Walsall Healthcare NHS

NHS Trust

MEETING OF WALSALL HEALTHCARE NHS TRUST BOARD OF DIRECTORS TO BE HELD IN PUBLIC ON THURSDAY 5 DECEMBER 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	1420
3.	Quorum and Declarations of Interest	Information	Chair	ENC 1	
4.	Minutes of the Board Meeting Held on 7th November 2019	Approval	Chair	ENC 2	
5.	Matters Arising and Action Sheet	Review	Chair	ENC 3	
6.	Chair's Report	Information	Chair	ENC 4	1425
7.	Chief Executive's Report	Information	Chief Executive	ENC 5	1430
8.	Improvement Programme Update	Information	Deputy Chief Executive	Verbal	1440
SAFE HIGH QUALITY CARE					
9.	Monthly Nursing and Midwifery Safer Staffing Report	Discussion	Director of Nursing	ENC 6	1450
PARTNERS					
10.	Walsall Together Update	Information	Interim Walsall Together Director	ENC 7	1500
VALUE COLLEAGUES					
11.	Health and Wellbeing Update	Information	Director of People and Culture	ENC 8	1510
12.	Flu Update	Information	Director of People and Culture	ENC 9	1520
BREAK – TEA/COFFEE PROVIDED					1530

ITEM		PURPOSE	BOARD LEAD	FORMAT	TIME
RESOURCES					
13.	Performance Report	Discussion	Director of Finance & Performance	ENC 10	1535
GOVERNANCE AND COMPLIANCE					
14.	Quality, Patient Experience and Safety Committee Highlight Report	Information	Committee Chair	ENC 11	1550
15.	Performance, Finance & Investment Committee Highlight Report	Information	Committee Chair	ENC 12	
16.	People & Organisational Development Committee Highlight Report	Information	Committee Chair	ENC 13	
17.	Walsall Together Partnership Board Highlight Report	Information	Committee Chair	ENC 14	
18.	Audit Committee Highlight Report	Information	Committee Chair	ENC 15	
19.	**QUESTIONS FROM THE PUBLIC**				
20.	**DATE OF NEXT MEETING** Public meeting on **Thursday 6th February** at 14:00 at the Manor Learning and Conference Centre, Manor Hospital				
21.	**Exclusion to the Public** – To invite the Press and Public to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960).				

Walsall Healthcare **NHS**

NHS Trust

MEETING OF THE PUBLIC TRUST BOARD – 5TH DECEMBER 2019			
Declarations of Interest			**AGENDA ITEM: 4**
Report Author and Job Title:	Jenna Davies Director of Governance	**Responsible Director:**	Danielle Oum Chair
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 ☒		

Caring for Walsall together

Register of Directors Interests at November 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.
		Non-Executive Director – Royal Wolverhampton NHS Trust
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).
		Non-Executive Director – Birmingham and Solihull Mental Health Trust.
		Director of PG Consultancy
Mrs Anne Baines	Non-executive Director	Director/Consultant at Middlefield Two Ltd
		Associate Consultant at Provex Solutions Ltd
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

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

Mr B Diamond	Non-executive Director	Partner - Registered nurse and General Manager at Gracewell of Sutton Coldfield Care Home. Director of The Aerial Business Ltd
Mrs Sally Rowe	Associate Non-executive Director	Executive Director Children's Services, Walsall MBC
		Trustee – Grandparents Plus, registered charity
Mr P Assinder	Associate Non-executive Director	No Interests to declare.
Mr R Virdee	Associate Non-executive Director	No Interests to declare.
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)
Mr Ned Hobbs	Chief Operating Officer	Father – Governor Oxford Health FT
		Sister in Law – Head of Specialist Services St Giles Hospice

Report Author: Jenna Davies, Director of Governance
Date of report: November 2019

RECOMMENDATIONS

The Board are asked to note the report

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

Walsall Healthcare NHS

NHS Trust

**MINUTES OF THE PUBLIC MEETING OF THE BOARD OF DIRECTORS
WALSALL HEALTHCARE NHS TRUST HELD
ON THURSDAY 7ᵗʰ NOVEMBER 2019 AT 2:00 p.m. AT BLAKENALL VILLAGE,
WALSALL**

Present:

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

In Attendance:

Mr P Assinder	Associate Non-Executive Director
Mr D Fradgley	Director of Strategy & Improvement
Ms J Davies	Director of Governance
Ms C Griffiths	Director of People & Culture
Ms J Wells	Senior Executive PA (Minutes)

Members of the Public 0
Members of Staff 1
Observers 0

115/19   Staff Story

Members of the maternity team lead by Mr Ghazal, Clinical Director-WCCSS and Ms Wenlock, Divisional Director-WCCSS attended the meeting to provide a presentation in relation to the work that had been underway within maternity.

Mr Ghazal described the journey from rated as 'Inadequate' in the 2017 CQC report, to being rated as 'Good' in 2019. He highlighted that the team culture and the teams understanding of the issues within the service had improved greatly and the team took responsibility for the areas which required further support;

Safe – In order to address staffing issues, safety staffing huddles were arranged, manager on call instated, daily senior team meetings created and focused on the redeployment of staff in and out of areas to ensure cover.

Governance – A substantive Clinical Lead had been recruited, weekly MDT meetings took place and c-section review meetings were created.

Effective – MDT and training enabled the teams to work more effectively. Processes were put in place to ensure mandatory training was completed.

The team adopted a collaborative journey for patients, ensuring that they were seen at the right time, in the right place by the right people. Care plans were introduced which collected data in one place and trends were also continually reviewed.

Caring – Being kind and supportive was paramount. The Friends and Family Test was a nationally used tool and the feedback was shared. Listening to what patients wanted shaped the changes made.

Responsive – The Care group had developed a number of specialist teams, including the Women Requiring Extra Nurturing (WREN) team had been established for patients who needed extra support, along with midwives with specialist interests who provided specialist care in elective section and a bereavement specialist. In addition, the Baby Friendly initiative had been implemented to support with breast feeding and to promote wellbeing.

Well Led – A strong leadership team was in place, who were supportive and developed staff.

Women and families were at the heart of the department.

Ms Wenlock concluded that the team were aiming to achieve an outstanding rating and SPC charts were on trajectory to hit the target in 2022.

Ms Wenlock concluded that the team were aiming to achieve an outstanding rating and SPC charts were on trajectory to hit the target in 2022.

Ms Oum thanked the team for their inspiring presentation.

Dr Dunderdale referenced the aim to be outstanding by 2022, stating that the team were on track to be outstanding in 2020 and expressed a huge thank you for the huge effort to make changes.

Mr Heer congratulated the team, their great partnership and encouraged for it to be maintained.

Mrs Baines was really proud of what the team had achieved and the amazing work that they had done.

Mr Beeken stated that the evidence provided showed that patients were pleased with the care they had received. Mr Beeken added that he would like to see the wider organisation learn from the Maternity Voices Partnership and asked whether they had been approached to assist other departments. The team replied that they had not but would be happy to assist. The team wished to

thank the operational team as without them, the changes wouldn't have been possible.

Ms Oum thanked the wider team and appreciated their achievements.

Mr Gayle gave thanks to the team and that he was proud of their work.

116/19   Apologies for Absence
Apologies were received from:
- Mrs P Bradbury, Non-Executive Director
- Ms S Rowe, Associate Non-Executive Director
- Mr R Virdee, Associate Non-Executive Director
- Mr N Hobbs, Chief Operating Officer

117/19   Declarations of Interest and quorum

Mr Fradgley declared that he had recently been appointed as a Non-Executive at whg.

Mrs Baines updated that she was no longer a Strategy Advisor at Worcester Acute Hospitals NHS Trust.

Mr Gayle updated that he was now a Director of PG Consultancy.

118/19   Minutes of the Board Meeting held in Public on 3ʳᵈ October 2019

Item 197/19 – Dr Dunderdale asked for the item to be amended to read 'The Trust had been asked to be the host provider on behalf of the local authority for a Safeguarding Partnership trainer role. This role will support the delivery of multi-agency training '.

Item 099/19 – Mrs Baines referenced the 'sweeping the side of the street' should be amended to 'Delivery of the Improvement Programme'.

Item 104/19 – Dr Dunderdale asked that the worded was amended to 'no mixed sex accommodation breaches'.

Ms Oum reminded all to minimise the use of acronyms contained within reports.

Director of Governance

Ms Oum asked Mr Beeken to work with the Communications and Engagement teams to promote the Board meetings to encourage members of the public to attend, particularly when held within the community.

Chief Executive

119/19   Matters Arising and Action Sheet

Mrs Baines asked how often an Improvement Programme Update

would be presented at Trust Board. In response Dr Dunderdale advised that an Executive led improvement board had now been established on a monthly basis, therefore monthly updates would be reported to the Board. Dr Dunderdale advised that the Trust was in the process of obtaining external support with the Improvement Programme following the departure of the NHSI resource.

Director of Nursing

Dr Dunderdale reported that the delayed action relating to the Ann Casey report had now been received. A majority of the actions within were now complete or near completion. The report and update would be shared at the Quality, Patient Experience and Safety Committee and the People and Organisational development Committee.

QPES/PODC

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

120/19   Chair's Report
The report was taken as read.

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

121/19   Chief Executive's Report

Mr Beeken presented the report and highlighted the following key points:
- Winter pressures and emergency demand was detailed within paragraph 3.1, addressing the status as of 2 weeks ago, which had not eased. This week had seen at least 2 Black Country Hospital Trusts on EMS level 4. An ED attendance record was set the previous day with 275 attendances within a 24 hour period. NHSI and NHSE had sought assurance about the winter period and the expectations had been delivered.
- The Leadership Conference held on 24th October was well received by staff, who reported that they felt motivated and inspired to perform better.

Mr Heer informed that it would be useful to receive a view of the Accountable Officer and asked whether Mr Beeken felt that accountability was working. In response Mr Beeken advised that that he was not seeing the level of responsibility being taken or accountability being fully felt to deliver the huge ambitions of work.

Mrs Baines asked what would be done to address the gaps within accountability in order to deliver.
Mr Beeken replied that the development of leaders and managers was pivotal. Expectations needed to be achieved or action taken to encourage staff to uptake a role that was more suitable. The

Accountability Framework needed to be tighter. The quality assurance aspect was also not included enough within Performance Reviews with divisions in order to hold them to account.

Ms Oum questioned whether the Executives felt assured that the processes implemented were embedding.

Mr Beeken replied that there were regular incident reporting systems and performance meetings held.

Dr Dunderdale suggested inviting external resources in to provide a fresh eyes approach, conducting peer reviews. Dr Dunderdale encouraged that the Trust should be transparent and open about reporting mechanisms to the Board.

Mr Dunn advised that historically, NHSI had reported that Walsall were good at creating plans but not carrying out the delivery and asked whether a change would be seen.

Dr Dunderdale informed that NHSI had stepped down the frequency of meetings and scrutinising of overspend which was evidence that there had been changes.

Ms Oum observed that paper did not explicitly articulate gaps in assurance relating to operations, finance, risk and accountability.

Chief Executive

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

122/19   BAF Risk S01 - Safe High Quality Care

Ms Oum thanked Ms Davies for the first iteration of a risk focused agenda, adding that further work would be needed on the format. Ms Davies was asked to undertake a complete review of the Board Assurance Framework. The report was taken as read.

Director of Governance

123/19   Monthly Nursing and Midwifery Safer Staffing Report
Dr Dunderdale introduced the report, highlighting the following key points:

- Fill rates for September were reported at 91% for day and night shifts.
- Temporary staffing usage showed an improving position.
- There was no correlation to staffing numbers and incidents reported.
- SPC charts detailing temporary workforce spend had been requested.

Mr Heer observed that the paper was clear, however he questioned when the new allocate system would be in place and we would start to see the benefits and improvements in the information presented to the board. Dr Dunderdale replied that the Allocate rostering system was being rolled out which would offer that level of information. A review would take place at the People

PODC

and Organisational development Committee, followed by Trust Board. The first wards would go live with Allocate during December with all areas being live by the end of March 2020, at which point the data would be available.

Mr Assinder observed that the report provided a good snapshot but asked how the trust was sighted on the risk areas. Dr Dunderdale replied that there were previously appendices included detailing fill rates and would continue from next month.

Ms Oum requested for a key to be introduced with the SPC charts.

Director of Nursing

Mr Dunn expressed concern with the high sickness rates and asked whether there were any underlying issues, adding that sickness was driving agency costs which ultimately had an impact upon patients.

Ms Griffiths replied that the trust did benchmark sickness absence and much progress had been made over the last year. Ms Griffiths was confident that the right approach was being taken. Wellbeing options were being considered and discussed at depth at the People & Organisational Development Committee. A re-profiling of sickness had been requested however it would take a while further for sickness figures to reduce. A sickness absence target and trajectory would be provided to Trust Board following a review of the effectiveness of the current interventions.

PODC

Mr Dunn asked how sickness figures could be sustained once an improvement was seen. Ms Griffiths responded that the wellbeing approach was one that was sustainable. Though steps were in place, Ms Griffiths cautioned that the impact wouldn't be seen overnight.

Ms Oum asked that the People & Organisational Development Committee undertook a deep dive of the impact, targets and profile of the nursing workforce model.

PODC

Mr Gayle queried how the like for like payments were progressing. Dr Dunderdale updated that the pilot wards had been identified and focus groups had been held which were positively received by staff, however the pilot had not yet started. An update would be provided at the People & Organisational Development Committee.

Resolution
The Board received and noted:
- **The People & Organisational Development Committee would review sickness targets and profiling.**
- **The People & Organisational Development Committee would receive an update on like for like payments.**

124/19 Mortality Report

Dr Lewis introduced the Mortality Report and acknowledged the number of abbreviations included within, advising that there was a glossary on page 21 of the document.

A number of reviews had been undertaken over the last 12 months and advice sought from other Trusts. Comments and feedback of content was welcomed.

Dr Lewis updated that HSMR for July was 103.64 and SHMI for June was reported at 103.38. Both figures were close to 100 which was the national average. The aim was to improve and to continue to do so beyond the average.

An alert had been received in relation to acute renal failure. Dr Lewis assured Board members that there were no significant issues. Fractured neck of femur mortality was an outlier which had been recognised and steps taken prior to the receipt of an alert. A number of actions were in place.

A shadow form of the Medical Examiner role would go live in December and would run more comprehensively in January.

Mr Dunn stated that it wasn't clear whether the Trust was improving. Dr Lewis replied that the HSMR and SHMI figures proved that the Trust was not a significant outlier. Changes were being made to the mortality process by becoming more inquisitive around the why factors of mortality and reviewing the circumstances around deaths, including the wider factors. Dr Lewis extended an invitation to attend the Mortality Surveillance Group to see how changes had been made.

Mr Dunn asked whether there had been improvement from a patient perspective. Dr Lewis could not provide that level of assurance. Ms Oum informed that she was attending the next Mortality Surveillance Group meeting, adding that Mrs Bradbury, as the non-executive lead for mortality, attended regularly.

Mrs Baines referred to the documented serious incidents, noting that the report lacked detail into the incidents, and noted that some incidents had not been investigated. Dr Lewis replied that for completeness, all serious incidents were included within the report however some were more complex than others. Ms Davies informed that a comprehensive report was reviewed at the Quality, Patient Experience & Safety Committee regarding serious incidents and coroner outcomes and that further work was required to align the two reports.

Ms Oum observed that the articulation of the work done to date and processes in place didn't reflect in the paper. Mrs Baines suggested the inclusion of a flow chart detailing where incidents were in the process. Dr Lewis advised that the Learning from Deaths Policy would be approved next month and shared with QPES.

Mr Heer observed that the paper may benefit from lay members input and asked if the organisation had an improvement plan in place which would embed the role of the Medical Examiner. Dr Lewis informed that 4 medical examiners were appointed in March. The Trust had to have Medical Examiners in post by April 2020. The lead Examiner was in place and working 1 session a week to set up the service and a full go live planned in December, the Trust was therefore ahead of the statutory requirement.

125/19   BAF Risk S05 - Valuing Colleagues

The report was taken as read.

126/19   Update on Leadership and Talent Management

Ms Griffiths presented the report which outlined the work in progress. Ms Griffiths referred to the BAF risks in relation to lack of an inclusive and open culture, staff morale and patient care.

Ms Griffiths highlighted the following from the report
- The leadership diagnostic report had been presented and the key themes from the leadership academy diagnostic were highlighted in the report.
- The new approach to appraisals had been launched which included new paperwork
- The link between the appraisal process and talent spotting

Mr Dunn was in agreement that the Trust did need to develop a robust approach to identifying talents to get the best out of people. Mr Dunn continued suggested that links were made to smart objectives so they could be measured. Ms Griffiths replied that every objective would be linked.

Mr Heer queried whether the organisation had the right resource to provide that support and whether the obstacles had been tackled. Ms Griffiths advised that it was a step change and the Trust had only recently been clear about changes which needed to be made which was launched at the Leadership Conference.

Ms Oum endorsed the approach being taken and would like to understand the range of initiatives around the workforce, asking when there would be an overarching workforce strategy. Ms Griffiths informed that the People & Organisational Development Committee would review the strategy in December followed by **PODC** Trust Board for approval in February.

Resolution
The Board received and noted the update.

127/19   BAF Risk S06 - Use of Resources

The report was taken as read.

128/19   Performance Report

Quality, Patient Experience and Safety Committee
Dr Dunderdale highlighted the following key points from the report:

- The quality elements move to SPC charts was on track for the next meeting.
- The number of falls had reduced in month and remained a main focus. External expertise had assisted with RCAs and actions out in place.
- Hospital and community acquired pressure ulcers had improved. The report included Grade 2 ulcer progress.
- Open complaints and response rates had improved and evidence seen through performance reviews and the Quality, Patient Experience and Safety Committee.
- Items to escalate to Trust Board were: Falls, VTE and the birth to midwife ratio which had moved based on the number of deliveries and sickness. A number of actions had been taken as a result.

Mr Dunn encouraged the focus on the key objectives of the care given and a fundamental view.   The graphs appeared to illustrate the negatives and that it would be helpful if the actual measures were provided.   Dr Dunderdale replied that there were some elements within that had not received direct focus.
It was requested that the report was aligned to SPC principles for the next meeting and the narrative was explicit on causes and actions.

Director of Finance

Ms Oum observed that the narrative did not follow the SPC principle. Dr Dunderdale agreed that it had not transcribed in this report and that it would be amended for the following month.

Mrs Baines was pleased that the rate of falls was decreasing but was concerned in the number resulting in severe injury or death and asked why that was. Dr Dunderdale agreed that the findings were concerning. There were some emerging themes around how timely the baseline assessment of the patient was conducted, in order to plan patient care and placement within the ward environment for oversight.   The Quality, Patient Experience and Safety Committee would review the themes and provide assurance to Trust Board that it was being addressed.

QPES

Mr Heer referenced the midwife to birth ratio and asked whether there were plans to revise a new target. Dr Dunderdale informed that 1:28 was the target to aspire to. The current ratio was 1:32.

Mr Heer queried when VTE changes may be seen. Dr Lewis acknowledged that VTE was an ongoing area of concern. VTE could not be completed in ED however there may be a resolve with the new Vitalpac system implementation in March/April

2020. In order to resolve the current issue, a paper version of the ED assessment sheet had been created which could later be transferred onto Vitalpac. There was now clarity that the VTE responsibility lay with the clinician who clerked the patient. The new process was currently embedding pending the upgrade to the software next year.

Ms Oum queried what was best practice considered in other areas. Dr Lewis replied that it was a combination of software and paper.

Integration

Mr Fradgley presented the system view paper.

Single point of access continued to see a large number of calls with nearly 1500 been received to date. Currently 80% of calls are not resulting in onward treatment at hospital.

Dr Dunderdale informed that during the Board Walk held earlier the day, she had visited a patient who was being treated with an IV at home. Dr Dunderdale encouraged acute services to make referrals to community services as such practice made a big impact upon a patient's life.

The national success of intervention within nursing homes was being rolled out to care homes. Complex MDTs were scheduled to go live. Rapid Response had seen a rise in activity, with 85% of referrals remaining at home with wrap around care and at home pathways remained stable.

Data of occupied bed days per locality team was now included within the report.

Mr Dunn applauded the great step forward and asked how the organisation would benefit from links to the primary healthcare and GP surgeries. Mr Fradgley responded that there was further work to be done in this area as it was still in its infancy.

Mr Heer queried what the financial benefits were. Mr Fradgley replied that the financial benefits were unclear both as a whole and with the packages of care, it becomes quite complex. Ms Oum reminded the Board that financial remodelling of service changes necessary for the creation of a long term financial model in line with Board ambitionshad been requested.

People and Organisational Development Committee

Ms Griffiths highlighted the following key points;

An incentive had been built into appraisals detailing that pay uplifts would be withheld if mandatory training was not up to date.

The flu return was reported at 64.83% which was marginally higher than the same point the previous year.

Dr Lewis informed that mandatory training was being built into the Clinical Excellence Awards.

Performance, Finance and Investment Committee

Mr Beeken updated that the type 1 emergency performance year on year increase was commendable.
There was acceptance of symptomatic referrals through the STP which had a consequent impact upon the 2 week wait performance for cancer patients. The process put in place to support the Royal Wolverhampton had now ceased. July saw a record number of referrals and diagnostic reporting which affected the 62 day delivery however it was anticipated to recover.

Mr Dunn gave credit for accommodating extras and the length of stay performance.

Mrs Baines referred to the SPC charts, observing that targets were still being missed.
Ms Oum asked that STP narrative was included in the next report

Mr Beeken informed that he would arrange for the constitutional standards to be uploaded to the reading room.	**Chief Operating Officer**
Mr Caldicott reported that the Trust had attained plan at a £5.4m deficit at month 6, though there was an operational deficit of £1.8m year to date that required later recovery.	
An improvement had been seen in performance and a reduction in run rate risk, though not all risks had been mitigated.	**Director of Finance**
Run rates had been modelled with divisions and £5m run rate. Further discussion regarding PSF risk would be discussed at Private Trust Board.	**Chief Operating Officer**

Mr Assinder asked whether the financial recovery fund was intact and deliverable.
Mr Caldicott replied that the documentation suggested that it would be awarded to the Trust and not performance linked, however confirmation of this had been requested in writing.

Mr Assinder asked for an update regarding cash.
Mr Caldicott advised that numbers were tight, therefore a cash loan had been requested to support deficit.

