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MEETING OF THE PUBLIC TRUST BOARD

Held in public on Thursday 2nd December 2021 from 10.00am to 13.00pm
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	10.00
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	10.05
5.	Trust Values and Nolan Principles	Inform	Steve Field	Enclosure	10.10
6.	Chair's Report	Inform	Steve Field	Verbal	10.15
7.	Chief Executive's Report	Inform	David Loughton	Enclosure	10.20
STORY					
8.	Re-introduction of the volunteers	Discuss	Introduced by Lisa Carroll	Verbal	10.30
PROVIDE SAFE, HIGH QUALITY CARE					
9.	Quality, Patient Experience and Safety Committee Report	Assure Inform	Pamela Bradbury	Enclosure	10.45
10.	Safe High Quality Care Executive Report (including Board Assurance Framework and performance)	Assure Inform	Manjeet Shehmar Ann-Marie Cannaby Lisa Carroll	Enclosure	10.55
11.	Maternity Update	Assure Inform	Carla Jones-Charles	Enclosure	11.00
USE RESOURCES WELL					
12.	Performance, Finance and Investment Committee Report	Assure Inform	John Dunn	Enclosure	11.10
13.	Use Resources Well Executive Report (including Board Assurance Framework and performance)	Assure Inform	Ned Hobbs Russell Caldicott	Enclosure	11.20
11.25 – 11.35 COMFORT BREAK					
VALUE OUR COLLEAGUES					
14.	People and Organisational Development Committee Report	Assure Inform	Junior Hemans	Enclosure	11.35
15.	Value Our Colleagues Executive Report (including Board Assurance Framework and performance)	Assure Inform	Catherine Griffiths	Enclosure	11.45
16.	Safe Staffing Report and Establishment Review	Assure	Ann-Marie Cannaby /Lisa Carroll	Enclosure	11.50
CARE AT HOME					
17.	Walsall Together Partnership Board Report	Assure Inform	Matthew Dodd	Enclosure	12:00
18.	Care at Home Executive Report (including	Assure	Matthew Dodd	Enclosure	12.10

#	Agenda Item	Purpose	Lead	Format	Time
	Board Assurance Framework and performance)	Inform			
WORK CLOSELY WITH PARTNERS					
19	Acute Provider Programme Board update	Assure	Ned Hobbs Simon Evans	Enclosure	12.15
GOVERNANCE AND WELL LED					
20	Audit Committee Highlight Report	Assure	Mary Martin	Enclosure	12.25
21	COVID-19 Board Assurance Framework	Assure	Ned Hobbs	Enclosure	12.35
STRATEGIC AND PARTNERSHIP WORKING					
22	Progress on Partnership Working	Assure	Mike Sharon	Enclosure	12.40
23	Proposal regarding Group Development	Discuss	Mike Sharon	Enclosure	12.50
CLOSING ITEMS					
24	Any other business	Discuss	Steve Field	Verbal	13.00
25	Questions from the Public	Discuss	Steve Field	Verbal	
DATE AND TIME OF NEXT MEETING					
Thursday 3 rd February 2021 at 10.30am					
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
Mr Junior Hemans	Non-Executive Director; Chair of People and Organisational Development Committee
Mrs Mary Martin	Non-Executive Director; Chair of Audit Committee
Mr Paul Assinder	Non-Executive Director; Chair of Charitable Funds Committee
Prof David Loughton	Interim Chief Executive Officer
Prof Ann-Marie Cannaby	Interim Chief Nursing Officer/Deputy Chief Executive Officer
Dr Manjeet Shehmar	Interim Medical Director
Mr Russell Caldicott	Director of Finance and Performance
Ms Catherine Griffiths	Director of People and Culture
Mr Ned Hobbs	Chief Operating Officer
Mrs Glenda Augustine	Director of Planning and Improvement
Ms Lisa Carroll	Director of Nursing
Mrs Carla Jones-Charles	Divisional Director of Midwifery, Gynaecology & Sexual Health
Mr Simon Evans	Acting Chief Strategy Officer

Name of Lead	Position of Lead
Mr Matthew Dodd	Acting Director of Integration
Mr Mike Sharon	Strategic Advisor to the Trust Board

MEETING OF THE PUBLIC TRUST BOARD - Thursday 7 th December 2021			
Declarations of Interest			AGENDA ITEM: 2
Report Author and Job Title:	Keith Wilshere Interim Trust Secretary	Responsible Director:	Steve Field, Trust Board Chair
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input type="checkbox"/> Assure <input checked="" type="checkbox"/>		
Executive Summary	<p>The report presents a Register of Directors' interests to reflect the interests of the Trust Board members.</p> <p>The register is available to the public and to the Trust's internal and external auditors, and is published on the Trust's website to ensure both transparency and also compliance with the Information Commissioner's Office Publication Scheme.</p>		
Recommendation	Members of the Trust Board are asked to note the report		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report.		
Resource implications	There are no resource implications associated with this report.		
Legal and Equality and Diversity implications	It's fundamental that staff at the Trust are transparent and adhere to both our local policy and guidance set out by NHS England and declare any appropriate conflicts of interest against the clearly defined rules.		
Strategic Objectives	Safe, high quality care <input checked="" type="checkbox"/>	Care at home <input checked="" type="checkbox"/>	
	Partners <input checked="" type="checkbox"/>	Value colleagues <input checked="" type="checkbox"/>	
	Resources <input checked="" type="checkbox"/>		

Register of Directors Interests at December 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
Ms Pamela Bradbury	Non-executive Director	STP Workforce Bureau (Vaccination Programme)
		Partner, Dr George Solomon is a Non-Executive Director at Dudley Integrated Health and Care Trust
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
		Spouse is a therapist at Royal Wolverhampton NHS Trust
		Ms Mary Martin
Trustee/Director, Non-Executive Member of the Board for the charity - Midlands Art Centre		
LTDTrustee/Director, Non-Executive - B:Music		
Director - Friday Bridge Management Company Ltd		
Non-Executive Director/Trustee - Extracare		

Name	Position held in Trust	Description of Interest
Mr Paul Assinder	Associate Non-executive Director	Charitable Trust (stood down 21 June 21)
		Chief Executive Officer - Dudley Integrated Health & Care Trust
		Director of Rodborough Consultancy Ltd.
		Governor of Solihull College & University Centre
		Honorary Lecturer, University of Wolverhampton
Mr Rajpal Virdee	Associate Non-executive Director	Lay Member, Employment Tribunal Birmingham
		Vice President of Pelsall Branch Conservative Party Association (from 19 th June 2021)
Mrs Sally Rowe	Associate Non-Executive	Executive Director Children's Services - Walsall MBC
		Trustee of the Association of Directors of Children's Services
Professor David Loughton	Interim Chief Executive	Chief Executive – Royal Wolverhampton NHS Trust
		Health policy advisor to the Labour and Conservative Parties
		Member – Dementia Health and Care Champion Group
		Member of Advisory Board – National Institute for Health Research
		Chair – West Midlands Cancer Alliance
Prof Ann-Marie Cannaby	Interim Chief Nursing Officer/Deputy Chief Executive	Chief Nurse – Royal Wolverhampton NHS Trust
		Director – Ann-Marie Cannaby Limited
		Visiting Professor – Staffordshire University
		Honorary Fellow – La Trobe University, Victoria, Australia
		Teaching Fellow – Higher Education Academy
		Member – Royal College of Nursing
		Visiting Professor – Birmingham City University

Name	Position held in Trust	Description of Interest
Mr Russell Caldicott	Director of Finance and Performance	Member of the Executive for the West Midlands Healthcare Financial Management Association (HFMA)
Dr Manjeet Shehmar	Acting Medical Director	Company Director Association of Early Pregnancies Units UK
		Executive Member Association of Early Pregnancy Units UK
		Private Practice Health Harmonie ceased August 2021
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
Mrs Lisa Carroll	Director of Nursing	Spouse - Royal College of Paediatrics and Child Health (RCPCH) Officer for Research
		Spouse - RCPCH Assistant Officer for exams
		Spouse - Chair of NHS England/Improvement Children and Young People's Asthma Effective Preventative Medicines Group
		Spouse - Consultant Paediatrician and Clinical Lead for Respiratory Paediatrics at University Hospitals of North Midlands NHS Trust (UHNM)
		Spouse - Guardian of Safe Working and Deputy Clinical Tutor UHNM
		Spouse - West Midlands National Institute for Health Research (NIHR) Clinical Research Scholar
Ms Glenda Augustine	Director of Performance & Improvement	No interests to declare
Mr Mike Sharon	Interim Strategic Advisor to the Board	Strategic Advisor to the Trust Board - RWT
		Member of the Liberal Democrat Party
		Wife works as an independent trainer, coach and counsellor. Some of this work is for local NHS bodies (excluding RWT) Wife had undertaken work for Walsall Healthcare NHS Trust as a self-employed trainer.

RECOMMENDATIONS

The Board is asked to note the report

**MEETING OF THE PUBLIC TRUST BOARD
HELD ON THURSDAY, 4TH NOVEMBER 2021 AT 10.00AM
HELD VIRTUALLY VIA MICROSOFT TEAMS**

PRESENT

Members

Prof S Field CBE	Chair of the Board of Directors
Mr J Dunn	Non-Executive Director; Vice Chair, Board of Directors
Mrs P Bradbury	Non-Executive Director
Mr J Hemans	Non-Executive Director
Ms M Martin	Non-Executive Director
Mr P Assinder	Associate Non-Executive Director
Mrs S Rowe	Non-executive Director
Prof A-M Cannaby	Interim Chief Nursing Officer/Deputy Chief Executive
Ms L Carroll	Director of Nursing
Mr R Caldicott	Director of Finance and Performance
Miss C Griffiths	Director of People and Culture
Mr N Hobbs	Chief Operating Officer
Dr M Shehmar	Acting Medical Director

In attendance

Mr K Bostock	Advisory Director of Governance, RWT Support Team
Mr M Dodd	Director of Transformation, Walsall Together
Mr S Evans	Interim Chief Strategy Officer
Mr M Sharon	Strategic Advisor to the Board
Mr K Wilshere	Interim Company Secretary
Ms J Wright	Deputy Divisional Director of Midwifery, Gynaecology and Sexual Health
Mrs J Wilson	Staff Side Representative
Ms C Hill	Medical Directorate Programme Lead
Ms R Crossey	Head of Business Development and Planning
Ms N Boyes	Interim Deputy Director of Governance
Mr C Lemord	UNISON representative
Ms K Stirling	Freedom to Speak Up Guardian

Apologies

Mrs G Augustine	Director of Planning and Improvement
Prof D Loughton CBE	Interim Chief Executive
Mr R Virdee	Associate Non-Executive Director

175/21	Welcome, Apologies and Confirmation of Quorum
	Prof. Field welcomed everyone to the meeting and noted the apologies. He advised Prof Loughton was opening the Wolverhampton solar farm project.
176/21	Declarations of Interest
	Prof. Field confirmed that there were no further interests declared in addition to those published.
177/21	Minutes of Last Meeting
	Prof. Field confirmed that the minutes of the meeting held on 7 October 2021 were approved as read.
178/21	Matters Arising and Action Log
	Prof. Field received the action log and updates were noted.
179/21	Trust Values and Nolan Principles
	Prof. Field brought the attention of the Board to the seven principles of public life, the Nolan Principles, and the Trust Values.
180/21	Chair's Report
	Prof. Field presented his report. He highlighted that he had met with the executive and non-executive directors regarding progressing the partnership and collaboration with Wolverhampton.

	<p>He said he thought it was very important in demonstrating the Trust values, that the Board worked together to continue to improve the quality of care for patients and well-being for staff, and he thanked everyone for their input.</p> <p>Prof. Field emphasised the importance of a recent meeting held with the two Trust Boards that had discussed a potential 'group' structure, maintaining the sovereignty and integrity of the two boards at Wolverhampton and Walsall. He confirmed that a paper would be presented at the next Board meeting.</p> <p>Prof. Field referred to the progress in the recruitment of potential non-executive directors for both organisations and he said that the feedback had been positive about the leadership, people and wanting to give to their local communities. He said he was reflected optimistic about the recruitment of staff and Non-executive Directors. He had received feedback from the chair of the Disability Advisory Group about the simple things that made a difference to visually impaired people and that they felt they were being listened to now.</p> <p>Prof. Cannaby highlighted that Ms Carroll, and her team were working across both organizations putting development packages together for divisional nurses, matrons, and ward managers. She added that student placements were being expanded and that the clinical fellowship program was progressing well and implemented across midwifery and nursing.</p> <p>Prof Field commended the work Dr Shehmar's leadership as he had noted a positive change in attitude of senior clinicians, having attended two meetings in the last two months with the consultants and senior medical clinicians. He said he felt a change and open-ness in sharing their concerns. He said there was comment at the end of the second meeting that it was perceived that they felt listened to, understood and that they supported the changes underway.</p> <p>Mrs Rowe said, from a partnership perspective, there had been a real difference, in both children's and adult services, in the working relationships, that was incredibly positive. She added that with the staff in the Safeguarding Team, the working together was much improved and had made a real difference to the joint working.</p> <p>Mr Hobbs acknowledged the points raised and added his view that engagement with experts in their fields was very important, including the development of the Trust approach to the management of patients who identify as transgender. He said he was pleased to see that the Trust LGBTQ+ staff inclusion networks had played an active role in shaping that approach for patients and staff, who identify as transgender.</p> <p>Resolved: that the Chair's Report be received and noted by the Board.</p>
181/21	Chief Executive's Report
	Resolved: that the Chief Executive's Report be received and noted.
	PROVIDE SAFE, HIGH QUALITY CARE
182/21	Quality, Patient Experience and Safety Committee Report
	<p>Mrs Bradbury Chair of the Quality, Patient Experience & Safety Committee (QPES), presented the Chairs report from the meeting held on 28 October 2021 and highlighted</p> <ul style="list-style-type: none"> - that the restoration of elective and day cases was on track - that diagnostic activity was currently challenged following the continued unexpected staffing issues within the ultrasound service with 413 patients waiting more than 6 weeks, and with a prioritisation system in place to mitigate potential clinical risk, and that the Committee would continue to monitor the position - that the national and regional comparison data indicated the organisation was performing overall better than most other Trusts post-COVID-19 - that the 18-week RTT performance was stable at 68% - that the 52-week wait was ranked 5th out of 20 Midland Trusts - that 70% of priority 2 elective cases had had their surgery within 28 days, and that anyone waiting longer was a result of patient choice or being unfit fit for surgery

- that the Urgent and Emergency Care system was under severe pressure with ambulance handovers a significant risk with West Midlands Ambulance Service (WMAS) having raised their delayed handovers to hospitals risk to the maximum 25
- that a further three mitigations had been put in place following the Winter Plan sign-off, including the purchase of 9 Bioquell Isolation pods to segregate patients on wards to prevent potential spread of infection; that the decision to extend the opening hours of the urgent care treatment centre until 3am had been supported by the CCG and plans were in place to provide enhanced community support in the event of further challenges in the domiciliary care, costed but not funded
- that there had been further community support enhancements
- that the best practice standards for diabetes were not being met due to gaps in psychology, dietetics services and consultant capacity however funding was approved and recruitment underway
- that concerns had been noted regarding the number of pressure ulcers in community that was subject to greater focus and review to identify any potential themes that would be reported back
- that the September VTE compliance was 92.5% below the target of 95%, and that several measures had been put in place to address this including improved divisional teams reporting to the Patient Safety Group
- that falls per 1000 bed days was 4.1 in September 2021 and remained significantly below the national average of 6.1 per 1000 bed days
- that the Mental Capacity Act Audit in September 2021 indicated that 57% of patients who lacked capacity had had a stage 2 assessment undertaken, a deterioration from 71.1% in August 2021; and that discussions with patient's relatives or attorneys had decreased to 35.7% from 57.8% in August, of the cases audited, and that further work was underway to understand the potential reasons for the decrease and make improvement
- that the CQC 'must do' and 'should do' actions were now part of the corporate action log and with Executive ownership, and progress was to be reported to QPES monthly.
- that despite staffing and workload pressures, 1:1 care in labour was maintained using redeployed staff as required and appropriate
- that the focussed work on serious incidents was underway and making progress with the expectation that the historical SI's would be closed by the end of December 2021
- that the clinical risks associated with manual processes and the Electronic Patient Record (EPR) had resulted in concerns and constraints being experienced in the Medical Directorate, Digital Services, and clinical teams and that an internal audit was supported to review appropriate levels of resource and agree prioritisation for delivery

Resolved: that the report from the Chair of the Quality, Patient Experience and Safety Committee be received and noted.

183/21	<p>Safe High Quality Care Executive Report</p>
<p>Dr Shehmar presented the Safe High-Quality Care Executive report that included the relevant Board Assurance Framework (BAF) risk and the performance dashboard. She highlighted that the IT strategy team had supported clinical teams' improvements and provided the necessary assurances relating to reliable data and programmes. She referred to previous delays and a recent meeting with Mr Stringer, interim Senior Information Risk Owner (SIRO), and IT lead, where a review and stock-take was agreed to formulate a plan for progress on the priorities.</p> <p>Ms Carroll reported the number of inpatient falls recorded for September 2021 was 65, an increase from 58 in August 2021. She referred to the continued development and implementation of the Falls Strategy aligned with the 'Key Performance Indicators' in the Safe High Quality Care Improvement Programme (SHQC). She said the Trust had identified 12 'historic' falls that had not previously been investigated and that had been identified as potential Serious Incidents. She said that the CCG had agreed that the Trust would investigate 11 of these as a cluster to be completed by the end of November 2021.</p> <p>Ms Carroll referred to the 26 Trust-acquired pressure ulcers in September 2021, a slight decrease from the previous month. She said that all stage 3 and above pressure ulcers had a Root Cause Analysis (RCA) completed and that none had met the criteria in September 2021.</p>	

Ms Carroll referred to the Business Case developed to recruit a dental nurse/mouth care practitioner to focus on mouth care to reduce the incidence of hospital acquired pneumonia (HAP). She confirmed that the Trust Sepsis Team had been agreed and was being recruited to and that the newly appointed Trust Clinical Lead for sepsis, Miss Joshi, Clinical Director for Emergency Medicine, had commenced in post 1 September 2021. She said that work was underway with IT colleagues to understand and correct persistent data discrepancy issues previously reported to the Board.

Mrs Martin referenced in the highlight report the West Midlands Ambulance service delayed handover to hospitals risk at a maximum score. She asked if there was more detail as she understood that the Trust had been challenged to put special processes in place to address this and support the ambulance service.

Mr Hobbs confirmed that ambulance handover times reported had three different metrics that referred to within 15, 30 and 60 minutes. He said that the proportion of patients conveyed to the hospital by ambulance handed over within 30 minutes had been more than 90% and was amongst the best three performing trusts in the West Midlands for eleven consecutive months, thanks to a lot of hard work from the emergency department, wider hospital and Community services.

Mr Hemans asked about the mental capacity assessments as there had been a decline in performance and asked for some assurance that it was being tackled. Dr Shehmar outlined that there was training underway supported by the Safeguarding Team and that work was being progressed to include mental capacity in the electronic patient record as a reminder and a mandated step.

Mr Assinder welcomed the encouraging report and positive feedback from QPES. He said he felt a real sense of drive to improve the quality of the clinical offering at Walsall and he wished to acknowledge the hard work in delivering the ED performance. He also referred to the additional resources allocated but that the report indicated no new resource implications. He asked for confirmation that this was the case. Dr Shehmar said that some resource had been required and had been supported. Mr Dodd said that the recent ICS allocation had been invested in several initiatives including many of those referred to.

Prof Field thanked Mrs Bradbury and the Committee for their hard work and Ms Carroll and Dr Shehmar for their leadership.

Resolved: that the Safe High-Quality Care Executive report be received and noted.

184/21

Maternity Update

Ms Wright presented the report on behalf of Mrs Jones-Charles. She advised the Board that there was an improving staffing picture as areas of issue were addressed and the service had maintained one to one care in labour as optimum safe care to women in labour despite the staffing challenges. She confirmed there was an active recruitment program in place with students awaiting start dates for November and December 2021. She added that there had been no new SIs reported by the service in September, and that two were on-going Health Service Investigation Branch (HSIB) investigations on-going. She said one report had been completed and the actions and learning from this would be shared in the next report.

Ms Wright referred to the recent CQC report and that the Director of Midwifery had met with groups and individual staff to work out helping them to feel more involved in the service. Prof Field thanked Ms Wright for the clear and well-presented report. He highlighted the importance of the services and he asked whether there were similar issues for the medical workforce. Dr Shehmar said consultant members had not raised any issues and the medical body was approaching the required levels including the recent recruitment of two clinical fellows.

Prof Cannaby highlighted the new triage system implemented and asked Ms Wright to explain the system put in place since the CQC visit. Ms Wright reported one of the main issues identified by the CQC was that triage was not sufficiently robust, so a new system specific triage system developed by Birmingham University and Birmingham Women's Hospital had been introduced.

	<p>Ms Wright said it was an evidence-based system that had been shown to improve outcomes and the feedback from women who had been through both systems was a preference for the new one. She also complemented her colleagues as someone new to the organization, in that the working relationships between the obstetric team and the midwifery team appeared to be excellent.</p> <p>Resolved: that the Maternity Update be received and noted.</p>
185/21	<p>Mortality Report</p>
	<p>Dr Shehmar presented the report advised that the SHMI for May 2021 was 109 and HSMR for July was 112, that in the year to date, there had been 593 deaths in scope and of these, 214 had a structured judgement reviews (SJR). She said in the last quarter there had been 312 deaths and SJR's had been raised on 22 deaths. She said that in Q2, 209 SJRs had been completed including the reviews of Wave 2 COVID-19 HCAI deaths. She said that for deaths where an SJR had been raised, in the year to date and as assessed by SJR level 1 reviews, 10.2%, 22 of 214, and this quarter 10.5%, 22 of 209, had found deficiencies in care that may have contributed to avoidable deaths. She said that in these cases had had incidents raised and would be investigated using the Trust incident reporting process.</p> <p>Dr Shehmar noted the backlog of notes for review had been delivered and the administrator commenced 6 September 2021 and they had initiated the process of following up the completed SJRs that would be reported in the next quarter. She said that the Learning from Deaths process was now electronic with the CORS system embedded with training for clinicians. She confirmed there had been a total of 736 Covid-19 positive deaths in the hospital to 13/10/21 and the Mortality Surveillance Group (MSG) was meeting monthly focussed on the shared learning from deaths in speciality care groups. She said the Trust reviewed child deaths through the Black Country Child Deaths programme (CDOP) reported quarterly through MSG and the next Child Death Report was due in the October meeting and included in the next Mortality report to QPES.</p> <p>Dr Shehmar added that a statutory requirement from April 2022 was that deaths in the Community be reviewed under the Medical Examiner review process and that the implementation of this in the community was underway. Mr Dunn noted the amount of activity, but he had difficulty as a lay person understanding what the key messages and conclusions were. He asked what the conclusions were, the trends being examined, any resulting issues and improvement. He asked, in brief, what the key messages were.</p> <p>Dr Shehmar explained there was a risk on the Trust risk register at the request of the CCG regarding a perceived lack of assurance of learning from deaths and avoidable deaths. She said this had subsequently been removed with the CCG's agreement due to the amount of work undertaken and the information now available. She said that it was now possible from the process in place, to pick up the trends and alerts to focus the learning and improvement program impact.</p> <p>Prof. Field said Mr Dunn made some important points, this was a journey to make sure that we continue to improve, but we need to look at the report as well through the eyes of a lay person.</p> <p>Resolved: that the Mortality Report be received and noted.</p>
	<p>USE RESOURCES WELL</p>
186/21	<p>Performance, Finance and Investment Committee Report</p>
	<p>Mr Dunn, Chair of the Performance, Finance, and Investment Committee (PFIC) presented the Chair's Report from the meeting held on 27 October 2021. He highlighted that the meeting had focused on planning for the second half of the year and the cost improvement program. He said the H1 finance position achieved was reviewed and that despite the initial deficit indicated, the STP risk share access meant balance was achieved in the first half of the year. He said confirmation of the extra capital for the ward refurbishment was awaited and that planning was underway for H2 and provision for the winter plan. He said the constitutional standards report was discussed and noted the significant pressures on Urgent and Emergency Care services nationally and locally.</p>

	<p>Mr Dunn commended the strong relative performance in timeliness of ambulance handover and the 4-hour Emergency Access Standard compared to other Trusts, and recognised the significant efforts taken across Community, Hospital, and partner services in sustaining this.</p> <p>Resolved: that the Chairs Report from the Performance, Finance, and Investment Committee Chair be received and noted.</p>
187/21	Use Resources Well Executive Report
	<p>Mr Caldicott reported a modest surplus to the end of September 2021 with the previous reported deficit position at the end of month 5 mitigated by securing additional income from the Sustainability and Transformation Partnership (STP). He also confirmed that the development of expenditure plans for Horizon 2 (H2 – October 2021 to March 2022) income allocations post 30th September 2021 was to be confirmed.</p> <p>Mr Hobbs referred to the previously outlined quality and safety risks in the emergency care pathway that could have future financial consequences to triangulate with the different components impacting on the emergency care pathways. He said that one of the biggest risks in emergency care across the region was patients conveyed to hospital by the ambulance services and he was very pleased and paid tribute to the ED Team for continued and sustained good ambulance handover turn-around time performance. He referred to the Winter Plan previously reviewed, that was designed to build resilience into the emergency care pathways. He said that in elective care, there remained challenges in the sonography service, improvements in access to suspected cancer appointments two-week waits, and improvements in the timeliness of the definitive treatment for patients with cancer 62-day standard. He commended the team for the work put in to deliver that. He added that the improvement program indicated improvements in some operational productivity metrics, but the importance was converting them into cash-releasing efficiency improvements in the second half of this year and next financial year. He said progress would be reported at the next PFIC.</p> <p>Prof. Field welcomed the positive performance and congratulated Mr Hobbs and the Teams involved.</p> <p>Mr Dodd highlighted work in the domiciliary market and the progress achieved along with the continued systemic pressures whilst looking at the existing resource and using them more efficiently. He said the winter plans and contingencies had been re-examined and tactically realigned to the existing resources, focussed on intercepting cases before they get conveyed, including a potential full rapid response service for falls, supporting care homes in preventing admission and looking at the front door in ED, especially those arriving between 5pm and 7pm with a specialist triage.</p> <p>Prof. Field said welcomed a logical set of ideas and proposals.</p> <p>Resolved: that the Use Resources Well Executive Report be received and noted.</p> <p>There was a break from 11.30am to 11.40am.</p>
	VALUE OUR COLLEAGUES
188/21	People and Organisational Development Committee Report
	<p>Mr Hemans, the Chair of the People and Organisational Development Committee presented the chairs report of the committee meeting held on 28 October 2021 and noted:</p> <ul style="list-style-type: none"> - that the Trust accreditation following completion of the RACE Equality Code 2020 Assessment had been received and the RACE Equality Code Quality Mark could now be used on official stationery, website, and social media. He said he thought this was an important milestone and demonstrated the commitment to becoming an anti-racist organisation. - that the Safer Staffing report was received - that the programme of international recruitment was on track to achieve the 200 appointments planned by the end of the calendar year, and that 95 overseas nurses had arrived in the Trust, 45 of whom had successfully registered with the NMC.

- that the Registered Nurse (RN) and Midwifery vacancy rate was below 6% and the programme to reach full establishment continued with the focus on Clinical Support Worker (CSW) recruitment. He said 44 Clinical Support Workers and 36 Trainee Nursing Associates had commenced apprenticeships.
- that the update and assurances on the Health and Wellbeing approach, the improvements against the health and wellbeing indicators within the recent Pulse Survey and the plans for a strong focus on the Financial Wellbeing element of the health and wellbeing framework were received
- that an update on progress on achieving the actions contained within the National People Plan was received and the self-assessment reviewed and noted as assurance of compliance except relating to the provisions for flexible working where work was underway as part of the national NHSE/I Flex for the Future programme.
- that the first draft of the Workforce Plan was approved and noted the narrative and actions relating to apprenticeships and employment as an anchor institution employer
- that assurances were noted on the approach to engagement with the National Staff Survey 2021, and that the Divisional Oversight Group had continued to promote the importance of everyone having a say and completing the survey and the response rate was 30.47%.
- that a presentation was received from the Womens, Childrens' and Clinical Support Services that provided detailed assurances on the Division and workforce performance
- that the Committee heard a staff story presented by the Director of Pharmacy, Mr Fletcher, on the excellent work he had led on significant improvements in the service that was recommended for a future Board staff story
- that the Board Assurance Framework risks that encompassed three separate risks and a full review of the gaps in assurance was taking place
- that the Improvement Programme actions for Valuing our Colleagues were on track was noted.

Resolved: that the highlight report from the Chair of the People and Organisational Development Committee be received and noted.

189/21 **Value Our Colleagues Executive Report**

Ms Griffiths presented the reported and highlighted the progress on Race Code Accreditation for the Equality Code Quality Mark. the next full review and reassessment was due to take place no later than May 2024. She reported there had been events throughout the month celebrating Black History Month and Board members have been honoured to attend and support these. She said that the month had culminated in the Black Country and West Birmingham NHS Trusts Black History Month Celebrations in October 2021 Award Ceremony with awards presented across several categories.

Ms Griffiths said that Dr Femi Osunlusi, Walsall Healthcare NHS Trust was the winner for the Black African/Black Caribbean Frontline Hero category that recognised an individual who had worked tirelessly throughout the pandemic to ensure the highest levels of patient care were maintained under extremely difficult circumstances, often going above and beyond the call of duty to ensure minimal disruption to services to patients, whilst at the same boosting and maintaining the morale of team members and other colleagues working in challenging and uncertain circumstances. She added that Carla Charles Jones was highly commended in the leadership category and Joan Dyer Chair and Angela Cope Vice Chair from Walsall Healthcare NHS Trust's Black, Asian and Minority Ethnic (BAME) Shared Governance Network were highly commended for their leadership work. She added that there had been events throughout the month celebrating Freedom to Speak Up Month and board members attended and supported these. She referred to work with Walsall Housing Group to bring clinical support workers into the Trust. She said that there was 64 posts between advert and offer. Prof. Field congratulated, on behalf of the Board, the awards winners.

Mr Hobbs welcomed the progress on the race code and added that there was still some way to go but that good progress had been made. He asked whether similar work was underway in respect of other protected characteristics. Ms Griffiths said that Trust was a level 2 disability employer with other indicators being worked on.

Resolved: that the Value Our Colleagues Executive Report be received and noted.

190/21	<p>Safe Staffing Report</p>
	<p>Ms Carroll presented the Safe Staffing report and highlighted the registered nurse midwifery vacancies had slightly reduced in the month with the benefit of our international nurses. She said that at the end of September 95 international nurses had joined the Trust and a further 13 joined recently with 10 the following week and that 45 had passed their objective structured clinical examination. She said they had 10 practice educator facilitators, two of which had gone through the international recruitment process themselves, recruited and supporting these nurses with practice and pastoral support that made a huge difference to the international recruit's experience. She said 12 training nursing associates qualified in December with more following that would also improve the staffing situation.</p> <p>Prof. Field said that was important and he thanked Ms Carroll and her staff for their efforts and the improved position. He asked that the title of the Report reflect the contents for public understanding.</p> <p>Ms Martin asked whether internal redeployment was being considered before turning agency staff. She said she appreciated the dislocation and stress this had caused for some redeployed staff and that therefore it wasn't always an available option with individuals.</p> <p>Ms Carroll advised that staff were redeployed where possible within their clinical units and then within the division rather than outside of their areas of confidence with support in place.</p> <p>Mrs Bradbury said she was concerned by the news reports that COVID vaccination was to be mandated for NHS staff from April and she said that from what had happened in the care sector, she asked what steps the Trust had taken. Ms Carroll advised that this had already been investigated for Community services. Ms Griffiths confirmed comprehensive guidance had been released with comprehensive contact with staff who are not already vaccinated.</p> <p>Resolved: that the Safe Staffing Report be received and noted.</p>
19121	<p>Guardian of Safe Working Report</p>
	<p>Dr Shehmar presented the reported and clarified that the role was independent of the management structure with the primary aim of representing and resolving issues related to the working hours of junior doctors. She said that 25 exception reports had been submitted in the quarter and confirmed that the exceptions submitted fell in the time of year around Christmas and New Year, and that circa. 75% came from General Medicine and the other quarter from General Surgery. She reported that a lack of senior support in medicine related to rota gaps in the RMO2 rota, predominantly staffed by Trust Grade doctors, had been raised. She said that the data on Trust grade shift vacancies was not accessible for the Guardian of Safe Working making it difficult to identify the issues and make recommendations for improvement.</p> <p>Dr Shehmar said that the work schedule review for FY1 level doctors working in Surgery, requested at the end of the last quarter, remained outstanding. She said that the Covid-19 associated staff-sickness with redeployment of trainees to Medicine had further worsened the situation in Medicine and Surgery. She noted better communication with junior doctors regarding redeployment through the weekly Junior Doctor Forum meetings, but the responsibility for such frequent meetings had to be shared if required in the future. She highlighted that redeployment was further improved by providing more advanced notice to the redeployed junior doctors and their individual work schedule, so they were not required to work back-to-back night on-calls when moving from their base specialty to medicine. She said that although work was underway to address the deficiencies identified, that at the end of this quarter she was unable to provide assurance with the overall safety of working hours for junior doctors.</p> <p>Resolved: that the Guardian of Safe Working report be received and noted.</p>
192/21	<p>Freedom to Speak Up Guardians Report</p>
	<p>Ms Stirling presented the report and highlighted the freedom to speak up index, a metric comprised of questions from the staff survey for the last four years that nationally it had increased by 2.5%.</p>

	<p>Ms Stirling said a new ‘speaking up’ question was included in the 2020 NHS Staff Survey that asked respondents whether they felt safe to speak up about their concerns in their organisation and that the results had shown a strong positive correlation with the FTSU Index, with 59% of staff Walsall who had responded positively to this question. She said the cultural metrics indicated the organisation was to improve the ‘speak up’ culture to meet the requirements of the well-led component of Care Quality Commission standards. Mr Hemans said training was an issue and he would meet with the staff to explore what was to be done as the Trust had made freedom to speak up a key topic for a future ‘deep-dive’.</p> <p>Resolved: that the Freedom to Speak up Guardian report be received and noted.</p>
CARE AT HOME	
193/21	<p>Walsall Together Partnership Board Report</p>
	<p>Prof. Field thanked Mr Dunn for stepping in as interim chair of the Walsall Together Partnership Board. Mr Dunn said he had wanted to bring a degree of stability to the Board and ensure that the focus was on the Community, and he had been really impressed with the partnership work. He confirmed a workshop was being arranged to confirm the focus on the strategic needs and work required. Mr Sharon advised that the session with our partners was being planned with their involvement.</p> <p>Mr Dunn and Mr Dodd presented the Chair’s report of the Walsall Together Partnership Board from the committee meeting held on 20 October 2021 and noted that the Partnership Board had received a patient story that related to the end-of-life care received in Walsall. Mr Dodd said that the presentation had outlined the positive and negative experiences in the care provided and commissioned by health and social care partners in the Borough. He said the Board had resolved to work with the presenter and partners to highlight the issues raised and seek required improvement. He said the Partnership Board had considered the systems pressures in Walsall that affected all partners. He described the work that had been done with partners on the availability of packages of care where a joint approach had given benefit. He noted that the number of patients medically stable for discharge had risen to an average of 52 during September but had reduced to 40 in October up to the date of the Partnership Board.</p> <p>Mr Dodd referred to a presentation received on Primary Mental Health services and the expansion of the local service. He said it was agreed that a group was to be formed to look at integrated working in primary care including mental health needs to attempt the reduction in multiple referral pathways, duplicated referrals, and poor patient experience. He said that the System Pressure Plan, developed within the partnership, was reviewed and it was noted that Primary Care services had concerns that it would not address all the pressures they are encountering, particularly with regards to paediatric attendances. He said it had been agreed that plans would be reviewed with a view to increasing support. He advised that the slippage in the implementation of the Shared Care Record due to the need to harmonise with the plans of other health economies within the Black Country had been raised at the Partnership Board and it was agreed that the concern of the Board was to be escalated to the ICS central digital team and emphasised the importance of maintaining the pace of implementation at local level.</p> <p>Mr Dodd noted the Alliance Agreement between partners was due to expire at the end of October 2021 and that it was agreed that it should continue in its present form for a further six months while discussions continued with partners about future arrangements. He said the Board received the partnership risk register and had noted the detailed review in progress with senior expertise provided by Walsall Healthcare as the Host Provider. Prof. Field thanked Mr Dunn and Mr Dodd for a good and clear update.</p> <p>Resolved: that the Chair of Walsall Together Partnership Board be received and noted.</p>
194/21	<p>Care at Home Executive Report</p>
	<p>Prof. Field received and noted this report.</p> <p>Resolved: that the Care at Home Executive Report be received and noted.</p>

WORK CLOSELY WITH PARTNERS	
185/21	Acute Provider Programme Board Update
	<p>Mr Evans presented a combined report that covered the programmes of Acute Provider collaboration including updates on priority works streams for diagnostics, clinical and back office, workforce and OD, governance, technology, and data. He said that the Acute Provider Collaboration (APC) programme had confirmed its intention to become a work stream within a wider provider collaborative model in the ICS and that the APC had been accepted onto the national 'deep dive test site' programme to evaluate progress of provider collaboratives. He said that, following a tender process, a provider to review options for future potential clinical configuration across the hospital sites had been selected. He also referred to the local 'Working closely with Partners improvement programme' workstream updates included for Dermatology, Haematology, Orthopaedics, Urology and Estates & Facilities. He said the next Programme Board was on 18 November 2021 and was to include further consideration of how the programme developed considering the advent of provider collaboratives and with the CEO of the Mental Health Trust. He referred to a key piece of work to review clinical configuration across sites, expected by Christmas and alongside this, the programme board was to agree the speciality priorities for change.</p> <p>Resolved: that the Acute Provider Programme Board Update be received and noted.</p>
GOVERNANCE AND WELL LED	
196/21	COVID-19 Board Assurance Framework
	Resolved: that the COVID-19 Board Assurance Framework be received and noted.
CLOSING ITEMS	
197/21	Any Other Business
	Prof. Field noted that no other business was raised.
198/21	Questions from Public
	<p>Mr Wilshere reported Mr Lemord, observing, had asked about public access to meeting invites and that was being addressed.</p> <p>Mr Lemord asked the Chair to note his observation that focus of the meeting was on clinical and medical staff and that no other staff groups were mentioned. He said that as an NHS hospital, there were other staff and professions with the same struggles as the named clinical and professions do. He asked if future board meetings would have input from or reports that included other members of the staff groups in the organization.</p> <p>Prof. Field thanked Mr Lemord for his observation. He said the Board was aware of the importance of all staff including portering, cleaning and other staff groups. Mr Hemans said the intention was, in time, to ensure that all staff had been engaged with to pick up any issues and feedback in future.</p> <p>Prof. Field confirmed that the next meeting was to take place on Thursday 2nd December 2021</p>
199/21	Resolution
	<p>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.</p> <p>Resolved: that the resolution be approved.</p>

Ref	Date	Agenda Item	Action Note	Responsible	Due Date	Progress/Comment	Status
	01 July 2021	AOB (memorial/reflection garden)	Proposal for event to honour staff – possibly a tree planting – to come to September meeting.	Director of Communications and Engagement	07 October 2021	<i>November Update:</i> Engagement with staff to explore options. Item to remain open for updates.	Open

The Seven Principles of Public Life 'Nolan principles'

The Seven Principles of Public Life (also known as the Nolan Principles) apply to anyone who works as a public office-holder. This includes all those who are elected or appointed to public office, nationally and locally, and all people appointed to work in the Civil Service, local government, the police, courts and probation services, non-departmental public bodies (NDPBs), and in the health, education, social and care services. All public office-holders are both servants of the public and stewards of public resources. The principles also apply to all those in other sectors delivering public services.

1. Selflessness

Holders of public office should act solely in terms of the public interest.

2. Integrity

Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

3. Objectivity

Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

4. Accountability

Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

5. Openness

Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

6. Honesty

Holders of public office should be truthful.

7. Leadership

Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.

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.

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	<p>We are open, transparent and honest, and treat everyone with dignity and respect.</p> <ul style="list-style-type: none"> 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	<p>We value people and behave in a caring, supportive and considerate way.</p> <ul style="list-style-type: none"> 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	<p>We are proud of what we do and are motivated to make improvements, develop and grow.</p> <ul style="list-style-type: none"> 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	<p>We understand that to achieve the best outcomes we must work in partnership with others.</p> <ul style="list-style-type: none"> 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 – Thursday 2nd December 2021			
Interim Chief Executive Officer's Report			AGENDA ITEM: 7
Report Author and Job Title:	Prof David Loughton, Interim Chief Executive Officer	Responsible Director:	Prof David Loughton, Interim Chief Executive Officer
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/> Assure <input type="checkbox"/>		
Executive Summary	The paper includes details of key activities undertaken since the last Trust Board meeting.		
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	None in this report.		
Resource implications	There are no resource implications associated with this report.		
Legal and Equality and Diversity implications	None in this report.		
Strategic Objectives	Safe, high quality care <input checked="" type="checkbox"/>	Care at home <input checked="" type="checkbox"/>	
	Partners <input checked="" type="checkbox"/>	Value colleagues <input checked="" type="checkbox"/>	
	Resources <input checked="" type="checkbox"/>		

INTERIM CHIEF EXECUTIVE OFFICER'S REPORT

1.0	<u>Review</u>
	This report indicates my involvement in local, regional and national meetings of significance and interest to the Board.
2.0	<u>Consultants</u>
	<p>There has been five Consultant Appointments since I last reported:</p> <p><u>Dermatology</u> Dr Viktoria Eleftheriadou</p> <p><u>Acute Medicine</u> Dr Mohammad Akram Dr Mehwash Naseem Dr Muhammad Saad</p> <p><u>Paediatrics</u> Dr Amanda Thompson</p>
3.0	<u>Policies and Strategies</u>
	<p>The following policies were approved this month:</p> <ul style="list-style-type: none"> • Policy WHT-CP900 Policy for monitoring and management of patient harm • Policy WHT-HR901 Medical Mentorship Policy • Policy WHT-IP02 Control and prevention of invasive Aspergillus infection during hospital renovation, construction or demolition • Policy WHT-IP03 Meticillin Resistant staphylococcus aureus (MRSA) management in hospital and community settings • Policy WHT-IP10 Management of patients with Varicella Zoster and Herpes Zoster virus (Chicken pox and Shingles) • Policy WHT-IP13 Outbreak Management • Policy WHT-IP18 Management of Patients with suspected or confirmed cases of Food Poisoning (infective Gastroenteritis) • Policy WHT-IP19 The safe management of blood and body fluid spillages • Policy WHT-IP21 Management of transmissible spongiform encephalopathies (TSE) including Creutzfeldt-Jakob Disease (CJD) • Policy WHT-IP902 Policy for Aseptic Non Touch Technique (ANTT) • Policy WHT-IP903 Hepatitis A and E • Policy WHT-IP904 Safe handling and disposal of sharps • Policy WHT-IP905 Viral Haemorrhagic Fevers (VHF) (e.g. Lassa, Marburg, Ebola, Crimean/ Congo)

4.0	<u>Visits and Events</u>
	<ul style="list-style-type: none"> • Since the last Board meeting I have undertaken a range of duties, meetings and contacts locally and nationally including: • Since Friday 27 March 2020 I have participated in weekly virtual calls with Chief Executives, led by Dale Bywater, Regional Director – Midlands – NHS Improvement/ England • Since Monday 3 August 2020 I have participated in weekly calls with the Black Country and West Birmingham Strategic Transformation Partnership (STP) on the co-ordination of a collective Birmingham and the Black Country restoration and recovery plan and COVID-19 regional update • 19 October 2021 – participated in a health panel discussion at the Healthcare Partnership Network event • 21 October 2021 – participated in the Acute Collaboration Programme Board • 26 October 2021 – participated in the Trust Management Board (TMC) and virtually met with Dr Helen Paterson – Chief Executive, Walsall Council • 28 October 2021 – met with Pat Usher and Jane Wilson – Joint Staff-side Leads and presented at the Speaking-Up Staff event led by Yvonne Coghill - Senior Programme Lead, NHS Leadership Academy and met with Kerrie Allward – Executive Director of Adults, Public Health and Hub, Walsall Council • 29 October 2021 – chaired the Private Funded Initiative (PFI) Joint Liaison Committee and participated in the Regional Cancer Board • 3 November 2021 – held a thank you virtual session for all Black Country Pathology Staff as part of National Pathology Week and participated in a Joint Wolverhampton and Walsall Board Development session • 4 November 2021 – held the ‘Sod Cutting’ ceremony for the Solar Farm Development, led by Lord Patrick Carter and participated in a Consultant meet and greet session • 9 November 2021 – I was awarded Companion of the Institute of Health and Social Care Management (IHSC) and chaired the virtual West Midlands Cancer Alliance Board • 11 November 2021 – chair a Senior Managers virtual briefing session and participated in the National Operational Update webinar with Amanda Pritchard – Chief Executive, NHS England/Improvement • 12 November 2021 – myself and Prof Steve Field CBE, Chairman hosted a visit from Senior Executives of the Department of Health and Social Care (DHSC) and we also hosted a briefing session for all MPs of Wolverhampton, Walsall, Cannock and South Staffordshire
5.0	<u>Board Matters</u>
	There are no Board Matters to report on this month.

MEETING OF THE PUBLIC TRUST BOARD – Thursday 2nd December 2021			
Quality, Patient Experience and Safety Committee (QPES) Highlight Report			AGENDA ITEM: 9
Report Author and Job Title:	Mrs Pam Bradbury - Non-Executive Director	Responsible Director:	Mrs Pam Bradbury – Non-Executive Director
Action Required	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/> Assure <input checked="" type="checkbox"/>		
Executive Summary	<p>This report provides the key messages from the Quality, Patient Experience and Safety Committee meeting held on 25 November October 2021. Of note are:</p> <p><u>Staff story:</u> Shown an inspirational video, produced with volunteers expressing their reasons for joining the Trust and some of the difficulties over the last year not being able to carry out their usual activities. We heard how welcome back sessions are being run which includes a volunteer development programme it was noted that volunteer hours are now around 200 hours per week.</p> <p><u>Acute Service Access and Restoration and Recovery:</u> Restoration of elective and day cases to 101% of year-to-date of 2019 activity. With sustained improvement in the average cases per list of elective procedures which is a credit to the surgical division.</p> <p>Cancer performance for the Trust was materially better than the national average (68.0%) and the best performing Trust in the West Midlands, with 81.1% of our patients treated within 62 days of GP referral.</p> <p>Diagnostic activity remains a concern as reported last month there has been short term recovery with the use of MediServices in-sourced ultrasound capacity, and discussions with Health Harmonie seeking additional insourcing of capacity. Medium term recovery is contingent on staff returning from sick leave and the appointment to 2 new sonographers. Recovery is expected by end Jan 2022.</p> <p>RTT 18-week wait is stable at 67% and remains in the same position of 5th out of the 20 Midland Trusts.</p> <p>58% of priority 2 elective cases had surgery within 28 days this is attributed in part due to upgrade of patients from P3 to P2 category, and in part due to patient choice or being medically unfit for surgery.</p> <p>The Royal College of Surgeons clinical priority categorisation currently in use will be audited using the new C2-AI software that the Trust has purchased. Based on over 200 million patient records drawn from 46</p>		

countries to risk stratify the potential mortality and complication implications of individual patients waiting for surgery.

