Walsall Healthcare NHS
NHS Trust

MEETING OF WALSALL HEALTHCARE NHS TRUST BOARD OF DIRECTORS TO BE HELD IN PUBLIC ON THURSDAY 4 APRIL 2019 AT 14:00
IN THE LECTURE SUITE, MLCC, MANOR HOSPITAL, WALSALL

For access to Board Reports in alternative accessible formats, please contact the Director of Governance via 01922 721172 or jenna.davies@walsallhealthcare.nhs.uk

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	
4.	Minutes of the Board Meeting Held on 7th March 2019	Approval	Chair	ENC 2	
5.	Matters Arising and Action Sheet	Review	Chair	ENC 3	1425
6.	Chair's Report	Information	Chair	ENC 4	1430
7.	Chief Executive's Report	Information	Chief Executive	ENC 5	1435
SAFE HIGH QUALITY CARE					
8.	Monthly Nursing and Midwifery Safer Staffing Report	Discussion	Director of Nursing	ENC 6	1440
9.	Improvement Update	Information	Director of Governance	ENC 7	1445
10.	Learning from Deaths (Mortality) report	Information	Medical Director	ENC 8	1450
11.	Medical Workforce Transformation programme	Information	Medical Director	ENC 9	1455
BREAK – TEA/COFFEE PROVIDED					1505
RESOURCES					
12.	Performance Report	Discussion	Director of Finance & Performance	ENC 10	1515
13.	Financial plan for 2019/20	Approval	Director of Finance & Performance	ENC 11	1525

ITEM		PURPOSE	BOARD LEAD	FORMAT	TIME
14.	Annual plan for 2019/20	Approval	Director of Strategy & Improvement	ENC 12	1535
PARTNERS					
15.	Partnership update	Information	Director of Strategy & Improvement	ENC 13	1545
VALUING COLLEGUES					
16.	Equality, Diversity and Inclusion Strategy	Approval	Director of People and Culture	ENC 14	1550
GOVERNANCE AND COMPLIANCE					
17.	Quality, Patient Experience and Safety Committee Highlight Report	Information	Committee Chair	ENC 15	1555
18.	Performance, Finance & Investment Committee Highlight Report	Information	Committee Chair	ENC 16	1600
19.	**QUESTIONS FROM THE PUBLIC**				
20.	**DATE OF NEXT MEETING** Public meeting on **Thursday 2nd May 2019** at 14:00 at the Manor Learning and Conference Centre, Manor Hospital				
21.	**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 4th April 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	It's fundamental that staff at the Trust are transparent and adhere to both our local policy and guidance set out by NHS England and declare any appropriate conflicts of interest against the clearly defined rules.		
Strategic Objectives	Safe, high quality care ☒	Care at home ☒	
	Partners ☒	Value colleagues ☒	
	Resources ☒		

Register of Directors Interests at March 2019

Name	Position held in Trust	Description of Interest
Ms Danielle Oum	Chair	Chair: Healthwatch Birmingham
		Committee Member: Healthwatch England
		Chair: Midlands Landlord whg
		Co - Chair, Centre for Health and Social Care, University of Birmingham from 10 Dec 2018
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
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.
Miss Catherine Griffiths	Director of People and Culture	Catherine Griffiths Consultancy ltd
		Chattered Institute of Personnel (CIPD)
Ms Margaret Barnaby	Interim Chief Operating Officer	Director of Ltd Company as a Management Consultant
		Husband has properties
Mrs Jackie White	Interim Trust Secretary	Director - Applied Interim Management Solutions
		Specialist Governance Advisor - CQC
		Clerk & Governance Advisor - employment - The Northen School Of Art
		Director - Dev Co (Subsidiary company - The Northern School of Art)

Report Author: Jackie White, Interim Trust Secretary
Date of report: March 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 MARCH 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 S Heer	Non-Executive Director
Mr P Gayle	Non-Executive Director
Mrs A Baines	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 3
Members of the Press / Media
Observers 1

226/18 Patient Story

The Patient Experience team presented a video depicting the story of patient Mr Tomas Daly, shared by his parents Mrs Denise Daly and Mr Vincent Daly.

Tomas had suffered from an underlying mental health illness, causing him to suffer from bouts of anxiety and depression.
Tomas fractured his shoulder during February 2018 and was admitted to hospital and was given morphine for pain relief and prescribed morphine for the pain when he was discharged.
Sadly, Tomas overdosed on morphine and died.

Mr and Mrs Daly advised that they felt it was the wrong decision to prescribe morphine to Tomas due to his underlying mental health problems.

Following the inquest, Mr and Mrs Daly were offered counselling

by the hospital, however following a conversation with the Bereavement Officer Mrs Daley was informed that no counselling was available which left her feeling let down and angry.

In response to the issues raised Dr Lewis commented that he was aware of the impact of alcohol on people's lives which can result in sad and premature deaths. He discussed that he was undertaking a review of pathways in hospital to ensure patients received the right level of care for alcohol related problems, which included linking with services outside the hospital.
In addition, the Trust was starting to develop a cohort of nurses with specialist interests which may support patients with these types of issues.

Ms Oum queried whether the pathway review would include advice and guidance for prescribing medication to patients with substance misuse. Dr Lewis replied that alcohol was the main topic currently.

Dr Dunderdale acknowledged Mr and Mrs Daly's courage to share Tomas's sad story and discussed that there appeared to be unanswered questions in relation to the opiates prescribed. Dr Dunderdale had attended an Adult Safeguarding Board meeting the previous day where the difficulties in providing a good, sufficient service to individuals like Tomas were discussed.
Dr Dunderdale referenced the lack of services around counselling and would look in to the matter.

Ms Furnival commented that managing physical health and mental health were responded to differently in the care system.

Mr Fradgley informed that Walsall Together may address some of the gaps of dealing efficiently with patients suffering with drug and alcohol use within the borough. It had been noted that patients ended up in the wrong pathways due to the absence of some of these services and it was a key priority moving forward.

Mrs Baines asked for increased pace with the issues. It was unhelpful for services to not deal with patients if they had been drinking and asked whether the CCG could be approached to assist. Mr Beeken shared the frustration, which was a national problem and it was right that the Trust were concerned with the lack of pragmatism around the subject.

Ms Oum asked that;

- Consideration was given to drafting a letter to Commissioners and the local authority flagging the issues. **Dr Lewis**
- Walsall Together strengthened the mental health component and ensured joined up working. **D Fradgley**
- Acute Trust pathway to be reviewed, particularly inpatients in the Trust's care. **Dr Lewis**
- The Quality, Patient Experience and Safety Committee to **QPES**

focus on the issue.

227/18 Apologies for Absence

Apologies were received from:
John Dunn, Non-Executive Director
Pamela Bradbury, Non-Executive Director
Alan Yates, Associate Non-Executive Director.

228/18 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.

229/18 Minutes of the Board Meeting Held in Public on 7th February 2019 and Extraordinary Board meeting held on 11th February 2019

Mr Beeken wished to amend page 4 to read 'almost eradicated' and surgical ward outliers remained very low.

Dr Lewis asked for page 12 to state 'Royal College of Surgeons'.

The Board approved the minutes of the meeting held on the 7th February 2019 with the above amendments.
The Board approved the minutes of the Extraordinary meeting held on 11th February 2019 as an accurate record.

230/18 Matters Arising and Action Sheet

The Board reviewed the action sheet.
Dr Dunderdale referenced action 169/18, confirming that equipment breakdowns had been discussed at the Quality, Patient Experience and Safety Committee.

In relation to action 205/18, Mrs Barnaby would share the actions from the Winter Plan. Mrs Barnaby updated that the Winter Ward has now closed. The learning was still being collated but the Quality, Patient Experience and Safety Committee would review the report. The May Trust Board would receive a proposal and recommendation on the Winter Plan for next year. Mr Beeken supported the May Trust Board review which allowed time for consideration at the A&E Delivery Board. **M Barnaby**

Resolution

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

231/18 Chair's Report

Ms Oum presented the report which was taken as read.

Resolution

The Board received and noted the Chair's report.

232/18 Chief Executive's Report

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

- The CQC inspection had appeared to have gone well in comparison to previous inspections.
- Mr Beeken was pleased to inform that Ned Hobbs had been appointed as Chief Operating Officer and looked forward to working with him.
- A week by week speciality breakdown of theatre productivity was being produced with an expected output and case mix to significantly exceed those between month 1 and 11.
- The Walsall Borough Plan had proposed and agreed 3 priorities:
  - Prevention of violence
  - Improving wellbeing
  - Improving the environment of the town centre.
- The Executive team had discussed the long term strategy and ambition, looking forward to the next 3 years and its strategic and tactical approach. An outline approach would be presented to the Trust Board meeting in April with an integrated improvement approach.

Ms Furnival appreciated an outline of the long term strategy and asked whether board members would have the opportunity to refine and influence the content. Mr Beeken confirmed that they would.

Mr Gayle queried the confidence with theatre productivity and whether the intense focus was sustainable. Mr Beeken responded that there was a low level of confidence until there was at least 2 or 3 months of consistent delivery against the financial commitment. There was an aim to achieve the national median.

Mrs Baines questioned whether the patient quality aspect had been considered. Mr Beeken informed that it wasn't primarily a programme on productivity but the aim had to be on outstanding rated services with a focus on the fundamentals of care being delivered by default.

Dr Dunderdale informed that an outline of the Improvement programme framework would be presented at the next Trust Board meeting. Following that, there would be 6-8 weeks of engagement both within and outside of the organisation which would form the judgement to start to build the milestones and timescales.

Ms Oum asked for early Non-Executive Director involvement.

Resolution
The Board:

- **Received and noted the content of the report.**
- **Noted that an outline framework would be reviewed at the next Trust Board meeting.**

233/18 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 following key points were highlighted:

- There had been recent additional use of temporary nurse staffing due to increased capacity but overall there was decreased usage. Agency use was of tier 1 and tier 2 and no CSW agency utilised.
- Fill rates overall were around 95%. RN fill rate on days reduced overall to 90.6%. Twice daily risk assessments took place to ensure safety and quality.
- A monthly metrics review meeting had commenced. Red flags had no direct correlation with low staffing.
- Friend and Family scores within ED had improved though they were plagued with roster inefficiencies. The Performance, Finance and Investment Committee had approved rostering software, which was welcomed.
- Flexible deployment of staff had been well received but had received some criticism. Further conversations were supported.
- Recruitment to the bank continued to increase.
- There had been a huge level of interest for RN nurses. 14 strong applicants had been shortlisted.

Mr Beeken advised that the narrative of the report at times alluded that winter contingency beds had been opened at the last minute which was not the case.

Mrs Barnaby asked whether consideration had been given to block booking temporary staff. Dr Dunderdale informed that temporary workforce and oversight was planned 7 days in advance; however there was a plan for block booking early for next year.

Mr Heer queried whether the staffing of nursing workforce was effective. Dr Dunderdale informed that there was lots of inefficiency across the current rostering system and and the introduction of the new system would allow the benefits of reporting and reviewing trends.

Ms Oum observed that the indicators did not outline the quality impact and asked for a deeper review of the numbers. Ms Oum

requested that the Quality, Patient Experience and Safety Committee reviewed the findings. Dr Dunderdale replied that the advances of the performance report would allow a better in depth review. Mr Dunderdale added that workforce conversations would take place through the People and Organisational Development Committee. **QPES**

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

234/18 Improvement Update

Mr Beeken introduced the update, advising that it would be the last report produced given its purpose was to ensure that the Trust was sufficiently prepared for the CQC inspection. Mr Beeken thanked Mrs Suzie Loader, Improvement Consultant for her input.

Ms Oum passed her thanks to Mrs Loader.

Dr Lewis referenced CPR Compliance, informing that he would review the underlying evidence. Ms Oum stated that there needed to be improvement and welcomed feedback through the Quality, Patient Experience and Safety Committee. **Dr Lewis** **QPES**

Mr Heer observed that a quarter of the Trust policies were out of date and asked what action was being taken. Mr Beeken informed that a risk assessment had been completed to prioritise immediate updating.

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

235/18 National Staff Survey 2018

Ms Griffiths presented the report and highlighted the following key points:

- There had been a significant increase in staff engagement in comparison to the previous year.
- The Benchmark report covered the key indicators.
- Staff morale was a new introduced theme.
- Improvement was needed in the following themes;
  - Equality, diversity and inclusion
  - Quality of appraisals
  - Violence
  - Safety culture
- The next step was to dig down into the differentials and the creation of a detailed action plan with Trust wide actions which was divisionally led.

Mr Beeken reiterated the need to develop a clear plan of action with measures that could be tracked. **C Griffiths**

Ms Oum expressed the importance of focusing on improvement in

to the next year and building a well-supported workforce that were part of the journey. Ms Oum looked forward to viewing the action plan at the May Trust Board meeting.

Mrs Baines advised that it was a sensible to reinforce the pledge.

Mr Gayle referenced the work of the Kings Fund, adding that the largest resource of the Trust was workforce and steps needed to be taken to tackle making their wellbeing and working environment more conducive.

Resolution
The Board:

- **Received and noted the content of the report.**
- **Noted the action plan would be reviewed at the Trust Board meeting in May.**

235/18 Performance Report

Quality, Patient Experience and Safety Committee
Dr Dunderdale highlighted the following:

C Diff cases stood at 16 cases against a full year target of 17, leaving a risk that the set target would be breached. The Infection Control Committee and the Quality, Patient Experience and Safety Committee would have further discussion regarding the 2019-20 arrangements.

The committee was interested in the metrics around medicines and medicines management. Further discussion would take place regarding the storage of controlled drugs.

Mr Gayle noted that SHMI and HSMR data was missing from November 2018. Dr Lewis responded that data was delayed as it reflected deaths after 30 days and was currently 2-3 months behind. Dr Dunderdale informed that further information regarding those figures were detailed within the Mortality report presented at the previous Trust Board meeting.

Integration
Mr Fradgley informed that there had been further movement on pharmacy support within locality teams. The community respiratory nurses had completed their moves into place based locality teams. There were now 16 GP led MDT practices participating, however resourcing the meetings was reaching its limit. Electronic referrals work was on-going. Rapid response referrals continued to rise but capacity was available in order to manage the increase.

Mr Heer asked how other services such as Pathology and Stroke services were performing. Mr Fradgley replied that he would include detail in a Performance Report at the next meeting.

Mrs Baines asked whether the programme was at risk if it was now operating at capacity. Mr Fradgley replied that it was not.
Mr Beeken informed that it may currently be at risk but could be achieved through better case management of patients.
The Walsall Together Board would form a sub-committee of the Trust Board and would include membership of all partner organisations.

People and Organisational Development Committee
Ms Griffiths updated that staff values workshops were well attended. A pulse survey indicated that 97% of staff knew the Trust values. Staff from the Trust will be attending the NHS Employers National Flu Conference to run a workshop as an exemplar of good practice on partnership working. The Freedom to Speak Up Guardians had launched electronic system reporting.

Areas of concern were staff wellbeing and sickness levels, EDI and temporary workforce spend.

Performance, Finance and Investment Committee
Mrs Barnaby informed that cancer performance standards and RTT performance was above local trajectory. Cancer 2 week waits had suffered a large amount of breaches due a 42% increase seen during January. Other local Trusts were also reporting capacity issues. Temporary staff had been utilised to support outlier patients.

Mrs Baines observed a downturn in ambulance handover time and asked how the safety of patients was assured. Mrs Barnaby confirmed that ambulance attendance had been very high and above forecast. There were spikes of ambulances arriving together. Patient safety was ensured with the support of the Ambulance Hospital Advice and Liaison Officer that was based at the hospital.

Mr Caldicott reported a £23.9m deficit. The current run rate indicated a significant risk to delivery with a revised forecast deficit outturn of £24m which was a £4m risk to delivery. Temporary workforce spend continued to be higher than planned and productivity schemes were not performing against targets, particularly within theatres and outpatients.

Ms Oum expressed disappointment of the risks and anticipated greater traction. Though there was little time left in the financial year, it must not be wasted and encouraged to get as close to the revised forecast as possible.

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

236/18 Partnership Update

Mr Fradgley presented the update that was taken as read.

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

237/18 Quality, Patient Experience and Safety Committee Highlight Report

The report was taken as read. There were no further comments following the Performance Report update.

Resolution
The Board received and noted the update.

238/18 Performance, Finance & Investment Committee Highlight Report

The report was taken as read. There were no further comments following the Performance Report update.

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

239/18 People and Organisational Development Committee Highlight Report

The report was taken as read. There were no further comments following the Performance Report update.

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

240/18 Questions from the Public

There were no questions from the public.

241/18 Date of Next Meeting

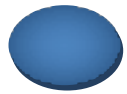
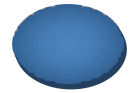
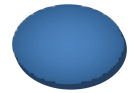
The next meeting of the Trust Board held in public would be on Thursday 4th April 2019 at 2:00p.m. in the Lecture Suite, Manor Learning and Conference Centre, Manor Hospital, Walsall.

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.

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
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	06/06/19	A further workshop is required and the outcome of the thematic review will be presented to QPES in May.	
211/18 Nursing Strategy	People and Organisational Development Committee to review the workforce implications of the Nursing Strategy.	Director of People & Culture	02/05/2019	To be discussed at POD on the 15th April 2019	
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	Board Development session on Risk Management and the BAF deferred until May	
226/18 Patient Story	Consideration of drafting a letter to Commissioners flagging the issues of treatment for patients who had consumed alcohol. Quality, Patient Experience and Safety Committee to review the issue.	Director of Nursing/Medical Director	02/05/2019	On the agenda for QPES in May	
233/18 Monthly Nursing and Midwifery Safer Staffing Report	Quality, Patient Experience and Safety Committee to review the indicators of the quality impact of the report.	QPES	02/05/2019	The QPES committee receives a regular report on Quality and triangulates this will the safe staffing report	
234/18 Improvement Update	Dr Lewis to review the underlying evidence in relation to CPR compliance. Feedback to be reviewed at the Quality, Patient Experience and Safety Committee.	Medical Director/ QPES	02/05/2019	On the agenda for QPES in May	
235/18 National Staff Survey 2018	Action plan to be drafted for review at the next POD meeting	Director of People & Culture	04/04/2019	To be discussed at POD on the 15th April 2019	

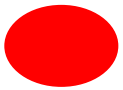
ENC 3

Walsall Healthcare NHS Trust

PUBLIC TRUST BOARD ACTION SHEET

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

Key to RAG rating

 Action completed within agreed original timeframe	Action on track for delivery within agreed original timeframe
 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 5th April 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 ☒		

Chair's Update

PRIORITY OBJECTIVES FOR 2018/19

1. **Continue our journey on patient safety and clinical quality through a comprehensive improvement programme**
   The Care Quality Commission attended the Trust for the final stage of the inspection where I and senior colleagues were interviewed in relation to Well Led.

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 Chaired the People and Organisational Development Committee where I received updates on mandatory training compliance, temporary workforce use and quality improvement. The Committee also approved the 2019/20 Workforce Plan and the Annual Equalities Plan.

3. **Develop the culture of the organisation to ensure mature decision making and clinical leadership**
   Together with the Chief Executive, I joined Aspire Together, led by NHSI, for the Aspiring Directors Assessment Day. It was really encouraging to review candidate's applications and their progress to becoming future leaders.

4. **Develop the clinical service strategy focused on service integration in Walsall & in collaboration with other Trusts**
   I met with Jonathan Fellows, Independent Chair of the Black Country STP and discussed collaboration to benefit patients across the Black Country.

   Along with the Chief Executive, I met with the Chair and the Chief Executive of the Dudley and Walsall Mental Health Partnership Trust to discuss provider governance arrangements.

Meetings attended / services visited
ICCU
Board Development session – CQC Well Led
One to one meetings with Executive Directors
Healthwatch Quarterly Review
Chairman of the Disability Advisory Group
KPMG

RECOMMENDATIONS
The Board are asked to note the report

Danielle Oum, April 2019

MEETING OF THE PUBLIC TRUST BOARD – 4th April 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 and prospectively, against the five organisational priorities for 2018/19. The report also seeks to set out to the Board, the significant level of guidance, instruction and best practice adoption we received during February and March 2019 and assures the Board through an allocation of follow-up actions 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	This report outlines the activities undertaken by the chief Executive officer aligned to each of the organisational priorities. This report provides assurance around the mitigation of a number of our strategic risks and also provides context in which the Board can triangulate information.		
Resource implications	There are no resource implications associated with this report, however the Board will be discussing the quality and financial implications of the adopted financial plan and my commentary on this, later on in the meeting.		
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. The report also takes a forward look at our key work against those priorities for 2019/20.

The report also sets out to the Board the significant level of guidance, instruction and best practice adoption we received during February and March and assures the Board through an allocation 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

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, the Trust had completed its CQC inspection process, including both the Use of Resources and Well-Led elements. It has been a very intensive, challenging but at times, rewarding process because throughout, we have received informal feedback on how the Trust has started to tackle:

- The fundamentals of care and patient safety
- Culture, vision, values and staff engagement
- Productivity opportunities
- Clarity on strategic direction
- Leadership development

We have also received constructive criticism throughout, with regard to our inconsistent application of good decision making and corporate governance, as well as on financial stewardship, particularly temporary workforce drivers and productivity improvement. We will build our informal feedback from the CQC into the emerging content of our Walsall Health & Care Improvement Programme, an early proposal on which the Board will be discussing this afternoon.

We now await the final draft report from the CQC, which they have assured us will be with us for factual accuracy checking before the end of June 2019.

Last week, our Directors of Nursing and Governance, together with our Improvement Consultant, presented the progress made on our special measures journey, to the regional Quality Surveillance Group (QSG). The QSG has a membership of senior medical, nursing and quality leads from NHSE and NHSI and the group's views on our improvement will be a key factor in NHSI's decision regarding our special measures status. Our Trust's presentation, done at the invite of the QSG, was very well received.

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

The Board can be assured that the informal feedback received from the well-led inspection will be fed into a revised well-led action plan which the Board will contribute to as a whole, through its development session(s). We are trying to seek more information from the CQC team with regard to their conclusions in the informal feedback letter following the well-led inspection. Despite this, the executive team have spent quality time interpreting that feedback and have drawn together proposed changes to our well-led action plan for the Board's consideration.

On the 14th and 15th March, the Trust Chair and I volunteered our services to interview aspiring executive directors for the new, Midlands & East region "Aspire Together" programme. The purpose of the programme is to systematically assess the aspirant executive director pipeline, to ensure that we relay less often in the future, on expensive national searches when filling executive vacancies. It is also intended to motivate more people to step up into these challenging but rewarding roles. The selection process followed is thorough and exacting, which is reassuring insofar as we are seeking to create a network of senior leaders who are ready now, to lead in the most challenging period for the NHS, yet.

3.3. Improve our financial health through our robust improvement programme

At our meeting today, we will be considering our financial and operational plan for 2019/20. Whilst the control total offer made by NHSI shows a route through to financial balance in the year, both the Board and NHSI remain extremely nervous about our ability to contain run rate pressures in quarter 1, which at current rates are potentially going to undermine both the progress made on productivity and other, credible CIPs for that period. As a result, the following oversight and practical actions are being taken by the executive to mitigate those risks, where possible:

- Maintaining the weekly oversight of run rate progress on both productivity and expenditure, involving the PFIC chair
- Setting up a regular discussion, outside of formal committee, with both NEDs and EDs, to co-produce ideas generation for mitigating recovery schemes
- Executive already considering and starting to agree, mitigation proposals
- Financial escalation meetings with clinical and corporate services, over and above regular performance reviews, being booked now
- Launching new attendance at work policy and weekly performance management of stage 1,2 and 3 in the current sickness absence policy, by ward and service
- Gripping the medically stable for discharge and stranded patient issues, to enable us to close the final rump of winter contingency capacity, which has extended beyond the budgeted winter plan period
- Ensuring that best practice and productivity opportunities, as exemplified by benchmarking information, are central to the CIPs for Q2 and beyond

At our private session at Board, we will also get collective sight of the proposed investment and cost pressures agreed within the proposed £2.4 million top slice in our financial plan. It has been an exceptionally difficult task thus far, for TMB and the executive to prioritise this list and, net of the strategic imperative of the EPR investment revenue costs, we have pulled together an indicative approved list which essentially only sanctions expenditure on mandatory expectations. We will, by mid-April, have completed impact assessments on all those major schemes which we are at present, having to defer. The Board will then consider these and potentially have to make an adjustment to the priority list or to its financial plan, as a result. The impact assessment process will not just examine/quantify the quality or performance issues associated with not funding the developments, but also any lost financial opportunity, in year, as a result of not “investing to save”.

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

All the statutory organisations in the Walsall health & care economy have now received and commented on the Walsall Together business case. All parties have shared their Board's comments, concerns and proposed amendments on the case, which have included:

- The national direction of travel on the mandatory creation of Primary Care Networks (PCNs) wasn't reflected in the case and as a minimum, our first stage implementation plan should reflect the need to amend the alliance agreement and terms of reference of the ICP Board, to create membership for the 7 PCN clinical leads
- The governance, alliance agreement and ICP Board terms of reference need to more accurately reflect that there will be no delegated authority/accountability for the ICP Board with respect to service delivery, at least in the early phases
- The financial schedule needs to be amended to reflect in much more detail, the impact of the activity shifts proposed, on the finances and service sustainability of each organisation

The Board will receive the business case in full, probably at its May meeting, with the first phase implementation plan appended. The final meeting of the Walsall Together Partnership Board, will take place on 3rd April. The governance structures set out in the business case, will now take the partnership forward.

The Black Country STP health leaders meeting held last week, received a formal proposal from the STP leadership team requesting a proportionate contribution from each organisation, to the running costs of the STP PMO. At first, the proposed PMO will continue to oversee the delivery against the existing national transformation schemes. In the future, once a clear programme of work is agreed by the STP net of receiving the national guidance on the NHS Long Term Plan, the proposed PMO will oversee the delivery of that, revised programme. Myself and some other accountable officers, raised concerns regarding the proposals and the unplanned cost, which is not yet within the financial plans of each organisation. A meeting will be arranged to try to find a way forward, but I may need to return to the Board with regard to this potential unfunded development, early in the new financial year.

4. RECOMMENDATIONS

Board members are asked to note the report and discuss the implications of my interpretations of both national policy and our strategic intentions, for our future delivery programmes and Board agendas.

Richard Beeken
Chief Executive
27th March 2019

NEW NATIONAL GUIDANCE, REPORTS AND CONSULTATIONS

The following guidance and policy actions, which have been received from the wider regulatory and policy system during March 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
	Change to venous thromboembolism (VTE) data collection In April 2018, The National Institute for Health and Care Excellence updated their VTE risk assessment guidance (NG89). One of the main changes was that patients aged 16 and 17 years old should be risk assessed — previously the guidance referred to patients aged 18+ only. From April 2019 NHSI will be bringing their VTE data collection in line with this change. The NHS Standard Contract will also be updated. Trusts will need to start collecting the data from April 2019, with first submission of data for Q1 2019/20, including the new criteria in July 2019. Data for Q4 2018/19 submitted in April 2019 should be collected using the old criteria for patients aged 18+ only.	**Action**	**MD**
	Workforce deployment software supplier contracts — renewal guidance As NHSI work with Trusts and suppliers to standardise the contracts Trusts enter into and the services they provide, please do not enter into any supplier contracts longer than two years. NHSI will soon be publishing the 2019/20 capital funding prospectus, technical specification and contract guidance, which will help the Trust bid for, and purchase, the technology you need at a better value price. any questions about the software supplier contracts, please email nhsi.workforcedeploymentsystems@nhs.net.	**Action**	**Director of People & Culture**
	2019/20 national tariff published The 2019/20 national tariff payment system has now been published and will take effect from 1 April 2019. There have been no substantial	**Information**	**Director of Finance & Performance**

	changes to the proposed tariff consulted on during January and February 2019. Under the published tariff, blended payment will be the default payment approach for emergency care services.		
	Official statistics on patient safety incident reporting and latest patient safety review and response report NHSI have published their latest bi-annual official statistics on patient safety incidents reported to the National Reporting and Learning System (NRLS). This data shows details of incidents reported by each NHS trust between April and September 2018, alongside a further data set providing national patterns and trends of incidents reported between October 2017 and September 2018. NHSI have also published their fifth Patient safety review and response report, showing how NHSI used incidents reported to the NRLS, and other statistics, to identify and address 'under-recognised' safety issues between April and September 2018.	**Information**	**Director of Governance**
	Financial planning workbooks NHSI have added a financial planning workbook to the trust's portal. Trusts should use the workbook to help inform and prepare their 2019/20 financial planning submissions, which are due on Thursday 4 April 2019. question relating to the workbook, please email NHSI.FinPlan@nhs.net.	**Action**	**Director of Finance & Performance**
	Pre-election guidance for upcoming local elections Local elections will take place in many areas on Thursday 2 May. The pre-election period, also known as purdah, will begin in local areas around six weeks before the election. Please share their pre-election guidance widely within their organisation to ensure their staff are aware of the implications for communications activities during this time.	**Information**	**Director of Strategy & Improvement**
	Changes to classification of gabapentin and pregabalin From Monday 1 April, gabapentin and pregabalin will be reclassified as schedule 3 controlled drugs, meaning there will be changes	**Information**	**Medical Director**

	to how they are prescribed and dispensed to increase patient safety. NHS England has created a guidance document on changes to the law. Please share these with chief pharmacists.		
	New provider directory from 1 April 2019 NHSI are replacing the foundation trust directory on GOV.UK with an NHS provider directory on their website from Monday 1 April. It will contain listings for both NHS trusts and foundation trusts, including contact details, key documents and regulatory action. Archived foundation trust directory pages will be available on the National Archives website and the foundation trust directory will redirect to their website. Please contact NHS Improvement relationship team if you have any questions about the change.	**Information**	**Director of Strategy & Improvement**
	Integrated Care Provider (ICP) Contract NHS England has published the consultation response for a new contract which will help local systems integrate care in line with the NHS Long Term Plan. The ICP contract will be made available as an option for commissioners to use from spring 2019.	**Information**	**Director of Finance & Performance**
	National Audit Office (NAO) **Have your say on the NAO Code of Audit Practice** The NAO's Code of Audit Practice sets the scope of work external auditors perform for local government and NHS bodies, and is refreshed every five years. The NAO has launched a first stage consultation on relevant issues for the development of a new code, which will come into play from Wednesday 1 April 2020, and would like to hear your views. Find out more and have ytheir say by Friday 31 May 2019.	**Information**	**Director of Finance & Performance / Director of Governance**
	Commissioning for quality and innovation (CQUIN) 2019/20 guidance and indicators specifications The CQUIN guidance provides details about the operation of the CQUIN scheme for 2019/20 and	**Action**	**Director of Finance & Performance / Director of Nursing**

	sets out the mandated national indicators. The following documents have been published for 2019/20: • Combined Clinical Commissioning Group (CCG) and Prescribed Specialised Services (PSS) CQUIN guidance • CCG CQUIN indicator specification • Prescribed Specialised Services CQUIN schemes Please pass this on to contract, finance, commercial and procurement managers so they can enact updated versions of the CQUIN guidance and relevant indicators specifications for 2019/20 by Sunday 31 March 2019.		
	Quarterly performance of the NHS provider sector: quarter 3 2018/19 Last week NHSI published Q3 performance data for all NHS providers. It shows that between October and December 2018, more patients were treated and discharged in emergency departments (EDs) within four hours — putting the NHS in good stead as NHSI embark on the ambitious NHS Long Term Plan. See their full report for details.	**Information**	**Director of Finance & Performance**
	New clinically-led review of NHS access standards The new proposed clinical improvements aim to deliver rapid assessment and treatment for patients with the most serious conditions, with shorter waiting times for millions more NHS patients. NHS National Medical Director Professor Stephen Powis announced the proposals, which have been developed by some of the country's leading clinicians. They maintain the benefits of existing targets while updating them to ensure they support frontline staff to deliver the NHS Long Term Plan.	**Information**	**COO**
	NHS Standard Contract 2019/20 and national variations The NHS Standard Contract is mandated by NHS England for use by commissioners for all contracts for healthcare services other than primary care. The following documents have now been published: • Full length NHS Standard Contract	**Information**	**Director of Finance & Performance**

	2019/20 • Shorter-form NHS Standard Contract 2019/20 • NHS Standard Contract 2019/20 technical guidance • NHS Standard Contract national variations and guidance • NHS sub-contract and guidance		
	Guide to developing and implementing ward and unit accreditation programmes This guidance is for chief nurses and other senior nurses and midwives to help design and implement a structured framework to measure, evaluate and continuously improve the delivery of care in the wards and units across the organisation.	**Information**	**Director of Nursing**
	Improved support for Specialty and Associate Specialist (SAS) doctors SAS doctors are a vital part of the workforce — making up 20% of the medical staff in England, but many say they lack workplace support. New measures outlined in Maximising the potential: essential measures to support SAS doctors,set out how NHSI are working with Health Education England and other partners to improve opportunities for SAS doctors — to support them to advance as clinicians and leaders in healthcare, improve the knowledge of what they do among other healthcare professionals, and to promote SAS as an attractive career option.	**Information**	**MD**
	Executive nurse handbook This updated handbook is for those who aspire to be an executive nurse working at board level, those already in post, and for organisations to use to support and develop this important role. The handbook combines strategic and practical advice with input from executive nurse colleagues.	**Information**	**Director of Nursing**
	National hand hygiene policy Their national hand hygiene policy is a practice guide for NHS staff of all disciplines in all care settings. It covers responsibilities for organisations, staff and infection prevention and control (IPC) teams and it sets out how and when to decontaminate hands.	**Information**	**Director of Nursing**

	Infection prevention is recognised as a key component of the new five-year action plan on antimicrobial resistance, and the policy was developed with IPC colleagues representing acute, community, mental health, ambulance and other specialist centres from across England.		
	Share views on proposals for possible changes to legislation The NHS Long Term Plan included suggested legislative changes to help implement the plan faster and more effectively to improve services for patients. NHSI are setting these out in further detail and would like to hear what Trusts think. These proposals are based on what NHSI have heard from clinicians, NHS leaders and partner organisations, as as national professional and representative bodies, and are designed to help NHS organisations work more collectively. Find out more and share ytheir views.	**Action**	**Director of Strategy & Improvement**
	Changes to the leadership structure of NHS England and NHS Improvement The Chair of NHS Improvement wrote to provider Chairs and Chief Executives on Friday to share some organisational changes in NHS England and NHS Improvement. Over the last year NHS England and NHS Improvement have been working together to develop the implementation approach for the NHS Long Term Plan and their own joint working arrangements. NHSI have made a lot of progress in that time and as their plans have evolved their boards have decided to make some changes to their new leadership structure so NHSI can provide effective leadership and support to the NHS. NHSI are moving to a single Chief Executive and single Chief Operating Officer model, and therefore NHSI are creating a single, combined post of Chief Operating Officer covering both organisations. This role will report directly to Simon Stevens as the Chief Executive of NHS England who will lead both organisations. The Chief Operating Officer will, for regulatory purposes, also be the identified Chief Executive of NHS Improvement and, in that capacity, will report to Dido Harding as Chair of NHS Improvement. The seven regional directors, the	**Information**	**Chief Executive**

	National Director of Emergency and Elective Care and the National Director for Improvement will report directly to the new Chief Operating Officer. The new Chief Operating Officer role will be different in scope and nature from the role Ian Dalton chose to take eighteen months ago, and he has therefore decided to leave NHS Improvement and pursue a different challenge. Dido and the board hugely value Ian's contribution, not just to NHS Improvement over the last 16 months, but to the NHS as a whole over a career of 35 years. His commitment to patients and the NHS has been exemplary and NHSI would not be able to take these next steps to align their organisations without the leadership and determination he has shown. Ian will work with their boards and NHS Executive Group to manage the transition over the next few months.		
	New NHS Assembly leaders announced Dr Clare Gerada has been appointed as clinical chair, and Professor Sir Chris Ham as non-clinical chair, of the NHS Assembly, which will bring together people from across the health and care sectors to advise the NHS England and NHS Improvement boards on implementation of the improvements outlined in the NHS Long Term Plan. The Assembly will be formed of around 50 people drawn from national and frontline clinical leaders, patient leaders, staff representatives, health and care system leaders and voluntary, community and social enterprise sector leaders — who will bring their experience, knowledge and links to wider networks to inform discussion and debate on the NHS's work and priorities. Find out more.	**Information**	**Chief Executive**
	New Chief People Officer to help build the NHS workforce of the future NHS England and NHS Improvement have appointed Prerana Issar to the role of Chief People Officer. The new position is part of the NHS Executive Group and will play a leading role in ensuring the NHS has enough people, with the right skills and experience to deliver the improvements for patients set out in the NHS Long Term Plan.	**Information**	**Director of People & Culture**

	Find out more.		
	clostridium difficile infection (CDI) objectives 2019/20 NHSI have published the CDI objectives for NHS organisations for 2019/20 and guidance on the intention to review financial sanctions and sampling rates and cases from 2020/21. Find out what this means for the Trust.	**Information**	**Director of Nursing**
	New national medical examiner announced Dr Alan Fletcher, a consultant in emergency medicine, lead medical examiner for Sheffield, and Chair of The Royal College of Pathology Medical Examiners Committee, has been appointed as the new National Medical Examiner for the NHS. In this role, Dr Fletcher will oversee the introduction of the new medical examiner system in England and Wales. From April 2019, NHS acute providers are being enctheiraged to begin setting up medical examiner offices to provide a robust, transparent system of independent scrutiny to the process of death certification for all non-coronial deaths.	**Information**	**MD**

MEETING OF THE PUBLIC TRUST BOARD 4TH APRIL 2019			
Monthly Nurse Staffing Report – February 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	This paper has been considered by the Quality, Paitent Experince and Safety Committee. During February the Trust continued to see the opening of additional capacity beds which resulted in the continued use of additional temporary staffing. The staffing gaps continued to be exacerbated by an increase in short term sickness across site as well as half term week in month resulting in a short term supply issue, this in turn increased the pressures to fill shifts at short notice. Our overall position of registered nurse shift fill rate increased during February to around 98% across nights and remained around an overall position on days to around 91%. Temporary staffing useage remains lower than at this time last year and there was minimal use of off framework agency nurses during the month. The quality indicators for February demonstrate that staffing levels have not had a detrimental effect on patient harm. Wards 1 and 2 have a < 80% RN fill rate for days for the second consecutive month and this flags as a concern due to the potential for quality issues to occur and nursing leadership dilution. There is a plan in place to address this and going forwards this will be monitored.		
Recommendation	The Committee is requested to note the contents of the report and make recommendations as needed.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	This paper provides assurance to the Board in relation to the BAF Objective No 5: Establish a substantive workforce that reduces our expenditure on agency staff as well as Corporate Risk No 11: Failure to assure safe nurse staffing levels.		
Resource implications	The resource implcations are contained within the report and also trangulate to the performance report.		
Legal and Equality and Diversity implications	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.		
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.