Mr Assinder further questioned if there was sufficient cover from loans.
Mr Caldicott replied that there was but the interest would impact

run rate deficit.

Ms Oum cautioned that there were significant challenges to achieving the financial plan for the rest of the year.

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

129/19   BAF Risk S03 - Partners

The report was taken as read.

130/19   Walsall Together Update

The Update was taken as read.

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

131/19   Walsall Undertakings

The paper was deferred to the next meeting.

132/19   Quality, Patient Experience and Safety Committee Highlight Report

The report was taken as read.

Dr Dunderdale informed that there had been 1 MRSA case reported during September which was avoidable.

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

133/19   Performance, Finance and Investment Committee Highlight Report

The report was taken as read.

Resolution
The Board received and noted the content of the report

134/19   People and Organisational Development Committee Highlight Report

The report was taken as read.

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

135/19   Integrated Care Partnership Committee Highlight Report

The report was taken as read.

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

136/19   Audit Committee

No report was submitted.

137/19   Questions from the Public

There were no questions from the public.

138/18   Date of Next Meeting

The next meeting of the Trust Board held in public would be on Thursday 5 December 2019 at 2:00p.m. at Walsall Healthcare NHS Trust.

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.

Action log
Updated from Trust Board Meeting: November 2019

Ref:	Date	Agenda Item	Action Notes	Who	Due Date	Progress / Comments	Status
028/19		Nursing & Safer Staffing Report	Bank implementation plan to be presented at the next Trust Board meeting.	Director of Culture & People	07/09/2019	Regular updates scheduled.	Complete
051/19		ED Review	QPES and PODC to review the findings of the Ann Casey report.	Director of Nursing/Director of People & Culture	04/10/2019	The Ann Casey report has been received by the organisation. It will be presented to QPES in November and PODC in December.	Delayed
079/19	06/09/19	Nursing & Safer Staffing Report	A review of hard and soft measures of performance to take place at the People and Organisational Development Committee.	Director of Nursing/Director of People & Culture	07/11/2019	Further work is required and has been deferred until December	Open
103/19	03/10/19	HR/OD Improvement Update	Ms Griffiths to present a plan for review at the People and Organisational Development Committee in November followed by a Board Development session.	Director of Culture & People	05/12/2019	An update paper was provided. Board Development session planned for February (Date TBC)	Open
118/19	08/11/19	Matters Arising	Mr Beeken to work with the Communications and Engagement teams to promote the Board meetings to encourage members of the public to attend	Chief Executive Officer	05/12/2019	Head of Comms attended Exec Team meeting and promotion of the Board was discussed.	Open
118/19	08/11/19	Minutes of the Meeting	Director of Governance to ensure a list of commonly used abbreviations are attached to Public Board papers, and ensure that Papers explained abbreviations	Director of Governance	05/12/2019	Completed.	Complete
119/19	08/11/19	Action Log	Deputy Chief Executive to ensure a monthly update is provided to the Board on the progress of the Improvement programme	Deputy Chief Executive/ Director of Nursing	05/12/2019		Open
119/19	08/11/19	Action Log	Director of Nursing to present the findings of the Ann Casey report to QPES and PODC.	Director of Nursing	05/12/2019		Open

Action log
Updated from Trust Board Meeting: November 2019

Ref:	Date	Agenda Item	Action Notes	Who	Due Date	Progress / Comments	Status
121/19	08/11/19	CEO Report	The Chief Executives report will explicitly focus on operations, finance, accountability and gaps in assurance/risks	Chief Executive Officer	05/12/2019	Complete	Complete
122/19	08/11/19	BAF Report	Chief Executive and Director of Governance to undertake a complete review of the Board Assurance Framework	Chief Executive Officer/ Director of Governance	06/02/2020	Initiated. Meetings to radically review the BAF have been arranged with each Executive Director.	Open
123/19	08/11/19	Safer Staffing report	Safer Staffing report to be amended to ensure definitions of the SPC charts is included within the report	Director of Nursing	05/12/2019		Open
123/19	08/11/19	Safer Staffing report	People and Organisational Development Committee to undertake a deep dive of Impact and profile of the Nursing workforce model	Director of Nursing	06/02/2020		Open
123/19	08/11/19	Safer Staffing report	People and Organisational Development Committee to review the sickness absence target, review the effectiveness of the current interventions and trajectory to improve sickness absence. PODC to recommend to the Board a sickness absence target and trajectory	Director of People and Culture	06/02/2020		Open
124/19	08/11/19	Mortality update	Quality and Safety Committee to undertake a deep dive on Mortality Process and the links with SI/Complaints processes	Medical Director	06/02/2020		Open
126/19	08/11/19	Leadership and Talent Management update	Organisational Development Strategy to be presented to People and Organisational Development Committee in December and to the Board for Approval in February	Director of People and Culture	06/02/2020		Open
128/19	08/11/19	Integrated Performance report	Ensure that the report is aligned to SPC principles next month Board meeting, and the narrative in each section of the report is explicit on causes and actions	Director of Finance	05/12/2019		Open
128/19	08/11/19	Integrated Performance report	Director of Finance to ensure the Long Term Financial Model reflects Walsall Together and acute hospital collaboration	Director of Finance	06/02/2020		Open

Action log
Updated from Trust Board Meeting: November 2019

Ref:	Date	Agenda Item	Action Notes	Who	Due Date	Progress / Comments	Status
128/19	08/11/19	Integrated Performance report	There were some emerging themes around how timely the baseline assessment of the patient was conducted, in order to plan patient care and placement within the ward environment for oversight. The Quality, Patient Experience and Safety Committee would review the themes and provide assurance to Trust Board that it was being addressed.	Director of Nursing	05/11/2019		
128/19	08/11/19	Integrated Performance report	Chief Operating Officer to circulate the Constitutional standards paper to Board members and place in the reading room	Chief Operating Officer	05/12/2019	Completed.	Complete

Complete
Open
Delayed (1 meeting)
Overdue (14+ days)

MEETING OF THE PUBLIC TRUST BOARD			
Thursday 5th December 2019			
Chair's Report		**AGENDA ITEM: 6** **ENC 4**	
Report Author and Job Title:	Danielle Oum, Chair	**Responsible Director:**	Danielle Oum, Chair
Action Required	Approve ☐ Discuss ☐ Inform ☒ Assure ☐		
Executive Summary	This is a regular paper providing oversight of Chair and Non-Executive Director (NED) activities relating to the Well-Led framework. The paper includes details of key activities undertaken since the last Board meeting including NED development and resourcing; governance developments; service visits and NED visibility; and external meetings with partners and other stakeholders.		
Recommendation	Members of the Trust Board are asked to: Note the report		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report.		
Resource implications	There are no resource implications associated with this report.		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives	Safe, high quality care ☒	Care at home ☒	
	Partners ☒	Value colleagues ☒	
	Resources ☒		

Chair's Update

PRIORITY OBJECTIVES FOR 2019/20

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

   This month I attended the Mortality Surveillance Group where presentations were delivered by ED and Urology regarding deaths that had occurred within their services, the reviews undertaken, emerging themes and learning points.

   At the Board meeting in October the new Health and Safety Policy was approved, this week I was joined by the Chief Executive and our Director of Governance to sign the Board's statement of intent, underlining the Trust's commitment to maintaining safe care, and promoting colleague wellbeing.

2. **Improve our financial health through our robust improvement programme**

   I participated in the Performance, Finance and Investment Committee, seeking assurance regarding financial and operational performance. The Committee also reviewed a number of business cases.

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

   I was delighted to present the Respect award at this year's Annual Awards Evening. Once again the quality of the nominations was outstanding and I offer my congratulations to all of them.

4. **Develop the clinical service strategy focused on service integration in Walsall & in collaboration with other Trusts**

   Walsall Together were invited to present at the Healthwatch England Committee meeting and provided an update regarding local challenges, clinical operating model co-design and citizen and community engagement.

5. **Meetings/Events**

   I was asked to lead a panel discussion on Supporting Diversity in the Workplace at Westminster Insight's NHS Diversity and Inclusion Forum which focused upon creating inclusive working environments, tackling bullying and harassment and making equality the responsibility of all managers.

   I met with Executive colleagues and NHSI for one to one catch up meetings.

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RECOMMENDATIONS

The Board are asked to note the content of the report

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Walsall Healthcare NHS Trust

MEETING OF THE PUBLIC TRUST BOARD			
Thursday 5th December 2019			
Chief Executive's Report			**AGENDA ITEM: 7** **ENC 5**
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 or must, engage in, set against the organisation's strategic objectives. This month I also try to respond to the Board's request, made at our November meeting, for a more critical analysis of the current state of play in the organisation against strategic objectives and what my request is of the Board to assist in their speedier and more comprehensive delivery. This month, I focus on the critical activities we need to deliver to start to realise our key organisational objectives and to underpin our movement towards delivering outstanding rated services by the end of 2022. The report also sets out to the Board, the significant level of guidance, instruction and best practice adoption we received from arms length bodies during November 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 • Debate my assessment of our current position and future plans, including the Board's ability to support those plans/actions described		
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 organisation's strategic objectives. 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.		

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Resource implications	There are no resource implications directly 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 ben or must engage in, 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 from arms length bodies and regulatory organisations during November 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

We have all been delighted by the removal of the special measures label and our move from level 4 to level 3 in the NHSI operating framework, which assesses organisational risk against all the deliverables in the undertakings we have as a Board and a Trust. I am also personally heartened by the progress we have made in the last few months on the fundamentals of care and in constitutional standards:

- Incrementally improving 4 hour EAS performance despite a 9.2% increase in emergency department demand. Our ranking, relative to other Trusts in the region, is now within the top 1/3rd, not the bottom 1/3rd
- In the top 10 nationally for diagnostic waiting time standards, despite continuing to have workforce challenges and linear growth in radiology demand
- We are seeing a reduction in falls on our wards over a significant period of time
- Length of stay has reduced in non-elective care, allowing us to absorb significant increases in admissions without utilising inappropriate inpatient bed areas as we have done in the recent past

- Performance against our internal standards on mandatory training continues to improve
- Our staff 'flu vaccination rates this winter are some of the best in the region (at 79% by 26/11)
- Our winter resilience planning and preparedness has been commended by NHSI/E and our staff's engagement in that planning and delivery was observed and positively commented on by the NHSI/E team at the winter assurance visit held on 26/11

These achievements demonstrate, in my view, an increasing ability and preparedness to deliver those fundamentals amongst our front line staff and will provide a sound base from which to realise our ambition. I also feel that these gains are a result of colleagues responding to the consistent and values based leadership the Board and executive team seek to sponsor. However, these changes at this pace will not help us to realise our ambition regarding outstanding rated services. A comprehensive improvement programme, as I have discussed before with the Board, is that route.

As an executive team and a wider organisation, we have not succeeded yet in setting out to the Board how we intend to structure, govern, deliver and measure success of our improvement programme. We made a great start to the programme in the summer, engaging all the organisation's clinical and corporate leaders in defining which projects would deliver the next phase of our objectives and ambition. However, without singular and dedicated leadership of this critical programme on a day to day basis, our ability to get any further than defining projects which might constitute 2020/21 delivery and set those out in high level project initiation documents, has been limited. Momentum has undoubtedly been lost. To resolve this, we have engaged the interim support of an Improvement leader who has critically analysed our position and has started to prescribe a way forward to regain that momentum and be more ambitious in our scope. An update will be provided to the Board verbally by the Deputy CEO at the Board meeting but in essence, the changes we will be seeking to make, requiring Board support, include:

- Being more ambitious and more clear about which projects will need to be delivered and what targets will need to be achieved in order to meet the criteria for outstanding rated services, leadership and use of resources within three years from now
- Resolve the longstanding capacity problem we have with day to day leadership of the programme. Whilst the Deputy CEO has the SRO and executive mantle for this, day to day detailed oversight and drive cannot come from this source. We have been advised that the total managerial and clinical leadership capacity across the Trust to deliver an ambitious programme but not the day to day leadership of it. I will need Board support to resource this for the remainder of this year and for 2020/21 in our financial plan, if this ambition is to be realised
- Expanding the scope of the PMO to ensure it captures all improvement work, not just financial improvement. Divisional and Care Group delivery of financial

improvement can no longer be underpinned or mitigated by the actions of our PMO

- Focusing the quality improvement academy much more on the priorities of the programme and less on the organic improvement agenda

3.2 Work closely with partners in Walsall and surrounding areas

All of the Black Country & West Birmingham (BCWB) STP accountable officers (AOs) have received a letter from Paul Maubach, newly confirmed AO for the BCWB CCGs, setting out his approach to managing the system and seeking our views on those approaches in the coming weeks. Some key messages from him include:

- The control total expectation of the whole BCWB system is exacting and not all the long term plan priorities look possible within the current financial envelope available to us. Prioritisation of what is important to us as a system is critical therefore. Placed based, Integrated Care Partnership development and investment in community services to manage the linear growth of demographic and age profile healthcare demand is one such priority. He wants to see each "place" coalesce around a lead provider to coordinate such integration and investment. In Walsall, we are already that provider. Such clarity of arrangements do not exist in all 5 BCWB places and as a result, we need Board support to continue to be bold in driving forward that agenda in Walsall and prioritising our philosophy of being a community Trust with acute hospital services, as opposed to the other way round. Leading the delivery of well argued investment cases, albeit without immediate expenditure reduction benefits, will be our role in the local and wider system
- Removal of transactional, contractual behaviours within each "place", replaced by a risk share, capitated budget approach which will maximise the delivery we can achieve from every Walsall pound. This may mean needing Board support for a radically different contractual model and payment mechanism from next year, which might marginally increase our short term financial risk as a Trust but deliver longer term benefits to the residents of the borough and the pooled resources within that
- The BCWB CCGs taking over the local, regulatory performance management role on day to day delivery, currently overseen by stretched NHSI/E teams
- Improve locally, through CCG arrangements, commissioning relationships jointly with local authorities

I therefore would welcome, both at the Board meeting and "off-line", colleagues' views on these principles, in order that I can formulate a response to Paul which is constructive and genuinely the view of our Board, not just our executive team.

3.3   Use resources well to ensure we are sustainable

We have all been concerned with the month 7 financial figures for the Trust. Whilst income has largely recovered from a poor September, it is unlikely in elective terms to be sustained at this level without the strong day to day leadership of our operating theatres. The new Theatres Manager starts in December, a post which had previously been disestablished and I am confident the Board will see sustained performance in this regard in Q4 as a result, January planned elective inpatient slowdown notwithstanding (an agreed part of our winter plan). My request of the Board is that we pragmatically scrutinise our income values achieved per week/month, not the elective activity delivered.

Expenditure run rate problems, whilst mitigated to the sum of over 300k/month in the earlier months, is showing some worrying returns in key areas. At the time of writing this report, only some of the increases seen could be explained and/or justified, for example by servicing the huge increases in non-elective demand we are absorbing. Financial intensive support/special measures regimes are being applied to those management teams that are not meeting expectations.

I continue to believe that a combination of previously agreed central, non-recurrent mitigations to the run rate pressures, and previously unavailable central winter pressures funding, which is increasingly likely to be allocated, will enable us to deliver our financial plan this year. I ask that, when considering the financial projections report and PFIC recommendations regarding our financial position, we bear both our emergency activity position and our mitigation potential in mind, when we take our view on deliverability of our plan this year.

4. RECOMMENDATIONS

- Board members are asked to note the report and discuss the content.
- Board members are asked to debate my assessment of our current position and future plans, including the Board's ability to support those plans/actions described

Richard Beeken
Chief Executive
27/11/19

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MEETING OF THE PUBLIC TRUST BOARD			
Thursday 5th December 2019			
Monthly Nurse Staffing Report – October 2019 Data		**AGENDA ITEM: 9** **ENC 6**	
Report Author and Job Title:	Angie Davies Deputy Director of Nursing	**Responsible Director:**	Dr Karen Dunderdale Director of Nursing
Action Required	Approve ☐ Discuss ☐ Inform ☒ Assure ☒		
Executive Summary	October continued to see the use of additional capacity beds in line with the winter plan which resulted in the continued use of additional temporary staffing. Total nurse temporary staffing use remained within control. However, the Director of Nursing is concerned about the increase in agency shifts against a reduction in bank shifts, which has triggered action regarding a proof of concept for bank payments. The RN fill rate average for October 2019 overall was 90.48%. The Director of Nursing is confident that day to day operational controls are in place and having triangulated quality metrics is assured there were safe staffing levels.		
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 ☒		

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MONTHLY NURSE STAFFING 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.

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.
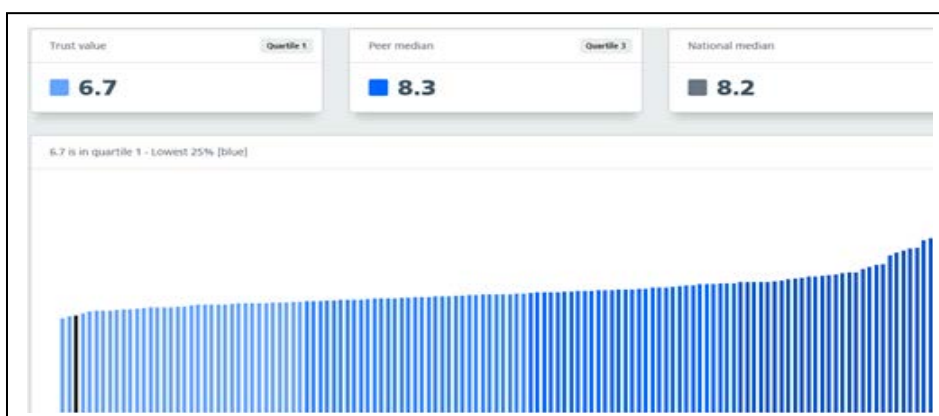
1.SHIFT FILL RATES

1.1 RN Fill Rate

The RN fill rate average for October overall was 90.48% which splits into the following day and night average:

- 86.87% for day shifts
- 95.51% for night shifts

To date there has been no correlation between incidents and staffing levels.

1.2 Care Hours Per Patient Day (CHPPD)

The CHPPD data shows that WHT is consistently within the lowest quartile (black line). The process for data collection is still being reviewed to strengthen the governance around this

and the new Erostering system will support this. NHSi have recently renewed the templates to now include Nurse Associates and Trainee Nurse Associates and the Trust has now started to submit data in this new format from September 2019.

2.TEMPORARY STAFFING

2.1 Total Temporary Staffing Use

Since October 2018 a number of key changes have been embedded leading to a reduction in the use of agency nurses and an increase in the use of bank nurses.

Chart 1

No. Agency Shifts-Walsall Healthcare NHS Trust starting 13/05/19

Chart 2
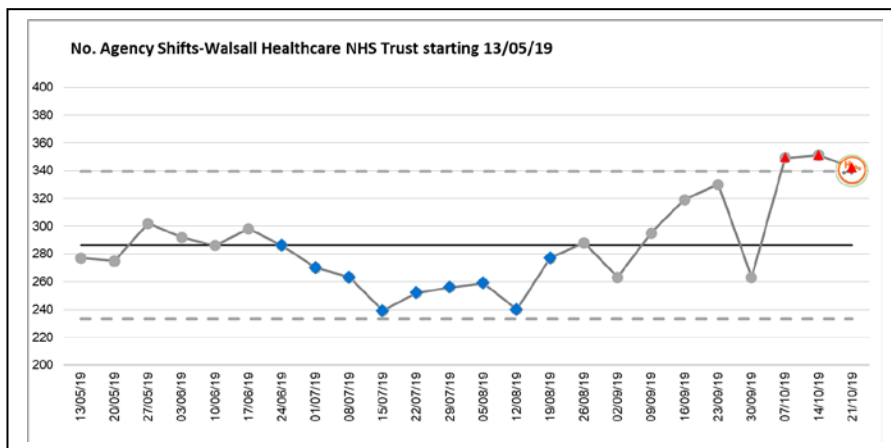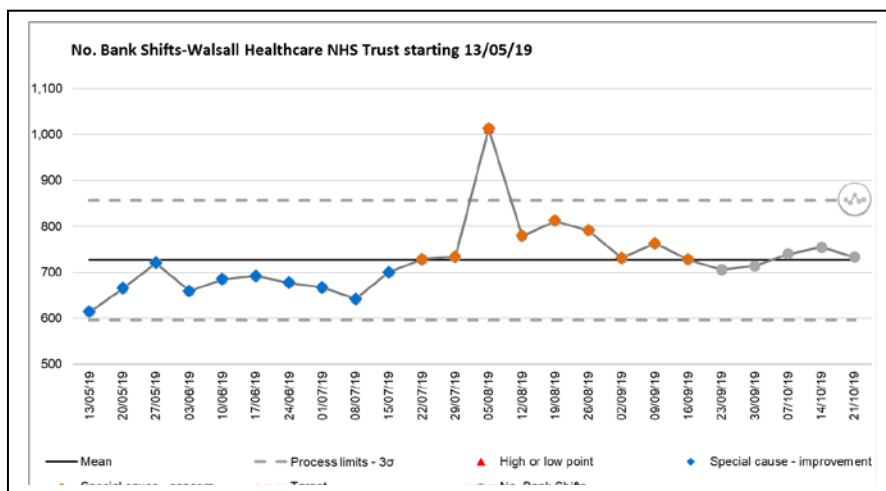

No. Bank Shifts-Walsall Healthcare NHS Trust starting 13/05/19

The number of agency shifts has increased due to the nature of short term sickness in specific areas across MLTC & DOS. In addition temporary staffing shifts booked within October shows an increase due to additional capacity beds opening in line with the winter plan, with reducing use over month as some of the beds closed.

The number of Bank shifts booked within October is below target. A proof of concept for 3 months is taking place to pay like for like rates for band 6 & 7 staff to increase bank fill rates.

