Walsall Healthcare NHS
NHS Trust

MEETING OF WALSALL HEALTHCARE NHS TRUST BOARD OF DIRECTORS TO BE HELD IN PUBLIC ON THURSDAY 7 MARCH 2019 AT 14:00
IN THE LECTURE SUITE, MLCC, MANOR HOSPITAL, WALSALL

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A G E N D A

ITEM		PURPOSE	BOARD LEAD	FORMAT	TIME
1.	Patients, Carer and Staff Story	Learning	Director of Nursing	Verbal	1400
CHAIR'S BUSINESS					
2.	Apologies for Absence	Information	Chair	Verbal	1415
3.	Quorum and Declarations of Interest	Information	Chair	ENC 1	1420
4.	Minutes of the Board Meeting Held on 7 February 2019 and Extra Ordinary Board meeting held on 11 February 2019	Approval	Chair	ENC 2	1425
5.	Matters Arising and Action Sheet	Review	Chair	ENC 3	1430
6.	Chair's Report	Information	Chair	ENC 4	1435
7.	Chief Executive's Report	Information	Chief Executive	ENC 5	1440
SAFE HIGH QUALITY CARE					
8.	Monthly Nursing and Midwifery Safer Staffing Report	Discussion	Director of Nursing	ENC 6	1445
9.	Improvement Update	Information	Chief Executive	ENC 7	1455
VALUE COLLEAGUES					
10.	National Staff Survey 2018	Information	Director of People & Culture	ENC 8	1505
BREAK – TEA/COFFEE PROVIDED					1515
RESOURCES					
11.	Performance Report	Discussion	Director of Finance & Performance	ENC 9	1520
PARTNERS					
12.	Partnership Update	Information	Director of Strategy &	ENC 10	1540

ITEM		PURPOSE	BOARD LEAD	FORMAT	TIME
			Improvement		
GOVERNANCE AND COMPLIANCE					
13.	Quality, Patient Experience and Safety Committee Highlight Report	Information	Committee Chair	ENC 11	1545
14.	Performance, Finance & Investment Committee Highlight Report	Information	Committee Chair	ENC 12	1550
15.	POD Highlight Report	Information	Committee Chair	Verbal	1555
16.	**QUESTIONS FROM THE PUBLIC**				
17.	**DATE OF NEXT MEETING** Public meeting on **Thursday 4 April 2019** at 14:00 at the Manor Learning and Conference Centre, Manor Hospital				
18.	**Exclusion to the Public** – To invite the Press and Public to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960).				

MEETING OF THE PUBLIC TRUST BOARD – Thursday 7th March 2019			
Declarations of Interest			**AGENDA ITEM: 3**
Report Author and Job Title:	Jackie White Interim Trust Secretary	**Responsible Director:**	Danielle Oum
Action Required	Approve ☐ Discuss ☐ Inform ☐ Assure ☒		
Executive Summary	The report presents a Register of Directors' interests to reflect the interests of the Trust Board members. The register is available to the public and to the Trust's internal and external auditors, and is published on the Trust's website to ensure both transparency and also compliance with the Information Commissioner's Office Publication Scheme.		
Recommendation	Members of the Trust Board are asked to: Note the report		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report.		
Resource implications	There are no resource implications associated with this report.		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives	Safe, high quality care ☒	Care at home ☒	
	Partners ☒	Value colleagues ☒	
	Resources ☒		

Register of Directors Interests at February 2019

Name	Position/Role at Walsall Healthcare NHS Trust	Interest Declared
Ms Danielle Oum	Chair	Board Member: Wrekin Housing
		Chair: Health watch Birmingham
		Committee Member: Healthwatch England
		Chair: Midlands Landlord whg
Mr John Dunn	Non-executive Director	No Interests to declare.
Mr Sukhbinder Heer	Non-executive Director	Non-executive Director of Hadley Industries PLC (Manufacturing)
		Partner of Qualitas LLP (Property Consultancy).
		Non-executive Director Birmingham Community NHS Foundation Trust (NHS Entity).
		Non-executive Director Black Country Partnership NHS Foundation Trust
		Chair of Mayfair Capital (Financial Advisory).
		Partner - Unicorn Ascension Fund (Venture Capital)
Mr Philip Gayle	Non-executive Director	Chief Executive Newservol (charitable organisation – services to mental health provision).
Mrs Anne Baines	Non-executive Director	Director/Consultant at Middlefield Two Ltd Associate Consultant at Provex Solutions Ltd Clinical Strategy Lead – Worcester Acute Hospitals NHS Trust
Ms Pamela Bradbury	Non-executive Director	Chair of Healthwatch Dudley Consultant with Health Education England People Champion – NHS Leadership Academy Partner is an Independent Clinical Lead with Sandwell and West Birmingham Clinical Commissioning Group
Ms Paula Furnival	Associate Non-executive Director	Executive Director of Adult Social Care, Walsall Council.
		Governing Body Member Walsall Clinical Commissioning Group – in role as Director of Adult Social Care.
		Director of North Staffs Rentals Ltd
		Member of West Midlands Clinical Senate (NHS)
Mr Alan Yates	Associate Non-executive Director	Director Sustainable Housing Action Partnership Director Energiesprong Uk Director Liberty Developments LTB Trustee Birmingham and Country Wildlife Trust Executive Director Accord Housing Association ltd
Dr Elizabeth England	Associate Non-executive Director	Clinician – Laurie Pike Health Centre, Modality Clinician – Lilley Road Medical Centre, GP at Hand

		Mental Health & Learning Disability Clinical Lead, SWB CCG Clinical Director – Mindsafe Mental Health Clinical Lead – RCGP
Mr Richard Beeken	Chief Executive	Spouse, Fiona Beeken is a Midwifery Lecturer at Wolverhampton University. Director – Watery Bank Barns Ltd.
Mr Russell Caldicott	Director of Finance and Performance	Chair and Executive Member of the Branch of the West Midlands Healthcare Financial Management Association
Mr Daren Fradgley	Director of Strategy and Transformation	Director of Oaklands Management Company
		Clinical Adviser NHS 111/Out of Hours
Dr Matthew Lewis	Medical Director	Spouse, Dr Anne Lewis, is a partner in general practice at the Oaks Medical, Great Barr
		Director of Dr MJV Lewis Private Practice Ltd.
Dr Karen Dunderdale	Director of Nursing	No Interests to declare.
Ms Jenna Davies	Director of Governance	No Interests to declare.
Ms Catherine Griffiths	Director of People and Culture	Catherine Griffiths Consultancy ltd
Ms Margaret Barnaby	Interim Chief Operating Officer	Director of Ltd Company as a Management Consultant

Report Author: Jackie White, Interim Trust Secretary
Date of report: February 2019

RECOMMENDATIONS

The Board are asked to note the report

Walsall Healthcare NHS Trust

MINUTES OF THE PUBLIC MEETING OF THE BOARD OF DIRECTORS WALSALL HEALTHCARE NHS TRUST HELD ON THURSDAY 7TH FEBRUARY 2019 AT 2:00 p.m. IN THE LECTURE SUITE, MANOR LEARNING & CONFERENCE CENTRE, MANOR HOSPITAL, WALSALL

Present:

Ms D Oum	Chair of the Board of Directors
Mr J Dunn	Non-Executive Director
Mr S Heer	Non-Executive Director
Mr P Gayle	Non-Executive Director
Mrs A Baines	Non-Executive Director
Ms P Bradbury	Non-Executive Director
Mr R Beeken	Chief Executive
Dr K Dunderdale	Director of Nursing/Deputy Chief Executive
Dr M Lewis	Medical Director
Mr R Caldicott	Director of Finance
Mrs M Barnaby	Interim Chief Operating Officer

In Attendance:

Ms P Furnival	Associate Non-Executive Director
Dr E England	Associate Non-Executive Director
Mr D Fradgley	Director of Strategy & Improvement
Ms J Davies	Director of Governance
Ms C Griffiths	Director of People & Culture
Mrs J White	Trust Secretary
Miss J Wells	Senior Executive PA (Minutes)

Members of the Public
Members of Staff 2
Members of the Press / Media 1
Observers 3

201/18 Patient Story

Mr A Cooke, Professional Lead for Imaging and Mr B Stevens, Consultant Radiographer provided a presentation entitled Radiology Service Improvements to Enhance Patient Experience. The team highlighted a number of improvements which have seen a reduction of concerns and complaints and outstanding Friends and Family test results. These include:

- The creation of a sub-wait area for patients to change in private.
- Clerical changes had been made to address an unclear process for A&E out of hour's patients who required Imaging.

- Signage was updated including clear direction arrows.

- Fusion changes within ED had been implemented in relation to discharging patients.

- Devised a Quality Improvement Project Team, supported by the Quality Improvement Academy.

The team welcomed board members to visit the department to see the changes made and invited the Patient Experience Team to complete a follow up audit.

Ms Oum thanked Mr Cooke and Mr Stevens for presenting to members the changes made in order to improve patient experience.

Dr Dunderdale observed the improvements made from a patient perspective and would welcome a visit to the department.

Dr Dunderdale asked whether patient input was included with the development of Multi-Disciplinary Teams. Mr Cooke replied that patients had not been involved to date.

Dr Dunderdale encouraged thoughts around long term condition self-referral patients accessing the service.

Ms Furnival informed that she had recently attended the department for an x-ray, where she was seen quickly and efficiently but was staggered by the sheer amount of patients present.

Mrs Baines queried if there were any holdbacks to change and whether there was confidence within the team to implement the changes. Mr Stevens replied that by demonstrating the benefits, there was less resistance from staff. Feedback from the pilot was shared with staff and was well received. The changes were implemented as they had the power and support from colleagues.

Mrs Barnaby expressed interest in the self-referral pathway and asked how it was governed in terms of radiation. Mr Stevens responded that there was a strict criteria that needed to be met and was outlined within the guidelines.

202/18 Apologies for Absence

Apologies were received from Alan Yates, Associate Non-Executive Director.

Ms Oum welcomed Caroline Bell and Bridgette Hill from the CQC who were observing the meeting.

203/18 Declarations of Interest and quorum

There were no additional items to declare.

The meeting was quorate in line with Item 3.11 of the Standing Orders, Reservation and Delegation of powers and Standing Financial Instructions; no business shall be transacted at a meeting unless at least one-third of the whole number of the Chairman and members (including at least one member who is also an Officer Member of the Trust and one member who is not) is present.

204/18 Minutes of the Board Meeting Held in Public on 6th December 2018

Ms Oum advised that minute 185/18 should read that the Trust aimed and worked towards the Pledge.

Dr Dunderdale informed that minute 186/18 was an avoidable MRSA.

The Board approved the minutes of the meeting held on the 6th December 2018 as an accurate record.

205/18 Matters Arising and Action Sheet

The Board reviewed the action sheet.

Ms Oum stated that there were a number of actions from the winter plan to be discussed at the Quality, Patient Experience and Safety Committee. Dr Dunderdale agreed to share the actions with Board members prior to the next meeting. **Director of Nursing**

Dr Lewis had not yet been able to share Patient Stories with the Junior Doctors Forums. Dr Lewis would share feedback at a future forum.

Dr Dunderdale informed that equipment breakdowns were discussed at the Quality, Patient Experience and Safety Committee. An update was included within the Performance Report.

Resolution

The Board received and noted the progress on the action sheet.

206/18 Chair's Report

Ms Oum presented the report which was taken as read.

Resolution

The Board received and noted the Chair's report.

207/18 Chief Executive's Report

Mr Beeken presented the report and highlighted the following key points:

- 3.1 – Overall, during the winter period, ED performance had risen by more than 4% in comparison to the previous year. Mr Beeken commended staff on the design,

implementation and assessment of the winter plan. Mr Beeken added that the practice of temporarily housing patients on wards had virtually eradicated, surgical bed outliers remained very low and performance had maintained.

- 3.2 – Over 1500 colleagues had attended the values and behaviour sessions which equated to a third of the Trust workforce.

- 3.4 – The final stages of considering the business case for the development of an integrated care partnership within the borough was underway. Mr Fradgley added that the formation of Walsall Together offered better services for the population and sustainability of secondary care services. Ms Furnival informed that NHSE strongly endorsed Walsall Together and what it would mean for patients.

Mrs Baines asked how the senior leadership team were monitoring the wellbeing of the staff within the ED department during periods of high demand. Mr Beeken replied that senior managers had visited the department on average 3 times per week and spent time talking to staff. Dr Lewis responded that during time of pressure, ED is disproportionately affected and that managing the flow is a shared responsibility. Mrs Barnaby observed that sending thank you's to staff boosted morale.

Resolution
The Board received and noted the content of the report.

208/18 Monthly Nursing and Midwifery Safer Staffing Report

Dr Dunderdale introduced the report which had been reviewed at the Quality, Patient Experience and Safety Committee. The report had been aligned to the Nursing Workforce Transformation Programme and progress was reported against the 4 key work streams. The following key points were highlighted:

- Agency spend had reduced during December. Bank and agency use remained lower than the comparable to last year. Temporary staffing use remained mainly due to vacancies. No tier 4 had been utilised since November 2018.
- There was an average fill rate of just over 92% for day shifts and 96% for night shifts.
- A roster efficiency review was underway with a view to moving to a different approach.
- Newly qualified nursing associates were registered from January 2019 and formed part of the establishment.

Ms Oum referenced the variable enhanced bank rate and requested that its utilisation was reviewed in terms of the benefits

to and impacts on financial performance, patient safety and valuing colleagues as part of the implementation of the winter plan assessment.

Mr Gayle requested that the People and Organisational Development Committee also reviewed the enhanced bank rate. **POD Committee**
Dr Dunderdale informed that the though the winter plan was robust operationally, it was difficult to plan temporary workforce but lessons had been learnt.

Mr Heer referenced reported incidents, querying whether there had been any increases comparable to the previous year and whether the Trust should set targets to gauge impact. Dr Dunderdale replied that targets should now be set in line with the baseline and skill mix reviews in the transformation programme.

Mrs Baines asked how Dr Dunderdale how she was addressing concerns raised about staffing levels on the wards. Dr Dunderdale replied that any change to bed base or delivery would trigger a new review. Staffing was also reviewed on a daily basis through twice daily staffing meetings.
Mr Gayle had observed that some staff weren't aware of the escalation process and asked that further communication was issued. **Director of Nursing**

Resolution
The Board:

- **Received and noted the content of the report.**
- **Noted that a review of the implementation of the Winter Plan would take place.**

209/18 Improvement Update

Mr Beeken introduced the update and advised that the start of the CQC unannounced inspection was taking place currently.
Mr Beeken reminded that there was an NHS Use of Resources event taking place the following day.

Ms Oum observed that the Quality, Patient Experience and Safety Committee and the People and Organisational Development Committee were reviewing compliance and mitigation of mandatory training compliance.

Resolution
The Board received and noted the content of the report.

210/18 Learning from Deaths (Mortality) Report

Dr Lewis presented the report, informing that the two key national indicators are HSMR and SHMI. Both measures were performing better than average though an increase in deaths was seen throughout the winter period. Robust discussions take place at the Mortality Steering Group.

The business case for the recruitment of a Medical Examiner had been approved with a view to being implemented by April 2019. Certain target categories of deaths would be reviewed.

It had been identified that further work on end of life patients and the management of their condition would be reviewed at the Clinical Senate.

Mr Beeken queried the high number of out of hospital deaths and asked that the Quality, Patient Experience and Safety received specifics in order to review. **QPES**

Ms Oum requested that the actions were closely reviewed, adding that she believed that all deaths should be routinely reviewed. Noting the Trust approach was to focus on priority groups for review of deaths, Ms Oum requested a prioritisation of the groups be fed back to the Quality, Patient Experience and Safety Committee to outline robustly how decisions were made.

Resolution
The Board:

- **Received and noted the content of the report.**
- **Noted that a further review would take place at the Quality, Patient Experience and Safety Committee**

211/18 Nursing Strategy

Dr Dunderdale presented the Nursing Strategy which had been developed through a number of engagement events of all grade and experiences, attended by board members and patients. The Quality, Patient Experience and Safety Committee had also discussed the strategy and its development and were recommending approval by the Board.

The next step was building a delivery plan. An engagement event was about to be launched to develop a Midwifery Strategy followed by an Allied Health Professionals Strategy.

Mr Beeken asked when a dress code policy would be implemented and Dr Dunderdale replied that she was chairing a Task and Finish Group that had developed a draft policy in conjunction with a number of workforce colleagues, JNCC and LNC. The group were now in the process of ordering, following a full range of engagement events held in relation to uniform.

Mr Heer suggested looking at the impact of technology and delivering care in a different way. Dr Dunderdale agreed and asked for assistance with those improvements as staff had advised that technology needed to be further developed.

Mr Dunn asked what the patient benefit would be following the implementation of the strategy. Dr Dunderdale replied that the anticipation was for patients to receive outstanding care.

Colleagues were asked what that looked like and how it could be achieved.

The strategy was approved.

The People and Organisation Development Committee would review workforce implications. **POD Committee**

Resolution
The Board:

- **Received and noted the content of the report.**
- **Approved the Nursing Strategy.**

212/18 Board Assurance Framework for seven day hospital services

Dr Lewis informed that by April 2020, the Trust were to provide 7 day service working in line with the NHS Improvement delivery milestone. The framework detailed key issues and recommendations.

Ms Oum noted that the Board Assurance Framework was to be submitted to NHSI by the end of February. Ms Oum advised that the risks and challenges were reviewed at committees prior to submission.

The Board Assurance Framework for the Delivery of 7 Day Services was approved.

Resolution
The Board:

- **Received and noted the content of the report.**
- **Approved the Board Assurance Framework for the Delivery of 7 Day Services.**

213/18 Freedom to Speak Up Guardians Report (Whistleblowing)

Ms Oum welcomed Ms S Raza, Ms K Sterling and Ms V Ferguson, Freedom to Speak up Guardians to present their report.

Ms Raza informed that that since April 2018, the Guardians had received 81 concerns in total, which had been broken down by division.

There had been an improvement in confidence of staff raising issues though there had also been challenges and barriers to overcome. Ms Raza reiterated that the need for communication and feedback was paramount when a concern was raised.

Raising concerns electronically and an option for submitting anonymously went live on 1st February 2019.

Ms Oum thanked the team for their continued, important work. Though Ms Oum was disappointed that there had not been more progress, she recognised a shift change following the recruitment

of the Director of People and Culture and a committed Non-Executive Director.

Mrs Baines had suggested triangulating different kinds of concerns without compromising individuals to ensure that there were no missed trends. Ms Griffiths replied that the Guardians were in the early stages of triangulating concerns.

Ms Griffiths informed that the Trust strategy, vision and pledge had been reviewed and endorsed by board members and requested that the same view was recorded in terms of Freedom to Speak Up. Board members were in agreement, however it was noted that careful consideration of the communication should be undertaken.

Mrs Barnaby suggested that feedback could be shared with different services at the Trust Management Board meeting.

Mrs Baines informed that the Guardians should be congratulated for the amount of work and effort they put in and in some times, quite difficult circumstances.

Ms Oum confirmed that the board were publically committed to the vision and thanked the Guardians for their work and dedication.

Resolution
The Board:

- **Received and noted the content of the report.**
- **Approved the Freedom to Speak Up vision, pledge and strategy.**

214/18 Guardian of Safe Working

Dr Lewis welcomed Dr R Bhavakunji, Guardian of Safe Working to present the quarterly report. Dr Bhavakunji outlined the key points:

- There is a nationwide recruitment issue. Local solution of rota redesign was in place.
- Delayed or no reporting from some juniors. Meetings have been arranged to tackle any issues.
- Staffing and rota gaps remain an issue on some days/weeks. Going live on allocate would assist in identifying gaps quickly.
- There had been no genuine, immediate safety concerns.

Ms Oum thanked Dr Bhavakunji for the work undertaken. The improvements could be seen which was encouraging a reporting culture.

Dr Lewis affirmed that there was a good positive level of engagement with the junior doctors. It was important that doctors were supported and concerns acted upon quickly. Dr Lewis

added that opportunities to work with Wolverhampton were being explored to combine with their effective programme of supporting the non-training grade doctors.
Ms Oum informed that she would look forward to hearing further progress later in the year.

Resolution
The Board received and noted the content of the report.

215/18 Performance Report

Quality, Patient Experience and Safety Committee
Mrs Baines was now Chair of the committee.

Dr Dunderdale informed that there were 4 key areas of success that were detailed within the report.
Key areas of concern were detailed but the focus of the committee was the two falls on ward 14.
The three points of focus for the next committee were dementia, reviewing any links between C-section rates and instrument delivery and improving services for people with mental health needs in the Emergency Department.

Integration
Mr Fradgley informed that Trust metrics were included within the report and that ICS metrics would feature from next month.
GP led MDTs were progressing and 14 practices were now participating.
Two ANP vacancies in Rapid Response were now filled, enhancing the skill mix.
Two localities were live with social prescribing projects.

The key area of concern was the loss of two MDTs due to poor other partners attendance, which had now been resolved for future meetings.

People and Organisational Development Committee
Ms Griffiths updated that staff engagement on values had been continuing to embed values and learn from positive practice.
Appraisal compliance had improved, though further work was needed in terms of quality.

Sickness absence was a significant outlier. Focus was on health and wellbeing and earlier action. A new approach would be launched imminently.

Equality, diversity and inclusion remained within an area of concern along with organisational culture. Mr Gayle confirmed that organisational culture remained a concern based upon the pulse survey results. Further work with the assistance of Mr Simon Johnson, Engagement Lead had commenced and needed to continue and embed.

Ms Oum echoed thanks to the work Mr Johnson had undertaken, having kick started the organisation's cultural improvement work, laying the foundations for the long term focus on improvement.

Ms Griffiths added that a review of mandatory training was underway as the evaluation process needed to be much more robust.

Ms Oum acknowledged the issues, adding that she would like to understand the differences between short and long term sickness along with mitigation of risk and mandatory training focus.

Performance, Finance and Investment Committee
Mr Caldicott informed that the MRI facility and critical care unit had opened.
The theatres and neonatal unit construction had commenced.
The outline business case for the new Emergency Department had been supported and the Trust had received confirmation of £36m made available for its construction.

There was a risk to delivery of the revised plan for a £24m deficit estimated to total £3m.

The Trust were £300k behind plan at month 9. Overall, there was a challenging financial position.

Mr Dunn reiterated the £3m risk based mainly upon productivity. There was opportunity to do more and was being monitored weekly.

Ms Oum shared the financial concern, advising that improvements in quality, safety and organisational culture would be undermined if financial performance was poor.

Mr Beeken informed that elements of approach had assurance such as nursing and temporary workforce. A week by week forward look at what the Trust could and would achieve in terms of productivity was being produced.

Mr Heer welcomed greater assurance of achieving the control total.

Resolution:
The Board received and noted the content of the report.

216/18 Operational Planning and Contracting 2019 / 20
Mr Fradgley informed that the first draft of the plan would be submitted on Tuesday.
Key elements were the activity plan, workforce plan and the control total. A conference call with board members had been arranged on Monday evening to scrutinise the finances of the

plan.

Resolution
The Board received and noted the content of the plan.

217/18 Partnership Update

Mr Fradgley presented the update and highlighted the key points:

- The overall numbers of intermediate care were being reviewed, particularly stranded patients and medically safe for discharge.
- A deep dive of therapy services, including community based therapists would be undertaken.
- Availability of equipment was under strain.
- Work with discharge coordinators needed to continue.
- Length of stay required further work and moving patients through the system quicker.

Mr Beeken reiterated that over 55% of the Trust's patient's remained over 5 days.

Ms Oum echoed the need to work in conjunction with partners.

Resolution:
The Board received and noted the content of the report.

218/18 Board Assurance Framework and Risk Register update

Ms Oum observed the new format, noting some areas were not fully completed and asked for each committee for a further review, fully populated.

Ms Davies informed that the Board Assurance Framework would be populated for 2019-20 and would be reviewed at the committees.

IM&T systems was a new risk and was being monitored by the Performance, Finance & Investment Committee.

Mr Heer queried how risks were added to the Board Assurance Framework, noting that there was a relatively new board coming together which should be reflected within.

Ms Oum requested a further Board Development session was held in relation to the Board Assurance Framework. **Board Development**

Resolution:
The Board:

- **Received and noted the content of the report.**
- **Noted that the newly populated BAF for 19/20 would progress through Committees and Trust Board.**
- **A further Board Development session would feature**

the BAF.

219/18 Use of the Seal

Ms Davies informed that the Trust seal had been utilised once for the sale of a property.

Resolution:

The Board received and noted the content of the report.

220/18 Quality, Patient Experience and Safety Committee Highlight Report

Ms Davies provided an update of the Never Event that occurred within theatres;

- An immediate action was a review of theatre stock where it was found that different types of metal were stored together. Since the last update, duty of candour with those patients affected had been undertaken. The patients and their families were invited to attend a meeting and their concerns were addressed.
- The Trust continued to engage with the Royal College of Orthopaedics. There had been no harm caused to any of the affected patients.
- The outcome and lessons learnt would be shared at future Trust Board.

Resolution

The Board received and noted the update.

221/18 Performance, Finance & Investment Committee Highlight Report

The report was taken as read. There were no further updates following the discussion under the Performance report agenda item.

Resolution

The Board received and noted the content of the report.

222/18 People and Organisational Development Committee Highlight Report

The report was taken as read. There were no further updates following the discussion under the Performance report agenda item.

Resolution

The Board received and noted the content of the report.

223/18 Audit Committee Highlight Report

Mr Dunn informed that one area of attention was the move to a new team of auditors. Audit reports needed to be cleared and the committee was focused on bringing the number down.

Resolution:
The Board received and noted the content of the report.

224/18 Questions from the Public

There were no questions from the public.

225/18 Date of Next Meeting

The next meeting of the Trust Board held in public would be on Thursday 7th March 2019 at 2:00p.m. in the Lecture Suite, Manor Learning and Conference Centre, Manor Hospital, Walsall.

Resolution:
The Board resolved to invite the Press and Public to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960.

MINUTES OF THE EXTRAORDINARY MEETING OF THE BOARD OF DIRECTORS WALSALL HEALTHCARE NHS TRUST HELD ON MONDAY 11 FEBRUARY 2019 HELD IN TRUST HQ AND BY TELEPHONE CONFERENCE

Present:

Ms D Oum	Chair of the Board of Directors
Mr R Beeken	Chief Executive
Ms C Griffiths	Director of People & Culture
Mr R Caldicott	Director of Finance

By Telephone:

Mrs A Baines	Non-Executive Director
Mr J Dunn	Non-Executive Director
Mr S Heer	Non-Executive Director
Mrs J White	Trust Secretary

E001/19 **WELCOME AND INTRODUCTIONS**

Ms Oum welcomed members to the meeting and confirmed that Mr Dunn, Vice Chair would be chairing today's meeting.

Apologies were received from Ms J Davies, Director of Governance, Ms M Barnaby, Interim COO and Mr D Fradgley, Director of Strategy & Improvement

Mr Dunn confirmed that the purpose of the extra ordinary Board meeting was to: agree and authorise the control total and its submission to NHSI. Mr Dunn added that objectives to be achieved during that meeting were as follows:

- To review and agree the control total and authorise it's submission to NHSI by 12th February 2019.
- To agree the boards criteria for its acceptance - monitoring and control criteria.
- To agree the principles for the use of development funds for investment.

E002/19 **CONTROL TOTAL**

Mr Caldicott provided an overview of the key supporting documents advising that the Trust is required to submit a financial plan on the 12th February 2019 confirming the acceptance or rejection of the control total offered by the regulator for the 2019/20 financial year.

Mr Caldicott highlighted the following:

- The plan delivers a break-even financial outturn and represents acceptance of the control target offered by the regulator, the plan reflecting benefits from acceptance of £17m FRF/PSF & fines cover
- Income negotiations are on-going, so may impact on overall available funds.
- The CIP target is 3.0% (in accordance with NHSI guidance) and reflects a 2.5% ceiling plus 0.5% for a deficit Trust (£8.5m for the financial year)

- The Trust must attain growth modelled within the income to attain financial plan
- The Executive have endorsed a model that denotes a ceiling of £2.4m for investments in cost pressures or developments for the 2019/20 financial year
- The Executive have prioritised the EPR case, that will consume £1.6m of the development fund should additional income streams not come to fruition (if the Trust receives additional funds to support EPR then the post will increase to a maximum of £2.4m for the year)

Key risks:

- The Trust mitigates the run rate risk from overspends (largely temporary workforce costs) noting the limited investment for cost pressures and developments within the Divisions
- The commissioner QIPP models do not impact significantly on planned income levels
- The Trust attains the 4,200 births in year and targeted income within the plan (includes growth)
- If the Board rejected the Executive recommendation to accept the control target, FRF & PSF will be lost to the Trust as will be the additional benefits of fines protection and interest charges for cash financing, resulting in a deficit in excess of £30m for the year
- The centre have 'no more' resources to support the Trust return to break-even
- It has been suggested there will be a rigorous process to hold Boards to account who following acceptance of the control target then move off plan

Ms Oum thanked Mr Caldicott for the summary and commented that the March Board will need to consider financial sustainability long term plan and requested Mr Caldicott prepare for this. RC/JW

Mr Dunn thanked Mr Caldicott again and asked members if they required any further clarity on the information provided. Mr Dunn then asked members if they were able to accept the control total and members agreed on the condition that improved accountability and board oversight would be built into the delivery approach

RESOLUTION

The Board agreed the control total.

E003/19 MONITORING AND CONTROL

Mr Dunn thanked members and asked that they now consider how the monitoring and control of the control total be taken forward.

Mr Heer commented that discipline, rigour and the accountability framework to deliver the control total must be improved and agreed by the Board. He discussed that the Board must determine and agree the red lines and action for breach of the red lines.

Mr Heer discussed that the CIP programme should have a delivery of 70:30 phased in favour of first six months with a clear visible reporting structure to the Board and that for areas such as temporary work force, productivity and birth numbers a flash report be provided for Board members to review we are on track.

Mr Heer advised that the EPR investment needs to be deferred and only undertaken if CIP delivery can fund this investment, ie CIP delivery exceeds forecast and that all investments should be scrutinised and only 2018/19 approved schemes which fall outside this should be undertaken.

Mr Dunn commented that the Trust agreed to a 3% CIP externally as part of control total, and suggested that a 4% CIP target be agreed internally, and only invest if we generate savings. Mr Heer supported this approach.

Mr Dunn informed that he supported Mr Heer's approach to front loading CIP and the production of a flash report demonstrating progress being produced for the Board. Mr Dunn also supported that a tighter control framework and regime around the accountability framework was required.

Mr Beeken referred to Mr Caldicott for a view on the suggestion of front loading CIP, Mr Caldicott advised that he would be nervous about this approach as a number of the schemes won't be implemented before the start of the financial year. Mr Caldicott commented that he would recommend a 50/50 split.

Mr Dunn asked whether there was any scope to deliver the schemes early in the third quarter and Mr Caldicott advised that he would need to review this before he could give a view on this.

Ms Oum commented that she felt the discussion was focussing on the detail and that the Executive Team should be left to work through this detail and that the Board will want to be assured that there are robust arrangements in place. Ms Oum commented that we should require that the CIP is not backloaded and so 50:50 would the minimum.

Mr Beeken referred members to the comments made regarding investment and advised that he assumed the points made were net of the £2.4m on the investments in the plan. Mr Heer commented that it wasn't and that investments must only be approved for cases which will deliver financial benefits in 2019/20. All other investment cases must be deferred until the Board is assured and is able to demonstrate the delivery of the 19/20 control total

Mr Beeken advised that there are regulatory must dos and other wrongs from the past which we need to put right which are more investment cases rather than business cases and need including in the £2.4m. He discussed that anything above this he would agree with the approach described by Mr Heer.

Mrs Baines discussed that the Trust need to make sure we are clear with everyone around early implementation and return on investment and understanding of how these things are delivered. We will have things that

are investments which are required and they won't deliver any financial reward but will be from a quality perspective. Those that require a return on investment need to be pushed hard. Mrs Baines commented that she was not clear on what the "ask" from the CQC will be and what this will cost but there may be something from this and we need to allocate funds for this.

Mr Dunn advised that he would like to see the investments, and the CIP needed to generate the savings before an investment is made.

Mr Beeken asked members if they accepted the proposal from the Executive team that the £2.4m from financial plan is included within the 3% CIP for the delivery of cost pressures and any investments beyond that list will need to generate CIP to pay for it, or they would not agree to any investment or cost pressures until the CIP is being delivered.

Mr Heer advised he would only support the £2.4m being released if we are on track with CIP and control total. Ms Oum discussed that the plan proposed £2.4m for investment and we accepted the control total on that basis and already approved the EPR which takes of £1.6m the rest has to be for the range of investment that are needed for next year. £2.4m is for investments and we should not need to see cases at Board which are below delegated limits it is an executive function.

Mr Heer commented that he disagreed with the proposal, noting that we are and have been financial insolvent and unless we work differently and put discipline on ourselves the greater of those investment should be subject to board approval. Ms Oum commented that the approach described by Mr Heer would mean the board would be tied up in financial pressures at every meeting.

Mr Dunn discussed that the Board did agree with the investment of £1.6m for the EPR case and Mr Heer advised that the Board did not agree to the investment, the decision was given to explore options.

Ms Oum urged members to remain a strategic board and discussed that it was important not to be involved in the executive teams work.

Mr Caldicott commented depending on the value of the investment, the cases would go through committee governance processes and that the SFIs and SOs would apply.

Mr Dunn commented that if we don't deliver the CIP we don't have the money for investment. We have to find the money from other means and if the cases are being agreed they need to have a funding source.

Mr Beeken discussed that he wouldn't want a blanket decision, and that each case should be considered on its merit, in line with SFI and business case governance. He discussed that there will be some cases even when we are underperforming on CIP that need to be approved.

Mrs Baines asked whether the Executive would be prepared to consider on an individual case the divisions CIP delivery position against their business

case. So when a proposal came through one of the considerations might be their overall delivery of CIP and Mr Beeken support this.

Ms Oum asked whether any funds have been ear marked for CQC actions and Mr Beeken advised that this would need additional CIP to be generated or Executive team to calve out some funding for this. Ms Oum advised that this has to come out of the £2.4m. Mr Beeken advised that the Trust should get some special measures funding for CQC actions.

Mr Dunn requested that Mr Beeken put together a proposal for adoption of the Board on this on CQC exceptional expenditure and investment of the £2.4m on a case by case basis looking for funding via CIP or stopping other activities. Anything beyond £2.4m is a discussion, if we increase CIP internally we will need to see if we can deliver this and any monies will need to be managed on this.

Mr Dunn summarised the discussion, asking members if they can approve the following principle:

1. that month on month delivery was expected, with any deviation automatically moving the financial delivery into a FRP regime. CIP delivery profile would be 50% Q1/2 and 50% Q2/3, but noting the board expected this to be reviewed and brought forward if at all possible.

2. that the key principle for any investments would be that any expenditure must either be included in the £2.4 m fund or by ceasing other activities. If additional CIP was suggested to fund investment then it would have to be on the basis of money saved before being reinvested.

3. Priorities for the development fund, giving due priority to EPR if this obtains Board approval, would be presented at the next board meeting.

4. That existing delegations for the £2.4m would remain, but additional board approvals would be required for investments beyond that

RESOLUTION
The Board approved the principles.

E004/19 NEXT STEPS

Mr Dunn referred members onto monitoring and control, referred to Mr Heer's points on a system which is agile and if we move off track we know about it and operate via an accountability framework and buy into total and delivery.

Mr Beeken reminded members that the new accountability framework was shared at the last Board development session but was more than happy to take that back for further iteration and the seriousness of the monitoring and management of this year's financial position.

Mr Dunn commented that when the Board adopt the plan we need to revisit monitoring and control. Action include in board update

Mr Dunn informed that the arrangements in place for monitoring the exit run rate and impact will continue through weekly meetings, PFIC etc and asked members if they had any further thoughts.

Ms Oum supported the current plans for monitoring and suggested that the full board need to be more closely involved than previous and this needs considering.

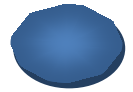
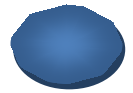
Mr Dunn agreed and suggested the two weekly report needs to be part of the monitoring and control system and this was agreed.

Mr Dunn thanked members for their time and closed the meeting.

ENC 3

Walsall Healthcare NHS Trust

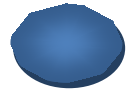
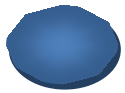
PUBLIC TRUST BOARD ACTION SHEET

Minute Reference/Date Item Title	Action Description	Assigned to	Deadline Date	Progress Update	Status
154/18 Patient Story	Patient story to be shared with Junior Doctors for learning purposes.	Quality, Patient Experience & Safety Committee		Mr Lewis would discuss at the Junior Doctors Forum in December.	
160/18 Chief Executive's Report	A process was being explored in order to track actions in relation to national guidance	Director of Governance	30/11/18	Manual process in place with an electronic system being developed through Safeguard which should be in place by the end of February. Actions in relation to national guidance will be feedback through the Trusts governance structures	

ENC 3

Walsall Healthcare NHS
NHS Trust

PUBLIC TRUST BOARD ACTION SHEET

Minute Reference/Date Item Title	Action Description	Assigned to	Deadline Date	Progress Update	Status
169/18 Quality, Patient Experience & Safety Committee	A wider approach in terms of equipment breakdowns to be supplied.	Director of Nursing	6/12/18	Report on the Equipment Replacement Programme was presented to QPES in January	
205/18 Matters Arising	There were a number of actions from the winter plan to be discussed at the Quality, Safety and Patient Experience Committee. Mrs Barnaby to share the actions with Board members prior to the next meeting.	COO	07/03/19	A further workshop is required and the outcome of the thematic review will be presented to QPES in March.	
210/18 Learning from Deaths (Mortality) Report	Mortality reviews to be discussed at the Quality, Safety & Patient Experience Committee to review the processes for mortality reviews	Medical Director	07/03/2019	Completed discussed at QPES in Feb	
211/18 Nursing Strategy	People and Organisational Development Committee to review the workforce implications of the Nursing Strategy.	Director of People & Culture	07/03/2019	POD to review Nursing Strategy in April	
218/18 BAF and Risk Register Update	Ms Oum requested a further Board Development session was held in relation to the Board Assurance Framework.	Trust Secretary	04/04/2019	The Board Development programme to be agreed by Board in April	

Key to RAG rating

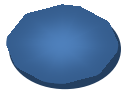
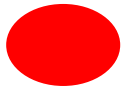
 Action completed within agreed original timeframe	Action on track for delivery within agreed original timeframe

ENC 3

Walsall Healthcare NHS Trust

PUBLIC TRUST BOARD ACTION SHEET

Minute Reference/Date Item Title	Action Description	Assigned to	Deadline Date	Progress Update	Status

 Action deferred once, but there is evidence that work is now progressing towards completion	 Action deferred twice or more.

MEETING OF THE PUBLIC TRUST BOARD – Thursday 7th March 2019			
Chair's Report			**AGENDA ITEM: 6**
Report Author and Job Title:	Danielle Oum, Chair	**Responsible Director:**	Danielle Oum, Chair
Action Required	Approve ☐ Discuss ☐ Inform ☒ Assure ☐		
Executive Summary	The report contains information that the Chair wants to bring to the Board's attention and includes a summary of the meetings attended and activity undertaken by the chair since the last Board meeting. In keeping with the Trust's refocusing on core fundamentals, this report has been restructured to fit with the organisational priority objectives for the coming year. With regard to the priorities 3 and 4, I have embarked on a programme of engagement with colleagues and stakeholders to communicate our organisational focus as well as gather perspectives and triangulate information to contribute to Board assurance.		
Recommendation	Members of the Trust Board are asked to: Note the report		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report.		
Resource implications	There are no resource implications associated with this report.		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives	Safe, high quality care ☒	Care at home ☒	
	Partners ☒	Value colleagues ☒	
	Resources ☒		

Walsall Healthcare NHS
NHS Trust

Chair's Update

PRIORITY OBJECTIVES FOR 2018/19

1. **Continue our journey on patient safety and clinical quality through a comprehensive improvement programme**
   I attended the Trusts Use of Resources Assessment which was conducted by NHSI on behalf of the CQC which aims to help patients, the Trust and regulators understand how effectively we are using our resources to provide high quality, efficient and sustainable care in line with the recommendations of Lord Carter's review of Operational productivity and performance in English NHS acute hospitals. The team from NHSI assessed the Trust through a series of questions on how financially sustainable we are, how well we are meeting financial controls, and how efficiently we use our finances, workforce, estates and facilities, data and procurement to deliver high quality care for patients. The results of this assessment will be fed into the overall CQC ratings in due course.

2. **Improve our financial health through our robust improvement programme**
   Although not a member of the Board Committees, I occasionally attend the Committee meetings to get a sense of how they are running and this month attended the People and Organisational Development Committee where I received updates in relation to the Workforce Plan, information standards, the strategic approach to medical workforce and the risks associated with the workforce.

3. **Develop the culture of the organisation to ensure mature decision making and clinical leadership**
   I formed part of the interview panel for the Chief Operating Officer vacancy and am pleased to welcome Ned Hobbs who will be joining the Trust from the Dudley Group NHS Trust.

4. **Develop the clinical service strategy focused on service integration in Walsall & in collaboration with other Trusts**
   Together with the Director of People and Culture, I attended a meeting with Walsall College to explore the joint work we are undertaking with apprentices.

   I met with The Vine Trust who are a community development Trust who are actively engaged in economic and social regeneration.

Meetings attended / services visited

Trauma & Orthopaedics
Cancer Services
Regional Talent Board
One to one meetings with NHS Improvement
One to one meetings with Executive Directors
Chief Executive, Royal Wolverhampton NHS Trust

RECOMMENDATIONS

The Board are asked to note the report

Danielle Oum, March 2019

MEETING OF THE PUBLIC TRUST BOARD – Thursday 07 March 2019			
Chief Executive's Report			**AGENDA ITEM: 7**
Report Author and Job Title:	Richard Beeken, Chief Executive Officer	**Responsible Director:**	Chief Executive Officer
Action Required	Approve ☐ Discuss ☒ Inform ☒ Assure ☐		
Executive Summary	The purpose of the report is to keep the Board appraised of the high level, critical activities which I have been engaged in during the past month against the four organisational priorities for 2018/19. I also set out to the Board the conclusions and early planning from the executive team's recent development time, in which we take a radical approach to delivery and service improvement in the coming years, managed through an Integrated Improvement Programme. The report also sets out to the Board, the significant level of guidance, instruction and best practice adoption we received during February 2019 and assures the Board through an allocation of the actions required, to the relevant executive director.		
Recommendation	Members of the Trust Board are asked to: Note the report and discuss the recommendations.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	BAF001 Failure to deliver consistent standards of care to patients' across the Trust results in poor patient outcomes and incidents of avoidable harm. BAF002 Failure to achieve financial plans as agreed by the Board and communicated to NHSI BAF003 If the Trust does not agree a suitable alliance approach with the Local Health Economy partners it will be able to deliver a sustainable integrated care model. BAF004 Failure to progress the delivery of the Walsall Integrated model for health and social care. BAF005 The lack of leadership capability and capacity could lead to insufficient key performance improvement and the Trusts ability to be a high performing organisation.		

Resource implications	There are no resource implications associated with this report, however the Board is asked to reflect upon the level of pre-committed resource we may require to drive the Integrated Improvement Programme, none of which is yet quantified or included in our plan for 2019/20 at this juncture.	
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.	
Strategic Objectives	Safe, high quality care ☒	Care at home ☒
	Partners ☒	Value colleagues ☒
	Resources ☒	

Chief Executive's report

1. PURPOSE OF REPORT

The purpose of the report is to keep the Board appraised of the high level, critical activities which the organisation has been engaged in during the past month, with regard to the delivery of the four organisational priorities for 2018/19. I also set out to the Board the conclusions and early planning from the executive team's recent development time, in which we take a radical approach to delivery and service improvement in the coming years, managed through an Integrated Improvement Programme.

The report also sets out to the Board the significant level of guidance, instruction and best practice adoption we received during February 2019 and assures the Board through an allocation of the actions required, to the relevant executive director.

2. BACKGROUND

The Trust has agreed four priorities for 2018/19. These will drive the bulk of our action as a wider leadership team and organisation:

- Continue our journey on patient safety and clinical quality through a comprehensive improvement programme
- Develop the culture of the organisation to ensure mature decision making and clinical leadership
- Improve our financial health through our robust improvement programme
- Develop the clinical service strategy focused on service integration in Walsall and in collaboration with other Trusts

The executive team have also, despite the intensity of our internal work on CQC assurance and financial recovery, spent time considering how the organisation should use this year's improved platform, as a basis for moving to become an outstanding rated Trust in the next three years, delivering its strategy through a systematic programme of service improvement.

3. DETAILS

3.1. Continue our journey on patient safety and clinical quality through a comprehensive improvement programme

At the time of writing this report, we are coming towards the end of a lengthy period of CQC core service unannounced inspections. The CQC have inspected ED, Medical inpatient areas, Maternity (including community midwifery), Surgery (including theatres) and Sexual Health. I have provided the Board members with the informal feedback letters which we have helpfully received at the end of each CQC inspection week.

Overall, it is my interpretation of that informal feedback thus far, that our organisation has performed much better than in recent times, against the key lines of enquiry in the core service domains (Safe, effective, responsive, well-led, caring). Particular note has been made of how professional, positive, welcoming and improvement orientated our front line staff are. In addition, our maturing patient safety culture has been highlighted as has the improvements we have made in the visibility and supportiveness of our clinical and managerial leaders in the Trust.

Concerns have, of course, been raised with us but none of these have been of sufficient seriousness as to warrant immediate action and all of them fall under the umbrella of the existing Patient Care Improvement Plan (PCIP), which is tracked by the Board through the QPES Committee. Board members can be assured that the Director of Governance is already working with our clinical Divisions to ensure that concerns raised in the CQC informal feedback are already being built into local PCIPs via refined or additional actions.

I feel we can look forward to the final stage of the CQC process, the Well-Led inspection, with increasing optimism. We are far from unique in being a Trust with some systemic or cultural challenges, yet feedback received so far demonstrates that significant progress has been made this year on our first and key, priority.

We have been told by the CQC that the inspection process continues and is likely to, until the well-led inspection process is over in March. There is then likely to be a draft report and ratings for the senior team to consider for factual accuracy, in the early summer of 2019. NHSI's Board will then consider the CQC's recommendation to them about our special measures status, thereafter.

3.2. Develop the culture of the organisation to ensure mature decision making and clinical leadership

I am delighted to confirm that we have recruited substantively to our Chief Operating Officer (COO) role. Mr Ned Hobbs, currently Deputy COO at The Dudley Group FT, will take up post in the late spring. Board members are asked to note that the responsibilities of the role are changing, net of changes we are making to our executive team portfolios. With the creation shortly, of the Walsall Together Director role as a voting member of our Trust Board, the executive leadership of community services will shift from the COO to the Walsall Together Director. Leadership of Facilities and Estates services will, with effect from June 2019, rest with the COO.

3.3. Improve our financial health through our robust improvement programme

The Executive Team and I have been frustrated that our input and efforts to deliver our revised financial forecast expectations, have not yet delivered the expected results. Although good progress has been made on temporary nursing workforce reductions, this has been partly reduced in its effect by virtue of the contingency capacity reductions in our winter plan being delayed, and by excessive levels of staff sickness in Month 10. Our biggest remaining issues are medical staffing temporary costs and operating theatres productivity. The PFI Committee received a briefing from myself, my Deputy and the Director of Finance on the actions being taken by the executive team to try to deliver a month 12 income and expenditure position which will give both Board and NHSI, confidence that we enter the new financial year at a run rate which meets our planned underlying deficit position and no greater.

3.4. Develop the clinical service strategy focused on service integration in Walsall and in collaboration with other Trusts

In the past month, I have represented the organisation at the Health & Wellbeing Board, at which the Walsall Plan (Health & Wellbeing Strategy) was approved. Walsall Council wish to take a plan which previously had over 30 priorities, down to just 3 priorities, on which all partner agencies will focus. Those priorities, together with our commitment to each, as a Trust, are as follows:

- Prevention of violence (WHT have committed to reviewing its approach to violence and aggression on its premises, taking a zero tolerance approach and prosecuting whenever appropriate)
- Improving wellbeing (WHT have committed that all of its sites will become no smoking during 2019/20. The consultation process on this has already started and is being led by our Divisional Director of Estates & Facilities)
- Improving the environment of the town centre

By 19th March, all of the partner organisations in the Walsall Together alliance, will have considered the business case. There are some remaining questions and concerns about governance and delegated authority, as well as how the investment fund for community services will be created in a tight, control total environment. Despite the need to work through these, all partner organisations remain committed to getting started on the more formal integration of health and social care teams, as well as the important and sizeable patient pathway redesign

agenda, central to the qualitative and financial benefits of the case. A launch event for Walsall Together will be held as a "Breakfast Briefing" on 22nd March in the newly reopened Walsall Library.

4. DELIVERING OUR LONGER TERM STRATEGY AND AMBITIONS

I signalled in my report for last month, the need for the Board to start to turn its attentions to next financial year's plans and our longer term ambitions. At the executive team development session held on Monday 24th February, we drew conclusions about the following key issues. These conclusions will be set out to the Board in a critical paper from the executive, led by the Deputy CEO, at the April meeting:

- We wish to keep the thrust of our 5 current strategic objectives, however they are proposed to be significantly reworded to reflect changes in national policy and local strategic context
- We wish to achieve an excellence in care delivery and resource utilisation, as defined by an outstanding rating for our services by April 2022
- To achieve this, we need to deliver our objectives through a more systematic and integrated programme of work, as opposed to the traditional NHS approach of operational, financial and workforce planning on an annual basis
- We therefore propose a large scale, integrated improvement programme, encompassing strategic change, population health management, digital transformation, service and productivity improvement, workforce redesign, organisational development, quality improvement and patient/carer involvement, to drive the organisation's actions over the next three years. This programme will need adequate resourcing, will need PMO performance management and should, if we choose to be bold about our ambitions, drive our Trust Board agendas and assurance reports in the future

This is clearly a hugely ambitious, but necessary agenda. Resourcing of this programme will be key, particularly to address Board member's concerns regarding our capacity and capability as an organisation to deliver against such an agenda. This is a point which the Board needs to now start to consider and take a definitive view on because, our emerging financial plan for next year, in the context of the national expectation of provider side financial break even, means our ability to manage such investment, in the context of our other cost pressures, cannot be achieved within our small 1% proposed top slice for developments and cost pressures. Compounding this is the view of the STP leadership team that significant programme leadership investment is expected from Trusts and CCGs to deliver the STP/ICS programme of change and this cost isn't currently built into our financial draft plan either. Board members views on this are welcomed between now and our April Board meeting.

5. RECOMMENDATIONS

Board members are asked to note the report and discuss the content. Board members are also asked to start to take a view on section 4 of my report and feed those views to me and other Board colleagues before our April meeting.

Richard Beeken
Chief Executive

NEW NATIONAL GUIDANCE, REPORTS AND CONSULTATIONS

The following guidance and policy actions, which have been received from the wider regulatory and policy system during February have been sent to Executive Directors for review and decision on whether any actions are required for follow up or consideration by Board Committees.

No	Document	Guidance/ Report/ Consultation	Lead
	EU Exit data guidance Professor Keith Willett, EU Exit Strategic Commander, and Dawn Monaghan, Head of Data Sharing and Privacy (NHS England), Head of Strategic Information Governance (NHS Digital) and Director Information Governance Alliance, have written to NHS organisations to provide guidance on the actions Trusts need to take to ensure continuity of access to, processing and sharing of personal data as part of the government's contingency preparations for a no deal exit.	**Action**	**Director of Governance / SIRO**
	Planning for a 'no deal' EU Exit — medicines supply update NHS England has published updated information on planning for continuity of supply of medicines in the case of a 'no deal' EU Exit.	**Information**	**COO/MD**
	Resources to reduce catheter-associated urinary tract infections Catheter-associated urinary tract infections are a known source of E. coli blood stream infections. New Tools have been released to help Trusts reduce instances of catheter-associated urinary tract infections.	**Information**	**MD/DON**
	Patient Safety Alert: wrong selection of orthopaedic fracture fixation plates NHSI have issued a Patient Safety Alert to prevent the risk of selecting the wrong dynamic compression plates and reconstruction plates used for fixation of fractures. These plates have different designs and properties and are not interchangeable.	**Action**	**Director of Governance**
	NHS trusts: annual governance statement requirements 2018/19 NHSI have published the requirements for annual governance statements for NHS trusts in	**Action**	**Director of Governance**

	2018/19		
	NHS England **Harnessing the full potential of technology to improve the lives of patients** The Global Digital Exemplars (GDE) will help drive improvement in digital maturity across the NHS more quickly and cost effectively than previously possible, through the creation of blueprints — which you can tailor to suit your local requirements. Created by trusts, GDE blueprints capture important components needed for sustainable digital transformation, covering a range of digital initiatives such as using software to detect the risk of patients contracting sepsis, having a paperless emergency department or introducing e-prescribing across an organisation. Find out more and access the blueprints by completing a short registration.	**Information**	**Director of Strategy & Improvement**
	Department of Health and Social Care **Nominations sought for the Queen's New Year's Honours list** The Department of Health and Social Care are looking for potential candidates from across the health and social care system for the 2020 New Year's Honours list. They are looking for people who have made an outstanding contribution, and the Prime Minister has reaffirmed that honours should be awarded on 'merit first' to those giving service above and beyond. The deadline for completed nominations is Monday 4 March. Nominations should ideally be signed-off by the chair or chief executive of your organisation. Find out more about the nominating process including guidance and the nomination form.	**Action**	**CEO/Chair**

MEETING OF THE PUBLIC TRUST BOARD – 7TH MARCH 2019			
Monthly Nurse Staffing Report – January 2019 Data			**AGENDA ITEM: 8**
Report Author and Job Title:	Angie Davies Associate Director of Nursing - Workforce	**Responsible Director:**	Dr Karen Dunderdale Director of Nursing
Action Required	Approve ☐ Discuss ☐ Inform ☒ Assure ☐		
Executive Summary	January continued to see the opening of additional capacity beds which resulted in the continued use of additional temporary staffing. The staffing gaps were exacerbated by an increase in sickness across site and this in turn increased the pressures to fill shifts at short notice. We maintained our overall position of registered nurse shift fill rate around the 95% fill rate across nights and dipped slighty as an overall position on days to around 90%. Temporary staffing spend and useage remains lower than at this time last year and there was no use of off framework agency nurses during the month. The quality indicators for January demonstrate that staffing levels have not had a detrimental effect on patient harm.		
Recommendation	The Trust Board is requested to note the contents of the report and make recommendations as needed.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	BAF Objective No 5: Establish a substantive workforce that reduces our expenditure on agency staff. Corporate Risk No 11: Failure to assure safe nurse staffing levels.		
Resource implications	None		
Legal and Equality and Diversity implications	None		
Strategic Objectives	Safe, high quality care ☒	Care at home ☐	
	Partners ☒	Value colleagues ☐	
	Resources ☒		

MONTHLY NURSE STAFFING AND WORKFORCE REPORT

1. PURPOSE OF REPORT

This is the monthly report to the Trust Board in accordance with the requirements of the updated National Quality Board (NQB) Safe Sustainable and Productive Staffing Guidance (July 2016) and the National Institute for Health and Care Excellence (NICE) guidance issued in July 2014.

The Trust is committed to providing safe, effective, caring, responsive and well led care that meets the needs of our patients. It is recognised that decisions in relation to safe clinical staffing require a triangulated approach which consider Care Hours per Patient Day (CHPPD) together with staffing data, acuity, patient outcomes and clinical judgement. This report provides evidence that processes are in place to record and manage Nursing and Midwifery staffing levels across all settings and that any concerns around safe staffing are reviewed and processes put in place to ensure delivery of safe care.

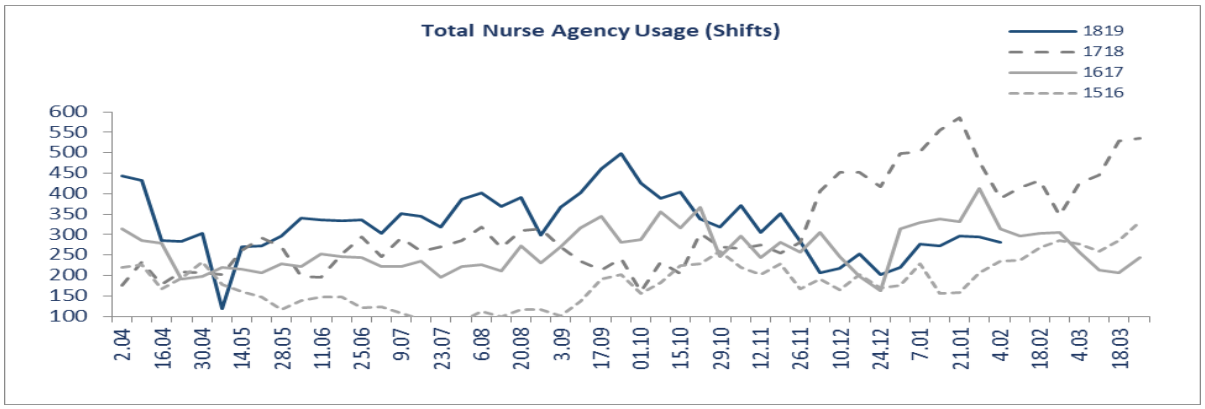
Progress is reported against the four key workstreams in the nursing workforce transformation programme – Temporary Staffing; Rostering; Workforce Development; Establishments.

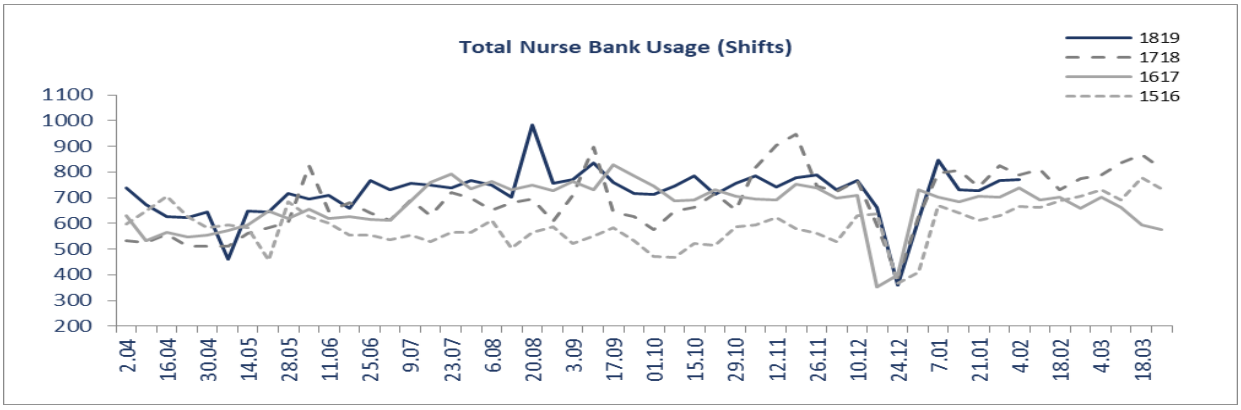
2. PROGRESS UPDATE

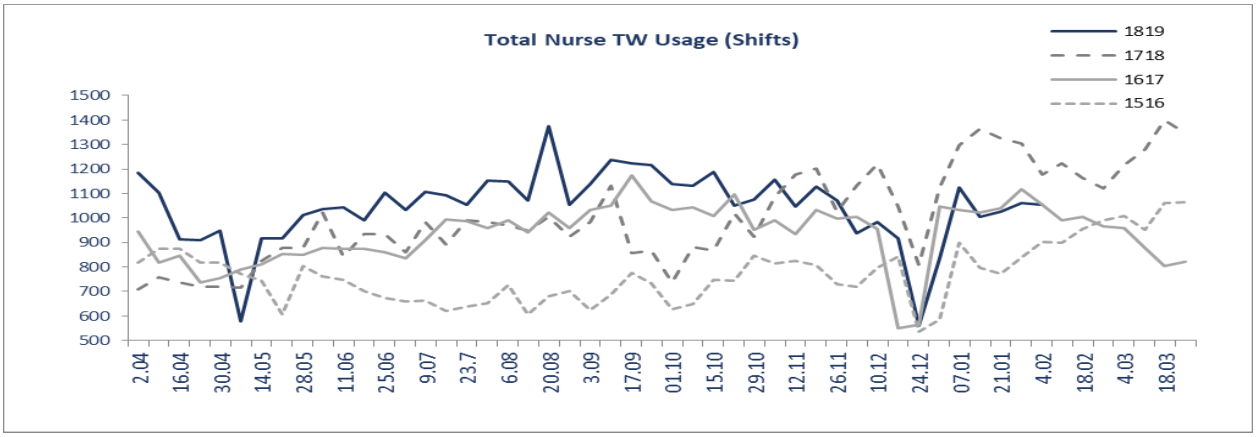
2.1 Temporary Staffing

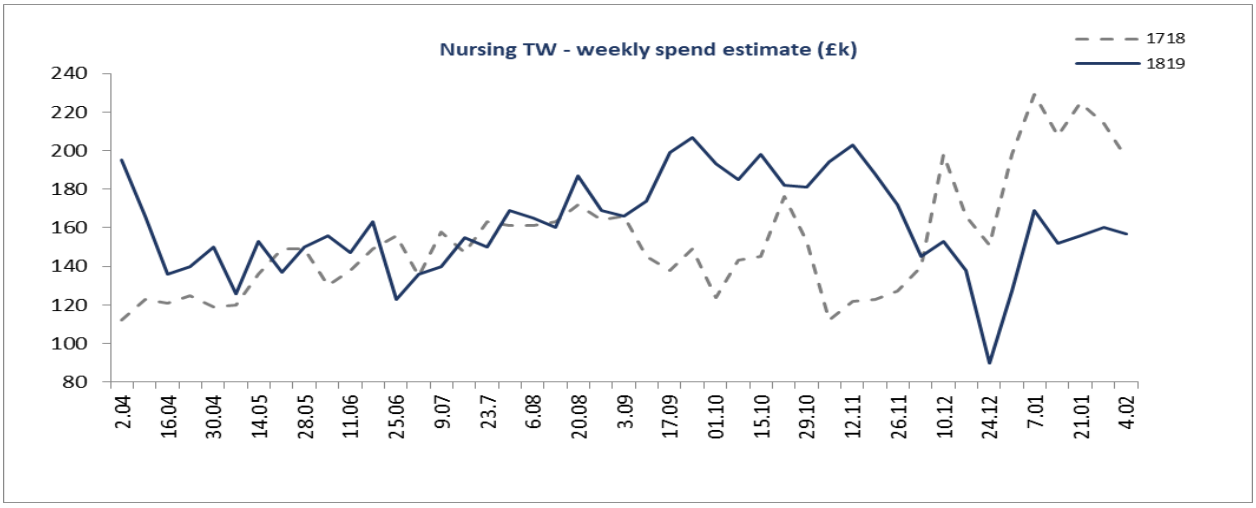
Nurse Agency total usage increased during January 2019 (following the general reduction trend seen since mid September) compared to the previous month of December but remains lower than the same period in 2016/17 and 2017/18. Bank usage increased during the beginning of the month as part of the post festive period to support capacity and settled through the month to within expected levels, and is lower the the usegae for same period last year.

Daily staffing meetings occurred twice daily, 'red and amber' short notice shifts were opened to agency at seven days in advance durung December and this practice has continued through January to support the additional staffing pressures to secure shift cover. Bank and Agency use and spend overall during Janaury continues to remain lower than for the same period for last year.





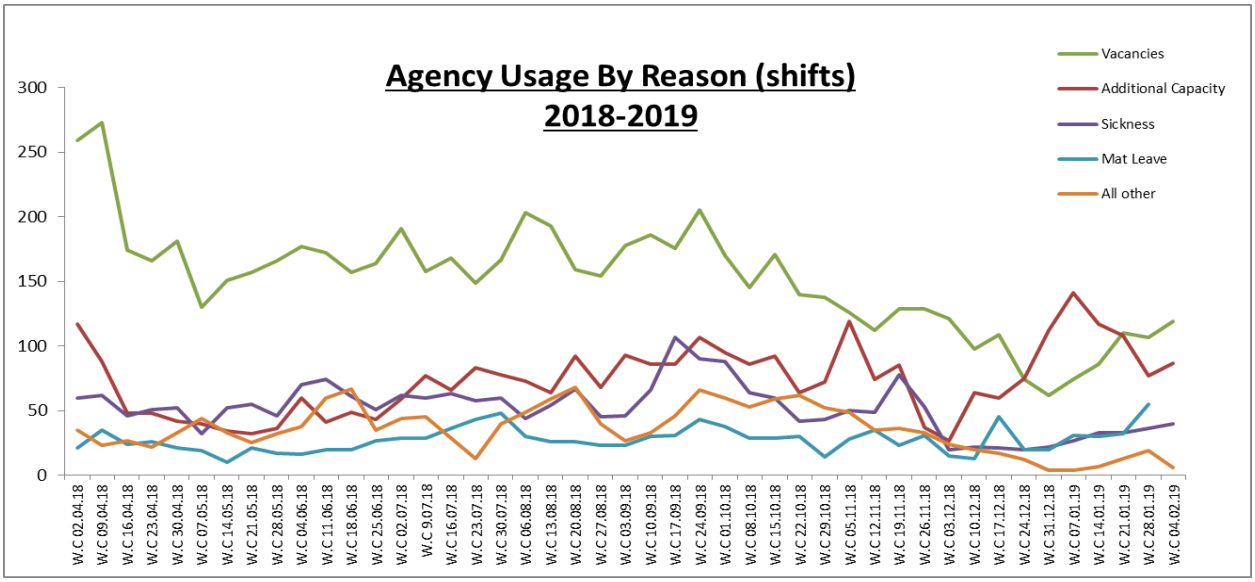




The top four reasons for temporary staffing usage during January 2019 were:-

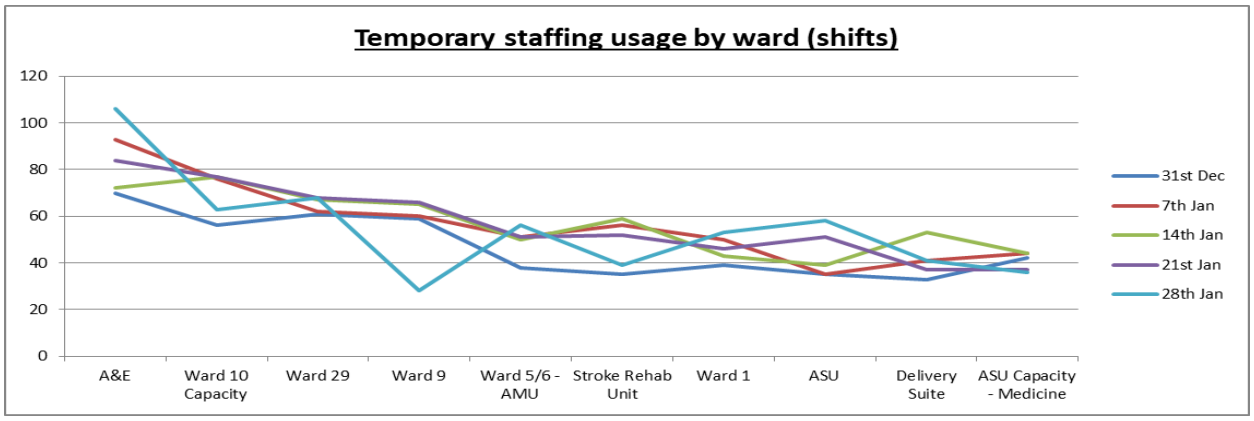
- Additional capacity
- Vacancies
- Maternity leave
- Sickness

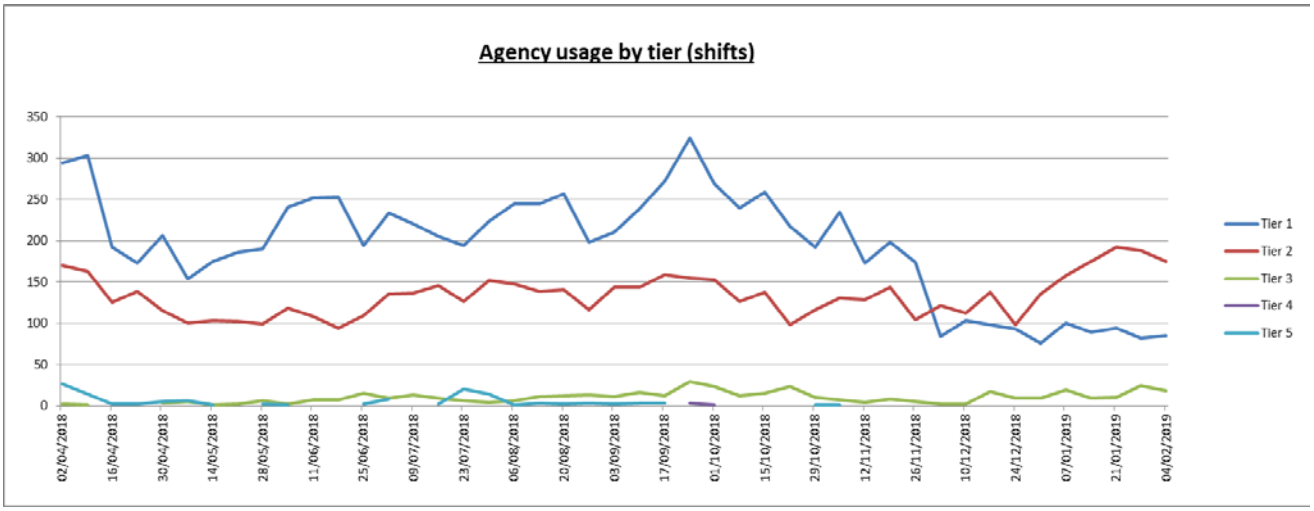
This is a consistent picture with weekly fluctuations to bookings requested for additional capacity bed opening and short term sickness. Temporary staffing requests due to vacancy has declined steadily since October as newly recruited staff have started in post until December, and has increased through January. Work is ongoing looking at nursing workforce profiling, exit data, projected leavers data to anticipate and take action with staff who are planning to leave. Temporary staffing requests due to maternity leave remains fairly constant month on month and an organisational solution for this may still need to be considered to support a more sustainable temporary staffing arrangement due to the ongoing additional pressure this creates for staffing levels.



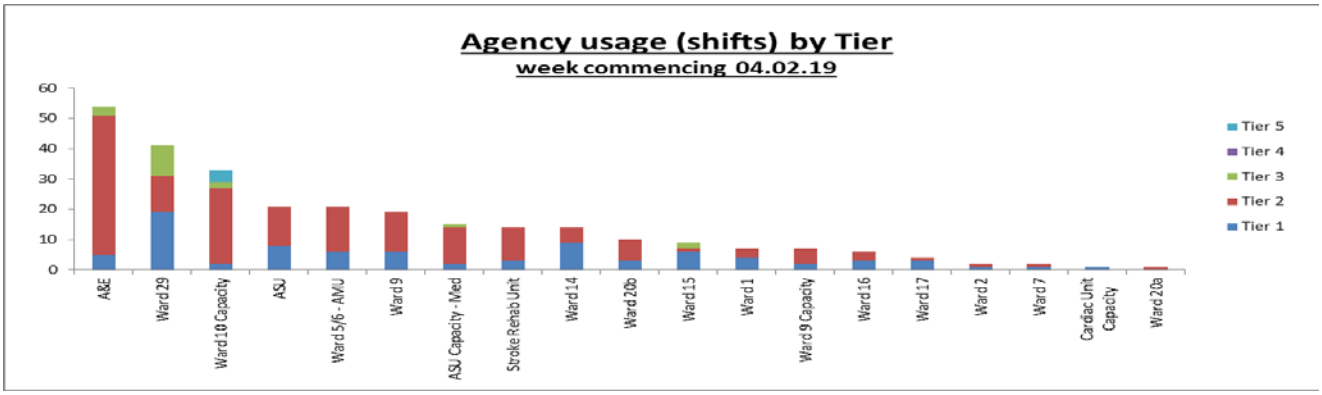
Week	Additional Capacity	Vacancies	Sickness	Mat Leave	All other
W.C 31.12.18	112	62	22	20	4
W.C 07.01.19	141	74	27	31	4
W.C 14.01.19	117	86	33	30	7
W.C 21.01.19	108	110	33	32	13
W.C 28.01.19	77	107	36	55	19

The ward areas with the highest volume of temporary staffing usage during January are captured below and this fits with the reasons for temporary staffing requests around the opening of additional beds, spikes in short term sickness and establishment gaps.





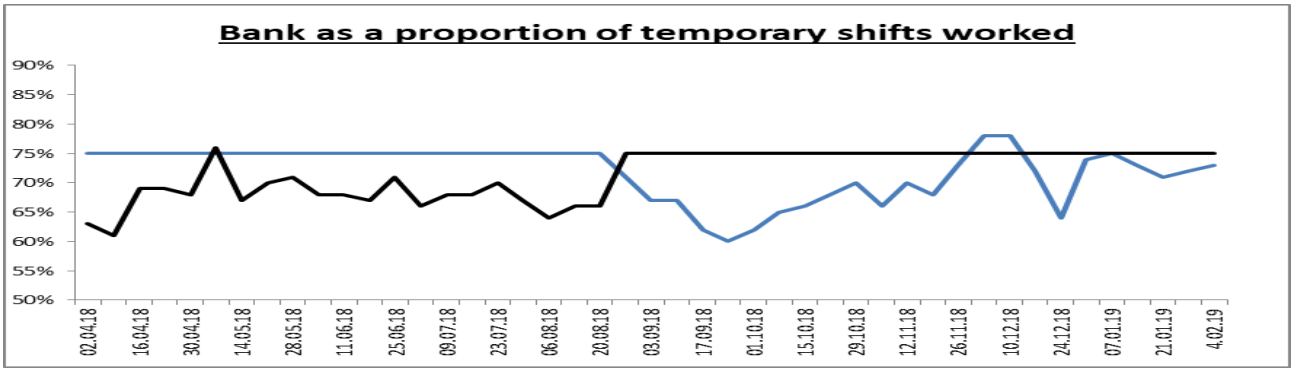
All roster gaps are escalated to the temporary staffing team at Roster sign off and made available to bank staff, this gives a minimum of 6 weeks before the roster goes live. At 4 weeks pre-working date gaps are released to Tier 1 agencies, to optimise the ability to gain Tier 1 fill. This is line with regional activity. During January no shifts were filled with Tier 4 or Tier 5 agency nurses. The increase in Tier 2 agency nurse useage is part of the short notice shift fill cover for additional capacity beds. Tier 1 shifts are mostly used as night cover.



Tier 2 agencies were mostly used to cover short notice shifts on ED and additional bed capacity on ward 10/ ASU / AMU ward 9 / Stroke rehab which is a more cost effective option than higher tier agencies or off-framework nurses (Thornbury). Red shifts are filled with tier 2 or tier 3 agencies which accounts for those wards without additional beds but have been deemed as 'red' for shift cover priority.

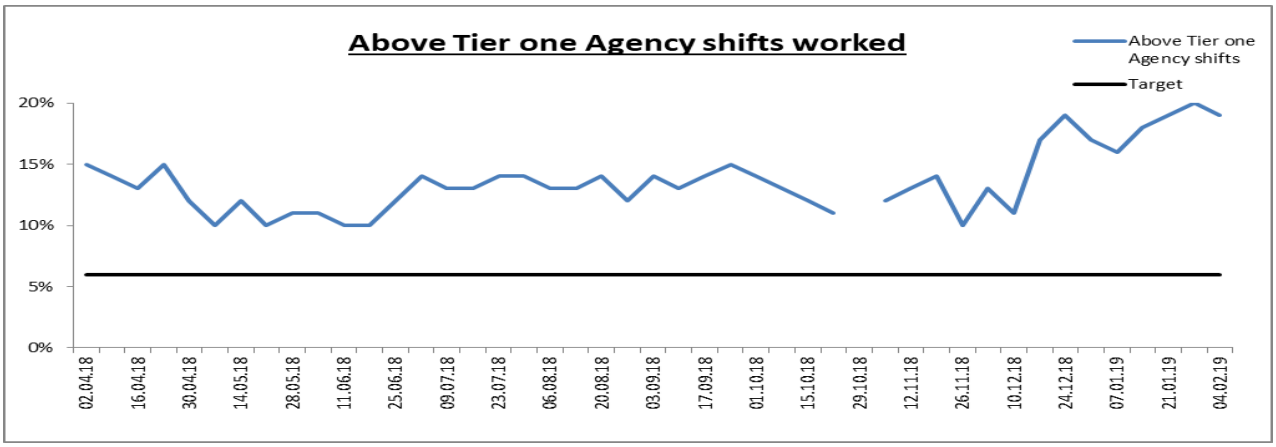
No agency CSW was used and the position of no off-framework nurses was maintained. All escalation rates were within temporary staffing framework capped levels. Currently the interim position for escalated rates at a declared Level 4 status, remains in place until further options have been decided.

The target of 75% temporary staff shift fill using bank cover remains and fill rate was between 71% – 75% during January, which reflects the proactive approach of the ward managers and the temporary staffing team to fill as far as possible with our own bank staff. Recruitment to the nurse bank continues proactively in order to increase the availability of bank staff for shift cover which will support our efforts to use more bank staff instead of agency staff and recruitment of more RN and CSW bank staff is being actioned.

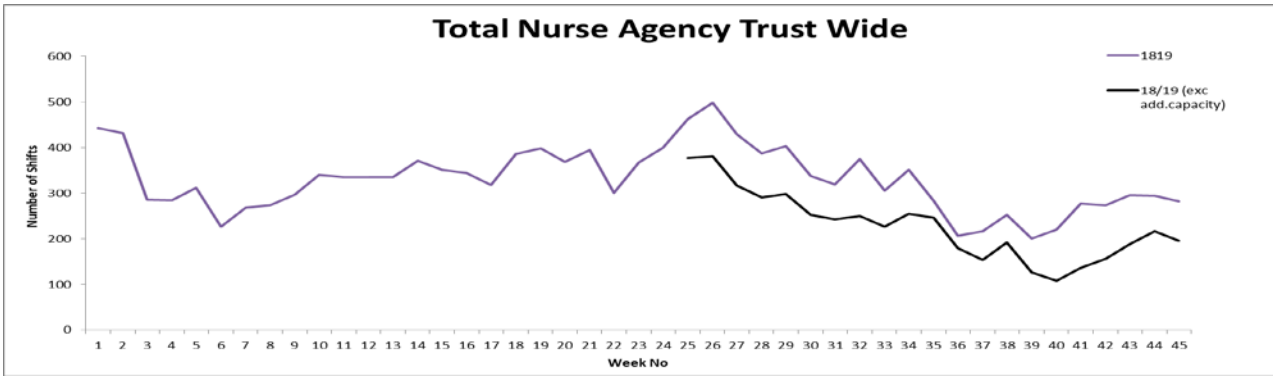


	Shifts		Hours		%	
Week commencing	Bank	Agency	Bank	Agency	Bank	Agency
31-Dec	615	220	5082	1873	74%	26%
07-Jan	848	277	6837	2468	75%	25%
14-Jan	733	273	5851	2395	73%	27%
21-Jan	729	296	5912	2480	71%	29%
28-Jan	768	294	6168	2497	72%	28%

The target of 6% shift fill for use of temporary staffing above Tier 1 has never been achieved in year as yet, with the best position so far being achieved at 10% during November 2018. January saw a rise up to 20% of above tier 1 agencies being used, due to increase in demand, short notice fill and reduction in supply from tier 1 agencies.The 6% target will be adjusted for year19/20 to reflect a more realistic and achieveable target.



A range of control measures have been implemented and put in place since September to ensure the temporary staffing use and spend position improves and that rosters are of a quality standard, efficient and fair. The grip and control that is now being embedded into practice is reflected in the table below which shows a trend of reduction in total use with and without additional capacity staffing.



2.1.2 Shift Fill

Shift fill rates data is used to populate the monthly Hard Truths return, submitted to NHS Digital. This submission is a mandatory requirement for NHS Trusts.The fill rate submission requires information on in-patient areas but not ambulatory care, short stay and ED. Appendix 1 shows fill rate data.

The overall average fill rate for registered nurses in January 2019:

- 90.6% for day shifts
- 96.6% for night shifts

		Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Day	RN	95.84%	95.10%	95.22%	97.33%	95.09%	92.15%	90.6%
	CSW	91.90%	92.40%	91.33%	94.64%	94.47%	92.80%	93.3%%
Night	RN	96.22%	94.57%	95.19%	97.35%	97.81%	96.82%	96.6%
	CSW	97.46%	97.72%	96.59%	99.19%	99.68%	99.36%	99.3%

Of the 23 areas reported on during January 2019, a number of areas worked with less than 90% of nurses and less than 80% of CSW's on a number of occasions.
All staffing shortfalls are risk assessed daily and staff are redeployed accordingly across Division and across site.

- 10 areas recorded less than 90% shift fill rate on days for RN
  - Wards 1/ 2 / 3 / 4 / 9 / 15 / 17 / 29/ AMU / ASU
- 2 areas recorded less than 90% shift fill rate on nights for RN
  - Ward ICU / 1
- 1 area recorded less than 80% shift fill rate on days for CSW
  - Ward 23

- 1 area recorded less than 80% shift fill rate on nights for CSW
  - Wards 24 / 25

		Number of areas with <90% shift fill						
		Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Days	RN	4	2	3	0	4	6	10
Night	RN	2	4	3	1	1	3	1

		Number of areas with <80% shift fill						
		Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Days	CSW	3	1	3	3	8	2	1
Night	CSW	1	1	1	2	2	1	1

Wards 1 and 2 had low RN day fill rate at 76.7% and 67.7% respectively. Each ward area compensated this with CSW day fill rate of 110% and 115% respectively. The Ward Manager and Matron reviewed this position daily and risk assessed according to patent need and acuity and staff experience and maturity to ensure patient care was safe.

2.1.3 CHPPD

The CHPPD data continues to show unwarranted variation. The reasons for this are currently being explored but the initial impression is one of inconsistency in data recording and data entry. Data validation from the Divisional Directors of Nursing and Matrons has commenced from the January 2019 data and will continue every month. The process for data collection and data submission is being reviewed to strengthen the goveranance around this and reduce the variation in CHPPD that the Trust is currently reporting. This variation is reflected in Model Hospital when compared to our peer group. Further work to improve this position and to then fully understand the impact of the CHPPD is being undertaken.

The full NHS Digital upload is provided in Appendix 2.

2.1.4 Reported incidents

Month and Year	PU Total	PU's per 1,000 bed days	Med Omissions	Med Omissions per 1,000 bed days	Patient Fall	Patient Falls per 1,000 bed days	Staffing	Staffing per 1,000 bed days
Oct 18 (Oct-17)	22 (30)	0.74 (0.55)	12 (13)	0.68 (0.87)	81 (96)	4.60 (6.46)	65 (59)	3.69 (3.97)
Nov 18 (Nov-17)	19 (27)	0.39 (0.63)	9 (12)	0.60 (0.80)	72 (83)	4.81 (5.50)	85 (54)	5.68 (3.58)
Dec 18 (Dec-17)	22 (20)	0.19 (0.21)	9 (25)	0.59 (1.52)	86 (95)	5.69 (5.79)	130 (66)	8.58 (4.02)

Jan 19 (Jan 18)	21 (32)	0.29 (0.75)	13 (21)	0.74 (1.22)	88 (88)	5.01 (5.11)	98 (44)	5.58 (2.55)
2017/2018 - 2019 comparison notes:	**Pressure ulcers:** 11 fewer acquired pressure ulcers across the Trust. There were a total of 11 cases in the Hospital compared to 15 cases reported in Jan 2018		**Medicines omissions:** fewer incidents reported and significantly lower rate in Nov / Dec		**Patient Falls:** The same amount of falls reported in the previous year		**Staffing:** Significant increase in Nov, Dec 2018 and Jan 2019 in both numbers reported and rate against admissions.	

Pressure ulcer and Falls data has been amended following validation. The number of incidents reported as shown in the table above that relate to staffing concerns do not directly correlate with a corresponding increase in quality issues or concerns as this position remains fairly static overall. However this will be monitored closely over the near future as staffing pressures continue, so actions can be taken in a timley manner if a correlation between staffing and quality is identified as a concern.

Safe staffing levels have a direct impact on outcomes for patients. For all wards with an average fill rate of 90% or less, it is essential to identify correlating harm to patients through reported incidents and poor patient experience. The quality KPIs for the 10 wards where the fill rate was below 90% have been analysed and compared with the the previous months reported incidence to determine if staffing levels may have impacted on these aspects of patient care.

	Pressure Ulcers Category 2		Pressure Ulcers Category 3,4 & Unstageable		Total Pressure Ulcers Pressure Ulcers	
	Dec 2018	Jan 2019	Dec 2018	Jan 2019	Dec 2018	Jan 2019
Ward 1	1	0	2	0	3	0
Ward 2	1	1	1	0	2	1
Ward 3	1	0	0	0	1	0
Ward 4	1	1	1	0	2	1
Ward 9	0	2	0	1	0	3
Ward 15	0	0	1	0	1	0
Ward 17	0	2	0	0	0	2
Ward 29	1	1	0	0	1	1
AMU	0	1	1	0	1	1
ASU	0	1	0	0	0	1
Overall Total	5	9	6	1	11	10

The number of pressure ulcers decreased on 7 of the 10 wards identified as having a fill rate of <90%, with 3 wards reporteig no pressure ulcers in January 2019.

For the remaining 3 wards:

- ASU had 1 category 2 pressure ulcer reported
- Ward 17 had 2 category 2 pressure ulcers reported
- Ward 9 had the highest number reported with 2 category 2 and an unstageable pressure ulcer reported.

Any implications of staffing on the development of these pressure ulcers are included as part of the RCA reviews undertaken although it is not always easy to correlate the staffing levels on given days with the development of pressure ulcers as this is also impacted by individual patient's risk factors. However, with the exception of the 1 unstageable pressure ulcer on Ward 9 in January the remaining pressure ulcers were all category 2.

.	Ward 1	Ward 2	Ward 3	Ward 4	Ward 9	Ward 15	Ward 17	Ward 29	AMU	ASU	Falls Total
Number of Falls Dec 2019	10	9	3	9	8	2	2	4	2	6	55
Number of Falls Jan 2019	7	6	5	7	4	1	2	9	5	9	55

6 of the 10 wards with a fill rate of <90% in Janaury had the same number or less falls than the previous month. Of the remaining wards the ward of most concern is ASU, where the falls have increased from 2 in November to 6 in December and increased again in January; however, this ward has an additional 12 beds open at present, the greater number of beds in use icreasing the likelihood of more falls and these beds are used for medical outliers which also changes the patient demographics on the ward. Non of the wards which saw an increase in the number of falls in January had any falls which resulted in moderate/severe harm. The fill rate and number of falls will continue to be monitored. Any correlation between staffing and a patient fall on a particular day or night shift is not always easy to identify as historically patient falls incidents have not also specificed the staffing on duty at the time; the falls incidents reported that result in no harm are managed locally by the ward manager unlike the moderate/severe which have a full RCA during which staffing implications can be examined. The introduction of a mandated checklist for all falls on Safeguard which includes a question relating to staffing will help make any direct correlations going forward.

From the analysis of those wards which had a fill rate of <90% and comparison with the pressure ulcer and falls KPIs for January, no direct correlation was found between staffing levels and the incidence of falls and pressure ulcers. This will continue to be monitored month on month for any trends relating to gaps in staffing and correlation with increased levels of harm.

2.1.5 Daily staffing Reviews

Meetings to discuss staffing levels and staffing gaps occur twice daily, with an aim of identifying and applying a priority to the shift gaps in order to secure temporary staffing cover and to develop an operational staffing plan. Gaps are deemed to be no longer required, amber (25% RN gap, with/without red flags) or red (50% RN gap with / without red flags). 'Red' shifts are escalated to agencies above tier 1.
The Matrons attend the meeting and have made progress in their approach to prioritising shifts within their own ward and Divisional areas, but there is more progress to be made to shift the mind set to an organisational cross site approach to redeployment of staff when needed not just across own Division but across the site. Overall the meetings have had a positive impact in helping the Matrons and Divisional Directors of Nursing to understand the daily staffing position and in better planning for the seven days in advance with regards to a daily changing staffing picture.

This meeting will continue to be supported by the Director of Nursing Directorate until a level of confidence in the Matrons execution of wider cross site thinking is embedded. The Matrons will lead the meeting and take ownership and responsibility for actions and escalations from that meeting from mid February onwards. Ongoing support from the DON Directorate is still currently required to embed this practice.

2.2 Rostering – January Roster (November sign off)

Roster KPIs	Target	Tolerance	Actual				
			MLTC	D of Surg	WCCSS	Community	Overall
Efficiency				SurgSurgery			
Compliance with sign off on correct date	100%		9 out of 11 areas	4 out of 6 areas	5 out of 6 areas	All areas compliant	19 out of 24 areas
95% of Shifts to BANK at Sign-Off compliance	100%		out of 11 areas	out of 6 areas	out of 6 areas	compliant	out of 18 areas
* Contractual Hours Unused within Roster Period (Total)	0						
* Time Balance - Total No. of Hours Owed to Trust	0						
* Time Balance - Total No. of Hours Owed to Employees	0						
Safety							
Planned number of shifts without NIC cover	0		5 out of 11 areas	2 out of 6 areas	1 out of 6 areas	All areas compliant	8 out of 24 areas
Actual number of shifts without NIC cover	0		7 out of 11 areas	3 out of 6 areas	3 out of 6 areas	All areas compliant	13 out of 24 areas
Fairness							
Planned sickness headroom (not ESR data)	3.3 %		All areas compliant	All areas compliant	All areas compliant	all areas compliant	all areas compliant
Actual sickness headroom (not ESR data)	3.3 %		10 out of 11 areas	No areas compliant	No areas compliant	No areas compliant	1 out of 24 areas
Planned study leave headroom (not within tolerance)	3%	+/-1 %	8 out of 11 areas	5 out of 6 areas	4 out of 6 areas	All areas compliant	17 out of 24 areas
Actual study leave headroom (not within tolerance)	3%	+/-1 %	8 out of 11 areas	3 out of 6 areas	2 out of 6	1 out of 1 area	10 out of 24 areas
Planned annual leave headroom (not within tolerance)	14%	+/-3 %	9 out of 11 areas	0 out of 6 areas	2 out of 6 areas	1 out of 1 area	12 out of 24 areas
Actual annual leave headroom (not within tolerance)	14%	+/-3 %	6 out of 11 areas	4 out of 6 areas	5 out of 6 areas	1 out of 1 area	9 out of 24 areas
* to be reported in future reports							

A spike in short term sickness was experienced in most clinical areas through January and this compounded the staffing challenge regarding ensuring safe staffing levels. All senior nursing teams are being supported to address sickness issues within their areas and a proactive approach to managing this as an issue is being taken. Some staff behavioural and attitude issues have been identified in response to the control measures and establishment changes that have been implemented recently are being reflected in the short term sickness behaviours. This is being addressed. Annual leave headroom allowance continues to be an issue that required further work to address as part of roster creation.

The quality of rosters at creation is variable across the Divisions and contributes to the staffing shortfalls and roster inefficiencies. This variable practice is being addressed with the Divisional Directors of Nursing regarding next steps. Training and support will be offered to those individual Ward Manager and Matrons who may require this. Action plans will be created where necessary.

Unused hours has a threshold of 11.5 hours per person. Historical issues have been identified regarding the amount of cumulative unused hours for some staff which is being worked through.

Unpaid leave continues to be addressed and discussed with all ward managers. The emerging themes are unauthorised absence and not returning from annual leave when due to return. These themes have been identified through the discussions held with the ward managers and picked up through the unpaid leave report which is produced monthly. Progress is being made around reducing the incidence of unpaid leave where there is no legitimate reason to do so and for January 2019 202 hours of unpaid leave was taken compared to January 2018 350 hours of unpaid leave was taken. Further work to embed best practice is being progressed with the ward managers and Matrons. This will be ongoing.

2.3 Workforce Development

The leadership and management development programme starts in January and will be delivered to all ward managers over two cohorts and one cohort of Matrons. The programme will have nine moduled delivered over twelve months, with a clear expectation of application of learning to practice when in role. Cohort 1 of ward managers has started with dates arranged for the next ward manager and matron cohorts, to start in March.

An internal expressions of interest advert for the CSW Band 2 Response Team received no interest from internal CSW staff. Work has been ongoing alongside this to understand the CSW establishment since the adjustment to rosters in December in order to understand if a management of change process needs to be undertaken. Further work to strip out 'other' roles such as CSW apprentices and Trainee Nursing Associates, is being undertaken to get into the detail of what makes up the Band 3 and Band 2 staffing groups before next steps are taken. A response team may still be enabled through undettaking this work.

2.4 Establishments

The current overall establishment gaps from ESR as mid February 2019 (excluding theatres) are shown below per three Divisions with numbers of pipeline recruits over February - April. The establishment gap is positively reducing due to new recruits and vacancy management and this will contribute to enhancing the staffing levels and reducing agency useage. All new starters are offered a bank contract on appointment to the Trust.

Division	Establishment Gap – RN (FTE) Vacancy gap	Long Term Sickness Gap (FTE)	Maternity & Adoption Leave (FTE)	Total Gap – FTE	Establishment Gap Rate %	Pipeline – Feb	Pipeline – Mar	Pipeline – Apr	Total
SURGERY	15.41	6.68	3.84	25.93	8.76%	1.00	3.00	5.00	9.00

MLTC	37.63	8.25	10.41	54.49	14.45%	0.00	0.00	1.00	1.00
WCCSS	19.73	2.3	11.04	33.07	9.83%	1.00	0.00	1.00	1.00
						2.00	3.00	7.00	12.00

The compounding factor is the short term sickness rate per area and per Division which negatively impacts the establishment gap giving a number of areas increased staffing pressure in the short term.

During January there were fourteen registered nurses and eight CSWs that joined the bank with a further cohort of CSW's recruited on 4th February, ongoing recruitment to bank will continue as a long term ongoing action.

The advert for staff nurse with an expertise in Mental Health / Learning Disability is currently out with a month closing date timeframe, four applications were received in the first two days which is the average number of applications per general staff nurse advert in total.

ED establishment review work has started during with further meetings arranged to work through their process, applying the model used for urgent and emeregcy care staffing.

3.0 RECOMMENDATIONS

The Trust Board is requested to note the report and make recommendations as necessary.

4.0 CONCLUSIONS

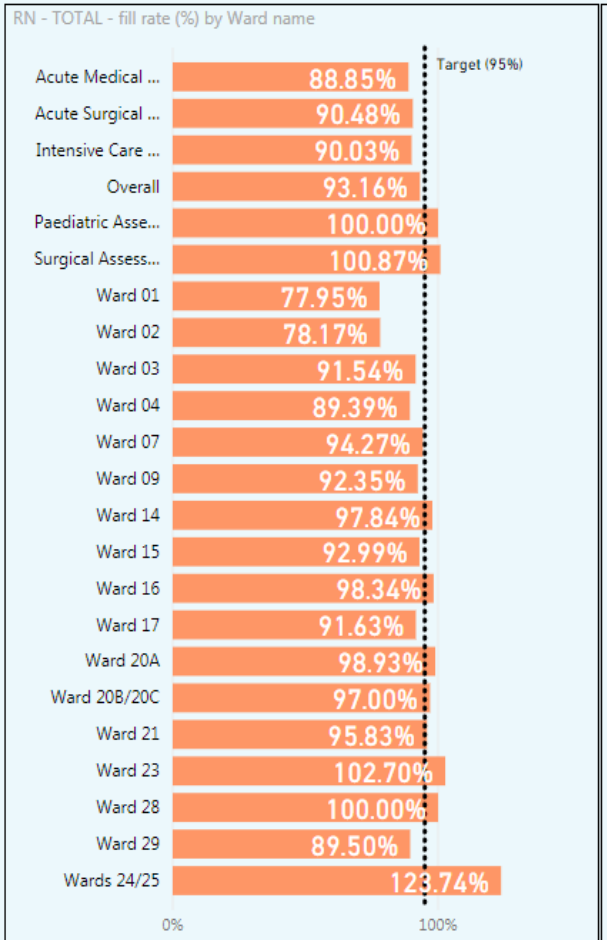
The report is presented to reflect the on-going nursing workforce transformation and will continue to reflect the progress being made and the improvements in grip and control across temporary staffing and rosters in particular but enhanced by workforce developments and agreed safe establishments according to national guidance and best practice.

