure almost constantly since March, and the Board thanked the teams for the substantial transformational and innovative work underway even in the face of such pressures. Action (a) The Quality, Patient Experience and Safety Committee were requested to review the evidence against the action plan at their next meeting and provide that assurance to the Board that the concerns raised by CQC have been satisfactorily addressed. (b) Quality, Patient Experience and Safety Committee to consider the impact of COVID-19 on maternity patients, particularly BAME patients.
169/20	**Ockenden Self-Assessment**
	Ms Riley presented the Ockenden self- assessment. The Ockenden 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. Ms Riley advised the Board that the Trust is fully compliant with four out of the seven IEAs, which is in line with other Trusts in the local maternity system, and in some areas is slightly ahead. The Quality, Patient Experience and Safety Committee will be provided with the updated position in their February meeting, and Ms Riley is meeting separately with Mrs Bradbury, interim Board Ockenden lead to discuss progress. Following a restructure of the consultant rota to meet Ockenden compliance, the obstetrics and gynaecology medical teams have developed a seven day service with two ward rounds daily starting from 1st February. The impact of this will be audited to consider whether additional resources are required in the long term. The Board agreed to the Ockenden recommendation for direct access to the Board by the Head of Midwifery and the Clinical Director for maternity will presenting the report to the Quality, Patient Experience and Safety Committee. The next report to provide more detail on progress and assurance that the IEAs are being appropriately addressed. It was also agreed that a session would be scheduled to provide more detailed information to the Non-Executive Directors to understand the issues. Action: Board development session to be held to provide further information on the responsibilities of the Trust and Non-Executive Directors as a result of the Ockenden Report.
170/20	**Walsall Together Partnership Board Report**
	Mrs Baines, Chair of the Walsall Together Partnership Board presented the highlight report from the Board's December 2020 and January 2021 meetings, noting the following: • There is significant pressure on community teams, not just in health services, but also with social care and other partners. The Walsall Together Senior Management Team continues to meet daily to review any specific issues, either COVID-19 related or usual operational, that require an urgent partnership response or intervention. • An task and finish group has been established to look at the risk to the diabetes service and care home support scheme, and any potential investment/disinvestment priorities for the programme to link back to individual partner budgets and/or service provisions. The Finance and Investment Committee and the Quality, Patient Experience and Quality Committee have been requested to review the risk to those services as they relate to their remit.

171/20	**Care At Home Executive Report**
	Mr Fradgley presented the Care at Home report, which included the Board Assurance Framework strategic risk for this objective, and the Improvement Programme workstream. Mr Fradgley noted that performance is exceptionally strong in the key performance areas. Numbers of patients medically stable for discharge are the best numbers anywhere in the country and teams continue to hold that position. He noted however that this is not without challenges, especially with respect to availability of therapy services, however this risk is being monitoring through the relevant Board Committees. Mrs Bradbury pointed out that the pressures in the community, particularly on therapy services, have been heard at the Walsall Together Partnership Board, Quality, Patient Experience and Safety Committee and the People and Organisational Committee, however the corporate risk register is absence the risk of allied health professionals, focusing primarily on nurses and midwives and requested that this be addressed. Mr Fradgley responded that multi-disciplinary work is underway in the Walsall Together Partnership, with the help of social care and housing partners through the resilient communities programme to start to address this. Mr Hobbs drew the attention of the board to a scrutiny session that took palce on 21 January 2021 with NHSE/I on emergency and urgent care pathways, where both the Safe at Home Pulse Oximetry Pathway and the medically stable for discharge work were widely commended. Work continues to progress with the transition to a formal Integrated Care Provider (ICP) contract and the roadmap was shared with the Board. A self-assessment lodged with NHSE/I against the Transaction Guidance did not show significant issues that would delay or strop the transition to ICP status. Mr Assinder requested that the contractual aspects of the ICP be discussed in the Performance, Finance and Investment Committee. Mr Fradgley paid tribute to vaccination teams and noted that 70% of staff had received the COVID-19 vaccination (including 75.6% of highest risk staff), and contact has been made with colleagues who have not yet taken up the offer of the vaccine. <u>Action:</u> Contractual aspects of the Integrated Care Provider (ICP) pathway to be considered by the Performance, Finance and Investment Committee.
172/20	**Performance, Finance and Investment Committee Report**
	Mr Dunn, Chair of the Performance, Finance and Investment Committee presented the highlight report from the Committee's December 2020 meeting, and two

	meetings in January 2021, noting the following: • The Committee met in extraordinary session on 20th January 2021 and approved the resource and income alignment of the mass vaccination programme, as delegated by the Trust Board in private session on 3rd December 2020. • Performance and finances are where the Committee expect them to be. A more detailed look at temporary staffing and volume and activity analysis, the Board Assurance Framework, and backlog maintenance will take place in the February meeting. • The Committee can provide assurance that performance is being optimised as much as possible in very difficult circumstances.
173/20	**Use Resources Well Executive Report**
	Mr Hobbs and Mr Caldicott presented the Use Resources Well report, which included the Board Assurance Framework strategic risk for this objective, corporate risks, and the Improvement Programme workstream, noting the following: • During the second and third waves the Trust has seen the second highest proportion of its hospital beds occupied by COVID-19 positive patients in the Midlands, and has consistently had one of the highest Critical Care bed occupancies in the Midlands, relative to baseline commissioned establishment. Today was the 24th consecutive day where COVID-19 bed occupancy had exceeded the April 2020 peak. • The Trust continues to deliver strong performance in DM01 (6 week wait diagnostics) and 18-week Referral to Treatment (RTT) NHS constitutional standards. • The 4 hour emergency access standard steadily improved following the introduction of Medway, with the Trust returning to the top half of national and regional rankings as a result, and has some of the best ambulance handover performance in the Midlands, which has been commended by the West Midlands Ambulance Service and NHSE/I in recent weeks. Mr Hobbs foreshadowed that 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. • The impact on elective care due to theatre and anaesthetics staff supporting critical care, has been over 400 elective surgical procedures postponed and almost 800 procedures not booked. Despite that, cancer and other urgent surgical procedures were maintained. Whilst there have been no penalties imposed to date under the elective incentive scheme,

	the scheme remains in place therefore remains a risk due to reduced elective activity. • 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). There is opportunity to secure additional income within the Strategic Transformation Partnership (STP) as the national team seek to increase allocations for these omissions. The Performance, Finance and Investment Committee will be updated should the Trust's position be improved due to this. • The Trust has received approval from NHSE/I for the enabling works on the new Emergency Department • There is a strong position on cash allocations at the end of December 2020 (£40m), and it has been confirmed by NHSEI that half of that (£20m) would be recouped, as was anticipated. • 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. Ms Oum noted the successful digital transformation that had taken place at the Trust, and enquired as to the plan for the Board to receive assurance on areas in the trust where it had not been quite as successful, or where the opportunities had not been fully embraced. It was agreed that this would be through the post-implementation review of the electronic patient record through the Performance, Finance and Investment Committee. Mr Dunn advised the Committee would set the parameters for the review, the realisation of benefits, and ensure lessons are learnt and applied. Mr Fradgley noted that the system is still being implemented, however there is a continuous process of learning lessons and applying them to ensure the system provides the best possible outcomes.
174/20	**Work Closely with Partners Executive Report**
	Mr Hobbs presented the Work Closely with Partners report, which included the Board Assurance Framework strategic risk for this objective, and the Improvement Programme workstream. On the integration of urology services, Mr Hobbs reported that a consensus view had been reached between the Trust and The Royal Wolverhampton NHS Trust on the optimal clinical model for emergency admissions at New Cross, being targeted to commence in May 2021. The first tranche of doctors had been appointed under the clinical fellowship

	programme with The Royal Wolverhampton NHS Trust. They will commence in February 2021 in acute medicine. Ms Oum congratulated the team on this important collaboration.
175/20	**People and Organisational Development Committee Report**
	Ms Oum presented the highlight report from the Committee's December 2020 and January 2021 meetings, both of which she attended. The Committee looked closely at colleague risk assessments and organisational development interventions to address organisational culture. Ms Oum advised that, whilst a significant amount of work had been done, the Committee was not in a position to provide assurance on either issue. Further work is necessary before the Committee is assured, and Mr Hemans, who will chair the Committee, has been briefed on progress and on the challenges. The Committee reviewed the draft 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.
176/20	**Value Our Colleagues Executive Report**
	Ms Griffiths presented the Value Our Colleagues report, which included the Board Assurance Framework strategic risk for this objective, corporate risks, and the Improvement Programme workstream, noting the following: • The organisational development programme now forms a sub-set of the Improvement Programme, with internal assurance being provided by way of individual responses to issues raised through a number of modalities; the development of cultural heat maps which will provide visibility on issues throughout the organisation; and leadership training which will commence on 2nd March. Ms Griffiths emphasised that this still left gaps in assurance, therefore other forms of assurance on delivery of the programme will be provided by internal audit and external peer review. Ms Baines noted that internal assurance included comments from the Freedom To Speak Up Guardians, Pull up a Chair with the Chair, and Board Walks, and queried when the latter would recommence. Ms Griffiths confirmed these would be reinstated virtually in February and March. • There remains a significant gap in assurance to report to the Trust Board on the COVID-19 risk assessments. To provide the assurance to the People and Organisational Committee and the Trust Board requires the

	risk assessment process has been changed to reflect socio-demographic elements, and the second round of risk assessment will be undertaken with this revised process. Ms Griffiths reminded the Board that the risk assessment work stared in May 2020 with a wellbeing conversation. A risk stratification tool was developed with the Wolverhampton CCG and NHS Employers guidance on reducing risk. The first round of risk assessments resulted in 98% of BAME colleague assessments being completed; 91% from groups who were high risk due to age/gender; and 90% overall. In terms of the quality of those assessments, a significant audit was undertaken to assess this did not provide sufficient assurance as to the quality or consistency of conversations that took place following a risk assessment. A further gap existed in capturing the impact of the risk assessment and their embedding in systems of redeployment etc. These issues have been addressed with the revised process. Mr Hobbs expressed thanks to the military personnel who assisted the Trust this month and who provided not only practical support, but much needed morale boosts to staff.
177/20	**Safe Staffing**
	Ms Riley presented the safe staffing report. Mrs Baines enquired as to how the red flag reports might triangulate with other information received from colleagues, and Ms Riley explained that these can be triangulated, and sometimes augmented, by concerns raised by the Freedom to Speak Up Guardians.
178/20	**Audit Committee Report**
	Mr Dunn, Acting Chair of the Audit Committee, presented the highlight report from the Committee's January 2021 meeting. Mr Dunn updated the Board that a process was underway to appoint an interim Audit Chair and an appointment was imminent. The Committee's focus had been on the internal audit programme and the need to ensure the necessary audit reviews were completed, and recommendations updated, in order to obtain the Head of Internal Audit Opinion at year end. Mr Caldicott assured the Board that the Executive was aware of the need to close off reviews and update recommendations as a priority, and are fully supportive of the process agreed with internal audit to ensure that takes place.
179/20	**Walsall Together Partnership Board Effectiveness Review**
	The Board received the annual report and amended Terms of Reference for the Walsall Together Partnership Board.

	The amended Terms of Reference were approved.
180/20	**Governance and Well Led Update**
	Ms Davies presented the Governance and Well Led Improvement programme update, noting that COVID-19 pressures had impacted the delivery of parts of the workstream due to corporate staff redeployment. However this had given the teams the opportunity to apply flexible and dynamic governance and assurance processes under the Governance Continuity Plan. Ms Davies indicated one area of focus is the tier 2 groups that report into Board Committees and applying effectiveness reviews to those groups aligned with Board Committee effectiveness reviews. Priority will be applied to the Patient Safety Group, Clinical Effectiveness Group and the Trust Management Group. Board development will be delivered over the next 12 months to support the Board's journey to become a high performing, mature Board of an 'Outstanding' organisation. Members will be contacted to meet with the facilitators over the coming weeks. NHSE/I will be providing support to the existing quality governance structures and divisional leadership processes. Additional support will be provided on performance metrics, and Lancashire Teaching Hospital will assist with developing a more mature divisional risk management culture. NHSE/I and CQC are also observing a number of the quality governance group, mortality surveillance group and divisional boards to look at how they provide and gain assurance on incidents. Mrs Baines queried how the strategy and planning programme might align to that at The Royal Wolverhampton NHS Trust, and Mr Beeken confirmed that the organisations will determine which elements from each Trusts' improvement programmes should be conjoined for greater effect. Mr Virdee re-joined the meeting at 2.00pm
181/20	**Board and Board Committee Dates 2021/22**
	The proposal for the Board and Board Committee dates for 2021/22 were reviewed and approved. The Board noted that meeting times may flex according to the requirements of the Committee, particularly during COVID-19 pressures.
182/20	**Use of Trust Seal**
	The Board received the report on the use of the Trust Seal, and noted the errors contained in the report to the Board on 5th November. The Board noted the following use of the Seal: • 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 • 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 reported to the 5th November Trust Board as transaction number 163. • Transaction number 163 dated 3rd October 2020 for 'S.75 Partnership Agreement – Walsall Council'. The document was witnessed by Jenna Davies and Daren Fradgley. • 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
183/20	**Any Other Business**
	Ms Oum formally welcomed Mr Fradgley as Interim Chief Executive during Mr Beeken's secondment, and wished him the best on behalf of the Board on the appointment.
184/20	**Questions from Public**
	Mrs Wilson, Staff Side representative, thanked both Ms Oum and Mr Beeken for their fostering productive and supporting partnership working during their tenure. Mr Derek Tobin, who was observing our meeting as part of the Nye Beven programme provided feedback on the meeting and thanked the Board for the opportunity.
	The next meeting will take place on Thursday 4th March 2021. Meeting finished at 2.05pm 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
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	04/03/2021	*Update to close action for March meeting:* The February PFIC meeting received the financial activity analysis and temporary staffing report - please see their highlight report at agenda item 14. *Verbal update from 4 February meeting:* The Performance, Finance and Investment Committee will receive a report in February on volume and price movements in the ward environment. The outputs of that report will inform this action to close it at the March Board meeting. *Verbal update from November and December meeting:* Director of Nursing still working with Finance on this information. *Update for October meeting:* Work is ongoing with finance colleagues with the aim to have data available from October	Complete
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	On agenda at item 6 for March meeting. *Update for February meeting:* 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. *Update from December Meeting:* Impact on benefits will be reviewed by PFIC in December and come back to Board	Complete
165/20	04/02/21	CEO's Report	The Board wished to receive regular reports on the impact of 'long covid', from a patient safety and resourcing perspective, and to include any disproportionate effect on vulnerable patients. The Performance, Finance and Investment committee, Quality, Patient Experience and Safety Committee, and Walsall Together Partnership Board were requested to monitor and report back to the Board regularly.	PFIC QPES WTPB	04/03/2021	*Update to close action for March meeting:* All Committees have considered this action during February and will continue to monitor. The impact of 'long covid', has been added to the Walsall Together risk register and the Senior Management Team will develop a proposal for the 2021/22 funding round. A response to the legacy of COVID-19 is being developed and will be discussed by the Partnership Board in coming meetings. Also see Acting Chief Executive's report at agenda item 5.	Complete
066/20	04/02/21	Trust Collaboration	The governance processes for consultation/approval/assurance where service and/or workforce reconfigurations or integrations were proposed to be provided to the Board in the next update.	GA	04/03/2021	*Update to propose closure of action for March meeting:* The proposed February meeting of Walsall Healthcare NHS Trust and the Royal Wolverhampton NHS Trust has been postponed due to COVID-19 related operational pressures until 10th March. The governance process will be discussed after this meeting and once priorities are agreed. It will then be presented to the respective Trust management boards, Board Committees and Boards for approval.	Open
168/20 (a)	04/02/21	Safe, High Quality Care Exec Report	The Quality, Patient Experience and Safety Committee were requested to review the evidence against the action plan at their next meeting and provide that assurance to the Board that the concerns raised by CQC have been satisfactorily addressed.	QPES	04/03/2021	Included in the QPES highlight report at agenda item 7.	Complete
168/20 (b)	04/02/21	Safe, High Quality Care Exec Report	Quality, Patient Experience and Safety Committee to consider the impact of COVID-19 on maternity patients, particularly BAME patients.	QPES	04/03/2021	*Update to close for March meeting:* QPES heard from the Head of Midwifery at their February meeting that focused conversations take place with BAME patients outlining increased risks to some groups and encouraging them to seek help early. A helpline has been established for ease of access and a virtual ward is being developed to encourage women to notify us of symptoms and enable early monitoring.	Complete
169/20	04/02/21	Ockenden Self-Assessment	Board development session to be held to provide further information on the responsibilities of the Trust and Non-Executive Directors as a result of the Ockenden Report.	AMR	04/03/2021	Development session took place 19th February	Complete
171/20	04/02/21	Care at Home (ICP)	Contractual aspects of the Integrated Care Provider (ICP) pathway be considered by the Performance, Finance and Investment Committee.	PFIC	04/03/2021	*Update to close for March meeting:* PFIC was advised that the CCG and local authority are looking at the contractual aspects and financial due diligence, and that this will be tracked through committees as business as usual. Also see Acting Chief Executive's report at agenda item 5.	Complete

MEETING OF THE PUBLIC TRUST BOARD – 4th March 2021			
Chief Executive's Report			**AGENDA ITEM: 5**
Report Author and Job Title:	Daren Fradgley, Acting Chief Executive Officer	**Responsible Director:**	Daren Fradgley, Acting Chief Executive Officer
Action Required	Approve ☐ Discuss ☒ Inform ☒ Assure ☐		
Executive Summary	This report provides the Acting Chief Executive's (ACEO) overview of the risks to delivery of the Trust strategic objectives, together with actions the ACEO 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-19 pandemic.		
Recommendation	Members of the Trust Board are asked to note the content of the 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 ACEO'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 ☒	Care at home ☒	
	Partners ☒	Value colleagues ☒	
	Resources ☒		

CHIEF EXECUTIVE'S REPORT – 4TH MARCH 2021

1. EXECUTIVE SUMMARY

The Trust has continued to feel and respond to the sustained pressure because of some of the highest community COVID-19 infection rates in the country. In fact, the Black Country boroughs have been trading lead places nationally for the last few weeks and this has resulted in sustained pressure on our staff and services.

In addition to this, the Trust and wider partners have mobilised twice in response to two unconnected cases of the South African variant which has resulted in mass testing programmes in separate areas. In both cases the response by Trust staff and the public has been exemplary and potential concerns of wider spread have been disproven.

The pressure has been felt on the bed base of the Manor site with no fewer than 268 beds being occupied with COVID-19 positive patients at the peak of the wave. This is just short of an additional 100 extra beds occupied in comparison to wave one earlier last year. Equally the pressure on our Critical Care teams has been significant with occupancy levels peaking at 308% in early February and only being abated for several weeks with the reliance on safe step downs onto ward 17 and a heavily reliance on transfers out of the region with the support of the critical care network.

The pressure however was similar within the community teams with increased case loads within the localities, additional demand on care pathways established for COVID-19and Long Covid care and enhanced support for admission avoidance through the continued success of the partnership with Walsall Together.

At the time of writing I am pleased to report that a sustained fall from the peak points referenced is underway with the residual pressure on critical care and community teams showing the same delay in fall away as seen in other waves (2 – 3 weeks).

The front-line staff, operational and clinical leadership have continued to work tirelessly throughout this pressure period to ensure that access to emergency care is safe and timely and that they remain committed to supporting each other. As a result, the Trust should be proud of the response to this wave of the pandemic and the continued access to emergency care that has remained for the residents that we serve.

I would like to pay tribute not only the teams mentioned above but also our corporate and support teams that have continued to provide the timeliest support possible to enable our staff to continue to care throughout.

As the pressure now starts to recede, hopefully for the longer term, the Executive and Divisional Leadership teams are focused on ensuring that the right level of support is made

available to support our teams recover from the events of the last 12 months. It should be noted that whilst the Trust has made significant strides to provide continued health, well being and mental health support, it is clear that the need for this support will escalate as our teams come out of the pressure. To this end the restoration and reset of our services must first start with our staff and making sure that they have the time and support to recover and reflect on the period that they have just gone through.

Of course, in all future endeavour's its clear that the Trust's response should not be one made in isolation. It will be coordinated with Walsall Together Partners, our recently announced collaboration with The Royal Wolverhampton NHS Trust and in the wider context, other Trusts and partners in the Black Country and West Birmingham System. The Trust must play an active role in all these partnerships and in some cases lead the thought process if they don't exist.

Finally, the need to communicate and obtain feedback from our staff has been paramount. It is with this in mind that I along with Executive colleagues continue to hold Trust Wide briefings on a weekly basis that are widely attended and the visibility and support of the Executive Team has been maintained and in some areas increased in the last few weeks. Evidence of this includes a seven day a week on site Executive presence and additional Director presence in areas such as the vaccination centre. This work will continue for the foreseeable future with the return of communication touch points such as the weekly catch up with members of the Exec team on request.

2. BOARD ASSURANCE FRAMEWORK

2.1 Provide Safe, High Quality Care

The Trust continues to focus on the quality of care that we provide through the lens of the Improvement Plan. It is with this in mind that all the improvement work within this area continues unaffected by COVID-19 and with increased scrutiny. The core areas of focus this month relate to the items mentioned below

- Continued focus on our harm free care strategy across nutrition, continence, pressure ulcers and falls
- Education and programme of work developed to support best practice in terms of safeguarding and care of patients requiring mental health support
- Continued progress with CQC must and should do actions

Additional evidence on the Trust's progress against the CQC action plan and recent visits to our Emergency Department, Delivery Suite and Paediatric areas has been submitted and communication with the CQC and NHSI continues to build in this area. Focus on the tier 2 quality governance committees is being strengthened with the leadership of the Director of Nursing and Medical Director. The express intention of improving the levels of assurance

and risk oversight into Quality, Patient Safety and Experience Committee. To supplement this work the Director of Nursing and Director of Governance have been leading Quality Summits with each operational division seeking enhanced assurance on operations during the Covid period. Evidence from these summits will be shared in the normal manner through the committee structure.

2.2 Care at Home

The most recent wave of Covid-19 has presented additional pressure on the Trust community services but much more widely on the Walsall Together partnership. This has manifested in the additional demand on teams within the community setting, greater volume of care required on admission avoidance and discharge pathways and most recently on the newly formed Long Covid pathways. It is commendable to note the way in which the community teams have responded to this sudden and intense pressure in a manner that has not only kept patients safe but also provided additional support for hospital flow and discharge. Worthy of note in this area is the Integrated Assessment Unit which opened in late December and bring together multiple admission prevention teams and coordinates on a daily basis support and packages of care for patients to prevent admission.

In addition to the wider reporting through committees, the Walsall Together partnership have been providing assurance on risk mitigation and prioritisation of services during this period together with the governance and evidence of the processes followed.

The success of these services has highlighted a greater need and focus on future funding requirements in the coming years. This has been clearly escalated and I am pleased to report that I chaired an initial meeting with CCG and Local Authority leaders two weeks ago who are now sighted on the issue and are committed to working through the potential options for risk mitigation in the coming contracting round

The Board should note that the financial envelope and resourcing for community services because of the COVID-19 legacy will need to increase in future years to address the worsening health inequalities. There will be an ongoing need to develop, for example, long Covid 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

The Trust continues to play a pivotal role within the wider system in building successful partnerships. The recent collaboration with the Royal Wolverhampton NHS Trust will move forward over the next month with an Executive to Executive meeting in early March to start the alignment of key initiatives such as a joint improvement programme, exploring clinical service alignment, exposing wider workforce opportunities and considering how the two Trusts can work together on the wider restoration and recovery agenda.

The Trust's Medical Director continues to take a leading role in the clinical leadership group and is coordinating conversations on cancer pathways and options for wider long Covid pathway development.

The Trust is also moving forwards with collaboration on support services, building on the successful reprovision of the Payroll service with the Royal Wolverhampton NHS Trust. We are now moving into a collaborative arrangement for our Procurement functions. This will support delivery of enhanced purchasing power and delivery of efficiencies associated with alternative product sourcing.

2.4 Value our Colleagues

As mentioned in several areas of this report, the pressure is starting to ease although slowly in relation to COVID-19 and as a result so is the immense pressure felt by the staff for a little over a year now. There is no doubt that the most recent wave has been the most traumatic for our teams whether that be in relation to direct pressure working in a COVID-19 area or prolonged periods of lock down away from family and support networks whilst working from home. To this end the Trust should expect and is planning for an advanced set of support measures required to deliver health, wellbeing and in some cases mental health and physiological support to our colleagues.

It is clear that a "one size fits all approach" will not be sufficient to support our teams and whilst some people are more than comfortable accessing and knowing when to access help, others are not as connected with their needs or reluctant to access support completely. To this end the Executive team have been listening to the staff and have increased the level of health and wellbeing support that is immediately available for teams to self-access around the clock. This support is provided via our own occupational health teams and in partnership with Black Country Healthcare NHS Foundation Trust. Such services will provide support ranging from peer groups and counselling to full physiological support and debrief therapy. However, it should be noted that additional measures are being developed to connect with the hard to reach staff that would traditionally avoid such services. In this instance enhanced coaching and group options such as Swartz rounds are being developed in some cases with the Royal Wolverhampton NHS Trust and third sector providers. The People and

Organisational Development committee will have a key role to play in this work and oversight of the next steps.

The Trust in now in receipt of the first version of the staff survey results which will be shared with committees in the coming months once the bench marking, and comparison data is available. The next step for this will be to ensure that staff at a care group and department level have access to their results and understand, with local leaders what steps need to be taken to continue to improve their working environment.

2.5 Use Resources Well

The Trust continues to remain within financial resource limits with a reported deficit of £2.471m to 31st January 2021 (a small improvement over plan of £0.029m) the Trust is forecasting attainment of plan for 2020/21. The key risk centring upon continued receipt of block funding when historic levels of elective activity have been unable to be serviced.

The Operational Plan delay to quarter 1 of the 2021/22 financial year (April to June 2021) has resulted in effectively a rollover of current resources into the initial quarter (though actual allocations are still to be confirmed). There is an expectation that an efficiency ask will be included in any financial settlement post 30th June 2021 and whilst yet unconfirmed, it is likely to fall between 1% and 2% of operational expenditure. It is therefore important that the work on the Improvement Programme in the early part of the financial year can identify efficiencies that can be used to initially off-set this ask and secondly to enable re-investment within services to support the ambition to move to outstanding by 2022.

The Trust has secured approval for the enabling works associated with the Emergency Department development (£6.1m) and is progressing the full business case to conclusion in March of 2021, with completion of works associated with Urgent and Emergency Care completed during December 2020. The Trust has been successful in the past in securing multi-million-pound developments in Critical Care (Adult and Children's services) with works completed and in operation throughout the pandemic. Financial and programme oversight for this work remains with the programme board chaired by the Chief Operating Officer and supported by the Director of Finance and performance who as the SRO reports into Performance Finance and Investment Committee

3. RECOMMENDATIONS

The Board are asked to note and discuss the content of this report.

MEETING OF THE PUBLIC TRUST BOARD – 4th March 2021			
Improvement Programme Update Report			**AGENDA ITEM: 6**
Report Author and Job Title:	Glenda Augustine, Director of Planning and Improvement	**Responsible Director:**	Glenda Augustine, Director of Planning and Improvement
Action Require	Approve ☐ Discuss ☐ Inform ☒ Assure ☐		
Executive Summary	This paper provides an update on the Improvement Programme, commencing with a summary review of the annual and phased delivery of all projects in each Workstream and a proposal for future, automated reporting of programme delivery. Despite the rapid onset of the second and third waves of the COVID-19 pandemic each Workstream has demonstrated significant qualitative improvements. For example, adult deterioration patient care bundle with deteriorating patient dashboards, implementation of the Electronic Patient Record, Trust Same Day Emergency Care medical specialties ranked 2nd nationally. However, the severity and duration of COVID-19 has had an impact on the ability to spend the funds approved by the Performance, Finance and Investment Committee (PFIC) in October 2020, and this paper highlights the spend to date and plans to use the remaining funds by June 2021 to honour the prior approval to support the Workstream resource needs for delivery. The organisation's COVID-19 response required additional clinical and operational capacity which had an impact on the delivery of Improvement Programme, resulting in a pause of 23 of the 121 projects as staff were redeployed. It has not been possible to quantify the impact on programme efficiencies resulting from the project pause. The estimated efficiency savings for 2020/21, as presented to PFIC in October 2020, is £6,005, 036 and the proposal is to review the actual and estimated efficiencies at the end of the financial year to provide an assessment of impact. National deferral of Operational Plans submissions for 2021/22 to the first Quarter of 2021/22 has given the Trust the opportunity to review the efficiency delivery in 2020/21, and refresh the 2021/22 plans accordingly (schemes impacted upon by COVID-19 in 2020/21 supporting 2021/22 delivery). It is recommended members receive a report in May 2021 on		

	operational efficiency delivery 2019/20 and opportunity 2021/22 (a further refresh in June of 2021) to support endorsement of the Operational Plan by close of quarter 1 of the financial year. Stretch opportunity assessments were planned following PFIC in October 2020 to identify additional efficiencies through assessment o benchmarking data. These sessions have also been affected by the COVID-19 response and there are plans to reconvene these sessions in April and May 2021 to inform the re-profiling of the Improvement Programme efficiencies for the next two years, incorporating the outcome of the end of year efficiency findings.
Recommendation	The Trust Board is asked to note: The Improvement Programme Workstream annual deliverables and project phasing, the impacts of COVID-19 and deferral of Operational Plan submission to Q1 of 2021/22. The progression to automated reporting of the Improvement Programme from April 2021 Plans to assess the financial impact of COVID-19 on the Improvement Programme efficiencies identified for 2020/21 and report to PFIC in May 2021 with the efficiency opportunity for the remainder of 2021/22 to support development of the Operational Plans 2021/22 (from July 2021) The refresh of the Improvement Programme efficiency and investment information for reporting to PFIC in June 2021
BAF or Trust Risk Registers	This report aims to mitigate against: BAF 06: 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 form delivering its strategic objectives and annual priorities
Resource implications	The resource implications of the current stage of the Improvement Programme has been partially quantified and this paper outlines the additional work that will be undertaken to identify.
Legal and Equality and Diversity Implications	For each workstream/project there will be a: Quality Impact Assessment Equality and Diversity Impact Assessment, and Information Governance/Data Protection Impact Assessment

Strategic Objectives	Safe, high quality care ☒	Care at home ☒
	Partners ☒	Value colleagues ☒
	Resources ☒	

IMPROVEMENT PROGRAMME UPDATE REPORT

1. PURPOSE OF REPORT

The purpose of this paper is to provide an update on the Improvement Programme, outlining the progress to date on project deliverables and phasing over the three years of the Programme. There is a proposal for automated reporting of the Improvement Programme progress and outcomes, and an overview of the spend on the additional revenue approved for the Programme in October 2020.

The paper also provides a brief outline of the plan to estimate the financial impact of the second and third wave of COVID-19 on achieving the Programme efficiencies in 2020/2021, and the plans for opportunity assessments to identify additional efficiencies in future years, noting production of the Operational Plan for 2021/22 being delayed to quarter 1 of the new financial year.

2. IMPROVEMENT PROGRAMME WORKSTREAM REVIEW

A review of annual project delivery for each Improvement Programme Workstream over the three years of the Programme (year one being 2020/2021), alongside the phasing of the projects, was undertaken. This provides a clear understanding of the projects being delivered, and project progress, in year and between years. This process included the re-phasing of project delivery to account for delays related to the organisational COVID-19 response. A brief Workstream summary is provided, with an overview of key Workstream achievements, and the detailed outcome of the project phasing is illustrated in the accompanying Appendices.

Further work is planned to consider the dependencies, interdependencies and resources to support project delivery within and across the Workstreams.

Provide Safe, High Quality Care

This Workstream has a number of components within the overarching projects completed (see Appendix 1). There is some delay and re-phasing in the current years' projects (2020/21) that requires additional work in the next month to confirm the definitive phasing. Equally, consideration will also need to be given to approving the current proposed phasing for projects in year 2 – 2021/22.

Key Workstream Achievements:

- Adult deterioration patient care bundle with deteriorating patient dashboards and Statistical Process Control charts
- Shared decision making councils established (to include Black and Minority Ethnic network and Neonatal network)
- Perfect Ward – electronic audit tool launched
- Learning from COVID-19 newsletter produced

Care at Home

There are a number of projects within this Workstream that are on target to complete in this current year, and one project that has required total re-phasing (see Appendix 2). There is additional work required over the next month to complete the phasing for the Digital Projects with the Digital Team who have been supporting the COVID-19 response and the Vaccination Centre set-up.

Key Workstream Achievements:

- Phased transformation of outpatient clinics to include implementation of Advice and Guidance service, Virtual outpatient clinics and Referral Assessment Service
- Designed Heart failure and Chronic Kidney Disease community services pathways
- Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) launched
- Implementation of an Electronic Patient Record with phased delivery modular programmes

Working with Partners

The majority of the projects within this Workstream are on track with minor delay in two areas (Collaborative Nurse Bank and Imaging Network) that are due to external interdependencies. There is additional work required in the next month to confirm the definitive phasing for year 2 (see Appendix 3).

Key Workstream Achievements:

- Walsall-led Dermatology services delivered at the Royal Wolverhampton NHS Trust
- Ear, Nose and Throat weekend on call rota with the Wolverhampton NHS Trust and The Dudley Group NHS Foundation Trust
- Clinical Fellowship programme approved and commenced with Royal Wolverhampton NHS Trust, with first doctor appointments to commence in Feb/Mar 2021

Value our Colleagues

The majority of the Workstream projects (16/30) were paused during wave two of the COVID-19 pandemic. However, all projects have been re-phased with definitive start dates; primarily in the next financial year (see Appendix 4).

Key Workstream Achievements:

- Equality, Diversity and Inclusion Strategy developed
- Electronic Training package for Personal Development Reviews completed
- Freedom to Speak Up Guardian Strategy implemented

Use Resources Well

There are a number of components within the overarching projects of this Workstream that have been completed, and are due to be completed, by the end of the current year. Delays are noted in a specific Workstream domain, Estates and Facilities, due to COVID-19/Vaccination set-up service demands. There is additional work required to ascertain the phasing for procurement optimisation and provide definitive phasing for year 2 (see Appendix 5).

Key Workstream Achievements:

- Trust ranked 2nd nationally for Same Day Emergency Care in medical specialties.
- Increase of almost 50% to the proportion of emergency surgical admissions managed as Same Day Emergency Care patients.
- Over 50% increase in the number of patients managed via Frail Elderly Service (now Integrated Assessment Unit) Same Day Emergency Care pathways
- Same Day Emergency Care clinics established for indwelling catheters, pleural effusion and respiratory

Governance & Well led

This Workstream programme was initiated later than the other Workstreams within the Improvement Programme. The Workstream has not had dedicated programme management support and projects have been paused due to COVID-19 pressures. The underpinning elements of a 'well led' organisation is the culture and leadership, alongside co-production of governance structures and process, which has been difficult in the current operating environment.

Key Workstream Achievements:

- Standardisation of operational governance which allows information to flow seamlessly from the point of care to the Board
- Progression in risk management with the Board Assurance Framework and the Corporate Risk Register being central to the Board and the Board Committee assurance
- Streamlined the accountability framework, co-produced with staff, for oversight of performance during the COVID -19 period
- Reviewed the effectiveness of our Board Committee and revised all of our Terms of Reference, which is the foundation to the development of our Governance Handbook

3. PROPOSED PROGRAMME REPORTING

There has been a significant amount of work undertaken to transfer the paper based project initiation documents for each workstream into the electronic programme management system – Verto, including the phasing work reported previously. The plan is to move to automated reporting of the Programme by 1st April 2021. This will involve the production of a summary report of project progress in year, with exception reporting for projects that are off-track. An example of a 'mock' report is illustrated in Appendix 7. The summary report is still in development and will include a field for 'governance' to indicate the group/committee responsible for monitoring a specific project where applicable. An example is the Patient Safety Group would be responsible for learning lessons from Serious Incidents, complaints and concerns.

The summary report will be populated by the individual workstream project leads with support from the Divisional Improvement Support Managers and the Improvement Programme Leads. The report will be validated by the Divisional Teams and reviewed at the Workstream Core Team meetings, to provide assurance on progress, before onward reporting to the Improvement Programme Board and the Performance, Finance and Investment Committee.

It is noted that training will be required to maximise the use of Verto and there are sufficient licences available to support access by all Workstream leads, programme and project managers/leads. The delivery of the entire balanced scorecard of metrics associated with the Trusts' Improvement by workstream and the Improvement Programme overall is underway, however, there is no clear date for completion.

4. IMPROVEMENT PROGRAMME REVENUE APPROVED OCTOBER 2020

An investment funding of £262k was approved for the Improvement Programme at the Performance, Finance and Investment Committee in October 2020. The second and third wave of COVID-19 has impacted on the ability to spend the sums allocated in most workstreams (see Table 1), with a total of £110.80k spend to date.

There are plans in place to spend the remaining budget, primarily linked to the recruitment of staff, by the end of June 2021 to ensure the Workstreams receive the support for programme delivery from the funding approved in October 2020.

Table 1: 20/21 Workstream investment spend up to February 2021

Workstream	Investment Description (£000s)	£000s Total	Spend to date £000s	Remaining Budget up to June 2021
Provide Safe, High Quality Care	Pathway to Excellence comms (5.00) Clinical Transformation lead (16.25) Cardiology 7-day cover (25.00)	46.25	*16.25 25.00	5.00
Care at Home	B6/7 for training and new e-RS functionality roll-out (13.75) Interim Outpatient Transformation Project Support (70.00)	83.75	-	83.75
Use Resources Well	External SME to lead Estates Strategy development (20.00) Asset Management system for Medical Equipment (7.00)	27.00	7.0	20.00
Governance and Well Led	External SME to increase governance experience and transformation capabilities	60.00	60.00	-
Improvement Support	VERTO development (20.00) Training on benchmarking / PLICS (5.00) External SME call-off (20.00)	45.00	2.55 – Verto Development	42.45
Total		**262.00**	**110.80**	**151.20**

*Post advertised and in short list stage

5. IMPROVEMENT PROGRAMME PERFORMANCE DURING COVID-19 PANDEMIC

Performance Improvement

The routine organisational planning and contracting process ceased at the beginning of the COVID-19 pandemic to ensure that the organisational focus was on providing safe and secure services for the users of our service and our staff. Despite the significant pressure on services the Improvement Programme has demonstrated performance improvements as highlighted in section two of this paper. These achievements will yield quality improvements for the users of our service and support staff and organisational development.

Financial Efficiency

The Performance Finance & Investment Committee was presented with a summary position on the Improvement Programme efficiencies and investment, 2020 – 2023, in October 2020. The summary breakdown of efficiencies and investment requirements assessed by each workstream, and the Improvement Programme core team, are set out in Table 2.

Table 2: Workstream efficiency savings and investment 2020 – 2023 as at 15th October 2020

Workstream	2020/21				2021/22				2022/23				3 Year Cumulative Total			
	Efficiency Savings £000	Investment			Efficiency Savings £000	Investment			Efficiency Savings £000	Investment			Efficiency Savings £000	Investment		
		Capital £000	Revenue £000	Pre-approved £000		Capital £000	Revenue £000	Pre-approved £000		Capital £000	Revenue £000	Pre-approved £000		Capital £000	Revenue £000	Pre-approved £000
Provide Safe High Quality Car	390,794	0	46,250	0	125,000	0	2,148,925	0	125,000	0	1,417,725	0	1,547,382	0	5,691,499	
Care at Home	2,083,092	0	83,750	1,881,000	3,710,062	0	203,418	1,674,000	530,905	0	188,850	1,309,000	14,200,305	0	5,967,018	4,864,000
Work Closely with Partners	138,000	0	0	0	606,000	0	0	0	1,400,000	0	0	0	3,026,000	0	0	0
Value Our Colleagues	0	0	0	0	325,000	0	0	0	365,000	0	0	0	1,015,000	0	0	0
Use Resources Well	3,243,150	0	27,000	0	4,274,143	1,832,000	0	0	1,869,828	0	30,000		18,618,116	1,832,000	57,000	0
Governance & Well Led	150,000	0	60,000	0	195,000	0	100,000	0	45,000	0	0	0	885,000	0	260,000	
Improvement Team	0	0	45,000	0	0	0	145,000	0	0	0	25,000	0	0	0	330,000	
TOTAL	6,005,036	0	262,000	1,881,000	9,235,205	1,832,000	2,597,343	1,674,000	4,335,733	0	1,661,575	1,309,000	39,291,803	1,832,000	12,305,517	4,864,000

The estimated efficiency savings for 2020/21 is £6,005, 036. The onset of the second wave of COVID-19 in November 2020 and the subsequent third wave in December 2020 led to the pause of 23 (19%) of the 121 Improvement Programme projects. It should also be noted that although the majority of the Workstream projects continued, it was a partial continuation as staff were redeployed to support the COVID-19 response. This will have a major impact on year one delivery, with the potential to impact on years two and three.
However, it should be noted that the quantification of the performance improvements delivered in year, whilst calculated, is awaiting validation and this will have a positive financial impact that will support the 2021/22 financial year delivery of an efficiency ask (the benefits delayed rather than lost).

The Trust has received confirmation that Operational Planning has been deferred to Quarter 1 of 2021/22, and this provides the opportunity to review the efficiency delivery in 2020/21, and refresh the 2021/22 plans accordingly.
Therefore, at the end of the financial year there will be a review of projects impacted COVID-19 in 2020/21 to support the formation of plans for 2021/22 delivery. Any subsequent impact would be dependent on validation of the performance improvements made within this current financial year and the reprofiling of efficiencies as outlined in the stretch opportunity assessments below.

The outcome of year one efficiency review will be presented to the Performance, Finance and Investment Committee in May 2021 outlining the modelled efficiency that can be attained in the remainder of the 2021/22 financial year (Quarters 2 to 4).

6. STRETCH OPPORTUNITY ASSESSMENTS

The Improvement Programme efficiencies shared with the Trust Board in November 2020 indicated the potential for further efficiencies. Work had commenced with the Divisions to identify 'stretch' opportunities based on benchmarked data. However, this work could not progress because of the demand on operational services during the second and third wave of COVID-19. There are plans in place to refresh the benchmark data and review potential 'stretch' opportunities with Divisions in April

and May.

The opportunity assessment will take into consideration the efficiency 'gains and losses' related to the COVID-19 response. For example, there may be 'gains' associated with reduced length of stay that can be embedded into the Programme and 'losses' associated with the additional process required to maintain patient safety reducing productivity.

The outcome of the opportunity assessments will inform the re-profiling of the Improvement Programme efficiencies that will be presented to the Performance, Finance and Investment Committee in June 2021. It should be noted that a delayed recovery period from COVID-19 or a resurgence of high levels of admissions could impact on opportunity identification.

7. CONCLUSION

The COVID-19 pandemic has had a major impact on the planning and delivery of the Improvement Programme. Despite the significant and continuous service demands, there have been key performance and quality achievements for each Workstream.

The estimated Programme efficiencies (£6,005,036) were outlined in October 2020, and by November 2020, 23% of the Workstream projects were paused due to the onset of the second wave of COVID-19. Whilst the majority of the Improvement Programme projects continued, it was on a partial basis to provide the capacity required to support the COVID-19 response. Therefore, it is highly unlikely that the Improvement Programme will achieve the estimated efficiencies outlined in October 2020. However, it is expected that these benefits will be attained moving forwards (delayed in delivery rather than lost to the Programme).

There are plans in place to quantify the impact of COVID-19 on year one delivery and efficiencies, followed by the subsequent impact on years two and three. This will include the re-phasing of the Programme and the identification of 'stretch opportunities'. This will enable a Programme reset within Quarter 1 – 2021/22, with this timeframe consistent with the national deferral of Operational Planning to Quarter 1 of 2021/22. However, it should be noted that COVID-19 still remains an ongoing risk to individual Workstream projects and overall Improvement Programme delivery.

8. NEXT STEPS

- Review the achievement of the Improvement Programme 2020/21 efficiencies to assess the end of year impact of COVID-19 on the Improvement Programme in April 2021 in preparation for the Performance, Finance and Investment

Committee in May 2021.

- Arrange Divisional meetings in April and May to identify 'stretch' opportunities to yield further improvement efficiencies.
- Utilise the revised efficiency plans to support production of the 2021/22 Operational Plans (required at close of June 2021 owing to National deferral of planning requirements).

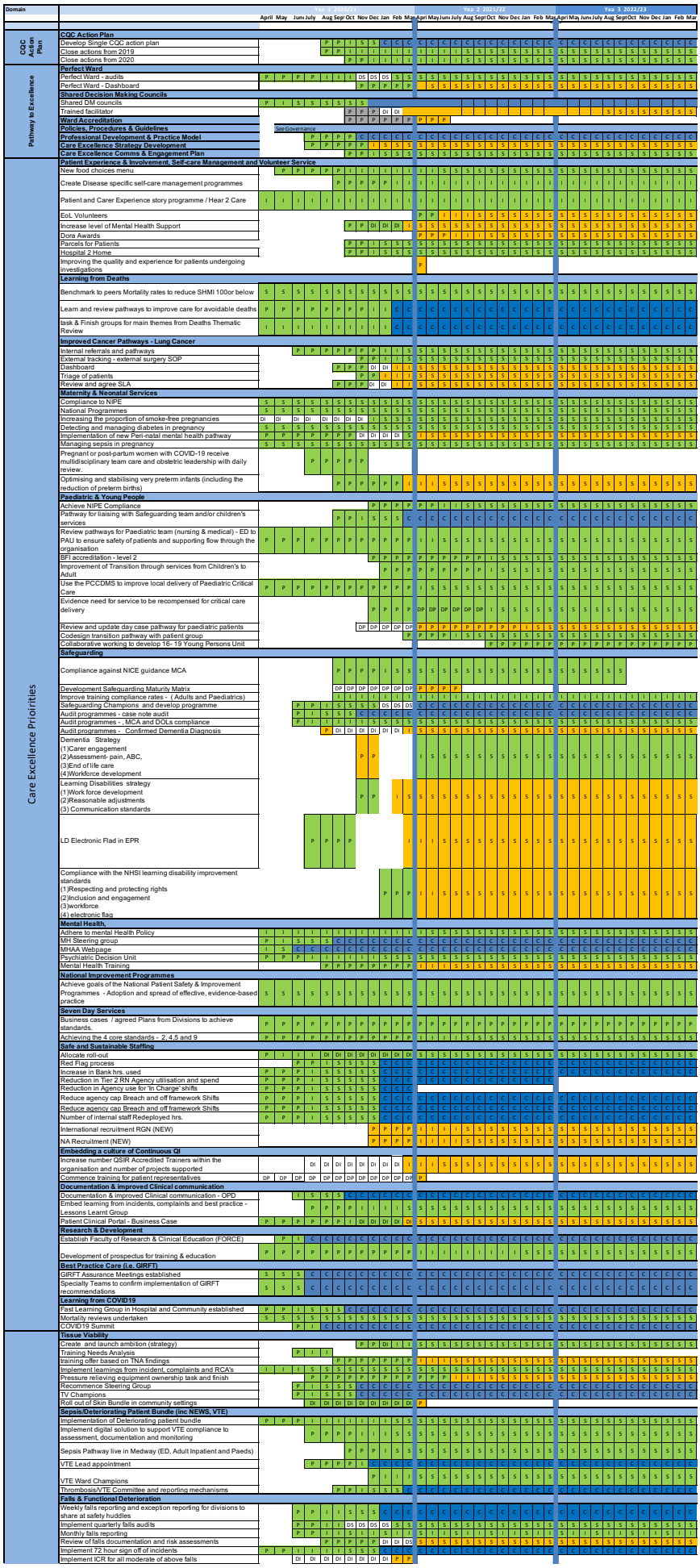
- Refresh the Improvement Programme efficiency and investment information and present to the Performance and Finance Committee in June 2021, alongside the Operational Plan 2021/22 for recommendation of endorsement to Trust Board colleagues.