Chart 3

No. Overall Shifts-Walsall Healthcare NHS Trust starting 13/05/19
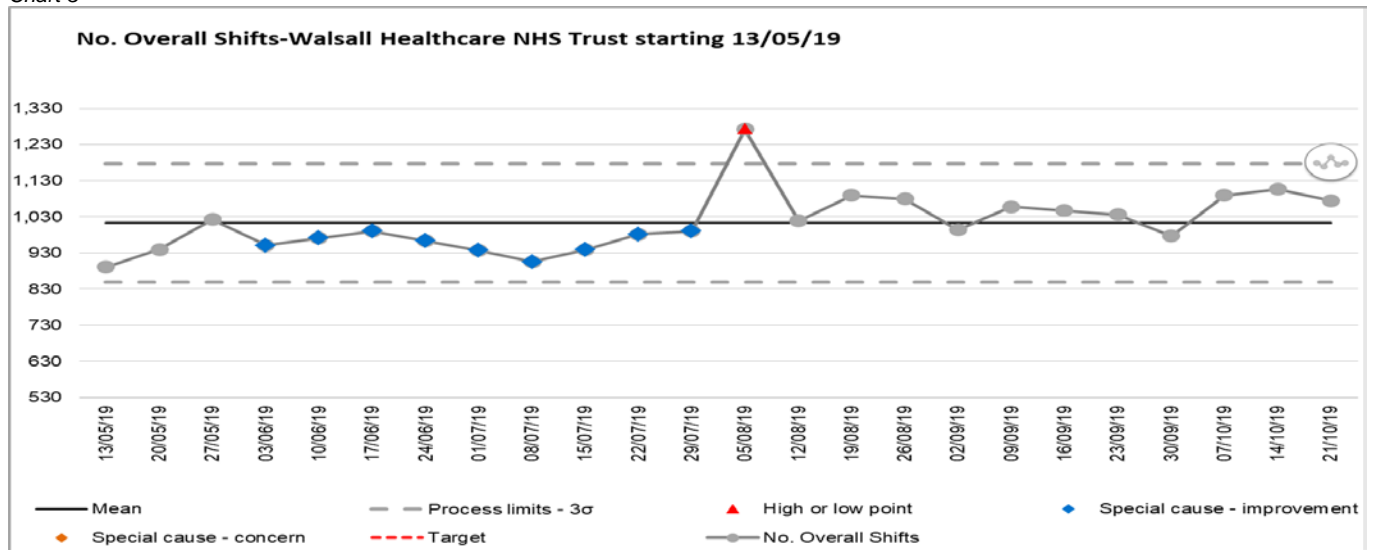
Booking Reasons

The top four reasons for Agency staff use within this financial year, which include unfunded capacity are shown below:

No. Shifts Due to Vacancy-Walsall Healthcare NHS Trust starting 13/05/19

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No. Shifts Due to Sickness Absence-Walsall Healthcare NHS Trust starting 13/05/19
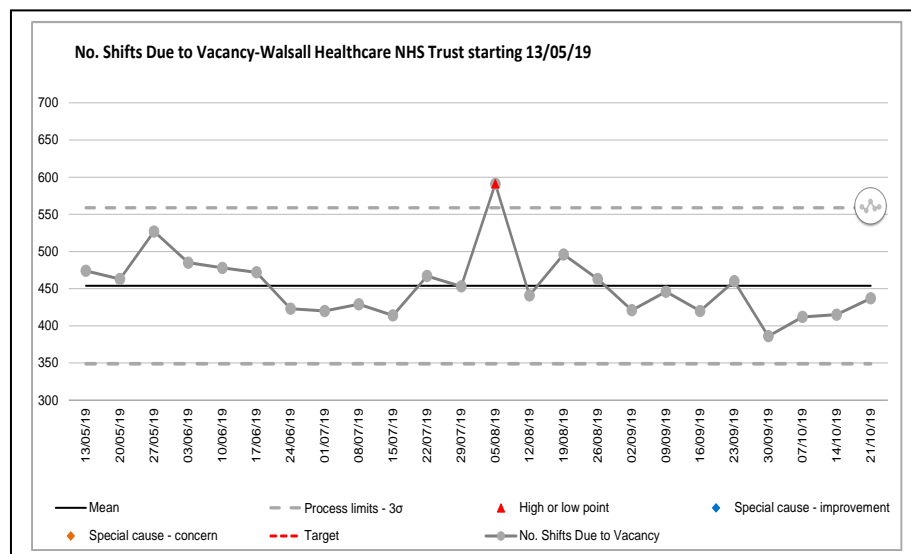
The overall nursing vacancy position has improved over the year, ongoing efforts to maintain control is still required to show sustained improvement. However, the Director of Nursing is concerned about increases in the vacancy gap in ED & AMU
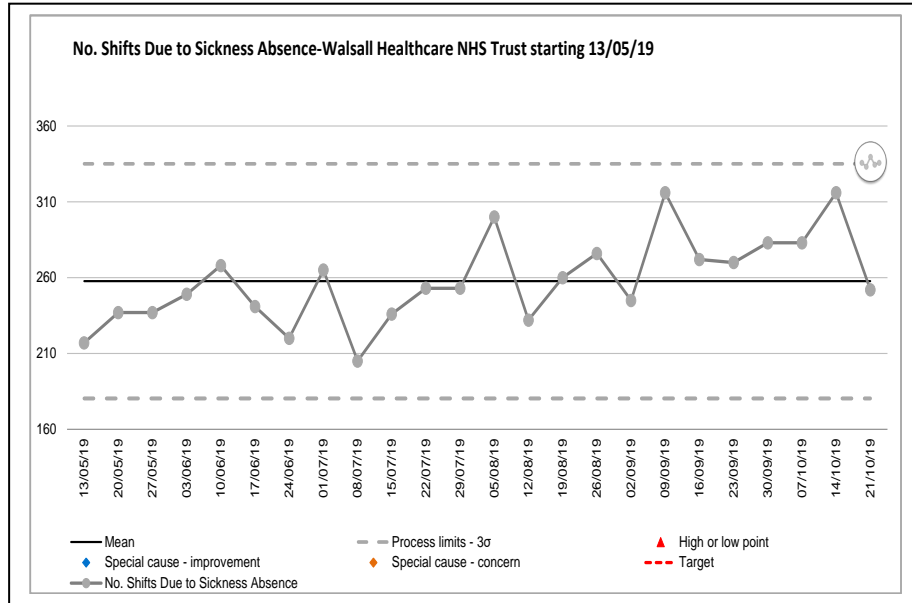
The spike in sickness absence position within the Division of Surgery has resulted in an increase of temporary staffing cover. This has triggered a specific focus in key areas.

All other Divisional cover for sickness shows no cause for concern due to process controls in place.

No. Shifts Due to Maternity/Paternity Leave-Walsall Healthcare NHS Trust starting 13/05/19
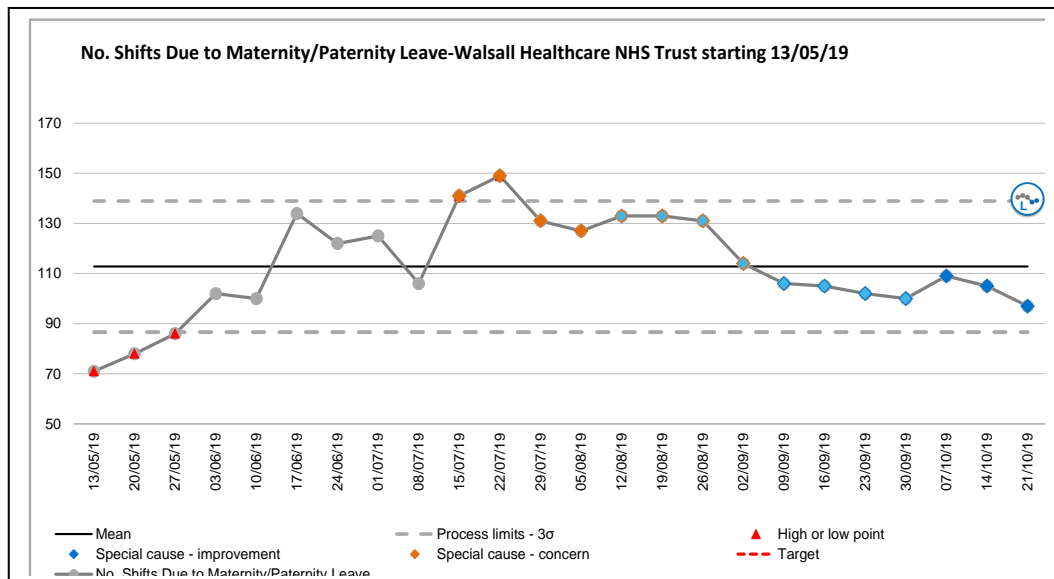
Shifts booked with temporary staffing to cover Maternity leave shows an improving position.

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No. Shifts Due to Additional Capacity-Walsall Healthcare NHS Trust starting 13/05/19

Legend:
- —— Mean
- — — Process limits - 3σ
- ▲ High or low point
- ◆ Special cause - improvement
- ◆ Special cause - concern
- – – – Target
- —— No. Shifts Due to Additional Capacity

Additional capacity demand is driving the recent increase in temporary staffing bookings.

5.0 RECOMMENDATIONS

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

6.0 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.

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MEETING OF THE PUBLIC TRUST BOARD			
Thursday 5th December 2019			
Walsall Together Report		**AGENDA ITEM: 10** **ENC 7**	
Report Author and Job Title:	Michelle McManus Walsall Together Programme Manager Daren Fradgley	**Responsible Director:**	Daren Fradgley Interim Executive Director of Walsall Together
Action Required	Approve ☐ Discuss ☒ Inform ☒ Assure ☐		
Executive Summary	This paper updates the Board Members on the key Walsall Together work undertaken this month: • Continuation of engagement with PCNs; • Re affirming the governance arrangements • STP Advancing Place-Based Care self-assessment; • Appointment a Communications Lead; • Workforce and organisational development; • Citizen and community's engagement lead; • Delivering the transformation this year and also in 2020/21 Good progress is being made in all areas as the partnership continues to develop. However, it should be noted that some engagement and resource sharing risks have been exposed and will need to be managed over the next few months. The risk of people development is also becoming more apparent as we ask teams to think of Walsall Together rather than just their own organisation or patient group. To provide assurance on delivery of the transformation, the programme office produces a suite of documents to the WTP Board on a monthly basis. Details of the information presented to the Board including programme risks are included in the paper. Finally, the paper outlines the challenging timeline for investment for next year and the steps that will be taken to get partner consensus.		
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 currently but an outline of the next steps and potential funding is included	
Legal and Equality and Diversity implications	The Walsall Together Programme Plan will include an EDI assessment overall and individual assessments for each project. The current citizen and patient engagement is focusing on hard to reach and protected groups to ensure good representation of voice.	
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
DECEMBER 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.

2.   **GOVERNANCE ARRANGEMENTS**

A Highlight Report from the Walsall Together Partnership (WTP) Board is included in the Committee section of the Board papers.

The Clinical Operating Model (COM) Group met on 1st November 19 and was well attended. The Group received a comprehensive update on the Mental Health Outpatients programme being undertaken by Dudley and Walsall Mental Health Trust. There is a clear ambition for stepping people back to primary care, developing links with primary mental health and looking at how we manage physical health needs more holistically in the outpatients setting. There were clear opportunities identified where support from partners could help to facilitate the ambition and these will be further explored by the leadership team over the coming months.

3.   **PRIMARY CARE NETWORKS (PCN) ENGAGEMENT**

Recruitment of the multi-disciplinary team (MDT) leads is in progress with 2 individuals identified to date. Support is being provided by the Primary Care Network (PCN) nominated leads to encourage participation across GP practices. However, it should be noted that there are seven posts available, one for each placed based team so the current gap is a risk that is being reviewed in the senior management team meeting.

PCN nominated leads are attending WTP Board and Senior Management Team (SMT) meetings on a regular basis and contributing positively to discussions. Conversations have also started to further develop the understanding of the structure and governance of PCNs and the associated challenges faced in ensuring true engagement with all 52 member practices is achieved in a meaningful way.

One of the next steps is understanding how the social prescribers will work across the partnership. The current funding of the 5 posts is only on a pilot basis and we don't yet have a consensus about how the new funding for the PCN social prescribers will work. The gap therefore is currently being reviewed but to date will be a risk.

PCNs will provide support to the wider programme of transformation. They have identified 4 key areas that they will support as a priority:
- Cardiology pathway;

- Respiratory pathway;
- Diabetes pathway;
- Digital programme (population health management and shared care record).

4. ADVANCING PLACE BASED CARE – BLACK COUNTRY SYSTEM

As reported last month, the Strategy Unit, on behalf of the Black Country and West Birmingham System, has produced an analysis of the current state of place-based care. The document 'Advancing Place Based Care' establishes 7 evidence-based characteristics of effective place-based care and provides a framework for shaping the accelerated development of local models.

The Walsall Together Senior Management Team (SMT) has undertaken a self-assessment against these characteristics and the findings show that Walsall Together has a healthy balance between delivery and governance. This is not as clear in the other "places" in the Black Country. However, it is worth noting that other areas have stronger offers of co-production such as in Dudley, and population health data being used to drive specific change as outlined in Sandwell. The primary care integration in some areas of Wolverhampton is also stronger than currently in Walsall. All these items are being explored to further improve the Walsall Together model.

5. COMMUNICATIONS

An appointment has been made to the post of Walsall Together Communications Lead. The individual is expected to start in January 2020. An outline job plan and priority areas of focus is being discussed and will agreed by SMT during December. This will include promotion of the key improvements delivered and identification of case studies.

It has been noted that Walsall Housing Group have a specific strength in marketing and easy to digest communication. Options for joint work is being explored over the next few weeks to promote progress and further develop engagement in the programme.

6. WORKFORCE AND ORGANISATIONAL DEVELOPMENT

In the context of delivering an ambitious programme of transformation across the health and care system, the WTP Board has resolved to undertake an organisational development programme that fosters systems thinking and better integrated working at the following 3 levels:
- WTP Board;
- SMT and the senior operational leadership teams;
- Wider workforce for the services in scope.

Some of the specific emerging themes that will be explored include:
- The SMT to think like a virtual organisation;

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- The local leadership teams to be challenging and autonomous;
- Engagement with and alignment to the emerging PCN model.

A proposal is currently be explored off the back of the Local Authority Proud programme that will build on the principle of "what integration mean to me" and more importantly what values are required to work across each organisation and how we all behave as one team.

This work is considered essential if we are to make the progress required in the Walsall Together business case. It is even more important as the day to day operational management of joint teams starts to become common practice.

7.   CITIZEN AND COMMUNITY ENGAGEMENT

Walsall Together has commissioned Healthwatch Walsall to deliver citizen and community engagement. The service specification was approved by the Senior Management Team (SMT) and came into effect in August 19. It includes recruitment to an Engagement Lead and a User Group comprised of citizens and expert users. The Engagement Lead and Chair of the User Group have now been appointed.

The focus of the engagement is on the priority pathways that are managed via the COM Group. The Engagement Lead and Chair of the User Group are members of the COM Group and provide regular progress updates to the Group.

'Citizen and Community Engagement' is an enabling workstream within the Walsall Together programme and a sub-group of SMT has been established to develop a Citizen and Community Engagement Plan, which will be presented to the Walsall Together Partnership Board in December.

Work in this area is already underway and observations have been undertaken in Respiratory, Cardiovascular and End of Life Pathways. Most notably, this work involves Healthwatch engaging with citizen inside of the pathways and also talking to staff about their interactions. The first formal reports from this work are expected during December through the COM group

8.   DELIVERY OF THE TRANSFORMATION

To provide assurance on delivery of the transformation, the programme office now produces a suite of documents to the WTP Board on a monthly basis. This includes:

Document	Detail
Programme Overview	A high-level view of the programme including a Gantt for all

for Horizon 1	live projects, highlights from the month and priorities for the next month.
Programme Status Report	A high level status summary of every project within the programme.
Individual Workstream/ Project Reports	When relevant within the agreed governance processes, individual Workstream and Project level documentation will be presented to the WTP Board for assurance and approval.

The following exception reporting was presented to the WTP Board in November against 'amber' (defined as off track but recoverable):

Pilot SPA for winter
Rationale: Go-live delayed by 1 month (October to November)
Recovery Plan: Go-live 4th November 19

Co-location of Place Based Teams
Rationale: There is a short-term risk associated with securing suitable premises for the South locality
Recovery Plan: a solution has been identified and the expectation is to achieve co-location by December 19

Stroke/Neuro Rehab
Rationale: Final costs are still to be confirmed; a Council decision is required to secure Holly Bank House
Recovery Plan: a full business case is expected to be complete by December 19

Data and Business Intelligence
Rationale: There have been delays in the production of a system-wide operational performance dashboard. There are specific challenges associated with agreeing a set of metrics and facilitating the collection of a community data set.
Recovery Plan: The SMT is supporting with an action plan to recover this project and a first draft is presented with the papers to this Board.

Estates (enabler)
Rationale: it is not clear how we will achieve the full Business Case offering (long-term)
Recovery Plan: A Space Utilisation Group has been established to tackle the number of estate challenges that the Integrated Care Partnership face to deliver the vision of integrated place-based locality teams and delivering Outpatients in the community

Workforce and OD (enabler)
Rationale: the level of resource allocated to date is not proportionate to the significance of this workstream in the context of delivering the programme
Recovery Plan: resource has been allocated from the Programme Office to mobilise this workstream and ensure adequate focus is given going forward.

The following project initiation documentation has been approved by the WTP Board:

- Patient Mobilisation;
- ICS Step-Up Pilot.

9. TRANSFORMATION DELIVERY IN 2020/21

Whilst good progress has been made this year in comparison to previous years, it has been limited by little investment in scalable transformation. Equally the operational leadership teams have struggled to manage the delivery of daily service management whilst inputting into a significant service change program. To this end, a series of system developments are in the process of being outlined for the December Partnership Board. These developments will align to the tiers of the operating model and will fundamentally start to change the activity flows in the system and each level of model interaction.

The requested developments will span all partner organisations and deliver system wide change. Some of this change will be immediate such as flow in urgent care whilst other changes will be slower on the resilient communities and prevention fronts but will provide more sustainable models for the future. Finally the enablers such as digital investment in population health management to compliment the single care record that is now in deployment will allow parts to react to system challenges together.

Capacity in the operational teams will need to be increased together with the capacity of our partners to response in a meaningful way. Therefore the development costs will need to be shared across the system partners.

Once these outline proposals have been to the Partnership, the supported areas will be fully scoped in December and January and presented as full investment cases to each organisation.

10. RECOMMENDATIONS

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

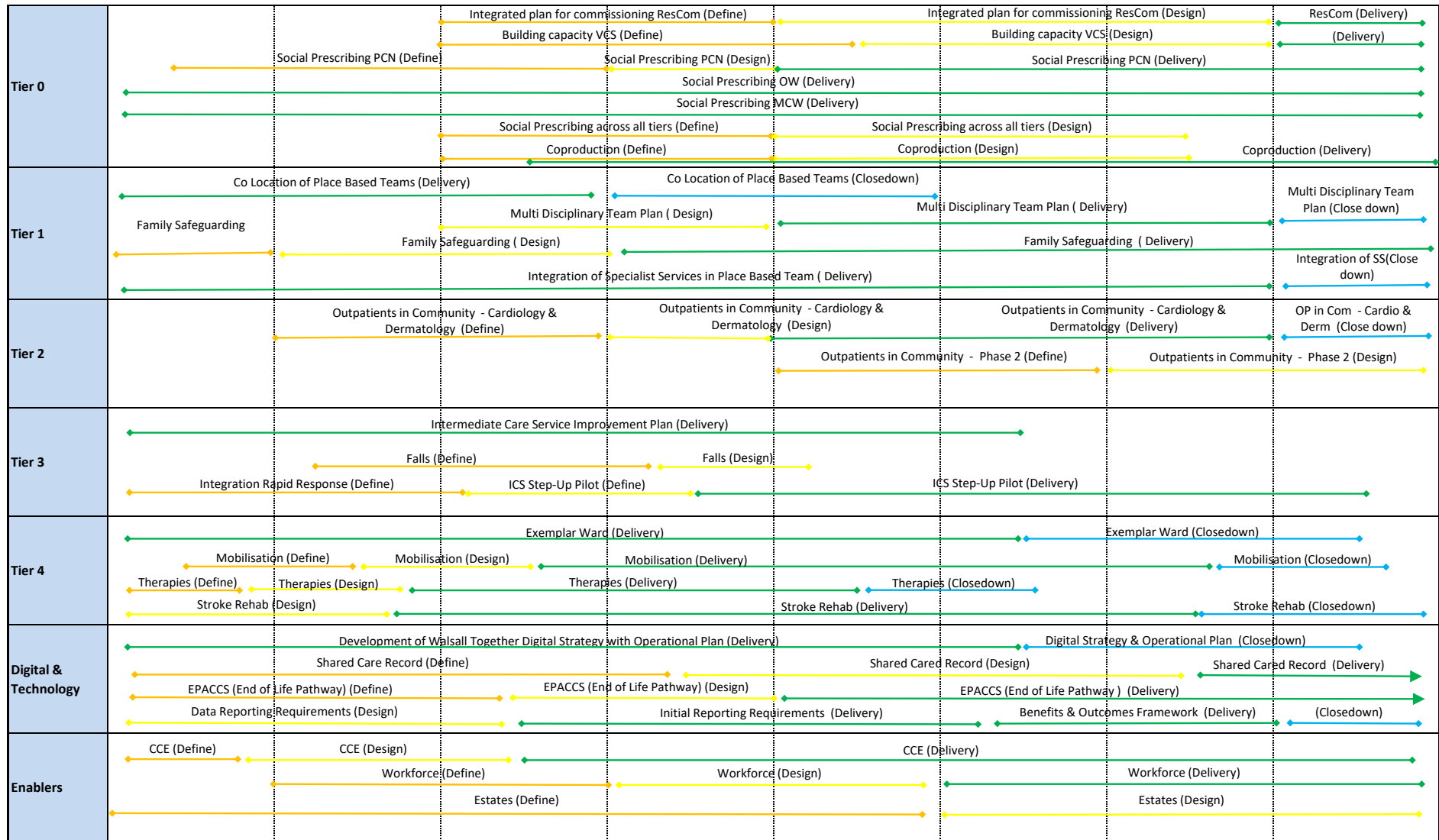Appendix – Programme plan status update

Walsall Together Programme - Horizon 1
Date Updated: 28th November 2019

Walsall Together Ambition		Outcomes Impact			Walsall Together Partnership (WTP)
Improve the health and wellbeing outcomes of the Walsall population	A healthy population	Living longer lives; living healthy, happy, fulfilling lives; the best possible start in life; greater equality in health outcomes across Walsall			Walsall Healthcare NHS Trust
					Walsall Council (Social Care and Public Health)
Increase the quality of care provided	Accessible, coordinated and responsive care	Good experience of care; health & care services that work together; access to right care, right place, right time; best possible care for people with long-term and complex needs; best possible end of life care			Dudley & Walsall Mental Health NHS Trust
					Walsall Clinical Commissioning Group
Provide long term financial sustainability for the system	Strong, active communities	People feel in control of health and wellbeing; people actively engaged in communities; families and friends providing informal care well-supported; making a difference to the wider aspects of daily life			One Walsall (Council for Voluntary Services)
					Walsall Housing Group (rep the housing sector)