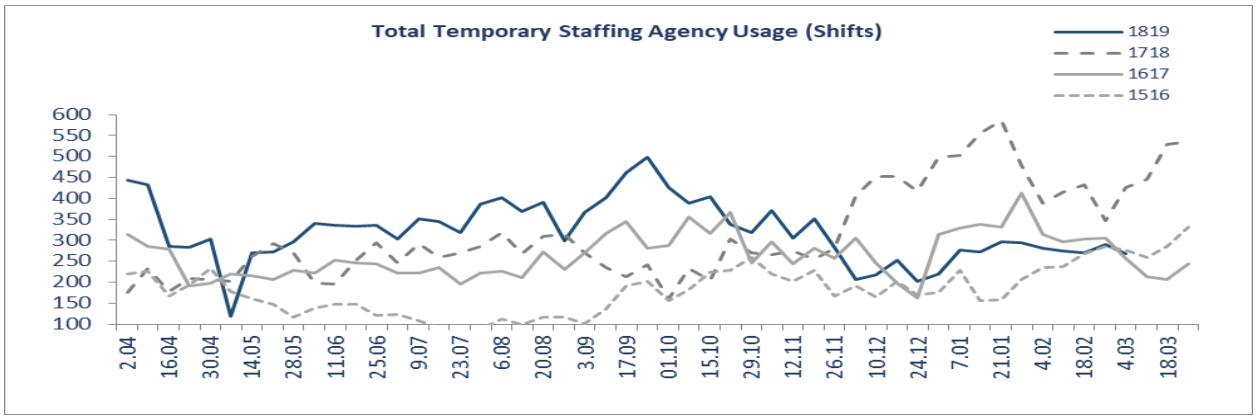
Progress is reported against the four key workstreams in the nursing workforce transformation programme – Temporary Staffing; Rostering; Workforce Development; Establishments.

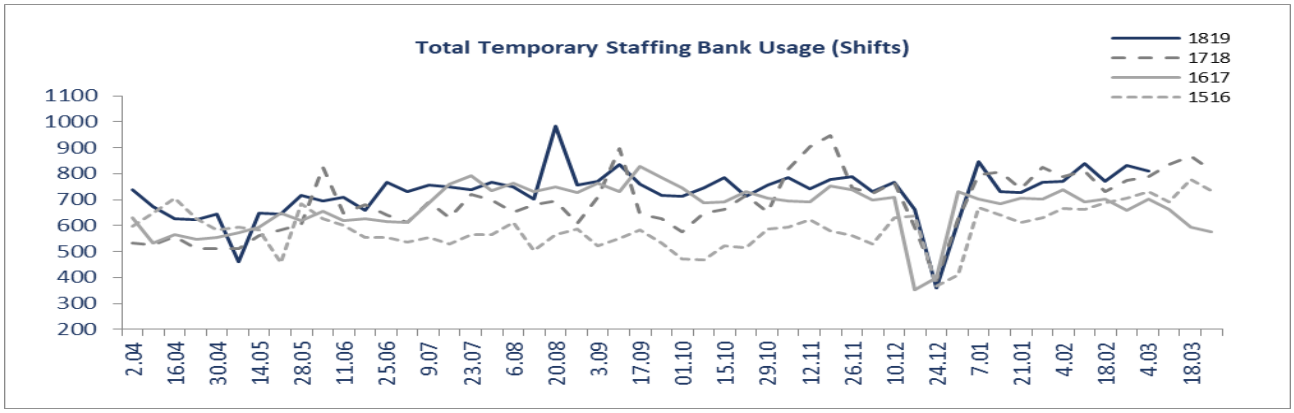
2. PROGRESS UPDATE

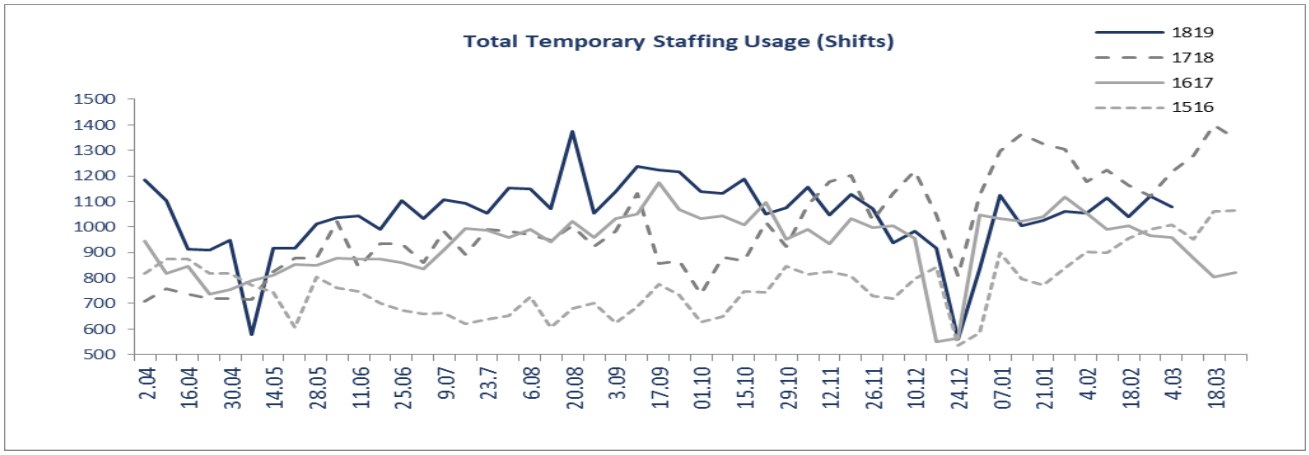
2.1 Temporary Staffing

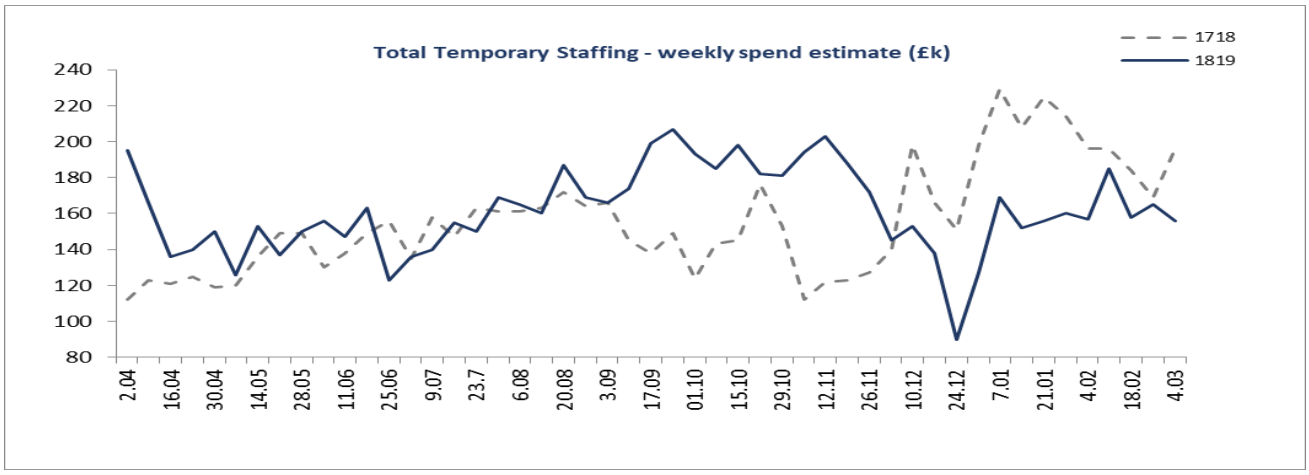
Nurse Agency total usage had a slight peak in February 2019 but continues to follow the general reduction trend seen since mid September 2018 and remains consistently lower than the same period in 2016/17 and 2017/18. Bank usage remains fairly static through month and reflects the positive position of using bank nurses rather than agency nurses as required.

Daily staffing meetings occurred twice daily, 'red and amber' short notice shifts were opened to agency at seven days in advance during December and this practice is now embedded to secure shift cover earlier and provide opportunity to plan further in advance. Bank and Agency use overall during February is consistently reflective of operational demand in month.









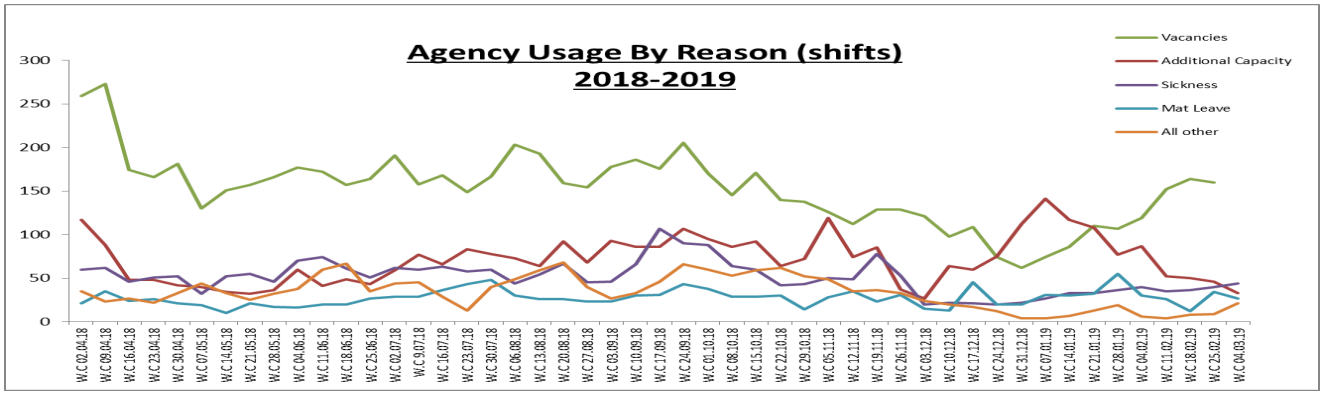
The top four reasons for temporary staffing usage during February 2019 were:-

- Vacancies
- Sickness
- Maternity leave
- Additional capacity

Temporary staffing requests due to maternity leave remains fairly constant month on month and an organisational solution for this will need to be considered to support a more sustainable temporary staffing arrangement due to the ongoing additional pressure this creates for staffing levels.

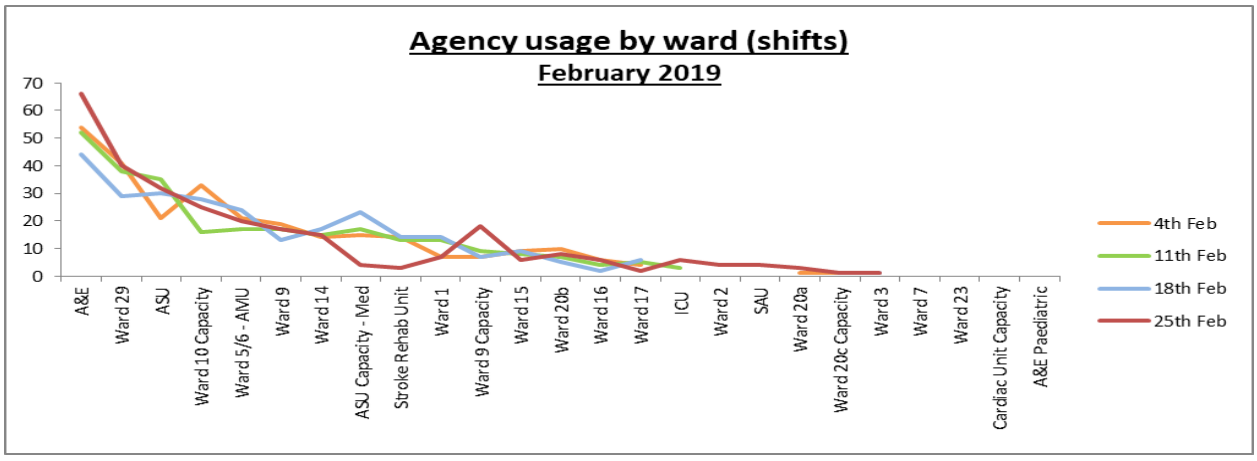
Short term sickness has increased though month, all temporary staffing shift requests for sickness now have to confirm that the shift aligns to a staff member off sick, so this reason can be validated.

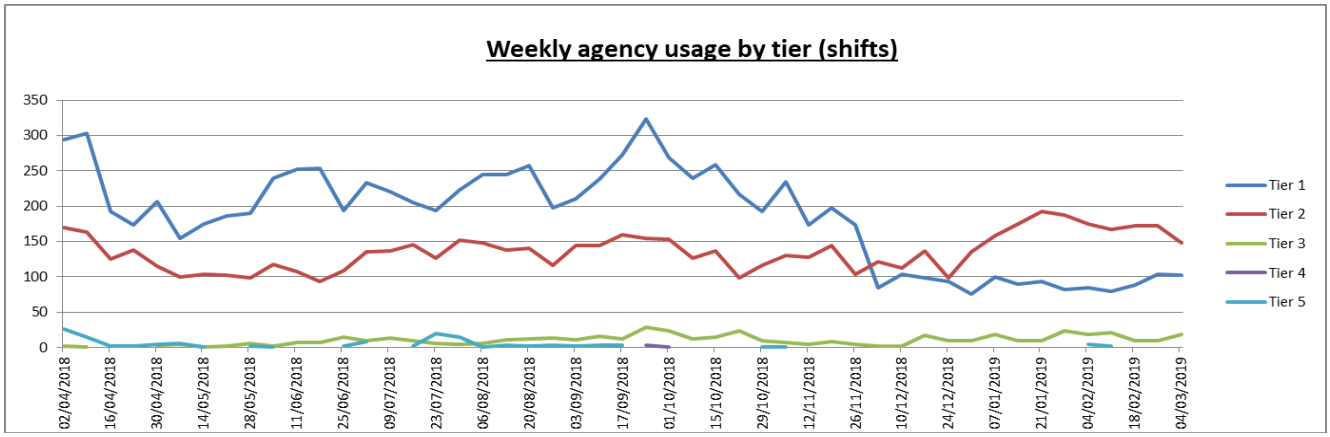
'Vacancy' as a reason for temporary staffing request is part of ongoing work to be more robust around reasons for shift fill, and will need to be aligned to the vacancy position at roster creation.



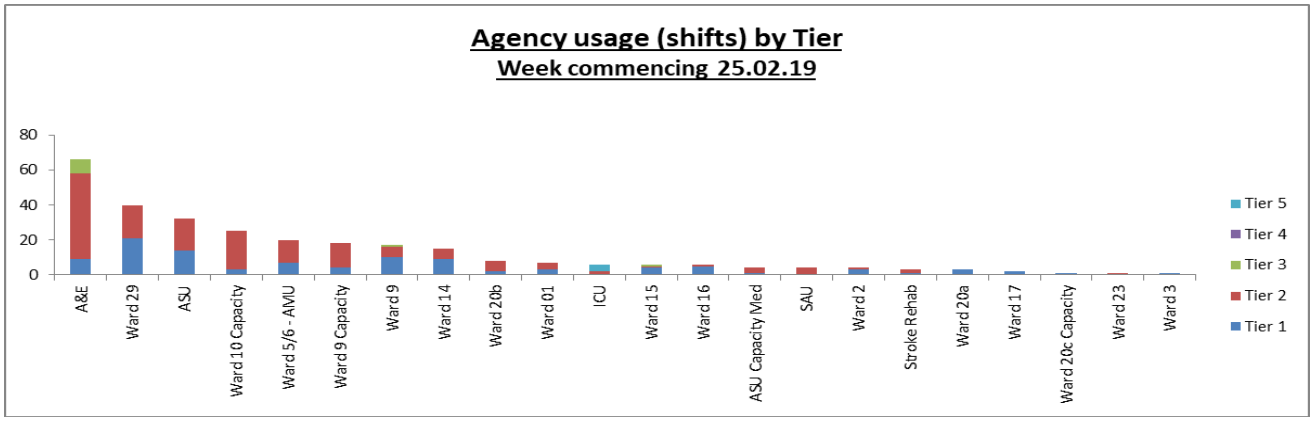
Week	Additional Capacity	Vacancies	Sickness	Mat Leave	All other
W.C 04.02.19	87	119	40	30	6
W.C 11.02.19	52	152	35	26	4
W.C 18.02.19	50	164	36	12	8
W.C 25.02.19	46	160	40	34	9

The ward areas with the highest volume of temporary staffing usage during February are captured below and aligns to the four reasons highlighted above for temporary staffing usage.





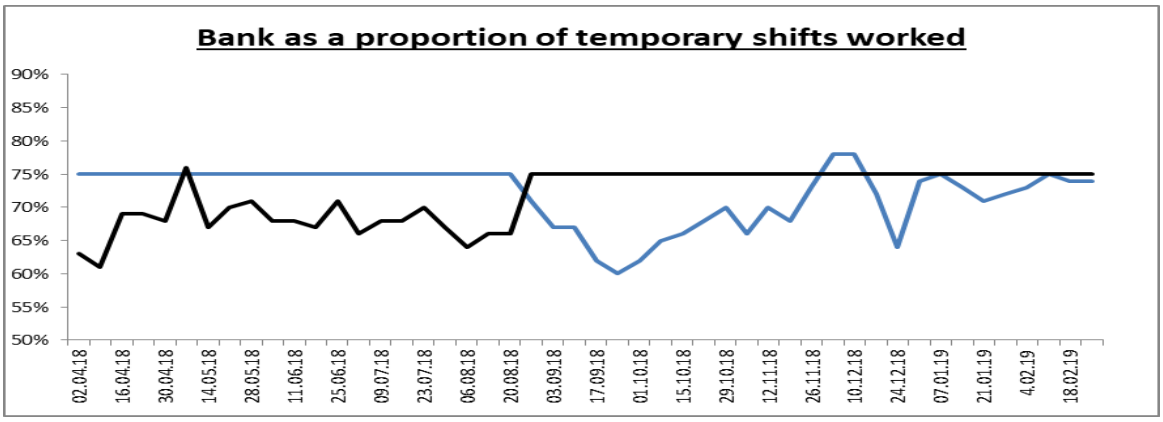
All roster gaps are escalated to the temporary staffing team at Roster sign off and made available to bank staff, this gives a minimum of 6 weeks before the roster goes live. At 4 weeks pre-working date gaps are released to Tier 1 agencies, to optimise the ability to gain Tier 1 fill. This is line with regional activity. During February 6 shifts were filled with off framework agency nurses. The increase in Tier 2 agency nurse useage is part of the short notice shift fill cover. Tier 1 shifts are mostly used as night cover which also accounts for the cost of day cover at Tier 2.



Tier 2 agencies were mostly used to cover short notice shifts on ED and additional bed capacity on ward 29 / ward 10 capacity / ASU / AMU / ward 9 capacity / ward 9 core / Stroke rehab which still remains 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, this is now embedded into practice. All rates were within temporary staffing framework capped levels. Currently the interim position for escalated rates at a declared Level 4 status, remains in place.

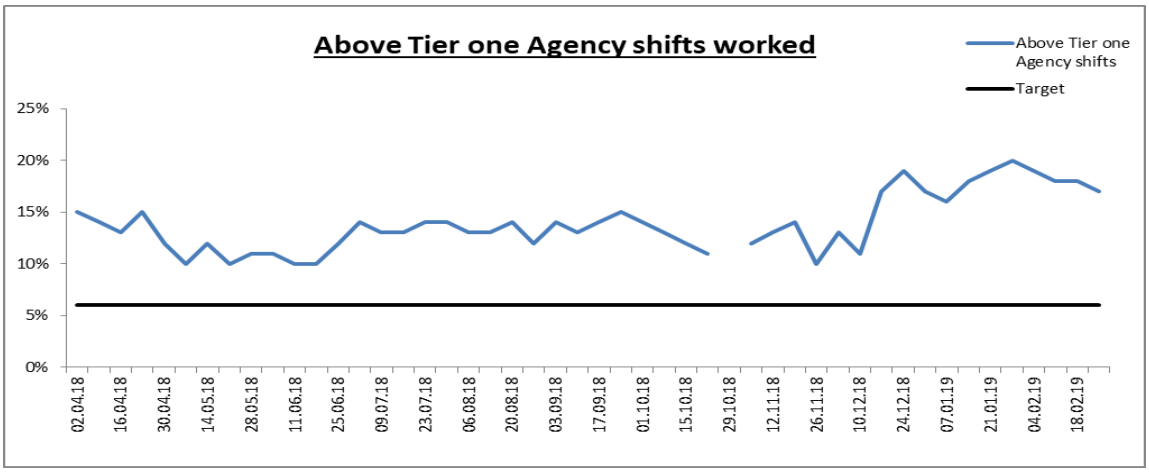
The target of 75% temporary staff shift fill using bank cover was achieved during February running between between 73% – 75% during February, which reflects the continued proactive approach of the ward managers and the temporary staffing team to fill as far as possible with our own bank staff. Recruitment 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
04-Feb	772	282	6177	2383	73%	27%
11-Feb	820	269	6642	2247	75%	25%
18-Feb	770	270	6293	2323	74%	26%
25-Feb	831	289	6596	2418	74%	26%

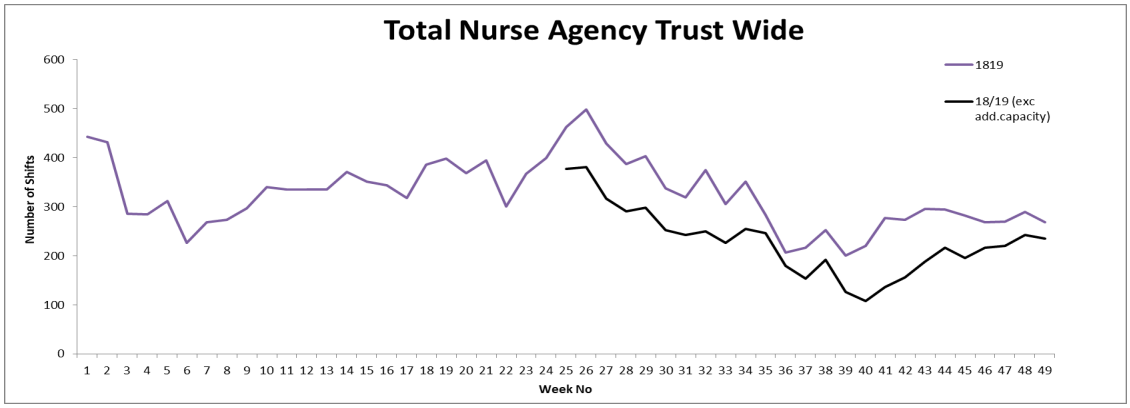
The target of 6% shift fill for use of temporary staffing above Tier 1 has never been achieved in year as yet, with the best position so far being achieved at 10% during November 2018. January saw a rise up to 20% of above tier 1 agencies being used, due to increase in demand, short notice fill and reduction in supply from tier 1 agencies.This has decreased through month in February and work is ongoing to psuh this down further.

The 6% target will be adjusted for year 19/20 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 February 2019:

- 91.0% for day shifts
- 98.3% for night shifts

		Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Day	RN	95.10%	95.22%	97.33%	95.09%	92.15%	90.6%	91.0%
	CSW	92.40%	91.33%	94.64%	94.47%	92.80%	93.3%%	91.2%
Night	RN	94.57%	95.19%	97.35%	97.81%	96.82%	96.6%	98.3%
	CSW	97.72%	96.59%	99.19%	99.68%	99.36%	99.3%	101.2%

Of the 23 areas reported on during February 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
- No areas recorded less than 90% shift fill rate on nights for RN
- 4 areas recorded less than 80% shift fill rate on days for CSW
  - Ward 4 / 9 / 23 / SAU
- No areas recorded less than 80% shift fill rate on nights for CSW

		Number of areas with <90% shift fill	

		Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Days	RN	2	3	0	4	6	10	9
Night	RN	4	3	1	1	3	1	0

		Number of areas with <80% shift fill						
		Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Days	CSW	1	3	3	8	2	1	4
Night	CSW	1	1	2	2	1	1	0

Wards 1 and 2 continued to have the lowest RN day fill rate at 68.5% and 67.3% respectively. Each ward area compensated this with CSW day fill rate of 117% and 117% respectively. The fill rate for nights for both ward areas were 98% and 100% respectively. This means 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 utilising staff during the day from across the Trust as needed. No escalations or concerns were raised about patient safety issues.

2.1.3 CHPPD

The CHPPD data continues to show unwarranted variation. Inconsistency in data recording and data entry appears to be part of the issue and will be addressed as part of the ongoing work around nurse staffing transformation programme. 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.

The full NHS Digital upload is provided in Appendix 2.

2.1.4 Reported incidents

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	Pressure Ulcers	Total Pressure Ulcers

	Category 2		Category 3,4 & Unstageable		Pressure Ulcers	
	Jan 2019	Feb 2019	Jan 2019	Feb 2019	Jan 2019	Feb 2019
Ward 1	0	0	0	1	0	1
Ward 2	1	0	0	0	1	0
Ward 3	0	0	0	0	0	0
Ward 4	1	1	0	0	1	1
Ward 9	2	0	1	1	3	1
Ward 15	0	0	0	1	0	1
Ward 17	2	0	0	0	2	0
Ward 29	1	0	0	0	1	0
AMU	1	0	0	0	1	0
ASU	1	0	0	0	1	0
Overall Total	9	1	1	3	10	4

The number of pressure ulcers decreased on 7 of the 10 wards identified as having a fill rate of <90%, with 3 wards reporting no pressure ulcers in February 2019. This shows that the variance in staffing levels and the volume of temporary staffing workforce did not have a detrimental impact on or cause any more patient harm.

For the remaining 3 wards:

- Ward 1 reported 1 unstageable pressure ulcer
- Ward 4 reported 1 category 2 pressure ulcer
- Ward 9 reported 1 unstageable pressure ulcer
- Ward 15 reported1 unstageable pressure ulcer

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.

.	Ward 1	Ward 2	Ward 3	Ward 4	Ward 9	Ward 15	Ward 17	Ward 29	AMU	ASU	Falls Total
Number of Falls Jan 2019	7	6	5	7	4	1	2	9	5	9	55
Number of Falls Feb 2019	8	7	4	5	5	3	4	11	0	2	49

4 of the 10 wards with a RN fill rate of <90% in February had the same number or less falls than the previous month. Of the remaining wards the ward of most concern is ward 15, where the falls have increased from 9 in January to 11 in February. Worthy of note is AMU and ASU both reduced their falls from a combined total of 14 in January to a combined total of 2 in February.
6 of the 10 wards saw an increase in the number of falls in February but the overall number of falls has fallen in month which demonstrates a positive position despite the challenges that the 10 wards may have faced due to fill rate.

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 triangulation of staffing levels and the incidence of falls and pressure ulcers continues 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 flags also consider acuity of patients so that an overall picture is considered not just the staffing levels.
'Red' shifts are escalated to agencies above tier 1.

The Matrons attend the meeting and continue to make progress in their approach to prioritising shifts within their own ward and Divisional areas, but there is still 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.

The meetings are now led by a Matron and specific reference to acuity of patients is included within the meeting to support the decision making for staffing levels and redeployment, this information is now captured and documented.

This meeting will continue to be supported by the Director of Nursing Directorate until the confidence of the Matrons execution of wider critical thinking is embedded. Ongoing support from the DON Directorate is still currently required to embed this practice.

2.2 Rostering

Roster KPIs February	Target	Tolerance	Actual				
			MLTC	D of Surgery	WCCSS	Community	Overall
Efficiency							
Compliance with sign off on correct date	100%		1 out of 11 areas	4 out of 6 areas	All areas compliant	0 out of 1 area	11 out of 24 areas
95% of Shifts to BANK at Sign-Off compliance	100%		6 out of 11 areas	0 out of 5 areas (1 area n/a)	N/A	0 out of 1 areas	6 out of 17 areas
Safety							
Planned number of shifts without NIC cover	0		7 out of 11 areas	4 out of 6 areas	1 out of 6 areas	0 out of 1 area	12 out of 24 areas
Actual number of shifts without NIC cover	0		9 out of 11 areas	4 out of 6 areas	No areas compliant	0 out of 1 area	13 out of 24 areas
Fairness							
Planned sickness headroom (not ESR data)	3.3%		1 out of 11 areas	All areas compliant	All areas compliant	0 out of 1 area	23 out of 24 areas
Actual sickness headroom (not ESR data)	3.3%		9 out of 11 areas	No areas compliant	No areas compliant	No areas compliant	22 out of 24 areas
Planned study leave headroom (not within tolerance)	3%	+/-1 %	6 out of 11 areas	4 out of 6 areas	4 out of 6 areas	1 out of 1 area	15 out of 24 areas
Actual study leave headroom (not within tolerance)	3%	+/-1 %	5 out of 11 areas	4 out of 6 areas	3 out of 6 areas	No areas compliant	13 out of 24 areas
Planned annual leave headroom (not within tolerance)	14%	+/-3 %	7 out of 11 areas	2 out of 6 areas	1 out of 6 areas	0 out of 1 area	10 out of 24 areas
Actual annual leave headroom (not within tolerance)	14%	+/-3 %	1 out of 11 areas	1 out of 6 areas	All areas compliant	1 out of 1 area	3 out of 24 areas

The issue with short term sickness is still being experienced in most clinical areas through February 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 with ongoing work to address this as part of roster creation.

The quality of rosters at creation is still variable across the Divisions and contributes to the staffing shortfalls and roster inefficiencies. This variable practice is escalated to the Divisional Directors of Nursing to determine 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 is still being addressed on an ongoing basis, with the majority of these hours taken as a legitimate use of the policy, where individual behaviour needs to be addressed this is being actioned.

	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 19	Jan 19	Feb 19
Unpaid Leave (hours)	46	144	249	716.5	716.5	465.5	240	225	135	202	190

2.3 Workforce Development

The nursing and midwifery workforce plan will be developed in the near future with new roles aligned to the plan so a recruitment plan can be developed to support this.

A recent advert for staff nurses specifically aimed at those with expertise in mental health / learning disabilities has yielded a shortlist of 14, who will be interviewed before the end of March. A clinical support programme has been developed to support the successful appointees. This wil be reported on next month.

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 – Mar	Pipeline – Apr	Pipeline – May	Total
SURGERY	18.17	5.5	2.84	26.51	11.35%	3	5	3	11
MLTC	34.25	11.68	9.77	55.7	19.29%	1	1	0	2
WCCSS	8.09	2.53	10.83	21.45	10.64%		1	0.61	1.61
						4	7	3.61	14.61

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 February there were 8 registered nurses and 3 CSWs that joined the bank, ongoing recruitment to bank will continue as a long term ongoing action.

ED establishment review work has started, applying the model used for urgent and emeregcy care staffing. Progress will be reported on in future papers.