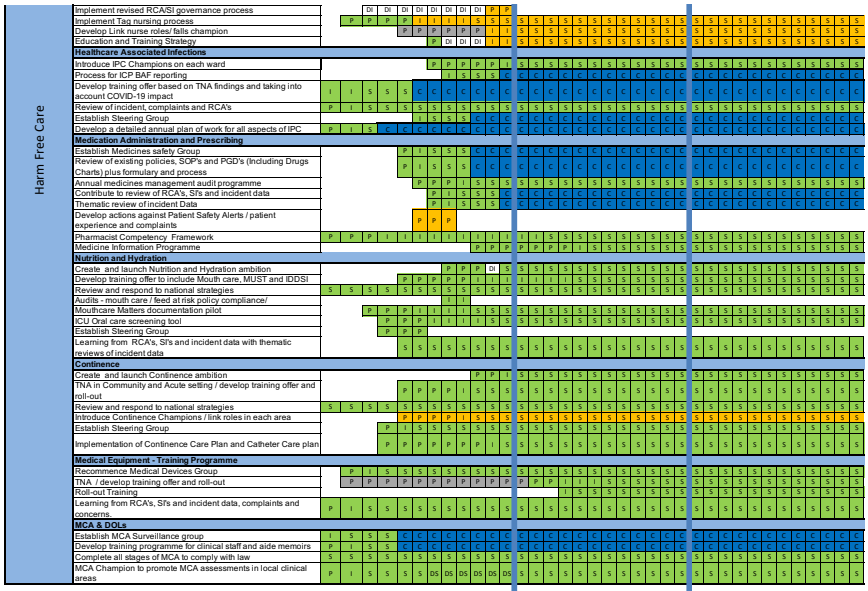
9. RECOMMENDATIONS

The Board is asked to note**:**

- The Improvement Programme Workstream annual deliverables and project phasing and the national deferral of Operational Plans for 2021/22 to quarter 1 of 2021/22.
- The progression to automated reporting of the Improvement Programme from 1st April 2021
- Plans to assess the financial impact of COVID-19 on the Improvement Programme efficiencies identified for 2020/21 and report to the Performance, Finance and Improvement Committee in May 2021 and efficiency opportunity for the remainder of 2021/22 to support development of the Operational Plans 2021/22 (from July 2021)
- The reprofiling of the Improvement Programme efficiency and investment information for reporting to the Performance, Finance and Improvement Committee in June 2021

APPENDIX 1: PROVIDE SAFE HIGH QUALITY CARE PROJECT PHASING

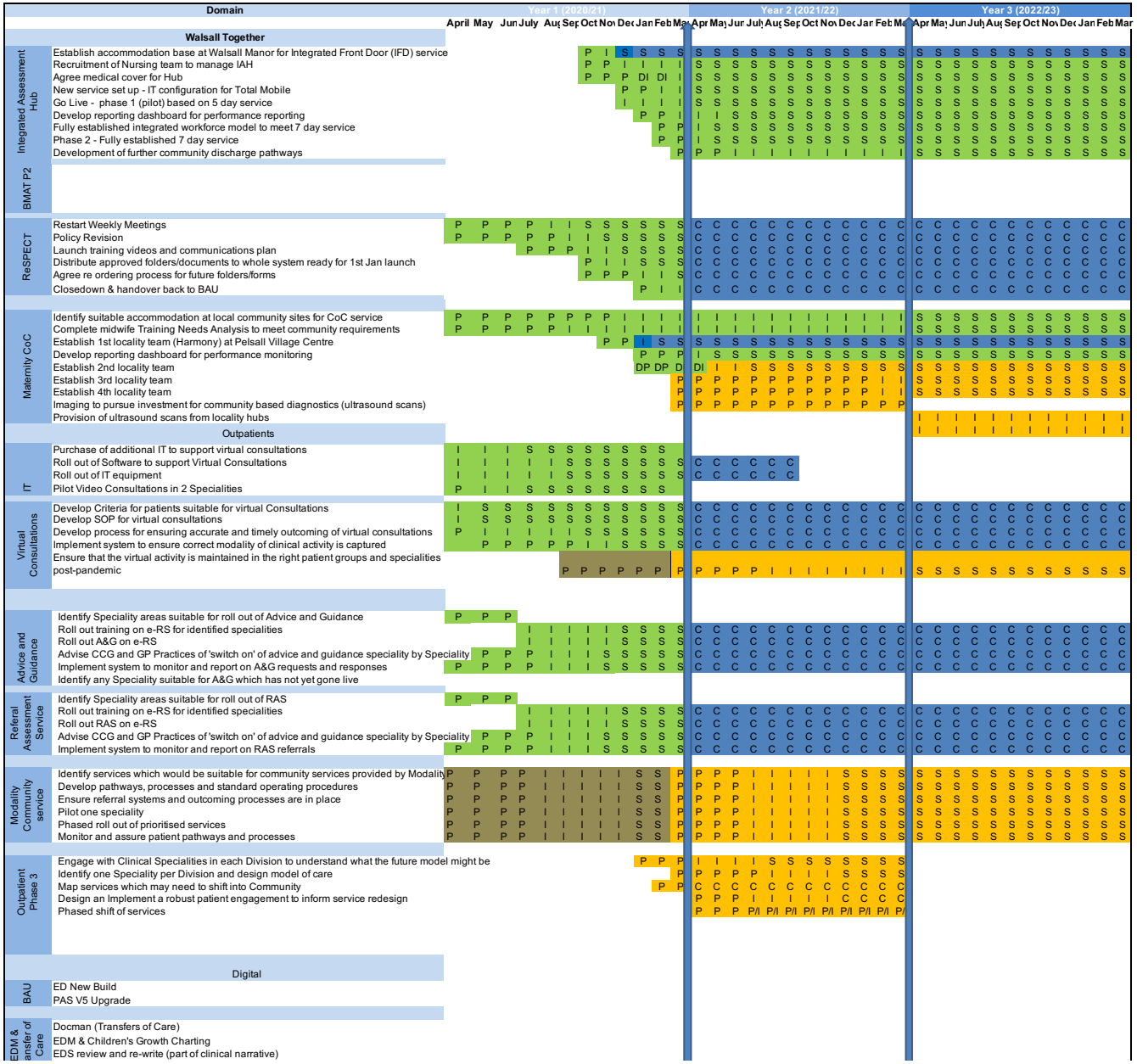




Key

	Project initial timeline that has been adjusted (primarily for 20/21 projects)
P	Planning
I	Implementation
S	Sustain - time taken to embed project
P	Proposed Planning
I	Proposed Implementation
S	Proposed Sustain
D	Project planning, implementation or sustainability delayed e.g. DP, DI, DS
O	Project started but delivery of elements exceeding the timeline e.g. OI, OP, OS
C	Project complete - following sustain stage and transition to Business as Usual if applicable

APPENDIX 2: CARE AT HOME PROJECT PHASING



Tr	PACS upgrade		
EPR	CareFlow Vitals 4.0 Sepsis		
	Digital Dictation		
	EPMA		
	EPR - Bluespier Theatres		
	EPR - Bluespier Theatres - Stock Control		
	EPR - Care Flow Connect		
	EPR - Clinical Portal / Workspace		
	EPR - Medway - Care Planning		
	EPR - Medway - Clinical Narrative		
	Full ED digitisation (phase2) (part of clinical Narrative)		
	EPR - Medway ED		
	EPR - Medway PAS		
	EPR - Personal Health Record (PHR)		
	EPR - Vitals ED		
	Paediatric Vital in ED and Ward		
	ESR Data Cleansing		
	Results Reporting		
	Synertec Letters		
	Total Mobile Adult & Children's Services		
	Total Mobile - Cloud		
	Total Mobile - Upgrade		
	Work Off Plan		
Improvement	Chemocare upgrade		
	Corporate Intranet		
	EMIS Pharmacy upgrade		
	IBM App development		
	Order Comms / ICE upgrade		
	Somerset upgrade		
	Virtual Training		
National Directiv	NHS 111 - Adastra / EDDI		
	Replacement of Bleep system as per NHS D directive		
Patient Flow	Advice and Guidance		
	Kiosks		
	Patient Flow		
	Patient Portal / Comms		
	Virtual Clinics		
Digital Infrastructure	Backup & DR in the Cloud		
	Blue Prism Estate		
	Community WiFi		
	Cyber Essentials & Accreditation		
	Cyber Essentials PLUS & Accreditation		
	Desktop refresh		
	HSCN		
	Laptop refresh		
	Multitone Bleep System		
	Office 365 deployment		
	Server Migration		
	Site Network Switches		
	Site Nortel Telephony solution		
	Site WiFi		
	SSO (Single Sign On)		
	Storage Area Network (SAN)		
	Telephone Switchboard		
	VDI		
	VDI Estate - Long-term		
	VPN replacement		
	Windows 10 role out - Acute		
System Wide Integration	Badgernet Single Pregnancy record		
	BCP (Black Country Pathology)		
	Nightingale Integration		
	Population Health (Data and BI)		
	Shared Care Record inc. Pathways		

Key	
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I	Proposed Implementation
S	Proposed Sustain
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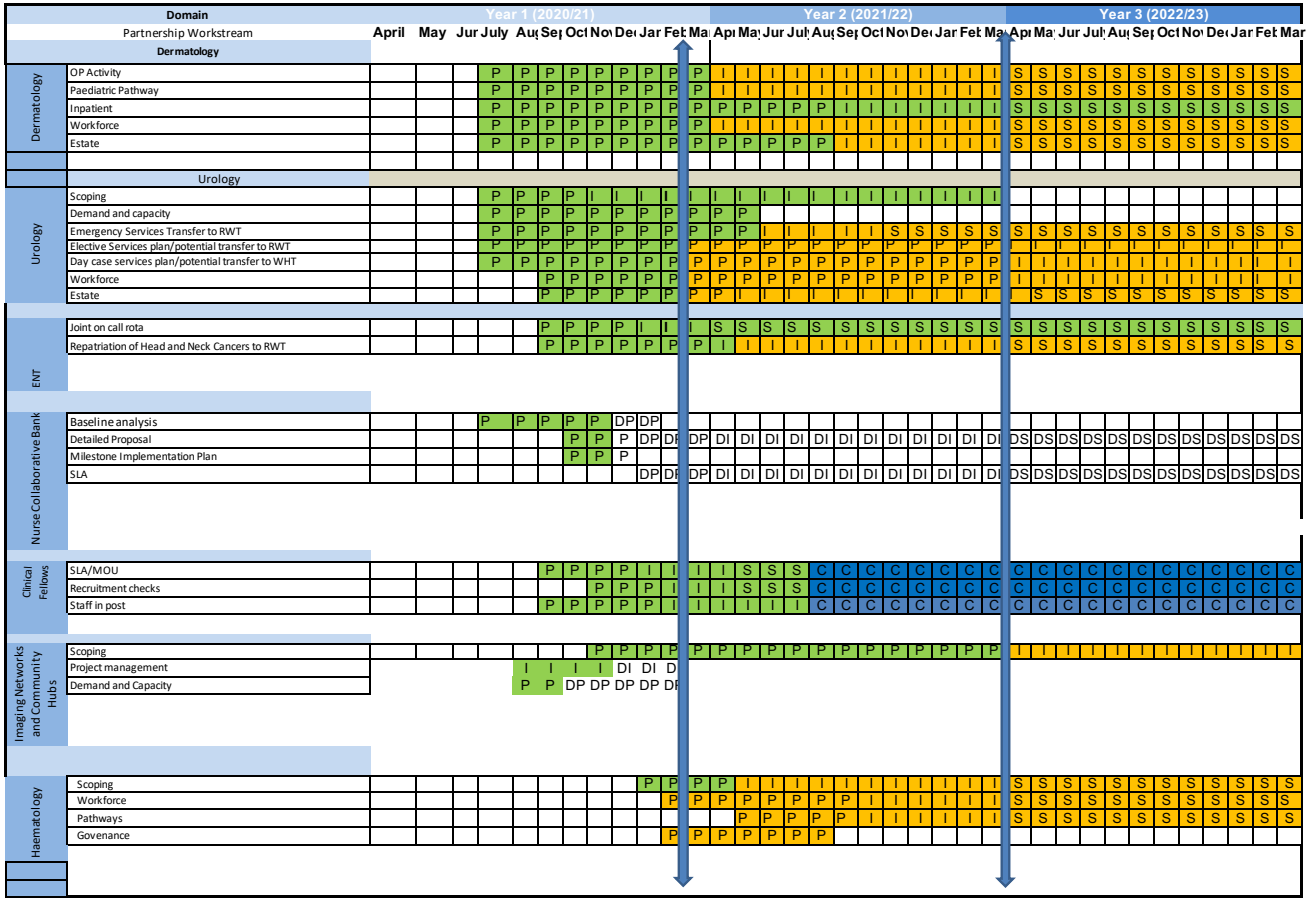
O	Project started but delivery of elements exceeding the timeline e.g. OI, OP, OS
C	Project complete - following sustain stage and transition to Business as Usual if applicable

Appendix 3: Work Closely with Partners Phasing



Key

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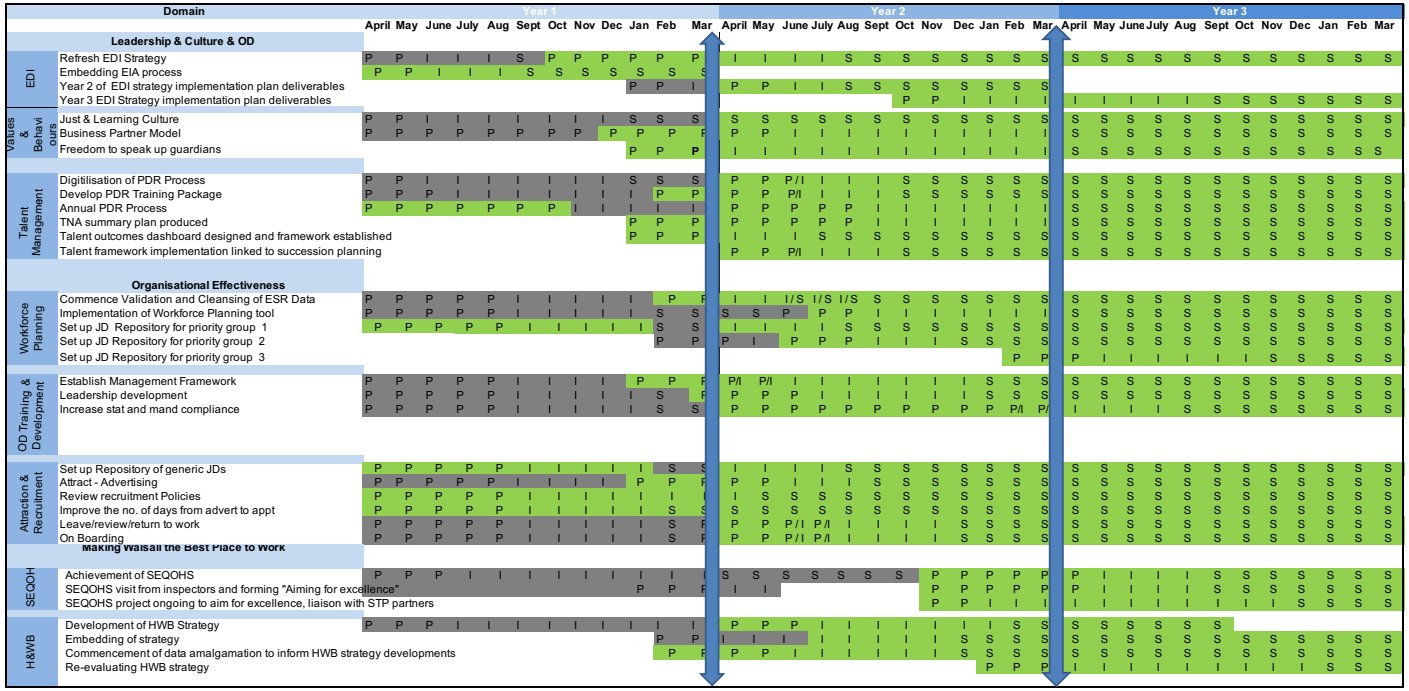
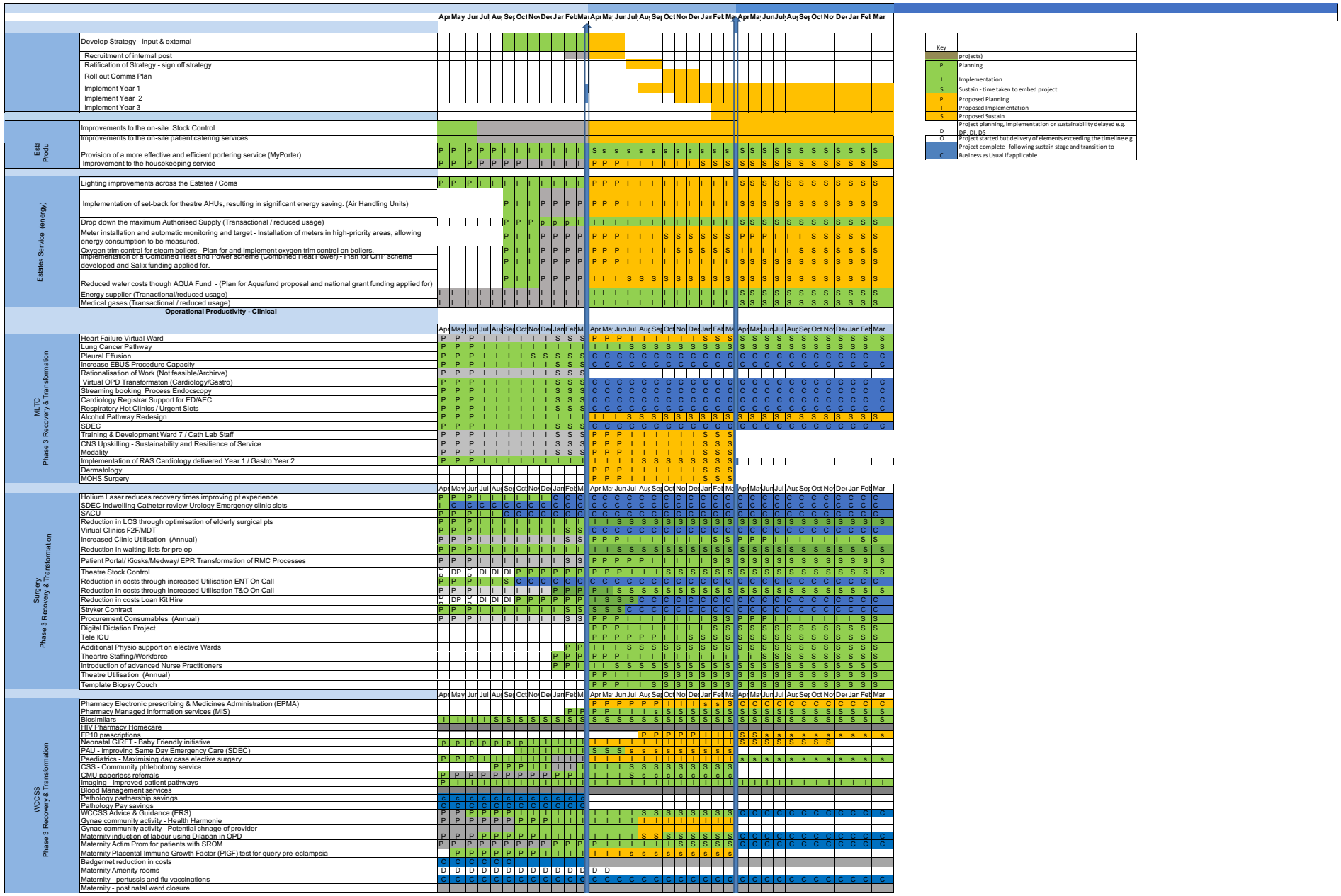
C	Project complete - following sustain stage and transition to Business as Usual if applicable

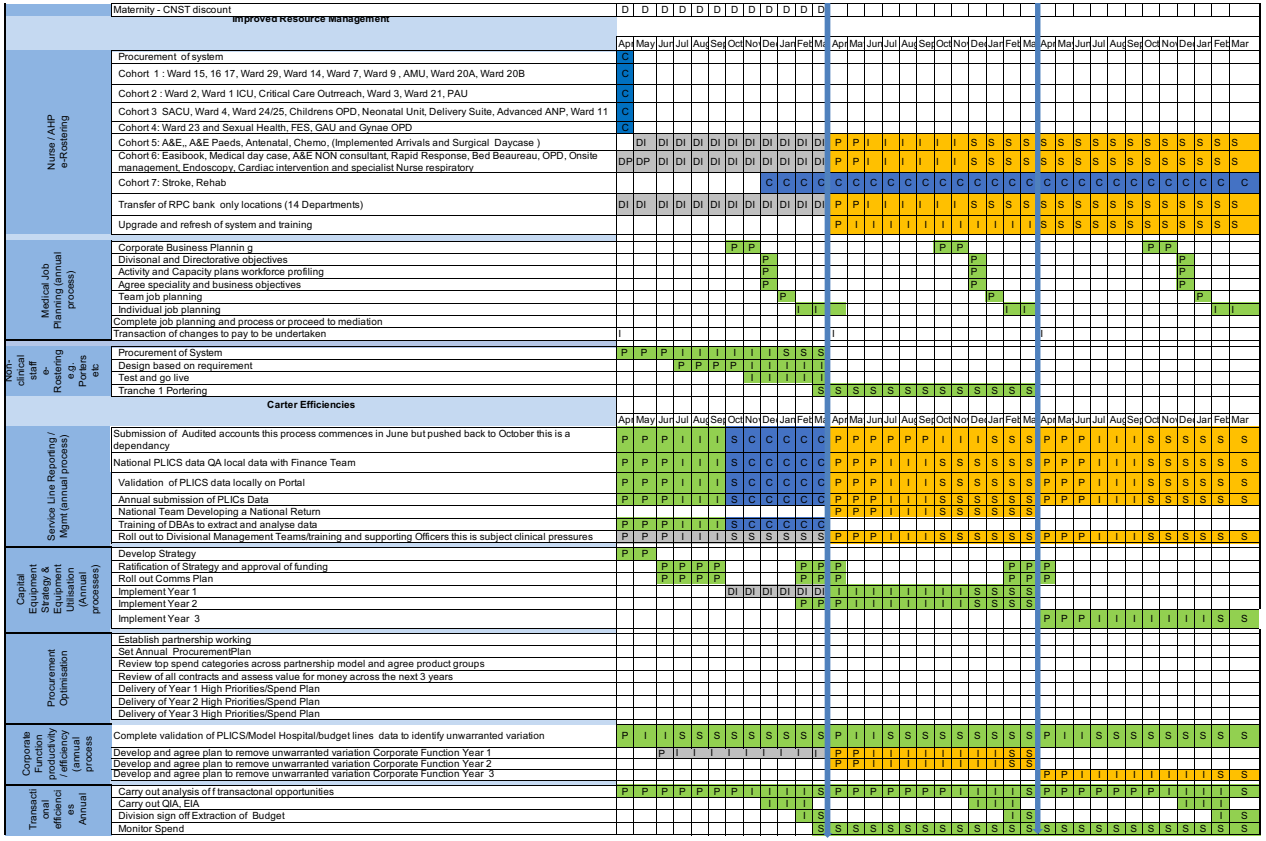
APPENDIX 4: VALUE OUR COLLEAGUES PROJECT PHASING



Key
Project initial timeline that has been adjusted (primarily for 20/21 projects)
P Planning
I Implementation
S Sustain - time taken to embed project
P Proposed Planning
I Proposed Implementation
S Proposed Sustain
D Project planning, implementation or sustainability delayed e.g. DP, DI, DS
O Project started but delivery of elements exceeding the timeline e.g. OI, OP, OS
C Project complete - following sustain stage and transition to Business as Usual if applicable

APPENDIX 5: USE RESOURCES WELL





Key	
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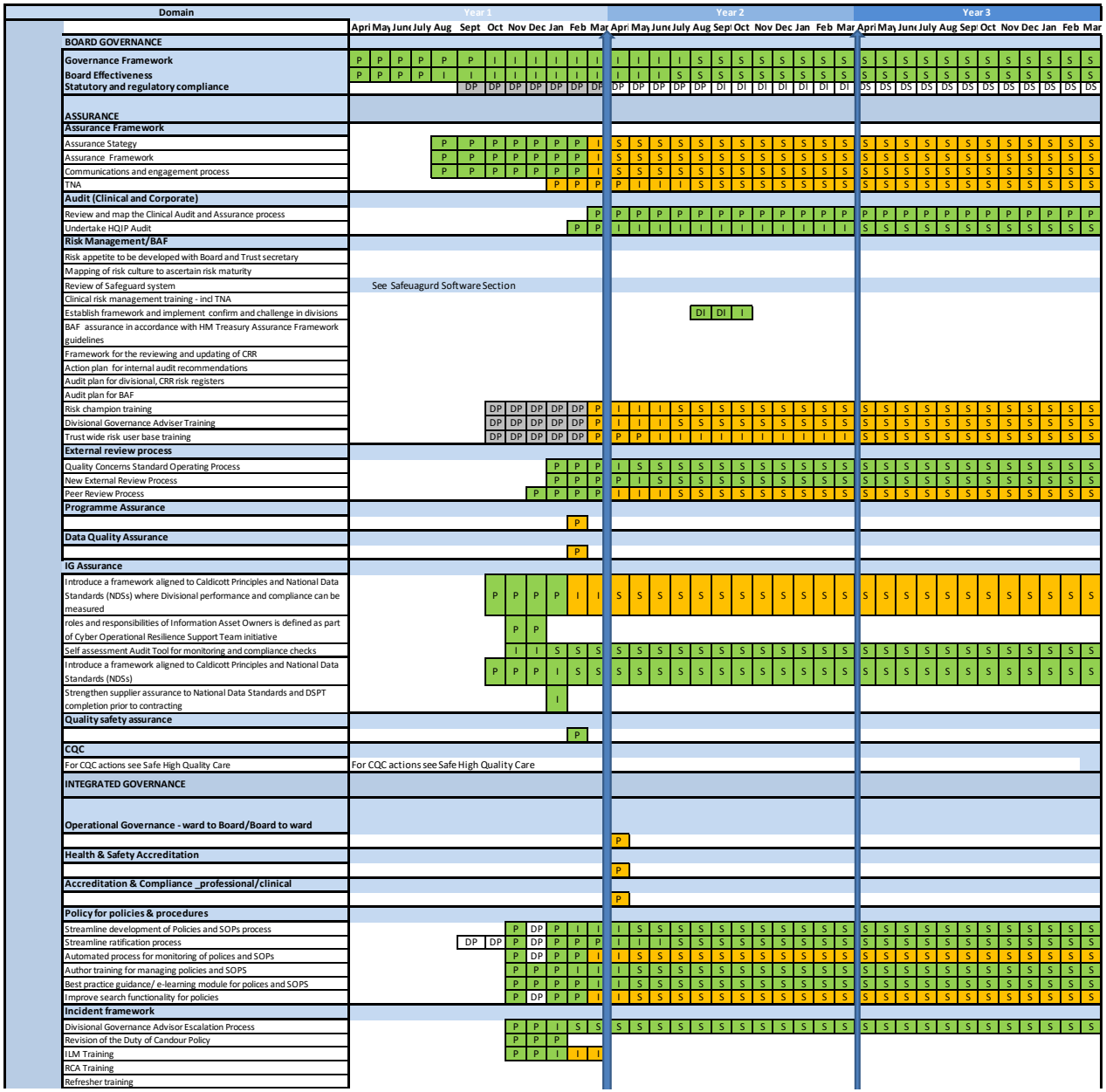
APPENDIX 6: GOVERNANCE AND WELL LED PROJECT PHASING



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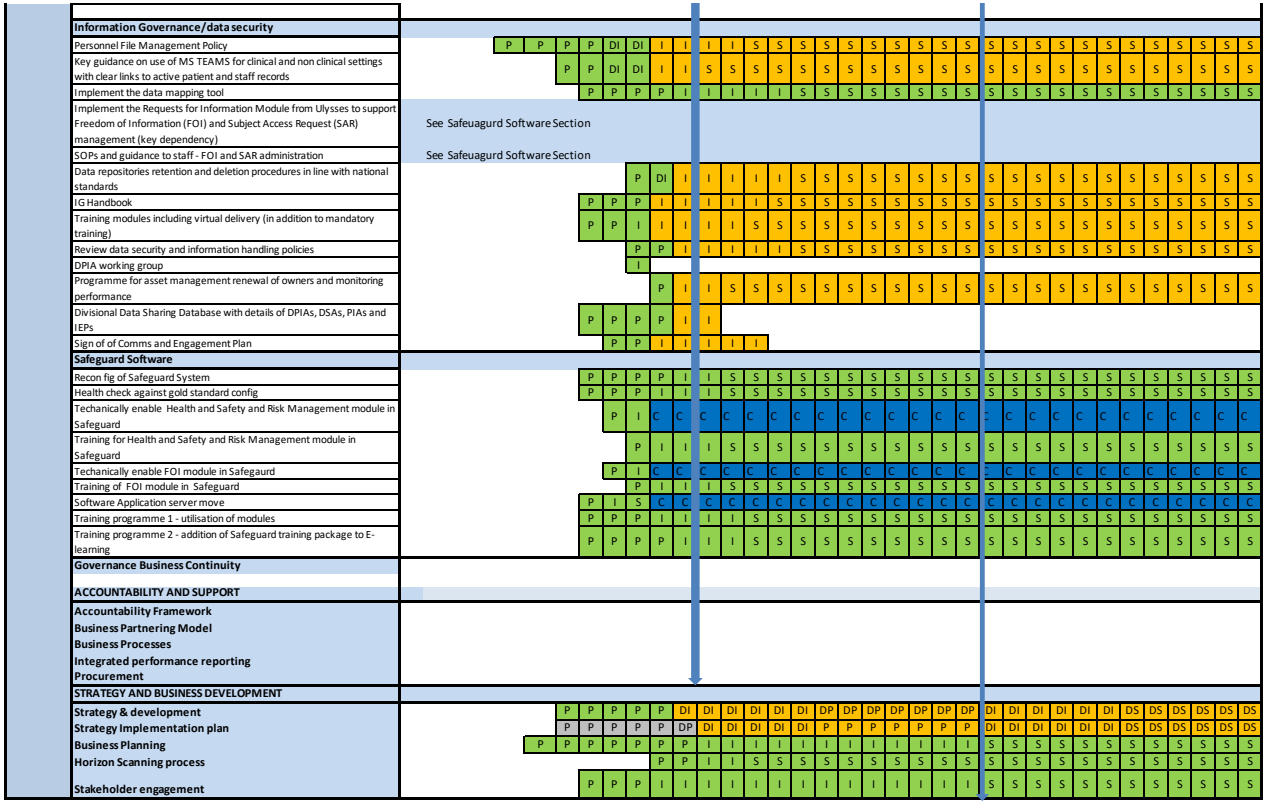

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		Black Country STP To develop a sustainable operational workforce pla													
PR000373	Harm Free Care (Draft)	In order to achieve the Trust Vision of becoming a CQC Outstanding Rated organisation, the Trust must deliver Harm Free Care and therefore make improvements in all areas identified within this project.		Provide Safe, High Quality Care	Simon Johnson				£190,000	£190,000	£184,000	£6,000	£15,833	£1
PR000374	Equality Diversity inclusion Workstream (EDI) (Draft)	1. Leadership, Culture & OD - To design and implement an organisational development approach to support an inclusive and just cultures 2. To co-design EDI strategy with staff, patient, community/voluntary groups 3. Organisational Effectiveness - To extend the equality, diversity, inclusion approach		Value our Colleagues	Sabrina Richards	Mathew Lewis / Ann-Marie Riley		5	12	£180,000	£180,000	£174,000	£6,000	£15,000	£1
PR000375	Health and Wellbeing (Draft)	Making Walsall the best place to work To provide a structured and holistic approach to workplace health and wellbeing in collaboration with STP partners		Value our Colleagues	Michala Dytor	Matthew Lewis / Ann-Marie Riley		9	9	£170,000	£170,000	£164,000	£6,000	£14,167	£1
PR000376	Just Learning Culture (Value & Behaviours) (Draft)	1. In order to deliver against key objective in the Valuing Colleagues Programme of Work: Leadership, Culture & OD 2. To design and implement an organisational development approach to support an inclusive and just culture. Organisational Effectiveness 3. To design a framewok to introduce Divisional		Value our Colleagues	Clair Bond	Catherine Grifffiths		15	9	£160,000	£160,000	£154,000	£6,000	£13,333	£1
PR000377	OD Training and Development (Draft)			Value our Colleagues	Marsha Belle			9	9	£150,000	£150,000	£144,000	£6,000	£12,500	£1
PR000378	SEQOHS (Health & Wellbeing) (Draft)	To deliver against the Valuing Colleagues Programme of work which cuts across the following domains:- Making Walsall the best Place to Work primary focus Organisational Effectiveness Leadership, Culture & OD		Value our Colleagues	Tamsin Radford			9	9	£140,000	£140,000	£134,000	£6,000	£11,667	£1
PR000379	Talent Management (Draft)	To deliver the aims and objectives outlined in the Valuing Colleagues Programme of Work: Organisational Effectiveness To design and implement a shared approach to talent and succession planning to improve flexibility and agility of the workforce Leadership Culture & OD		Value our Colleagues	Sabrina Richards			9	9	£130,000	£130,000	£124,000	£6,000	£10,833	£1
PR000380	Temporary Staffing (Draft)			Value our Colleagues	Clair Bond			6	6	£120,000	£120,000	£114,000	£6,000	£10,000	£9
PR000382	Workforce Planning (Draft)	To deliver against key objectives set out in the Valuing Collegues Programme of work under the domain of Organisational Effectiveness:- To identify and design new roles and career pathways to shape the future workforce for Walsall and across the Black Country STP. To develop a sustainable operationa		Value our Colleagues	Marsha Belle			0	0	£110,000	£110,000	£104,000	£6,000	£9,167	£8

		Framework													
PR000394	Dermatology (Draft)	To consolidate the two dermatology departments across Royal Wolverhampton Trust (RWT) and Walsall Healthcare Trust for the short term with a view to expanding to an STP / Regional model in the longer term	MLTC	Work Closely with Partners	kate Salmon		9	9	£60,000	£60,000	£54,000	£6,000	£5,000	£4
PR000405	Board Governance (Draft)	This programme will support the areas that were raised in the July 2019 CQC inspection report on well-led and the March 2020 NHSI report on the accountability governance framework. In particular: - The good governance principles established in the board governance project and included in the handboo	Corporate and Admin	Governance and Well Led	Trish Mills	Jenna Davies	1	1	£50,000	£50,000	£44,000	£6,000	£4,167	£3
PR000406	Assurance (Draft)	To ensure there is a robust evidence based Assurance Framework in place enabling the organisation to be assured on the Statutory, Mandatory and Regulatory Compliance required.	Corporate and Admin	Governance and Well Led	Diane Halliley	Jenna Davies	9	4	£40,000	£40,000	£34,000	£6,000	£3,333	£2
PR000407	Integrated Governance (Draft)	The purpose of this workstream is to develop and embed systems, processes and behaviours by which the Trust leads, directs and controls its functions to achieve the delivery of its strategy to achieve a CQC Well Led rating of Outstanding by 2022/23. This will involve establishing an Integrated appr	Corporate and Admin	Governance and Well Led	Nicola Boyes	Jenna Davies	0	0	£30,000	£30,000	£24,000	£6,000	£2,500	£2
PR000408	Strategy (Draft)	The CQC reviewers advised that the strategy and short/long-term planning should have a golden thread linking Trust objectives and priorities throughout the divisions, corporate teams and care groups. Strategic objectives should also clearly shape the BAF and monitoring via the Integrated Performance	Corporate and Admin	Governance and Well Led	Roseanne Crossey	Jenna Davies	25	16	£20,000	£20,000	£14,000	£6,000	£1,667	£1
PR000409	Care at Home (Draft)	With the inception of Walsall Together there has been a clear direction of travel to shift activity where safe and beneficial to do so, into a Community setting. We are working in partnership across Community services, and developing new models of care with proven providers to see and assess patient	Patient Pathway	Deliver Care at Home	Keith Dibble	Darren Fradgley	12	12	£10,000	£10,000	£4,000	£6,000	£833	£
								Totals							

MEETING OF THE PUBLIC TRUST BOARD – 4th March 2021			
Quality, Patient Experience and Safety Committee (QPES) Highlight Report			**AGENDA ITEM: 7**
Report Author and Job Title:	Trish Mills Trust Secretary	**Responsible Director:**	Mrs Pamela Bradbury – Chair of QPES (Non-Executive Director).
Action Required	Approve ☐ Discuss ☒ Inform ☒ Assure ☒		

Executive Summary	This report provides the key messages from the Quality, Patient Experience and Safety Committee meeting held on 25th February 2021. The meeting time and agenda was shortened to allow executives to focus their time on the response to the second wave of COVID-19. Of note are:
	
	- The Director of Nursing and the Medical Director focused the Committee's attention on the gaps in controls and assurance in the Board Assurance Framework (BAF), and on the actions in place to address these. The Board will note:
	  - The Committee was assured that a process is in place to complete the 2019 and 2020 must do and should do actions from CQC, and that future reporting would be by exception via the Safe High Quality Care report, and would include the impact of any overdue or deferred actions. This closes Board action 168/20(a);
	  - Further work on screening is taking place. Data capture for dementia screening will be reviewed to ensure the trends are accurate; and further the work to introduce a mechanism in the electronic patient record to capture VTE assessment is underway to improve performance.
	- On 19th February the members of the Committee, along with the wider Board, attended a development session on the Ockenden Report. At the Committee meeting the Head of Midwifery Carla Jones-Charles and Consultant Obstetrician and Gynaecologist Dr Fateh Ghazal updated on the latest position with regards to the actions being taken to meet the recommendations, and will do so at this Board meeting.
	- The Committee has asked the Walsall Together Partnership Board to look at primary care referrals into secondary care, which are currently down by 40%, so that any impact on that		

	increasing over the coming months can be factored into restoration and recovery. - The importance of ensuring the quality impact assessment process was reviewed by the Committee at its March meeting was stressed by the Chair given this has been deferred since December 2020. - The Committee were asked by the Performance, Finance and Investment Committee to look at the clinical harm review process for patients on the 52 week wait list. The Committee were assured that clinical harm reviews were being appropriately managed and a process was in place to assess patients, to monitor clinical harm and to learn from such assessments. Exception reporting on this will come to the Committee via the Patient Safety Group. - Planning for increasing elective surgery as a result of the reduction in COVID-19 positive inpatients has commenced, which to allows for staff to take some coordinated annual leave and be provided with health and wellbeing support. Further details will be received by Committees in March. The next meeting of the Committee will take place on 25th March 2021	
Recommendation	Members of the Trust Board are asked to note the escalations and any support sought from the Trust Board.	
Risk in the BAF or Trust Risk Register	This report aligns to BAF risk S01 for safe high quality care and 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 ☒	Care at home ☐
	Partners ☐	Value colleagues ☐
	Resources ☐	

MEETING OF THE PUBLIC TRUST BOARD – 4th March 2021			
Safe High Quality Care – Executive Update			**AGENDA ITEM: 8**
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 ☐ Discuss ☐ Inform ☒ Assure ☒		
Executive Summary	This report describes the continuing actions that are taking place to 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	1. Note the update to Trust Board on actions 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	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: **Risk 208**: Failure to achieve 4 hour wait as per National Performance Target of 95% resulting in patient safety, experience and performance risks. **Risk 274**: Failure to resource backlog maintenance and medical equipment replacement. **Risk 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 which will replace **Risk 1986**: Delays in access to Tier 4 in-patient psychiatric care for Children and Young People. **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.		

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 ☒	Care at home ☐
	Partners ☐	Value colleagues ☒
	Resources ☒	

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 current phase of the COVID-19 pandemic.

The associated Board Assurance Framework (BAF) and corporate risks have been reviewed and updated as required. The gaps in control and assurance were discussed in detail at the Quality, Patient Safety and Experience Committee and progress has been made to reduce the number of gaps overall which will be reflected in the updated BAF next month.

Oversight of progress against the CQC Must and Should Do actions continues via the monthly CQC action plan oversight group and progress against 2019 and 2020 actions is as follows:

- 2019 Actions: 45 of the 55 actions have been completed; 8 actions are in progress (2 of which are overdue); 2 actions are deferred.
- 2020 Actions:19 of the 29 actions have been completed; 9 actions are in progress (2 of which are overdue);1 action is deferred

Progress against a number of actions has been severely affected by the COVID-19 pandemic and plans are in place to progress at pace when safe to do so. Evidence of progress against outstanding actions will be presented to the Quality, Patient Safety and Experience Committee monthly.

Projects within the Safe, High Quality Care Improvement Programme have continued to progress despite the COVID19 pandemic and some of the key highlights are:

- Getting It Right First Time (GIRFT) work continues to progress well and all areas within the workplan are RAG rated Green
- Falls per 1000 bed days reduced from 5.02 in December 2020 to 4.7 in January 2021 so remains below 6.1, as recognised as the national average by the Royal College Physicians
- A significant programme of work is progressing at pace in relation to our Harm Free Care workstream with a number of initiatives launching in March

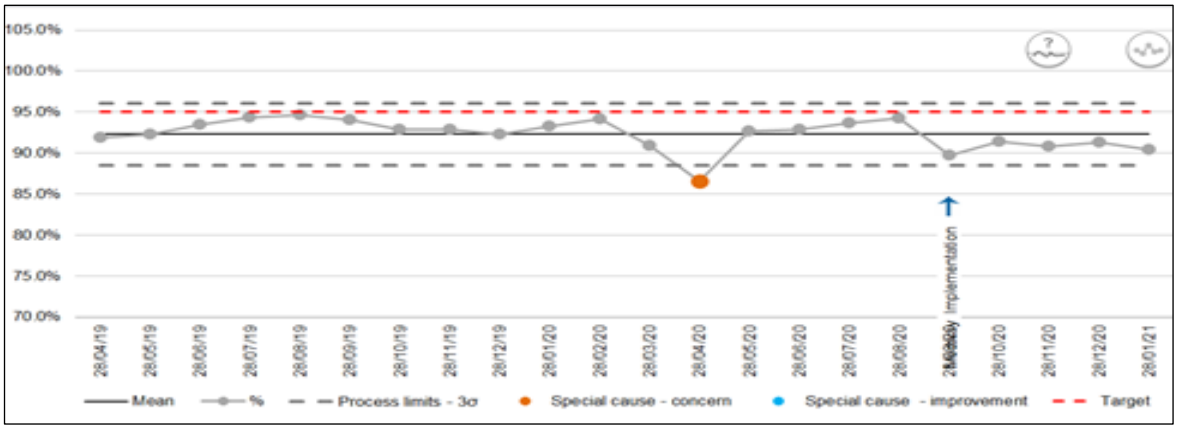
2.0 Board Assurance Framework

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 Gaps in Control

- Clinical audit monitoring arrangements to be reviewed and strengthened - assurance can be provided that is being has been actioned through the reconstituted Clinical Effectiveness Committee.
- VTE performance continues to be below the Trust Target – VTE compliance for January remains at 90.31% (Chart 1). Information Technology issues are being rectified to ensure that carrying out assessments is facilitated, and to ensure that data presentation is accurate. VTE compliance is now reported to the Thrombosis Group. Divisions present their actions and outcomes through Performance Review.

Chart 1: VTE compliance



- Deterioration in the Trust's complaints response performance – A process review has been completed to address current contributing factors to the current performance level. Assurance can be provided that correct systems and processes are in place to oversee and manage complaints in a timely manner.
- Mental Capacity Act (MCA) compliance below the Trust's Standards – the implementation of ReSPECT forms on 1st January 2021 was supported by further education relating to MCA assessments. MCA Champions have been appointed to ward areas. Audit data collection has improved through a revised process, led by the Safeguarding Team. Further work is ongoing to build the MCA assessment (and ReSPECT forms) into Medway, in order to mandate full assessments.
- Out of date clinical policies and procedures – a review of all out of date policies is now complete and a plan is in place to eradicate out of date policies within the next three months
- Training performance not meeting set targets.
- Quality Impact Assessment process is not yet established within the trust - this remains an outstanding action as the revised process was not able to be reviewed at February Quality, Patient Experience and Safety Committee.

- Sepsis audit frequency and performance – the Sepsis 6 dashboard is now live in the trust and allows all teams to review real time data against agreed national standards. Performance against these standards will be monitored through monthly divisional sepsis reviews, overseen by the Director of Nursing and Medical Director.

2.2 Gaps in assurance

- CQC 'MUST' and 'SHOULD' Do actions remain outstanding - Oversight of progress against the CQC Must and Should Do actions continues via the monthly CQC action plan oversight group and progress against 2019 and 2020 actions is as follows:

  - 2019 Actions: 45 of the 55 actions have been completed; 8 actions are in progress, 2 of which are overdue; 2 actions are deferred.
  - 2020 Actions:19 of the 29 actions have been completed; 9 actions are in progress, 2 of which are overdue;1 action is deferred

  Progress against a number of actions has been severely affected by the COVID 19 pandemic and plans are in place to progress at pace when safe to do so. Evidence of progress against outstanding actions will be presented to the Quality, Patient Safety and Experience Committee monthly.

- NHSEI review in 2019 highlighted insufficient assurance on infection control standards resulting in RED rating – reassessment of cleanliness standards was cancelled by NHSEI due to COVID-19. We are assured that improvement in standards has been sustained which has also been reflected in feedback from inspections by the CCG, NHSEI and CQC.
- External audit assurance relating to the annual quality account has been deferred owing to COVID-19 – development of the 2021/22 quality account is underway
- Inconsistent evidence, both through quality governance structures and performance reviews, of practice having changed as a result of learning from Root Cause Analyses (RCAs) – a learning from incidents alert process is under consideration by the Governance team and will be progressed via the Well Led workstream so will not feature on future SHQC BAF updates
- Lack of assurance regarding equality, diversity and inclusion and actions to reduced inequalities
- Lack of robust strategic approach to ensuring effective patient/public engagement and involvement – the Patient and Involvement Strategy development work will commence in March 2021. A more detailed launch plan will be developed during Quarter 1

3.0 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.

4.0 Performance Report

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

4.1 Clostridium Difficile number of cases

Two cases reported in February which are under investigation

4.2.% of observations rechecked within time

The prevalence of late observations has decreased slightly in month from 83.96% in December 2020 to 81.10% in January 2021. 21 clinical areas report this metric of which 11 clinical areas are not achieving the trust target of 85%. ED performance is significantly contributing to the reduced overall performance figure (60%) as well as wards 4 (76.7%), 17 (76.7%) 29 (75.8%). All areas not achieving the trust target have been asked to produce an improvement plan with actions to increase compliance and weekly oversight of performance will commence by the Deputy Director of Nursing.

4.3 Dementia Screening

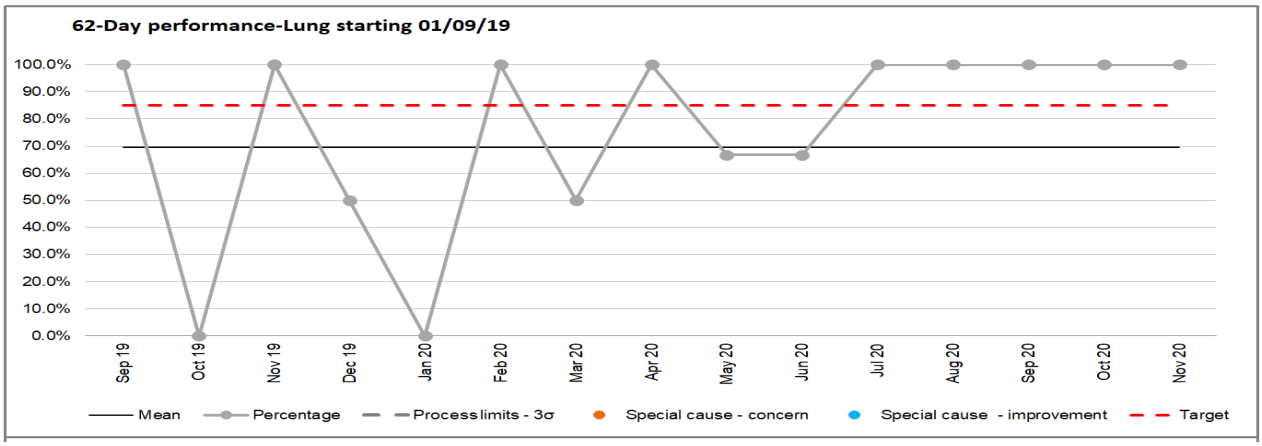
The Director of Nursing is undertaking a review of the data collection mechanism during the next few weeks and an update will be provided to the Quality, Patient Experience and Safety Committee in March.

5.0 Improvement Programme

The Safe High Quality Improvement Programme has continued in full despite the pandemic. A number of key highlights are

- Nurse Staffing – The Board was updated last month that we had agreement to recruit 50 international nurses. The first of these nurses are planned to arrive in England the first week of April. The Director of Nursing is seeking funding for a further 75 international nurses that would be in the country before the end of December 2021.
- The Care Excellence Strategy is planned to launch in March 2021
- The first of our Harm Free Care ambitions will launch March 2021 (Nutrition) in conjunction with national Nutrition week
- A clinical support worker development programme is under development which aligns to the harm free care ambitions

- A review of nursing documentation is underway and plans in place to work collaboratively with Royal Wolverhampton Trust to align documentation across the two organisations
- Review of the lung cancer pathways has resulted in sustained improvement in 62 day performance (see below), and learning will now be applied to other specialties.