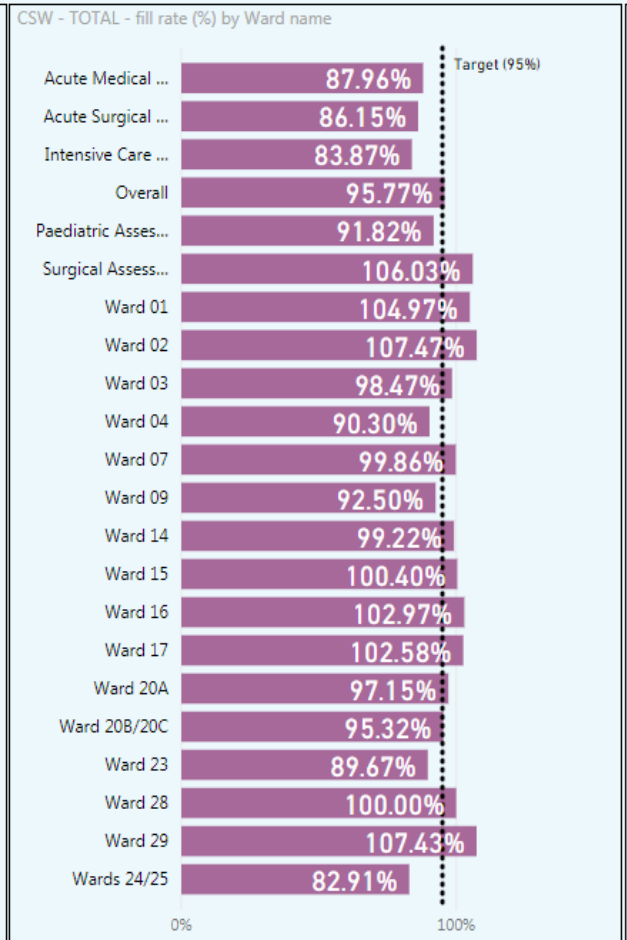
Appendix 1: Fill rate data
Appendix 2: NHS Digital Upload

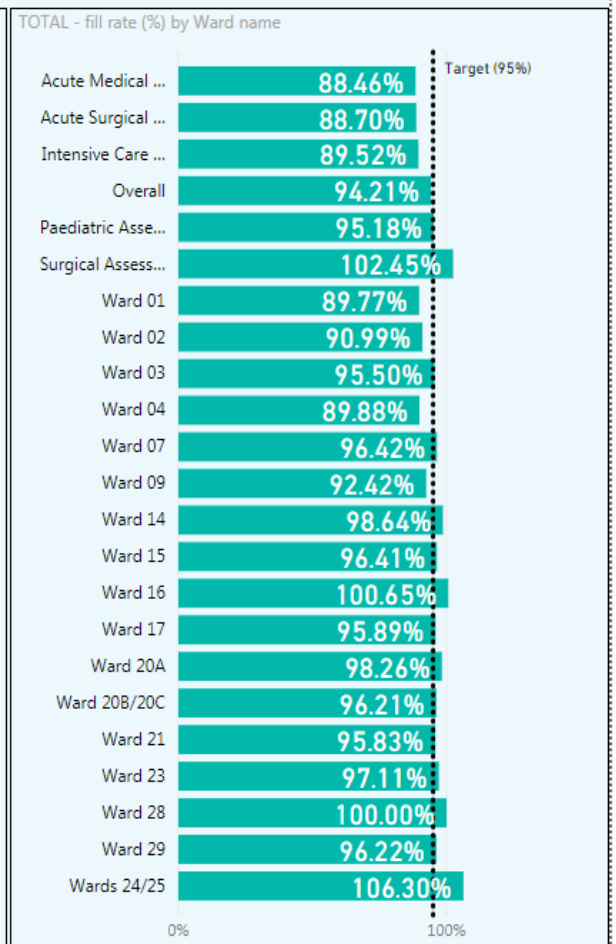
MonthInCalendar

01 January 2019

Safe Staffing Return - Overall Fill Rate split by Ward by RN / CSW



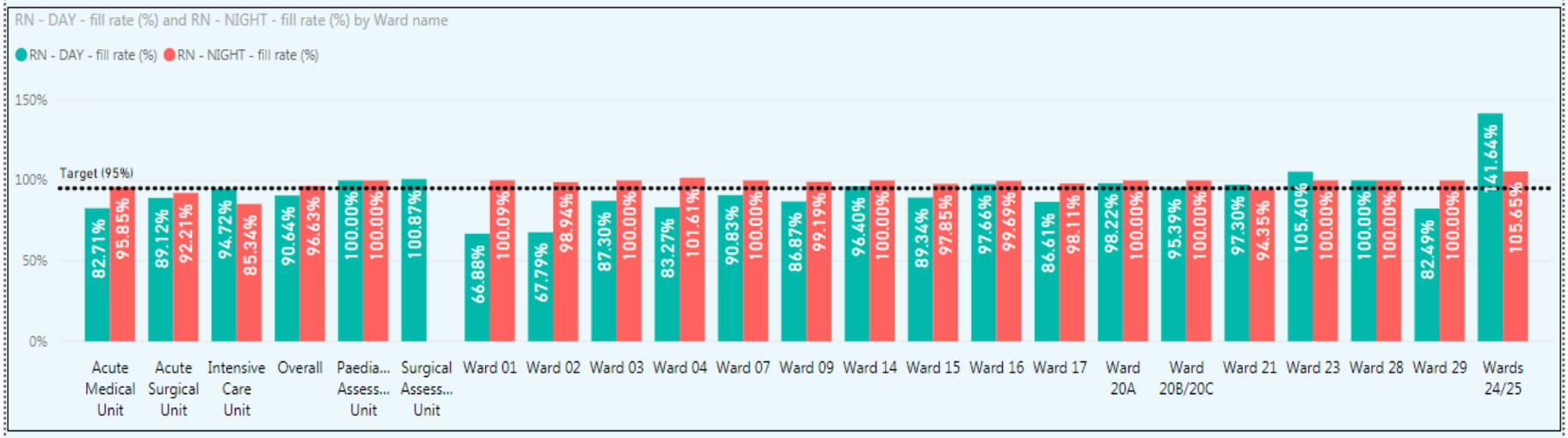


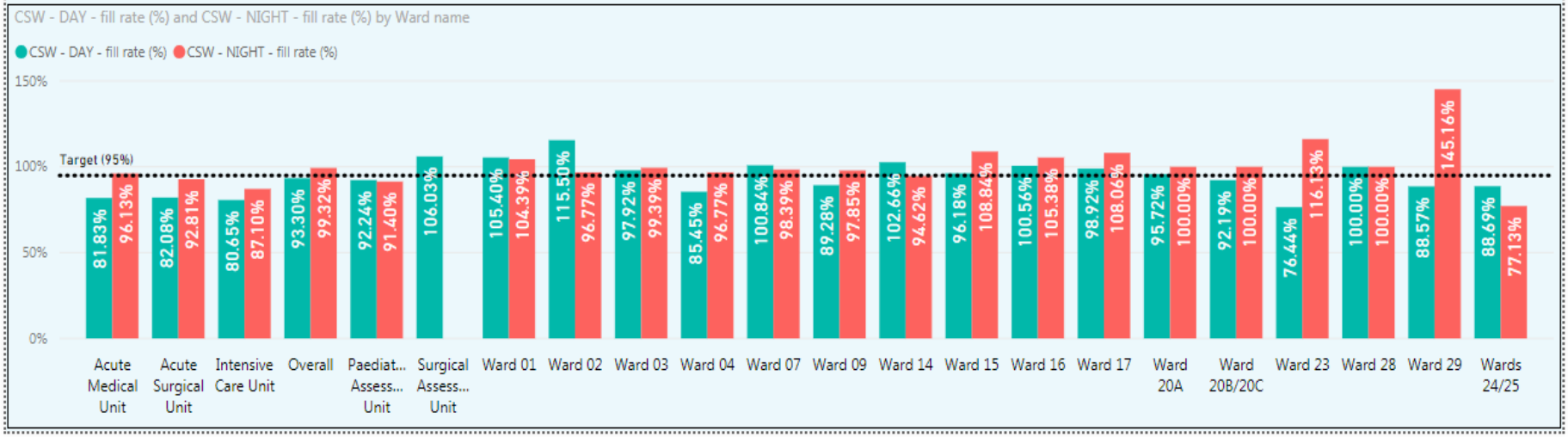


MonthInCalendar

01 January 2019

Safe Staffing Return - Fill Rate for RN / CSW split by Day & Night





Safe Staffing (Rota Fill Rates and CHPPD) Collection

For any techincal queries or additional clarification relating to the collection please contact: NHSI.Returns@nhs.net

For any queries or additional clarification relating to submissions please contact: data.collections@nhs.net

Safe Staffing (Rota Fill Rates and CHPPD) Collection

Please check that the data on this upload template is accurate before being submitted to SDCS. You are reminded that these figures will be published, and it is the responsibility of your organisation that these submitted figures are accurate and in line with national guidance. We will undertake basic validation checks on these figures post submission, and may come back to you with any queries we may have.

RBK Walsall Healthcare NHS Trust

Validations
Please correct all issues listed within the tables below. If the issues are not corrected then the pro forma will fail the validation stage in SDCS.

Control Panel

Trust - Frontsheet

Safe Staffing (Rota Fill Rates and CHPPD) Collection

Organisation: RBK Walsall Healthcare NHS Trust

Please provide the URL to the page on your trust website where your staffing information is available

(Please can you ensure that the URL you attach to the spreadsheet is correct and links to the correct web page and include 'http://' in your URL)

https://www.walsallhealthcare.nhs.uk/about-us/how-we-are-run/declarations-and-notices/staffing/

Only complete sites your organisation is accountable for

Hospital Site Details		Ward name	Main 2 Specialties on each ward		Day				Night				Allied Health Professionals				Care Hours Per Patient Day (CHPPD)						Day		Night		Allied Health Professionals	
					Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Registered allied healtH professionals		Non-registered allied health professionals		Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Registered allied health professionals	Non-registered allied health professionals	Overall	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered allied health professionals (AHP) (%)	Average fill rate - non-registered allied health professionals (AHP) (%)
Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name		Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours												
RBK02	MANOR HOSPITAL	Acute Surgical Unit	100 - GENERAL SURGERY		3162.5	2818.5	2449.5	2010.5	2495.5	2301	1495	1387.5					1456	3.5	2.3	0.0	0.0	5.8	89.1%	82.1%	92.2%	92.8%		
RBK02	MANOR HOSPITAL	Paediatric Assessment Unit	420 - PAEDIATRICS	171 - PAEDIATRIC SURGERY	781.5	781.5	1069.5	986.5	713	713	1069.5	977.5					23	65.0	85.4	0.0	0.0	150.4	100.0%	92.2%	100.0%	91.4%		
RBK02	MANOR HOSPITAL	Ward 01	400 - NEUROLOGY	300 - GENERAL MEDICINE	2139	1430.5	1426	1503	1069.5	1070.5	1069.5	1116.5					1032	2.4	2.5	0.0	0.0	5.0	66.9%	105.4%	100.1%	104.4%		
RBK02	MANOR HOSPITAL	Ward 02	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	2139	1450	1426	1647	1069.5	1058.2	1069.5	1035					1020	2.5	2.6	0.0	0.0	5.1	67.8%	115.5%	98.9%	96.8%		
RBK02	MANOR HOSPITAL	Ward 03	300 - GENERAL MEDICINE		1426	1244.95	1782.5	1745.5	713	713	1069.5	1063					1012	1.9	2.8	0.0	0.0	4.7	87.3%	97.9%	100.0%	99.4%		
RBK02	MANOR HOSPITAL	Ward 04	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	1426	1187.5	1426	1218.5	713	724.5	1069.5	1035					816	2.3	2.8	0.0	0.0	5.1	83.3%	85.4%	101.6%	96.8%		
RBK02	MANOR HOSPITAL	Acute Medical Unit	326 - ACUTE INTERNAL MEDICINE		2852	2359	2371.5	1940.5	2495.5	2392	1782.5	1713.5					1210	3.9	3.0	0.0	0.0	6.9	82.7%	81.8%	95.9%	96.1%		
RBK02	MANOR HOSPITAL	Ward 07	320 - CARDIOLOGY		1782.5	1619	1069.5	1078.5	1069.5	1069.5	713	701.5					684	3.9	2.6	0.0	0.0	6.5	90.8%	100.8%	100.0%	98.4%		
RBK02	MANOR HOSPITAL	Surgical Assessment Unit	100 - GENERAL SURGERY		806	813	356.5	378	0	0	0	0					4	203.3	94.5	0.0	0.0	297.8	100.9%	106.0%	-	-		
RBK02	MANOR HOSPITAL	Ward 09	110 - TRAUMA & ORTHOPAEDICS		1782.5	1548.5	1782.5	1591.5	1426	1414.5	1069.5	1046.5					948	3.1	2.8	0.0	0.0	5.9	86.9%	89.3%	99.2%	97.8%		
RBK02	MANOR HOSPITAL	Ward 14	300 - GENERAL MEDICINE		1069.5	1031	1426	1464	713	713	1069.5	1012					845	2.1	2.9	0.0	0.0	5.0	96.4%	102.7%	100.0%	94.6%		
RBK02	MANOR HOSPITAL	Ward 15	302 - ENDOCRINOLOGY	300 - GENERAL MEDICINE	1426	1274	1426	1371.5	1069.5	1046.5	713	776					869	2.7	2.5	0.0	0.0	5.1	89.3%	96.2%	97.8%	108.8%		
RBK02	MANOR HOSPITAL	Ward 16	301 - GASTROENTEROLOGY	300 - GENERAL MEDICINE	1426	1392.6	1069.5	1075.5	713	710.8	1069.5	1127					747	2.8	2.9	0.0	0.0	5.8	97.7%	100.6%	99.7%	105.4%		
RBK02	MANOR HOSPITAL	Ward 17	340 - RESPIRATORY MEDICINE	300 - GENERAL MEDICINE	1575.5	1364.5	1069.5	1058	1219	1196	713	770.5					752	3.4	2.4	0.0	0.0	5.8	86.6%	98.9%	98.1%	108.1%		
RBK02	MANOR HOSPITAL	Intensive Care Unit	100 - GENERAL SURGERY	192 - CRITICAL CARE MEDICINE	3921.5	3714.55	356.5	287.5	3921.5	3346.5	356.5	310.5					320	22.1	1.9	0.0	0.0	23.9	94.7%	80.6%	85.3%	87.1%		
RBK02	MANOR HOSPITAL	Ward 20A	110 - TRAUMA & ORTHOPAEDICS		1069.5	1050.5	713	682.5	713	713	356.5	356.5					462	3.8	2.2	0.0	0.0	6.1	98.2%	95.7%	100.0%	100.0%		
RBK02	MANOR HOSPITAL	Ward 20B/20C	100 - GENERAL SURGERY		1334	1272.5	1069.5	986	713	713	713	713					643	3.1	2.6	0.0	0.0	5.7	95.4%	92.2%	100.0%	100.0%		
RBK02	MANOR HOSPITAL	Ward 21	420 - PAEDIATRICS	171 - PAEDIATRIC SURGERY	1426	1387.5	0	0	1426	1345.5	0	0					389	7.0	0.0	0.0	0.0	7.0	97.3%	-	94.4%	-		
RBK02	MANOR HOSPITAL	Ward 23	502 - GYNAECOLOGY	100 - GENERAL SURGERY	713	751.5	713	545	713	713	356.5	414					369	4.0	2.6	0.0	0.0	6.6	105.4%	76.4%	100.0%	116.1%		
RBK02	MANOR HOSPITAL	Wards 24/25	501 - OBSTETRICS		1442	2042.5	1069.5	948.5	1426	1506.5	1069.5	824.95					887	4.0	2.0	0.0	0.0	6.0	141.6%	88.7%	105.6%	77.1%		
RBK02	MANOR HOSPITAL	Ward 28	501 - OBSTETRICS		1978	1978	138	138	1782.5	1782.5	333.5	333.5					291	12.9	1.6	0.0	0.0	14.5	100.0%	100.0%	100.0%	100.0%		
RBK02	MANOR HOSPITAL	Ward 29	300 - GENERAL MEDICINE		2139	1764.5	1426	1263	1426	1426	713	1035					1053	3.0	2.2	0.0	0.0	5.2	82.5%	88.6%	100.0%	145.2%		

Safe Staffing (Rota Fill Rates and CHPPD) Collection

Organisation: RBK Walsall Healthcare NHS Trust

Please provide the URL to the page on your trust website where your staffing information is available

(Please can you ensure that the URL you attach to the spreadsheet is correct and links to the correct web page and include 'http://' in your URL)

https://www.walsallhealthcare.nhs.uk/about-us/how-we-are-run/declarations-and-notices/staffing/

Only complete sites your organisation is accountable for

Hospital Site Details		Ward name	Main 2 Specialties on each ward		Day				Night				Allied Health Professionals				Care Hours Per Patient Day (CHPPD)						Day		Night		Allied Health Professionals	
					Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Registered allied healtH professionals		Non-registered allied health professionals													
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RBK02	MANOR HOSPITAL	Acute Surgical Unit	100 - GENERAL SURGERY		3162.5	2818.5	2449.5	2010.5	2495.5	2301	1495	1387.5					1456	3.5	2.3	0.0	0.0	5.8	89.1%	82.1%	92.2%	92.8%		

Safe Staffing (Rota Fill Rates and CHPPD) Collection

Organisation: RBK Walsall Healthcare NHS Trust

Please provide the URL to the page on your trust website where your staffing information is available

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Hospital Site Details		Only complete sites your organisation is accountable for	Main 2 Specialties on each ward		Day				Night				Allied Health Professionals				Care Hours Per Patient Day (CHPPD)						Day		Night		Allied Health Professionals	
					Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Registered allied healtH professionals		Non-registered allied health professionals													
Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name	Ward name	Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Registered allied health professionals	Non-registered allied health professionals	Overall	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered allied health professionals (AHP) (%)	Average fill rate - non-registered allied health professionals (AHP) (%)
RBK02	MANOR HOSPITAL	Acute Surgical Unit	100 - GENERAL SURGERY		3162.5	2818.5	2449.5	2010.5	2495.5	2301	1495	1387.5					1456	3.5	2.3	0.0	0.0	5.8	89.1%	82.1%	92.2%	92.8%		
		Total			37817	34276.1	25636	23919	27600	26668.5	17871	17748.95	0	0	0	0	15832			0.0	0.0	6.5	90.6%	93.3%	96.6%	99.3%	-	-

MEETING OF THE PUBLIC TRUST BOARD – 07 March 2019			
CQC Preparedness Update			**AGENDA ITEM: 9**
Report Author and Job Title:	Suzie Loader Improvement Consultant	**Responsible Director:**	Richard Beeken Chief Executive
Action Required	Approve ☐ Discuss ☒ Inform ☒ Assure ☐ (select the relevant action required)		
Executive Summary	This paper aims to summarise to the Board, the actions the trust has taken over the past month to improve the quality of care for patients, and to report on the feedback received from the CQC inspectors. The paper outlines the key issues for February 2019 as follows: The CQC have conducted 3 unannounced inspections on the acute site & 2 announced inspections. Feedback received so far from the unannounced inspections has been largely favourable, although expected areas of development have also been highlighted which the trust is addressing. Approximately 300 data requests have been received from the CQC since the beginning of the unannounced inspections. The CQC can continue to visit the trust to carry out unannounced spot inspections at any time, up to the date of the commencement of the well-led inspection on 19-21 March 2019. Key issues of compliance relating to regulatory, must and should do actions are outlined in the following table which demonstrates there has been some improvement this month. There are 4 main concerns: • DNACPR & MCA compliance has reduced from 56% to 33%. • The number of out of date policies and guidelines has improved in month from 27.1% to 26.3% but remains a concern. • Compliance with documentation decreased slightly in month to 84.56 • Information Governance incidents- after an initial reduction in reported incidents (from 35 in August 18 to 9 in December 18) have had a spike in January 19 with a rise to 16. None were external reportable.		

Recommendation	Members of the Trust Board are asked to: Discuss and note the content of this report	
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	BAF 001: Failure to deliver consistent standards of care to patients across the Trust, results in poor patient outcomes and incidents of avoidable harm.	
Resource implications	Undertaking this work will require people's time on a regular basis; particularly participation in reviewing and monitoring improvement plans, peer review audits and board development.	
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.	
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Safe, high quality care ☒	Care at home ☐
	Partners ☐	Value colleagues ☒
	Resources ☒	

CQC Preparedness Update: Highlight Report – January 2019

1. Purpose

This report aims to provide a summary update to Trust Board on work which has been undertaken to improve the quality and safety of care delivered to patients during February 2019, and to report on initial feedback received from the CQC following their unannounced spot inspections.

2. Recommendations

The trust board are asked to:

- Discuss and challenge the content of this report and notice improvements made in the key performance indicators

3. The Report

This report covers feedback following the unannounced CQC spot inspections, the Patient Care Improvement Programme (PCIP), and PCIP outcomes.

4. CQC Inspection Preparation

A series of all staff briefing sessions were held across the Trust, with 745 attendances. The Chief Executive was supported by Miss Joshi, ED Clinical Director & CQC Specialist Advisor and Dan Hodgkiss, Patient Safety Manager. They explained the inspection process, what the CQC look for and importantly, and in the spirit of Appreciative Inquiry, asked staff to think about what we are proud of, what has gone well and examples of what has improved since the last inspection.

5. CQC inspection Feedback

The Trust has been visited over a four week period, with 6 core services being inspected.

5.1 Urgent and Emergency Care

Overall improvements, especially in relation to staff skill mix, approach to training and auditing. There was also learning from incidents. However noted the older environment presented some challenges and there was a need for a rolling replacement programme (for example trolleys, commodes).

5.2 Surgery

There was effective infection prevention and control practices conducted by staff on most wards. Every patient was screened for MRSA. Safeguarding process awareness for staff was in place. However there were issues around staffing including overall health and wellbeing, as well as staffing levels.

5.3 Maternity services

Impressed overall with Maternity Services. Ensuring women had continuity of care was a priority for community staff. CTG best practice in place (reflective learning sessions, fresh eyes system). Improved positive culture and staff engagement. However the CQC raised concerns around clinic room temperatures exceeding recommended maximums for the storage of medicines and issues around access to equipment.

5.4 Medicine

Improvements in falls management was evident and the introduction of the nursing huddle throughout the division had facilitated an enhanced understanding of how to reduce patient incidences caused by falls or damage to skin integrity. The introduction of matron's rounds had also been associated with enhanced patient care delivery. However; concerns were raised around staff morale and staffing levels. Also highlighted was DOLS/MCA.

5.5 Critical Care

Really positive about the overall unit and the improvement from the old unit. CQC also commented on the improvements in mandatory training, risk management and incident reporting. Staff were knowledgeable about the monitoring of deteriorating patients including appropriate sepsis management in line with the sepsis six pathway. However concerns were raised around follow up clinics after patients were discharged from the ICU. The outreach team covered from 8am to 9pm so was not currently a 24/7 service.

5.6 Sexual Health

Multi-disciplinary working was clearly embedded with other trust and non-trust services with evidence of improved leadership as a direct result of the appointment of a new senior sister; the service was responsive to patient demands, needs and feedback, with patient feedback being consistently positive and high quality levels of care observed. Staff were suitably trained and demonstrated they followed best practice. However, concerns were raised regarding security of reception staff; the need to more fully understand and report incidents; a feeling of uncertainty amongst staff impacting on morale, surrounding the demands from the commissioners to reduce services by £500k.

6. Use of Resources Inspection

NHS Improvement (NHSI) conducted the Use of Resources inspection on the 08 February 2019. The executive team presented progress made against each of the Use of Resources domains, identifying plans for improvement where appropriate.

Since the inspection, the trust has received feedback from NHSI, who have requested clarification on a number of different aspects of the original presentation. Feedback was provided by the deadline date of the 27 February 2019.

7. Preparation for the Well-Led Inspection

A well-led inspection will be conducted by the CQC on the 19-21 March 2019. A number of board members and a selection of staff will be interviewed and the CEO has been invited to undertake a presentation on: the trust vision, organisational strategy, performance, plans and the self-assessment of leadership capacity and capability.

A number of board development sessions have been undertaken during January, February & March '19 in order to prepare the board for this inspection. The Teams of Three (TOT's) from the Divisions and Care Groups are receiving support to ensure they understand the well-led domains and how they apply to their area of responsibility. They have since been interviewed by the CQC as part of the unannounced spot inspections.

The well-led action plan which was developed following the board self-assessment against the well-led domains is updated by each Director individually and monitored via TMB, with a quarterly update being provided to Board.

The trust has now received the interview schedule for the well-led inspection as in the process of supporting those staff who will be interviewed by the CQC.

7. The Patient Care Improvement Programme (PCIP)

The PCIP continues to develop and includes many more actions 'additional' to the must and should do actions from the 2017 inspection report and the 2018 maternity inspection. Care Groups are developing their local PCIPs. Snapshot PDF versions of the individual PCIPs for core services and care groups linked to PowerBI are available on InfoHub, being refreshed each month.

Key issues of compliance relating to regulatory, must and should do actions are outlined in the following table which demonstrates there has been some improvement this month. There are 4 main concerns:

- DNACPR & MCA compliance with a big in month decrease from 56% to 33%.
- The number of out of date policies and guidelines has improved in month from 27.1% to 26.3% but remains a concern.
- Compliance with documentation decreased slightly in month to 84.56
- Information Governance incidents- after an initial reduction in reported incidents (from 35 in August 18 to 9 in December 18) have had a spike in January 19 with 16 reported. None were externally reportable.

Issue	Improve / decline
VTE performance has achieved the Trust target at 95%	
Nurse staffing vacancies positively remain below the national average	
Appraisal compliance has decreased to 86.96%	
DNACPR & MCA compliance has decreased to 33%	
Compliance with documentation has decreased to 84.56% in January	
Safeguarding training is largely compliant; however for the past 2 months both adult and paediatric have decreased slightly.	
Number of expired SI actions has decreased to 2 but both have new resolutions and the dates are amended to reflect for February data following Patient Safety Group (1 action in 1 Surgery SI and 1 action in 1 WCCSS SI)	
Mandatory training decreased slightly in month at 84.42%	
Best Practice – 2 CAS alerts remain overdue; NICE Technology appraisals are 100%; 26.3% of guidelines remain overdue	

Issue	Improve / decline
99% of outpatient staff have completed competencies.	
The number of out of date policies is significant, but reducing. Additional resource has been assigned to support the revision process.	
Concerns regarding Information Governance were raised in September 2018. The actions to provide additional training and support had resulted in an initial reduction in reported incidents from 35 in August 18 to 9 in December 18 but in January 19 they rose to 16. Further detail on observational audits conducted awaited to confirm if good practice is being followed	

8. Progress with the PCIP actions

As well as monitoring evidence of improvement via compliance against KPI's, the trust also monitors the number of actions achieved against set timescales.

The table provided below provides a snapshot of the position at the time this report is produced, as action outcomes change frequently.

RAG Status	Dec No.	Jan No.	Dec %.	Jan %
Action complete and assurance gained	130	136	45%	44.3%
Action complete assurance not or only partially gained	23	18	8%	5.86%
Action on track, expected to complete on time	88	91	30.5%	29.97%
Some slippage or evidence awaited, expected to complete on time	13	13	4.5%	4.23%
Status Not Known	5	20	2%	6.51%
Target date missed	19	18	6.5%	5.86%
Action start date not due	10	10	3.5%	3.26%
Total	288	306	100%	100%

Conclusion

The trust continues to focus on delivering the fundamental aspects of care being explicit with staff regarding their professional and personal responsibilities.

Work is on-going to enhance the quality of leadership within the organisation through the delivery of the well-led action plan and development of a leadership strategy and associated leadership programmes.

The aim of the actions outlined in this paper are designed to become sustained and embedded in every day practice, to ensure that the organisation moves from 'Requires Improvement' to 'Good'.

MEETING OF THE PUBLIC TRUST BOARD – Thursday 7th March 2019			
National Staff Survey 2018			**AGENDA ITEM: 10**
Report Author and Job Title:	Catherine Griffiths, Director of People and Culture	**Responsible Director:**	Catherine Griffiths, Director of People and Culture
Action Required	Approve ☐ Discuss ☒ Inform ☒ Assure ☐		
Executive Summary	This benchmark report (attached) for Walsall Healthcare NHS Trust contains results of the 2018 NHS Staff Survey. This year the results of the survey have been collated into ten themes (see below). The results are presented in the context of the best, average and worst results for similar organisations, for Walsall Healthcare NHS Trust the benchmark group is Acute and Community Trusts. 1. The response rate for the Trust was 40% against 41% for the national average for the benchmark group. 2. The benchmark report shows a statistically significant improvement in the staff engagement score between 2017 and 2018. 3. The benchmark report shows improvement on five of the ten themes between 2017 and 2018, although not at a statistically significant level. 4. The benchmark report shows stability on four of the ten themes detailed below between 2017 and 2018. The last theme (morale) was introduced in 2018 and therefore is not benchmarked at this point. The themes are as follows: Equality, diversity & inclusion – improvement Health & wellbeing – stable Immediate managers – stable Morale – new Quality of appraisals - improvement Quality of care - stable Safe environment - Bullying & harassment - stable Safe environment - Violence - improvement Safety culture – improvement Staff engagement – statistically significant improvement		

	The next steps will be to review the results at Divisional and Corporate level in order to formulate a Trust wide action plan for improvement during 2019-2020 and this will be considered at the People and OD Committee during April with a further and detailed action plan to the Trust Board in May 2019.	
Recommendation	Members of the Trust Board are asked to note the National NHS Staff Survey results for 2018 – and the executive summary of key points above. Members of the Trust are asked to agree to receive the Trust wide action plan for 2019-2020 at its Board meeting in May	
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	The results of the national NHS Survey 2018 show increased levels of staff engagement which are statistically significant and could mitigate the BAF risks relating to organisation culture. BAF007 - Failure to improve organisational Culture impacts on staff well being, retention and the Trusts ability to attract and recruit new staff.	
Resource implications	There are no resource implications associated with this report.	
Legal and Equality and Diversity implications	The national NHS staff survey report 2018 show a differential experience for staff by ethnicity and this trend is evident nationally, this requires fuller analysis for report to Trust Board in May 2019.	
Strategic Objectives	Safe, high quality care ☒	Care at home ☒
	Partners ☒	Value colleagues ☒
	Resources ☒	

Survey Coordination Centre

NHS England

Walsall Healthcare NHS Trust

2018 NHS Staff Survey

Benchmark Report

Contents

Introduction

This benchmark report for Walsall Healthcare NHS Trust contains results for themes and questions from the 2018 NHS Staff Survey, and historical results back to 2014 where possible. These results are presented in the context of the best, average and worst results for similar organisations where appropriate. Data in this report is weighted to allow for fair comparisons between organisations.

Please note: q1, q10a, q19f, q23d-q28a and q29-q31b are not weighted or benchmarked because these questions ask for demographic or factual information.

Full details of how the data is calculated and weighted are included in the Technical Document, available to download from our results website.

The structure of this report

Introduction

- Introduction
- Using the report
- Organisation details

Provides a brief introduction to the report, including the graphs used throughout.

The '**Organisation details**' page contains key information about the organisation's survey and its benchmarking group.

Theme results

- Overview
- Trends
- Detailed information

The ten themes provide a high level overview of the results for an organisation.

The '**Detailed information**' sub-section contains the question results that feed into each theme.

Question results

- Your job
- Your managers
- Your health, well-being and safety at work
- Your personal development
- Your organisation
- Background details

Results from all questions, structured by the questionnaire sections.

Appendices

- Response rate trends
- Significance testing of themes
- Tips on action planning and interpreting results

'**Significance testing of themes**' contains comparisons for the 2018 and 2017 theme scores.

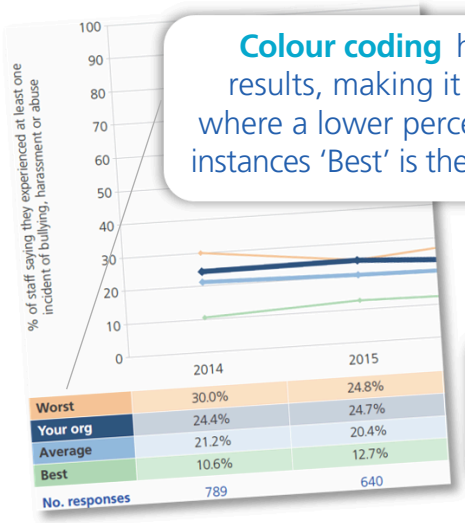
Using the report

Key features

Question number and text (or the theme) specified at the top of each slide

Slide headers are **hyperlinked** throughout the document. '2018 NHS Staff Survey Results' takes you back to the contents page (which is also hyperlinked to each section), while the rest of the text highlighted in bold can be used to navigate to sections and sub-sections

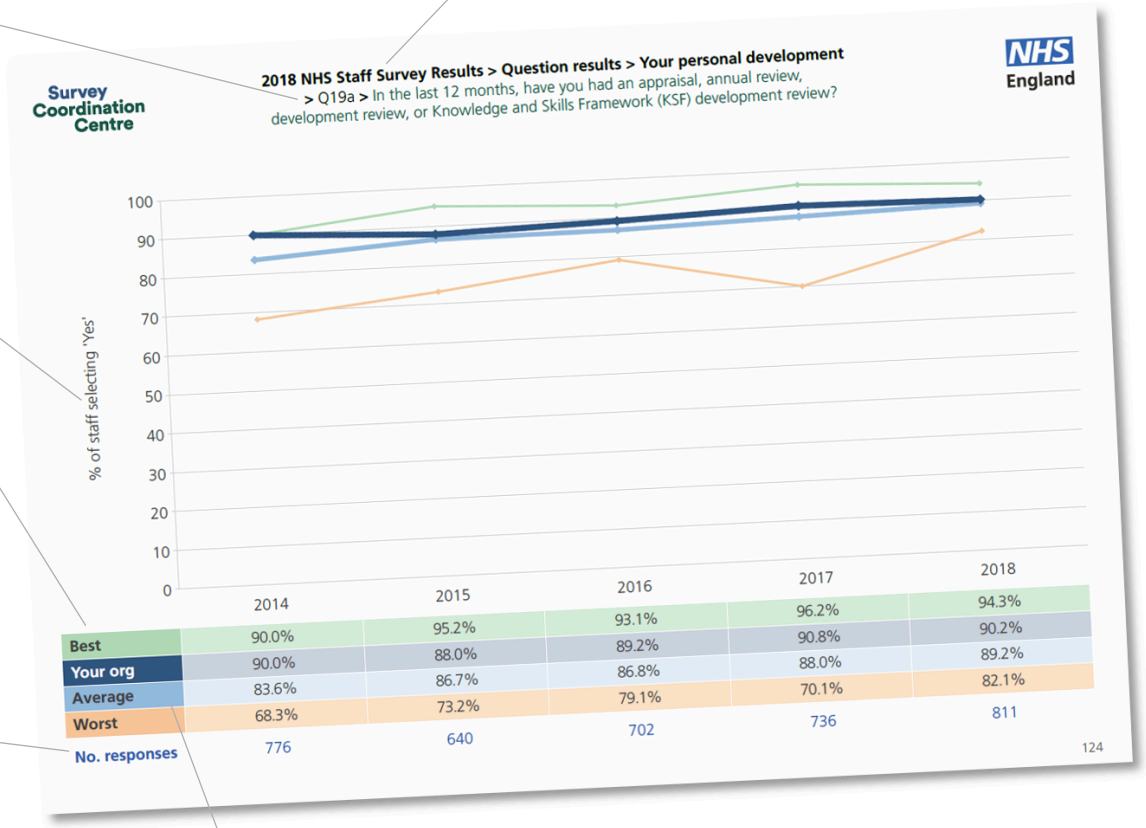
Question-level results are always reported as percentages; the **meaning of the value** is outlined along the axis. Themes are always on a 0-10pt scale where 10 is the best score attainable



Colour coding highlights best / worst results, making it easy to spot questions where a lower percentage is better – in such instances 'Best' is the bottom line in the table

Keep an eye out!

Number of responses for the organisation for the given question



'Best', 'Average', and 'Worst' refer to the **benchmarking group's** best, average and worst **results**

Tips on how to read, interpret and use the data are included in the Appendices

Organisation details

Walsall Healthcare NHS Trust

2018 NHS Staff Survey

Organisation details

Completed questionnaires	1,694
2018 response rate	40%

See response rate trend for the last 5 years

Survey details

Survey mode	Mixed
Sample type	Census

This organisation is benchmarked against:

Combined Acute and Community Trusts

2018 benchmarking group details

Organisations in group: **43**

Average response rate: **41%**

No. of completed questionnaires: **95,461**

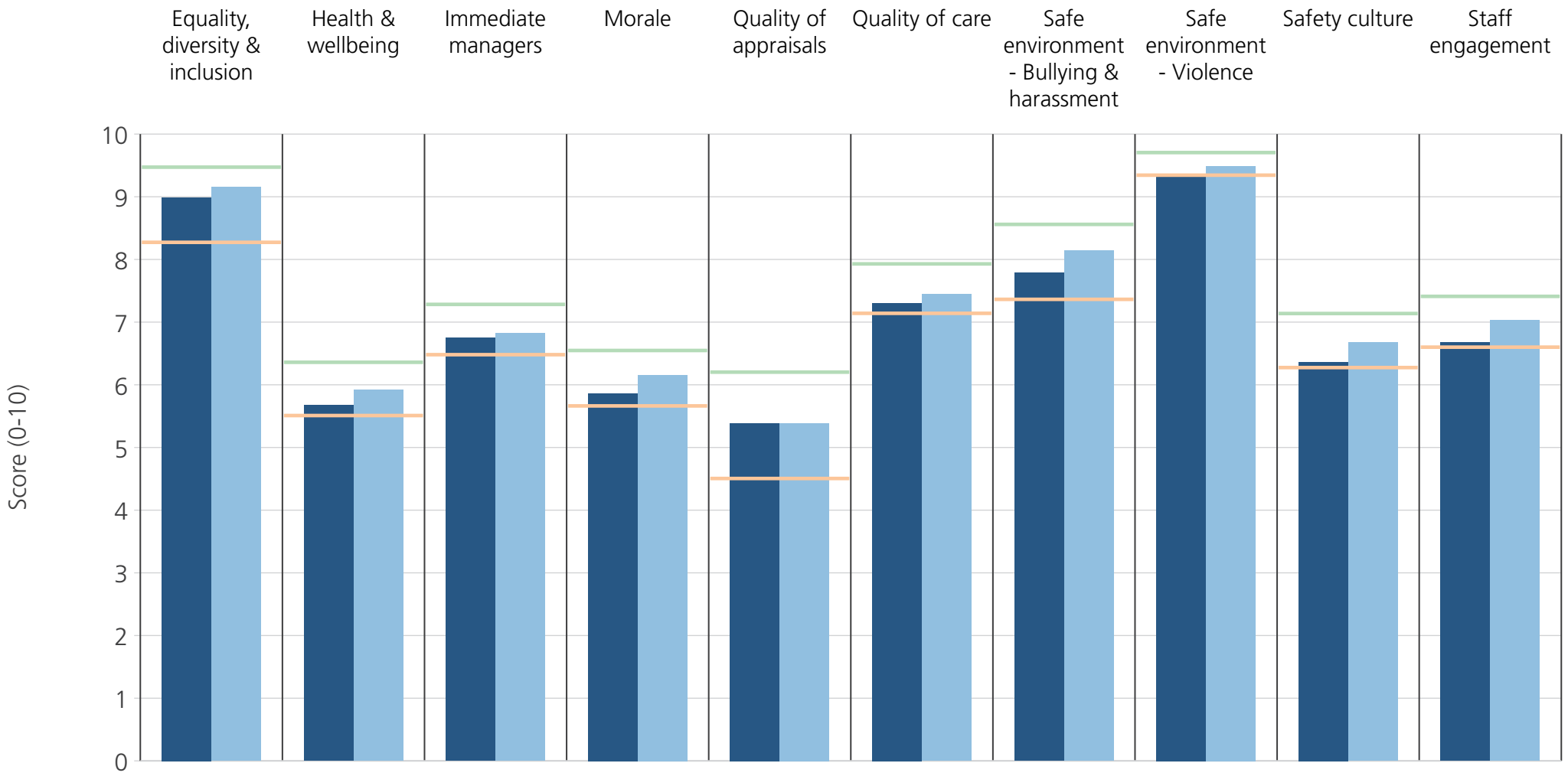
Survey Coordination Centre

NHS England

Theme results

Walsall Healthcare NHS Trust

2018 NHS Staff Survey Results



	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of appraisals	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement
Best	9.5	6.4	7.3	6.5	6.2	7.9	8.6	9.7	7.1	7.4
Your org	9.0	5.7	6.7	5.9	5.4	7.3	7.8	9.4	6.4	6.7
Average	9.2	5.9	6.8	6.2	5.4	7.4	8.1	9.5	6.7	7.0
Worst	8.3	5.5	6.5	5.7	4.5	7.1	7.4	9.3	6.3	6.6
No. responses	1,647	1,662	1,673	1,639	1,413	1,427	1,644	1,633	1,653	1,685

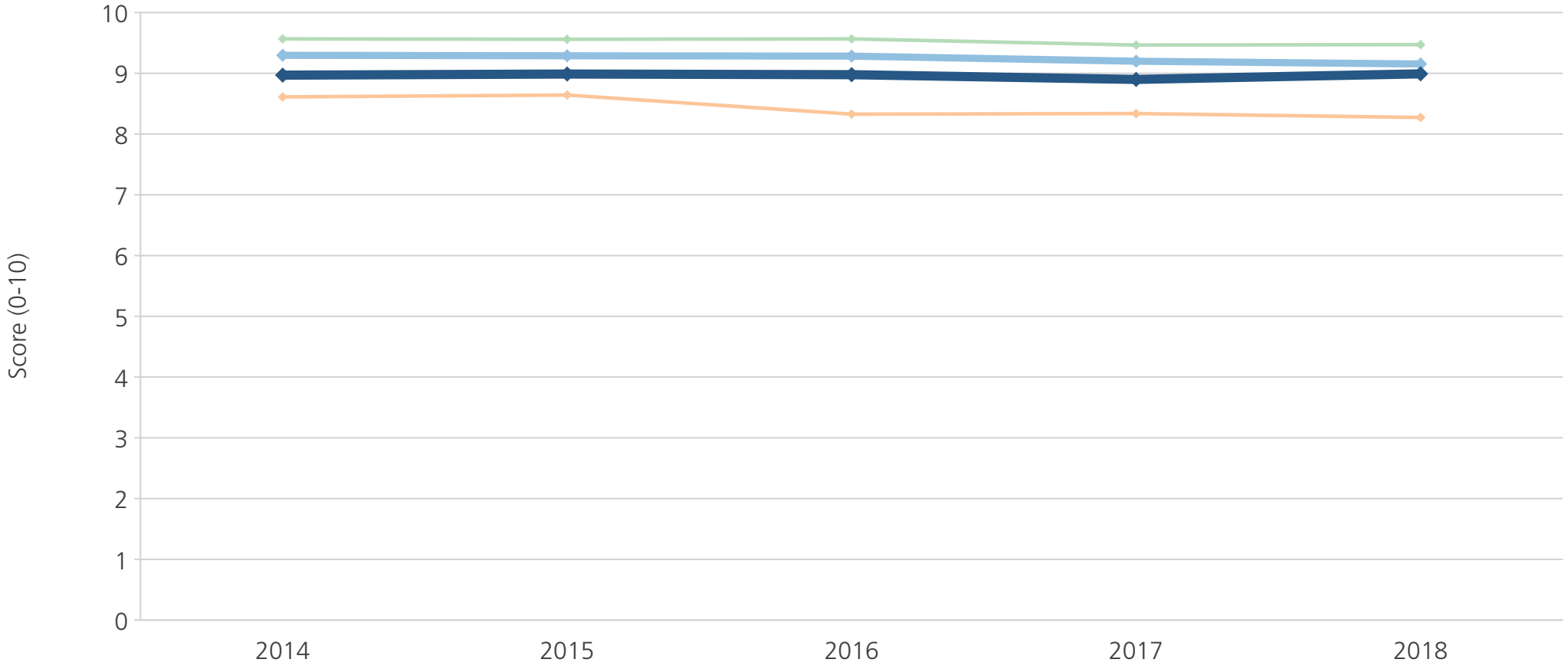
Survey Coordination Centre

NHS England

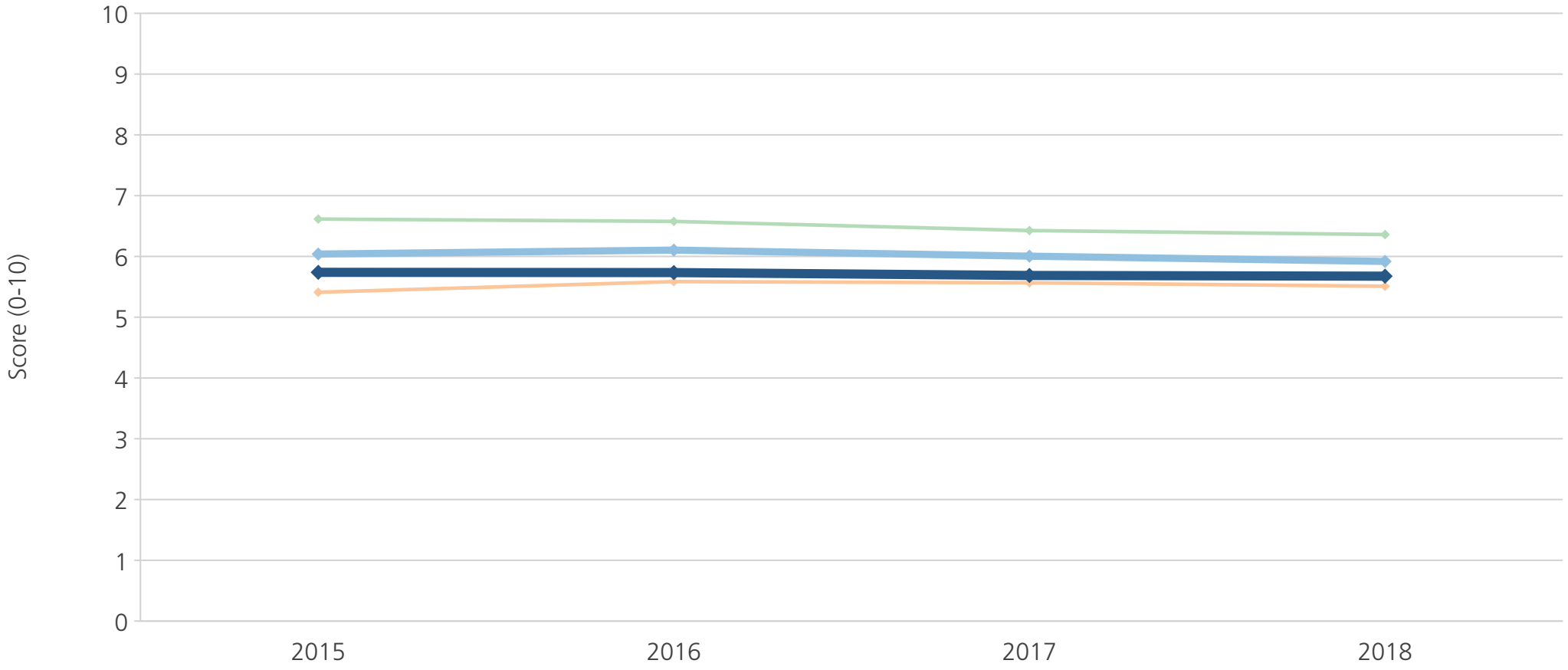
Theme results – Trends

Walsall Healthcare NHS Trust

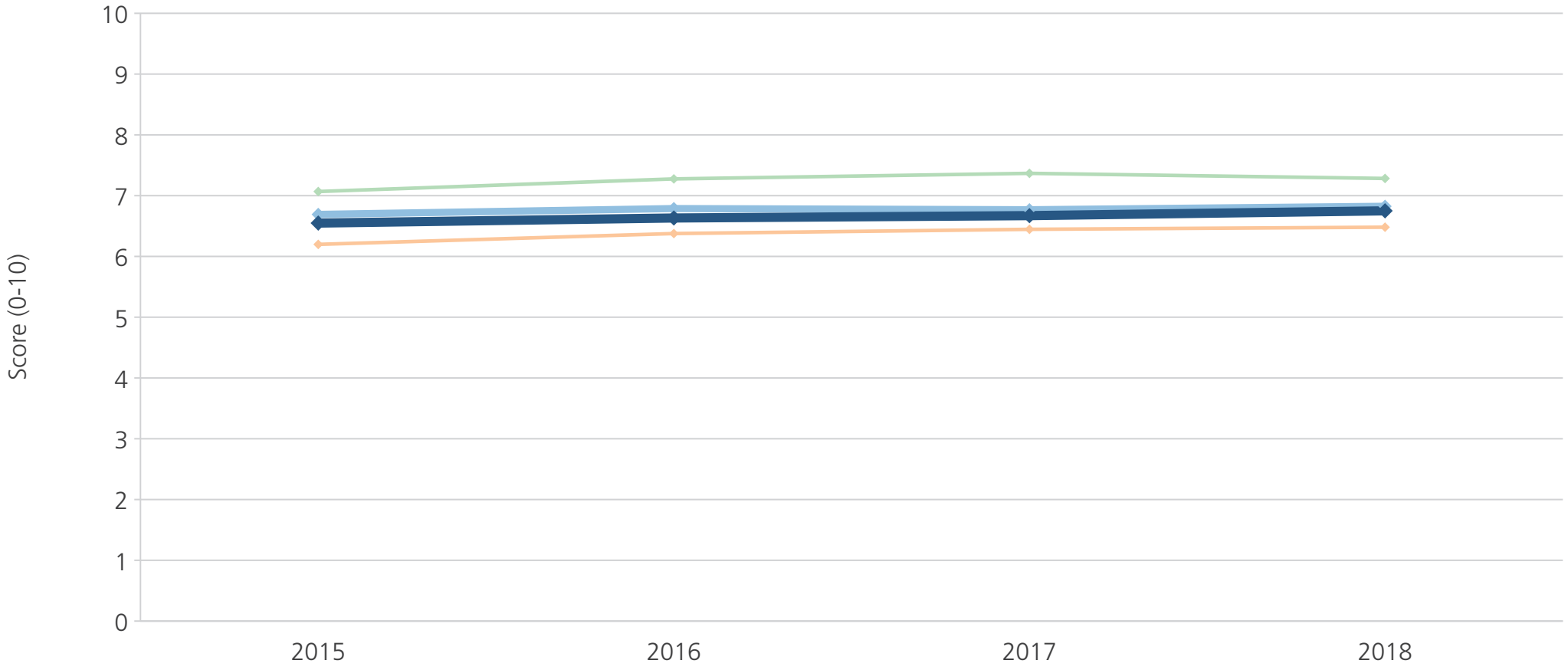
2018 NHS Staff Survey Results



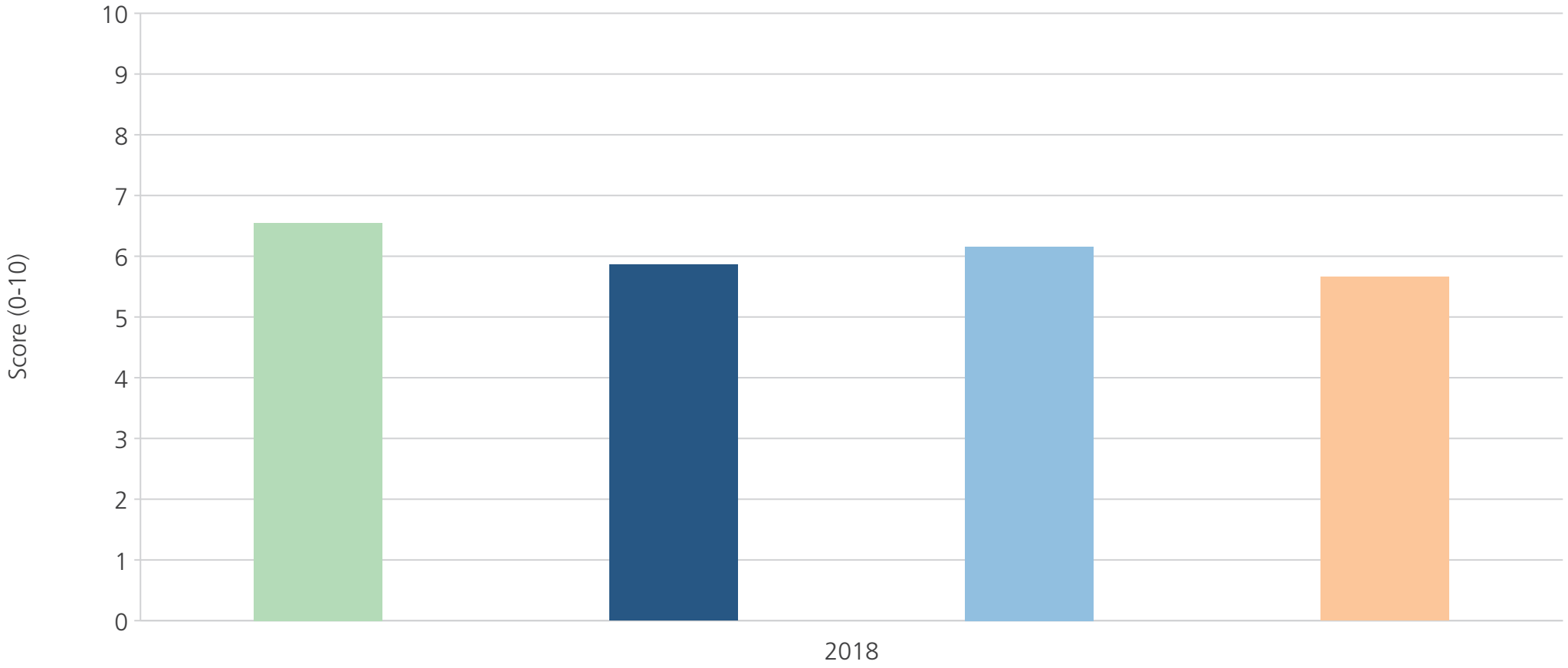
	2014	2015	2016	2017	2018
Best	9.6	9.6	9.6	9.5	9.5
Your org	9.0	9.0	9.0	8.9	9.0
Average	9.3	9.3	9.3	9.2	9.2
Worst	8.6	8.6	8.3	8.3	8.3
No. responses	348	1,394	1,701	1,511	1,647



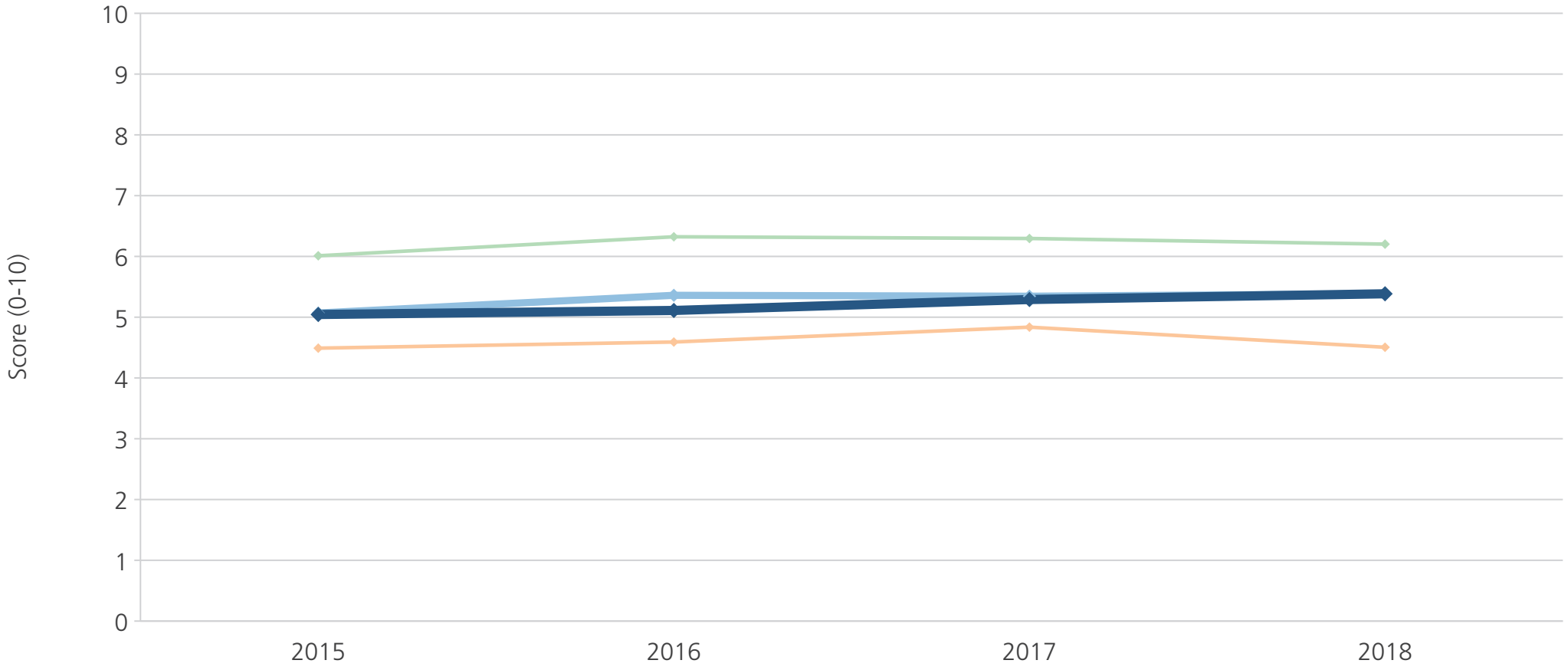
	2015	2016	2017	2018
Best	6.6	6.6	6.4	6.4
Your org	5.7	5.7	5.7	5.7
Average	6.0	6.1	6.0	5.9
Worst	5.4	5.6	5.6	5.5
No. responses	1,417	1,717	1,520	1,662



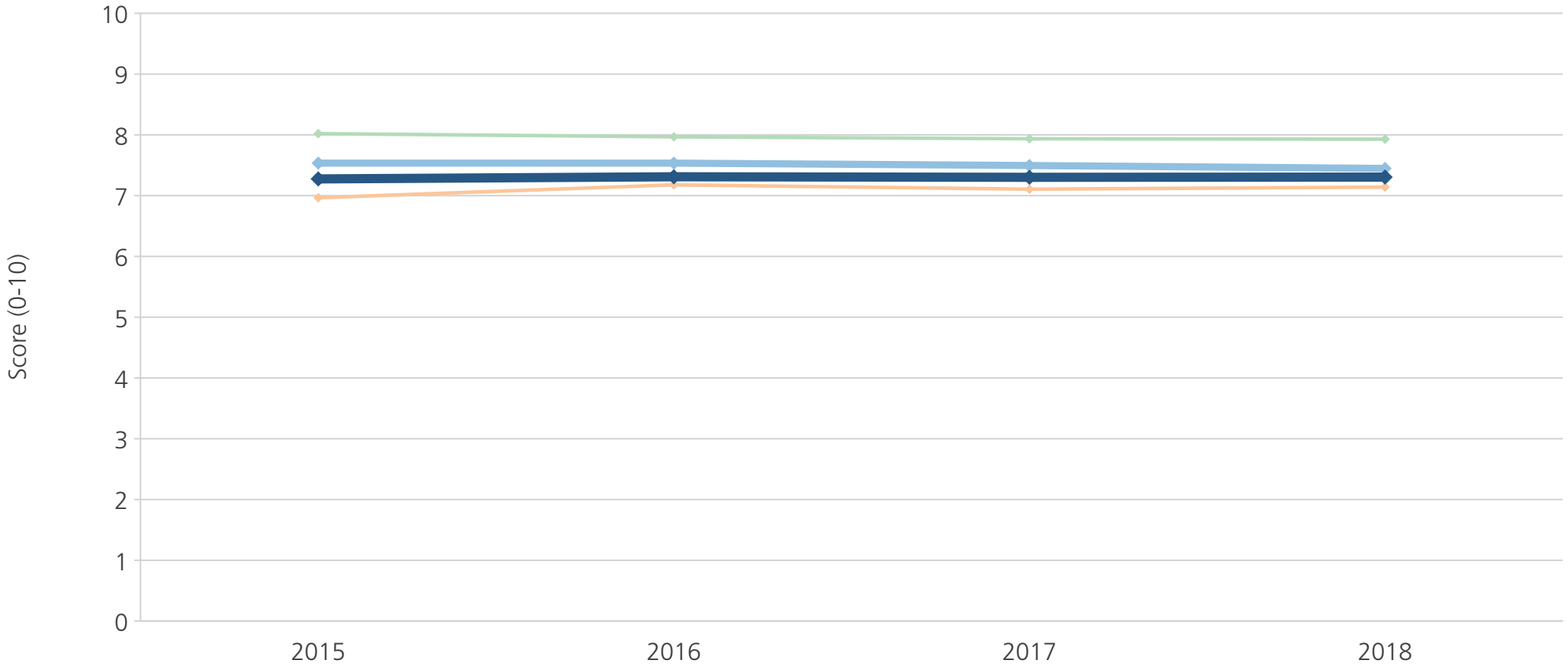
	2015	2016	2017	2018
Best	7.1	7.3	7.4	7.3
Your org	6.5	6.6	6.7	6.7
Average	6.7	6.8	6.8	6.8
Worst	6.2	6.4	6.4	6.5
No. responses	1,414	1,717	1,516	1,673



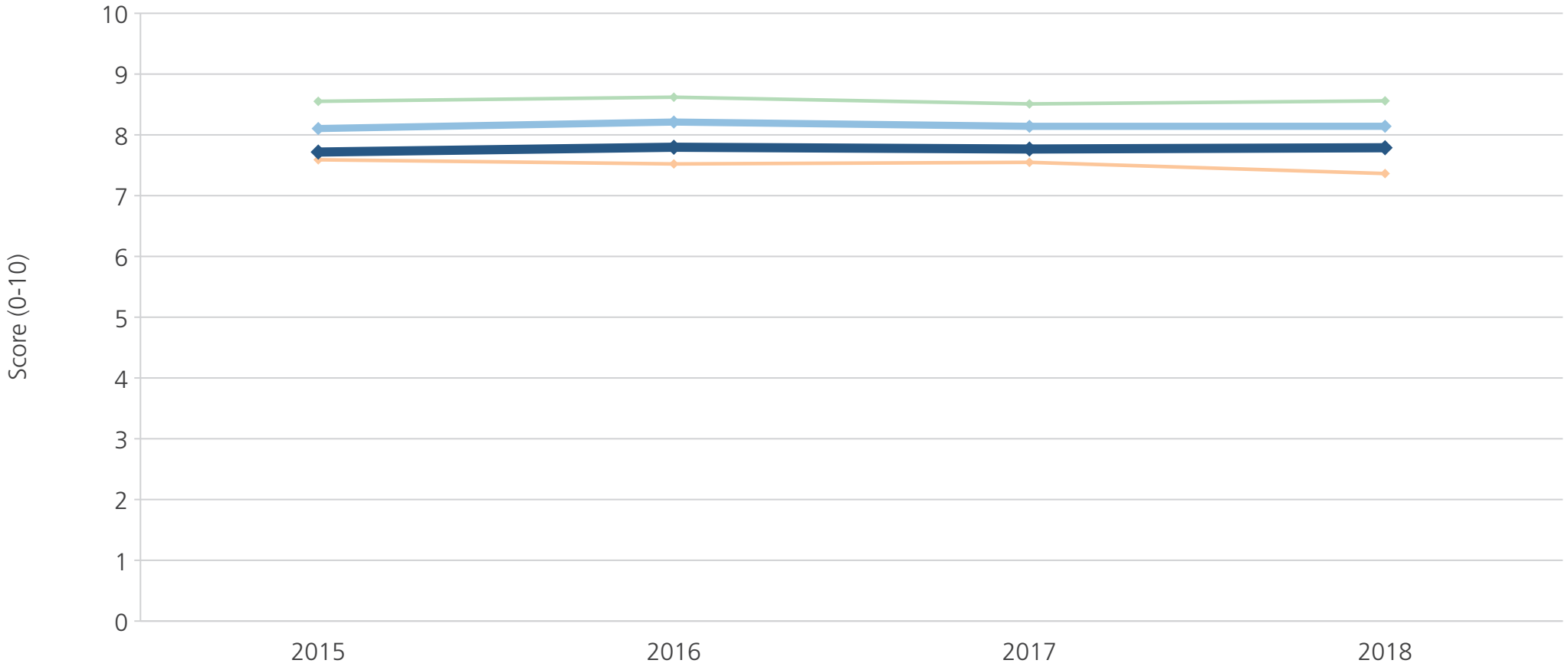
Best	6.5
Your org	5.9
Average	6.2
Worst	5.7
No. responses	1,639



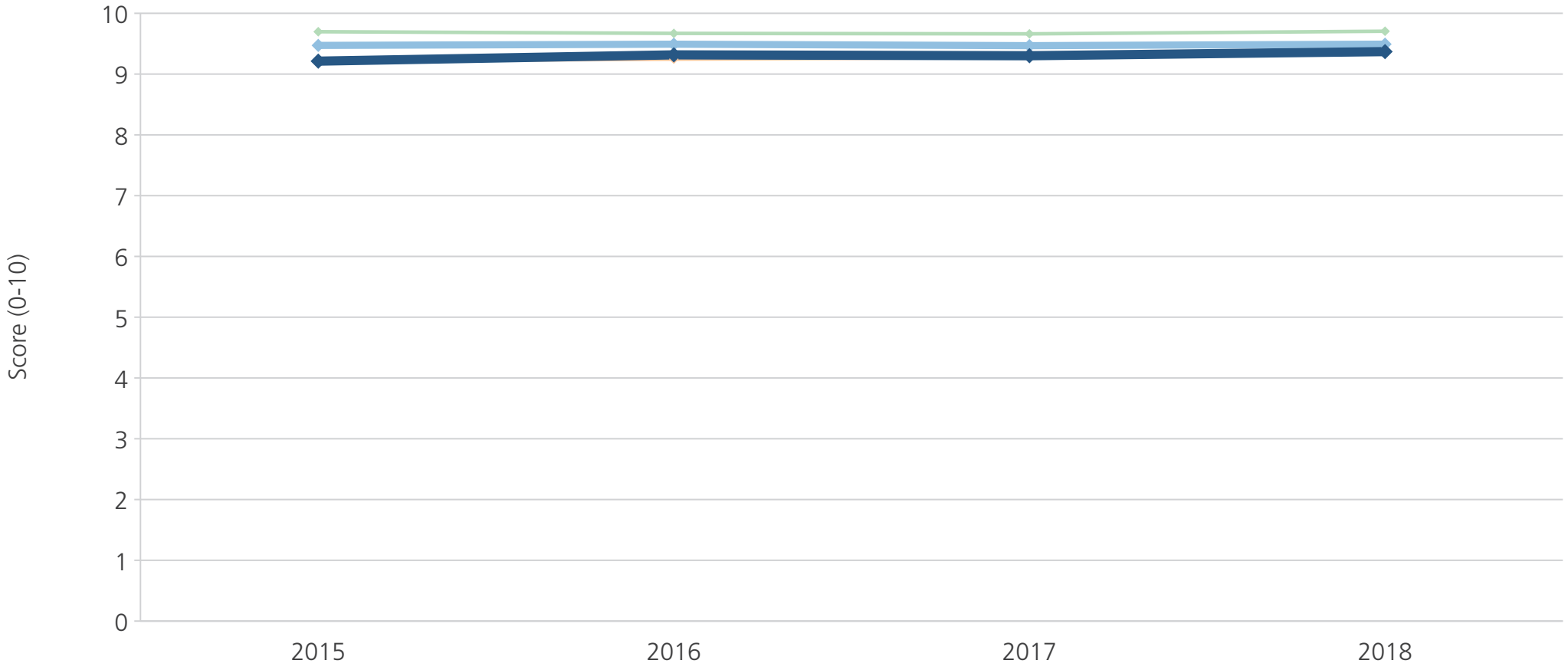
	2015	2016	2017	2018
Best	6.0	6.3	6.3	6.2
Your org	5.0	5.1	5.3	5.4
Average	5.1	5.4	5.3	5.4
Worst	4.5	4.6	4.8	4.5
No. responses	1,198	1,403	1,237	1,413



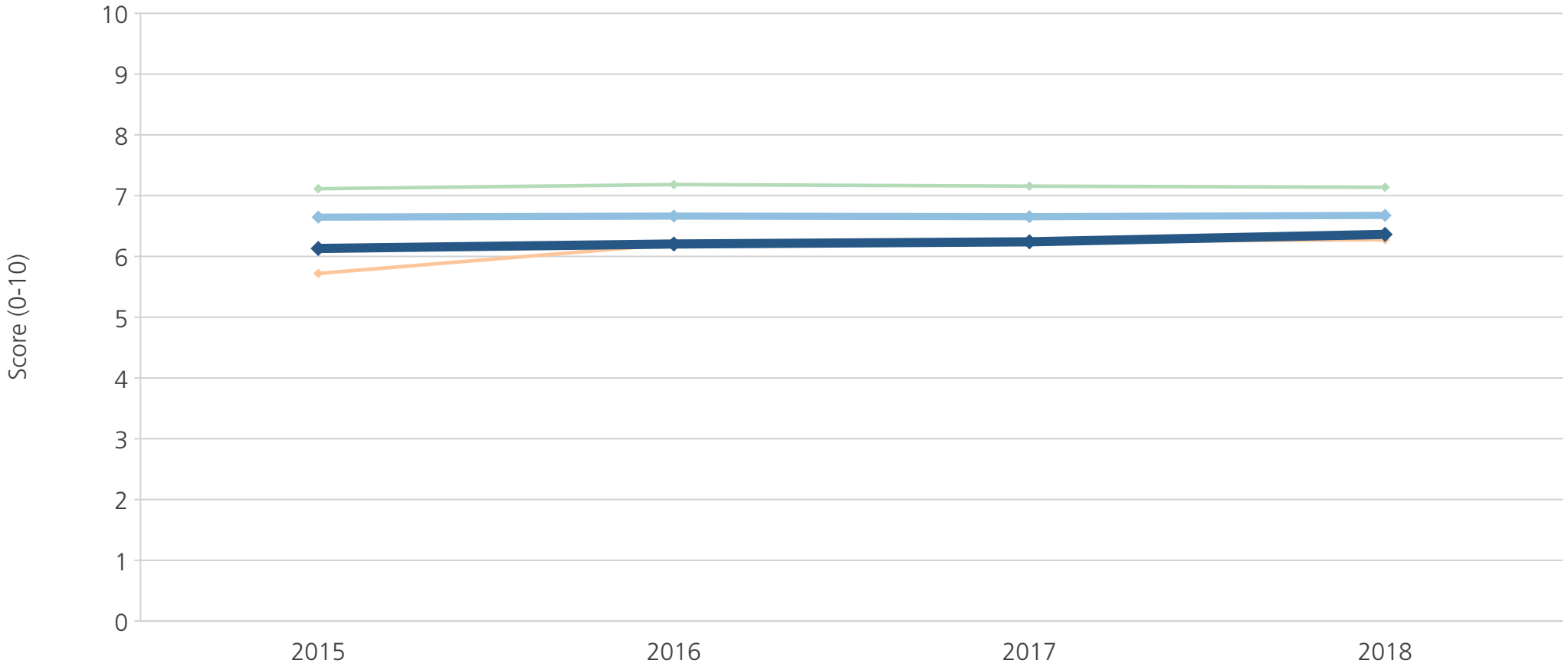
	2015	2016	2017	2018
Best	8.0	8.0	7.9	7.9
Your org	7.3	7.3	7.3	7.3
Average	7.5	7.5	7.5	7.4
Worst	7.0	7.2	7.1	7.1
No. responses	1,234	1,497	1,284	1,427



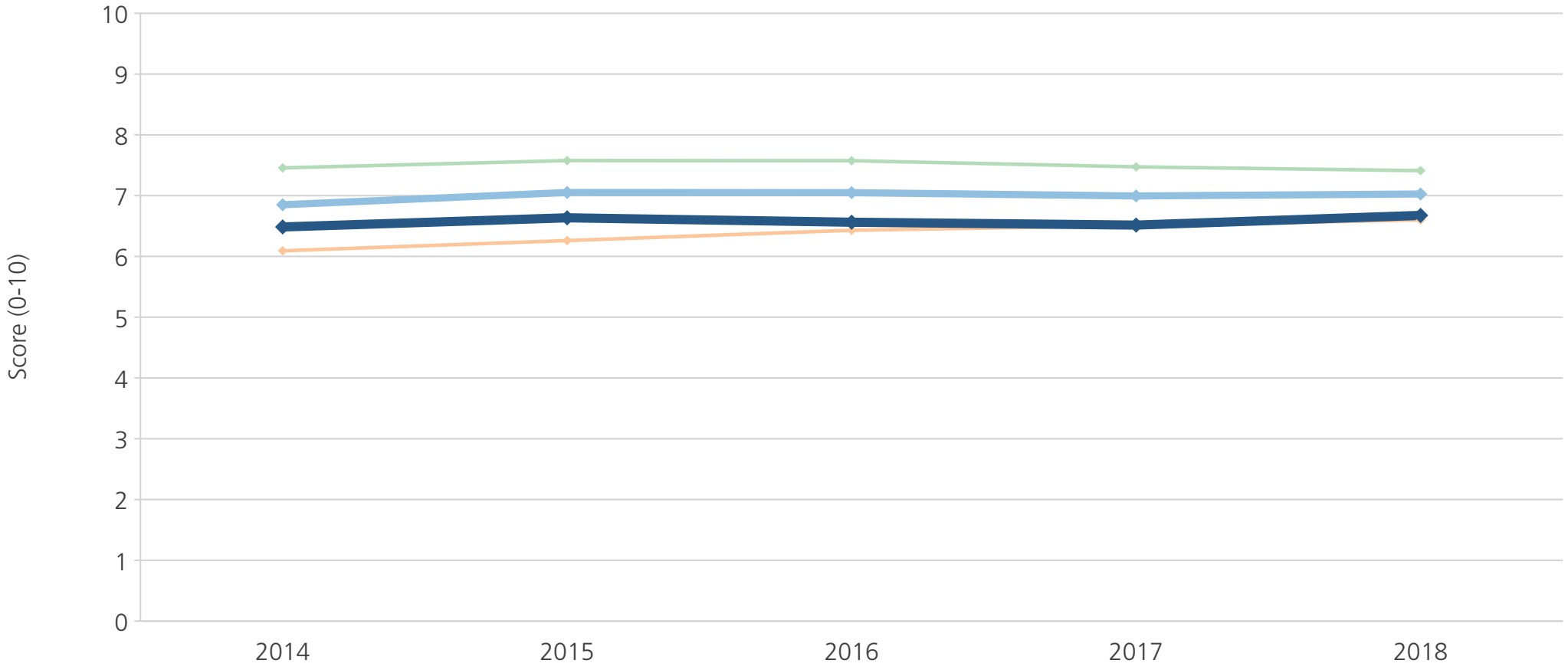
	2015	2016	2017	2018
Best	8.6	8.6	8.5	8.6
Your org	7.7	7.8	7.8	7.8
Average	8.1	8.2	8.1	8.1
Worst	7.6	7.5	7.5	7.4
No. responses	1,397	1,686	1,501	1,644



	2015	2016	2017	2018
Best	9.7	9.7	9.7	9.7
Your org	9.2	9.3	9.3	9.4
Average	9.5	9.5	9.5	9.5
Worst	9.2	9.2	9.3	9.3
No. responses	1,396	1,675	1,505	1,633



	2015	2016	2017	2018
Best	7.1	7.2	7.2	7.1
Your org	6.1	6.2	6.2	6.4
Average	6.6	6.7	6.7	6.7
Worst	5.7	6.2	6.2	6.3
No. responses	1,406	1,708	1,512	1,653



	2014	2015	2016	2017	2018
Best	7.5	7.6	7.6	7.5	7.4
Your org	6.5	6.6	6.6	6.5	6.7
Average	6.9	7.1	7.0	7.0	7.0
Worst	6.1	6.3	6.4	6.5	6.6
No. responses	355	1,411	1,723	1,524	1,685

Survey Coordination Centre

NHS England

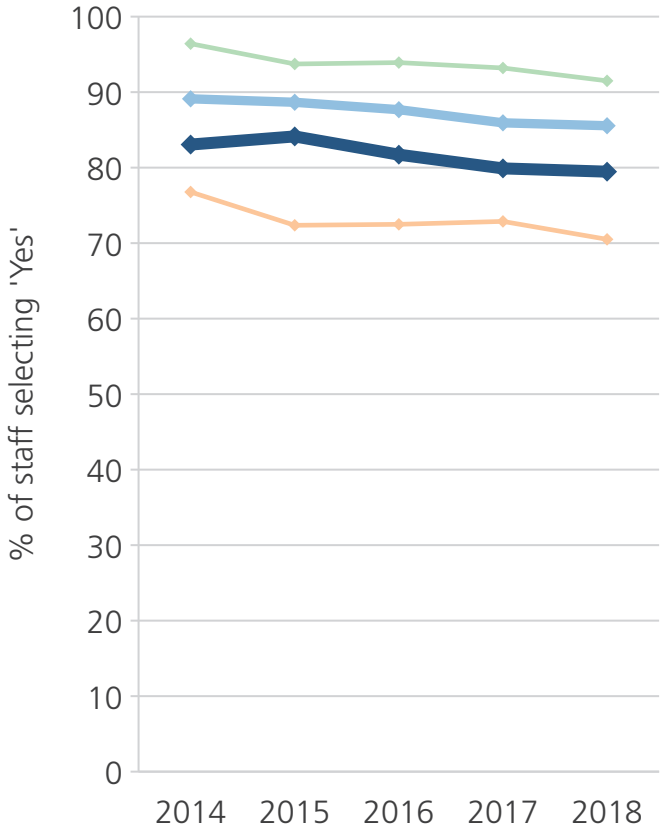
Theme results – Detailed information

Walsall Healthcare NHS Trust

2018 NHS Staff Survey Results

Q14

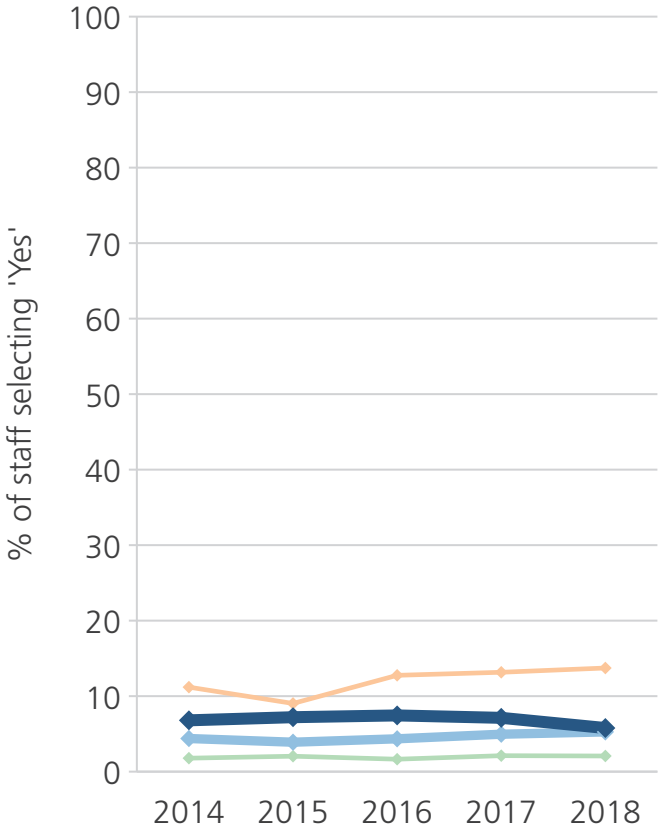
Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?



	2014	2015	2016	2017	2018
Best	96.4%	93.7%	93.9%	93.2%	91.5%
Your org	83.1%	84.1%	81.7%	79.9%	79.5%
Average	89.1%	88.7%	87.7%	85.9%	85.5%
Worst	76.8%	72.4%	72.5%	72.9%	70.5%

Q15a

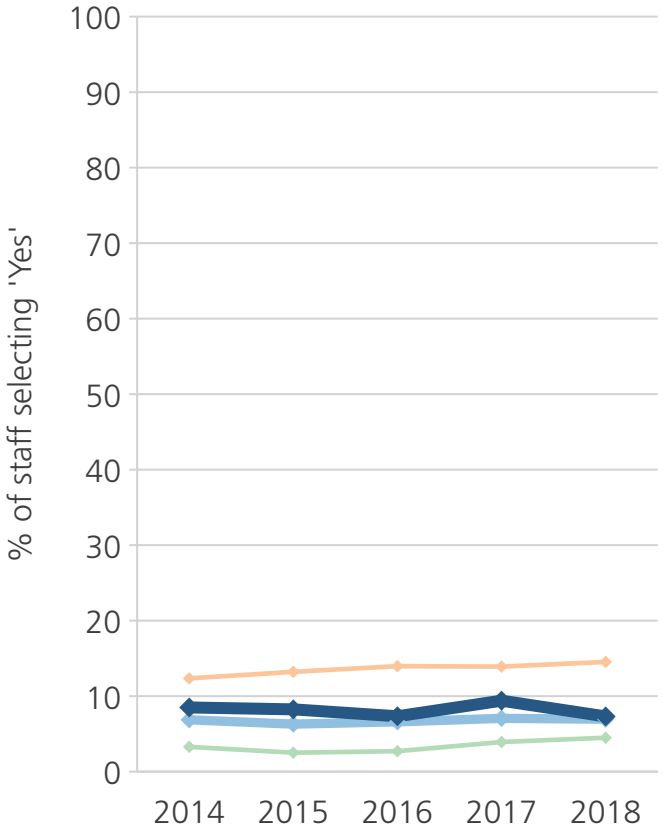
In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?



	2014	2015	2016	2017	2018
Worst	11.2%	9.0%	12.8%	13.2%	13.7%
Your org	6.8%	7.2%	7.4%	7.1%	5.8%
Average	4.4%	3.9%	4.3%	5.0%	5.3%
Best	1.8%	2.0%	1.6%	2.1%	2.1%

Q15b

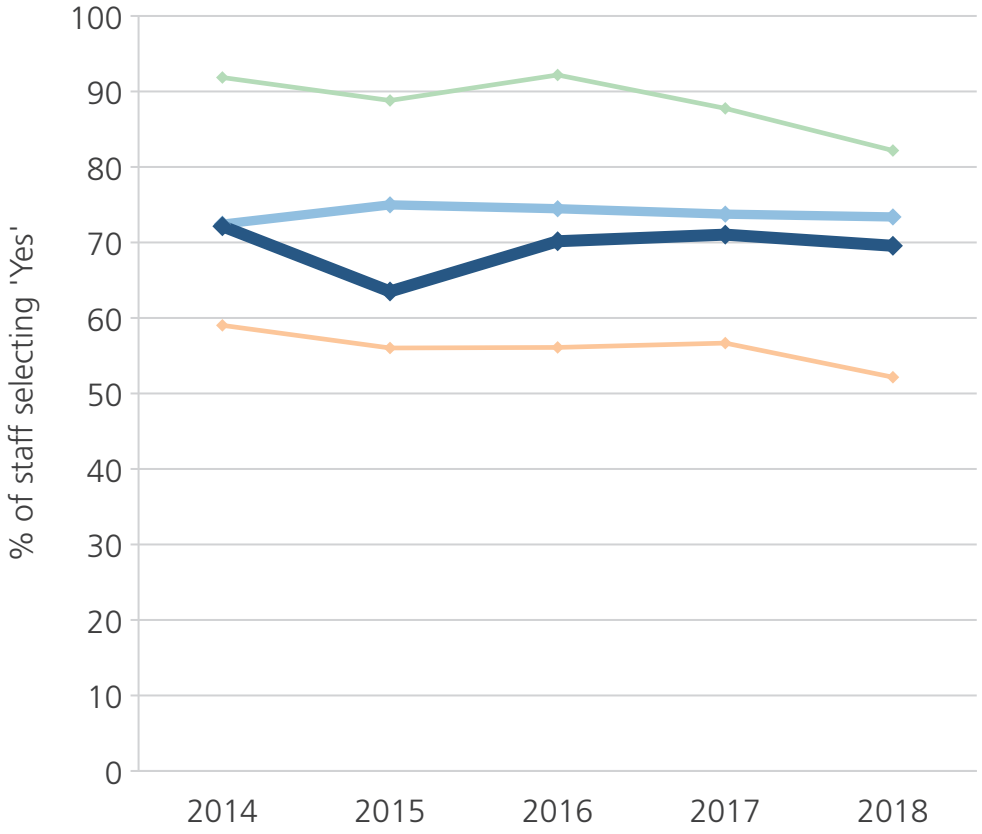
In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?



	2014	2015	2016	2017	2018
Worst	12.4%	13.2%	14.0%	13.9%	14.5%
Your org	8.5%	8.2%	7.3%	9.4%	7.3%
Average	6.9%	6.3%	6.6%	7.1%	6.9%
Best	3.3%	2.5%	2.7%	3.9%	4.5%

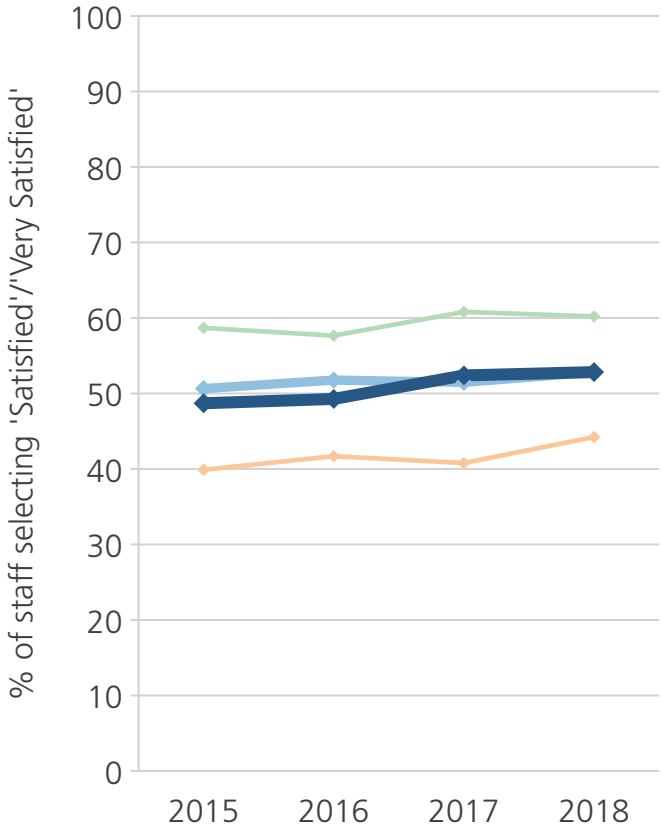
Q28b

Has your employer made adequate adjustment(s) to enable you to carry out your work?



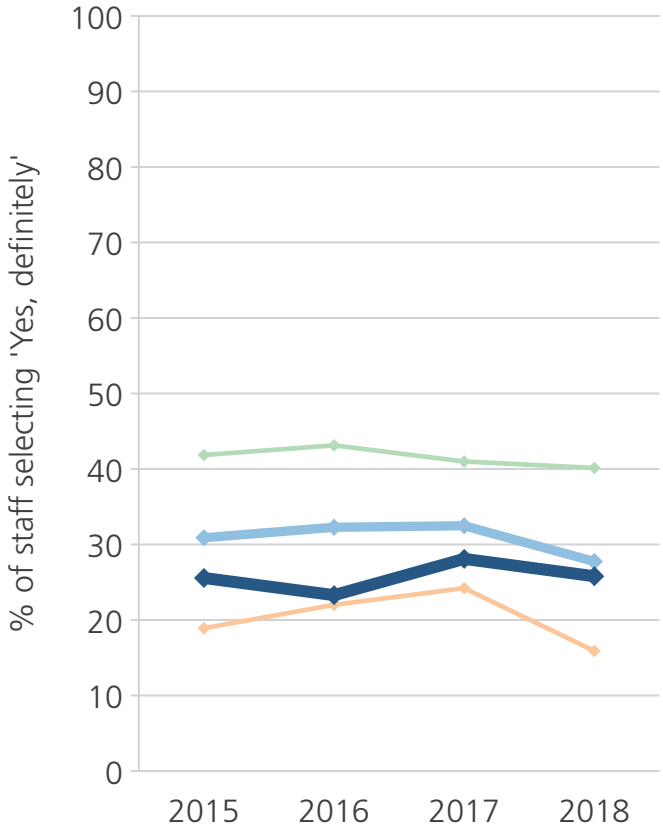
	2014	2015	2016	2017	2018
Best	91.9%	88.8%	92.2%	87.8%	82.2%
Your org	72.1%	63.5%	70.2%	71.0%	69.6%
Average	72.4%	75.0%	74.5%	73.8%	73.4%
Worst	59.0%	56.0%	56.1%	56.7%	52.2%

Q5h
The opportunities for flexible working patterns



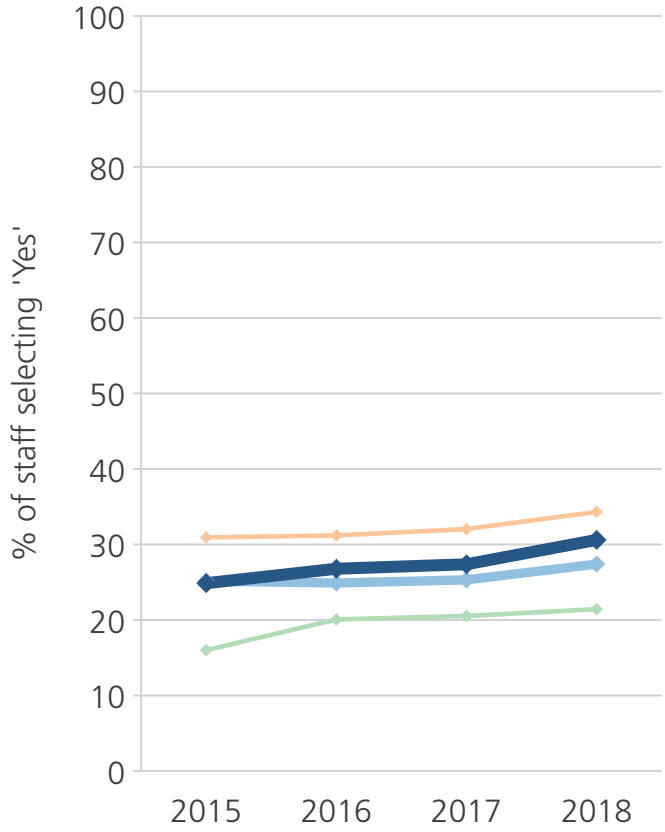
	2015	2016	2017	2018
Best	58.7%	57.7%	60.8%	60.2%
Your org	48.7%	49.3%	52.4%	52.8%
Average	50.6%	51.8%	51.5%	52.8%
Worst	39.9%	41.7%	40.8%	44.2%

Q11a
Does your organisation take positive action on health and well-being?



	2015	2016	2017	2018
Best	41.8%	43.1%	41.0%	40.1%
Your org	25.6%	23.3%	28.1%	25.8%
Average	30.9%	32.3%	32.5%	27.7%
Worst	18.9%	22.0%	24.2%	15.9%

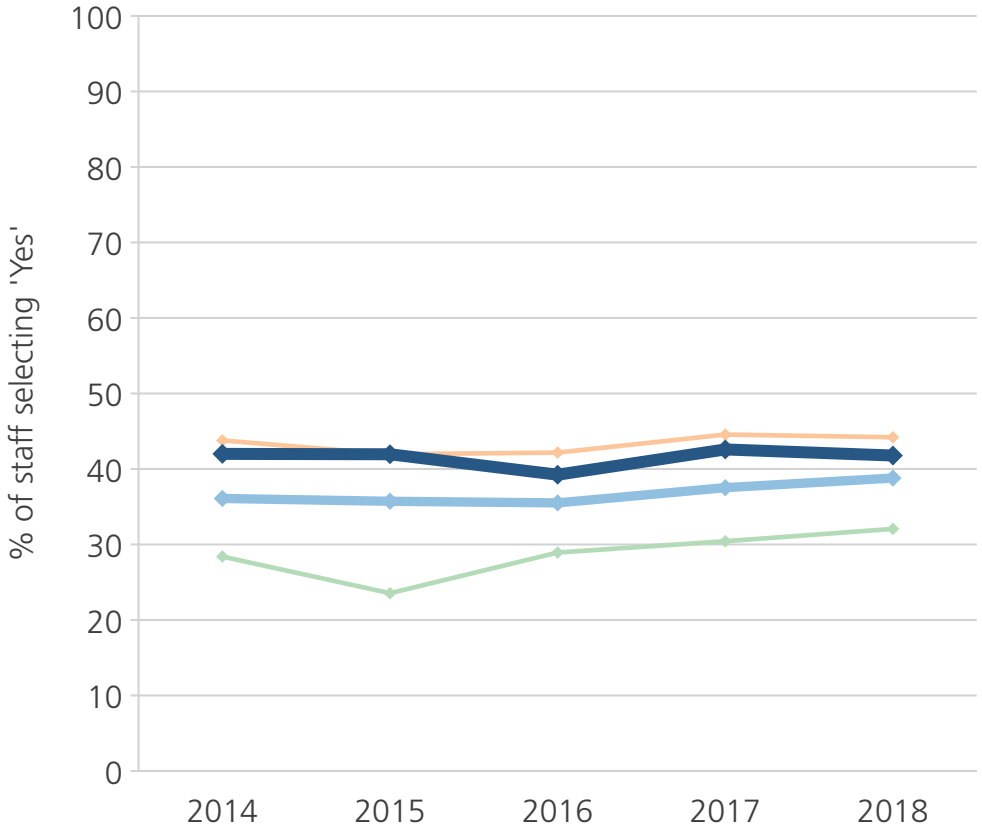
Q11b
In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?



	2015	2016	2017	2018
Worst	30.9%	31.2%	32.0%	34.3%
Your org	24.9%	26.8%	27.4%	30.6%
Average	25.1%	24.9%	25.3%	27.4%
Best	16.0%	20.1%	20.5%	21.4%

Q11c

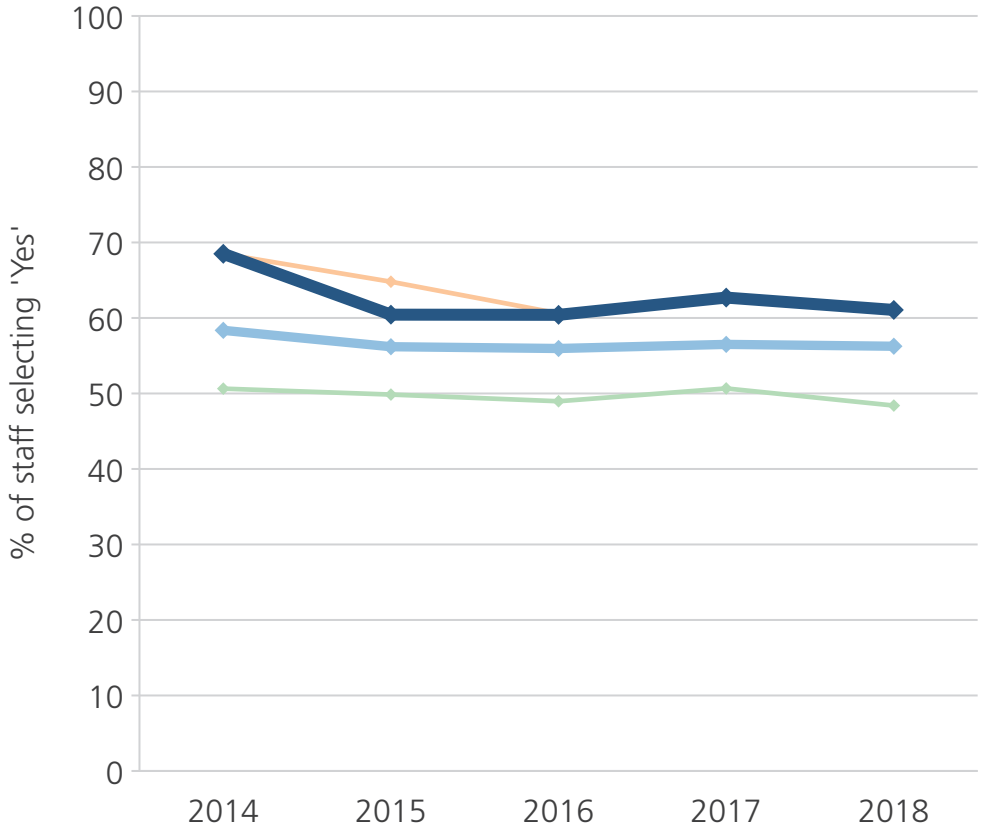
During the last 12 months have you felt unwell as a result of work related stress?



	2014	2015	2016	2017	2018
Worst	43.8%	41.9%	42.2%	44.6%	44.2%
Your org	42.0%	41.9%	39.2%	42.6%	41.8%
Average	36.1%	35.7%	35.5%	37.5%	38.8%
Best	28.4%	23.5%	28.9%	30.4%	32.1%

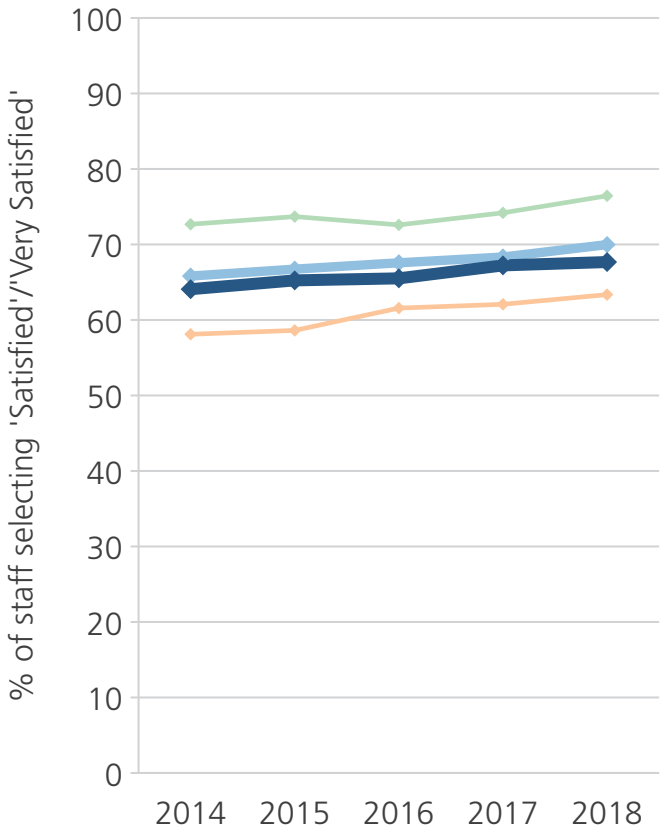
Q11d

In the last three months have you ever come to work despite not feeling well enough to perform your duties?



