

Committee Assurance Reports

Trust Board
8th December 2022

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Finance & Performance Committee Assurance Report - 23 November 2022

Accountable Non-Executive Director	Presented By	Author
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Richard Oosterom – Associate Non-Executive Director

Richard Oosterom – Associate Non-Executive Director

Jo Wells, Deputy Company Secretary

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	F&P BAF Risks	7, 8, 13, 16, 18, 19, 20
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Executive Summary

The Committee met virtually on 23 November and the following key points were raised:

Item	Rationale for escalation	Action required by Trust Board
UEC Contract and Letter of Indemnity	For approval to proceed	Recommended for approval
ASR Business Case Update	For noting	For noting

The following levels of assurance were approved:

Item	Level of Assurance	Change	BAF Risk (to which the paper relates)
Annual Planning	Level 4	N/A	7, 8, 9, 11, 14, 16, 19
UEC Contract and Letter of Indemnity	Level 6	N/A	3, 19, 20
ASR Business Case Update	Level 6	N/A	
Integrated Performance Report	Level 4	Maintained	2, 3, 4, 7, 8, 9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20
Finance Report: Income and Expenditure	Level 3	Maintained	7 and 8
Finance Report: Capital	Level 3	Maintained	7 and 8
Finance Report: Cash	Level 6	Maintained	7 and 8
PEP Approach		N/A	
Robot Update	Level 5	N/A	4, 7, 8, 9, 10, 11, 16, 17, 18, 19, 21
Strategic Programme Board		N/A	7
KTC Fire Doors CAG		N/A	4, 8, 11, 14
Board Assurance Framework	Level 4	N/A	7, 8, 13, 16, 19, 20

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Finance & Performance Committee Assurance Report - 23 November 2022

Executive Summary

The Committee met virtually on 23 November 2022 and the following key points were raised:

Item	Discussion
External Meetings	Committee were informed that the CQC were onsite at both Worcester and the Alex. There had been no immediate concerns raised and verbal feedback received was that they felt welcomed by staff and they recognised how pressured both hospitals were in relation to patient demand and acuity. There had been interrogation around the discharge lounge and Paediatric staffing at the Alex. The key points from a meeting with the National Finance Director last week were; £3.3bn identified for 2023/24 and 2024/25 and that within this allocation significant funds have been identified for Adult Social Care through the Better Care Fund and Local Authority allocations; an inflation assumption of 4% was included leaving an efficiency target in the region of 2-3% (it remains to be seen whether this includes the c/fwd of any residual from the 2.2% required in 2022/23).
Annual Planning	National guidance was yet to be received but planning was being looked at as one system with the same principles and assumptions adopted. The Trust was progressing a demand and capacity model to underpin the plans and workshops were being held over winter to complete the detail. Committee requested further clarification of the mitigation of the risks and a timeframe for Board consideration at its next meeting.
UEC Contract and Letter of Indemnity	Committee received an update and discussed the risks, which would reduce over time. Committee supported recommendation for approval at Trust Board.
ASR Business Case Update	The updated ASR Business Case would be submitted to the Joint Investment Committee on 12 th December. The Committee received the responses to the queries raised by the national teams which required approval and would be included in an updated business case. Meetings were planned with the national team to discuss finances. It was noted that the current expectation at national level was that the capital needed be drawn down and spent in 2022/23. The Committee confirmed that this was unrealistic and that a more realistic profile would need to be agreed.
Integrated Performance Report	The executive summary headlines were noted. Committee appreciated the extra information about flow, but requested better root cause analysis, specific action with expected outcomes and evaluation of actions once implemented. The three key priorities are urgent care, cancer and waiting lists (104 & 78 week breaches). Length of stay had been increasing, with patients on complex pathways significantly higher. There had been improvement with cancer 2 week waits due to changes with pathways and the Trust had moved into quartile 4. Though there was significant backlog, 62 day breaches were decreasing. Feedback and recommendations were awaited following a visit from NHSIE. There were no 104 week breaches and the Trust was on track to achieve 0 patients waiting 72 weeks by EOY. Ambulance delays were still cause for concern and a review of the North Bristol model found that teams were not consistent with its application, therefore the model had been refreshed. Discharge delays were being reviewed by the Onward Care Team to look at the causes of increased length of stay. A discharge command structure had been launched to focus on addressing the issues around simple discharge processes. Flow Matrons would be introduced in the next month to provide support to the wards. Rigor of the continuous flow model had slipped partly due to operational grip and band 5 nurses in charge out of hours and weekends were anxious about receiving extra patients on wards. Teams had the full support of the Executive Team to make difficult decisions. The Committee did not support the proposed increase to an assurance level of 4 for cancer metrics.
Board Assurance Framework	Committee noted the update to the framework and increased risk position. There were no escalations and the BAF was reflective of the environment the Trust was operating in.

Finance & Performance Committee Assurance Report - 23 November 2022

Executive Summary

The Committee met virtually on 23 November 2022 and the following key points were raised:

Item	Discussion
Finance Report M7:	The M7 actual deficit was £1.9m against a plan of £1.5m deficit, an adverse variance of £0.4m. This brings the year to date deficit to £12.1m against a plan of £11.5m deficit, an adverse variance of £0.6m (5.3%). The Committee was provided with a projection to year end which reflected a potential risk of £5.2m to delivery of the plan. Potential mitigations have been identified which require further work ahead of any consideration to formally revise the forecast. Committee would receive an overview of bids for the elective recovery fund and their impact on performance and financial forecasts next month. The Audit Committee had received a no assurance report against bank and agency payments for the medical workforce. There had been a positive response from Executives and Dr Blanshard will be the Executive lead for ensuring that the recommendations are implemented. The newly constructed Doctors and Associates Working Group would oversee progress and a Standard Operating Procedure has been drafted to remedy compliance failures. The Committee challenged the level of non recurrent savings in the Productivity & Efficiency Plans (PEP). Capital had a reduced variance of £9.3m against the UEC overspend driven by further slippage on the internally generated capital programme for which the Committee will be further updated on any consequential operational risks. The plan to offset the remaining projected over spend will still require external support from Region / ICB partners. Committee expects risk analysis related to Business Case slippage and potential capital constraints. Assurance levels were approved at level 3 for both I&E and capital and level 6 cash.
PEP Approach	The Committee received assurance on a new more targeted approach to PEP identification and delivery going forward and recognised that balancing the management capacity on this against operational issues would be challenging and that as a consequence it was likely that additional resources would be needed. The programme proposed would look at a smaller number of the largest areas of waste and efficiency and profile the work and associated targeted resource over a 3 year timeline to ensure maximum focus on those areas that were already more well developed ahead of others (e.g.) Theatres, Out Patients, Best People Programme and Procurement. The Committee recognised the value that having dedicated experienced resource overseeing the Theatres work stream had brought in improving performance in this year although more work needed to be done on isolating and capturing specific improvements as PEP. A further update was requested which included how both financial and non financial benefits would be identified and realised, along with a request for investment of dedicated resource and backfill for consideration and clarity about the approach in relation to 4Ward Improvement.
Robot Update	Funding had been secured through the Regional Specialist Commissioning Team to undertake up to 50 robotic procedures in year. The Trust were also on track to receive an agreement ahead of next year. The Proctorship period had been extended and the next challenge was to attract the surgeons required. Committee requested a quarterly update to note progress.
Strategic Programme Board	An item was escalated to the Committee following the Strategic Programme Board. A decision was made to fund the UEC Radiology works and moves of equipment through the PFI unitary payment route. It was anticipated that the work would be funded through a capital bullet payment but this required a deed of variation which would cause an unacceptable delay of 3 months to the programme with a consequential impact upon the UEC opening. The only solution was to fund through the revenue PFI position with an additional cost of £191k spread over the 10 year life of the asset.
KTC Fire Doors CAG	Committee approved the retrospective capital works aligning to the backlog maintenance and fire safety works and requested follow up on why the Contract Award had come through late.
TIF2 CAG	Committee had approved the short business case for TIF2 last month and the £18.6m bid was approved by national panel. CAG 3 was presented and approved.

