![NHS The Dudley Group NHS Foundation Trust]

Board of Directors Meeting Public Papers

Thursday 13th January 2022
13:50 – 15:15

BOARD MEETINGS
PUBLIC INFORMATION SHEET

The Dudley Group's Board of Directors meet in public every month and welcomes the attendance of members of the public and staff at its Board meetings to observe the Board's decision-making process.

1. Introduction

This sheet provides some information about how the board meetings work.

Name signs for each board member are displayed on the table in front of the member to enable you to identify who is speaking at the meeting.

Some items are confidential (for example if they concern an individual or a commercial contract) – these are dealt with in the (confidential/private) meeting.

Copies of the agenda and papers for the public meeting are available at the meetings, and on the Trust website www.dgft.nhs.uk or may be obtained in advance from the following key contacts:

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2. Board Members' interests

All members of the board are required to declare if they have any interests (e.g. financial) which are relevant to the work of the Trust and these are recorded in a Register of Interests. If you would like to see the register, please contact the trust secretary or visit our website www.dgft.nhs.uk.

Members are also required to state at the start of the meeting if they have an interest in any of the items under discussion. Special rules govern whether a member who has declared an interest may take part in the subsequent discussion.

3. Opportunity for questions

The chairman will endeavour to respond to questions from the public on agenda items, where time permits.   Members of the public, should raise any questions directly related to an agenda item with the chair.

4. Debate

The board considers each item on the agenda in turn. Each report includes a recommendation of the action the board should take. For some items there may be a presentation; for others this may not be necessary. The board may not actively discuss every item – this does not mean that they have not received careful consideration; it means that nobody at the meeting considers it necessary to debate the subject.

A formal vote need not be taken if there is a general consensus on a suggested course of action.

5. Minutes

A record of the items discussed, and decisions taken, is set out in the minutes, which the board will be asked to approve as a correct record at its next meeting.

The minutes, as presented to the next meeting of the Board of Directors for approval, are added to the website at the same time as the papers for that meeting.

6. Future meeting dates

For details of future Board of Directors meetings, please visit the Trust's website www.dgft.nhs.uk

7. Accessibility

If you would like this information in an alternative format, for example in large print, please call us on 0800 073 0510 or email dgft.pals@nhs.net

THE SEVEN PRINCIPLES OF PUBLIC LIFE

The Committee has set out **'Seven Principles of Public Life'** which it believes should apply to all in the public service. These are:

Selflessness
Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.

Integrity
Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

Objectivity
In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

Accountability
Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness
Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

Honesty
Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership
Holders of public office should promote and support these principles by leadership and example.
This document should be read in association with the NHS Code of Conduct.

The Dudley Group
NHS Foundation Trust

Board of Directors
Thursday 13 January 2022 at 1.50 pm
via MS Teams Video Conference

AGENDA

	ITEM	PAPER REF	LEAD	PURPOSE	TIME
15	**Chairman's welcome and note of apologies –**	Verbal	Y Buckland	For noting	13.50
16	**Declarations of Interest** Standing declaration to be reviewed against agenda items.	Verbal	Y Buckland	For noting	13.50
17	**Minutes of the previous meeting** Thursday 11 November 2021 Action Sheet 11 November 2021	Enclosure 7 Enclosure 8	Y Buckland	For approval	13.50
18	**Chief Executive's Overview and operational update**	Enclosure 9	D Wake / Executive Directors	For information & assurance	13.55
19	**Chair's Update**	Verbal	Y Buckland	For information	14.10
20	**Public Questions**	Enclosure 10	Y Buckland	For information	14.15
21	**GOVERNANCE**				
21.1	Audit Committee Quarterly Report	Enclosure 11	G Crowe	For assurance	14.20
21.2	Charitable Funds Committee Report	Enclosure 12	J. Atkins	For assurance	14.25
22	**QUALITY & SAFETY**				
22.1	Quality and Safety Committee Report	Enclosure 13	E Hughes	For assurance	14.30
22.2	Chief Nurse Report	Enclosure 14	M Sexton	For assurance	14.35
22.3	Maternity and Neonatal Safety and Quality Dashboard	Enclosure 15	M Sexton	For assurance	14.40
23	**FINANCE & PERFORMANCE**				
23.1	Finance and Performance Committee Report	Enclosure 16	J Hodgkin	For assurance	14.45
23.2	Integrated Performance Dashboard	Enclosure 17	S Illingworth	For assurance	14.50

24	**WORKFORCE**				
24.1	Workforce and Staff Engagement Committee Report	Enclosure 18	J Atkins	For assurance	14.55
24.2	Freedom to Speak Up Report	Enclosure 19	R Plant	For assurance	15.00
25	**INFORMATION ITEMS**				
	In response to recent NHSEI guidance dated 24 December 2021 concerning reducing the burden of reporting to release capacity to deal with the COVID-19 pandemic, a more streamlined agenda has been adopted for this meeting. The following documents were accordingly distributed separately to board members via email and are included for the purpose of the record as information items and as such, no discussion time has been allocated within the agenda.				
25.1	Reducing the burden of reporting and releasing the capacity to manage the COVID-19 pandemic – Proposed Interim Governance Arrangements	Enclosure 20	J Dawes	For assurance	
25.2	Workforce KPIs	Enclosure 21	J Fleet	For assurance	
25.3	Statutory Mandatory Training	Enclosure 22	J Fleet	For assurance	
25.4	Board Assurance Framework Q3 2021/22 – Update	Enclosure 23	J Dawes	For assurance	
26	**Any Other Urgent Business**	Verbal	All	For noting	
27	**Reflection on meeting**	Verbal	All		15.05
28	**Date of next Board of Directors meeting** 10 March 2022 via MS Teams Video Conference	Verbal			
29	**Meeting close**				15.15

- **Quorum:** One Third of Total Board Members to include One Executive Director and One Non- Executive Director

**UNCONFIRMED Minutes of the Public Board of Directors meeting
held on Thursday 11ᵗʰ November 2021 at Clinical Education Centre, Russells Hall Hospital
and virtually via MS Teams Video Conference**

Chair:
Yve Buckland, (YB)

Present:
Thuvarahan Amuthalingham, Associate Non-executive Director (TA)
Julian Atkins, Non-executive Director (JA)
Gurjit Bhogal Associate, Non-executive Director (GB)
Gary Crowe, Non-executive Director (GC)
James Fleet, Chief People Officer (JF)
Julian Hobbs, Medical Director (JHO)
Catherine Holland, Non-executive Director (CH)
Jonathan Hodgkin, Non-executive Director (JH)
Liz Hughes, Non-executive Director (LH)
Tom Jackson, Director of Finance (TJ)
Karen Kelly, Chief Operating Officer (KK)
Vij Randeniya, Non-executive Director (VR)
Mary Sexton, Chief Nurse (MS)
Katherine Sheerin, Director of Strategy & Transformation (KS)
Adam Thomas, Chief Information Officer (AT)
Diane Wake, Chief Executive (DW)

In Attendance:
Liz Abbiss, Head of Communications
Helen Board, Deputy Trust Secretary (Minutes)
Julie Dawes, Interim Trust Secretary
Dr Simon Hughes, Clinical Director, Kingswinford Primary Care Network
Daniel King, Head of Primary Care, Dudley Integrated Health and Care NHS Trust
Dr Ashish Singal, Consultant Emergency Department (part of the meeting)

Governors and Members of the Public in attendance remotely:
Helen Ashby, public elected Stourbridge
Alan Rowbottom, public elected Tipton & Rowley Regis
Ian Frankom, Ipsen International (part of the meeting)

Observers:
Mike Bewick, DCO Partners
Giles Peel, DCO Partners (remote attendance)

21/096 Note of Apologies and Welcome

The chair opened the meeting welcomed board colleagues, governors and members of the public in attendance and Julie Dawes who has recently joined the Trust as the interim trust secretary. It was noted that apologies were received from Lowell William, Non-executive Director.
The chair also extended a warm welcome to Giles Peel and Mike Bewick from DCO Partners who were observing the meeting as part of a Trust commissioned external well-led review.

The chair advised that in advance of hosting the face-toface November board meetings, both private and public, a full risk assessment has been completed and approved by Mary Sexton, director of infection, prevention and control (DIPC) as part of our COVID-19 response and to reflect the prevailing national guidance. It was confirmed that the meeting room has been laid out to meet social distancing guidelines with attendance in person limited to board members only with external presenters and attendees joining virtually using MS Teams. She reminded all present to wear a mask which may be removed for eating and drinking. It was also acceptable to remove the mask when speaking, after which it should be replaced.

21/097 Declarations of Interest

No declarations of interest were received other than those contained on the Register.

21/098 Minutes of the previous meeting held on 14th October 2021

It was noted that Gary Crowe was to be added to the apologies.

It was **RESOLVED**

- **That the minutes of the meeting of the 14th October 2021 be agreed as a true and accurate record of the meeting.**

There were no outstanding Actions on the Action Log.

21/099 Public Chief Executive Overview Report

DW introduced her report and advised that the community COVID-19 transmission rate in Dudley was 365.7 per 100k and ranked fifth in the Midlands. The Trust continued to see increased presentation of COVID-19 positive patients and reported there were currently 63 inpatients with COVID-19 of which 12 were being cared for in intensive care beds and noted the majority of which were non-vaccinated and encouraged all to have the vaccine or booster when called. Referring to the government's decision to introduce mandatory healthcare vaccinations for all care staff by April 2022, assurance was provided that the Trust were actively supporting staff to meet this requirement.

DW thanked the more than 2800 staff who had completed their national staff survey and acknowledged the work of the Liz Abbiss and the Communications team, our volunteers, James Fleet and the HR team and all the divisional managers who had devised a suite of initiatives to support and encourage Trust staff to take part and share their views of working at Dudley Group.

A huge thank you was given to the six runners that had participated in the recent London Marathon who had between them raised over £11,000 for the Trust charity.

The recently held Glitter ball had raised over £10,000 for the Trust charity and helped to share the Trust's service developments with local businesses. Thanks were noted for all staff who had contributed to the events success.

The Trust's Rainbow Unit had opened on 10th November and had received positive media attention and was well received by staff. The unit comprised an assessment unit designed to deliver same day emergency care and a 30 bedded area for those patients needing up to 24 to 48 hours care. Whilst the additional capacity provided by the unit had resulted in no ambulance handover delays in the last 24 hours a decision was made to retain 26 beds in the old unit. Consequently, the Trust continues to experience delays in discharge which led to problems with patient flow. All efforts focused on initiatives including Home for Lunch and drawing on the strong partnership working with

health and social care partners to address delayed transfers that were dependent on care packages.

GC acknowledged the award bestowed on Dr Janine Barnes by the Parkinson's Excellence Network in recognition of her contribution to the establishment of the Parkinson's Specialist Pharmacy Network UK noting it was an outstanding achievement encompassing multidisciplinary working.

It was **RESOLVED**

- **That the report be noted**

21/100 Chair's Public Update

The chairman provided a verbal update which she opened by acknowledging the contribution of the Trust in supporting the winter flu vaccination and the COVID-19 booster programme which continued to host a successful facility at the Russells Hall Hospital site.

She explained that regional briefings by NHSE/I have maintained an emphasis on the response to COVID-19, the restoration and recovery programme to restore and recover services and the importance of system working and mutual aid. Urgent and Emergency Care pressures remained a national focus. Work undertaken to develop the Black Country and West Birmingham Integrated Care System (ICS) had been acknowledged at national level as exemplar noting that developing the governance structure is involving the chairs and chief executive officers in consultation activity.

The chair outlined some of the activities and visits undertaken since the previous meeting and drew specific attention to her recent visit to the Trust's paediatric department and commended their dedication to their work and commitment to innovation.

JA reported on his participation in a compliance visit earlier that month to the Trust's imaging department where he had been impressed with the work undertaken to deliver improvements in response to a previous poor CQC report. He had been delighted to hear positive feedback from staff who had valued the change in leadership and noted the improvement in KPI performance. JHO concurred adding that consequently turnaround times in imaging had greatly improved and feature well in the 7 day services performance figures. He asked that a note of thanks be recorded in recognition of the hard work of staff to deliver improvements. DW noted the success of a recent funding application by the Trust to develop community diagnostic hub facilities and the positive impact that would have in maintaining good cancer response times. She also advised that the Trust was in the process of developing an ultrasound academy.

21/101 Public Questions

Maria Lodge-Smith, Public Elected Governor: Brierley Hill asked:

As a governor of the Trust, I want to acknowledge the high-quality standards that are set in relation to infection, prevention and control measures that are in place across the estate and the dedicated work of the infection prevention and control team. When recently visiting the urgent and emergency care department, there was a noticeable difference in the prominence and type of the hand hygiene and Covid IPC measures/facilities provided. At a number of other main entrances to the Trust, large brightly coloured hygiene stations are in place with mask and hand gel dispensers that do not require individuals to physically pick up and handle a bottle of gel. The lack of such a station may have contributed in part, to the lack of hand gelling and mask wearing by the people coming in the department that I noticed. Is there a reason why the approach to infection control is different in the urgent and emergency care setting? Are there any plans in place to install the same

large brightly coloured hygiene stations in the department? It would be nice to see these stations at each main entrance, including main entrance, maternity entrance, and high-risk areas such as Georgina. With rising Covid cases in the community, I felt the Trust needed to be consistent in upholding an exemplar approach and welcome the boards view on this.

Answer: Thank you for your question and for acknowledging the dedication of the IPC team throughout the pandemic, your compliments have been passed to the team.

In response to your question there is no difference in the infection prevention and control measures in the emergency department and urgent care centre than the rest of the hospitals and services throughout the Dudley Group with the promotion of hand hygiene using alcohol hand gel and the requirement of mask wearing throughout our healthcare premises with type IIR fluid resistant surgical facemasks available on entry to our premises and alcohol hand gel provided at entrances/exits and throughout our buildings.

For consistency in our messaging the Trust has arranged to install the brightly coloured IPC messaging stands with mask and alcohol hand gel dispensers at the entrance to the Emergency Department/Urgent Care Centre. The Maternity Department and Georgina Units are accessed via the main hospitals corridor and visitors will have had access to the hand hygiene and mask stations en-route. Wall mounted alcohol hand gel dispensers are available on entry to and throughout the units with additional surgical face masks available on request.

In addition, the Trust has arranged for floor standing IPC units including alcohol hand gel and mask dispensers to be installed at the joint entrance Urgent treatment centre and Emergency department to the building. The Trusts PPE monitors will continue to monitor and refill the stations.

The chair thanked the Chief Nurse for her response noting the importance of the Trust setting high standards as a clear message in its approach to infection prevention and control.

21/102 Primary Care Integration Presentation

The chair welcomed Dr Simon Hughes and Daniel King to the meeting at this point. In setting the context, the chair commented that Dudley provider colleagues regularly made reference to the primary care contract as a key element of the integration plan. The chair invited Dr Hughes and Mr King to provide summarise the main elements of the contract that forms part of the integration agreement (IA).

Dr Hughes and Mr King introduced a slide presentation that summarised the key aspects of the locally devised primary care contract and confirmed that 41 Dudley practices had signed up accepting that the current model was unsustainable.

 [*DW & KK left the meeting at 13.55 pm to attend an important regional meeting UEC*]

TA acknowledged the drivers to balance demand with capacity and the need to drive integration for the long term gain. He asked how the contract would address the short term issues such as dealing with a failing practice and the development, recruitment, and retention of clinical staff. Mr King advised that one practice was directly supported under ARS arrangements and another two at the request of the CCG adding that DIHC was failing to attract workforce for a number of reasons and gave examples of non-clinical support given. Focus was also placed on working towards a shared set of outcomes for the primary care system working to address population health and the long term benefits of reducing those living with long term conditions. Dr Hughes illustrated where practices have worked together and felt less isolated.

KS commented that the Dudley Partnership Board acknowledged that value of the outcomes framework and asked for more detail of how it would address health inequalities e.g., using QOF. The chair queried if activity outcomes were measured as population health outcomes. Mr King summarised the three broad areas of the framework that included access, management of long term conditions and workforce requirements and described the process and scope.

Following an informative and thought provoking discussion, the chair thanked Dr Hughes and Mr King for attending and gave her support for further engagement opportunities for leaders to share deep dive discussion on specific topics as needed.

21/103 ED Digital Platform Demonstration

Dr Singal joined the meeting virtually at this point and summarised the inhouse development of the ED App that provided a single point of access for ED staff to access key information on their smart phone. The ED App among other things, provided a single point of easy access to the Trust 's clinical and non-clinical policies and guideline information and gave an example of being in resus and needing access to a particular protocol that could easily be accessed on the mobile handset. The App also contained a directory of useful phone numbers that could be dialled automatically from the App. He emphasised the high levels of security that required users to be approved using factor authentication and contained no confidential patient information. Future iterations may include a patient facing App and gave an example of the Derby hospital using it to support patients with their diabetes care. JHO acknowledged the real benefit of having easy access to the latest policies at point of care and moving towards an integrated electronic patient record.

It was reported that the introduction of mandatory training modules on the App were intended to improve mandatory training compliance with automated reminders to staff when training was due. The department induction programme had been moved online and confirmed that from December any new starters would have access to the 20 modules required to complete and pass the assessment before commencing in the department. He concluded that if piloted successfully, the App had potential to be rolled out more widely.

The chair thanked Dr Singal for demonstrating the App and the innovation that he had led. The Board acknowledged the ongoing extreme pressure on the Trust's emergency teams and thanked all staff for their commitment and dedication.

VR challenged whether the App had been developed as a work around because existing systems were not working well and what assurances could be given in relation to the resilience and ongoing support for the solution. Dr Singal confirmed that the system platform had enabled the solution to be developed at relatively low cost. AT confirmed that the planned revamp the main digital platform of the Trust would ultimately be available on a wide range of devices and supported the growing culture of work life integration and acknowledged it there is a balance to be struck.

TA commended the introduction of the App and suggested that a GP interface would potentially support patients avoiding visiting ED in the first instance. In response to the request for clarification whether staff would be re-imbursed for the time they spent completing the induction training and assessment activity, Dr Singal confirmed staff were able to take time in lieu for completing mandatory training and the induction modules.

[DW returned to the meeting at this point]

21/104 GOVERNANCE

21/104.1 Acute Collaboration

KS summarised the report given as enclosure 16 that highlighted the key issues considered and decisions taken by the Programme Board including programme development within the emerging ICS architecture, progress on the development of priorities for clinical change through the work of the clinical summits and the review of clinical configuration and options for the future. It was also noted that the Programme has been selected to be a national deep dive test bed site for provider collaboratives.

Ernst and Young were shortly to conclude their review work and were scheduled to report by the end of the year on sites, services and service needs in the configuration of clinical services in the Black Country which would inform the programme board and the partner components. They had also brought their expertise to the third clinical summit. KS reported that a paper would be submitted to the programme board regarding engagement with overview and scrutiny committee in preparation of the £600k budget awarded to support this work and the roles of programme director.

The chair noted that the private board discussed the developments in details and the group model that as emerging. The chair advised that KS would shortly leave the Trust and on behalf of the Bard wished her every success in her new role.

It was **RESOLVED**

- **That the report be noted**

21/105 QUALITY AND SAFETY

21/105.1 Quality and Safety Committee Report

LH summarised the exception report and noted the positive assurances reported from the meeting related to reduction in falls and that infection prevention control performance was commendable. She noted negative assurance relating to the decline in the Sentinel Stroke National Audit Programme (SSNAP) stroke scores and had commissioned a review of the service that would be brought back to the next meeting.

The committee considered the latest perinatal mortality outcome data relating to ethnicity that showed that the Trust was not an outlier. The Trust had lower numbers reported that linked to a higher number of adverse outcomes for mothers from deprived backgrounds.

TA commented that effective interpreting and translation services had been used to great benefit in other communities.

MS summarised the work undertaken as a collaborative approach between the Dudley Group maternity team, the Maternity Voices Partnership and other members of the Black Country and West Birmingham. It sought to understand the needs and agree the initiatives and described several already in place to redress some of the challenges that had been identified. LH noted that the Trust was one of the first to introduce continuity of care teams and noted the need to tap into national work to prevent duplication.

The chair asked what prominence this topic had at the local Partnership Board and ICS level as part of the health inequalities agenda. KS confirmed that a Health Inequalities Delivery Group had been established with a shared implementation programme for the Trust strategy and whilst the present focus was breast screening and lung cancer, inequality in maternity could also be considered for

inclusion in that workstream. JD provided an example of a similar initiative being undertaken at her previous Trust, Rotherham NHS FT where a board level task and finish group had been established for time limited period to inform and the direction and pace of travel of the Trust's over-arching health inequalities agenda whilst at the same time maintaining the Trust's alignment and continued involvement within their local system

VJ commented that the Trusts procurement activities could have a positive influence on the local areas by using local suppliers where possible. A view that was supported by others present and accepted the Trust had a responsibility to the community it served.

The chair thanked all for their contribution to this important matter.

Action the role of the Trust as an anchor organisation and its place in addressing health inequalities to be covered in more detail at a future meeting [TJ/IC]

It was **RESOLVED**

- **That the report be noted**

21/105.2 Chief Nurse Report

MS summarised the report given as enclosure 18 and highlighted the latest winter flu and COVID-19 vaccination uptake by staff was lower compared to previous years and described various initiatives being deployed to support improvement.

The Trust was lead provider for the 12-15 year old vaccination programme noting the challenges of the complicated consenting process that was subcontracted to another organisation and summarised steps being taken to reach those children not in education or classed as vulnerable.

Workforce challenges remained with a range of mitigations and incentives in place. The international recruitment programme was developing with registered staff commencing in post in the coming weeks. Allied Health Professionals (AHP) job planning work was nearing conclusion and noted the many successes' that were celebrated as part of the recent AHP day.

Proposed changes to the liberty protection standards in April 2022 would be subject to the finalisation of the code of practice that was awaiting publication and consultation and could delay the introduction of the new standards. Assurance was provided that the Trust had the necessary plans in place to expand the Safeguarding Team and had appointed a suitably qualified lead to implement the required changes.

There remain to be significant challenges for staff resources and noted the poor shift fill rates versus planned and the associated increase in agency spend to support emergency services and the additional capacity that had been brought online. There was continued emphasis on the staff health and wellbeing offer available to staff.

GC acknowledged that the efforts taken in delivering the 12-15 vaccination programme and asked how the data tracking worked to capture staff data in a better way. In response, MS advised that the COVID vaccination data was recorded centrally with staff flu vaccination data captured locally that was more accurate than before. JF advised that the Trust was also the employment bureau responsible for staffing the programme for the system. He noted that Government proposals to introduce mandatory vaccination of health care staff represented an important challenge to the sector with predictions that up to 100k staff wouldn't meet the requirements and were awaiting further advice on this.

JA noted that recruitment of qualified and unqualified staff appeared to have plateaued and sought assurance on the effectiveness of the steps being taken to address and what more could be done. MS commented that it remained a national issue and in the short term were dependent on the success of the recruitment activity underway in conjunction with the Royal Wolverhampton and reported that 75 qualified staff were all scheduled to be in post by February 2022. The medium term strategy included developing our own workforce with a variety of training options and gave examples of the novice programme, support workers being encouraged to go through the apprenticeship model and increased number of placements from local universities. Other initiatives included reviewing the retention offering. JF confirmed that the Trust was working with trusts in the region to share best practice and was confident that all avenues were being pursued. DW supported a redoubling of all recruitment efforts and the option to include senior nursing staff in the clinical mix.

JA commented that inability to offer flexible working on wards had previously been identified as an issue and asked if there were plans to review this. MS responded by acknowledging that safety issues could potentially arise if more handovers took place in a day and confirmed that hybrid shift options existed in some areas. Assurance was provided that a review of the flexible working process would be undertaken to ensure it was applied fairly across all staff groups

Referring to the safer staffing table, JH sought clarification as to whether there was an increasing safety risk associated I with the high levels of agency usage. In response, MS noted some concern if nurse/patient ratios were too high but confirmed that the present ratios had been previously signed off by the board following the robust processes that were put in place to ensure the optimal fill rate and mix of staffing. It was acknowledged that there was a need to support the substantive staff cohorts who were weary and sought to balance the dependency on existing staff to fill bank shifts. Further discussion followed to explore the future adoption of telemetry/ digital options to monitor patients, the need to focus on workforce planning and the acknowledgement of the continued good performance in respect of restoration and recovery activity

The chair thanked all for their contributions, acknowledged the many initiatives supporting staff to avoid burn out and asked that the board be kept up to date on the success of the various initiatives underway.

It was **RESOLVED**
- **That the report be noted**

21/105.3 Board Assurance Infection Control Framework

MS summarised the report adding that the Trust had recently appointed a deputy director of infection prevention and control (IPC) and a decontamination lead. It was noted that mandatory IPC training had reached 95% and that teams had challenged s to maintain performance at this level.

It was **RESOLVED**
- **That the report be noted**

21/105.4 Maternity and Neonatal Safety and Quality Dashboard

MS summarised the report given as enclosure 20 and noted that there had been a slight increase in the number of still births and continued to monitor closely to detect any change in variation. No themes or trends had been identified in either the perinatal mortality reviews or the Healthcare Safety Investigation Branch (HSIB) reviews over past months and noted that where learning had been identified, it had been shared with the wider multidisciplinary team.

Progress was made to achieve the 10 safety actions identified in the Year 4 of the Maternity Incentive Scheme from NHS Resolution. Factual Accuracy Challenges would be made to several areas into the results of the NHSE/I regional Ockenden assurance framework review.

It was acknowledged that midwifery staffing remained a concern and was subject to daily monitoring with several interventions taken to remedy in the short and long term. Assurance was provided that a number of newly qualified midwives had recently joined the Trust and offered an improved picture. Concluding the discussion, MS advised that the current head of midwifery would retire at the end of the year and the post was currently out to advert.

It was **RESOLVED**

- **That the report be noted**

21/106 FINANCE AND PERFORMANCE

21/106.1 Exception Report from the Finance and Performance Committee Chair

JH summarised the report noting that there was an amount of £4.6 m to carry forward into H2 where some income increase was expected subject to finalisation. He noted the level of rigour applied in the H2 planning process that had been overseen by the Committee and that a balanced position was forecast for the year end. He concluded his report by emphasising that the final outturn would be dependent on several variables that could impact. He noted that the performance metrics remained primarily on trajectory and highlighted the challenges around urgent and emergency care at both local and national level.

The chair noted that some of the issues had been discussed at length in private meeting earlier.

It was **RESOLVED**

- **That the report be noted**

21/106.2 Integrated Performance Report

KK introduced the report highlighting the ongoing commitment to recovery and restoration of services and noted the challenges facing the Emergency Department similar to that experienced across the country. She summarised several areas of success including a significant reduction in the number of patients waiting 52 weeks. Focus remained to maintain improvement with the DM01 standard. The recent opening of the Rainbow Unit had a positive impact in preceding last 24 hours and described how the pathways provided by the Same Day Emergency Care (SDEC) and the short stay AMU were embedding with clinicians. Cancer services metrics were recovering and noted the positive impact of wider system support for recovery of the skin and urology 18 week pathways.

In response, to the chair seeking clarification about those areas where performance was strong, whether continued innovation would further improve the situation, KK confirmed that there was a combined effort by all teams across the local and neighbouring systems in support of improvements. AT commented that harnessing technology for improved performance and outcomes was a focus across the Integrated Care System with a number of workstreams underway to explore how artificial intelligence, data and analysis tools had the potential to manage future care needs.

KK summarised the report that would shortly be submitted to NHSIE in response to concerns over delayed ambulance handovers country wide. She explained that all trusts nationally were required to have an action plan in place. Assurance was provided that the Trust had a well-developed plan

with emphasis on zero tolerance and had introduced several measures including additional on site facilities, extra staffing and the re-introduction of the clinical hub to manage direct GP referrals. It was noted that patient flow remained a key focus and the Trust worked closely with local health and social care partners to reduce increase the number of daily discharges of patients who were medically fit.

The chair acknowledged the emphasis placed on patient flow and what approach the Trust would take should risk based protocols should be required. DW expressed her concern and reluctance to introduce any protocols that had the potential to compromise patient safety noting that in extremis they may be needed. Assurance was provided that weekly performance monitoring had been reintroduced and all executive leads remained focussed on supporting their respective teams to keep delay to a minimum.

It was **RESOLVED**

- **That the report be noted**

21/107 WORKFORCE

21/107.1 Workforce and Staff Engagement Committee Report

JA summarised the report given as enclosure 23 noting the meeting had included a recruitment and retention deep dive providing details on actions underway in response to major concerns about the significant vacancy rates. He gave examples of these including the development and launch of the Trust Health and Wellbeing Strategy in 2022. It was reported that positive assurances had been received in respect of the continuing improvement of mandatory training compliance, successful recruitment of healthcare support workers and healthcare assistant novices, positive impact of the bonus rates for bank shifts and the registered nursing staff scheduled to join the Trust in the New Year.

Organisational Development had shared details of a range of initiatives including a new approach to talent management to be rolled out in 2022. The Staff engagement model was also subject to refresh and would be relaunched in Feb 2022.

In response to JH request for clarification about bank bonus scheme, its impact on shift fill rates and the progress being made to develop a staff agency, JF described the scheme mechanism based on an individual completing a series of shifts that had resulted in 5.5 % improvement in fill rates. It was noted that the Trust had agreed to be an early adopter supporting a new system to develop and manage shift and agency facilities centrally.

It was **RESOLVED**
- **That the report be noted**

21/107.2 Workforce KPI Report

JF summarised the report and highlighted the latest Trust wide vacancy rate of 12% with the highest level of 17% in nursing. Mandatory training improvements were noted.

The chair asked for an update on EDI (equality, diversity, inclusion) representation at senior levels. JF advised that the EDI work would be brought together in a single strategy. The Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) reports had shown some improvements except across senior levels. The mentorship scheme encouraged staff at that level to come forward as observers of board and committees. The establishment of a talent pipeline

process would include individuals linked to two leadership programmes and would initially target BAME and LGBTQ+ staff via a talent spotting approach

GC highlighted the poor mandatory compliance in areas of safeguarding and his concern about the lack of significant improvement and asked that the trajectory be included in the report.

[DW left the meeting at 16.30 pm]

JF provided an update on the strategic workforce planning underway at system level and the contribution the Trust had made noting that a system approach offered opportunities to address many of the challenges outlined earlier.

It was **RESOLVED**
- **That the report be noted**

21/108 DIGITAL AND TECHNOLOGY

21/108.1 Digital Trust Technology Committee Report

CH summarised the report and drew attention to a number of key areas. She explained that concerns were raised in relation to the development of the ICS shared care record and in particular the issue of all system partners achieving alignment to achieve a consensus solution in a timely manner. It was noted that all parties were now sighted on the need for clinical, staff and public engagement on this work and that the ICS project team were aware of these risks and proactively managing them. Assurance was noted in relation the Brilliant Basics approach to IT and the consistent high standard of service provided by the IT department

AT reflected on the examples of collaborative working yielding efficient and workable solutions and cited the black country pathology service and more recently where the Trust IT services had successfully delivered an aligned solution to provide a single point of contact for IT support for all CCGs across the Black Country and West Birmingham. It was noted the individual member organisations had embraced a collaborative approach praising it as a great piece of work.

Action Chair of Digital Trust Technology Committee to write to the chair of ICS digital board regarding the route to the expedient delivery of the shared cared record and offer support **CH**

It was **RESOLVED**
- **That the report be noted**

21/109 Any Other Business

There was no other business.

21/110 Reflections on Meeting

All agreed that the technology had not sufficiently supported a blended meeting style (face to face with external parties joining virtually) and would need improvement. The long meeting agenda would be improved by including set comfort breaks.

There was overall consensus that future public meetings would be held virtually. lyly. until further notice, but that this position would be subject to periodic review.

The chair declared the meeting closed at 16.45 pm

Date of the Next Board of Directors Meeting: Thursday 13th January 2022 via MS Teams.

....

Yve Buckland
Chair   Date: 13th January 2022

The Dudley Group
NHS Foundation Trust

Action Sheet
Minutes of the Board of Directors (Public Session)
Held on 11 November 2021

Item No	Subject	Action	Responsible	Due Date	Comments
21/087	Public Questions	Letter to the CCG concerning obligation to sell the Corbett land (Ref public question from Dr Ruth Tapparo, PCN Clinical Director)	DW	October Board	LA producing response **Complete**
21/087	Public Questions	Letter of reply to public questions re Corbett Land Sale	TJ (Chris Walker)	October Board	LA producing response **Complete**
21/091.4	Maternity and Neonatal Safety and Quality Dashboard	Current position on actions that are beyond the deadline for completion to be circulated to the Board	MS (Dawn Lewis)	1.10.21	Included in Report **Complete**
21/105.1	Quality and Safety Committee Report	The role of the Trust as an anchor organisation and its place in addressing health inequalities to be covered in more detail at a future meeting	Director of Strategy & Transformation		

NHS
The Dudley Group
NHS Foundation Trust

Paper for submission to the Board of Directors on 13th January 2022

Title:	Public Chief Executive's Report
Author:	Diane Wake, Chief Executive
Presenter:	Diane Wake, Chief Executive

Action Required of Committee / Group			
Decision	**Approval**	**Discussion X**	**Other**
Recommendations: The Board are asked to note and comment on the contents of the report.			

Summary of Key Issues:
• Coronavirus • Winter vaccination • Greener NHS • Healthcare Heroes • Charity Update • Patient Feedback • Visits and Events

Impact on the Strategic Goals		
(indicate which of the Trust's strategic goals are impacted by this report)		
Deliver right care every time		✓
Be a brilliant place to work and thrive		✓
Drive sustainability (financial and environmental)		✓
Build innovative partnerships in Dudley and beyond		✓
Improve health and wellbeing		✓

Implications of the Paper: (complete all sections including the Corporate Risk Register and/or the Board Assurance Framework)				
Risk		N	Risk Description	
	On Risk Register:	N	Risk Score:	
Compliance and/or Lead Requirements	CQC	Y	Details: Safe, Effective, Caring, Responsive, Well Led	
	NHSE/I	N	Details:	
	Other	N	Details:	

Report Journey/ Destination *(if applicable)*	Working / Exec Group	N	Date:
	Committee	N	Date:
	Board of Directors	Y	Date: 13th December 2022
	Other	N	Date:

CHIEF EXECUTIVE'S REPORT – PUBLIC BOARD – 13th January 2022

Coronavirus

The current transmission rate as of the 7th January 2022 is 2000, per 100,000 of the population. This will in two to three weeks' time translate into increased hospital admissions. The expected surge for Black County and West Birmingham is likely to be from the 17th January 2022, for 3 to 4 weeks.

There are currently 74 Covid 19 inpatients, with 10 of these patients being cared for within Critical Care. Daily, we are seeing 20 to 25 new patients per day, but length of stay is not high and 50% of these patients are discharged within 24 hours.

Staffing is the biggest challenge affecting not just the hospital but social care, care homes and other sectors critical to maintaining NHS services. We currently have 12% of our staff off due to either Covid 19 or other illnesses, this equates to over 600 staff. This is very challenging. We have established a redeployment hub, and this is active in allocating staff to areas under significant pressure to provide some additional support.

Care homes are significantly affected in Dudley with 38 closed due to Covid 19. The national guidance currently states that if care homes have two patients that are positive for C19 or two members of staff, the home is then closed for 14 days (prior to 5th January it was 28 days). This is impacting on delayed discharges and as of writing this we had 118 patients residing in hospital who do not meet the right to reside criteria. We are working with partners to find solutions to this issue. This is comprising patient flow and at times impacting on ambulance handover times and 12-hour DTA breaches.

Elective work so far has continued in line with the elective and Winter plan, and we will strive to continue this for as long as it is safe and viable.

Winter vaccination

The Department of Health and Social Care (DHSC) formally announced (9 November 2021) that individuals undertaking CQC regulated activities in England must be fully vaccinated against COVID no later than 1 April 2022 to protect patients, regardless of their employer, including secondary and primary care, private providers, etc. The government regulations are expected to come into effect from 1 April 2022, subject to the legal process which would see the Health and Social Care Act 2008 (Regulated Activities) (Amendment) (Coronavirus) Regulations 2021 be amended.

The legislation was voted through parliament on the 14th of December 2021, the COVID vaccination will be a condition of deployment (VCOD) from the 1st of April 2022 and apply to all workers employed, or otherwise deployed, in the provision of a CQC regulated activity. Therefore, the regulations apply to health and social care workers who are deployed in respect of a CQC regulated activity, who have direct, face-to-face contact with service users.

This include individuals working in non-clinical ancillary roles who enter areas which are utilised for the provision of a CQC-regulated activity as part of their role and who may have social contact with patients, but not directly involved in patient care (e.g. receptionists, ward clerks, porters, and cleaners), regardless of contracted hours or working arrangements. All honorary, voluntary, locum, bank and agency workers, independent contractors, students/trainees over 18, and any other temporary workers are also in scope. The scope is also applicable to bank workers, agency workers, volunteers, third-party providers, and students.

The Black Country and West Birmingham are working together to develop a common approach in delivering this requirement, this includes a system wide redeployment policy and process, a system clearing house. Guidance has been received from NHSI/E to support the planning and preparation for implementing the legislation. Following completion of parliamentary passage, the second part of the guidance will be issued (Expected mid-January), focusing on the implementation of the new regulations inclusive of a redeployment framework and advice regarding formal steps for staff who remain unvaccinated on 1 April 2022.