Clinical Operating Model (COM)

	Single Point of Access	Care access, navigation and coordination including clinical triage
	Tier 0 (T0)	Resilient Communities - an integrated prevention and early intervention offer to all Walsall citizens
	Tier 1 (T1)	Primary Care at scale and integrated health and care teams working through a hub and spoke model across each locality
	Tier 2 (T2)	Outpatients and diagnostic services delivered from locality based Health & Wellbeing (H&WB) Centres or the home
	Tier 3 (T3)	Network of specialist care delivered from Health & Wellbeing (H&WB) Centres preventing unnecessary hospital admissions and facilitating timely discharge from hospital
	Tier 4 (T4)	Access to high quality acute hospital services for patients when they need specialist intervention provided a) locally and b) at a Black Country, regional or national level where necessary
	Digital (DIG)	Integrated health and care record, data reporting & business intelligence, population health management
	Enablers	Communications, Estates, Patient & Public Engagement, Workforce & Organisational Development

	Governance	Key Programme Risks	Mitigation	RAG
WTP Board	Decision making and strategic direction including delivery of the Business Case. Responsibility for oversight of service integration	Suitable premises to deliver 4 H&WB centres	Space Use Group, Local Est Forum, One Public Estate	🟥
		Funding to provide the Bus Case estates model	Rev how estates £ is released & moved around	🟥
Senior Man Team	(SMT) Provide assurance to WTP Board. Responsible for delivery of system integration and transformation as per the COM	Partner Engagement at all staff levels	Recruitment of Comms Lead post.	🟧
		Primary Care Network engagement & alignment	PCN funding agreed. Engagement in progress.	
COM Group	Provide clinical and professional input to the work of Walsall Together	Ability to invest in prevention/pump priming	Commissioner reps in governance	🟧
WTPO	Drive programme forwards and manage relationships through to delivery	Resource capacity to delivery the transformation	Review of priorities. Recruitment to prog office	🟧
Projects	Delivery of the integration and realisation of programme benefits	Organisational culture re integrated working	Org Dev plan at: Board, SMT and operational	🟧

Latest Update: key actions completed and key priorities for the next period		Milestones
Gov	Advancing Place Based Care self-assessment and identification of priorities	Nov-19
	Section 75 confirmation of scope of transfer for adult social care	Nov-19
	PCN nominated leads established and proposal for engagement in governance structure and wider programme of transformation has been agreed	Nov-19
SPA	Evaluation of pilot SPA. Pilot engaged WMAS - improved relations, referral protocols and referral confidence. Has contributed to non-conveyance	Nov-19
	Further workshop re wider SPA defining in/out of scope and specific actions - outputs to be developed into a plan and drafted to present to SMT/WTP Board	Nov-19
Tier 0	Wider Resilient Communities steering group established to take forward key deliverables, ensuring alignment with Walsall Council Proud programme	Dec-19
Tier 1	Multi Disciplinary Team Coordinator recruitment complete and individual in post	Nov-19
	GP multi-disciplinary team (MDT) leads to be recruited and establishment of MDT meetings across localities	Dec-19
	Solution for co-location of South locality to be identified (Brace Street is no longer feasible)	Dec-19
Tier 2	Scoping for Tier 2 has commenced - the focus will be on moving Dermatology and Cardiology Clinics into a community site	Dec-19
Tier 3	Scope for Intermediate Care Service step-up pilot to be agreed across all partners - explore potential benefit of having social care assessment within Rapid Response	Dec-19
	Opportunity search for development of the Intermediate Care Service undertaken - clear recommendations for improvement to be taken forward by the project group	Nov-19
Tier 4	Patient Mobilisation project Bedside Mobility Assessment Tool (BMAT) training commenced on Wards 1 and 14	Nov-19
Comms	Communications Lead appointed - work plan and priorities to be agreed by SMT in preparation for start date in January 2020	Dec-19
Workforce	Outline proposal for workforce development across 3 tiers: Board, SMT, wider workforce - to be considered by SMT in advance of presentation to WTP Board	Dec-19
DIG	Final PID for Shared Cared Record and EPACCS (End of Life) ready for circulation	Dec-19
	EPACCS (End of Life) stakeholder workshops (including primary care colleagues)	Nov-19
CCE	Citizen and Community Engagement (CCE) strategy for review by SMT and WTP Board	Dec-19

Tiers	Pre September 19	September 19	October 19	November 19	December 19	January 20	February 20	March 20
SPA	Pilot SPA (Delivery)							SPA Winter (Closedown)
		SPA Winter (Design)			SPA Winter (Delivery)			
		SPA Future (Define)				SPA Future (Design)		SPA Future (Delivery)

Walsall Together Programme - Horizon 1

Date Updated: 28th November 2019

Tier	Activities
Tier 0	Integrated plan for commissioning ResCom (Define) · Integrated plan for commissioning ResCom (Design) · ResCom (Delivery); Building capacity VCS (Define) · Building capacity VCS (Design) · (Delivery); Social Prescribing PCN (Define) · Social Prescribing PCN (Design) · Social Prescribing PCN (Delivery); Social Prescribing OW (Delivery); Social Prescribing MCW (Delivery); Social Prescribing across all tiers (Define) · Social Prescribing across all tiers (Design); Coproduction (Define) · Coproduction (Design) · Coproduction (Delivery)
Tier 1	Co Location of Place Based Teams (Delivery) · Co Location of Place Based Teams (Closedown); Multi Disciplinary Team Plan (Design) · Multi Disciplinary Team Plan (Delivery) · Multi Disciplinary Team Plan (Close down); Family Safeguarding · Family Safeguarding (Design) · Family Safeguarding (Delivery); Integration of Specialist Services in Place Based Team (Delivery) · Integration of SS (Close down)
Tier 2	Outpatients in Community - Cardiology & Dermatology (Define) · Outpatients in Community - Cardiology & Dermatology (Design) · Outpatients in Community - Cardiology & Dermatology (Delivery) · OP in Com - Cardio & Derm (Close down); Outpatients in Community - Phase 2 (Define) · Outpatients in Community - Phase 2 (Design)
Tier 3	Intermediate Care Service Improvement Plan (Delivery); Falls (Define) · Falls (Design); Integration Rapid Response (Define); ICS Step-Up Pilot (Define) · ICS Step-Up Pilot (Delivery)
Tier 4	Exemplar Ward (Delivery) · Exemplar Ward (Closedown); Mobilisation (Define) · Mobilisation (Design) · Mobilisation (Delivery) · Mobilisation (Closedown); Therapies (Define) · Therapies (Design) · Therapies (Delivery) · Therapies (Closedown); Stroke Rehab (Design) · Stroke Rehab (Delivery) · Stroke Rehab (Closedown)
Digital & Technology	Development of Walsall Together Digital Strategy with Operational Plan (Delivery) · Digital Strategy & Operational Plan (Closedown); Shared Care Record (Define) · Shared Cared Record (Design) · Shared Cared Record (Delivery); EPACCS (End of Life Pathway) (Define) · EPACCS (End of Life Pathway) (Design) · EPACCS (End of Life Pathway) (Delivery); Data Reporting Requirements (Design) · Initial Reporting Requirements (Delivery) · Benefits & Outcomes Framework (Delivery) · (Closedown)
Enablers	CCE (Define) · CCE (Design) · CCE (Delivery); Workforce (Define) · Workforce (Design) · Workforce (Delivery); Estates (Define) · Estates (Design)

MEETING OF THE PUBLIC TRUST BOARD			
Thursday 5ᵗʰ December 2019			
Update Health and Wellbeing – Valuing Colleagues Improvement Programme		**AGENDA ITEM: 11** **ENC 8**	
Report Author and Job Title:	Catherine Griffiths – Director of People and Culture	**Responsible Director:**	Catherine Griffiths – Director of People and Culture
Action Required	Approve ☐ Discuss ☒ Inform ☒ Assure ☐		
Executive Summary	The purpose of this report is to provide the Trust Board with an update on the Trust's Health and Wellbeing work-stream and to provide information on progress to date and to seek Board approval for the principles defining the future Health and Wellbeing offer. Health and Wellbeing is one of three priorities within the implementation plan for Valuing Colleagues within the Trust Improvement Programme which aims to achieve a CQC outstanding rating for patients by 2022. The Trust has worked in partnership with staff-side, staff and managers in order to develop the approach to the trust health and wellbeing offer; staff wellbeing has clear and evidenced links to patient experience and outcomes. The Trust Board has made a pledge to staff, the approach the board now sets for prioritising and investing in the health and wellbeing of the workforce is a key component of achieving the pledge below: *We your Trust Board pledge to demonstrate through our actions that we listen to and support people. We will ensure that the organisation treats people equally, fairly and inclusively with zero-tolerance of bullying. We uphold and role model the Trust values chosen by you.* The report provides information on the progress with develop the health and wellbeing approach within the trust over the last 12 months which has been achieved by prioritising health and wellbeing within current budget and resources. The report sets out some of the system, organisation and cultural challenges impacting the workforce such as, national shortages of key occupations and high absence levels leading to reliance on temporary workforce with the resulting impact on the morale of the permanent workforce. In addition, the national challenge of		

persistent bullying and harassment within the NHS, the differential and unfavourable experience of black and minority ethnic staff, deteriorates overall staff experience at work, negatively impacts on staff health and wellbeing and in addition to the human cost has a "hidden" financial impact and consequence.

The report seeks recognition and support from the board that in order to become outstanding (as measured by staff advocacy, staff engagement and ultimately patient experience) that a period of investment in staff health and wellbeing is required to stabilise and reverse the legacy issues described above. In doing so to improve the staff rating for trust support for health and wellbeing to be in the top decile national NHS staff survey by 2022.

Recommendation	Members of the Trust Board are asked to: 1. Note the health and wellbeing progress report and confirm support for the future plans and metrics for improving staff health and wellbeing and the reporting of this in NHS staff survey results. 2. Note that in addition to the benefits of high levels of staff health and wellbeing for both staff and patients, that there is also a "hidden" cost incurred by not actively managing this support as evidenced in the national work on bullying and harassment that calculates **£2.281billion** nationally across the NHS the same tool calculates that the trust loses 2.93 days absence per year per employee due to bullying, the People and Organisation Development Committee have commissioned a further report on this. 3. Note that an investment case for staff health and wellbeing is being prepared and discuss how workforce wellbeing can be prioritised and how the board can be assured that the investment has the impact required in the future. 4. Note the Remcom decision relating to the Real Living Wage was a decision relating to financial health and wellbeing for the lowest paid within trust workforce and is containable within the overall workforce budget.
Does this report mitigate risk included in the BAF or Trust Risk	The health and wellbeing work programme described within this report will provide positive assurance to the Trust Board relating to levels of staff engagement, staff morale within the following BAF

Registers? please outline	risk: *Lack of an inclusive and open culture impacts on staff engagement, staff morale and patient care.*	
Resource implications	The cost implications associated with this element of the health and wellbeing programme will be presented within an investment case to be presented through trust governance process. There will be additional investment in addition to the OCH&W service base budget.	
Legal and Equality and Diversity implications	There is evidence nationally that there are legal, equality or diversity implications relating to the differential experience of black and minority staff relating to experience of bullying and harassment and violence at work, as well as career progression and promotion opportunities. Both significantly impact wellbeing at work, there is the potential that further evidence will emerge for other groups of staff. An equality impact assessment will be completed on the investment case which will seek to mitigate the adverse impacts evidenced.	
Strategic Objectives	Safe, high quality care ☒	Care at home ☐
	Partners ☐	Value colleagues ☒
	Resources ☒	

Valuing Colleagues Improvement Programme – Health and Wellbeing

Update on progress and future investment case

1. PURPOSE OF REPORT

The purpose of this report is to provide members of the trust board with an update on the Trust's approach to health and wellbeing for its workforce. This work is part of the implementation plan for Valuing Colleagues within the Trust Improvement Programme which aims to achieve a CQC outstanding rating for the Trust by 2022. The board are asked to note and endorse the approach to health and wellbeing, note the progress made within the existing budget and resources available. The board are asked to note that an investment case is being finalised to achieve an improvement in health and wellbeing of the workforce as reported by staff in the national NHS staff survey.

2. BACKGROUND

The Trust has been developing the approach towards staff health and wellbeing over the last 12 months following the trust board pledge to staff made by the board in December 2018. The legacy issues facing the trust in relation to staff wellbeing are challenging, staff within the trust report experience of bullying and harassment that is above the national average. This becomes significantly more likely for staff from a black and minority ethnic background, and staff view of trust's approach to equality, diversity and inclusion is below average. Staff rating on how the trust prioritises their health and wellbeing is below the national average, consequently both staff morale and staff engagement rate below the national average. The trust ambition to be rated as CQC outstanding by 2022 will not be achieved unless staff feel included and valued at work. The health and wellbeing approach being developed seeks to change these outcomes as part of the improvement programme with the ambition to be top decile by 2022. Improvement in staff engagement, experience and morale ultimately impacts on patient experience, patient care and patient outcomes. In this context, investing in staff wellbeing is a board priority.

The Trust improvement programme clearly details the ambition and outcomes required within the valuing colleagues work-stream and the metrics that will measure these outcomes.

The Trust Board Assurance Framework articulates the issues and potential risks of failing to embed an open, transparent and inclusive culture on staff engagement, experience and morale and ultimately on patient experience, patient care and patient outcomes.

3.   DETAILS – STAFF HEALTH AND WELLBEING OUTSTANDING BY 2022

The Trust improvement programme work-stream 'valuing colleagues' aims to deliver the trust board pledge.

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

It seeks to mitigate the Trust Board Assurance Framework (BAF) risk that:

Lack of an inclusive and open culture impacts on staff engagement, staff morale and patient care.

The work-programme and plans for health and wellbeing seek to deliver improvements to the staff ratings evidenced in the NHS staff survey:

1. Staff Wellbeing – by improving the staff wellbeing score as measured in the NHS staff survey to be top quartile by 2021 and top decile by 2022 and to be clear via a full equality impact assessment of any differential staff experience during this period and evidence of the impact of actions to improve this.
2. Staff Engagement – by improving the staff engagement score as measured in the NHS staff survey to be top quartile by 2021 and top decile by 2022 and to be clear via a full equality impact assessment of any differential staff experience during this period and evidence of the impact of actions to improve this.
3. Staff Morale - by improving the percentage of staff who will recommend the Trust as a place to work to be top quartile by 2021 and top decile by 2022 and to be clear via full equality impact assessment of any differential staff experience during this period and evidence of the impact of actions to improve this.
4. Patient Care - by improving the percentage of staff who recommend the Trust as a place to be treated to be top quartile by 2021 and top decile by 2022 and to be clear via full equality impact assessment of any differential staff experience during this period and evidence of the impact of actions to improve this. To review the staff reporting alongside patient experience data and to review patient experience, involvement and co-design of services.
5. Making Walsall the Best Place to Work – in line with the national People Plan, the Trust Board made a pledge to the workforce and has an equality, Diversity and Inclusion Framework that supports delivery of the pledge above.

The delivery of the pledge will be measured by improved   indicators within the NHS staff survey relating to the percentage of staff who report they have experienced bullying and harassment or violence at work to be bottom quartile by 2021 and bottom decile by 2022. In addition, open and transparent access to career development and promotional opportunity

will be top quartile by 2021 and top decile by 2022. To bring clarity on the success criteria a full equality impact assessment which identifies any differential staff experience during this period and evidence of the planned actions to improve this will take place and be reported to Trust Board for assurance.

4. THE COST OF POOR STAFF EXPERIENCE, COMPROMISED CULTURE AND CONSEQUENT IMPACT ON STAFF HEALTH AND WELLBEING

Having a culture that values colleagues and positively supports their health and wellbeing contributes to organisational effectiveness, however there is also a 'hidden' cost to failing to prioritise workforce indicators as a proxy for organisational health, productivity and patient experience.

Bullying and harassment is evident in climates or cultures that are toxic and as a result damage staff health and wellbeing. Kline & Lewis' research paper identifies the cost of bullying across the NHS at **£2.281billion**. Kline, R. and Lewis, D. (2018), *The price of fear: estimating the financial cost of bullying and harassment in England*, Public Money and Management, October 2018.

Using the same calculating formula evidenced in the research above on trust data shows that one of the calculated impacts of bullying in the trust is an additional 2.93 days absence per member of staff per year, at a potential cost of approximately £1.5 million.

There is a significant impact on staff when the organisational culture compromises health and wellbeing and the human impact comes with a financial cost. Just as damaging as absenteeism is presenteeism, potential discrimination, high levels of stress, anxiety and depression, high exit rate and leavers with loss of talent, cost of replacing staff and training to full competency, high turnover, high vacancy rates, additional pressure on the staff who remain. The People and Organisation Development Committee will receive a further report on potential cost and planned action to ensure the actions planned will result in an organisation culture that lives and breathes the trust values.

5. UPDATE ON PROGRESS TO DATE WITH HEALTH AND WELLBEING OFFER

The Health and Wellbeing Steering Group has developed the trust approach to health and wellbeing over the last 12 months over five domains represented by the branding above and supporting a holistic approach to staff wellbeing as follows:

Physical Health and Wellbeing

- Self-referral physiotherapy introduced and piloted
- Service level agreement in place with Royal Wolverhampton NHS trust to provide additional capacity for referrals
- Consultant post for Health and Wellbeing resourced to provide additional capacity for referrals and further clinically led development of approach
- Weight management programme piloted and evaluated
- Fast track surgery for staff protocol being developed for consistency, planned surgery not included as a sickness trigger to encourage early surgery
- MSK support to wards and mobile team in place to improve manual handling awareness and safety
- Exercise offering introduced including yoga, approach being developed
- Trust lead on Walsall on the Move – partnership work Health and Wellbeing Board
- Plan developed for smoke free site April 2020
- Fatigue and Facilities Charter commitment in place and plan
- Food provision reviewed with sub-contractors regarding healthy eating offer
- Metro pods trialled within the trust and evaluation underway

Mental Health and Wellbeing

- Mental Health First Aid trainers in place
- Mental Health Awareness training in place and piloted and demand being scoped as part of the investment case
- Employee Assistance programme includes mental health provision, communication and launch to follow
- Department of work and Pensions – Able_futures scheme being introduced in trust as an early intervention programme to support people to stay in work
- Occupational Health and Wellbeing offer for mental health, counselling support and self-referral demand profile included within business case for investment
- Take a Break campaign delivered by staff-side, planning for regular campaign
- Development of Schwartz rounds in progress
- Investment case for occupational psychologist in development for critical incident and trauma debriefing

Financial Health and Wellbeing

- Work on AFC band 1 to reduce workers on the lowest pay band

- The Remuneration committee approved trust accreditation as a Real Living Wage employer to support our lowest paid workers
- Planned financial health and wellbeing workshops from credit union, citizens advice bureau and wealth management
- Financial health scheme in planning stage with providers

The remaining two domains are Spiritual Health and Wellbeing and Work/Life Health and Wellbeing and the Health and Wellbeing steering group are scoping the priority areas for development and gathering the supporting data.
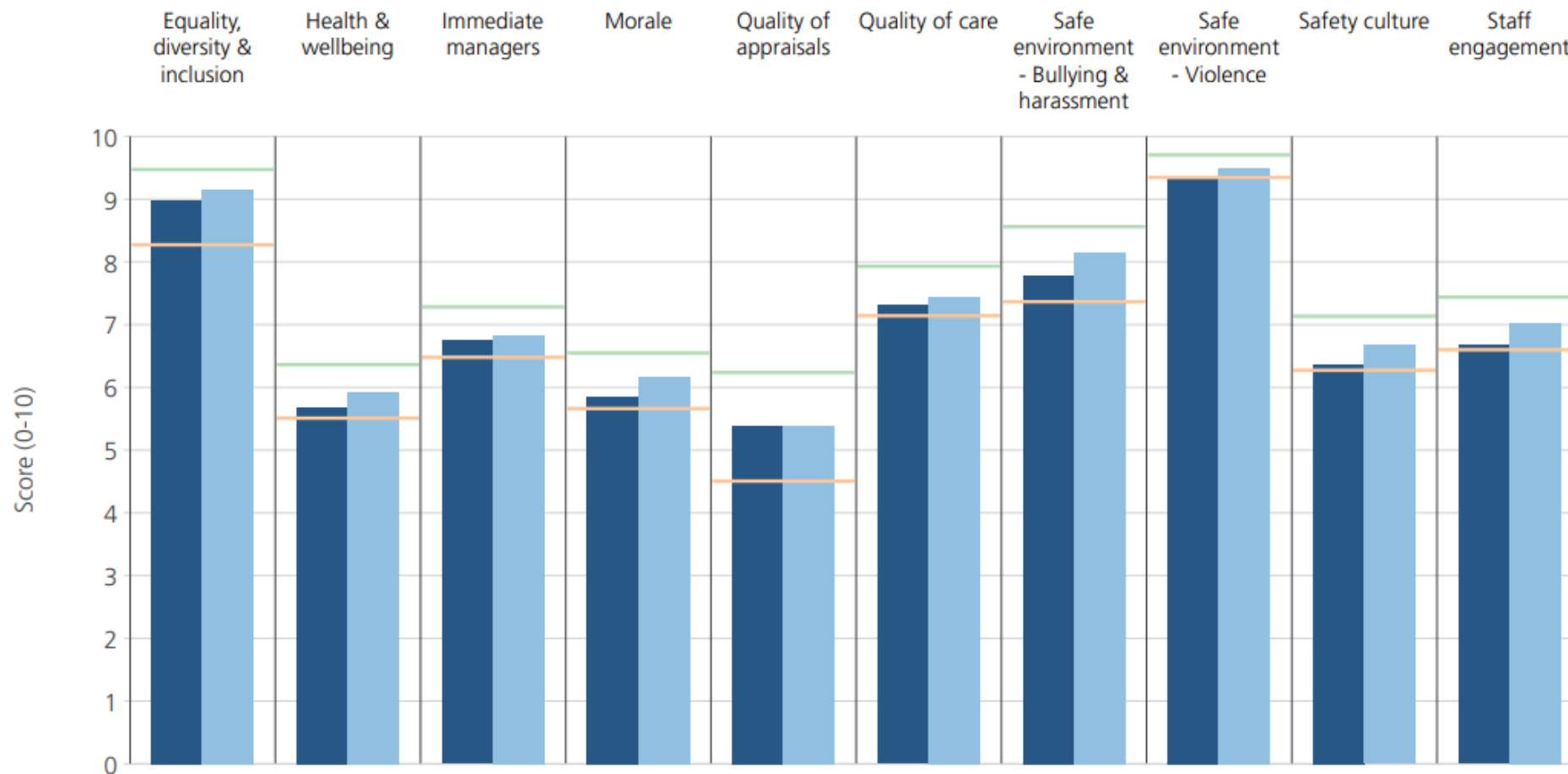
6. **RECOMMENDATIONS**

Members of the Trust Board are asked to:

1. Note the health and wellbeing progress report and confirm support for the future plans and metrics for improving staff health and wellbeing and the reporting of this in NHS staff survey results.

