Walsall Healthcare NHS

NHS Trust

MEETING OF WALSALL HEALTHCARE NHS TRUST BOARD OF DIRECTORS TO BE HELD IN PUBLIC ON THURSDAY 6 FEBUARY 2020 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 5th December 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
SAFE HIGH QUALITY CARE					
8.	Monthly Nursing and Midwifery Safer Staffing Report	Discussion	Director of Nursing	ENC 6	1445
9.	Output of the annual Nurse Establishment Review	Information	Director of Nursing	ENC 7	
PARTNERS					
10.	Walsall Together Update	Information	Director of Integration	ENC 8	1500
VALUE COLLEAGUES					
11.	Organisational Development Strategy	Approval	Director of People and Culture	ENC 9	1510
12.	Improvement Programme Update	Information	Deputy Chief Executive	ENC 10	1530
RESOURCES					

ITEM		PURPOSE	BOARD LEAD	FORMAT	TIME
13.	Performance Report	Discussion	Director of Finance & Performance	ENC 11	1535
				2	
INFORMATION ONLY					
GOVERNANCE AND COMPLIANCE					
14.	Quality, Patient Experience and Safety Committee Highlight Report	Information	Committee Chair	ENC 12	1550
15.	People & Organisational Development Committee Highlight Report	Information	Committee Chair	ENC 13	
16.	Walsall Together Partnership Board Highlight Report	Information	Committee Chair	ENC 14	
17.	Audit Committee Highlight Report	Information	Committee Chair	ENC 15	
18.	**QUESTIONS FROM THE PUBLIC**				
19.	**DATE OF NEXT MEETING** Public meeting on **Thursday 5th March 2020** at 14:00 at the Manor Learning and Conference Centre, Manor Hospital				
20.	**Exclusion to the Public** – To invite the Press and Public to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960).				

MEETING OF THE PUBLIC TRUST BOARD – 6th February 2020			
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 ☒		

Register of Directors Interests at January 2020

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

Caring for Walsall together

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

Report Author: Jenna Davies, Director of Governance
Date of report: January 2020

RECOMMENDATIONS

The Board are asked to note the report

Caring for Walsall together

Walsall Healthcare **NHS**

NHS Trust

**MINUTES OF THE PUBLIC MEETING OF THE BOARD OF DIRECTORS
WALSALL HEALTHCARE NHS TRUST HELD
ON THURSDAY 5 DECEMBER 2019 AT 2:00 p.m. IN THE LECTURE SUITE, MLCC,
MANOR HOSPITAL, WALSALL**

Present:

Ms D Oum	Chair of the Board of Directors
Mr J Dunn	Non-Executive Director
Mr S Heer	Non-Executive Director
Mr P Gayle	Non-Executive Director
Mrs A Baines	Non-Executive Director
Mrs P Bradbury	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
Mr N Hobbs	Chief Operating Officer

In Attendance:

Mr P Assinder	Associate Non-Executive Director
Mr R Virdee	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 2
Observers 1

139/19   Patient & Staff Story

Patient Experience Manager, Mr Kuldeep Singh presented the
story on behalf of the Discharge Lounge.

Ms Tanya Evans-Hall attended the Trust for a physiotherapy
appointment but had a seizure whilst in the shop on site. She was
taken to A&E, AMU and then ward 29.   Tanya highlighted a
number of areas where she felt that the care received fell below
the expected standards, she explained that she had not received
a full explanation of all aspects of treatment, lack of bedside
manners by some staff members and specifically, she had not
been shown how to use a catheter which she was being
discharged home with. Finally, Tanya was moved to the Discharge
Lounge where her care and experience improved.

Members of the Discharge Team however, highlighted some
issues such inter-team communication, lack of patient history on

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arrival and availability of the pharmacist which, if resolved could improve patient and staff experience and also aid in getting patients home quicker.

The team went on to list the improvements that had recently been made within the Discharge Lounge:

- A new system had been implemented which detailed whether patients had their medications and made each stage of the discharge process clear.
- A Pharmacist specifically for the Discharge Lounge had been put in place for 3 days per week, though further funding was required for more days.
- The Discharge Lounge was decluttered and a staff room was created as well as making the environment more patient friendly by supplying tablecloths, games for patients and a beach scene.
- Introduction of a clothes bank, TVs, drinks and snacks.

The team added that they now felt like a part of the Trust and respected by fellow colleagues after receiving a thank you from the Executive team.

Dr Dunderdale commended the team from taking patient's views to make changes and improvements.

Mr Hobbs recognised the huge role of support services and thanked them for continuing to make improvements. Mr Hobbs added that the location of the Lounge was beneficial to the Trust.

Mrs Baines asked how the feedback could be shared with other wards.
Mr Hobbs replied that he and Dr Dunderdale had discussed the sharing of feedback. Staff from both AMU and ward 29 had reviewed the video to reflect upon the feedback provided.
Dr Dunderdale informed that the Quality, Patient Experience and Safety Committee had recently reviewed the last 6 months of Trust Board and Committee stories, themes and specifics of what had been done and what still needed to be done, adding that it would be a regular item for review. Dr Dunderdale would write a thank you to the participating staff and patients for taking the time to share their story.

Director of Nursing

Mrs Bradbury observed that staff attitude appeared patchy in areas and encouraged thought to be given to what staff required prior to accepting patients.
Mr Hobbs agreed, adding that the introduction of the transfer form should assist.

Mr Gayle noted a communication theme and reiterated the importance and value of freeing up beds and the wider impact that had upon patients and the Trust as a whole.

Ms Oum agreed that further work could be done in terms of processes and communication as the Discharge Lounge was an integral part of the Trust.

Mr Dunn could see the enthusiasm from the team who took the time to make changes and encouraged colleagues to give thanks to all of the teams who had shared patient stories and made improvements as a result.

Ms Oum encouraged Board members to continue to review themes and give thanks to teams who had made improvements.

140/19   Apologies for Absence

Apologies were received from Ms S Rowe, Associate Non-Executive Director.

141/19   Declarations of Interest and quorum

There were no declarations of interest and the meeting was quorate.

142/19   Minutes of the Board Meeting held in Public on 7th November 2019

The minutes were approved as a true and accurate record.

143/19   Matters Arising and Action Sheet

051/19 – Dr Dunderdale updated that the Ann Casey report was largely workforce related and would therefore be reviewed at the People and Organisational Development Committee later in the month.   There were no items of focus for the Quality, Patient Experience and Safety Committee.

Ms Oum expressed concern about the amount of time taken for the report to be received by the Trust. Dr Dunderdale replied that the report findings were still relevant.

079/19 – Ms Oum noted that the review of measures of performance had been deferred and reiterated the importance of getting the right mixture of deliverability.

103/19 – Ms Griffiths updated that the Development Plan was a whole system plan aligned to the improvement programme, accountability framework and ensuring that management succession plans properly supported.

Ms Oum queried whether transformation, acute collaboration and Walsall Together would be reflected in the plan. Ms Griffiths replied that they would.   The Trust Management Board had reviewed the plan as it was important that it was a co-produced

piece of work and was anticipated to be live in April 2020.

118/19 – Mr Beeken informed that the Head of Communications had attended the Executive team meeting held earlier in the week to propose a series of measures including Board visibility and publicising Trust Board. Though initial conversations were taking place, the work was not yet concluded.
Ms Oum asked for views on encouraging public attendance.
Mr Gayle suggested the consideration of media such as pod casts. Mr Beeken replied that filming and broadcasting had been discussed and would be explored.

Mrs Bradbury noted that in her experience it was not unusual that attendance was poor and that members of the public would attend if there was a specific item of interest for them.

128/19 – Mr Caldicott referenced the action in relation to the deliver fund, advising that a response had not yet been received.

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

144/19   Chair's Report

The report was taken as read.

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

145/19   Chief Executive's Report

Mr Beeken presented the report and highlighted the following key points:
- Reports could and should obtain an Executive Director assessment outlining the issues and including mitigation or plans to resolve the issues and a much more proactive and strategic board view, seeking board support with specifics.
- Birmingham CCG correspondence comments were welcomed by colleagues.

Mr Heer welcomed the operational improvements but queried whether mitigations were taking place in order to deliver the financial plan.

Mr Beeken replied that resource was needed to drive a coherent and well-structured improvement plan. Mr Beeken went on to explain that an external assessment had taken place which outlined that the Trust had a number of leaders, managers and PMO support, however further resource and skills were required to drive the improvement programme and upskill existing members of staff. A further report would be presented at the

Performance, Finance and Investment Committee in February which would take in to account risks and actions of impact assessments that can be undertaken safely.

Mr Heer asked whether Mr Beeken felt that the Trust had the right and appropriate capacity and toolset to deal with the complex issues.

Mr Beeken responded that through leadership development diagnostic assessments, there was a variability of capacity, capability and knowledge of best practice. In relation to the long term, the actions and applicable costs in order to reach an outstanding rating were yet to be exposed. Mr Beeken cautioned that it would be challenging to achieve results quickly but the right actions were being taken quickly.

Mrs Baines referenced the driving forward and being bold statement contained within the report and asked what that looked like.

Mr Beeken responded that a review of the risk appetite was underway in regard to resources, a new contractual model and approach to remuneration. Mr Beeken added that as the Trust was the host provider for Walsall Together, partner organisations would be encouraged to take similar amounts of risks.

Mrs Baines asked how those conversations would be approached. Mr Beeken replied that a change in approach would be achieved by accelerating the work streams with Walsall Together such as Cardiology and End of Life Care.

Ms Oum agreed with the approach of being bolder in the scale and pace of transformation but keeping the hospital safe whilst doing so. Walsall Together and Acute Collaboration was how services would become sustainable.

Mr Dunn asked how the changes would be made.

Mr Beeken advised that the Trust was better prepared than previous years. Every hour aggregated gained equalled bed days.

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

146/19 Improvement Programme Update

Dr Dunderdale updated that an external consultant had been tasked to undertake a critical review of the Improvement Programme. Mr Dingwal had been contracted over 10 days to interview staffing, programmes, plans and would present his findings. An intensive diagnostic from Trust Management Board had been completed and presented to Ms Oum and Mr Beeken.

The observations to date were:

- An impressive energy for improvement.
- Identified that the current programme lacked clarity of the outcomes. Staff were unclear about priorities and what their contribution needed to be.
- Staff were unclear of the wider system plans and how they would impact upon them, their services or what they needed to do to work towards that ambition.
- There was a huge number of projects and programmes underway which all day separate action plans which was a risk of overloading the organisation.
- Many programmes were running in isolation from each other which was challenging in terms of the process of prioritising. The most critical and impactful were being confirmed.

Dr Dunderdale highlighted the following next steps:
- Being clear on the roles and responsibilities of what was needed and the relationships to improvement such as PMO and the QI Academy and tapping in to those skills.
- Supporting 2 workshops taking place prior to Christmas and defining the outcomes.
- Achievements were to be aimed against the 5 strategic objectives.
- Bring support teams together to a standardised model for improvement, Walsall Together and the sustainability agenda.
- Providing the SRO with the recommended programme through to March next year, incorporating the key priorities and sequence of actions over that time. A series of working sessions with operational teams would take place throughout January.

Dr Dunderdale agreed to circulate the slide deck to Members of the Board.

Director of Nursing

Mr Heer asked how momentum would be maintained and embedded. Dr Dunderdale informed that she was working with Mr Beeken to identify budget and build a business case to ensure the right level support was put into the programme to ensure delivery.

Ms Oum reiterated that the Improvement Programme needed to have the clarity of a clear set of priorities, vision, with focus, structure and marshalling of resources under one umbrella.

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

147/19   Monthly Nursing and Midwifery Safer Staffing Report

Dr Dunderdale introduced the report, highlighting the following key points:

- Continued use of temporary staffing.
- Concern was raised in relation to increasing agency usage and decreasing bank usage. A deep dive was being undertaken. The top 5 users of the workforce was within ED, Amu, ward 10, ward 29 and ASU. Aside from those, the SPC charts did reflect that the inpatient areas were holding steady.
- There was a 75% fill rate through bank of temporary usage.
- There was an increased need of temporary workforce in a planned way through the winter plan in ED and AMU.
- Increased sickness provision.
- Collaborative bank rates of pay incentives weren't giving the historical benefits. Like for like pay had been running for 3 months offering shifts into ward 29, 16 and 20a but there had been a positive impact of that with a reduction of tier 2 in those areas.
- Payment of CSWs to be reviewed at Committees.
- Staffing and quality metrics had not been unduly affected.

Mr Dunn asked how the November figures compared. Dr Dunderdale replied that they were comparative to October.
Mr Dunn queried if other Trusts were facing similar problems with the bank. Dr Dunderdale informed that Sandwell and Dudley had seen similar trends and remained in regular contact with counterparts at the three neighbouring Trusts.

Mr Dunn asked whether there was any correlation. Dr Dunderdale advised that there had been recent concerns raised with ED and AMU. The most critical area in service provision was AMU and short term mitigations were in place. Ward 4 remained an area for concern. Dr Dunderdale stated that the trend analysis did not highlight any issues other than the areas outlined.

Ms Oum expressed disappointment with the sickness absence rates reduction and asked whether the reductions were in line with expectation. Ms Griffiths advised that sickness takes a long time to reduce, usually 12-18 months. A new attendance management plan had been launched which was a 6-18 month plan.