At Dudley Group we have actively supported the uptake of vaccination via communication and engagement and supported line managers to have sensitive 1:1 conversations approached holistically, with empathy and respect, evidence has demonstrated this is the best way to convert vaccine hesitancy to vaccine uptake, reviewed and assessed which roles are likely to fall within the scope of the new regulation and are working to understand and document 'in scope' staff vaccination and exemption status, including ensuring systems are in place to keep this under review.

Greener NHS

In October 2020, the NHS became the world's first health service to commit to reaching carbon net zero, in response to the profound and growing threat to health posed by climate change. The "Delivering a Net Zero Health Service" report sets out a clear ambition and two evidence-based targets.

Just over one year on from setting out these targets, the NHS has reduced its emissions equivalent to powering 1.1 million homes annually.

At the national level, the NHS will monitor and report on its emissions reductions in line with the timeline, methods and approach laid out by the UK Committee on Climate Change.

To coincide with the United Nationals COP26 conference in November 2021, The Greener NHS team launched a staff campaign, Healthier Planet, Healthier People. This aims to engage staff with the process, which will improve the delivery of care for patients today, as well as improving health now and for generations to come.

In our Trust we have a Green Plan Working Group including our PFI partners who will oversee delivery of our Green Plan. There is also a greenteam made up of any interested members of staff who meet monthly to share ideas and promote sustainability among their co-workers.

Most recently, the Trust has switched to recycled paper for use across all its printers and copier.

As well as saving the equivalent of 41,456 6ft Christmas trees, the switch will also save

• around one Olympic size swimming pool of water,

• the energy consumption of 76 average family-sized homes; and

- 400 car journeys worth of CO2 between London and Glasgow.

Staff have also been surveyed regarding travel/transport use. 70% of respondents were single occupant car users. This survey, although small, can help inform strategy regarding promotion of safe cycling and walking routes, and public transport, which are currently not considered viable alternatives by respondents.

Healthcare Heroes

August 2021

Individual Award

August's individual award to **Adele Cox** who is a community midwife. Adele has been nominated by her colleagues for the outstanding care she provides to the women of Dudley. Not only that, but she is a well-respected member of the team, and her peers would like to thank her for the caring support she gives them, especially throughout the pandemic.

Team Award

The team award went to all the staff on **B2 Hip Suite**. They were nominated by a relative of a grandfather the ward cared for after he had a fall. They said that the nursing and medical care the patient received was second to none. The family wanted to thank the staff for how they communicated with them following their grandfather's operation.

September 2021

Individual Award

The Healthcare Heroes individual award went to **Helen Spindler** who is registrar in our emergency department. Helen is an inspiration in her department and is known as being a good teacher and good communicator when it comes to working with her peers. She has been nominated by her colleagues for continuing to make them feel supported while working under extreme pressures in our busy emergency department.

Team Award

September's team award went to **Tracey Price and Lesley Smith** who are both senior members of staff in our MHDU department.

These two ladies were nominated by their colleagues for the continuous and selfless support they give to their staff. In particularly, the way they supported a member of staff getting back to work after being off.

Volunteer Award

Alan Beetison won our Healthcare Heroes volunteer award. Alan has been volunteering at the hospital for five years and during that time has served many drinks to patients during mealtimes.

After joining the volunteer team, Alan quickly became a volunteer mentor as he demonstrated a desire to train and support new and incoming volunteers.

October 2021

Individual Award

Neil Heathcock is a team leader in our patient management centre. Neil has been nominated by a colleague for being a great team leader.

He is kind, patient and extremely helpful and goes above and beyond to accommodate his team when difficulties arise. Since taking on the role of team leader, Neil has grown into the role naturally and has made a real impression.

Team Award
The **infant feeding support** team was nominated by a mother who received exceptional support from the team while struggling to breastfeed after the birth of her fifth child.

They stayed in contact regularly and made numerous home visits to ensure the mother felt supported out of the hospital setting.

November 2021

Team Award
The **Breast Imaging team** were nominated by their manager for their hard work in restoring the breast screening service to ensure all patients, that had their appointment halted during the pandemic, are invited in for a screening.

They are also working additional rapid access clinics to support all breast symptomatic patients and improve the two weeks wait.

Charity Update

'Joy to the Ward' NHS Charities Together Sun Appeal

The Dudley Group NHS Charity was chosen from hundreds of other NHS Charities as part of the Joy to the Ward NHS Charities Together Sun Appeal that looks at how NHS charities are supporting children and their families over Christmas by featuring several hospitals across the country.

The Polar Express came to the children's ward on Monday 20th December 2021. Staff encouraged children and young people to 'believe' in themselves and recognise their own traits that will carry them positively through life. The children's ward and children's outpatient areas were decorated as Winter Wonderland and themed around the Polar Express movie. The play team delivered Christmas activities and every child was given a donated gift from our recent. Santa Claus and the elves visited the children and young people, and they were issued with their ticket to ride the Polar Express and meet Santa.

The purpose of this project was to give children a positive experience of the hospital environment, easing any anxieties and creating positive memories. Children and young people should be empowered at the earliest age to manage their own health. By providing experiences such as these our children's services are providing opportunities to create positive memories of healthcare from early years. At the time of year when no-one wants to be in hospital, the children's team are determined to support children and their families with festive cheer.

The story has been featured in The Sun today alongside the wonderful video: Magical moment sick kids' ward transformed into Polar Express thanks to YOU (thesun.co.uk)

The Dudley NHS Charity will receive a percentage of the funds that are being raised from the NHS Charities Together Appeal, so we would appreciate your support by donating - Support (givesafely.org)

Gifts Plea For Children and Young Patients

The charity worked with Staff on the children's ward to issue a plea: to help them give presents out at Christmas. We appealed for people to donate presents which in turn could be handed out to children in hospital over Christmas.

We had an amazing response from organisations such as West Midlands Ambulance Service and the Co-op in Stourbridge and individuals from the community. The received chocolates, toys, games, and vouchers which were handed out by Father Christmas during the Christmas season**.**

Patient Feedback

A4 - Very Good, I have been to ward A4 a number of times. I can honestly say each of my visits has been excellent. Staff give the best of care. Thank You

A&E - Everyone was v kind but also v professional and efficient. i feel i could not have had better treatment anywhere. thank u. not sure what could have made my experience any better at a time when i felt quite fearful.

AMU - I was seen and my condition assessed very quickly and follow up tests and staff support was excellent throughout.

B1 - excellent medical care, staff are fantastic and couldn't do enough to make sure that your stay was comfortable as it could possibly be. The agency staff must have been especially chosen because they were first class

B4 - I found all the staff helpful, patient, and humorous! Both doctors and nurses are clearly under a lot of pressure - and all always were professional. My ward, B4, was clean, meals good and happy place to be.

C1 - the politeness and care from all of the staff could not be faulted, especially under the COVID 19 that we are experiencing. They are all marvellous, nothing was too much trouble.

CAU - all staff were so kind and caring and really keen to set my mind at rest about my condition. Really took the time to explain things. Nothing was too much trouble

Gastroenterology - Staff were amazing i was terrified and in panic and they did everything to put me at ease. Very caring

Frailty Assessment Area - Lovely and friendly staff and a very efficient service. Nothing that I needed was too much for them and always willing to help with a smile.

Leg Ulcer Clinic - From start to finish care given was excellent and your staff doctors and nurses all friendly and approachable

Obstetrics - All the staff from beginning to end who looked after me were fantastic and made me feel safe. I couldn't be more thankful to them.

Podiatry (Nail Surgery) - I felt that my daughter was really well cared for -the staff explained everything to her and really put us at ease-we felt Covid safe. Superb.

TB Nursing - They were very professional and covered all areas, so I understood the complete picture.

Rheumatology - The dedication and expertise of your staff is remarkable, and one cannot help but feel a strong sense of gratitude.

Visits and Events

12th November 2021	**Team Brief**
29th November 2021	**Christmas Live Prize Draw**
3rd December 2021	**Board Development Session with Andy Mullins**
6th December 2021	**Diagnostic Workforce Workshop**
6th December 2021	**Christmas Live Prize Draw**
14th December 2021	**Christmas Live Prize Draw**
15th December 2021	**Live Chat**
15th December 2021	**Staff Christmas Chocolate Handout**
16th December 2021	**Private Board of Directors**
17th December 2021	**Long service awards**
17th December 2021	**Team Brief and Christmas Live Prize Draw**
20th December 2021	**Full Council of Governors Quarterly Meeting**
21st December 2021	**Healthcare Heroes**
22nd December 2021	**Christmas Live Prize Draw**
22nd December 2021	**Healthcare Heroes**
24th December 2021	**Live Chat**
5th January 2022	**Live Chat**
5th January 2022	**Board to Board meeting- Dudley Group/ Summit/ Mitie**
12th January 2022	**Primary Care Engagement Event**

Paper for submission to the Board of Directors on 13ᵗʰ January 2022

Title:	Public Questions
Author:	Helen Board, Deputy Trust Secretary
Presenter:	Yve Buckland, Trust Chair

Action Required of Committee / Group			
Decision	**Approval**	**Discussion**	**Other** Y
The Board is asked to note the questions raised by the Council of Governors and the public where indicated.			

Summary of Key Issues:

Public Questions

The Trust Board will continue to invite governors and members of the public to attend 'virtually' to support social distancing. The agenda and meeting papers were circulated to the members of the Council of Governors. Additionally, a link to the Trust website and information providing the location of the agenda and papers has been provided to our five local MPs and foundation trust members.

We have provided a facility for governors and members of the public to submit any questions they may have to the Board for consideration. Questions should be kept brief and to the point and sent to the following email link dgft.foundationmembers@nhs.net

Question/s received:

Mike Heaton, Public Elected Governor: Brierley Hill
Qu. Due to the enormous house building in our area and due to Dudley Council granting building permission for 1500 houses in the Kingswinford area alone, this extra equates to approx. 5000 head of people in this area alone. What are the Board's plans, if any, for the extension of buildings and medical services at the Dudley Group?

An. The recent opening of the new Rainbow unit has provided additional capacity within the footprint of the Russells Hall Hospital and a key component of improving the flow of patients throughout the hospital. The Trust is proactively supporting the establishment of the local Integrated Care System and the development of acute collaboration programmes to underpin the effective use of resources.

In line with the NHS long term plan, the Trust will continue to support the delivery of the appropriate care in the appropriate setting, reducing health equalities and improving access to diagnostic and community services. The Trust has successfully bid for funds to establish a Community Diagnostic Centre to increase access to diagnostic tests. Initially the additional capacity will be based at the Corbett Outpatient Centre with plans to provide at additional locations in the near future. Increased capacity is planned with funding recently approved to develop additional endoscopy facilities and

two further minor procedure rooms at Russells Hall Hospital which will increase our capacity to treat patients in the future.

Impact on the Strategic Goals
(indicate which of the Trust's strategic goals are impacted by this report)

Deliver right care every time	Y
Be a brilliant place to work and thrive	
Drive sustainability (financial and environmental)	Y
Build innovative partnerships in Dudley and beyond	Y
Improve health and wellbeing	Y

Implications of the Paper:

Risk		N	Risk Description:	
	On Risk Register:	N	Risk Score:	
Compliance and/or Lead Requirements	CQC	Y	Details: Well led	
	NHSE/I	N	Details:	
	Other	N	Details:	

Report Journey/ Destination *(if applicable)*	Working / Exec Group	N	Date:
	Committee	N	Date:
	Board of Directors	Y	Date: 13/01/2022
	Other	N	Date:

Paper for submission to the Board of Directors on 13 January 2022

Title:	**Exception Report from Audit Committee Chair**
Author:	Alison Fisher, Executive Assistant
Presenter:	Gary Crowe, Audit Committee Chair

Action Required of Committee / Group			
Decision N	**Approval** N	**Discussion** N	**Other** Y
Recommendations: The Board is asked to note the issues discussed at the Audit Committee on 13 December 2021.			

Summary of Key Issues:
Good assurance received in matters discussed.

Impact on the Strategic Goals *(indicate which of the Trust's strategic goals are impacted by this report)*	
Deliver right care every time	Y
Be a brilliant place to work and thrive	Y
Drive sustainability (financial and environmental)	Y
Build innovative partnerships in Dudley and beyond	
Improve health and wellbeing	Y

Implications of the Paper:				
(complete all sections including the Corporate Risk Register and/or the Board Assurance Framework)				
Risk		N	Risk Description:	
	On Risk Register: N		Risk Score:	
Compliance and/or Lead Requirements	CQC	Y	Details: Well Led	
	NHSE/I	Y	Details: Achievement of financial and performance targets	
	Other	Y	Details: Value for money	

Report Journey/ Destination *(if applicable)*	Working / Exec Group	N	Date:
	Committee	N	Date:13/12/21
	Board of Directors	Y	Date: 13/01/22
	Other	N	Date:

NHS
The Dudley Group
NHS Foundation Trust

EXCEPTION REPORT FROM AUDIT COMMITTEE CHAIR

Meeting held on: 13 December 2021

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• BAF development currently behind plan. Timeline and strategic risks summary to be presented to Board in January and February 2022 respectively, with an update on development to be circulated to Audit Committee members in February • Continued extension of temporary staffing contracts for vaccination programme to be considered in detail at Board due to value of contracts and potential fraud risk	• Annual accounts timetable being drawn up with External Audit and Trust Finance Department • Extra-ordinary Audit Committee and Board of Directors to be arranged for June 2022 to consider and approve annual accounts 2021/22

POSITIVE ASSURANCES TO PROVIDE	DECISIONS MADE
• Good progress being made on consultant job planning with 85% of job plans being reviewed by consistency panel. All reviews should be completed by March 2022 • Internal Audit 2021/22 Plan on track to be delivered • Good progress on close down of Internal Audit recommendations • Local Counter Fraud 2021/22 workplan on track to be delivered • Annual Accounts timetable being • Bad debt write off higher in quarter due to unpaid oversea visitor invoice where patient is sadly deceased	• Approval to extend four overdue internal audit recommendations • Approved Information Governance Strategy

Chair's comments on the effectiveness of the meeting: Good assurance received on matters discussed and business cycle in place to manage future agendas

NHS
The Dudley Group
NHS Foundation Trust

Paper for submission to the Board of Directors on 13 January 2022

Title:	Charitable Funds Committee Summary Report
Author:	Julian Atkins, Charitable Funds Committee Chair
Presenter:	Julian Atkins, Charitable Funds Committee Chair

Action Required of Committee / Group			
Decision N	**Approval** N	**Discussion** N	**Other** Y

Recommendations:

The Board is asked to note the contents of the report.

Summary of Key Issues:

Summary of key issues discussed and approved by the Charitable Funds Committee on 13 December 2021.

Impact on the Strategic Goals
(indicate which of the Trust's strategic goals are impacted by this report)

♥ **Deliver right care every time**	Y
★ **Be a brilliant place to work and thrive**	Y
⚙ **Drive sustainability (financial and environmental)**	
🤝 **Build innovative partnerships in Dudley and beyond**	
☺ **Improve health and wellbeing**	Y

Implications of the Paper:
(complete all sections including the Corporate Risk Register and/or the Board Assurance Framework)

Risk		N	Risk Description: *Inc risk ref number*	
	On Risk Register:	N	Risk Score:	
Compliance and/or Lead Requirements	CQC	N	Details:	
	NHSE/I	N	Details:	
	Other	Y	Details: Charity Commission	

Report Journey/ Destination *(if applicable)*	Working / Exec Group	N	Date:
	Committee	N	Date:
	Board of Directors	N	Date:
	Other	N	Date:

The Dudley Group
NHS Foundation Trust

UPWARD REPORT FROM CHARITABLE FUNDS COMMITTEE

Date Committee met: 13 December 2021

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE

- There were no matters of concern or key risks to escalate.

MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY

- Mr Walker explained that plans are being drawn up to develop a new staff only restaurant and rest area. This will be funded in part by charitable funds. Further details will be provided at the next meeting.
- Ms Kotecha explained that HSBC have chosen the Charity for a twelve month partnership. Six local HSBC branches will each have a fundraising target.
- Ms Kotecha informed the Committee that she had submitted a grant bid of £97k to NHS Charities Together to set up a youth volunteering programme.
- Ms Kotecha reported that she had worked with the maternity unit to develop a twelve month fundraising plan.

POSITIVE ASSURANCES TO PROVIDE

- Mr Walker informed the Committee that since 1st April 2021 the Charity had received income of 389k. Expenditure for the same period was £270k. Total fund balances stood at just under £2.6m.

DECISIONS MADE

- The Committee approved an upgrade to the Maternity staff rest room - £18,994. As far as possible, a 'standard' room style will be developed and used. This will then provide a template for the development of other staff rest rooms at the Trust.

Chair's comments on the effectiveness of the meeting: The meeting was well attended and effective.

NHS

The Dudley Group
NHS Foundation Trust

Paper for Submission to the Board of Directors

on 19th January 2022

Title:	Quality and Safety Committee 20th December 2021
Author:	Sharon Phillips – Deputy Director of Governance
Presenter:	Liz Hughes – Non Executive Director

Action Required of Committee / Group						
Decision	N	**Approval**	Y	**Discussion**	Y	**Other** N

Recommendations:

The Board to note the assurances provided by the Committee, the matters for escalation and the decisions made by the Committee.

Summary of Key Issues:

The key issues are identified in the attached report.

Impact on the Strategic Goals
(indicate which of the Trust's strategic goals are impacted by this report)

Deliver right care every time	**YES**
Be a brilliant place to work and thrive	**YES**
Drive sustainability (financial and environmental)	
Build innovative partnerships in Dudley and beyond	**YES**
Improve health and wellbeing	**YES**

Implications of the Paper:
(complete all sections including the Corporate Risk Register and/or the Board Assurance Framework)

Risk		Y	Risk Description: *Inc risk ref number*
	On Risk Register: Y		Risk Score: Numerous across the BAF, CRR and divisional risk registers
Compliance and/or Lead Requirements	CQC	Y	Details: All Domains
	NHSE/I	Y	Details: Governance Framework
	Other	N	Details:
Report Journey/ Destination *(if applicable)*	Working / Exec Group	N	Date:
	Committee	Y	Date: 20/12/21 Quality and Safety Committee
	Board of Directors	N	Date: 13/01/22
	Other	N	Date:

CHAIRS LOG

UPWARD REPORT FROM QUALITY AND SAFETY COMMITTEE – 20ᵗʰ December 2021

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• Challenges with the discharge of patients following a stroke into community rehabilitation facilities and access to the stroke unit in 4 hours (assurance was received that although not on the stroke unit the appropriate care was still provided). Assurance was provided of the actions being taken to improve compliance. • Two serious incidents reported to HSIB for maternity • Challenges in regarding attendance at the Medicine Management Group to ensure quoracy to make decisions.	

POSITIVE ASSURANCES TO PROVIDE	DECISIONS MADE
• Positive assurance received of the achievement of TIA patients seen within 24 hours – 100% compliance • Significant assurance received of actions identified/taken and trajectories of compliance in the divisions to review procedural documents in agreed time scales • Positive assurance received of the significant work completed for Ockenden and the progress to date. To note the Quality assurance of implementation going forward would be monitored by individual site-based visits or virtual visits, using an appreciative enquiry approach by the LMNS/CCGs. • Positive assurance in relation to cancer services. Although as of November 2021 not achieving mandated targets (direct result of Covid) the Trust in on trajectory to achieve the performance targets March 2022. In addition, the service has not cancelled or reduced any services • Substantial positive assurance outlined in the Health Safety Executive report following their compliance visit to the Trust • Positive assurance received of the radiology department during an Executive walk round in relation to moral, teamwork and leadership.	

NHS
The Dudley Group
NHS Foundation Trust

Paper for submission to the Board of Directors on
Thursday 13th January 2022

Title:	Chief Nurse Report
Author:	Helen Bromage - Deputy Chief Nurse
Presenter:	Mary Sexton - Chief Nurse

Action Required of Committee / Group

Decision	Approval	Discussion	Other
N	N	Y	N

Recommendations:

For the Board to note and discuss the excellent work of the Chief Nurses' Office with a particular focus on the vaccination programme work currently underway.

Summary of Key Issues:

Excellent work surrounding the national vaccination programme and the progress made with the introduction of an additional site at Saltwells.

Focused work continues with the Deprivation of Liberty standards and the mental health act compliance.

Reduction in falls is evident in this month's data and we continue to be below the national average.

Workforce challenges remain with mitigations and incentives in place to support. The international recruitment programme is developing, and fruition is starting to be seen. Over 60 internationally recruited nurses are in post. A more favourable position is reported within the safer staffing data as on average we have 88% of our registered nurse requirements covered in the day and 86% at night.

The Trust has become an early adopter of the London Critical Care Passport. The programme has been created and trialled in the Capital following on from the extensive workforce challenges face at the start of the pandemic and the response required supporting enhanced care requirements.

Impact on the Strategic Goals
(indicate which of the Trust's strategic goals are impacted by this report)

Deliver right care every time	✓	
Be a brilliant place to work and thrive	✓	
Drive sustainability (financial and environmental)	✓	
Build innovative partnerships in Dudley and beyond	✓	
Improve health and wellbeing	✓	

Implications of the Paper: *(complete all sections including the Corporate Risk Register and/or the Board Assurance Framework)*				
Risk		Y/N	Risk Description: *Inc risk ref number*	
	On Risk Register: Y/N		Risk Score:	
Compliance and/or Lead Requirements	CQC		Y/N	Details:
	NHSE/I		Y/N	Details:
	Other		Y/N	Details:

Report Journey/ Destination *(if applicable)*	Working / Exec Group	Y/N	Date:
	Committee	Y/N	Date:
	Board of Directors	Y/N	Date: 13 January 2022
	Other	Y/N	Date:

Chief Nurse Public Trust Board Report
Thursday 13th January 2022
Mary Sexton – Chief Nurse

NHS
The Dudley Group
NHS Foundation Trust

CARE RESPECT RESPONSIBILITY

Care
Deliver safe and caring services

NHS
The Dudley Group
NHS Foundation Trust

Vaccination Hub Update November to December 2021

The Vaccine Hub at RHH remains open for our staff to facilitate the need for all NHS staff to be COVID vaccinated by April 2022. At the time of this report the Hub has administered 5588 vaccines to our substantive staff (this does not include Mitie or volunteers) . Whilst we vaccinate this group of staff they are not reflected in the report produced by IT as it relies on ESR to populate the data. We have achieved 64% against the Flu target and 70.16% against the COVID vaccination target to date. The vaccination teams continue to provide a roaming service outside of the vaccine hub to capture those teams that find it difficult to access the onsite hub. This includes our satellite sites such as Brierley Hill, Corbett and the Guest.

On the 29th January 2021, the Trust opened a Vaccine Hub at Saltwells Bowling Green Road to support the wider vaccination programme within Dudley. There are 10 vaccine pods available split into adults and 12–15 year old children. Local people can either book an appointment through the various sites or can just pop in. We administered 538 vaccines during the first four days of opening, at this point there is an equal split between children and adults.

The Black Country and West Birmingham Sustainability and Transformation Partnership (STP) have agreed to support the second offer of the COVID vaccine to 12-15 year old children within schools. The first offer was led by Dudley Group Foundation Trust of which the team received the Health Care Hero's award by the Chief Executive in December 2021. Due to workforce challenges and the release of key leaders within our paediatric service, it has been agreed at a system level that the second offer in the schools of Dudley will be delivered by Sandwell & West Birmingham NHS Trust.

CARE   RESPECT   RESPONSIBILITY

Care
Deliver safe and caring services

The Dudley Group
NHS Foundation Trust

Deprivation of Liberty Safeguards (DoLS)

DoLS applications remain low. A recent review by the Interim Lead for the Liberty Protection Safeguards (LPS) has highlighted further work to be undertaken which is in progress at the Trust to ensure all clinical teams appropriate applications for DoLS.

This will be addressed during the training that will be provided in preparation for the implementation of LPS in 2022. A steering group has been established and meetings planned to ensure staff are aware of the new system and what actions are required to be taken.

Date for the national launch of LPS has been delayed from 1st April 2022 as the document has not yet been subject to full consultation.

Mental Health Act

5 patients have been sectioned in quarter 3 2021/22. All cases were reviewed by the Mental Health Team and appropriately managed.

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	No DoLS applications
Q1	27
Q2	23
Q3	20

Care
Deliver safe and caring services

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Safeguarding

A Safeguarding roadshow was held across the Trust to raise awareness and ask staff to respond to reducing violence against women and girls. There was an excellent response, with staff demonstrating commitment to supporting victims of violence and what action they will take to ensure and protect their safety.

There have been 2 meetings of the newly formed Trust Liberty Protection Safeguards (LPS) Steering Group. Mapping of current Deprivation of Liberty (DoLS) process has been completed and divisional leads have been asked to complete a preparedness document. Planning for and being prepared for the implementation of LPS is essential to ensuring the Trust is compliant with statutory and legal responsibilities around restrictive interventions.

Kate Linforth, the Trust new Mental Health and Complex Vulnerabilities Lead has commenced in post. Kate will lead the newly formed Complex Vulnerabilities Team. The Team consists of learning disabilities, Mental Health and Mental Capacity services. The team will work closely with the safeguarding team to ensure the needs of patients with complex vulnerabilities are recognised and that staff feel supported in meeting their needs and protecting them from harm.

The Lead Nurse for Learning Disabilities, Jacquie Passmore, received Health Care Hero award due to work with the vaccination team and ensuring the service was responsive and adaptable to children with learning disabilities

St Giles Youth Workers are now working within the Trust ED department to support children and young people who are involved in or are at risk of exploitation and gang related crime. The safeguarding team are working with Black Country partners and West Midlands Violence Reduction Unit to secure more long-term funding for this work

	No Referrals
Adult	66
Child & Young Person	149
Section 42	1

CARE   RESPECT   RESPONSIBILITY

Care
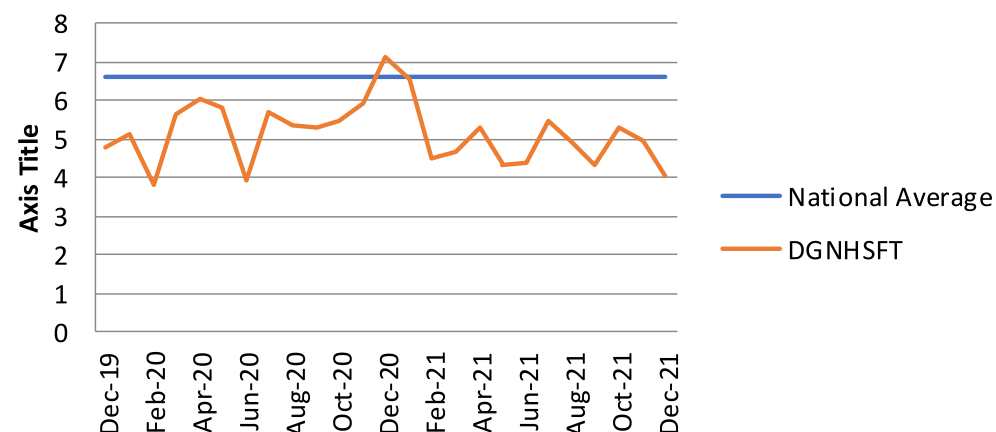# Deliver safe and caring services

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NHS Foundation Trust

The previous overall increase in falls we have seen has started to reduce over the past couple of months, however we have seen an increase in falls with harm, with 1 serious incident in November and December 2021.
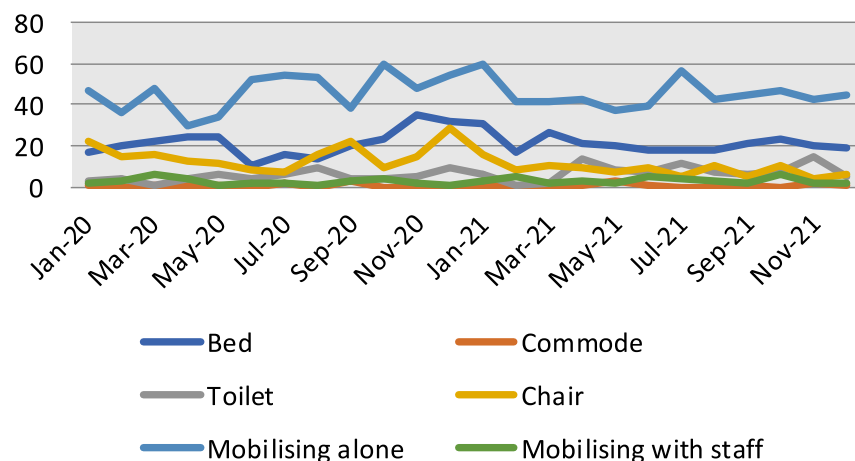
Collaborative working is ongoing with the digital team to create additional recording functionality for lying and standing Blood Pressures. Digital post-falls review made live in November 2021.

Prevention strategies continue to be an area of focus across the Trust with ED having focused support regarding falls assessments.
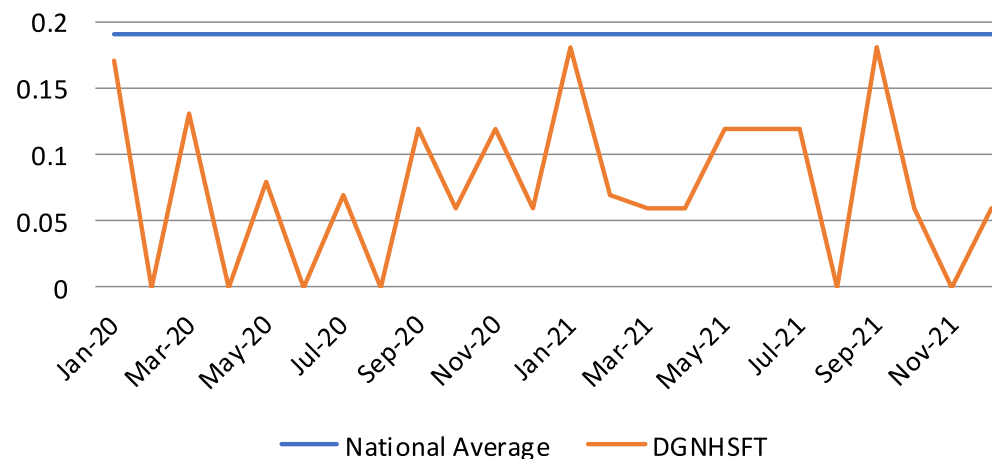
Falls per 1000 bed days

Y-axis: Axis Title (0–8)
X-axis: Dec-19, Feb-20, Apr-20, Jun-20, Aug-20, Oct-20, Dec-20, Feb-21, Apr-21, Jun-21, Aug-21, Oct-21, Dec-21

Legend: National Average, DGNHSFT

Falls categories

Y-axis: 0–80
X-axis: Jan-20, Mar-20, May-20, Jul-20, Sep-20, Nov-20, Jan-21, Mar-21, May-21, Jul-21, Sep-21, Nov-21

Legend: Bed, Commode, Toilet, Chair, Mobilising alone, Mobilising with staff

Falls with harm (per 1000 bed days)

Y-axis: 0–0.2
X-axis: Jan-20, Mar-20, May-20, Jul-20, Sep-20, Nov-20, Jan-21, Mar-21, May-21, Jul-21, Sep-21, Nov-21

Legend: National Average, DGNHSFT

CARE   RESPECT   RESPONSIBILITY

Compassion
Deliver a great patient experience

NHS
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NHS Foundation Trust

Patient experience

During November the Trust received 104 complaints. This is the highest number in 2021. December saw a reduction in complaints with 66 received.

All complainants are given a 30-working day timeframe. Of the 80 closed complaints in December, 26 (32.5%) were closed within 30 working days. The remaining responses were sent within the extension time agreed with the complainant. The divisions continue to action outstanding complaints.

Friends and Family Test

A total of **3337** responses across all areas have been received during December 2021, a decrease since November 2021 (3782).

In December, overall, 83% of respondents have rated their experience of Trust services as 'very good/good'. A total of 6% of patients rated their experience of Trust services as 'very poor/poor'. A&E received the number of patients who rated their overall experience as very poor/poor (15%) and Inpatients received the highest very good/good scores.

Compliments

The number of compliments received has increased in December 2021. The Trust received 562 compliments in December 2021 compared to 463 compliments in November 2021. Neonatal Unit received the highest number of compliments (54) in December 2021. These are shared with the matron/lead nurses and promoted via our 'What Matters to You 'campaign.

NHS Choices

6 comments were posted on NHS Choices/Patient Opinion during December 2021 compared to 5 in November 2021. All comments received were positive. Patients/relatives stated that staff were kind, caring and put them at ease and were positive about the care and treatment received.

CARE RESPECT RESPONSIBILITY

Competence
Drive service improvement, innovation and transformation

In November 2021 we were delighted to receive news that we had an article which had been accepted for publication in the British Journal of Midwifery about the collaborative working between the tongue tie service in the maternity unit and the University of Wolverhampton.

Kay Penn and Lisa Wiliams (Specialist midwives for infant feeding, lactation consultants, tongue tie practitioners), Hilary Lumsden and two other lecturers at the University have written this article showing the fantastic work that Lisa and Katy do in their tongue tie clinic. Hilary has been part of this in her role as Senior Lecturer at the University and is also one of the Trusts Governors.

Birch, A., Bowen, N., Lumsden, H., Penn, K., Williams, L. (2021) Ankyloglossia management: a collaborative approach to educating healthcare professionals. **British Journal of Midwifery.** Vol 29,
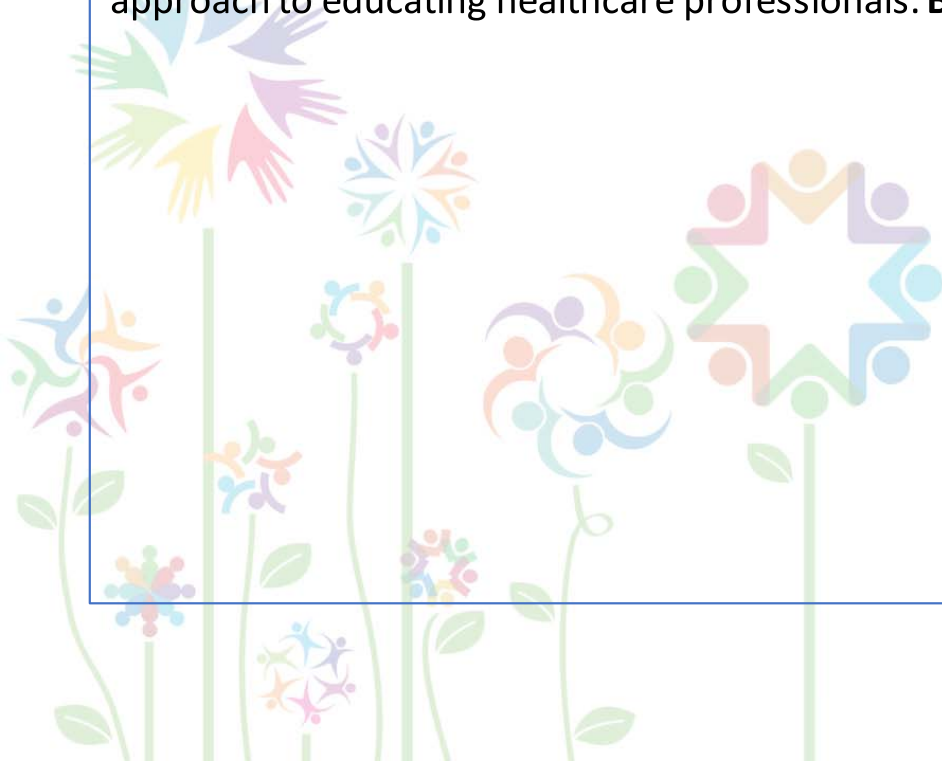
Commitment
## Be the place that people choose to work

NHS
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NHS Foundation Trust

We continue to face challenges with the registered nurse workforce vacancies. The current vacancy rates have a direct impact on the use of temporary staffing across the trust.

There continues to be a significant amount of unfilled shifts. This deficit is routinely being reviewed by the senior nursing leadership for the area and mitigations enacted upon where possible to maintain patient safety and staff support.

