Walsall Healthcare NHS
NHS Trust

MEETING OF WALSALL HEALTHCARE NHS TRUST BOARD OF DIRECTORS TO BE HELD IN PUBLIC ON THURSDAY 6 JUNE 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	
3.	Quorum and Declarations of Interest	Information	Chair	ENC 1	
4.	Minutes of the Board Meeting Held on 2nd May 2019	Approval	Chair	ENC 2	
5.	Matters Arising and Action Sheet	Review	Chair	ENC 3	
6.	Chair's Report	Information	Chair	ENC 4	1410
7.	Chief Executive's Report	Information	Chief Executive	ENC 5	1415
SAFE HIGH QUALITY CARE					
8.	Monthly Nursing and Midwifery Safer Staffing Report	Discussion	Director of Nursing	ENC 6	1420
9.	End of Life Strategy	Approval	Director of Nursing	ENC 7	1430
CARE AT HOME					
10.	Integrated Care Partnership Progress Report	Approval	Director of Strategy & Improvement	ENC 8	1440
BREAK – TEA/COFFEE PROVIDED					1450
VALUE COLLEAGUES					
11.	Freedom to Speak up	Review	Freedom to speak up Guardians	ENC 9	1455
12.	Guardian of Safe Working Annual Report	Approve	Guardian of Safe Working	ENC 10	1505
13.	Staff survey action plan	Review	Director of People & Culture	ENC 11	1515

ITEM		PURPOSE	BOARD LEAD	FORMAT	TIME
RESOURCES					
14.	Performance Report	Discussion	Director of Finance & Performance	ENC 12	1525
15.	Impairment update report	Information	Director of Finance & Performance	ENC 13	1540
GOVERNANCE AND COMPLIANCE					
16.	Audit Committee Highlight Report	Information	Committee Chair	ENC 14	1600
17.	Quality, Patient Experience and Safety Committee Highlight Report	Information	Committee Chair	ENC 15	1605
18.	Performance, Finance & Investment Committee Highlight Report	Information	Committee Chair	ENC 16	1610
19.	POD Highlight Report	Information	Committee Chair	ENC 17	1615
20.	**QUESTIONS FROM THE PUBLIC**				
21.	**DATE OF NEXT MEETING** Public meeting on **Thursday 4th July 2019** at 14:00 at the Manor Learning and Conference Centre, Manor Hospital				
22.	**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 6th June 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 May 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
Mrs Sally Rowe	Associate Non-executive Director	Executive Director Children's Services, Walsall MBC
		Trustee – Grandparents Plus, registered charity
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 Improvement	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/Deputy CEO	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 Northern School Of Art
		Director - Dev Co (Subsidiary company - The Northern School of Art)

Report Author: Jackie White, Interim Trust Secretary
Date of report: May 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 2ND MAY 2019 AT 2:00 p.m. AT PINFOLD HEALTH CENTRE, FIELD ROAD, WALSALL

Present:

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

In Attendance:

Dr E England	Associate Non-Executive Director
Ms S Rowe	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)
Mrs A Davies	Deputy Director of Nursing (until item 9)

Members of the Public 0
Members of Staff 3
Members of the Press / Media 0
Observers 0

021/19 Staff Story

Ms Rachael Purohit, Locality Lead attended the meeting to talk about her journey from a student to staff nurse to Locality Lead and the experiences she had gained from working at the Trust. Ms Purohit discussed with members that she had been supported by her managers over the years to participate in training and development which had allowed her to progress into senior nursing and leadership roles. Ms Purhoit informed members of the work of the team and the plans for the future.

Ms Oum thanked Ms Purohit and members of her team for attending and sharing the work of the team which characterised their passion and commitment.

Mr Beeken acknowledged that the integration of health and social care was beneficial in assisting patients and avoiding hospital admission. Mr Beeken queried what difference could be made if the capacity of the service increased.

Ms Purohit answered that increased capacity would have a huge impact, giving teams more time to spend with patients, spotting other conditions that patients may be suffering from and the teams would be able to provide better care.

Mrs Bradbury asked whether there was opportunity to capture patient feedback in order to learn from.

Ms Purohit replied that Friends and family test results were reviewed and the teams received lots of cards and compliments.

Ms Donna Chaloner, Divisional Director of Nursing - Community, who was observing the meeting, expressed how proud she was of the team and the work they did.

Ms Oum thanked the extended team for arranging Board Walk visits and the work they do.

022/19 Apologies for Absence

Mrs A Baines, Non-Executive Director
Dr K Dunderdale, Director of Nursing/Deputy Chief Executive
Mr A Yates, Associate Non-Executive Director

Ms Oum welcomed Ms Sally Rowe, Associate Non-Executive Director and Director of Children's Services at the Walsall MBC.

Ms Oum gave thanks to Ms Paula Furnival's contribution as Associate Non-Executive Director, who had recently stepped down.

023/19 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.

024/19 Minutes of the Board Meeting Held in Public on 4th April 2019

Dr Lewis informed that item 010/19 on page 5 should read 'Dr Richard Wilson, NHSI, was invited by the Trust to undertake a board development session on Mortality'.

Mrs Bradbury referenced the Chief Executive's Report in relation to the STP PMO contribution and asked if there was any update. Mr Beeken replied that all Chief Executive's within the Black Country and CCG had met and minimised the exposure of each organisation to the contribution to the STP but there was still a contribution required proportionate to turnover. The Executive Team were reviewing impact assessments.

The minutes were approved.

025/19 Matters Arising and Action Sheet

211/18 Nursing Strategy – Mr Gayle informed that an update was included within the POD highlight report.

235/18 National staff survey 2018 – Mr Gayle confirmed that the staff survey would be discussed at the next POD Committee.

011/19 Medical Workforce Transformation – Mr Dunn updated that the action was not yet complete as it had not yet been reviewed at PFIC.

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

026/19 Chair's Report

Ms Oum presented the report which was taken as read.

Resolution
The Board received and noted the Chair's report.

027/19 Chief Executive's Report

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

- The CQC inspection process including Well Led was complete. There was mixed intelligence with regard to when the Trust should expect to receive the draft report which varied from imminently until the end of June. Mr Beeken apologised that the impact assessment and options paper detailing reduction of expenditure run rate were not completed in time for consideration at the meeting but would be available for a Private Extraordinary Trust Board session in 2 weeks' time.
- Productivity and benchmarking had made progress however further work was required in relation to length of stay. Trust reputation was improving in terms of quality of work and lower waiting times.
- The Walsall Together integrated partnership business case had been reviewed by all governing bodies and reaffirmed that place based partnership work should mitigate sustainability challenges within the borough.
- Working with other Trusts on agreeing the priorities of key unsustainable acute hospital specialities was underway, managed through the clinical leadership group of the STP.

Mr Dunn advised that it would be useful for the board to get a view of the issues faced and action being taken in terms of the PCIP, particularly for those who do not form part of the Quality, Patient Experience and Safety Committee membership.

Mr Heer questioned how the Board received assurance against the risk

of delayed or unachieved targets. Mr Heer added that he had observed a decline in market share and asked what steps would be taken in order to rectify.

Mr Beeken replied that it would be preferable that during plan sign off for the year, plans included a comprehensive assessment of risk and consequence which were then prioritised throughout the year. Such practice would commence this coming year.

In terms of maturity and measurement of risk, the Board Assurance Framework would be used and set against the strategic objectives.
Action did need to be taken against market share by the creation of an action plan and grabbing opportunities.

Mr Fradgley informed that there was a dashboard available that detailed market share across the borough which included benchmark waiting times and performance. Mr Fradgley would present the dashboard report by quarter at Private Trust Board. **Director of Strategy**

Ms Oum welcomed the marked share report and asked for a link to be made to the acute service sustainability work.

Mr Heer informed that reputation played a part within an influential partnership and questioned how quickly the risks could be understood.
Mr Beeken answered that a mid-cycle refresh of corporate strategy could and should capture the options. Board members would be able to make decisions once there was confidence of accurately capturing the risks. Mr Beeken added that a refresh of the strategy was discussed at the Board Development session held the previous day and a report would be presented to the Trust Board in July. **Director of Strategy/Director of Governance**

Mrs Davies stated that the revised BAF would be reviewed at the next Trust Board and would be refreshed following the strategy.

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

028/19 Monthly Nursing and Midwifery Safer Staffing Report

Mrs Davies introduced the report which had been reviewed at the Quality, Patient Experience and Safety Committee. The following key points were highlighted:

- The opening of increased capacity beds had impacted upon temporary staffing numbers, though the number remained lower than previous years.
- Reasons for use of temporary staffing remained around additional capacity and sickness. Sickness was under a level of scrutiny and accountability had been introduced.
- Table 8 within the report outlined Tier 1 usage during nights and weekend cover.
- Table 9 within the report outlined Tier 2 agency usage due to

activity, vacancy position and sickness.
- 75% target of bank was on track.

Mr Gayle observed that the reasons for agency utilisation were well known and had been an issue within the Trust for some time. Mr Gayle asked what the plan was for addressing them and the long term resolve. Mrs Davies responded that going forward there would be more robust staffing plans, proactive management of managing vacancies and recruitment. Workforce transformation would be built in with new ways of working.

Mr Gayle queried the confidence in seeing real change. Mrs Davies was quite confident there would be change as there would be more grip, control and action taken.

Mr Beeken informed that the last winter was radically different to previous years as there were certain areas not utilised nor patients inappropriately boarded.

Mr Dunn observed significant movement in the structure of management of the issue, adding that Allocate needed to be in place. Though there would be some movement, the changes would take time, particularly with sickness. Mr Dunn queried how long it would take to see finances lined up with safe staffing elements.

Mrs Davies replied that culture change took years to achieve. Some changes had been seen within year 1, conversations were taking place and people were being held to account. It would take the rest of the year to see clear expectations and people aligning to that.

Ms Griffiths informed that policies were being co-produced with a view to helping staff and their well-being.

Mr Heer was disappointed of the progress of the 4 components and the lack of visibility of achieving results. Mr Heer stated that he would like to see greater progress, highlighting that there were still issues with rostering, not enough grip on establishment and concerns with quality issues.

Mrs Davies agreed that pace and urgency was needed and was trying to be accelerated by improving training.

Ms Rowe encouraged the Trust to work across the Health economy to help manage nurse staffing as the Local Authority had successfully managed to establish a joint approach to this.

Mr Beeken informed an attempt to standardise a sealing for agency staff had been tried before but agreed that a Black Country bank was needed.

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

029/19 Walsall Together Update

Mr Fradgley presented and highlighted the following key points:

- A Shadow Integrated Partnership Committee was taking place the following day. The first full committee would take place next month and a highlight report would be presented at Trust Board.
- Milestones and measurables of MDTs would be presented to the Board within the next 2 months.
- There was a potential opportunity of primary care networks to be explored and localities were aligned to those networks. A meeting had been arranged with three of the Locality Leads who had a mixed view of how they would integrate with Walsall Together.

Mr Dunn acknowledged the move forward but asked when benefits, key opportunities and risk would be seen.

Mr Fradgley explained that the benefits and opportunity would be available once the Programme Plan had been approved. The risk of investment in the adoption of Walsall Together was well known.

Mr Fradgley added that formal sign off would take place in 2 months' time.

Dr England referenced PCN opportunities, informing that most were nominal and in infancy, though it was likely to be different in the future.

Mrs Bradbury referenced the umbrella group and whether they would become a PCN.

Mr Fradgley replied that they would not, as it was made up of GPs throughout the Borough.

Resolution

The Board received and noted the content of the report.

030/19 Acute service collaboration update

Mr Fradgley advised that the Stroke service had now been live for 12 months and Stroke activity was included within the Performance Report. The following key points were highlighted:

- Tender activity for Dermatology was ongoing.
- The Trust Urology service had been working with Royal Wolverhampton colleagues looking at how the two services could work in a clinical network.
- Sustainability reviews were not progressing fast enough though regular STP meetings took place. Dr Lewis had been leading conversations with other Trusts, highlighting services of concern.

Ms Oum informed she had also been meeting with Black Country Chairs.

Mr Heer asked if the stroke service had benefited the people of Walsall. Mr Fradgley replied that it had and a review of the service was about to take place. Performance data indicated its success.

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

031/19 Organisational culture – Bullying and Harassment

Ms Griffiths advised that the Board had signed the pledge and encouraged that colleagues were treated fairly and inclusively. The Board would receive regular updates;

- The Trust is working with NHSI and other organisations on exploring vest practice nationally, using the tools and frameworks available to develop the outline action plan.
- Just Culture is being referenced to redefine the employment policy framework.
- Different data sources are being reviewed such as the national staff survey, exit questionnaires and Freedom to Speak Up concerns.

Mr Gayle welcomed the steps taken in relation to change but added that the Trust needed to be clear on what constituted bullying, ensuring that staff also had that level of understanding.

Mr Heer asked what had been done differently within the last three months.

Ms Griffiths replied that policies were refreshed, introduction of staff wellbeing, quality framework and imbedding of the values had all been taking place, though there was still a long way to go.

Ms Oum was pleased to see the work in progress and the attempts at moving towards mediation rather than process but cautioned to ensure that the balance was right so that colleagues were able to access formal processes should they need to do so.

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

032/19 Performance Report

Quality, Patient Experience and Safety Committee

Ms Oum informed that the meeting did not go ahead as it would not have been quorate. Ms Oum and Dr Dunderdale had reviewed the reports together and the reports that would be deferred to the next committee were listed.

There had been an improvement of the MCA/DOLS work but further work needed to be done. There had also been improvements with safeguarding but children's level 2 still wasn't where it needed to be.

Dr Lewis referenced VTE performance, advising that 3 out of 6 months had failed to achieve the target and it would not be achieved in April, which was not acceptable. An initial analysis had been carried out ward by ward, hour by hour and the results had shown that VTE was missed consistently throughout the day. There were some process issues and new members of staff had joined. Dr Lewis would feed back further reports and updates.

Mr Gayle commented that he was disappointed in this and acknowledged that the Trust had reached and sustained a level of performing well and then had slipped for 3 consecutive months.
Dr Lewis suspected there was a process of workaround in place but the focus had shifted resulting in performance slipping.
Mr Heer asked whether technology could play a part whereby it stopped the user from continuing until VTE was completed.
Dr Lewis supported the approach and Mr Fradgley would review to see if there were any options. **Director of Strategy**

Mrs Barnaby informed that a paper reporting on the Outpatient backlog, including timeframes and process would be reviewed at the next Committee.

Integration

Mr Fradgley updated that Stroke length of stay for level 4 patients was 13 days and level 5 was 43 days. Level 5 patients required a large amount of rehabilitation such as speech and language therapy.

The CCG had withdrawn the funding of the MDT Coordinator post. This has been raised formally and the Trust is awaiting response.

Rapid Response and 4 hour performance had taken a significant step forward.

The Black Country Pathology performance was now included within the report and stranded patient information would also be included moving forward.

Mr Beeken informed that the Stroke unit move to Holly Bank needed to take place. The Annual Plan also contained that assumption. The costing and planning exercise was due for completion shortly.

Mr Heer expressed concern of the worrying KPI and backlog with Pathology, asking when action would be taken to address the performance issues.

Mr Fradgley replied that the Black Country Pathology Board had raised concern. A paper would be reviewed at the Performance, Finance & Investment Committee.

Mr Beeken agreed that the move to Histology would assist in mitigating some backlog issues and there was a need to be part of a wider network.

Mr Dunn cautioned that that integration between systems would likely be an issue and that the risk may worsen before improvement was seen.

Dr Lewis informed that the trajectory was to clear the backlog by July and there were new consultants starting the following week.

People and Organisational Development Committee

Ms Griffiths stated that sickness issues had largely been covered earlier in the meeting but highlighted that the Gender Pay Gap report and WRES would be included within the Equality Report to Trust Board in July.

Discussion with the NHS Leadership Academy was on plan to deliver the leadership diagnostic to the teams of three throughout the Trust.

Performance, Finance and Investment Committee

Mr Caldicott updated that the productivity work steam for Outpatients and Theatres achieved trajectories for March and forward indicators suggested delivery for April. Focus was on sustaining future delivery.

An area of concern was the outturn of break-even. The original target was to deliver an operational deficit of £15.6m, representing a £12m adverse variance to the operational plan.

Temporary workforce costs continued to be higher than plan with expenditure standing at over £4m more than the previous year.

The key focus of the Committee was the financial controls and run rate risk.

Medically fit patients for discharge figures were discussed and recommended highlighting to Trust Board.

Ms Oum reiterated that the underperformance of finance during the last year presented a bigger task for this year. Further debate would take place during the Private Trust Board.

Mr Heer advised that the key components of deficit needed to be understood and key areas highlighted – Productivity, elective and outpatient capacity, temporary workforce, sickness levels, additional capacity and volume of movement.

Mr Dunn asked Mr Caldicott to discuss the impairment details of £6.2m covered in the report. **Director of Finance**

Mr Caldicott explained that the Critical Care Unit construction had cost £10.5m and the asset had been impaired down to just over £4m, resulting in over a £6m loss.

Mr Dunn queried whether the Board were happy with that degree of

impairment and the result of the valuation.

Ms Oum asked for a report to be compiled outlining the reasons for the impairment.

Chief Operating Officer

Mrs Barnaby informed that ED performance was off trajectory. Attendances to A&E during March had been high and were a contributory factor. From October to March, the Trust had seen a higher number of medically fit days lost with 35 beds lost at a time when emergency demand was high.

Cancer 2 week wait performance had seen improvement overall but there was further work to do. Mrs Barnaby added that there had been a four-fold increase in breast referrals across the Black Country and performance had been impaired as a result.

Board Development

Ms Oum requested that an overview of the breast referrals would be helpful at the next Trust Board. Mrs Barnaby replied that work was in progress through the Cancer Alliance and was realigning patients with breast pain. Changes made in line with the model may reduce the referral rates.

Ms Oum clarified that patients may be being referred inappropriately. Dr Lewis informed that there had been an increase in referrals but not uplift in the number of patients with cancer.

Ms Oum suggested that an ED performance Deep dive was undertaken by the Committee. Mr Dunn recommended a Board Development session to review the performance as whole.

Mr Fradgley added that a review length of stay work to review missed opportunities could also be included in the review.

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

033/19 Quality, Patient Experience and Safety Committee Highlight Report
The report was taken as read.

Resolution
The Board received and noted the report.

034/19 Performance, Finance & Investment Committee Highlight Report
The report was taken as read.

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

035/19 People and Organisational Development Committee
Mr Gayle highlighted discussion around the medical workforce programme and recommendation of concerns raised was bought to the

attention of the Board.

Mr Gayle added that there was not enough assurance nor was there appropriate representation to provide further narrative with regard to the Medical Workforce paper

Dr Lewis informed that some elements of the programme had commenced, however staff were required to run the programme including project managers and admin support and currently there was no one to cover these roles. **PFIC**

Mr Dunn requested an update at the Performance, Finance & Investment Committee in June.

Mr Gayle added that the Nursing strategy was reviewed but was felt that it wasn't necessarily a strategy, but a development plan.

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

036/19 Questions from the Public

Mr Cliff Lemord, Staff Side Representative referred to the Primary Care Network not working to pace and asked what was the impact upon the Trust.

Mr Beeken replied that there hadn't been an attempt as radical as this to organise primary care and general practice and it was a recent policy. The risk posed to the wider system was if the national policy diverged from plans that were already signed up to.

The risk was being mitigated by working with PCN leads.

Mr Lemord informed that he had had involvement with some bullying and harassment cases and believed that some of the cases strategies were bringing out bad practice. There was also concern of the speed of how issues were dealt with.

Ms Griffiths replied that Health Education England had been approached in relation to a mediation board.

Mr Lemord referenced that there were 95 beds held by well patients and asked what the cost to the Trust was.

Mr Beeken cautioned to not assume that medically fit for discharge patients were well. Mr Beeken added that if that amount of patients were deemed fit then absolutely they should be being treated somewhere more appropriate and the theoretical cost saving is big. There were a lot of the solutions to the subset of stranded patients within the hands of the Trust such as Therapies.

037/18 Date of Next Meeting

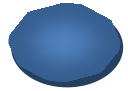
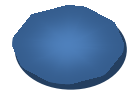
The next meeting of the Trust Board held in public would be on Thursday 6th June 2019 at 2:00p.m. in the Lecture Suite, Manor Learning and Conference Centre, Manor Hospital, Walsall.

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 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.	Chief Operating Officer	06/06/19	Update – the review of the winter plan for 18/19 has been considered by POD and QPES. It is due to be considered at the next PFIC meeting and then Board in July	
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	Discussed at POD 17 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	04/07/19	Board Development session on Risk Management and the BAF deferred until July	
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~~ 04/07/19	On the agenda for QPES in May. This has been deferred to the June Committee	
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~~ 04/07/19	On the agenda for QPES in May. This has been deferred to June	
235/18 National Staff Survey 2018	Action plan to be drafted for review at the next POD meeting	Director of People & Culture	06/06/19	On the agenda for the Board	
001/19 Patient Story	Mr Fradgley would take the learning from the story and deliver to the place based teams for referrals.	Director of Strategy & Transformat	06/06/2019	Underway	

Walsall Healthcare NHS
NHS Trust

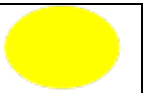
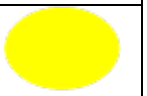
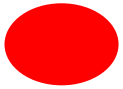
PUBLIC TRUST BOARD ACTION SHEET

Minute Reference/Date Item Title	Action Description	Assigned to	Deadline Date	Progress Update	Status
		ion			
001/19 Patient Story	Mrs Barnaby agreed to review the pre assessment information given to patients, including post-operative care, discharge information and links to the correct care pathway	Chief Operating Officer	06/06/2019	No update received.	
001/19 Patient Story	Dr Dunderdale would give thanks to both the patient and staff involved in the story presented.	Director of Nursing	02/05/2019	Complete	
008/19 Nursing and Midwifery Safer Staffing Report	Dr Dunderdale would include benchmarking data for temporary staffing in the next report	Director of Nursing	~~02/05/2019~~ 06.06.2019	Work ongoing to complete this	
010/19 Learning from Deaths Report	Dr Richard Wilson, NHSI, to be invited to the Trust to undertake a board development session on Mortality.	Trust Secretary	02/05/2019	Currently arranging a date	
010/19 Learning from Deaths Report	Dr Lewis would further review the data and update in the next meeting in regard to the whether the Trust was an outlier in comparison to others.	Medical Director	06/06/2019	Based on national data sets. The organisation is not an outlier and sits within the mean, locally and regionally.	
011/19 Medical Workforce Transformation	PFIC and POD to review the Medical Workforce Transformation	PFIC/POD	02/05/2019	Complete reviewed at Both committees in June	
012/19 Performance Report	The Integration Report to include data in relation to stranded patients.	Director of Finance and Performanc e	02/05/2019	Deep dive presented to PFIC in April and will be included in regular reports.	

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
032/19 Performance Report	Mr Fradgley would review to see if there were any options with IT in preventing users from proceeding until VTE was complete.	Director of Strategy & Transformation	04/07/2019	Progressing not due	
032/19 Performance Report	Mr Caldicott to compile a report outlining the reasons for the impairment of recent construction.	Director of Finance	06/06/2019	Item on agenda.	
032/19 Performance Report	Board Development session to focus on performance.	Trust Secretary	06/06/2019	Arranged for the Board development session on the 5th September 2019	
035/19 People & Organisational Development Committee	Performance, Finance & Investment Committee to review Medical workforce.	Medical Director	04/07/2019	Completed	
027/19 Chief Executives Report	Mr Fradgley to present a market share dashboard at Private Trust Board.	Director of Strategy & Improvement	07/07/2019	Progressing not due	
027/19 Chief Executive's Report	Mid-year review of Strategy and Board Assurance Framework	Director of Strategy & Improvement	07/07/2019	Progressing not due	
032/19 Performance Report	Breast referrals paper to be reviewed.	Chief Operating Officer	06/06/2019	No update received	

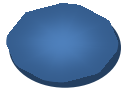
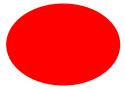
Key to RAG rating

ENC 3

Walsall Healthcare NHS Trust

PUBLIC TRUST BOARD ACTION SHEET

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

Action 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 6th June 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 am continuing my programme of engagement with colleagues and stakeholders to communicate our organisational focus as well as gather perspectives and triangulate information to contribute to Board assurance.		
Recommendation	Members of the Trust Board are asked to: Note the report		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report.		
Resource implications	There are no resource implications associated with this report.		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives	Safe, high quality care ☒	Care at home ☒	
	Partners ☒	Value colleagues ☒	
	Resources ☒		

Walsall Healthcare NHS
NHS Trust

Chair's Update

PRIORITY OBJECTIVES FOR 2018/19

1. **Continue our journey on patient safety and clinical quality through a comprehensive improvement programme**
   I met with the Infant Feeding Team to be briefed on the role of Baby Friendly Guardian. I am honoured to champion the promotion and protection of the Baby Friendly standards, throughout Walsall Healthcare NHS Trust, both within the hospital setting and in our Community as a whole.
   .

2. **Improve our financial health through our robust improvement programme**
   I participated in a Financial Cabinet meeting to support the Trust's financial improvement work. I chaired an Extraordinary Trust Board meeting focused upon the submission of an organisational plan and reviewed the Trust Financial Plan attainment in relation to the Cost Improvement Programme and mitigation of run rate risk.

3. **Develop the culture of the organisation to ensure mature decision making and clinical leadership**
   I participated in an Effectiveness Review which was being undertaken for all Trust Board sub-committees. I met with key Board colleagues to consider issues of inclusivity, fairness and transparency.

4. **Develop the clinical service strategy focused on service integration in Walsall & in collaboration with other Trusts**
   I met with Rischie, Chair of Walsall CCG to consider progress on Walsall Together.

Meetings attended / services visited

One to one meetings with Executive Directors

Along with other Board members I work shadowed colleagues in the Community to gain a deeper insight into their work with patients in their homes
NHS Confederation BME Leaders
NHSI Aspire, Regional Talent Board

RECOMMENDATIONS

The Board are asked to note the report

Danielle Oum, June 2019

MEETING OF THE PUBLIC TRUST BOARD – Thursday 6 June 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 provide the Board with my appraisal of the high level, critical activities which the organisation has been engaged in during the past month, set against the organisation's strategic objectives. This month, I focus on the threat of sustained increases in ED attendances to our quality and financial delivery, reflections on our month 1 financial performance and the importance of our Walsall Together journey. I conclude by sharing our new approach to attendance management with the wider Board. The report also sets out to the Board, the significant level of guidance, instruction and best practice adoption we received during May 2019 and assures the Board through an allocation of the actions required, to the relevant executive director.		
Recommendation	Members of the Trust Board are asked to: Note the report and discuss the content		
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		

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 provide the Board with my appraisal of the high level, critical activities which the organisation has been engaged in during the past month, set against the organisation's strategic objectives.

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

2. BACKGROUND

The Trust has, through its sign off of the 2019/20 Annual Plan, reaffirmed its strategic objectives. These will drive the bulk of our action as a wider leadership team and organisation:

- Provide safe, high quality care across all our services
- Use resources well to ensure we are sustainable
- Care for patients at home wherever we can
- Work closely with partners in Walsall and surrounding areas
- Value our colleagues so they recommend us as a place to work

3. DETAILS

3.1. Provide safe, high quality care across all our services

During April and May, we have seen huge strain placed upon our urgent care services. Initial ED activity reports comparing April 2019 with April 2018, show an increase in attendances of 14%. This is not an occurrence that is unique to Walsall. Other Black Country Trusts would appear to have experienced the same. If this is sustained, this will be an unprecedented shift and will have consequent effects on our ability to provide a good experience for patients, our ability to deliver improved ED 4 hour target performance and may also lead to a greater number of emergency admissions than we have planned for, with the inevitable staffing and financial consequences. May activity figures will be scrutinised carefully at the A&E Delivery Board.

At the time of writing my report, the Trust was expecting to receive our draft CQC inspection report. We will almost certainly have received it by the time that we meet as a Board on 6th June. Copies of the executive summary will be sent to all

Board colleagues. The two week factual accuracy checking process should be relatively painless and we can then expect the formal, publicly available report, by early July.

We now need to look "beyond special measures" as a Trust and engage the organisation in the development of our improvement programme – the vehicle for achieving outstanding rated services in Walsall by 2022. There is a significant engagement event on this with our top 100 leaders on 18th June. We are also starting the conversation with NHS Improvement about whether any special measures funding will be available to us to give the programme architecture some capacity and capability.

3.2. Use resources well to ensure we are sustainable

Our month 1 financial figures do have some evidence about which we can be cautiously optimistic that the financial "oil tanker" has turned. The executive team continue to oversee the implementation of the financial mitigations which we agreed with finance cabinet members during May. I cannot emphasise enough that, as I highlighted above, excessive emergency admission demand may put huge strain on our ability to manage our cost mitigations, particularly through reductions in bed capacity. Any improvements in length of stay and associated savings from this, are predicated on activity growth remaining within planning guidance parameters and not beyond those.

During August and September, the Board can expect to be engaged by myself and the Finance Director, on the modelling work we will be doing on our longer term financial sustainability as a Trust. The Walsall Together assumptions, internal productivity assumptions and horizontal acute hospital collaboration assumptions, will be critical elements of this model.

3.3. Care for patients at home wherever we can

Our vehicle for delivering this is Walsall Together integrated care partnership (ICP). The business case has now gone through all the governing bodies and we are targeting a July Public Board discussion about the business case and first cut implementation plan.

The ICP Board (Walsall Together) a formal sub-committee of the WHT Board, has now met in shadow form for the first time. We are in the process of securing an interim, non-executive chair for this committee, pending the formal appointment

process we will shortly pursue. The shadow meeting was unsurprisingly dominated by governance considerations initially, in particular clarity about terms of reference and how we manage the practicalities of membership of the Board through the 7 new Primary Care Network Clinical Directors (lead GPs).

Outstanding concerns/issues for me around the programme include:

- Financial resources for pump priming extra community capacity and change are limited

- Bandwidth within the new senior leadership team to undertake proper engagement of primary care
- Bandwidth internally to manage the proposed section 75 agreement
- The continuing contractual/transactional approach of the CCG to the management of the contract

As I outlined last month, I remain absolutely convinced that the majority of the service, workforce and financial sustainability challenges we face in the borough, can be mitigated within the borough, over time, through this innovate place based partnership. All Black Country STP "places" share this view. It is important that the Board test out regularly, whether we are assured that the workforce, service and financial plans of the Trust are increasingly influenced by transformational change expressed through Walsall Together.

3.4 Valuing our colleagues

Catherine, our Director of People & Culture, has been leading with myself, mandatory launch events for our radical new approach to attendance management. 3 sessions have been held thus far.

Our sickness absence rates are some of the worst in the country (5th worst overall when measured in November 2018) and they have deteriorated yet further since that point. It was clear that our traditional approach to this, through an overly complex and transactional sickness absence policy, has not been yielding results. Our new approach is characterised by improvement, upholding our staff values, earlier intervention, a focus on wellbeing to aid attendance, improved access to health interventions for staff and a simpler attendance policy which encourages more pragmatism and discretion. Catherine has taken our staff side representatives with us well on this journey so far and they have

supported us with the launch of this new approach. POD Committee will monitor and evaluate its success.

4. RECOMMENDATIONS

Board members are asked to note the report and discuss the content.