3.0 RECOMMENDATIONS

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

4.0 CONCLUSIONS

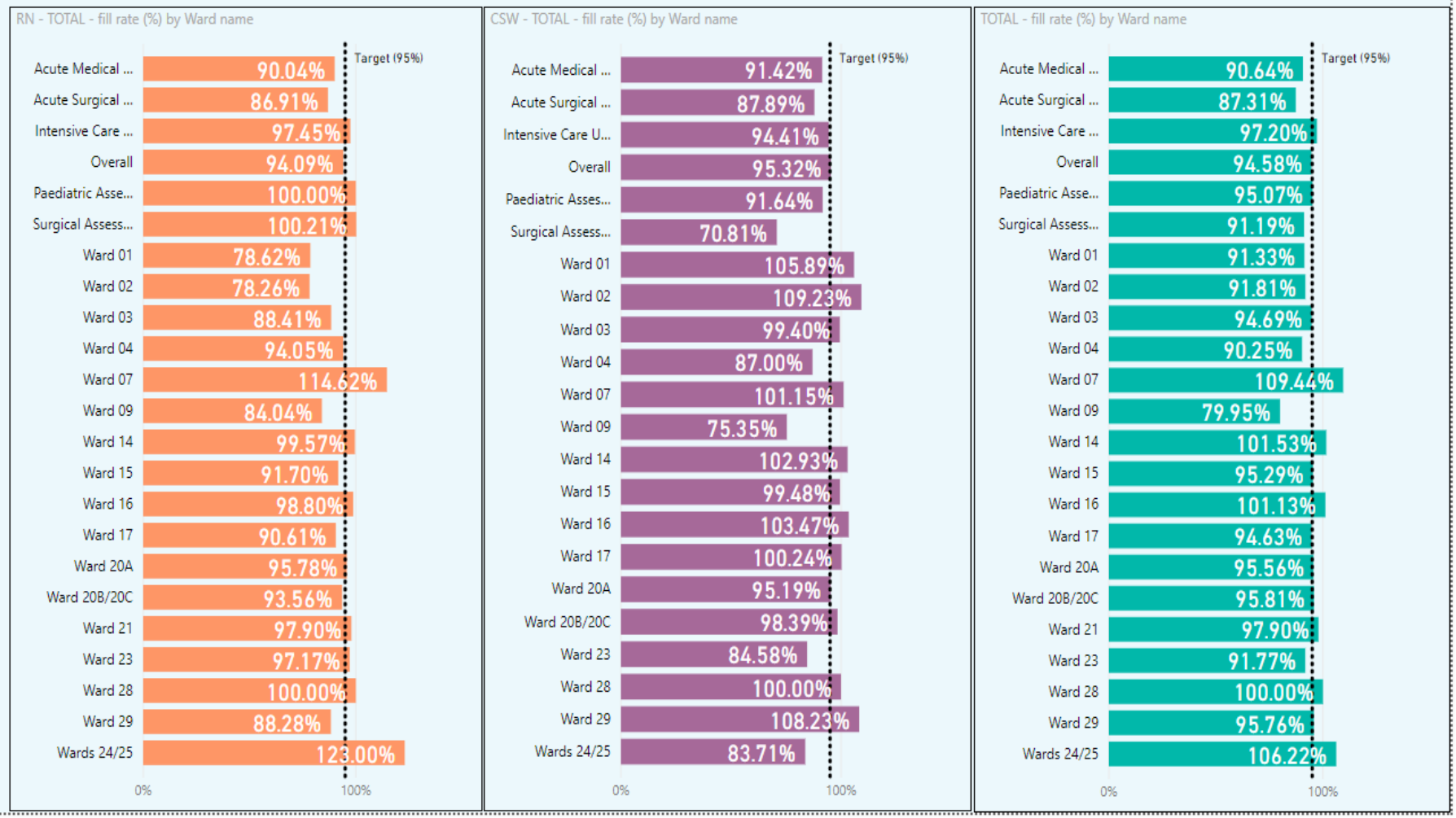
The report is presented to reflect the on-going nursing workforce transformation and will continue to reflect the progress being made and the improvements in grip and control across temporary staffing and rosters in particular but enhanced by workforce developments and agreed safe establishments according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

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

MonthInCalendar

01 February 2019

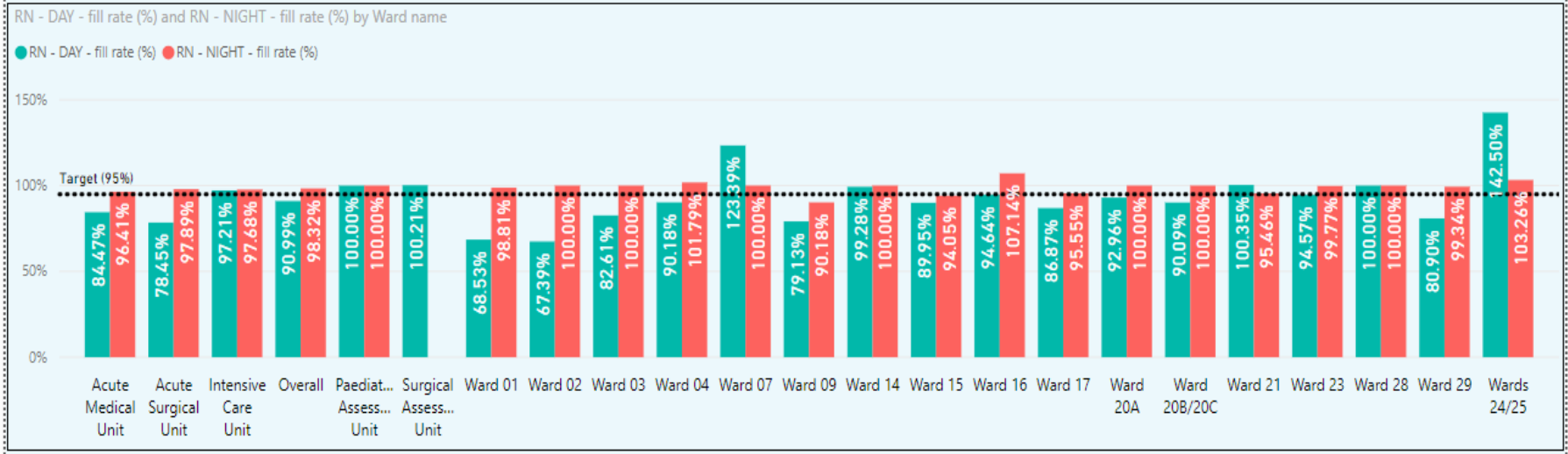
Safe Staffing Return - Overall Fill Rate split by Ward by RN / CSW

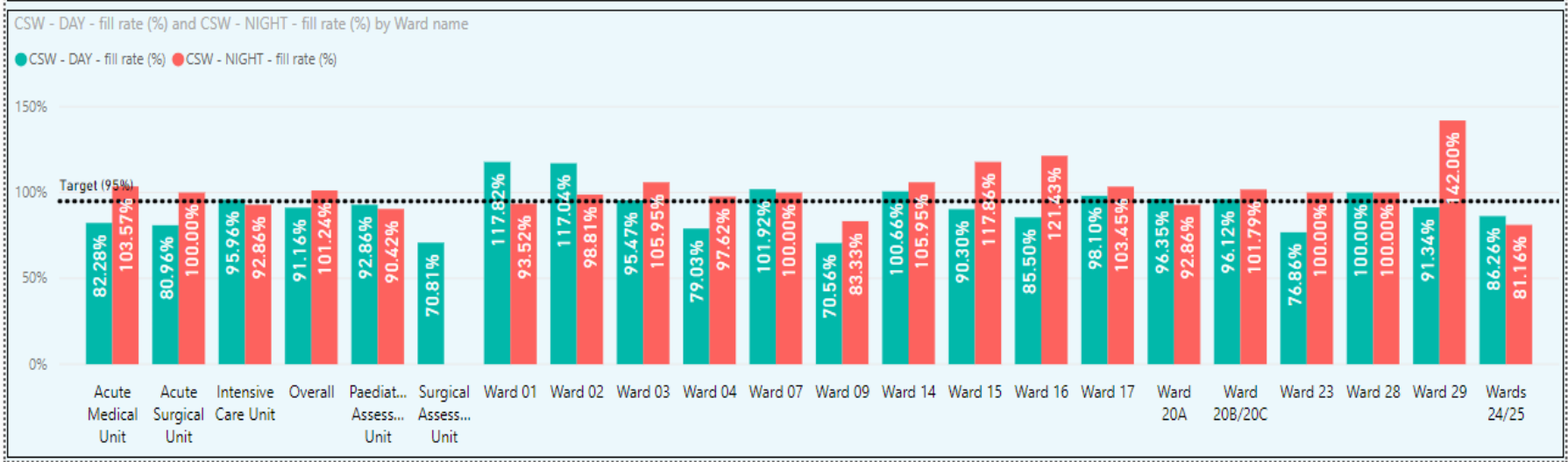


MonthInCalendar

01 February 2019

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





Safe Staffing (Rota Fill Rates and CHPPD) Collec

Please check that the data on this upload template is accurate before being submitted to SDCS. You are reminded that these figu
responsibility of your organisation that these submitted figures are accurate and in line with national guidance. We will undertake b
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 v

Control Panel

Trust - Frontsheet

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MEETING OF THE PUBLIC TRUST BOARD – 4TH APRIL			
CQC Preparedness and PCIP Update and Actions			**AGENDA ITEM: 9**
Report Author and Job Title:	Julie Romano- Interim Head of Quality and Assurance Jenna Davies- Director of Governance	**Responsible Director:**	Jenna Davies- Director of Governance
Action Required	Approve ☐ Discuss ☒ Inform ☐ Assure ☒		
Executive Summary	This paper aims to update the Board on the actions the trust has been taking over the past few months to improve the quality of care to patients, whilst simultaneously preparing the organisation for the next CQC inspection. The paper outlines the following key issues to the Board; 1. The CQC have conducted an unannounced visit to the Sexual Health Service on 25th February for 2 days inspecting both on acute site and the Navigation Street clinic. 2. CQC will be completing the Well-Led Inspection from 19th- 21st March 2019. 3. 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 remains low at 46% but there was a noted increase from Januarys 33% compliance. • The number of out of date policies and guidelines has improved in month from 27.1% to 26.3% but remains a concern. • In February 25.8% Guidelines were out of date and 27.5% Policies. • VTE performance has dipped under the Trust target in month at 93.61% This paper was discussed by the Quality, Patient Experience and Safety Committee on the 28the March. The Committee has requested further assurance relating to DNACPR/MCA compliance and also a report outlining the trajectory for the approval of all out of		

	date policies.	
Recommendation	Members of the Quality, Patient Experience & Safety Committee are asked to: Note the content of this report and the progress made against the Must and Should do actions.	
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	This report provides assurance in relation to the action taken and the progress against 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 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 and PCIP Update: March 2019

1. Purpose

This report aims to update the Board on work being undertaken to improve the quality and safety of care delivered to patients, whilst simultaneously preparing the organisation for its current CQC inspection. It should be noted that all actions being taken are aimed at becoming embedded in everyday practice to facilitate continuous improvement.

2. CQC Inspection Preparation

A well-led inspection will be conducted by the CQC on the 19-21 March 2019. A number of board members 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, as well as mock interviews for senior leaders.

3. CQC inspection Feedback

The Trust has been visited over a three week period with 6 core services inspected, Since the last report to the committee the Sexual Health service has been visited and the following feedback provided.

The CQC provided feedback that the MDT working was clearly embedded with other trust services and with community non-profit services. The consultants had fast-track referral access to a number of specialty services in medicine, which reduced referral times. They also found that the service was responsive to patient demands, needs and feedback was continuous and had resulted in altered clinic times and accessibility. Patient feedback received through the Friends and Family Test was consistently positive and we observed examples of high levels of care provided. Staff built a rapport, reduced tension and anxiety and demonstrated clear respect and empathy towards patients.

They also noted that the staff were suitably trained. All nurses had completed a nationally-accredited sexual health course. A number of staff also held advanced sexual health qualifications.

However they highlighted some concerns relating to security risks for reception staff at the main site were not fully mitigated. Staff did not have a panic alarm or direct access to reach security and were quite vulnerable. They also highlighted that there was some further improvement work required to ensure staff understood what constituted an incident and to ensure staff reported incidents.

4. The Patient Care Improvement Programme (PCIP)

The PCIP continues to develop and divisions are developing there PCIP to include actions from incidents, external reviews and other improvement work streams. Further work is being undertaken with care groups and divisions to ensure the visibility and accessibility of their local PCIPs. In the interim, snapshot PDF versions of the individual PCIPs for core services and care groups linked to PowerBI are available on Info Hub and are refreshed monthly.

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 remains low at 46% but there was a noted increase from Januarys 33% compliance.
- The number of out of date policies and guidelines has improved in month from 27.1% to 26.3% but remains a concern.
- In February 25.8% Guidelines were out of date and 27.5% Policies.
- VTE performance has dipped under the Trust target in month at 93.61%

Issue	Improve / decline
VTE performance has dipped under the Trust target at **93.61%**	
Nurse staffing vacancies positively remain below the national average at 6.58%	
Appraisal compliance has decreased marginally at 86.71%	
DNACPR & MCA compliance has increased from 33% to 46%	
Compliance with documentation has increased to 85.95% in February	
Safeguarding training is largely compliant; Adult are compliant in all 3 levels with Children's being compliant with the exception of Level 2 being just outside of trajectory at 82.08%	
Number of expired SI with outstanding actions is zero in the clinical divisions with only 1 Corporate SI with 1 outstanding action which is being followed up by E&F corporate function team.	
Mandatory training increased in month at 86%	
Best Practice – 2 CAS alerts remain overdue; NICE Technology appraisals are 100%; 25.8 % of guidelines and 27.5% of Policies remain overdue	
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. In February 25.8% Guidelines were out of date and 27.5% Policies.	

Issue	Improve / decline
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. There were 16 incidents reported in February 19 which is exactly the same number reported in January 19.	

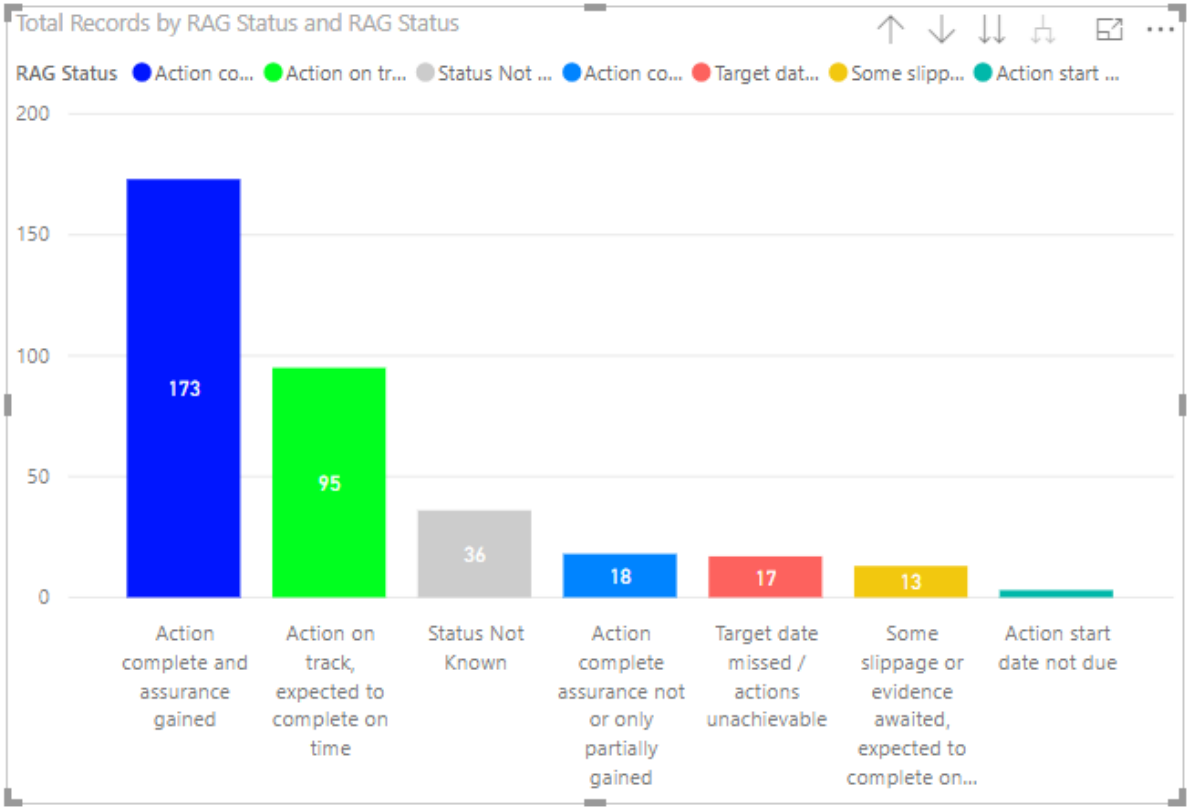
5. Progress with the PCIP actions

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 actions are changing frequently. The cascade of actions related to Trust level regulatory breach has been completed for the core service and Care Groups PCIPs linked to PowerBI. To enable monitoring of these regulatory actions, similar must/should do actions have been re-designated as regulatory actions. This has led to an increase in the number of regulatory actions seen in this report but helps to identify where there are local issues and the actions being taken. This can then inform the Trust-level actions and RAG ratings.

The chart and table below shows progress against the now 355 actions identified within the overarching PCIP. This is an increase from 307 actions in January

The statistics from Power Bi show an increase in actions added since January's report which suggests continued work on the PCIPs within the Trust in February 19. An increase in action complete and assurance gained with a rise in month from 44.3% 48.7% is noted; status not known is the biggest area of focus at 10.18% in month and maybe reflective of scoping actions newly added and will be an area to address in the following month.



RAG Status	Dec No.	Jan No.	Feb No.	Dec %.	Jan %	Feb %
Action complete and assurance gained	130	136	173	45%	44.3%	48.7%
Action complete assurance not or only partially gained	23	18	18	8%	5.86%	5.07%
Action on track, expected to complete on time	88	91	95	30.5%	29.97%	26.8%
Some slippage or evidence awaited, expected to complete on time	13	13	13	4.5%	4.23%	3.66%
Status Not Known	5	20	36	2%	6.51%	10.14%
Target date missed	19	18	17	6.5%	5.86%	4.78%
Action start date not due	10	10	3	3.5%	3.26%	0.85%
Total	288	306	355	100%	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 use 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’.

Recommendation

- The Board is asked to note the contents of this report

MEETING OF THE PUBLIC TRUST BOARD - 4th APRIL 2019			
Hospital Mortality Report			**AGENDA ITEM: 10**
Report Author and Job Title:	U. Ibechukwu Business Manager to the Medical Director	**Responsible Director:**	Dr Matthew Lewis Medical Director
Action Required	Approve ☐ Discuss ☒ Inform ☒ Assure ☒		
Executive Summary	**Performance** • Trust performance against national mortality indicators is similar to regional and national comparators **Actions** • Review the terms of reference of Mortality Surveillance Group and Learning from Deaths Policy to include Medical Examiner role and Learning Disabilities Mortality Review Programme (LeDeR), in response to advice from NHSI • Implement statutory changes in the scrutiny of deaths and the revision of the death certification process with the introduction of the Medical Examiner role. • Hyperkalaemia guidelines have been updated and will be embedded through the trust's clinical governance structures. • Implement accountability and actions to improve mortality review rates.		
Recommendations	Members of the committee are asked to note the content of the report.		
Does this report mitigate risk included in the BAF or Trust Risk Registers?	Performance against the National Standard Hospital Mortality Index (SHMI) is recorded as a risk for the trust.		
Resource implications	The Medical Examiner infrastructure costs c £230k recurring. A proportion of this cost may be offset by central government funding.		
Legal and Equality and Diversity implications	The equality and diversity implications of patients with learning disabilities are managed as per the trust policy and LeDeR recommendations.		
Strategic Objectives	Safe, high quality care ☒	Care at home ☒	
	Partners ☒	Value colleagues ☒	
	Resources ☒		

1. INTRODUCTION

This report details:

(a) Performance against hospital mortality indicators,
(b) Processes being undertaken in the Trust to assure reporting, review of deaths and lessons learnt, and
(c) Compliance with national guidelines to reduce avoidable deaths and improve outcomes for patients and carers.

2. PERFORMANCE

The Trust uses two key national benchmarks as the primary indicator for mortality, Hospital Standard Mortality rate (HSMR – *the ratio of observed to expected deaths*) and Standard Hospital Mortality Index, (SHMI – *the ratio of deaths following inpatient hospitalisation versus expected number of deaths*). Data is provided by NHS Digital and hosted by Healthcare Evaluation Data (HED).

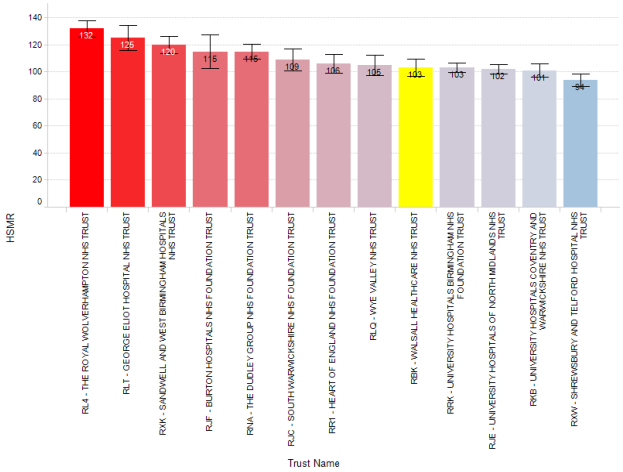
ISSUES SURROUNDING MORTALITY DATA QUALITY

- HSMR/SHMI carry a degree of error due to a small proportion of patients being admitted under an incorrect consultant – in some cases this has led to patients coded as under the care of an AHP.
- The Data Quality team are currently undertaking project to reinforce Ward Clerk role, facilitated by staffing resource expansion (approved by TMB and awaiting PFIC ratification – project completion date estimated Jun/Jul 2019)

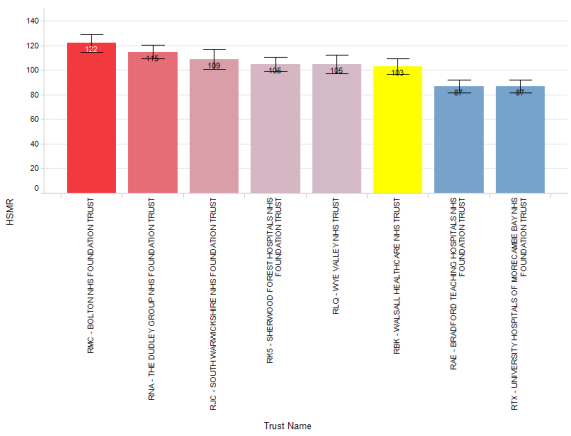
HSMR 2018/19

- HSMR for December 2018 was 106.27.
- HSMR for the year to date 2018/19 is 102.84 (increase from 98.04 in November 2018).
- Trust performs reasonably against regional and national peers.

HSMR performance and regional/national comparison 2018/19 [Walsall yellow]



HSMR v local comparators (Regional)

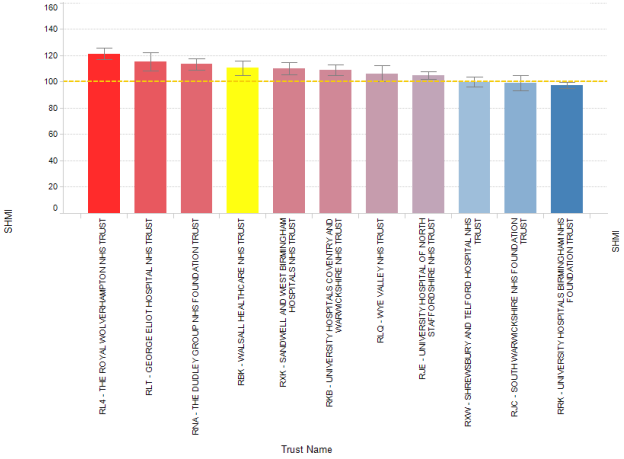


HSMR v similar size trusts (National)

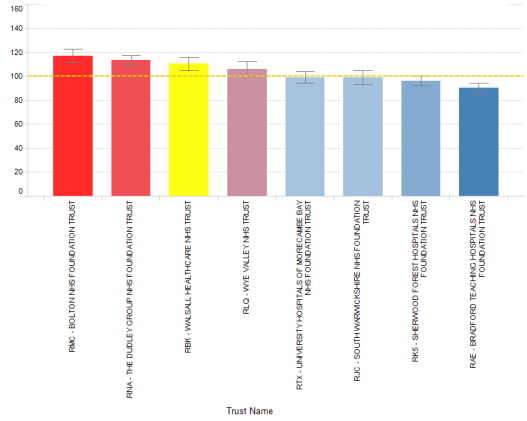
SHMI 2018/19

- SHMI for December 2018 of 108.
- SHMI for the year to date 2018/19 increased from 102 to 103.
- Trust performs comparably to regional and similar size peers nationally.

SHMI performance and regional comparison 2018/19 [Walsall yellow]



SHMI v local comparators (Regional)

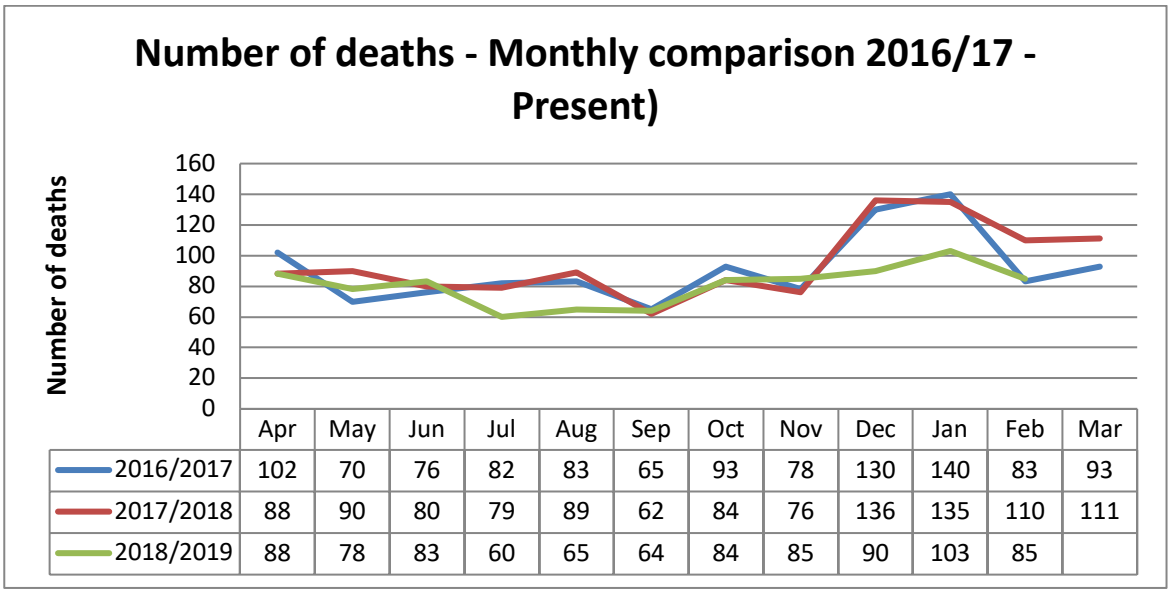


SHMI v similar size trusts (National)

Compared to the 11 other trusts in the region the trust is 4th highest for the number of unexpected deaths and the 18th highest nationally.

DEATHS

Higher death rates are typically seen in winter months, although the usual trend is less marked in the last few months than previous years. These data are currently available until February 2019.

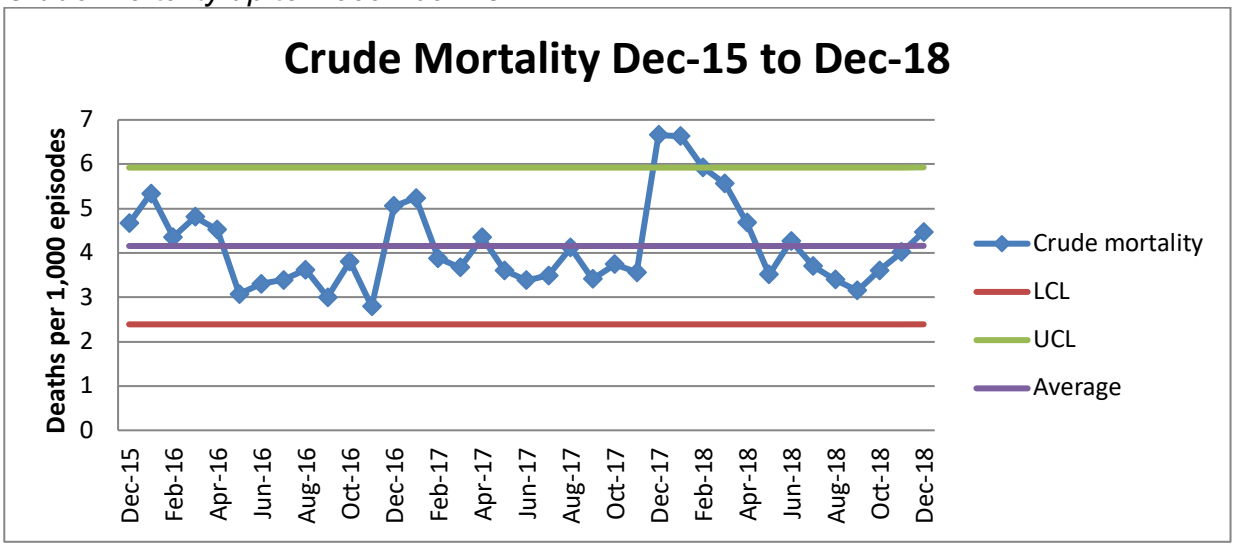


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2016/2017	102	70	76	82	83	65	93	78	130	140	83	93
2017/2018	88	90	80	79	89	62	84	76	136	135	110	111
2018/2019	88	78	83	60	65	64	84	85	90	103	85	

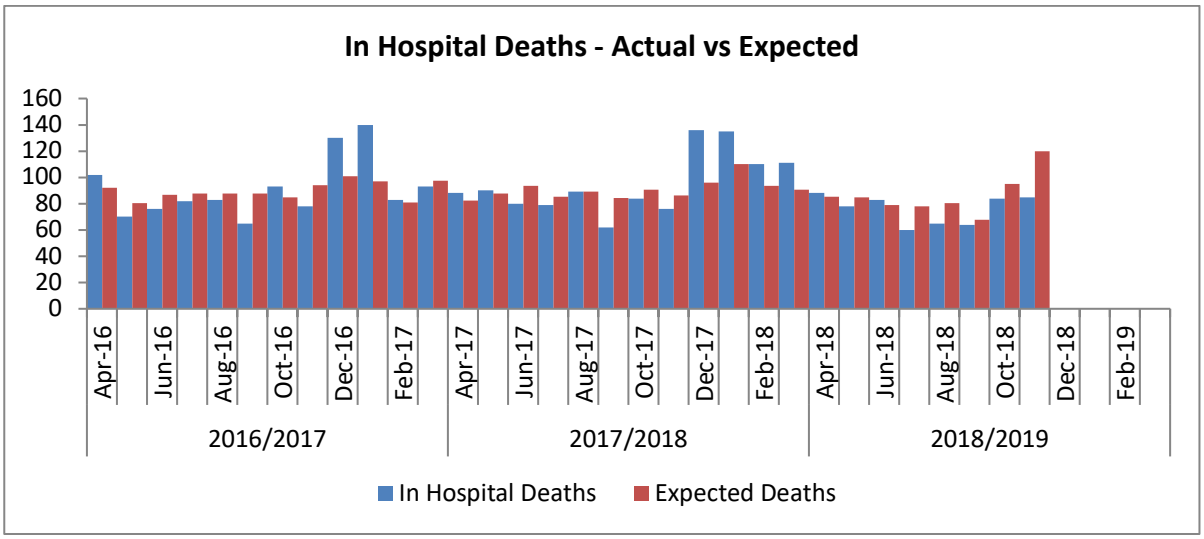
CRUDE MORTALITY (number of deaths per 1,000 episodes)

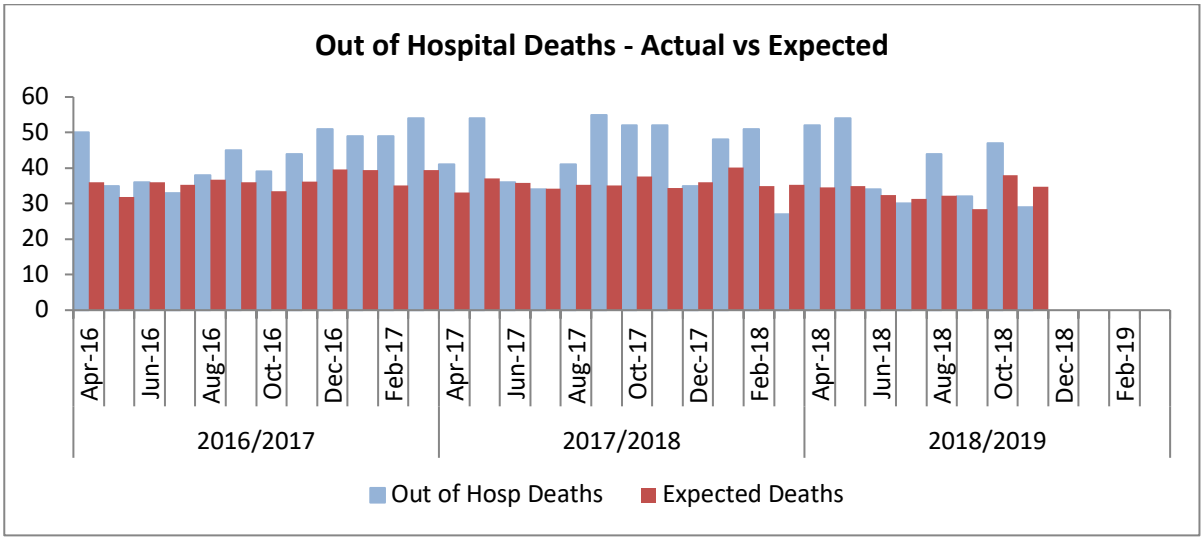
Crude mortality has been between the upper and lower control limits since February 2018. Data for this measure is only available up to December 2018 but the information presented above (in the chart for monthly deaths) suggests that the current pattern will continue to be seen for at least the next two months.

Crude Mortality up to December 18



An increase in the difference between expected and observed has been seen year on year for both 'in hospital' and 'out of hospital' deaths.




Out of Hospital Deaths - Actual vs Expected
60
50
40
30
20
10
0
Apr-16
Jun-16
Aug-16
Oct-16
Dec-16
Feb-17
Apr-17
Jun-17
Aug-17
Oct-17
Dec-17
Feb-18
Apr-18
Jun-18
Aug-18
Oct-18
Dec-18
Feb-19
2016/2017
2017/2018
2018/2019
Out of Hosp Deaths
Expected Deaths

Walsall Healthcare NHS
NHS Trust

CAUSES OF DEATH IN WALSALL HEALTHCARE NHS TRUST

TOP 10 CAUSES OF DEATH DERIVED FROM HSMR (JANUARY 2018 – DECEMBER 2018)

Month	Jan-18	Jan-18	Feb-18	Feb-18	Mar-18	Mar-18	Apr-18	Apr-18	May-18	May-18	Jun-18	Jun-18	Jul-18	Jul-18	Aug-18	Aug-18	Sep-18	Sep-18	Oct-18	Oct-18	Nov-18	Nov-18	Dec-18	Dec-18
Diagnosis	Deaths	HSMR	Deaths	HSMR	Deaths	HSMR	Deaths	HSMR	Deaths	HSMR	Deaths	HSMR	Deaths	HSMR	Deaths	HSMR	Deaths	HSMR	Deaths	HSMR	Deaths	HSMR	Deaths	HSMR
122 - Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	32	92.31	27	103.2	20	116.37	10	73.39	18	118.54	18	114.14	14	126.3	10	100.53	9	101.92	18	104.42	19	130.78	21	112.24
127 - Chronic obstructive pulmonary disease and bronchiectasis	4	72	5	125.94	3	68.09	4	120.79	3	109.34	4	130.73	1	53.84	3	79.81	2	119.01	3	113.79	1	50.04	8	283.37
2 - Septicemia (except in labor)	21	123.57	11	79.53	14	111.03	8	59.89	5	47.61	5	49.47	5	51.69	3	24.14	6	73.27	9	75.82	11	89.08	7	55.88
157 - Acute and unspecified renal failure	3	83.03	3	87.6	8	165.28	5	136.01	4	81.92	4	111.82	6	131.7	7	216.18	4	159.33	3	143.92	6	160.89	6	104.93
131 - Respiratory failure; insufficiency; arrest (adult)	4	328.64	4	136.84	8	193.96	5	289.34	1	660.29	0	0	1	93.35	3	124.81	3	241.74	3	134.19	3	145.91	6	313.04
129 - Aspiration pneumonitis; food/vomitus	5	87.8	6	118.12	3	154.44	0	0	5	74.27	1	28.35	5	208.7	6	153.38	4	110.37	4	62.46	5	123.89	5	99.45
108 - Congestive heart failure; nonhypertensive	5	149.43	2	48.36	4	91.35	7	175.26	3	79.9	3	88.92	5	188.7	5	108.62	6	140.93	3	74.24	4	83.31	4	137.29
159 - Urinary tract infections	4	216.7	2	63.65	2	134.55	2	123.98	5	212.43	4	309.6	1	71.64	3	136.86	0	0	0	0	5	179.41	4	233.9
226 - Fracture of neck of femur (hip)	3	96.73	5	418.57	2	71.59	4	133.78	1	93.49	6	263.41	2	147.2	0	0	1	128.84	2	126.14	2	117.68	4	196.84
125 - Acute bronchitis	4	165.21	6	194.33	0	0	2	132.52	2	112.79	4	364.51	2	251.8	1	84.85	0	0	0	0	1	45.18	2	57.43
109 - Acute cerebrovascular disease	6	134.95	8	114.61	6	106.69	6	148.72	1	99.66	3	120.75	0	0	1	181.78	2	221.63	2	648.25	0	0	1	582.83
Running Total	91		79		70		53		48		52		42		42		37		47		57		68	

TOP 10 CAUSES OF DEATH DERIVED FROM HSMR (Cont))

Pneumonia has been recorded as the leading cause of death in the trust during each month over the past year. On average, there have been 18 deaths attributable to pneumonia per month since January 2018. Pneumonia expected to be a frequent cause of death in hospital patients and the condition-specific HSMR for pneumonia during this period has been in the range of 73.39 – 130.78.