November 2021 saw the publication of the NHS Key Actions Document Winter 2021 preparedness: Nursing and midwifery safter staffing document. This document provides guidance and suggestions made within the document are already in place at Dudley. We continue to undertake regular live and dynamic risk assessments to maintain the safety of the clinical areas.
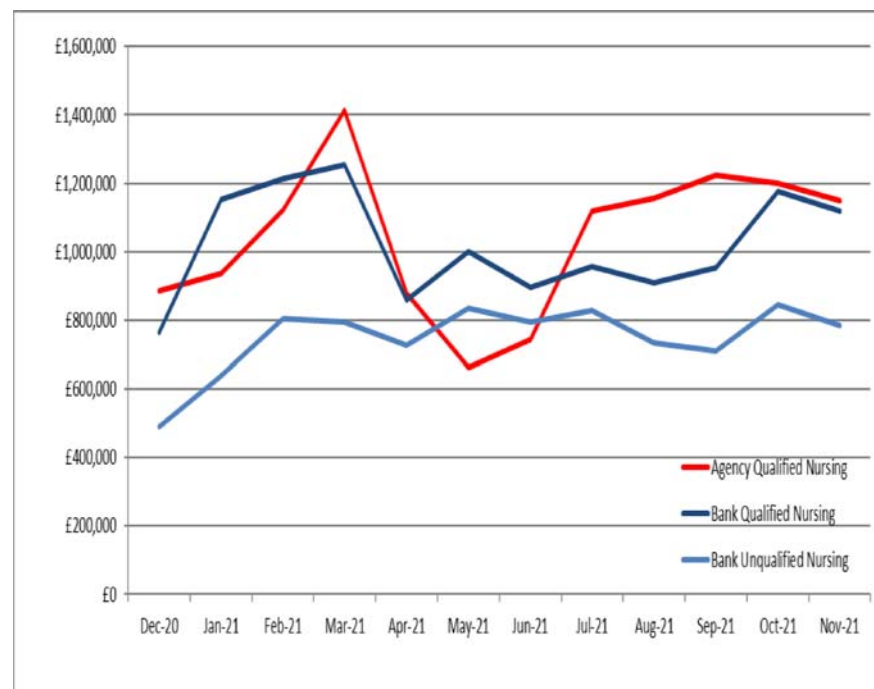
Area	Vacancy %	Agency Qualified Nursing	Bank Qualified Nursing	Bank Unqualified Nursing	Grand Total
I.T.U.	14%	£328,375	£46,658	£26,136	£401,168
Emergency Department Nursing	16%	£189,910	£56,886	£33,476	£280,273
Acute Med Unit (EAU)	27%	£55,982	£58,947	£41,253	£156,181
Ward B3	33%	£78,120	£27,251	£21,831	£127,201
Ward C7	18%	£40,592	£21,186	£36,207	£97,985
Ward B5	9%	£23,639	£29,287	£24,477	£77,403
Ward C8	12%	£19,316	£36,818	£20,810	£76,944
Ward C6	27%	£14,999	£25,438	£20,213	£60,650
Ward CCU	21%	£36,155	£18,753	£5,669	£60,576
Ward C5 Area A	9%	£28,736	£15,243	£7,324	£51,302

RESPECT
RESPONSIBILITY

Commitment
Be the place that people choose to work

Throughout November 2021 we have reported a more favourable position with regards to our safer staffing return. On average we have had 88% of our registered nurse/midwife requirements covered during the day with 86% overnight.

It is recognised that dynamic risk assessments are undertaken by the ward leadership team and mitigations are put in place however some of those mitigations are not clearly evident in the data sets.

Safer Staffing Summary   **Nov**   Days in Month   30

Ward	Day RN Plan	Day RN Actual	Day CSW Plan	Day CSW Actual	Night RN Plan	Night RN Actual	Night CSW Plan	Night CSW Actual	Qual Day	UnQual Day	Qual N	UnQual N	Sum 24:00 Occ	Average Occupancy	Registered	Care staff	Total
B1	139	116	99	70	90	82	91	66	84%	71%	91%	73%	537	69%	4.21	2.91	7.12
B2(H)	121	99	215	148	90	90	189	169	82%	69%	100%	89%	706	78%	3.21	5.29	8.49
B2(T)	116	105	140	121	90	77	111	97	90%	86%	85%	87%	688	96%	3.16	3.80	6.97
B3	285	202	180	136	213	181	151	133	71%	75%	85%	88%	973	77%	4.62	3.32	7.94
B4	255	221	244	219	145	147	188	168	87%	90%	101%	89%	1,360	94%	3.16	3.41	6.58
B5	238	176	200	156	228	188	149	101	74%	78%	83%	68%	592	82%	7.53	5.08	12.62
C1	245	205	256	234	182	176	209	178	84%	91%	97%	85%	1,420	99%	3.15	3.48	6.63
C2	272	223	88	63	239	182	80	70	82%	71%	76%	87%	722	80%	6.57	2.15	8.73
C3	210	202	384	347	180	177	351	337	96%	90%	98%	96%	1,536	98%	2.96	5.22	8.18
C4	200	167	73	65	120	91	67	80	84%	89%	76%	119%	599	91%	5.04	2.79	7.83
C5	324	208	256	228	278	232	198	182	64%	89%	83%	92%	1,365	95%	3.91	3.60	7.51
C6	102	93	92	83	91	85	68	61	91%	90%	93%	90%	538	90%	3.88	3.22	7.10
C7	190	161	224	171	152	144	210	169	85%	76%	95%	81%	1,058	98%	3.39	3.85	7.24
C8	282	228	211	167	241	223	180	146	81%	79%	92%	81%	1,279	97%	4.14	2.94	7.08
CCU_PCCU	246	187	67	64	214	197	39	29	76%	96%	92%	74%	670	86%	6.74	1.67	8.40
Critical Care	666	549	167	106	641	571			83%	63%	89%		467	97%	28.79	2.72	31.52
EAU AMU 1	688	513	593	469	425	421	426	365	75%	79%	99%	86%	2,224	90%	4.93	4.50	9.43
Maternity	883	725	295	204	514	437	150	137	82%	69%	85%	91%	798	60%	13.84	5.00	18.84
MHDU	182	106	93	55	183	119	65	24	58%	59%	65%	36%	130	43%	20.73	6.83	27.57
NNU	154	107			144	126			70%		87%		329	61%	8.53	0.00	8.53
TOTAL	5,797	4,594	3,878	3,106	4,459	3,945	2,922	2,511	79%	80%	88%	86%	17,991	87%	5.48	3.71	9.19

Actual CHPPD

CARE   RESPECT   RESPONSIBILITY

Throughout the last 4 months the Trust has welcomed 75 international Nurses into the workforce. This has bene through a joint collaborative across the Black Country. The Nurses are working towards gaining their NMC registration whilst establishing themselves within the workforce and the areas they are working with.

The National programme for an additional number of international recruits is underway which we are again working within the Black Country collaborative and independently to attract further International Nurses into our workforce.

The Trust has become a national early adopter of the London Critical Care skills passport. This programme has been created and trialled in the capital following on from the extensive workforce challenges faced at the start of the pandemic and the response required supporting enhanced care requirements.

The programme allows for the Trust to be cognisant of the workforce skills available and for the incremental upskilling of the workforce, to enhance the care given not only in times of pandemic but also daily across the care platforms.

The programmes also facilitates the readiness of non-clinical staff to be able to support the clinical workforce effectively in times of crisis.

CARE RESPECT RESPONSIBILITY
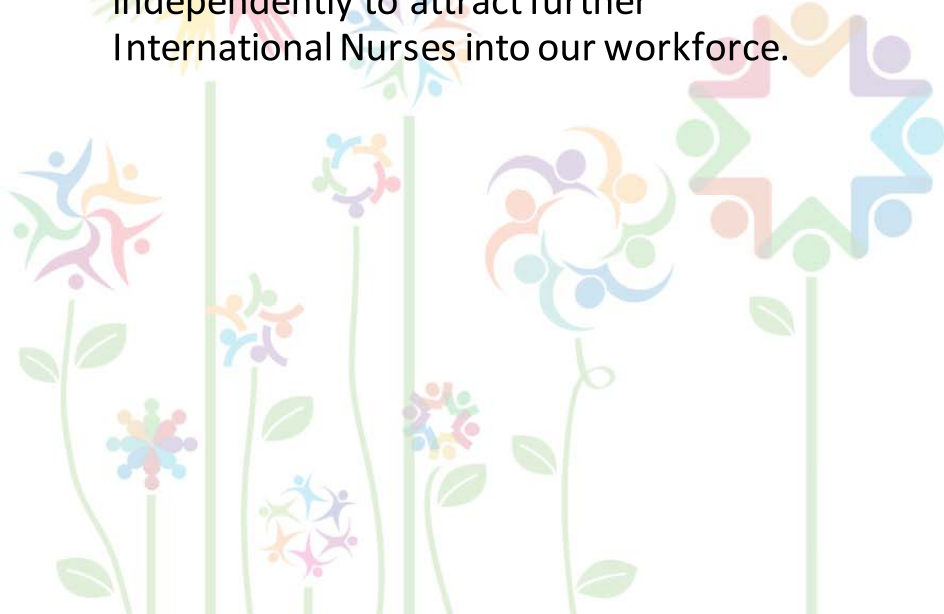
Courage
Deliver a viable future

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November and December 2021 have seen Cohort 9 For Trainee Nursing Associates (tNA's) and Cohort 10 for Health Care Support Workers (HCSW) commence. Combined there are 40 learners on the programmes and integrating into the workforce. The next cohorts are due to commence in January and February 2022.

Work has already started with those Students due to finish, qualify and graduate in the Summer of this year in attracting them to the Dudley Group as their choice of substantive employment.

Professional Development will be launching the new model of support across the Trust in February 2022, which will be called CLiPPED - Collaborative Learning in Professional Practice Education Dudley.

- · The model promotes a problem solving and reasoning approach

- · Develops confidence and competence, maximising potential

- · Improves patient care and outcomes

- · Increases role satisfaction for registrants and students

- · Shared learning across disciplines

- · A philosophy of student led and peer learning.

This exciting approach is expected to build on the high quality multi-disciplinary placements which are offered to the students and support their onward learning into registered practice.

CARE   RESPECT   RESPONSIBILITY

A little Christmas Cheer

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December saw the return of the Christmas Elves, meet 'Twinkle' the Chief Nurse Elf. Here are some of the activities Twinkle supported over the days leading to Christmas.

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Paper for submission to the Board of Directors

on the 13th January 2022

Title:	Maternity and Neonatal Safety and Quality Dashboard
Author:	Dawn Lewis/ Claire MacDiarmid, Head of Midwifery
Presenter:	Mary Sexton, Chief Nurse

Action Required of Committee / Group			
Decision N	**Approval** N	**Discussion** Y	**Other** N

Recommendations:

The Board is invited to accept the assurance provided in this report as progress towards compliance with both CNST requirements and the Ockenden recommendations.

Summary of Key Issues:

- To note the perinatal mortality information and trends
- There were two serious incidents reported during November that were notifiable to HSIB for investigation.
- Progress against CNST safety actions for year 4 continues and further changes to the guidance have been receive.
- The successful challenge of the assurance accepted from the Ockenden submission in June 2021.
- There are continued issues with maternity staffing despite the improvement in actual staffing in November 2021.
- The challenges to compliance with the guidance related to continuity of carer.
- To note the planned regional changes to maternity escalation processes and the impending daily sit rep.

Impact on the Strategic Goals
(indicate which of the Trust's strategic goals are impacted by this report)

	Deliver right care every time	Y
	Be a brilliant place to work and thrive	

Impact on the Strategic Goals *(indicate which of the Trust's strategic goals are impacted by this report)*	
Drive sustainability (financial and environmental)	
Build innovative partnerships in Dudley and beyond	
Improve health and wellbeing	

Implications of the Paper: *(complete all sections including the Corporate Risk Register and/or the Board Assurance Framework)*				
Risk		N	Risk Description: *N/A*	
	On Risk Register:	N	Risk Score:	
Compliance and/or Lead Requirements	CQC		Y	Details: Safe
	NHSE/I		Y	Details: Implementing a revised perinatal quality surveillance model, December 2020
	Other		Y	Details: CNST year 4 Ockenden recommendations

Report Journey/ Destination *(if applicable)*	Working / Exec Group	Y/N	Date:
	Committee	Y	Date: 20th December 2021
	Board of Directors	Y	Date: 13th January 2022
	Other	Y/N	Date:

REPORTS FOR ASSURANCE

Maternity and Neonatal Safety and Quality Dashboard

Report to Trust Board 13ᵗʰ January 2022.

1   EXECUTIVE SUMMARY

1.1   This report outlines locally and nationally agreed measures to monitor maternity and neonatal safety as outlined in the NHSEI document "Implementing a revised perinatal quality surveillance model" (December 2020). The purpose of the report is to inform Trust board and LMNS board of present or emerging safety concerns or activity to ensure safety with a two-way reflection of ward to board insight across the multidisciplinary multi professional maternity and neonatal service teams. The information within the report will reflect actions in line with Ockendon and progress made in response to any identified concerns at provider level.

1.2   In line with the perinatal surveillance model we are required to report the information outlined in the data measures proforma monthly to the trust board. Data is primarily for November 2021 in this report.

The report will also provide evidence for NHS resolutions maternity incentive scheme year four.

2   BACKGROUND INFORMATION

2.1   **Perinatal Mortality.**

Stillbirths - There has been 1 stillbirth during the month of November 2021.

Early Neonatal Deaths – There have been 0 neonatal deaths during the month of November 2021.

All stillbirths and neonatal deaths are reviewed using the National Perinatal Mortality Review Tool (NPMRT) which includes parent's perspectives and questions as part of the review. The system allows for a report to be produced covering all aspects required as part of the CNST Safety Action 1.

In addition to the NPMRT database we are required as a Trust to report the following to MBRRACE:

- **Late fetal losses** – the baby is delivered between 22 weeks+0 days and 23 weeks+6 days of gestation (or from 400g where an accurate estimate of gestation is not available) showing no signs of life, irrespective of when the death occurred

- **Stillbirths** – the baby is delivered from 24 weeks+0 days gestation (or from 400g where an accurate estimate of gestation is not available) showing no signs of life, irrespective of when the death occurred
- **Early neonatal deaths** – death of a live born baby (born at 20 weeks+0 days gestation of pregnancy or later or 400g where an accurate estimate of gestation is not available) occurring before 7 completed days after birth
- **Late neonatal deaths** – death of a live born baby (born at 20 weeks+0 days gestation of pregnancy or later or 400g where an accurate estimate of gestation is not available) occurring between 7 and 28 completed days after birth.

A national report is produced by MBRRACE annually highlighting themes of good practice and recommendations for changes in practice. Additionally, MBRRACE carry out confidential enquiries based on identified themes from their main reports.

2.1.2   PMRT real time data monitoring tool
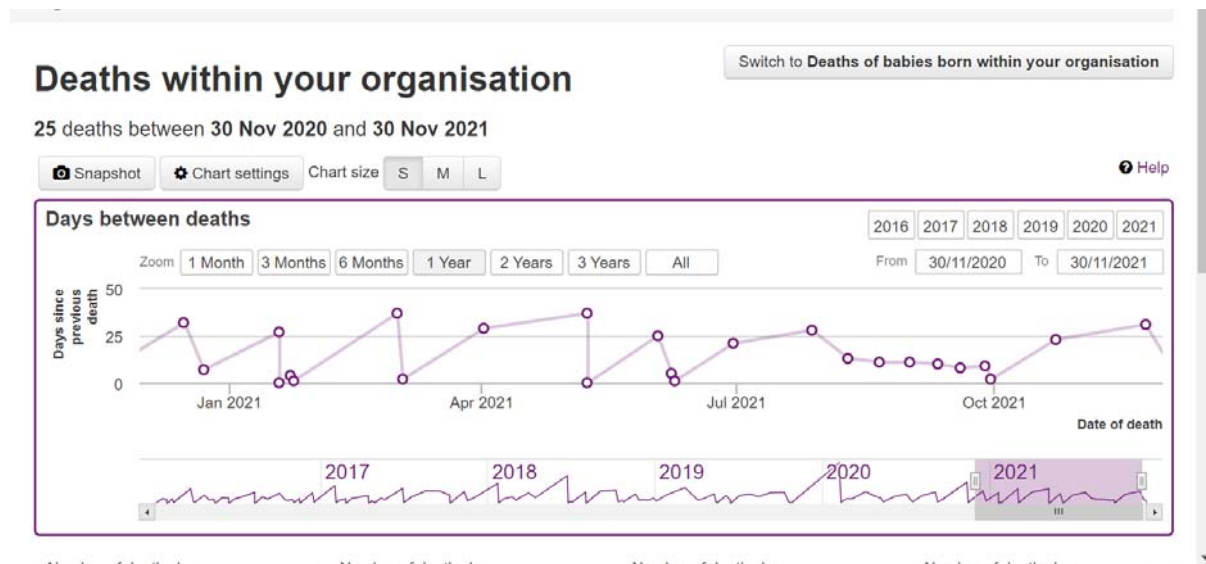
2.1.3   Learning from PMRT reviews

All learning is now shared across the Black Country and West Birmingham LMNS on a monthly basis via the quality and safety workstream.

2.2 Healthcare Safety Investigation Branch HSIB and Maternity Serious Incidents SIs

Since April 2018 the Healthcare Safety Investigation Branch HSIB has been responsible for the investigations into specific maternity incidents. These include

- Intrapartum stillbirth
- Early neonatal deaths
- Potential severe brain injury

- Maternal deaths

2.2.2 Investigation progress update

DGFT executive summary from HSIB

Cases to date	
Total referrals	18
Referrals / cases rejected	3 (duplicate entries)
Total investigations to date	15
Total investigations completed	12
Current active cases	3
Exception reporting	Nil

Each of these are treated as Root Cause Analysis (RCA) investigations in respect of Trust reporting and following receipt of the HSIB report and production of our local action plan the reporting through appropriate governance processes is carried out.

A quarterly review meeting with HSIB took place at the end of October at which the HSIB team advised that there were no concerns. No particular themes had been identified in the cases reviewed. From the responses of families and staff it is felt that the team operate in an honest and open manner and we were commended on our collaborative working with the HSIB team

2.3 Coroner Reg 28 made directly to the Trust

There were no Coroner reg 28 made directly to the Trust in respect of perinatal or maternal deaths in November 2021.

2.4 Maternity Serious Incidents

There have been 2 serious incidents in maternity in November 2021, both incidents have been referred to HSIB maternity for investigation as per national guidance. One of these does not feature in the information above from HSIB but will feature in next months report.

	Maternity	Incident number
RCA in progress	0	
RCA submitted to CCG and awaiting closure	0	
RCA breached submission to CCG	0	
RCA CCG queries received by Trust	0	
RCA closed by the CCG/NHSE outstanding actions in action plans	4	INC85471 INC82171 INC86371 INC89708

Serious incident closures	0	

2.5 Continuity of Care

A revised set of guidance was received related to Delivering Midwifery Continuity of Carer at full scale: Guidance on planning, implementation and monitoring 2021/22 (Appendix 1) was published by NHSE/I at the end of October 2021. A paper was presented to the Trust executive team at the beginning of November outlining the changes in timescales and also the additional requirements needed to progress the implementation of continuity of carer at full scale. The completion of the associated action plan submission due date has been postponed due to continued efforts to deal with the COVID-19 pandemic. It will be presented to Quality and Safety Committee prior to submission to NHSE/I. Our Birth rate plus assessment recommendations are a key part of the requirement and this is awaited. However, a more crude calculation indicates that we may require an additional 20 midwives in order to deliver at scale.

2.6 Training related to core competency framework

2.6.1 A suite of role specific mandatory training is planned for the next year to address the requirements of Maternity Incentive scheme CNST and also the requirements of the Ockenden recommendations.

These include:

- Multi-disciplinary skills drills training to include obstetric, midwifery, theatre and anaesthetic staff along with the neonatal team.
- GAP/GROW training online to address the fetal growth restriction domain of Saving Babies Lives.
- A new session delivered by the specialist midwife that addresses all of the domains of the SBLCBv2
- Fetal monitoring competencies are going to be assessed in a couple of ways. This will include face to face teaching followed by a short test of competency and also via the online learning and competency assessment from K2 CTG training. Also regular informal CTG discussion sessions have begun on delivery suite with all staff encouraged to suggest CTG to peer review and discuss.

The MDT skills drill sessions commenced in November 2021 as was well received by all attendees. The trajectory for 100% compliance by the end of May 2022 has been considered and planned.

2.7 Saving babies lives V2

2.7.1 The saving babies lives care bundle version 2 (SBLCBv2) continues to make excellent progress towards full implementation. Safety action six of the clinical negligence scheme for trusts is focused on full compliance with each of the five domains of the care bundle.

Improvement in detection rates was seen in the last month in part due to the focus the specialist midwife has afforded the team and also improvement in data collection within the EPR. Work is ongoing with the Perinatal Institute to further improve detection rates.

The obstetric sonography team are currently auditing the notes where fetal growth was compromised but there was no detection antenatally. The results of this audit will be included in a future report to the Board.

2.8 NHS Resolution Maternity Incentive Scheme CNST

2.8.1 NHS Resolution released the year 4 standards for the CNST Maternity Incentive scheme on 9th August 2021. There was a reported revision of guidance in October 2021 related to a number of the safety actions in November 2021. There has been a further revision of the guidance related to safety action 2 which is the MSDS compliance. This brings the safety action in line with NHS Digital requirements and timescales

2.8.2 Each of the safety actions have been allocated a lead and monthly meetings continue. There has been resolution of the difficulties related to action 1; we now have independent attendance at out perinatal mortality review meeting. Improvement continues with gaps in data entry to ensure we can provide the MSDS as required.

2.8.3 The Trust still awaits the response from NHS Resolution to our Year 3 Board declaration made in July 2021.

2.8.4 Progress towards achieving all of the safety actions for year 4 continues.

2.9 Safe Maternity Staffing

Organisational requirements for safe midwifery staffing for maternity settings NICE (2017) states that Trusts develop procedures to ensure that a systematic process is used to set the midwifery staffing establishment to maintain continuity of maternity services and to provide safe care at all times to women and babies in all settings. Midwifery staffing is reported bi-annually to Trust board as part of the CNST requirements and is due in January 2022 or before if the Birth rate plus report is received.

2.9.1 Midwifery Staffing

NICE (2017) recommend that a Birth rate plus assessment is carried out every three years. An assessment has been commissioned and is in progress. The results of the assessment will be included in future reports.

The crude birth to midwife ratio is calculated monthly using Birth Rate Plus methodology and the rolling annual delivery rate, it is included on the maternity dashboard. The most recent calculation was a ratio of 1:31 although this was calculated against establishment in post and did not take into account maternity leave and COVID absence. The recommended ratio based on the previous Birth Rate Plus assessment should be 1:27 this is unlikely to alter significantly during reassessment.

Midwifery shift fill rates for November 2021 planned v actual staffing

	Day qualified %	Night qualified%
November	86%	83%

Throughout November 2021 there was a significant improvement in actual staffing compared to previous months. However there are still vacancies to recruit to and sickness levels, and isolation requirements are still proving a challenge. Trust maternity escalation standard operating procedure has been implemented and Datix reporting as appropriate. The daily staffing report has been amended to also reflect the daily activity requiring 1:1 midwifery care and elective work such as inductions of labour and elective caesarean sections.

The region has produced a standard maternity escalation document for all Trusts to adopt, together with a daily sit rep for completion. Both of these have been shared widely across the region with maternity and Trust operational teams. The sit-rep was launched during the third week in December, with training for teams due during January 2022. This is currently being completed and submitted by the senior maternity team due to the complexity of the data required.

2.9.2 Obstetric staffing

Medical staffing is still challenging on a day to day basis. Successful recruitment to 4 of the 6 obstetrics and gynaecology consultant posts took place in November some of the successful candidates are currently working with us in locum posts. Recruitment to middle grad posts and an SHO post are in progress.

2.10 Maternity Service Improvement Plans

2.10.1 The initial feedback from the Ockenden assurance process was received from NHSE/I by the Trust and the LMNS at the end of October The Head of Midwifery met with the Regional Chief midwife to challenge that some evidence provided hadn't been acknowledged. Successful challenge for all but one element increased our compliance with assurance to 77%.

The areas that still require assurance will form the basis for an updated improvement plan and progress against this will be included in future reports.

2.11 Staff feedback from frontline champions and walk about.

Concerns	Actions
Staff spoke about the increased activity and complexity over the past month	Discussions with lead PMA about support available for all staff Recruit to the 'legacy' midwife post

A successful engagement meeting took place with the CQC, in part to follow up some of the discussions that had taken place since the letter they received about staffing in September 2021. The meeting was well attended by directorate, divisional and executive representatives from the Trust and the CQC inspectors were very positive about the information shared with them both prior and during the meeting.

2.12 Service user feedback

Antenatal - The staff are fabulous, and we are forever grateful for the love and care that we received to bring our little girl safely into the world. Thank you

Maternity Wards – All of the staff are amazing and could not have been more helpful. As a first-time mum they made me feel so welcome and at ease. Thank you

Maternity - All staff are amazing and I felt very cared for by everyone, nothing was too much trouble.

The infant feeding team were nominated for a healthcare hero award by one of the women they supported to breastfeed during her stay within the unit.

3   RISKS AND MITIGATIONS

3. 2 Midwifery staffing although improving continues to be a risk and remains on the risk register. Significant improvement is required in order to be able to comply with the continuity of carer requirements. Ongoing midwifery recruitment including international recruitment is in progress.

3.2 The requirements for evidence of assurance is very specific, and significant in its amount. The Trust Board is required to receive and minute detailed information particularly in relation to serious incidents, perinatal mortality and safety champion engagement.

4.   RECOMMENDATION(S)

4.1   The Board is invited to accept the assurance provided in this report as progress towards compliance with both CNST requirements and the Ockenden recommendations

4.2   The Board is invited to review the minimum evidence requirements for the Ockenden actions, particularly the level of detail stated for inclusion in maternity Board reports.

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Name of Author Dawn Lewis/Claire Macdiarmid
Title of Author Head of Midwifery
Date report prepared 3rd January 2022.

APPENDICES:

Appendix 1 – Delivering midwifery continuity of carer at full scale

NHS

Delivering Midwifery Continuity of Carer at full scale

Guidance on planning, implementation and monitoring 2021/22

Version 1, October 2021

Contents

Summary

Midwifery Continuity of Carer (MCoC) has been proven to deliver safer and more personalised maternity care. Building on the recommendations of Better Births and the commitments of the NHS Long Term Plan, **the ambition for the NHS in England is for MCoC to be the default model of care for maternity services, and available to all pregnant women in England – with rollout prioritised to those most likely to experience poorer outcomes**. Where safe staffing allows and building blocks[1] are in place, this should be achieved by March 2023.

Developing a plan

As a first step, local maternity systems (LMS) must by 31 January 2022 agree a local plan that describes how you will achieve MCoC as the default model of care offered to all women. This will include putting in place the 'building blocks' for sustainable models of MCoC by March 2022.

Plans must cover, on a trust-by-trust basis:

- number of women expected to receive MCoC, when offered as the default model of care (see **Section 2.3**)
- when this level of provision will be achieved by; and a redeployment plan into MCoC teams to staff it, phased alongside the fulfilment of recommended staffing levels (see **Section 3**)
- how MCoC teams are established in compliance with national principles and standards, to ensure high levels of relational continuity (see **Section 4**)
- how rollout will be prioritised for those most likely to experience poor outcomes, including with the development of enhanced models of MCoC (see **Section 5**)
- how care will be monitored locally, and providers ensure accurate and complete reporting on provision of MCoC using the Maternity Services Data Set (see **Section 6**).

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[1] Building blocks are set out in Appendix A.

In developing local plans, maternity services and LMS will assess their readiness for further implementation – these are the building blocks that need to be in place (see Appendix A).

This document provides guidance on how to develop this plan and what it should contain, so that all women, babies and families can benefit from these much needed improvements in care, experience and outcomes.

It takes into account longstanding challenges for local implementation, and the concerns stakeholders raised at a national roundtable meeting in July and with the Health and Social Care Committee.

It also sets out recommended practice, how delivery against these plans will be assured nationally, and how MCoC provision will be measured at provider and LMS level.

What is Midwifery Continuity of Carer?

MCoC is provided by midwives organised into teams of eight or fewer (headcount). Each midwife aims to provide antenatal, intrapartum and postnatal midwifery care to approximately 36 women per year (pro rata), with support from the wider team for out-of-hours care. Within this:

- MCoC is **not** antenatal or postnatal care only or 1:1 care in labour. The evidence for its benefits is clearly based on models employing continuity across antenatal, intrapartum and postnatal care
- each team has a linked obstetrician
- all staff in the maternity service contribute to achieving MCoC and must feel involved in its provision. MCoC is everybody's business.

For more information on the key principles of a MCoC team, please see **Section 4**.

1. Introduction

Midwifery Continuity of Carer (MCoC) delivers safer and more personalised maternity care. Building on the recommendations of Better Births and the commitments of the NHS Long Term Plan, **the ambition for the NHS in England is for MCoC to be the default model of care for maternity services, and available to all pregnant women in England** – with rollout prioritised to those most likely to experience poorer outcomes. Where safe staffing allows and building blocks[2] are in place, this should be achieved by March 2023.

Maternity services and local maternity systems (LMS) have made significant progress in recent years in establishing midwifery MCoC teams across the country. While a number of maternity services and LMS have shown commendable progress launching teams through the COVID-19 pandemic, in other areas unavoidable staffing pressures due to coronavirus have hampered implementation. Progress has also been limited in some areas by longstanding challenges with midwifery staffing, and the local issues and challenges associated with bringing about wholescale change in midwifery staffing models.

1.1 What are maternity services being asked to deliver?

As set out in the NHS Operational Planning Guidance for 2021/22, LMS should **put in place the building blocks by March 2022, so that MCoC is the default model of care offered to all women**. This involves, by March 2022:

- continuing with MCoC teams already in place and to roll out new teams as planned, where appropriate
- undertaking a Birth-rate Plus assessment or equivalent to understand the current standard-model midwifery workforce required and following this through with recruitment
- co-designing a plan with local midwives, obstetricians and service users for implementation of MCoC teams in compliance with national principles and standards, and phased alongside the fulfilment of required staffing levels. This

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[2] Building blocks are set out in Appendix A.

plan should also take into account the need to support maternity staff to recover from the challenges of the pandemic

- prioritising those women most likely to experience poorer outcomes, including by ensuring most women from Black, Asian and Mixed ethnicity backgrounds and also those from the most deprived areas are placed on a MCoC pathway by March 2022
- developing the ability to measure progress electronically and report it to the Maternity Services Data Set (MSDS)
- developing an enhanced model of MCoC that provides extra support for women from the most deprived areas, for implementation from April 2023.

As a first step, LMS must develop and agree a local implementation plan by 31 January 2022. This document provides guidance on how to develop this plan and what it should contain, so that all women, babies and families can benefit from these much needed improvements in care, experience and outcomes.

1.2 How the implementation strategy has changed to address challenges and concerns

While the Health and Social Care Committee provided clear support in its [July report](#) for the importance of MCoC, and the strength of its evidence base, it highlighted longstanding challenges in local implementation, and the need for sufficient resources and support for LMS to deliver it. In individual submissions to the committee, several stakeholders highlighted the need to ensure that the transition to MCoC does not put undue pressure on midwives or compromise safe staffing levels across any part of the wider maternity service.

To respond to these challenges, a national roundtable event was held in July to review evidence and progress to date, and to listen to the concerns of a broad range of stakeholders. Three broad themes emerged:

- provision of safe and personalised care
- engaging midwives and obstetricians
- resources.

Appendix B summarises the operational issues raised and solutions to these.

Table 1: Key changes to the national implementation strategy to address concerns

Concern	Response
Not all maternity providers are able to meet the same level of implementation of MCoC due to service user choice	Maternity services and LMS plans should state how many women can receive MCoC when offered it as the default model of care, based on the number of women who remain at providers for antenatal, intrapartum and postnatal care (see **Section 2.3**).
Universal deadlines for full implementation do not account for local workforce challenges	LMS plans should set out timescales for implementation, phased **alongside** the fulfilment of required staffing levels. While many trusts will be able to achieve this by March 2023, this may not be possible for every trust. Alternative timescales will therefore be accepted on a case-by-case basis, where they clearly link to a credible recruitment plan. This will be assessed through regional assurance (see **Section 3**).
MCoC must be implemented at a pace that is safe for women and midwives across the service	In developing local plans, maternity services and LMS will assess their readiness for further implementation. Regional assurance of plans will in turn consider readiness to proceed and the sustainability of proposals, and whether transitional arrangements uphold the safety of care for all women across the service (see **Section 2.6**). The NHS England and NHS Improvement workforce tool will support this process.
Maternity services and LMS need sufficient resources – including midwives – to deliver MCoC	Funding of £96 million has been announced as part of the national response to the initial Ockenden Report: part of this is funding an extra 1,200 midwives and 100 obstetricians nationally from 2021/22. £6.8 million transformation funding has been allocated to LMS for implementation of MCoC and equity strategies in 2021/22. Further transformation funding will be provided in 2022/23. £1.4 million is being invested in 2021/22 in nine LMS to pilot models of enhanced MCoC in their most deprived neighbourhoods. Pending evaluation, this funding will be rolled out nationally, with additional sustained funding in baselines to support enhanced MCoC teams from 2023/24.

1.3 Why provide Midwifery Continuity of Carer?

Based on the best evidence available, MCoC delivers safer and more personalised care:

- The 2016[3] Cochrane review concluded that MCoC models save babies' lives, prevent preterm birth, reduce interventions and improve women's experiences and clinical outcomes.
- The 2018[4] and 2020[5] Cochrane reviews concluded that MCoC prevents stillbirth and preterm birth.
- Working in this way facilitates good personalised care and supports planning and continuous risk assessment.
- Relational care improves women's experience and perceptions of quality of care.[6]

The workforce literature suggests teamworking benefits healthcare professionals too.[7],[8]

Appendix C gives more information on the evidence base for MCoC, and background on policy and implementation in England.

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[3] Sandall J, Soltani H, Gates S, Shennan A, Devane D (2016) Midwife-led continuity models versus other models of care for childbearing women. *Cochrane Database of Systematic Reviews* 4. Art. No.: CD004667.

[4] Medley N, Vogel JP, Care A, Alfirevic Z (2018) Interventions during pregnancy to prevent preterm birth: an overview of Cochrane systematic reviews. *Cochrane Database of Systematic Reviews* 11. Art. No.: CD009599.

[5] Ota E, da Silva Lopes K, Middleton P, Flenady V, Wariki WMV, Rahman MO, Tobe-Gai R, Mori R (2020) Antenatal interventions for preventing stillbirth, fetal loss and perinatal death: an overview of Cochrane systematic reviews, *Cochrane Database of Systematic Reviews* 12. Art. No.: CD009599.

[6] Perriman N, Davis DL, Ferguson S (2018) What women value in the midwifery continuity of care model: A systematic review with meta-synthesis. *Midwifery* 62: 220-229.

[7] West MA, Lyubovnikova J (2013) Illusions of team working in health care. *J Health Organ Manag* 27(1): 134-142.

[8] Fenwick J, et al, (2018) The emotional and professional wellbeing of Australian midwives: A comparison between those providing continuity of midwifery care and those not providing continuity. *Women and Birth* vol 31, issue 1 Feb 2018 pages 38-43

2. Developing a plan

As a first step, local maternity systems (LMS) must by 31 January 2022 agree a local plan that describes how you will achieve MCoC as the default model of care offered to all women. This will include putting in place the 'building blocks' for sustainable models of MCoC by March 2022.

Plans must cover, on a trust-by-trust basis:

- the number of women expected to receive MCoC, when offered it as the default model of care (see **Section 2.3**)
- when this level of provision will be achieved by, with a redeployment plan into MCoC teams to staff it, phased alongside the fulfilment of recommended staffing levels (see **Section 3**)
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- how rollout will be prioritised for those most likely to experience poor outcomes, including with the development of enhanced models of MCoC (see **Section 5**)
- how care will be monitored locally and providers ensure accurate and complete reporting on provision of MCoC using the Maternity Services Data Set (see **Section 6**).

A sample board paper can be found here.

In developing local plans, maternity services and LMS will assess their readiness for further implementation (see **Appendix A**). Regional assurance of plans will in turn focus on readiness to proceed and the sustainability of proposals, and whether transitional arrangements uphold the safety of care for all women across the service (see **Section 2.6**).

2.1 Timescales for planning

To ensure senior engagement and buy-in, **local implementation plans should be agreed at respective provider boards by 31 January**. These should link to local plans that take account of LMS equity and equality analyses, required for submission on 30 November by the Equity and Equality Guidance for LMS.

Provider senior leadership teams must understand and value the process and approach to achieving full-scale MCoC and be able to support it. The board safety champion should ensure the board reviews delivery against this plan on a quarterly basis.

Action 9 of Year 4 of the CNST Maternity Incentive Scheme requires board-level safety champions by March 2022 to have reviewed their MCoC action plan in the light of COVID-19, and be assured that a revised action plan describes how the maternity service will work towards MCoC being the default model of care offered to all women, prioritising those most likely to experience poor outcomes.

2.2 What does it mean to offer Midwifery Continuity of Carer as the 'default model of care'?

In line with Better Births and the NHS Long Term Plan, all women should be offered the opportunity to benefit from MCoC across antenatal, intrapartum and postnatal care. However, not all women will be in a position to receive MCoC, through choosing to receive some of their care at another maternity service. In a small number of cases, women will be offered a transfer of care to a specialist service for maternal/fetal medicine reasons. They are known as out-of-area women.

Providing MCoC by default therefore means both:

1. offering all women MCoC as early as possible antenatally
2. putting in place clinical capacity to provide MCoC to all those receiving antenatal, intrapartum and postnatal care at the same provider.

2.3 Determining the required level of provision

Providers should begin by determining how many women they provide antenatal, intrapartum and postnatal care to annually. This is the number of women to whom MCoC needs to be provided for it to be the default model of care.

The benefits of MCoC should be explained to women when they are deciding where to receive their care. Providers should therefore have contingency plans in place for an increase in women remaining with them for antenatal, intrapartum and postnatal care.

2.4 Communications and engagement

Engagement is vital and an early and ongoing step. In developing and implementing plans, the trust and LMS should engage with maternity staff, Maternity Voices Partnerships and wider clinicians, including obstetricians, neonatologists, GPs and health visitors.

Models of care and plans for rollout should be co-produced with the diverse communities that will be receiving MCoC. This relates to details such as where teams will be placed, not the operationalisation of MCoC, which is about midwifery deployment into teams. This is particularly important for enhanced models of MCoC, to ensure extra support is directed to areas of greatest need. Women should also receive information on what MCoC is, what they can expect and what it will mean for them.

