

AGENDA - TRUST BOARD SESSION IN PUBLIC

Venue: Being held via MS Teams
(joining details within Outlook Calendars)

Date: Wednesday, 5th January 2022,
09:30 – 13:00

Members:

Sir D Nicholson (DN) Chair
 Mr M Laverty (ML) Non-Executive Director
 Mr M Hoare (MH) Non-Executive Director
 Cllr W Zaffar (WZ) Non-Executive Director
 Prof K Thomas (KT) Non-Executive Director
 Mrs L Writtle (LW) Non-Executive Director
 Mr R Beeken (RBe) Chief Executive
 Dr D Carruthers (DC) Medical Director
 Mr L Kennedy (LK) Chief Operating Officer
 Ms M Roberts (MR) Chief Nurse Nursing Officer
 Ms D McLannahan (DM) Chief Finance Officer
 Ms F Mahmood (FM) Chief People Officer
 Miss K Dhani (KD) Director of Governance
 Daren Fradgley (DF) Executive Director of
 Integration (Interim)

In attendance:

Mrs R Wilkin (RW) Director of Communications
 Mr D Baker (DB) Director of Partnerships & Innovation
 Mrs R Barlow (RB) Director of System Transformation
 Ms H Hurst (HR) Director of Midwifery
 Mr D Conway (DCo) Associate Director of Corporate
 Governance/Company Secretary

Time	Item	Title	Reference Number	Lead
09:30	1.	Welcome, apologies and declarations of interest <i>To declare any interests members may have in connection with the agenda and any further interests acquired since the previous meeting.</i>	Verbal	DN
		Declarations of Interest from Board members Apologies:	TB (01/22) 001	DN
09:35	2.	Patient story	Verbal	MR
10:00	3.	Minutes of the previous meeting, action log and attendance register To approve the minutes of the meeting held on 2nd December 2021 as a true/accurate record of discussions, and update on actions from previous meetings	TB (01/22) 002 TB (01/22) 003 TB (01/22) 004	DN
		4.	Chair's opening comments	Verbal
10:05	5.	Chief Executive's report	TB (01/22) 005	RBe
10:15	6.	Questions from members of the public Questions received from the public during the 2nd December 2021 meeting	TB (01/22) 006	DN
		Well Led		

Time	Item	Title	Reference Number	Lead
10:10	7.	Board level metrics and IQPR exceptions	TB (01/22) 007	DB
Our patients				
10:20	8.	Our Patients: Dashboard	TB (01/22) 008	Exec Leads
10:30	9.	Maternity Improvement Plan	TB (01/22) 009	MR
10:40	10.	Winter Planning	TB (01/22) 010	LK
10:50	11.	COVID-19: Overview, including vaccination update	TB (01/22) 011	LK
BREAK at 11:00am				
11:15	12.	Acute Collaboration Programme	TB (01/22) 012	DB
11:25	13.	Finance Report Month 8	TB (01/22) 013	DM
11:35	14.	Draft Finance 2022/23 Planning	TB (01/22) 014	DM
11:45	15.	Risk Register Report	TB (01/22) 015	KD
Our people				
11:55	16.	Our People: Dashboard	TB (01/22) 016	Exec Leads
Our population				
12:05	17.	Our Population: Dashboard	TB (01/22) 017	Exec Leads
12:20	18.	The Green Plan	TB (01/22) 018	RBa
12:35	19.	Place-Based Partnerships Report	TB (01/22) 019	DF
Governance				
12:50	20.	Appointment of Vice Chair	TB (01/22) 020	DN
12:55	21.	Any other business	Verbal	DN
	22.	Details of next meeting of the Public Trust Board: Wednesday 2nd February 2022		
13:00	Meeting close			

Report Title:	Declaration of Interests Register		
Sponsoring Executive:	Kam Dhama, Director of Governance		
Report Author:	Dan Conway, Associate Director of Corporate Governance		
Meeting:	Trust Board (Public)	Date	5 th January 2022

1. Suggested discussion points *[two or three issues you consider the Trust Board should focus on]*

The Declaration of Interests (DoI) register enables all Trust Board Directors to ensure transparency and declare any actual or potential conflict of interest. It is the responsibility of Board members to ensure that they are not placed in a position which risks, or appears to risk, conflict between their private interests and their NHS duties. The current DoI register is provided at Appendix 1.

The DoI register will be made available for inspection, the Trust publishes the declared interests of Trust Board Directors on its website for public scrutiny, and the register will appear in the Trust's Annual Report. The DoI will also be reviewed annually by the Audit and Risk Management Committee.

2. Alignment to our Vision *[indicate with an 'X' which Strategic Objective this paper supports]*

Our Patients	X	Our People	X	Our Population
To be good or outstanding in everything that we do		To cultivate and sustain happy, productive and engaged staff		To work seamlessly with our partners to improve lives

3. Previous consideration *[where has this paper been previously discussed?]*

N/a

4. Recommendation(s)

The Trust Board is asked to:

a. NOTE: the declared interests of Board members

b.

c.

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register		N/a			
Board Assurance Framework		N/a			
Equality Impact Assessment	Is this required?	Y		N	If 'Y' date completed
Quality Impact Assessment	Is this required?	Y		N	If 'Y' date completed

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Declarations of Interest: January 2022
Trust Board Directors

Name	Role	Description of declared interest	Comment / reasoning for acceptance of material interest (where required)
Sir David Nicholson	Trust Chair	<ul style="list-style-type: none"> • Sole Director – David Nicholson Healthcare Solutions • Visiting Professor - Global Health Innovation, Imperial College • Non-Executive Director – Lifecycle • Spouse is Chief Executive of Birmingham Women's and Children's NHS Foundation Trust • Worcester ICS Chair • Governor - Nottingham Trent University (from Jan 2020) • Trustee – Invictus Academy • Member - IPPR Health Advisory Committee • Senior Operating Partner for Healfund (Investor in healthcare in Africa) • Advisor to KPMG Global • Director - The Worcestershire Healthcare Education Co Ltd 	<p>This role does not bring any business decisions that would be in direct competition with Sandwell and West Birmingham Hospitals NHS Trust</p> <p>Will withdraw from any business discussions that could have any potential conflict of interest</p>
Mike Hoare	Non-Executive Director	<ul style="list-style-type: none"> • Director: Metech Consulting • CTO: Fujitsu 	<p>These roles does not bring any business decisions that would be in direct competition with Sandwell and West Birmingham Hospitals NHS Trust</p>

Name	Role	Description of declared interest	Comment / reasoning for acceptance of material interest (where required)
Waseem Zaffar	Non-Executive Director	<ul style="list-style-type: none"> • Elected Councillor: Lozells Ward (Birmingham City Council) • Cabinet Member at Birmingham City Council (Transport & Environment) • School Governor: Heathfield Primary School.(Chair) • Member: Unite the Union and the Labour Party. • Director: Simmer Down CIC • Director: Midlands Community Solutions CIC • Director: West Side BID • Member of GMB Union • Director at West Midlands Rail • Regional Board Member of Canals and River Trust, • Member of the West Midlands Combined Authority Environment Board • Member of the Trent Floods Committee • General Secretary at Labour Friends of Kashmir • Member at Labour Cycles 	Will withdraw from any business discussions that could have any potential conflict of interest
Kate Thomas	Non-Executive Director	<ul style="list-style-type: none"> • Sessional Post – GMC (Education Associate) • Sessional Post – Health Education England (Member: Foundation Programme Workforce Delivery Group) • Trustee – Medical Schools Council Assessment 	Will withdraw from any business discussions that could have any potential conflict of interest
Mick Lavery	Non-Executive Director	<ul style="list-style-type: none"> • CEO: ExtraCare Charitable Trust • Council Member & Audit Committee Chair : University of Birmingham 	Will withdraw from any business discussions that could have any potential conflict of interest

Name	Role	Description of declared interest	Comment / reasoning for acceptance of material interest (where required)
Lesley Writtle	Non-Executive Director	Nil declared	n/a
Richard Beeken	Chief Executive	<ul style="list-style-type: none"> • Director and Company Secretary of Watery Bank Barns Ltd • Wife, Fiona Beeken, is a senior lecturer in midwifery at Wolverhampton University 	This role does not bring any business decisions that would be in direct competition with Sandwell and West Birmingham Hospitals NHS Trust
Dinah McLannahan	Chief Finance Officer	<ul style="list-style-type: none"> • Independent Member of the Audit Committee and Black Country Museum. 	This role does not bring any business decisions that would be in direct competition with Sandwell and West Birmingham Hospitals NHS Trust
Mel Roberts	Acting Chief Nurse	<ul style="list-style-type: none"> • Company Secretary – Star leather (husband’s company) 	This role does not bring any business decisions that would be in direct competition with Sandwell and West Birmingham Hospitals NHS Trust
Frieza Mahmood	Chief People Officer	<ul style="list-style-type: none"> • Non-Executive Director - Washwood Heath Multi Academy Trust 	This role does not bring any business decisions that would be in direct competition with Sandwell and West Birmingham Hospitals NHS Trust
David Carruthers	Medical Director	Nil declared	n/a
Liam Kennedy	Chief Operating Officer	Nil declared	n/a

Name	Role	Description of declared interest	Comment / reasoning for acceptance of material interest (where required)
Kam Dhami	Director of Governance	Nil declared	n/a
Daren Fradley	Director of Integration (Interim)	<ul style="list-style-type: none"> • Deputy CEO / Exec Director of Integration – Walsall Healthcare NHS Trust (seconded to SWBH) • Non Exec Director – Walsall Housing Group • Director – Wombourne Management Company • Spouse – System Manager – West Midlands Ambulance Service NHS Foundation Trust • Practice Plus Group Employee - NHS 111 Clinical Advisor 	These role does not bring any business decisions that would be in direct competition with Sandwell and West Birmingham Hospitals NHS Trust

Jan 2022

TRUST BOARD – PUBLIC SESSION MINUTES

Venue: Meeting by WebEx.

Date: Thursday 2nd December 2021, 09:30-13:00

Members:

Sir D Nicholson (Chair) (DN)
 Cllr W Zaffar Non-Executive Director (WZ)
 Prof K Thomas, Non-Executive Director (KT)
 Mrs L Writtle Non-Executive Director (LW)
 Dr D Carruthers, Medical Director (DC)
 Ms M Roberts, Chief Nurse (MR)
 Ms D McLannahan, Chief Finance Officer (DMc)
 Ms F Mahmood, Chief People Officer (FM)
 Mr M Laverty, Non-Executive Director (ML)
 Mr R Beeken, Chief Executive (RBe)
 Mr L Kennedy, Chief Operating Officer (LK)
 Ms K Dhami, Director of Governance (KD)

In Attendance:

Mrs R Wilkin, Director of Communications (RW)
 Mr D Conway, Company Secretary (DCo)
 Mr D Fradgley, Interim Director of Integration (DF)
 Ms H Hurst Director of Midwifery (HH)
 Mr D Baker, Director of Partnerships & Innovation (DB)
 Ms R Barlow, Director of System Transformation (RBa)

Guests:

Sophie, Amber & Donna (Lindon 3)

Apologies:

Mr M Hoare, Non-Executive Director (MH)

Minutes	Reference
1. Welcome, Apologies and Declarations of Interest	Verbal
<p>Chair DN welcomed Board Members to the meeting.</p> <p>Apologies: Apologies were received from Mike Hoare.</p>	
2. Patient Story	Verbal
<p>MR introduced staff from Lindon 3 Ward who had been invited to share their team’s story of working through the pandemic, including reflections on the impact of the experience on their health and wellbeing. MR expressed the view that a key learning from the presentation would be how the Trust was listening to its staff.</p> <p>It was explained that Sophie (Ward Manager) had her seconded position confirmed during a COVID-19 peak, which had been challenging. Sophie made the following points to note:</p> <ul style="list-style-type: none"> ○ Surgical Services was comprised of seven different wards. Lindon 3 was the elective Orthopaedic ward. ○ Team members had been moved nine times in a period of 18 months to work in ‘red’ and ‘amber’ category wards in response to the first and second waves of the pandemic. The focus had been on Medical rather than Surgical patients at a time when there had been great uncertainty about how to tackle the new virus. ○ Full PPE had been worn, making staff identification difficult and teams were facing a high, daily patient death rate, sometimes in double figures. Traumatic events included a patient dying unexpectedly whilst a staff member was on the phone to relatives to tell them that he would be 	

returning home because it was thought he was recovering.

- Support for each other within the team group was high.
- The move back to Lindon 3 and a familiar environment had been a comfort for the team, even though the patient base was different. However, the bed base rose from 24 to 34. A higher level of staff vacancies caused extra pressure and staff sickness increased from 5% to 11.97% at one point because of the stress dealing with patients who were acutely unwell or had mental health problems leading to high rates of violence and aggression.
- The ward had returned to elective surgery from 1st November 2021. Sophie expressed the view that the team was stronger than ever because of their shared experience.
- A slide was shared with the Board capturing some words/comments from staff summarising feelings of frustration and mental and psychological trauma from the period. Sophie further expressed the view that the full extent of the longer-term impact of the pandemic response on staff wellbeing would not be known for some time.
- A wellbeing event had been held at the Education Centre which had been well received. The team were given regular breaks at work and an 'open door' policy offered further support. Annual leave had been prioritised to enable staff to reflect and recharge before recommencing surgical duties.

DN thanked Sophie for sharing the team's story.

FM queried whether there was anything that the Trust could have done to mitigate some of the impact or communicated better. Sophie commented that the frequency of the moves had been unsettling and disheartening.

Sophie further acknowledged that with the Winter pressures and the new COVID variant, there was a chance that elective activity would be halted once more. Allowing more lead-in times in future before making essential moves was suggested.

LW queried what further support could be offered to staff to help them cope with the continuing pressures. Sophie commented that staff needed some time to reflect and perhaps utilise the Trust's Wellbeing Hub.

DC queried the team's relationship with the medical team and consistency. Sophie reported there had been little communication with the medical teams on different wards.

Donna extended an offer to Board members to visit the wards. DN summarised that one of the key messages was not to underestimate the time it took from making a decision to move someone to actually moving them in terms of communications with relatives etc. More support would be required when moves had to happen.

DN expressed admiration for the work that had been undertaken during this period.

3. Minutes of the previous meeting, action log and attendance

TB (12/21) 001

TB (12/21) 002

TB (12/21) 003

The minutes of the meeting held on 4th November 2021 were reviewed and **APPROVED**, subject to the following amendment:

- Item 15 Finance Report: Month 6 – The word 'ENGIE' to be altered to energy.

The action log was reviewed with the following update:

- *TB (11/21) 013 - Arrange hospital site visits for Non-Executive Directors. KD and RBe to decide whether to partner NEDs up with Executive KLOE leads for the well-led self-assessment. Arrange Board development time.*

DCo reported that a programme of Board visits was in the process of being scheduled for the New Year. **Completed.**

4. Chair's opening comments

Verbal

DN reported that Lesley Writtle had been successful in the process to appoint a new Vice Chair of the Trust Board and he welcomed her to the role. He advised that a paper would formally be presented to the next Trust Board meeting for affirmation.

DN further reported that an advertisement to fill the roles of a Non-Executive Director and an Associate Non-Executive Director for the Board had been placed. Interviews would take place on 10th December 2021. There had been a strong response to the opportunity, with more than 40 applications received.

5. Chief Executive's Report

TB (12/21) 004

DMc summarised the Chief Executive Report in place of RBe (*technical difficulties prevented his contribution in the early part of the discussion*). The following key points were highlighted:

DMc reported that NHSE/I had been taking a new, but consistent approach. All Trusts and systems had been allocated to one of four segments.

SWBH had been scored a '3' which was consistent with the previous oversight regime. This indicated that significant support would be needed to address one or more of the five national oversight themes and an actual or suspected breach of the licence. DMC referred to the details of the assessment in the paper.

There had been a definite shift towards a more supportive offer from NHSE/I in the areas requiring improvement, which was welcomed. DN queried whether these items had been covered in the Trust's planning for the next couple of years. DB commented that excepting ambulance turnaround, all of the metrics mentioned were part of the Trust's Board level metrics, which was reassuring.

DN commented that to be scored '3' was not good enough. ML queried the level of practical support and the scores of similar organisations. LK reported that around 60-65% of similar organisations nationally had been scored a soft '3'. FM reported that the scope of work required had been defined from a support perspective. This was currently under consideration and would be communicated to the national team.

LK commented that the impact of COVID-19 on the Trust's performance needed to be taken into account. The Trust had historically been good at ambulance handovers, however, it was also coping with a large number of intelligent conveyances from other Trusts who were less good in this area, which had impacted performance.

DMc acknowledged that the Trust had submitted a deficit position in 2019/20 but this was aligned to the Control Total requirements and was to Plan. Whilst there had been a deterioration, this was specifically related to Taper Relief costs around decommissioning and double-running costs in preparation for MMUH.

She further acknowledged that the Trust was a key driver of the underlying system deficit but made the point that the Trust was also a key system player, and all of the acute Trusts in the Black Country were in

an underlying deficit position. She was satisfied that the Trust had measures in place to address the issue.

RBe raised the issue of the MMUH completion date and the target occupation date for clinical services which had been expected to be announced at this Board meeting. He reassured colleagues that the numbers of construction workers on site and the quality of work by the Balfour Beatty team were probably greater than at any other time in the last 6-12 months.

Discussion about final dates had not concluded and the announcement would now be made some time in the New Year.

6. Questions from members of the public

Verbal

None submitted formally.

WELL LED

7. Board level metrics and IQPR exceptions

TB (12/21) 005

DB highlighted mixed-sex accommodation, Friends and Family, CIP and stillbirth numbers. It was noted that three of the four topics would be discussed in more detail later in the agenda.

Mixed sex accommodation (MSA)

The Trust had not been reporting its MSA numbers, however, DB stated that the Trust now had an approach to reporting in place which would include validation to ensure accuracy. Therefore, DB advised that MSA reporting would be expected to commence within the next couple of months.

DB expressed the view that there did not appear to be a strong system-wide approach to automate this requirement. Rather, there were many different methods utilised by Trusts generally.

Friends and Family

MR reported that it was hoped that more Friends and Family would take part in the survey in the next few months. From January 2022, the new Head of Patient Experience would be working with each of the Groups individually, to discuss potential improvements.

ML queried the level of overdue actions and progress. KD reported that the data did not represent the progress that had been made recently. The topic had been discussed at the Risk Management Committee and it had been determined there was an element of people not updating actions on the system.

8. BAF update

TB (12/21) 006

RBe opened the discussion by stating that it had been too long since the Board had received an update on the current Board Assurance Framework (BAF) or had an update on the mitigations to the key risks identified.

The paper set out the Executive Directors' current assessment of risk mitigation and also detailed the Board's intended process to reach a new BAF which would start in January 2022, with the Board receiving a draft of actions for the next five years.

External consultation would help the Board identify key risks in relation to the Trust's strategic objectives.

KD reported that the risks were last seen at the June 2021 Board, however, the Executive commentary at that point had been light. In terms of the level of assurance, this was delivered by the Board sub-

committee. She acknowledged there had been a waning in terms of the rigour applied to this topic.

Some of the strategic risks had been discussed in detail including mortality, MMUH and workforce and staff wellbeing. New risks had yet to be risk assessed.

LW commented there were far too many strategic risks for the Board to focus on and welcomed the inclusion of external help which would identify the high-level risks and get the BAF in order. She commented that the external auditors had highlighted this for the last couple of years. It was accepted that a lot of the risks were out of date or had a wrong narrative attached.

DN queried the timeline towards a functioning BAF. RBe commented that a complete revision of the Trust's BAF, aligned to the strategy, would be expected by the end of the financial year.

ML expressed the view that management of the risks should be the key priority.

DF raised the point that to review the complexity of Place would require proper measures of gaps and assurance.

DN commented that the paper was a good step forward and set out a pathway to rethink the position in relation to assurance.

BREAK

9. Our Patients: Dashboard

TB (12/21) 007

RBe explained that the purpose of the Patient Dashboard was to take a more detailed executive commentary on actions to mitigate risks or issues that were present with the delivery of the agreed Board level metrics. The focus would be on the objectives of People, Patients and Population. This was a work in progress.

DC raised HSMR, SHMI and nosocomial impact on mortality rates. It was reported that mortality had been stable on a month-by-month basis with a SHMI of 105 in May and an HSMR of 110 in June. There had been a steady fall in the cumulative scores over the last 12 months.

The focus continued to be on quality improvement work around sepsis and work with the Medical Examiners. Process issues around documentation and coding had been helped by the appointment of the Digital Fellow who had been helping with reviews of cases and the review of documentation. DC assured that there remained a focus on the quality improvements of areas of concern including infection-related mortality and early alerts.

KT highlighted and commended the excellent work of the Learning from Deaths Committee which was helping to share learnings and prevent errors.

MR highlighted the MRSA Bacteraemia metric change to MRSA screening. She further reported that in terms of caring, 90% of wards and services now had 'Perfect Ward' working for them. Roll-out would continue in Paediatric wards in January 2022. The audit would include peer review of the Groups.

LK reported that the Trust's 62-day performance had been recovering. It was expected that cancer performance targets (62-day) would start to be delivered by the end of December 2021. The big risk to future delivery, however, was the delay in histology.

10. Receive the update from the **Quality and Safety Committee** held on 26th November 2021

TB (12/21) 008

KT updated that the Committee had discussed the number of stillbirths (5) that had occurred in October 2021. In response, the team had undertaken a rapid analysis of possible reasons.

It was reported that a number of the women affected had booked into antenatal care very late into their pregnancies, had not presented with reduced fetal movements and had generally been individuals for whom English was not their first language.

There has been a subsequent Directorate meeting which had agreed actions under the Implementation Plan to mitigate these issues in the future.

KT further reported that staffing difficulties in Maternity in-patients and Community Services continued. This affected about 50% of the shifts and recruitment options were being explored. Despite this, an improvement in late induction numbers had been achieved.

An Infection Prevention Control visit from NHSE/I had taken place on 21st October 2021 – a follow-up to a previous visit to the Trust which had resulted in a 'red' rating. KT commented that improvements made over the last 12 months meant that the Trust had now moved to an 'amber' rating however, there were still areas requiring attention and an action plan was being developed, taking into account new Infection Prevention and Control guidance.

A report had been received from Tammy Davies (PCCT) reviewing safeguarding for children and vulnerable adults, that had been commissioned by MR. It was reported that good practice had been found across the Trust. Specialist teams had been adjudged as knowledgeable and skilled, however, there was a lot of work still to be done to share the learnings across the organisation. It was felt that resource was lacking and therefore, a business case was being drafted to expand the team to ensure it was a safe service Trust-wide.

Mortuary security had also been discussed on the back of a request for assurance from NHSE/I. The review of compliance had been conducted against the guidance and additional NHSE/I conditions. Whilst the Trust was compliant, City Hospital was found to be compliant only with some work arounds. A risk assessment had been carried out and would be reviewed by the Risk Management Committee on 13th December 2021.

DM queried whether the Trust was compliant with the national Stillbirth Reduction Programme. HH commented that a lot of work had been carried out and an overall downward trend had been observed. Fluctuations in numbers were to be expected. Twenty-five pharmacies had been engaged to help support women book in for care at the point of diagnosing pregnancy. EDI work would hopefully help inform communities.

MR commented that a piece of work in relation to the use of interpreters was ongoing in the organisation. It was noted that more work might be needed in West Birmingham.

The stillbirth rate for November 2021 had been '3'. Two specific spikes in numbers had been observed in the last 18 months – in July 2020 and October 2021. This issue was being monitored very carefully and it was noted that deep dives were made into every stillbirth case.

HH expressed the view that the Trust should never see stillbirth as inevitable. She commented that culturally, some women would choose not to terminate because of congenital abnormalities.

KT clarified that the Committee had not been assured on Maternity staffing, the safeguarding review and mortuary security.

MR further commented that in relation to safeguarding, increased caseloads were having an impact.

11. Receive the update from the Finance and Investment Committee held on 26th

TB (12/21) 009

November 2021

DMc commented that new members for the Finance and Investment Committee (FIC) were being recruited.

Overall, the Trust was getting enough income to cover its costs and would be fully expecting to deliver a cash-backed, breakeven position. Meaningful budget-setting for 2022/23 would be required to hold the organisation to account for delivery.

Triangulation would be a focus to the approach, i.e., the links between the activity and capacity plans and workforce, along with the financial implications. This had been discussed by the Executive Group and would be led by DMc and the finance team. A governance plan and timeline were in place for the coming months.

The draft five-year Capital Programme had also been reviewed. It included a forward forecast and had indicated the Trust had enough of its own cash to fund it. The key risk was around not being able to secure enough capital resource to be able to deliver the programme. A key mitigation however, would be the ability to connect it to MMUH preparations. It was expected that the region would be able to support the Trust with regional CRL.

DMc also raised the transfer of West Birmingham into BSOL ICS and other changes. The first preparation paper had been discussed. The cost analysis would be completed very shortly.

12. Maternity Improvement Plan

TB (12/21) 010

MR introduced the paper by referring Board members to the Ockenden assessment tool which would be included on a monthly basis, going forward. MR advised that the report was focused on staffing and changes to the community midwifery service.

Future board papers would include a report from Neonatal.

HH stated that the Board Oversight Framework was new to Board and had come about as a result of the Ockenden Report. A key exception was progress against CNST10 criteria. The Trust had been making progress against all ten criteria, with a focus on the two areas of non-compliance from 2020:

- Safety actions 3 & 9

The outcome of an action plan bid to NHSR in support of these areas was awaited. Monthly oversight meetings were being held.

Extreme concern continued in relation to the workforce within the service. Additional rotational posts had been introduced to even out the vacancies. Eight midwives had already been moved to Community Midwifery and this number was expected to rise to 11 in the coming months.

There had been improvement to the delayed induction rates – a reduction of 54%.

The reduction in redeployment of staff to support acuity and capacity over the last four months had reduced from 75 to 24 occasions.

Community midwifery caseloads were above the capacity indicated by the birth rate plus base line.

The major stumbling block was the large number of women who chose to give birth elsewhere. An in-depth review would be conducted to establish the Trust's Community Midwifery requirements. It was reported this was a huge undertaking for the team which had never been done anywhere else.

A proposal had been submitted to the ICS to scope and model a woman's journey. This had been approved

and had been positively received by other organisations within the ICS.

Work to recruit nurses into Maternity was ongoing. One had already commenced work and had been doing exceptionally well. A further ten nurses were expected to follow. Recruitment of international midwives would be predominantly for Community Midwifery.

The Trust had commenced with one apprentice midwife in training. A bid had been submitted to the ICS to expand this apprenticeship scheme/new initiative, further.

RBe stated that Community Midwives needed to be involved in the establishment of new posts to ensure they understood their voices had been heard.

DB questioned the concerns about Maternity having some of the lowest engagement scores. HH acknowledged that the culture needed to be better across Maternity. She commented that the service had not stopped through the COVID-19 peaks and staff were exhausted. The ICS was very aware of the low morale in Maternity services and would be issuing an improvement plan.

HH reported there were 16.6 vacancies and 10 in Community Midwifery, made worse by high levels of maternity leave. It was accepted that Midwifery staffing was in a fragile state across the country. MR commented that everything possible had been done to recruit, but there was a national shortage of midwives.

FM commented that the primary reason for people leaving the organisation was that the workload was perceived as being unmanageable and they were not able to influence decisions as to the way they work. However, she expressed the view that there was probably more that could be done collaboratively as a region to prevent staff from moving between Trusts.

13. Winter Plan

TB (12/21) 011

LK introduced the Winter Plan, highlighting the following points to note:

Various schemes would be employed to reduce admissions into the organisation, recognising there would be a 60-bed shortfall approx., based on demand and capacity work conducted across the system.

A suite of measures and targets had been put in place to track the progress and effectiveness of schemes in relation to their objectives.

Staffing had been identified as the biggest risk to the successful implementation of the Plan. Mitigations included bank and agency supply and safer staffing assessments, ensuring that safety and quality remained paramount.

In terms of the Emergency Access Standard (EAS) and ambulance handover performance, the Trust's position against the 4-hour access target for October 2021 had slightly declined as predicted, with an out turn of 72.66% (73.1% September 2021). However, LK pointed out that this had to be seen in the context of almost 1,000 additional attendances across the two sites. Performance at Sandwell and BMEC had slightly improved, with City continuing to decline. The Trust remained in the top half of the national position.

There had been a marked increase in ambulance handovers to time targets throughout September and October 2021 compared to previous months. This would be reviewed in more detail.

In October 2021, City site had an additional 256 ambulance conveyances. These large numbers would inevitably have an impact on performance.

LK identified the discussion points as being the monitoring and the level of assurance required by the

Board.

RBe suggested that the Winter Plan be tracked at Committee level. He also stressed that medical staff in partner organisations were working just as hard as people in the Trust despite the level of conveyance help given by the Trust to its neighbours.

14. COVID-19: Overview, including vaccination update

TB (12/21) 012

The COVID-19 report was noted. LK reported that the situation was relatively stable in terms of community infection rates and current in-patient numbers.

He highlighted the mandatory vaccination announcement for discussion. There had been no clear guidance as yet on its implementation. Its potential impact on the organisation however was already being considered.

MR offered to update the Board with more detail at the next meeting. She advised that the new variant was similar to the Delta variant, but it was very infectious. How it would affect the most vulnerable people was currently unknown. Some more work was being done nationally to discover more about the variant and the efficacy of existing vaccines against it.

A decision had been made for the Trust not to change the response until more was known.

WZ queried the approach to low vaccination rates in some wards of his constituency and urged that efforts to encourage vaccination be continued. It was reported that hospital vaccination hubs and community pop-up clinics had recommenced to try to raise vaccination rates.

15. Acute Collaboration Programme

TB (12/21) 013

The paper was noted. DB reported that a piece of work by EY was being conducted into Clinical reconfiguration which would be published around Christmas.

It was observed that the Acute Care collaboration was becoming more of a provider collaborative.

RBe updated the Board on the context of the EY work which was to protect cold sites from further pressures to aid restoration and recovery.

16. Finance Report: Month 7

TB (12/21) 014

DMc reported that Month 7 had been as expected and the Trust had been able to report on plan, utilising around £500k of flexibility. Around £3m minimum of flexibility would be required to reach the Trust's year-end breakeven target, accepting that the gap would get bigger in the face of Winter pressures.

The Trust had at least £5m of its own flexibility and the system's risk reserve would be available should it be required.

Directors across the system and Chief Operating Officer colleagues would need to do some focused work on electives. i.e., clear plans to improve the waiting lists and assess new costs.

There would also be a focus on setting budgets post COVID-19. Cash balances remained strong at £67m and DMc commented that it had been pleasing to receive some capital and revenue funding in relation to the Targeted Investment Fund (TIF).

ML queried how all the capital would be spent. DMc reported that a detailed review had been carried out and had concluded that the Trust was on track to successfully spend the money. However, there was a

huge external risk to the spending plan from disrupted and uncertain supply chains because of the pandemic and Brexit-related issues.

The Board noted the report.

Our people

17. Our People: Dashboard

TB (12/21) 015

FM flagged that the staff sickness rate had been rising but advised there were robust management plans in place in terms of mitigation.

Investment continued into the Trust's wellbeing offering. There had been disappointing staff engagement scores (discussed earlier in the agenda) and improvement plans were in place.

It was noted that turnover levels had improved across the Trust which was part of the national Pioneer programme offered by NHSE/I. FM advised that the Board could expect to see additional improvements over coming months.

In response to a query from ML, FM stated that the trust was still lagging in comparison to other similar organisations. It was in the bottom three Trusts in the region and significant improvements would be required.

LW expressed the view that the Trust appeared to have a problem with staff engagement and suggested that a more radical approach might be required going forward. FM agreed that traditional approaches had tended to reach the same people and change would be important using local focus groups for example.

18. Receive the update from the **Audit and Risk Committee** held on 4th November 2021

TB (12/21) 016

LW referred Board members to the paper and highlighted the following issues:

Health and Safety (H&S)

There had been insufficient assurance around gaps in H&S. KD would report back on specific actions which would be undertaken to deliver the necessary assurance.

Internal audit actions

There had been accumulation of outstanding internal audit actions, which did not represent good practice. 77 actions had been reduced to single figures which was commendable.

BAF

(Discussed earlier in the agenda).

External audit actions

This would be the focus of improvement going forward.