Mr Assinder queried the decision making process around spend for additional capacity. Dr Dunderdale confirmed that there were clear processes and controls in place which required authorisation by Mr Hobbs and Dr Dunderdale. In relation to additional capacity in the Winter Plan, block booking bank staff was in place. Tier 1 agency conversations took place to negotiate an enhanced day rate and negotiated a set number of hours through the winter period.

Mrs Baines queried the differentials of the increase in bank and agency staff. Dr Dunderdale informed that a detailed paper would be presented at the Quality, Patient Experience and Safety Committee and the People and Organisational Development Committee detailing the budgeted establishment, unfunded capacity and Winter Plan.

QPES/PODC

Mr Caldicott advised that the profiles of work would be followed up through the Performance, Finance and Investment Committee.
Clarity of aspirations, issues, capacity requirements and length of stay to close the year would be reviewed by the committee in January.

PFIC

Ms Oum noted a reference to increasing challenge around CSWs and would happily share a model she had led at the Queen Elizabeth Trust.

Chair

Ms Oum advised that the priority areas were a challenge and asked for a detailed review to take place at the Performance, Finance and Investment Committee.

Resolution
The Board:
- **Received and noted the content of the report.**
- **Noted that a detailed paper would be presented at the Quality, Patient Experience and Safety Committee**

148/19   Walsall Together Update

Mr Fradgley presented the Walsall Together updated and highlighted the following key points :

- There was a lack of ambition of applicants of place based MDTs in the primary care network.
- Conversations around the use of social prescribers had broken down and steps were being taken to obtain a negotiated position.
- The communications elements, workforce and organisational development required more investment next year in order to get them right.
- Whg would lead on citizen stories and the required vision elements.
- Hollybank was included within the update and outlined as a piece of work focus during quarter 4.
- The proposed framework for investment 2021 would be reviewed at the Integrated Care Partnership the following week.

Ms Oum encouraged the implementation of a behaviours framework.

Mr Caldicott informed that KPIs and metrics were to be put in place to review patient flow and key analysis for plans. **Director of Strategy**

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

150/19   Health and Wellbeing Update

Ms Griffiths presented the report which outlined work streams, for information.

The Trust had a challenging legacy position which was below national standards and was now prioritising health and wellbeing.

The update included an interpretation of what outstanding in 2022 looked like and was set around the Friends and Family Test results and top percentiles.

The Trust was adopting a holistic approach to health and well-being and creating a recommendation of benefits, though some investment was required with some of the challenging items such as Psychology support and the financial health and well-being for lower paid staff.

Ms Oum thanked Ms Griffiths for the clear report and was pleased to see work streams coming together in relation to the people agency, which had been talked about for some time.

Mr Dunn extended an invite to Ms Griffiths to attend the Performance, Finance and Investment Committee in order to present the investments and benefits.

Mr Virdee backed the zero tolerance of bullying, referencing the Leadership Event which also touched upon the topic.

Mr Heer acknowledged the challenge faced by all Trusts and asked how Walsall could be different.
Ms Griffiths replied that staff being recognised by receiving thank yous and being appreciated was important to people.

Mr Caldicott welcomed the case development which was a key enabler, adding that investing back in to staff benefitted quality.

Mrs Baines observed that section 3 and the journey to outstanding by 2022 was somewhat vague and asked whether the People and Organisational Development Committee had reviewed and were happy with the outline. Mr Gayle replied that they were.

Mr Diamond referenced the smoke-free site by April 2010 and asked if support would be in place.
Ms Griffiths informed that discussions had taken place at the Trust Management Board and the business case included the views of staff and vaping.

Resolution
The Board received and noted the update.

151/19   Flu Update

The report was taken as read.

Ms Oum congratulated Ms Griffiths for the effort made to date and encouraged for it to continue.

152/19   Performance Report

Quality, Patient Experience and Safety Committee

Dr Dunderdale highlighted the following key points from the report:

There were areas of emerging success particularly around falls and pressure ulcers.

Dr Lewis updated that VTE current performance was 92.3%. Detailed reports had been presented at the Quality, Patient Experience and Safety Committee, outlining the actions being taken and raising the importance of VTE assessments. A detailed analysis suggested there was an issue with clerking patients in ED and the handheld computer system used. It was anticipated that an update to the software would be available in April 2020 which would resolve the issue. A paper system had been created to follow the patient in order to provide mitigation in the short term.

Dr Lewis drew attention to the Mental Capacity Act and recognising the importance of doing it right with carrying out assessments and particularly, whether to carry out resuscitation. Currently performance was 53% which was not adequate.

Plans were being created to introduce the RESPECT form on a borough wide basis through Walsall Together, though the process was taking longer than anticipated. A new Safeguarding Lead would take on part of the role of training staff on the wards with the new form and improving the audit to provide better data.

The next Clinical Senate would focus on the carrying out of the necessary safety and quality checks as some areas were not performing consistently at ward level. The Senate would be used as an opportunity to have multidisciplinary discussions, raise the importance of these issues and discuss ways to improve.

Mr Heer stated that there needed to be a Board assurance tool.

Ms Oum referred to the Mental Capacity Act compliance and

assumed that detailed actions were reviewed at the Quality, Patient Experience and Safety Committee. Ms Oum continued to ask what assurance could be provided of compliance of patient safety.

Dr Lewis informed that there was not a clear trajectory but would complete a review and present at the Quality, Patient Experience and Safety Committee.   **QPES**

Integration

Mr Fradgley updated that one of the data sets included within the report was quarterly. One Walsall had been approached to request for monthly data and the Working Group were completing the next phase of the report.

Intermediate care services had seen some relative stability in with good outflow though there were 23 patients within the hospital due to delays in packages of care.

Winter contingency had been pre-blocked with an additional 200 hours per week which started this week.

Patients on the medically fit list had been between 75-80 consistently until peaking at 109 this week, which highlighted that one change of sensitivity could affect the whole flow.

The problem areas were known and teams were working on targeting actions with the assistance of Mr Hobbs.

People and Organisational Development Committee

Ms Griffiths informed that the framework for a single Trust wide Organisation Development Plan with targets to outstanding in 2022 had been agreed.

Ms Oum observed that the framework was very ambiguous and asked when the plan and milestones would be available to provide an insight to whether it could be delivered.

Ms Oum queried whether the approaches to workforce were included and when progress would start to be made.

Mr Beeken responded that work had begun and formed part the development of a comprehensive improvement programme. Mr Beeken added that the current accountability framework needed to be revisited and needed to include the strategic measures of change encompassing Walsall Together.

Constitutional Standard

Mr Hobbs updated that an external assurance visit had taken place the previous week which commended the Trust's preparation for winter.

There was a 2 week breech during October which was declared to the regulators.

Pressure was still being experienced in relation to breast referrals following the support given to the Royal Wolverhampton NHS Trust.

Diagnostic waiting times were performing well and the Imaging team deserve credit for their efforts.

Performance, Finance and Investment Committee

Mr Caldicott drew attention to the October performance run rate and plan for escalation measures put in place.

The temporary workforce posed a run rate risk of overspend in November.

A re-profiling of activity indicated a deduction of £200k in planned income.

Ms Oum cautioned that financial performance was a concern and that further detailed discussion would take place at the Performance, Finance and Investment Committee.

Mr Heer stated that the creation of flash reports of key factors determining Trust performance had been discussed previously and asked when they would be issued.

Mr Caldicott responded that they would be issued every 2 weeks.

Mr Dunn informed that the next Performance, Finance and Investment Committee would include a look ahead to the following year and invited all Board members to attend. Discussion would take place around priorities for next year and to agree what could be achieved this year along with the degree of risk.

Ms Oum stated that it would be helpful to understand the full list of mitigations to get the Trust as close to the plan that was agreed.

Mr Gayle asked whether there were any previous identified saving schemes that were not pursued.

Mr Caldicott replied that he was not aware of any but could review with the PMO Director.

Mr Gayle queried if there were any ongoing development programmes in relation to financial management training which would assist to create the culture of ownership around financial management.

Mr Caldicott confirmed that a finance training package was being developed and that discussions were taking place with a view to making the training mandatory.

Mr Assinder asked whether the operational teams were involved in financial discussions.

Mr Hobbs informed that operational management at a divisional care group level and wider clinical staff were all included, though there was opportunity for further improvement to many required investment.

Mr Beeken informed that the mitigations provided by Clinical Directors and Clinical Managers were often quite short term focused and did not utilise projection that could be changed. The financial recovery responses often used the expansion of their services.

Ms Oum cautioned that there was not adequate assurance around the delivery of a challenging financial plan. A review would take place at the Performance, Finance and Investment Committee.

PFIC

Resolution
The Board:
- **Received and noted the content of the report.**
- **Noted that a review of the financial plan would take place at the Performance, Finance and Investment Committee.**

153/19 Quality, Patient Experience and Safety Committee Highlight Report

The report was taken as read.

Dr Dunderdale informed that the equipment element outlined within the report had now received assurance.

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

154/19 Performance, Finance and Investment Committee Highlight Report

The report was taken as read.

Resolution
The Board received and noted the content of the report

155/19 People and Organisational Development Committee Highlight Report

Ms Griffiths informed that the management of time owing needed to be minimised and the committee had agreed to receive a policy on flexible working.

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

156/19 Integrated Care Partnership Committee Highlight Report

The report was taken as read.

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

157/19 **Audit Committee**

No report was submitted.

158/19 **Questions from the Public**

There were no questions from the public.

159/18 **Date of Next Meeting**

The next meeting of the Trust Board held in public would be on Thursday 6 February 2020 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: December 2020

Ref:	Date	Agenda Item	Action Notes	Who	Due Date	Progress / Comments	Status
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 promition of the Board was discussed.	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	The report and action plan has gone to PODC. This is purely a workforce report and an overview will be provided to PODC.	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	Definitions have now been provided in the report.	Complete
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 05/03/2020		Open

Action log
Updated from Trust Board Meeting: December 2020

Ref:	Date	Agenda Item	Action Notes	Who	Due Date	Progress / Comments	Status
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	Detail provided in the updated Mortality paper	Complete
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	SPC principles continue to be developed and commentary focused upon causes and actions.	Complete
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	Updates to be presented at an extra-ordinary meeting of PFIC on 12th February 2020.	Open
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	To be provided at the QPES committee in January	Complete
139/19	05/12/19	Patient Story	Dr Dunderdale to write to the patient and staff members for taking the time to share their story.	Director of Nursing	06/02/2020	Letters are now being sent to patients	Complete
146/19	05/12/19	Improvement Update	Dr Dunderdale to share the slide deck from Mr Dingwal's findings from his initial review of the Improvement Programme.	Director of Nursing	06/02/2020	Slide deck shared with all members	Complete

Action log
Updated from Trust Board Meeting: December 2020

Ref:	Date	Agenda Item	Action Notes	Who	Due Date	Progress / Comments	Status
147/19	05/12/19	Safer Staffing report	A paper detailing the budged establishment, unfunded capacity and winter plan to be presented at QPES and PODC	Director of Nursing	06/02/2020	To be provided at the QPES committee in January	Complete
147/19	05/12/19	Safer Staffing report	Detailed review of delivery of the financial plan to take place at PFIC.	Director of Finance	06/02/2020	Updates to be presented at an extra-ordinary meeting of PFIC on 12th February 2020.	Open
149/19	05/12/19	Safer Staffing report	Ms Oum to share a staffing model she had led at the Queen Elizabeth Trust	Chair	06/02/2020	Will be shared following an upcoming Anchor Employer meeting	Open
148/19	05/12/19	Walsall Together Update	A behaviours framework was to be created.	Director of Strategy	06/02/2020	An initial framework is confirmed in the Alliance Agreement. Further development will be coordinated by the Walsall Together Partnership Board	Complete
148/19	05/12/19	Walsall Together Update	KPIs and metrics to be put in place to revire patient flow and key analysis for plans.	Director of Finance / Director of Integration	06/02/2020	Updates to be presented at an extra-ordinary meeting of PFIC on 12th February 2020.	Open
152/19	05/12/19	Performance Report	Dr Lewis to complete a review of compliance of the Mental Capacity Act and present to QPES	Medical Director	06/02/2020	Papper presented to QPES on 30th January 2020	Complete

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

MEETING OF THE PUBLIC TRUST BOARD			
Thursday 6th February 2020			
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. **We aim to deliver experience in care as measured by the CQC rating of 'Outstanding' by April 2022**

   Every month as part of our Board day, Board members get to visit various services and areas across the Trust. In December I had the opportunity to meet some of the staff and patients on our newly formed Surgical Ambulatory Care Unit. I was impressed how staff had driven a change in service, based on patient feedback, and the patient at the heart of the improvement. The staff and patients spoke positively about the service and how the changes had improved care.

2. **We will work in partnership in Walsall to improve health and well-being.**

   This month we held a Board development session on the NHS Long Term Plan, its implications, and Integrated Care System development. The Board took the opportunity to explore collaboration arrangements across the Black Country. Board colleagues welcomed a presentation from PA consulting, and supported the opportunity for more formal collaborations across the Black Country that can make improvements in care to the people of Walsall. The Board will be considering, more detailed proposals of the implications and practicalities over the coming months.