Richard Beeken
Chief Executive
24/5/19

MEETING OF THE PUB LIC TRUST BOARD – 6th June 2019			
Monthly Nurse Staffing Workforce Report – April 2019 Data			**AGENDA ITEM: 8**
Report Author and Job Title:	Angie Davies Deputy Director of Nursing – Workforce & Education	**Responsible Director:**	Dr Karen Dunderdale Director of Nursing
Action Required	Approve ☐ Discuss ☐ Inform ☒ Assure ☐		
Executive Summary	April continued to see the sporadic opening of additional capacity beds which resulted in the continued use of additional temporary staffing. We have maintained the reduction in agency nurse useage which continues to be lower than this time last year despite staffing shortfalls through short term sickness in month (norovirus). The overall fill rate position for days was 93.91% during April, an improvement from 92.36% last month and 91.95% across nights compared to 95.32% in March. There was zero use of off framework agency nurses during the month. Wards 2 had a < 90% RN fill rate for days for the fifth consecutive month but the fill rate had improved since March by 8%. The number of patients with pressure ulcers and experiencing falls on ward 2 did not deteriorate from last months position. Ward 29 also experienced a RN fill rate <90% on days. There was an increase in patient falls on ward 29 and the correlation of these patient harms to lower RN staffing levels is a potential factor to be considered as part of the root cause analysis. An immediate plan to address Roster KPI compliance has been agreed with the Divisional Matrons.		
Recommendation	The Board is requested to note the contents of the report and make recommendations as needed.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	BAF Objective No 5: Establish a substantive workforce that reduces our expenditure on agency staff. Corporate Risk No 11: Failure to assure safe nurse staffing levels.		
Resource implications	None		
Legal and Equality and Diversity implications	None		
Strategic Objectives	Safe, high quality care ☒	Care at home ☐	
	Partners ☒	Value colleagues ☐	
	Resources ☒		

MONTHLY NURSE STAFFING AND WORKFORCE REPORT

1. PURPOSE OF REPORT

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

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

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

This paper should be considered alongside the monthly paper for nursing quality indicators which are reported in detail to ensure a comprehensive and integrated approach to safe staffing and quality.

2. PROGRESS UPDATE

2.1 Temporary Staffing

The total Agency nurse usage was fairly consistent through April 2019 and Agency use remians consistently less than the same period last year. The agency use followed the normal trend seen for this month last year with the exception of variation seen in the final week where Agency use increased. This week correlates with an infection control outbreak within some of the acute adult wards and a high level of sickness on all but one ward (table 1).

Bank usage remains fairly static through month and continues to reflect the positive position of using bank nurses rather than agency nurses as required. Bank use for April 2019 was the highest seen in this month in the data collected over the last four years (table 2).

Daily staffing meetings occurred twice daily, ‘red and amber’ short notice shifts are sought from agency following review and risk assessment. This process commenced in December 2018 and is now embedded to allow an opportunity to secure shift cover and plan appropriately for the more urgent shifts. As part of this process, Matrons are asked to verify the reasons for cover and assure that they appropriately measured against vacancy and absence reasons.

The total temporary staffing useage for nursing shows a slight elevation on last year overall for April 2019 but the shift of using a higher amount of bank compared to the same period last year, is therefore a more cost effective option (table 3).

Table 1

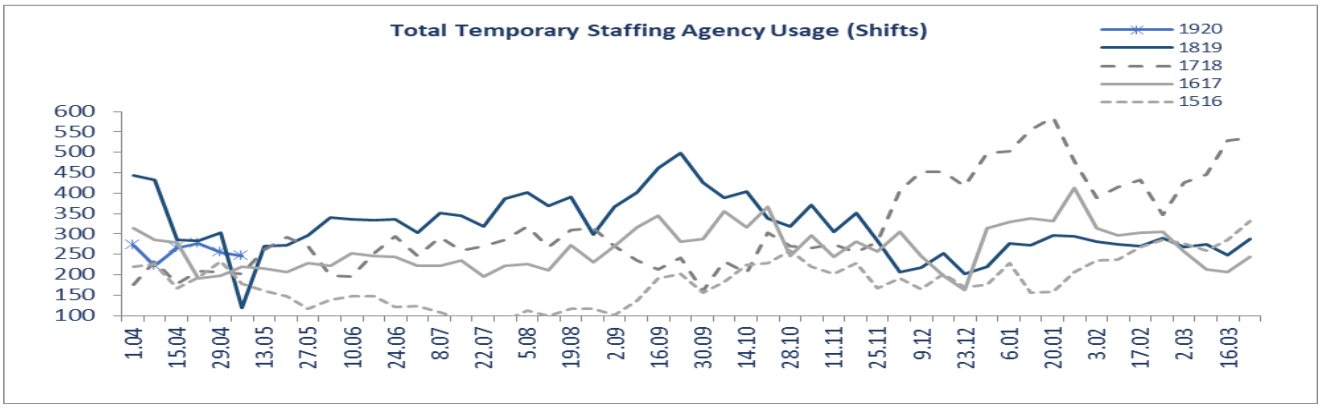


Table 2

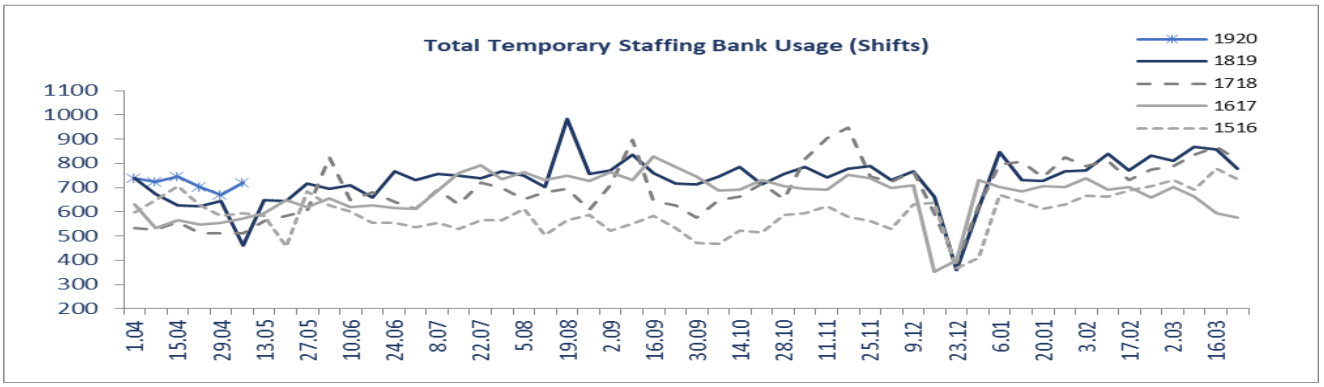
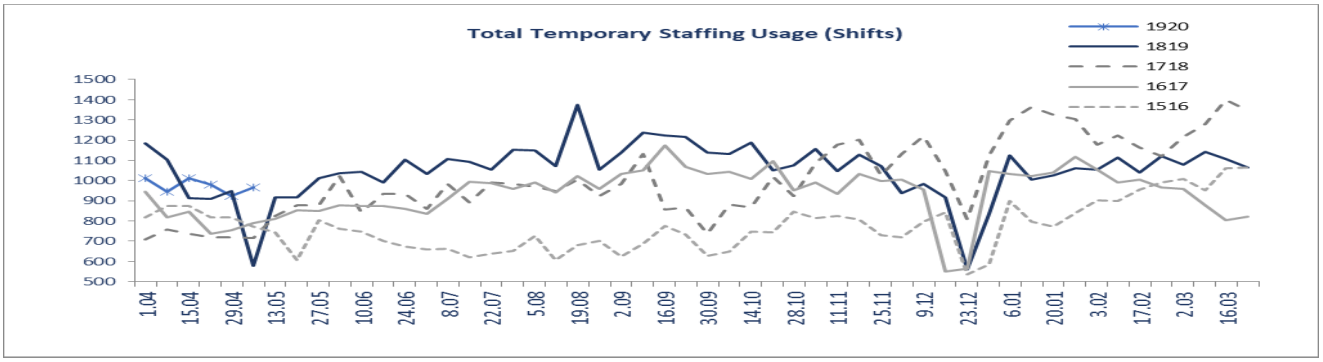


Table 3



The top four reasons for temporary staffing usage during April 2019 are listed below in order of amount: (Tables 5 & 6)

- Vacancies
- Additional capacity
- Sickness

- Maternity Leave

The ongoing issue with an increase in short term sickness has continued through April 2019, all temporary staffing shift requests for sickness are now validated during the roster review clinics, Sign Off process and twice daily approval process, without this validation the temporary staffing request is not progressed. The accountability for ensuring this happens sits with the Matrons.

'Vacancy' as a reason for temporary staffing request is part of ongoing work to be more robust around reasons for shift fill, and the ability to align these requests to the vacancy position at roster creation is being explored, but limitations of the current e-roster sysem may not robustly support this. The Workforce Transformation meetings are undertaking a weekly appraisal of vacancy figures by ward to facilitate easier cross referencing of current vacancies and Matrons are being reminded to align all requests to their current vacancy position.

Table 5

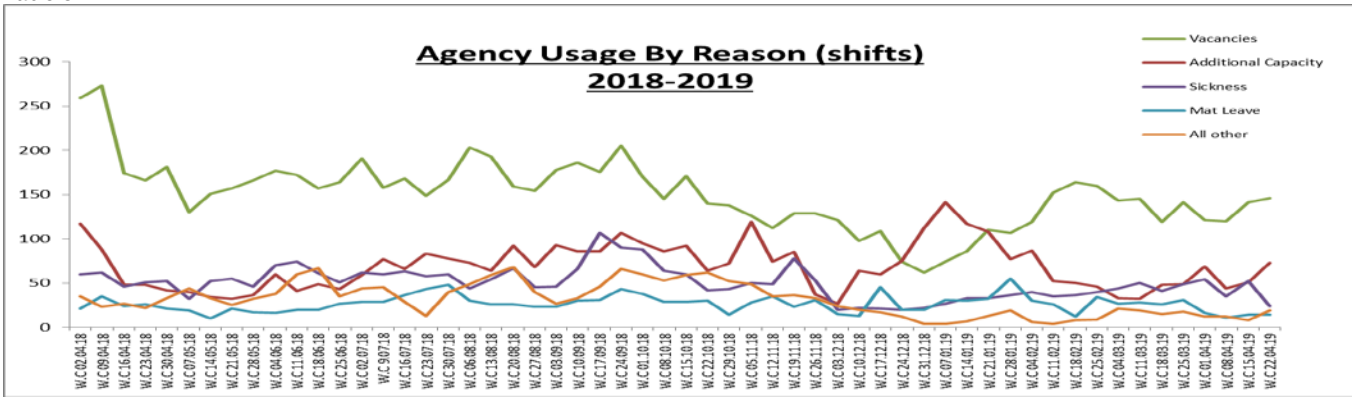
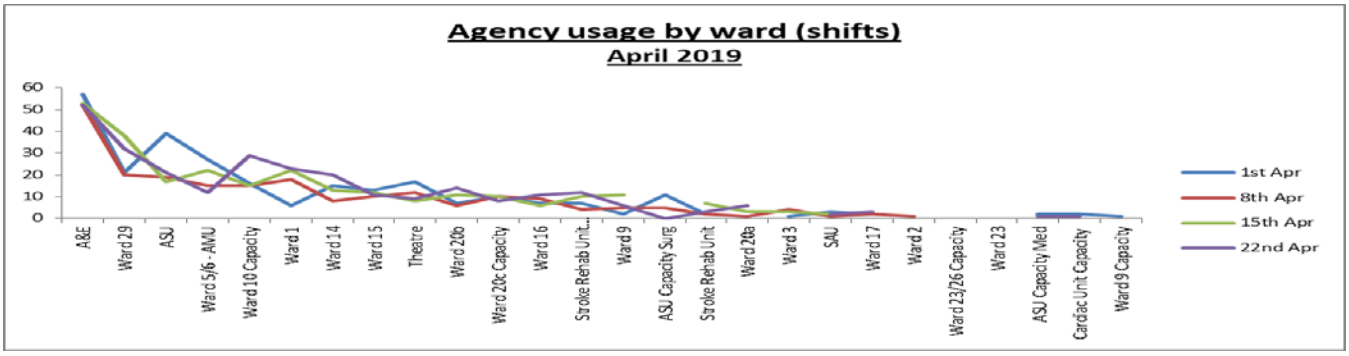


Table 6

Week	Additional Capacity	Vacancies	Sickness	Mat Leave	All other
W.C 01.04.19	69	121	54	16	12
W.C 08.04.19	44	120	35	11	12
W.C 15.04.19	51	141	52	14	8
W.C 22.04.19	73	146	24	14	19

The ward areas with the highest volume of temporary staffing usage during April 2019 are captured below (table 7) with a mix of reasons for use as highlighted in the top 4 reasons above. ED remains a consistent highest user of Agency due to their vacancy position and need for peadiatric nurse cover and has the highest establishment gap of all MLTC areas at 9.71 WTE, the second highest user is ASU with an establishment gap of 6.35 WTE.

Table 7



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.

The increase in Tier 2 agency nurse use 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 (tables 8 & 9).

Table 8

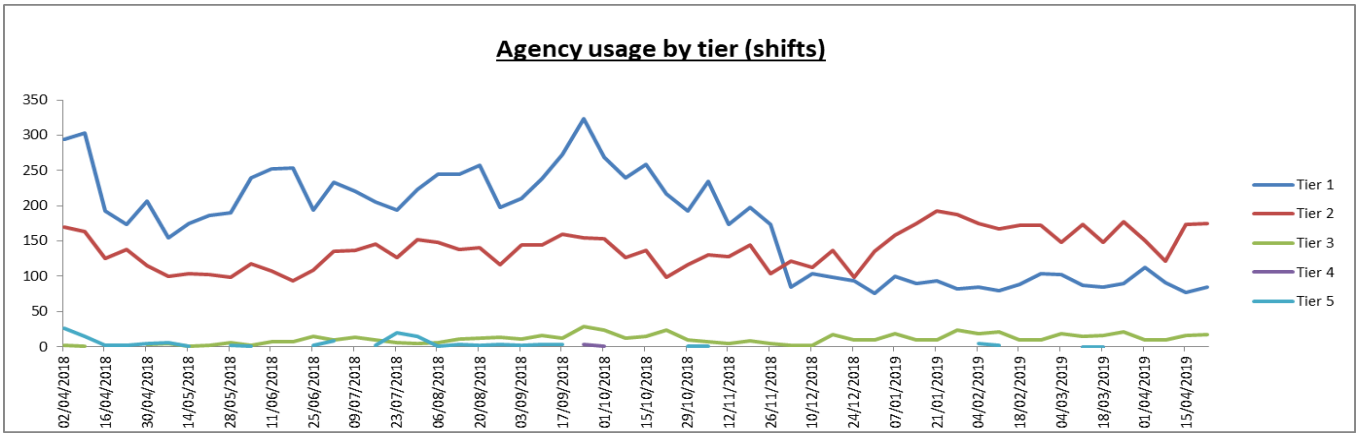
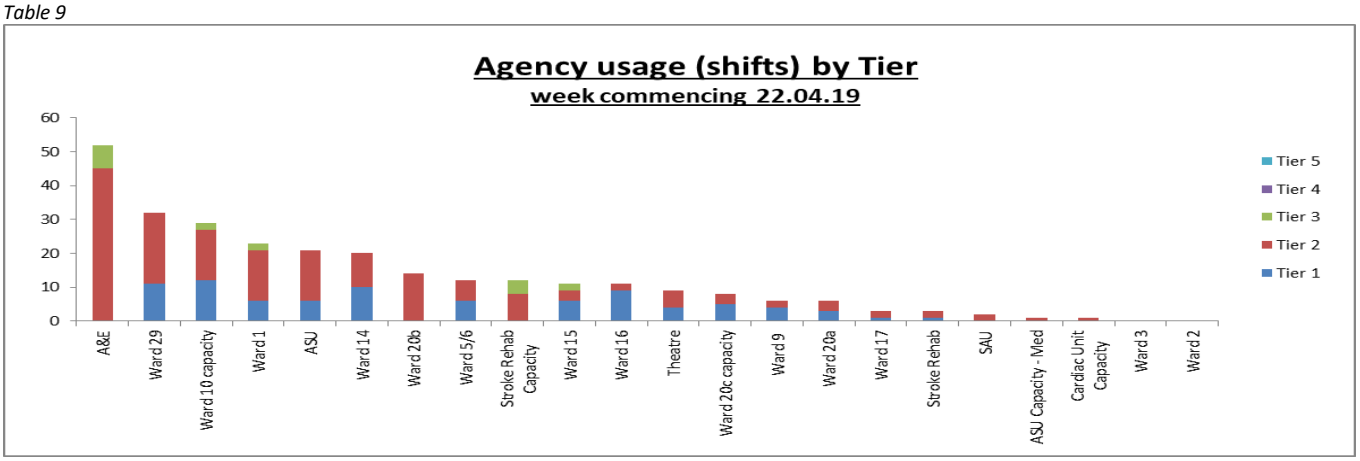


Table 9



Tier 2 agencies were mostly used to cover short notice shifts and additional bed capacity as it opened sporadically across the ward areas, including ED / ward ASU / ward 29 / Stroke Rehab / AMU / ward 14 / ward 20b / ward 10 capacity / ward 9 capacity.

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 after risk assessment and acuity consideration.

All rates were within temporary staffing framework capped levels. 0 shifts were filled with off framework agency nurses compared to 26 shifts during April 2018 (table10).

Table 10

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Total breaches of Frameworks (Thornbury)	26 shifts	5 shifts	3 shifts	22 shifts	9 shifts	8 shifts	4 shifts	3 shifts	1 shift	0 shifts	6 shifts	0 shifts	0 shifts

The target of 75% temporary staff shift fill using bank cover (tables 11 & 12) was achieved during April running between between 72% – 77% during the month, 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. The Trust is working collaboratively with Wolverhampton NHS Trust to explore strategies to expand the bank opportunities for both sites.

Table 11

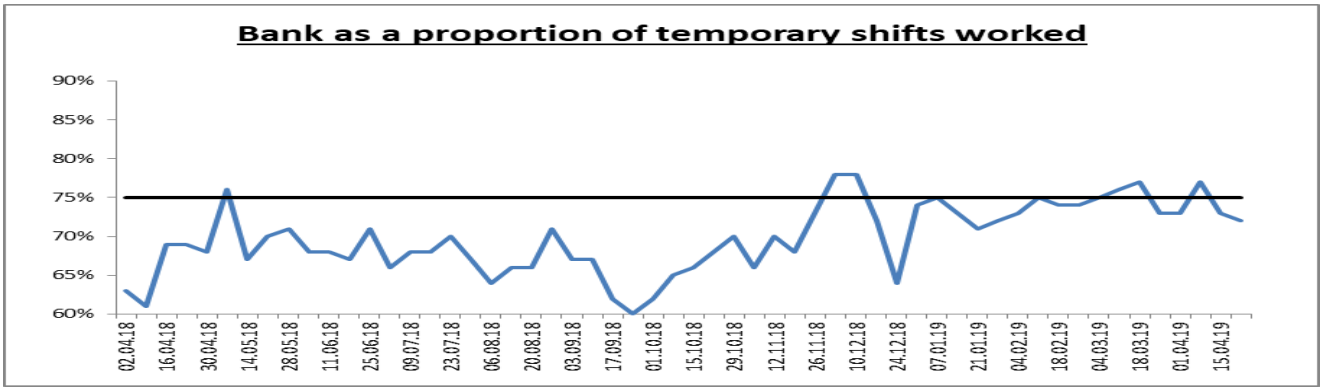
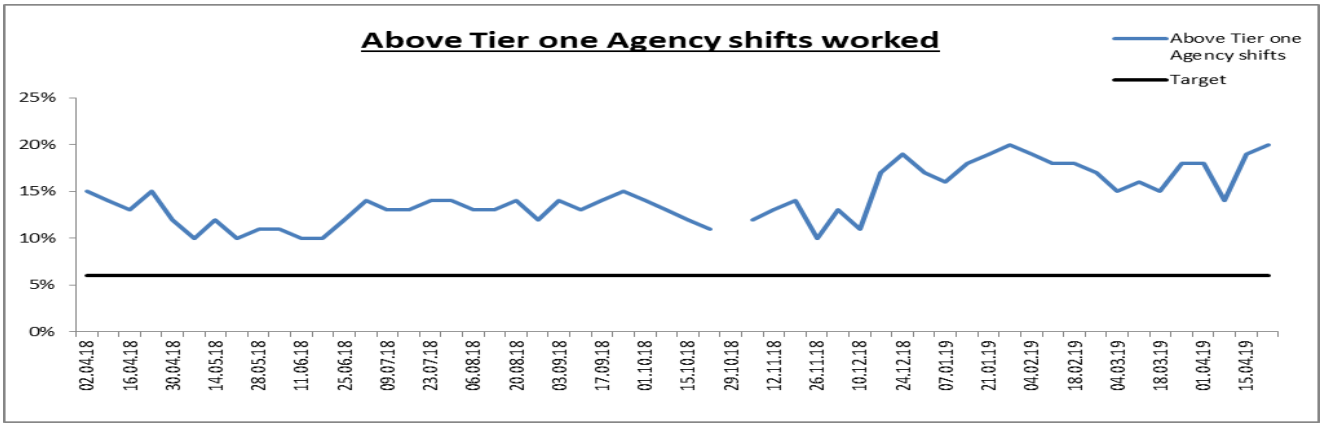


Table 12

	Shifts		Hours		% (shifts)	
Week commencing	Bank	Agency	Bank	Agency	Bank	Agency
01-Apr	739	272	5730	2426	73%	27%
08-Apr	724	222	5732	1968	77%	23%
15-Apr	727	266	5826	2128	73%	27%
22-Apr	703	276	5617	2267	72%	28%

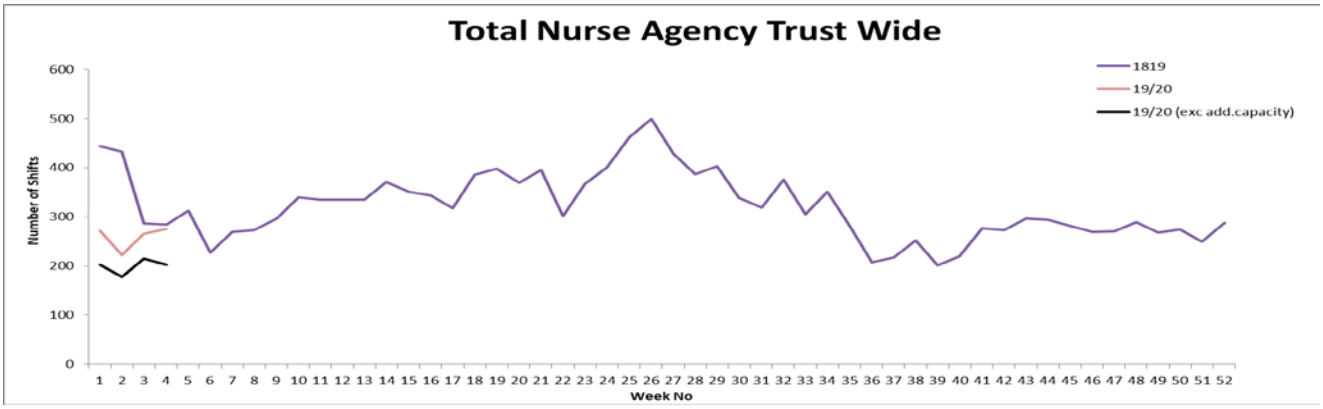
The target of 6% shift fill for use of temporary staffing above Tier 1 (table 13) has never been achieved in year, with the best position achieved at 10% during November 2018. January and April both saw a rise up to 20% of above tier 1 agencies being used, due to increase in demand, short notice fill and reduction in supply from tier 1 agencies. The 6% target will be adjusted for this current year 19/20 to reflect a more realistic and achieveable target.

Table 13



A range of control measures have been implemented and put in place since September 2018 to ensure the temporary staffing use and spend position improves and that rosters are of a quality standard, efficient and fair. The continued efforts to sustain a level of grip and control that is now being embedded into practice and key messages reinforced regularly is reflected in table 14 below which shows a maintained reduction compared to last year. The impact of extra capacity on Agency use is also shown.

Table 14



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 only.

Appendix 1 shows the combined day/night overall monthly fill rate percentage for the last year for both Registered Nurses (RN) and Clinical Support Workers (CSW).

The over all monthly average fill rate for RN and CSW split by days and nights is shown below in table 15.

Table 15

		Apr-18	May 18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Day	RN	97.50%	99.73%	97.02%	95.84%	95.10%	95.22%	97.33%	95.09%	92.15%	90.60%	91.00%	89.16%
	CSW	98.52%	96.14%	91.85%	91.10%	92.40%	91.33%	94.64%	94.47%	92.80%	93.3%%	91.20%	92.43%
Night	RN	98.35%	95.17%	97.44%	96.22%	94.57%	95.19%	97.35%	97.81%	96.82%	96.60%	98.30%	98.80%
	CSW	107.49%	98.33%	102.08%	97.46%	97.72%	96.59%	99.19%	99.68%	99.36%	99.30%	101.20%	99.44%

		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Day	RN	92.00%											
	CSW	89.43%											
Night	RN	96.50%											
	CSW	95.48%											

For April 2019 the overall average for RN fill rate is:

- 92.0% for day shifts
- 96.5% for night shifts

Of the 23 areas reported on during April 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.

- 8 areas recorded less than 90% shift fill rate on days for RN
  - Wards 1 / 2 / 3 / 15 / 16 / 20a / 29/ AMU
- 1 area recorded less than 90% shift fill rate on nights for RN
  - ICU
- 4 areas recorded less than 80% shift fill rate on days for CSW
  - ASU / ICU / Ward 20a / Ward 23

- 1 areas recorded less than 80% shift fill rate on nights for CSW
  - o ICU

RN shift

		Number of areas with <90% RN shift fill											
		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Days	RN	2	1	2	4	2	3	0	4	6	10	9	9
Night	RN	0	4	2	2	4	3	1	1	3	1	0	1

		Number of areas with <90% RN shift fill rate											
		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Days	RN	8											
Night	RN	1											

CSW shift

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

		Number of areas with <80% CSW shift fill rate											
		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Days	CSW	4											
Night	CSW	1											

Within MLTC Division, Ward 2 continued to have the lowest RN day fill rate at 72.2% which was an improvement on last month of 8%. Ward 2 had compensated some of this RN shortfall with a CSW day fill rate of 102%. Fill rate for RN on nights on Ward 2 was just below 99%. Ward 29 also experienced low RN fill rate on days at 79%, CSW fill during days was 93%. RN fill on nights for Ward 29 was at 100%.

Ward 9 RN day fill rate has been lower than 90% on days for the previous five consecutive months, but during April achieved 96% and achieved the same RN fill for nights.

The Ward Managers and Matrons reviewed the position daily and risk assessed according to patient need and acuity as well as considering staff experience and maturity to ensure patient care was safe. Where necessary staff were utilised from other areas across the Trust. 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 is being addressed as part of the ongoing work around the 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 but the process is not yet embedded.

The process for data collection and data submission is still being reviewed to strengthen the governance 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.

Internal training has been arranged for May 2019 to look at the ways in which CHPPD can inform the safe staffing conversation on a daily basis and how it can contribute to establishment reviews going forward. June's report will include some evaluation of our position with CHPPD comparable to other Trusts.

Training support from NHSI is being sought to refresh and revisit training around the SNCT Acuity tool and safe staffing data input and validation process. The next SNCT data collection will commence on June 3rd 2019.

The full NHS Digital upload is provided in Appendix 2.

2.1.4 Reported incidents

Safe staffing levels have a direct impact on outcomes for patients. For all wards with an average RN 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 wards where the RN fill rate was below 90% have been analysed and compared with the previous months reported incidence to determine if staffing levels may have impacted on these aspects of patient care.

Table 16

	Pressure Ulcers Category 2		**Pressure Ulcers Category 3,4 & Unstageable**		**Total Pressure Ulcers**	
	Mar 2019	Apr 2019	Mar 2019	Apr 2019	Mar 2019	Apr 2019
Ward 1	2	0	1	0	3	0
Ward 2	1	0	2	0	3	0
Ward 3	0	0	0	0	0	0
Ward 4	0	0	0	0	0	0
Ward 7	0	0	0	0	0	0
Ward 9	1	0	0	0	1	0
Ward 15	0	0	0	0	0	0
Ward 29	0	0	0	0	0	0
AMU	0	1	1	0	1	1
Overall Total	4	1	4	0	8	1

Table 16 shows the numbers of patients who acquired a pressure ulcer in month compared to the previous month.(Red = an increase).

The number of pressure ulcers decreased on 3 of the 9 wards identified as having a RN fill rate of <90%, with 5 wards reporting no pressure ulcers in April 2019, this includes Ward 2. However Ward AMU had 1 patient who developed a pressure ulcer, the same as the previous month but at a lower level of categorisation of damage. The correlation between RN staffing levels and patient harm is well evidenced and this may have been a contributory factor in terms of the knowledge and skills that a registered nurse will apply to patient assessment, treatment and evaluation of care may have been reduced due to lower RN staffing levels.

Any implications of staffing levels 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 such as comorbidities, nutritional status etc.

Table 17

	Ward 1	Ward 2	Ward 3	Ward 4	Ward 7	Ward 9	Ward 15	Ward 29	AMU	Falls Total
Number of Falls Mar 2019	7	8	10	7	6	3	8	6	4	59
Number of Falls Apr 2019	9	5	6	5	2	4	6	11	5	53

Table 17 shows the 9 wards with a <90% RN fill rate which had patient falls over the last two months (Red = an increase). 5 of the 9 wards with a RN fill rate of <90% in April had the same number or less falls than the previous month, this includes Ward 2. The remaining 4 wards that had an increased number of patient falls are subject to a level of scrutiny to ensure staffing levels going forwards reflect best practice.

The ward 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 and if there is a reduction in planned staffing; 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 in 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.

2.2 Rostering

The quality of rosters at creation is still variable across the Divisions at ward level and contributes to the staffing shortfalls and roster inefficiencies. Detailed reports including the information in table 18 are now being shared with the Divisions through the Nursing and Midwifery Advisory Forum. Training and support is offered to individual Ward Manager and Matrons who may require this. Action plans are created where necessary.

Table 18 reflects the roster KPI performance for the roster period 25th March- 21st April 2019 (signed off 28th January 2019)

Table 18

Roster KPIs 25th March Roster	Target	Tolerance	MLTC Summary of compliance with target	D of Surgery Summary of compliance with target	WCCSS Summary of compliance with target	Overall Count of wards compliant
Compliance with sign off on correct date	100%		0% of areas	33% of areas	66% of areas	6 out of 24 areas
Shifts to BANK at Sign-Off compliance	100%		8% of areas	33% of areas	N/A	3 out of 18 areas
Planned number of shifts without NIC cover	0	0	16 shifts on 12 wards	4.5 shifts on 6 wards	5 shifts on 6 wards	19 out of 24 wards had all NIC covered
Actual number of shifts without NIC cover	0	0	38 shifts on 12 wards	45 shifts on 6 wards	13.5 shifts on 6 wards	6 out of 24 wards had all NIC covered
Planned sickness headroom (not ESR data)	Not exceeding 3.3%		100% of areas	100% of areas	100% of areas	24 out of 24 areas
Actual sickness headroom (not ESR data)	Not exceeding 3.3%		25% of areas	0% of areas	0% of areas	9 out of 24 areas
Planned study leave headroom (not within tolerance)	3%	+/-1 %	8% of areas	0% of areas	50% of areas	4 out of 24 areas
Actual study leave headroom (not within tolerance)	3%	+/-1 %	41% of areas	16% of areas	50% of areas	9 out of 24 areas
Planned annual leave headroom (not within tolerance)	14%	+/-3 %	33% of areas	33% of areas	50% of areas	9 out of 24 areas
Actual annual leave headroom (not within tolerance)	14%	+/-3 %	66% of areas	66% of areas	66% of areas	17 out of 24 areas

Sign Off of rosters on time continues to be an issue with areas with some Matrons choosing to delay roster sign off because roster was of a poor quality. Whilst this indicator demonstrates a lower level of compliance, Matrons and Divisional Directors of Nursing have already put in place tighter controls and additional roster checks to improve on this situation. Matrons who have experienced issues with roster quality are asked to plan in a review ahead of sign off to allow for expected adjustments to be made.