Actions that have been taken to address the marginally raised prevalence of pneumonia as a cause of death include a review of oral care by the Speech and Language Therapy team, which includes the following action plan:

- Training – both nursing and medical
- Equipment – to include procurement and nursing considerations
- Raising awareness – verbal presentation planned at *Best Practice Day* on 10 May 2019

In the last recorded month, there were 8 deaths attributed to COPD and bronchiectasis (giving a condition-specific HSMR of 283.37). In previous months, the prevalence of this condition as a cause of death was not significantly elevated so this will be monitored over the next few months to determine if action is required.

Respiratory failure/insufficiency/arrest is recorded with an HSMR of 313.04. In view of the fact the total number of deaths with this condition remains low, discussion will take place within the Mortality Surveillance Group to identify if this is a genuine clinical concern or a coding issue.

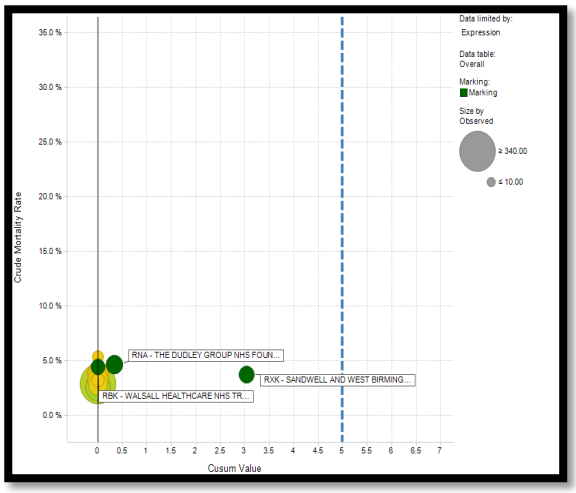
The board are asked to note that HSMR attributed to deaths from septicaemia have been recorded below 100 in 10 of the last 12 months.

Deaths related to fracture neck of femur are raised (HSMR 196.84 in December). This is being address through the following actions:

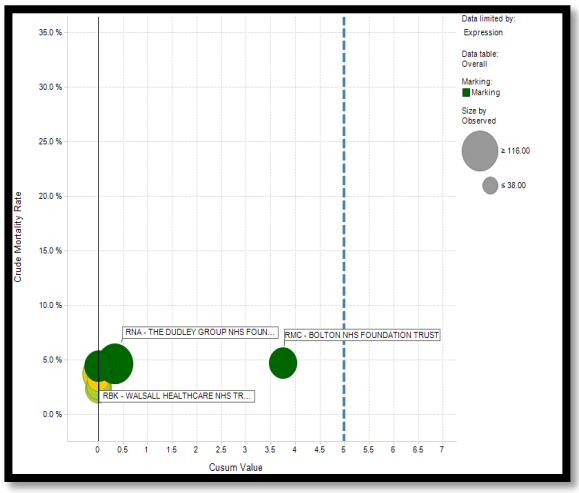
- Review of anaesthetic trauma pathways to reduce delays in accessing theatre for non-elective patients
- Appointment of a Trauma and Orthopaedic Surgeon to lead the #NOF pathway (started 31.12.18)

CuSum

CuSum (Cumulative Sum Control Chart) identifies persistent unexpected deviation. This is reported for the trust as a whole and at diagnostic level. A trigger on the CuSum report records at greater than 5.



Regional comparators



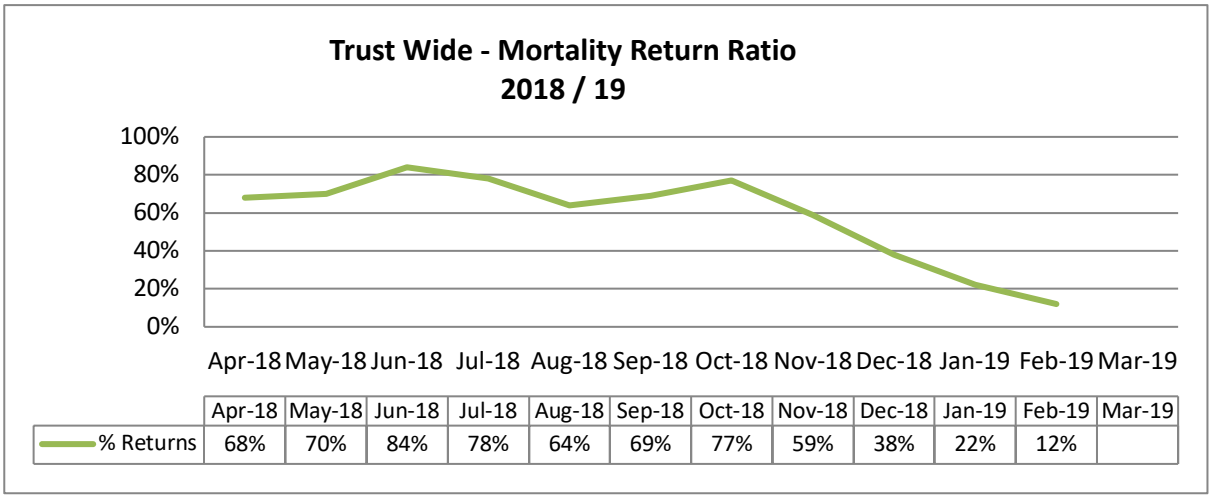
Similar size trusts

In the 12 months up to December 2018 the trust has not reported any significant or sustained CuSum alerts. The trust shows a similar or improved trend compared to both regional and national comparators.

Reviewing and Learning

The Trust currently aspires to review the majority of deaths based on the application of the NQB triggers, local trends, national alerts and triggers identified from SHMI and HSMR, referencing the NQB triggers and using the SJR tool. Analysis of the reviews should identify areas of good practice, issues in care, system and process, lessons learnt.

Current performance for undertaking clinical reviews of deaths is below expected standards. This was discussed through the Medical Advisory Group in March and concerns were raised by Clinical Directors that the notes were not available.



	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
% Returns	68%	70%	84%	78%	64%	69%	77%	59%	38%	22%	12%	

Subsequently, a trust-wide audit of times to completion and return of mortality reviews in January 2019 found the following:

- Average time for delivery of medical notes = 4 days (max 9 days)
- Average time to return of mortality review following delivery = 23 days

- % of reviews for January 2019 deaths complete by 12/3/19 = 27% (13/48)
- % incomplete or not returned = 73% (35/48)

This audit indicates that notes are indeed available promptly but reviews are not being carried out in a timely fashion. This will be discussed further through the Mortality Surveillance Group and Medical Advisory Committee.

Medical Examiner role
There is a statutory requirement to introduce the Medical Examiner process in April 2019, based on the findings and recommendations contained within the following Acts of Parliament and reports:

- Coroners and Justice Act 2009
- Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, chaired by Sir Robert Francis QC (Francis Report, February 2013)
- The Report of the Morecambe Bay Investigation, chaired by Dr Bill Kirkup CBE (Kirkup report, 2015)
- A review of forensic pathology in England and Wales: submitted to the Minister of State for Crime Prevention by Professor Peter Hutton, March 2015

Dr Nike Akinwale has now been appointed Lead Medical Examiner for Walsall Healthcare, supported by Dr Chris Newsom and Dr Andrew Hartland. The Medical Examiners will have an important role liaising with the coroner, training junior doctors to produce accurate death certificates and offering information and support to bereaved relatives.

Experience from pilot sites indicates that this process will need to be implemented incrementally over several months.

Other actions arising from March 2019 Mortality Surveillance Group

- The Consultant Lead for Palliative Care will be attending the obstetrics and gynaecology quality group to give support and guidance in managing patients and their end of life needs.
- Review of the commissioner/acute collaborative learning from death framework in conjunction with Public Health and Social Care.
- The hyperkalaemia clinical guideline has been revised and changes will be embedding through the trust in conjunction with the Patient Safety Alert over the next 2 months.

NHS Improvement observation of Mortality Surveillance Group (MSG) Meeting 8 March 2019

A representative from NHSI attended the March 19 MSG in an observatory capacity, as part of the improvement work the new MD is undertaking with respect to mortality review process and mortality governance (full report on request).

- ***Positives***
  - *Meeting organisation e.g. papers circulated in advance*
  - *Representation and contribution from specialist groups*

- *Inclusivity by the Chair*
- *Opportunities for highlighting good practice under AOB*

- ***Areas for improvement***
  - *Group governance and quoracy, and the ongoing follow-up of agreed actions*
  - *The Learning Disabilities Mortality Review (LeDeR) Programme, and the role of the Medical Examiner are not recognised by the ToR.*
  - *Lack of representation by groups listed to participate*
  - *Group to develop a performance report for update and circulation prior to monthly meeting*
  - *Group to develop action plans with clear timescales and RAG scores for delivery*
  - *Availability of information for group members and regular alignment of ToR and actions with QPES Committee*

- ***Next steps***
  - *Dr Richard Wilson, NHSI, invited to undertake a board development session.*
  - *NHSI to share resources for mortality groups (complete).*
  - *Further meeting observation in 3 months (sooner if trust becomes a published outlier for mortality) to gauge progress with mortality governance.*
  - *Suggested MD and other senior clinical leads observe mortality meetings at other trusts. RMD has put MD in touch with potential support for this.*

In response to these findings, the following actions are planned:

- Medical Director (Mortality Lead) will visit Kettering Hospital on 8th April to look at the mortality review process, the implementation of the medical examiner role, mortality surveillance group and mortality reports to the board.
- The terms of reference for the Mortality Surveillance Group will be updated
- The Learning from Deaths Policy will be revised to reflect the implementation of the Medical Examiner role and the LeDeR programme
- A performance report template will be developed to support presentations at the Mortality Surveillance Group

Appendix 1

Locally collated data and intelligence

The table below identifies the number of deaths occurring within the trust each month, and the number requiring review as determined by use of the NQB triggers.

December 2018		**January 2019**	
Total Deaths	90	Total Deaths	103
Total to be Reviewed	65	Total to be Reviewed	64
February 2019		**March 2019**	
Total Deaths	85	Total Deaths	
Total to be Reviewed	52	Total to be Reviewed	

Flags Applied	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
1. All deaths where bereaved families and carers or staff have raised a significant concern about the quality of care provision	3	5	3	2	3	2	0	1	2	7	4	
2. All patients with a learning disability	1	0	1	0	0	0	0	2	0	1	2	
3. All patients with a mental health illness	0	0	0	3	6	0	0	0	0	0	0	
4. All maternal deaths	0	0	0	0	0	0	0	0	0	0	0	
5. All children and young people up to 19 years of age	0	0	0	0	0	0	0	0	0	0	0	
6. All deaths where an alarm has been raised with the provider through SHMI, CQC, audit work	0	0	0	0	0	0	0	0	0	0	0	
7. All 0-1 day LOS who are not receiving specialist palliative care	14	14	9	7	11	14	11	14	16	8	14	
8. All patients admitted out of hours who die within 5 days, excluding those receiving specialist palliative care	13	15	21	20	21	19	21	17	25	19	15	
9. All elective surgical patients	1	0	0	1	0	1	0	0	1	0	0	
10. All none elective surgical patients	11	10	12	6	7	5	10	5	8	6	12	
11. All unexpected deaths/ coroner reported	27	16	21	15	21	14	22	13	19	2	TBC	
12. Deaths in critical care	13	2	6	7	14	6	10	10	11	9	8	
13. A random selection of 20% of those other than listed above	7	10	6	6	5	6	12	9	8	15	9	
14. 20 patients per month to be reviewed by the palliative care team to review EOL care	20	20	20	20	20	20	20	20	20	20	20	
15. All deaths were an internal indicator is flagged readmissions within 30days	12	9	8	6	11	9	11	7	8	7	4	
16. All deaths were an internal indicator is flagged readmissions >4 in 12 months	8	10	10	5	8	9	10	9	11	12	11	

SUMMARY PAPER – TRUST BOARD			
Proposal for the Medical Workforce Programme **DRAFT v3.2**			**AGENDA ITEM:** **11**
Report Author and Job Title:	Roxanna Modiri, PMO	**Responsible Director:**	Matthew Lewis, Medical Director
Action Required	Approve ☐ Discuss ☐ Inform ☒ Assure ☒		
Executive Summary	The Medical Workforce Programme (MWP) was created in December 2018 in response to significant issues associated with the over reliance on bank, agency and locum staff and the associated costs. The programme has resulted in a number of improvements within the system including new Policy documents for Waiting List Initiatives (currently in draft), new Standard Operating Procedures, a reduction in hourly rate associated with agency locums to name but a few, however the overspend continues to occur. The work of the existing project team has highlighted variability across the Trust in areas such as rota management, SPA and admin time, the matching of PAs to clinic times and clarity on the funded posts identified on rotas. Work recently undertaken by an external Consultancy has identified that where safer staffing levels are applied, some wards are over established and others under but without further detailed work, it is not possible to make the required change in an informed way. In order to manage the complex and challenging process of redesigning the Medical Workforce system it is proposed that a programme of work is undertaken that includes a Programme Board – Chaired by the Trusts Medical Director – which will oversee the following workstreams: • **Task & Finish Group** designed to resolve immediate process and policy gaps/issues; • **A Review of the Medical Workforce Support Structure** in place to support the Trust with the Medical Workforce and the interface with Divisions including Care Group Managers and Clinical Directors; • **Allocate Review & Resolve** – undertake a 4 week review of areas of improvement relating to the Allocate system and to identify the work plan required to ensure the system is functioning as required; • **An establishment review** that will result in sustainable and effective change in the foundations underpinning the Medical Workforce to ensure Capacity meets Demand, clear and funded		

	rotas linked to the funded establishment, robust job plans that reflect the requirements of the Business; • **Recruitment Programme** designed to provide a systematic approach to recruitment and to provide high quality training doctors to fill vacancies within our Trust; • **Health Education England and Training Doctors** – to ensure improved quality Supervision, Tracking finances & managing Curriculum Changes. The aim of the Programme is to provide the rigour, control and direction required in order to improve the underpinning foundations and to reduce the spend on temporary Medical staffing.	
Recommendation	Members are asked to: • Review the full content of this paper.	
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	In order to ensure that the Trust has a robust, sustainable and cost effective medical workforce, the recommendations in this report reduce the risks associated with over spend, gaps in the rota and inability to recruit.	
Resource implications	A 12 month programme of work will be developed in order to realise the improvements required.	
Legal and Equality and Diversity implications	None.	
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Safe, high quality care ☒	Care at home ☐
	Partners ☒	Value colleagues ☒
	Resources ☒	

Proposal for a Medical Workforce Programme

1. PURPOSE OF REPORT

The purpose of this report is to provide assurance to the Board regarding the work being proposed to ensure sustainable change within the Trust which will result in a reduction in spend related to the temporary Medical Workforce in 2019/20 and beyond.

2. BACKGROUND

The Trusts reliance on temporary medical staff sourced from both the Trust bank and agencies continues at unsustainable levels. It is clear that whilst Trust policies and processes are in place, there was/is a need to 'go back to the basics' by reinforcing the policies and processes, strengthening systems and developing controls to manage the use of temporary Medical Staff.

In December 2018, the savings targets related to the Medical Workforce PID's were reduced as part of the review of FRP schemes. External consultancy support was also commissioned specifically to support the Division of Medicine to deliver cost savings overall related to the Medical Workforce.

As at March 2019, both PIDs are unlikely to deliver regardless of the significant work undertaken at both Division and granular levels. A reduction in run rate has also not been achieved for all Divisions related to the Medical workforce due to the underlying system issues that need to be resolved. At month 10, 10% of posts for the Medical Workforce were vacant across the Trust.

3. DETAILS

In December 2018, a Medical Workforce Programme (MWP) Task & Finish Group was formed to bring together key leads from across the Trust in order to understand the core issues and to improve processes and systems related to the Medical Workforce.

The programme has resulted in improvements but it has also highlighted a greater need to redesign the underlying system in order to deliver a high quality and cost effective Medical Workforce. The work of the existing project team has highlighted significant variability across the Trust and identified issues with the current system underpinning the recruitment, management and funding of the Medical Workforce, some examples are noted below:

- Variability in terms of processes, rota development and management, SPA and admin time allocations and inconsistent approaches to matching of clinic times to PAs;

- Where safer staffing levels are applied, some wards are over established and others under but without further detailed work, it is not possible to make the required changes in an informed and sustainable way;
- A recent review of current job plans has identified inefficiencies within the job planning processes including discrepancies between the planned and paid PAs within job plans in 2018/19;
- A review of Consultants working within the Trust in a temporary capacity (locum or agency), has identified that out of a cohort of 82 consultants, 22 are not currently on the GMC Specialist Register. Whilst this is not a requirement of temporary staff, it does mean that many staff working at consultant level are not accredited to the same standard as substantive consultants;
- In 2017, the Allocate system was purchased by the Trust to provide a robust IT system to underpin the management of the Medical Workforce. There is a need to understand the issues and training needs associated with the system to ensure that the Trust has a robust and effective system in place;
- Issues with Medical Workforce recruitment has resulted in long term vacancies and whilst the MWP project team are making changes to rotas and job plans are being uploaded onto Allocate, there is a need to redesign the foundations underpinning the business requirements through a fundamental review of each Specialty including capacity, demand and funded establishments resulting in clear and robust rotas, job plans and sustainable processes going forward.

4. Proposal – Medical Workforce Programme

The current Task & Finish group is key to ensuring that the current and more pressing operational issues are resolved however it will not facilitate long term and sustainable change across the Trust due to the need to redesign the foundations that underpins the Medical Workforce.

It is therefore proposed that the current Task & Finish Group becomes a workstream under a newly formed Medical Workforce Programme Board which will provide Executive level leadership from the Medical Director and wider senior colleagues including the Divisional Directors, Finance and the Director of Postgraduate Medical Education. The role of the newly formed Board will be to provide leadership, oversight and ensure delivery.

Improvements such as harmonising SPA & administrative time, matching planned PAs to clinic times, optimising the Medical Workforce and the continued implementation of tracking/grip and control of locum spend will all become measures of service improvement contributing to the overall performance improvement.

The Programme Board will receive a monthly report setting out the current position against the substantive and temporary Medical Workforce spend to provide clear and transparent progress against the budgets set at 1st April 2019.

The workstreams will meet monthly and will report to the Programme Board. Workstreams will include:

- **Task & Finish Group** designed to resolve immediate process and policy gaps/issues;
- **A Review of the Medical Workforce Support Structure** in place to support the Trust with the Medical Workforce and the interface with Divisions including Care Group Managers and Clinical Directors;
- **Allocate Review & Resolve** – undertake a 4 week review of areas of improvement relating to the Allocate system and to identify the work plan required to ensure the system is functioning as required;
- **An establishment review** that will result in sustainable and effective change in the foundations underpinning the Medical Workforce to ensure Capacity meets Demand, clear and funded rotas linked to the funded establishment, robust job plans that reflect the requirements of the Business;
- **Recruitment Programme** designed to provide a systematic approach to recruitment and to provide high quality training doctors to fill vacancies within our Trust. A business case is in development;
- **Health Education England and Training Doctors** – to ensure improved quality Supervision, Tracking finances & managing Curriculum Changes.

It is envisaged that the skills and knowledge gaps within Care Groups will be identified and improved throughout this process and as a result, the processes will become sustainable as part of the annual planning processes with a consistent approach to team based job planning. A competency framework for Clinical Directors and Care Group Managers will also be developed as part of this work.

Timescales

It is proposed that work will be developed with focus in priority order using overspend as a measure such as ED, Anaesthetics, Acute Medicine, Care of the Elderly and General Surgery.

Work is currently underway, focussing on ED, to develop a systematic approach to workforce modelling that will support the Programme - this will enable the programme to move forward at pace (once the project team is in place):

Description	Month (Month 1 dependant on Programme Start)											
	1	2	3	4	5	6	7	8	9	10	11	12
Project set up												
Programme Board Mtgs												
Develop PID												
Allocate review & Refresh												

Recruitment Programme												
Develop programme plan												
Agree processes & governance												
Data Gathering												
Schedule Speciality reviews												
Undertake speciality reviews												
Specialty to develop Business Cases												
Redesign Rotas												
Redesign Job plans												
Review timescales @ mth 6												
Report progress												
Final Programme Report												

N.B. Timescales will be reviewed at month 6 to ensure the proposed timescales offer sufficient capacity to undertake the Programme.

Risks

- Leadership – without the appropriate leadership the programme is unlikely to deliver;
- Timescales – without dedicated resource and clear project planning, the programme of work could extend to up to a two year period;
- Over spend – without the programme, there is a risk that the management of the Medical Workforce will continue to overspend – over current funded establishment;
- Resources – inability to deliver the programme of work and continued overspend;
- Engagement – the programme will require engagement from across the Trust or will be unable to implement sustainable change.

5. RECOMMENDATIONS

It is clear that whilst significant work has been undertaken in order to deliver improvements in the Medical Workforce systems and processes, a revised Medical Workforce Programme is required in order to address the fundamental issues to make significant and lasting change.

Members are asked to:

- Review the content of the paper

Walsall Healthcare NHS Trust

Performance Report

March 2019

(February 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
NHS Trust

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Quality, Patient Experience and Safety Committee

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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

- There were no MSA breaches reported in February across the Trust
- Friends and Family Test in Inpatients has exceeded the Trust target for the last 4 months
- Friends and Family Test in Antenatal was 97% and Postnatal Community was 100%
- Safeguarding Children's Level 1 training improved in February and was above the Trust target of 95%

Key Areas of Concern

- The total of Cdiff cases reported YTD is 17 against a full year target of 17. Any further cases in March will mean the target for 2018-2019 will not be achieved,
- VTE risk assessments was 93.61%, below the Trust Target of 95%
- 1:1 care in labour was below the 100% target for the 2nd month. The committee received reassurance in this regard via the CNST report and action plan to committee this month
- MCA Stage 2 compliance when undertaking DNACPR improved in February but remains below 50% compliance. The Medical Director has a specific focus on this during February & March
- Safeguarding Level 2 training has not achieved the Trust target of 85% for 5 months

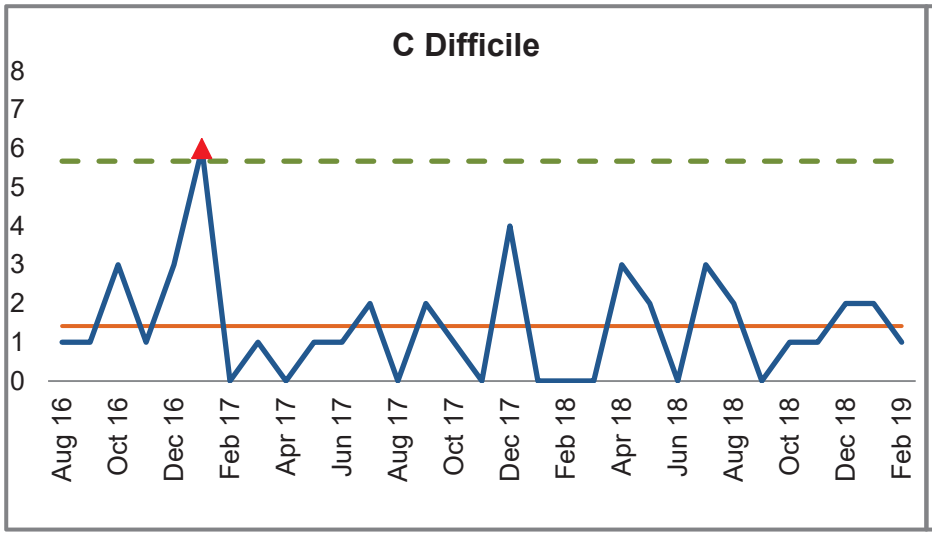
Key Focus for Next Committee

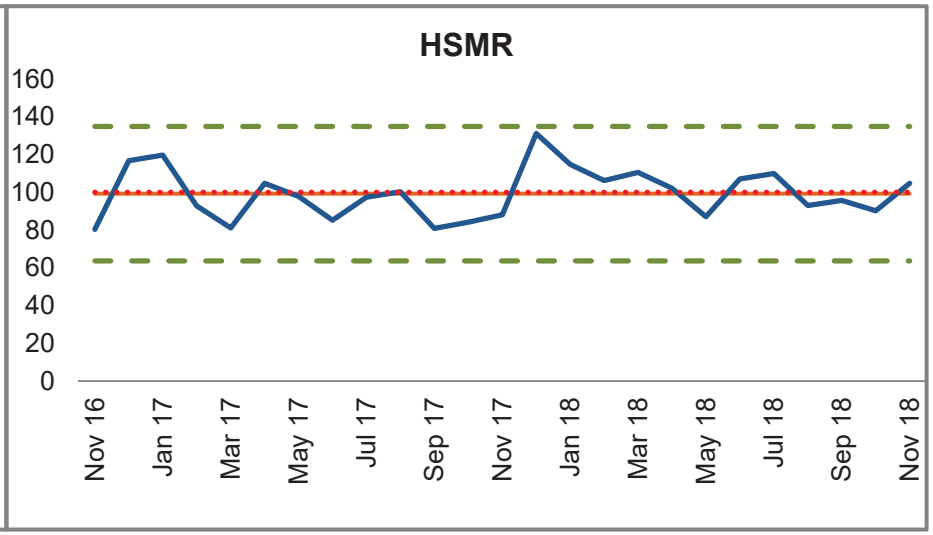
The committee will be focusing on Sepsis screening and breaking this down into maternity & paediatrics and adult screening

The committee will also be focusing on understanding any trends in the dementia indicators through trend analysis

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 Trust target for Clostridium Difficile cases for 2018-2019 is no more than 17 cases. One case was reported in February, this case occurred on Ward 2 and was deemed avoidable due to inappropriate antibiotic prescribing.

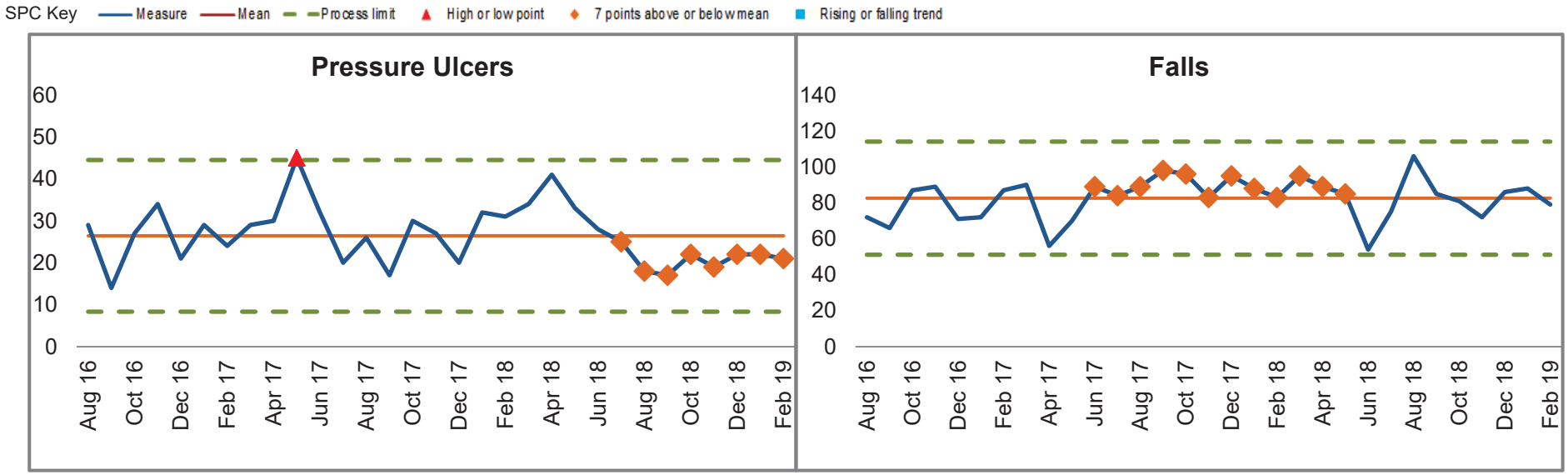
The number of cases YTD is now 17, any further cases in March will mean the target for 2018-2019 will not be achieved,

Narrative (Supplied by Medical Director)

HSMR for December 2018 was 106.27. HSMR for the year to date 2018/19 is 102.84. Trust performs well against regional peers.

The Medical Examiner post has been appointed to (start date TBC) with representatives from each division. When post fully established 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



Narrative (supplied by Director of Nursing)

The number of acquired pressure ulcers reported in February 2019 was 21; although this remained similar to the numbers reported in both December and January, the number of category 3 and unstageable pressure ulcers has reduced each month since November 2018.

Narrative (supplied by Director of Nursing)

The total number of falls in February was 79, a reduction from the previous month. The ratio of falls per 1,000 occupied bed days increased slightly in February 2019 to 5.19 from the 5.01 reported in January 2019. There were no falls resulting in moderate/severe harm in February 2019, the first time this has been reported since October 2018.

Walsall Healthcare NHS Trust

QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE 2018-2019

		Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	18/19 YTD Actual	18/19 Target	17/18 Outturn	Key
	SAFE, HIGH QUALITY CARE										
no..	HSMR (HED) nationally published in arrears	95.39	89.94	106.57	106.27				100.00	109.72	N
no..	SHMI (HED) nationally published in arrears	103.75	99.20	95.07					100.00	101.06	BP
no	MRSA - No. of Cases	0	0	1	0	0	0	2	0	0	N
no	Clostridium Difficile - No. of cases	0	1	1	2	2	1	17	17	11	N
no	Pressure Ulcers (category 2, 3, 4 & Unstageables) Hospital Acquired Avoidable per 1,000 beddays (current two months figs are unvalidated)	0.60	0.74	0.39	0.22	0.42	0.00				L
no	Pressure Ulcers (category 2, 3, 4 & Unstageables) Community Acquired Avoidable per 10,000 CCG Population (current two months figs are unvalidated)	0.03	0.17	0.03	0.03	0.07	0.00				L
no..	Falls - Rate per 1000 Beddays	6.21	4.60	4.81	5.68	5.01	5.19		6.63		BP
no	Falls - No. of falls resulting in severe injury or death	3	0	2	1	1	0	13	0	8	BP
%..	VTE Risk Assessment	94.38%	94.63%	95.11%	94.67%	95.00%	93.61%	95.19%	95.00%	88.49%	N
no	National Never Events	1	0	1	15	0	0	17	0	3	N
no..	Midwife to Birth Ratio	1:27.3	1:25.1	1:27.3	1:27.7	1:31.4	1:25.2		1:28	1:26.3	N
%..	C-Section Rates	23.10%	27.08%	24.41%	36.27%	30.77%	33.70%	28.65%	30.00%	28.37%	BP
%..	% of Emergency Readmissions within 30 Days of a discharge from hospital (one month in arrears)	10.93%	11.13%	10.18%	11.14%	10.53%		10.69%	10.00%		L
%..	Electronic Discharges Summaries (EDS) completed within 48 hours	82.74%	83.47%	82.49%	81.04%	80.48%	82.68%	84.55%	100.00%	89.33%	N/L
%..	Compliance with MCA 2 Stage Tracking	80.00%	72.00%	56.00%	56.00%	33.00%	46.00%		100.00%		BP
%..	Friends and Family Test - Inpatient (% Recommended)	96.00%	95.00%	96.00%	96.00%	96.00%	97.00%		96.00%		N
%..	PREVENT Training - Level 1 & 2 Compliance	97.78%	96.48%	96.10%	96.27%	94.39%	93.63%		85.00%		L
%..	PREVENT Training - Level 3 Compliance	90.38%	88.99%	89.53%	90.37%	88.82%	88.73%		85.00%		L
%..	Adult Safeguarding Training - Level 1 Compliance	99.44%	95.92%	95.65%	94.31%	93.19%	94.33%		95.00%		L
%..	Adult Safeguarding Training - Level 2 Compliance	90.52%	91.85%	91.23%	91.44%	90.95%	91.60%		85.00%		L
%..	Adult Safeguarding Training - Level 3 Compliance	88.72%	88.63%	87.52%	90.50%	90.42%	90.58%		85.00%		L
%..	Children's Safeguarding Training - Level 1 Compliance	98.98%	97.75%	96.70%	96.45%	94.85%	95.20%		95.00%		L
%..	Children's Safeguarding Training - Level 2 Compliance	85.67%	84.67%	83.54%	83.78%	82.04%	82.08%		85.00%		L
%..	Children's Safeguarding Training - Level 3 Compliance	89.92%	90.02%	91.51%	90.91%	89.08%	89.05%		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 continuing with success in reduction in conveyance of ambulances from the 7 identified homes to hospital. Education to both the homes and the hospital wards with the NHSi Red Bag project is in progress to support reduction of length of hospital stay for patients who reside in the 7 homes identified. Weekly ward round by GP are in place with the added expertise of a clinical pharmacist since mid-February. Outcomes have included increasing referrals to Rapid Response for the past 3 months. Pharmacy support is now provided to Rapid Response MDT twice weekly and to the GP-led care home reviews, early indications are positive in strengthening communication between the community teams, GPs and Community Pharmacists

The GP Led MDT's are continuing to progress , CCG are reviewing the MDT coordinator role to hopefully extend the secondment.

The successful candidates for the social prescribing project are completing their internal training and are awaiting start date.

Stroke rehab ward occupancy rate is 83.3%,(15/18 beds occupied) average length of stay is 35 days. Review meeting with Royal Wolverhampton rescheduled for early April. No major issues or concerns

Key Areas of Concern

The GP Led MDT's are continuing to progress , CCG are reviewing the MDT coordinator role to hopefully extend the secondment.