RECOMMENDATIONS

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

APPENDICES

Appendix 1: BAF Risk S01
Appendix 2: Performance Report

Walsall Healthcare NHS
NHS Trust

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/Medical Director	**Supported By:**	Non Executive Director (Pam Bradbury)
Lead Committee:	Quality, Patient Experience and Safety Committee		
Links to Corporate Risk Register:	**Title** • 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		**Current Risk Score** **20 (High)**

Risk Scoring

Quarter	Q1	Q2	Q3	Q4	Rationale for Risk Level	Target Risk Level (Risk Appetite)		Target Date
Likelihood:	4	4	4		• Quality strategy to be further strengthened to accurately monitor and assure care outcomes • 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 of care through anonymous and overt routes (including safeguarding and CQC) • Concerns into audit and data registration raised by the Royal College of Surgeons during Invited Service Review • Duty of Candour below target performance level • Lack of 7 Day Services to provide uniform levels of care throughout the week • Further opportunities exist to identify and address inequalities in health	**Likelihood:**	**2**	31 August 2021
Consequence:	5	5	5			**Consequence:**	**5**	
Risk Level:	**High 20**	**High 20**	**High 20**			**Risk Level:**	**Mod 10**	

			• Potential for delays cancer diagnosis and treatment pathways as a result of pandemic • Staffing pressures, and impact on staff resilience, caused by increased requirement in ITU, COVID pathway management, sickness absence and outbreak management • Partial compliance against Ockenden recommendations • Reduced capacity to undertake research due to vacancies in FORCE Team	

Control and Assurance Framework 3 Lines of Defence			
	1st Line of Defence	2nd Line of Defence	3rd Line of Defence
Controls:	• 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. • Monthly CQC Action Plan oversight meeting in place	• 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	• 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 • Royal College of Surgeons Invited Service Review of upper limb surgery • NHSEI review of Division of Surgery, focussing on meetings, leadership, and governance
Gaps in Control	• 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 Trust's Standards • Out of date clinical policies and procedures • Training performance not meeting set targets • Quality Impact Assessment process is not yet established within the trust • Sepsis audit frequency and performance		

Assurance:	• 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.	• 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	• External Performance review meetings in place with NHSEI/CQC/CCG • Monthly Quality meetings with NHSEI and CQC • External review undertaken on the SI processes • NHSI and CCG reviews of IPC practice in ED and Maternity have not highlighted any immediate concerns
Gaps in Assurance	• CQC 'MUST' and 'SHOULD' do actions remain outstanding • 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 • 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 • Lack of robust strategic approach to ensuring effective patient/public engagement and involvement		

Future Opportunities

- Improvement Programme offers a structured programme to achieve excellence in care outcomes, patient/public experience, and staff experience
- 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

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.
- Interdependence with other workstreams and divisions
- 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 4 Progress Report	BRAG

1.	To strengthen the quality assurance framework there will be a review of the terms of reference of Patient Safety and Clinical Effectiveness Groups to allow greater scrutiny of divisional actions and offer increased assurance to QPES	Medical Director	1/4/21	ML will chair the Clinical effectiveness Group from February 2021; Ann-Marie Riley will chair the Patient Safety Group from March 2021 - terms of reference to be agreed	
2.	Clinical audit monitoring arrangements to be reviewed and monitored via Clinical Effectiveness Group to strengthen oversight and drive improvements where required	Medical Director	1/4/21		
3.	Oversight of progress to address out of date policies and procedures will be strengthened via the Patient Safety Group which be reflected in the revised terms of reference	Director of Nursing	1/4/21	Review of terms of reference will take place in March when chair of the Patient Safety Group transfers to the Director of Nursing on 1 March 2021	
4.	To support improvement in Trust complaints response compliance there will be a review of the current process to ensure timely response and sign off of complaints via both formal and informal routes	Director of Nursing	30/4/21	Review of sign off process for non complex complaints completed;	
5.	All Executives with responsibility for CQC Must Do and Should Do actions will provide strengthened oversight of progress with their actions and sign off of relating evidence	Executive Leads	28/2/21	Executive Leads provided updates of evidence that has been reviewed and signed off	
6.	NHSEI review (2019) provided insufficient assurance on infection control standards in Maternity resulting in RED rating. Significant work has taken place to improve and sustain expected standards. We have requested a reinspection to enable a review of the RED rating	Director of Nursing/Director of Infection, Prevention and Control	TBC	Previous dates arranged have been cancelled by NHSEI due to the COVID19 pandemic. We are still waiting for a re-inspection date to be confirmed	
7.	A quality impact assessment framework will be developed to support executive oversight of change that could impact on quality/safety	Director of Governance	1/3/21	Quality impact assessment framework in development and draft for consultation to be presented to QPES in February 2021	

Walsall Healthcare NHS
NHS Trust

QUALITY, PATIENT EXPERIENCE SAFETY COMMITTEE

		Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	2020/21 YTD	2020/21 Target	2019/20 YTD	SPC Variance	SPC Assurance
SAFE, HIGH QUALITY CARE												
No.	Sleeping Accommodation Breaches	0	0	0	1	0	0	210	0	0		
No.	HSMR (HED) nationally published in arrears	104.21	120.02	128.95	147.68				100			
No.	SHMI (HED) nationally published in arrears	112.2	106.92	104.23					100			
Rate	Crude Mortality Rate											
No.	Number of Deaths in Hospital	74	80	107	168	153	227	1244				
%	% of patients who achieve their chosen place of death	71.70%	61.67%	68.18%	72.00%	72.00%	61.43%	66.89%				
No.	MRSA - No. of Cases	0	0	0	0	0	1	1	0	4		
No.	Clostridium Difficile - No. of cases	3	2	5	2	0	2	27	26	36		
%	Sepsis - % of patients screened who recieved antibiotics within 1 hour - ED (Quarterly)											
%	Sepsis - % of patients screened who received antibiotics within 1 hour - Inpatients (Quarterly)											
%	Deteriorating patients: Percentage of observations rechecked within time	90.03%	89.15%	85.13%	82.38%	83.96%	81.10%		85.00%			
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	0.86	0.24	0.24	0.59	0.38	0.41					
No.	Pressure Ulcers (category 2, 3, 4 & Unstageables) - Hospital	9	7	14	8	11	10	102				
No.	Pressure Ulcers (category 2, 3, 4 & Unstageables) - Community	25	7	7	17	11	12	133				
No.	Falls - Total reported	60	42	70	65	71	74	640				
Rate	Falls - Rate per 1000 Beddays	5.21	3.26	4.67	4.57	5.02	4.7		6.1			

Walsall Healthcare NHS
NHS Trust

QUALITY, PATIENT EXPERIENCE SAFETY COMMITTEE

		Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	2020/21 YTD	2020/21 Target	2019/20 YTD	SPC Variance	SPC Assurance
No.	Falls - No. of falls resulting in severe injury or death	3	1	2	1	0	0	10	0	20		
No.	Falls - Avoidable Falls resulting in severe harm or injury (subject to RCAs)							2	0	16		
No.	Falls - Unavoidable Falls resulting in severe harm or injury (subject to RCAs)							0		4		
%	VTE Risk Assessment	94.15%	89.51%	91.24%	90.74%	90.98%	90.42%	91.06%	95.00%	92.22%		
No.	National Never Events	0	0	0	0	0	0	0	0	1		
No.	Serious Incidents (inc cat 3 & 4 pressure ulcers, HCAI's & Falls) - Hospital Acquired	10	11	10	12	9	12	94		94		
No.	Serious Incidents (inc cat 3 & 4 pressure ulcers, HCAI's & Falls) - Community Acquired	0	0	0	0	0	0	0		5		
No.	Clinical incidents causing actual harm severity 3 to 5 - Hospital Acquired	26	17	31	47	44	47	300		287		
No.	Clinical incidents causing actual harm severity 3 to 5 - Community Acquired	10	8	2	5	6	9	64		29		
%	% of total incidents resulting in moderate, severe harm or death	3.46%	2.49%	3.01%	5.03%	4.64%	4.80%	3.63%		2.37%		
%	Trust-wide Safety Index - % of medication incidents resulting in harm (one month in arrears)	32.00%	33.00%	26.00%	25.00%	12.00%	23.00%	17.71%	12.00%	14.30%		
No.	No. of reported medication incidents level 3, 4 or 5 (one month in arrears)	2	1	2	1	0	1	10	0	4		
Rate	Midwife to Birth Ratio	30.8	28.5	37.3	31.4	28.9	27.2		28			
%	One to One Care in Established Labour	100.00%	97.20%	100.00%	100.00%	100.00%	100.00%	99.35%	100.00%	99.20%		
%	C-Section Rates	25.42%	30.11%	26.21%	26.58%	33.70%	27.44%	29.16%	30.00%	30.16%		
%	Instrumental Delivery	8.88%	4.55%	6.82%	4.87%	5.36%	7.53%	6.57%	10.00%	7.52%		
%	Induction of Labour	43.48%	42.65%	39.03%	43.19%	41.30%	43.68%	41.38%		39.09%		

Walsall Healthcare NHS Trust

QUALITY, PATIENT EXPERIENCE SAFETY COMMITTEE

		Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	2020/21 YTD	2020/21 Target	2019/20 YTD	SPC Variance	SPC Assurance
%	% of Emergency Readmissions within 30 Days of a discharge from hospital (one month in arrears)	15.53%	13.64%	13.57%	13.26%	12.00%		13.89%	10.00%	11.50%		
%	Electronic Discharges Summaries (EDS) completed within 48 hours	87.82%	84.98%	86.65%	85.00%	84.25%	82.22%	86.43%	100.00%	84.59%		
%	Dementia Screening 75+ (Hospital) (Internal audit Dec17 onwards) (one month in arrears)	82.46%	48.28%	54.10%	48.28%	81.82%	52.38%	68.95%	90.00%	69.32%		
%	Compliance with MCA 2 Stage Tracking	85.71%	46.67%	52.38%	32.50%	34.88%	43.48%	50.18%	100.00%	62.61%		
%	Complaints - % responded to within 30 working days	92.86%	57.14%	50.00%	32.26%	31.82%	56.52%	47.12%	80.00%	43.45%		
%	Complaints - % responded to within 45 working days	92.86%	66.67%	63.64%	35.48%	50.00%	69.57%	55.77%		59.82%		
No.	No. of Open Complaints	43	52	67	66	69	76					
No.	No. of Closed Complaints	15	12	7	23	22	15	140		211		
No.	Longest Wait for an Open Complaint	117	98	75	87	80	99					
No.	Clinical Claims (New claims received by Organisation)	7	9	10	8	7	5	85		132		
No.	No urgent op to be cancelled for a second time	0	0	0	0			0	0	0		
%	% of RN staffing Vacancies	5.15%	7.75%	9.23%	10.59%	10.90%						
%	Friends and Family Test - Inpatient (% Recommended)	88%	88%	92%	87%	85%	87%		96%			
%	Friends and Family Test - Outpatient (% Recommended)	92%	92%	92%	91%	90%	91%		96%			
%	Friends and Family Test - ED (% Recommended)	79%	73%	75%	79%	79%	82%		85%			
%	Friends and Family Test - Community (% Recommended)						100%		97%			
%	Friends and Family Test - Maternity - Antenatal (% Recommended)	100%	89%	59%	73%	79%	73%		95%			

Walsall Healthcare NHS
NHS Trust

QUALITY, PATIENT EXPERIENCE SAFETY COMMITTEE

		Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	2020/21 YTD	2020/21 Target	2019/20 YTD	SPC Variance	SPC Assurance
%	Friends and Family Test - Maternity - Birth (% Recommended)	94%	79%	87%	79%	84%	76%		96%		?	
%	Friends and Family Test - Maternity - Postnatal (% Recommended)	86%	70%	73%	77%	78%	80%		92%		?	
%	Friends and Family Test - Maternity - Postnatal Community (% Recommended)	63%	95%	70%	60%	83%	92%		97%		?	
%	PREVENT Training - Level 1 & 2 Compliance	92.91%	93.34%	89.85%	90.15%	90.46%	90.00%		85.00%		P	
%	PREVENT Training - Level 3 Compliance	86.79%	86.74%	87.69%	85.49%	85.62%	85.09%		85.00%		?	
%	Adult Safeguarding Training - Level 1 Compliance	96.26%	97.18%	96.44%	95.88%	94.97%	93.42%		95.00%		?	
%	Adult Safeguarding Training - Level 2 Compliance	93.01%	93.50%	94.77%	95.40%	94.89%	93.26%		85.00%		P	H
%	Adult Safeguarding Training - Level 3 Compliance	66.01%	67.33%	69.26%	71.50%	71.92%	73.69%		85.00%		F	H
%	Children's Safeguarding Training - Level 1 Compliance	95.53%	96.43%	88.51%	89.65%	90.73%	91.44%		95.00%		?	
%	Children's Safeguarding Training - Level 2 Compliance	90.60%	89.94%	90.60%	90.35%	89.25%	88.98%		85.00%		P	
%	Children's Safeguarding Training - Level 3 Compliance	82.00%	81.06%	83.61%	84.61%	82.61%	84.08%		85.00%		?	

Walsall Healthcare NHS Trust

QUALITY, PATIENT EXPERIENCE SAFETY COMMITTEE

		Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	2020/21 YTD	2020/21 Target	2019/20 YTD	SPC Variance	SPC Assurance
RESOURCES												
No.	Total Deliveries	299	279	351	301	276	277	2994	3525	3661		

MEETING OF THE PUBLIC TRUST BOARD – 4th March 2021			
Ockenden Report Update			**AGENDA ITEM: 9**
Report Author and Job Title:	Ann-Marie Riley, Director of Nursing Carla Jones-Charles Head of Midwifery	**Responsible Director:**	Ann-Marie Riley, Director of Nursing
Action Required	Approve ☐ Discuss ☐ Inform ☒ Assure ☐		
Executive Summary	On 10 December 2020 The Ockenden Report into Maternity Services at the Shrewsbury and Telford Hospital NHS Trust was published. The Report includes seven essential and immediate actions (EIAs) to be implemented by Trusts. The Trust was required to submit an initial gap analysis by 21 December 2020. The analysis highlighted that we were 33% complaint in full with the required EIAs. The Trust was then required to complete and return an assessment tool by 15th February 2021 to update on progress and highlight actions underway to meet the required EIAs. This analysis demonstrated some progress with the Trust now 50% compliant with the EIAs. The assessment tool is attached for reference and plans are in place to ensure we are complaint with all 12 components within the 7 essential and immediate actions as follows: - 66% compliant by April 2021 (8 out of 12 EIAs) - 83% compliant by July 2021 (10 out of 12 EIAs) - 91% compliant by September 2021 (11 out of 12 EIAs) - 100% complaint by December 2021		
Recommendation	The Board is asked to note the content of the report and actions being taken to meet the Ockenden Report recommendations		
Does this report	BAF 1: Safe, high quality care: We will deliver excellent quality of		

mitigate risk included in the BAF or Trust Risk Registers? please outline	care as measured by an outstanding CQC rating by 2022.	
Resource implications	There are financial implications to a number of components detailed within the action plan.	
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.	
Strategic Objectives	Safe, high quality care ☒	Care at home ☐
	Partners ☐	Value colleagues ☐
	Resources ☐	

Ockenden Report Update

Background

On 10 December 2020 The Ockenden Report into Maternity Services at the Shrewsbury and Telford Hospital NHS Trust was published. This report presented emerging finding and recommendations from an independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust that started in 2017 and involved 23 families.

The investigation terms of reference were amended in 2019 to encompass a larger number of families who had come forward to share their experience. By July 2020 the review involved 1862 families.

The findings from the first 250 cases reviewed identified themes and recommendations for immediate action and change not only for Shrewsbury and Telford Hospital NHS Trust, but for every maternity service in England.
The full report can be found here: https://www.gov.uk/government/publications/ockenden-review-of-maternity-services-at-shrewsbury-and-telford-hospital-nhs-trust
A briefing on the Ockenden Report and progress with the Essential and Immediate Actions was presented to the Board Non-Executive Directors on 19th February 2021 by the Director of Nursing, Head of Midwifery and Consultant Lead.

Essential and Immediate Actions

The Report includes seven essential and immediate actions (EIAs), with 12 component actions, to be implemented by Trusts which can be found on pages 25-30 of the report and are summarised below.

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.
2. Listening to Women and Families:
   - Maternity services must ensure that women and their families are listened to with their voices heard
3. Staff Training and Working Together:
   - Staff who work together must train together
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

5. Risk assessment throughout pregnancy
   - Staff must ensure that women undergo a risk assessment at each contact throughout the pregnancy pathway.
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
7. Informed Consent
   - 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

Response

The Director of Nursing is the Executive lead for the Trust's implementation of the report's recommendations.

The Trust was required to submit an initial gap analysis by 21 December 2020. The gap analysis highlighted several actions to be taken to further enhance the service we provide. The analysis highlighted that in December we were 33% compliant with the EIAs.

The Trust was then required to complete an assessment tool (attached at Appendix 1) by 15th February 2021 to update on progress and highlight actions underway to meet the required EIAs. This analysis demonstrated some progress with the Trust now 50% compliant with the actions identified to meet the EIAs. The % compliance does not imply that we do not provide the required care for women, but that there are still some outstanding actions to introduce/embed to further enhance the service provided.

The assessment tool and action plan highlight that the required actions will progress as follows:

- 66% compliant by April 2021 (8 out of 12 EIAs)
- 83% compliant by July 2021 (10 out of 12 EIAs)
- 91% compliant by September 2021 (11 out of 12 EIAs)
- 100% compliant by December 2021 (12 out of 12 EIAs)

Recommendation

The Board is asked to receive and note the content of the Ockenden Report assessment tool and the compliance to date.

Appendix 1 - assessment tool

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?

Walsall Healthcare NHS Trust currently has a joint perinatal mortality review with SATH for Perinatal Mortality Review Tool. The Shropshire Staffordshire and Black Country Neonatal network also monitors quality metrics. A non-executive has now been identified for Maternity Services.	We currently use the Perinatal Mortality Review Tool to share learning and findings are used to review processes and influence guidelines and SOPS to identify training needs.	Identify and monitor trends of incidents, themes for examples the number of stillbirths and neonatal deaths through a quarterly report to Maternity Governance Group to include action plans	Undertake a Quarterly review to identify themes and trends to drive improvement and report to Maternity Governance Group	Bereavement Midwife - April 2021		Continue to meet monthly with the Safety Champion

The current governance framework means that Maternity Serious Incidents are reported quarterly to QPES. These are also discussed weekly in the Trust Serious Incident committee which is chaired by the Deputy Medical Director. Grade 3 and above are discussed weekly at the Divisional Safety Huddle. They are also discussed at Maternity Services Multi-Disciplinary Team meetings on a weekly basis. These are then referred into the Trust Serious Incident Meeting. These are discussed at the Perinatal Mortality Review Tool meeting which is held on a monthly basis which includes external obstetric representation.	The joint review reduces bias when reviewing local cases and provides challenge.	Regular monitoring of action plans which evidence is submitted against before closed.	Implement use of 'Minimum data measures for Trust board overview' proforma to report to board. The trust has in place a patient safety group who reviews themes and trends arising from Sis. There is a need to enhance the oversight and governance of Maternity Incidents	Divisional Director of Midwifery - March 2021 Divisional Governance Advisor - May 2021	Agreement from the Board regarding the use of this template following benchmarking for best practice. Invitation to Trust Board for Maternity Services to present.	Continue with quality reports at QPES, regular 1:1 updates to Chief Nurse and Director of Governance., with Divisional Director of Midwifery and Clinical Director

The Serious Incidents and learning from incidents are routinely discussed at the Local Maternity & Neonatal System Quality and Safety Meetings and learning shared.	By looking at themes we are able to drive change	Audits to stress test whether actions completed have made a difference for assurance.	A formal agenda and programme across the Local Maternity & Neonatal System to ensure that we cover all Serious Incidents /Incidents that require shared learning	Divisional Director of Midwifery - March 2021	Local Maternity & Neonatal System Support	As above
	Shared learning from Serious Incidents across the organisation prompts the review of guidelines and processes, mandatory training including looking at human factors and training.		Process to be developed to report Maternity Serious Incidents directly to Trust Board	Divisional Director of Midwifery / Clinical Director – April 2021	Additional Governance Support is required. (1 Whole Time Equivalent Band 7)	
	Shared learning from incidents including Serious Incidents through the Local Maternity & Neonatal System Quality and Safety Group supports joint guidelines and review of processes.		Develop Maternity dashboard to include 'Minimum data measures for Trust board overview' proforma	Divisional Director of Midwifery / Clinical Director – April 2021	Additional governance support	Working with the Local Maternity & Neonatal System to have unified dashboard to compare data
			Develop clear roles and responsibilities in conjunction with the existing flow chart to improve clarity of roles.	Obstetric Safety Champions – April 2021	Additional governance support (1 Whole Time Equivalent Band 4)	Flow chart is currently in place which describes floor to board feedback.

			Identify allocated funding (1PA) for Perinatal Mortality Review Tool lead	Divisional Business Advisor – April 2021	Additional funding	Currently a cost pressure to the care group
All incidents meeting HSIB criteria are referred			Audit to confirm that 100% of qualifying cases have been reported to NHS Resolution early notification scheme for 19/20	Divisional Governance Advisor – April 2021	Additional governance support	Assurance that all known cases are submitted.

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:

(a) 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.
(b) 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?

Walsall Healthcare NHS Trust have bi-monthly Maternity Voices Partnership meetings. These are currently being held on Teams. An engagement event was held in July to increase membership. 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. The Maternity Voices Partnership has a closed Facebook page where Walsall Healthcare NHS Trust share any new development e.g. new leaflets, pathways etc. for comments 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	Minutes of meetings, evidence of collaboration, schedules of meetings, presentation from survey findings, engagement event and action plan from 15 steps	Co-production of services has supported better engagement from service users to improve outcomes for example breast feeding initiation and support.	Allocated budget for Maternity Voices Partnership chair as per Clinical Negligence Scheme for Trusts. Independent administrative support for the Maternity Voices Partnership group to undertake meetings, action plans and co-ordinate service improvement responses.	Clinical Commissioning Group - April 2021	Additional funding and Clinical Commissioning Group support	Successful bid for non-recurrent funding from the Clinical Commissioning Group for 2019/2020 to support an engagement event and to remunerate the chair until March 2021

Continue participation in the Maternity National survey and engagement with Maternity Voices Partnership regarding the results Maternity Services respond to complaints and concerns in line with Trust Guidance. They are discussed weekly at Divisional Safety Huddle, action plans are discussed locally at the Community Forum and Maternity Inpatient forum and monitored through Maternity Governance Group and Divisional Quality and Improvement Board. The Bereavement Midwife together with the Consultant Lead jointly comply with the Trust process for Duty of Candour in cases when required to feedback to families. Additional service through a Specialist Midwife for Mental Health is provided for women requiring additional support.			Reinstate robust Friends and Family Test feedback.	Divisional Director of Midwifery – March 2021	Electronic /remote support	Reinstated for Antenatal patients via text. However, feedback sporadic
			Open discussions regarding complaint themes at Maternity Voices Partnership to ensure user perspective in terms of action plans	Divisional Director of Midwifery – April 2021		Discussions at, Triumvirate meetings at care group and Divisional level

Walsall Healthcare NHS Trust has an Executive Director and Non-Executive with specific responsibly for maternity services and a Maternity safety champion for Maternity We also have a Neonatal safety champion. A non-executive director has been identified as the champion. Meeting has taken place with the Director of Nursing and the Board safety champion.						

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. Update: This has been implemented from the 1st February 2021 At 12.30pm (7 days per week) the service has a Multi-Disciplinary Team meeting along with Neonates, Obstetrics and the Network through Webex to co-ordinate bed and cot capacity across the region.	Consultant is allocated to Delivery Suite during this time period	This is monitored through the Maternity Dashboard	Audit to confirm that ward rounds are being undertaken twice daily	Clinical Director – February 2021	Still reviewing additional budget to support twice daily ward rounds related to Consultant PAs	Plan to pilot Consultant attending ward round twice daily of a weekend by splitting the allocated hourly 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

We undertake Multi-Disciplinary Team training via PROMPT and quarterly skills drills that involve the Multi-Disciplinary Team. Training schedule is in place for the coming year. Due to the pandemic we have introduced PROMPT on line to facilitate remote training however, have continued to provide face to face skills drills.	Monthly and quarterly report for monitoring of training compliance	Monitored through the Care Group and through Clinical Negligence Scheme for Trusts	Ensure these figures are included on the Trust reporting dashboard	Divisional Director of Midwifery – April 2021	Anaesthetic support and resource to achieve full Multi-Disciplinary Team compliance (increased pressure on Anaesthetics due to Covid 19)	Risk monitored locally at present. Virtual Prompt has improved compliance.
Currently the care group does not manage the Clinical Negligence Scheme for Trusts refund or Clinical Negligence Scheme for Trusts improvement fund There is no allocated funding for maternity services			Ensure any training funds allocated for clinical staff and Maternity Services are ring fenced for improvements. Ensure Clinical Negligence Scheme for Trusts improvements funds rebate are allocated to Maternity Services	Divisional Business Advisor - April 2021	Allocated funding	Assurance received following escalation that Maternity services will receive last years Clinical Negligence Scheme for Trusts Funding. Training Needs Analysis are undertaken yearly and bids submitted to Local Maternity & Neonatal System for additional funding.

			Business case to be developed by the Anaesthetic team to ensure Consultant cover at every Caesarean section in addition to Consultant Anaesthetist cover on the labour ward	Clinical Director Anaesthetics – December 2021	Additional funding	Rota is co-ordinated to cover

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:

a) All women with complex pregnancy must have a named consultant lead, and mechanisms to regularly audit compliance must be in place.
b) 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 lead. All women have an Antenatal Risk Assessment at booking which will identify those with complex needs.	This is recorded on the woman's record on BadgerNet (electronic system).					
	An audit has recently been conducted using a locally developed tool to review whether women were on the correct pathway and shared at the Obstetrics and Gynaecology Audit Meeting and Maternity Governance Group. However, this is not yet embedded in the current audit programme	The recent audit was presented to the quality improvement care group meetings and senior management group meetings.	Ensure audit of pathways for 'Named Consultant' is added to the forward audit plan for 2021/2022 Review process for sharing findings from audits to the wider audience	Audit Lead for Obstetrics – March 2021 Audit Lead for Obstetrics – March 2021	Administrative Audit Support Administrative Audit Support	

Clear and agreed pathways for referral to tertiary specialist maternity services are in place. This includes Fetal Medicine and for women who are declining blood products. Walsall Maternity Services provides additional support for women through a Specialist Midwife for Mental Health			The organisation has commenced working across the Local Maternity & Neonatal System to develop maternal medicine specialist centres	Lead Consultant Obstetrics – September 2021	Local Maternity & Neonatal System engagement. Financial support for any amendments for job plans (2PAs)	Referrals to specialist services are currently undertaken on a case by case basis.
			Develop further pathways for referral to specialist secondary care services. E.g. Cardiac / Urology	Lead Consultant Obstetrics – July 2021	Financial support for any amendments for job plans (2PAs for 6 months)	Cost pressure currently due to additional PAs and Quality Improvement academy work for Antenatal clinic
			Review Antenatal Clinic access for any women requiring consultant care including complex care	Lead Consultant Obstetrics – July 2021	Quality Improvement programme and additional admin support for Antenatal processes (1 Whole Time Equivalent Band 4)	Antenatal clinic manager is currently supporting this project

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?

The Trust has in place a policy which complies NICE 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.	Risk assessment and Care plans are documented as per NICE on BadgerNet	Reported Obstetrics and Gynaecology Audit Meeting and Maternity Governance Group who report to Divisional Improvement Board	To work with Clevermed for feasibility regarding adding a prompt question for clinicians asking about changes in risk	Digital lead Officer – July 2021	Clevermed support	Informal risk assessment completed as per NICE
We do not routinely audit Personalised Care and Support Plans. However, every woman does have a personalised care plan.			Auditing of Management plans to include the identification that intended place of birth is documented and discussed will be added to forward audit plan and reported as per guidance.	Audit Lead Consultant – March 2021 Monitoring through the Care Group Improvement plan.	Additional support	Completion of the Personalised Care Plan forms part of MSDS2 submission.

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?

We have a fetal monitoring lead Midwife who works in conjunction with the practice development midwife, looking specifically at fetal monitoring concerns as part of the Saving Babies Lives care bundle. We also have a lead consultant. We audit compliance with Saving Babies Lives on a monthly basis. One to one training is provided after review of incidences as required for both midwives and doctors. Walsall Healthcare NHS Trust undertake case reviews after morning ward rounds. K2 is mandatory and used within Walsall Healthcare NHS Trust and a SOP has been developed to support this training, this includes 1:1 support if required for all staff	The leads produce newsletters, audits for monitoring fetal wellbeing The consultant leads undertake a weekly Cardiotocography review with Middle Grade medical staff Adhoc support is provided to the Midwifery team by the Saving Babies Lives Lead Midwife when required. Fetal monitoring guidelines have been updated. Implementation of electronic Cardiotocography is in process Review of cases from the night before are undertaken after handover Leads attend the Clinical Negligence Scheme for Trusts monthly meetings to provide updates regarding Saving Babies Lives care bundle 2. Saving Babies Lives shared learning and trends are discussed at the 'Quality and Safety' meeting across the Local Maternity & Neonatal System for benchmarking and best practice	Audit results are shared at the Obstetrics and Gynaecology Audit Meeting and Maternity Governance Group Training compliance Incident trends Perinatal Mortality Review Tool findings Avoiding Term Admissions Into Neonatal unit findings	Allocated budget for Saving Babies Lives Consultant lead, Cardiotocography Consultant Lead and Consultant Lead for Avoiding Term Admissions Into Neonatal unit as this is currently a cost pressure to the Care Group Allocated budget for Saving Babies Lives Lead Midwife (including Cardiotocography and Avoiding Term Admissions Into Neonatal unit) as this is currently funded by the Local Maternity & Neonatal System Review K2 training process using Quality	Divisional Director – April 2021 Divisional Director of Operations - April 2021 Divisional Director of Midwifery –	Substantive funding for consultant lead (4PA) recurrently Substantive funding for 1.4 Whole Time Equivalent E band 7 Quality Improvement academy	The lead is in place as a cost pressure to the Care Group with funding to be sourced for 20/21 Funded by Local Maternity & Neonatal System with funding to be sourced for 20/21 Not applicable

Immediate and essential action 7: Informed Consent
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.

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

Women must be enabled to participate equally in all decision-making processes and to make informed choices about their care

Women's choices following a shared and informed decision-making process must be respected

Link to Maternity Safety actions:

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?

Link to urgent clinical priorities:

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.

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?
Pregnancy journey is available to all women who book at Walsall Healthcare NHS Trust via the Maternity BadgerNet App.	Place of birth is recorded on BadgerNet (electronic system)	Audits Maternity Survey	Pregnancy Journey to be added to Maternity Website	Digital Officer – March 2021	Communication support	This is electronic on the BadgerNet App

Walsall Healthcare NHS Trust also have a dedicated Maternity Webpage that discusses services available however, is not as detailed as the exemplar Chelsea and Westminster website Walsall Healthcare NHS Trust has a dedicated Maternity Voices Partnership.	Pregnancy journey is on the BadgerNet App		Review and update information currently available to women booking at Walsall Healthcare NHS Trust and add this to the Webpage	Care Group Manager – April 2021	Communications support	Leaflets on BadgerNet App
Maternity Services had a quarterly review of litigation and claims to discuss and use as a platform of learning prior to Covid 19.	Claims and Litigation forum which reports to Maternity Governance Group		Restart Litigation forums Review process of sharing learning to the wider audience.	Clinical Director – April 2021		
Maternity Services has developed a process for investigating and responding to complaints and concerns and monitoring actions.	Through Divisional Safety Huddle, Community and Inpatient Forums, Maternity Governance and Divisional Improvement Board.	100% of complaints were responded to in January 2021. Actions are monitored through Safeguard for audit purposes.	Ensure action plans are discussed and monitored through governance routes.	Deputy Clinical Director – April 2021		

Friends and Family Test as ceased during the first phase of Covid 19. This resumed in August 2020 however, response rates are poor due to the text system in place. However, the Matron does undertake patient experience with 10 women every month to identify any areas of concern and improvement. Visual boards are located on each ward to ensure feedback is shared with Maternity Staff.	Friends and Family Test results and Matron Audit are discussed at Community and Inpatient Forum. These are also discussed at the patient experience forum.		Friends and Family Test results to be discussed at the Maternity Voices Partnership meetings.	Director of Midwifery – April 2021		Matrons audit

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 2020 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?**

Walsall Healthcare NHS Trust **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 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	Director of Nursing - 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.
			The report is awaiting approval at exec level. This will need to be reviewed if deliveries exceed 4000)	Director of Nursing - March 2021	Funding	

			Walsall Healthcare NHS Trust to continue working with Health Education England reviewing a developing the role of the Maternity Support Worker and work with the University of Wolverhampton in a view to commence Midwifery apprenticeship programmes in 2021	Divisional Director of Midwifery – March 2022	Funding to move Maternity Support Workers from Band 2 to Band 3.	

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 2 Whole Time Equivalent Consultants will need to be recruited.	Staffing levels are monitored on a daily, weekly and monthly basis		Approval for funding additional 7 PAs for the Consultants (additional 7PAs to support the elements within this document)	Medical Director- March 2021	Funding	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?**
All our guidelines are updated against NICE and RCOG. In addition guidelines reflect NHSE/I update as well as perinatal institute The Trust are notified of new guidance through the Trusts governance team. The Care Group will then review the new guidance to update guidelines.	The Care group have a monthly policy group to review guidance. Any updated guidelines are agreed and ratified at the Maternity Governance Group.	This is currently reported to the Maternity Governance Group	Quarterly report regarding updated guidelines to Divisional Quality Board and Senior Management Group meetings.	Lead Consultant Guidelines – April 2021	Additional Governance support (admin)	Closer oversight by the Divisional Director of Midwifery and Clinical Director .

MEETING OF THE PUBLIC TRUST BOARD – 4th March 2021			
Hospital Mortality Report (October - December, 2020/21)			**AGENDA ITEM: 10**
Report Author and Job Title:	Dr Manjeet Shehmar Deputy Medical Director	**Responsible Director:**	Dr Matthew Lewis Medical Director
Action Required	Approve ☐ Discuss ☒ Inform ☒ Assure ☒		
Executive Summary	• In the last quarter, there have been 465 deaths at the Trust. A structured judgement review (SJR) has been raised for 88 deaths. So far, 47 of these cases have had SJR's completed, with 3 where care has been classed as level 3a or below. • Year to date; as assessed by SJR level 1 review, death was not avoidable or probably not avoidable in 91.8% of SJR's completed, probably avoidable in in 5.2%, and avoidable in 3%. • Learning from deaths is part of the Safe High Quality Care (SHQC) Improvement Programme, with learning monitored via the Mortality Surveillance Group. • Through the learning from deaths process, we have seen: – Reduced monthly Standard Hospital Mortality Index (SHMI) since April 2020. – Reduced mortality rates from fractured neck of femur until October 2020, with a potential impact of COVID-19 noted subsequently – No further serious incidents associated with deaths from delays in the lung cancer pathway – Implementation of the Medway e-Sepsis module to recognise, escalate and respond faster to sepsis – Improvements to reduce deaths from heart failure, head injuries and deaths of children.		
Recommendations	Members of the Board are asked to note: • Performance data • Key areas for attention and learning		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	• BAF001 Failure to deliver consistent standards of care to patients across the Trust results in poor patient outcomes and incidents of avoidable harm • Performance against SHMI is recorded on the trust risk register • Systems and processes for the identification and learning from issues in care have been identified as ineffective by the Clinical Commissioning Group		

Resource implications	• Procurement of CORS Learning from Deaths Management System £25k. • Offsite paper SJR's involving additional administration work for the Learning from Deaths team. There is a plan to move to a scanned Electronic Patient Record which would require resource from the IT team.	
Legal and Equality and Diversity implications	• The equality and diversity implications to the trust for patients with learning disabilities are managed according to the trust policy and LeDeR recommendations. • National legislation relating to the review of child and perinatal deaths has been implemented.	
Strategic Objectives	Safe, high quality care ☒	Care at home ☒
	Partners ☒	Value colleagues ☒
	Resources ☒	

Hospital Mortality Report (October - December 2020/21)

Introduction

This report details:

1. Performance data relevant to the trust, compared with regional and national comparator sites, where appropriate
2. Key areas for attention, together with analysis, actions and outcomes
3. Future actions and developments in understanding mortality data

1. PERFORMANCE

National Benchmarks

The Trust uses two national benchmarks as primary indicators for mortality, Hospital Standard Mortality rate (HSMR) and Standard Hospital Mortality Index (SHMI). The table below shows the Trust SHMI and HSMR. The appendices at the end of this report show SPC (statistical process control) charts and benchmarks of mortality metrics.

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
HSMR	114.41	103.98	106.15	101.94	96.89	103.33	114.70	107.94	129.47	118.16	110.72	144.51	143.16	128.06	108.49	104.46	105.65	118.77	121.63
SHMI	97.48	99.57	108.71	107.23	109.82	117.41	112.96	103.76	106.84	98.70	95.65	132.23	144.36	120.04	111.45	90.53	112.16	99.71	
Crude Mortality Rate	4.60	4.00	3.50	3.20	3.08	3.23	3.71	3.91	4.89	4.22	3.95	5.80	8.08	5.67	3.90	3.85	3.80	3.61	3.57

KEY AREAS FOR ATTENTION

COVID-19 Deaths Dashboard

There have been a total of 602 COVID-19 deaths in the hospital (to 8 February 2021). COVID-19 deaths are scrutinised by the medical examiners and escalated at structured judgement reviews (SJRs) in line with the Learning from Deaths Policy. Any COVID-19 deaths associated with a hospital acquired infection are reported with an incident via Safeguard.

Excess death rate

There have been 428 non COVID-19 related deaths in Q3 2020 as compared to 286 in Q3 2019. This makes our excess death rate ratio 1.5. COVID-19 and non-COVID-19 deaths are reviewed in line with the Learning from Deaths Policy.

Quarter	No. of Deaths	Excess death rate ratio
Number of non COVID-19 deaths Q3 2019	286	
Number of non COVID-19 deaths Q3 2020	428	1.5

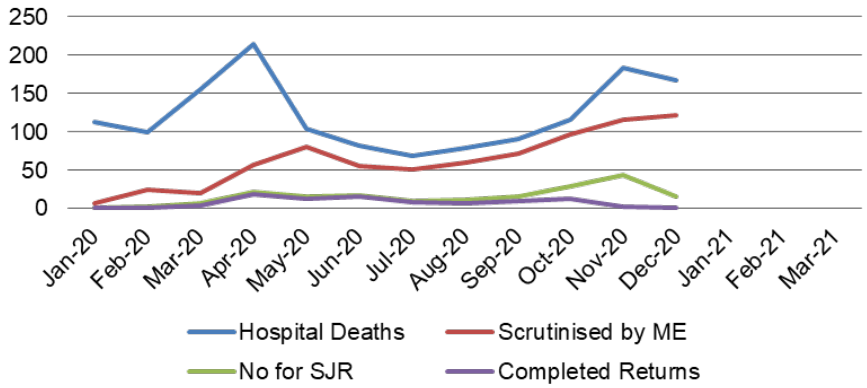
Process for reviewing deaths in hospital

A number of reviews as referenced in the National Quality Board guidelines as a minimal requirement undergo formal structured judgment review:

- All deaths where a bereaved family, carer or staff have raised a concern
- Patient deaths of those with a learning disability
- Patient deaths of those with a mental illness
- Unexpected deaths, such as following an elective procedure
- Particular groups where an alarm has been raised for example via HSMR, SHMI or CQC
- Deaths where learning will inform the providers quality improvement work
- All maternal deaths
- All child deaths, over 16 years of age
- All perinatal and still birth deaths.

Learning from deaths performance

The Trust has four medical examiners, two are anaesthetists and one is a microbiologist. Despite clinical pressures requiring these doctors to contribute to clinical care for COVID-19, the team have been able to maintain performance in scrutinising deaths shown in the graph below.



There has been an impact on the ability of clinical teams to complete SJRs, particularly for the intensive care, care of the elderly and respiratory teams. The reasons for delays include prioritisation of clinical work, isolation for COVID-19 and shielding. Mitigations have been put in place to include:

- An agreed process via Information Governance Steering Group on 25th January for completing SJRs from home for clinicians who are shielding or isolating.
- Recruitment of experienced retired doctors as medical support workers to complete SJRs on site.
- Recruitment of a member of the executive team to complete some SJRs.

National Learning from Deaths Dashboard

The Trust has adopted reporting via the National Learning from Deaths Dashboard. In quarter 3 2020/21, there have been 465 deaths at the Trust. A SJR review has been raised for 88 deaths. To date, 47 of these cases have had SJRs completed with three where care has been classed as level 3a or below (probably avoidable with a judgment of more than 50%).

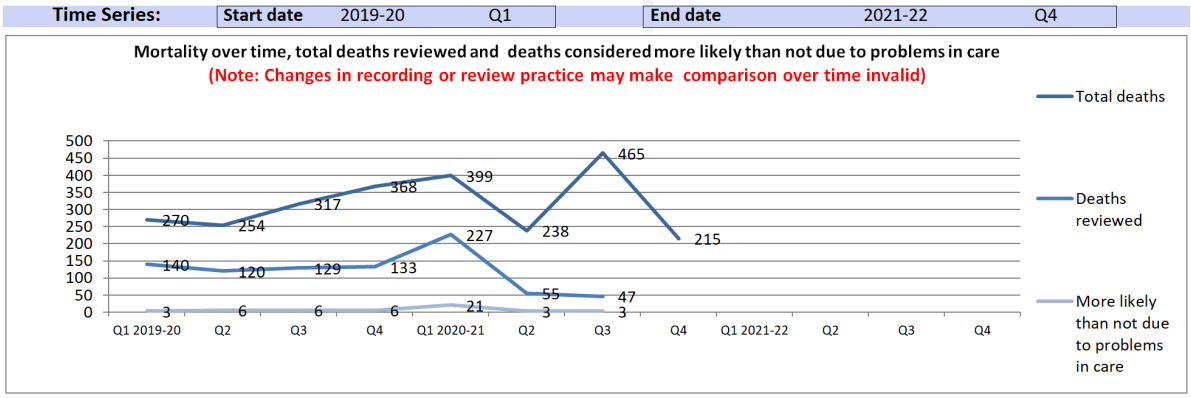
The table below (table 1) shows the comparison from quarter 2 2020/21 when there were 238 deaths and 55 SJRs completed identifying three cases where the care was considered at 3a or below. The number of cases where there were deficiencies in care at 3a or below level has not increased during quarter 3 2020/21, at the time of the second COVID-19 wave, bearing in mind that there has been a lower ratio of reviews completed.

Table 1: National Dashboard Learning from Deaths Performance

Total Number of Deaths in Scope		Total Deaths Reviewed		Total Number of deaths considered to have been potentially avoidable (RCP<=3a)	
This Month	Last Month	This Month	Last Month	This Month	Last Month
167	183	7	14	1	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
465	238	47	55	3	3
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
1102	1209	329	524	27	21

There has been a reduction in the number of cases that were deemed as 3a or below from quarter 1 2020/21, when there were 21 cases at 3a or below (graph 1).

Graph 1: Trend of Learning from Deaths Performance 2019-2020



Year to date, the learning from deaths reviews have found that death was probably not avoidable in 98.1% of SJRs completed and that in 8.2% death was probably avoidable (table 2). In quarter 3 2020, 93.6% of deaths were probably not avoidable and 6.4% were probably avoidable.

Table 2: Year to date learning from deaths review scores of care

Score 1 Definitely avoidable		
This Month	0	0.00%
This Quarter (QTD)	0	0.00%
This Year (YTD)	2	1%

Score 2 Strong evidence of avoidability		
This Month	1	14.3%
This Quarter (QTD)	2	4.3%
This Year (YTD)	8	2%

Score 3a Probably avoidable (more than 50:50)		
This Month	0	0.0%
This Quarter (QTD)	1	2.1%
This Year (YTD)	17	5.2%

Score 3b Probably not avoidable (less than 50/50)		
This Month	3	42.9%
This Quarter (QTD)	11	23.4%
This Year (YTD)	89	27.1%

Score 4 Probably not avoidable		
This Month	3	42.9%
This Quarter (QTD)	30	63.8%
This Year (YTD)	187	56.8%

Score 5 Slight evidence or definitely not avoidable		
This Month	0	0.0%
This Quarter (QTD)	3	6.4%
This Year (YTD)	26	7.9%

Deaths of patients with a learning disability

There were five deaths of patients with learning disability in Q3 2020/21 and, so far, one case has been reviewed. This case was not deemed to be potentially avoidable. The remaining cases are currently under review (table 3). This compares with one death in quarter 2 2020/21, where the death was not deemed to be avoidable. Again, the number of completed reviews has reduced due to COVID-19 pressures on the clinical teams.

Table 3: Deaths of patients with a learning disability

Total Number of Deaths, Deaths Reviewed and Deaths Deemed more likely than not due to problems in care for patients with identified learning disabilities					
Total Number of Deaths in scope		Total Deaths Reviewed Through the LeDeR Methodology (or equivalent)		Total Number of deaths considered to have been potentially avoidable by RCP SJR score <=3a	
This Month	Last Month	This Month	Last Month	This Month	Last Month
2	1	0	0	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
5	1	1	1	0	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
10	10	6	9	0	0

Alerts and notifications

The following alerts have been received in Q3

Alert	Alert Period	CCS Diagnostic Group	Expected Death	Observed Death	Number of Discharges	Score	Alert Level
HSMR	Oct 2019 - Sep 2020	224 - Other perinatal conditions	9.73	23	444	236.36	Red
	Oct 2019 - Sep 2020	131 - Respiratory failure; insufficiency; arrest (adult)	10.73	21	66	195.77	Red
SHMI	Sep 2019 - Aug 2020	226 - Fracture of neck of femur (hip)	27.13	44	380	162.17	Red
CUSUM	Jul 2020	107 - Cardiac arrest and ventricular fibrillation	0	1	1	6.15	Red

The perinatal mortality team are presenting their review of perinatal deaths in response to this alert to mortality surveillance group in February as part of the National Perinatal Mortality Review Process, which is reported via the Mortality Report Quarterly.

The respiratory team are working with the Sustainability and Transformation Partnership (STP) around deaths from respiratory conditions.

The Trust has an improvement programme for fractured neck of femur which is presented monthly to mortality surveillance group and summarised below.

Learning from Mortality Surveillance Group

The Mortality Surveillance Group (MSG) meets monthly to focus on the learning shared and implemented from the deaths within the speciality care groups. Each thematic focus group reports to the MSG quarterly.

Learning from Structured Judgments Reviews

Case specific actions following Serious Incident investigations, and local and level one investigation, are recorded and tracked through Safeguard and Patient Safety Group.

Examples of learning from mortality reviews in the last quarter include:

- Review of the heart failure pathway to include recruitment of a consultant to work across the acute and community divisions and the implementation of a virtual heart failure ward for a multidisciplinary team ward round.
- Communication and commitment to include mouth care as a fundamental of care in partnership with the Nursing Directorate (to be discussed through Nursing, Midwifery Advisory Forum)
- Review and improvements to the head injury pathway with a new clinical guideline and streamlining of referrals with University Hospitals Birmingham.
- Improvements to reduce deaths in children (see quarterly child deaths report section)
- Learning from complaints has been incorporated into the schedule of MSG. Actions include:
  - Additional focussed training for teams involved based around the family story of their bereavement.
  - Increased availability of the bereavement booklet, including an online version.
  - Input to the improving end of life work stream.

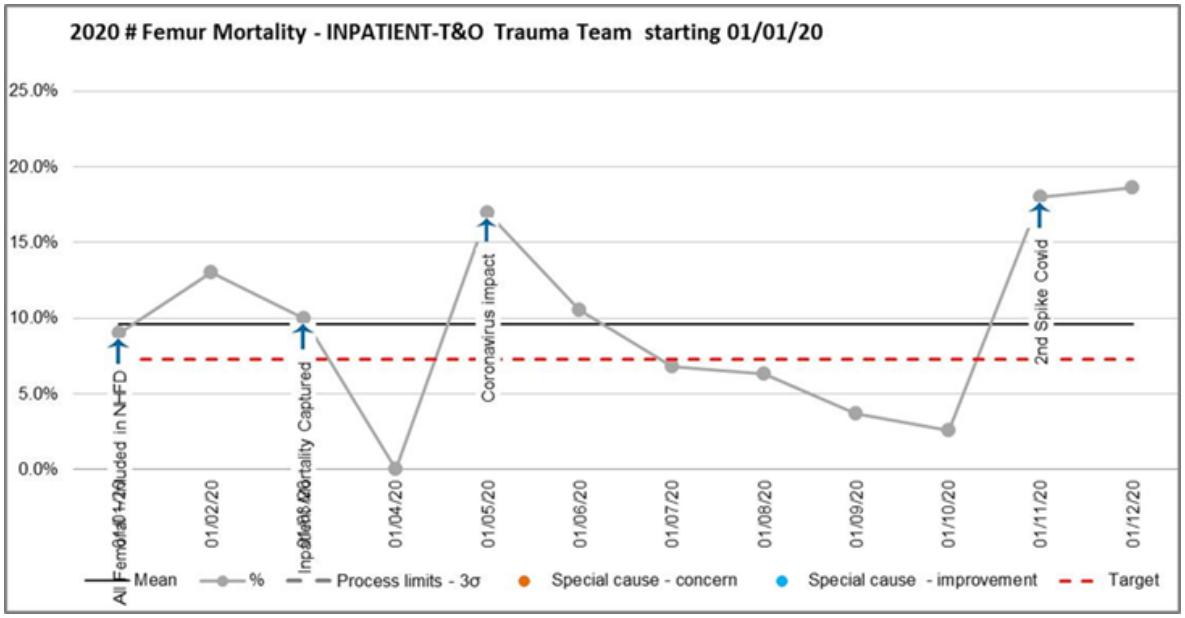
QUARTERLY UPDATES FROM SHQC LEARNING FROM DEATHS THEMES

A review of lessons from SJRs from March 2019 to March 2020 shows themes of responding to deterioration, end of life care and cancer delays. Along with the red SHMI alert for fractured neck of femur and COVID-19, these themes form our focus for learning this year. These themes are included in the Safe High Quality Care Improvement programme and monitored quarterly at MSG.

Fractured neck of femur

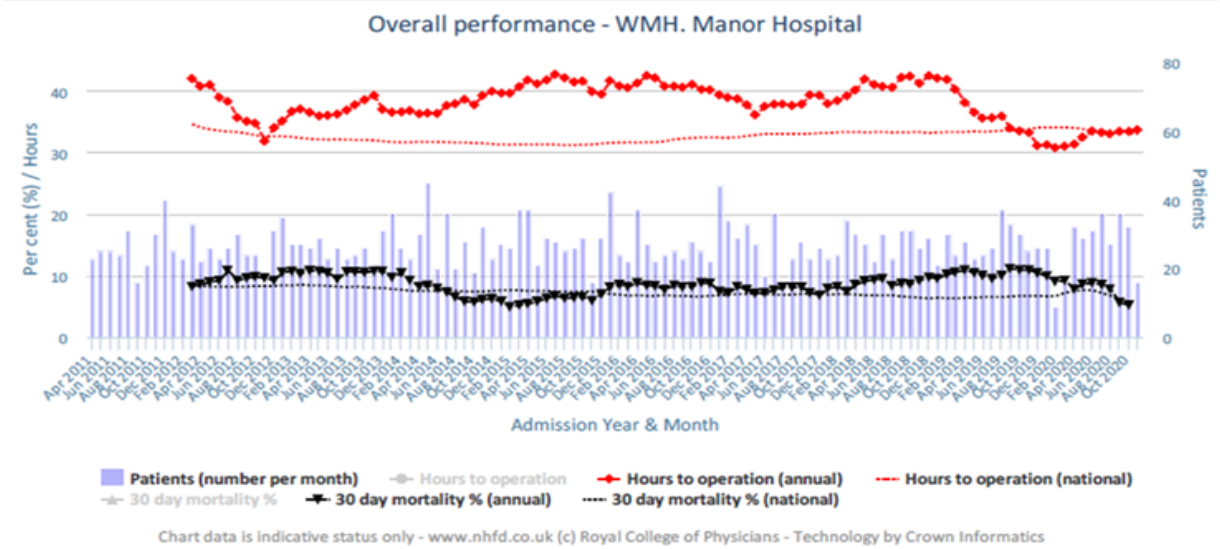
Monthly mortality from fractured neck of femur is tracked through MSG. For quarter 3 2020, mortality rates are reducing and the group will continue to monitor until there is a sustained reduction. There has been an impact of COVID-19 on mortality from fractured neck of femur in both waves shown in Figure 1, which will be explored in the next quarterly report to Quality Patient Experience and Safety Committee.

Figure 1



Since the start of the improvement programme to October 2020, our time to operation has reduced to be in line or below national performance (Figure 2 shows our performance benchmarked with national data) with a reduction in 30 day mortality rate.

Figure 2: Trust Performance in the National Hip Fracture Database Royal College of Physicians



Challenges

The second COVID-19 pandemic has presented challenges to the improved Fractured Neck of Femur pathway with:

- Reduced Operating Time due to theatre staff sickness/isolation/ITU redeployment
- Ward 9 COVID-19 Outbreak – patients deteriorate more quickly & multiple moves between wards
- Ward 10 not available for new Trauma patients over winter
- Orthogeriatricians increased medical workload – no comprehensive service to frail T&O patients
- Single Advanced Care Practitioner – increasing workload due to staff moving to cover ITU
- Reduced numbers of fascial blocks given to patients in A&E

Plan for future improvements

Policy for Enhanced Recovery for patients with fractured neck of femur to include:

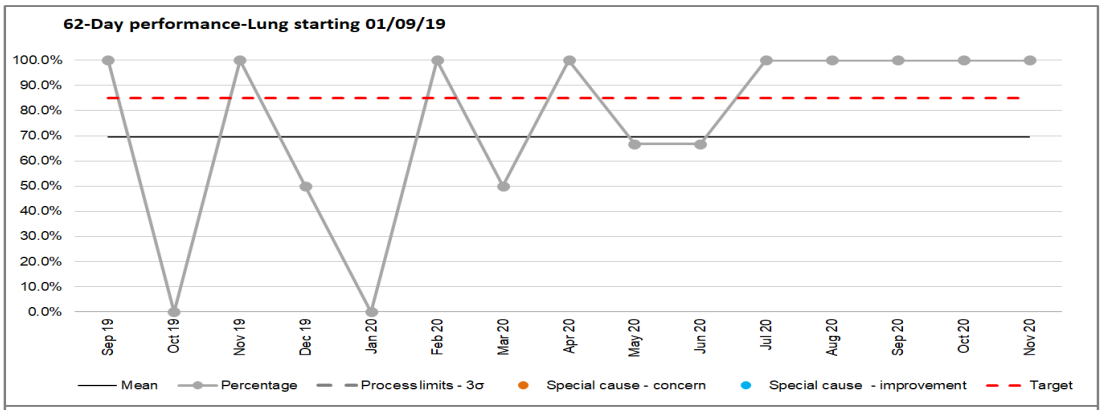
- Consultant delivered service in line with GIRFT
- Haemoglobin assessment in theatre recovery for all fractured neck of femurs – requires equipment, training, time in recovery, staffing
- Cell Saver for all # femurs & all specialities to use – requires equipment, training
- Increased Physio support over longer days - 7 days a week service
- Appoint two more Advanced Care Practitioners
- Bedside International Normalised Ratio (INR) testing

Reducing deaths from Cancer

Review of a cluster of serious incidents associated with deaths from delays in the lung cancer pathway resulted in an improvement programme from March 2020.