2. Note that in addition to the benefits of high levels of staff health and wellbeing for both staff and patients, that there is also a "hidden" cost incurred by not actively managing this support as evidenced in the national work on bullying and harassment that calculates £2.281 billion nationally across the NHS the same tool calculates that the trust loses 2.93 days absence per year per employee due to bullying, the People and Organisation Development Committee have commissioned a further report on this.

3. Note that an investment case for staff health and wellbeing is being prepared and discuss how workforce wellbeing can be prioritised and how the board can be assured that the investment has the impact required in the future.

4. Note the Remcom decision relating to the Real Living Wage was a decision relating to financial health and wellbeing for the lowest paid within trust workforce and is containable within the overall workforce budget.

APPENDICES

One – National Staff Survey 2018 – Headline results by theme.

Caring for Walsall together

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

Survey Coordination Centre

NHS England

Score (0-10)

	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of appraisals	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement
Best	9.5	6.4	7.3	6.5	6.2	7.9	8.6	9.7	7.1	7.4
Your org	9.0	5.7	6.7	5.9	5.4	7.3	7.8	9.4	6.4	6.7
Average	9.2	5.9	6.8	6.2	5.4	7.4	8.1	9.5	6.7	7.0
Worst	8.3	5.5	6.5	5.7	4.5	7.1	7.4	9.3	6.3	6.6
Responses	1,647	1,662	1,673	1,639	1,413	1,427	1,644	1,633	1,653	1,685

7

MEETING OF THE PUBLIC TRUST BOARD **Thursday 5th December 2019**			
Occupational Health & Wellbeing Flu Report for end of October 2019		**AGENDA ITEM: 12** **ENC 9**	
Report Author and Job Title:	Debbie Glasgow Occupational Health Manager	**Responsible Director:**	Catherine Griffiths Director of People and Culture
Action Required	Approve ☐ Discuss ☐ Inform X☐ Assure ☐		
Executive Summary	The Occupational Health flu vaccination programme commenced 1st October 2019 and is compliant with PHE guidance for delivery of staff influenza vaccinations up to the end of February 2020. As of 31st October 2019, an overall uptake total of **1960** flu vaccinations were recorded for the trust and **1805** is the reportable total specifically for frontline healthcare staff. By 31st October 2019 the flu uptake percentage for frontline HCWs was **1805/2784 (64.83%)** comparable to 64.82% achieved in October 2018. A multi-interventional approach to early planning and positive communication throughout should help the Trust to remain on target to achieve the required 80% HCW flu uptake target by end of February 2020.		
Recommendation	To note the improvement of the flu vaccination programme and to provide ongoing annual support for the campaign.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	Limited uptake of the flu vaccine firstly presents a risk to colleagues, patients and visitors. Secondly, there is a financial penalty of £531,991 (subject to contractual variation) if the trust fails to achieve the CQUIN target of vaccinating 80% of frontline staff by 28th February 2020.		
Resource implications	Financial penalty to trust if 80% uptake of flu vaccination by frontline staff is not achieved.		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives	Safe, high quality care X☐		Care at home ☐
	Partners X☐		Value colleagues ☐X
	Resources X☐		

OCCUPATIONAL HEALTH & WELLBEING
STAFF FLU IMMUNISATION PROGRAMME
FOR 2019/2020
SITUATION REPORT 31st OCTOBER 2019

INTRODUCTION

Walsall Healthcare NHS Trust is committed to delivering Public Health England's seasonal influenza vaccination programme to its frontline Health Care Workers (HCW). Improving frontline staff uptake of flu vaccinations helps to protect staff and reduce the spread of influenza to their patients and families. The ambition of PHE this year is that each Trust aim to achieve 100% uptake of the flu vaccine by frontline HCWs by the end of February 2020.

The Trusts flu programme for the previous year (2018/2019) achieved 80.8% vaccination uptake by frontline HCWs. With the support of Clinical Peer Vaccinators, the Occupational Health & Wellbeing flu vaccination programme officially commenced 1st October 2019, with the aim of achieving 80-100% vaccination uptake by frontline HCWs before end of February 2020.

The Trust is required to stringently comply with Public Health England's mandatory guidance for ImmForm data collection for **2019/2020**, set out in documents attached below:

PDF	PDF	PDF
Annual_national_flu_ programme_2019_to_	Walsall Healthcare NHS Trust All Flu Lett(	Immform 2019 20 Seasonal_influenza_f

Please also see Occupational Health & Wellbeing Flu action plan for 2019/2020 attached below:

PDF
OH FLU ACTION PLAN October 2019 u

PREVIOUS End of YEAR Achievement for <u>2018/2019</u>

Table 1

Seasonal flu programme for Trust Healthcare Workers 2018/2019 These figures are in line with Department of Health Guidance of occupational groups of <u>frontline staff</u> - Figures as at 28.02.2019		
Employment Category	**Total Vaccinations by staff group to 28.02.2019**	**Total % of vaccines taken up (cumulative) 28.02.2019**
ALL DOCTORS	327/362	90.3%
QUALIFIED NURSES/MIDWIVES	942/1237	76.1%
ALL OTHER PROFESSIONALLY QUALIFIED CLINICAL STAFF	315/402	78.4%
SUPPORT TO CLINICAL STAFF	968/1156	83.7%
CUMULATIVE FRONTLINE UPTAKE	**2552/3157***	**80.8% (81%)**

*Monthly baseline figures for 2018/2019 were "dynamic" and moved each month as ESR workforce baseline changes were made to reflect PHE reporting requirements.

Total number of ESR eligible reportable frontline HCWs for 28/02/2019 = **3,157**

Total flu vaccinations **given** to reportable **frontline HCW** for 28/02//2019 = **2,552**

Overall cumulative total Flu vaccinations given to **all** staff from Sept. 2018 to end of Feb. 2019 = **2,723**

PREVIOUS Year <u>2018/2019</u> Summary of Vaccination Delivery by Clinical Vaccinators

Table 2

CLINICAL VACCINATOR GROUP	31/10/2018	30/11/2018	31/12/2018	31/01/2019	28/02/2019
OH Team	1,273 = 60.19%	1,524 = 60.38%	1,586 = 60.35%	1,610=59.76%	1,623=59.6%
OH Flu Bank Vaccinators	432 = 20.43%	502 = 19.89%	514 = 19.55%	514=19.08%	514=18.9%
Clinical Peer Vaccinators	306 = 14.47%	366 =14.50 %	382 = 14.54%	385=14.29%	385=14.1%
GP/Other external Vaccinators	104 = 4.92%	132 = 5.23%	146 = 5.55%	185=6.87%	201=7.4%
Overall TOTAL (inclusive of all staff demographic groups for this period)	**2,115 (Overall)**	**2,524 (Overall)**	**2,628 (Overall)**	**2,694 (Overall)**	**2,723 (Overall)**

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MONTHLY SUMMARY OF SEASONAL INFLUENZA UPTAKE FOR   2019/2020

OCTOBER 2019

Table 3

Seasonal flu programme for Trust Healthcare Workers 2019/2020 These figures are in line with Department of Health Guidance of occupational groups of <u>frontline staff</u> - Figures as at 31.10.2019		
Employment Category	**Total Vaccinations by staff group to 31.10.2019**	**Total % of vaccines taken up (cumulative) 31.10.2019**
ALL DOCTORS	274/370	74.1%
QUALIFIED NURSES/MIDWIVES	687/1236	55.6%
ALL OTHER PROFESSIONALLY QUALIFIED CLINICAL STAFF	203/412	49.3%
SUPPORT TO CLINICAL STAFF	641/766	83.7%
CUMULATIVE FRONTLINE UPTAKE	**1805/2784**	**64.8%**

Previous year's data for 31st October 2018 – a total of **2,053 (64.8%)** from a possible **3,167 frontline healthcare staff** received the flu vaccine.
*Baseline figures are "dynamic" and will move each month to reflect ESR baseline changes guided by PHE reporting requirements.

Cumulative Summary of Influenza Vaccine Uptake by Directorates as of 31st October 2019

Table 4

Seasonal flu programme for Trust Healthcare Workers for New Directorates 2019/2020 These figures are in line with Department of Health Guidance of occupational groups of <u>frontline staff only</u> - Based on ESR Figures as at 31.10.2019				
New Directorate Data	**No. of HCWs per Directorate as of 31.10.2019**	**HCW flu vaccination taken up as of 31.10.2019**	**Total % of vaccines taken up (cumulative)**	**No. of additional patient facing colleagues required to achieve target for Directorate**
Adult Community	473	177	37.42%	+296
Medical	23	5	21.74%	+18
Medicine and Long term Conditions	684	413	60.38%	+271
SURGERY	603	345	57.21%	+258
Women, Children & Clinical Support Service	867	530	61.13%	+337

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NB: Following the newly revised ESR Directorate structure, the above data identifies 5 Directorates with the highest percentage of frontline HCW staff groups available to receive the flu vaccination.
*Baseline figures are "dynamic" and will move each month to reflect ESR baseline changes guided by PHE reporting requirements.

Cumulative Monthly Summary of Influenza Vaccine Declined as of 31st October 2019

Table 5

Seasonal flu programme for Trust Healthcare Workers who voluntarily declined Influenza vaccination for 2019/2020 Cumulative Monthly figures are in line with Department of Health Guidance of occupational groups of frontline staff				
31/10/2019	**30/11/2019**	**31/12/2019**	**31/01/2020**	**28/02/2020**
19				

Cumulative Summary of Influenza Vaccine uptake for 'High Risk' Clinical Environments as of 31st October 2019

Table 6

Seasonal flu programme for Trust Healthcare Workers by High Risk Clinical Departments for 2019/2020 These figures are in line with Department of Health Guidance of occupational groups of frontline staff					
High Risk Area	**31/10/2019**	**30/11/2019**	**31/12/2019**	**31/01/2020**	**28/02/2020**
Cancer Services and Chemotherapy Unit – Ward 22	17				
Palliative Care	32				
Neonatal Unit	34				
HDU	12				
ITU	31				
Delivery Suite/Maternity (Manor & Community)	107				
CUMULATIVE FRONTLINE UPTAKE	**233**				

Cumulative Summary of Clinical Peer Vaccinator Activity as of 31st October 2019

Table 7

Division	Number of Peer Vaccinators Nominated	Active Peer Vaccinators	Amount Vaccinated
MLTC	7	0	0
Surgery	11	3	35
Pharmacy	2	0	0
WCCSS	10	0	0
Adult Community	21	1	5
Total	**51**	**4 / 51**	**40**

Overall Cumulative Summary of Vaccination Delivery by Clinical Vaccinators as of 31st October 2019

Table 8

CLINICAL VACCINATOR GROUP	31/10/2019	30/11/2019	31/12/2019	31/01/2020	28/02/2020
OH Team	1697=86.6%				
OH Flu Bank Vaccinators	144 =7.3%				
Clinical Peer Vaccinators	40 = 2.0%				
GP/Other external Vaccinators	79=4.0 %				
Overall TOTAL (inclusive of all staff demographic groups for this period)	**(Overall) 1960**				

Data Summary

As outlined above, monthly ESR baseline frontline healthcare staff figures for 2019/2020 are 'dynamic' and move each month to reflect PHE 2019/2020 reporting requirements.

Using ESR Workforce Information for October 2019, **the baseline figure** for frontline healthcare staff has been updated to a Trust total of **2784** for ImmForm HCW reporting purposes. Flu vaccinations delivered specifically to frontline HCWs is set against this total.

- As of 31st October 2019, an **overall uptake total** of **1960** flu vaccinations were recorded for the Trust and **1805** is the reportable total specifically for **frontline healthcare staff.**

- The October 2019 flu uptake percentage **for frontline HCWs is 1805/2784 (64.8 %)** which equals the **percentage** uptake achieved for the same period in October 2018.

- This year's frontline HCWs' flu uptake target figure is 80-100%

Analysis of what worked well in previous year

- Early planning with ordering of flu vaccines and implementation of OH flu action plan
- Support from Trust Executives to enhance occupational health staffing and clinical resources specifically to help improve delivery of the flu programme
- Support/input from Trust Executives, Nursing and Medical Directors, Pharmacy, Infection Prevention & Control, Human Resources, Divisional Nurse Leaders/Matrons, Clinical Peer vaccinators, Practice Development Unit, MLCC & Organisational Development Teams and Staff Side Representatives
- Weekly Flu Team Meetings from 1st October 2018, headed by Director of People & Culture
- Weekly Communication Support with an emphasis on staff health & wellbeing
- Designated daily OH vaccination clinics held in multiple locations trust wide from end of September 2018
- Designated OH vaccination clinics in MLCC specifically targeting Trust Induction, FY1/FY2 Teaching sessions, Clinical Updates, etc. from 1st October 2018
- Delivery of flu vaccinations by Clinical Peer Vaccinators in a variety of settings, e.g. wards, pharmacy, community, IPC, PDU, ANPs from October 2018
- Designated evening/weekend flu clinics on all wards by OH Team and OH Flu Bank Nurses
- Completion of GP/Other vaccination slips by staff

- Flu goody bag provided as incentive to staff

Challenges

- Three staged delivery of flu vaccines for 2019/2020 season, which risked potential shortage and cancellation of flu clinics; thus reducing active uptake and momentum of campaign
- Staff perception of flu myths
- Limited number of Clinical Peer Flu Vaccinators actively vaccinating their Peers between October – December 2019

Interventions Planned for 2019/2020

- Use of Quadrivalent flu vaccine which provides greater efficacy for 18-64 year olds
- Use of Adjuvant Trivalent or Trivalent High Dose vaccine for over 65s
- Nurse Leaders to identify a minimum of **two** Clinical Peer Vaccinators for individual wards and Community sites from June/July 2019
- Partnership working with IPC Team and Staff Side Representatives
- ESR Flu e-learning made available for potential Clinical Peer Vaccinators from first week of August 2019 – based on PHE and HEE national e-learning training packages for 2019/2020
- Funding to support OH Flu Bank staff for delivery of daily/weekly clinics throughout months of October to December 2019
- Funding made available to purchase OH goody bag items and appropriate clinical supplies

Conclusion

PHE evidence suggests the annual Influenza vaccine is one of a number of interventions which can protect essential frontline healthcare workers whilst helping to reduce the spread of influenza to their patients and families. By the end of this year's 2019/2020 flu programme, the aim is to achieve an 80-100% uptake of the flu vaccine by essential frontline Trust staff.

Planning of the Flu Campaign is set in the context of the Trust values, with a clear staff Health and Wellbeing message throughout the team based campaign. A multi-interventional approach to early planning and positive health & wellbeing communications should help the Trust to deliver a successful campaign.

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Performance Report

November 2019

(October 2019 Results)

Author: Performance & Information team
Lead Director: Russell Caldicott – Director of Finance and Performance

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Contents

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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: Pamela Bradbury

Key Areas of Success

- The number of falls continues to improve since July 2019.
- The number of hospital and community acquired pressure ulcers (Grade 2,3&4) continues to improve.
- Dementia screening has seen improvement this month
- Complaints responded to within 30 days whilst below target have shown significant improvement

Key Areas of Concern

- The Director of Nursing remains concerned about the number of falls resulting in severe harm and has commissioned a specific piece of improvement work to be reported back to QPES in December.
- The Medical Director remains concerned about the compliance with MCA 2 stage documentation, although remains confident with the current actions in place which the committee continues to be oversee.

Key Focus for Next Committee

- The committee will be focusing on Sepsis – percentage of in-patients who receive antibiotics within 1 hour due to the variation in improvements.
- The committee continues to develop the voice of the patient through FFT and learning from patient stories.

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Walsall Healthcare NHS — NHS Trust

		May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	19/20 YTD Actual	19/20 Target	18/19 Outturn	Key
	SAFE, HIGH QUALITY CARE										
no..	HSMR (HED) nationally published in arrears	107.58	111.21	103.64				111.62	100.00		N
no..	SHMI (HED) nationally published in arrears	102.22	103.38							100.00	BP
no	MRSA - No. of Cases	0	0	0	0	1	0	1	0	2	N
no	Clostridium Difficile - No. of cases	3	3	2	1	2	2	16	26	19	N
no	Pressure Ulcers (category 2, 3, 4 & Unstageables) Hospital Acquired per 1,000 beddays	0.93	0.56	0.80	1.09	0.58	0.54				
no	Pressure Ulcers (category 2, 3, 4 & Unstageables) Community Acquired per 10,000 CCG Population	0.59	0.21	0.52	0.14	0.24	0.21				
no..	Falls - Rate per 1000 Beddays	5.17	6.05	5.01	6.18	4.47	3.91		6.63		BP
no	Falls - No. of falls resulting in severe injury or death	1	0	0	4	3	1	13	0	13	BP
%..	VTE Risk Assessment	92.02%	92.29%	93.20%	93.83%	93.42%	92.06%	92.55%	95.00%	94.90%	N
no	National Never Events	0	0	0	0	0	0	0	0	17	N
no..	Midwife to Birth Ratio	1:26.9	1:27.3	1:31.5	1:27.5	1:32.1	1:27.6		1:28	1:28.1	N
%..	C-Section Rates	27.55%	28.01%	34.77%	33.45%	26.24%	33.11%	30.32%	30.00%	28.46%	BP
%..	% of Emergency Readmissions within 30 Days of a discharge from hospital (one month in arrears)	12.22%	10.13%	11.21%	12.70%	11.21%			10.00%	10.73%	L
%..	Electronic Discharges Summaries (EDS) completed within 48 hours	85.72%	85.04%	83.65%	85.49%	87.87%	85.75%	85.52%	100.00%	84.47%	N/L
%..	Compliance with MCA 2 Stage Tracking	59.26%	69.57%	61.76%	56.00%	62.50%	63.04%	63.18%	100.00%	62.44%	BP
%..	Friends and Family Test - Inpatient (% Recommended)	96.00%	96.00%	96.00%	93.00%	95.00%	94.00%		96.00%		N
%..	PREVENT Training - Level 1 & 2 Compliance	92.69%	93.28%	92.73%	91.94%	91.71%	91.47%		85.00%		L
%..	PREVENT Training - Level 3 Compliance	85.74%	84.92%	85.11%	85.69%	86.12%	88.39%		85.00%		L
%..	Adult Safeguarding Training - Level 1 Compliance	96.21%	96.32%	96.65%	96.56%	96.33%	95.34%		95.00%		L
%..	Adult Safeguarding Training - Level 2 Compliance	92.85%	93.10%	91.61%	90.04%	89.17%	87.33%		85.00%		L
%..	Adult Safeguarding Training - Level 3 Compliance	84.75%	85.68%	87.37%	87.05%	86.56%	85.79%		85.00%		L
%..	Children's Safeguarding Training - Level 1 Compliance	95.08%	95.45%	94.26%	93.68%	92.05%	89.82%		95.00%		L
%..	Children's Safeguarding Training - Level 2 Compliance	85.12%	89.64%	90.89%	89.91%	89.20%	88.80%		85.00%		L
%..	Children's Safeguarding Training - Level 3 Compliance	90.37%	89.96%	90.24%	89.46%	88.06%	85.45%		85.00%		L

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Integration

Integration - Operational Metrics

Resilient Communities

Referrals by Pilot Area (June-Aug 2019)
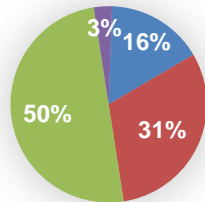
- 16% North
- 31% West
- 50% ICS Teams
- 3% Other

Referrals by Referring Practitioner (April - June 2019)

Nursing Team	Adult Social Care	Palliative Care	Occupational therapy	Physiotherapy	GP	Other
17	104	1	19	11	5	3
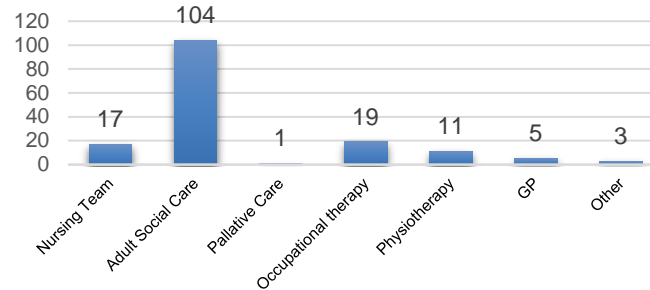
This is the first set of data which has been validated that shows active referrals in two of the localities and developing work within the partnerships discharge pathways. Referrals can come from any part of the partnership but the focus is anticipated to be around the resilient community and integrated health and care teams. Once the MDT's are fully deployed the link between the work streams should be definable.