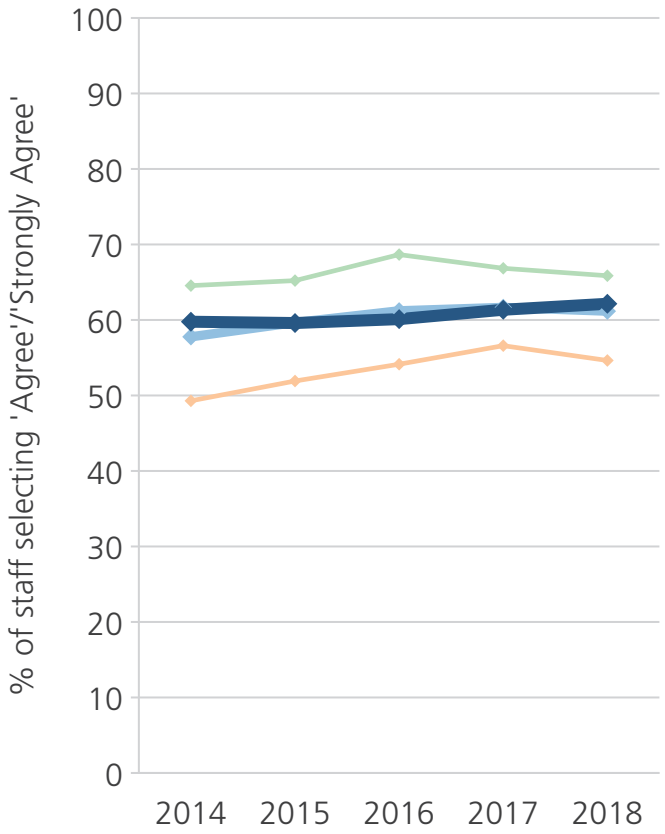
	2014	2015	2016	2017	2018
Worst	68.5%	64.8%	60.6%	63.0%	61.3%
Your org	68.5%	60.4%	60.4%	62.7%	61.1%
Average	58.4%	56.2%	56.0%	56.5%	56.3%
Best	50.6%	49.9%	49.0%	50.7%	48.4%

Q5b
The support I get from my immediate manager



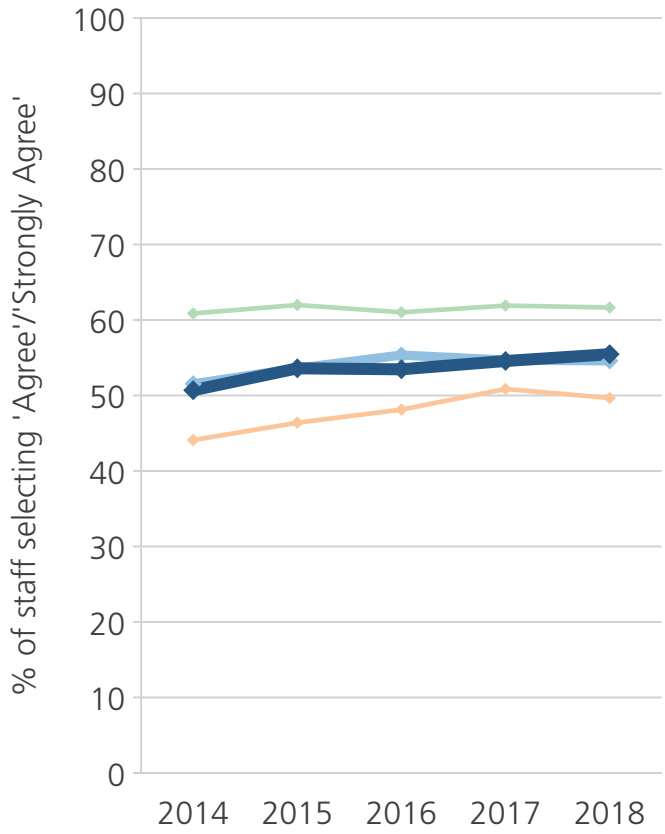
	2014	2015	2016	2017	2018
Best	72.7%	73.7%	72.6%	74.2%	76.4%
Your org	64.1%	65.2%	65.5%	67.2%	67.7%
Average	65.8%	66.7%	67.6%	68.3%	70.0%
Worst	58.1%	58.6%	61.6%	62.1%	63.4%

Q8c
My immediate manager gives me clear feedback on my work



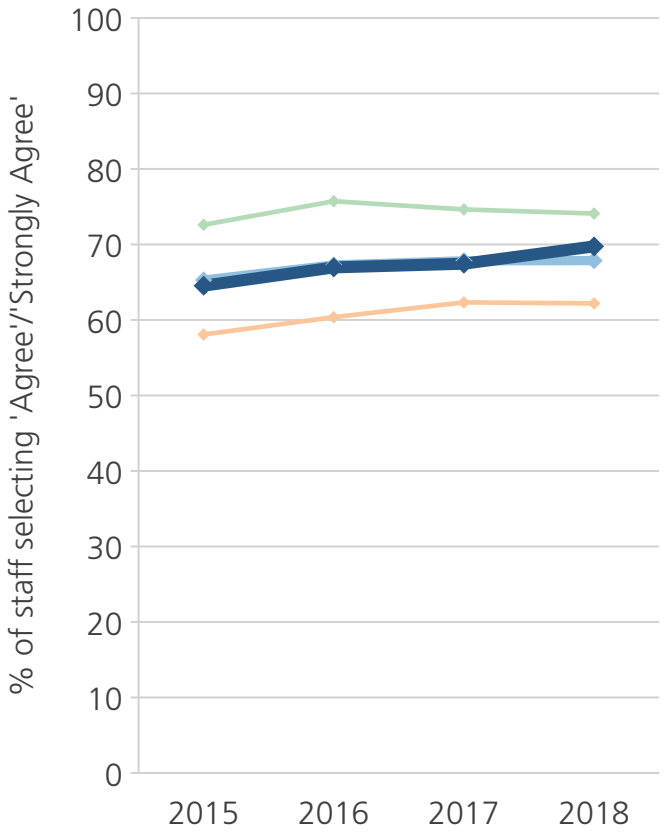
	2014	2015	2016	2017	2018
Best	64.5%	65.2%	68.7%	66.8%	65.9%
Your org	59.8%	59.6%	60.1%	61.4%	62.1%
Average	57.8%	59.7%	61.2%	61.7%	61.2%
Worst	49.3%	51.9%	54.1%	56.6%	54.6%

Q8d
My immediate manager asks for my opinion before making decisions that affect my work



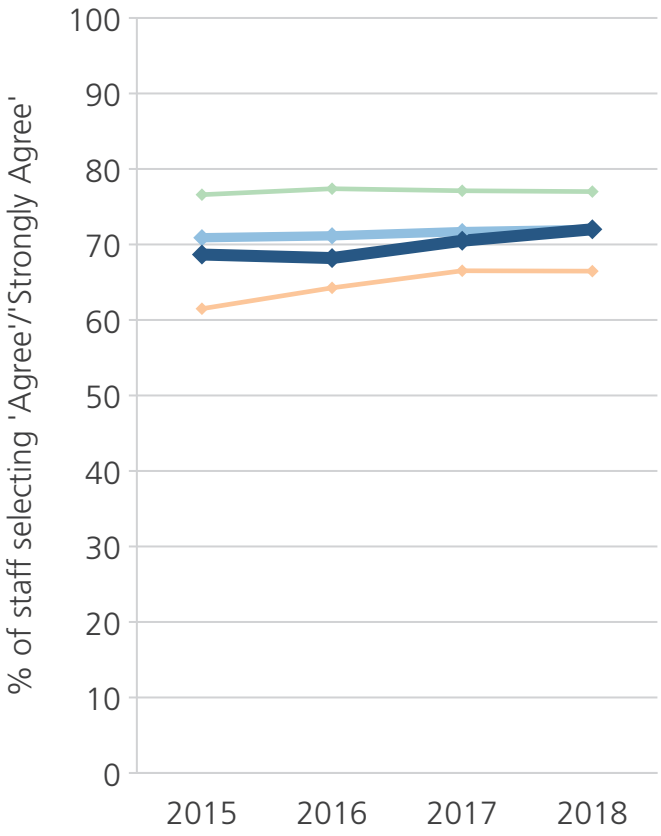
	2014	2015	2016	2017	2018
Best	60.9%	62.0%	61.0%	61.9%	61.6%
Your org	50.7%	53.6%	53.5%	54.6%	55.5%
Average	51.5%	53.6%	55.3%	54.7%	54.6%
Worst	44.1%	46.4%	48.1%	50.9%	49.7%

Q8f
My immediate manager takes a positive interest in my health and well-being



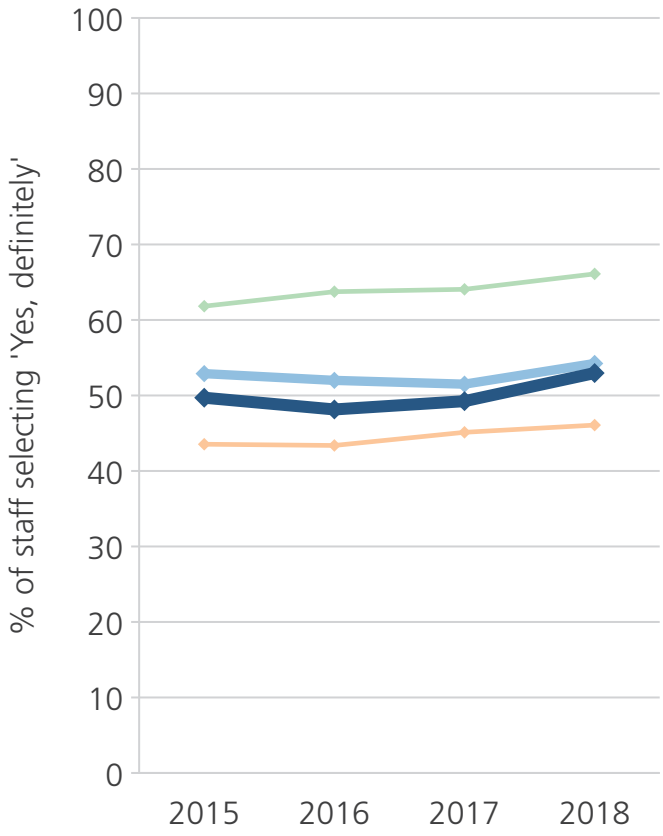
	2015	2016	2017	2018
Best	72.6%	75.7%	74.6%	74.1%
Your org	64.5%	67.0%	67.4%	69.7%
Average	65.3%	67.3%	67.8%	67.9%
Worst	58.1%	60.4%	62.3%	62.2%

Q8g
My immediate manager values my work



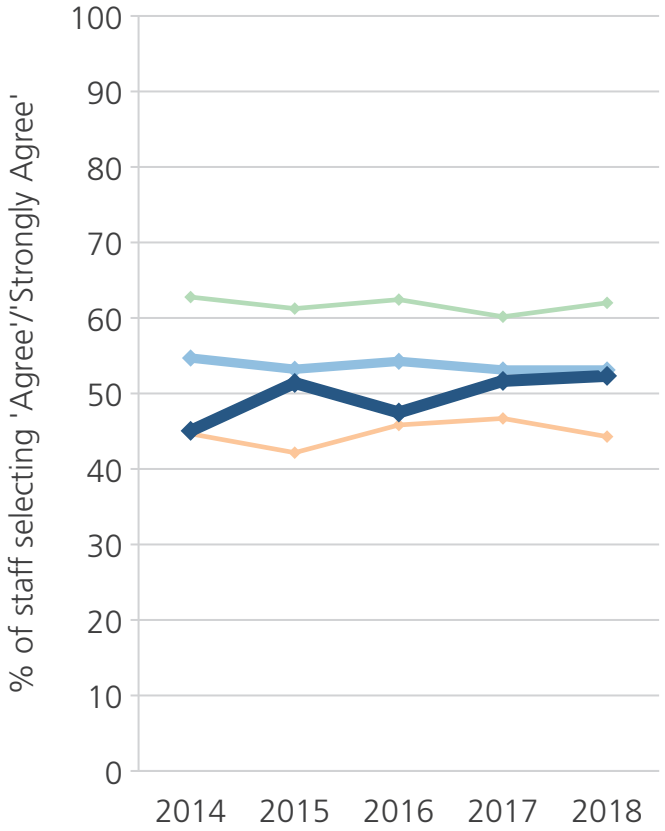
	2015	2016	2017	2018
Best	76.6%	77.4%	77.1%	77.0%
Your org	68.7%	68.2%	70.5%	72.0%
Average	70.9%	71.1%	71.7%	72.0%
Worst	61.5%	64.3%	66.5%	66.5%

Q19g
My manager supported me to receive this training, learning or development



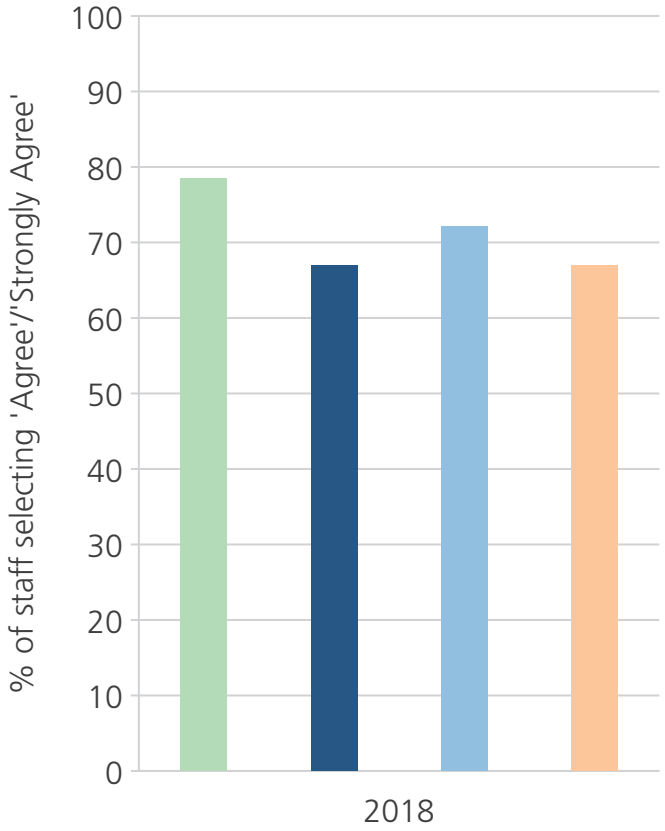
	2015	2016	2017	2018
Best	61.8%	63.7%	64.1%	66.1%
Your org	49.7%	48.1%	49.2%	53.0%
Average	52.9%	52.0%	51.5%	54.2%
Worst	43.5%	43.4%	45.1%	46.1%

Q4c
I am involved in deciding on changes introduced that affect my work area / team / department



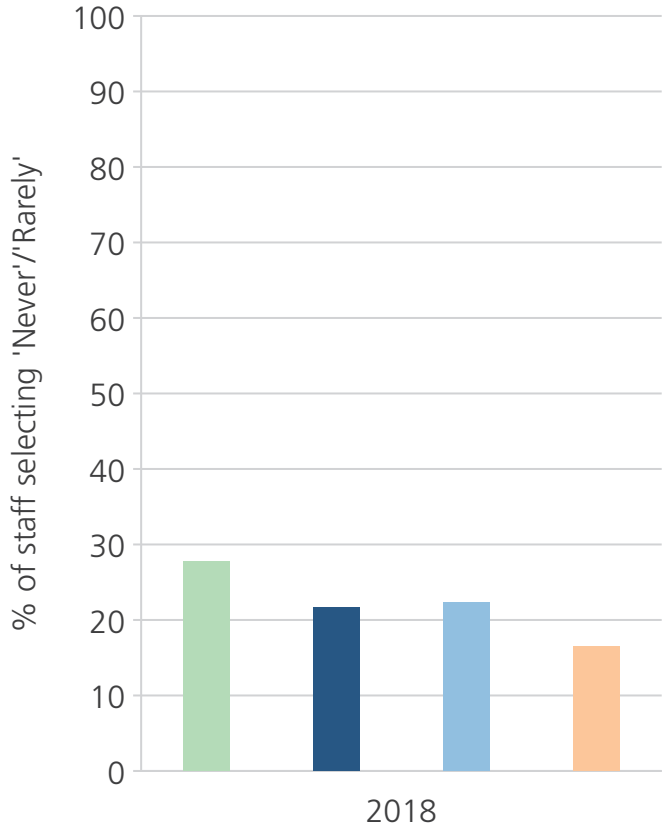
Best	62.8%	61.2%	62.4%	60.2%	62.0%
Your org	45.1%	51.4%	47.5%	51.7%	52.3%
Average	54.7%	53.2%	54.3%	53.1%	53.1%
Worst	44.7%	42.2%	45.8%	46.7%	44.3%

Q4j
I receive the respect I deserve from my colleagues at work



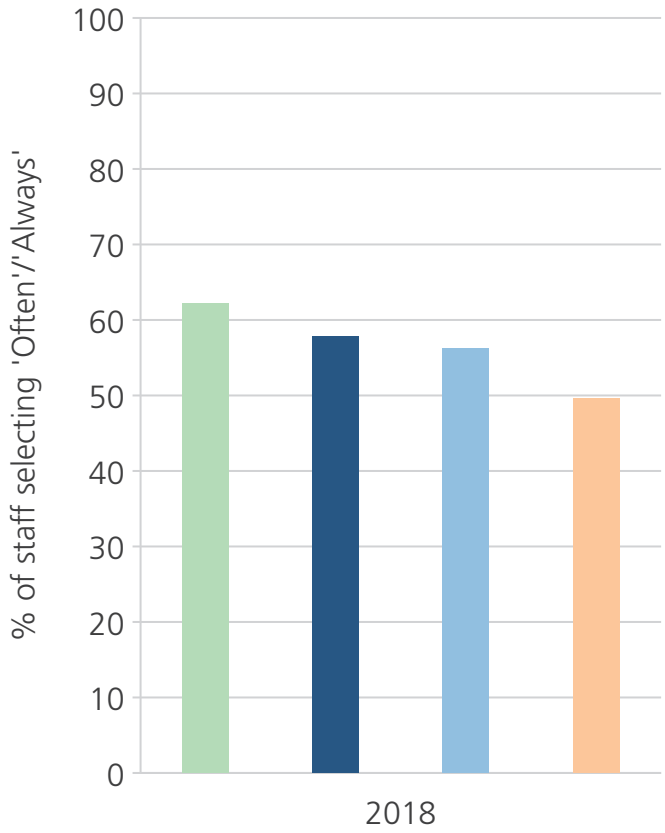
Best	78.5%
Your org	67.0%
Average	72.2%
Worst	67.0%

Q6a
I have unrealistic time pressures



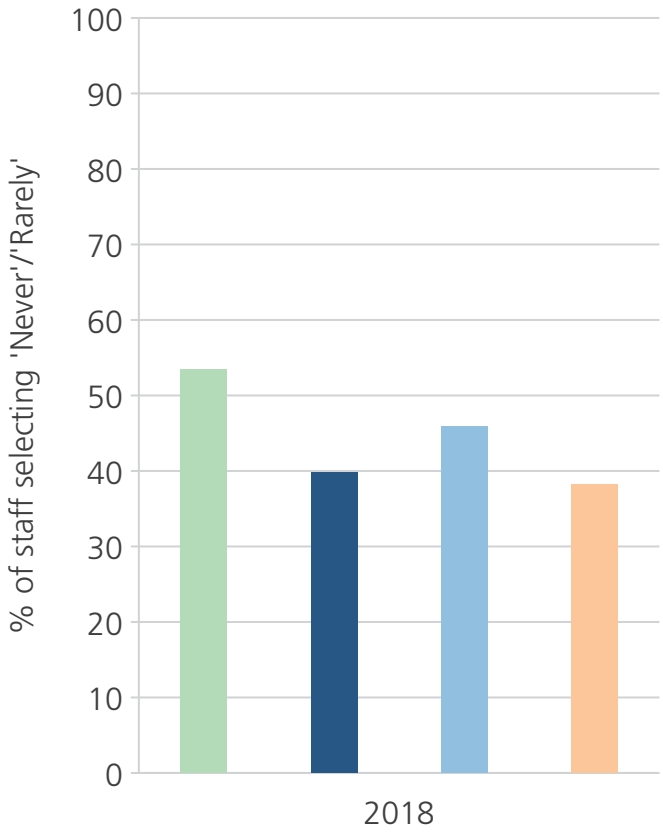
Best	27.7%
Your org	21.6%
Average	22.3%
Worst	16.5%

Q6b
I have a choice in deciding how to do my work



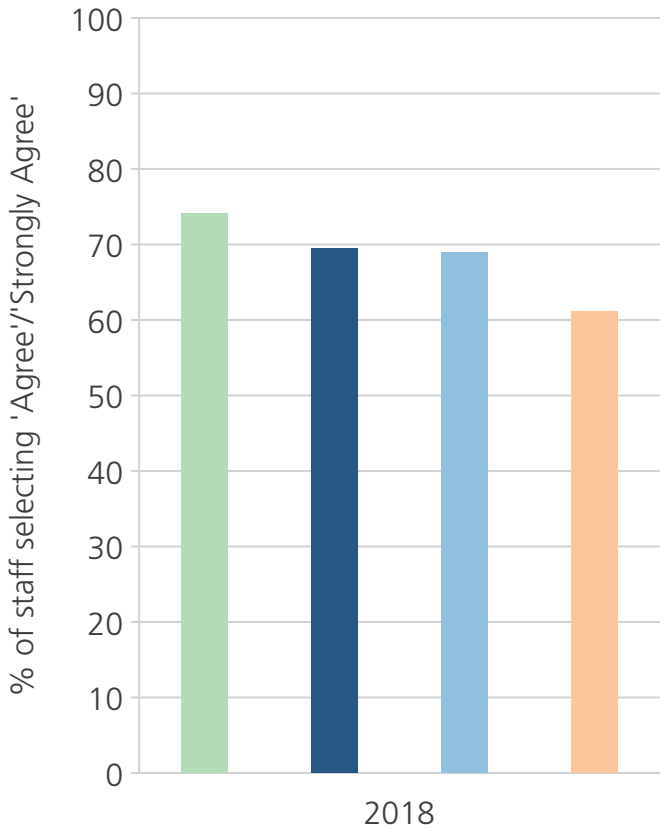
Best	62.2%
Your org	57.9%
Average	56.3%
Worst	49.6%

Q6c
Relationships at work are strained



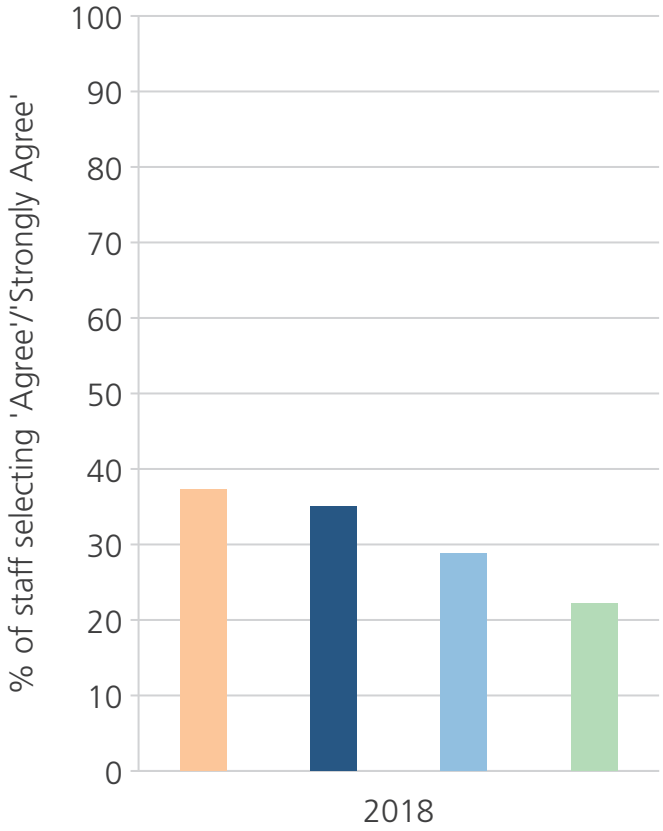
Best	53.4%
Your org	39.8%
Average	45.8%
Worst	38.2%

Q8a
My immediate manager encourages me at work



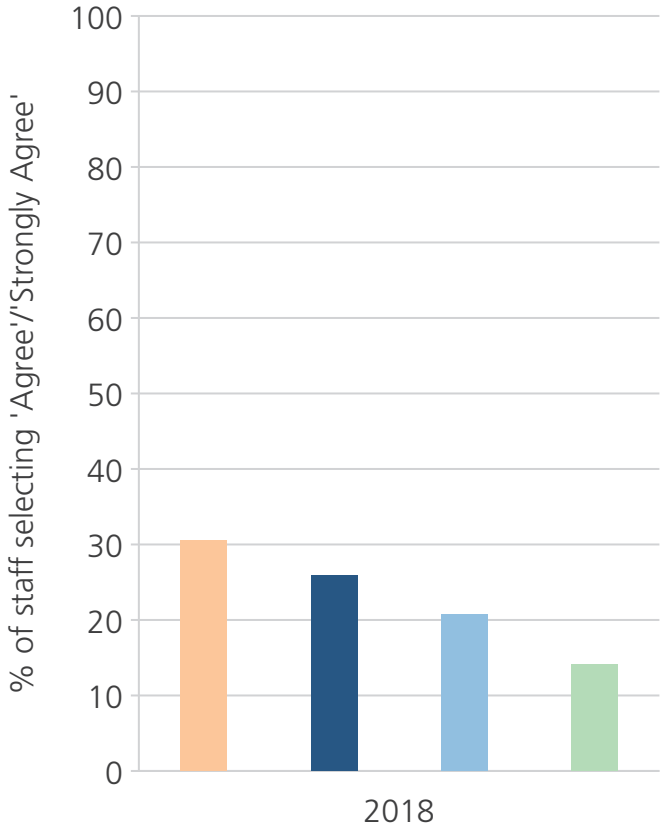
Best	74.0%
Your org	69.5%
Average	68.9%
Worst	61.1%

Q23a
I often think about leaving this organisation



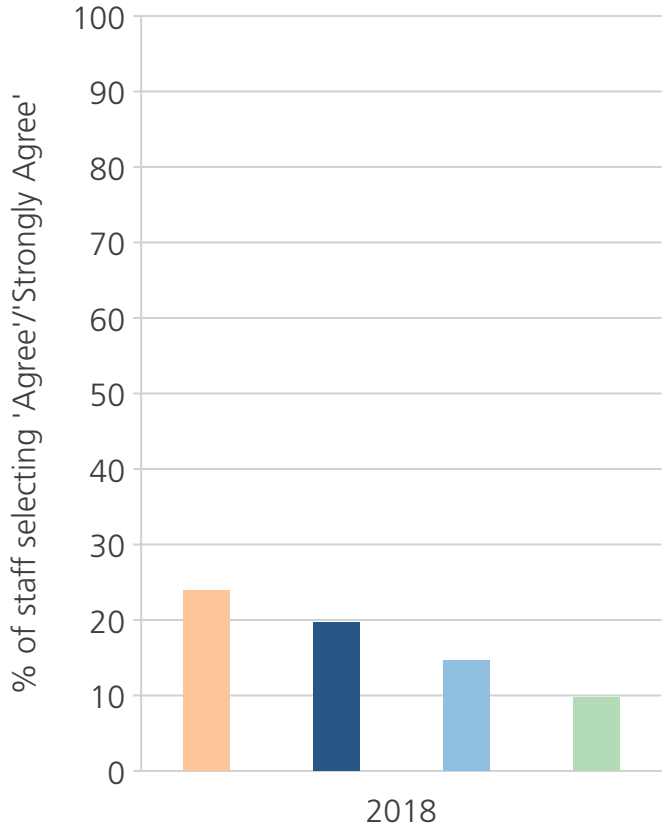
Worst	37.3%
Your org	35.1%
Average	28.8%
Best	22.2%

Q23b
I will probably look for a job at a new organisation in the next 12 months



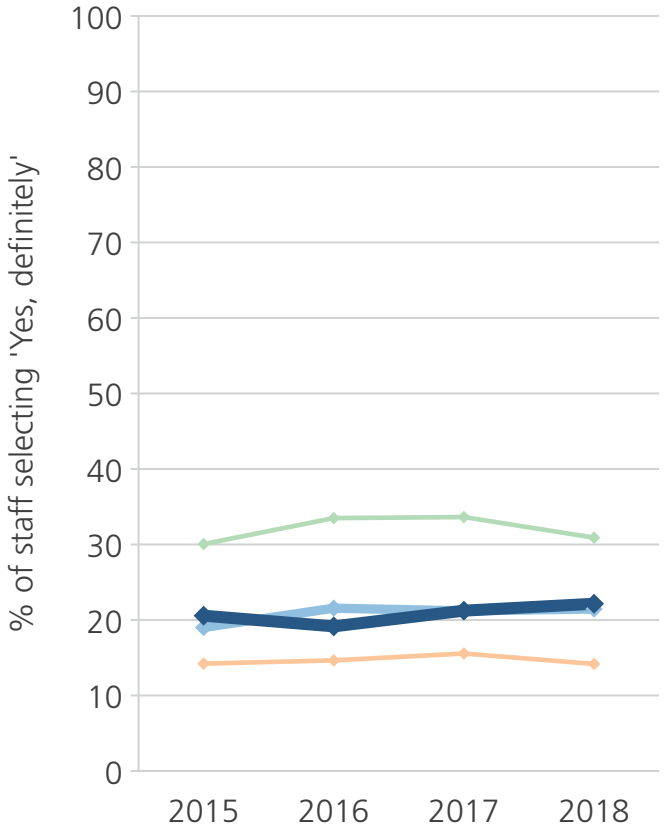
Worst	30.5%
Your org	25.9%
Average	20.7%
Best	14.1%

Q23c
As soon as I can find another job, I will leave this organisation



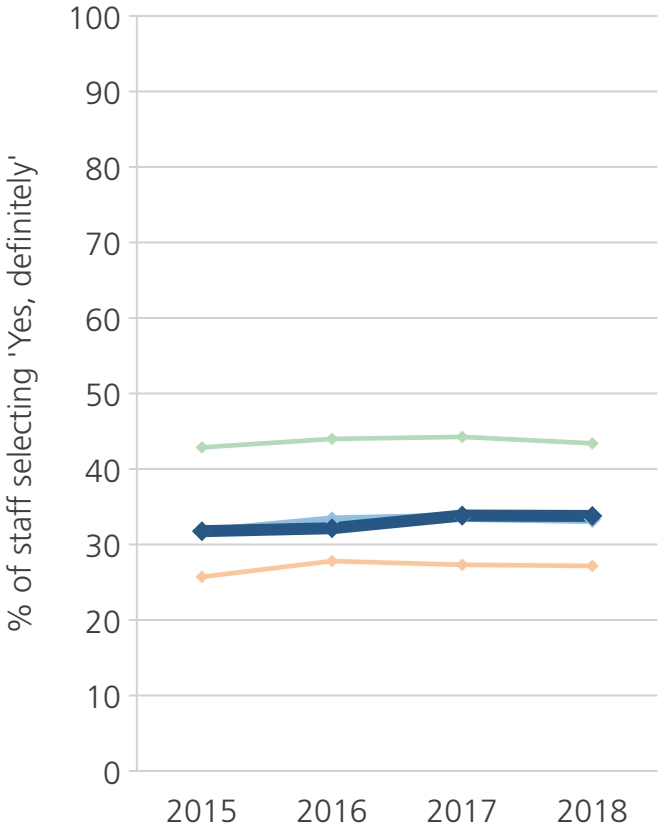
Worst	23.9%
Your org	19.6%
Average	14.7%
Best	9.8%

Q19b
It helped me to improve how I do my job



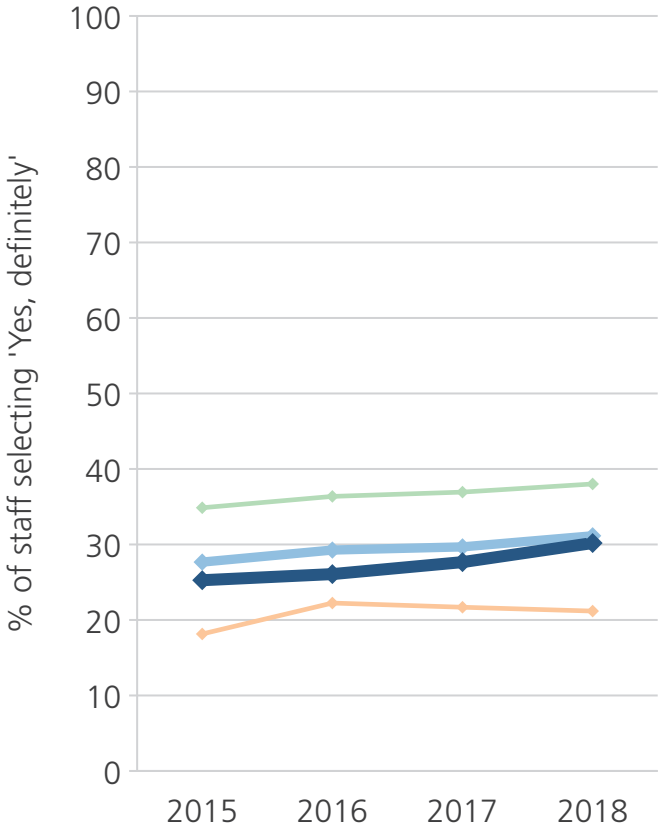
Best	30.1%	33.5%	33.6%	30.9%
Your org	20.6%	19.2%	21.2%	22.1%
Average	19.0%	21.6%	21.2%	21.5%
Worst	14.2%	14.6%	15.6%	14.2%

Q19c
It helped me agree clear objectives for my work



Best	42.9%	44.0%	44.2%	43.4%
Your org	31.8%	32.1%	33.8%	33.8%
Average	31.6%	33.2%	33.6%	33.3%
Worst	25.7%	27.8%	27.3%	27.2%

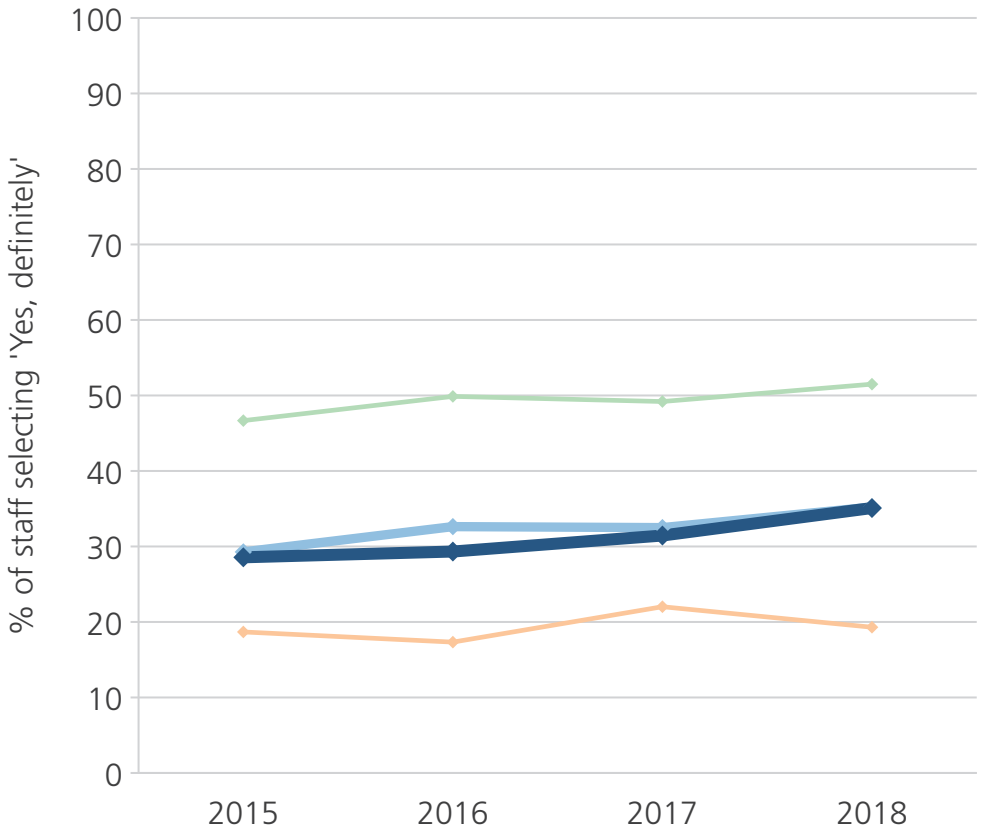
Q19d
It left me feeling that my work is valued by my organisation



Best	34.9%	36.4%	36.9%	38.0%
Your org	25.3%	26.1%	27.7%	30.2%
Average	27.7%	29.3%	29.7%	31.1%
Worst	18.1%	22.2%	21.7%	21.2%

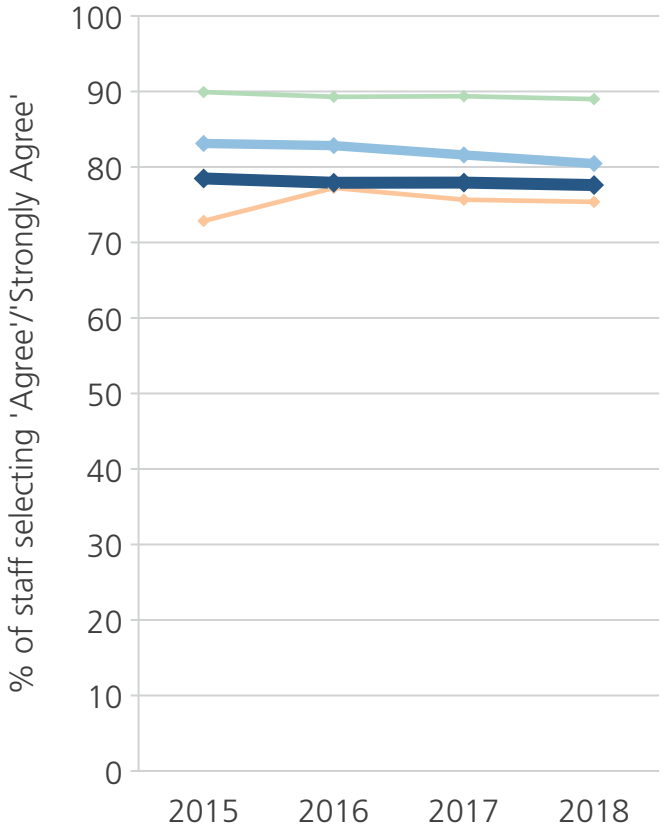
Q19e

The values of my organisation were discussed as part of the appraisal process



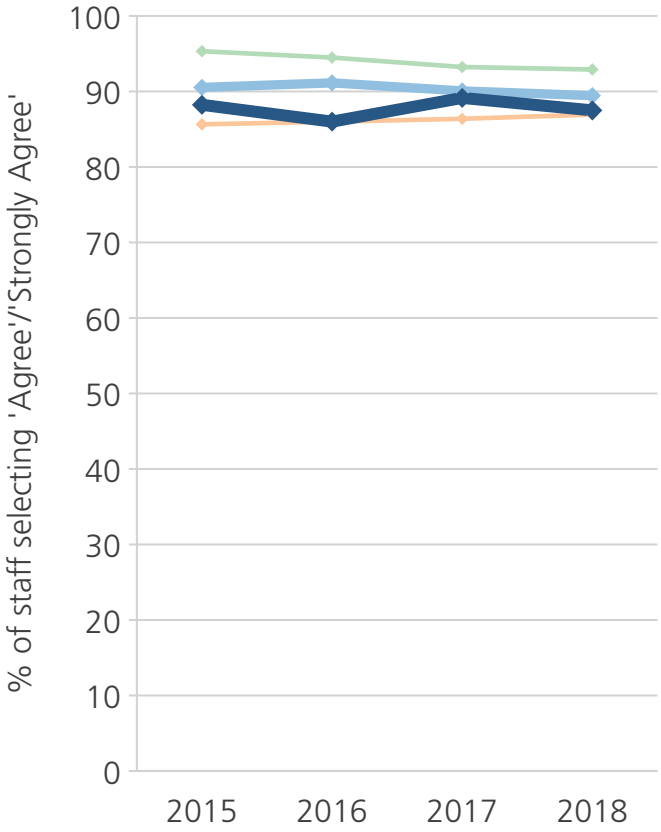
	2015	2016	2017	2018
Best	46.7%	49.9%	49.2%	51.5%
Your org	28.6%	29.3%	31.4%	35.1%
Average	29.3%	32.6%	32.5%	35.2%
Worst	18.7%	17.3%	22.0%	19.3%

Q7a
I am satisfied with the quality of care I give to patients / service users



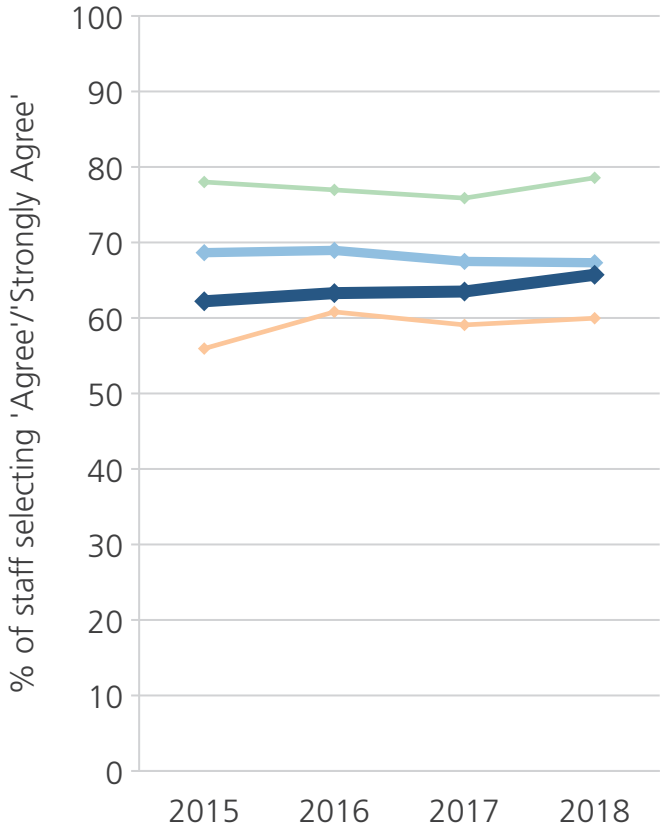
	2015	2016	2017	2018
Best	89.9%	89.3%	89.4%	89.0%
Your org	78.5%	77.9%	77.9%	77.6%
Average	83.1%	82.8%	81.6%	80.5%
Worst	72.8%	77.2%	75.7%	75.4%

Q7b
I feel that my role makes a difference to patients / service users



	2015	2016	2017	2018
Best	95.3%	94.5%	93.2%	92.9%
Your org	88.2%	86.0%	89.1%	87.5%
Average	90.5%	91.1%	90.1%	89.4%
Worst	85.6%	86.0%	86.4%	86.9%

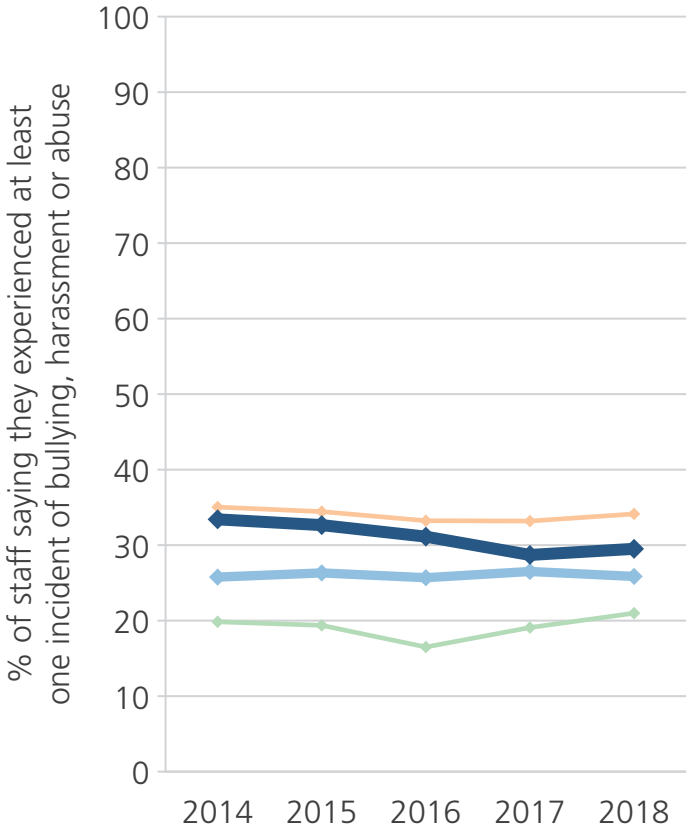
Q7c
I am able to deliver the care I aspire to



	2015	2016	2017	2018
Best	78.0%	77.0%	75.9%	78.6%
Your org	62.2%	63.3%	63.5%	65.7%
Average	68.6%	68.9%	67.5%	67.3%
Worst	55.9%	60.8%	59.1%	60.0%

Q13a

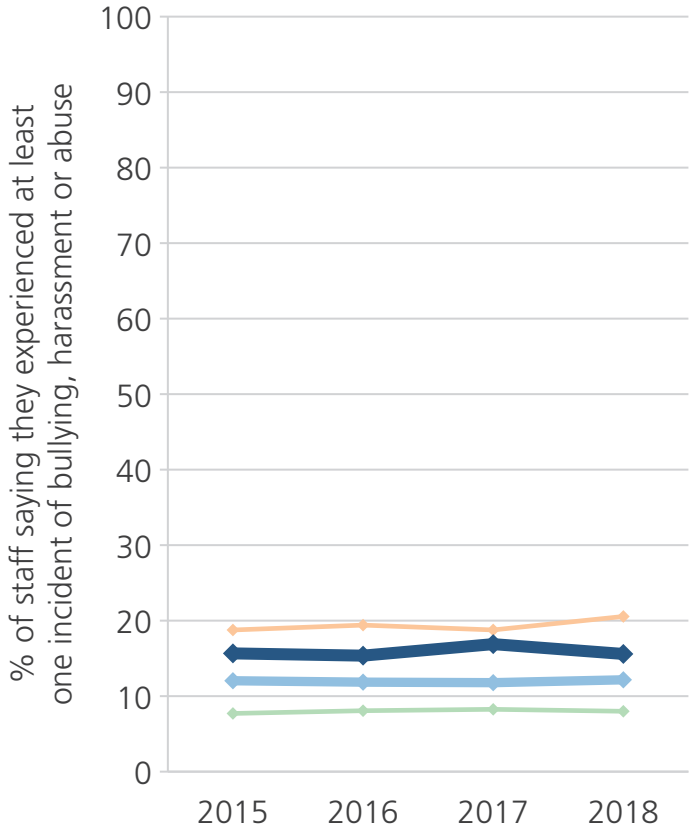
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public?



	2014	2015	2016	2017	2018
Worst	35.0%	34.4%	33.2%	33.2%	34.1%
Your org	33.4%	32.7%	31.1%	28.7%	29.5%
Average	25.8%	26.3%	25.7%	26.5%	25.9%
Best	19.9%	19.4%	16.5%	19.1%	21.0%

Q13b

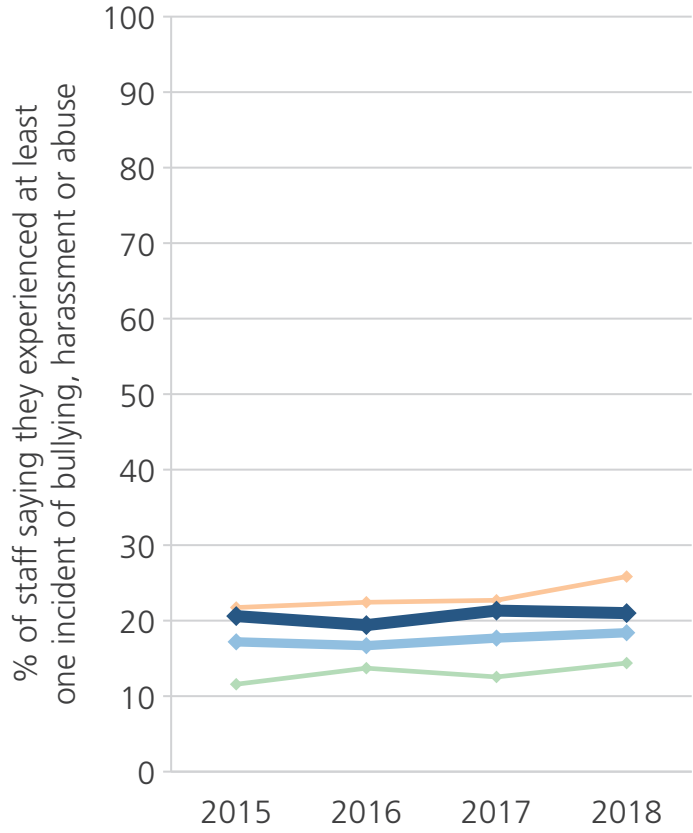
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers?



	2015	2016	2017	2018
Worst	18.8%	19.4%	18.8%	20.6%
Your org	15.7%	15.4%	16.9%	15.6%
Average	12.0%	11.9%	11.8%	12.2%
Best	7.7%	8.1%	8.3%	8.0%

Q13c

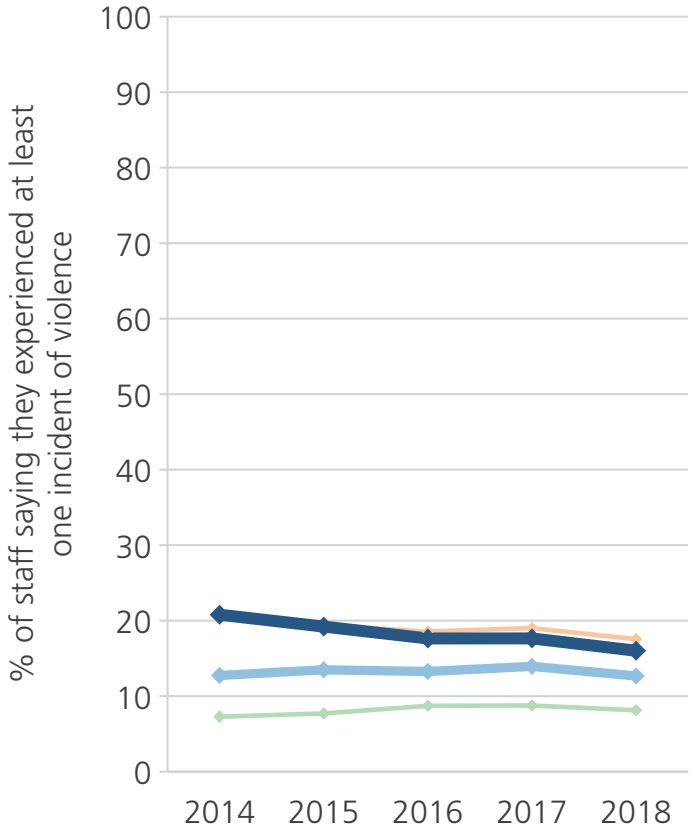
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?



	2015	2016	2017	2018
Worst	21.7%	22.4%	22.7%	25.8%
Your org	20.6%	19.4%	21.3%	21.0%
Average	17.2%	16.7%	17.7%	18.4%
Best	11.6%	13.7%	12.5%	14.4%

Q12a

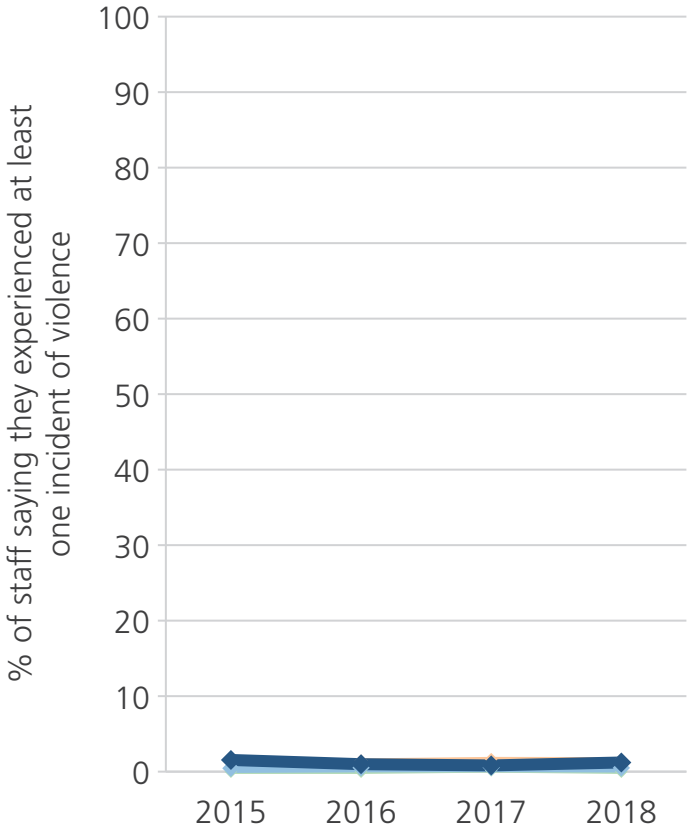
In the last 12 months how many times have you personally experienced physical violence at work from patients / service users, their relatives or other members of the public?



	2014	2015	2016	2017	2018
Worst	20.8%	19.4%	18.6%	19.0%	17.5%
Your org	20.8%	19.2%	17.6%	17.6%	16.0%
Average	12.7%	13.5%	13.3%	13.9%	12.7%
Best	7.3%	7.7%	8.7%	8.8%	8.1%

Q12b

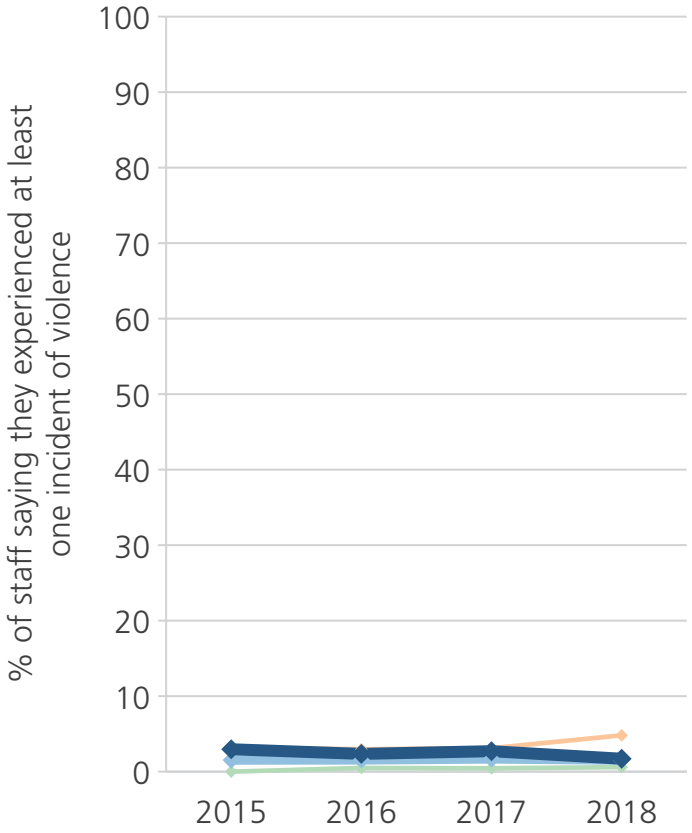
In the last 12 months how many times have you personally experienced physical violence at work from managers?



	2015	2016	2017	2018
Worst	1.5%	1.4%	1.6%	1.6%
Your org	1.5%	1.0%	0.8%	1.2%
Average	0.4%	0.5%	0.6%	0.5%
Best	0.0%	0.0%	0.2%	0.0%

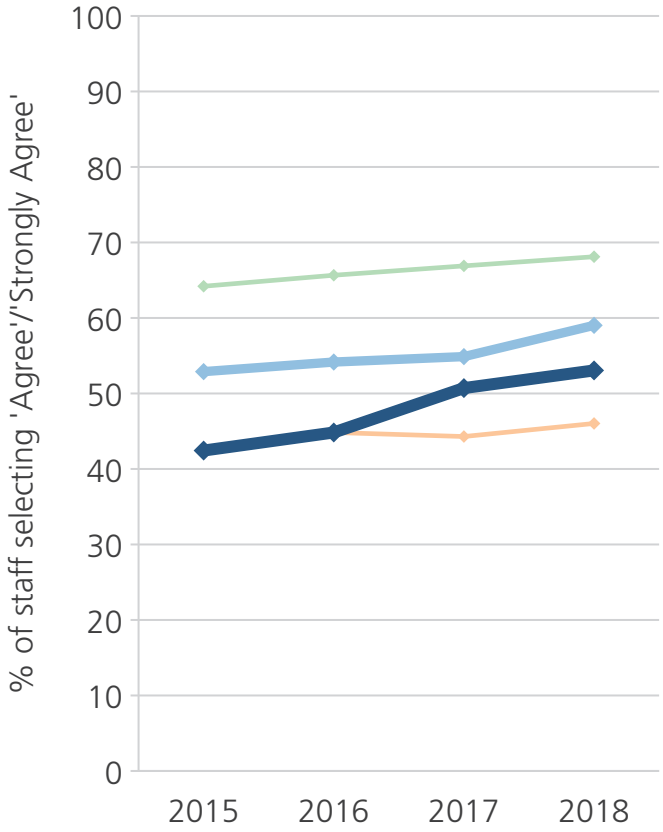
Q12c

In the last 12 months how many times have you personally experienced physical violence at work from other colleagues?



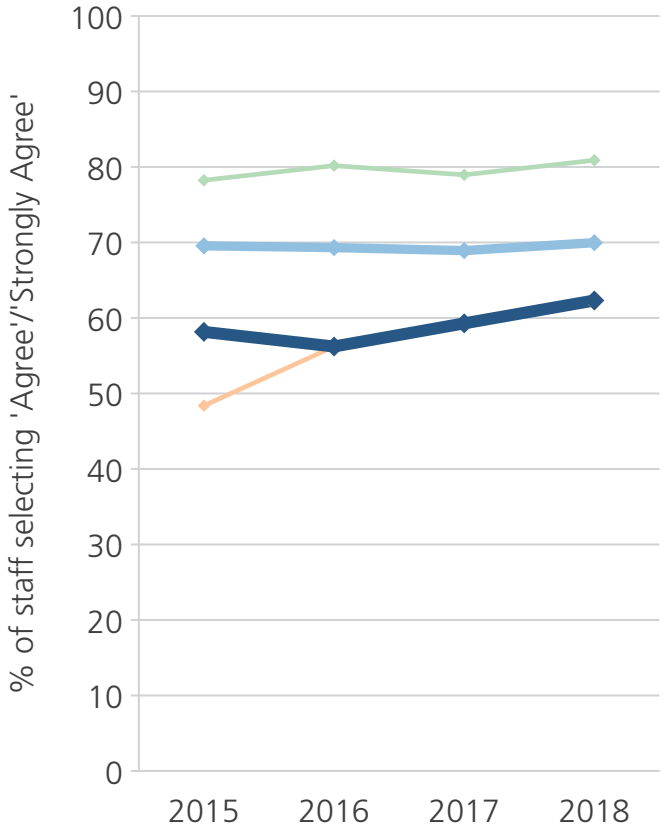
	2015	2016	2017	2018
Worst	3.2%	3.0%	3.1%	4.8%
Your org	3.0%	2.4%	2.7%	1.7%
Average	1.5%	1.5%	1.7%	1.5%
Best	0.0%	0.5%	0.4%	0.6%

Q17a
My organisation treats staff who are involved in an error, near miss or incident fairly



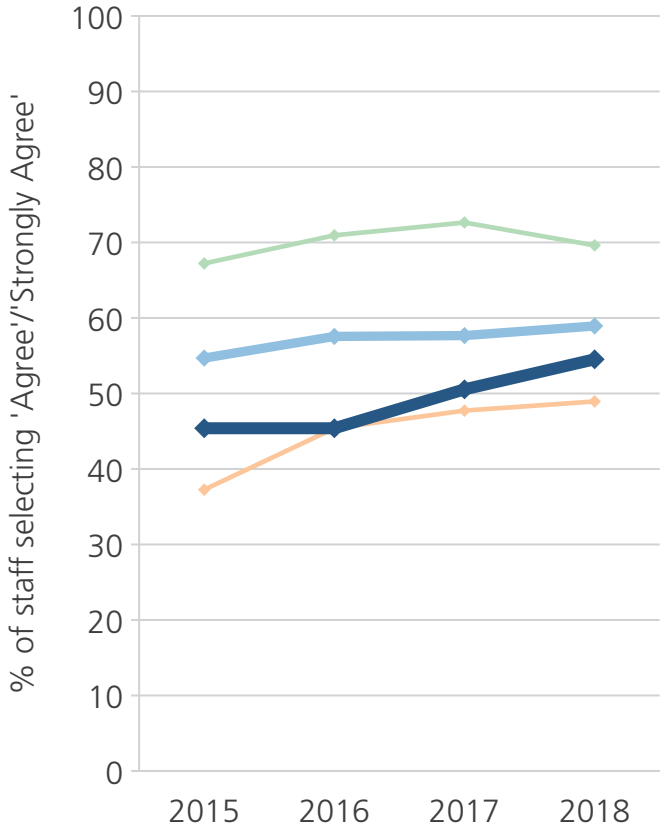
	2015	2016	2017	2018
Best	64.2%	65.7%	66.9%	68.1%
Your org	42.4%	44.8%	50.7%	53.1%
Average	52.9%	54.2%	54.9%	59.0%
Worst	42.4%	44.8%	44.3%	46.0%

Q17c
When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again



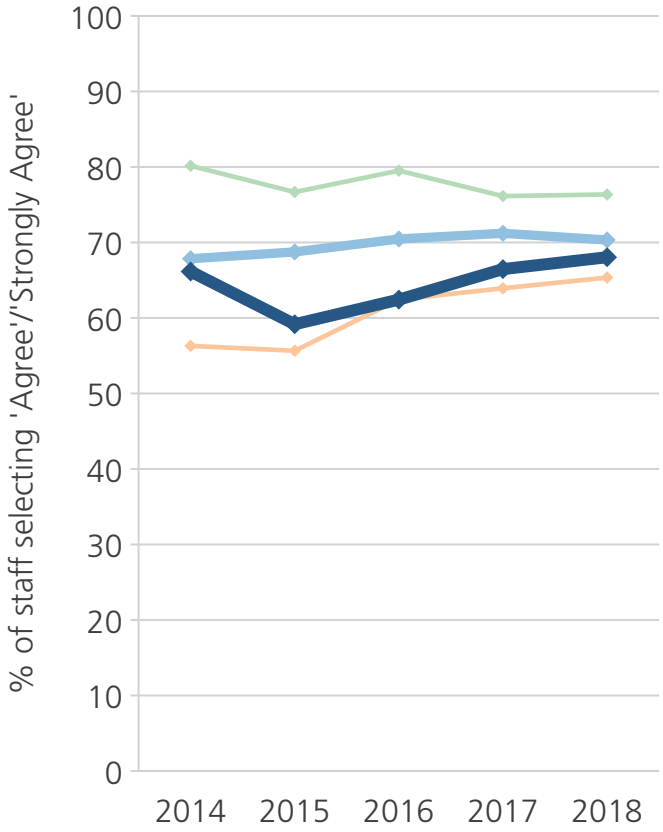
	2015	2016	2017	2018
Best	78.2%	80.2%	79.0%	80.9%
Your org	58.2%	56.2%	59.3%	62.3%
Average	69.6%	69.3%	68.9%	70.0%
Worst	48.4%	56.2%	59.3%	61.8%

Q17d
We are given feedback about changes made in response to reported errors, near misses and incidents



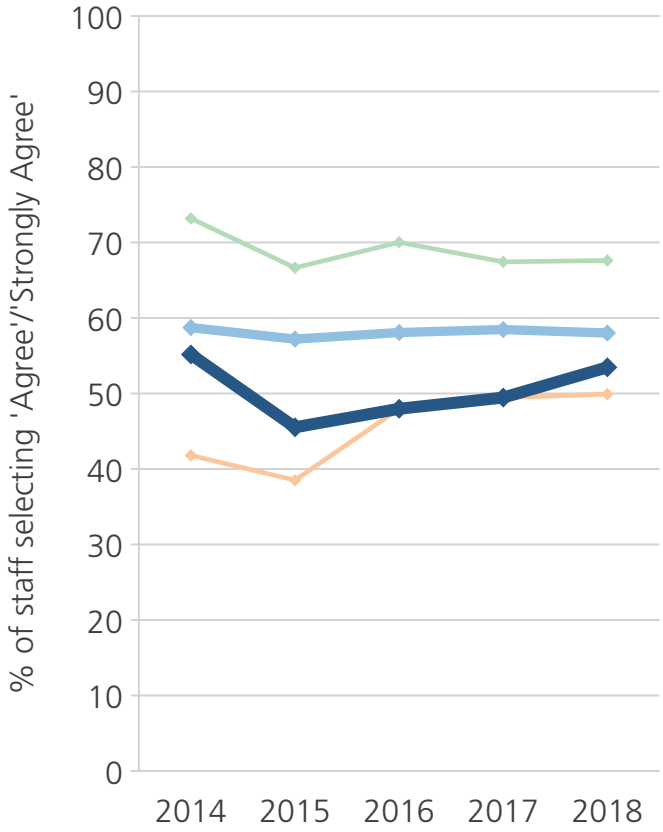
	2015	2016	2017	2018
Best	67.2%	70.9%	72.6%	69.6%
Your org	45.4%	45.4%	50.5%	54.5%
Average	54.7%	57.6%	57.7%	58.9%
Worst	37.3%	45.4%	47.7%	48.9%

Q18b
I would feel secure raising concerns about unsafe clinical practice



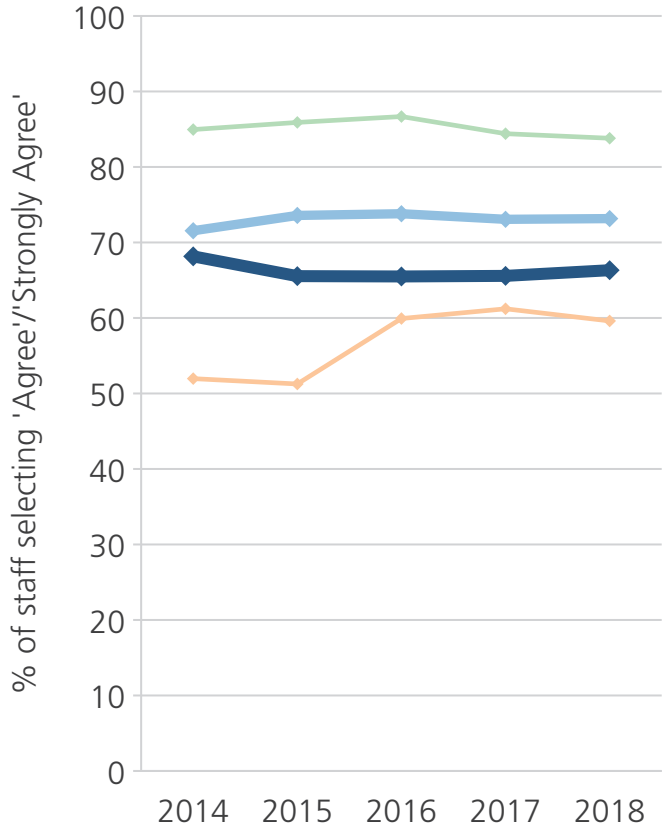
	2014	2015	2016	2017	2018
Best	80.2%	76.7%	79.5%	76.1%	76.4%
Your org	66.2%	59.2%	62.4%	66.5%	68.0%
Average	67.8%	68.7%	70.5%	71.2%	70.3%
Worst	56.3%	55.7%	62.4%	63.9%	65.4%

Q18c
I am confident that my organisation would address my concern



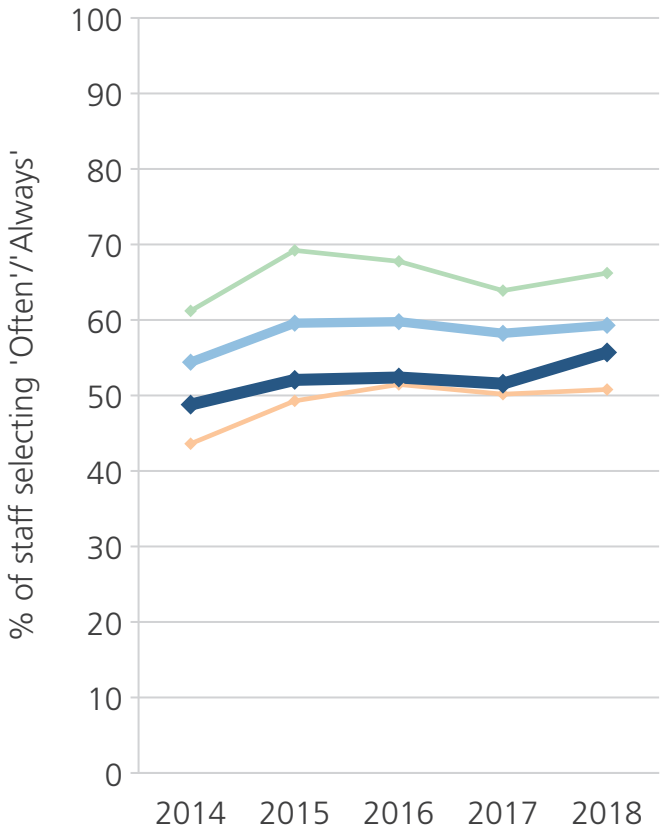
	2014	2015	2016	2017	2018
Best	73.2%	66.6%	70.0%	67.4%	67.6%
Your org	55.2%	45.5%	48.0%	49.5%	53.5%
Average	58.7%	57.2%	58.1%	58.5%	58.0%
Worst	41.8%	38.5%	48.0%	49.5%	49.9%

Q21b
My organisation acts on concerns raised by patients / service users



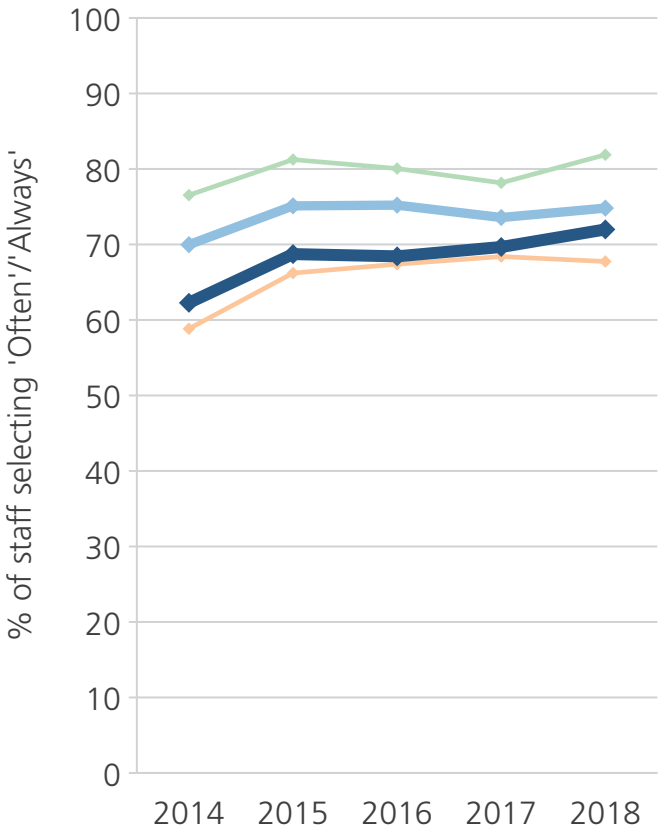
	2014	2015	2016	2017	2018
Best	85.0%	85.9%	86.7%	84.4%	83.8%
Your org	68.2%	65.5%	65.5%	65.6%	66.3%
Average	71.6%	73.6%	73.8%	73.1%	73.2%
Worst	52.0%	51.3%	59.9%	61.2%	59.6%

Q2a
I look forward to going to work



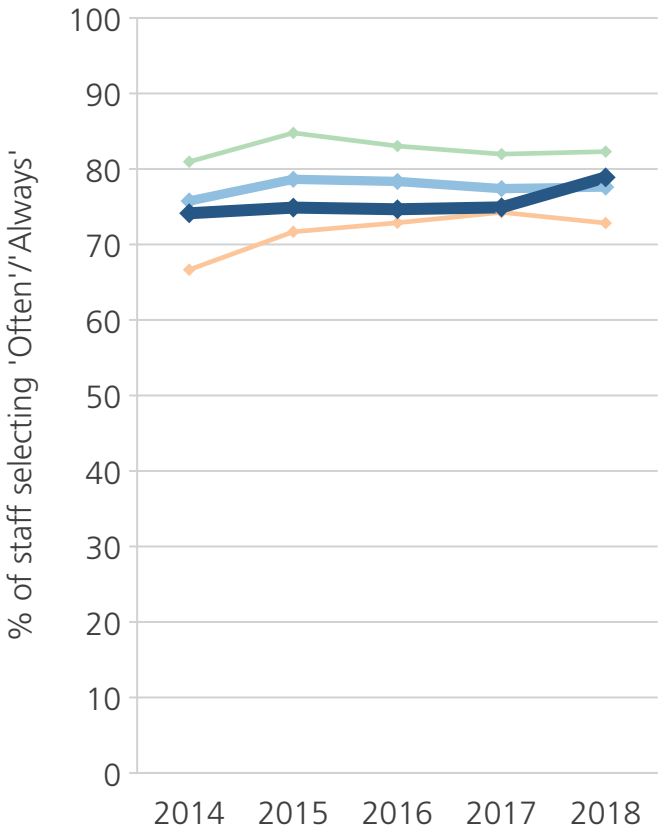
	2014	2015	2016	2017	2018
Best	61.2%	69.2%	67.8%	63.9%	66.2%
Your org	48.8%	52.1%	52.4%	51.6%	55.7%
Average	54.4%	59.6%	59.8%	58.2%	59.3%
Worst	43.6%	49.3%	51.5%	50.2%	50.8%

Q2b
I am enthusiastic about my job



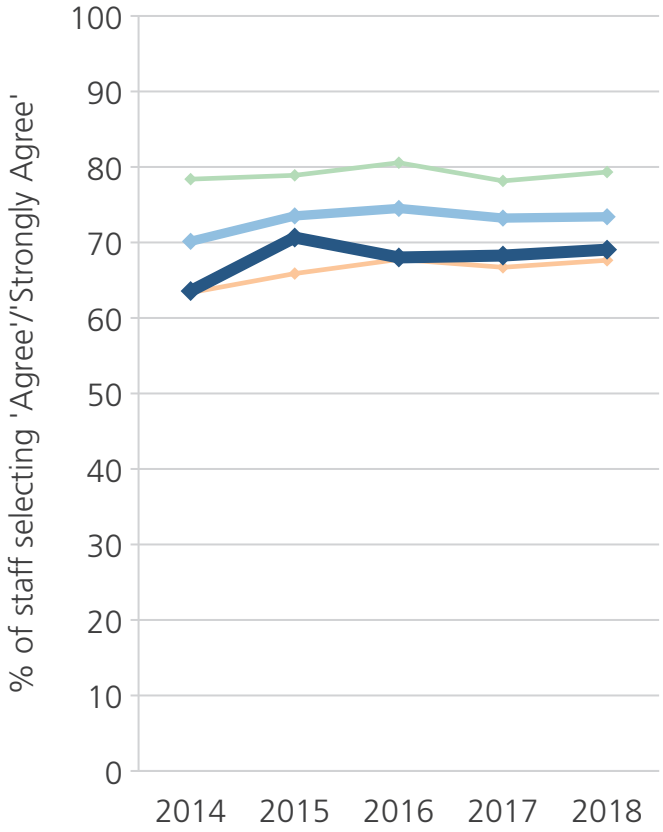
	2014	2015	2016	2017	2018
Best	76.5%	81.2%	80.1%	78.2%	81.9%
Your org	62.3%	68.7%	68.4%	69.7%	72.0%
Average	70.0%	75.1%	75.2%	73.6%	74.8%
Worst	58.8%	66.2%	67.4%	68.4%	67.7%

Q2c
Time passes quickly when I am working



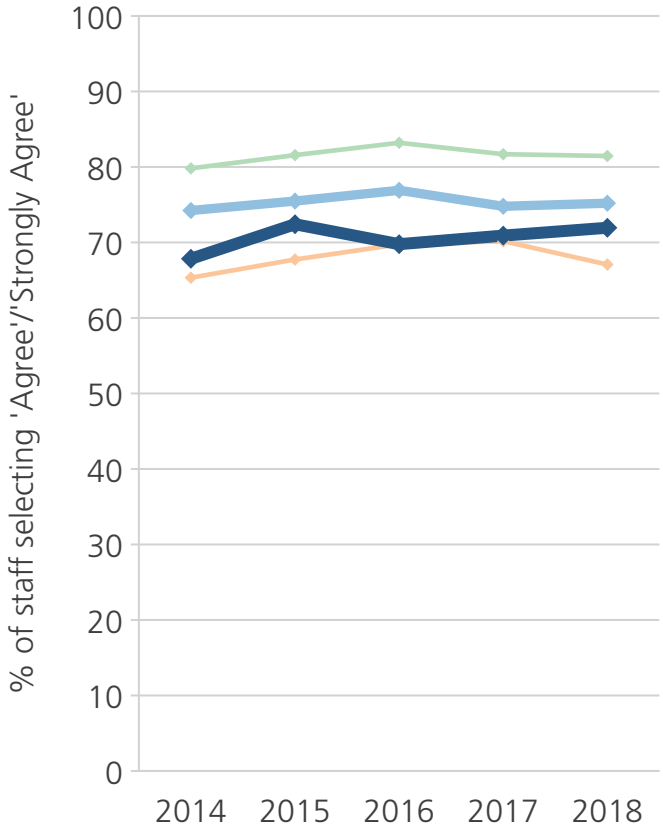
	2014	2015	2016	2017	2018
Best	81.0%	84.8%	83.0%	82.0%	82.3%
Your org	74.1%	74.9%	74.7%	74.9%	78.9%
Average	75.8%	78.6%	78.3%	77.4%	77.6%
Worst	66.7%	71.7%	72.9%	74.3%	72.8%

Q4a
There are frequent opportunities for me to show initiative in my role



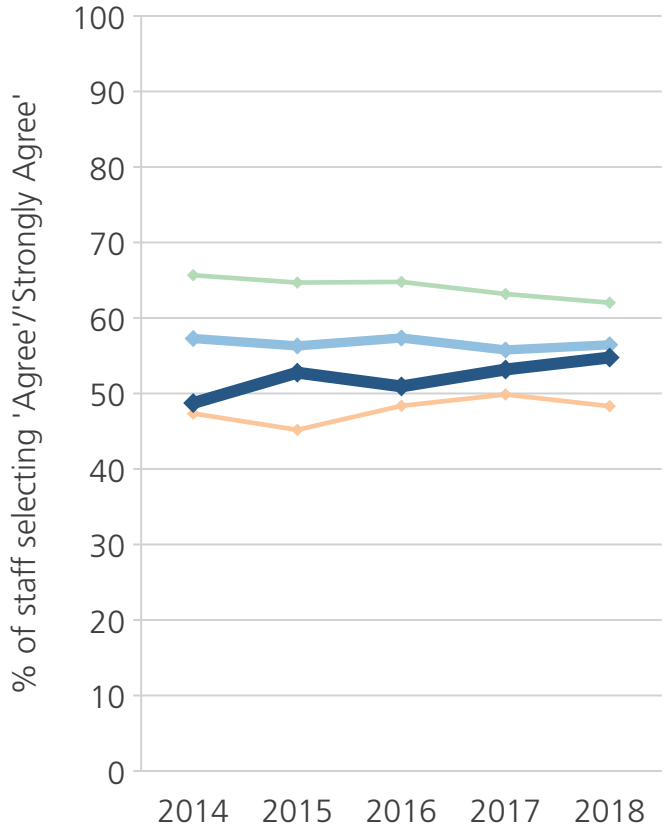
	2014	2015	2016	2017	2018
Best	78.4%	78.9%	80.6%	78.2%	79.3%
Your org	63.6%	70.7%	68.0%	68.3%	69.0%
Average	70.1%	73.5%	74.5%	73.2%	73.4%
Worst	63.4%	65.9%	67.8%	66.7%	67.6%

Q4b
I am able to make suggestions to improve the work of my team / department



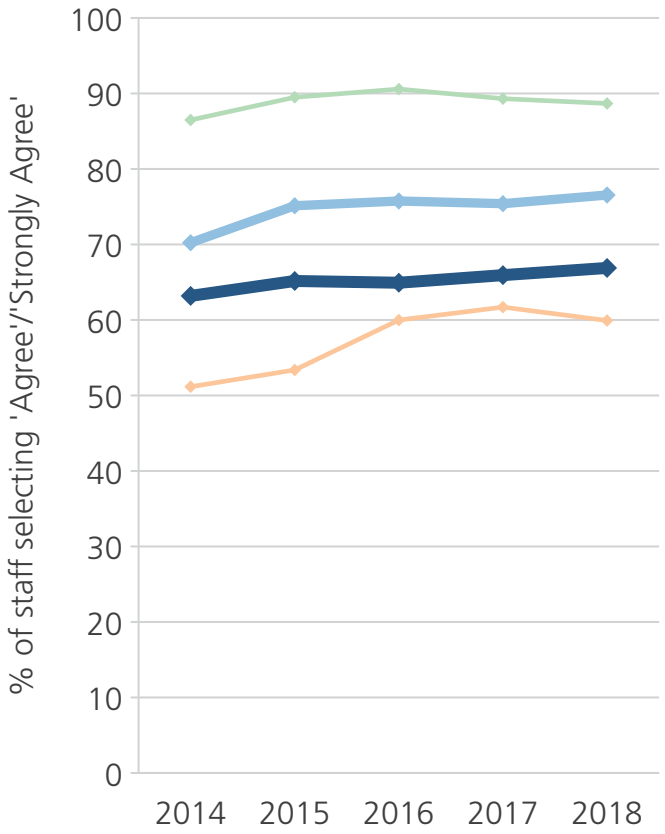
	2014	2015	2016	2017	2018
Best	79.8%	81.6%	83.2%	81.7%	81.5%
Your org	67.8%	72.4%	69.8%	70.9%	71.9%
Average	74.2%	75.5%	76.9%	74.8%	75.2%
Worst	65.3%	67.7%	69.8%	70.2%	67.1%

Q4d
I am able to make improvements happen in my area of work



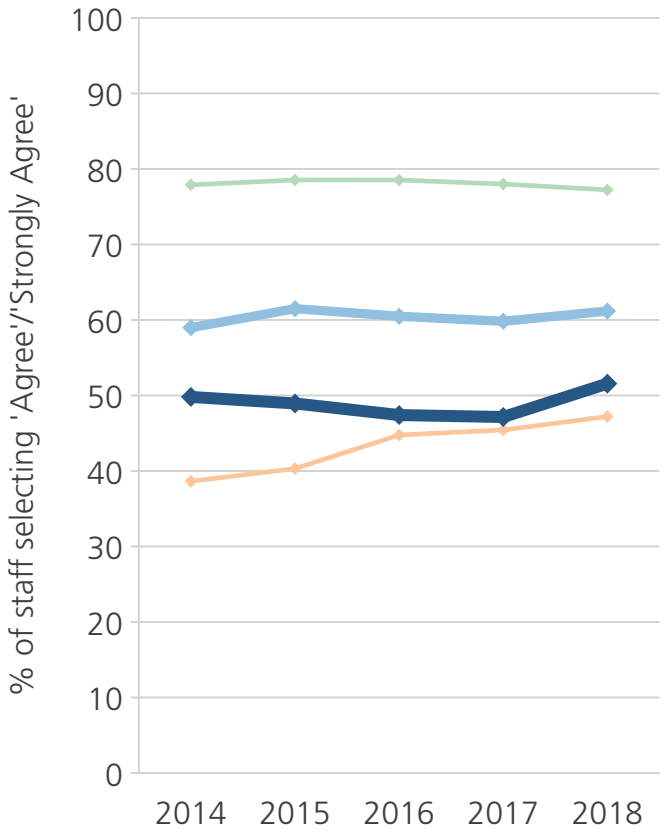
	2014	2015	2016	2017	2018
Best	65.7%	64.7%	64.8%	63.2%	62.0%
Your org	48.7%	52.8%	50.9%	53.2%	54.8%
Average	57.3%	56.3%	57.3%	55.8%	56.4%
Worst	47.3%	45.2%	48.4%	49.9%	48.3%

Q21a
Care of patients / service users is my organisation's top priority



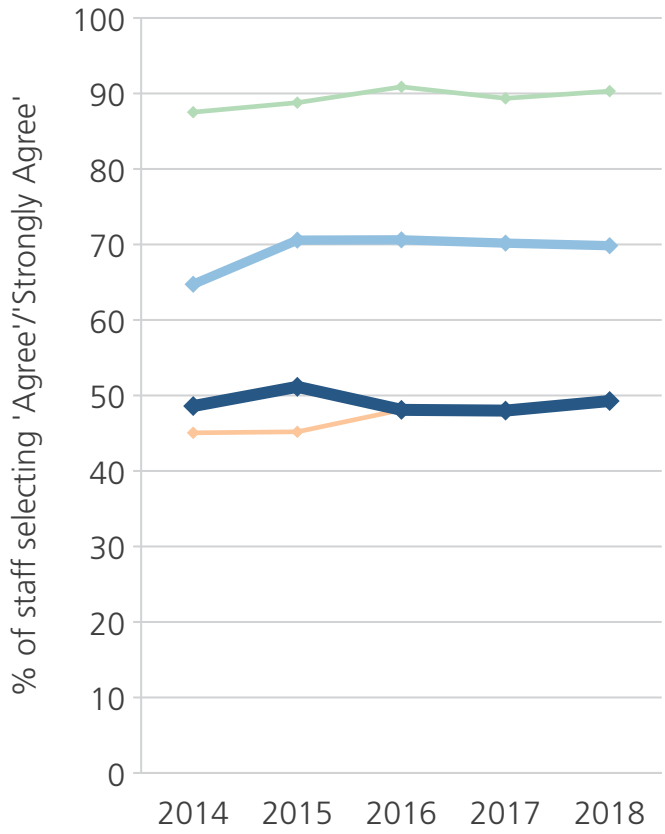
	2014	2015	2016	2017	2018
Best	86.5%	89.5%	90.6%	89.3%	88.7%
Your org	63.2%	65.2%	64.9%	65.9%	66.9%
Average	70.2%	75.1%	75.8%	75.4%	76.5%
Worst	51.2%	53.4%	60.0%	61.7%	59.9%

Q21c
I would recommend my organisation as a place to work



	2014	2015	2016	2017	2018
Best	77.9%	78.5%	78.5%	78.0%	77.2%
Your org	49.8%	48.9%	47.4%	47.1%	51.6%
Average	59.0%	61.5%	60.5%	59.8%	61.2%
Worst	38.6%	40.3%	44.8%	45.4%	47.2%

Q21d
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation



	2014	2015	2016	2017	2018
Best	87.5%	88.8%	90.9%	89.4%	90.3%
Your org	48.6%	51.1%	48.1%	48.0%	49.3%
Average	64.7%	70.6%	70.6%	70.2%	69.8%
Worst	45.1%	45.2%	48.1%	48.0%	49.3%

Survey Coordination Centre

NHS England

Question results

Walsall Healthcare NHS Trust

2018 NHS Staff Survey Results

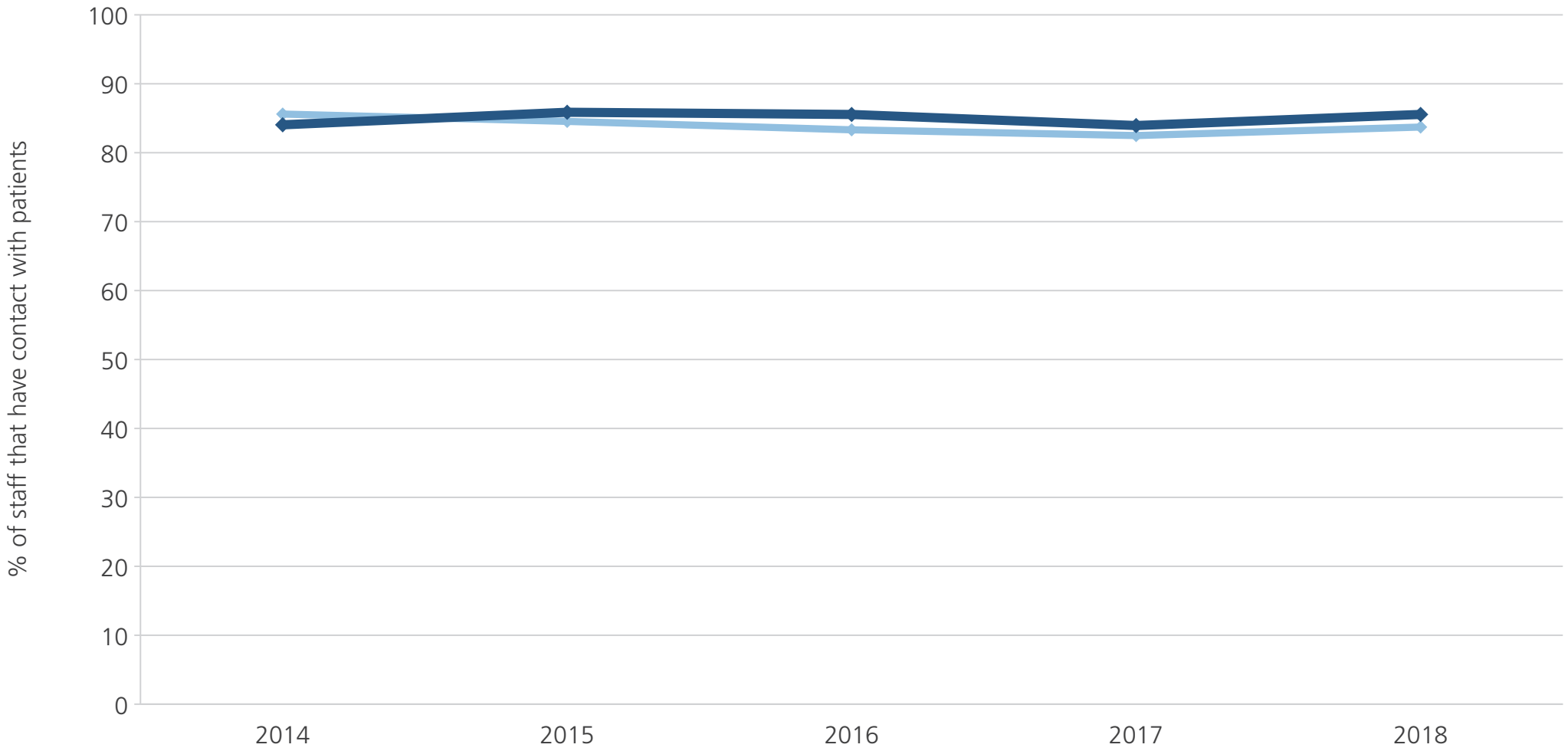
Survey Coordination Centre

NHS England

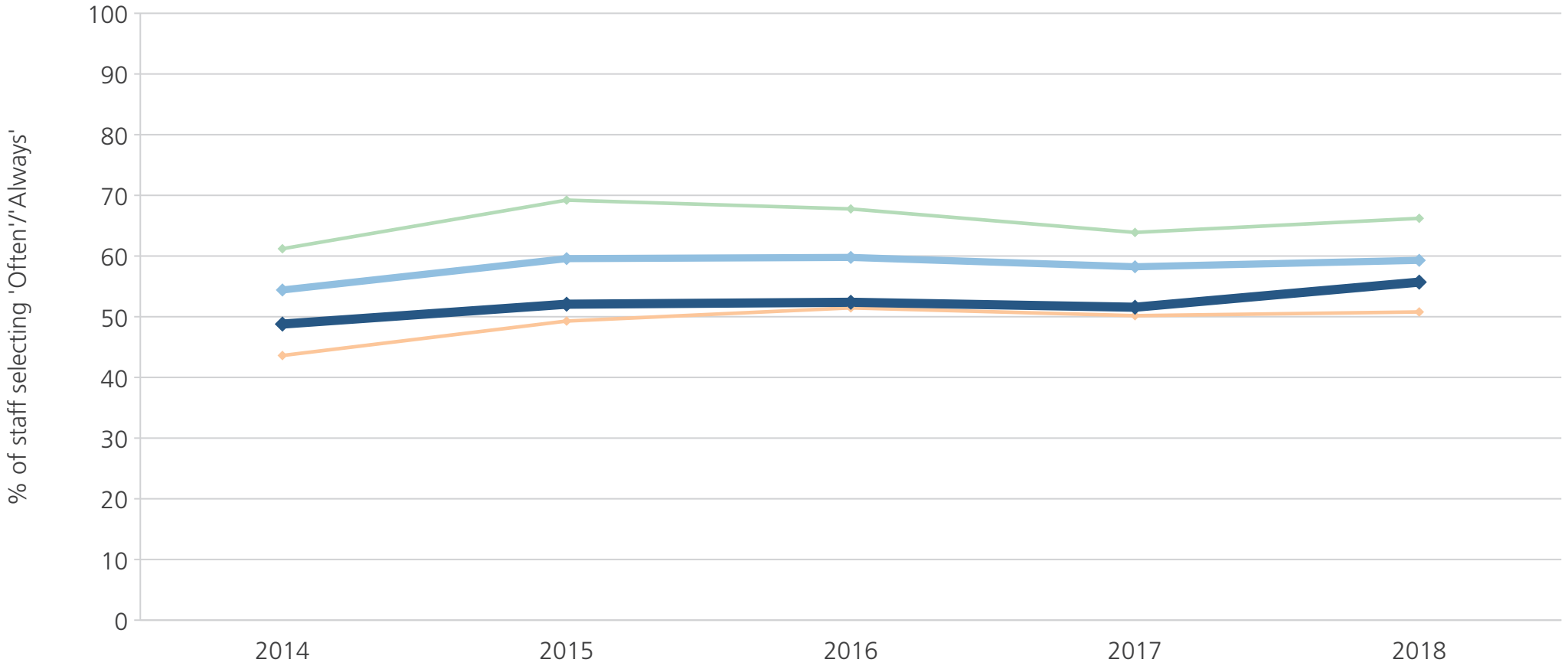
Question results – Your job

Walsall Healthcare NHS Trust

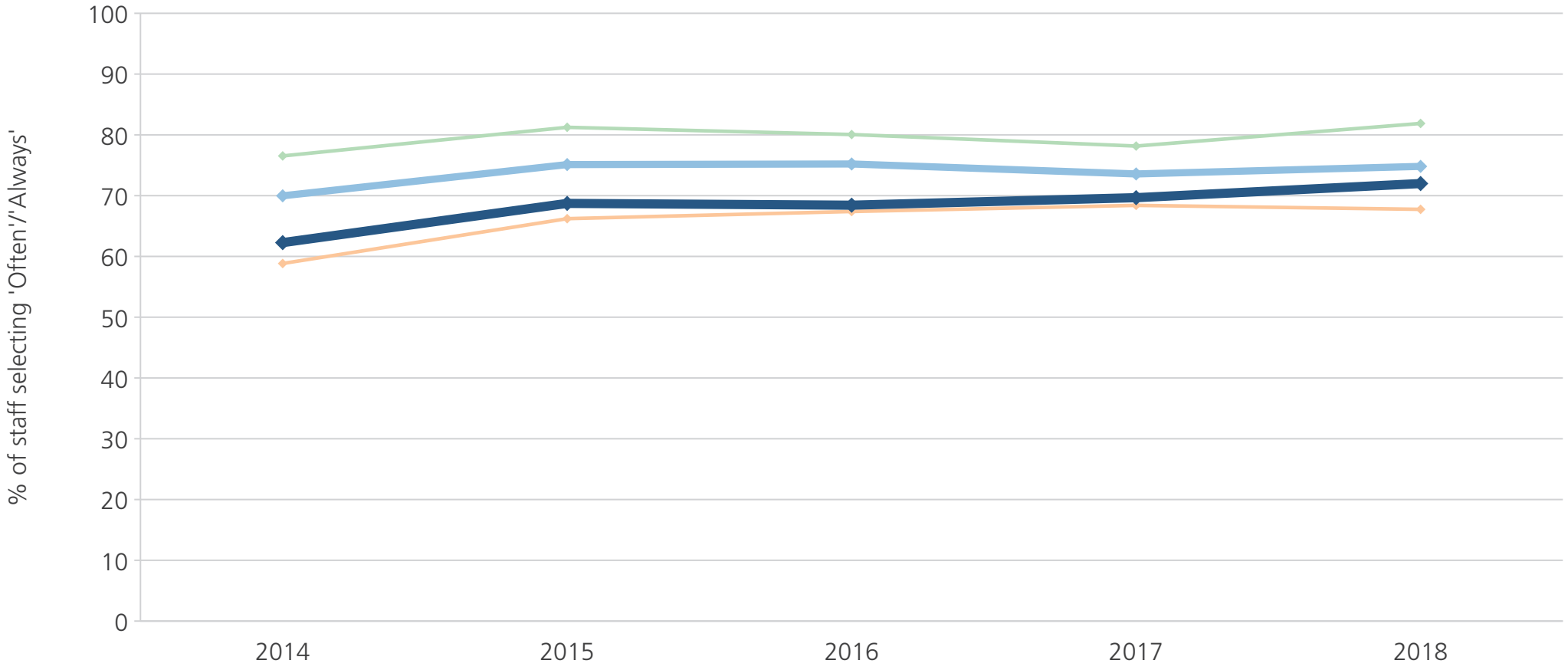
2018 NHS Staff Survey Results



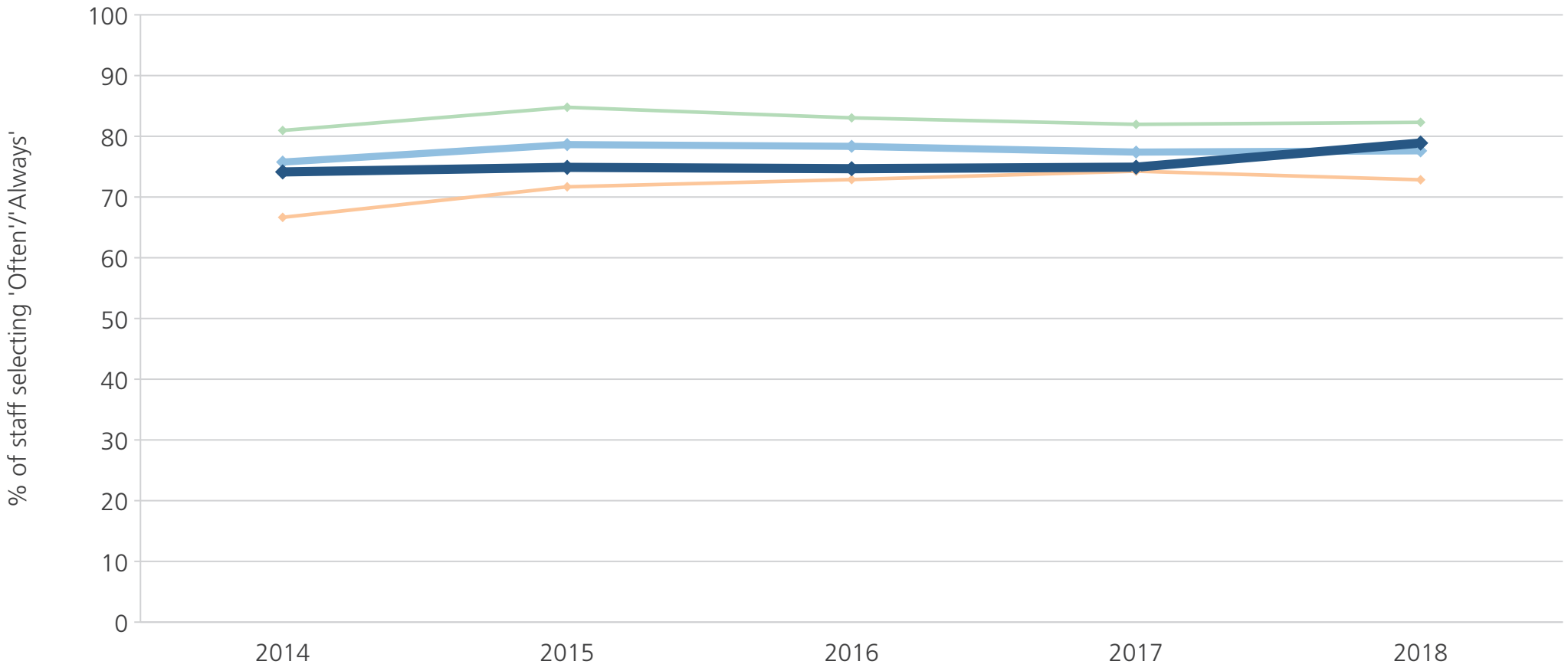
	2014	2015	2016	2017	2018
Your org	84.0%	85.9%	85.5%	83.9%	85.6%
Average	85.6%	84.5%	83.3%	82.5%	83.7%
No. responses	351	1,401	1,695	1,507	1,661