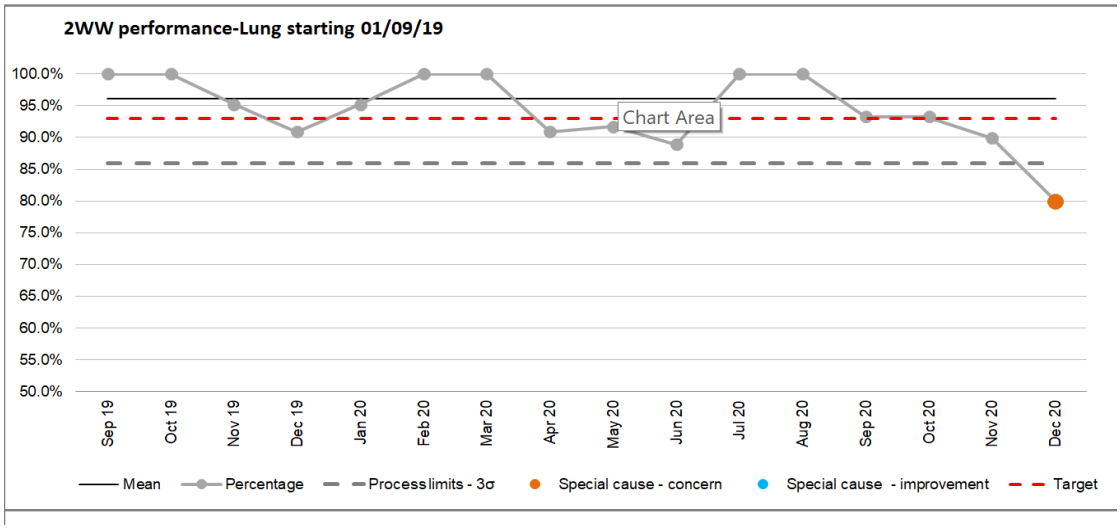
The 62 day performance for lung cancer has improved to above the target of 90% consistently (figure 3) with reduced delays since the lung improvement programme was introduced. There have been no serious incidents raised from delays associated with deaths or concerns with treatment since implementation of the improvement programme.

Figure 3: 62 day performance for lung cancer



The two week wait referral pathway has been streamlined with electronic triage and direct GP access to imaging. Last quarter, there was one patient who breeched the two week target because the GP had not requested the CT scan and one patient had to self isolate for COVID-19 (figure 4).

Figure 4: 2ww lung cancer performance



Upgrades for lung cancer are small numbers; however there are still some delays within this pathway (figure 5).

Delays identified include:

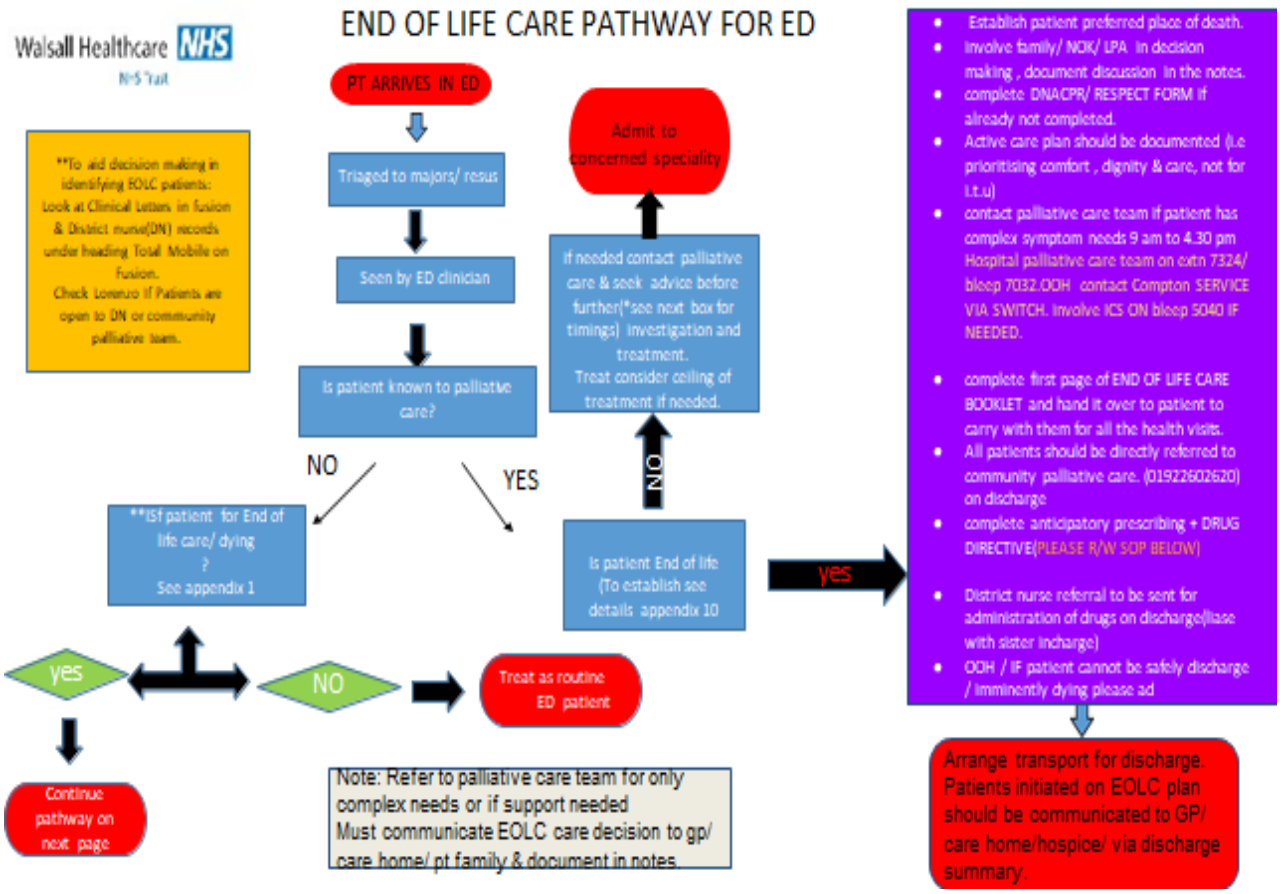
- Rejection of imaging tests from tertiary centres, which needed to re-requested
- Delay in biopsy when the CT scanner was not working – now resolved
- Need for specialist review before treatment
- One patient started tuberculosis treatment before cancer treatment so needed to be rescheduled
- Multiple diagnostics required in complex cases – a case navigator has been employed to streamline these pathways.
- Delays in receiving results from biomarkers, BCPS and the Trust cancer team are addressing this with University Hospitals Birmingham.

Improvements in internal referral pathways such as electronic referral on Medway are planned to address the remaining issues. The improvement programme is being rolled out across other cancer sites by the Division of Surgery, with a focus on urology pathways next. Once sustainable improvement has been achieved this project will be handed over to the Trust Cancer Team.

End of life care

The need to improve the end of life care pathway has been a consistent theme of learning from deaths. The recommended actions are driven and monitored via the Safe High Quality Care (SHQC) and Walsall Together improvement plans. Updates are presented to MSG quarterly.

- The ReSPECT tool went live on 1st January 2021, supported by ward champions. By using the ReSPECT process, we will be able to improve personalised care by talking about much more than just resuscitation. We will be able to engage with patients and their families and make decisions, recommendations to work together to effectively plan their care in the event of a situation where they are unable to express their own wishes.
- Simplified individualised end of life care plan and Blossom boxes are now available across all areas.
- Frailty nurses have been recruited into the community with a more focussed role. The Edmonton frailty assessment tool has been agreed to implement across all teams. Relaunch planned for frailty assessment education pathway in February 2021.
- Link with learning from Community Care Home Review of COVID-19 deaths including a support team for care homes being established with training and resources provided.
- Recruitment of a new consultant who supports the Goscote Hospice and community palliative care team.
- Specific actions were recommended to the emergency department after review of deaths resulting in an end of life pathway for the emergency department which has been implemented. Development of an end of life care pathway for the emergency department:



Deteriorating patient

Learning from deaths reviews have shown the need to improve the recognition and management of patient who deteriorate, including from sepsis. An in depth report of this work stream is on the agenda for the Quality Patient Experience and Safety Committee in March. It includes:

- Improvements in monitoring and escalation of patient observations when there is deterioration through the Medway E-sepsis alert module, and a deteriorating patient bundle tool to reduce clinical variability.
- A workforce, training and pathway review of the critical outreach team in order to respond in a timely manner.
- A robust package of training via the Acute Illness Management (AIM) course in partnership with the Faculty of Research and Clinical Education Team and resuscitation team.

The E-Sepsis module was implemented in December 2020. A dashboard of performance has been developed to track and drive improvement.
The dashboard and paper on this work stream is being presented at Patient Safety Group in February. It is proposed that performance in the Sepsis 6 pathway and any improvement plan will be tracked via the Divisional teams, through the Divisional accountability framework. Training and information have been created to improve use of Vital Pac as a ward round board to highlight patients who have outstanding

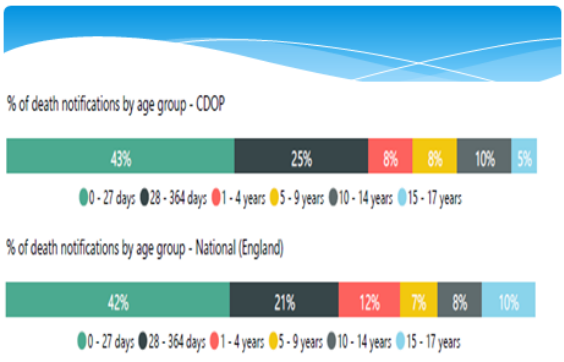
sepsis 6 actions. An in-depth paper to update the committee on this work stream is on the agenda for March 2021.

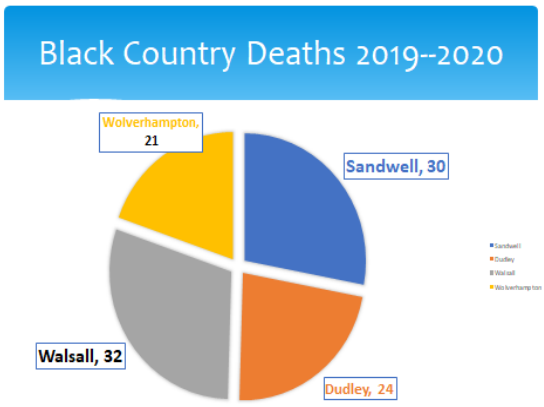
Deaths from COVID-19 Healthcare Associated Infections

The Quality Patient Experience and Safety Committee received a report on the investigation of Healthcare Acquired Infection deaths.at their 28th January 2021, with the adjusted numbers of deaths being reported to the Trust Board at the 4th March 2021 meeting.

QUARTERLY CHILD DEATHS REPORT

The Black Country Review of Child Deaths 19/20 as part of the Child Deaths Review Panel (CDOP) was presented at MSG. Walsall had 32 child deaths in 2019/20.
The purpose of the Black Country CDOP is to ensure that a review of all child deaths (excluding both those babies who are stillborn and planned terminations of pregnancy carried out within the law) up to the age of 18 years, normally resident in Black Country, irrespective of the place of their death. The Black Country CDOP will adhere to the statutory guidance: Child Death Review Statutory and Operational Guidance (England) 2018: https://www.gov.uk/government/publications/child-deathreview-statutory-and-operational-guidance-england .
The Sustainability and Transformation Partnership review found that 33% of factors were modifiable, including smoking during pregnancy and in the household, a high Body Mass Index in expectant mothers, late booking and consanguinity, vitamin D deficiency, communication and sharing of information between agencies, safe sleeping and poor housing conditions and deprivation.





Learning identified and improvement has been reported as:

Consideration of antenatal Advanced Care Plans (ACP)
A formal care plan has been introduced which includes details about the baby's condition, decisions made with their parents or carers (for example, about managing symptoms), and their wishes and ambitions. This plan is a core element of their palliative care.

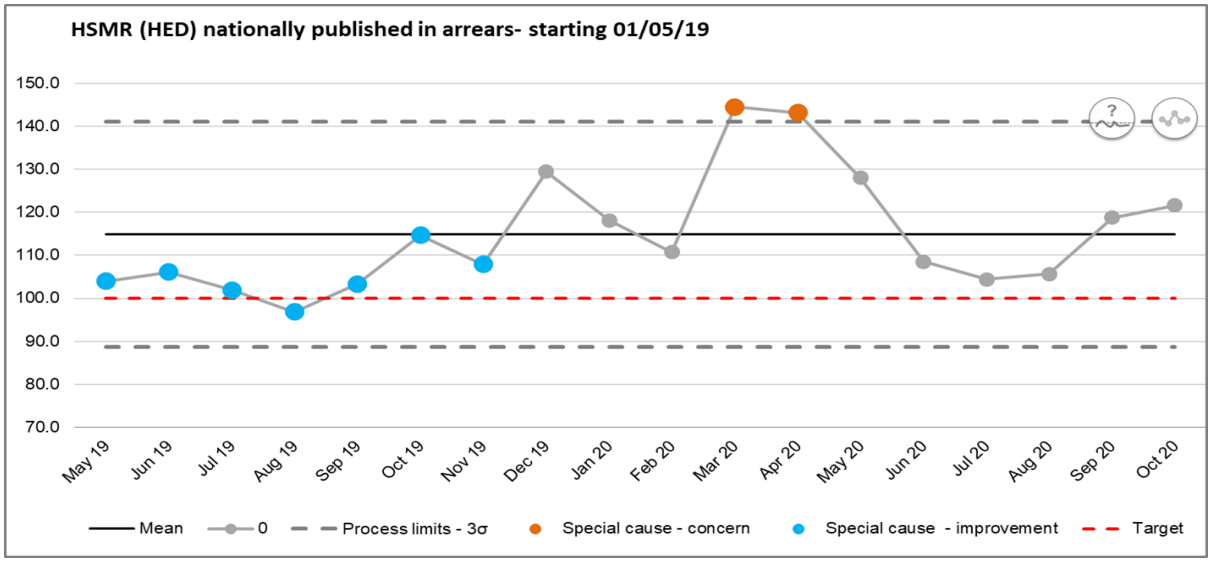
Communication & Sharing of information
Agencies are asked to reflect on the ways in which they communicate with staff and parents to ensure consistency, sensitivity, clarity and accuracy. Staff working with child death need to have access to bereavement support and supervision. Communication between staff to be improved, specifically from hospital to hospital.

Asthma Care Pathway
An asthma care pathway has been revised in line with NICE guidance to support admissions of this type to ensure consistency across age ranges 0-18.
(NICE guidance: *https://pathways.nice.org.uk › pathways › asthma › managing-asthma)*

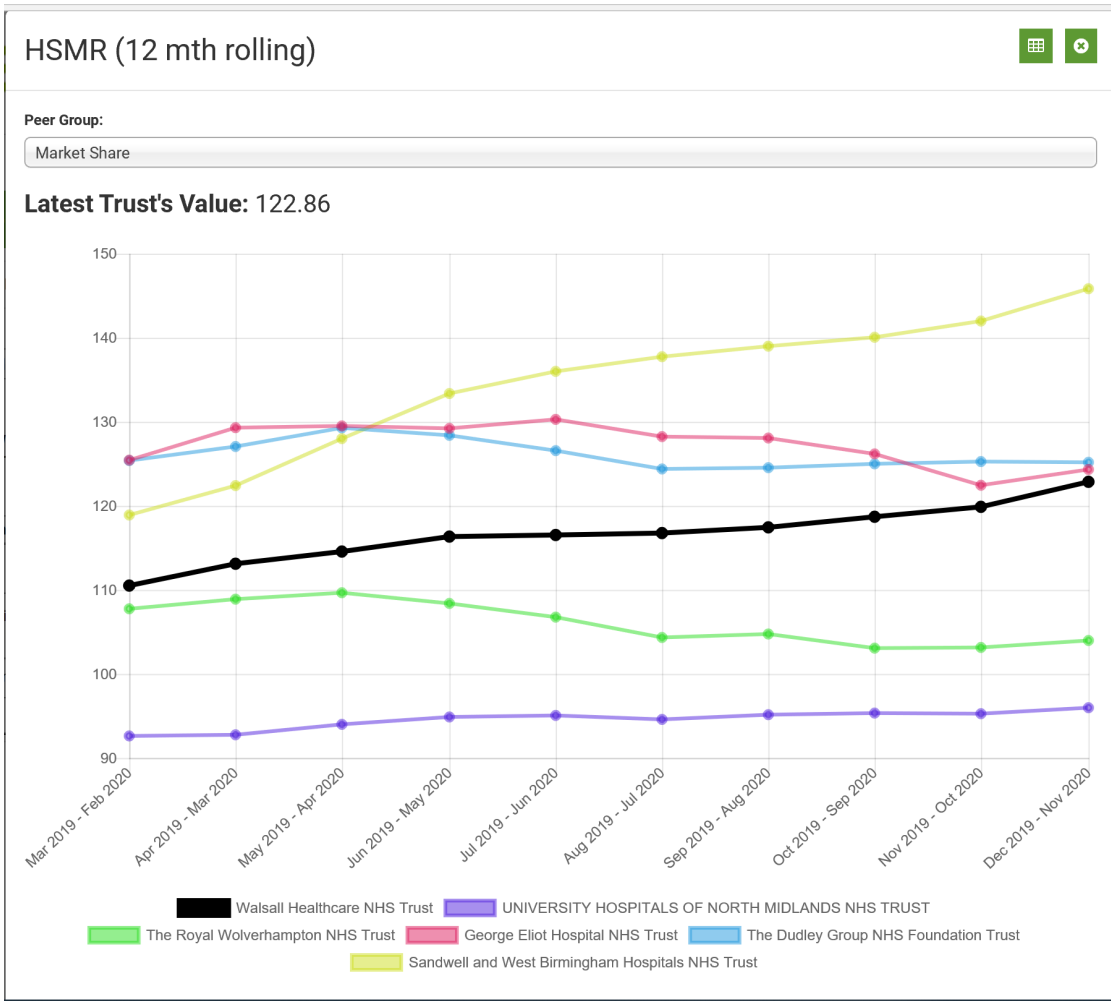
Vitamin D Deficiency
3 deaths in the past 18 months have had vitamin D deficiency as a factor, either wholly or contributory. The Panel has identified that awareness needs to be raised by health practitioners to new mums and mums to be for vitamin D supplementation.

Appendices

Monthly Rolling Hospital Standardised Mortality Rate (HSMR)

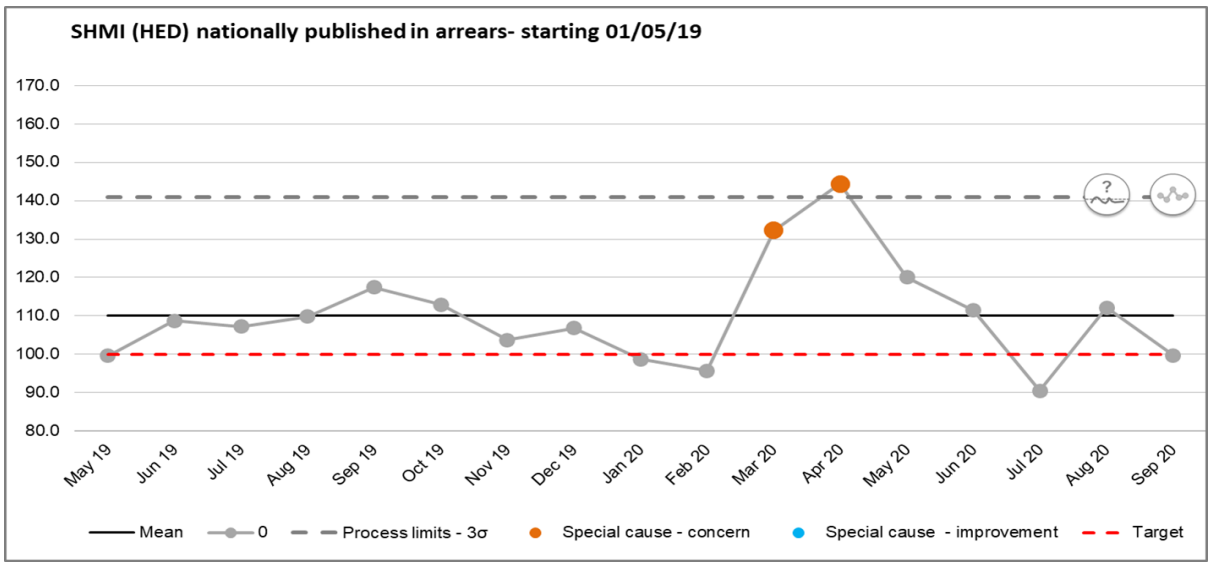


HSMR STP Benchmark

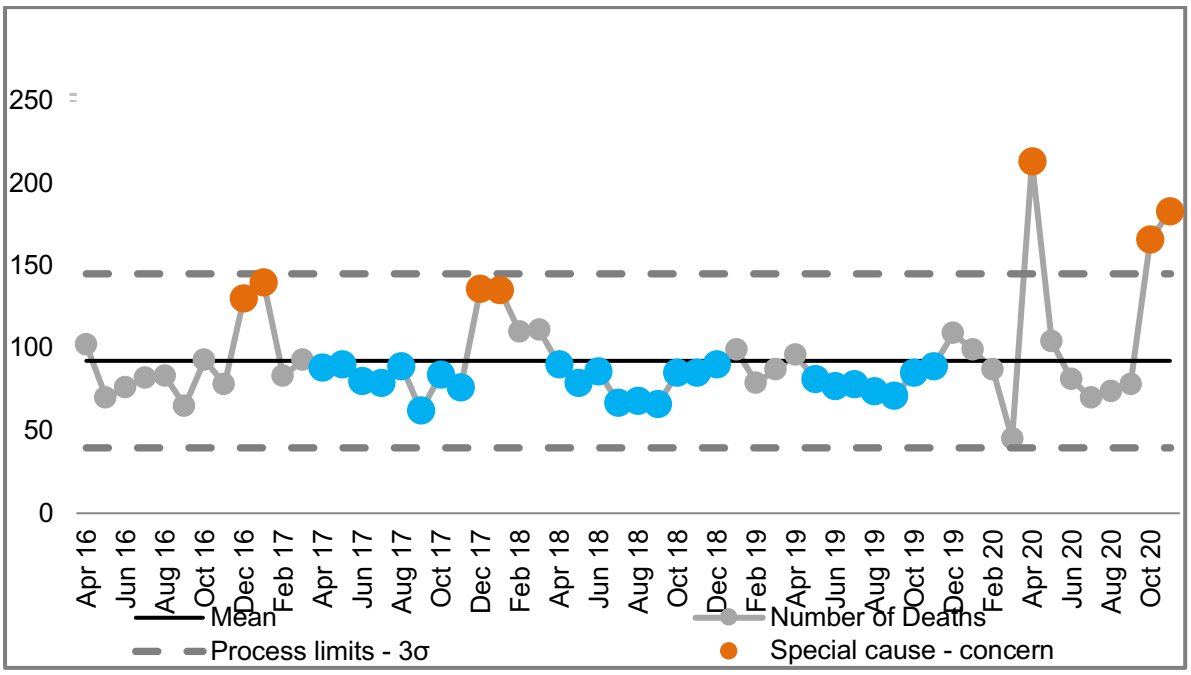


Standardised Hospital Mortality Index (SHMI)

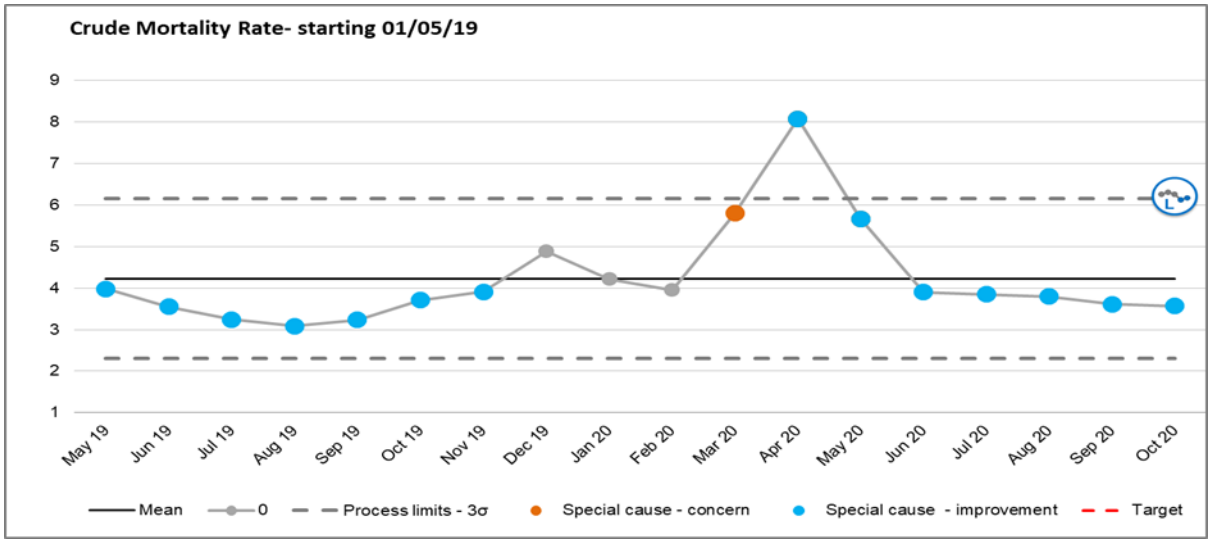
Monthly SHMI



In Hospital Deaths-WHT starting 01/04/16



Crude Mortality 2015 – 2020 (deaths per 1000)



MEETING OF THE PUBLIC TRUST BOARD – 4th March 2021			
People and Organisational Development Committee (PODC) Highlight Report			**AGENDA ITEM: 11**
Report Author and Job Title:	Trish Mills Trust Secretary	**Responsible Director:**	Junior Hemans (Non-Executive Director and Chair)
Action Required	Approve ☐ Discuss ☐ Inform ☒ Assure ☒		
Executive Summary	The report provides the key messages from the People and Organisational Committee meeting on 25th February 2021. The meeting time and agenda was shortened to allow executives to focus their time on the response to the second wave of COVID-19. Of note are: - The Committee discussed a self-assessment of the disciplinary policy against the seven recommendations made by Baroness Dido Harding in May 2019. Whilst there was assurance against some of the recommendations, it was recognised there were still improvements to be made to the policy and process to ensure the learnings from the events that led to the recommendations are embedded. At the March meeting the Committee will approve the revised disciplinary policy on behalf of the Board, and will discuss the mechanism for Board-level oversight of investigation and disciplinary procedures, which is one of the recommendations. - Despite some of the Value our Colleagues Improvement Programme projects being paused during the pandemic there was good progress overall. The Committee's focus will remain on the development of milestones and oversight of programme delivery. - The risk appetite statement for Value our Colleagues was approved. The milestones which will be developed through the improvement programme will strengthen the mitigations for the Value our Colleagues BAF, however that remains at a risk score		

	of 20, with the Committee agreeing that was an appropriate score at this stage. - The Committee was asked by the Quality Patient Experience and Safety Committee to look at the potential reconfiguration of therapy services given the significant demand for long Covid patients, the turnover of therapies staff and links to the Safe High Quality Care Board Assurance Framework (BAF). The Committee was told that this work was underway and the demand & capacity analysis for therapy services would be completed in March. This will identify key service requirements which will shape the future model of care and service reconfiguration. - A joint Board development session will take place between Walsall Healthcare NHS Trust and the Royal Wolverhampton NHS Trust to discuss the Race Code, its implementation, and adoption of its recommendations. - The workforce metrics show good signs of improvement as we exit the financial year, with particular areas of focus recognised. The Committee will review the metrics, recognising that the softer workforce metrics being developed through the organisational development work will provide a more rounded picture of cultural change.
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 ☐	Care at home ☐
	Partners ☐	Value colleagues ☒
	Resources ☐	

MEETING OF THE PUBLIC TRUST BOARD - 4th March 2021			
Value our Colleagues – Executive Update			**AGENDA ITEM: 12**
Report Author and Job Title:	Catherine Griffiths – Director of People and Culture	**Responsible Director:**	Catherine Griffiths – Director of People and Culture
Action Required	Approve ☐ Discuss ☐ Inform ☒ Assure ☒ This report provides an update on actions taken last month relating to the Value Our Colleagues work-stream of the improvement programme. The following points seek to inform the Trust Board of progress, identify where assurance can be taken and where required to seek approval for actions proposed. 1. The People and Organisation Development Committee noted that the resource for Occupational Health is focused now on workforce recovery and the resource is extended during this month through additional support provided by the Black Country Healthcare NHS Foundation Trust (BCHFT). The additional support is through the newly established staffing-hub providing colleagues direct and priority access to services under the IAPS (Improving Access to Psychological Services) approach and the Clinical Lead for the service attended team brief this month to raise awareness of mental health services available. In addition, specialist input has been commissioned via BCHFT to support the mental health and wellbeing of colleagues within critical care in particular and more widely within the trust; this complements existing specialist resource and builds upon the approach taken throughout the pandemic response: in providing specialist one to one and group support directly to colleagues on site on a 24/7 basis and the provision of health and wellbeing safe spaces such as the Haven, Peace Pods and Energy Pods. 2. The Trust Board can be assured that the resource plan for Occupational Health and Wellbeing is in place with significant additional resourcing contained within existing budgets. The work on SEQOHS (Safe Effective Quality Occupational Health Service) accreditation plan is on track as part of the improvement programme		

	as well as the long-term work on the future Health and Wellbeing Strategy due to Trust Board in April. 3. The People and Organisational Development Committee reviewed the prioritisation of the Value our Colleagues work-stream of the Improvement Programme, which is set across a three year programme of work at Appendix One. The Trust Board can take assurance from the fact that the re-prioritisation has resulted in the foundation actions highlighted being completed or on track to complete, despite the need to deploy resource towards responding to the emergency measures required as a result of the COVID-19 pandemic over the past 12 months. The Committee were satisfied that assurance can be taken that the planned actions within the Value our Colleagues work-stream will impact upon the outcome metrics defined by the Improvement Programme relating to recommending the trust as a place to work and as a place to receive treatment. The Trust Board are asked to note the gap in assurance relating to the evidence available to demonstrate that all the proposed metrics are showing improvement at this point in time. The Committee agreed to take a further report setting out the improvement milestones along the way for two purposes; firstly to celebrate successes as they occur and secondly to ensure that emerging and existing gaps in assurance are drawn to the Board's attention where improvement is behind plan; the outcome measures are for information and will be updated to provide the time-bound milestones for improvement leading towards outstanding provision over the two year period to 2022. 4. The Board Assurance Framework (BAF) risk mitigations are in place measure performance against key workforce metrics, these are quantitative metrics. The Trust Board can be assured that the work on the qualitative metrics described as the cultural heat maps is on track. The heat maps will provide a holistic view on colleague experience broken down to departmental level. These will be part of the performance review and accountability approach from April 2021 and will provide the milestones required to provide assurance that the improvements are taking place consistently across the trust and at the pace required. The comparisons will allow early intervention for areas of concern as well as areas of best practice for wider organisational learning. The Trust Board can take assurance that the BAF risk score has been reviewed by the People and Organisational Development Committee and the risk score is appropriate for the

	level of risk. This is because although there have been some significant improvements in the workforce metrics and other indicators, the relative starting point was lower quartile and in addition the organisational culture work still requires an evidence base to provide assurance to Trust Board that the interventions have made a measurable difference in colleague experience. The BAF is attached at appendix 2 and will be further updated through risk management executive to provide greater clarity on the assurance points. The Trust Board can take assurance on metrics such as sickness absence rates and turnover rates as these have improved across all workforce groups. The absence rate for January 2021 is at 4.9% against a target of 4.5% [out-turn in 2019-2020 was 6.82% and 2018-2019 Model Hospital Data worst performing trust in peers like us]. The Trust turnover for all staff groups is at 8.66% against a target of 10% and is improved across all occupational groups [out-turn 2019-2020 was 11.64%]. There is a gap in assurance to Board on performance relating to statutory and mandatory training and appraisal rate, there is a recovery plan in place to bring the performance back to target [90%] by the end of April 2021. The Committee approved the risk appetite statement, which outlines a low appetite for risk relating to Value our Colleagues. The Board are asked to note there is a significant gap between the risk currently presenting and the risk appetite, the bridge for the gap is the Value our Colleagues work-stream of the Improvement Programme and the milestones measuring performance against these ambitions will be reviewed by the People and Organisation Development committee in March 2021, the delivery date within the BAF for evidenced impact is March 2022. 5. The Trust Board are asked to note that the committee reviewed the provisions in place relating to disciplinary processes within the trust for assurance and will bring a full assurance report to next Trust Board. 6. The Trust Board are asked to note that the leadership development planned prior to COVID-19, re-starts in March 2021 and is being delivered by the Faculty of Medical Leadership and Management (FMLM) over a twelve month period. 7. The Trust Board are asked to note that the flu vaccination rate at 25 February 2021 is at 73% [Midlands Region 68.57%] however this is

	below the level achieved in 2019-2020 [90%] which is also the target for 2020-2021, the contributing factors have been reviewed. 8. The Trust Board are asked to note that the COVID-19 Hospital Vaccination Hub which opened on 8th December 2020 had as at the 11th February 2021 vaccinated 73.3% of Walsall Healthcare NHS Trust staff overall. Within this, 77% of our high-risk colleagues have been vaccinated [100% offer rate] 73.18% of our clinically extremely vulnerable staff have been vaccinated [100% offer rate] 67.5% of our Black, Asian and Minority Ethnic colleagues have been vaccinated [100% offer rate] work continues with community and colleague networks to address the particular issues faced by colleagues in fully accessing the offer. 9. The Trust Board are asked to note the partnership work taking place across the STP in order to improve workforce supply. The partnership work with the Royal Wolverhampton NHS Trust on filling registered nursing vacancies through their clinical fellowship programme is established. The partnership work across the STP on filling HCSW roles working with Indeed seeks to fill all HCSW vacancies by the end of the financial year. The partnership recruitment work with Walsall housing group has set foundations for further improvement work in developing the trust as an anchor institution with a key employment offer to make. This month a case study on the work completed by the trust and Walsall housing group was shared with partners across the STP at appendix 3. 10. The Trust Board are asked to note that the People and Organisation Development Committee reviewed the risks and issues concerned with the Therapy Services workforce and requested further detail for committee in March in order to provide assurance to board.
Executive Summary	This report provides an overview of the risks to delivery for the Value Our Colleagues' strategic objective and provides an update on the mitigations in place to manage the risks identified, as well as the actions identified to address gaps in controls and assurance. It provides the Trust Board with assurance relating to the improvement programme Value Our Colleagues work-stream and performance against the Value Our Colleagues strategic objective, this report highlights successes and identifies gaps and areas for improvement.

Recommendation	1. Members of the Trust Board are asked to note the report and in particular take assurance on the review of the priorities within the improvement programme and the valuing our colleagues work-stream being on track for delivery as planned by March 2022. 2. Members of the Trust Board are asked to take assurance from committee that the BAF has been reviewed and level of risk confirmed, and note that risk appetite statement was approved. Consequently the board are asked to note the significant gap between risk appetite and current level of risk and to agree to receive a further update from committee on the milestones to bridge this gap and the assurance routes. 3. Members of the Trust Board are asked to note the updates for information contained within this report and to agree to receive a further report relating to workforce supply and workforce models in April 2021.
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	This report addresses BAF Risk SO45 to provide positive assurance the mitigations in place to manage this risk and the related corporate risks.
Resource implications	There are resource implications that flow from recommendations in the report. In the short-term the resource requirements are being met from base budgets. The improvement programme and OD approach will require investment beyond the base budget in order to achieve the milestones and progress envisaged by 2022. The investment case will be considered through trust governance including People and Organisation Development Committee, Performance Finance and Investment Committee and Quality Patient Experience and Safety Committee before further recommendation to Trust Board.

Legal and Equality and Diversity implications	There are significant issues relating to equality arising from matters addressed in the report. The Trust Board has been presented with the evidence base for differential staff experience based on ethnicity, disability, age, sexuality, gender, religion and other protected characteristics. This goes to the heart of both the Trust Board pledge and the Trust values and supporting behaviours. The improvement programme seeks to mitigate the risk on the BAF, noting the low baseline and the considerable challenge of achieving outstanding performance across the metrics by 2022. In addition the valuing our colleagues work-stream seeks to ensure the systems the Trust relies upon can delivery equality of outcome relating to career progression, development, promotion, talent management and recruitment such that the workforce is representative of the communities it serves and can be seen as an anchor institution within Walsall. The leadership and management development programmes both focus on equality outcomes and developing skills and understanding of an inclusive leadership approach, whilst leading for performance improvement in a compassionate framework that supports a just and learning culture.	
Strategic Objectives	Safe, high quality care ☐	Care at home ☐
	Partners ☐	Value colleagues ☒
	Resources ☐	

Value Our Colleagues – Improvement Programme

1. EXECUTIVE SUMMARY

The Trust Board made a pledge relating to Value Our 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. The cultural heat maps will set out the qualitative metrics measuring staff experience and the degree to which the pledge is achieved by department level.

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 leaders and managers to role model the behaviours and values of the trust is a critical lever to change the direction of travel and to appreciate and build on good practice, learn from it and embed it elsewhere.

The Faculty of Medical Leadership and Management FMLM programme provides a 12 month supported development approach which is aligned to improvement and ongoing learning with complementary professional development on developing a growth mind-set, which supports the move towards a just and learning culture. This is one key strand of the restoration and recovery for workforce and the programme started in March 2021.

The impact of the COVID-19 emergency response and its aftermath on colleague wellbeing is significant and the time for reflection and workforce recovery is critical. The People and Organisation Development Committee considered the additional and complementary support through the Black Country Healthcare Foundation NHS Trust (BCHFT). This is a significant requirement and dependency for the restoration and recovery work as well as the resilience of services generally.

The leadership and management approach to workforce recovery seeks to equip leaders and managers to respond to the system, organisation and cultural challenges (and inequalities) impacting Walsall such as:

1. Responding to fatigue and distress evident and supporting teams to work with this to support colleagues at team and individual level.

2. Developing compassionate and inclusive leadership approaches and resilience within the trust in line with the Trust values and Trust Board pledge

3. Developing career pathways to support retention and having transparent and equal access to opportunities to progress.

4. Enhancing the leadership approach towards the trust becoming an anchor employer and embedding approaches to talent management and succession planning in an equal, transparent and effective way.

5. Leading the local solution to the national challenge of persistent bullying and harassment within the NHS by developing the skills of leaders and managers to lead inclusively and with compassion.

6. Eliminating differential and unfavourable experience reported by colleagues through the staff survey and other forums and improving staff experience and organisational culture.

7. Leading for improvement within a just and learning environment.

8. Improving colleague advocacy for Walsall as a place to work and as a place to be treated, ensuring colleagues are able to speak up and provide safe and high quality care.

The aim of the leadership development work is to provide a leadership and talent management framework which provides clear accountability for leaders at all levels to lead for improvement. In doing so this will contribute to improving the staff rating for Walsall as a place to work and a place to be treated to reach the target of being top quartile within the national NHS staff survey by 2022.

2. BOARD ASSURANCE FRAMEWORK

The Board Assurance Framework (BAF) Risk S04 provides that lack of an inclusive and open culture impacts on staff morale, staff engagement, staff recruitment, retention and patient care. The BAF is attached at appendix 2. The current risk score was been increased in August from 16 to 20 [major risk], although a number of actions have been taken to mitigate the risk level, the committee determined that level 20 [major risk] remains at the right level until the evidence is available through the OD programme that colleague experience has improved. The People and Organisation Development Committee approved the risk appetite statement, the Board are asked to note the significant assurance gap between these and note the improvement programme is the mechanism to bridge this gap.

3. PERFORMANCE REPORT

The workforce metrics performance element of this report takes a standard set of quantitative metrics and tracks performance over time. Board can take assurance that there are positive signs of improvement relating to the quantitative workforce metrics, such as sickness absence rates, turnover rates and retention.
The workforce performance report is attached at appendix 4. The aim is to provide assurance to the Trust Board via PODC that the Trust remains on target for each metric and if this is not the case to identify planned action to address the gaps in assurance.

4. IMPROVEMENT PROGRAMME

There are 29 overarching projects in the Value Our Colleagues' work-stream, 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 People and Organisation Development Committee reviewed the re-prioritisation of the Value Our Colleagues work-stream of the improvement programme and took assurance that work is on schedule, despite deploying resource to support the emergency response to the pandemic over the past 12 months. This is found at appendix 1.

5. RECOMMENDATIONS

1. Members of the Trust Board are asked to note the report and in particular take assurance on the review of the priorities within the improvement programme and the Value Our Colleagues work-stream being on track for delivery as planned by March 2022.

2. Members of the Trust Board are asked to take assurance from committee that the BAF has been reviewed and level of risk confirmed, and note that risk appetite statement was approved. Consequently the board are asked to note the significant gap between risk appetite and current level of risk and to agree to receive a further update from committee on the milestones to bridge this gap and the assurance routes.

3. Members of the Trust Board are asked to note the updates for information contained within this report and to agree to receive a further report relating to workforce supply and workforce models in April 2021.

APPENDICES

1. Improvement Programme 3-year Prioritisation
2. BAF SO4
3. Anchor Employer – Case study Walsall Healthcare and Walsall Housing Group
4. Performance metrics

Project Ref	Focus Area
LC&OD1	Leadership, Culture and OD
LC&OD9	
LC&OD3	
LC&OD5	
LC&OD4	
LC&OD9	
LC&OD10	
ORGEFF4	Organisational Effectiveness
ORGEFF4	
ORGEFF5	
ORGEFF1	
ORGEFF2	
ORGEFF3	
ORGEFF5	
ORGEFF7	
ORGEFF6	
ORGEFF10	

MWTBP2W5	Making Walsall the best place to work
MWTBP2W1	

Project Title
Equality, Diversity and Inclusion
Values and Behaviours
Talent Management
Workforce Planning
Organisational Development and Training
Attraction and Recruitment

SEQOHS
Health and Well-Being
Flexible Working

Delivery Year 1
Refresh EDI strategy
Talent outcomes dashboard designed and framework established
Plan and Implement Just and Learning culture
Plan Business partner model
Plan FTSU strategy and plan
Review Quality Appraisal form to include H&WB assessment
Digitilisation of PDR process
Plan the validation and cleansing of ESR data
Set up Repository of generic JDs
Commence planning for management framework
Plan leadership development training
Set up Repository of generic JDs
Review and amend recruitment Policies
Improve the number of days from advert to appointment

Review existing flexible working policy and ammend if required (based on lessons learned from COVID)

Year 2
Year 2 strategy deliverables
TNA summery produced
Establish dashboard
Implement Business partner model
Launch strategy and implement dashboard
Implement training
Plan digitisation process and implement
Validate and cleanse ESR data
Plan and implement the workforce planning tool
Agree contents of JD's with relevant staff groups
Implement framework / training
Plan for an increase in Statutory and mandatory training
Implement training / make courses available
Monitor and maintain
Implement and sustain change
Monitor and improve
Leave / return to work interview process reviewed

Achievement of SEQOHS
Development of H&WB strategy
Implementation of Flexible working policy

Year 3
Sustain year 1 & 2 and implemet year 3 deliverables
Talent framework linked to succession planning
Monitor and realise benefits Sustain model and monitor benefits
Sustain model and monitor benefits
Monitor and realise benefits
Sustain model
Sustain ESR data
Realise benefits and sustain change
Maintain up to date and accurate repository
Monitor benefits and maintain training for managers
Implement and monitor benefits
Monitor benefits and sustain programmes
Monitor and maintain
Monitor and maintain ensuring regular review and policies conti
Monitor and maintain
Trend analysis of data / lessons learned

SEQOHS visit from inspectors and forming "Aiming for excellence"
Implementation of H&WB strategy
Monitor benefits

inue to reflect best practice

Walsall Healthcare NHS Trust

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** • **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.	**Current Risk Score** **20 (Major)**	

Risk Scoring							
Quarter	**Q1**	**Q2**	**Q3**	**Q4**	**Rationale for Risk Level**	**Target Risk Level (Risk Appetite)**	**Target Date**
Likelihood:	4	4			• 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. • Data and information shared via staff feedback mechanisms evaluating impact of COVID identifies staff and line managers being fatigued and	**Likelihood:** 2	31 March 2022
Consequence:	5	5				**Consequence:** 5	
Risk Level:						**Risk Level:** 8	

	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			
	1st Line of Defence	2nd Line of Defence	3rd Line of Defence
Controls:	• 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 • Health and Wellbeing approach based on holistic offering to staff being developed. • Internal Mental First Aider network established, accredited training complete and network contact details and support available to staff promoted. • 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. • A range of HR / OD resources have been commissioned to support departments /	• 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. • 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 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).	• 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.

	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.	• F2SU and Inclusion Coordinator appointed for six months to support and progress activities. • EDI Strategy developed with colleague and patient consultation. Approved by PODC and Trust Board February 2021. • Faculty of Leadership and Management Development commissioned and due to commence for Divisional Leadership and Care Group Management Teams. • Annual review of disciplinary processes to ensure inclusive, compassionate and people-centred approach.	
Gaps in Control	• 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 personal health and safety. • Ensuring the individual Covid-19 stratified risk assessment process is fit for purpose • The Trust has not formally introduced the individual wellbeing plan which is a requirement on the NHS People Plan from March 2021.		
Assurance:	• 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.	• People and OD committee of the Board in place to seek assurance, through the cycle of business and review of workforce metric trends. • EDI Strategy developed with colleague and patient consultation. Approved by PODC and Trust Board February 2021. • 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	• 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

		workstream of the Value Our Colleagues Improvement Programme.	

Gaps in Assurance	• All elements of the Trust Board pledge, bullying harassment, discrimination and listening to the voice of staff. • 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. NHS Staff survey provides infrequent insight into staff engagement levels. • 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 recorded to have participated in the process. • More targeted work is required to ascertain staff satisfaction of the individual Covid-19 risk stratification risk assessment. • An audit against ESR data is being undertaken to provide assurance regarding workforce and learning data quality (due to complete in April 21)

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.
- 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.
- Implementation of regular colleague pulse check to understand staff engagement levels.

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	• 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. • 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	• 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.	
				•	
				•	
				•	
				•	
8.	Provide assurance regarding outcomes of individual COVID-19 Risk Assessments	Catherine Griffiths	October 2020	• Detailed audit commissioned between 12-23 October 2020. Initial analysis to be reported to October PODC. Ongoing assurance reports provided monthly to PODC.	

The following actions have been closed

Launch EIA Policy and Form
Review and relaunch equality impact assessment processes
Agree Valuing Colleagues Improvement Programme Benefits
Finalise and approve Equality, Diversity and Inclusion Strategy

Caring for Walsall together

Walsall Healthcare NHS
NHS Trust

Safe, high quality care | Care at home | Partners | Value colleagues | Resources | Respect Compassion Professionalism Teamwork

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Walsall Housing Group and Walsall Healthcare NHS Trust

Recruiting Walsall's Workforce for the Future

Anchor Institution Recruitment Partnership

whg

One team | Excellent | Accountable | Courageous | Trustworthy

Dedicated to the success of our people and places

INTRODUCTION

Walsall Healthcare NHS Trust is an integrated trust with a turnover of £287 million which employs 4,300 people in a wide variety of occupations. The Manor Hospital provides a full range of district general hospital services and community health services for adults and children which are run from more than 60 settings across the borough, including health centres and GP surgeries, while community services also provide support in people's own homes.

The Trust has integrated health and social care with the development of seven Integrated Locality Teams. The teams are co-located Community, Social Care staff and Mental Health staff who provide a 'wrap-around' service to GP practices. Walsall has an overall estimated population of 281,293 (ONS, mid-2017. The 2015 Index of Multiple Deprivation ranks Walsall as the 33rd most deprived English local authority (out of 326). This brings specific challenges to the provision of healthcare services within the borough Walsall which fares particularly badly in terms of income (18th), employment (30th) and education, skills & training deprivation (12th). The high and increasing levels of child poverty put additional demands on services. Walsall ranks 18th of 152 upper tier local authorities for income deprivation affecting children index (IDACI 2015) with the borough's relative deprivation increasing over time. One in three (29.9%) aged under 16 years are living in low income families, higher than the national average of 20.1% (HMRC, 2016).

The Walsall Together partnership for integrated care, for which the trust is host provider, is critical to efforts to address the challenges of health and social inequalities within the borough. In the long term, employment has a significant impact on health and social equality. The trust is a significant employer within the borough of Walsall and is working with partners across the borough to develop its approach to becoming an anchor employer and institution in order to address the evident inequalities in Walsall's communities. The development of the partnership approach looks to identify how partnerships, Walsall Healthcare NHS Trust, Walsall Housing Group, Walsall College, Walsall Council, the Voluntary Services Council, police, fire and other public, private and charity providers, can lever and influence investment and funding sources within the borough and make the 'Walsall pound' go as far as possible.

The shared ambition is to provide real and lasting jobs with career routes and ongoing education and development for Walsall residents, focusing in particular on those disadvantaged within the employment market. Partners will lever their own unique contribution to lead on elements of this ambition. The steps outlined within this case study describe the recruitment partnership between Walsall Healthcare Trust and Walsall Housing Group. This approach has been piloted within Walsall for a number of occupational roles and vacancies within the Healthcare Trust. The trust is a Real Living Wage employer and has a strong pastoral support approach to widening participation, the equality, diversity and inclusion strategy within the trust aims to increase the level of ambition for achieving real change in life opportunities and employment opportunities within the borough and in doing so recruit a workforce for the future and one that is representative of the communities of Walsall.

WALSALL HOUSING GROUP

Walsall Housing Group is the largest Social Housing Provider in Walsall, housing over 1/5 of the Borough. whg has a clear place based approach which is embedded in our Vision and Corporate Plan. We are well placed to utilise our deep community links, resources, infrastructure and expertise to develop innovative approaches and complimentary services that help to tackle the resilient communities agenda. We understand the links between health and the impacts of unemployment and poverty.

These services provide targeted support through dedicated teams delivering employment and training support, financial advice and social prescribing. We have an excellent track record of providing inclusive, community focused services that are well connected through strategic partnerships and local networking arrangements.

The Employment and Training Team deliver a bespoke recruitment service for employers to support Walsall residents into work. This service provides a trusted helping hand for residents to overcome barriers and creates a local diverse pool of high calibre candidates to employers.

In August 2020, whg's Employment and Training team began working collaboratively with Walsall Healthcare NHS Trust to support the recruitment of multiple key worker job opportunities available in the Housekeeping Department at Walsall Manor Hospital.

A bespoke partnership approach empowers residents with low aspirations to develop their confidence, skills and maximise their chances of success when applying for jobs. This approach has provided a successful route for unemployed Walsall residents.

THE PARTNERSHIP PROGRAMME OUTLINE

The Employment and Training Team has been pivotal in designing and developing a Sector Work Academy Programme (SWAP) for Walsall NHS Trust in partnership with Walsall College and the Department of Work and Pensions (DWP). whg is a the key enabler in this collaboration, having a clear understanding of the challenges and barriers faced by the residents and acting as a facilitator to bring about change.

The initial SWAP pilot programme included:-

- **Four weeks free pre-employment training** delivered by Walsall College with modules covering Introduction to Adult Social Care Level 1 qualification, The Control of Substances Hazardous to Health (COSHH), Food Hygiene, Health & Safety awareness, plus employability skills including interview skills and behaviours and values within the workplace. College learning hours were agreed as 9.30am until 3pm to fit in with any childcare/caring commitments.

- **Two weeks part time 'on the job' work experience placement** within the Housekeeping Department at Walsall Manor Hospital to allow the candidates to get a real feel for the role.
- **A guaranteed job interview** on successful completion of the programme for the vacant roles.