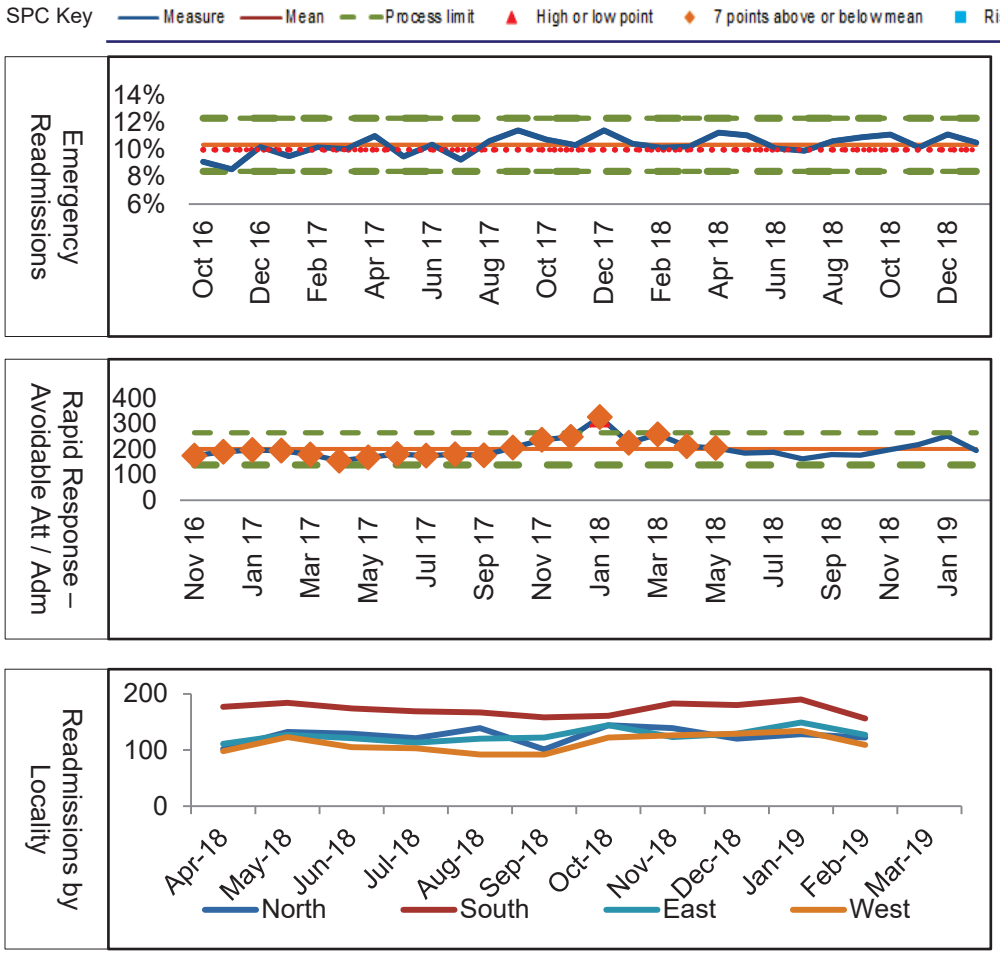
Key Actions Taken

Accommodation available for ICS to make way for Stoke pathway. Paper being written to take to board.

Key Focus

To secure accommodation for the ICS service to be out of Hollybank House to enable Stroke Rehabilitation to transfer from ward 4.

Integration



Narrative (supplied by Director of Strategy & Improvement)

Emergency readmissions are still within limits

Alignment with the Intermediate Care Service is progressing well. Referrals from Residential Case Management project continue to increase for the past 3 months to avoid ED attendance or hospital admission.

Full caseload analysis of all locality teams are now complete. Staffing in each area being reviewed to meet population need.

Walsall Healthcare NHS Trust

INTEGRATION
2018-2019

		Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-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)	10.93%	11.13%	10.18%	11.14%	10.53%		10.69%	10.00%		L
no	Rapid Response Team - Total Referrals	195	203	238	248	292	228				L
no	Rapid Response Team - MDT Interventions potentially avoiding attendance or admission	179	177	198	218	252	195				L
%	Rapid Response Team - % of patients referred requiring a 2 hour response who are subsequently seen within 2 hours	59.00%	54.00%	69.00%	58.00%	53.00%	47.00%				L
	CARE AT HOME										
%..	ED Reattenders within 7 days	7.59%	6.86%	7.76%	8.01%	7.71%	7.31%	7.46%	7.00%	6.76%	BP
	RESOURCES										
no	Average Number of Medically Fit Patients relating to Social Care - Walsall only	36	42	42	37	38	42				L
no	Average Number of Medically Fit Patients - Trust	48	39	45	42	39	36				L
	PARTNERS										
Rate	Occupied Beddays per Locality - Rate per 1000 GP Population (GP Caseload)	31.63	40.35	35.76	34.80	42.20	34.99				L
no	Nursing Contacts per Locality - Total	18387	19649	18324	17854	18487	16944	205571			L
Rate	Emergency Readmissions per Locality - Rate per 1000 GP Population (GP Caseload)	1.56	1.89	1.89	1.84	1.99	1.70				L
no	No. of patients on stroke pathway in partnership with Wolverhampton (one month in arrears)	8	9	6	4	13					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.
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 attended NHS Employers national flu conference in Manchester on 25th March as example of good practice – the final take up of the vaccine for front line HCW was 81%.
4. FTSU Guardian's have launched electronic reporting system for Speaking Up through Safeguard which allows anonymous reporting and ensures feedback to staff.
5. The EDIC PODC have discussed and reviewed EDI Strategy for 2019-2022 for consideration by full Trust Board.

Key Areas of Concern

1. Attendance and staff health and wellbeing, sickness levels within the Trust continue to display an unsustainable trend. The top reason for absence remains Stress / Anxiety accounting for 17% of days lost.
2. Approach to new Workforce roles contained within the operational plan and further work is scheduled through the Trust Improvement Plan.

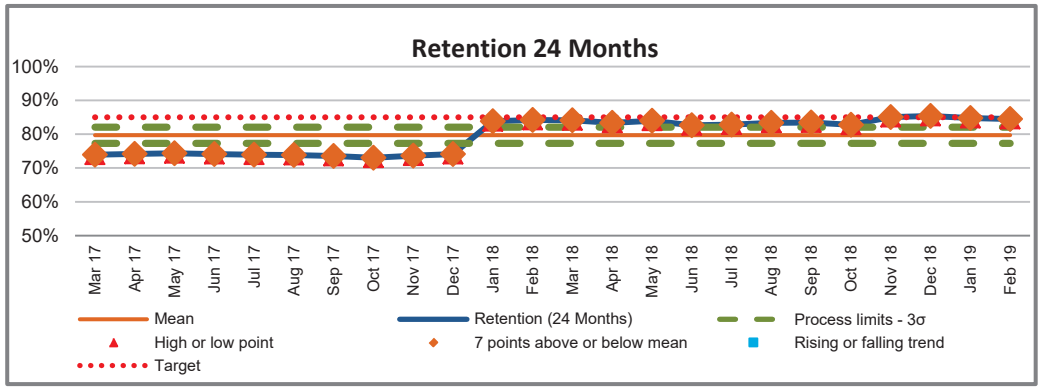
Key Actions Taken

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 Q1, the policy, procedure and manager guidance are in consultation.
2. HR Policy group has approved a number of HR policies in line with requirement and update required against best practice and in order to a line with the Trust values.
3. Equality Diversity and Inclusion – initial review complete and EDS 2 assessment and WRES submission and Gender pay gap submission to be reviewed at PODC in April.

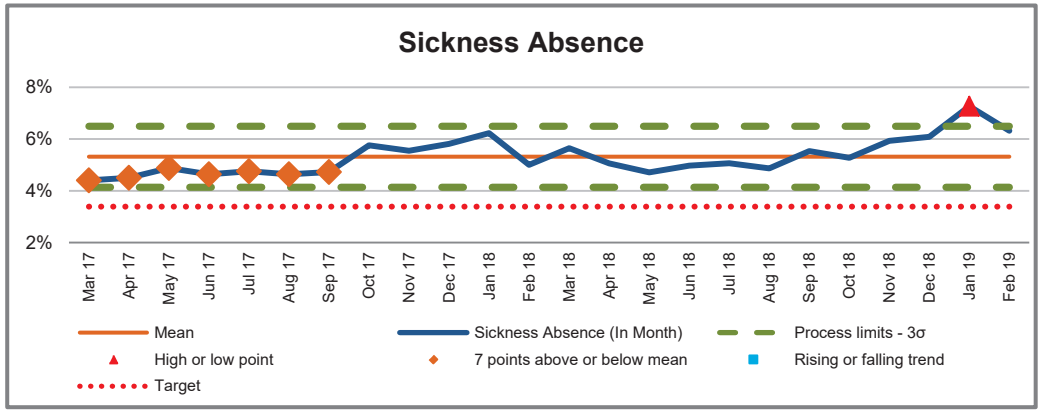
Key Focus for Next Committee

1. People Strategy review and update of the workforce strategy in line with Trust Walsall Together as a strategic partnership approach across the STP system.
2. Reviews of strategic approach to Leadership Development, management capability and talent management approach due to PODC in April 2019 .
3. 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

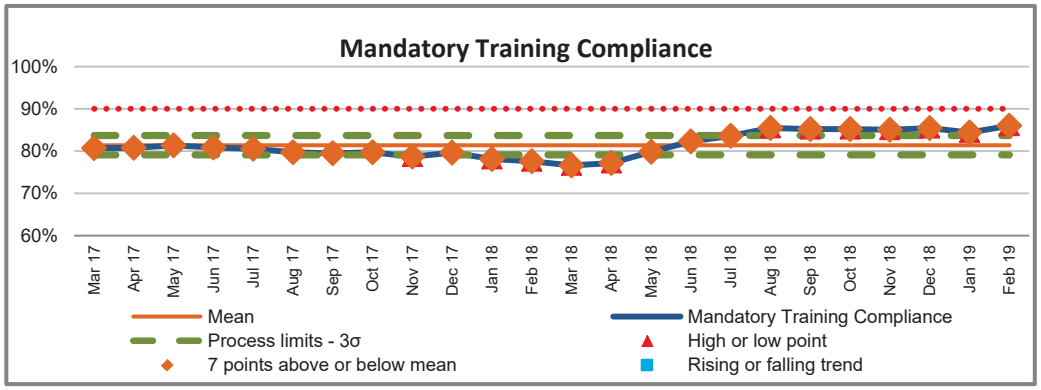


The above SPC chart illustrates a consistent rise in Retention post-Dec-17; with significant improvements in the retention of Registered Nursing, Medical & Dental and Professional Scientific colleagues. Month-end outturns continue to fluctuate around the 85% target; representative of Model Hospital returns which measure the Trust favourably against other peers.

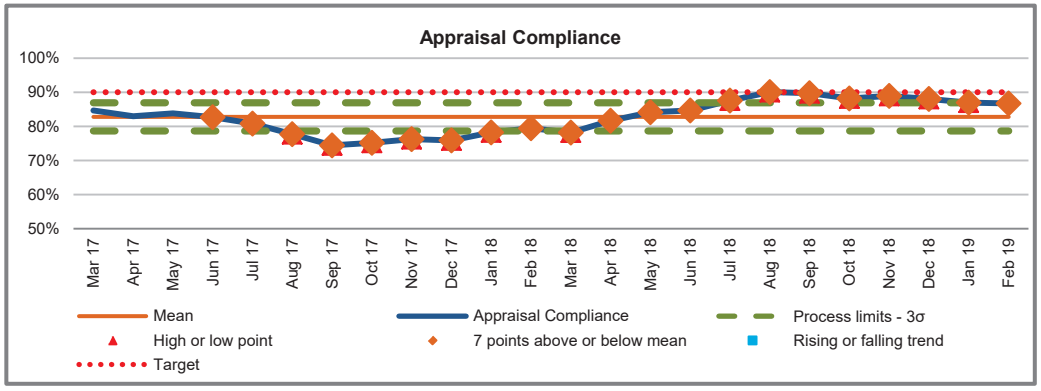


Short-term absence continues to exceed expected levels; although a 1% reduction in overall absence represents the first signs of improvement. Sickness has averaged 5.3% during the past 2 years, with absence during the most recent 12 months exceeding this by 0.3%. There are however some areas within the Trust with significant absence levels.

People and Organisation Development Committee



Mandatory Training improvement trends have been sustained above the 24 month average for the past 7 months; with the 86% Feb-19 outturn representing highest level of compliance during the past 2 years, and an 8% rise in compliance, compared to Feb-18. Compliance across all core competencies has improved by up to 18% since 17/18, with an average 10% rise amongst the three levels of Safeguarding Children training.



Appraisal compliance continues to exceed the 83% average for the past 24 months; with the 87% Feb-19 outturn representing a 7% yearly improvement.

Walsall Healthcare NHS Trust

PEOPLE AND ORGANISATIONAL DEVELOPMENT COMMITTEE 2018-2019

		Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	18/19 YTD Actual	18/19 Target	17/18 Outturn	Key
	SAFE, HIGH QUALITY CARE										
%..	% of RN staffing Vacancies	9.52%	9.72%	9.07%	7.95%	8.14%	8.11%	8.11%			BP
%..	Mandatory Training Compliance	85.21%	85.21%	85.07%	85.45%	84.42%	86.01%		90.00%	76.61%	L
%..	PREVENT Training - Level 1 & 2 Compliance	97.78%	96.48%	96.10%	96.27%	94.39%	93.63%		85.00%		L
%..	PREVENT Training - Level 3 Compliance	90.38%	88.99%	89.53%	90.37%	88.82%	88.73%		85.00%		L
%..	Adult Safeguarding Training - Level 1 Compliance	99.44%	95.92%	95.65%	94.31%	93.19%	94.33%		95.00%		L
%..	Adult Safeguarding Training - Level 2 Compliance	90.52%	91.85%	91.23%	91.44%	90.95%	91.60%		85.00%		L
%..	Adult Safeguarding Training - Level 3 Compliance	88.72%	88.63%	87.52%	90.50%	90.42%	90.58%		85.00%		L
%..	Children's Safeguarding Training - Level 1 Compliance	98.98%	97.75%	96.70%	96.45%	94.85%	95.20%		95.00%		L
%..	Children's Safeguarding Training - Level 2 Compliance	85.67%	84.67%	83.54%	83.78%	82.04%	82.08%		85.00%		L
%..	Children's Safeguarding Training - Level 3 Compliance	89.92%	90.02%	91.51%	90.91%	89.08%	89.05%		85.00%		L
	VALUE COLLEAGUES										
%..	Sickness Absence	5.53%	5.27%	5.93%	6.09%	7.27%	6.32%		3.39%	5.30%	L
%..	PDRs	89.73%	88.19%	88.95%	88.06%	86.96%	86.71%		90.00%	78.17%	L
	RESOURCES										
%..	Bank & Locum expenditure as % of Paybill	9.96%	9.37%	9.31%	8.50%	9.81%	9.29%	9.14%	6.30%	7.67%	L
%..	Agency expenditure as % of Paybill	4.96%	5.30%	5.37%	5.28%	5.81%	5.23%	4.90%	2.75%	4.32%	L
no	Staff in post (Budgeted Establishment FTE)	4121	4039	4029	3981	3978	3981	3978			L
%..	Turnover (Normalised)	10.57%	10.64%	11.06%	11.29%	11.54%	11.55%		10.00%		

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 5 out of the 7 national cancer performance standards and 6 week diagnostic targets, with RTT performance above local trajectory
- Productivity work-streams for outpatients performed well for the month of February 2019 and key performance indicators reflect this performance continuing above FRP targeted levels for March 2019. In addition (although below plan for February 2019) theatres productivity key performance indicators evidence significant improvements in March 2019 and are expected to attain targeted income for delivery of the Financial Recovery Plan (FRP) for March 2019

Key Areas of Concern

- Cancer 2 week waits: continued increase in referrals into the Breast Service 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
- The Trust has attained a £27.1m deficit to 28th February 2019, the original plan being to deliver an operational deficit of £15.6m (excluding £5m Provider Sustainability Funding that improved the deficit to £10.6m for the financial year)
- Trust is forecasting a revised £28m deficit, though current temporary workforce run rate identifies a risk to delivery of £0.5m (the Trust therefore attaining a £28.5m deficit)
- Temporary workforce costs continue higher than plan (remaining above £2m in month) and exceed the year to date expenditure for the previous financial year, this represents a key risk to run rate moving into the 2019/20 financial year and future sustainability

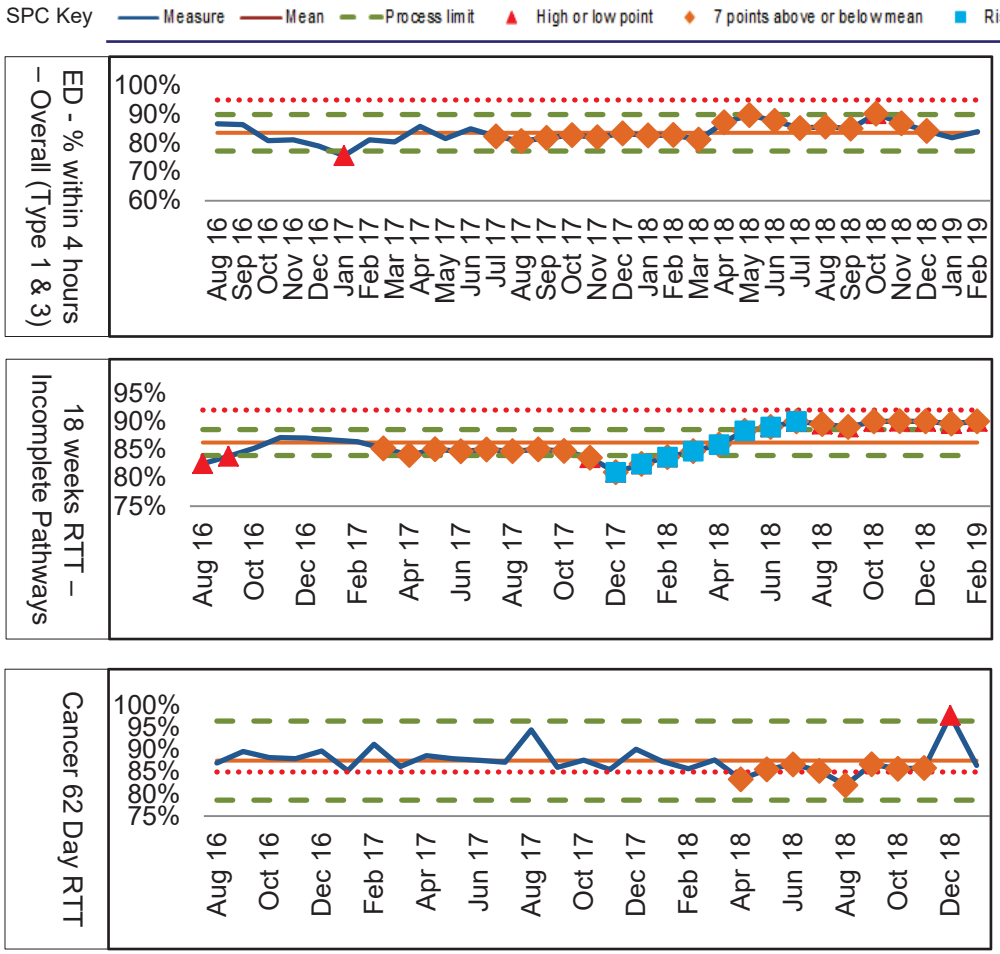
Key Actions Taken

- SAFER deployed within the Trust to support enhanced ED performance, FES re-organised to reduce elderly admissions
- Regular monitoring of Financial Recovery Plan (FRP) to escalate and address variation to revised run rate and forecast outturn target, with a focus on increased grip and control and enhanced productivity to ensure attainment of the revised forecast and ensure the exit run rate is controlled moving into 2019/20

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, key to exiting and entering the new financial year with the correct run rate, monitor the following;
  - Run rate reductions compared to plan 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 moving into the 2019/20 financial year
  - 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



Narrative (supplied by interim Chief Operating Officer)

Emergency/Urgent Care

Performance in February delivered 84.02% against target of 89%. Changes to Urgent Care Centre activity numbers is adversely impacting on overall performance whilst performance against Type 1 A&E Attendances has improved. Benefits of whole system working as part of Walsall Together in 2019-2020 will support continued improvements in Emergency Performance.

Elective Access

Performance in February 90.01% against a trajectory of 88.1%.

Cancer

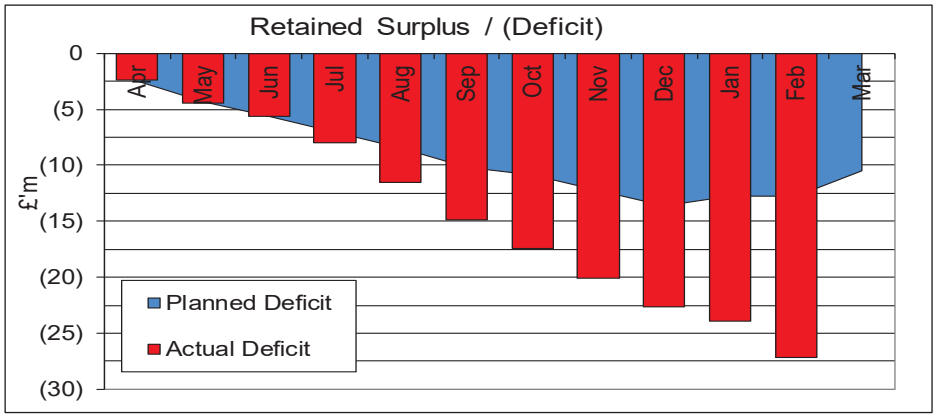
All national cancer measures achieved in January 2019 with the exception of:

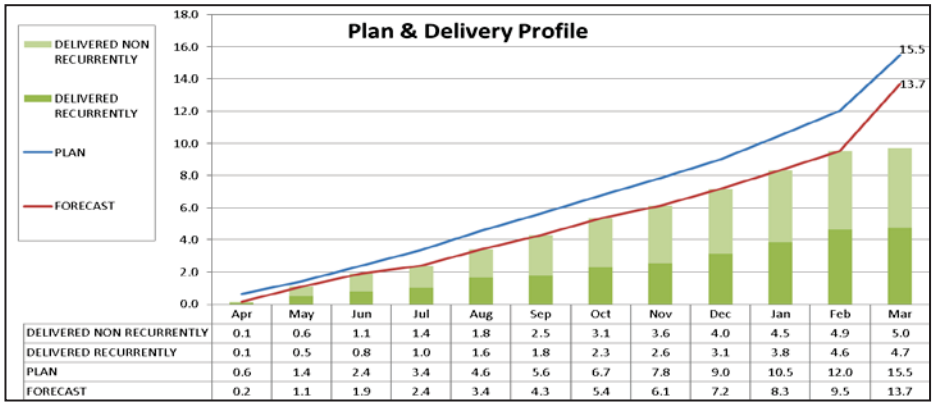
- 2 week GP referral to 1st outpatient appointment,
- 2 week GP referral to 1st outpatient appointment - breast symptoms
- Cancer - 62 day referral to treatment from consultant upgrade .

Initial un-validated performance for February shows achievement of all cancer measures with the exception of :

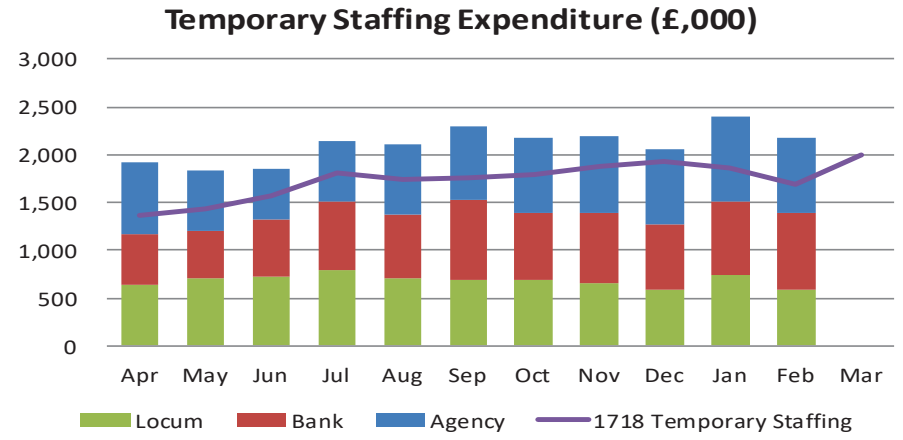
- 2 week GP referral to 1st outpatient appointment,
- 2 week GP referral to 1st outpatient appointment breast symptoms
- Cancer - 62 day referral to treatment from consultant upgrade.

Financial Performance to February 2019 (Month 11)





	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
DELIVERED NON RECURRENTLY	0.1	0.6	1.1	1.4	1.8	2.5	3.1	3.6	4.0	4.5	4.9	5.0
DELIVERED RECURRENTLY	0.1	0.5	0.8	1.0	1.6	1.8	2.3	2.6	3.1	3.8	4.6	4.7
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	9.5	13.7



Financial Performance

- The total financial position for the Trust at M11 is a deficit of £27.1m, resulting in a £14.4m adverse variance to the original plan.
- The position includes £3.9m of unacheived 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 against CCG's, with our main commissioner contract (Walsall CCG) driven by lower than plan births.
- Expenditure is overspent £9.2m YTD. The main area of overspending is pay (£7.1m) 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 increased interest payments in current and future years.

Capital

- The year to date capital expenditure is £11.7m, with the main spends relating to ICCU (£4.5m), Estates Lifecycle (£2.1m), Maternity (£3.9m) and Medical Equipment (£0.5m).

Financial Performance - Period ended 28th February 2019

Description	Annual Budget	Budget to Date	Actual to Date		Variance
	£'000	£'000	£'000		£'000
Income					
CCGs	201,882	185,922	183,944		(1,978)
NHS England	19,206	17,567	16,986		(582)
Local Authorities	9,600	8,800	8,913		113
DoH and Social Care	7,787	6,978	3,128		(3,850)
NHS Trusts	830	760	979		219
Non NHS Clinical Revenue (RTA Etc)	4,592	4,270	4,875		605
Education and Training Income	7,264	6,698	6,899		201
Other Operating Income (Incl Non Rec)	5,345	4,985	5,193		209
Total Income	**256,506**	**235,980**	**230,917**		**(5,063)**
Expenditure					
Employee Benefits Expense	(172,840)	(158,038)	(165,217)		(7,179)
Drug Expense	(17,255)	(16,824)	(16,854)		(30)
Clinical Supplies	(18,271)	(16,832)	(18,129)		(1,297)
Non Clinical Supplies	(16,120)	(14,784)	(15,924)		(1,140)
PFI Operating Expenses	(5,043)	(4,623)	(4,822)		(200)
Other Operating Expense	(21,603)	(22,856)	(22,232)		624
Sub - Total Operating Expenses	**(251,133)**	**(233,955)**	**(243,178)**		**(9,222)**
Earnings before Interest & Depreciation	**5,374**	**2,025**	**(12,261)**		**(14,286)**
Interest expense on Working Capital	51	47	55		8
Interest Expense on Loans and leases	(9,495)	(8,824)	(9,347)		(523)
Depreciation and Amortisation	(6,560)	(6,014)	(5,606)		408
PDC Dividend	0	0	0		0
Losses/Gains on Asset Disposals	0	0	0		0
Sub-Total Non Operating Exps	**(16,005)**	**(14,791)**	**(14,898)**		**(107)**
Total Expenses	**(267,137)**	**(248,746)**	**(258,076)**		**(9,330)**
RETAINED SURPLUS/(DEFICIT)	**(10,631)**	**(12,766)**	**(27,159)**		**(14,393)**

Use of Resources Ratings (M11)

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 February 2019

	Year to date Movement
	£'000
Cash Flows from Operating Activities	
Adjusted Operating Surplus/(Deficit)	(17,868)
Depreciation and Amortisation	5,606
Donated Assets Received credited to revenue but non-cash	(92)
(Increase)/Decrease in Trade and Other Receivables	1,512
Increase/(Decrease) in Trade and Other Payables	(3,390)
Increase/(Decrease) in Stock	368
Interest Paid	(9,347)
Net Cash Inflow/(Outflow) from Operating Activities	**(23,211)**
Cash Flows from Investing Activities	
Interest received	**52**
(Payments) for Property, Plant and Equipment	**(11,840)**
Receipt from sale of Property	**939**
Net Cash Inflow/(Outflow)from Investing Activities	**(10,849)**
Net Cash Inflow/(Outflow) before Financing	**(34,060)**
Cash Flows from Financing Activities	32,907
Net Increase/(Decrease) in Cash	**(1,153)**
Cash at the Beginning of the Year 2018/19	2,277
Cash at the End of the November	**1,124**

STATEMENT OF FINANCIAL POSITION

Statement of Financial Position for the month ending February 2019

	Balance as at 31/03/18	Balance as at 28/02/19	Year to date Movement
	'£000	'£000	'£000
Non-Current Assets			
Total Non-Current Assets	**140,656**	**147,004**	**6,348**
Current Assets			
Receivables & pre-payments less than one Year	17,214	16,495	(719)
Cash (Citi and Other)	2,277	1,124	(1,153)
Inventories	2,277	1,909	(368)
Total Current Assets	**21,768**	**19,528**	**(2,240)**
Current Liabilities			
NHS & Trade Payables less than one year	(30,702)	(28,418)	2,284
Payables less than one year	-	-	-
Borrowings less than one year	(60,740)		60,740
Provisions less than one year	(432)	(432)	-
Total Current Liabilities	**(91,874)**	**(28,850)**	**63,024**
Net Current Assets less Liabilities	**(70,106)**	**(9,322)**	**60,784**
Non-current liabilities			
Borrowings greater than one year	(127,859)	(216,929)	(89,070)
Total Assets less Total Liabilities	**(57,309)**	**(79,247)**	**(21,938)**
FINANCED BY TAXPAYERS' EQUITY composition :			
PDC	58,318	63,543	5,225
Revaluation	16,023	15,894	(129)
Income and Expenditure	(131,650)	(131,524)	126
In Year Income & Expenditure	-	(27,160)	(27,160)
Total TAXPAYERS' EQUITY	**(57,309)**	**(79,247)**	**(21,938)**

Walsall Healthcare NHS Trust

PERFORMANCE, FINANCE AND INVESTMENT COMMITTEE 2018-2019

		Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-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)	85.04%	90.24%	86.90%	84.20%	81.88%	84.02%	86.23%	95.00%	82.67%	N
%..	Ambulance Handover - Percentage of clinical handovers completed within 15 minutes of recorded time of arrival at ED	71.86%	77.57%	75.51%	69.72%	62.00%	61.94%	72.56%	85.00%	65.80%	BP
no	Ambulance Handover - No. of Handovers completed over 60mins	13	3	7	10	37	47	134	0	236	N
%..	Cancer - 2 week GP referral to 1st outpatient appointment	93.56%	90.82%	97.19%	96.04%	89.96%	92.26%	94.16%	93.00%	95.45%	N
%..	Cancer - 62 day referral to treatment of all cancers	86.73%	85.71%	85.90%	97.78%	86.46%	88.75%	86.22%	85.00%	88.05%	N
%..	18 weeks Referral to Treatment - % within 18 weeks - Incomplete	89.02%	90.01%	90.04%	90.01%	89.60%	90.01%		92.00%		N
no	18 weeks Referral to Treatment - No. of patients waiting over 52 weeks - Incomplete	0	0	1	0	0	0	1	0		N
%..	Diagnostic Waits - % waiting under 6 weeks	99.83%	99.71%	99.90%	99.85%	99.69%	99.69%	99.67%	99.00%	99.06%	N
no	Rapid Response Team - MDT Interventions potentially avoiding attendance or admission	179	177	198	218	252	195				L
no	No. of Open Contract Performance Notices	7	8	8	8	8	8		0	7	L
	CARE AT HOME										
%..	ED Reattenders within 7 days	7.59%	6.86%	7.76%	8.01%	7.71%	7.31%	7.46%	7.00%	6.76%	BP
	RESOURCES										
%..	Outpatient DNA Rate (Hospital and Community)	10.27%	9.88%	10.14%	11.35%	10.61%	9.87%	10.48%	8.00%	12.16%	L
%..	Theatre Utilisation - Touch Time Utilisation (%)	79.79%	92.29%	80.40%	85.24%	78.74%	80.05%	83.58%	75.00%		L
%..	Delayed transfers of care (one month in arrears)	3.95%	4.92%	2.82%	3.04%	2.51%		3.59%	2.50%	2.56%	L
no	Average Number of Medically Fit Patients	107	104	100	91	99	98		80		L
no..	Average LoS for Medically Fit Patients (from point they become Medically Fit)	9	11	10	11	10	9		5		L
£	Surplus or Deficit (year to date) (000's)	-£14,888	-£17,455	-£20,157	-£22,610	-£23,953	-£27,159	-£27,159		-£23,267	L
£	Variance from plan (year to date) (000's)	-£4,711	-£6,589	-£7,905	-£8,987	-£11,199	-£14,393	-£14,393		-£2,511	L
£	CIP Plan (YTD) (000s)	£5,620	£6,747	£7,800	£9,000	£10,500	£12,000	£12,000			L
£	CIP Delivery (YTD) (000s)	£4,158	£5,351	£6,100	£7,200	£8,300	£9,500	£9,500			L
£	Temporary Workforce Plan (YTD) (000s)	£9,156	£10,836	£12,600	£14,400	£16,100	£17,700	£17,700			L
£	Temporary Workforce Delivery (YTD) (000s)	£12,140	£14,301	£16,500	£18,500	£20,900	£23,100	£23,100			L
£	Capital Spend Plan (YTD) (000s)	£5,842	£6,287	£6,600	£7,600	£8,600	£7,300	£7,300			L
£	Capital Spend Delivery (YTD) (000s)	£6,391	£6,890	£8,600	£9,400	£10,800	£11,700	£11,700			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

TRUST BOARD – 4TH APRIL 2019			
Financial Plan 2019/20			**AGENDA ITEM: 13**
Report Author and Job Title:	Mr R Caldicott Director of Finance and Performance	**Responsible Director:**	Mr R Caldicott Director of Finance and Performance
Action Required	Approve ☒ Discuss ☒ Inform ☒ Assure ☐		
Executive Summary	The report identifies the financial plan for the 2019/20 financial year, with the key elements noted below; • The plan identifies delivery of a break-even position, in accordance with the control target offered by the centre and supported by receipt of additional funds for Provider Sustainability Funding (£5.5m) and Financial Recovery Fund (FRF) of £11.5m (with relief from fines and interest charges an additional benefit) • Cost Improvements Programme target is £8.5m for the year • Resource available for investment against Cost Pressures or developments is set at a ceiling of £2.4m for the year • The Trust is targeting £8.5m of capital expenditure in 2019/20 Key risks to delivery of the plan are; • The Trust commences the year with a £6m run rate challenge driven largely through temporary workforce costs that have exceeded prior year expenditure levels by this amount • Financial plan delivery requires the attainment of an £8.5m CIP, (targeting £10.5m) driven in part through increased internal productivity within theatres and outpatients, this must deliver in 2019/20 full year benefits • 'Live within the budget' and be held to account through the Trust's Accountability Framework, mitigating any cost overruns • The required investment into backlog estate infrastructure outstrips the available capital resources The Trust will enter the 2019/20 financial year with a run rate that exceeds the financial plan by £0.5m per month, measures are needed to ensure corrective action is taken early to ensure the plan in delivered		
Recommendation	Trust Board adopts the 2019/20 financial plan, accepting the risks associated with delivery		
Does this report mitigate risk included in the BAF or Trust Risk Registers?	Improves financial health and standing (delivering sustainability)		
Resource implications	Sets the financial plan		
Legal and Equality and Diversity implications	Trust is required to adopt a financial plan for the coming financial year by the regulatory bodies		
Strategic Objectives	Safe, high quality care ☒	Care at home ☒	
	Partners ☒	Value colleagues ☒	
	Resources ☒		

Walsall Healthcare NHS
NHS Trust

Walsall Healthcare NHS
NHS Trust

Financial Plan 2019/20

April 2019

Russell Caldicott, Director of Finance

Caring for Walsall together

Contents

Introduction

This Trust is required to submit its financial plan on the 4th April 2019 confirming the financial outturn for the 2019/20 financial year and in doing so accept or reject the control total offered by the regulator for the 2019/20 financial year.