Quality Governance Committee Assurance Report – 24 November 2022

Accountable Non-Executive Director	Presented By	Author
Dame Julie Moore – Non-Executive Director	Dame Julie Moore –Non-Executive Director	Rebecca O'Connor, Company Secretary
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	QGC BAF Risks 2, 3, 4, 11, 17, 18, 19, 20

Executive Summary

The Committee met virtually on 24 November 2022 and the following were agreed as escalations to Board:

Item	Rationale for escalation	Action required by Trust Board
IPC	Ongoing c-diff challenges	Consideration within the Integrated Performance Report

The Committee, due to unavoidable apologies, was not quorate and proceeded on an assurance only basis. No items required formal approval, thus no Chair's action was required.

The following levels of assurance were approved:

Item	Level of Assurance	Change	BAF Risk
Maternity Safety Report	Level 5	Maintained	2, 4, 9, 10
Head and Neck Report	Level 6	N/A	18
Integrated Performance Report	Level 4	Maintained	2, 3, 4, 7, 8, 9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20
IPC BAF	Level 6	N/A	3
Board Assurance Framework	Level 4	N/A	2, 3, 4, 11, 17, 18, 19, 20
CGG Report	N/A	N/A	4
RMG Report (ITU corridor risk assessments)	Level 5	N/A	20, 17, 19

Quality Governance Committee Assurance Report – 24 November 2022

Executive Summary

The Committee met virtually on 24 November 2022 and the following key points were raised:

Item	Discussion
CNO/CMO escalations	Unannounced visits by CQC to WRH and ALX EDs, medical wards and discharge lounges were discussed and the headline feedback shared. There were no immediate safety concerns raised. A theatre never event (retained object) after a very long and complicated procedure was discussed and an update would be provided at the next meeting.
Action log	The actions were reviewed and updates were provided. No other matters were escalated.
Patient Story	A deaf patient will share their experience of care. This is a positive patient story.
Maternity Safety Report	12+6 bookings were still below target. Neonatal mortality is within expected national levels. 2 moderate incidents were reported. 2 cases with HSIB and an action plan is in place. Now at 5% vacancy rate and positively impacting on meeting rota fill rate, acuity and red flags. Junior medical staff vacancies due to low deanery fill rates and a change in the structure of the GP VTS scheme with lower recruitment than expected. General discussion regarding medical staffing challenges in the NHS. MVP and Picker progress has been made. Themes including attitude are coming through and will be addressed. A CQC inspection is expected. CNST 10/10 will not be met and this is consistent across the region. A peer review by the NHSE advisor undertaken. East Kent Report has been reviewed. Level 5 assurance overall was approved
Head and Neck	Assurance on actions put in place following the Royal College review in 2020. The majority have been completed and the outstanding action is ongoing to continue the networking and development of teams. MDT working is going well. Other actions are commissioning linked to Hereford patients. HR issues are ongoing, but expected to be resolved shortly. Level 5 assurance overall was approved and agreed to revert to business as usual monitoring within the Division.
Integrated Performance Report	Quality: c-diff is an ongoing issue and an action plan is being developed. VTE action re badgernet data has now been rectified. Falls look high but remain within expected tolerances, however assurance decreased from 6 to 5. Fractured NOF best practice target dropped below 50%. A T&O away day with all MDT members has been held to address the root cause and make improvements to the pathway. Two immediate actions linked to criteria led discharge have been progressed. Other actions are longer term and progress will be tracked via the IPR. ICS is reviewing the impact of ambulance delays on the pathway. Key system action to support conveyance direct to WRH. Rehab beds at Pershore were discussed and issues on pathway discharges. LOS from fractured NOF benchmarks well. The A&E flow diagrams were congratulated and used to support a deep dive, especially the 7260 who arrived ambulance but were seen and discharged. Of those admitted, how many needed care and was it the most appropriate pathway for them? Work is ongoing with the ICB regarding alternatives to A&E, the role of GP and consultants, 7/7 working and the acuity of the waiting room was discussed. Operational update: cancer has seen improvement on 2WW colorectal, 63 day backlog is also reducing. Diagnostics: radiology waits over 6 weeks reducing significantly. Endoscopy is still challenged. IST supported cancer and elective recovery and a report is awaited. Level 4 assurance overall was approved

Quality Governance Committee Assurance Report – 24 November 2022

Executive Summary

The Committee met virtually on 24 November 2022 and the following key points were raised:

Item	Discussion
IPC BAF	Committee noted the reviewed and updated IPC BAF. Level 5 assurance overall was approved.
Board Assurance Framework	Committee noted the reviewed and updated BAF which reconciled the known risk position. Level 4 assurance overall was approved.
CCG Report	The report was noted.
RMG Report	The report was noted, closing the governance loop on the ITU risk assessment process and Committee qualified the same with CQC feedback. Call bells in corridors were discussed and it was noted these are used for boarding and their further use will be considered. The ongoing pressures across the whole of the NHS were noted and thanks expressed to the staff for their ongoing commitment to patient care.