19. Freedom to Speak Up Report

TB (12/21) 017

FM updated the board on progress which had been slower than desired. The following points were highlighted:

Staff feedback had indicated that key areas requiring continued improvement included giving staff the

confidence to raise concerns, improving the experience they go through during the process and learning from incidents in a more thematic way across the Trust.

FM reported that the focus of work had been to this end over the last few months and a plan was in place to achieve these objectives.

A lead for the Freedom to Speak Up Guardians had been recruited to focus on raising staff awareness, utilising the potential of the Speak Up month in the month of October, to review how the Trust dealt with employee relations concerns and implement a restorative approach designed to explicitly demonstrate fairness and transparency. The role would commence in the New Year.

FM expressed the view that engagement work undertaken to date had been very well received and the emphasis had been on creating an environment of psychological safety to encourage staff to speak out.

Guardian capacity and their diversity remained outstanding issues.

LW reported that progress had been variable and commented that the paper was high-level. She suggested that the Trust return to the original 12-point route map from the National Guardians Office.

DN commented that the work needed to be consistent and queried whether the pace was going fast enough to effect change.

He suggested that the next time a Freedom to Speak Up report came to Board, it would cover culture and leadership changes and also the triangulation of efforts and an expression of thematic concerns from the Guardians themselves.

DN commented that this would be a key element of strategy going forward.

Action: Paper to be presented in relation to the Freedom to Speak Up 12 point plan. To include a narrative from the Guardians themselves, addressing themes.

Our population

20. Our Population: Dashboard

TB (12/21) 018

DF reported that the metrics were being developed with the Place team. These had been challenged by the Place Based Board with some gaps highlighted. Work would address these issues over the next couple of months.

Ladywood and Perry Barr would be areas of evolution (discussed later in the agenda).

21. Receive the update from the Charitable Funds Committee held on 24th November 2021

TB (12/21) 019

WZ reported that some Arts Council support had been received for the Trust to develop and support the fundraising campaign for MMUH.

The Trust's relationship with the Aston Villa [FC] Foundation had been strengthened. Uncertainty around the opening date for MMUH continued to be a challenge to the campaign.

Work was ongoing in relation to deciding whether to move towards independent charitable status. The Committee hoped to return to the Trust Board in the early part of 2022 with a recommendation to either accept or reject this idea.

22. Charity Annual Report and Accounts

TB (12/21) 020

RW presented the Charity Annual Report and accounts (2020/21) for adoption by the Board. It had been an extraordinary year for the Charity in terms of donations both from local communities as gifts in kind and the NHS Charities Together organisation.

New auditors had been appointed this year for the Charity accounts and had presented a very thorough audit findings report at the Charitable Funds Committee meeting, which had resulted in a clean bill of health for the accounts which was pleasing. One recommended inclusion had been made along with some changed working to the reserves policy.

DN expressed thanks to the individuals who had been involved in the fundraising. The Trust Charity Annual Report and accounts were **APPROVED** and **ADOPTED**.

23. Placed-Based Partnerships Report

TB (12/21) 021

The Report was taken as read. DF highlighted the following points to note:
 Work was ongoing to align Commissioner decisions with provider decisions, largely through the narrative of the Better Care Funds. This would give the Trust an opportunity for transformation in the coming year.
 The Governance plan was out for consultation with the partners. Broadly, this had been well received.
 The proposal was still out for consultation to repurpose the Population Health Committee of the Trust into the Integration Committee. Discussions were ongoing.
 DF raised the risk presented by the transition of West Birmingham into the BSOL system. The level of governance in West Birmingham was not comparable with that in place in Sandwell.
 ML queried the executive appointments process. DF reported this was in process.

24. Any other business

Verbal

Public questions

DCo acknowledged questions from the public which had been received. They would be addressed at the next Board meeting.

Board meetings day change

It was reported that Board meetings would be held on Wednesdays going forward.

25. Details of next meeting of the Public Trust Board:

Verbal

- The next meeting would be held on Wednesday 5th January 2022

Close

Signed

Print

Date



Trust Board Public Action Tracker

01 January 2022

REF	ITEM	ACTION	ASSIGNED TO	DATE ASSIGNED	Date Due	STATUS	NOTES
TB (12/21) 013	Freedom to Speak Up Report	Paper to be presented in relation to the Freedom to Speak Up 12-point plan. To include a narrative from the Guardians themselves, addressing themes.	Frieza Mahmood	Dec-21	Feb-22	Not Started	

Trust Board Attendance Register 2021/22

Trust Board Members		01-Apr-21	06-May-21	09-Jun-21	01-Jul-21	05-Aug-21	02-Sep-21	07-Oct-21	04-Nov-21	02-Dec-21	06-Jan-22	03-Feb-22	03-Mar-22
Sir David Nicholson	Chairman		Y	Y	Y	NO MEETING	Y	Y	Y	Y			
Harjinder Kang	Non-Executive Director	Y	N	Y	Y		Y	N	Y				
Prof Kate Thomas	Non-Executive Director	Y	Y	Y	Y		Y	Y	Y	Y			
Clr Waseem Zaffar	Non-Executive Director	Y	N	Y	Y		Y	Y	Y	Y			
Mike Hoare	Non-Executive Director	Y	Y	Y	Y		Y	Y	Y	N			
Mike Lavery	Non-Executive Director	Y	Y	Y	Y		Y	Y	Y	Y			
Lesley Writtle	Non-Executive Director	Y	Y	N	Y		Y	N	Y	Y			
Richard Beeken	Interim Chief Executive	Y	Y	Y	Y		Y	Y	Y	Y			
Dinah McLannahan	Chief Finance Officer	Y	Y	Y	Y		Y	Y	Y	Y			
Liam Kennedy	Chief Operating Officer	Y	Y	Y	N		Y	Y	Y	Y			
Prof David Carruthers	Medical Director	Y	Y	Y	Y		Y	N	Y	Y			
Melanie Roberts	interim Chief Nurse	Y	Y	Y	Y		Y	Y	Y	Y			
Frieza Mahmood	Chief People Officer	Y	Y	Y	Y		Y	Y	Y	Y			
Kam Dhami	Director of Governance	Y	Y	Y	Y		Y	Y	Y	Y			
Daren Fradgley	Director of Integration							Y	Y	Y			
Y	Attended meeting												
N	Apologies provided												

Note: Richard Samuda chaired the April 2021 meeting

Report Title:	Chief Executive's Report		
Sponsoring Executive:	Richard Beeken, Chief Executive		
Report Author:	Richard Beeken, Chief Executive		
Meeting:	Trust Board (Public)	Date	5 th January 2022

1. Suggested discussion points *[two or three issues you consider the Trust Board should focus on]*

This month, I am bringing the Board's attention to the following two items:

1. The management of a significant IT data loss incident which has impacted upon our staff and patients' care.
2. The national COVID-19 Public Inquiry and the associated "stop" notice appended at annex A in draft form

2. Alignment to our Vision *[indicate with an 'X' which Strategic Objective this paper supports]*

Our Patients	X	Our People	Our Population
To be good or outstanding in everything that we do	X	To cultivate and sustain happy, productive and engaged staff	To work seamlessly with our partners to improve lives

3. Previous consideration *[where has this paper been previously discussed?]*

n/a

4. Recommendation(s)

The Trust Board is asked to:

- a. **NOTE** the content of the report
- b. **ACKNOWLEDGE** that the Trust is issuing a "stop notice" with regard to the need to retain all documents; correspondence; notes; emails; and all other information, however held, which contain or may contain content pertaining directly or indirectly to SWB's response to the COVID-19 pandemic and key decisions made as part of the recovery

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register	X	Various IT and C-19 related items					
Board Assurance Framework	X	n/a					
Equality Impact Assessment	Is this required?	Y	N	X	If 'Y' date completed		
Quality Impact Assessment	Is this required?	Y	N	X	If 'Y' date completed		

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Public Trust Board: 5th January 2022

Chief Executive's Report

1. Introduction

- 1.1 The Chief Executive's report is an opportunity each month, for the Accountable Officer of the Trust to bring to the Board's attention any regulatory or other external matters, which are not covered in the Board papers that month.
- 1.2 This month, I would like to brief the Board on two matters, namely:
 - a. The management of a significant IT data loss incident which has impacted upon staff and patient care; and
 - b. The emerging information about the national, COVID-19 Public Inquiry and how we must sponsor organisational preparations for submitting evidence to that Inquiry

2. IT incident

- 2.1 December saw us witness a major IT Incident which disrupted over 20 systems across the Trust. While an independent external review of the cause and recovery of the systems impacted is underway the incident was caused by a recommended update and security patch to an operating system issued by an international software provider who subsequently advised to uninstall the patch through reported known issues. On attempting to remove the patch there was system and data loss.
- 2.2 The in house IT team and their suppliers have worked to recover and restore the majority of systems engaging with a specialist data recovery company. At the time of writing the recovery of the full data set for the BMEC patients is still underway.
- 2.3 No patient data has been exfiltrated and the Information Commissioner is aware. There is no evidential behaviour that leads us to believe this incident was caused by a cyber-attack. This was also not caused by any individual clinical systems or suppliers, and the response from our suppliers and the Informatics team, to this unprecedented event, has been well managed and professional. At executive level we have and continue to, manage this as a business continuity incident through our already established tactical and strategic command arrangements.
- 2.4 During the incident the Ophthalmologists engaged their Business Continuity Plans and continued to see and treat the majority of patients although some operations and procedures were postponed on assessment of clinical risk. Scanning continues and we are working to recover all historic images and patient contact details.
- 2.5 The Executive Team has agreed to secure the services of the IT team from a local NHS Trust to review the reasons for the incident and to test the strength of our technical

response. The conclusions will be reported to the audit committee and the terms of reference have been shared with non-executive directors.

3. The COVID-19 Public Inquiry

- 3.1 On 15 December the Prime Minister appointed the Rt Hon Baroness Heather Hallett DBE as Chair of the forthcoming public inquiry into the COVID-19 pandemic. The Inquiry, set to begin its work in spring 2022, will be established under the Inquiries Act 2005, with full powers, including the power to compel the production of documents and to summon witnesses to give evidence on oath. Additional panel members will be appointed in 2022 to make sure the Inquiry has access to the full range of expertise needed to complete its important work. The Inquiry will play a key role in examining the UK's pandemic response and ensuring that we learn the right lessons for the future. Once the terms of reference have been published in draft in the New Year, Baroness Hallett will take forward a process of public engagement and consultation - including with bereaved families and other affected groups - before the terms of reference are finalised.
- 3.2 Local NHS organisations have been told by NHSE/I that they must start preparing for the statutory public inquiry because any organisation can be called upon to provide evidence, and individuals may be required to give evidence under oath. NHSE/I have identified "four key areas of action":
- a. ensuring robust and comprehensive records management
 - b. embedding systematic approaches to log key leavers, carry out exit processes and retain contact details
 - c. considering wellbeing support for staff who may have to provide evidence
 - d. appointing a named inquiry lead
- 3.3 NHSE/I have also confirmed that they have issued a "stop notice", instructing their own staff at national and regional level to "retain all documents", and recommend that local providers consider taking similar action. We are doing precisely that.
- 3.4 It is not clear at this stage the scope of the Inquiry and how individual organisations, like SWB, will be involved. However, in the circumstances all staff within the Trust, including contractors, lay members, and secondees, are to be told in writing to retain all documents; correspondence; notes; emails; and all other information, however held, which contain or may contain content pertaining directly or indirectly to SWB's response to the COVID-19 pandemic and key decisions made as part of the recovery.
- 3.5 We are to put in place an internal inquiry team, led by Kam Dhimi, Director of Governance, to support our organisation as part of the management of this Public Inquiry process. That team has attended national briefings held to date. The team will be on hand to provide information, advice, and guidance in terms of the storage and preservation of data, records and documents, and what is needed to be considered and actioned if our Trust and our services are called upon to give evidence and records.

However, the purpose of the notice is to ensure that the presumption is to retain and disclose.

- 3.6 The Board will be aware that from mid-March 2020 a silver/gold command structure was put in place. Monthly reports on COVID-19 have been provided to the Board and its Quality and Safety committee. These arrangements have been maintained and escalated as required during varied waves. The West Midlands was among the most affected areas during wave one – and since. As such we might anticipate being among areas of the NHS on whom the inquiry chooses to focus.

4. Recommendations

4.1 The Trust Board is asked to:

- a. **NOTE** the content of the report
- b. **ACKNOWLEDGE** that the Trust is issuing a “stop notice” with regard to the need to retain all documents; correspondence; notes; emails; and all other information, however held, which contain or may contain content pertaining directly or indirectly to SWB’s response to the COVID-19 pandemic and key decisions made as part of the recovery

Richard Beeken
Chief Executive

29th December 2021

Annex 1: Draft COVID-19 Public Inquiry Document Preservation “Stop Notice”

COVID-19 Public Inquiry Document Preservation

The Prime Minister has announced that the Government will launch an independent Public Inquiry into the Government and public sector response to the COVID-19 pandemic.

Public Inquiries take place when there is public concern about an event. They can ask for a broad range of documents and records, and on occasion witness testimony from senior managerial and clinical staff. The Trust wants to provide our fullest support and transparency to any requests for information. So we are therefore asking all colleagues to save full records, whether they are working directly on COVID-19, recovery, or as part of our business as usual activities.

Our Internal SWB inquiry team

We have put in place an internal inquiry team to support staff and teams across our organisation as part of the management of this Public Inquiry process. The team will be on hand to provide information, advice and guidance in terms of the storage and preservation of data, records and documents, and what is needed to be considered and actioned if our Trust and our services are called upon to give evidence and records.

What does this mean for me?

The Inquiry will need to have records from the start of COVID-19 to present to demonstrate how we responded to the pandemic, how we maintained as normal activities as we could and what compensatory actions we undertook. We have initially stated information from January 2020 although this date may change. ***If in doubt, err on the side of caution and preserve anything that may relate to the potential public Inquiry.*** All teams should suspend any routine document destruction that are in place until they receive a further update, or have confirmed with our Internal inquiry team that the information is no longer required.

Why is document preservation important?

We will work with any public inquiry openly and transparently. We want to learn lessons where we can, and we want to show the amazing work that has been done by all our staff. In due course, once the terms of reference of the Inquiry have been confirmed, NHS England and NHS Improvement may ask us to disclose all or some of our relevant documents that fall within the terms as set out by the Inquiry. Any significant loss of documentation will cause delay, impede supportive preparation of any witnesses, increase costs and could harm the reputation of the NHS.

What if I have already deleted some records?

If you have any worries or questions, just email our internal inquiry team at [email address to be created]. Don't worry the team is here to guide you and we will do everything we can to support staff through the enquiry both before and while it is happening.

We completely understand that the organisation was working in new ways, in new teams and at pace. It is inevitable that some records will be missed, improperly logged, or simply not created in the first place. That is expected and we can help advise on what to do. It remains important that we continue to save relevant records to the best of our ability.

What sort of documents and records should I retain?

A 'document' is anything which records information. This includes records of decisions, the process by which decisions were reached, and the evidence and data used to support them.

It does not matter what format the information is held on, or the type of device or system. It could be saved on computers, or on portable devices or mobile phones.

The different types of records is very broad, but can include:

- Reports, PowerPoint presentations, records, briefings, minutes, notes and correspondence by email or otherwise, teams 'chats', action logs
- Models and Sitreps and related data histories
- Material relevant to key policy decisions or submissions
- Materials relevant to policy or legislative development
- Training materials
- Materials relating to contracts, procurements, other commercial arrangements, data management, recruitments, secondments and appointments (paid or not) or requests and arrangements for support from other public sector agencies
- Any other documents relating to the organisation's response or communications with patients, the system, industry or other stakeholders
- Personal Diaries/calendars

What if I have used my personal phone or email account?

It is not our policy to use WhatsApp or other instant messaging services for recording records or critical information. However, we do understand that people may have used instant messaging services in order to facilitate flexible working at pace – both on a work and/or personal device(s).

If that was the case, please ensure that all work records, information and data is migrated from your personal assets to an identified folder.

If a personal mobile device has been utilised for communicating information relevant to the pandemic response, it is possible that device may be subject to an order for disclosure in the Inquiry and so should be preserved in accordance with this notice. If you would like to speak to someone in the team about this, just get in touch.

Why do we have to do all this?

We need to describe how and why key decisions were taken. Access to relevant documents will be essential to enable those who are required to give evidence to articulate what happened during a period when many issues were being addressed at great pace.

In due course it will be necessary to search for and identify all relevant records, so it is essential that all records are appropriately saved and will be available for access including after any staff holding these have left the organisation.

If there are people due to leave from your team please make sure you know how to keep in touch with them and ensure all their records saved and filed before they leave.

When will the inquiry start?

The inquiry is not due to start until next year, but there will be preparatory work to do before then and as guidance and information comes in we will keep you updated. We will be as transparent and open as we can so please do all you can to keep records safe. We will provide as much support as people need during the inquiry and will communicate with individuals and teams as required.

Contact Us

If you have any questions or concerns please email [address to be created]

January 2022

Report Title:	Public Questions Received Outside of the Meeting		
Sponsoring Executive:	Sir David Nicholson – Chair		
Report Author:	Dan Conway Associate Director of Corporate Governance / Company Secretary		
Meeting:	Trust Board (Public)	Date	5 th January 2022

1. Suggested discussion points *[two or three issues you consider the Trust Board should focus on]*

A number of questions for the Trust Board meeting in November 2021, were received by email. These were responded to by the executive team by email and are here for publication.

2. Alignment to our Vision *[indicate with an 'X' which Strategic Objective this paper supports]*

Our Patients	X	Our People	X	Our Population
To be good or outstanding in everything that we do		To cultivate and sustain happy, productive and engaged staff		To work seamlessly with our partners to improve lives

3. Previous consideration *[where has this paper been previously discussed?]*

N/a

4. Recommendation(s)

The Trust Board is asked to:

a. NOTE: the questions and responses received by the public.

b.

c.

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register		N/a			
Board Assurance Framework		N/a			
Equality Impact Assessment	Is this required?	Y		N	If 'Y' date completed
Quality Impact Assessment	Is this required?	Y		N	If 'Y' date completed

Question Number	Meeting Date	Questioner	Question	Answer
1.	2nd December 2021	Liam Christopher	Whilst we wait for the CPO to re-join, I have just read her paper. Should the FTSU process not be wholly separated from HR? If existing HR processes were working effectively, there would not be a need for FTSU. What happens, hypothetically speaking, if the CPO or the Head of People were at the heart of a FTSU concern? How could the member of staff feel like the process was a just one	FTSU recently moved to join the HR function. It has been aligned to the CPO portfolio as there is a strong emphasis in the revised people strategy on employee voice, psychological safety, creating a just and learning culture that is directly relevant to Speak Up agenda. We are currently reviewing executive portfolios and will have concluded that work by January, which may lead to a further change, based on good practice from elsewhere. The include Chief Executive Officer and NED oversight provides an opportunity for any conflicts of interest which could potentially arise to be addressed and be processed with the necessary independence.
2.	2nd December 2021	Liam Christopher	Staff engagement stems from the core of whether or not Senior Management are visible and interested. Would the board therefore not benefit from a staff side representative on the board?	The Trust convenor has historically attended CLE, the Board, and two Board sub committees. This remains the position.
3.	2nd December 2021	Liam Christopher	In terms of Comms around Vaccines. Is the Trust working with lay person community leaders to influence their communications, rather than just using the normal SWBH Comms avenues? For better or worse (and by that I mean worse), people are apparently fed up of experts, so a more intelligent, nuanced approach is potentially more likely to have an effect on the non-believers. I'm not just referring to religious leaders, but also football clubs, theatres, local celebrities, etc. Those who	The Trust has a fine track record on flu vaccination but new challenges are thrown up by the pandemic. The Trust have been working with Public Health Colleagues, Community colleagues, Faith leaders, schools, and football clubs across Sandwell & West Birmingham for many months now to communicate the importance of being vaccinated. Local celebrities have supported both our communications and pop up vaccination clinics which continue to take place at various places such as community centres, colleges, football clubs and religious centres. Additional,

			have regular engagement with the public.	throughout the COVID-19 vaccination programme we have engaged with community leaders but also influencers within our communities such as footballers, actors and other well-known individuals. Events have been held for specific community groups to address concerns and provide accurate information about the vaccines and risks of COVID-19. We very much hope to improve our position in the weeks ahead.
4.	2nd December 2021	Liam Christopher	<p>Following the complicated birth of my second child, our midwife - not SWBH - approached me about my contribution in the delivery room. It was commented that I was very composed in a very scary situation, asking all the right questions at all the right times, and I was very comfortable aiding with the hands on element of the difficult birth and the issues that were presented. It was suggested to me that I would make a very good midwife. I took the feedback, weighed up the emotion of it being my own child vs my interest in doing the same thing day in day out as a profession, and I determined that I was very keen to follow it up. This new career move lasted 7 mins. One NHS job search.</p> <p>The remuneration for midwives is awful. Awful. Nowhere near enough to draw me away from my day job and back into education. So tiptoeing around incentives and morale etc is naive. The answer is there. Pay midwives more.</p> <p>What is the board's view on this? And I'm not looking for a 'we'd love to pay more' answer. There are 16.5 vacancies in a total budget that extends into the 100s of millions. A 100% pay rise would be a drop in the ocean, so a more</p>	Pay and benefits are nationally negotiated with some local flexibility. There is no evidence that just changing pay rates eliminates systemic vacancy issues. We keep our pay rates and people plan under regular review, as we do the skill mix in maternity services.

			reasonable pay rise would be more than achievable. Covid has proven how flexible the budget really is. Just think of those still births.	
5.	2nd December 2021	Liam Christopher	In terms of the correlation between non-English speaking families and still birth numbers, Dr Thomas by way of her tone and choice of words seemed to present this language barrier as a mitigation for the numbers, rather than a challenge that needs to be investigated and resolved. This is poor. Can the board assure the public that there is not an issue of institutional racism in Sandwell and West Birmingham NHS Trust? The board is very white heavy.	The Board has one of the highest proportions of BAME members of any in the west midlands. We are specifically seeking further representation. It is completely appropriate for Professor Thomas to discuss the various issues of language and other factors which research demonstrates have the potential to be confounding factors. She did not present anything as a mitigation. The Trust in 2019 undertook a detailed investigation into maternal death and has previously looked into other matters of maternity concern. The CQC have recently visited the Trust's maternity service and unlike other organisations has retained our good rating. The Board is in no way complacent and has a detailed improvement plan under the leadership of the Chief Nurse, who is new in post and has a fresh view compared to prior examination of these issues. In addition, the CEO is actively sponsoring work with local BAME maternity service user groups to improve the cultural sensitivity of our services.

Report Title:	Board Level Metrics		
Sponsoring Executive:	Dave Baker (Director of Partnerships and Innovation)		
Report Author:	Matthew Maguire (Associate Director Performance/Strategic Insight)		
Meeting:	Public Board	Date	5 th January 2022

1. Suggested discussion points *[two or three issues you consider the Board should focus on]*

The Board is asked to note:

- The shift in our “public view” hospital combined score since June 2019 and what we believe are its causes.
- The dramatically increasing imaging demand and the impact on our ability to deliver urgent GP requests within 5 days (now 23%). A demand management programme for imaging is being launched through the Medical Director and the Group Director for Imaging and Pathology.
- We have now established a simpler process for Mixed Sex Accommodation reporting which will start reporting in February or March Board post review by Performance Management Committee.
- The changes to the Board level metrics paper to remove Executive commentary and to add in a rating based on comparison to peers where we have the available benchmarking through “public view”.

For Noting – ospital-level Mortality Indicator (SHMI) are still late in being produced nationally.

2. Alignment to our Vision *[indicate with an ‘X’ which Strategic Objective this paper supports]*

Our Patients		Our People		Our Population	
To be good or outstanding in everything that we do	X	To cultivate and sustain happy, productive and engaged staff	X	To work seamlessly with our partners to improve lives	

3. Previous consideration *[where has this paper been previously discussed?]*

OMC, PMC and CLE

4. Recommendation(s)

The Board is asked to:

- NOTE:** the areas that public view data would suggest have caused us to fall;
- NOTE:** the other areas where we have remained stable and yet still low and note that these may be the ones that could take us beyond our ranking in June 2019.

5. Impact *[indicate with an ‘X’ which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register						
Board Assurance Framework						
Equality Impact Assessment	Is this required?	Y		N	X	If ‘Y’ date completed
Quality Impact Assessment	Is this required?	Y		N	X	If ‘Y’ date completed

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to Trust Board: 5 Jan 2022

Board Level Metrics

1 Introduction

1.1 The Board Level Metrics were introduced in August 2021. We continue to develop those metrics that are not complete and refine those that are so that we use the best possible graph and use the most appropriate targets.

2 Developments

2.1 We have met to discuss the Nurse and Health Care Assistants (HCA) safe staffing metrics, the outstanding tasks have been identified as:

2.1.1 Ward staffing levels need to be set

2.1.2 Decision needs to be made on how to allocate supernumerary staff (including new overseas staff)

2.1.3 A process needs agreeing on how to move staff from one ward to another.

2.1.4 An Standard Operating Procedure needs writing to outline the above.

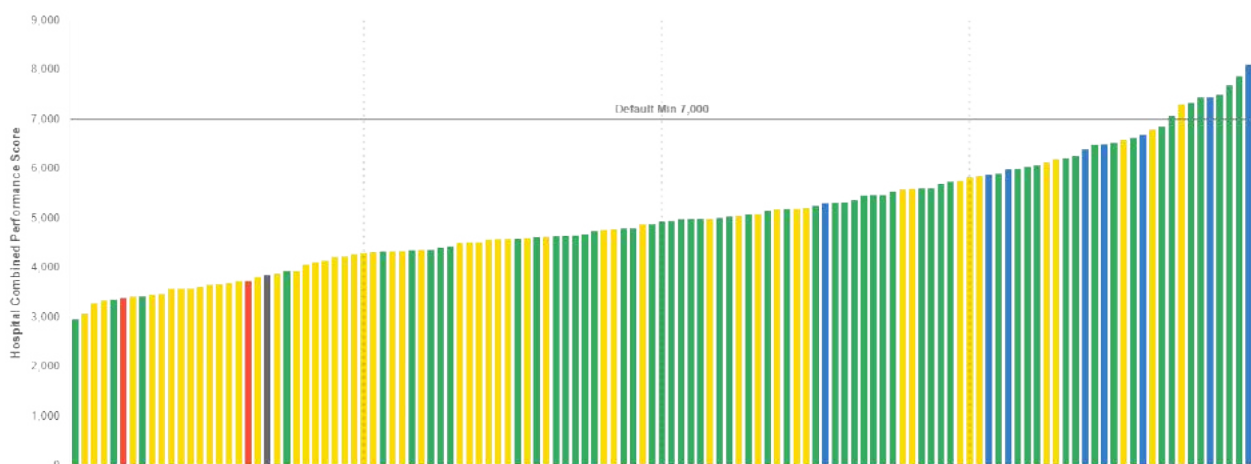
2.2 Perfect Ward will be fully rolled out to wards and services by the end of January. The perfect ward team have developed an integrated dashboard. The trust is meeting with them in January to discuss how it may be pulled into the Board Level Metrics.

2.3 Research into PROMs (Patient related Outcome Measures) and PREMs (Patient Related Experience Metrics) suggests that we should remove these from the Board Level Metrics. We would need a partner to implement PROMs and PREMs across agreed pathways. They would provide insight into where alternative services may be provided to enhance value or where experience could be improved. A roll out of these will be considered within the Fundamentals of Care Programme.

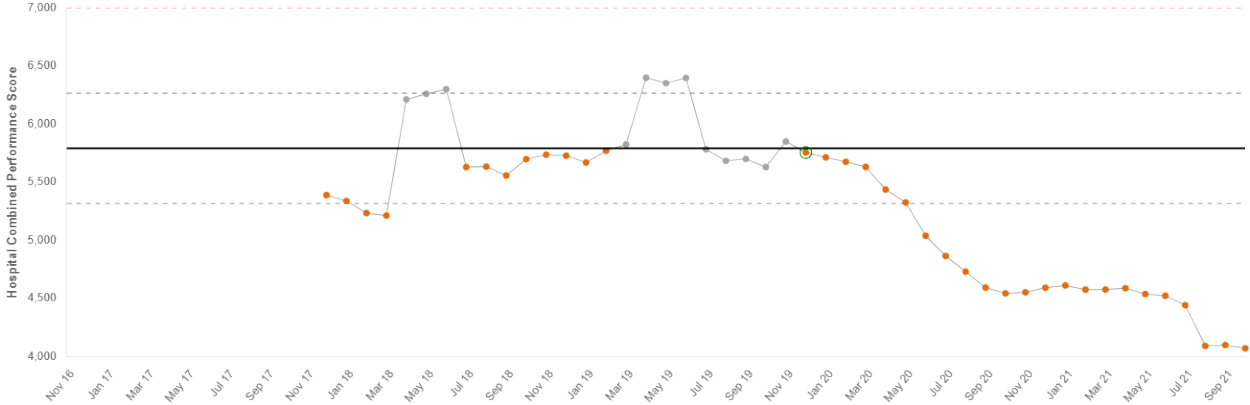
2.4 We now have the PULSE data, we are investigating with the communication team how to link this with the national survey data to allow us to show this data over time.

3 Public View – Hospital Combined Performance Score

3.1.1



SWB is the black line showing, ranking us 103rd out of 123 organisations for November 21. In June 2019 we were 50th out of 123 and in July 21 we were 86th. We have looked at what some of the key drivers for this may be.