Intermediate Care Service

Medically Fit For Discharge-Total Patients MFFD starting 01/03/18

- Mean
- Total Patients MFFD
- Process limits - 3σ
- Special cause - concern
- Special cause - improvement
- Target

Average Length of Stay (Bed v Home)
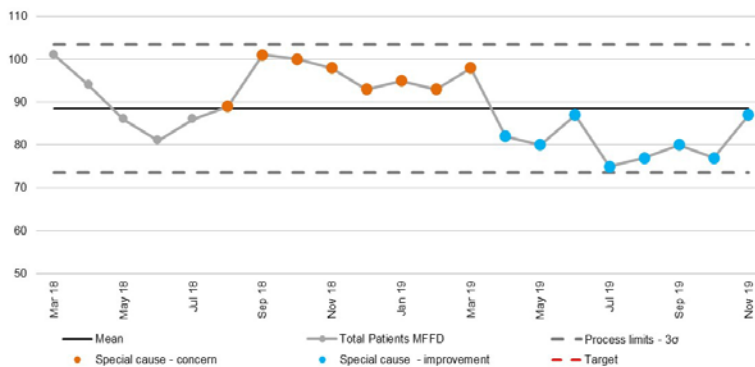
- Average Length of Stay Bed Based
- Average Length of Stay Home With Care
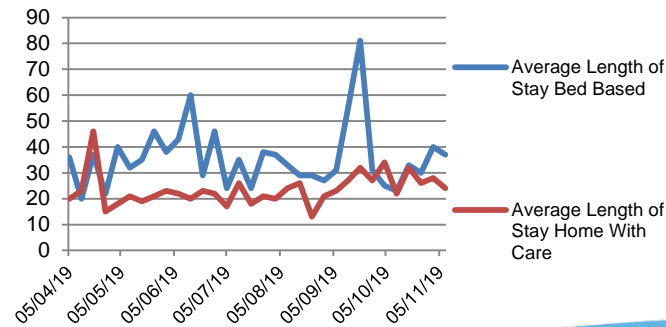
The average length of stay for patients considered fit for discharge shows continued improvement in the borough. However the data overall shows huge variability in the Length of Stay (LOS) largely due to complex out of area patients. The teams are now working on how to deliver the same improvements that have been delivered within Walsall. The bottom table shows consistency in the home pathway LOS but variability in bed based care within the community. This is being targeted by the teams including therapy input.
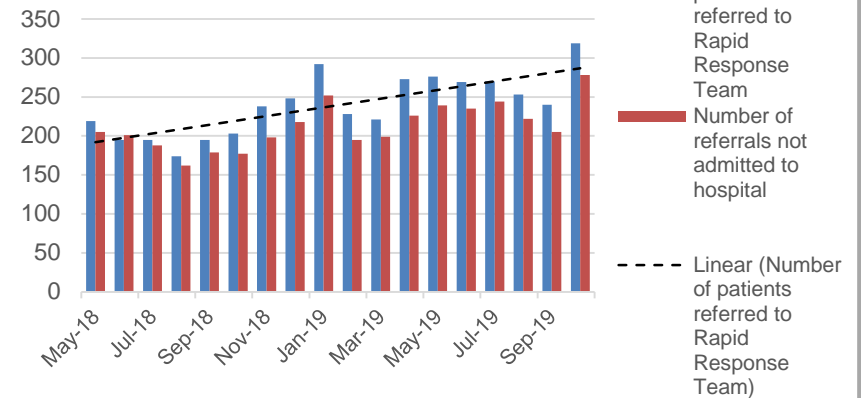
Integration - Operational Metrics

Community Contacts

Placed Based Teams (Contacts)-Total Number of Contacts starting 01/04/18

Legend: Mean — Total Number of Contacts — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

Rapid Response

Legend: Number of patients referred to Rapid Response Team — Number of referrals not admitted to hospital — Linear (Number of patients referred to Rapid Response Team)
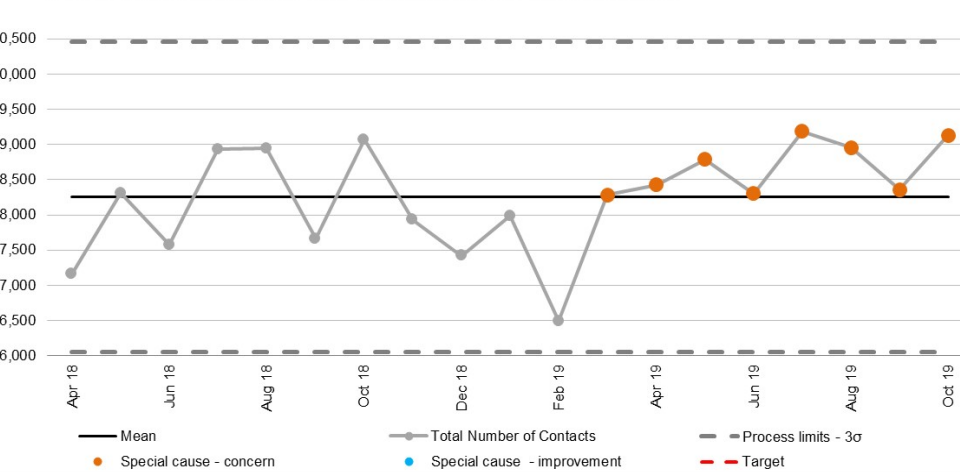
Community activity and case load continues to grow as outlined in the top graph. The district nursing caseload in particular is above contracted activity and demonstrates that more is being managed within the community teams. Rapid response activity continues to follow the same trend. Avoided admissions in this area continues to average between 88 - 92%. Finally there continues to be a steady increase in the complex case load of our nursing home teams. More complex cases are being managed at home for longer rather than being referred. The last two teams are running at capacity.

Complex MDT's
Not yet ready for reporting

INTEGRATION
2019-2020

		May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-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)	12.22%	10.13%	11.21%	12.70%	11.21%		11.43%	10.00%	10.73%	L
no	Rapid Response Team - Total Referrals	276	269	270	253	240	319				L
no	Rapid Response Team - MDT Interventions potentially avoiding attendance or admission	239	235	244	222	205	278				L
%	Rapid Response Team - % of patients referred requiring a 2 hour response who are subsequently seen within 2 hours	66.28%	63.44%	72.73%	73.10%	68.40%	65.30%				L
	CARE AT HOME										
%..	ED Reattenders within 7 days	7.79%	7.89%	7.84%	8.37%	7.07%	6.84%	7.58%	7.00%	7.43%	BP
	RESOURCES										
no	Average Number of Medically Fit Patients relating to Social Care - Walsall only (Mon&Thurs)	31	35	31	34	35	30				
no	Average Number of Medically Fit Patients - Trust (Mon&Thurs)	30	32	25	24	22	25				
	PARTNERS										
Rate	Occupied Beddays per Locality - Rate per 1000 GP Population (GP Caseload)	36.26	35.94	37.25	33.03	35.71	33.64				L
no	Nursing Contacts per Locality - Total	19182	18447	19638	19370	18433	19494	133183		205571	L
Rate	Emergency Readmissions per Locality - Rate per 1000 GP Population (GP Caseload)	2.03	2.09	2.30	2.07	1.90	2.08				L

People and Organisational Development Committee – Highlight Page

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

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Key Areas of Success

- Framework for single Trust wide Organisation Development Plan aligned to Trust Improvement Programme with metrics and incremental targets to 2022 outstanding performance agreed. TMB are engaged in co-producing the detail for approval at Trust Board by April 2020.
- The FTSU guardians presented a case study on B&H and informed committee they believe the work shows that the speaking up culture is beginning to be understood. Additional capacity has been put in place, now 2 WTE FTSU's – the FTSUs will have a permanent office base in the sexual health building and in the interim they have a private office in HR within the MLCC.

Key Areas of Concern and Trust Board Discussion Required

- Investment case in Staff Health and Wellbeing necessary to really make a difference to staff and patient experience – discussion required at Trust Board on how to get at and reduce the hidden costs of poor people management practice.
- The committee heard headline figures on the cost of bullying within Walsall and will take further information, the work has started on Just Culture and Leadership and Management development, however the need for greater pace will require investment case.
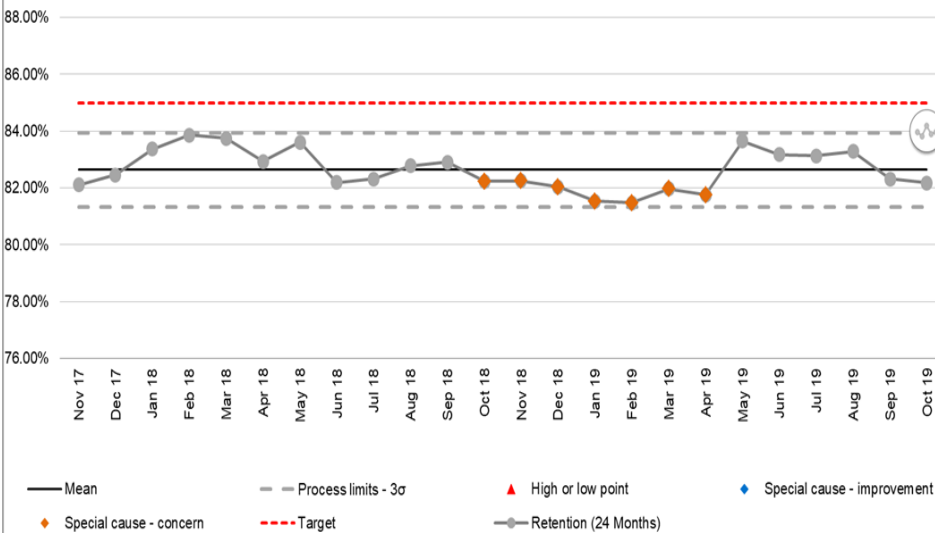
- **Key Actions Taken**
- Executive team to review the monitoring of workforce intelligence under their remit; with a view to bringing the review of performance amongst traditionally 'corporate' directorates in line with the confirm and challenge model applied within clinical divisions.
- An evaluation of sickness absence by reason & colleague demographic will take place, with the output of this exercise used to inform directed health and well-being interventions. The committee have approved a new target – 4% by December 2020, profiled to 3% by 2022.
- A "Stay Interview" process developed, geared around proactively retaining talented colleagues.
- Collaborative flexible working is being developed across the local Sustainability & Transformation Partnership; providing access to cross-Trust working opportunities via a pooled bank service.
- A comprehensive Values Based Leadership training brochure is to be developed to support the new Appraisal paperwork, along with training programmes and access to onsite and online development materials.
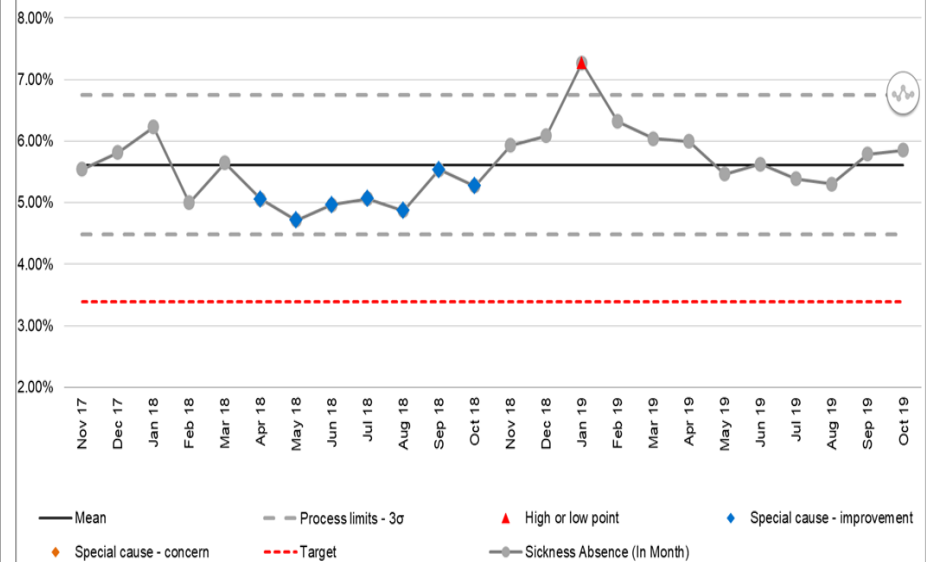
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PEOPLE AND ORGANISATIONAL DEVELOPMENT COMMITTEE
2019-2020
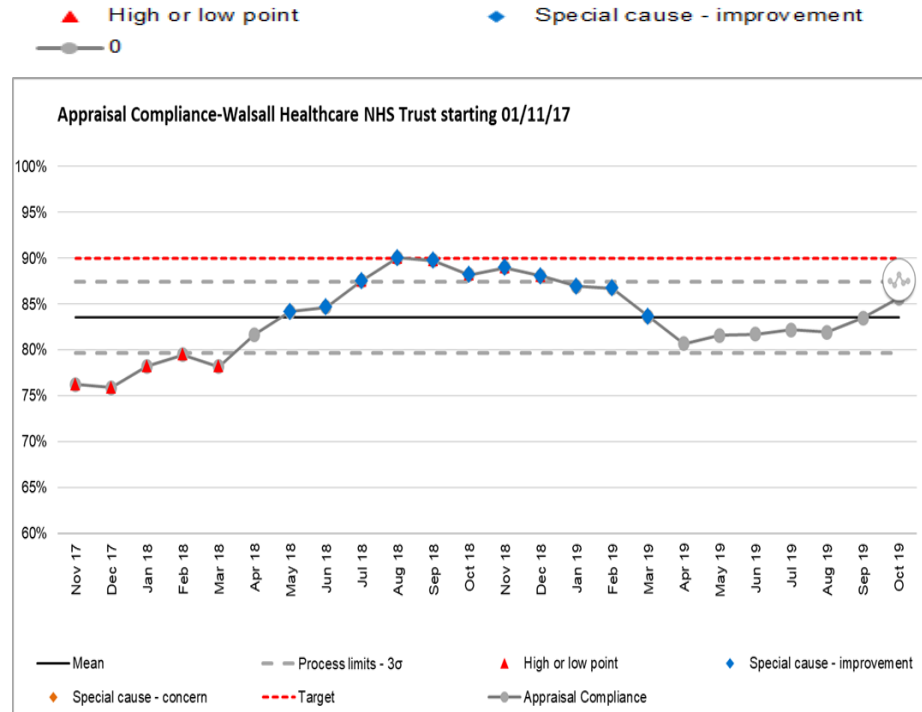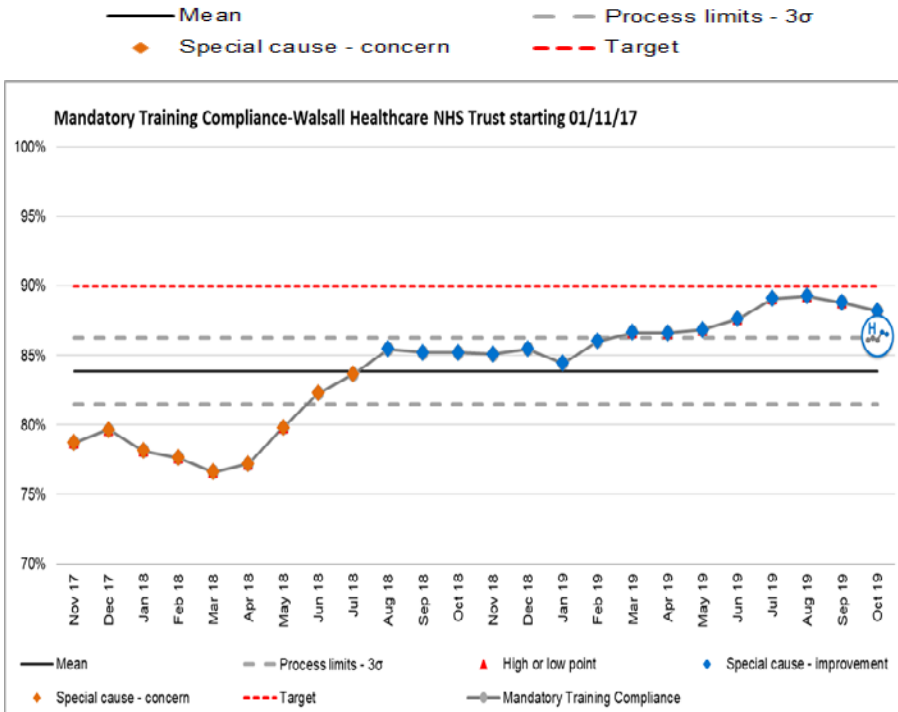
		May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	19/20 YTD Actual	19/20 Target	18/19 Outturn	Key
	SAFE, HIGH QUALITY CARE										
%..	% of RN staffing Vacancies	9.65%	10.84%	11.28%	8.66%	9.83%	9.74%				BP
%..	Mandatory Training Compliance	86.84%	87.60%	89.09%	89.25%	88.79%	88.20%		90.00%	86.67%	L
%..	PREVENT Training - Level 1 & 2 Compliance	92.69%	93.28%	92.73%	91.94%	91.71%	91.47%		85.00%		L
%..	PREVENT Training - Level 3 Compliance	85.74%	84.92%	85.11%	85.69%	86.12%	88.39%		85.00%		L
%..	Adult Safeguarding Training - Level 1 Compliance	96.21%	96.32%	96.65%	96.56%	96.33%	95.34%		95.00%		L
%..	Adult Safeguarding Training - Level 2 Compliance	92.85%	93.10%	91.61%	90.04%	89.17%	87.33%		85.00%		L
%..	Adult Safeguarding Training - Level 3 Compliance	84.75%	85.68%	87.37%	87.05%	86.56%	85.79%		85.00%		L
%..	Children's Safeguarding Training - Level 1 Compliance	95.08%	95.45%	94.26%	93.68%	92.05%	89.82%		95.00%		L
%..	Children's Safeguarding Training - Level 2 Compliance	85.12%	89.64%	90.89%	89.91%	89.20%	88.80%		85.00%		L
%..	Children's Safeguarding Training - Level 3 Compliance	90.37%	89.96%	90.24%	89.46%	88.06%	85.45%		85.00%		L
	VALUE COLLEAGUES										
%..	Sickness Absence	5.47%	5.63%	5.38%	5.30%	5.79%	5.85%		3.39%	6.04%	L
%..	PDRs	81.60%	81.73%	82.20%	81.93%	83.47%	85.63%		90.00%	83.66%	L
	RESOURCES										
%..	Bank & Locum expenditure as % of Paybill	7.37%	7.96%	6.97%	8.26%	7.84%	8.50%		6.30%	9.14%	L
%..	Agency expenditure as % of Paybill	4.83%	4.49%	4.41%	5.29%	5.50%	5.98%		2.75%	4.90%	L
no	Staff in post (Budgeted Establishment FTE)	3905	4022	4033	3978	3966					L
%..	Turnover (Normalised)	11.92%	11.68%	11.07%	11.04%	10.38%	10.36%		10.00%		%..

Performance, Finance and Investment Committee

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

- October saw continued increase in A&E attendances (Type 1 8.4% up on Oct 18) and a 7.5% increase in Ambulance arrivals (compared to Oct 18). Whilst this resulted in a slight deterioration in EAS performance, which failed to achieve the submitted trajectory (92%), the Trust's national ranking improved further from 77th to 73rd. The Board has already endorsed £1.6m of Winter interventions, most of which commence in December 2019, to support strengthened emergency care over Winter.
- The DM01 standard was met for the fourth consecutive month achieving performance of 0.19% service users waiting over 6 weeks meeting the 1% national target, and QPES has received assurance that the backlog of Radiology reporting has been addressed.
- RTT performance is showing early signs of recovery at 87.43% for October, as anticipated, and despite deterioration in recent months the Trust's national ranking has been stable and is 41st for the month of September (latest published results).
- Cancer 62 day referral to treatment performance has improved from previous month, but marginally failed to meet the agreed trajectory.
- Trust has attained plan at a £4.7m deficit at month 7, though has an operational deficit of £1.6m year to date that requires recovery later in the financial year

Key Areas of Concern

- The Trust has a £1.6m operational deficit to plan at month 7 (attaining plan through a movement in reserves). The Trust will need to mitigate the adverse operational deficit through continued focus being placed upon improvements within medically stable, closure of additional capacity, reductions in sickness and reducing temporary workforce, alongside grip and control measures and supporting the Medical and Long Terms Conditions (MLTC) Division to control cost overruns
- In the month of October 2019 the Trust incurred significant expenditure above planned run rates that will impact on the Trust ability to attain plan if continued for the remainder of the financial year, specifically in regards to Medical staffing within Anaesthetics and Emergency Medicine.
- Both suspected cancer and Breast Symptomatic 2 week wait standards and Cancer 62 Day consultant Upgrade saw deterioration, as expected as a result of the diversion of referrals from RWT. The Trust is working with Black Country partners to support reduction in Walsall Breast service waiting times for appointment, following the support that the Trust has provided to the Royal Wolverhampton Trust.

Key Actions Taken

- Production of a bi-weekly report that indicates trends of clinical income attainment and expenditure (temporary workforce and Waiting List Initiatives)
- A full review in advance of PFIC of the measures previously documented to reduce/improve run rate performance for the year, to include measures that would support improved productivity, patient flow, reduction in medically stable/stranded patient, improved sickness absence management.
- Escalation of Divisional Performance at the monthly reviews, to ensure recovery plans are in place to return to agreed run rate modelling for future months.
- Financial Cabinet to continue to provide oversight and support for run rate improvements to mitigate this financial risk to the 2019/20 financial plan.

Key Focus for Next Committee

- Review of run rate to actual delivery (including winter expenditure plans) with an assessment of risk regarding the central mitigations with a view to development of a forecast for close of the financial year
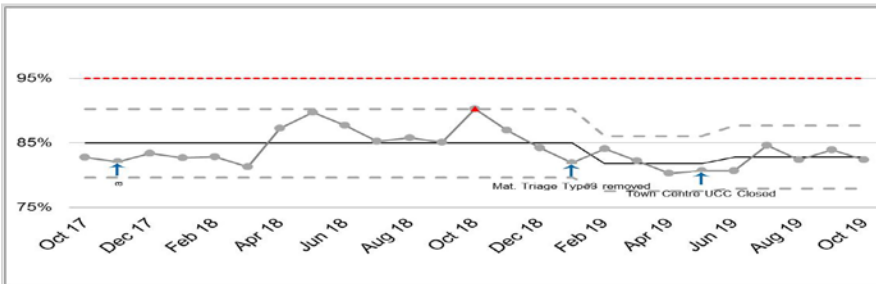
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Performance, Finance and Investment Committee

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

18 weeks RTT – Incomplete Pathways

Cancer 62 Day RTT

Narrative (supplied by Chief Operating Officer)

Emergency/Urgent Care

October saw continued increase in A&E attendances (Type 1 8.4% up on Oct 18) and a 7.5% increase in Ambulance arrivals (compared to Oct 18). Whilst this resulted in a slight deterioration in EAS performance, which failed to achieve the submitted trajectory (92%), the Trust's national ranking improved further from 77th to 73rd. Interventions set out in the Board-approved Winter Plan are designed to improve our weekend performance. In particular, Inpatient Ward Consultant and Junior Medical cover, Consultant Acute Physician in ED, extended FES and Consultant Ortho geriatrician will help weekends operate as closely to weekdays as possible.