Maternity leadership should involve key stakeholders, such as frontline midwives, human resources, informatics and shop-floor union representatives, early in planning changes to delivery. This should not be left to the Better Births midwife alone – the whole senior team should be talking about best practice with their staff, including MCoC.

Inform all staff about the plan and timescales for rollout, so they understand what they are being asked to do and how it might affect them. This will also help staff recognise that everybody has a role in supporting MCoC. Studies have shown that engagement events help to assuage concerns in the workforce.[9] Midwives may also appreciate hearing from colleagues already working in teams providing MCoC.

2.5 Funding for implementation

In response to the initial Ockenden Report, 1,200 more midwives and 100 more obstetricians are being funded from the extra £96 million for maternity services from 2021/22.

LMS have also been allocated £6.8 million of funding in 2021/22 to support the implementation of MCoC and the upcoming equity strategy for maternity and neonatal services. Funding allocation is calculated on a 'fair shares' basis but each LMS is

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[9] Harris JM, Watts K, Page L, Sandall J (2020) Reflections on an educational intervention to encourage midwives to work in a continuity of care model – exploration and potential solutions. *Midwifery* 88: 1027–33.

receiving a minimum of £90,000 to reflect the basic costs of the work all LMS are likely to incur. Transformation funding will continue into 2022/23.

Plans should therefore set out how and when this funding will be used in 2021/22 to support implementation.

2.6 Submission and assurance of plans

Following board sign off, plans should be shared with regional maternity boards, again by 31 January, for assurance. Regional assurance of plans will focus on the readiness to proceed with implementation and the sustainability of proposals, and whether transitional arrangements uphold the safety of care for all women across the service. **Appendix A** sets out the key lines of enquiry for readiness to proceed, to be reviewed by regions.

Regional boards may provide feedback and request revisions at locally agreed timescales in Q3; but will be asked to submit summaries of assurance – and of LMS' planned levels of provision – as part of Q3 regional assurance.

2.7 Assurance of delivery

From Q3 2021/22, LMS will report on progress relating to implementation of their plans on an ongoing basis, as part of quarterly regional assurance. LMS will also be assessed nationally on whether implementation is on track, against regular trust-level measurements of level of provision.

Provision of MCoC will be measured nationally using provider surveys, monthly publications of MSDS data and the CQC Maternity Survey.

The placement of Black, Asian and Mixed ethnicity women and those from deprived neighbourhoods will be measured.

Table 2: Assurance of Midwifery Continuity of Carer deliverables

What	When	KLoE	How will this be assured?
Submission and agreement of plans	January 2022 (submission) Q4 (assurance)	Has the plan been signed off by the trust board and subsequently the regional maternity board?	Q3 regional LMS assurance
Delivery against plans: building blocks	Quarterly from Q4 2021	Is the LMS on track against stated deliverables and milestones?	Quarterly regional assurance (RAG rating)
Delivery against plans: provision	Quarterly from Q4 2021	Is the current level of provision on track against the planned phased implementation?	Quarterly regional assurance (latest data on level of provision)
Workforce capacity surveys	October 2021 and March 2022 and ongoing until providers are reporting provision on MSDS	What is the current establishment and caseload of MCoC teams?	Survey of maternity providers across England
Placing most Black, Asian and Mixed ethnicity women and women from deprived neighbourhoods onto MCoC pathways	March 2022	Rate eligible women reaching 29 weeks gestation in March are placed on MCoC pathways (>51%)	Analysis of rates of placements using MSDS data

See **Appendix D** for more information on how provision of MCoC will be measured.

3. Phasing delivery

Plans must cover how the rollout of additional MCoC teams will be phased alongside the fulfilment of required staffing levels.

Once providers have determined the level of provision required to offer MCoC by default (see **Section 2.3**), they can begin to plan the configuration of midwifery teams across the service.

Dependent on rates of out-of-area women, tertiary referral and geography, for many maternity services about 45–65% of midwives are likely to be deployed to MCoC teams, with about 35–55% remaining in the core.

A national modelling tool is available to help you determine the required number and whole-time equivalency (WTE) of MCoC teams, along with core staffing. Instructions for use are given in **Appendix E**.

3.1 When must full implementation be achieved?

NHS Operational Planning Guidance for 2021/22 requires that MCoC is established as the default model of midwifery care and offered to all women by March 2023.

While many will be able to achieve this by March 2023, alternative timescales will be accepted on a case-by-case basis, where it is clear that full staffing cannot be achieved by March 2023 and there is a credible linked recruitment plan. These revised timescales will be assessed and agreed through regional assurance.

3.2 Ensuring safe staffing

In recent years, implementation has been limited for some maternity services by existing challenges with midwifery establishment, and the local issues and challenges associated with bringing about wholescale change in midwifery staffing models.

There is no evidence that MCoC requires extra midwifery time on an ongoing basis when deployed at scale, but all services need to be fully established for safe care. Women are more likely to experience MCoC in a well-established service.

All services must therefore have undertaken a recent Birthrate+ (BR+) or equivalent assessment to determine the number of midwives currently needed across the service.[10] This is usually undertaken every three years, in addition to standard staffing assessments.

As part of the national response to the initial Ockenden Report, an additional 1,200 midwives and 100 obstetricians are being funded from the extra £96 million for maternity services from 2021/22. Providers and LMS are working with regional

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[10] We recommend that this whole-service assessment is based on a 'traditional' midwifery configuration.

maternity leadership to determine what additional staffing is required, and what share of the funding they will receive for this.

In meeting the required MCoC provision, deployment will in some areas need to be phased alongside a recruitment plan for any additional midwives to meet identified gaps. Where this is the case, MCoC implementation should be prioritised for those women most likely to experience poorer outcomes (see **Section 5**).

This phasing should be set out clearly, **with a clear trajectory for capacity of MCoC teams for each quarter until March 2023, or until MCoC is being provided as the default model of care.**

National recommendations

- Services plan their midwifery staffing redeployment using a phased approach, so **no** double running is required. An Excel spreadsheet within the national Continuity of Carer Workforce modelling tool will help with this (see **Appendix E**). Each team picks up its full complement immediately (where each WTE midwife has three women due in month and rolling forwards).

- Where trusts have yet to roll out CoC teams, roll out the first two or three teams and then check the standard operating policy (SOP) covers all it was intended to, and if not resolve any operational issues. Further rollout can then proceed at pace: a new team or teams at 2–3-month intervals and upping this number as implementation progresses.

- Although each team will have its own features, it is recommended that each team is of similar size and make up (ie mixed-risk geographical teams) as these are easier to operationalise and for control of the workflow. The required number of MCoC midwives and teams can be determined by dividing the total number of women receiving all maternity care at the trust by 36 (the recommended annual caseload for each midwife). In the example, 4,300 deliveries (women)/36 = 119.4 WTE midwives, meaning about 17 teams will be needed.

- Maternity providers need to understand their attrition rates. For example, if this is 15%, to control flow each continuity midwife books three or four women a month

(or 42 a year) and has a plan to birth three a month. However, if the attrition rate is 10%, then each midwife can book 40 women a year.

- No midwife should lose pay as a result of working in a MCoC team. It is a trust's responsibility to agree pay and conditions in this context (see the AfC Handbook). An exemplar can be found at https://continuityofcarer-tools.nhs.uk/tools to support each trust's planning around this with their finance and HR/OD departments.

4. Configuring teams

Plans must show how established MCoC teams will comply with national principles and standards and ensure high levels of relational continuity.

This video gives an overview of 'what good looks like'.

4.1 Key principles of a Midwifery Continuity of Carer team

All three phases of care

Each woman has a named midwife who is responsible for co-ordinating her care. Each midwife aims to provide antenatal, intrapartum and postnatal care to each of the women on her caseload but is supported by the team for protected days off, periods of sickness, training and annual leave. This allows a trusting relationship to be built between the midwife and woman. Midwives ensure that each woman has a personalised care and support plan (PCSP) that is updated at each visit along with the risk assessment.

Linked obstetricians

Each team has a linked named obstetrician who is an integral member of the team in providing a clear well-defined route for obstetric or other specialist referral (see **Section 4.2**).

Model of working

Moving into a MCoC team represents a fundamental shift in the way that midwives will work: away from a shift-based rostered system to one where the midwife follows the

women to ensure right care, right place, right time. It is important to factor in protected time off for each team member in line with their WTE contract.

Team size

MCoC teams are made up of no more than eight midwives (headcount). With full capacity, this could mean, depending on team size, organisation and number of home births, midwives work just one out-of-hours session per week, which should be no more onerous than a night shift and can be planned well in advance. Out-of-hours sessions are part of the contracted hours, not in addition to them. It is worth noting that trusts report MCoC teams smaller than 6.8 WTE struggle to fill the out-of-hours element, as each midwife would have a greater burden of out of hours to cover.

In some trusts a high proportion of midwives work part time. Ideally team sizes should be no more than eight headcount, but it is appreciated that this may sometimes be difficult due to specific work situations. Therefore, providers are able to request variation on this, by exception with local and regional leads, subject to the following conditions:

- all reasonable efforts have been made to keep team size to eight headcount and there is a clear plan to return to this where possible
- there is a commitment to evaluating service user experience and outcomes of these teams.

Caseload

Each midwife cares for 36 completed cases per year – and books slightly more women to account for attrition. Part-time midwives have a pro-rata caseload: a 0.8 WTE midwife will care for 30 women and a 0.6 WTE midwife 24. Team size is therefore expressed in terms of WTE.

On-call working

No midwife is expected to work over their contracted hours. When working flexibly they can keep a tally of hours worked to ensure that they do not work additional hours. This should be monitored on a four-weekly basis to ensure no-one works more than their contracted hours. This is not 'on-call' working in the traditional sense, ie where midwives work hours additional to their set hours. In MCoC, team members take turns to do out-of-hours work. This can be planned weeks or months in advance, although midwives can also be flexible with each other as need arises.

Recruitment of women

To offer MCoC to all women, services must control workflows so that all women referred into the system are swiftly and easily allocated to the appropriate MCoC team for booking. This will minimise the risk of women being missed or required to change teams, and is particularly important as continuity is being scaled up. Flow is most easily controlled by implementing mixed-risk geographically-based teams, particularly if continuity is to be provided with the BR+ or equivalent recommended number of midwives. For planning purposes, it is helpful to have evenly sized teams and of a size where each WTE midwife can book three or four women a month and expect to be at a birth three times a month. Part-time midwives will book fewer women pro rata and attend fewer births.

Evidence suggests that geographical teams are more sustainable than vulnerable women's teams.[11] Homebirth teams and low risk teams can be associated with higher rates of attrition; if women change their minds or develop clinical problems, changing teams means a loss of continuity. Continuity team midwives are allocated to specific women and are expected to follow each one to where she is cared for, to ensure that all women have a known/team midwife at all times. This avoids the traditional problem of dealing with peaks and troughs in activity: as midwives follow their women, it is women and not buildings that are staffed.

Team support

Midwives support each other. They can do this best with a **flexible, autonomous approach** and when working in geographically-based teams. The team has a strong team ethos that welcomes 'fresh eyes', case review and improvement initiatives.

Professional midwifery advocates (PMAs)

This is a new and fundamental leadership and advocacy role designed to deploy the A-EQUIP model. The role supports staff through a continuous improvement process that aims to build personal and professional resilience. Trusts can consider using these midwifery leaders to support all elements of maternity transformation, including by providing education and training for midwives new to the role, working on quality improvement and providing restorative clinical supervision as necessary.

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[11] Rayment-Jones H, Murrells T, Sandall J (2015) An investigation of the relationship between the caseload model of midwifery for socially disadvantaged women and childbirth outcomes using routine data - A retrospective, observational study. *Midwifery* 31(4): 409-417.

Team leaders

While it is generally for trusts to decide what is appropriate, in line with flexible, autonomous teams, a Band 7 team leader could oversee a number of teams made up of Band 6 midwives.

Preceptee midwives

Recent evaluation[12] suggests that preceptee midwives feel more confident working in MCoC teams and achieve their competencies quicker that those working in the traditional model. Initial reports suggest one preceptee and at least one preceptor per team works well and maintains a healthy skill mix.

Medical complexity

The one exception to basing care around geographically-based teams is where women can be identified early as having obstetric or medical complications that require more specialist care. Services should consider introducing a limited number of 'maternal medicine' (including women with previous preterm birth) teams; these can ensure relational continuity within more medicalised pathways. These teams and their model of care should be developed in line with the agreed clinical guidelines for management, escalation and referral established by the local maternal medicine network.[13] A system-level approach may be considered for smaller maternity services.

Whole-service involvement

The whole maternity service is part of MCoC, even those not working directly in a MCoC team: 'we are continuity' is an important concept.

4.2 Linked obstetricians

- Each team of midwives must have a linked obstetrician, an individual who is an integral member of the team, who is available to the midwifery team by an agreed process and who attends team meetings on a regular basis (eg monthly). Obstetricians may be linked to more than one team.
- The midwives and the linked obstetrician agree their method of communication and working.

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[12] Wilson C, Ingram D, Lyons J, Groves S (2020) Being a newly qualified midwife in continuity of carer: what is it really like? The Practising Midwife 23(11): 29–31.
[13] Fernandez Turienzo C, Bick D, Briley AL et al (2020) Midwifery continuity of care versus standard maternity care for women at increased risk of preterm birth: A hybrid implementation–effectiveness, randomised controlled pilot trial in the UK. *PLoS Medicine* 17.10: e1003350.

- The linked obstetrician is not necessarily the lead professional for the women being care for by the MCoC team, but they may take on this role particularly for women who develop risk factors during pregnancy. This should be clarified in local policies, SOPs, guidelines and procedures.

- Women with clear medical/obstetric risk factors that are set out in their referral letter (either by themselves or their GP) are referred from the outset to the maternity service obstetrician with a specific interest/specialisation in their condition. Midwives are aware of agreed local protocols for escalation and management of medical problems in pregnancy. Wherever possible midwives remain involved in a woman's care, including by attending appointments with them.

- As set out above under 'Medical complexity', services should consider deploying maternal medicine teams for the highest risk women. These women are usually identifiable from the booking referral letter or, for services where self-referral is in place, from initial information or the booking process.

4.3 Estate

- Trusts need to consider where MCoC teams will be based. It is helpful if they are community based, eg in a community hub, with easy access to other healthcare providers, including services such as primary care, health visiting, social services or mental health services.

- Maternal medicine teams may determine that an on-site base may provide the best and easiest access to additional facilities.

4.4 Equipment

- Teams need to be properly equipped. Although individual trusts will have their own standard items it is worth considering the following:
  - computer or tablet for data capture, including IT infrastructure
  - telephone
  - lone working device
  - standard midwifery equipment for each midwife
  - means of transport.

4.5 Training and support

- All maternity services must complete a training needs analysis. This should identify what clinical skills midwives in MCoC teams need to update to provide care for women throughout the pregnancy journey and across a range of settings, and also for providing care to women from diverse ethnic backgrounds and those living in the most deprived communities.

- Many midwives will need to make a fundamental shift, but in moving away from a rostered approach and working in a set department, they will be able to work more flexibly. They will be providing care to a set number of women at a time and place agreed between the woman and midwife, with out-of-hours care provided by the wider team as required. Consistent training and support are essential in ensuring that midwives are aware of the underlying evidence base and have the confidence and skillset to deliver continuity of care.

- Trusts will allocate work differently – some midwives already work in a rotational model and are used to working in all areas; others are not. This needs to be accounted for when considering what training or upskilling midwives may need. Time and resources should be planned to upskill midwives where required to work in unfamiliar environments and the different areas of midwifery care must be covered in implementation plans. Use of a buddy scheme and the PMA role could be beneficial.

- Training time should include time for team building to ensure healthy, high-functioning teams.

5. Prioritising equity

Plans should set out how rollout will be prioritised to those most likely to experience poorer outcomes.

LMS must ensure that most (>51%) women from Black, Asian and Mixed ethnicity backgrounds, and women from the most deprived areas are placed on a MCoC pathway by March 2022. This is with a view to meeting the NHS Long Term Plan commitment for 75% of women from these groups to be provided with MCoC by March 2024.

5.1 Targeting communities in need

This should be achieved by rolling out geographically-based teams available to all women, in places where the highest number of Black, Asian and deprived women live, and in the most deprived postcodes.

Implementation plans must therefore be based on an understanding of the local population, including analysis by ethnic groups and distribution of deprived areas.

The equity and equality guidance for LMS requires a local analysis of health outcomes, communities and community assets by 30 November 2021. Plans for prioritising rollout of geographically-based teams should be clearly linked to this analysis.

5.2 What is meant by Black and Asian women, and women from the most deprived areas?

For the purposes of targeting MCoC, Black and Asian women are women who are identified in the following categories in the Maternity Information System, as set out in the NHS Data Model and Dictionary:

Mixed	
D	White and Black Caribbean
E	White and Black African
F	White and Asian
Asian or Asian British	
H	Indian
J	Pakistani
K	Bangladeshi
L	Any other Asian background
Black or Black British	
M	Caribbean
N	African
P	Any other Black background

Note: In the categorisations listed above, 'Asian' women does not include 'Chinese' or other East Asian women. For the full list of ethnicity categorisations beyond those in scope above, please see the NHS Data Model and Dictionary.

The most deprived 10% of areas are those defined by the 2019 Index of Multiple Deprivation (IMD). If there are no such areas in your footprint, then focus should be on the bottom 20%, and so on. Information on deprivation of postcodes can be found at https://continuityofcarer-tools.nhs.uk/.

5.3 Enhanced Midwifery Continuity of Carer

Further funding is being allocated to LMS to provide additional support for women living in the most deprived areas.

Nine pilot areas in 2021/22 and 2022/23

For 2021/22, £1.4 million has been allocated to nine LMS with the highest concentration of the most deprived lower support output areas (LSOAs) (there are 110 in total). These LMS have been notified of this funding and their plans should set out how this funding will be used to provide additional clinical support for women in their areas of highest deprivation.

Funding should be used to provide more holistic support that reduces midwives' workload and releases additional time for the midwives to care for women. This could include providing extra staff:

- maternity support workers (MSWs), eg those who speak community languages, or to provide breastfeeding support
- link workers
- administrative workers.

Consideration could be given to other creative approaches such as working with third-sector organisations in the geography to bring about a joined-up approach to care.

Any additional staffing should be evaluated against other teams, for the benefit of national learning. For more guidance on evaluation, see **Appendix D**.

Funding will continue for these areas into 2022/23, with funding levels to be confirmed in coming months.

Learning will be gathered from models deployed on an ongoing basis in 2022/23 and shared nationally for the benefit of all LMS by March 2023.

All LMS

In 2023/24, funding will increase to extend it to all LMS. This funding is subject to confirmation and annual business planning, but indicative values will be shared alongside national learning and guidance from pilot sites by March 2023.

6. Monitoring and reporting provision

Plans must set out how care will be monitored locally, and providers will ensure accurate and complete reporting on provision of MCoC using the Maternity Services Data Set (MSDS).

6.1 Monitoring care

MCoC teams should put in place regular monitoring to ensure quality of care, and this should feed into routine maternity services quality surveillance and governance. This should include:

- each service agreeing a SOP or guideline that clearly defines roles and responsibilities within each trust. An example SOP can be found in the national MCoC toolkit
- all midwives and the linked obstetrician attend team meetings on a regular basis (eg monthly)
- regular team audits are held on activity and outcomes, where cases, adverse events and compliments are discussed, embedding learning within the team. Information is shared with the wider maternity team as appropriate, including reporting to the maternity clinical governance board for review.

6.2 Recording and reporting the provision of Midwifery Continuity of Carer

As set out in the NHS Operational Planning Guidance for 2021/22, plans must describe how maternity services will ensure accurate and complete reporting on provision of MCoC using the MSDS by March 2022.

While MCoC workforce surveys are planned in October and March to assess the capacity of teams to provide MCoC to the general population, MSDS data will be used in March 2022 to formally assess whether most women of Black, Asian and Mixed ethnicity and most women from the most deprived areas have been placed on MCoC pathways, and from then on each month to assess the provision of MCoC for all women.

All maternity services must urgently take three key steps to improve data quality:

1. **Understand how MCoC will be measured and the key data requirements:**

   - the two planned MSDS measures for MCoC are defined in the **Technical annex: Definitions for Maternity Services Data Set measures**

   - within the **Technical annex**, **Resource B** sets out the data items required for each measure, and why.

2. **Ensure the capability of the Maternity Information System (MIS):**

   - services should work with their MIS suppliers to ensure their MIS can record and submit the requisite data items to MSDS on a monthly basis

   - on 17 June, NHS England and NHS Improvement and NHSX announced £52 million additional funding in 2021/22 to accelerate providers' work to upgrade or re-procure MIS to meet data and interoperability standards. Providers have been invited to complete digital maturity assessments to inform next steps for accessing this funding.

3. **Embed good data practice into business as usual:**

   - heads of midwifery, digital midwives and data submitters should form a project group to identify what practice is required across the service on an ongoing basis to ensure consistent data quality and reporting

   - since October 2020, service-level data on MCoC has been published monthly in MSDS experimental statistics, including a basic measure of data quality

- more detailed assessments of data quality are provided in the regional maternity dashboard

- NHS Digital is also developing an instant feedback tool for providers to assess quality of MSDS data directly after submission, rather than waiting for published statistics

- heads of midwifery, digital midwives and data submitters should use this analysis to identify gaps, inconsistencies or inaccuracies in data submissions, and work with MIS suppliers and MCoC teams as appropriate to embed changes in everyday practice, so that the provision of MCoC can be evidenced through routine care records.

Appendix A: The building blocks: readiness to implement and sustain MCoC assessment framework

Building block	Detail/notes	RAG
	The plan needs to be developed and presented to the board. It then needs to be rolled out according to the trust's specific needs. Work already underway should continue unless there is an urgent reason not to.	
Safe staffing	- Agreed safe staffing level for traditional model, proceeding only when safe to do so – using the NHS England and NHS Improvement tool to support planning - How many midwives required - How many in post - Recruitment plan with timeframes	
Planning spreadsheet	Demonstrates safety from a staffing perspective: - how many women can receive MCoC – reviewing in and out of area and cross-boundary movement - where women are cared for at any given time, now and in MCoC models (see NHS England and NHS Improvement toolkit https://continuityofcarer-tools.nhs.uk/tools for an example of this) - midwifery deployment plan for MCoC, including timescales and recruitment plan for a phased scale up to default position	
Communication and engagement	- Provides evidence of staff engagement and logs responses/ counter responses - Gives opportunity to share vision	
Skill mix	- Review of skill mix, within whole service. This includes: - number of Band 5 midwives placed in MCoC team. Likewise, number of Band 5 midwives working in the core - in both settings ensure there is appropriate support for these newly qualified members of staff, via the preceptor framework - Band 5 midwives (usually one per team) report being very well supported while undertaking preceptor programme - Appropriate and planned use of MSW, particularly in teams working in areas of greatest need.	

Building block	Detail/notes	RAG
	• Ensure preparedness of Band 7 delivery suite co-ordinators to support programme of change	
Training	Each midwife who will work in the team has a personal training needs analysis (TNA); existing TNAs can be used and the toolkit also gives examples.	
Team building	Time allocated for team building and softer midwifery development as midwives move to a new way of working.	
Linked obstetrician	Has there been obstetric involvement and are linked obstetricians identified? Is the referral to obstetrician process clearly set out in the SOP as well as other clinical guidance?	
Standard operating policy (SOP)	Each trust needs a SOP (an example can be found in the toolkit) that outlines roles and responsibilities to support delivery of MCoC. As with other guidance documents, it should pass through the maternity service governance processes.	
Pay	No midwife should be financially disadvantaged for working in this way. Each trust needs to review and manage this; the toolkit provides helpful information.	
Estate and equipment	Place for midwives to see women. Equipment with which to provide care. Any problems should be escalated at trust board quarterly review and to the ICS.	
Evaluation	Is there a system for local, regional, and national evaluation and reporting to take place smoothly?	
Review process	Date for initial plan to be reviewed by the trust board. Quarterly review dates set. Dates set for LMS and regional and national review.	

Appendix B: Maternity services' concerns in planning the implementation of and sustaining MCoC, and solutions (summary of roundtable discussion)

Theme	Issue/concern	Solution
Safe and personalised care	MCoC rolled out at expense of safe staffing in the unit	The NHS England and NHS Improvement toolkit https://continuityofcarer-tools.nhs.uk/tools ensures and assures that the right midwives are in the right place at the right time (must be calculated locally)
	(Related to above) MCoC leads to unintended consequences	Current practice and workflows need to be understood – use of toolkit as recommended mitigates this, allowing all midwives to see where women need care and who will care for them
	Rollout of MCoC requires a service to double run (requiring more midwives)	With appropriate use of the toolkit no double running is required – and there will be the appropriate number as core. Always have right people in right place
	MCoC will lead to unsafe and inconsistent staffing	Building blocks must be in place – maternity services must understand traditional staffing needs and then in their plan include a recruitment strategy that works in tandem with MCoC rollout
		As set out in the guidance, an individualised TNA for each midwife is recommended as each service and midwife is different. This will ensure they are fully prepared to work in this way – for some this will include very little due to their current work patterns; for others this may include supernumerary status in an area they are not familiar with.

Theme	Issue/concern	Solution
		Team building for new teams is also recommended to ensure team dysfunction due to working in a new way (eg falling out or being unable to manage autonomy) does not happen.
		Appropriate skill mix is one of the building blocks that needs to be considered – one Band 5 per MCoC team is reported to work well, with Band 5 midwives reporting that with this arrangement they feel more confident and can complete their preceptorship requirements more easily.
		It is expected that sickness rates will decline – this has been reported by services that have successfully rolled out several teams over a period of time.
	Concern that the ask is for a big bang approach – which won't work	The guidance recommends a phased approach. The guidance and toolkit propose an iterative approach. A few teams are rolled out and processes and procedures are then tested; if working as expected, further teams are rolled out until the default position for the trust is achieved. Each service is unique, and so must conduct a whole-service review and then develop MCoC in an iterative way that applies to that service, so that over a period of time all women can receive MCoC.
	MCoC will create a two-tier system – some women who are not disadvantaged will not receive the benefits of this care	As MCoC is rolled out all women will receive MCoC by default, but this will first be provided to those at greatest need, once first building blocks are in place. This is about prioritisation, not a two-tier system. One trust commented "our MCoC (at 35%) is so effective we need it to be available to our other women as soon as possible".
	Check model is actually required	Women report they want this model of care (MVP survey) – many trusts report better women have a better experience when MCoC has been provided. Women will benefit from the evidence-based improved clinical outcomes, compared to standard care. Therefore, just like implementing other evidence-based improvements, such as aspirin or magnesium sulphate, nationally, MCoC should be tailored to individual need but in keeping with the guidance.

Theme	Issue/concern	Solution
Engaging staff (midwives and obstetricians)	Loss of resilience due to pandemic/do not want to change	By sharing the vision and supporting the model, leaders have made a difference: explaining the benefits, talking through perceived costs. A good example is where one HoM undertook over 120 1:1 meetings, midwives are now asking to speed up the rollout as this is seen as a solution to the wider problem
	Midwives are tired and burned out	Working in a MCoC model, midwives will have a manageable workload and one that is planned ahead. They will be able to give their best and feel psychologically safe at work and regain lost resilience.
	MCoC leads to poor team working and lack of MDT working	Working as recommended mitigates this with better working between teams and MDT and having a linked obstetrician.
	Midwives are afraid that MCoC will have an adverse effect on work–life balance	Provide insight from those who are doing it, provide opportunities for discussion and engagement wherever possible.
	Obstetricians not actively engaged	Three obstetricians now support the MCoC ERG and have joined trust visits and supported MCoC forums. Further work around this is planned.
	Research suggests that[14] 35% of midwives do not want to work in a MCoC model	Engagement and consultation with staff has been shown to change perceptions and understanding.
		MCoC myth busting and appropriate implementation, to help staff understand that 24% of midwives had experience of working in a MCoC model in this paper. The ask is not as represented in the 2018 paper: case loading 24/7 on-call availability to women.
		About 40–45% of midwives are required for core, depending on each trust's configuration; therefore, not all midwives will have to work in teams.

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[14] Taylor, Beck, et al (2019) Midwives' perspectives of continuity based working in the UK: a cross-sectional survey. *Midwifery* 75: 127-137.

Theme	Issue/concern	Solution
		Ongoing monitoring and evaluation of results demonstrate this is best practice for women and good for midwives too. Individual team surveys have already demonstrated improvements in work–life balance for midwives.
		Invest in 1:1 career conversations to identify the barriers and put in place individualised support for those team members supporting management of caring responsibilities.
	Student engagement	Ensure midwives have good training and education programmes, from when they start as students and then through their career. Tools are being developed to support this.
Resources	Data collection	£52 million investment in digital fund.
	Estate	Work system-wide with ICS to reduce costs and gain substantial public health and society gains.
		Work more collaboratively across the health economy.
Miscellaneous	Not allowed vulnerable women teams	NHS England and NHS Improvement do not dictate models of care but advise based on evidence and what is reported to work. Research demonstrates that socially complex women generally do not want to be placed in 'vulnerable women's teams' as they find it stigmatising and outcomes are not better. There is also risk of midwife burnout which is reduced by spreading the workload. This is why we recommend mixed-risk geographical teams. Furthermore, maternity services are expected to keep some/all of their specialist midwives, depending on trust configuration.
	Interface of MCoC with other patient safety initiatives	If MCoC is implemented correctly, through providing a safety net, this should facilitate other initiatives.
	'Paralysis by analysis'	Take a phased approach to implementing the plan. The toolkit supports this approach.

Appendix C: Evidence for Maternity Continuity of Carer and progress to date

Better Births, the report of the National Maternity Review, set out a vision for safe and personalised maternity services in England: one that puts the needs of the woman, her baby and family at the heart of care; with staff who are supported to deliver high quality – and continuously improving – care.

At the heart of this vision is the ambition that women should be cared for by a midwife she knows before, during and after the birth, ensuring a safe and personalised maternity journey and offering a more positive and personal experience.[16] Women told the National Maternity Review team how important it was for them to know and form a relationship with the professionals caring for them. They preferred to be cared for by one midwife or a small team of midwives throughout their maternity journey. A key recommendation was for most women to receive Midwifery Continuity of Carer (MCoC), to ensure safe care based on a relationship of mutual trust and respect, and in line with the woman's choices and decisions.

The Maternity Transformation Programme was established to deliver the vision, establishing and supporting local maternity systems (LMS) to deliver change locally. In March 2017, LMS were asked to begin planning to meet the ambition that "most women receive continuity of the person caring for them during pregnancy, birth and postnatally by the end of 2020/21".

Improved outcomes and experience

There is strong evidence that MCoC, and the relationship it allows to develop between caregiver and receiver, leads to better outcomes and experience for the woman and baby (Box 1).[15]

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[15] Sandall J, Soltani H, Gates S, Shennan A, Devane D (2016) Midwife-led continuity models versus other models of care for childbearing women. *Cochrane Database of Systematic Reviews* 4. Art. No.: CD004667.

> ## Box 1: Outcomes of MCoC compared to other models of care
>
> - 24% less likely to experience preterm birth
> - 16% less likely to experience a pregnancy loss overall
> - 19% less likely to experience a pregnancy loss before 24 weeks
> - 15% less likely to experience regional analgesia
> - 16% less likely to have an episiotomy
> - 10% less likely to experience instrumental vaginal birth
> - 7 times more likely to be attended at birth by a known midwife
>
> Women also reported a higher level of satisfaction with:
>
> - information giving, advice and explanations
> - making an informed decision about place of birth and the preparation for labour and birth
> - decisions about intrapartum analgesia and feeling in control during labour and birth

Women report that MCoC is important for their health and wellbeing as they consider it increases trust, safety and quality of care.[16] The team working model also makes the workforce more effective.[17]

Further, Cochrane reviews of interventions to prevent preterm birth and stillbirth (2018[18] and 2020[19]) concluded that MCoC is among the most effective models. MCoC can make a significant contribution to our ambitions to halve stillbirth and neonatal death and to reduce preterm births from 8% to 6% by 2025. If we are guided by the evidence and we listen to women, there is a strong case for MCoC being a vital part of our transformation programme.

Recent MBRRACE reports show that women of Black, Asian, and Mixed ethnicity and those who live in the most deprived areas are at higher risk of dying or losing their baby.

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[16] Perriman N, Davis DL, Ferguson S (2018) What women value in the midwifery continuity of care model: A systematic review with meta-synthesis. *Midwifery* 62: 220-229.

[17] West MA, Lyubovnikova J (2013) Illusions of team working in health care. *J Health Organ Manag* 27(1): 134-142.

[18] Medley N, Vogel JP, Care A, Alfirevic Z (2018) Interventions during pregnancy to prevent preterm birth: an overview of Cochrane systematic reviews. *Cochrane Database of Systematic Reviews* 11. Art. No.: CD012505.

[19] Ota E, da Silva Lopes K, Middleton P, Flenady V, Wariki WMV, Rahman MO, Tobe-Gai R, Mori R (2020) Antenatal interventions for preventing stillbirth, fetal loss and perinatal death: an overview of Cochrane systematic reviews. *Cochrane Database of Systematic Reviews* 12. Art. No.: CD009599.

The evidence demonstrates that MCoC improves outcomes for women with social risk factors, and those from specific ethnic groups.[20] It may also help avoid unconscious racial bias and circumstances that lead to harm for Black and Asian women.[21]

Progress to date

There has been significant progress in rolling out MCoC: in October 2020 about one in six pregnant women were being placed on a MCoC pathway. Some trusts and systems have continued to make commendable progress despite the COVID-19 pandemic, achieving around 35% MCoC. However, nationally progress has not followed the anticipated trajectory as the pandemic has reduced the capacity of frontline clinicians in trusts and systems to undertake transformation, as well as other barriers.

Infrastructure support

- MCoC has been policy since 2016 and commissioned since 2017.
- National, regional and local support has been provided, both financial and logistical.
- Safety and quality assurance methodology such as CNST safety actions have been used to support this good practice since 2018.
- Nursing and Midwifery Council standards of proficiency encompass MCoC, ensuring our education systems and future midwives are prepared to work in this model.

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[20] Rayment-Jones H, Murrells T, Sandall J (2015) An investigation of the relationship between the caseload model of midwifery for socially disadvantaged women and childbirth outcomes using routine data - A retrospective, observational study. *Midwifery* 31(4):409-417;
Rayment-Jones H, Harris J, Harden A, Khan Z, Sandall, J (2019) How do women with social risk factors experience United Kingdom maternity care? A realist synthesis. *Birth* 46(3): 461-474;
Rayment-Jones H, Silverio SA, Harris J, Harden A, Sandall J (2020) Project 20: Midwives' insight into continuity of care models for women with social risk factors: What works, for whom, in what circumstances, and how. *Midwifery* 84: 1026–54;
Rayment-Jones H, Dalrymple K, Harris J, Harden A, Parslow E, Georgi T, Sandall J (2021) Project20: Does continuity of care and community-based antenatal care improve maternal and neonatal birth outcomes for women with social risk factors? A prospective, observational study. *PLoS One* 16(5): e0250947.
[21] Kai J (2007) Professional uncertainty and disempowerment responding to ethnic diversity in health care: a qualitative study, *PLoS Medicine* 4(11): e323;
Homer CS, Leap N, Edwards N, Sandall J (2017) Midwifery continuity of carer in an area of high socio-economic disadvantage in London: A retrospective analysis of Albany Midwifery Practice outcomes using routine data (1997-2009), *Midwifery* 48:1-10;
Bridle L, Bassett S, Silverio SA (2021) "We couldn't talk to her": a qualitative exploration of the experiences of UK midwives when navigating women's care without language. *International Journal of Human Rights in Healthcare*, Vol. ahead-of-print No. ahead-of-print.

- Since January 2019 Health Education England has provided a robust and comprehensive training system for all maternity services, available to all trusts.
- NHS England and NHS Improvement's major survey of midwifery staffing in January 2021 led to the provision of funding for 1,200 extra midwives. Trusts are advised they need to ensure appropriate staffing levels as they roll out their MCoC plan.

Appendix D: Monitoring and evaluation

National monitoring of Midwifery Continuity of Carer (MCoC) will focus on **measuring level of provision** and **evaluating outcomes** for women and staff.

Monitoring level of provision

Provision of MCoC will be measured at trust level in three ways:

	Measure	Method	When?	Frequency
1	Number and capacity of MCoC teams (interim)	Survey of maternity services	2021/22	October 2021 and March 2022
2	Provision of MCoC using individual care records	Maternity Services Data Set v2 (MSDS)	Ongoing	Monthly
3	Asking women whether they received continuity of carer	CQC maternity survey	Ongoing	Annually

These are explained in greater detail below.

1. **Measuring the number and capacity of teams (interim measure)**

   As stated above, providers must set out plans for how they will ensure accurate and complete reporting on provision of MCoC using the MSDS v2 by March 2022.

   As an interim measure for 2021/22 while data quality improves, the level of provision will be measured by surveying all maternity providers. The survey will estimate the capacity of each trust to provide MCoC, by looking at the number, size (whole time equivalency) and caseload of teams in a given month. Rate of placement will be estimated by comparing this capacity with the total number of women reaching 29 weeks gestation in the same month. The survey has been conducted twice already for 2020/21 and another two surveys are planned for 2021/22, looking at clinical capacity of teams in October 2021 and March 2022.