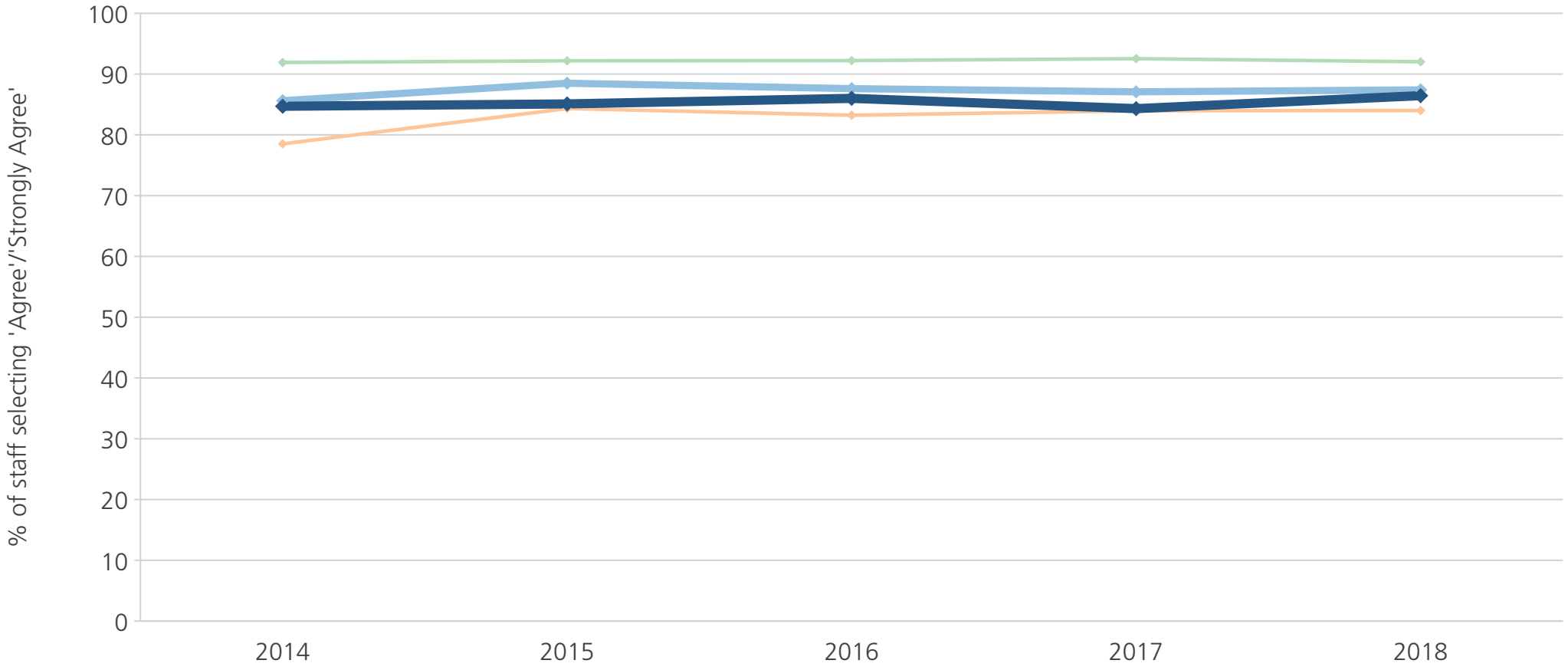
	2014	2015	2016	2017	2018
Best	61.2%	69.2%	67.8%	63.9%	66.2%
Your org	48.8%	52.1%	52.4%	51.6%	55.7%
Average	54.4%	59.6%	59.8%	58.2%	59.3%
Worst	43.6%	49.3%	51.5%	50.2%	50.8%
No. responses	352	1,407	1,713	1,516	1,669



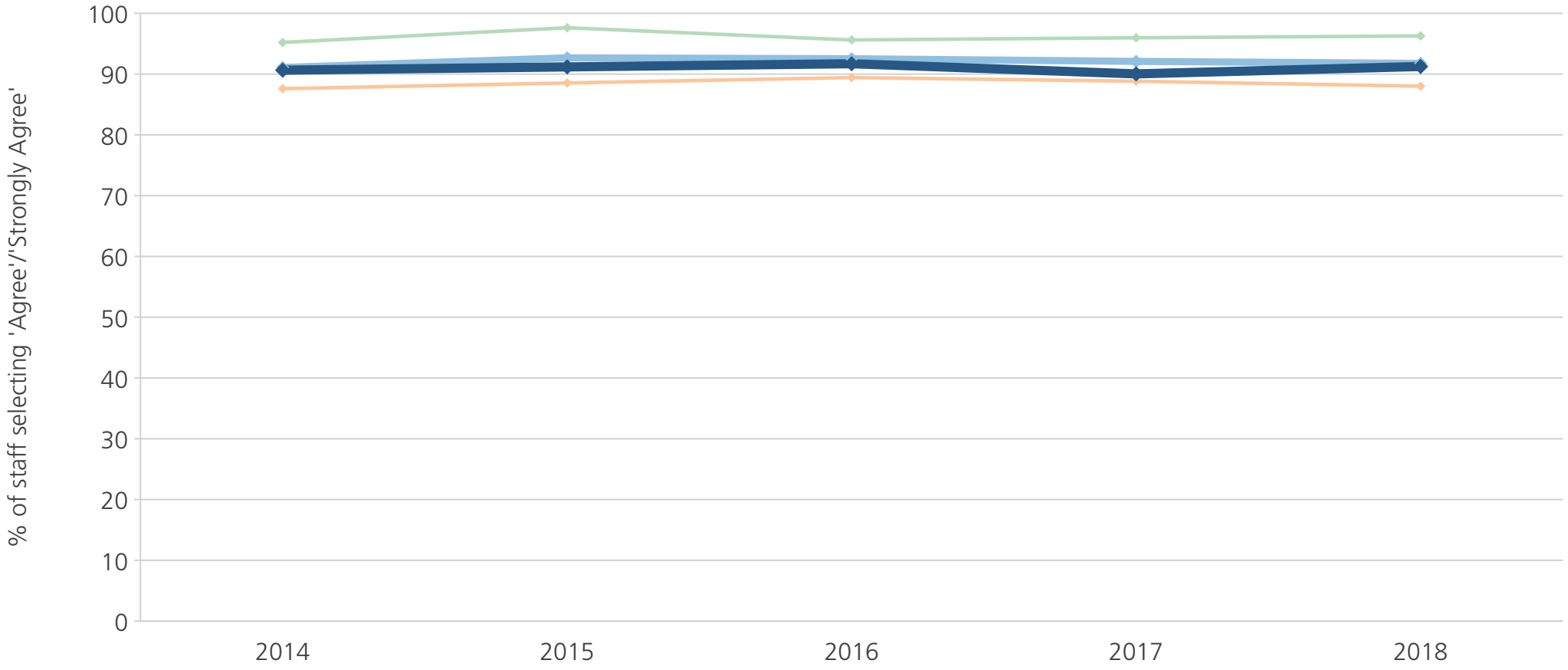
	2014	2015	2016	2017	2018
Best	76.5%	81.2%	80.1%	78.2%	81.9%
Your org	62.3%	68.7%	68.4%	69.7%	72.0%
Average	70.0%	75.1%	75.2%	73.6%	74.8%
Worst	58.8%	66.2%	67.4%	68.4%	67.7%
No. responses	351	1,391	1,691	1,501	1,657



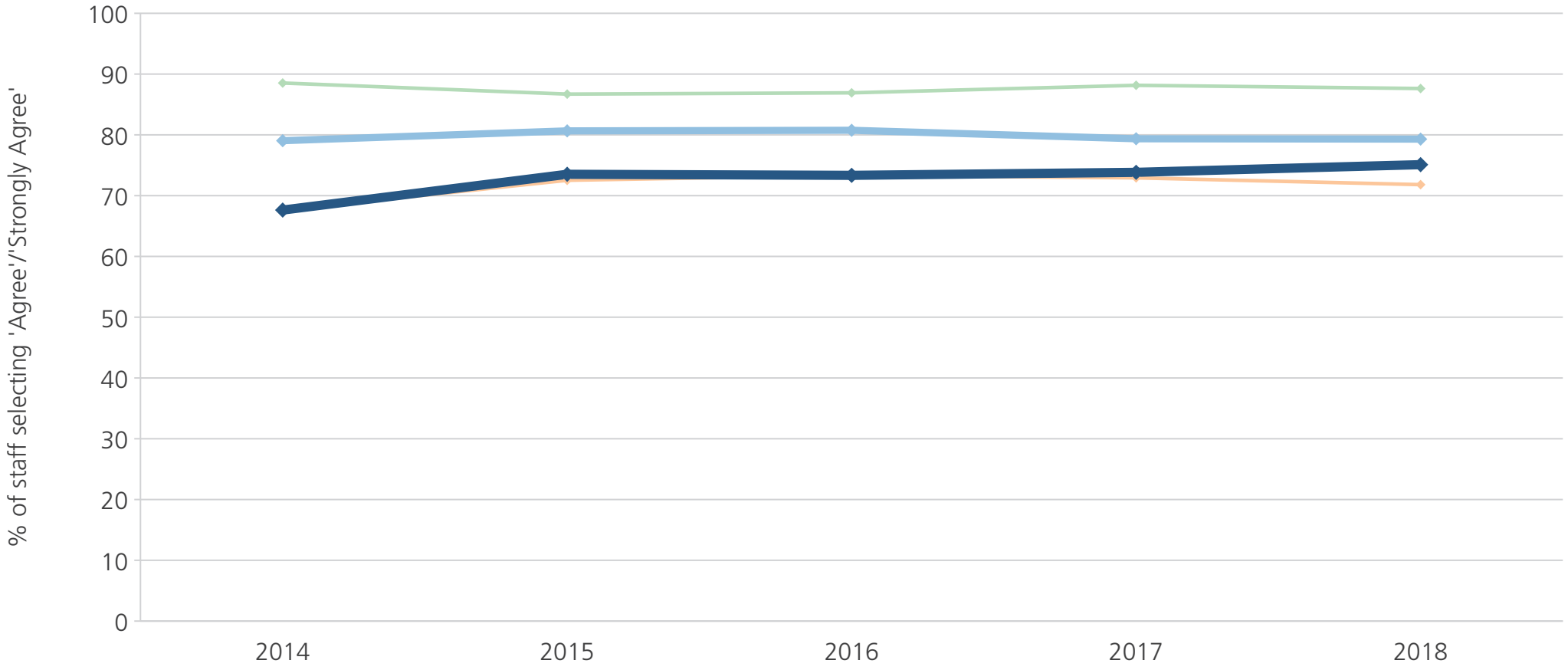
	2014	2015	2016	2017	2018
Best	81.0%	84.8%	83.0%	82.0%	82.3%
Your org	74.1%	74.9%	74.7%	74.9%	78.9%
Average	75.8%	78.6%	78.3%	77.4%	77.6%
Worst	66.7%	71.7%	72.9%	74.3%	72.8%
No. responses	353	1,403	1,699	1,509	1,663



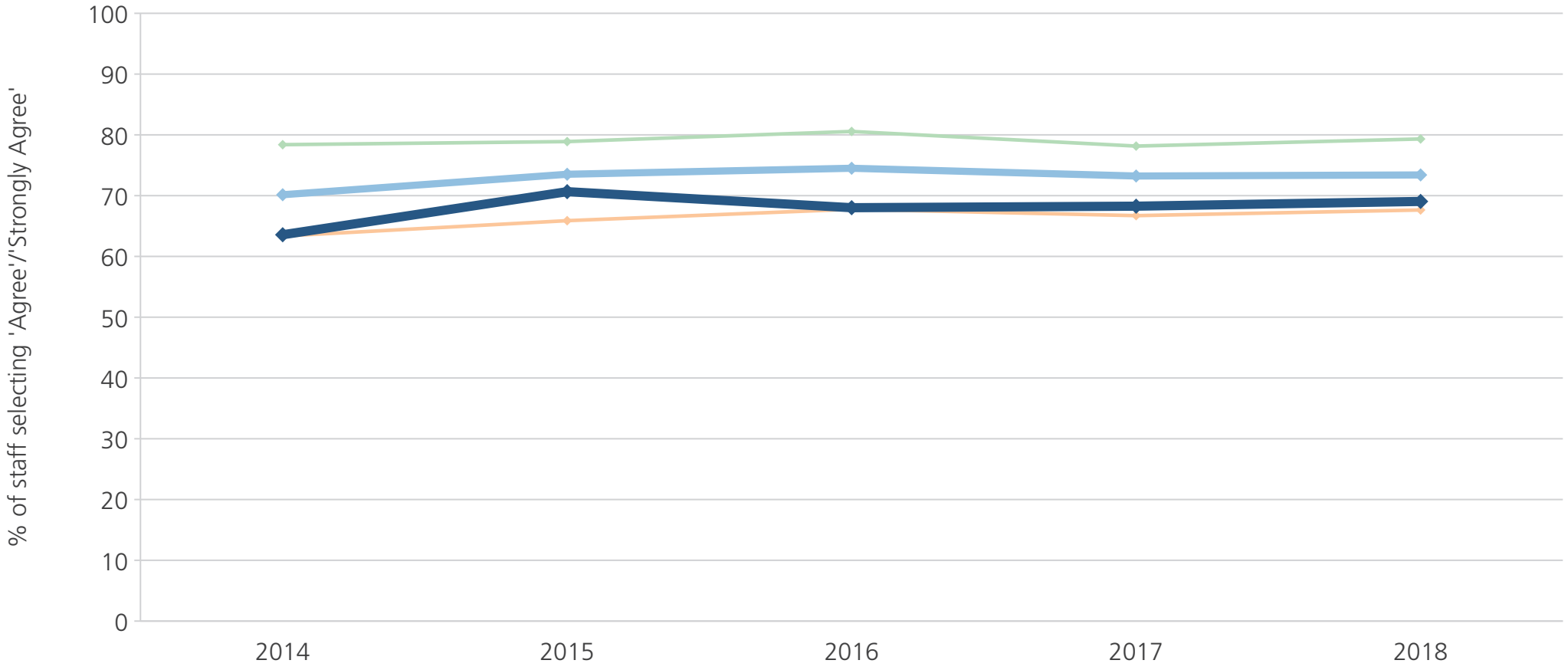
	2014	2015	2016	2017	2018
Best	91.9%	92.2%	92.2%	92.5%	92.0%
Your org	84.7%	85.1%	86.0%	84.3%	86.5%
Average	85.6%	88.5%	87.6%	87.1%	87.4%
Worst	78.5%	84.3%	83.2%	84.0%	84.0%
No. responses	356	1,410	1,706	1,509	1,652



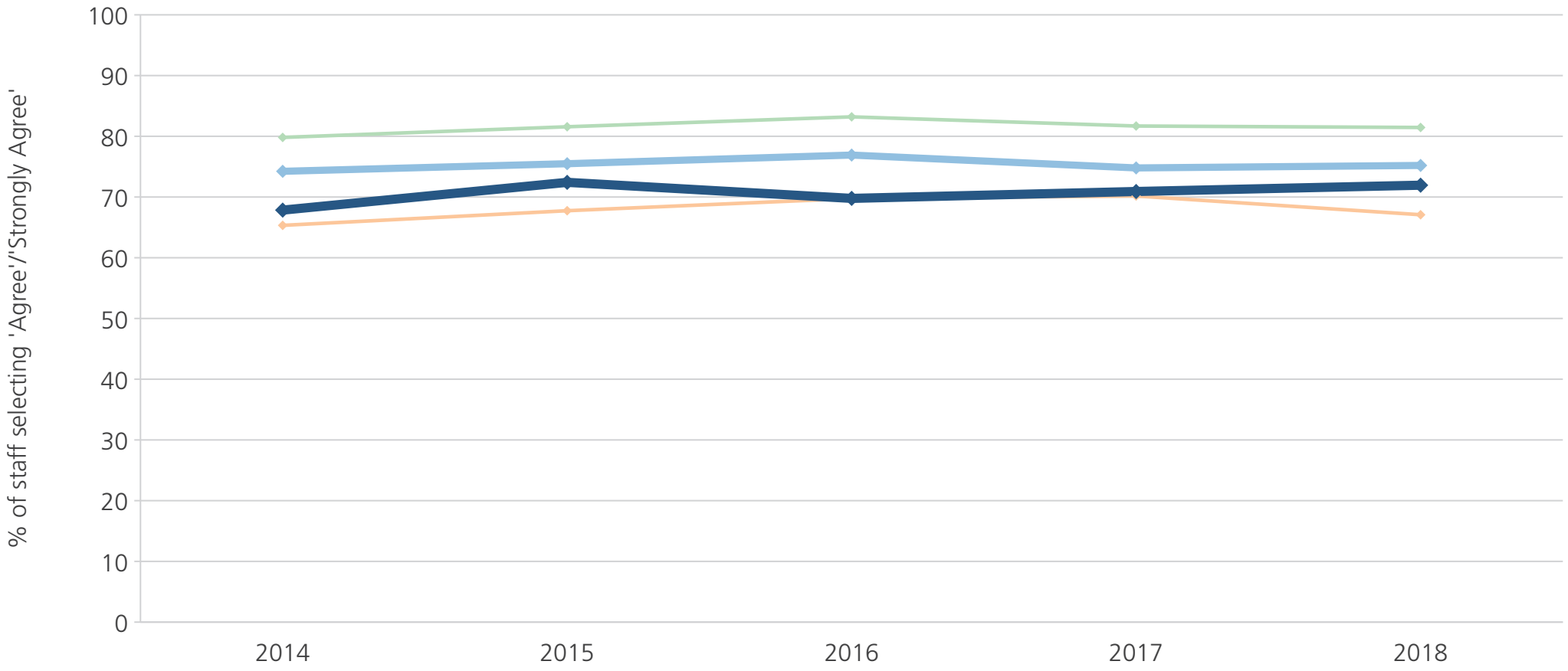
	2014	2015	2016	2017	2018
Best	95.2%	97.6%	95.6%	96.0%	96.3%
Your org	90.6%	91.2%	91.7%	90.0%	91.2%
Average	91.1%	92.7%	92.5%	92.1%	91.8%
Worst	87.6%	88.5%	89.4%	88.8%	88.0%
No. responses	356	1,407	1,694	1,500	1,640



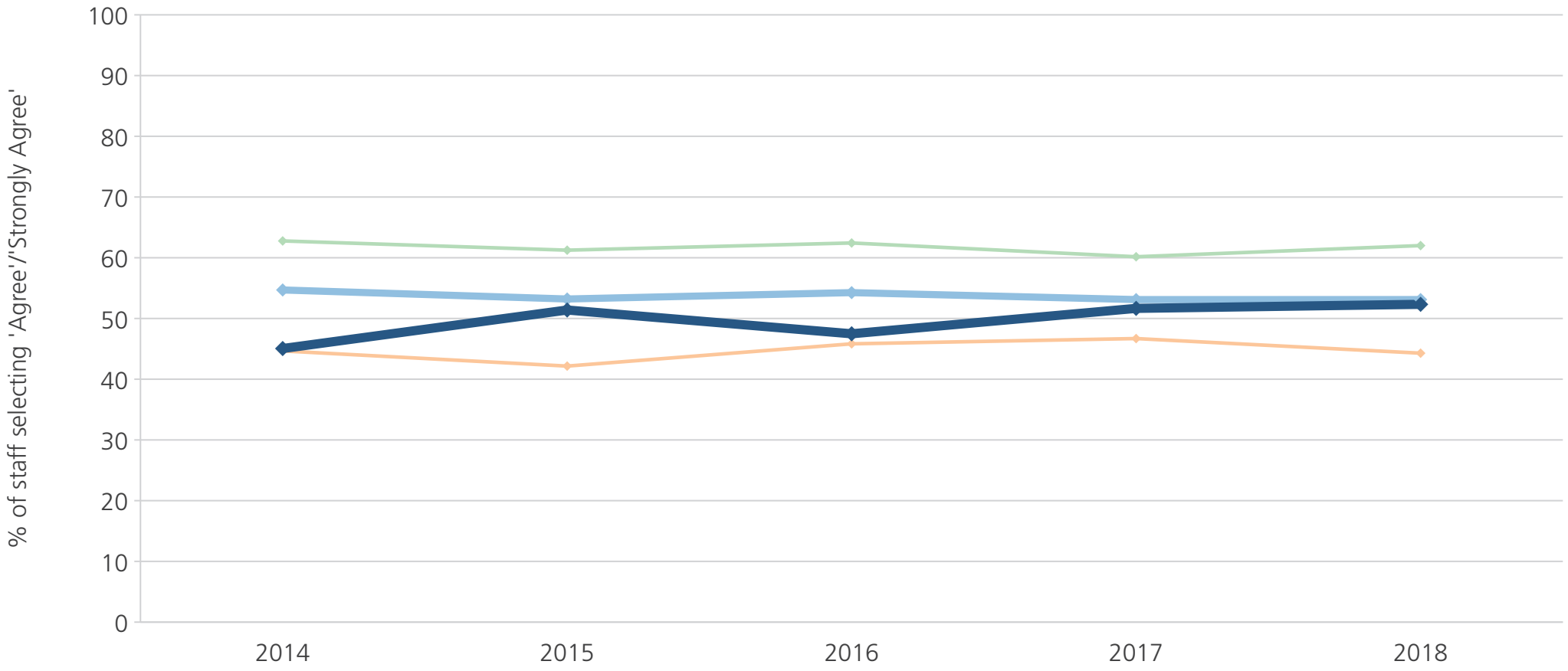
	2014	2015	2016	2017	2018
Best	88.5%	86.7%	86.9%	88.2%	87.6%
Your org	67.6%	73.5%	73.3%	73.8%	75.1%
Average	79.0%	80.7%	80.8%	79.4%	79.3%
Worst	67.6%	72.5%	73.3%	72.9%	71.8%
No. responses	355	1,404	1,692	1,500	1,644



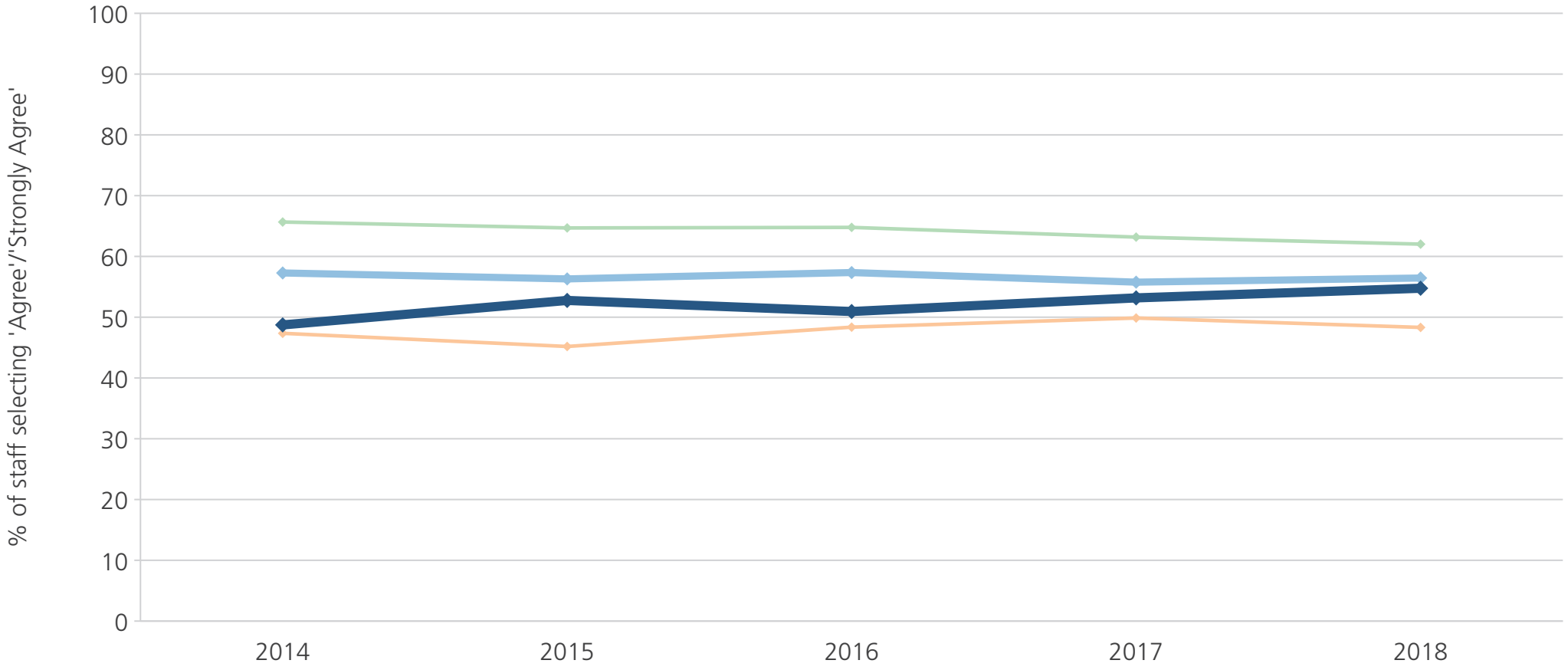
	2014	2015	2016	2017	2018
Best	78.4%	78.9%	80.6%	78.2%	79.3%
Your org	63.6%	70.7%	68.0%	68.3%	69.0%
Average	70.1%	73.5%	74.5%	73.2%	73.4%
Worst	63.4%	65.9%	67.8%	66.7%	67.6%
No. responses	355	1,411	1,722	1,519	1,682



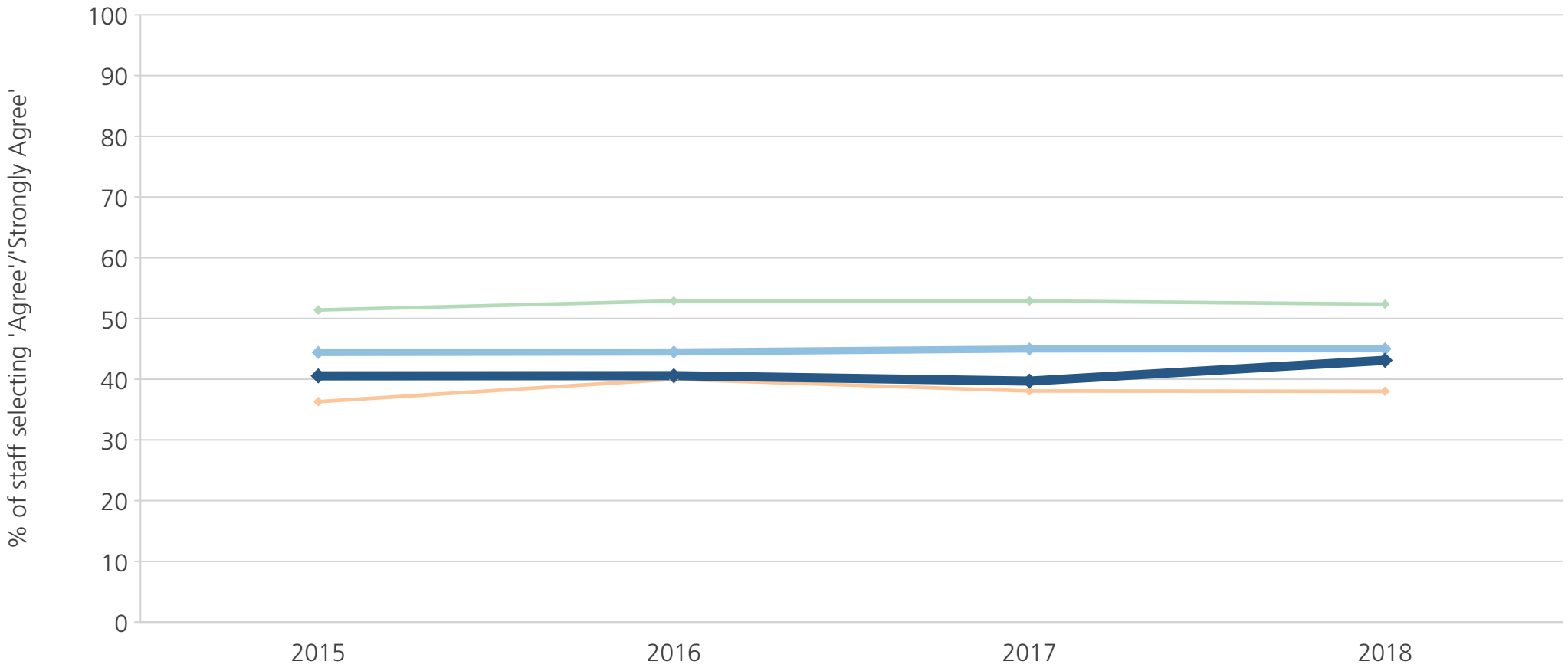
	2014	2015	2016	2017	2018
Best	79.8%	81.6%	83.2%	81.7%	81.5%
Your org	67.8%	72.4%	69.8%	70.9%	71.9%
Average	74.2%	75.5%	76.9%	74.8%	75.2%
Worst	65.3%	67.7%	69.8%	70.2%	67.1%
No. responses	355	1,409	1,720	1,519	1,679



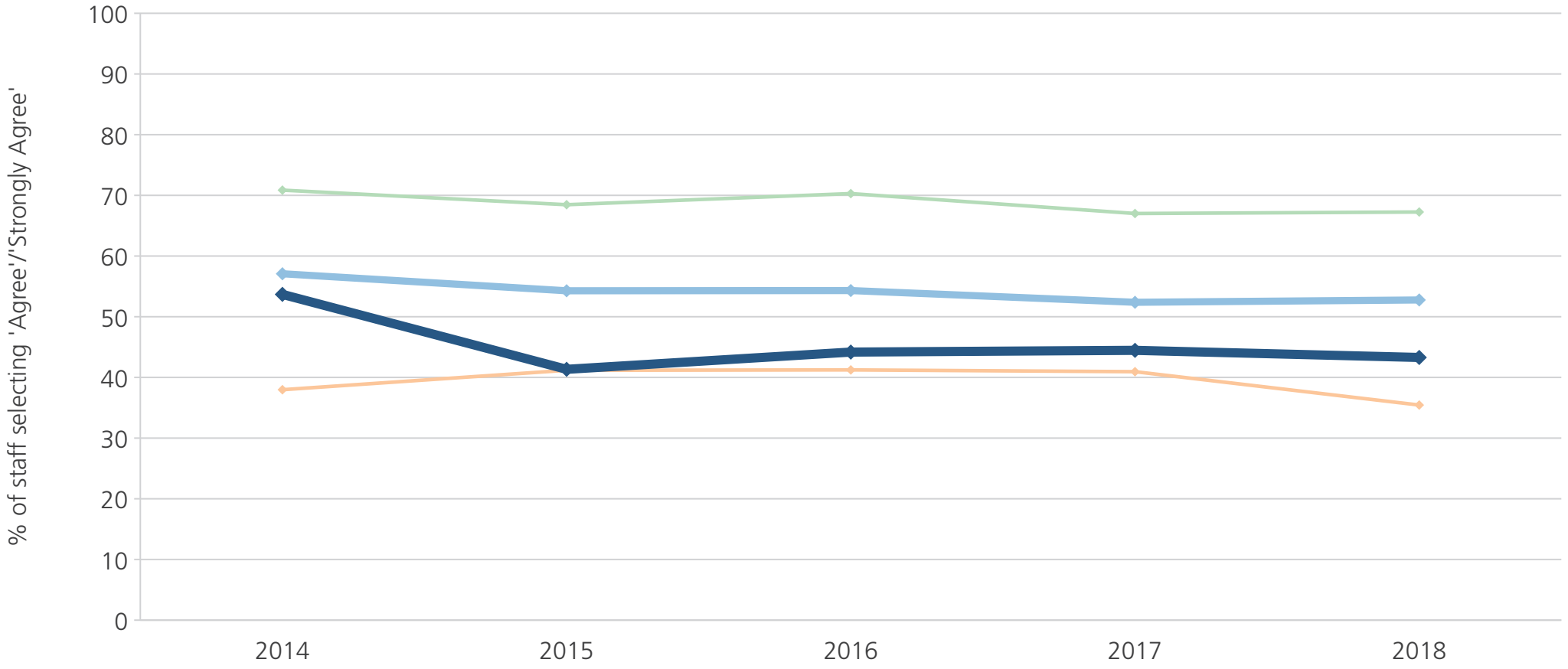
	2014	2015	2016	2017	2018
Best	62.8%	61.2%	62.4%	60.2%	62.0%
Your org	45.1%	51.4%	47.5%	51.7%	52.3%
Average	54.7%	53.2%	54.3%	53.1%	53.1%
Worst	44.7%	42.2%	45.8%	46.7%	44.3%
No. responses	351	1,402	1,720	1,516	1,679



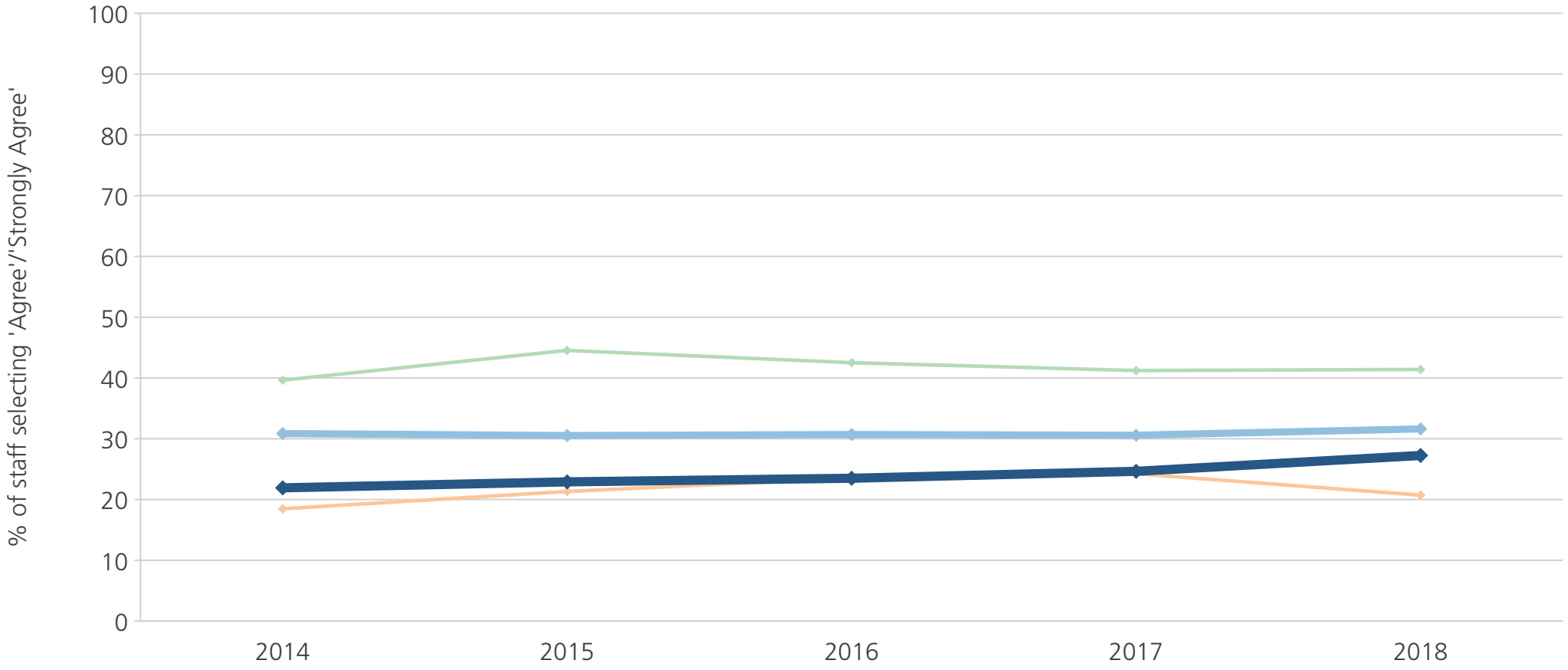
	2014	2015	2016	2017	2018
Best	65.7%	64.7%	64.8%	63.2%	62.0%
Your org	48.7%	52.8%	50.9%	53.2%	54.8%
Average	57.3%	56.3%	57.3%	55.8%	56.4%
Worst	47.3%	45.2%	48.4%	49.9%	48.3%
No. responses	353	1,400	1,714	1,510	1,673



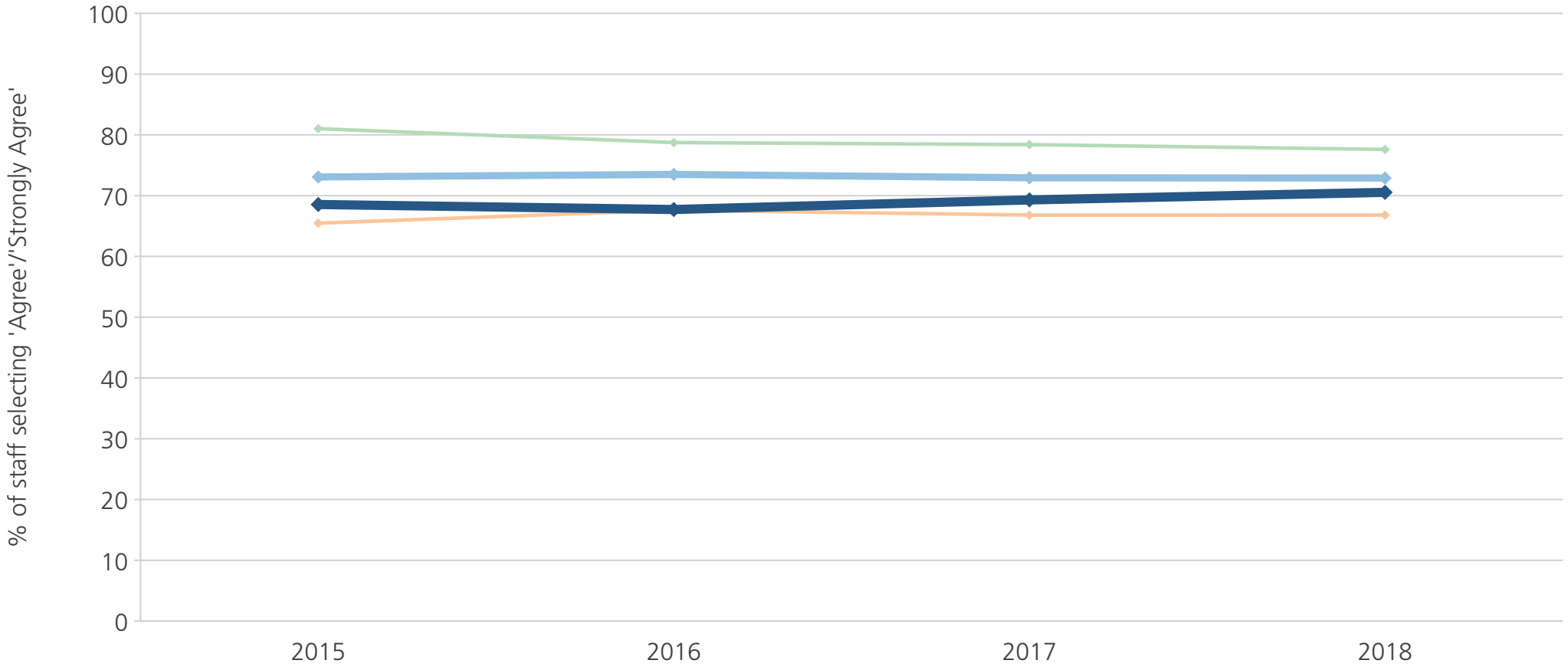
	2015	2016	2017	2018
Best	51.4%	52.9%	52.9%	52.4%
Your org	40.6%	40.6%	39.7%	43.1%
Average	44.4%	44.5%	45.0%	45.0%
Worst	36.3%	40.0%	38.1%	38.0%
No. responses	1,405	1,716	1,511	1,674



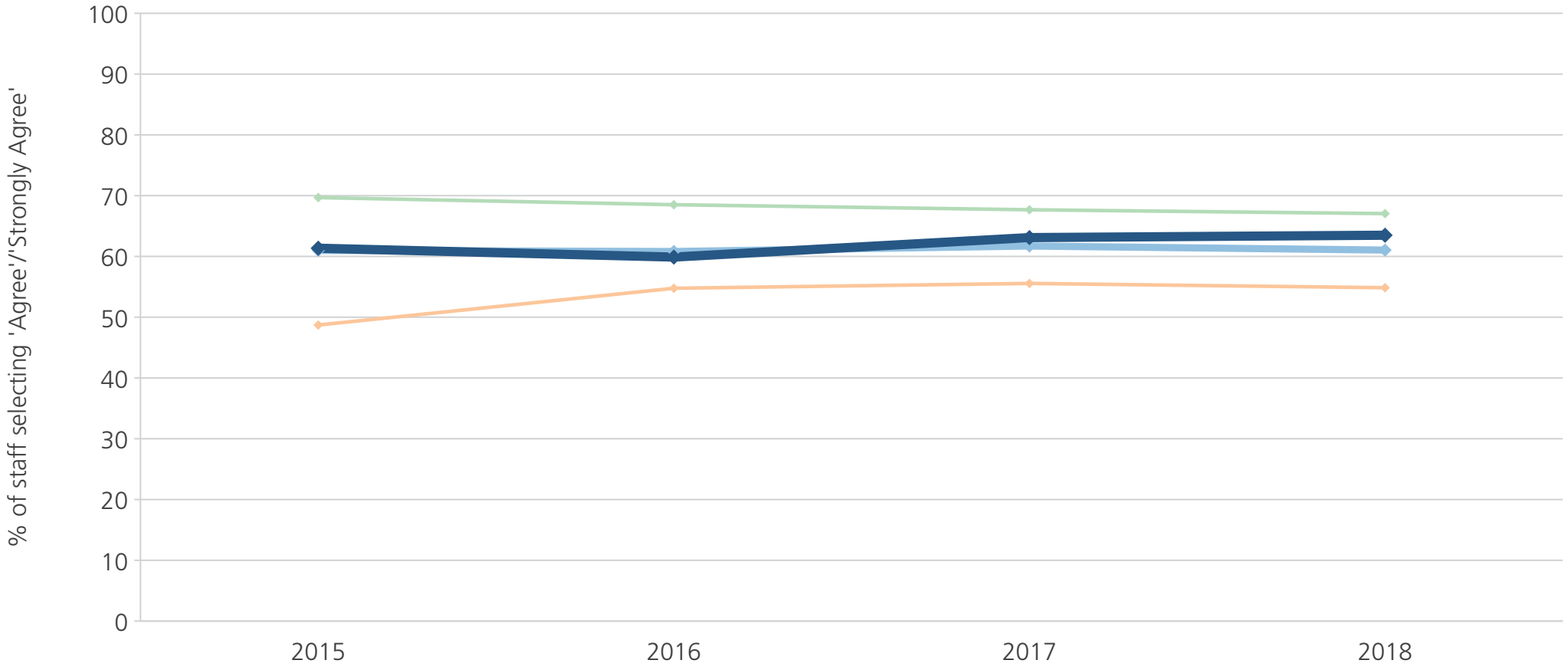
	2014	2015	2016	2017	2018
Best	70.9%	68.5%	70.3%	67.0%	67.3%
Your org	53.7%	41.3%	44.2%	44.5%	43.3%
Average	57.1%	54.3%	54.3%	52.4%	52.8%
Worst	38.0%	41.2%	41.2%	40.9%	35.4%
No. responses	351	1,407	1,711	1,507	1,673



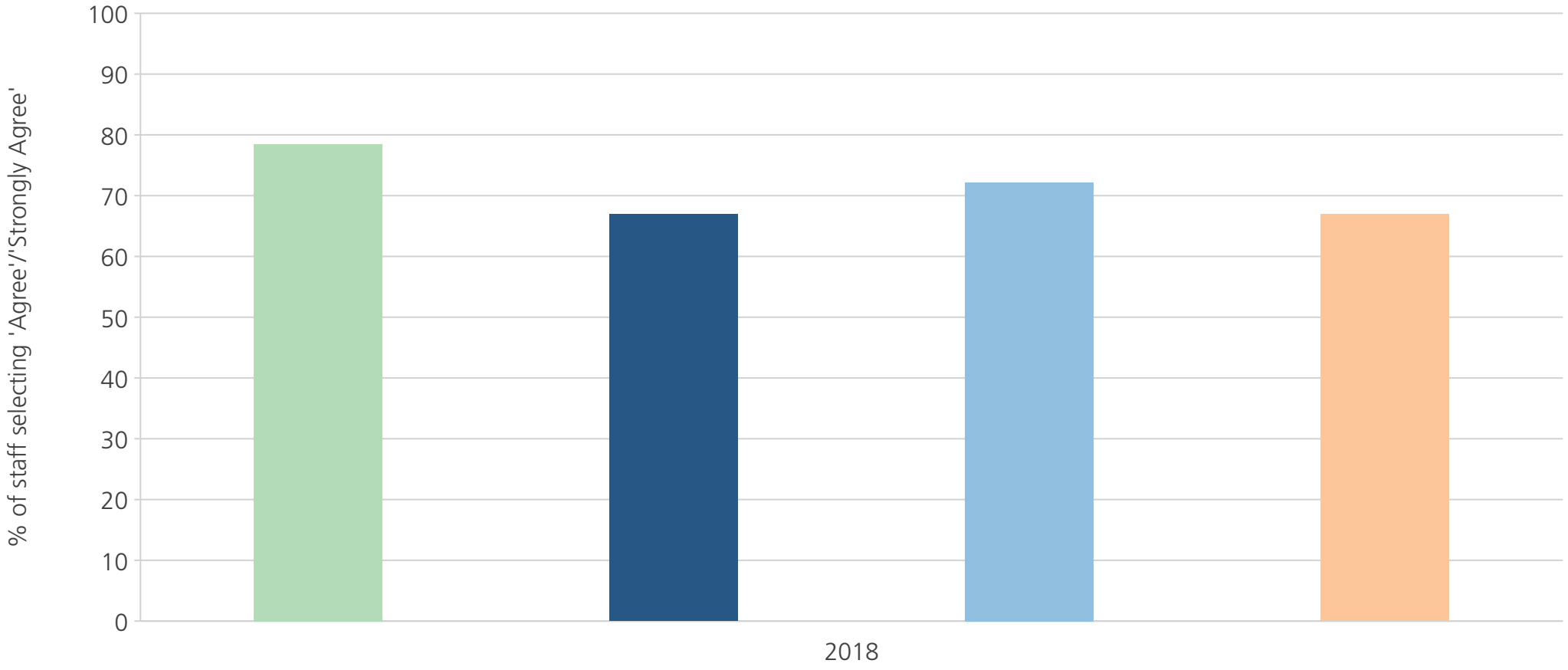
	2014	2015	2016	2017	2018
Best	39.6%	44.5%	42.5%	41.2%	41.4%
Your org	21.9%	22.9%	23.5%	24.6%	27.2%
Average	30.9%	30.5%	30.7%	30.6%	31.6%
Worst	18.5%	21.3%	23.5%	24.2%	20.7%
No. responses	353	1,399	1,712	1,508	1,667



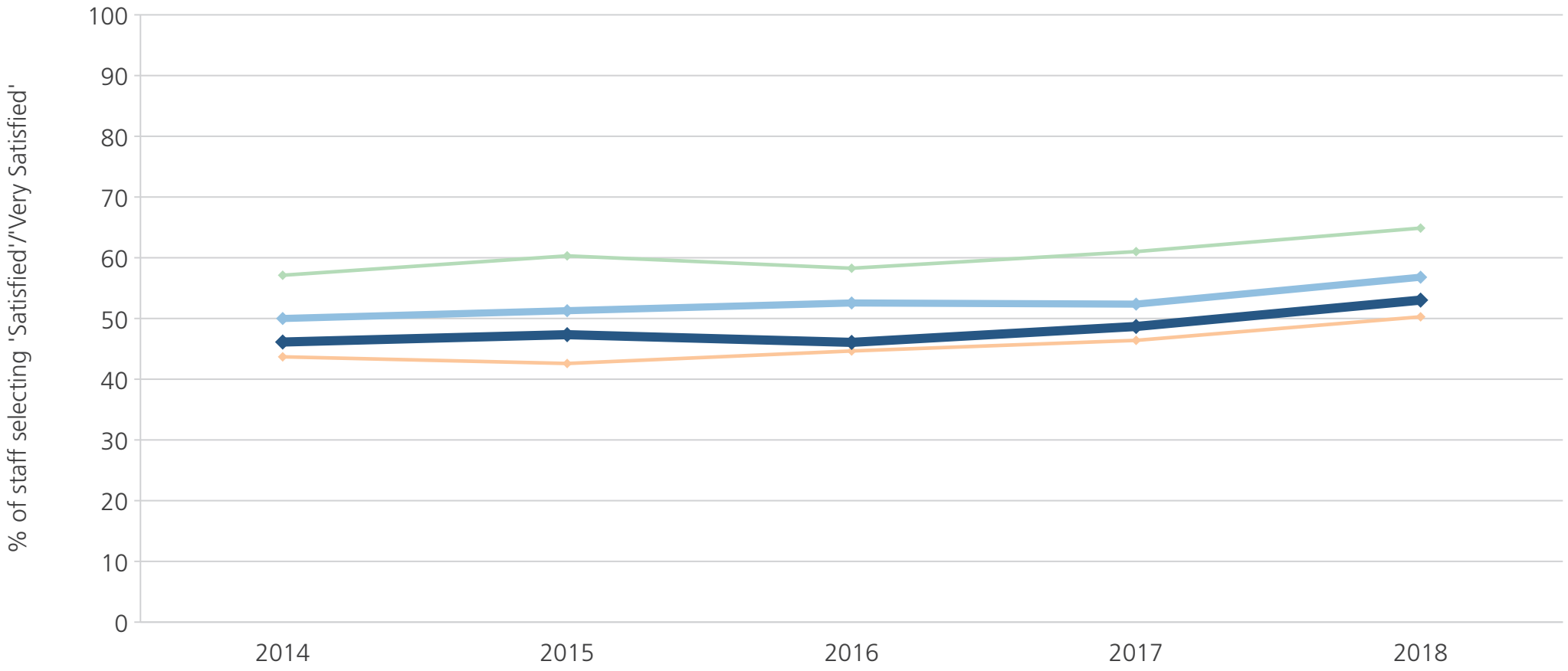
	2015	2016	2017	2018
Best	81.0%	78.7%	78.4%	77.6%
Your org	68.5%	67.7%	69.3%	70.5%
Average	73.1%	73.5%	72.9%	72.9%
Worst	65.5%	67.6%	66.8%	66.8%
No. responses	1,396	1,710	1,502	1,658



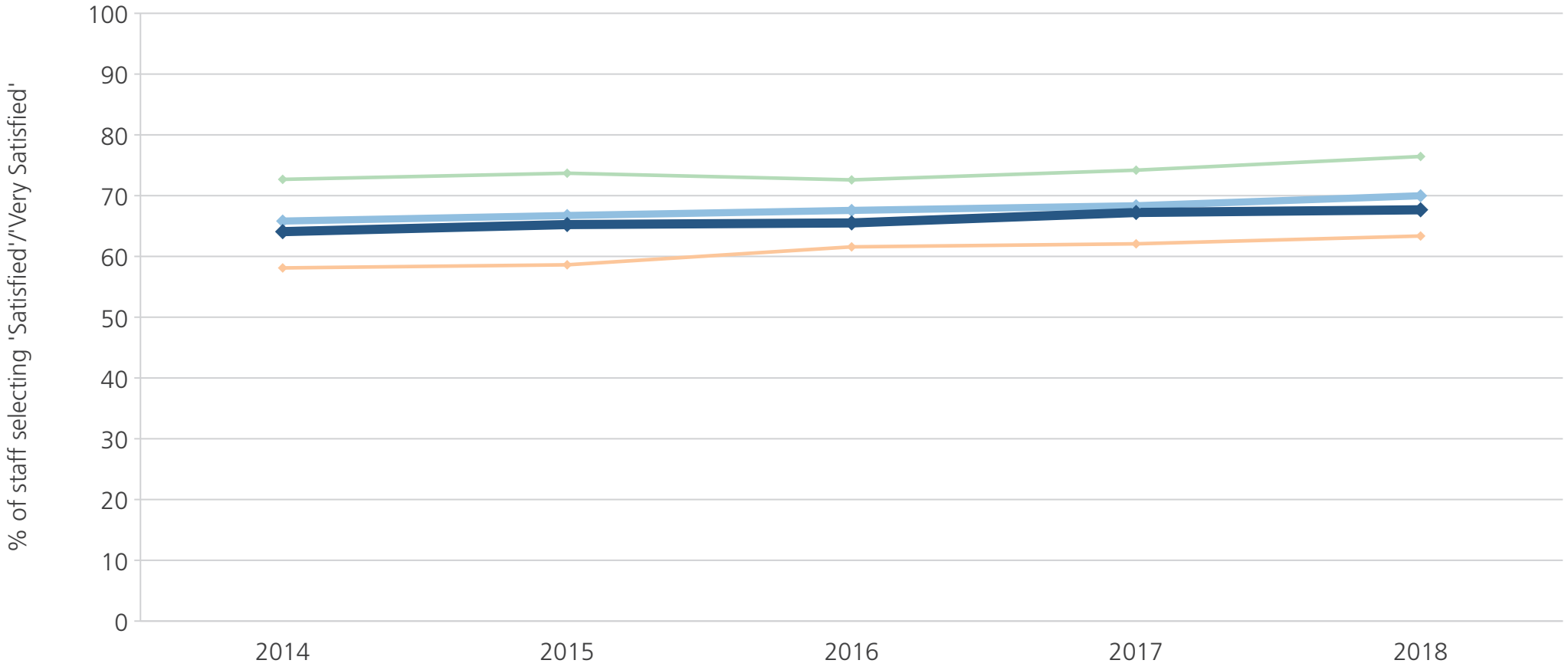
	2015	2016	2017	2018
Best	69.7%	68.5%	67.7%	67.0%
Your org	61.4%	59.9%	63.1%	63.5%
Average	61.0%	60.8%	61.7%	61.0%
Worst	48.7%	54.8%	55.6%	54.8%
No. responses	1,407	1,712	1,508	1,671



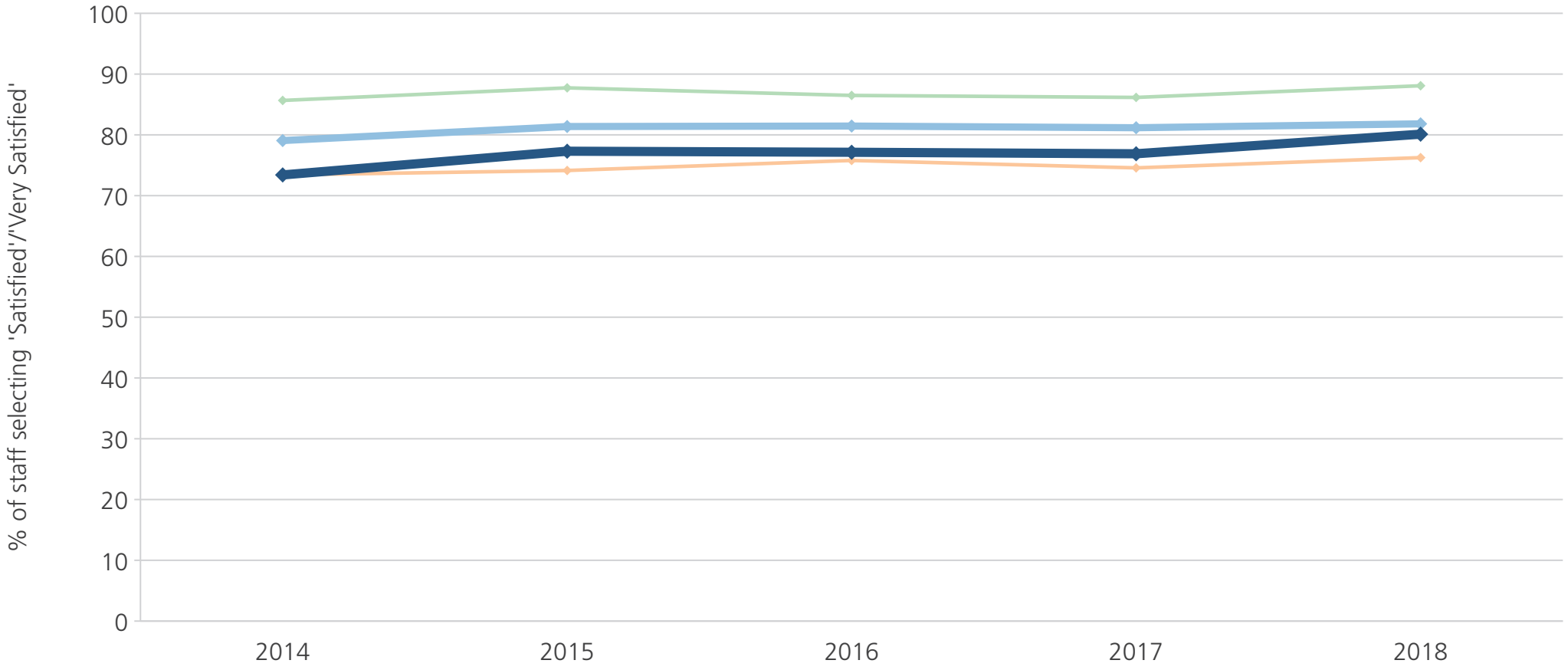
Best	78.5%
Your org	67.0%
Average	72.2%
Worst	67.0%
No. responses	1,674



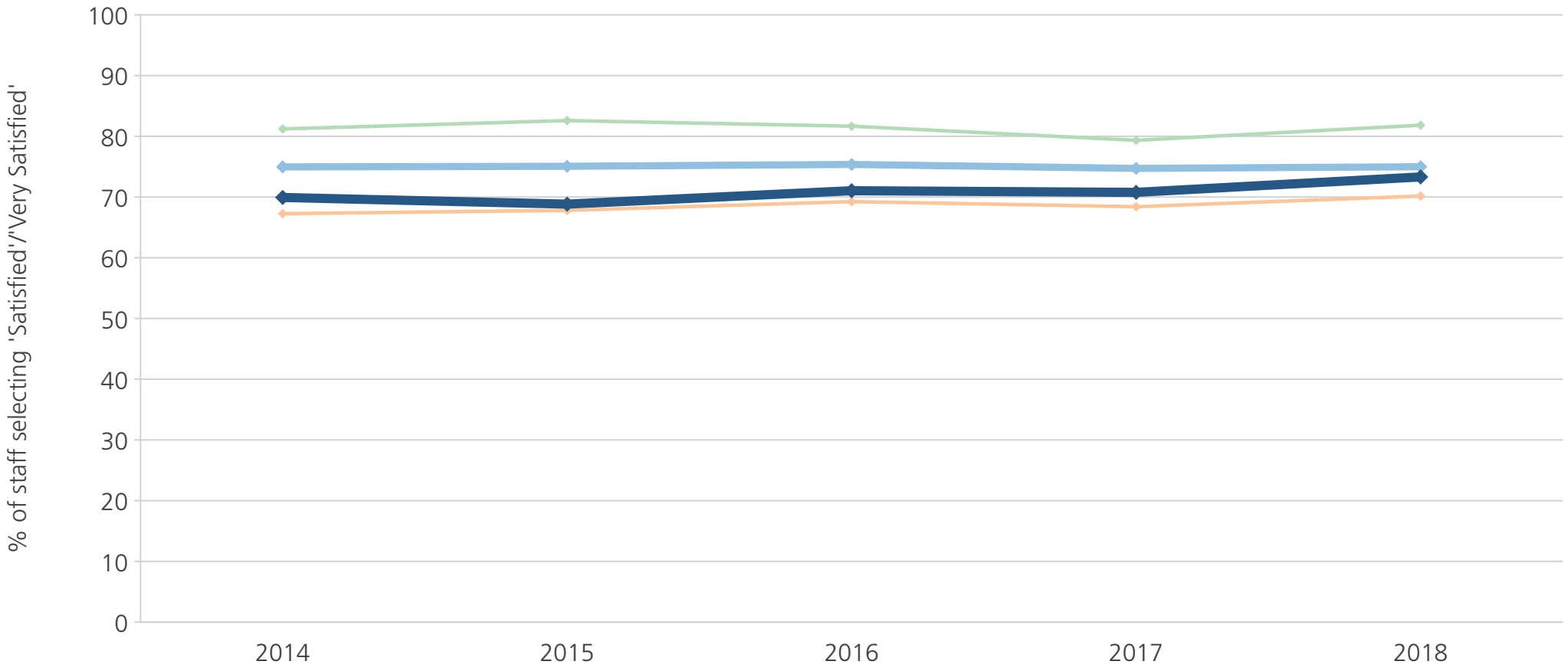
	2014	2015	2016	2017	2018
Best	57.1%	60.3%	58.3%	61.0%	64.9%
Your org	46.1%	47.3%	46.1%	48.7%	53.0%
Average	50.0%	51.3%	52.6%	52.4%	56.8%
Worst	43.7%	42.6%	44.6%	46.4%	50.3%
No. responses	354	1,412	1,713	1,519	1,672



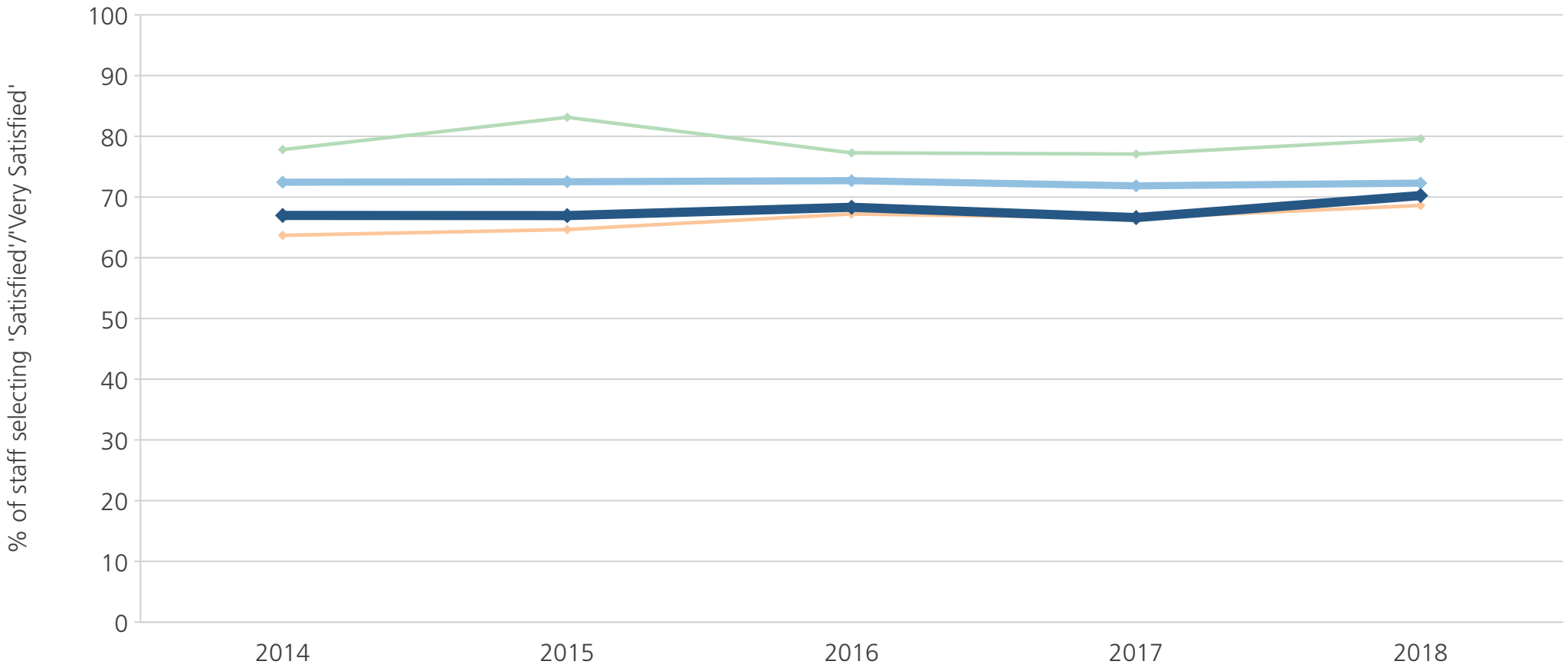
	2014	2015	2016	2017	2018
Best	72.7%	73.7%	72.6%	74.2%	76.4%
Your org	64.1%	65.2%	65.5%	67.2%	67.7%
Average	65.8%	66.7%	67.6%	68.3%	70.0%
Worst	58.1%	58.6%	61.6%	62.1%	63.4%
No. responses	353	1,412	1,715	1,514	1,669



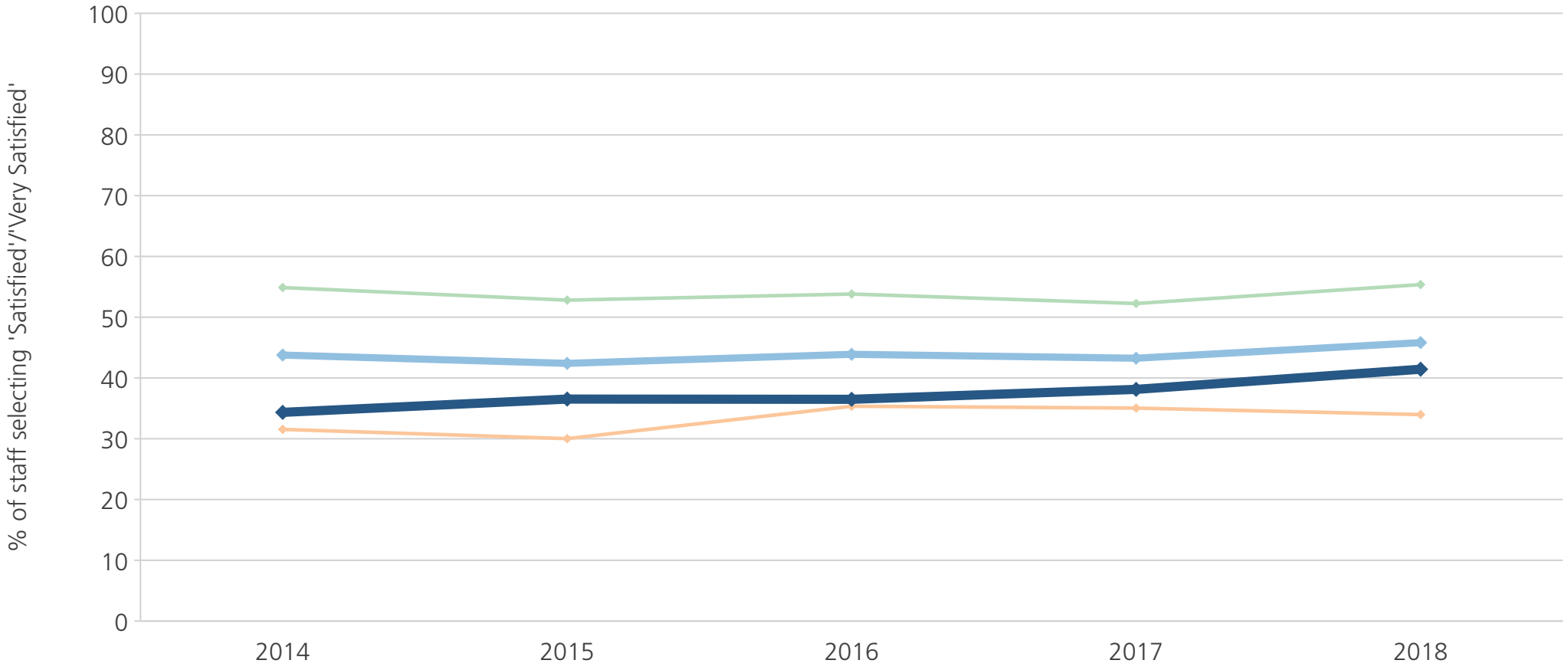
	2014	2015	2016	2017	2018
Best	85.7%	87.7%	86.5%	86.2%	88.1%
Your org	73.4%	77.3%	77.1%	76.9%	80.1%
Average	79.1%	81.4%	81.4%	81.2%	81.8%
Worst	73.4%	74.1%	75.8%	74.6%	76.3%
No. responses	356	1,410	1,718	1,520	1,670



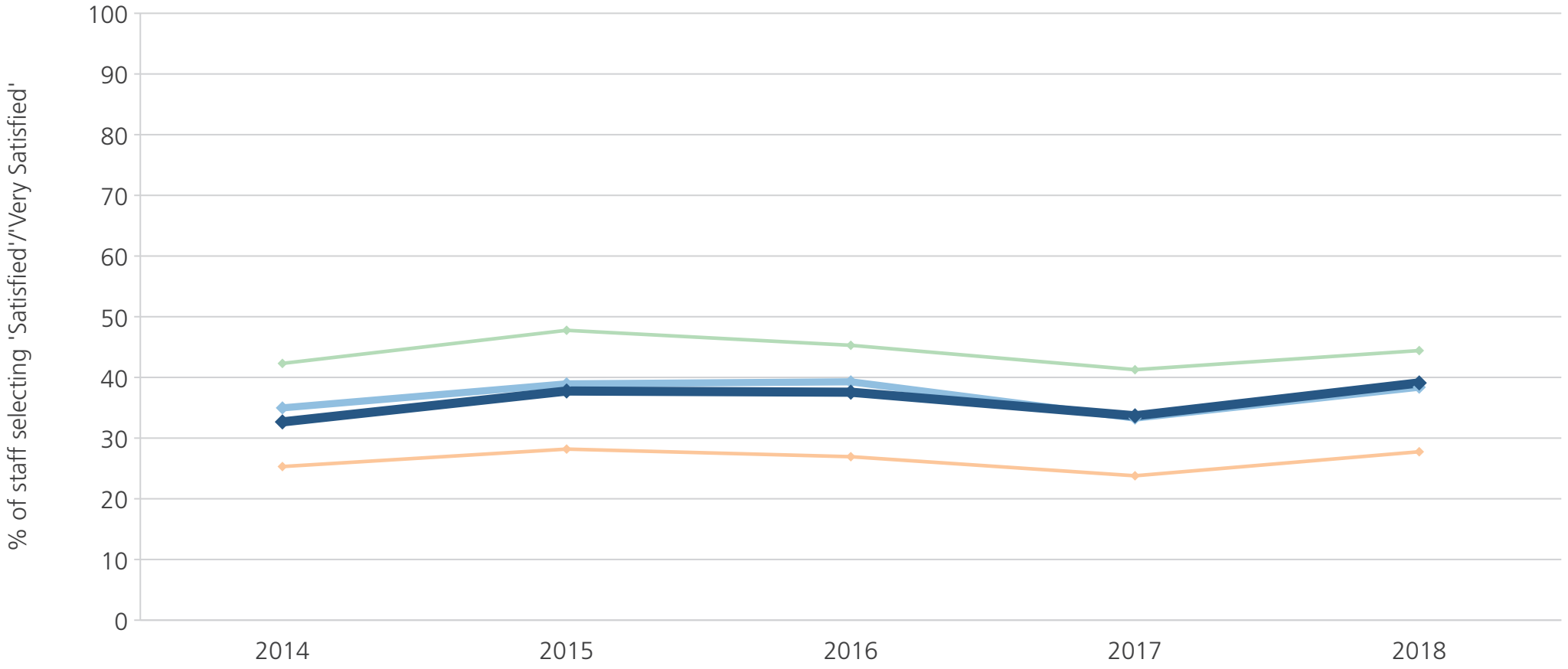
	2014	2015	2016	2017	2018
Best	81.2%	82.6%	81.7%	79.3%	81.8%
Your org	69.9%	68.8%	71.0%	70.8%	73.3%
Average	75.0%	75.1%	75.4%	74.7%	75.0%
Worst	67.3%	67.8%	69.2%	68.4%	70.2%
No. responses	356	1,406	1,715	1,512	1,668



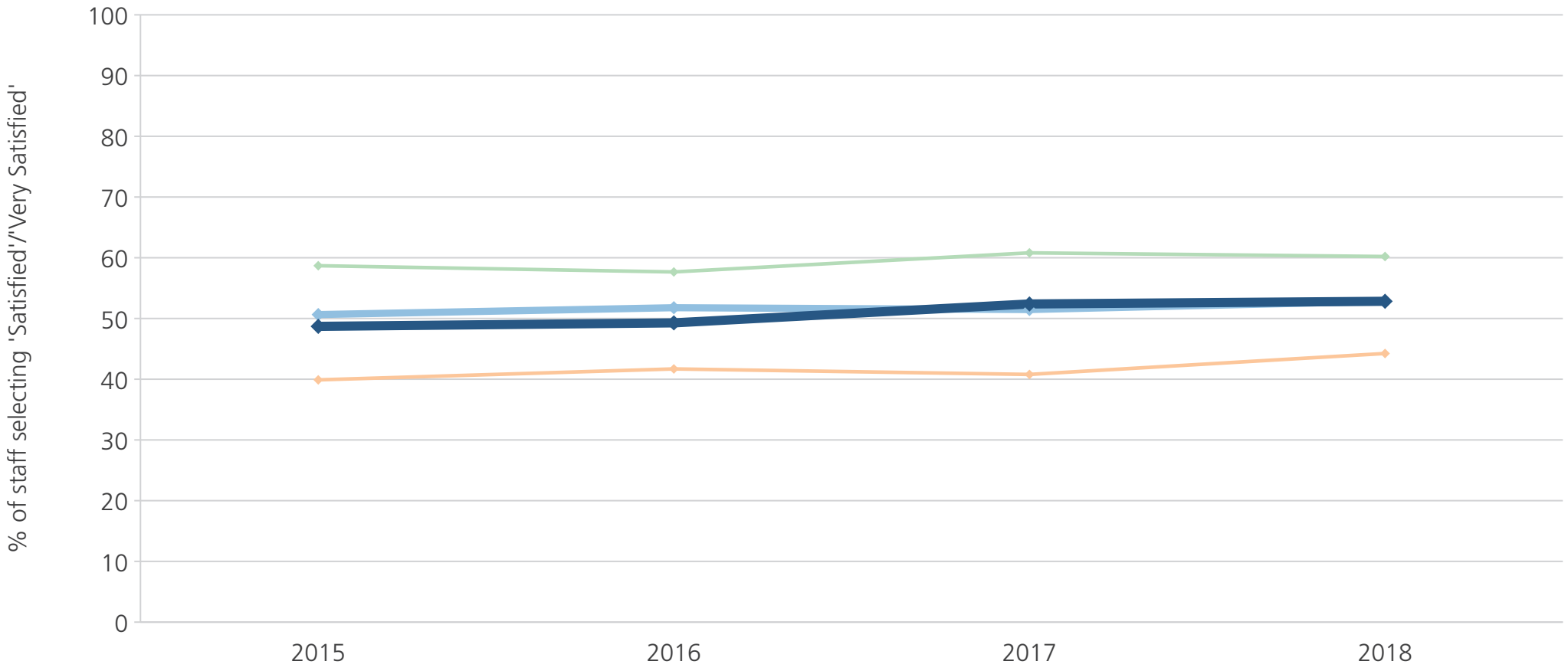
	2014	2015	2016	2017	2018
Best	77.8%	83.1%	77.3%	77.1%	79.6%
Your org	67.0%	66.9%	68.3%	66.6%	70.2%
Average	72.4%	72.5%	72.7%	71.8%	72.3%
Worst	63.7%	64.6%	67.2%	66.5%	68.6%
No. responses	355	1,408	1,711	1,512	1,664



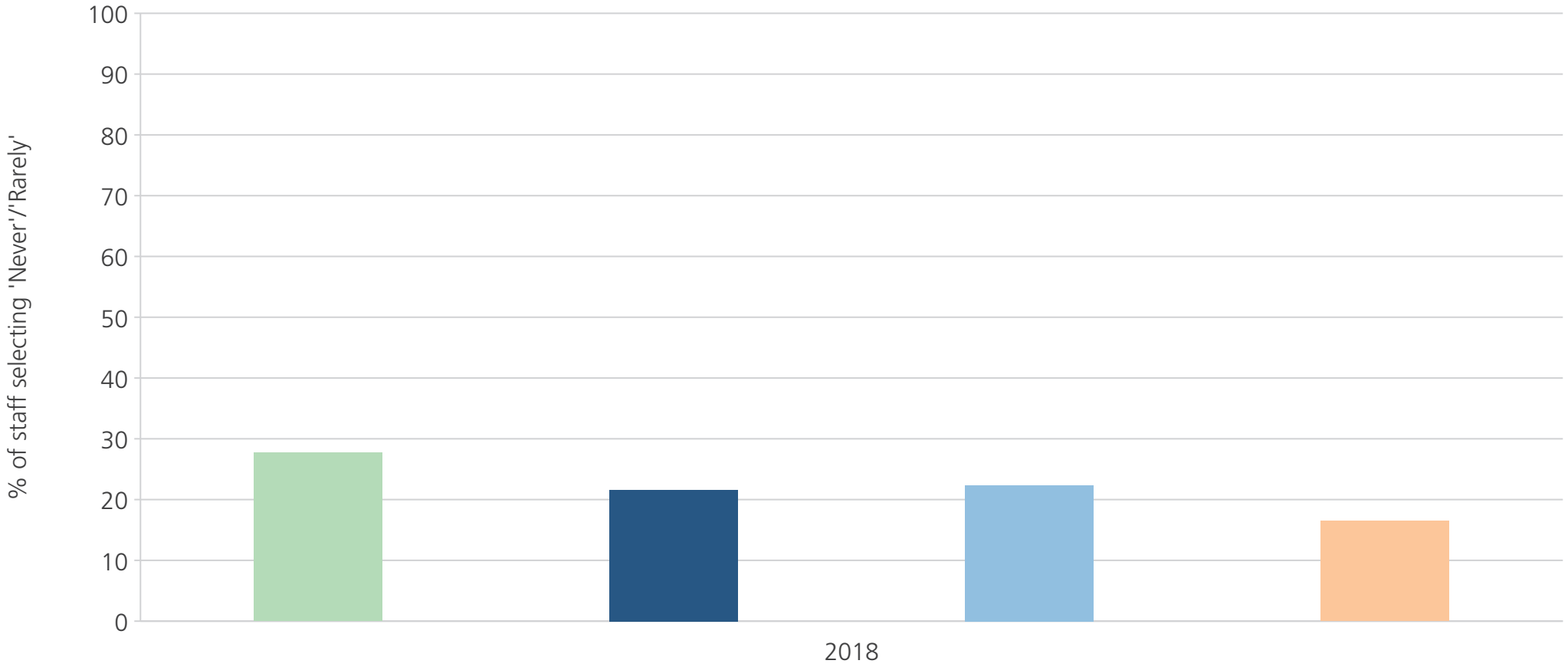
	2014	2015	2016	2017	2018
Best	54.9%	52.8%	53.8%	52.3%	55.4%
Your org	34.3%	36.5%	36.5%	38.1%	41.4%
Average	43.8%	42.4%	43.9%	43.3%	45.8%
Worst	31.5%	30.0%	35.3%	35.0%	34.0%
No. responses	356	1,404	1,712	1,510	1,662



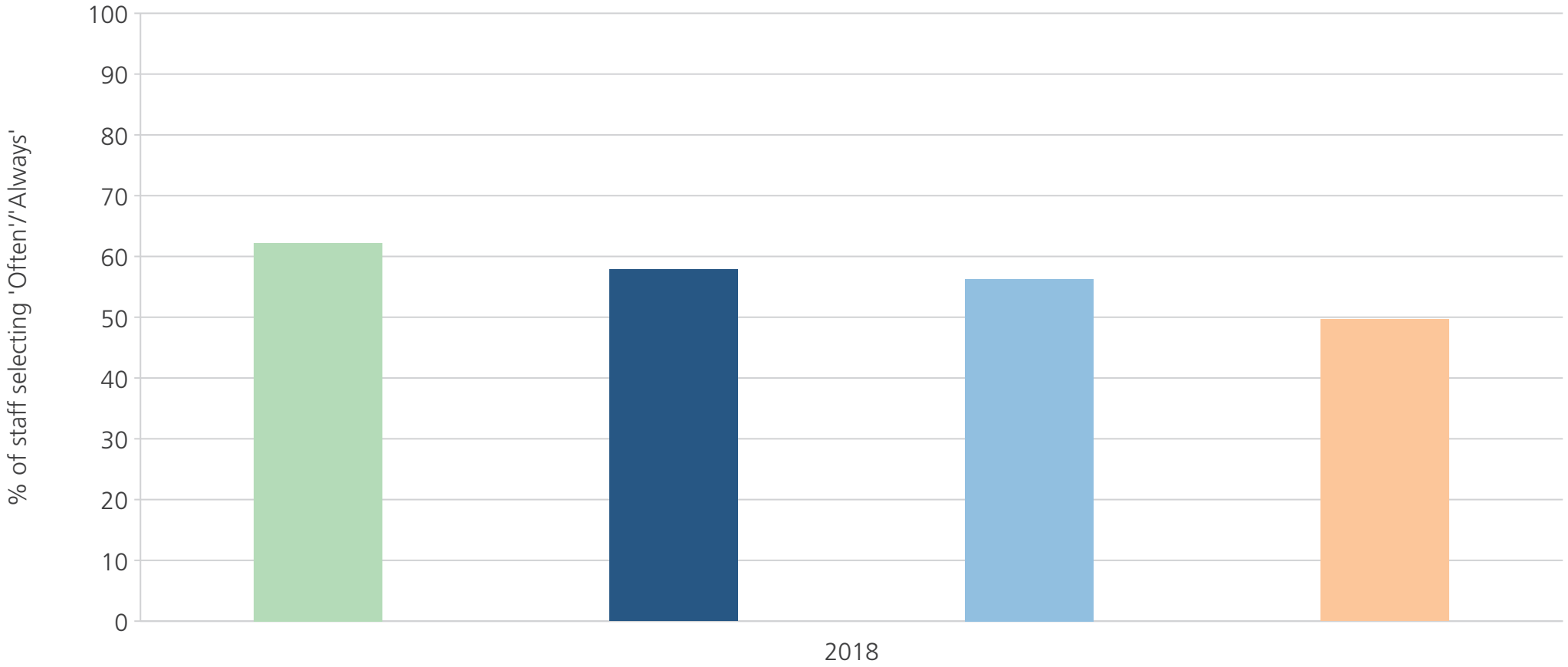
	2014	2015	2016	2017	2018
Best	42.3%	47.8%	45.3%	41.3%	44.4%
Your org	32.7%	37.8%	37.6%	33.7%	39.1%
Average	35.0%	38.9%	39.3%	33.3%	38.4%
Worst	25.3%	28.2%	26.9%	23.8%	27.8%
No. responses	356	1,401	1,708	1,510	1,666



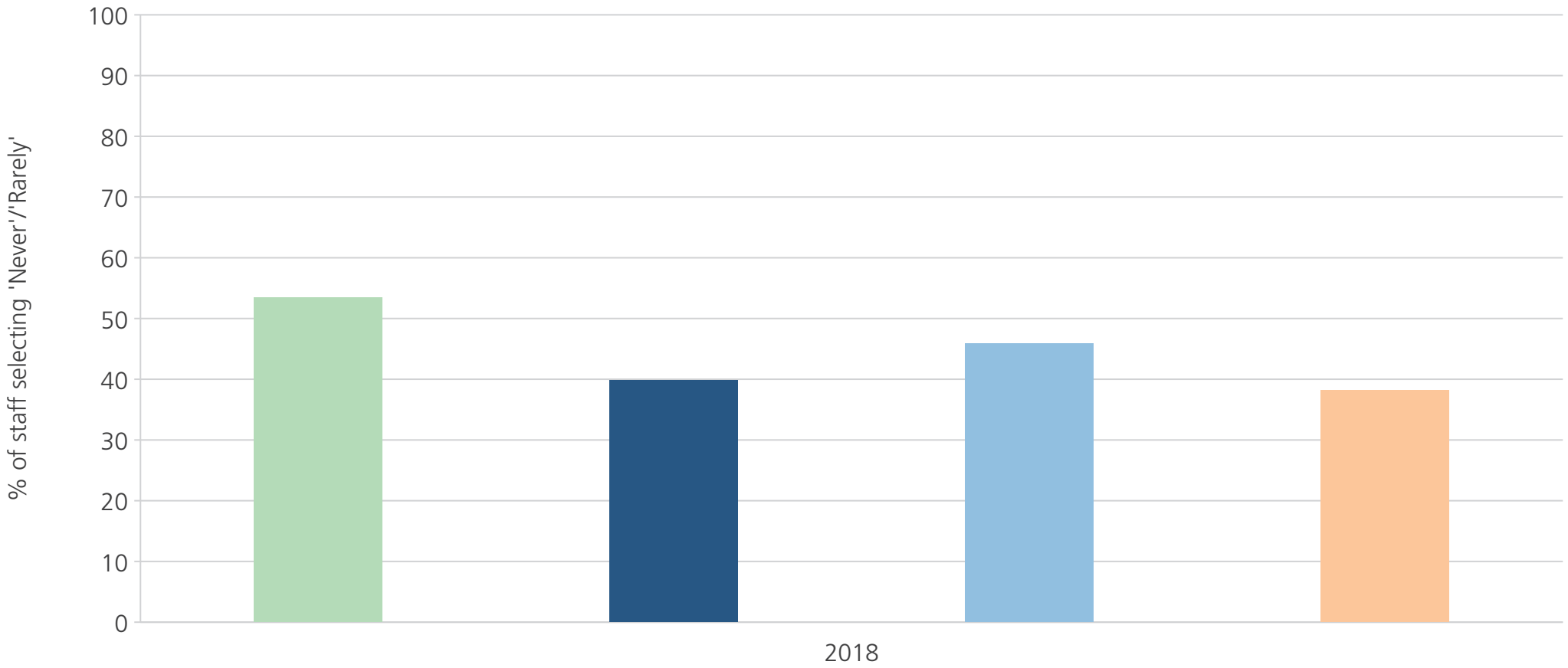
	2015	2016	2017	2018
Best	58.7%	57.7%	60.8%	60.2%
Your org	48.7%	49.3%	52.4%	52.8%
Average	50.6%	51.8%	51.5%	52.8%
Worst	39.9%	41.7%	40.8%	44.2%
No. responses	1,402	1,715	1,509	1,668



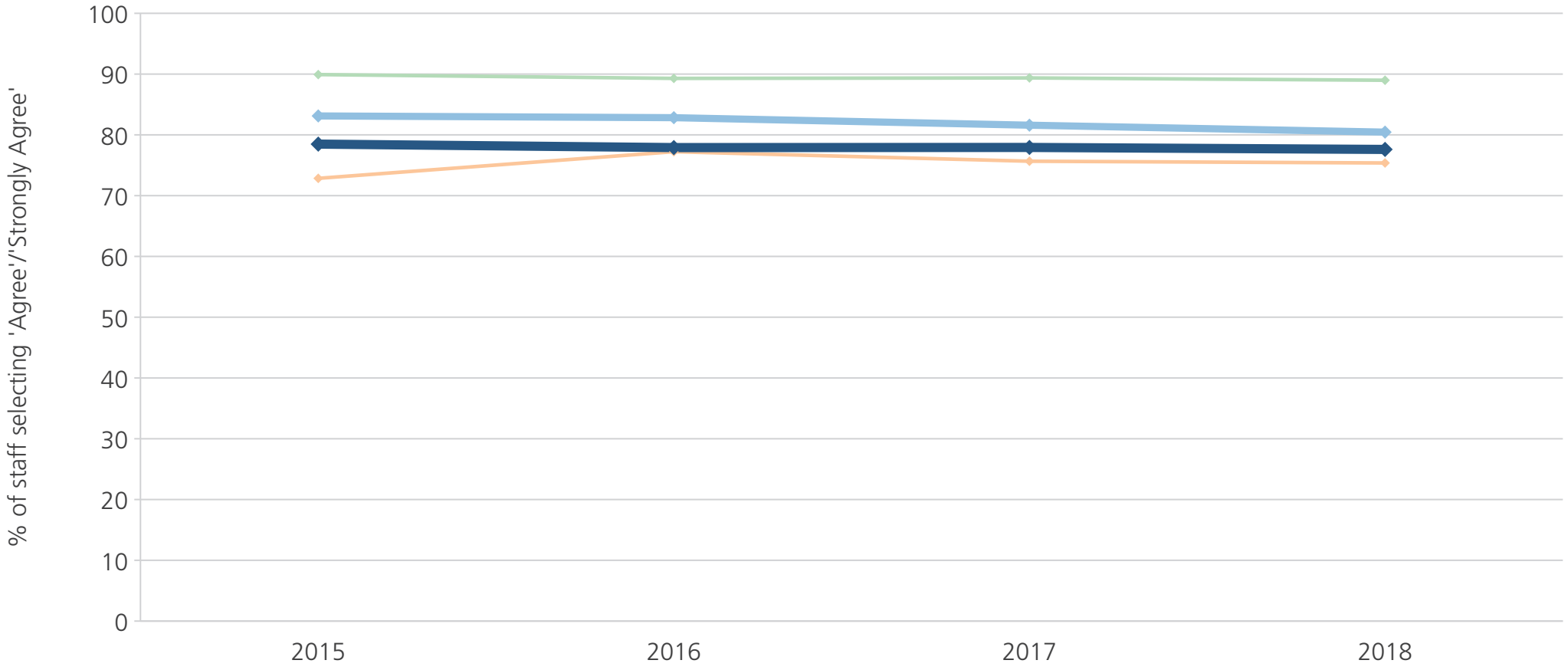
Best	27.7%
Your org	21.6%
Average	22.3%
Worst	16.5%
No. responses	1,656



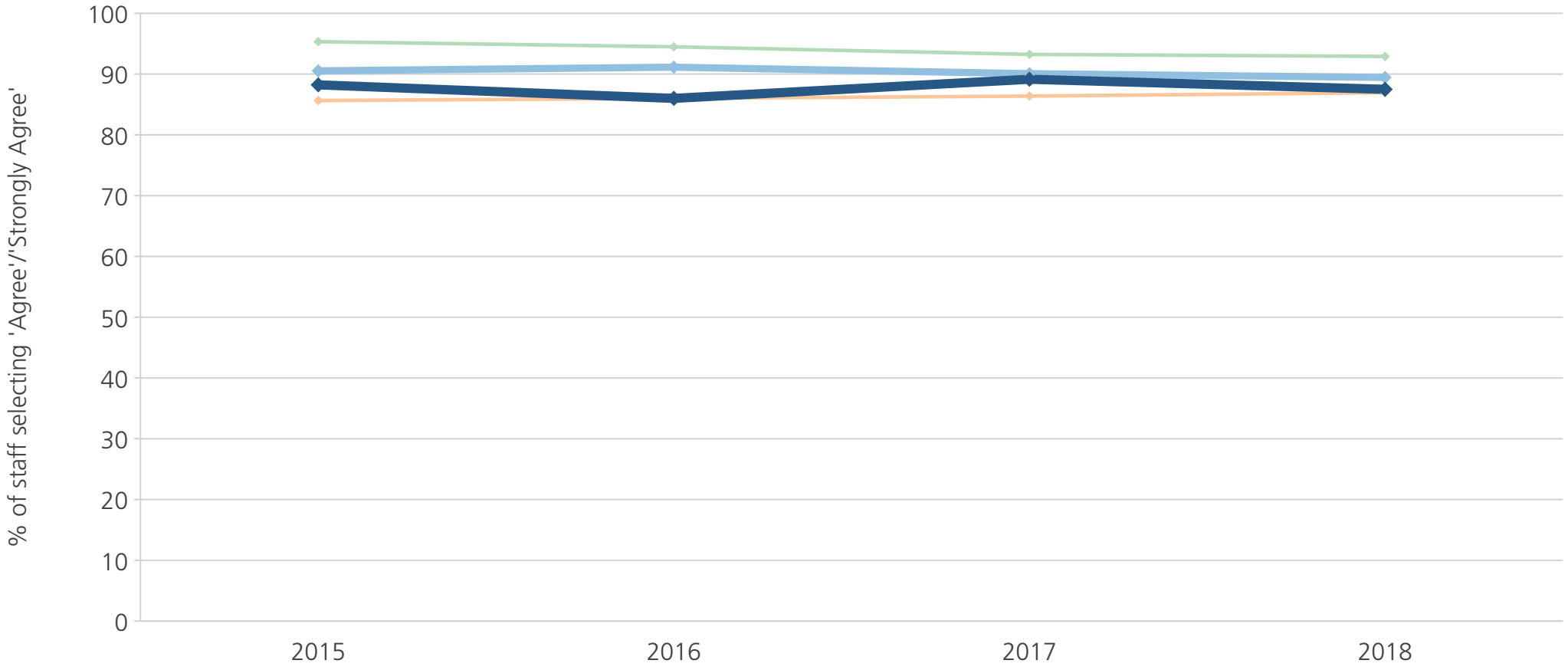
Best	62.2%
Your org	57.9%
Average	56.3%
Worst	49.6%
No. responses	1,654