RTT

RTT performance is showing early signs of recovery at 87.43% for October, as anticipated, and despite deterioration in recent months the Trust's national ranking has been stable and is 41st for the month of September (latest published results). COO-led RTT improvement meetings have been held with the Divisions of Surgery and MLTC to agree plans to deliver performance over 90% by March 2020.
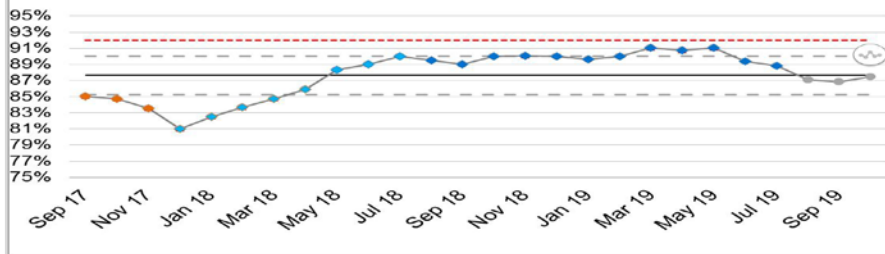
There was an in month 52 week breach admitted patient who was found to have had an incorrect clock stop applied, The patient was treated in October and a clinical review undertaken which outlined no harm came to the patient.
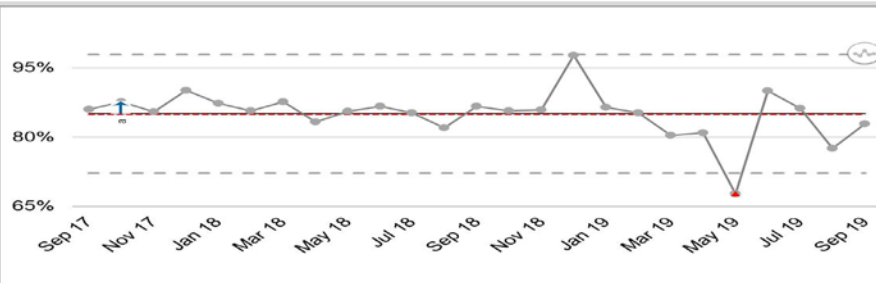
Cancer

Cancer 62 day referral to treatment performance has improved from previous month, but marginally failed to meet the agreed trajectory. Both suspected cancer and Breast Symptomatic 2 week wait standards and Cancer 62 Day consultant Upgrade saw deterioration, as expected as a result of the diversion of referrals from RWT. The Trust is working with Black Country partners to support reduction in Walsall Breast service waiting times for appointment, following the support that the Trust has provided to the Royal Wolverhampton Trust.

To improve the 62 day performance a number of tumour sites have plans in place to reduce the front end of the pathway in areas of Urology, Dermatology, Colorectal and H&N.
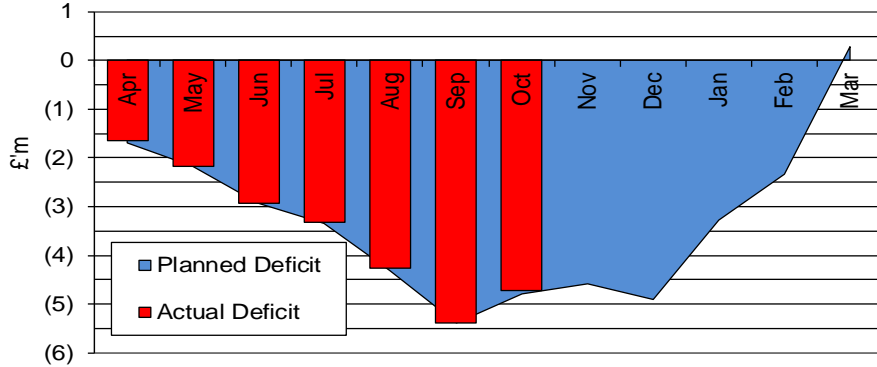
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Financial Performance to October 2019 (Month 7)

Retained Surplus / (Deficit)

Legend: ■ Planned Deficit ■ Actual Deficit (£'m, Apr–Mar)

Plan & Delivery Profile

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
DELIVERED NON RECURRENTLY	0.5	0.9	1.3	1.6	2.0	2.3	2.6	2.6	2.7	2.7	2.7	2.7
DELIVERED RECURRENTLY	0.3	0.5	0.9	1.2	1.3	1.5	1.6	1.7	1.8	1.9	2.0	2.2
PLAN	0.8	1.6	2.5	3.2	4.1	4.8	5.7	6.5	7.3	8.1	8.9	9.8
FORECAST	0.8	1.4	2.2	2.8	3.3	3.8	4.2	5.0	5.8	6.6	7.5	8.3
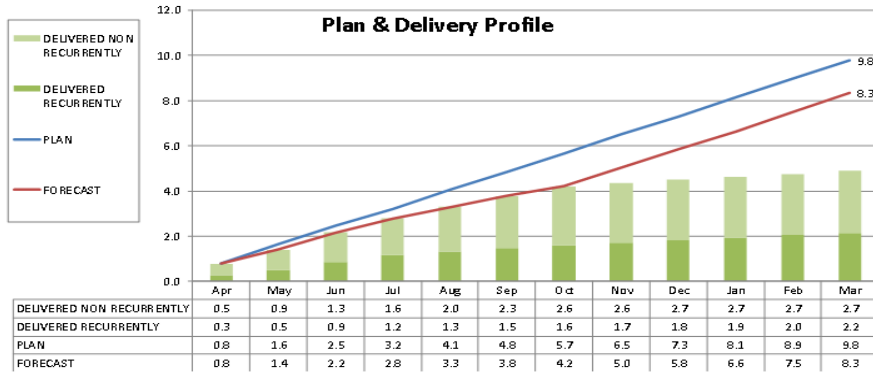
Temporary Staffing Expenditure (£,000)

Legend: ■ Locum ■ Bank ■ Agency ▬ 1819 Temporary Staffing
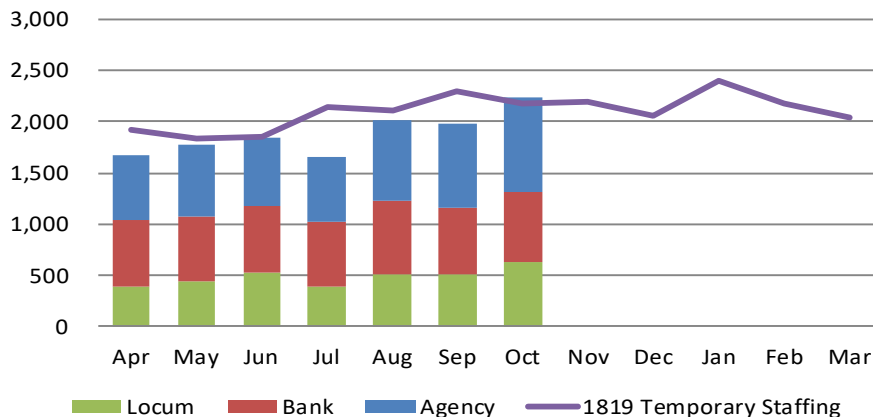
Financial Performance

- Trust has an operational deficit of £1.64m (behind plan), though has attained plan following a movement in reserves
- Overspending on pay is reflective of the cost overruns within Medical & Long Term Conditions (MLTC) drivers being sickness and servicing of unfunded capacity
- Income is below plan (against CCG contracts), largely as a consequence of reduced births, ED coding underperformance and elective underperformance in the previous month
- 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

CIP Delivery

- The Trust's Cost Improvement Programme requirement is £8.5m (£10.5m stretch) .
- The CIP has delivered £4.2m YTD, behind on plan (£0.4m) and below the stretch target of £5.7m (£1.5m behind stretch). In addition, £2.3m of the total is delivered non-recurrently and focus is being placed on attainment of sustainable improvements using model hospital and other relevant benchmark data.

Cash

- The Trust's planned cash holding in accordance with borrowing requirements is £1m. The actual cash holding for the month is £1.1m.
- Failure to deliver mitigating actions will result in increased spending, as such will place additional pressure on management of cash flow.

Financial Performance - Period ended 31st October 2019

Description	Annual Budget	Budget to Date	Actual to Date	Variance
	£'000	£'000	£'000	£'000
Income				
CCGs	211,492	124,218	123,622	(596)
NHS England	18,080	10,557	10,930	373
Local Authorities	8,904	5,227	5,272	46
DoH and Social Care	18,380	8,456	8,621	165
NHS Trusts/FTs	1,008	584	609	25
Non NHS Clinical Revenue (RTA Etc)	1,060	618	710	92
Education and Training Income	6,830	3,954	3,979	25
Other Operating Income (Incl Non Rec)	8,007	5,018	5,556	538
Total Income	**273,760**	**158,632**	**159,299**	**667**
Expenditure				
Employee Benefits Expense	(177,631)	(103,124)	(104,437)	(1,312)
Drug Expense	(12,336)	(10,159)	(10,389)	(230)
Clinical Supplies	(15,416)	(9,277)	(10,272)	(995)
Non Clinical Supplies	(17,840)	(10,581)	(10,462)	120
PFI Operating Expenses	(5,447)	(3,177)	(3,232)	(55)
Other Operating Expense	(28,254)	(17,282)	(15,331)	1,951
Sub - Total Operating Expenses	**(256,924)**	**(153,601)**	**(154,123)**	**(522)**
Earnings before Interest & Depreciation	**16,836**	**5,031**	**5,176**	**145**
Interest expense on Working Capital	51	30	47	17
Interest Expense on Loans and leases	(10,387)	(6,059)	(6,231)	(173)
Depreciation and Amortisation	(6,500)	(3,792)	(3,540)	251
PDC Dividend	0	0	0	0
Losses/Gains on Asset Disposals	0	0	0	0
Sub-Total Non Operating Exps	**(16,836)**	**(9,821)**	**(9,725)**	**96**
Total Expenses	**(273,759)**	**(163,422)**	**(163,848)**	**(426)**
Less Prior Year PSF			(165)	(165)
RETAINED SURPLUS/(DEFICIT)	**0**	**(4,790)**	**(4,714)**	**76**

Use of Resources Ratings (M7)

Finance and use of resources rating		03AUDITPY	03PLANYTD	03ACTYTD	03PLANCY	03FOTCY
	i	Audited PY	Plan	Actual	Plan	Forecast
		31/03/2019	31/10/2019	31/10/2019	31/03/2020	31/03/2020
		Year ending	YTD	YTD	Year ending	Year ending
		Number	Number	Number	Number	Number
Capital service cover rating		4	4	4	4	4
Liquidity rating		4	4	4	4	4
I&E margin rating		4	4	4	2	2
I&E margin: distance from financial plan		4		1		1
Agency rating		3	1	3	1	1

CASHFLOW STATEMENT

Statement of Cash Flows for the month ending October 2019	Year to date Movement
	£'000
Cash Flows from Operating Activities	
Adjusted Operating Surplus/(Deficit)	1,635
Depreciation and Amortisation	3,540
Donated Assets Received credited to revenue but non-cash	(30)
(Increase)/Decrease in Trade and Other Receivables	(12,084)
Increase/(Decrease) in Trade and Other Payables	(1,716)
Increase/(Decrease) in Stock	(60)
Increase/(Decrease) in Provisions	1,714
Other movementss in operating cash flows	165
Interest Paid	(6,231)
Net Cash Inflow/(Outflow) from Operating Activities	**(13,067)**
Cash Flows from Investing Activities	
Interest received	**47**
(Payments) for Property, Plant and Equipment	**(3,558)**
Net Cash Inflow/(Outflow)from Investing Activities	**(3,511)**
Net Cash Inflow/(Outflow) before Financing	**(16,578)**
Cash Flows from Financing Activities	13,448
Net Increase/(Decrease) in Cash	**(3,131)**
Cash at the Beginning of the Year 2018/19	**4,186**
Cash at the End of the October	**1,056**

STATEMENT OF FINANCIAL POSITION

Statement of Financial Position for the month ending October 2019	Balance as at 31/03/19	Balance as at 31/10/19	Year to date Movement
	'£000	'£000	'£000
Non-Current Assets			
Total Non-Current Assets	**141,208**	**140,349**	**(859)**
Current Assets			
Receivables & pre-payments less than one Year	16,532	28,659	12,127
Cash (Citi and Other)	4,186	1,056	(3,130)
Inventories	2,362	2,423	61
Total Current Assets	**23,080**	**32,138**	**9,058**
Current Liabilities			
NHS & Trade Payables less than one year	(29,461)	(25,928)	3,533
Other Liabilities	(1,445)	(2,490)	(1,045)
Borrowings less than one year	(15,590)	(17,710)	(2,120)
Provisions less than one year	(117)	(1,831)	(1,714)
Total Current Liabilities	**(46,613)**	**(47,959)**	**(1,346)**
Net Current Assets less Liabilities	**(23,533)**	**(15,821)**	**7,712**
Non-current liabilities			
Borrowings greater than one year	(202,939)	(213,479)	(10,540)
Total Assets less Total Liabilities	**(85,264)**	**(88,951)**	**(3,687)**
FINANCED BY TAXPAYERS' EQUITY composition :			
PDC	64,190	65,052	862
Revaluation	15,925	15,925	-
Income and Expenditure	(165,379)	(165,379)	-
In Year Income & Expenditure	-	(4,549)	(4,549)
Total TAXPAYERS' EQUITY	**(85,264)**	**(88,951)**	**(3,687)**

PERFORMANCE, FINANCE AND INVESTMENT COMMITTEE
2019-2020

		May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-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)	80.68%	80.68%	84.57%	82.38%	83.92%	82.35%	82.10%	95.00%	85.90%	N
%..	Ambulance Handover - Percentage of clinical handovers completed within 15 minutes of recorded time of arrival at ED	66.92%	60.93%	63.65%	62.49%	59.46%	61.44%	62.48%	100.00%	72.20%	BP
no	Ambulance Handover - No. of Handovers completed over 60mins	16	21	5	12	27	19	135	0	155	N
%..	Cancer - 2 week GP referral to 1st outpatient appointment (Latest Month Provisional)	94.48%	95.61%	90.81%	84.73%	84.62%	73.80%	86.45%	93.00%	93.59%	N
%..	Cancer - 62 day referral to treatment of all cancers (Latest Month Provisional)	67.71%	90.10%	86.21%	77.53%	82.93%	85.32%	81.41%	85.00%	85.35%	N
%..	18 weeks Referral to Treatment - % within 18 weeks - Incomplete	91.04%	89.37%	88.83%	87.11%	86.86%	87.43%		92.00%		N
no	18 weeks Referral to Treatment - No. of patients waiting over 52 weeks - Incomplete	0	0	0	0	0	0	0	0	1	N
0	% of Service Users waiting 6 weeks or more from Referral for a Diagnostic Test	6.50%	4.13%	0.33%	0.22%	0.10%	0.19%	2.26%	1.00%	0.32%	N
no	No. of Open Contract Performance Notices	11	11	11	11	11	11	11	0	9	L
	CARE AT HOME										
%..	ED Reattenders within 7 days	7.79%	7.89%	7.84%	8.37%	7.07%	6.84%	7.58%	7.00%	7.43%	BP
	RESOURCES										
%..	Outpatient DNA Rate (Hospital and Community)	10.35%	9.93%	10.57%	11.34%	9.88%	10.16%	10.39%	8.00%	10.44%	L
%..	Theatre Utilisation - Touch Time Utilisation (%)	86.70%	86.99%	86.94%	85.57%	89.59%	87.23%		75.00%		L
%..	Delayed transfers of care (one month in arrears)	2.65%	3.27%	3.45%	3.43%	3.95%			2.50%	3.46%	L
no	Average Number of Medically Fit Patients (Mon&Thurs)	80	87	75	77	81	77				
no	Average LoS for Medically Fit Patients (from point they become Medically Fit) (Mon&Thurs)	10.46	12.57	11.23	9.51	11.02	8.00				
£	Surplus or Deficit (year to date) (000's)	£3	£4	£14	£35	£8	£76	£76		-£27,669	L
£	Variance from plan (year to date) (000's)	£3	£4	£14	£35	£8	£76	£76		-£17,038	L
£	CIP Plan (YTD) (000s)	£1,600	£2,500	£3,200	£3,300	£4,800	£5,700	£5,700		£15,500	L
£	CIP Delivery (YTD) (000s)	£1,400	£2,200	£2,800	£3,300	£3,800	£4,200	£4,200		£11,100	L
£	Temporary Workforce Plan (YTD) (000s)	£2,700	£4,200	£6,000	£7,600	£9,400	£11,200	£11,200		£19,400	L
£	Temporary Workforce Delivery (YTD) (000s)	£3,500	£5,300	£6,900	£8,900	£10,900	£13,200	£13,200		£25,200	L
£	Capital Spend Plan (YTD) (000s)	£800	£1,600	£2,400	£3,200	£4,100	£4,500	£4,500		£12,200	L
£	Capital Spend Delivery (YTD) (000s)	£1,200	£1,300	£1,700	£2,000	£2,500	£2,900	£2,900		£13,100	L

Glossary

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

Caring for Walsall together

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

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MEETING OF THE PUBLIC TRUST BOARD
Thursday 5ᵗʰ December 2019

Quality, Patient Experience and Safety Committee Highlight Report		**AGENDA ITEM: 14** **ENC 11**
Report Author and Job Title:	Karen Dunderdale Director of Nursing	**Responsible Director:**	Pam Bradbury - Non Executive Director.
Action Required	Approve ☐ Discuss ☒ Inform ☒ Assure ☐		
Executive Summary	This report provides highlights from the Quality Patient Experience & Safety committee.		
Items for escalation	The committee wish to highlight; • Data relating to C. Diff and MRSA • Falls resulting in severe harm • CAS alerts		
Recommendation	Members of the Trust Board are asked to NOTE the business of the Highlight Report.		
Risk in the BAF or Trust Risk Register	None		
Resource implications	There are no new resource implications associated with this report.		
Legal, Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper		
Strategic Objectives	Safe, high quality care ☒		Care at home ☒
	Partners ☒		Value colleagues ☒
	Resources ☐		

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

Report for Trust Board meeting on:	5 December 2019
Report From:	28 November 2019
Highlight Report:	

Hospital Acquired Infections

At the date of the committee meeting there has been a total of 16 hospital acquired C. Diff infections and 1 MRSA bacteraemia to October 2019.

Falls

The committee received the quality report and recognised the falls improving position since July. However the committee are concerned about the increasing falls with severe harm and have asked for a specific piece of work to come back to the next committee.

Central Alert System (CAS) alerts

The Trust is currently an outlier for CAS alerts due to a specific alert regarding NRfit alert in relation to combined spinal epidural kit and packs. The service teams are developing a business case to replace the whole equipment which once completed will reduce out outlier status

Action Required by the Trust Board:
The Trust Board is asked to note the report and support any further action required. **Pam Bradbury, Non-Executive Director and Dr Karen Dunderdale, Director of Nursing/Deputy Chief Executive** **October 2019**

Caring for Walsall together

MEETING OF THE PUBLIC TRUST BOARD			
Thursday 5ᵗʰ December 2019			
Performance, Finance & Investment Committee (PFIC) update report		**AGENDA ITEM:15** **ENC 12**	
Report Author and Job Title:	Mr D Mortiboys – Operational Director of Finance	**Responsible Director:**	Mr R Caldicott, Director of Finance and Performance Mr J Dunn – Chair of PFIC (Non-Executive)
Action Required	Approve ☐ Discuss ☒ Inform ☒ Assure ☒		
Executive Summary	The report indicates the key messages from PFIC meeting in November 2019 for escalation to the Trust Board, namely; • Members received an update on the Trust Financial position. This included the position at Month 7, risks for the financial year and an update on further central mitigations and resultant impacts of run rate and financial forecast, key messages being; • Month 7 expenditure exceeded run rate, with elements of the overspending unexpected and this has placed additional pressures on delivery of the financial plan • A bi-weekly expenditure escalation report is to be produced by the Chief Operating Officer and Director of Finance (circulated to PFIC members) articulating actions taken to reduce expenditure (temporary workforce an example) reporting plan and actual usage for the period • The Executive are to review the list of measures previously debated at Financial Cabinet that could be implemented to control costs, in advance of debating the forecast outturn for the financial year 2019/20 at the PFIC meeting in December • An update on November 2019 performance to be provided to members • Members received a report on performance against constitutional standards, with the Trust either static or improving relative performance for Emergency Department 4 hour wait and referral to treatment within 18 weeks, continuing to achieve the diagnostic standard of patients exceeding 6 weeks waiting for a diagnostic to be less than 1%. • Members received an update on backlog maintenance, with		

the Executive requested to prioritise the required works and report to the next meeting of PFIC this prioritised listing

- The Committee received a report on delivery of the Electronic Patient Record and owing to the importance of the project, requesting updates at all future meetings. It was noted that work was ongoing to improve Trust-wide staff engagement and developments associated with communication of the project

- Members approved the Dermatology business case to commence from 1st April 2020 and recommended to Trust Board approval of the PACS business case for capital replacement, but not the additional staffing requested subject to clarity on the financing of the development.

- Members received (for information) business cases that have previously been approved on trust secretary (to commence from 1st April 2020, switchboard replacement and ED development costs.

Recommendation	Members of the Board are asked to note the increased ED activity and the risk to delivery of the financial plan
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	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 are lost financial support resulting in additional borrowings (interest charges) and the effect on 'use of resources' rating. Alongside performance risks.
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper
Strategic Objectives (highlight which Trust	Safe, high quality care ☒	Care at home ☐

Strategic objective this report aims to support)	Partners ☐	Value colleagues ☐
	Resources ☒	

PERFORMANCE FINANCE AND INVESTMENT COMMITTEE (PFIC)

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.