The Urgent and Emergency Care system is under severe pressure with ambulance handover delays in West Mids which is a significant risk to deteriorating patients. Since last month's highlight report there has been written correspondence received from the National Director for Emergency and Elective Care, National Medical Director and Regional Director. QPES received assurance that The Trust already complies with the requests contained within this letter.

Children admitted with RSV increased from 32 to 46 an increase. The strain on the Paediatric inpatient unit led to initial steps of the Trust's surge plan being deployed to accommodate inpatients on PAU on some days. The Trust's Paediatric Surge Plan was recognised by NHSEI Midlands with the Trust's Divisional Director of Nursing for Children, Young People and Neonatology services and the Trust's Clinical Director for Emergency Medicine invited to share our approach at Midlands-wide Paediatric surge management meeting earlier this month.

Community Access

Community Access

Staffing generally is a major cause for concern across Walsall Together partners. There is joint work to tackle the problem through the development of a partnership strategy that includes a whole system view for staff recruitment and development. Community based placements of international nurses are being considered as well.

The numbers of patients who are medically stable for discharge reduced compared to September, as actions to mitigate the shortages of packages of domiciliary care were implemented, such as commissioning more agencies and improving the flow through existing pathways. Work has also been undertaken to reduce demand by treating people at home, using services such as the Integrated Assessment Hub, Care Navigation Centre and Rapid Response.

WHT are not meeting best practice standards for diabetes due to gaps in psychology, dietetics services, nursing and consultant capacity. Funding has been approved and recruitment is taking place. It is anticipated that vacancies in these services will be filled in Q4 21/22.

A review was completed of all Category 3, 4 and Unstageable Pressure Ulcers within the four Placed Based Locality Teams for the period of August 2021 - October 2021. It was determined that there were no missed or rescheduled visits identified as contributory to the development or deterioration of the Pressure Ulcers, however work continues to support staff in assessment, management and prevention of pressure ulcers in the community. Alignment of data around pressure ulcers between the Community and the Safe High Quality Care reporting has been agreed

Safe High-Quality Care:

VTE compliance for September was 92.84 which remains under target of 95% despite a detailed short/medium/long term plan the solution (comparing with other Trusts) is the electronic patient record which as reported last month is behind schedule.

The prevalence of timely observations is 86.63% and consistently is remaining above trust target of 85%.

The ED manual audit shows compliance of antibiotics within the hour of 94% which is above the Trust target of 90%.

Falls per 1000 bed days was 3.66 in October 2021 and remains significantly below the national average of 6.63.

Review and update of clinical guidelines remains an area of concern although there has been a change in ownership from care group to corporate level responsibility, progress will be reported monthly.

Deteriorating patient

A Trust sepsis team has now been formed that will progress and evaluate the deteriorating patient pathway. Progress has been made with an agreed clinical bundle of care to reduce unwarranted variation and to support appropriate timely escalation. This bundle is being built into the electronic patient pathway on Medway.

Controlled drugs (CD)

The Controlled Drugs Accountable Officer (CDAO) reports that the overall Trust compliance against 12 standards for supply, storage and documentation of controlled drugs is 78% for the quarter July to September 2021. Compliance has fallen by 5% since the last quarter. Average overall annual compliance rate is 82%. There is concern about the level of non-compliance regarding documentation, which would be resolved with electronic prescribing, but this is a longer-term solution. The Trust has asked for CD divisional audit reports to be included and improved performance to be driven through patient safety group. Pharmacy is also looking at other electronic CD management and dispensing systems, which will be taken through the executive meeting.

Research quarterly report.

Overview of research activity across the Trust was presented with good collaboration. Walsall has been successful in getting through to the second stage of the CRN's Improvement & Innovation research funding strategy for 2 studies- Hexitime extension and Hybrid post in ICU

Sepsis

Despite problems with recording compliance of antibiotics within one hour the current ED manual audit shows 94% compliance which is above the Trust target of 90%.

	<p><u>External Reviews</u> Following the HEE Review of training in acute and general medicine previously reported to QPES and Trust Board which identified patient safety concerns for transfer from the ED to AMU and prioritization of patients in the acute medical unit. Immediate actions have been taken with MD oversight.</p> <p><u>Never events</u> One never event occurred within the division in October 2021 and two in November. Immediate steps have been taken that includes an invitation to the Association of Perioperative Practitioners to deliver training and support and an external investigator has also been commissioned to investigate the never events.</p> <p><u>Maternity</u> A full Birth Rate Plus staffing review paper was presented and approved by the Trust board on April 1st, 2021. Since then, the service has been actively recruiting to reduce the vacancy gap identified by the review.</p> <p>No SI's reported in October – and the 2 outstanding are now closed with evidence of lessons learnt.</p> <p>The CQC report was published on 1st October 2021, immediate actions were undertaken, and progress reports will be received at QPES. An issue of immediate concern however is medicines management which shows failure in individuals to comply with medicine management but also an organisation failure to comply with legal requirements.</p> <p><u>Controlled drugs</u> The Controlled Drugs Accountable Officer (CDAO) reports that the overall Trust compliance against 12 standards for supply, storage and documentation of controlled drugs is 78% for the quarter July to September 2021. Compliance has fallen by 5% since the last quarter. Actions were included in the detailed report and QPES members requested high priority to be given to the legal requirements and monthly updates to be included in the safe high quality care report.</p> <p><u>Serious Incident progress report.</u> Work continues to close historical SI's pleased to note all remaining (121) are on track for closure by 31 Dec 2021. A random sample audit is planned to ensure the process of closure is adhering to policy. Falls and Pressure Ulcers will be included in the SI report as will lessons learnt.</p> <p>The next meeting of the Committee will take place on 16th December 2021</p>
<p>Recommendation</p>	<p>Members of the Trust Board are asked to note the escalations and any support sought from the Trust Board.</p>
<p>Risk in the BAF or Trust</p>	<p>This report aligns to BAF risk S01 for safe high-quality care and COVID-19 BAF risk S06.</p>

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

MEETING OF THE PUBLIC TRUST BOARD – Thursday 2 nd December 2021			
Safe High-Quality Care Oversight Report – October 2021 data			AGENDA ITEM: 10
Report Author and Job Title:	Lisa Carroll Director of Nursing and Manjeet Shehmar Interim Medical Director	Responsible Director:	Manjeet Shehmar Interim Medical Director Lisa Carroll Director of Nursing
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/> Assure <input checked="" type="checkbox"/>		
Executive Summary	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	The Committee is requested to note the contents of the report and make recommendations as needed.		
Does this report mitigate risk included in the BAF or Trust Risk Registers?	<p>208 - Failure to achieve 4 hour waits as per National Performance Target of 95%, resulting in patient safety, experience and performance risks (Risk Score 15).</p> <p>1937 - Risk of harm to staff from AGP (e.g. COVID-19) as a result of matching capacity for Fit Testing for two masks (Risk score 10)</p> <p>2066 – Risk of avoidable harm to patients due to wards & departments being below the agreed substantive staffing levels (Risk Score 15).</p> <p>2245 - Risk of suboptimal care and potential harm to patients from available midwives being below agreed establishment level (Risk Score 20).</p> <p>2325 – Incomplete patient health records documentation and lack of access to patient notes to review care. This is due to a known organisational backlog of loose filing and increased reported incidents of missing patient notes (Risk Score 16).</p> <p>2430 – Risk of harm to children due to fragmented record storage (Risk Score 20).</p> <p>2439 - External inadequate paediatric mental health and social care provision leading to an increase in CYP being admitted to our acute Paediatric ward whilst awaiting a Tier 4 bed or needing a 'place of safety' (Risk Score 20).</p> <p>2475 - The Mental Health Act (MHA) Code of Practice is not being applied in day-to-day practices for providing safeguards & protection for individuals who require mental health services (Risk Score 20).</p> <p>2512 – Walsall Healthcare NHS Trust failure to meet Paediatric Diabetes Best Practice Tariff Standards (Risk Score 16).</p> <p>2540 - Risk of avoidable harm going undetected to patient's, public and staff due to ineffective safeguarding systems (Risk Score 12).</p> <p>2581 – Internal risk for patients awaiting Tier 4 hospital admission (Risk</p>		

	<p>Score 20).</p> <p>2587 - Not having sufficient staffing levels available to support the release for fit testing in line with Control of Substances Hazardous to Health Regulations 2002 (COSHH) requirements & Department of Health & Social Care (DHSC) resilience principles & performance measures, to protect staff from harmful substances (e.g. COVID-19) (Risk Score 9).</p> <p>2601 - Inadequate Electronic Module for Sepsis/deteriorating patient identification, assessment and treatment of the sepsis 6 (Risk Score 20).</p> <p>2654 - Risk of patient harm from significant delay in management of serious incidents (Risk score 20)</p> <p>2663 - Lack of support to new Trust nursing staff, including but not limited to International Nurses (Risk score 9).</p> <p>2664 - Patient Safety and Training Issues in Medicine / ED (Risk Score 20).</p>	
<p>Resource implications</p>		
<p>Legal and Equality, Diversity and inclusion implications</p>	<p>Failure to deliver safe, high quality care may result in breaches of legal requirements under the Health and Social Care Act 2008</p>	
<p>Strategic Objectives</p>	<p>Safe, high quality care <input checked="" type="checkbox"/></p>	<p>Care at home <input type="checkbox"/></p>
	<p>Partners <input checked="" type="checkbox"/></p>	<p>Value colleagues <input type="checkbox"/></p>
	<p>Resources <input checked="" type="checkbox"/></p>	

Provide Safe High-Quality Care – Executive Update

1. Executive Summary

The delivery of safe, high quality care remains a key priority for the Trust.

The associated Board Assurance Framework (BAF) and corporate risks have been reviewed and updated as required. Where there are gaps in control and assurance these are detailed in the monthly report to the Quality, Patient Safety and Experience Committee and actions taken and in progress are explained.

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

- VTE compliance for October 2021 was 92.84% compared to 92.52% for September 2021. Improvements made and lessons learnt will be shared through the Patient Safety Group to ensure Trust wide learning.
- The prevalence of timely observations is 86.21% and consistently is remaining above trust target.
- Falls per 1000 bed days was 3.66 in October 2021 (4.09% for September 2021) and remains significantly below the national average of 6.63 as recognised as the Royal College Physicians.
- Safeguarding adults and children's training is achieving trust target for all level 1 and level 2 training. Level 3 adult and children's training remains below trust target
- A HEE review of training in acute medicine raised immediate safety concerns around referral process from ED, clinical triage and IT to enable handover. Focused work has commenced in AMU in address these issues with audits of compliance.
- The Trust has declared 3 never events last month which are all being investigated by an external investigator. The Trust has invited the Association of Perioperative Practice to deliver focused training and support.

2. CQC Inspections

Maternity Services

The CQC report following the unannounced inspection of maternity services was published on the 1st October 2021. The division have developed an action plan and progress is being made against the actions. An oversight group is in place to monitor progress against the actions and improvement made.

3. Links to corporate risk register

Following a review of the risks held on the corporate risk register a number have been added to the Safe High Quality Care report as they are aligned to the focus of this report.

208 - Failure to achieve 4 hour waits as per National Performance Target of 95%, resulting in patient safety, experience and performance risks (Risk Score 15).

1937 - Risk of harm to staff from AGP (e.g. COVID-19) as a result of matching capacity for Fit Testing for two masks (Risk score 10)

2066 – Risk of avoidable harm to patients due to wards & departments being below the agreed substantive staffing levels (Risk Score 15).

2245 - Risk of suboptimal care and potential harm to patients from available midwives being below agreed establishment level (Risk Score 20).

2325 – Incomplete patient health records documentation and lack of access to patient notes to review care. This is due to a known organisational backlog of loose filing and increased reported incidents of missing patient notes (Risk Score 16).

2430 – Risk of harm to children due to fragmented record storage (Risk Score 20).

2439 - External inadequate paediatric mental health and social care provision leading to an increase in CYP being admitted to our acute Paediatric ward whilst awaiting a Tier 4 bed or needing a 'place of safety' (Risk Score 20).

2475 - The Mental Health Act (MHA) Code of Practice is not being applied in day-to-day practices for providing safeguards & protection for individuals who require mental health services (Risk Score 20).

2512 – Walsall Healthcare NHS Trust failure to meet Paediatric Diabetes Best Practice Tariff Standards (Risk Score 16).

2540 - Risk of avoidable harm going undetected to patient's, public and staff due to ineffective safeguarding systems (Risk Score 12).

2581 – Internal risk for patients awaiting Tier 4 hospital admission (Risk Score 20).

2587 - Not having sufficient staffing levels available to support the release for fit testing in line with Control of Substances Hazardous to Health Regulations 2002 (COSHH) requirements & Department of Health & Social Care (DHSC) resilience principles & performance measures, to protect staff from harmful substances (e.g. COVID-19) (Risk Score 9).

2601 - Inadequate Electronic Module for Sepsis/deteriorating patient identification, assessment and treatment of the sepsis 6 (Risk Score 20).

2654 - Risk of patient harm from significant delay in management of serious incidents (Risk score 20)

2663 - Lack of support to new Trust nursing staff, including but not limited to International Nurses (Risk score 9).

2664 - Patient Safety and Training Issues in Medicine / ED (Risk Score 20).

4. Performance Report

4.1 Getting it Right First Time (GIRFT)

The GIRFT team local actions continue to progress well with many specialties having completed all recommendations. Specialities are well represented at GIRFT meetings. ENT implementation plan meeting took place in October. The speciality have delivered in all but two of the local recommendations, one of which relates to non-elective spells with no dominant procedure which is much higher than the average, however this is being investigated by the speciality and an update will be provided at the next GIRFT meeting. Updates on national recommendations will also be provided.

The National Thrombosis GIRFT report was launched on 13 October 2021 which included a number of recommendations for Trusts. These recommendations are on the Agenda for the next Thrombosis Group meeting for discussion and action.

4.2 Falls

The number of falls inpatient falls recorded for October is reported as 54, a slight reduction from 64 in September 2021. Work continues on the falls strategy aligned with the 'Key Performance Indicators' in the Safe High Quality Care Improvement Programme (SHQC).

The Trust had previously identified 12 falls that have not previously been investigated and have been identified as potential Serious Incidents (SI's) despite being discussed at SI group. Agreement with

the Clinical Commissioning Group (CCG) is in place to investigate 11 of these falls as a cluster review. Duty of Candour will be undertaken where identified as required. The RCA review has been completed in November 2021 and the report is being finalised.

4.3 Tissue Viability

The total number of Trust acquired pressure ulcers in October 2021 is 15. This is a reduction from the 26 reported in September. All pressure ulcers of stage 3 and above and those that are unstageable have a Root Cause Analysis completed, none met the SI criteria in October 2021.

4.4 Mouth care

A business case is being developed to recruit a dental nurse/mouth care matters practitioner to focus on a mouth care matters work stream with an ambition to reduce the incidence of Hospital Acquired Pneumonia.

4.5 Venous Thromboembolism (VTE)

VTE compliance for October 2021 was 92.84% compared to compliance for September 2021 of 92.52%, compliance rates remain steady but below the 95% target for compliance.

Monthly reports continue to be sent to Divisions, in addition to the daily reporting to consultants.

Surgery has completed a QI project to review and improve compliance. A report will be presented to the Thrombosis Group in due course. Medicine and Long-Term Conditions have finalised their audit and the outcome will be discussed at the Thrombosis Group.

4.6 104-day harm

There were 4 patients identified in August 2021, 3 x urology (no harm) 1 x head & neck patient who had MRSA. No serious incidents have been raised.

4.7 Sepsis

The Trust is aware of issues relating to the accuracy of sepsis reporting where results from manual audits differ from system generated results. Work with System C has shown user issues with de-escalation of patients which are exacerbated by non-friendly user interfaces on E-Sepsis. System C and the digital team are addressing these. Manual audits continue to provide assurance. The ED manual audit shows compliance of antibiotics within the hour of 94% which is above the Trust target of 90%.

4.8 Clostridium difficile

The Trust target for 2021/22 is 29 cases; the national targets have been set at 33 cases. There were no reported cases in October 2021. To date the Trust has reported 18 cases for the year 2021/2022.

4.9 Percentage of observations undertaken within timeframe

The prevalence of timely observations has decreased slightly to 86.21% in October 2021 from 86.23% in September 2021 but remains above the Trust target of 85% for the seventh month running.

4.10 Mental Capacity Assessment

Audit for October 2021 shows that 67.39% of patients who lacked capacity had a stage 2 assessment undertaken; this is an increase from 57.14% in September 2021. Discussion with patient's relatives or attorney has increased to 64.04%% (September 35.71%) of cases audited.

4.11 Safeguarding, Prevent, DoLs, MCA and Dementia Awareness Training

Safeguarding Adult and Childrens levels 1 and 2 training remain above trust target. Level 3 training remains under target for both adults and children. The SAafeguarding Committee has asked divisions to present their trajectory for reaching compliance with level 3 training at the December committee meeting.

5. External reviews

A Health Education England Review of training in acute and general medicine has highlighted patient safety concerns for transfer from the emergency department to the acute medical unit and prioritization of patients in the acute medical unit.

Focused work has commenced with external support. Immediate actions have included:

- Restructure of the medical acute rotas to ensure senior cover, additional staffing out of hours to ensure safe staffing and senior cover at weekends.
- Clear pathways of referral from ED to AMU and clear clinical prioritization algorithms
- IT solutions to aid visibility of patient priority
- Clear communication of standards and pathways

This work is underpinned by close working with the clinical, educational and junior doctor teams. The leadership structure across acute services has been amended and an MDT oversight assurance group has been set up and will be chaired by the Acting Medical Director.

End of Report

Risk Summary

BAF Strategic Objective Reference & Summary Title:	BAF SO 01 - 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.
Lead Committee:	Quality, Patient Experience & Safety Committee.

Links to Corporate Risk Register:	Title:	Current Risk Score Movement:
	<ul style="list-style-type: none"> 208 - Failure to achieve 4 hour waits as per National Performance Target of 95%, resulting in patient safety, experience and performance risks. (Risk Score = 16). 2066 - Risk of avoidable harm to patients due to wards & departments being below the agreed substantive staffing levels. (Risk Score = 15). 2245 - Risk of suboptimal care and potential harm to patients from available midwives being below agreed establishment level. (Risk Score = 20). 2325 - Incomplete patient health records documentation and lack of access to patient notes to review care. This is due to a known organisational backlog of loose filing and increased reported incidents of missing patient notes. (Risk Score = 16). 2430 - Risk of harm to children due to fragmented record storage. (Risk Score = 20). 2439 - External inadequate paediatric mental health and social care provision leading to an increase in CYP being admitted to our acute Paediatric ward whilst awaiting a Tier 4 bed or needing a 'place of safety'. (Risk Score = 20). 2475 - The Mental Health Act (MHA) Code of Practice is not being applied in day-to-day practices for providing safeguards & protection for individuals who require mental health services. (Risk Score = 25). 2512 - Walsall Healthcare NHS Trust failure to meet Paediatric Diabetes Best Practice Tariff Standards. (Risk Score = 16). 2540 - Risk of avoidable harm going undetected to patient's, public and staff due to ineffective safeguarding systems. (Risk Score = 9). 2581 - Internal risk for patients awaiting Tier 4 hospital admission. (Risk Score = 15). 2587 - Not having sufficient staffing levels available to support the release for fit testing in line with Control of Substances Hazardous to Health Regulations 2002 (COSHH) requirements & Department of Health & Social Care (DHSC) resilience principles & performance measures, to protect staff from harmful substances (e.g. COVID-19). (Risk Score = 20). 2601 - Inadequate Electronic Module for Sepsis/deteriorating patient identification, assessment and treatment of the sepsis 6. (Risk Score = 20). 2654 - Risk of patient harm from significant delay in management of serious incidents. (Risk Score = 20). 2663 - Lack of support to new Trust nursing staff, including but not limited to International Nurses. (Risk Score = 9). 2664 - Patient Safety and Training Issues in Medicine / ED. (Risk Score = 20). 1937 - Risk of harm to staff from AGP (e.g. COVID-19) as a result of matching capacity for Fit Testing of two masks. (Risk score = 10). 	<p>Likelihood = 5 Consequence = 5 = 25 High ↔</p>
	Forecasted Risk Score Movement for Q3:	<p>Likelihood = 5 Consequence = 5 = 25 High ↔</p>

Risk Appetite

Status:	Averse	Averse					Cautious					Balanced					Open					Hungry				
Appetite Score:	< 4	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Tolerate Score:	< 9																									

Risk Scoring								
Quarter:	Q1 2021/22	Q2	Q3	Q4	Rational for Risk Level:	Target Risk Level (Risk Appetite):		Target Date:
Likelihood:	3	5			<ul style="list-style-type: none"> Risk score increased in line with worst case scenario SHQC risk, Mental Health Act (ID 2475) with a risk score of 25. The Trust's Quality Strategy is evolving to address the emerging priorities from reviews of systems, process and services. A review of the process for ensuring lessons learnt from incidents and patient feedback is embedded in practice is under way. CQC action plans requiring corporate action/leadership assigned to an executive Director with oversight at Trust Board. Divisional action plans overseen through divisional performance reviews and Patient Safety Group The Trust is an early adopter site for the new patient complaint standards and will be rolling these out with additional support from the national team over the coming months. A number of clinical guidelines policies and procedures are out of date. The Trust has a clear plan for reviewing and updating these. Potential to breach statutory requirements under the Mental Health Act due to inconsistent knowledge and application of Trust Policy. CCG and LA assured that safeguarding systems are embedded. This is supported by spot checks and quality assurance visits to test staff knowledge and increase in incidents reported Substantive staffing levels are below those agreed in establishment reviews to deliver safe, high quality care resulting in high usage of temporary staff. Failure to report accurate Sepsis data Nationally, resulting in non-compliance and increased risk of delivering suboptimal sepsis care/treatment. 	Likelihood:	2	
Consequence:	5	5				Consequence:	5	
Risk Level:	15 High	25 High				Risk Level:	10 Moderate	

Control & Assurance Framework - 3 Lines of Defence

	1 st Line of Defence	2 nd Line of Defence	3 rd Line of Defence
Controls:	<ul style="list-style-type: none"> • Clinical audit programme & monitoring. 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 arrangements with staff re-deployed across clinical units and divisions as required to maintain safe staffing levels • Daily safety huddle in midwifery to ensure safe staffing and make decisions on re-deployment of staff across the service • Safety Alert process in place and assured through QPES. • Perfect Ward app allows local oversight of key performance metrics. • Freedom to speak up process in place, reporting to the People and organisational development committee. • Covid-19 SJR undertaken for all deaths process of assurance for lessons learnt developed. RCAs underway • CQC registration for the regulated activity of assessment or medical treatment for persons detained under the Mental Health Act 1983 at Manor Hospital. • CQC action plans requiring corporate action/leadership assigned to an executive Director with oversight at Trust Board. Divisional action plans overseen through divisional performance reviews and Patient Safety Group • Improvement programme in place to 	<ul style="list-style-type: none"> • Patient Experience group in place. • Governance and quality standards managed and monitored through the governance structures of the organisation, performance reviews and the CCG/CQC. • Learning from death framework supporting local mortality review. • Faculty of Research and Clinical Education (FORCE) established to promote research and professional development in the trust. • Weekly fit testing data uploaded to ESR and reported through Corporate Tactical • MLU service paused and staff re-deployed to acute Trust • Trust supporting system wide international midwifery recruitment • External visits from HEE in place 	<ul style="list-style-type: none"> • CQC Inspection Programme. • Process in place with Commissioners to undertake Clinical Quality Review Meetings (CQRM). • External Performance review meetings in place with NHSEI/CQC/CCG.

	<p>oversee and monitor improvements associated with the Trust delivery of Safe, and High Quality Care.</p> <ul style="list-style-type: none"> • Support to safeguarding team in place from RWT • Business case under development to ensure a safeguarding team that is fit for purpose • Safeguarding Committee meetings increased to monthly • International Registered Nurse recruitment underway with 200 recruits expected by the end of 2021 • RPE Procedure developed providing guidance on the rationale for use of RPE and managers responsibilities under COSHH Regulations Force 8 SOP in place • Train the tester training completed • Multiple types of FFP3 masks available • Ten Practice Education Facilitators recruited • Manual audit in place to monitor compliance with Sepsis 6 • Medical education group and education and training steering group established 		
Gaps in Controls:	<ul style="list-style-type: none"> • Performance targets not being met for all activities, including complaints, Mental Capacity Act compliance and VTE assessments. • Out of date clinical policies, guidelines and procedures. • Training performance not meeting set targets. • Quality Impact Assessment process requires embedding within the trust. • Sepsis audit frequency and performance. • CQC rating of 'Requires Improvement' in 2019; Medicine rated as 'Inadequate' in May 2021 report. • NHSEI review of Division of Surgery, focussing on meetings, leadership, and governance highlighted remedial actions required. • Dementia screening performance. • Failure to demonstrate compliance with terms of the Mental Health Act. • Reputational Impact on the trust regarding Doctors in Training placements. Potential for withdrawal of Doctors in Training placements by Health Education England. And financial reduction of Health Education income. 		
Assurance:	<ul style="list-style-type: none"> • Process in place through ward, business unit and divisional reviews and sub-committees of QPES to 	<ul style="list-style-type: none"> • Patient priorities for 2021 identified which aim to improve patient experience. Assurance of impact via patient feedback. 	<ul style="list-style-type: none"> • NHSI and CCG reviews of IPC practice in ED and Maternity have not highlighted any immediate concerns.

	<p>confirm and challenge and gain assurance with overarching report and assurance at QPES.</p> <ul style="list-style-type: none"> International recruitment continues. As of end September 2021 94 nurses commenced in post and 45 have completed their OSCE and have registered or are in the process of registering with the NMC 	<ul style="list-style-type: none"> Learning Matters Newsletter published monthly Fortnightly assurance meeting with CQC and CQRM meeting with CCG. 	<ul style="list-style-type: none"> 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.
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Gaps in Assurance:	<ul style="list-style-type: none"> Some CQC 'MUST' and 'SHOULD' do actions remain outstanding. Inconsistent evidence, both through quality governance structures and performance reviews, of practice having changed as a result of learning from adverse events. 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. Lack of clinical engagement and leadership oversight of the Quality Governance agenda. Lack of assurance regarding dementia screening data collection process. Lack of assurance internally and externally regarding staff ability to recognise, report and escalate safeguarding concerns Lack of assurance from electronic data reporting on management of Sepsis and Sepsis 6 compliance
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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 & patient tracking; artificial intelligence; telemedicine).
- Development of Prevention Strategy.
- National Patient Safety Strategy will give an improved framework for the Trust to work.
- Well Led work stream working on quality governance structures and patient safety.
- Leadership Development programme to address and mitigate gaps within clinical leadership.
- Development of sepsis module within Medway
- Re-design of SI process

Future Risks

- Ongoing impact of Covid-19 plus additional significant time pressured programmes of work such as COVID vaccination, staff testing, etc. Communications across the organisation to share programme objectives.
- Performance targets not being met for all activities, including Mental Capacity Act and VTE.
- Sepsis audit frequency and performance.
- NHSEI review of Division of Surgery, focussing on meetings, leadership, and governance highlighted remedial actions required.

Future Actions (to further reduce the Likelihood / Consequence of the risk in order to achieve the Target Risk Level in line with the Risk Appetite)

No.	Action Required:	Executive Lead:	Due Date:	Progress Report:	BRAG:
1.	Define action plan for addressing lack of assurance around provision of services in line with requirements of Mental Health Act	Medical Director	01/12/2021	Risk included on corporate risk register in May 2021. Action plan in place. 14/07/2021 - Business case in development to ensure	

				adequate resource to Mental Health team. To be presented to PFIC July 2021.If approved recruitment will take approx. 3 months. Due date re-aligned to reflect this process 3.11.2021 Business case approved by Trust board and posts currently being recruited to	
2.	Develop a Clinical Audit Strategy and Policy	Director of Governance	31/01/2022	To be reviewed on completion revised governance structure and commencement in post of Deputy DoN with quality portfolio	
3.	Oversight of progress to address out of date policies and procedures will be strengthened via the Clinical Effectiveness Group which be reflected in the revised terms of reference	Medical Director	01/04/2021	Complete - Terms of reference agreed through Clinical	
4.	NHSI re-inspection of cleanliness and IPC practice in maternity services	Director of Nursing	31/01/2022	NHSE/I IPC inspection is booked for 22.06.2021. Report expected end of w/c 12.7.2021. Feedback on the day very positive with no significant concerns. Review undertaken and report received 15.9.2021 - Action plan in place and monitored through IPC committee 3.11.2021 Matron master classes undertaken by NHSE/I. Re inspection expected Jan 2022	
5.	Further develop processes to provide assurance that lessons learnt from adverse events	Medical Director/ Director of Nursing	31/10/2021	Scoping of new ward performance boards continues.	
6.	Development of Patient Engagement and Involvement Strategy	Patient Experience Lead / Lead for Patient Involvement	31/12/2021	3.11.2021 Deputy DoN with portfolio for Patient Voice will lead this work from 8.11.2021	
7.	Review of dementia screening data collection process. Initial deep dive completed. Scoping of improvement options commence April 2021	Director of Nursing	31/01/2022	Scoping of improvement options complete; documentation options still under consideration. Collaboration with RWT to review resources, share best practice and where possible align documentation and process. 14.07.2021 - Monthly audit in place and demonstrates improved compliance with dementia screening. Work is underway to review documentation across WHT and RWT to align. Due date re-aligned to reflect this work 3.11.2021 Alignment between WHT and RWT to be progressed by Deputy DoN with quality portfolio	
8.	Develop Maternity Services BAF	Interim Director of Nursing	30/12/2021	Ongoing review.	

MEETING OF THE PUBLIC TRUST BOARD - Thursday 2nd December 2021			
Divisional Director of Midwifery report			AGENDA ITEM: 11
Report Author and Job Title:	Carla Jones-Charles, Divisional Director of Midwifery, Gynaecology and Sexual Health	Responsible Director:	Ann Marie Cannaby, Deputy Chief Executive and Chief Nurse
Action Required	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/> Assure <input checked="" type="checkbox"/>		
Executive Summary	<ul style="list-style-type: none"> • Maternity staffing review • The service has maintained one to one care in labour as a focus to provide optimum safe care to women in labour despite the staffing challenges. • There is an active recruitment program Recruitment update • Maternity Serious Incidents update • Ockenden update • CQC update 		
Recommendation	Members of the Committee are asked to: <ul style="list-style-type: none"> • Review and note the contents of this report 		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	BAF 1: Safe, high quality care 2066 Lack of registered nurses and midwives		
Resource implications	There are no funding resource implications associated with this report.		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives	Safe, high quality care <input checked="" type="checkbox"/>	Care at home <input type="checkbox"/>	
	Partners <input type="checkbox"/>	Value colleagues <input checked="" type="checkbox"/>	
	Resources <input checked="" type="checkbox"/>		

Divisional Director of Midwifery Report

1.0 PURPOSE OF REPORT

The purpose of the report is to provide a monthly update to assure the Board in relation to:

- Midwifery staffing review
- Activity within the maternity unit
- Maternity dashboard
- Recruitment update
- Maternity Serious Incidents (SIs)
- Ockenden update
- A CQC update

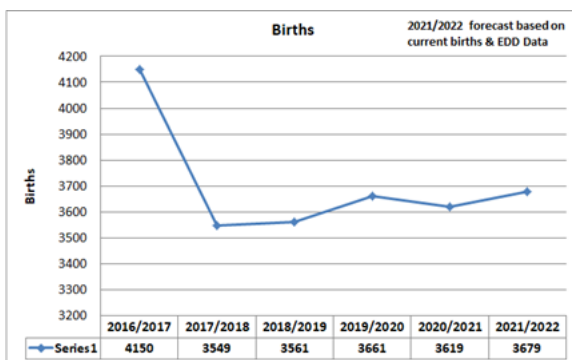
2.0 BACKGROUND

This report will update the on-going position on the key elements above by exception.

2.1 MIDWIFERY STAFFING REVIEW

A Full staffing review paper was presented and by the Trust board on April 1st 2021. Since then the service has been actively recruiting to reduce the vacancy gap identified by the review.

The number of births was capped in 2016/17 however after the initial decline in the number of births; the births have been consistent with a small predicted rise for the current year (chart 1 below). The service is on target to deliver the predicted number based on the number of women due in the coming months.



The service has reviewed the current staffing requirement based on births and it remains in line with the BirthRate plus assessment completed in 2020 and present to board in April 2021.

The current Trust uplift is 21%, this is to account for annual leave, sickness and training. The table below is a breakdown of absence for October 21.

		Annual Leave	Other Leave	Parenting	Sickness	Study Leave	Working Day	
Women's Services (Are)	Delivery Suite - Nursing							
	Registered Midwives	14.1%	2.2%	5.1%	10.2%	2.0%	3.7%	
	Foxglove	Registered Midwives	14.3%	4.8%	1.8%	3.0%	4.9%	1.4%

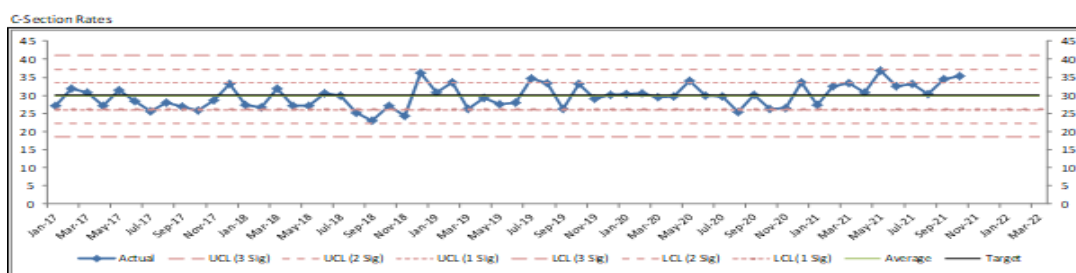
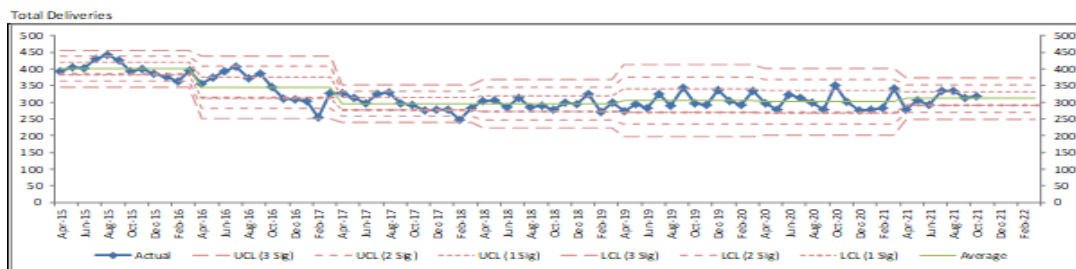
The sickness rate on delivery suite was reported at 10.2% and the service continues to work with staff to support their return to work ensuring support via occupational health where appropriate.

3.0 Activity within the Maternity Unit

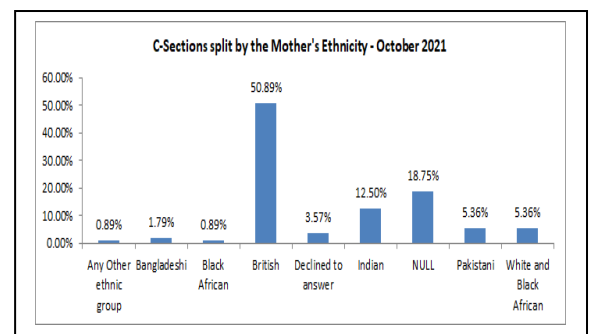
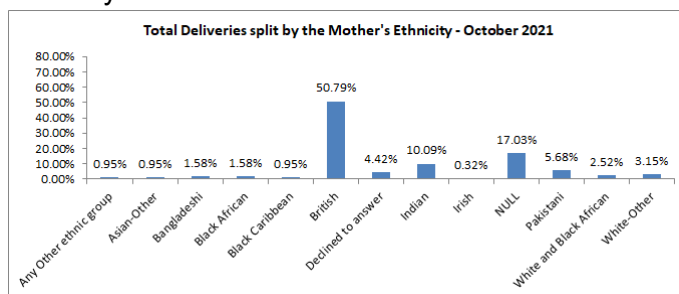
Table one highlight the monthly activity within the Maternity Unit: table one is the total number of births per month and this activity is outlined in the SPC chart. The second SPC chart outlines the caesarean section rate.

Table 1: Activity Aug 20 – Aug 21

	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sept-21	Oct-21
Births	299	279	351	301	276	279	285	342	279	307	293	334	337	322	317



Ethnicity data



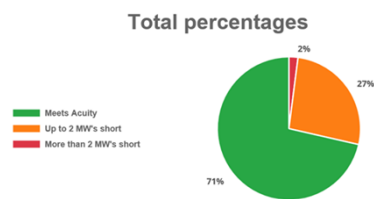
Acuity is monitored 6 times a day on the delivery suite and is used to assess staffing needs. The national recommendation is to maintain an average acuity of 85%. The table 2 below demonstrates average acuity over a period of a month.

Table 2

	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	June-21	Jul 21	Aug 21	Sep 21	Oct 21
Acuity	87 %	84 %	83 %	87 %	85 %	85 %	74 %	76 %	87 %	60 %	72 %	66 %	61 %	76 %	71 %
1:1 Care in Labour	100 %	98.5 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	99 %	100 %	100 %	100 %	100 %

The target is to average acuity of 85% or above.

acuity data

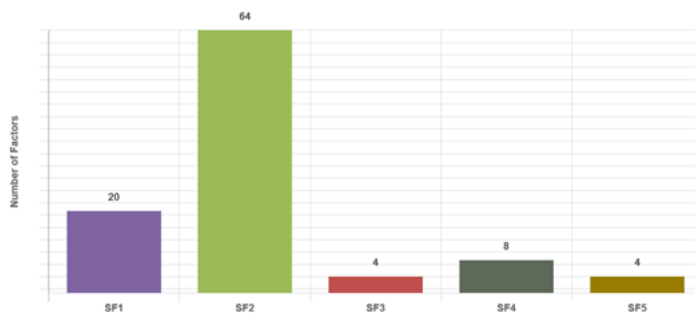


The acuity was 71% green for October, 27% amber and 2% red. 1:1 care was maintained by redeploying staff as required.

Graph 1 illustrates some of the staffing pressures that the service has experienced. The service continues to use its escalation policy to mitigate staffing gaps in times of high acuity to maintain safety.

Graph 1

Number of Staffing Factors Recorded
From 01/10/2021 to 31/10/2021



There was a reduction in bank uptake in October and this is being explored. There were no harm related incidents associated to staffing in October.

Number & % of Staffing Factors Recorded

From 01/10/2021 to 31/10/2021

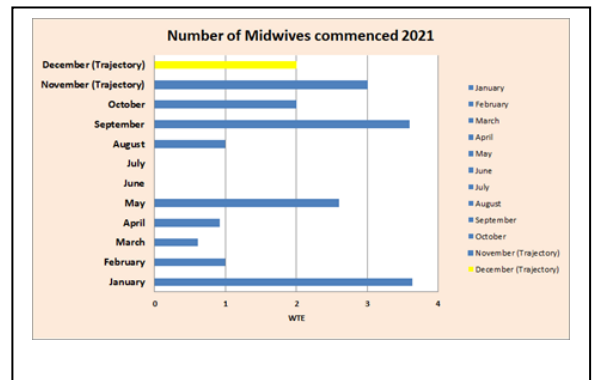
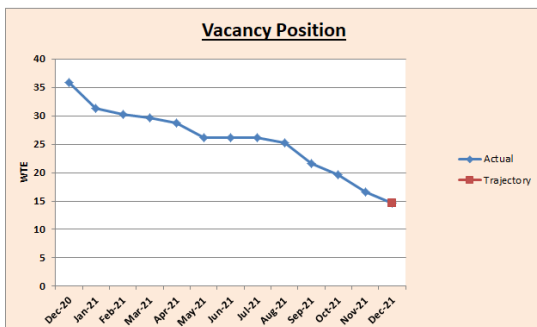
SF1	Unexpected MW absence/sickness	20	20%
SF2	unable to fill vacant shifts	64	64%
SF3	Midwife on transfer duties	4	4%
SF4	MW redeployed to other area	8	8%
SF5	Support staff less than rostered numbers	4	4%

Recruitment update:

The service continues to actively advertise vacancies. The scheduled starters have commenced a plan. There are 2 recruitment fairs planned for November, this will allow any candidates to have most of the recruitment processes to be done on the day.

The graphs below are updated to reflect the new starters. The international recruitment program has now been approved for the local Integrated Care System (ICS) and plans for the program are being outlined.

The service is monitoring the number of upcoming retirements as some staff reach retirement age. All staff are offered the opportunity to return after retirement although there are a number of staff who have already done this and have indicated that they are ready to completely retire. This may have extend the current vacancy pressure within the service and alternative staffing models are being explored to ensure that safety is maintained and staff feel supported.



3.1 Birth to Midwife Ratio

The national average birth to midwife ratio 1:28

There has been a small deterioration in birth to midwife ratio affected by sickness and a reduction in the uptake of bank. This is being reviewed.

Table 3: Birth to Midwife Ratio Jul 2020 – Jul 2021

	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-e-21	Jul-21	Aug-21	Sept-21	Oct-21
Actual Ratio - Worked	30.8	28.3	37.0	31.4	28.9	27.2	29.1	34.4	29.3	30.4	32	36	35	31	33

4.0 Maternity Serious Incidents (SI's).

There has been one serious incident reported in November and two completed reports. The service has developed action plans related to the findings and will monitor these via the quality board.

5.0 Ockenden Update

The maternity service have had its Ockenden feedback and from NHSEI and has been confirmed as compliant in 97% of the domains based on the evidence submitted to the national team.

There is collaborative work on-going with the wider maternity system in the development of maternal medicine networks linked to tertiary centres.

6.0 CQC update

The CQC report was published on the 1st October 2021, the service has maintained its rating of 'Requires Improvement' and has completed and submitted an action plan to the corporate team.

Key actions were-:

- Concerns about risk assessment of women in the Triage department
 - Birmingham Symptom specific Obstetric System (BSOTS) was implemented on the 1st November. This provides a systematic assessment and management for women attending maternity triage and is used in many units across the UK.
- Aspects of medicine management related to storage on the postnatal ward
 - On-gong regular meeting with the pharmacy team ad joint audits to be undertaken
- On-going vacancy position resulting in difficulty filling shifts to the expected level
 - The service is supporting return to practice midwives as part of its recruitment drive with the program due to start in the New Year.
- Some postnatal ward staff reporting feeling undervalued and focus being given to the delivery suite.
 - Feedback sessions were completed on the 4th November and an action plan is being developed based on these sessions.
 - Meetings has been extended to all staff within the service with final meeting planned for the first week of December.

7.0 RECOMMENDATIONS

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

MEETING OF THE PUBLIC TRUST BOARD – Thursday 2nd December 2021			
Performance, Finance & Investment Committee (PFIC) Highlight Report			AGENDA ITEM: 12
Report Author and Job Title:	Russell Caldicott – Director of Finance and Performance	Responsible Director:	Mr John Dunn – Chair of PFIC (Non-Executive)
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/> Assure <input checked="" type="checkbox"/>		
Executive Summary	<p>This report provides the key messages from the Performance, Finance & Investment Committee meeting on 24th November 2021. Of note are:</p> <ul style="list-style-type: none"> • The Financial position of the Trust shows a surplus of £0.053m at month 7 YTD following a breakeven position at the end of Horizon 1. The capital programme for 2021/22 is fully resourced with the £1.8m ward refurbishment now underwritten. A review of capital expenditure within the current year and future years is being undertaken by the capital control group. The cash position remains strong. • As agreed in the previous committee members were presented with an analysis of the risk within the H2 financial plan. Risks that remain centring upon the cessation of agency staffing and delivery of cost out efficiencies. <p>The worst-case scenario moving the Trust into a potential deficit of £2.7m (after balance sheet mitigations were deployed). While the Trust is seeking to mitigate this position internally the risk has also been highlighted to the ICS (the STP continuing with the risk share from H1) and having c£12m of contingency available for distribution.</p> <p>The committee discussed the specific risks around cessation of agency usage in ward areas, and delivery of Divisional run rates and efficiencies. The Director of Nursing assured the committee that the International Recruitment programme remained on track and the Chief Operating Officer referred to the Month 7 position showing that the Divisional run rates were on track to deliver within plan and the expectation is that the efficiency programme</p>		

	<p>will deliver further benefits owing to slippage on the winter plan initiatives not yet being modelled within the reported efficiency programme.</p> <ul style="list-style-type: none"> • The Committee reviewed the Restoration and Recovery position. For Acute services, delivery is on plan despite some staff shortages which the teams have acted upon to mitigate. The number of elective sessions has increased, and focus is on achieving greater productivity through these sessions. In Community Services the position is increasingly volatile, but services have seen more care hours delivered, with fewer cancellations and increased hospital avoidance activity with a shift in focus to alleviating pressures in the Emergency Department. Issues remain in domiciliary care due to staffing pressures but despite this the number of patients Medically Safe for Discharge in the hospital reduced in October. • The Efficiency Programme Delivery update was presented showing identification of £1.978m of savings plans, representing 89.6% of the targeted plans. Of the plans identified £1.3m have been assessed as high risk due largely to the income realisation required to deliver them. While the Committee noted the progress made in development of the plan, it was highlighted that significant risk remains. It was also identified that further work was required for a flow of cash releasing/cost out efficiencies being needed to support H2 delivery and the 2022/23 financial plan. • The Committee received a report of the review of Mortuary facilities security arrangements. The Committee review confirmed that the report provided the evidence for assurance to the Board that the review has been conducted and that security within the facility is appropriate. <p>The next meeting of the Committee will take place on 26th January 2021 with Month 8 reports distributed to members once available in December.</p>
<p>Recommendation</p>	<p>Members of the Trust Board are asked to note the escalations and any support sought from the Trust Board.</p>

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 <input checked="" type="checkbox"/>	Care at home <input type="checkbox"/>
	Partners <input checked="" type="checkbox"/>	Value colleagues <input type="checkbox"/>
	Resources <input checked="" type="checkbox"/>	

MEETING OF THE PUBLIC TRUST BOARD - Thursday 2 nd December 2021			
Use Resources Well Executive Report			AGENDA ITEM: 13
Report Author and Job Title:	Ned Hobbs, Chief Operating Officer Russell Caldicott, Director of Finance & Performance	Responsible Director:	Ned Hobbs, Chief Operating Officer Russell Caldicott, Director of Finance & Performance
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/> Assure <input checked="" type="checkbox"/>		
Executive Summary	<p>This report provides an overview of the risks to delivery of the Use Resources Well strategic objective, mitigations in place to manage the risks identified, and actions identified to address gaps in controls and assurance. It provides the Trust Board with assurance on performance for Use Resources Well and NHS constitutional standards successes and areas for improvement.</p> <p>The Trust has delivered a surplus in September 2021 of £0.01m following receipt of £0.95m from the Sustainability and Transformation Partnership (STP) using the risk share agreement.</p> <p>The report then updates members on performance against the Trust Board endorsed financial plan for October 2021 to March 2022, Horizon 2 (H2).</p> <p>Income allocations for H2 now confirmed, the Trust secured anticipated income for H2 (small increase over expected values) so removing an element of initial risk to the plan.</p> <p>The Trust has attained a surplus of £0.053m to the 31st October 2021 (against a planned surplus of £0.098m). This represents a slight adverse variance to plan, driven by a specific non-recurrent, one off cost within the Surgical Division of c£0.2m. The exclusion of this one-off expenditure would result in the Trust being on plan to 31st October 2021.</p> <p>The primary risks to achievement of the H2 financial plan now centre upon (a) Agency cessation aligns to Nurse Investment business case (b) Delivery of efficiencies at 1.6% of H1 with these risks debated at the Performance, Finance & Investment Committee.</p>		

The Trust has valued these risks to total c£5m if unmitigated, with the potential through balance sheet flexibility to reduce this risk to c£2.7m. However, in doing so these provisions will then not be available to support future financial years (2022/23 expected to be financially challenging for the system).