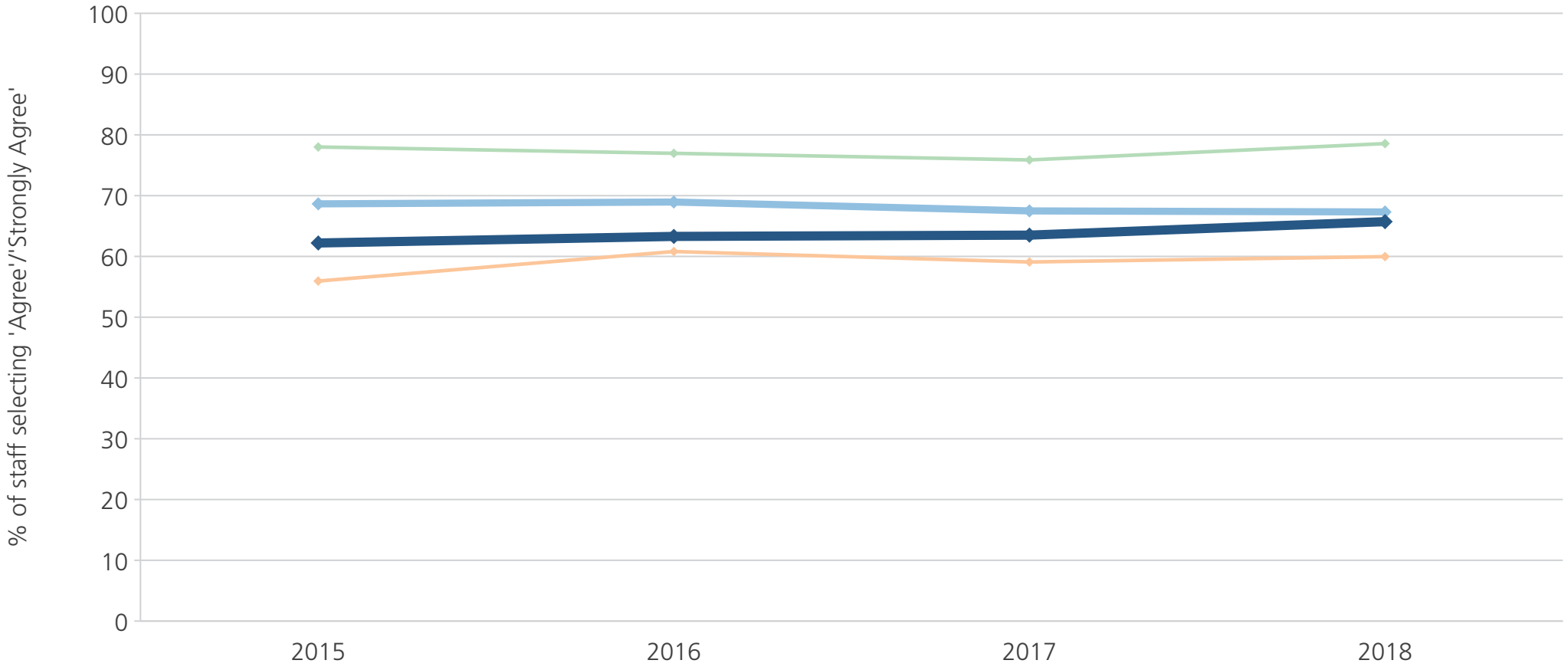
Best	53.4%
Your org	39.8%
Average	45.8%
Worst	38.2%
No. responses	1,656



	2015	2016	2017	2018
Best	89.9%	89.3%	89.4%	89.0%
Your org	78.5%	77.9%	77.9%	77.6%
Average	83.1%	82.8%	81.6%	80.5%
Worst	72.8%	77.2%	75.7%	75.4%
No. responses	1,213	1,479	1,263	1,410



	2015	2016	2017	2018
Best	95.3%	94.5%	93.2%	92.9%
Your org	88.2%	86.0%	89.1%	87.5%
Average	90.5%	91.1%	90.1%	89.4%
Worst	85.6%	86.0%	86.4%	86.9%
No. responses	1,302	1,593	1,381	1,534



	2015	2016	2017	2018
Best	78.0%	77.0%	75.9%	78.6%
Your org	62.2%	63.3%	63.5%	65.7%
Average	68.6%	68.9%	67.5%	67.3%
Worst	55.9%	60.8%	59.1%	60.0%
No. responses	1,208	1,463	1,253	1,396

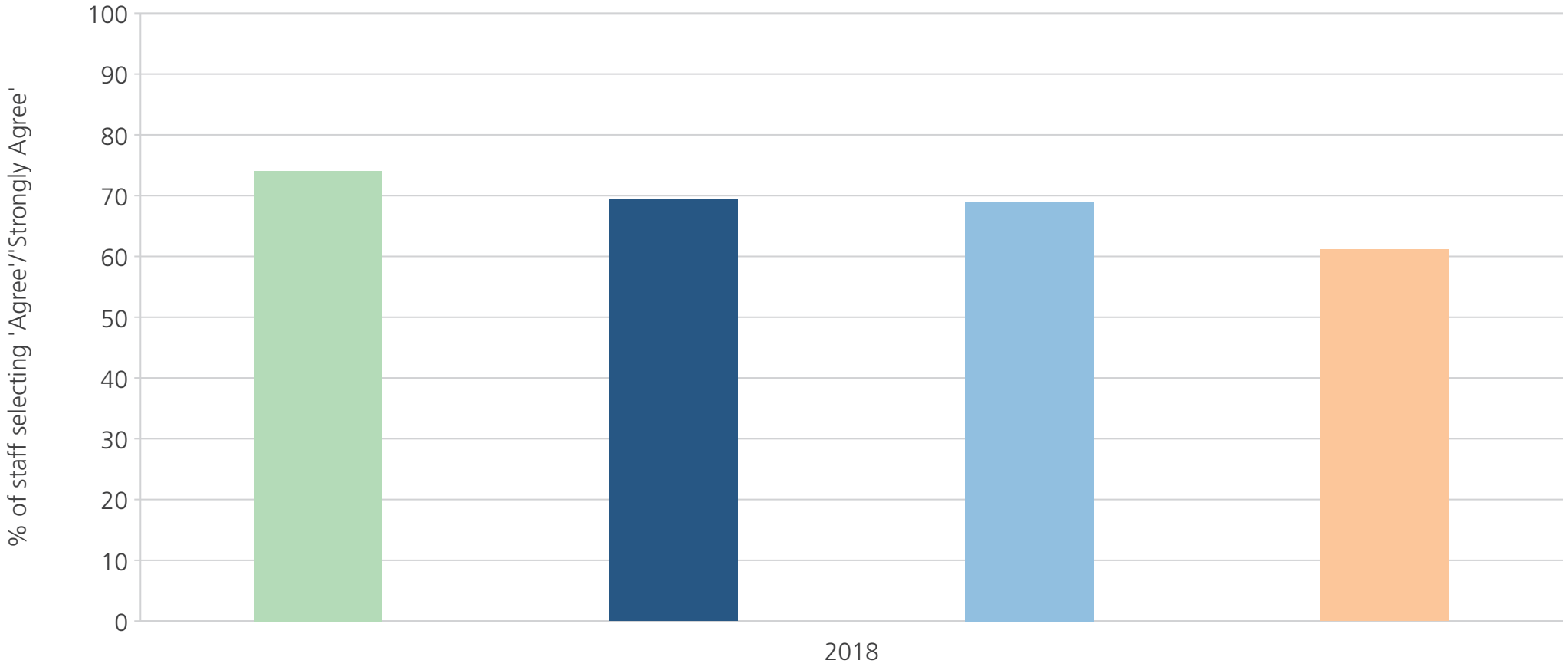
Survey Coordination Centre

NHS England

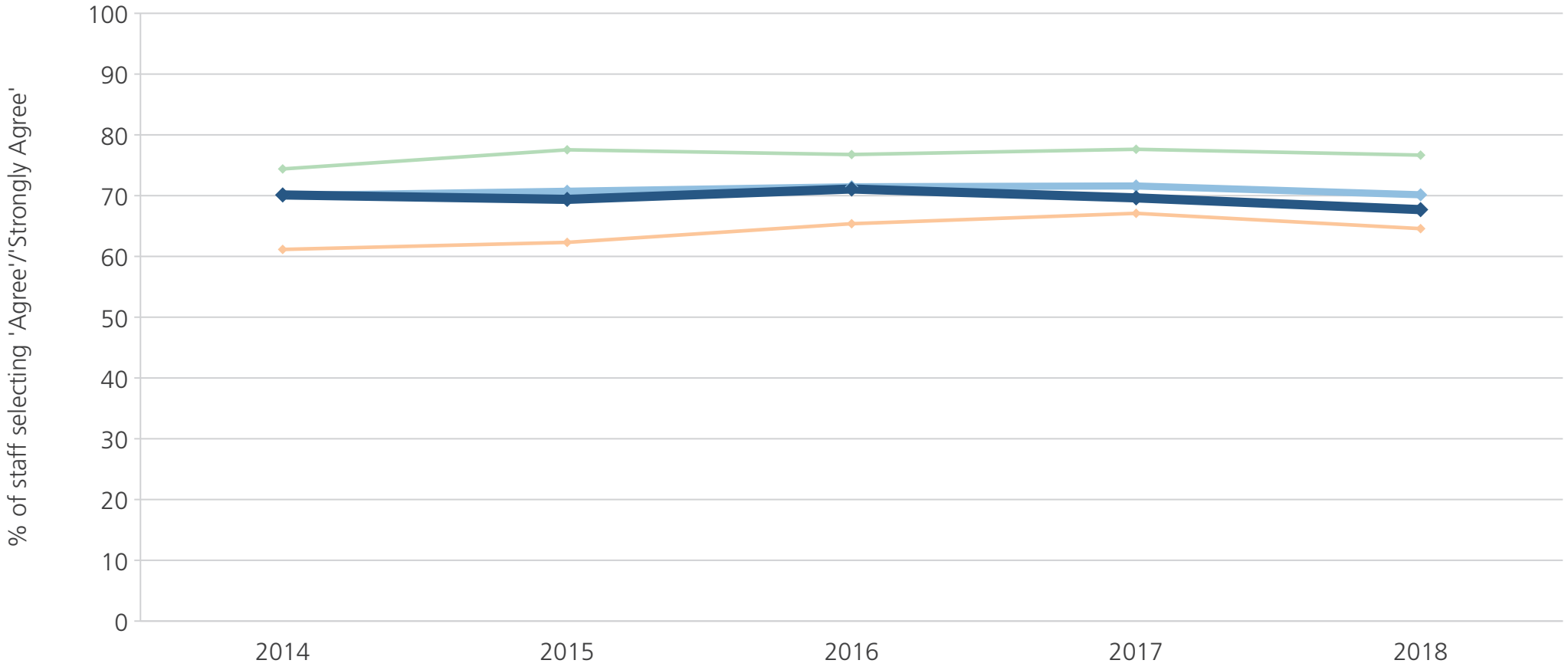
Question results – Your managers

Walsall Healthcare NHS Trust

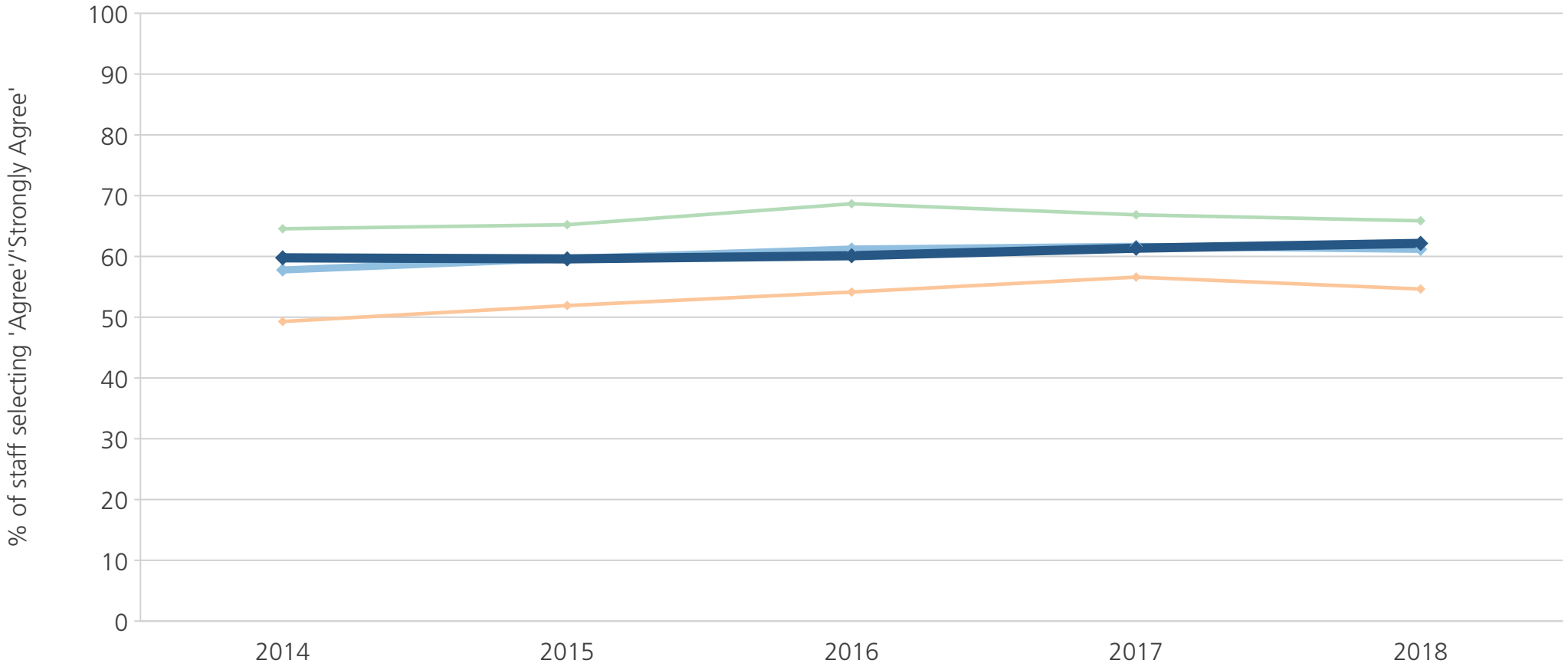
2018 NHS Staff Survey Results



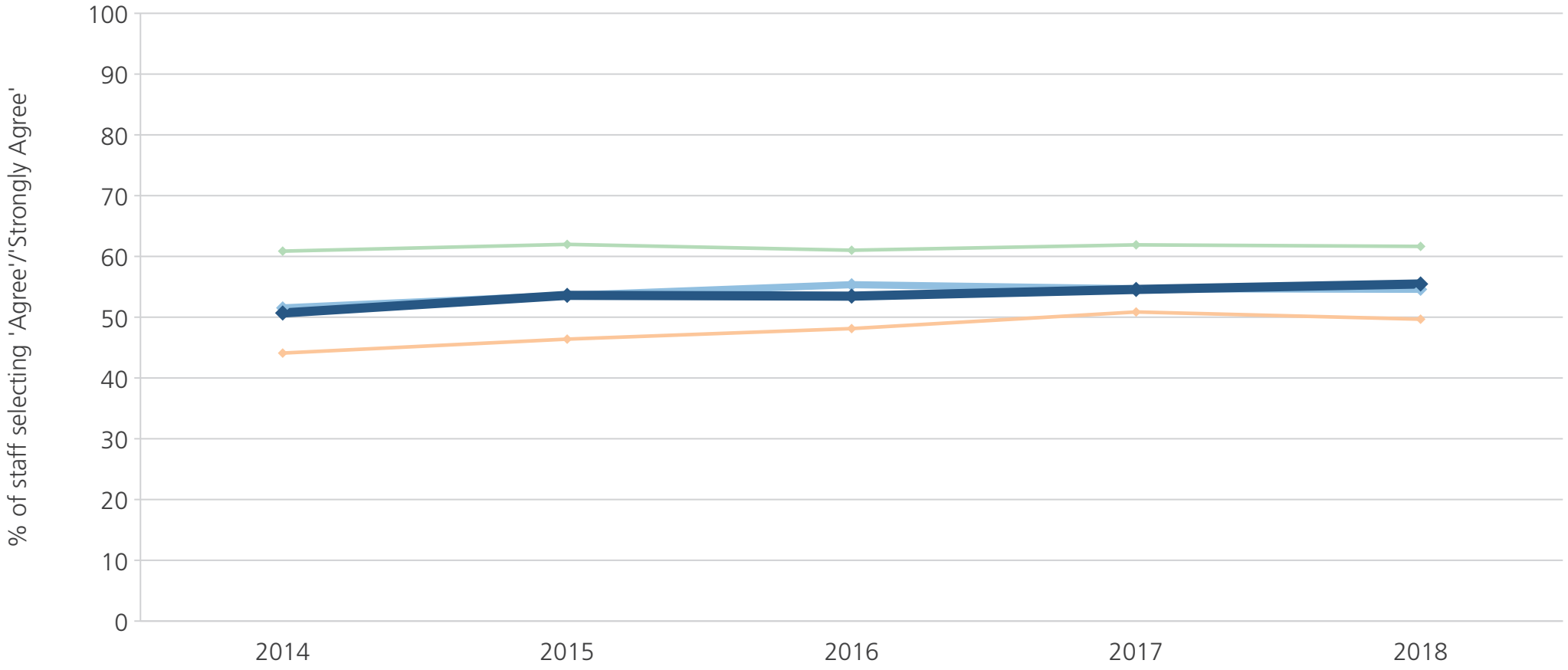
Best	74.0%
Your org	69.5%
Average	68.9%
Worst	61.1%
No. responses	1,670



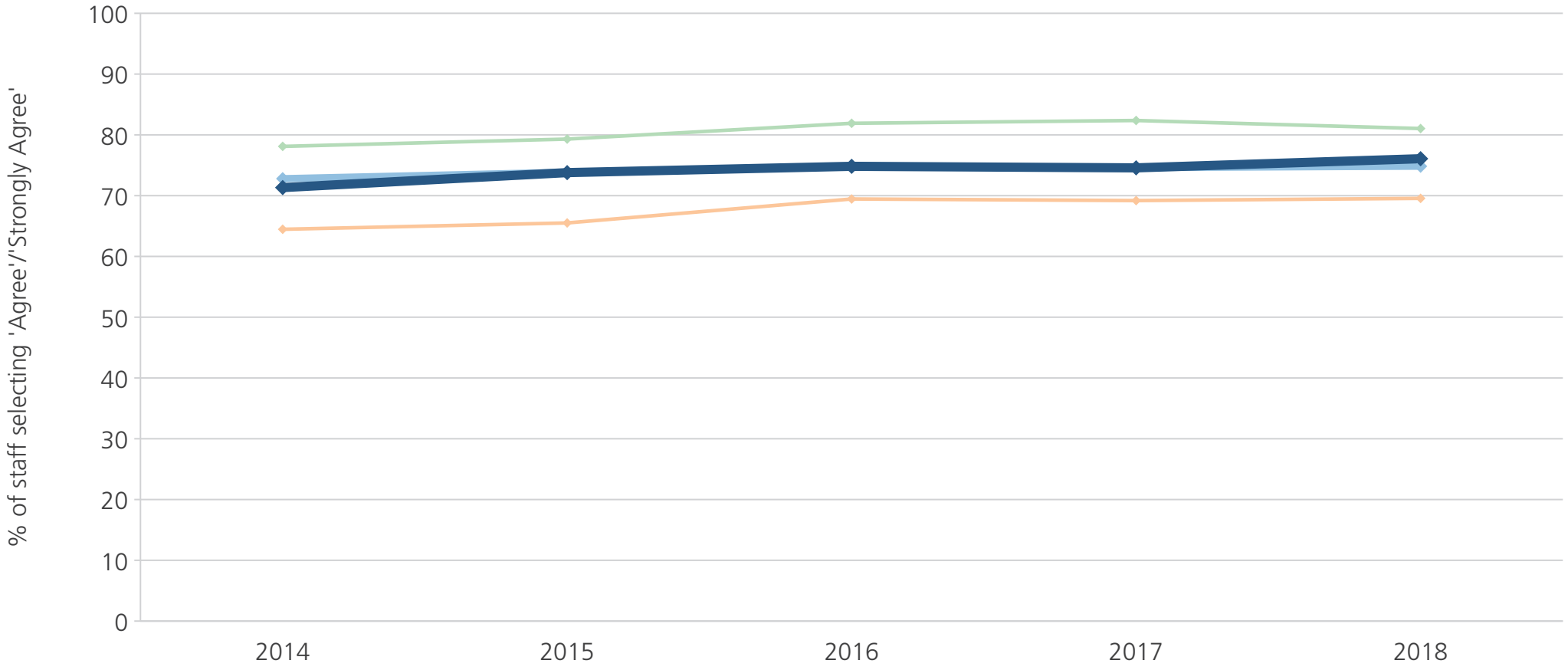
	2014	2015	2016	2017	2018
Best	74.4%	77.5%	76.8%	77.6%	76.7%
Your org	70.1%	69.4%	71.1%	69.6%	67.7%
Average	70.0%	70.7%	71.5%	71.6%	70.1%
Worst	61.1%	62.3%	65.4%	67.1%	64.6%
No. responses	350	1,407	1,716	1,510	1,673



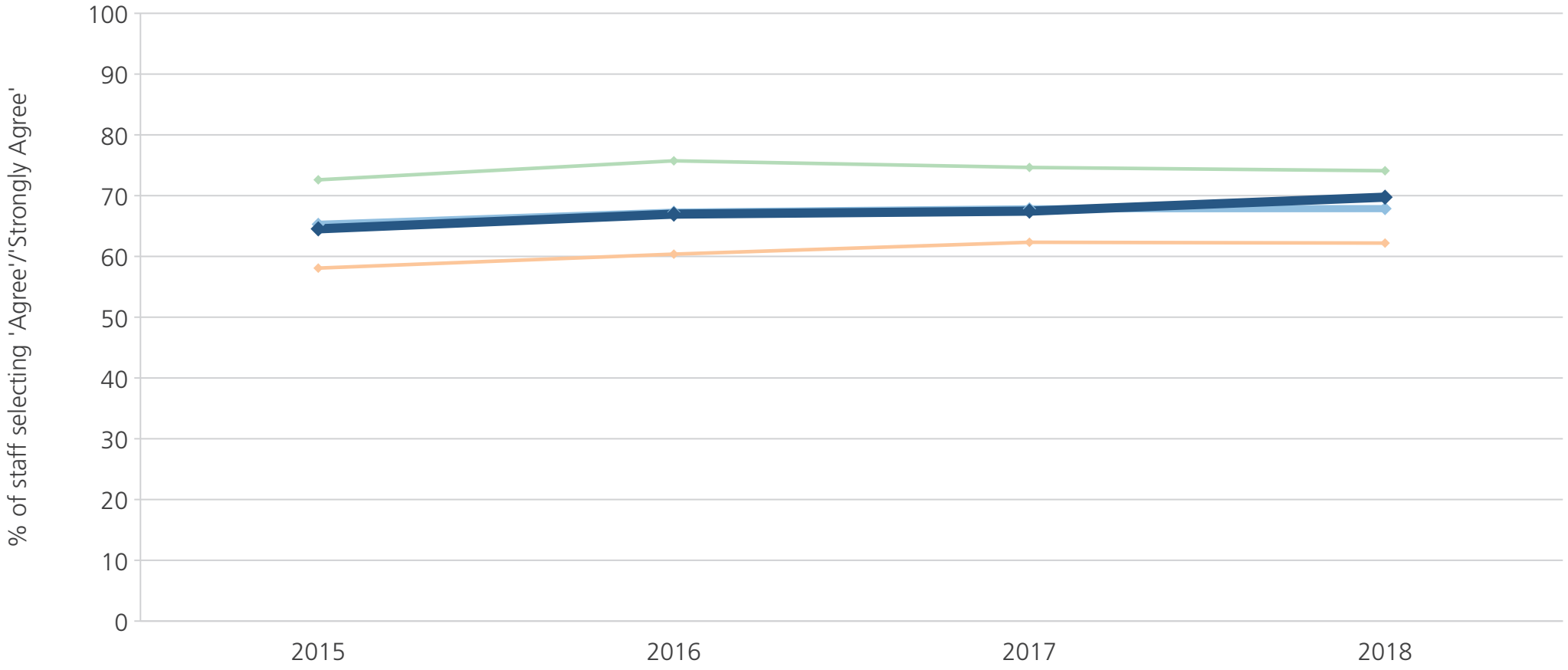
	2014	2015	2016	2017	2018
Best	64.5%	65.2%	68.7%	66.8%	65.9%
Your org	59.8%	59.6%	60.1%	61.4%	62.1%
Average	57.8%	59.7%	61.2%	61.7%	61.2%
Worst	49.3%	51.9%	54.1%	56.6%	54.6%
No. responses	351	1,409	1,712	1,507	1,663



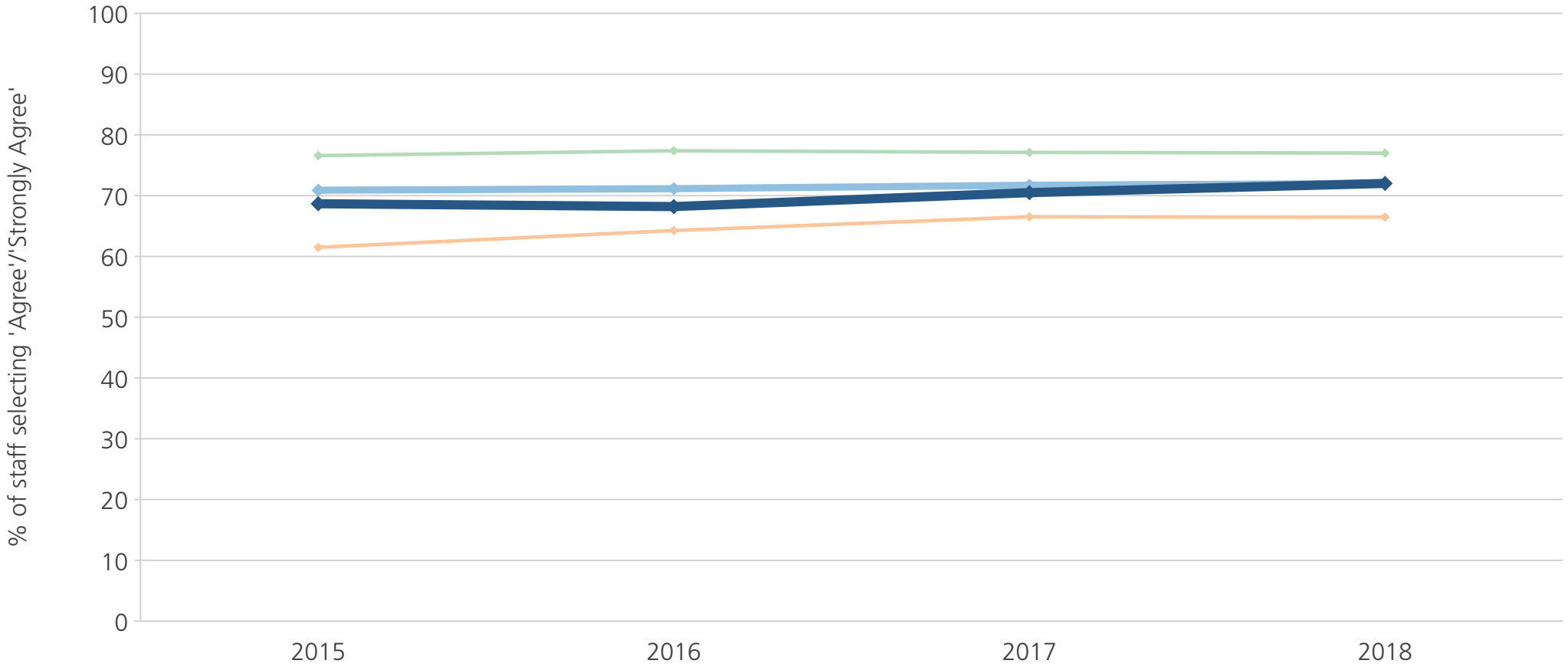
	2014	2015	2016	2017	2018
Best	60.9%	62.0%	61.0%	61.9%	61.6%
Your org	50.7%	53.6%	53.5%	54.6%	55.5%
Average	51.5%	53.6%	55.3%	54.7%	54.6%
Worst	44.1%	46.4%	48.1%	50.9%	49.7%
No. responses	350	1,410	1,714	1,512	1,663



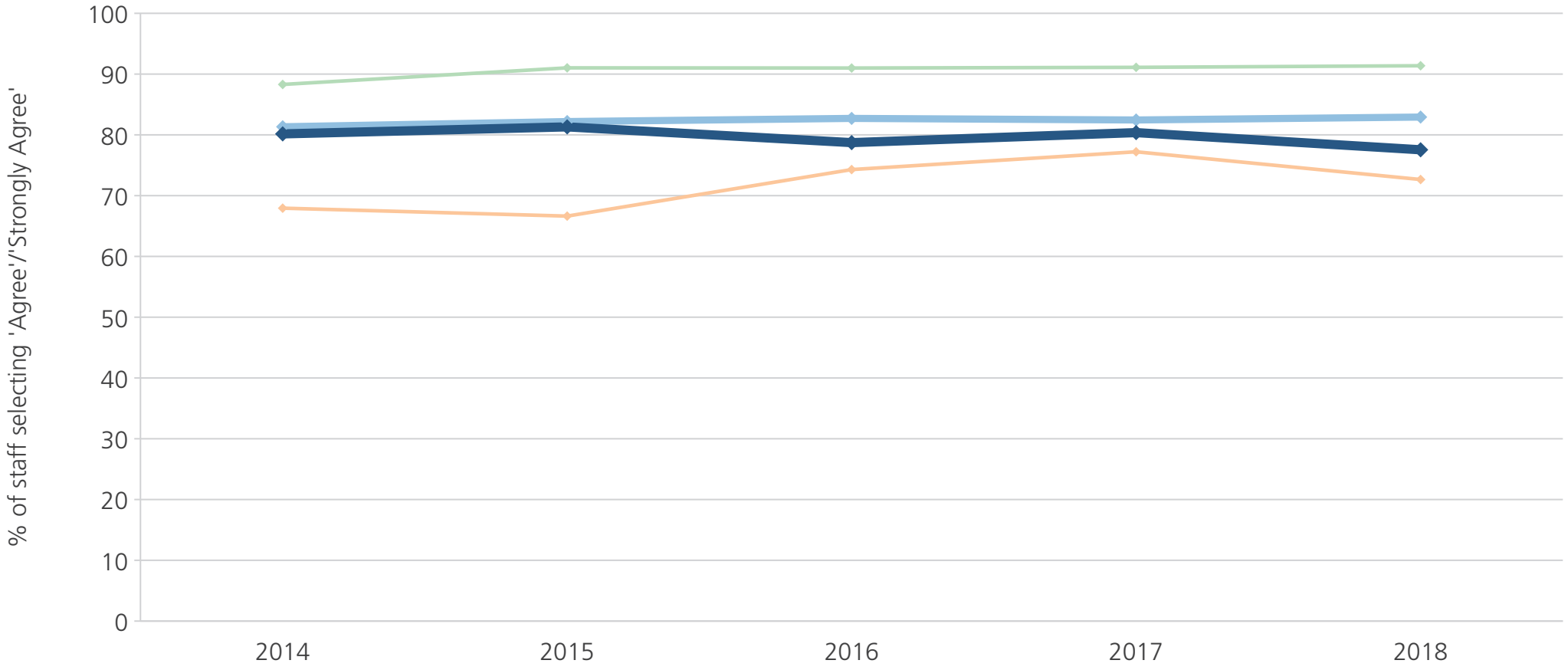
	2014	2015	2016	2017	2018
Best	78.1%	79.3%	81.9%	82.4%	81.0%
Your org	71.3%	73.8%	74.8%	74.6%	76.1%
Average	72.8%	73.9%	74.8%	74.6%	74.8%
Worst	64.5%	65.5%	69.4%	69.2%	69.6%
No. responses	349	1,407	1,708	1,507	1,663



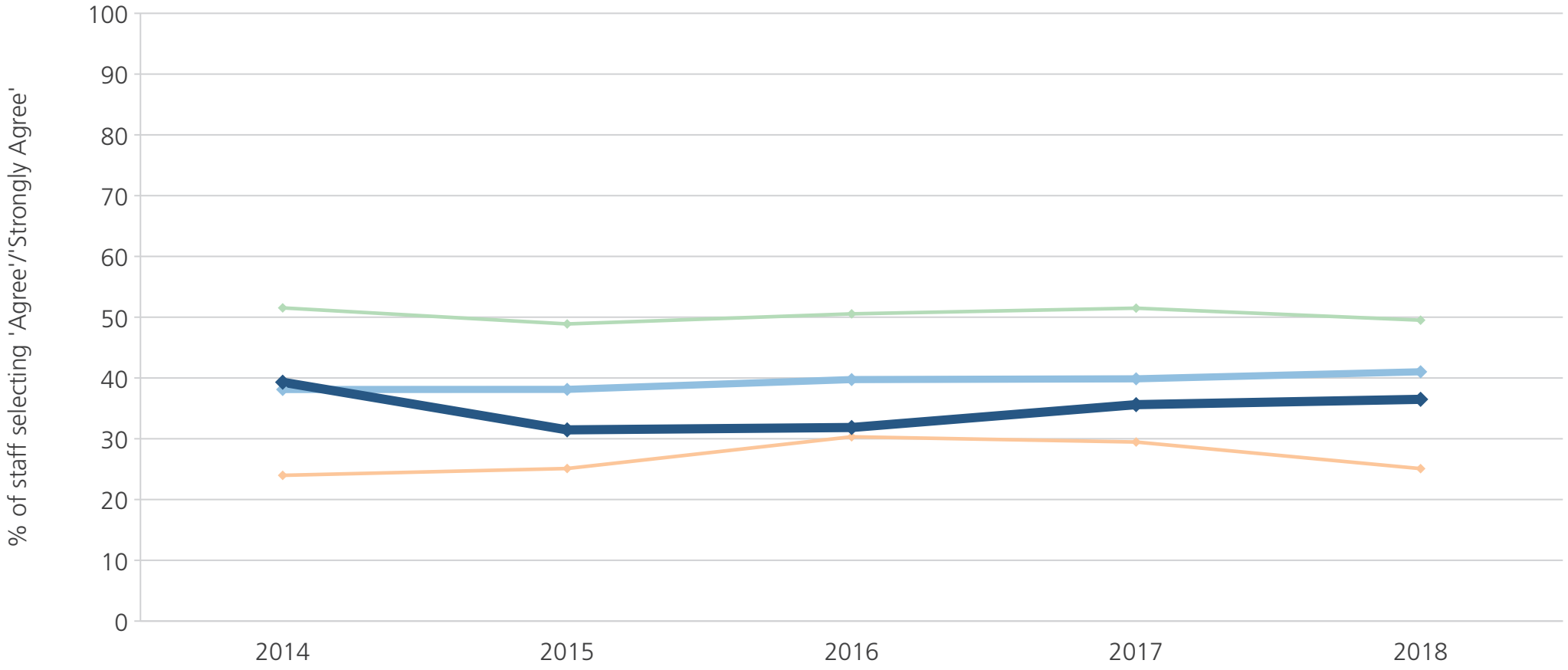
	2015	2016	2017	2018
Best	72.6%	75.7%	74.6%	74.1%
Your org	64.5%	67.0%	67.4%	69.7%
Average	65.3%	67.3%	67.8%	67.9%
Worst	58.1%	60.4%	62.3%	62.2%
No. responses	1,411	1,711	1,512	1,667



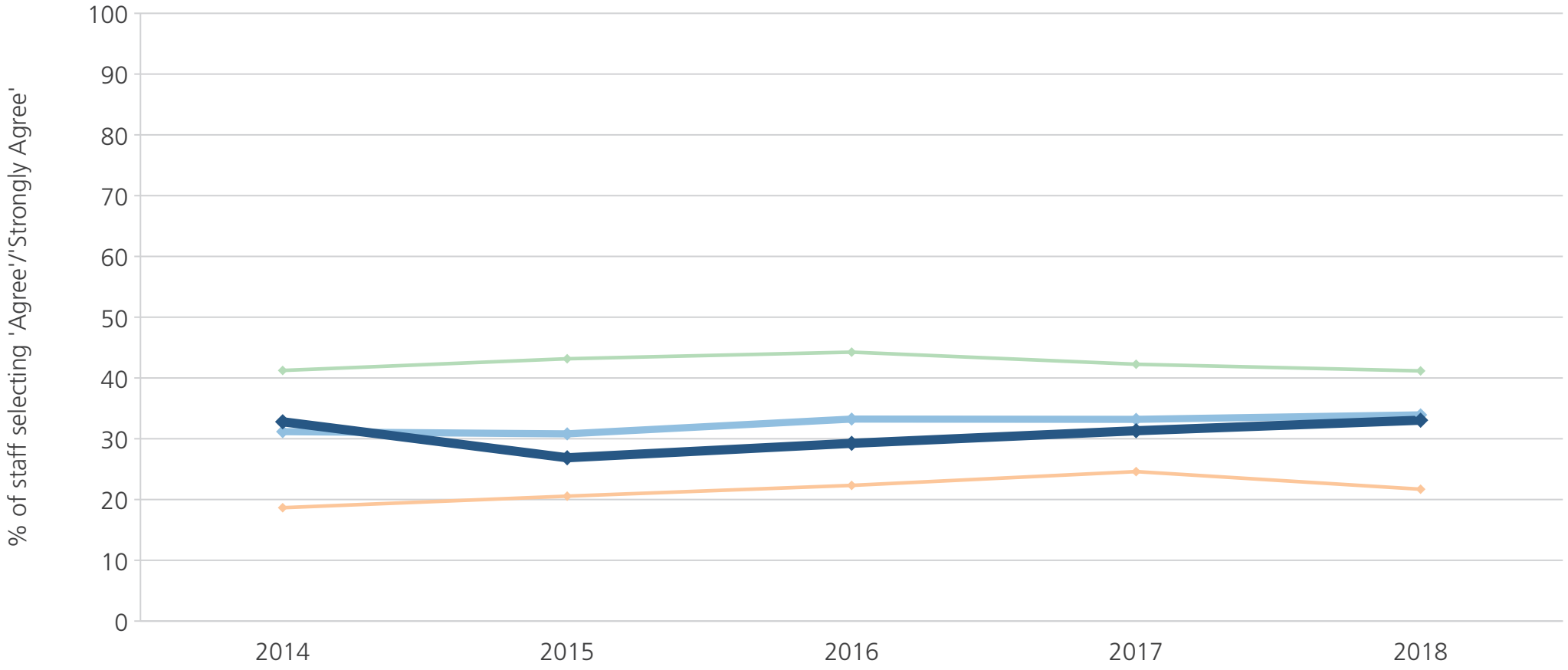
	2015	2016	2017	2018
Best	76.6%	77.4%	77.1%	77.0%
Your org	68.7%	68.2%	70.5%	72.0%
Average	70.9%	71.1%	71.7%	72.0%
Worst	61.5%	64.3%	66.5%	66.5%
No. responses	1,412	1,713	1,515	1,672



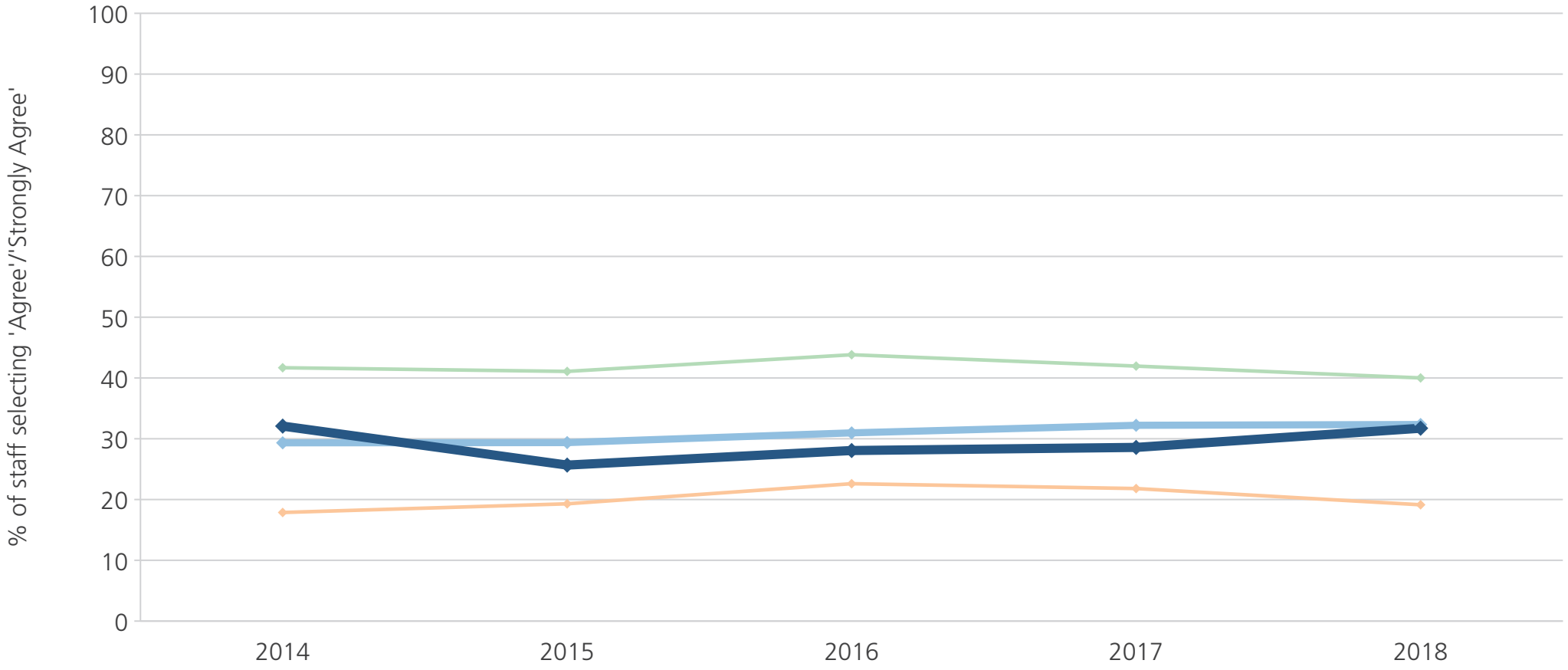
	2014	2015	2016	2017	2018
Best	88.3%	91.0%	91.0%	91.1%	91.4%
Your org	80.2%	81.3%	78.7%	80.4%	77.5%
Average	81.3%	82.2%	82.7%	82.4%	82.9%
Worst	67.9%	66.6%	74.3%	77.2%	72.7%
No. responses	352	1,417	1,721	1,509	1,672



	2014	2015	2016	2017	2018
Best	51.5%	48.9%	50.5%	51.5%	49.5%
Your org	39.3%	31.5%	31.9%	35.6%	36.5%
Average	38.1%	38.1%	39.7%	39.9%	41.0%
Worst	24.0%	25.1%	30.3%	29.5%	25.1%
No. responses	352	1,411	1,721	1,515	1,672



	2014	2015	2016	2017	2018
Best	41.2%	43.2%	44.3%	42.3%	41.2%
Your org	32.8%	26.9%	29.2%	31.3%	33.1%
Average	31.2%	30.8%	33.2%	33.2%	33.9%
Worst	18.7%	20.6%	22.3%	24.6%	21.7%
No. responses	351	1,408	1,721	1,511	1,674



	2014	2015	2016	2017	2018
Best	41.7%	41.1%	43.8%	42.0%	40.0%
Your org	32.1%	25.7%	28.1%	28.6%	31.7%
Average	29.3%	29.4%	31.0%	32.2%	32.3%
Worst	17.9%	19.3%	22.6%	21.8%	19.1%
No. responses	351	1,408	1,720	1,515	1,667

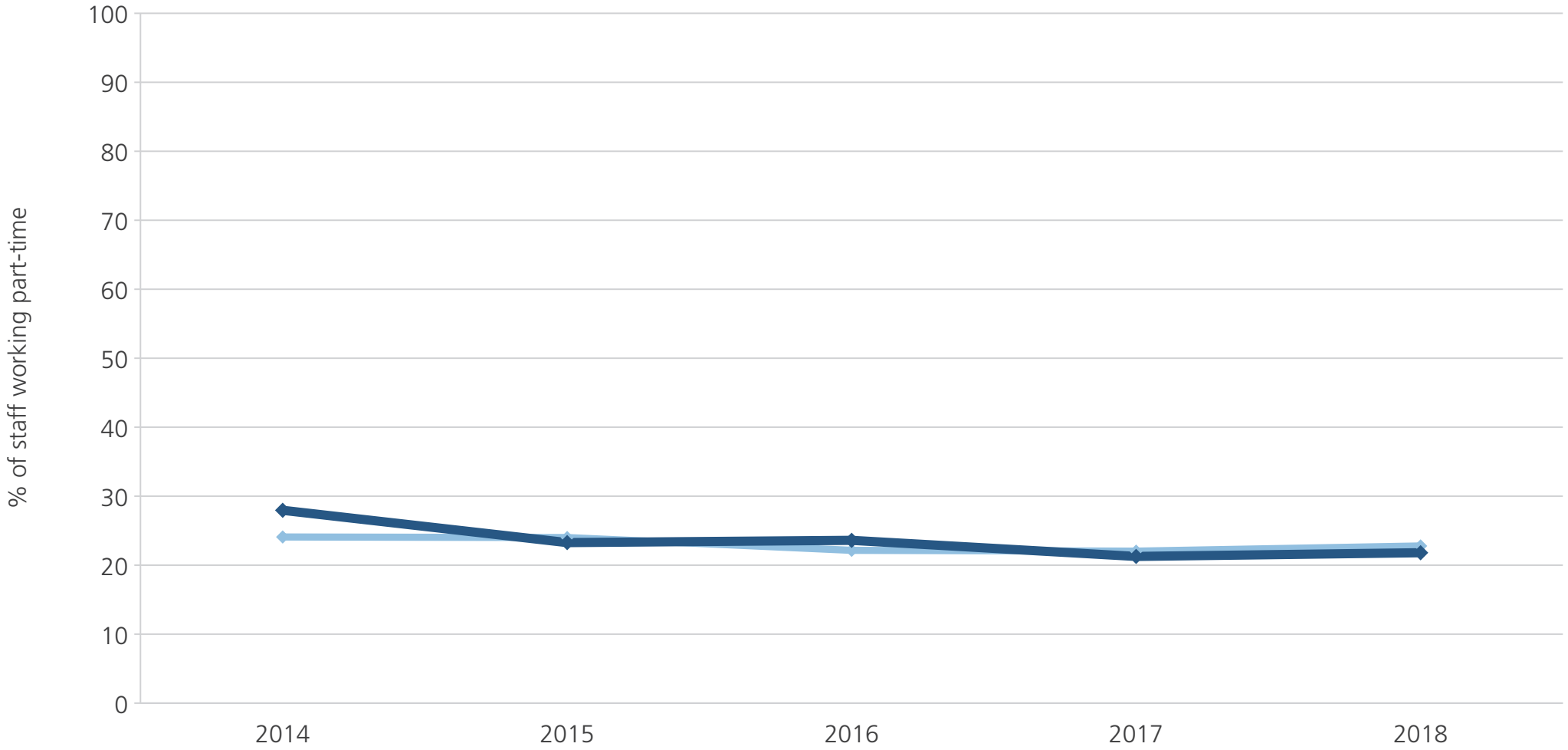
Survey Coordination Centre

NHS England

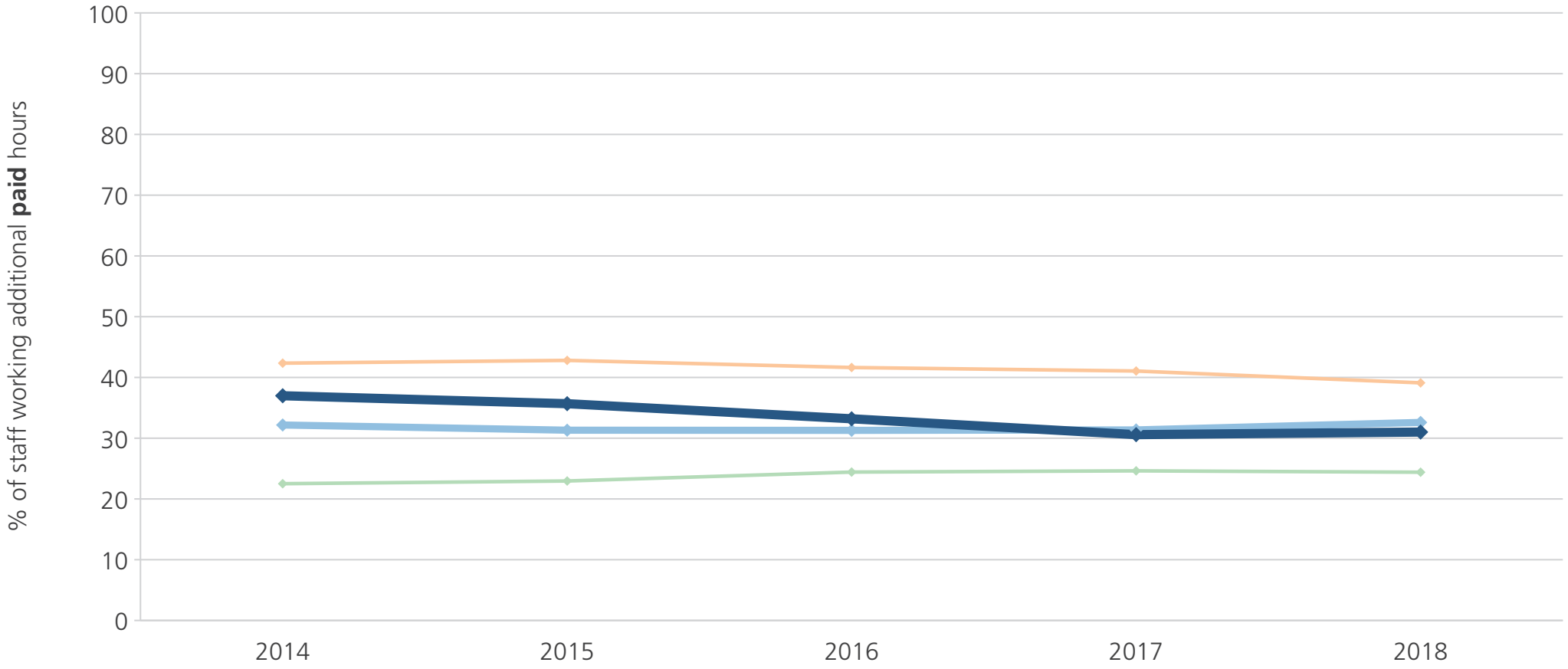
Question results – Your health, well-being and safety at work

Walsall Healthcare NHS Trust

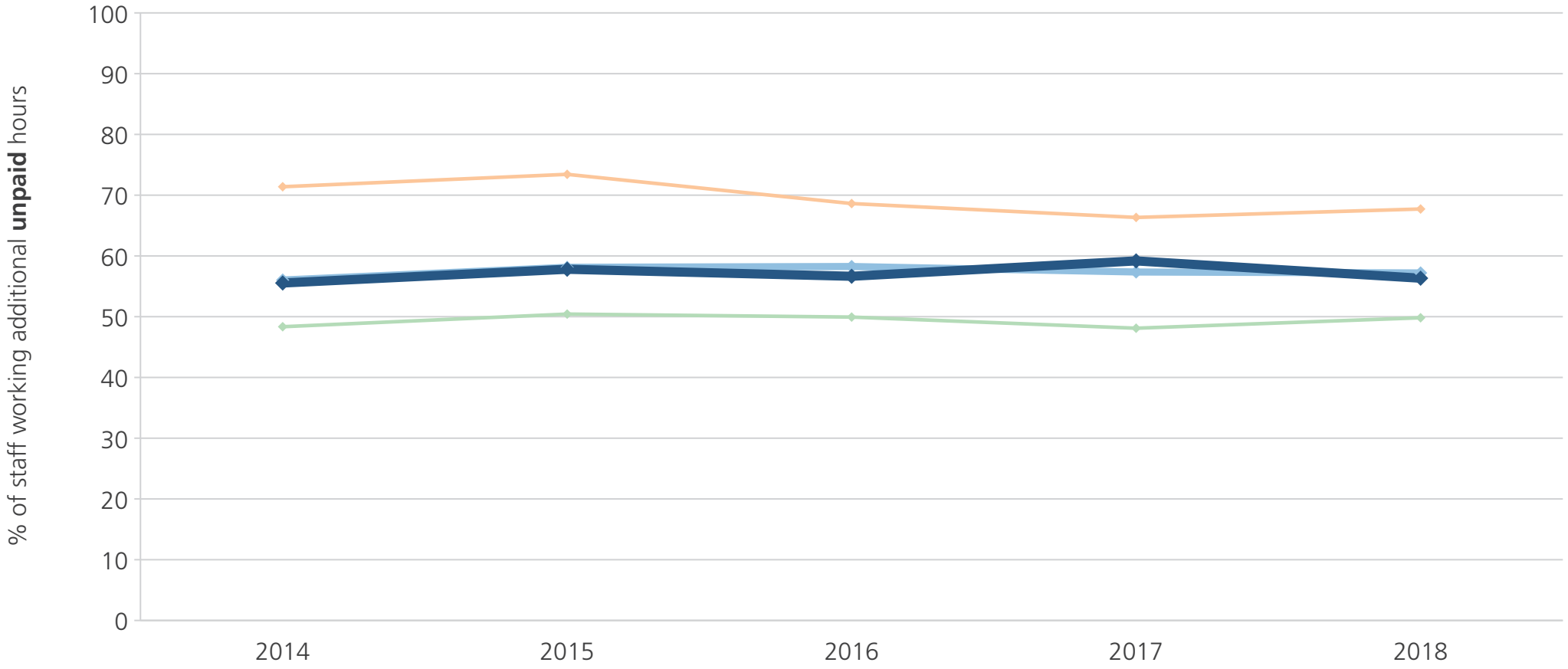
2018 NHS Staff Survey Results



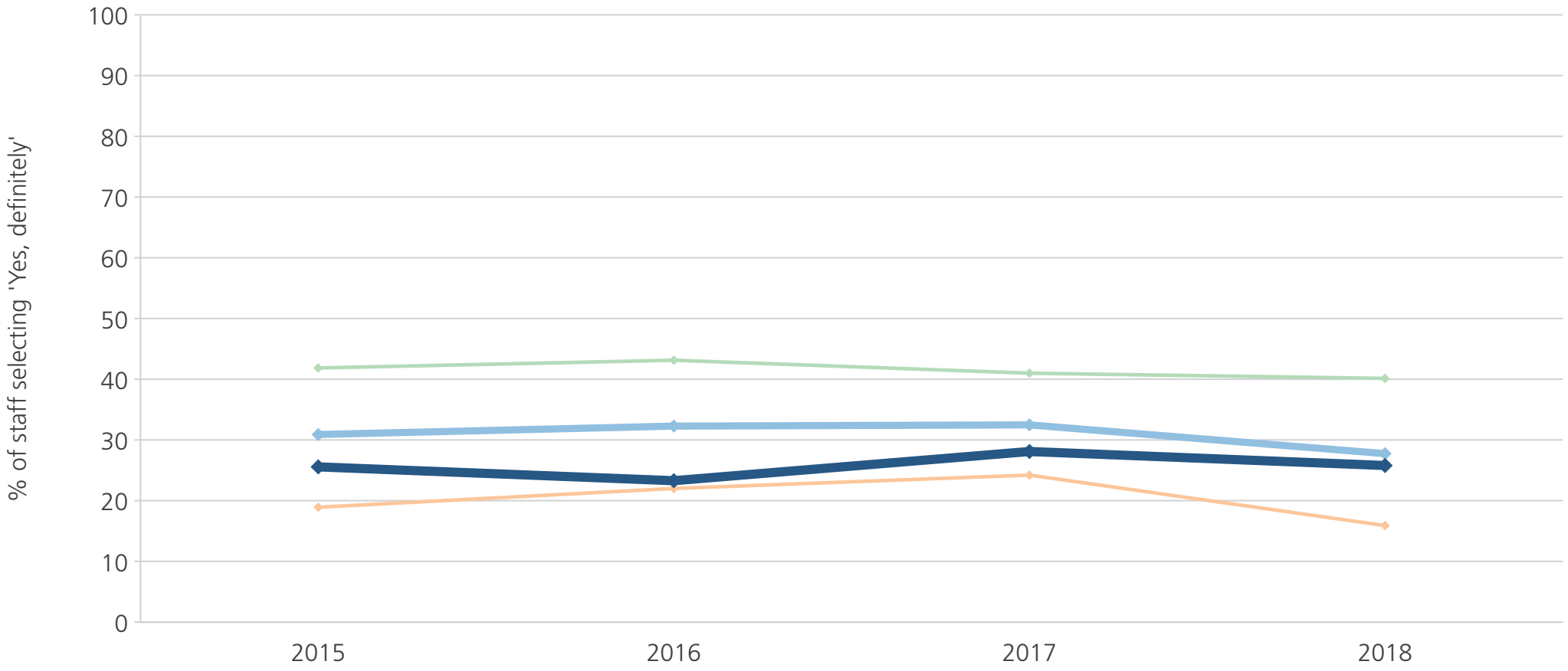
	2014	2015	2016	2017	2018
Your org	28.0%	23.3%	23.6%	21.3%	21.8%
Average	24.1%	24.0%	22.2%	22.0%	22.8%
No. responses	347	1,375	1,678	1,453	1,564



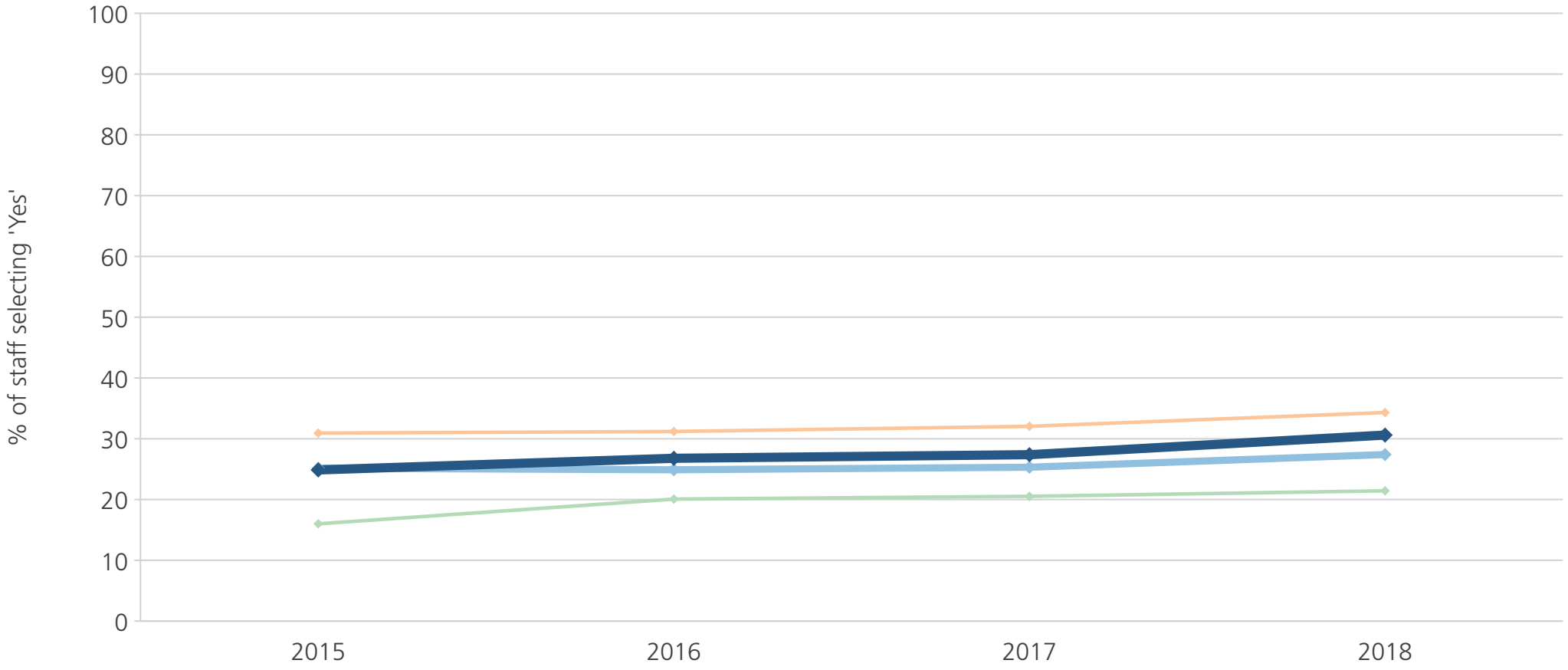
	2014	2015	2016	2017	2018
Worst	42.3%	42.8%	41.6%	41.1%	39.1%
Your org	37.0%	35.7%	33.2%	30.6%	31.0%
Average	32.2%	31.3%	31.3%	31.4%	32.6%
Best	22.5%	23.0%	24.4%	24.6%	24.4%
No. responses	337	1,323	1,630	1,429	1,577



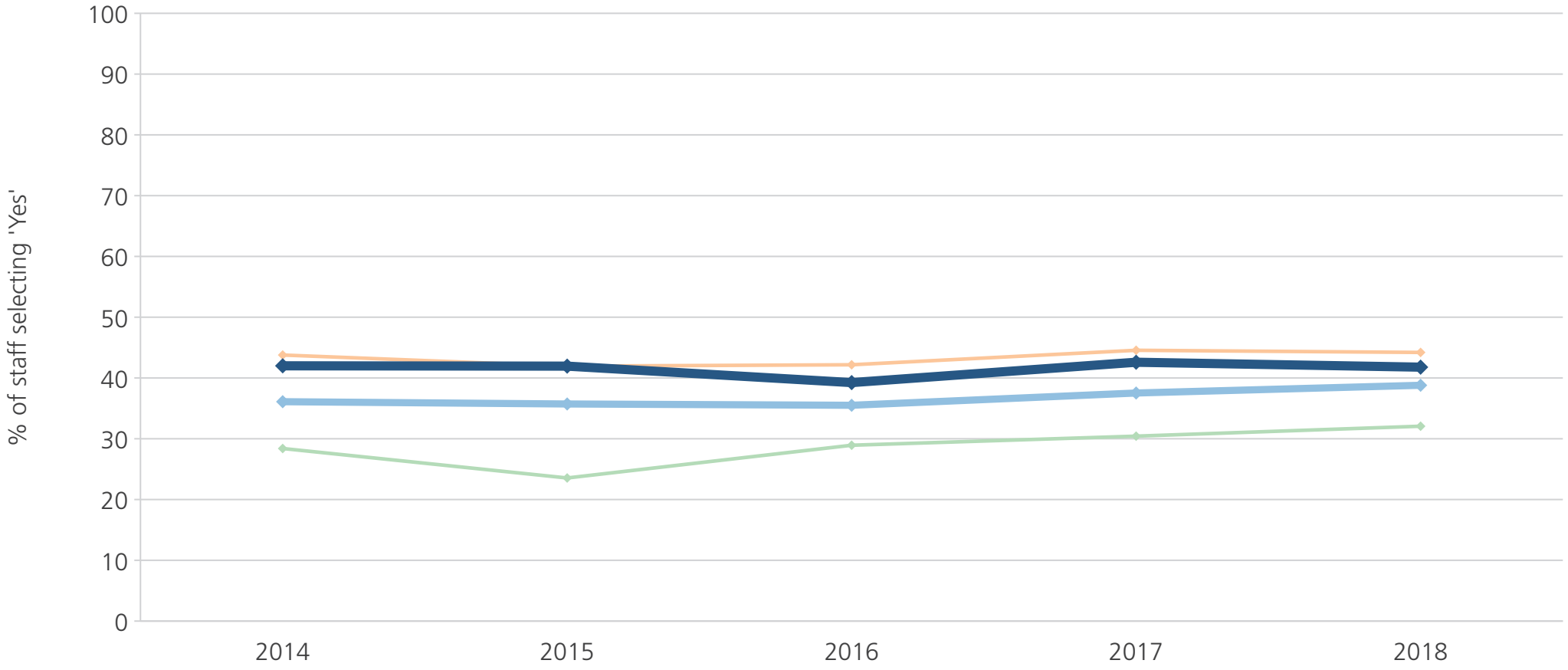
	2014	2015	2016	2017	2018
Worst	71.4%	73.4%	68.6%	66.3%	67.7%
Your org	55.5%	57.8%	56.7%	59.2%	56.3%
Average	56.0%	58.1%	58.3%	57.4%	57.2%
Best	48.3%	50.4%	49.9%	48.1%	49.8%
No. responses	326	1,317	1,615	1,424	1,580



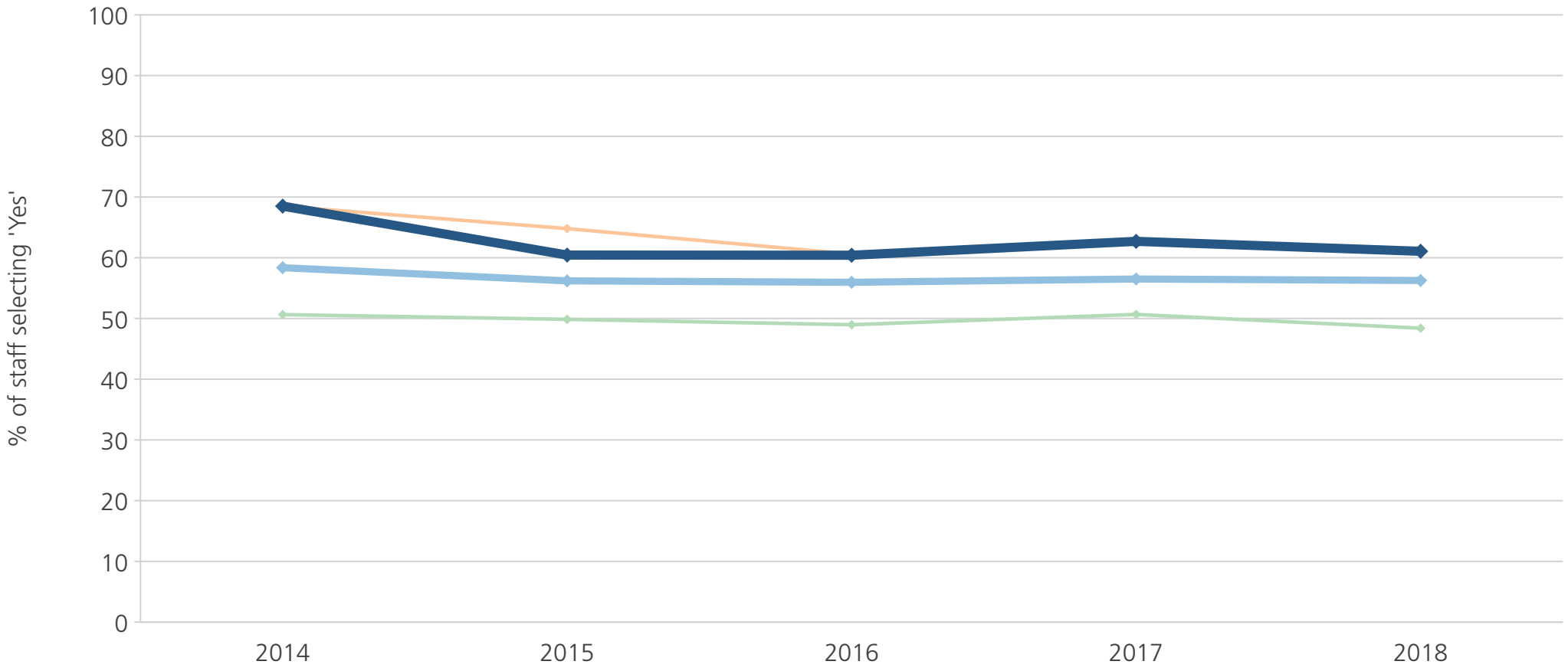
	2015	2016	2017	2018
Best	41.8%	43.1%	41.0%	40.1%
Your org	25.6%	23.3%	28.1%	25.8%
Average	30.9%	32.3%	32.5%	27.7%
Worst	18.9%	22.0%	24.2%	15.9%
No. responses	1,399	1,693	1,510	1,641



	2015	2016	2017	2018
Worst	30.9%	31.2%	32.0%	34.3%
Your org	24.9%	26.8%	27.4%	30.6%
Average	25.1%	24.9%	25.3%	27.4%
Best	16.0%	20.1%	20.5%	21.4%
No. responses	1,401	1,707	1,514	1,656

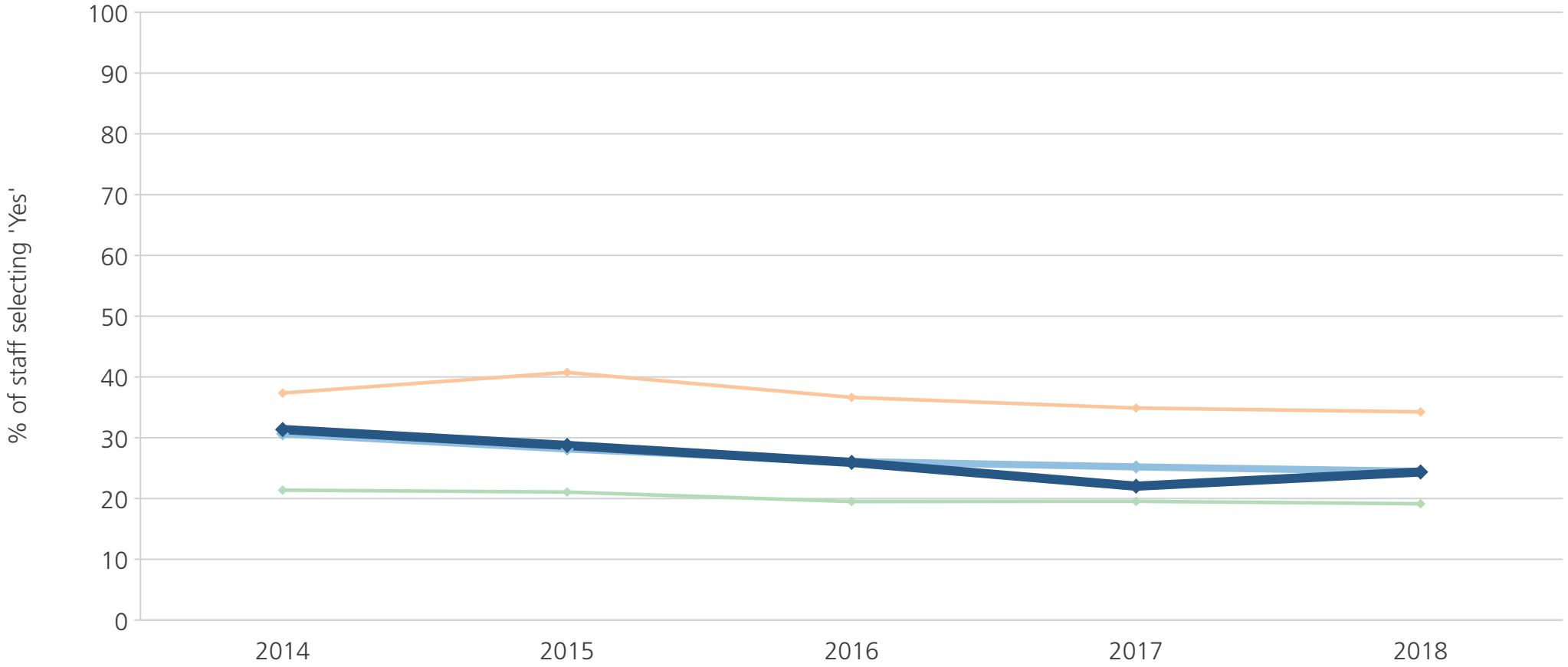


	2014	2015	2016	2017	2018
Worst	43.8%	41.9%	42.2%	44.6%	44.2%
Your org	42.0%	41.9%	39.2%	42.6%	41.8%
Average	36.1%	35.7%	35.5%	37.5%	38.8%
Best	28.4%	23.5%	28.9%	30.4%	32.1%
No. responses	349	1,410	1,705	1,516	1,660



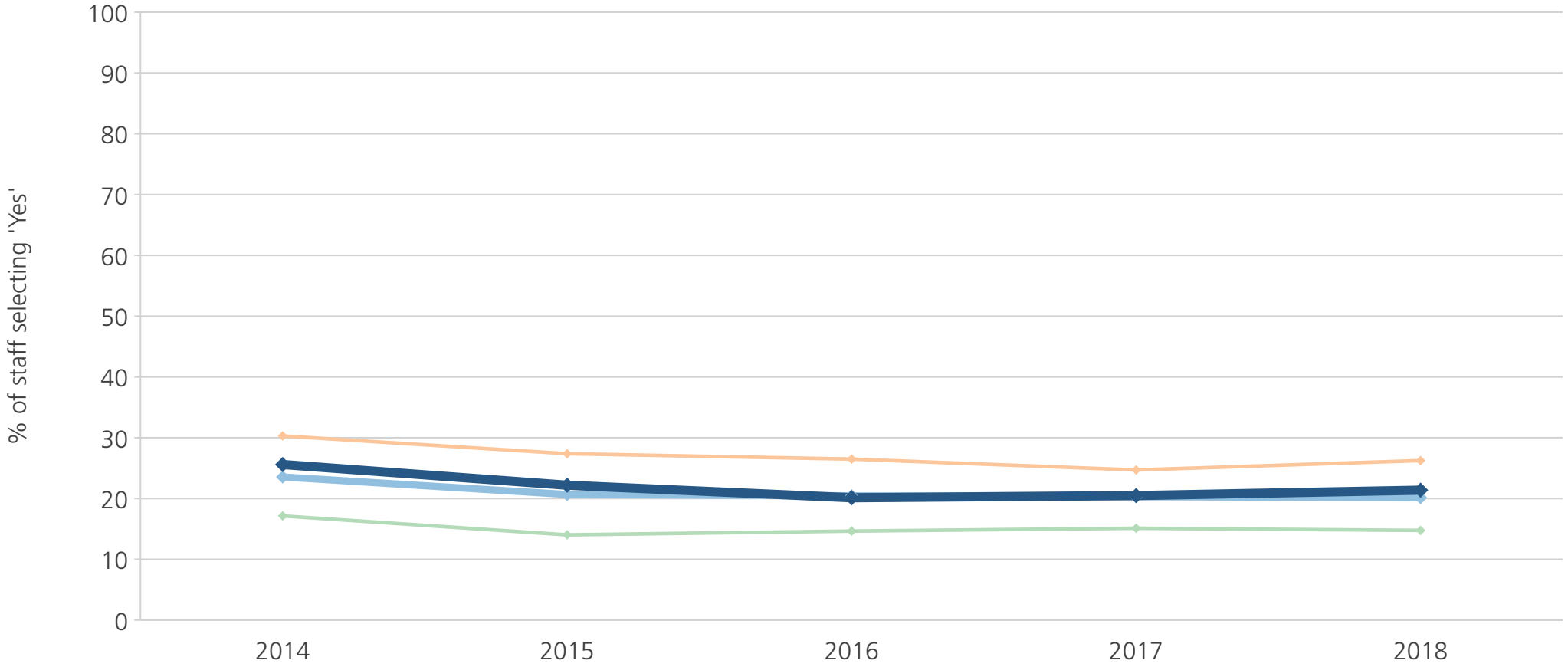
	2014	2015	2016	2017	2018
Worst	68.5%	64.8%	60.6%	63.0%	61.3%
Your org	68.5%	60.4%	60.4%	62.7%	61.1%
Average	58.4%	56.2%	56.0%	56.5%	56.3%
Best	50.6%	49.9%	49.0%	50.7%	48.4%
No. responses	339	1,410	1,707	1,513	1,656

Note: This question was only answered by staff who selected 'Yes' on q11d.



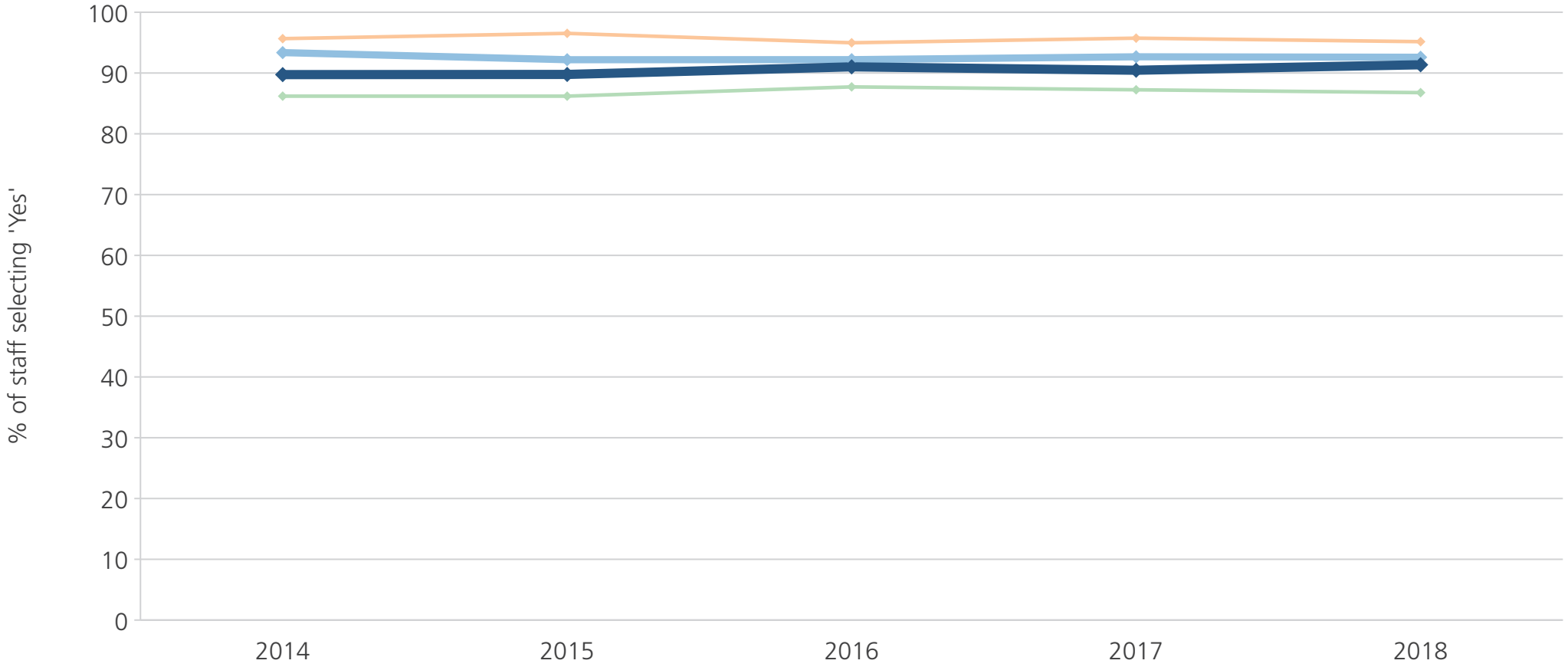
	2014	2015	2016	2017	2018
Worst	37.4%	40.7%	36.6%	34.9%	34.3%
Your org	31.3%	28.7%	25.9%	22.0%	24.4%
Average	30.6%	28.1%	26.1%	25.2%	24.5%
Best	21.4%	21.1%	19.5%	19.5%	19.1%
No. responses	229	839	1,023	923	1,003

Note: This question was only answered by staff who selected 'Yes' on q11d.



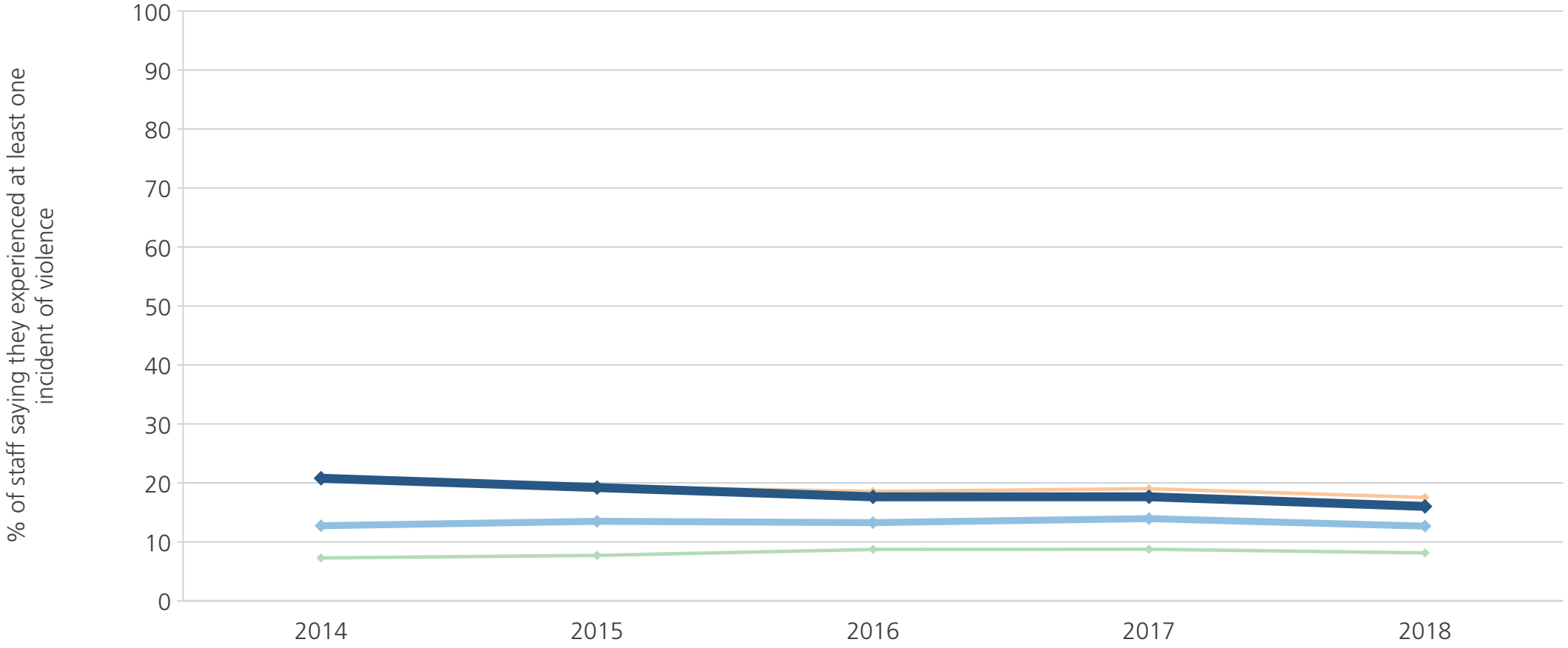
	2014	2015	2016	2017	2018
Worst	30.3%	27.4%	26.5%	24.7%	26.2%
Your org	25.6%	22.2%	20.1%	20.5%	21.4%
Average	23.5%	20.7%	20.4%	20.3%	20.1%
Best	17.1%	14.0%	14.6%	15.1%	14.8%
No. responses	227	840	1,020	923	1,003

Note: This question was only answered by staff who selected 'Yes' on q11d.

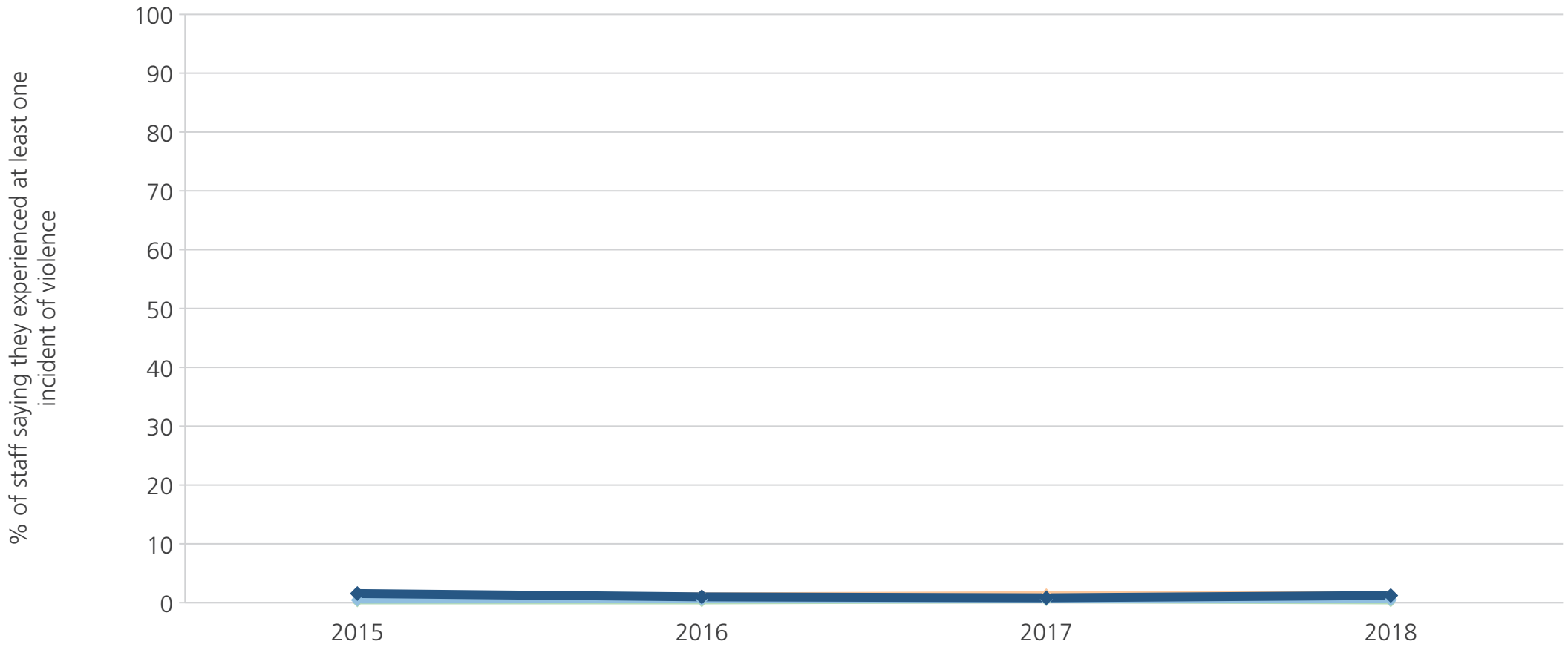


	2014	2015	2016	2017	2018
Worst	95.7%	96.5%	95.0%	95.7%	95.2%
Your org	89.7%	89.8%	91.0%	90.5%	91.4%
Average	93.4%	92.2%	92.2%	92.7%	92.6%
Best	86.2%	86.2%	87.7%	87.2%	86.8%
No. responses	230	848	1,031	934	1,006

2018 NHS Staff Survey Results > Question results > Your health, well-being and safety at work > Q12a **>** In the last 12 months how many times have you personally experienced physical violence at work from patients / service users, their relatives or other members of the public?



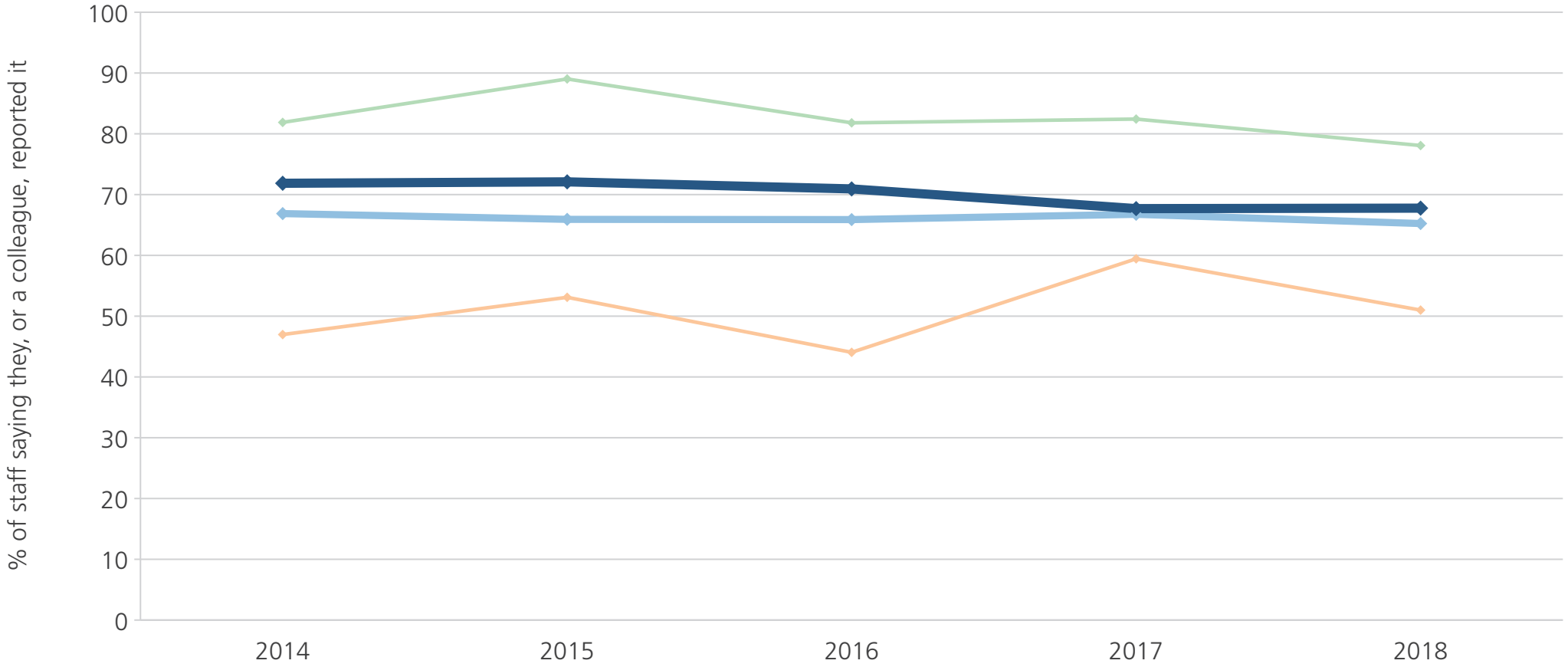
	2014	2015	2016	2017	2018
Worst	20.8%	19.4%	18.6%	19.0%	17.5%
Your org	20.8%	19.2%	17.6%	17.6%	16.0%
Average	12.7%	13.5%	13.3%	13.9%	12.7%
Best	7.3%	7.7%	8.7%	8.8%	8.1%
No. responses	349	1,405	1,693	1,510	1,649



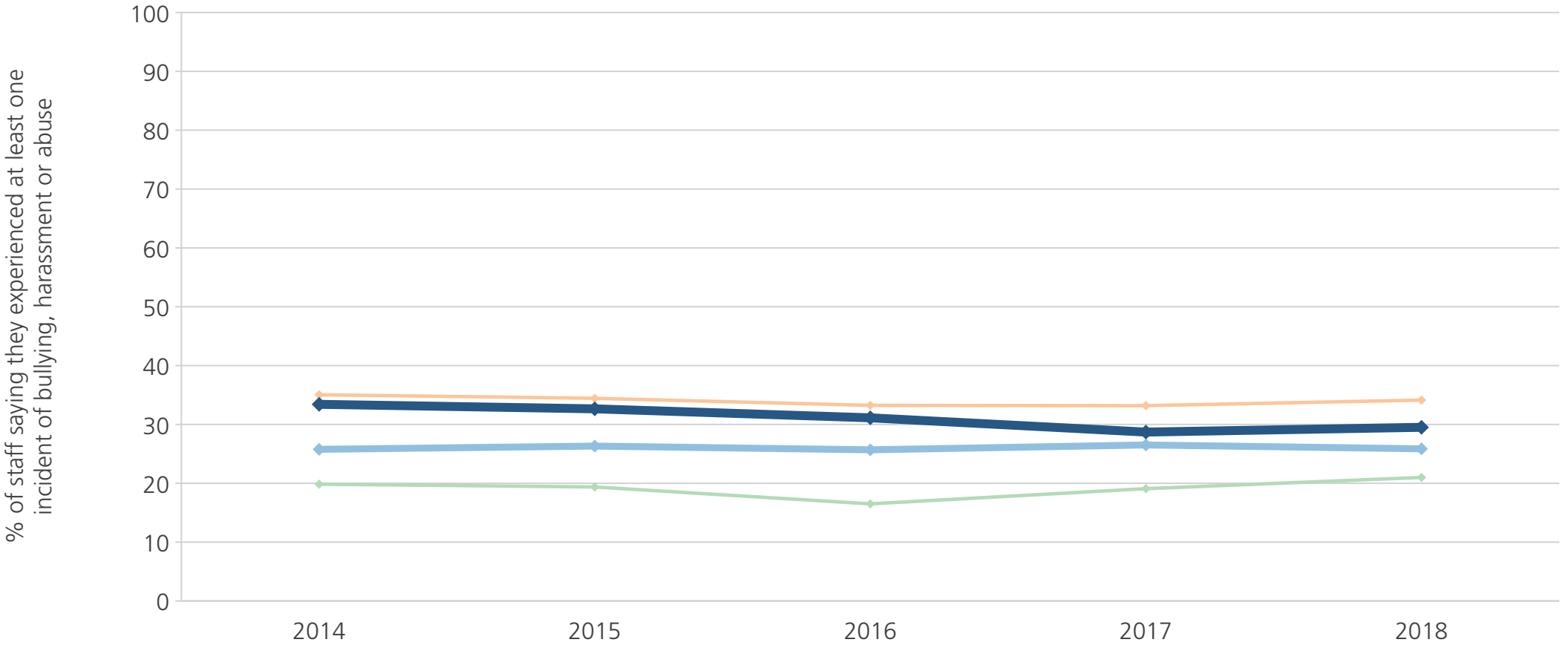
	2015	2016	2017	2018
Worst	1.5%	1.4%	1.6%	1.6%
Your org	1.5%	1.0%	0.8%	1.2%
Average	0.4%	0.5%	0.6%	0.5%
Best	0.0%	0.0%	0.2%	0.0%
No. responses	1,393	1,675	1,499	1,625

	2015	2016	2017	2018
Worst	3.2%	3.0%	3.1%	4.8%
Your org	3.0%	2.4%	2.7%	1.7%
Average	1.5%	1.5%	1.7%	1.5%
Best	0.0%	0.5%	0.4%	0.6%
No. responses	1,389	1,668	1,494	1,618

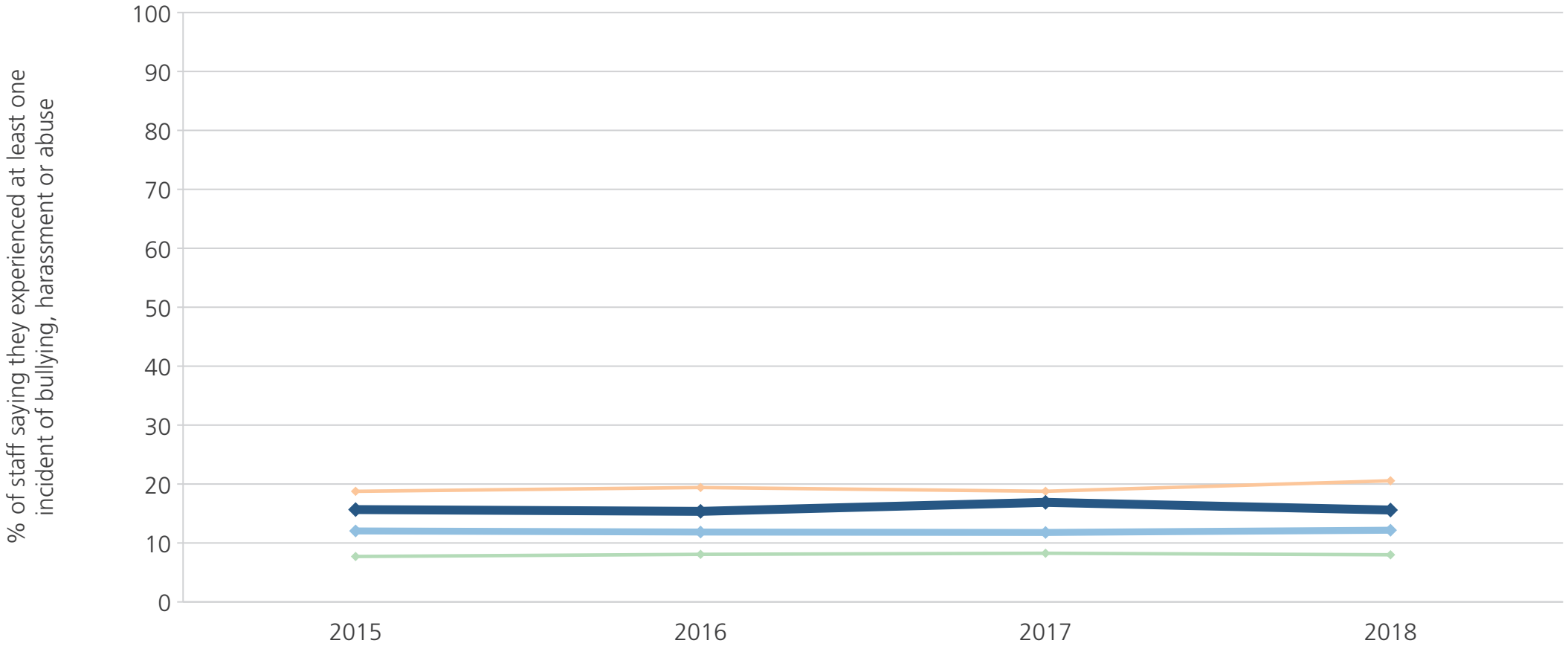
Note: This question was only answered by staff who reported experiencing at least one incident of violence in the last 12 months.