2. Measuring provision through the Maternity Services Data Set

Two metrics will be used to assure delivery of MCoC nationally, using monthly data from the MSDS v2:

- A routine, ongoing measure looking at the percentage of women placed on MCoC pathways (placement measure). NHS England and NHS Improvement will use this indicator to measure delivery of the LMS ask for most (>51%) Black and Asian women and women from the most deprived neighbourhoods to be placed on MCoC pathways by March 2022.
- A routine, ongoing measure looking at the percentage of women who have received MCoC (receipt measure). This will operate in shadow form, and not be used for the purposes of assurance, until there is sufficient data to demonstrate viability.

Within these, additional measures will look at the percentage of women being placed on and receiving continuity who are recorded as:

- Black and Asian (to include mixed ethnicity).
- living in the most deprived IMD decile of areas.

Technical specifications for each of these measures – including the data providers need to submit to MSDS v2 – can be found in the **Technical annex: Definitions for Maternity Services Data Set measures**. Any questions or feedback should be sent to england.maternitytransformation@nhs.net.

3. Asking women whether they received Midwifery Continuity of Carer

The CQC Maternity services survey contains validated questions on women's experience of MCoC and quality of care. We will analyse the responses to this to establish whether women report they have received MCoC and the relation with other experiences of care. We will also analyse this by ethnicity. Services should also analyse this data locally to establish whether local models are meeting women's expectations – ie whether the rate of women reporting seeing the same midwife antenatally, during the birth and postnatally corresponds to level of provision.

Evaluating outcomes

Clinical outcomes and staff outcomes should be used at a micro, meso and macro level to audit services, learning from outcomes as care is provided in this way.

Local services should therefore consider the following outcomes when establishing local evaluations. This will allow data to be compared with that from other trusts, LMS and countries implementing MCoC at scale and change over time.

An evaluation tool is being developed to support the system in collecting the following information, including the experience of women and staff. The CQC Maternity Survey report will provide information about women's experience and satisfaction

Outcome measure
Stillbirth
Neonatal death
Pre-24-week loss (23 weeks and 6 days)
Gestational age at birth
Birth weight
Unassisted vaginal birth
Instrumental delivery
Elective C/S (cat 4)
Emergency C/S
Total length of stay (hours) for IP episode
Destination post birth? Home/PNW
Epidural
Episiotomy
3 and 4-degree tear
Booking by 10/40
Breastfeeding at birth
Breastfeeding at discharge to health visitor
Skin-to-skin for 1 hour
Apgar <7
Smoking at booking
Smoking at delivery

Outcome measure
Sickness midwives
Incidents
Complaints
Attrition rate/vacancy rate (all and specific)

How are Black and Asian women and women from the most deprived areas defined?

For the purposes of targeting MCoC, Black and Asian women are women who are identified in the following categories in the Maternity Information System, as set out in the NHS Data Model and Dictionary:

Mixed	
D	White and Black Caribbean
E	White and Black African
F	White and Asian
Asian or Asian British	
H	Indian
J	Pakistani
K	Bangladeshi
L	Any other Asian background
Black or Black British	
M	Caribbean
N	African
P	Any other Black background

Note: 'Asian' does not include 'Chinese' or other east Asian women. For the full list of ethnicity categorisations beyond those in scope above, please see the NHS Data Model and Dictionary.

The most deprived 10% of areas are those defined by the 2019 Index of Multiple Deprivation (IMD). Maternity providers should identify women from these areas using postcode recorded at booking.

How much continuity should we aim to provide each woman with? Why does the measure for receipt only require MCoC for 70% of antenatal and postnatal appointments?

Ideally a woman is cared for by her lead midwife from booking onwards to maximise the dosage of the therapeutic relationship. This is best achieved by organising midwives into geographical or place-based teams.

In any case, models should be developed so that every woman can expect to receive most of their care from their **named lead midwife**, and that out-of-hours and unscheduled care that the lead midwife cannot attend is covered by arrangement between the named midwife and team.

Ideally a woman will be seen by her lead and team midwives at all appointments. There may be occasions a woman must be seen for clinical reasons by a midwife outside her team, such as attendance at a day assessment centre or a specialist appointment. MSDS v2 is at present unable to exclude such care contacts when considering whether a woman has received MCoC.

Services can be designed in a way that mitigates the need to be seen by a clinician outside the team – such as with all risk teams or lead midwives shadowing medical and obstetric appointments – but for practical purposes, national measurement of whether or not a woman has received MCoC allows for a limited number of care contacts to be delivered by midwives outside the team.

How much intrapartum care must a lead or team midwife provide for it to count in the 'receipt' measure for MCoC?

Ideally, a woman will receive all her intrapartum care from a midwife she knows, such as her lead midwife or a team midwife. However, where multiple midwives are recorded as having provided intrapartum care, eg in an extended labour, measurement will seek to identify whether one of the midwives present was the named lead or a team midwife.

Services have a responsibility to provide clear and accurate records of women's care. The named or team midwife should have been sufficiently involved in intrapartum care to warrant being recorded as having provided care in the woman's record.

Why do the MSDS measures focus on 29 weeks gestation?

LMS should develop models of care that place women on MCoC pathways as early as possible – ie at antenatal booking – to give every woman maximum opportunity to build a trusting relationship with her midwife and realise the benefits of this. The 'all risk' pathway, whereby a woman is assigned a midwife at booking who then stays with the woman throughout the pathway is a model for this. A number of systems have developed local solutions focusing on identified higher risk pregnancies, whereby women are placed on MCoC pathways after the booking appointment.

National measures will therefore look at placements up to the 28-week antenatal appointment, as the first universal appointment following routine antenatal scans. The national Continuity of Carer Reference Group has agreed that placements on pathways after the 28-week antenatal appointment will not be considered MCoC for the purposes of national measurement. As there is a level of practical flexibility around when this appointment takes place, records will be interrogated for determining placement at 29 weeks (28 + 7 days).

Appendix E: Instructions for NHS England and NHS Improvement toolkit

Showing 7 of 7 items

Sickness Absence rates

Data published by NHS Digital
Provisional Stats Monthly
Official Stats published Quarterly

🔗 Visit Resource

`dataset`

Complaints

This quarterly collection is a count of written complaints made by (or on behalf of) patients. Data are collected via the KO41a and are for complaints about NHS Hospital and Community Health Services (HCHS) in England

🔗 Visit Resource

`dataset`

digital maternity programme

Information about the NHS Digital digital

Continuity of Carer Workforce Modelling Tool

Use this tool to help you plan your midwifery workforce to deliver Continuity of Carer. This is designed to help you plan midwifery deployment /redeployment as you move to using Continuity of Carer at scale

⚙ Use Calculator

`calculator`

Epidural Rate: Cost Calculator

Epidural Rate vs. Continuity of Carer Local Cost Calculator

⚙ Use Calculator

`calculator`

Reducing Pre-Term Birth: cost

Birth Rate Plus

Birthrate Plus®. Is a method the needs of women for mid throughout pregnancy, labo postnatal period in both hos community settings

🔗 Visit Resource

English indices of depr - GOV.UK (www.gov.uk

Statistics on re deprivation in England.

Published 26 September 201

From: Ministry of Housing, Co Local Government

🔗 Visit Resource

Click here to enter main tools area

A new page opens:

Continuity of Carer Workforce Modelling Tool

Use this tool to help you plan your midwifery workforce to deliver Continuity of Carer. This is designed to help you plan midwifery deployment /redeployment as you move to using Continuity of Carer at scale

Welcome to the Midwifery Workforce planning tool.

It is designed to help you plan midwifery deployment /redeployment as you move to using Continuity of Carer at scale

Try Calculator

Click here to enter number of women and teams calculating area

Information / About

If this is your first time using this tool please spend a few moments to read this guidance first

In practice, Continuity of Carer (C of C) means that:

- A woman's maternity care is provided by midwives organised into teams of eight or fewer (headcount). Each midwife will aim to provide all antenatal, intrapartum and postnatal care for up to 36 women per year, but at agreed times is supported by the team, such as for unsocial hours or out of hours care.
- All staff in the Maternity Service contribute to achieving Continuity of Carer, including CoC team midwives, core midwives and others in the MDT working in the acute setting, such as obstetricians and sonographers.
- Based on the best evidence available, Continuity of Carer supports the delivery of safer and more personalised care. The 2016 Cochrane review concluded that continuity of carer models save babies' lives, reduce interventions and improve clinical outcomes.

Hints and tips for using the tool:

Read more

Resources & Links

NHSEI excel tool kit workbook for C of C midwifery staffing plans	**⬇ Download File**
Uplift pay calculations for midwives working a flexible model	**⬇ Download File**
VIDEO WEBLINK: Patient Safety Learning guidance on provision of Continuity of Carer	**🔗 Follow Link**
SOP with obstetrican Standard Operating Policy v1	**⬇ Download File**
Tool kit work book midwifery staffing workbook	**⬇ Download File**

Click here to access excel spread sheet to

Click here for other resources as labelled

NHS England and NHS Improvement
Skipton House
80 London Road
London
SE1 6LH

This publication can be made available in a number of other formats on request.

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Paper for submission to the Board of Directors on 13 January 2022

Title:	Exception Report from the Finance and Performance Committee Chair
Author:	Lowell Williams, Non-executive Director
Presenter:	Lowell Williams, Non-executive Director

Action Required of Committee / Group			
Decision N	Approval N	Discussion Y	Other N
Recommendations: The Board is asked to note the contents of the report and in particular the items referred to the Board for decision or action.			

Summary of Key Issues:
Summary from the Finance and Performance Committee meeting held on 21 December 2021.

Impact on the Strategic Goals *(indicate which of the Trust's strategic goals are impacted by this report)*	
Deliver right care every time	
Be a brilliant place to work and thrive	
Drive sustainability (financial and environmental)	Y
Build innovative partnerships in Dudley and beyond	
Improve health and wellbeing	

Implications of the Paper: *(complete all sections including the Corporate Risk Register and/or the Board Assurance Framework)*				
Risk		N	Risk Description:	
	On Risk Register:	N	Risk Score:	
	CQC		Y	Details: Well Led

Compliance and/or Lead Requirements	NHSE/I	Y	Details: Achievement of financial and performance targets
	Other	Y	Details: Value for money

Report Journey/ Destination *(if applicable)*	Working / Exec Group	N	Date:
	Committee	Y	Date: 21/12/21
	Board of Directors	Y	Date: 13/01/22
	Other	N	Date:

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EXCEPTION REPORT FROM FINANCE AND PERFORMANCE COMMITTEE CHAIR

Meeting held on: 21 December 2021

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• Approx. £5.5m payment from Elective Recovery Fund (ERF) outstanding, although a return has been made to the system to secure this income. • Continued high cost of bank and agency staff (partly because of enhanced elective activity). • Requirement to accrue in full for £2.53m fine and additional legal costs resulting from recent prosecution. • Some risk in delivering capital projects within the timescales of the capital funding allocations. • Continued pressure on ambulance handover times. • Concerns with delayed resolution of patient tracking lists (PTLs) for cancer patients, particularly in breast and dermatology. • Risk of staff sickness negatively impacting patient care in some areas. • Unconfirmed cost overrun on Rainbow Unit may adversely affect future capital projects.	• Requested report on the impact on the capital programme arising from overspend on Rainbow Unit.

POSITIVE ASSURANCES TO PROVIDE	DECISIONS MADE
• Emerging methodology to assess productivity will aid future business planning. • Currently forecasting an on-budget position for H2 (the period 1 October 2021 to 31 March 2022). • Impressive growth of elective surgeries due to the effective action from the surgery team.	• Approved revised terms for the Finance Improvement Group (FIG) and associated committees.

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- 57 overseas nurses and 24 clinical support workers recruited have now started.
- Strong performance against Better Payment Practice standard.
- Improving performance in emergency department triage, sepsis compliance, referral to treat (RTT) and diagnostic waiting time (DM01).
- Increased Covid vaccination capacity through Action Heart and Saltwells vaccination hubs.
- Excellent feedback from Care Quality Commission (CQC) following visits to the emergency department (ED), acute medicine unit (AMU) and same day emergency care service (SDEC).
- Positive deep dive into ED, AMU and SDEC highlighting growing collaborative practice (both internally and externally to the Trust), improved performance and effective use of digital applications.
- Positive relaunch of the clinical hub and engagement with general practitioners (GPs).

Chair's comments on the effectiveness of the meeting: an open and effective meeting where discussion was supported by well-presented papers.

Paper for submission to Trust Board

On 13ᵗʰ *January 2022*

Title:	IPR Report – November 2021 Data
Author:	Simon Illingworth, Deputy Chief Operating Officer
Presenter:	Karen Kelly, Chief Operating Officer

Action Required of Committee / Group

Decision	Approval	Discussion	Other

Recommendations:

This report summarises the Trusts performance against national standards and local recovery plans for the month of November 2021. The Board are asked to note performance and next steps

Summary of Key Issues:

Key Areas of Success

While ED performance remains below the national four hour standard, Dudley's position overall remains stable and in November returned the third best performance in the West Midlands. Whilst there remain too many over the hour ambulance off loads, since the opening of the modular ward and SDEC pathways there has been a noticeable reduction in the total number of over the hour ambulance waits overall.

Performance across the ED triage measures saw an improvement in performance between October and November 2021. This was particularly evident across Majors, although overall performance from all areas was still below the national standard.

Compliance against the VTE standards improved in November across both Medicine and Surgery, although performance was still below the required position in Surgery. In order to improve matters Surgery has engaged the junior doctors in an improvement project led by the Deputy Chief of Surgery and the team will also be undertaking a detailed validation of data to remove any areas where VTE assessments are not required but are still counted in the data.

Key Areas of Concern

The total number of patients on the cancer PTL above 62 days and 104 days remains an area of concern. Numbers are higher than the agreed trajectory largely as a result of the late opening of theatres which eventually took place in October rather than summer as initially planned.

There is a new cancer manager in post and additional resource for the wider cancer team planned from January. Performance is expected to continue to improve in Q4 pending elective activity remaining on track and a continuation of elective activity rates.

EAS

The 4 hour standard remained stable during November and the Trust was rated 3rd in West Midlands. There was a reduction in the number of over the hour ambulance delays, although this measure does remain a significant challenge and requires significant operational input each day to maintain performance and some days are particularly challenged. There must be a continued focus on SDEC and early discharge as the primary drivers for releasing pressure in the ED. The number of 12 hour breaches in November was an issue with 21 recorded, but the majority of these occurred prior to the modular ward opening.

Cancer

2ww remains a challenge in Breast and Skin, with significant demand and pressure in Breast across the whole of the Black Country. Mutual aid is being received from RWH and Walsall for Breast activity. All other tumour sites are largely achieving the 2ww position week on week with some short term variation.

Performance against the 62 day standard, which is the key quality measure for cancer as this is when patients receive their treatment, remains an area of focus and improvement. Given the Trust is now using all operating theatres the number of long waiters is expected to reduce but actual performance against the 62 day measure will get worse before it improves as long waiters are treated.

RTT, Clock Stops & 52 Weeks

There has been significant success against elective activity and clock stops in November and data suggests this has continued into December. Data validation has led to significant over performance against the initial clock stop trajectory with the treated clock stops at very close to levels to those predicted. Combined they provide a very positive position against ERF.

The number of 52 week waiters remains significantly higher than planned at this time, but this was related to late opening of theatres. Whilst the number of 52 week waiters grew in November early data for December (month to date) suggests that there was a significant slowdown in growth and a small reduction, suggesting that the peak of long waiters has now passed and will continue to fall, if all theatres remain open and activity remains high.

DM01

Performance against the DM01 standards remains strong. In addition to the usual strong performance across MRI and CT modalities, there have been improvements in non-obstetric ultrasound. Currently (December) across general radiology around 95% of patients were waiting less than 6 weeks. The CDC has had a very positive effect on our recovery. Paediatrics remains at about 11 weeks and biopsy examination are similar.

Impact on the Strategic Goals
(indicate which of the Trust's strategic goals are impacted by this report)

	Deliver right care every time	**X**
	Be a brilliant place to work and thrive	
	Drive sustainability (financial and environmental)	**X**
	Build innovative partnerships in Dudley and beyond	
	Improve health and wellbeing	

Implications of the Paper:
(complete all sections including the Corporate Risk Register and/or the Board Assurance Framework)

Risk		Y	Risk Description: Risk Description: BAF 1b - Failure to meet access standards caused by inability to improve patient flow and work effectively with very local partners will result in an adverse outcome for the patient
	On Risk Register: Y/N		Risk Score: 15
Compliance and/or Lead Requirements	CQC	Y/N	Details: Compliance with Quality Standards for safe & effective care
	NHSE/I	Y/N	Details: Achievement of National Performance and Recovery targets
	Other	Y/N	Details:

Report Journey/ Destination *(if applicable)*	Working / Exec Group	Y/N	Date:
	Committee	Y/N	Date:
	Board of Directors	Y/N	Date: 13/01/22
	Other	Y/N	Date:

Performance KPIs
December 2021 Report (November 2021 Data)

Karen Kelly, Chief Operating Officer
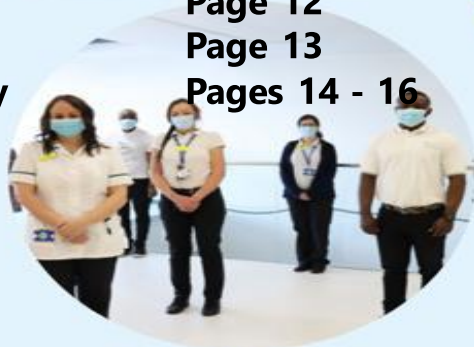
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Constitutional Performance

Constitutional Standard and KPI		Target	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Status	
Emergency Access Standard (EAS)	Combined 4hr Performance	95.0%	89.3%	88.2%	84.9%	77.6%	77.4%	77.9%	75.9%	76.7%	77.4%	Getting Worse	F Failed Target
Triage	Triage - All	95.0%	93.4%	94.3%	92.3%	89.1%	87.4%	87.8%	83.0%	80.9%	86.9%	L	F Failed Target
Cancer	Cancer 62 Day - Urgent GP Referral to Treatment	85.0%	55.9%	74.1%	64.9%	79.5%	67.9%	80.8%	64.4%	56.2%	N/A	In normal range	F Failed Target
	Cancer 31 Day -	96.0%	96.8%	95.2%	94.3%	95.6%	92.9%	86.6%	87.8%	91.5%	N/A	In normal range	F Failed Target
	All Cancer 2 Week Waits	93.0%	96.6%	86.8%	93.9%	92.7%	93.0%	78.9%	52.3%	53.2%	N/A	L	F Failed Target
Referral to Treatment (RTT)	RTT Incomplete	92%	77.4%	77.0%	78.4%	79.4%	78.8%	77.3%	76.1%	75.9%	75.9%	Getting Worse	F Failed Target
Diagnostics	DM01 - Diagnostics achieved within 6 weeks	99%	82.7%	80.4%	83.8%	84.9%	83.7%	77.0%	80.2%	77.4%	83.0%	In normal range	F Failed Target
VTE	% Assessed on Admission	95%	96.4%	96.1%	96.3%	96.3%	95.7%	92.1%	90.9%	89.7%	93.7%	In normal range	F Failed Target

Is the Process Stable? — GETTING BETTER, GETTING WORSE, STABLE
Will the target be met? — YES (P Passed Target), NO (F Failed Target), MAYBE (? May pass Target)
Non-SPC Measures — PASS (P Passed Target), FAIL (F Failed Target), NO TARGET SET (N/A)
Non-SPC — SPC
Admin — DNP DATA NOT PROVIDED BY SERVICE, NNP NARRATIVE NOT PROVIDED BY SERVICE

ED seen with 4 hours Combined Performance- starting Dec19

3rd

at 09/12/21

anking out of 13
Midlands area
Trusts

Getting Worse

F Failed Target

| Mean | % Performance | Process limits - 3σ | Special cause - concern | Special cause - improvement | Target |

There were 9779 attendances in November against a plan of 8303 (98%). Last year there were was 9972 attendances. Attendance overall are down.

- Reasons for continued challenges against the 4 hour standard include management of COVID and IPC requirements, off load issues relating to bed availability and slow discharges on the wards. All these have plans in place to improve matters.

- There were twenty one 12 hour breaches in the month of November. This was slightly lower than the previous month but remain higher than expected. Most of the breaches occur overnight and prior to the opening of the modular ward and SDEC in middle of November

- Early indications from the modular ward suggest that crowding in ED has been reduced and ambulance off load delays have reduced but EAS targets remained challenged due to slow discharge, IPC requirements and DTOC.

nter plan

- Continue to deliver key objectives of UEC 10 point plan supporting ambulance off loads

- Ensure that all cubicles and ISO space is fully staffed to ensure there is a reduction in hand over delays

- Discharge programme to continue the focus on early discharge

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Triage - Overall- starting 01/12/19

- has slipped back a little in early December.

- Implementation of the actions agreed previously have improved the position including CSW Based in main waiting Room, Escalation Pathways to NIC – Complete and occurring daily, daily Review staffing skill mix & HCSW Calling people through with chest pain

- Overall there are 61 ESI trained nurses across UEC, there are 21 additional staff currently in progress.

- Allocate 3 RNs to front of triage to improve performance

- Further training to increase age triage trained staff enabling improved support and times of surge

- Weekly ED assurance report in place to Execs

Triage - Majors- starting 01/12/19

F
Failed
Target

L

Latest Month

74.3%

100.0%
95.0%
90.0%
85.0%
80.0%
75.0%
70.0%
65.0%
60.0%

Dec 19 | Jan 20 | Feb 20 | Mar 20 | Apr 20 | May 20 | Jun 20 | Jul 20 | Aug 20 | Sep 20 | Oct 20 | Nov 20 | Dec 20 | Jan 21 | Feb 21 | Mar 21 | Apr 21 | May 21 | Jun 21 | Jul 21 | Aug 21 | Sep 21 | Oct 21 | Nov 21

Mean   % Assessed   Process limits - 3σ   Special cause - concern   Special cause - improvement   Target

Action

- Majors triage improved significantly between October and November and strong performance has continued into December 78% delivered in the first week of the month. Whilst this is still below normal there continues to be an upward trajectory of improvement

- ...ey will be changing their streaming for to only include Majors, ...ng recording

- On going validation of triage that miss the target to ensure data is accurate

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Triage - See & Treat starting 01/12/19

F — Failed Target

L

Mean   %Assessed   Process limits - 3σ   Special cause - concern   Special cause - improvement   Target
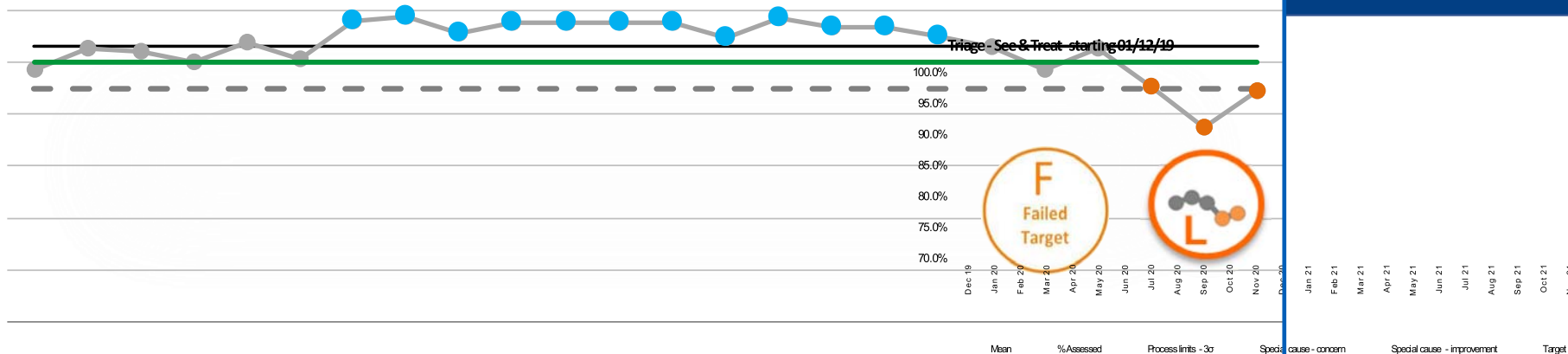
Latest Month

92.2%

Action

...n place to trouble shoot and prevent long triage times

...he waiting rooms, and will escalate to staff appropriately.

...ecruit experienced ED nurses with the ESI skill

- Regular Triage validation continues to ensure accurate data

- Regular discussion around re configuration of the paediatric template continues to increase staffing numbers to complement the increase on departmental demand

- 100% of all paediatric triage carried out by ESI trained nurse

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All Cancer 2 Week Waits- starting 01/11/19

Last Month

3.2%

...cer 2 week waits – ...arget 93%

Mean · · · ALL Cancer 2 Week Wait · · · Special cause - concern · · · Special cause - improvement · · · Target
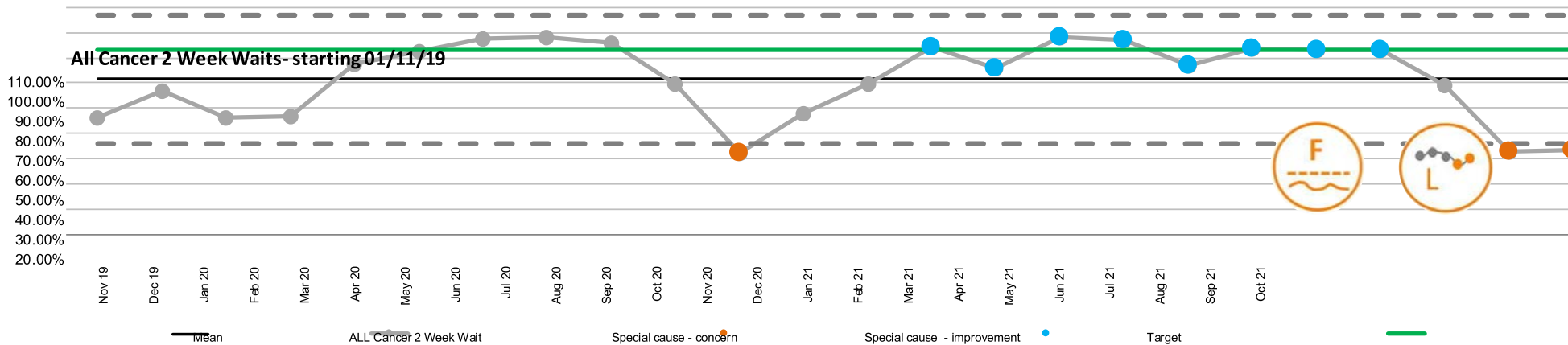
Performance

- 2ww performance remained static in October, this was due to performance in Breast and Skin

- Significant backlogs have been cleared but patients are still booked over time.

- There are significant capacity problems across the whole of Black Country for Breast with significant increase in referrals being seen in all Trusts.

- Despite the poor 2ww standard, patients are still receiving their final treatment within time (62 days) with the tumour site delivering against the 85% standard in all recent months except November.

- Over time all other tumour sites continue to perform well against the 2ww standard. Breast remains a regional issue

- Mutual aid continues to be given from supporting organisations for skin and breast.

Action

- Focus improvement on Breast and Skin tumour sites

- Skin 2ww expected to improve in January, performance fell in November and December due to sickness and planned annual leave.

- All other tumour sites are performing well against the 2ww standard

31 Day - Diagnostic to 1st Treatment- starting 01/11/19

Mean — Cancer - 31 Days Diagnostic to 1st Treatment — Special cause - improvement — Target
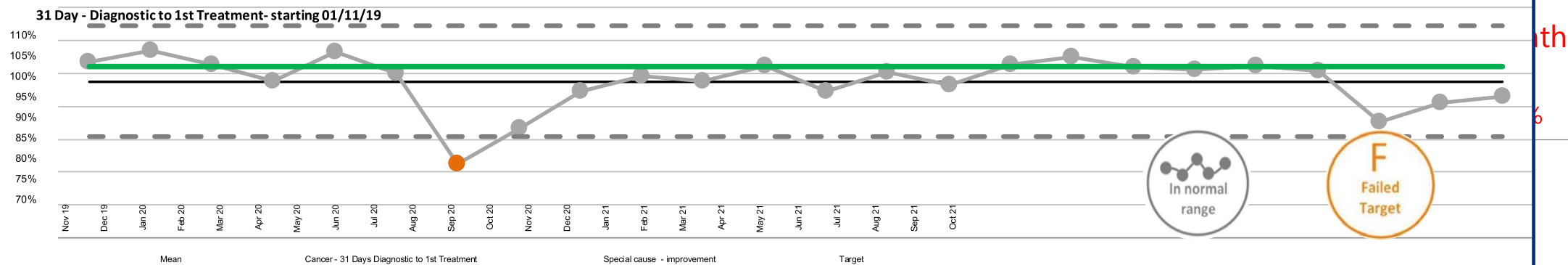
validation of Cancer performance figures run at a 2 month lead time. Latest position for October-21.

- There has been an improvement in the position in October compared to September.

- Upper GI, Head and Neck, Haematology all delivered against the 31 day standard. Colorectal and Gynaecology improved performance compared to the previous month.

- Urology, Skin and Breast all failed to meet the standard although actual breach numbers were all small in these tumour sites (i.e. less than 5)

- Improve tracking plans

- New Cancer Manager now in post

- Improve validation

- Continue to support tumour sites with timely diagnostic capacity, further supported by CDH capacity

- Continue to ensure effective MDTs take place with regular occurrence

62 Day - Urgent GP Referral to Treatment - starting 01/11/19

Legend: Mean · 62 Day - Urgent GP Referral to Treatment · Special cause - improvement · Target

In normal range · F Failed Target
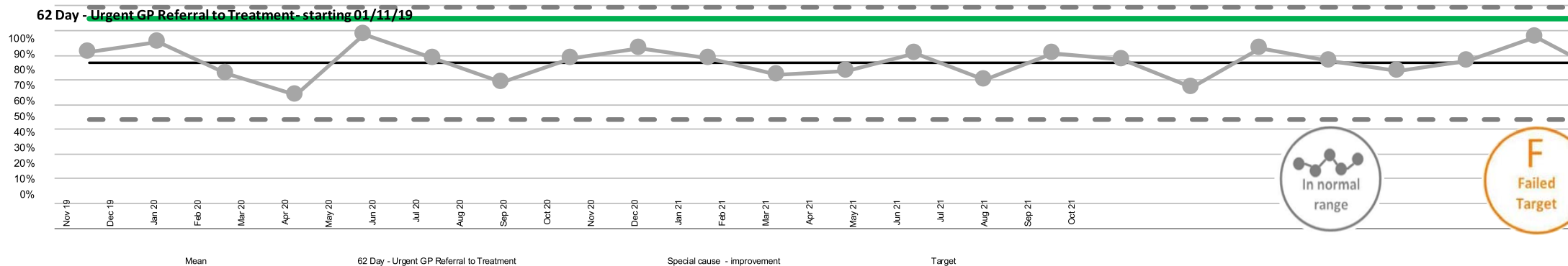
- Validation of Cancer performance figures run at a 2 month lead time. This data is for October-21

- Performance was significantly down in October across all tumour sites, achieving 56%

- Colorectal and Gynaecology was the worst performing tumour site with 0 patients treated within 62 days

- Urology and Breast were the best performing tumour sites with around 75% of patients treated within 62 days

- There were a high number of treatments performed in Month (75) reflective of the additional theatre capacity. Treating more patients will mean performance deteriorates before it improve as long waiters are treated. Patients only breach in the month they are treated, not the month they breach the standard.

- As 104 day position improves, the 62 day performance is likely to fall as long waiters are treated.

✓ Continue with high tracking compliance

✓ Provide TCI dates soon as possible

✓ Validation to remove patients who do not require treatment

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104 day Cancer numbers- starting 01/11/19

Legend: Mean | No. of Patients Waiting | Process limits - 3σ | Special cause - concern | Special cause - improvement | Target

In normal range
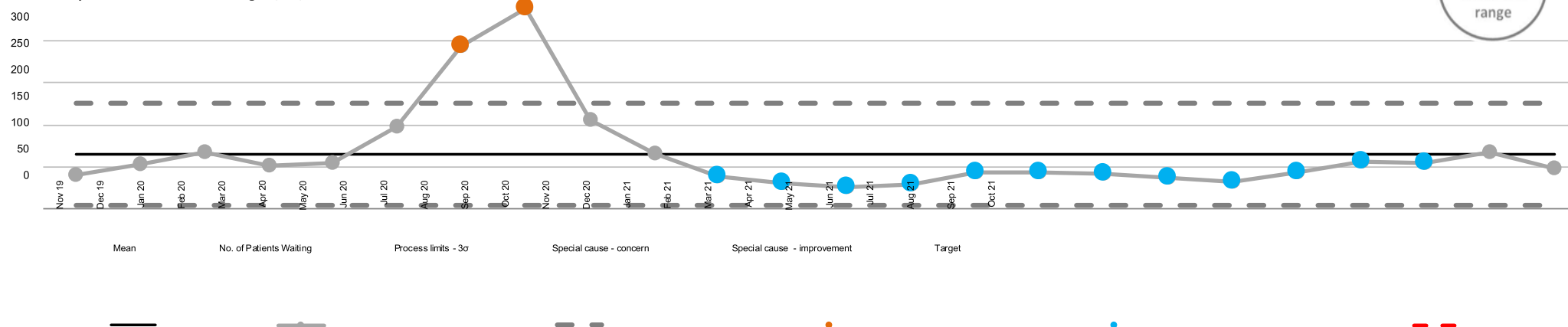
- This measure remain a key area of improvement for the Trust

- Overall, numbers are reducing and there has been a slight reduction in the number of 104+ waiting between September and October

- This reduction is reflected in the 62 day performance standard

- Key tumour sites that remain a concern include Colorectal, Urology and Gynaecology

- In Urology, the majority of long waiters are patients waiting for treatment at New Cross. Colorectal and Gynae are patients waiting for treatment at RHH

✓ Continue to prioritise patients for surgery or treatment

✓ Review and remove patients who do not need treatment from PTL

✓ Increase focus on Colorectal and Gynaecology

✓ WLI in theatres to put on additional capacity

✓ Increase contact with tertiary centre to expedite patients waiting there

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RTT Incomplete Pathways - % still waiting within 18 Weeks- starting 01/12/19
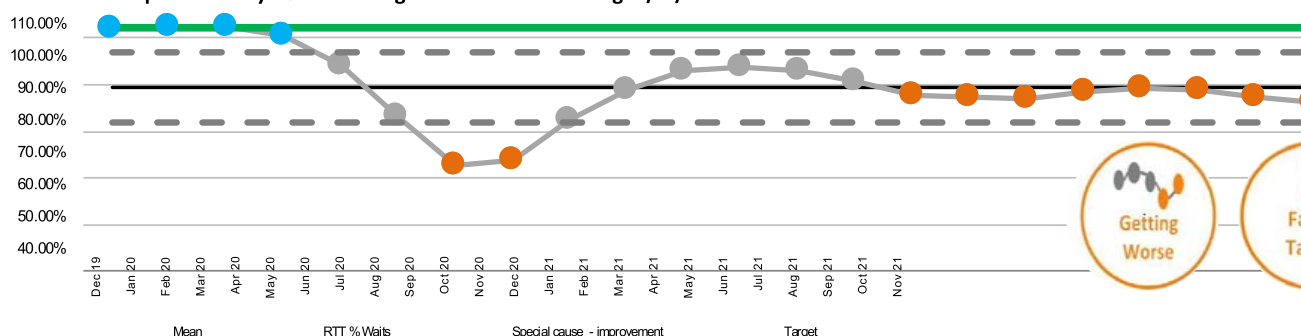
>52 Weeks H2 Actual vs. Trajectory
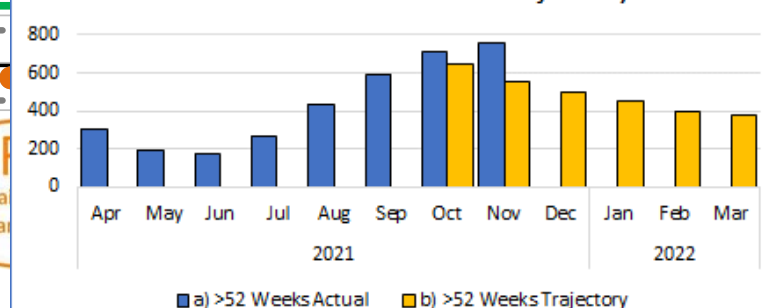
Performance

- RTT performance remains steady in comparison to other months

- The number of 52 week waiters has continued to grow compared to trajectory but this was because of the late start towards full operating. Recent data for December shows that growth has now plateaued and is now falling

- Patients continue to be treated in priority order and in line with national P values

- It is difficult to provide a detailed trajectory of clearance as P values complicate listing but around 40% of available capacity has been assigned to 52 week waits

- The specialty with the most long waiters is T&O

Action

- Continue with validation of open pathways to achieve increased clearance of long waiters

- Continue with elective recovery plans

- Reduce need for medical outliers in surgical beds

- Support earlier discharge across medical and surgical wards to ensure that outlying is reduced

- Additional weekend sessions are now underway and running following introduction of the incentive payments for nursing and CSW staff

Diagnostic Tests - Percentage waiting less than 6 weeks (DM 01) - starting 01/12/19