The residual risk of c£2.7m has been highlighted/reported to the STP and noted as a potential requirement from the STP risk share agreement in H2 (the risk share agreement continuing from H1).

The STP currently holds a contingency allocation of c£12m to support mitigation of financial risks in year. The c£2.7m risk of similar value to what a fair share distribution of this contingency resource would equate to. It is of note that an STP member has requested an allocation of this risk share resource at month 7 reporting (October 2021).

In summary, whilst the Trust is on plan for October 2021 risks remain. Mitigations will largely centre upon attainment of cost out efficiency and cessation of nursing agency in accordance with the investment case. If these prove unsuccessful, the Trust has the option for further mitigation through use of the balance sheet and STP contingency, enacting the risk share as undertaken for H1.

Members of PFIC further debated the risk to delivery of efficiencies for H2 financial plans and to support 2022/23 modelling, this was noted as a key risk to future financial sustainability by PFIC members.

The Trust has been made aware the financial allocations to systems for 2022/23 is to be released in December 2021. The current monthly run rate remains c£3m more than historic periods, though costs are expected to reduce for Covid-19 and elective recovery non-recurrent measures.

Whilst the Trust awaits formal guidance on allocations for 2022/23, the focus remains on identifying baseline (normalised) expenditure exit run rate for March 2022 for when we enter 2022/23. The March 2022 plan totalling c£29m in overall expenditure and c£26.2m as a normalised position.

The Trust has a fully resourced capital program and has commenced a detailed review of schemes to identify any potential slippage or cost pressures. In addition, the Trust is developing the capital program moving forwards for the Trust through the Capital Group. The Trust holds a substantial cash balance of c£37.9m.

The report identifies continued strong operational performance. Despite challenges in the sonography service it highlights continued good constitutional standard performance in the DM01 6 week wait diagnostic standard with the ninth consecutive month of waiting times amongst the Top 20 general acute Trusts in the country.

It highlights consistently strong relative performance in emergency care with the Trust's ambulance handover times (within 30mins) amongst the Top 3 best performing Trusts in the West Midlands for the twelfth consecutive month, and indeed the best performing in the West Midlands in October 2021. It notes significant and persistent pressure on Urgent & Emergency Care services across the country, however. The Trust's 4 hour Emergency Access Standard performance is under pressure associated with record high levels of Type 1 Emergency Department attendances, increasing numbers of ambulances received that have been intelligently conveyed away from neighbouring Emergency Departments due to excessive ambulance handover times, and higher hospital bed occupancy. It notes that the country as a whole has delivered the lowest 4-hour Emergency Access Standard performance on record again in October 2021, and that Urgent & Emergency Care systems are under unprecedented strain. Both Performance, Finance & Investment Committee and Quality, Patient Experience & Safety Committee reviewed a letter received on 26th October 2021 from the National Director for Emergency and Elective Care, National Medical Director and Regional Director regarding the patient safety risk associated with delayed handover of patients arriving by ambulance, and received assurance that the Trust already complies with the requests contained within this letter. The approval of the Trust's Winter Plan at the October Board meeting will mitigate the risk of Urgent & Emergency Care pressures deteriorating further over the Winter Period.

	<p>The report highlights the stable Trust performance against the 18-week Referral To Treatment waiting time standard, which is mirrored by the Trust having the fifth lowest proportion of its elective waiting list over 52-weeks in the (combined West and East) Midlands again in September 2021.</p> <p>The Trust's 62-day from GP referral to treatment Cancer performance was materially better than the national average (68.0%) and the best performing Trust in the West Midlands, with 81.1% of our patients treated within 62 days of GP referral in September 2021, and both suspected cancer and Breast Symptomatic 2 week wait performance are now demonstrating statistically significant (special cause variation) improvement.</p> <p>The report notes that the Trust is providing mutual aid to The Dudley Group NHS Foundation Trust for the suspected Skin Cancer pathway, to The Royal Wolverhampton NHS Trust for long waiting patients needing Urology surgery and to a number of neighbouring Trusts for intelligently conveyed ambulances away from Emergency Departments with prolonged Ambulance Handover times. The Trust is receiving mutual aid support from The Royal Wolverhampton NHS Trust for Breast patients.</p>
<p>Recommendation</p>	<p>Members of the Trust Board are asked to note the contents of this report, key messages, and the next steps:</p> <ul style="list-style-type: none"> • Trust and STP has delivered a small surplus for Horizon 1 (April to September 2021) • The Trust has an endorsed H2 financial plan, run rates owned by Operational teams (includes winter and Nurse investment) less an efficiency ask that delivers break-even. • The Trust is largely on plan for October 2021 (small surplus) • PFIC reviewed risks and mitigations to delivery of the financial plan (a focus placed on cost out efficiencies for in year delivery/future sustainability and reduction in agency required within Nursing). • The Trust has developed exit run rate models to understand expenditure baselines for 2022/23. • The Trust capital programme is fully resourced, work is ongoing to identify in year slippage and 2022/23 priorities. • The Trust cash holding remains strong at £37.9m

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

WALSALL HEALTHCARE NHS TRUST - TRUST BOARD**USE RESOURCES WELL****AUTHOR - CHIEF OPERATING OFFICER & DIRECTOR OF FINANCE****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.

It updates Board members on attainment of a surplus of £0.01m to September 2021 of the financial year (month 6 of 2021/22) and a small surplus of £0.053m to October 2021 (H2). This representing the continued achievement of a surplus and financial plan (as has been the case for the previous two financial years).

The report further updates members on the now fully resourced capital program, with work ongoing to assess potential in year slippage on prioritisation of schemes for the 2022/23 financial year. The Trust's cash position remaining strong at £37.9m.

The report identifies continued strong operational performance following the extreme pressure experienced during the third wave of the Covid-19 pandemic in early 2021. It highlights good constitutional standard performance in the DM01 6 week wait diagnostic standard with the 16th best performance of 122 reporting general acute Trusts in the country. It highlights strong relative performance in emergency care with the Trust's ambulance handover times (within 30mins) amongst the Top 3 best performing Trusts in the West Midlands for the twelfth consecutive month, and 4-hour Emergency Access Standard performance ranked 14th nationally of 112 reporting Trusts. However, the report notes the significant and persistent pressures on Urgent & Emergency Care services with 4-hour EAS performance and ambulance handover performance the worst on record nationally again in October 2021. The report highlights the Trust's stable 18-week Referral To Treatment waiting time standard performance, which is mirrored by the Trust having the fifth lowest proportion of its elective waiting list over 52-weeks in the (combined West and East) Midlands again. The Trust's GP referred 62-day Referral to Treatment Cancer waiting time performance is now significantly better than the West Midlands and national average, and both suspected cancer and breast symptomatic 2-

week waiting performance are now showing statistically significant (special cause variation) improvement.

2. BOARD ASSURANCE FRAMEWORK

The Use Resources Well Board Assurance Framework (BAF) risk will be updated on a quarterly basis, with the next significant update due at the end of Q3.

The Trust has mitigated through negotiation a key risk in relation to income levels for H2 (October 2021 to March 2022). The residual risks to Horizon 2 of 2021/22 further articulated within the corporate risk register, informing 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
 - Modelling trajectories for temporary workforce (agency cessation)
 - Identification of efficiencies to service the plan and enable re-investment into services (cost out initiatives)
- Capital resource availability to service current Estate backlog works requirements and future major capital developments

The risk score reflects that articulated above, centring upon attainment of efficiencies to service investments and off-set pressures combined with the requirement to reduce agency usage in accordance with endorsed plans.

3. PERFORMANCE REPORT

3.1.1 Financial Performance - background

The Trust entered the 2020/21 financial year having attained planned financial outturn for 2019/20. However, the onset of COVID-19 resulted in emergency budgets being set by NHSEI and the normal planning process halted. However, the Trust attained a £0.14m surplus for the 2020/21 financial year.

The 2021/22 financial planning was also affected by the pandemic, and has been divided into two periods, Horizon 1 (H1) covering April to September 2021 and Horizon 2 (H2) covering October to March 2022. This section of the report will update members on H1, H2 and 2022/23 revenue and then capital & cash.

3.1.2 Revenue position – Horizon 1 (April 2021 to September 2021)

The Trust has achieved a surplus at month 6 of 2021/22's financial plan of £0.01m. The Trust was forecasting a trading deficit against the H1 overall plan of £0.95m at month 5. However, the Trust secured further income from the Sustainability and Transformation Partnership to offset this forecast deficit.

- **Elective Recovery Fund (ERF H1 & H2 impact)**

The Trust earned during H1 c£2.1m elective incentive funding. These funds were accounted for as income, but the benefit accrued out of the H1 reported position. This results in the funds being available to support H2 financial plans (the income benefit modelled within the H2 financial plans endorsed by Trust Board).

It is of note the Trust is not expecting to receive significant further income from projected elective performance, largely owing to performance needed to trigger payment against historic activity thresholds increasing in future months.

- **Sustainability and Transformation Partnership (STP) Risk Share**

The Trust has entered a risk share with the STP, essentially indicating no member will be in surplus if one is in deficit. This presents an obvious risk should a member go into deficit to the Trust attaining break-even performance.

The STP has reported a small surplus of c£0.3m for H1 (year to date) post allocation of resources to the Trust and WMAS. This WMAS forecast deficit mitigated through the STP risk share offsetting 23% of the deficit (the proportion of activity relating to the STP). The balance offset by allocations from other STP's (relative to the activity from outside of the STP boundary serviced).

All other members attained break-even for H1 of 2021/22, agreement reached for Walsall to receive c£0.95m from the risk share to offset the forecast trading deficit.

In summary, the Trust and STP has attained financial balance for H1 (a small surplus) with ERF offering a financial benefit if receivable for H2 for the Trust and wider STP (STP ERF estimated to total c£19m).

3.1.3 Revenue position Horizon 2 (H2 – October 2021 to March 2022)

- **H2 financial plan and risks**

Income allocations for H2 are now confirmed, the Trust securing anticipated income for H2 (small increase over expected values) so removing an element of initial risk to the plan.

The Operational teams developing robust run rate models for the 2021/22 financial years, the plans and finances owned by the teams, with further expenditure on winter plans and for investments within services then overlaid within the modelling to identify the expenditure for the financial year.

The Executive and Trust Management Committee received and endorsed the financial plans for H2. The draft plan then presented to members of the Performance, Finance and Investment Committee, and subsequently endorsed at Trust Board. The plan identifying delivery of break-even performance for the financial year. However, the current modelling identifies key risks associated with:

- (a) Agency cessation aligning to Nurse Investment business case
- (b) Delivery of efficiencies at 1.6% of Horizon 1 financial planning

- **Financial performance - October 2021**

The Trust has attained a surplus of £0.053m to the 31st October 2021 (against a planned surplus of £0.098m). This represents a slight adverse variance to plan, driven by a specific non-recurrent, one off cost within the Surgical Division of c£0.2m. The exclusion of this one-off expenditure would result in the Trust being on plan to 31st October 2021.

- **Risks and mitigations to delivery of the H2 financial plan**

The plan contains risks valued at c£5m if unmitigated. There is the potential (through balance sheet flexibility) to reduce this risk to c£2.7m. However, in doing so these provisions will then not be available to support future financial years (2022/23 expected to be financially challenging for the system).

The residual risk of c£2.7m has been highlighted/reported to the STP and noted as a potential requirement from the STP risk share agreement in H2 (the risk share agreement continuing from H1).

The STP currently holds a contingency allocation of c£12m to support mitigation of financial risks for H2. The c£2.7m risk highlighted aligning to what a fair share distribution of this contingency resource would equate to. It is of note that an STP member has requested an allocation of this risk share resource at month 7 reporting (October 2021).

- **Overall Summary H2**

Whilst the Trust is on plan for October 2021, risks remain. Mitigations will largely centre upon attainment of cost out efficiency and cessation of nursing agency in accordance with the investment case. If these prove unsuccessful, the Trust has the option for further mitigation through use of the balance sheet and STP contingency, enacting the risk share as undertaken for H1.

- **Delivery risk impacting upon 2022/23**

Members of PFIC further debated the risk to delivery of efficiencies for H2 financial plans and to support 2022/23 modelling, this was noted as a key risk to future financial sustainability by PFIC members.

3.1.4 Revenue financial modelling to 2022/23

The Trust has been made aware the financial allocations to systems for 2022/23 are to be released in December 2021.

Expenditure totalled c£3m more than historically, and whilst an element of this cost will be expected to reduce as Covid-19 subsidies and (or in part will be driven by separate funding for elective recovery) there will also be an expectation some costs will remain (Infection Prevention Control protocols for example). If income allocations for 2022/23 are in line with 2019/20 pre-Covid-19 allocations the Trust would need to reduce costs significantly to attain a balanced financial model.

This would not be an uncommon situation faced throughout the provider base for the NHS, and income allocations are expected to be revised to reflect an element of Covid-19 remaining. However, the expectation will be for reduced income to that currently received, and as such focus will be needed on controlling temporary workforce costs and delivery of efficiencies through the Improvement Programme as we move forwards.

The expectation is that for 2022/23 income allocations are set to further reduce and hence the focus has been placed upon normal (recurrent) expenditure and exit run rates for March 2022 included within the H2 financial plan workings, to assure delivery of future financial plans (when guidance on income allocation methodology and values are known).

3.1.5 Capital and cash

Capital expenditure in the 2021/22 financial year will place focus upon investment within critical infrastructure works, Digital and Medical Equipment, with the most significant

scheme being the Emergency Department New build for which we are now seeing substantial progress on the build (it is an impressive addition to the estate of the Trust).

The capital programme was over committed following placement of contracts for much needed capital infrastructure works within the ward environments. However, the Trust has been successful in securing a commitment to increase capital resources from the STP overall allocations. This offsets these commitments and has thus balanced the programme accordingly.

The Trust has commenced detailed review of schemes forecast expenditure to close of the financial year (to identify any potential slippage) and is developing the capital program moving forwards for the Trust.

The Trust has substantial cash holdings (c£37.9m) as at October 2021

Operational

Emergency Care:

The Trust continues to deliver some of the best Ambulance Handover times (<30 minutes) in the West Midlands, with the Trust one of the Top 3 performing organisations for 12 consecutive months now, and having the best ambulance handover times in the West Midlands in October 2021. This has been achieved despite sustained high number of Type 1 ED attendances through October 2021, 12.6% higher than October 2019, and whilst supporting neighbouring Trusts with mutual aid through receipt of 126 ambulances intelligently conveyed away from neighbouring Trusts with prolonged ambulance handover times. Both Performance, Finance & Investment Committee and Quality, Patient Experience & Safety Committee reviewed a letter received on 26th October 2021 from the National Director for Emergency and Elective Care, National Medical Director and Regional Director regarding the patient safety risk associated with delayed handover of patients arriving by ambulance, and received assurance that the Trust already complies with the requests contained within this letter.

4-hour Emergency Access Standard performance in October 2021 had 80.96% of patients admitted or discharged within 4 hours of arrival to ED. Whilst the Trust was ranked 14th nationally out of 113 reporting Trusts, the urgent and emergency care pathway up and down the country is under unprecedented strain. Given the worst access to emergency care ever recorded again at national (England) level in October 2021, it was additionally important that the Trust Board approved the Trust's Winter Plan on 7th October 2021, in public session, to mitigate risks for the months ahead. Timely emergency care is crucial given the clear association between prolonged duration of stay

within ED and both increased mortality for admitted patients, and worse patient experience. In particular there is growing evidence of the harm to patients associated with delayed ambulance handovers at hospitals, demonstrated through the recent Association of Ambulance Chief Executives Report *Delayed Hospital Handovers: Impact assessment of patient harm*.

Elective Care:

Despite challenges in the sonography service, the Trust's 6 Week Wait (DM01) Diagnostics performance remains strong and is 16th best (September 2021 reporting), out of 122 reporting general acute Trusts. Temporary staff absence within the ultrasound service during August, September and October (sickness, and self-isolation) has meant that performance has deteriorated as a result and will now take until the end of December, at least, to recover. Short term recovery involves use of MediServices in-sourced ultrasound capacity, with medium term recovery contingent on staff returning from sick leave and commencement of 2 new sonographer posts supported through the Antenatal Scanning Business case, and 3 NHS Locum Consultant Radiologist appointments. Recovery of access to ultrasound diagnostics is important to ensure that serious disease that needs urgent treatment is detected and acted upon promptly, and to ensure GP and other community clinicians have access to timely diagnostic information to support the management of patients in community settings.

Despite cessation of routine elective services during March and April 2020, and reduced elective operating capacity again from November 2020 to March 2021 over the second and third waves of the pandemic, the Trust's 18-week RTT performance is stable with 67.1% of patients waiting under 18 weeks at the end of October 2021, and is 58th nationally (out of 122 reporting Trusts) for September 2021 performance. In addition, the Trust's 52-week waiting time performance remains 5th best in the Midlands (out of 20 Midlands Trusts). The Trust now has 628 patients waiting in excess of 52-weeks as at the end of October 2021. The Trust has received underwriting of ERF funding to support additional elective Orthopaedic capacity with the specific objective to reduce patients waiting over 52-weeks for treatment. Providing timely routine elective care is important given many patients will be suffering pain, discomfort and loss of independence whilst awaiting treatment and the clear evidence that patient outcomes can be adversely affected by excessive waiting times for treatment.

In September 2021, for 62-day Cancer performance the Trust was materially better than the national average (68.0%) and the best performing Trust in the West Midlands, with 81.1% of our patients treated within 62 days of GP referral. Patients referred by their GP

on 2 week wait suspected cancer and Breast symptomatic pathways are both now receiving statistically significant (special cause variation) improvement in waiting times. Suspected Breast Cancer outpatient waiting times are challenged, following unexpected sickness absence from one of our breast surgeons and mutual aid is being sought from Royal Wolverhampton Trust to support recover of access here in Walsall. Timely care for patients with cancer is vital given the clear evidence that clinical outcomes (including survival rates) correlate with the stage of the cancer disease on diagnosis, and thus detecting and treating cancer early directly improves patient outcomes.

4. IMPROVEMENT PROGRAMME

The Operational Productivity improvements forming a key tenet of the Use Resources Well improvement programme are now being evidenced through the Trust's improved relative performance against key Model Hospital operational productivity metrics, including. A report to the Performance, Finance & Investment Committee in September 2021 from the Chief Operating Officer and Director of Integration recognised that the altered operating environment of the Covid-19 pandemic has meant that the majority of the operational productivity improvements have not been cash-releasing cost improvements, and the block contract environment similarly means that they are not PbR income generating improvements either.

The H2 Financial plan set a cash-releasing financial improvement target of 1.6% for the Trust. Performance, Finance & Investment Committee received an update at its November meeting that the programme plans stood at £1.987m against a target of £2.2m, representing 89.6% of the targeted plan. The committee noted the primary risk to the programme being that it contained 4 significant income schemes that are dependent on commissioner agreement. However, the committee also noted mitigations that the clinical Divisions are not prospectively declaring under-utilisation of the Winter Plan allocations if demand is not at forecast levels. For example, WCCSS have not required Ward 26 in November to date, and so October's savings will be extrapolated through November too, MLTC have not opened Ward 14 as of mid-November but have the resource allocated within the Winter Plan, and Community have committed to delivering their full 1.6% (£284k) through slippage on recruitment and non-recurrent vacancy savings but this is not yet reflected prospectively in the plan.

In summary there is risk to full delivery of income schemes until commissioners have confirmed arrangements, but there is mitigation from further expenditure avoidance schemes that are being retrospectively rather than prospectively declared. Performance, Finance & Investment Committee will receive a monthly update as plans further mature.

5. RECOMMENDATIONS

Members of the Trust Board are asked to note the contents of this report, key messages, and the next steps:

- **Trust and STP has delivered a small surplus for Horizon 1 (April to September 2021)**
- The Trust has an endorsed H2 financial plan, run rates owned by Operational teams (includes winter and Nurse investment) less an efficiency ask that delivers break-even.
- The Trust is largely on plan for October 2021 (small surplus)
- **PFIC reviewed risks and mitigations to delivery of the financial plan (a focus placed on cost out efficiencies for in year delivery/future sustainability and reduction in agency required within Nursing).**
- The Trust has developed exit run rate models to understand expenditure baselines for 2022/23.
- The Trust capital programme is fully resourced, work is ongoing to identify in year slippage and 2022/23 priorities.
- The Trust cash holding remains strong at £37.9m

APPENDICES

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

Use Resources well

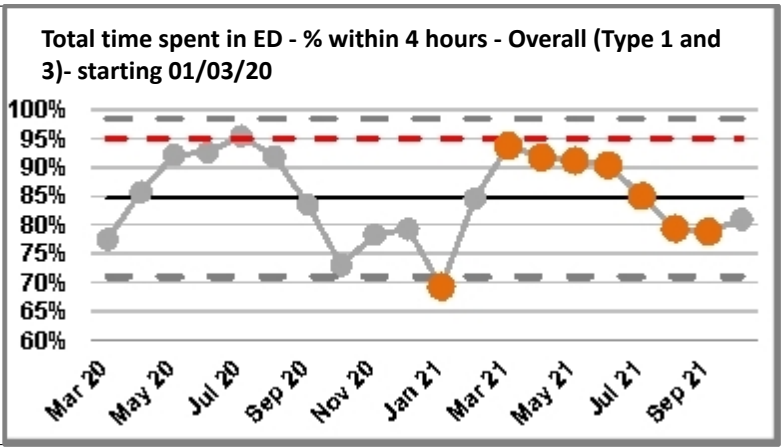
Caring for Walsall together



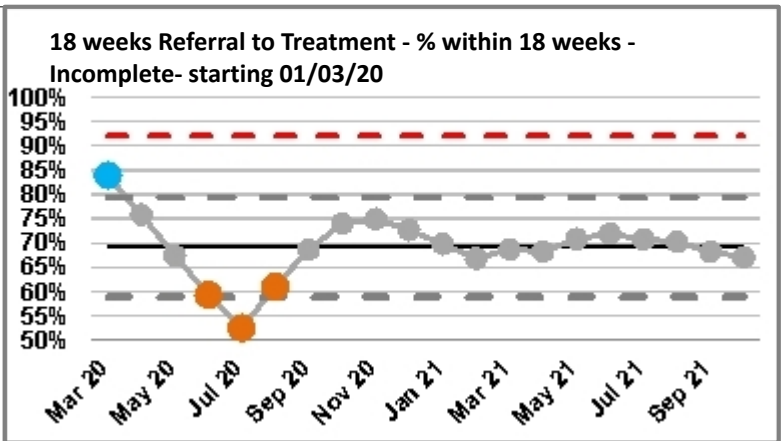
Use Resources Well - Performance



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



18 weeks RTT - Incomplete Pathways



Narrative (supplied by Chief Operating Officer)
Emergency/Urgent Care

The 4-hour Emergency Access Standard (EAS) performance achieved 80.96% of patients admitted or discharged within four hours of arrival to the Emergency Department for the month of October 2021. This improvement ends the special cause concern of 6 consecutive decreases in performance.

This is the second highest month of ED attendances in the Trust's history. Analysis continues to suggest this is being largely driven by lower acuity patients. As a mitigation, the CCG has agreed to extend the Urgent Treatment Centre opening hours until 3AM each night supporting more low acuity patients to be appropriately streamed from ED to the UTC.

In October 2021, the Trust is 14th best performing in the country for Emergency Access Standard performance, and 5th best regionally. This is an improvement from September's position and demonstrates that the Trust's urgent and emergency care pathways are more resilient to the increasing numbers of attendances than many other trusts nationally.

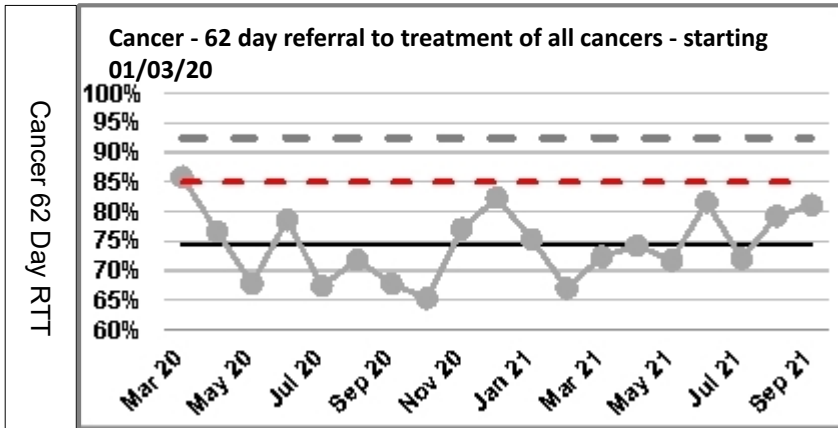
RTT (18 weeks Referral to Treatment)

In October 2021, the 18 week RTT incomplete is 67%, in line with the Trust trajectory. Theatre capacity remains an issue impacting for the Division of Surgery and Gynaecology Specialty.

The number of patients waiting greater than 18 weeks increased during October by 450 patients (8,095 vs 8,545). Recovery plans are in place for the Division of Surgery to reduce long waits for non-admitted care. Excellent progress has been made with senior input into validation of pathways and progress chasing for diagnostics.

September 2021's performance sees the Trust placed 58th (out of 122 reporting general Acute Trusts) as a result of marginally deteriorated performance.

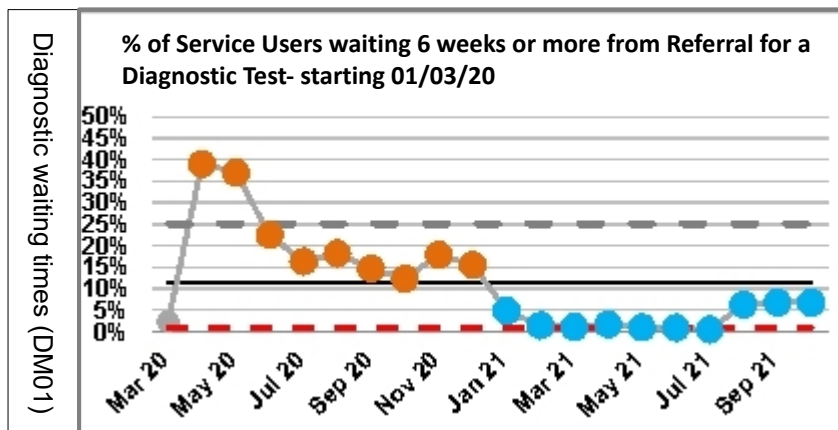
Use Resources Well - Performance



Cancer

In September 2021, Cancer 62 Day GP RTT performance improved from 79.22% to 81.11%, placing the trust at top position regionally and at 18th position nationally.

Good progress has been made against trajectory to delivery the 62 day from GP referral to treatment constitutional standard (85%).



Diagnostic waiting times & activity (DM01)

Trust diagnostic performance has marginally improved from 6.83% of patients waiting over 6 weeks in September, to 6.80% of patients waiting over 6 weeks in October 2021.

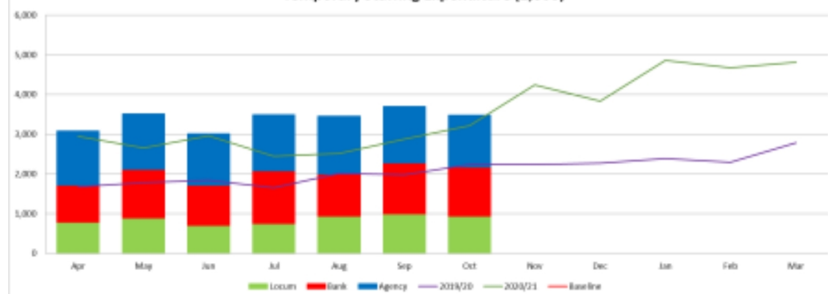
In month the Imaging service reported 471 breaches (an increase of 21 patients from the previous month). These were exclusively non-obstetric sonography and attributed to a combination of significant increase in demand coupled with continued acute staffing sickness absence. Following recent trust approval of a Business case, the Imaging service is actively recruiting additional sonography staffing (including trainee Midwife sonographers). There is a mitigation action plan now in place alongside this recruitment process.

Figures reported for September 2021 equated to the Trust being ranked 16th Nationally (out of 122 reporting general acute Trusts) and 2nd regionally for DM01 performance demonstrating the organisation is still performing better than the majority in terms of managing post-COVID restoration and recovery and delivery of diagnostics.

Financial Performance to October 2021 (Month 7)

	YTD Plan £000s	YTD Actual £000s	YTD Variance £000s
Income			
Healthcare Income (Inc. Vaccs)	186,513	195,191	8,677
Other Income (Education&Training)	4,925	4,700	(225)
Other Income (Other)	3,921	4,831	911
Subtotal Income	195,359	204,723	9,363
Pay Expenditure			
Substantive Salaries	(101,346)	(104,163)	(2,817)
Temporary Nursing	(9,106)	(11,044)	(1,937)
Temporary Medical	(8,747)	(8,347)	400
Temporary Other	(3,062)	(2,774)	288
Vaccination Programme	(4,144)	(1,947)	2,197
Subtotal Pay Expenditure	(126,405)	(128,275)	(1,870)
Non Pay Expenditure			
Drugs	(10,377)	(11,479)	(1,102)
Clinical Supplies and Services	(9,742)	(10,686)	(944)
Non-Clinical Supplies and Services	(9,051)	(10,168)	(1,117)
Other Non Pay	(29,280)	(32,928)	(3,648)
Vaccination Programme	0	(369)	(369)
Depreciation	(4,991)	(4,964)	27
Subtotal Non Pay Expenditure	(63,442)	(70,594)	(7,152)
Interest Payable	(5,540)	(5,408)	133
Subtotal Finance Costs	(5,540)	(5,408)	133
Total Surplus / (Deficit)	(28)	445	474
Donated Asset Adjustment	126	(392)	(518)
Adjusted Surplus / (Deficit)	98	53	(44)

Temporary Staffing Expenditure (£,000)



Financial Performance

- The Trust has determined an operational plan for the period October to March of 2022 (Horizon 2 of the 2021/22 financial year) that has enabled the Board to endorse a financial plan for this period.
- The Trust has a small surplus at the end of October 2021 of £0.053m. However, this is a slight deterioration from plan of £0.044m (planned surplus £0.098m) largely due to one off expenditure within the Surgical Division.
- The Trust continues to see high levels of temporary staffing spend particularly in areas of increased activity, the main driver being temporary nurse staffing as a result of increased activity in ED, ICU and Maternity. However, overall temporary workforce costs have reduced in month.
- The Trust has included an Elective Recovery Fund receipt of £2.3m for activity undertaken during the April to September 2021 period (Horizon 1). Whilst this income improves performance against plan, costs are provided for within expenditure that negates this benefit in the current month (as directed by NHSEI and undertaken within the STP).
- The STP risk share agreement endorsed in Horizon 1 of the 2021/22 financial year is to continue into the second half of the financial year (Horizon 2)
- Excluding ERF, Non Pay was above forecast due to High Cost Drugs and Devices usage and purchase of healthcare which has been offset by increased income.

Capital

- The approved programme for the year is made up of £17.4m for Emergency Department, £10.3m of other expenditure and £1.1m to support PFI Lifecycle (total of £28.8m). The capital schemes are progressing well, with the New Emergency Department building fabrication progressing at pace and upgrades to ward environments completed.
- Capital expenditure totals £8.875m for the financial year to date. The Trust securing a further allocation from the STP of £1.8m to support the ward refurbishment programme.

Cash

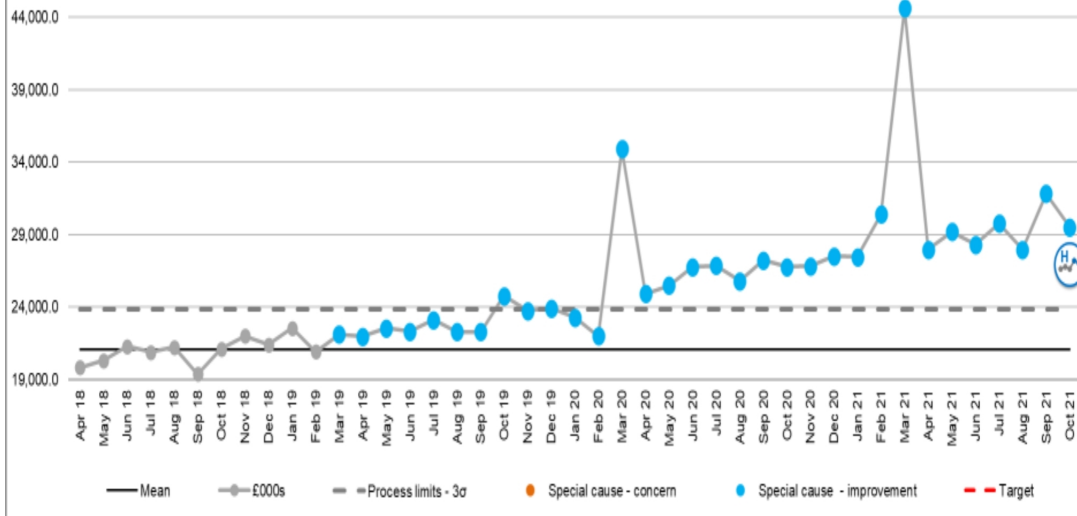
- The Trust has a positive cash holding of £37.9m as at 31st October 2021.

Efficiency attainment

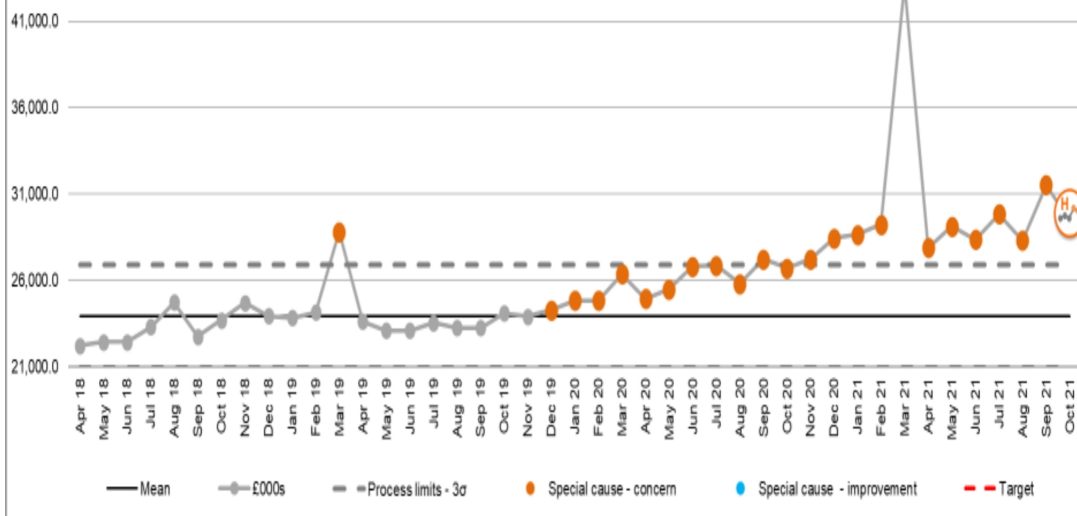
- The emergency budget planning letter and guidance states there was no efficiency requirement for Months 1-6. However, development of Improvement Programme initiatives is key to ensuring financial sustainability moving forwards, with the outputs of this program to be reviewed by Performance, Finance and Investment Committee.
- The financial sustainability for the second half of the year requires attainment of a 1.6% efficiency and moving into 2022/23 it is envisaged further savings will be required to maintain financial sustainability of services. Delivery of this savings ask is a key risk to the Trust.

Income and expenditure run rate charts

Total Income-Finance starting 01/04/18



Total Expenditure-Finance starting 01/04/18



Income additional information

- Income has continued to increase year on year, this reflects a level of tariff inflation and growth serviced through the Trust over this period.
- January and February 2020 income reduced as the Trust moved away from plan, losing central income from the Financial Recovery Fund (FRF) and Provider Sustainability Fund (PSF) during these months
- March 2020 saw the Trust move back on plan and receive the quarters FRF and PSF in month accordingly.
- April's income reflects the emergency budget income allocation (increasing monthly to reflect the increase in the top up of funding received).
- From October there will no longer be retrospective top up funding received, block income has been agreed based on operation run rates.
- February 2021 saw the receipt of additional NHSEI Income allocation to offset the 'Lost Income' assumed in the Deficit Plan.
- In March 2021 the Trust received non recurrent income - £3.2m for annual leave accrual, £4.5m to offset the value of Push stock, £3.7m Digital Aspirant funding, £0.6m in respect of donated equipment.
- The increased income in September 2021 relates to accrued income to offset the impact of the pay award arrears.

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
- 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 increased further in Q4 20/21 driven by the additional pressures of a second wave of COVID activity.
- March 21 spend includes non recurrent items such as Annual leave accrual, adjustments for Push stock, and non recurrent spend on the Digital Aspirant Programme offset by income.
- In September 2021 the back dated pay award was paid to staff, increasing in month spend by £2.5m

Cash Flow Statement & Statement of Financial Position

CASHFLOW STATEMENT

Statement of Cash Flows for the month ending October 2021

Year to date Movement

	£'000
Cash Flows from Operating Activities	
Adjusted Operating Surplus/(Deficit)	5,853
Depreciation and Amortisation	4,964
Donated Assets Received credited to revenue but non-cash	(608)
(Increase)/Decrease in Trade and Other Receivables	(7,757)
Increase/(Decrease) in Trade and Other Payables	9,540
Increase/(Decrease) in Stock	(253)
Increase/(Decrease) in Provisions	0
Interest Paid	(4,807)
Dividend Paid	(282)
Net Cash Inflow/(Outflow) from Operating Activities	6,650
Cash Flows from Investing Activities	
Interest received	0
(Payments) for Property, Plant and Equipment	(9,962)
Receipt from sale of Property	0
Net Cash Inflow/(Outflow) from Investing Activities	(9,962)
Net Cash Inflow/(Outflow) before Financing	(3,312)
Cash Flows from Financing Activities	(2,367)
Net Increase/(Decrease) in Cash	(5,679)
Cash at the Beginning of the Year 2021/22	43,532
Cash at the End of the September	37,853

STATEMENT OF FINANCIAL POSITION

Statement of Financial Position for the month ending October 2021

Balance as at 31/03/21

Balance as at 30/10/21

Year to date Movement

	£000	£000	£000
Non-Current Assets			
Property, plant & Equipment	161,995	167,194	5,199
Intangible Fixed Assets	6,417	5,737	(680)
Receivables greater than one year	561	193	(368)
Total Non-Current Assets	168,973	173,124	4,151
Current Assets			
Receivables & pre-payments less than one Year	11,075	19,199	8,124
Cash (Citi and Other)	43,532	37,853	(5,679)
Inventories	2,951	3,205	254
Total Current Assets	57,558	60,257	2,699
Current Liabilities			
NHS & Trade Payables less than one year	(35,179)	(39,130)	(3,951)
Other Liabilities	(284)	(5,104)	(4,820)
Borrowings less than one year	(4,058)	(4,058)	-
Provisions less than one year	(96)	(96)	-
Total Current Liabilities	(39,617)	(48,388)	(8,771)
Net Current Assets less Liabilities	17,941	11,869	(6,072)
Non-current liabilities			
Borrowings greater than one year	(111,956)	(109,588)	2,368
Total Assets less Total Liabilities	74,958	75,405	447
FINANCED BY TAXPAYERS' EQUITY composition :			
PDC	215,632	215,632	-
Revaluation	24,307	24,307	-
Income and Expenditure	(164,981)	(164,981)	-
In Year Income & Expenditure	-	447	447
Total TAXPAYERS' EQUITY	74,958	75,405	447

Risk Summary					
BAF Strategic Objective Reference & Summary Title:	BAF SO 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 & 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, & constrains available capital to invest in Estate, Medical Equipment & Technological assets in turn leading to a less productive use of resources.				
Lead Director:	Chief Operating Officer.				
Lead Committee:	Performance, Finance, & Investment Committee.				
Links to Corporate Risk Register:	<table border="1"> <tr> <td>Title:</td> <td>Current Risk Score Movement:</td> </tr> <tr> <td> <ul style="list-style-type: none"> 208 - Failure to achieve 4 hour wait as per National Performance Target of 95% resulting in patient safety, experience and performance risks (Risk Score = 16). 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). 1005 - Insufficient capital funding for the estate relating to lifecycle, critical infrastructure and mechanical/engineering risks. (Risk Score = 15). 1155 - Fire Certification in the Retained Estate in order to demonstrate compliance with fire compartmentation (Risk Score = 8). 2081 - Delivery Operational Financial Plan. (Risk Score = 16). 2082 - Future Financial Sustainability. (Risk Score = 9). 2398 - Insufficient/ out-of-date equipment, utilised beyond its life cycle, has the potential to result in sub-optimal patient care. (Risk Score = 12). </td> <td> <p>Likelihood = 3 Consequence = 5 = 15 High ↔</p> <p>Forecasted Risk Score Movement for Q3:</p> <p>Likelihood = 3 Consequence = 5 = 15 ↔</p> </td> </tr> </table>	Title:	Current Risk Score Movement:	<ul style="list-style-type: none"> 208 - Failure to achieve 4 hour wait as per National Performance Target of 95% resulting in patient safety, experience and performance risks (Risk Score = 16). 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). 1005 - Insufficient capital funding for the estate relating to lifecycle, critical infrastructure and mechanical/engineering risks. (Risk Score = 15). 1155 - Fire Certification in the Retained Estate in order to demonstrate compliance with fire compartmentation (Risk Score = 8). 2081 - Delivery Operational Financial Plan. (Risk Score = 16). 2082 - Future Financial Sustainability. (Risk Score = 9). 2398 - Insufficient/ out-of-date equipment, utilised beyond its life cycle, has the potential to result in sub-optimal patient care. (Risk Score = 12). 	<p>Likelihood = 3 Consequence = 5 = 15 High ↔</p> <p>Forecasted Risk Score Movement for Q3:</p> <p>Likelihood = 3 Consequence = 5 = 15 ↔</p>
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Risk Appetite																										
Operational Status:	Balanced	Averse					Cautious					Balanced					Open					Hungry				
Appetite Score:	< 14	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Tolerate Score:	< 16	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Yellow	Yellow	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
Financial Status:	Cautious	Averse					Cautious					Balanced					Open					Hungry				
Appetite Score:	<10	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Tolerate Score:	<11	Green	Green	Green	Green	Green	Green	Green	Green	Green	Yellow	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
Compliance Status:	Cautious	Averse					Cautious					Balanced					Open					Hungry				
Appetite Score:	<9	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Tolerate Score:	<11	Green	Green	Green	Green	Green	Green	Green	Green	Yellow	Yellow	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red

Risk Scoring								
Quarter:	Q1 2021/22	Q2	Q3	Q4	Rational for Risk Level:	Target Risk Level (Risk Appetite):		Target Date:
Likelihood:	3	3			<u>Evidence of risk control</u> <ul style="list-style-type: none"> Achievement of 19/20 and 20/21 financial plans. 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. Improved Cost per WAU, and operational productivity indicators (Model Hospital) <u>Evidence of risk gaps in control</u> <ul style="list-style-type: none"> The Trust experienced run rate risk for the 19/20 financial year that led to needing to re-forecast outturn during the financial year. High reliance on temporary workforce remains, whilst international nurse recruitment West Midlands Ambulance Service Intelligent Conveyancing protocol resulting in significant out of borough ambulances conveyed to the Trust, forecast to equate to circa £1.5m of ED attendance and non-elective admission activity during 21/22. Formal Month 5 submission to NHSEI Midlands/ICS re-forecast to a £952k adverse variance to H1 plan, subsequently revised to break-even following confirmation of additional income through the STP risk-share agreement, in recognition of the additional ambulance activity received on behalf of BCWB Trusts. Increasing general risk in the UEC system due to high demand on EDs, and compromised domiciliary care market resulting in excessively high hospital bed occupancy. Lack of credible capital plan to fully address backlog maintenance requirements, despite 5-year Capital Programme in place. <u>Evidence of planning uncertainty</u> <ul style="list-style-type: none"> Normal national financial planning cycle for 21/22 	Likelihood:	2	
Consequence:	5	5				Consequence:	5	
Risk Level:	15 High	15 High				Risk Level:	10 Moderate	

				<p>financial year was postponed due to the Covid-19 pandemic</p> <ul style="list-style-type: none"> • H2 (Q3 and Q4) 21/22 Planning guidance issued on 30th September 2021, but final Trust income allocation not yet confirmed. • Uncertainty still associated with 22/23 financial arrangements. 		
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Control & Assurance Framework - 3 Lines of Defence

	1 st Line of Defence	2 nd Line of Defence	3 rd Line of Defence
Controls:	<ul style="list-style-type: none"> • Financial position reported monthly via Care Groups, Divisions, Divisional Performance Reviews and Executive Governance Structures. • Revised financial governance in place for COVID-19 through the Trust's Governance Continuity Plan. • Board Development session for the Improvement Programme with identified 3-year targeted financial benefits. 	<ul style="list-style-type: none"> • Performance, Finance & Investment Committee in place to gain assurance. • Audit Committee in place to oversee and test the governance/financial controls. • Adoption of business rules (Standing Orders, Standing Financial Instructions and Scheme of Delegation). • Use Resources Well work stream of the Improvement Programme has Governance infrastructure in place. 	<ul style="list-style-type: none"> • Externally benchmarked Financial and operational productivity performance data, particularly (but not exclusively) through Model Hospital.
Gaps in Controls:	<ul style="list-style-type: none"> • Business planning processes require strengthening. • Accountability Framework has been approved however needs review further to the NHSI Governance Review report. • Leadership development needs at Care Group, Divisional and corporate support service levels, with commencement of Faculty of Medical Leadership and Management leadership development programme deferred to Spring 2021 due to Covid-19 second wave. • Covid-19 second and third waves significantly exceeded planning parameter assumptions. 		
Assurance:	<ul style="list-style-type: none"> • Model Hospital Use of Resources assessments. • Proportion of acute surgical patients managed without overnight hospital stay has risen from less than 30% to over 50%. • Number of patients managed through the Integrated Assessment Unit's Frailty service without overnight hospital stay has increased by over 50%. • Inpatient Length of Stay in MLTC (excluding 0-day LoS) has reduced from over 9 days to less than 8 days on average. • Number of Medically Stable for Discharge inpatients sustained at lowest level on record through 20/21 (although rising since June 2021). 	<ul style="list-style-type: none"> • Internal Audit reviews of a number of areas of financial and operational performance • Covid-19 'top-up' resource in line with peers as a percentage of turnover • Top 10 in the country out of 122 general acute reporting Trusts for the 7th consecutive month (July 2021) for 6 week wait Diagnostic (DM01) performance • Top 40 in the country (out of 113 reporting general acute Trusts) (August 2021) for the 7th consecutive month for 4-hour Emergency Access Standard, and best in the West Midlands out of 14 reporting Trusts for Ambulance handover <30 mins for the 7th consecutive month • 55th best in the country out of 122 reporting Trusts (July 2021) for 18-week RTT performance and 5th lowest proportion of elective waiting list waiting over 52 weeks in the Midlands (out of 20 reporting Midlands Trusts) 	<ul style="list-style-type: none"> • Annual Report and Accounts presented to NHSE/I • NHSE/I oversight of performance both financial and operational • External Audit Assurance of the Annual Accounts • Cost per WAU (19/20) now below peer and national median (Model Hospital) • Day case rates for British Association of Day Case Surgery better than peer and national medians (May 2021 – Model Hospital). • Average LoS for elective admissions rolling 6 months below peer and national median (May 2021 – Model Hospital) • Average LoS for emergency admissions rolling 6 months below peer and national median (May 2021 – Model Hospital) • Average late starts and average early finishes in Operating Theatres better than national

	<ul style="list-style-type: none"> • Delivery of 2020/21 Financial plan, representing the second consecutive year of meeting financial plan. 	<ul style="list-style-type: none"> • 62-day Cancer performance (July 2021) materially better than West Midlands average (60.5%) and in line with the national average (72.1%), with 72.04% of our patients treated within 62 days of GP referral. 	<ul style="list-style-type: none"> • median (August 2021 – Model Hospital) • Medical specialties Same Day Emergency Care rates for ambulatory emergency care conditions rated second best in the country by the AEC Network.
Gaps in Assurance:	<ul style="list-style-type: none"> • NHSi Governance review highlighted areas of improvement for business process and accountability framework. • Trust scored requires improvement on its assessment of 'Use of Resources' owing to low productivity and high staff and support costs being evident. Time lag on updating of some Model Hospital metrics means there is a delay in receiving some independent assurance of improved financial and operational productivity metrics. • External Audit limited due to Covid-19. • Uncertainty surrounding 22/23 financial planning. • NHS Digital Templar Execs external review (Cyber Operational Readiness Support) has identified improvements required for the Trust's Cyber Security. 		