3. **We are aiming to be an inclusive organisation which lives our organisational values at all times (Respect, Compassion, Professionalism and Team Working).**

   Attending NHS Leadership meeting is a great opportunity to meet colleagues from across the organisation to learn and share our own experiences about challenges we are facing but also to share some of the positives. This event attended by the Chief Executive and I took place after the outcome of the general election and as such provided an early insight of future priorities for the NHS, including the new NHS People framework, and how this will benefit staff across the NHS.

4. **To utilise our resources to their optimum in order to deliver best value.**

   As you will know we have been working on our Long Term Financial Plan and our Financial Plan for 2020/21, this month I joined colleagues at our Performance, Finance and Investment Committee. It is clear from the national guidance and also the outturn from this year that next year will be challenging for the organisation, and attending this Committee I participated in debate regarding unmitigated financial risks for this year and challenges for the next.

Aligned to this I met with our Director of PMO before he departed the organisation to obtain feedback on progress and challenges.

5. Meetings/Events

I met with the Chair of Sandwell and West Birmingham NHS Trust and the Chair of Dudley Group NHS Foundation Trust for our regular one to one meetings.

Along with the Chief Executive, I met with Healthwatch for a quarterly catch up meeting.

RECOMMENDATIONS

The Board are asked to note the content of the report

MEETING OF THE PUBLIC TRUST BOARD – Thursday 6th January 2020			
Chief Executive's Report			**AGENDA ITEM: 7**
Report Author and Job Title:	Richard Beeken, Chief Executive Officer	**Responsible Director:**	Chief Executive Officer
Action Required	Approve ☐ Discuss ☒ Inform ☒ Assure ☐		
Executive Summary	The purpose of the report is to provide the Board with my appraisal of the high level, critical activities which the organisation must engage with in the immediate future, set against the organisation's strategic objectives. The report also sets out to the Board, the significant level of guidance, instruction and best practice adoption we received during December 2019 and January 2020 and assures the Board through an allocation of the actions required, to the relevant executive director.		
Recommendation	Members of the Trust Board are asked to: Note the report and discuss the content		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	This report outlines the actions set 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.		
Resource implications			
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 must engage with in the immediate future, set against the organisation's strategic objectives.

The report also sets out to the Board the significant level of guidance, instruction and best practice adoption we received during December 2019 and January 2020 and assures the Board through an allocation of the actions required, to the relevant executive director.

2. BACKGROUND

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

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

3. DETAILS

3.1 Provide safe, high quality care across all our services

I have been delighted that Walsall Healthcare has continued to climb both the national and regional performance league tables for delivery of the 4 hour emergency access standard. Our regional ranking, relative to others has been to move from 15th to 4th in a period of only 9 months. To have achieved the maintenance of safe urgent care delivery in the face of significant increases in demand, way beyond that planned for or nationally predicted, is testament to our clinical and managerial teams. An efficiency the equivalent of 31 beds of supply, has been achieved in length of stay gain. This is set against an increase in demand the equivalent of 32 beds. Our task now is to make a stepped improvement in patient experience in our emergency department and therefore serious consideration needs to be given to resolving our poor benchmarking on staffing resilience out of hours. The merits of this should be considered, even in the face of our significant financial challenges.

I have also been delighted that, after a couple of false starts, we are starting to get the Improvement Programme architecture and content up and running. A formal launch on

1st April is very much possible. Between now and then, the executive team will be making critical decisions about the shape of the improvement team, the PMO and, in light of the departure of the SRO, the leadership of the programme. Prioritisation of the early phases so we don't overreach ourselves is also critical. Discussions and consensus about all these issues is at an advanced stage and the Trust's Deputy Chair will now provide Board input and support to it, on an ongoing basis.

The need to radically change the approach to improvement in the Trust has been brought into sharp relief when we have taken part as an executive, in the planning and financial planning sessions with each of our clinical divisions this week. The plans and intentions of many services are still to transactional, traditional and not making enough use of the rich resources available to them (GIRFT, Model Hospital, SLR, CQC Insight Reports) which should trigger service improvement and financial efficiency schemes.

3.2   Valuing our colleagues

It is with real sadness that we will say goodbye to our Director of Nursing and Deputy Cjief Executive, Karen Dunderdale. Karen will be going on secondment to the role of Director of Nursing at The United Lincolnshire Hospitals Trust. We wish her well. We have already secured an interim replacement in Ann-Marie Riley, Deputy Chief Nurse at Nottingham University Hospitals Trust, who starts with us in March.

As part of the implications for the above, the Director of Infection Prevention & Control responsibilities will transfer to Dr Lewis, Medical Director, along with the executive lead role for the QPES Committee. I am considering my options with regard to the Deputy CEO role and a proposal for the remuneration committee will be available shortly.

3.3   Partners

Work continues at relative pace towards the deadline of each Sustainability & Transformation Partnership (STP) becoming accredited Integrated Care Systems (ICS) by April 2021. Governance arrangements for the STP, which should be informed by national guidance on the development of ICS maturity coming out shortly, will need to mature and is likely to include more delegated authority sought from individual Trust and CCG governing bodies, via their accountable officers and directors, at STP Board level. I will have more information to share about this, once I have attended the STP Board on 30/1/20. That Board meeting is also likely to consider the implications of the new executive leadership structure being rolled out across all the Black Country CCGs and in particular, how the proposed Managing Director roles at "place" level, interact seamlessly with emerging Integrated Care

Partnerships (ICPs). Our emerging ICP, Walsall Together, is developing well and has attracted interest from NHSI/E with regard to their need to better understand how the delegated authority, governance and accountability works in a structure which focuses on a host provider.

3.4 Resources

Our 2019/20 financial plan delivery has come under considerable strain and we are now forecasting an adverse operational deficit to plan of £4.9m, with costs needing to be controlled in order to attain this forecast. The revision to forecast due to the significant hike in emergency demand, combined with increasing temporary staffing costs in key, challenged departments/services in the hospital.

The increased forecast places at risk the receipt of central income and cash associated with attainment of the financial plan, Financial Recovery Funds (FRF) and Provider Sustainability Funds (PSF) totalling £6m, which will require the Trust to seek additional cash borrowings and incur further costs associated with the servicing of debt, in addition to the operational deficit of £4.9m (so borrowings potentially rising to in excess £10.9m).

We continue to work with Clinical Commissioning Group Directors across the Sustainability and Transformation Partnership to seek to ensure that any cumulative surplus is pragmatically deployed, so as to avert the Trust forecast operational deficit and in doing so ensure the central income allocation (FRF and PSF) is maximised for Walsall and the wider STP. The Chair and I wrote to the CCG to this end last week and we await the outcome of this, which may de-risk our financial plan delivery accordingly.

The Director of Finance and I have attended meetings held with other Chief Exective Officers and Finance Directors across the STP to discuss the contractual and financial position for 2020/21. Implicit within emerging proposals is the move to a capitated, block contract for all service lines next year, meaning the effective end to payment by results (income no longer driven explicitly by the number of patients being treated) other than on a shadow, illustrative basis.

This is a key step in helping us to collectively manage financial risk better between commissioners and providers, which is a positive move. However, early indications suggest that the quantum available for investment in service quality, activity shift to community care and staff retention, all of which we wish to prioritise as a Board, will be insufficient. The Trust Board signed up to the 2020/21 financial plan in late 2019, the impacts of the above on our plans will need our PFIC and ultimately the Board to sign off any revision to 2020/21 soon, which will inevitably have to make some compromises within it.

3.5   Care at home

I was pleased to attend a financial and service planning session between the executive and our community division this week. The session focused exclusively on the kind of transformational change they, in partnership with our Walsall Together partners, can effect to deliver admission avoidance and discharge facilitation at a greater scale. Given the demand profile I describe in 3.1 above and the financial challenge I describe in 3.4 above, this was heartening to hear the details of. The ICP Board will provide further assurance on these schemes in the next couple of months.

3.3   RECOMMENDATIONS

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

Richard Beeken
Chief Executive
29/01/2020

Caring for Walsall together

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

NEW NATIONAL GUIDANCE, REPORTS AND CONSULTATIONS

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

No	Document	Guidance/ Report/ Consultation	Lead
1.1	**Antiviral medicines for the prevention and treatment of flu** Advice issued on the prescribing and supply of antiviral medicines for the prevention and treatment of influenza. It recommends antiviral medicines be presented for people presenting with flu-like illness in line with current regulations and NICE guidelines.	**Action** **Quality, Patient Experience and Safety Committee**	**Medical Director**
1.2	**Risk of harm to babies and children from coin/button batteries in hearing aids and other hearing devices** A National Patient Safety Alert has been issued relating to the risk of harm to babies and children from batteries in hearing aids and other hearing devices. The alert requires all organisations supplying NHS-funded hearing aids to ensure those issued to babies and children under five years old have secure battery compartments. Consideration for the need for a secure battery compartment to be given to anyone living with babies, young children or a person with additional risk factors.	**Action** **Quality, Patient Experience & Safety Committee**	**Medical Director**

MEETING OF THE PUBLIC TRUST BOARD – Thursday 6th February 2020		
Monthly Nurse Staffing Report – December 2019 Data		**AGENDA ITEM: 8**

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	December continued to see the use of additional capacity beds which resulted in the continued use of additional temporary staffing. As a result agency use increased during the month. Total nurse temporary staffing use remained within control. The 5 top user areas are clearly identified as using over half of all agency use and spend, with a number of ward areas now using minimal agency staffing, demonstrating grip across the temporary staffing process. The RN fill rate average for December 2019 overall was 91.01%. The Director of Nursing gives assurance around 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 ☒		

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 December overall was 91.01% which splits into the following day and night average:

- 88.46% for day shifts
- 94.47% for night shifts

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

1.2 Care Hours Per Patient Day (CHPPD) – November 2019
   Data range: 6.3 – 11.2
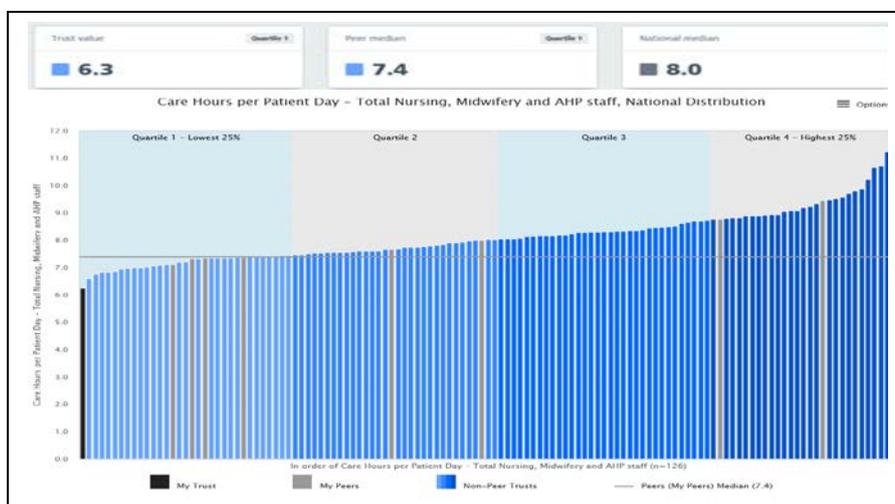
The CHPPD data shows that WHC is consistently within the lowest quartile (black line). The process for data collection is still being reviewed to strengthen the governance around this and the new Erostering system will support this. NHSi have recently renewed the templates to now include Nurse Associates and Trainee Nurse Associates and the Trust has now started to submit data in this new format from September 2019.

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2.TEMPORARY STAFFING

2.1 Total Temporary Staffing Use

Chart 1

No. Agency Shifts-Walsall Healthcare NHS Trust starting 15/07/19
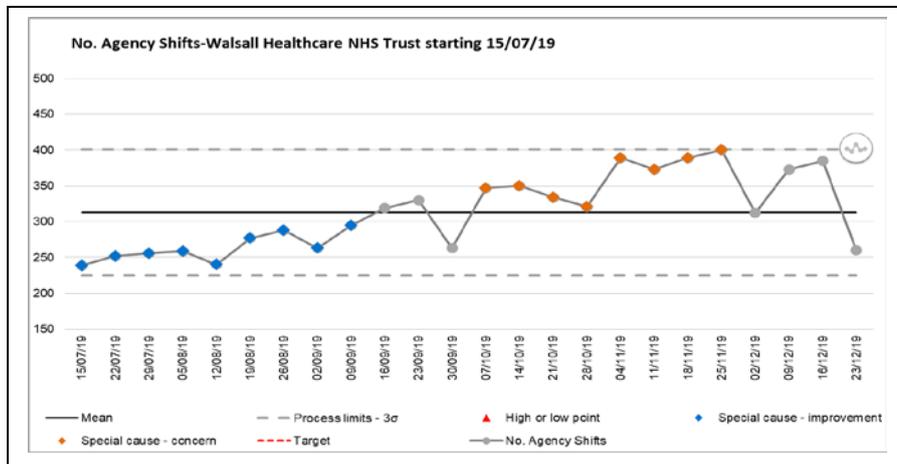
The number of temporary staffing shifts booked within December shows a decrease despite additional capacity being open. The decrease was seen in both bank and Agency worked shifts. This was due to supply issues.