Initial Pilot Achievements (First cohort)

- 6 local unemployed customers enrolled onto the SWAP programme, further broken down as follows:-
  - Five females and one male
  - One aged 19-24, four aged 25-49 and one aged 50+
  - Two BAME
  - Five long term unemployed (six months plus)
  - Two lone parents
- All six successfully completed the four weeks sector specific training with Walsall College
- All six successfully completed two weeks part time practical on the job unpaid work experience
- Four unemployed residents offered job opportunities following their guaranteed job interview as Support Service Assistants within the Housekeeping Department at Walsall Manor Hospital
- Two remaining unemployed residents offered bank positions with Walsall NHS
- **100% success rate into paid work opportunities**

A second programme has just been completed with a cohort of 17 residents being interviewed. The outcomes of these interviews will be known by the end of December 2020. [Outcomes to go here plus the detail of third programme involving 20 customers being interviewed]

whg's Employment and Training Team provided a full-time resource through an Employment and Skills Officer to lead on the SWAP recruitment programme. Acting as the dedicated Account Manager for NHS Walsall and a conduit between all stakeholders and residents to keep the programme on track and maximise outcomes for all parties.

It is this tailored cohesive wraparound support resourced and delivered by whg's Employment and Training team that has really made a difference in the successful delivery of this programme.

Programme Cost

All costs associated with delivering this pilot programme have been initially covered by whg. The programme was designed and led by a dedicated Employment and Skills Officer, supported by the Employment and Skills Manager, both are employed by whg. As the programmes have increased Walsall Healthcare NHS trust have provided the opportunity for a dedicated post to be seconded across to wgh to support the cohorts and in addition are looking at other capacity and resource provision to support expanding the programmes in 2021.

The ancillary costs of the programme were:

- Basic DBS application for each candidate as part of their pathway to working in the health and social care sector;
- Funding travel costs for attending Walsall College to remove any financial barriers for customers on benefits;
- Loaning computer laptops for learners to allow them to complete their college learning at home as part of their blended training course;
- Travel costs for the two weeks work experience placement at Walsall Manor Hospital;
- A small financial grant for those customers who required financial support to purchase suitable shoes and clothing for the work experience placement to ensure they presented suitably dressed in line with NHS employer policies.
- The four week training course was free for all participants and was funded by Walsall College through the Adult Education Budget (AEB).

The average cost per person for this programme, excluding the salary costs incurred by whg, was £142.

whg uses a social value wellbeing calculator to measure the impact of interventions delivered and outcomes achieved. The value of supporting residents into employment equates to a social value of £14,400 per person.

About whg

whg has a strong legacy of reaching out to the most excluded through a range of housing and support services. We are trusted partners with the ability to shape local economies and support inclusive growth through investment in communities.

There remains a strong link between housing tenure and employment status. Housing Association tenants are twice as likely to be unemployed, three times as likely to be inactive, and those who are in work earn less when compared to the wider population. As a result, Housing Association tenants are more likely to be in poverty and most rely on housing benefit.

As significant employers, trainers, service providers and investors in local communities across the country, Housing Associations are increasingly recognising their role as anchor institutions, with the power to support inclusive local growth.

At whg our focus and approach is not just limited to providing good quality, affordable homes to our customers. Each year we also strive to make positive impacts to the prosperity and wellbeing of our customers and the communities in which they live, including supporting our customers with employability skills to move them into employment at the earliest opportunity. This targeted approach identifies and mobilises a community's strengths and targets resources accordingly. Its objective is to ensure that services promoting wellbeing, capacity building and employability are delivered effectively to those who need them most.

As a Housing Association we are ideally placed to identify and address many of the underlying issues that cause people to live in poverty, including being out of work. We work closely with residents to overcome the multiple disadvantages or barriers to employment they may have.

We deliver a range of positive interventions as part of a comprehensive journey of support for our customers to raise aspiration, build capacity, develop their basic literacy and numeracy and digital skills, and increase their emotional health and wellbeing outcomes. These interventions help move individuals closer to the labour market which, in turn, supports our customers to sustain their tenancies.

whg is much more than just a provider of homes. Our work has seen us initiate and deliver a wide range of projects designed to create vibrant communities and to support people to lead happy, fulfilled lives. We invest in a range of support services to help our customers to be more resilient and to live as independently as possible. This includes a range of employment and training support, financial and digital inclusion, as well as health and wellbeing support and money advice as part of our 'more than a landlord' service.

We use customer insight and indices of deprivation data to target our support to our customers greatest in need. We house lots of customers with a varying range of vulnerabilities and are the first point of contact for many. We use our business wide contacts with customers to hold 'clever conversations' and then provide a seamless service to improve communities and people lives; supporting them on the path to employment is a key driver for this.

We have proven evidence that a strong community development approach to employment can help social housing tenants to unlock talents, resources and assets. At every opportunity, we use our key strategic partnerships to influence a joined up working approach to maximise and increase opportunities for social housing tenants to maximise outcomes.

At whg, we also work extremely closely with local Adult Skills Providers such as local colleges and training providers. We use our strategic relationships to broker the successful delivery of local AEB funded provision to meet the skills needs of our customers. This has included the development and delivery of ESOL courses, basic skills courses, sector specific training courses, and IT courses, which are all delivered in whg community venues in the heart of some of our most disadvantaged communities. This often is the start of a transformational journey for our customers and we have achieved great successes and outcomes as many customers who initially engaged with us have since gone on to undertake further sector skills specific training after improving their literacy and numeracy skills, and have since moved into sustainable employment . Underpinning this success is whg's ability to influence and work collaboratively with a range of partners, and steer them to use their adult skills funding to help us deliver a neighbourhood delivery skills model.

In the three years to the end of 2019, whg's Employment and Training Team engaged with, and improved the employment prospects of **3000** customers. We have a robust theory of change programme that is delivered to our customers in the heart of our communities that is deemed by the very customers we service as a vital lifeline. We then progress customers into formal training, higher education, volunteering or employment according to their circumstances and individual aspirations. We are confident that our customers who engage with whg's Employment and Training Team:-

- Present with increased confidence and self esteem
- Develop and model new behaviours and routines, becoming positive role models
- Improve their overall emotional health and wellbeing
- Increase access and take up of longer term mainstream opportunities available within education, training, volunteering and employment
- Improve confidence and skills to use the Internet and transact online across many different platforms
- Gain accredited qualifications in I.T and employment related qualifications
- Take part in employment related activities which move them nearer to employment opportunities

whg has a good understanding of our local communities, and we are well placed to use our deep community links, resources, networks and expertise to contribute to sustainable regeneration and benefit the lives of our customers and communities.

Alison Matthews

whg Employment and Skills Manager

About Walsall Healthcare NHS Trust

Walsall Healthcare Trust has been working with Walsall Housing Group (whg) Employment & Training team on a pilot recruitment campaign within Estates & Facilities, to support whg customers and the people of Walsall to get back to work, by offering training and work experience opportunities that lead to a substantive post. In addition to the work described earlier, whg has offered support to the Trust to:

- Provide a bespoke tailored recruitment service to find high-quality candidates for vacancies and apprenticeship opportunities;
- Run exclusive marketing campaigns, for all employment opportunities including sourcing and screening potential candidates to meet the criteria of the job specification.
- Link work experience opportunities to placements available with the NHS
- Support raising aspirations of pupils in local schools who may be interested in a career within the NHS and the wide range of roles available
- Work with us on the development of greater opportunities for people with mental/physical disabilities local work experience, the aim being longer-term volunteering opportunities or support to find paid employment
- Work with us and Job Centre Plus to identify those recently redundant as a result of the pandemic

We recognise that as a result of the pandemic many people who previously worked in the service sector have faced redundancy as large organisations close or reduce the number of outlets. Walsall has seen a rise, in people claiming unemployment benefits, including Universal Credit, taking the total to 15,410, 8.8% of the population of Walsall – September 2020.

As an anchor institution, we aim to work with whg and all partners such as HEI's and Job Centres to offer the opportunity to support retraining for people made redundant and to offer opportunities within the borough that will lead to substantive employment with the Trust. This also supports the need to increase the number of support service staff we currently have in post. The work extends across all occupations and offers entrance routes into the professional as well as support service occupations. In 2021, we are planning to extend our approach to providing bursaries to support education and employment opportunities to groups who might otherwise be excluded due to financial or social circumstances. We were honoured during 2020 to support Areema's Dream, the detail of the scholarship approach is provided as an employee case study.

The trust continues to work with whg as it moves to bulk recruitment methods beginning with support service staff, Housekeepers & Porters and moving on to other entry-level positions such as CSW's to move towards achieving a zero vacancy position for healthcare support workers and other support roles as well as creating career pathways in partnership with Walsall college to provide opportunities for progression and to improve retention rates within the trust.

The schedule of recruitment planned on a rolling programme continues in 2021, and will be developed to ensure future workforce requirements are met.

Information briefing sessions have been set up to ensure that potential applicants are clear on the opportunities available, rate of pay, where they are going to be based, hours of work and what is expected what they can expect from WHT as an employer.

The Schedule followed for Programme 2 – illustrative example

November	**Action**
Friday 13th	Opportunity promoted via contacts and social media
Sat & Sun 14th & 15th	Expression of interest received
Mon & Tues 16th & 17th	Booking onto Information Briefing
Wed 18th	November – Information Session held
Thurs 19th	Applicants submitted
Monday 30th	Training & Paid Work Experience starts for approx. 1.5 week (Acts as interview & assessment stage)
Wed 9th Dec	New Starters - Contracts offered

Next Steps

The trust continues to work with whg and will move to bulk recruitment methods beginning with support service staff, Housekeepers & Porters and moving on to other entry-level positions such as HCSW's. A schedule of recruitment planned on a rolling programme has continued in 2021 and will be developed to ensure future workforce requirements are met.

Marsha Belle

Head of Organisation Development and Resourcing

Walsall Helthcare NHS Trust – Scholarship Employment Case Study
Achieving your dream - in Areema's memory internal communication

Areema spoke about the privilege of holding a dying man's hand until he passed away, of realising her dream of becoming a nurse and the fantastic support Walsall Healthcare gave her as she strived towards the career she had always wanted.

Walsall Healthcare honoured the memory of much-loved Staff Nurse Areema Nasreen, who died in April 2020 after contracting Covid-19, by helping someone else to achieve their healthcare career goal.

We're #WalsallandProud to work with the trust's Professional Development Unit, HR and our Well Wishers charity to establish a Scholarship in Areema's name which will be to financially benefit someone who is trying to reach their goal and needs a little extra help to do so.

Areema, a mother-of-three, had wanted to be a nurse since she was a teenager. She joined Walsall Healthcare as a housekeeper and never lost sight of her ambition.

She eventually became a Staff Nurse on Walsall Manor Hospital's Acute Medical Unit and said: "I cry every morning because I'm so happy that I've finally realised my dream of becoming a nurse.

"I am so blessed to have this role and absolutely love it. I want to make a difference."

Her colleagues said: "Everyone who met Areema, was fortunate enough to work with her or have their loved ones cared for by her describes how she could light up a room and was so compassionate, caring and positive.

Walsall Healthcare Director of Nursing Ann-Marie Riley added: "Her determination and dedication was inspiring and Walsall Healthcare wants to keep her memory and spirit alive as well as do something to acknowledge what an asset she was to our organisation. "We have spoken to her family and colleagues and feel that setting up a scholarship in her name would be a fitting way to do this. She truly made a difference in her work here and we want others with a similar commitment, dedication and passion to make a difference too."

The scholarship is aimed at those who live within the Walsall borough who may be struggling with their financial or family situation or have other obstacles they need to overcome to achieve their dream of a healthcare career. The application process opened in November and ran for a month until Monday 14 December and we asked people to tell us why they think they deserve this additional support. A member of Areema's family joined the panel that considered the many applications received.

WHG Customer case study

Alison is a whg customer who lost her job at a local cafe in March 2020 due to the pandemic and the country going into lockdown. Alison contacted whg's Employment and Training team in July 2020 for help and support finding local job opportunities. Alison had previously worked as a housekeeper at local care home but this had been a while ago.

Alison lives with her partner and two young children under the age of four. Her partner work shifts so Alison was looking for paid employment opportunities to fit in with her partner's shifts due to their childcare commitments. She felt she had a lot to offer local employers but finding roles to fit her available working hours was a challenge. COVID-19 had also had a real impact on the jobs market and Alison was finding it increasingly difficult finding suitable roles she could apply for in her chosen sector.

Alison was really low after losing her job as she needs a sense of purpose and 'people interaction' in her life to keep her motivated and fulfilled. Her overall emotional health and wellbeing had been impacted by her having no job as well as struggling to cope with the restrictions of COVID-19 and manging family life with two small children.

Alison was contacted by whg's Employment and Training team and she was invited to attend a virtual, whg led group information session to find out more about the NHS Support Service Assistant roles available, working for Walsall NHS Trust and the package of support available. After listening to all of the information whg shared at this session, Alison felt confident this programme met all her needs and she was able to commit to enrolling on the programme as the hours of the course were family friendly (part time) and the shift pattern of the roles available at the NHS Trust also met her requirements.

With support from colleagues on whg's Employment and Training team, Alison successfully applied for the programme and commenced the training at Walsall College on 14th September 2020.

Alison thoroughly enjoyed the course with Walsall College. It came to whg's attention that Alison was trying to do her coursework on her phone after her laptop had stopped working, which was proving extremely difficult. In order to support successful learning quickly sourced and hand delivered a 'loan' laptop to Alison to enable her to complete her studies successfully. Alison was also extremely grateful for whg for paying her travel costs for attending the college course to ensure she was not out of pocket, as this would have made a big dent in her household income and she would struggle with these additional costs.

To enable Alison to attend and complete her work experience at Walsall Manor Hospital, whg also provided the funds to purchase appropriate trousers and shoes by accessing whg's Peoples Fund. This is a small grants

programme which is designed to overcome financial barriers to enable local residents to take up job and training opportunities.

Alison felt that her self-confidence and emotional wellbeing was really boosted as a result of the support and guidance that she received throughout the NHS programme both from whg as well as the content of the four week training course delivered by Walsall College. The whole experience has helped build her self-esteem and self-belief. Alison feels that the programme and the wraparound support from whg has transformed her life as she really does want to build a better life for her family and not rely on her partner's income. Alison was thrilled when she heard she was going to be offered one of the positions and is now waiting for a start date and is very excited at the prospect of starting her new role and career with Walsall NHS in the New Year.

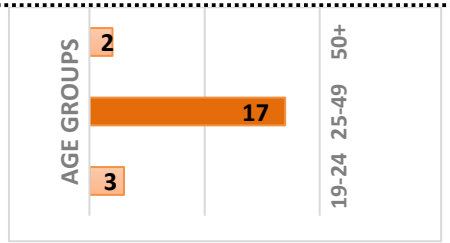
NHS – Support Services Assistants (Housekeeping) Cohort 1 & 2

Customers attending NHS PET

22 customers attended

18% Male

82% Female



100% Customers in receipt of benefits

14% Unemployed less than 6 months

82% Unemployed more than 6 months

59% BAME

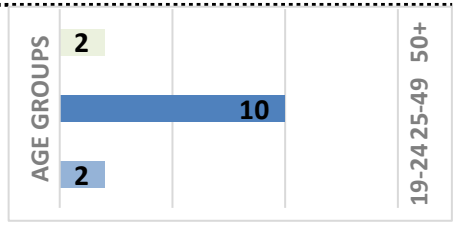
23% Single parent household

Customers securing employment with NHS

14 customers secured employment

14% Male

86% Female



100% Customers in receipt of benefits

7% Unemployed less than 6 months

93% Unemployed more than 6 months

50% BAME

36% Single parent household

Department for Work & Pensions

Walsall College

Walsall Healthcare NHS Trust

January 2021 Workforce Metrics

Executive Lead Name: Catherine Griffiths
Executive Lead Title: Director of People and Culture

Document Author Name: Sebastian Smith – Cox
Document Author Title: Workforce Intelligence & Planning Lead

Contents

Page 2 – Workforce Performance Summary

Page 3 – SPC Summary Dashboards

Page 7 – Workforce Metrics

Page 10 – Trust Analysis & Performance Drivers

Page 11 – Appendix

MEETING OF THE PUBLIC TRUST BOARD – 4TH MARCH 2021			
Safe Staffing Report			**AGENDA ITEM: 13**
Report Author and Job Title:	Caroline Whyte Interim Deputy Director of Nursing	**Responsible Director:**	Ann-Marie Riley Director of Nursing
Action Required	Approve ☐ Discuss ☐ Inform ☒ Assure ☒		
Executive Summary	Registered Nurse (RN) vacancy rate is currently just above 8% The overall Nursing and Midwifery fill rate was 90%, a reduction on last month. Mean Bed occupancy in January was 104%, with extra demand being cared for in Ward 10. This calculation is based on adult in-patient wards, excluding paediatrics and maternity RN and CSW sickness absence has decreased during January. January saw an increase in temporary staffing booked hours overall for RN and Clinical Support Workers (CSWs) combined, this correlates with the increased demand over the recent months and with the higher levels of COVID-19 patients across the Trust. Matrons redeployed 3577 hours of substantive RN and 1146 hours of CSWs from reviews during staffing approval meetings to avoid temporary staffing usage where possible. Bank as a proportion of our temporary staffing saw a continued decrease during January. NHSi Agency Cap Breaches have continued to be reported weekly to NHSi. There were 102 shifts of Off Framework use in January, this is more than December and these were 96 shifts for ICU and 6 for the emergency department. Temporary Staffing bookings for Sickness and COVID-19 related absence highlights that for RN's there was 1141 hours over booking of hours for that reason, for CSW there were 2644 hours less than the levels of absence. Bookings for maternity Leave are still lower than the requirement at 2736 less for RN and 1014 less than required for CSWs.		
Recommendation	The Committee is requested to note the contents of the report		
Does this report mitigate risk included	BAF S01: We will deliver excellent quality of care as measured by an outstanding CQC rating by 2022		

in the BAF or Trust Risk Registers? please outline	Corporate Risk No 2066: Lack of registered nurses and midwives	
Resource implications	COVID - 19 impact - staff are working in different ways and locations; risk to staff health and well-being; impact on training and continual professional development	
Legal and Equality and Diversity implications	COVID-19 has impacted disproportionally on people who are men, from low socioeconomic backgrounds and from BAME backgrounds Our local population is subject to multiple inequalities which affect quality of life, health and mortality. Further work is required to consider how best we provide assurance on equality, diversity and inclusion and the resulting impact on outcomes.	
Strategic Objectives	Safe, high quality care ☒	Care at home ☐
	Partners ☒	Value colleagues ☐
	Resources ☒	

Introduction

COVID-19 continues to impact on our services across both acute and community and has necessitated both increased use of agency staffing (including use of Thornbury for Critical Care and the Emergency Department) and also the need to redeploy staff from other areas (reduced theatres and outpatient activity, reduced management time for ward/department leaders, corporate and specialist nursing teams working in clinical areas). In view of this continued pressure the Corporate Risk 2066: Lack of registered nurses and midwives remains at 20.

1.0 **Nurse Staffing Update**

1.1 Vacancy Position

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

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

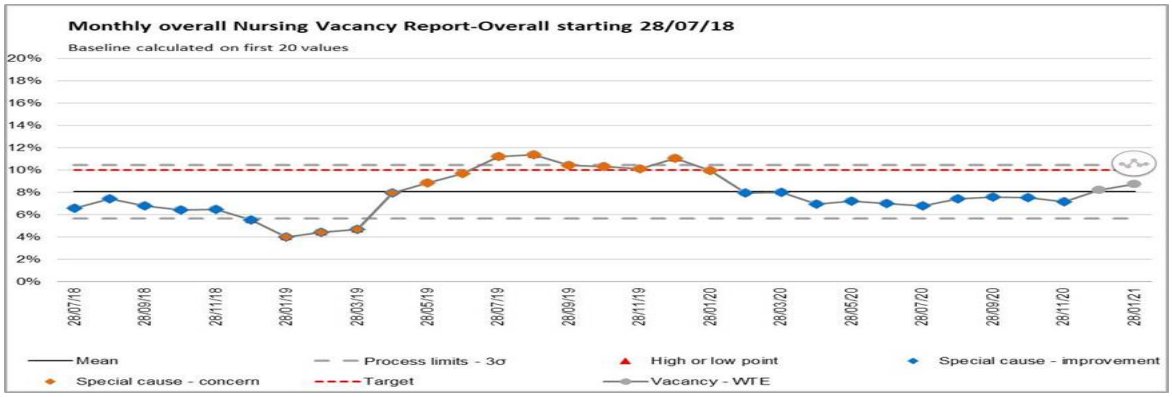


Table 1: Divisional RN vacancies

Division	**RN Vacancy WTE**
MLTC	14.05 (increase since last month)
SURGERY	41.09
WCCCS	38.16
COMMUNITY	36.0

We have circa 14.0wte (whole time equivalent) Clinical Support Worker (CSW) vacancies across the Trust. There are also a total of 59.32wte nursing associate (NA) posts within establishments, with a vacancy gap of 38.0wte across the acute site. The vacancy position for Nursing Associates (NAs) remains at 70%. 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. There are 6 NAs due to register with the Nursing and Midwifery Council in March 2021.

Nursing Establishment reviews commenced in September and continued throughout October. Recommendations for any changes to establishments will be reported next month.

1.2 Temporary Staffing Analysis of Hours used

Nurse agency use continued to increase during January along with extra COVID-19 related activity across the Trust (Chart 2).

Matrons also ensure that in the twice daily staffing meetings opportunities are sought to redeploy personnel where this is safe to do so. In January, before consideration of escalation to Off Framework Agency for ward areas, Matrons redeployed 3577 hours of substantive RN and 1146 hours of CSW from reviews during staffing approval meetings.

Bank shift utilisation (Chart 3) has remained unchanged since December and it is anticipated this is due to higher levels of staff absence during second wave of COVID-19. January saw an increase 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. This correlates with the increased demand through wards, Emergency Department, ICU and levels of RN absence that has been seen throughout January.

Bank as a proportion of our temporary staffing continued to decrease in January even though the volume of bookings was higher; this is because of the overall increased demand. Bank proportion of temporary staffing is the lowest seen in the last 12 months.

NHSi Agency Cap Breaches (Chart 6) have continued to be reported weekly to NHSi and increased on the previous month. Off framework use has been used to support ICU and ED during January. There were 102 shifts of Off Framework use in January, this is more than December and there were 96 shifts in ICU and six for the Emergency Department.

Chart 2: Nurse Agency usage (in hours)

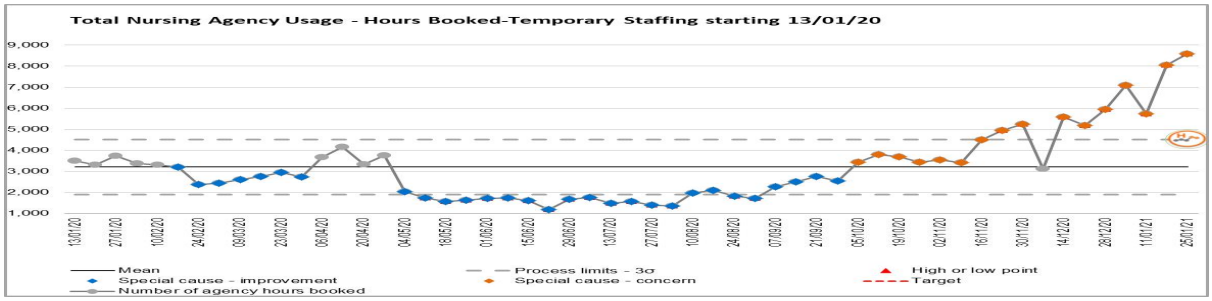


Chart 3: Nurse bank usage (in hours)

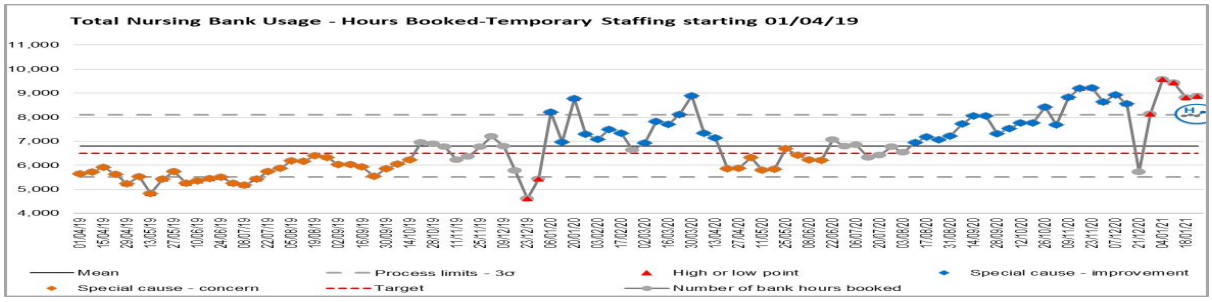


Chart 4: Total nurse temporary staffing use (in hours)

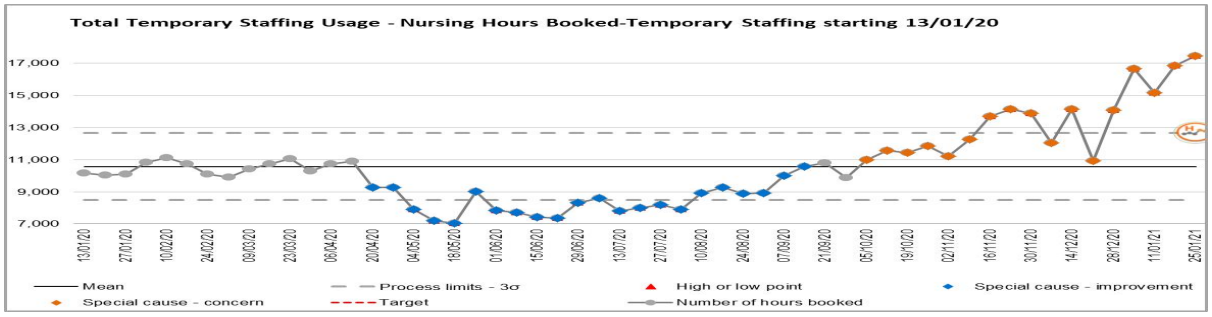


Chart 5: % of nurse bank shifts as a proportion of temporary shifts filled

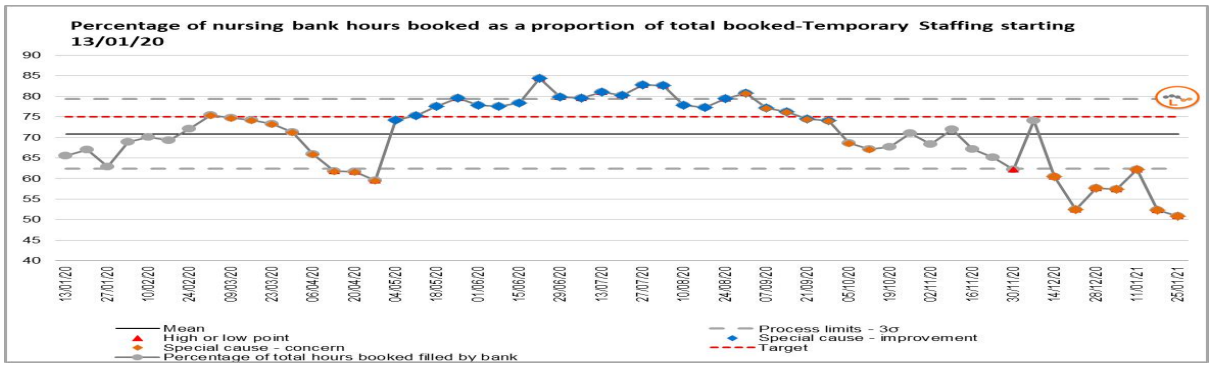
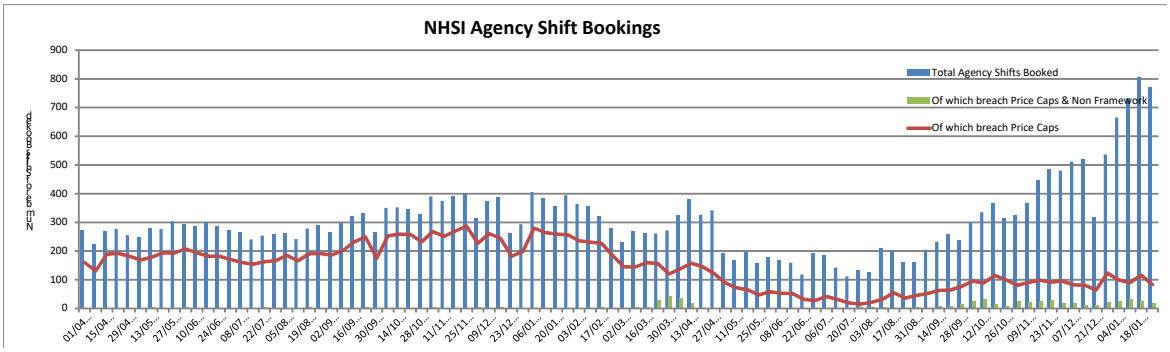


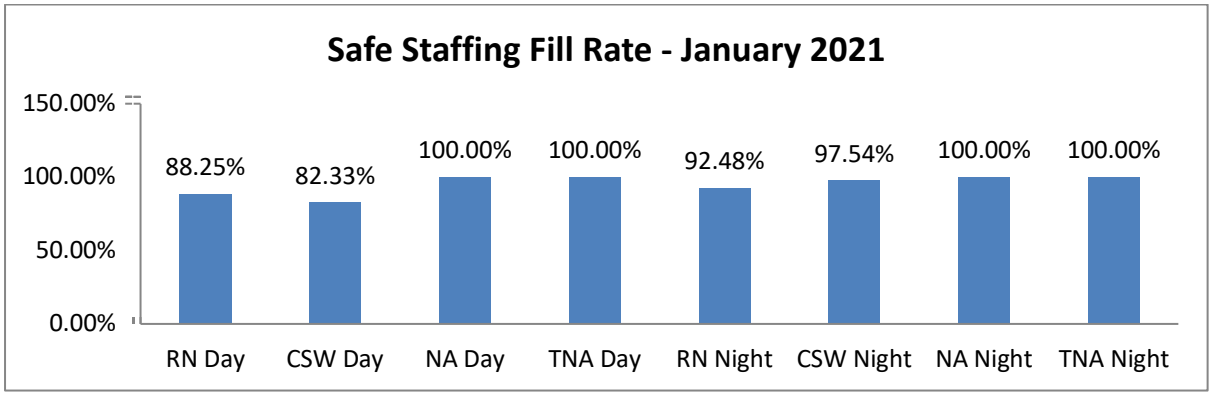
Chart 6: Agency Cap Performance



1.3 Staffing Fill Rates

Lowest fill rate was seen in the CSW day shift at 82.3% (Chart 7). The overall fill rate (combined RN and CSW) was 90%, a reduction since December. January has seen increased bed demand and capacity at times throughout the month due to COVID-19 streaming and IPC restrictions creating a demand for the correct type of bed for patients. Mean bed occupancy in January remained at 104%, with extra beds being opened into Ward 10 and ward 14 for part of January. The redeployment of staff has supported the maintenance of ward fill rates.

Chart 7: Ward areas fill rates



1.4 Staff sickness and Temporary staffing cover

RN sickness absence has slightly decreased during January 2021 and CSW sickness absence has decreased (Chart 8 & 9).

Chart 8: Sickness Absence RN (ESR data)

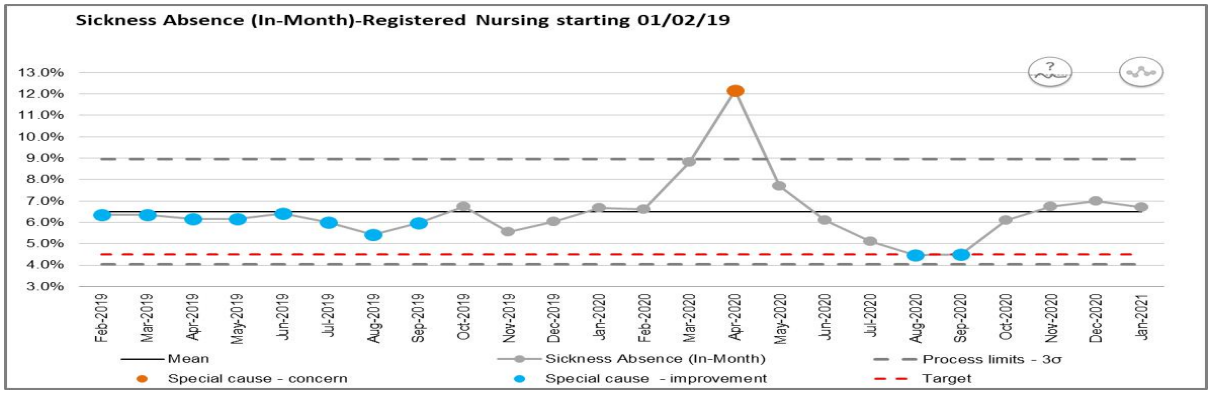
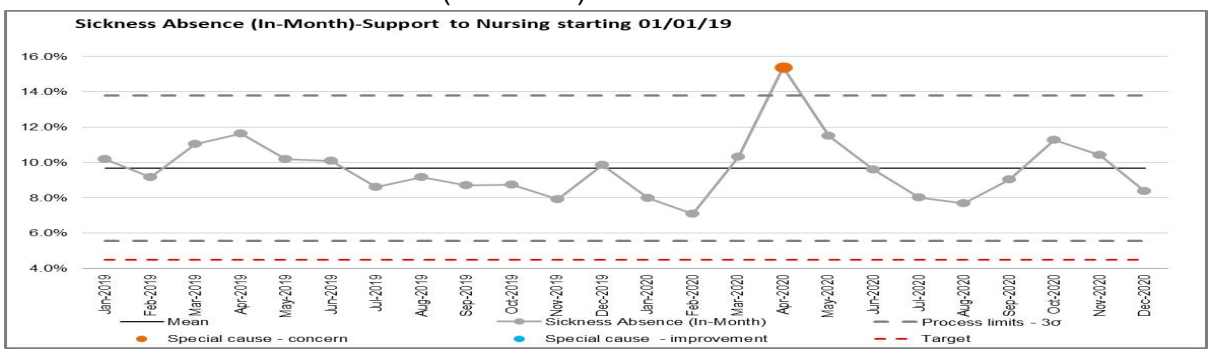


Chart 9: Sickness Absence CSW (ESR data)



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 3).

Table 3: Eroster Systems COVID-19 related absence levels

Staff Type	COVID-19 Related Absence Hours (Eroster)
RN	3415 (increase since previous month-Dec20)
CSW	2425 (increase since previous month-Dec20)

Comparison of temporary staffing bookings for sickness and COVID-19 related absence highlights that for RN's there was 1141 hours 'over booking' of hours, for CSW there was 2644 hours less than the levels of absence (Table 4). There was a recognised shortage of CSW during January and ability to fill bank was decreased. There were occasions where CSW Agency were utilised.

Previous comparison between booked hours and absence reasons shows that 'Maternity Leave' is often under used and roster managers 'default' to using sickness in error, this has occurred again during January.

Table 4: Comparison of Sickness/COVID-19 Absence against Temporary Staffing

Staff Type	Sum of COVID-19 Related Absence Hours + Sickness Absence	Temporary Staffing Hours Cover for Sickness and COVID-19 related absence
RN	11,754 hrs (12,925 hrs last month)	12,895 (variance = +1141 hrs)
CSW	8,061 hrs (9039 hrs last month)	5,417 hrs (variance = -2644 hrs)

Table 5: Comparison of Maternity/Paternity absence against Temporary Staffing

Staff Type	Maternity/Paternity Absence hrs	Temporary Staffing Hours Cover for maternity/paternity related absence
RN	4907	2171 (variance= under booked by 2736 hrs)
CSW	2021	1007 (variance= under booked by 1014 hrs)

Additional Capacity across the hospital site - January:

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 January required 126.5 hrs per day Registered		RN=3921.5
Ward 10	80.5 hrs	57.5 hrs	RN=2495.5 hrs CSW= 1782.5 hrs
Ward 14	80.5 hrs	57.5 hrs	RN=2495.5 hrs CSW=1782.5 hrs
ED (Sepsis Nurse)	23 hrs	0	RN=713 hrs
ED (COVID-19	57.5 hrs		RN=1725 hrs

streaming)			
Total Required for Month			RN=16,084 hrs CSW=7,129.5 hrs

1.5 Community Temporary Staffing

RN/RM Community total absence (ESR data) was 12,045 hours in January which is an increase on the previous month. For CSW there was 2777 hours of absence and for RN there was 9268 hrs.
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 the second wave of COVID-19.

2.0 Allied Healthcare Professionals Update

Work has continued to gather the Allied Healthcare Professional information re 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 shows a total gap of 61.71 WTE.

Table 7: 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
Podiatry	1	0.6	0	0
SLT	(2.0)	0.39	0.99	(0.2)
Orthoptics	0	(0.04)	0.04	0

	Band 5 Vacancy (WTE)	Band 6 Vacancy (WTE)	Band 7 Vacancy (WTE)	Band 8+ Vacancy (WTE)
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 – 4th March 2021			
Performance, Finance & Investment Committee (PFIC) Highlight Report			**AGENDA ITEM: 14**
Report Author and Job Title:	Trish Mills, Trust Secretary	**Responsible Director:**	Mr John Dunn – Chair of PFIC (Non-Executive)
Action Required	Approve ☐ Discuss ☐ Inform ☒ Assure ☒		
Executive Summary	This report provides the key messages from the Performance, Finance & Investment Committee meeting on 25th February 2021. Of note are: - There was good challenge on the scoring for the Use Resources Well Risk in the Board Assurance Framework. Discussion centred on the suitability of a score of 20 given the excellent financial performance over the previous and current financial year, and performance overall during COVID-19 this year, and the successful mitigations in place which should enable us to manage further uncertainty in the coming year. The risk will be reviewed, with further discussion at the next meeting. Approval of the risk appetite statement was held over to be taken with the revised BAF. - Financial and operational (acute and community) performance remains strong, the Trust ahead of financial plan year to date and forecasting attainment the planned outturn for the 2021/22 financial year. The team have maintained this through unprecedented demand and community infections. Excellent performance on patients medically stable for discharge remains key to enabling the emergency department pathways to admit inpatients and maintain strong ambulance handover times. The Committee recognised the vital importance of staff being able to take a break for their health and wellbeing prior to services being restored following the third wave. The March meeting will receive further detail on the plans for this. - The Committee received a financial activity analysis showing the variance year on year and the Medical Director and		

	Director of Nursing were present for discussions on temporary staffing expenditure. The Committee heard of the controls in place for nursing and medical staff, and those controls managed by the Chief Operating Officer overall as budget holder. A further report will be discussed in March based on a weighted variance and setting out further details of the controls to enable the Committee to provide assurance to the Board on cost effectiveness. - The committee received the annual and phased delivery of the improvement programme, which is also before the Board for this meeting, and the effects of COVID-19 on the programme. The Committee will review operational efficiency delivery 2019/20 and opportunity 2021/22 (in May with a further refresh in June of 2021) to support endorsement of the Operational Plan by close of quarter 1 of the financial year. - The committee endorsed the Service Level Agreement for Procurement services moving to the Integrated Supplies and Procurement Department (ISPD). An alliance between the University Hospitals of North Midlands and Royal Wolverhampton NHS Trust. - Members noted the high quality of the papers received, which enabled appropriate debate and assurance to be taken. The next meeting of the Committee will take place on 24th March 2021.
Recommendation	Members of the Trust Board are asked to note the escalations and any support sought from the Trust Board.
Does this report mitigate risk included in the BAF or Trust Risk Registers?	This report aligns to the BAF risk for use of resources and working with partners, and associated corporate risks.
Resource implications	The resource implications are set out in this highlight 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 ☐	Care at home ☐
	Partners ☒	Value colleagues ☐
	Resources ☒	

MEETING OF THE PUBLIC TRUST BOARD – 4th March 2021			
Use Resources Well Executive Report			**AGENDA ITEM: 15**
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 ☐ Discuss ☐ Inform ☒ Assure ☒		
Executive Summary	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. 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 financial performance for Month 10 being a £2.471m deficit and slightly ahead of plan for this financial year (the Trust on trajectory to attain the planned outturn of £3.8m for the year) and on remaining items of uncertainty / risks (revenue and capital). The report confirms the moving of planning for the 2021/22 financial year 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. This report identifies the extreme pressure under which the Trust has been operating during the third wave of the COVID-19 pandemic, and the consequential impact on emergency care, critical care and elective care restoration and recovery. It highlights strong constitutional standard performance in DM01 6 week wait diagnostics, 18-week Referral To Treatment waiting		

	times, 62-day Cancer waiting times and regionally recognised ambulance handover waiting times. It highlights challenges in the month of January for Emergency Access Standard performance, and pan-STP challenges for waiting times for suspected Breast Cancer and Breast symptomatic patients.
Recommendation	Members of the Trust Board are asked to note the contents of this report, and the next steps: • Re-forecasting elective restoration and recovery plans for 2021/22 following second and third waves of COVID-19 that have far exceeded the original planning parameters. • Assessment of the quantified impact of the necessity to prioritise Improvement Programme workstreams, including the deferral of some schemes. • Securing NHSEI agreement to the Full Business Case (FBC) associated with the Emergency Department development • Confirmation from NHSEI of the income risk associated with non-attainment of historic (non-urgent) elective performance. • 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	This strategic objective is: *We will deliver optimum value by using our resources efficiently and responsibly* October Public Trust Board approved the Trust's Urgent and Emergency Care and COVID-19 resilience Winter Plan, at a cost of £4.697m. 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.
Legal and Equality and Diversity implications	There is clear evidence that greater deprivation is associated with a higher likelihood of utilising Emergency Department services, meaning longer Emergency Access Standard waiting times will disproportionately affect the more deprived parts of the community we serve. 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. 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 ED multiple times if they were men, younger, Asian or Black. 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.	
Strategic Objectives	Safe, high quality care ☐	Care at home ☐
	Partners ☐	Value colleagues ☐
	Resources ☒	

USE RESOURCES WELL

1. EXECUTIVE SUMMARY

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.

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 financial performance for Month 10 being a £2.471m deficit and slightly ahead of plan for this financial year (the Trust on trajectory to attain the planned outturn of £3.8m for the year) and on remaining items of uncertainty / risks (revenue and capital).

The report confirms the moving of planning for the 2021/22 financial year 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.

This report identifies the extreme pressure under which the Trust has been operating during the third wave of the COVID-19 pandemic, and the consequential impact on emergency care, critical care and elective care restoration and recovery. It highlights strong constitutional standard performance in DM01 6 week wait diagnostics, 18-week Referral To Treatment waiting times, 62-day Cancer waiting times and regionally recognised ambulance handover waiting times. It highlights challenges in the month of January for Emergency Access Standard performance, and pan-STP challenges for waiting times for suspected Breast Cancer and Breast symptomatic patients.

2. BOARD ASSURANCE FRAMEWORK

The Use Resources Well Board Assurance Framework (BAF) risk has been further updated to reflect the COVID-19 second and third waves exceeding planning parameters, the significant uncertainty to the 21/22 financial planning arrangements and the uncertainty associated with the potential impact of the Elective Incentive Scheme in 20/21. The risk received extensive review and debate at Performance,

Finance & Investment Committee on 23rd February 2021, and consequently has had its risk score downgraded from 20 (consequence 5 x likelihood 4) to 15 (consequence 5 x likelihood 3), on the grounds that:

• The Trust achieved its 19/20 financial plan.
• The Trust has adhered to revised financial arrangements during 20/21 as a result of the Covid-19 pandemic, despite significant planning uncertainty, and is on course to meet its 20/21 financial plan.
• The Trust has delivered strong operational performance measured through constitutional standards, and associated operational performance metrics.
• The development of a draft 5-year capital programme
• The majority of allied Corporate Risks associated with Use Resources Well mitigated to scores of 16 or less.

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. On 18th January 2021, the Trust peaked at 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, 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 capacity, peaking at 306% of baseline commissioned capacity during the third wave. The second and third waves of COVID-19, at this scale, have adversely impacted the ability of the Trust to deliver emergency care, have adversely affected the Trust's elective restoration and recovery plan, and have posed 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 Estate 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 10 the Trust is performing slightly better than the financial plan with a deficit of £2.471m (a £0.03m improvement), with the income settlement off-setting costs incurred.

The operational plan developed through the restoration and recovery work and financial modelling was completed, with the modelling identifying a likely income scenario and run rate model for the remainder of the financial year (presented through Board Development and received by the Performance, Finance and Investment Committee), which has been adhered to and met through the income settlement.

Whilst this plan delivers key service elements prioritised by Board, it does not deliver historic levels of elective activity. Resulting in a key risk to the financial 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 are now in receipt of confirmed allocations). However, Walsall has not yet received confirmation of funds as debated within the recent Performance, Finance, and Investment Committee meeting (funding will be a known for the next meeting of this Committee) and the forecast

outturn will then be re-stated to reflect this additional income (which has the potential to improve the forecast outturn significantly).

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 will be 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 NHSEI 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 more than £20m, with key risks now centring around the ability to utilise this financing in year (a particular focus being the utilisation of capital infrastructure risk funds of £3.7m). However, this funding is insufficient to offset the backlog maintenance risk and an estates strategy paper has been provided to the Performance, Finance, and Investment Committee to assess risk in this regard, and to set out the draft 5-year capital programme to address Estates backlog maintenance items.

The Trust has submitted a request for funding to support the new Emergency Department and Acute Medicine development enabling works (as requested by NHSEI) which has been approved and in addition has submitted the Full Business Case (FBC) for the development. Timely approval of the Full Business Case 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, and to enabling the financial latitude to invest in key developments moving forwards.

The Trust has substantial cash holdings at the end of January 2021, with this balance including receipt of cash for one month's block income in advance of normal payment timeframes. The Trust will be required to repay the income received in advance in March 2021, though cash projections confirm there will still be significant cash holdings post repayment and no risk to operations.

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, and has shown encouraging improvement in 62-day Cancer performance too.

Despite cessation of most routine 6 Week Wait (DM01) Diagnostics during March and April 2020, and the associated deterioration in waiting times, the Trust's performance remains in the Top 35 nationally (December 2020), and in January 2021 has improved to deliver the best month of performance since the onset of the pandemic with just 4.87% of patients waiting over 6 weeks. The Trust expects to re-enter the Top 15 performing Trusts nationally once January's comparative performance is published.

Despite cessation of routine elective services during March and April 2020, and reduced elective surgical operating capacity again since November 2020 over the second and third waves, the Trust's 18-week RTT national ranking position remains in the Top 50, and its 52-week waiting time performance remains 3rd best in the Midlands. Routine elective surgery has needed to be reduced during November, December, January and February to release theatres and anaesthetic staff to support significant expansion of Critical Care capacity, which has negatively affected the restoration and recovery of elective waiting times. A consequence of this is that the Trust will continue to have patients waiting in excess of 52-weeks for routine (non-urgent) surgical treatment whilst there is insufficient operating theatre capacity to undertake both routine and urgent operations, and indeed will do so in excess of the Trust's original forecast as a result of the scale of COVID-19 pressure on Critical Care that has been experienced. The Trust had 324 52-week breaches in January 2021. As COVID-19 patients on Critical Care decrease, the Division of Surgery is developing an elective surgical restoration plan that, over an 8-week period, cements in recuperation time (through annual leave) and psychological wellbeing support for staff that have worked on Critical Care during waves 2 and 3, before material increases in routine (non-urgent) elective surgical operating will begin. These plans are being finalised in February 2021 and will be shared with March PFIC and QPES committees.

The Trust has recorded the second consecutive month of improvements in 62-day Cancer performance. At 82.4% in December 2020, the Trust recorded the best performance in the BCWB STP, and performed materially better than the West Midlands Cancer Alliance average (65%) and the England national average (75.2%). Whilst in line with STP and West Midlands Cancer Alliance performance, both 2 week wait Suspected Cancer (all tumour sites) and 2 week wait Breast Symptomatic

standards remain highly challenged across the Black Country. Work is underway exploring Mutual Aid across the STP, and internally additional Breast clinics are scheduled with the assistance of insourced Breast Imaging support, but the recovery plan for Breast 2 week waiting times is expected to take until May 2021.

Emergency Care:

The Trust has recorded its best percentage of Emergency Department (ED) patients triaged within 15 minutes of arrival to ED for 6 years, and the 3rd best Ambulance Handover times in the Midlands in January 2021, during the peak of the pandemic. This was achieved despite providing mutual aid to BCWB Trusts by taking 70 patients conveyed by ambulance over the course of January from neighbouring Trusts, particularly Russells Hall Hospital and New Cross Hospital. The Trust has received formal thanks from West Midlands Ambulance Service for this performance, and formal recognition from NHSEI (Midlands) Regional Directors also.

However, the rapidly escalating number of Covid-19 positive inpatients from 114 on January 1st to 268 on January 18th resulted in significant Exit Block for patients requiring admission from ED under Acute/General (internal) Medicine, and thus more admitted patients spending longer than 4-hours in ED. In addition, the acuity of illness of patients presenting to ED with Covid-19 drew a lot of ED's clinical resource to manage the most critically unwell patients, and consequently an increased number of less clinically urgent non-admitted patients spent longer than 4-hours in ED also. As a result, 4-hour Emergency Access Standard performance deteriorated to 69.3% in January 2021. Demonstrable improvement has been evidenced in the first three weeks of February since the number of Covid-19 inpatients has been steadily decreasing, and month-end February performance is forecast to have recovered to at least 82%.

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. This has culminated in the Trust being ranked second nationally for Same Day Emergency Care in medical specialties.

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, and Q1 of the 2021/22 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;
    - Re-forecasting elective restoration and recovery plans for 2021/22 following second and third waves of COVID-19 that have far exceeded the original planning parameters.
    - Assessment of the quantified impact of the necessity to prioritise Improvement Programme workstreams, including the deferral of some schemes.
    - Securing NHSEI agreement to the Full Business Case (FBC) associated with the Emergency Department development
    - Confirmation from NHSEI of the income risk associated with non-attainment of historic (non-urgent) elective performance
    - 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

Walsall Healthcare NHS Trust

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:	**Title**		**Current Risk Score**
	•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 2398 - Insufficient/ out-of-date equipment, utilised beyond its life cycle, has the potential to result in sub-optimal patient care (Risk replaces the archived risk - 274) (Risk Score=16) •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 - 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)		**15 (Moderate)**

Risk Scoring

Quarter	Q1	Q2	Q3	Q4	Rationale for Risk Level	Target Risk Level (Risk Appetite)		Target Date
Likelihood:	4	4	4		Evidence of risk control • Achievement of 19/20 financial plan. • Adherence to revised financial arrangements during 20/21 as a result of the Covid-19 pandemic, despite significant planning uncertainty • Strong operational performance measured through constitutional standards, and associated operational performance metrics. • Development of draft 5-year capital programme • Majority of allied Corporate Risks associated with Use Resources Well mitigated to scores of 16 or less. Evidence of risk gaps in control • 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. • Although the Trust can evidence improved productivity of many core services, there is not yet benchmarked comparative Model Hospital evidence to show improved relative productivity. Evidence of planning uncertainty • The Trust has an Emergency Budget for the financial year 20/21, the principles of which will roll into Q1 of 21/22. • Normal national financial planning cycle for 21/22 financial year was postponed due to the Covid-19 pandemic • Financial improvement planning and delivery has been impacted by Covid-19. • Significant uncertainty still associated with 2021/22 financial arrangements.	Likelihood:	2	31 March 2022
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

	1st Line of Defence	2nd Line of Defence	3rd Line of Defence
Controls:	• 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.	• 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	• Externally benchmarked Financial performance data, particularly (but not exclusively) through Model Hospital.