Compliance with annual leave headroom allowance improved for all 8 ward areas after the roster was signed off. Whilst this is a positive, Roster Managers are being reminded to make plans for Annual Leave ahead of roster Sign Off. Late notice annual leave should be minimal.

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 and will be ongoing. This is part of the roster review process conducted by the Eroster team and Corporate Senior Nurse.

Roster clinics happen monthly for all departments and appraise the quality of sign off and of the rosters in plan. Requesting of Bank to appropriate levels of vacancy, maternity leave and

planned sickness is featured as part of this review with Matrons being asked to evaluate the count of shifts requested against the known gaps at time of sign off.

The issue with short term sickness was experienced in most clinical areas through April and this compounded the challenge regarding ensuring safe staffing levels and is shown through the 'actual' sickness headroom of being outside of the 3.3% headroom allowance in month. All senior nursing teams are being supported on an ongoing basis to address sickness issues within their areas and a proactive approach to managing this is being taken and improvement in sickness performance is being seen.
The Divisional Directors of Nursing are accountable for ensuring their action plan to proactively address the sickness position within their areas is actioned and they are being supported by the DoN team, HR and the PMO. A revised detailed ward level report has been created to aid the ward manager in managing individual level sickness within their area, with a monthly improvement target of 1% set agreed with the Division DoN's and will be monitored weekly through the Transformation meeting.

Table 19 shows 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 with the support of HR. Positive progress is being made but continued sustained efforts to reinforce the key messages is still required.

Table 19

	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 19	Jan 19	Feb 19	Mar 19	Apr 19
Unpaid Leave (hours)	46	144	249	716.5	716.5	465.5	240	225	135	202	190	63	184

2.3 Workforce Development

The cohort of Nursing Associates that qualified in January are now on the NMC professional register and started on contract as NA's from 1st April 2019 and as such have a new role on the ward and are included on a band 5 line on the roster. This has supported a reduction in the band 5 vacancy position across the Divisions.

A number of adverts for RN recruitment are ongoing at present, and a detailed RN recruitment schedule and delivery plan for this year has been developed in collaboration with the Recruitment team.

There are no further plans to recruit to overseas RN's for the year 2019 / 20 and plans to support the 3 nurses who are just about to join the Trust will complete the overseas recruitment for now.

2.4 Establishments

The current overall establishment gaps from ESR as mid April 2019 (excluding theatres) are shown below in table 20 and includes numbers of pipeline recruits over May-July 2019.

The establishment gap is positively reducing due to new recruits and vacancy management and this contributes to enhance the staffing levels and reducing agency useage. All new RN and CSW starters are offered a bank contract on appointment to the Trust.

Table 20

Division	Establishment Gap – RN (FTE) Vacancy gap	Long Term Sickness Gap (FTE)	Maternity & Adoption Leave (FTE)	Total Gap – FTE	Establishment Gap Rate %	Pipeline – May	Pipeline –June	Pipeline – July	Total
SURGERY	15.38	11.82	2.84	30.04	19.48%	1	5	2	8
MLTC	44.90	29.29	8.74	82.93	29.24%	4	1	0	5
WCCSS	11.02	3.53	5.46	20.54	10.19%	2.6	0.8	2.72	6.12
						7.6	6.8	4.72	19.12

During April there were 10 RN's and 11 CSWs that joined the nurse bank, ongoing recruitment to bank will continue as a long term ongoing action. Table 21 below reflects the ongoing recruitment of RN and CSW to the nurse bank, since the proactive approach of offering a bank contract at Trust Induction started in November 2018 and the active recruitment of CSW's to the bank.

Table 21

	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Total RN to join during the month	17	10	14	15	15	10
Total CSW to join during the month	8	13	8	16	15	11

ED establishment review work is ongoing, applying a model used for urgent and emergency care staffing.The nursing shift pattern is being aligned to departmental activity and will be different to the current shift pattern of long days and long nights, a variety of shifts is expected as part of the final establishment model and this is being developed as part of the review. The final agreed establishment for ED paper will go to Trust Board for approval within the near future.

A NHSI support visit to look at nursing workforce safeguards was held during April and allowed us to assess our current position against a number of key elements in the guidance. This will result in a gap analysis of the nursing workforce against the NHSI workforce safeguards in the near future as part of our annual governance statement due in June.

3.0 RECOMMENDATIONS

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

4.0 CONCLUSIONS

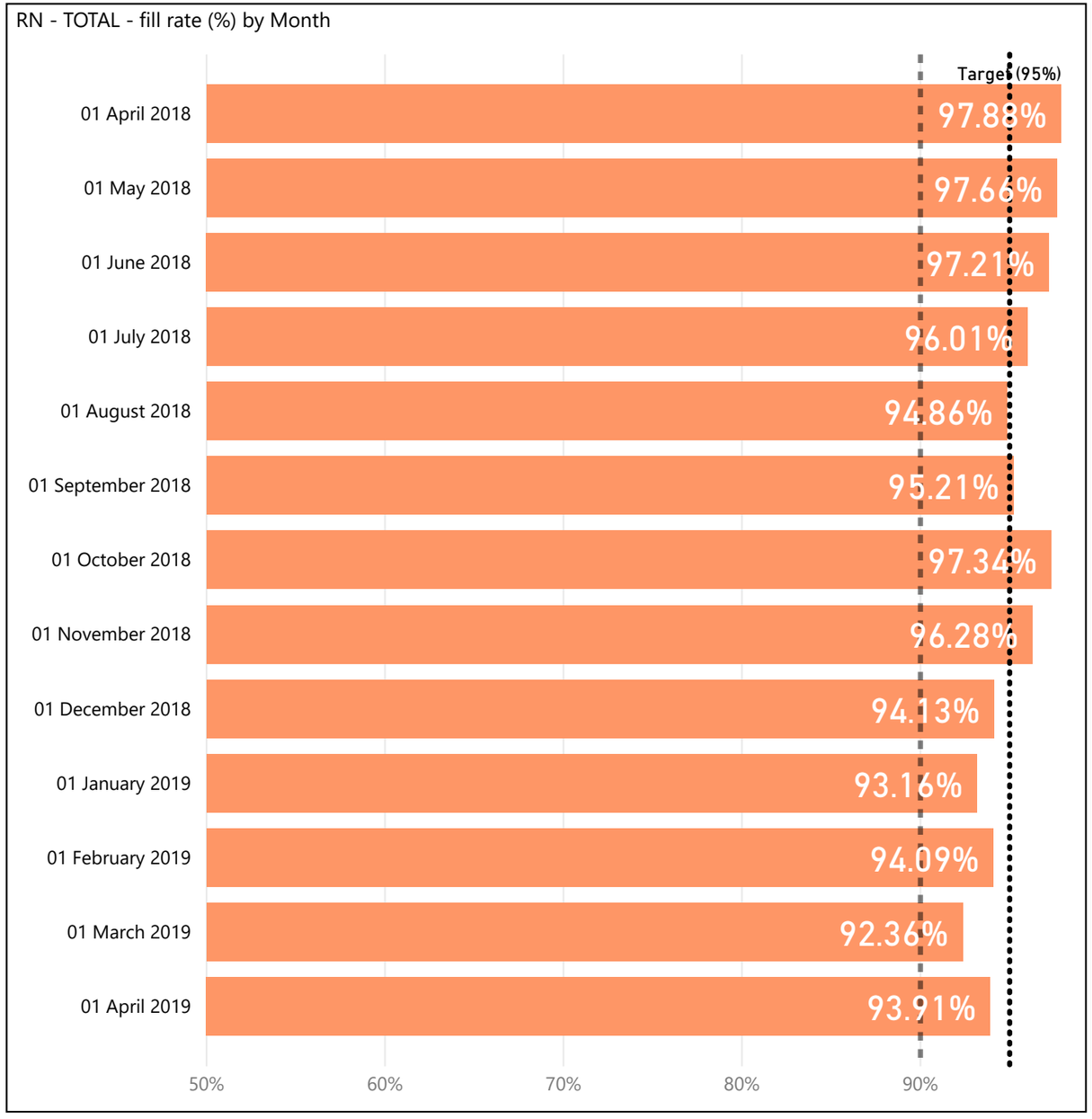
The report is presented to reflect the on-going nursing workforce transformation and will continue to reflect the progress being made and the improvements in grip and control across temporary staffing and rosters in particular but enhanced by workforce developments and agreed safe establishments according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

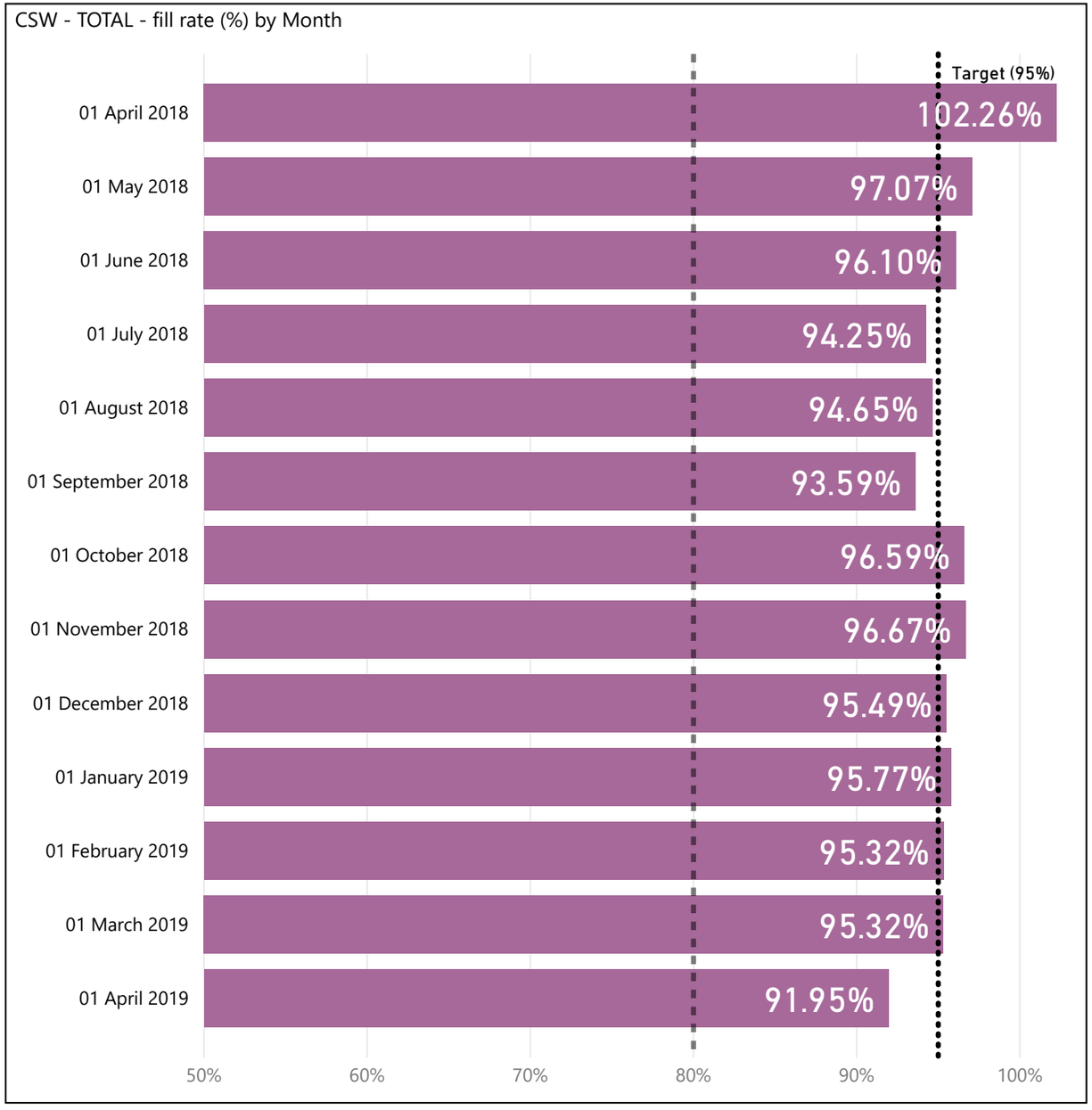
Appendix 1: Monthly overall fill rate data for RN/CSW
Appendix 2: NHS Digital Upload

0701 Safe Staffing Return - Overall Fill Rate

Split between RN & CSW

Walsall Healthcare NHS Trust





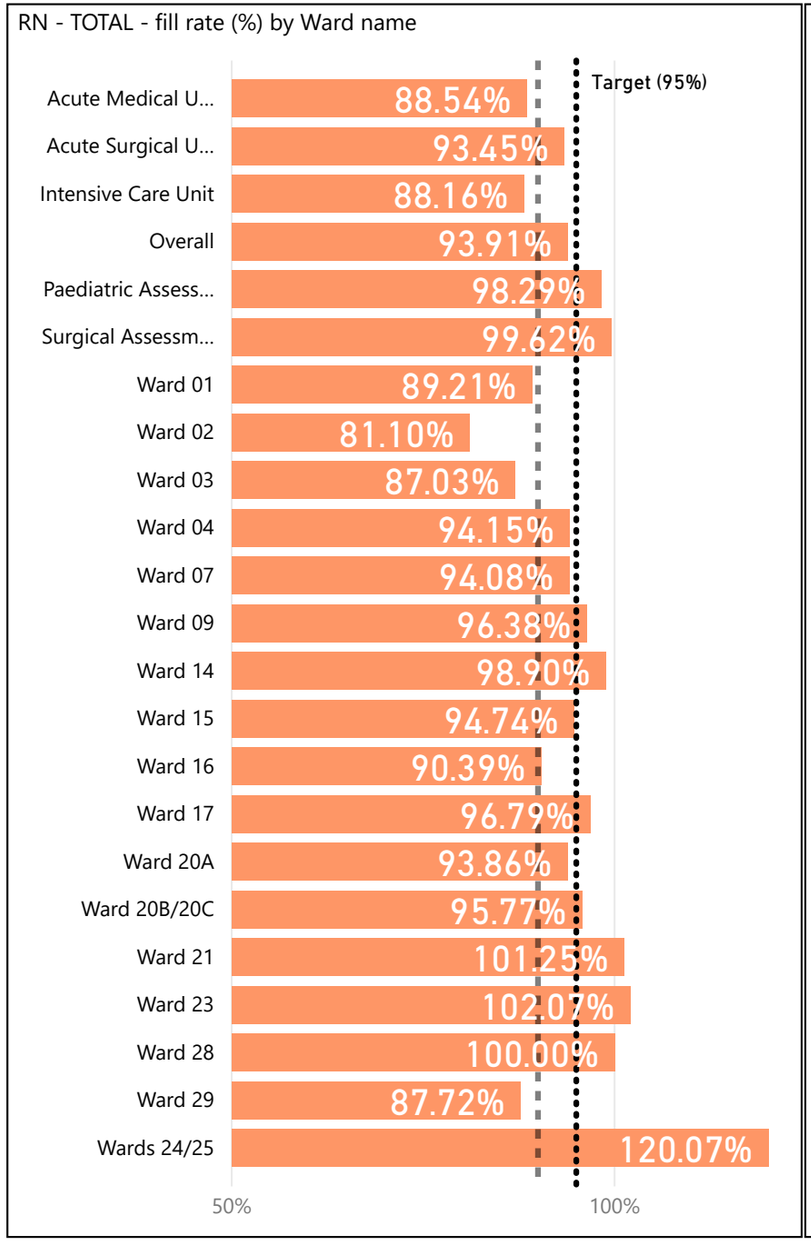
0701 Safe Staffing Return - Overall Fill Rate

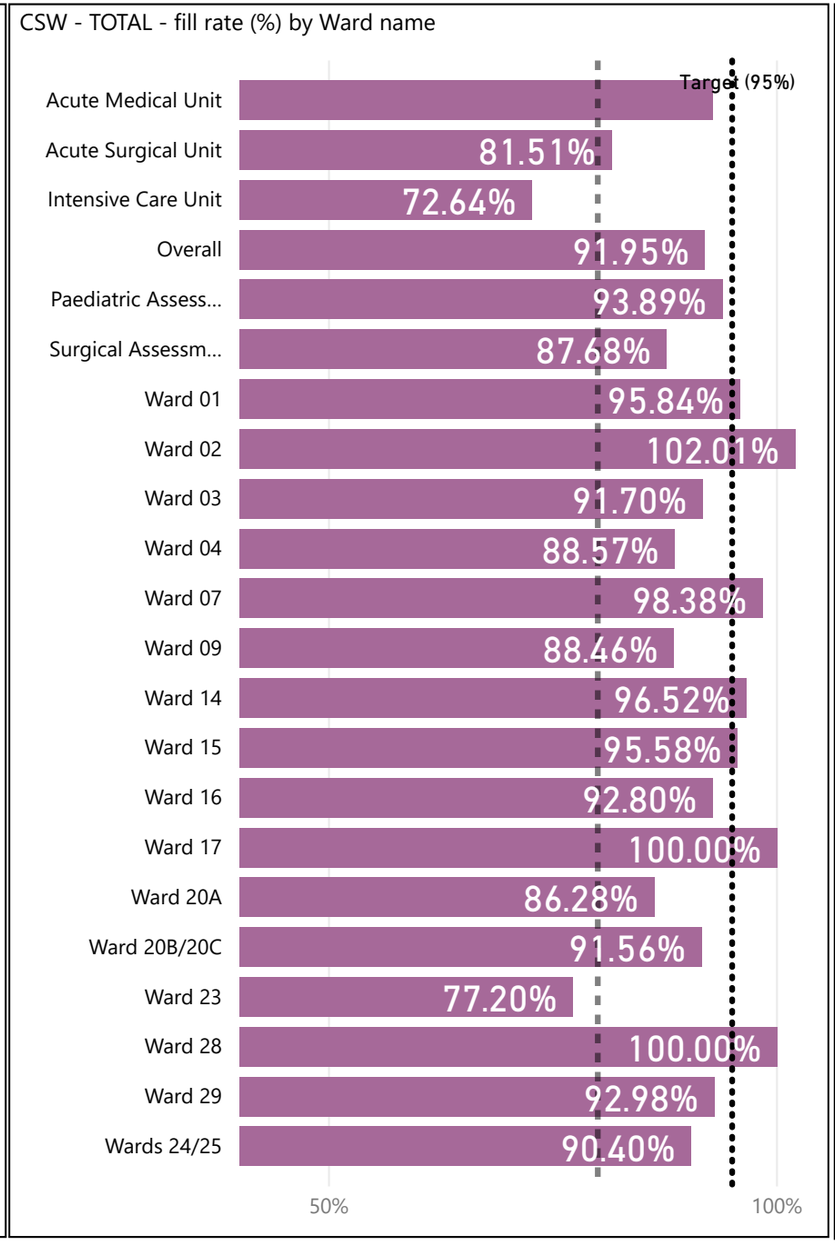
By Ward split between RN & CSW

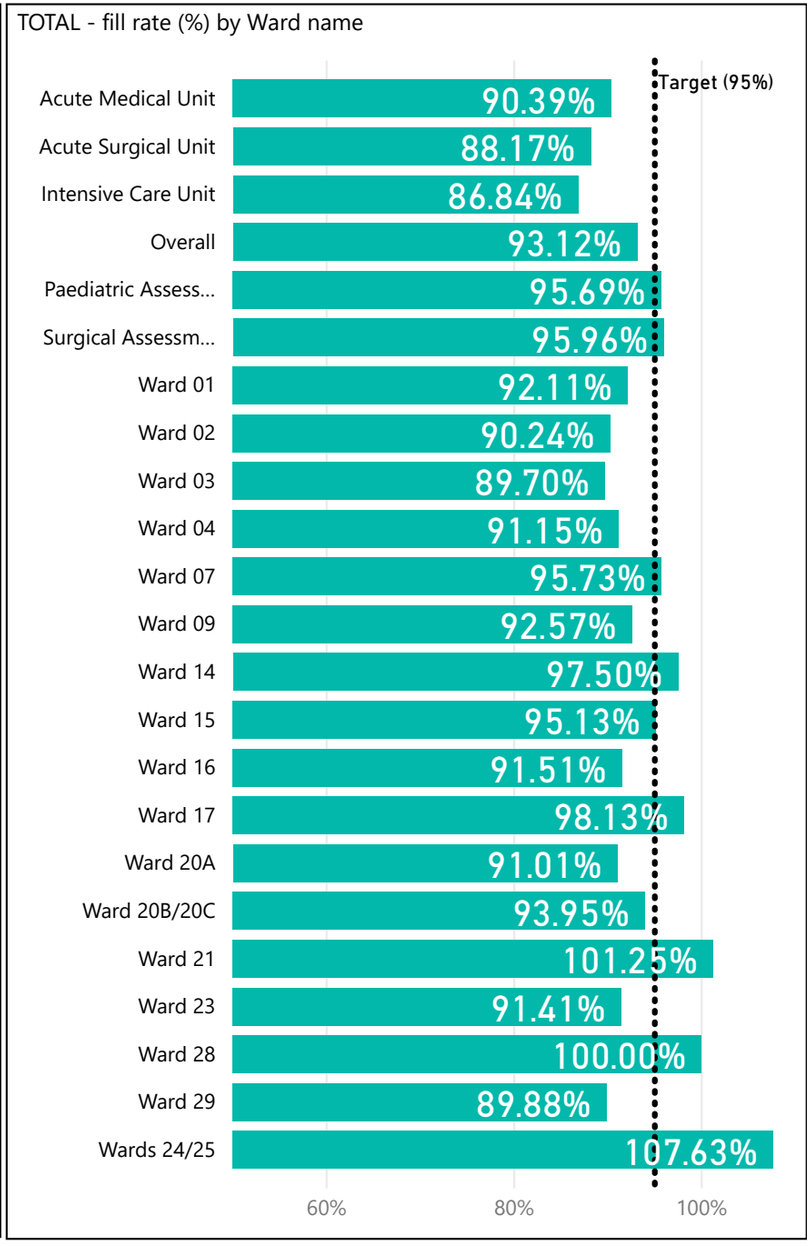
Month

01 April 2019

Walsall Healthcare NHS Trust







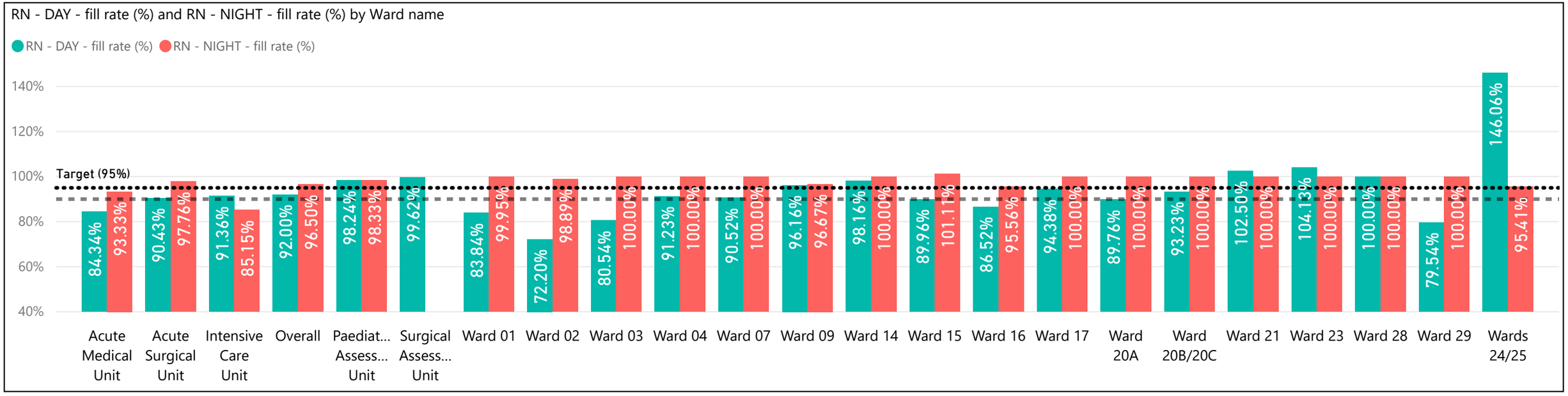
0701 Safe Staffing Return - Fill Rate for RN & CSW

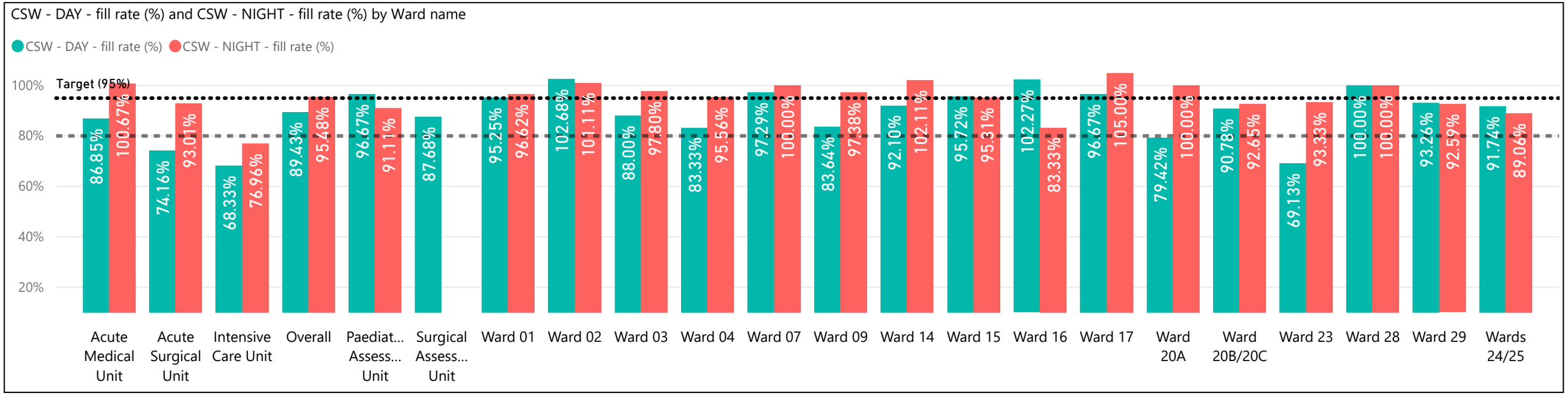
By Ward split between Day & Night

Month

01 April 2019

Walsall Healthcare NHS Trust





Safe Staffing (Rota Fil CHPPD) Collection

For any techincal queries or additional clarification relating to the collection ple

For any queries or additional clarification relating to submissions please conta

l Rates and

ease contact: NHSI.Returns@nhs.net

ct: data.collections@nhs.net

Safe Staffi

Please check that the data on this upload ter
is the responsibility of your organisation th
checks on these

RBK

Please correct all issues listed within

ng (Rota Fill Rates and CHPPD) Collection

nplate is accurate before being submitted to SDCS. You are reminded that these figures will b
ıat these submitted figures are accurate and in line with national guidance. We will undertak
figures post submission, and may come back to you with any queries we may have.

Walsall Healthcare NHS Trust

Validations

the tables below. If the issues are not corrected then the pro forma will fail the validation sta

Control Panel

Trust - Frontsheet

be published, and it
e basic validation

ge in SDCS.