Chart 2

No. Bank Shifts-Walsall Healthcare NHS Trust starting 15/07/19
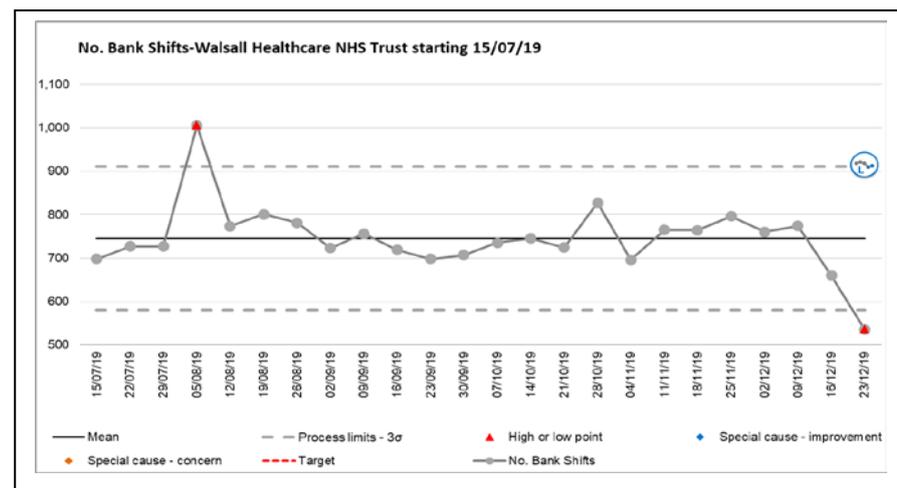
The number of Bank shifts booked overall (all areas) in December is below target, work is ongoing to achieve target use.

Different communication methodologies are being used such as Facebook, 'live' shift lists and an elevated number of text messages being sent to Bank staff.

No. Overall Shifts-Walsall Healthcare NHS Trust starting 15/07/19

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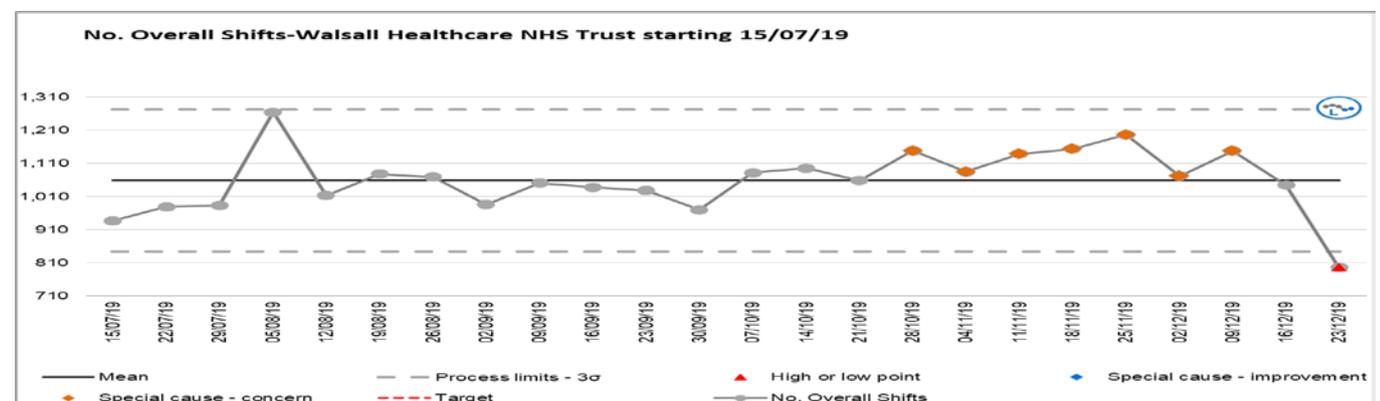
Top 5 user areas of nursing agency are ED, Ward 29, AMU, Ward 1 and Ward 15. If we strip these 5 areas out of the overall temporary staffing usage, the data shows temporary staffing use for agency is in control across the remaining ward areas, with a number of wards now starting to show minimal agency use.

Nurse Agency Usage (Excludes ED, Ward 29, AMU, Ward 1, Ward 15)-Temporary Staffing starting 01/04/19
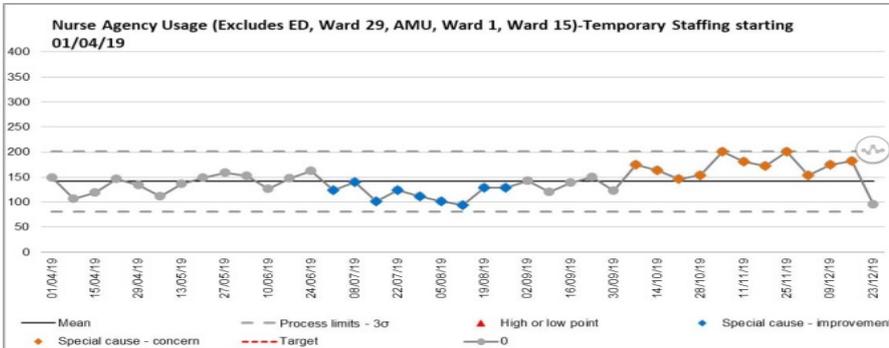
Wards 2, 3, 17 and 20a use minimal nursing agency,

Total Nurse Agency Usage - hours booked - Ward 2-Temporary Staffing starting 08/07/19

Total Nurse Agency Usage - hours booked - Ward 3-Temporary Staffing starting 08/07/19

Total Nurse Agency Usage - hours booked - Ward 17-Temporary Staffing starting 08/07/19

Total Nurse Agency Usage - hours booked - Ward 20a-Temporary Staffing starting 08/07/19
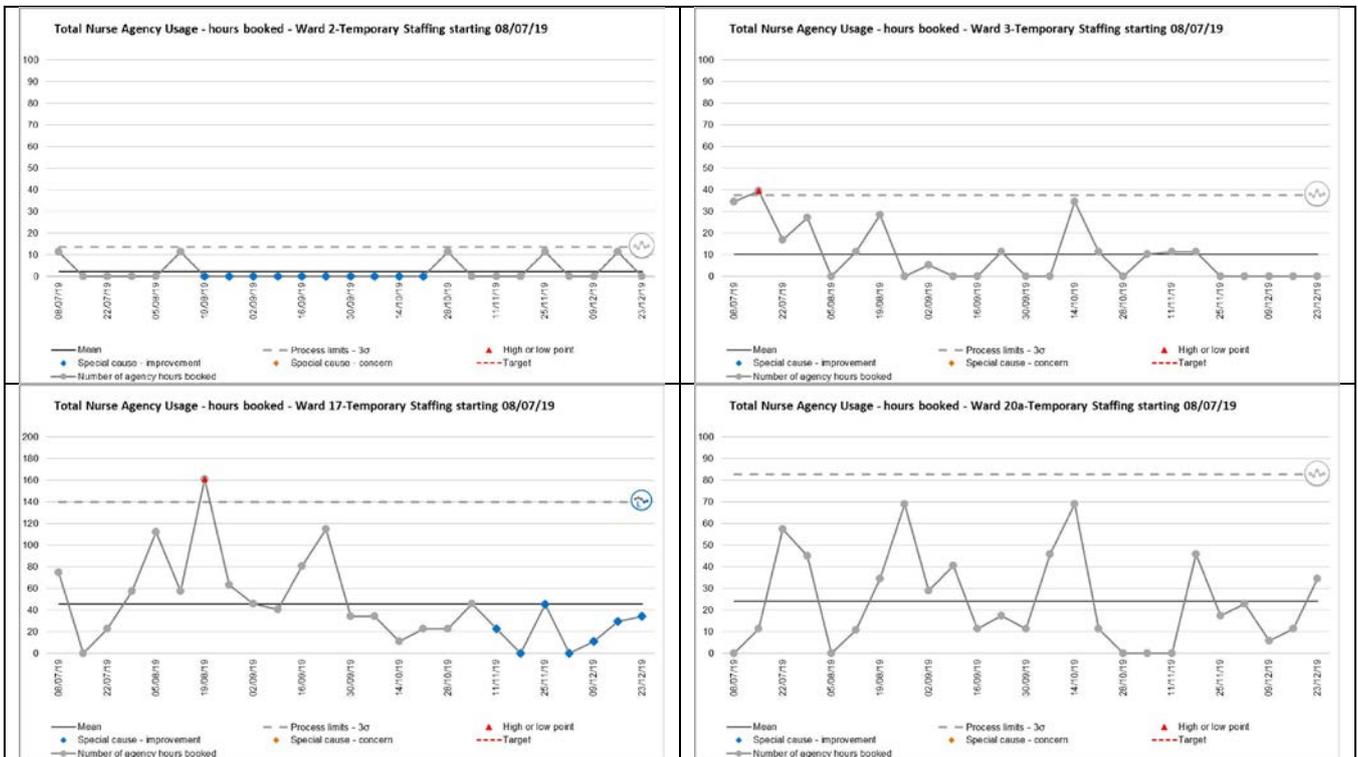
Booking Reasons

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 15/07/19
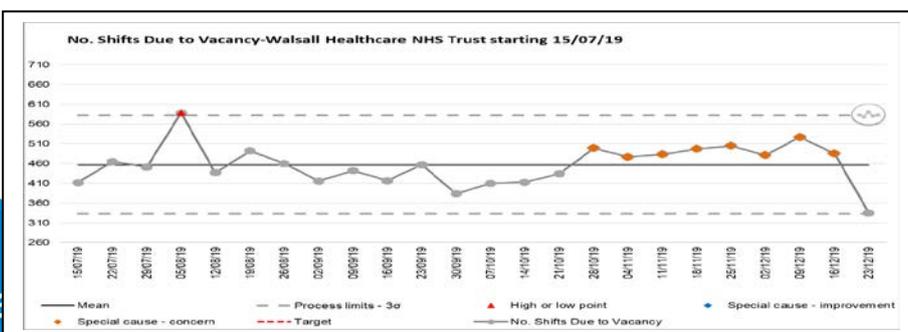
Matron Approval meetings ensure that all bookings for reason of 'vacancy' are relative to the amount of actual vacancies.

All Divisional cover for sickness reduced during

No. Shifts Due to Sickness Absence-Walsall Healthcare NHS Trust starting 15/07/19

No. Shifts Due to Maternity/Paternity Leave-Walsall Healthcare NHS Trust starting 15/07/19

Legend:
- Mean
- High or low point
- Special cause - concern
- No. Shifts Due to Maternity/Paternity Leave
- Process limits - 3σ
- Special cause - improvement
- Target
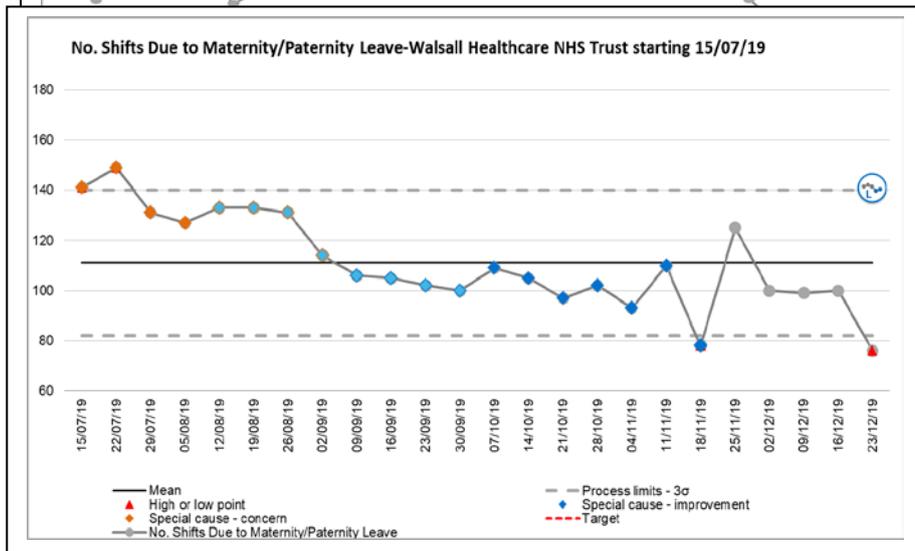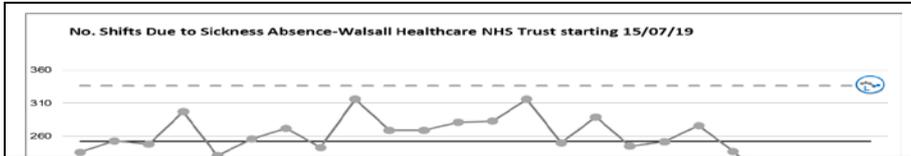
Shifts booked with temporary staffing to cover Maternity leave is within control limits.