This report follows on from that presented to the extra-ordinary meeting of the Trust Board in February 2019, referring to the process undertaken in determining the key aspects of the 2019/20 financial plan and the endorsement at that stage for the Trust to endorse the Executive recommendation of accepting the control target offered by the centre, points of note covered within the report being;

- Contract negotiations are now complete, with contractual agreement reached with Walsall Clinical Commissioning Group (WCCG) in accordance with national deadlines
- Acceptance of the offer from the centre (agreed control target) results in the Trust being able to receive Financial Recovery Funds (FRF) of £11.5m and Provider Sustainability Funding (PSF) of £5.5m, with protection from fines and no increased interest rate payments
- To accept the offer made by the centre the Trust would have limited funds for cost pressures, investments or developments and prioritised the Electronic Patient Record (EPR) as the priority development, noting this significantly limits the available resource for investment to cover cost pressures/ developments/invest to save schemes
- The final budget presented is for endorsement through Trust Board, following the draft financial plan submission being agreed at Trust Board and Executive, Trust Management Board and sub-committees of the Board

The report therefore gives a briefing as to how the Trust has arrived at a draft income & expenditure plan following the output from the work concluded to date, seeking endorsement for the recommendations contained in the report prior to filing with the regulator.

Key Principles

INCOME

The clinical income plan is based on 2018/19 activity forecast outturn, plus changes to national tariff (price inflation) national funding (FRF/PSF), growth, Quality Innovation Productivity Prevention (servicing activity in the community rather than the Acute setting) and service changes (activity traditionally serviced at the hospital now serviced in a community setting).

The activity outputs were then shared in draft with Divisional and Care Group teams and adjusted based on receipt of their feedback, examples of adjustments being Anti-coagulation reductions.

EXPENDITURE

Expenditure has been shaped by the following:

- Medical and Nursing (ward based) budgets were re-costed in full (zero based approach)
- Other categories of pay budgets were rolled over to form the initial budget
- Meetings with all budget managers held (start-points signed off by managers)
- Additional costs following meetings with budget managers centred upon cost pressures and developments, the bids reviewed in line with available resource through the Executive and then Trust Management Board.

COST IMPROVEMENT PROGRAMME (CIP)

- Trust has modelled a CIP of £8.5m in accordance with national directives at 3% (2.5% plus 0.5% efficiency for providers in deficit)
- However, internally the Trust is targeting £10.5m CIP for contingency and to support potential investment opportunities (this represents 3.9%)

NHS Plan

The 5 year funding settlement

- June 2018 the Government announced a new funding settlement
- an additional £20.5bn a year real terms growth by 2023/24
- Extra funds will be allocated to help providers return to financial balance
- **However, this does mean the level of reserves held nationally will be limited**
- NHS organisations must deliver their agreed financial position
- 2019/20 is the foundation year of the long term plan

The 2019/20 planning guidance & **what that means for Walsall Healthcare NHS Trust**

The guidance sets out a number of tariff changes to support delivery of the above.

- Provider Sustainability Fund - PSF (40% included in tariff - £1bn nationally, **£4.6m benefit**)
- Gross tariff uplift of 3.8% (less 1.1% efficiency) totalling **£6.4m benefit**
- Trust PSF received in year **£5.5m benefit (NR)**
- Trust Financial Recovery Fund (FRF) **£11.5m benefit (NR)**
- Marginal Rate Emergency Threshold (MRET) removed **(£1.4m benefit)**
- Relief from fines regime and re-admissions **(up to £5m & £1m benefits)**
- CNST change, scheme contribution reduction of £0.4m, though offset by tariff movement
- CQUIN moved into tariff (leaving 1.25% = £2.57m in CQUIN – 50%) neutral impact

The acceptance of the control target results in the Trust securing significant investment and relief from fines/deductions previously applied by the commissioner, rejection of the control target removes the ability of the Trust to secure the above benefits (noting the cash received will no longer require interest payments). However, if we accept the control target we MUST deliver it

Clinical Income – Contracts, Non Contract and Central Funding

Clinical Income	2019/20 Plan
NHS WALSALL CCG	175,724
NHS CANNOCK CHASE CCG	10,863
NHS SANDWELL AND WEST BIRMINGHAM CCG	9,416
NHS SOUTH EAST STAFFS AND SEISDON PENINSULA CCG	4,861
NHS BIRMINGHAM AND SOLIHULL CCG	2,280
NHS WOLVERHAMPTON CCG	2,262
NHS STAFFORD AND SURROUNDS CCG	934
NHS DUDLEY CCG	354
NHS TELFORD AND WREKIN CCG	130
NHS STOKE ON TRENT CCG	35
NHS NORTH STAFFORDSHIRE CCG	38
NHSE (Specialised Services, Dental & Cancer Drugs Fund)	17,840
WALSALL MBC	8,031
Central Finance (FRF, PSF & MRET)	18,380
Non Contract Activity	3,789
Total Clinical Income	***254,936**

*excludes non-direct patient care income (examples being training and trading income)

Key Service Changes:

- Acute Stroke Service transferred to The Royal Wolverhampton NHS Trust in 2018/19
- Walsall MBC contracts have reduced by approximately £1m, the reductions largely within Health Visiting and Sexual Health
- Births are included in the base contracts at 4,200 per annum
- Community Investment has seen a level of investment over historic periods (including Walsall Together circa £0.8m)
- Drugs pass through has moved from the original plan, a reduction in income off-set by a reduction in expenditure (£0.6m)

National Changes:

- Trust receives Financial Recovery Funds (FRF) £11.5m, Provider Sustainability Funds (PSF) £5.5m and Marginal Rate Emergency Threshold (MRET) £1.4m
- 2018/19 tariff price uplift
- 2018/19 pay deal funding of £2.7m to finance the pay award has been removed and is now part of national and local tariff (national assumptions applied to local tariff at 3.59%)

Expenditure Position

Expenditure	Expenditure £000s	Cat C	Net Baseline (CIP shortfall) £000's	National Pressures £000's	Total Approved Recurrent Baseline £000's
DoS	47,393	(230)	47,163 (2,844)		47,163
WCCSS	66,875	(1,717)	65,158 (2,686)		65,158
MLTC	57,026	(411)	56,615 (1,680)		56,615
Estates	18,706	(2,556)	16,150 (752)		16,150
Other (interest, depreciation, corporate & reserves)	77,192	(10,523)	66,669	9,216	75,885
Sub-Total Expenditure	**267,192**	**(15,437)**	**251,755**	**9,216**	**260,971**

National pressures analysis	£000's
Bank interest	500
Pay award / CEA	6,316
General inflation	900
Drugs	100
PFI	400
Winter	1,000
Total	9,216

Key messages:

- Expenditure to resource the baselines (agreed by Care Groups and signed off by the Divisional teams) totals £261m. However, this excluded cost pressures and developments bid for by the Divisions
- National pressures are estimated at £9.1m (detail in table opposite) noting this provision includes £1m for winter.
- The recurrent under delivery of CIP for each Division is noted below the baseline. This figure has been added back to their baseline start-points (increasing budgets over those expected for commencement of the financial year if CIP had been attained)

Forecast financial plan for the year 2019/20

Description	Outturn £m	Normalised £m
Estimated Income 2019/20	(237.9)	(237.9)
Estimated Expenditure 2019/20 (Net of CAT C income) normalised excludes winter expenditure	261.0	260.0
Deficit Position Before CIP & PSF/FRF	23.1	22.1
PSF (£5.5m)/ FRF (£11.5m) Non Recurrent Allocation	(17.0)	0.0
Deficit before CIP	6.1	22.1
CIP Requirement @ 3% - gross expenditure (2.5% in tariff & up to 0.5% additional efficiency)	(8.5)	(8.5)
Development / cost pressure maximum expenditure (normalised includes EPR movement)	**2.4**	**2.0**
Outturn (break-even & delivers the Control Total)	**0.0**	**15.6**

Key messages/risks:

- **Trust above models acceptance of the control total offered by the centre (delivers a break-even financial plan)**
- **CIP delivery** in the plan is set at the 3% (£8.5m for the financial year) though internal plans target £10.5m and increased productivity gains within internal capacity are key
- The 2019/20 start point normalised position is £6m higher than plan owing largely to high temporary workforce costs, the 2019/20 plan requires **overspends from temporary workforce to be removed** (moving to 2017/18 actual costs) and key to delivery will be the management of capacity within funded levels
- **The cost pressures and developments do not exceed the £2.4m ceiling in year**
- The Executive agreed to prioritise the £2.4m fund to underwrite the EPR business case (utilises £1.6m of these funds) leaving £0.8m for further investment into cost pressure mitigation, investments or developments
- The Trust is bidding for three separate pots of resource to support the EPR case, if successful additional funds will be released for further investment (movement back up from £0.8m to a maximum of £2.4m in year)
- The plan also assumes the Trust is able **to increase births to 4,200** for the financial year
- **Divisions 'live within the budgets'** and are held to account if adverse to plan

Forecast Capital Programme for the year 2019/20

Scheme Description	2019/20 Plan £m's	2020/21 Plan £m's	2021/22 Plan £m's	2022/23 Plan £m's	2023/24 Plan £m's
Lifecycle Maintenance (incl Pharmacy)	2.0	0.6	0.4	0.4	0.3
Medical Equipment (incl CT Scanner)	1.0	0.3	0.5	0.5	0.4
IM&T	0.2	0.3	0.2	0.3	0.2
EPR Infrastructure	1.3				
Maternity Expansion	2.1				
A&E Development	1.0	17.3	17.4		
PFI Lifecycle	0.8	0.8	1.2	1.5	1.4
TOTAL EXPENDITURE	**8.3**	**19.3**	**19.7**	**2.7**	**2.3**

Key messages/risks:

- The Trust has a break-even plan and as such is generating cash to service capital infrastructure in 2019/20. However, the cash is insufficient to service the £8.3m contained in the above table
- The Trust will request additional cash financing to support the above infrastructure works, though this is subject to acceptance by the regulator
- A full review of the Trust's backlog costs associated with buildings and infrastructure will inform future submissions of capital need, with the expectation that the requested values for 2020/21 and beyond will increase, and indeed we may need to request further capital resource in 2019/20
- Medical equipment requirements can be serviced through lease/managed service options, so capital resource availability will not result in the items being unable to be replaced. However, these arrangements may carry an annual cost increase over direct capital replacement.
- IM&T capital expenditure is low as a consequence of Electronic Patient Record replacement being deployed

Summary;

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 and reduced interest charges

- Income negotiations have concluded and the Trust has agreed the contract with the lead commissioner, securing income levels anticipated within the draft plan presented through to Board in February 2019
- 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 plans target attainment of £10.5m CIP to enable further investment / offer mitigation for any slippage in delivery of schemes
- The Trust must attain growth modelled within the income to attain financial plan and increased productivity work-streams for theatres and outpatients are key
- The 2019/20 financial plan includes a ceiling of £2.4m for cost pressures or developments in year
- The plan prioritises the Electronic Patient Record case, that will consume £1.6m of the cost pressure/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 commences the year with a £6m run rate challenge driven largely through temporary workforce costs that have exceeded prior year expenditure levels. Budget managers must 'live within the budget' and be held to account through the Trust's Accountability Framework and the Trust mitigate this cost overrun to deliver plan.
- The Trust must operate through funded capacity in year, focusing on reduction in stranded patients and improvements in patient flow
- Financial plan delivery requires the attainment of an £8.5m CIP, driven in part through increased internal capacity productivity within theatres and outpatients, this must deliver in 2019/20 full year benefits
- The Trust attains the 4,200 births in year and targeted income within the plan (includes growth)
- If the Board decided to not accept the control target and not deliver a break-even plan, 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 projected 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

NEXT ACTIONS

- Following Board adoption of the financial plan, submission by the 4th April 2019 to the regulator
- Further review of all cost pressures and developments identified as a priority within the ceiling of £2.4m (including the £1.6m for EPR until such time as external funds are confirmed)
- Presentation to Aprils Board Sub-Committees the full Cost Improvement Programme schemes for the 2019/20 financial year, the Project Initiation Documents to the Performance, Finance & Investment Committee (PFIC) and completed Quality Impact Assessments to Quality, Patient Experience and Safety (QPES)
- Finance escalation meetings organised for April 2019 to ensure on plan and if not evoke measures to recover to plan (to include Executive and Non-Executive attendance)
- The Trust Board will then need to consider the future modelling of financial sustainability, consideration given to the drivers of the financial deficit and specifically the appetite as to how, if and when the Trust is to seek to remove a reliance on receipt of the Financial Recovery Fund and Provider Sustainability Fund to deliver sustainable services in the longer term, the normalised deficit projected to total £15.6m at close of the financial year.

Financial control total and PSF, FRF and MRET funding for 2019/20

Financial control total	£ million
Rebased baseline position excluding PSF	**-22.482 Deficit**
£1bn PSF transferred into urgent and emergency care prices	4.752
CNST net change in tariff income and contribution[1]	-0.430
Other changes[2]	-1.459
Subtotal before efficiency	**-19.619 Deficit**
Additional efficiency requirement up to 0.5%	1.239
2019/20 control total (excluding PSF, FRF and MRET funding)	**-18.380 Deficit**
MRET central funding	1.383
Subtotal before PSF and FRF allocations	**-16.997 Deficit**
Non recurring PSF allocation	5.500
Subtotal before FRF allocation	**-11.497 Deficit**
Non recurring FRF allocation	11.497
2019/20 control total (including PSF, FRF and MRET funding)	**0.000 Breakeven**

MEETING OF THE PUBLIC TRUST BOARD – 4th April 2019			
Annual Plan			**AGENDA ITEM: 14**
Report Author and Job Title:	Rosanne Crossley Head of Business Development and Planning	**Responsible Director:**	Daren Fradgley Director of Strategy and Improvement
Action Required	Approve ☒ Discuss ☐ Inform ☐ Assure ☒		
Executive Summary	The Board has undertaken a review of its strategy and will be refocusing on the delivery of its strategic objectives in 2019/20. To this end, the objectives have been reviewed and reworded where appropriate however the key themes remain unchanged within this year's plan. The Board have been actively involved in the development of the annual plan though Board development and through the Board Sub Committees. The plan has been developed in line with nationally expectations and is also reflective of feedback received Members of the Trust Board are asked to note that the annual plan will remain a dynamic document until its submission on the 4th April and will be an iterative document. Any changes to the current report will be tabled at the Board meeting		
Recommendation	Members of the Trust Board are asked to approve the Annual Plan		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	The report and publication of the Annual Plan supports the Trust's compliance with its contractual and statutory obligations. Aligned to the plan the BAF risks will now be re drafted and a revised BAF will be submitted to the Board in May for Approval.		
Resource implications	Outlined throughout the report		
Legal and Equality and Diversity implications	The report and publication of the Annual Plan supports the Trust's compliance with its contractual and statutory obligations.		

Strategic Objectives	Safe, high quality care ☒	Care at home ☒
	Partners ☒	Value colleagues ☒
	Resources ☒	

Walsall Healthcare NHS
NHS Trust

Annual Operational Plan
2019/20

Contents

1 Overview

The Trust has undertaken a review of its strategy and will be refocusing on the delivery of its strategic objectives in 2019/20. To this end, the objectives have been reviewed and reworded where appropriate however the key themes remain unchanged.

Safe, High Quality Care – through the development of an integrated improvement programme to ensure sustainable change.

Care at Home– by delivering services within the scope of Walsall Together; having a clear set of plans for joined up working with voluntary and housing partners; integrated secondary care pathways and social care collaboration.

Partnerships - with collaborative working through the governance of Walsall Together; and horizontal integration of acute services across the STP. A Black Country approach to workforce promoting a professional passport to allow for a dynamic workforce across the area.

Value our Colleagues - so they recommend us as a place to work through the development of professional leadership, enhanced engagement, embedding clinical leadership and accountability in the way we operate our services.
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Use Resources well to ensure we are sustainable - through the alignment of the overall Trust-wide improvement programme to ensure financial sustainability and sustainable benefits.

Within the context set out below the Trust plans to continue with the same Strategic Objectives for 2019/20. The Trust Board will adopt a programme of work in the first quarter of 2019/20 to monitor progress of delivery against the strategy with a three-year horizon. This programme will include the borough wide delivery through Walsall Together and our acute services integration through the STP partnerships. The key themes of the delivery plan are highlighted below.

High Quality Care:

Throughout the year, the Board has focused on delivering sustainable improvements in the quality and safety of clinical services. A new Director of Nursing and new Medical Director have been appointed and they have been focused on improving the fundamental standards of care throughout the organisation.

The Trust has participated in a number of external reviews and has improved its CQC Maternity rating. There is more to do in maternity; nevertheless, we were encouraged that the regulators acknowledged the ongoing improvements being made.

The Trust also intends to have two key elements to its quality improvement, in sequence:

- To consolidate our demonstrable progress on the fundamentals of care and addressing the issues raised by the CQC in their inspection reports of 2015 and 2017. We will achieve this by continuing to hold our clinical services to account on delivery against the objectives of our Patient Care Improvement Plan (PCIP) through our revised and relaunched accountability framework and improved oversight by our Quality, Patient Experience and Safety Committee (QPES). Our revised outcome measurement process, tracking progress on quality standards through deploying a SPC approach, will enable us to differentiate between month on month changes and significant trends
- To develop a long term, strategic approach to quality and service improvement through our Integrated Improvement Programme. This will be a minimum of a three-year programme, all with the aim of moving the organisation from "requires improvement" to "outstanding". The programme will knit together improvement objectives in all aspects of quality (safety, effectiveness and experience) with service improvement (adoption of best practice, hitting stretch targets on efficiency and productivity) and financial improvement as a key bi-product of the improved quality and efficiency within our clinical and support services

Care Closer to Home:

There have been big strides towards becoming an organisation focused on community based integrated health and care services with a co-terminus acute provision. Multi-Disciplinary Teams are in place and colleagues from health and social care are now co-located across seven localities dedicated to delivering population placed based care. The teams now include specialised services such as respiratory and continence nurses alongside district nurses and falls prevention teams. In total there are now some 13 disciplines in each team. The MDT approach with primary care deals with our most complex patients in partnerships across 16 practices and covers well over 30% of the population. Progression is planned to spread this wider but will need to be met with additional investment in the teams capacity. The Walsall Together partnership through the stewardship of the Integrated Care Partnership Board (ICP) due to commence in April will oversee an ambitious delivery plan.

Working in Partnership:

Walsall Healthcare NHS Trust is leading the way in terms of identifying opportunities for working in progress. It is has completed sustainability reviews of its services, and is implementing the opportunities through acute collaboration with the STP's Clinical Leadership Group.

The ultimate aim is to achieve sustainable services that will meet the demands of the populations being served, and at the same time achieving best use of resources and value for the public purse.

During 2019/20, we will also develop, with STP partners, other support service integration, including plans for the introduction of a Black Country locum medical and nurse bank. If a clear proposition emerges regarding the development of an acute hospital "chain" arrangement, our Board will consider this with an open mind and respond to regulatory expectations of us, in this regard.

In 2019 we anticipate that the Trust will be appointed as the Host Provider for the *Walsall Together* Integrated Care Partnership, supporting community investment, which is the local

response to developing and delivering place-based care. In support of this we are working with partners to build a technology enabled, integrated workforce that meets the varying demands of our patients and employees in this challenged area of the country. The recent decision to deploy a modern Electronic Patient Record system will mean that the Trust can be at the centre of the a coordinate single Health and Care Record for the residents of Walsall.

Valuing Colleagues

Within the year the Trust launched its new Values and Behavioural Framework. Over 1500 colleagues have gone through our Trust Values sessions, following which people essentially "graduate" in the values and behaviours framework and how to deploy it. As a result of this work and our wider staff engagement we are seeing continued improvements to staff opinion of the Trust as a place to work. Early indications of this evidence are really encouraging, and we have seen a further significant change in our staff opinion survey and staff engagement score as a result.

Good Use of Resources:

The Trust is uncompromising in its primary objective to delivery safe care, and alongside this, it will seek to deliver its financial obligations (and proposed acceptance of the control total offer) through:

- Establishing and implementing a step change in the organisation's approach to financial performance and accountability to ensure that the Trust's collaborative ambitions are implemented on the foundations of acceptable standards of efficiency, productivity and probity.
- Setting a financial plan which does not backload CIP delivery
- Delivering the full year effect of the productivity and temporary workforce gains made during Q4 of 2018/19
- Developing and delivering financial improvements achieved through the delivery of quantified financial benefits of our Integrated Improvement Programme. These improvements, given the timing of the development of the improvement programme, will be delivered in the second half of the financial year
- Holding our clinical and non-clinical services to account through the new accountability framework.

2. Approach to Activity

2.1 Demand and Capacity

The Trust has deployed the IMAS IST tool for demand and capacity planning, which has been built at a care group level with the leadership teams in each area. The models created with the care groups are formally reviewed every six months. The Trust is currently using its trained staff (NHSI Demand & Capacity Train the Trainer and QSIR graduates) to support staff with D&C fundamentals and model creation.

This represents a fundamental change in the way that planning is deployed. The Trust has shared its high-level demand and capacity information with commissioners to inform contracting. It should be noted that the Trust has a building level of confidence in this field although it recognises that there is still a significant way to go and is seeking support from both NHSI and other STP partners who have a more developed skill set in this area.

Demand and capacity plans are also being used as support tools for operational management and business cases to enable informed decision-making. As a key part of the annual planning cycle within the STP, local agreement has been reached that all acute providers within the STP will plan to use the STP agreed growth figures, rather than those indicated by NHSI.

In addition to the Right Care programme within which we are working with commissioners to shift care from acute to community settings, we are also reviewing job plans and workforce models to better meet the demands of the populations we serve. We have used benchmarking information such as that contained in Model Hospital as a basis for improving productivity and reducing costs. The Medical Director is working on a standardisation approach to clinics moving forward with an approved start and finish time and agreed minimum numbers per clinic slot. All of which will further improve the accuracy of our future planning data. Activity trends have been determined using contract phasing, agreed with the CCG. These are applied by POD within the template.

A revised approach is also underway to improve the scheduling of patients through the Trusts theatre capacity to ensure greater utilisation on a weekly basis. To achieve this an enhanced oversight between the division and the executives is now in place on a weekly basis to improve productivity in this area up to 240 cases per week.

Job planning of our consultant workforce is also nearing completion with all plans being added to our newly deployed Allocate software. The Medical Director is overseeing this process.

Our anticipated activity by point of delivery is shown below for 2019/20:

Activity Line (POD)	Forecast outturn 18/19	19/20 Plan
Total Referrals (GP and Other)	111,362	116,076
Consultant led Total 1st Outpatient attendances	78,406	83,424
Consultant led Follow up outpatient attendances	135,294	140,841
Total Elective admissions (spells)	22,692	23,279
Total Non-elective admissions (spells)	36,256	37,408
Total A&E attendances (Type 1)	76,442	77,283

Table 1: Activity by POD 2019/20

2.2 Bed planning

During the period of the winter plan 2018/19 the Trust successfully deployed a bed forecast model that showed week by week the required bed capacity required and how the Trust would respond to ensure that this was available. This model, which performed well is now being planned for the period of this plan and will highlight on a month by month basis the volume of beds required to service the Trust throughput. Again, this will help the Trust to ensure that the right capacity is in place at the right time. The winter bed model was shared with the system through the A&E Delivery Board (AEDB) and has already gone through several assurance checks with the CCG and NHSI. The (AEDB) has formally requested a review of the 2018/19 plan delivery and produce an early version of the winter plan with capacity models and performance trajectories to be ready in Q1 2019/20. The AEDB has recently challenged the number of general and acute beds used in the Trusts capacity forecasts. This figure is now confirmed at 520 beds.

2.3 Constitutional Standards and Trajectories

The trajectories against the constitutional standards are shown below. The Trust will finalise the template submissions and confirm balance between activity and contracted commitment. RTT and A&E trajectories are yet to be confirmed, additional activity analysis is ongoing to secure assurance. These will be available for the final submission in April.

The Trust anticipates fully achieving the target objectives for the following elements:

- Diagnostic Test Waiting Times > 6 weeks
- Cancer waiting times – 2 week wait
- Cancer waiting times - 2 week wait (Breast Symptoms)
- Cancer waiting times – 31 Day First Treatment
- Cancer waiting times – 31 Day Surgery
- Cancer waiting times – 31 Day Drugs
- Cancer waiting times – 31 Day Radiotherapy
- Cancer waiting times – 62 Day GP Referral
- Cancer waiting times – 62 Day Screening
- Cancer waiting times – 62 Day Upgrade

Standard %	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020
18 Weeks RTT (Standard)	**92.0**	**92.0**	**92.0**	**92.0**	**92.0**	**92.0**	**92.0**	**92.0**	**92.0**	**92.0**	**92.0**	**92.0**
18 Weeks RTT (Trajectory)	**89.5**	**89.5**	**90.5**	**90.9**	**89.5**	**89.5**	**89.5**	**89.5**	**88.5**	**89.5**	**90.0**	**90.0**
90.0ED 4 hour (Standard)	**95.0**	**95.0**	**95.0**	**95.0**	**95.0**	**95.0**	**95.0**	**95.0**	**95.0**	**95.0**	**95.0**	**95.0**
ED 4 hour (Trajectory)	**85.0**	**89.0**	**87.0**	**83.0**	**84.0**	**82.0**	**90.0**	**85.0**	**82.0**	**79.0**	**82.0**	**82.0**

Table 2: Planned trajectories for 2019/20

Note – Number ED trajectory numbers above are before the improvement forecast that the AE Delivery Board is yet to sign off. Therefore, these numbers will see some change over the next week. The trajectories are based on the following assumptions:

- Type 1 attendees will increase by +3.5%
- The current 15% reduction in type 3 attendees will continue and will reduce by a further 40% when the town centre Urgent Care Centre closes
- The ED conversion rates remain unchanged
- ED performance sustains the +4% achieved so far and improves by a further +4% from October onwards due to further acute improvements.

The next steps will be to sign off the work streams and project plans at the ED Operations Board on 10 April; and the A&E Delivery Board at the end of April.

The RTT Trajectory will be adopted or amended by the EAPG in April, 2019.

2.4.1 Elective Care

Elective activity has been modified to support inflated elective activity in the first half of the year. This reflects decisions made in 17/18 and continued through 18/19 within the forecasting process.

The year 2019/20 will continue to focus on sustainable acute services and their links to community teams and other partners. Improved access to, and use of benchmarking data, underpinned by internally-led sustainability reviews has created a list of priorities for clinical productivity including ENT, Urology, Breast Surgery and Obstetrics and Gynaecology. Creation of acute service integration across the STP will be critical in this area. Early planning in Urology and Dermatology are expected to be finalised in Q1, 2019/20.

2.4.2 Emergency Care

Whilst there are further operational improvements which can be made in the Trust to improve performance it is recognised across the A&E Delivery Board that the key interventions required to mitigate the growing demand of an ageing population rest out-with the acute and within the community and social care environs.

The establishment of Walsall Together as an ICS, creates the real opportunity to implement the most impactful elements of Right Care, manage more patients with frailty related conditions whilst simultaneously reducing prescribed levels of social care in the wider health economy, and improving and growing capacity in admission avoidance pathways (Rapid Response)

Enabling work such as developing and launching Single Point of Access (SPA) provision and improving care navigation will facilitate maximum use and impact of these improved services.

When patients come to the Emergency Department greater focus on ECIST best practice techniques such as ambulatory care linked with frailty, better flow management and integrated board rounds focusing on the sick and the quick to shorten length of stay in acute beds.

The early invention of discharge support with clear discharge date planning, the integration of therapy services in ICS teams and embedded community pathways aligned to each patient within the last 48 hrs of their expected stay significant in our ability to reduce the stranded patient metric back to national benchmarks. This will be achieved with Acute and Walsall Together teams planning together daily.

The combinatorial effect of these planned improvements will mitigate both attendance at ED and subsequent admission which will, in turn, reduce ED demand. When patients do attend require admission, this will be smoother with the enhanced use of digital technology through the recently approved EPR programme which will see the roll out of vital pack and care flow management from July 2019. These actions will improve overall flow and as a result 4hr performance.

2.4.3 Independent Support

The Trust is talking to other partners in the borough about new models of care. Most notably at the time of writing was the potential use of GP's with Special Interests in the delivery of Dermatology and Diabetes care. If these come to fruition, then changes to the pathways will

be planned and deployed in 2019/20 through the Walsall Together ICP. It should be noted that approval will be on a case by case basis based on clear deliverable and benefits.

The Trust as part of the Walsall Together ICP is leading on integration work with Modality through seven APMS practices in Walsall. It is anticipated that this early work will be able to shift the amount of unplanned attendances at hospital through enhanced support from partners. These practices will be used as a blue print for enhanced work across a wider range of GP services when validated in the borough.

Finally, at the time of writing the Trust is working with Malling Health on the integrated delivery of the Urgent Care Centre and GP OOH's. The Trust will be responsible for the delivery of the former whilst reporting through Malling as a sub-contractor.

2.4.4 Winter Resilience Planning

In 2018/19 the Trust asked Senior Clinical Leaders to coordinate the development of a robust winter plan, featuring a week by week calendar of anticipated demand and resource based on historical data, business intelligence and assumed outcomes from service improvements with formal oversight and regular review to facilitate flexibility. This plan was largely successful with the key planning elements being captured and rolled forward into this coming year. These lessons include the requirement for earlier generation and implementation of the Winter Plan; and timely block booking of the required staff.

Equally lessons learnt are being captured and will be coordinated in to a refreshed plan sponsored by the AE Delivery Board. These lessons include the requirement for earlier generation and implementation of the Winter Plan; and timely block booking of the required staff.

Our planning for 19/20 will include additional actions in the following areas

- ICS productivity efficiencies
    - Greater visibility on discharge coordination
    - Planned therapy intervention as part of the discharge process rather than proceeding it (Sheffield model)
    - Better length of stay performance in discharge to assess beds.
- Relocation of Stroke rehab unit to a community site releasing more space for key areas such as discharge lounge and the Fragility service. The constant moving of these functions during last winter reduced their efficiency.

3. Approach to Quality Planning

3.1 Quality Governance Arrangements

Executive leadership for quality is shared between the Director of Nursing and the Medical Director. The Executive lead for quality governance sits with the Director of Governance. The Quality, Patient Experience and Safety Committee (QPES) provides leadership and assurance to the Board on the effectiveness of the Trust's arrangements for quality, ensuring there is a consistent approach throughout the Trust, specifically in the domains of : safety, responsiveness, caring and effectiveness. The Trust's Audit Committee monitors the quality of its risk management and assurance processes.

3.2 Quality Improvement Priorities (all of which will be built into the Integrated Improvement Programme)

As well as local and national initiatives, the quality improvement plan's priorities reflect what our patients, partners and staff tell us matters most to them. We aim to make improvements in five key areas:

3.2.1 Standardise our approach

We will implement a standardised approach to quality improvement and measurement based on reducing variation, increasing value and providing care according to evidence. Over the next year focus will be on creating the right environment to deliver and embed high quality care.

Further development of the Quality Improvement Academy, including QSIR training for staff and the facilitation of a variety of initiatives with the clinical and operational teams to improve patient care
Extend the use of Appreciate Inquiry methodology across the organisation
Leadership development

3.2.2 Continuously seek out and reduce patient harm and avoidable deaths

a. **Deteriorating patient and Sepsis:** we will
i. Implementation of the national early warning score (NEWS2). Success will be measured by reducing clinical incidents and reducing SI's around the deteriorating patient.
ii. Continue to build on all our current sepsis work and focus on: continuing to identify and treat sepsis, achieving antibiotic target for use and antibiotic 72 hour reviews,

b. **Infection prevention and control:** we will
i. Improve standards in the prevention of hospital acquired infections
ii. Implement robust plans to reduce gram-negative blood stream infections across the health economy

c. **Pressure Ulcers.** We will:
i. Reduce the number of category 2 pressure ulcers across the Trust
ii. Aim to eliminate category 3 & 4 pressure ulcers.

d. **Falls:** we continue to see falls with moderate to severe harm. We will:
i. Coordinated through the Falls Group will use information from incidents, improvement initiatives and collaborate with national initiatives to reduce our number of falls and falls with harm.

3.2.4 Dementia and Learning Disability:

We will improve the care of patients with dementia and learning disabilities through the implementation of the Dementia and Learning Disabilities Strategies.

3.2.5 Seven Day Services:

We will continue to implement extended working in a number of areas through new service delivery models. It has been determined that there are four priority clinical standards of the suite of ten that are considered to have the greatest impact on the quality of care patients receive, these are:

- Time to first consultant review
- Availability of diagnostics
- Consultant led interventions
- On-going consultant review.

The Trust is working towards delivery of these standards by April 2020 with a tolerance of 90% achievement for all patients admitted on an emergency care pathway. The Trust participates in national 7 Day Service Audits and performs above the required level of overall performance for standards 2 and 8. However, a self-assessment of Standard 8 identified that we are compliant for twice daily reviews and we are compliant for those patients requiring once daily review during the week but not at weekends. This is consistent with the current medical workforce job plans in that senior decision makers do not undertake routine acute medical ward rounds on Sundays.

3.3 Quality Impact Assessment and Assurance

The Trust has an established Quality Impact Assessment (QIA) process, meeting the National Quality Board requirements.

Business cases and project initiation documents prompt staff involved in developing schemes to consider the following:

- Patient safety (e.g. patient satisfaction, complaints, waiting times).
- Clinical effectiveness (e.g. safety thermometer, patient satisfaction).
- Patient experience (e.g. complaints, satisfaction).
- Staff experience (e.g. turnover/sickness absence).
- Equality and Diversity (e.g. waiting times/LOS).
- Targets/Performance (e.g. all of the above and the wider range in the performance framework).

The Trust will be moving to a STAR chamber approach to development and scrutiny of CIP from Q1 2019/20. Each QIA is scored, reviewed, signed off by the team of three, Clinical Director, Lead Nurse and Divisional Director. It is then reviewed and signed off or challenged if necessary, by the Executive Medical Director and Director of Nursing. If the scheme scores above 12 it is then subject to an enhanced QIA which details risk and mitigation of the scheme reduce the quality impact, this is again reviewed and signed off or challenged if necessary, by the Executive Medical Director and Director of Nursing and reviewed by the Quality, Patient Experience and Safety Committee of the Board. Schemes requiring an enhanced QIA are reviewed regularly as the scheme embeds within the division and by the Quality, Patient Experience and Safety Committee of the Board.

The Trust assurance processes consist of monitoring at Care Group, Division and at Committee level. Through the Trusts Project Management office, the Trust regularly reviews the QIAs as the service improvement or business case is embedded in particular quality impact. The Trust undertakes Monthly Performance reviews for all Clinical Divisions and Corporate Departments which provide an opportunity to review progress of service schemes as a whole and triangulate quality, workforce and financial indicators.

3.3.1 Divisional Board Meetings

There are monthly Divisional Board Meetings which take place with the Divisions' senior leadership. The meeting covers quality, safety and risk, business planning, finances and operational performance and provides the opportunity to review services as a whole and

triangulate key quality, safety and financial indicators. The outcome of Divisional reviews are reported through to the Trust Management Board chaired by the Chief Executive.