N

Safe Staffing (Rota Fill Rates

Organisation: RBK Walsall Healthcare NHS Trust

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

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

Only complete sites your organisation is accountable for

Hospital Site Details		Ward name	Main 2 Specialties on each ward		Day				Night			
					Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff	
Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name		Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours
RBK02	MANOR HOSPITAL	Acute Surgical Unit	100 - GENERAL SURGERY		2518.5	2277.5	2068.5	1534	1764.5	1725	1322.5	1230
RBK02	MANOR HOSPITAL	Paediatric Assessment Unit	420 - PAEDIATRICS	171 - PAEDIATRIC SURGERY	739.5	726.5	1035	1000.5	690	678.5	1035	943
RBK02	MANOR HOSPITAL	Ward 01	400 - NEUROLOGY	300 - GENERAL MEDICINE	2070	1735.5	1380	1314.5	1035	1034.5	1035	1000
RBK02	MANOR HOSPITAL	Ward 02	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	2070	1494.5	1380	1417	1035	1023.5	1035	1046.5
RBK02	MANOR HOSPITAL	Ward 03	300 - GENERAL MEDICINE		1380	1111.5	1725	1518	690	690	1046.5	1023.5
RBK02	MANOR HOSPITAL	Ward 04	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	1380	1259	1380	1150	690	690	1035	989
RBK02	MANOR HOSPITAL	Acute Medical Unit	326 - ACUTE INTERNAL MEDICINE		2760	2327.8	2295	1993.1	2415	2254	1725	1736.5
RBK02	MANOR HOSPITAL	Ward 07	320 - CARDIOLOGY		1725	1561.5	1035	1007	1035	1035	690	690
RBK02	MANOR HOSPITAL	Surgical Assessment Unit	100 - GENERAL SURGERY		780	777	345	302.5	0	0	0	0
RBK02	MANOR HOSPITAL	Ward 09	110 - TRAUMA & ORTHOPAEDICS		1380	1327	1449	1212	1035	1000.5	782	761.5
RBK02	MANOR HOSPITAL	Ward 14	300 - GENERAL MEDICINE		1035	1016	1380	1271	690	690	1092.5	1115.5
RBK02	MANOR HOSPITAL	Ward 15	302 - ENDOCRINOLOGY	300 - GENERAL MEDICINE	1380	1241.5	1380	1321	1035	1046.5	736	701.5
RBK02	MANOR HOSPITAL	Ward 16	301 - GASTROENTEROLOGY	300 - GENERAL MEDICINE	1380	1194	1035	1058.5	1035	989	1035	862.5
RBK02	MANOR HOSPITAL	Ward 17	340 - RESPIRATORY MEDICINE	300 - GENERAL MEDICINE	1380	1302.5	1035	1000.5	1035	1035	690	724.5
RBK02	MANOR HOSPITAL	Intensive Care Unit	100 - GENERAL SURGERY	192 - CRITICAL CARE MEDICINE	3576.5	3267.55	345	235.75	3795	3231.5	345	265.5
RBK02	MANOR HOSPITAL	Ward 20A	110 - TRAUMA & ORTHOPAEDICS		1035	929	690	548	690	690	345	345
RBK02	MANOR HOSPITAL	Ward 20B/20C	100 - GENERAL SURGERY		1529.5	1426	1081	981.3	920	920	782	724.5
RBK02	MANOR HOSPITAL	Ward 21	420 - PAEDIATRICS	171 - PAEDIATRIC SURGERY	1380	1414.5	0	0	1380	1380	0	0
RBK02	MANOR HOSPITAL	Ward 23	502 - GYNAECOLOGY	100 - GENERAL SURGERY	690	718.5	690	477	690	690	345	322
RBK02	MANOR HOSPITAL	Wards 24/25	501 - OBSTETRICS		1396	2039	1035	949.5	1472	1404.5	1035	921.75
RBK02	MANOR HOSPITAL	Ward 28	501 - OBSTETRICS		2100.5	2100.5	126.5	126.5	1886	1886	218.5	218.5
RBK02	MANOR HOSPITAL	Ward 29	300 - GENERAL MEDICINE		2070	1646.5	1380	1287	1380	1380	1012	937

N

Safe Staffing (Rota Fill Rates

Organisation: RBK Walsall Healthcare NHS Trust

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

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

Only complete sites your organisation is accountable for

Hospital Site Details		Ward name	Main 2 Specialties on each ward		Day				Night			
					Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff	
Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name		Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours
RBK02	MANOR HOSPITAL	Acute Surgical Unit	100 - GENERAL SURGERY		2518.5	2277.5	2068.5	1534	1764.5	1725	1322.5	1230

N

Safe Staffing (Rota Fill Rates

Organisation: RBK Walsall Healthcare NHS Trust

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

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

Hospital Site Details		Only complete sites your organisation is accountable for	Main 2 Specialties on each ward		Day				Night			
					Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff	
Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name	Ward name	Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours
RBK02	MANOR HOSPITAL	Acute Surgical Unit	100 - GENERAL SURGERY		2518.5	2277.5	2068.5	1534	1764.5	1725	1322.5	1230
		Total			35755.5	32893.35	24270	21704.65	26397.5	25473.5	17342	16558.25

s and CHPPD) Collection

Allied Health Professionals				Care Hours Per Patient Day (CHPPD)						Day	
Registered allied healtH professionals		Non-registered allied health professionals		Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Registered allied health professionals	Non-registered allied health professionals	Overall	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)
Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours								
				1334	3.0	2.1	0.0	0.0	5.1	90.4%	74.2%
				29	48.4	67.0	0.0	0.0	115.5	98.2%	96.7%
				987	2.8	2.3	0.0	0.0	5.2	83.8%	95.3%
				1017	2.5	2.4	0.0	0.0	4.9	72.2%	102.7%
				989	1.8	2.6	0.0	0.0	4.4	80.5%	88.0%
				705	2.8	3.0	0.0	0.0	5.8	91.2%	83.3%
				1154	4.0	3.2	0.0	0.0	7.2	84.3%	86.8%
				664	3.9	2.6	0.0	0.0	6.5	90.5%	97.3%
				17	45.7	17.8	0.0	0.0	63.5	99.6%	87.7%
				759	3.1	2.6	0.0	0.0	5.7	96.2%	83.6%
				755	2.3	3.2	0.0	0.0	5.4	98.2%	92.1%
				826	2.8	2.4	0.0	0.0	5.2	90.0%	95.7%
				747	2.9	2.6	0.0	0.0	5.5	86.5%	102.3%
				744	3.1	2.3	0.0	0.0	5.5	94.4%	96.7%
				308	21.1	1.6	0.0	0.0	22.7	91.4%	68.3%
				374	4.3	2.4	0.0	0.0	6.7	89.8%	79.4%
				733	3.2	2.3	0.0	0.0	5.5	93.2%	90.8%
				421	6.6	0.0	0.0	0.0	6.6	102.5%	-
				290	4.9	2.8	0.0	0.0	7.6	104.1%	69.1%
				800	4.3	2.3	0.0	0.0	6.6	146.1%	91.7%
				279	14.3	1.2	0.0	0.0	15.5	100.0%	100.0%
				1003	3.0	2.2	0.0	0.0	5.2	79.5%	93.3%

s and CHPPD) Collection

Allied Health Professionals				Care Hours Per Patient Day (CHPPD)						Day	
Registered allied healtH professionals		Non-registered allied health professionals		Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Registered allied health professionals	Non-registered allied health professionals	Overall	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)
Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours								
				1334	3.0	2.1	0.0	0.0	5.1	90.4%	74.2%

s and CHPPD) Collection

Allied Health Professionals				Care Hours Per Patient Day (CHPPD)						Day	
Registered allied healtH professionals		Non-registered allied health professionals		Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Registered allied health professionals	Non-registered allied health professionals	Overall	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)
Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours								
				1334	3.0	2.1	0.0	0.0	5.1	90.4%	74.2%
0	0	0	0	14935			0.0	0.0	6.5	92.0%	89.4%

MEETING OF THE PUBLIC TRUST BOARD – 6th June 2019			
End of Life Strategy for the Borough of Walsall			**AGENDA ITEM: 9**
Report Author and Job Title:	Sue Crabtree Care Group Manager/ Professional Lead for Palliative & End of Life Care	**Responsible Director:**	Karen Dunderdale Director of Nursing
Action Required	Approve ☒ Discuss ☐ Inform ☐ Assure ☐		
Executive Summary	Palliative & End of Life Care Services have been developing the new End of Life Strategy for Walsall for the last eighteen months during this time the development group have used utilised levels of wide engagement with colleagues and partners initially and then at a later date members of the public. This has also included Trust Groups and Divisions. In developing the Strategy the public have been engaged, two Consultation events were organised. This was a mix of family members who had experienced loss and patients who had a range of experiences of health care systems. The input of these groups instrumental on a number of areas of the • They felt that they would like some more comparable comparison with CCG of similar size and health profile rather than all national comparison data. Therefore the section demonstrating comparison the 10 most demographically similar CCGs was added. • They also wanted assurance that we would continue to deliver care based on the Five Priorities for Dying: Recognise, Communicate, Involve, Support, Plan & Do and this should underpin all developments to ensure that patients and family were fully engaged with all decisions at this time (page 11) • The Consultation Group also felt that information flow was of prime importance and were fully supportive of the development of a mechanism to do this. The End of Life Strategy was considered by Quality, Patient Experience and Safety Committee in December, the Committee had a number of comments and a revised version of the strategy was approved for recommendation to the Board in March.		

Recommendation	Members of the Committee are asked to: • Approve the End of Life Strategy	
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	The end of life care strategy provides assurance against BAF risk 001 and also mitigates a number of risks on the corporate nursing Risk Register	
Resource implications	There are no resource implications associated with this report.	
Legal and Equality and Diversity implications	Legal and Equality and Diversity implications are highlighted within the strategy. This strategy aims to support the organisation in reaching 'outstanding' as rated by CQC by 2020	
Strategic Objectives	Safe, high quality care ☒	Care at home ☒
	Partners ☒	Value colleagues ☒
	Resources ☒	

End of Life Care Strategy for Walsall 2018-2023

Amendment History

Version	Amended By	Date	Key amendments
0.1	Sue Crabtree	October 2017	First version of new End of Life Strategy for the Borough of Walsall produced after two staff consultation sessions conducted on 6th October 2017 & October 26th 2017, producing version 1 of the new End of Life Strategy for Borough of Walsall
0.2	Sue Crabtree	December 2017	Feedback to Consultation Group, meetings arranged to discuss priorities moving forward for new End of Life Strategy
0.3	Sue Crabtree	28th February 2018	Further combined meeting following feedback to identify priorities for new End of Life Strategy
V.1	Sue Crabtree	5th May 2018	V1 End of Life Strategy produced circulated to Consultation group and End of Life Strategic Delivery Group
V.2	Sue Crabtree	27th May 2018	Format amendment following comment and reformatting design
V.3	Sue Crabtree	10TH June 2018	Further amendment to format, structure and layout
V.4	Simone Smith	10th July 2018	Changes made after second consultation to End of Life Strategic Delivery Group and Walsall Health Care Divisions
V.5	Sue Crabtree	11th September 2018	Further amendments in design and additions following Consultation with Director of Strategy and Transformation. Agreement gained to progress to Public Consultation
V.6	Sue Crabtree	17th September 2018	Final version produced in preparation for Public Consultation
V.7	Sue Crabtree	19TH November 2018	Further amendments made following public consultation exercise on 17th September 2018 & 15th November 2018
V.8	Sue Crabtree	1st December 2018	Further minor amendments made following second cycle of staff feedback
V.9	Sue Crabtree	30th January 2019	Further amendments following feedback from Quality, Patient Experience & Safety Committee December 2018
V.10	Sue Crabtree	11th March 2019	Further amendment in preparation for approval by Quality, Patient Experience & Safety Committee December 2018 Quality, Patient Experience & Safety Committee March 2019

Foreword

"How we care for the dying is an indicator of how we care for all sick and vulnerable people"

(National End of Life Care Strategy 2008)

Death and dying are inevitable. The quality and accessibility of this care will affect all of us and it must be made consistently better for all of us.

The emphasis of this strategy for Walsall is on local decision-making and delivery, so therefore this document outlines the local priorities which have been agreed by all partners delivering care along the end of life pathway. The strategy reflects the Ambitions for Palliative & End of Life Care 2015-2020 produced by the National Palliative and End of Life Care Partnership in 2015, which was very much designed to be a national framework for local action. Core to its centre is the needs of people of all ages who are living with dying, death and bereavement, their families, carers and communities which must be addressed, taking into account their priorities, preferences and wishes.

This focus and partnership is more important whilst working in constrained resources and increasing demands and the need to build more effective systems of care, putting existing resources to more creative and effective use. Palliative and end of life care requires collaboration and cooperation to create the improvements we all want. This is the approach we have used in our own new partnership of organisations representing health and social care, statutory and voluntary bodies.

This strategy differs from those before as it requires local professionals and local leaders to act via designated leads, who will be expected to coordinate a process for working towards achieving the ambitions identified within the strategy. The strategy also expects the partners to be committed to act to help and support both as individual organisations and by working together.

Signatures of Partner Organisations

Lead for Walsall Health Commissioning Group	Lead for Walsall Council	Lead for Walsall Healthcare	Lead for Mental Partnership

Contents

1. Acknowledgements

The development of this strategy has been supported and influenced by the following people and groups, who we would like to, acknowledge their, commitment, input and contribution:

- The Patients and Carers from the Trust Membership who attended the user engagement and consultation events
- Local provider representatives who attended the stakeholder engagement events
- Walsall Healthcare NHS Trust End of Life Strategic Delivery Group & Local providers of End of Life care

2. Underpinning principles for the Strategic Goals identified within the Strategy

These are:

1. The strategy refers to all ages
2. It applies to wherever the patient and carer are receiving care
3. Unless otherwise stated all references are to people who are in the last year of life
4. The actions apply to all people regardless of diagnosis and cultural background
5. The strategy applies to all partnership organisations in Walsall and is inclusive of the broad Voluntary and Community Sector that exist as means of support
6. Responsibilities in all actions apply to both patients and carers

3. What do we know about dying in Walsall?

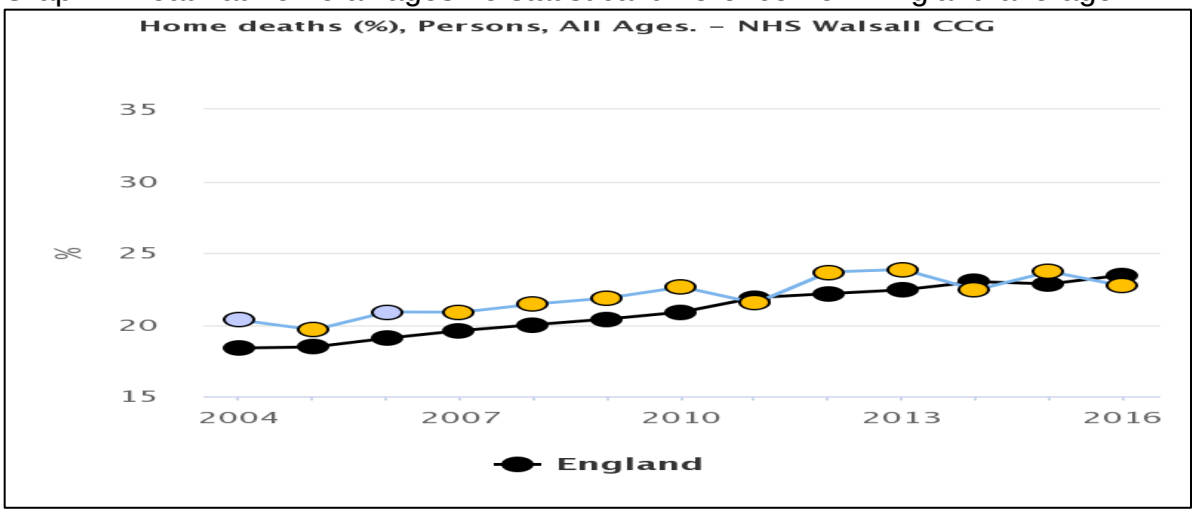
Progress has been made in the last five years with Palliative and End of Life Care within the Borough. This is demonstrated by the falling hospital death rate. In 2015, 51.7% of deaths in Walsall occurred in hospital which is a decrease of 10% compared with 2004 figures. The hospital death rate is more comparable to the England average of 46.7% and closer to the regional average of 49.5%. This may be partly as a result of the new In-Patient Hospice Unit opening five years ago but is also in part of the work of Community Services supporting greater complexity at home and using alternative provision effectively for patients unable to stay at home. The principle for this strategy is that we continue to focus on previous priorities but now identify key strategic objectives which will deliver greater continuity, response and improved communication for patients, carers and professionals.

The Figure 1 below shows the figures for Walsall in 2015 and how these compare to both the West Midlands and England for dying in various settings.

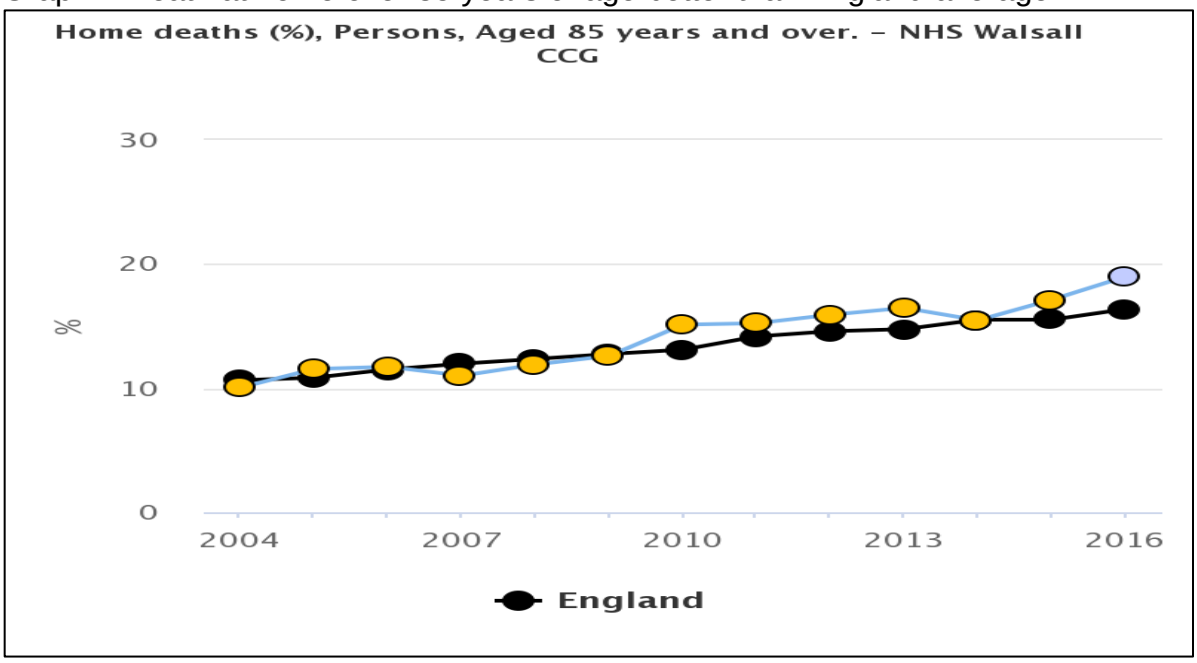
Indicator	Period	Walsall		Region	England	England	
		Count	Value	Value	Value	Worst/ Lowest	Range
Hospital deaths (%), Persons, All Ages.	2015	1,431	51.7%	49.5%	46.7%	37.1%	
Care home deaths (%), Persons, All Ages.	2015	481	17.4%	20.9%	22.6%	6.7%	
Home deaths (%), Persons, All Ages.	2015	656	23.7%	22.4%	22.8%	18.2%	
Hospice deaths (%), Persons, All Ages.	2015	151	5.5%	5.4%	5.6%	0.0%	

The most recent data (2016 Public Health Profiles) also support this continued improvement:

Graph 1 Death at home all ages no statistical difference from England average



Graph 2 Death at home over 85 years of age better than England average



.

Improving Palliative and End of Life Care (EoLC) will play an important role in the successful delivery of many Sustainability and Transformation Partnership (STP) priorities, in particular those highlighted in the Next steps on the NHS Five Year Forward View (NsFYFV) such as mental health, cancer, urgent and emergency care, as well as improving system sustainability.

Research suggests that improved recognition of palliative care needs, as well as optimised provision of services outside the hospital setting, could translate to a potential reduction in hospital costs which could result in reinvestment of £180 million per annum (2011 Palliative Care Funding Review) as well as improving patient choice. Focusing on those at the end of life will also help reduce unnecessary and unwanted admissions and improve early supported discharge to a place of care that best meets the needs of the patient. This will reduce the likelihood of unnecessary re-admission, the number of clinically unnecessary occupied bed days and improve patient experience. Better care coordination and shared records contribute significantly to facilitating an efficient flow of patients and communication between the hospital and their home, which is also better for the patient.

In order to plan for the next five years there are important facts for consideration some of which are below:

The voluntary sector are important partners in meeting EoLC needs, both as providers and funders of care. Across the country, the hospice sector, for example, invests over £1 billion of charitable funding in local communities to meet palliative care needs[3].

If recent mortality trends continue, 160,000 more people in England and Wales will need palliative care by 2040[4].

10% of people receiving hospice care that have engaged in ACP die in hospital compared to 26% of those who have not engaged in ACP[5].

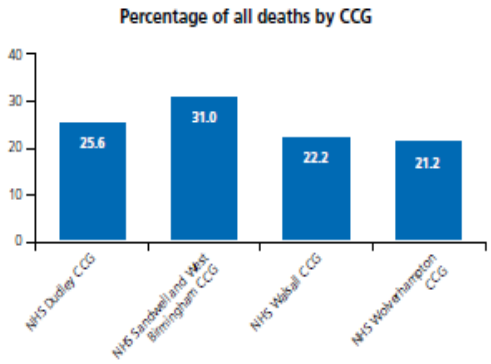
Approximately 30% of people in the last year of life use some form of Local Authority funded social care[6].

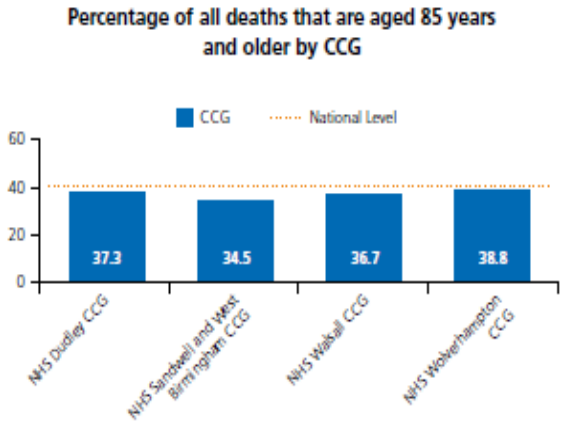
If access to community-based EoLC improved, £104 million could be redistributed to meet people's preferences for place of care by reducing emergency hospital admissions by 10% and the average length of stay following admission by three days[7].

3. Hospice UK (2016) Hospice Accounts: Analysis of the accounts of UK charitable hospices for the year ended 31 March 2015. London: Hospice UK
4. BMC Medicine article - https://bmcmedicine.biomedcentral.com/articles/10.1186/s12916-017-0860-2
5. Age UK 2017 report - ref: NHS South West review of 960 records in last 2.5 years
6. Bardsley, M., Georghiou, T. and Dixon, J. (2010). Social care and hospital use at the end of life. The Nuffield Trust.
7. National Audit Office (2008) End of Life Care. National Audit Office. https://www.nao.org.uk/wp-content/uploads/2008/11/07081043.pdf

4. Local STP data and national context (October 2017)

Graph 4
In the Black Country STP, there were 12,467 deaths in 2015, which is 2.53% of the national number of deaths. This was distributed across the CCG is as follows

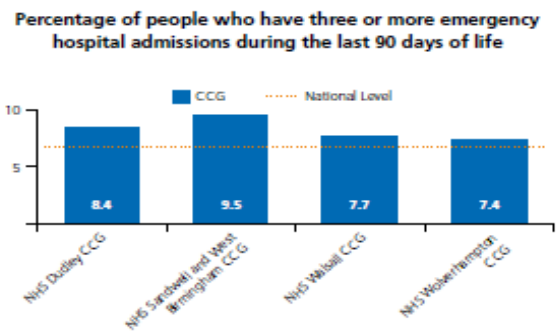




Graph 5
This chart demonstrates how the national percentage of deaths for people aged 85 or over compares to the CCGs in local area:

Graph 6

The following chart shows the percentage of people who have three or more emergency hospital admissions during the last 90 days of life:



Hospital costs are by far the largest cost elements of EoLC with care in the final three months of life averaging over £4,500 per person who died. The bulk of this cost is due to emergency hospital admissions where hospital costs increase rapidly in the last few weeks of life[8].

Advance Care Planning (ACP) improves EoLC and patient and family satisfaction and reduces care home admissions, stress, anxiety and depression in surviving relatives[10].

Ratings of fair or poor quality of care are significantly higher for those living in the most deprived areas (29%) compared with the least deprived areas (22%)[11].

Table 1 Local data for those people with dementia, demonstrates that there is still much more to achieve.

Measure	England average	Walsall position
Dementia: Average annual number of ordinary hospital admissions during the last year of life of CCG residents who died 2013-15	1.5	**1.9**
Dementia: The % of CCG residents who died 2013-15 with an emergency hospital admission during their last year of life	67.7	**84.9**
Dementia: Average annual number of emergency hospital admissions during the last year of life of CCG residents who died 2013-15	1.4	**1.9**
Dementia: Average annual number of days (nights) spent in emergency hospital admissions during the last year of life of CCG residents who died 2013-15	20.0	**33.6**

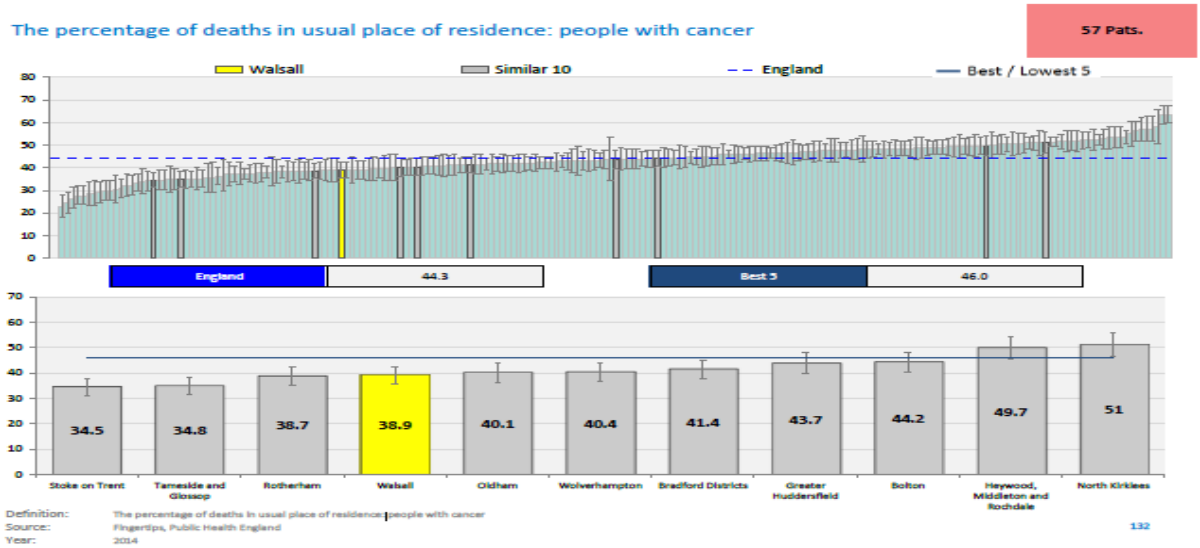
Graph 7 Walsall CCG when compared to the 10 most demographically similar CCGs

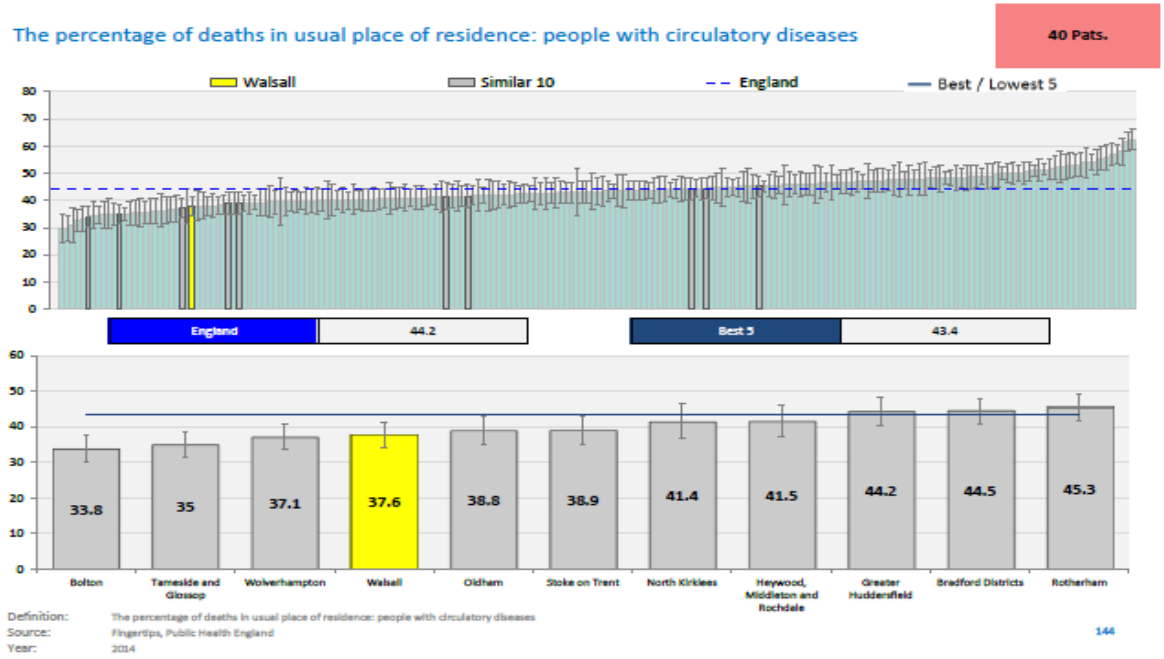
Which are:

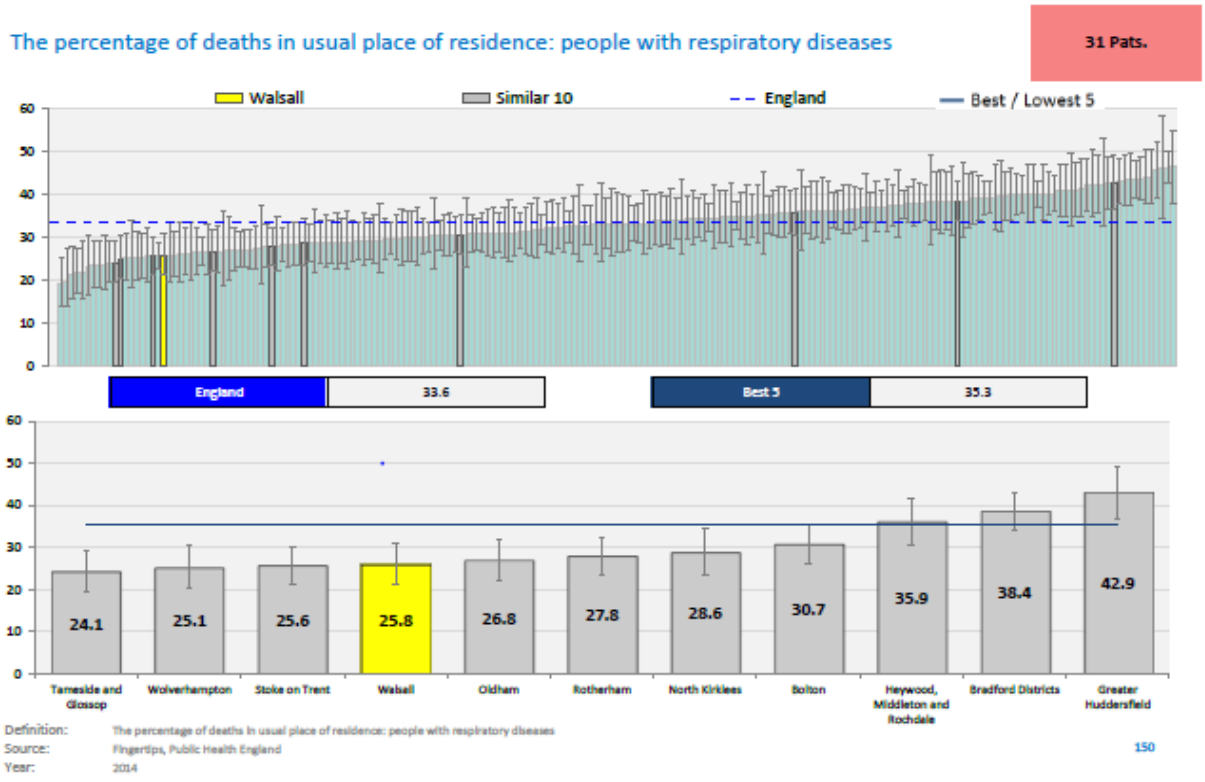
1. Wolverhampton
1. Bradford and Districts
5. North Kirklees
7. Oldham
9. Tameside and Glossop
2. Bolton
4. Stoke on Trent
6. Heywood, Middleton and Rochdale
8. Rotherham
10. Greater Huddesfield

The data demonstrates that Walsall has opportunities to improve its End of Life Care in its major disease groups.

(Public Health England, NHS Right Care, December 2 016)







In addition to this although there has been improvement in our hospital death rate, we need to still consider people's needs with all diseases, the current data demonstrates that there is still much more to achieve.

The STP is based on delivery high quality placed based care within the four boroughs of the Black Country through a partnership and system approach. Managing end of life patients as close to home as possible is a fundamental part of this plan in Walsall.

In Walsall this is achieved through the integration of physical and mental health and social providers through four operational localities. These localities have place based teams that manage population health and are supported by specialist teams to deliver the appropriate care in the appropriate place.