If we look at the overall Hospital Combined Score (all metrics done on a rolling 12 months) the shift within the Black Country since June 19 is as follows:

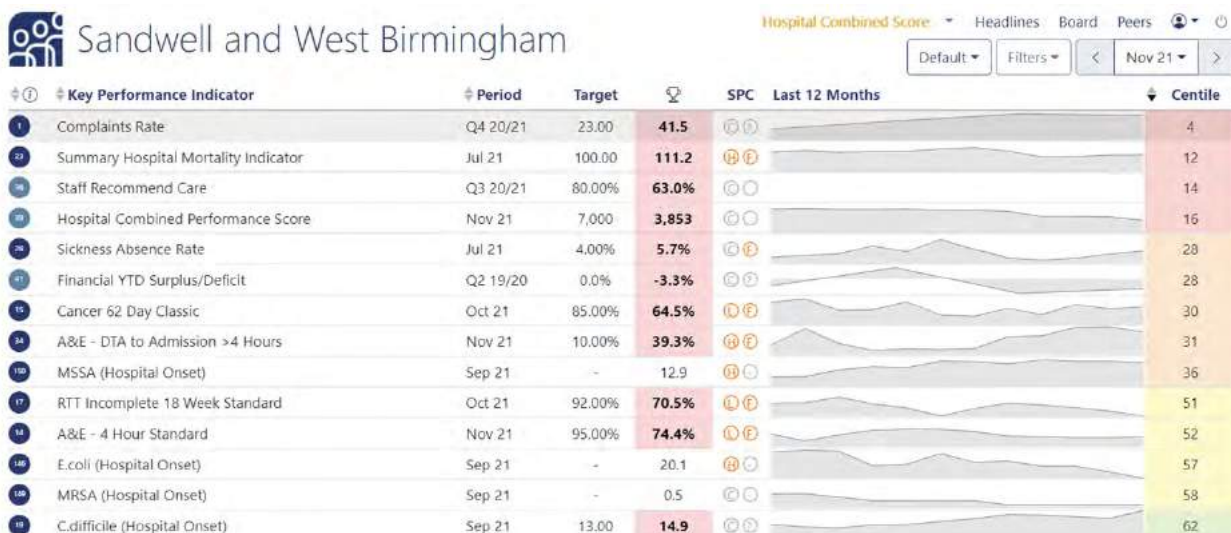
Trust	June 19	Nov 21	Fall
SWBT	6397	3853	66%
Royal Wolverhampton	6605	4986	24%
Dudley Group	5521	3932	28%
Walsall Healthcare	4669	4228	10%
Mandated Support	5632	4552	19%

If we compare the Hospital Combined Score Metrics between the two dates:

June 19

Key Performance Indicator	Period	Target	SPC	Last 12 Months	Centile
Staff Recommend Care	Q1 19/20	80.00%	65.6%	[Chart]	7
MRSA (Hospital Onset)	Jun 19	-	1.4	[Chart]	14
Complaints Rate	Q1 19/20	23.00	34.5	[Chart]	22
A&E - 4 Hour Standard	Jun 19	95.00%	81.8%	[Chart]	27
Sickness Absence Rate	Jun 19	4.00%	4.8%	[Chart]	28
Financial YTD Surplus/Deficit	Q1 19/20	0.0%	-4.8%	[Chart]	28
Summary Hospital Mortality Indicator	Jun 19	100.00	104.6	[Chart]	35
A&E - DTA to Admission >4 Hours	Jun 19	10.00%	13.2%	[Chart]	44
Hospital Combined Performance Score	Jun 19	7,000	6,397	[Chart]	60
RTT Incomplete 18 Week Standard	Jun 19	92.00%	92.1%	[Chart]	62
E.coli (Hospital Onset)	Jun 19	-	19.0	[Chart]	63
MSSA (Hospital Onset)	Jun 19	-	7.4	[Chart]	69
C.difficile (Hospital Onset)	Jun 19	13.00	7.9	[Chart]	83
Cancer 62 Day Classic	Jun 19	85.00%	87.1%	[Chart]	88

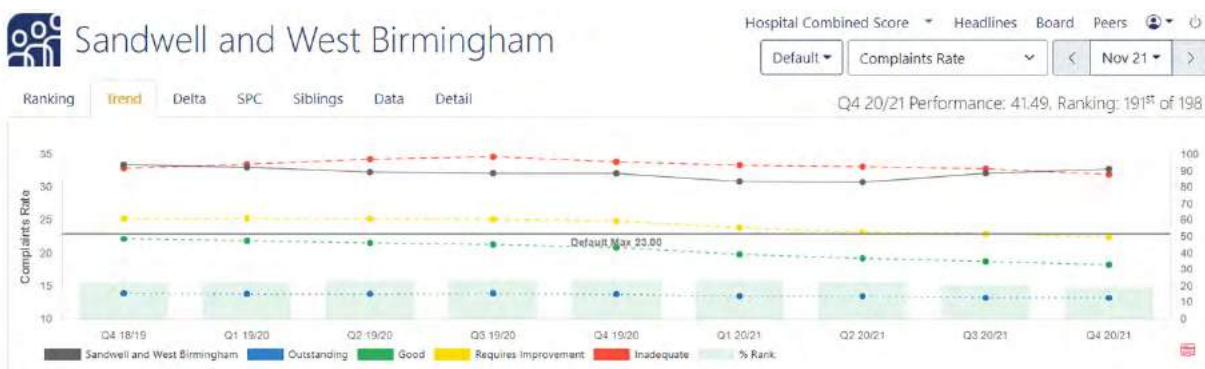
November 21



Some key points include:

- Our complaints rate has fallen into the bottom quartile and is now in percentile 4.
- Our SHMI has dropped significantly.
- Whilst staff recommending care has fallen and remains bottom quartile we have climbed up the league table.
- Whilst sickness absence has increased our rank has remained the same.
- Our A&E 4 hour has climbed into the top half.
- Our Cancer 62 day has fallen from top half to bottom half.

Public View advise that Complaints (not a Board Level Metric) has a very strong correlation to the CQC rating. If we look at complaints we can see our levels compared to other Black Country trusts and to the CQC Outstanding Rating.



4 Inequalities

- We have the data for this but not the comparator concerning the local population. We are awaiting to hear from the Integrated Care System (ICS) whether they can supply this.

5 Decisions

- The Board is asked to:
 - **NOTE:** the areas that public view data would suggest have caused us to fall;

- **NOTE:** the other areas where we have remained stable and yet still low and note that these may be the ones that could take us beyond our ranking in June 2019.

Matthew Maguire – Associate Director of Performance and Strategic Insight
16/12/2021

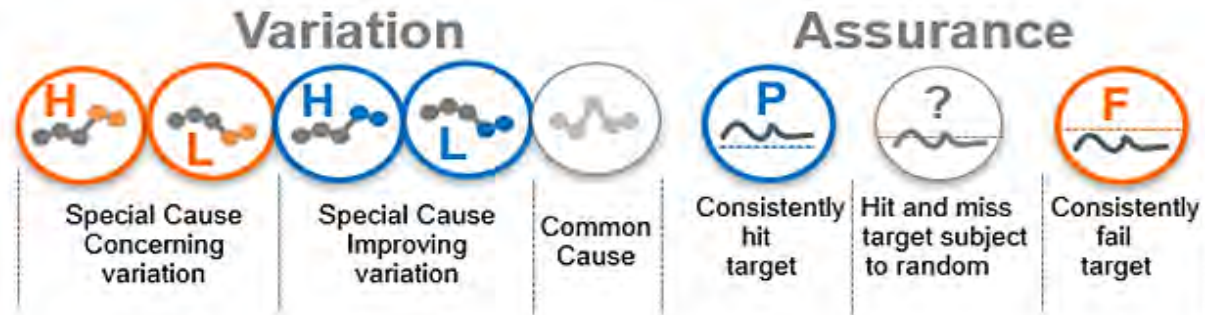
Board Level Metrics & IQPR Exceptions

INTEGRATED PERFORMANCE REPORTING – NOVEMBER 2021

Item	Slide
Board Level Metrics Development Update	3
Performance Summary Matrix	4
Board level Metrics Exceptions	5
Patients	6 - 14
Safe	6 – 9
Caring	10
Responsive	11-12
Effective	13
Use of Resources	14
People	15
Well-Led	15
Appendix	16
How to interpret SPC charts	16

Board Level Metrics Development Update

Domain	Finalised	In Development	No Target Set
Safe Medical Director	HSMR , SHMI, C-diff, E-coli, Serious incidents, Patient safety incidents, Patient Safety Severe Incidents, Safe Staffing (doctors), MRSA Screening - Elective, MRSA Screening - Non Elective	Safe Staffing. (Nurses and HCA) We are investigating how the ward plans are amended on eRoster and managed via an SOP. We are investigating how to move staff from ward to ward and to split certain wards. We are also writing the SOP rules for supernumerary staff allocation.	Patient safety incidents, Patient Safety Severe Incidents, Doctors – Safe Staffing
Caring Chief Nurse	Friends & Family Test (FFT) Recommended% and Responded%	Perfect Ward. This is still being rolled out across the organisation, and in the process of gaining access to the source data from Perfect Ward. We have requested support from Informatics in loading this data : JR44269	
Responsive Chief Operating Officer	Emergency Care – 4 hour wait, Emergency Care Attendances. Cancer 62 Day. RTT Incomplete Pathway (18 weeks), Urgent Community Response (2 hour)		Urgent Community Response (2 hour)
Effective Chief Operating Officer	Readmissions within 30 Days Rate per 1000 Bed Days, SDEC	PREMS / PROMS being investigated with Clinical Effectiveness. We only have 1 current PREM and will be working on how this can be displayed.	
Well-Led Chief People Officer & Director of Governance	Days lost to sickness Absences, Turnover monthly, Risk Mitigation, Pulse Survey	Pulse Survey. We are investigating the inclusion of the national survey with the communication team to see if we can provide a time series analysis	Risk Mitigations
Use of Resources Chief Finance Officer	Better Practice Performance Compliance		



The matrix below shows how each metric is performing:

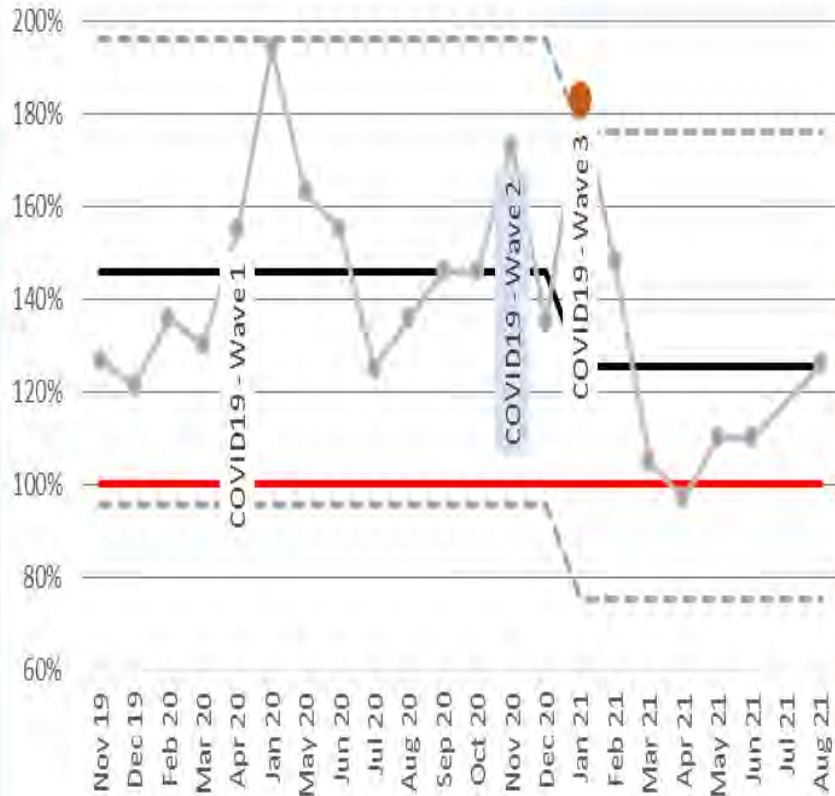
- If there is special or common cause
- Pass, fail or hit and miss its target
- No target set

		Assurance			
		Pass	Hit & Miss	Fail	No target
Variation	Special Cause: Improvement		MRSA bacteraemia, Emergency Readmissions,	MRSA Screening – Elective, Sepsis Treated within 1 Hour	Urgent Community Response (2 hour)
	Common Cause		HSMR, SHMI, C-difficile, E-coli, Serious Incidents, Days lost to Sickness Absences, Turnover (monthly),	MRSA Screening – Non Elective, FFT % Recommend, Emergency Care 4 hour waits, SDEC,	Patient Safety Severe Incidents, Doctor – Safe Staffing
	Special Cause : Concern	Emergency Care Attendances	62 Day Cancer	RTT Incomplete Pathways(18 weeks), FFT % Response,	Patient safety incidents, Risk mitigations

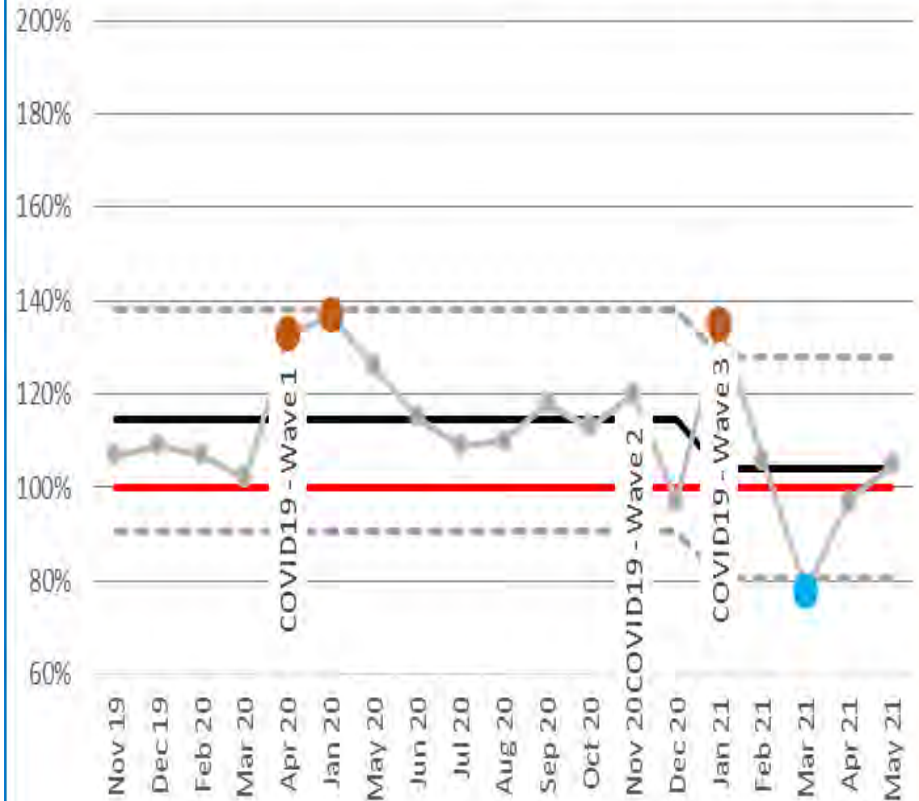
Many indicators have started showing recovery during November but with some notable exceptions.

- **Mixed Sex Accommodation** was due to recommence national reporting in June. However, the Trust has not yet reported. The COO has led an Operations/P&I team to develop a simpler process which has passed testing. This will start to report January 2021 and so be visible to Board in March 2022.
- **SHMI** – Our Clinical Effectiveness team have reported that the national reporting system issue is still delaying these indicators. This is now reporting 7 months behind. There is a second publically available version of SHMI and it is reporting up to July 21. It shows performance at 111.9 ranking us 107th out of 122.
- **Imaging – GP Urgent referral Performance** (less than 5 days) – performance has reduced to 23%, this correlates with a 150% increase in GP urgent referrals.
- **Patients staying in hospital over 21 days** – a working group has been setup to monitor and manage this down to the NHSEI projections, including representation from medicine, surgery and the capacity team
- **RTT Incomplete Pathways** performance has decreased and work is underway in several specialties to make sure that this is not out of area increases in referrals. Medicine is performing well. The most significant challenges are in Surgery and Women and Child Health.

Hospital Standardised Mortality Rate (HSMR) - Overall (monthly)



Summary Hospital-level Mortality Index (SHMI) (monthly)



Commentary

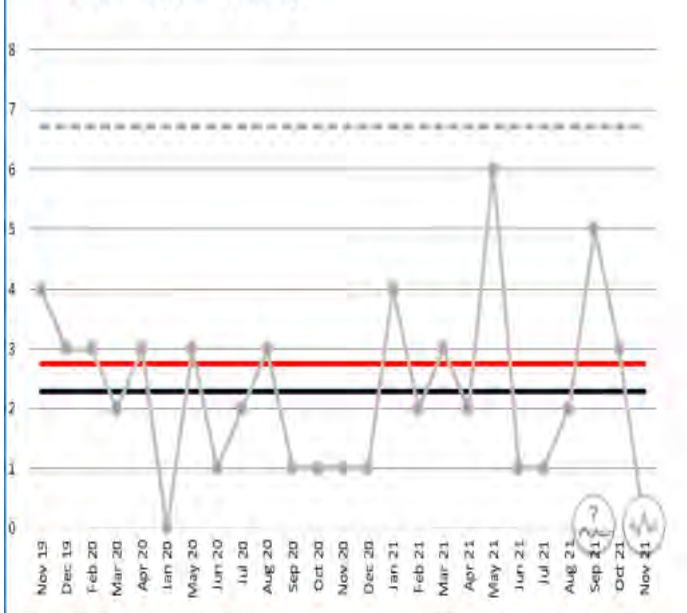
SWB consistently falls below the HSMR national mean. Prior to COVID HSMR was elevated above national standard, and has increased demonstrably as shown by special cause variation aligned to COVID peaks.

Commentary

SWB fails the SHMI national mean most of the time. Common cause variation is seen throughout the period indicating a predictable process. **National systems are late in producing more up to date analysis this has further been delayed until 19/12/2021.** We were ranked 107th out of 122 Trusts as of July '21 using 12 month cumulative performance from Public View.

Quartile 4 - Inadequate

C. Difficile (Post 48 hours)

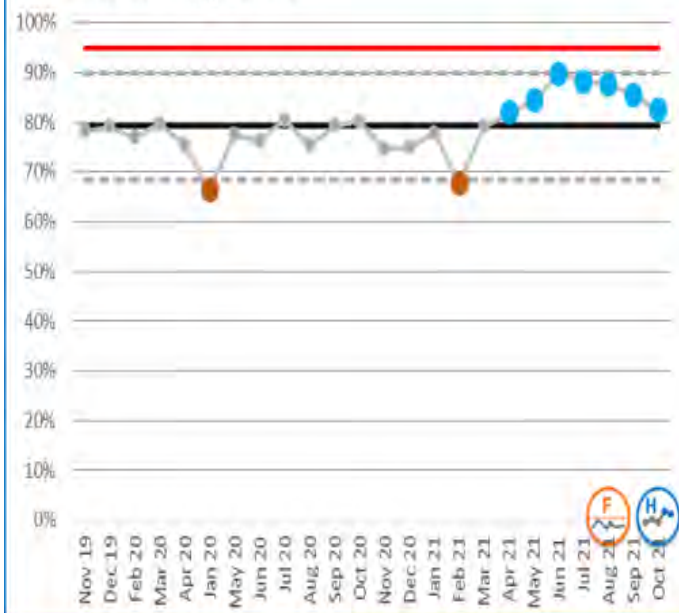


Commentary

Common cause variation is broadly observed, excluding May 21. This is a largely a predictable process. SWB was ranked 54th out of 139 Trusts in September 21.

Quartile 2: Good

MRSA Screening - Elective

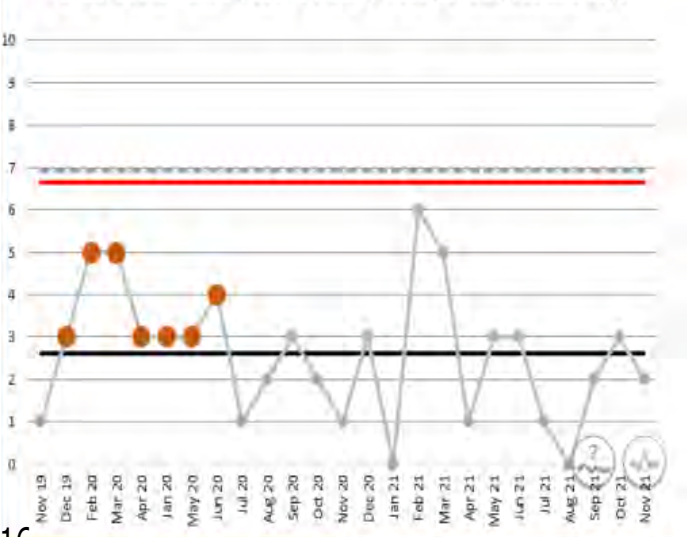


Commentary

We are in special cause improving. However we are moving away from the Target, but above the mean.

MRSA all cases
Quartile 3:
Requires Improvement

E Coli Bacteraemia (Post 48 Hours) - rate per 100,000 bed days

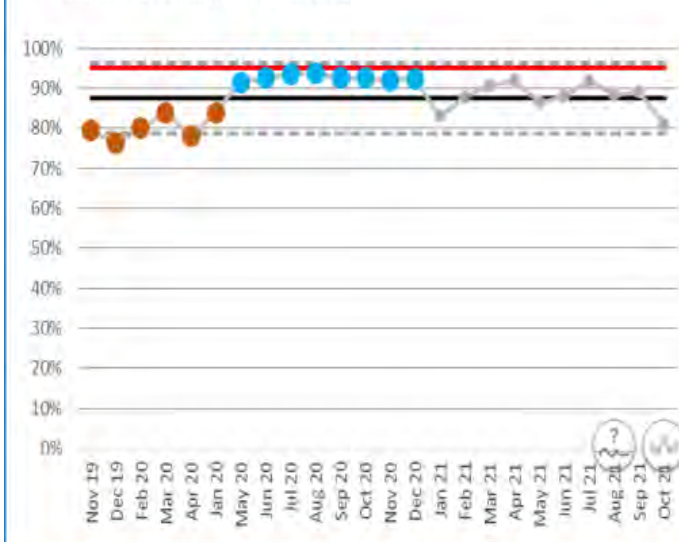


Commentary

Special cause variation of concern can be seen in the first half of 2020. Performance has been otherwise stable. SWB is ranked 15th out of 139 Trusts in September 21.

Quartile 1:
Outstanding

MRSA Screening - Non Elective



Commentary

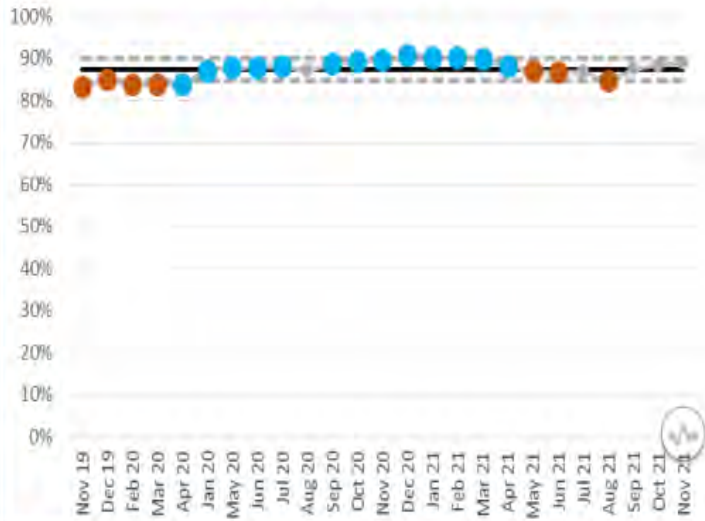
We are in common cause variation. However we have now moved below the mean.

MRSA all cases
Quartile 3:
Requires Improvement

Commentary

Commentary

Doctor - Safe Staffing (FTE)



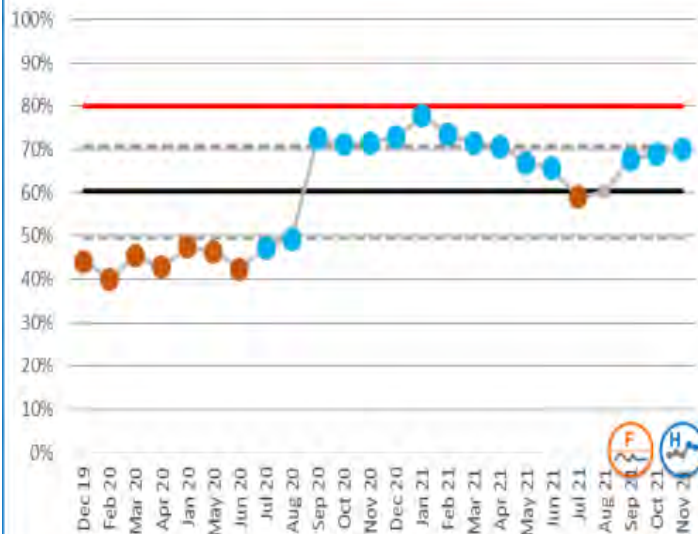
This shows common cause variation. We need a Target for this.

Nursing – Safe Staffing

Commentary

Commentary

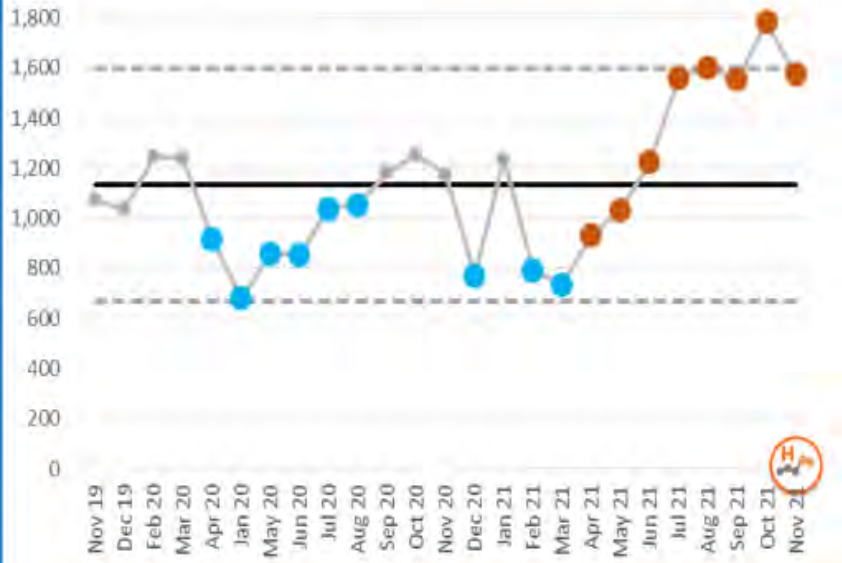
Sepsis - Treated within 1 hour (as % of Screened Positive)



This shows special cause improvement variation.

HCA – Safe Staffing

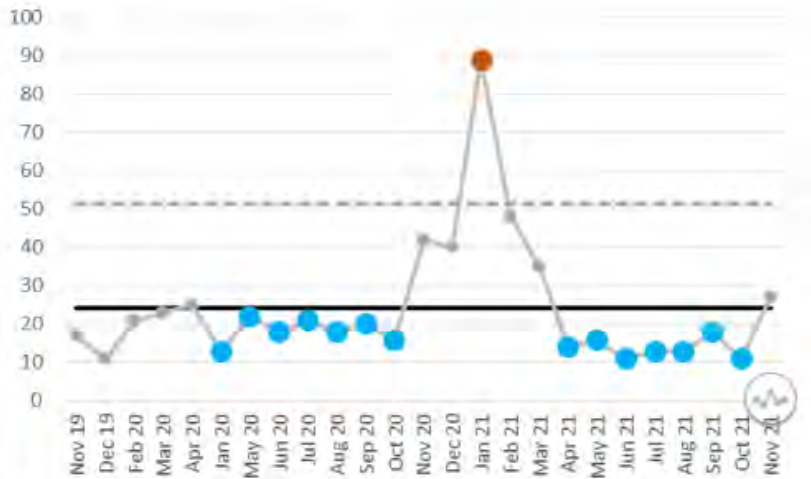
Patient Safety Incidents



Commentary

The chart is now showing special cause for concern and needs further investigation.

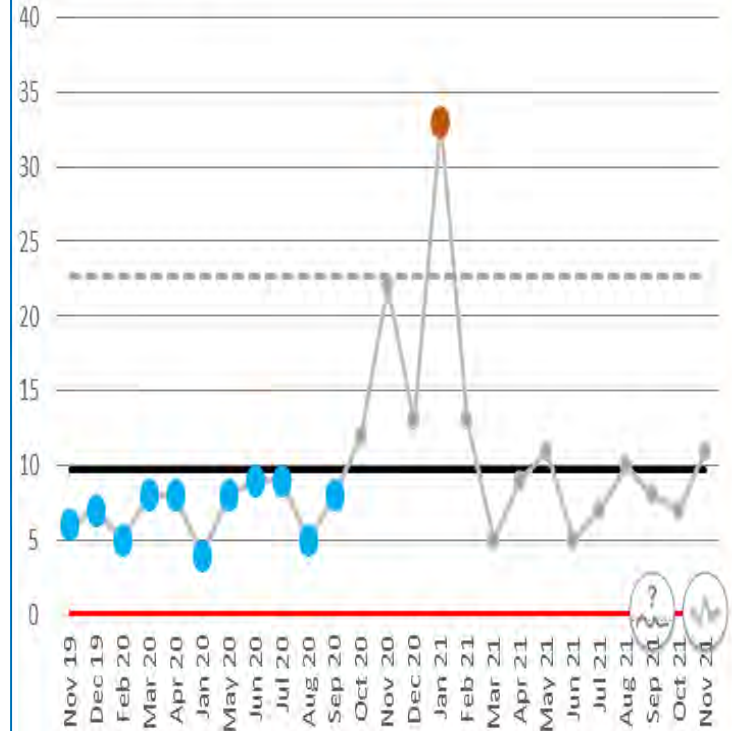
Patient Safety Severe Incidents



Commentary

A peak can be observed during Winter 2020-21 with an astronomical data point in Jan '21. This peak lifts the mean and obscures what appears to be common cause variation prior and following this period.

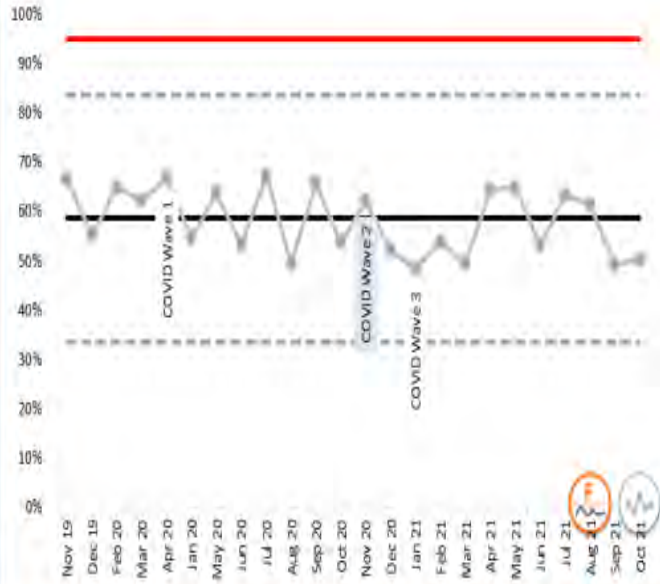
Serious Incidents



Commentary

The chart shows when serious incidents now by incident date. A peak can be observed during Winter 2020-21 with an astronomical data point in Jan '21. This peak lifts the mean and obscures what appears to be common cause variation following this period.

Friends and Family Test % Recommended



Commentary

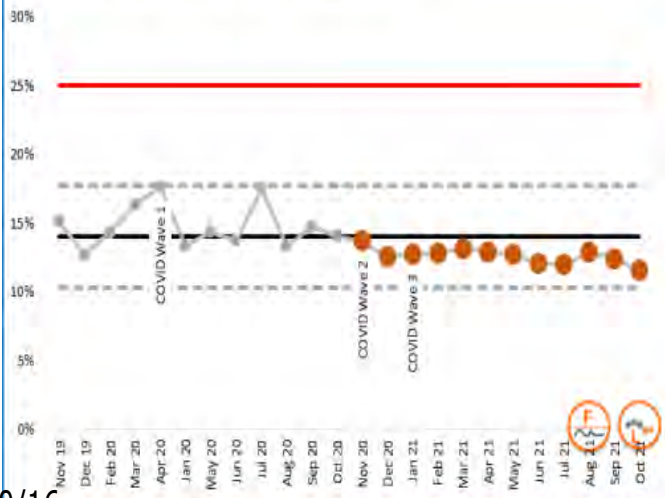
SWB is consistently failing the 95% friends and family test score. Common cause variation can be seen throughout indicating a predictable performance. SWB ranked 131st out of 137 Trusts for the Inpatient score in Sept 21.

Quartile 4: Inadequate

Commentary

Perfect Ward

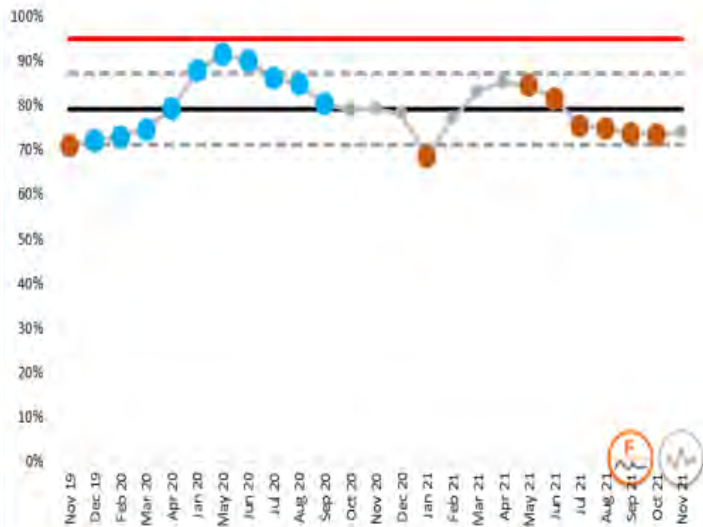
Friends and Family Test % Responded



Commentary

Special cause variation (improvement) can be seen in March and Jul '20. However, since September '20 special cause variation indicating a decline in performance can be seen.