No. Shifts Due to Additional Capacity-Walsall Healthcare NHS Trust starting 15/07/19

Legend:
- Mean
- Special cause - improvement
- No. Shifts Due to Additional Capacity
- Process limits - 3σ
- Special cause - concern
- High or low point
- Target
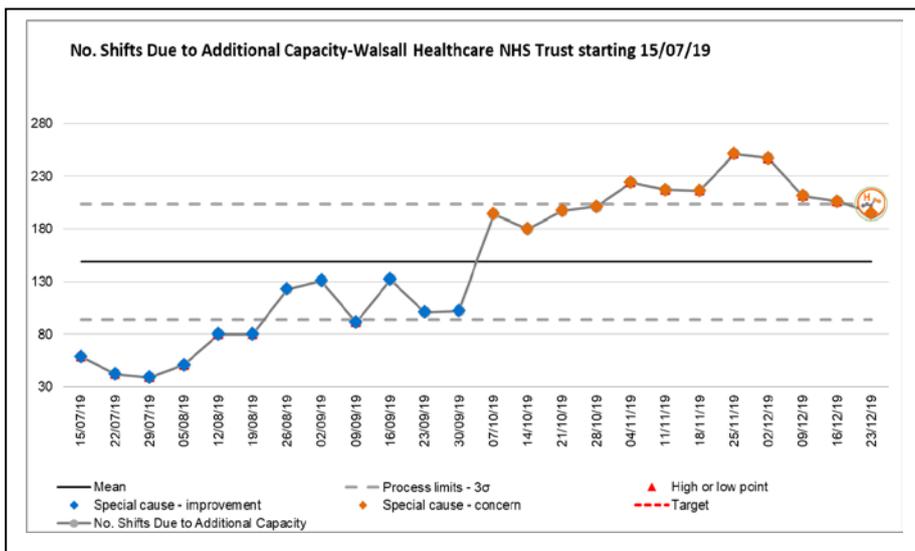
Additional capacity demand continues to drive the increase in temporary staffing booking.

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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.

MEETING OF THE PUBLIC TRUST BOARD - Thursday 6th February 2020			
Annual Nursing Establishment Review			**AGENDA ITEM: 9**
Report Author and Job Title:	Karen Dunderdale Director of Nursing	**Responsible Director:**	Karen Dunderdale, Director of Nursing & Russell Caldicott, director of Finance
Action Required	Approve ☐ Discuss ☒ Inform ☒ Assure ☐		
Executive Summary	As part of the National Quality Board (NQB) 2016 requirements around the monitoring of sustainable safe staffing levels on inpatient wards, provider Trust Boards are required to receive an annual review and approve any changes to nursing establishments. From April 2019 NHS providers are also assessed against new guidance: Workforce Safeguards Guidance (NHSI 2018) to support the application of workforce planning and safe staffing decisions. The annual nurse staffing review was carried out using methodology described by the NQB (2016) guidance during October 2019 covering 17 acute Hospital Wards.		
Recommendation	Members of the Performance, Finance and Investment Committee are asked to NOTE the outcome Nurse Establishment review.		
Risk in the BAF or Trust Risk Register	Ensuring safe staffing levels supports the delivery of safe and high quality care.		
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 ☐		

Annual Nurse Establishment Review:

1: Nursing Review Process:

The annual Nurse establishment review was undertaken in October 2019 to review ward nursing levels. The optimal nursing review set out to design establishments to ensure that nursing establishments and shift arrangements delivered the optimum balance of care quality and efficient use of resources.

This paper sets out a review for MLTC & DOS, reflecting the core bed base.

2. Medical In-Patient Wards – Reviewed:

This review element covers the following areas:
- Ward 29 (Short stay)
- Ward 15 (Endocrinology/General Medicine)
- Ward 16 (Gastroenterology)
- Ward 17 (Respiratory)
- Ward 7 (Cardiology & Coronary Care)
- Ward 1 (Acute Elderly)
- Ward 2 (Elderly Care & Acute Medicine)
- Ward 3 (Medically fit & discharge)
- Ward 4 (Stroke rehab)

Ward 14 (Medically fit, Discharge) – although this ward was reviewed it will be subject to a separate business case.

3. Surgical In-Patient Wards – Reviewed:

This review element covers the following areas:
- Ward 9 (Orthopaedic & Trauma)
- ICCU
- Ward 20a (Orthopaedic elective surgery)
- Ward 20c (Surgical Day Case Unit)

Ward 20b (Elective surgery) – Further work is required in this area and will be subject to a separate paper.

4. Womens & Children In-Patient Wards – Reviewed:
- Ward 23 – (Gynaecology)

Establishments have been reviewed using the Trust's long day and long night shift pattern and a Nursing Ratio model to provide added objectivity. Wards have also completed data on a daily basis as part of the Safer Nursing Care Tool to take into account acuity, dependency and complexity of care in order to ensure the nursing levels are optimised for workloads in each area. Shift patterns with appropriate staff numbers have been collated using an establishment-setting tool, which is configured to create both an establishment and budget for any given shift pattern. The model uses the following assumptions:

- Shift patterns as identified for each ward area
- Leave cover arrangements based upon standard leave entitlements (33 + 8 B/H)
- Training cover set to 5 days per WTE per year
- Sickness absence cover set at 3.39% sickness rate (bank cover)

The calculated establishments include all nursing, but exclude ward support functions and ward administration. They do include supernumerary nurse management time tied directly to the ward establishment. However, this has been reduced from 5 days to 3 days reflecting actual practice allowing 2 days clinical practice. In addition the review assumed a default position of two registered nurses on night shift as a minimum and for AMU and ASU a shift co-ordinator per shift supernumerary to the establishment. The weighting of 0.25 WTE was maintained per side room for each ward taking into account the geographical footprint of the ward and potential to have a reduced line of sight when in the side rooms.

5. Additional Considerations

Each ward was reviewed with regard to the nursing workforce plan to incorporate Nursing Associates (Appendix 1).
Whilst Ward 29 establishment was reviewed this was based on 31 beds and additional beds used for capacity (5 beds) were not included in the review and will be subject to a separate business case by the Operational team.
Ward 14 establishment review was undertaken and a separate business case will be developed and therefore this establishment has not been included in this paper.
Ward 20b remains outstanding due to the need to review further data and will be subject to a further paper.

6. Outcome of the Review:

Appendix 2 identifies the movement for each ward based on the current number of beds, occupancy and acuity of patients. Detailed analysis around the current staffing model and its comparison to SNCT, and then further changes to the proposed model (supporting side rooms and other adjustments) are also identified within the analysis.
Noting that appendix 2 does not cover the ward leader supernumerary days when comparing the direct care staffing numbers.
Roster plan appendices, with the detailed calculations for each area, including the occupancy rate assumptions and acuity rate underlying all establishment calculations, are available separately.

	Establishment	Bank (sickness)	total	Impact of Rotas	less Admin Saving	Overall Impact
WARD 5/6 - AMU	2,306,300	75,216	2,381,516	(23,108)	14,925	(8,183)
WARD 29	1,245,700	40,952	1,286,652	(15,478)	15,088	(390)
WARD 15	1,165,400	39,734	1,205,134	(53,244)	17,313	(35,931)
WARD 16	1,201,800	40,136	1,241,936	87,459	17,174	104,633
WARD 17	1,161,900	38,772	1,200,672	47,355	16,410	63,765
WARD 7	1,250,400	37,751	1,288,151	(15,473)	15,136	(337)
WARD 1	1,427,600	48,871	1,476,471	(90,792)	16,507	(74,285)
WARD 2	1,459,600	51,164	1,510,764	(86,044)	17,498	(68,546)

WARD						
WARD 3	1,387,600	47,045	1,434,645	73,134	18,366	91,500
STROKE REHAB UNIT (WARD 4)	794,700	25,134	819,834	(132,478)	17,515	(114,963)
WARD 9	1,186,100	31,925	1,218,025	(75,100)	17,354	(57,746)
WARD 20 A	786,400	19,585	805,985	(16,500)	16,273	(227)
INTENSIVE CARE UNIT	2,805,000	70,021	2,875,021	78,223	0	78,223
WARD 23	783,100	25,102	808,202	(30,588)	16,855	(13,732)
total	**18,961,600**	**591,409**	**19,553,009**	**(252,633)**	**216,415**	**(36,218)**

7. Workforce Changes:

The establishment requirement set by this review process will be compared to the current staffing in post with the following actions to take place to re-align/recruit staffing where there are gaps following the review.

Recruitment actions will include:

- o Implement recruitment in accordance with the Trust Recruitment Strategy
- o Cohort recruitment and establishment of talent pools
- o Support our CSWs to nursing associate or RN training and backfill with an apprentice provision yet to be worked up
- o Support placement of Return to Practice Nurse
- o Continue to actively recruit through local and national recruitment drives
- o Develop a Nursing Workforce strategy in line with new roles

8. Implementation Plan:

The implementation plan will include the following elements:

Action 1: Implement roster plan changes within e-rostering system
    Date: 30 December 2019
    Manager Responsible: Gaynor Farmer

9. Next steps:

- Implementation of the establishments in line with the implementation plan
- Review any outstanding skill mix anomalies regarding band 3 and band 2 roles
- Feed the output of the establishment reviews into the Nursing workforce work-stream to ensure agency controls continue to be in place
- Plan for the introduction of Nursing Associates into the establishments in line with the workforce plan

Appendix 1

Divison	Ward area	CSW vacancy FTE	RN/ RM vacancy FTE	WTE NA proposed FTE	Cohort 117 qualified March 19	March 118 NAA	Sept 218 NAA	March 119	TOTAL	Comments	Number required to train excluding those already in training	Sep-19	Mar-20	Sep-20	Mar-21	Sep-21	Mar-22	Sep-22
MLTC	1	2.11	6.96	7.58	0	0	0	1	1		6.58	2	1	1	1	1	1	
MLTC	2	0.93	1.9	7.58	2	1	1	0	4		3.58	2	1	1	0	0	0	
MLTC	3	4.32	1.34	2.53	1	1	0	0	2		0.53	1				1		
MLTC	4	3.75	0.86	2	0	0	0	0	0		2	1	1	0	0	0		
MLTC	5+6		7.61	5.05	1	1	2	1	5		0.05	0	0	0	0	1		
MLTC	AMU Monitored	1.04		5.05	0	0	0	0	1	1 returning frm Mat Leave Sept 19	5.05	1	1	1	1			
MLTC	7	0.14	1.15	TBC	0	0	0	0	0			0						
MLTC	10				0	0	0	0	0		0	0	0	0	0	0		
MLTC	14				0	0	1	0	1		0	0	0	0	0	0		
MLTC	15	0.69	3.79	5.05	1	0	0	1	2	1 from pilot oustanding N+L	3.05	1	1		0			
MLTC	16	0.35	1.33	2.53	0	0	0	1	1	1 from pilot oustanding N+L	1.53	1	1					
MLTC	17	0.38	0.75	2.53	2	1	1	1	5	2 on ML	0	0	0	0	0	?? Reallocation of an NA		
MLTC	29	2.12	8.25	5.05	1	0	1	1	3		2.05	1	1					
MLTC	A+E	4.82	13.73	7.58	1	1	1	1	4		3.58	1	1	1	1			
Surgery	8				0	0	0	0	0		0	0	0	0	0	0		
Surgery	9	0.1	4.92	5.05	0	1	0	0	1		4.05	2	1	1	0	0		
Surgery	11+12	0.68	6.32	10.1	1	0	0	1	2		8.1	2	2	2	1	1	1	
Surgery	Theatres		6.52								TBC	0						
Surgery	18				0	0	0	0	0		0	0	0	0	0	0		
Surgery	19				0	0	0	0	0		0	0	0	0	0	0		
Surgery	20A				0	0	0	0	0						0	0		
Surgery	20B	1.52	2.08	3.6	0	0	0	0	0		3.6	2	1	1	0	0		
Surgery	20C				1	0	0	0	1		TBC							
Community	South 2 DNs				0	1	0	0	0	LOA								
Community	South1 DNs				0	0	1	0	1									
Community	West 1				0	0	0	0										
Community	West 2				0	0	0	0				2						
Community	East 1				0	0	0	0										
Community	East 2				0	0	0	0										
Community	North 1				0	0	0	0										
Community	North 2				0	0	0	0										
WCCSS	21	4.2	0.95		1	0	0	0	1									
WCCSS	24+25		11.43		1	0	0	0	1			2						
WCCSS	28	1.11	6.15		1	0	0	0	1		4.2	2	1					
					14	7	8	8	37	3								
		28.26	86.04	71.28							47.95	23	13	8	4	4		