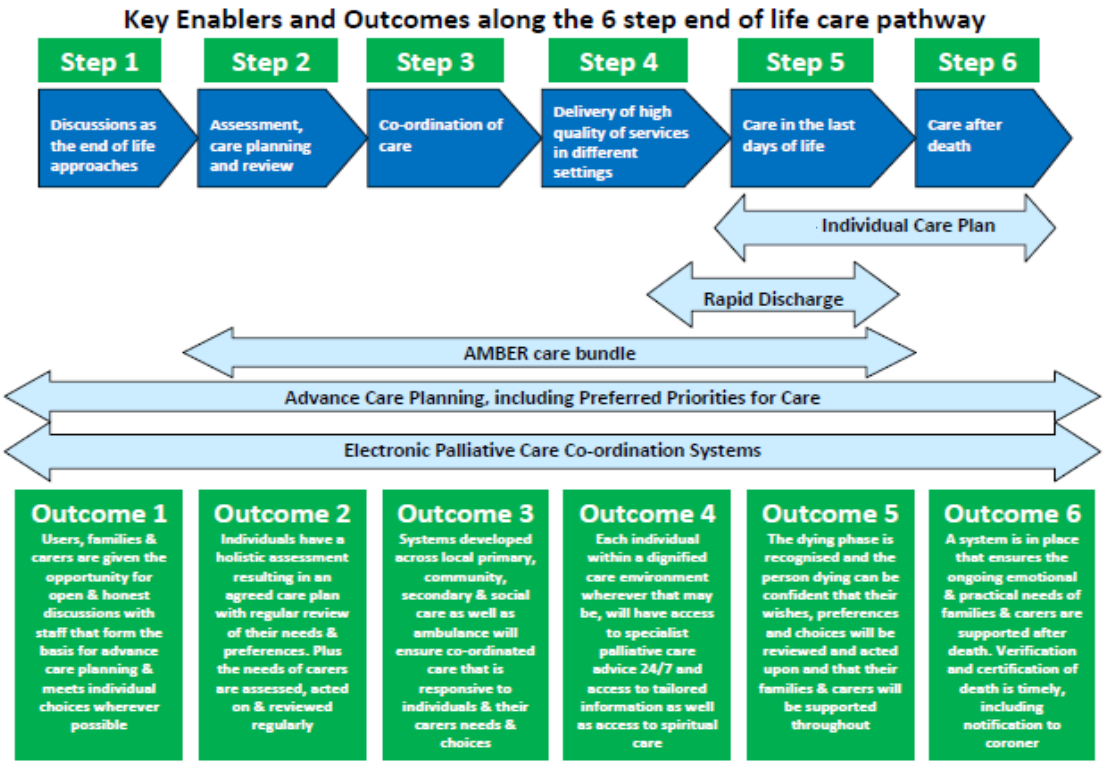
5. The foundations on which the vision is built

"I can make the last stage of my life as good as possible because everyone works together confidently, honestly and consistently to help me and the people who are important to me, including my carer(s)."

(Every Moment Counts, National Voices, national Council for Palliative Care & NHS England 2015)

Throughout the development of this new End of Life Strategy three key areas of focus have contributed to the development of this new vision. Firstly, we will continue to utilise our existing end of life pathway approach utilising all five key enablers and tools from the end of life TRANSFORM Programme, for the last year of life this is summarised in the chart below.

Figure 2



Secondly, we will continue to provide end of life care in line with the Five Priorities for the dying person which is: Recognise Communicate, Involve, Support and Plan & Do, more full explanation below.

Recognise	**The possibility that a person may die within the next few days or hours is recognised and communicated clearly, decisions made and actions taken in accordance with the person's needs and wishes, these are reviewed regularly and decisions revised accordingly.**
Communicate	**Clear and sensitive communication needs to take place between staff and the person who is dying and those identified as important to them. This includes identifying the extent of the person's need for information and allowing them to decline discussions regarding the possibility that they may be dying.**
Involve	**The dying person and those identified as important to them are involved in decisions about treatment and care to the extent that the dying person wishes.**
Support	**The needs of families and others identified as important to the dying person are actively explored, respected and met as far as possible.**
Plan & do	**An individual plan of care is agreed, coordinated and delivered with compassion. (Including: food and drink, symptom control, psychological, social and spiritual support).**

Thirdly, the national vision identified eight foundations that need to be in place to achieve our ambitions, our local strategy reflects this. They are necessary for each and underpin the system as a whole and are central to the delivery of good end of life care. These foundations are interwoven within the strategic goals of this strategy.

Foundations for the ambitions

6. Locally agreed strategic actions

During Dying Matters week May 2017, Walsall CCG, Walsall Healthcare NHS Trust and St Giles signed the Walsall Dying Well Community Charter (Appendix 1).The themes of the charter are very much reflected in the locally agreed Palliative & End of Life Care Ambitions set out in this document. In addition to this the Walsall Clinical Commissioning Group's End of Life Vision for 2018 encompasses multiple themes from the Strategy (Appendix 2)

The locally agreed strategic goals have been aligned to one of the six ambitions for end of life care, these are listed below

After examination of each ambition the identified strategic goals have been aligned to the most appropriate ambition.

7. Locally Agreed Strategic Goals

Ambition One
Each person is seen as an individual:

I, and the people important to me, have opportunities to have honest, informed and timely conversations and to know that I might die soon. I am asked what matters most to me. Those who care for me know that and work with me to do what's possible.

Strategic Goal

1.1 In all service redesign and any new future developments organisations must consider care provision for those people at end of life
1.2 All staff should have the necessary competencies to have honest well informed conversations
1.3 Every patient receiving care in the pathway should have an opportunity to complete an advance care plan when ready to do so
1.4 Social Care provider should develop systems to enable services to respond to crisis for people with palliative care conditions
1.5 People living in Walsall who are coping with a person who is dying should be able to access both pre and post bereavement support including support for those who experience sudden deaths

Ambition Two
Each person gets fair access to care;

I live in a society where I get good end of life care regardless of who I am, where I live or the circumstances of my life.

Strategic Goal

2.1 Those organisations with commissioning responsibilities should ensure that all contract provision should demonstrate equity of access, responsiveness to need
2.2 All providers along the pathway should be able to demonstrate measureable outcomes for their service
2.3 Improve the mechanisms by which data is collected along the pathway to allow benchmarking against national standards. Use this information to inform service design
2.4 Continue to support the development of an Electronic Patient Care Coordination System (EPaCCS) to improve coordination and information sharing
2.5 Providers will work together to identify pro-actively patients who are entering the end of life phase of illness to inform local Gold Standard Registers to achieve 1% of population on end of life registers across the Borough

Ambition Three
Maximising comfort and wellbeing

My care is regularly reviewed and every effort is made for me to have the support, care and treatment that might be needed to help me to be as comfortable and as free from distress as possible.

Strategic Goal

3.1 All patients receiving care along the pathway should have a Holistic Needs Assessment completed; this should be reviewed on an individual basis

3.2 All care planned and delivered in Walsall to those in the last days of life will be patient centric and consistent with the five Priorities for the Dying Person; which are: Recognise, Communicate, Involve, Support & Plan/ Do

3.3 All partners providing care along the pathway should have a mechanism for responding to crisis

3.4 Each organisation providing care for patients within the pathway will be able to demonstrate staff are appropriately trained for the level of delivered care provision

3.5 Providers of Specialist Palliative & End of Life Care in Walsall will provide services which

Ambition Four
Care is coordinated

I get the right help at the right time from the right people. I have a team around me who know my needs and my plans and work together to help me achieve them. I can always reach someone who will listen and respond at any time of the day or night.

Strategic Goal

4.1 To continue to develop a shared patient record for patients receiving care along the pathway which can be viewed by all providers delivering care

4.2 Continue to develop and identify new partnerships to enhance existing care delivery for patients and carers to access. These may be services provided by the NHS, Voluntary Sector and Social Care

Ambition Five
All staff are prepared to care

Wherever I am, health and care staff brings empathy, skills and expertise and gives me competent, confident and compassionate care.

Strategic Goal

5.3 Specialist Palliative Care Teams will enhance the knowledge base of generalist staff to improve clinical decision making, skills and judgement by offering a range of learning opportunities.

5.4 Each organisation should have mechanisms in place to ensure the Health and Well-Being of staff delivering palliative and end of life care including access to more specialist support when needed

5.5 Each organisation providing care should have effective board level engagement via an identified lead

Ambition Six
Each community is prepared to help

I live in a community where everybody recognises that we all have a role to play in supporting each other in times of crisis and loss. People are ready, willing and confident to have conversations about living and dying well and to support each other in emotional and practical ways.

Strategic Goal

6.1 Agree a strategic approach as to how we raise public awareness of dying

6.2 Adopt the " Dying Well Charter" across the Borough of Walsall

6.3 Continue to develop volunteering roles and relationships, provide training if required to help support people, families and communities

6.4 To develop further our compassionate community which reflects the diversity of our population

8. Essential Outcome data

This is the initial data outcome metrics that will be collected and collated for Walsall. System wide metrics and outcoimes will be oimproved once the Electronic Patient Care Coordination System (EPaCCS) to improve coordination and information sharing and creporting is introduced.

Figure 3 Minimum Outcome data as suggestred by West Midland End of Life STP

AMBITIONS	METRICS
Each person is seen as an individual	No. (%) on GP palliative care registers
	No. people with cancer/ HF/ COPD/ dementia (%) on GP palliative care registers
	No. (%) with palliative care code who are currently in-patients (by first diagnosis code)
Each person gets fair access to care	No (%) people who died who were on GP palliative care register.
	CCG budget invested on palliative and end of life care
Maximising comfort and wellbeing	% CCG budget invested on palliative and end of life care
	No. (%) people dying in their preferred place of death (by condition)
	No. (%) people dying in hospital (by condition)
	No. (%) people on palliative care register dying in hospital
	% of deaths with 3+ emergency admissions in last 3M of life
Care is coordinated	% of bereaved people who state the overall quality of end life care for their relative was outstanding, excellent or good
	No. (%) on palliative care register with an advance care plan/ RESPECT form.
All staff are prepared to care	No. (%) GP practices with an EOL and palliative care MDT (at least every 2M)
Each community is prepared to help	No. & % staff who have received EOL and palliative care training

9. Expectations Moving Forward

The *Ambitions for Palliative and End of Life Care,* published in September 2015, set a clear direction for change and issued a call to all those involved in the care of dying people at both the national and local level. The local expectations following agreement of the new End of Life Strategy for the Borough of Walsall are threefold;

1. As the STP widens its thought processes in relation to end of life care organisations will be required to evidence outcomes along the pathway. The West Midlands STP some essential outcome data to collect, this will be the basis of the development of developing measurable outcomes.
2. The three lead partners within Walsall Together will nominate strategic leads for End of Life Care. The leads will be responsible for identifying which strategic goals apply to their organisation and formulate an action plan to progress the specific strategic goal outcome within their own organisation. Progress monitoring against the action plan will be at a local organisational level and through the Walsall Together Board.
3. Assurance should be provided from all organisations and monitored via an esablished agreed governace arrangement which will be via a Borough wide End of Life Strategic Group.

Appendix 1

The Dying Well Community Charter

Principles of care and support

Dying and death remain significant social taboos, despite the inevitable fact that all of us will die one day. Some of us will experience death suddenly; others will die after a period of illness or frailty, which can sometimes be protracted over years. Whilst many of us hope to die peacefully with dignity, compassionate care, and support for our carers and the people who are important to us, sadly too many people do not have that experience. This continues to be a subject that is frequently perceived as 'too difficult' for individuals, communities and civic society to discuss and so dying is not given priority. Consequently, whilst many people, and carers, understand what is needed to improve the end of life for themselves and the people who are important to them, they struggle to access care and support in coherent and connected ways when they need it.

Dying and death do not happen in isolation from the rest of life. People who are dying may not wish to be isolated and disconnected from their communities. There is more to do to engage communities in the end of life so that those affected by dying and death do not feel abandoned and socially isolated. Care for one another at times of crisis and loss is not simply a task for health and social care services but is everybody's responsibility.

The Dying Well Community Charter provides a visible commitment by individuals, communities and organisations to work together towards the following principles, which should apply for all of us and our communities as we are affected by dying and death.

Recognition & Respect

• See dying and death as an important part of our lives
• Respect each of us and our carers for who we are, how we have lived our lives, the relationships and things that we value and the legacies we leave behind us
• Recognise the contribution we may still wish to make to our family, work or community
• Do everything possible to give us and our carers the level of independence control and participation in decision-making that we wish
• Treat us always with dignity, respect and compassion.

Communicate

• Communicate with us, our carers, and those who are important to us in kindly words and appropriate manner so that we understand what we are facing and know that you understand
• Be clear and honest with us, answer our questions as best you can, and tell us what to expect. Where possible and appropriate explain clearly and compassionately and reality that death is coming
• Talk to us and the people important to us about what we might need in the future, as often as we need you to do this. Respect our pace and recognise that we might not always want to about things when you want to.

Involvement

• Listen well to our wishes for the remainder of our lives, including our final days and hours
• Help and support us and our carers to think ahead to the choices we may face, make decisions about care and support, and give us as many opportunities as we need to do this
• Remember that we can change our minds about our wishes
• Make sure that our wishes are recorded so that everyone involved in our care and support knows what we want
• Where we are unable to participate in planning and decision-making, support anybody who has to make decisions on our behalf and ensure they know and understand our wishes and values.

Support

• Make every possible effort to help us to get the end of life support and care we want, including in the place we want to be

• Encourage and support us to talk about any emotional, cultural, or spiritual needs we may have. Ensure they are respected and met wherever possible
• Make sure that our carers and people who are important to us are supported before and after we die, including offering information about grief and bereavement and appropriate professional support where possible
• Recognise and foster sources of care and support within our community.

Help us to Plan, and Do

• Give us opportunities to plan our care for the end of life
• Provide us with someone to coordinate and organise care and support for us and our carers
• Tell us, those close to us and our carers who to contact for information and support, at any time of day or night, if needed.
• Provide practical support as quickly as possible
• Do everything possible to alleviate physical, emotional, social and spiritual distress and suffering. Comfort us, our carers and those important to us.

We the undersigned pledge our commitment to working in partnership to follow the above five priorities of care for us all and our communities as we are affected by dying and death

Walsall Healthcare NHS Trust | **NHS Walsall Clinical Commissioning Group** | **St Giles Hospice**

[Wednesday 10th May 2017]

Walsall Healthcare NHS Trust

NHS Walsall Clinical Commissioning Group

St Giles Hospice Care

Appendix 2

Walsall CCG Vision for Palliative and End of Life Care

All Adults, Children and Young People at End of Life are supported to achieve their ambitions as identified through the care planning process.

Ambitions for Palliative and End of Life Care

To implement the six key ambitions set out in the national framework for local action 2015-2020.

Ambition One: Each person is seen as an individual.
Ambition Two: Each person gets fair access to care.
Ambition Three: Maximising comfort and wellbeing.
Ambition Four: Care is co-ordinated.
Ambition Five: All staff are prepared to care.
Ambition Six: Each community is prepared to help.

Key priorities 2018/19

1) Leadership – stakeholders to work together holding each other to account in the delivery of the ambitions for Palliative and End of Life Care.
2) Quality improvement - Joint Arrangements.
3) Collaborative Commissioning – access to a range of care models.
4) Implementation of Electronic Palliative Care Co-ordination System (EPaCCS) to provide an Integrated Shared Care Record for patients accessible by all key care providers.
5) Service model and provision informed by the local population and professionals.
6) Constant monitoring and improvement to services – Walsall CCG have the right systems in place to monitor services and listen to feedback from children, young people, adults and families.
7) Support General Practice to improve on delivering the GSF for community Palliative Care.

Aim: To provide person centred co-ordinated care that is the best support that we can give.
Objectives: To improve pathways and the model of care, reduce non-elective admissions.
To develop the workforce ensuring all staff are prepared appropriately to deliver care.
To achieve desired outcomes, avoid admissions to acute care in the last year of life, meet peoples' choices, improve the consistency/delivery of high quality care.

Outcomes for the next 12 months

1) Establish our Vision for Walsall patients, informed by the local population. Develop a strategy across health and social care to inform the commissioning of high quality, end of life care.
2) The CCG and Local authority to ensure that people receive services that prevent needs escalating, delivers appropriate care, provide information including choice and support plus access to a range of care models to support better integration of services across providers. To be underpinned by robust reporting through contracts to ensure timeliness of care and delivery in the right place.
3) Increase to proportion of patients who die in their preferred place of death. Reduce the number of inappropriate admissions to hospital in the last year of life.
Reduce the average hospital length of stay for patients in their last year of life.
4) 'One chance to get it right': improving people's experience of care in the last few days and hours of life, and staff working in line with the 'five Priorities for Care'.
5) Personal Health Budgets are available – pilot partnering with the local hospice, to offer PHBs to people accessing any of the hospice's services and who are approaching Fast Track Continuing Healthcare eligibility.
6) Adults, children, young people and their families are actively engaged and voice their views on the planning and commissioning of services, pathways and processes to ensure services achieve desired outcomes

MEETING OF THE PUBLIC TRUST BOARD – Thursday 6th June 2019			
Integrated Care Partnership Progress Report June 2019			**AGENDA ITEM: 10**
Report Author and Job Title:	Michelle McManus Walsall Together Programme Manager	**Responsible Director:**	Daren Fradgley Interim Walsall Together Programme Director
Action Required	Approve ☐ Discuss ☒ Inform ☒ Assure ☐		
Executive Summary	This paper updates the Board Members on the key Walsall Together work undertaken this month together with the next steps for each item: • The Integrated Care Partnership (ICP) Board met in shadow form in May; terms of reference and an outline Programme Plan will be presented to the Public Trust Board in July; • A Senior Management Team (SMT) and Programme Office (WTPO) have been established including identified office space at Jubilee House to allow co-location; • SMT meetings are underway and will start to drive the agenda for the ICP Board; • A robust Transformation Methodology and programme governance structure have been agreed including the formation of a Clinical Operating Model (COM) Group, which will ensure clinical and professional input into the work of the ICP; • SMT is working through the detail of the Programme Plan, including identification of sponsors and alignment with other system plans and strategies; • Work to full integrate and co-locate health and social care teams in the community is ongoing; • Detailed design of the Single Point of Access (SPA) is underway including a pilot for Winter 2019/20 and a planned visit to Rotherham Care Coordination Centre in June 19. Work is also underway to finalise the Walsall Together Alliance Agreement and to start planning for the Section 75 Agreement.		
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 in relation to the Walsall Together programme of work and provides assurance to the board to mitigate the risks in relation to the following BAF risks: BAF003 If the Trust does not agree a suitable alliance approach with the Local Health Economy partners it will not be able to deliver		

	a sustainable integrated care model; BAF004 Failure to progress the delivery of the Walsall Integrated model for health and social care.	
Resource implications	There are no new resource implications associated with this report.	
Legal and Equality and Diversity implications	The Walsall Together Programme Plan will include an EDI assessment overall and individual assessments for each project.	
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Safe, high quality care ☒	Care at home ☒
	Partners ☒	Value colleagues ☐
	Resources ☒	

WALSALL TOGETHER REPORT
JUNE 2019

1. PURPOSE OF REPORT

This report provides the board with an update on the Care at Home strategic objective which is coordinated by Walsall Together.

It provides an overview of the work undertaken this month and highlights the key priorities for the next reporting period.

2. INTEGRATED CARE PARTNERSHIP BOARD

The Walsall Together Integrated Care Partnership (ICP) Board met for the first time in shadow form in May. The agenda focused on finalising the associated governance arrangements and agreement of an annual cycle of business. An update is provided in the committee section of the board papers

3. ESTABLISHMENT OF THE SMT AND PROGRAMME OFFICE

The Senior Management Team (SMT) and Walsall Together Programme Office (WTPO) have been established and will be co-located in identified office space at Jubilee House from early June. The SMT is meeting regularly with a strong focus on operational delivery of the services in scope.

A robust Transformation Methodology has been developed that describes the remit, programme governance and desired outcomes of the individuals and teams tasked with delivering the Clinical Operating Model (COM). As part of the programme governance structure, a COM Group is being created to sit alongside the SMT, comprising senior clinical and professional leads for the services in scope. The COM Group will ensure strategic alignment of all pipeline and new initiatives to the COM and will provide clinical and professional input into the work of the ICP.

The SMT is also making good progress with building a credible Programme Plan that will start to drive the agenda of the ICP Board. Building on the priorities identified in the Business Case and the Walsall Together Outcomes Framework, the SMT is working through the identification of sponsors for each of the defined workstreams and the practicalities of alignment with other system-level plans and strategies (e.g. Right Care; A&E Delivery Board Plan).

4. DELIVERY OF THE TRANSFORMATION

Work to full integrate and co-locate health and social care teams in the community is ongoing. Currently, health and social care teams are only fully co-located in the West locality; they are partially co-located in the North. However, the social care teams for the East and South localities (33 and 27 members of staff respectively) remain at the Civic Centre owing to the lack of space available in the current locations.

There is now a particular focus on the estate and identifying suitable property to enable co-location of the existing teams in all localities. This is particularly challenging and will require a whole-system, partnership response to achieve the following:

- Identify all available options within the current health and care estate including those where existing services are in situ but have the flexibility to move;
- Rationalise utilisation without introducing new costs to the system or any single organisation;
- Development of a 'Heads of Terms' agreement to allocate enabling costs (IT, refurbishment, etc.) across partners on a pro-rata basis;
- Engage and mobilise teams.

The SMT is leading on this work, linking with partners at the CCG and the Black Country Sustainability & Transformation Partnership (STP) Local Estates Forum (LEF).

The business case includes a Single Point of Access (SPA) to enable access to services including navigation, coordination and triage to clinical and non-clinical services. In June 19, key members of the SMT will be visiting Rotherham Care Coordination Centre (CCC) to learn from their experience so we can use this to commence deployment in Walsall. The scope for the SPA is significant and will require extensive and detailed design with multiple stakeholders. The COM Group, referenced above, will play a key role in this process, ensuring appropriate clinical and professional engagement in the design. Additionally, the SMT will work with HealthWatch to ensure patient and public engagement in the process.

As a starting point for the SPA implementation, a pilot is being developed for Winter 2019/20, with a specific remit of admissions avoidance. The pilot scope is focussed on arranging care for urgent adult physical health referrals received from GPs and ambulance crews. The service will operate from 8:30am to 6:30pm, Mondays to Fridays.

There are also plans for redesign of urgent care services by enhancing integration between Rapid Response and Place Based Care. Included in this work is a review of the Community Matrons role, ensuring admissions avoidance for the frailest elderly population. The detailed design of the model for integration will start in June.

5. NEXT STEPS – ALLIANCE AGREEMENT AND SECTION 75

The next key milestone for implementation is the approval of the Walsall Together Alliance Agreement. The Agreement will formalise the governance arrangements within the partnership without requiring any contractual amendments. It describes the way partners will work together to achieve the objectives of the ICP to deliver sustainable, effective and efficient services. The Agreement will ultimately require approval by each partner organisation Board and Governing Body and as such a working group has been established with representation from the respective partners. This group is tasked with finalising the Alliance Agreement and is expected to confirm timescales for this at the June meeting of the ICP Board.

Once the Alliance Agreement is in place, the governance processes associated with implementing the proposed Section 75 Agreement will commence. The operational requirements are already being considered by the SMT.

6. RECOMMENDATIONS

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

MEETING OF THE PUBLIC TRUST BOARD Thursday 6th June 2019			
Update of Freedom to Speak Up			**AGENDA ITEM: 11**
Report Author and Job Title:	Trust Speak Up Guardians: Val Ferguson Shabina Raza Kim Sterling	**Responsible Director:**	Catherine Griffiths Director of People and Culture
Action Required	Approve ☐ Discuss ☒ Inform ☒ Assure ☐		
Executive Summary	The report is an overview of the progress of FTSUP within Walsall Healthcare Trust		
Recommendation	The Committee to takes note of the contents of this report and the actions required to drive a Cultural Change within the Organisation.		
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	Executive Director Input		
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 ☒	

1. Purpose of Report

The purpose of this report is to give an account of the progress of WHT in relation to Freedom to Speak Up (FTSUP).

2. Background

Sir Robert Francis' review of whistleblowing in the NHS, 'Freedom to Speak Up' (FTSU), was published in February 2015.

'Freedom to Speak Up 'concluded that the NHS does not consistently listen or act on concerns raised by whistle-blowers and that some individuals have suffered appallingly for raising concerns. It set out a number of principles that NHS organisations should adopt in order to ensure that NHS staff are encouraged and supported to share concerns.

Effective speaking up arrangements are important to help to protect patients and improve the experience of NHS workers. The Care Quality Commission (CQC) assesses a trust's speaking up culture during inspections under key line of enquiry (KLOE) 3 as part of the well-led question.

The Speaking Up agenda goes someway to enable the trust to meet key prioritises of improving patient safety and developing the culture of the organisation.

3. Details

Since the introduction of the role in October 2016, the guardians have faced many challenges throughout this period. Despite this, they have been able to maintain the confidence of staff about their role and with the support of their new board members, are now able to overcome the majority of these challenges.

The table below summarises the challenges since the last report and the progress to date:

Challenge	Progress	Status in 2017/18	Status in 2018/19	Status in 2019/20

Retirement of NED	Recruitment of new committed NED			
No consistency of support from interim HR director	Recruitment and full support of committed OD/Cultural change HR director			
Termination one of the FTSU guardians	Fully established and recruited FTSU guardian			
Ring fenced time to meet the demands of the role for one guardian refused and implications suffered by guardian as a result of conducting the role	Working progress- hours provided to meet some demands of the role			
Resistance from leaders within the organisation to support the role and protect the guardians or people raising concerns from any detriment	Working progress- Although key members of the board are engaged, much work and engasement is still required by middle managers i.e. divisonal managers and teams			
The inability to secure an office for the Guardians to: • Meet staff members in private who wish to raise concerns • Meet together as a team for briefings and update. • Work in privacy on data				

and compiling reports on a national/local level				

Cases in 2018/19

Over 100 cases were reported to the guardians in 2018/19 of which a large proportion (over *60%) were related to quality and safety which in turn affected patient experience. One of the concerning things from the majority of the cases received by the guardians was that there was an element of behavioural concern or bullying and harrassment.

Moreover, over *70% of the cases escalated were still awaiting feedback from the professionals dealing with the concerns. This hindered investigations and timely response rates as per policies.

*Data for the financial year 2018/19 is still awaiting verification from the National Guardian's office and once this has been summarised, a more accurate breakdown of concerns can be presented.

The guardians facilitate the process of raising concerns by ensuring the concern is escalated via the correct internal processess.. However, if a concern is not responded to in a timely or appropriate way, then this can be escalated to outside the organisation. Guardians help protect quality of care and safety of our patients and staff and rely on the suppport of senior leadership teams to help drive this change.

Key Improvements made so far

- Presence of Guardians in trust induction
- Presence of Guardians at commmunity awareness sessions
- Freedom to speak up incident reporting launched on safeguarding
- Engagement of key board members
- Training and development for guardians (professional and legal) to be able to meet the demands of the role to meet all professional requirements
- Launch of Raising concerns Survey
- CQC to meet with the guardians 3 monthly for triangulation of information and development
- Excellent feedback from CQC

4. Recommendations

- The committee takes note of the review indictors and takes ownership of the engaement required to help facilitate the speaking up agenda.
- The committee fully support the Guardians in their role
- The comittee demonstrates their commitment to Speaking Up though deciding what action is necessary to meet the expectations laid out by the NGO, NHSI and more importatly the secretary of state.

MEETING OF THE PUBLIC TRUST BOARD – Thursday 6th June 2019			
Guardian of Safe Working Hours Report			**AGENDA ITEM: 12**
Report Author and Job Title:	Dr R Bavakunji Guardian of Safe Working	**Responsible Director:**	Matthew Lewis – Medical Director
Action Required	Approve ☐ Discuss ☐ Inform ☒ Assure ☐		
Executive Summary	The report covers the following elements: • Introduction and context in respect of the role of Guardian of Safe Working • New Junior Doctor Contract and its implications • Guardians quarterly report • Progress and concerns		
Recommendation	The People and Organisational Development Committee is asked to note the actions taken by the Trust and its appointed Guardian of Safe Working		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no associated risks recorded		
Resource implications	Implementation of the revised Junior Doctor contract may adversely impact on rotas and the ability to cover services effectively resulting in additional workforce requirements		
Legal and Equality and Diversity implications	National requirement for the effective guardian role and the management of junior doctors working terms and conditions as per the 2016 contract ensuring any exceptions are reported , recorded and managed as per the national guidelines		
Strategic Objectives	Safe, high quality care ☒	Care at home ☐	
	Partners ☐	Value colleagues ☒	
	Resources ☒		

Walsall Healthcare NHS
NHS Trust

GUARDIAN OF SAFE WORKING ANNUAL REPORT

ANNUAL REPORT ON ROTA GAPS AND VACANCIES:

DOCTORS AND DENTISTS IN TRAINING (April 2018/April 2019)

Executive summary

This is an annual report on rota gaps and vacancies within the trust. It also highlights specific issues and actions taken to resolve them.

Recruitment continues to be a challenge in some areas especially medicine and anaesthetics.

Introduction

Guardian role

The 2016 national contract for junior doctors encourages stronger safeguards to prevent doctors working excessive hours, during negotiations on the junior doctor contract agreement was reached on the introduction of a 'guardian of safe working hours' in organizations that employ or host NHS trainee doctors to oversee the process of ensuring safe working hours for junior doctors.

The Guardian role was introduced with the responsibility of ensuring doctors are properly paid for all their work and by making sure doctors aren't working unsafe hours.

The role sits independently from the management structure, with a primary aim to represent and resolve issues related to working hours for the junior doctors employed by it. The work of the guardian will be subject to external scrutiny of doctors' working hours by the Care Quality Commission (CQC) and by the continued scrutiny of the quality of training by Health Education England (HEE). These measures should ensure the safety of doctors and therefore of patients.

Note that the annual data summaries of host organisations who have their own guardian are included as appendices and that the detailed data below relates only to doctors directly overseen by the LET guardian.

High level data

Number of doctors / dentists in training (total):	151
Number of doctors / dentists in training on 2016 TCS (total):	150
Annual vacancy rate among this staff group:	6.29

Annual data summary

This section lists all vacancies among the medical training grades during the previous year. This is an annual aggregate of the relevant data from the previous four quarterly reports. These should be reported for each month separately, split by specialty / rota and grade.

The detailed month-by-month breakdown featured in the quarterly reports should be repeated at the end of this report as an appendix.

Trainee Vacancy / Rota Gaps within the Trust

Specialty	Grade	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total gaps (average WTE)	Number of shifts uncovered (over the year)	Average no. of shifts uncovered (per week)
A&E	F2	0	1	1	0	0.5	117	2.25
Anaesthetics	ST1/ST 2	0	3	3	3	2.25	490	9.42
Medicine	ST1/2	0	1	1	2	1.25	304	5.85
Medicine	ST3/6	1	1	2	2	1.75	364	7
O&G	F2	0	0	1	1	0.5	119	2.29
O&G	ST1/2	0	0	3	3	1.5	715	13.75
O&G	ST3/6	0	0	0	1	0.25	58	1.11
Paediatrics	ST1/2	0	1	1	1	0.75	179	3.44
Surgery	F2	0	1	1	0	0.5	118	2.27
Surgery	ST3/6	0	1	0	0	0.25	57	1.09
Total		**1**	**9**	**13**	**13**	**9.5**	**2521**	**48.47**

Trainees outside the Trust overseen by the LET guardian

GP trainees	ST1	2	2	3	3	2.5	541	10.40

- *Recruitment issues are nationwide issues. Local solutions include rota and service redesign, senior support and MTI doctors.*
- *Anaesthetics, Medicine and O&G has middle grade recruitment issues. The gaps in Medicine middle grade is having an impact on service provision on AMU and oncall rota.However, a business case is needed for further registrars.*
- *In A&E, O&G LTFT no exceptions since rota reviewed and LTFT work schedule reviewed and salary adjusted.*
- *Gaps on wardsduring day time due to nights, annual leaves, oncalls and unexpected staff sickness still an issue*
- *Ward 15 has long term rota gap at middle grade compounded by junior doctor long unexpected leave destabilized ward functioning. Locum was approved and commenced work.*
- *Rota not fully transferred to Allocate software and no single available copy of rota*
- *Ward based rota in surgical rotation too short for training and continuity. Discussion in progress. New ward based rota which was made in response to junior doctors feedback lead to ENT / Urology losing trainees.*

- *Surgical juniors increase in exception report*
- *Gastrojunior doctor gap leading to exceptions*
- *Elderly care HOT week system working well*

Actions taken to resolve issues

1. *Weekly Rota review by leads of medical departments with Meridian and Divisional director to resolve gaps 4 weeks in advance. MD requirement.*
2. *Reassurance by A&E CD no further concerns from trainees*
3. *LTFT O&G no concerns*
4. *Proactive involvement of Elderly care CD and DD jointly for rota issues in medicine*
5. *Regular emails to departments such as Ortho raising no concerns*
6. *ENT / Urology issues discussed at department level as unresolved escalated to MD*
7. *Gastro exceptions TOIL given and fines*

Key issues from host organizations and actions taken

This section should note any particularly persistent issues and concerns at the host trusts, and steps taken in resolving these issues, and refer the board to the appendices for more detailed information.