2.   **KEY ISSUES**

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

2.2 Financial performance

The report indicates the key messages from PFIC meeting in November 2019 for escalation to the Trust Board, namely;

Caring for Walsall together

- Trust attained a £4.7m deficit for month 7 (in line with plan). However, delivered £1.6m operational overspends that requires mitigation to attain plan, drivers being;

  - Costs associated with servicing Emergency Department (ED) increased demand (attendances and admissions) resulting in higher costs that cannot be off-set by income recovery owing to income being fixed
  - Clinical income below plan (births & Emergency Department coding)
  - Run rate risk not mitigated for the financial year, largely driven by high temporary workforce costs as a consequence of high sickness, vacancies and capacity (particularly at commencement of the year)

In month the Trust has exceeded planned run rate, with the increase in costs largely driven through increased temporary workforce (costs in part unexpected). As a consequence, members have requested the following next actions;

- Production of a bi-weekly report on indicators of future costs (temporary workforce shifts used an example) with the report authored by the Chief Operating Officer and Director of Finance. The report needing to detail the controls in place within the cost area, the expected level of usage, the actual usage and confirmation of action taken to reduce costs, so as to enable early warning should costs be adverse to plan and enable timely management action / intervention.
- A full review of all measures detailed within the report presented earlier in the year to PFIC and Financial Cabinet, with Executive to identify benefits from reviewing cost controls for presentation to the December 2019 meeting, so as to inform a review of outturn at this meeting.
- An update on action taken following the escalation with the Medical & Long Term Conditions (MLTC) to ensure expenditure returns to the agreed run rates endorsed in previous committees, with a view of Novembers position
- A review of the stretch target plans (to include productivity delivery) in accordance with commencement of the Theatres Manager, so as to mitigate risks to attainment of run rate
- Clarity over the ability to attain the central mitigations at its meeting in December 2019

The risk to delivery post implementation of the above mitigations totals c£6.5m on current run rates (c£8.5m deficit with lost Provider Sustainability Funding) further is therefore needed to assure attainment of the plan.

Delivery of improved Divisional run rates and further central mitigations are essential to mitigate risks to attainment of plan. Oversight provided through bi-weekly performance meetings, the financial cabinet, Executive, Trust Management Board and PFIC.

2.3 Trust performance against constitutional standards

Members received a detailed report on the performance against constitutional standards;

The Chief Operating Officer presented a report against Constitutional Standards;

- October saw continued increase in A&E attendances (Type 1 8.4% up on Oct 18) and a 7.5% increase in Ambulance arrivals (compared to Oct 18). Whilst this resulted in a slight deterioration in the number of patients seen within 4 hours performance (failing to achieve the submitted trajectory of 92%). However, the Trust's national ranking improved further from 77th to 73rd.

- The 6 week diagnostic waiting standard (DM01 standard) was met for the fourth consecutive month achieving targeted performance (less than 0.19% of patients waiting over 6 weeks) and meeting the national target of 99% of patients seen within 6 weeks, QPES receiving assurance that the backlog of Radiology reporting has been addressed

- RTT performance is showing early signs of recovery at 87.43% for October, as anticipated, and despite deterioration in recent months the Trust's national ranking has been stable and is 41st for the month of September (latest published results).
- Cancer 62 day referral to treatment performance has improved from previous month, but marginally failed to meet the agreed trajectory.

2.4 Business cases

The committee supported the following business cases;

- PACS capital replacement was supported (the element of the case requesting additional staffing not endorsed) following identification of a financing route (the case to be presented to Trust Board for final approval owing to delegated levels of authority)
- Dermatology expansion business case was approved for commencement 1st April 2020

Members received (for information) business cases that have previously been approved on trust secretary (to commence from 1st April 2020, switchboard replacement and ED development costs.

2.5 Update on Backlog Maintenance

Members received an update on backlog of maintenance. Members asked for further prioritisation work to take place and for the report to be re-presented in the future.

2.6 Electronic Patient Record

An update report was received by members regarding implementation and progress to date on delivery of the new Electronic Patient Record (EPR).

The report summarised:

- The technological side of the programme was running to plan
- While staff engagement is increasing, further work is ongoing in this area of the plan and in regard to communication

The Chair requested that PFIC will receive a detailed progress report at every future meeting of committee.

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 5th December 2019			
People and Organisational Development Committee Highlight Report		**AGENDA ITEM: 16** **ENC 13**	
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:** The work programme described within this report will provide positive assurance to the committee on the following BAF risks: *Lack of an inclusive and open culture impacts on staff engagement, staff morale and patient care.*		
Resource implications	There are no specific resource implications associated with this report, however the annual cycle of committee business is scheduled to provide oversight and seek assurance on behalf of the Trust Board that people resources are managed within the Trust in a way that is sustainable and that supports the financial health of the Trust.		

Legal and Equality and Diversity implications	The Board Assurance Framework reports to People and Organisational Development Committee to identify current implications. The annual cycle of committee business is scheduled to provide oversight and seek assurance on behalf of the Trust Board that legal, equality and diversity implications are considered and effectively managed within the Trust in a way that promotes inclusion and supports the Equality Objectives contained within the Trust Equality, Diversity and Inclusion Strategy.	
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.

   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**

   Organisational Development Plan

   The report provided an update on the Trust's Leadership, Culture and OD work-stream, which is part of the implementation plan for Valuing Colleagues within the Trust so outstanding patient care can be achieved.

   The Organisational Development Plan is a single Trust wide plan to achieve an improvement in the Trust as a place to work and be treated and to improve patient experience.

   The committee reviewed the framework presented and approved the targets suggested for 2022 and added in a specific outcome for patient experience, involvement and co-design of services. The committee noted the work taking place on identifying the drivers for poor outcomes, such as bullying and harassment and the financial impacts. The committee noted the engagement work scheduled through TMB to complete the detail and the evaluation of the OD plan for publication at Trust Board in April 2020. The committee approved the OD framework and metrics proposed.

   Health and Wellbeing – Performance Report

The Committee received a report providing data on the pilot for the self-referral for Physiotherapy and for self-referral for counselling and support with mental health. The committee noted the demand evidenced through the pilot will be included to make the business case for new services for investment for staff health and wellbeing, which will go through the Trust business plan process. The committee resolved to receive a further report on outcomes and evaluation of interventions and noted that an investment case will follow.

Annual Report 2018-2019 Library and Knowledge Services

The Annual Report 2018-2019 was welcomed by the committee who noted the good work completed during the year with thanks to the library team.

The Workforce Performance Data and Metrics

The workforce metric report was received by the committee commented that the SPC charts had improved the analysis of workforce trends and noted it was helpful to have SPC charts in QPES as it helps join the data trends. The committee noted the corporate trends and noted that Executives will pick this up. The committee requested further work on the AHP retention trends which are currently 72% at 24 months. The committee noted that the new roles groups is working on this and agreed to have new roles, attraction and recruitment at December meeting.

The committee noted there will not be a Workforce Performance Data and Metrics report, since the data will not be available due to the earlier meeting date, instead the metric report will be circulated in the new year.

Review Workforce Productivity – Model Hospital and Sickness Absence Target

The committee received an updated use of   resources pack of information containing data from Model Hospital, discussion was held on the validity of data benchmarking and consistency of practice nationally.

The committee discussed the benchmark data on sickness absence which is accurate nationally as it is drawn from ESR. Committee discussed the current approach and the performance. Committee approved the proposal to amend the target to 4.0% by December 2020, noting this is an ambitious improvement target and after this point to reach 3% by April 2022.

Annual Workforce Plan

The Committee noted the workforce plan, noted it has been submitted and accepted by Health Education England and has been submitted to NHSI, the committee resolved to have the forward plans for Nursing Associates included within the updated plan and agreed to receive an update on the work of the New Roles Group on attraction and recruitment for the nursing workforce for December agenda.

Time Owing Balance Management

The committee noted and approved the proposal contained within the report and resolved to receive the accompanying policy on manging hours and flexible working back to the committee in February committee.

Freedom to Speak Up

The Trust Freedom to Speak up Guardians, Valerie Ferguson and Kim Sterling attended to present the FTSU Q2 report and also a case study on bullying and harassment which the committee welcomed. The committee were informed about the forthcoming NHSI visit, heard that additional investment in the FTSU guardian hours is in place effectively increasing resource to 2 WTE within the Trust and heard the FTSU guardians will have permanent office space within the Sexual Health Building once the move takes place and in the interim they have a private office within the HR wing MLCC.

Sub-committees and groups of People and OD Committee

The committee received the minutes of JNCC and Education and Training Committee.

Matters to bring to the attention of the Board

1. The committee approved a resolution to the management of time owing, which facilitates minimising hours owed either by Trust or by employee in order to return to zero hours by April 2020. The committee agreed to receive a policy on flexible working for future provision.

2. The committee approved a sickness target of 4% to be achieved by December 2020, profiled to reach 3% by April 2022.

3. The committee noted the October Flu report and noted that the latest NHSI weekly report (un-validated baseline) is 79.35%

RECOMMENDATIONS

The recommendation to Board is to note the content of the report for information.

Walsall Healthcare NHS

NHS Trust

MEETING OF THE PUBLIC TRUST BOARD **Thursday 5th December 2019**			
Walsall Together Partnership (WTP) Board Highlight Report		**AGENDA ITEM: 17** **ENC 14**	
Report Author and Job Title:	Daren Fradgley Interim Executive Director of Walsall	**Responsible Director:**	Daren Fradgley Interim Executive Director of Walsall
Action Required	Approve ☐ Discuss ☒ Inform ☐ Assure ☐		
Executive Summary	This report provides the key messages from the Walsall Together Partnership (WTP) Board November 2019:		
Recommendation	Members of the Trust Board are asked to NOTE the business of the Highlight Report.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	This paper 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;		
Resource implications	There are no new 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 ☐		

Caring for Walsall together

WALSALL TOGETHER PARTNERSHIP BOARD HIGHLIGHT REPORT
NOVEMBER 2019

1. BACKGROUND

The WTP Board has been established to oversee the integration and transformation of in scope services. The Board is responsible for decision making and strategic direction in the context of the Walsall Together Business Plan.

2. DETAIL

2.1. Attendance, Apologies and Quorum

The Board was chaired by Mrs Anne Baines, Non-Executive Chair, Walsall Healthcare NHS Trust. The meeting was declared quorate and all partners were represented

2.2. Patient Story

Members heard from a patient that described their long-term condition management and how their health and care record was not joined up. In practice this resulted in them having to repeat their history respectively over a number of years and even more so when their care transition from children to adult services.

The response to this story is very much addressed within the work planned for the shared care record and complex case management across teams. It was equally pleasing to note that the patient is willing to be part of the shared care record planning to continue to share her experience.

2.3. Walsall Together Director Report

A report from the Interim Executive Director of Walsall Together was received, outlining the subjects outlined below. The report was taken as read and members were asked for any comments or queries.

- o Advancing Place Based Care – Black Country STP
- o PCN Engagement
- o Communications Lead Recruitment
- o Workstream VS Project Management
- o Business Case Developments

Mr Beeken provided an update following the Accountable Officers and Director of Finance meeting, advising that there were opportunities anticipated to bid against income for community services.

2.4. Programme Governance

New board members were updated on the agreed governance and gateway process that has been in place since the board commenced. It was agreed that a more detailed walk through of this will be undertaken in the board development session being planned

2.5. Programme overview and status report

Members were advised that the programme tool Verto would soon be implemented following its build to support members being able to access information centrally, and therefore reduce the requirement to receive full detailed reports at WTP Board.

2.6. Resilient Communities workstream plan

WTP Board received and noted the updates provided by Mr Boys on the progress on the workstream. It was outlined how the different pieces of work have been broken down and how progress will be measured.

A conversation about the use of social prescribers across the partnership was noted as a key challenge moving forward to get the very best outcomes. It was agreed that this would be kept under review.

2.7. Gateway reviews

Intermediate Care Service – Step Up
WTP Board approved the ICS Project Initiation Document (PID) subject to amendments that reflected engagement and coproduction, with a caveat to explain that mental health participation would be in phase 2 and would need further gateway approval before going through this step.

Patient Mobilisation
WTP Board approved the Patient Mobilisation PID which outlines how ward staff encourage patients to be mobile earlier to prevent functional decline during their stay and promote reduced length of stay

3. PCN ENGAGEMENT

WTP Board members agreed for further discussions regarding PCN engagement to be taken to SMT, to agree an approach which ensured continuity and engagement whilst acknowledging current capacity pressures.

3.1 Family Safeguarding

WTP Board received and noted that the partnership had received news that the bid from the Department of Education had been successful. An update on next steps was provided by Mrs Rowe. It was agreed by members for this report to be received quarterly to WTP Board.

3.2. Citizen and Community engagement update

WTP Board received and noted the updated provided. It was also noted that hard to reach groups would need to be factored into any future model. It was agreed to learn from the positive experience that the Mental Health Trust has in this area.

3.3. 2019/20 financial position

WTP Board noted the update on this year's financial position which was within budget

3.4. 2020/2021 investment proposal

WTP Board received the planning paper for team investment next financial year. The paper outlined the posts required, and the planned substantiation of the team.

It was agreed that the detail within the paper would be taken back to each organisation for support before being finally approved in January for funding

3.5. Matters for escalation

No items were raised for escalation to the Trust Board. Several items were noted for feedback to SMT which were noted in the action log for tracking

4. RECOMMENDATION

The Board is recommended to **NOTE** the content of the report for information.

MEETING OF THE PUBLIC TRUST BOARD			
Thursday 5th December 2019			
Audit Committee (AC) update report		**AGENDA ITEM: 18** **ENC 15**	
Report Author and Job Title:	Mr D Mortiboys Operational Director of Finance	**Responsible Director:**	Mr S Heer Chair of Audit Committee
Action Required	Approve ☐ Discuss ☒ Inform ☒ Assure ☒		
Executive Summary	The report indicates the key messages from Audit Committee meeting in October 2019 for escalation to the Trust Board, namely; - Agreement to hold an extraordinary audit committee on Monday 9th December 2019 where updated internal audit reports can be received and minutes of previous meetings be reviewed - Ensure that appropriate escalation policies are in place between both Internal and External Auditors and the Trust to ensure issues can be dealt with in a timely manner - That the 20/21 programme of work be aligned to the business needs of the organisation - AC received reports on: - Losses and Special Payments - Report on Single Tender Actions - Internal Audit Progress Report - Internal Audit Recommendations Implementation - External Audit Progress Report - Counter Fraud and Security Progress Reports		
Recommendation	Members of the Trust Board are asked to note that at October 2019 Internal Audit is behind plan and that considerable activity is taking place to ensure the Internal Audit plan is completed by year end		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	Audit Committee is essential to Trust Board managing risk across the organisation		
Resource implications	Poor internal control and/or management of risk would almost certainly result in financial loss		
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 ☒		

AUDIT COMMITTEE (AC) HIGHLIGHT REPORT

KEY AREAS FOR CONSIDERATION BY THE BOARD

1. INTRODUCTION

The Committee reports to the Trust Board following its meetings which are spread throughout the year, this report covering the key issues from the meeting.

2. KEY ISSUES

2.1 The meeting was Chaired by Mr Heer, Non-executive Director and Committee Chair. The meeting was quorate.

2.2 Discussion on Internal Audit

Audit Committee decided that an extraordinary meeting was required for further updates on Internal Audit. The level of activity was behind plan for the year and Audit Committee are seeking further assurance it will be completed in a timely fashion. It was recognised with the new process of escalation in place that rapid progress was anticipated. Grant Thornton assured that Chair that there was sufficient capacity within their team to complete the activity within year.

2.3 Losses and Special payments

Audit Committee received a report and noted its contents. While amounts were as expected further information was requested before the next meeting on one payment.

2.4 Report on Single Tender Actions

Audit Committee received a report and noted its contents. Further information was sought on one item before the next meeting.

2.5 Internal Audit Progress Reports

Members received and noted the contents of the reports. Members requested further updates and detail for the extraordinary audit committee meeting.

2.6 Internal Audit Recommendations Implementation

Members received and noted the contents of the reports. Members resolved to receive an updated report at the extraordinary audit committee.

2.7 External Audit Progress Report

The committee noted and received the report

2.8 Counter Fraud & Security Progress Reports

Members received and noted the contents of the report. An updated report was requested.

2.9 Any other Business

Members resolved to revisit the business cycle to determine how Walsall Together would fit within the remit of the Audit Committee.

3.   **RECOMMENDATION**

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

LIST OF ACRONYMS/ABBRVIATIONS

ACRONYM / ABBREVIATION	DESCRIPTION
A&E or ED	Emergency Department
AMU	Acute Medical Unit
AC	Audit Commission
ACO	Accountable Care Organisation
ACP	Advanced Care Plan
ACS	Accountable Care System
AfC	Agenda for Change
AHP	Allied Health Professional
BAF	Board Assurance Framework
BAU	Business As Usual
BCM	Business Change Management
BCWB STP	Black Country & West Birmingham Sustainability and Transformation Partnership
BCWB UEC Board	Black Country & West Birmingham Urgent & Emergency Care Board
BMD	British Medical Association
CAMHS	Child and Adolescent Mental Health Services
CAS	Central Alerting System
CCG	Community Commissioning Group
CCN	Change Control Notice
CCU	Coronary Care Unit
CD	Controlled Drugs
CDS	Commissioning Data Set
CHIS	Child Health Information System
CIO	Chief Information Officer
CIP	Cost Improvement Programme
CLIPS	Complaints, Litigation, Incidents, PALS and Safeguarding
CNST	Clinical Negligence Scheme for Trusts
COO	Chief Operating Officer
COPD	Chronic Obstructive Pulmonary Disorder
COT	College of Occupational Therapists
CP	Child Protection
CPP	Child Protection Plan
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CRL	Capital Resource Limit
CRS	Care Records Service
CYP	Children & Young People
DBS	Disclosure and Barring Service
DD	Divisional Director
DDO	Divisional Director of Operations
DH or DoH	Department of Health
DN	District Nursing
DNA	Did Not Attend
DOC	Duty of Candour
DOLS	Deprivation of Liberty Safeguards
DPA	Data Protection Act
DQ	Data Quality

LIST OF ACRONYMS/ABBRVIATIONS

DTOC	Delayed Transfer of Care
E&D	Equality and Diversity
EOLC/EOL	End of Life Care / End of Life
EPR	Electronic Patient Record
EPRR	Emergency Preparedness, Resilience and Response
EPS	Electronic Prescription Service
ESR	Electronic Staff Record
FAQ	Frequently Asked Questions
FBC	Full Business Case
FOI	Freedom of Information
FTSU	Freedom to Speak Up
GIRFT	Getting It Right First Time
GMC	General Medical Council
GP	General Practitioner
GUM	Genito-Urinary Medicine
HASU	Hyper Acute Stroke Unit
HCA	Health Care Assistant
HCAI	Healthcare Associated Infection
HDD	Historical Due Diligence
HEE	Health Education England
HFMA	Healthcare Financial Management Association
HOT	Heads of Terms
HPV	Human Papilloma Virus
HR	Human Resources
HSE	Health and Safety Executive
HSJ	Health Service Journal
HWB	Health and Well-Being Board
I&E	Income and Expenditure
ICAS	Independent Complaints Advocacy Service
IG	Information Governance
IM&T	Information Management and Technology
Integra	Trust's Procurement Software supported by Capita partners
IPC	Infection Prevention and Control
JDF	Junior Doctors Forum
JNCC	Joint Negotiation and Consultative Committee
KLOE	Key Lines of Enquiry
KPI	Key Performance Indicator
KSF	Knowledge and Skills Framework
LA	Local Authority
LNC	Local Negotiating Committee
LOS	Length of Stay
LTC	Long Term Conditions
LTFM	Long Term Financial Model
LTP	Long Term Plan
MFFD	Medically Fit for Discharge
MLCC	Manor Learning and Conference Centre
MLTC	Medicine & Long Term Conditions
MOU	Memorandum of Understanding
MSG	Mortality Surveillance Group
NAO	National Audit Office

LIST OF ACRONYMS/ABBRVIATIONS

NED	Non-executive Director
NHS	National Health Service
NHSE	NHS England
NHSI	NHS Improvement
NHSLA	National Health Service Litigation Authority
NICE	National Institute of Clinical Excellence
NIGB	National Information Governance Board
NMC	Nursing and Midwifery Council
NRLS	National Reporting and Learning System
NTDA	NHS Trust Development Authority
OD	Organisational Development
OJEU	Official Journal of the European Union
OOA	Out of Area
OOH	Out of Hospital agenda or Out of Hours
ORSA	Organisational Readiness Self-Assessment
OSC	(Local Authority) Overview and Scrutiny Committee
OT	Occupational Therapist/Therapy
PALS	Patient Advice and Liaison Service
PFI	Private Finance Initiative
PID	Patient Identifiable Data
PID	Project Initiation Document
PFIC	Performance, Finance & Investment Committee
PLACE	Patient Led Assessment of the Care Environment
PMO	Project Management Office/Officer
PO	Purchase Order
PODC	People and Organisational Development Committee
PPE	Personal Protective Equipment
PSF	Provider Sustainability Funding
PTS	Patient Transport Service
QIA	Quality Impact Assessment
QIPP	Quality, Innovation, Productivity and Prevention
QPES	Quality, Patient Experience and Safety Committee
QSIR	Quality Service Improvement Redesign
R&D	Research and Development
RAG	Red Amber Green Assessment Rating
RCA	Root Cause Analysis
RCN	Royal College of Nursing
RCP	Royal College of Physicians
RTT	Referral to Treatment
SDIP	Service Development Improvement Plan
SJR	Structured Judgement Review
SI	Serious Incident
SIRO	Senior Information Responsible Officer
SLA	Service Level Agreement
SLAM	Starters, Leavers and Movers
SLR	Service Line Reporting
SLT or SaLT	Speech and Language Therapy
SOP	Standard Operating Procedure
SPC	Statistical Process Control
SRO	Senior Responsible Officer

LIST OF ACRONYMS/ABBRVIATIONS

STEIS	Strategic Executive Information System
STP	Sustainability and Transformation Partnership
SUS	Secondary Uses Service
TMB	Trust Management Board
TOMS	Therapy Outcome Measures
TUPE	Transfer of Undertakings (Protection of Employment Regulations 1981)
UCC	Urgent Care Centre
VFM	Value for Money
VSM	Very Senior Managers
WCCSS	Women's Children's & Clinical Support Services
WIC	Walk-in Centre
WT	Walsall Together
WTE	Whole Time Equivalent
VTE	Venus Thromboembolism