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.
- International Nurse Recruitment with RWT to significantly decrease reliance on temporary workforce.
- 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 (e.g. 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 work stream.

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. Risk of a 4th wave in late Summer/early Autumn 2021.
- 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 and in early 21/22 in emergency care in particular 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.

Future Actions (to further reduce the Likelihood / Consequence of the risk in order to achieve the Target Risk Level in line with the Risk Appetite)

No.	Action Required:	Executive Lead:	Due Date:	Progress Report:	BRAG:
1.	Review and update Accountability Framework further to the NHSI Governance Review report.	R. Caldicott	Oct 2020	Revisions to assessment, content and agenda in conjunction with the Divisional Directors, Trust Management Board, Executive and the Improvement Programme Board have been enacted and work on development of key metrics is progressing. 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. Target completion June 2021.	
2.	Financial regime post 31st September 2020 to be approved by Board in October 2020 - Russell Caldicott	R. Caldicott	Oct 2020	Complete	
3.	All work-streams to have Improvement programme benefits defined.	G. Augustine	Oct 2020	Complete - Presented to Trust Board Development Session on 1 st October 2020.	
4.	Development of 2021/22 Financial plan	R. Caldicott	March 2021 Nov 2021	H1 21/22 financial plan approved at Board. H2 plan to be received at extraordinary PFIC 20/10/21.	

MEETING OF THE PUBLIC TRUST BOARD – Thursday 2nd DECEMBER 2021			
People and Organisational Development Committee (PODC) Highlight Report			AGENDA ITEM: 14
Report Author and Job Title:	Catherine Griffiths Director of People and Culture	Responsible Director:	Junior Hemans (Non-Executive Director and Chair)
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/> Assure <input checked="" type="checkbox"/>		
Executive Summary	<p>The report provides the key messages from the People and Organisational Committee meeting on 25th November 2021. Of note are:</p> <ol style="list-style-type: none"> 1. The further progress on safe staffing and recruitment activity. For international recruitment a total of 127 overseas nurses have arrived (75 have completed OSCE) a further 63 arrivals expected by end of January 2022. The bank recruitment for Clinical Support Workers continues. In addition, campaigns are running for substantive appointment to 130 CSW roles, the campaigns with WHG and 'Indeed' are targeting those who are new to care, as well as seeking to appoint health and social care roles that can be deployed across the system. The Trust vacancy rate for Nursing and Midwifery is below 6% and work is advanced on determining the workforce availability to consider maternity and sickness as well as vacancy and turnover. 2. The People and Organisation Development Committee noted the work of the Women's, Children's, Clinical Support Services (WCCSS) Division on putting people first within the division and the successes relating to leadership development through the Faculty of Medical Leadership and Management FMLM programme which has just completed, talent management and succession planning and the OD approach to cultural improvement within Pharmacy, the committee was able to assure itself of the approach and outcomes achieved by taking a deep dive into the work of the division. This is to be presented to Trust Board in December. 3. The People and Organisation Development committee took assurance on the following people indicators: <ul style="list-style-type: none"> • Mandatory Training Compliance, consistently above 90% target but noted the interventions on patient handling and fire training to ensure the levels remain 		

high and the activity to ensure the 95% target is met for information governance by end December 2021.

- The NHS Staff Survey 2021 response rate which is at 52% with a day remaining to close. This is a 19% increase in response rate which can be taken as a proxy for engagement. All Divisions achieved above 40% response rate and the highest response rates were at 84%.
 - The recovery work on appraisals and PDR and noted significant support to managers through development workshops to ensure the discussions are quality discussions that underpin individual value and capture staff career development aspirations.
 - The work ongoing to achieve the highest possible compliance with the vaccination and LAMP testing programme. The committee noted the ongoing communication on the 'Well for Winter Campaign' seeking to boost uptake on Covid booster vaccinations (92% first, 88% second and 46% booster) and flu vaccinations 47% as well as regular LAMP testing, encouraging staff to take a break and prioritise their health and wellbeing.
 - The work to support attendance at work including the supportive work to promote attendance and address MSK and stress, anxiety and depression long-term absence.
4. The Committee noted the update and assurances on the Employment Relations approach, which is critical to improving the culture within the Trust particularly relating to discrimination and effective action including essential leadership and managerial training including FTSU, EDI and compassionate leadership.
5. The committee received the quarterly report from the FTSU Guardians, noting a reduction in concerns raised formally although the level of access to the service is still high, with many concerns resolved informally. The FTSU Guardians escalated a concern about poor level of compliance with the essential Speak Up, Listen Up, Follow Up training launched in October 2021, this has been escalated to the Trust Management Committee and further assurance will be given to Trust Board after improvement action.

	<p>6. The People and OD committee noted that the People Management policy framework has been subject to a significant update, with a simplified Employee Relations Framework due for launch in January 2022 and with a simplified approach to policy, procedure and guidance which will provide a useful resource for managers through the Trust intranet.</p> <p>7. The People and Organisation Development Committee received an update on progress the management development framework and resolved to receive an update on compliance with the programme to complement the statutory and mandatory training compliance.</p> <p>8. The Committee noted the work to update the BAF and provide clarity on the remaining assurance gaps.</p> <p>9. The Committee resolved to remain meeting on a monthly basis, so that sufficient time can be available to remain focused on the delivery of the EDI Strategy outcomes, which is a major programme of work along with the remaining scheduled improvement work on achieving excellent People Practice.</p> <p>The next meeting of the Committee will take place on 16th December 2021.</p>	
Recommendation	Members of the Trust Board are asked to note the report and the escalations for its attention.	
Risk in the BAF or Trust Risk Register	BAF S04 – Culture (lack of an Inclusive and open culture impacts on staff morale, staff engagement, staff recruitment, retention and patient care)	
Resource implications	There are no new resource implications associated with this report.	
Legal, Equality and Diversity implications	This Committee supports the Trust’s approach to delivering equality, diversity and inclusion for the benefit of the patient population and staff who work for the Trust and who live in Walsall.	
Strategic Objectives	Safe, high quality care <input type="checkbox"/>	Care at home <input type="checkbox"/>
	Partners <input type="checkbox"/>	Value colleagues <input checked="" type="checkbox"/>
	Resources <input type="checkbox"/>	

MEETING OF THE PUBLIC TRUST BOARD – Thursday 2 nd December 2021			
Value our Colleagues – Executive Update			AGENDA ITEM: 15
Report Author and Job Title:	Catherine Griffiths – Director of People and Culture	Responsible Director:	Catherine Griffiths – Director of People and Culture
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/> Assure <input checked="" type="checkbox"/>		
Executive Summary	<p>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.</p> <ol style="list-style-type: none"> <u>Progress on Value our Colleagues Improvement Programme and Board Assurance Framework</u> <p>The People and Organisation Development Committee noted the completion of the planned work relating to the Value our Colleagues Improvement programme, which has put the foundations in place to develop the organisation and to improve staff experience of working at Walsall. The committee noted the Board Assurance Framework (BAF) is being fully reviewed to highlight remaining assurance gaps and detailing the actions and timescales for closing these gaps. The People Metrics are due for review in March 2022 and the BAF review will report to Trust Board in April 2022. The committee received a detailed review of risks to trust culture and approved the timescale for review.</p> <ol style="list-style-type: none"> <u>Progress on Resourcing: Recruitment, Retention and Flex for the Future.</u> <p>The Committee noted the safe staffing report, which shows sustained Registered Nurse and Midwifery vacancy rate below 6%. A total of 127 overseas nurses have arrived (75 have completed OSCE) a further 63 arrivals expected by end of January 2022. In addition, there are currently 99 job offers out to nursing and midwifery registered individuals. The bank recruitment for Clinical Support Workers continues. Campaigns are currently running for the substantive appointment to 130 CSW roles, the campaigns with WHG and 'Indeed' are targeting those who are new to care, as well as seeking to appoint health and social care roles that can be deployed across the system including to the care system. The Trust vacancy rate for Nursing and Midwifery is below 6% and work is advanced on determining the</p>		

workforce availability to consider maternity and sickness as well as vacancy and turnover.

The Trust leads system work on retention as part of the Workforce Supply work-stream of the People Board and is working with the Centre for Local Economic Studies (CLES) to quantify the impact of developing the anchor employer model. The aim of the retention work is to improve staff experience and career progression to stay within the NHS. The Flex for the Future programme is progressing with the aim of developing the organisation culture able to support and benefit from flexible and agile working which also has evidenced positive impact on retention.

3. Progress on Staff Experience and Engagement

The National Staff Survey 2021 closed last week on 26th November 2021. Within the Trust the Divisional Oversight Group, chaired by the Director of People and Culture has been working with the Director of Communications and the engagement team to learn from best practice elsewhere and to promote uptake within each Division. Each Division created a detailed plan of action, which it followed and updated as the staff survey window progressed. The Divisions have maintained the focus on the campaign since May 2021, to ensure the importance of staff experience and voice is at the forefront of all performance discussions. This resulted in achieving a 53% response rate to the Pulse Survey in July 2021 and it is pleasing to note that this response rate has been sustained with the NHS National Staff Survey 2021, which stands at 52% with two days left to record. This means that 2,243 staff completed their survey and whilst by division the results vary, significant improvement has been achieved across the board all divisions achieved above 42%, others reached above 80%. The significance of this is that it signifies improved levels of engagement and once the results are through, will help further direct improvement, the free narrative within the survey provides a highly valuable insight into culture and the response allows a focus on the issues that matter to staff 'You said, We did', has been used to ensure staff know their voice counts.

The Faculty of Medical Leadership and Management completed the team based senior leadership development programme in November. This covered the Divisional teams of three and care groups promoting multi-disciplinary and team working, the final evaluation was excellent.

The Manager Framework was approved by the People and Organisation Development Committee this month. It is a framework of essential development for all leaders and is a vital assurance tool to improve staff experience of working at Walsall through providing techniques, content and tools for promoting inclusive and compassionate leadership. Compliance with the framework will be monitored for all on an additional

	<p>business intelligence report to run alongside statutory and mandatory training. The skills based development is being delivered by the Royal Wolverhampton operational training and development delivery group under the direction of the Director of Education and Training</p> <p>The training, learning and development on restorative and learning culture is supporting a third leadership cohort with the accredited Northumbria and Merseycare programme, this specifically addresses the Trust Board priority on tackling bullying and harassment, with an approved action plan following diagnostic work.</p> <p>The People and Organisation Development Committee has scheduled deep dives into the people metrics for each division to support assurance against the Board Assurance Framework for the following three elements of the Organisation Development Plan:</p> <ul style="list-style-type: none"> • Leadership, Culture and Organisation Development • Organisation Effectiveness – recruitment, retention and career development • Making Walsall (and the Black Country STP) the best place to work <p>This month the WCCSS (Women’s Children’s and Clinical Support Services) Division presented to committee on their performance and plans to put their people at the heart of everything to improve patient experience and outcomes. The presentation is at appendix 1 for information.</p> <p>The committee reviewed the work planned to ensure staff are protected over the winter period with an effective Flu and Covid-19 vaccination campaign, as well as LAMP testing and successful campaigns of mandatory training.</p>
<p>Recommendation</p>	<ol style="list-style-type: none"> 1. Members of the Trust Board are asked to note the report and in particular note the activity and progress on the joint work with the Royal Wolverhampton on leadership and management development. 2. Members of the Trust Board are asked to note the update on the engagement work supporting the National Staff Survey 2021. 3. Members of the Trust Board are asked to note the update on reaching full establishment through recruitment campaigns and retention activity.

<p>Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline</p>	<p>This report addresses BAF Risk Value our Colleagues in order to provide positive assurance the mitigations in place to manage this risk and the related corporate risks. In particular mitigating the risk posed by reported bullying and harassment and taking action to achieve an improved organisation culture.</p>	
<p>Resource implications</p>	<p>There are implications for resource that flow from recommendations in the report these are being met from base budgets and with the support of the RWT collaborative programme of work. Further improvements will require investment beyond the base budget these are likely to be achieved through focused efficiencies.</p>	
<p>Legal and Equality and Diversity implications</p>	<p>There are significant issues relating to equality arising from matters addressed in the report. The 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.</p> <p>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. 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.</p> <p>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, restorative and learning culture.</p>	
<p>Strategic Objectives</p>	<p>Safe, high quality care <input type="checkbox"/></p>	<p>Care at home <input type="checkbox"/></p>
	<p>Partners <input type="checkbox"/></p>	<p>Value colleagues <input checked="" type="checkbox"/></p>
	<p>Resources <input type="checkbox"/></p>	

Value Our Colleagues – Organisation Development Plan and 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 is anti-racist and treats people equally, fairly and inclusively with zero tolerance of bullying. We uphold and role-model the Trust values chosen by you”

2. BOARD ASSURANCE FRAMEWORK

The People and Organisational Development Committee has a schedule of accountability reviews with each Division to allow a deep dive into the qualitative and quantitative people metrics within the Board Assurance Framework (BAF) risk mitigations which have been divided into the three elements of assurance as follows:

- Leadership, Culture and Organisation Development
- Organisation Effectiveness – recruitment, retention and career development
- Making Walsall (and the Black Country STP) the best place to work

The committee noted the BAF review to focus on gaps in assurance following the improvement work, to provide more detailed assurance to the Trust Board.

3. ORGANISATION DEVELOPMENT PLAN AND IMPROVEMENT PROGRAMME

The following are key updates in month:

Progress on Recruitment and Retention

The People and Organisation Development Committee noted and approved the safe staffing report, which shows sustained Registered Nurse vacancy rate below 6%.

The programme for recruiting Clinical Support Workers and other clinical support services locally as part of the anchor employer approach continues with success in filling 130 entry level vacancies.

Progress on Staff Experience and Engagement

The National Staff Survey 2021 was closed last week with a response rate of 52%.

The last Pulse Survey reported to Trust Board in July had a response rate of 53%.

The Faculty of Medical Leadership and Management completed their leadership development programme in November, for Divisional teams of three and care groups to promote multi-disciplinary and team working. The Committee approved the Managers Framework and noted the delivery of this through the Royal Wolverhampton NHS Trust.

The training, learning and development on restorative and learning culture is supporting a third leadership cohort with the accredited Northumbria and MerseyCare programme, this specifically addresses the Trust Board priority on tackling bullying and harassment.

The Board Assurance Framework (BAF) risk mitigations are being reviewed and updated for March 2022 currently it is divided into the three elements of assurance.

- Leadership, Culture and Organisation Development
- Organisation Effectiveness – recruitment, retention and career development
- Making Walsall (and the Black Country STP) the best place to work

Each month the People and Organisation Development Committee receives a deep dive presentation from one of the divisions, this month the WCCSS (Women's Children's Clinical Support Services) presented on their performance and plans, these can be seen at appendix one.

4. **RECOMMENDATIONS**

5. Members of the Trust Board are asked to note the report and in particular note the activity and progress on the joint work with the Royal Wolverhampton on leadership and management development.
6. Members of the Trust Board are asked to note the update on the engagement work supporting the National Staff Survey 2021 and note the presentation from WCCSS.
7. Members of the Trust Board are asked to note the update on reaching full establishment through recruitment campaigns and retention activity.

APPENDICES

Women's Children's Clinical Support Services (WCCSS) Presentation on Performance

Divisional Cultural Elements

Women's Children's and Clinical
September 2021 Update

Caring for Walsall together



Culture Indicators

Employee Relations Cases

Division have had 3 employee relations cases ongoing in April, which reduced to 2 from June to the current date.

Freedom to Speak Up Log

One case logged per month for the Division April to June, no further cases logged beyond this point.

Divisional Meeting held with F2SU guardians to understand how to get the best value from this resource and to ensure that the staff are aware of the benefits and optimise ease of access. Meetings will continue on a quarterly basis.



Equality Diversity and Inclusivity

EDI Awareness

An EDI session was delivered to Divisional colleagues in July 2021.

Talent Management

Divisional Talent Management (DTM) planning meeting held August 2021 and terms of reference agreed, good Divisional attendance and engagement, well supported by Trust colleagues.

Commitment to review WDES and WRES data and agree Divisional Actions at first DTMM meeting in October 2021 and agree actions.



Staff Survey 2021 v Pulse Survey 2021

Survey Question No.	Survey Question Description	NSS Results (2020)	PS Results (2021)
Q1	I would recommend my organisation as a place to work?	55%	63%
Q2	If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation?	54%	61%
Q3	I am involved in deciding on changes introduced that affect my work area/team/department?	48%	56%
Q4	I receive the respect I deserve from my colleagues at work?	65%	74%
Q5	The team I work in has a set of shared objectives?	70%	74%
Q6	The team I work in often meet to discuss the teams effectiveness?	62%	67%
Q7	The recognition I get for good work?	51%	58%
Q8	I am satisfied with the support I get from my immediate line manager?	65%	74%
Q9	I am satisfied with the opportunities I have to use my skills?	66%	69%
Q10	I am satisfied with the opportunities for flexible working patterns?	51%	63%
Q11	Does the organisation act fairly in regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?	75%	64%
Q12	Does the organisation take positive action on health and well-being?	24%	91%
Q13	My Manager takes a positive interest in my health and Well-being?	71%	72%
Q14	Does my manager values my work?	71%	75%
Q15	Does my manager encourages me at work?	69%	72%
Q16	Does my manager gives me clear feedback on my work?	64%	65%
Q17	Does my manager encourages me to take a break at work?	N/A	62%
Q18	When errors, near misses or incidents are reported, my organisation takes action to ensure they do not happen again?	66%	71%
Q19	We are given feedback about changes made in response to reported errors, near misses and incidents?	56%	68%



Staff Survey Action Plan – presented to PODC

- Divisional Care Group Teams of three to take feedback from all staff within the care group on the results of the staff survey
- Approach and ideas for WCCSS action plan:
 1. Circulate posters for inspiration and ideas (Attached)
 2. Equality, Diversity and Inclusion Strategy Session to be delivered on the 28th June. (All DDs and CGMs to attend)
 3. Discussion blog to be created via WCCSS on the Trust Intranet page
 4. Staff drop in sessions with Divisional Directors
 5. Link in with best performing (Top 3 Trusts) for staff survey
- Plans to increase staff survey uptake for the division (33% to 50%)



Pulse Survey Action Plan

Keep doing what we're doing!

Putting Our People First- our colleagues should be at the heart of everything we do.

Time to Talk – create opportunities to engage with and listen to our staff

Time to Think – provide a environment that allows time to focus on the needs of our staff, risks, welfare, attendance-management, recruitment, training etc, adequate time to plan, train, rest etc



What have we done differently

- All of our Professional Leads have arranged open sessions for staff .
- Dedicated time on Divisional Team and Care Group Awaydays as a mandatory Agenda item .
- HR and Workforce Issues have been prioritised to the top of all Meeting agendas
- We are encouraging our teams to be more proactive in escalating their concerns and supporting our Departmental/Caregroup leaders to be more responsive.
- Creating time for our staff during times of significant pressure eg jointly reviewing Divisional Meeting Commitments
- We encouraging our teams to try new approaches



Maternity – Time to Talk

- Focus on engagement and Listening
- Following the CQC visit in July, the Care Group Manager and HR Manager have been holding feedback meetings with ward 24 and 25
- Aim to capture as many staff as possible early and late meetings have been arranged to accommodate all staff
- So far from 42 staff 15 staff have attended a feedback meeting. Further feedback meetings will continue to be booked until the end of September
- The feedback obtained will be themed and next steps agreed.



Feedback from Divisional TO6 Awayday 24/09/21

Valuing our Colleagues was the first agenda item of the day

A sample of the actions agreed include:

- Developing a scheme to support staff at the start of their career with key functional skills and additional support/guidance regarding a career path
- Develop a more comprehensive program for apprenticeships within the Division
- Commitment to prioritising staff training by reducing the instances of cancelled sessions
- Welcome letter with an offer to all new starters within the Division, hand delivered by a member of the Divisional Team of Six or their Deputy .
- Develop strategy to better support staff with long-term stress
- Peer support for the effective and consistent management of HR cases

Highlighting: the Pharmacy Department

- A programme of one day group sessions with a OD practitioner which will be concluding in Sept 2021
- All technical managers have been enrolled on ILM level 5 course which was completed in spring 2021
- Broadened the Pharmacy management monthly meeting to include representatives for all staff groups
- Regular updates on HR policies within small groups of managers
- Opened governance sub-groups to all staff to attend
- Regular monthly meetings with HR and Pharmacy Management Team
- Regular monthly meetings with staff side
- During initial COVID period a staff focus group was set up to explore and resolve any issues
- Established Mental Health Champion for staff to refer to when necessary
- A clear programme of IPDR completion in spring 2021 – ensuring consistency
- Following OD group sessions a “Colleague Charter” will be developed by the staff which will set out agreed standards of behaviour



Risk Summary	
BAF Strategic Objective Reference & Summary Title:	BAF SO 04 - Value our Colleagues; We will be an inclusive organisation which lives our organisational values at all times. <ul style="list-style-type: none"> SO 04b - Organisational Effectiveness.
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
Lead Committee:	People & Organisational Development Committee
Links to Corporate Risk Register:	Title:
	<ul style="list-style-type: none"> 2072 - Inability to recruit and retain the right staff with the right skills which impacts on fundamentals of care (both patients and staff), and undermines financial efficiency. (Risk Score = 16, Consequence 4 x Likelihood 4).
Current Risk Score Movement: Likelihood = 4 Consequence = 4 = 16 High ↔	
Forecasted Risk Score Movement for Q3: Likelihood = 4 Consequence = 4 = 16 High ↔	

Risk Appetite																										
Status:	Averse	Averse				Cautious					Balanced					Open					Hungry					
Appetite Score:	< 4	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Tolerate Score:	< 9																									

Risk Scoring								
Quarter:	Q1 2021/22	Q2	Q3	Q4	Rational for Risk Level:	Target Risk Level (Risk Appetite):		Target Date:
Likelihood:	4	4			<i>Level of BAF risk previously assessed on single BAF framework. From May 2021 the BAF has been divided into three distinct areas to assess, understand and monitor impact of mitigating actions in greater detail.</i>	Likelihood:	2	31 March 2022
Consequence:	5	4				Consequence:	4	
Risk Level:	20 High	16 High			<u>Evidence of risk gaps in control.</u> <ul style="list-style-type: none"> Staff recommending Walsall as a place to work is below all England average. Staff recommending Walsall as a place to be treated is below all England average. Employee Engagement Index of 6.7 below sector average of 7.0. High reliance on temporary workforce. 	Risk Level:	8	

				<ul style="list-style-type: none"> • Apprenticeship levy underutilised. • High levels of turnover for Allied Health Professional rolls which has increased consecutively for the last 3 months reaching 16.29%. • As of 31 March 2021 there were 98 FTE registered nurse vacancies. • 48 vacancies within band 2 positions in Estates & Facilities (E&F) to be filled during Q1 campaign planned for June. <p><u>Evidence of risk control – October 2021:</u></p> <ul style="list-style-type: none"> • First submission of Trust operational workforce planning 2022-2023 presented to October PODC. • Armed Forces Covenant Bronze Certificate achieved. Plan developed to achieve Silver Status by Q1 22/23. • Onboarding action plan / process map developed for comment. • Completion of HEE Review of Core Skills Training Framework (CFTS) completed. • Interim Head of Medical Staffing appointed until 31 March 2022 to provide expert strategic and operational leadership to improve the functioning of the service. • RN/Midwifery vacancy rate decreased to below 6% in September 2021 which is a reduction from 7% in August 2021. • 95 overseas nurses have arrived and 45 are actively working having completed their NMC registration requirements. • 44 CSW, 36 Trainee Nurse Associates and 1 Health Sciences apprenticeships in place. 			
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Control & Assurance Framework - 3 Lines of Defence

	1 st Line of Defence	2 nd Line of Defence	3 rd Line of Defence
Controls:	<ul style="list-style-type: none"> • Participating in STP Acute Collaboration to enable movement of staff via MOU and identify vacancy hotspots. • ESR data cleanse work stream supported by Informatics Team in place to accurately reflect organisational hierarchies. • International nurse recruitment programme in place supported by Regional NHSIE and 	<ul style="list-style-type: none"> • People and Organisational Development Committee in place to gain assurance. • Education and Steering Group in place and reports through to PODC for assurance. • Use of temporary staffing and ambition to eliminate agency staff by end of December monitored via PFIC and QPES for assurance. 	<ul style="list-style-type: none"> • ICS 2021/22 priorities and operational plan. • Annual Internal audit of financial controls and payroll. • Annual ESR Data Quality Audit carried out by ESR. • Assessment of activities in line with requirements of National NHS People Plan and BCWB STP People Plan.

	<p>RWT Clinical Fellowship Scheme.</p> <ul style="list-style-type: none"> Partnership with Walsall Housing Group, Job Centre and local higher education providers to fill all clinical support worker, housekeeping and porter vacancies by end of October 2021. Community division reviewing therapy services to understand demands and AHP capacity to deliver ensure effective use of resources and support recruitment to existing and new roles in accordance with service pathways. Implemented Step Into Health programme which connects Trusts with the Armed Forces community, by offering an access route into employment and career development opportunities. Anchor Employer model in place with WHG Collaboration with Health Education England to pilot new role of Medical Support Worker. 		<ul style="list-style-type: none"> Participant of STP collaborate bank proposal. Leading STP BCWB Workforce Supply Group and member of STP Workforce Flexibility working groups. Improved outcomes from annual NHS Staff Survey which match sector average scores Externally benchmarked Financial and operational productivity performance data, particularly (but not exclusively) through Model Hospital. STP Acute collaboration focus to enable movement of staff across the system and work in partnership to address recruitment hotspots.
Gaps in Controls:	<ul style="list-style-type: none"> There is a requirement to procure a Learning Management System (LMS) as a platform to manage content and completion of e-learning. There is insufficient assurance that medical rota's (excluding senior medics) are compliant with contractual requirements. ESR data cleanse improvement project has slipped from 31 March 21 to 31 July 21. Apprenticeship levy underutilised. High levels of turnover for Allied Health Professional rolls which has increased consecutively for the last 3 months reaching 16.29%.[March 2021] As of 31 March 2021 there were 98 FTE registered nurse vacancies. 48 vacancies within band 2 positions in Estates & Facilities (E&F) to be filled during Q1 campaign planned for June. 		
Assurance:	<ul style="list-style-type: none"> Model Hospital Use of Resources assessments. Staff recommending Trust as a place to be treated has increased from 49% [2019] to 53.4% [2020 NSS]. Staff recommending Trust as a place to work has increased from 47.8% [2019] to 52.3% [2020 NSS]. Turnover has decreased from 11.64% in 2019 to 8.66% in 2020 against Trust target of 10%. Average 2-year retention rate across the Trust of 82.4%. Time to hire 55 days - 2nd quartile of Model Hospital data 	<ul style="list-style-type: none"> Implementation of Anchor Institute Recruitment Campaign Associate Director of AHP appointed and commenced in role [May 2020]. 	<ul style="list-style-type: none"> Work with education organisations and Health education England. NHSIE central and regional team oversight of progress against NHS People Plan. Quarterly deep dive of key workforce metrics by CCG.

	<ul style="list-style-type: none"> Clinical Support Worker (CSW) vacancies reduced to 0 as of 31 March 2021. 21/98 nurse vacancies filled by 10 May 2021. 		
Gaps in Assurance:	<ul style="list-style-type: none"> There is a lack of workforce planning capability across leaders within the Trust. Lack of ability to meet local and national professional clinical staffing models / guidelines. There is a lack of clarity regarding roles and responsibilities relating to the appointment, onboarding and deployment of medical staff. 		

Future Opportunities

- Following growth in the number and variety of apprenticeships support colleagues to recognise and access apprenticeships as an opportunity to develop in current or alternative roles.
- Collaborative recruitment campaigns with STP partners to attract candidates outside of the Black Country for hard to fill roles to reduce competition for same pool of staff within the system.

Future Risks

- Impact of Covid-19 restrictions on international travel which may delay the planned start date of newly recruited international nurses.
- Workforce exhaustion and/or psychological impact from Covid-19 may impact on the ability of managers to practice compassionate and inclusive leadership.
- Uncertainty regarding senior leadership arrangements of the Trust may impact on ability to; attract, recruit and retain required skills and talent to the organisation.

Future Actions (to further reduce the Likelihood / Consequence of the risk in order to achieve the Target Risk Level in line with the Risk Appetite)

No.	Action Required:	Executive Lead:	Due Date:	Progress Report:	BRAG:
1.	Official Launch of formal partnership with Walsall Housing Group to support local people into healthcare careers to be completed.	Catherine Griffiths	31/08/2021 31/10/2021	Complete. Manager's briefings to be completed and post appointed to provide pastoral support for new healthcare workers.	
2.	Update report to PODC re Anchor Institute and employment models to include overview of system work streams to be presented in August 2021.	Catherine Griffiths	31/08/2021	Complete.	
3.	Work with Acute Provider Collaboration to identify hard to recruit roles and staff groups.	Catherine Griffiths	30/09/2021	Completed - WHCT paper re recruitment hotspots.	
4.	Identify opportunities to work collaboratively across RWT and WHCT to support recruitment and retention of people	Catherine Griffiths	31/10/2021	Complete and ongoing. Joint paper developed – oversight provided by Joint HR Working Group. Next meeting arranged for 29 November 2021.	
5.	Ongoing recruitment and on boarding of international nurses via Clinical Fellowship Programme	Catherine Griffiths	31/12/2021	86 international nurses in the UK of 235 planned to be in place by end of December 2021.	
6.	NHSEI sponsored ICS work stream to develop Anchor Institute network across Walsall involving healthcare, local government and voluntary a partners.	Catherine Griffiths	31/03/2022.	Lead appointed - hosted by Walsall.	
7.	Formal TNA requirements informed by IPDR process to be collated to inform L&D funds and distribution.	Catherine Griffiths	31/01/2022	IPDR process updated to support data capture - July 2021.	
8.	Consideration of case to align WLI rates between Walsall and RWT	Catherine Griffiths	31/08/2021	Complete - Acute Collaborative paper outlining options to be considered by Executive Team.	
9.	Scoping of collaborative bank model between RWT and WHCT	Catherine Griffiths	31/08/2021	Complete - Outline paper to identify opportunity and what would be required to formalise collaborative	

				approach due for joint HRD consideration. Progress towards Acute collaborative bank continues. Outline paper completed and submitted.	
10.	Completion of Operational Workforce Planning 2022-2023	Catherine Griffiths	31/12/2021	First draft completed and reviewed by PODC.	
11.	Establish control review to clarify position of CSW vacancies between financial ledger, ESR	Catherine Griffiths	30/11/2021	Task group between Finance and WHI established.	
12.	Report detailing all risks and issues relating to the medical staffing function to be provided to PODC	Catherine Griffiths	31/12/2021	Diagnostic report currently being developed by Interim Head of Medical Staffing.	
13.	Governance process to enact procurement of Learning Management System to be completed	Catherine Griffiths	31/12/2021	LM system to align with RWT system – single waiver process for Exec approval	

Risk Summary	
BAF Strategic Objective Reference & Summary Title:	BAF SO 04 - Value our Colleagues; We will be an inclusive organisation which lives our organisational values at all times. <ul style="list-style-type: none"> 04c - Making Walsall (and the Black Country) the Best Place to Work.
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
Lead Committee:	People & Organisational Development Committee
Links to Corporate Risk Register:	Title:
	<ul style="list-style-type: none"> 2072 - Inability to recruit and retain the right staff with the right skills which impacts on fundamentals of care (both patients and staff), and undermines financial efficiency (Risk Score = 16, Consequence 4 x Likelihood 4). 2093 - Risk of staff contracting COVID-19 through the course of their duties in Walsall Healthcare NHS Trust (Risk Score = 12, Consequence 3 x Likelihood 4). 1937 - Risk of failure to protect staff from harmful substances (e.g. COVID-19) as a result of matching capacity for FIT mask testing and supply of PPE (Risk Score 10, Consequence 5 x Likelihood 2)
	Current Risk Score Movement: Likelihood = 4 Consequence = 4 = 16 High ↔
	Forecasted Risk Score Movement for Q3: Likelihood = 4 Consequence = 4 = 16 High ↔

Risk Appetite																										
Status:	Averse				Cautious					Balanced					Open					Hungry						
Appetite Score:	< 4	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Tolerate Score:	< 9																									

Risk Scoring								
Quarter:	Q1 2021/22	Q2	Q3	Q4	Rational for Risk Level:	Target Risk Level (Risk Appetite):		Target Date:
Likelihood:	4	4			<i>Level of BAF risk previously assessed on single BAF framework. From May 2021 the BAF has been divided into three distinct areas to assess, understand and monitor impact of mitigating actions in greater detail.</i>	Likelihood:	2	31 March 2022
Consequence:	5	4				Consequence:	5	
Risk Level:	20 High	16 High			<u>Evidence of risk gaps in control.</u> <ul style="list-style-type: none"> Staff recommending Walsall as a place to work is below all England average. Staff recommending Walsall as a place to be treated is below all England average. Employee Engagement Index of 6.7 below sector average of 7.0. Lack of SEQOHS accreditation. 	Risk Level:	10	

				<ul style="list-style-type: none"> Sickness absence levels were 5.3% excluding Covid-19 related absence against target of 4.5% [30 June 2021]. Lack of recurrent HWB funding to support ambitious and innovative HWB interventions. <p><u>Evidence of risk control - October 2021:</u></p> <ul style="list-style-type: none"> COVID-19 booster programme and Flu vaccination programme ongoing. Validation of staff uptake to be provided to PODC in November 2021. Process to auto register all staff for LAMP testing agreed. To be operationalised in November. Review of IFC / Workforce guidance produced for staff and managers re COVID-19 measures completed. Workforce analysis process to review staff access to COVID-19 and Flu vaccinations agreed. Agreement to fund further fit mask super trainer (train the trainer) to enable targeted local delivery. Trust acceptance on Cohort 1 of the National NHSEI Flex for the Future cultural programme. 			
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Control & Assurance Framework - 3 Lines of Defence

	1 st Line of Defence	2 nd Line of Defence	3 rd Line of Defence
Controls:	<ul style="list-style-type: none"> Schwartz rounds have been implemented in accordance with Point of Care Foundation license. Internal Mental First Aider network established, accredited training complete and network contact details and support available to staff promoted. Detailed project improvement programme plans for; <i>Health & Wellbeing Strategy</i>, <i>Achieving SEQOSH accreditation</i> and <i>Enhancing Flexible Working</i>. Calendar of Black Country career events in place to attract and recruit to health and social care employment opportunities (NHS, Social Care and Voluntary Sector) 	<ul style="list-style-type: none"> People and Organisational Development Committee in place to gain assurance. Monthly Schwartz Round Steering Group established to plan, prepare and debrief agreed rounds. Colleague Health and Wellbeing group continues to meet and address feedback / act on ideas to enhance wellbeing in the workplace. Trust Health and Wellbeing meets monthly to progress HWB activity and reports through to PODC. Value Our Colleagues Improvement Programme has Governance infrastructure in place. 2021 Pulse Survey completed. 	<ul style="list-style-type: none"> Achievement of SEQOHS accreditation and rolling improvement plan in Occupational Health Assessment of activities in line with requirements of National NHS People Plan and BCWB STP People Plan. Improved outcomes from annual NHS Staff Survey which match sector average scores. Externally benchmarked people performance data, particularly (but not exclusively) through Model Hospital. Leading STP (BCWB) Workforce Supply Programme Delivery Group. Members of STP (BCWB) Work Leadership & Culture

	<ul style="list-style-type: none"> • Development of system workforce metric. • Digital passport (improving education and training and mobility of workforce) • Anchor employer • Implementation of BMA Facilities and Fatigue Charter. 		<ul style="list-style-type: none"> • Workforce flexibility & consistency (improving workforce capacity) • Education & Training • Workforce Support (HWB) • Health Education England QA process re-experience of Doctors in Post Graduate Training.
Gaps in Controls:	<ul style="list-style-type: none"> • More colleagues require training to apply the CHATS Framework when undertaking HWB conversations • Working towards gifting apprenticeship levy with social care partners / providers. • Development of Black Country Employer Brand. • Development of system health and social care roles to support system workforce gaps. 		
Assurance:	<ul style="list-style-type: none"> • Increase in occupational health resources secured. • Divisional and organisational performance monitored by Accountability Framework. • Staff recommending Trust as a place to be treated has increased from 49% [2019] to 53.4% [2020 NSS]. • Staff recommending Trust as a place to work has increased from 47.8% [2019] to 52.3% [2020 NSS]. • Turnover has decreased from 11.64% in 2019 to 8.66% in 2020 against Trust target of 10%. • % of colleagues confirming manager takes interest in wellbeing has increased from 65% to 69% in 2020 NSS. • Stage 3 hearings re ill health capability have reduced. • Opportunities for flexible working patterns increased from 50.9% to 54.6 % in 2020 NSS. • Funding for Covid / infection risk team agreed until March 2022. 	<ul style="list-style-type: none"> • Health and Wellbeing Guardian appointed at Trust Board 	<ul style="list-style-type: none"> • Quarterly deep dive of key workforce metrics by CCG. • NHSIE central and regional team oversight of progress against NHS People Plan. • Development of ICS Workforce Metric • SEQOHS Accreditation.
Gaps in Assurance:	<ul style="list-style-type: none"> • Further validation of staff flu vaccination and covid booster records required to provide assurance sufficient uptake. • Only approx 1000 staff regularly LAMP test • Approx 500 staff remain unvaccinated from Covid-19 • Lack of recurrent HWB budget. • Trust 2020 National Staff Survey results score below sector average for 9/10 indicators. • Approved Health and Wellbeing Strategy • Not all colleagues are recorded as having completed an individual Covid-19 Risk Assessment. • Not all colleagues have accessed support to enhance protection against severity of Covid-19 or flu illness. • Currently lack ability to consistently achieve and sickness absence levels of 4.5% or below. 		

- Junior Doctor national training programme feedback.

Future Opportunities

- Potential to rely upon complete Covid-19 vaccination of staff to reduce individual Covid-19 risk assessments to enable more staff to return to full roles in a Covid-19 secure way.
- Once SEQOHS accreditation achieved - potential to enhance service and develop commercial OH service across Walsall Partner.
- Closer collaboration with RWT and across BCWB STP to increase capability and capacity to enhance health and wellbeing of NHS and HSC staff.
- Formation of an evidence HWB strategy with closer working of OH / HWB teams on track to start Q2.

Future Risks

- Workforce exhaustion and/or psychological impact from Covid-19, flu and the general pressure on all NHS services may impact on the ability of managers to practice compassionate and inclusive leadership.
- Impact of managing further Covid-19 outbreaks via the occupational health team would reduce ability of OH to use specialist skills to support colleagues to remain at / return to work and in enabling clearance for new staff, and supporting the recovery from the reduced morale and increased health demands caused by the pandemic including Long Covid.
- Uncertainty regarding senior leadership arrangements of the Trust may impact on extent to which colleagues feel psychologically safe in their role/work.