Gaps in Control	• 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 • Leadership development needs at Care Group, Divisional and corporate support service levels, with commencement of leadership development programme deferred to • Covid-19 second and third waves have significantly exceeded planning parameter assumptions.		
Assurance:	• Model Hospital Use of Resources assessments	• Internal Audit reviews of a number of areas of financial and operational performance	• 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	• 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 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).
- Improved Equality, Diversity and Inclusion in the Trust to harness the skills of the whole workforce and leadership development programme for Care Group and Divisional leaders to enhance capability (Valuing Colleagues)
- 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 and third waves have significantly exceeded planning parameter assumptions, leading to increased costs delivering emergency and critical care, and reduced leadership time dedicated to long time resource planning during the height of the pandemic.
- Likely move away from PbR towards block contracts, and the associated paradigm shift for elective care in particular.
- Adverse Covid-19 impact on ability to deliver improved productivity for elective care in 20/21, and early 21/22.
- Additional costs associated with safe non-elective and critical care during Covid-19.
- Significant changes to 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 significant lead time for deployment of capital.

- Impact of Covid-19 on the wider economy and supply chain markets may destabilise some costs of goods/services upon which the Trust relies.
- Workforce exhaustion and/or psychological impact from Covid-19 may result in higher sickness rates and/or colleagues deciding to leave the healthcare professions, and thus 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 3 Progress Report	BRAG
2.	Review and update Accountability Framework further to the NHSI Governance Review report.	R. Caldicott	Oct 2020	Revisions for assessment, content and agenda in conjunction with the Divisional Directors, Trust Management Board, Executive and the Improvement Programme Board have been enacted (monthly meetings with Divisional leadership and Executive now Chaired by Director of Finance and Performance) and work on development of key metrics progressing, enhanced workforce metrics an example. However, a key element of the review centres upon wider Trust consultation to gain ownership of the framework and metrics used for assessment. This has been difficult to progress in light of the pandemic which results in the current rating of amber.	
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		

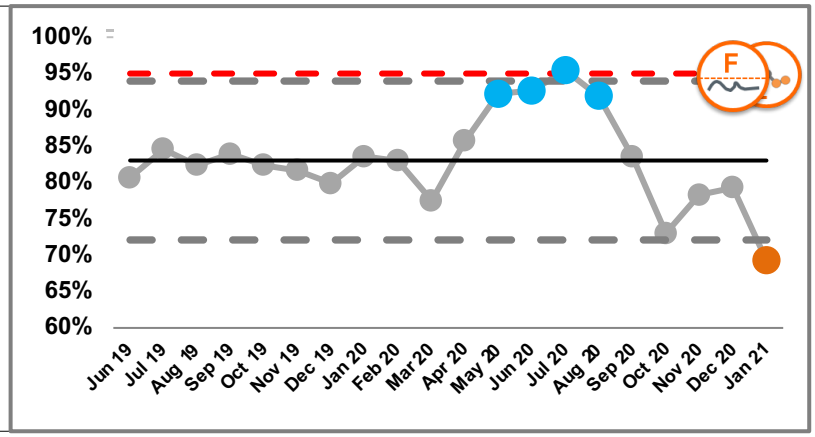
Walsall Healthcare NHS
NHS Trust

Use Resources Well - Performance

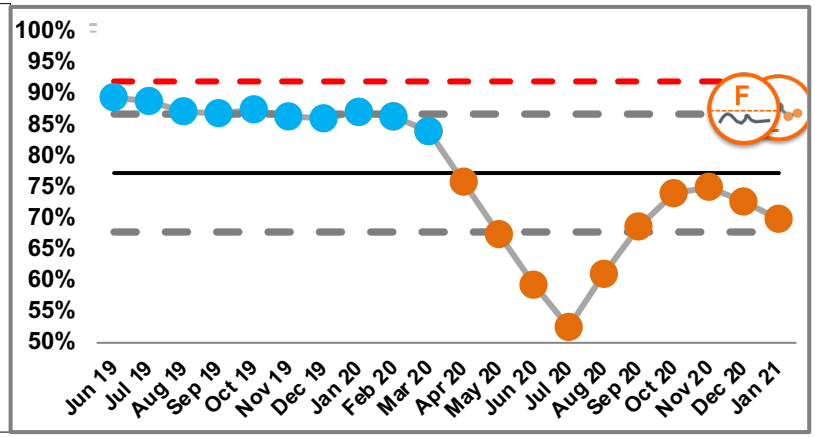
SPC Key

Mean
Process limits - 3σ
Special cause - improvement
Measure
Special cause - concern
Target

ED - % within 4 hours – Overall (Type 1 & 3)



18 weeks RTT – Incomplete Pathways



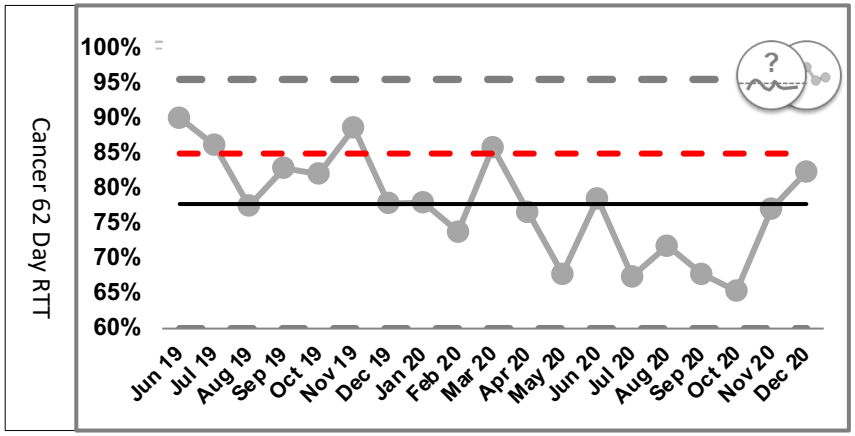
Narrative (supplied by Chief Operating Officer)

Emergency/Urgent Care

The rapidly escalating number of Covid-19 positive inpatients from 114 on January 1st to 268 on 18th Jan resulted in significant Exit Block for patients requiring admission from ED under Acute/General (internal) Medicine, and thus more admitted patients spending longer than 4-hours in ED. In addition, the acuity of illness of patients presenting to ED with Covid-19 drew a lot of ED's clinical resource to manage the most critically unwell patients, and consequently an increased number of less clinically urgent non-admitted patients spent longer than 4-hours in ED also. As a result, 4-hour Emergency Access Standard performance deteriorated to 69.3% in January 2021. Demonstrable improvement has been evidenced in February-to-date since the number of Covid-19 inpatients has been steadily decreasing, with performance expected to recover to over 82% for the month.

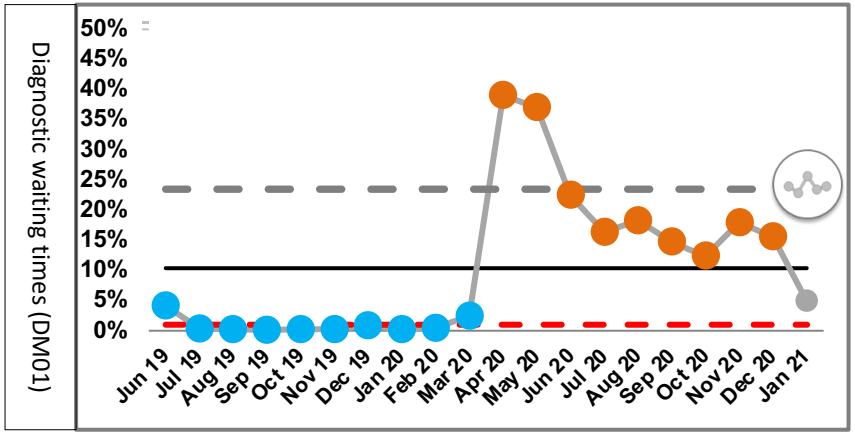
RTT (18 weeks Referral to Treatment)

Despite cessation of routine elective services during March and April 2020, and reduced elective surgical operating capacity again since November 2020 over the second and third waves of the pandemic, the Trust's 18-week RTT national ranking position remains in the Top 50, and it's 52-week waiting time performance remains 3rd best in the Midlands. Routine elective surgery has needed to be reduced during November, December, January and February to release theatres and anaesthetic staff to support Critical Care which has negatively affected the restoration and recovery of elective waiting times. 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, and will do so in excess of the Trust's original forecast as a result of the scale of Covid pressure on Critical Care that has been experienced. The Trust had 324 52-week breaches in January 2021.



Cancer

The Trust has recorded the second consecutive month of improvements in 62-day Cancer performance in Dec 2020, and at 82.4%, the Trust recorded the best performance in the BCWB STP, was materially better than the West Midlands Cancer Alliance average (65%) and the England national average (75.2%) and has registered its best month of performance since the onset of Covid-19. In addition the Trust has accepted 3 breast cases following a request from the cancer hub in February.

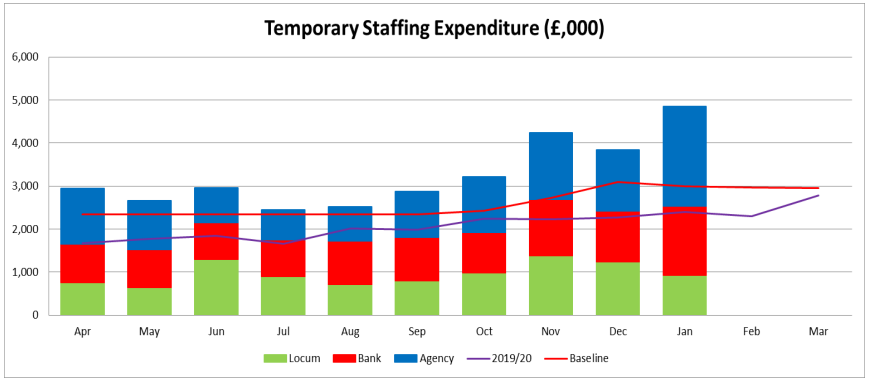


Diagnostic waiting times & activity (DM01)

Despite cessation of most routine 6 Week Wait (DM01) Diagnostics during March and April 2020, and the associated deterioration in waiting times, the Trust's performance remains in the Top 35 nationally (December 2020), and in January 2021 has improved to deliver the best month of performance since the onset of the pandemic with just 4.87% of patients waiting over 6 weeks. The improvement has been contributed to by significant improvements in Clinical Measurement Unit (Cardio, Respiratory and Neuro physiology services) waiting times over December and January.

Financial Performance to December 2020 (Month 10)

	YTD Jan Plan £000s	YTD Jan Actual £000s	YTD Variance £000s
Income			
Clinical Contract Income	226,065	225,089	(976)
Additional Covid Top-up	0	13,678	13,678
Other Income (Education&Training)	5,694	6,375	682
Other Income (Other)	23,667	20,511	(3,156)
Subtotal Income	**255,425**	**265,653**	**10,228**
Pay Expenditure			
Substantive Salaries	(137,309)	(138,296)	(987)
Temporary Nursing	(13,697)	(15,603)	(1,906)
Temporary Medical	(11,501)	(12,622)	(1,121)
Temporary Other	(2,949)	(4,328)	(1,379)
Subtotal Pay Expenditure	**(165,456)**	**(170,848)**	**(5,392)**
Non Pay Expenditure			
Drugs	(15,333)	(14,470)	862
Clinical Supplies and Services	(15,530)	(12,734)	2,797
Non-Clinical Supplies and Services	(13,016)	(14,421)	(1,405)
Other Non Pay	(35,250)	(42,380)	(7,130)
Depreciation	(5,414)	(5,633)	(219)
Subtotal Non Pay Expenditure	**(84,543)**	**(89,637)**	**(5,094)**
Interest Payable	(7,986)	(7,786)	200
Subtotal Finance Costs	**(7,986)**	**(7,786)**	**200**
Total Surplus / (Deficit)	**(2,560)**	**(2,619)**	**(59)**
Donated Asset Adjustment	60	148	88
Adjusted Surplus / (Deficit)	**(2,500)**	**(2,471)**	**29**



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 year to date deficit of £2.5m at January 2021 with the actual performance being slightly better at £2.47m.
- 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, the Trust has also lost income on car parking, R&D and accommodation charges 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 Acuity/staffing levels, enhanced rates 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 £20.9m. The Trust has received confirmation of award of £6.1m for enabling works for the Emergency Department. Key will be the ability of the Trust to commit and spend the resource during the financial associated with Capital Infrastructure Risk allocations made in year.
- The expenditure to date on capital totals £13.4m, £2.2m in January 2021.

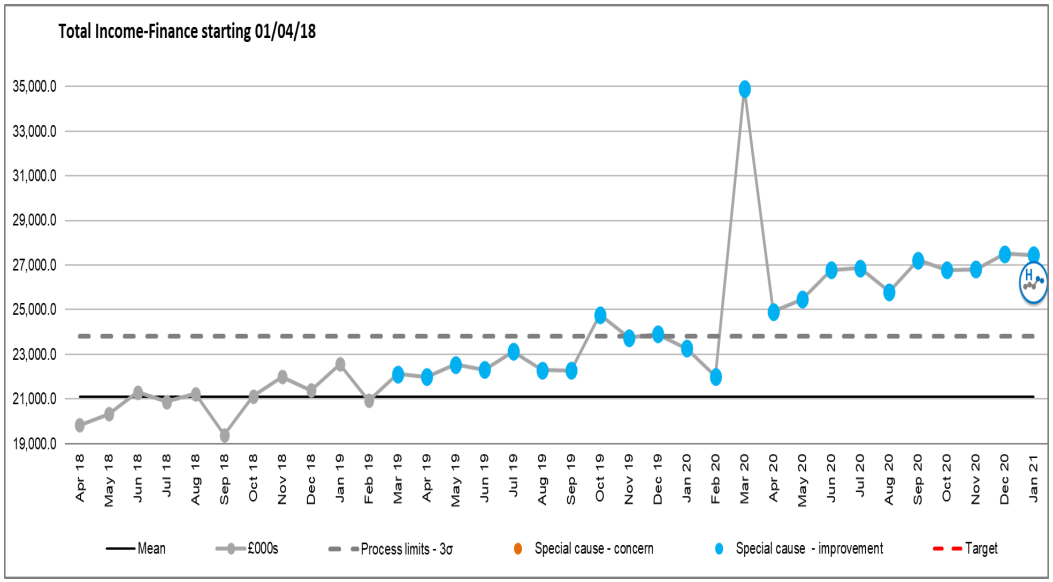
Cash

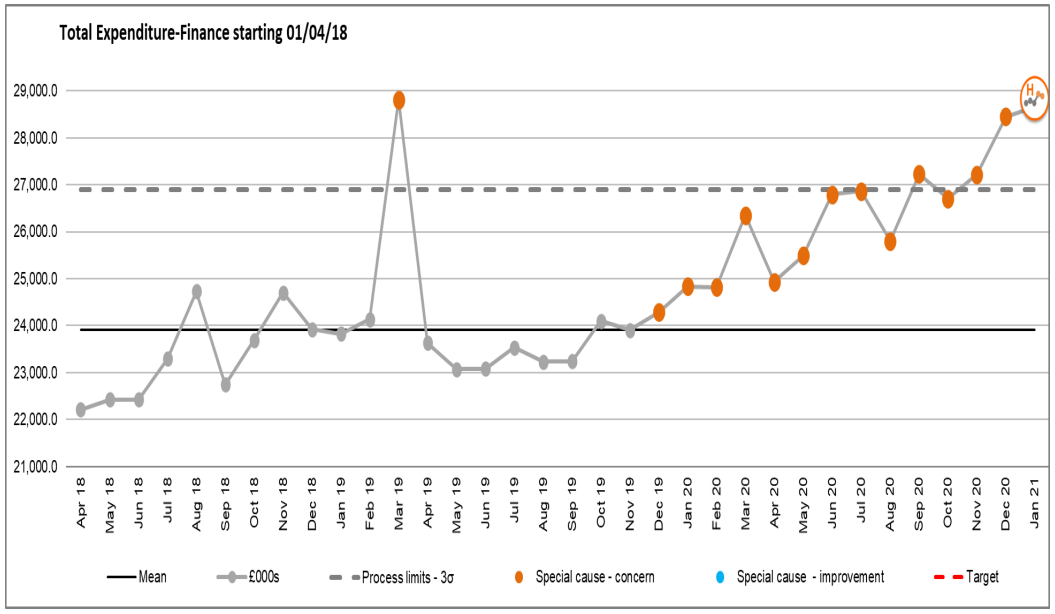
- The Trust is holding substantial cash allocations at the end of January 2021. This is largely as a consequence of block contracts being received a month in advance since April 2020 (the Trust notified this will be reversed in March 2021). This arrangement allows the Trust to pay suppliers more quickly 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 for 2021/22 in ensuring financial sustainability moving forwards (creating resources for investment into services) the efficiency outputs of this program to be reviewed by Performance, Finance and Investment Committee in May 2021.

Income and expenditure run rate charts





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.

Cash Flow Statement & Statement of Financial Position (M10)

STATEMENT OF FINANCIAL POSITION

Statement of Financial Position for the month ending Janaury 2021	Balance as at 31/03/20	Balance as at 31/01/21	Year to date Movement
	£000	£000	£000
Non-Current Assets			
Property, plant & Equipment	142,395	149,669	7,274
Intangible Fixed Assets	1,610	2,040	430
Receivables greater than one year	861	483	(378)
Total Non-Current Assets	**144,866**	**152,192**	**7,326**
Current Assets			
Receivables & pre-payments less than one Year	39,001	14,800	(24,201)
Cash (Citi and Other)	9,056	43,416	34,360
Inventories	2,620	2,786	166
Total Current Assets	**50,677**	**61,002**	**10,325**
Current Liabilities			
NHS & Trade Payables less than one year	(25,955)	(26,618)	(663)
Other Liabilities	(1,480)	(21,531)	(20,051)
Borrowings less than one year	(134,693)	(1,041)	133,652
Provisions less than one year	(437)	(96)	341
Total Current Liabilities	**(162,565)**	**(49,286)**	**113,279**
Net Current Assets less Liabilities	**(111,888)**	**11,716**	**123,604**
Non-current liabilities			
Borrowings greater than one year	(116,013)	(116,013)	-
Total Assets less Total Liabilities	**(83,035)**	**47,895**	**130,930**
FINANCED BY TAXPAYERS' EQUITY composition :			
PDC	68,300	201,849	133,549
Revaluation	14,832	14,740	(92)
Income and Expenditure	(166,167)	(166,075)	92
In Year Income & Expenditure	-	(2,619)	(2,619)
Total TAXPAYERS' EQUITY	**(83,035)**	**47,895**	**130,930**

CASHFLOW STATEMENT

Statement of Cash Flows for the month ending January 2021	Year to date Movement
	£'000
Cash Flows from Operating Activities	
Adjusted Operating Surplus/(Deficit)	5,167
Depreciation and Amortisation	5,633
Donated Assets Received credited to revenue but non-cash	0
(Increase)/Decrease in Trade and Other Receivables	24,580
Increase/(Decrease) in Trade and Other Payables	20,085
Increase/(Decrease) in Stock	(166)
Increase/(Decrease) in Provisions	(341)
Interest Paid	(7,526)
Dividend Paid	(421)
Net Cash Inflow/(Outflow) from Operating Activities	**47,011**
Cash Flows from Investing Activities	
Interest received	**0**
(Payments) for Property, Plant and Equipment	**(12,767)**
Receipt from sale of Property	**0**
Net Cash Inflow/(Outflow)from Investing Activities	**(12,767)**
Net Cash Inflow/(Outflow) before Financing	**34,244**
Cash Flows from Financing Activities	116
Net Increase/(Decrease) in Cash	**34,360**
Cash at the Beginning of the Year 2020/21	9,056
Cash at the End of the January	**43,416**

Walsall Healthcare NHS Trust

PERFORMANCE, FINANCE AND INVESTMENT COMMITTEE

		Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	2020/21 YTD	2020/21 Target	2019/20 YTD	SPC Variance	SPC Assurance
SAFE, HIGH QUALITY CARE												
%	Total time spent in ED - % within 4 hours - Overall (Type 1 and 3)	91.88%	83.50%	73.00%	78.27%	79.29%	69.28%	83.97%	95.00%	81.77%		
%	Ambulance Handover - Percentage of clinical handovers completed within 15 minutes of recorded time of arrival at ED	79.35%	58.23%	57.04%	61.85%	57.67%	49.06%	66.12%	100.00%	62.37%		
No.	Ambulance Handover - No. of Handovers completed over 60mins	5	20	66	42	19	23	176	0	312		
%	Cancer - 2 week GP referral to 1st outpatient appointment	92.06%	86.57%	82.27%	77.03%	77.99%		86.52%	93.00%	84.07%		
%	Cancer - 62 day referral to treatment of all cancers	71.83%	67.78%	65.35%	77.11%	82.35%		72.49%	85.00%	80.93%		
%	18 weeks Referral to Treatment - % within 18 weeks - Incomplete	61.06%	68.66%	74.03%	74.97%	72.69%	69.82%					
No.	18 weeks Referral to Treatment - No. of patients waiting over 52 weeks - Incomplete	8	14	14	37	110	324	526	0	0		
%	% of Service Users waiting 6 weeks or more from Referral for a Diagnostic Test	18.24%	14.70%	12.35%	17.92%	15.53%	4.87%	17.79%	1.00%	1.63%		
No.	No. of Open Contract Performance Notices	9	9	9	9	9	9		0			
CARE AT HOME												
%	ED Reattenders within 7 days	8.78%	6.63%	7.60%	7.67%	7.94%	7.42%	7.94%	7.00%	7.60%		
RESOURCES												
%	Outpatient DNA Rate (Hospital and Community)	10.25%	11.42%	12.93%	13.23%	12.85%	13.18%	10.39%	8.00%	10.44%		
%	Theatre Utilisation - Touch Time Utilisation (%)	67.50%	43.61%	66.17%	54.91%	50.90%	46.69%	55.18%	75.00%	85.42%		
No.	Average Number of Medically Fit Patients (Mon&Thurs)											
No.	Average LoS for Medically Fit Patients (from point they become Medically Fit) (Mon&Thurs)	3.00	4.00	5.00	4.00	4.00	3.00					
£	Surplus or Deficit (year to date) (000's)	0	0	23	48	240	283					
£	Variance from plan (year to date) (000's)	0	0	23	71	311	32					

Walsall Healthcare NHS
NHS Trust

PERFORMANCE, FINANCE AND INVESTMENT COMMITTEE

		Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	2020/21 YTD	2020/21 Target	2019/20 YTD	SPC Variance	SPC Assurance
£	CIP Plan (YTD) (000s)											
£	CIP Delivery (YTD) (000s)											
£	Temporary Workforce Plan (YTD) (000s)	11700	14100	17100	20500	24400	29900					
£	Temporary Workforce Delivery (YTD) (000s)	13500	16300	19600	23900	27700	32600					
£	Capital Spend Plan (YTD) (000s)											
£	Capital Spend Delivery (YTD) (000s)	4300	4500	5400	8300	11200	13300					

MEETING OF THE PUBLIC TRUST BOARD – 4th March 2021			
Walsall Together Partnership Board Highlight Report			**AGENDA ITEM: 16**
Report Author and Job Title:	Trish Mills Trust Secretary	**Responsible Director:**	Mrs Anne Baines – Chair and Non-Executive Director
Action Required	Approve ☐ Discuss ☐ Inform ☒ Assure ☒		
Executive Summary	The report provides the key messages from the Walsall Together Partnership Board (Partnership Board) meeting on 17th February 2021. Key points for the attention of the Trust Board are: - Action no. 165/21 from the 4th February Trust Board meeting related to the impact of 'long covid', has been added to the Walsall Together risk register and the Senior Management Team will develop a proposal to address this in the 2021/22 funding round. A partnership response to the legacy of COVID-19 is being developed and will be discussed by the Partnership Board in coming meetings. - A partner development session will take place on the legislative changes in the health and social care white papers to see what opportunities may be harnessed as a result of the proposed changes for all partners in Walsall Together. - Whilst the programme is amber overall, there has been significant work undertaken both before and during the pandemic, reflecting leading practices and excellent performance. - An approach to shared risk identification was agreed, and the risk relating to the significant increase in operational service pressures has been added to the register.		
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 Diversity implications	There are no legal, or equality & diversity implications in this paper, however the developing approach to health inequalities is noted.	
Strategic Objectives	Safe, high quality care ☒	Care at home ☒
	Partners ☐	Value colleagues ☒
	Resources ☒	

MEETING OF THE PUBLIC TRUST BOARD – 4th March 2021			
Care at Home Executive Report			**AGENDA ITEM: 17**
Report Author and Job Title:	Matthew Dodd Acting Director of Integration	**Responsible Director:**	Matthew Dodd Acting Director of Integration
Action Required	Approve ☐ Discuss ☐ Inform ☒ Assure ☒		
Executive Summary	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. • Operational performance for community services and Adult Social Care, provided via the Section 75 (Appendix 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; • An update on the Care at Home Improvement Programme (Appendix 3); <u>Performance, Assurance and Risk – Community Services</u> 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 meets three times each week to review any specific issues, either COVID-19 or operational, that require a partnership response or intervention. In January community services implemented some business continuity measures to respond to the pressures and to		

	reallocate resources to areas of key demand. As a result the services have been able to maintain key priorities around • Keeping people at home • Avoiding hospital admission • Supporting hospital discharge • Maintaining community-led in-patient care • Supporting the Vaccination programme They have provided a clinical safety net during the pressures and have been able to expand in some areas such as • Responding to more calls from health and social care professionals to the Care Navigation Centre about people requiring acute care in the community • Care and monitoring of people with Covid who were discharged from hospital and have short- / long-term care needs 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 assurances around the level of service provision are included in Appendix 1 and all relevant Board Committees have been briefed on these risks in February. <u>Board Assurance Framework</u> The BAF has been updated and remains at a risk of 16 since the likelihood of the risk occurring remains as in Q3. This is due to the residual service pressures across the partnership in dealing with staff absence and demand shifts, which has led to enactment of business continuity measures outlined above. The Partnership is currently reviewing shared objectives and goals in a process of programme reset. This is based on the recognition that operational pressures are beginning to subside and the orientation towards seeing response to Covid as business as usual affords more scope for joint strategic working.

	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. 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 The due diligence work in the finance work stream has commenced but confirmation is awaited from the STP regarding the full scope of services to be included in the ICP contract. This will dictate the extent of the due diligence work, which has to be commenced by 1st April 2021 and completed within 6 months of 2021/22. The STP are aware of the requirement to provide the information required before the end of the financial year and so this is not being flagged as a risk to the programme. Improvement Programme The majority of projects within Care at Home have continued, although 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 (See Appendix 3). Some highlights of the programme: • The ReSPECT tool went live at Walsall Manor Hospital on 1st January 2021, supported by ward champions. The ReSPECT process affords the opportunity to improve personalised care by talking about much more than just resuscitation and offers the ability to engage with patients

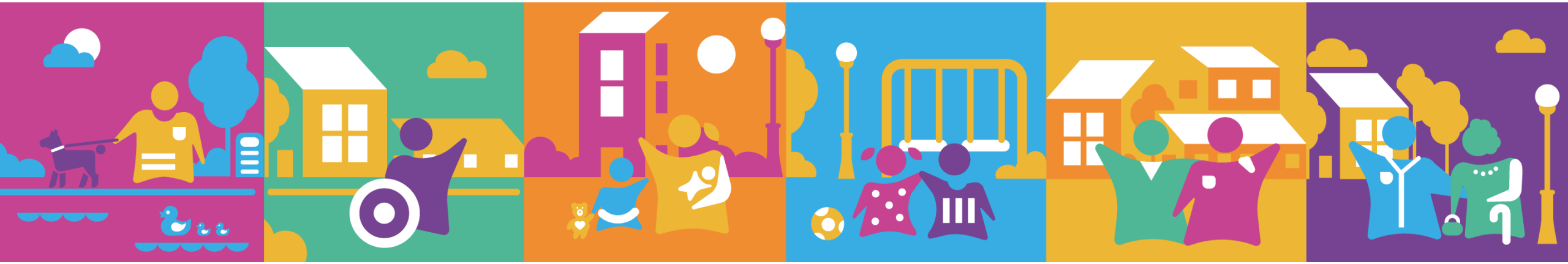
	and their families to plan their care in the event of a situation where they are unable to express their own wishes. • The Integrated Assessment Hub at Walsall Manor Hospital was piloted in December and extended to 6 days in January 2021. This service works in 3 ways: ○ Hospital Avoidance: The IAH has developed a pathway so that people directly contacting the Frail Elderly Service or Ambulatory Care at the Manor with post-discharge complications are now seen by Rapid Response, Enhanced Care Home Support Team or IV team instead and receive a community-based assessment & clinical review, thereby avoiding conveyance to hospital [29 people in January 2021] ○ Early Supported Discharge: Patients who have been identified in ED, on the assessment units, on the wards and discharged into a community service (including DVTs from ambulatory) [73 people in January 2021] ○ Assisted Discharge: IAH team signpost / support wards with navigating discharge pathways which result in a discharge same / next day (e.g. out of area patients; Safe at Home scheme; ICS; therapy) [39 people in January 2021] Work on further aligning the Walsall Together work with the improvement programme has continued and is focused on increasing 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.
Recommendation	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 March.
Does this report mitigate risk included in	BAF Risk- S03 - Failure to understand population health and inequalities, integrate place-based services and deliver them

the BAF or Trust Risk Registers? please outline	through a whole population approach would result in a continuation if not widening of health inequalities.	
Resource implications	There are no new resources implications associated with this report.	
Legal and Equality and Diversity implications	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.	
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Safe, high quality care ☐	Care at home ☒
	Partners ☐	Value colleagues ☐
	Resources ☐	

Walsall Together

Walsall Community Services
February 2021

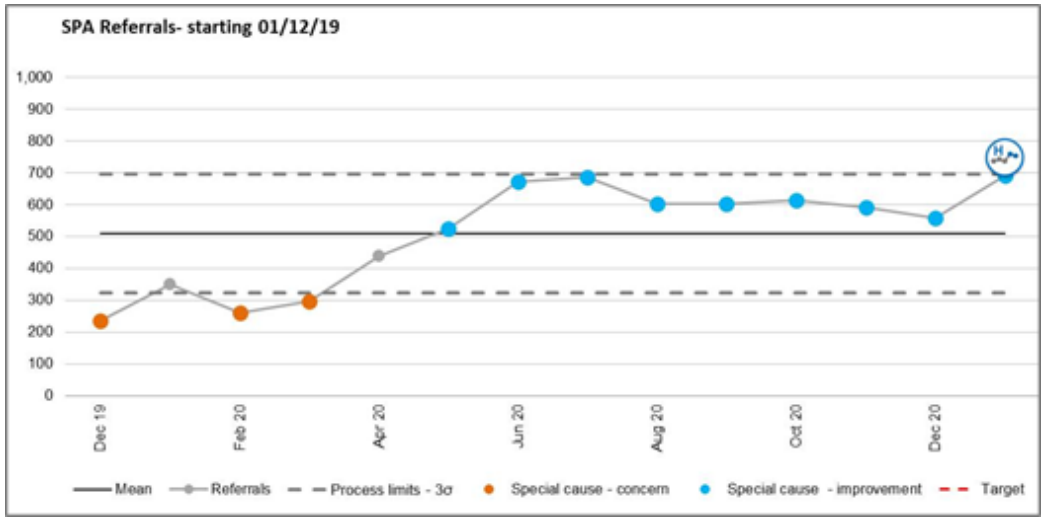
Matthew Dodd
Acting Director of Integration

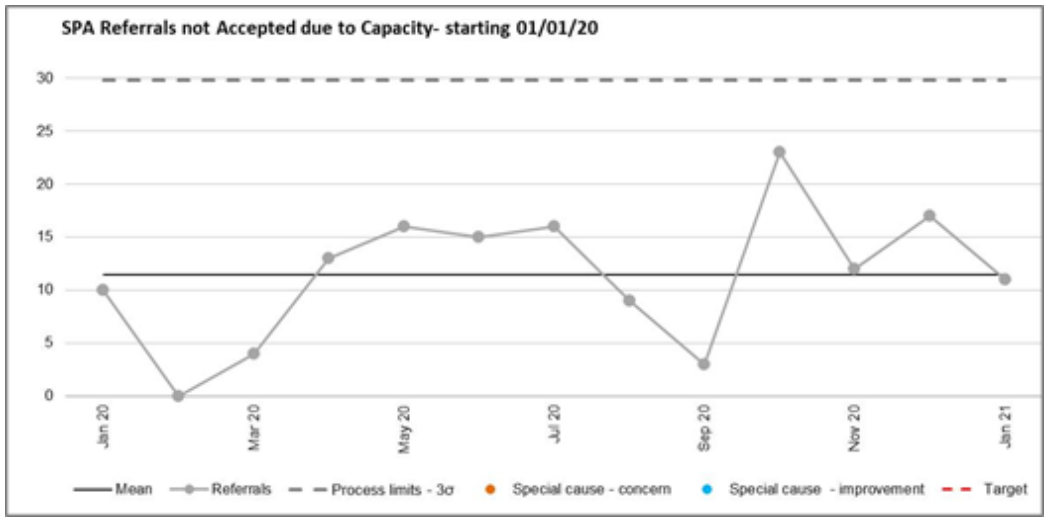


Collaborating for happier communities

Care Navigation Centre:

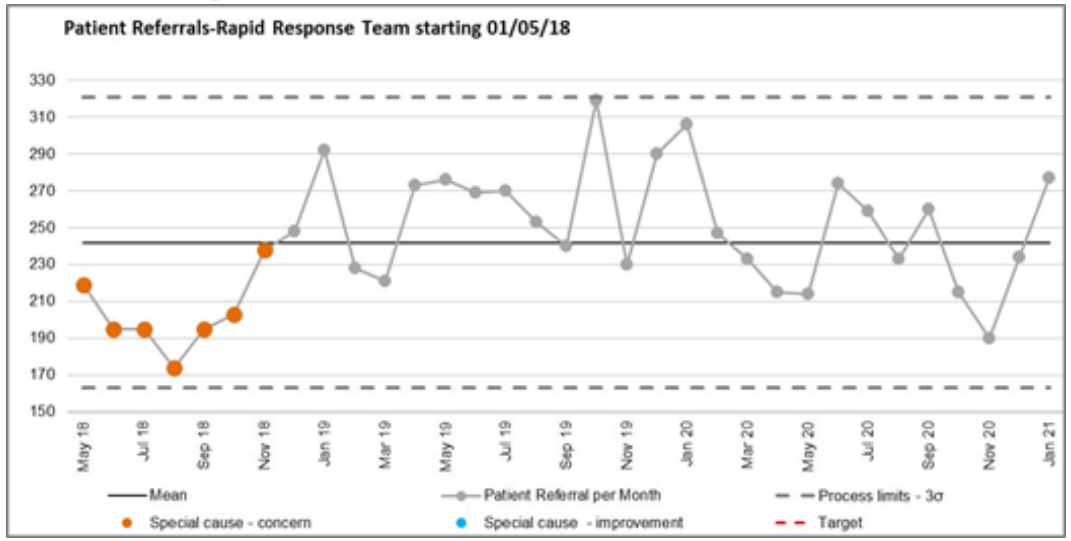
Hours of availability have increased (November 2020) with highest number of calls recorded in January 2021

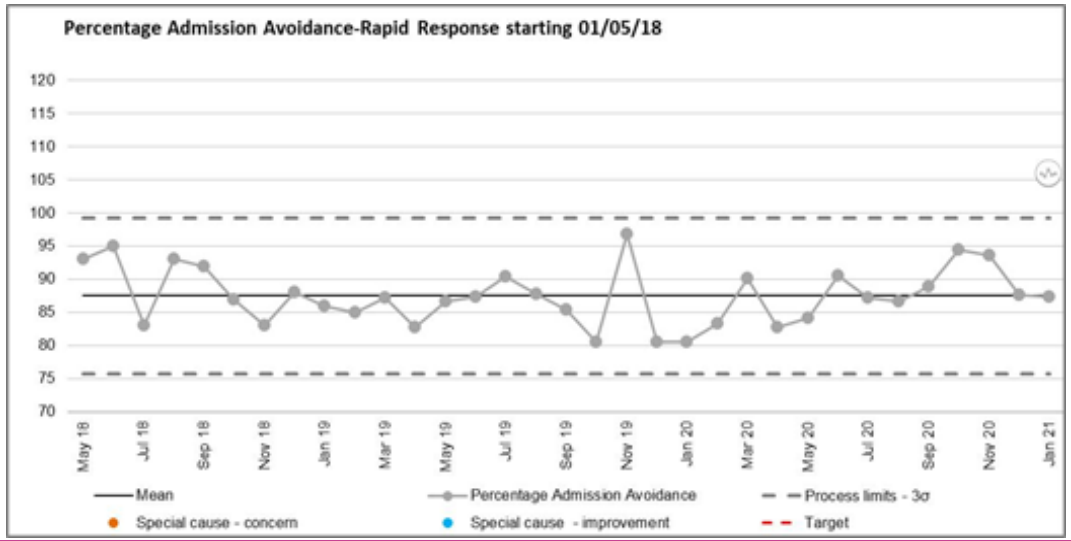




- The volume of calls to the CNC increased to 692 in January which is the highest ever through the service
- The CNC continues to support new services aimed at monitoring people within their own home, the activity for which is not shown in these figures
- The 'Safe at Home'(S@H) pathway deals with patients with COVID who have been discharged from Walsall Manor Hospital on the basis that they will be monitored by the CNC for 3 times a day for 2 weeks per patient and who otherwise would have remained as in-patients
- Established in December 2020 for a maximum of 10 patients, this service held up to 66 patients at one point in January and on 4th February this had reduced to 32 patients

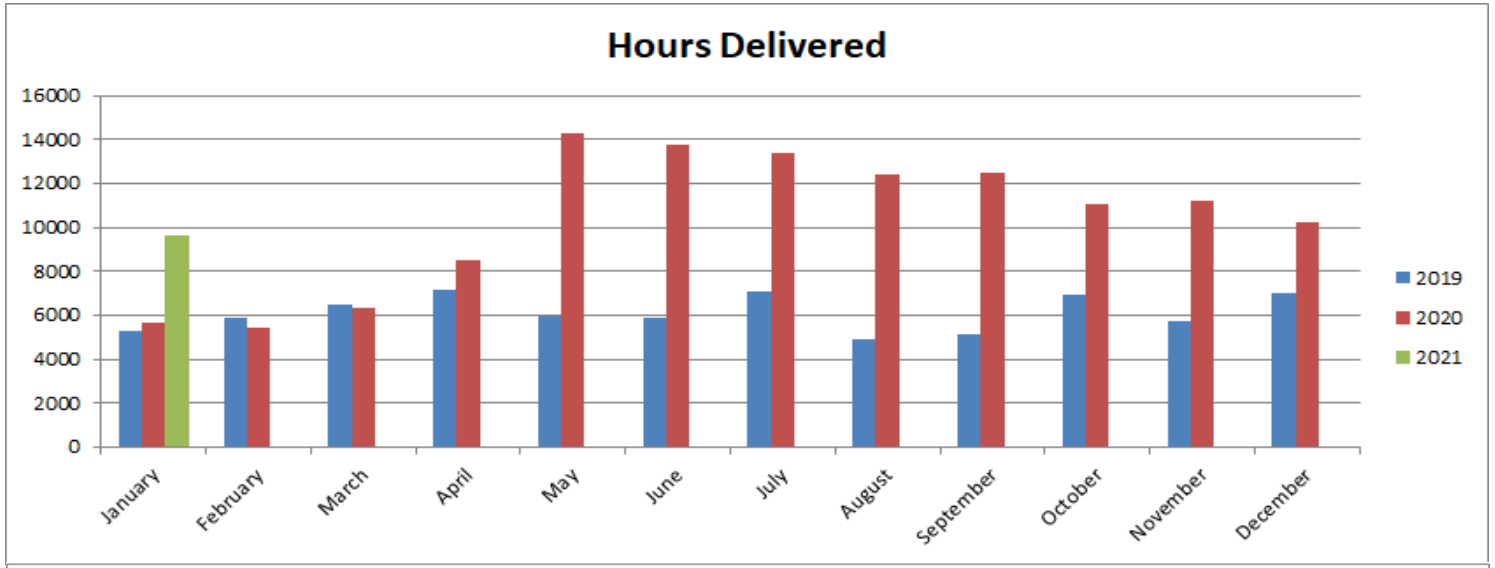
Rapid Response
The pattern of demand is changing [impact of CNC]

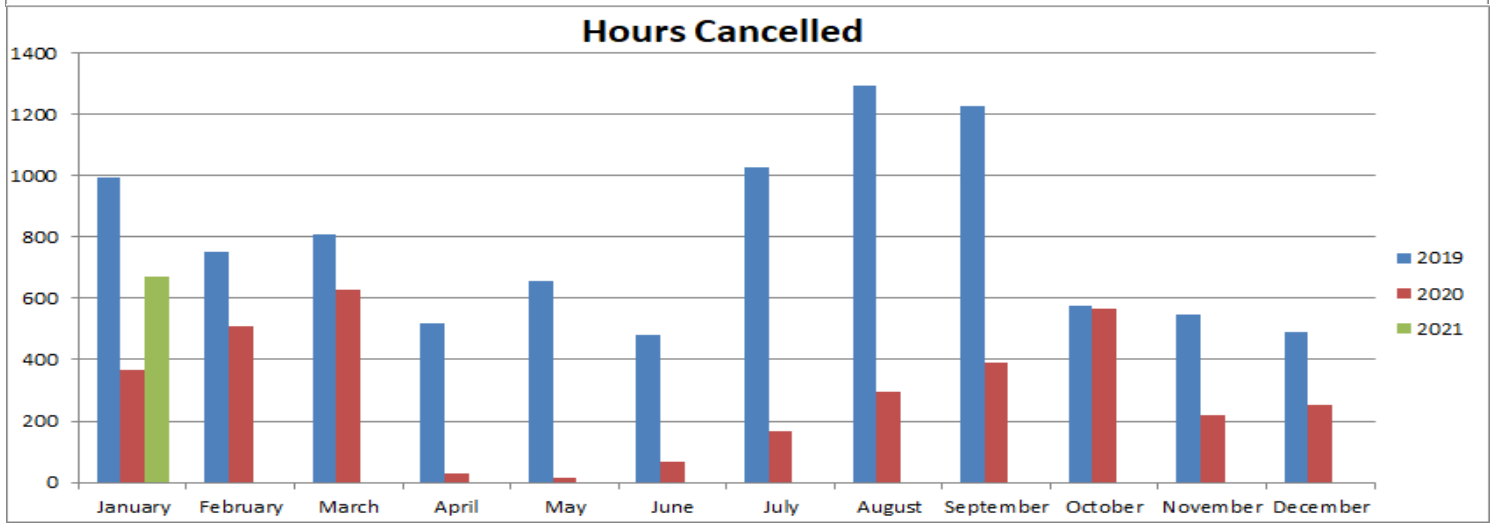




- Referrals into Rapid Response remain volatile and this needs to be viewed alongside the growing ability of the Care Navigation Centre to triage referrals into other services (261/692 calls in January) as well as providing advice and guidance 212/692 calls in January)
- The Integrated Assessment Hub has developed a pathway so that people directly contacting the Frail Elderly Service at the Manor with post-discharge complications are now seen by Rapid Response instead and recieve a community-based assessment & clinical review, thereby avoiding conveyance to hospital

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

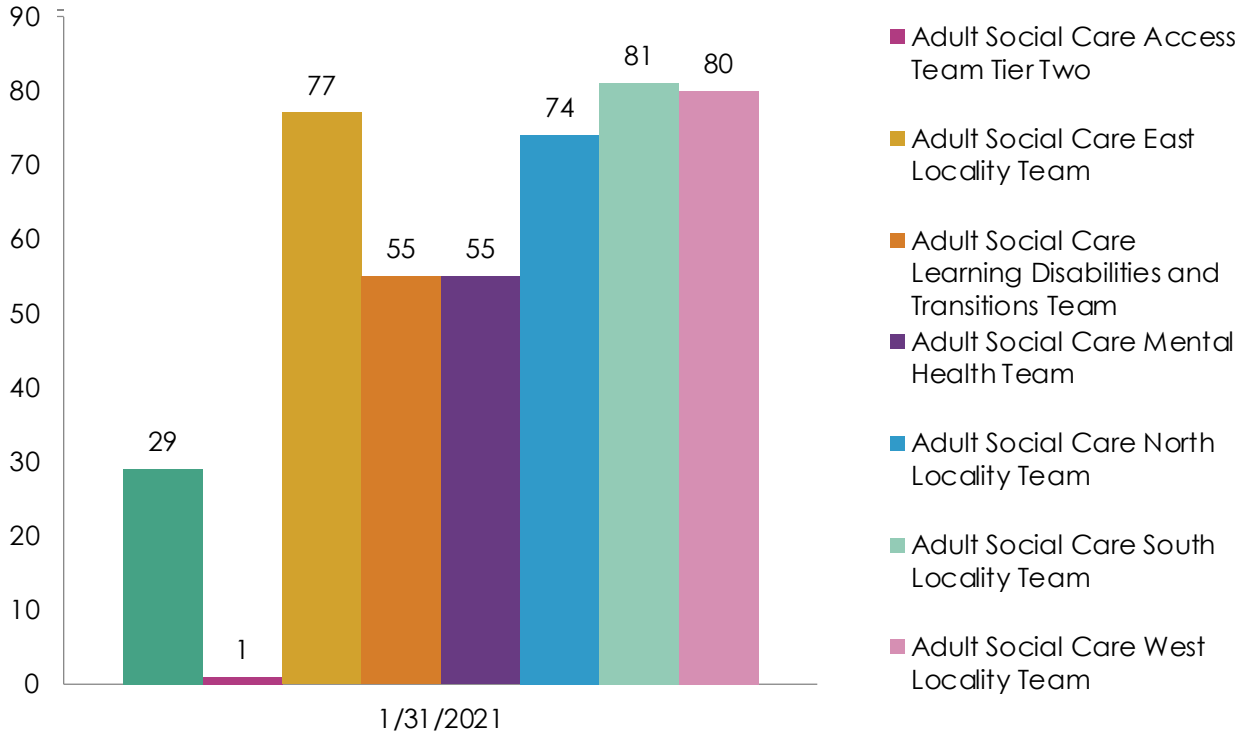




- Community Nursing experienced high levels of absence in January and implemented escalation measures in response (re-prioritising the workload)
- Although less hours of care were delivered and more cancelled than in previous months, the distinction between pre- and peri-Covid delivery is marked
- What this does not reflect however, is the shift in case mix over this period, with a greater level of dependency now apparent
- As a result even though there is a lower volume of cancellations, this is being enacted upon a caseload of higher need; hence the Service's early escalation regarding the potential clinical impact

Adult Social Care

Care and support assessments and 3 conversations incoming/in progress as at snapshot date

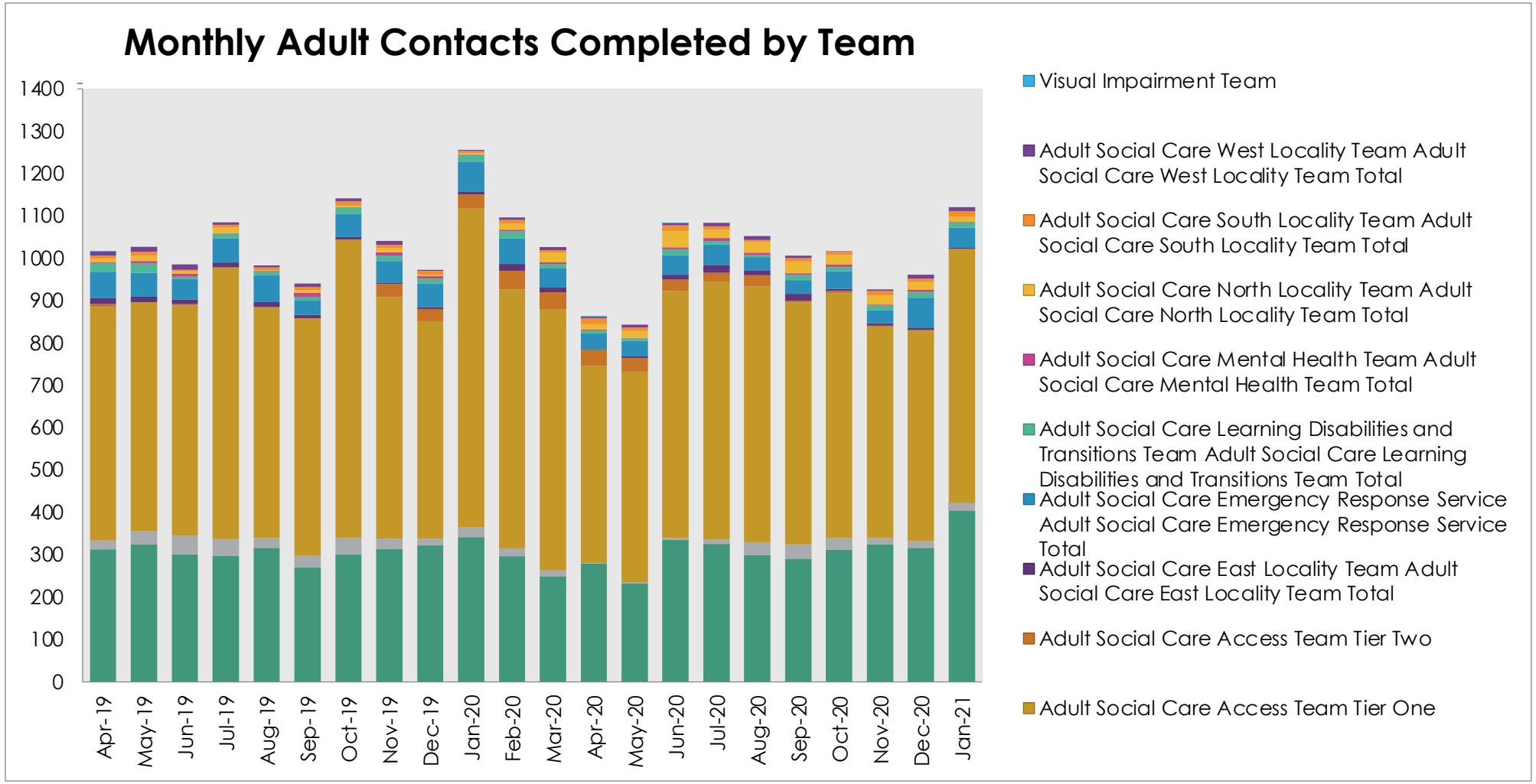


The number of new referrals is slightly higher than last month for our locality teams.