People & Culture Committee Assurance Report – 29 November 2022

Accountable Non-Executive Director	Presented By	Author
Dame Julie Moore – Non-Executive Director	Dame Julie Moore – Non-Executive Director	Rebecca O'Connor, Company Secretary
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?		Y
		BAF number(s)
		9, 10, 14, 15, 17, 22

Executive Summary

The Committee met virtually on 29 November and the following were agreed as escalations to Board:

Item	Rationale for escalation	Action required by Trust Board
Board Assurance Framework	Recommended for Board approval	Approval
Industrial Action	Strike dates have been publicised but the Trust has not yet been formally notified	For discussion and to take assurance as to the planned mitigating actions

The following levels of assurance were approved:

Item	Level of Assurance	Change	BAF Risk
Health and Safety Report	Level 5	Increased	4, 8
Industrial Action	Level 4		22 (new)
Integrated People & Culture Report	Level 5	N/A	9, 10, 14, 15
Well Led	Level 5	Maintained	4
AHP Vacancy Report	Level 5	Maintained	9
Contribution of HR	Level 6	Maintained	9
Safest Staffing Report – Nursing	Level 6	Maintained	9
Safest Staffing Report – Midwifery	Level 5	Increased	9
People & Culture Risk Register		N/A	N/A
Board Assurance Framework Report	Level 5	Maintained	9, 10, 14, 15, 17, 22

People & Culture Committee Assurance Report – 29 November 2022

Executive Summary

The Committee met virtually on 29 November and the following key points were raised:

Item	Discussion
Staff Story	<p>The Committee heard the story of an RGN at the Trust who was referred following PTSD after an traumatic experience at work. The main causes of her trauma were from being bullied, experiencing inappropriate behaviour and not feeling believed at work. This led to a decline in her mental health and resulted in long term sickness. She shared how she felt ashamed and weak and distanced herself from colleagues, losing confidence in her role as a nurse. Therapy helped her make sense of my feelings, but many recommendations from Occupational Health were not addressed. “I had tremendous support from my family and GP but felt like I was drowning. I was angry about the impact of the bullying and lack of action to address these problems has had on her life.” The RCN legal team were involved but all she wanted was a resolution and to see change in a toxic culture in the department. She reflected how looking back there was a pattern, whenever she raised a concern there was inappropriate behaviour; there was a huge impact on team morale and patient experience. She repeatedly raised concerns but felt unsupported. After a long investigation process, with long gaps in communication, she felt there were inaccuracies and dishonesty in the report, which trivialised the experience she had suffered. She described having no control over the length of the process, but was told her pay would be cut. She did not feel the case manager was impartial and even experienced harassment from a HCA in public. She has since become a freedom to speak up guardian and 4ward advocate. She is now well on the way through the recovery journey and she has a broader insight and has rejoined the staff networks. Staff side support, family and friends, new colleagues, F2SU and executive leads were all thanked for their support.</p> <p>Key lessons and themes included raising awareness of positive culture. She shared how if she had received appropriate support back in 2016 as she has now, she believed this issue could had been resolved informally, as the processes we have in place are much improved. Leadership and development for managers to support staff were outlined. Policies are being updated to provide additional safeguards and support for all parties is now available within the Trust. The impact of legacy cultural issues was noted and it has taken time for these to be worked through and emerge as the Trusts culture changes.</p>
Staffing Report	<p>Nursing: safe staffing of adult children and neonate wards was achieved. Strike action is being planned for. Bristol model has been implemented and has increased patients on ward templates. Daily staffing assessments are made and acuity of boarders is captured. We are currently in an acuity study to inform budget setting and establishment for next year.</p> <p>Midwifery: escalation policy was enacted but the continuity of carer teams were not required Minimum safe staffing maintained an a greater numbers of shifts. Supernumerary shifts were maintained in month.</p>

People & Culture Committee Assurance Report – 29 November 2022

Executive Summary

The Committee met virtually on 29 November and the following key points were raised:

Item	Discussion
Health and Safety	The progress against improvement plans was noted. Policies have been updated and the approach to sanctions was outlined, especially where these may relate to patients for example with dementia. Good progress was noted.
Industrial action	Action on 15 and 20 December, but we have not had notification as yet. This will be shared once received. Will meet with RCN Strike Committee to agree derogations of services that will be provided which are subject to local negotiation. Weekly meeting will stand up to daily command and control from 1 December. Deployment activity and business continuity reviews and under way. Regional self assessment has been completed and submitted on time. FAQ will be developed an include crossing picket lines and also reminders about behaviours and culture.
Integrated People & Culture Report	Positive progress made at M7, having caught up with the revised workforce plan, however there remained a continued focus on recruitment and retention. 4ward signature behaviours were outlined and these were endorsed by the Committee. The key change being to develop behavioural descriptors for each behaviours, these will be worked up and engagement will continue. Behavioural charter will be linked to the 4ward behaviours and includes a zero tolerance statement. Next steps is the timeline for adoption in April 2023. High cost bank and agency worker internal audit report provided no assurance. There will be regular updates on the progress back to committee with a more detailed report. Staffing establishment control and its monitoring was also discussed. Exit interview completion was noted as very low and a new exit interview survey is under development. Face to face interviews were discussed and it was agreed to be included on the dashboard. The impact and targeted use of the heatmap has resulted in direct changes and enabled interventions to be made including team and leadership development, with external mediation where required.
Well led	Notified of a well led inspection and reviewed the P&C KLOE. A number of workshops have been held to review. There are a number of deep dive reports to be progressed where additional work is required. The approach to management of well led was outlined. Concerns are greatest around the use of resources and high premium costs and sickness absence rate against our peers. This will also be an area of focus at F&P.
AHP Vacancy	Model hospital data comparisons have been made. Overall we are not an outlier, there is an increasing trend in turnover, but this is consistent without providers however most recent data suggests and slight decrease in this and also vacancies. Support workforce turnover is challenging and universal issues across providers. Challenges with model hospital data were noted.
Contribution of HR Report	Papers reviews the impact of the corporate HR, which benchmarks well. Time to hire benchmarks as in the lower quartile due to medical resourcing, this will be incorporated within the upcoming RPIWs. Staff on bank, programme management and analytical support were also discussed in terms of the strategic drivers. Overall the HR function provides good value for money to the Trust.
Risk Register	The corporate risks were noted and no further escalations made. The pension tax risk has ben reduced and the policy is good practice.
Board Assurance Framework	The Committee BAF risks were noted and no further escalations made. Support offered regarding industrial action from Committee.

Meeting	Public Trust Board
Date of meeting	8 December 2022
Paper number	Enc H

Nurse staffing report – October 2022

For approval:		For discussion:		For assurance:	X	To note:	X
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Accountable Director	Paula Gardner, Chief Nursing Officer		
Presented by	Sue Smith Deputy Chief Nurse	Author /s	Clare Alexander Lead for N&M workforce

Alignment to the Trust's strategic objectives (x)

Best services for local people	x	Best experience of care and outcomes for our patients	x	Best use of resources	x	Best people	x
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Report previously reviewed by

Committee/Group	Date	Outcome
People and Culture Committee	29 November 2022	Noted for assurance

Recommendations

Trust Board are asked for assurance and to note:

- Staffing of the adults, children and neonatal wards to provide the 'safest' staffing levels for the needs of patients being cared for throughout October 2022 has been achieved.
- The RCN/ Unions have balloted their members during September/October and strike action for Worcester Acute Hospitals Trust will go ahead, dates to be confirmed following discussion with DOH, a tactical command and control group is in place and working through a strategy to cover strike days.
- The Bristol model of capacity management of patients from ED to wards has been implemented. Plus 1,2 boarding of patients has had a impact at WRH of increasing the number of patients on ward templates. Daily staffing assessment in place and escalations of staffing need managed locally. A function has been identified within the existing Safer care module to allow for the acuity associated with boarders to be captured as part of acuity scoring and this is in use on the wards.