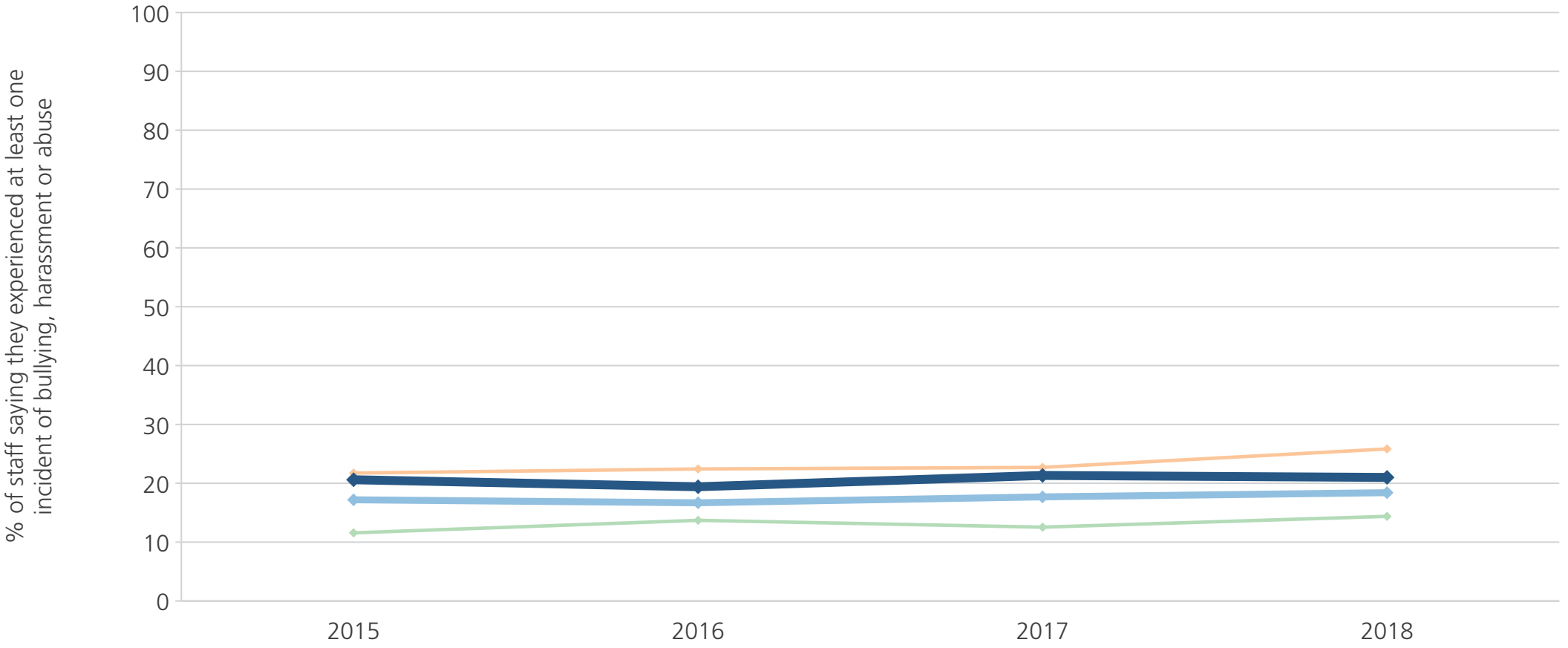
	2014	2015	2016	2017	2018
Best	81.9%	89.0%	81.8%	82.4%	78.1%
Your org	71.9%	72.1%	70.9%	67.7%	67.8%
Average	66.9%	65.9%	65.9%	66.8%	65.2%
Worst	47.0%	53.1%	44.0%	59.4%	51.0%
No. responses	55	213	263	231	189



	2014	2015	2016	2017	2018
Worst	35.0%	34.4%	33.2%	33.2%	34.1%
Your org	33.4%	32.7%	31.1%	28.7%	29.5%
Average	25.8%	26.3%	25.7%	26.5%	25.9%
Best	19.9%	19.4%	16.5%	19.1%	21.0%
No. responses	346	1,400	1,689	1,504	1,651

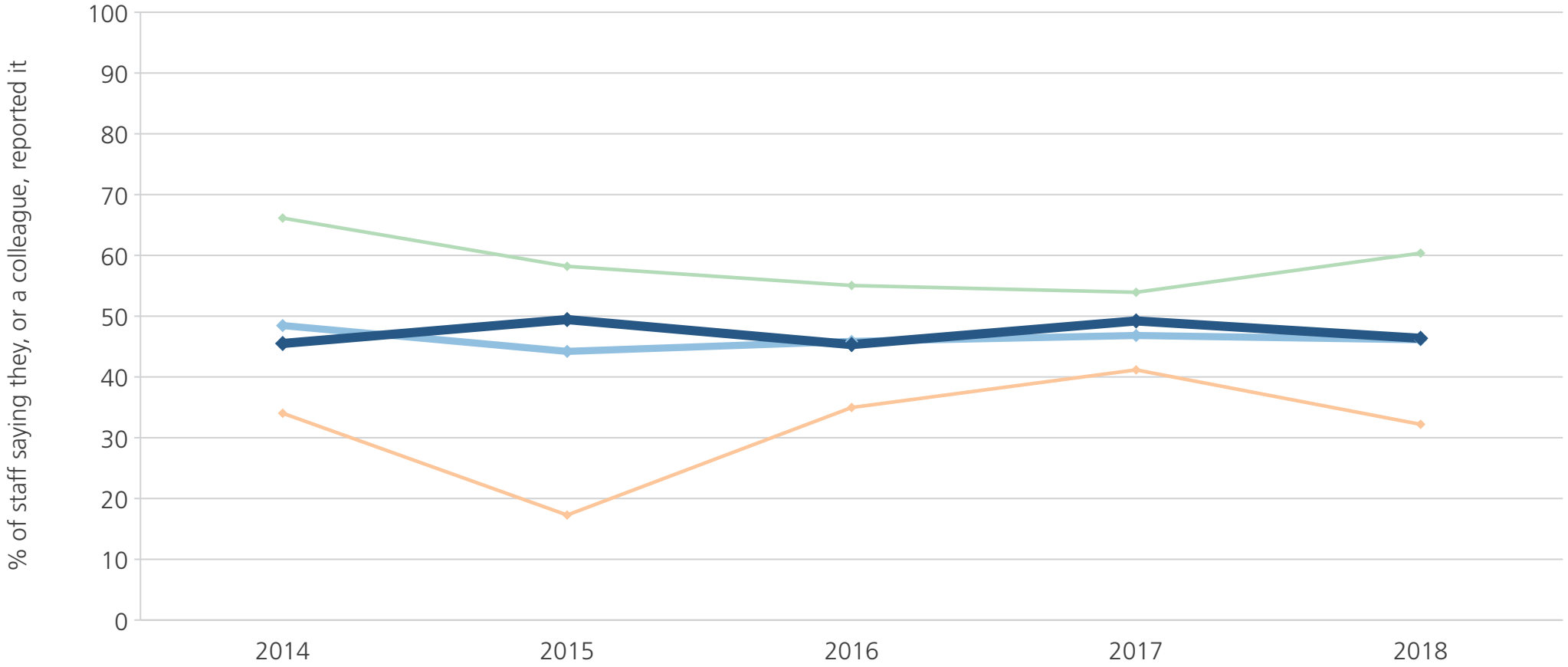


	2015	2016	2017	2018
Worst	18.8%	19.4%	18.8%	20.6%
Your org	15.7%	15.4%	16.9%	15.6%
Average	12.0%	11.9%	11.8%	12.2%
Best	7.7%	8.1%	8.3%	8.0%
No. responses	1,394	1,680	1,490	1,631

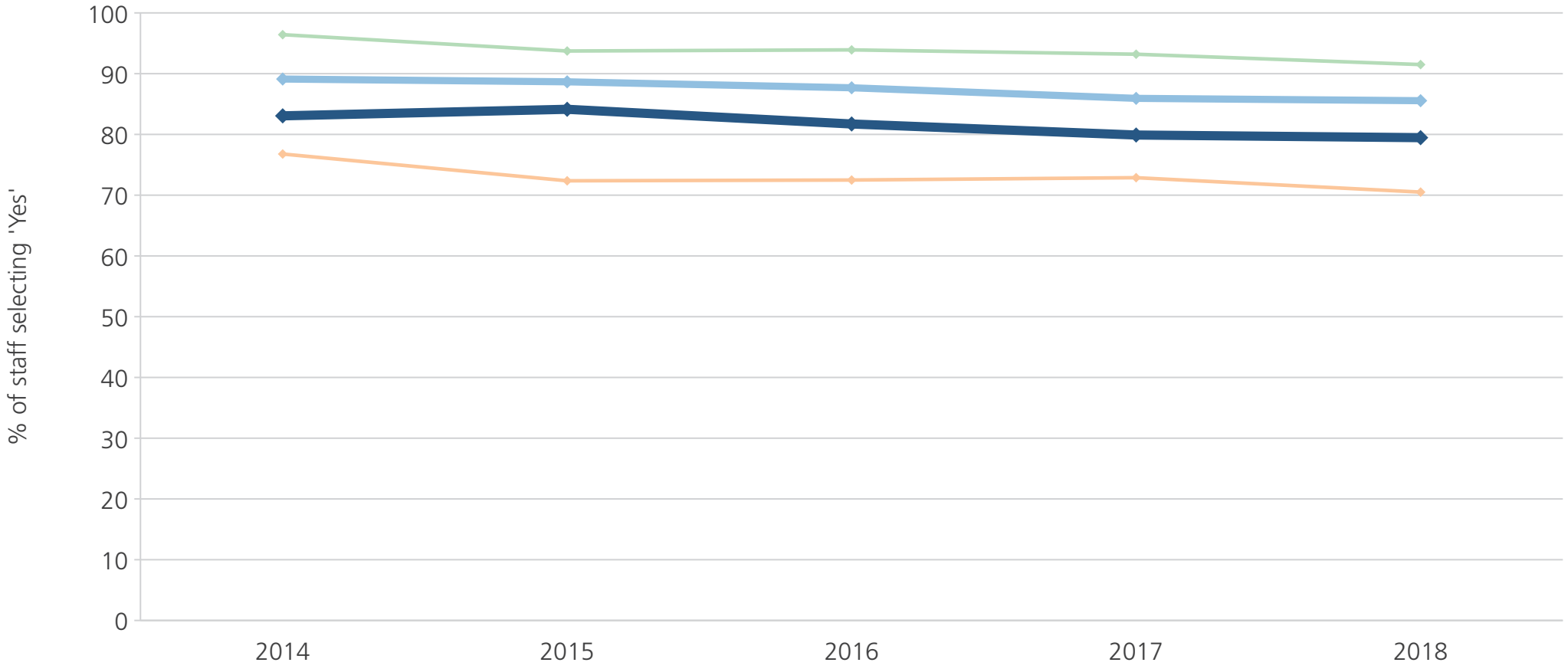


	2015	2016	2017	2018
Worst	21.7%	22.4%	22.7%	25.8%
Your org	20.6%	19.4%	21.3%	21.0%
Average	17.2%	16.7%	17.7%	18.4%
Best	11.6%	13.7%	12.5%	14.4%
No. responses	1,390	1,677	1,486	1,636

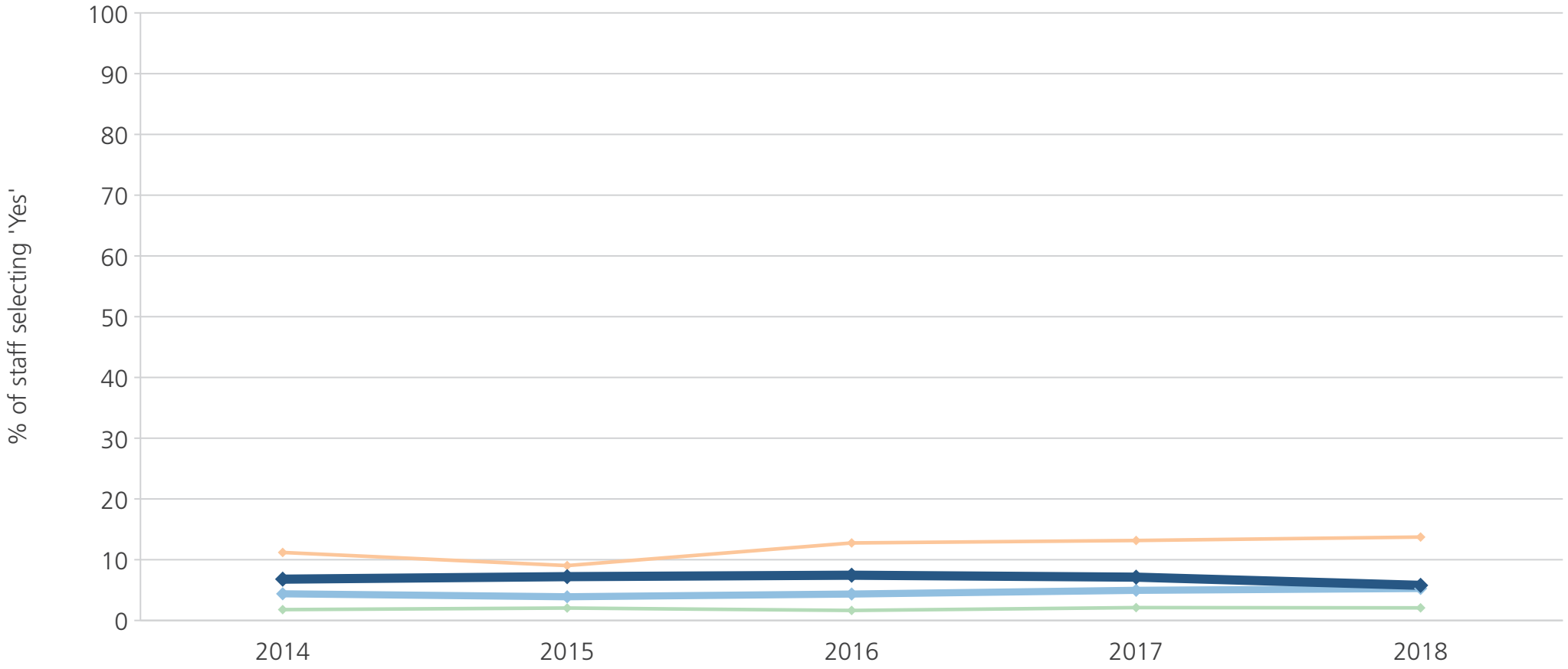
Note: This question was only answered by staff who reported experiencing at least one incident of harassment, bullying or abuse in the last 12 months.



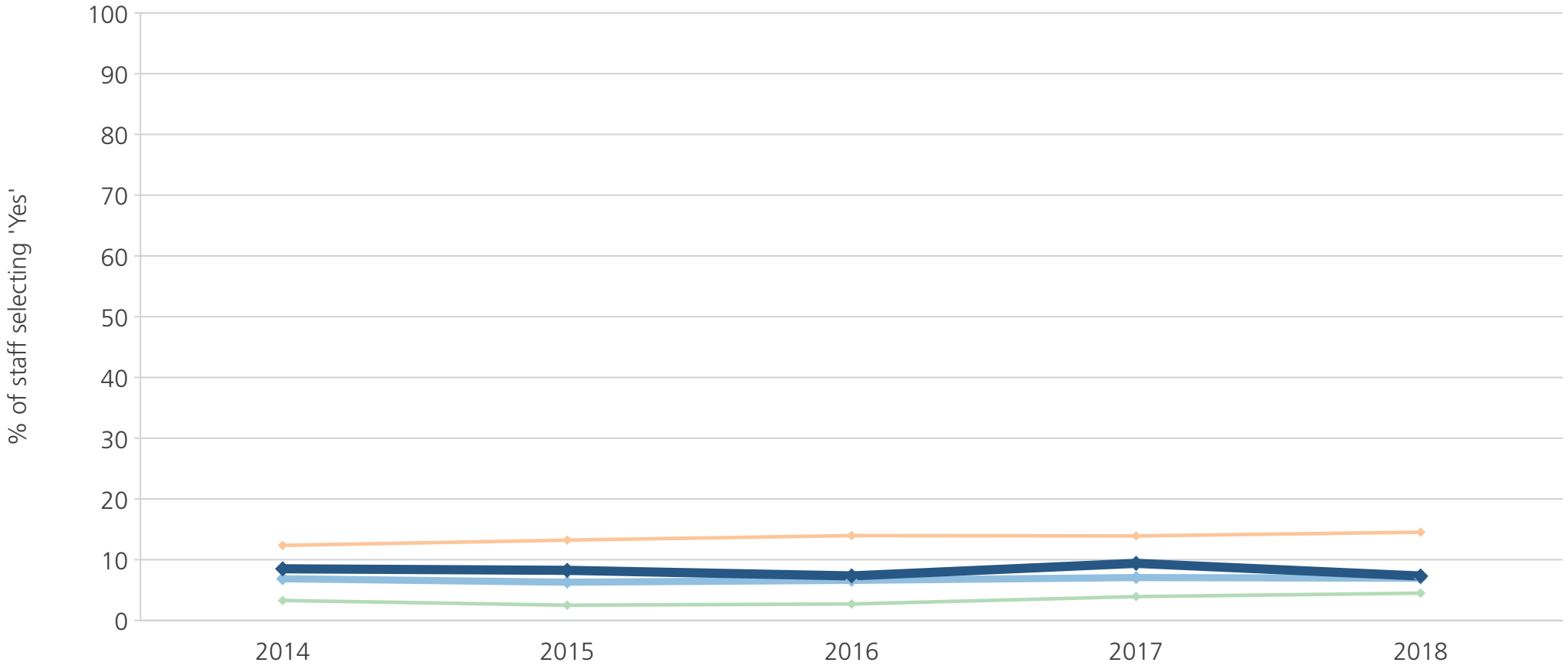
	2014	2015	2016	2017	2018
Best	66.1%	58.2%	55.0%	53.9%	60.4%
Your org	45.5%	49.4%	45.3%	49.2%	46.4%
Average	48.5%	44.2%	45.8%	46.8%	46.1%
Worst	34.0%	17.3%	35.0%	41.2%	32.2%
No. responses	95	532	624	573	603



	2014	2015	2016	2017	2018
Best	96.4%	93.7%	93.9%	93.2%	91.5%
Your org	83.1%	84.1%	81.7%	79.9%	79.5%
Average	89.1%	88.7%	87.7%	85.9%	85.5%
Worst	76.8%	72.4%	72.5%	72.9%	70.5%
No. responses	249	956	1,146	1,003	1,094

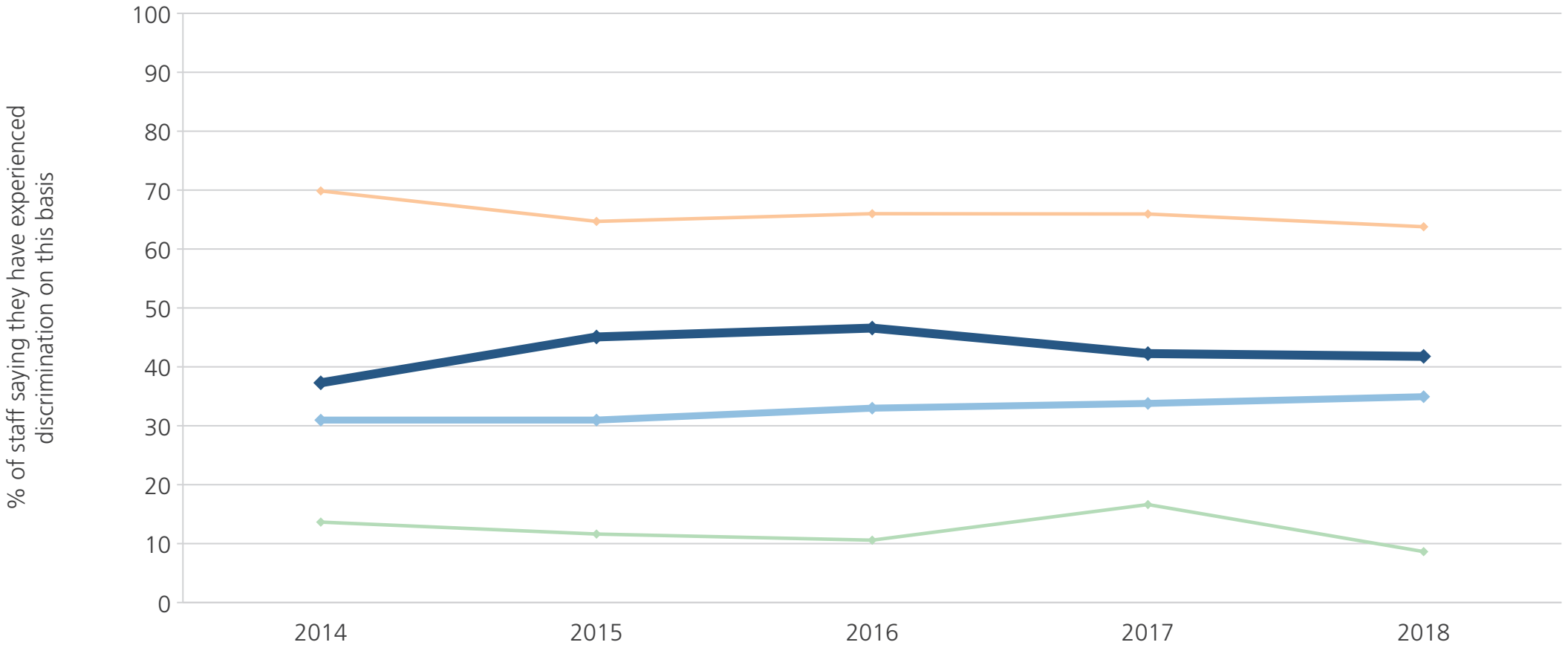


	2014	2015	2016	2017	2018
Worst	11.2%	9.0%	12.8%	13.2%	13.7%
Your org	6.8%	7.2%	7.4%	7.1%	5.8%
Average	4.4%	3.9%	4.3%	5.0%	5.3%
Best	1.8%	2.0%	1.6%	2.1%	2.1%
No. responses	347	1,398	1,699	1,506	1,650



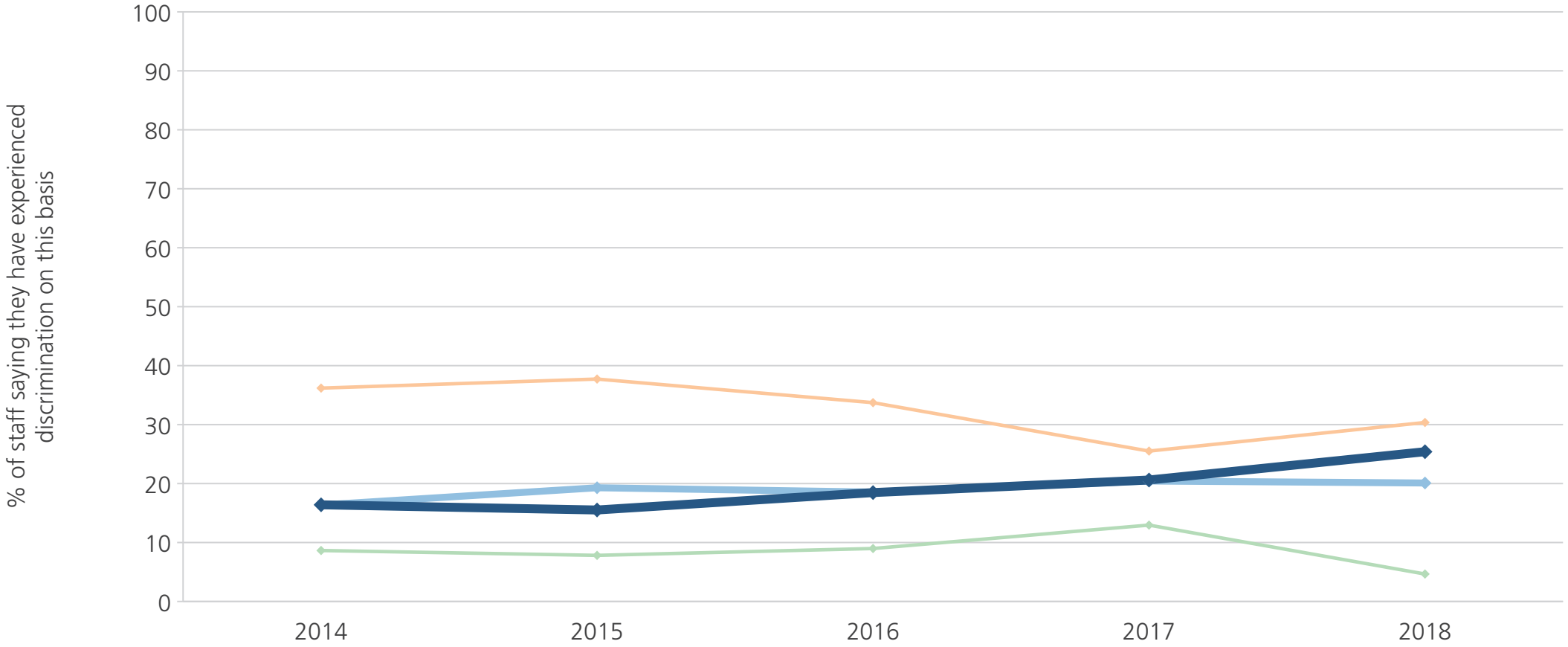
	2014	2015	2016	2017	2018
Worst	12.4%	13.2%	14.0%	13.9%	14.5%
Your org	8.5%	8.2%	7.3%	9.4%	7.3%
Average	6.9%	6.3%	6.6%	7.1%	6.9%
Best	3.3%	2.5%	2.7%	3.9%	4.5%
No. responses	348	1,394	1,696	1,508	1,634

Note: This question was only answered by staff who reported experiencing at least one incident of discrimination in the last 12 months.



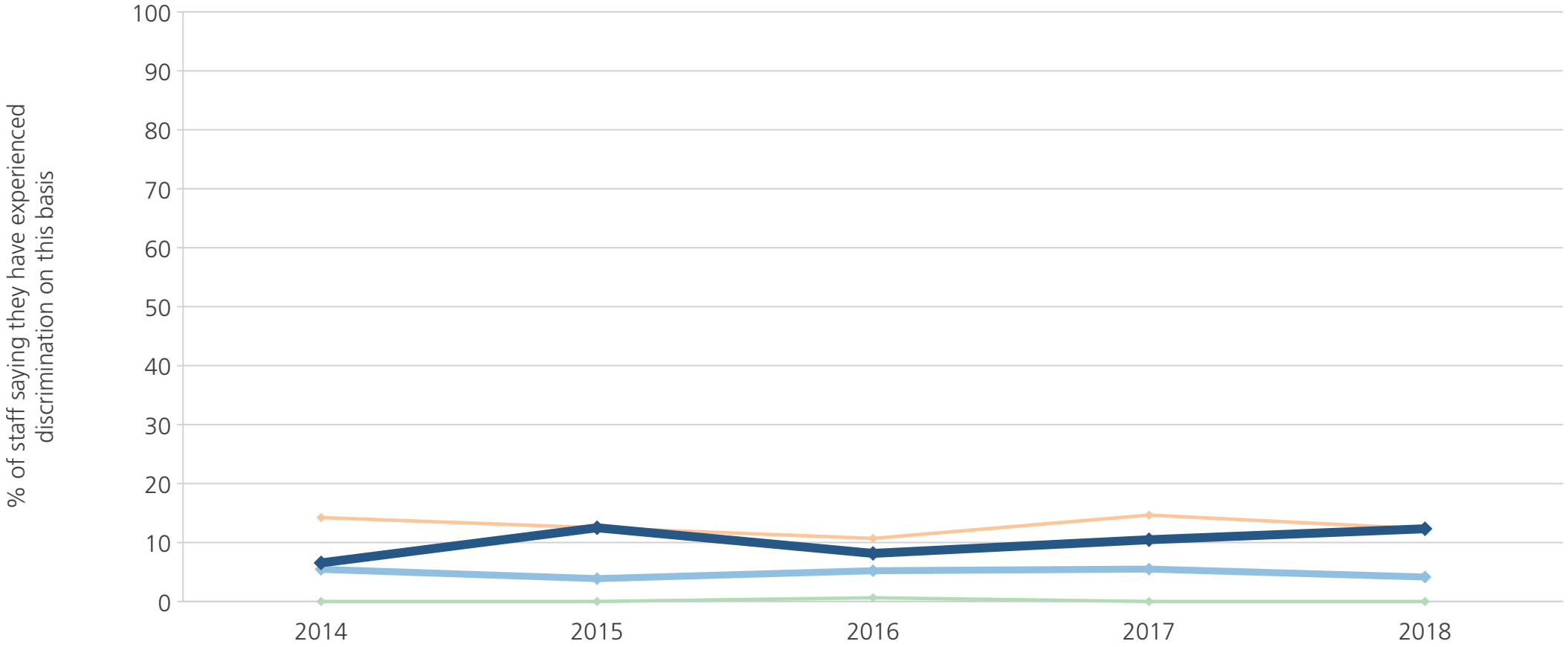
	2014	2015	2016	2017	2018
Worst	69.9%	64.7%	66.0%	65.9%	63.8%
Your org	37.3%	45.1%	46.6%	42.3%	41.8%
Average	31.0%	31.0%	33.0%	33.8%	34.9%
Best	13.7%	11.6%	10.6%	16.6%	8.6%
No. responses	43	172	194	192	172

Note: This question was only answered by staff who reported experiencing at least one incident of discrimination in the last 12 months.



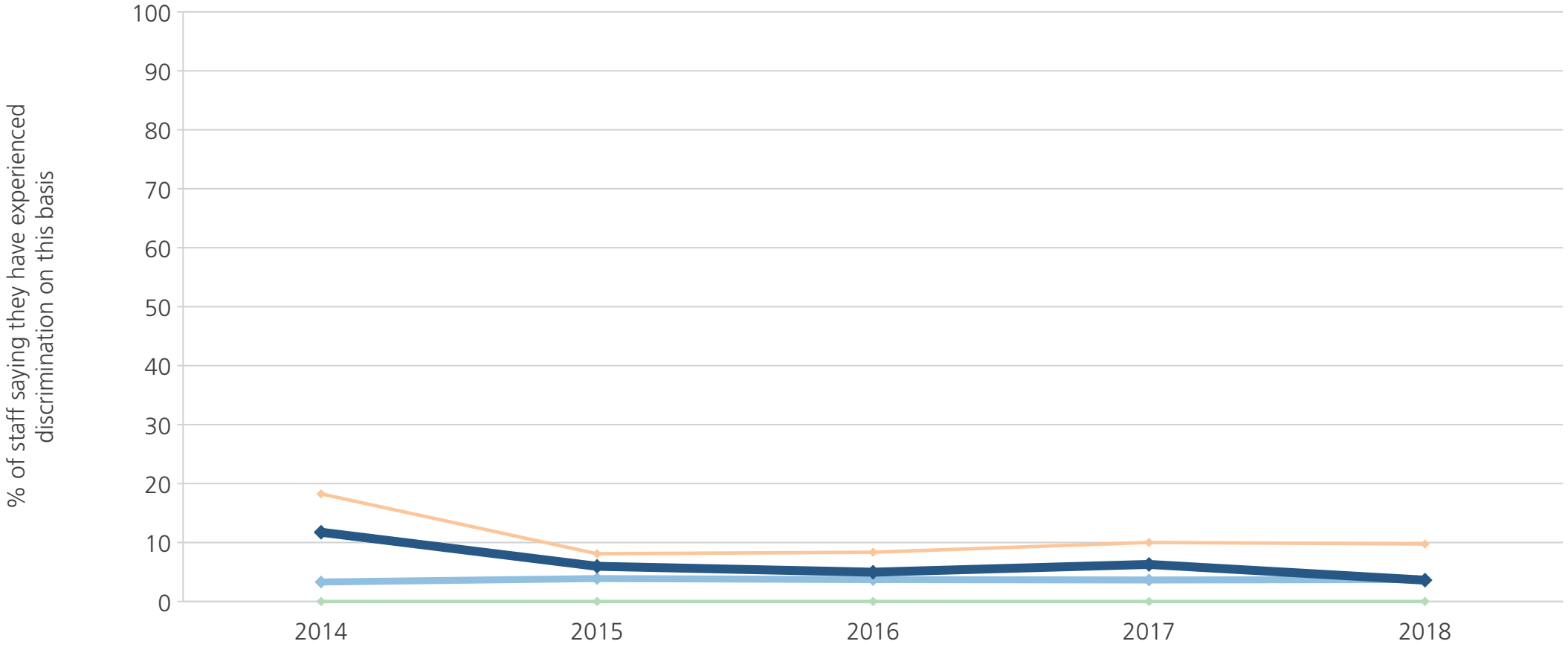
	2014	2015	2016	2017	2018
Worst	36.2%	37.7%	33.7%	25.5%	30.4%
Your org	16.4%	15.5%	18.5%	20.6%	25.4%
Average	16.4%	19.3%	18.6%	20.4%	20.1%
Best	8.6%	7.8%	9.0%	13.0%	4.7%
No. responses	43	172	194	192	172

Note: This question was only answered by staff who reported experiencing at least one incident of discrimination in the last 12 months.



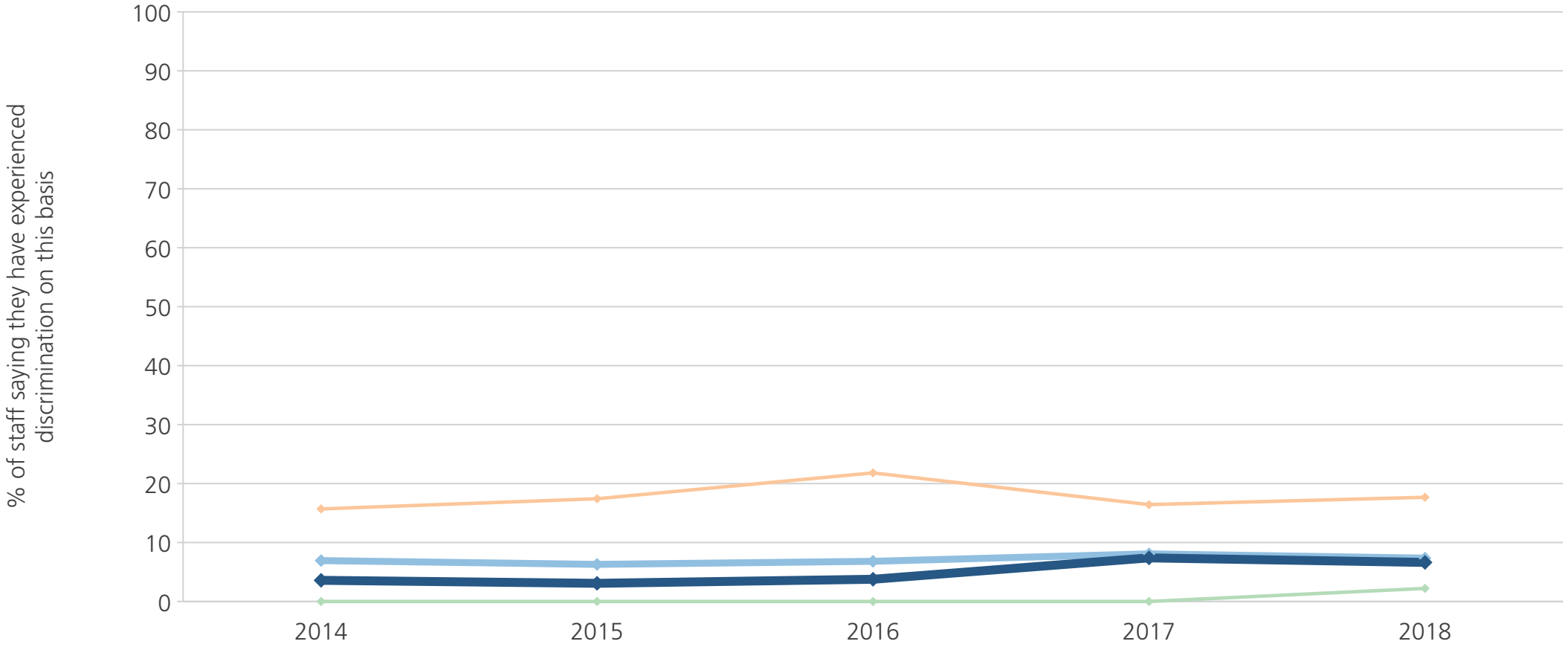
	2014	2015	2016	2017	2018
Worst	14.2%	12.5%	10.7%	14.7%	12.3%
Your org	6.5%	12.5%	8.2%	10.5%	12.3%
Average	5.5%	3.9%	5.2%	5.5%	4.1%
Best	0.0%	0.0%	0.6%	0.0%	0.0%
No. responses	43	172	194	192	172

Note: This question was only answered by staff who reported experiencing at least one incident of discrimination in the last 12 months.



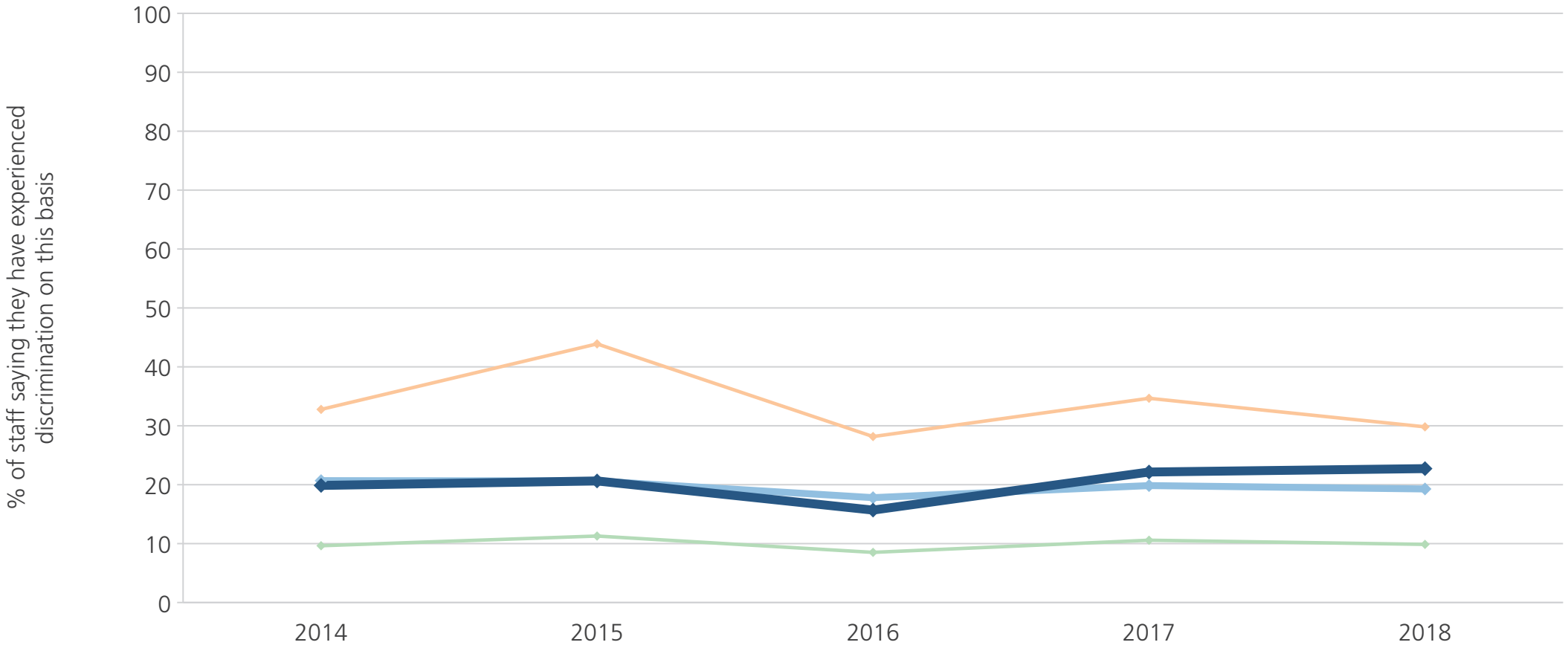
	2014	2015	2016	2017	2018
Worst	18.2%	8.1%	8.4%	10.0%	9.8%
Your org	11.7%	6.0%	5.0%	6.3%	3.6%
Average	3.3%	3.9%	3.7%	3.6%	3.7%
Best	0.0%	0.0%	0.0%	0.0%	0.0%
No. responses	43	172	194	192	172

Note: This question was only answered by staff who reported experiencing at least one incident of discrimination in the last 12 months.



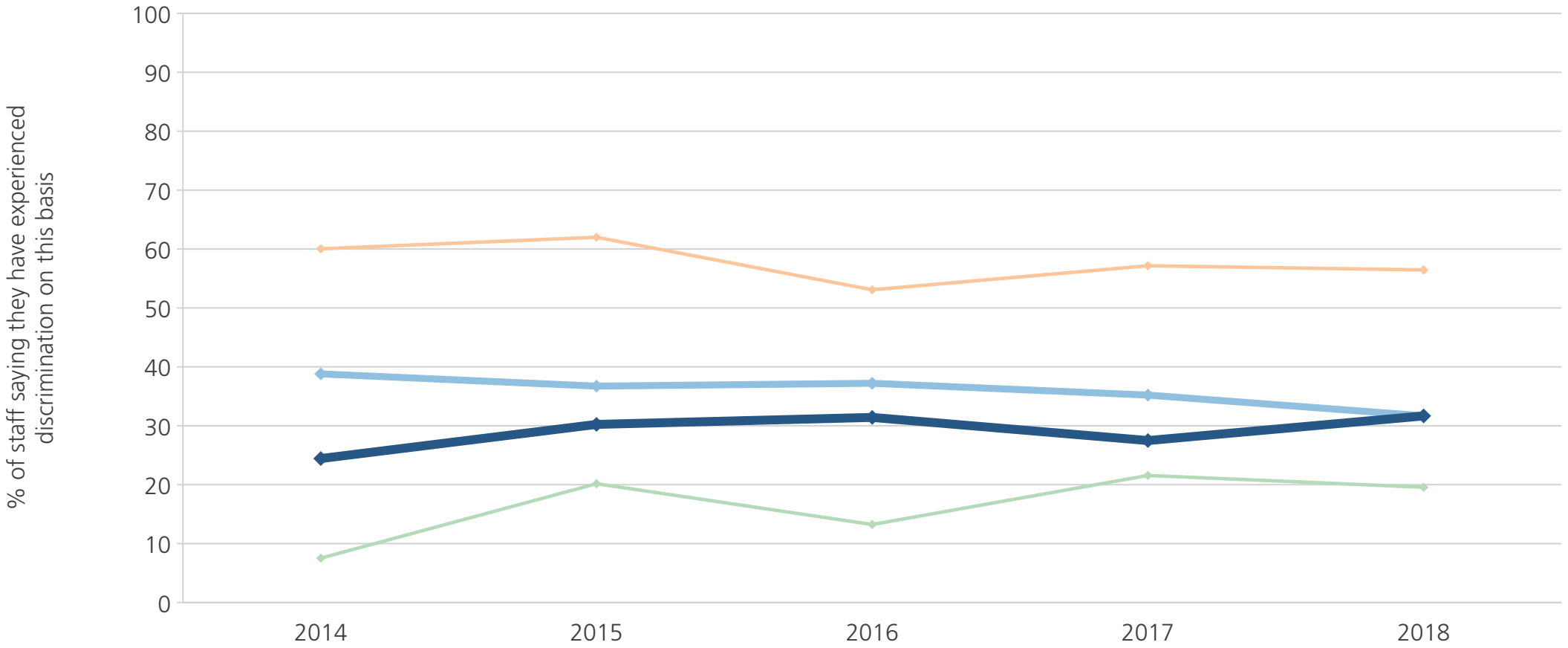
	2014	2015	2016	2017	2018
Worst	15.7%	17.4%	21.8%	16.4%	17.7%
Your org	3.6%	3.1%	3.8%	7.4%	6.6%
Average	6.9%	6.3%	6.8%	8.1%	7.4%
Best	0.0%	0.0%	0.0%	0.0%	2.2%
No. responses	43	172	194	192	172

Note: This question was only answered by staff who reported experiencing at least one incident of discrimination in the last 12 months.

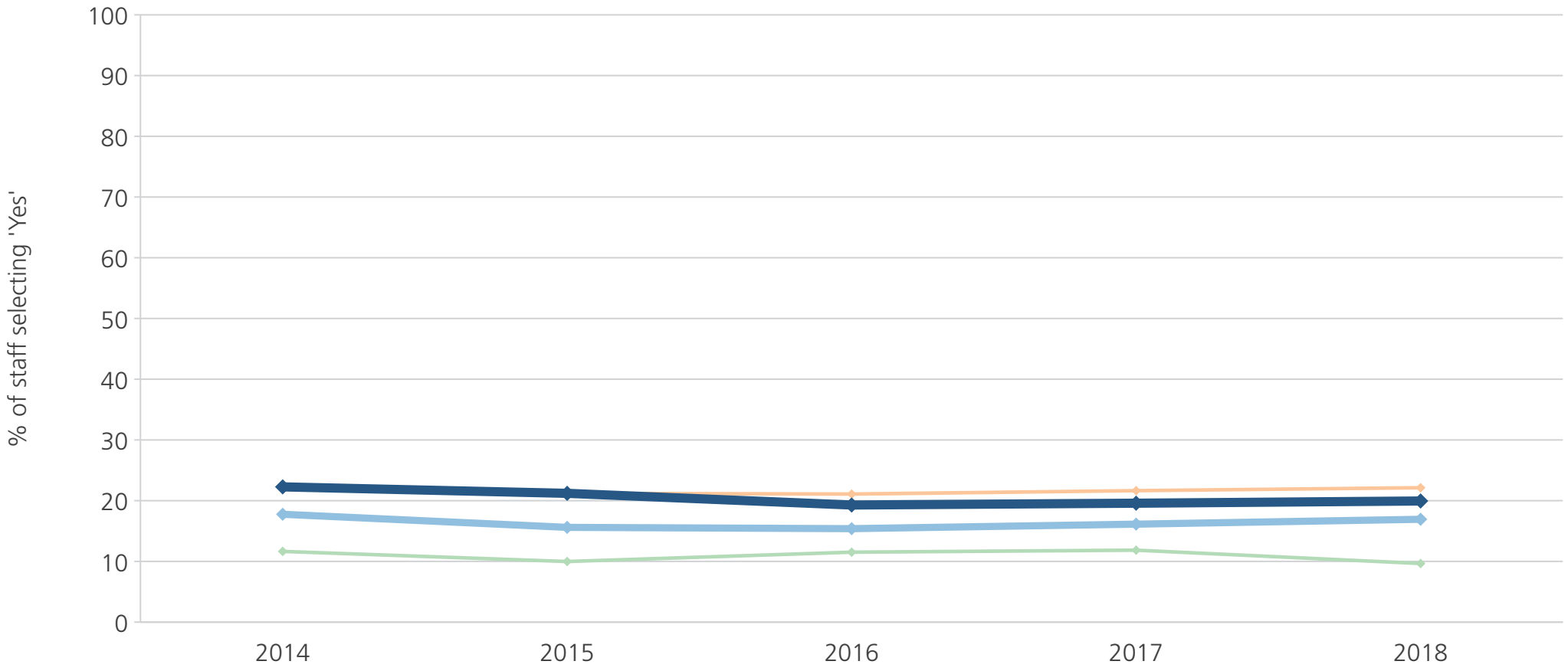


	2014	2015	2016	2017	2018
Worst	32.8%	43.9%	28.2%	34.7%	29.8%
Your org	19.9%	20.6%	15.7%	22.1%	22.7%
Average	20.7%	20.6%	17.8%	19.8%	19.3%
Best	9.6%	11.3%	8.5%	10.6%	9.9%
No. responses	43	172	194	192	172

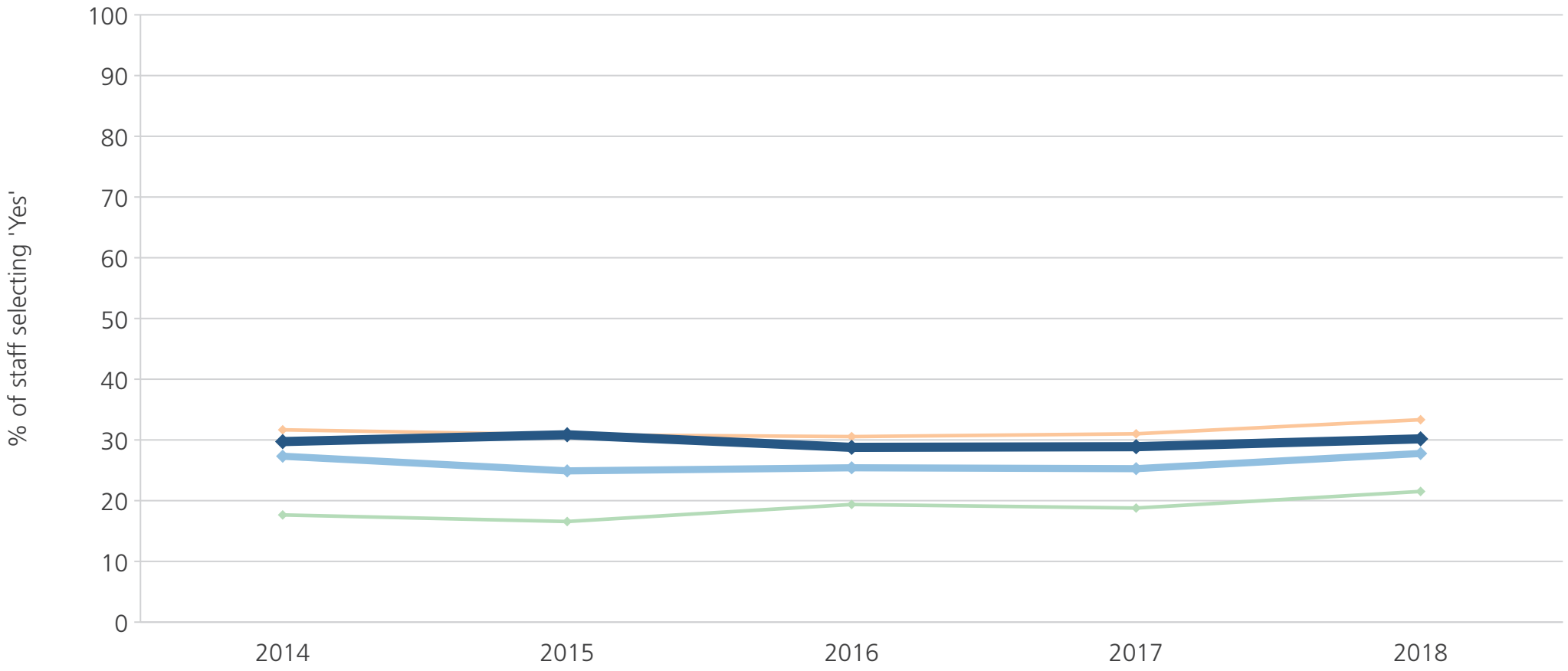
Note: This question was only answered by staff who reported experiencing at least one incident of discrimination in the last 12 months.



	2014	2015	2016	2017	2018
Worst	60.0%	62.0%	53.1%	57.2%	56.4%
Your org	24.4%	30.2%	31.4%	27.5%	31.7%
Average	38.8%	36.7%	37.2%	35.2%	31.7%
Best	7.5%	20.2%	13.2%	21.6%	19.6%
No. responses	43	172	194	192	172

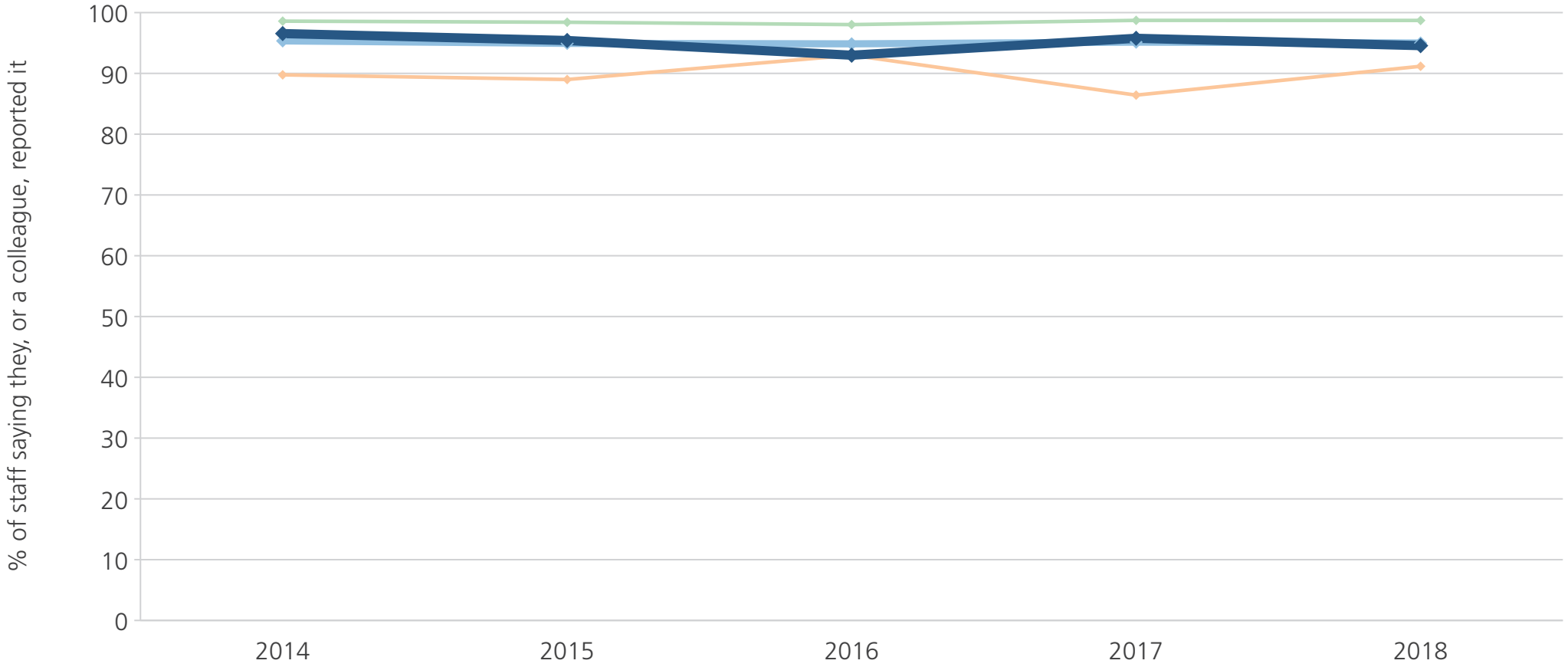


	2014	2015	2016	2017	2018
Worst	22.4%	21.2%	21.1%	21.6%	22.1%
Your org	22.3%	21.2%	19.3%	19.6%	19.9%
Average	17.8%	15.6%	15.4%	16.1%	16.9%
Best	11.6%	10.0%	11.5%	11.8%	9.7%
No. responses	345	1,389	1,691	1,497	1,646

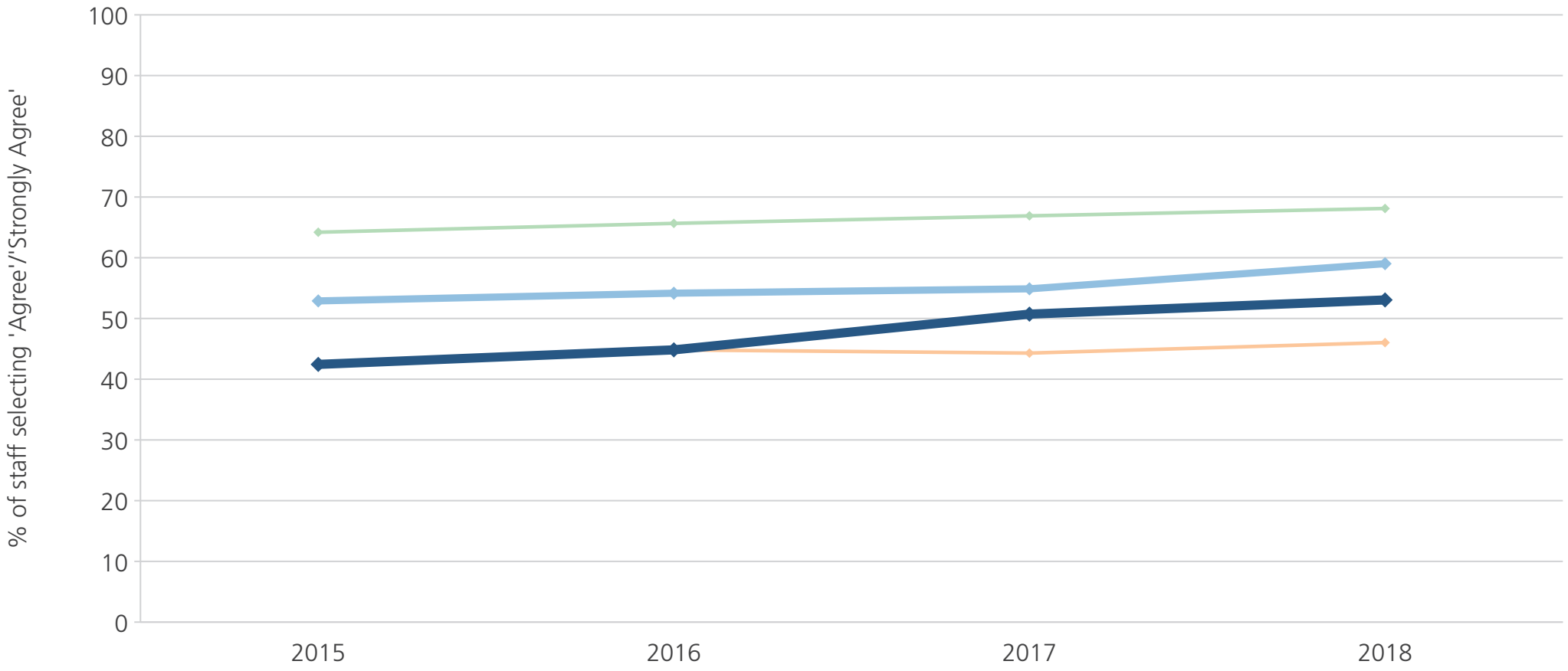


	2014	2015	2016	2017	2018
Worst	31.7%	30.9%	30.5%	31.0%	33.3%
Your org	29.7%	30.9%	28.8%	28.9%	30.2%
Average	27.3%	24.9%	25.4%	25.3%	27.8%
Best	17.7%	16.6%	19.4%	18.8%	21.5%
No. responses	341	1,361	1,675	1,470	1,621

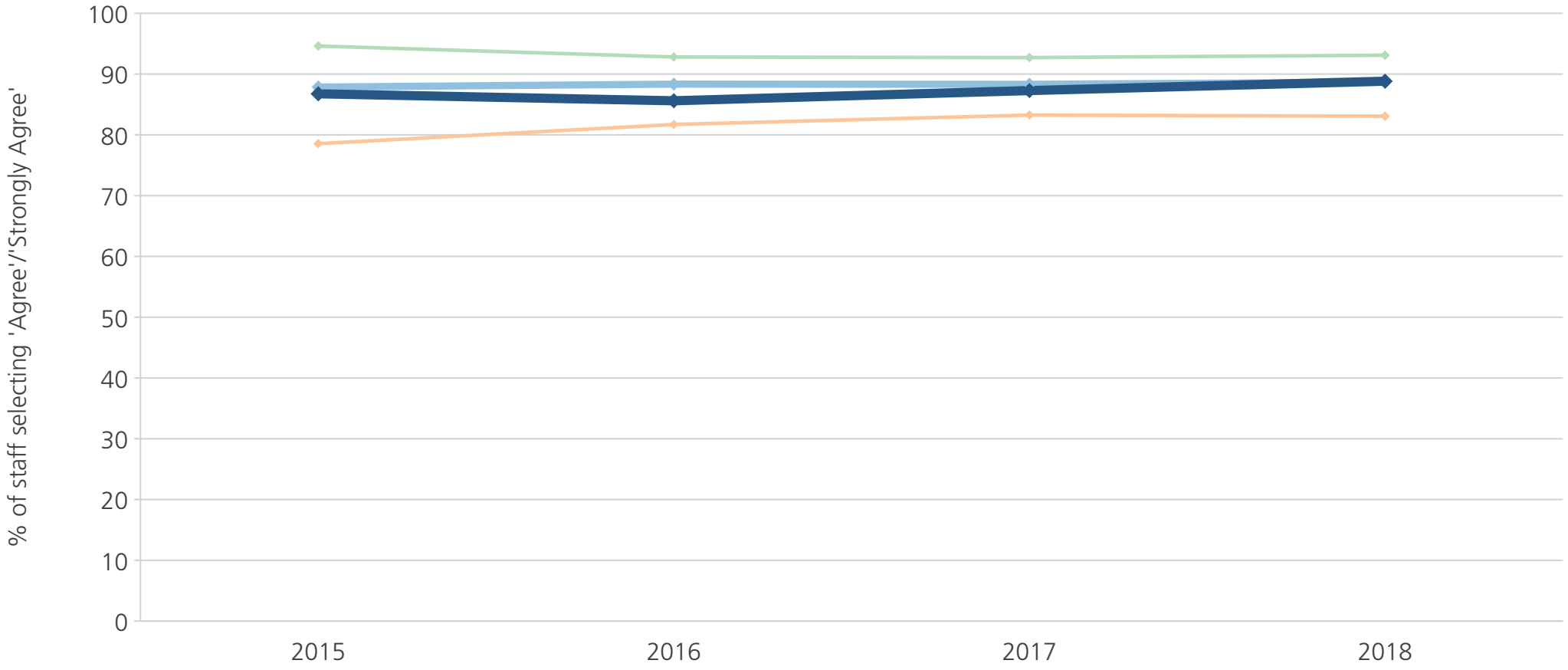
Note: This question was only answered by staff who reported observing at least one error, near miss or incident in the last month.



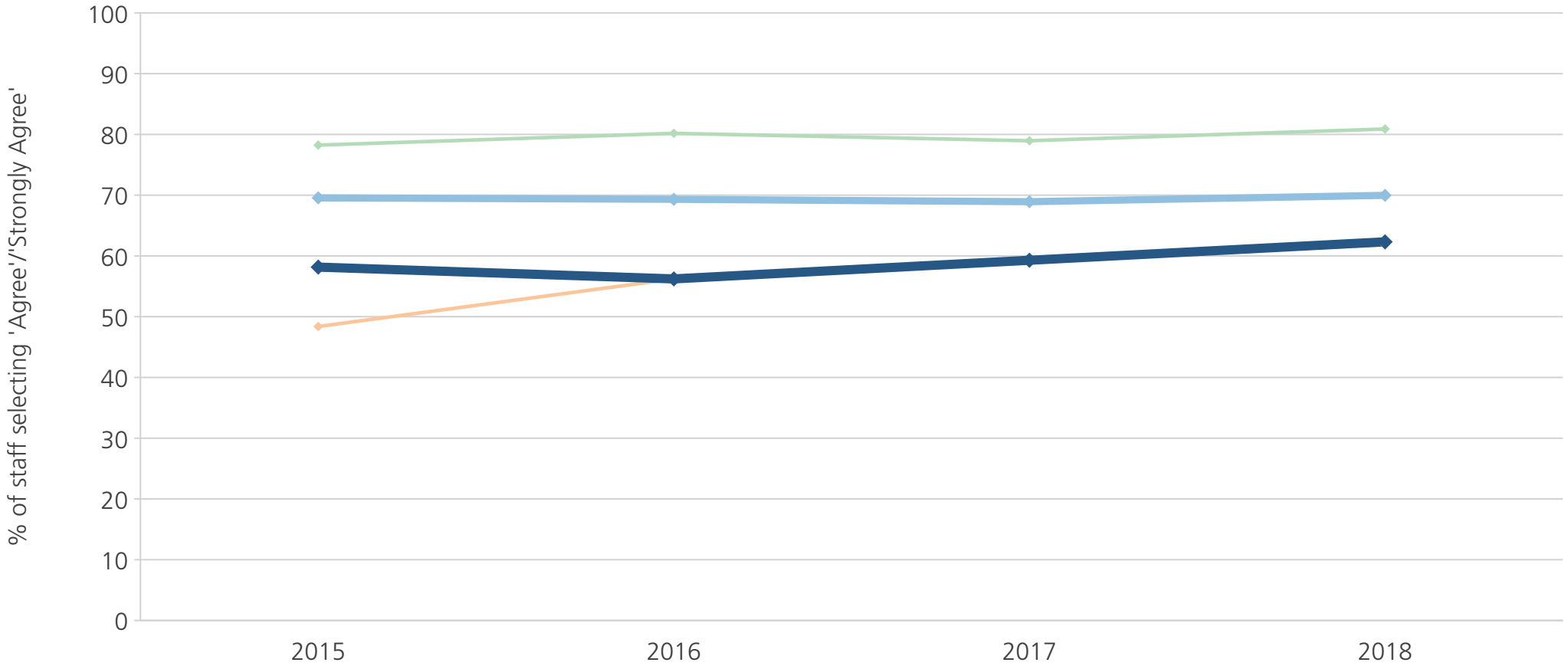
	2014	2015	2016	2017	2018
Best	98.6%	98.4%	98.0%	98.7%	98.7%
Your org	96.6%	95.4%	93.0%	95.8%	94.6%
Average	95.3%	94.9%	94.9%	95.1%	95.0%
Worst	89.8%	89.0%	93.0%	86.4%	91.2%
No. responses	108	449	504	429	468



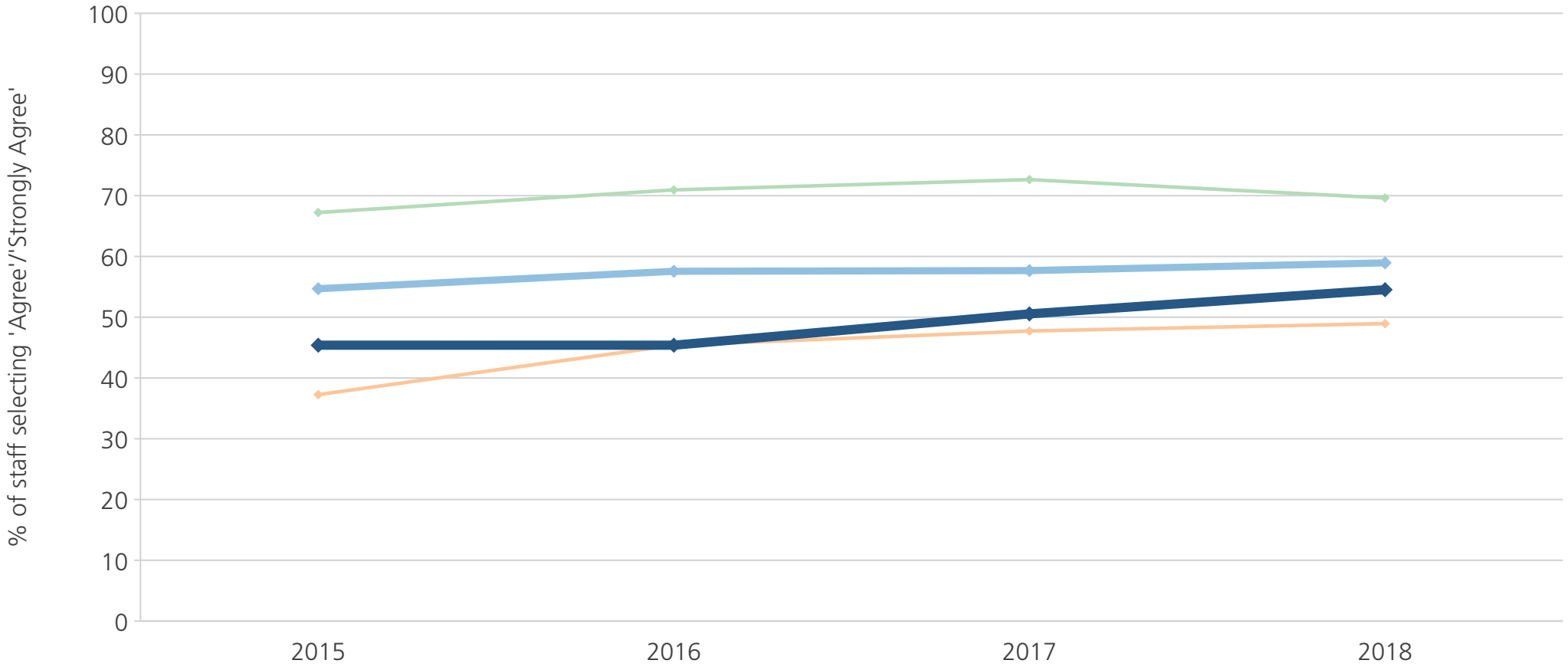
	2015	2016	2017	2018
Best	64.2%	65.7%	66.9%	68.1%
Your org	42.4%	44.8%	50.7%	53.1%
Average	52.9%	54.2%	54.9%	59.0%
Worst	42.4%	44.8%	44.3%	46.0%
No. responses	1,175	1,393	1,197	1,245



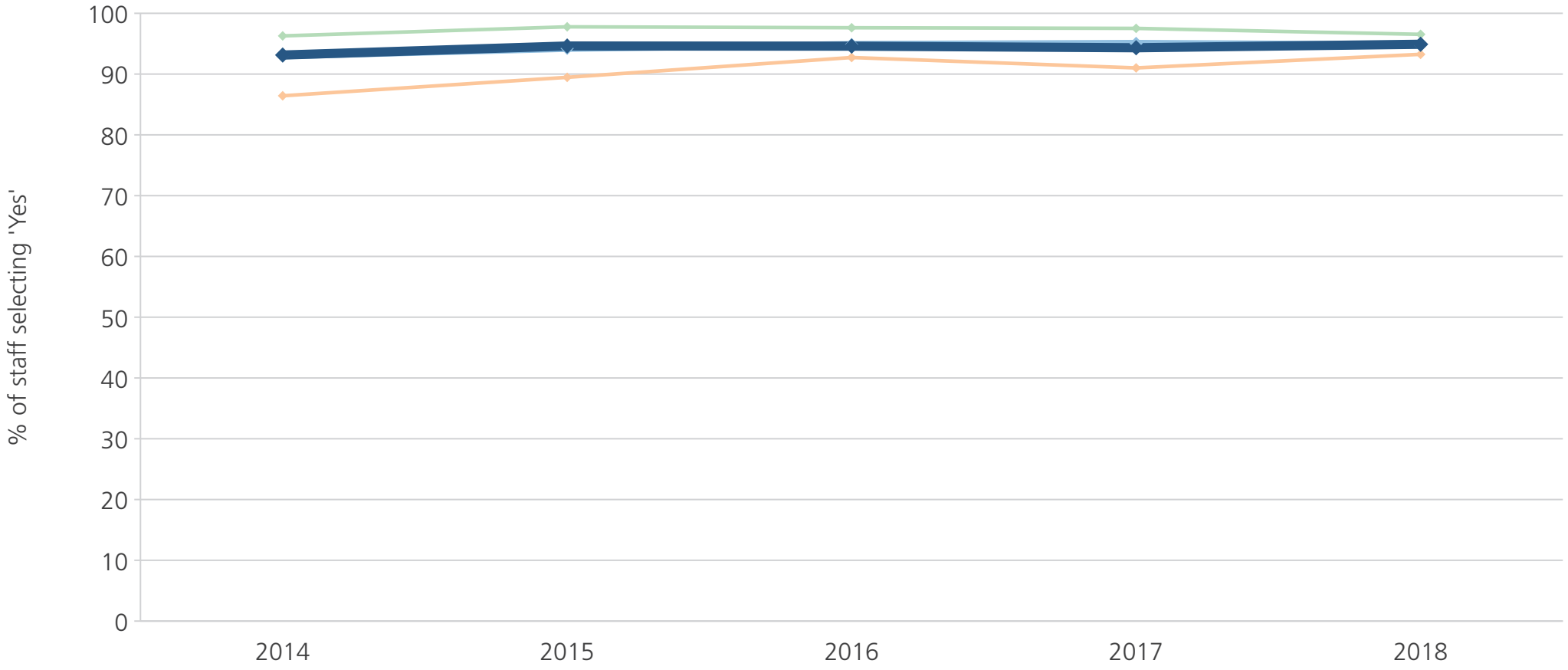
	2015	2016	2017	2018
Best	94.6%	92.8%	92.7%	93.1%
Your org	86.8%	85.6%	87.3%	88.8%
Average	87.9%	88.3%	88.3%	88.7%
Worst	78.6%	81.7%	83.3%	83.1%
No. responses	1,383	1,668	1,469	1,589



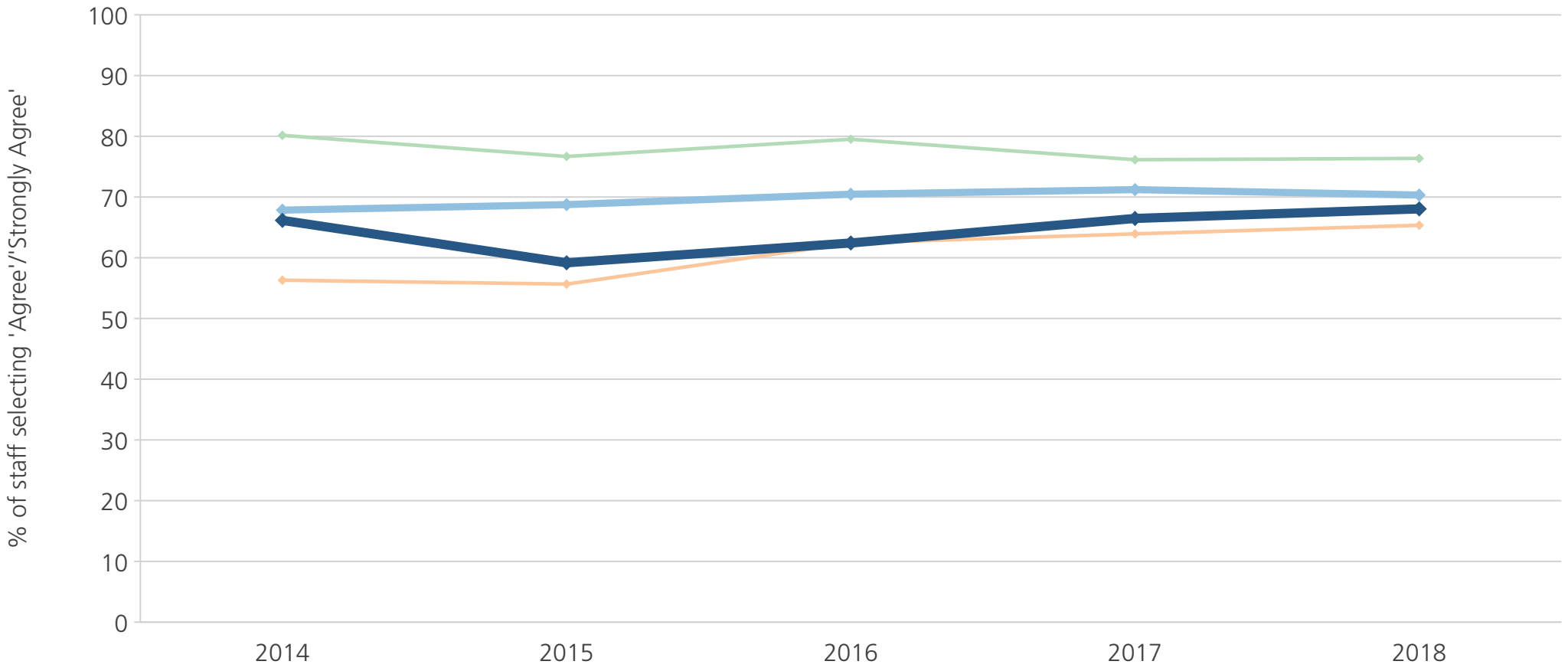
	2015	2016	2017	2018
Best	78.2%	80.2%	79.0%	80.9%
Your org	58.2%	56.2%	59.3%	62.3%
Average	69.6%	69.3%	68.9%	70.0%
Worst	48.4%	56.2%	59.3%	61.8%
No. responses	1,298	1,539	1,350	1,431



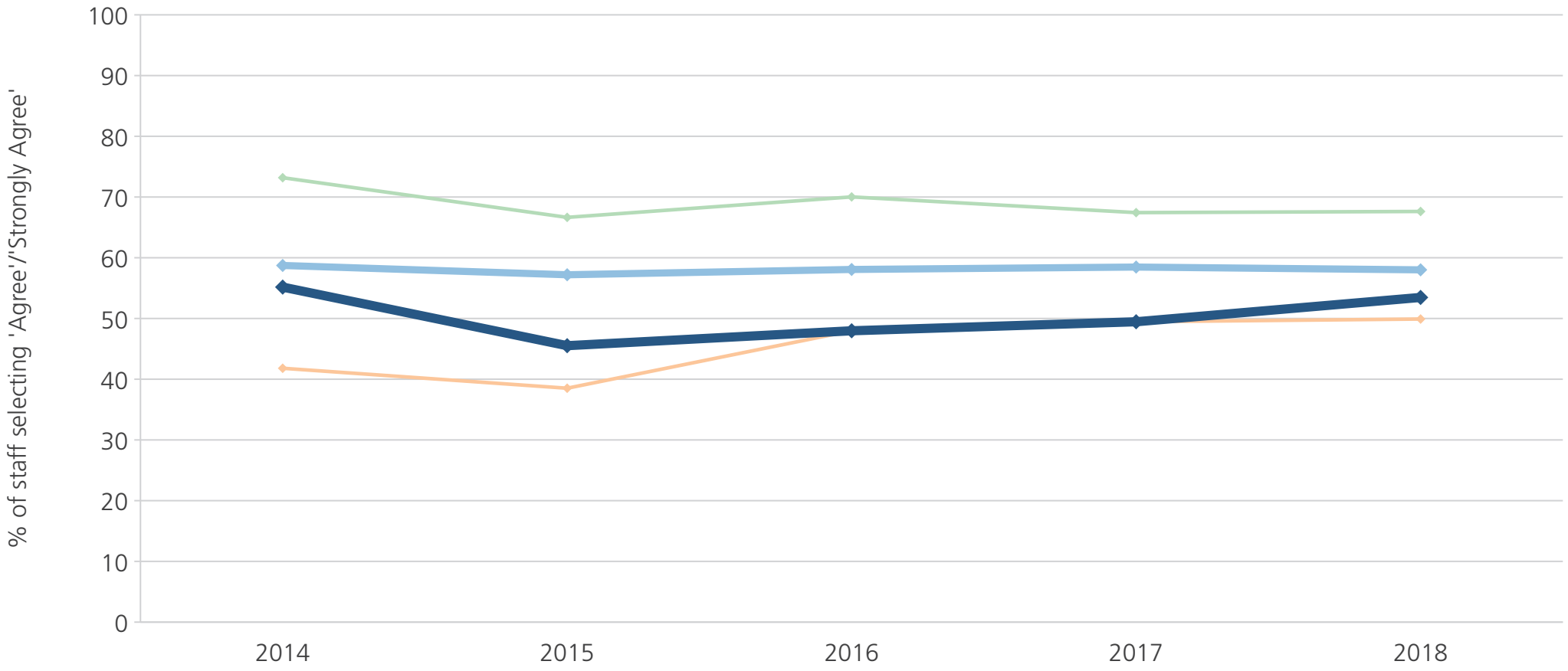
	2015	2016	2017	2018
Best	67.2%	70.9%	72.6%	69.6%
Your org	45.4%	45.4%	50.5%	54.5%
Average	54.7%	57.6%	57.7%	58.9%
Worst	37.3%	45.4%	47.7%	48.9%
No. responses	1,299	1,564	1,370	1,477



	2014	2015	2016	2017	2018
Best	96.3%	97.8%	97.6%	97.5%	96.5%
Your org	93.1%	94.6%	94.6%	94.3%	94.9%
Average	93.0%	94.2%	94.9%	95.0%	94.8%
Worst	86.4%	89.5%	92.7%	91.0%	93.3%
No. responses	321	1,265	1,542	1,381	1,488



	2014	2015	2016	2017	2018
Best	80.2%	76.7%	79.5%	76.1%	76.4%
Your org	66.2%	59.2%	62.4%	66.5%	68.0%
Average	67.8%	68.7%	70.5%	71.2%	70.3%
Worst	56.3%	55.7%	62.4%	63.9%	65.4%
No. responses	346	1,395	1,698	1,503	1,647



	2014	2015	2016	2017	2018
Best	73.2%	66.6%	70.0%	67.4%	67.6%
Your org	55.2%	45.5%	48.0%	49.5%	53.5%
Average	58.7%	57.2%	58.1%	58.5%	58.0%
Worst	41.8%	38.5%	48.0%	49.5%	49.9%
No. responses	343	1,388	1,688	1,505	1,644

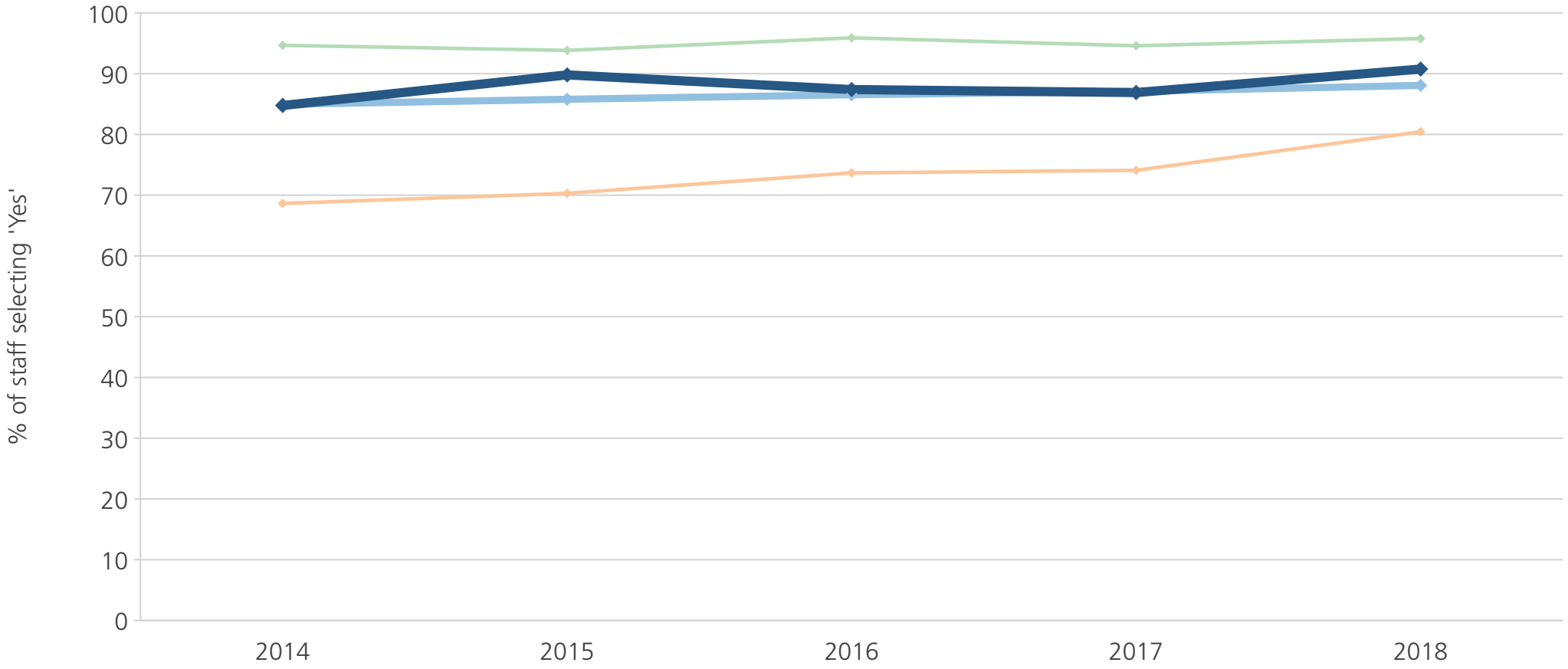
Survey Coordination Centre

NHS England

Question results – Your personal development

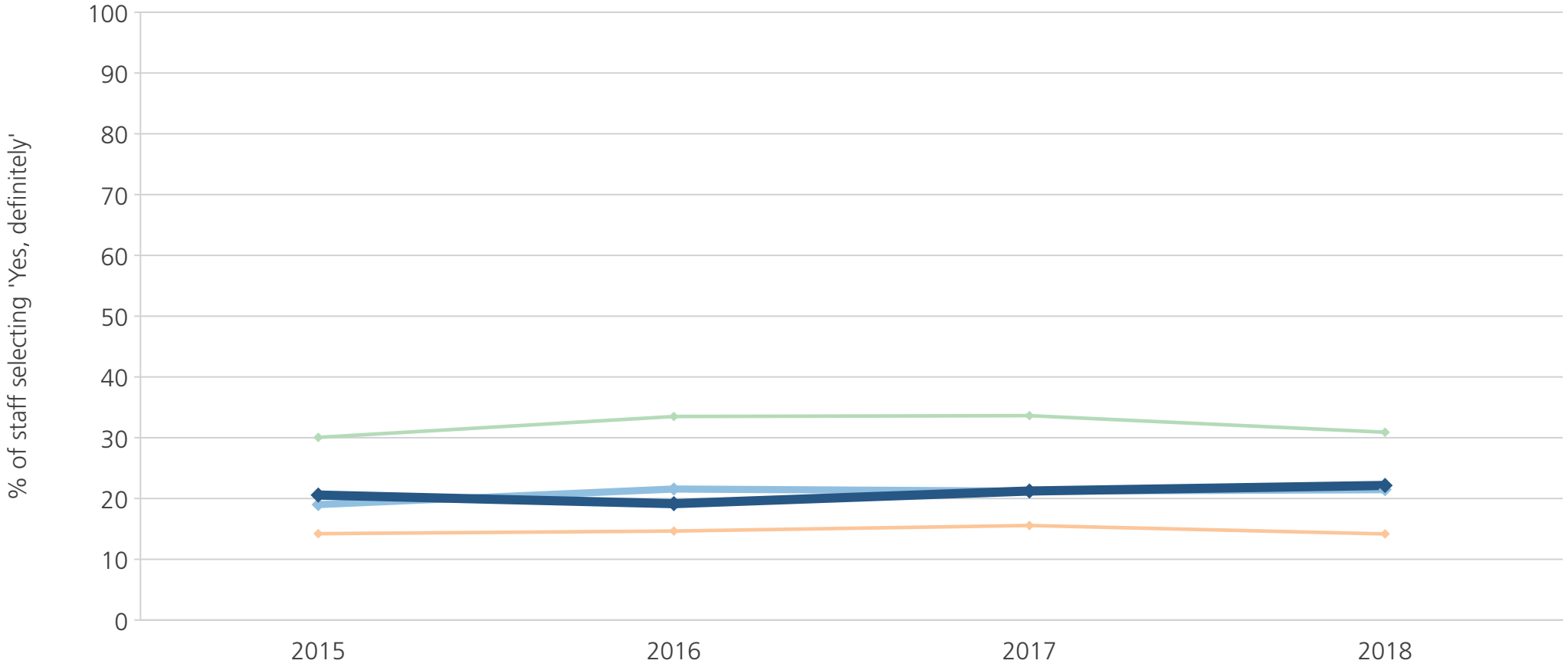
Walsall Healthcare NHS Trust

2018 NHS Staff Survey Results



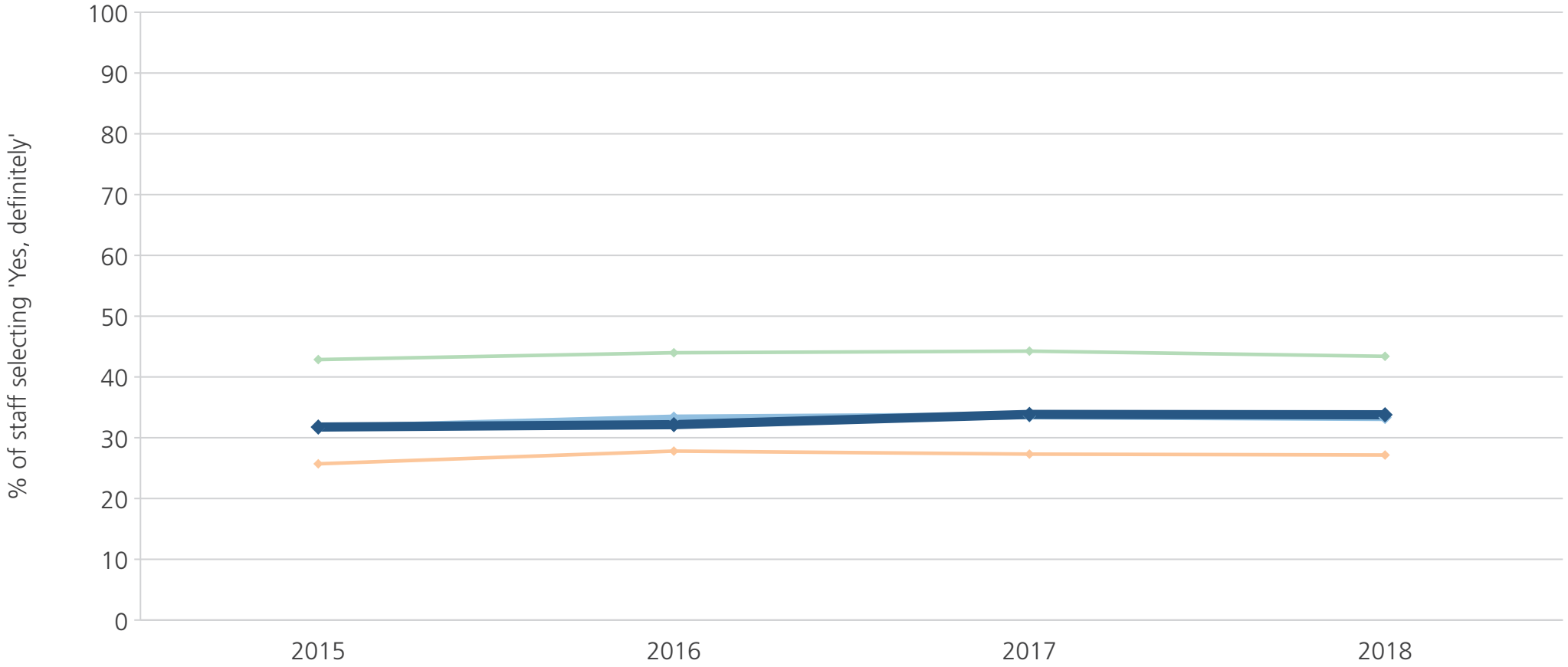
	2014	2015	2016	2017	2018
Best	94.7%	93.8%	95.9%	94.6%	95.8%
Your org	84.8%	89.8%	87.4%	86.9%	90.8%
Average	84.9%	85.8%	86.5%	87.1%	88.1%
Worst	68.6%	70.3%	73.7%	74.1%	80.4%
No. responses	341	1,350	1,620	1,441	1,577

Note: This question was only answered by staff who selected 'Yes' on q19a.



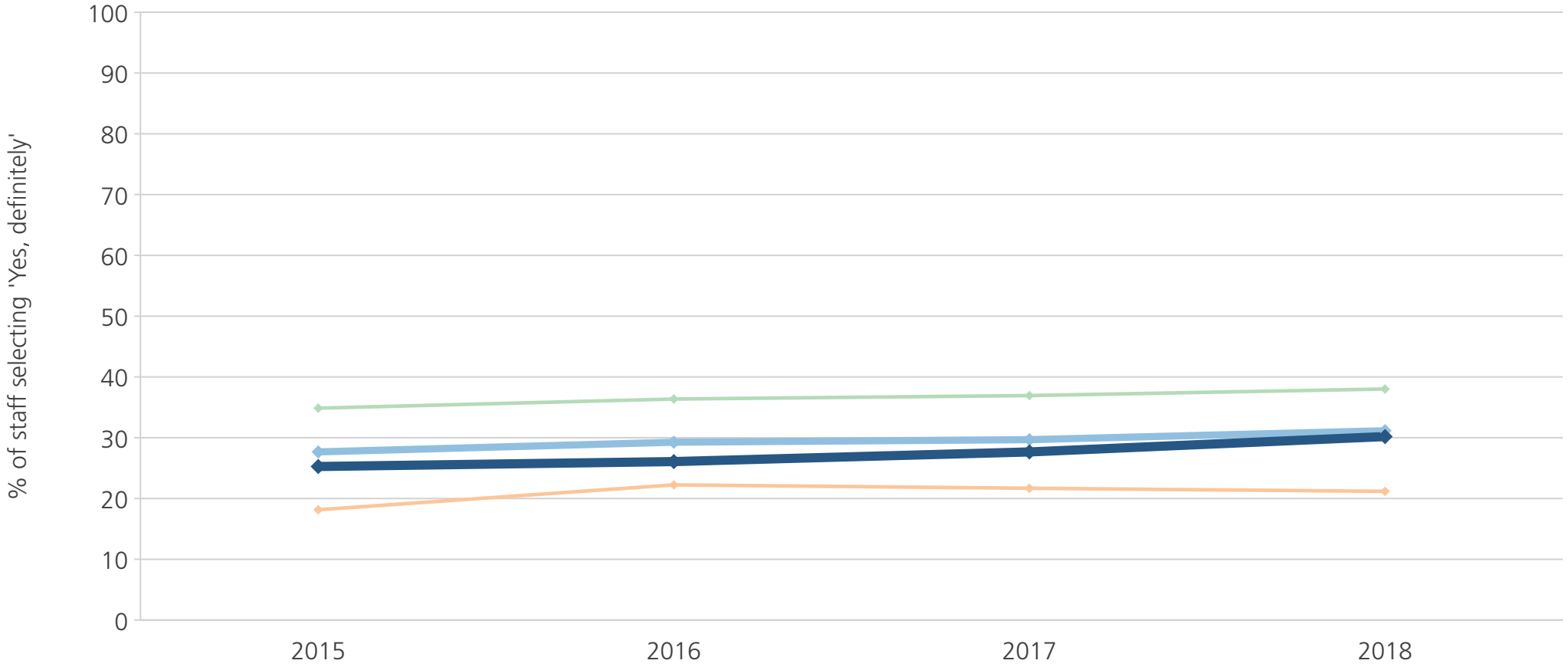
	2015	2016	2017	2018
Best	30.1%	33.5%	33.6%	30.9%
Your org	20.6%	19.2%	21.2%	22.1%
Average	19.0%	21.6%	21.2%	21.5%
Worst	14.2%	14.6%	15.6%	14.2%
No. responses	1,194	1,404	1,236	1,410

Note: This question was only answered by staff who selected 'Yes' on q19a.



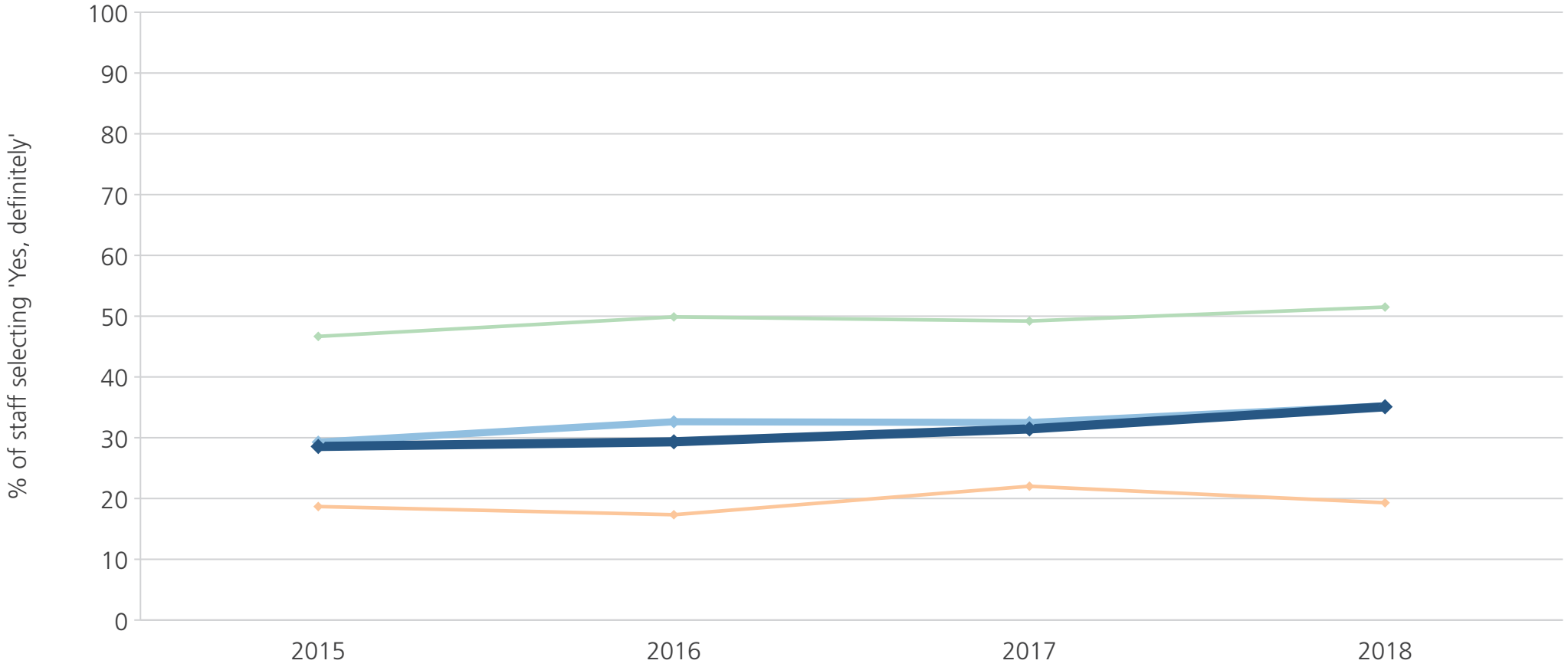
	2015	2016	2017	2018
Best	42.9%	44.0%	44.2%	43.4%
Your org	31.8%	32.1%	33.8%	33.8%
Average	31.6%	33.2%	33.6%	33.3%
Worst	25.7%	27.8%	27.3%	27.2%
No. responses	1,189	1,399	1,229	1,406

Note: This question was only answered by staff who selected 'Yes' on q19a.