Month

.0%

...bining 15
...arget 99%

Mean   DM01   Special cause - concern   Special cause - improvement   Target
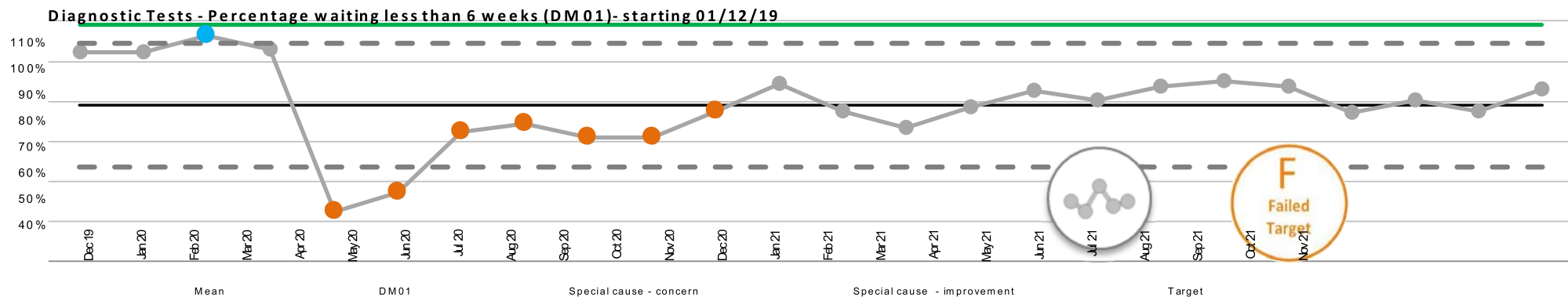
- DM01 performance improved marginally in November compared to October

- Additional resources are in place via the CDH bid, with a mobile scanner in situ at RHH

- MRI and CT continue to performing strongly as result of additional capacity via the CDH bid which has involved mobile capacity

- Non-Obstertic Ultrasound remains the one area of improvement but performance here has improved

- Coding of sleep studies changed performance in October and November

✓ Continue to use outsourcing and WLI where appropriate

✓ CDH working to continue

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VTE Screening Compliance- starting 01/12/19

Chart axis labels (y-axis): 100%, 98%, 96%, 94%, 92%, 90%, 88%, 86%, 84%, 82%, 80%

Chart axis labels (x-axis): Dec 19, Jan 20, Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 21, Feb 21, Mar 21, Apr 21, May 21, Jun 21, Jul 21, Aug 21, Sep 21, Oct 21, Nov 21

F Failed Target

In normal range

Legend: Mean | % Assessed | Process limits - 3σ | Special cause - concern | Special cause - improvement | Target

- against this measure
- Performance in medicine remains robust

- Work ongoing with Junior doctors to look at supporting VTE assessments on surgical ward rounds
- Communication to be circulated to registrars and consultants highlighting the importance of including VTE assessment within senior reviews
- Consider increasing handover from 30 to 60 mins and include VTE review for the on call surgical SHOs as part of this extension

Recovery and Restoration – Cancer 62+ days
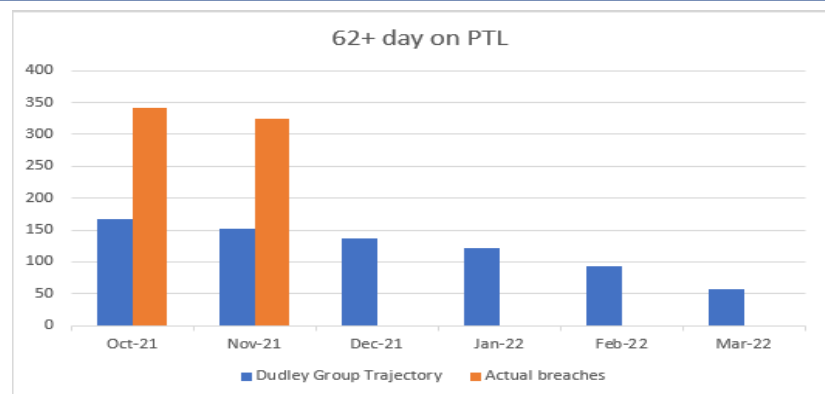
Performance

- This data is snap shot in time and refers to a data point at the start of November 2021

- There has been a slight reduction in the number of patients waiting over 62 days on a cancer pathway

- This is in line with the reduction of 104 day waits for cancer and the 62 day performance

- Whilst there are still far more patients waiting than initially planned the trend over the last two months has been downwards and all activity and trajectory analysis suggests this will continue in coming months

Action

- Continue to prioritise cancer treatments for surgery

- Maintain all operating capacity to ensure patients are treated

- Validation and tracking to be maintained to high standards

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Recovery and Restoration – RTT Completes

Total RTT Completes H2 Trajectory

Admitted RTT Completes H2 Trajectory
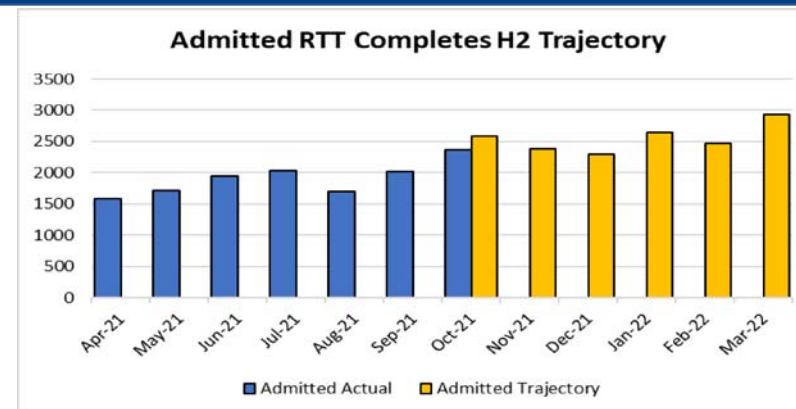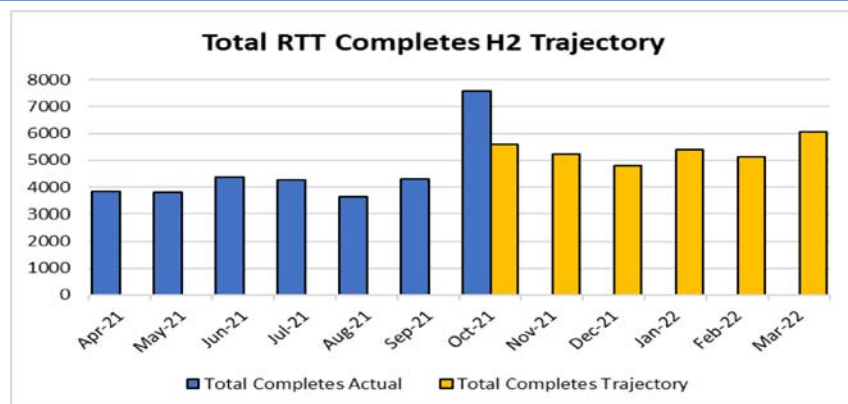
Performance

- H2 trajectories for activity have changed and now relate to clock stops, rather than pure levels of activity.

- There are two key trajectories for clock stops in H2: total completes (admission and) and total admitted (clock stopped through an admission for treatment only)

- There has been a significant number of RTT complete pathways closed down in month, ahead of target/trajectory

- This contributes positively to the Trust financial position and ERF funding

- This has been driven by high volumes of data validation and high volume of patients treated now that all theatres are open and operating at full capacity.

- Admitted Completes slightly behind but increasing volumes are now being seen

Action

- Continue with data validation to ensure rates of Total RTT Completes

- Maintain current rates of elective operating to increase admitted completes

Paper for submission to the Board of Directors

on 13ᵗʰ January 2022

Title:	Summary of Workforce and Staff Engagement Committee (WSEC) Meeting (Deep Dive into Surgery, Women & Children (SWC) Division) on Tuesday 21ˢᵗ December 2021
Author:	James Fleet Chief People Officer/Julian Atkins Non-executive Director
Presenter:	Julian Atkins - Non-executive Director

Action Required of Committee / Group			
Decision	**Approval**	**Discussion** Y	**Other** Y
Recommendations: The Board is asked to note the assurances provided by the Committee as follows:-			

Summary of Key Issues:

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE

- The level of nurse vacancies was discussed, the Committee recognised that nurse staffing challenges were a national issue and actions and interventions were in place to mitigate risk.
- Overall compliance with statutory training requirement (87%) was higher than December 2020, but this represented a decrease of 0.2% from November 2021. The Committee were assured that the training department were offering a wide range of flexible training options to optimise compliance.

MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY

- Update provided on the draft Health & Wellbeing offer and implementation plan for 2022 and beyond. The Trust Executive will consider the plan and associated costs in January 2022.
- Gurjit Bhogal (EDI Steering Group Chair) briefed the Committee on the review of BAME leavers and starters data. This work triangulated with an exercise to understand barriers to career progression for BAME nurses. Career development and progression for diverse staff groups is a key priority for the Trust.

POSITIVE ASSURANCES

- Although the level of unfilled bank shifts was a concern, it was recognised that there had been a significant increase in demand in December compared to November. Shift fill rates remained consistent as a result of some successful interventions, including the introduction of a consolidated bonus payment and increased capacity in the bank team.
- The Corporate Risk Report had been updated to accurately reflect the status of key workforce risks and action being taken.
- Positive upward reports and assurances were given from the EDI Steering Group and Health & Wellbeing Steering Group which demonstrated the significant programmes of work being undertaken.
- The new Inclusion Network Chairs and Vice-Chairs were welcomed and thanked for their leadership and involvement and invited to present their year 2 priorities at the WSEC business

meeting in February 2022. A proposal was made to invite the Chairs to the Trust Board meeting. James Fleet confirmed that NED and Exec sponsors had been assigned to the Networks.

DECISIONS MADE

- The Committee heard that the Trust had been awarded the Workforce Disability Equality Standard (WDES) Innovation Fund Award from NHSE/I and a draft programme of work was presented, which the Committee were pleased to support.

Impact on the Strategic Goals	
Deliver right care every time	**Yes**
Be a brilliant place to work and thrive	**Yes**
Drive sustainability (financial and environmental)	
Build innovative partnerships in Dudley and beyond	**Yes**
Improve health and wellbeing	**Yes**

Implications of the Paper:			
Risk		Y	Risk Description: As described in Board Assurance Framework 4a, 4b, 4c.
	On Risk Register: Y		Risk Score: Seven, scored moderate and major.
Compliance and/or Lead Requirements	CQC	Y	Details: Well-led
	NHSE/I	Y	Details: NHS People Plan
	Other	N	Details:

Report Journey/ Destination *(if applicable)*	Working / Exec Group	N	Date:
	Committee	Y	Date: 21/12/2021
	Board of Directors	Y	Date: 13/01/2022
	Other	N	Date:

CHAIR'S LOG
UPWARD REPORT FROM WORKFORCE & STAFF ENGAGEMENT COMMITTEE
Date Committee last met: 21st December 2021

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MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• The Committee highlighted ongoing concern regarding the level of nurse vacancies but recognised that the nurse staffing challenge is a national issue and that the Trust is taking a range of strategic and tactical actions and interventions to mitigate risk. • Whilst overall compliance with statutory training requirements (87%) is higher than December 2020, this represents a decrease of 0.2% from the previous report in November 2021. The Committee were assured that the training department are offering a wide range of flexible training options for staff to optimise compliance.	• Paige Massey (Health & Wellbeing Lead) presented an update on the DRAFT outline Health and Wellbeing offer and implementation plan for 2022 and beyond. This was well received by the Committee, with further updates due at future meetings. The Trust Executive will be considering the plan and associated costs in January 2022. • Gurjit Bhogal (as Chair of the EDI Steering Group) briefed the Committee on some work that has been undertaken to review BAME leavers and starters data. This has highlighted some key findings which the EDI Steering Group and BAME Network will be picking up at the next network meeting in January. By way of assurance this work triangulates with a separate exercise that has recently been undertaken to engage with BAME nurses to better understand potential barriers to career progression and development. Several immediate actions were outlined, with further engagement work being planned through the BAME Network for early in 2022. Career development and progression for diverse staff groups is a key priority for the Trust.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• Whilst the Committee noted concern regarding the level of bank shifts that are regularly unfilled, it was recognised that there has been a significant increase in demand in December (an additional 4036 shifts across registered and unregistered nursing) compared to November. Shift fill rates have remained consistent at 79% for registered shifts and 71% for unregistered shifts, as a result of some successful interventions, including the introduction of a consolidated bonus payment and increased capacity in the bank team. This is also reflected in the increase in bank usage (510 - 551 FTE between October – November). Measures to improve the provision and utilisation of temporary staffing across the ICS is also a key area of focus for the system People Board. • The Committee were pleased to see that the Corporate Risk Report has been updated, dynamically, to reflect the status of key workforce risks and	• Having been awarded the Workforce Disability Equality Standard (WDES) Innovation Fund award from NHSE/I, Becky Cooke presented a DRAFT programme of work, which the Committee was pleased to support and approve.

action being taken. James Fleet advised the Committee that the following risk ratings have been increased to reflect the most current position:

- o Lack of sufficient clinical workforce capacity to deliver safe and effective services and support staff wellbeing.
- o High levels of staff absence resulting in workforce shortages and agency expenditure.

- The Committee received positive upward reports and assurance from the EDI Steering Group (presented by Gurjit Bhogal - chair) and the Health & Wellbeing Steering Group (presented by Vij Randeniya - chair). These reports demonstrated the significant programmes of work that are being taken forward across these key workforce and people agendas.
- The Committee welcomed the new Inclusion Network Chairs and Vice-Chairs and thanked them for putting themselves forward to lead these hugely important networks, building on the very positive developments during year 1. The Committee has invited the Chairs to present their year 2 priorities at the next WSEC business meeting (February 2022). The Committee has also proposed that the Chairs are also invited to the Trust Board in early 2022. James Fleet confirmed that NED and Exec sponsors are now assigned to the Networks and that individual briefing sessions are currently taking place.

Chair's comments on the effectiveness of the meeting:

The December Committee was streamlined to take account of the operational pressures facing the hospital and the increased impact of COVID absences. The Committee received encouraging upward reports from the NED Chairs of the EDI and Health and Wellbeing Steering Groups which are taking forward significant programmes of work at pace (e.g., developing a comprehensive DGFT Health & Wellbeing offer for staff). It was great to welcome the new Network Chairs and Vice-Chairs who will be presenting their Network priorities for 2022 at the next business meeting of WSEC. The Committee is also proposing that the Network Chairs attend Trust Board to discuss the priorities with the Board members.

NHS

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Paper for submission to the Board of Directors on 13ᵗʰ January 2022

Title:	Freedom to Speak up overview 2021-2022 Q1 - Q3
Author:	Rebekah Plant – Freedom to Speak up Guardian
Presenter:	Rebekah Plant – Freedom to Speak up Guardian

Action Required of Committee / Group			
Decision Y̶/N	**Approval** Y̶/N	**Discussion** Y̶/N	**Other** Y/N̶
Recommendations: The Board is asked to please note the content of this report.			

Summary of Key Issues:
This report contains an overview of Freedom to Speak up for Q1 – Q3 2021 – 2022 including recent activities and numbers/themes of concerns. The service last reported to the Workforce Committee in November 2021.

Impact on the Strategic Goals
(indicate which of the Trust's strategic goals are impacted by this report)

💙 **Deliver right care every time**	✓
⭐ **Be a brilliant place to work and thrive**	✓
😄 **Improve health and wellbeing**	✓

Implications of the Paper:

Risk		N	Risk Description:	
	On Risk Register:	N	Risk Score:	
Compliance and/or Lead Requirements	CQC		Y	Details: Well Led
	NHSE/l		Y	Details: Review completed 2020
	Other		N	Details:

Report Journey/ Destination *(if applicable)*	Working / Exec Group	N	Date:
	Committee	N	Date:
	Board of Directors	Y	Date: 13ᵗʰ January 2022
	Other	N	Date:

Freedom to Speak Up service overview 2021- 2022, Q1 - Q3

The Freedom to Speak up service in DGFT aims to provide all staff (including non-substantive) with a safe route to raise concerns in the workplace. Concerns can be raised confidentially with the FTSU team who will listen and offer support and signposting as well as escalating appropriately as/when necessary. The service is represented as follows:

- Diane Wake - CEO and Executive Lead for Freedom to Speak up
- Julian Atkins – Non executive Lead for Freedom to Speak up
- Rebekah Plant – Lead Freedom to Speak up Guardian
- Philippa Brazier – Freedom to Speak up Guardian
- Lesley Bucknall – Freedom to Speak up champion and administrative support

Those wishing to raise concerns can contact the team directly, by phone, in person or by emailing (either individually or to our generic mailbox dgft.raising.concerns@nhs.net).

Information and contact details for the service can be found on the Trust intranet and on posters displayed around the Trust sites.

Governance arrangements

The FTSU steering group (meets quarterly) includes representation from Human Resources, Staff side and Communications. The group reports into the Workforce Committee and to Trust Board as required.

The Lead Guardian participates in twice monthly informal meetings with other FTSU Guardians in our region: best practice and new initiatives are shared in this way.

In line with the National Guardian office (NGO)'s guidance, the Trust submits anonymised data, about the numbers and types of concerns received, to their online portal on a quarterly basis. These submissions are analysed using the model hospital system and can be compared to local and national Trusts.

Strategy

The 2021 FTSU strategy set the following priorities for achievement:

- Staff irrespective of role, from any area and any background feel safe to raise valid concerns about their workplace and their experience
- Managers and Senior Leaders approach the resolution of concerns in a structured manner which supports and reinforces the values and benefits of a speaking up culture
- All levels of the organisation are aware of the FTSU service and view it as a credible independent and objective support service

To achieve the priorities the service strives to continuously improve – an ongoing action plan is in place which is based on an independent NHSI review of our FTSU arrangements in late 2020. Actions from a review by our internal auditors (2020) have also been implemented.

Champions

In order to maximise the accessibility of the FTSU service we have a network of 23 champions across the Trust in various roles including administrative, medical, nursing and AHP. Their role is a combined FTSU and patient safety role and the team are there primarily to listen and signpost: champions do not usually handle concerns themselves.

The Trust adheres to the NGO 'Guidance for developing a champion network' (2021) and champions undertake training on induction which is refreshed annually thereafter. Champion group meetings are held (mixture of face to face and virtually for our community staff) on a quarterly basis in addition to 1:1 'catch ups' with the Guardians.

Inclusion

It is widely acknowledged that some staff groups may experience barriers to speaking up/raising concerns and the FTSU team are committed to working towards removing these barriers: the champion network includes representation from BAME, LGBTQ+ and Disability staff groups.

The Lead Guardian is a member the of the Equality, Diversity and Inclusion steering group and a member of each of the Trust inclusion networks: in October 2021 the Lead Guardian was nominated as 'White Ally of the Year Award during Covid 19', as part of the Black Country and West Birmingham NHS Trust Collaborative Black History Month event.

Recent activities

For 'Speak up' month 2021 (October) the Exec and non Exec team supported FTSU with a series of 'walkrounds' around the Trust sites to talk staff about the service.

The Executive and Non-executive Leads for FTSU were profiled on Twitter along with the Guardians and Champions and the hospital was lit up, in green, in honour of Freedom to Speak up.

Summary of anonymised concerns
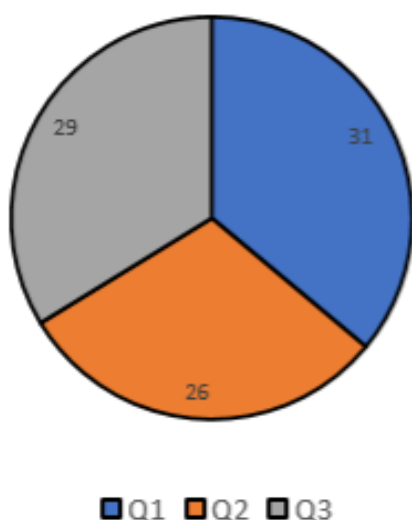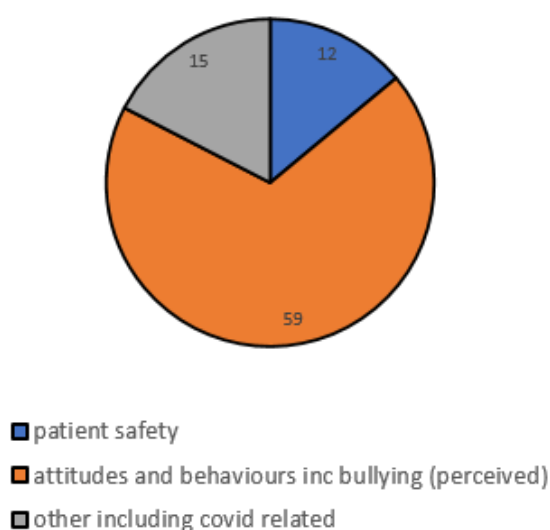
Current projects

- The NGO have recently provided a service 'Gap Analysis' template based on recent reviews undertaken in various Trusts around the country and this is currently being used to internally review our own service.
- The Lead Guardian has recently participated in a meeting with other Guardians, in our system, which has made recommendations for the Black Country and West Birmingham STP Leadership and Culture Group Freedom to Speak Up Project.

Feedback recently received:

'I do feel much better for talking it out with you (thank you)'

'Thank you for meeting with us today and for all your support.'

Becky Plant
Freedom to Speak up Guardian
January 2022

NHS

The Dudley Group
NHS Foundation Trust

Paper for submission to the Board of Directors

on 13th January 2022

Title:	Interim Governance Arrangements – Reducing the burden of reporting and releasing the capacity to manage the COVID-19 pandemic
Author(s):	Julie Dawes. Interim Trust Secretary Helen Board, Deputy Trust Secretary
Presenter:	Julie Dawes, Interim Trust Secretary

Action Required of Committee / Group			
Decision	**Approval**	**Discussion**	**Other** **Y**
The Board is asked to note the proposed lighter-touch approach to Board governance as outlined in the report during the current period of Level 4 Incident escalation.			

Summary of Key Issues:

In light of the advice given by the UK chief medical officers, on 13th December 2021, NHSE/I declared a Level 4 National Incident, in recognition of the impact on the NHS of both supporting the vital increase in the vaccination programme and preparing for a potentially significant increase in COVID-19 cases.

On 24th December 2021, NHSE/I provided a further national directive on regulatory and reporting requirements to free up resources including:

- Streamlining oversight meetings
- Streamlining assurance and reporting requirements
- Providing greater flexibility on various year-end submissions
- Focussing improvement resources on COVID-19, vaccination, discharge, urgent and emergency care (UEC), and elective recovery priorities
- Only maintaining development workstreams that support recovery and safety
-
This paper outlines a proposed approach to Board governance in respect of the Board and its Committees which provide it with assurance and reflects the focus on decision making, performance, safety, risk, and mandatory business (legal or regulatory compliance).

The approach primarily mirrors the organisation's response to the earlier waves of he pandemic.

Impact on the Strategic Goals *(indicate which of the Trust's strategic goals are impacted by this report)*	
Deliver right care every time	Y
Be a brilliant place to work and thrive	Y
Drive sustainability (financial and environmental)	Y
Build innovative partnerships in Dudley and beyond	Y
Improve health and wellbeing	Y

Implications of the Paper:

Risk	N	Risk Description:	
	On Risk Register: N	Risk Score:	
Compliance and/or Lead Requirements	CQC	Y	Details: Well led
	NHSE/I	Y	Details: Publication approval ref: C1518
	Other	N	Details:

Report Journey/ Destination *(if applicable)*	Working / Exec Group	N	Date:
	Committee	N	Date:
	Board of Directors	Y	Date: 13/01/2022
	Other	N	Date:

**Reducing the burden of reporting and
releasing the capacity to manage the COVID-19 pandemic:
Proposed Interim Governance Arrangements**

Report to Board of Directors on 13ᵗʰ January 2022

1.   EXECUTIVE SUMMARY

1.1   Introduction

The current COVID-19 present an unprecedented impact on the NHS and the Trust. At the core of our organisation, we remain committed to ensuring that we keep our patients and our staff safe within a well led organisation. 'Delivering compassionate excellence' against the backdrop of the COVID-19 pandemic is at the forefront of the aims of the organisation, and therefore we must consider a revised governance approach during the intervening period to facilitate that aim.

In response to national guidance by on 13ᵗʰ December 2021, NHSE/I declared a Level 4 National Incident in recognition of the impact on the NHS of both supporting the vital increase in the vaccination programme and preparing for a potentially significant increase in COVID-19 cases.

On 24ᵗʰ December 2021, NHSE/I provided a further national directive on regulatory and reporting requirements to free up resources including:

- Streamlining oversight meetings
- Streamlining assurance and reporting requirements
- Providing greater flexibility on various year-end submissions
- Focussing improvement resources on COVID-19, vaccination, discharge, urgent and emergency care (UEC), and elective recovery priorities
- Only maintaining development workstreams that support recovery and safety

Full details of the guidance are included for information as **Appendix 1**. We understand that NHSE/ will review these arrangements again in Q1 2022/23.

2.   INTERIM GOVERNANCE ARRANGEMENTS

2.1   As operational pressures began to ease in summer 2021, the Trust began to move back towards a more normal approach to board governance, including the re-introduction of face-to-face meetings in November 2021. However, as the Trust (and indeed the whole health economy regionally and nationally) is now experiencing significant pressures and is in a period of escalation, this paper has been updated to reflect a revised approach to governance. In most respects this mirrors the approach taken during previous waves, but it is nevertheless important to ensure that Board members support and our planned approach.

During this period, the organisation has moved to a 'command and control' model of operation, with a supporting governance structure in place to enable dynamic, timely and risk- based decision-making.

Support staff are also in the process of being re-deployed to assist in the delivery of front-line services. The focus of the Trust, its board members and staff is on safeguarding our patient-facing services and mitigating risks to both patient and staff safety and welfare.

These provisions are intended to ensure that the Trust Board and board committees maintain and deliver key functions during the COVID-19 pandemic, whilst also having regard to the sustainability and resilience of these requirements in a time of intense pressure.

They reflect the need for the Trust to focus on its safety of its patients, the safety and resilience of its staff (including its leadership teams), against the continuing need to make appropriate decisions in a way the remains evidence based, rational and transparent, and with the appropriate level of challenge and oversight, but often within condensed timescales.

The ability to be agile and flexible in how such decisions are made, in a time of increased activity, reflects the strength and depth of the leadership across the Trust.

2.2   Trust Board and Committees

Whilst a daily command and control meeting structure is a critical requirement during this period, it is also recognised that the Board and its committees remain a very important part of our overall governance.

It is important for the Board to continue to meet on a monthly bass but there is a need ensure that the agenda is focussed on business critical items. Examples of business critical items include:

- COVID-19: Key actions, strategic decisions, risks and performance.
- Integrated Performance Dashboard – to enable the Board to review and seek assurance over the performance more broadly (not just those metrics directly relating to COVID-19;
- Quality - Where the Quality Committee has met during the month assurance will be taken via the Quality Committee reporting into the Board;
- Finance report – to provide oversight of financial spend, funding agreements and sustainability during the response to COVID-19; and
- Risk reporting – to provide assurance over the management of material risks to the Trust, its staff and patients.

Other items may be shared with the Board on a 'for information and assurance only' basis. This means the Board can continue to receive some regular items without the need to spend time debating and discussing them – they will be discussed on a 'by exception basis only. One example might include Freedom to Speak Up reporting (which can be a key indicator from a staff well being and patient safety perspective, both of which are important during times of pressure).

The Board will continue to meet in private on a monthly basis and in public on a bi-monthly basis. Consideration may need to be given reducing Board representation at future meetings to enable Executive Directors to focus on the immediate management of the COVID-19 response, should the pressure on the service continue to escalate.

In line with government requirements regarding social distancing and public events the public Board meetings will continue to be held virtually. Invitations to observe the meeting will be extended to Governors and members of the public by arrangement. In order to maintain transparency, the papers will be published on the website.

Board committee meetings will continue to meet virtually as planned in order to support the Board in tracking key decisions. Similar to the Board, agendas will reflect those items material to our COVID-19 response and immediate operations (focussing on quality, safety, risk, performance and financial).

Certain sub-groups that report in Board committees may be stood down unless there remains a business critical need for them to meet for a specific item and/or decision. This will be at the discretion of the chairs of these groups, i.e., the Executive Directors.

2.3 Governor meetings and activities

As with earlier waves, full Council of Governor meetings and committee meetings will be stood down. It is acknowledged that in undertaking its duty to hold the Non-Executive Directors individually and collectively to account for the performance of the Board performance appropriate arrangements will need to be in place for governors to assess the continued functioning of the Board.

Arrangements or a combination of written briefings and electronic communication on all key issues where the Trust engages with Governors, will be made to, to ensure continued engagement with Governors as an integral element of the Trust's oversight and governance.

Governor training and development sessions will be maintained.

All meetings, briefings and training sessions will be held virtually using MS Teams. All face to face activities (Quality & Safety Reviews, Place-lite) will be paused until further notice.

Membership engagement activity will be limited to COVID-19 purposes and the monthly briefing to members will continue.

The next round of Council of Governors elections is scheduled to commence in late April 2022 with no plans to stop/delay the activity at this time.

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2.4   Urgent decision making

Given that Board committee meetings will be maintained, urgent decision making should remain exceptional. In the event of a critical or urgent decision(s) needed to made in between meetings, flexibility may be required and the Urgent Purposes Committee (comprising the Chair and the Chief Executive) may be used in accordance with the emergency provisions under section 4.2 in the Trust's Constitution.

In principle, the current Board Scheme of Delegation and specifically the matters the Board reserve for its own decision will remain.

The Chair, Chief Executive and Trust Secretary will continually monitor if any decisions should be made by the Board, and vitally, where the Board need to be engaged to fulfil their scrutiny and support role where matters are not for formal approval.

2.5   **Summary position**

The position can be summarised as shown below:

Meetings to be continued with focussed agendas	Meetings to be stood down until pressures ease
Board of Directors – public and private	Council of Governor
Board Committees	Governor committees and membership engagement meetings
	Sub-groups and/or committees reporting to Board Committees (unless they are reinstated for a specific purpose by the Chairs) and those groups that support the work of the sub-groups

3.   RECOMMENDATION
- **The Board is asked to note the proposed interim governance arrangements whilst the Trust remains on the national Level 4 Incident designation.**

Julie Dawes, Interim Trust Secretary
Helen Board, Deputy Trust Secretary

11 January 2022

NHS

To:
- Chief executives of all NHS trusts and foundation trusts
- CCG accountable officers
- GP practices and PCNs
- Providers of community health services
- NHS 111 providers
- PCN-led local vaccination sites
- Vaccinations centres
- Community pharmacy vaccination sites
- ICS and STP leads

cc.
- NHS regional directors
- NHS regional directors of commissioning
- Regional incident directors
- Regional heads of EPRR
- Chairs of ICSs and STPs
- Chairs of NHS trusts, foundation trusts and CCG governing bodies
- Local authority chief executives and directors of public health

NHS England and NHS Improvement
Skipton House
80 London Road
London
SE1 6LH

24 December 2021

Dear Colleague

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

Once again, the NHS is facing a significant challenge from COVID-19. As we continue to manage infections from the Delta variant, the Omicron variant is growing substantially and once again there is a risk of significant levels of COVID-19 hospitalisations with the challenges these place across the whole NHS. At the same time, the NHS is delivering a national COVID booster vaccination programme and continuing to provide essential non-COVID care.

This letter should be read in conjunction with 'Preparing the NHS for the potential impact of the Omicron variant and other winter pressures', which declared a Level 4 National Incident.

Following our letters in March and July last year and January, this letter updates our position on regulatory and reporting requirements for NHS trusts and foundation trusts, including:

- streamlining oversight meetings

- streamlining assurance and reporting requirements

- providing greater flexibility on various year-end submissions

- focusing our improvement resources on COVID-19, vaccination, discharge, UEC and elective recovery priorities

- only maintaining development workstreams that support recovery and safety.

Our intention is that the measures here will collectively help you free up resource to address the priorities we have set out.

We will keep this under close review, making further changes where necessary to support you and remaining mindful of the balance between timely information and not flooding the service with requests. We will review and update the measures set out in this letter in Q1 2022/23.

Once again, we appreciate the incredible level of commitment and hard work from you and your teams that has helped the NHS rise to meet the challenge of COVID-19 since March 2020.

Sir David Sloman
Chief Operating Officer
NHS England and NHS Improvement

A) Governance and meetings

No.	Areas of activity	Detail	Actions
1.	Board and sub-board meetings	Trusts and CCGs should continue to hold board meetings but streamline papers and focus agendas. No sanctions for technical quorum breaches (eg because of self-isolation). For board committee meetings, trusts should continue quality committees, but consider streamlining other committees. While under normal circumstances the public can attend at least part of provider board meetings, government social isolation requirements constitute 'special reasons' to avoid face-to-face gatherings as permitted by legislation. All system meetings to be virtual unless there is a specific business reason to meet face to face.	Organisations to inform audit firms where necessary
2.	FT governor meetings	Face-to-face meetings should be stopped wherever possible at the current time[1] – virtual meetings can be held for essential matters e.g. transaction decisions. FTs must ensure that governors are (i) informed of the reasons for stopping meetings and (ii) included in regular communications on response to COVID-19, eg via webinars/emails.	FTs to inform lead governor
3.	FT governor and membership processes	FTs free to stop/delay governor elections where necessary. Annual members' meetings should be deferred. Membership engagement should be limited to COVID-19 purposes.	FTs to inform lead governor
4.	Annual accounts and audit	Wherever possible the NHS England and NHS Improvement accounts team will reduce the administrative burden of year-end accounts as far as is possible, but the current intention is to stick with the published timetable. We will, as ever, remain responsive to challenges as they emerge.	Organisations to continue with year-end planning in light of updated guidance
5.	Quality accounts – preparation	The deadline for quality accounts preparation of 30 June is specified in Regulations. As in previous years, we intend to write to all providers concerning the requirements for 2021/22 Quality Accounts.	No action for organisations at the current time

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[1] This may be a technical breach of foundation trusts' constitution but acceptable given government guidance on social isolation.

No.	Areas of activity	Detail		Actions
6.	Quality accounts and quality reports – assurance	We are removing requirements for FTs to include quality reports within their 2021/22 annual report and removing the need for assurance of quality reports and quality accounts from all trusts.		Organisations to inform external auditors where necessary
7.	Annual report	We wrote to the sector on 15 January 2021 confirming that the options available to simplify parts of the annual report that were introduced in 2019/20 and kept for 2020/21 are available for 2021/22.		Organisations to continue with year-end planning in light of updated guidance
8.	Decision-making processes	While having regard to their constitutions and agreed internal processes, organisations need to be capable of timely and effective decision-making. This will include using specific emergency decision-making arrangements.		

B) Reporting and assurance

No.	Areas of activity	Detail
1.	Constitutional standards (eg A&E, RTT, cancer, ambulance waits, mental health and learning disability measures)	See Annex A
2.	Friends and Family Test	Reporting requirement to NHS England and NHS Improvement has been resumed. Note that trusts have flexibility to change their arrangements under the new guidance, and published case studies show how trusts can continue to hear from patients while adapting to pressures and needs. We emphasise local discretion.
3.	Long Term Plan: mental health	NHS England and NHS Improvement will maintain the Mental Health Investment Guarantee. As a foundation of our COVID-19 response, systems should continue to expand services in line with the LTP.
4.	Long Term Plan: learning disability and autism	Systems should continue learning disability and autism investment and transformation to support the LTP.
5.	Long Term Plan: cancer	NHS England and NHS improvement will maintain their commitment and investment through the Cancer Alliances and regions to improve survival rates for cancer. We will work with Cancer Alliances to prioritise delivery of commitments that free up capacity and slow or stop those that do not, in a way that will release necessary resource to support the COVID-19 response

No.	Areas of activity	Detail
		and restoration and maintenance of cancer screening programmes (including bowel and targeted lung checks) and symptomatic pathways.
6.	Long Term Plan: maternity and neonatal	Systems should ensure that maternity services can operate safely in the pandemic context and continue to implement initiatives which support this, such as Saving Babies' Lives and the seven Immediate and Essential Actions from the Ockenden report. We will work with local maternity systems to prioritise delivery of commitments that free up capacity and slow or stop those that do not, in a way that will help them to maintain safe services. This will include reviewing planning milestones, such as submission of plans to roll out continuity of carer and improve equity.
7.	GIRFT and transformation programmes	Routine GIRFT visits to trusts have been stood down with resources concentrated on supporting hospital discharge co-ordination and HVLC work. National transformation programmes (outpatients, diagnostics and pathways) now focus on activity that directly supports the COVID response or recovery, eg video consultation, personalised outpatients and patient-initiated follow-up, maximising diagnostics and clinical service capacity, supporting discharge priorities, etc.
8.	NHS England and NHS Improvement oversight meetings	Oversight meetings will continue to be held by phone or video conference unless it is agreed that there is a compelling business reason to hold them face-to-face, and they will focus on critical issues. Teams will also review the frequency of these meetings on a case-by-case basis to ensure it is appropriate, streamlining agendas to focus on COVID-19 issues/discharge/recovery/ winter and support needs.
9.	ICS development activity	System working is essential in managing the response to COVID-19 and delivering the NHS's priorities in 2022/23. Work to establish ICSs – and ICBs as statutory NHS bodies – continues, with a revised target date of July 2022. This will allow sufficient time for the remaining parliamentary stages of the Health and Care Bill and provide some extra flexibility for systems in preparing for the new statutory arrangements and managing the immediate priorities in the pandemic response.
10.	Corporate data collections (eg licence self-certs, annual governance statement, mandatory NHS Digital submissions)	Look to streamline and/or waive certain elements. Delay the forward plan documents FTs are required to submit. We will work with analytical teams and NHS Digital to suspend agreed non-essential data collections.