Emergency Care 4-hour waits

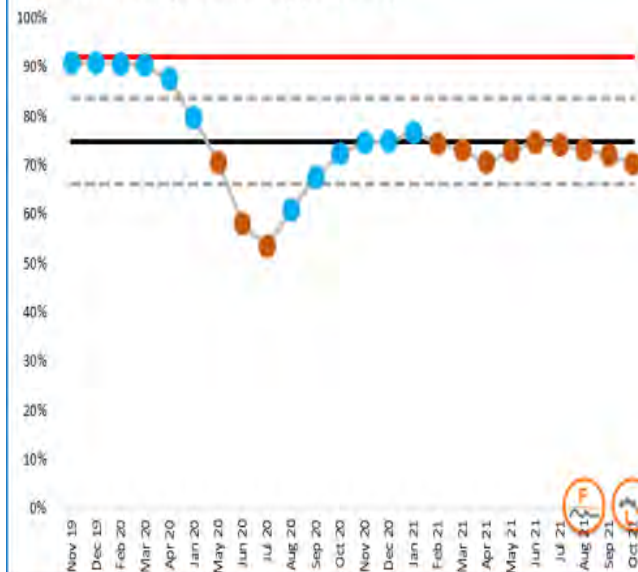


Commentary

The special cause variation observed from Dec '19 to May '20 shows an upward trend, followed by a downward trend. This correlates with seasonal variation and attendance figures. SWB was ranked 65th out of 133 Trusts in November 21.

Quartile 2: Good

RTT - Incomplete Pathway (18-weeks)

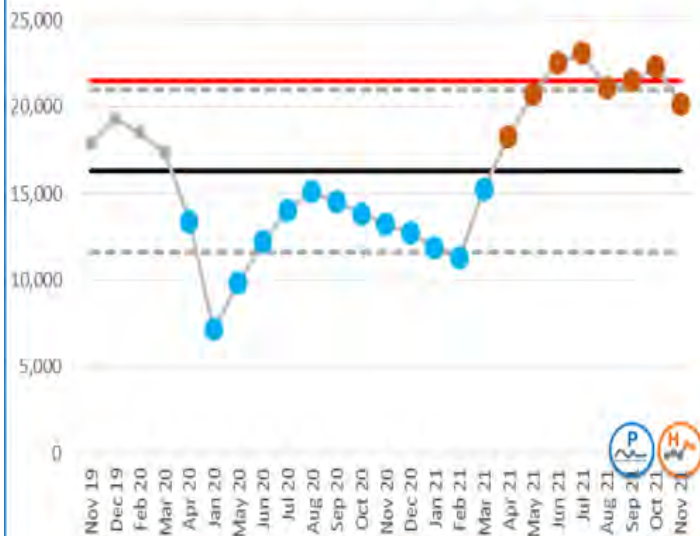


Commentary

Special cause variation (6 points above mean) can be seen from March to September '20. However, the astronomical data point in Jun '21 pulls down the mean in an otherwise stable process. SWB was ranked 85th out of 172 Trusts in Oct 21.

Quartile 2: Good

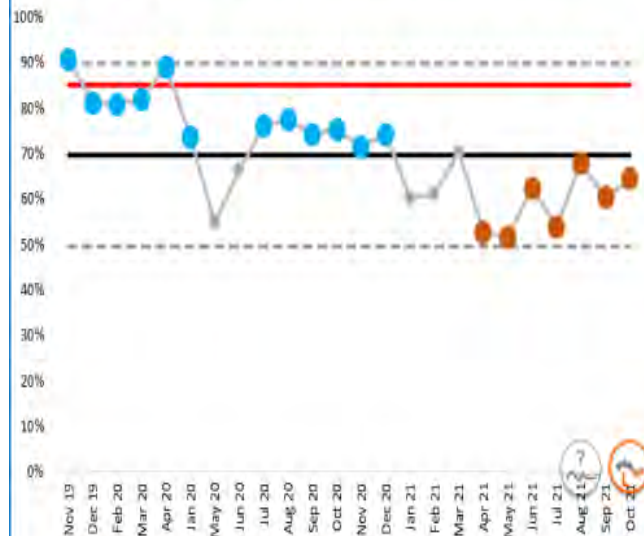
Emergency Care Attendances (Including Mailing)



SWB took on Sandwell UCC in Apr 21 and so new levels of activity is around 21,000 pcm. Looking at SWB we are 20th out of 147 trusts in terms of volume of A&E attendances in November 21.

Quartile 1: Outstanding

62 Day (urgent GP referral to treatment) Excl Rare Cancers



Commentary

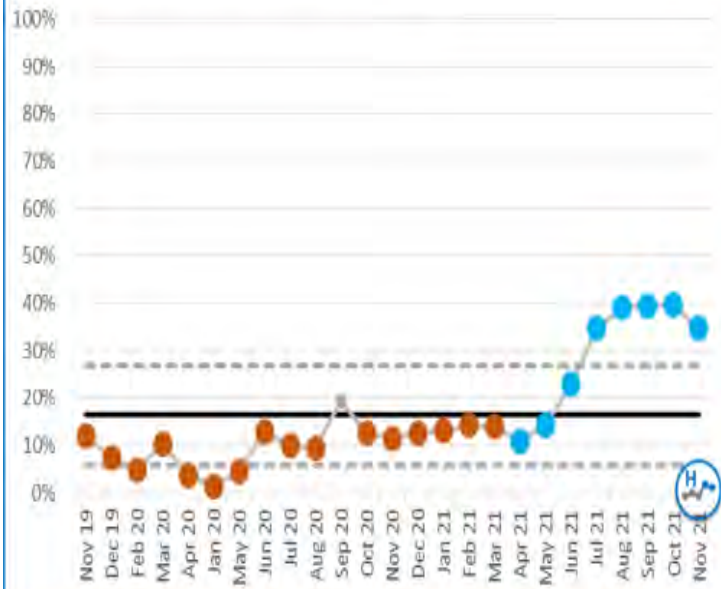
Special cause concern and improvement can be seen. SWB was ranked 96th out of 137 in October 21.

Quartile 3: Requires Improvement

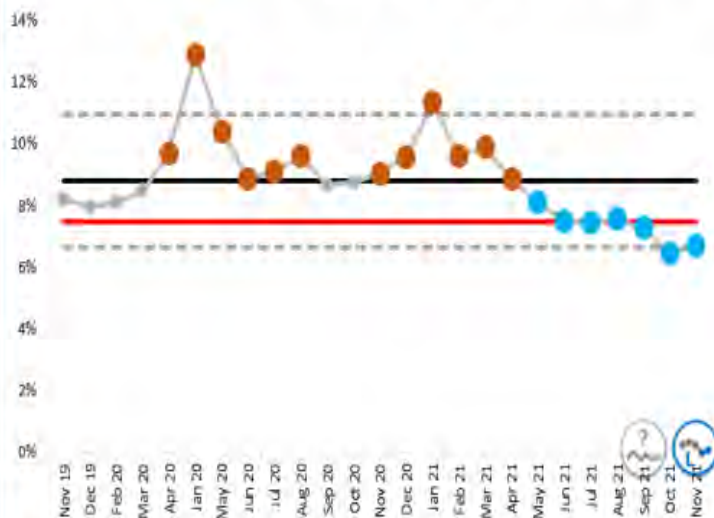
Commentary

This is a new national indicator, it is due to nationally start reporting in April 2022. The graph currently show special cause improvement but this is from a very low baseline.

Urgent Community Response (2 hour)



Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month



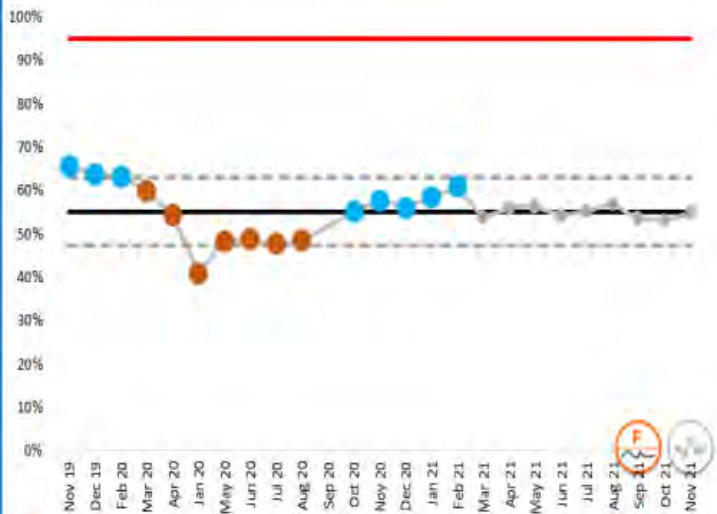
Commentary

The graph show now shows special cause improvement. This was affected by COVID 19 and astronomical data points around April 20 and Dec 20 have increased the mean.

Commentary

PROMS

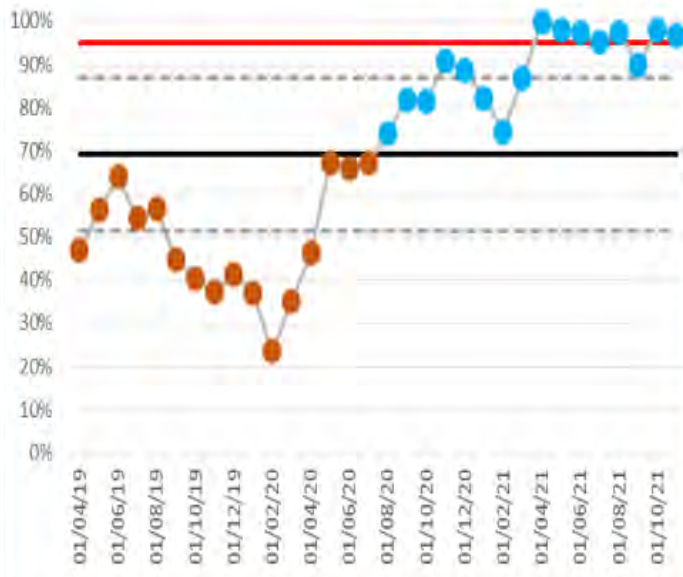
SDEC Delivered in correct location



Commentary

This measures counts patients in ambulatory units (numerator) over the total count of patients eligible for SDEC based on the 55 national pathways within opening hours. This shows common cause variation – which requires a step change to improve.

Performance Against Better Practice Performance Compliance



Commentary

Special cause concern following be special cause improvement can be observed during the period. The organisation has consistently failed this target, however performance is improving and is now just below the target between 90% and 94%.

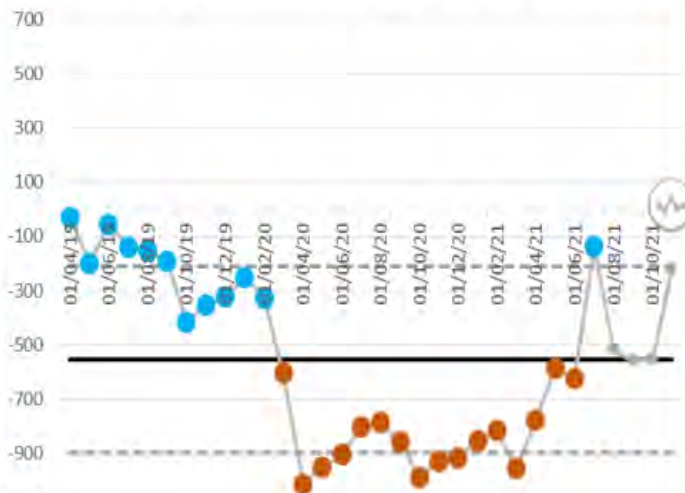
2021/22 I&E Performance (EMs)



Commentary

Finance noted that SPC was not an appropriate format to monitor this measure, but have provided an alternative chart showing in month and cumulative performance

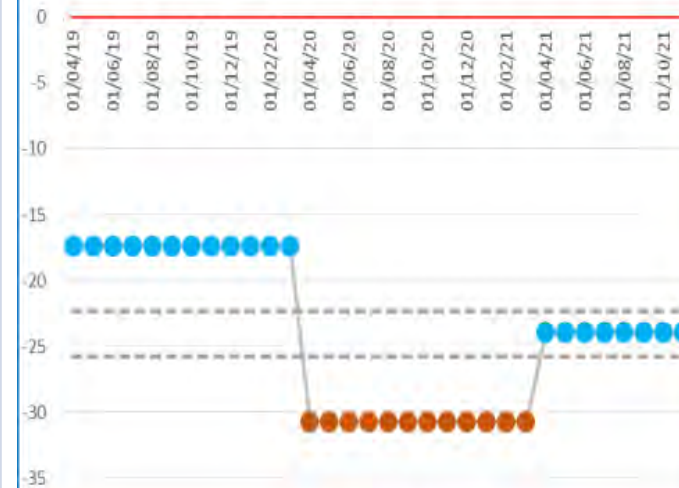
Performance Against Better Value Quality Care Plan (£000s)



Commentary

Finance noted that SPC was not an appropriate format to monitor this measure, but have provided an example to illustrate.

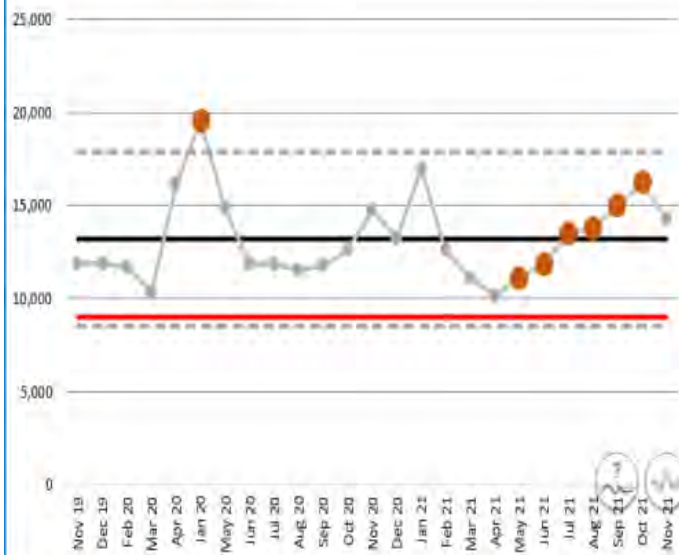
Underlying Deficit (£ms)



Commentary

Finance noted that SPC was not an appropriate format to monitor this measure as it is reported annually, but have provided an example to illustrate.

Days Lost to Sickness Absences

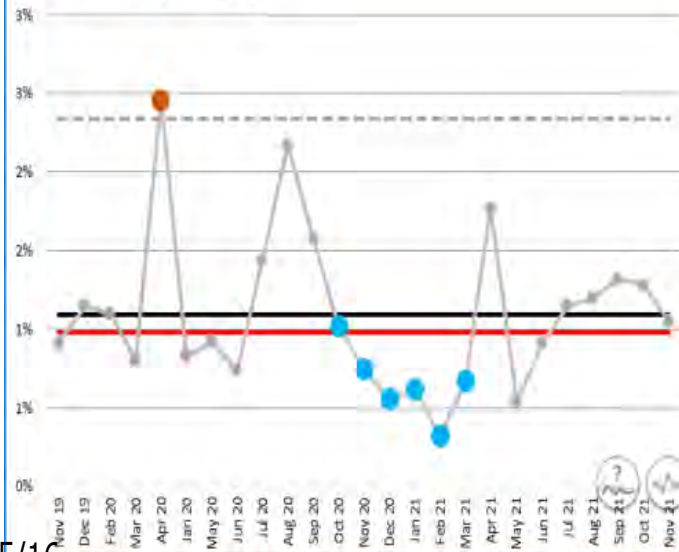


Commentary

Post COVID special cause concern. On average days lost has increased by 1250 days per month since COVID. The sickness absence rate was 156th out of 215 Trusts in July 21..

Quartile 3: Requires Improvement

Turnover (monthly)



Commentary

Special cause improvement signalling improvement can be seen from October '20 to March '21. Since April 21 we have common cause variation.

Q2 21/22 People Pulse Staff Engagement Score

Sub-scale	Score out of 10
Motivation	6.52
Ability to Contribute to Improvements	6.31
Recommendation of the Organisation	6.51
Overall	6.45

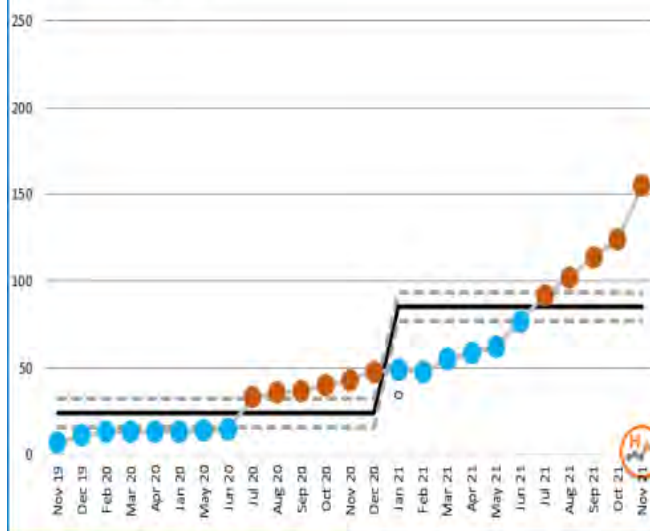
Directorate	Score	Directorate	Score
People & OD	7.43	Maternity & Perinatal	5.26
Healthcare Scientists	7.27	Estates & Ancillary	5.84

Commentary

Overall Staff Engagement is measured as an average across three subscales, consisting of 3 questions each.

1,549 responses were received.

Risk Mitigations



Commentary

This is showing special cause concern. The quantity of overdue risks has reduced following validation by the Governance team.

Board Level Metrics: How to Interpret SPC Charts










An SPC chart is a time series graph with three reference lines - the mean, upper and lower control limits. The limits help us understand the variability of the data. We use them to distinguish between natural variation (**common cause**) in performance and unusual patterns (**special cause**) in data which are unlikely to have occurred due to chance and require investigation. They can also **provide assurance on whether a target or plan will reliably be met or whether the process is incapable of meeting the target** without a change.

Special Cause Variation is statistically significant patterns in data which may require investigation, including:

- Trend: 6 or more consecutive points trending upwards or downwards
- Shift: 7 or more consecutive points above or below the mean
- Outside control limits: One or more data points are beyond the upper or lower control limits

Orange indicates a decline in performance; Blue indicates an improvement in performance.

The NHS Improvement website has a range of resources to support Boards using the Making Data Count methodology. This includes a number of videos explaining the approach and a series of case studies – these can be accessed via the following link - <https://improvement.nhs.uk/resources/making-data-count>

Variation Icons The icon which represents the last data point on an SPC chart is displayed.							Assurance Icons If there is a target or expectation set, the icon displays on the chart based on the whole visible data range.		
ICON									
DEFINITION	Common Cause Variation	Special Cause Variation where neither High nor Low is good	Special Cause Concern where Low is good	Special Cause Concern where High is good	Special Cause Improvement where High is good	Special Cause Improvement where Low is good	Target Indicator – Pass/Fail	Target Indicator – Fail	Target Indicator – Pass
PLAIN ENGLISH	Nothing to see here!	Something's going on!	Your aim is low numbers but you have some high numbers.	Your aim is high numbers but you have some low numbers	Your aim is high numbers and you have some.	Your aim is low numbers and you have some.	The system will randomly meet and not meet the target/expectation due to common cause variation.	The system will consistently fail to meet the target/expectation.	The system will consistently achieve the target/expectation.
ACTION REQUIRED	Consider if the level/range of variation is acceptable.	Investigate to find out what is happening/happened; what you can learn and whether you need to change something.	Investigate to find out what is happening/happened; what you can learn and whether you need to change something.	Investigate to find out what is happening/happened; what you can learn and whether you need to change something.	Investigate to find out what is happening/happened; what you can learn and celebrate the improvement or success.	Investigate to find out what is happening/happened; what you can learn and celebrate the improvement or success.	Consider whether this is acceptable and if not, you will need to change something in the system or process.	Change something in the system or process if you want to meet the target.	Understand whether this is by design (!) and consider whether the target is still appropriate, should be stretched, or whether resource can be directed elsewhere without risking the ongoing achievement of this target.

Report Title:	Board Level Metrics (Patient strategic objective)		
Sponsoring Executive:	Richard Beeken, Chief Executive		
Report Authors:	Dr David Carruthers, Medical Director Mel Roberts, Chief Nurse Liam Kennedy, Chief Operating Officer Dinah McLannahan, Chief Finance Officer		
Meeting:	Trust Board (Public)	Date	5 th January 2022

1. Suggested discussion points <i>[two or three issues you consider the Trust Board should focus on]</i>
<p>Each member of the Executive Team has personally provided their own commentary to the area for which they are the lead within the Patients Strategic Objective.</p> <p>This adds a further strengthening the ownership and accountability where improvements are required in the main IQPR Report.</p> <p>The report is of course, a work in progress and will remain so, to ensure that performance, risks and mitigations are easily understood, tracked over time and constantly improved.</p> <p>This report, when working as we would expect it to, should enable the board to operate at strategic level, confident in the work of the sub-committees in testing assurance and understanding further detail provided by the executive and their teams.</p>

2. Alignment to our Vision <i>[indicate with an 'X' which Strategic Objective this paper supports]</i>						
<table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th style="width: 33%;">Our Patients</th> <th style="width: 33%;">Our People</th> <th style="width: 33%;">Our Population</th> </tr> </thead> <tbody> <tr> <td>To be good or outstanding in everything that we do</td> <td>To cultivate and sustain happy, productive and engaged staff</td> <td>To work seamlessly with our partners to improve lives</td> </tr> </tbody> </table>	Our Patients	Our People	Our Population	To be good or outstanding in everything that we do	To cultivate and sustain happy, productive and engaged staff	To work seamlessly with our partners to improve lives
Our Patients	Our People	Our Population				
To be good or outstanding in everything that we do	To cultivate and sustain happy, productive and engaged staff	To work seamlessly with our partners to improve lives				

3. Previous consideration <i>[where has this paper been previously discussed?]</i>
N/a

4. Recommendation(s)
The Trust Board is asked to:
a. RECEIVE: and note the report for assurance
b.

5. Impact <i>[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]</i>					
Trust Risk Register					
Board Assurance Framework					
Equality Impact Assessment	Is this required?	Y	N	X	If 'Y' date completed
Quality Impact Assessment	Is this required?	Y	N	X	If 'Y' date completed

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Public Trust Board: 5th January 2022

Board Level Metrics for Patients

CQC Domain	Safe
Trust Strategic Objective	Our patients
Executive Lead(s): Medical Director & Chief Nurse	
<p>Hospital Standardised Mortality Rate (HSMR) - Overall (monthly) The mortality quality improvement project continues with work streams focusing on finished consultant episodes, coding, palliative care and R codes (symptom documentation). Close working between coding team and mortality leads and new digital fellow to review care records to understand issues surrounding documentation. Covid infection recording within first 2 consultant episodes will be important during admissions with this surge.</p>	
<p>Summary Hospital-level Mortality Index (SHMI) (monthly) Current 12 month rolling SHMI is within expected banding (1.11), with data available for each site. The main outlier site is Leasowes where end of life care has not been appropriately recorded, causing this outlier position. Individual case review is underway to correct future documentation issues. Sepsis and pneumonia QI work continues to address those areas with the greatest outlier position.</p>	
<p>C.Difficile (Post 48 hours) Low numbers of cases of C Difficile, perhaps with potential lower antibiotic use during November</p>	
<p>E Coli Bacteraemia (Post 48 Hours) Low numbers, but each case has a post infection review to establish if any themes to aid future care</p>	
<p>MRSA– Screening This metric is under review. There is a discrepancy in data and the narrative from pre-admission clinic that screen 100% of patients that attend pre-operatively and they have queried the compliance. Exclusions are being reviewed with informatics to ensure the correct data is being collected. Date of completion of review January 2022.</p>	
<p>Doctor – Safe Staffing (FTE) Safe staffing numbers for medical staff need further analysis by area and grade to understand potential impact and where additional focus may be required to support the specialty.</p>	
<p>Nursing – Safe Staffing All inpatient areas are working in line with the QIA frameworks developed over the 12</p>	

months for all Acute and Community Nursing and Midwifery teams. Daily staffing meetings are undertaken each day to monitor staffing shortfalls against the QIA frameworks and ensure effective deployment of staff. Safer Staffing Red flags, nurse to patient ratios and acuity are also monitored.

There are a number of constraints with the provision of safer staffing (due to the lack of inter-operability with other workforce systems. The nursing workforce team are working with the Trust Informatics team to develop a safer staffing tool which supports daily monitoring of shift fill. It is anticipated that this report will be available from February 2022 and will be an interim solution whilst tendering is progressed for an e-rostering system that provides Safer Staffing reporting.

To provide assurance this gives a brief summary on the Trust's recruitment position and bank and agency usage:

Recruitment:

- In December ESR reported 33.69wte Band 5 (3.74%). This is based on substantive funding and does not include additional capacity open to support winter capacity:

Clinical Groups Current Substantive band 5 Vacancy Position (Dec 21) :

Group	Band 5 Vacancy WTE	Overall Band 5 % shortfall	Hot spot areas
MEC	5.36	-1.37%	N5 : OPAU
PCCT	27.11	20.55%	District Nursing Services
Surgical Services	0.56	-0.20%	Theatres: 10.26wte
W&C	9.32	10.56%	CECU

Temporary Staffing

Registered nurse temporary staffing fill for December has been between 80-84%, with 65-70% being picked up as bank shifts. The top five reasons for temporary staffing requests are vacancy shortfalls, COVID resource, increased capacity, sickness and maternity leave

The 5 top areas requesting are:

1.ED Nursing - City
2.ED Nursing - SGH
3.Acute Medical Ward SGH
4. Sandwell Theatres
6. AMU City

HCA – Safe Staffing

There are a number of constraints with the provision of safer staffing (due to the lack of inter-operability with other workforce systems. The nursing workforce team are working with the Trust Informatics team to develop a safer staffing tool which supports daily

monitoring of shift fill. It is anticipated that this report will be available from February 2022 and will be an interim solution whilst tendering is progressed for an e-rostering system that provides Safer Staffing reporting.

December ESR reports show a deficit of 30.66wte Band 3 and 4 posts across the Trusts and a recruitment campaign has been in place since April 2021 to support ongoing demand over next year

Temporary staffing data shows requests for additional HCA cover are in regard to focused care, vacancies, COVID resource and sickness. Only 80% of shifts are filled, however this is highly likely due to the short notice requests which are higher than RN requests (99% of shifts are picked up through bank)

Sepsis – Treated within 1 hour

Stable position, but project work with planned focus in February again for all components of sepsis 6 to be instituted within an hour. Enhanced communication of learning material and importance of this approach to be emphasised during January.

Patient Safety Incidents

Reporting of patient safety incidents continues to be encouraged. ED capacity issues contribute to the higher number while additional measures for possible harm for long ED waits are explored (in addition to >4 hour waits)

Patient Safety Severe Incidents

Moderate harm incidents are reviewed at a weekly meeting to explore the incident and those where clarification of the issues involved need to be identified for wider learning and duty of candour for the patient/relative

Serious Incidents (Date Reported to STEIS)

Serious incident reports are explored at the weekly MDT so that all issues are identified and appropriate actions in place to address them, including wider organisational learning

CQC Domain	Caring
Trust Strategic Objective	Our patients
Executive Lead(s): Chief Nurse	
FFT Recommended % Recommended	
As highlighted in the position paper that was presented to Quality and Safety Committee, the new Patient Involvement and Insight Lead commences in post January 2022. The post holder will lead the work to improve this area, including developing and embedding the appropriate supportive framework.	
FFT Recommended % Responded	
As highlighted in the position paper that was presented to Quality and Safety Committee, the new Patient Involvement and Insight Lead commences in post January 2022. The post	

holder will lead the work to improve this area, including developing and embedding the appropriate supportive framework.

Perfect Ward

The company has recently rebranded from Perfect Ward to Tendable, and the Trust will start to see audit and dashboard data with the new branding. In January 2022 the company are launching a new dashboard to support ward to board reporting. The new dashboard will include and aggregated score that will be used within the Board Level Metrics. From January the Trust will be working with the company on the roll out of the dashboard.

CQC Domain	Responsive
Trust Strategic Objective	Our patients
Executive Lead(s): Chief Operating Officer	
<p>Emergency Care 4-Hour Waits</p> <p>Our Emergency Access Standard (EAS) performance has deteriorated from the November position. The number of patients attending ED as opposed to UTC coupled with some shifts where our staffing has been under the usual level has resulted in longer waits within all EDs. There have been times when we have escalated to an EMS level 4 and there have been a higher number of days in December when our neighbours have also been at a level 4, resulting in intelligent conveyancing of ambulances from these trusts.</p> <p>We continue to have to operate 2 zones in both EDs a suspected covid and a non-Covid zone.</p>	
<p>Attendances (including Malling)</p> <p>Whilst the number of attendances into our Emergency Departments is on par with the previous month we have seen an increase in the number or RED stream patients i.e. those suspected of having Covid or those that are confirmed Covid. The proportion of type 3 activity i.e Urgent treatment centre (UTCs) or primary care activity has reduced slightly. This would indicate that level of acuity of patients presenting to our EDs has therefore increased</p>	
<p>RTT – Incomplete Pathway (18 weeks)</p> <p>Recovery from Covid is slow as clinical prioritisation has an impact. We are prioritising P2 breach patients and very long waiters which can negatively impact on performance; we have almost eliminated our 104 week patients, however small numbers of long waiting patients are deciding to wait until the new year for treatment. Lists continue to be impacted by cancellations due to COVID swab results being delayed and last minute staff shortages due to COVID infections and/or requirements to self-isolate due to infected household members, this will see an impact on waiting times and ability to re-date patients within 28 days of cancellation.</p> <p>Funding from the System is still outstanding where other organisations have been allocated,</p>	

with the largest waiting list in the system, due to size of population funding support is paramount. The aim to be back compliant by August 2022 is still the focus.

62 Day (urgent GP Referral to Treatment) Excluding Rare Cancers

62 day performance is slowly improving month by month with predictions to be close to 70% at the end of December. The Backlog has reduced in line with submitted ICS trajectory. All tumour sites are continuing to deliver the 2ww target which is extremely positive.

The main risk to delivery is the histology turnaround times for histology reports which has been escalated to the ICS. The outcome being waits over 21 days were focused upon and the over 14 days quadrupled, this therefore presents huge risks in the coming months to meeting the 62 day targets.

Mutual aid is being provided to organisations across the ICS, which is being carefully monitored.

CQC Domain	Effective
Trust Strategic Objective	Our patients
Executive Lead(s): Chief Operating Officer	
<p>Emergency Readmissions (within 30 Days) – Overall (exc. Deaths and Stillbirths) Month Our readmission rate for December deteriorates slightly from our November position. 7.25% Dec compared to 6.94 % Nov. Work continues with 48 hour post discharge contact and community wrap around to support further reduction in our re-admission. We have continued to work on data analysis of re-admissions, whilst remaining with enhanced D2A service, demonstrating reduction in re-admissions. The plan is to review top 10 specialities or conditions and understand why we are seeing re-admissions in those areas has been delayed due to staffing pressures related to Covid however we will pick this up again in the new year.</p>	
<p>SDEC Delivered in correct location Whilst medical and surgical SDEC continue to operate, our plans to expand provision of both these functions have not come to fruition. This is largely due to the lack of appropriate estate. However as an alternative both medicine and surgery continue to in reach to EDs to review referred patients with a view to supporting appropriate discharges. We are continuing to explore an estates solution.</p>	

CQC Domain	Use of Resources
Trust Strategic Objective	Our patients
Executive Lead(s): Chief Finance Officer	
<p>Performance Against Better Practice Performance Compliance</p> <p>The month 6 Board Report set out actions required to achieve the target of paying 95% of invoices (not disputed) within 30 days of receipt. The Trust had been very close to the target for some months following significant improvement during the pandemic when the team were working almost exclusively at home and we are now reporting consistent achievement. The key action that has pushed the Trust over the target has been to measure performance against invoice received date (in accordance with the guidance) rather than the invoice date itself. All of 2122 data has been reworked using this rule and the Trust has met the target by value in 7 out of 8 months since April 2021.</p> <p>Further actions include:</p> <ul style="list-style-type: none"> • Increasing the number of BACS processing runs each week • Working with the Pharmacy team on AI invoice processing to improve performance • Planned Trust wide communications to encourage timely receipting and dispute resolution • Implementing a Supplier Portal enabling Suppliers to upload invoices directly and allow them to see and assist in progress on invoice approval and payment • Working with Oracle to identify Invoice hold information in specific circumstances which allows us to exclude the invoice from our performance measure <p>The next step is to increase the local supplier base; Audit & Risk Management Committee already receives reporting on payment compliance for local suppliers. The Trust currently spends 10.26% of its controllable spend in Birmingham and the Black Country.</p>	
<p>Performance Against Better Value Quality Care Plan (£000's)</p> <p>The Trust set an efficiency target of £13.2m for 2122, in line with the MMUH LTFM expectations. This is equivalent to 2.2% (£600m turnover). National efficiency requirement is 1.1% (0.28% in H1 and 0.82% in H2, £6.6m). Current forecast in year is c£8.3m (FYE £9m). Underperformance therefore reflected in the SPC chart is against the internal plan. The conclusion is that the Trust is expecting to deliver enough to meet national efficiency targets in 2122. Information has been requested to compare this performance against system partners (system reporting would suggest SWB has out-performed other providers significantly). Through the MMUH affordability workstream base case CIP assumptions have been reset at £10m per annum (1.6%). National requirements will be approx. 1.1% in 2223 and onwards (1.1% - but what about improving the underlying position?). Advise sticking with 1.6% as base case assumption.</p>	
<p>2021/22 I&E Performance (£M's)</p> <p>The main objective for 2122 and the medium term future is as a minimum a cash backed break even position. This was achieved in H1 and the Trust has a plausible route to achieving the same in H2. M8 (to 30 Nov) was a breakeven position in month, maintaining the cumulative position of a £80k favourable variance.</p> <p>Key over the coming weeks will be work to understand what the recurrent position needs to be as we begin 2223 – somewhere between budgets and current run rate. Drivers of</p>	

variance from budgets are; CIP (as above), additional bed capacity open above funded (82 beds at time of writing), Covid costs, enhanced rates of pay for bank and agency, and elective activity recovery costs (with no associated ERF). A key piece of work will be to understand the ongoing bed stock and associated workforce with rostering and safe staffing alignment (mainly MEC), and an activity plan in Surgical Services that restores pre-pandemic activity levels – these will inform meaningful reset of budgets for 2223 onwards.