Future Actions (to further reduce the Likelihood / Consequence of the risk in order to achieve the Target Risk Level in line with the Risk Appetite)

No.	Action Required:	Executive Lead:	Due Date:	Progress Report:	BRAG:
1.	Substantively recruit to Occupational Health Consultant	Catherine Griffiths	31/10/2021 30/11/2021	Recruitment paperwork in place. Interview took place 13 September 2021 - conditional offer made. Process to be finalised via RC rep on AAC panel 22.11.21	
2.	Complete gap analysis on Health and Wellbeing offer – for completion by end August 2021- to shape HWB strategy	Catherine Griffiths	31/08/2021	Complete - Document now supporting completion of National HWB Framework.	
3.	Develop evidenced based Health and Wellbeing Strategy	Catherine Griffiths	31/12/2021	New project lead, milestones now on track	
4.	Achieve Occupational Health accreditation	Catherine Griffiths	31/03/2022	All milestones ahead or on track	
5.	Deep dive review of sickness absence at divisional level	Catherine Griffiths	17/09/2021	Complete - Workforce data and narrative from HR Advisory team shared with Divisions for Sept/Oct DPR	
6.	Rapid roll out of Health and Wellbeing Conversation's via CHAT framework following successful pilot	Catherine Griffiths	30/09/2021	Pilot complete. HR Training to deliver sessions scheduled completed. Roll out plan complete and ongoing. CHATS resources printed for distribution.	
7.	Update interim Home Working Procedure	Kevin Bostock	30/11/2021	Under review at Corporate Tactical	
8.	Implement regular Fit Mask Testing data reports	Catherine Griffiths	31/10/2021	Action Plan completed by compliance group (HSE, L&D, IFC).	
9.	Formally bring OH and HWB services together as one team.	Catherine Griffiths	30/09/2021	Complete.	
10.	Data validation re Flu Uptake and Covid vaccinations to be completed.	Catherine Griffiths	30/11/2021	Outline plan to be discussed at weekly flu meeting and corporate command.	
11.	All staff to be auto-registered for LAMP testing	Catherine Griffiths	30/11/2021	Process agreed and roll out plan in place.	
12.	Assurance paper to PODC re measures in place to protect staff from exposure to IFC risks	Catherine Griffiths	30/11/2021	CRR 2093 updated	
13.	Complete Fit Mask trainer the trainer to increase expert resource and enable targeted, local delivery	Lisa Carroll	31/12/2021	Individual identified to undertake the training	

14.	Business Case for 22/23 HWB funding to complement HWB strategy and support ambitious and innovative interventions.	Catherine Griffiths	31/03/2022	Update to HWB Strategy Group on 6 December 2021	
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Risk Summary	
BAF Strategic Objective Reference & Summary Title:	BAF SO 04 - Value our Colleagues; We will be an inclusive organisation which lives our organisational values at all times. <ul style="list-style-type: none"> 04a - Leadership Culture & Organisational Development.
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
Lead Committee:	People & Organisational Development Committee
Links to Corporate Risk Register:	Title:
	<ul style="list-style-type: none"> 2489 - Poor colleague experience in the workplace. (Risk Score = 16, Consequence 4 x Likelihood 4).
Current Risk Score Movement: Likelihood = 4 Consequence = 4 = 16 High ↔	
Forecasted Risk Score Movement for Q3: Likelihood = 4 Consequence = 4 = 16 High ↔	

Risk Appetite																										
Status:	Averse	Averse				Cautious					Balanced					Open					Hungry					
Appetite Score:	< 4	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Tolerate Score:	< 9																									

Risk Scoring								
Quarter:	Q1 2021/22	Q2	Q3	Q4	Rational for Risk Level:	Target Risk Level (Risk Appetite):		Target Date:
Likelihood:	4	4			<i>Level of BAF risk previously assessed on single BAF framework. From May 2021 the BAF has been divided into three distinct areas to assess, understand and monitor impact of mitigating actions in greater detail.</i>	Likelihood:	2	31 March 2022
Consequence:	5	4				Consequence:	4	
Risk Level:	20 High	16 High			<u>Evidence of risk gaps in control.</u> <ul style="list-style-type: none"> Staff recommending Walsall as a place to work is below all England average. Staff recommending Walsall as a place to be treated is below all England average. Employee Engagement Index of 6.7 below sector average of 7.0 Bullying and Harassment Index of 7.6 below 	Risk Level:	8	

				<p>sector average of 8.1.</p> <ul style="list-style-type: none"> • EDI Index of 8.7 below sector average of 9.1. • Safety culture index of 6.3 below sector average of 6.8 • WRES indicator 2; recruitment 1.40 [2021] – best performing organisations 1.0 or below. • IPDR rates remain consistently below 90% Trust KPI. <p><u>Progress towards risk control - October 2021</u></p> <ul style="list-style-type: none"> • Managers Framework Launched. • Process Communication Model development opportunities shared with leaders. • Freedom to Speak Up month completed in October. ICEO support to open and close event. • 2021 NHS National Staff Survey published across the organisation. (32% response rate @ 02 November 2021 - closing date 26 November). • EDI analysis as at 30 September 2021 indicates increase in BAME staff represented in B7 and above roles to 19% as at April 2021 to 23%. • 3 places secured for ICS Transforming Organisational Cultures through Restorative Just & Learning Culture secured for operational managers. • Allyship programme jointly commissioned for WHCT and RWT HR teams. 			
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Control & Assurance Framework - 3 Lines of Defence

	1 st Line of Defence	2 nd Line of Defence	3 rd Line of Defence
Controls:	<ul style="list-style-type: none"> • Cycle of local Pulse Survey implemented • Participation in NHS National Staff Survey • Equality, Diversity and Inclusion Strategy co-designed through consultation agreed at Board May 2021. • Freedom to Speak-Up (F2SU) Strategy in place and service improvement programme embedded within Value Our Colleagues Improvement Programme. • Trust Board Pledge in place to eliminate 	<ul style="list-style-type: none"> • People and Organisational Development Committee in place to gain assurance. • Implementation of delivery plan overseen by Equality, Diversity & Inclusion Group (reviewed monthly) and monitored by People and Organisational Committee (PODC) (reviewed quarterly). • Quarterly report to PODC and Trust Board. • Annual update against strategy received by PODC. 	<ul style="list-style-type: none"> • Assessment of activities in line with requirements of National NHS People Plan and BCWB STP People Plan. • Improved outcomes from annual NHS Staff Survey which match sector average scores. • Improvement of Workforce Equality and Workforce Disability Standards Performance (WRES / WDES). • Externally benchmarked people performance data, particularly (but not

	<p>workplace inequality, detriment, discrimination and bully & harassment.</p> <ul style="list-style-type: none"> • Divisional cultural heat maps reflecting F2SU, Employee Relations activity (via dashboards) and local staff experience pulse survey produced for Divisional Boards to inform insight into local colleague experience. • Employee Engagement and Experience Oversight Group implemented to engage senior leaders across all divisions to address issues which have a detrimental impact on experience at work. • In depth Restorative Just and Learning Culture (RJLC) training secured for 30 leaders across Trust. 	<ul style="list-style-type: none"> • Progress against F2SU improvement programme monitored by PODC and Improvement Board. • PODC monitors progress against agreed metrics for Trust Board Pledge and provides assurance to the Board. • Monthly monitoring of Employee Engagement and Experience Oversight Group progress and actions via PODC. • Comparative performance against organisational workforce and culture indicators available via Model Hospital. • Joint Race Code action plan with RWT in place. 	<p>exclusively) through Model Hospital.</p>
Gaps in Controls:	<ul style="list-style-type: none"> • Limited capability and capacity to provide depth and breadth of leadership development for leaders / people managers across the Trust. • Workforce policies require review and update. • Management competency framework is not yet available, impact and evaluation not complete • RJLC and Civility and Respect leadership modules to be developed. 		
Assurance:	<ul style="list-style-type: none"> • Divisional and organisational performance monitored by Accountability Framework. • Staff recommending Trust as a place to be treated has increased from 49% [2019] to 53.4% [2020 NSS]. • Staff recommending Trust as a place to work has increased from 47.8% [2019] to 52.3% [2020 NSS]. • Turnover has decreased from 11.64% in 2019 to 8.66% in 2020 against Trust target of 10%. • WRES indicator 2; recruitment improved from 2.73 [2019] to 1.52 [2020] to 1.40 [2021] • WRES indicator 3; disciplinary improved from 2.04 [2019] to 0.65 [2020] to 0.12 [2021]. • WRES indicator 4; access to non-mandatory training and CPD improved from 1.34 in 2020 to 0.91 in 2021. • Faculty of Leadership and Management Development programme has commenced Divisional Leadership and Care Group Management Teams. 	<ul style="list-style-type: none"> • NHSIE support to develop F2SU service and achieve improvements identified within programme. • NHSIE culture programme 	<ul style="list-style-type: none"> • NHSIE central and regional team oversight of progress against NHS People Plan. • Quarterly deep dive of key workforce metrics by CCG.

	<ul style="list-style-type: none"> Increased BAME representation in B7 and above roles from 18.81% to 19.17% 		
Gaps in Assurance:	<ul style="list-style-type: none"> Trust 2020 National Staff Survey results score below sector average for 9/10 indicators. Less staff feel like the Trust acts fairly with regard to career progression or promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age. Lack of senior managers representing ethnic minority and disability. Only 55.8% of BME colleagues believe that we provide equal opportunity for career progression and promotion compared to 81.8% of White colleagues. From a BME perspective the experience has worsened for the second consecutive year decreasing further from 63.2% in 2019. The number of staff reporting that they have experienced discrimination at work from their manager / team leader or other colleague has increased to 11.4% and is 4.2% higher than in 2018. Insufficient representation of managers from an ethnic minority background across the Trust [19.17% against a target of 28%]. Only 2.46 staff have formally declared and recorded a disability 		

Future Opportunities

- Enhanced leadership capability through strategic alliance with RWT and collaborative working with BCWB STP.
- Closer collaboration with RWT and across BCWB STP to increase capability and capacity to provide leadership and management development.

Future Risks

- Workforce exhaustion and/or psychological impact from Covid-19 may impact on the ability of managers to practice compassionate and inclusive leadership.
- Uncertainty regarding senior leadership arrangements of the Trust may impact on extent to which colleagues feel psychologically safe in their role/work.

Future Actions (to further reduce the Likelihood / Consequence of the risk in order to achieve the Target Risk Level in line with the Risk Appetite)

No.	Action Required:	Executive Lead:	Due Date:	Progress Report:	BRAG:
1.	Internal Audit re Effectiveness of National Staff Survey preparation to be completed.	Catherine Griffiths	30/09/2021 30/11/2021	Draft audit complete. Due for finalisation and presentation to Audit committee in November 2021.	
2.	Review of leadership offer / options / opportunities across Walsall Healthcare NHS Trust and RWT.	Catherine Griffiths	30/09/2021	Complete. Review process agreed between RWT and WHCT leads. Outcome to be reported to future PODC.	
3.	Restorative Just and Learning Cultural Programme to be implemented for operational managers.	Catherine Griffiths	31/10/2021 30/11/2021	Supplier identified. Course content to be developed and agreed by 30 September 2021. This has now been completed and dates for next cohorts are being arranged. Meeting set for 19 November to agree dates for training with provider. 3 x places secured on ICS training.	
4.	Senior Leadership Team to complete succession and talent mapping	Catherine Griffiths	31/10/2021	Templates and guidance circulated.	
5.	Launch Management Framework and Leadership Development opportunities	Catherine Griffiths	30/11/2021	SLA for leadership development provision with RWT in place. Final sign off for Management Framework to be agreed.	
6.	As a result from Freedom to Speak up Month review and update Raising Concerns Policy and F2SU strategy for 2022/23 working in collaboration with RWT	Catherine Griffiths	31/12/2021	Updated policy in draft form.	
7.	Establish collaborative working between RWT and WHCT staff inclusion networks	Catherine Griffiths	30/11/2021	EDI leads at RWT and WHCT are developing collaborative working plan. This will be overseen by the HR Collaborative Working Group.	

8.	Divisional Leadership Teams to be supported to strengthen accountability towards improving the EDI agenda across their services.	Catherine Griffiths	30/09/2021	Completed - Divisional Talent Forums scheduled.	
9.	Staff Engagement and Experience Oversight Group to produce menu of best practice from Divisional feedback re response to NSS and Pulse Survey	Catherine Griffiths	31/07/2021 31/08/2021	Completed.	
10.	Review of self-assessment / progress against NHS People Plan to be received by PODC in August 2021	Catherine Griffiths	31/08/2021	Completed - Presented to PODC in August 2021.	
11.	WRES and WDES national data submission	Catherine Griffiths	31/07/2021	Completed.	

MEETING OF THE PUBLIC TRUST BOARD – Thursday 2 nd December 2021			
Safe Staffing and Establishment Reviews			AGENDA ITEM: 16
Report Author and Job Title:	Lisa Carroll Director of Nursing and Gaynor Farmer Corporate Senior Nurse for Workforce	Responsible Director:	Lisa Carroll Director of Nursing
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/> Assure <input checked="" type="checkbox"/>		
Executive Summary	<ul style="list-style-type: none"> • Registered Nurse (RN) /Midwife vacancy rate for October is awaited. September 2021 is below 6%, this is a reduction from that reported for August 2021. 127 overseas nurses have arrived in the Trust. 75 of those are now successfully registered with the NMC. A further 63 are expected to arrive in the Trust between November 2021 and January 2022. • During October 2021 there were 11 CSW bank staff successfully interviewed and there have been a further 49 shortlisted for interview during November for Bank positions. • Off framework agency use has decreased during October 2021 to 2311 hrs; in September we used 2495 hrs. • The lowest fill rate for October 2021 was for the CSW day shift at 79.65%. The overall fill rate (combined RN and CSW) was 91.1%. This is a slight increase to the 90.18% reported in September 2021. • In October 2021, before consideration of escalation to Off Framework Agency, Matrons redeployed 781 hours of substantive RN and 524 hours of CSW during the twice daily Staffing Hub meetings • The staff experience audit score was 89.98% with 11 clinical areas completing this audit • The establishment review paper was approved by Trust board in September 2021. During November 2021 the revised establishments have been included in ward budgets and recruitment against the revised establishments are underway 		
Recommendation	The Trust Board is requested to note the contents of the report		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	BAF S01: Safe High Quality Care Corporate risks: <u>2066</u> - Risk of avoidable harm to patients due to wards & departments being below the agreed substantive staffing levels. (Risk Score = 15). <u>2245</u> - Risk of suboptimal care and potential harm to patients from available midwives being below agreed establishment level.(Risk score =20)		
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	<p>Covid-19 has impacted disproportionately 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.</p>	
Strategic Objectives	Safe, high quality care <input checked="" type="checkbox"/>	Care at home <input type="checkbox"/>
	Partners <input checked="" type="checkbox"/>	Value colleagues <input type="checkbox"/>
	Resources <input checked="" type="checkbox"/>	

Introduction

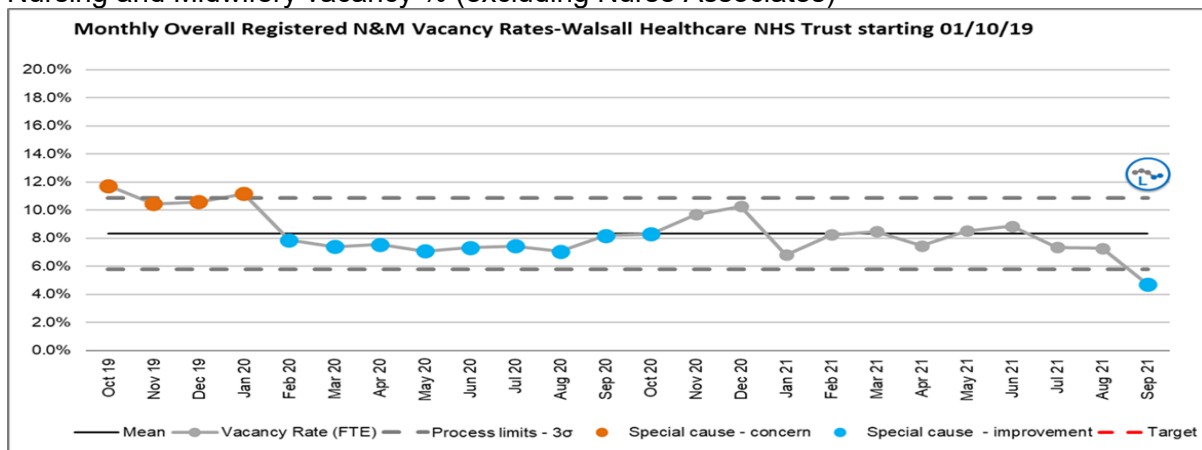
The Covid-19 impact has reduced across the Trust with many services now resuming ordinary business. There are still a small number of reconfigured areas within the acute departments which are working with Covid streaming, different patient groups and vacancies/absences that are impacting the ability to have complete fill of shift requirements. October 2021 has seen 36 shifts where the Ward Manager was used as an RN on duty to fill an RN gap and management time was impacted. This is a decrease from 59 shifts in September.

Nurse Staffing Update

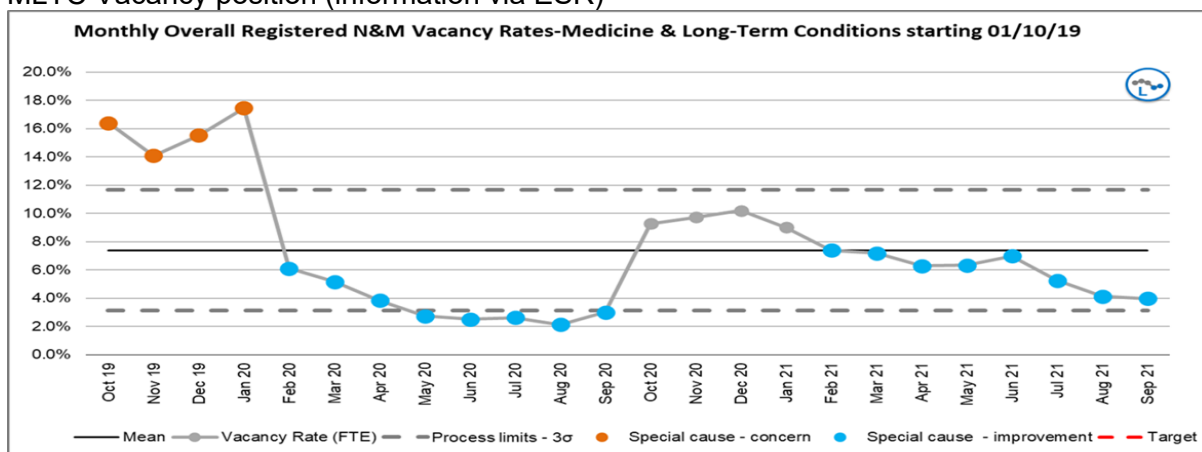
1.1 Vacancy Position

Vacancy data is reported one month in arrears. The RN and Midwifery vacancy rate for September 2021 has improved and is now less than 6%. The following SPC charts provide details on the number of vacancies against the current approved establishments at a Trust and divisional level. It does not reflect vacancies against recently agreed establishment review increases which are yet to be actioned.

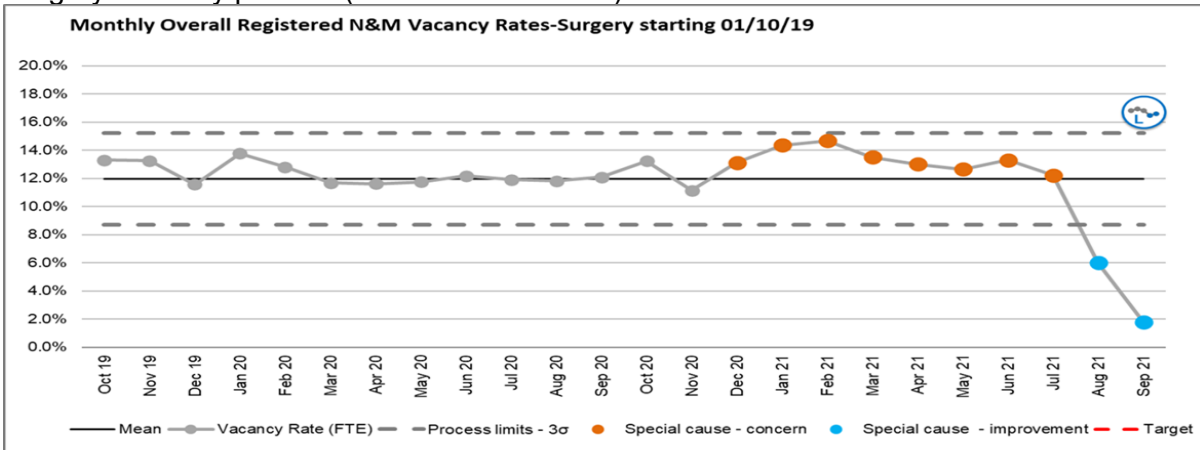
Nursing and Midwifery vacancy % (excluding Nurse Associates)



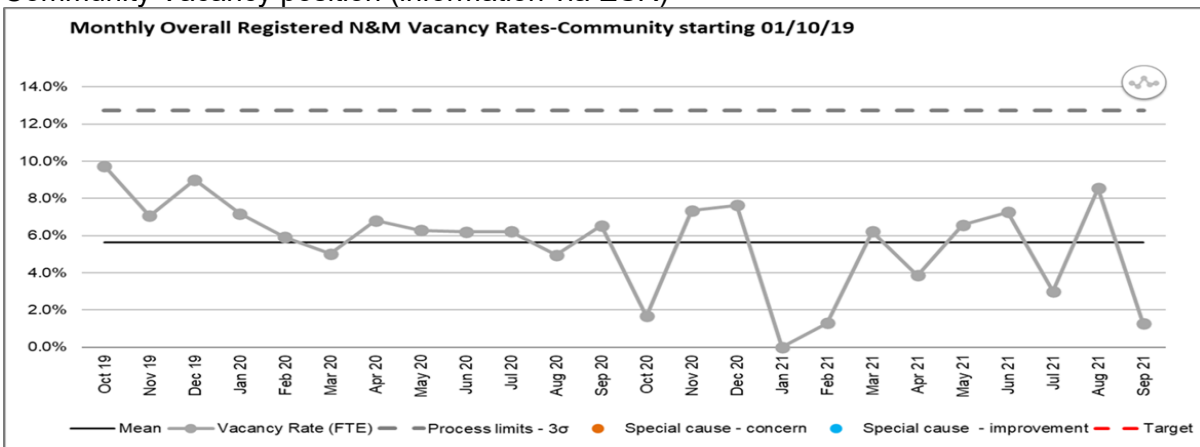
MLTC Vacancy position (information via ESR)



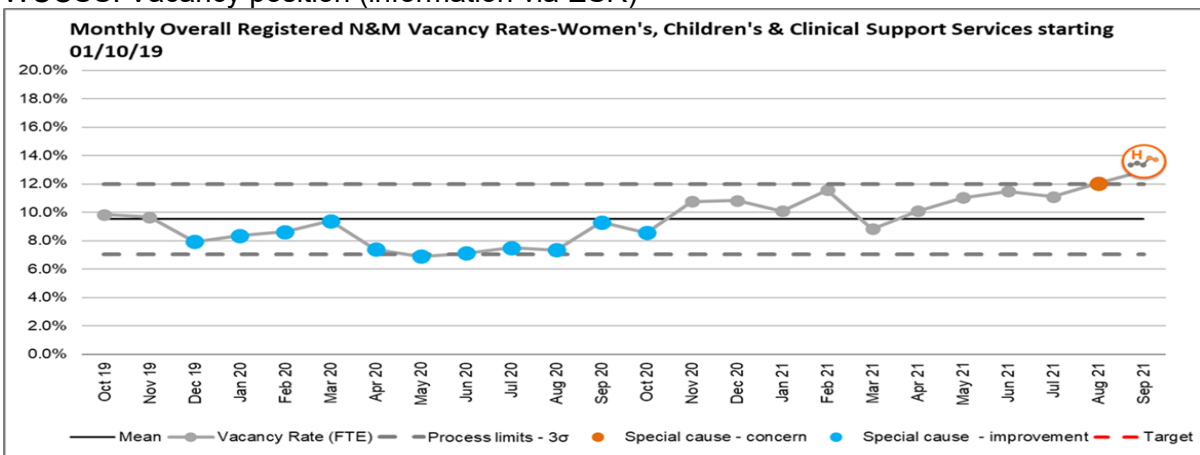
Surgery Vacancy position (information via ESR)



Community Vacancy position (information via ESR)



WCCSS: Vacancy position (information via ESR)



1.2 Overseas Recruitment

127 overseas Nurses overseas Nurses have commenced working within the Trust by end of October 2021.

75 of those have completed their OSCE. The remaining nurses will complete their OSCE within November and December 2021.

Twelve Nurses are due to arrive by the end of November 2021. Twenty one are due to arrive in December 2021 and a further thirty are due to arrive in January 2022.

Pastoral care is being delivered by the CFP and FORCE teams. Posts will be advertised for a Matron and senior sister to support the programme by the end of November 2021. The current expectation is that approximately 189 nurses will be recruited by January 2022, with further continued recruitment throughout 2022. A bid for continued support from NHSE/I has been submitted for 2022 recruitment covering 140 nurses over 11 months.

1.3 CSW Recruitment

The Trust currently has 83 individuals undertaking apprenticeships. One individual has been employed as a healthcare science apprentice, thirty eight are Trainee Nursing Associates and forty four are CSWs undertaking either a level 2 or level 3 programme.

The Trust is currently recruiting 130 CSWs and this is being undertaken in conjunction with Walsall Housing Group and Indeed.

1.4 Nursing Associate Recruitment

Twelve Trainee Nurse Associates (TNAs) are expected to qualify in December 2021, one has been delayed due to personal circumstances.

Nine TNAs are expected to complete their training programme in June 2022, one has been delayed due to personal circumstances. A further six are expected to complete in November 2022. Nine TNA's commenced their two year training programme in September 2021.

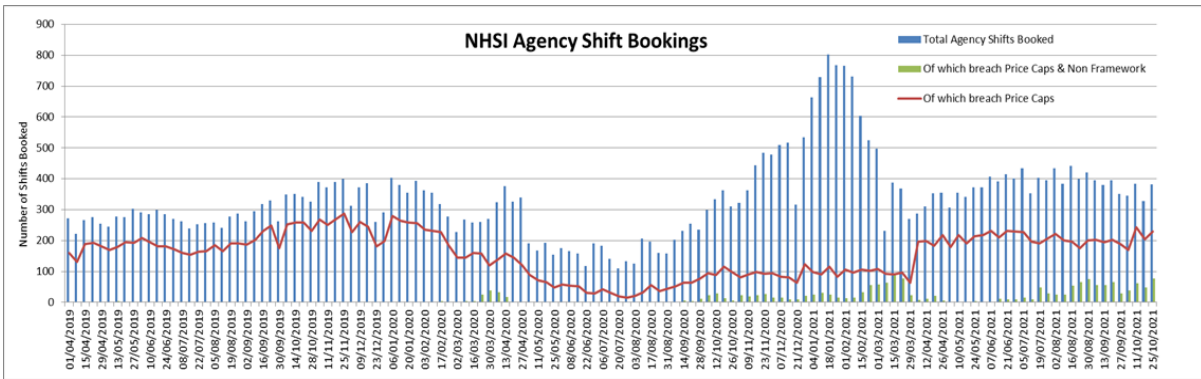
Fifteen Student Nurses have been allocated positions to commence in the Trust as Newly Qualified Nurses in Jan/Feb 2022.

1.5 NHSI Agency Cap Breaches

Agency cap breaches have continued to be reported weekly to NHSI and have decreased from the previous month (1058 shifts in September and 848 shifts in October).

Off framework use has decreased during October and has been used to support ICU (1305.75 hours), A&E (913.67 hours), NNU (80.5 hours) and Ward 20A (11.5 hours)-a total of 2311 hrs.

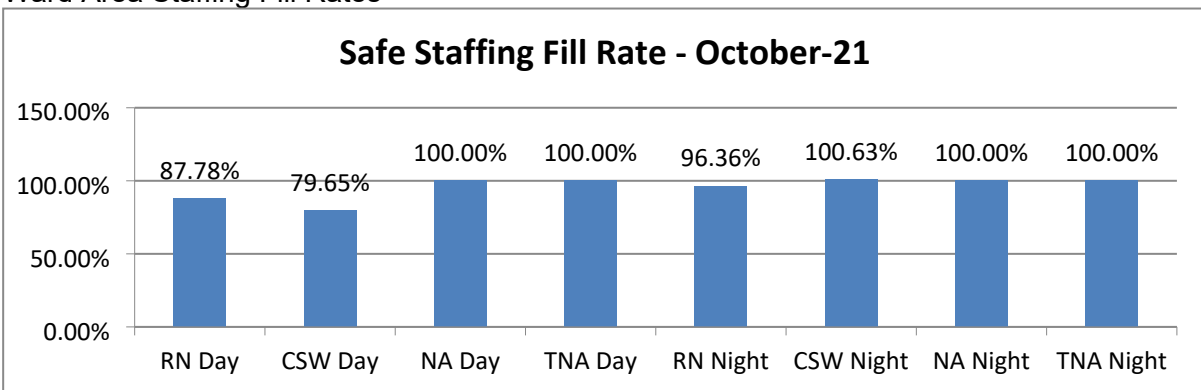
Agency Cap Performance



1.6 NHSI Model Hospital Staffing Fill Rates

The lowest fill rate for October 2021 was for CSWs on day shifts at 79.65%. This is an increase since last month (77.9%). The overall fill rate for October (combined RN and CSW) was 91.1% compared to 90.18% reported in the previous month.

Ward Area Staffing Fill Rates



1.7 Staffing Hub Activities

The Staffing Hub provides oversight of staffing levels across the Trust and supports and facilitates the speedy escalation of issues in relation to staffing, acuity and outstanding shift demand. The staffing hub supports twice daily matron led, safe staffing meetings and documentation is being collated after the meeting by Corporate Nursing. These meetings provide a forum for re-deploying staff across clinical units and divisions, management of red flags, assurance regarding safe staffing levels across the Trust and escalation if risks cannot be mitigated. Through the safe staffing meetings 781 hours of RN and 524 hours of CSW were re-deployed across the trust in October 2021. This is a decrease since September 2021 for RN's when 1033 hours of RN were redeployed and an increase of CSW's redeployed from 496 hrs in September.

Red Flags are recorded, reviewed and where possible mitigated, within the safe staffing meeting. Matrons oversee the accuracy of the Red Flags recorded and their appropriateness. In October 2021 there were 190 Red Flags that were raised and 139 were resolved and mitigated during the safe staffing meeting. For the 51 Red Flags that could not be immediately mitigated this is escalated to the

appropriate Divisional Director of Nursing for oversight, support and decisions regarding next steps via the Nursing and Midwifery Advisory Forum.

1.8 Electronic Rostering (E-roster) Levels of Covid-19 Related Absence

The Trust records all absence within the e-roster system. The system enables COVID-19 related absence to be recorded separately from other sickness absence (chart 9).

Covid-19 Related Absence in Erosters

Staff Type	Covid Related Absence Hours (Eroster)
RN	October=1478 hrs (increase since previous month 1076-Sep 21)
CSW	October = 548 hrs (increase since previous month 545-Sep 21)

In October 2021 the temporary staffing bookings to cover for sickness and Covid-19 related absence for RN's was 5974 hrs less than the actual hours of absence recorded. For CSWs there were 5270 hours fewer hours booked than hours of absence recorded (Chart 10). Shifts will have been requested for fill however there are other reasons that staff could have selected for the shift booking reason and also lack of fill will contribute to the bookings being less. There was an overall increase in sickness/Covid-19 related absence recorded in E-rosters in October 2021 compared to those recorded in September 2021, the increase was predominantly with RN absence.

Comparison of Sickness/Covid-19 Absence against Temporary Staffing

Staff Type	Sum of Covid-19 Related Absence Hours + Sickness Absence	Temporary Staffing Hours Booked for Sickness and Covid-19 related absence
RN	10,184 hours	4210.25 hours
CSW	8384 hours	3114.3 hours

In October 2021 there were 2136 fewer RN hours of temporary staff booked compare to the actual hours of maternity related absence. For CSWs there were 829 fewer hours of temporary staff booked compared to the actual hours of maternity absence.

Comparison of Maternity/Paternity absence against Temporary Staffing

Staff Type	Maternity/Paternity Absence hours	Temporary Staffing Hours Booked for maternity/paternity related absence
RN	4063 hours	1927.33 hours
CSW	1881 hours	1052.5 hours

1.9: Staff experience audits – Perfect ward

The corporate nursing team has been working closely with the performance team to continue to develop the perfect ward audits. Within this suite of audits a monthly staff experience audit is undertaken. In September 2021 the staff experience audit score was 89.98%. The audit results, action plans, continued monitoring of progress and re-audit will be overseen and assurance on progress gained through the Trust wide Nursing, Midwifery and AHP Forum and Divisional Governance meetings.

2.0 Establishment Reviews

Appropriate nursing staffing levels are critical to the delivery of safe and effective care. The planning and delivery of safe and effective care is complex, and is dependent on the constantly changing circumstances of patients' diagnosis and treatment when they access any type of health and care service.

All adult inpatient wards completed the Safer Nursing Care Tool (SNCT) during June 2021. This is completed by the Trust every six months and is a nationally recognised tool for capturing acuity and dependency data to support the calculation of the required safe staffing levels for each ward.

Following the analysis of SNCT data, review of nursing specific metrics and the application of professional judgement an establishment review paper and business case was presented to Trust Board and approved in September 2021.

The establishment changes identified following the SNCT review in June 2021 were:

- **Inpatient wards:** a requirement for an additional 11.08 WTE band 6's, 26.85 WTE band 5's and 14.43 WTE band 2's. A decrease of 11.06 WTE Band 4's.
- **Professional Development Nurses:** a requirement for an additional 2 WTE band 7's and 7 WTE band 6's.
- **ICU:** a requirement for an additional 3.24 WTE band 7's, 0.32 WTE band 6's, 8.07 WTE band 5's, 0.14 WTE band 3.
- **Ward 3 (due to a change in acuity):** 1.48 WTE band 6's, 6.67 WTE band 5's, 0.47 WTE band 4's and 0.40 WTE band 2s.
- **Winter:** a requirement for an additional 1.0 WTE band 7, 10.96 WTE Band 6's, 45.64 WTE band 5's, 3.06 WTE band 4's and 43.24 band 2's.

The changes to establishments approved by the Trust Board are detailed in the table below.

Ward	Beds	Speciality	Day (RN/CSW)	Night (RN/CSW)	Day Ratio	Night Ratio	Pt-NR Day	Pt-RN Night	CHHPD	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Change	Budget Investment
Inpatient (Professional Judgement)																	
1	34	Acute Older People	6/5	4/3	54:46	57:43	5.6	8.5	6.25	0.00	1.48	6.59	(4.50)	0.00	2.92	6.49	300,236
2	34	Combined Medically Fit/Acute Older People	6/5	4/3	54:46	57:43	5.6	8.5	6.25	0.00	1.48	6.59	(4.50)	0.00	2.92	6.49	300,236
AMU	45	Acute Medical Care	9/6	7/6	60:40	53:47	5	6.4	7.39	0.00	2.00	2.72	0.00	0.00	3.12	7.84	315,658
15	28	General Medicine / Diabetes / Haematology	5/4	3/3	55:45	50:50	5.6	9.3	6.35	0.00	1.48	5.24	(3.00)	0.00	2.85	6.57	289,692
16	25	Gastroenterology	5/3	3/3	62:38	50:50	5	8.3	6.95	0.00	0.48	2.77	0.47	0.00	1.95	5.67	219,903
17	24	Respiratory	4/3	4/2	57:43	66:33	6	6	6.45	0.00	2.68	0.57	0.47	0.00	(2.25)	1.47	111,935
29	36	Acute Medical	6/4	5/4	60:40	55:45	6	7.2	6.22	0.00	1.48	2.37	0.00	0.00	2.92	6.77	267,484
Inpatient Total										0.00	11.08	26.85	(11.06)	0.00	14.43	41.30	1,805,143
Developments																	
3	34	Combined Medically Fit / Acute Older People	6/5	4/3	54:46	57:43	5.6	8.5	6.25	0.00	1.48	6.67	0.47	0.00	0.40	9.02	395,299
PDN				N/A		N/A				2.00	7.00	0.00	0.00	0.00	0.00	9.00	470,063
ICU	18 beds / 18 points	GPICS standard								3.24	0.32	8.07	0.00	0.14	0.00	11.77	582,727
Developments Total										5.24	8.80	14.74	0.47	0.14	0.40	29.79	1,448,090
Winter (6 months ONLY)																	
4	12	Additional Beds (within current ward)	2/2	2/1	50:50	66:33	6	6	7.33	0.00	2.00	9.20	1.00	0.00	7.70	19.90	384,586
10	12	Flex Ward	2/2	2/1	50:50	66:33	6	6	7.33	0.00	2.00	9.20	1.00	0.00	7.70	19.90	384,586
14	28	Currently closed ward	5/4	3/3	55:45	50:50	5.6	9.3	N/A	1.00	4.00	15.00	2.00	0.00	18.00	40.00	760,932
9	26	Trauma	5/4	3/3	55:45	50:50	5.2	8.6	6.84	0.00	0.48	6.18	(2.94)	0.00	2.85	6.57	140,475
12	27	Emergency Surgery	5/4	4/2	55:45	66:33	5.4	6.75	6.59	0.00	2.00	7.17	1.00	0.00	7.82	17.99	342,116
20b / SSCU	32 Beds / Trolleys / Seats	Ambulatory Emergency	2.5/2	2.5/1	55:45	71:29	12.8	12.8	N/A	0.00	0.48	(1.11)	1.00	0.00	(0.83)	(0.46)	-7,411
Winter Total										1.00	10.96	45.64	3.06	0.00	43.24	103.90	2,005,282

In October 2021 the Trust Board approved revised theatre establishments. The revised establishments ensures compliance with the Association for Perioperative Practice (AfPP) guidance on safe staffing levels and has been benchmarked with the Royal Wolverhampton Trust and other Trusts within the West Midlands. The establishment for theatres is incrementally increased in line with the timescale for increased demand for elective sessions identified and the completion of the west wing theatre refurbishment that will provide the required theatre space.

Band	Current Establishment (WTE)	Future Establishment up to 2022/2023 (WTE)	Required Expansion (WTE)	Future Establishment from 2022/2023 onwards (WTE)	Further required expansion (WTE)
7	3.00	4.00	1.00	4.00	1.00
6	15.00	20.75	5.75	22.84	7.84
5	57.98	78.29	20.31	84.58	26.60
4	1.46	1.46	-	1.46	0.00
2	24.46	31.24	6.78	33.34	8.88
Total	101.90	135.74	33.84	146.22	44.32

An establishment review is currently being undertaken in the Emergency Department.

The revised establishments are being introduced into ward budget lines in November 2021 and recruitment is underway.

Progress against recruitment will be presented to future Trust board meetings.

END OF REPORT

MEETING OF THE PUBLIC TRUST BOARD – Thursday 2nd December 2021			
Walsall Together Partnership Highlight Report			AGENDA ITEM: 17
Report Author and Job Title:	Michelle McManus, Acting Programme Director	Responsible Director:	John Dunn, Non-Executive Director
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/> Assure <input type="checkbox"/>		
Executive Summary	<p>This report provides an overview of the key items discussed at the Walsall Together Partnership Board at its meeting on Wednesday 17th November 2021. The key points for the attention of the Trust Board are:</p> <p>The Partnership Board received a story that was presented jointly by Children’s Services and Brownhills Community Association, demonstrating the achievements of the Holiday Activity and Food programme. The presentation included examples of both challenges and success stories and gave a case study of the positive impact the programme had provided for one child with challenging behaviour. The programme is predicated on a partnership approach to delivery and encompasses the core principles of the Walsall Together Resilient Communities workstream. The Board recognised the partnership effort that has contributed to the positive outcomes in Walsall and noted how other Local Authority areas, which have not adopted this approach, have not seen the same level of uptake. The Board congratulated the team for providing a window for families to partake in activities they may not otherwise be able to access. The Board also noted that more work is required to increase uptake, which is currently around 20% of eligible residents, particularly in our most deprived and vulnerable communities. The report offered some insight into the potential barriers to uptake and the board resolved to delegate oversight of the planning for the Winter programme to the Resilient Communities Steering Group.</p> <p>The Board considered the system pressures across Walsall, which is recorded at a level 16 on the partnership risk register. The significant level of demand is being felt across all areas of the partnership and is impacting on the experience of citizens, their health and wellbeing outcomes, and on the workforce who are required to deliver care. Nevertheless, the partnership System Pressures Plan is already having a positive impact on flow through emergency portals and the acute hospital. Additional hours of care are being provided to support discharges and there are extended opening hours within the Urgent Treatment Centre. The Board noted specifically the immense effort that had gone into delivering</p>		

	<p>increased packages of care, despite significant challenges from demand and workforce pressures. The Board resolved to retain the current risk scoring in anticipation of continued increase in demand, particularly during January and February, and to undertake some more detailed demand modelling that could inform future planning.</p> <p>Building on the discussions regarding the current system pressures, the Board discussed the longer-term prospects of the local population. Concerns were raised about the level of inflation and the potential further worsening of health inequalities. This is compounded by pressures across community and voluntary organisations. There was a consensus that financial hardship is something the partnership needs to consider as a future strategic item.</p> <p>Following the establishment of a Workforce & Organisational Development (OD) Steering Group in October, the Board received and approved the Terms of Reference for the group and 2 high-level work specifications:</p> <ul style="list-style-type: none"> • Developing a partnership workforce plan • Building on the success of the integrated teams <p>A discussion centred around how the partnership can create the conditions that would make Walsall an attractive place to work. There needs to be effort made in both attracting professionals to the area and also in building capacity within our existing communities through improved opportunities for employment. The Board resolved to receive a strategic discussion paper on workforce and OD at the December meeting.</p> <p>Plans are in progress to commence the recruitment of a new Chair for the Partnership. Members considered an outline job description and resolved to finalise the document in advance of the December meeting.</p> <p>The partnership discussed the potential value in holding a development session that would look to reconfirm the commitment to the partnership and agree the strategic priorities for the next 12 months and beyond. The Board noted the potential implications of the proposed health and social care legislation and agreed that the partnership was already operating in accordance with the current proposals. The Board resolved to hold the development session in the New Year, allowing sufficient time to agree the session structure and content.</p>
<p>Recommendation</p>	<p>Members of the Trust Board are asked to note the contents of this report.</p>

<p>Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline</p>	<p>BAF Risk- S03 - Failure to understand population health and inequalities, integrate place-based services and deliver them through a whole population approach would result in a continuation if not widening of health inequalities.</p>	
<p>Resource implications</p>	<p>There are no new resources implications associated with this report.</p>	
<p>Legal and Equality and Diversity implications</p>	<p>The issue of health inequalities continues to receive growing prominence in all forums across Walsall Together and there is now a dedicated Population Health & Inequalities workstream. It is reflected in the strategic objectives of the partnership and the associated BAF risk for Walsall Healthcare.</p>	
<p>Strategic Objectives (highlight which Trust Strategic objective this report aims to support)</p>	<p>Safe, high quality care <input type="checkbox"/></p>	<p>Care at home <input checked="" type="checkbox"/></p>
	<p>Partners <input type="checkbox"/></p>	<p>Value colleagues <input type="checkbox"/></p>
	<p>Resources <input type="checkbox"/></p>	

MEETING OF THE PUBLIC TRUST BOARD – Thursday 2nd December 2021			
Care at Home Executive Report			AGENDA ITEM: 18
Report Author and Job Title:	Matthew Dodd Director of Transformation	Responsible Director:	Matthew Dodd Director of Transformation
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/> Assure <input checked="" type="checkbox"/>		
Executive Summary	<p>This report provides an overview performance, risk, assurance, and transformation in the Care at Home Strategic domain. It covers:</p> <ul style="list-style-type: none"> • Operational performance for community services and Adult Social Care, situated within the context of the Walsall Together Partnership (Appendix 1); • Board Assurance Framework (BAF) for Care at Home; • An update on the place-based partnership arrangements for Walsall. <p>Detailed discussions in these areas have been covered in the relevant Board Committees in addition to that noted in the Partnership Board highlight report.</p>		
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	BAF Risk- S03 - Failure to understand population health and inequalities, integrate place-based services and deliver them through a whole population approach would result in a continuation if not widening of health inequalities.		
Resource implications	The report references additional funding that has been received to support a winter response to paediatric non-elective activity		
Legal and Equality and Diversity implications	The issue of health inequalities continues to receive growing prominence in all forums across Walsall Together and there is now a dedicated Population Health & Inequalities workstream. It is reflected in the strategic objectives of the partnership and the associated BAF risk for Walsall Healthcare.		
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Safe, high quality care <input type="checkbox"/>	Care at home <input checked="" type="checkbox"/>	
	Partners <input type="checkbox"/>	Value colleagues <input type="checkbox"/>	
	Resources <input type="checkbox"/>		

Care at Home Executive Summary

November 2021

1. PURPOSE OF THE REPORT

This report provides an overview performance, risk, assurance, and transformation in the Care at Home Strategic domain during October 2021. Detailed discussions in these areas have been covered in the relevant Board Committees in previous months in addition to that noted in the Partnership Board highlight report.

This report covers:

- Operational performance for community services and Adult Social Care, situated within the context of the Walsall Together Partnership (**Appendix 1**);
- Board Assurance Framework (BAF) for Care at Home;
- An update on the place-based partnership arrangements for Walsall.

2. PERFORMANCE, ASSURANCE AND RISK – COMMUNITY SERVICES

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 November.

2.1. Demand

Demand for Community Services has remained stable for the last 3 months (7,393 hours of demand compared to 7,326 in September and 7,491 in August). The growth in demand for the Care Navigation Centre however, which has been manifest since February 2021, was maintained in-month with 925 calls.

2.2. Capacity

Concerns identified in previous months about the capacity of Community Services to respond to demand abated in October. Community Nursing was able to respond to 83% of demand in localities during October, compared with 79% in September. Acute Therapy Services have reconfigured their teams and were able to ensure that the majority of key interventions for ward-based patients were undertaken within the standards required.

2.3 Response to diminishing availability of Packages of Care:

As reported in previous reports, Care Agencies continue to report staff shortages which adversely impact on their ability to provide packages of care to people in their own homes. This led to an increase in the number of people in the Manor Hospital and other Hospitals who were Medically Stable for Discharge and awaiting packages of care as well as those in the community requiring long term support.

The number of MSFD patients decreased in October to an average of 41 patients, compared with 52 in September. This is as a result of the actions that have been taken by the Community Division, Council teams and other partners around the commissioning and provision of packages of care. The response has led to an additional 700 hours per week of domiciliary care being procured and delivered by the market with a further 200 hours scheduled from the beginning of December. In addition, patients are being placed on an interim basis into care home beds while a package of care is sought to enable them to be cared for in their own home. Plans for an expansion of beds are being prepared for the Winter period to provide further resilience

Community Services has focused on increasing admission avoidance activity and supporting interventions of the hospital to reduce dependency and hence the demand for packages of care. There has also been work undertaken around efficiencies in the discharge and community pathways to ensure that there are minimal delays for patients.

This position is volatile however, and there were signs of renewed pressure in some areas in November, resulting in concerns about the resilience of domiciliary care provision to deal with sustained demand. Workforce recruitment and retention within the sector is a key factor. Executives of the Trust and the Director of Adult Social Services have met to consider further joint responses aimed at easing pathways without destabilising this sector any further.

2.4 Planning in response to System Pressures:

Community Services continues to recruit to posts outlined in the System Pressures Plan, which has previously been submitted to Trust Board. System funding has been allocated to both Primary Care and Trusts to support meeting non-elective demand associated with children. Community Services and the Trust Paediatrics Service have worked together to secure resources from this for the Trust to fund additional paediatric staffing in the Emergency Department and Children's Community Nursing team to prevent admissions and support care at home.

3. BOARD ASSURANCE FRAMEWORK

The BAF and the risks it identifies are being systematically reviewed with the Trust's governance team. In October the in-month risk score was increased from 12 to 16 to reflect the concerns being raised across the partnership about the resilience in the workforce capacity to deal with rising demand for routine services, as outlined in section 2 above.

The following risks were accepted onto the Corporate Risk Register in November:

- 2624 – System demand and capacity including primary care, social care, acute hospital, mental health and community nursing teams
- 2641 – Delayed discharges at Manor Hospital and other settings for medically stable patients as a result of low availability of packages of care

The following risk has been escalated to the Corporate Risk Register for December and will require a partnership response including alignment to Walsall Healthcare recruitment plans:

- 2372 - The appropriate workforce and skill mix required to deliver the business case model may not be available. This is further exacerbated by the COVID-19 pandemic and Brexit. There are shortages across several staff groups.

4. PLACE BASED PARTNERSHIP ARRANGEMENTS

A health and care White Paper, published in February 2021, sets out legislative proposals for a Health and Care Bill, expected to come into force in April 2022. It will complement and reinvigorate place-based structures for integration between the NHS and social care, such as Walsall Together. The White Paper reinforces the commitments already made in the Walsall Together business case and aims to support progression of the integration agenda.