No.	Areas of activity	Detail
11.	CQC routine assessments, Use of Resources assessments, HSIB investigations	With CQC, we continue to prioritise our Recovery Support Programme work to give the appropriate support to the most challenged systems to help them manage COVID-19 pressures. CQC has suspended routine assessments and currently uses a risk-based transitional monitoring approach. NHS England and NHS improvement continue to suspend the Use of Resources assessments in line with this approach. Visits and inspections in connection with HSIB investigations will also be reduced.
12.	Provider transaction appraisals – mergers and subsidiaries	Potential for NHS England and NHS Improvement to deprioritise or delay transactions assurance if in the local interest given COVID-19 factors.
	Service reconfigurations	Urgent temporary service changes on safety grounds in response to COVID-19 or other pressures can still be made with agreement from system partners. Should systems look to make these permanent, normal reconfiguration assurance processes will apply at a later stage.
13.	7-day services assurance	No changes – self-cert statements to continue.
14.	Clinical audit	Given the importance of clinical audit in COVID and non-COVID care, clinical audit platforms will remain open for data collection. It should be noted clinical teams should always prioritise clinical care over data collection and submission.
15.	Pathology services	We need support from providers to manage pathology supplies which are crucial to COVID-19 testing. Trusts should not penalise those suppliers who are flexing their capacity to allow the NHS to focus on COVID-19 testing equipment, reagent, and consumables. Trusts must also continue to support the prioritisation of covid testing and genotyping services within their own laboratories.

C) Other areas including primary care, HR and staff-related activities

No.	Areas of activity	Detail
1.	Mandatory training	With staff absences likely to rise, new training activities – eg refresher training for staff and new training to expand the number of ICU staff – are likely to continue to be necessary. Reduce other mandatory training as appropriate.
2.	Appraisals and revalidation	Professional standards activities may need to be reprioritised: eg appraisals can be postponed or cancelled. Appraisal is a support for many doctors, so it is helpful to keep the option available, but if going ahead, please use the shortened Appraisal 2020 model. Medical directors may also use discretion to decide which concerns require urgent action and which can be deferred.

		The Nursing and Midwifery Council (NMC) has also extended the revalidation period for current registered nurses and midwives by an additional three months for those due to revalidate between December 2021 and March 2022.
3.	Primary care	We have already announced a series of changes to GP contract arrangements and some changes for community pharmacy.
4.	CCG clinical staff deployment	Review internal needs to retain a skeleton staff for critical needs and redeploy the remainder to the frontline. CCG governing body GPs to focus on primary care provision and booster campaign.
5.	Repurposing non-clinical staff from CCGs	Non-clinical staff to focus on supporting primary care and providers to maintain and restore services and the vaccine booster programme.
6.	Enact business critical roles at CCGs	To include support and hospital discharge, EPRR etc.

Annex A – constitutional standards and reporting requirements

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

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

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

Discharge – Monitoring and management of delayed discharge for patients who no longer meet the reasons to reside will continue, and from Tuesday 21 December daily calls will take place in every region with every ICS discharge SRO to discuss performance and actions to decrease the number of people with a delayed discharge.

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

Screening: cancer (breast, bowel and cervical) and non-cancer (abdominal aortic aneurysm, diabetic eye and antenatal, newborn screening and targeted lung checks) – Screening remains a priority and should be protected.

Immunisations – All routine invitations should continue to be monitored via the NHS England and NHS Improvement regional teams.

The Weekly Activity Return (WAR) will continue to be a key source of national data, and through the urgent and emergency care daily SitRep return we now capture data on the clinical priority ('P code') of elective cancellations and patients who have not yet been booked for treatment. This is vital management information to support our operational response to the pandemic, and we require 100% completion of this data with immediate effect. Guidance can be found here.

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

Title	Designation	Frequency
Critical care bed capacity and urgent operations cancelled	Official Statistics	Monthly
Delayed transfers of care	Official Statistics	Monthly
Cancelled elective operations	Official Statistics	Quarterly
Audiology	Official Statistics	Monthly
Mixed-sex accommodation	Official Statistics	Monthly
Venous thromboembolism (VTE)	Official Statistics	Quarterly
Mental health community teams activity	Official Statistics	Quarterly
Dementia assessment and referral return	Official Statistics	Monthly
Diagnostics weekly PTL	Management Information	Monthly
26-week patient choice offer	n.a. - trial	weekly

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

NHS
The Dudley Group
NHS Foundation Trust

Paper for submission to Board of Directors
on 13ᵗʰ January 2022

Title:	Workforce KPI Report
Author:	Greg Ferris - Senior Information Analyst Karen Brogan – Deputy Chief People Officer
Presenter:	James Fleet – Chief People Officer

Action Required of Committee / Group			
Decision N	Approval N	Discussion Y	Other N
Recommendations: For the Board to receive the report and note the contents.			

Summary of Key Issues:

o   Overall Sickness/Absence was 6.62% in November, a decrease of 0.36% compared against October, which was 6.98%. December's absence figures are not yet available but are expected to significantly increase due to covid related absence.

o   C19 absence tracking continues to be reported daily. The number of people off for a Covid related reason has significantly escalated with 279 people absent on 4ᵗʰ January 2022. This accounts for 5.03% of sickness absence and will be reflected within December's rates.

o   The total vacancies in November stands at 767.00 WTE (calculated as the difference between Budgeted WTE and Contracted WTE) This equates to 13%. It should be noted that the budgeted WTE increased by 49 WTE in November is contributing to an increase in vacancies:
- Nursing 19% (366.03)
- HCSW 8% (79.83)
- Senior Medics 16% (59.94)
- Junior Medics 14% (63.11)
- AHP's 12% (92.07)

o   Bank usage has increased to 551.23 WTE in November from 510.97 WTE in October, an increase of 40.26 WTE, this reflects initiatives to increase bank capacity during recent months, including bolstering the resource within the bank service to engage with bank staff, the introduction of the bank capacity bonus and improved communications. Agency usage has remained consistent with October at 193.70 WTE.

o 6,450 registered shifts were requested in October, this rose to 9010 in November, with 1894 (21%) remaining unfilled. 3318 unregistered shifts were requested in October, this rose to 4794 in November with 1376 (18%) unfilled.

o In November there was a significant increase in demand for shift fill requests, with the increased demand the average shift fill rate for registered nurses was 79% compared to 82% in October and 71% for unregistered nursing compared to 70% in October.

o Mandatory Training: overall compliance is 87.06% as at 9th December, this is an increase from 86.94%.

o The current caseload is 39, a decrease of 3 cases, with 'Disciplinary' at 51.4% (19 cases) the highest category, followed by 'Grievance' at 22.9% (9 cases).

Impact on the Strategic Goals
(indicate which of the Trust's strategic goals are impacted by this report)

♥	**Deliver right care every time**	**Y**
☆	**Be a brilliant place to work and thrive**	**Y**
⚙	**Drive sustainability (financial and environmental)**	
🤝	**Build innovative partnerships in Dudley and beyond**	
😄	**Improve health and wellbeing**	**Y**

Implications of the Paper:
(complete all sections including the Corporate Risk Register and/or the Board Assurance Framework)

Risk		Y	Risk Description: *Inc risk ref number*	
	On Risk Register:	Y	Risk Score:	
Compliance and/or Lead Requirements	CQC	Y/N	Details:	
	NHSE/I	Y/N	Details:	
	Other	Y/N	Details:	

Report Journey/ Destination *(if applicable)*	Working / Exec Group	Y/N	Date:
	Committee	Y	Date: 21/12/2021
	Board of Directors	Y	Date: 13/01/2022
	Other	Y/N	Date:

Workforce KPI Report

December 2021

James Fleet

Executive Chief People Officer

	Performance	**Action**
Sickness & Absence	o Overall Sickness/Absence was 6.62% in November, a decrease of 0.36% compared against October, which was 6.98%. December's absence figures are not yet available but are expected to significantly increase due to covid related absence. o Surgery remains the division with the highest sickness absence rate at 7.27% in November, however this is a decrease of 0.33% compared to October which was 7.60%. o C19 absence tracking continues to be reported on a daily basis. The number of people off for a Covid related reason has significantly escalated with 279 people absent on 04/01/2022. This accounts for 5.03% of sickness absence and will be reflected within Decembers rates. o Discounting Covid-absences, 'Anxiety/stress/depression' remains the most common reason for absence (86 people) followed by musculoskeletal (37)	✓ Centralised Sickness Absence Reporting has continued for Covid-related absence, this feeds directly into the Staff Testing process to enable staff to return to work as quickly as possible. ✓ All Covid-related absence is screened and challenged to ensure staff are self-isolating appropriately and scheduled returners are managed daily to facilitate a return to work. ✓ Monthly sickness absence reports are being sent to Managers, Divisional Directors and Heads of Service detailing both short and long term absence, with the operational HR teams supporting the development of management action plans. ✓ The operational HR team convene monthly meetings with managers to support, advise and challenge action that is being taken to manage sickness absence.
Bank & Agency Usage	o The COVID vaccination Bank and Agency usage is now excluded from the Trust KPI report (DGFT is the lead employer for BCWB). o Bank usage has increased to 551.23 WTE in November from 510.97 WTE in October, an increase of 40.26 WTE. Agency usage has remained consistent with October at 193.70 WTE. o Total temporary staffing usage in November is 744.93 WTE which is an increase from 704.81 in October. September is 577 WTE, which is a significant reduction from 640 WTE in August. This remains lower than the total vacancies October which is 767.00 WTE o In November the average shift fill rate for registered nurses was 79% compared to 82% in October and 71% for unregistered nursing compared to 70% in October. 6,450 registered shifts were requested in October, this rose to 9010 in November, with 1894 remaining unfilled. 3318 unregistered shifts were requested in October, this rose to 4794 in November with 1376 unfilled	✓ An action plan has been developed to prioritise recruitment and retention, concentrating specifically on HCSW's and Registered Nurses initially, to reduce reliance on agency and bank usage. ✓ Authorisation levels have been reviewed and revised within Health Roster to ensure there is senior nursing oversight for agency usage. ✓ Embedding the Business Partner model to include monthly operational business meetings to support advise and challenge action that is being in relation to vacancies, retention and bank and agency usage. ✓ A task and finish group has been established to reduce agency usage. ✓ Introduction of NHSP national bank service (planning to mobilise Nov) to support shift fill.
Turnover & Recruitment	o Contracted WTE staff decreased slightly to 4999.47 in November from 5019.36 WTE in October, a reduction of 19.89 WTE. o The total vacancies stands at 767.00 WTE (calculated as the difference between Budgeted WTE and Contracted WTE) This equates to 13%. It should be noted that the budgeted WTE has increased by 49 WTE in November contributing to an increase in vacancies. o Registered Nursing vacancies are at 366.03, an increase from 326.86, WTE, Unregistered Nursing at 79.83 , which is an increase from 49.72. o There has been a technical issue with accessing the turnover report this month, the report is being re-built and therefore data is not available until next month.	✓ The HR Business Partners will be supporting the Divisional Directors to ensure the development and implementation of workforce planning, that understands staffing capacity, establishments, and skill & experience requirements and incorporates into service design to ensure roles are fit for purpose and add value. ✓ A methodology is being developed that will examine trends on planned versus actual staffing levels, triangulated with key quality and outcome measures, including exit interviews and stay interviews. ✓ An action plan has been developed to prioritise recruitment and retention, concentrating specifically on HCSW's and Registered Nurses, including international nurse recruitment.

Mandatory Training

Performance

o Mandatory Training: overall compliance is 87.06% as at 9th December, this is an increase from 86.94%. this is a slight reduction from 87.41% on the 18th November.

o The priority areas continue to be safeguarding (child and adult), Resus and manual handling.

o The most challenged staff group is medical and dental staff.

Action

✓ An action plan has been devised along with a trajectory for the Divisions to achieve mandatory training compliance.

✓ Restrictions to the amount of attendees and exploration of adjusted delivery continues, staff absence continued to be a factor.

✓ Meetings held with SMT Lead and Gen Managers for MIC, Surgery, and CSS, with out-of-hours additional sessions run throughout September up to December to capture Clinicians and increase overall compliance.

Equality, Diversity & Inclusion

Performance

o BAME staff Trust representation is at 19.9%, an increase of 0.3% since October.

o Disabled staff Trust representation is at 3.8%.

o LGBTQ+ staff representation is at 1.9%.

Action

✓ The Trust Inclusion Networks (BAME, LGBTQ+, Disability and Women's Network) continue to grow in membership, with regular meetings and events. Exec and NED sponsors have been appointed to support the new Chairs/Vice Chairs for year 2. Year 2 priorities have been developed and are due to be presented to the WSEC in January 2022.

✓ A formal EDI Steering Group is being established, chaired by Dr Gurjit Bhogal, to oversee and support the Trust's ambitious EDI strategy for all protected characteristics.

✓ A delivery plan for the key elements of the Dudley People Plan and for WDES, WRES, and WSES actions has been developed to ensure there is a key focus on Equality.

HR Caseload

Performance

o The current caseload is 39, a decrease of 3 cases, with 'Disciplinary' at 51.4% (19 cases) the highest category, followed by 'Grievance' at 22.9% (9 cases).

o The division with the highest number of open cases is Medicine and Integrated Care at 17 cases.

o BAME representation is at 31.4%, a reduction of 3.73%, from 13 open cases to 10.

o There are currently 2 live suspensions.

o There are currently 3 Employment Tribunal cases in process.

Action

✓ Employee relations cases continue to be proactively managed and supported by the implementation and maintenance of a case tracker.

✓ There is a focus on the Just Culture framework, with shared learning and early resolution where possible.

✓ The development of innovative and supportive Employee Relations policies continue to be a focus, with both the 'Helping Resolve Problems Policy (Grievance Policy) and Disciplinary Policy having been reviewed in line with best practice and are being published w/c 21st June 2021.

| Staff Health & Wellbeing | Within November there have been 57 management referrals into SHAW, w hich is an increase of 8 compared to October. 58% have focused on the staff members ability to perform their duties, 24% in managing long-term sickness and 16% in managing short-term absence. BHSF RISE activity has increased slightly in Q3, w hen compared to Q2, reflecting the demand for EAP intervention from DGFT staff. Black Country Mental Health hub referrals have totalled 9 self-referrals between May 21 - November 21, w hich remains consistent Via Vita participation has reduced slightly (by 4 participants), reflecting the operational capacity challenges and ability to release staff. REMPLOY access has totalled 7 self-referrals between Oct 21 – Nov 21 | ✓ A review of the Staff Health & Wellbeing service has been undertaken and w e are currently recruiting to the new structure. ✓ A Wellbeing Business Partner has been appointed and is in post and a Wellbeing Steering Group has been established w hich will report upw ards to WSEC. |

Sickness Absence

- Overall Sickness/Absence was 6.62% in November, a decrease of 0.36% compared against October, which was 6.98%. December's absence figures are not yet available but are expected to significantly increase due to covid related absence.

- Surgery remains the division with the highest sickness absence rate at 7.27% in November, however this is a decrease of 0.33% compared to October which was 7.60%.

- C19 absence tracking continues to be reported on a daily basis. The number of people off for a Covid related reason has significantly escalated with 279 people absent on 04/01/2022. This accounts for 5.03% of sickness absence and will be reflected within Decembers rates.

- Discounting Covid-absences, 'Anxiety/stress/depression' remains the most common reason for absence (86 people) followed by musculoskeletal (37)

Latest Month

Trust	CS	Corporate	MIC	Surgery
6.62%	6.89%	4.15%	6.74%	7.27%

Absence % (FTE) 2 Years rolling

Reason (instances)

S10 Anxiety/stre...	86
Other	45
S12 Other musc...	37
S28 Injury, fracture	22
S26 Genitourinar...	20
S25 Gastrointesti...	18
S13 Cold, Cough...	16
S11 Back Proble...	10
S30 Pregnancy r...	8
S15 Chest & res...	7
S16 Headache / ...	7
S17 Benign and ...	7
S98 Other know...	7
Infection	4
S31 Skin disorders	4
S99 Unknown ca...	4
	3
S21 Ear, nose, th...	3
S14 Asthma	2
S24 Endocrine / ...	2
S18 Blood disord...	1

Ward/Service (instances)

253 Maternity U...	15
253 Pharmacy D...	15
253 Therapy Dep...	12
253 Halesowen (...	8
253 Emergency ...	7
253 Ward C2 Serv	7
253 Ward C6 Serv	7
253 Renal Unit S...	6
253 Ward B2 (T) ...	6
253 Ward EAU S...	6
253 Ward B2 (H) ...	5
253 Ward C3 Serv	5
253 Ward C7 Serv	5
253 Brierley Hill (...	4
253 Cancer Servi...	4
253 Community ...	4
253 Critical Care ...	4
253 Emergency ...	4
253 GI Unit Serv	4
253 Health Recor...	4
253 Imaging - Ra...	4

Sickness Absence - Detail

BAME colleagues show absence levels 1.09% lower that non-BAME colleagues.

In terms of disability, the chart to the right highlights the absence levels of disabled colleagues (for the 12 months to November 2021, including the COVID effect).

In November absence for colleagues who have declared a disability was 3.23% higher than colleagues who have not declared a disability.

Bame / Non Bame - Absences (FTE) Trend
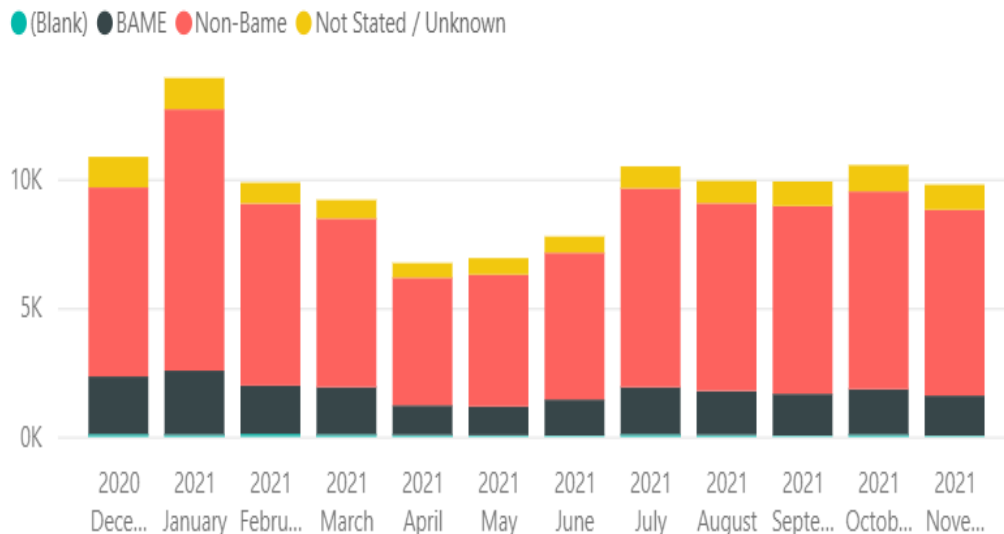
● (Blank) ● BAME ● Non-Bame ● Not Stated / Unknown

Bame / Non Bame - Absences % (FTE) 1 Year

Non-Bame	6.87%
(Blank)	6.36%
Not Stated / Unknown	6.32%
BAME	5.78%

Disability - Absences (FTE) Trend

● No ● Not Declared ● Prefer Not To Answer ● Unspecified ● Yes

Disability - Absences % (FTE) 1 Year

Yes	10.45%
Prefer Not To Answer	8.29%
Not Declared	7.22%
Unspecified	7.08%
No	6.04%
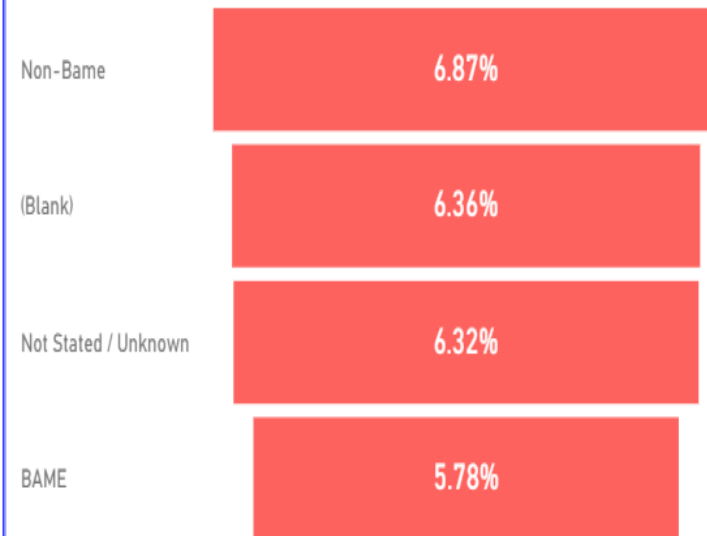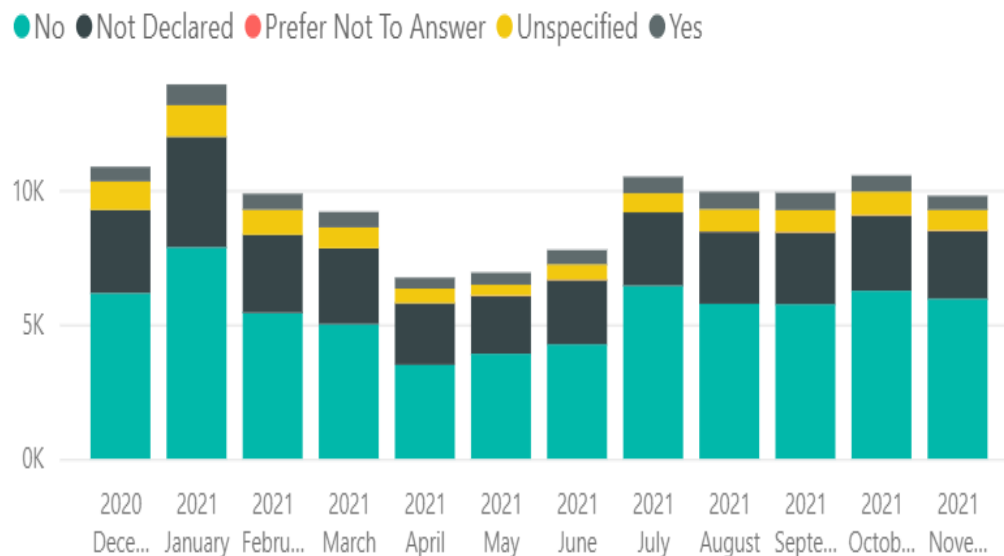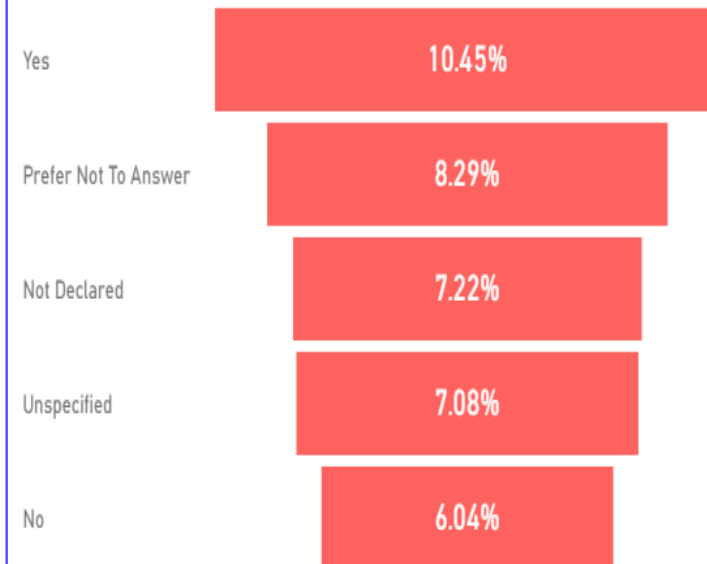
Bank & Agency – Total Trust

Bank usage has increased to 551.23 WTE in November from 510.97 WTE in October, an increase of 40.26 WTE. Agency usage has remained consistent with October at 193.70 WTE.

In November the average shift fill rate for registered nurses was 79% compared to 82% in October and 71% for unregistered nursing compared to 70% in October. 6,450 registered shifts were requested in October, this rose to 9010 in November, with 1894 remaining unfilled. 3318 unregistered shifts were requested in October, this rose to 4794 in November with 1376 unfilled

Trust	CS	Corporate	MIC	Surgery
13%	14%	7%	15%	13%

The COVID vaccination Bank and Agency usage is now excluded from the Trust KPI report (DGFT is the lead employer for BCWB).

Contracted Employed, Worked Bank & Agency
● Contracted Employed ● Worked Bank (charts) ● Worked Agency (chart) ● Budget WTE (YTD)

Contracted Employed, Worked Bank & Agency
● Contracted Employed ● Worked Bank (charts) ● Worked Agency (chart) ● Budget WTE (YTD)
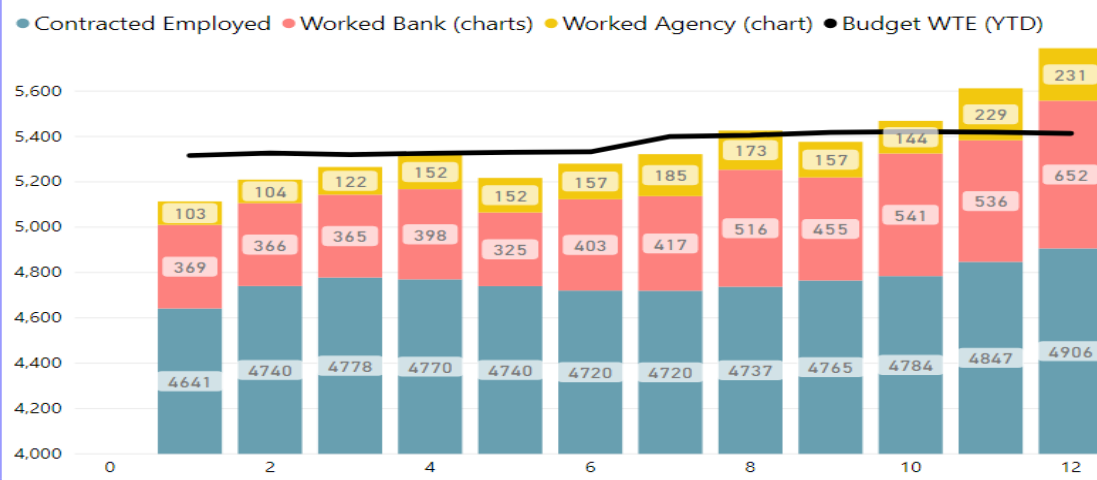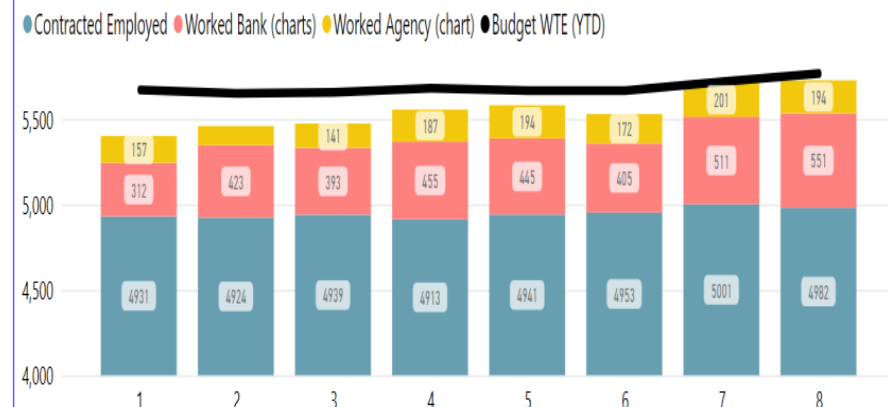
Date	Staff Group	Duties Requested	Bank Filled		Agency Filled		Non-Framework		Overall Fill Rate	Unfilled Duties	
			Duties	%	Duties	%	Duties	%		Duties	%
1st Nov - 7th Nov	Registered	1752	806	46.00%	551	31.40%	117	6.60%	77.50%	395	22.40%
	Unregistered	929	677	72.90%	2	0.20%	0	0.00%	73.00%	250	26.90%
8th Nov - 14th Nov	Registered	1687	795	47.10%	584	34.60%	82	4.90%	81.70%	308	18.30%
	Unregistered	932	693	74.40%	3	0.30%	0	0.00%	74.70%	236	25.30%
15th Nov - 21st Nov	Registered	1837	839	45.70%	619	33.70%	82	4.50%	79.40%	379	20.60%
	Unregistered	950	662	69.70%	7	0.70%	0	0.00%	70.40%	281	29.50%
22nd Nov - 28th Nov	Registered	1840	790	42.90%	619	33.60%	90	4.90%	76.60%	430	23.40%
	Unregistered	983	693	70.50%	2	0.20%	0	0.00%	70.70%	288	29.30%
29th Nov - 5th Dec	Registered	1894	872	46.00%	640	33.80%	98	5.20%	79.80%	382	20.20%
	Unregistered	1000	674	67.40%	5	0.50%	0	0.00%	67.90%	321	32.10%

Vacancies – Staff in Post

The total vacancies stands at 767.00 WTE (calculated as the difference between Budgeted WTE and Contracted WTE) This equates to 13%. It should be noted that the budgeted WTE has increased by 49 WTE in November contributing to an increase in vacancies.

Trust	CS	Corporate	MIC	Surgery
13%	**14%**	**7%**	**15%**	**13%**

November 2021/22

Vacancy Rate
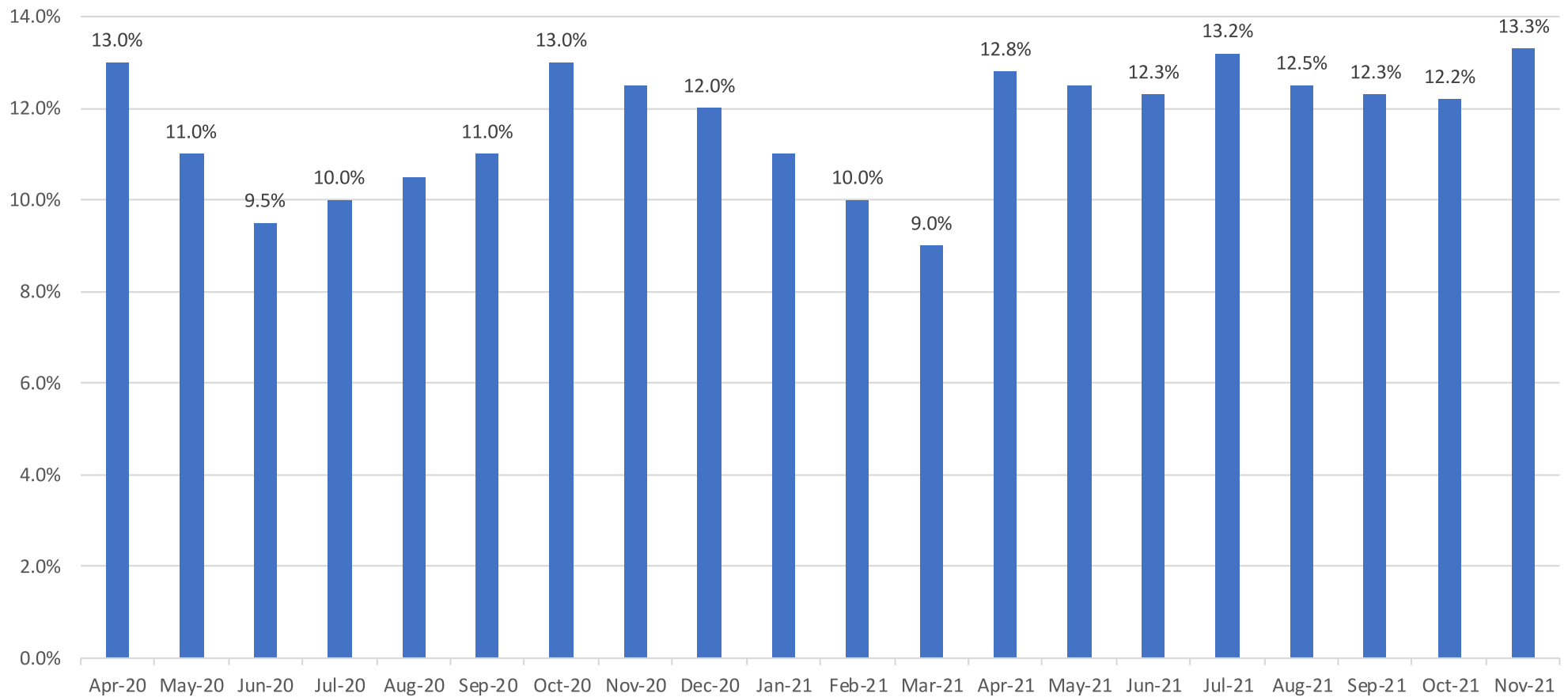
Vacancies – Total Trust + Bank & Agency Spend – detail by division and Monitor pay group

CC1 Desc	Budget WTE	Contracted WTE	Vacancy WTE	Vacancy %	Worked Bank	Bank (£)	Worked Agency	Agency (£)	Bank & Agency
Clinical Support	562.32	481.57	80.75	14%	33.92	£133,588	11.41	£99,913	£233,501
Corporate / Mgt	678.49	627.81	50.68	7%	31.40	£127,512	1.92	£12,985	£140,497
Medicine & Integrated Care	2,548.16	2,169.16	379.00	15%	282.67	£1,419,952	75.60	£577,301	£1,997,253
Surgery	1,977.50	1,720.93	256.57	13%	203.24	£964,085	104.77	£973,307	£1,937,392
Total	**5,766.47**	**4,999.47**	**767.00**	**13%**	**551.23**	**£2,645,137**	**193.70**	**£1,663,506**	**£4,308,643**

StaffGroup ▼	Budget WTE	Contracted WTE	Vacancy WTE	Vacancy %	Worked Bank	Bank (£)	Worked Agency	Agency (£)	Bank & Agency
⊞ Nursing	1,918.15	1,552.12	366.03	19%	171.72	£868,411	148.96	£1,149,124	£2,017,535
⊞ Admin	1,081.96	983.89	98.07	9%	57.63	£146,719	1.08	£8,964	£155,682
⊞ CSW	956.18	876.35	79.83	8%	176.35	£523,134	1.89	£7,636	£530,770
⊞ Allied Healthcare Professional	780.64	695.68	84.96	11%	29.55	£136,474	16.30	£114,141	£250,616
⊞ Junior Medic	447.31	384.20	63.11	14%	66.84	£466,697	15.53	£208,476	£675,173
⊞ Senior Medic	379.68	319.74	59.94	16%	43.07	£481,200	7.00	£136,737	£617,936
⊞ Prof Tech Scientist	134.82	113.37	21.45	16%	5.36	£19,710	1.37	£7,000	£26,710
⊞ Other	33.98	41.76	-7.78	-23%	0.15	£392	0.00	£0	£392
⊞ Senior Manager	23.82	20.46	3.36	14%			1.57	£31,430	£31,430
Total	**5,766.47**	**4,999.47**	**767.00**	**13%**	**551.23**	**£2,645,137**	**193.70**	**£1,663,506**	**£4,308,643**

BAME staff Trust representation is at 19.9%, an increase of 0.3% since October.

The new HR dashboard enables detailed analysis of representation by grade and department, and mirrors the WRES submission to enable monthly tracking.

Ethnicity Profile

● Non-Bame ● BAME ● Not Stated / Unknown
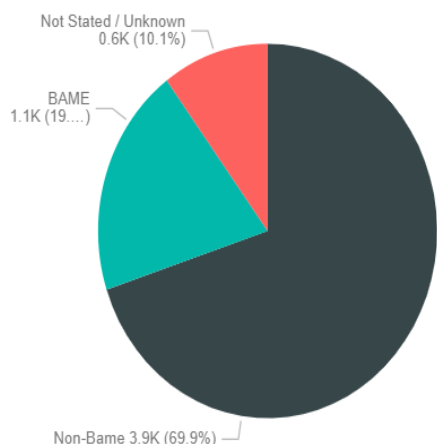
Not Stated / Unknown 0.6K (10.1%)

BAME 1.1K (19....)

Non-Bame 3.9K (69.9%)

Values between 1-5 (inclusive) have been masked. Data shows head count, primary assignment only

BAME/Non-BAME by Division

Mapping Org L2	BAME No.	BAME %	Non-Bame No.	Non-Bame %	Not Stated / Unknown No.	Not Stated / Unknown %
253 Surgery	410	21.1%	1335	68.7%	199	10.2%
253 Medicine & Integrated Care	469	19.2%	1727	70.5%	252	10.3%
253 Corporate / Mgt	84	12.6%	508	76.0%	76	11.4%
253 Clinical Support	158	27.8%	366	64.4%	44	7.7%

BAME/Non-BAME by Pay Grade (grouped)

Mapping Mapping	BAME No.	BAME %	Non-Bame No.	Non-Bame %	Not Stated / Unknown No.	Not Stated / Unknown %
Apprentice	10	16.1%	47	75.8%		
Band 2	121	9.9%	977	79.8%	126	10.3%
Band 3	58	14.2%	307	75.2%	43	10.5%
Band 4	55	12.4%	348	78.6%	40	9.0%
Band 5	260	25.6%	644	63.5%	110	10.8%
Band 6	187	17.8%	777	74.0%	86	8.2%
Band 7	67	12.6%	434	81.7%	30	5.6%
Band 8a	43	23.9%	123	68.3%	14	7.8%
Band 8b			47	82.5%		
Band 8c			19	82.6%		
Band 8d			11	91.7%		
Band 9			8	72.7%		
Consultant	132	48.4%	109	39.9%	32	11.7%
Non-Consultant	175	56.6%	66	21.4%	68	22.0%
Trust contract			13	68.4%		
VSM						

Workforce Profile - Disability – Representation by Division and Grade

Disabled staff Trust representation is at 3.8%.