Executive summary

This report provides an overview of the staffing safeguards for nursing of wards and critical care units (CCU's) during October 2022. Maternity staffing is provided as a separate report. Key headlines are:

- Sept/Oct has seen an ongoing demand for temporary staffing to cover short term absences, vacancies and increased patient acuity and dependency. Key areas of high use are urgent care departments on both Worcester Royal and Alexandra Hospital and Maternity department., Theatres and Paediatrics.

Meeting	Public Trust Board
Date of meeting	8 December 2022
Paper number	Enc H

	<ul style="list-style-type: none"> • There remains a sustained demand for COVID capacity on the ward areas however there has not been an increase in requests for staffing. • There were insignificant or minor incidents reported with no moderate or significant harms reported. • The health care assistant recruitment drive remains in place. This programme remains pivotal as the challenge is that as quickly recruitment is occurring, turnover is happening. There is an action plan in place supporting retention. • The vacancy factor is: RN 161 at 8.2%, (down from 211 in September) the model hospital data from October paper remains unchanged at 12.3% and HCA 118 at 12.0% again model hospital from October of 11.1%. Priority areas for recruitment are HCA. A review of retention is ongoing and undertaken by HR. • Triangulation of data shows there is a variance in the bank and agency usage is reduced compared to the WTE in vacancy, sickness and maternity. RN +18WTE (accounted for in 'additional beds and HCA +32 WTE (24.6 accounted for by Additional beds / COVID additional staff) • The RCN/ Unions have balloted their members during September/October and strike action for Worcester Acute Hospitals Trust will go ahead, dates to be confirmed following discussion with DOH, a tactical command and control group is in place and working through a strategy to cover strike days. This risk has been entered onto the corporate risk register • A winter staffing review has been undertaken and action in progress with NHSP supporting short term sickness. • There remains a reported concern of staff across the trust feeling tired and pressured on meeting the challenging capacity and demand position and also meeting the health and wellbeing for staff particularly in relation to concerns of cost of living challenges.
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Risk												
Which key red risks does this report address?				What BAF risk does this report address?	BAF risk 9 -If we do not have a sustainable fit for purpose and flexible workforce, we will not be able to provide safe and effective services resulting in a poor patient experience. Strike action risk to be added in November.							
Assurance Level (x)	0	1	2	3	4	5	6	x	7	N/A		
Financial Risk	There is a risk of increased spend on bank and agency given the vacancy position and short term sickness.											
Action												
Is there an action plan in place to deliver the desired improvement outcomes?	Y	x	N				N/A					
Are the actions identified starting to or are delivering the desired outcomes?	Y	x	N									
If no has the action plan been revised/ enhanced	Y	x	N									
Timescales to achieve next level of assurance												

Meeting	Public Trust Board
Date of meeting	8 December 2022
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Introduction/Background
<p>Workforce Staffing Safeguards have been reviewed and assessments are in place to report to Trust Board on the staffing position for Nursing for August 2022</p> <p>This assessment is in line with Health and Social care regulations: Regulation 12: Safe Care and treatment Regulation 17: Good Governance Regulation 18: Safe Staffing</p>
Issues and options
<p>The provision of safe care and treatment Staff support ongoing</p> <p>A priority for the trust remains the health and wellbeing of staff as there remains the priorities of managing the ongoing demands from the acuity and dependency of the patients entering the hospitals and the increases in patient attendance through the urgent care pathway.</p> <p>The provision of staff support continues to be a high priority for the teams in particular as winter 22/23 progresses. There is a Trust wide weekly meeting in place to assess progress with safest staffing and professional issues and to gain a professional update on health and wellbeing issues at ward/clinical level, led by the CNO/Deputy Chief Nurse.</p> <p>Roll out of the Professional Nurse Advocate (PNA) training programme and PNA network is in place and restorative supervision offered for staff as required and areas for targeted support.</p> <p>Harms</p> <p>There were 64 minor and insignificant patient harms reported for October over a variety of ward areas. No hot spot areas, with no patient related risks reported.</p> <p>Good Governance</p> <p>There daily staffing escalation calls to cover last minute sickness and the divisions work together to cover the staffing gaps with last resort escalation to off framework agencies. There remains an assurance weekend staffing meeting held each week with the CNO and the monthly NWAG meeting.</p> <p>Triangulation of data is ongoing, with Whole time equivalent data now available for Maternity leave and sickness.</p> <p>Safe Staffing</p> <p>Nurse staffing 'fill rates' (reporting of which was mandated since June 2014) <i>"This measure shows the overall average percentage of planned day and night hours for registered and unregistered care staff and midwives in hospitals which are filled".</i> National rates are aimed at 95% across day and night RN and HCA fill Mitigation in staff absences was supported with the use of temporary staffing and redeployment of staff where staff were able to do so.</p>

Meeting	Public Trust Board
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Current Trust Position			What needs to happen to get us there	Current level of assurance
	Day % fill	Night % fill	<p>The current domestic and international pipeline to be reviewed. The increase in RN fill is significant across the COVID areas and the need for additional staffing on these areas.</p> <p>The HCA fill rate on days and nights has increased slightly this month a trust wide advert is in place to fill all the HCA vacancies.</p>	5
RN	94%	96%		
HCA	89%	102%		

DATA for October 2022

Vacancy trust target is 7%

RN vacancies ongoing recruitment to reduce vacancies both domestic and international. Rolling adverts for specialities have been ongoing. HCA recruitment continues following the recruitment drive with HEE and a centralised trust wide advert 22/23 International nurse recruitment commenced in April 2022 for the next financial year with additional funds supported by NHSEI with supporting teaching for the Hereford and Worcester Health and Care Trust. A further Bid has been approved for funding Jan- March 23 for a further 20 nurses.

Current Trust Position WTE	Model Hospital data June 2022 Benchmarking	Current level of assurance
RN 161 WTE 8.2% RM 22 WTE 9.36% HCA 118 WTE 12.04%	RN 12.3% RM not available HCA 11.1%	4

Staffing of the wards to provide safe staffing has been mitigated by the use of:

- Inpatient wards have deployed staff and employed use of bank and agency workers.
- Vacancies numbers has led to constraints on staffing and a need for bank or agency to keep staffing safe across all the Wards within safest levels.
- Urgent Care is currently carrying the majority of the RN vacancies.