APPENDIX 2 - NURSING ESTABLISHMENT ANNUAL REVIEW 2019

	Ward	No. of Beds	Bed Occ.	Acuity	Shift	Current Skill mix RN	Current Skill mix HCA	Existing RN	Existing CSW	Existing Overall	SNCT A RN	SNCT B HCA	SNCT req RN	SNCT req CSW	SNCT req Total	Side room C RN	Side room D HCA	Other E RN	Other F HCA	Proposed est (A+C+E) RN	Proposed est (B+D+F) HCA	WTE RN	WTE CSW	WTE TOTAL
MLTC	Ward 29 - Short stay	31	100%	3	Long Day	5	3	10.73	6.44	17.17	5	3	10.73	6.44	17.17	0	0	0	0	5	3	10.73	6.44	17.17
					Long night	3	3	6.44	6.44	12.88	3	1	6.44	2.15	8.59	0	2	0	0	3	3	6.44	6.44	12.88
	Ward 5/6 - AMU	45	100%	4a	Long Day	8	6	17.17	12.88	30.05	8	6	17.17	12.88	30.05	0	0	0	0	8	6	17.17	12.88	30.05
					Long Night	7	5	15.03	10.73	25.76	7	3	15.03	6.44	21.47	0	2	0	0	7	5	15.03	10.73	25.76
	Ward 15 - Endocrine/Gen Med	28	100%	2	Long Day	4	4	8.59	8.59	17.17	4	4	8.59	8.59	17.17	0	0	0	0	4	4	8.59	8.59	17.17
					Long night	3	2	6.44	4.29	10.73	2	2	4.29	4.29	8.59	1	0	0	0	3	2	6.44	4.29	10.73
	Ward 16 - Gastro	25	100%	3	Long Day	4	3	8.59	6.44	15.03	4	4	8.59	8.59	17.17	0	0	0	0	4	4	8.59	8.59	17.17
					Long night	2	3	4.29	6.44	10.73	3	1	6.44	2.15	8.59	0	1	0	0	3	2	6.44	4.29	10.73
	Ward 17	25	100%	3	Long Day	4	3	8.59	6.44	15.03	4	4	8.59	8.59	17.17	0	0	0	0	4	4	8.59	8.59	17.17
					Long night	3	2	6.44	4.29	10.73	3	1	6.44	2.15	8.59	0	1	0	0	3	2	6.44	4.29	10.73
	Ward 7 / CCU Beds	18 / 5	95% / 95%	3 / 5	Long Day	5	3	10.73	6.44	17.17	5	2	10.73	4.29	15.03	0	1	0	0	5	3	10.73	6.44	17.17
					Long night	3	2	6.44	4.29	10.73	3	2	6.44	4.29	10.73	0	0	0	0	3	2	6.44	4.29	10.73
	Ward 1 - Elderly	34	100%	3	Long Day	6	4	12.88	8.59	21.47	6	4	12.88	8.59	21.47	0	0	0	0	6	4	12.88	8.59	21.47
					Long night	3	3	6.44	6.44	12.88	3	2	6.44	4.29	10.73	0	1	0	0	3	3	6.44	6.44	12.88
	Ward 2 - Elderly	34	100%	3	Long Day	6	4	12.88	8.59	21.47	6	4	12.88	8.59	21.47	0	0	0	0	6	4	12.88	8.59	21.47
					Long night	3	3	6.44	6.44	12.88	3	2	6.44	4.29	10.73	0	1	0	0	3	3	6.44	6.44	12.88
	Ward 3 (Swift) - MFFD	34	100%	3	Long Day	4	5	8.59	10.73	19.32	6	4	12.88	8.59	21.47	0	0	-1	1	5	5	10.73	10.73	21.47
					Long night	2	3	4.29	6.44	10.73	3	2	6.44	4.29	10.73	0	0	-1	1	2	3	4.29	6.44	10.73
	Ward 4 - Rehab	18	70%	3	Long Day	3	2	6.44	4.29	10.73	2	2	4.29	4.29	8.59	0	0	0	0	2	2	4.29	4.29	8.59
					Long night	2	2	4.29	4.29	8.59	1	1	2.15	2.15	4.29	0	0	1	1	2	2	4.29	4.29	8.59
DoS	Ward 9	26	100%	3	Long Day	4	4	8.59	8.59	17.17	4	4	8.59	8.59	17.17	0	0	0	0	4	4	8.59	8.59	17.17
					Long night	3	2	6.44	4.29	10.73	3	1	6.44	2.15	8.59	0	1	0	0	3	2	6.44	4.29	10.73
	Ward 20a	16	90%	2	Long Day	3	2	6.44	4.29	10.73	3	1	6.44	2.15	8.59	0	1	0	0	3	2	6.44	4.29	10.73
					Long night	2	1	4.29	2.15	6.44	1	1	2.15	2.15	4.29	0	0	1	0	2	1	4.29	2.15	6.44
	ICU	8 / 5	85% / 85%	7 / 7	Long Day (HDU)	4	1	8.59	2.15	10.73			0.00	0.00	0.00	0	0	0	0	0	0	0.00	0.00	0.00
					Long night (HDU)	4	1	8.59	2.15	10.73			0.00	0.00	0.00	0	0	0	0	0	0	0.00	0.00	0.00
					Long Day (ITU)	5	0	10.73	0.00	10.73	9	2	19.32	4.29	23.61	0	0	0	0	9	2	19.32	4.29	23.61
					Long night (ITU)	5	0	10.73	0.00	10.73	9	1	19.32	2.15	21.47	0	0	0	0	9	1	19.32	2.15	21.47
WCCSS	Ward 23	19	100%	3	Long Day	2	2	4.29	4.29	8.59	3.5	2	6.36	4.29	10.65	0	0	0	0	3.5	2	6.36	4.29	10.65
					Long night	2	1	4.29	2.15	6.44	2	1	4.29	2.15	6.44	0	0	0	0	2	1	4.29	2.15	6.44

	RN	CSW	Overall			RN	CSW	Total						RN	CSW	TOTAL
TOTAL WARD BASED ESTABLISHMENT (EXCLUDING ENHANCEMENT & SUPERNUMERY POSTS)	244.72	169.59	414.31			246.79	143.83	390.61					248.93	173.88	422.81
ESTABLISHMENT INCLUDING 21% (14% AL, 3.5% SICKNESS & 3.5% TRAINING)	296.11	205.20	501.31 (0)			298.61	174.03	472.64					301.21	210.39	511.60
MOVEMENT FROM CURRENT BASELINE ESTABLISHMENTS						2.50	(31.17)	(28.67) (0)					5.10	5.19	10.29 (0)

SUMMARY

1. Utilisation of the SNCT tool results in a reduction in CSW's by 31.17 WTE from existing baseline establishment over the wards that have been assessed

2. The adjustment for additional staffing (largely for side rooms) results in the workforce movement of 5.10 WTE additional RN's and 5.19 WTE additional CSW's

3. A further reduction of 0.4WTE for the Ward Manager (5.2WTE) has been removed from the RN posts (ICU excluded) to support the Admin and Clerical Review Business Case

4. The Board can therefore take assurance the current establishment for ward based care exceeds SNCT required levels and therefore offers safe care levels when fully established

5. Additional savings associated with the introduction of Nurse Associates (additional 27.53WTE) are also included within the case

MEETING OF THE PUBLIC TRUST BOARD – Thursday 6th February 2020	
Walsall Together Report	**AGENDA ITEM: 10**

Report Author and Job Title:	Michelle McManus Walsall Together Programme Manager	**Responsible Director:**	Daren Fradgley Executive Director of Integration
Action Required	Approve ☐ Discuss ☒ Inform ☒ Assure ☐		
Executive Summary	This paper updates the Board Members on the key Walsall Together work undertaken this month: • Progress to date since the partnership was established on 1st April 2019; • Planning for horizon 2 and investment for 2020/21; • Governance arrangements including a review of the Terms of Reference for the Clinical Operating Model Group; • Continuation of engagement with PCNs; • Organisational development plans and next steps; • Intermediate care performance during winter. 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.		
Recommendation	Board members to NOTE and discuss the contents of this paper.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	This paper outlines the progress in relation to the Walsall Together programme of work and provides assurance to the board to mitigate the risks in relation to the following BAF risks: BAF003 If the Trust does not agree a suitable alliance approach with the Local Health Economy partners it will not be able to deliver a sustainable integrated care model; BAF004 Failure to progress the delivery of the Walsall Integrated model for health and social care.		
Resource implications	There are no new resource implications associated with this report.		
Legal and Equality and Diversity implications	The Walsall Together Programme Plan will include an EDI assessment overall and individual assessments for each project.		
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Safe, high quality care ☒		Care at home ☒
	Partners ☒		Value colleagues ☒
	Resources ☒		

WALSALL TOGETHER REPORT
FEBRUARY 2020

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. PROGRESS TO DATE

The Walsall Together Partnership has made good progress in delivering service transformation across the target Clinical Operating Model since the partnership was formally established on 1st April 19. These are some of the high-level actions that have been built on top of the previous actions before the formal programme started:

- The formal governance structures and the foundations of integrated teams are in place;
- Integration of specialist nursing services for Respiratory and Cardiology has been delivered within the locality teams;
- Agreement on a combined infrastructure to support a Shared Care Record and Population Health Management has been reached;
- Conversations are underway to explore how a data warehouse could be hosted by one partner on behalf of the partnership;
- As a starting point for the implementation of a Care Coordination Centre, a new service has been operational for Winter 2019/20, with a specific remit of admissions avoidance;
- Alignment of locality teams in 75% of the borough with a clear commitment to resolve the outstanding issues in the south;
- A new Standard Operating Procedure has been implemented at Walsall Manor Hospital to better support patients who are medically stable for discharge by improving mobilisation and reducing deconditioning;
- A detailed opportunity search for development of the Intermediate Care Service has been undertaken and demonstrated clear recommendations for improvement that are being taken forward by the project group;
- Recruitment of a permanent MDT coordinator and 2 GP Leads has been completed and there is a clear rollout plan for GP-led MDTs across all localities, commencing January 20;
- A single electronic referral form has been developed to allow referrals directly from general practice clinical systems into locality teams (via NHS.net) is being piloted in January 20 with a view to wider rollout before the end of the financial year;
- Training has commenced at Walsall Manor Hospital on the Bedside Mobility Assessment Tool (BMAT), which will reduce deconditioning and improve patient mobilisation during inpatient stays.

Caring for Walsall together

3. HORIZON 2 PLANNING AND INVESTMENTS

Within the papers for the December WTP Board meeting was the first stage in the process of creating a detailed, locally-specific operational implementation plan for Horizon 2 that clearly defines a route from the key elements in each of the tiers of the model to tangible system benefits. A series of proposals were presented that have the potential to fundamentally change the activity flows in the system. To date, the investment has been relatively limited in the context of scalable transformation. Additionally, operational leadership teams have struggled to manage the delivery of daily service management whilst inputting into a significant service change programme. This challenge has been replicated in the programme office with them now needing to reach down to enable the change. To remedy this, an operational plan is being worked through to look at best fit for our operational managers moving forward for the services that are in scope.

There are several projects in design and delivery, with clearly articulated benefits that can be aligned to the triple aim outlined in the business case. The task now is to review the programme in the context of the key deliverables that will contribute to the overall clinical operating model and thereby realise the associated system benefits. In effect, it moves the current business case on from being an aspirational strategic case to a detailed, locally-specific operational implementation plan that clearly defines a route from the key elements in each of the tiers of the model to tangible system benefits.

With the papers for the January WTP Board was the next stage of this process whereby more detailed project documents have been presented, alongside more clearly defined system benefits that focus on the patient within the model as opposed to single organisation or service-level impact.

The more detailed piece of work to fully scope each workstream is ongoing in order that investment cases can be presented to each organisation before the end of the financial year. This is a significant piece of work that the programme office, SMT and the wider leadership teams are supporting. Whilst we are not yet able to provide the details of the investment proposals, attached to this report is the current draft high-level implementation plan for horizon 2.

Planning for horizon 2 is also underway to bring Children's and Public Health Services online. A key part of this work is the development of the Section 75 Agreement, which will also support some important decisions regarding the scope of services to be included within the wider partnership.

4. 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 is currently revising its Terms of Reference (ToR) in support of a transition to a Clinical Leadership Group with a line of sight to the Black Country and West Birmingham Sustainability and Transformation (STP) Partnership. The revised ToR are expected to be ratified by the WTP Board in February. The Group is also looking to strengthen the strategic responsibilities across each of the identified priority pathways through the establishment of dedicated sub-groups which will support commissioning co-production.

5. PCN ENGAGEMENT

Within the PCN Directed Enhanced Services (DES) contract, 5 out of the 7 national service specifications are due to come into effect on 1st April 20. These include:

- Structured Medication Reviews and Optimisation;
- Enhanced Health in Care Homes (delivered jointly with community services providers);
- Anticipatory Care (delivered jointly with community services providers);
- Personalised Care; and
- Supporting Early Cancer Diagnosis.

Clearly there are 2 specifications – Enhanced Health in Care Homes and Anticipatory Care – that have direct implications on the Walsall Together model.

The partnership will need to work closely with PCNs to achieve integration of the DES service specifications with the Walsall Together model to ensure the realisation of full system benefits.

In addition the PCN's have now provided named GP's to work with all seven place based teams from late January / early February. Service level agreements are currently be finalised to facilitate this.

6. ORGANISATIONAL DEVELOPMENT

Following my meeting with Odyssey in November to look at organisational development options, we have now received a formal proposal that offers an approach to the organisational development work with the senior leaders across Walsall Together including the SMT and the leadership teams for the operational services in scope.

Additionally, conversations are ongoing with another external training provider to deliver the strengths-based practice (SBP) training across the wider integrated teams. Discussions have included the interdependency between delivering SBP approaches to our patients and citizens and adopting SBP approaches to how we work better together.

If SBP is to be a golden thread for Walsall Together, it makes sense to adopt this approach in our wider workforce development and it therefore seems pertinent to explore this concept in more detail with the same training provider. This provider has also worked closely with Dudley MCP so we will be linking in with them for references.

The proposals from both potential providers will be reviewed by SMT in order to make recommendations to the WTP Board.