3.3.2 Professional Assurance Forums

Assurance is also provided through two professional forums the Nursing and Midwifery Advisory Forum and the Medical Advisory Committee, led by the Director of Nursing and the Medical Director respectively.

3.3.3 Integrated Performance and Quality Dashboard

Performance and quality indicators are reviewed by each division at their monthly performance review chaired by the Deputy Each Executive. The Performance reviews report to TMB. The Performance and Finance dashboards are reported and reviewed monthly at the Performance, Finance and Investment Committee. The Quality dashboard is reported and monitored through the QPES Committee. The overall dashboard is reported to Board on a monthly basis.

3.3.4 Nursing Quality Assurance Metrics Meeting

There are monthly meetings chaired by the Director of Nursing with the divisional senior nursing teams. At these meetings the quality data from the matrons' quality assurance audits, ward dashboards and ward reviews are analysed and discussed with the teams to agree trajectories for improvement and any additional support required.

3.3.5 Clinical Quality Review Group

We report all indicators to this monthly meeting with the local commissioners. This is a useful forum to share plans, concerns and joint assurance.

3.3.6 Patient Care Improvement Plan Check and Challenge Meetings

Monthly Patient Care Improvement Plan check, and challenge meetings are held with the Divisions and Director of Governance. The on-going development of an Integrated Improvement Programme will amalgamate the quality, safety and financial elements into one overarching programme for delivery of quality and efficiency across the Trust.

The Patient Care Improvement Plan (PCIP), now has KPI's associated with the objectives contained within, which are monitored regularly by the Core Services, Care Groups and Divisions. There are also Quality Assurance meetings with each Core Service, Care Group and Division monthly chaired by the Director of Governance which are ensuring that services are delivering what they said they would.

Each of the regulatory actions, 'Must' and 'Should' identified by the CQC when they inspected in 2017, now have KPI's associated with them. These have been monitored regularly via the CQC Preparation Steering Group meeting and significant improvements have been seen.

The metrics contained within the revised Accountability Framework approved by TMB in January 2019 have been revised and these have been devolved down to Care Group level. These metrics will be monitored via the monthly Performance Management meetings

3.4 Service Improvement

The Service Improvement within the organisation is now underpinned by the sustainability reviews and the establishment of the quality improvement academy. Lead by the Director of

Strategy & Improvement and Medical Director, 14 services identified through the Sustainability Review process with the greatest opportunity for improvement will be supported by the Strategy and Improvement Office using triangulated data from RightCare, Model Hospital, GIRFT and internal data to enable robust clinical discussion and service redesign, with patient access, quality and safety a priority.

The Trust is developing an Integrated Improvement Programme through which all of the Trusts strategic objectives will be delivered and will commence in April 2019. This programme pulls together all aspects of quality both strategically and operationally, it will include safety, effectiveness, workforce, finances and use of resources, integrating these with the Walsall Together programme. The all-encompassing delivery programme derived from this aims to knit together activity within the Trust, the wider local community including local authority and social care and other NHS Trusts who provide services across Walsall. The integrated improvement programme is being developed and it has been agreed that a strategic proposal will be presented to the April 2019 Trust Board and once that is agreed, detail surrounding establishment of the programme will progress, which includes a detailed delivery programme.

3.5 Approach to Sustainability of Services

The Trust is now in the final stage of its three-phase approach to sustainable services. The Trust has already commenced exploratory discussions with STP partners where there are opportunities to share or move resources and where opportunity exists for Walsall to take the lead across the STP footprint. These plans will progress at pace during 2019/20 through the oversight of the STP Clinical Leadership group.

3.6 CQUIN Schemes

At this point, the Trust has received the national CQUIN from NHSE for Dental Services; and specialised services around medications optimisation;

We have received the national CQUIN from Walsall CCG and are currently considering which five of the national CQINs we will agree with them. Due to the general late notice of CQUINs, the CCG have agreed that these will not be in the contract from 1 April.

The Trust has a financial certainty arrangement with Walsall CCG regarding CQUIN schemes. In order to implement the changes required to achieve the quality improvement milestones all schemes have an Executive Director lead, named leads, and any governance meetings are identified in advance.

A summary tracker file is maintained; it is shared with scheme leads and posted onto the Trust's internal Information Hub. This file contains a risk assessment against achieving the quarterly milestones for each scheme which is agreed by the teams and Executives. A quarterly progress report is produced and presented at Quality, Patient Experience and Safety Committee.

4. Approach to Workforce Planning

The NHS Long-Term Plan informs workforce strategy; recognising that all strategic and operational objectives depend on the collective skills, power and strength of our workforce. This principle underpins a workforce planning methodology which places long-term sustainability, achieved through system-wide improvement approach, at the heart of all Trust objectives. (See Workforce Plan Appendix 2)

Colleagues will continue to mitigate against risk, through co-ordinated planning exercises and comprehensive due diligence processes. The formation and viability of workforce plans continue to be monitored, ensuring that workforce and finance plans are produced in collaboration, so that transformation initiatives are sustainable and cost improvement programmes are aligned.

Allied with the ambitious Walsall Together programme; local workforce plans will address the changing needs of our population through integrated care solutions that maximise the potential of the individual person, the teams that support them and the wider health and care system.

The Trust will address the workforce challenges and maximise opportunities by;

- Improving Establishment Control
- Limiting Temporary Staffing Usage
- Championing Equality, Diversity & Inclusion
- Taking a Proactive Approach to Brexit Related Risks
- Implement New Roles & Workforce Opportunities

The detail regarding these interventions can be found in the Workforce Plan Appendix 4.

4.1 Workforce Plan

	Year Ending 31/03/2019	19/20 WTE Change	Year Ending 31/03/2020
ALL STAFF	4,292.75	115.84	4,408.59
Bank	187.12	192.58	379.71
Agency staff	114.55	(40.74)	73.81
Substantive WTE	3,991.08	(36.00)	3,955.08
Registered Nursing, Midwifery and Health Visiting	1,298.12	(14.52)	1,283.60
Allied Health Professionals	*231.33*	(3.50)	227.83
Other Scientific, Therapeutic and Technical Staff	*101.52*	0.18	101.70
Health Care Scientists	*35.05*	(1.35)	33.70
Support to clinical staff	1,201.34	(7.68)	1,193.66
NHS Infrastructure Support	723.39	(12.80)	710.59
Consultants (including Directors of Public Health)	*157.29*	8.11	165.40
Career/Staff Grades	*84.26*	1.56	85.82
Trainee Grades	*158.78*	(6.00)	152.78

Table 3: Staff Numbers 2019/20

The workforce plan represents a prudent forecast, in light of continued challenges within the system. Financial recovery plans have been balanced against workforce transformation initiatives; with the aim of delivering sustainable use of resources, whilst also ensuring patients receive the highest levels of care & safety.

The Trust will continue the pursuit of temporary staffing alternatives which carry a reduced financial impact, employing a 'bank-first' approach to temporary staffing usage. To aid this, challenge and confirm governance for agency approval has been solidified, with increased monitoring via weekly clinical forums.

Planned increases in the bank workforce address the need to implement affordable short-term solutions to gaps within the establishment. Whilst a grow-your-own strategy has begun

to bear fruit, particularly amongst the Nurse Associate cohorts, the realities of clinical training mean that many programmes won't scale up until post 19/20.

Further detail regarding the workforce plan rationale can be found in Workforce Plan Appendix 4.

4.2 Workforce Initiatives

Significant strides have been made in embedding workforce planning and transformation into the organisation's consciousness. The establishment of clinically-led workforce transformation forums has enabled leaders to triangulate key intelligence, both at a local and board levels. This has facilitated proactive decision making, in response to workforce supply vs. demand pressures, allowing teams to mitigate against service delivery risks.

The Trust will continue to address health inequalities, building upon foundations laid by Walsall Together, to create an integrated health and social care system. Improvement and workforce strategies are aligned to the key strategic strands outlined within the local STP plan; forming part of the Trust's vision for a community-focused workforce, driven by system partnerships which ensure that care is delivered at the right levels, at the right time, by the right people.

The detail in regard to the following initiatives can be found in the Workforce Plan Appendix 5;

- Multi-disciplinary Working Practices & Care Delivery
- The Apprentice Programme
- Effective Use of Resources
- New Roles
- Health & Well-being
- Staff Engagement

5. Finance: Forecast Outturn 2018/19 and Financial modelling 2019/20

5.1 2018/19 Forecast Outturn

The Trust accepted the control total set by NHSI for 2018/19 to deliver a £10.6m deficit (including £5m PSF). The Trust therefore agreed a financial plan for 2018/19 to achieve a £15.6m deficit which, following the receipt of Provider Sustainability Funding (PSF) of £5.0m would deliver the £10.6m deficit control total. To achieve this level of deficit the Trust set an ambitious Cost Improvement Target (CIP) of £15.5m of recurrent efficiency savings for the year.

The Trust achieved its Q1 plan target and received PSF (with the exception of the performance element). However, temporary workforce costs remained high in the initial quarter of the financial year and whilst provision was made within the financial plan, the change in practice driving these costs continued further into the financial year. In addition, CIP delivery was heavily phased into the latter part of the year. In summary, the run rate in this first quarter was of concern indicating a much higher level of expenditure than planned and this position was raised with the Trust Board, with (in June 2018) the Trust agreed a Financial Recovery Plan to address spending and return the position.

The Trust failed to deliver its Q2 financial plan and as a consequence was not awarded PSF. The increased deficit to plan was driven by temporary staffing costs, additional capacity and under-delivery of CIP, particularly in the outpatients and theatres efficiency programmes. Based on a forecast run rate the outturn position would be circa £32m deficit without mitigating action.

The Board monitored and reviewed the Financial Recovery Plan performance and in December 2018 endorsed submission of a revised forecast outturn deficit of £24.0m. The Executive and Board are monitoring delivery of agreed schemes, with actions agreed to address any slippage in forecast.
The Financial Recovery Plan (FRP) focused on increased productivity to deliver income and CIP expectations, increased controls regarding Medical and Nursing workforce and enhanced grip and control measures regarding pay and non-pay.

The Trust has seen a reduction in Nursing agency usage through adoption of revised establishments and protocol's over usage and authorisation and engaged Meridian Consultancy to complete a review of medical staffing within the Medical and Long Term Conditions Division, in addition to the implementation of the Allocate rostering and job planning system to effectively support control of temporary workforce usage.

The Trust was set an agency target of £6.5m for the year with the forecast agency spending on current trajectory is circa £8.0m. However, overall usage of temporary workforce has driven deterioration from plan to a greater level than the variance on agency expenditure.

At M09, concerns were raised about the continuing levels of expenditure and risks to the delivery of measures contained in the FRP to restrict the deficit to £24m.

In February, the Board agreed a further revision to the forecast increasing the outturn to £28m deficit, which was communicated to NHSI and reflected in the M11 financial monitoring returns.

5.2 2019/20 Financial Plan

The Trust has been set a Control Total by NHSI for 2019/20 to deliver a break-even position. This national target includes a 3.0% CIP efficiency position and central allocations of

- £1.383m MRET recurrent funding
- £5.500m non-recurring PSF
- £11.497 non-recurring Financial Recovery Fund (FRF)

The Trust has prepared its draft financial plan reflecting the tariff changes and central allocations, as above, with the local context of national cost pressures. In 2018/19 a sizeable level of CIP was delivered non-recurrently the effect of which is brought forward in 2019/20 estimates.

The table below shows the draft Financial Plan for 2019/20,

Description	2019/20 Draft Plan £m's
INCOME	
CCG	210.1
NHSE	18.0
Local Authority	8.0
Non contract activity	2.3
Other – Cat C	14.6
TOTAL INCOME	**253.0**
EXPENDITURE	
Pay	(180.3)
Non pay	(80.9)
Capital charges	(6.6)
Finance Costs	(10.7)
TOTAL EXPENDITURE	**(278.5)**
SURPLUS / (DEFICIT)	**(25.5)**
Non recurrent Central Allocations	
PSF & FRF	**17.0**
SURPLUS / (DEFICIT) – following central allocation	**(8.5)**
CIP target	**8.5**
Outturn / Control Total Position	**Break-even**

Table 4: Draft Income and Expenditure Plan 2019/20

5.2.1. Income

The income plan is based upon a forecast outturn of activity, being subject to agreement with Walsall Commissioner, adjusted for loss of income due to, acute stroke (transfer to Wolverhampton Trust), Walsall MBC Public Health contract reductions and cardiac devices procurement to specialised service commissioner, and the Trust has assumed the level of births will increase following removal of the 'cap' previously agreed with Walsall commissioner.

Adjustments are then included to reflect National plan guidance for tariff changes and growth assumptions. The table below summarises the growth and tariff by point of delivery (POD).

Point Of Delivery	Average Tariff Inflation	Average Growth (gross)
A&E	14.77%	1.10%
Daycase	0.49%	4.20%
Elective Inpatients	6.90%	4.20%
Emergency inpatients	9.30%	1.44%
Births	(8.28%)	2.30%
Outpatients	4.85%	4.03%
Community	3.90%	TBC
Other	3.59%	2.30%

Table 5: Tariff and Growth Assumptions

At the time of writing contract negotiations are concluded with Walsall CCG but ongoing with Specialised Services Commissioner and Associate CCG's.

5.2.3 Expenditure

The Trust has re-stated its recurrent budget baseline for the full year effect of 2018/19 recurrent CIP, agreed contract service change, national pay award and price inflation.

Pay: The pay cost for the Trust represents (68% of the Trusts expenditure). Using national pay awards the estimate of pay expenditure for 2019/20 is an increase of £8.7m on the 2018/19 budgeted levels. This increase includes an estimate for agency staffing, also medical pay-award and CEA's.

Non-pay: Drugs costs have been adjusted for contract changes and inflation. Capital charge estimates have remained as 2018/19 but the Trust has modelled inflation for the PFI in line RPI, as per contract. CNST contributions reduced for the Trust and this is reflected in the budget setting. All other non-pay estimates increased in line with price inflation. See below table for a summary of price inflation.

Elements of cost uplift	WHT 18/19 Cost Base £'000	Trust Weighting %	Trust estimate £'000	Narrative
Pay	174,401	68.0	8,685	2019/20 pay award
Drugs	19,261	8.0	700	Drugs & devices
Capital charges	6,460	3.0	400	Represents increase on PFI
CNST	11,310	4.0	(609)	Reduction in CNST
Other	44,832	17.0	800	Price inflation on other non-pay
	256,264	**100.0**	**9,976**	

Table 6: Cost Uplifts

5.3 Efficiency Savings

The Trust's efficiency requirement to deliver the break-even for 2019/20 is £8.5m. However, the Trust is targeting a £10.5m CIP to allow for mitigation of any slippage in the required target.

Plans are in formation, there are currently £3.5m identified schemes and work is ongoing to confirm remaining scheme details. Outline schemes are listed by efficiency programme area, as follows:

The Trust is targeting delivery of efficiency savings with the aim of achieving a higher proportion during the summer period to account for operational capacity pressures through the winter period. The phasing will be approximately 25% achieved in Q1; 30% in Q2 and Q3 and 15% in the final quarter.

The organisation will be holding finance escalation meetings throughout April to ensure the plans are schedule, and if necessary, invoke recovery measures. Attendance at these meetings will include and executives and non-executives.

The governance arrangements include full sign off through divisional management teams, and oversight of PIDs and QIAs via the Trusts Performance, Finance and Investment Committee and its Quality, Patient Experience and - Safety Committee.

Table: Efficiency Programme areas	**2019/20 Target £m's**	**Pay £m's**	**Non –pay £m's**	**Income £m's**
Workforce	1.6	1.6		
Procurement	0.5		0.5	
Pharmacy	0.2		0.1	0.1
Pathology	0.2		0.2	
Estates & facilities	0.2		0.2	
Other	3.2	1.6	0.4	1.2
Right-care	2.6		0.1	2.5
Total Efficiency Programme	8.5	3.2	1.5	3.8

Table 7: Efficiency savings by work stream

5.4 Capital Plan

The table below shows the draft 5 year capital programme;

Scheme Description	2019/20 Plan £m's	2020/21 Plan £m's	2021/22 Plan £m's	2022/23 Plan £m's	2023/24 Plan £m's
Lifecycle Maintenance (incl Pharmacy)	2.0	0.6	0.4	0.4	0.3
Medical Equipment (incl CT Scanner)	1.0	0.3	0.5	0.5	0.4
IM&T	0.2	0.3	0.2	0.3	0.2
EPR Infrastructure	1.3				
Maternity Expansion	2.1				
A&E Development	1.0	17.3	17.4		
PFI Lifecycle	0.8	0.8	1.2	1.5	1.4
TOTAL EXPENDITURE	**8.3**	**19.3**	**19.7**	**2.7**	**2.3**

Table 8: Year Capital Plan

Key elements of the capital programme are the completion of the Maternity Development and Emergency Department allocation of £36.2m from the STP capital financing round.

6. Approach to Partnership working

6.1 Walsall Together Partnership

A high-level business case has been developed which outlines the way in which the "Walsall Together" partners will change the way health and care is delivered in the community to meet these objectives, through establishing an Integrated Care Partnership (ICP) Board. This programme of work supports the wider Black Country Sustainability and Transformation Plans (STP) by enabling place-based, partnership working to improve the health and welling of a population (Kings Fund, 2018).

The ICP Board will be constituted by an Alliance and Section 75 agreement which will hold each of the partners to account for decision making that will transform the way in which place based care is delivered. The Trust, acting as the Host Provider will provide a safe home for governance of the Board and in the first year will be accountable to the Commissioners to ensure the pace of transformation for the services in scope is established. The table below highlights these services over a three-year period. This shows the level of ambition of the ICP Board and the intention to deliver place-based care looking after the health and care needs of the population.

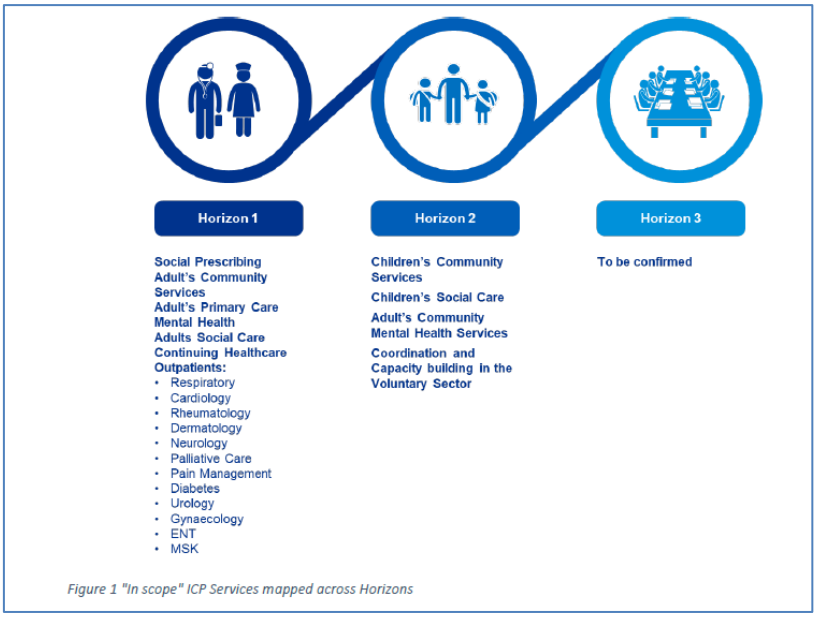


Figure 1:Integrated Care Partnership Timeline

Our future plans will also include Children's Services and Public Health. We believe that this brings the Walsall Together programme to a significant milestone in the transformation journey, with a clear plan for detailed design, implementation and continual refinement provided over the next three years supported by commissioners and partner providers.

Achieving the efficiency saving expectations e.g. CIP, QIPP and Local Authority savings bridges a significant amount of the system's financial gap. The business case builds on a financial model for the system which will be tested on a case by case basis and presented to each organization through the ICP Board. The financial models are being validated at the time of writing.

The full Business Case and supporting documents are being presented to the Boards and Local Authority Cabinet for review, with the intention of securing approval and a commitment to move to the implementation phase by early 2019. The concurrent development of an Alliance Agreement to underpin this commitment is ongoing, however this will act as the

catalyst for action, outlining the objectives alongside resource commitments and responsibilities.

The steps and anticipated timeline for implementation is provided in appendix 6.

6.2 Black Country STP Partnership, collaboration and clinical strategy

One of the key strategic objectives of the STP/ICS, reflected in both the clinical strategy of the partnership and the programme of work led by the STP clinical leadership group (CLG), is the implementation of horizontal integration of clinical services, on either a bi-lateral or multi-lateral basis between acute hospitals. We will play a leading role in this because we have developed a clear acute hospital clinical strategy as a result of a robust and thorough sustainability review process, conducted in 2018/19. That review clearly articulates which services will benefit from integration with other hospitals and the STP CLG will determine the priorities for joint work. A resourced programme of clinical change will emerge from that prioritisation process, in partnership with the other Trusts.

During 2019/20, we will also develop, with STP partners, other support service integration, including plans for the introduction of a Black Country locum medical and nurse bank. If a clear proposition emerges regarding the development of an acute hospital "chain" arrangement, our Board will consider this with an open mind and respond to regulatory expectations of us, in this regard.

7. Risk and Mitigations to the Plan

7.1 Risk Management

Our Risk Management Policy describes how we identify, evaluate and control risk. It sets out accountability and reporting arrangements to the Board of Directors. The Board identifies its strategic risks and monitors management of these risks through the Board Assurance Framework on a quarterly basis. Risks to safety, quality and services delivery are identified by staff throughout the Trust and managed and monitored in service, Care Group, Division and Trust Forums.

Strategic Objective	Risk	Rating	Mitigation
Good use of Resources	Failure to improve our financial health results in regulatory action	20	The Trust has a Sub Committee of the Board which receives assurance on the delivery of our financial plan and the cost improvement programme The Executive through the Financial Executive Group and the Performance reviews holds individual Divisions and Corporate Areas to account for delivery of their financial plan. The Trust has strong financial control processes in place which are assured through an internal audit review.
	Failure to deliver a Trust-wide improvement programme results in the	16	Trust Wide Improvement programme to be led by the Deputy CEO Quality Academy in place. PMO remit to be strengthened and widen to include all

Strategic Objective	Risk	Rating	Mitigation
	organisation failing to be sustainable		areas of improvement
	Failure to implement and embed the Trust's accountability framework	**16**	A strengthened Accountability framework is in place The TOR for Performance reviews have been revised. Deputy CEO to chair performance reviews
	Failure to develop a culture of clinical leadership that supports mature decision making	**16**	External support to support the development of clinical leadership Review of leadership roles within the divisions. MD/DoN/COO to provide further support to the Divisional Leadership Revised Governance structure to go live April 2019
To provide safe, high quality care	Failure to implement the National Patient Strategy leads to increased incidence of avoidable harm, exposure to 'Never Events', higher than expected mortality, and significant reduction in patient satisfaction	**16**	Board Level Patient Safety Champion in place. Development of a Trust Patient Safety Strategy Patient Safety training to be further strengthened Medical Director further strengthening learning from deaths processes and governance.
	Failure to improve fundamental standards of care impacts on the Quality of Patient Care and Experience within the	**20**	Quality, Patient Experience and Safety in place Nursing strategy approved and supported by the Board of Directors Substantive Director of Nursing and Medical Director in post

	organisation.		
Care at Home	The lack of a robust Integrated Information system prevents the organisation and partners from developing pathways of care focused on providing care at home.	**16**	A Walsall local digital strategy has been drafted Electronic Patient Record business case has been approved A new Chief Information Officer has been appointed to ensure Clinical Engagement Increased oversight of IT through PFIC
Valuing Colleagues	Failure to implement the People and Leadership strategies results in the Trust being unable to retain and recruit highly skilled staff	**16**	New Director of People and OD in post People and OD Committee to lead the development of the Leadership and People Strategies
	Failure to improve the Trust's approach to health and wellbeing results in the Trust being unable to retain staff.		
	The instability of senior leadership across the organisation results in the Trust being unable to deliver the Trusts strategy and implement sustainable change.	**16**	All Executive Posts substantively employed. DoN/MD/COO providing further support, coaching to divisional teams of three. Leadership Strategy to be developed. Further investment has been agreed for Leadership Development.

Partners	The national implementation of the 10 Long Term Plan impacts on the Trust's ability to deliver its strategic direction to develop a clinical offering focused on service integration within Walsall.	**16**	Continued engagement with regulators Continued Director engagement in the STP Director involvement in National events/conferences Walsall Together Business case approved Walsall Together Governance structure approved by the Board.
	Failure to maintain service provision as the organisation. Transitions towards population health management.	**16**	Walsall Together Governance structure approved by the Board. Walsall Together Director to be an executive Director of the Board Community Division to go live from April 2019

Appendix 1: Key Indicators to Monitor Quality

A list (not exhaustive) of Key Indicators used to monitor quality are shown include, but is not limited to:

- Quality Dashboards for key specialties including ED, Maternity, Adult Inpatients, Community, e.g serious incidents, pressure ulcers, falls, hospital acquired infections
- Mortality rates, SHMI/HSMR
- Incident reporting process and outcome measures
- Audit outcomes from national standards
- Audit outcomes from peer reviews e.g. West Midlands Quality Reviews
- Patient access times
- Patient feedback and complaints
- Staff survey and Pulse survey results
- Vacancies and turnover rates
- Sickness absence rates
- Agency utilisation
- Financial position
- Nationals CQUIN schemes
- CIP delivery
- CQC and Deanery rating

Workforce Plan Appendix 2

Approach to Workforce Planning

It is imperative that foundations are in place to develop a robust workforce plan; which underpins the analysis, forecasting and planning of workforce supply vs. demand. The assessment of establishment gaps and development of suitable interventions aim to ensure the Trust is able to fulfil its strategic objectives. This will be achieved by implementing the following:

- Develop a holistic approach to workforce planning that ensures a consistent methodology for the collection and analysis of data required to develop a workforce plan.
- Review current job roles to assess if they are still fit for purpose, identifying where and how new roles can be introduced to meet future service needs.
- Review current working practices; identifying new ways of working that deliver effective use of resources.
- Develop an Education Strategy and a forward-looking Training Needs Analysis which captures the development required for the whole Trust based on workforce planning.
- Review current policies and procedures, designed to support staff wellbeing, recruitment and retention; implementing improvements with a view to attracting and retaining the best talent.
- Measure workforce performance against nationally recognised benchmarks, including Model Hospital, in order to support learning from excellence and the development of best practice.

Organisational Development

Building upon successful of previous engagement initiatives, most notably Listening Into Action (LiA) programme; the Trust has embedded a Quality Improvement (QI) Faculty. The aim was to look specifically at staff; how the Trust engages and the behaviour of people. Feedback from these events have been collated and presented to Board and are being developed as part of an engagement action plan. These are further validated through the presence of a six monthly Pulse check.

Robust Governance Process

Transformation plans are reviewed by the Trust Executive and People & Organisational Development Committee meetings, before being presented at Trust Board for discussion and approval. Finalised plans are reviewed by Board members before subsequently being appraised by both the CCG and HEE.

Well-modelled Alignment

The 18 local organisations within the Black Country & West Birmingham Sustainability & Transformation Plan (STP) area collaborate to "build a stronger, more resilient health and care workforce that is able to take advantage of expanded career opportunities across the STP footprint". Current STP plans focus on the delivery of standardised enablers including common workforce competencies (especially in new roles); shared care records and other technology supportive of better care and self-management. This collective priority underpins the development of a transformational plan, which seeks to secure a flexible, people-focused workforce within social, health and primary care systems.
Workforce Plan Appendix 3

Addressing Workforce Challenges and Maximising Opportunities

Establishment Control

There has been sustained improvement against the 24 Month Retention metric employed by the Trust, with current levels now in line with the 85% target. Demand and capacity models will be used to develop a clear plan of how the current workforce can meet the challenges of both improved retention and reduced temporary staffing usage. Shortfalls in workforce supply will be addressed partly by embracing multi-discipline roles; with the barriers to developing multi-skilled teams mitigated by collaborative workforce transformation forums. In addition to filling establishment gaps; the Trust will maintain its role as an active member of Local Workforce Advisory (LWAB)/Education & Training Boards (LETB), learning from best practice on retention, retraining and changing skill-mix. Recruitment campaigns will take account of the advice offered within national safe staffing guidance, with a view to ensuring objectives for performance, quality and finance are all balanced. Clinically-led workforce transformation forums have been using Royal College guidance to manage rosters and plan localised skill mix changes. This good practice will be proliferated and used as the foundation for workforce strategy.

Temporary Staffing Usage

The benefits to patient outcomes achieved through bank, rather than agency, administered care are recognised by Trust leaders. Temporary staffing usage will be managed using a trident of flexible rota management, versatile establishment gap monitoring and intelligent supply vs. demand forecasting. A Trust policy of 'bank first' temporary staffing usage is facilitated through combined efforts to confirm and challenge agency bookings, ensuring this is the last resort.

Equality, Diversity & Inclusion

The Trust has strengthened its approach to equality, diversity and inclusion (EDI) through the substantive appointment of an EDI Manager. Governed by the Equality Diversity & Inclusion Committee (EDIC); the EDI strategy will ensure legal obligations are met in the short-term, whilst in the mid-long term foundations are laid for improved staff engagement, which cultivates a diverse and inclusive culture throughout all levels of the Trust. To achieve this, we will establish key performance baselines and benchmark improvements against best practice for:

- Workforce Equality Standards (Including Race, Gender & Disability)
- Fair & Equal Opportunities (Training & Career Progression)
- Equality Impact Assessments

Brexit

Review of the EU nationals working both within the Trust and wider region indicate a moderate-low risk, based upon the limited numbers. That said; the risks posed by Brexit related uncertainties are being partly mitigated against through consultation with EU nationals currently working within the Trust. In addition to this, a review of turnover amongst the EU national workforce has been used to assess the potential impact of a 'No Deal' Brexit and the supply vs. demand implication this may have. The political landscape will continue to be monitored in this regard, with a view to limiting the risks to service delivery.

New Roles & Opportunities

The Trust has cemented its place as a trailblazer for the introduction of Nurse Associates (NA) through the graduation of 18 first cohort Nursing Associates during January 2019. This has been supplemented by the Apprenticeship standard for Nursing Associates, which was approved for delivery and staff began the apprenticeship during 2018.

Both the rollout of NAs and the Advanced Clinical Practitioner (ACP) programme has been overseen by a New Roles & Competencies, held to account by senior clinical leadership. This ensures that the recruitment and deployment of new roles is carried out consistently with expected outcomes, which can be measured as part of benefits realisation. Additionally, we are looking to use the skills and knowledge of current staff to fill long term vacancies at middle-grade doctor level, while addressing retention issues around opportunities to progress.

The Trust will continue to develop roles that are multi-skilled, to help to meet changing requirements and deliver a service that is flexible to the contrasting demands of patients.

Workforce Plan Appendix 4

To mitigate against the workforce supply vs. demand risks, strategic changes to the healthcare provision have been adopted, including the establishment of new roles such as Nurse Associates, Advanced Clinical Practitioners and Apprenticeships.

Clinical leaders have committed to increased deployment flexibility; ensuring that working practices are adaptable to fluctuating levels of activity. As part of longstanding initiatives to increase the bank workforce; the market value of the remuneration rates will continually be reviewed, to ensure working for the Trust remains competitive. The Trust recently adopted an automatic 'opt-in' approach to clinical colleagues joining the bank workforce. The success of this approach will be measured during early 19/20, with a view to further increasing the temporary workforce through the retrospectively recruiting of current substantive colleagues. In addition, bank shifts will be incentivised through the use of bonus schemes which reward loyalty.

Workforce Plan Appendix 5

Workforce Initiatives

New ways of working will be designed to include flexible workforce practices, which both achieve work-life balance improvements and ensure resources can be deployed when needed to cover staff shortages. A holistic approach to both recruitment and talent management will be used, rather than a continued focus on the people or the role.

The Trust will also promote work across the boundaries of staff in different professionalisms, organisations and sectors of care. The development of competencies and activities to up-skill staff to provide integrated care can be as effective as developing new roles.

The Apprenticeship programme will be reviewed and adapted; incentivising employers to not only take advantage of the benefits on offer but also to ensure the apprentices are offered the best development package, in a way which cultivates a growing and innovative workforce. The investment in apprenticeships will provide staff with valuable qualifications and support a culture of valuing staff by 'growing your own'. The Levy can also be used to attract new staff, as an affordable alternative to the traditional university route. Offering new employees, the opportunity to further their career and gain a qualification while being paid can be very attractive. The use of apprenticeships will be based on careful workforce planning to ensure that the training is designed to develop the workforce required to deliver quality service in the future.

The Trust will continue to liaise regularly with Black Country partners to address the workforce priorities of; recruitment and retention, sustainable workforce models and an integrated workforce. Partners are engaged at the earliest opportunity to discuss commissioning intentions. A copy of the annual Workforce Plan will be submitted to Walsall CCG.

The effective use of resources will be supported by a co-ordinated Trust-wide approach, which links proposals outlined in 'Model Hospital' to a long-term focus on maximising workforce productivity through the use of technology and data. This approach will contribute towards reductions in sickness absence, temporary staffing reliance and turnover during the next 12 months, key components of the Trust's sustainability model.

Internally, safe levels of care will be met through the adoption of new roles such as Trainee Nurse Associates, Advanced Clinical Practitioners and Physician Associates, reducing reliance upon hard-to-fill nursing and medical posts and contributing to reduced temporary staffing expenditure.

The introduction of new roles must be carefully considered and have robust processes in place to demonstrate expected impact, contribution to sustainability and where cost savings will be released. The integration into the establishment and budgets made available as part of financial planning must also be considered. This is a move away from the historical process of workforce planning being driven by finance rather than based on service requirements to meet patient needs and the Trust's vision.

Colleagues will be supported throughout their employment lifecycle, with Health and Well-being initiatives championed which place work-life balance at the centre of good practice. National recognised evidence, such as the 'BMA Fatigue and Facilities Charter', will be used to inform absence management strategies aimed at alleviating triggers for stress/anxiety illnesses. The importance of taking a holistic view to reduce sickness absence cannot be understated. Workforce intelligence will be triangulated against estate management and infection control analysis to identify sustainable interventions which protect the welfare of both patients and colleagues.

Staff Engagement programmes will play an important role in ensuring the workforce remains engaged and empowered during significant service improvement, mitigating against the risks associated with such a rapid and significant pace of change. Changes to working practices will be owned and implemented in partnership with colleagues.

The above plans support our ambition to be an employer of choice with highly motivated and trained staff, equipped to deliver high-quality care.

Appendix 6: Walsall Together implementation timeline.