The Walsall Together Board has completed a self-assessment against the NHS England & Improvement (NHSEI) guidance on Place Based Partnerships (PBPs), which confirms all of the following components are in place:

- the boundary makes sense to the local population
- leadership of the Place Based Partnership (noting that robust interim arrangements are currently in place for Walsall)

- the membership includes NHS, Local Authority, Primary Care Networks, Community & Voluntary organisations
- Responsibilities that will be carried out at place are agreed
- A robust governance model is in place
- Decision-making arrangements are understood and documented
- Links to and representation of Place to the Integrated Care Board and system Integrated Care Partnership are confirmed

The following actions are in progress in relation to the development of the place-based arrangements in Walsall:

- Plans are in progress to commence the recruitment of a new Chair for the Partnership
- The partnership will hold a development session to reconfirm the commitment to the partnership and agree the strategic priorities for the next 12 months and beyond

5. RECOMMENDATIONS

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



Walsall Together Partnership Operational Update: November 2021

Matthew Dodd
Director of Transformation



Collaborating for happier communities

[Emergent] Score Card for WT Tiers – Tiers 0



Tier	Activity	Thresholds			2020-2021							
Tier 0: Resilient Communities												
Social Prescribing	whg - No. referrrals received											
	Primary Care - % referrrals received East 1	<0.4%		>= 0.4%							0.55%	
	Primary Care - % referrrals received East 2	<0.4%		>= 0.4%							0.50%	
	Primary Care - % referrrals received North	<0.4%		>= 0.4%							1.30%	
	Primary Care - % referrrals received South 1	<0.4%		>= 0.4%							0.71%	
	Primary Care - % referrrals received South 2	<0.4%		>= 0.4%							1.30%	
	Primary Care - % referrrals received West 1	<0.4%		>= 0.4%							0.80%	
	Primary Care - % referrrals received West 2	<0.4%		>= 0.4%							1.78%	
	Activity in-month	Thresholds			Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
Workforce: Anchor institutions	No. staff employed by WHT via scheme											
	% staff still in post after 3 months											

[Emergent] Score Card for WT Tiers – Tiers 1



Tier	Activity in-month	Thresholds			Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
Tier 1: Integrated Primary, Long Term Conditions Management, Social & Community Services												
Primary Care	Primary Care Appointment Access - Walsall	>2.0	1.5-2.0	<1.5		2.11	1.81					
	Primary Care Appointment Access - Sandwell & West Brom	>2.0	1.5-2.0	<1.5		2.77	2.32					
	Primary Care Appointment Access - Dudley	>2.0	1.5-2.0	<1.5		2.36	2.00					
	Primary Care Appointment Access - Wolverhampton	>2.0	1.5-2.0	<1.5		3.27	2.80					
	Amber sites (undertake all aspects of contractual work with +ve Covid patients seen in RED sites)					13	13					
	Green sites (undertake all aspects of contract - no face to face appointments)					37	37					
Community Services	Hours delivered by Locality teams	<5525	5525-6500	>6500	10905.5	10347	9450.25	5576	6574.25	5945.25	5769.75	6038
	Hours cancelled by Locality teams	>1350	1147-1350	<1147	473	305	623	1020	1453	1546	1557	1255
	% of hours demand unmet	>23%	20%-23%	<20%	4.2%	2.9%	6.2%	15.5%	18.1%	20.6%	21.2%	17.2%
Multidisciplinary Team(MDT)	No. MDTs held	<20	20-24	>24	29	19	19	27	25	26	26	22
	No. referrals received	<100	100-200	>200	29	27	35	37	26	26	34	26
	No. cases reviewed	<100	100-200	>200	29	27	32	40	90	96	92	88
Adult Social Care	1C: Proportion of people using social care who receive self directed support, and direct payments (NI 130).	<100%		100%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	1E: Proportion of adults (aged 18-64) with learning disabilities in paid employment (NI 146).					2.8%	2.8%	2.9%	2.9%	3.1%	3.1%	3.2%
	1G: Proportion of adults (aged 18-64) with Learning Disabilities who live in their own home or with their family. (NI 145).					84.8%	85.5%	84.5%	84.9%	84.4%	84.6%	84.4%
	2A: Part 1 Permanent admissions of adults (aged 18-64) into residential/nursing care homes, per 100,000 population.	<9.1		>= 9.1		1.2	2.4	3.0	3.0	3.0	3.6	4.8
	2A: Part 2 Permanent admissions of older people (aged 65+) into residential/nursing care homes, per 100,000 population.	<671.8		>= 671.8		69.3	142.6	186.1	229.7	257.4	306.9	344.6
	2B: Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement services. (NI 125)	<85%		>=85%		79.0%	83.8%	77.6%	82.8%	85.6%	84.4%	81.7%
	Care & support assessments & 3 conversations incoming / in progress (snapshot in-month)				449	478	494	550	553	617	661	695
	Care and Support Assessments and 3 Conversations Completed - Total				351	324	302	343	346	341	346	287
	Monthly Adult contacts completed by Team				1,122	1,030	1,010	1,094	1,025	1,061	1,131	1,071
	Total Initial & Subsequent Reviews Completed				451	295	323	334	327	268	290	290

[Emergent] Score Card for WT Tiers – Tier 2



Tier	Activity in-month	Thresholds			Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
Tier 2: Specialist Community Services												
ASC Safeguarding Concerns	Concerns received				297	253	292	307	315	258	286	316
	Concerns progressing to s42 enquiry				72	79	84	83	88	66	81	87
	% of concerns progressing to s42 enquiry				24%	31%	29%	27%	28%	26%	28%	28%
	Safeguarding cases in progress				39	25	48	15	36	20	17	35
Care Homes	Care Home residents	1,503<	1,503-1,650	>1,650	1,258	1,267	1,259	1,285	1,294	1,330	1,329	1,353
	Vacancies	>291	144-291	144<	436	430	441	416	408	368	370	357
	% vacant beds	>15%	8-15%	8%<	25.7%	25.3%	25.9%	24.5%	24.0%	21.7%	21.8%	20.9%
	Total No of Care Homes	53<	53-56	>56	57	58	58	58	58	58	58	58
	Closed to admissions	>8	3-8	3<	14	7	8	8	2	10	12	5
	% of available homes closed to admissions	>10%	5-10%	5%<	19.7%	10.8%	12.1%	12.1%	3.3%	14.7%	17.1%	7.9%

Supporting the Covid Vaccination Programme: *Saddlers (and Manor Walk In Centre)*

As of 11/10/21 combined they have delivered 162,761 vaccinations.

[Emergent] Score Card for WT Tiers – Tiers 3 (& 4)



Tier	Activity in-month	Thresholds			Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
Tier 3: Intermediate Care, Unplanned Care & Crisis Services												
Care Navigation Centre	Calls received	<435	435-512	>512	550	580	691	747	821	840	869	925
Rapid Response Team	Referrals received	<160	160-247	>247	232	210	216	304	301	334	227	230
	% admission avoidance	<73%	73%-87%	>87%	82.0%	88.0%	91.7%	89.5%	94.4%	94.3%	90.7%	90.9%
Medically Stable For Discharge	Average number of MSFD in WMH	>57.5	50- 57.5	<50	29.33	31.13	31.86	31.89	48.56	47.38	52.11	41.00
	Average number of days MSFD	>5.75	5.0 - 5.75	<5.0	2.7	2.7	3.6	3.9	4.2	5.1	4.5	4.5
Domiciliary & Bed Based Pathways	Domiciliary Pathways - Discharged ALOS	>25	21 - 25	21<	30	27	29	N/A	N/A	N/A	N/A	N/A
	Domiciliary Pathways - Average service users				188	181	180	N/A	N/A	N/A	N/A	N/A
	Bed-based Pathways - Discharged ALOS	>36	24 - 36	24<	29	46	49	N/A	N/A	N/A	N/A	N/A
	Bed-based Pathways - Average beds in use				83	67	61	N/A	N/A	N/A	N/A	N/A
Integrated Assessment Hub	Hospital Avoidance	20<	20-28	>28	44	56	90	90	80	72	113	84
	Early Supported Discharge	40<	40-54	>54	52	51	106	43	48	47	26	35
	Assisted Discharge	35<	35-50	>50	75	62	71	63	103	61	42	54
	Prevent Readmission							63	60	62	20	43

Adult Social Care Outcomes Framework Measures - Monthly Data and Targets for 2021/22

Indicator	Data Source Data Provider Lead Officer	15/16 Result	16/17 Result	17/18 Result	18/19 Result	19/20 Result	20/21 Result	April 21/22 Data	May 21/22 Data	June Q1 Data	July 21/22 Data	Aug 21/22 Data	Sept Q2 Data	Oct 21/22 Data	Nov 21/22 Data	Dec Q3 Data	Jan 21/22 Data	Feb 21/22 Data	Mar 21/22 Data	21/22 Target	Comments	
1C: Proportion of people using social care who receive self directed support, and direct payments (NI 130).	Mosaic, H21 & Provider spreadsheets	1731	1899	1985	2038	2100	2188	2211	2245	2203	2193	2180	2167	2153								
	AACM	1895	1951	1954	2045	2100	2188	2211	2245	2203	2193	2180	2167	2153								
	Ian Staples, Jennie Pugh & Jeanette Knapper	91.3%	97.3%	98.4%	99.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%							100.0%	
1E: Proportion of adults (aged 18-64) with learning disabilities in paid employment (NI 146).	Mosaic, H21 & Provider spreadsheets	6	10	1	7	14	19	15	15	16	16	17	17	18								12
	AACM	551	585	587	596	574	573	540	545	548	550	546	553	558								
	Jeanette Knapper	1.1%	1.7%	0.2%	1.2%	2.4%	3.3%	2.8%	2.8%	2.9%	2.9%	3.1%	3.1%	3.2%								
1G: Proportion of adults (aged 18-64) with Learning Disabilities who live in their own home or with their family. (NI 145).	Mosaic, H21 & provider spreadsheets	473	497	505	502	494	489	458	466	463	467	461	468	471								
	AACM	551	585	587	596	574	573	540	545	548	550	546	553	558								
	Jeanette Knapper	85.8%	85.0%	86.0%	84.2%	86.1%	85.3%	84.8%	85.5%	84.5%	84.9%	84.4%	84.6%	84.4%								
2A: Part 1 Permanent admissions of adults (aged 18-64) into residential/nursing care homes, per 100,000 population.	Mosaic, RAP approvals & WSS10 contracts spreadsheet.	7	11	22	10	24	18	2	4	5	5	5	6	8								15
	AACM	160,336	161,838	164,309	165,555	165,355	167,500	167,500	167,500	167,500	167,500	167,500	167,500	167,500								
	Ian Staples, Jennie Pugh & Jeanette Knapper	4.4	6.8	13.4	6.0	14.5	10.8	1.2	2.4	3.0	3.0	3.0	3.6	4.8								9.1
2A: Part 2 Permanent admissions of older people (aged 65+) into residential/nursing care homes, per 100,000 population.	Mosaic, RAP approvals & WSS10 contracts spreadsheet.	271	309	311	329	301	311	35	72	94	116	130	155	174								335
	AACM	47,940	49,154	49,773	50,159	49,866	50,500	50,500	50,500	50,500	50,500	50,500	50,500	50,500								
	Ian Staples, Jennie Pugh & Jeanette Knapper	565.3	628.6	624.8	655.9	603.6	615.8	69.3	142.6	186.1	229.7	257.4	306.9	344.6								671.8
2B: Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement services. (NI 125)	Mosaic, Provider spreadsheets	254	113	220	55	76	94	113	95	111	101	107	103	89								
	Provider Services	317	130	266	73	91	125	143	113	141	122	125	122	109								
	Matthew Dodd & Jennie Pugh	80.1%	86.9%	82.7%	75.3%	83.5%	75.2%	79.0%	83.8%	77.6%	82.8%	85.6%	84.4%	81.7%								85.0%



Tier 0: Walsall's Voluntary & Community Sector – One Walsall

- We are working with Black Country CVS colleagues as Sport England have stated that the collaboration highlights that the Black Country has positioned itself with the right conditions for further investment for Commonwealth Activities Communities, which may bring further opportunities to improve the physical and mental health of Walsall residents. Now awaiting next stages.
- The number of successful funding bids over the quarter supported by One Walsall was 5 bringing in a further £213,525 worth of funding into the borough making a total of £421k for the first six months of the year (have included this still as it bears repeating!)
- The sector will be networking and celebrating at a forthcoming event on 1st December. Hosted by One Walsall it gives community and charitable organisations a chance to showcase their support in relation to a variety of health and wellbeing services. The event is open to all who are interested - to book a place email sarahl@onewalsall.org



Tier 0: whg Resilient Communities Reducing impact of poverty

- During October as part of our Resilient Communities programme we have worked in partnership with the Diwali Basket Brigade(DBB) and the local Community Voluntary Sector .The Basket Brigade is an annual event organised by the Diwali Foundation to complete a 'selfless act for others ' .This is the fourth year that we have worked with them The charity has a simple aim which is to provide food baskets to disadvantaged people and families . This simple aim has a significant impact on people who are currently struggling to manage on a low income #.

Why should we do this ?

Data from The End Child Poverty coalition suggests that in **2019 41% of children living in Walsall** were living in poverty and lacking the basics of food and warmth . It is expected that the pandemic will have increased this number significantly. Reducing the impact of food poverty is therefore a significant priority for resilient communities .

Methodology

We use the baskets as an opportunity to get beyond the front door of customers enabling us to hold a Clever Conversation. Kindness Champions and Social Prescribers use coaching conversation skills and motivational interviewing skills to support people currently in the **pre contemplative stage of change to begin to consider options available to them which will lift them out of poverty** . We are committed to ensuring that the delivery of the basket is a catalyst for change and is **a hand up not a hand out !**

Target Group .

The target groups are people impacted by the wider determinants of health (poverty Mental Health illness , Domestic Abuse , unemployed ,newly arrived groups)Overall we delivered a total of **500** baskets of which **43%** were delivered to ethnic minority residents, and **55 %** were delivered to people who live in social housing , **133** residents took part in a Clever Conversation . We will proactively engage with this group offering a range of services such whg's Social Prescribing HWB Team , the Holiday Activity Food Programme , Befriending etc

Tier 0 : Resilient Communities

Kindness Counts

The Kindness Counts project continues to engage with residents who live in less advantaged areas . The project employs five local residents who use the '**act of kindness**' as an engagement tool to begin a Clever Conversation with people who maybe lonely or isolated .

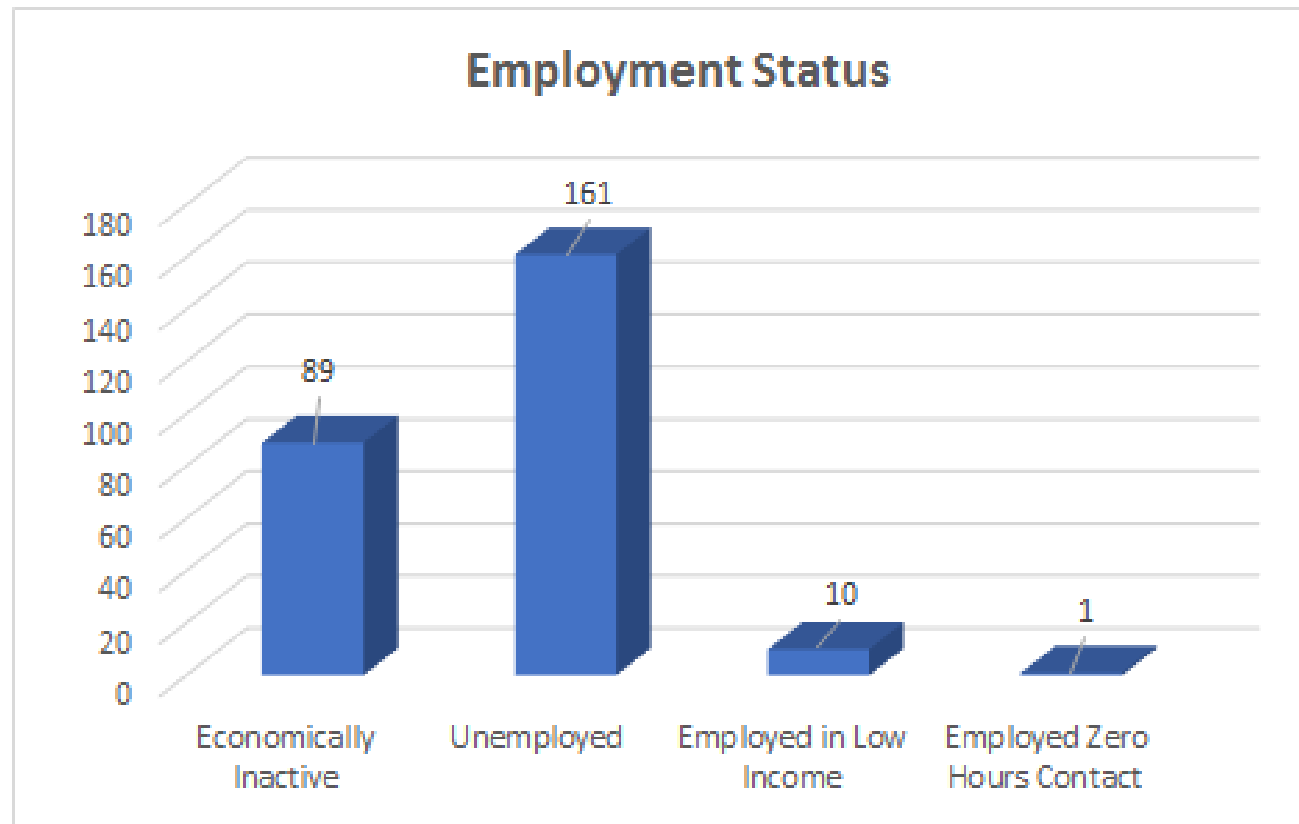
Key activities undertaken during October include

94 Loneliness assessments completed (ONS4 Loneliness Survey) **43%** of respondents reported that they are lonely All of The Time or Most of The Time . These initial assessments will be used to design longer term support to reduce the impact of loneliness .

Kindness Champions have engaged **40** people aged 65 and over who have a long term health condition or disability and were identified as lonely or isolated during the last lockdown . Champions are using the Clever Conversation model to work alongside this group to develop individual plans to increase social networks , manage situational loneliness (which often happens on a set day such as a Sunday) and identify people who are chronically lonely . Each 'type' of loneliness requires a different approach and intervention .

Kindness Champions are attending weekly community activities held in Palfrey and Darlaston . Residents who attend the sessions feel it is important to them as they will often see no one else during the week . A number of them report that their feelings of loneliness increases when the clocks go back and nights are darker

Tier 0 whg Social Prescribing



- People who are unemployed continue to be the largest group that the whg Social Prescribing group are working alongside .
- Long term unemployment is a key contributor of poor health .
- To date the team have supported **261** adults and although not a primary focus of the programme they have supported **14** people to gain employment , 5 have become volunteer befrienders and **32** have achieved an employment linked qualification

Tier 0: Making Connections Walsall (MCW)

- 61 referrals made to MCW during October 2021 – this was either through the referral agency or the online e-form
- 1 605 befriending calls completed for lonely/isolated residents
- 182 face to face befriending calls completed
- Over 100 activity packs delivered

Case study:

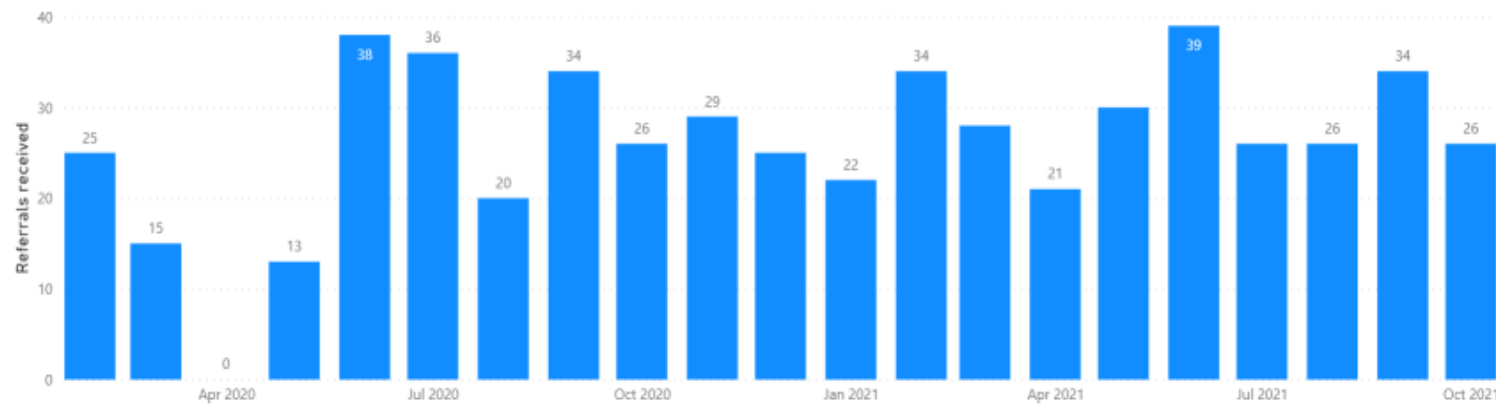
- A resident who started attending our coffee mornings via MCW referral who was initially very low due to him having They were encouraged and supported to start attending weekly community walks, initially with a family member and now unsupported. Their mobility is improving as a result, and the other walking group members have been providing encouragement. This in turn is improving their mental wellbeing and they have said that the support they have received, and continue to receive from the Hub has been a lifesaver to them.
- The hubs continue to provide advice and support to residents affected by Covid-19 through the test and trace referral scheme



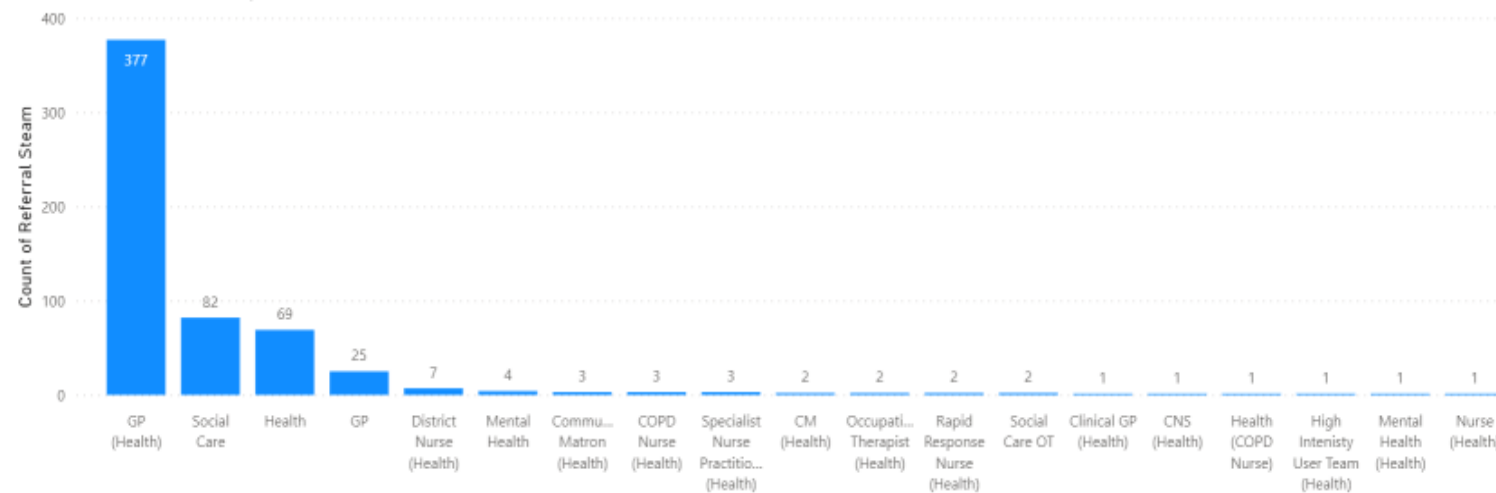
Tier 0: Multidisciplinary Team (MDT)

Demand is significantly below capacity for GP-led Multidisciplinary Team

Referrals received



Count of Referral Steam by Referral Steam



The service is established for 7 x MDTs with up to 50 cases to be reviewed per week

In July, 26 cases were considered

It has been agreed with PCNs that the risk stratification will change [eg case finding by the MDT Coordinators to focus on people who have had four admissions in the last year]

Further review meeting planned with PCN MDT lead to look at how to increase referrals from other teams

Tier 1: Primary Care Appointment Access (Sep 2021)

- Black Country STP
 - ✓ 677,866 appts
 - ✓ 603,378 attended (89%) < 1% less
 - ✓ 40,374 – DNA (5.95%) up by 0.5%
 - ✓ 34,114 – Not Booked(5.03%) up by 1%
 - ✓ X1 appt per 2.20 pt (appt vs patient)
 - ✓ 107,675 more appointments then in previous month (August 2021)
- 60 % F2F appts up by 4% compared to August 2021
- 66,350 more appointments then in Sept 2019 (pre-covid) -> 10% more appointments

CCG	Population	Number of Appts	Appt vs pt
BCC	1,496,175	677,866	2.20

Tier 1: Primary Care Standard Operating Procedure (SOP)

- Primary care operating telephone triage first – if patients require clinical face-to-face (F2F) examination they are invited in for an appointment
- Consultations are being completed via telephone, video consult, online and F2F

Current Pressures:

1. Access to appointments
2. Ongoing delivery of the Vaccine programme Phase 3 & Flu Vaccination
3. Access to Out-patient services
4. Patient Demand
5. Zero Tolerance and abuse

Tier 1: Primary Care - Driving improvement and reducing variation - how do we select the practices to prioritise?

We have used the data provided by NHSE to help us to prioritise practices. This data has been cut in different ways.

The first is the **performance by place**.

Place Based Area	Sum of List Sizes	Appts Aug 19 per 1000	Appts Aug 21 per 1000	Appt 19 vs 21	% Total App as NON F2F with a GP (August 21)	111 activity Rate Per 1000	A&E Per 1000	A&E Type 1 Per 1000	Emergency Admissions per 1000	Average of score of CQC for Place	Ranking by PCN AND PLACE	NO of Practice in lower Quartile	No of Practices in Place	% of Practices in Lower Quartile in Place Area
Dudley	330060	363.26	389.36	7%	50.35	210.05	378.05	234.57	82.13	2.05	4	3	43	7%
Sandwell	343309	380.80	389.77	2%	60.48	312.70	403.67	275.60	86.31	2.21	2	18	48	38%
Walsall	293876	407.57	440.55	8%	48.64	260.94	304.47	284.76	122.90	2.00	3	10	52	19%
WB	235394	363.88	377.80	4%	41.48	187.73	322.29	273.66	64.21	2.00	5	2	27	7%
Wolverhampton	292521	297.56	310.80	4%	42.78	272.04	383.81	303.82	97.83	2.14	1	19	37	51%
Grand Total	1495160												207	

Significant variation in the number of appointments per 1000 population.

Generally consistent proportions of non face to face appointments across 2 places but higher in 3 places

Tier 1: Driving improvement and reducing variation in Walsall

WALSALL 3rd Ranked

Place Based Area	PCN	Sum of List Sizes	Appts Aug 19 per 1000	Appts Aug 21 per 1000	Appt 19 vs 21	% Total App as NON F2F with a GP (August 21)	Sum of 111 Per 1000	Sum of A&E Per 1000	Sum of A&E Type 1 Per 1000	Sum of Emergency Admissions per 1000	Average of CQC	Ranking by PCN ONLY	Ranking by PCN AND PLACE	No of Practice in lower Quartile
Walsall	East 1	33159	444.10	442.62	0%	64%	210.47	306.76	259.57	121.23	1.88	20	7	1
	East 2	42481	442.88	453.90	2%	41%	236.86	276.48	253.64	121.42	2.00	13	6	0
	North	52474	432.86	431.15	0%	40%	281.68	312.59	305.01	135.11	2.10	4	1	4
	South 1	42860	364.33	451.98	24%	48%	261.81	286.12	277.23	114.26	2.11	8	4	2
	South 2	41664	341.64	417.63	22%	42%	269.59	281.59	266.83	119.72	2.00	12	5	0
	West 1	34620	424.93	459.62	8%	59%	287.98	326.23	308.69	129.78	2.00	5	2	1
	West 2	46618	406.71	433.29	7%	60%	266.81	340.34	313.44	117.34	1.88	7	3	2

Some variation - range: 417 - 459

Range 40– 64%

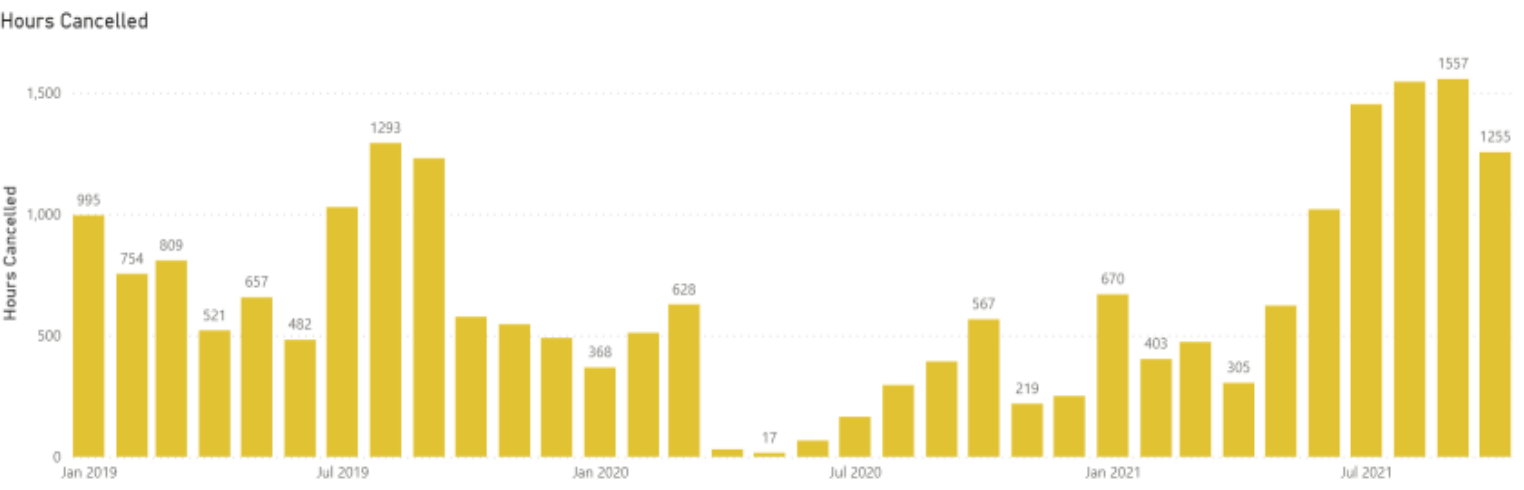
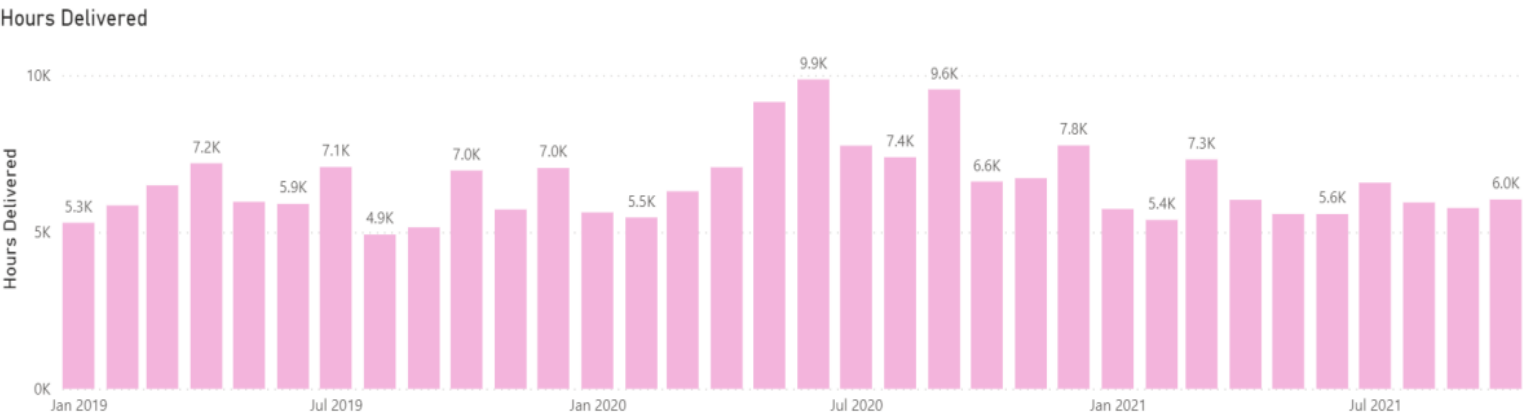
Priority PCN

Tier 1: Primary Care Network(PCN) – Additional Roles Reimbursement Scheme (ARRS)

- Currently 3 projects involving PCN ARRS and WT.
 - First Contact Practitioner (FCP)
 - Nursing Associates (NA)
 - Mental Health Practitioner
 - FCPs currently working in 4 PCNs – Data to follow in future meetings – initial feedback is very positive with reductions in MSK referrals and increase in access in primary care
- NAs awaiting start date – x1 NA starting in South 2 PCN in the next 4-6 weeks
- Mental Health Practitioner recruitment has been challenging with x1 successful applicant - pilot to take place in East 1 PCN
- Risk – SLAs are currently the hold-up which have taken a considerable amount of time to draft.

Tier 1:

Community Nursing Capacity and Demand: In September 2021, Community Services delivered less hours of care and cancelled more than in the previous month



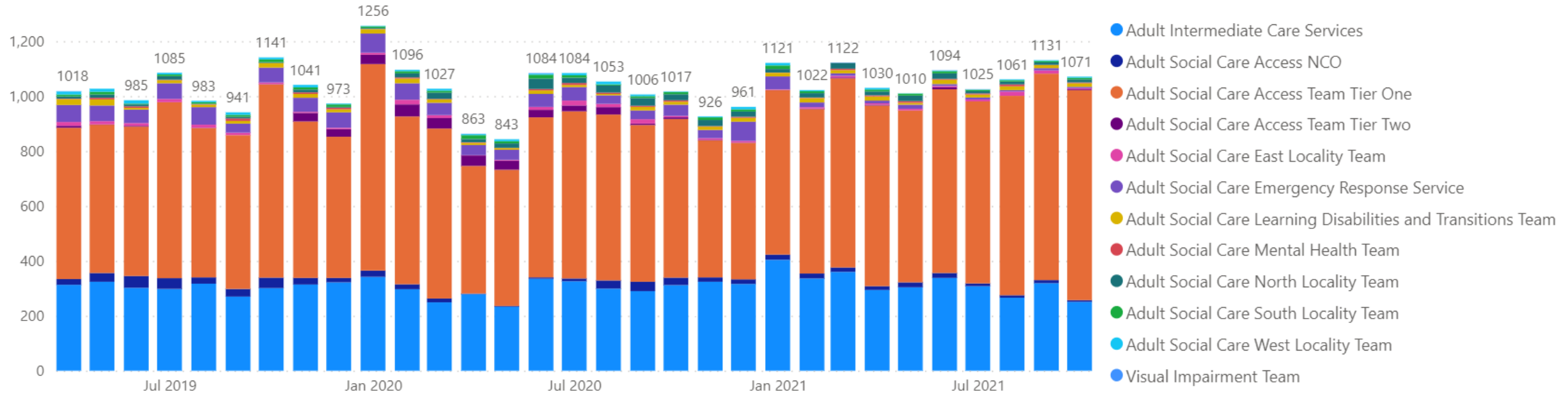
Absence levels within Community Services continue to be high throughout September. This combined with an increased number of staff on maternity leave and further staff leaving their posts within Locality Teams, this has impacted on the number of hours that have been cancelled. September has shown an increase on July's figure.

In order to address this a number of actions have been implemented to ensure the safe delivery of services:

- Review of capacity and demand modelling
- High risk (red) dependencies being seen by locality rapid response nurses
- Cross locality working to ensure priority patients are seen – Daily capacity calls in place with Locality leads
- Recruitment day held on Saturday 24th July where 8 offers were made to B6 and B5 Nurses. New staff are expected to come into post in Autumn 2021.
- Resource has been redirected from other Teams (Locality Rapid Response, Diabetes and Podiatry) in order to minimise the number of patient hours being cancelled
- Community Division is represented at the RCN Nursing Recruitment Fair at the NEC on 6th October 2021

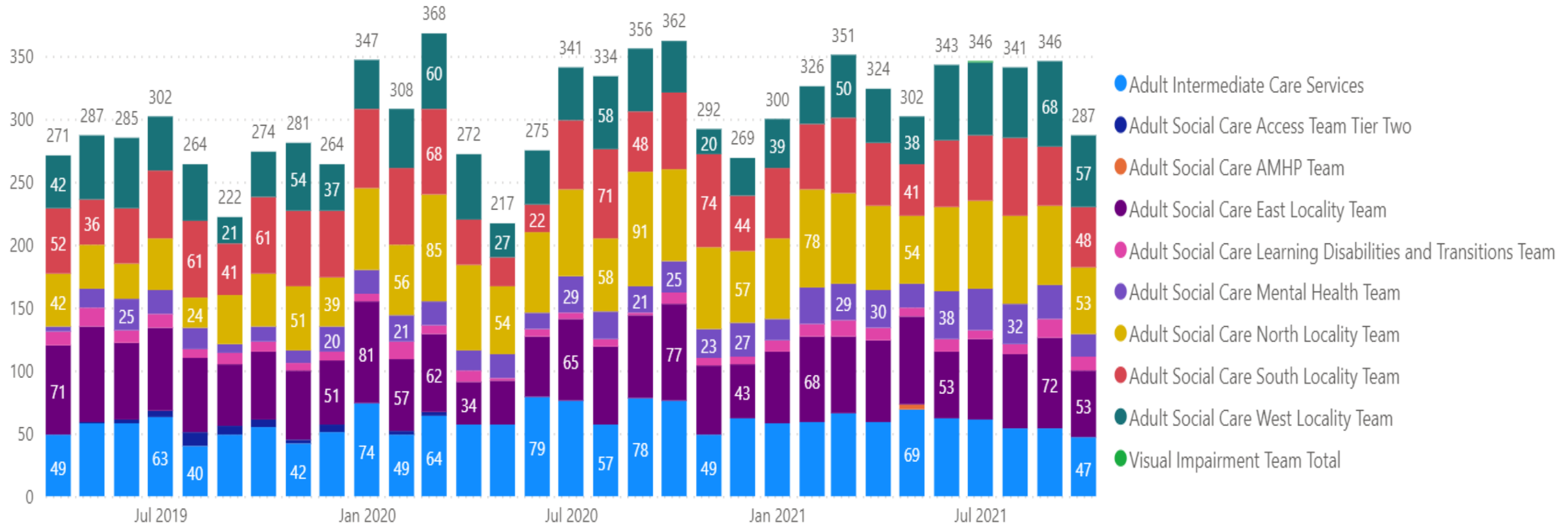
Tier 1: Adult Social Care

Adult Contacts Completed by Team

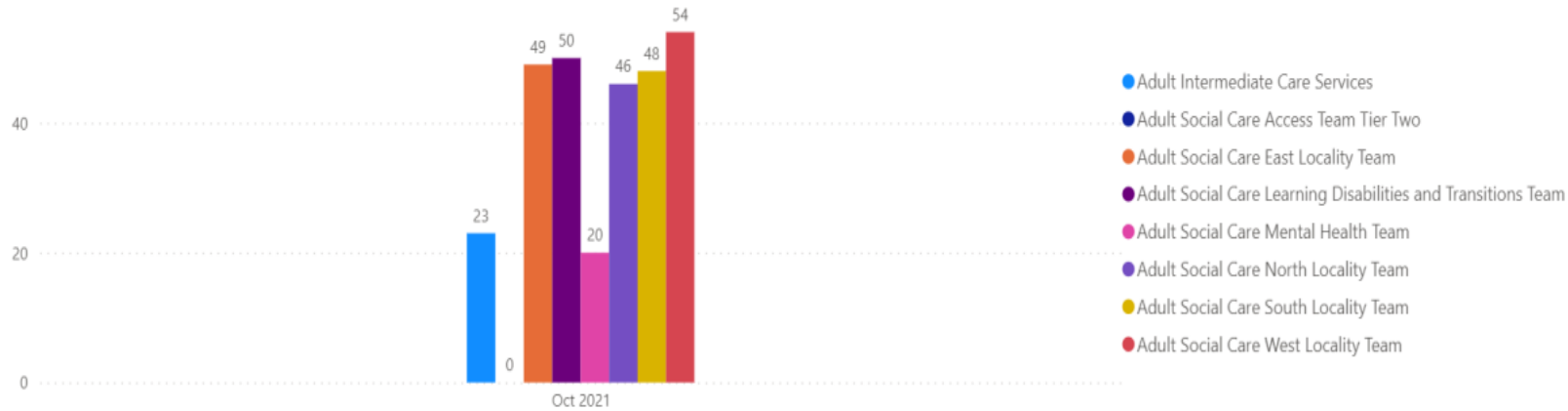


Demand coming into Adult Social Care was slightly higher in September than August. Annual leave, absences and redeploying some staff to ICS to support demand in September has resulted in reduced staffing capacity in our locality teams therefore we have continued to maintain normal activity for completion of Care Act assessments and prioritised our reviews to support individuals with change of need.

Care and Support Assessments and 3 conversations completed

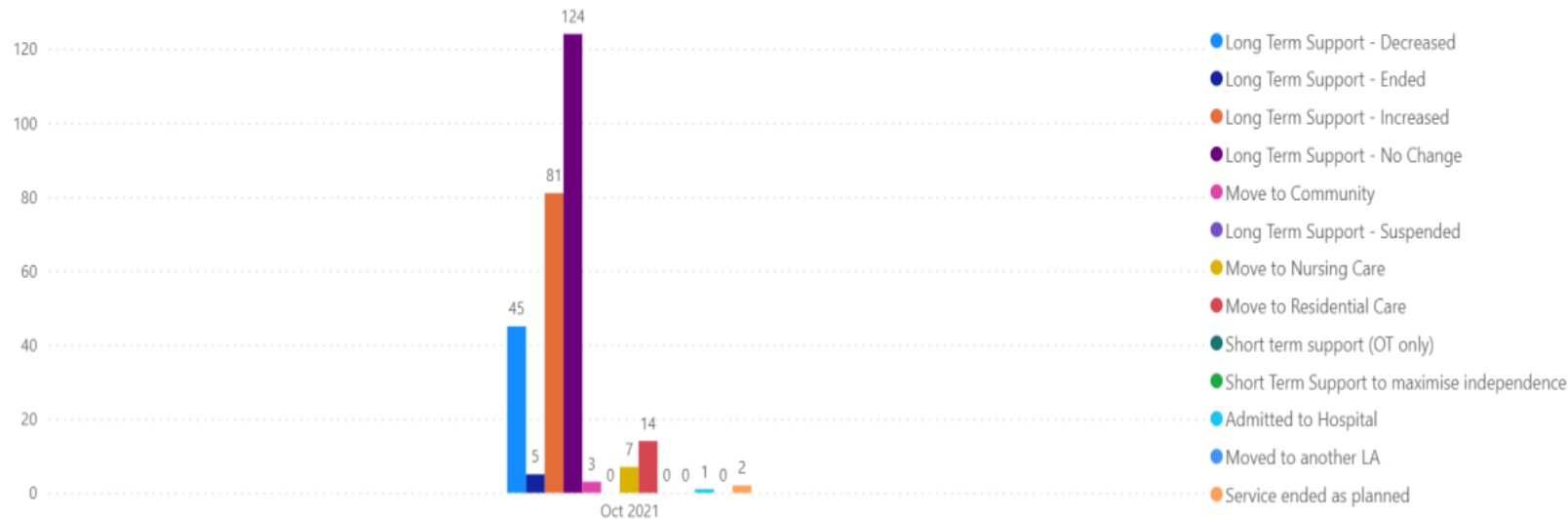


Initial and Subsequent Reviews Completed by Teams



Date	Sum of Total Initial and Subsequent Reviews Completed
Feb-21	380
Mar-21	451
Apr-21	295
May-21	323
Jun-21	334
Jul-21	327
Aug-21	268
Sep-21	290
Oct-21	290

Initial and Subsequent Review Outcomes



Tier 2: Adult Social Care

ASC have received 316 concerns which is an increase of 30 referrals on the previous month.

The number of cases progressing to a s42 enquiry is a 27.53% received which is slightly lower than October.

There are currently 35 open s42 enquiries in progress which is an increase of 50% on the previous month. Factors for this may include the holiday period and some enquiries are complex and can take a greater period of time to investigate. We have assurance that interim actions and immediate actions have taken place to ensure the vulnerable adult is safe.

Neglect & Psychological abuse remain the two highest categories of alleged abuse in this period.