Payment and fines

A&E rota issues resolved and payment authorized. Rota has been redesigned. Several of these doctors were appointed by St Helens and Knowsley NHS Trust to A&E.

O&G Payment adjusted and back paid to match new work schedule and start time.

Payment for juniors in surgery, gastro and diabetes made.

Summary

In general organizational changes occurred that included recruitment into some unfilled posts. Anaesthetics and Medicine is the main area of concern with regards to recruitment gaps at middle grade. The rota is managed internally so that trainees are content and not overworked in Anaesthetics.

Rota and leave management software was procured by the trust which is in final implementation stages. This will improve rota design and swaps will be made easier from August 2019.

Listening into action: No LIAs in 2018/2019

Meeting with Guardian/MD/DME/LNC chair open invite to all JD was arranged in January 2019. All concerns were raised with MD and team.

EC department Regular feedback from trainees and CDs reassured that there is no concern from a Guardian perspective.

Acute Medical Unit – Few exception reports since 1 year, addition locum post approved since 2 years which continues to be filled (5-9pm daily at FY1 grade). There is senior supervision and regular board rounds and handovers.A new CD and several new Consultants recruited.

Medical oncall rota gap at Middle grade remains an issue.Highlighted at several meetings.

Payment and fines

Largely exceptions were given TOIL (Time of in lieu)

Surgical exceptions improved after 3 months of locums 5-9 (mon to fri) during winter pressure months approved by MD.

No work schedule review undertaken

Guardians Reassurance to the Trust Board

There are no immediate patient safety concerns since last report

Allocate still an issue. Undue delay in making rota available in a single location that is accurate.

The exception reporting numbers have declined due to the measures put in place especially surgery lately. Ongoing discussion on rota redesign by leads and CDs.

MTI doctors continue to support in some specialties.

Additional data from Tempre paid hours between 01/04/2018 and 10/03/2019 (bank and agency) For the number of shifts uncovered the first tab shows the number of Unfilled or Vacant shifts by specialty and grade.

Specialty	Grade	Apr 18	May 18	June 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Total gaps (average)	Number of shifts uncovered
A&E	F2	0	0	1	1	1	1	1	1	0	0	0	0	0.5	117
Anaesthetics	ST1/2	0	0	0	0	3	3	3	3	3	3	3	3	2.25	490
Medicine	ST1/2	0	0	0	1	1	1	1	2	2	2	2	2	1.25	304
Medicine	ST3/6	1	1	1	1	2	2	2	2	2	2	2	3	1.75	364
Obs &Gynae (Including GUM & Radiology)	F2	0	0	0	0	0	0	1	1	1	1	1	1	0.5	119
Obs &Gynae (Including GUM & Radiology)	ST1/2	0	0	0	0	0	0	3	3	3	3	3	3	1.5	715
Obs &Gynae (Including GUM & Radiology)	ST3/6	0	0	0	0	0	0	0	0	0	1	1	1	0.25	58
Paeds	ST1/2	0	0	0	0	1	1	1	1	1	1	1	2	0.75	179
Surgery (Includes ENT & Urology)	F2	0	0	0	0	1	1	1	1	1	1	0	0	0.5	118
Surgery (Includes ENT & Urology)	ST3/6	0	0	0	0	1	1	1	0	0	0	0	0	0.25	57
TOTAL		1	1	2	3	10	10	14	14	13	14	13	11	9.5	2521

This document can be obtained via FOI request

MEETING OF PUBLIC TRUST BOARD Thursday 6th June 2019			
2018 National Staff Survey			**AGENDA ITEM: 13**
Report Author and Job Title:	Karen Bendall Staff Engagement and workforce Training Manager	**Responsible Director:**	Catherine Griffiths Director of People and Culture
Action Required	Approve ☐ Discuss ☒ Inform ☒ Assure ☐		
Executive Summary	This report provides an overview of the 2018 NHS Staff Survey results, and highlights key themes for further attention and action. The 2018 staff Survey was conducted between mid-September to the beginning of December 2018. The response rate was 40% an increase of 4% on the previous year. In addition to enabling the Trust to understand staff views, the national staff survey enables the Trust to benchmark performance against other combined acute and community Trusts. The results have been reported differently in the 2018 survey, against 10 themes rather than 32 key findings. The Trust has seen an improvement in one of the themed areas: • Staff engagement The analysis will be shared with Divisions and Directorates for action plans to be developed at Divisional and Organisational level.		
Recommendation	Members of the People and Organisational Development Committee are asked to note and discuss the content of the report.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	Failure to improve patient experience and staff engagement may result in the Trust failing to further improve against the Trust strategic objectives.		
Resource implications	There are no resource implications associated with this report.		

Legal and Equality and Diversity implications	The committee noted that work is planned to review the values, to focus particularly on the key contra indications within the staff survey, there will be a series of workshops and specific workshop for BME staff planned to focus on the differentials within the staff survey, in addition the WDES data and Gender Pay Gap report identifies differentials.	
Strategic Objectives	Safe, high quality care ☒	Care at home ☒
	Partners ☒	Value colleagues ☒
	Resources ☒	

NHS National Staff Survey 2018

1. PURPOSE OF REPORT

This report presents a summary of findings from the 2018 NHS National Staff Survey.

2. BACKGROUND

The 2018 NHS staff survey was conducted between mid-September and beginning of December 2018. The survey was a full census therefore all staff received an invitation to participate either via e-mail or paper.

In addition to enabling the Trust to understand staff views, the national staff survey enables the Trust to benchmark performance against other combined acute and community Trusts. The response rate for the Trust was 40% representing an increase of 4% response rate from the previous year. The Trust response rate is slightly below that for comparator Trusts which is 41%.

In 2018 the benchmark data has been presented differently, with responses being assessed against 10 themes rather than the 32 key findings of previous years. Those themes are:

- Equality, Diversity & Inclusion
- Health and Wellbeing
- Immediate Managers
- Morale
- Quality of Appraisals
- Quality of Care
- Safe Environment – Bullying and Harassment
- Safe Environment - Violence
- Safety Culture
- Staff Engagement

A copy of the NHS Benchmark report from Walsall Healthcare NHS Trust is attached at Appendix 1

3. Themed Results

The Benchmark report shows results by Themes from 2015 through to 2018. Statistical processes for assessing whether the Trust themed results are above or below average are not employed; as such the assessment of above or below average is subjective. There are nine themes where the Trust score is below that for the average organisation in the benchmark group with only Quality of appraisals scoring average.
Significance testing 2017 v 2018 is shown below and notes whether changes in scores for each of the themes should be regarded as statistically significant. As can be seen

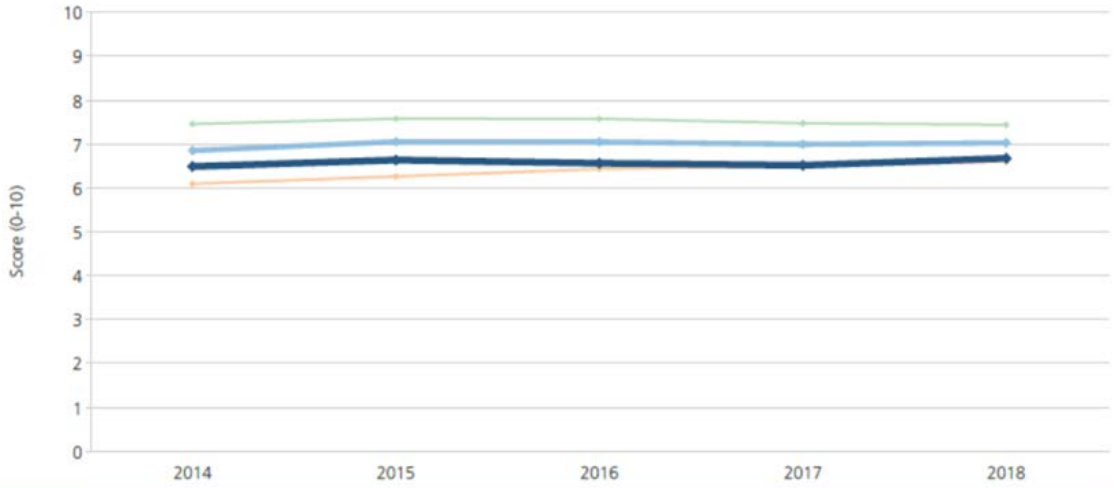
there has been an improvement in the score for one of the 10 themes, no area where performance has deteriorated in eight themes, and no comparative date for one theme 'Morale'.

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

* N/A indicates there is no comparative data from the previous survey year.

Notable Results

The 2017 staff survey report noted deterioration in staff engagement. It is pleasing to note that this has risen in the 2018 staff survey, and is the first notable rise since 2014.



	2014	2015	2016	2017	2018
Best	7.5	7.6	7.6	7.5	7.4
Your org	6.5	6.6	6.6	6.5	6.7
Average	6.8	7.1	7.0	7.0	7.0
Worst	6.1	6.3	6.4	6.5	6.6

Key results are also considered to be the Trust scores in relation to Friends and Family Tests, which gives an indication as to whether staff would recommend the Trust as a place to work or as a place to receive treatment. In relation to the first staff are asked on a scale of 'Strongly Disagree' to 'Strongly Agree' to rate the following statement "I would recommend my organisation as a "place to work" the percentage of respondents agreeing or strongly agreeing for the Trust has risen from **47.1%** in 2017 to **51.5%** an increase of **4.4%**.

Responses to the question "if a friend or relative needed treatment I would be happy with the standard of care provided by this organisation show a slight increase from **48%** in the 2017 staff survey to **49.2%.** This is still considerably lower than the national average of **69.9%**

Initial Analysis

Appendix 2 outlines the initial local analysis of results by Division with a red amber and green rating to give an indication of performance. The division of Women's, Children and Clinical Support Services are the best performing with no indicators worse that the overall organisation or national scores followed by Corporate with only 1 theme worse than the national average and the organisational score. The Division of Surgery has the lowest score indicators where nine out of the ten themes are worse than the National average and the overall organisational result, followed by Estates & Facilities where 8 themes are worse.

The Staff Survey Action Plan (Appendix 3) is quite extensive and each of the themes has actions. The Key themes to focus on would be:

- Health & Wellbeing

- Safety Culture
- Equality, Diversity and Inclusion
- Bullying and Harassment
- Staff Engagement

This is based on the lowest score's in comparison to the National Average in these themes.

Next Steps

- Trust wide action plan (Appendix 3) to address priorities across the Trust.
- Agree Divisional actions
- Conduct a pulse survey to observe changes within the organisation prior to the 2019 NHS Staff survey.

4. RECOMMENDATIONS

It is recommended that the People and Organisational Development Committee note and discuss this report.

APPENDICES

Appendices	
1	Walsall Healthcare NHS Trust, 2018 NHS Staff Survey, Benchmark Report
2	Divisional Breakdown of 2018 NHS Staff Survey
3	Staff Survey Action Plan

Walsall Healthcare NHS
NHS Trust

PROGRAMME TITLE	**Staff Survey Action Plan**
LEAD(S)	Catherine Griffiths Director of People and Culture. Michala Dytor Head of Human Resource Operations. Engagement Lead. Equality & Diversity Lead. Staff Health & Wellbeing Lead.
PROGRAMME SPONSOR	Richard Beeken Chief Executive
AIM OF PROGRAMME	In order to achieve our Vision we will ensure that all of our colleagues are valued and feel like an integral part of the wider team, which is striving to achieve the overall Vision. This will place colleagues at the heart of making changes to improve care for patients.
MEASURE(S) OF SUCCESS	• Colleagues recommending the trust as a place to work • Colleagues recommending the trust to families and friends as a place for treatment • Colleagues satisfied with the trust as an employer (staff survey indicators) • Operational HR Indicators (sickness absence, appraisal, mandatory training rates) • Achievement of 'Well-Led' domain indicators
PERFORMANCE MANAGEMENT	Reporting to POD

Action On Track
Some delay
Not on track
Not Started

Staff Survey Theme:	**Strategic Objective:**	**Indicators (how it is measured):**
Equality, Diversity & Inclusion	Safe, High Quality Care & Value Colleagues Partners	Improvement in theme scores on staff survey.
Q14: Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?	**WHT Score:** 79.4%	**National Average:** 85.5%
Q15a: In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?	5.8%	5.2%
Q15b: In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?	7.3%	7.0%
Q28b: Has your employer made adequate adjustment(s) to enable you to carry out your work?	69.5%	73.3%

Action	Lead	Date Due	Resources	Desired Outcome	RAG
Create opportunities to discuss employee aspirations as part of the appraisal process.	EDI Lead				
Raise awareness of the protected characteristics by holding organisational events.	EDI Lead				
Create a high profile for EDI champions to drive positive cultural change to support the Trust's equality commitments.	EDI Lead				
Develop WRES Action Plan in line with the WRES report	EDI Lead				
Staff Survey Theme: Health & Wellbeing	**Strategic Objective:** Value Colleagues Resources Safe, high quality care			**Indicators (how it is measured):** Improvement in Theme scores 80% uptake in Flu vaccine	
Q5h: The opportunities for flexible working patterns **Q11a** Does your organisation take positive action on health and well-being? **Q11b:** In the last 12 months have you experienced musculoskeletal problems	**WHT Score:** 52.8% 25.8% 30.6%			**National Average:** 52.8% 27.8% 27.4%	

(MSK) as a result of work activities? **Q11c:** During the last 12 months, have you felt unwell as a result of work related stress? **Q11d:**In the last three months have you ever come to work despite not feeling well enough to perform your duties?	41.8% 61.1%			38.8% 56.3%	
Action	**Lead**	**Date Due**	**Resources**	**Desired Outcome**	**RAG**
Promote and increase uptake for Flu injections.	Occupational Health/Wellbeing Lead				
Additional service on Physiotherapy to allow for swift staff self-referral	Physio/Occupational Health				
SLA with neighbouring trust to allow for quick OH appointments and management referrals	Occupational Health				
Additional capacity in the MSK team to visit wards for muscular-skeletal advice and assessment	Occupational Health Physio				
Introduce an Employee Assistance Programme providing telephone counselling and face to face support	HR/OD				
Progress training on meditation, mindfulness and mental health first aid	HR/OD/Occupational Health				
Plan a take a break campaign					

Additional health and wellbeing capacity for visiting wards					
Discussions on Schwartz rounds initiated					
Relaunch Health and Wellbeing Steering Group.	HR				

Staff Survey Theme: Immediate Managers	**Strategic Objective:** Value Colleagues Safe High Quality Care	**Indicators (how it is measured):** Improvement in theme scores Exit Interview Feedback Scale of impact from clinical leaders – changes delivered, patient quality measures, feedback from colleagues involved in change – how did it feel? .
Q5b: The support I get from my immediate manager **Q8c:**My immediate manager gives me clear feedback on my work **Q8d:**My immediate manager asks for my opinion before making decisions that affect my work **Q8f:** My immediate manager takes a positive Interest in my health and well-being **Q8g:** My immediate manager values my work	**WHT Score:** 67.7% 62% 55.4% 69.7% 71.9%	**National Average:** 70% 61.1% 54.6% 67.8% 71.9%

Q19g: My manager supported me to receive this training, learning or development	52.9%			54.3% .	
Action	**Lead**	**Date Due**	**Resources**	**Desired Outcome**	**RAG**
Working in partnership with staff-side to introduce best practice People Management.	HR/OD Staff-Side				
Create a competency training framework to ensure our leaders are competent in their role.	HR/OD				
Review the attendance policy and processes to enable managers to support staff.	HR/OD				
Top leaders to complete 360 Leadership Diagnostic	HR/OD				
Provide Coaching, Early resolution and Mediation training.	HR/OD				
Staff Survey Theme: Morale	**Strategic Objective:** Value Colleagues Safe High Quality Care			**Indicators (how it is measured):** Improved response rate on 2019 Staff Survey Improvement in theme scores	
Q4c:I am involved in deciding on changes introduced that affect my work area / team / department **Q4j:**I receive the respect I deserve from my colleagues at work **Q6a:**I have unrealistic time pressures **Q6b:**I have a choice in deciding how to do my work	**WHT Score:** 52.2% 66.9% 21.6% 69.4%			**National Average:** 53.1% 72.1% 22.5% 68.8%	

Q6c: Relationships at work are strained **Q8a:**My immediate manager encourages me at work **Q23a:**I often think about leaving this organisation **Q23b:**I will probably look for a job at a new organisation in the next 12 months **Q23c:**As soon as I can find another job, I will leave this organisation.	39.8% 69.4% 35.1% 25.9% 19.6%			45.8% 68.8% 28.8% 20.7% 14.7%	
Action	**Lead**	**Date Due**	**Resources**	**Desired Outcome**	**RAG**
Long Service awards ceremony in July	Engagement Lead	July			
Annual Awards	Engagement Lead	November			
Continue to promote the colleague recognition scheme	Engagement Lead	On Going			
Promote Salary Sacrifice Schemes	Engagement Lead	On Going			
Staff Survey Theme: Quality of Appraisals	**Strategic Objective:** Value Colleagues Safe, high quality care			**Indicators (how it is measured):** Improvement in % of appraisal compliance Improvement in theme scores	
Q19b: It helped me to improve how I do my job **Q19c:** It helped me agree clear	**WHT Score:** 22.1% 33.7%			***National Average:*** 21.5% 33.3%	

objectives for my work **Q19d:**It left me feeling that my work is valued by my organisation **Q19e:**The values of my organisation were discussed as part of the appraisal process				31.1% 35.2%	
Action	**Lead**	**Date Due**	**Resources**	**Desired Outcome**	**RAG**
Publish and disseminate to all line managers the trust objectives to allow appraisals to be brought in line with the improvement plan	HR			.	
Update the appraisal paperwork to include Talent management, Succession planning and behavioural framework	Leadership Manager				
Schedule a change in timeline of completing appraisals during the months of July – September.	Leadership Manager				
360 Leadership diagnostic	Leadership Manager				

Staff Survey Theme: Quality of Care	**Strategic Objective:** Safe, High Quality Care & Value Colleagues	**Indicators (how it is measured):** Improvement in theme scores Reduction in incidents of V&A Reduction in incidents of bullying
Q7a:I am satisfied with the quality of care I give to patients / service users	**WHT Score:** 77.6%	**National Average:** 80.5%

Q7b: I feel that my role makes a difference to patients / service users **Q7c**: I am able to deliver the care I aspire to	87.5% 65.7%			89.4% 67.3%	
Action	**Lead**	**Date Due**	**Resources**	**Desired Outcome**	**RAG**
Create a senior nurses programme for ward managers and matrons to refresh and develop new skills to assist their teams in providing safe quality care.					
Service Improvement projects will be undertaken by delegates and presented to senior managers.					
Develop a Healthcare Improvement programme.					
Utilise QI to deliver and support transformational change.					
Staff Survey Theme: Safe environment - Bullying &Harassment	**Strategic Objective:** Value Colleagues Safe, high quality care			**Indicators (how it is measured):** Improvement in theme scores	
Q13a: In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public?	**WHT Score:** 29.4%			**National Average:** 25.8%	

Q13b: In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers? **Q13c:** In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?	15.6% 21%			12.1% 18.4%	
Action	**Lead**	**Date Due**	**Resources**	**Desired Outcome**	**RAG**
Work with NHSI People Strategy Team to develop and implement an action plan to incorporate Civility Saves Lives					
Ensure Bullying & Harassment are incorporated into all training programs					
Pledge to learn from other organisations. Bullying and Harassment plan to be implemented by 2020					

Staff Survey Theme: Safe Environment - Violence	**Strategic Objective:** Safe, High Quality Care & Value Colleagues	**Indicators (how it is measured):**
Q12a: In the last 12 months how many times have you personally experienced physical violence at work from patients / service users, their relatives or other members of the public?	**WHT Score:** 16%	**National Average:** 12.6%
Q12b: In the last 12 months how many times have you personally experienced physical violence at work from managers?	1.2%	0.5%
Q12c: In the last 12 months how many times have you personally experienced physical violence at work from other colleagues?	1.7%	1.5%

Action	**Lead**	**Date Due**	**Resources**	**Desired Outcome**	**RAG**

Staff Survey Theme: Safety Culture	**Strategic Objective:** Value Colleagues Safe, High Quality Care Care at Home		**Indicators (how it is measured):** Improvement in theme scores		
Q17a: My organisation treats staff who are involved in an error, near miss or incident fairly	**WHT Score:** 53%		**National Average:** 59%		
Q17c: When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again	62.3%		70%		
Q17d: We are given feedback about changes made in response to reported errors, near misses and incidents	54.5%		58.9%		
Q18b:I would feel secure raising concerns about unsafe clinical practice	68%		70.3%		
Q18c:I am confident that					

my organisation would address my concern **Q21b:** My organisation acts on concerns raised by patients / service users	53.4% 66.3%			58% 73.1%	
Action	**Lead**	**Date Due**	**Resources**	**Desired Outcome**	**RAG**
Feedback quarterly to HR and JNCC Evidence from exit questionnaires regarding raising concerns.	Engagement Lead				
Reporting Bullying & Harassment work shop to be held at the Best Practice Nurses day.					
Staff Survey Theme: Staff Engagement	**Strategic Objective:** Value Colleagues			**Indicators (how it is measured):**	
Q2a: I look forward to going to work **Q2b:** I am enthusiastic	**WHT Score:** 55.7% 71.9%			**National Average:** 59.3% 74.8%	

about my job **Q2c:** Time passes quickly when I am working **Q4a:**There are frequent opportunities for me to show initiative in my role **Q4b:** I am able to make suggestions to improve the work of my team / department **Q4d:**I am able to make improvements happen in my area of work	78.8% 69% 71.8% 54.7%		77.6% 73.4% 75.2% 56.5%		
Action	**Lead**	**Date Due**	**Resources**	**Desired Outcome**	**RAG**
Continue to deliver and promote Values sessions to embed the values and behavioural framework.	Engagement lead	On going			
Leadership Conference October 2019	Leadership Manager	October 2019			
Re-address and review values and behaviours via focus groups	Engagement Consultant				

Create an employee voice network					
Continue to promote the Engagents role	Engagement lead				

Walsall Healthcare NHS
NHS Trust

Performance Report

April 2019

(March 2019 Results)

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

Caring for Walsall together

Walsall Healthcare NHS
NHS Trust

Contents

Walsall Healthcare NHS
NHS Trust

Quality, Patient Experience and Safety Committee

Caring for Walsall together

Walsall Healthcare NHS
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

- No MSA breaches in April or for last 3 months which represents a sustained improvement
- There have been no MRSA bacteremia for 5 months
- Although MCA stage 2 tracking remains below the Trust target there has been a month on month Improvements in compliance over the last 4 months with April performance at its highest of 68.97%
- EDS below Trust target but has shown month on month improvement over last 3 months.
- Complaints response times improved in April to 79.31%, work has commenced in relation to more detailed monitoring of complaints timescales

Key Areas of Concern

- The total of C.diff cases reported in April was 3, the target for 2019-2020 is 26.
- VTE risk assessments was 91.01%, target has not been achieved for 3 months and there has been a month on month decline in performance
- Level 2 Safeguarding Children Training has been below the Trust target of 85% for 6 month, a remedial action plan to ensure compliance has been developed
- There were 3 falls resulting in severe harm due to fractured hips/femur
- 1:1 care in labour below the 100% target but remains above 99% with no harm to patients

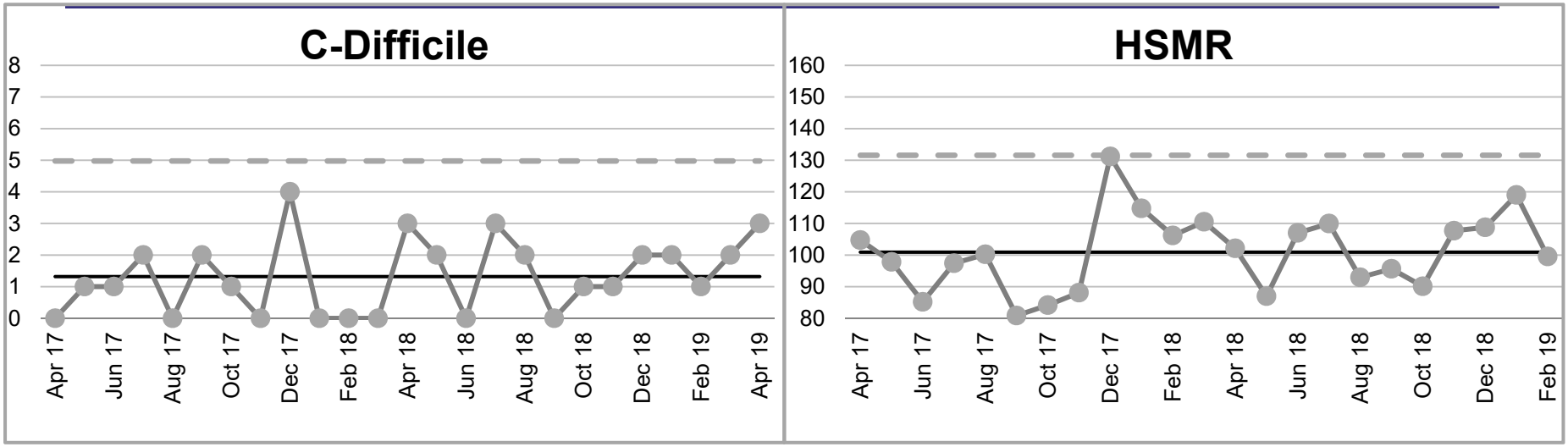
Key Focus for Next Committee

- Feedback from the Divisions around further actions being taken to reduce falls.

Walsall Healthcare NHS
NHS Trust

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 new reporting criteria were implemented in April 2019 meaning that cases are assigned to Walsall Healthcare Trust if the patient has been cared for in the Trust within the last 4 weeks and where the sample is taken after the day of admission + 1 day, instead of +2 days as in the 2018/19 criteria.

In April there were 3 C.diff cases attributed to the Trust, one on ward 9, 17 and ward 4.

Narrative (Supplied by Medical Director)

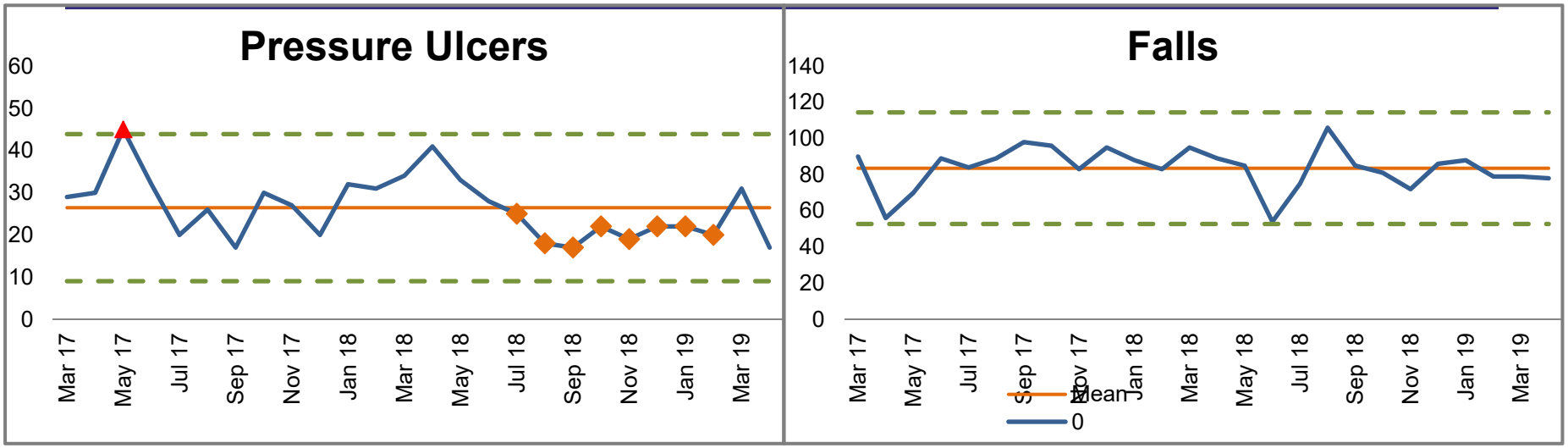
HSMR for February was 99.52 falling significant since January, also reflected in crude mortality from 4.69 to 3.94. This is driven by deaths relating to FNOF, renal failure and respiratory related conditions. HSMR for the year to date 2018/19 is 101.93. Trust performs favourably when compared to regional and CCG Right Care peer groups for HSMR.

The Mortality Surveillance Group revised their Terms of Reference and are embedding revised governance to focus on lessons learnt and actions being taken to improve care to respond to NHSI, National & Commissioners requirements.

Walsall Healthcare NHS Trust

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)

In April 2019 there was a total of 17 acquired pressure ulcers reported across the hospital and community compared to 31 reported in the previous month; a significant reduction. There were 9 category 2 pressure ulcers which was a reduction from the previous month and 8 unstageable pressure ulcers which was a reduction from the 11 reported.

Narrative (supplied by Director of Nursing)

The Trust had 79 falls in April which is the same number reported for the last 3 months.
The ratio of falls per 1000 bed days increased to 5.08 from 4.82, this means the Trust had less beds open but more patients fell as a ratio of bed days.