The new HR dashboard enables detailed analysis of representation by grade and department, and mirrors the WDES submission to enable monthly tracking.

Disability

● No ● Not Declared ● Unspecified ● Yes ● Prefer Not To Ans…
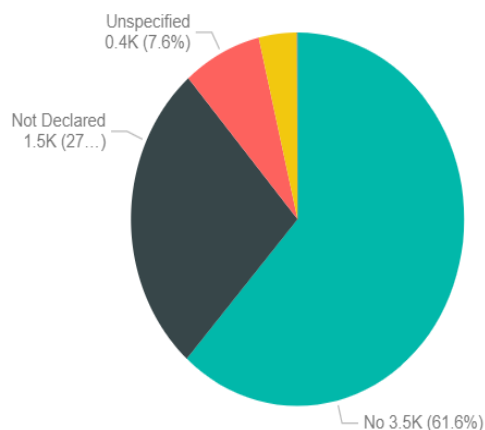
Unspecified
0.4K (7.6%)

Not Declared
1.5K (27…)

No 3.5K (61.6%)

Values between 1-5 (inclusive) have been masked.
Data shows head count, primary assignment only

Disability by Division

Org L2 ▲	No	Not Declared	Prefer Not To Answer	Unspecified	Yes
253 Clinical Support	69.9%	21.0%		5.8%	3.3%
253 Corporate / Mgt	67.2%	21.7%		4.6%	6.2%
253 Medicine & Integrated Care	62.0%	26.3%		7.8%	3.9%
253 Surgery	56.7%	31.6%		9.0%	2.6%
Total	**61.6%**	**27.0%**	**0.1%**	**7.6%**	**3.7%**

Disability by Pay Grade (grouping)

Mapping	No	Not Declared	Prefer Not To Answer	Unspecified	Yes
Apprentice	82.3%				11.3%
Band 2	60.0%	26.1%		10.7%	3.1%
Band 3	59.5%	26.0%		9.4%	5.1%
Band 4	70.6%	20.4%		6.1%	2.9%
Band 5	60.9%	25.4%		9.0%	4.7%
Band 6	64.5%	25.6%		6.1%	3.8%
Band 7	64.2%	27.5%		3.0%	5.1%
Band 8a	71.3%	19.3%		5.0%	4.4%
Band 8b	70.2%	21.1%			
Band 8c	73.9%				
Band 8d	75.0%				
Band 9	90.9%				
Consultant	44.9%	47.1%		7.7%	
Non-Consultant	48.1%	43.4%		7.3%	
Trust contract	52.6%	36.8%			
VSM					
Total	**61.6%**	**27.0%**	**0.1%**	**7.6%**	**3.7%**

LGBTQ+ staff representation is shown as % since absolutely numbers are low.

LGBTQ+

● Heter... ● Not st... ● Gay o... ● Bisex... ● Other ...
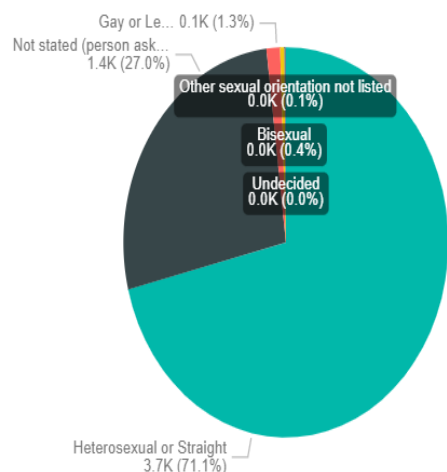
Gay or Le... 0.1K (1.3%)
Not stated (person ask... 1.4K (27.0%)

Other sexual orientation not listed 0.0K (0.1%)

Bisexual 0.0K (0.4%)

Undecided 0.0K (0.0%)

Heterosexual or Straight 3.7K (71.1%)

Values between 1-5 (inclusive) have been masked.
Data shows head count, primary assignment only

LGBTQ+ by Division

Org L2	Bisexual	Gay or Lesbian	Heterosexual or Straight	Not stated (person asked but declined to provide a response)	Other sexual orientation not listed	Undecided
253 Clinical Support			75.4%	23.3%		
253 Corporate / Mgt	1.2%	0.9%	78.2%	19.6%		
253 Medicine & Integrated Care	0.3%	1.9%	72.0%	25.7%		
253 Surgery		1.1%	66.1%	32.3%		
Total	**0.4%**	**1.3%**	**71.1%**	**27.0%**	**0.1%**	**0.0%**

LGBTQ+ by Pay Grade (grouped)

Mapping	Bisexual	Gay or Lesbian	Heterosexual or Straight	Not stated (person asked but declined to provide a response)	Other sexual orientation not listed	Undecided
Apprentice			82.0%	9.8%		
Band 2	0.5%	1.9%	70.9%	26.4%		
Band 3			73.6%	25.1%		
Band 4		1.4%	75.4%	22.7%		
Band 5		0.9%	71.0%	27.8%		
Band 6		1.2%	72.7%	25.7%		
Band 7		1.2%	71.4%	26.7%		
Band 8a			77.5%	22.0%		
Band 8b			74.5%	20.0%		
Band 8c			76.2%			
Band 8d			75.0%			
Band 9			100.0%			
Consultant			48.8%	50.0%		
Non-Consultant			69.2%	27.6%		
Trust contract			58.8%	41.2%		
VSM			80.0%			
Total	**0.4%**	**1.3%**	**71.1%**	**27.0%**	**0.1%**	**0.0%**

Mandatory Training – Performance Trend

Mandatory Training: overall compliance is 87.06% as at 9th December, this is a slight reduction from 87.41% on the 18th November.

9th December 2021

Latest Month

Trust	CS	Corporate	MIC	Surgery
87.06%	89.66%	87.90%	87.66%	85.37%

Mandatory Training (last 2 years rolling)
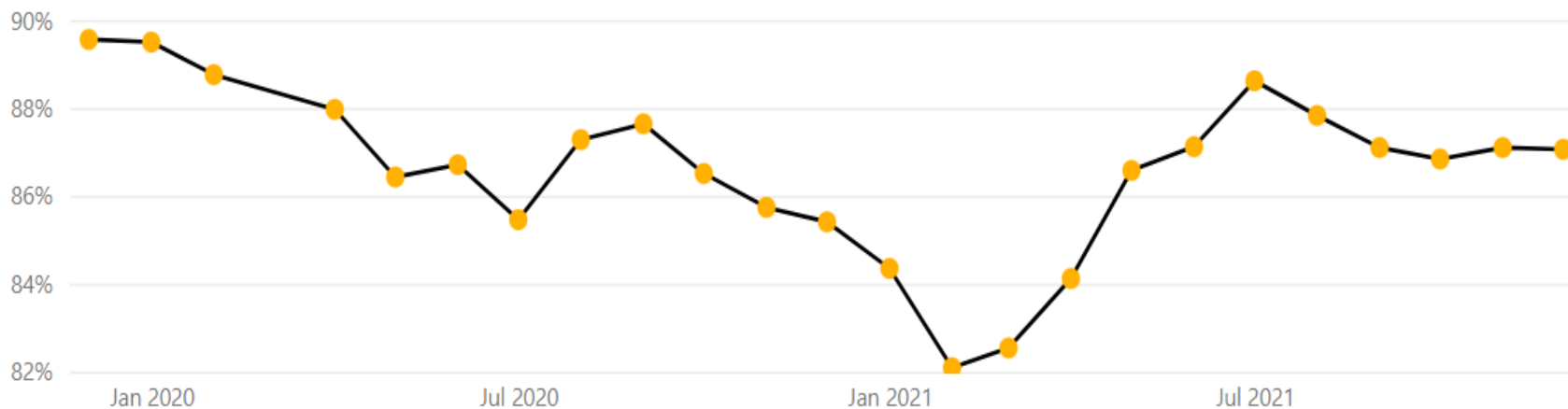
Mandatory (priority 1) Compliance

Not Stated / Unknown	84.47%
Non-Bame	88.79%
BAME	82.14%
(Blank)	83.21%

Non-Mandatory (priority 2 & 3) Compliance

Not Stated / Unknown	68.43%
Non-Bame	73.04%
BAME	66.09%
(Blank)	60.18%

Mandatory Training – Areas of Focus

The priority areas continue to be:

SAFEGUARDING ADULTS Level 3

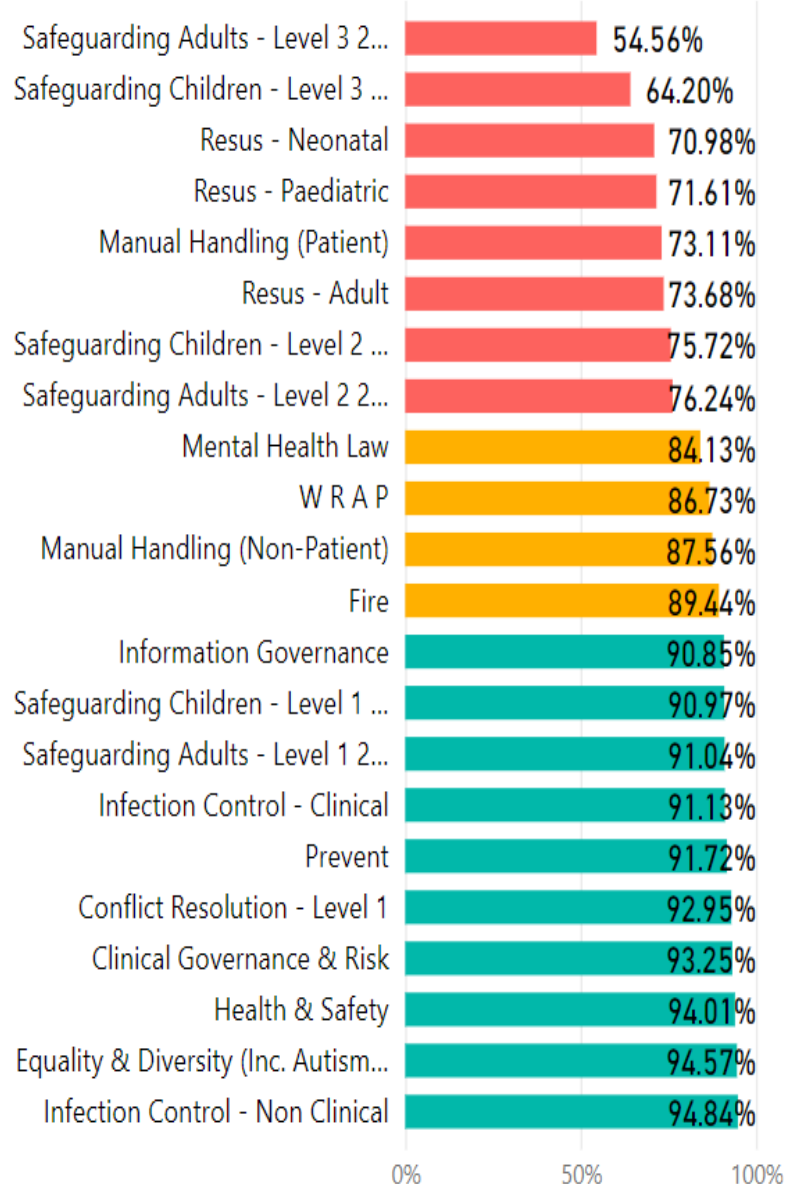SAFEGUARDING CHILDREN Level 3

RESUS NEONATAL

RESUS PAEDS

RESUS ADULTS

MANUAL HANDLING

SAFEGUARDING CHILDREN Level 2

SAFEGUARDING ADULTS Level 2

Course Compliance (based on selections)

Course	Compliance
Safeguarding Adults - Level 3 2...	54.56%
Safeguarding Children - Level 3 ...	64.20%
Resus - Neonatal	70.98%
Resus - Paediatric	71.61%
Manual Handling (Patient)	73.11%
Resus - Adult	73.68%
Safeguarding Children - Level 2 ...	75.72%
Safeguarding Adults - Level 2 2...	76.24%
Mental Health Law	84.13%
W R A P	86.73%
Manual Handling (Non-Patient)	87.56%
Fire	89.44%
Information Governance	90.85%
Safeguarding Children - Level 1 ...	90.97%
Safeguarding Adults - Level 1 2...	91.04%
Infection Control - Clinical	91.13%
Prevent	91.72%
Conflict Resolution - Level 1	92.95%
Clinical Governance & Risk	93.25%
Health & Safety	94.01%
Equality & Diversity (Inc. Autism...	94.57%
Infection Control - Non Clinical	94.84%

Ward/Service (based selections)

Group5Description	Actual	No. >90%	%' tage
253 Maternity Unit Serv	2,233	216	82.06%
253 General Surgery Medical Staff Serv	362	166	61.77%
253 Theatres Recovery & Anaesth Serv	508	139	70.75%
253 Anaesthetics Medical Staff Serv	936	116	80.13%
253 Medical Staff Cardiology Serv	121	94	50.84%
253 Ward B3 Serv	582	91	77.91%
253 Emergency Dept Nursing Serv	1,671	89	85.47%
253 Medical Staff - Respiratory Serv	171	81	61.29%
253 Medical Discharge Ward Serv	283	79	70.39%
253 Paediatric Medical Staff Serv	287	78	70.86%
253 Pathology - Phlebotomy Serv	458	73	77.62%
253 MOC Medical Staff Serv	420	69	77.34%
253 Ward C5 Area A Serv	450	69	78.12%
253 Theatres Emergency & Other Serv	640	64	81.84%
253 Critical Care Serv	1,056	60	85.16%
253 Ward B5 Serv	803	58	83.99%
253 Dudley Nursing (Adult DN) Serv	344	54	77.82%
253 Medical Staff (Vascular) Serv	123	53	63.07%
253 Medical Director Serv	86	49	57.71%
253 Medical Staff - GI Serv	142	47	67.94%
253 Obs.and Gynae. Medical Staff Serv	358	45	80.08%
253 RHH Day Case Theat&Recov Serv	337	45	79.48%
253 Urology Medical Staff Serv	144	45	68.89%
253 Emergency Dept Paeds Nursing	280	44	77.77%
Total	**60,187**	**1999**	**87.10%**

HR Caseload

The current caseload is 39, a decrease of 3 cases, with 'Disciplinary' at 51.4% (19 cases) the highest category, followed by 'Grievance' at 22.9% (9 cases).

The division with the highest number of open cases is Medicine and Integrated Care at 17 cases.

BAME representation is at 31.4%, a reduction of 3.73%, from 13 open cases to 10.

There are currently 2 live suspensions.

There are currently 3 Employment Tribunal cases in process.

In the chart (bottom right) the blue bars show the average days from open to completed for closed cases. The orange bars show the running total average days the 'live' cases have been open.

There were two separate periods where Employee Relations activity was paused due to COVID.

Employee Relations Type	Total
Capability No UHR	3
Capability UHR	8
Disciplinary	19
Grievance	9
Grand Total	39

Employee Relations Type	253 Clinical Support	253 Corporate / Mgt	253 Medicine & Integrated Care	253 Surgery	Grand Total
Capability No UHR	1		1	1	3
Capability UHR			7	1	8
Disciplinary	3	2	7	7	19
Grievance	1	2	2	4	9
Grand Total	5	4	17	13	39

Caseload By Type

● Capability No UHR ● Capability UHR ● Disciplinary ● Grievance

8.6%	17.1%	51.4%	22.9%
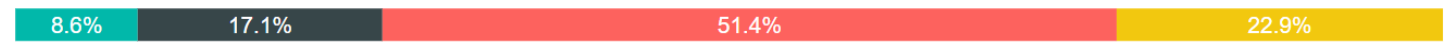
Caseload, % BAME/Non-BAME

● A White - Bri… ● CA White E… ● D Mixed - … ● H Asian or … ● J Asian or … ● M Black or … ● N Black … ● PE Bla… ● Z Not St…

57.1%		11.4%	8.6%		8.6%

Number of days between case start and case closure by type
(Average based on all closed activity since 01/01/2020)

	Capability No UHR	Capability UHR	Disciplinary	Further ER Stages - Appeal	Grievance	Harassment
■ Average length of days to completion (working days)	25	99	76	44	116	140
■ Average length of open cases (working days)	232	118	127	84	155	
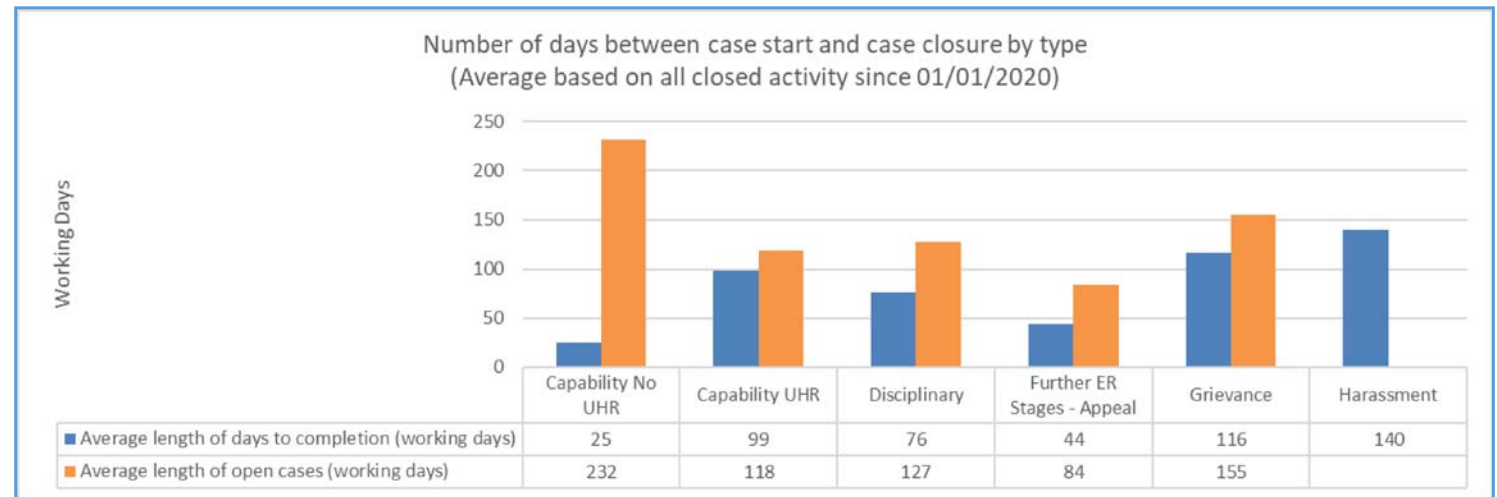
Accessing Support

This month has seen the development of wellbeing metrics, which are displayed for information and will be developed further for next month.
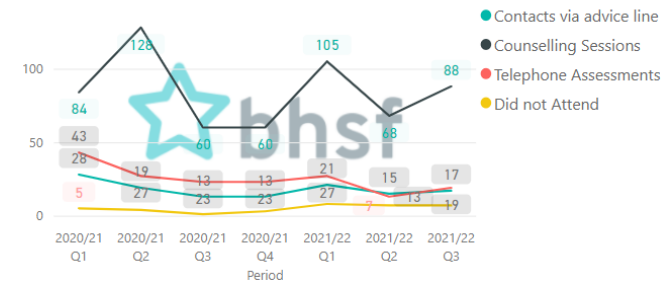
BHSF RISE activity increased slightly in Q3, when compared to Q2, reflecting the demand for EAP intervention from DGFT staff.

Black Country Mental Health hub referrals have totalled 9 self-referrals between May 21 – November 21, which remains consistent.
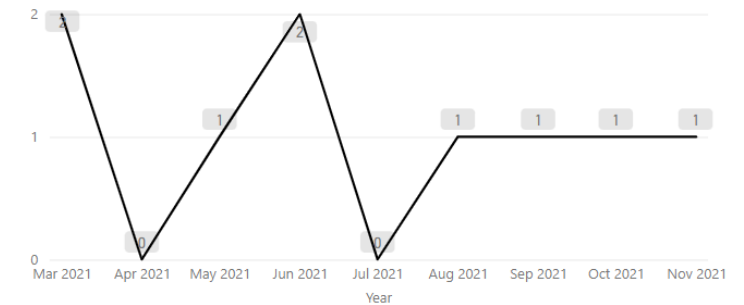
Via Vita participation has reduced slightly (by 4 participants), reflecting the operational capacity challenges and ability to release staff.

REMPLOY access has totalled 7 self-referrals between October 21 – November 21

BHSF Activity

Legend:
- Contacts via advice line
- Counselling Sessions
- Telephone Assessments
- Did not Attend

Black Country Mental Health Hub Self Referrals

Via Vita
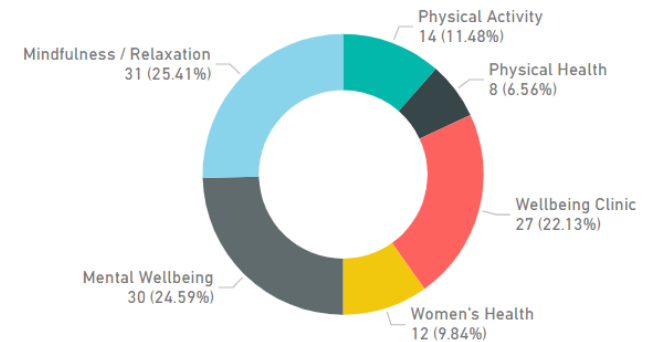
Legend:
- Registered
- Participants
- Video Views

Via Vita Activities

- Physical Activity 14 (11.48%)
- Physical Health 8 (6.56%)
- Wellbeing Clinic 27 (22.13%)
- Women's Health 12 (9.84%)
- Mental Wellbeing 30 (24.59%)
- Mindfulness / Relaxation 31 (25.41%)

Remploy
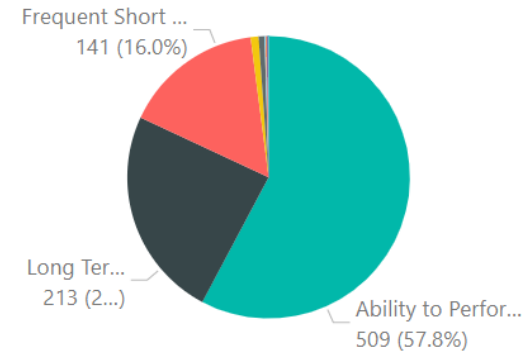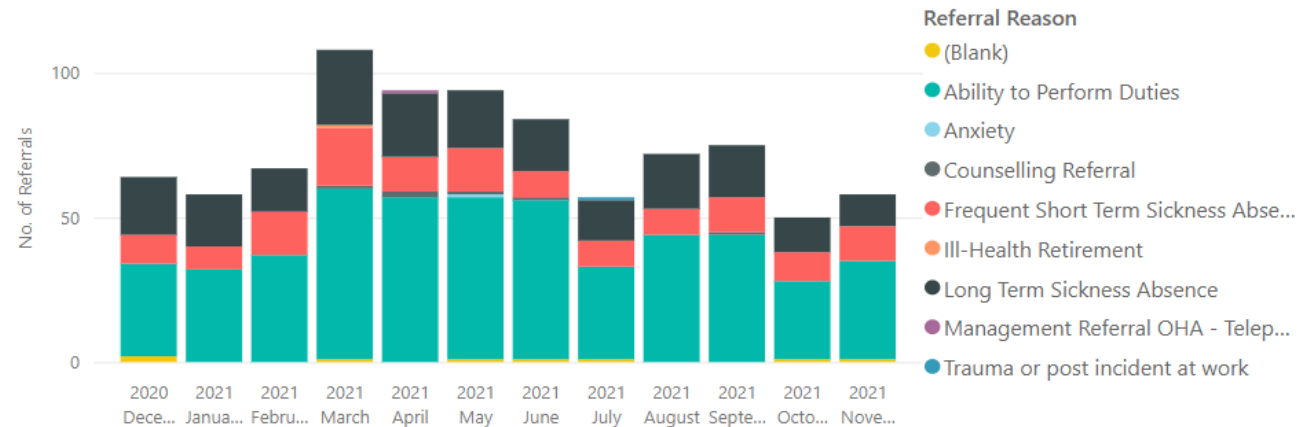

Legend:
- Referrals
- Enquiries

SHAW

Within November there have been 57 management referrals into SHAW, which is an increase of 8 compared to October.

58% have focused on the staff members ability to perform their duties, 24% in managing long-term sickness and 16% in managing short-term absence.
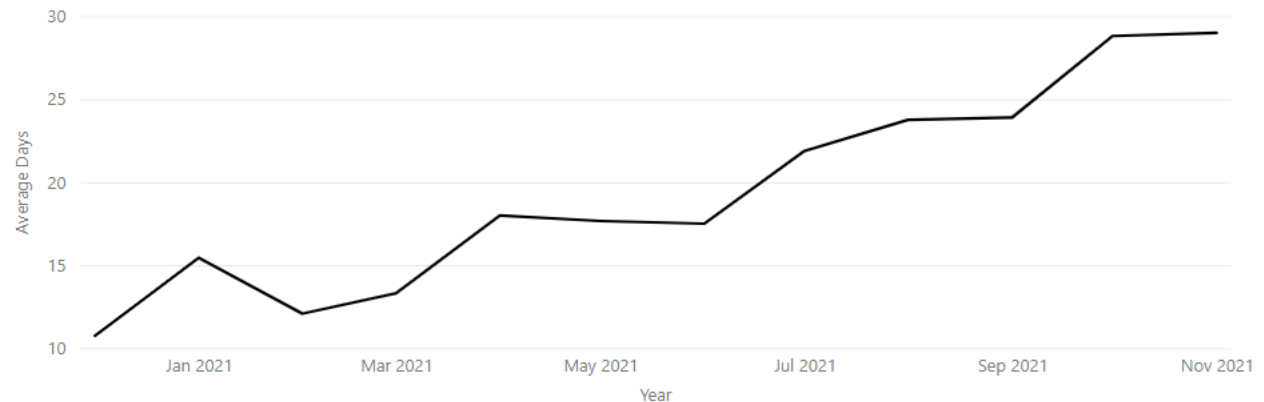
SHAW Referrals by Reason

Frequent Short ...
141 (16.0%)

Long Ter...
213 (2...)

Ability to Perfor...
509 (57.8%)

SHAW Referrals Trended

Referral Reason
- (Blank)
- Ability to Perform Duties
- Anxiety
- Counselling Referral
- Frequent Short Term Sickness Abse...
- Ill-Health Retirement
- Long Term Sickness Absence
- Management Referral OHA - Telep...
- Trauma or post incident at work

No. of Referrals

2020 Dece... | 2021 Janua... | 2021 Febru... | 2021 March | 2021 April | 2021 May | 2021 June | 2021 July | 2021 August | 2021 Septe... | 2021 Octo... | 2021 Nove...

SHAW - Mean Ave Wait (Weekdays. Referal to 1st Appt Offer)

Average Days

Jan 2021 | Mar 2021 | May 2021 | Jul 2021 | Sep 2021 | Nov 2021

Year

NHS
The Dudley Group
NHS Foundation Trust

Paper for Submission to the Board of Directors
on 13th January 2022

Title:	Workforce Statutory Training Compliance
Author:	Andrew E. Boswell - Statutory and Mandatory Training (SMT) Lead
Presenter:	Andrew E. Boswell - Statutory and Mandatory Training (SMT) Lead

Action Required of Committee

Decision	N	**Approval**	N	**Discussion**	Y	**Other**	N

Recommendations:

To update members of the Board of the Trust's Workforce Statutory Training compliance - January 2022

Summary of Key Issues:

- Compliance reports continue to be produced weekly to aid performance management. Accordingly, variation from date of paper submission (Friday 7th January) to date of Committee will be shared verbally during meeting to ensure contemporaneous data is shared.

- As of Friday 7th January 2022, overall organisational compliance with statutory requirements stands in Amber R.A.G.-rating range at <mark>87.6%</mark>. This demonstrates an increase in compliance of 0.6 per cent over the month from 4th December 2021. As a twelve-month comparison, compliance January 2021 stood at 85.0 per cent, demonstrating an increase of 2.6 per cent compared to one year prior.

  Per divisional group, this overall compliance equates to:
  ↔ **Corporate Division** – 88.3% (Remaining as 88.3% of December 2021)
  ↓ **Surgery, Women, Children Division** – 84.4% (Decrease from 84.8% of December 2021)
  ↓ **Clinical Support Services Division** – 90.5% (Decrease from 91.0% of December 2021)
  ↓ **Medicine and Integrated Care Division** – 875% (Decrease from 87.8% of December 2021)

- Per statutory requirement, the following requirements are <mark>Green rating of at or above 90.0%:</mark>
  ↔ Conflict Resolution at 92.8% (Remaining from 92.8% Dec 2021)
  ↓ Clinical Governance and Risk at 92.6% (Decrease of 0.1% from Dec 2021)
  ↑ Equality, Diversity, and Human Rights at 94.2% (Increase of 0.1% from Dec 2021)
  ↑ Health, Safety, and Welfare at 94.1% (Increase of 0.2% from Dec 2021)
  ↑ Infection Prevention and Control (Non-Clinical) at 95.3% (Increase of 0.1% from Dec 2021)
  ↓ Preventing Radicalisation at 91.3% (Decrease of 0.3% from Dec 2021)

- Per statutory requirement, the following requirements are <mark>Amber rating at 80.0-89.9%:</mark>
  ↓ Fire Safety and Prevention at 88.5% (Decrease of 0.7% from Dec 2021)
  ↓ Information Governance at 89.5% (Decrease of 1.2% from Dec 2021)
  ↓ Moving and Handling (Non-Patient) at 87.5% (Decrease of 0.2% from Dec 2021)
  ↑ W.R.A.P. at 87.0% (Increase of 0.1% from Dec 2021)
  ↓ Safeguarding Adults Level 1 at 89.9% (Decrease of 1.1% from Dec 2021)
  ↓ Safeguarding Children Level 1 at 89.7% (Decrease of 1.1% from Dec 2021)
  ↓ Infection Prevention and Control (Clinical) at 88.8% (Decrease of 1.3% from Dec 2021)

- Per statutory requirement, the following requirements are <mark>Red rating at below 80.0%:</mark>
  ↓ Adult Resuscitation at 73.6% (Decrease of 0.9% from Dec 2021)
  ↓ Paediatric Resuscitation at 73.9% (Decrease of 0.8% from Dec 2021)
  ↓ Neonatal Resuscitation at 68.4% (Decrease of 2.4% from Dec 2021)
  ↑ Moving and Handling (Patient) at 75.5% (Increase of 0.5% from Dec 2021)

↓ Safeguarding Adults Level 2 at 75.7% (Decrease of 0.5% from Dec 2021)
↑ Safeguarding Adults Level 3 at 58.9% (Increase of 1.3% from Dec 2021)
↓ Safeguarding Children Level 2 at 75.4% (Decrease of 0.8% from Dec 2021)
↑ Safeguarding Children Level 3 at 62.5% (Increase of 0.9% from Dec 2021)

- Request 4th January 2022 via Governance Team for SMT compliance data for Trust CQC Engagement Meeting of 19th January 2022 (post-Committee paper submission). Performance overall, per division, team, and per subject duly provided. To verbally share with Committee feedback received from this, if any.

- Discussions with Trust Safeguarding Lead 7th January 2022 of potential intentions to amend current training requirements and provision, acknowledging below target performance for Level 2 and Level 3 requirements. A new approach would instead avoid the currently self-directed element of Level 3 requirements as this remains incomplete by some staff areas and groups. Plan will be shared at Internal Safeguarding Board initially by Ms. Mullis, before sharing at this Committee.

- There have been no further notifications received of national progress with Patient Safety as a further NHS staff training requirement. Minimal numbers of staff have undertaken national trail module to date in readiness or for benefit of own development.

Impact on the Strategic Goals

Deliver right care every time	Safe and contemporaneous knowledge and skills of staff

Implications of the Paper:

Risk		Y	COR1789: Non-compliance with statutory and mandatory training requirements with potential risk to care provision and non-adherence to legislative and organisational standards.
	On Risk Register:	Y	Risk Score: 16 (4 Severity x 4 Frequency)
Compliance and/or Lead Requirements	CQC	Y	Details: Safe Domain
	NHSE/I	N	Details:
	Other	N	Details:

Report Journey / Destination	Working / Exec Group	N	Date:
	Committee (W&SEC)	Y	Date: 25th January 2022
	Board of Directors	Y	Date: 13th January 2022

The Dudley Group
NHS Foundation Trust

Paper for submission to the Board of Directors

on 13th January 2022

Title:	Board Assurance Framework 2021/22 – Development Update
Author:	Julie Dawes, Interim Trust Secretary
Presenter:	Julie Dawes, Interim Trust Secretary

Action Required of Committee / Group			
Decision N	**Approval** N	**Discussion** N	**Other** Y

The Board is asked to note the proposed timeline for the development and approval of the Board Assurance Framework for the year ending 31 March 2022.

Summary of Key Issues:

The Board Assurance Framework (BAF) provides a structure and process to enable the Board to focus on the key risks that might compromise the achievement of the Trust's strategic goals.

The Board' of Directors formally approved the refreshed Trust Strategy in September 2021 and a subsequent board development session was held in October 2021 at which the proposed strategic risks were considered with a view that that the BAF for the third quarter ending 31 December 2021 would be updated to reflect the recently approached strategic goals.

On 13th December 2021, the Audit Committee were briefed about delay in the required development work on the BAF. At the request of the Chair of the Committee, it was agreed that given its importance from a governance perspective, the Board would be provided with the expected timeline for the completion of this work in order to meet the usual year end requirements.

The proposed timeline is accordingly attached as Appendix 1.

Impact on the Strategic Goals	
(indicate which of the Trust's strategic goals are impacted by this report)	
Deliver right care every time	Y
Be a brilliant place to work and thrive	Y
Drive sustainability (financial and environmental)	Y

Impact on the Strategic Goals	
(indicate which of the Trust's strategic goals are impacted by this report)	
Build innovative partnerships in Dudley and beyond	Y
Improve health and wellbeing	Y

Implications of the Paper:				
Risk	N		Risk Description:	
	On Risk Register: N		Risk Score:	
Compliance and/or Lead Requirements	CQC	Y	Details: Well led	
	NHSE/I	Y	Details: Publication approval ref: C1518	
	Other	N	Details:	

Report Journey/ Destination *(if applicable)*	Working / Exec Group	N	Date:
	Committee	N	Date:
	Board of Directors	Y	Date: 13/01/2022
	Other	N	Date:

Board Assurance Framework 2021/22 Development

PROPOSED TIMELINE

Date	Action or event
13 Dec 2021	Audit Committee Briefing
Dec / Jan 2021	1:1 liaison meeting with respective executive leads to define and agree strategic risks
11 Jan 2022	Audit Committee Chair and Trust Secretary meeting
13 Jan 2022	Proposed timeline for development and approval of BAF 2021/22 presented to Board
1 Feb 2022	Executive team sign-off the proposed strategic risks for inclusion in the BAF
3 Feb 2022	Proposed strategic risks shared via e-mail with non-executive colleagues for comments
10 Feb 2022	Proposed strategic risks submitted to Trust Board (private session) for consideration and final approval
Feb – March 2022	Board Committees review and approve their section of BAF for the assigned strategic risks that they have overall responsibility: **22 Feb** • Quality & Safety Committee • Workforce & Staff Engagement Committee **28 Feb** • Finance & Performance Committee **16 March** • Digital Trust Technology Committee
10 March 2022	Trust Board receives BAF 2021/22 in private session for consideration and review. In addition, at the scheduled board development session, there will be the opportunity to introduce and educate further on the concept of organisational risk appetite and tolerance. [Note: Owing to current meeting scheduling, the Board will not be informed by the outcome of the Audit Committee discussion. From a governance perspective, it is customary that the Audit Committee meetings take place prior to Board

Date	Action or event
	meetings to ensure the effective flow of information. This anomaly has been addressed for future years.]
21 March 2022	Audit Committee receives the BAF 2021/22 to review and challenge the adequacy of underlying Board Committee oversight and assurance processes that indicate the degree of achievement of our strategic goals and the effective management of identified principal risks This will provide evidence to support the Annual Governance Statement and inform the Head of Internal Audit Opinion.
March – April 22	Board Committees review and approve their section of BAF 2021/22 for the assigned strategic risks that they have overall responsibility: **26 April** • Quality & Safety Committee • Workforce & Staff Engagement Committee **25 April** • Finance & Performance Committee **13 March / 18 May** • Digital Trust Technology Committee
20 April 2022	Trust Board receives the BAF 2021/22 and organisational risk appetite statement in private session and approves in principle. This will provide evidence to support the Annual Governance Statement and inform the Head of Internal Audit Opinion.
18 May 2022	Trust Board receives the BAF Q1 2022/23 and organisational risk appetite statement in public session for formal approval
23 May 2022	Audit Committee receives the BAF Q1 2022/23 to review and challenge the adequacy of underlying Board Committee oversight and assurance processes that indicate the degree of achievement of our strategic goals and the effective management of identified principal risks
April – July 2022	A series of board workshops and/or development sessions will be provided on IC S governance, specifically focusing on the additional developmental work required to the Trust's BAF, Scheme of Delegation and Constitution in the context of the wider ICS environment.