Recruitment International nurse (IN) recruitment pipeline

Recruitment is in progress and ongoing month on month December 2022 totalling 80 with additional financial support from NHSEI. A further bid has been successful for 120 nurses of which we have agreed a contract to recruit from the Philippines. A team of 4 senior nurses will go to the Philippines in January 23.

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Domestic nursing pipeline

With the commencement of the grow our own campaign through the Best people programme, October will hopefully see new cohorts of Registered Nurse associates and Registered nurse degree apprentices. Data to be assembled and presented in next report.

Bank and Agency Usage

Trust target is 7%-

Current Trust Position WTE	Model Hospital data June 2022 Benchmarking	Current level of assurance
RN and RM 369 WTE 18.6% Overall WTE has increased by 7 last month and 14 WTE since August. HCA 278 WTE Total demand hours remain flat to prior month with a 0.3 WTE reduction.	RN 6.4% RM Not available HCA Not available	5

Sickness –

The Trust Target for Sickness is 4%, October sickness data 5.65%.

Current Trust Position	Model Hospital data May 2022 Benchmarking	Current Level of Assurance
RN 114 WTE 5.75% RM 15 WTE 6.55% HCA 98 WTE 9.9%	RN 5.6% RM 6 7.4% HCA 8%	4

Turnover

Trust target for turnover 11%.

Introduction of Apprenticeships across all bands to encourage talent management and growing your own staff – Diploma level 3 – level 7 are available through the apprenticeship Levy. Work being undertaken with NHSEI to develop a recruitment and retention action plan to support HCA recruitment. To have a pool of ready to start HCAs as vacancies arise.

Current Trust Position	Model Hospital data March 2022 Benchmarking	Current level of Assurance
RN Turnover 12.45% RM Turnover 15.31%	RN Turnover 13.6% RM Turnover 13.6%	

Meeting	Public Trust Board
Date of meeting	8 December 2022
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HCA Turnover 16.19%	HCA Turnover 21%	3	
<p>Recommendations</p> <p>Trust Board are asked to note:</p> <ul style="list-style-type: none"> Staffing of the adults, children and neonatal wards to provide the 'safest' staffing levels for the needs of patients being cared for throughout October 2022 has been achieved. The RCN/ Unions have balloted their members during September/ October and strike action for Worcester Acute Hospitals Trust will go ahead, dates to be confirmed following discussion with DOH, a tactical command and control group is in place and working through a strategy to cover strike days. The Bristol model of capacity management of patients from ED to wards has been implemented. Plus 1,2 boarding of patients has had a impact at WRH of increasing the number of patients on ward templates. Daily staffing assessment in place and escalations of staffing need managed locally. 			

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Midwifery Safe Staffing Report October 2022

For approval:		For discussion:		For assurance:	x	To note:	
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Accountable Director	Paula Gardner, Chief Nursing Officer		
Presented by	Justine Jeffery, Director of Midwifery	Author /s	Justine Jeffery, Director of Midwifery

Alignment to the Trust's strategic objectives (x)							
Best services for local people	x	Best experience of care and outcomes for our patients	x	Best use of resources	x	Best people	x

Report previously reviewed by		
Committee/Group	Date	Outcome
Maternity Governance	November 2022	
People & Culture Committee	29 November 2022	Noted for assurance.

Recommendations	The Board is asked to note how safe midwifery staffing is monitored and actions taken to mitigate any shortfalls.
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Executive summary	<p>This report provides a breakdown of the monitoring of maternity staffing in October 2022. A monthly report is provided to Board outlining how safe staffing in maternity is monitored to provide assurance.</p> <p>Safe midwifery staffing is monitored monthly by the following actions:</p> <ul style="list-style-type: none"> • Completion of the Birthrate plus acuity tools • Monitoring the midwife to birth ratio • Monitoring staffing red flags as recommended by NICE guidance NG4 'Safe Midwifery Staffing for Maternity Settings' • Unify data • Daily staff safety huddle • SitRep report & bed meetings • COVID SitRep (re - introduced during COVID 19 wave 2) • Sickness absence and turnover rates • Recruitment/Vacancy Rate • Monthly report to Board <p>There were 409 births in October. The escalation policy was enacted to reallocate staff internally as required. The community and continuity teams were not required to support the inpatient team throughout October. Minimum safe staffing levels were maintained on a greater number of shifts in October.</p> <p>The supernumerary status of the shift leader and 1:1 care in labour was achieved in month.</p>
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A lead has now been identified to support the ward teams to embed the acuity app into the ward areas. A decrease in completion was noted o delivery suite and has been addressed by the ward manager.

There were five staffing and ten medication incidents reported on Datix. No harm was reported.

Sickness absence rates remain higher than the Trusts target but have decreased to 7.3%. COVID absence rates remained low in month. The directorate continue to work with the HR team to manage sickness absence timely.

The rolling turnover rate decreased to 15.31%. The current vacancy rate is maintained at 5%. A further 3WTE midwives are expected in Q3. The majority (4%) of these vacant posts are due to an increase in the funded establishment that will enable staff to be released to meet the national requirement for role specific training.

The results of the recently published Birthrate Plus Audit are presented in the report. No additional funding is required as the recommended clinical and leadership requirement is currently funded following significant national investment in 2021/22.

The suggested level of assurance for October is 5. An increase in assurance will be recommended when the current position is sustained and all of the Trust KPIs are met.

Risk												
Which key red risks does this report address?				What BAF risk does this report address?	9-If we do not have a right sized, sustainable and flexible workforce, we will not be able to provide safe and effective services resulting poor patient and staff experience and premium staffing costs.							
Assurance Level (x)	0	1	2	3	4	5	x	6	7	N/A		
Financial Risk	State the full year revenue cost/saving/capital cost, whether a budget already exists, or how it is proposed that the resources will be managed.											
Action												
Is there an action plan in place to deliver the desired improvement outcomes?	Y	x	N					N/A				
Are the actions identified starting to or are delivering the desired outcomes?	Y	x	N									
If no has the action plan been revised/ enhanced	Y		N									
Timescales to achieve next level of assurance							3 months					

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Introduction/Background

The Directorate is required to provide a monthly report to Board outlining how safe midwifery staffing in maternity is monitored to provide assurance.

Safe staffing is monitored monthly by the following actions:

- Completion of the Birthrate plus acuity tools
- Monitoring the midwife to birth ratio
- Monitoring staffing red flags as recommended by NICE guidance NG4 'Safe Midwifery Staffing for Maternity Settings'
- Unify data
- Daily staff safety huddle
- SitRep report & bed meetings
- COVID SitRep (re - introduced during COVID 19 wave 2)
- Sickness absence and turnover rates
- Recruitment/Vacancy Rate
- Monthly report to Board

In addition to the above actions a biannual report (published in July and January) also includes the results of the 3 yearly Birthrate Plus audit or the 6 monthly 'desktop' audits.