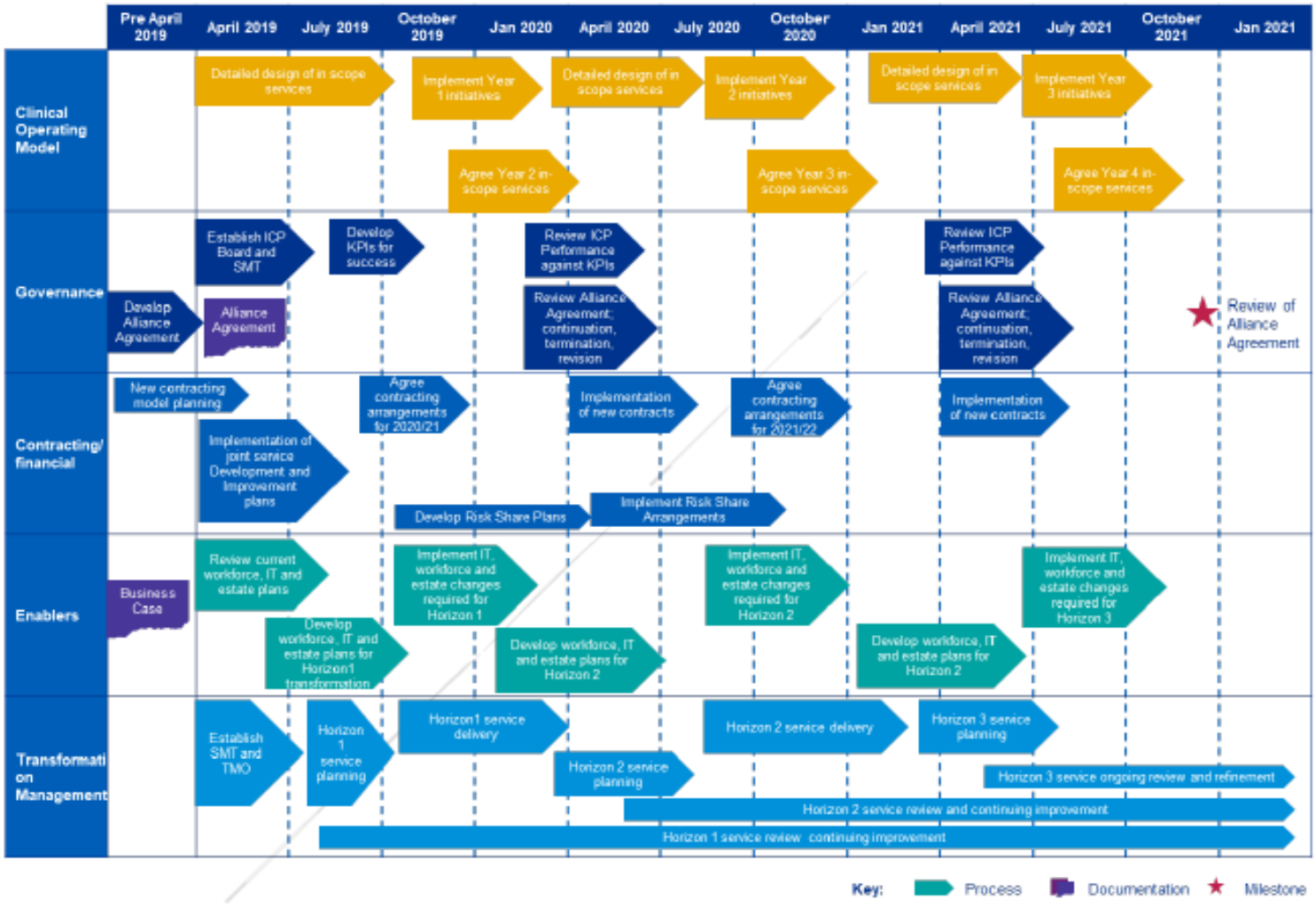


Figure 2 Implementation Timeline

MEETING OF THE PUBLIC TRUST BOARD – 4th April 2019			
Partnership Update April 2019			**AGENDA ITEM: 15**
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. This includes the following; • Walsall Together Implementation Time Line - March / April 2019 • Acute Clinical Service Development • Therapy Service Review • Trust Clinical Senate conversation. The paper doesn't ask for any additional actions or resources beyond those that have already been provided however it does outline the expected next steps in each area.		
Recommendation	Board members 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 paper outlines the progress made to mitigate two BAF risks 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. Failure to progress the delivery of the Walsall Integrated model for health and social care.		
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
APRIL 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. WALSALL TOGETHER IMPLEMENTATION TIME LINE MARCH-APRIL 2019

Following the approval of the Walsall Together Business Case and the Trust being nominated by all Walsall Together partners as the Host Provider, an implementation timeline for March and April has been developed which outlines the immediate work to be undertaken:

- Close down of the business case workstreams (scheduled for pre April 19) and remodelling where required.
- Establishment of programme governance including Integrated Care Partnership Board (ICP), Senior Management Team (SMT) and transformation methodology.
- Detailed development of the plan for Horizon 1 (2019/2020) and a high-level overview of the full four year programme.
- Completion of the core documents with Walsall Together Partners to be approved at the first ICP Board during April 2019.
- Bringing first stage implementation plan, from ICP Board to Trust Board in May 2019

The business case identified digital technology, estates and workforce as enablers, in addition to this communications and marketing and patient and public engagement have been included.

Appendix 1 – Implementation Time Line

3. ACUTE CLINICAL SERVICE DEVELOPMENT

The Trust continues to work on services that have been identified within the sustainability reviews as benefitting from a network approach. Whilst some of these are internal programmes of work, there are three notable services that are undergoing

wider partnership coordination. This work is being overseen from an STP perspective by the Clinical Leadership Group which is represented by our Trust by Matthew Lewis as the Medical Director

The Trust has a strong Dermatology service that is recognised as a strength across the Black Country. The Trust is therefore talking to other providers across the Black Country to see how we network our expertise to redesign the access pathways in this service. The current service has a very traditional outpatient model but there is a clear ambition from service leads to introduce digital technology linking specialist advice directly with primary care without the need for an appointment. This work will be further enhanced following conversations with primary care about exploring a "GP with Special Interests" model. This development will allow more patients to be seen and advised closer to home with remote consultant support. This will also improve the resilience of outpatient pathways remaining that can be prioritised for urgent cases such as potential Cancers.

The Trust's Urology service has been working with colleagues at The Royal Wolverhampton NHS Trust to see how the two services can work in a clinical network. This is especially important given the continued growth of referrals in this service year on year without the comparable growth in the workforce. There is a developing shared ambition to reinforce the services on both sites with a shared workforce model and clearer pathways for specific treatments at specific sites. The current planning will include proposals to provide a more resilient level of emergency cover across the network which is reinforced in the national benchmarking that is provided through the "Get it right first time" programme. In addition to this, work with primary care is underway to support the proactive management of certain patient groups through the integrated locality teams.

The Medical Director and I are confident that definition of both pieces of work will be ready for review in the next few months.

The Trust reconfigured the way in which Stroke patients are managed following the first phase of the sustainability reviews. The service which now provides Hyper Acute and Acute care at New Cross Hospital continues which also transfers patients requiring rehabilitation either back to a bed in the Trust or into an early supportive discharge pathway in the community. The service remodelling has been in place for 12 months and has been working well to date. The final stage of the plan, which was always going to be staggered to promote stability will be the completion of a post implementation review and to move the rehabilitation beds into the community. This review is currently underway and results and remaining actions are expected in Q1 2019/20.

4. THERAPY SERVICE REVIEW

It is widely accepted by the Trust and Walsall Together partners that a complete review of therapy services is now the next step to improve supportive discharge of patients and better care within the community. To enable this to happen, the Trust has committed initially with Adult Social Care to a complete redesign of therapy pathways

which will start with a benchmarking review of successful models around the country. This will also be supported centrally with the help of key national leaders in the therapy and allied health professionals' networks. It is anticipated through a series of joint workshops with Walsall Together partners that the Trust will be able to commence pathway changes during Q2 2019/20.

5. TRUST CLINICAL SENATE

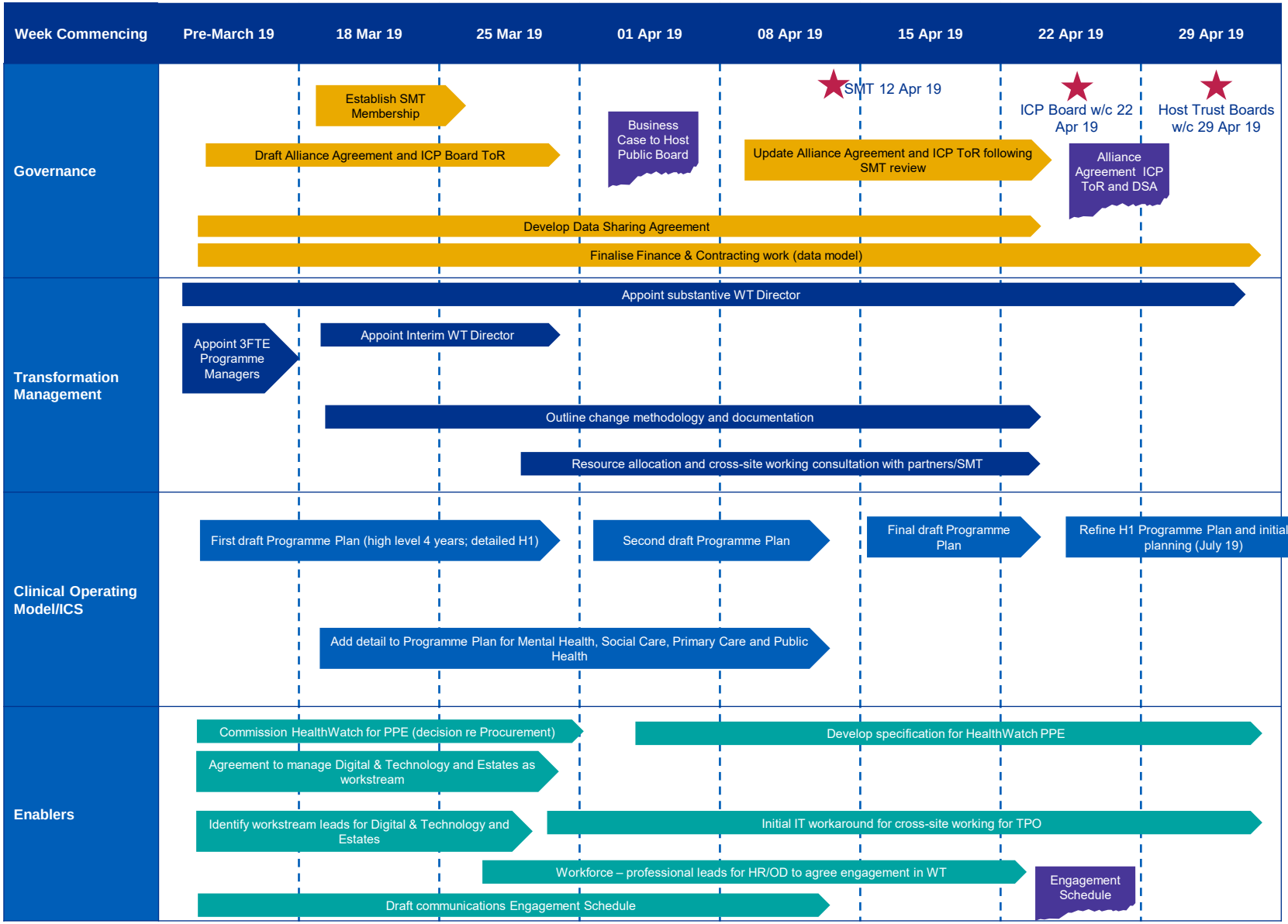
Finally, the Trust held a clinical senate event last month to engage with clinical leaders across all specialities to understand their thoughts and contributions to the Walsall Together and Acute Service Sustainability work. Whilst the latter is well mapped, it was helpful to have cross discipline conversations about how networks can great support each other. The output from this event will be built into both the Walsall Together and STP plans as appropriate.

6 RECOMMENDATIONS

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

Jane Sillitoe – Walsall Together Programme Manager
22nd March 2019

March/April 19 Implementation Timeline



MEETING OF THE PUBLIC TRUST BOARD – Thursday 4th April 2019			
Equality, Diversity and Inclusion Strategy 2019-2022			**AGENDA ITEM: 16**
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	The Equality, Diversity and Inclusion Strategy has been considered by the People and Organisational Development Committee and comments have been reflected within the Strategy. The Strategy sets out the Trusts commitment to providing outstanding care and in doing this working with and involving our patients, partners and stakeholders to tackle health inequality in Walsall. Equally the Strategy outlines the Trust commitment to making sure our workforce, many of whom live in Walsall, live our values at work and can contribute to our comprehensive improvement programme to achieve our vision of being an outstanding provider by 2022. The Strategy aligns to our overall strategy specifically that we want Walsall Healthcare NHS Trust to be recommended as a place to work and recommended as a place to be treated. Members of the Trust Board are asked to note that the EDI strategy will remain a dynamic document and will be an iterative document that will enable the Trusts improvement journey. There are immediate plans to co-create the detailed action plan that will support the delivery of EDI outcomes.		
Recommendation	1) Members of the Trust Board are asked to approve the EDI strategy and note the Equality Objectives contained within the Strategy, along with the EDI Strategy itself will be published on the Trust website during March 2019. 2) The detailed action plan supporting the implementation of the EDI Strategy will be co-designed with staff and partners and to future People and OD committee meetings as scheduled for assurance.		

Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	The report and publication of the EDI strategy supports the Trust's compliance with its contractual and statutory obligations and duties relating to Equality and aims to mitigate BAF 009 Failure to promote, develop and support a culture which values equality, diversity and inclusion	
Resource implications	None	
Legal and Equality and Diversity implications	The purpose of the EDI strategy is to provide a framework for managing and developing the Trust approach to Equality, Diversity and Inclusion.	
Strategic Objectives	Safe, high quality care ☐	Care at home ☐
	Partners ☐	Value colleagues ☒
	Resources ☐	

Walsall Healthcare NHS
NHS Trust

Equality, Diversity & Inclusion Strategy 2019-2022

Walsall Healthcare
NHS Trust

Caring for Walsall together

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

Equality, Diversity & Inclusion Strategy 2019-2022

Walsall Healthcare NHS Trust

FOREWORD

We are committed to providing outstanding care and we will do this by working with and involving our patients, partners and stakeholders to tackle health inequality in Walsall. Equally we are committed to making sure our workforce, many of whom live in Walsall, live our values at work and can contribute to our comprehensive improvement programme to achieve our vision of being an outstanding provider by 2022. We will create an inclusive culture, by celebrating the diversity of our workforce and borough, by learning from best practice and by identifying and taking positive action to reduce any evident inequality. We want Walsall Healthcare NHS Trust to be recommended as a place to work and recommended as a place to be treated.

Walsall Healthcare Trust's aim is to ensure the diverse needs of our patients, partners, communities, service users and staff are provided for and that we improve patient involvement and experience when using our services and improve the reputation of the Trust as a place to work for staff during their employment with the Trust.

The Trust Board is committed to further improve our workforce performance and culture and have signed up to this pledge:

"We, your Trust Board, pledge to demonstrate through our actions that we listen and support people.
We will ensure the organisation treats people equally, fairly and inclusively, with zero tolerance of bullying.
We uphold and role model the Trust values chosen by you".

We will use the governance and accountability frameworks in place within the Trust to measure and evaluate our performance on the action plan being developed to support this strategy.

This will take place through the Equality, Diversity and Inclusion Group which is a multi-disciplinary staff group including EDI champions, patient experience lead, staff side representatives, Executive lead and is chaired by a Non-Executive Director of the Trust Board. The People and Organisational Development Committee which is a sub-committee of the Trust Board will take oversight and review progress on a regular basis in order to provide assurance to the Trust Board.

This strategy provides an initial framework to help us progress this ambition; it is a dynamic and iterative document that will be continuously reviewed to align with the Trust's improvement programme.

The next step is to work with stakeholders to co-create the detailed action plan that will support the delivery of EDI outcomes.

Board Signatures.

PURPOSE

This inclusion strategy describes our vision and direction when implementing equality and diversity and inclusion within our Trust both for our service users and workforce. The Strategy sets out our aim and objectives and key priorities for the next three years (2019-2022), this will be based on an iterative approach and the strategy will be reviewed on a regular basis.

We recognise the importance of ensuring our services are fair and equitable to all and that the diversity of our staff, service users, partners and any visitors to our services is celebrated. We expect everyone who visits our hospital or any of our community sites, comes into contact with any of our services or works for the Trust to be able to participate fully and achieve their potential in a safe and supportive environment. We welcome all service users and members of staff inclusive of race, sex, disability, sexual orientation, gender reassignment, marriage and civil partnership, pregnancy and maternity, age, religion or belief.

Walsall is a diverse borough; however, there are significant areas of deprivation and differentials in health outcomes across the borough, we are the 30th most deprived borough in England with black and minority ethnic residents representing 27% of our borough's population. Within our workforce there are differentials in workplace experience and career outcomes. This strategy is part of the Trust's improvement ambition and will be refined as we build the programme, the development of the action plan will be an iterative process as we learn from others and design and develop outcomes with stakeholders.

INFLUENCES THAT SHAPE OUR STRATEGY

Equality is about a fairer society where everyone can participate and have the same opportunity to fulfil their potential.

Within equality there is **Diversity** is which we celebrate and value the full range of difference between people both in the workplace and in wider society.

Inclusion is when individuals needs are included without prejudice or discrimination, societies can access a wider pool of talent, commitment and experiences, taking the best from all backgrounds. To achieve this, we need to be inclusive ensuring everyone is involved not in spite of their differences but because of them.

With this comes greater healthcare equality, a workforce that is dedicated to the Trust values and vision of Caring for Walsall Together as part of the Walsall Together Partnership, resulting in a better patient experience and outcomes.
This strategy is influenced by 'statutory requirements', standards and duties as well as the Trust's Values and Behaviour Framework.

This strategy will support the Walsall Together Partnership as it develops, the purpose of the Walsall Together Partnership is to provide an integrated care model where partners (Walsall Healthcare Trust, Walsall Council – Adults Social Care, Public Health and Children's services, Dudley and Walsall Mental Health Trust, Walsall CCG, All Walsall GPs and One Walsall) work together in integrated ways to improve the Health and Wellbeing outcomes of the population of Walsall.

Some of the Walsall population are also our employees; we will work with our staff groups to ensure the workforce at all levels is more representative of the communities living in Walsall and we can measure that improvement. We will support those furthest from the job market to gain work. We will ensure the systems and processes are in place to further support, recruit and retain talent and where pockets of under-representation or differential experience are identified, plans will be put in place to eliminate discrimination and disadvantage.

LEGISLATION AND NATIONAL STANDARDS

The Equality Act 2010 protects people from discrimination in the workplace and in wider society. The Act makes it unlawful to directly or indirectly discriminate, based on one or more of the 9 protected characteristics. To ensure the public sector organisations are accountable for their performance on equality and transparent in their practices the Public Sector Equality Duty (PSED) was introduced in the Equality Act.

The Human Rights Act asserts the right to liberty and security; respect for private and family life; freedom of expression; and freedom of thought, conscience and religion. The Act protects the right to enjoy these freedoms without discrimination. At the core of the Human Rights and healthcare delivery are the principles of **FREDA.**

- **Fairness**
- **Respect**
- **Equality**
- **Dignity**
- **Autonomy**

National Standards set out priorities for quality improvements in health and social care by executive non-departmental public bodies such as NHS England, examples include:

The Workforce Race Equality Standard (WRES) measures 'race equality' within the workforce. The standard provides the opportunity for us to identify trends and themes and recognise potential inequalities related to race and track what progress we are making to identify and develop Black and Minority Ethnic (BME) staff in our workplace.

The Workforce Disability Equality Standard (WDES) aims to tackle the inequality & discrimination sometimes faced by people with a disability within the NHS workforce, to promote equality and to help us maximise the potential of all our employees.

The Gender Pay Gap Reporting aims to identify pay gap between men and women and employers with 250 or more employees must publish and report specific figures about their gender pay gap.

The Accessible Information Standard (AIS) details an expectation on us to communicate with or provide information to patients, service users and carers with a disability, impairment or sensory loss and do so in a way that is relevant to their needs.

People from protected characteristic groups can experience a combination of exclusion, alienation, bullying and harassment, isolation and may also have problems accessing public services. There is mounting evidence that stigma, prejudice, and discrimination create hostile and stressful social environment that can lead or contribute to mental health problems. Health inequalities are avoidable as well as unjust, unfair and unlawful.

The Equality Act 2010 requires all public sector organisations, including Walsall Healthcare Trust to publish equality objectives every four years. The Trust has to publish details of engagement work that has taken place to develop and evidence the Trust's Equality objectives, the objectives continued within this document will be subject to ongoing consultation and engagement and will be refreshed each year.

2016 RMB REVIEW OF EQUALITIES PROVISION

The setting of the Trust's four new objectives is based on a gap analysis that was carried out in October 2016 by an Equality and Diversity Practitioner (RMB) to review Equality and Diversity provision across the Trust. The review included a progress map against key legislative requirements, targets and indicators used to measure success or compliance. The RMB Review provided a strategic direction for the organisation in the delivery of EDI. The four objectives support the delivery of the Trust's statutory, regulatory and public sector equality duties and are still current requirements.

WHAT WE HAVE ACHIEVED SO FAR (2016-2018)

- The approval of the Equality, Diversity and Inclusion (EDI) agenda as a key theme of the Patient Experience Strategy
- Formalised the Trust EDI reporting structure providing a leadership commitment to drive forward change. Terms of reference for committee/groups and meetings agreed
- Established delivery groups for workforce and patient EDI actions arising from the gap analysis
- WRES action plan drafted and amended
- Agreed the approach to EDS2 assessment and grading
- Undertook an audit of equality analysis of workforce policies and EqA's updated
- LGBT and Black History Month celebrated with displays and communications on the theme of 'LGBT + Health Pioneers'
- International Women's Day celebrated with colleague stories and communications
- Audit and improvement of inclusive practice in WHT training courses underway
- Plans made for celebration of Equality, Diversity, and Human Rights Week (mid-May), Gypsy Traveller and Roma History Month (June) and Disability Awareness Day (12 July)
- Preparation for development of good practice guide for care of trans patients underway
- Preparation for WRES and Gender Pay Gap reporting and subsequent actions
- Introduction of values and behaviours, continuing staff engagement campaign work to support an inclusive culture across the Trust where diversity is embraced
- Appointment of EDI manager – in post since September 2018
- Successful LiA event with more to follow
- EDI champions identified through the LiA
- Partcipation in the Equality, Diversity & Human Rights week in May
- Participation in the Stepping Up Programme for BAME staff
- Embedded Equality monitoring into the complaints process

OUR EQUALITY OBJECTIVES FOR 2019-2022:

Objectives	Outcome	How	Timescale
Education, Empowerment and Support	To have a workforce that is more representative of the community it serves with measurable improvement evidenced by 2022 through effective recruitment, selection and promotion in order to positively attract, retain and support the progression of all staff at all levels across the Trust	All staff understand their responsibilities around Equality, Diversity & Inclusion and how they can contribute to creating a supportive place to work Establish staff networks that promote best practice for supporting people from protected groups at work and celebrate workplace contributions Publish an Annual Equalities report and develop plans to ensure our workforce is representative of the communities we serve at all levels of the Trust and to use people management metrics to measure outcomes. To explicitly detail outcomes expected from WDES / WRES/Gender Pay Gap Reporting and EDS2 and to review outcomes bi-annually. For staff and stakeholders to co-design an action plan with meaningful milestones for EDI improvement based on learning from best practice nationally.	Induction Training, mandatory training and workshops Throughout 2019 each month. April -July 2019 July 2019 – Annual Equalities Report to Trust Board through undertaking the NHS Employers: Comparative Tools (Measuring Up: Your community and your workforce) December 2019 and July 2020 To review progress against milestones on a bi-annual basis at PODC and Trust Board
Inclusive Leadership	To ensure our leadership is committed to and positively promotes the creation of an environment that acts upon the FREDA principles to understand, promote and value equality, diversity and inclusion and to ensure these principles are embedded in the improvement program and all that we do. To ensure the Trust values and behaviour framework are reported as experienced by all. To build the outcomes of best practice in EDI Leadership to ensure our processes, systems and procedures positively promote equality, diversity and inclusion in delivery.	Deliver EDI masterclass for the board and all leaders Ensure the Trust Board are engaged in WRES & WDES, Gender Pay Gap and EDS2 reporting in understanding the issues and challenges. Quarterly report to People and OD committee Bi-annual report to Trust Board. The Board act as champions for EDI and hold to account on the Board Pledge. Empower and improve leadership opportunities for under represented groups and review existing provision of career development opportunities through developing the Trust approach to talent management.	To train all leaders by December 2019 Annual Equalities Report to Trust Board to identify the evidence based issues July 2019 and reviewed December 2019. Quarterly pulse check surveys for staff and patients on values and behaviours include values within the Accountability Framework. Bi-annual review on the delivery of the Trust Board pledge July and December each year. Introduce equality, diversity and inclusion outcomes and metrics within the Trust Accountability Framework. Implement the NHS Leadership Academy approach to talent management for review December 2019.
Accessibility	Improve accessibility of our services by ensuring a robust comprehensive Equality Analysis underpins all service provision and ensure the implementation of Accessible Information Standards for people who have a disability or sensory loss	Ensure Equality Impact Assessments are undertaken for all Trust activity Improve communication and information access for those who have a disability, sensory loss, who do not speak English as their first language and those who have difficulty in reading or writing. To record and monitor communication needs.	Ensure compliance by the end of the calendar year 2019
Patient and Service Delivery	Involve those who use our services in the design and delivery of those services by reviewing the systems, processes and procedures to positively promote equality, diversity and inclusion in delivery, and co-create a framework for this by March 2020.	Engage stakeholders and local communities in the EDS2 grading process, WRES, WDES and Accessible Information standards. Widen our involvement with local communities for patient experience and involvement. Develop accessible and inclusive engagement processes so that patients, carers and service users are empowered to influence patient experience of healthcare and reduce health inequalities.	Annual review and update on EDS2 to be published on the website by 30th March 2019 Review September 2019 Review September 2019

OUR KEY PRIORITIES FOR THE NEXT THREE YEARS (2019-2022)

- Continued building partnership with community groups and local stakeholders including 'Walsall Local Integration Partnership'
- Continue to work to ensure that equality, diversity and inclusion continues to be an integral part of our workforce planning to improve patient outcome and experience
- Provide monthly updates EDI matters to the Equality Diversity and Inclusion Committee (EDIC) for discussion and action planning and to People and Organisational Development Committee and Trust Board each quarter for assurance.
- Finalise robust monitoring arrangements to ensure we collect and analyse data relating to staff with protected characteristics in connection with recruitment, promotion, disciplinary action and leavers
- Value based recruitment (in implementation phase) to be included in the Trust by September 2019.
- Review our Training Needs Analysis to ensure all training is linked to workforce planning to ensure fair process of development opportunities
- Identify ways to encourage and support more female consultants to apply for Clinical Excellence Awards as part of reducing the Gender Pay Gap
- Work to redress recruitment inequity by ensuring a diverse panel that represent our community and workforce, to be achieved through introducing a pool of trained staff who can be called upon to sit on panels
- Continue to support and participate in national and local events that embrace diversity
- Continue to support training programmes such as Stepping Up identify ways to encourage current and future participants to access mentor opportunities with members of the Trust Board
- Develop a formal approach for staff networks to ensure a robust framework is in place for inclusive approach to staff engagement
- Review the current Equality Impact Assessment and ensure it is fit for purpose and is embedded
- Improve and continue to improve our equality performance and deliver better outcomes for patients, communities and emplyess which are personal, fair and diverse
- Support community events where the Trust plays an active part in the delivery of healthcare for people
- Review the current Equality, Diversity e-learning to ensure it is in line with current legislation, i.e the Autism and Disability Act
- Progress onto the level 2 as a Disability Confident Employer
- Register our interest to be a a partner in the 'NHS Employers Diversity and Inclusion Partners for 2019-2020
- Implement the Workforce Disability Equality Standard (WDES) to improve the workforce experience of staff who have a disability
- Act on recommendation identified through the annual Workforce Race Equality Standards and gaps highlighted in the EDS2 Grading Assessments
- This EDI strategy is our Trust Statement of intent, further work with partners, service uses and staff will take place develop actions and outcomes required to improve the Trust's performance against these priorities and outcomes.

Equality, Diversity & Inclusion Strategy 2019-2021

Walsall Healthcare NHS Trust

Draft 02: March 2019

Caring for Walsall together

MEETING OF THE PUBLIC TRUST BOARD – 4th April 2019			
Quality, Patient Experience & Safety Committee Highlight Report			**AGENDA ITEM: 17**
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 report from the Quality, Patient Experience & Safety Committee held on the 28th March 2019 chaired by Mrs Anne Baines, Non-Executive Director. The Committee resolved to highlight the following items: • Hospital Acquired Infections • CNST incentive scheme • Pressure ulcers improvements • MCA stage 2 compliance • Equipment replacement programme • EMSA compliance statement • End of Life Strategy		
Recommendation	Members of the Trust Board are asked to note the report and support any further action required.		
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: March 2019

Highlight Report to the Trust Board

Report for Trust Board meeting on:	4th April 2019
Report From:	28th March 2019

Highlight Report:

Hospital Acquired Infections
At the date of the committee meeting there has been a total of 17 hospital acquired C. Diff infections and 2 MRSA bacteraemia to February 2019.

CNST Incentive scheme
The committee received assurance that the Trust is achieving against 6 of the 10 patient safety standards and plans are in place to achieve the remaining 4. The Committee is seeking assurance in May to ensure we are managing any risks to full achievement and any associated mitigations

Pressure Ulcers Improvements
The committee has seen a positive trend in the reduction of acquired pressure ulcers and wished to highlight to the board the improvements as a result of the interventions put in place.

MCA Stage 2 Compliance
The committee recognises that the training for MCA is taking place however compliance with MCA when undertaking DNACPR is concerning. Therefore the committee continues not to be assured.

Equipment Replacement Programme
The committee received reassurance of the first phase of the planning process of risk assessing the entire equipment programme together with backlog maintenance.
The committee will receive the second phase report next month with the processes for equipment replacement based on risk and highlighting gaps and mitigation

EMSA Compliance Statement
The committee approved the compliance statement

End of Life Strategy
The committee approved the end of life strategy and recommend it to the Board for ratification.

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

Walsall Healthcare NHS
NHS Trust

Nursing/Deputy Chief Executive

March 2019

MEETING OF THE PUBLIC TRUST BOARD – 4th April 2019			
Performance, Finance & Investment Committee (PFIC) Highlight Report			**AGENDA ITEM: 18**
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 in March 2019 for escalation to the Trust Board, namely; • Trust Board agreed a £15.6m operational deficit 2018/19 (£10.6m after receipt of £5m Provider Sustainability Funds - PSF). However, the run rate driven in part by temporary workforce (exceeding £2m per month) combined with non-delivery of productivity work-streams and low births resulted in a forecast unmitigated financial outturn of £31.6m • A Financial Recovery Plan (FRP) endorsed by Board did not deliver the benefits as profiled, the Trust now forecasting a £28m deficit in year • FRP review in Committee noted improvements to productivity work-streams (theatres & outpatients forecast to deliver in March). However, temporary workforce costs remain excessive and a key risk in 2019/20 • PFIC identified a £0.5m risk for 2018/19 outturn and £0.5m per month run rate risk moving into 2019/20, the Trust heading for a £28.5m deficit (excluding impacts of resolution from historic disputes) • Trust has a £27.1m deficit year to date, £14m adverse to original plan The Chair noted the risk to attaining the £28m deficit and impact on the exit run rate into 2019/20, and the Chief Executive Officer (CEO) re-iterated a focus placed upon operational delivery as detailed below; • CEO leading Theatre utilisation with Chief Operating Officer (COO) • Temporary workforce Medical expenditure report to be presented at Board, an expenditure plan for 2019/20 presented to April 2019 PFIC • Temporary workforce (nursing) April 2019 PFIC to receive a forecast run rate for the year (actions to mitigate sickness & fill rate above 95%) • Enhanced grip and control, to include non-pay and pay to continue • An escalation meeting with the Non-Executive to document measures of further grip to be implemented in April 2019 The Trust had achieved strong performance in constitutional standards; • The Cancer 62 day and 6 week diagnostic targets continue to deliver • ED and RTT performance had improved in year and compared well when viewed against peers (though below constitutional standards) Members noted the strong performance and debated the potential for the performance to be impacted upon from enhanced financial stewardship, with the Chair requesting any impacts on performance and quality be reflected within the Annual Plan for 2019/20.		

	Members reviewed the previously approved business cases for investment into Nurse rostering and senior Nurse leadership, with the approval to precede pending identification of funds to support the developments. Members approved the Cyber Security business case, the funds contained within the budget and renewal of protection essential.	
Recommendation	Members of the Board are asked to note the business of the meeting and risk to delivery of the outturn 2018/19, and run rate risks moving into 2019/20.	
Risk in the BAF or Trust Risk Register	This report aligns to the BAF risk associated with delivery of the financial plan, with the risk rated as red at present (high risk of failure to attain delivery and likely significant consequence).	
Resource implications	The implications centre upon financial support needed above current plan (increased interest charge impacts) and the effect on 'use of resources' rating	
Legal, 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 ☒	

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 March 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 meeting in March 2019 for escalation to the Trust Board, namely;

- Trust Board agreed a £15.6m operational deficit 2018/19 (£10.6m after receipt of £5m Provider Sustainability Funds - PSF). However, the run rate in part driven by temporary workforce (exceeding £2m per month) combined with non-delivery of productivity work-streams, low births and therefore lost PSF resulted in a forecast unmitigated financial outturn of £31.6m
- A Financial Recovery Plan (FRP) endorsed by Board has not delivered the level of savings needed, with the Trust re-forecasting the outturn to be £28m for the year
- Members reviewed the FRP and noted the improvement in regard to productivity work-streams (theatres and outpatients forecast to attain March FRP). However, the temporary workforce costs remain off plan and a key risk moving onto 2019/20
- The debate at PFIC indicating a risk to delivery of £0.5m for the 2018/19 financial year and £0.5m per month moving into 2019/20, the Trust heading for a £28.5m deficit (excluding impacts of resolution from historic disputes)
- Trust has a £27.1m deficit year to date, £14m adverse to the original plan year to date

The Chair noted the risk to attaining the £28m deficit and impact on the exit run rate into 2019/20, and the Chief Executive Officer (CEO) re-iterated a focus placed upon operational delivery as detailed below;

- CEO to continue to lead improvements in Theatre utilisation / Waiting list initiatives in conjunction with the Chief Operating Officer (COO)
- Temporary workforce (Medical) report to be presented to Board and a plan for expenditure in 2019/20 to be presented to April 2019 PFIC
- Temporary workforce (Nursing) a report to be presented to April 2019 PFIC detailing forecast run rates for the year, to include further mitigations needed to off-set sickness and fill above 95%
- Enhanced grip and control, to include non-pay and pay to continue into the new financial year (to include all temporary workforce costs)
- An escalation meeting with the Non-Executive to document additional measures of further enhanced grip to be implemented in April 2019 to ensure delivery of financial balance

2.3 Trust performance against constitutional standards

The Chair noted the increased visibility of trend information contained within the constitutional standards report, welcoming further trend analysis and projections moving forwards, key items of note being;

- 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)
- ED case mix presenting to the Trust and the more complex nature of the conditions now being seen within the Acute setting following developments within Primary Care

Members noted the strong performance and debated the potential for the performance to be impacted upon from enhanced financial stewardship, with the Chair requesting any impacts on performance and quality be reflected within the Annual Plan for 2019/20.

2.4 Business cases

Members reviewed the previously approved business cases for investment into Nurse rostering and leadership, with the approval to precede pending identification of funds to support the developments.

Members approved the Cyber Security business case, the funds contained within the budget and renewal of protection essential to protect the Trust from Cyber-attack.

The Chair re-iterated the process endorsed by Trust Board for the save to spend approach initiated in year, which results in all business cases outside of the agreed £2.4m identified within the 2019/20 financial plan to require alignment to a budget prior to proceeding.

3. RECOMMENDATION

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