Walsall Adult Social Care Safeguarding concerns

Reporting period:

316
Concerns received

27.53
% leading to S42 enquiry

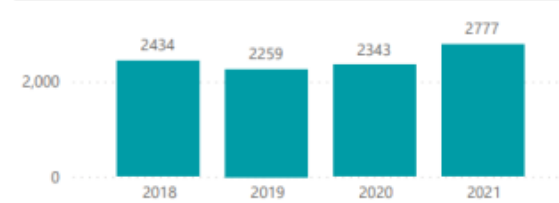
87
S42 enquiries

0
Non-S42 enquiries

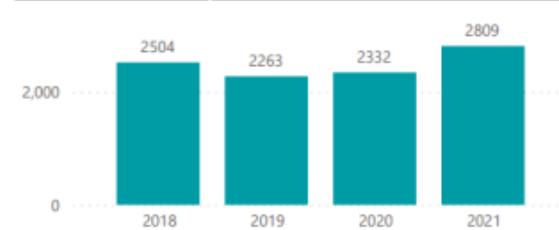
194
NFA

35
In progress

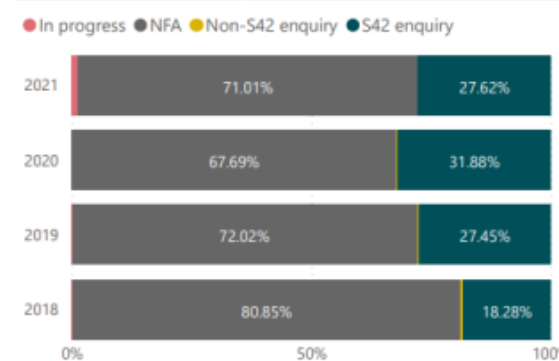
Concerns received by receipt date



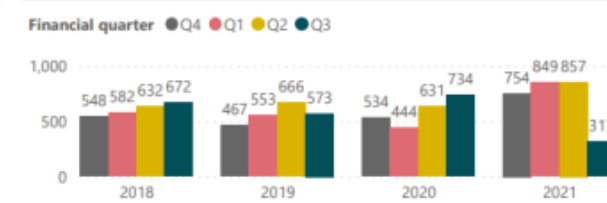
Concerns concluded by conclusion date



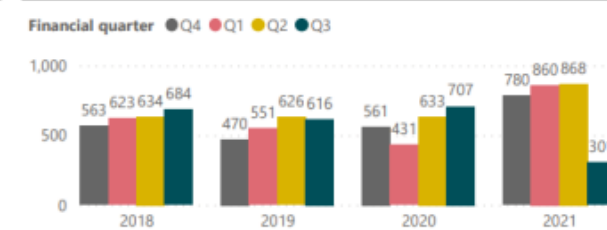
Concerns received within parameter dates: outcomes



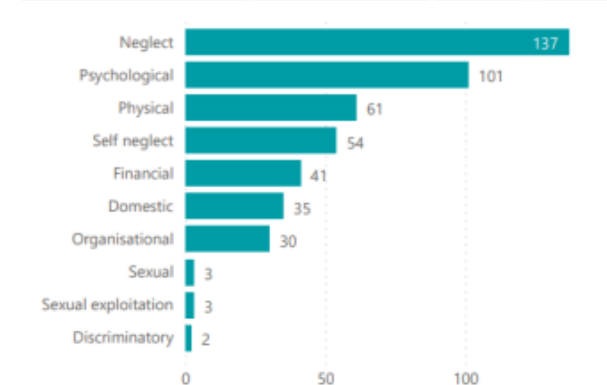
Concerns received: trends



Concerns concluded: trends



Concerns received within parameter dates: alleged abuse types



Tier 3:



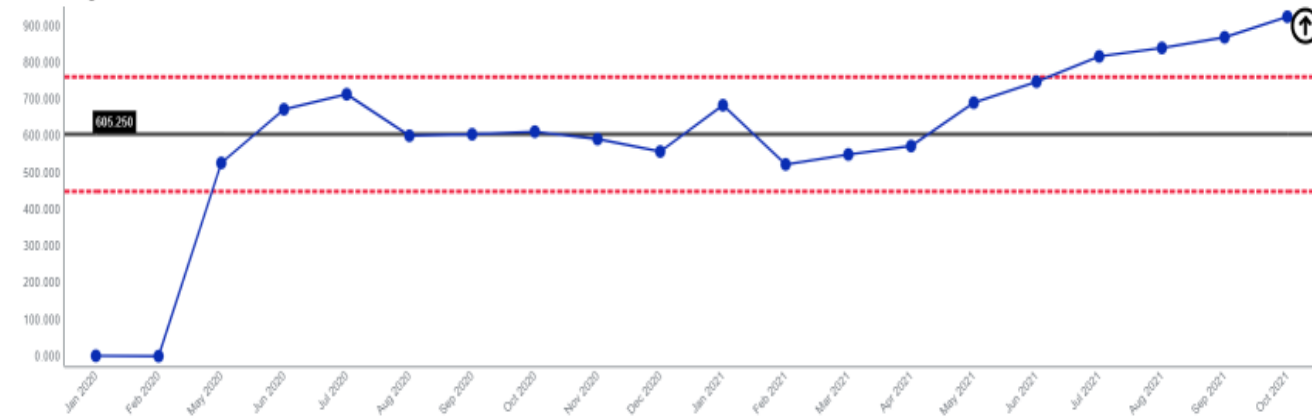
Care Navigation Centre (CNC): Hours of availability have increased (November 2020) and calls continue to rise

The operational hours for the CNC as of 5th July increased to 08.00-22.00 to 08.00 - 00.00. This will provide operational resilience for the Hospital avoidance and Covid pathways through the Winter period.

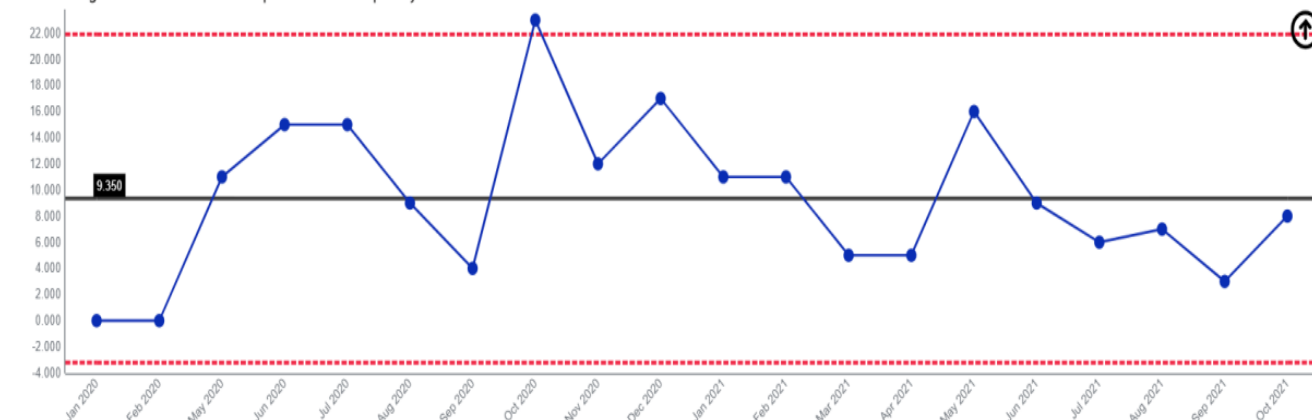
An enhanced service is also being developed for Winter in order to direct more patients away from the “Front Door”. This will include a further expansion of CNC capacity, placing a team within the WMAS Control Centre, Paediatric and Pharmacist support for CNC and strengthening of the disposition pathways into Rapid Response and Integrated Front Door.

Work is in progress with WMAS and Acute to create a 999/111 SPA through CNC for hospital ED Divert including FES, AEC, SAKU and Gynae/ Early pregnancy services.

Care Navigation Centre Referrals



Care Navigation Centre not Accepted due to Capacity

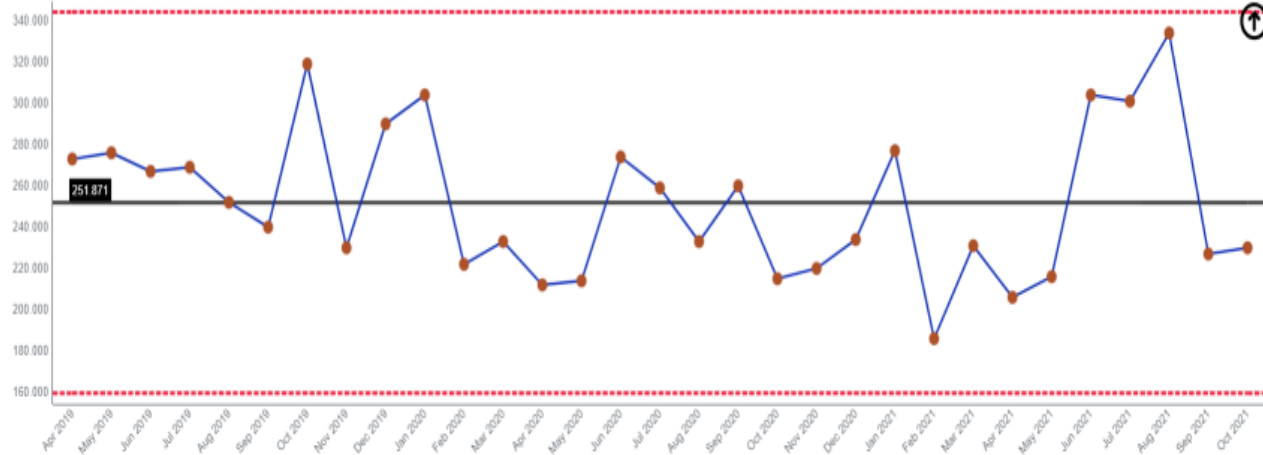


Tier 3: Rapid Response



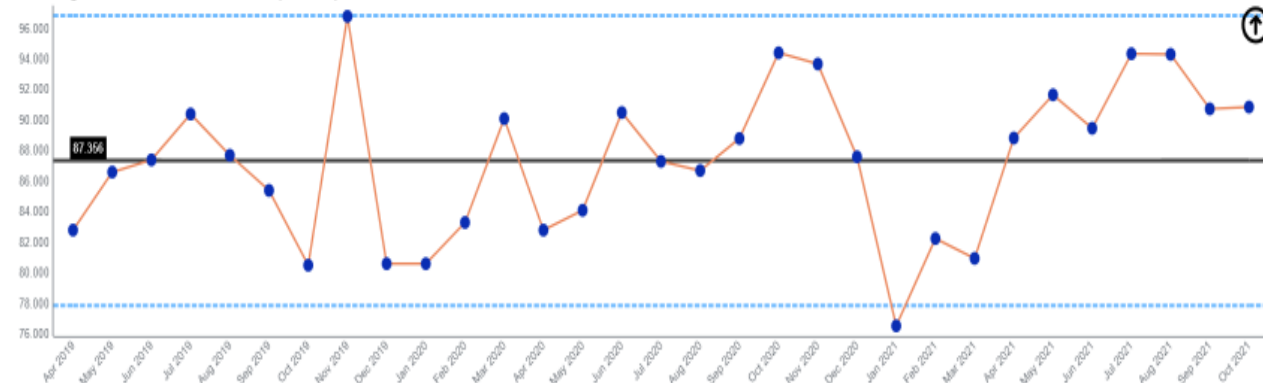
The pattern of demand is changing [impact of CNC]

Patient Referrals - Rapid Response Team



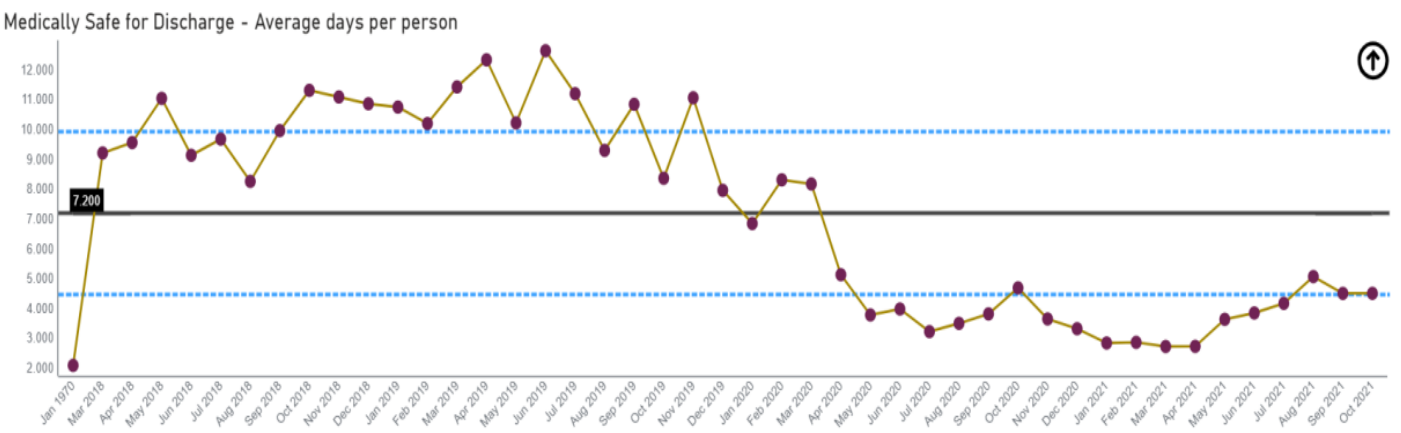
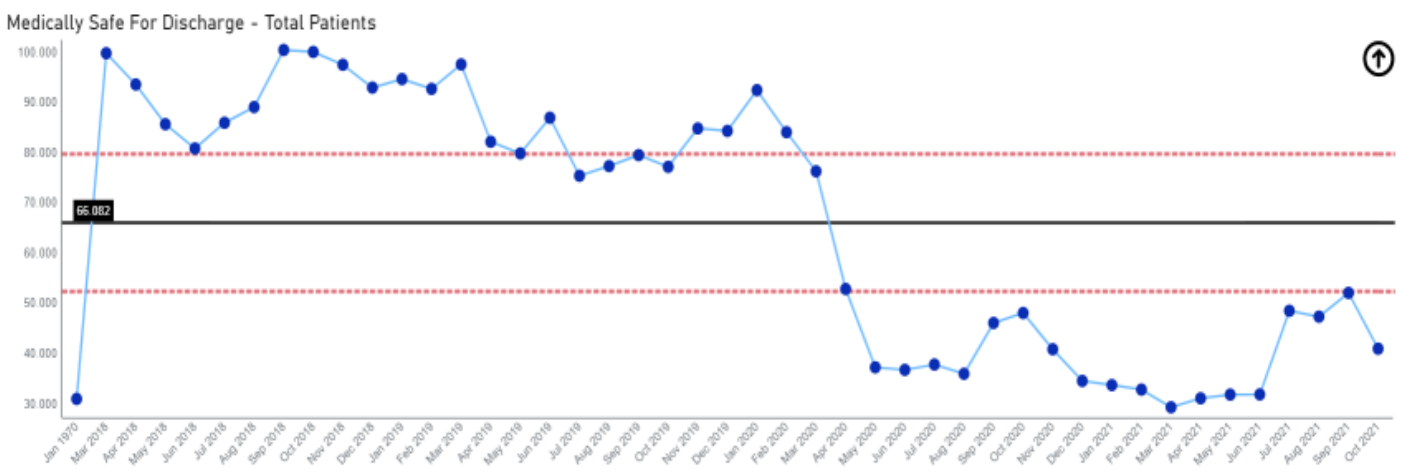
Referrals into Rapid Response have increased, while the percentage of admissions avoided has also climbed. The service increased the operational hours until midnight from the 5th July to capture referrals later in the day. This will provide operational resilience for the Hospital avoidance through the Winter period.

Percentage Admission Avoidance-Rapid Response



Rapid Response is now visible to NHS111 and WMAS as a direct referral / call disposal route for clinical and non-clinical referrals(non -clinical calls as 3 month pilot with 6 identified conditions).

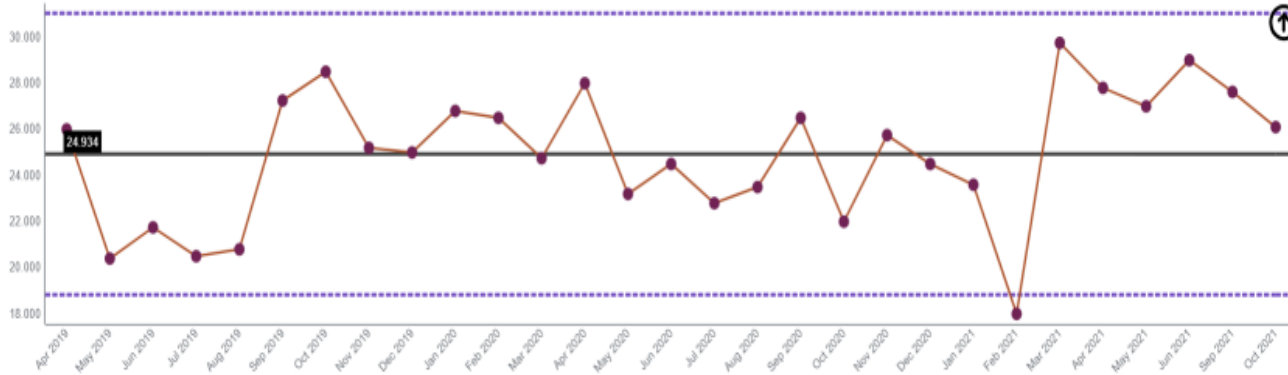
Tier 3: Medically Stable for Discharge (MSFD): numbers remain low



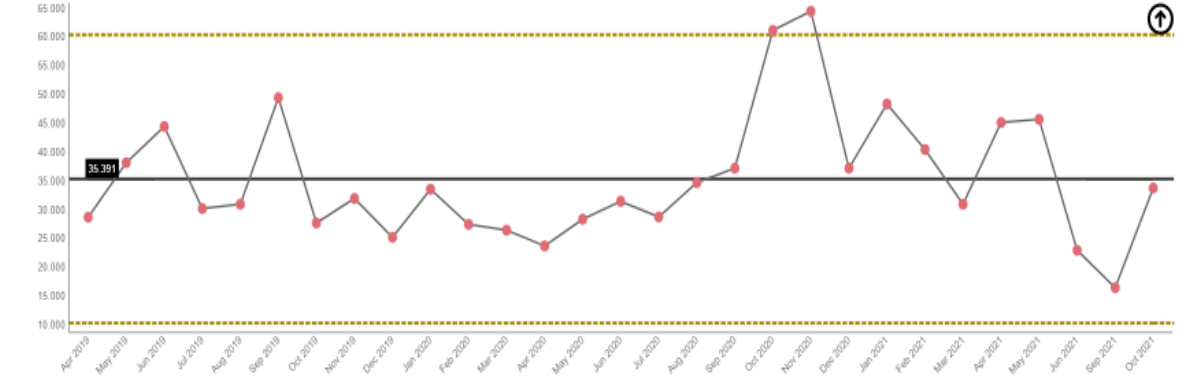
- In addition to a strong performance in terms of the numbers of patients on the list, since March 2020 the Length of Stay for patients on the list has significantly reduced.
- The strong performance in terms of Length of Stay has been sustained at or below 4 days since January 2021 for both Walsall and Out of Area patients.
- The performance of the pathway continues to be monitored daily through operational calls and reporting of performance.
- There are signs in the data for early October that the actions taken as a result of the shortages of packages of care are having an impact. The average number of patients on the list for the week commencing 4th October was 37.

Tier 3: Domiciliary and Bed-Based Pathways

Monthly Average - Discharged Patients LoS – Community Domiciliary Pathway



Discharged Patients - Monthly Average LoS (Bed-Based)



- Therapy demands and the change in national model is having a significant impact on community ICS therapists, unplanned crisis demands and hospital discharges remain key priorities in patient safety.
- Due to Covid, individuals have been more unwell and therefore have needed rehab/Reablement for a longer period of time- Long Covid MDT exceptional success.
- There is a recruitment plan underway for gaps in the social care workforce which is impacting on LOS

Tier 3/4: Integrated Assessment Hub:

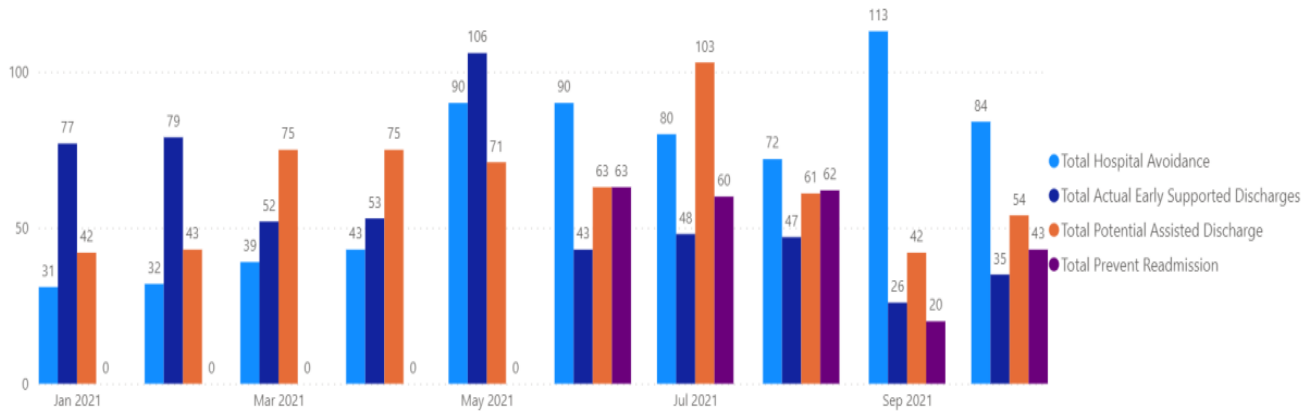


Recruitment is still in progress last B6 post

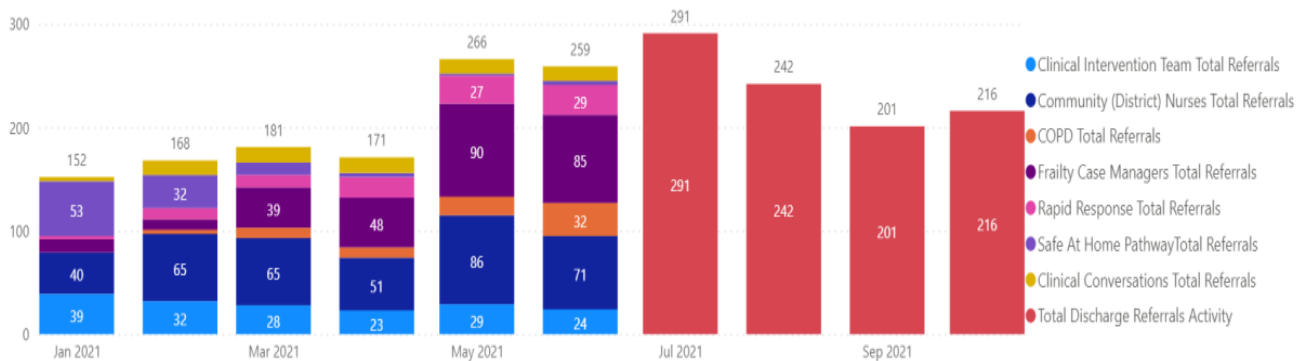
Integrated Assessment Hub

- Hospital Avoidance:** This IAH pathway enables people directly contacting the Frail Elderly Service or Ambulatory Care at the Manor with post-discharge complications to be seen by Rapid Response, Enhanced Care Home Support Team or CIT team instead and receive a community-based assessment & clinical review, thereby avoiding conveyance to hospital. The numbers of people accessing this pathway increased again for July
- In order to measure the success of the Hospital Avoidance, Early and Potential Discharge pathways the Team in addition to the Case Management undertaken in the Community the Team have started to report the numbers of patients that have been prevented from readmission within 30 days. This will enable the service to measure the impact of Quality driven case findings

Total Monthly IAH Activity



IAH Discharge Referrals Activity



Risk Summary																												
BAF Strategic Objective Reference & Summary Title:		BAF SO 02 - 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 deliver care closer to home and reduce health inequalities.																										
Lead Director:		Director of Transformation.																										
Lead Committee:		Walsall Together Partnership Board.																										
Links to Corporate Risk Register:		Title:																				Current Risk Score Movement:						
		<ul style="list-style-type: none"> Risks in this area relate to Walsall Together partnership risks. Risks relating to Community Services are updated through the divisional structure. Where relevant, equivalent risks are recorded here, and reframed to reflect the risk to the wider system. Each organisation retains its own risk log although the section 75 presents the opportunity to start to bring the logs together. Risks associated with any contractual changes that may be considered by the partnership in future will be considered through a formal due diligence processes, supported by NHSI/E. Risk register for the Walsall Together Partnership Board: <ul style="list-style-type: none"> ➤ 2370 - <i>Population Health Management</i> (Risk Score = 20). ➤ 2372 - Workforce capacity and skill mix does not meet the demand within the services in scope (Risk Score = 16) ➤ 2624 - System demand and capacity including primary care, social care, acute hospital, mental health and community nursing teams (Risk Score = 16). ➤ 2626 - <i>COVID vaccinations uptake in ethnic minority communities</i> (Risk Score = 16). ➤ 2628 - <i>Future funding for ICS beds 2022-23 onwards</i> (Risk Score = 16). ➤ 2641 - Delayed discharges at Manor Hospital and other settings for medically stable patients as a result of low availability of packages of care(Risk Score = 20). 																				Likelihood = 4 Consequence = 3 = 12 Moderate ↔						
																						Forecasted Risk Score Movement for Q3:						
																						Likelihood = 4 Consequence = 4 = 16 High ↑						
Risk Appetite																												
Status:		Hungry		Averse					Cautious					Balanced					Open					Hungry				
Appetite Score:		< 21	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	
Tolerate Score:		< 25																										
Risk Scoring																												
Quarter:		Q1 2021/22	Q2	Q3	Q4	Rational for Risk Level:											Target Risk Level (Risk Appetite):		Target Date:									
Likelihood:		3	4			<ul style="list-style-type: none"> Operational pressures are continuing across the system following the restart of routine activity post-COVID. Whilst staffing levels continue to be impacted by self-isolation and a loss of workforce to other sectors, demand is exceeding capacity in several areas. The care provider market has been impacted by COVID and Brexit and there is a shortage in packages of care (POC) for people 											Likelihood:		3	30 June 2021								
Consequence:		3	3														Consequence:		3									
Risk Level:		9 Moderate	12 Moderate														Risk Level:		9 Moderate									

				<p>MSFD within Walsall Manor and other healthcare settings. There is a further risk to capacity and flow during the winter pressures period, although a robust Systems Pressures Plan has been developed</p> <ul style="list-style-type: none"> • Focus on the transformation of the system in line with the Business Case has been strengthened through a revised governance structure in which the Clinical & Professional Leadership Group has oversight and assurance reporting responsibility for the whole transformation programme. This will ensure a clear focus on reducing health inequalities using a population health management approach, with reporting aligned to the Health & Wellbeing Board. Demand on partnership services continues to climb quickly as the Covid risks decreasing presenting additional pressure on urgent care. In addition to routine services, the system is now administering booster vaccines. • Maturing place-based teams in all areas of Walsall on physical health and Social Care. Place-based mental health provision, including IAPT, Primary Mental Health, and additional roles in general practice is not yet established and it is unclear how the contractual arrangements will be aligned to the place-based integration of services. Further organisational development work is required to secure fully integrated working of the place-based teams; resource to support this process is now secured for 12 months. • Significant maturity in communications and confidence in Walsall Together however public profile now needs to be established. • Funding has been secured and specification agreed for the development of a fully integrated performance, quality and risk scorecard. • Risk Stratification process for COVID developed with partners which demonstrates the evolving maturity of the partnership. • Virtual clinics and community outpatients maturing, and triage and referral services now in place during Covid and being planned for the long term. 		
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				<ul style="list-style-type: none"> Partnership approach to managing care home support and intervention being embedded into business as usual. The long-term financial model is not yet confirmed. The partnership is undertaking a series of development sessions to allow for adequate review, interpretation and local decision-making in response to national guidance in relation to the proposed legislation for Integrated Care Systems and Place-Based Partnerships. The number of safeguarding referrals has levelled off since June. Post-COVID increase in referrals is within tolerance levels and was predicted. 		
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Control & Assurance Framework - 3 Lines of Defence

	1 st Line of Defence	2 nd Line of Defence	3 rd Line of Defence
Controls:	<ul style="list-style-type: none"> Executive Director to be advertised Non-Executive Director / Chair to be advertised Partnership Board/Groups and meetings in place. Business Case developed. PMO/Project in place and reporting. Daily operational coordination taking place. Covid Vaccine delivery plan in place and operational. WT acting as recruitment partner for PCNs on the new national roles 	<ul style="list-style-type: none"> Alliance agreement signed by Partners; a review is in progress and will incorporate any necessary updates to align to the proposed legislative changes Governance structure in place and working. S75 in place and operational practices now maturing; plans for expansion to some public health services Integration of performance data across the partnership is being progressed and reported to the Walsall Together Committee. Business case approved by all partners. Monthly report to Board and partner organisations. 	<ul style="list-style-type: none"> External assessment - CQC/Audit. ICS Scrutiny. Health and Wellbeing Board Reporting. Overview and Scrutiny Committee.
Gaps in Controls:	<ul style="list-style-type: none"> No strategic finance plan for investment across the partnership which potentially impacts on the delivery notwithstanding the recent investment from the Trust. This has been mitigated short term with Covid funding, but further work required to establish ongoing formal mechanisms Commissioner contracts not yet aligned to Walsall Together although PBP planning will resolve this issue in time 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. Place based demand and capacity plan addressing the new flows apparent after Covid-19. Variance in the understanding of other place based services in scope across the Black Country which is preventing the ICS due diligence commencing 		
Assurance:	<ul style="list-style-type: none"> Divisional quality board now starting to look at the integrated team response. Risk management established at a programme level and a service level 	<ul style="list-style-type: none"> Walsall-Together included on Internal Audit Programme. Walsall Together Committee in place overseeing assurance of the partnership. 	<ul style="list-style-type: none"> NHSE/I support of Walsall Together. ICS support.

	integrating risks.	<ul style="list-style-type: none"> • ICS oversight of 'PLACE' based model. • Reporting to Board and Partners. • Oversight on service change from other committees. • Safeguarding board to align reporting with WTPB 	
Gaps in Assurance:	<ul style="list-style-type: none"> • Limited in overall external assurance as regulators inspect individual organisations and as yet have not developed 'PLACE' based inspections although Walsall Together put forward as part of ICP development. • For Community services and ASC within the Section 75 there is direct accountability to WT / WHT; these formal arrangements do not cover other partners hence limited accountability for delivery of Walsall Together strategic aims. 		

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 or equivalent 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.
- Changes to commissioner and provider environment / landscape within the Black Country may change mechanisms for resourcing and resolution of service issues.
- A mechanism for gaining and sustaining resources to support strategic aims for 2021/22+ are unclear.
- National influences on constitutional targets moves focus from place to ICS.
- Retention of inspirational and committed leadership across partners.
- 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 more services come into scope.
- Maintenance of the PBP agenda through the ICS Board by both the system partners and the Trust in relation to strategic objectives.
- Transition to a new chair and Executive Director and maintaining the current BAU

Future Actions (to further reduce the Likelihood / Consequence of the risk in order to achieve the Target Risk Level in line with the Risk Appetite)

No.	Action Required:	Executive Lead:	Due Date:	Progress Report:	BRAG:
1.	Agree an investment plan initially with commissioners through 2021/22 funding round to address the current gaps in funding provision.	Director of Integration	July 21	Work is complete to confirm maintenance of transformation funding for the diabetes and care home services into established baselines. A longer-term conversation is still to be coordinated with other PBPs through the ICS board for Health Commissioning.	
2.	Agree & implement joint service development opportunities between Walsall Together and PCNs that foster improved delivery of care through more integrated working.	Director of Integration	July 21	Several joint service development opportunities are included in the 2021/22 Plan, with PCN-based population health management priorities forming the basis of the	

				forward-look programme. To varying degrees, all of these projects are in progress. The transfer of Practice-based Pharmacists is complete.	
3.	Refresh strategic case for Resilient Communities, ensuring appropriate focus on reducing health inequalities and alignment of strategic objectives across partner organisations.	Director of Integration	July 21	<p>The Resilient Communities Steering Group is established with ToR and monthly meetings. The forward-look programme and all ongoing strands of work has been incorporated into the Transformation Programme for 2021/22 and 2022/23.</p> <p>The work stream has presented to WTPB (March 2021) the following next steps:</p> <ul style="list-style-type: none"> • Discussion at the CPLG to confirm the local population challenges that we want to address, aligning to population health management and inequalities priorities for the partnership. • Establishment of the Steering group including confirmation of membership and Terms of Reference. • Review of the multiple strands of work pertaining to citizen and communities engagement to create a single, defined approach. • Review of the full proposal to Changing Futures and proposal for how some or all of the elements can be taken forward without the external investment. 	
4.	Develop population health management strategy across Walsall Together and PCNs including the deployment of the population health module (Digital work stream).	Director of Integration	March 22	As reported previously, the final strategy is interdependent with the production of the Health & Wellbeing strategy and refreshed JSNA, which was presented to the HWB in October. The partnership Plan is progressing and will be presented for approval in February 2022, ready for implementation from 1 st April 2022.	
5.	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.	Director of Governance	March 22	This work is in progress as part of the development of place-based partnerships and integrated care systems. The proposed legislation will come into effect on 1 st April 2022. Development of governance and legal frameworks can only be undertaken following release of national guidance, which is an ongoing process and expected to continue for the remainder of 2021/22.	

MEETING OF THE PUBLIC TRUST BOARD – Thursday 2nd December 2021			
Update from the Black Country and West Birmingham Acute Provider Collaboration Programme		AGENDA ITEM: 19	
Report Author and Job Title:	Simon Evans, Acting Chief Strategy Officer	Responsible Director:	Simon Evans, Acting Chief Strategy Officer
Action Required	Approve <input checked="" type="checkbox"/> Discuss <input type="checkbox"/> Inform <input type="checkbox"/> Assure <input type="checkbox"/>		
Executive Summary	<p>The paper provides TMC with an update on the progress of the Acute Provider Collaboration programme.</p> <p>EY have now commenced work on developing high level proposals for clinical service reconfiguration across the Black Country.</p> <p>The Board meeting will now move to bi-monthly with an executive only meeting held monthly to monitor progress.</p>		
Recommendation	<p>The Committee is asked to note the following issues discussed and decisions taken at the Acute Provider Collaboration Board held on 18th November 2021.</p> <ol style="list-style-type: none"> 1) Trust leads to take WLI options back to own organisations for confirmation of preferred option and inform Alan Duffell of the outcome by end of January 2022. 2) Programme Director to contact Directors of Strategy for BCHC and WMAS to talk through their existing provider collaborative models. 3) Move future Board meeting to bi-monthly and retain a monthly executive only update meeting. 		
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 is a commitment from all organisations to commit resources in terms of time for key roles. As a minimum this includes the roles identified so far: CEO, Chair, DoN and DoS.		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper		

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

Update from the Black Country and West Birmingham Acute Provider Collaboration Programme

1. PURPOSE OF REPORT

The purpose of the reports is to update the Committee on the key issues discussed at the Acute Provider Collaboration Programme Board held on 18 November 2021.

2. BACKGROUND

The Acute Provider Collaboration Programme meet regularly to agree and progress areas of mutually beneficial collaborative working programmes across the four Black Country NHS trusts. It has senior executive representation from each of the trusts.

3. Detail

3.1 Following the decision to commission external support to undertake a system wide clinical services review, EY presented their first update presentation detailing progress to date and proposed timeline, in summary the outputs will be -:

- High Level assessment of services at each trust culminating with a report to show what is ‘the art of the possible’ with regards to site specific services and potential reconfiguration
- Intended to run alongside the clinical services work stream and with the involvement of the system clinical leads. Both streams of work should come together to be able to develop bigger picture on clinical services.
- Finishes before Christmas will start bringing together in a clinical case for change between January and March.

3.2 Clinical Services work stream

All clinical leads have now been appointed and Jonathan Odum (Clinical Lead) and Dani Joseph (Programme Director) had an initial meeting with them all to discuss next steps.

Proposal for all to leads set up speciality network structures with CDs and operational leads from each trust with first meeting before Christmas to identify aims and objectives.

Agreement to run a GP/PCN lead engagement session mid-January (MS teams)

The Fourth Clinical summit is planned for Mid-February.

3.3 Back-office collaboration

Meeting with exec leads for all areas over coming weeks to discuss what 'good' looks like in their services and share best practice.

Needs more momentum than has been experienced to date, starting with better engagement.

3.4 Workforce, OD & HR

Paper presented on Black Country wide consultant for WLI options. Discussion around aligning out of hours uplift with the consultant contract, in-hours sessions to be determined at 4 hours with out-of-hours session at 3 hours. The payment will be pro-rata on this basis with proposed values shared via LNC.

Trust leads to take back to own organisations for confirmation of preferred option and back to Alan Duffell by end of Jan. Intended implementation April 2022.

3.5 Comms and Engagement

Inaugural newsletter should have been distributed – need to confirm who this is to and when for each organisation.

Briefing papers to OSC chairs and VSCE organisations being drafted at high level to commence engagement of work.

3.6 Governance

Revised governance structure proposed based on national guidance for provider collaboratives- implementation of final version intended from April 2022.

This will separate out an executive programme board from Collaborative board and include BAU system meetings such as elective recovery, cancer, urgent care for reporting (some will need dual PC and ICB reporting). Collaborative board to move to bi-monthly.

Proposed removal of 'acute' from provider collaborative name and inclusion of Mental Health, Ambulance and Primary care colleagues on a rotational basis (many will be part of other provider collabs).

3.7 Digital, Data and Technology

Looking at solution to host joint cancer PTL across system. Tender process on hold as NHS Digital have put forward two potentials on framework systems, which need investigation.

- Number of bids for unified tech fund submitted, awaiting outcomes
- Work underway to map acute provider software landscape and contract end-points.
- Need to do more work on engaging joint working from technical teams across the trusts.

4 Key Next Steps

The next Programme Board meeting will be held on 16th December 2021. As set out in the proposals above, this will be an executive only meeting to review progress of the programme so far, full Board meetings with chairs will revert to bi-monthly commencing in January 2022.

5 RECOMMENDATIONS

The Committee is asked to note the following issues discussed and decisions taken at the Acute Provider Collaboration Board held on 18th November 2021.

- 4) Trust leads to take WLI options back to own organisations for confirmation of preferred option and inform Alan Duffell of the outcome by end of January 2022.
- 5) Programme Director to contact Directors of Strategy for BCHC and WMAS to talk through their existing provider collaborative models.
- 6) Move future Board meeting to bi-monthly and retain a monthly executive only update meeting.

MEETING OF THE PUBLIC TRUST BOARD – Thursday 2nd December 2021			
Audit Committee Highlight Report Meeting 8 th November 2021			AGENDA ITEM: 20
Report Author and Job Title:	Mrs Mary Martin, Chair of Audit Committee (Non-Executive Director)	Responsible Director:	Mrs Mary Martin, Chair of Audit Committee (Non-Executive Director)
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/> Assure <input type="checkbox"/>		
Alert	The work on the BAF and raising risk awareness within the Trust has resulted in BAF SO 01, Safe, High Quality Care, being rated 25 High in quarter 2. This is because there are 15 Trust Risk Register risks associated with this BAF risk. Since the report was written the ratings on some of the underlying risks have fallen and it is expected that the BAF risk rating will start to fall in Q3.		
Advise	<p>The committee reviewed the losses and special payments report for the quarter ended 30th September 2021 totalling £41k, £5k less than the previous quarter.</p> <p>The Internal Auditors have delivered 29% of the plan and no reports were issued for review by the committee this time. Assurances were given that the plan would be completed this year. The major piece of work carried out since the last committee meeting, was around the recommendation tracker. There are 36 open recommendations of which 19 relate to the BAF and medical equipment. Some of the recommendations have been amended to reflect changes made since they were raised and new target dates set. The escalation process will be followed, especially to close 2 high risk recommendations due by 31st December 2021.</p> <p>Counter Fraud are working with the Trust to achieve a green rating by the year end on the Counter Fraud Functional Standard CFFSR. There was improvement since the last report but there are still 8 areas rated amber out of 12.</p> <p>External Audit reported that they are awaiting the publication of the reporting timetable but expected to plan to conclude their work in May.</p> <p>A detailed presentation was made by the Estates & Facilities detailing the work being undertaken in regard to security issues at</p>		

	the Trust. The committee has asked for a report to be tabled at each meeting focusing on security issues.	
Actions	The Internal Auditors have reserved 5 days for non-Executive training and induction around the BAF and Risk.	
Approved	The revised Terms of Reference were approved and require ratification by the Board.	
Recommendation	Members of the Trust Board are asked to note the report and escalations.	
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 <input checked="" type="checkbox"/>	Care at home <input checked="" type="checkbox"/>
	Partners <input checked="" type="checkbox"/>	Value colleagues <input checked="" type="checkbox"/>
	Resources <input checked="" type="checkbox"/>	

Risk Summary	
BAF Strategic Objective Reference & Summary Title:	BAF SO 06 - COVID; This risk has the potential to impact on all of the Trust's Strategic Objectives.
Risk Description:	The impact of Covid-19 and recovering from the initial wave of the pandemic on our clinical and managerial operations is such that it prevents the organisation from delivering its strategic objectives and annual priorities.
Lead Director:	Chief Operating Officer.
Lead Committee:	Trust Board
Links to Corporate Risk Register:	Title:
	<ul style="list-style-type: none"> 208 - Failure to achieve 4 hour wait as per National Performance Target of 95% resulting in patient safety, experience and performance risks (Risk score = 16). 2066 - Risk of avoidable harm to patients due to wards & departments being below the agreed substantive staffing levels. (Risk Score = 15). 2081 - Delivery Operational Financial Plan (Risk Score = 9). 2082 - Future Financial Sustainability. (Risk Score = 12). 2093 - Risk of staff contracting COVID-19 through the course of their duties in WHC NHS Trust. (Risk Score = 6). 2095 - Inability of the NHS supply chain to provide an adequate and on-going supply of PPE to meet the demand to ensure that Walsall Healthcare NHS staff are fully protected during the Covid-19 pandemic (Risk Score = 9).
	Current Risk Score Movement: Likelihood = 4 Consequence = 3 = 12 Moderate ↔
	Forecasted Risk Score Movement for Q3: Likelihood = 5 Consequence = 3 = 15 High ↑

Risk Scoring								
Quarter:	Q1 2021/22	Q2	Q3	Q4	Rational for Risk Level:	Target Risk Level (Risk Appetite):		Target Date:
Likelihood:	2	4			<ul style="list-style-type: none"> The initial wave of Covid-19 had a profound impact on the services that the Trust provides, both in terms of urgent, emergency and critical care services to manage Covid-19 positive patients (in the hospital and the community), and in terms of the reduction in capacity of elective care services. The initial wave had a particularly significant impact on care home residents within the Borough's population. The initial wave of Covid-19 had a profound impact on the workforce of the Trust. By May 2020, almost 1 in 4 Trust staff that had undergone a Covid-19 Antibody test had been antibody positive that suggested a significant proportion of the workforce had experienced the disease themselves. Moreover, the challenges of managing the initial wave of the pandemic had a significant psychological impact on staff too. 	Likelihood:	2	30 June 2021 (at which point the Covid BAF risk would be recommended to be dissolved).
Consequence:	3	3				Consequence:	3	
Risk Level:	6 Low	12 Moderate			Risk Level:	6 Low		

					<ul style="list-style-type: none"> • The Trust is operating in an uncertain financial planning environment resulting in additional challenges to restoring and recovering services impacted by the initial wave of Covid-19, and planning for the second half (H2) of the 2021/22 financial year, and 22/23 financial year. • Covid-19 has exposed existing significant health inequalities in the population the Trust serves. Covid-19 has exacerbated some existing inequalities in colleague experience within the Trust. • Nosocomial deaths reported in Learning from Nosocomial Covid deaths report received at QPES 27/08/20, with further analysis presented to QPES 28/01/21 confirming 21 probable or definite nosocomial deaths from Covid in Wave 1. • Planning assumptions for a second wave of Covid-19 cases assumed a peak at half the level of the April 2020 peak. In November 2020 the Trust exceeded 80% of the April peak in terms of Covid-19 positive bed occupancy. In January 2021 the Trust had exceeded 140% of the April 2020 peak. As of 8th October 2021 the Trust's Covid-19 positive inpatients are at 14.9% of the April 2020 peak or 10.4% of the January 2021 peak. Walsall borough's rolling 7-day average Covid-19 prevalence per 100,000 population has been between 300/100,000 and 400/100,000 for most of the last month • The Trust had the 7th highest proportion of its hospital beds occupied by Covid-19 positive patients in the country in early November 2020, and the second highest proportion of its hospital beds occupied by Covid-19 positive patients in the Midlands during January 2021. • The Trust consistently had one of the highest Critical Care bed occupancy relative to baseline commissioned capacity across the Midlands region during the second wave. In January 2021 Critical Care bed occupancy has exceeded 250% of baseline commissioned capacity, peaking at 306% of baseline commissioned capacity. In early August 2021 the Trust Critical Care bed occupancy has increased and exceeded 100% of baseline commissioned capacity. The Trust 			
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				<p>reduced from 7 to 6 elective operating theatres in July 2021 to release reservists to support Critical Care staffing, and began reinstating a 7th elective operating theatre on some days during September 2021.</p> <ul style="list-style-type: none"> The Trust has been successful in rolling out the Pfizer Vaccine to Patients and staff across BCWB Health and Social Care organisations, with 90.3% of high-risk staff having received their first vaccination, and 89.09% of high risk staff having received their second vaccination. 86.66% of all staff have received their first vaccination dose and 84.79% have received their second dose (as of 15/09/21). The success of the vaccination programme has reduced the conversion of community cases into hospitalisations, however this has meant that community prevalence is sustained at higher levels, and therefore there is increased risk of staff absence as a result of being Covid positive or living with a Covid positive household member The Trust has 28 Covid positive in-patients within the hospital (as of 8/10/21). 		
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Control & Assurance Framework - 3 Lines of Defence

	1 st Line of Defence	2 nd Line of Defence	3 rd Line of Defence
Controls:	<p><u>Governance:</u></p> <ul style="list-style-type: none"> Incident Command structure in place incorporating Strategic Command, Hospital Tactical Command, Walsall Together Community Tactical Command and Corporate Tactical Command. Bespoke Incident Command structure in place for Covid-19 Vaccination programme. Governance continuity plan in place to ensure Board and the Committees continue to receive assurance. Specific Covid-19 related SOPs and guidelines. ITU Surge Plan in place. Covid Streaming processes in place. Enhanced Health and Safety/IPC Process in place in relation to Covid- 	<ul style="list-style-type: none"> Individual committees consider specific impact relevant to their portfolio, i.e. Financial Matters and Restoration and Recovery of elective services under PFIC; Quality, Safety and Patient experience matters under QPES and Workforce matters including staff wellbeing under P&ODC. Board Development sessions (x2) on approach to Restoration and Recovery from Wave 1. Further Board Development session on Restoration and Recovery scheduled summer 2021. UEC and Covid resilience Winter Plan approved by Trust Board October 2020. Covid-19 Deaths incorporated into SJR processes. Nosocomial Covid-19 Infections are subjected to RCA and reported to the Infection Control Committee. 	<ul style="list-style-type: none"> Regional and National Incident Control structure.