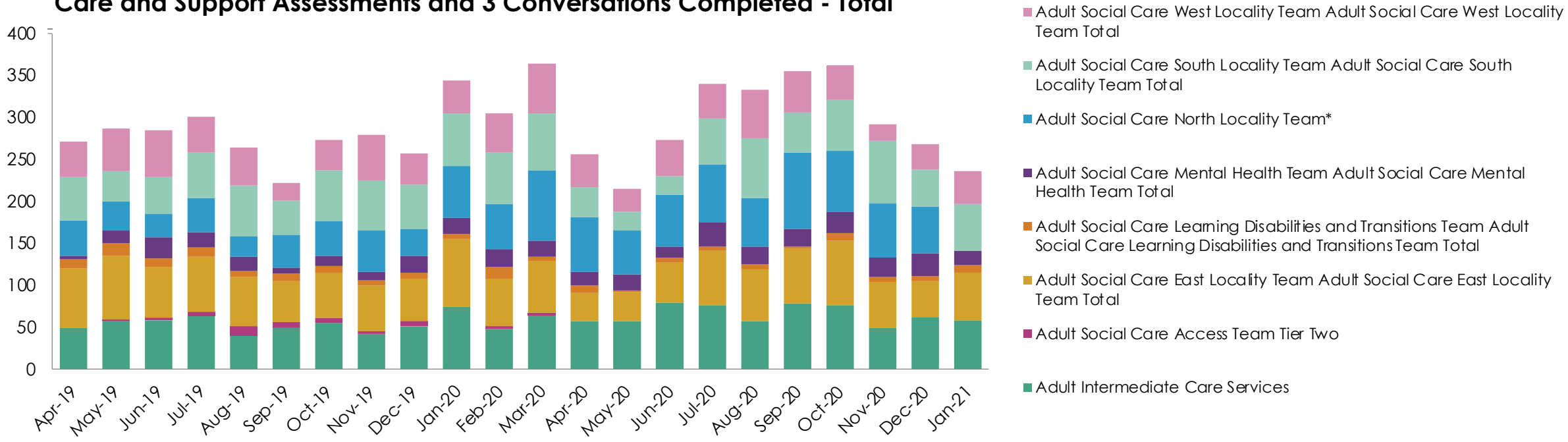
Assessments continue to be screened and prioritised.

Assessments awaiting allocation have reduced.

Adult Social Care

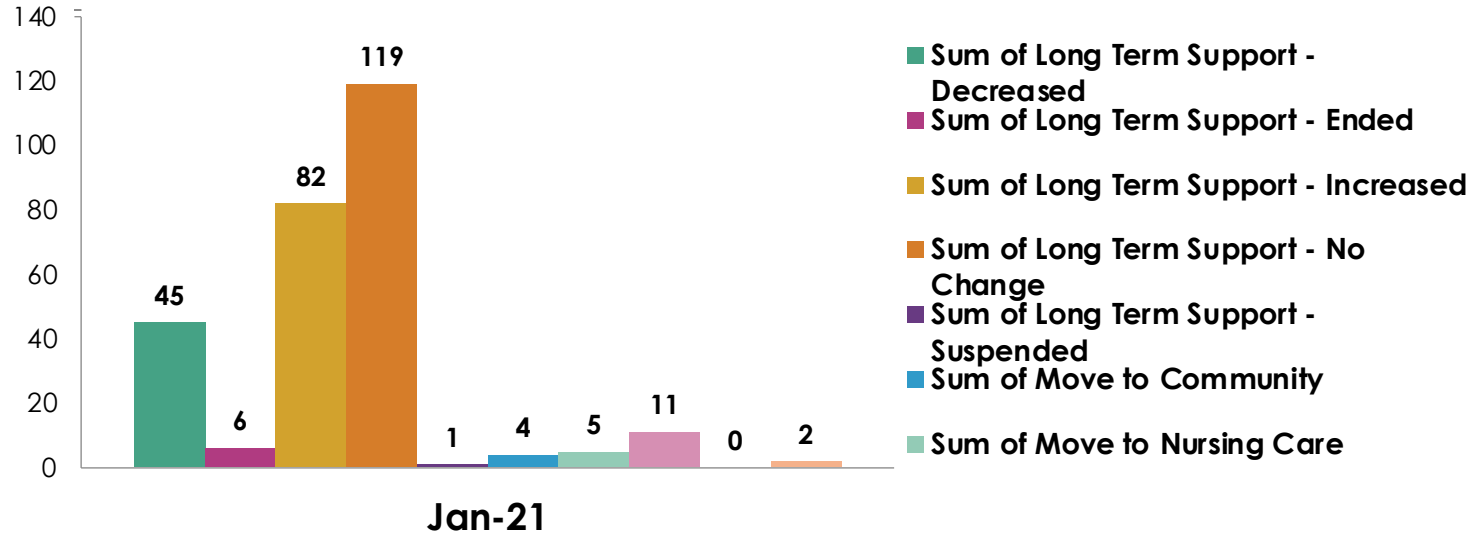


Care and Support Assessments and 3 Conversations Completed - Total



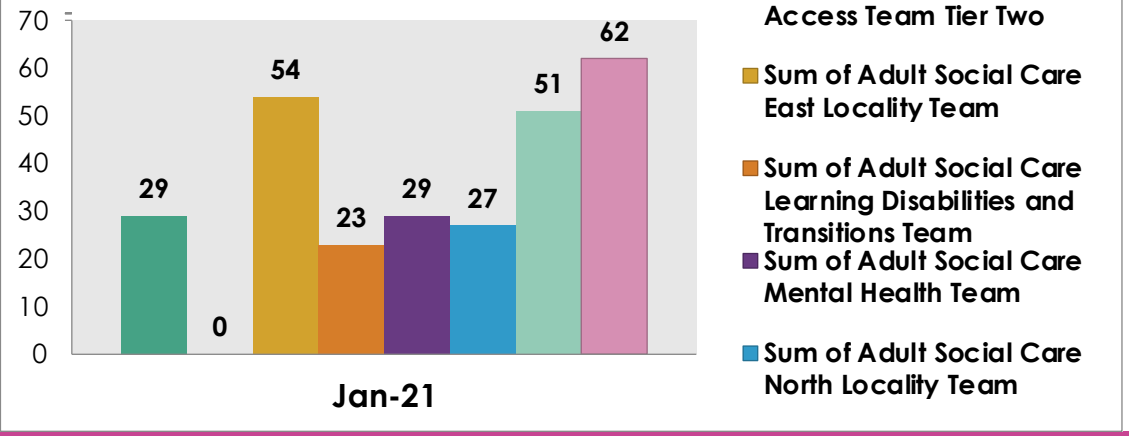
Completed Care and Support assessments reduced in December and January due to the holiday period and staff absences / isolation. The priority during this time has been to respond to crisis work rather than planned work.

Initial and Subsequent Review Outcomes



Date	Sum of Total Initial and Subsequent Reviews Completed
Jan-21	275

Initial and Subsequent Reviews Completed by Teams



19% of reviews undertaken in January resulted in long term support being decreased or ended, with 30% resulting in an increase and 43% remaining the same

Adult Social Care

There has been a decline in safeguarding concerns progressing to a S42 Enquiry in the period from Dec until the end of Jan 21from 30.43% to 28.37%.

ASC have received 215 concerns in January which is a reduction on concerns in Dec 2020 which were 230.

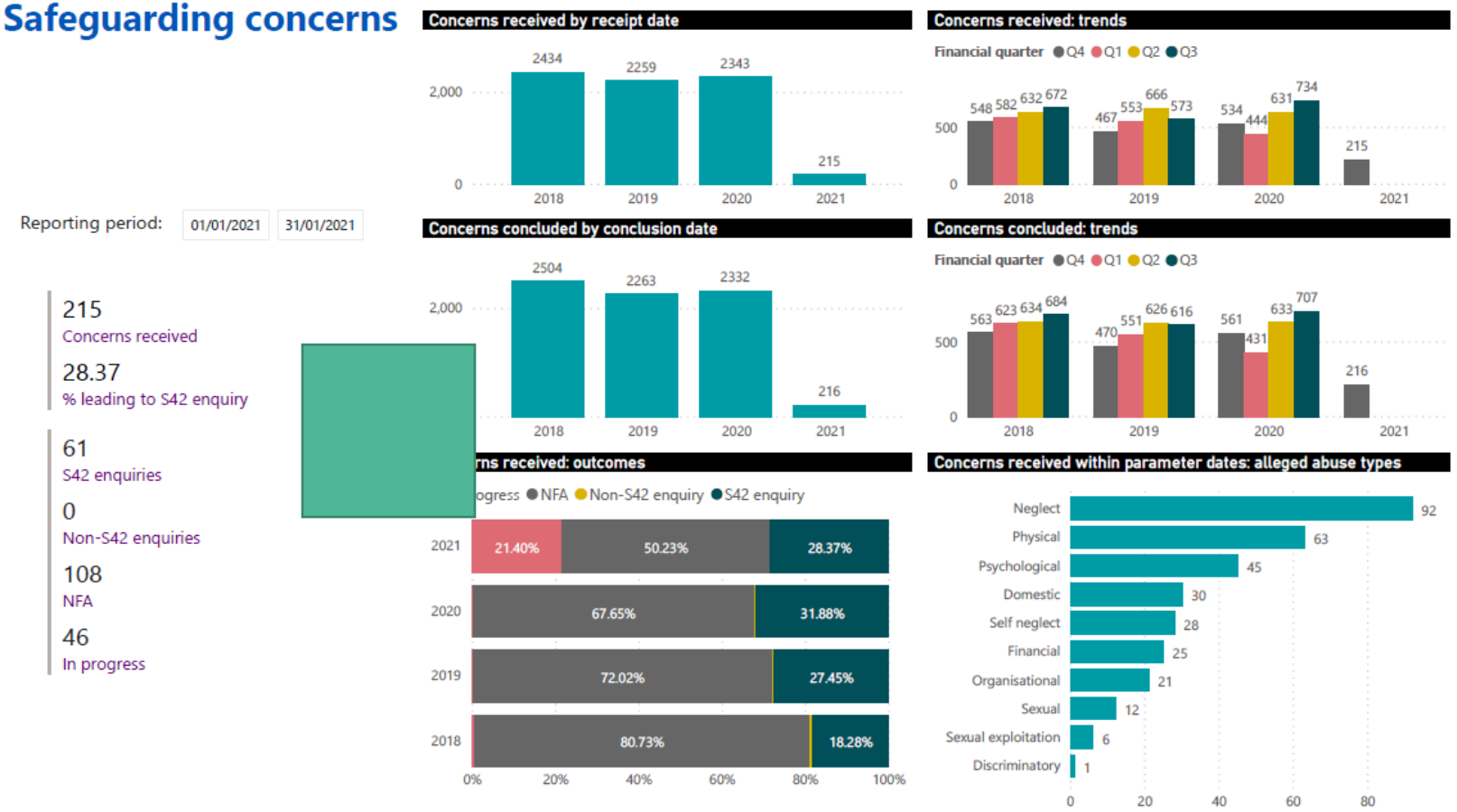
The current year average concerns progressed to a S42 Enquiry from April 2020 to End Jan 2021 is 31.72%.

Neglect & Physical abuse remain the two highest categories of alleged abuse.

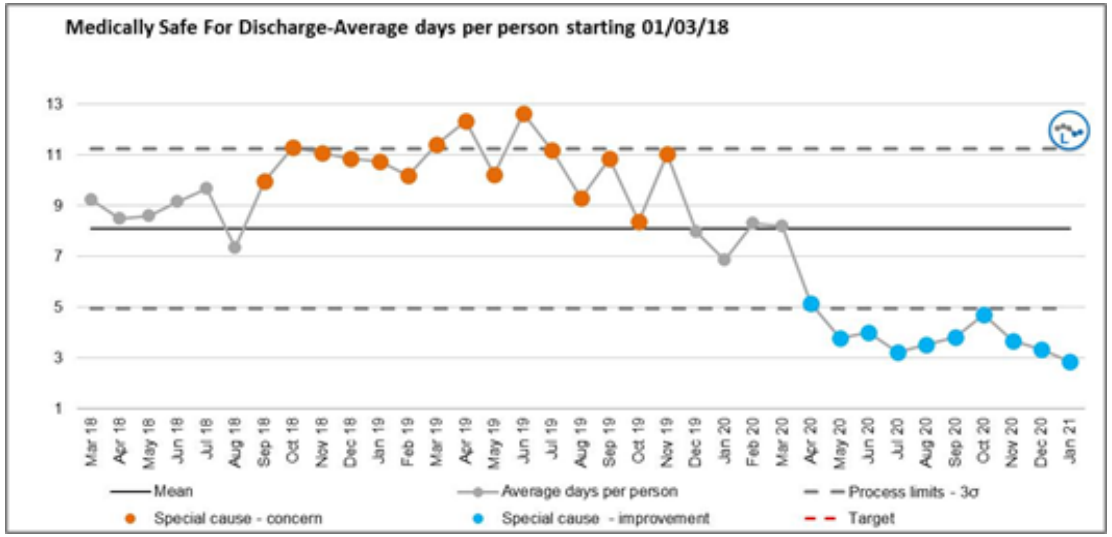
Significant progress has been made in Walsall in respect of MSP and achieving desires outcomes for and with individuals. This is recognised regionally in comparison to other LA's.

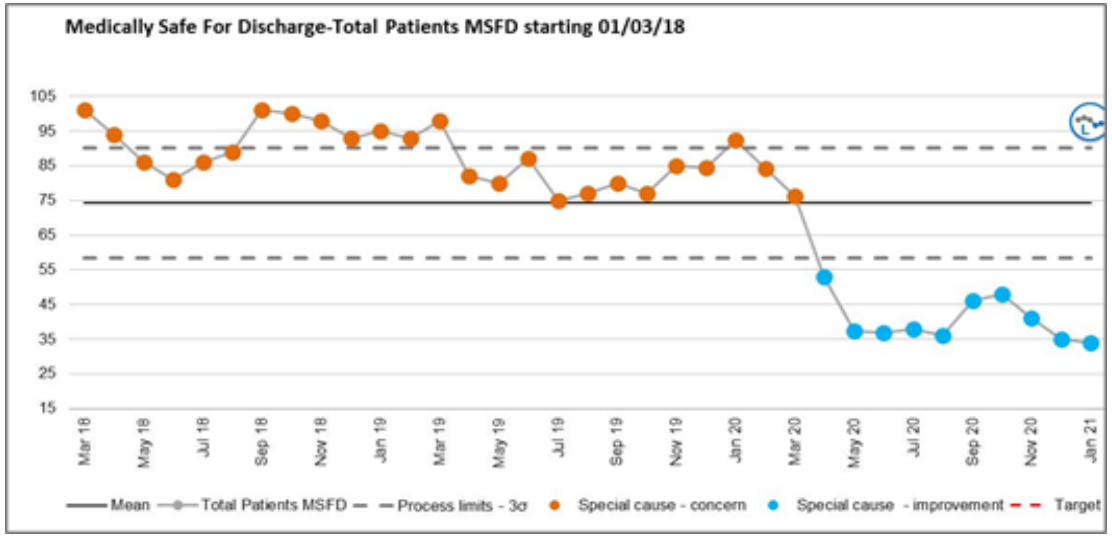
Walsall Adult Social Care

Safeguarding concerns



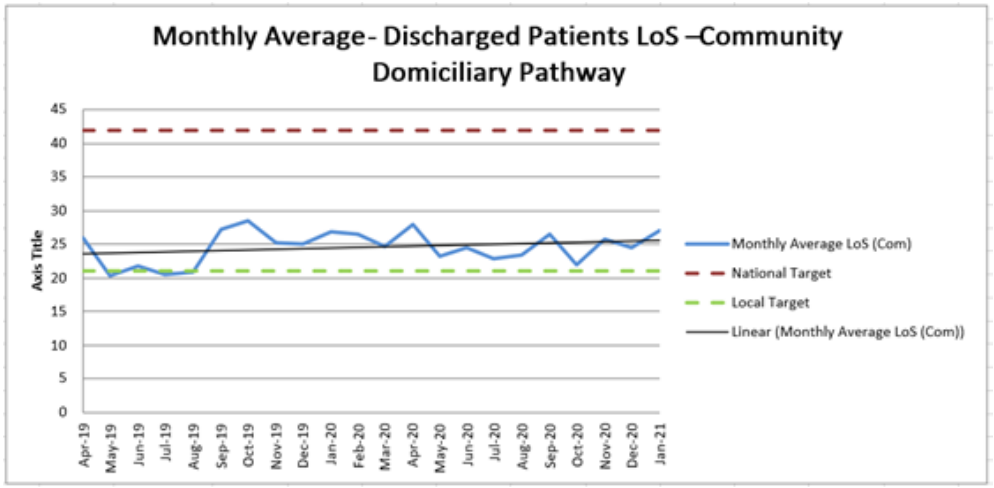
Medically Stable for Discharge (MSFD): numbers remain low

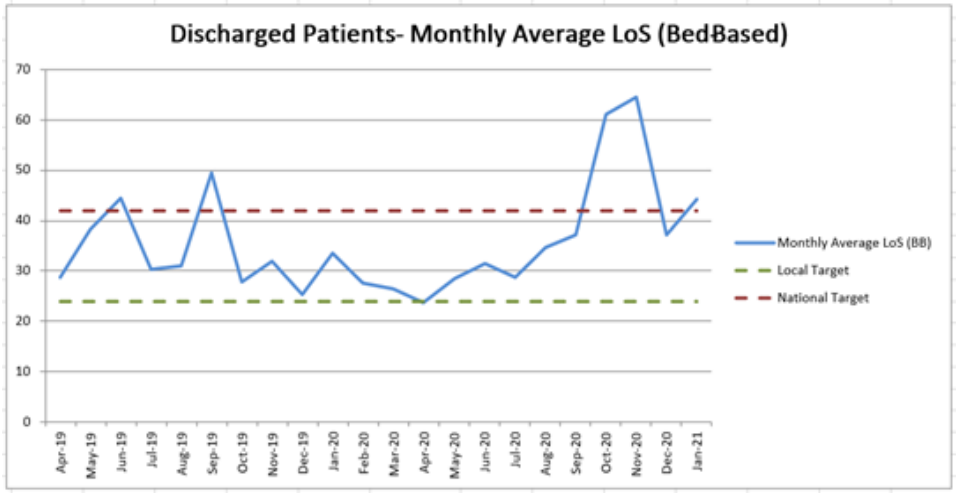




- The number of MSFD patients remains significantly lower than for the same period in the previous year and has avoided the spike in numbers usually seen in January
- Commissioners have established a care home within the borough to operate as an interim setting for Covid positive patients requiring admission to a care home on discharge

Domiciliary and Bed-Based Pathways





- As identified in previous months, the LOS in community beds is linked to the cohort of patients awaiting DSTs where the process was suspended during Covid Wave 1 and who now require long term placement
- The domiciliary pathways demonstrate a trend for increased length of stay which pre-dates Covid and which will be addressed as part of a review of ICS pathways

Walsall Together

Walsall Community Services Response to Operational Pressures

24th February 2021

Collaborating for happier communities

What are the pressures that we are seeking to address?

Community Services implemented its business continuity processes in January 2021

Locality Teams	18/01/21	Status	27/01/2021	Status	08/02/2021	Status
Absence rate (Av prev 3/12)	21%					
Absence Rate	30%		32%		25%	
Daily Hours Cancelled (Av prev 3/12)	15					
Daily Hours Cancelled	42		52		24	
Heart Failure						
Staff in post (Av prev 3/12)	2					
Staff available	0		1		1	
MSK						
Staff redeployed / clinic activity cancelled (av prev 3/12)	0					
Staff redeployed / clinic activity cancelled	4 staff		6 staff		9 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	48		40		17	
Acute Therapy						
Staffing shortages (av prev 3/12)	10					
Staffing shortages	6.2		5.2		5.2	

	18/01/21	Status	27/01/2021	Status	08/02/2021	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	4		0		0	
Out of Hours Nursing Team						
Nights with no staff cover (av prev 3/12)	1<					
Nights with no staff cover	3		0		0	
Health Visiting & School Nursing						
Staffing shortages service impact (av prev 3/12)	0					
Staffing shortages service impact	0		0		0	
Rapid Response						
Service closures / week (av prev 3/12)	1					
Service closures / week	1		0		0	
Locality Rapid Response						
Service not available in any locality / week (av prev 3/12)	2					
Service not available in any locality / week	2		0		0	

What are the pressures that we are seeking to address? (2)

Existing Services

Phlebotomy	18/01/21	Status	27/01/2021	Status	08/02/2021	Status
Average Waiting list	150					
Current Waiting list	313		302		171	
Average Max Waiting time (weeks)	1					
Current Waiting time (weeks)	2		2		2	

New Services

Safe at Home Pathway	18/01/21	Status	27/01/2021	Status	08/02/2021	Status
Planning Assumptions - maximum no. of patients	10					
Current patients on caseload	66		54 (3 x calls daily) 12 (1 x call daily)		28 (3 x calls daily) 12 (1 x call daily)	
Planning Assumptions - volume of daily reviews	30					
Current daily reviews	201		174		96	
Long COVID-19 Pathway						
Planning Assumptions	350					
Current patients on caseload	557		510		631	
Integrated Assessment Hub						
Number of patients actively discharged per day	3		3		3	
Number of patients reviewed and moved into existing discharge pathways per day	4		7		4	

What service risks were identified?

Indicative 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 hence 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

What are the service priorities?: Community Services has a business continuity approach that has been risk assessed & was outlined to QPES in January 2021

- 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

Business Continuity Actions

Daily reviews of demand against capacity:

- This uses a RAG system with telephone reviews undertaken by staff who are working from home

The service has reduced elective activity

- ***MSK service:*** Therapists redeployed to acute and community (ICS) therapy teams
- ***Podiatry:*** Podiatrists redeployed to locality teams

Staff have been redeployed where the service demand has reduced:

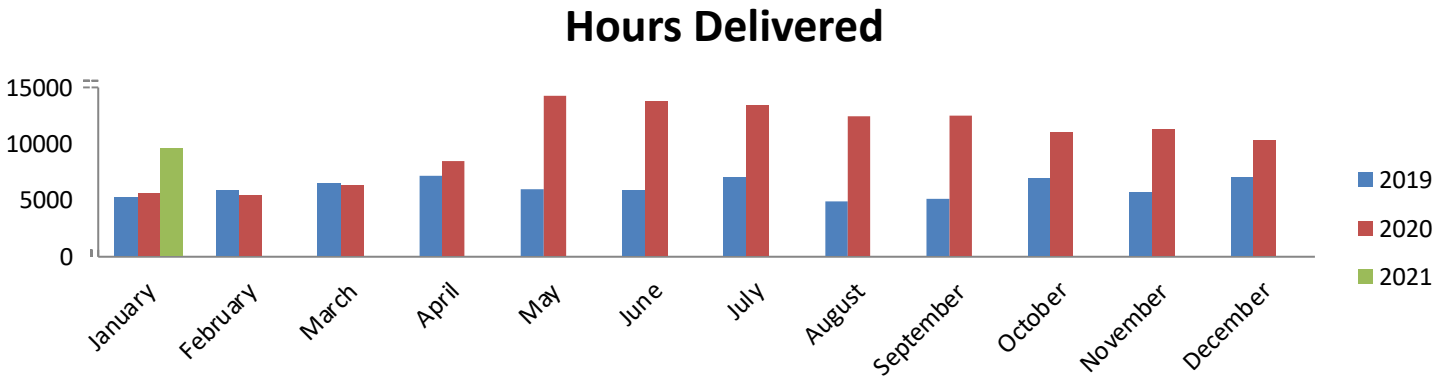
- Some School Nurses have supported the vaccination programme

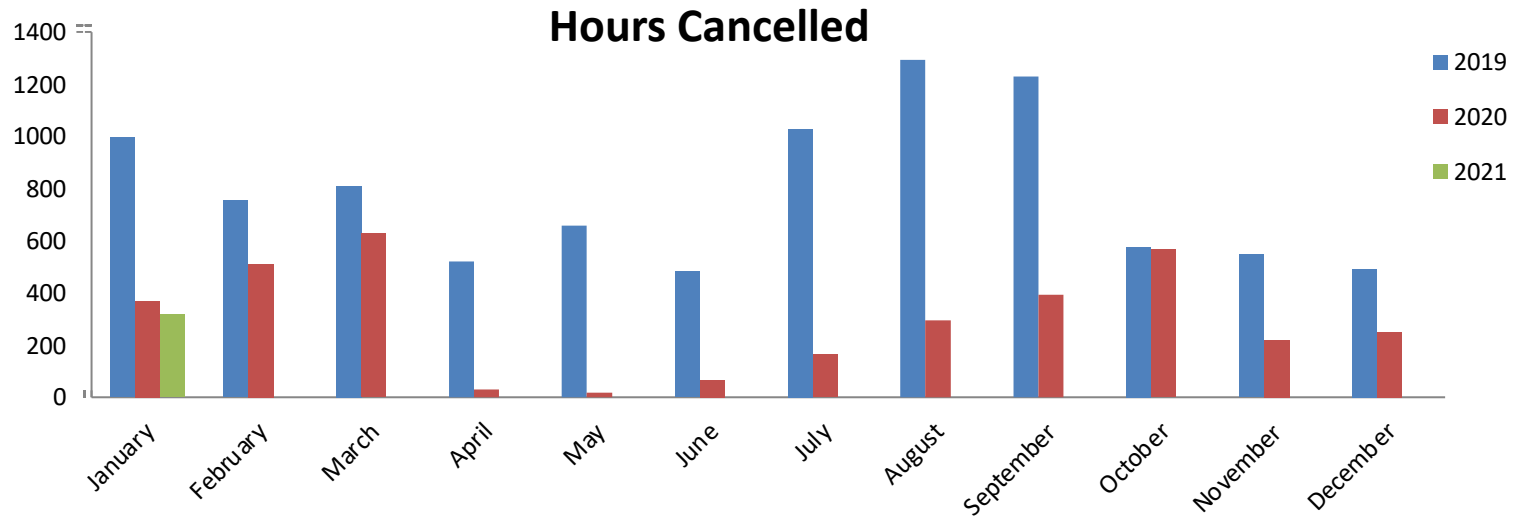
New models of care are being piloted:

- Therapy support to wards focusing on targeted interventions such as Bedside Mobility Assessment Tool (BMAT)

Keeping People at Home: Community Nursing Capacity and Demand

Community Services continue to deliver more hours and cancel less hours of activity than before Covid

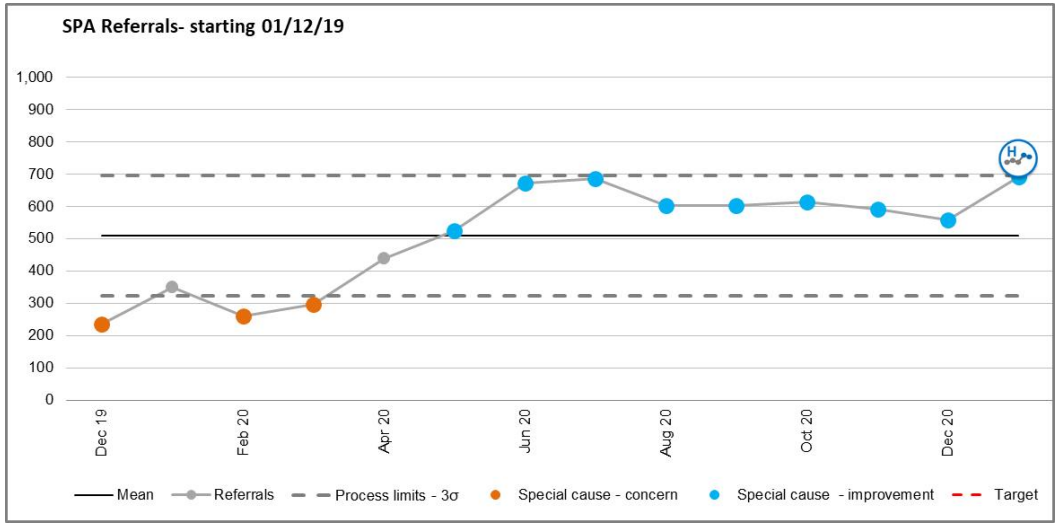


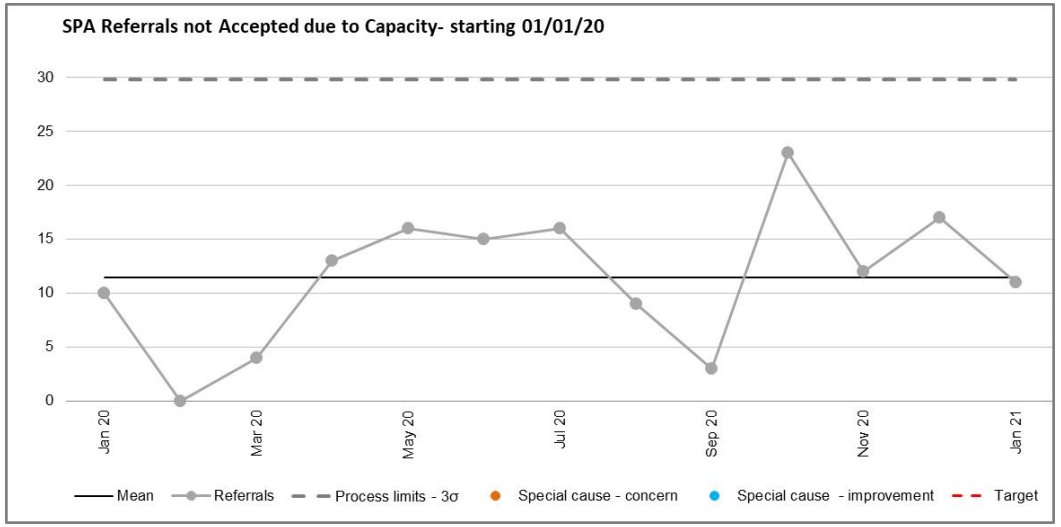


- Community Nursing experienced high levels of absence in January and implemented escalation measures in response (re prioritising the workload)
- In January, 7% of amber visits were cancelled
- Although less hours of care were delivered and more cancelled than in previous months, the distinction between pre and peri Covid delivery is marked
- What this does not reflect however, is the shift in case mix over this period, with a greater level of dependency now apparent
- As a result even though there is a lower volume of cancellations, this is being enacted within a caseload of higher need; hence the Service's early escalation regarding the potential clinical impact

Avoiding Hospital Admission: Care Navigation Centre

Hours of availability have increased with highest number of calls recorded in January 2021

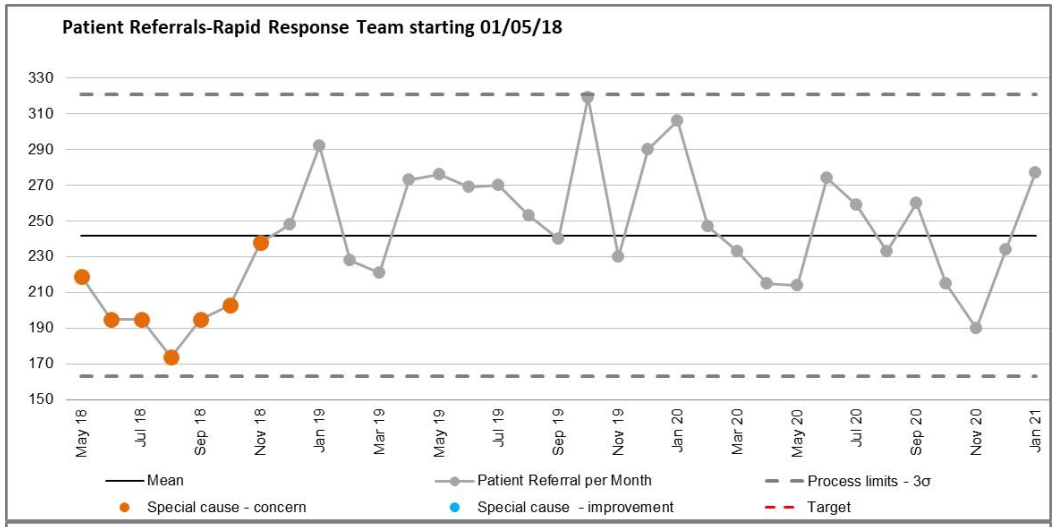


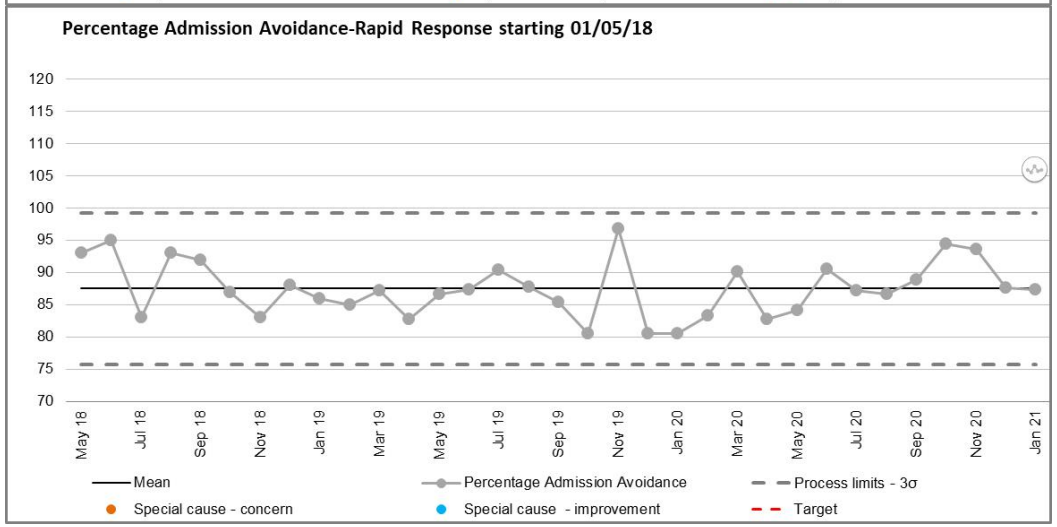


- The volume of calls to the CNC increased to 692 in January which is the highest ever through the service
- The CNC continues to support new services aimed at monitoring people within their own home, the activity for which is not shown in these figures
- The 'Safe at Home'(S@H) pathway deals with patients with COVID who have been discharged from Walsall Manor Hospital on the basis that they will be monitored by the CNC for 3 times a day for 2 weeks per patient and who otherwise would have remained as in-patients
- Established in December 2020 for a maximum of 10 patients, this service held up to 66 patients at one point in January and on 8th February this had reduced to 40 patients

Avoiding Hospital Admission: Rapid Response

The pattern of demand is changing [impact of CNC]





- **Rapid Response:** Referrals into Rapid Response remain volatile and this needs to be viewed alongside the growing ability of the Care Navigation Centre to triage referrals into other services (261/692 calls in January) as well as providing advice and guidance 212/692 calls in January). The conveyance- / admission-avoidance rates remain stable

- **Care Homes:** The Enhanced Care Home Support Team completed the first round of vaccinations in selected care homes. In January they resumed clinical reviews in all homes covered by the scheme and were able to provide additional support to a home that was challenged with an outbreak of Covid

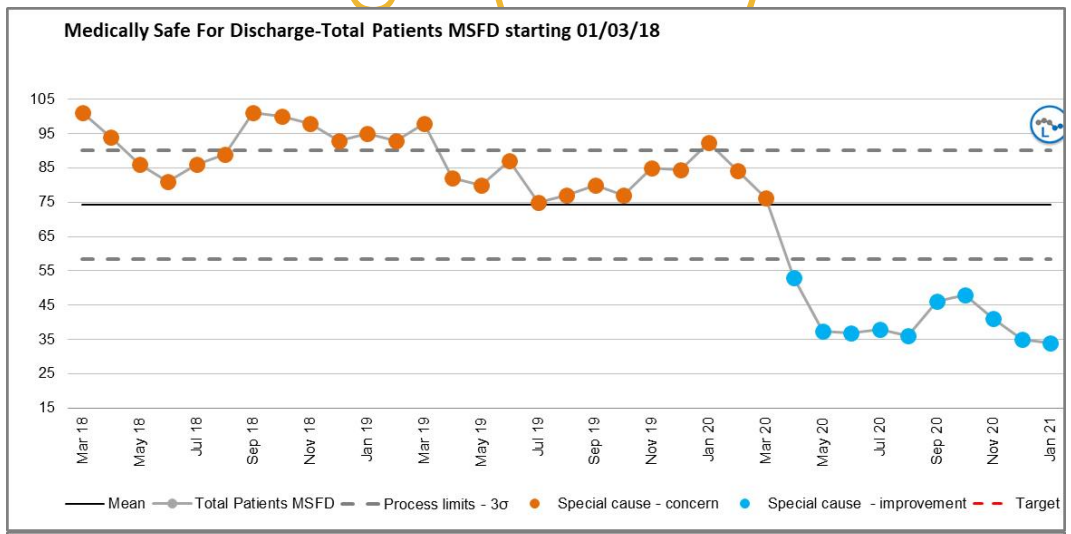
Avoiding Hospital Admission: New schemes have continued

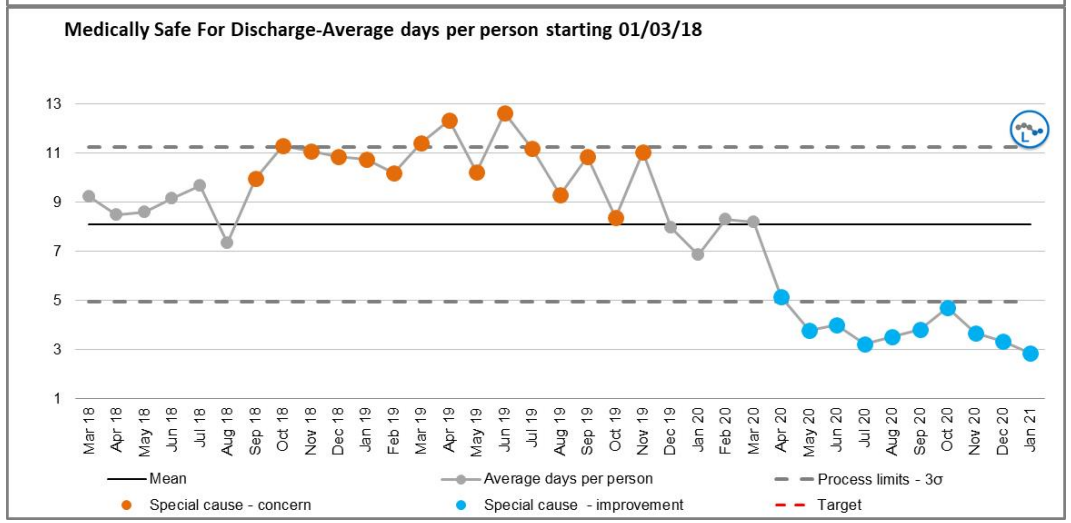
	Jan 21
Hospital Avoidance	29
Early supported Discharge	73
Assisted Discharge	39

Integrated Assessment Hub

- **Hospital Avoidance:** The IAH has developed a pathway so that people directly contacting the Frail Elderly Service or Ambulatory Care at the Manor with post-discharge complications are now seen by Rapid Response, Enhanced Care Home Support Team or IV team instead and receive a community-based assessment & clinical review, thereby avoiding conveyance to hospital
- **Early Supported Discharge:** Patients who have been identified in ED, on the assessment units, on the wards and discharged into a community service (including DVTs from ambulatory)
- **Assisted Discharge:** IAH team signpost / support wards with navigating discharge pathways which result in a discharge same / next day (e.g. out of area patients; Safe at Home scheme; ICS; therapy)

Supporting Hospital Discharge: 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 and has avoided the spike in numbers usually seen in January
- Commissioners have established a care home within the borough to operate as an interim setting for Covid positive patients requiring admission to a care home on discharge

Actions to Maintain Service Provision:

Maintaining community-led in-patient care

Holly Bank House

- Has maintained its capacity at 12 beds
- Where there are no stroke patients to transfer from Wolverhampton, it continues to accept MSFD Neuro-Rehab & MSFD short-stay patients from Walsall Manor

Goscote Hospice

- Has maintained its capacity at 10 beds
- It continues to admit patients 7 days per week

Supporting the Vaccination Programme

In January the service supported Oak Park Vaccination Centre and also delivered

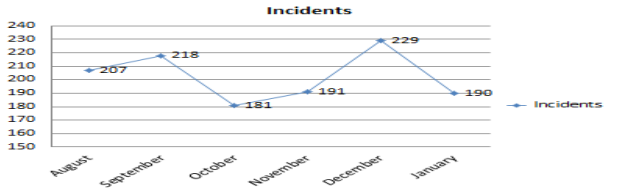
- Care Homes: 88 vaccinations in January (245 in total to 09/02/21)
- Domiciliary: 403 vaccinations in January (1027 vaccinations to 24/02/21)

Quality Indicators: Community Services monitors the impact of service changes on quality

- The RAG rating of services are reviewed daily and reported at the Community Tactical Command meeting. Risks are identified , immediate actions are formed and implemented in order to mitigate.
- Incident trends are monitored through the monthly Divisional Board meetings and quarterly locality and service performance reviews. This monitors the numbers of incidents and highlights trends in incidence.
- Compliments and Complaints are monitored through the monthly Divisional Board meetings and quarterly locality and service performance reviews. This monitors the numbers of incidents and highlights trends in incidence.
- Moderate harms (level 3 and above) are reviewed fortnightly at the Divisional Safety Huddle in order to monitor numbers, trends and take decisions on the requirement for RCA.

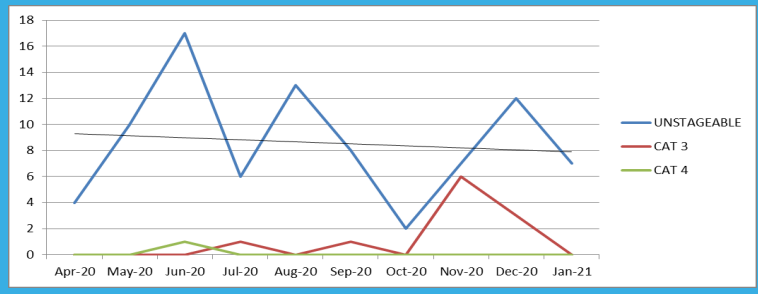
Incident Trends

The total number of incidents reported fell during January to 190 from 229 in December



Pressure Ulcers

The number of pressure ulcers reported by locality teams in January 2021 did not deviate adversely from the averages within Q2 & Q3 for Categories 3, 4 & Unstageable

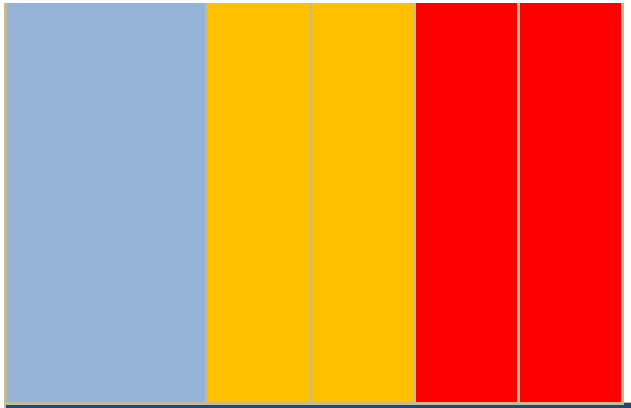


Walsall Healthcare NHS Trust

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** • 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 since December 2020	**Current Risk Score**	**16 (High)**

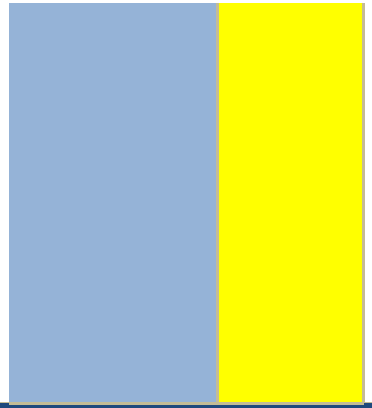
Risk Scoring

Quarter	Q1	Q2	Q3	Q4	Rationale for Risk Level	Target Risk Level (Risk Appetite)		Target Date
Likelihood:	3	3	4	4	• 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	4		Consequence:	4	
Risk Level:	12	12	16	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 establish 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			
	1st Line of Defence	2nd Line of Defence	3rd Line of Defence
Controls:	• Interim Executive Director appointed • 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	• 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	External assessment – CQC/Audit STP Scrutiny Health and Wellbeing Board Reporting Overview and Scrutiny Committee
Gaps in Control	• 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 • Enactment of section 75 in terms of Monitoring meetings		
Assurance:	• 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	• Walsall Together included on Internal Audit Programme • Walsall Together Committee in place overseeing assurance of the partnership • STP oversight of 'PLACE' based model	• NHSE/I support of Walsall Together • STP support • NHSE/I validation of ICP due diligence

		• Reporting to Board and Partners • Oversight on service change from other committees • ICP due diligence underway	
Gaps in Assurance	• Limited in overall external assurance as regulators inspect individual organisations and as yet have not developed 'PLACE' based inspections although Walsall		

Future Opportunities

- 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

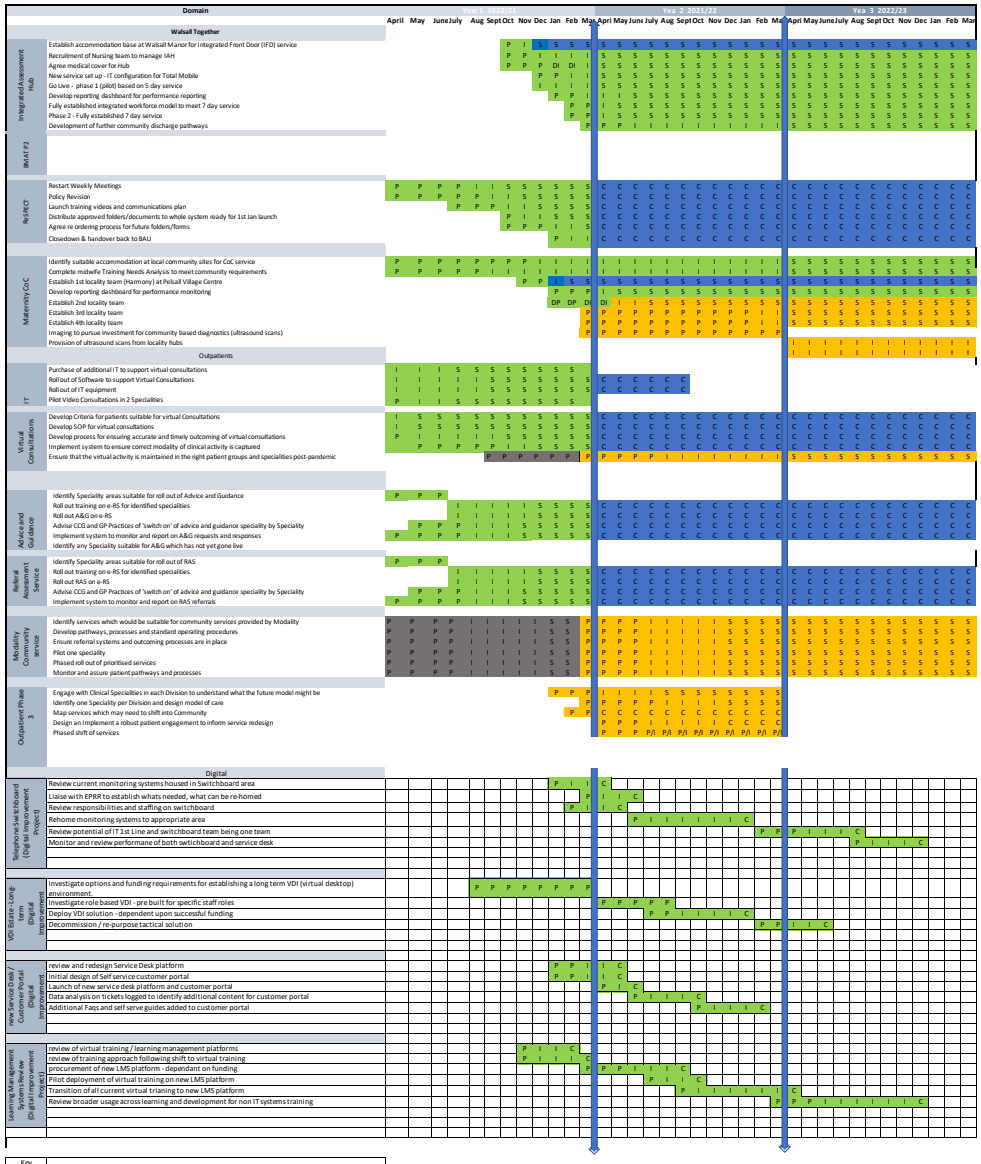
Future Risks

- 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	While 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, an agreement in principle and formal roadmap for achieving this is still being developed	
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 March 2021. There have been three sessions held in February to review the key work streams and actions around this. A delivery report to the partnership board will be presented in March. 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. The final strategy is interdependent with the production of the Health & Well Being strategy which is focused on the end of Q2	
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	The strategy was agreed in November 2020 and includes health inequalities and the ambition for co-production.	
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 deliver 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.	