Underlying Deficit (£M's)

The Trust's view of the underlying position is at £24m, reported to CLE, FIC and Board. As we now work in a system control total environment and mainly block income, our own underlying position becomes less relevant – as we are not in full control of our income result, as we were under PbR. Work is underway to determine the system's underlying position and collaborative opportunities to improve it – along with organisational share. A recent piece of work has estimated an underlying position for the BCWB system of a £150m deficit. SWB's share of that is estimated to be £28m (allocated based on turnover). Whilst the two methods are not related in any way, they are close enough to be assured that the Trust does not have a major structural financial problem, and the system as a whole has had enough recurrent and non-recurrent resource to achieve a break even position since STPs were established. Work must now focus on collaborative opportunities that improve the underlying position.

Report Title:	Maternity Services Update		
Sponsoring Executive:	Melanie Roberts - Chief Nurse		
Report Author:	Helen Hurst - Director of Midwifery		
Meeting:	Public Trust Board	Date	5 th January 2022

1. Suggested discussion points <i>[two or three issues you consider the Board should focus on]</i>
<p>Board level oversight for Maternity and Neonatal Services is fundamental to the Quality Improvement Programme, to ensure transparency and safe delivery of services. The purpose of the report is to inform Trust Board of the present position and highlight to Trust Board any emerging safety concerns, cultural issues or actions that are required.</p> <p>This month's report focuses on four areas:</p> <ol style="list-style-type: none"> 1. Recruitment risks and the actions we are taking to improve the situation across maternity. It highlights attrition both in maternity and neonatal services and provides an overview of safe staffing and mitigations in view of vacancies 2. Patient experience and the work we have been undertaking to listen to our service users, particularly those from BAME communities 3. Update from safety champions in relation to maternity safety meetings and walkabouts 4. The outcome and feedback from the cultural work that was undertaken with staff from June to September 2021 by Kinder Life <p>Also included in the appendix is the Ockendon framework update for November 2021</p>

2. Alignment to our Vision <i>[indicate with an 'X' which Strategic Objective this paper supports]</i>										
<table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th style="width: 25%;">Our Patients</th> <th style="width: 5%;"></th> <th style="width: 35%;">Our People</th> <th style="width: 5%;"></th> <th style="width: 30%;">Our Population</th> </tr> </thead> <tbody> <tr> <td>To be good or outstanding in everything that we do</td> <td>X</td> <td>To cultivate and sustain happy, productive and engaged staff</td> <td>X</td> <td>To work seamlessly with our partners to improve lives</td> </tr> </tbody> </table>	Our Patients		Our People		Our Population	To be good or outstanding in everything that we do	X	To cultivate and sustain happy, productive and engaged staff	X	To work seamlessly with our partners to improve lives
Our Patients		Our People		Our Population						
To be good or outstanding in everything that we do	X	To cultivate and sustain happy, productive and engaged staff	X	To work seamlessly with our partners to improve lives						

3. Previous consideration <i>[where has this paper been previously discussed?]</i>
N/a

4. Recommendation(s)
The Trust Board is asked to:
a. APPROVE: the oversight Framework
b. DISCUSS: the workforce risks and assurance in place
c. DISCUSS: the work to support both patient experience and culture within the service

5. Impact <i>[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]</i>	
Trust Risk Register	
Board Assurance Framework	
Equality Impact Assessment	Is this required? Y N If 'Y' date completed
Quality Impact Assessment	Is this required? Y N If 'Y' date completed

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to Trust Board: 5th January 2022

Maternity & Neonatal Improvement Plan Update

1. Introduction

1.1 Board level oversight for Maternity and Neonatal Services is fundamental to the Quality Improvement Programme, to ensure transparency and safe delivery of services.

2. Oversight Framework

2.1 Work progresses against year 4 Clinical Negligence Scheme for Trusts (CNST): 2 safety actions are complete, work continues on the remaining 8.

CNST Compliance Rag Rating	
Outstanding	0
In progress	8
Complete	2

2.2 During November, three cases were referred for investigation by the Health Care Safety Branch (HSIB), these cases related to babies that required transfer to specialist units for therapeutic cooling, this is best practice treatment following a strict criteria for babies with potential effect of hypoxia at birth and reduces the impact of brain injury.

3. Workforce

3.1 Maternity Workforce Data – Table 1 shows the current vacancies and maternity leave across maternity inpatient, outpatients and neonates

Table 1

Area	Vacancy wte		Unavailable (maternity leave etc.)
	Registered	Support Worker	
Community	10.60	2.0	10.0
Inpatients	6.0	0.0	9.45
Neonatal	7.89 (QIS)	0.8	

3.2 Neonates currently have an over recruitment at the band 5 line to support the development of their own Qualified in Service (QIS) nurses as there is a national shortage. This pipeline currently has 9 nurses training, 2 are due to qualify in May 2022. This scheme provides good succession planning and resolution against the 7.89 vacancy currently against QIS, which is mitigated currently with bank and agency.

3.3 Midwifery Attrition

The tables below provide the detail of staff that have left both the maternity and neonatal services in the last 6 months, including their reasons for leaving; exit interviews are offered to all leavers and actioned as required.

Table 1

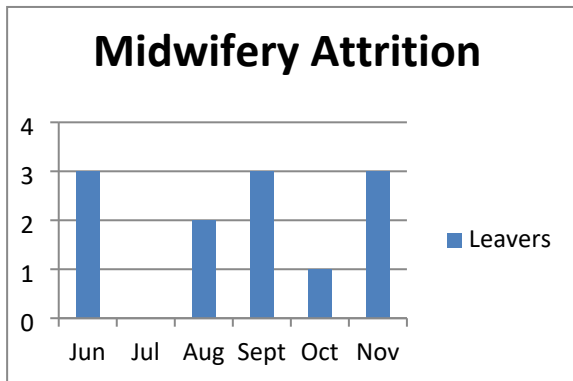
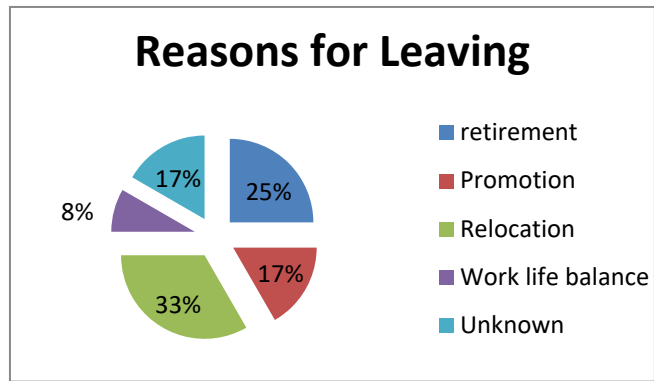


Table 2



3.4 Neonatal Attrition Data

Table 3

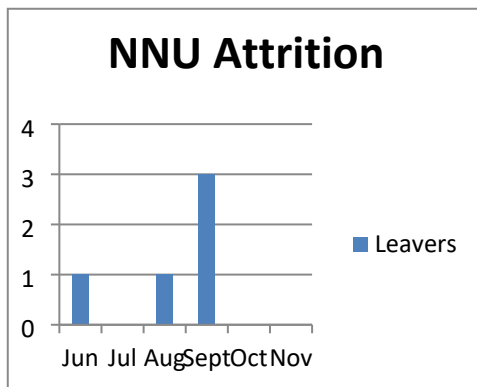
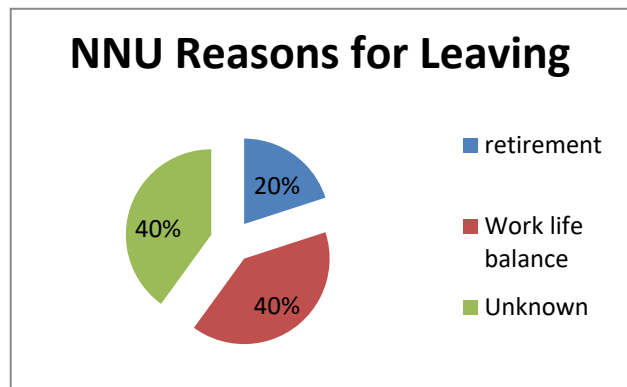


Table 4

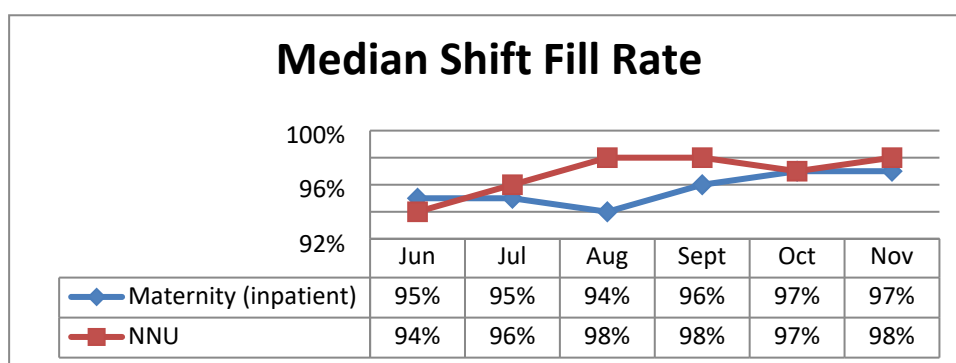


3.5 New Starters and Predicted

Area	New Starters (Oct-Nov)	Predicted (Dec-Jan)
Maternity		6
NNU (Neonatal Unit)	4	1

3.6 Inpatients Shift Fill Rate

Table 5, below, shows the distribution of the workforce and fill rate. This table does not consider workload or acuity which is found in British Association of Perinatal Medicine (BAPM) and Birth Rate Plus tools respectively with incidents of unsafe staffing reported and captured through incident reporting, Staffing is reported monthly as part of the maternity and Neonatal dashboard to Executive Quality Committee and Quality & safety Committee



3.7 Safe staffing for inpatient areas combines fill rates against actual requirements, with red flag events (Red flag events are where there has been an impact on care provision related to midwifery staffing). Twice daily staffing huddles are in place to provide an overview and support for safe staffing. Red flags are reviewed for action, escalation and impact across all areas, this is reported for analysis and discussion through Quality and Safety Committee and a monthly basis.

3.8 Community Midwifery

3.8.1 Daily review of acuity and capacity is in place, monitored by the matrons and team leaders. Triaging of activity occurs each morning to ensure care is aligned to specific need as detailed in NICE guidance and screening KPI's this will also take into account person centred care requirements. Activity is mapped against; face to face availability and virtual care, which is provided via the community midwife or delegated to the maternity support worker, dependent on strict criteria and competency.

3.8.2 Some work has been centralised in to support demand.

3.8.3 The pregnancy journey is now supported by the maternity navigators who provide additional support for the woman, outside of direct clinical need.

3.8.4 Twice weekly assurance of capacity and acuity is monitored against the community midwifery tracker, to provide oversight and support as required. This tracker informs us where the risks are and how this is being managed. Any areas of concern are escalated to the Director of Midwifery and Chief Nurse for further action

3.9 Actions

3.9.1 There are currently 4 adverts out for recruitment to maternity services; this includes recruitment to the funding received to implement the workforce required from the Ockenden immediate and essential actions. This will also support Midland Metropolitan University Hospital (MMUH) preparedness.

3.9.2 Active recruitment is in place to support International midwives, spread across the national drive and working with our partner company Morgan McKinley. In addition to this is the recruitment of nurses to ward areas to enable to fluid movement of midwives, a comprehensive competency package is in place and our new starter nurses are working well within the area, receiving positive feedback from both the women and staff.

3.9.3 We are currently in discussion with third sector organisations to provide additional support in both a community and low risk setting to deliver birth classes, doula and postnatal support.

- 3.9.4 The community team leaders have identified 3 top priorities to support the delivery of community care, which were included in a letter to all community staff; this also included the confirmation of two place based hubs.
- 3.9.5 Shortfalls in staffing are supported by bank; there are currently 8 external recruits in the recruitment process to bolster bank capacity.

4. Safety Champion Update

- 4.1 This is the first summary report within the maternity board report reflecting role of and activity at board level safety meetings in the maternity unit.

Together the non-executive and the board-level safety champion (Medical Director) should:

- adopt a curious approach to understanding quality and safety of services
- jointly, with frontline safety champions, draw on a range of intelligence sources to review outcomes, including staff and user feedback to fully understand the services they champion
- update the Trust Board **on a monthly basis** from January 2021, on issues requiring board-level action.

- 4.2 The following areas are covered during the monthly safety champion meeting, held with the maternity and neonatal safety champions and clinical leads;

- All maternity and neonatal Serious Incidents
- Incidents graded as moderate harm or higher
- Trust position in meeting national ambition trajectories for stillbirth, brain injury, maternal mortality, neonatal mortality and preterm birth rates; implementation rates of Saving Babies' Lives Care Bundle Version Two 9SBLCBv2) and Continuity of Carer
- safe staffing levels
- correspondence or concerns raised by the Regional Chief Midwife and Lead Obstetrician, Coroners, Deaneries, national bodies including NHS Resolution, CQC, HSIB or the Invited Review process
- ensuring that Duty of Candour is upheld and that locally undertaken SI investigations meet national standards for review
- ensuring themes and learning from SI investigations, Never Events, Invited Reviews and concerns raised by external parties, including service users, are implemented, audited for efficacy and monitored at board level ensuring accountability for actions being undertaken
- providing oversight and appropriate challenge in relation to evidence for the CNSTmaternity incentive scheme safety actions
- Ensuring that learning as well as improvement activity is shared with the Learning Management System (LMS), Regional Chief Midwife and Lead Obstetrician and Patient Safety Networks as part of revised oversight and governance structures.

4.3 Monthly meeting format

Monthly safety meetings are held with nominated Non-Executive Director and Medical Director present. An up to date dashboard is reviewed to look at performance and safety related issues, with a focus on maternal and neonatal outcomes. This is then included in the monthly report that goes to Quality + Safety Committee, following executive scrutiny at Executive Quality Committee. Staffing challenges, progress against national standards and overall workload are reviewed also. Challenge is made where additional assurance is needed. Recent focus has been on how to work with local communities and out of hospital services to try and encourage and identify those who need to present earlier for midwife services and monitoring. This is part of the strategy to reduce stillbirth numbers, having identified late presentation in pregnancy as a factor amongst our local community.

4.4 Monthly Executive walkabouts

In addition, monthly walkabouts are arranged within maternity and neonatal services to talk to staff and allow the opportunity for safety issues to be raised directly with the exec safety champion. Common themes are discussions on staffing levels, infection prevention and control and staff morale. General positive thoughts on progress within the maternity unit are expressed, but the high workload at a time when staff numbers are more challenged with vacancies, maternity leave and sickness is something staff, to their credit, deal with well. I have also been able to witness one of the in-situ simulation sessions where shoulder dystocia during delivery was managed with the whole team present. The post simulation debrief was useful to re-inforce the good practice shown and remind staff of other issues that needed focus on.

4.5 Future reports will highlight outcomes of both the safety champion meeting as well as the executive walkabouts.

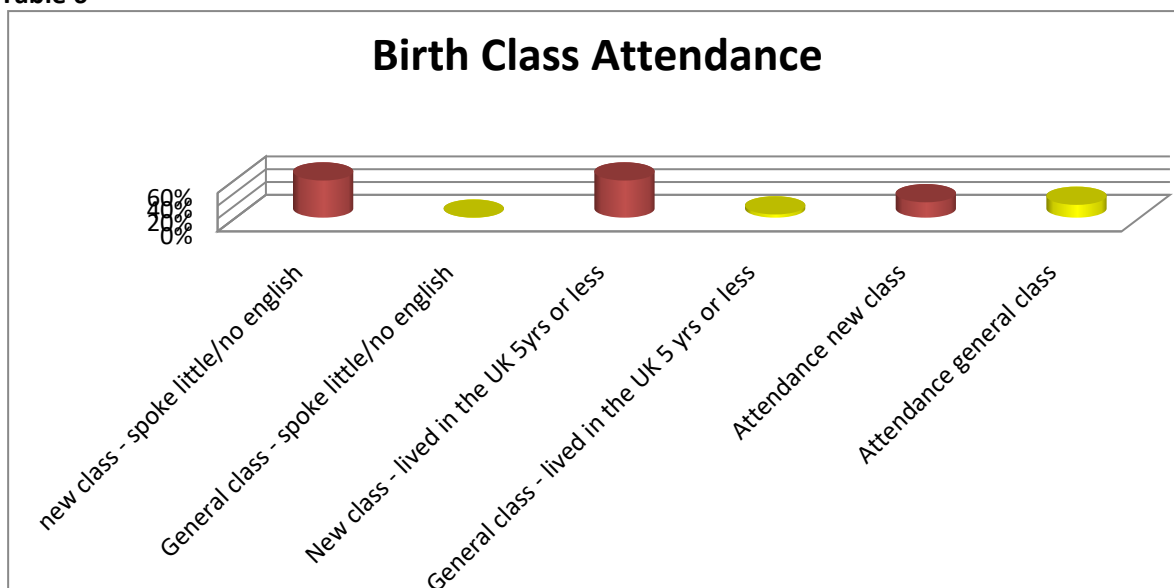
5. Patient Experience; Improvement from listening to our women

5.1 As part of the work to improve outcomes and reduce inequalities the Lead Midwife for Equality and Diversity has been working closely with our communities to improve the services we offer. One example of this has been the work to improve access and attendance at birth preparation classes. The intelligence gathered indicated that the classes did not meet the cultural diversity required, for example:

- No women only classes
- No translation
- Venues not appropriate

5.2 In August new classes were launched to incorporate these requests, table 6 below demonstrates the increased attendance of our target communities (represented in red compared to the original attendance). These now run alongside traditional classes. The feedback is positive and the classes continue to grow.

Table 6



6. Clinical Quality Improvement

6.1 The West Midlands Neonatal Operational Delivery Network, have introduced guidance to improve outcomes for babies born < 27 weeks gestation (26+6 days and below) or birthweight < 800g and multiple pregnancies < 28 weeks (27+6 days and below) gestation. The guidance supports delivery in maternity services with a level 3 Neonatal Intensive Care Unit (NICU) facility, to improve their outcomes, given West Midlands neonatal mortality is some of the highest in the country. The Maternity and Neonatal Services within the Trust have introduced this guidance in conjunction with our level 3 provider, University Hospital Birmingham NHS Foundation Trust.

7. Analysis from Cultural Workshops

7.1 As part of the maternity improvement plan, to improve the culture within the service, ‘a kinder Life who are leading-edge practitioners in strategy, proposition development, organisation design and change management and have helped over 50 NHS organisations. were commissioned to deliver the workshops. The sessions were attended by a broad spectrum of staff including midwives both from acute and community, MSWs and specialist staff but not as many staff as the Trust would have liked or planned to attend due to challenges with continued staffing pressures. The outputs and themes are captured in the report found in appendix 2, a brief overview is a below:

Attendance	
Session 1	139
Session 2	127

70% rated the workshop good / very good
 74% felt it met objectives
 65% said it helped them reflect on importance of values

70% felt motivated to implement learnings

7.2 Top 3 good day at work themes

- Team work and support 27%
- Appreciation, positive feedback 20%
- People with positive attitude 13%

7.3 Top 3 bad day at work themes

- Colleagues' poor behaviour 29%
- Lack of team work, support and isolation 26%
- Lack of time, control, overwhelmed 19%

7.4 The workshops concluded with 3 principles to support what we want to see more of in the service and what we don't want to see, both of these were built around these principles of kindness, respect and teamwork. The cultural work continues to be supported via online learning,

7.5 The current improvement plan needs a complete review and will include the learning from the culture work. Once this has been discussed with staff and the actions agreed the team will take forward the recommendations as part of both the improvement plan and via the directorate meetings and WCH group Board

8. Summary

8.1 Work continues to strengthen service provision and assure transparency in line with national, regional and local drivers. Understanding our local communities is key to reducing health inequalities and improving outcomes.

9. Recommendations

9.1 **The Trust Board is asked to:**

- APPROVE:** the oversight Frame
- DISCUSS:** the workforce risks and assurance in place
- DISCUSS:** the work to support both patient experience and culture within the service.

Helen Hurst
Director of Midwifery

Annex 1 Ockendon Oversight Framework Summary Table

Data Measures	Summary	Key Points
Findings of review of all perinatal deaths using the real time data monitoring tool	All relevant cases have been reported to MBRRACE. Perinatal Mortality Review Tool (PMRT) reviews, meeting CNST requirements.	Quarterly PMRT report provided to Trust board, via Quality and Safety Committee.
Findings of review all cases eligible for referral to HSIB	3 case referred in November, 2 cases accepted: reason cooling cases. 5 cases active with HSIB	Cases included in the Quality and Safety Committee report and discussed at monthly Safety Champion meeting. Themes and lessons learnt embedded across the service and incorporated into professional study days.
The number of incidents logged graded as moderate or above and what action being taken.	3 case was escalated for moderate harm, this case has been called as a serious incident (SI) and is under investigation, as above	Weekly multi-disciplinary incident review/learning meeting in place within the service. 10 deep dives took place in November. Themes and lessons learnt shared.
Training compliance for all staff groups in maternity, related to the core competency framework and wider job essential training.	Training against core competency framework remains above expected target of 90%. K2 fetal monitoring training compliance at 97% for midwives and 96% for medics	Professional training database (core competency framework) monitored by education team. CNST requirement of 90% MDT compliance on track
Minimum safe staffing in maternity services, to include obstetric cover on the delivery suite, gaps in rotas and minimum midwifery staffing, planned vs actual prospectively	100% compliance with obstetric labour ward cover. Midwifery safe staffing analysis included in Quality and Safety report, average fill rate for inpatient (midwifery and NNU) 97%.	Birth rate plus assessment currently entrain. Monetary award against Ockenden workforce bid £427,623 part year across all disciplines. Current recruitment initiatives include international midwives and rotational B5&6 to support community vacancy.
Service User Voice feedback	Feedback collated from FFT, complaints, PALS, local surveys and Maternity Voices Partnership (MVP)	Themes from complaints are clinical treatment and attitudes and behaviours. Several compliments have also been received. FFT response rates remain low, work to increase ongoing. A wealth of feedback is being captured by the EDI lead. Actions arise out of feedback to support a culture of “you said, we did” evidence of which is in all areas. 15 steps will recommence led by the MVP. Also captured in perfect ward.

Staff feedback from frontline champions and walk-about	Walkabout schedule by Executive safety champion	Included in report								
HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust	Nil received	Nil received								
Coroner Reg 28 made directly to Trust	None	None								
Progress in achievement of CNST10	<table border="1"> <tr> <td colspan="2">CNST Compliance Rag Rating</td> </tr> <tr> <td>Outstanding</td> <td>0</td> </tr> <tr> <td>In progress</td> <td>8</td> </tr> <tr> <td>Complete</td> <td>2</td> </tr> </table>	CNST Compliance Rag Rating		Outstanding	0	In progress	8	Complete	2	Progress against year 4 to be noted, updated provided to Quality and Safety committee. 8/10 areas certain to complete, focus required on 2 areas to complete, which action plans are in place for. Outcome of action plan (monetary bid) tendered following year 3, 8/10 submission remains outstanding; this will impact the achievement of 10/10 for year 4.
CNST Compliance Rag Rating										
Outstanding	0									
In progress	8									
Complete	2									
Proportion of midwives responding with 'Agree or Strongly Agree' on whether they would recommend their trust as a place to work or receive treatment	Yearly survey									
Proportion of specialty trainees in Obstetrics & Gynaecology responding with 'excellent or good' on how they would rate the quality of clinical	Yearly survey									

Report Title:	Progress of Winter Plan		
Sponsoring Executive:	Liam Kennedy, Chief Operating Officer		
Report Author:	Johanne Newens, Deputy Chief Operating Officer		
Meeting:	Public Trust Board	Date	5 th January 2022

1. Suggested discussion points
<p>This paper is an update on progress against the Winter Plan that was signed off at October’s Trust board.</p> <p>There are a number of schemes that are not yet delivering the expected outcomes and some that are predicted now not to commence at all, Annex 1 outlines progress against all schemes.</p> <p>All schemes have been RAG (Red Amber Green) rated against the degree of confidence we have that they will deliver their original objective. This paper has been discussed at the Clinical Leadership Executive (CLE) where some mitigations were agreed, which are outlined in section 4 of the main paper. However, in addition the clinical groups were also tasked with reviewing all RED rated schemes further with a view to redesigning them or indeed withdrawing them and identifying alternative schemes.</p>

2. Alignment to our Vision <i>[indicate with an ‘X’ which Strategic Objective this paper supports]</i>												
<table border="1"> <thead> <tr> <th>Our Patients</th> <th></th> <th>Our People</th> <th></th> <th>Our Population</th> <th></th> </tr> </thead> <tbody> <tr> <td>To be good or outstanding in everything that we do</td> <td>X</td> <td>To cultivate and sustain happy, productive and engaged staff</td> <td>X</td> <td>To work seamlessly with our partners to improve lives</td> <td>X</td> </tr> </tbody> </table>	Our Patients		Our People		Our Population		To be good or outstanding in everything that we do	X	To cultivate and sustain happy, productive and engaged staff	X	To work seamlessly with our partners to improve lives	X
Our Patients		Our People		Our Population								
To be good or outstanding in everything that we do	X	To cultivate and sustain happy, productive and engaged staff	X	To work seamlessly with our partners to improve lives	X							

3. Previous consideration
December 2021 CLE

4. Recommendation(s)
The Trust Board is asked to:
a. NOTE progress of the delivery of winter schemes
b. NOTE the re-assessment of schemes not delivering and the CLE decision to re-utilise winter funds for appropriate alternative schemes to deliver the same objectives.

5. Impact <i>[indicate with an ‘X’ which governance initiatives this matter relates to and where shown elaborate]</i>							
Trust Risk Register							
Board Assurance Framework							
Equality Impact Assessment	Is this required?	Y		N	x	If ‘Y’ date completed	
Quality Impact Assessment	Is this required?	Y		N	x	If ‘Y’ date completed	

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Trust Board: 5th January 2022

Progress on the delivery of the Winter Plan 2021/2022

1.0 Background

- 1.1 At previous Trust Board meetings a number of schemes were discussed and approved to support the Trust in terms of managing the anticipated non-elective winter pressures.
- 1.2 This paper outlines progress in the delivery of the schemes and future monitoring arrangements.

2.0 Progress

- 2.1 Since approval by the Board, the groups have had confirmation that funds will be made available and have been focused on the delivery of the schemes. Several schemes were able to be implemented very quickly, some schemes are still securing the necessary workforce needed and some schemes were highlighted to Decembers CLE as under delivering or at risk of not delivering at all. The table in Annex 1 outlines progress against the original start date and a Red Amber Green (RAG) rating for the schemes based on confidence in delivering the original benefits outlined.
- 2.2 Challenges in securing workforce via bank and agency have required some staff to be recruited substantively 'at risk' where this can be justified. In other instances the workforce associated with some schemes is being revised to give an alternative skill mix.
- 2.3 For those schemes which have not yet or will not deliver at all, the main contributory factors to this are our inability to secure workforce. Estates challenges for both medical and surgical Same Day Emergency Care (SDEC) and by implication Surgical Assessment Unit (SAU) have meant these schemes have not been able to deliver to the extent we had previously planned.

3 Expected Impact of Schemes

- 3.1 One of the key risks that the bed modelling has predicted is that at the peak of demand our bed base will be 60 beds short. A number of schemes have been approved to mitigate this 60 bed shortfall. The cumulative impact of these schemes which are specifically designed to reduce the need for admission or reduce length of stay delivers a saving of 37 beds. In addition the opening of D30, a 20 bedded unit will offset the majority of the 60 bed shortfall. During the most recent period of acute pressures the

area previously identified as a discharge area (Newton 1) has been used as a 19 bedded inpatient ward.

- 3.2 A tracker has been devised to track both the delivery of the schemes and their impact, to assure the safe mitigation of the gap in this bed modelling. Metrics are being refined as schemes bed in and final schemes are established to ensure that we are measuring the true impact of these schemes.
- 3.3 This tracking will enable us to maintain our agility in our response over the next few months and change our plans if they are not delivering the original expected impact or indeed if demand profiles change.

As a reminder to Board the table below outlines the expected impact of each scheme.

Scheme Description	Expected Impact
Community Urgent response, utilising epicentre 8am – 8pm 7 days a week	2
Community Respiratory Service	6
Care Homes wrap around support. Supporting the other 19 care homes not included in the successful first stage pilot	10
OPAT – heart failure and diuretics	2
FIT rollout (City)	8
Complex discharge nurse to support elderly care	3
Cardiology AA	4
Increase of opening hours of both UTC's till midnight	2
Total Beds saved	37

4.0 Delivery

- 4.1 Most schemes signed off by Trust Board last month have begun gathering pace, but the full impact is yet to be fully realised.
- 4.2 Given the Red rating of some of the schemes, the below are recommended mitigations for amendments of the schemes:
- Medical SDEC – There is an inability to recruit to the consultant lead for this post, therefore it is suggested that routine elective work is reduced to allow GIM consultant workforce to support its implementation
 - Discharge Lounge – The area identified is currently an inpatient area due to the site being intermittently on level 4 pressures. An alternative location needs to be located but is proving difficult at the Sandwell Site.

Emergency care transfer team to support Emergency Department and Acute Medical Unit – an alternative is being explored via agency porter staff and where it is appropriate the use of volunteers. Both of these options will be risk assessed and only utilised where it is safe to do so.

5. Summary and recommendations

5.1.1 Some schemes are delivering the expected impact although clearly some are yet to make an impact which leaves us vulnerable against our modelled scenarios.

5.1.2 The Trust Board is asked to:

- a) **NOTE** progress in winter schemes
- b) **NOTE** the re-assessment of schemes not delivering and the CLE decision to re-utilise winter funds for appropriate alternative schemes to deliver the same objectives.