Issues and options

Birthrate Plus Audit (3 yearly)

Birthrate Plus (BR+) is a framework for workforce planning and strategic decision-making and has been in variable use in UK maternity units since 1988, with periodic revisions as national maternity policies and guidance are published. It is based upon an understanding of the total midwifery time required to care for women and on a minimum standard of providing one-to-one midwifery care throughout established labour. The principles underpinning the BR+ methodology are consistent with the recommendations in the NICE safe staffing guideline for midwives in maternity settings and have been endorsed by the RCM and RCOG. The full report is presented in the appendices.

Case mix comparison 2017 and 2021

Presented in the table below is the case mix categorisation for all intrapartum cases. There is a noticeable increase in cat 3,4 and 5; the higher acuity classification.

	Cat 1	Cat 2	Cat 3	Cat 4	Cat 5
2017 Case mix	6.4	24.4	17.6	29	22.6
2021 Case mix	5.9	13.1	20.3	34.9	25.8

The overall ratio for all births is 1:24.1

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Clinical WTE required	
Delivery Suite: <ul style="list-style-type: none"> • Births • A/N cases • Non-viable pregnancies • Escorted transfers out 	53.12wte
Triage - BSOTS Model	11.16wte
Meadow Birth Centre <ul style="list-style-type: none"> • Births & postnatal care • Births only • Transfers to Delivery Suite 	13.46wte
Lavender Antenatal Ward <ul style="list-style-type: none"> • A/N Admissions • Inductions of Labour Lavender Postnatal Ward <ul style="list-style-type: none"> • Postnatal women • NIPE • Extra Care Babies • Postnatal readmissions • Postnatal Day Attenders 	14.41wte 42.57wte (may Include MSWs when suitably qualified.)
Outpatients Services <ul style="list-style-type: none"> • Worcester clinics • Redditch clinics • Kidderminster clinics • Evesham clinics • Worcester DAU • Redditch DAU • Kidderminster DAU 	6.75wte MWs 2.79wte 1.25wte 1.25wte
Community Services: <ul style="list-style-type: none"> • Home births • Community AN & PN care • Attrition • Additional safeguarding 	62.48wte (may Include MSWs when suitably qualified)
Total Clinical WTE	209.24wte RMs & PN MSWs

Non Clinical Midwifery Roles

In addition to the clinical midwifery workforce (209.24 WTE) there are a number of non - clinical roles that are required to deliver the service e.g Director of midwifery, Matrons, Practice Development midwives, Specialist Midwives and Governance Manager. This is not an exhaustive list.

It is recommended that the non - clinical workforce should be a minimum of 10% of the clinical workforce. BR Plus recommend a non- clinical workforce of 20.92 WTE.

Funded establishment

The total requirement to deliver a safe maternity service is 230.16 WTE. The current funded midwifery establishment is 232 WTE therefore no additional funding is currently required.

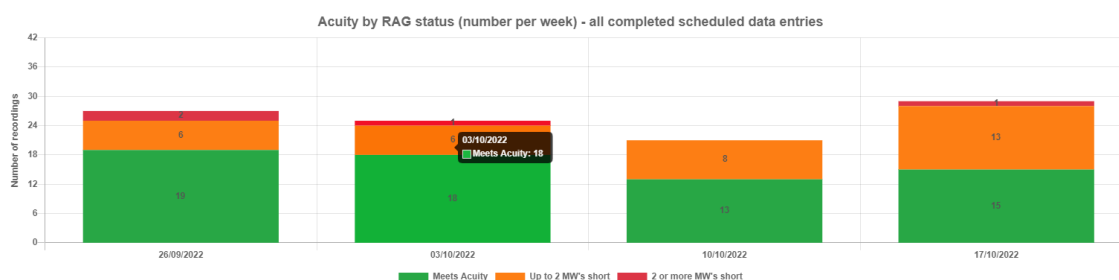
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Completion of the Birthrate plus acuity app

Delivery Suite

The acuity app data was completed in 66% of the expected intervals which is lower than last month. The diagram below demonstrates when staffing was met or did not meet the acuity. This indicator is recorded prior to any actions taken. Safe staffing levels were maintained on all shifts in October.

From the information available the acuity was met in 64% (7% increase from previous month) of the time and recorded at 36% when the acuity was not met prior to any actions taken.



The mitigations taken are presented in the diagram below and demonstrate the frequency (n=13 occasions) of when staff are reallocated from other areas of the inpatient service. The community and continuity of carer midwives were not escalated into the inpatient areas during October. This is lower than previous months and it is also noted that there are no reports of staff not being able to take breaks or staying beyond their shift time.

11/10/2022 TO 31/10/2022

MA1	Redeploy staff internally	13	93%
MA2	Redeploy staff from community	0	0%
MA3	Redeploy staff from training	0	0%
MA4	Staff unable to take allocated breaks	0	0%
MA5	Staff stayed beyond rostered hours	0	0%
MA6	Specialist midwife working clinically	0	0%
MA7	Manager/Matron working clinically	0	0%
MA8	Staff sourced from bank/agency	0	0%
MA9	Utilise on call midwife	0	0%
MA10	Escalate to Manager on call	1	7%
MA11	Maternity Unit on Divert	0	0%
Total		14	

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Monitoring staffing red flags as recommended by NICE guidance NG4 'Safe Midwifery Staffing for Maternity Settings'

All of the NICE recommended red flags can be reported within the new acuity app and are presented below.

The labour ward coordinator was supernumerary 100% of the time and 1:1 care in labour was also provided. There were only 2 red flags reported in October via the acuity app: one delay in care and one late medication.

FROM 1 DECEMBER 2022

RF1	Delayed or cancelled time critical activity	1	50%
RF2	Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing)	0	0%
RF3	Missed medication during an admission to hospital or midwifery-led unit (for example, diabetes medication)	0	0%
RF4	Delay in providing pain relief	1	50%
RF5	Delay between presentation and triage	0	0%
RF6	Full clinical examination not carried out when presenting in labour	0	0%
RF7	Delay between admission for induction and beginning of process	0	0%
RF8	Delayed recognition of and action on abnormal vital signs (for example, sepsis or urine output)	0	0%
RF9	Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour	0	0%
RF10	Delivery Suite Co-ordinator is not supernumerary	0	0%
	Total	2	

Antenatal & Postnatal Wards

The data remains incomplete for the antenatal and postnatal ward however the completion rate for the antenatal ward is now at 63%; data will be included in next month's report if the completion rate is above 75%.

The postnatal ward completion remains extremely low and a labour ward coordinator is working with the postnatal ward manager to improve completion in this area.