7.   INTERMEDIATE CARE PERFORMANCE – MEDICALLY FIT BEDS USED

As we move into the new year, I will begin to start reporting performance from areas of transformation that has been undertaken by Walsall Together. It would therefore be remiss of me to ignore the exceptional performance that we have seen from the Integrated Care Service (ICS) over winter.

In the previous year, a review of the festive period plan made several recommendations to the partnership between Walsall Council and Walsall Healthcare. These recommendations focused on maintaining flow during peak periods and continue to establish flow through the hospital when historically flow and medically fit discharges have been the most challenged. The table below highlights the number of patients in beds waiting for discharge between November and January this year and last year. You will note that the with a few exceptions, the bed utilisation is 10 to 15 beds per day lower than the same period last year.
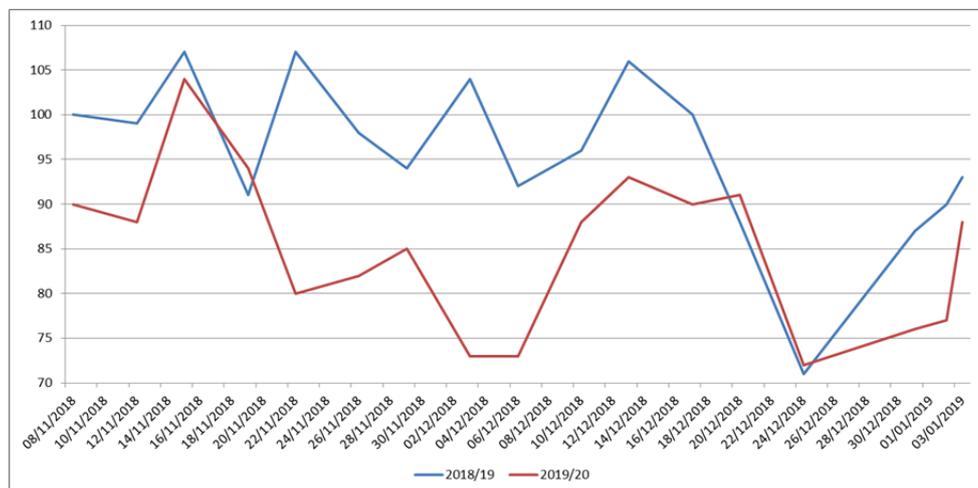
8.   DELIVERY OF THE TRANSFORMATION

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 for Horizon 1	A high-level view of the programme including a Gantt for all 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 January against 'amber' (defined as off track but recoverable):

Co-location of Place Based Teams
Rationale: There is a short-term risk associated with securing suitable premises for the South locality.
Recovery Plan: Discussions with partners are taking place to identify suitable premises for the team. Co-Location of the team will most likely be Feb / Mar. In the interim the team are working on a solution that will integrate the staff within the existing estate.

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 in February 20.

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. A proposal is also due under the one public estate framework to scope out need for the future.

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. It is also likely to need some external support which will need investing through the 2020 funding round.

9.   RECOMMENDATIONS

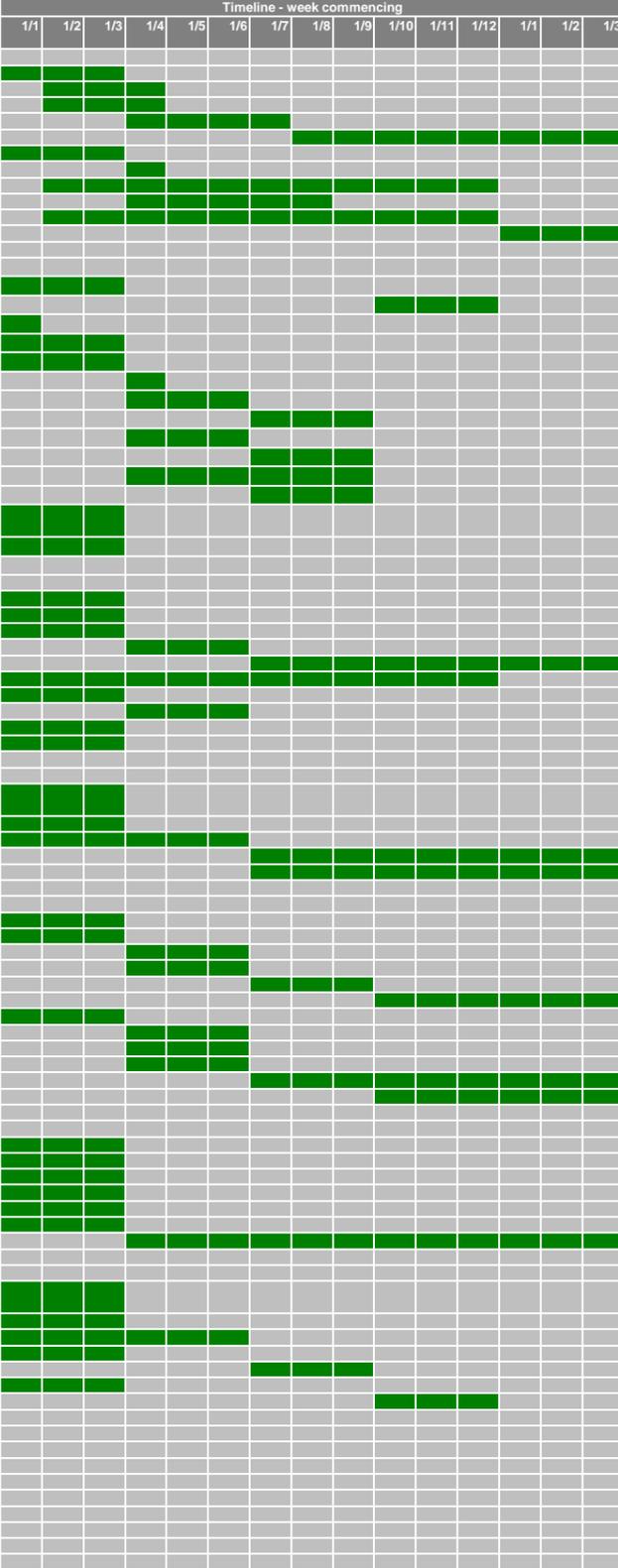Board members are asked to NOTE the information within this report.

Project Plan

Programme Walsall Together Horizon 2

SRO	Walsall Together Board
SMT Lead	Daren Fradgley
Project Manager	Walsal Together Programme Office
Date updated	17/12/2019
Version	1.0
Today	07/01/2020
Next Gateway	WTP Board on 15th January 20

% Complete - % **RAG status** G

Status summary

#	High	Medium	Low	Total	Delayed	Overdue
Not started	34	-	-	34	-	-
In progress	32	-	-	32	-	-
Completed	-	-	-	-	-	-
Total tasks	66	-	-	66	-	-
Delayed	-	-	-	-	-	-
Overdue	-	-	-	-	-	-

Milestone #	Action #	Description	Resources	Programme Lead	Dependency milestone	Priority	Start date	Due date	Status	Delayed (days)	Overdue (days)
1		**Resilient Communities**									
	1.01	Agree which locality will implement the first health & wellbeing centre		Michelle McManus	2.01 and Estates	High	01/01/2020	31/03/2020	In progress	-	-
	1.02	Identify the current community and voluntary provision for the identified locality		Michelle McManus		High	01/02/2020	30/04/2020	Not started	-	-
	1.03	Secure accommodation for the health & wellbeing offer		Michelle McManus		High	01/02/2020	30/04/2020	Not started		
	1.04	Ensure adequate capacity within the available community and voluntary services		Michelle McManus		High	01/04/2020	31/07/2020	Not started	-	-
	1.05	Deliver the initial health & wellbeing offer in one locality from the health & wellbeing centre		Michelle McManus	Estates	High	01/08/2020	31/03/2021	Not started	-	-
	1.06	Operating model for social prescribing including alignment to PCN offer agreed		Michelle McManus		High	01/01/2020	31/03/2020	In progress	-	-
	1.07	Social prescribing offer aligned to all place based teams and accepting referrals		Michelle McManus		High	01/04/2020	30/04/2020	Not started	-	-
	1.08	Identify the specific health & welbeing needs of the population to define the full offer		Michelle McManus		High	01/02/2020	31/12/2020	Not started	-	-
	1.09	Create a funding framework to include grant and commissioned activity in advance of		Michelle McManus		High	01/04/2020	30/08/2020	Not started	-	-
	1.10	Living directory completed for services that are live, in scope and able to accept referrals		Michelle McManus		High	01/02/2020	31/12/2020	Not started	-	-
	1.11	Living directory uploaded to website and website live to the public		Michelle McManus		High	01/01/2021	31/03/2021	Not started	-	-
2		**Place Based Teams and Specialist Community Services**									
	2.01	Agree which locality will implement the first health & wellbeing centre		Jane Sillitoe	1.01 and Estates	High	01/01/2020	31/03/2020	In progress	-	-
	2.02	Locate agreed locality within the identified health & wellbeing centre		Jane Sillitoe	1.03	High	01/10/2020	31/12/2020	Not started	-	-
	2.03	Agree pilot MDT pathway		Jane Sillitoe		High	01/01/2020	31/01/2020	In progress	-	-
	2.04	Roll out of MDT model in North and West localities		Jane Sillitoe	2.03	High	01/01/2020	31/03/2020	In progress	-	-
	2.05	Recruitment of GP leads for South and East localities		Jane Sillitoe		High	01/01/2020	31/03/2020	In progress	-	-
	2.06	Confirm MDT pathway following pilot in North and West localities		Jane Sillitoe	2.04	High	01/04/2020	01/04/2020	Not started	-	-
	2.07	Roll out of MDT model in South and East localities		Jane Sillitoe	2.03	High	01/04/2020	30/06/2020	Not started	-	-
	2.08	Further develop MDT pathway to utilise the shared care record		Jane Sillitoe	5.04	High	01/07/2020	30/09/2020	Not started	-	-
	2.09	Agree staffing model and pathway for specialist MDTs		Jane Sillitoe		High	01/04/2020	30/06/2020	Not started	-	-
	2.10	Commence specialist MDTs		Jane Sillitoe		High	01/07/2020	30/09/2020	Not started	-	-
	2.11	Integrate Community Geriatrician offer into place based teams		Jane Sillitoe		High	01/04/2020	30/09/2020	Not started	-	-
	2.12	Scoping of appropriate outpatient activity including diagnostics to be delivered in the		Jane Sillitoe		High	01/07/2020	30/09/2020	Not started	-	-
	2.13	Alignment of Walsall Together model with PCN contract DES for anticipatory care (integrated primary care and community services)		Jane Sillitoe		High	01/01/2020	31/03/2020	In progress	-	-
	2.14	Additional key deliverables to be defined		Jane Sillitoe		High	01/01/2020	31/03/2020	In progress	-	-
3		**Intermediate Care Services**									
	3.01	Align current winter SPA and rapid response activity to deliver the step up model		Michelle McManus		High	01/01/2020	31/03/2020	In progress	-	-
	3.02	Pilot step-up offer		Michelle McManus		High	01/01/2020	31/03/2020	In progress	-	-
	3.03	Agree future state model including relationship with mental health		Michelle McManus		High	01/01/2020	31/03/2020	In progress	-	-
	3.04	Implement initial step up offer alongside recruitment to increase capacity		Michelle McManus		High	01/04/2020	30/06/2020	Not started	-	-
	3.05	Full step-up offer delivered		Michelle McManus		High	01/07/2020	31/03/2021	Not started	-	-
	3.06	Fully integrate therapy function into Walsall Together operational team		Michelle McManus		High	01/04/2020	31/12/2020	In progress	-	-
	3.07	Complete pilot of IV pathways (shift from acute to community)		Michelle McManus		High	01/01/2020	31/03/2020	In progress	-	-
	3.08	Ramp up and full integration of IV pathway offer with ICS		Michelle McManus		High	01/04/2020	30/06/2020	Not started	-	-
	3.09	Relocate Stroke services to Holly Bank House		Michelle McManus		High	01/01/2020	31/03/2020	In progress	-	-
	3.10	Relocate ICS and other services from Holly Bank House to Blakenall Village		Michelle McManus		High	01/01/2020	31/03/2020	In progress	-	-
4		**Acute and Emergency Services**									
	4.01	Assurance that a meaningful forum to align ED build with ambition of Walsall Together is in place		Michelle McManus		High	01/01/2020	31/03/2020	In progress	-	
	4.02	Further deliverables regarding ED build to be agreed		Michelle McManus		High	01/01/2020	31/03/2020	In progress		
	4.03	Shape and scope the retendering of the Urgent Treatment Centre provision	CCG	Michelle McManus		High	01/01/2020	30/06/2020	In progress	-	-
	4.04	Greater integration of community and ICS step up to function within the UTC		Michelle McManus		High	01/07/2020	31/03/2021	Not started	-	-
	4.05	Access to diagnostics for community patients via UTC		Michelle McManus		High	01/07/2020	31/03/2021	Not started	-	-
5		**Digital Transformation**									
	5.01	Data sharing agreement in place and signed		Frank Botfield	None	High	01/01/2020	31/03/2020	In progress	-	-
	5.02	Partner data sets agreed and populated in the shared care record system		Frank Botfield	5.01	High	01/01/2020	31/03/2020	In progress		
	5.03	Engagement programme for all stakeholders in shared care record programme		Frank Botfield	5.01 and 5.02	High	01/04/2020	30/06/2020	Not started		
	5.04	Testing of available shared care record data with North and West locality MDTs (PDSA)		Frank Botfield	5.02	High	01/04/2020	30/06/2020	Not started		
	5.05	Develop full roll out plan for shared care record across all users and services		Frank Botfield	5.04	High	01/07/2020	30/09/2020	Not started		
	5.06	Roll out of shared care record		Frank Botfield	5.05	High	01/10/2020	31/03/2021	Not started		
	5.07	EPaCCS proof of concept (testing the software compatibility with current systems)		Frank Botfield	None	High	01/01/2020	31/03/2020	In progress		
	5.08	EPaCCS pilot in 3 GP practices		Frank Botfield	5.07	High	01/04/2020	30/06/2020	Not started		
	5.09	Engagement programme for all stakeholders in EPaCCS programme		Frank Botfield	5.08	High	01/04/2020	30/06/2020	Not started		
	5.10	Develop full roll out plan for EPaCCS across all users and services		Frank Botfield	5.08	High	01/04/2020	30/06/2020	Not started		
	5.11	Roll out of EPaCCS		Frank Botfield	5.1	High	01/07/2020	31/03/2021	Not started		
	5.12	Strategy for deployment of the population health module across place based teams		Frank Botfield		High	01/10/2020	31/03/2021	Not started		
6		**Workforce & Organisational Development**									
	6.01	Development of a proposal for OD covering Board, SMT and wider workforce		Michelle McManus		High	01/01/2020	31/03/2020	In progress	-	-
	6.02	Decision regarding internal provision versus external support		Michelle McManus		High	01/01/2020	31/03/2020	In progress	-	-
	6.03	Commencement of Board Development		Michelle McManus		High	01/01/2020	31/03/2020	In progress	-	-
	6.04	Commencement of senior management development		Michelle McManus		High	01/01/2020	31/03/2020	In progress	-	-
	6.05	Commencement of wider workforce development		Michelle McManus		High	01/01/2020	31/03/2020	In progress	-	-
	6.06	Deployment of strengths based practice training including motivational interviewing		Michelle McManus		High	01/01/2020	31/03/2020	In progress	-	-
	6.07	Continuation of OD across Board, SMT and wider workforce		Michelle McManus		High	01/04/2020	31/03/2021	Not started	-	-
7		**Estates & IT infrastructure**									
	7.01	Secure additional space at Blakenall Village to allow relocation of ICS and delivery of a blueprint health & wellbeing centre		Jane Sillitoe		High	01/01/2020	31/03/2020	In progress	-	-
	7.02	Secure use of Holly Bank House for stroke rehab services		Michelle McManus		High	01/01/2020	31/03/2020	In progress	-	-
	7.03	Refurbishment/upgrade of space at Blakenall including premises and IT infrastructure	BVC and WHT IT	Jane Sillitoe		High	01/01/2020	30/06/2020	In progress	-	-
	7.04	Solution for relocation of wheelchair services		Jane Sillitoe		High	01/01/2020	31/03/2020	In progress	-	-
	7.05	Relocation of North Locality to Blakenall		Jane Sillitoe		High	01/07/2020	30/09/2020	Not started	-	-
	7.06	+		Jane Sillitoe		High	01/01/2020	31/03/2020	In progress	-	-
	7.07	Business planning for full colocation of South Locality		Jane Sillitoe		High	01/10/2020	31/12/2020	Not started	-	-
8		**Corporate Support Services**									
	8.01	Communications strategy								-	-
	8.02	HR								-	-
	8.03	Business intelligence									
	8.04	Finance									
	8.05	Governance									
	8.06	Transformational resource									
	8.07	Facilities management									
	8.08	Procurement								-	-