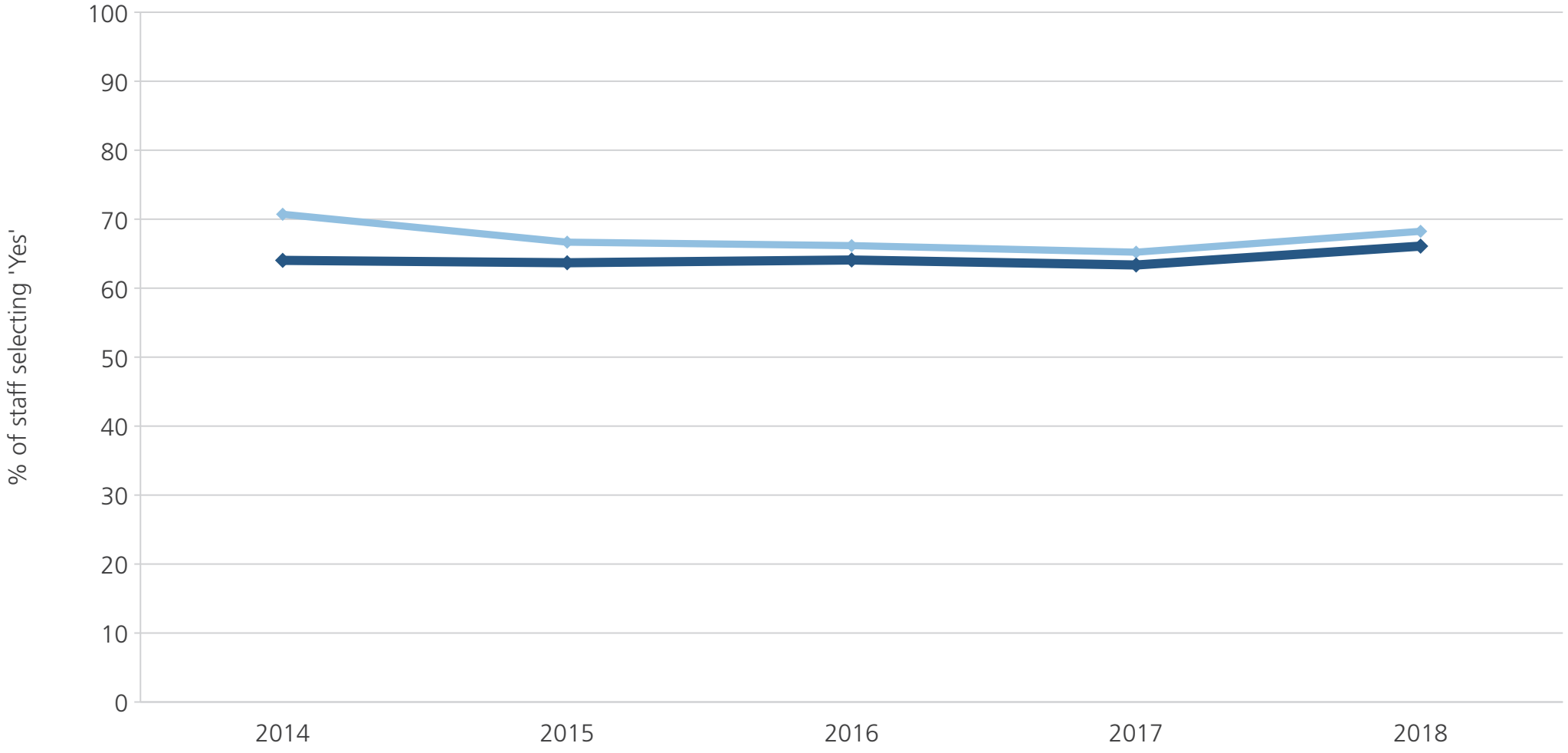
	2015	2016	2017	2018
Best	34.9%	36.4%	36.9%	38.0%
Your org	25.3%	26.1%	27.7%	30.2%
Average	27.7%	29.3%	29.7%	31.1%
Worst	18.1%	22.2%	21.7%	21.2%
No. responses	1,192	1,393	1,224	1,408

Note: This question was only answered by staff who selected 'Yes' on q19a.



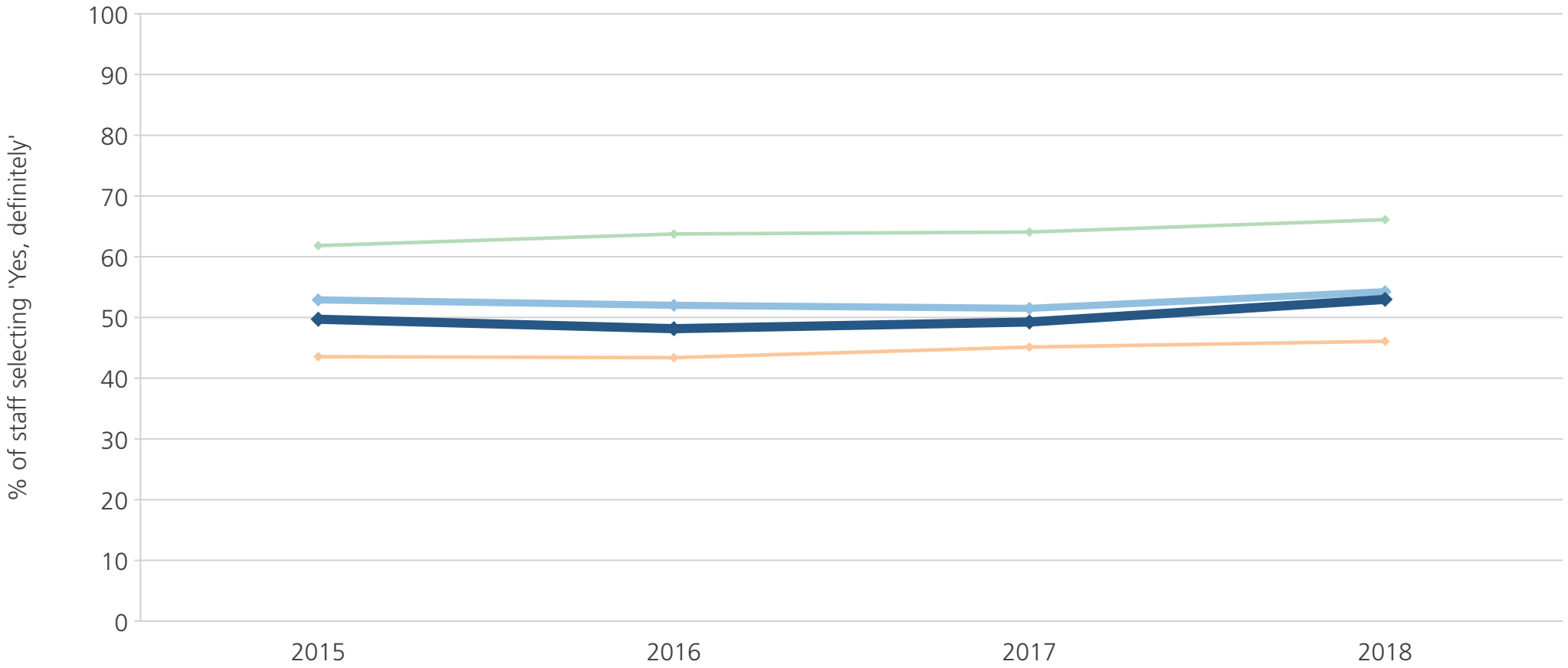
	2015	2016	2017	2018
Best	46.7%	49.9%	49.2%	51.5%
Your org	28.6%	29.3%	31.4%	35.1%
Average	29.3%	32.6%	32.5%	35.2%
Worst	18.7%	17.3%	22.0%	19.3%
No. responses	1,170	1,381	1,209	1,391

Note: This question was only answered by staff who selected 'Yes' on q19a.

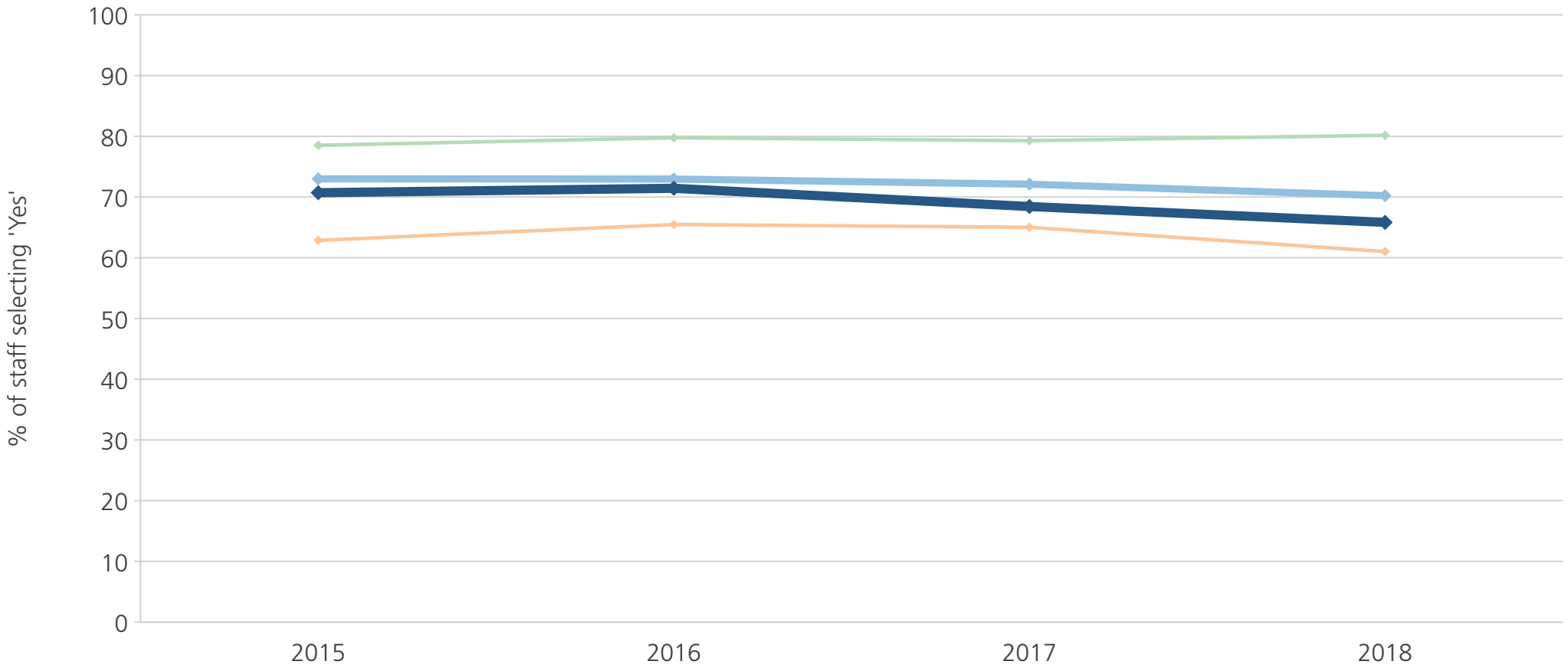


	2014	2015	2016	2017	2018
Your org	64.0%	63.7%	64.1%	63.4%	66.1%
Average	70.7%	66.7%	66.2%	65.2%	68.2%
No. responses	278	1,162	1,367	1,198	1,392

Note: This question was only answered by staff who selected 'Yes' on q19f.



	2015	2016	2017	2018
Best	61.8%	63.7%	64.1%	66.1%
Your org	49.7%	48.1%	49.2%	53.0%
Average	52.9%	52.0%	51.5%	54.2%
Worst	43.5%	43.4%	45.1%	46.1%
No. responses	720	851	749	911



	2015	2016	2017	2018
Best	78.5%	79.8%	79.3%	80.2%
Your org	70.7%	71.4%	68.4%	65.8%
Average	73.0%	73.0%	72.1%	70.2%
Worst	62.9%	65.5%	65.0%	61.0%
No. responses	1,361	1,652	1,465	1,582

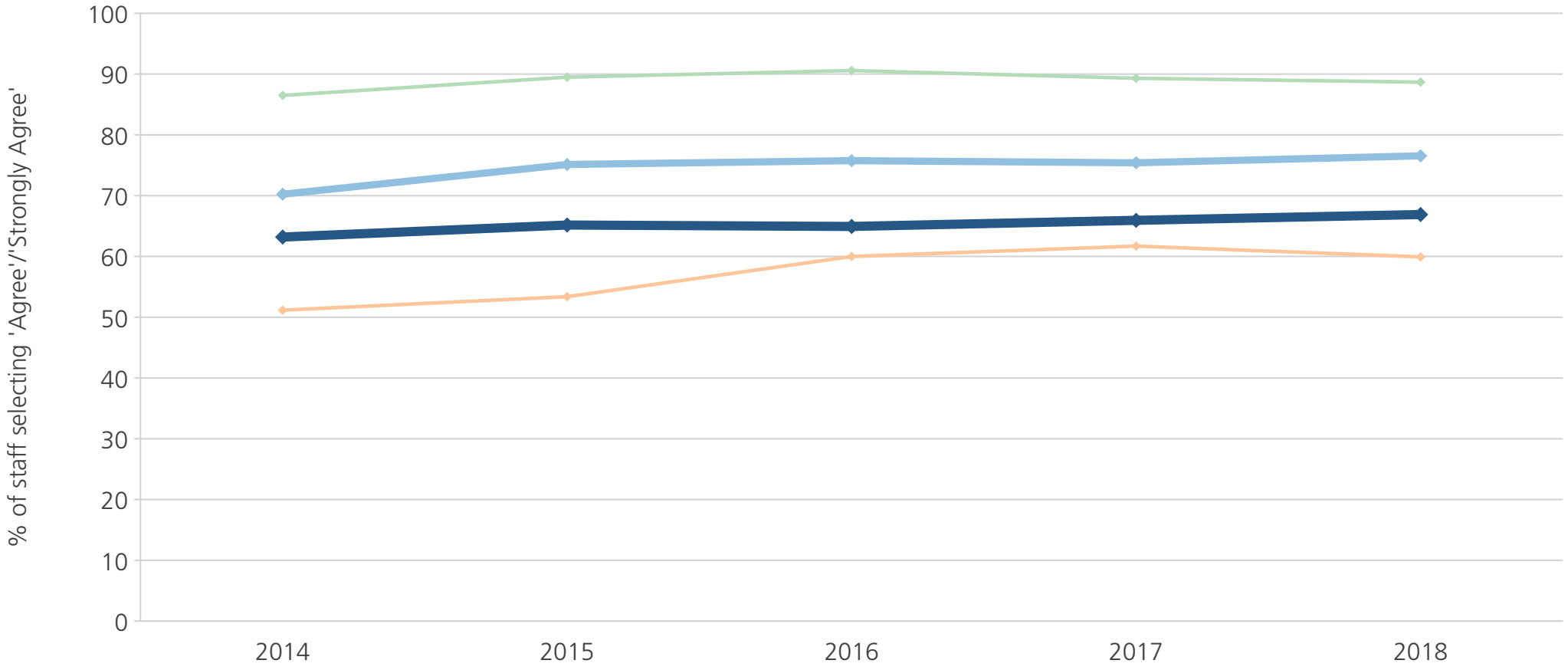
Survey Coordination Centre

NHS England

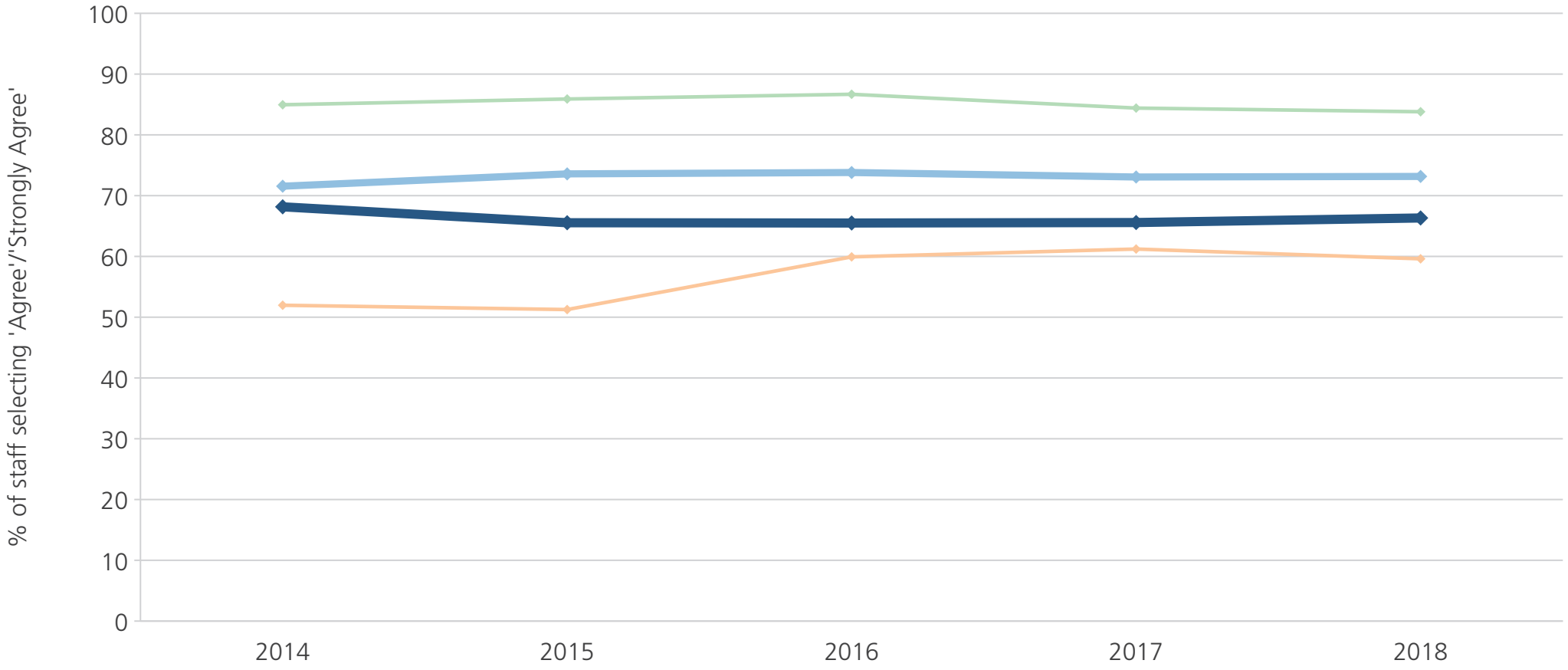
Question results – Your organisation

Walsall Healthcare NHS Trust

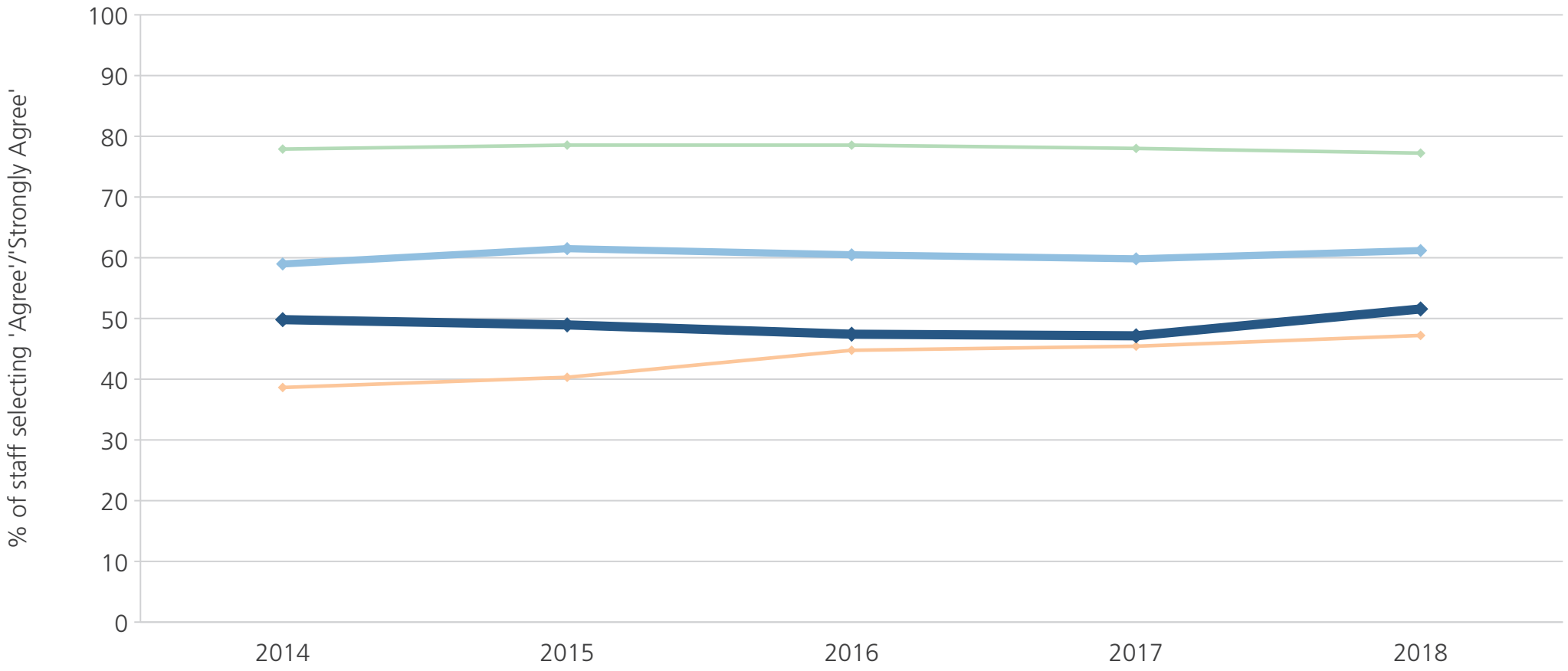
2018 NHS Staff Survey Results



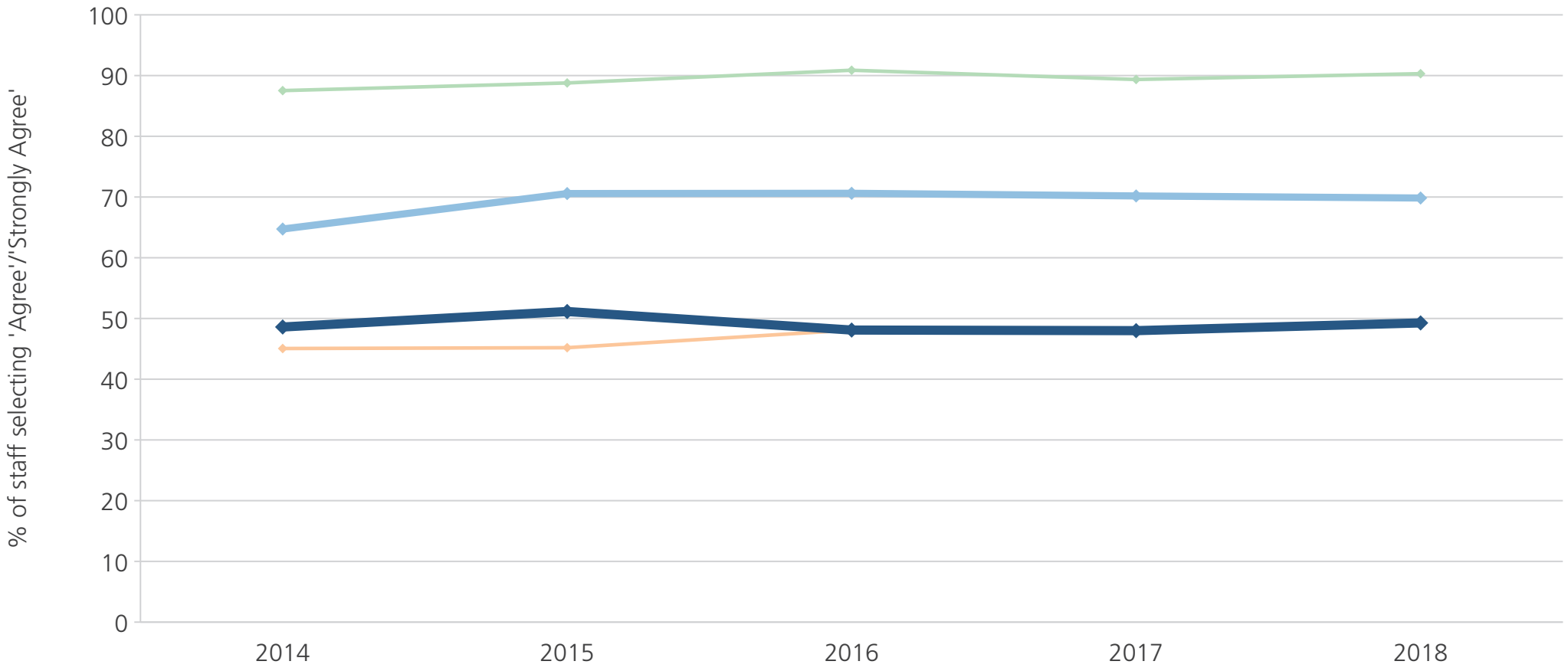
	2014	2015	2016	2017	2018
Best	86.5%	89.5%	90.6%	89.3%	88.7%
Your org	63.2%	65.2%	64.9%	65.9%	66.9%
Average	70.2%	75.1%	75.8%	75.4%	76.5%
Worst	51.2%	53.4%	60.0%	61.7%	59.9%
No. responses	352	1,389	1,692	1,484	1,642



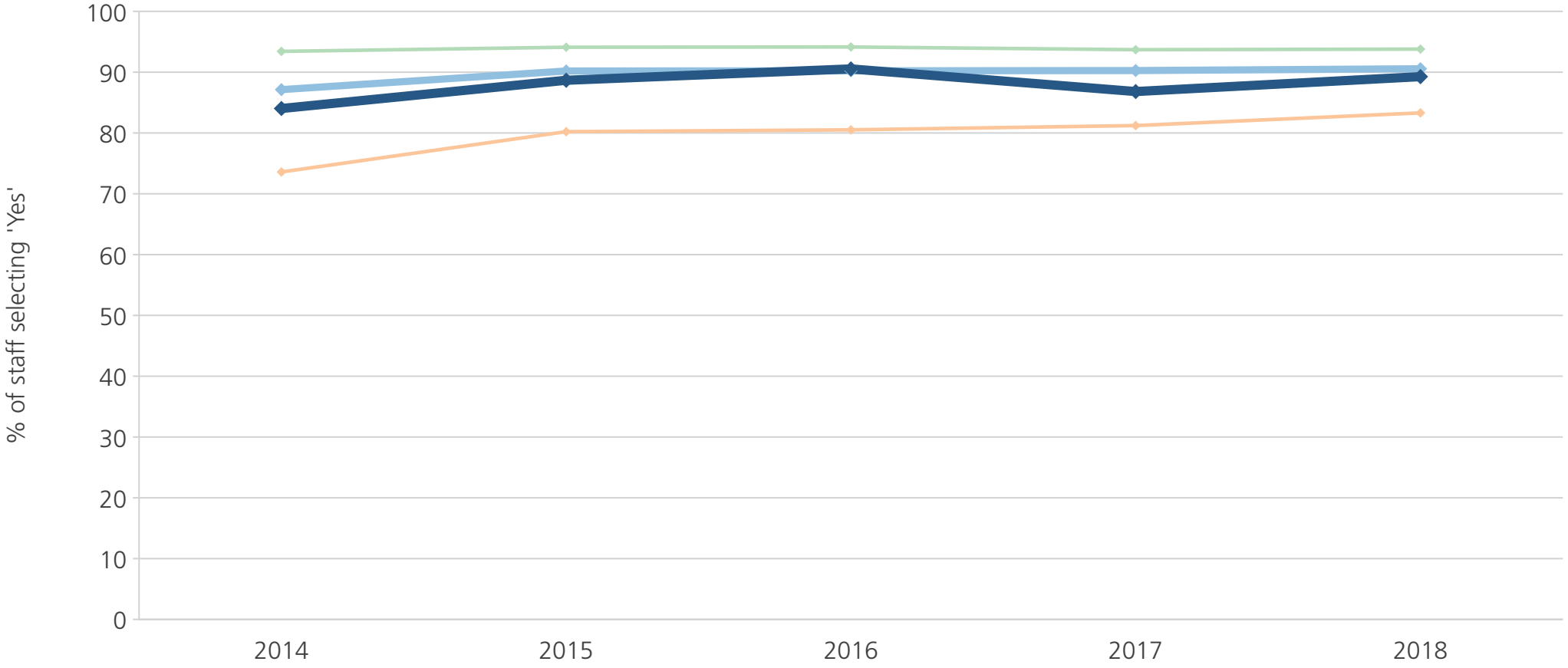
	2014	2015	2016	2017	2018
Best	85.0%	85.9%	86.7%	84.4%	83.8%
Your org	68.2%	65.5%	65.5%	65.6%	66.3%
Average	71.6%	73.6%	73.8%	73.1%	73.2%
Worst	52.0%	51.3%	59.9%	61.2%	59.6%
No. responses	351	1,387	1,690	1,483	1,638



	2014	2015	2016	2017	2018
Best	77.9%	78.5%	78.5%	78.0%	77.2%
Your org	49.8%	48.9%	47.4%	47.1%	51.6%
Average	59.0%	61.5%	60.5%	59.8%	61.2%
Worst	38.6%	40.3%	44.8%	45.4%	47.2%
No. responses	352	1,388	1,694	1,482	1,640

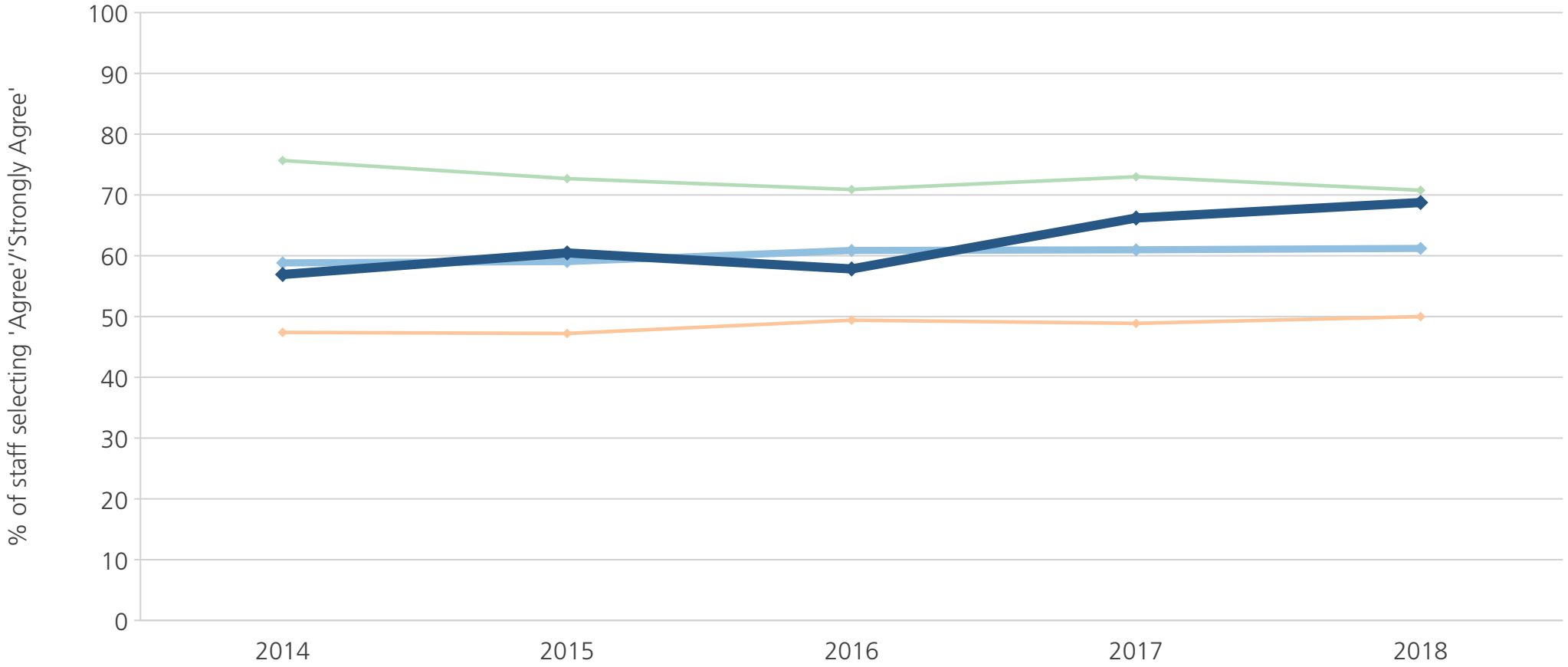


	2014	2015	2016	2017	2018
Best	87.5%	88.8%	90.9%	89.4%	90.3%
Your org	48.6%	51.1%	48.1%	48.0%	49.3%
Average	64.7%	70.6%	70.6%	70.2%	69.8%
Worst	45.1%	45.2%	48.1%	48.0%	49.3%
No. responses	351	1,389	1,694	1,481	1,636



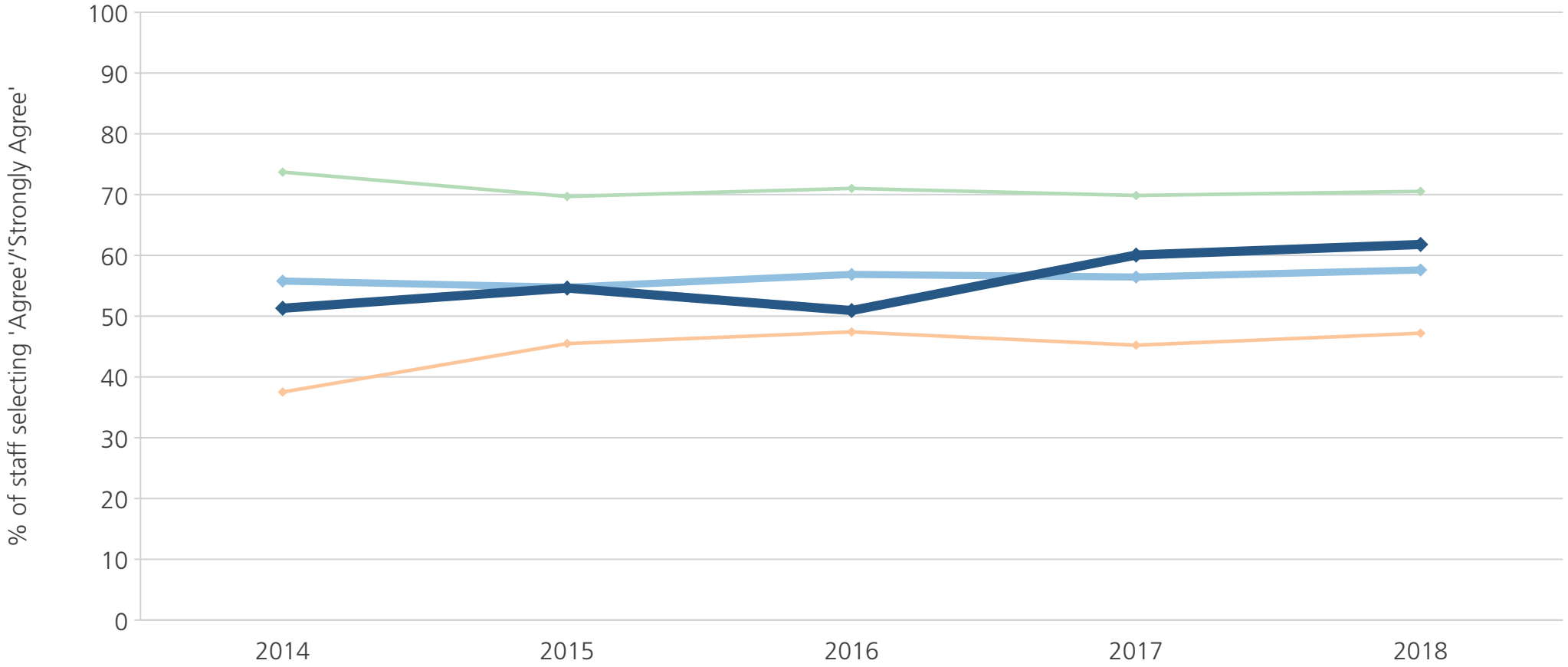
	2014	2015	2016	2017	2018
Best	93.4%	94.1%	94.1%	93.7%	93.8%
Your org	84.0%	88.7%	90.5%	86.8%	89.3%
Average	87.1%	90.2%	90.2%	90.3%	90.6%
Worst	73.6%	80.2%	80.5%	81.2%	83.3%
No. responses	228	983	1,167	1,033	1,133

Note: This question was only answered by staff who selected 'Yes' on q22a.

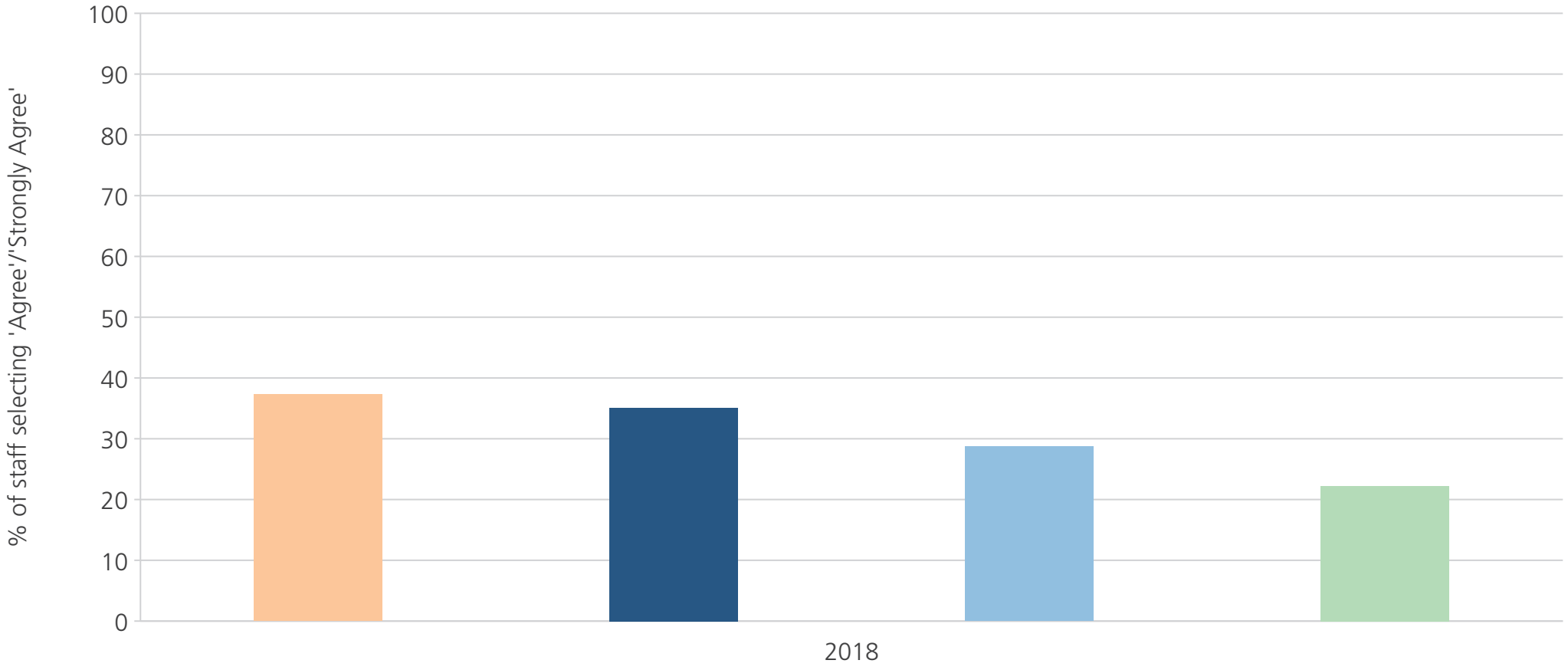


	2014	2015	2016	2017	2018
Best	75.7%	72.7%	70.9%	73.0%	70.8%
Your org	56.9%	60.5%	57.8%	66.2%	68.8%
Average	58.8%	59.0%	60.9%	61.0%	61.2%
Worst	47.4%	47.2%	49.4%	48.9%	50.0%
No. responses	180	825	1,017	863	966

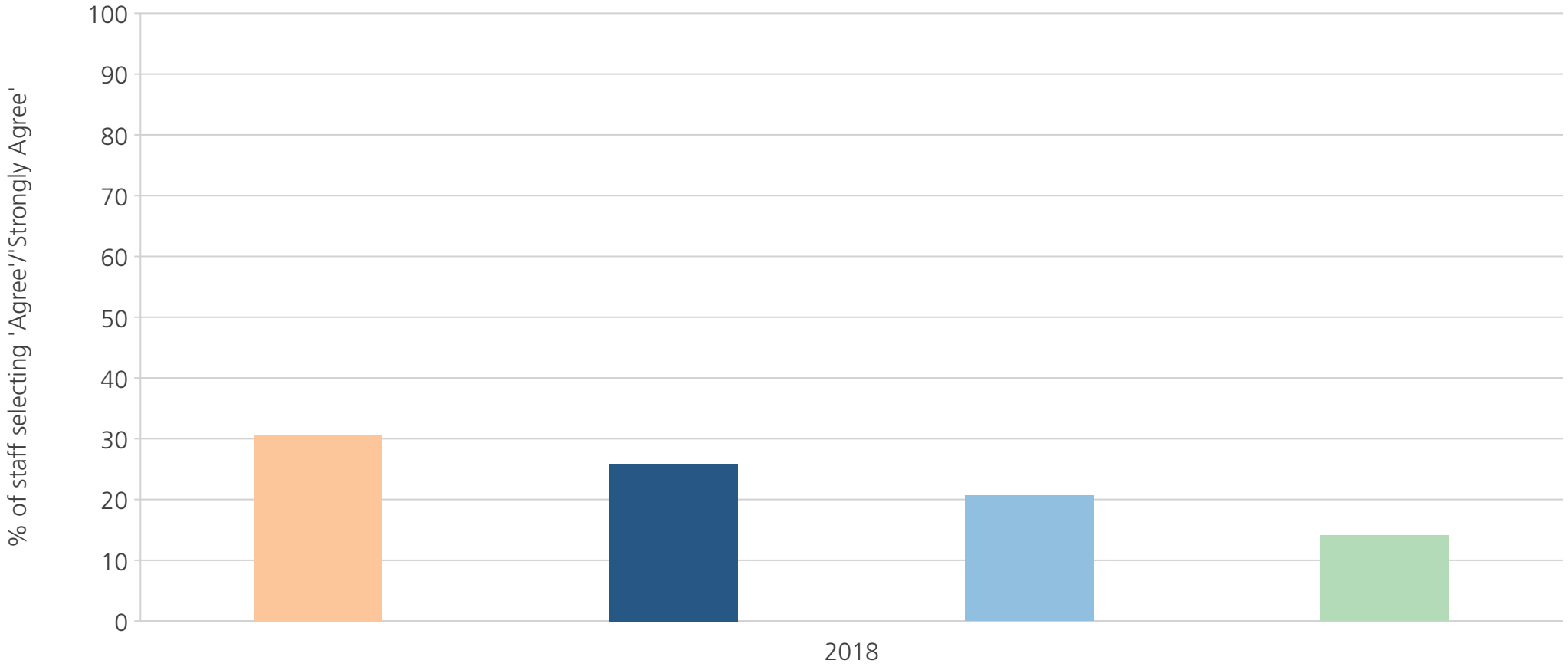
Note: This question was only answered by staff who selected 'Yes' on q22a.



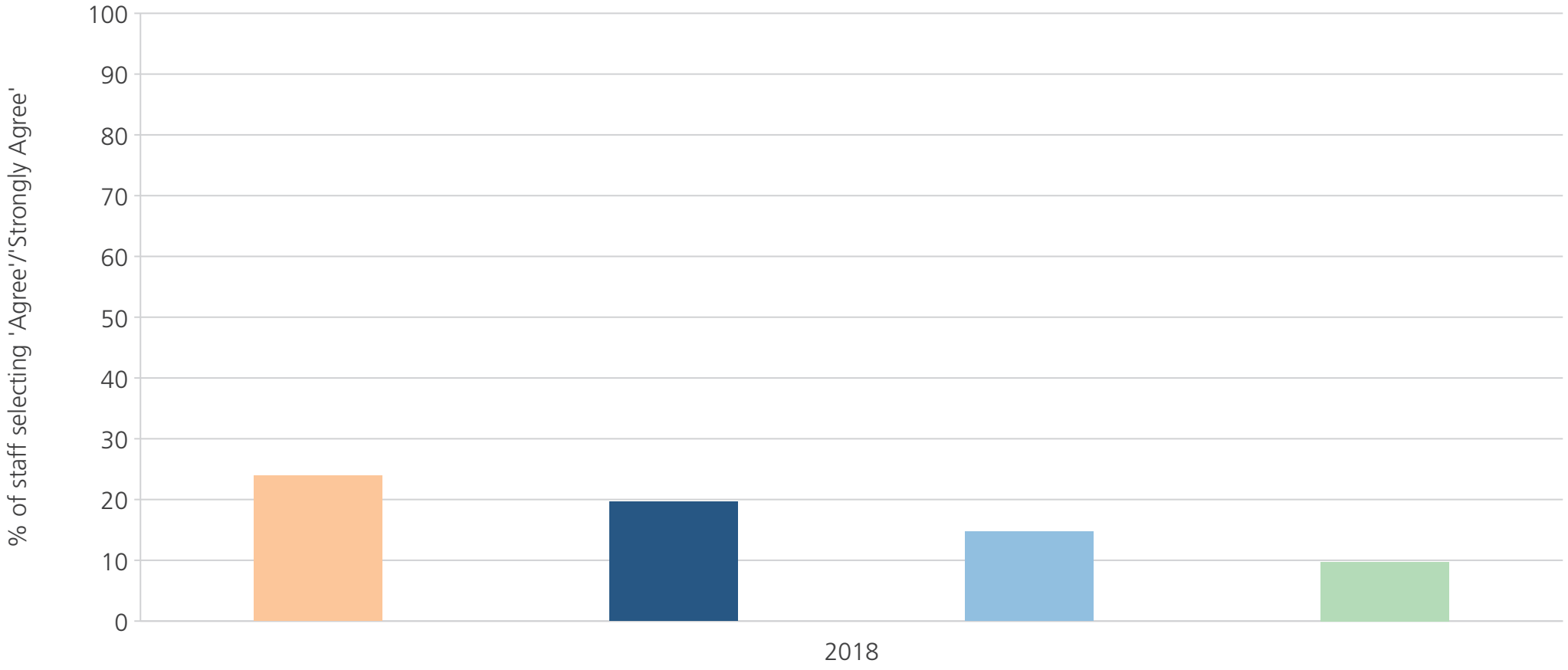
	2014	2015	2016	2017	2018
Best	73.7%	69.7%	71.0%	69.9%	70.5%
Your org	51.3%	54.6%	50.9%	60.1%	61.8%
Average	55.8%	54.8%	56.9%	56.4%	57.6%
Worst	37.5%	45.5%	47.4%	45.2%	47.2%
No. responses	172	775	941	805	896



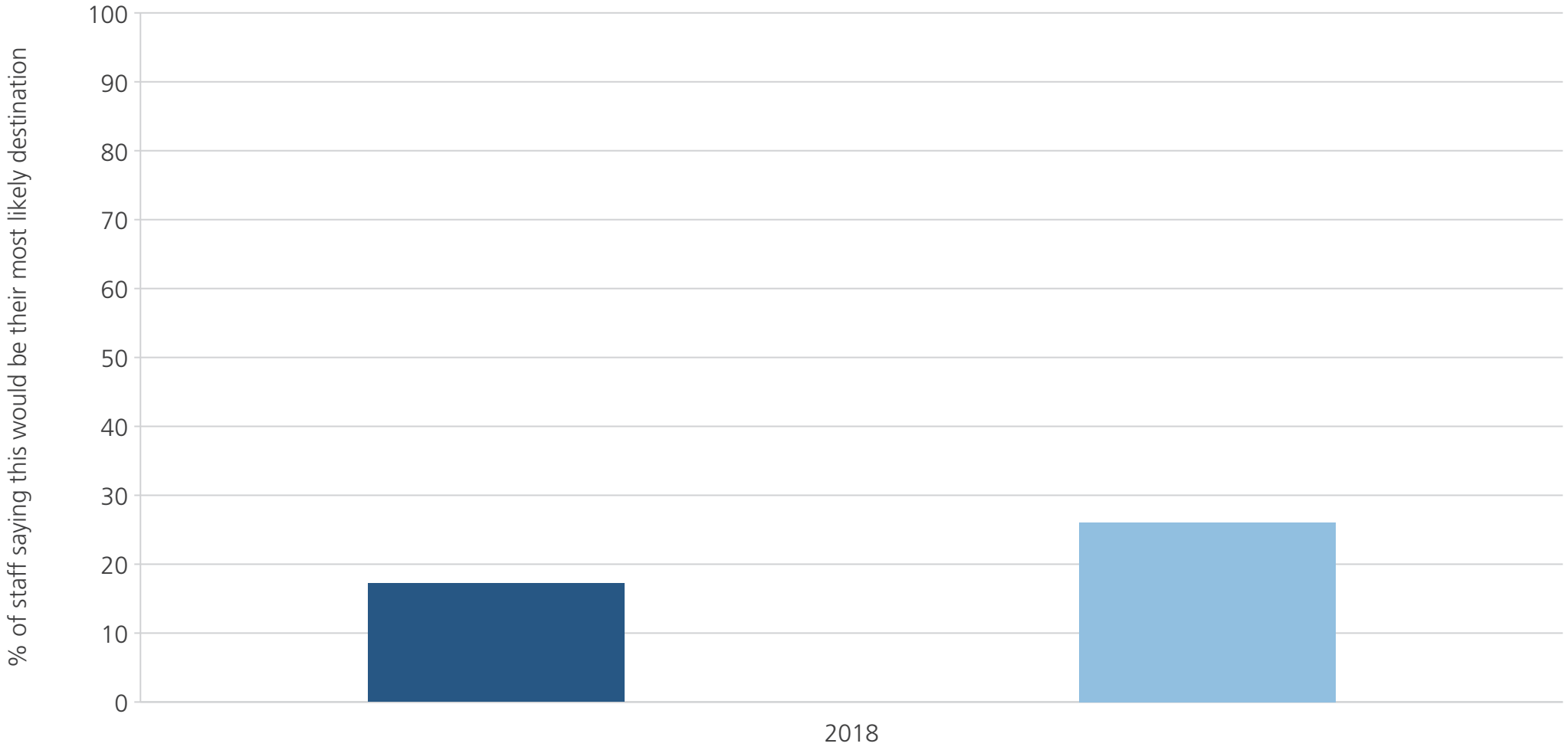
Worst	37.3%
Your org	35.1%
Average	28.8%
Best	22.2%
No. responses	1,645



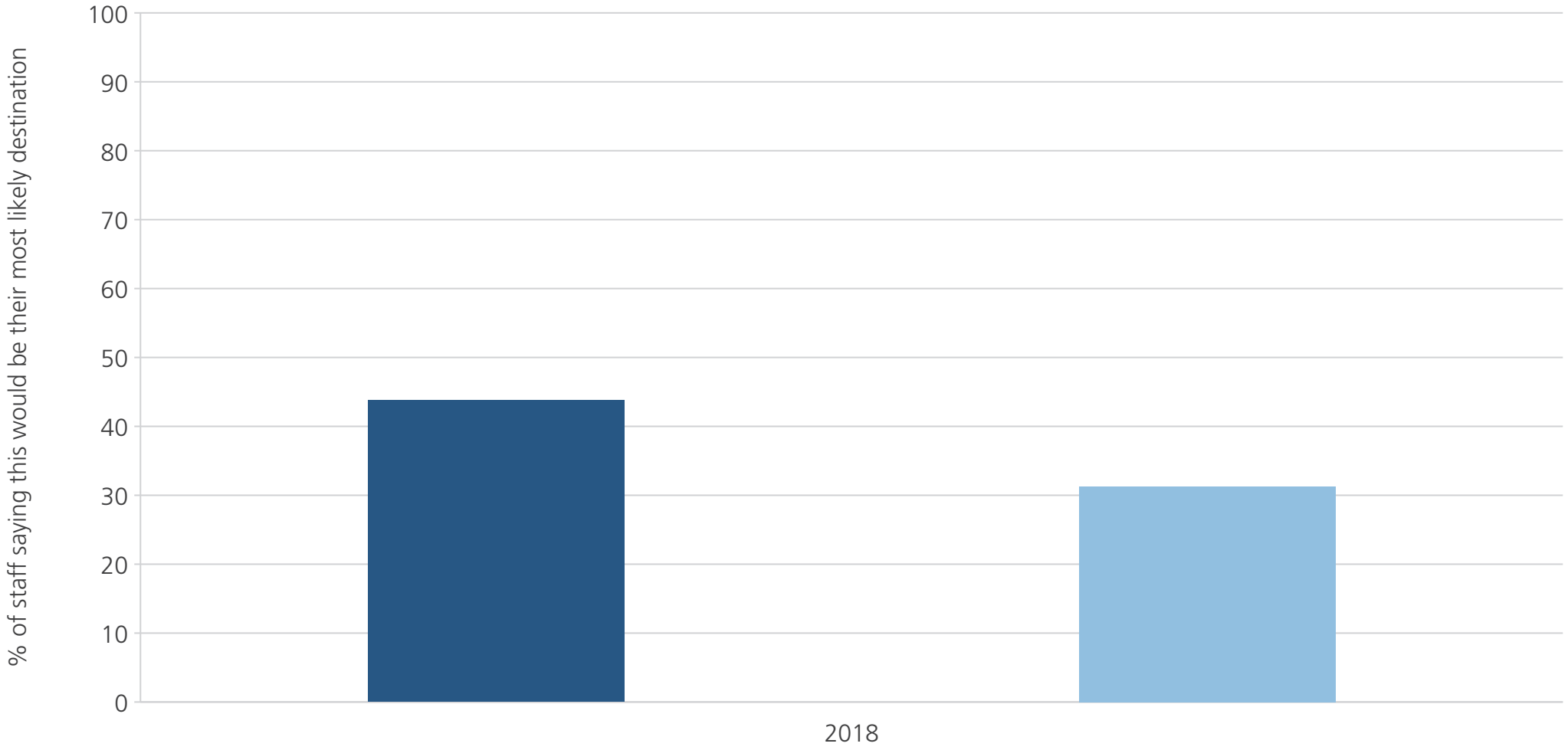
Worst	30.5%
Your org	25.9%
Average	20.7%
Best	14.1%
No. responses	1,639



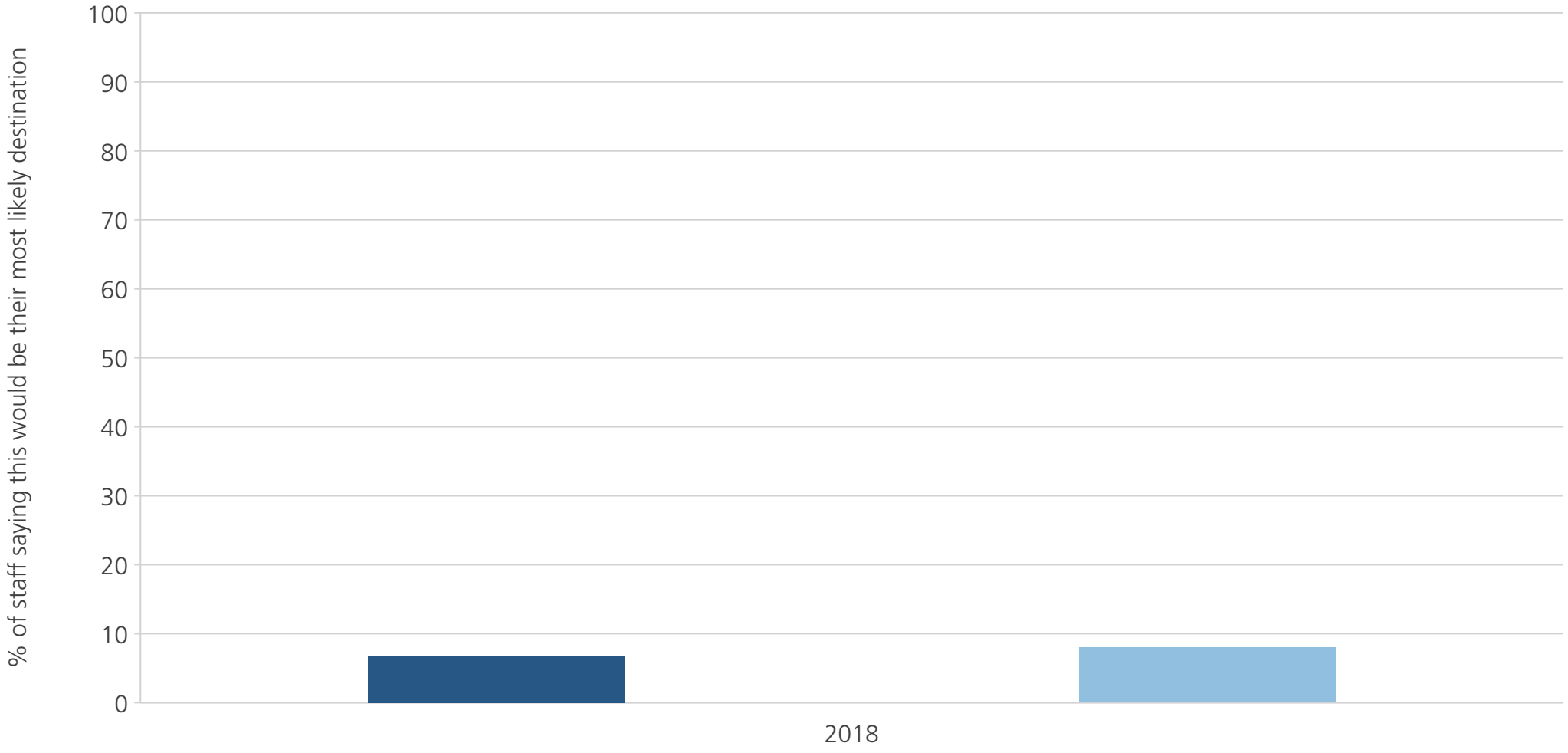
Worst	23.9%
Your org	19.6%
Average	14.7%
Best	9.8%
No. responses	1,636



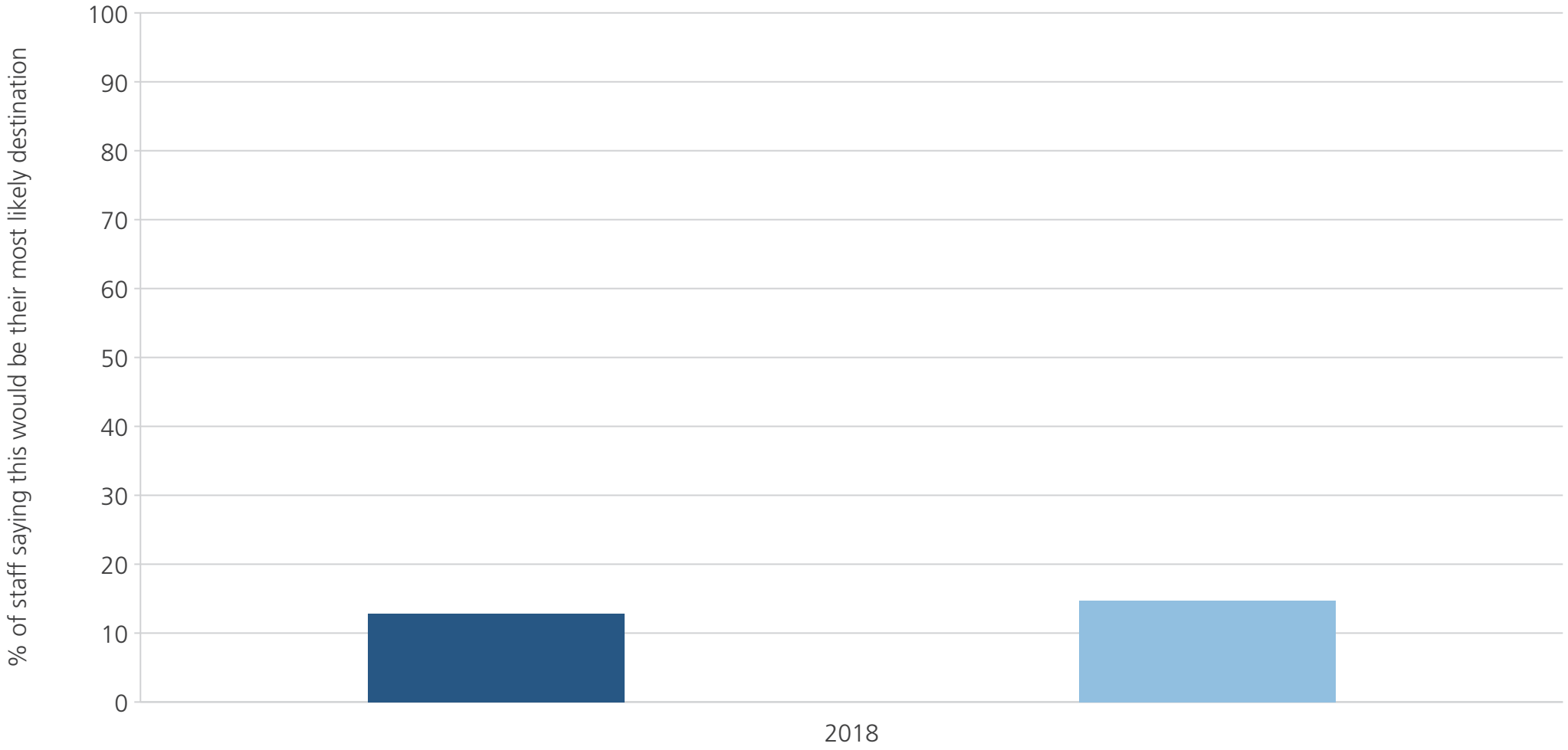
	2018
Your org	17.2%
Average	26.0%
No. responses	749



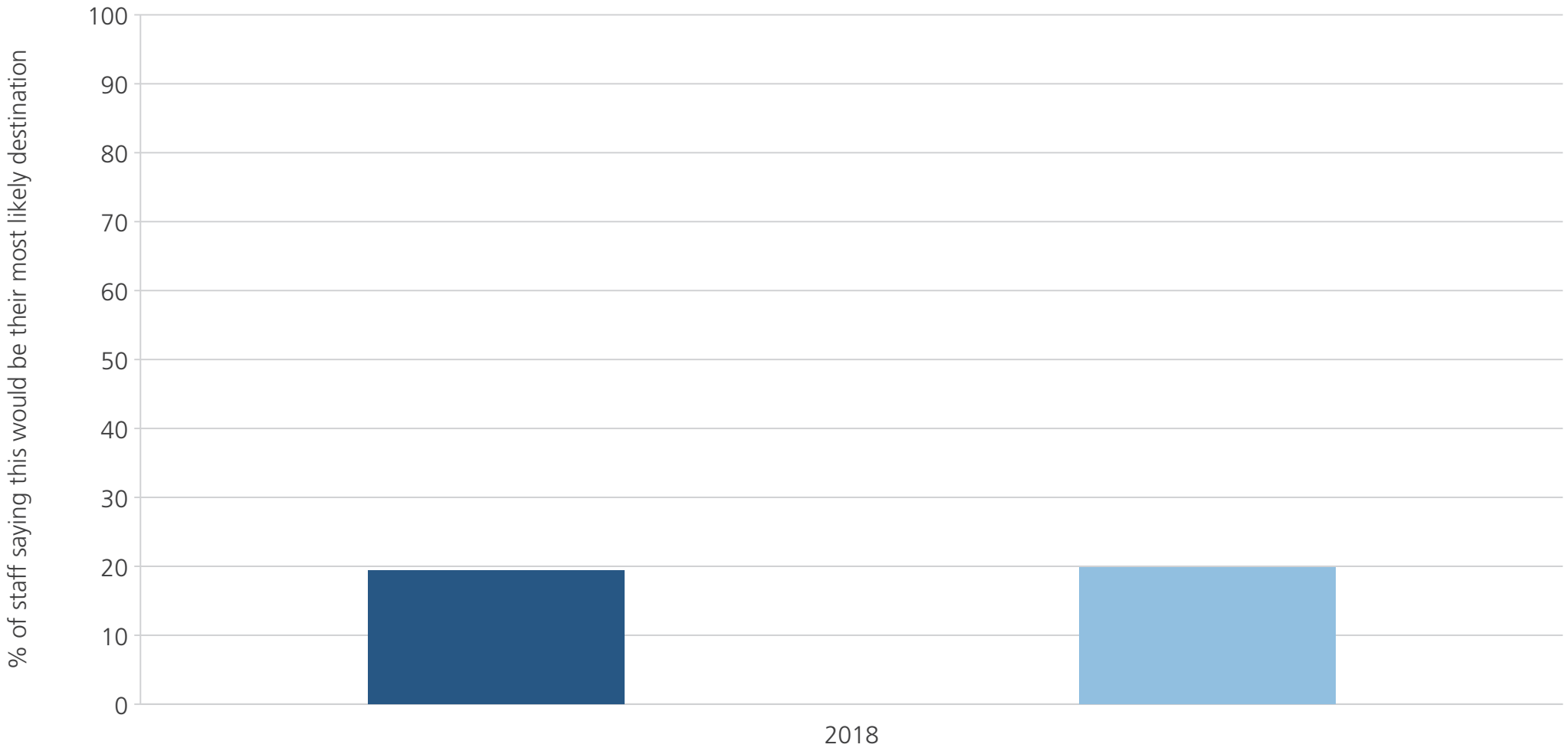
	2018
Your org	43.8%
Average	31.3%
No. responses	749



	2018
Your org	6.8%
Average	8.0%
No. responses	749



	2018
Your org	12.8%
Average	14.7%
No. responses	749



	2018
Your org	19.4%
Average	19.9%
No. responses	749

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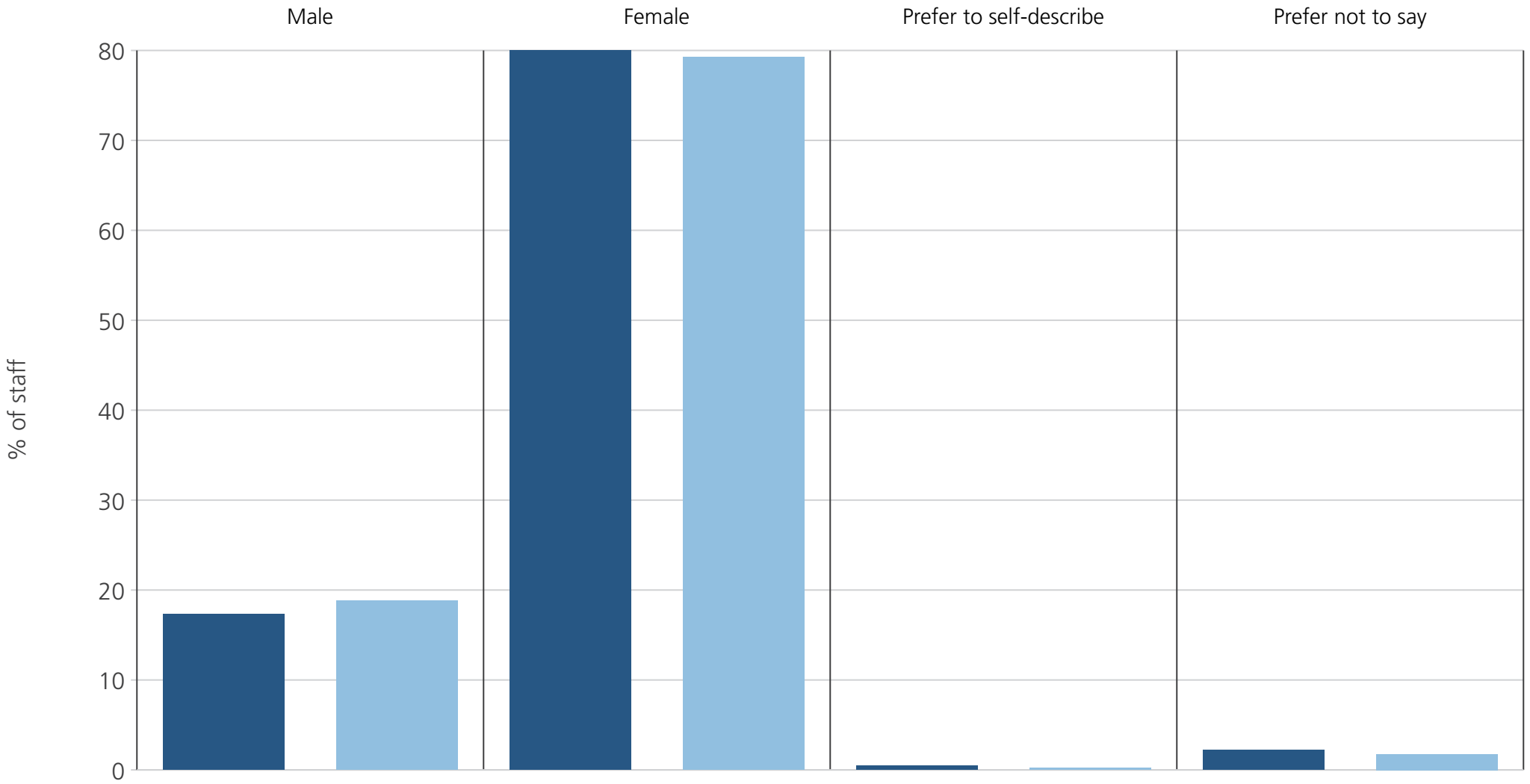
NHS England

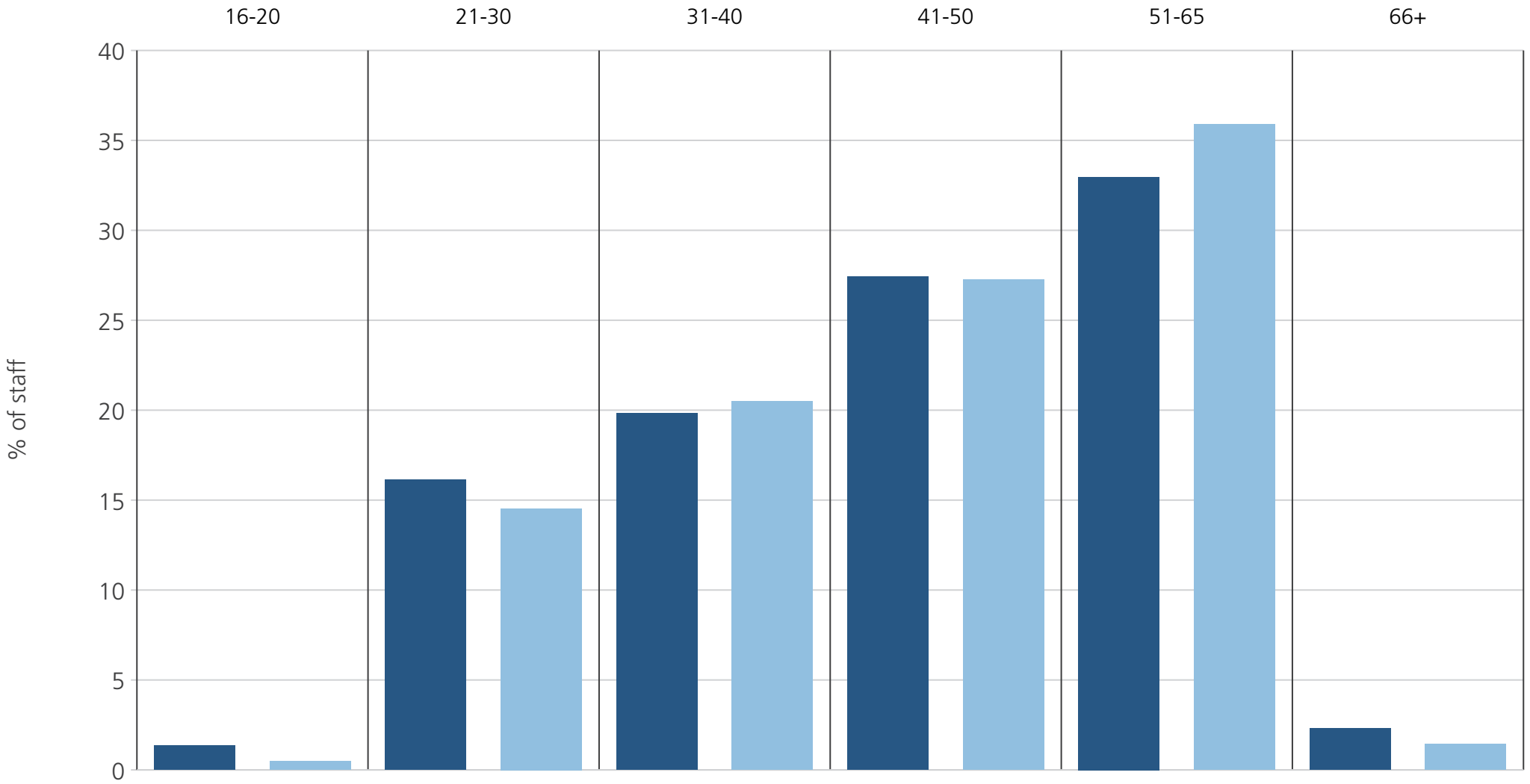
Question results – Background details

Walsall Healthcare NHS Trust

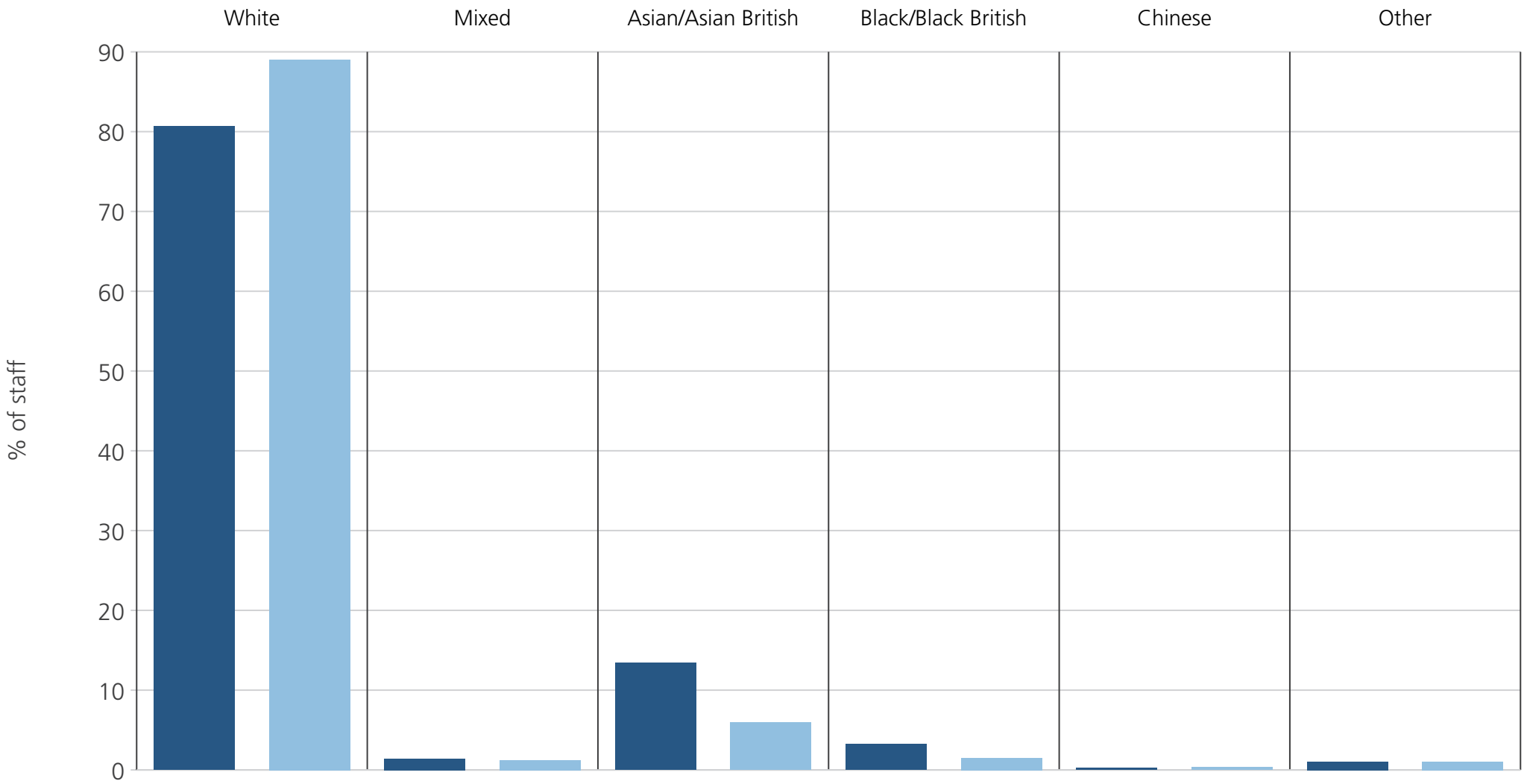
2018 NHS Staff Survey Results



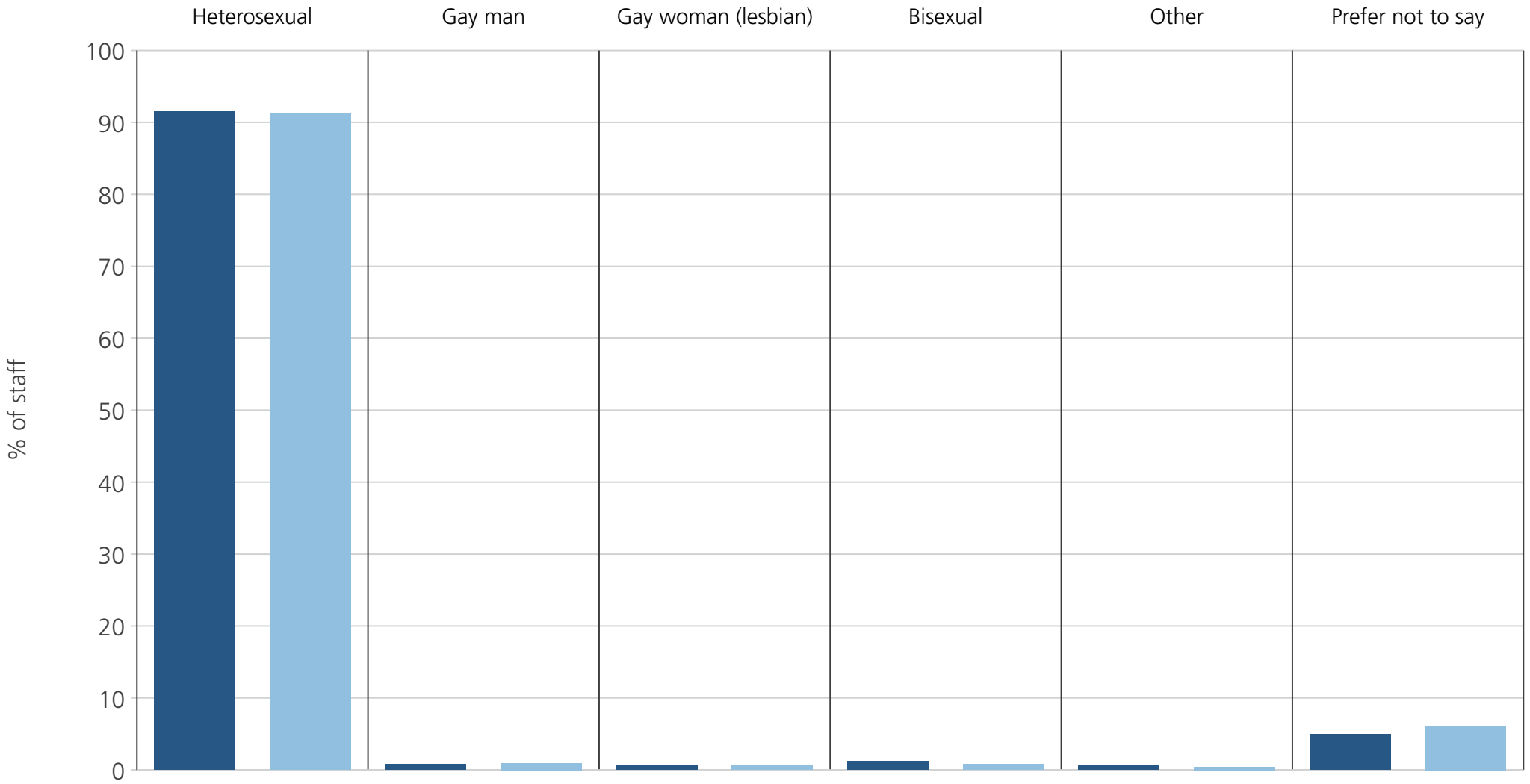
	Male	Female	Prefer to self-describe	Prefer not to say
Your org	17.3%	80.0%	0.5%	2.2%
Average	18.8%	79.2%	0.2%	1.7%
No. responses	1,638	1,638	1,638	1,638



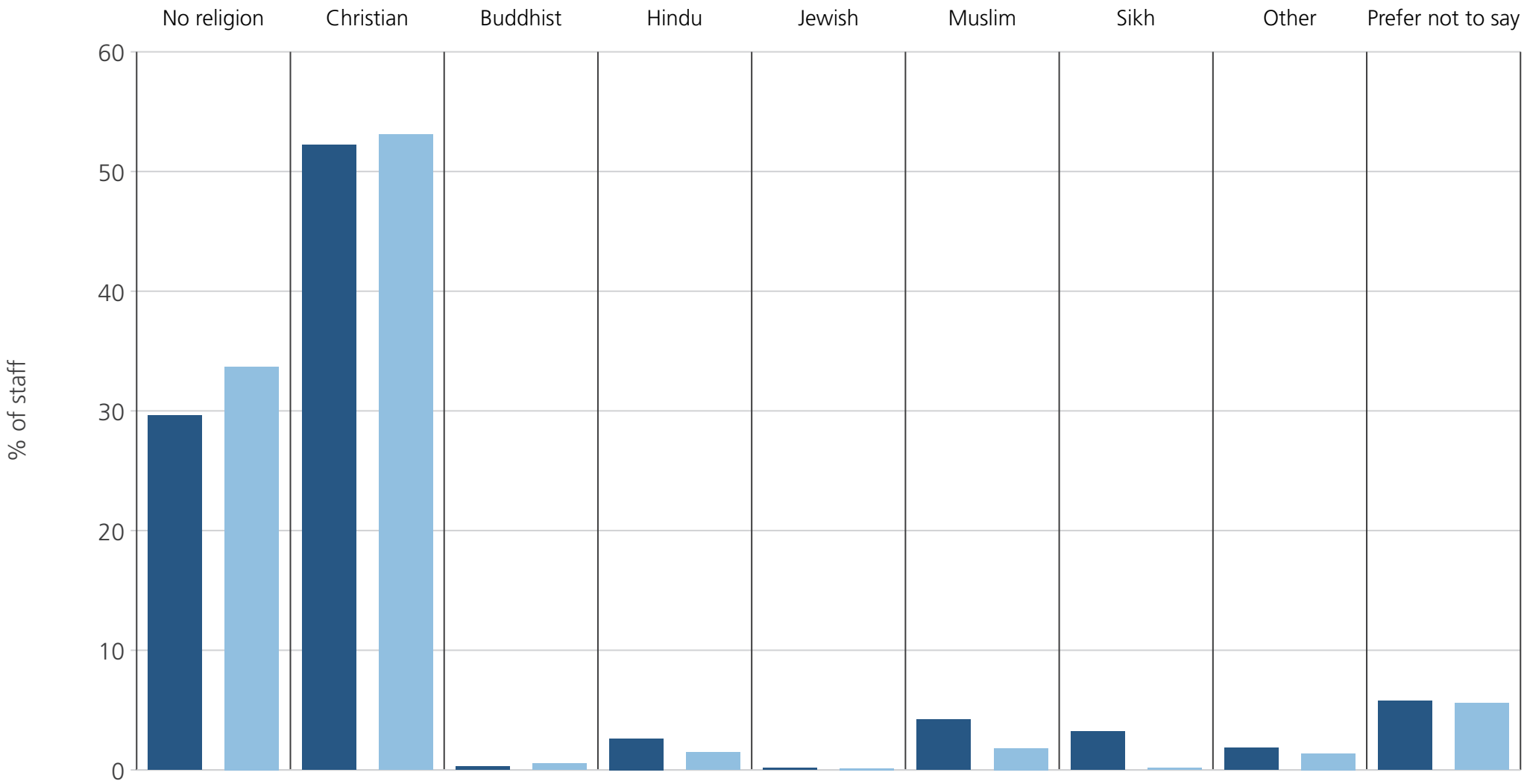
	16-20	21-30	31-40	41-50	51-65	66+
Your org	1.3%	16.1%	19.8%	27.4%	33.0%	2.3%
Average	0.5%	14.5%	20.5%	27.3%	35.9%	1.5%
No. responses	1,638	1,638	1,638	1,638	1,638	1,638



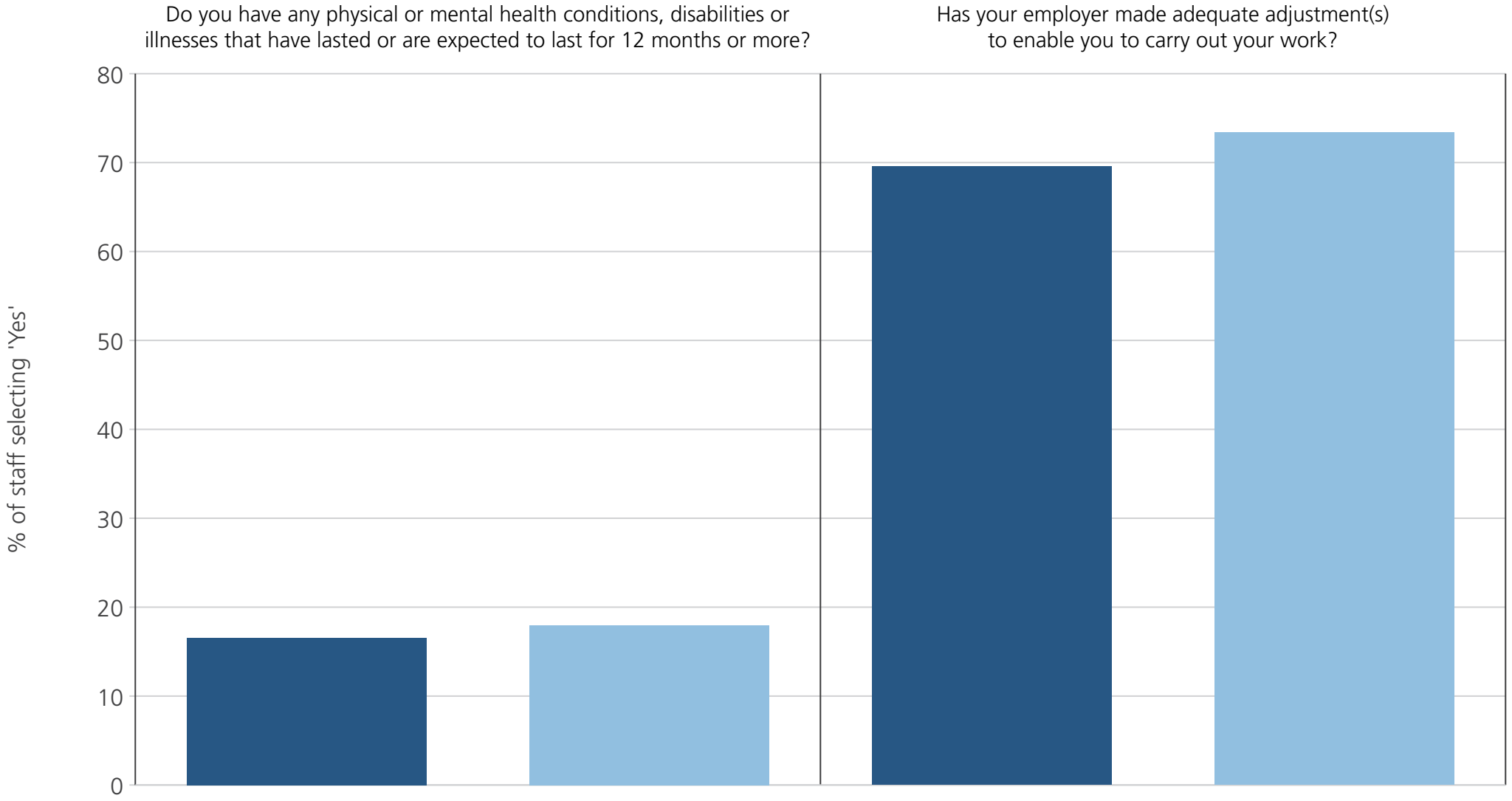
	White	Mixed	Asian/Asian British	Black/Black British	Chinese	Other
Your org	80.6%	1.4%	13.4%	3.2%	0.2%	1.0%
Average	89.0%	1.2%	5.9%	1.5%	0.3%	1.0%
No. responses	1,632	1,632	1,632	1,632	1,632	1,632



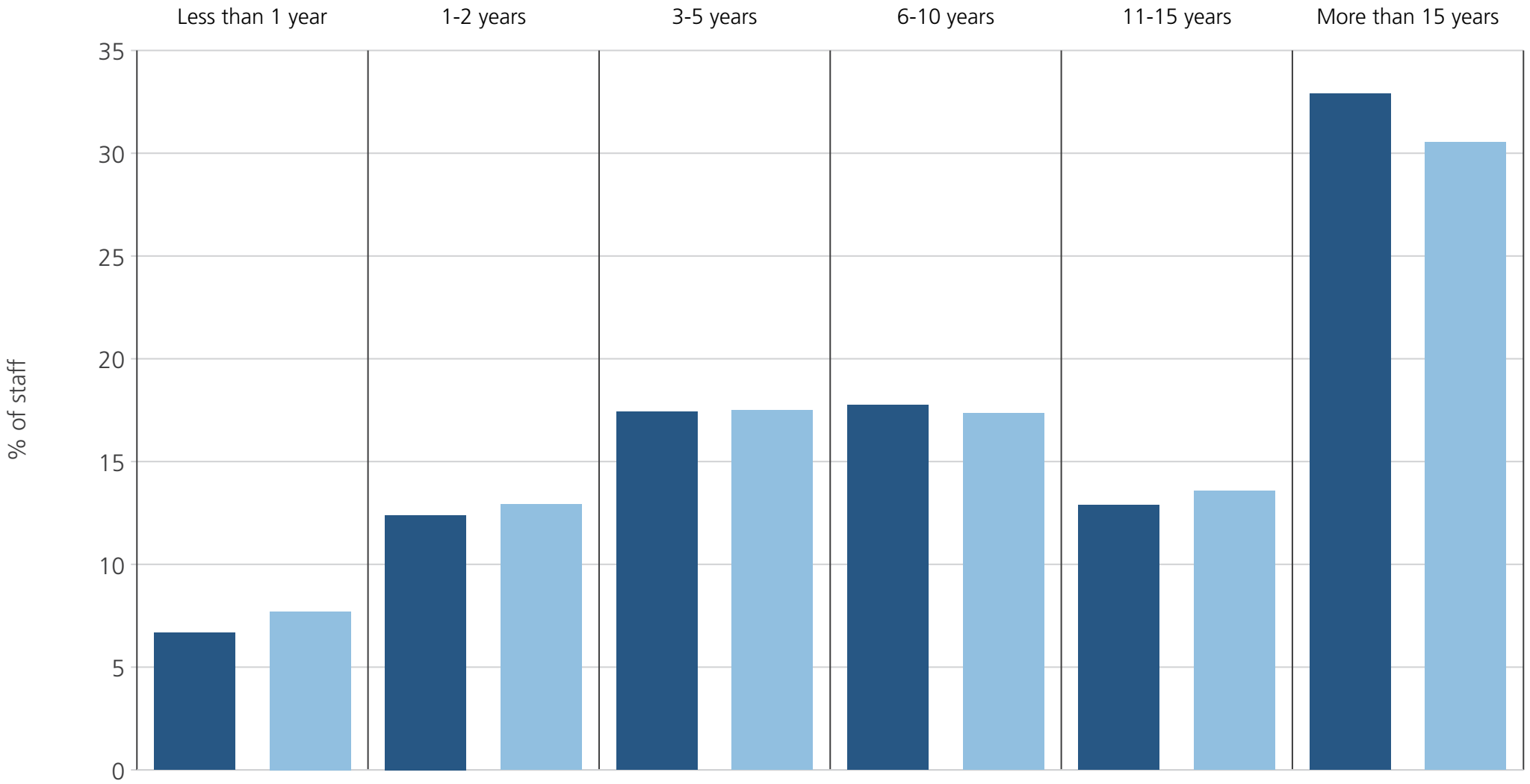
	Heterosexual	Gay man	Gay woman (lesbian)	Bisexual	Other	Prefer not to say
Your org	91.6%	0.8%	0.7%	1.2%	0.7%	5.0%
Average	91.3%	0.9%	0.7%	0.8%	0.4%	6.1%
No. responses	1,612	1,612	1,612	1,612	1,612	1,612



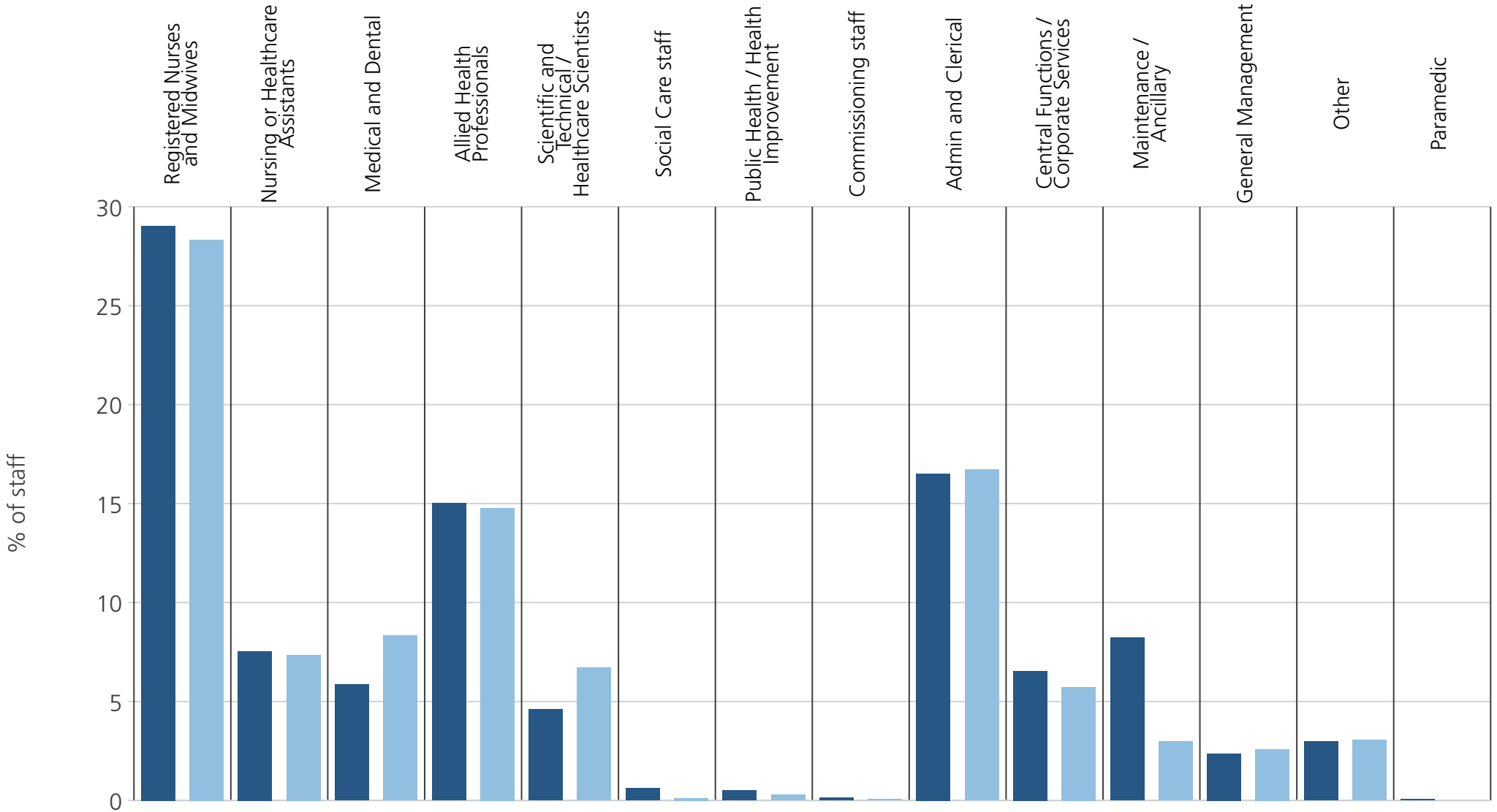
	No religion	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Other	Prefer not to say
Your org	29.6%	52.2%	0.3%	2.6%	0.2%	4.2%	3.2%	1.8%	5.8%
Average	33.7%	53.1%	0.5%	1.5%	0.1%	1.8%	0.1%	1.4%	5.6%
No. responses	1,641	1,641	1,641	1,641	1,641	1,641	1,641	1,641	1,641



	Do you have any physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12 months or more?	Has your employer made adequate adjustment(s) to enable you to carry out your work?
Your org	16.5%	69.6%
Average	18.0%	73.4%
No. responses	1,646	169

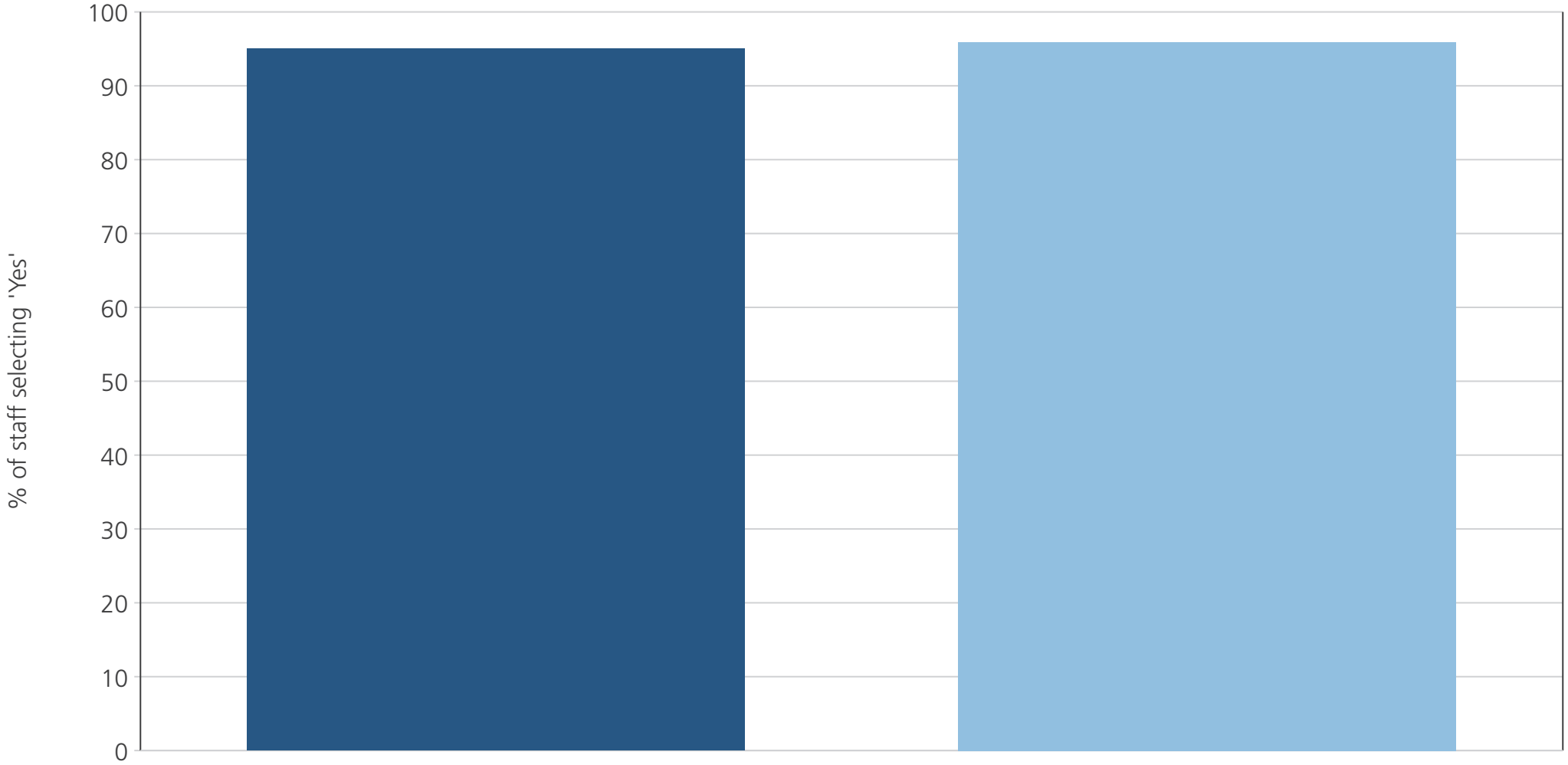


	Less than 1 year	1-2 years	3-5 years	6-10 years	11-15 years	More than 15 years
Your org	6.7%	12.4%	17.4%	17.7%	12.9%	32.9%
Average	7.7%	12.9%	17.5%	17.3%	13.6%	30.5%
No. responses	1,590	1,590	1,590	1,590	1,590	1,590

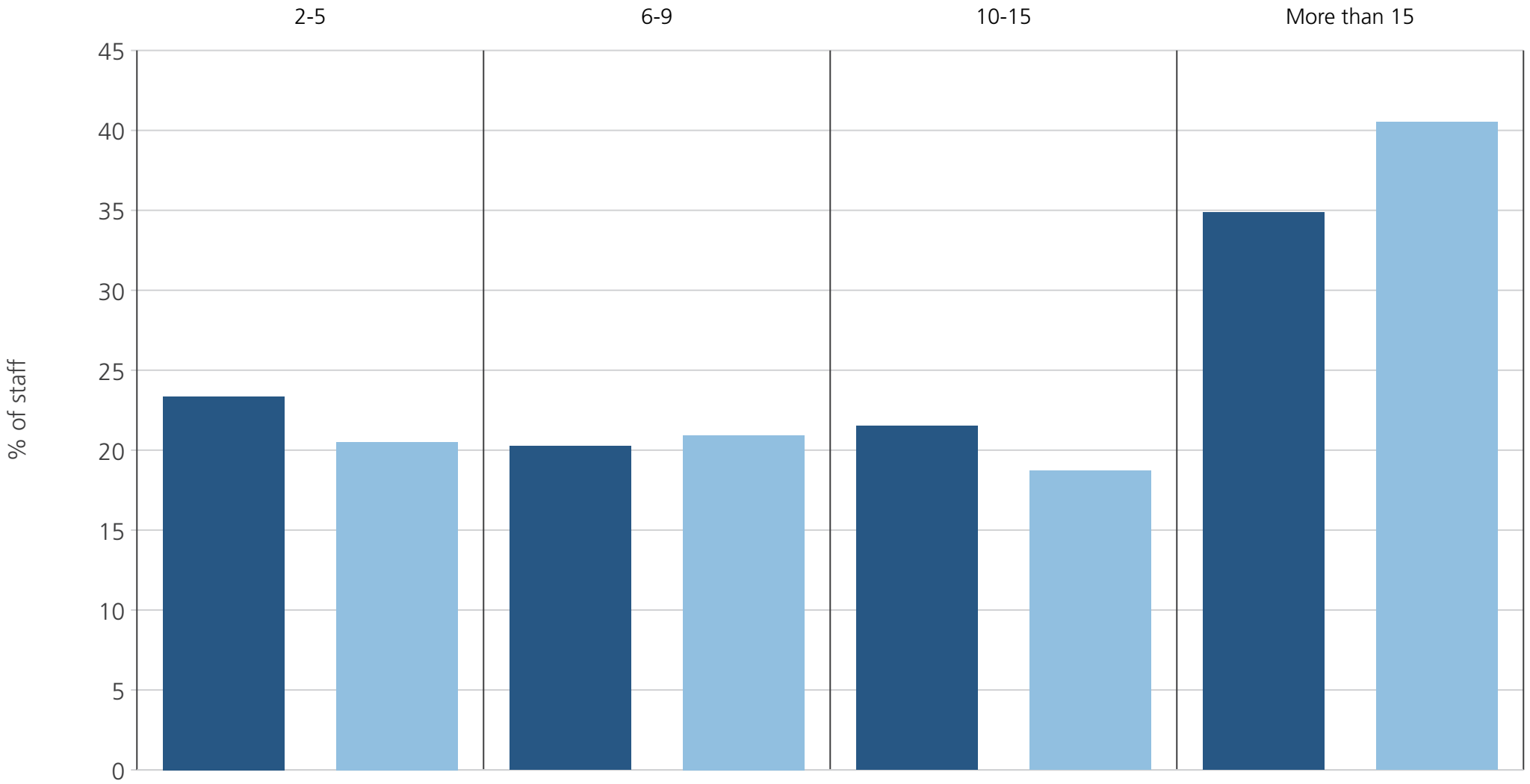


	Registered Nurses and Midwives	Nursing or Healthcare Assistants	Medical and Dental	Allied Health Professionals	Scientific and Technical / Healthcare Scientists	Social Care staff	Public Health / Health Improvement	Commissioning staff	Admin and Clerical	Central Functions / Corporate Services	Maintenance / Ancillary	General Management	Other	Paramedic
Your org	29.0%	7.5%	5.9%	15.0%	4.6%	0.6%	0.5%	0.1%	16.5%	6.5%	8.2%	2.4%	3.0%	0.1%
Average	28.3%	7.4%	8.3%	14.8%	6.7%	0.1%	0.3%	0.1%	16.7%	5.7%	3.0%	2.6%	3.1%	0.0%
No. responses	1,605	1,605	1,605	1,605	1,605	1,605	1,605	1,605	1,605	1,605	1,605	1,605	1,605	1,605

Do you work in a team?