3 patients had falls resulting in severe harm, these patients sustained fractures to the hip/femur requiring surgical intervention

Walsall Healthcare NHS Trust

QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE 2019-2020

	SAFE, HIGH QUALITY CARE	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	19/20 YTD Actual	19/20 Target	18/19 Outturn	Key
no..	HSMR (HED) nationally published in arrears	107.67	108.76	118.99	99.52				100.00		N
no..	SHMI (HED) nationally published in arrears	95.07	103.82						100.00		BP
no	MRSA - No. of Cases	1	0	0	0	0	0	0	0	2	N
no	Clostridium Difficile - No. of cases	1	2	2	1	2	3	3	26	19	N
no	Pressure Ulcers (category 2, 3, 4 & Unstageables) Hospital Acquired Avoidable per 1,000 beddays (current two months figs are unvalidated)	0.39	0.30	0.49	0.31	0.30	0.13	0.13			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	0.03	0.07	0.00	0.00	0.03	0.03			L
no..	Falls - Rate per 1000 Beddays	4.81	5.68	5.01	5.19	4.82	5.02	5.02	6.63		BP
no	Falls - No. of falls resulting in severe injury or death	2	1	1	0	0	3	3	0	13	BP
%..	VTE Risk Assessment	95.11%	94.67%	95.00%	93.61%	91.94%	91.01%	91.01%	95.00%	94.90%	N
no	National Never Events	1	15	0	0	0	0	0	0	17	N
no..	Midwife to Birth Ratio	1:27.3	1:27.7	1:31.4	1:25.2	1:28.1	1:24.2		1:28	1:28.1	N
%..	C-Section Rates	24.41%	36.27%	30.77%	33.70%	26.33%	29.20%	29.20%	30.00%	28.46%	BP
%..	% of Emergency Readmissions within 30 Days of a discharge from hospital (one month in arrears)	10.18%	11.14%	10.53%	10.27%	11.56%			10.00%		L
%..	Electronic Discharges Summaries (EDS) completed within 48 hours	82.49%	81.04%	80.48%	82.68%	83.65%	85.23%	85.23%	100.00%	84.47%	N/L
%..	Compliance with MCA 2 Stage Tracking	56.00%	56.00%	33.00%	46.00%	67.00%	68.97%	68.97%	100.00%		BP
%..	Friends and Family Test - Inpatient (% Recommended)	96.00%	96.00%	96.00%	97.00%	95.00%	96.00%		96.00%		N
%..	PREVENT Training - Level 1 & 2 Compliance	96.10%	96.27%	94.39%	93.63%	93.62%	93.72%	93.72%	85.00%		L
%..	PREVENT Training - Level 3 Compliance	89.53%	90.37%	88.82%	88.73%	88.65%	89.12%	89.12%	85.00%		L
%..	Adult Safeguarding Training - Level 1 Compliance	95.65%	94.31%	93.19%	94.33%	96.27%	97.04%	97.04%	95.00%		L
%..	Adult Safeguarding Training - Level 2 Compliance	91.23%	91.44%	90.95%	91.60%	92.23%	92.67%	92.67%	85.00%		L
%..	Adult Safeguarding Training - Level 3 Compliance	87.52%	90.50%	90.42%	90.58%	89.50%	89.16%	89.16%	85.00%		L
%..	Children's Safeguarding Training - Level 1 Compliance	96.70%	96.45%	94.85%	95.20%	95.48%	95.37%	95.37%	95.00%		L
%..	Children's Safeguarding Training - Level 2 Compliance	83.54%	83.78%	82.04%	82.08%	83.42%	83.38%	83.38%	85.00%		L
%..	Children's Safeguarding Training - Level 3 Compliance	91.51%	90.91%	89.08%	89.05%	90.81%	88.98%	88.98%	85.00%		L

Walsall Healthcare NHS
NHS Trust

Integration

Caring for Walsall together

Walsall Healthcare NHS
NHS Trust

Integration – Highlight Page

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

Key Areas of Success

NHSi Red Bag project continues its roll out in other Residential homes across the Walsall Borough. The winter project for reduction in conveyance in the 7 residential homes currently continues to support .

The successful candidates for the social prescribing project are now in post and located within the North, ICS and West locality teams. The referral flow is positive, there is 1 outstanding vacancy with ICS. Review in progress regarding benefit to aid flow in ICS.

Stroke rehab ward occupancy rate decreased in April to 39% (compared to 67% in March 19), however this is now increasing with 13 patients on the ward (72%). Meeting held in April with therapy staff / Stroke Coordinator from RWT / Walsall stroke therapists and Stroke Pathway Coordinator. Communication and quality of referrals has improved which ensures patients are transferred swiftly to the correct pathway of care. SRU therapy staff also managing to provide therapy support to 2 Neurological patients on the unit. The Trust has committed to ring fencing the stroke unit and not to admit non-stroke patients with immediate effect .

Key Actions Taken

SPA pilot is set for launch on the 10th June with Community Matron and Rapid Response hosting the initiative with WMAS referrals. Operational hours will be 08.30-18.00 5 days a week.

Key Focus

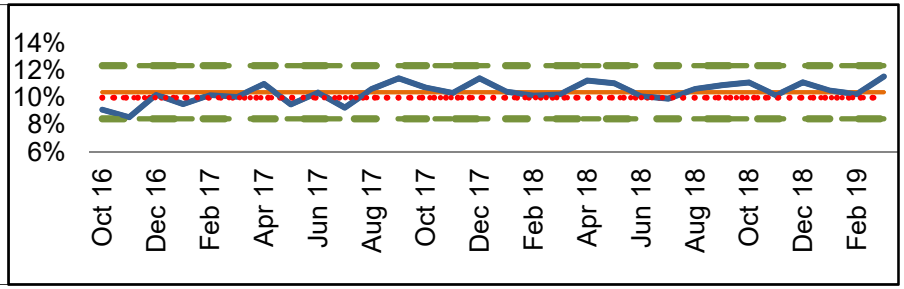
- To review the ICS model with the aim of reducing LOS in community ICS pathways, (Workshop held on14th May with partners to review ICS model, some redesign required, concern regarding therapy establishment compared to funded level in model)
- Review of SPA data from day 1
- NHS Benchmarking Network data for Adult Community Services being collated monthly with an annual summary rather than annual (previous collation included District nursing, Podiatry., community matrons and Intermediate care) awaiting information to establish if data pool is to be widened
- Progressing investment opportunities across District nursing, Cardiology, SPA, Osteoporosis management and Urology

Walsall Healthcare NHS
NHS Trust

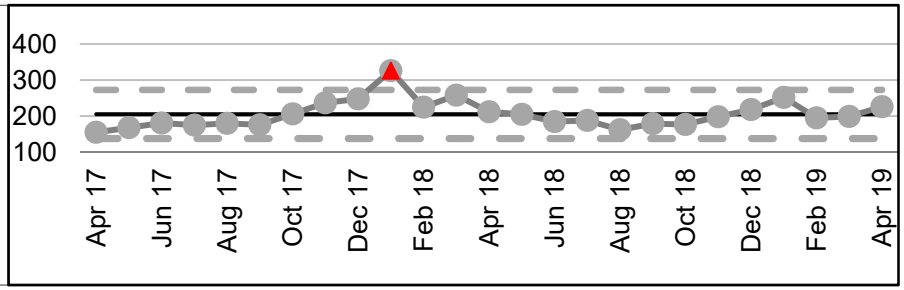
Integration

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

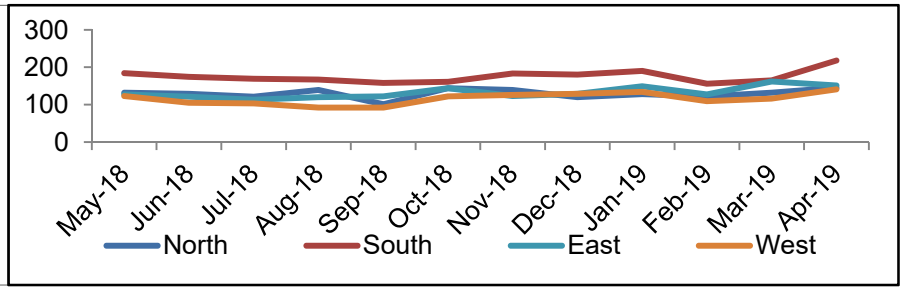
Emergency Readmissions



Rapid Response – Avoidable Att / Adm



Readmissions by Locality



Narrative (supplied by Director of Strategy & Improvement)

Service delivery improvement plans (SDIP) investment has been shared with CCG with positive outcomes, awaiting final approval.

These plans seek to effect a balance between the need to respond to specific service developments combined with a requirement to expand the staffing base of the community service to deal with increased demand.

Meetings planned to commence review of community contract

There has been a steady decline in admission for known high users with LTC on community caseloads.

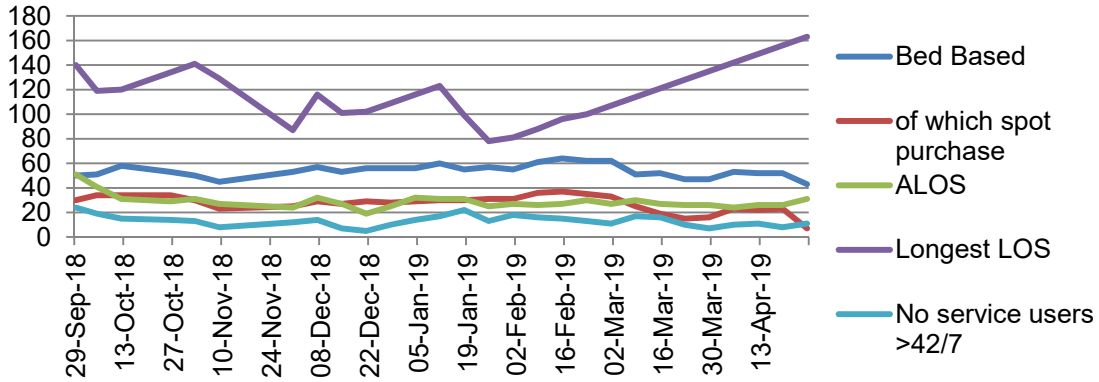
Increase in referrals to Rapid Response during April (273)

Plans include:

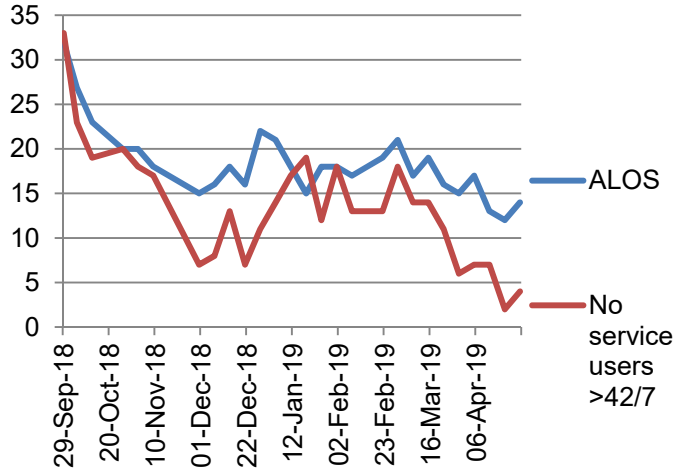
- Plans for redesign of urgent care services by enhancing integration between Rapid Response and Placed Based Care
- Approve funding and role of MDT co-ordinator

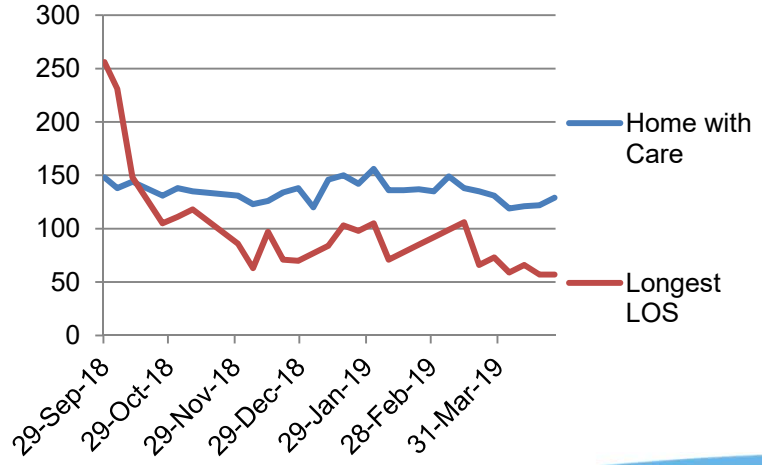
Walsall Healthcare NHS
NHS Trust

Community Pathways: Bed Based & Home with Care



- The service continues to use more beds than the 40 beds that are funded recurrently from 1st April 2019, with up to 20 patients still waiting for beds at the Manor
- The top longest patient in the bed based pathways have been reviewed and actions agreed to support discharge including escalation to other agencies





- With the number of patients over 42/7 decreasing, the service has shifted focus onto any patient over 21/7 to ensure better throughput

Walsall Healthcare NHS Trust

INTEGRATION
2019-2020

		Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	19/20 YTD Actual	19/20 Target	18/19 Outturn	Key
	SAFE, HIGH QUALITY CARE										
%..	% of Emergency Readmissions within 30 Days of a discharge from hospital (one month in arrears)	10.18%	11.14%	10.53%	10.27%	11.56%			10.00%	10.73%	L
no	Rapid Response Team - Total Referrals	238	248	292	228	221	273				L
no	Rapid Response Team - MDT Interventions potentially avoiding attendance or admission	198	218	252	195	199	226				L
%	Rapid Response Team - % of patients referred requiring a 2 hour response who are subsequently seen within 2 hours	68.95%	58.25%	53.02%	46.62%	91.04%	71.08%				L
%	Histopathology - % of Urgent Tests reported within 5 days of sample received					89.30%	92.60%		90.00%		L
%	Histopathology - % of All Tests reported within 10 days of sample received					50.00%	57.00%		90.00%		L
%	Histopathology - % of Non-Gynae Tests reported within 7 days of sample received					57.00%	60.00%		90.00%		L
no	Histopathology - Backlog					930	709		0		L
	CARE AT HOME										
%..	ED Reattenders within 7 days	7.76%	8.01%	7.71%	7.31%	7.13%	7.18%	7.18%	7.00%	7.43%	BP
	RESOURCES										
no	Average Number of Medically Fit Patients relating to Social Care - Walsall only	42	37	38	42	41	24				L
no	Average Number of Medically Fit Patients - Trust	45	42	39	36	38	41				L
	PARTNERS										
Rate	Occupied Beddays per Locality - Rate per 1000 GP Population (GP Caseload)	35.76	34.80	42.20	34.99	37.49	37.88				L
no	Nursing Contacts per Locality - Total	18324	17854	18487	16944	18784	18619	18619		205571	L
Rate	Emergency Readmissions per Locality - Rate per 1000 GP Population (GP Caseload)	1.89	1.84	1.99	1.70	1.90	2.16				L
no	No. of patients on stroke pathway in partnership with Wolverhampton (one month in arrears)	6	4	13	10	11					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 – Freedom to Speak Up Guardians have expanded their presence, to include Trust Induction & Community Awareness sessions.
2. PODC noted the successful appointment of a Guardian of Safe Working, whose remit will include reviewing the new Junior Doctor Contract and its implications.
3. PODC noted an updated Staff Survey Action Plan. The Trust has seen a statistically significant improvement in its staff engagement score from 2017 to 2018.
4. Workforce Performance – There have been sustained Mandatory Training compliance improvements, particularly amongst Safeguarding competencies.
5. The Medical Workforce Programme has been received by PODC and assurance given.

Key Areas of Concern

1. Exit Interviews – The processes attached to acquiring , recording and measuring exit interviews is in need of review & enhancement.
2. Colleague Attendance/Health & Well-Being – Sickness absence continues to be a concern, with the impact upon patient care, service productivity and temporary staffing expenditure monitored both at PODC and other sub-committees.
3. Bullying and Harassment – Request to have 'colleague' stories shared at Trust Board and further updates given.
4. Changes to tax and pension contributions pose a workforce planning risk, particularly amongst high-income colleagues e.g. Senior Managers/Consultants

Key Actions Taken

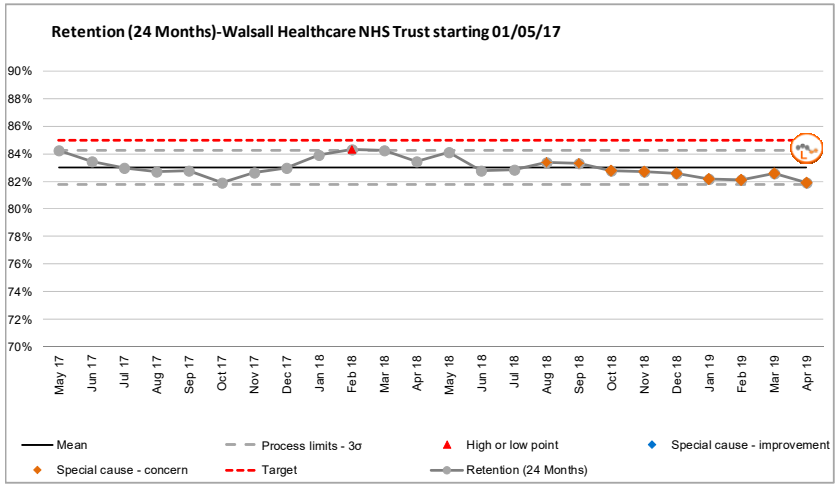
1. Colleague Attendance/Health & Well-Being – Manager Briefing sessions have taken place to launch the revised Attendance policy and gain colleagues feedback.
2. The HR Policy group has approved several HR policies, in line with requirements and updates required against best practice, ensuring policy alignment to the Trust values.
3. A sub-group has been established to investigate, and mitigate against, any risks associated with tax and pension revisions.

Key Focus for Next Committee

1. Colleague Attendance/Health & Well-Being
2. Exit Interview Process – Improvement Progress Update
3. Draft WRES & WDES submissions to reviewed at PODC in June 2019.

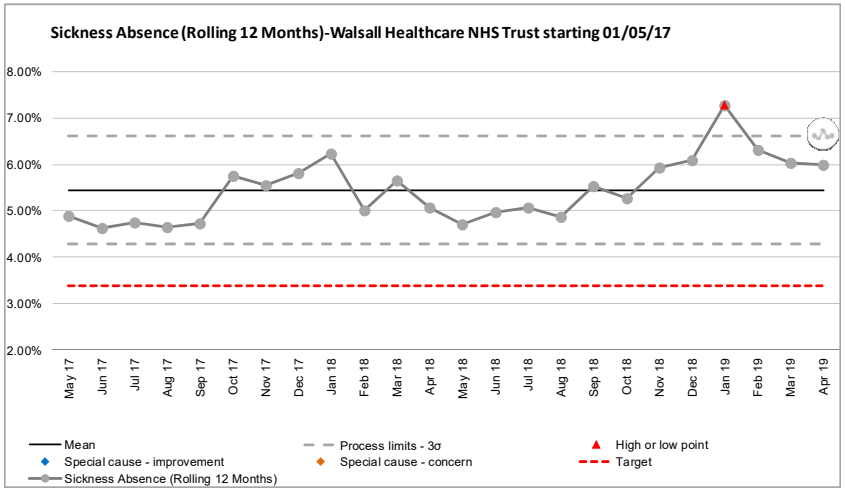
Walsall Healthcare NHS Trust

People and Organisation Development Committee



Retention levels remain a concern, with analysis being undertaken to better understand the themes underpinned current outturns; providing evidence to support any mitigation which could be put in place.

Admin & Estates related staff groups have the highest levels of retention, whilst retention amongst Allied Health Professionals, current 74%, continues to be an outlier.

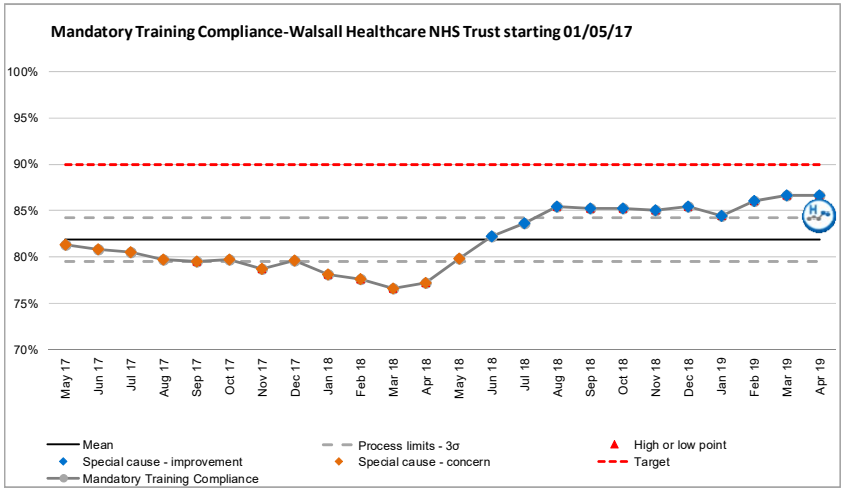


Sickness absence peaked at 7.27% during the month of Jan-19, before reducing to 6% over the past 3 months.

Fluctuations in absence over the past 2 years have fallen in line with expected seasonal variances; whilst an increase in the proportion of long-term episodes has contributed to levels of absence exceeding previous trajectories.

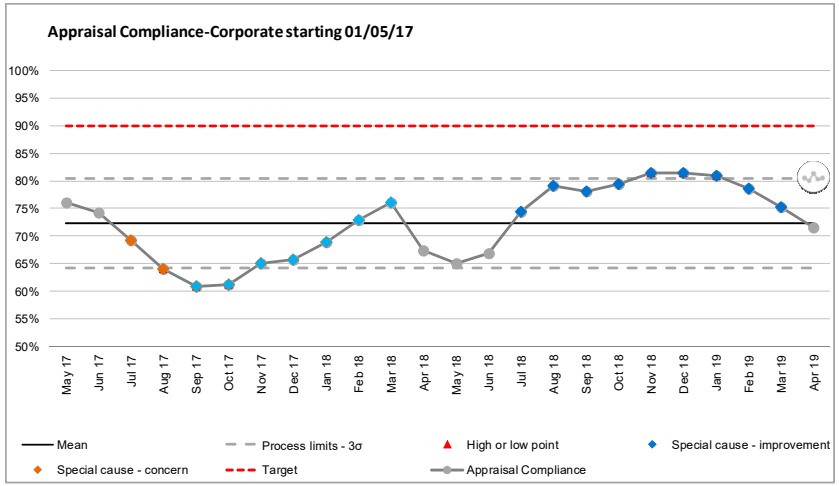
Walsall Healthcare NHS Trust

People and Organisation Development Committee



Mandatory Training improvement trends have been sustained during the past 11 months; with the 87% outturn maintaining a 24-month compliance high point.

Compliance across most core competencies has improved by up to 15% during the past 12 months; with the only exception being Clinical Update, whereby compliance has remained static. There has been an average 9% rise amongst the three levels of Safeguarding Children training.



Appraisal compliance averaged 83% over the past 2 years, with Apr-19 outturn falling below this level for the first time in over 12 months.

This follows 6 months of reduced compliance, since high points during late summer 2018. Despite this compliance remains 5%+ in excess of 2017 trends.

Walsall Healthcare NHS Trust

PEOPLE AND ORGANISATIONAL DEVELOPMENT COMMITTEE 2019-2020

		Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	19/20 YTD Actual	19/20 Target	18/19 Outturn	Key
	SAFE, HIGH QUALITY CARE										
%..	% of RN staffing Vacancies	9.07%	7.95%	8.14%	8.11%	8.44%					BP
%..	Mandatory Training Compliance	85.07%	85.45%	84.42%	86.01%	86.67%	86.62%			86.67%	L
%..	PREVENT Training - Level 1 & 2 Compliance	96.10%	96.27%	94.39%	93.63%	93.62%	93.72%		85.00%		L
%..	PREVENT Training - Level 3 Compliance	89.53%	90.37%	88.82%	88.73%	88.65%	89.12%		85.00%		L
%..	Adult Safeguarding Training - Level 1 Compliance	95.65%	94.31%	93.19%	94.33%	96.27%	97.04%		95.00%		L
%..	Adult Safeguarding Training - Level 2 Compliance	91.23%	91.44%	90.95%	91.60%	92.23%	92.67%		85.00%		L
%..	Adult Safeguarding Training - Level 3 Compliance	87.52%	90.50%	90.42%	90.58%	89.50%	89.16%		85.00%		L
%..	Children's Safeguarding Training - Level 1 Compliance	96.70%	96.45%	94.85%	95.20%	95.48%	95.37%		95.00%		L
%..	Children's Safeguarding Training - Level 2 Compliance	83.54%	83.78%	82.04%	82.08%	83.42%	83.38%		85.00%		L
%..	Children's Safeguarding Training - Level 3 Compliance	91.51%	90.91%	89.08%	89.05%	90.81%	88.98%		85.00%		L
	VALUE COLLEAGUES										
%..	Sickness Absence	5.93%	6.09%	7.27%	6.32%	6.04%	6.00%			6.04%	L
%..	PDRs	88.95%	88.06%	86.96%	86.71%	83.66%	80.67%			83.66%	L
	RESOURCES										
%..	Bank & Locum expenditure as % of Paybill	9.31%	8.50%	9.81%	9.29%	9.12%					L
%..	Agency expenditure as % of Paybill	5.37%	5.28%	5.81%	5.23%	4.46%					L
no	Staff in post (Budgeted Establishment FTE)	4029	3981	3978	3981	3981					L
%..	Turnover (Normalised)	11.06%	11.29%	11.54%	11.55%	11.58%	11.65%				

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

- Productivity continues to perform above contractual activity, attaining monthly CIP plan for theatres & outpatients work streams, RTT performance above local trajectory.
- Cost Improvement Programme delivery of £0.8m is ahead of plan (though £0.1m below the stretch target)

Key Areas of Concern

- Although ED failed to meet the constitutional standard the last 12 months has seen the Trust much closer to its agreed trajectory (ED attendances increasing in the Trust and surrounding providers). The Trust continues to increase performance following changes to the local economy for provision of Urgent Care Centres,.
- The Trust has delivered strong performance on Cancer standards, though an increase in referrals seen by Walsall and neighbouring Trusts for Breast surgery is placing continued attainment of the two week cancer wait at risk (this concern is escalated through the PFIC Chair Committee report)
- The Trust has attained a £0.5m operational deficit to plan, though following a reserve adjustment of £0.5m has attained a £1.6m deficit and subsequently has delivered the plan for month 1. The Trust will need to mitigate the £0.5m adverse operational deficit through continued focus being placed upon improvements within medically stable, closure of additional capacity, focus on reductions in sickness and overall reducing temporary workforce, alongside grip and control measures and a focus placed within supporting the Medical and Long Terms Conditions (MLTC) Division to control cost overruns.
- The financial plan indicated a run rate risk of £0.5m per month (approximately £6m per annum) the Trust Board forming the Financial Cabinet to endorse Executive recommendations for run rate improvements to mitigate this financial risk to the 2019/20 financial plan, performance to be monitored through PFIC.

Key Actions Taken

- SAFER deployed within the Trust to support enhanced ED performance, FES re-organised to reduce elderly admissions
- Regular monitoring of Financial performance to mitigate run rate risk moving into the 2019/20 financial year, a focus on increased grip and control to mitigate overspends largely located within the Medicine and Long Term Conditions Division (with escalation to bi-weekly meetings through the accountability framework and Divisional performance reviews) to support improved performance.
- Key measures will be the closure of capacity (a focus on medically stable and stranded patient numbers) with continued focus on productivity and implementation of measures to manage sickness to ensure attainment of the revised forecast and ensure the adverse exit run rate is controlled in the initial months of the financial year through increased grip and control (pay and non-pay)

Key Focus for Next Committee

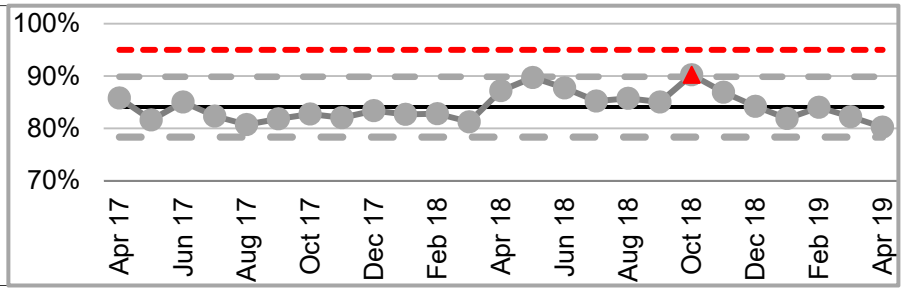
- Continued focus on performance against constitutional standards, Cancer and ED 4 hour performance a focus
- Review of the forecast deficit and normalised position, key to reviewing plans to attain the financial plans for 2019/20 being the following;
  - The newly formed Financial Cabinet (Chair and Chairs of sub-committees of the Board, Director of Finance, Deputy Chief Executive and Chief Executive) to continue to review all measures available to control costs and mitigate run rate risks during 2019/20
  - PFIC to monitor implementation of the run rate improvements
  - Board Development session to be arranged to review Medically Fit for Discharge

Walsall Healthcare NHS
NHS Trust

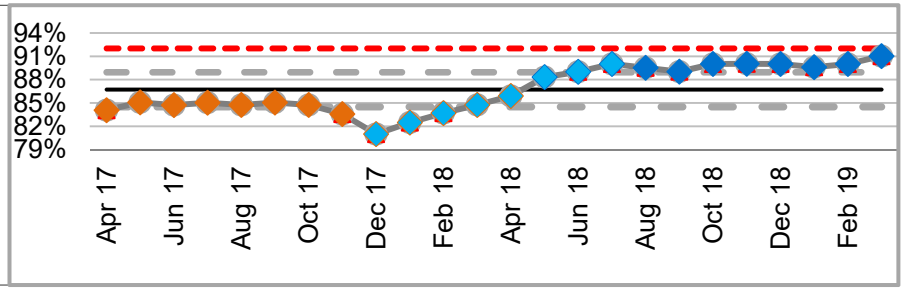
Performance, Finance and Investment Committee

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

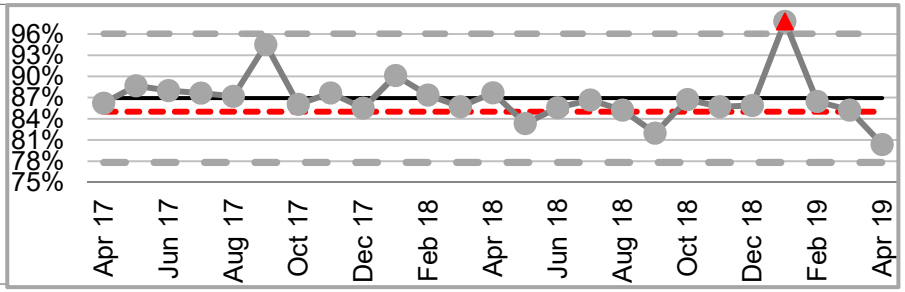
ED - % within 4 hours – Overall (Type 1 & 3)



18 weeks RTT – Incomplete Pathways



Cancer 62 Day RTT



Narrative (supplied by interim Chief Operating Officer)

Emergency/Urgent Care

The ability to reduce the number of 4 hour breaches for the organisation has continued to be challenged throughout April as the average number of patients attending ED has peaked to its highest over the winter period. Internally within the Hospital, April has also had the highest number of bed closures since pre-Christmas due to Norovirus and Flu which has created further daily challenges to reduce breaches.

Elective Access

The Trust has achieved 90.72% incomplete performance in April 19. Long waiters continue to reduce. 14 patients waited over 40 weeks compared to 126 in May 18.