Staffing incidents

There were five staffing incidents reported in October via Datix and no harm was recorded. The following incidents were reported:

1. Reduced staffing leading to cancellation of PDRs
2. Reduction in ANC appointments as no junior doctor available
3. Escalation of staff from PN ward –skill mix concerns raised
4. Sickness in community team – not all visits completed face to face.
5. DS staffing below minimum staffing levels

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It is noted that any reduction in available staff results in increased stress and anxiety for the team and the staff have continued to report reduced job satisfaction and concern about staffing levels, burnout and staff health and well – being.

Staff drop in events have continued throughout October to offer support to staff and to update staff on the current challenges in maternity services. Attendance is low and recent feedback from team members suggest this is due to improved working conditions.

Medication Incidents

There were ten medication incidents in October:

- CD not accounted for
- Drug administered early (2)
- No steroids prescribed pre-op
- Steroids administered to woman with GDM without arranging admission for sliding scale
- Illegible prescription
- Missed medication
- IV antibiotics administered early
- Vancomycin levels not checked on time
- Medication changed leading to delay in discharge

Unify Data

The fill rates (actual) presented in the table below reflect the position of all inpatient ward areas. The rates reported demonstrate a further improvement in fill rates for registered midwives and maternity support workers in the majority of the inpatient areas.

	Day RM %	Day HCA %	Night RM %	Night HCA %
Continuity of Carer	100%	n/a	100%	n/a
Community Midwifery	70%	n/a	100%	n/a
Antenatal Ward	91%	69%	93%	76%
Delivery Suite	92%	47%	85%	84%
Postnatal Ward	83%	73%	91%	86%
Meadow Birth Centre	86%	52%	94%	62%

Monitoring the midwife to birth ratio

The ratio in October was 1:22 (in post) and 1:21 (funded). This is slightly higher than the agreed midwife to birth ratio as outlined in Birth Rate Plus Audit, 2022 (1:24).

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Daily staff safety huddle

Daily staffing huddles are completed each morning within the maternity department. This huddle is attended by the multi professional team and includes the unit bleep holder, Midwife in charge and the consultant on call for that day. If there are any staffing concerns the unit bleep holder will arrange additional huddles that are attended by the Director of Midwifery. No additional huddles were held during October.

The maternity Unit Bleep Holder and the on call manager continue to join the Trust site meeting twice per day. This has facilitated escalation of any concerns and a greater understanding of the pressures within maternity services. The maternity team have also gained an insight into the challenges currently faced across our hospital services.

Maternity SitRep

The maternity team SitRep continues to be completed 3 times per day. The report is submitted to the capacity hub, directorate and divisional leads and is also shared with the Chief Nurse and her deputies. Maternity staffing is also discussed at the Chief Operating Officers daily meeting.

The report provides an overview of staffing, capacity and flow. Professional judgement is used alongside the BRAG rating to confirm safe staffing. Further work on the Sitrep is ongoing, the pilot of the regional Sitrep continues and the DoM is a member of the regional development group; this work will inform the updated staffing escalation policy.

COVID SitRep/Huddle (re-introduced during COVID 19 Wave 2)

The directorates continue to share information about the current COVID position and identify any risks to the service which includes a focus on safe staffing. The meetings are now held weekly. The national COVID SitRep continues to be completed as requested.

Vacancy

There are currently 12 unfilled midwifery posts – vacancy rate of 5%. Eight of these post represent an uplift in establishment (Ockenden funding) to enable staff to be released for role specific training. A further recruitment event is planned at the University of Worcester in November.

A bid was submitted to NHSE for international recruitment of midwives. The bid was made for six midwives and the Trust has been awarded the required funding. The expectation is that the six midwives will be recruited by December 2023.

Sickness

Sickness absence rates were reported at 7.3% in month – a further decrease in month.

The following actions remain in place:

- Monthly oversight of sickness management by the Divisional team with HR support
- Focus review of sickness management in areas with high levels of absence

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- Matron of the day to carry the bleep that staff use to report sickness to ensure staff receive the appropriate support and guidance.
- Signposting staff to Trust wellbeing offer and commencement of wellbeing conversations.
- Daily walk rounds by members/member of the DMT.
- Close working with the HR team to manage sickness promptly.
- Health and wellbeing work stream actions

Turnover

The rolling turnover remains above the Trust target at 15.31%.

Actions throughout this period:

- Daily safe staffing huddles continued to monitor and plan mitigations for safe staffing
- Attendance at the site bed meeting twice per day
- Agency staff block booked to support across summer months
- Sitrep report completed three times per day
- Maintained focus on managing sickness absence effectively.
- Further training and oversight by ward managers to improve completion rates of the acuity app agreed.
- Further recruitment event planned for November for midwives.
- Successful IR bid
- Fortnightly 'drop - in' sessions led by the DoM continued in month.
- Additional drop in sessions with CNO & DoM

Conclusion

October was a busy month (409 births) however there was an increase in the % of time that acuity was met on delivery suite. To maintain safety staff were deployed to areas with the highest acuity; minimum safe staffing levels were achieved on all shifts. The escalation policy was utilised on 13 occasions to maintain safety.

Agency midwives have provided additional support however safe staffing levels were maintained without deployment of non- clinical/specialist midwives. The community and continuity of carer midwives were not required to support the inpatient team in month.

There was a reduction in reported red flags; both 1:1 care in labour and the supernummary status of the shift leader were achieved in October.

Sickness absence rates reported at 7.3%. It is noted this remains above the Trust target; ongoing actions are in place to support ward managers and matrons to manage sickness effectively.

The rolling turnover rate is at 15.31% and the vacancy rate is now 5%. Eleven new starters commenced in post as planned with a further 3WTE expected in Q3.

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Any reduction in available staff on duty will impact on the health and wellbeing of the team; support is available from the visible leadership team, PMAs and local line managers.

The suggested level of assurance for October is 5. An increase in assurance will be recommended when the current position is sustained and all of the Trust KPIs are met.

Recommendations

The Board is asked to note how safe midwifery staffing is monitored and actions taken to mitigate any shortfalls.