Your org	95.1%
Average	95.9%
No. responses	1,619



	2-5	6-9	10-15	More than 15
Your org	23.4%	20.3%	21.5%	34.9%
Average	20.5%	20.9%	18.7%	40.5%
No. responses	1,520	1,520	1,520	1,520

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Appendices

Walsall Healthcare NHS Trust

2018 NHS Staff Survey Results

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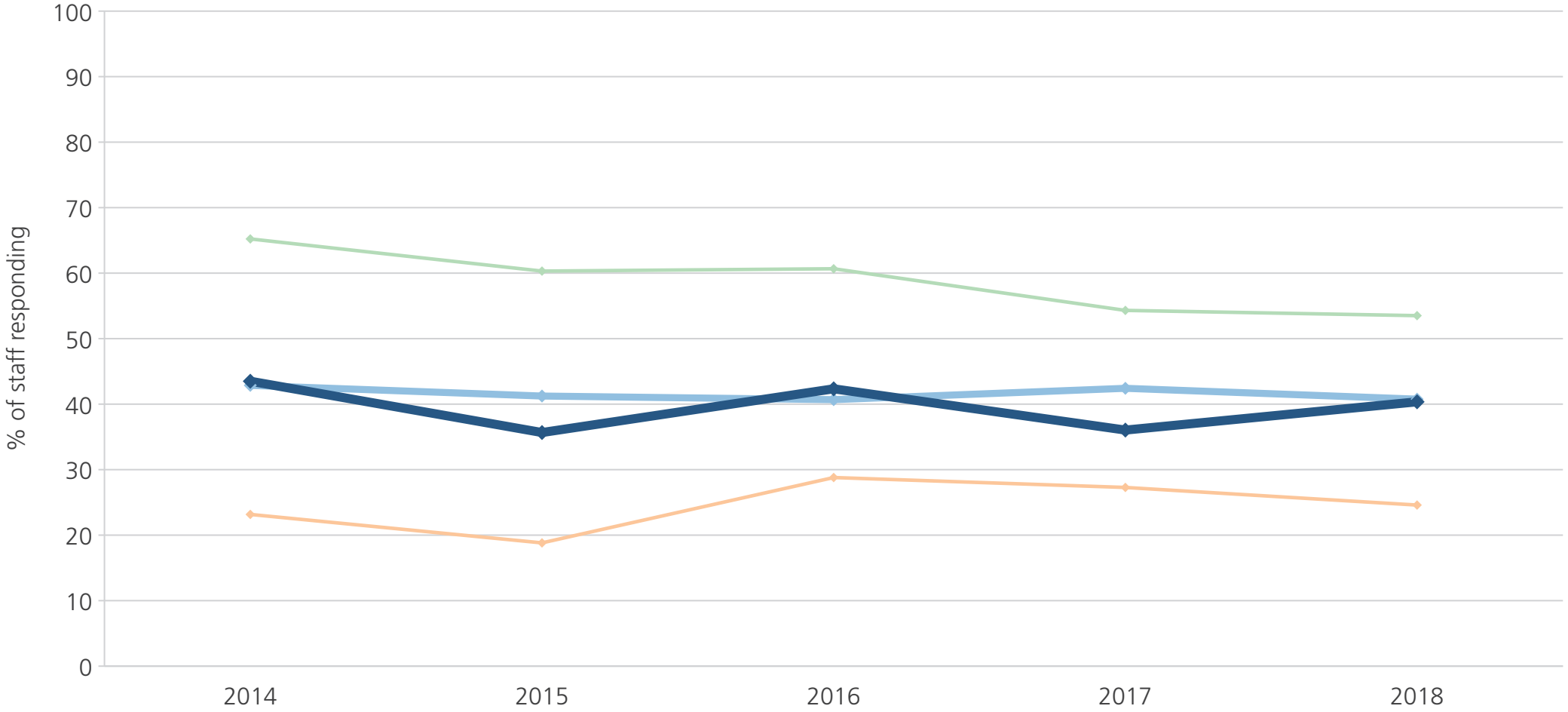
Appendix A: Response rate

Walsall Healthcare NHS Trust

2018 NHS Staff Survey Results



	2014	2015	2016	2017	2018
Best	65.2%	60.3%	60.7%	54.3%	53.5%
Your org	43.5%	35.7%	42.3%	36.0%	40.4%
Average	42.9%	41.2%	40.7%	42.4%	40.8%
Worst	23.2%	18.8%	28.8%	27.3%	24.6%

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Appendix B: Significance testing - 2017 v 2018 theme results

Walsall Healthcare NHS Trust

2018 NHS Staff Survey Results

The table below presents the results of significance testing conducted on this year's theme scores and those from last year*. It details the organisation's theme scores for both years and the number of responses each of these are based on.

The final column contains the outcome of the significance testing: ↑ indicates that the 2018 score is significantly higher than last year's, whereas ↓ indicates that the 2018 score is significantly lower. If there is no statistically significant difference, you will see 'Not significant'. When there is no comparable data from the past survey year, you will see 'N/A'.

Theme	2017 score	2017 respondents	2018 score	2018 respondents	Statistically significant change?
Equality, diversity & inclusion	**8.9**	1511	**9.0**	1647	Not significant
Health & wellbeing	**5.7**	1520	**5.7**	1662	Not significant
Immediate managers	**6.7**	1516	**6.7**	1673	Not significant
Morale		0	**5.9**	1639	N/A
Quality of appraisals	**5.3**	1237	**5.4**	1413	Not significant
Quality of care	**7.3**	1284	**7.3**	1427	Not significant
Safe environment - Bullying & harassment	**7.8**	1501	**7.8**	1644	Not significant
Safe environment - Violence	**9.3**	1505	**9.4**	1633	Not significant
Safety culture	**6.2**	1512	**6.4**	1653	Not significant
Staff engagement	**6.5**	1524	**6.7**	1685	↑

* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

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Appendix C: Tips on using your benchmark report

Walsall Healthcare NHS Trust

2018 NHS Staff Survey Results

Data in the new benchmark reports

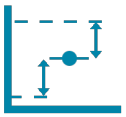
The following pages include tips on how to read, interpret and use the data in this report. The **suggestions are aimed at users who would like some guidance on how to understand the data** in this report. These suggestions are by no means the only way to analyse or use the data, but have been included to aid users transitioning from the previous version of the benchmark report and those who are new to the Staff Survey.

Key changes to note

There are a number of differences in this benchmark report compared to the old style of benchmark reports, that was used prior to the 2018 survey, which are worth noting

- Key Findings have been replaced by themes. The themes cover ten areas of staff experience and present results in these areas in a clear and consistent way. All of the ten themes are scored on a 0-10 scale, where a higher score is more positive than a lower score. These theme scores are created by scoring question results and grouping these results together. **Please note that you cannot directly compare Key Finding results to theme results.**

- A key feature of the new reports is that they **provide organisations with up to 5 years of trend data** across theme **and** question results. Trend data provides a much **more reliable indication of whether the most recent results represent a change from the norm** for an organisation than comparing the most recent results to those from the previous year. Taking a longer term view will help organisations to identify trends over several years that may have been missed when comparisons were drawn solely between the current and previous year.



- **Question results are now benchmarked** so that organisations can make comparisons to their peers on specific areas of staff experience. Question results provide organisations with more granular data that will help them to identify particular areas of concern. This benchmarking has been extended to the trend data that is available so that organisations can identify how results on each question have changed for themselves and their peers over time by looking at a single graph.

1. Reviewing theme results

When analysing theme results, it is easiest to start with the **theme overview** page to quickly identify areas which are doing better or worse in comparison to other organisations in the given benchmarking group.

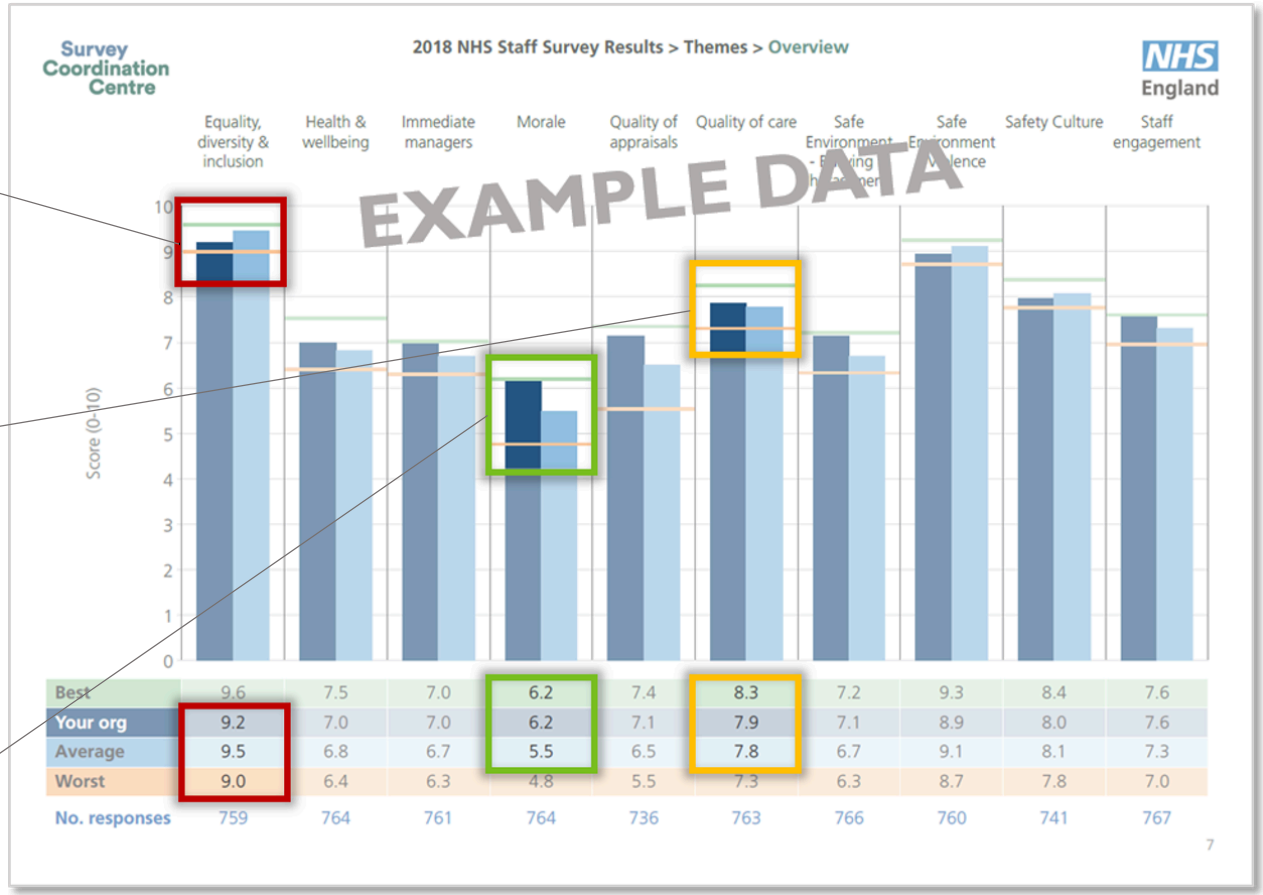
It is important to **consider each theme result within the range of its benchmarking group 'Best' and 'Worst' scores**, rather than comparing theme scores to one another. Comparing organisation scores to the benchmarking group average is another important point of reference.

Areas to improve

- By checking where the 'Your org' column/value is lower than the benchmarking group 'Average' you can quickly identify areas for improvement.
- It is worth looking at the difference between the 'Your org' result and the benchmarking group 'Worst' score. The closer your organisation's result is to the worst score, the more concerning the result.
- Results where your organisation's score is only marginally better than the 'Average', but still lags behind the best result by a notable margin, could also be considered as areas for further improvement.

Positive outcomes

- Similarly, using the overview page it is easy to identify themes which show a positive outcome for your organisation, where 'Your org' scores are distinctly higher than the benchmarking group 'Average' score.



Only one example is highlighted for each point

- Positive stories to report could be ones where your organisation approaches or matches the benchmarking group's 'Best' score.

2. Reviewing theme results in more detail

Review trend data

Trend data can be used to identify measures which have been consistently improving for your organisation (i.e. showing an upward trend) over the past years and ones which have been declining over time. These charts can **help establish if there is genuine change in the results** (if the results are consistently improving or declining over time), or whether a change between years is just a minor **year-on-year** fluctuation.

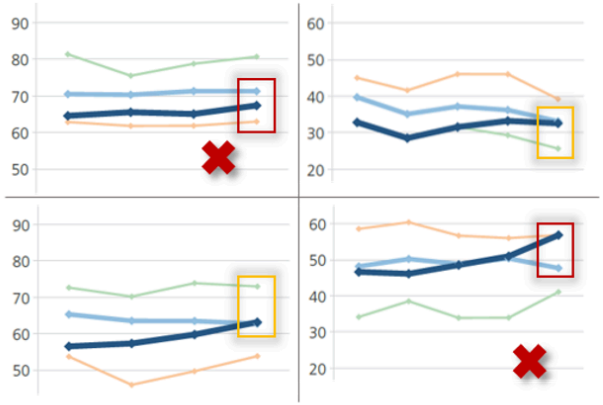
	2014	2015	2016	2017	2018
Best	6.3	6.5	6.3	6.3	6.2
Your org	5.7	5.8	5.8	6.0	6.2
Average	5.8	5.7	5.8	5.6	5.5
Worst	4.7	4.8	4.4	4.8	4.8
No. responses	344	803	668	738	764

Benchmarked trend data also allows you to review local changes and benchmark comparisons at the same time, allowing for various types of questions to be considered: e.g. how have the results for my organisation changed over time? Is my organisation improving faster than our peers?

Review questions feeding into the themes

In order to understand exactly which factors are driving your organisation's theme score, you should review the questions feeding into the theme. The **'Detailed information'** section contains the questions contributing to each theme, grouped together, thus they can be reviewed easily without the need to search through the 'Question results' section. By comparing 'Your org' scores to the benchmarking group 'Average', 'Best' and 'Worst' scores for each question, the **questions which are driving your organisation's theme results can be identified**.

For themes where results need improvement, action plans can be formulated to **focus on the areas where the organisation's results fall between the benchmarking group average and worst results**. Remember to keep an eye out for questions where a lower percentage is a better outcome – such as questions on violence or harassment, bullying and abuse.



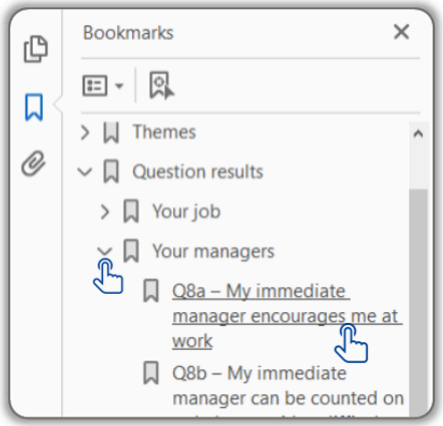
✖ = Negative driver, org result falls between average & worst benchmarking group result for question

3. Reviewing question results

This benchmark report displays results for all questions in the questionnaire, including benchmarked trend data wherever available. While this a key feature of the report, at first glance the amount of information contained on more than 110 pages might appear daunting. The below suggestions aim to provide some guidance on how to get started with navigating through this set of data.

Identifying questions of interest

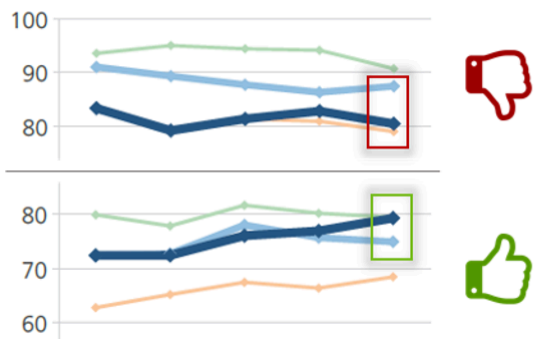
Use the bookmarks bar to navigate directly to questions of interest



- **Pre-defined questions of interest – key questions for your organisation**
  - Most organisations will have questions which have traditionally been a focus for them. Questions which have been targeted with internal policies or programmes, or whose results are of heightened importance due to organisation values or because they are considered a proxy for key issues. Outcomes for these questions can now be assessed on the backdrop of benchmark and historical trend data.
  - **Note:** The bookmarks bar allows for easy navigation through the report, allowing subsections of the report to be folded, for quick access to questions through hyperlinks.

- **Identifying questions of interest based on the results in this report**

  The methods recommended to review your theme results can also be applied to pick out question level results of interest. However, **unlike themes where a higher score always indicates a better result, it is important to keep an eye out for questions where a lower percentage relates to a better outcome** (see details on the 'Using the report' page in the 'Introduction' section).



- **To identify areas of concern**: look for questions where the organisation value falls between the benchmarking group average and the worst score, particularly questions where your organisation result is very close to the worst score. Review changes in the trend data to establish if there has been a decline or stagnation in results across multiple years, but consider the context of how the trust has performed in comparison to its benchmarking group over this period. A positive trend for a question that is still below the average result can be seen as good progress to build on further in the future.
- **When looking for positive outcomes**: search for results where your organisation is closest to the benchmarking group best result (but remember to consider results for previous years), or ones where there is a clear trend of continued improvement over multiple years.

Survey Coordination Centre

NHS England

Appendix D: Additional reporting outputs

Walsall Healthcare NHS Trust

2018 NHS Staff Survey Results

Additional reporting outputs

Below are links to other key reporting outputs which complement this report. A full list and more detailed explanation of the reporting outputs is included in the Technical Document.

Supporting documents

Basic Guide: Provides a brief overview of the NHS Staff Survey data and details on what is contained in each of the reporting outputs.

Technical Document: Contains technical details about the NHS Staff Survey data, including: data cleaning, weighting, benchmarking, theme/KF calculations, historical comparability of organisations and questions in the survey.

Other local results

Key Finding results spreadsheet: Response rate & KF results for every organisation (2017 & 2018). The results are compared and the difference between years is tested for statistical significance.

Local Breakdowns: Dashboards containing results for each organisation broken down by demographic characteristics. Data is available for up to five years where possible.

Directorate Reports: Reports containing theme results split by directorate (locality) for Walsall Healthcare NHS Trust.

National results

National Trend Data and **National Breakdowns**: Dashboards containing national results – data available for five years where possible.

Walsall Healthcare NHS
NHS Trust

Performance Report

February 2019

(January 2019 Results)

Author: Alison Phipps – Head of Performance and Strategic Intelligence
Lead Director: Russell Caldicott – Director of Finance and Performance

Caring for Walsall together

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

Walsall Healthcare NHS Trust

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NHS Trust

Quality, Patient Experience and Safety Committee – Highlight Page

Executive Lead: Director of Nursing: Karen Dunderdale / Non-Executive Director Lead and Chair of Q&S Committee: Anne Baines

Key Areas of Success

- Maternity postnatal FFT "would recommend" score 96%
- Number of incidents resulting in moderate/severe harm/death as a percentage of all incidents reported as 1.65%, the lowest score in last 6 months
- Safety Thermometer "harm free care" score 96.57%, highest for over 6 months

Key Areas of Concern

- We continue to have MSA breaches in ICU despite the new unit opening. Review of the policy and process along with further analysis to be undertaken during March
- 2 Cdiff cases reported in January meaning a total of 16 cases YTD against a full year target of 17. There is a risk that the target set for 2018/2019 will be breached
- MCA Stage 2 tracking performance continues to decline. The Medical Director has a specific focus on this during February & March
- Safeguarding Adults Level 1 training not achieved for 2 months
- Safeguarding Children's Level 1 training not achieved in month and Level 2 training now not achieved for 4 months with a month on month decline in performance

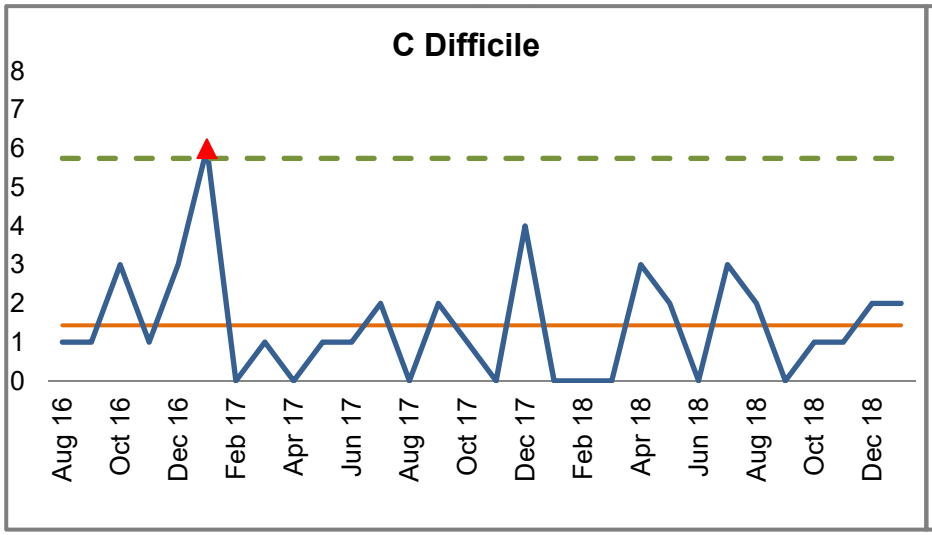
Last month the QPES Committee asked whether there was any link between C-section rate, instrument delivery and FFT in maternity. This has been reviewed; it is expected that when instrumental deliveries decrease the number of C-sections will increase, analysis of the comments received via the FFT feedback shows no links between these 2 modes of delivery and patient's "would recommend" scores/experience

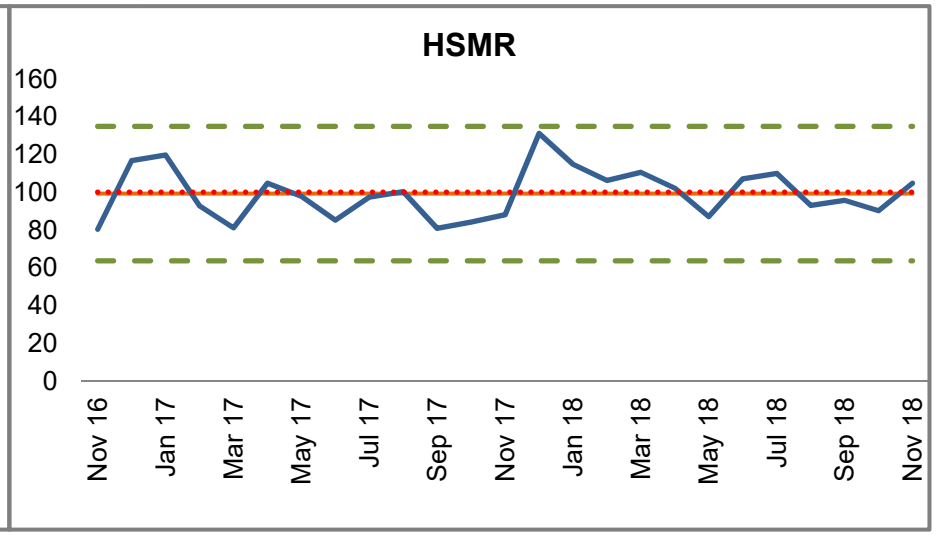
Key Focus for Next Committee

The areas of concern will be picked up as part of a deep dive for the next Quality report.

Quality, Patient Experience and Safety Committee

SPC Key — Measure — Mean — Process limit — High or low point — 7 points above or below mean — Rising or falling trend





Narrative (supplied by Director of Nursing)

The number of CDiff cases YTD is 16 against a Trust Target for 2018/2019 of 17 cases.

There were 2 CDiff cases in January 2019:

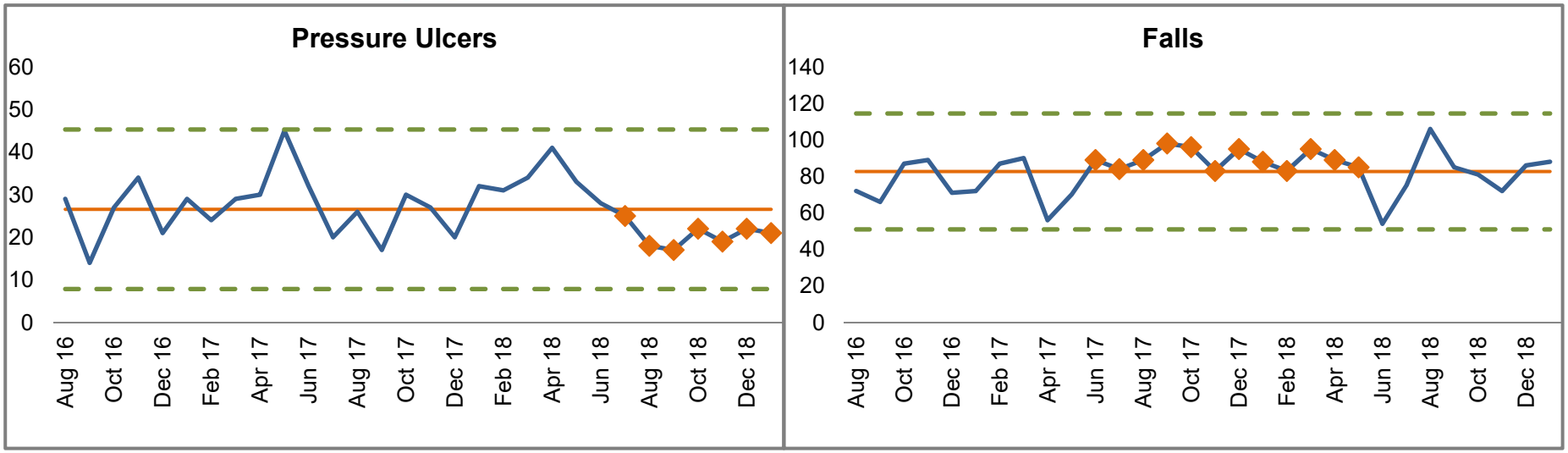
- The 1st case occurred on Ward 17 and deemed unavoidable
- The 2nd case occurred on Ward 9 and is awaiting tabletop review

Narrative (Supplied by Medical Director)

HSMR for November was 104.75. HSMR for the year to date 2018/19 is 98.04. Trust performs well against regional peers.
The Medical Examiner (ME) post is vacant, the intention is to appoint a lead ME from one division, with the assistant MEs in the two other divisions. Once these posts have been appointed, we will commence Structured Judgmental Reviews (SJR) of death in line with Learning from Deaths (LfD) framework. The Mortality Steering Group will be reconfigured to include all three MEs so that all divisions are represented each month.

Quality, Patient Experience and Safety Committee

SPC Key — Measure — Mean — Process limit — High or low point — 7 points above or below mean — Rising or falling trend



Narrative (supplied by Director of Nursing)

The number of acquired pressure ulcers in January 2019 in the hospital and community was 21 cases, this was similar to the 22 cases reported in the previous month. However, the number of category 3 or above pressure ulcers reported in the hospital setting in January reduced significantly with only 1 unstageable pressure reported. This was the lowest reported number of category 3 or above pressure ulcers reported in the hospital since December 2017.

Narrative (supplied by Director of Nursing)

The Trust had 88 falls in January 2019 compared to the 86 reported in the previous month. As well as tracking the number of falls, falls per 1,000 bed days are also recorded as this takes account of how 'full' the hospital is and compares this with the number of falls. In January this decreased to 5.01 compared to December when it was reported as 5.68.
Falls resulting in moderate/severe harm are also reported per 1,000 bed days and this fell from 0.26 to 0.11 in January 2019, this was the lowest ratio reported since October 2018.

Walsall Healthcare NHS Trust

QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE 2018-2019

	SAFE, HIGH QUALITY CARE	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	18/19 YTD Actual	18/19 Target	17/18 Outturn	Key
no..	HSMR (HED)	92.95	95.65	90.12	104.75				100.00		N
no..	SHMI (HED)	96.90	99.95	98.55					100.00		BP
no	MRSA - No. of Cases	0	0	0	1	0	0	2	0	0	N
no	Clostridium Difficile - No. of cases	2	0	1	1	2	2	16	17	11	N
no	Pressure Ulcers (category 2, 3, 4 & Unstageables) Hospital Acquired Avoidable per 1,000 beddays (current two months figs are unvalidated)	0.54	0.60	0.74	0.39	0.19	0.29				L
no	Pressure Ulcers (category 2, 3, 4 & Unstageables) Community Acquired Avoidable per 10,000 CCG Population (current two months figs are unvalidated)	0.10	0.03	0.17	0.03	0.03	0.03				L
no..	Falls - Rate per 1000 Beddays	6.94	6.21	4.60	4.81	5.68	5.01		6.63		BP
no	Falls - No. of falls resulting in severe injury or death	1	3	0	2	1	1	13	0	8	BP
%..	VTE Risk Assessment	95.08%	94.38%	94.63%	95.11%	94.67%	95.00%	95.35%	95.00%	88.49%	N
no	National Never Events	0	1	0	1	15	0	17	0	3	N
no..	Midwife to Birth Ratio	1:25.0	1:27.3	1:25.1	1:27.3	1:27.7	1:31.4		1:28	1:26.3	N
%..	C-Section Rates	25.17%	23.10%	27.08%	24.41%	36.27%	30.77%	28.20%	30.00%		BP
%..	% of Emergency Readmissions within 30 Days of a discharge from hospital (one month in arrears)	10.64%	10.93%	11.13%	10.18%	11.14%		10.70%	10.00%		L
%..	Electronic Discharges Summaries (EDS) completed within 48 hours	87.24%	82.74%	83.47%	82.49%	81.04%	80.48%	84.74%	100.00%	89.33%	N/L
%..	Compliance with MCA 2 Stage Tracking	68.00%	80.00%	72.00%	56.00%	56.00%	33.00%		100.00%		BP
%..	Friends and Family Test - Inpatient (% Recommended)	95.00%	96.00%	95.00%	96.00%	96.00%	96.00%		96.00%		N
%..	PREVENT Training - Level 1 & 2 Compliance	98.29%	97.78%	96.48%	96.10%	96.27%	94.39%		85.00%		L
%..	PREVENT Training - Level 3 Compliance	90.42%	90.38%	88.99%	89.53%	90.37%	88.82%		85.00%		L
%..	Adult Safeguarding Training - Level 1 Compliance	99.83%	99.44%	95.92%	95.65%	94.31%	93.19%		95.00%		L
%..	Adult Safeguarding Training - Level 2 Compliance	89.53%	90.52%	91.85%	91.23%	91.44%	90.95%		85.00%		L
%..	Adult Safeguarding Training - Level 3 Compliance	87.89%	88.72%	88.63%	87.52%	90.50%	90.42%		85.00%		L
%..	Children's Safeguarding Training - Level 1 Compliance	98.67%	98.98%	97.75%	96.70%	96.45%	94.85%		95.00%		L
%..	Children's Safeguarding Training - Level 2 Compliance	85.37%	85.67%	84.67%	83.54%	83.78%	82.04%		85.00%		L
%..	Children's Safeguarding Training - Level 3 Compliance	92.08%	89.92%	90.02%	91.51%	90.91%	89.08%		85.00%		L

Walsall Healthcare NHS
NHS Trust

Integration

Caring for Walsall together

Integration – Highlight Page

Executive Lead: Director of Strategy & Improvement: Daren Fradgley / Non-Executive Director Lead: TBC

Key Areas of Success

Winter plan focus on enhancing case management in identified residential homes is proving some success. Weekly ward round by GP are in place and the outcomes have included increasing referrals to Rapid Response who have taken an all time high of just under 300 referrals during January. Work has been progressing to identify specific pharmacy support for adult community and this is commencing during February for 2 days each week. Pharmacy support will be provided to Rapid Response MDT , attendance at GP-led care home reviews and they will also provide medicines management support to community teams. This can include medicines information, education, CD destruction.

Community respiratory nurses have completed their moves into place based locality teams.

The GP Led MDT's are continuing to progress well with another two practices joining, there are now 16 practices participating covering 34% of the population list size.

The successful candidates for the social prescribing project are completing their internal training and should be with the teams by the second week in Mar.

The new stroke pathway and the transfer of care process continues to work well. Average occupancy rate for the stroke rehab unit is 94.4% (17 beds). Stroke pathway review meeting with RWT scheduled for March.

Key Areas of Concern

Further growth of the GP Led MDT's may have to be stopped as resourcing the meetings is becoming an issue, hopefully the locality pilot will prove to be the way forward.
Accommodation for ICS and Rapid Response as the Stroke Pathway moves into a Community setting.

Key Actions Taken

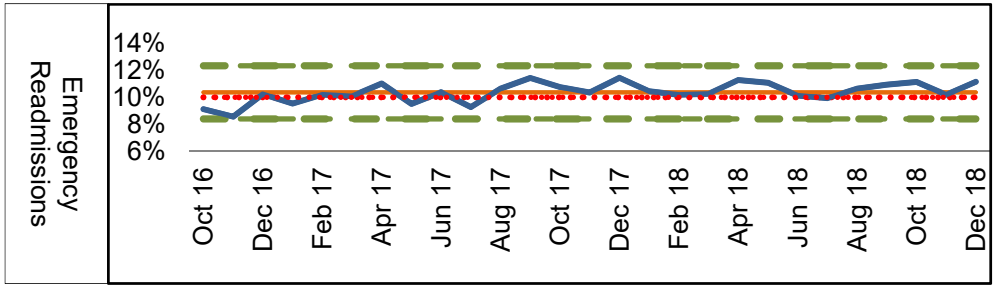
Work continues around the joint referral form for Health and Social care within localities and twill be piloted within the West locality.

Key Focus

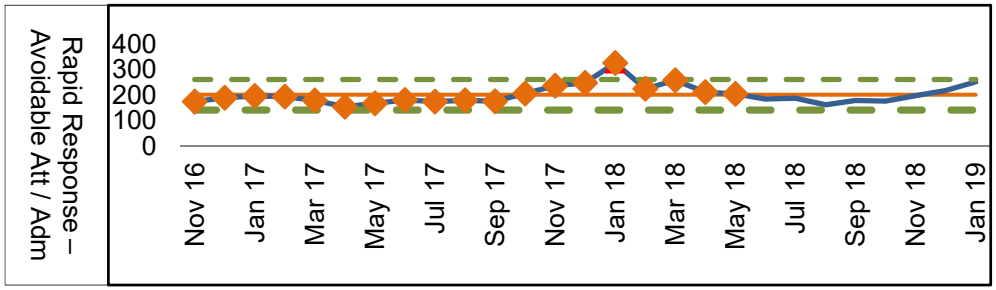
To secure extra space/accommodation for the place based teams and the Integrated Care Service.

Integration

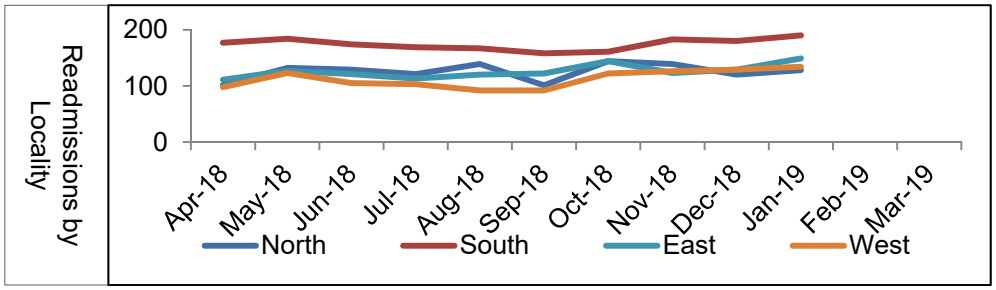
SPC Key — Measure — Mean — Process limit — High or low point — 7 points above or below mean — Rising or falling trend



Narrative (supplied by Director of Strategy & Improvement)
Emergency readmissions are still within limits.
The additional specialisms have now been recruited and we should see some improvement over the coming months.



Alignment with the Integrated Care Service is progressing well. Community are looking to improve support to Rapid response to help prevent ED attendance and hospital admission from community patients.



This data is being continually monitored, we expect to see changes over the next few months in relation to the North team as we see the evidence of the trial split of North into two teams.

Walsall Healthcare NHS Trust

INTEGRATION
2018-2019

		Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	18/19 YTD Actual	18/19 Target	17/18 Outturn	Key
	SAFE, HIGH QUALITY CARE										
%..	% of Emergency Readmissions within 30 Days of a discharge from hospital (one month in arrears)	10.64%	10.93%	11.13%	10.18%	11.14%		10.70%	10.00%		L
no	Rapid Response Team - Total Referrals	174	195	203	238	248	292				L
no	Rapid Response Team - MDT Interventions potentially avoiding attendance or admission	162	179	177	198	218	252				L
%	Rapid Response Team - % of patients referred requiring a 2 hour response who are subsequently seen within 2 hours	56.00%	59.00%	54.00%	69.00%	58.00%	53.00%				L
	CARE AT HOME										
%..	ED Reattenders within 7 days	7.58%	7.59%	6.86%	7.76%	8.01%	7.71%	7.47%	7.00%	6.76%	BP
	RESOURCES										
no	Average Number of Medically Fit Patients relating to Social Care - Walsall only	31	36	42	42	37	38				L
no	Average Number of Medically Fit Patients - Trust	42	48	39	45	42	39				L
	PARTNERS										
Rate	Occupied Beddays per Locality - Rate per 1000 GP Population (GP Caseload)	34.83	31.63	40.35	35.76	34.80	42.20				L
no	Nursing Contacts per Locality - Total	19807	18387	19649	18324	17854	18487	188626			L
Rate	Emergency Readmissions per Locality - Rate per 1000 GP Population (GP Caseload)	1.71	1.56	1.89	1.89	1.84	1.99				L
no	No. of patients on stroke pathway in partnership with Wolverhampton (one month in arrears)	4	8	9	6	4					L

Walsall Healthcare NHS
NHS Trust

People and Organisation Development Committee

Caring for Walsall together

Walsall Healthcare NHS
NHS Trust

People and Organisation Development Committee – Highlight Page

Executive Lead: Director of People and Culture: Catherine Griffiths / Non-Executive Director Lead and Chair of POD Committee: Philip Gayle

Key Areas of Success

1. Staff engagement on values and behaviours has involved 2,000 employees and provides a firm foundation to embed and learn from positive practice and to call out unacceptable behaviours – a pulse survey indicated that 97% of staff know the Trust values, these questions are to be added to the FFT each quarter.
2. The National Staff Survey 2018, shows the Trust has seen a statistically significant improvement in its staff engagement score from 2017 to 2018.
3. Staff from the Trust will be attending the NHS Employers National Flu Conference in Manchester on 25th March to run a workshop as an exemplar of good practice on partnership working and Board leadership under the title "all hands to deck", the Trust was most improved nationally in October and in top five in December.
4. FTSU Guardian's have launched electronic reporting system for Speaking Up through Safeguard which allows anonymous reporting and ensures feedback to staff.

Key Areas of Concern

1. Attendance and staff health and wellbeing, sickness levels within the Trust continue to display an increasing trend, in month figure of 7.27% in January 2019 spikes in absence rates are significant enough to impact on service delivery.
2. Equality Diversity and Inclusion – initial review complete and this categorises performance at a high level risk, red rated, therefore assurance is required for the Board on progress on both EDI regulatory compliance and organisational culture in order to mitigate this risk. Organisational culture remains a concern discussed at PODC and EDIC – further action on EDI required. Discussion at PODC focused on spending sufficient time on the action planning supporting the EDI Strategy.
3. Workforce resourcing and use of agency, locum, temporary workforce spend – approach to new workforce role needs further input in order to provide a sustainable workforce for the future.
4. HR Policy Framework is not in line with requirements, and updates required against best practice and in order to align with the Trust values.

Key Actions Taken

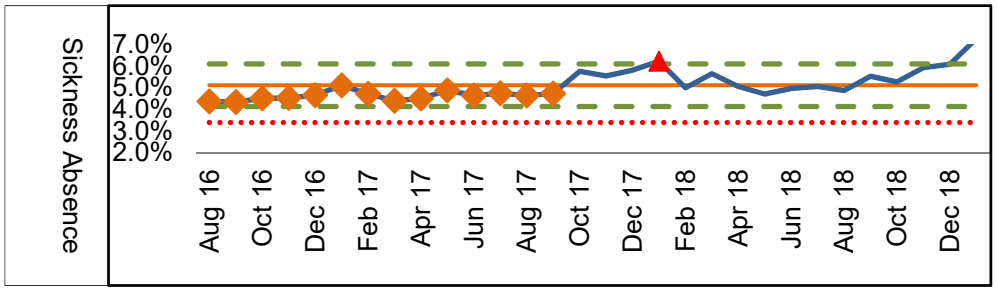
1. Review of approach to attendance management discussed at PODC – JNCC agreed a detailed review of policy framework and approach and stakeholder engagement workshops completed during November and December – new target, new policy framework completed by end of Q3, implementation due in Q4, the policy, procedure and manager guidance are in consultation.
2. Full review of whole HR Policy Framework against statute and national best practice completed, with specific attention to the Attendance Policy and the Appraisal, talent management Policy. The Management of Change Policy review is scheduled for April 2019.

Key Focus for Next Committee

1. EDI strategy is being updated and WRES action plan also being updated, for report to People and OD Committee in March and for Trust Board in April 2019.
2. People Strategy review and update of the workforce strategy in line with Trust Walsall Together as a strategic partnership approach across the STP system.
3. Reviews of strategic approach to Leadership Development, management capability and talent management approach due to PODC in March 2019 .
4. Review strategic approach to OCH and wellbeing and assessment of the Call to Action on Bullying and impact of interventions due to PODC in April 2019.

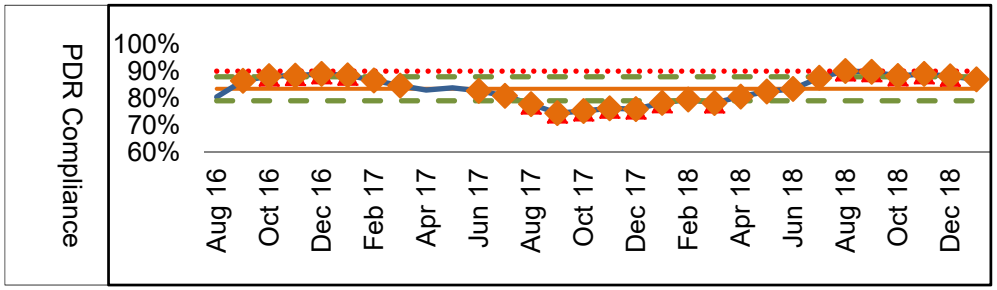
People and Organisation Development Committee

SPC Key — Measure — Mean — Process limit — High or low point — 7 points above or below mean — Rising or falling trend

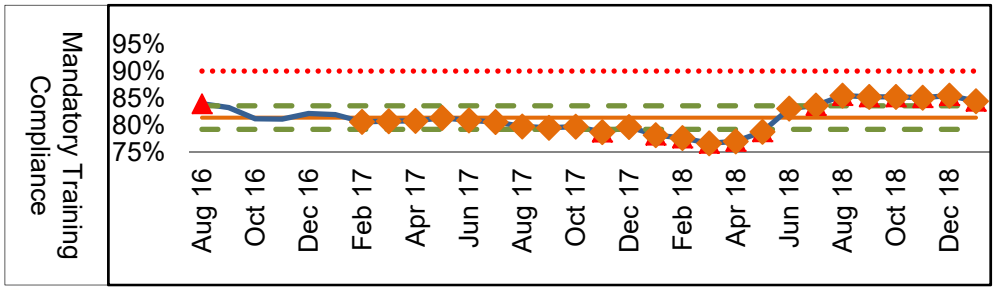


Narrative (supplied by Director of People and Culture)

A challenging sickness absence trajectory continued during January 2019. The top reason for absence remained Stress/Anxiety, accounting for 17% of days lost. A sharp peak in short-term absence was reflected in an unusually high level of cold/influenza related illnesses; making this the second highest reason for absence during the month. Traditionally absence levels hit a yearly peak during January; with this continuing trend and its impact upon the best use of resources, continually monitored.



Mandatory Training performance remains consistent, at 84% month-end. The learning and Development team are continuing to monitor DNA's and inform line managers accordingly. Dates have been set for Clinical Update training during 2019/2020. An additional 20 dates have been added to ensure adequate provision of spaces throughout the year. Learning & Development are working collaboratively with Estates and facilities to increase their level of compliance.



Appraisal compliance improved by 9% to an 87% average during 2018/19. The appraisal paperwork has been redesigned and reflects the new Trust Values & Behavioural Framework. The appraisal policy is pending ratification. Appraisal compliance has fallen this month. The team will continue to monitor the inputting of completed appraisals on ESR; liaising with line mangers to ensure completion.

Walsall Healthcare NHS Trust

PEOPLE AND ORGANISATIONAL DEVELOPMENT COMMITTEE 2018-2019

		Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	18/19 YTD Actual	18/19 Target	17/18 Outturn	Key
	SAFE, HIGH QUALITY CARE										
%..	% of RN staffing Vacancies	10.45%	9.52%	9.72%	9.07%	7.95%	8.14%	8.14%			BP
%..	Mandatory Training Compliance	85.46%	85.21%	85.21%	85.07%	85.45%	84.42%		90.00%	76.61%	L
%..	PREVENT Training - Level 1 & 2 Compliance	98.29%	97.78%	96.48%	96.10%	96.27%	94.39%		85.00%		L
%..	PREVENT Training - Level 3 Compliance	90.42%	90.38%	88.99%	89.53%	90.37%	88.82%		85.00%		L
%..	Adult Safeguarding Training - Level 1 Compliance	99.83%	99.44%	95.92%	95.65%	94.31%	93.19%		95.00%		L
%..	Adult Safeguarding Training - Level 2 Compliance	89.53%	90.52%	91.85%	91.23%	91.44%	90.95%		85.00%		L
%..	Adult Safeguarding Training - Level 3 Compliance	87.89%	88.72%	88.63%	87.52%	90.50%	90.42%		85.00%		L
%..	Children's Safeguarding Training - Level 1 Compliance	98.67%	98.98%	97.75%	96.70%	96.45%	94.85%		95.00%		L
%..	Children's Safeguarding Training - Level 2 Compliance	85.37%	85.67%	84.67%	83.54%	83.78%	82.04%		85.00%		L
%..	Children's Safeguarding Training - Level 3 Compliance	92.08%	89.92%	90.02%	91.51%	90.91%	89.08%		85.00%		L
	VALUE COLLEAGUES										
%..	Sickness Absence	4.87%	5.53%	5.27%	5.93%	6.09%	7.27%		3.39%	5.30%	L
%..	PDRs	90.04%	89.73%	88.19%	88.95%	88.06%	86.96%		90.00%	78.17%	L
	RESOURCES										
%..	Bank & Locum expenditure as % of Paybill	8.43%	9.96%	9.37%	9.31%	8.50%	9.81%	9.09%	6.30%	7.67%	L
%..	Agency expenditure as % of Paybill	4.51%	4.96%	5.30%	5.37%	5.28%	5.81%	4.85%	2.75%	4.32%	L
no	Staff in post (Budgeted Establishment FTE)	4123	4121	4039	4029	3981	3978	3978			L
%..	Turnover (Normalised)	9.74%	10.57%	10.64%	11.06%	11.29%	11.45%		10.00%		

Green	Performance is on track against target or trajectory
Amber	Performance is within agreed tolerances of target or trajectory
Red	Performance not achieving against target or trajectory or outside agreed tolerances

Walsall Healthcare NHS
NHS Trust

Performance, Finance and Investment Committee

Caring for Walsall together

Walsall Healthcare NHS
NHS Trust

Performance, Finance and Investment Committee – Highlight Page

Executive Lead: Director of Finance: Russell Caldicott / Non-Executive Director Lead and Chair of PFIC Committee: John Dunn

Key Areas of Success

- Attaining national cancer performance standards and 6 week diagnostic targets, with RTT performance above local trajectory
- MRI and Integrated Critical Care Unit opened and operational, Maternity Theatre and Neo-Natal Unit construction commenced and on trajectory
- Emergency Department Business Case approved at Strategic Outline Case (SOC) and Outline Business Case endorsed by regional office

Key Areas of Concern

- Cancer 2 week waits: during January the Trust received 310 referrals in the Breast Service alone which exceeded the monthly capacity of 252 resulting in a significant amount of breaches, this has impacted both the Trust overall 2ww and the breast symptomatic performance. Contact with City Hospital, Russell's Hall and Wolverhampton confirm that the increase in referrals is problematic across the region. All 3 Trusts were and still are unable to support us as they are experiencing capacity issues themselves. This issue of increased demand is also being discussed at a Cancer Alliance next week.
- The Trust has attained a £23.9m deficit to 31st January 2019 (£1.5m off run rate plan at month 10)
- **Current run rate indicates a significant risk to delivery of 2018/19 revised forecast deficit outturn of £24m (£4m risk to delivery)**
- Temporary workforce costs continue higher than planned (remaining above £2m in month) the YTD spending has exceeded the total spent in 2017/18
- Productivity schemes are not attaining performance targeted for theatres, in outpatients waiting list initiatives are supporting delivery of the income target. This is a key component of the financial sustainability plans for the Trust and will impact on the ability to enter the 2019/20 financial year if not corrected in March 2019.

Key Actions Taken

- SAFER deployed within the Trust to support enhanced ED performance, FES re-organised to reduce elderly admissions
- Regular monitoring of Financial Recovery Plan to escalate and address variation to revised run rate and forecast outturn target, with a focus on increased grip and control and enhanced productivity for the remaining months of the financial year (enhanced focus placed on closing additional capacity)

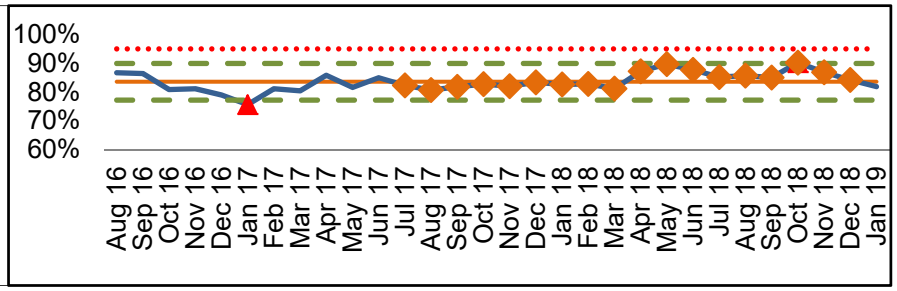
Key Focus for Next Committee

- Continued focus on performance against constitutional standards, focus placed upon ED 4 hour performance
- Review of the forecast deficit and normalised position following presentation to the March 2019 Private Trust Board, then PFIC to monitor the following;
  - Run rate reductions compared to plan month on month, in accordance with the Financial Recovery Programme (FRP)
  - Assurance over delivery of the agreed outturn, reviewing performance against agreed plans and seeking mitigations for slippage
  - Oversight of key risks, Income performance driven by CIP attainment (productivity within Theatres and Outpatients) and temporary workforce controls
  - Monitoring of grip and control initiatives to ensure cost benefit without service impact
  - Assessment of the Trust's exit run rate and normalised position to ensure delivery of the 2019/20 financial plans

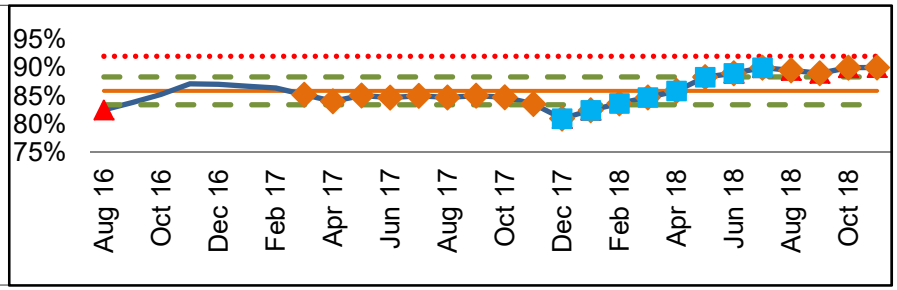
Performance, Finance and Investment Committee

SPC Key — Measure — Mean - - Process limit ▲ High or low point ◆ 7 points above or below mean ■ Rising or falling trend

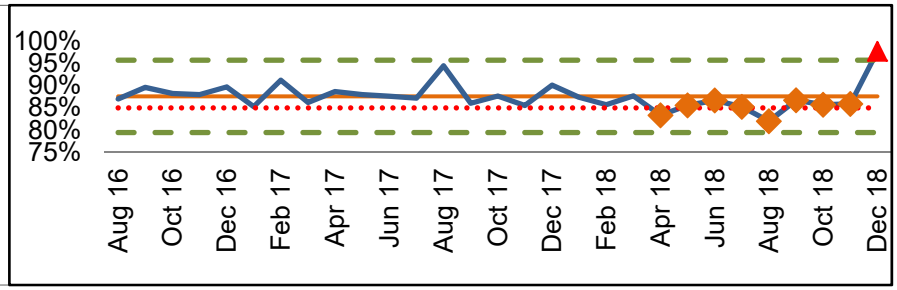
ED - % within 4 hours – Overall (Type 1 & 3)



18 weeks RTT – Incomplete Pathways



Cancer 62 Day RTT



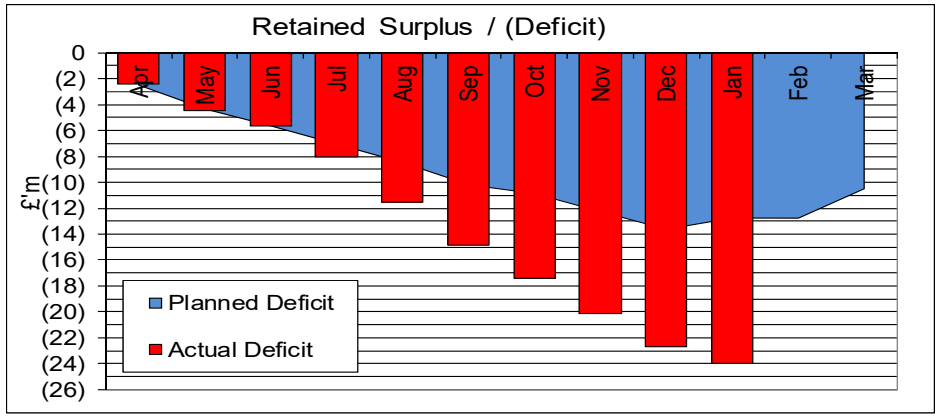
Narrative (supplied by interim Chief Operating Officer)

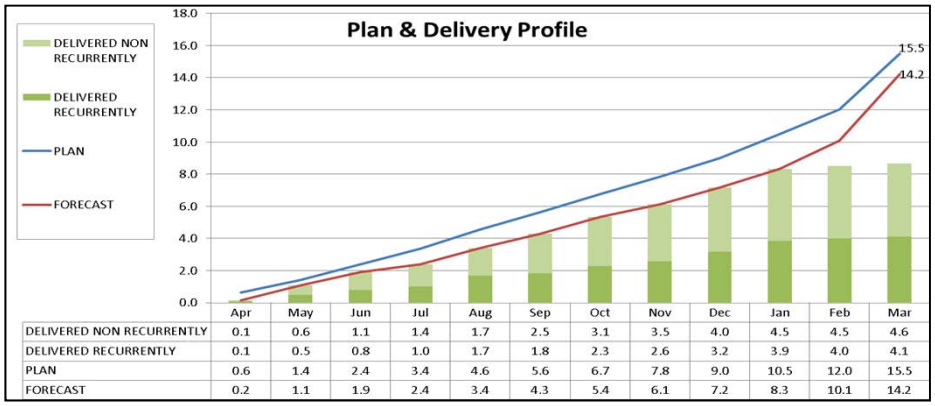
- Type 1 performance has improved (66.98%) compared to January last year (63.45%) in spite of increased demand (+416). WCCG work to reduce demand has been successful in terms of type 3 (-1504), However this has reduced the relative improvement in all type performance (approx 1%) denominator calculation.
- There have been outlier patients (@12 per day, and Ward 10 winter ward has utilised 19 beds during February to date. Type 1 demand has prohibited ability to reduce number of beds on Winter Ward, combined with some difficulty staffing spare capacity areas.

- RTT has sustained its improvements and achieved 89.6% in January 2019, Improved performance in quarter 4 to further reduce waiting times and ensure numbers of pathways are below the 14,688 end of March position is now the focus.

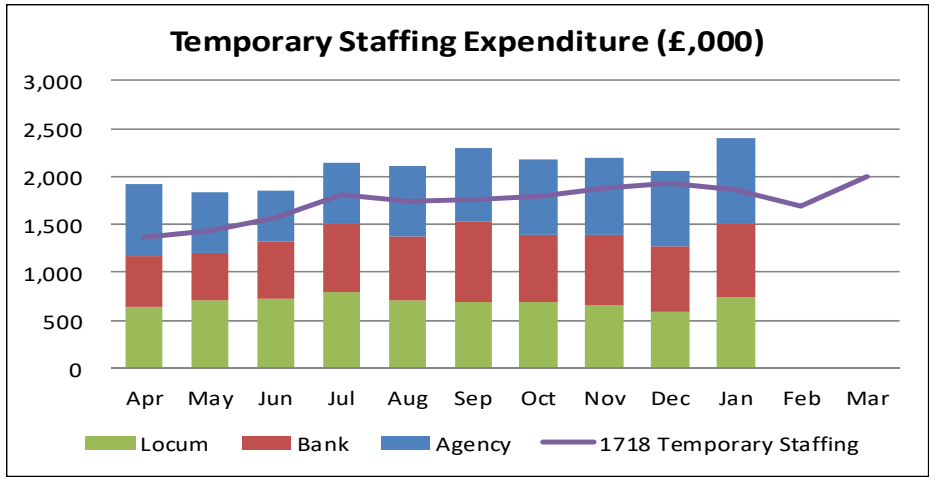
- Confirmed Cancer performance for December shows achievement of all National cancer measures. The provisional results for January show achievement of all national measures with the exception of the two Cancer 2 week waits metrics. 2WW GP Referrals (88.3%) and 2WW Breast Symptomatic (76.5%). There has been a significant increase in referrals during this period and lack of capacity to see patients within 2 weeks.

Financial Performance to January 2019 (Month 10)





	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
DELIVERED NON RECURRENTLY	0.1	0.6	1.1	1.4	1.7	2.5	3.1	3.5	4.0	4.5	4.5	4.6
DELIVERED RECURRENTLY	0.1	0.5	0.8	1.0	1.7	1.8	2.3	2.6	3.2	3.9	4.0	4.1
PLAN	0.6	1.4	2.4	3.4	4.6	5.6	6.7	7.8	9.0	10.5	12.0	15.5
FORECAST	0.2	1.1	1.9	2.4	3.4	4.3	5.4	6.1	7.2	8.3	10.1	14.2



Financial Performance

- The total financial position for the Trust at M10 is a deficit of £23.9m, resulting in a £11.2m adverse variance to plan .
- The position includes £3.4m of lost PSF reflected in the Income section opposite as the variance shown against DoH and Social Care.
- Contracted income shows an unfavourable variance to plan, with under-performance occurring against NHS England for Adult and Neonatal Critical care and with our main commissioner contract (Walsall CCG) driven by lower than plan births.
- Expenditure is overspent £7.1m YTD. The main area of overspending is pay (£6.6m) due to temporary staffing costs in Medical and Nursing. The overspending on non-pay largely relates to non delivery of CIP.

Cash

- The Trust's planned cash holding in accordance with borrowing requirements is £1m. The actual cash holding is £1.1m.
- The Trust's agreed borrowing for 2018/19 is £10.6m, reflecting the deficit plan. The adverse deficit to plan requires additional requests for borrowing and greater pressure on cash flow

Capital

- The year to date capital expenditure is £10.8m, with the main spends relating to ICCU (£4.5m), Estates Lifecycle (£1.9m), Maternity (£3.3m) and Medical Equipment (£0.5m).

Financial Performance - Period ended 31st January 2019					
Description	Annual Budget	Budget to Date	Actual to Date		Variance
	£'000	£'000	£'000		£'000
Income					
CCGs	201,290	168,795	167,794		(1,001)
NHS England	19,137	15,910	15,387		(523)
Local Authorities	9,600	8,002	8,205		203
DoH and Social Care	7,787	6,169	2,591		(3,578)
NHS Trusts	830	694	685		(9)
Non NHS Clinical Revenue (RTA Etc)	4,521	3,869	4,322		453
Education and Training Income	7,255	6,127	6,322		194
Other Operating Income (Incl Non Rec)	5,201	4,479	4,689		209
Total Income	**255,621**	**214,045**	**209,994**		**(4,051)**
Expenditure					
Employee Benefits Expense	(173,438)	(143,607)	(150,212)		(6,605)
Drug Expense	(16,210)	(15,347)	(15,347)		0
Clinical Supplies	(18,040)	(15,157)	(16,349)		(1,192)
Non Clinical Supplies	(16,069)	(13,396)	(14,242)		(847)
PFI Operating Expenses	(5,043)	(4,203)	(4,351)		(148)
Other Operating Expense	(21,598)	(21,663)	(19,950)		1,713
Sub - Total Operating Expenses	**(250,397)**	**(213,373)**	**(220,452)**		**(7,079)**
Earnings before Interest & Depreciation	**5,224**	**673**	**(10,457)**		**(11,130)**
Interest expense on Working Capital	51	43	48		6
Interest Expense on Loans and leases	(9,345)	(8,002)	(8,452)		(450)
Depreciation and Amortisation	(6,560)	(5,467)	(5,092)		375
PDC Dividend	0	0	0		0
Losses/Gains on Asset Disposals	0	0	0		0
Sub-Total Non Operating Exps	**(15,855)**	**(13,427)**	**(13,495)**		**(69)**
Total Expenses	**(266,252)**	**(226,799)**	**(233,947)**		**(7,148)**
RETAINED SURPLUS/(DEFICIT)	**(10,631)**	**(12,754)**	**(23,953)**		**(11,199)**
Adjustment for Gains on Donated Assets			95		95
Adjusted Financial Performance (Control Total)	**(10,631)**	**(12,754)**	**(23,858)**		**(11,104)**

Use of Resources Ratings (M10)

Finance and use of resources rating	03AUDITPY	03PLANYTD	03ACTYTD	03PLANCY	03FOTCY
i	Audited PY 31/03/2018 Year ending Number	Plan 31/01/2019 YTD Number	Actual 31/01/2019 YTD Number	Plan 31/03/2019 Year ending Number	Forecast 31/03/2019 Year ending Number
Capital service cover rating	4	4	4	4	4
Liquidity rating	4	4	4	4	4
I&E margin rating	4	4	4	4	4
I&E margin: distance from financial plan	3		4		4
Agency rating	2	1	3	1	3

CASHFLOW STATEMENT

Statement of Cash Flows for the month ending January 2019	Year to date Movement
	£'000
Cash Flows from Operating Activities	
Adjusted Operating Surplus/(Deficit)	(15,548)
Depreciation and Amortisation	5,092
Donated Assets Received credited to revenue but non-cash	(92)
(Increase)/Decrease in Trade and Other Receivables	178
Increase/(Decrease) in Trade and Other Payables	(3,171)
Increase/(Decrease) in Stock	230
Interest Paid	(8,452)
Net Cash Inflow/(Outflow) from Operating Activities	(21,763)
Cash Flows from Investing Activities	
Interest received	**46**
(Payments) for Property, Plant and Equipment	**(10,775)**
Receipt from sale of Property	**939**
Net Cash Inflow/(Outflow)from Investing Activities	**(9,790)**
Net Cash Inflow/(Outflow) before Financing	(31,553)
Cash Flows from Financing Activities	30,353
Net Increase/(Decrease) in Cash	**(1,200)**
Cash at the Beginning of the Year 2018/19	2,277
Cash at the End of the November	1,077

STATEMENT OF FINANCIAL POSITION

Statement of Financial Position for the month ending January 2019	Balance as at 31/03/18	Balance as at 31/01/19	Year to date Movement
	'£000	'£000	'£000
Non-Current Assets			
Total Non-Current Assets	**140,656**	**146,647**	**5,991**
Current Assets			
Receivables & pre-payments less than one Year	17,214	18,713	1,499
Cash (Citi and Other)	2,277	1,077	(1,200)
Inventories	2,277	2,047	(230)
Total Current Assets	21,768	21,837	69
Current Liabilities			
NHS & Trade Payables less than one year	(30,702)	(30,363)	339
Payables less than one year	-	-	-
Borrowings less than one year	(60,740)	(6,883)	53,857
Provisions less than one year	(432)	(432)	-
Total Current Liabilities	(91,874)	(37,678)	54,196
Net Current Assets less Liabilities	**(70,106)**	**(15,841)**	**54,265**
Non-current liabilities			
Borrowings greater than one year	(127,859)	(207,465)	(79,606)
Total Assets less Total Liabilities	(57,309)	(76,659)	(19,350)
FINANCED BY TAXPAYERS' EQUITY composition :			
PDC	58,318	62,920	4,602
Revaluation	16,023	15,897	(126)
Income and Expenditure	(131,650)	(131,524)	126
In Year Income & Expenditure	-	(23,952)	(23,952)
Total TAXPAYERS' EQUITY	(57,309)	(76,659)	(19,350)

Walsall Healthcare NHS
NHS Trust

PERFORMANCE, FINANCE AND INVESTMENT COMMITTEE 2018-2019

		Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	18/19 YTD Actual	18/19 Target	17/18 Outturn	Key
	SAFE, HIGH QUALITY CARE										
%..	Total time spent in ED - % within 4 hours - Overall (Type 1 and 3)	85.74%	85.04%	90.24%	86.90%	84.20%	81.88%	86.42%	95.00%	82.67%	N
%..	Ambulance Handover - Percentage of clinical handovers completed within 15 minutes of recorded time of arrival at ED	71.68%	71.86%	77.57%	75.51%	69.72%	62.00%	73.63%	85.00%	65.80%	BP
no	Ambulance Handover - No. of Handovers completed over 60mins	4	13	3	7	10	37	87	0	236	N
%..	Cancer - 2 week GP referral to 1st outpatient appointment	95.04%	93.56%	90.82%	97.19%	96.04%	88.05%	94.13%	93.00%	95.45%	N
%..	Cancer - 62 day referral to treatment of all cancers	81.36%	86.73%	85.71%	85.90%	97.78%	85.87%	85.92%	85.00%	88.05%	N
%..	18 weeks Referral to Treatment - % within 18 weeks - Incomplete	89.51%	89.02%	90.01%	90.04%	90.01%	89.60%		92.00%		N
no	18 weeks Referral to Treatment - No. of patients waiting over 52 weeks - Incomplete	0	0	0	1	0	0	1	0		N
%..	Diagnostic Waits - % waiting under 6 weeks	99.61%	99.83%	99.71%	99.90%	99.85%	99.69%	99.66%	99.00%	99.06%	N
no	Rapid Response Team - MDT Interventions potentially avoiding attendance or admission	162	179	177	198	218	252				L
no	No. of Open Contract Performance Notices	7	7	8	8	8	8		0	7	L
	CARE AT HOME										
%..	ED Reattenders within 7 days	7.58%	7.59%	6.86%	7.76%	8.01%	7.71%	7.47%	7.00%	6.76%	BP
	RESOURCES										
%..	Outpatient DNA Rate (Hospital and Community)	10.59%	10.27%	9.88%	10.14%	11.35%	10.61%	10.53%	8.00%	12.16%	L
%..	Theatre Utilisation - Touch Time Utilisation (%)	81.50%	79.79%	92.29%	80.40%	85.24%	78.74%	83.58%	75.00%		L
%..	Delayed transfers of care (one month in arrears)	4.07%	3.95%	4.92%	2.82%	3.04%	2.51%	3.59%	2.50%	2.56%	L
no	Average Number of Medically Fit Patients	92	107	104	100	91	99		80		L
no..	Average LoS for Medically Fit Patients (from point they become Medically Fit)	8	9	11	10	11	10		5		L
£	Surplus or Deficit (year to date) (000's)	-£11,496	-£14,888	-£17,455	-£20,157	-£22,610	-£23,953	-£23,953		-£23,267	L
£	Variance from plan (year to date) (000's)	-£3,038	-£4,711	-£6,589	-£7,905	-£8,987	-£11,199	-£11,199		-£2,511	L
£	CIP Plan (YTD) (000s)	£4,554	£5,620	£6,747	£7,800	£9,000	£10,500	£10,500			L
£	CIP Delivery (YTD) (000s)	£3,405	£4,158	£5,351	£6,100	£7,200	£8,300	£8,300			L
£	Temporary Workforce Plan (YTD) (000s)	£7,502	£9,156	£10,836	£12,600	£14,400	£16,100	£16,100			L
£	Temporary Workforce Delivery (YTD) (000s)	£9,836	£12,140	£14,301	£16,500	£18,500	£20,900	£20,900			L
£	Capital Spend Plan (YTD) (000s)	£5,027	£5,842	£6,287	£6,600	£7,600	£8,600	£8,600			L
£	Capital Spend Delivery (YTD) (000s)	£5,487	£6,391	£6,890	£8,600	£9,400	£10,800	£10,800			L

Walsall Healthcare NHS
NHS Trust

Glossary

Caring for Walsall together

Glossary

A
ACP – Advanced Clinical Practitioners
AEC – Ambulatory Emergency Care
AHP – Allied Health Professional

Always Event® - those aspects of the patient and family experience that should always occur when patients interact with healthcare professionals and the delivery system

AMU – Acute Medical Unit
AP – Annual Plan
B
BCA – Black Country Alliance
BR – Board Report
C
CCG/WCCG – Walsall Clinical Commissioning Group
CGM – Care Group Managers
CHC – Continuing Healthcare
CIP – Cost Improvement Plan
COPD – Chronic Obstructive Pulmonary Disease
CPN – Contract Performance Notice
CQN – Contract Query Notice
CQR – Clinical Quality Review
CQUIN – Commissioning for Quality and Innovation
CSW – Clinical Support Worker
D
D&V – Diarrhoea and Vomiting
DDN – Divisional Director of Nursing
DoC – Duty of Candour
DQ – Data Quality
DQT – Divisional Quality Team
DST – Decision Support Tool
DWMHPT – Dudley and Walsall Mental Health Partnership NHS Trust
E
EACU – Emergency Ambulatory Care Unit
ECIST – Emergency Care Intensive Support Team
ED – Emergency Department
EDS – Electronic Discharge Summaries
EPAU – Early Pregnancy Assessment Unit
ESR – Electronic Staff Record
EWS – Early Warning Score
F
FEP – Frail Elderly Pathway
FES – Frail Elderly Service
G
GAU – Gynaecology Assessment Unit
GP – General Practitioner
H

HALO – Hospital Ambulance Liaison Officer

HAT – Hospital Acquired Thrombosis
HCAI – Healthcare Associated Infection
HDU – High Dependency Unit
HED – Healthcare Evaluation Data
HofE – Heart of England NHS Foundation Trust
HR – Human Resources
HSCIC – Health & Social Care Information Centre
HSMR – Hospital Standardised Mortality Ratio
I
ICS – Intermediate Care Service
ICT – Intermediate Care Team
IP - Inpatient
IST – Intensive Support Team
IT – Information Technology
ITU – Intensive Care Unit
IVM – Interactive Voice Message
K
KPI – Key Performance Indicator
L
L&D – Learning and Development
LAC – Looked After Children
LCA – Local Capping Applies
LeDeR – Learning Disabilities Mortality Review
LiA – Listening into Action
LTS – Long Term Sickness
LoS – Length of Stay
M
MD – Medical Director
MDT – Multi Disciplinary Team
MFS – Morse Fall Scale
MHRA – Medicines and Healthcare products Regulatory Agency
MLTC – Medicine & Long Term Conditions
MRSA - Methicillin-Resistant Staphylococcus Aureus
MSG – Medicines Safety Group
MSO – Medication Safety Officer

Glossary

M cont
MST – Medicines Safety Thermometer
MUST – Malnutrition Universal Screening Tool
N
NAIF – National Audit of Inpatient Falls
NCEPOD – National Confidential Enquiry into Patient Outcome and Death
NHS – National Health Service
NHSE – NHS England
NHSI – NHS Improvement
NHSIP – NHS Improvement Plan
NOF – Neck of Femur
NPSAS – National Patient Safety Alerting System
NTDA/TDA – National Trust Development Authority
O
OD – Organisational Development
OH – Occupational Health
ORMIS – Operating Room Management Information System
P
PE – Patient Experience
PEG – Patient Experience Group
PFIC – Performance, Finance & Investment Committee
PICO – Problem, Intervention, Comparative Treatment, Outcome
PTL – Patient Tracking List
PU – Pressure Ulcers
R
RAP – Remedial Action Plan
RATT – Rapid Assessment Treatment Team
RCA – Root Cause Analysis
RCN – Royal College of Nursing
RCP – Royal College of Physicians
RMC – Risk Management Committee
RTT – Referral to Treatment
RWT – The Royal Wolverhampton NHS Trust
S

SAFER – Senior review - All patients will have an expected discharge date - Flow of patients - Early discharge – Review

SAU – Surgical Assessment Unit
SDS – Swift Discharge Suite
SHMI – Summary Hospital Mortality Indicator
SINAP – Stroke Improvement National Audit Programme
SNAG – Senior Nurse Advisory Group
SRG – Strategic Resilience Group

S cont
SSU – Short Stay Unit
STP – Sustainability and Transformation Plans
STS – Short Term Sickness
SWBH – Sandwell and West Birmingham Hospitals NHS Trust
T
TACC – Theatres and Critical Care
T&O – Trauma & Orthopaedics
TCE – Trust Clinical Executive
TDA/NTDA – Trust Development Authority
TQE – Trust Quality Executive
TSC – Trust Safety Committee
TVN – Tissue Viability Nurse
TV – Tissue Viability
U
UCC – Urgent Care Centre
UCP – Urgent Care Provider
UHB – University Hospitals Birmingham NHS Foundation Trust
UTI – Urinary Tract Infection
V
VAF – Vacancy Approval Form
VIP – Visual Infusion Phlebitis
VTE – Venous Thromboembolism
W
WCCG/CCG – Walsall Clinical Commissioning Group
WCCSS – Women's, Children's & Clinical Support Services
WHT – Walsall Healthcare NHS Trust
WiC – Walk in Centre
WLI – Waiting List Initiatives
WMAS – West Midlands Ambulance Service
WTE – Whole Time Equivalent

N – National / L – Local / BP – Best Practice

Green	Performance is on track against target or trajectory
Amber	Performance is within agreed tolerances of target or trajectory
Red	Performance not achieving against target or trajectory or outside agreed tolerances

MEETING OF THE PUBLIC TRUST BOARD – Thursday 7th March 2019			
Partnership Update February 2019			**AGENDA ITEM: 12**
Report Author and Job Title:	Jane Sillitoe Walsall Together Programme Manager	**Responsible Director:**	Daren Fradgley Director of Strategy and Improvement
Action Required	Approve ☐ Discuss ☐ Inform ☒ Assure ☐		
Executive Summary	This paper updates the Board Members on the key partnership working undertaken this month. The Trust continues to make progress with the Walsall Together Partnership, and the aims and objectives of Walsall Together have been agreed by all Partners. We earlier this year visited a Trust in Northampton, who transformed their Trust to take them from 'requires Improvement' to 'outstanding' over a three year period. We have brought back some great ideas, especially around communications. We will now be incorporating some of these ideas within the organisation to drive improvement.		
Recommendation	Board members are asked to NOTE and discuss the contents of this paper.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	This report addresses the mitigations mapped out in the care at home and partnership risks in the BAF.		
Resource implications	There are no resource implications associated with this report.		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Safe, high quality care ☒	Care at home ☒	
	Partners ☒	Value colleagues ☐	
	Resources ☒		

Partnership Report

February 2019

1. PURPOSE OF REPORT

This report is the monthly update on partnership activities that the Trust has been involved in, it is not designed to be a complete list but establish the key highlights and next steps.

2. DERMATOLOGY

In phase 2 of the Trust's sustainability reviews, Dermatology services were identified as a strong contender for regional provision across the Black Country. The Trust is therefore now in talks with other providers across the STP to understand the best fit for Dermatology services in the future.

In early conversations, the Trust is gaining support to lead services for the Black Country and is in active conversation with partners in primary care about including GP's with Special Interests in the model.

2.1 URGENT CARE CENTRE

In November 2018 Allied Healthcare (Primecare) announced that they were going into liquidation. As the main provider of Walsall's two Urgent Care Centres (UCC), which is a Hub and Spoke model, with the hub UCC provided at the Hospital site and a spoke in the town centre, and also the Out of Hours service (OOH). This posed a significant risk across the Region and particularly within our current urgent care system.

Sandwell and West Birmingham CCG, as the regional lead Commissioner for Urgent Care (WMAS) and NHS111, led the selection of a step-in provider to cover the remainder of the contracts held by Primecare.

The Trust identified the risk that a failure of the UCC's would pose and also identified that we would be in a good position to provide the Urgent Care service, however we had little experience in providing GP services OOH.

Following a selection process Malling Healthcare were awarded the main contract for the remaining contracts previously provided by Primecare. The Trust agreed to a

partnership approach with Malling, where we would be in a sub-contract arrangement where in Walsall the Trust would provide the UCC element of the service and Malling would continue the OOH service. Given the pace of the step-in arrangements required, the Trust had commenced operations in partnership with Malling on 17th December 2018 and maintaining the service over a traditionally difficult Christmas and New Year period. Malling also successfully managed the OOH service provision over this period to the present day.

The Trust is continuing to formalise a relationship with Malling Healthcare, however our informal ties with them are growing through mutual support and recognition of our organisational strengths and weaknesses. The Trust is currently working through a set of formal contractual arrangements in a 'no risk' period and is hopeful to conclude these arrangements within the early part of March 2019.

2.2 WALSALL TOGETHER

Throughout February the business case has been going through respective boards. The establishment of the programme team has commenced to progress the work that had been undertaken whilst developing the business case. A series of workshops are being arranged, bringing together staff from across health and social care to commence the redesign of pathways and service provision. The output of this work, together with the final approvals from other organisations, will be a full programme plan for the next steps that will be core.

2.3 NORTHAMPTON VISIT

In January this year, we visited Northamptonshire Healthcare NHS Foundation Trust to understand the work undertaken with its colleagues to move the Trust from a CQC rating of "Requires Improvement" in 2015 to "Outstanding" in 2018. The Trust provides mental health and community healthcare services.

The Northamptonshire Healthcare NHS Foundation Trust had invested resources in engaging staff, developing and embedding values and leadership behaviours. The Vision and goals of the Trust was clear and staff were able to explain it. There is a pictorial representation of the Trust's strategy and aims on display around the hospital following a number of staff engagement events. The executive team regularly spend time on the "shop floor" in different roles working alongside staff to better understand their challenges and to embed values leadership behaviours. There was work done on accountability and some changes in leadership roles.

We were able to speak to a number of staff who gave unprompted examples of how leadership values were embedded; all felt supported with opportunities for career progression through training and development; others felt supported via groups such as

the staff disability group, which was able to influence the working environment and staff policies for staff dealing with physical or mental health challenges. The communications strategy included public recognition, which staff appreciated such as entry into industry awards with celebrations of achievements.

Following this visit the team are considering how to further embed this learning into our Trust. The learning from this visit will be used in developing the Trust's Improvement Plan and some of the leadership development work.

3 RECOMMENDATIONS

Board members are asked to NOTE the information within this report.

MEETING OF THE PUBLIC TRUST BOARD – Thursday 7th March 2019			
Quality, Patient Experience & Safety Committee Highlight Report			**AGENDA ITEM: 13**
Report Author and Job Title:	Dr Karen Dunderdale, Director of Nursing	**Responsible Director:**	Anne Baines, Non-Executive Director
Action Required	Approve ☐ Discuss ☐ Inform ☒ Assure ☐		
Executive Summary	The report provides a highlight of the key items discussed at the most recent Quality, Patient Experience & Safety Committee meeting held on the 28th February 2019. Key items discussed at the meeting were: • Hospital Acquired Infections • Safeguarding • Performance Report • MCA/DoLS Stage 2 training • Review of Quality elements of the Winter Plan • Outpatient Follow Up Back Log The meeting was quorate and chaired by Anne Baines, Non-Executive Director.		
Recommendation	Members of the Trust Board are asked to note and discuss the information contained in this report.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	BAF No 001 Failure to deliver consistent standards of care to patients' across the Trust results in poor patient outcomes and incidents of avoidable harm.		
Resource implications	There are no resource implications associated with this report.		
Legal and Equality and Diversity implications	Compliance with Trust Standing Orders		
Strategic Objectives	Safe, high quality care ☒	Care at home ☐	
	Partners ☐	Value colleagues ☐	
	Resources ☐		

Walsall Healthcare NHS
NHS Trust

Quality Patient Experience & Safety Committee: February 2019
Highlight Report to the Trust Board

Report for Trust Board meeting on:	7th March 2019
Report From:	28th February 2019

Highlight Report:

The committee wish to thank staff for the positive way they responded to the CQC visits as part of the inspection process. Staff were open and helpful despite being busy.

Hospital Acquired Infections
At the date of the committee meeting there has been a total of 16 hospital acquired C. Diff infections and 2 MRSA bacteraemia to January 2019.

Safeguarding
The committee wish to escalate their concerns regarding the capacity across the safeguarding teams which has previously been raised and additionally the lack of strategic leadership to drive the new safeguarding arrangements which will come into force this year.

Performance Report
The committee were concerned about the number of indicators with data missing. This was of particular concern in relation to the indicators regarding medication incidents. The committee have asked the medicine management committee for assurance.

The committee wish to inform the board that they have seen some improvements through the quality report against the backdrop of continued winter pressure

MCA/DoL Stage 2 training
The committee are concerned about the continued deterioration in performance. The Medical Director is leading this work by verifying and understanding the data and focusing on consultant teams for selected training. This will also be picked up through the performance reviews.

Review of Quality elements of the winter plan
The committee were disappointed not to receive a paper on this item although understand that further learning is in progress as the withdrawal from capacity beds began this week.

Outpatient follow up back log
The committee were not assured about the quality risks. We understand the performance risks but not the quality risks or mitigating.

Action Required by the Trust Board:

The Trust Board is asked to note the report and support any further action required.

Anne Baines, Non-Executive Director and Dr Karen Dunderdale, Director of Nursing/Deputy Chief Executive

February 2019

MEETING OF THE PUBLIC TRUST BOARD – Thursday 7th March 2019			
Performance, Finance & Investment Committee Highlight Report			**AGENDA ITEM: 14**
Report Author and Job Title:	Mr R Caldicott – Director of Finance & Performance	**Responsible Director:**	Mr J Dunn – Chair of PFIC (Non-Executive Director)
Action Required	Approve ☐ Discuss ☒ Inform ☒ Assure ☒		
Executive Summary	The report indicates the key messages from PFIC meeting on the 27th February 2019 for escalation to the Trust Board, namely; • Trust has a £23.9m deficit year to date (£1.5m behind plan) • The £3m risk to delivery reported to Board remains unmitigated • The key drivers are high temporary workforce costs, below plan income delivery (theatres), Waiting List Initiatives costs & Obstetric below plan • An additional risk of sale of property results in a further £0.8m The Chair expressing disappointment, noting the drivers of the deficit and rectification plans were known and agreed but not delivered. The Chief Executive Officer (CEO) cited a lack of operational delivery of the recovery schemes as the reason for the performance, key next actions being: • CEO to lead improvements in Theatre utilisation and Waiting list initiatives in conjunction with the Chief Operating Officer (COO) • Temporary workforce (medical) review underway • Enhanced grip and control, to include no non-pay and pay The Chair Requested a report to the Private Trust Board to assess likely outturn for the year, and impact on the normalised position at the meeting. The Trust had achieved strong performance in constitutional standards; • The Cancer 62 day and 6 week diagnostic target continue to deliver • ED and RTT performance had improved in year and compared well when viewed against peers (though below constitutional standards) Members questioned if the improved performance had impacted upon the ability of the Trust to attain the FRP.		

	Members reviewed the business case for investment into Nurse rostering and senior Nurse leadership presented to the previous Committee The cases were supported by members on the basis they become PFIC and CEO recommendations for investment from the £2.4m allocated in the financial plan for cost pressures and developments in 2019/20.	
Recommendation	Members of the Board are asked to note the business of the meeting and risk to delivery of the Financial Recovery Programme.	
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	BAF002 Failure to achieve financial plans as agreed by the Board and communicated to NHSI.	
Resource implications	There are no resource implications associated with this report.	
Legal and Equality and Diversity implications	Compliance with Trust Standing Orders	
Strategic Objectives	Safe, high quality care ☒	Care at home ☐
	Partners ☐	Value colleagues ☐
	Resources ☒	

FINANCE PERFORMANCE AND INVESTMENT COMMITTEE HIGHLIGHT REPORT

KEY AREAS FOR CONSIDERATION BY THE BOARD

1. INTRODUCTION

The Committee reports to the Trust Board each month following its meeting, this report covering the key issues from the meeting held in February 2019.

2. KEY ISSUES

2.1 The meeting was declared quorate and Chaired by Mr Dunn, Non-executive Director, Vice Chair of the Trust and Committee Chair.

2.2 Financial performance

The report indicates the key messages from PFIC for escalation to the Trust Board, namely;

- Trust has a £23.9m deficit year to date and is £1.5m behind plan for delivery of the Financial Recovery Programme (FRP)
- The £3m risk to delivery of the £24m deficit reported in February's meeting of the Public Board remained at Committee unmitigated
- The key drivers of the deficit remain as high temporary workforce costs below plan income delivery (theatres) increasing use of Waiting List Initiatives to attain outpatient performance targets and Obstetric activity remaining significantly below plan
- An additional risk was highlighted to members regarding the planned sale of property (the purchaser withdrawing from the sale) resulting in a further £0.8m risk to delivery of the FRP

Members stated the significant financial deterioration and risk to delivery as unacceptable and requested urgent clarification of the actions being taken to mitigate the shortfalls in performance against the FRP

The Chair expressed disappointment, noting the drivers of the deficit and rectification plans were known for some considerable time and agreed but not delivered.

The Chief Executive Officer (CEO) cited a lack of operational delivery of the recovery schemes as the reason for the poor performance, key next actions being:

- CEO to lead improvements in Theatre utilisation and enhanced income generation, and review use of waiting list initiatives in conjunction with the Chief Operating Officer (COO).
- Temporary workforce (medical) review underway by MD & DOF
- Enhanced grip and control, to include no non-pay discretionary expenditure appeals until 1st April 2019 and temporary staffing controls enforced to only allow essential temporary workforce costs to continue

The Chair Requested a formal report is presented to the Private Trust Board to assess likely outturn for the year, estimating the risk to delivery now £4m. The Chair also requested clarification of the impact on the normalised position at the meeting to enable an assessment of risk to delivery of the 2019/20 financial plan.

2.3 Trust performance against constitutional standards

The Chair requested the report on constitutional standards and theatre productivity be deferred from the meeting, though debate on performance contained in the performance report was undertaken, as the Trust had achieved strong performance;

- The Cancer 62 day and 6 week diagnostic target continues to deliver to national standards
- ED and RTT performance had improved in year and compared well when viewed against peers (though below constitutional standards)

Members questioned if the improved performance had impacted upon the ability of the Trust to attain the FRP.

2.4 Business cases

Members reviewed the business case for investment into a robust monitoring system for Nurse Rostering and debated the investment into senior nurse leadership presented to the previous committee (the conditions for supporting the appointment no longer being attained).

The cases were supported by members on the basis they become PFIC and CEO recommendations for investment from the £2.4m allocated in the financial plan for cost pressures and developments in 2019/20.

3. RECOMMENDATION

The Board is recommended to discuss the content of the report and raise any questions in relation to the assurance provided.