Johanne Newens
Deputy Chief Operating Officer

January 2021

Annex 1: Rag rating of all winter Schemes

Scheme title	Estimated Completion	Progress to Date
Increase GP / minors area at City.	Nov-21	Commenced 17/11/21
Increased UTC hours at Sandwell	Nov-21	Commenced
Medical SDEC, increase utilisation by providing senior decision makers dedicated to SDEC. Increase opening time until midnight (currently 10pm).	Nov-21	Registrar workforce in place; recruitment for consultant workforce on going. This scheme is not delivering to the full levels that were identified in original plan. Lack of senior clinical presence being the main contributor.
7 day SPA service	Nov-21	Commenced
Weekend Discharge Team – continue cross-site.	Nov-21	In place
Respiratory Winter plan	Nov-21	Commenced
D30	Nov-21	Fully open
Cardiology AA	Nov-21	In place
AMU – patient flow co-ordinators	Nov-21	This has been out to bank with little up take – recommendation is that an alternative scheme be identified.
Discharge Lounge - 1 site	Nov-21	Area identified currently fully occupied inpatient area during period of L4 capacity pressures. Alternative location is to be considered And staffing arranged from an external partner
Emergency care transfer team to support ED and AMU	Nov-21	Shifts have not been taken up on bank portering are currently exploring agency however this is unlikely to deliver.
FIT (City)	Jan-22	Due to inability to secure therapy support an alternative partial FIT service will be delivered at City that is medically lead. A continued effort to secure therapy is ongoing.
Additional Trauma Theatres	Dec-21	Shifts out for staffing currently. Not due to begin until the festive period.
Additional Fracture Clinic	Dec-21	Shifts out for staffing currently. Not due to begin until the festive period.
Surgical SDEC		Challenges in identifying a suitable location has meant this scheme is unlikely to deliver
Surgical assessment unit		Cannot make this change without decant of SDEC
Post anaesthetic care unit (PACU)	Jan-22	Due to open in Jan following staff consultation.

BMEC coordinator		Scheme not being centrally funded but will still be tracked as proof of concept.
Emergency theatre coordinator		Scheme not being centrally funded but will still be tracked as proof of concept.
Community Respiratory Service	Dec-21	Service has begun ahead of predicted start date, but on a smaller scale awaiting staffing via bank and agency
Care Homes 21 – 40 wrap around	Nov-21	Gradual build of impact as more homes utilise this team, activity will also increase once additional staffing is in place. Bank and agency staff are being sourced but not fully in place yet (enhanced rates were in the original costings).
Epicentre* / urgent response and Care homes service 8 – 8 7 days a week	Dec-21	Staff in place, due to start scheme Dec 21
Expansion of DET till 10 pm 7 days a week	Oct-21	In place
OPAT – heart failure and diuretics*	Nov-21	This scheme has not commenced as staffing has not yet been secured. Bank and agency staff are being sourced but not in place yet (enhanced rates were in the original costings).
Palliative care Practice development nurse support medicine	Sep-21	In place
Primary care & population health frailty management project	Oct-21	In place
Complex discharge nurse to support elderly care	Jan-22	Confident of start date

Sandwell and West Birmingham Hospitals 
 NHS Trust

Report Title:	Gold update on COVID-19		
Sponsoring Executive:	Liam Kennedy – Chief Operating Officer		
Report Author:	Liam Kennedy – Chief operating officer, Mel Roberts – Chief Nurse		
Meeting:	Public Trust Board	Date	5 th January 2022

1. Suggested discussion points <i>[two or three issues you consider the Board should focus on]</i>
<p>The community infection rate is now starting to increase significantly. There are daily fluctuations, but as at 28th December, rates have raised to match the peak of January 2021.</p> <p>We have seen, in addition, bed occupancy of Covid positive patients increase and as such we have implemented our surge plan. There is a growing requirement for a community Covid positive ward to support the step down of medically optimised patients but who remain Covid positive. Leasowes ward will come into effect week commencing 27th December to enable us to free up acute beds.</p> <p>A group has been established to work through the implications of the mandatory vaccine and how we define certain areas that were not clearly identified by the national policy. We are working with Black Country & West Birmingham partner organisations to take a consistent approach to this across our system.</p> <p>The changes to isolation rules for the general public and our staff have been clarified and communicated to our staff to optimise staff attendance. We have seen significant staff absences in some departments due to either positive swab results or the need for isolation.</p> <p>Staffing due to this remains a challenge across the organisation. Risk assessments and Quality Impact assessments in place to enable us to work as safely as possible across the sites</p> <p>The general pressures on Black Country Pathology capacity have increased and as a result there have been delays in returning staff test results back to us, which has contributed to gaps in rotas. To enable us to have a faster turn round time on swab results for our staff we have identified a local independent laboratory to support us specifically with our staff testing results, for an initial period of 6 weeks.</p>

2. Alignment to our Vision <i>[indicate with an 'X' which Strategic Objective this paper supports]</i>												
<table border="1"> <thead> <tr> <th>Our Patients</th> <th></th> <th>Our People</th> <th></th> <th>Our Population</th> <th></th> </tr> </thead> <tbody> <tr> <td>To be good or outstanding in everything that we do</td> <td>X</td> <td>To cultivate and sustain happy, productive and engaged staff</td> <td>X</td> <td>To work seamlessly with our partners to improve lives</td> <td></td> </tr> </tbody> </table>	Our Patients		Our People		Our Population		To be good or outstanding in everything that we do	X	To cultivate and sustain happy, productive and engaged staff	X	To work seamlessly with our partners to improve lives	
Our Patients		Our People		Our Population								
To be good or outstanding in everything that we do	X	To cultivate and sustain happy, productive and engaged staff	X	To work seamlessly with our partners to improve lives								

3. Previous consideration <i>[where has this paper been previously discussed?]</i>
CLE December

4. Recommendation(s)
The Board is asked to:

a. NOTE: the contents of the report including the increase in in Covid inpatient occupancy across both acute hospital sites and the approach being taken with regard to mandatory staff vaccination

5. Impact <i>[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]</i>						
Trust Risk Register	x	Various				
Board Assurance Framework	x					
Equality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed
Quality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed

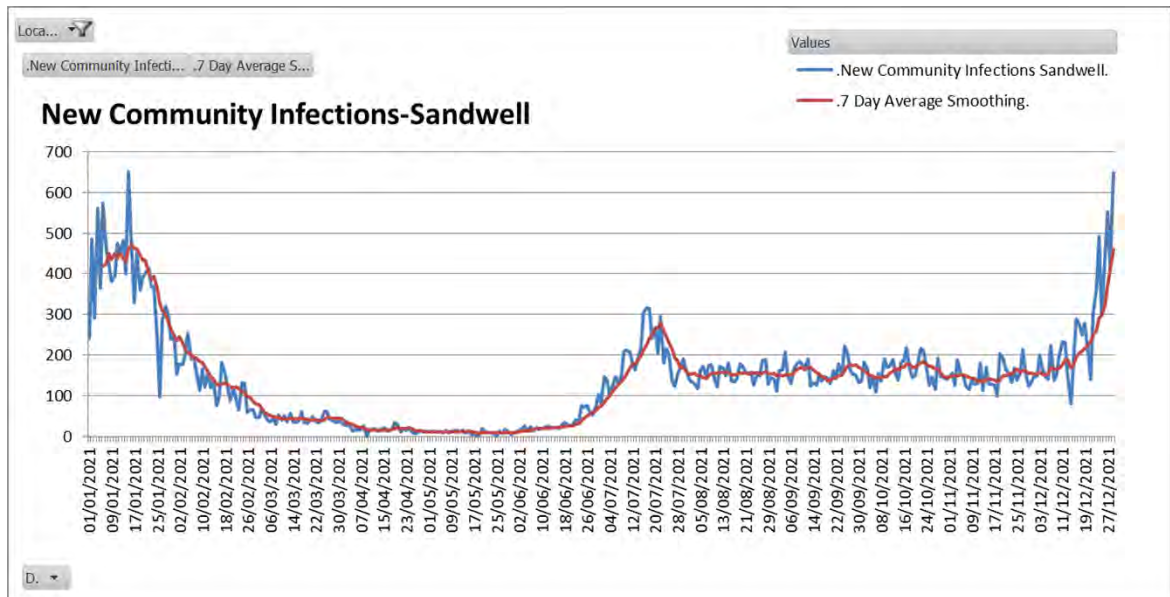
SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Trust Board: 5th January 2022

Gold update on COVID-19 position

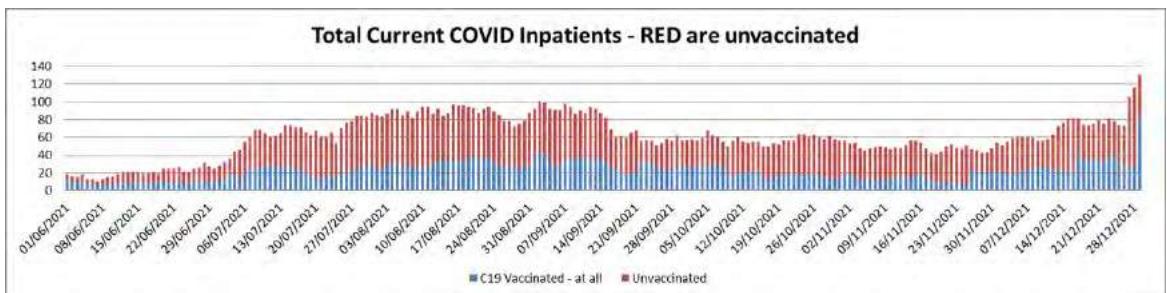
1. Community infection Rate

1.1 From the Graph below you will note a steady level of our infection rate, until a significant increase seen from the third week in December.



2. Inpatients

2.1 The graph below shows the increase in Covid inpatients over the last few weeks. Most remain secondary presentations. We are starting to see that a higher percentage of positives in the hospital are vaccinated, this may be attributable to outbreaks on wards that for existing patients and an increasing percentage of patients for whom Covid is a secondary presentations, currently only 7% of positive patients have a primary presentation of Covid.



2.2 In order to meet this growth in demand a review of our surge plan has been completed to ensure that it is up to date and relevant under current restraints. All groups have contributed to this and are clear on next steps and trigger points should a further increase in Covid admissions materialise. This includes the opening of a Covid positive ward in our PCCT group to support the step down of medically optimised patients who remain positive.

3. Infection Prevention and Control (IPC)

3.1 We have received and are currently implementing updated national IPC guidelines in relation to elective care and have updated our elective swabbing pathway to reflect these changes in line with other Trusts in our system.

3.2 We have received new isolation guidance which allows staff who have been in contact with COVID to return to work following a negative PCR and then there is a requirement for staff to lateral flow test daily for 10 days.

3.3 HEPA ventilation systems have been located on wards at Sandwell where Aerosol Generating Procedures (AGPs) are taking place and also on our designated covid wards.

4. Staff testing

4.1 LAMP testing continues to be rolled out across the organisation which is a once weekly saliva based antigen test with higher degree of accuracy. The organisation continues to promote the use of LAMP testing as a preventative measure to prevent covid infection and transmission but is there more work to be done with only 61% of the organisation registered and less than 54% using LAMP testing regularly.

5. Vaccination

5.1 Our Vaccination programme continues, we are at 85% nationally for staff who are doubly vaccinated. Despite constant communication and a personalised approach this percentage is not increasing any more than marginally.

5.2 Vaccination was increased nationally as part of the programme to prevent the spread of the new variant Omicron.

5.3 The Covid booster programme is now open to everyone above the age of 18 and the time between vaccines has been reduced to 3 months. The immunosuppressed patients are being offered a 4th vaccine. 12-15year old are being offered a second vaccine via vaccination centres and within schools

5.4 As you will all know vaccine is now mandatory within the NHS. Staff are expected to receive their first vaccine by the 3rd February and the 2nd vaccine by the end of March 2022.

- 5.5 There has been a task and finish group set up and the first task are to obtain a vaccination status for the 20% of staff that we do not have a vaccination status for. A project plan is beginning developed as there is much to do over the next 3 months. We are working with ICS partner organisations to take a consistent approach to this in the Black Country, wherever possible. The Board may be asked to prospectively agree our approach to defining “front line” staff as well as our approach to redeployment, once that system-wide approach has been agreed between Chief Executives.

6. Staffing

- 6.1 On the 12th November the NHs published guidance on “Winter 2021 preparedness – Nursing and Midwifery Staffing. The guidance focussed on planning, decision making and escalation processes to support safer nursing and midwifery staff as winter approaches. On 21st December a regional staffing call was held due to the increasing pressures of staffing across the region with the increasing numbers of staff that are becoming positive to COVID.
- 6.2 As required by the guidance and reemphasised on the regional staffing call there is an escalation process in place for staffing that was introduced during COVID and will continue throughout winter to assure the most appropriate levels of staffing per area in relation to patients acuity and number of patients. This is practicality means we are moving a large proportion of staff on a daily basis to ensure we have safe staffing levels across all ward and service areas.
- 6.3 There are quality Impact assessments in place that have been reviewed by the Group Directors of Nursing within each clinical group, the Head of Workforce and Education and Deputy Chief Nurse. These assessments outline our rag rating for staffing and what our priorities of care are when staffing is challenged and varies from our agreed staffing ratios. These assessments initially went through our governance processes earlier this year to Trust Board.
- 6.4 A further step has been taken to assess what our absolute minimum staffing would be if we get to that crisis point over the coming weeks. that would be 2 qualified staff as a minimum per ward area and these staff will include our international nurses who as are now able to join the temporary register, Band 4 nurses and any nurses who may currently work in research, corporate nursing etc. this decision would not be taken lightly and would need our strategic command to approve during the normal working day and out of hours the executive director on call with support from senior clinician. This action would need documenting with the rationale why that decision has been made.
- 6.5 The Senior nurses have also implemented further measures to support staffing such as a HIIT team of health care assistants that will support both sites and be deployed where required, housekeeper roles so nursing staff can concentrate on their nursing roles and extra admin staff to support the ward areas and community teams. These plans are reviewed daily at both operational meetings and weekly senior nurse meetings

6.6 On a positive recruitment is ongoing and we have seen 132 international nurses join us over the last 10 months. There are a further 85 international nurses who will join us between now and the end of March and 40 graduate nurses in January. All will help towards our current staffing challenges. This will positively leave us with very few if any band 5 vacancies throughout the organisation but with the current additional beds that are open and the continued Covid pressures , staff are not necessary seeing the benefit of this recruitment in their areas

6.7 We are also working with a company called INDEED supported by NHSE/I to recruit health care support workers and we have recently recruited a further 23 people to these roles and have 67 people joining the bank whom we are discussing permanent roles with.

7. Recommendations

7.1 The Board is asked to:

- a) **NOTE** the contents of the report including the increase in in Covid positive occupancy across both main acute hospital sites and our approach to mandatory staff vaccination.
- b) **NOTE** and Approve the potential derogation from usual staffing levels if required due to the Pandemic

Liam Kennedy
Chief Operating Officer

Melanie Roberts
Chief Nurse

December 2021

Report Title:	Acute Collaboration		
Sponsoring Executive:	Richard Beeken (CEO)		
Report Author:	Dave Baker (Director of Partnerships and Innovation)		
Meeting:	Trust Board (Public)	Date	5 th January 2022

1. Suggested discussion points *[two or three issues you consider the Trust Board should focus on]*

The Board is asked to note the update with the following comments:

1. Note the shift in name from acute collaborative to provider collaborative in the update paper. It is suggested that the Board updates heading mirrors this name. It reflects a desire to bring the Mental Health Trust closer to the Group and also the new national guidance on provider collaboratives as a shared governance vehicle for change;
2. Bearing in mind the discussion at the last Board around pulse survey results in maternity and the link to midwife shortages, the Board may wish to comment on the omission of midwives from the three hotspot areas in section d).
3. Note that we have asked the clinical workshop date proposed for 7 January to be changed due to the clash with our Board Development Session.

2. Alignment to our Vision *[indicate with an 'X' which Strategic Objective this paper supports]*

Our Patients	X	Our People	X	Our Population
To be good or outstanding in everything that we do		To cultivate and sustain happy, productive and engaged staff		To work seamlessly with our partners to improve lives

3. Previous consideration *[where has this paper been previously discussed?]*

None

4. Recommendation(s)

The Trust Board is asked to:

- a. **NOTE:** the update, in particular the shift to the governance vehicle of a provider collaborative
- b. **NOTE:** the omission of midwives from the recruitment hotspot areas across the ICS
- c. **NOTE:** the expected date shift of the workshop on 7 January

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register					
Board Assurance Framework					
Equality Impact Assessment	Is this required?	Y		N	X
Quality Impact Assessment	Is this required?	Y		N	X

BLACK COUNTRY PROVIDER COLLABORATION PROGRAMME

Update to Sandwell and West Birmingham NHS Trust Board

JANUARY 2022

1. PURPOSE

The purpose of this paper is to provide an update to the Board on the Black Country Acute Provider Collaboration Programme.

December was an executive led Programme Board and was shortened due to operational pressures to focus on the initial feedback from the EY commissioned review of clinical services. All other work stream updates are derived from reports.

2. KEY ISSUES AND DECISIONS TAKEN AT THE PROGRAMME BOARD MEETING ON 16th DECEMBER 2021

a) Clinical Services Review

EY presented their work to date, giving an overview of the process followed and next steps. They presented a number of speciality 'one page' documents which highlights all potential options for service development.

A workshop will be held 7th January 2022 to go through these options with clinical leads, ops leads, and nursing leads across all four trusts. This session will focus on overall criteria for prioritisation, and through breakout groups review the detail in the one page speciality summaries.

b) Clinical Work stream

Clinical Networks are being set up in each of the nine specialities with clinical leads in post. Five of the nine will have met prior to Christmas. Recruitment is underway to operational lead posts for each area.

The clinical leads are in the process of developing the vision for each of their services, which will be presented back to wider teams at the February Clinical Summit (Friday 11/2/22).

c) 'Back Office' / support services Work stream

Meetings have taken place with the national corporate benchmarking team to identify and access centrally held information.

Meetings have been arranged in early January for each of the following back office functions- finance; procurement; governance and risk; legal; HR and Payroll.

d) Workforce and OD Work stream

A paper was tabled on resourcing hot spots which recommended that all trusts report on their resourcing position and requirements on a quarterly basis which will be presented to the people board.

The paper also recommended a system wide recruitment drive on three hot spot areas: Community Nursing, AHPs and Radiology.

e) Communications and Engagement Work stream

A number of designs were tabled for discussion around branding, this item will be carried forward to the next meeting.

f) Governance and Implementation Work stream

The proposed draft governance structure is being discussed within the wider ICS in order to align it with the ICS committee structure for 22/23. This is likely to see a shift of the current acute provider collaboration Board to becoming a Chair and CEO led provider collaborative Board, with the acute collaboration programme being managed from an executive and clinical leadership perspective, underneath the Board. This will be consistent with national guidance on provider collaboratives.

In 21/22 the programme is forecast to be underspent by 29k against its 600k budget. This is primarily due to phasing of start dates for clinical lead and other programme posts mid-year. Discussions with the ICS on the funding envelope for 22/23 have not yet commenced.

g) Digital, Data and Technology

The tender for a supplier to support a shared cancer Patient Targeting List (PTL) with analytics is likely to be awarded in December and commenced in January. Further work on a shared overall PTL is progressing well.

3. KEY NEXT STEPS

- 1) EY work on clinical service review in final stages. Next step is identification of clinical priorities and more detailed data gathering.
- 2) To form the provider collaborative Board, including Black Country Healthcare NHS Foundation Trust as members, with the acute collaboration programme underneath it in the governance structure

4. RECOMMENDATIONS

NOTE: the update, in particular the shift to the governance vehicle of a provider collaborative

NOTE: the omission of midwives from the recruitment hotspot areas across the ICS

NOTE: the expected date shift of the workshop on 7 January

DANIELLE JOSEPH

PROGRAMME DIRECTOR- BLACK COUNTRY ACUTE PROVIDER COLLABORATIVE

DECEMBER 2021

Report Title:	Finance Report Month 8 21/22		
Sponsoring Executive:	Dinah McLannahan, Chief Finance Officer		
Report Author:	Simon Sheppard, Director of Operational Finance		
Meeting:	Trust Board (Public)	Date	5 January 2022

1. Suggested discussion points *[two or three issues you consider the Trust Board should focus on]*

The Trust reported a small favourable variance to plan at Month 8 (November), breakeven against a £0.08m deficit plan. The Trust is planning to achieve a balanced year-end position, and as reported to the Trust Board in previous months, this does assume access to the Integrated Care System (ICS) risk reserve (currently £11.9m held).

The key areas of focus continue to be delivering the Board approved winter plan, elective recovery and the management of pay costs particularly in light of increased challenges due to Covid 19 and sickness and absence rates. In terms of Elective Recovery funding, no income is assumed currently in H2 (Oct 21 – March 22) and of the £5.342m generated in H1 (April – Sept 21), £2.38m has been released to support the additional costs of elective recovery, mainly via the Modality contract, with £0.366m release in M8.

For November 2021, whilst our activity levels are below the H2 plan, particularly for elective activity, it is encouraging to note the Trust delivered in excess of 91% against the elective recovery “clock stop” target which will result in the Trust receiving additional income subject to ICS partner Trusts delivering in total.

The non- Midland Metropolitan University Hospitals (MMUH) related capital programme since being reforecast in M6 is performing well and delivering against the monthly profile. It is expected to deliver against the year-end plan. This also includes the 4 schemes funded through the Targeted Investment Fund.

The MMUH capital programme adverse variance year to date has reduced by £4.8m in November to £25m. The programme is forecast to deliver the £170m plan, with the key action to secure a revised cash flow forecast from Balfour Beatty.

Cash balances remain strong at £59m at 30 November – and with improvement actions identified last month, the Trust is now reporting BPPC compliance, paying more than 95% of invoices due within 30 days of receipt.

2. Alignment to our Vision *[indicate with an ‘X’ which Strategic Objective this paper supports]*

Our Patients	X	Our People	Our Population
To be good or outstanding in everything that we do		To cultivate and sustain happy, productive and engaged staff	To work seamlessly with our partners to improve lives

3. Previous consideration *[where has this paper been previously discussed?]*

PMC, CLE, 21 December 2021

4. Recommendation(s)	
The Trust Board is asked to:	
a.	Note and discuss the contents of the report

5. Impact <i>[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]</i>						
Trust Risk Register	x	3688, 3689				
Board Assurance Framework	x	SBAF 9, SBAF 10				
Equality Impact Assessment	Is this required?	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>	If 'Y' date completed
Quality Impact Assessment	Is this required?	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>	If 'Y' date completed

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Public Trust Board: 5 January 2022

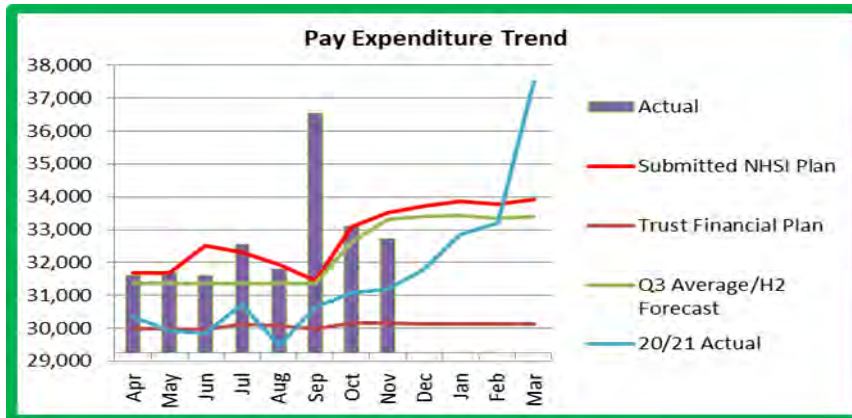
Finance Report Month 8 (November) 21/22

1. Introduction or background

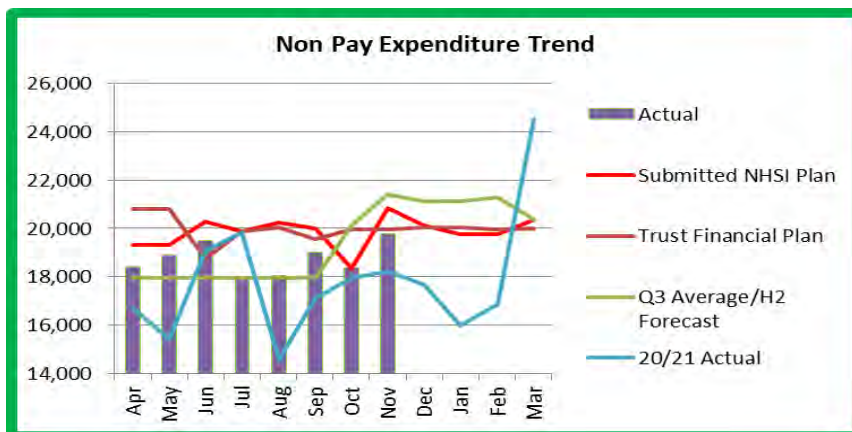
1.1 This report describes the key issues in relation to financial performance year to date against the 21/22 financial plan, reflecting H1 (April – Sept 21) and H2 (Oct 21 – March 22) performance.

2. Income and Expenditure 21/22

1.2 The Trust reported a small favourable variance to plan at Month 8, breakeven against a £0.08m deficit plan. The Trust is planning to achieve a balanced year-end position, and as reported to the Trust Board in previous months, this does assume access to the Integrated Care System (ICS) risk reserve (currently £11.9m held), predominately linked to the increases energy costs.



2.1 Pay costs have reduced in November from the October position by approximately £350k. Substantive funded establishment is 7,269 wtes, 7,018 after vacancy factors and planned CIPs. 6,580 substantive wte were worked in Month 8, with almost 1,070 bank and agency wtes engaged. The Trust was therefore c631wtes over funded establishment. 200wte are directly attributed to Covid.



- 2.2 Favourable variance to plan for non-pay driven by reserves and covid expenditure below forecast. The Trust is seeing increasing pressure in other areas of expenditure, most notably energy where price increases and some volume increases. The Trust is seeking funding for these costs from the ICS risk reserve (forecast to be £4m during the second half of the financial year)
- 2.3 Activity levels are shown in Annex 3. The table below summarises actual performance against the Plan for H2 against the key activity types.

Activity Run Rate by POD	H2 - YTD		
	Plan	Actual	+/-
Community	114,025	107,034	-6,991
Elective Admissions	8,012	6,695	-1,317
Emergency Admissions	9,162	8,281	-881
Emergency Departments	37,117	38,896	1,779
Excess Bed Days	1,437	977	-460
Maternity Pathway	2,939	2,816	-123
Neonatal Unit	1,862	1,965	103
OP New Attendances	32,645	36,589	3,944
OP Procedures	22,460	18,056	-4,404
OP Review Attendances	45,103	46,682	1,579
OP Non Face to Face	26,660	15,268	-11,392
Other Contract Lines	653,165	607,503	-45,662
Unbundled Activity	12,517	10,491	-2,026
Total	967,104	901,253	-65,851

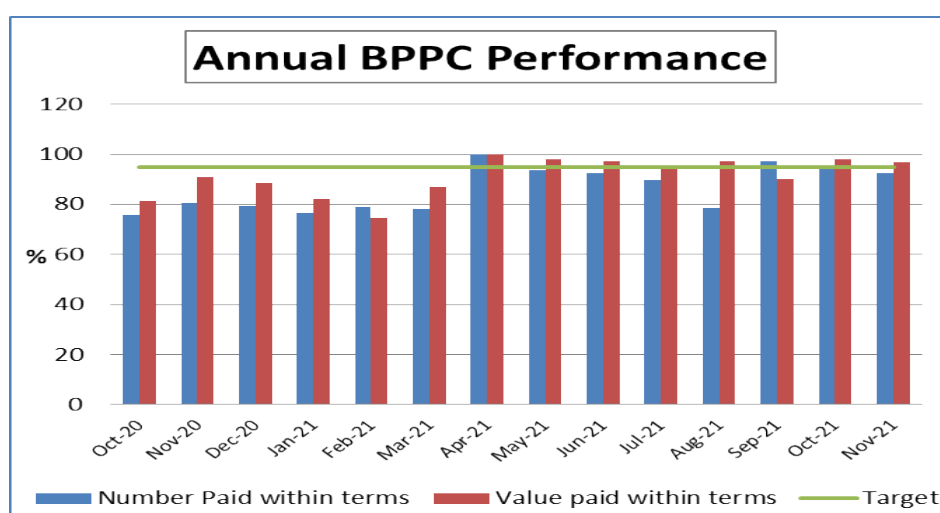
- 2.4 Despite the underperformance on activity, it is encouraging to note that the “clock stops”, which are the metric for securing elective recovery funding in the second half of the year, are in excess of 91% (target 89%). Subject to overall system performance this will result in the Trust securing additional income.

3. Capital and Cash

- 3.1 Please see Annex 2 for detail. The 2122 capital programme got off to a slow start, and whilst the Trust is still forecasting to plan, following a detailed review of the schemes during October, close scrutiny of the schemes will be maintained by the Capital Monitoring Group. It is encouraging to note that we are within £46k of this revised forecast for October and November.
- 3.2 The Trust is forecasting to deliver against the approved capital plan.
- 3.3 The cash balance at the end of 2020/21 financial year was £71.405m. Of this, £26.230m was funding being held for payments due in April on the MMUH scheme. The Trust is forecasting that cash will reduce to c£26m by the end of the financial year, based on an expected breakeven I&E performance, with the year to date balance being £58.8m
- 3.4 The month 6 Board Report set out actions required to achieve the target of paying 95% of invoices (not disputed) within 30 days of receipt.