	<p>19, with particular focus on social distancing, patient/staff, screening, zoning of Ward/Department areas, visiting guidance and PPE Guidance.</p> <ul style="list-style-type: none"> • Daily risk assessment (RAG rating) of Community Locality teams to prioritise resource according to need. • Division of Surgery 8-week elective Surgery restoration plan commenced 08/03/21 and completed on 04/05/21. 		
Gaps in Controls:	<ul style="list-style-type: none"> • Walsall borough disproportionately hard hit. 7th highest proportion of beds occupied by Covid positive patients in the country, in early November 2020. One of the highest Critical Care bed occupancy levels relative to baseline funded Critical capacity in the Midlands Critical Care Network throughout waves 2 in the autumn of 2020 and 3 over the Winter of 2020/21. The Trust has had the second highest proportion of its hospital beds occupied by Covid-19 positive patients in the Midlands during January 2021. • Resurgence of Covid-19 cases resulting in significant staff isolation required. Government Autumn and Winter Plan (21/22) that is unlikely to re-introduce social restrictions and thus community prevalence is likely to remain high resulting in significant staff members required to isolate due to being positive, or having a positive household member. • Increased fragility in the domiciliary care market resulting in higher bed occupancy in hospital, and compromised ability to optimally manage Infection Prevention and Control. • Significantly increased Critical Care demand resulting in a dilution of ratios of specialist Critical Care Nurses to patients, partially mitigated through use of Category B and Category C registrants. • Reduction in elective surgical operating theatre capacity due to requirement to support Critical Care staffing, resulting in prolonged waits for elective surgery. • Vaccine hesitancy, particularly amongst younger people, resulting in unvaccinated COVID-19 positive pregnant women and evidence that Maternal COVID-19 infection is associated with an approximately doubled risk of stillbirth and may be associated with an increased incidence of small-for-gestational age babies. • Increased risk of complications for pregnant women with COVID-19 coinciding with increased birth rate evident over Spring and Summer 2021. • High demand on key Covid-19 Community pathways including Community Pulse Oximetry monitoring (Safe at Home pathway) and Long Covid pathways. • Ability for neighbouring Trust's to manage demand from patients conveyed by ambulance resulting in additional ambulance patients being conveyed to Walsall Manor through WMAS Intelligent Conveyancing protocol. • National directives and mandates impact on the Trust's ability to make local decisions. • Ability of the Midlands Critical Care Network to successfully manage demand Critical Care demand across the region. • Unable to progress all elements of the improvement programme owing to capacity of senior leaders. • Comprehensive OD/Culture Improvement plan. 		
Assurance:	<ul style="list-style-type: none"> • IPC Board Assurance Framework. 	<ul style="list-style-type: none"> • Nosocomial Covid-19 infection rate in line with peer-reviewed published evidence. • Antibody positive staff rate in line with BCWB peers. • Financial top up requests in line (or lower) as a proportion of turnover than BCWB peers. • Faculty of Research and Clinical Education evaluation of response to first wave. • 60-day readmission rate for Covid-19 patients in 	<ul style="list-style-type: none"> • Elective waiting times best in the country for Diagnostics (DM01) and Top half nationally for routine elective treatment (18-week Referral to Treatment) in July 2021 national reported performance, out of 122 general acute Trusts. • GP referred Cancer treatment commencing within 62-days 67th (July 2021) out of 122 general acute Trusts.

		line with peer-reviewed published evidence.	<ul style="list-style-type: none"> • Elective 52-week wait performance 4th best in the Midlands (July 2021). • 4hr EAS performance 34th best in the country (Aug 2021), and the 7th consecutive month in the Top 50. • Ambulance handover times (<30mins) best in the West Midlands for 7th consecutive month (Aug 2021). • CQC Assurance of the IPC Board Assurance Framework. • Productivity of Vaccination Programme compares favourably with other Acute Trusts. • Risk adjusted mortality rate (ICNARC) for Critical Care within expected range despite significant over-occupancy.
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Gaps in Assurance:	<ul style="list-style-type: none"> • Lack of assurance of communications within the organisation to ensure that staff members feel well informed and engaged. • Evidence of higher staff absence rates than BCWB peers during initial wave of Covid-19, absence rates consistent with peers in second/third wave
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Future Opportunities

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

Future Risks

- Potential for further resurgence in Covid-19 cases over Autumn 2021 and Winter 2021/22.
- Risk of further resurgence coinciding with RSV season, influenza season and norovirus season.
- Limited political appetite to re-introduce lockdown measures evidenced through Governments Autumn and Winter (21/22) Plan A.
- Uncertain vaccine efficacy against novel variants.
- Ongoing pressure on community services associated with patients rehabilitating following Covid-19, including Long Covid patients.
- Delayed and/or prolonged impact of managing the initial wave, second wave and third wave of the pandemic on staff wellbeing and mental health.
- Potential workforce absence in the event of a further wave.
- Limited management and leadership capacity to address core objectives due to the significant demands of managing covid-19 pandemic, and the restoration and recovery of services affected by covid-19.
- More constrained financial operating environment.
- Logistical challenges of delivering the Covid-19 Vaccination, including the requirement for booster vaccination.

Future Actions (to further reduce the Likelihood / Consequence of the risk in order to achieve the Target Risk Level in line with the Risk Appetite)

No.	Action Required:	Executive Lead:	Due Date:	Progress Report:	BRAG:
6.	Confirmation of 2021/22 Financial arrangements.	DoF	Feb 2021 Oct 2021	Delayed due to delayed national planning guidance. Q1 and Q2 Financial Plan agreed at Private Board 03/06/2021, with Q3 and Q4 Financial Plan to be received at extraordinary PFIC 20/10/2021.	

MEETING OF THE PUBLIC TRUST BOARD – Thursday 2 nd December 2021			
Walsall Wolverhampton Collaboration update			AGENDA ITEM: 22
Report Author and Job Title:	Mike Sharon Strategic Advisor	Responsible Director:	Mike Sharon Strategic Advisor
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/> Assure <input type="checkbox"/>		
Executive Summary	This paper provides an overview of progress made on collaborative working during 2021		
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	Addresses risks relating to provision of safe high quality care and valuing colleagues		
Resource implications	If additional resources are required, these are identified on an individual case basis		
Legal and Equality and Diversity implications	None identified		
Strategic Objectives	Safe, high quality care <input checked="" type="checkbox"/>	Care at home <input checked="" type="checkbox"/>	
	Partners <input checked="" type="checkbox"/>	Value colleagues <input checked="" type="checkbox"/>	
	Resources <input checked="" type="checkbox"/>		

Walsall Healthcare

NHS Trust



The Royal Wolverhampton

NHS Trust



Walsall/Wolverhampton Collaboration journey so far..

November 2021

Purpose

- To present an overview of the journey so far to improve collaboration between Walsall Healthcare Trust and the Royal Wolverhampton NHS Trust during 2021, building on collaboration that was already underway

Shared very senior Posts

- Interim Chief Nurse
- Director of Communications
- Director of Education and Training
- Senior Information Risk Owner
- Director of Post graduate Medical Education
- Director of Assurance (advertised and interviews 24.11.21)

Clinical service developments

Complete

- Shared GIRFT reports
- Single Dermatology Service
- WHT Orthopaedic day case lists at Cannock
- Integrated ENT on call rota
- Clinical Fellowship appointments made

In progress

- Urology single service
- Haematology – RWT supporting and summit to be held 10 December
- Bariatrics – initial discussions commenced
- Radiology – initial discussions commenced

Nursing shared and collaborative functions and services

Complete

- Common approach to establishment reviews
- Safeguarding
- Nurse Education
- Overseas nurse recruitment
- Mental Health lead nurse
- Head of Nursing Quality

In progress

- Chaplaincy leadership
- Tissue Viability
- Joint nursing leadership development
- Cross Trust nursing forums

Medical Education shared functions and services

Complete

- Shared Postgraduate Director and Director of Education
- Shared Clinical Director bootcamps

In Progress

- Stand alone non nursing education service
- Medical Education Steering Group
- Common approach to Physician Associates
- Shared Resuscitation training

Governance & Assurance

Complete

- Significant work to restructure governance department and processes at WHT
- Shared approach to quality assurance visits and policy management
- Harmonisation of some corporate governance processes eg TOR of Audit Committees
- Cross Trust cover for Data Protection Officer function

In progress

- Alignment of policies
- Harmonisation of Board Committee Terms of Reference and Reporting
- Shared resource for investigations for Serious incidents and Duty of Candour

Corporate shared functions and services

Complete

- Payroll provided by RWT
- Procurement is shared with UHNM
- Joint Sustainability service agreed
- Staff passporting agreement for the Black Country Trusts
- Shared Company Secretary

In Progress

- Shared Estates, Facilities and Estates Development function
- Collaborative Nurse Bank from April 2022
- Developing shared Medical Staffing service
- Scoping shared Contracting and Business Development service

Impact – how to assess?

- Strategic partnering paper suggested the following dimensions:
 - Demonstrable collaborative working
 - Improvement in healthy life expectancy and reduction in health inequalities
 - CQC ratings
 - Performance against standards
 - Financial performance
 - More sustainable clinical services
 - Workforce recruitment, retention and development
 - Reputation of each Trust
 - Standardised evidence based clinical practice embedded into business as usual with consistent upper quartile performance for all clinical services and reductions in unwarranted variation
 - Standardised consistent back-office and governance functions based on best shared practice

Impact so far

- Improved medical and nursing recruitment eg 143 nurses already recruited
- Improved and standardised governance processes at WHT to support safe and effective care eg SI backlog at WHT reduced by >50%^
- More support for each site in specific areas of deficiency eg Safeguarding or Mental Health nursing. Positive feedback from LA partners at WHT re safeguarding
- Improved sustainability of clinical services eg Dermatology , ENT and Urology
- More dialogue and collaboration between clinical teams
- RWT learning from Walsall Together
- Improved quality processes at WHT and future learning for RWT eg SI backlog 50% complete by Dec, increased confidence of Commissioners.

MEETING OF THE PUBLIC TRUST BOARD – Thursday 2nd December 2021			
Developing a Provider Group Model			AGENDA ITEM: 23
Report Author and Job Title:	Mike Sharon Strategic Advisor	Responsible Director:	Mike Sharon Strategic Advisor
Action Required	Approve <input checked="" type="checkbox"/> Discuss <input type="checkbox"/> Inform <input type="checkbox"/> Assure <input type="checkbox"/>		
Executive Summary	<p>This paper proposes the creation of a Provider Group Model between The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust that can be modified to include further Trusts if required.</p> <p>The specific proposals are to alter the frequency of Board meetings to six meetings per year, to leave the Committee structure intact but to harmonise agendas and information reporting, and to set up a Committee in Common operating with an identically set up Committee for Wolverhampton Trust with the two Committees operating as Committees in Common, with specific delegated authority to address specific matters as per the paper</p>		
Recommendation	<p>Members of the Trust Board are asked to:</p> <ol style="list-style-type: none"> 1. Concentrate the frequency of the sovereign Board meetings to six times a year (every other month) focused primarily on place-based issues, operational performance, staff well-being, financial probity, quality, safety, and good Governance. 2. The proposed delegated strategic programme responsibilities to the Committee in Common. 3. The proposed Committee in Common Terms of Reference, to form Committees in Common with the Other Trust in the Group 		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	The potential impact of the proposal is being considered by both Boards.		
Resource implications	None identified		
Legal and Equality and Diversity implications	<p>Legal advice has been sought on the proposals.</p> <p>Both organisations have been awarded the Race Code mark and have undertaken parts of the assessment jointly.</p> <p>Proposals should support providing a focus for ED&I issues across both Trusts and support learning from each other</p>		
Strategic Objectives	Safe, high quality care <input checked="" type="checkbox"/>	Care at home <input checked="" type="checkbox"/>	
	Partners <input checked="" type="checkbox"/>	Value colleagues <input checked="" type="checkbox"/>	
	Resources <input checked="" type="checkbox"/>		

The Royal Wolverhampton
NHS Trust Walsall Healthcare
NHS Trust
**Proposal to Develop a Provider
Group Model**

Introduction

The purpose of this paper is to set out the next steps to further develop the Strategic Collaboration between Walsall Healthcare NHS Trust and The Royal Wolverhampton NHS Trust, within the wider Black Country and West Birmingham (BCWB) acute care collaboration arrangements. The aims of this Strategic Collaboration are to ensure that our patients and the diverse communities we serve, experience the best possible care and are supported to achieve improved health outcomes. It will do this by, standardising on the best clinical practice, providing a safe, skilled and sustainable workforce and supporting each Trust to develop its place-based partnerships.

Background

The Strategic Partnership agreement that was agreed by each Board in in December 2020/January 2021, and supported by a Memorandum of Understanding (MOU), provided the following background:

“NHS England and NHS Improvement communication in August 2020 requested BCWB Trusts increase the pace of acute collaboration following initial informal discussion in January 2020. Through facilitated discussions with BCWB Chairs, Chief Executive Officers and key Executive Directors a broad proposal for Acute Care collaboration across the Black Country is being developed. Our collaborative arrangements sit within this broader BCWB collaboration.

The shared view of the Walsall and Wolverhampton Executive teams was that rapid progress could be made to a greater extent by a more formal collaborative approach and a Trust collaboration has proceeded initially as two Trusts, to benefit the populations served.

Each Trust serves a population that has significant opportunities to improve its health and wellbeing and to reduce significant inequalities in health outcomes if properly supported. The populations share many characteristics and face similar challenges so there is an opportunity for each Trust to learn what has worked in each area.

The two Trusts provide both acute and community services (RWT provides primary care services, WHT provides Social care services through a Section 75 with the Local Authority) so each Trust recognises the need to integrate better acute primary and

community services with other local partners and, at the same time, the need to provide some acute services at a larger scale, and to a better, standardised quality. It is recognised that the importance of place is reinforced by retaining a local partner as an anchor for the Integrated Care Partnerships.”

Previous discussions have included debate at Board Development sessions in late 2018/early 2019 that considered options for collaboration, ranging from an acute partnership agreement to a merger. Neither were seen as preferred approaches at the time.

The position of each Trust was set out in the Black Country and West Birmingham STP Case for Change for Acute Collaboration. Not all Trusts took a common position, however, WHT and RWT did adopt a common position that stated:

“Shared leadership arrangements are required to complement shared governance arrangements if significant progress is to be made at pace”

The Case for Change also set out work undertaken by PA consulting to look at the evidence base for achieving collaborative change through partnership versus Group/Chain models. This tentatively suggests that Group models achieve a greater degree of meaningful collaboration at a faster pace than Alliance models (See Appendix 1).

A proposal for a Strategic Collaboration between WHT and RWT was considered and approved by the RWT and WHT Boards in December 2020 and January 2021 (see Appendix 2).

Since this agreement was reached a number of changes have taken place:

- The Trusts share a joint Chair
- The Trusts now share a number of Non-executive Directors
- The Trusts share an interim Chief Executive (until the end of December 2021) from RWT
- The Trusts have agreed to appoint a shared Chief Nurse on an interim basis for six months
- The Trusts share a Director of Communications and will share a Director of Assurance
- New opportunities to work together have been identified and a plan developed to implement these
- Diagnostic work has been undertaken at WHT to identify strengths, challenges and more opportunities for joint working
- Progress has been made in developing shared clinical services
- Progress has been made in developing shared back-office services

A joint Board development workshop was held in November 2021 to discuss options for strengthening collaboration leading towards a proposal for a Provider Group model. This workshop was informed both by legal advice and by a high-level review of models of collaborative approaches elsewhere in England. The proposals which follow, take into account the discussions at the workshop.

Proposed Further Collaboration

In taking the steps set out in this paper, Walsall and Wolverhampton have the opportunity to lead the path to the development of a Provider Group model for the wider Black Country. This has been discussed, however, whilst a consensus does not yet exist across the four Trusts, there is an opportunity for Walsall and Wolverhampton Trusts to spearhead this process.

The Trusts, through the Strategic Collaboration paper and the MoU, have demonstrated a commitment to formally create a Group. This paper recommends that a Group Model is developed as set out below.

Intended Benefits of this Proposal

The diagnostic work has included focus groups of a cross section of staff at WHT. The feedback from this and other sources has identified significant uncertainty and concern in WHT staff (and, to a lesser degree, at RWT) about the future direction and governance of the Trust.

A key aim of this paper is to therefore set out a clear direction of travel for both organisations for the next two years. This would provide some greater degree of certainty and consistency for staff at both Trusts about how the Trusts will operate, collaborate and maintain their focus on providing the best possible care for their populations.

A further aim is to enhance the support for the objectives of collaboration previously agreed by each Trust. The Strategic Collaboration Agreement set out the following long-term desired benefits:

Improvements in:

- Demonstrable collaborative working with positive patient outcomes
- Improvement in healthy life expectancy of our local populations and reduction in health inequalities within our local populations
- CQC ratings

- Performance against standards
- Financial performance
- More sustainable clinical services
- Workforce recruitment, retention and development
- Reputation of each Trust
- Standardised evidence based clinical practice embedded into business as usual with consistent upper quartile performance for all clinical services and reductions in unwarranted variation
- Standardised consistent back-office and governance functions based on best shared practice

Assumptions

Any proposal for strengthening collaboration needs to recognise some uncertainties and make assumptions about those uncertainties. As the alternative would be to 'do nothing' or 'wait and see', either or both of which would result in further uncertainty, inertia and the risk of destabilising the workforce, which could compromise patient care.

The key assumptions made in this paper are as follows:

- The proposals are consistent with discussions, commitments and developments that have already taken place
- The proposals are not an interim arrangement
- The proposals are intended to create a structure that can be adapted in due course. For example, to potentially include other Trusts at a later stage
- That new arrangements will be, at worst, cost neutral

Proposals

These proposals build on discussions that have been held over the last two years between the Black Country Trusts and more specifically between WHT and RWT. All four Trusts accepted the need for closer collaborative working and all four Trusts rejected merger as the preferred way to achieve this. RWT and WHT demonstrated agreement for greater ambition and desired pace for collaborative (partnership) working.

It is proposed that RWT and WHT move to form a provider Group model to meet each organisation's needs and that can be adapted in the future to accommodate further Trusts if required. This approach has previously been agreed by each Trust through Board discussions and at the Acute Provider Collaborative workstream.

As a key goal is to preserve and strengthen local leadership and identity of each Trust, any Group model must not become a way of diminishing the effective leadership and management, sovereignty, or integrity of either organisation.

Trusts across England have taken and continue to take different approaches to collaboration and to Group models. The work in 2018 examined models in the West Midlands, Salford and London. Since that work was completed, Northampton and Kettering have also developed a Group model. Each of these models has evolved differently to suit local circumstances. There is no single template. The approach proposed below takes the learning from other approaches and adapts that learning to local circumstances.

As there is no standard template for a Group model, it is proposed that a graduated approach is adopted that aims to achieve quick progress but allows for review and adjustment. It is

proposed to undertake a review no later than 12 months after the commencement of these arrangements.

a) The creation of Group Executive roles.

The Strategic Partnership Agreement stated that shared roles would be considered as vacancies arose. In addition to the role of Chair and CEO the role of Chief Nurse is currently shared on an interim basis.

This paper does not alter that position. Group roles can be used to accelerate shared decision making and standardised processes. At the same time there is a need to ensure that leadership at a Trust level is maintained and strengthened where necessary.

This paper therefore proposes a gradual approach to the creation of Group roles. We will learn from the experience of the CNO role and develop an approach to Group roles on an individual portfolio basis as we learn from experience.

b) **The revision of high-level structures - Managing the Boards**

The Group model recognises the sovereignty of individual Trusts while aiming to:

- Improve and streamline governance of each Trust
- Align strategy of each Trust
- Support closer integration to improve patient care and/ or efficiency of services

In broad terms the Group model will see the individual sovereign Boards primarily focussing on delivery of their place-based partnerships and operational performance, supported by a strengthened Board Committee structure for each Trust, while setting up Committees in Common to discuss a shared approach on a range of strategic matters.

The following specific changes are proposed.

The Trust Boards (to include all members) to meet quarterly as Committees in Common focussed as a minimum, on the following agenda:

- Developing common strategies and responses to external development such as policy on Integrated Care Systems, Provider collaboration, and Place Based Partnerships
- Supporting the collaborative work programme between WHT and RWT
- Developing common approaches to quality improvement (clinical and non clinical)
- Developing a common research strategy and approach to delivery of research
- Developing common approaches to Equality Diversity and Inclusion (ED&I)
- Developing common approaches to Organisational Development (OD)
- Developing common approaches to staff recruitment, retention and wellbeing

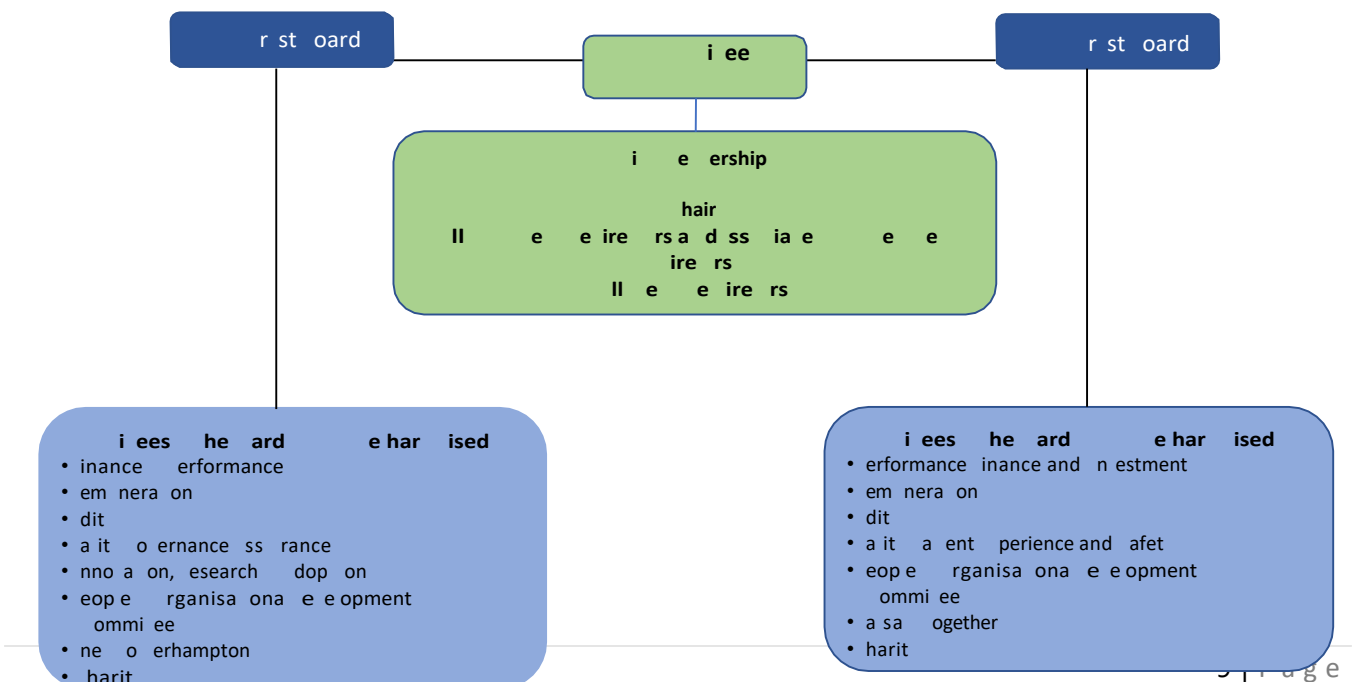
Trust Board meetings to be held every other month/six times a year focussing on a consistent and focussed range of matters, primarily place-based issues, operational performance, staff well-being, financial probity, quality, safety, and good Governance.

Board Committees to continue to meet separately and monthly with agendas and supporting information standardised and harmonised as rapidly as possible. Committee Chairs for both Trusts to meet regularly (e.g. every other month) to learn from each other and to benchmark with each other.

The table below summarises the proposed changes

Summary of changes	
Responsibility of Boards	Assurance on operational performance Assurance on Place based Partnerships Financial Probity
Responsibility of CIC	Developing Common Strategies Integration/collaboration
Frequency of Board meetings	x6 per year
Frequency of CIC meetings	x4 per year
CIC agenda	ICS developments Provider collaboration developments Improvement Programme updates Progress on collaboration/integration
Current Board Committees	Committees remain separate and report to Boards Chairs to meet counterparts regularly
Membership of CIC	All Board members

The diagram below sets out the proposed new structure



Timetable and Next steps

The changes proposed are evolutionary, do not compromise the integrity of either Trust and do not represent a significant service change. It is proposed that they can be implemented without delay. Legal advice has been sought on the Board resolutions and Terms of Reference required for the setting up of Committees in Common and the Terms of Reference set out at Appendix 3 reflects that advice.

Appendix 4 sets out a suggested schedule of revised meeting dates,

Recommendations

The Board is asked to approve the following:

1. Concentrate the frequency of the sovereign Board meetings to six times a year (every other month) focussed primarily on place-based issues, operational performance, staff well-being, financial probity, quality, safety, and good Governance.
2. The proposed delegated strategic programme responsibilities to the Committee in Common.
3. The proposed Committee in Common Terms of Reference, to form Committees in Common with the Other Trust in the Group

The Royal Wolverhampton NHS Trust

Walsall Healthcare NHS Trust

A proposal for Strategic Collaboration

Chair's Foreword

- Health Inequalities are particularly prevalent in Walsall and Wolverhampton where areas of post-industrial decline, and increasingly ethnically diverse populations combine to create significant issues of poverty, lack of opportunity and poor health. The issues are not uniformly distributed across the boroughs and there is a need for the NHS is to consider how it targets its resources and tailors its services in response.
- Addressing health inequalities and workforce inequalities, working closely with local Authority partners in Wolverhampton and Walsall to address the social determinants of health, is mainstream activity. It is core to and not peripheral to the work of the NHS and should be established to meet the health needs of all communities. The NHS has seen longstanding disparities in access, experience and outcomes as well as experiencing an unsustainable demand for secondary care services by patients who if supported in the community might not have required expensive hospital services.
- The NHS Phase 3 Response to COVID-19 Plan required credible plans to address health inequalities and this prioritisation has been underlined by NHSEI Midlands. Both of the Trusts are already working closely with partners in place systems, which include primary secondary and social and mental health care. The disproportionate impact of COVID-19 upon the BAME population and other vulnerable communities have combined with the Black Lives Matter movement to shine a spotlight on longstanding health inequalities.
- Leadership capacity, research expertise and innovation are essential to tackling health inequalities and so the Walsall-Wolverhampton collaboration offers a considerable opportunity to improve our response to the health inequalities challenges we face.
- We know that there has always been significant unwarranted variation in how healthcare is delivered and in the subsequent outcomes for patients. Our collaborative partnership will underpin our determination to address those variations, deliver evidence-based healthcare and deliver the best possible outcomes for the people of Walsall and Wolverhampton.

Purpose

The purpose of this paper is to propose a Strategic Collaboration between Walsall Healthcare NHS Trust and the Royal Wolverhampton NHS Trust, within the wider Black Country and West Birmingham (BCWB) acute care collaboration arrangements. The aim of this Strategic Collaboration is to significantly improve the quality of care for the populations we serve, standardise clinical practice and provide a safe, skilled and sustainable workforce.

Background

NHS England and NHS Improvement communication in August 2020 requested BCWB Trusts to increase the pace of acute collaboration following initial informal discussion in January 2020. Through facilitated discussions with BCWB Chairs, Chief Executive Officers and key Executive Directors a broad proposal for Acute Care collaboration across the Black Country is being developed. Our collaborative arrangements will sit within this broader BCWB collaboration when this is agreed but we want to make progress without delay.

The shared view of the Walsall and Wolverhampton Executive teams is that rapid progress can be made to a considerably greater extent by a more formal collaborative approach and that we should proceed with a Trust collaboration initially as two Trusts, to benefit the populations we serve.

Each Trust serves a population that has significant opportunities to improve its health and wellbeing and to reduce significant inequalities in health outcomes if properly supported. The populations share many characteristics and face similar challenges so there is an opportunity for each Trust to learn what has worked in each area.

Our Trusts provide both acute and community services (RWT provides primary care services / WHT provides Social care services through a Section 75 with the Local Authority) which means that each Trust recognises the need to integrate better acute primary and community services with other local partners at the same time as the need to provide some acute services at a larger scale, and to a better, standardised quality. It is recognised that the importance of place is reinforced by retaining a local partner as an anchor for the Integrated Care Partnerships.

Each Trust has some particular strengths to share:

Walsall Together is recognised within the BCWB as an exemplar Integrated Care Partnership. Trust collaboration will enhance opportunity for shared learning across our place-based care delivery. Walsall is also a fast track digital aspirant pilot site.

RWT are rapidly progressing to leading edge innovation programmes with global partners including Microsoft, Babylon, Teletracking and many others based on a anticipatory digitally driven care model (SCDU)

Both Trusts have an ambition to embed innovation and research into mainstream practice. WHT established a Faculty of Research and Clinical Education (FORCE) in May 2020. RWT hosts the National Institute for Health Research for the West Midlands. Strategic collaboration between our Trusts would help to share expertise, for example in bid writing and data curation to improve recruitment to trials and drive improvements in care. Strengthening the culture of research and professional development across our organisations will support staff and patients to access research, training and development.

The Quality Improvement agenda is also a strong enabling factor for both Trusts; WHT has a Quality Improvement Academy and is Quality Improvement and Service Redesign training site; RWT has a Continuous Quality Improvement programme.

Strategic Collaboration Ambition

Our ambition, ultimately, is to form a Trust Group across the Black Country. However, given that the Trusts are at different stages in their thinking around the collaboration agenda, the Executive Teams of both The Royal Wolverhampton NHS Trust and Walsall Healthcare Trust are seeking support from the Board to develop a Strategic Collaboration with a joint Chair as soon as practically possible, but at a pace that is mutually agreed. We do not believe that our two Trusts need to set up formal shared governance arrangements in addition to a shared leadership cadre.

As a starting point for shared leadership we are seeking the appointment of a joint Chair for the Trusts and to fill Board vacancies on a potentially shared basis as they arise, commencing with the Non-Executive Director post vacated by the current Walsall Chair.

Given the need for urgent progress on this matter, as impressed on both Trusts by NHS England/ Improvement, together with the potential for significant benefits to be very quickly realised for the communities served by both Trusts, it is proposed that the move to immediate collaboration is approved without the completion of a formal Business Case process. It is the view of the Executive teams in both Trusts that the changes proposed can be brought about without the need for significant investment or other changes that would compel a business case under national guidance, although business cases for individual investment items will be prepared in the usual way.

Principles Underpinning our Collaboration

The following principles will be adopted to guide our approach and behaviour. We will:

- improve access to safe high-quality care for all services users across our footprint
- deliver improved outcomes for all patients - minimising unwarranted variation and reducing inequalities
- ensure Executive management in each “place” with clarity of accountability to minimise the risk of destabilising each Trust
- support and encourage our staff to be the best they possibly can be by providing first class training and research opportunities
- combine our employer and purchasing power to benefit employment opportunities in our local economies as anchor institutions
- minimise bureaucracy, such as additional structures and meetings where feasible
- be sensitive to local needs and differences to ensure the populations we serve are at the heart of our decision making
- establish processes to plan and deliver change across our Trusts

Desired Benefits of our Approach – year 1

- Maintain and improve performance, outcomes and patient experience in agreed services
- Reductions in unwarranted variation/more standardisation of care
- Improvement in staff recruitment and retention. This will maximise the capacity of our combined workforce, making the best use of skill mix and ensuring that there are opportunities for all staff and a role for everyone in our organisation’s Significant reduction in agency and bank expenditure is reduced and a shared bank delivered. This will enhance consistent high-quality care provided by a stable workforce. Any savings will be reinvested in patient care
- Further collaboration of back office services to generate efficiencies to provide more care
- Standardised quality and corporate governance processes in line with best practice
- Increase the pace at which we are delivering our existing collaborative programmes, and enable us to deliver improvements for population and patients

- Existing Transformation and Organisational Development programmes are harmonised and implementation has commenced to improve the skills and competence of our workforce to attract and retain staff
- Plans accelerated to share innovation e.g. sharing electronic patient record Teletracking, Babylon, Sensyne, and population health management systems.

Desired Benefits of our Approach – Long Term

Improvements in:

- Demonstrable collaborative working with positive patient outcomes
- Improvement in healthy life expectancy of our local populations and reduction in health inequalities within our local populations
- CQC ratings
- Performance against standards
- Financial performance
- More sustainable clinical services
- Workforce recruitment, retention and development
- Reputation of each Trust
- Standardised evidence based clinical practice embedded into business as usual with consistent upper quartile performance for all clinical services and reductions in unwarranted variation

How we will Deliver the Desired Benefits

We have been working together for many years and we will build on much improved relationships and a track record that has already delivered improvements e.g.

- The creation of the Black Country Pathology service
- A networked urgent cardiac service
- The transfer of acute and hyper acute stroke services from Walsall to Wolverhampton
- The appointment of a Walsall Clinical Director to a shared Dermatology service with a merged service expected in 2021
- Amalgamation of ENT on call services
- A shared strategic educational lead and significantly improved educational governance at Walsall
- Shared Clinical Fellowship Programme Board to improve recruitment of medical staff
- Agreement at Trust level on a new Urology pathway

We will work together to review the sustainability of our services and maximise the opportunity to enhance vulnerable services.

To build on this success it is proposed that the following steps are taken:

1. Extend and strengthen the existing collaborative working group

A collaborative working group has been in existence for two years (but paused during Covid wave 1) to oversee collaborative service change. This group has selected Executive membership from all four Black Country Trusts. It is proposed to repurpose this group as a Walsall/Wolverhampton only group and have a monthly meeting, jointly chaired by the CEOs and incorporating a wider range of Executives that oversees a collaborative work programme supported by appropriate programme and change management resource from each Trust.

It is assumed that the STP wide service collaboration will be taken forward through the mechanisms proposed in the STP plan when this is developed.

2. Hold joint Board development sessions

Each Trust has a Board development programme and a joint programme will be developed so Boards can begin to better understand the issues faced by each Trust and learn from each other

3. Agree a default position that any new Board vacancies that arise are filled as shared posts

This may not be an appropriate action for all vacancies but each Trust agrees that this should be the starting assumption

4. A shared OD programme will be developed that will encompass

- Shared vision and values
- Equality, Diversity and Inclusion strategy
- Leadership and joint working behaviours
- Workforce resourcing opportunities to include new employment models
- Shared development opportunities e.g. talent management
- Joint approach to embedding cross cutting culture of civility and respect
- Improve workforce/community representation at all levels
- Maximising the use of data to support improved staff and patient experience
- A joint approach to communication and engagement – internal and external
- Sharing best practices widely - 'best in class'

5. Provide regular reports to each Trust Board to identify progress

A report format that encompasses specific metrics will be developed to allow progress against desired benefits to be monitored.

Conclusion and Recommendations

Each Trust has the opportunity to build on and strengthen the collaborative work we have developed so far to improve the health of our populations, to make services more sustainable and higher quality, to attract and retain the best possible workforce and to drive improvements in the health of our populations.

The Trust Board is asked to-

- a. review and discuss this Strategic Collaboration proposal
- b. approve the ambition to form a Trust Group/Chain within the broader STP collaboration context.
- c. approve the immediate commencement of the Strategic Collaboration proposal as a first step towards the ambition to form a Trust Group/Chain within the broader STP collaboration context.

COMMITTEES IN COMMON SHARED TERMS OF REFERENCE	
Strategic Objectives	<ul style="list-style-type: none"> • 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
Partnership Agreement Objectives	<p>In December 2020/January 2021 Walsall Healthcare NHS Trust and Royal Wolverhampton NHS Trust entered a Strategic Partnership agreement which set out the following long-term desired benefits by way of improvements in:</p> <ul style="list-style-type: none"> • Demonstrable collaborative working with positive patient outcomes • Improvement in healthy life expectancy of our local populations and reduction in health inequalities within our local populations • CQC ratings • Performance against standards • Financial performance • More sustainable clinical services • Workforce recruitment, retention, and development • Reputation of each Trust • Standardised evidence based clinical practice embedded into business as usual with consistent upper quartile performance for all clinical services and reductions in unwarranted variation • Standardised consistent back-office and governance functions based on best shared practice.
Meeting Purpose/Remit	<p>The Boards of Directors of both Trusts have each resolved to appoint a committee (each of which is a Committee in Common) for the purpose of both committees together constituting Committees in Common that will operate as if they were a single joint committee in accordance with these shared Terms of Reference.</p> <p>The Committees in Common will support the Trusts to set out a clear direction of travel for the next two years about how they will operate, collaborate, and maintain their focus on providing the best possible care for their populations.</p>
General Responsibilities	<p>Whilst both Trusts will maintain their individual sovereignty, they intend the Committees in Common to help them to:</p> <ul style="list-style-type: none"> • Identify, development and agree common strategy elements across the partnership • Improve and streamline governance of each Trust • Align strategy of each Trust • Support closer integration to improve patient care and/ or efficiency of services and staff wellbeing

Specific Responsibilities	<p>The Committees in Common have specific responsibility for the following programmes:</p> <ul style="list-style-type: none">• Corporate Strategy development• Equality, Diversity, and inclusion• Organisational development• Clinical quality improvement• Partnership Working programme• Provider collaboration and ICS development <p>The Committees in Common may recommend that they have responsibility for one or more additional programmes subject to the approval of both Boards.</p>
Authority & Accountabilities	<p>The Board of Directors of each Trust has authorised its Committee in Common to act for it in relation to the Specific Responsibilities. Each Committee in Common will be accountable to its appointing Board.</p>
Reporting Arrangements	<p>A single set of shared minutes of Committees in Common meetings shall be formally recorded. Each Trust's Committee in Common will submit the shared minutes to its respective Board. The Chair of the Committee shall formally draw to the attention of both Boards any issues of significance that require disclosure to the full Board.</p>
Membership	<p>The membership of each Committee in Common shall comprise all the voting directors of both Trusts' Boards such that the memberships of both Committees in Common is identical.</p>
Attendance	<p>All non-voting members of both Trusts' Boards may attend Committees in Common meetings. In addition, the Committees in Common can require the attendance of any officer of either Trust relevant to the discussion of a specific issue.</p>
Chair	<p>The Trusts' joint Chair shall be Chair of the Committees in Common.</p>

Quorum	The quorum for any meeting of the Committees in Common will comprise from each Trust at least 60% of the Voting Executive and Non-Executive Directors of each Trust, with at least 50% of Executive and Non-Executive's from each organisation attending. All others shall be regarded as in attendance.
Frequency of meetings	The Committees in Common shall meet quarterly.
In person and virtual meetings	The Committees in Common shall meet in person or by telephone, video, or other electronic means, as the Chair may determine, as if they were a single joint committee.
Voting	Each member of each Committee in Common shall have one vote that may be exercised once (and only once) on behalf of both Committees in Common voting simultaneously. Any decision of the Committees in Common shall require a majority comprising at least two thirds of the voting directors of each Trust.
Administrative support	The Trusts will jointly provide administrative support to the Committees in Common.
Standards	<p>The Committees in Common shall meet the standards expected by:</p> <ul style="list-style-type: none"> • The Nolan Principles • The Trusts' respective Standing Orders • Monitor's Code of Governance • Monitor's Risk Assessment Framework • Monitor's Annual Planning guidance • The Health NHS Board – Principles of good governance. <p>'Monitor' means the body corporate known as Monitor, as provided by Section 61 of the Health and Social Care Act 2012, or any statutory successor body, and any reference to one of its publications as above shall be construed to include any publication that updates or supersedes it.</p>
Standard agenda	<p>A single shared agenda will be prepared for Committees in Common meetings that will be focussed on:</p> <ul style="list-style-type: none"> • Developing common strategies and responses to external development such as policy on Integrated Care Systems, Provider collaboration, and Place Based Partnerships • Supporting the collaborative work programme between WHT and RWT • Developing common approaches to quality improvement (clinical and non-clinical) • Developing a common research strategy and approach to delivery of research • Developing common approaches to Equality Diversity and Inclusion (ED&I) • Developing common approaches to Organisational Development (OD) • Developing common approaches to staff recruitment, retention, and wellbeing.

Subgroups	The Committees in Common may jointly appoint working subgroups that will report to the Committees in Common.
Date for review	These Terms of Reference will be formally reviewed by both Boards of Directors on a regular basis and in any event within 12 months of the date of their approval. Any recommendations for any agreed amendments shall be submitted by one to the other.
Date approved	Approved by resolution of the board of directors of Walsall Healthcare NHS Trust on

Proposed RWT/WHT Trust Board and Committees in Common dates 2022

Initial dates and cycle proposal option

Pre – NEDS Meet 8:15 am – 9:00 am
 Public Board 9:30 am – 12:00 noon
 Private Board 12:30 pm – 2:00 pm
 CiC 2:30 pm – 4:00 pm

	Jan	Feb	Mar	Apr	May	Jun	July	August	Sept	Oct	Nov	Dec
RWT		Tue 1		Tue 5		Tue 7		Tue 2		Tue 4		Tue 6
WHT		Wed 2		Wed 6		Wed 8		Wed 3		Wed 5		Wed 7
CiC		Tue 1		Wed 6				Tue 2				Wed 7

Initial responses preferences were that:

- The Boards and (where due) CiC meet on the same week and the CiC alternates after one or other Board.
- That the months where the CiC (4 times a year) does not sync with the Board (6 times a year, every other month), the CiC is moved to fall in the same month as the respective Boards.
- That the CiC could therefore be Feb, Apr, Aug and Dec or another combination of 4 times across the year (e.g. Feb, June, Oct, & Dec etc). the confirmation of the CiC timings and scheduling is open to further discussion

RWT/WHT – BOARDS REPORTING SCHEDULE 2022

	Feb 22	Apr 22	June 22	Aug 22	Oct 22	Dec 22	
Regular reports							
Directors' Interests	X	X	X	X	X	X	
Board Action List	X	X	X	X	X	X	
Chief Executive's Report	X	X	X	X	X	X	
Chair Trust Management Committee Report	X	X	X	X	X	X	Terms of Reference August draft
Chairman's Report (verbal update)	X	X	X	X	X	X	
Patient Story	X	X	X	X	X	X	
Staff Voice	X	X	X	X	X	X	
Board Attendance Return	X	X	X	X	X	X	
Questions by public/commissioners	X	X	X	X	X	X	
IQPR Performance Reports (Operational Performance)	X	X	X	X	X	X	
IQPR Performance Reports (Quality and Safety)	X	X	X	X	X	X	
IQPR Performance Reports (Finance)	X	X	X	X	X	X	
IQPR Performance Reports (Workforce)	X	X	X	X	X	X	
Chairs Report (Audit)	X	X	X	X	X	X	
Chairs Report (Quality and Safety)	X	X	X	X	X	X	
Chairs Report (Finance and Performance)	X	X	X	X	X	X	
Chairs Report (Workforce)	X	X	X	X	X	X	
Chairs Report (Charity)	X	X	X	X	X	X	Terms of Reference February draft
Chairs Report (Innovation)	X	X	X	X	X	X	RWT only
Patient Safety, Quality & Experience							
Provide Safe, high-quality care							
Patient Experience (& Complaints Report)	X	X	X	X	X	X	6 monthly updates
Safeguarding Adults and Children							Incl. Looked After Children (LAC) Annual Report – 6 monthly
Learning from Deaths Report							RWT June, October, February WHT know as Mortality (SHMI and HSMR) report Quarterly
Continous Quality Improvement Programme (CQI)							
Quality and Safety Strategy							
Strategy, Business and Transformation							
Care at Home, Work Closely with Partners							
Charitable Funds Strategy							
Charity Annual Report/accounts							
Emergency Preparedness Annual Report			X				
EPRR Core Standards					X		
7 day service submission						X	
IG Strategy & IG Toolkit Submission	X				X		
Trust Strategy Update/revision/progress	X	X					Incl Strategic Objectives
Budget (Income/Expenditure Plan) Public March	X	X					
Estates Strategy & Capital Plan			X			X	
Digital Strategy			X			X	
Green Plan Update			X			X	
Sustainability Report			X			X	

RWT/WHT – BOARDS REPORTING SCHEDULE 2022

Finance & Performance							
Use Resources Well							
Clinical Fellowship Programme				X			
Revalidation					X		Annual
Financial report	X	X	X	X	X	X	
Annual Report & Accounts					X		
Ext Audit ISA260, Ext Audit Mgt Rep Letter							
Financial summary of previous year							
Winter Plan							
Financial Plan							
Capital Programme							
Governance, Risk and Regulatory							
Provide Safe, high-quality care							
CNO Nursing Officer's Report	X	X	X	X	X	X	(incl Dashboard & Progress on Strategy) Every Board
Midwifery Service Report	X	X	X	X	X	X	Incl. Ockenden (monthly), midwifery/nursing staffing (6 monthly)
NHS Resolution Maternity Incentive Scheme							
Midwifery CNST Board sign off							Annually
Quality Account				X			Including Auditor Report & Management Letter
Trust Risk Register/Board Assurance Framework Heat Map	X	X					
Audit Committee Annual Review of Activities Report			X				
Nursing & Midwifery Workforce		X			X		Establishment & Skills-mix
Infection Prevention Annual Report							The same month as IP BAF
Health and Safety Annual Report	X				X		
Director of Infection Prevention and Control Report	X			X			
Infection Prevention BAF	X				X	X	
Mental Health	X						
Pharmacy and Medicines Optimisation Report					X		
Review SFI/SO					X		
CQC Action Plans	X	X	X	X	X	X	
People & engagement							
Value our Colleagues							
Freedom to speak up	X						Annual Report February & 6 monthly update Aug
NHS National Staff Survey Results		X					
Executive Workforce Report	X	X	X	X	X	X	
Annual Equalities Report					X		
People and Organisational Development Strategy							
Education and Training		X			X		
Schwartz Rounds Annual Update						X	
Regular for information							
Minutes of Committees	X	X	X	X	X	X	For circulation and information only

RWT/WHT –COMMITTEES IN COMMON REPORTING SCHEDULE 2022

	Feb 22	April 22	August 22	December 22	
Corporate Strategy Development					
Trust Strategy Update/revision/progress					
IG Strategy					
Estates Strategy					
Digital Strategy					
People Strategy					
Quality and Safety Strategy					
Digital including Digital Improvement					
Equality, Diversity and Inclusion					
RACE Code Implementation and Development					
Organisational Development					
Organisational Development Strategy					
Clinical Quality Improvement					
Clinical Fellowship Programme					
Clinical Quality Improvement Programme					
Partnership Working Programme					
Partnership Programme					
Provider Place collaboration and ICS Development					
Wolverhampton Place					
Walsall Together					
Acute Care Colaboration					
ICS Development					

Appendix 1

BC&WB STP Case for change – evidence of collaborative approaches

Snapshot of the benefit areas successfully progressed from accessible information on acute collaboration examples.

Established Provider Alliances



Procurement collaboration	✓	✓	✓	/	✗	✗
Temporary staffing collaboration	✓	✗	✗	✗	✗	✗
Pathology network	✓	✗	✗	/	/	✗
Pharmacy consolidation	✓	✗	✗	✗	✓	✗
Shared corporate services	✗	✗	✗	/	✗	✗
Shared elective capacity	✓	✗	✗	✗	/	✗
Clinical service model design and pathway standardisation	/	/	/	/	✗	/
Shared digital platforms	✗	✗	✗	/	✗	✗
Shared estate	✗	✗	✗	✗	✗	✗

Established Chains



✓	✓	✓
✓	✓	/
/	✓	/
/	✓	/
✓	✓	✓
✓	✓	✓
/	/	/
✓	/	✓