Date: 12/01/21

			De very		
Pro ect Ref	Focus Area	Pro ect T t e	Year 1	Year 2	Year 3
	Walsall Together Projects	Integrated Assessment Hub	Launch Integrated Front Door Service (Q4)	Expand to 7 day service (from April 2021)	Sustain
			Staffing model: 1x B8 Nurse (6 month secondment til May 2021) 3x B6 Nurses (2 in recruitment process) (Medical cover - to be agreed)	Identification, ratification and establishment of integrated workforce including skill set and roles to meet 7 day service. (Funding requirements)	Sustain
			Transfer of patients from acute to community pathways	Development of further community pathways (eg Endocarditis IV with CIT, Palliative Care pathways including Neutropenic Sepsis patients who are admitted but could be cared for at home)	Continuous service improvement
			Development of performance dashboard	Monitor activity and performance	Sustain
		Maternity Continuity of Carer	35% of booked women on the CoC pathway by 31 March 2021	51% of booked women on the CoC pathway by 31 March 2022	80% of women booked and delivered on the CoC pathway beyond March 2022
			Assign appropriate caseload mix for each locality based midwife (based on 36 patients each)	25% of each Midwives' caseload to be representative of the BAME Community, ie average of 8-10 BAME women included within their caseload of 36 patients.	Sustain
			Establish 2x community based locality hubs	Establish a further 2x community hubs (4 in total)	Sustain
			Provision for community based diagnostics included in Clinical Support Services' short term and long term strategic plans	Imaging to pursue capital investment for community ultrasound scanning service (in line with local and national directives)	Provision of community based ultrasound service
		BMAT	Pilot and Evaluation of BMAT Tool	Awaiting update from Lead	Awaiting update from Lead
		ReSPECT Implimentation	Launched 1st Jan. Need to clarify re ordering process and then prepare to hand back as BAU	Sustain as BAU	Sustain as BAU
	Outpatients	Advice and Guidance	Roll out Advice and Guidance in Specialities where appropriate to do so	Review use of live services and implement any services not yet live	Monitor and Maintain
		Referal Assessment Service (RAS)	Roll out RAS in services where it is appropriate	Review use of RAS in services which are live, review opportunities to implement RAS in other suitable Specialities	Monitor and maintain
		Implement virtual Outpatient services	Identify clinics per speciality which are suitable for virtual outpatient services and roll out virtual consultations	Review virtual clinics and embed this activity where safe and appropriate to do so	Monitor and maintain
		Implement virtual Outpatient services	Roll out IT equipment to enable safe and effective roll out of virtual clinics	Review use of IT equipment and identify where there may be gaps in provision	Ensure there is a robust replacement programme for IT equipment in place
		Shift of Outpatient activity to community	Planning for Phase 3 of Outpatient project	Develop community model and pilot with 2 Specialities per Division	Review model and roll out to other Specialities where appropriate
	Digital	Telephone Switchboard (Digital Improvement Project)	Review current monitoring systems housed in Switcboard area, liaise with EPRR to establish whats needed, what can be re-homed	Review potential of IT 1st Line and switchboard team being one team. Depends on Log & Flog methodology. Delivery of integreated phonebook	Monitor and maintain
		VDI Estate - Long-term (Digital Improvement Project)	Investigate options and funding requirements for establishing a long term VDI (virtual desktop) environment.	Investigate role based VDI - pre built for specific staff roles	Sustainability
		new Service Desk / Customer Portal (Digital Improvement Project)	re-design and re-launch of Service Desk platform. Initial deployment of self service customer portal	Continuous improvement driven by data analysis from incidents logged. Look to add more Customer Portal self service FAQs	Continuous improvement and sustainability
		Learning Management Systems Review (Digital Improvement Project)	review of virtual training / learning management platforms and procurement of new solution. Initially IT training for system use	Review of broader usage across Learning and Development for non IT system based training	Review of onboarding workflow to look at streamlining new starter and induction training.
		EDM - electronic document management system (Digital Programme with Care at Home link)	Procurement and installation of EDM system Procurement of scannning partner	Digitisation of active patient health records Ingesting existing digital Child Health Records into EDM system Setup of scanning bureau for day forward scanning to include external correspondence	Identify other content for ingestion into EDM. Sustain as BAU
		Office 365 deployment (Digital Programme with Care at Home link)	Procurement of Office 365 licences, tactical rollout of Teams for Covid response. Planning for full rollout	Moving Exchange mailboxes to online O365, upgrade to latest version of Office suite (hybrid online and desktop versions). Support and training provided	Leverage addditional functionality within O365 platform. Sustain as BAU
		Patient Flow (Digital Programme with Care at Home link)	Review current Ward whiteboards, build initial patient flow designs .Run engagement workshops	Rollout patient flow to wards supported by appropriate touch screen hardware	Sustain as BAU
		Clinical Narrative / Clinical Noting (Digital Programme with Care at Home link)	Review current clerking and paper process. Collate and review. Run engagement workshops	Develop Clinical Narrative forms in agreed priority order	Develop Clinical Narrative forms in agreed priority order
		Total Mobile Adult & Children's Services (Digital Programme with Care at Home link)	Move to cloud based infrastrucutre for Total Mobile. Begin planning for rollout to Adult and Childrens services	Phased rollout to Adult and Childrens services	Sustain as BAU



Key	
	Project initial timeline that has been adjusted (primarily for 20/21 projects)
P	Planning
I	Implementation
S	Sustain - time taken to embed project
P	Proposed Planning
I	Proposed Implementation
S	Proposed Sustain
D	Project planning, implementation or sustainability delayed e.g. DP, DI, DS
O	Project started but delivery of elements exceeding the timeline e.g. OI, OP, OS
C	Project complete - following sustain stage and transition to Business as Usual if applicable

MEETING OF THE PUBLIC TRUST BOARD - 4th March 2021			
Work Closely with Partners			**AGENDA ITEM: 18**
Report Author and Job Title:	Ned Hobbs, Chief Operating Officer	**Responsible Director:**	Ned Hobbs, Chief Operating Officer
Action Required	Approve ☐ Discuss ☐ Inform ☒ Assure ☒		
Executive Summary	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. 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 2020 since reinstatement. Sandwell and West Birmingham NHS Trust (SWBH) were also added as 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, December and January were cancelled. 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.		
Recommendation	Members of the Trust Board are asked to note the contents of this report.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	This report addresses BAF Risk S04 Working with Partners to provide positive assurance the mitigations in place to manage this risk and the related corporate risks 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	
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 ☐	Care at home ☐
	Partners ☒	Value colleagues ☐
	Resources ☐	

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 2020 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, December and January were cancelled.

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

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 the draft proposal for 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 in progress, with a revised proposal due back to Trust Management Board on 9th March 2021, and through Royal Wolverhampton Trust's governance structures similarly. Collaboration with West Midlands Ambulance Service has taken place who have been supportive of the proposal thus far.

Dermatology

Progress continues in the Dermatology workstream, supported by the joint Clinical Directorship of Dr James Halpern, and the increasing strength of the pan-Walsall and Wolverhampton service is evidenced by the recent request to support SWBH, particularly with paediatric dermatology.

The Dermatology service has successfully bid for funding from the STP to introduce teledermatology in the Black Country, and will soon begin the formal scoping and procurement processes for this, as the pilot department for the introduction of this form of teledermatology in the Midlands.

The business case for a Black Country Moh's service is in advanced stages of development and will support our ambition to create a Black Country Skin Centre, operating as a tertiary provider for the region. The Trust has worked collaboratively with The Dudley Group's Plastic Surgery services to now access Sentinel Lymph Node

Biopsies for Walsall skin cancer patients within the Black Country, rather than needing to travel to Birmingham as was previously the case.

The next Dermatology Steering Group meeting is to be held on 3rd March and will receive an update from all of the project groups. Time will also be given to review an options appraisal for the continuing form and structure of the Partnership. This will consider various models including hosting arrangements for a joint service, a lead provider model, SLA arrangement or to remain in its current project structure format. Recommendations will be made to CWIEG from the Steering Group.

Clinical Fellowship Programme

The Clinical Fellowship joint working Service Level Agreement and Memorandum of Understanding (MOU) between WHT and RWT has 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. Commencement dates have been delayed slightly, and the doctors are now expected to start by the end of March 2021.

4. RECOMMENDATIONS

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

APPENDICES

1. BAF SO3

Walsall Healthcare NHS
NHS Trust

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** • 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		**Current Risk Score** **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. • 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 • Shared Clinical Fellowship Programme agreed with RWT, and first round of	Likelihood:	2	Q2 2021/22 Subject to assurance on and approval of Urology integration plan.
Consequence:	4	4	3			Consequence:	2	
Risk Level:	12	12	9			Risk Level:	4 (low)	

Walsall Healthcare NHS Trust

	appointments made. • Despite progress, integration plans are not yet fully implemented	

Control and Assurance Framework 3 Lines of Defence			
	1st Line of Defence	2nd Line of Defence	3rd Line of Defence
Controls:	• 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	• Approved Strategic Collaboration between The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust.	• Third line of control NHSE/I regulatory oversight • Black Country and West Birmingham STP plan and governance processes in place
Gaps in Control	• Lack of co-alignment by our organisation and all neighbouring trusts • Lack of formal integration at Trust level across all four BCWB Acute Trusts • Mandated arrangements by regional networks		
Assurance:	• 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	• Demonstrable evidence of recent functional integration in ENT, Urology and Dermatology • Emerging commitment from BCWB 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	• Progress overseen nationally and locally
Gaps in Assurance	• 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 of the pandemic. • 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 sector 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
- Shared Chair with RWT creates opportunities to accelerate bilateral collaboration where applicable

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 4 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. To be incorporated into re-phased Improvement Programme Plan for June 2021.**	
4.	Assess resource requirement to support Imaging Network programme	G Augustine & N Hobbs	Feb 2021	**Delayed due to resurgence of Covid-19. To be discussed at Black Country wide working group in April 2021.**	
5.	Approve Urology integration plan through QPES, PFIC and Trust Board (if applicable)	N Hobbs	April 2021		

MEETING OF THE PUBLIC TRUST BOARD – 4th March 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 ☒ Discuss ☒ Inform ☒ Assure ☒		
Executive Summary	This report provides the key messages from the extraordinary Audit Committee meeting on 22nd February 2021, arranged to review the Risk Management arrangements and Board Assurance Framework (BAF). The report sets out escalations for the attention of the Trust Board, and key issues discussed and work underway. • The Board Assurance Framework (BAF) was presented to the Committee for Quarter 3. Whilst the Committee was assured as to the process for risk management and for the BAF, the Quarter 3 report did not provide sufficient assurance on the up to date position, actions being aligned to gaps, or appropriate escalations. Given the high ratings and increased movement in some ratings in the quarter, the Committee recommends an updated position for Board oversight be presented before the end of the financial year. The Director of Finance and Performance confirmed there would be Executive focus placed upon providing the updated position and on assuring the Board on risk ratings, controls and actions. • The COVID-19 Governance Continuity Plan was endorsed for extension to 30th June 2021, and is before the Board at this meeting. It is supported by the Committee. • The Terms of Reference for the Committee were amended to include the Chair of the Charitable Funds Committee as a voting member. The amended Terms of Reference are attached at Appendix 1 to this report. The next meeting of the Audit Committee will be held on 26 April 2021.		

Recommendation	Members of the Trust Board are asked to: • Approve the amendment to the Terms of Reference for the Audit Committee (Appendix 1) • Note the escalations and any support sought from the Trust Board	
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	Audit Committee is essential to Trust Board managing risk across the organisation.	
Resource implications	Poor internal control and/or management of risk would almost certainly result in financial loss.	
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.	
Strategic Objectives	Safe, high quality care ☒	Care at home ☒
	Partners ☒	Value colleagues ☒
	Resources ☒	

Walsall Healthcare NHS
NHS Trust

AUDIT COMMITTEE

TERMS OF REFERENCE: Version 7.0

RATIFIED BY THE TRUST BOARD ON: 4th March 2021

NEXT REVIEW DUE: April 2021

Deleted: 6

Deleted: 3 September 2020

1. CONSTITUTION

The Board of Directors ("Board") hereby resolves to establish a Committee of the Board of Directors to be known as the Audit Committee ("Committee"). The Committee is a non-executive committee of the Board and has no executive powers, other than those specifically delegated in these Terms of Reference.

2. PURPOSE

2.1 The purpose of the Committee is to review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical) that supports achievement of the organisation's objectives.

2.2 The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to cooperate with any request made by the Committee. 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.

3. MEMBERSHIP

The Committee shall consist of:

- Chair of the People and Organisational Development Committee
- Chair of the Quality, Patient Experience and Safety Committee
- Chair of the Performance, Finance & Investment Committee
- Chair of the Walsall Together Partnership Board
- Chair of the Charitable Funds Committee
- One other Non-Executive Director who has recent, relevant financial experience, who will Chair the Committee.

4. ATTENDEES

4.1 The Director of Finance and Performance, and the Director of Governance, shall normally attend meetings.

4.2 Representatives of the external auditor and internal audit will attend. The Committee will meet in private with the internal and external audit representatives at least once a year.

4.3 Only members of the Committee have the right to attend meetings, but the Chief Executive shall generally be invited to attend routine meetings of the audit committee.

4.4 The Chair may be invited to attend meetings of the Committee as required.

4.5 Other executive directors should be invited to attend, particularly when the Committee is discussing areas of risk or operation that are the responsibility of that director and where an internal audit review provides anything other than significant assurance.

5. ATTENDANCE

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.

6. QUORUM

The Committee has no decision making authority unless there are two Non-Executive Directors present.

7. FREQUENCY OF MEETINGS

The Committee will meet five times a year and additional meetings may be arranged as required.

8. CHANGES TO TERMS OF REFERENCE

Changes to the terms of reference including changes to the Chair or membership of the Committee are a matter reserved to the Trust Board.

9. ESTABLISHMENT OF SUB GROUPS

The Committee may establish sub-groups and/or sub-committees, which may include members of the Committee, to support its work. These may be enduring or time limited. The terms of reference of such sub-groups and/or sub-committees will be approved by this Committee and will be reviewed at least annually. The Committee may delegate work to the sub-groups and/or sub-committee in accordance with the agreed terms of reference. The Chair of each sub-groups and/or sub-committees will provide a Chairs report to the Committee on a frequency agreed with the Committee.

10. ADMINISTRATIVE ARRANGEMENTS

The Chair of the Committee will agree the agenda for each meeting with the Director of Governance. The Committee shall be supported administratively by the Director of Governance and the Executive Personal Assistant who's duties in this respect will include:

- Agreement of agenda with Chair and attendees and collation of papers
- 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 Committee members

All papers presented to the Committee must be prefaced by a summary of key issues and clear recommendations setting out what is required of the Committee.

11. ANNUAL CYCLE OF BUSINESS

The Committee will develop an annual cycle of business for approval by the Committee meeting at its first meeting of the financial year. The Committee 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.

12. REPORTING TO THE TRUST BOARD

The Chair of the Committee will highlight any key actions taken with regard to the issues, key risks identified and key levels of assurance given to the Trust Board.

13. STATUS OF THE MEETING

All Committees of the Trust Board 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 and lead Executive.

14. MONITORING

14.1 The Committee will provide the Trust Board with an Annual Report setting out the issues that have been considered by the Committee and details of assurance provided.

14.2 This will include reporting at least annually on its work in support of the Annual Governance Statement, specifically commenting on the fitness for purpose of the Board Assurance Framework and risk management processes; that governance systems are integrated and embedded in the organisation; the appropriateness of evidence compiled to demonstrate fitness to register with the CQC; and the robustness of the processes behind the quality accounts.

15. PERFORMANCE EVALUATION

As part of the Board's annual performance review process, the Committee shall review its collective performance.

16. REVIEW

The terms of reference of the audit committee shall be reviewed by the Board at least annually.

17. DUTIES

Governance, Risk Management and Internal Control

The Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives. In particular, the Committee will review the adequacy and effectiveness of:

17.1 All risk and control related disclosure statements (in particular the Annual Governance Statement), together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to submission to the Board of Directors;

17.2 The underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements;

17.3 The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certifications;

17.4 The policies and procedures for all work related to counter fraud and security as required by NHS Counter Fraud Authority .

17.5 The Committee will review the proposed changes to, the standing orders, standing financial instructions and the scheme of delegation prior to approval by the Trust Board.

In carrying out this work the Committee will primarily utilise the work of internal audit, external audit and other assurance functions, but will not be limited to these sources. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

Risk Management

The Committee will seek assurances from the Executive Risk Management group to guide its work to ensure that there are systems and processes in place to minimise risks to patients through the application of a comprehensive risk management system. This will include without limitation the following specific tasks:

17.6 Review the risk management strategy, policy and procedure for effective risk management, monitor compliance with statutory responsibilities and ensure risks are appropriately escalated.

17.7 Oversee the management of risks and related risk treatments considered by the Committees which report to it (including sub groups and aligned Board Committees) as detailed within these terms of reference. Where appropriate, the Committee will add issues of concern raised by other committees to the Trust risk register.

17.8 Review the Board Assurance Framework (BAF) and the high level risks on the Corporate Risk Register (risks with a score of 16 or more), specifically considering the impact of the high level risks on the BAF

17.9 Review the business continuity strategy and policy for endorsement to the Trust Board; and monitor compliance

17.10 Advise the Board of Directors on any significant issues regarding quality, risk or compliance issues.

17.11 Review the organisation's cyber risk management and appropriateness of the risk mitigation strategies.

Internal Audit

The Committee shall ensure that there is an effective internal audit function that meets the *Public Sector Internal Audit Standards 2013* and provides appropriate independent assurance to the Committee, Accountable Officer and Board of Directors. This will be achieved by:

17.12 Consideration of the provision of the internal audit service, the cost of the audit and any questions of resignation and dismissal

17.13 Review and approval of the internal audit plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the assurance framework

17.14 Consideration of the major findings of internal audit work (and management's response), and ensure co-ordination between the internal and external auditors to optimise audit resources

17.15 Ensure that the internal audit function is adequately resourced and has appropriate standing within the organisation

17.16 Monitor the effectiveness of internal audit and carrying out an annual review.

External Audit

The Committee shall review and monitor the external auditors' independence and objectivity and the effectiveness of the audit process. In particular, the Committee will review the work and findings of the external auditors and consider the implications and management's responses to their work. This will be achieved by:

17.17 Consideration of the appointment and performance of the external auditors, as far as the rules governing the appointment permit, including the formation of an Audit Appointment Panel as set out in the Local Audit and Accountability Act 2014

17.18 Discussion and agreement with the external auditor, before the audit commences, on the nature and scope of the audit as set out in the annual plan and ensuring coordination, as appropriate, with other external auditors in the local health economy

17.19 Discussion with the external auditors of their local evaluation of audit risks and assessment of the Trust and associated impact on the audit fee;

17.20 Review all external audit reports, including the report to those charged with governance

17.21 Agreement of the annual audit letter before submission to the Board

17.22 Any work undertaken outside the annual audit plan, together with the appropriateness of management responses.

Other Assurance Functions

17.23 The Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications to the governance of the organisation. These will include, but will not be limited to, any reviews by Department of Health arm's length bodies or regulators/inspectors (e.g. Care Quality Commission, NHS Litigation Authority etc.), and professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies, etc.).

17.24 In addition, the Committee will review the work of other committees within the organisation, whose work can provide relevant assurance to the Committee's own scope of work. In particular this will include the Quality and Safety Committee and the Performance, Finance and Investment Committee.

Clinical Audit Function

17.25 In reviewing the work of the Quality, Patient Experience & Safety Committee around clinical risk management, the Audit and Risk Committee will wish to satisfy itself on the assurance that can be gained from the clinical audit function and issues around clinical risk management.

17.26 The Committee will review the Clinical Audit Strategy and Plan each year and monitor through the Quality, Patient Experience and Safety Committee

Counter Fraud

17.27 The Committee shall satisfy itself that the organisation has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work.

Whistleblowing

17.28 To review the adequacy of the Trust's arrangements (whistleblowing arrangements) by which Trust staff and other individuals where relevant, may raise, in confidence, concerns about possible improprieties in matters of: financial reporting and control; clinical quality; patient safety or other matters or any other matters of concern. The Committee shall receive its assurance that arrangements are in place for the proportionate and independent investigation of such matters and for appropriate follow-up action through the Non-Executive Freedom to Speak up champion.

Management

17.29 The Committee shall request and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control. They may also request specific reports from individual functions within the organisation (e.g. clinical audit).

Financial Reporting

17.30 The Committee shall monitor the integrity of the financial statements of the Trust and any formal announcements relating to the Trust's financial performance.

17.31 The Committee should also ensure that the systems for financial reporting to the Board of Directors, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided.

17.32 The Committee shall review the Annual Report and Financial Statements before submission to the Board of Directors, focusing particularly on:

- the wording in the Annual Governance Statement and other disclosures relevant to the Terms of Reference of the Committee
- changes in, and compliance with, accounting policies, practices and estimation techniques
- unadjusted mis-statements in the financial statements
- significant judgements in preparation of the financial statements
- significant adjustments resulting from the audit
- Letters of representation
- Qualitative aspects of financial reporting

MEETING OF THE PUBLIC TRUST BOARD – 4TH MARCH 2021			
COVID-19 Governance Continuity – Extension			**AGENDA ITEM: 20**
Report Author and Job Title:	Russell Caldicott Director of Finance and Performance Jenna Davies Director of Governance Trish Mills Trust Secretary	**Responsible Director:**	Jenna Davies Director of Governance
Action Required	Approve ☒ Discuss ☐ Inform ☐ Assure ☒		
Executive Summary	The NHS is facing unprecedented levels of pressure from the COVID-19 pandemic and remains at incident level 4. In response the Trust received a revised letter 'Reducing burden and releasing capacity to manage the COVID-19 pandemic' on 26th January 2021. The letter, attached at Appendix 1, aims to support Trusts to free up management capacity and resources. As the Board will be aware the Trust received similar letters in March and July 2020 and as a result a COVID-19 governance continuity plan was approved. The current plan is due to expire on 31st March 2021. The new financial year commences from 1st April 2021 and planning guidance from NHSE/I remains outstanding. The Trust received confirmation that planning is to be delayed owing to current operational pressures, with funding rolled over in quarter 1 of 2021/22 (based on 2020/21). In light of this, and the letter of 26th January referred to above, the Board is requested to extend the COVID-19 governance continuity plan to 30th June 2021 to enable the organisation to focus on supporting the continued critical delivery of the response to COVID-19. Attached at Appendix 2 are the recommended revisions to the COVID-19 governance continuity plan (marked up), including guidance on meeting etiquette for the chat function in Microsoft Teams. This is in response to a number of meetings where substantial secondary discussions have taken place which can be distracting for both Chairs and participants. The revisions were endorsed by the Audit Committee on 22nd February 2021.		

Recommendation	The Board is requested to approve the extension of the COVID-19 governance continuity plan to 30 June 2021, or until a revised plan is developed and approved by the Board, whichever is the earlier.	
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	In order to mitigate the impact of the COVID-19 outbreak this paper provides assurance that governance will be maintained, and the process for ensuring Non-Executive Director oversight of the risks to the organisation.	
Resource implications	The financial decision making elements of the governance continuity plan are included in the paper and at Appendix 2.	
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.	
Strategic Objectives	Safe, high quality care ☒	Care at home ☒
	Partners ☒	Value colleagues ☒
	Resources ☒	

Classification: Official

Publications approval reference: 001599

Skipton House
80 London Road
London
SE1 6LH

To:

- Chief executives of all NHS trusts and foundation trusts
- CCG Accountable Officers

Copy to:

- Chairs of NHS trusts, foundation trusts and CCG governing bodies
- Chairs of ICSs and STPs
- NHS Regional Directors

26 January 2021

Reducing burden and releasing capacity to manage the COVID-19 pandemic

The NHS is facing unprecedented levels of pressure from the COVID-19 pandemic. Whilst numbers of admissions are plateauing and beginning to decline in some parts of the country, they continue to grow in others and the number of patients in hospital and in critical care with COVID-19 will take some time to reduce. At the same time the NHS is delivering a national COVID vaccination programme of unparalleled scale and complexity, whist also continuing to provide non-COVID care.

Therefore we will continue to support you to free up management capacity and resources to focus on these challenges. Following our letters in March and July last year, this letter updates and reconfirms our position on regulatory and reporting requirements for NHS trusts and foundation trusts, including:

- pausing all non-essential oversight meetings
- streamlining assurance and reporting requirements
- providing greater flexibility on various year-end submissions
- focussing our improvement resources on COVID-19 and recovery priorities
- only maintaining those existing development workstreams that support recovery.

We will keep this under close review, making further changes where necessary to support you. In addition, we will review and update the measures set out in this letter in Q1 2021/22.

Once again, we appreciate the incredible level of commitment and hard work from you and your teams that has helped the NHS rise to meet the challenges of the last year, and in particular these past four weeks.

Yours sincerely

Amanda Pritchard

Chief Operating Officer, NHS England & NHS Improvement

The system actions

Changing NHSE/I engagement approaches with systems and organisations

Oversight meetings will continue to be held by phone or video conference and will focus on critical issues. Teams will also review the frequency of these meetings on a case-by-case basis to ensure they are appropriate. We have reprioritised our improvement and support effort to focus on areas directly relevant to the COVID-19 response, in particular:

- GIRFT visits to trusts have been stood down with resources concentrated on supporting hospital discharge coordination.
- National transformation programmes (outpatients, diagnostics and pathways) now focus on activity that directly supports the COVID response or recovery, e.g. video consultation and patient-initiated follow up, maximising diagnostics and clinical service capacity, supporting discharge priorities etc.
- With CQC, we continue to prioritise our special measures work to give the appropriate support to the most challenged systems to help them manage COVID-19 pressures.

1) Governance and meetings

No.	Areas of activity	Detail	Actions
1.	Board and sub-board meetings	Trusts and CCGs should continue to hold board meetings but streamline papers, focus agendas and hold virtually, not face-to-face. No sanctions for technical quorum breaches (e.g. because of self-isolation). For board committee meetings, trusts should continue quality committees, but consider streamlining other committees. While under normal circumstances the public can attend at least part of provider board meetings, Government social isolation requirements constitute 'special reasons' to avoid face to face gatherings as permitted by legislation. All system meetings to be virtual by default.	Organisation to inform audit firms where necessary
2.	FT Governor meetings	Face-to-face meetings should be stopped at the current time[1] - virtual meetings can be held for essential matters e.g. transaction decisions. FTs must ensure that governors are (i) informed of the reasons for stopping meetings and (ii) included in regular communications on response to COVID-19 e.g. via webinars/emails.	FTs to inform lead governor
3.	FT governor and membership processes	FTs free to stop/delay governor elections where necessary. Annual members' meetings should be deferred. Membership engagement should be limited to COVID-19 purposes.	FTs to inform lead governor

[1] This may be a technical breach of FTs' constitution but acceptable given Government guidance on social isolation

No.	Areas of activity	Detail	Actions
4.	Annual accounts and audit	We wrote to the sector on 15 January to make the following adjustments to reporting requirements: • extending the 2020/21 accounts and audit year end timetable • allowing providers to apply for a further extended timetable for submitting 2020/21 financial accounts • deferring introduction of IFRS 16 (new leases accounting standard) to 2022 • simplifying the 'agreement of balances' exercise	Organisation to continue with year-end planning in light of updated guidance
5.	Quality accounts - preparation	The deadline for quality accounts preparation of 30 June is specified in Regulations. DHSC is currently reviewing whether Regulations should be amended to extend the 30 June deadline for 2020/21.	No action for organisations at the current time
6.	Quality accounts and quality reports - assurance	We are removing requirements for FTs to include this within their 2020/21 annual report.	Organisations to inform external auditors where necessary
7.	Annual report	We wrote to the sector on 15 January confirming that the options available to simplify parts of the annual report that were introduced in 2019/20 are available again for 2020/21.	Organisation to continue with year-end planning in light of updated guidance
8	Decision-making processes	While having regard to their constitutions and agreed internal processes, organisations need to be capable of timely and effective decision-making. This will include using specific emergency decision-making arrangements.	

2) Reporting and assurance

No.	Areas of activity	Detail
1.	Constitutional standards (e.g. A&E, RTT, Cancer, Ambulance waits, MH LD measures)	See Annex A.
2.	Friends and Family test	Reporting requirement to NHS England and NHS Improvement has been paused. However, Trusts have flexibility to change their arrangements under the new guidance and published case studies show how Trusts can continue to hear from patients whilst adapting to pressures and needs.
3.	Operational planning	The 21/22 planning and contracting round will be delayed; it will not be initiated before the end of March 2021 and we will roll over the current financial arrangements into Q1 21/22.
4.	Long Term Plan: system by default	System by Default development work (including work on CCG mergers) has been restarted. NHSEI actively encourages system working where it can help manage the response to COVID-19. We will keep this work under review to ensure it continues to enable collaborative working and does not create undue capacity constraints on systems.
5.	Long Term Plan: Mental Health	NHSE/I will maintain Mental Health Investment guarantee. As a foundation of our COVID-19 response, systems should continue to expand services in line with the LTP.
6.	Long Term Plan: Learning Disability and Autism	NHSE/I will maintain the investment guarantee.
7.	Long Term Plan: Cancer	NHSE/I will maintain its commitment and investment through the Cancer Alliances and regions to improve survival rates for cancer. NHSE/I will work with Cancer Alliances to prioritise delivery of commitments that free up capacity and slow or stop those that do not, in a way that will release necessary resource to support the COVID-19 response, and restoration and maintenance of cancer screening and symptomatic pathways.
8.	NHSE/I Oversight meetings	Be held online. Streamlined agendas and focus on COVID-19 issues and support needs.

No.	Areas of activity	Detail
9.	Corporate Data Collections (e.g. licence self-certs, Annual Governance statement, mandatory NHS Digital submissions)	Look to streamline and/or waive certain elements. Delay the Forward Plan documents FTs are required to submit. We will work with analytical teams and NHS Digital to suspend agreed non-essential data collections.
10.	CQC routine assessments and Use of Resources assessments	CQC has suspended routine assessments and currently uses a risk-based transitional monitoring approach. NHSE/I continues to suspend the Use of Resources assessments in line with this approach.
11.	Provider transaction appraisals CCG mergers Service reconfigurations	Complete April 2021 transactions, but potential for NHSE/I to de-prioritise or delay transactions appraisals if in the local interest given COVID-19 factors. Complete April 2021 CCG Mergers. Where possible and appropriate we will streamline the process to review any reconfiguration proposals, particularly those designed in response to COVID-19.
12.	7-day services assurance	Suspend the self-cert statement.
13.	Clinical audit	Given their importance in overseeing non-Covid care, clinical audits will remain open. This will be of particular importance where there are concerns from patients and clinicians about non-Covid care such as stroke, cardiac etc. However, local clinical audit teams will be permitted to prioritise clinical care where necessary – audit data collections will temporarily not be mandatory.
14.	Pathology services	We need support from providers to manage pathology supplies which are crucial to COVID-19 testing. Trusts should not penalise those suppliers who are flexing their capacity to allow the NHS to focus on COVID-19 testing equipment, reagent, and consumables.

3) Other areas including HR and staff-related activities

No.	Areas of activity	Detail
1.	Mandatory training	New training activities – refresher training for staff and new training to expand the number of ICU staff – is likely to be necessary. Reduce other mandatory training as appropriate
2.	Appraisals and revalidation	Indications are that the Appraisal 2020 model is helping to support doctors during the pandemic, however we recognise with rising pressures in the system appraisals may need to be reprioritised so appraisals can be declined. If appraisals are going ahead, please use the revised shortened Appraisal 2020 model The GMC has now deferred revalidation for all doctors who are due to be revalidated between 17 March 2020 and 16 March 2021. The Nursing and Midwifery Council (NMC) has also extended the revalidation period for current registered nurses and midwives by an additional three months for those due to revalidate between March and December 2020.
3.	CCG clinical staff deployment	Review internal needs in order to retain a skeleton staff for critical needs and redeploy the remainder to the frontline CCG Governing Body GP to focus on primary care provision
4.	Repurposing of non-clinical staff	Non-clinical staff to focus on supporting primary care and providers to maintain and restore services
5.	Enact business critical roles at CCGs	To include support and hospital discharge, EPRR etc

Annex A – constitutional standards and reporting requirements

Whilst existing performance standards remain in place, we continue to acknowledge and appreciate the challenges in maintaining them during the continuing COVID-19 response. Our approach to tracking those standards most directly impacted by the COVID-19 situation is set out below:

A&E and ambulance performance – Monitoring and management against the 4-hour standard and ambulance performance continues nationally and locally, to support system resilience.

RTT – Monitoring and management of RTT and waiting lists will continue, to ensure consistency and continuity of reporting and to understand the impact of the suspension of non-urgent elective activity and the subsequent recovery of the waiting list position that will be required. Application of financial sanctions for breaches of 52+ week waiting patients occurring during 2020/21 continue to be suspended. Recording of clock starts and stops should continue in line with current practice for people who are self-isolating, people in vulnerable groups, patients who cancel or do not attend due to fears around entering a hospital setting, and patients who have their appointments cancelled by the hospital.

Cancer: referrals and treatments – We will continue to track cancer referral and treatment volumes to provide oversight of the delivery of timely identification, diagnosis and treatment for cancer patients. The Cancer PTL data collection will continue and we expect it to continue to be used locally to ensure that patients continue to be tracked and treated in accordance with their clinical priority.

Screening: Cancer (Breast, Bowel and Cervical) and Non-Cancer (Abdominal Aortic Aneurysm, Diabetic Eye and Antenatal and Newborn Screening) – We will continue to track the maintenance of all the screening programme pathways (including the initial routine invitations, and the ongoing diagnostic tests).

Immunisations – All routine invitations should continue to be monitored via the NHSEI regional teams.

The Weekly Activity Return (WAR) will continue to be a key source of national data, and the Urgent and Emergency Care daily SitRep. This is vital management information to support our operational response to the pandemic, and we require 100% completion of these data with immediate effect. Guidance can be found here.

Note: it has been necessary to institute a number of additional central data collections to support management of Covid, for example the daily Covid SitRep and the Critical Care Directory of Service (DoS) collections. These collections continue to be essential during the pandemic response, but in order to offset some of the additional reporting burden that this has created, the following collections will continue to be suspended:

Title	Designation	Frequency
Critical Care Bed Capacity and Urgent Operations Cancelled	Official Statistics	Monthly
Delayed Transfers of Care	Official Statistics	Monthly
Cancelled elective operations	Official Statistics	Quarterly
Audiology	Official Statistics	Monthly
Mixed-sex Accommodation	Official Statistics	Monthly
Venous Thromboembolism (VTE)	Official Statistics	Quarterly
Mental Health Community Teams Activity	Official Statistics	Quarterly
Dementia Assessment and Referral Return	Official Statistics	Monthly
Diagnostics weekly PTL	Management Information	Monthly
26-week Patient Choice Offer	n.a. - trial	weekly

(this has already been communicated to data submission leads via NHS Digital)

Walsall Healthcare NHS Trust

GOVERNANCE CONTINUITY COVID 19

1st April 2021 to 30 June 2021

Deleted: 12th November to 31st March 2021¶

1. Situation

In response to increasing coronavirus infections the Government and Parliament have enacted a further set of national COVID-19 measures including the return to its highest level of emergency preparedness, Incident Level 4, from 5 November.

2. Corporate Governance

To support the incident management structures, we have agreed to reduce the decision and governance making processes within the organisation for business as usual and routine business. Revising the structures will enable us to focus on supporting the critical delivery of the response to COVID-19.

2.1 Tier 1 Committees

The Tier 1 Committees will continue to meet throughout a period of increased pressure, however will limit its agenda through its regular agenda setting meeting with the Non-Executive Chair and Executive lead to seeking assurance for immediate/urgent issues or pre-agreed matters of strategic programme progress aligned to their Terms of Reference. As a minimum each Committee will include the following agenda items;

- Risk Management- Each Committee will have a standard agenda item on new and emerging risks, as well as the Board Assurance Framework and Corporate Risk Register
- Covid 19 update- for each Committee a Covid update based on the Committee Terms of Reference will be presented for assurance and escalation of immediate issues or risks
- Improvement Programme- Each Committee will continue to receive progress updates on the overall improvement programme, and where appropriate restoration plans.

Aligned to the national guidance, all Committee and Board Meetings will be conducted virtually via Microsoft teams (Appendix 1). Virtual meetings, subject to quoracy, will have full authority to take decisions; meetings will be recorded, and Minutes/Action Logs produced, in the normal way.

Where it is not possible to convene a meeting via video conference, decision items may be

- circulated to voting members of the body for comment and approval, or:
- taken by Chair's action, in liaison with the Chief Executive and Lead Executive Director for the matter concerned.

In each case, the Trust Secretary will collate responses and ensure that the resulting decision is communicated, and reported to the next formal meeting for information.

As a public body we must transact our Business in accordance with the Public Bodies (Admission to Meetings) Act 1960, which states we must enable members of the public to attend our Public Trust Board. Owing to the national guidance as part of the overall 'social distancing' strategy to protect staff and patients, the public, we are recommending that we publish details of how to join the public meeting online and extend the invite our local Healthwatch and staff side representatives. We will as per standard practice publish the papers of the meeting and ask for written questions in advance of the meeting.

In addition to the formal governance arrangements, we have also put in place informal progresses to ensure Non-Executive s have oversight of the Trusts Covid Response; Weekly NED call, with chairs of acute and hospital tactical command and the chair of strategic command.

In line with National Guidance Non-Executive Directors will be unable to have an onsite presence and therefore to ensure visible leadership and enable our Non-Executive Directors to engage and support staff will continue our virtual Board visit programme for the next 6 months.

2.2 Tier 2 Governance

Further to the above decision we have also agreed to maintain the following operational governance groups, all with an appropriate slimming down of their agendas, to reflect agreed organisational prioritisation:

- **Patient Safety**- To ensure oversight and assurance of the patient safety agenda, safety huddles, the Weekly SI meeting, and the Patient Safety Group will continue to meet, with a reduced agenda.
- **Staff Health and Wellbeing Group;** this group will oversee the support to staff to ensure our staff remains healthy and able to attend work during COVID 19. It will also oversee specific interventions for staff
- **Emergency Department Building group**; This group has been identified as a priority due to decisions which will need to be made to ensure progress in the ED build is not impacted at this stage.
- **Equality, Diversity and Inclusion group**
- **Improvement Programme Board**
- **Divisional and Care Group Boards;** These meetings will continue, as a minimum they will meet monthly, on the following standard agenda items;
    - Patient Safety
    - Quality Assurance (inc metrics)
    - Workforce and ensuring staff wellbeing
    - Performance and Financial performance

We have developed a Governance Contingency plan which as the pandemic continues and as national guidance changes it may be necessary to further reduce meetings (Appendix 2). Therefore the contingency plan sets out how decisions could be made in the absence of a quorum if required.

2.3 Financial Decision Making

In order to support incident command structure, we have reviewed our financial governance processes and we are recommending the following changes to our current processes for COVID 19 expenditure;

- Suspension of discretionary spend panel (COVID-19)
- Temporary () changes, to be reviewed for ongoing need monthly, to Standing Financial Instructions to include;
    - Increase in spending limits to the Incident Commander (Executive Director) of the Acute Hospital, and the Incident Commander (Executive Director) of the Community to approve spend aligned to COVID-19 £75,000.
    - Increase in spending limits to the Chief Executive Officer to approve spend aligned to COVID-19 to £150,000

The following financial controls will apply

- All procurement processes, as laid out in SFIs will remain in place.
- Normal consultancy approval and agency reporting requirements
- Incident command will not be authorised to approve Business as usual expenditure or non COVID-19 expenditure
- Recurrent spend or enable the organisation to commit to recurrent spend without following our current SFI processes.
- All expenditure committed within the above revised delegations will (prior to expenditure being committed) be required to detail where costs are to be reduced (or additional income secured) so as to remain within the existing financial plan (run rates) to 31st March 2021, as presented to Board Development sessions and endorsed through the Performance, Finance & Investment Committee.
- The Covid-19 Expenditure Proforma has been amended to require the details of how the financial plan and re-allocation of resource is to be undertaken to maintain financial balance for delivery of the planned outturn for 2020/21.

Financial control and stewardship of public funds will remain critical during our response to COVID-19, and we will need to ensure we are complying with our legal obligations. Therefore through the incident command process will be monitoring all expenditure associated with COVID-19;

- Tactical Command- Senior Financial lead attendance at each meeting to capture all costs/financial impact of each decision
- Strategic Command- Review the COVID financial budget report. Director of Finance to ensure that the financial impact of decisions taken at Strategic level are captured.
- PFIC to receive a monthly COVID Finance report
- Audit Committee will retain oversight of financial governance, specifically relating to procurement, and single source wavers.

In order to provide assurance both to the Board, we will apply the following process to ensure COVID expenditure is appropriate;

- The monthly commitment of resources and schemes enacted then reviewed in a formal report to PFIC
- All schemes endorsed will then be presented monthly within Private Board

Appendix 1 - Managing Meetings attended remotely

1. General
   - Participants using mobile phone to dial in should ensure that once engaged in the meeting their mobiles are turned to 'mute to prevent any unwanted noise, unless it is necessary for emergency reasons.
   - Participants should also ensure they are in a sound free environment for the duration of the meeting.

2. Engaging in the meeting
   - Instructions will be provided to every participant
   - It can be the case that there is a slight delay for all participants to join the call; participants are asked to hold the call until the Chair commences the meeting.
   - Comments in the chat box during a meeting can be distracting both for the Chair and the participants, and can lead to secondary discussions and a deviation from the agreed agenda. Participants are therefore asked to limit the comments in the chat box during the meeting.

3. Chair to open the meeting
   - The Chair will open the meeting and ask each participant to state their name, and position. This is important for meeting records and to determine whether the meeting is quorate.
   - If the meeting is not quorate at that point, the Chair will:
     a) Ask the Trust Secretary for advice as to any anticipated late attenders; then
     b) Consider delay of up to 10 minutes, then
     c) Dependant on numbers attending, progress with any matters on the agenda that do not require approval.

4. Taking each item on the agenda
   - The Chair will introduce each item, and speaker.
   - No one other than the speaker can contribute until the speaker has concluded.
   - At that point the Chair will ask whether anyone wishes to raise a question.
   - Each participant wishing to raise a question must first state their name. They must not ask any questions until indicated to do so by the Chair.
   - The Chair will then invite each of those participants to raise their query in full; no-one other than the participant raising the question should comment.
   - The Chair will respond and /or direct someone to respond

5. Presenting papers and presentations
   - Introduce the paper clearly – be clear at the start what the aim of your paper/presentation
   - Ensure the paper or presentation has page numbers on before circulation
   - Refer to those page numbers clearly as your move through the presentation / paper – so the listeners can follow easily the document and where you are at in it

6. Voting
   - For each item requiring approval:

- The Chair will read the recommendation
- He will then ask each participant who is eligible to vote to state their name followed by:
  "Yes": if they approve;
  "No": if they don't approve; or
  "Abstain": if they choose not to vote.
  No other comments are to be made.

- The Chair will declare the result of the vote.

7. End of meeting
   - The Chair will declare the end of the meeting

8. Video Conferencing – in addition to the above
   - Mute audio but not video otherwise the Chair may think you have left the meeting.
   - Ensure your technology works correctly and that you have the video, audio and papers viewing capabilities you might need.
   - Wear work-appropriate clothing and be in a place with the minimum disturbance.
   - Frame the camera correctly and have the right light – if you sit in front of a brightly lit window, all others will see of you is a silhouette.
   - Look into the camera and reduce any potential distractions.
   - Be courteous – give way or let the Chair invite you to speak by name.
   - Close down properly. Don't forget you might still be seen and heard after the call has finished.

Walsall Healthcare NHS
NHS Trust

Appendix 2- Governance Continuity Plan- Board and Board Sub Committees

1) The Terms of Reference and Membership, including quorum arrangements, for the Board and its Committees will be temporarily suspended as of xxx, until further notice.

2) During this period, if meetings are to be held, then this will be done through the use of telephone / digital technology.

3) The primary focus of communication with the Board will be the organisation's response to Covid 19, including the safety of patients and the wellbeing of staff.

4) Whilst some effort will be made to continue aspects of 'business as usual' activity, based upon the existing business cycles / forward agenda:

   4a) All matters for approval will be either:
   - Deferred if not urgent or
   - Circulated to Board / Committee members via email for approval, whilst allowing sufficient time for review / response or
   - Discussed via telephone / digital technology with the decision recorded by Trust Secretary (or nominated representative) or
   - Discussed between the Chief Executive or nominated Executive Director with the Board / Committee chair for Chairs Action

   4b) In these circumstances the quorum will be 1 Executive Director and 2 Non-Executive Directors

5) It is likely that those responsible for preparing assurance papers for Committees and the Board will not be in a position to do so. Therefore:

   5a) All matters for information or assurance will be either:
   - Put on hold until further notice or
   - Circulated via email

6) For ad hoc items agreed by the Executive Directors as requiring a decision by the Board:

   - Circulated to Board / Committee members via email for approval, whilst allowing sufficient time for review / response or
   - Discussed via telephone / digital technology with the decision recorded by Trust Secretary or
   - Discussed between the Chief Executive or nominated Executive Director with the Board / Committee chair for Chairs Action

   In these circumstances the quorum will be 1 Executive Director and 2 Non-Executive Directors

The Business Cycles will be reviewed and updated by the Trust Secretary, to maintain an accurate record of items considered / approved or deferred

Appendix 3- Email Approval (e-Approval) Protocol

Whilst it is desirable for matters requiring the approval of the Trust Board in private or public session, or of a Board Committee, to be made during a meeting where members have the opportunity to debate the issues, there are circumstances where approval by email may be required. This includes issues of urgency where it may not be appropriate or desirable for Chair's Action to be taken, or where the Trust is operating under emergency preparedness, reliance response (EPRR) and governance. In those circumstances, the following rules must apply:

1. The Chair of the Trust Board or the relevant Committee (hereinafter referred to the 'Chair') must approve the request for e-Approval on the recommendation of the Director of Governance.

2. The Chair will set the timeframe for the e-Approval, and wherever possible this must be no less than two working days.

3. The Trust Secretary will distribute the request for e-Approval to members, setting out the approval required in the body of the email and attaching, where appropriate, any accompanying briefs and materials.

4. Members will be requested to 'reply all' and select the voting buttons to (a) approve (b) reject or (c) request further information. Where the latter is selected, the Trust Secretary shall seek the response to the request from the relevant executive and send the question and response to all members.

5. Once responses have been received from the number of members that equate to a quorum of the Trust Board or the Committee in question (including any reduced EPRR quorum) and the time has lapsed for responses, the Trust Secretary will distribute the result to members.

6. Time for e-Approval may be extended by the Chair if a request for further information is sought.

7. All e-Approvals shall be noted at the next meeting of the Trust Board or Committee and included in the minutes of that meeting.

8. An electronic folder will be retained for each e-Approval email thread by the Trust Secretary.

MEETING OF THE PUBLIC TRUST BOARD – 4th March 2021			
Memorandum of Understanding – Walsall Healthcare NHS Trust and The Royal Wolverhampton NHS Trust			**AGENDA ITEM: 21**
Report Author and Job Title:	Jenna Davies Director of Governance	**Responsible Director:**	Daren Fradgley, Acting Chief Executive
Action Required	Approve ☒ Discuss ☐ Inform ☐ Assure ☐		
Executive Summary	The Trust Board approved the Strategic Collaboration between Walsall Healthcare NHS Trust and the Royal Wolverhampton NHS Trust (RWT) in December 2020. This approval included development of a brief Memorandum of Understanding to underpin the collaboration. The MoU has been developed in partnership with RWT colleagues and the Walsall Healthcare NHS Trust acute collaboration group (Chair, Vice Chair, Chief Executive Officer, The Director of Planning and Improvement, Director of Integration and the Director of Governance). The joint approach to strategic collaboration alongside the principles of collaboration and governance are clearly outlined in the document. The proposal is that the MoU is effective from 1 March 2021 – 28 February 2022.		
Recommendation	The Board are asked to approve the Memorandum of Understanding		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	Strategic collaboration with RWT 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, supporting recruitment and retention, ensuring the optimal use of resources and maximising risk sharing and economies of scale to ensure organisational objectives are met: BAF Risk 1: 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. Trust collaboration has the potential BAF Risk S03: 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. BAF Risk S04: Lack of an Inclusive and open culture impacts on staff morale, staff engagement, staff recruitment, retention and patient care. BAF Risk S05: 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.	
Resource implications	There is no resource implications associated with the delivery of the paper	
Legal and Equality and Diversity implications	The legal implications associated with this paper are outlined within the MoU.	
Strategic Objectives	Safe, high quality care ☒	Care at home ☒
	Partners ☒	Value colleagues ☒
	Resources ☒	

The Royal Wolverhampton NHS Trust

Walsall Healthcare NHS Trust

Memorandum of Understanding

1. The Agreement

1.1 The purpose of this agreement (herein referred to as the 'MoU') is to set out the proposed joint approach that Royal Wolverhampton NHS Trust ('RWT'), and Walsall Healthcare NHS Trust (WHT) have agreed to in respect of a strategic collaboration

1.2 The aim of the strategic collaboration between RWT and WHT is to significantly improve the quality of care for the populations we serve, standardise clinical best practice and provide a safe, skilled and sustainable workforce.

1.3 The Parties acknowledge that this MoU is not legally binding. It provides a framework that will underpin the strategic collaboration.

1.4 This MoU reflects the Strategic Collaboration arrangements which both Trust Boards formally approved at their respective public Board meetings in December 2020.

1.5 This MoU does not aim to change organisational form or undermine the sovereign obligations of each respective Trust; or replace (either in full or in part) any existing contractual arrangements.

2. Term

2.1 This MoU will be effective from 1 March 2021

2.2 The MoU will terminate on 28 February 2022

3. Background

3.1 The shared ambition across the Black Country and West Birmingham system, ultimately, is to deepen Trust collaboration on and between acute services.

3.2 The strategic collaboration between RWT and WHT is a precursor to the view of both Trust Boards with regard to the formation of a Group structure across the four Black Country acute hospital Trusts.

4. Principles of the Collaboration

The Parties agree that the following 'high level' principles will form the basis of this MoU:

4.1 Improve access to safe high-quality care for all services users across our respective health economies and shared areas of clinical co-operation

4.2 Deliver improved outcomes for all patients - minimising unwarranted variation and reducing inequity in access and outcomes

4.3 Ensure Executive leadership in each "place" with clarity of accountability to minimise the risk of destabilising each Trust

4.4 Support and encourage our staff to make best use of shared professional development and research opportunities

4.5 Combine our employer power to benefit employment opportunities in our local economies as anchor institutions

4.6 Standardised quality and corporate governance processes in line with best practice and minimise bureaucracy, such as additional structures and meetings

4.7 Be sensitive to local needs and differences to ensure the populations we serve are at the heart of our decision making

4.8 Agree mutually beneficial areas to plan, agree and deliver change across our Trusts

4.9 The parties already work closely together in a number of clinical areas and will develop a separate agreement(s) where appropriate, in respect further areas and specialties / services for future development and collaboration. in respect of further areas of future service development and collaboration.

5. Governance

5.1 Each Trust will remain as sovereign organisations, in line with the National Health Service Act 2006[1] and each Trust Establishment Order [2,3]

5.2 The parties recognise that Non-Executive Directors may be appointed by the Secretary of State (through NHSEI) on a joint basis between the parties, in accordance with law.

5.3 The parties agree that the Remuneration Committees of the parties shall appoint Chief Executive Officer or Officers in line with The National Health Service Trusts (Membership and Procedure) Regulations 1990 s17[4]

5.4 The parties agree that the Remuneration Committees of the parties may, on a case-by-case basis, agree to appoint an individual to an Executive Director role on a joint basis between the parties[5]. The parties shall agree the various financial and other consequential matters in respect of each such joint appointment.

5.5 The parties agree that where employees from either party are required to undertake regular or ad-hoc work on behalf of the other party, an honorary contract will be established. Issuing an Honorary Contract does not imply the creation of an employer/employee relationship and is for the purpose of granting licence to an individual to conduct certain activities, access to necessary information and use certain Trust facilities. The respective confidentiality of both organisations will be preserved and respected.

5.6 Any information made available to holders of Honorary Contracts are expected to treat the information in confidence and to maintain the integrity of the sovereign body. Any information gained under these arrangements will not be shared outside of the two Trusts without prior explicit written consent from the originating organisation.

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[1] 2006 c.41
[2] The Royal Wolverhampton Hospitals National Health Service Trust (Establishment) Amendment Order 2012
[3] The Walsall Hospitals National Health Service Trust (Establishment) Amendment Order 2011
[4] https://www.legislation.gov.uk/uksi/1990/2024/part/III/made
[5] The National Health Service Trusts (Membership and Procedure) Regulations 1990 (s18)

5.7 The joint Chair will ensure complementarity of strategic direction of both organisations, ensuring the approval of a common approach and under pinning plan for closer collaboration.

5.8 The joint Chair will hold each Chief Executive Officer to account for the progress of delivery against the collaboration plan.

6. Termination

6.1 It is unlikely that this overarching MoU will require termination, but if at any time either Trust does wish to end the MoU then it can be terminated with 1 month written notice.

6.2 For individual service collaborations, the termination arrangements will be determined by the specific arrangements between the Trusts in each case.

7. Review

8.1 This MoU will be refreshed annually by agreement by the respective Boards.