3.5 The key action that has pushed the Trust over the target has been to measure performance against invoice received date (in accordance with the guidance) rather than the invoice date itself. All of 2122 data has been reworked using this rule and the Trust has met the target by value in 6 out of 7 months since April 2021. Further actions include;

- Increasing the number of BACS processing runs each week
- Working with the Pharmacy team on invoice processing to improve performance
- Planned trust wide communications to encourage timely receipting and dispute resolution
- Implementing a Supplier Portal enabling suppliers to upload invoices directly and allow them to see and assist in progress on invoice approval and payment
- Working with Oracle to identify Invoice hold information in specific circumstances which allows us to exclude the invoice from our performance measure



4. Recommendations

4.1 The Trust Board is asked to:

- Note and discuss** the contents of the report

Simon Sheppard
Director of Operational Finance
24 December 2021

- Annex 1: Key Financial Headlines**
- Annex 2: 2122 Capital Programme**
- Annex 3: Elective Recovery Fund**
- Annex 4: Statement of Financial Position**
- Annex 5: Financial Risks**

Annex 1 - Key Financial Headlines

	In Month	In Month	In Month		YTD	YTD	YTD		Y/end	Y/end	Y/end		Prior Month
	Plan	Actual	Variance		Plan	Actual	Variance		Plan	Forecast	Variance		Forecast
	£ms	£ms	£ms		£ms	£ms	£ms		£ms	£ms	£ms		£ms
 I&E Performance	(0.06)	0.00	 0.06		(0.08)	0.00	 0.08		0.00	0.00	 0.00		 0.00
 NHSI Agency Ceiling	0.87	1.28	 (0.41)		7.15	11.30	 (4.15)		10.65	16.93	 (6.28)		 (5.96)
 Efficiency Programme (CIP)	1.10	0.88	 (0.22)		8.81	4.84	 (3.97)		13.21	8.24	 (4.97)		 (5.00)
 Capital Expenditure (Excl MMUH)	1.2	1.0	 0.2		13.3	7.9	 5.4		21.6	21.6	 0.0		 0.00
 Capital Expenditure (MMUH)	9.4	14.2	 (4.8)		153.6	128.7	 25.0		170.4	170.4	 0.0		 0.00
 Cash Balance	29.7	58.8	 29.1		29.7	58.8	 29.1		25.5	25.3	 (0.2)		 0.00

Annex 2- 2122 Capital Programme


SANDWELL & WEST BIRMINGHAM HOSPITALS NHS TRUST							
Summary Capital Expenditure: FY 2021/22 to P08							
	<i>Annual</i>	Year to Date			Year End Forecast		
	<i>Original Plan</i> £000s	<i>Plan</i> £000s	<i>Actual</i> £000s	<i>Variance</i> £000s	<i>NHSI Plan</i> £000s	<i>Forecast</i> £000s	<i>Variance</i> £000s
Internal - Self Financing							
Estates	7,566	3,845	1,863	1,982	8,236	7,452	784
IT	7,046	4,680	2,652	2,028	7,046	6,061	985
Medical equipment	3,616	2,408	840	1,568	3,616	3,616	0
Charity	85	40	0	40	85	85	0
Sub total	18,313	10,973	5,355	5,618	18,983	17,214	1,769
External - PDC							
STP Reconfiguration	500	500	500	-0	500	500	0
PDC BMEC Diagnostic Hub Equipment	670	448	0	448	0	0	0
TIF Schemes (Equipment & PACU Expansion)	0	0	0	0	0	1,818	-1,818
Sub total	1,170	948	500	448	500	2,318	-1,818
MMUH - PDC							
Midland Met Construction Cost to Complete	170,406	153,649	128,698	24,951	170,406	170,302	104
MHCLG - Midland Met Learning Campus	0	0	294	-294	0	1,200	-1,200
TOTAL	189,889	165,570	134,848	30,722	189,889	191,034	-1,145
Technical-IFRIC12							
BTC & MES	2,142	1,428	1,770	-342	2,142	2,366	-224
Trust Wide Programme	192,031	166,998	136,618	30,380	192,031	193,400	-1,369

An overspend of £1,369k, however, a Plan adjustment is expected for the TIF schemes resulting in a revised underspend of £449k

Annex 3 -Elective Recovery Fund & Activity Levels

	Apr-21 £	May-21 £	Jun-21 £	Jul-21 £	Aug-21 £	Sep-21 £	H1 FOT £
Performance Against Lower Threshold @ 100% Tariff							
Total DC, EL, OPP, OP							
Sandwell and West Birmingham Hospitals NHS Trust	1,592,224	1,842,787	1,556,881	-335,739	-1,176,623	-727,736	2,751,794
The Dudley Group NHS Foundation Trust	734,646	875,046	34,925	-1,365,190	-1,954,305	-1,587,136	-3,262,014
The Royal Wolverhampton NHS Trust	2,821,723	3,729,405	2,647,975	572,549	74,628	-1,040,810	8,805,469
Walsall Healthcare NHS Trust	837,337	866,866	762,726	-687,001	-311,692	-948,994	519,242
Independent Sector Providers - NHS Black Country and West Birmingham CCG	360,574	271,784	-38,343	782,211	626,772	31,421	2,034,419
Total	6,346,504	7,585,888	4,964,164	-1,033,171	-2,741,221	-4,273,255	10,848,910
Split of Net System Position							
Amount over LT below UT	5,512,934	4,081,276	2,343,230	-1,033,171	-2,741,221	-4,273,255	3,889,793
Amount over UT	0	3,556,767	2,357,260	0	0	0	5,914,028
Total	5,512,934	7,638,044	4,700,490	-1,033,171	-2,741,221	-4,273,255	9,803,821
Funding							
Amount over LT below UT @100%	6,290,736	4,081,276	2,343,230	0	0	0	12,715,242
Amount over UT @ 120%	0	4,199,132	2,828,713	0	0	0	7,027,845
Total	6,290,736	8,280,408	5,171,942	0	0	0	19,743,086
For Non-ISFE and PFRs							
Sandwell and West Birmingham Hospitals NHS Trust	1,592,224	1,984,260	1,765,795	0	0	0	5,342,279
The Dudley Group NHS Foundation Trust	700,592	872,697	26,771	0	0	0	1,600,060
The Royal Wolverhampton NHS Trust	2,822,101	4,176,162	2,247,378	0	0	0	9,245,642
Walsall Healthcare NHS Trust	798,523	915,197	604,091	0	0	0	2,317,811
Independent Sector Providers - NHS Black Country and West Birmingham CCG	377,295	332,092	0	0	0	0	709,387
Total	6,290,736	8,280,408	4,644,035	0	0	0	19,215,180

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21			Nov-21			Dec-21	Jan-22	Feb-22	Mar-22	H2 - YTD			
Activity Run Rate by POD	Actual	Actual	Actual	Actual	Actual	Actual	Plan	Actual	+/-	Plan	Actual	+/-	Plan	Plan	Plan	Plan	Plan	Plan	Actual	+/-
Community	56,235	56,810	59,064	59,582	57,243	52,419	57,013	52,589	-4,424	57,013	54,445	-2,568	57,013	57,013	57,013	57,013	114,025	107,034	-6,991	
Elective Admissions	2,208	2,603	3,419	3,374	3,224	3,243	3,776	3,257	-519	4,235	3,438	-797	3,869	3,775	3,548	4,049	8,012	6,695	-1,317	
Emergency Admissions	3,722	3,970	3,913	4,124	4,028	4,116	4,581	4,181	-400	4,581	4,100	-481	4,581	4,581	4,581	4,581	9,162	8,281	-881	
Emergency Departments	16,189	18,356	18,987	19,022	18,309	19,055	18,559	19,766	1,207	18,559	19,130	571	18,559	18,559	18,559	18,559	37,117	38,896	1,779	
Excess Bed Days	393	394	661	608	703	852	718	687	-31	718	290	-428	718	718	718	718	1,437	977	-460	
Maternity Pathway	1,409	1,493	1,374	1,507	1,400	1,583	1,470	1,377	-93	1,470	1,439	-31	1,470	1,470	1,470	1,470	2,939	2,816	-123	
Neonatal Unit	837	1,139	1,084	1,141	1,080	903	931	974	43	931	991	60	931	931	931	931	1,862	1,965	103	
OP New Attendances	16,033	17,662	20,053	19,021	17,714	18,952	15,067	17,707	2,640	17,579	18,882	1,303	14,011	13,928	14,333	15,529	32,645	36,589	3,944	
OP Procedures	8,372	8,796	10,111	9,336	8,097	9,193	9,975	8,913	-1,062	12,484	9,143	-3,341	10,897	10,930	11,328	11,358	22,460	18,056	-4,404	
OP Review Attendances	22,044	22,476	25,707	23,711	21,626	24,261	21,062	22,249	1,187	24,041	24,433	392	20,100	20,669	22,362	23,312	45,103	46,682	1,579	
OP Non Face to Face	7,306	7,046	7,152	6,879	7,128	7,387	13,590	7,553	-6,037	13,070	7,715	-5,355	13,886	16,930	15,515	17,349	26,660	15,268	-11,392	
Other Contract Lines	310,367	301,814	363,381	352,489	326,382	304,025	326,582	296,461	-30,122	326,582	311,042	-15,540	326,582	326,582	326,582	326,582	653,165	607,503	-45,662	
Unbundled Activity	4,892	5,778	5,869	5,414	4,982	5,305	6,259	4,981	-1,278	6,259	5,510	-749	6,259	6,259	6,259	6,259	12,517	10,491	-2,026	
Total	450,007	448,337	520,775	506,208	471,916	451,294	479,583	440,695	-38,888	487,521	460,558	-26,963	478,876	482,345	483,197	487,709	967,104	901,253	-65,851	

Sandwell and West Birmingham Hospitals 
NHS Trust

Annex 4- Statement of Financial Position

Sandwell & West Birmingham Hospitals NHS Trust
STATEMENT OF FINANCIAL POSITION 2021/22

	Balance as at 31st March 2021	Balance as at 30th November 2021	Forecast 31st March 2022
	£000	£000	£000
Non Current Assets			
Property, Plant and Equipment	681,148	803,121	850,928
Intangible Assets	218	185	218
Investment Assets	0	0	0
Trade and Other Receivables	100	100	0
Current Assets			
Inventories	3,437	3,437	3,437
Trade and Other Receivables	29,858	28,659	29,858
Cash and Cash Equivalents	71,441	58,814	25,252
Current Liabilities			
Trade and Other Payables	(97,217)	(108,769)	(52,828)
Provisions	(1,067)	(1,440)	(1,067)
Borrowings	(1,553)	(1,556)	(1,553)
DH Loan	0	0	0
Non Current Liabilities			
Provisions	(3,529)	(3,529)	(3,529)
Borrowings	(25,911)	(24,766)	(24,111)
DH Loan	0	0	0
	656,925	754,256	826,605
Financed By			
Taxpayers Equity			
Public Dividend Capital	486,117	583,575	655,797
Retained Earnings reserve	153,089	152,962	153,089
Revaluation Reserve	8,661	8,661	8,661
Other Reserves	9,058	9,058	9,058
	656,925	754,256	826,605

Annex 5 – Financial Risks

Financial Risks as at November 2021 for Delivery of the Financial I&E Plan

Ref	Identified Risk	Likelihood	Severity	Trend	Risk Rating M8	Risk Rating M7	Risk Rating M6	Risk Rating M5	Risk Rating M4	Risk Rating M3	Risk Rating M2	Risk Rating M1	Impact	Mitigating Actions	Exec Lead
1	Covid costs in H2 (Oct-March) are above the funded level	1	5	↔	5	5	5	5	5	10	10	15	Financial Quality Workforce Operational	Funding secured for H2 based on Quarter 3 in 20/21 less 5% Group priority of focusing on safely reducing Covid spend Reporting at a Group level to ensure informed decisions are made - current run rates significantly below funding levels	COO
2	Taper funding from NHSEI is not secured in line with the Plan	4	5	↔	20	20	20	20	15	15	15	15	Financial	Ongoing dialogue with NHSEI - escalation to regional team as part of M7 reporting Submission of the monthly returns to NHSEI	CFO
3	Delivery of the 2021/22 Cost Improvement Programme	4	5	↔	20	20	20	15	15	15	15	15	Financial	Fortnightly efficiency board chaired by CFO Additional resource in post to lead the programme	CFO
4	Energy prices increase above the funded level	5	5	↔	25	25	25	20	20	20	20	20	Financial	Forward purchase on energy Escalation to the ICS for support via the system risk reserve	DST
5	Increased sickness levels resulting in greater use of agency and bank staff	4	5	↔	20	20	20	20	15	15	15	15	Financial Quality Workforce Operational	Trust wellbeing offering to staff as exit covid Post covid People and OD restoration of sickness management in full.	CPO
6	Staffing levels are not within the funded establishment	5	5	↔	25	25	25	25	25	25	25	25	Financial Quality Workforce Operational	Trust to agree implementation of negative wtes for vacancy factor and CIP Re-introduction of vacancy controls before adverts	CPO
7	Elective Recovery trajectory requires costs above income received	1	5	↔	5	5	5	5	5	5	10	10	Financial Quality Workforce Operational	Agreed monthly trajectories H1 forecasts of income into the system Ongoing tracking on costs against the income forecasts through the Groups	COO
8	Inflation and CNST funding is not received from the ICS allocation	2	5	↔	10	10	10	10	10	10	10	10	Financial	CFO engagement in weekly System meetings to ensure funding is secured	CFO
9	Increased nursing costs due to E rostering controls	4	5	↔	20	20	20	20	20	20	20	20	Financial Quality Workforce Operational	Business case being developed to refresh E Rostering system. To be presented to CLE in August	Ongoing
10	Decisions are made at System or Trust level without appropriate approval	3	4	↔	12	12	12	12	12	12	12	12	Financial Quality Workforce Operational	Proposed new Business Case process ready for consideration and adoption External governance review commissioned and findings to be adopted Vacancy Approvals process to be reintroduced	Dir of Governance
11	H2 planning guidance to be issued - currently impact on SWB and ICS uncertain	1	5	↓	5	10	15	20					Financial Quality Workforce Operational	Briefings by national and regional teams. Attendance at ICS DoF meetings. Financial modelling of scenarios	CFO
12	Increasing number of contracts with Independent Sector providers - potential clinical, operational, workforce and financial implications if not procured appropriately	3	5	↔	15	15	15	15					Financial Quality Workforce Operational	Full engagement with Procurement to ensure appropriate contracts	CFO

Report Title:	22/23 Planning		
Sponsoring Executive:	Dinah McLannahan, Chief Finance Officer		
Report Author:	Simon Sheppard, Director of Operational Finance		
Meeting:	Trust Board (Public)	Date	5 th January 2022

1. Suggested discussion points *[two or three issues you consider the Trust Board should focus on]*

We are gearing up for a relatively “normal” planning process for 2223, but current Covid-19 pressures/resurgence may impact on processes and timescales. The *2022/23 priorities and operational planning guidance* for the NHS in England was published on 24 December 2021. The guidance recognises the uncertainty around Covid-19 variants, transmission patterns and consequent demand on the NHS. It sets out a number of priorities for the NHS over 2022/23 to improve services and access, exploit digital technologies, invest in the workforce, address pressures in elective care, as well as respond to Covid-19.

The emerging financial framework aims to provide a basis for longer term planning 22-25, supporting the Trust’s approach in relation to Midland Metropolitan University Hospital (MMUH). System envelopes are to move to a “responsible population” footing through a baseline reset. Payment flows will be kept simple, with a focus and emphasis on recovery, transformation, cost control and efficiency. We will start 2223 from where we are (H2 x 2, no financial “cliff edge”) and be expected to deliver within a convergence “glidepath” defined by the 22-25 spending settlement for the NHS. 2122 spending is £13bn above the Long Term Plan expectation, and the spending review covers progressively less of that gap. Initial figures for the Black Country and Birmingham and Solihull systems suggest a 4.5%-5% efficiency challenge (mainly driven by Covid-19 budget reduction), growth expectations are c5% - so we must prepare to recycle resources rather than commit to additional cost. Our Better Value Quality Care (BVQC) programme will be key to achieving this through controlling costs and restoring productivity.

System capital envelopes will be calculated similarly to the 2122 methodology, now including a reference to Estates Return Information Collection (ERIC) and backlog maintenance liabilities. Only 1 year envelopes will be published, but it is based on a 3 year model so systems should be able to estimate future years and improve their medium term planning for capital. The Trust has maintained a 5 year capital programme for a long time, refreshed annually. This will be fed in to the system planning process. It is possible that the system envelope will not be sufficient to fund all initial plans; we will report on this in due course.

2. Alignment to our Vision *[indicate with an ‘X’ which Strategic Objective this paper supports]*

Our Patients	Our People	Our Population
To be good or outstanding in everything that we do	To cultivate and sustain happy, productive and engaged staff	To work seamlessly with our partners to improve lives

3. Previous consideration *[where has this paper been previously discussed?]*

CLE 21 December

4. Recommendation(s)
The Trust Board is asked to:
a. NOTE: the formal planning guidance has been published
b. NOTE: the priority areas and the role of the system and Trust in the planning process
c. NOTE: the internal and external timetable.

5. Impact <i>[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]</i>							
Trust Risk Register	X	3688, 3689					
Board Assurance Framework	X	SBAF 9, SBAF 10					
Equality Impact Assessment	Is this required?	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>	If 'Y' date completed	

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Public Trust Board: 5th January 2022

2022/23 Planning

1. Introduction or background

- 1.1 The *2022/23 priorities and operational planning guidance* for the NHS in England was published on 24 December 2021. The guidance recognises the uncertainty around Covid-19 variants, transmission patterns and consequent demand on the NHS. It sets out a number of priorities for the NHS over 2022/23 to improve services and access, exploit digital technologies, invest in the workforce, address pressures in elective care, as well as respond to Covid-19.
- 1.2 The objectives within the planning guidance are based on Covid-19 returning to a low level and will be kept under review as the pandemic evolves.
- 1.3 The guidance has been published as the *Health and Care Bill* is still being considered by Parliament. In order to give sufficient time for this process to be completed, the guidance states that the establishment of statutory Integrated Care Systems (ICSs) and Integrated Care Boards (ICBs) will now be postponed to 1 July 2022. However, it is expected that local systems will continue to work together to develop system plans to meet the priorities set out.

2. Priority Areas

Invest in the workforce

- 2.1 The guidance asks systems to accelerate work to transform and grow the workforce, building on existing people plans. It is expected that this will be achieved through improving retention; improving belonging and equality; working differently through the introduction of new roles and developing workforce to deliver care closer to home; and growing for the future through expanded international recruitment and supporting training programmes

Respond to Covid-19 more effectively

- 2.2 Some £90 million is being made available to support work to respond to Covid-19. This funding is expected to enable an increase in the number of patients referred to post-Covid services and seen within six weeks. It is also expected to decrease the number of patients waiting longer than 15 weeks to access appropriate post-Covid services.

- 2.3 It is expected that the vaccination programme will remain a priority in 2022/23.

Tackle the elective backlog

Maximise elective activity and reduce long waits

- 2.4 The guidance states that each system is required to develop an elective care recovery plan for 2022/23, to meet the ambition for systems to deliver over 10% more elective

activity than before the pandemic. There is also an expectation that long waits will be reduced, including an elimination of waits over 104 weeks; a reduction of waits of over 78 weeks; and extension of three-monthly reviews to all patients waiting over 52 weeks by 1 July 2022.

- 2.5 It is also expected that outpatient follow-ups will continue to reduce by a minimum of 25% against 2019/20 activity levels by March 2023. The guidance sets out a number of ways that this might be achieved.
- 2.6 Some £2.3 billion of elective recovery funding has been allocated to support systems recover elective services in 2022/23. Further guidance will provide additional detail.
- 2.7 £1.5 billion capital funding has been made available to the NHS over the next three years to develop new surgical hubs, increase bed capacity and equipment to help elective recovery. Systems are expected to demonstrate how their capital proposals will increase elective activity. In addition, systems are required to develop delivery plans across elective inpatient, outpatient, and diagnostic services for adults and children for 2022/23. These plans should include how they will meet the elective recovery ambitions and how services will be organised to maximise productivity. Recovery must be inclusive, addressing health inequalities.

Cancer services

- 2.8 The post-pandemic cancer recovery objectives set out in the 2021/22 H2 planning guidance must be completed as a priority. Cancer alliances are asked to work with local systems to improve performance against all cancer standards, with a number of specific areas of focus.

Diagnostics

- 2.9 The guidance states that systems should increase diagnostic activity to 120% of pre-pandemic levels to support elective recovery and early cancer diagnosis. It is expected that capacity will expand further in 2023/24 and 2024/25.
- 2.10 This ambition is supported by three-year capital allocations, planned investment through Health Education England to facilitate training and workforce, and dedicated revenue funding to support the set up and running of Community Diagnostic Centres (CDCs). Diagnostic equipment over ten years old should continue to be replaced.
- 2.11 Alongside the development of CDCs, £21 million programme funding is available to support pathology and imaging networks, where plans should include the use of artificial intelligence in diagnostics.

Improvements in maternity care

- 2.12 Approximately £93 million funding will go into baselines from 2022/23 to invest in workforce and support the implementation of actions from the Ockendon Report

Urgent and emergency care and community care

Urgent and emergency care

- 2.13 Systems are expected to reduce 12-hour waits in emergency departments towards zero and no more than 2%. In addition, work is required to minimise handover delays between ambulance and hospital to support achievement of ambulance response standards.

Transform and build community services capacity

- 2.14 The guidance states that up to £200 million will be available in 2022/23 and up to £250 million in 2023/24 to support the development of virtual wards. Systems are asked to develop detailed plans to maximise the rollout of this approach to deliver care for patients who would otherwise have had to be treated in hospital. Plans should cover two years and should be developed across systems and provider collaboratives, rather than individual institutions.
- 2.15 The guidance states that, by December 2022, systems need to develop a plan with health and care providers to deliver anticipatory care from 2023/24, providing proactive care in the community for multimorbid and frail individuals. A national operating model for anticipatory care is expected.
- 2.16 The hospital discharge programme will end in March 2022 and funding for related costs will not continue into 2022/23. Ongoing work should be supported by the rollout of virtual wards and working with partners through the Better Care Fund (BCF).

Improve access to primary care

- 2.17 Improving access to primary care continues to be a national priority and the guidance reinforces previous expectations on local systems. Work towards digital-first primary care by 2023/24, should continue.
- 2.18 GP contract changes will take effect in 2022/23. In addition, from April 2022, there will be a phased introduction of two new services; anticipatory care and personalised care; for Primary Care Networks (PCN).

Mental health services

- 2.19 The guidance recognises the impact that the pandemic has had on demand for mental health services. £150 million targeted capital funding will be made available over the next three years to support improvements to mental health urgent and emergency care. Funding to eradicate dormitories will continue in 2022/23 and 2023/24.
- 2.20 The ambitions of the *NHS mental health implementation plan 2019/20 – 2023/24* still stand.
- 2.21 Delivery of the Mental Health Investment Standard (MHIS) remains a mandatory requirement. The guidance states that, where Service Development Funding (SDF) supports ongoing services, this will continue to be funded beyond 2023/24.

- 2.22 Local systems are asked to develop a mental health workforce plan to 2023/24 in collaboration with partners across NHS provider organisations; Health Education England; Voluntary, Community and Social Enterprise (VCSE) sector; and Education.

Develop population health management, prevent ill-health, and address health inequalities

- 2.23 The guidance states that, by April 2023, every system should have the technical capability for population health management, supported by longitudinal linked data. There will be a clear set of national technical requirements and standards to support this, along with national data platforms for key programmes such as Covid vaccinations. Systems are encouraged to work together to develop their data and analytic capabilities.
- 2.24 Local systems are required to develop plans for the prevention of ill-health covering a range of areas including smoking cessation (utilising £42 million of System Development Funding (SDF), lifestyle services, stroke and cardiac care, and reduction of antibiotic use.

Digital technologies

- 2.25 The guidance states that, in line with the *NHS long term plan*, acute, community, mental health, and ambulance providers are expected to reach a core level of digitisation by March 2025. Systems should develop plans by March 2022 to set out the first year's priorities to meet this ambition. Capital will be available to systems for three years from 2022/23 to support these plans. In 2022/23, £250 million will be allocated and directed towards those services and settings which are the least digitally mature.
- 2.26 Funding will be provided to establish dedicated teams to support the development and delivery of costed three-year digital investment plans, which should be finalised by June 2022.

Effective use of resources

- 2.27 The 2021 spending review provided a three-year settlement for both revenue and capital. This section provides a summary of the key points included within the overarching planning guidance. More detail will be provided in additional guidance.

Revenue

- 2.28 The government committed £8 billion in the spending review to support tackling the elective backlog from 2022/23 to 2024/25. Of this, £2.3 billion is committed in 2022/23 to support elective recovery.
- 2.29 One year revenue allocations will be published shortly. The remaining two-year revenue allocations to 2024/25 are due to be published in the first half of 2022/23.

3. Financial framework

- 3.1 Allocations will be based on current system funding envelopes but will begin a glide path to fair share allocations. A convergence adjustment will be applied to bring systems towards their fair share of NHS resources over time. Funding previously included to

support financial sustainability will be included in the allocation, and an efficiency requirement will be in place.

- 3.2 There will be a requirement to deliver a financially balanced system through collective local accountability across system partners.
- 3.3 2022/23 sees a return to local ownership for payment flows, with signed contracts between commissioners and providers. Local systems and organisations are expected to take a partnership approach to establishing payment terms.
- 3.4 Additional revenue and capital resources will be provided to systems to support elective recovery. Where systems exceed target levels, additional revenue will be available. Provider elective recovery plans will be funded in line with the aligned payment and incentive approach, with payment linked to the actual activity delivered.
- 3.5 At the time of writing the paper, and as a consequence of the guidance coming put on the 24 December, the ICS has not had the chance to discuss the details as to regards the finer points such as contract form, elective recovery plans and Covid allocations. The Trust Board and respective Board Committees will be kept updated as appropriate.

4. Planning Timetable

- 4.1 The formal guidance states that the planning timetable will be extended to the end of April 2022, with draft plans due in mid-March. Prior to the formal guidance being produced the Trust has confirmed its own internal timetable (Annex 1).
- 4.2 It is pleasing to note that the internal timetable supports the formal planning requirement.

5. Recommendations

- 5.1 The Trust Board is asked to:
 - a. **NOTE:** the formal guidance has been published
 - b. **NOTE:** the priority areas and the role of the system and Trust in the planning process
 - c. **NOTE:** the internal and external timetable.

Simon Sheppard
Director of Operational Finance

24 December 2021

Annex 1: Internal Timetable

Annex 1 – Internal Timetable

	Purpose	When	Update
Clinical Leadership Executive	Set the high level 22/23 planning framework	23 Nov 21	Complete
Finance & Investment Committee	Provide assurance to FIC on 22/23 planning	26 Nov 21	Complete
1 st Cut Planning Deadlines	Final deadline for the internal draft cut financial plan submission (activity, financials, CIP etc)	31 Dec 21	Group Senior Finance Managers leading
Group “Confirm and challenge” sessions	To discuss, challenge, scrutinise 1 st cut plans	w/c 10/1/22	Meetings being arranged
Clinical Leadership Executive	Update CLE on 22/23 progress	25/01/22	Agenda item
Finance & Investment Committee	Provide assurance to FIC on 22/23 planning	28/01/22	Agenda item
2 nd Cut Planning Deadlines	Final deadline for the internal final cut financial plan submission (activity, financials, CIP etc)	31/01/22	
Group “Confirm and challenge” sessions	To discuss, challenge, scrutinise 2nd cut plans	w/c 14/2/22	Meetings being arranged
Clinical Leadership Executive	Update CLE on 22/23 progress	22/02/22	Agenda item
Finance & Investment Committee	Provide assurance to FIC on 22/23 planning	25/02/22	Agenda item
Trust Board	Draft Plan	02/03/22	Agenda item
Clinical Leadership Executive	Update CLE on 22/23 progress	22/03/22	Agenda item
Finance & Investment Committee	Provide assurance to FIC on 22/23 planning and seek support prior to Trust Board, including evidence of Group budget sign off.	25/03/22	Agenda item
Trust Board	Formally approve the 2022/23 Plan	06/04/22	Agenda item

Report Title:	Corporate Risk Register Report		
Sponsoring Executive:	Kam Dhami, Director of Governance		
Report Author:	James Bielby, Head of Patient Safety & Risk		
Meeting:	Trust Board (Public)	Date	5 th January 2022

1. Suggested discussion points *[two or three issues you consider the Trust Board should focus on]*

In accordance with local policy, the Trust Board should be aware of risks with a target risk rating higher than 15 (red) and consider the robustness of mitigation plans. Other risks with a current risk rating at 15 or higher should be noted. This paper sets out the current position on these high level risks.

The Board has previously agreed a measurement (overdue risk actions) which is currently reported as a metric as part of the Well-Led framework. This report provides additional data on this metric and presents an improving position. Work is on-going to ensure regularity in monitoring and recording risk action reviews.

At its development session on the 12th January the Board will begin to refresh its Board Assurance Framework (BAF) based on the new Trust Strategy and by doing so identify the organisation's strategic risks. It is expected that some of the corporate risks featuring in this paper will be referenced in the BAF.

2. Alignment to our Vision *[indicate with an 'X' which Strategic Objective this paper supports]*

Our Patients	Our People	Our Population
To be good or outstanding in everything that we do	To cultivate and sustain happy, productive and engaged staff	To work seamlessly with our partners to improve lives

3. Previous consideration *[where has this paper been previously discussed?]*

n/a

4. Recommendation(s)

The Trust Board is asked to:

- a. **NOTE** the risks the Board has oversight of and discuss the mitigation plans
- b. **SEEK ASSURANCE** that clinical groups and corporate directorates review risks and risk actions in a timely way, escalating newly added risks in line with agreed policy

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register	x	Risk references within the report			
Board Assurance Framework					
Equality Impact Assessment	Is this required?	Y	N	x	If 'Y' date completed
Quality Impact Assessment	Is this required?	Y	N	x	If 'Y' date completed

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Trust Board: 5th January 2021

Corporate Risk Register

1. Introduction

- 1.1 This paper summarises and highlights key risks. These risks are of sufficient importance or impact to Trust activities, that the Trust Board (TB) should be notified and assured regarding their management.
- 1.2 The Trust has identified a range of significant risks that are currently being mitigated, whose impact could have a direct bearing on the achievement of Trust plans, priorities and requirements within the NHSI Accountability Framework or CQC registration, should the mitigation plans be ineffective.
- 1.3 This paper provides an opportunity for the TB to review significant risks within the Corporate Risk Register (CRR). Following a further paper in March 2022 the Board will receive an updated report on the CRR once every six months. This paper provides a summary and update of risks previously highlighted to the Board as well as new or emerging risks with risks ratings at 15 or above.
- 1.4 The TB will receive a separate report twice a year on the strategic risks associated with the Board Assurance Framework (BAF) so BAF risks are not covered in this paper. Relevant Board Committees will consider the BAF risks assigned to them with the NED chairs reporting the level of assurance in controls and mitigation plans to the Board. The Audit Committee will receive a quarterly Risk Report.

2. Corporate Risk Register profile

- 2.1 For context the table below provides an overview of the CRR profile by rating (clinical groups/corporate directorate levels) as at December 2021. This demonstrates that 45 corporate risks are rated 4 – 12 within the moderate to major category with 20 (29%) in the 15+ category. Of these, four have a target risk rating still within the 15-25 range and are highlighted in Section 5 of this report.
- 2.2 The distribution of these risks among the clinical groups/directorates is demonstrated below. Risks associated with the MMHU project or the impact on activity if not completed on time/on budget are split between System Transformation and Corporate Operations and make up the highest proportion of risks across the Trust. The distribution of risks among the clinical groups/corporate directorates is shown below.

	System Transformation	Corporate Operations	People & Organisation Development	Corporate Nursing Services	Medicine & Emergency Care	Surgery	Women & Child Health	Primary Care Community & Therapy	Imaging	Medical Director Office	Strategy & Governance	Finance	Total
Green	78	6	13	17	4	9	1	27	6	3	10	0	174
Yellow	96	57	49	47	40	32	12	23	35	14	13	8	426
Amber	66	30	16	12	23	25	38	10	7	14	16	9	266
Red	14	4	5	4	7	4	12	2	5	9	1	2	69
Total	254	97	83	80	74	70	63	62	53	40	40	19	935

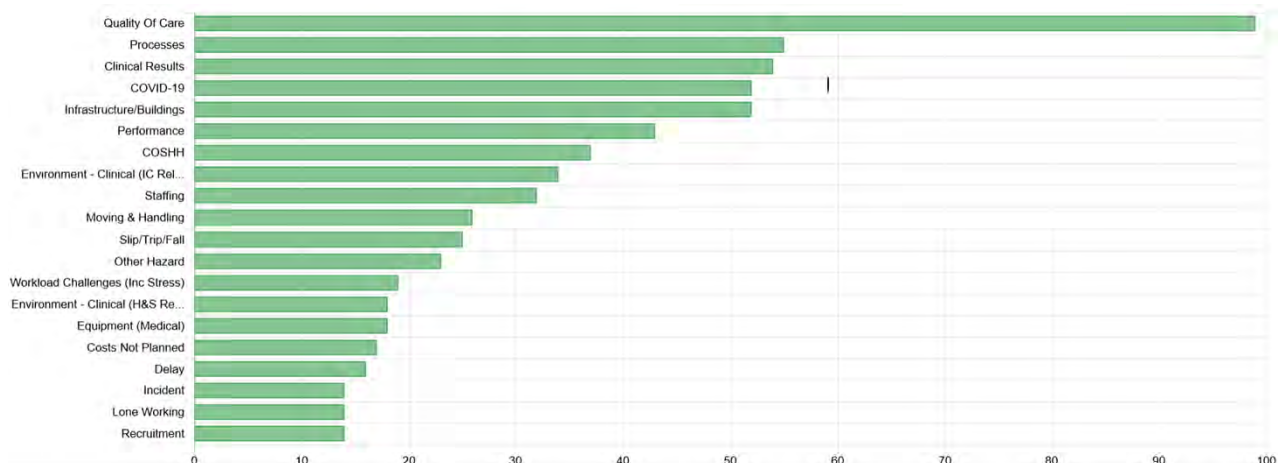
2.3 The current Trust risk operating model for the identification of risks for presentation to the Board follows an escalation procedure as follows. Local risks (ward/department) are escalated to the clinical directorate. If required these are then escalated to the clinical group/corporate directorate and then to the Executive Risk Management Committee (RMC). If the RMC believe the TB should be sighted on the risk it is presented to the Clinical Leadership Executive for confirmation and then escalation to the TB.

All risks receive active mitigation to reduce the chance of occurrence and/or the impact should the risk occur (except those explicitly agreed for monitoring). The Risk Management Policy and escalation framework undergoes periodical updating and will be revisited as part of the Governance Review.

Risk Assessments by Clin.Group/Corporate (Live)



2.4 Of the risks depicted above a breakdown of all risks by type is provided below. Among these Quality of Care, Processes, Clinical Results, Covid-19 and Infrastructure are the highest risk types.



Due to the identification and escalation process, risk figures require ongoing scrutiny to manage duplication. For example, some wards experiencing new COVID-19 or staffing issues will initially report this as a risk prior to Clinical Group or higher review. Another special cause variant (isolated issue) causing this spike is the MMUH development. It is also common that these issues are initially reported under Quality of Care as this is what the risk impacts. Although this process requires ongoing monitoring, it demonstrates a good risk reporting and escalation culture. It also highlights the Trust's good cultural approach to risk management, objectives and healthcare goals.