Appendices



Worcester Final
Birthrate Plus Workf

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Responsible Officer Report 2021/22

For approval:		For discussion:		For assurance:	X	To note:	
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Accountable Director	Dr Christine Blanshard, Chief Medical Officer		
Presented by	Dr Christine Blanshard, Chief Medical Officer	Author /s	Kira Beasley, Business Manager

Alignment to the Trust's strategic objectives (x)

Best services for local people		Best experience of care and outcomes for our patients		Best use of resources	X	Best people	
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Report previously reviewed by

Committee/Group	Date	Outcome
People & Culture	4 October 2022	Noted

Recommendations	The Trust Board are invited to note the content of this report and be assured that appropriate measures and oversight are in place for Medical Appraisal and Revalidation.
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Executive summary	<p>The appraisal year runs from 1 April to 31 March annually and many appraisals were delayed over the past appraisal year due to the impact of the pandemic.</p> <p>As at 4th August 2022 there are currently 31 overdue appraisals. There are a total of 24 agreed exceptions, and therefore only 7 Drs who did not have an appraisal during the 2021/2022 appraisal year who were not an agreed exception.</p> <p>The funding for the existing has 58 approved appraisers has been moved centrally to deliver long term equity, no additional funding has been agreed; however, the costs associated with recruitment of medics needs to include this to ensure adequate appraisers are available. We currently have a ratio of 7 appraisees to each appraiser (this is within the required 5-8 ratio).</p> <p>The Appraisal lead is providing appropriate training and networking events.</p>
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Risk

Which key red risks does this report address?	9 (workforce)	What BAF risk does this report address?	9 (workforce)							
Assurance Level (x)	0	1	2	3	4	5	6	X	7	N/A
Financial Risk	None									

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Action						
Is there an action plan in place to deliver the desired improvement outcomes?	Y		N		N/A	X
Are the actions identified starting to or are delivering the desired outcomes?	Y		N			
If no has the action plan been revised/ enhanced	Y		N			
Timescales to achieve next level of assurance						

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Introduction/Background
<p>The appraisal year runs from 1 April to 31 March annually and many appraisals were delayed over the past appraisal year due to the impact of the pandemic.</p> <p>As at 4th August 2022 there are currently 31 overdue appraisals. Of these:</p> <ul style="list-style-type: none"> • 1 Dr on Sabbatical • 2 Drs on Long term sickness absence for the majority of the appraisal period • 1 Dr returned from long term sickness absence and her due date was then adjusted to outside of 2021/2022 appraisal year • 2 Drs on Maternity/adoption leave • 1 Dr postponement request was approved and new due date was then outside of 2021/2022 appraisal year • 17 Drs joined during the 2021/2022 appraisal year having not had a previous appraisal (new to the NHS) and their appraisal due date fell into the following appraisal year <p>This would make 24 agreed exceptions, and therefore only 7 Drs who did not have an appraisal during the 2021/2022 appraisal year who were not an agreed exception.</p> <p>The funding for the existing has 58 approved appraisers has been moved centrally to deliver long term equity, no additional funding has been agreed; however, the costs associated with recruitment of medics needs to include this to ensure adequate appraisers are available. We currently have a ratio of 7 appraisees to each appraiser (this is within the required 5-8 ratio). The Appraisal lead is providing appropriate training and networking events.</p>
Issues and options / Actions
<p>There have been significant issues within the Job Planning and Appraisal & Revalidation function; this has been due to sickness, staff turnover and annual leave; this has caused delays in the responsible officer function of the Trust.</p> <p>In order to provide a clearer oversight and management role of these functions, it is suggested that Job Planning Officer and the Appraisal and Revalidation Teams should realign to the Chief Medical Office. Discussions with the affected parties and teams will occur once this has been agreed.</p>
Recommendations
<p>The Trust Board are invited to note the content of this report and be assured that appropriate measures and oversight are in place for Medical Appraisal and Revalidation.</p>
Conclusion
<p>Although the service has experienced some turbulence over the past 12 months due to the fragility of the teams; processes and procedures have been continued to ensure appropriate action is taken where required.</p>
Appendices

1. Trust Approved Appraiser List
2. Submission document for Quality Assurance Framework

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Audit and Assurance Committee Report

For approval:		For discussion:		For assurance:	X	To note:	
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Accountable Director	Colin Horwath, Audit and Assurance Committee Chair		
Presented by	Colin Horwath, Committee Chair	Author /s	Rebecca O'Connor, Company Secretary

Alignment to the Trust's strategic objectives (x)

Best services for local people	X	Best experience of care and outcomes for our patients		Best use of resources	X	Best people	
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Report previously reviewed by

Committee/Group	Date	Outcome

Recommendations

The Board is requested to:

- Note the report for assurance

Executive summary

This report summarises the business of the Audit and Assurance Committee at its meeting held on 22 November 2022. The following key points are escalated to the Board's attention:

1. Internal Audit Reports

Committee received the Data Security & Protection Toolkit report and the Bank and Agency High Earners report. The overall assurance for the Data Security report overall was moderate assurance and there was an improvement plan in place which is overseen by Ms Lewis.

The Bank and Agency High Earner report provided no assurance. There were concerns around the lack of controls and the process of booking agency workers. Dr Blanshard was the Executive lead. A Standard Operating Procedure was being drafted and a Doctors and Associates Working Group had been established that would provide better oversight of the improvement in controls and on the spend on high cost medical staffing generally. A summary of next steps and timeframes for implementation of the SOP would be presented at the next meeting. It was anticipated that controls would be improved by the end of the year and embedded by Quarter 2 of 2023/24 to enable a follow up review to be undertaken. It was agreed that there would be regular scrutiny through the Committee until assurance has improved.

2. HFMA Financial Sustainability

Committee received the audit report from Internal Audit which detailed their review of the 12 self-assessment questions that the Trust had been asked to undertake by NHSE. The self-assessment scoring of 10 of the 12 questions were recognised by the auditors as being reasonable,

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however there was a challenge on 2 of the scores relating to questions on PEP where the Trust was felt to have been over optimistic in its rating. It was suggested that these be downgraded to a level 2, which had subsequently been accepted by the Trust. Overall, it was a well-balanced assessment but recommendations were made in a few areas where more focus was required. A further review would take place at the end of the financial year to review and assess progress on improvements.

3. 2022/23 Counter Fraud Plan

Committee reviewed the Counter Fraud Work Plan and noted that after a review of risks across known areas of fraud, only 5 were scored as medium risks.

4. ICS Risk Appetite

Committee was asked to note the development of the ICS approach to risk appetite and the application of the Trust's risk appetite into the ICB model. It was hoped that this could be a lever to discuss risk exposure, tolerance and the willingness of partners to adjust their risk appetites to address system challenges.

5. Value For Money (VFM) Assurance

Committee were updated on the approach to tracking improvements to the Trust's VFM scores in response to External Audit recommendations. The tracker identified links to the Trusts Board Assurance Framework, lines of assurance and captures key evidence along the way. Milestones and leads had been identified to provide focus on the right areas and were being mapped through to the 7 levels of assurance. Further reviews would take place at TME as we progress through the year.

Risk											
Which key red risks does this report address?											
Assurance Level (x)	0	1	2	3	4	5	X	6	7	N/A	
Financial Risk	None directly arising as a result of this report										
Action											
Is there an action plan in place to deliver the desired improvement outcomes?	Y		N				N/A		X		
Are the actions identified starting to or are delivering the desired outcomes?	Y		N								
If no has the action plan been revised/ enhanced	Y		N								
Timescales to achieve next level of assurance											