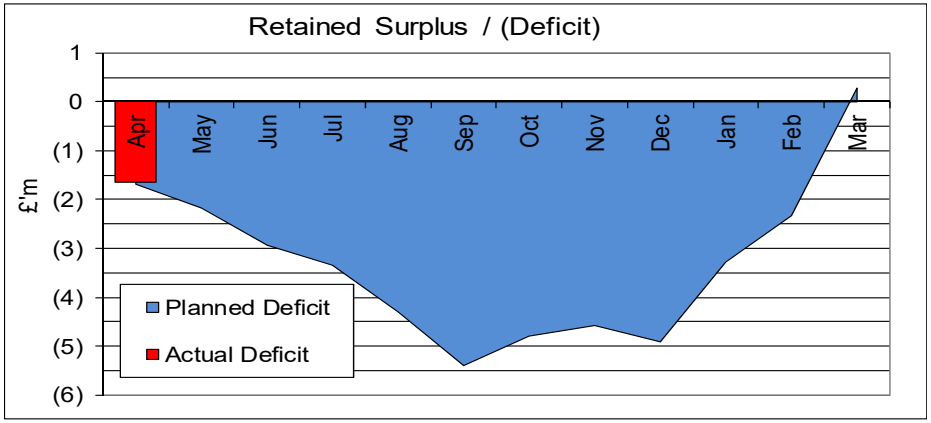
Cancer

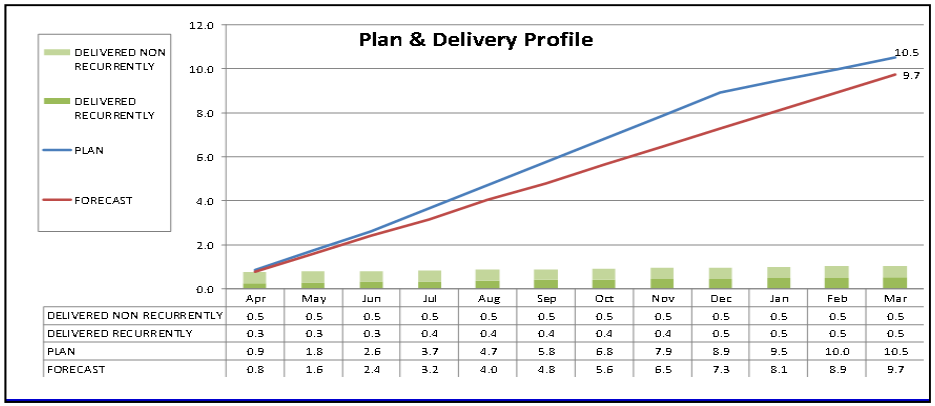
All national cancer measures achieved in March 2019 with the exception of:

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

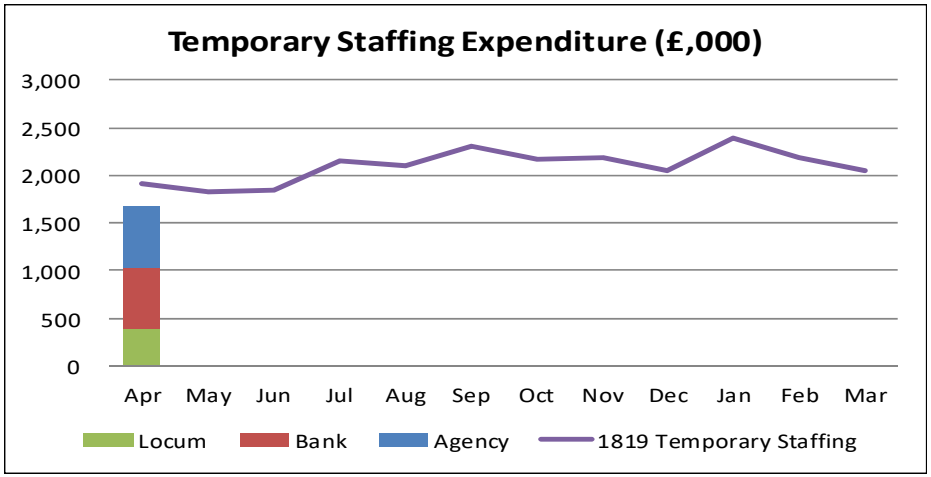
All suspected cancer sites have seen an increase in referrals, however, Breast, Children's, Gynaecology, Skin and Head and Neck services have seen the largest increase, with an average of 21% additional referrals made.

Financial Performance to April 2019 (Month 1)





	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
DELIVERED NON RECURRENTLY	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
DELIVERED RECURRENTLY	0.3	0.3	0.3	0.4	0.4	0.4	0.4	0.4	0.5	0.5	0.5	0.5
PLAN	0.9	1.8	2.6	3.7	4.7	5.8	6.8	7.9	8.9	9.5	10.0	10.5
FORECAST	0.8	1.6	2.4	3.2	4.0	4.8	5.6	6.5	7.3	8.1	8.9	9.7



Financial Performance

- Trust has an operational deficit of £0.5m, though has attained plan following a movement in reserves.
- Overspending on pay is reflective of the cost overruns within MLTC (sickness and servicing of additional capacity)
- MLTC has been escalated for financial performance off plan as part of the Trust's Accountability Framework following the Divisional Review
- The Executive have endorsed improved run rate measures (endorsed at Extra-ordinary Trust Board) to mitigate run rate risks and further reviews are ongoing to assure full mitigation of the £0.5m monthly run rate risk
- Income is below plan, largely as a consequence of reduced births in April (approximately 270 in month)
- The profile for Provider Sustainability Funds (PSF) and Financial Recovery Fund (FRF) are heavily weighted into the second half of the financial year (£6m April to September 2019 and £11m October to March 2020). This is the main driver of the profile denoted within the report

Cash

- The Trust's planned cash holding in accordance with borrowing requirements is £1m. The actual cash holding is £1.6m.
- Failure to deliver mitigating actions as part of the Finance cabinet with result in increased spending, as such will place additional pressure on management of cash flow.

Capital

- The year to date capital expenditure is £0.7m, with the main spends relating to Estates Lifecycle (£0.3m) and Maternity (£0.4m).

Financial Performance - Period ended 30th April 2019

Description	Annual Budget	Budget to Date	Actual to Date		Variance
	£'000	£'000	£'000		£'000
Income					
CCGs	210,581	17,386	17,285		(102)
NHS England	18,303	1,528	1,531		4
Local Authorities	8,590	713	713		0
DoH and Social Care	18,380	965	965		0
NHS Trusts	1,008	80	80		0
Non NHS Clinical Revenue (RTA Etc)	950	88	80		(8)
Education and Training Income	6,862	581	575		(6)
Other Operating Income (Incl Non Rec)	7,525	674	750		76
Total Income	**272,198**	**22,015**	**21,980**		**(35)**
Expenditure					
Employee Benefits Expense	(179,809)	(15,052)	(15,193)		(141)
Drug Expense	(6,278)	(1,609)	(1,641)		(33)
Clinical Supplies	(17,735)	(1,532)	(1,514)		17
Non Clinical Supplies	(17,582)	(1,542)	(1,481)		61
PFI Operating Expenses	(5,444)	(454)	(463)		(9)
Other Operating Expense	(30,563)	(2,106)	(1,941)		165
Sub - Total Operating Expenses	**(257,411)**	**(22,294)**	**(22,235)**		**59**
Earnings before Interest & Depreciation	**14,787**	**(279)**	**(255)**		**24**
Interest expense on Working Capital	51	4	7		3
Interest Expense on Loans and leases	(8,278)	(865)	(890)		(25)
Depreciation and Amortisation	(6,560)	(547)	(503)		43
PDC Dividend	0	0	0		0
Losses/Gains on Asset Disposals	0	0	0		0
Sub-Total Non Operating Exps	**(14,787)**	**(1,407)**	**(1,386)**		**21**
Total Expenses	**(272,198)**	**(23,701)**	**(23,621)**		**81**
RETAINED SURPLUS/(DEFICIT)	**0**	**(1,686)**	**(1,641)**		**45**

Walsall Healthcare NHS Trust

PERFORMANCE, FINANCE AND INVESTMENT COMMITTEE 2019-2020

		Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	19/20 YTD Actual	19/20 Target	18/19 Outturn	Key
	SAFE, HIGH QUALITY CARE										
%..	Total time spent in ED - % within 4 hours - Overall (Type 1 and 3)	86.90%	84.20%	81.88%	84.02%	82.21%	80.22%	80.22%	95.00%	85.90%	N
%..	Ambulance Handover - Percentage of clinical handovers completed within 15 minutes of recorded time of arrival at ED	75.51%	69.72%	62.00%	64.71%	65.43%	62.49%	62.49%	100.00%	72.20%	BP
no	Ambulance Handover - No. of Handovers completed over 60mins	7	11	38	44	22	35	35	0	155	N
%..	Cancer - 2 week GP referral to 1st outpatient appointment	97.19%	96.04%	89.96%	92.67%	87.38%	82.29%	82.29%	93.00%		N
%..	Cancer - 62 day referral to treatment of all cancers	85.90%	97.78%	86.46%	85.23%	80.37%	81.25%	81.25%	85.00%		N
%..	18 weeks Referral to Treatment - % within 18 weeks - Incomplete	90.04%	90.01%	89.60%	90.01%	91.02%	90.72%	90.72%	92.00%		N
no	18 weeks Referral to Treatment - No. of patients waiting over 52 weeks - Incomplete	1	0	0	0	0	0	0	0		N
0	% of Service Users waiting 6 weeks or more from Referral for a Diagnostic Test	0.10%	0.15%	0.31%	0.31%	0.12%	3.15%	3.15%	1.00%	0.32%	N
no	No. of Open Contract Performance Notices	8	8	8	8	9	10		0	9	L
	CARE AT HOME										
%..	ED Reattenders within 7 days	7.76%	8.01%	7.71%	7.31%	7.13%	7.18%	7.18%	7.00%	7.43%	BP
	RESOURCES										
%..	Outpatient DNA Rate (Hospital and Community)	10.14%	11.35%	10.61%	9.87%	9.94%	10.63%	10.63%	8.00%	10.44%	L
%..	Theatre Utilisation - Touch Time Utilisation (%)	80.40%	85.24%	78.74%	80.05%	92.73%	89.54%		75.00%		L
%..	Delayed transfers of care (one month in arrears)	2.82%	3.04%	2.51%	2.85%	2.86%			2.50%	3.46%	L
no	Average Number of Medically Fit Patients	100	91	99	98	101	84	84			L
no..	Average LoS for Medically Fit Patients (from point they become Medically Fit)	10	11	10	9	11	11	11			L
£	Surplus or Deficit (year to date) (000's)	-£20,157	-£22,610	-£23,953	-£27,159	-£27,669	£45	£45		-£27,669	L
£	Variance from plan (year to date) (000's)	-£7,905	-£8,987	-£11,199	-£14,393	-£17,038	£45	£45		-£17,038	L
£	CIP Plan (YTD) (000s)	£7,800	£9,000	£10,500	£12,000	£15,500	£900	£900		£15,500	L
£	CIP Delivery (YTD) (000s)	£6,100	£7,200	£8,300	£9,500	£11,100	£800	£800		£11,100	L
£	Temporary Workforce Plan (YTD) (000s)	£12,600	£14,400	£16,100	£17,700	£19,400	£1,300	£1,300		£19,400	L
£	Temporary Workforce Delivery (YTD) (000s)	£16,500	£18,500	£20,900	£23,100	£25,200	£1,700	£1,700		£25,200	L
£	Capital Spend Plan (YTD) (000s)	£6,600	£7,600	£8,600	£7,300	£12,200	£500	£500		£12,200	L
£	Capital Spend Delivery (YTD) (000s)	£8,600	£9,400	£10,800	£11,700	£13,100	£700	£700		£13,100	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

Walsall Healthcare NHS
NHS Trust

Glossary

M cont
MST – Medicines Safety Thermometer
MUST – Malnutrition Universal Screening Tool
N
NAIF – National Audit of Inpatient Falls
NCEPOD – National Confidential Enquiry into Patient Outcome and Death
NHS – National Health Service
NHSE – NHS England
NHSI – NHS Improvement
NHSIP – NHS Improvement Plan
NOF – Neck of Femur
NPSAS – National Patient Safety Alerting System
NTDA/TDA – National Trust Development Authority
O
OD – Organisational Development
OH – Occupational Health
ORMIS – Operating Room Management Information System
P
PE – Patient Experience
PEG – Patient Experience Group
PFIC – Performance, Finance & Investment Committee
PICO – Problem, Intervention, Comparative Treatment, Outcome
PTL – Patient Tracking List
PU – Pressure Ulcers
R
RAP – Remedial Action Plan
RATT – Rapid Assessment Treatment Team
RCA – Root Cause Analysis
RCN – Royal College of Nursing
RCP – Royal College of Physicians
RMC – Risk Management Committee
RTT – Referral to Treatment
RWT – The Royal Wolverhampton NHS Trust
S
SAFER – Senior review - All patients will have an expected discharge date - Flow of patients - Early discharge – Review
SAU – Surgical Assessment Unit
SDS – Swift Discharge Suite
SHMI – Summary Hospital Mortality Indicator
SINAP – Stroke Improvement National Audit Programme
SNAG – Senior Nurse Advisory Group
SRG – Strategic Resilience Group

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

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

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

MEETING OF THE PUBLIC TRUST BOARD – June 2019			
Integrated Critical Care Unit (ICCU) Impairment			**AGENDA ITEM: 15**
Report Author and Job Title:	Trevor Baker – head of Financial Accounting	**Responsible Director:**	Russell Caldicott – Director of Finance
Action Required	Approve ☐ Discuss ☐ Inform ☒ Assure ☐		
Executive Summary	The purpose of the report is to provide information regarding the impairment of the Integrated Critical Care Unit (ICCU) and the transaction offering value for money noting the level of impairment recognised in the 2018/19 financial statements. The report will refer to the valuation methodology, and the Trust securing value for money from the works undertaken by the contractor, with the following prevalent; • The capital costs totals £10.8m and the resultant impairment following bringing the asset into use on the 1st December 2018 totalled £6.2m. • The construction includes an element of fee charges that are instantly impaired following valuation (£1.3m) • An impairment of accommodation previously used to provide services within ENT and the entrance (£0.5m) • The construction utilised Modern Equivalent Asset (MEA) valuation technique that essentially values the works on how you would construct the facility on a brown field site. • The Trust sought to modify existing accommodation which results in a more complex capital solution and hence a further fall in value and impairment of £4.4m (approximately a 50% reduction in carrying value) The Trust ensured value for money for the charges received through engagement of an independent tester who valued the works compared to the invoices received. In conclusion, the Trust has secured value for money from engagement with an independent tester, though incurred a significant impairment that is largely associated with application of an approved valuation methodology and fees. The transaction (following presentation to the Trust Board) has been subject to external audit scrutiny and approved as the correct treatment for the production of the 2018/19 financial statements.		
Recommendation	Members of the Trust Board/ Committee are asked to: Note the costs and subsequent impairment of the ICCU development		
Mitigate risk in the BAF or Trust Risk Registers	Risk to provision of services through estate that was no longer fit for purpose is eradicated		
Resource implications	There are no resource implications associated with this report.		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives	Safe, high quality care ☒	Care at home ☐	
	Partners ☐	Value colleagues ☐	
	Resources ☒		

Walsall Healthcare NHS Trust
Integrated Critical Care Unit (ICCU) Impairment
Director of Finance

1. PURPOSE OF REPORT

The purpose of the report is to provide information regarding the impairment of the Integrated Critical Care Unit (ICCU) and the transaction offering value for money noting the level of impairment recognised in the 2018/19 financial statements.

2. BACKGROUND

The Trust incurred expenditure in development of the ICCU in the financial accounts for the year ending 2018/19 totalling £10.9m. The new ICCU facility was valued when operational on the 1st December 2018, resulting in an impairment of £6.2m that was charged to the Statement of Comprehensive Income (SOCI).

This report identifies the rationale for the impairment and how the Trust has ensured / secured value for money for the capital works. Specifically in light of the high value of the impairment modelled within the annual financial statements for 2018/19.

3. IMPAIRMENT

The Trust impaired the ICCU development for the following reasons;

- The construction includes an element of fee charges that are instantly impaired following valuation (£1.3m)
- An impairment of accommodation previously used to provide services within ENT and the entrance totalled (£0.5m)
- The construction utilised Modern Equivalent Asset (MEA) valuation technique that essentially values the works on how you would construct the facility on a brown field site.
- The Trust sought to modify existing accommodation (expanding the first floor) which resulted in a more complex capital solution and hence a further fall in value and impairment of £4.4m when application of MEA is utilised (approximately a 50% reduction in carrying value)

The impairment is only a realised loss should the Trust sell the asset (this is not a cash loss) and evidently sale valuation would be different to the basis applied as a carrying value.

4. SECURING VALUE

The Trust employed an independent tester to ensure all invoiced costs represented value for money, essentially the charges for works validated by an independent Quantity Surveyor and Estates officers employed to oversee the scheme managed this process.

In addition, the Trusts External Auditors reviewed the inclusion of the impairment and methodology and agreed with the transactions presented within the 2018/19 Annual Financial Statements.

5. CONCLUSION

The Trust has secured value for money from engagement with an independent tester and employment of Trust Estates officers to oversee the project delivery, though incurred a significant impairment that is largely associated with application of an approved valuation methodology (MEA) and removal of fees previously capitalised.

MEETING OF THE PUBLIC TRUST BOARD – Thursday 6th June 2019			
Audit Committee Highlight report			**AGENDA ITEM: 16**
Report Author and Job Title:	Jenna Davies Director of Governance	**Responsible Director:**	Mr S Heer , Non-Executive Director
Action Required	Approve ☐ Discuss ☐ Inform ☒ Assure ☐		
Executive Summary	This report details the meeting of the Audit Committee which took place on the 23rd May 2019. The Audit Committee convened to review the annual fillings before the submission to NHSi The Committee considered • The External Audit Report • The Head of Internal Audit Opinion and the Internal Audit Annual report • Annual report, Annual Governance Statement and Annual Accounts		
Recommendation	Members of the Trust Board are asked to note the content of the report for information.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	**BAF Risks:** **No. 11.** That our governance remains "inadequate" as assessed under the CQC Well Led standard.		
Resource implications	There are no resource implications associated with this report.		
Legal and Equality and Diversity implications	The Board Assurance Framework reports to Audit Committee to identify current implications.		
Strategic Objectives	Safe, high quality care ☒	Care at home ☐	
	Partners ☐	Value colleagues ☒	
	Resources ☒		

Audit Committee Highlight Report.

1. PURPOSE OF REPORT

The purpose of this report is to inform the Board of key issues discussed at Audit Committee and of key actions identified.

2. DETAILS

2.1 External Audit Report

Mr Clarke from Ernst Young presented the external audit report; Mr Clarke highlighted only one issue from the accounts in relation to the control of theatre stock. The Audit Committee recorded its thanks to Ernst Young for their work throughout the year

2.2 Internal Annual Report and Head of Internal Audit Opinion

Mr Stocks from Grant Thornton presented the Internal Audit Annual report and the Head of Internal Audit Opinion. The Internal Audit opinion was, partial assurance with improvement required can be given on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control.

The Internal audit opinion made note of the overall assurance process in place within the organisation and noted that

Our overall review found that the Assurance Framework in place is founded on a systematic risk management process and does provide assurance to the Board.

The Assurance Framework does reflect the Trust's key objectives and risks and is reviewed on at least a quarterly basis by the Board.

The Audit Committee recorded its thanks to Grant Thornton for their work throughout the year

2.3 Annual Filings

The Committee had received delegated authority from the Board, and approved the following items

- Annual Accounts and Report
- Annual Governance Statement
- Letter of Representation

3. RECOMMENDATIONS

The recommendation to Board is to note the content of the report

MEETING OF THE PUBLIC TRUST BOARD – 6th June 2019			
Quality, Patient Experience & Safety Committee Highlight Report			**AGENDA ITEM: 17**
Report Author and Job Title:	Kara Blackwell Deputy 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 30th May 2019 chaired by Mrs Anne Baines, Non-Executive Director. The Committee resolved to highlight the following items: • CAHMS risk 41, mitigations implemented by the Trust and issues for further discussion with the CCG • Equipment replacement programme • OPD backlog and plans for managing this going forward • The registered nurse fill rate on Ward 29 in April and the increase in falls reported on that ward during the month. • Quality Report: o Concerns about the ongoing number of falls reported across the Trust o Agreement of new complaints KPIs o Ongoing themes requiring improvement fed-back following NHSi Infection Control re-visit • Winter Thematic Review		
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 ☐		

Quality Patient Experience & Safety Committee: May 2019

Highlight Report to the Trust Board

Report for Trust Board meeting on:	6th June 2019
Report From:	30th May 2019
Highlight Report:	

Children and Adolescent Mental Health Services

The committee received an update on the corporate risk 41 which related to the management of children and young people who have mental health problems, behavioural difficulties when there are delays in accessing in-patient tier 4 provision and appropriate social care placements. Assurance relating to the actions taken by the paediatric team to ensuring these patients are kept safe was acknowledged and commended however the remaining risks required actions from the wider health economy to address and included:

- Out of hours service needs to be commissioned via the Mental Health Trust to provide 24/7 access to CAMHS
- Better access / more timely to appropriate in-patient facilities – Tier 4

The risk in relation to the health and well-being of the patients and staff will be highlighted at the next Board to Board meeting with the CCG.

Equipment Replacement Programme

The committee received a report outlining how the Trust will respond to the clinical needs of the organisation and work within a risk framework to deliver a replacement program that directly responds to the risks over the next 3 years. The committee received assurance in relation to the processes for equipment replacement over the next 3 years based on risk and highlighting gaps and mitigation. The teams involved in developing this program were commended.

OPD Backlog

The committee received some reassurance in relation to the ongoing work and actions being implemented to improve risk management of outpatients' backlog. Improving the backlog in ENT, Respiratory, Urology and General Surgery Specialties had been prioritised; the planned actions are aimed at eliminating the backlog and ensuring processes are in place to prevent this building up in the future. The committee requested an update in 2 months.

Nurse Staffing Report

The Committee raised concerns regarding the registered nurse fill rate on Ward 29 in April 2019 that was below 90% on days and the increase in falls reported on that ward during the month. Assurance was provided to the committee that this has been discussed at the nursing metrics assurance

meeting with the senior nursing team in medicine and actions were being implemented to reduce the number of falls occurring on the ward.

Quality Report

1. **Falls-** The committee expressed disappointed that there had been an increase in the number of falls resulting in harm and that the overall number of falls per month was not reducing. An update was provided to the committee in relation to the actions being taken in the Divisions to reduce the number of falls and patients who had repeat falls.
2. **Complaints-** The committee agreed the following 5 complaints KPIs for reporting monthly at Divisional and Trust level:
   - Percentage of complaints responded to in 30 working days or less (Target 80%)
   - Percentage of complex complaint responded to in 45 working days or less
   - Number of closed cases
   - Number of re-opened cases
   - Longest open complaint
3. **Infection Prevention and Control-** A follow up visit by NHS Improvement was undertaken on 16th April, which identified areas of improvement with regard to environmental cleanliness and infection prevention and control governance arrangements. However, there were a number of themes which require improvements including cleaning of commodes, Bare Below the Elbow compliance, COSHH breaches, damaged equipment and PPE compliance.

Winter Thematic Review

The Committee received the thematic review of winter 2018-2019. It was noted that despite increased bed occupancy, there was a significant drop in reported harm to patients across the trust. The review showed that the planning for winter 2018-2019 had been much better than those plans implemented in previous years, however, but there are also lessons to be learned and incorporated into this year's winter plan which has now commenced. The committee noted that the report had limited feedback from staff about their experience and perceptions and patient feedback was also absent from the review.

Action Required by the Trust Board:

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

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

May 2019

MEETING OF THE PUBLIC TRUST BOARD – 6th June 2019			
Performance, Finance & Investment Committee (PFIC) update 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)
Action Req	Approve ☐ Discuss ☒ Inform ☒ Assure ☒		
Executive Summary	The report indicates the key messages from PFIC meeting in May 2019 for escalation to the Trust Board, namely; • Trust attained a £1.6m deficit for month 1 (which is in line with plan). However, delivered £0.5m operational overspends in month • The Trust Board formed a Financial Cabinet that endorsed measures to mitigate a £6m run rate risk to delivery of the plan. PFIC will receive updated performance against these agreed measures monthly • The Executive escalating the Division of Medicine and Long Term Conditions (MLTC) within the Trust's Accountability Framework • The Trust's Annual Accounts for 2018/19 reported a deficit of £27.6m (excluding impairment) the audit of the accounts given a clean bill of health (no adjustments made to the outturn previously reported) • Committee to receive temporary workforce expenditure trajectories in June 2019, reflecting impact of implementation of run rate mitigations • The cost improvement programme performed well in month at £0.8m, over-performing against the plan of £0.7m (below stretch of £0.9m) • Clinical income remains below plan as a consequence of births not hitting target Members received a report on performance against constitutional standards; • The Cancer 62 day and 6 week diagnostic targets continue to deliver, though a risk exists regarding the significant increases in referrals for breast Surgery, seen throughout the economy. This results in pressures for attainment of the cancer 2 week target and the Trust is in consultation with neighbouring Trust's as to how the economy can best manage this surge in demand • ED and RTT performance had improved in year and compared well when viewed against peers (though below constitutional standards) Members requested a detailed report on plans to review the Medical Workforce for the next meeting and endorsed the advertising of the Deputy Medical Director post (noting both cases will utilise existing budgeted resources). The committee received a report on planned support to deliver the Emergency Department business case, and requested amendment and presentation of the case with the amendments be made to the wider Board.		
Recommendation	Members of the Board are asked to note the business of the meeting and risk to delivery attainment of the cancer two week wait and the run rate exceeding financial plan as a consequence of the existing run rate risk		
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		
Resource implications	The implications centre upon lost financial support resulting in additional borrowings requirements (consequences being increased interest charge impacts) and the effect on 'use of resources' rating. Alongside performance risks.		
Legal, Equality & Diversity imp	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 May 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 attained a £1.6m deficit for month 1 (which is in line with plan). However, delivered £0.5m operational overspends in month
- The Trust Board formed a Financial Cabinet that endorsed measures (risk assessed and agreed for implementation by the Executive) to mitigate a £6m run rate risk to delivery of the 2019/20 financial plan. PFIC will receive updated performance against these agreed measures monthly commencing from the next meeting
- The Divisional Performance Reviews are occurring monthly and the Executive have escalated the Division of Medicine and Long Term Conditions (MLTC) to meeting bi-weekly as defined within the Trust's Accountability Framework
- The Trust's Annual Accounts for 2018/19 reported a deficit of £27.6m (excluding impairment) the audit of the accounts given a clean bill of health (no adjustments made to the outturn previously reported to members of PFIC) the External Auditors reporting their findings to Audit Committee
- Committee to receive temporary workforce expenditure trajectories in June 2019, reflecting impacts following implementation of run rate mitigations endorsed through the Executive, Financial Cabinet and subsequently the extra-ordinary meeting of Trust Board.
- The cost improvement programme performed well in month at £0.8m, over-performing against the plan of £0.7m (though below stretch of £0.9m)
- Clinical income remains below plan, largely as a consequence of births remaining below the monthly trajectory (30 below plan). The increase in births to the targeted monthly 350 (4,200 per annum) is key moving forwards

2.3 Trust performance against constitutional standards

The Chief Operating officer took members through the report, key items of note being;

- The Cancer 62 day and 6 week diagnostic targets continue to deliver, though a risk exists regarding the significant increases in referrals for breast Surgery, seen throughout the economy. This results in pressures for attainment of the cancer 2 week target and the Trust is in consultation with neighbouring Trust's as to how the economy can best manage this surge in demand
- ED and RTT performance had improved in year and compared well when viewed against peers (though below constitutional standards). ED attendances were high in comparison to the comparator month in the previous calendar years and this increase has been seen within neighbouring Trusts

The Chair drew member's attention to the risk to two week cancer performance, noting this requires escalation to the wider Board membership, as this previously has been an area of strong performance.

2.4 Business cases

The Committee debated the following developments;

Medical Workforce Review, members noted the case would utilise existing budgeted resource, though requested a detailed report on plans/key outputs and timings of these outputs for the next meeting.

The Deputy Medical Director post was debated and (noting the availability of existing budgeted resource) the Committee endorsed this post

The committee received a report on planned support to deliver the Emergency Department business case, and requested amendment and presentation of the case with the amendments be made to the wider Board.

3. RECOMMENDATION

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

MEETING OF THE PUBLIC TRUST BOARD – Thursday 6th June 2019			
People and Organisational Development Committee Highlight Report			**AGENDA ITEM: 19**
Report Author and Job Title:	Catherine Griffiths, Director of People and Culture	**Responsible Director:**	Philip Gayle, Non-Executive Director
Action Required	Approve ☐ Discuss ☐ Inform ☒ Assure ☐		
Executive Summary	This report details Board Assurance and the Annual Cycle of Business and to: 1. The delivery of the People Strategy which supports employees in the provision and delivery of high quality, safe patient care. 2. The processes adopted to support optimum employee performance in line with the Trust values. 3. The delivery of the Trust's legal and regulatory duties in relation to its employees. **4.** The management of Trust risks related to human resource risks and issues that may jeopardise the Trusts ability to deliver its objectives – these are captured on the Board Assurance Framework and Corporate Risk Register.		
Recommendation	Members of the Trust Board are asked to note the content of the report for information.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	**BAF Risks:** **No 7.** That we cannot deliver safe sustainable staffing levels reducing our reliance on expensive agency staff **No 8.** That we are not successful in our work to establish a clinically led engaged and empowered culture. **No. 11.** That our governance remains "inadequate" as assessed under the CQC Well Led standard.		

Resource implications	There are no resource implications associated with this report.	
Legal and Equality and Diversity implications	The Board Assurance Framework reports to People and Organisational Development Committee to identify current implications.	
Strategic Objectives	Safe, high quality care ☒	Care at home ☐
	Partners ☐	Value colleagues ☒
	Resources ☒	

People and Organisational Development Committee Highlight Report.

1. PURPOSE OF REPORT

The purpose of this report is to inform the Board of key issues discussed at People and Organisation Development Committee and of key actions identified.

2. BACKGROUND

The People and Organisation Development Committee is a sub-committee of Trust Board and has an annual programme of business that is developed to provide assurance to the Trust Board on:

5. The delivery of the People Strategy which supports employees in the provision and delivery of high quality, safe patient care in line with Trust values and demonstrates an inclusive culture.

6. The processes adopted to support optimum employee performance in line with the Trust values.

7. The delivery of the Trust's legal and regulatory duties in relation to its employees.

8. The management of Trust risks related to human resource risks and issues that may jeopardise the Trusts ability to deliver its objectives – these are captured on the Board Assurance Framework and Corporate Risk Register.

3. DETAILS

Impact of Annual Allowance on Medical Workforce

Mr Selzer presented to the committee. Mr Selzer raised concern around pensionable tax and the implications it has for senior managers and consultants. The committee noted this has implications for the wider Trust workforce.

Review of Committee and Terms of Reference Effectiveness

Ms Davies informed the committee that a review had been conducted and the terms of reference were agreed.

National ESR Issues on recording training

The committee noted the national ESR issue, resulting in not all training being recorded and noted the manual workaround being put in place until the national upgrade is launched.

Exit Interviews

Noted the current response rate of 35% is too low and that an electronic solution is in progress, the committee will receive an update in July. The information within the exit process is valuable for retention.

Human Resources Policy Update

Committee noted the progress on the HR policy framework and noted that staff-side have put significant resource into reviewing and approving legacy policies that are out of date.

Winter Plan – evaluation of method and outcomes

Mrs Barnaby introduced her team to the committee and committee reviewed the workforce factors – noted that workshops will be held to engage staff in worked well and what didn't work so well, ready for planning next year.

Proposal for the Medical Workforce Programme

Noted and approved by committee.

Freedom to Speak Up Guardians Report

The quarterly report from the FTSU Guardians was received by committee.

Guardian of Safe Working Annual Report

The quarterly report from the Guardian of safe working was received by committee and improvements noted.

Action plan to reduce bullying, harassment, violence and abuse

The plan was received by committee and noted the discussion at EDIC on action needed to address the issues evident through the staff survey.

National Staff Survey and Action Plan

The committee noted that work is planned to review the values, to focus particularly on the key contra indications within the staff survey, there will be a series of workshops and specific workshop for BME staff planned to focus on the differentials within the staff survey, in addition the WDES data and Gender Pay Gap report identifies differentials.

4. Matters to bring to the attention of the Board

Resolution

The Committee resolved that the following items would be highlighted to the Trust Board at its meeting on the 6th June 2019:

1. Changes to tax and pension contributions pose a workforce planning risk, particularly amongst high-salary employees e.g. Senior Managers/consultants

2. Feedback from Equality Diversity and Inclusion Group particularly on levels of awareness and on bullying and harassment – Request to have 'colleague' stories shared at Trust Board and further updates given.

3. To note that follow up work on staff experience on the values (2 years on) is being scheduled. The staff survey action plan identifies key issues relating to differential staff experience by protected characteristic and concern regarding levels of violence and aggression, the action plan will be reviewed by PODC for progress through the Divisions.

4. The request for a Non-executive member to join the Health and Wellbeing Steering Group.

5. RECOMMENDATIONS

The recommendation to Board is to note the content of the report for information and to formally approve the decisions made.