3. Corporate Risks Previously Presented to the Trust Board

- 3.1 The CRR is reviewed monthly within the relevant clinical groups. Each clinical group / corporate directorate provides the Risk Management Committee (RMC) with an update on the status of their risks rated 15+ (red) on a rotational basis every month. New risks are also discussed routinely. Details can be found within the monthly RMC papers.
- 3.2 The following changes have been made to risks on the CRR which the TB has previously identified it has an interest in. Some of the risks at 3.3 have been mitigated to below 15 (red) so the TB is asked to reaffirm their interest in oversight of risks 4559 (Covid-19-Hospital acquire infection/transition), 214 (Quality of Care-waiting list management within breast care, 52 week list) & 4333 (Quality of Care-waiting list management within breast care, 2 week list).
- 3.3 These and other red level risks which the TB has previously been sighted on are represented below. The reference number is the risk I.D. within Safeguard. The 'Risk Type/Source' correlates with the categories at 2.5 and expands on this providing the perceived source of the risk. The RR is the risk rating and the Trend demonstrates whether the risk has moved up, down or remained consistent since last presented to the TB.

Ref	Lead Executive	Risk Type/Source	Current RR	Trend	Target RR
4459	COO	Covid-19 Hospital Acquired/Transmission	12	↓	9
214	COO	Quality of Care - waiting list management within breast care, 52 week list	6	↔	3
4333	COO	Quality of Care - waiting list management within breast care, 2 week list	4	↓	4
666	CNO	Clinical Care - national shortage of Tier 4 CAMH beds	16	↔	16
325	CIO	Informatics - information breach due to cyber attack	16	↔	8
4218	CIO	Informatics – affecting 2222 and WMAS calls	15	↔	6
3379	MD	Clinical Care/Treatment – delays to breast screening service due to staffing	16	↔	4

Ref	Lead Executive	Risk Type/Source	Current RR	Trend	Target RR
2642	MD	Clinical Care/Treatment – failure to follow approved process for test results	15	↔	5
4019	COO	Clinical Care/Treatment - breaches of Ophthalmic 52 week waiting list	15	↔	6
4344	COO	Clinical Care/Treatment – delay of treatment to trauma patients due to lack of second radiographer	16	↔	3
2784	CEO	Estates Development Project – failure to deliver MMUH within agreed financial envelope	20	↔	10
1762	COO	Clinical care/Treatment – lack of capacity for Ophthalmic patients	15	↔	6

4. Corporate Risks removed from Trust Board Oversight

- 4.1 Since the last risk report on the CRR to TB, the RMC recommended the following risks be removed from TB oversight and are now monitored at the Group/ Committee level. Risk 2693 has been mitigated, archived and is no longer considered a risk.

Ref	Lead Executive	Risk Description	RR at last update	Current RR	Trend	Target
4467	COO	Risk to continuation of radiology registrar training programme	16/08/21	8	↓	4
4469	CIO	Risk to diagnosis to treat waiting times due to staffing shortage	08/07/21	12	↔	8
2693	MD	Risk to objective of reducing amenable mortality due to insufficiency of outcomes	n/a	20	n/a	12

5. Risks with current and target red scores

- 5.1 Of the 20 risks rated 15-25 there are currently 3 where even with successful mitigations in place the TRR remains in the 15-25 RR. The TB is asked to note these risks as there is a high probability they will occur and have a major impact on Trust plans, activates or goals. The sources of these risks are generally outside of the Trust's control environment, hence the limitation of the effect of mitigations.

Risk ID	Executive Risk Lead	Title	Current rating	Target rating	Change
4521	Director of Systems Transformation	Risk of additional costs due to contractors not completing MMUH project on time	25	16	↑
Last update: 15/11/2021	One action completed. Post mitigation score updated with increased likelihood due to current progress with programme. A further review of the construction and commissioning programme will commence in January 2022. This will inform further risk assessment.				

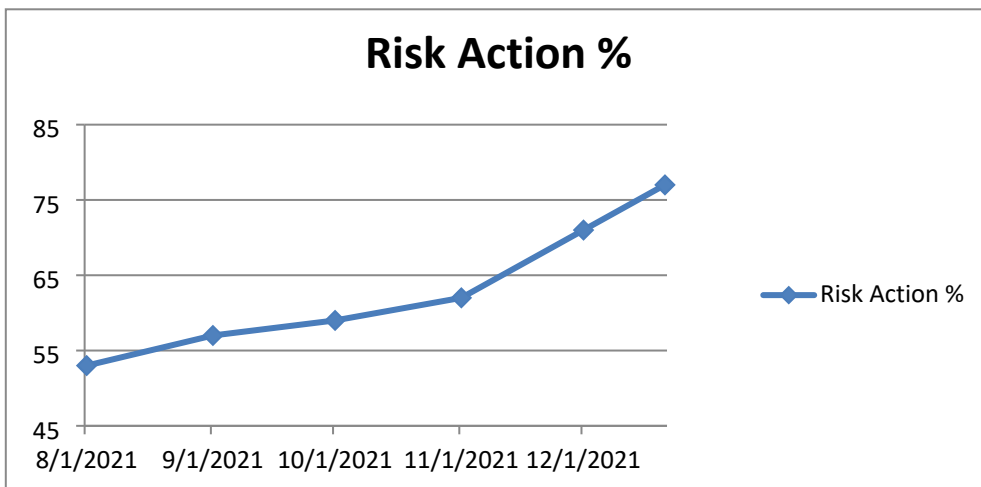
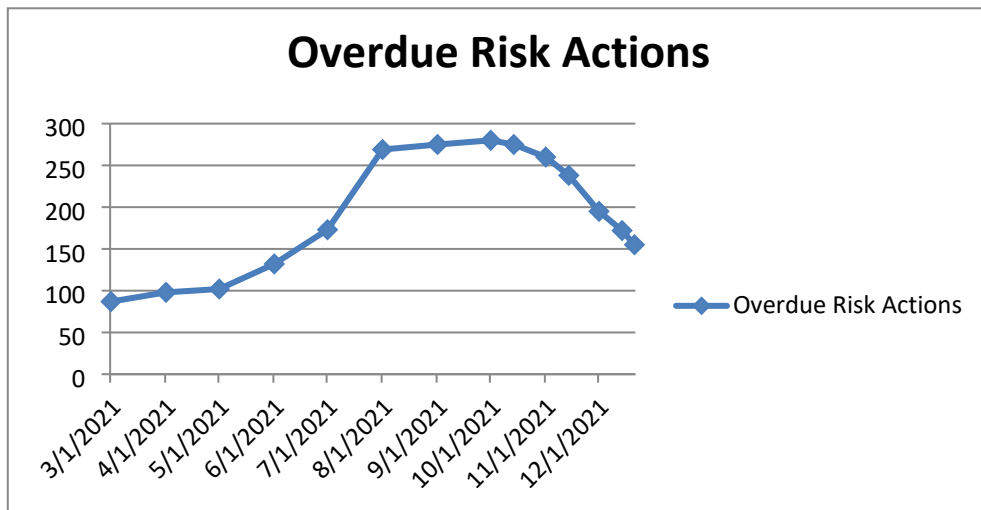
Comment:	Mitigations in place - Risk largely outside control of Trust but may be possible to lower both current and target risk rating
-----------------	--

Risk ID	Executive Risk Lead	Title	Current rating	Target rating	Change
3053	Director of Systems Transformation	Risk of additional costs due to dual running of services during move to MMUH	25	16	↑
Last update: 14/10/2021	One action overdue. New version created with updated (and increased) risk score relating to current progress with the programme. Actions updated accordingly. A further review of the construction and commissioning programme will commence in January 22. This will inform further risk assessment.				
Comment:	Mitigations in place - Risk largely outside control of Trust but may be possible to lower both current and target risk ratings				

Risk ID	Executive Risk Lead	Title	Current rating	Target rating	Change
4408	Chief Nursing Officer	Risk of ineffective safeguarding. Due to staffing the plan to mitigate cannot be delivered	16	16	↔
Last update: 14/10/2021	Moved to corporate risk register on 01/09/2021- action completed and listed as live monitor and risk has controls in place.				
Comment:	Mitigations in place - the risk ratings will be updated (reduced)				

6. Trust Board Assurance Well-Led

- 6.1 In 2021 the TB approved a new metric as a process measure against the CQC's "Well-Led" KLOE. Performance against overdue risk actions has been reported on by the Risk Management Committee since August 2021. The below graphs demonstrate various aspects of performance in this area. This data is taken from Safeguard reports on risk actions within the Trust clinical groups/corporate directorates.
- 6.2 The graph below demonstrates the number of overdue risk actions on the Trust Risk Register.



6.3 The above data is intended to provide the TB with assurance that the Trust is actively managing its risk actions with the aim of mitigating its risks. It should be noted that figures represent a snap shot in time and that the clinical groups regularly hit 100% compliance following their monthly meetings. This should assure the TB that the clinical groups have good governance in this area.

6.4 The Medical Director’s Office and Corporate Nursing groups also achieved 95% compliance in November.

7. Recommendations

7.1 The Trust Board is asked to:

- a. **NOTE** the risks the Board has oversight of and discuss the mitigation plans
- b. **SEEK ASSURANCE** that clinical groups and corporate directorates review risks and risk actions in a timely way, escalating newly added risks in line with agreed policy

James Bielby
Head of Patient Safety & Risk

30th December 2021

Report Title:	Board Level Metrics for People		
Sponsoring Executive:	Richard Beeken, Chief Executive		
Report Authors:	Frieza Mahmood, Chief People Officer Kam Dhami, Director of Governance		
Meeting:	Trust Board (Public)	Date	29 th December 2021

1. Suggested discussion points *[two or three issues you consider the Trust Board should focus on]*

Each member of the Executive Team has personally provided their own commentary to the area for which they are the lead within the People Strategic Objective.

This adds a further strengthening to the ownership and accountability where improvements are required in the main IQPR Report.

The report is of course, a work in progress and will remain so, to ensure that performance is easily understood, tracked over time and constantly improved.

This report, when working as we would expect it to, should enable the board to operate at strategic level, confident in the work of the sub-committees in testing assurance and understanding further detail provided by the executive and their teams.

2. Alignment to our Vision *[indicate with an 'X' which Strategic Objective this paper supports]*

Our Patients	Our People	Our Population
To be good or outstanding in everything that we do	To cultivate and sustain happy, productive and engaged staff	To work seamlessly with our partners to improve lives
	X	

3. Previous consideration *[where has this paper been previously discussed?]*

N/a

4. Recommendation(s)

The Trust Board is asked to:

a. RECEIVE: and note the report for assurance

b.

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register						
Board Assurance Framework						
Equality Impact Assessment	Is this required?	Y	N	X	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y	N	X	If 'Y' date completed	

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Public Trust Board: 2nd December 2021

Board Level Metrics for People

CQC Domain	Well-Led
Trust Strategic Objective	Our People
Executive Lead(s): Chief People Officer & Director of Governance	
<p>Days Lost to Sickness Absences</p> <p>Despite some reductions in sickness absence for the month of November 2021 figures remain above target with the average trend showing consistent increases in recent months due to Covid related sickness and also stress/anxiety related absence.</p> <p>We have maintained a corporate focus on health and wellbeing; with access to Well-being hubs; mental health support, lifestyle health management advice, training for managers and specialist support from OH. The Groups have continued to support wellbeing through the Restoration and Recovery group. The findings of a recent review which were approved by the Executive Team have been communicated across the Trust. The focus of this is on investing in core wellbeing such as developing staff break rooms, improving access to food and hydration, along with delivering fully staffed ambitions. The of which is to ensure consistency in access of support and appropriate rest to improve the resilience of staff.</p> <p>There is strong ownership and accountability for the management of absence at group level reinforced through OMC. A daily rhythm of sickness reporting and management has been established to support covid surge efforts. The Groups have been supported to ensure trigger meetings continue to take place and that they are delivering against the revised trajectories agreed at POD Committee. Focused interventional work is being undertaken with directorates highlighted on the Heat Map as outliers in performance.</p>	
<p>Turnover (Monthly)</p> <p>Retention performance has improved along with accuracy of recording for turnover.</p> <p>A comprehensive retention plan and investigative tool have been implemented supported by a multi-disciplinary approach to identify and target hot spot areas. Revised arrangements are in place to support improvements in Recruitment & On-boarding process following an independent review of processes. A strong focus on Nurse retention has been established through engagement along with a detailed support plan for retaining colleagues in their later career. Our strategic approach to flexible working as a lever for retention has been overhauled with support from NHSEI as part of our engagement with the National Pioneer “Flex for Work programme”. There is more focused work to complete on the High Impact actions for achieving Equality, Diversity and Inclusion aims that will also contribute positively to improving turnover particularly in relation to the talent management and employee</p>	

relations processes.

Q2 21/22 People Pulse Staff Engagement Score – (*New pulse scores not yet available*)

Early this year we carried out the first of the NHSEI Quarterly Pulse Check surveys linked to the delivery of the NHS People Promises. There were 1,549 responses in total (21.2%). The New Pulse quarterly survey shows a decline in all questions from the 2020 staff survey.

Overall Staff Engagement was measured as an average across three subscales including motivation (6.52), ability to contribute to improvements (6.31) and recommendation of the organisation (6.51) on a scale of 10. The Trust performance was below average and not indicative of the improvements we are seeking to make in staff experience in the organisation. The lowest levels of engagement were seen in Maternity and Perinatal staff at 5.26 and Estates and Ancillary Staff at 5.84. The highest levels of engagement in the People and Organisation Development Directorate at 7.43 and the Healthcare Scientists staff group at 7.27 respectively.

The data has been shared with all group and corporate leads. HR business partners are looking for any variation in professional groups and directorates and developing local plans for action. Quarterly listening events have been held throughout November which have been well attended during which results have been shared along with actions taken to address areas of concern. Embedding of actions continues throughout December into the new year.

Risk Mitigations

The rates of overdue risk actions has shown a month on month improvement with compliance as a percentage improving from 59% in September to an average Trust wide compliance of 61.6% in October to 71% in November. The clinical groups at the time of writing have an average actions compliance rate of 94% (up from 89.5% last month) while corporate directorates have achieved an average of 57%. This is a significant improvement on the previous month (from 37.7%) but it should be noted that Corporate nursing and the Medical Directors office both achieved 95% compliance.

This metric will remain a standing item on the Risk Management Committee agenda until the current performance issues with risk reviews and overdue actions is resolved. The aim is that this is achieved by the end of this Financial year.

Report Title:	Board Level Metrics for Population		
Sponsoring Executive:	Daren Fradgley, Director of Integration (Interim)		
Report Authors:	Daren Fradgley, Director of Integration (Interim)		
Meeting:	Trust Board (Public)	Date	5 th January 2022

1. Suggested discussion points *[two or three issues you consider the Trust Board should focus on]*

Each member of the Executive Team has personally provided their own commentary to the area for which they are the lead within the Population Strategic Objective.

This adds a further strengthening the ownership and accountability where improvements are required in the main IQPR Report.

The report is of course, a work in progress and will remain so, to ensure that performance, risks and mitigations are easily understood, tracked over time and constantly improved.

This report, when working as we would expect it to, should enable the board to operate at strategic level, confident in the work of the sub-committees in testing assurance and understanding further detail provided by the executive and their teams.

2. Alignment to our Vision *[indicate with an 'X' which Strategic Objective this paper supports]*

Our Patients	Our People	Our Population	
To be good or outstanding in everything that we do	To cultivate and sustain happy, productive and engaged staff	To work seamlessly with our partners to improve lives	X

3. Previous consideration *[where has this paper been previously discussed?]*

N/a

4. Recommendation(s)

The Trust Board is asked to:

a. RECEIVE: and note the report for assurance

b.

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register					
Board Assurance Framework	X	New SBAF risks related to Place Based Partnerships refers			
Equality Impact Assessment	Is this required?	Y	N	X	If 'Y' date completed
Quality Impact Assessment	Is this required?	Y	N	X	If 'Y' date completed

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Public Trust Board: 5th January 2022

Board Level Metrics for Population

CQC Domain	N/a
Trust Strategic Objective	Our Population
Executive Lead(s): Director of Integration (Interim)	
<p>The Trust Board were updated last month that several streams of work are underway to refine a set of place measures for the board to receive each month. The current work is focusing on the following areas.</p> <p>Long term strategic outcome measures will be ready in the next two months and will show the population and public health outcomes that will change over a period of years. Known as the wider determinants of health, some of these measures will take a considerable time to move. It is anticipated that the NHS system framework will set out a series of health inequality measures that will be mandated for systems to report through the place-based partnerships. It is expected that these measures will be made available in system reporting format in the next 3 months. Additionally, the work that is done in our role as an Anchor organisation will be included here. These measures will not only look at the strategic outcomes in this area but some of the progress measures of our anchor work that will seed the future wider determinants of health.</p> <p>The plan will be to review these biannually in a dashboard style format through the committee structure and reported as part of place and population reports.</p> <p>A series of output measures are also being worked through with partners and other Places in the Black Country. These measures will focus more on the operational effectiveness of the Place and demonstrate some alignment between Places. It is anticipated that these measures will be available in the next 6 – 8 weeks and will show the operational status of the place and the performance being achieved. This is the biggest area of development and will change over time. However, the first drafts of these measures will be ready as noted above and move evolve over time.</p> <p>Finally, a series of transformation measures will be included in the supporting papers presented to board as required and will be used to highlight progress on the wider work with the partnership. Whilst these measures won't be presented each month to the board, they will be reported to the Integration Committee and heavily reference in supporting papers to demonstrate progress and or risks.</p>	

Report Title:	Green Strategic Plan		
Sponsoring Executive:	Rachel Barlow – Director of System Transformation		
Report Author:	Fran Silcocks – Head of Sustainability		
Meeting:	Trust Board (Public)	Date	5 th January 2022

1. Suggested discussion points *[two or three issues you consider the Trust Board should focus on]*

The Trust Board is asked to discuss the content of the Green Strategic Plan (attached to the Public Trust Board Reading Room) that aligns with the Trust Population Strategic Objective. The Trust Board should consider how that can support delivery of the strategic plan and ensure future key decisions are made with the Green Strategic Plan criteria in mind alongside wider environmental and social values.

2. Alignment to our Vision *[indicate with an 'X' which Strategic Objective this paper supports]*

Our Patients	Our People	Our Population	
To be good or outstanding in everything that we do	To cultivate and sustain happy, productive and engaged staff	To work seamlessly with our partners to improve lives	X

3. Previous consideration *[where has this paper been previously discussed?]*

Clinical Leadership Executive Committee

4. Recommendation(s)

The Trust Board is asked to:

a. DISCUSS the Green Strategic Plan

b. PROMOTE the Green Strategic Plan and commit to align to future key decision making

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register					
Board Assurance Framework					
Equality Impact Assessment	Is this required?	Y	N	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y	N	If 'Y' date completed	

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Public Trust Board: 5th January 2022

Green Strategic Plan

1. Introduction

- 1.1 The Green Strategic Plan outlines both achievements to date and our intention to innovate and improve our carbon footprint and overall approach to a sustainable Green environment for our local population.
- 1.2 The Strategic Plan aligns closely with our Population strategic objective that aims to improve health outcomes.

2. The Green Strategic Plan

- 2.1 The content of the plan includes our goals to improve the environment through the impact of developing how we manage our assets, travel and logistics, climate adaption, capital projects, green spaces, sustainable care models, our people, sustainable use of resources including local procurement and management of carbon omissions.
- 2.2 The plan reaches beyond the walls of our hospital and community buildings and aims to affect our people and local population. Working with strategic partners our influence allows us to further contribute to local regeneration through improved health, wealth and environmental improvements.

3. Governance and success measures

- 3.1 The Trust Board will receive assurance on the delivery of the Green Strategic Plan. A Trust Board metric will report over all progress via the Sustainability Development Assessment Tool measure.
- 3.2 Internally stakeholders will continue to be supported to deliver work through the Green Programme Board. Each work stream will track against an annual delivery plan and supporting metrics.
- 3.3 We cannot deliver the optimum impact of the Green Plan by ourselves. We have mapped our strategic stakeholders and intend to meet bi-annually to ensure alignment of strategic delivery and keep pace with innovation. We are committed to be an active leader within the Integrated Care System (ICS) to deliver the ICS Green Plan.

4. Recommendations

4.1 The Trust Board is asked to:

- a. **DISCUSS** the Green Strategic Plan
- b. **PROMOTE** the Green Strategic Plan and commit to align to future key decision making

Fran Silcocks
Head of Sustainability

December 2021

Annex 1: Green Strategic Plan (attached to the Public Trust Board Reading Room)

Report Title:	Place Based Partnerships – The next 6 months		
Sponsoring Executive:	Daren Fradgley – Executive Director of Integration (interim)		
Report Author:	Daren Fradgley – Executive Director of Integration (interim)		
Meeting:	Trust Board (Public)	Date	5 th January 2022

1. Suggested discussion points *[two or three issues you consider the Trust Board should focus on]*

The paper covers the immediate priorities for the establishment of a Place Based Partnership (PBP) in Sandwell. These priorities are broken into 6 main areas and represent the best opportunity for successful delivery

- **Senior Leadership**
- **Governance & Lines of Assurance**
- **Transformation Plan**
- **Financial and contractual profiling**
- **Workforce review and leadership development**
- **Data management and modelling**

The paper reviews each of these items and outlines a set of key tasks for each. The Board is asked to review these items and debate any strengthening or changes to the points covered. The paper is deliberately strategically themed and shouldn't be viewed as a task-by-task plan.

In the Trust Board Reading Room is a draft Terms of Reference for the Integration Committee, scheduled to commence in February 2022. The Board is asked to approve the direction of travel highlighted in the paper and add any additional comments for consideration before the final version is presented for approval in February.

2. Alignment to our Vision *[indicate with an 'X' which Strategic Objective this paper supports]*

Our Patients	Our People	Our Population	
To be good or outstanding in everything that we do	To cultivate and sustain happy, productive and engaged staff	To work seamlessly with our partners to improve lives	X

3. Previous consideration *[where has this paper been previously discussed?]*

The Case for Change –September 2021
Place Based Partnership guidance October 2021
6 month road map – November 2021

4. Recommendation(s)

The Trust Board is asked to:

- a. NOTE:** the contents of the paper
- b. DISCUSS:** any suggested changes in the approach proposed
- c. DISCUSS:** the draft Integration Terms of Reference and **RECOMMEND** any changes, as part of the process of agreeing new terms of reference for our Board committees.

5. Impact <i>[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]</i>						
Trust Risk Register	x	Risk register in development				
Board Assurance Framework	x	BAF for this item in development				
Equality Impact Assessment	Is this required?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	If 'Y' date completed
Quality Impact Assessment	Is this required?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	If 'Y' date completed

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Public Trust Board: 5th January 2022

Place Based Partnership update

1. PURPOSE

This paper will be written around the same format as before highlighting the 7 areas of development, starting with Sandwell then moving to Ladywood and Perry Barr Place Based Partnership

2 Senior Leadership

- There was no Place Based Partnership (PBP) Board in December due to the proximity to Christmas and a high number of apologies. However, this has not presented any challenges on progress given the road map had been approved in November and the key work outlined in this report is progressing in the absence of the board.
- The formal cycle of the PBP Senior Management Team (SMT) is scheduled throughout January will now continue weekly as per the wiring diagram from last month. The members of the team tested the approach in December with some key decisions about discharge processes being taken in advance of the festive period.
- A draft copy of the terms of reference for SMT will be presented to the partnership Board in January to sign off to formalise the group.
- The Director of Children's Services and Director of Housing are both in discussions to join the Partnership Board and explore how their respective teams can be brought into scope. This is a massive step forward for the partnership and I will provide additional updates in later papers as these progresses
- Work with the Primary Care Networks (PCN) on a recognition process within the board and the wider partnership is underway and will be ready for the April 22. This agreement is critical to ensure that the PCN leaders are heard within the partnership whilst also being respectful to the wider demands on their time.

3. Governance & Lines of Assurance

- The first working draft of the Integration Committee terms of reference are in the Public Trust Board Reading Room. This paper will be concluded through January with partners and internal stake holders but has been shared to ensure that the Board supports the general direction of travel. The Committee is scheduled to commence in February subject to final drafting.
- We have agreed that the Discharge to Assess Programme will fall under the transformation workstream of the partnership and report to SMT. This commenced in December and key decisions were tested and approved in partnership for the festive period. This is as key first milestone to aligning the transformation governance and removing the duplication of oversight between the statutory partners.

- The deployment workstream for the Knowle integrated health and care centre has also commenced this month as part of the partnership work and will also report to SMT. This workstream, as reported last month will be working through the model of deployment and the key risks such as the workforce model, CQC registration and funding.

4. Transformation Plan

- The wider scope of work for discharge to assess is now being built under the governance outlined above which commenced in December. This work will design the next stage of the development and will include stability in the care pathways, Integration of place wide data and a live view of the wider market and associated risks. There are numerous key risks in the domiciliary market that need to be addressed by the partners. These include the long-term cost for care, the pay challenges and workforce retention in the market as well as the low vaccination rates in carers which all provide workforce challenges in Q4.
- Work has started with team leaders at a local level initially across PCCT and Social Care to align the teams to the six towns in Sandwell. This work will include, Co-Location, Coordination of work and Collaboration on process. This part of the transformation will commence during the remainder of this financial year but take up to 18 months to complete. This is one of the key elements of the place partnership and done successfully will see a reduction in duplication of effort for teams and a quick response to the communities and patients that the teams serve.
- Early scoping work has started on the requirements of a care navigation service. Initially focused on the PCCT provision and rapidly moving to Social Care provision, the service, if approved will streamline access to place services. This work has been hugely successful in other areas of the country and has shown a demonstrable avoidance of activity from the Emergency Departments.
- It has been agreed that the Pathway work in the place partnerships will align with the Midland Metropolitan University Hospital (MMUH) programme. This means that end to end pathways will be built with the MMUH deployment team regardless of the provider map. Whilst this step is obvious, it is important to ensure that the wider stake holders are committed to the journey of development and align between Place and MMUH.

5. Workforce review and leadership development

- Discussions are underway on the requirements of the leadership and cultural development programme for the Partnership Board and senior leaders over the next 12 months. This work is expected to be concluded by mid-January with a commencement of a programme of development from February. This work could slip if winter and Covid pressures are not stable by February. It has been noted in several forums that the commitment to work together is strong but the organisational and sector cultures differ considerably and will take time and considerable effort to align.
- Conversations are underway to establish a number of joint roles in the place development team. These roles will work jointly for the partners and work in a uniform manner across key transformational pathways such as D2A and intermediate care. The funding for this team will initially come from the better care fund in advance of the system offer. However, the delays in the system

establishment will place a challenge on getting the right people in these roles as they will need to be established on a non-recurrent basis for now.

6. Data management and modelling

- Major update on the presence and use of data is underway. Initially this is being piloted on Discharge to Assess (D2A) but will be rolled out in the following areas over the next 4 months
 - Mapping on wider determinants of health
 - Mapping on health inequalities down to ward level
 - Demand and capacity data at a provider level initially and then down to teams to show a place-based pressure score and flow challenges
- It is also clear that the other Places in the Black Country and West Birmingham need to commence this work and develop board level metrics. It has therefore been agreed at a system level that a short life task and finish group will be established to align all the thinking and bring a set of board level metrics together. Most of these metrics will be common across the 4 places and with a small number specific to the Sandwell to address local challenges. This work is already agreed and will commence in January.

7. Finance and Contracting

- An initial conversation has been held with the Local Authority, CCG and the Trust on a mechanism to make best use of the Sandwell “taxpayer pound”. This thinking will undoubtedly expose both risk and opportunities between the organisations and bring us closer to a method of how we manage such items together.
- Strong support from operational and finance colleagues to be involved in a group looking at social value by aligning financial resources and removing duplication and waste in the system. This group will report into SMT and then onwards to the Partnership Board.

8. Communication and Engagement

- Work has started to align the patient and citizen engagement with the MMUH programme of works. This will include the end-to-end pathway work which will straddle both areas and result in a common message.
- No resource has been allocated to place communications at the current time and therefore limited progress has been made on aligned communication and brand. This will be reviewed early in the new year. A lack of progress in this area will present a specific risk to the partnership’s maturity and will need to be addressed quickly.

9. Ladywood and Perry Barr (LW & PB)

- There has now been an agreement that the Trust will help to shape the place work through the Director of Integration role who will sit on the equivalent senior leadership team hosted by Birmingham Community Healthcare (BCHC). This is an important step given last month I reported concern about the progress of work in the West Birmingham Place.
- A closer working relationship has been agreed between the Trust and BCHC and biweekly meetings between respective operational community teams has also commenced.

- A joint approach to address the immediate challenge of booster vaccinations for house bound and residential home residents between BCHC and PCCT.
- A series of meetings has been held with GP leaders to better understand the concerns and challenges moving forward and explore options for greater alignment and stability mainly in planned care pathways
- There is a growing ambition between the West Birmingham partners to establish a provider partnership agreement that will underpin the joint work moving forward. To ensure progress in this area is continuing at pace, I have been meeting with the PCN leaders in West Birmingham to better understand their needs from the Trust and establish how Primary and Secondary Care can better support each other. These meetings have been extremely productive, and I look forward to sharing a fuller update in my next report.
- In addition to the above, 4 GP's have now been assigned to coordinate the primary care pathway work between LW&PB and the MMUH programme. These roles are critical moving forward in establishing and responding to the needs of primary care.
- There remains a significant risk, captured in our corporate risk register, that the Birmingham and Solihull system does not have the same view on the establishment of the Place partnerships as the Black Country system. In part, this is due to less progress at place in Birmingham as opposed to system level work. It is therefore important that that the Trust and wider West Birmingham partners mitigate this risk over the next few months by making progress on the items above and building additional transformational work into the place that will establish meaningful place-based development.

10. Recommendation(s)

The Trust Board is asked to:

NOTE: the contents of the paper

DISCUSS: any suggested changes in the approach proposed

DISCUSS: the draft Integration Terms of Reference and **RECOMMEND** any changes.

Daren Fradgley – Executive Director of Integration (interim)
January 2022

Report Title:	Appointment of Vice Chair		
Sponsoring Executive:	Sir David Nicholson – Chair		
Report Author:	Dan Conway Associate Director of Corporate Governance / Company Secretary		
Meeting:	Trust Board (Public)	Date	5 th January 2022

1. Suggested discussion points *[two or three issues you consider the Trust Board should focus on]*

With Harjinder Kang a Non-Executive Board members coming to the end of his second period of appointment, the Chair requires to appoint a new Vice Chair.

Subject to Standing Order 2.4 (2) below, the Chair and members of the Trust Board may appoint one of their numbers, who is not also an Executive Director, to be Vice-Chair, for such period, not exceeding the remainder of his/her term as a member of the Trust, as they may specify on appointing them.

Any member so appointed may at any time resign from the office of Vice-Chair by giving notice in writing to the Chair. The Chair and members may thereupon appoint another member as Vice- Chair in accordance with the provisions of Standing Order 2.4 (1).

Where the Chair of the Trust has died or has ceased to hold office, or where they have been unable to perform their duties as Chair owing to illness or any other cause, the Vice-Chair shall act as Chair until a new Chair is appointed or the existing Chair resumes their duties, as the case may be; and references to the Chair in these Standing Orders shall, so long as there is no Chair able to perform those duties, be taken to include references to the Vice-Chair.

Dan Conway requested expressions of interest from all the current Non-Executive Director's. An expression was received from Lesley Whittle. Following a discussion with the Chair it is proposed that Lesley id appointed.

2. Alignment to our Vision *[indicate with an 'X' which Strategic Objective this paper supports]*

Our Patients	X	Our People	X	Our Population
To be good or outstanding in everything that we do		To cultivate and sustain happy, productive and engaged staff		To work seamlessly with our partners to improve lives

3. Previous consideration *[where has this paper been previously discussed?]*

N/a

4. Recommendation(s)
The Trust Board is asked to:
a. AGREE: the appointment of Lesley Whittle as Vice Chair
b.
c.

5. Impact <i>[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]</i>							
Trust Risk Register		N/a					
Board Assurance Framework		N/a					
Equality Impact Assessment	Is this required?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	If 'Y' date completed	