Project Plan

Milestone #	Action #	Description	Resources	Programme Lead	Dependency milestone	Priority	Start date	Due date	Status	Delayed (days)	Overdue (days)	1/1	1/2	1/3	1/4	1/5	1/6	1/7	1/8	1/9	1/10	1/11	1/12	1/1	1/2	1/3
										-	-															

MEETING OF THE PUBLIC TRUST BOARD – 6th FEBRUARY 2020		
STRATEGY FRAMEWORK FOR ORGANISATION DEVELOPMENT – VALUING COLLEAGUES IMPROVEMENT PROGRAMME		**AGENDA ITEM: 11**
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 the Strategy Framework for Organisation Development and to seek Board approval for the framework. The report also provides brief information on developing the supporting organisation development plan and outlines the timeline for completing this work and reporting to Board.		

The Strategy Framework puts Organisation Development interventions and metrics in place to achieve the strategic priority of Valuing Colleagues so they recommend the Trust as a place to work and as a place to be treated.

There are three priorities within the Strategic Framework for OD as follows:

1. Leadership, Culture and Organisation Development
2. Organisation Effectiveness
3. Making Walsall (and the Black Country) the best place to work

The framework for OD is part of the implementation plan for Valuing Colleagues within the Trust Improvement Programme which aims to achieve a CQC outstanding rating for patients by 2022. The strategy framework for Organisation Development will by supported by a single OD plan for the period to 2022. The delivery mechanism, milestones and accountability will be governed through the trust improvement programme and the People and OD committee for purposes of assurance to Board.

The Trust has worked in partnership with staff-side, staff and managers in order to develop the approach to the trust strategic framework for OD and the supporting metrics have been reviewed at various People and OD Committee meetings. Further engagement is required throughout the trust's management and

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	staff groups to ensure voices are heard and the colleagues feel their view is valued and included. The OD plan will be presented to the People and OD Committee in March 2020 and Trust Board in April 2020.
	The Trust Board has made a pledge to staff, the strategic framework for OD and the supporting OD plan 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 strategy framework for OD sets out to design a response to 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 organisation development is required. In doing so to improve the staff rating for Walsall as a place to work to be in the top decile national NHS staff survey by 2022.
Recommendation	Members of the Trust Board are asked to: 1. Note the strategic framework for OD and the valuing colleague metrics and approve these as the base for finalising the OD plan for the Trust. 2. Agree to receive the OD plan supporting implementation of the strategy for information at Trust Board in April.
Does this report mitigate risk included in the BAF or Trust Risk	The OD work programme described within this report will provide positive assurance to the Trust Board relating to levels of staff engagement, staff morale and advocacy within the following BAF

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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 the OD programme of work will be included to be presented within an investment case (that also includes staff health and well-being) due to be presented through trust governance processes.	
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 experience of being valued 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 plan which will seek to mitigate the adverse impacts evidenced.	
Strategic Objectives	Safe, high quality care ☒	Care at home ☐
	Partners ☐	Value colleagues ☒
	Resources ☒	

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Strategy Framework for Organisation Development
Valuing Colleagues – Improvement Programme

1. PURPOSE OF REPORT

The purpose of this report is to provide the board with the 'Strategy Framework for Organisation Development' with metrics for valuing colleagues for approval. This work is part of the implementation plan for the Valuing Colleagues strategic objective within the Trust Improvement Programme which aims to achieve a CQC outstanding rating for the Trust by 2022. The board are asked to note the brief update on plans to publish a single Organisation Development Plan that has been developed and co-produced by the teams across the Trust.

2. BACKGROUND

The Trust does not yet have an Organisation Development Strategy and Plan in place to support the Trust ambition to be rated as CQC outstanding by 2022. Many of the foundations for the approach to OD and improved culture within the Trust have been established. The Strategic Framework for Organisation Development is included within this report for approval, once the framework is approved the detail for implementation will be finalised with teams. Completing a single OD Plan will support improvement in staff engagement, advocacy, experience and morale and ultimately therefore impact on patient experience, patient care and patient outcomes.

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

3. DETAILS

The Strategy Framework for Organisation Development is at appendix one for approval.

The engagement will complete during the final quarter of 2019-2020 which will finalise the Organisation Development Plan (i.e. the delivery plan) for approval through trust committees and board in April 2020.

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4.   RECOMMENDATIONS

Members of the Trust Board are asked to:

1. Note and approve the Strategy Framework for Organisation Development and metrics for valuing colleagues at appendix one.
2. Note the brief update on work completed on developing the OD approach

APPENDICES

One – Strategy Framework for Organisation Development and metrics for valuing colleagues

Two – Developing the OD approach

Strategic Framework for Organisation Development

January 2020

Walsall Healthcare NHS — NHS Trust

Vision: Caring for Walsall Together

Ambition: To be rated as outstanding by the CQC for our services by 2022.

Strategic Objectives

Valuing Colleagues	Safe, high quality care	Care at home	Working with Partners	Using our resources well

Leadership, Culture & OD	Organisational Effectiveness	Making Walsall the Best Place to Work
• To design and implement an organisational development approach to support an inclusive and just culture. • To equip the workforce with the necessary skills and frameworks to lead, design and deliver the aim of being an outstanding organisation. • To develop and deliver a collaborative leadership development programme with Walsall Together partners and STP collaborative partners. • To develop the values and behaviours within the Trust using NHSI culture programme to achieve the Board pledge evidenced through the national staff survey. • To co-design EDI strategy with staff, patient, community/voluntary groups. • Identify clear accountability framework for people management metrics in line with National People Plan.	• To identify and design new roles and career pathways to shape the future workforce for Walsall and across the Black Country STP. • To develop a sustainable operational workforce plan as part of the Black Country STP. • To implement the Black Country Collaborative Bank and reduce reliance on temporary workforce. • To design and implement a shared approach to talent and succession planning to improve flexibility and agility of the workforce. • To extend the equality, diversity, inclusion approach within the workforce. • Develop the Trust approach to work/life balance and improve retention rates. • To improve levels of attendance at work. • To design a framework for introducing Divisional Boards for accountability and planning.	• To provide a structured and holistic approach to workplace health and wellbeing in collaboration with Walsall and STP partners. • To provide a consistent approach to workplace education, learning and development with Walsall and STP partners. • Ensuring everyone feels they have voice, control and influence, developing the freedom to speak up approach and partnership with staff-side. • To ensure the trust values are experienced by all and improve staff advocacy for Walsall as a place to work. • To improve staff advocacy for Walsall as a place to be treated. • Develop the Trust approach to corporate social responsibility as a key employer within the community. • To provide a structured approach to the pay, employment and benefits offer available.

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Measures for Valuing Colleagues

Walsall Healthcare NHS
NHS Trust

Measures	Monitoring	Benefits
Recommend as a Place to Work FFT increasing to all England average by 2021 and to top quartile by 2022 Recommend as a Place to be Treated FFT increasing to all England average by 2022	Measured through SFFT in Q1, 2 and 4 and NSS in Q3 To review staff experience alongside patient experience data	Staff feeling more valued, leads to reducing absence, increased retention, improved availability Improved staff experience and value results in evidenced improvement in patient experience
Staff saying they feel involved in improvements increasing each quarter [Pulse Survey] Improved Staff Engagement score top quatile by 2021 and top decile by 2022	Question to be included in [Pulse Survey] on involvement NSS each year	Provides a measure of staff morale and inclusion and staff engagement score
Quality of IPDR audit showing at least 80% positive responses and improved in NSS to top quartile by 2021 and top decile by 2022	Monthly audit process developed including sample survey and sample auditing of appraisal documents – outputs reported monthly in Workforce Metric Report NSS data reviewed in February annually	Staff receiving quality appraisals will feel more valued and supported, leading to reduced turnover and sickness, improved retention, clear career development pathways and structured talent management approach
Sickness absence reduced overall by at least 1% (KPI) by December 2020 and to top quartile by 2021 and top decile by 2022	Monitored through ESR data and in Workforce Report Each division will set specific targets based on hotspot areas and monitor through DMBs	Anticipated financial benefits and organisation effectiveness improvements through reduced reliance on temporary workforce (see PID)
Turnover to reach Trust target of 10 % by 2021 and top decile performance by 2022	Monitored through ESR data and in People Report Each division will set specific targets based on hotspot areas and monitor through DMBs	Anticipated financial benefits and organisational effectiveness improvements (see PID)
80% of staff report getting their breaks	Question in Pulse Survey to be developed	Staff wellbeing improved = reduced absence
Improving the staff wellbeing score as measured in the NHS staff survey to be top quartile by 2021 and top decile by 2022	Annual NSS theme Score	Improved staff experience, improved wellbeing scores and reduced absence and reduced temporary workforce spend
Improving WRES/WDES/Equality Performance against Equality Objectives – targets to be set to reflect community. National Staff Survey – no equality differential on career opportunities, promotion to be evident by 2022	Annual WRES /WDES Equality Data Quarterly review of actions at PODC Trust Board every 6 months	Staff are included and treated fairly and differential in NSS by equality characteristics reduces and discrimination is not tolerated
Reducing Bullying, Harassment & Discrimination – achieving top quartile performance by 2021 and top decile by 2022	Annual NSS theme score	Staff feel safe from harm at work = reduced turnover and sickness absence
ER cases are concluded in line with just and learning culture resolved within time scale – reduction in formal cases.	6 monthly Staff in Difficulty Report	Staff feel supported appropriately – seeing a Just and Learning Culture develop

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Appendix Two – Developing the OD approach

Foundations in Place	Foundations to complete	Future Opportunity in progress
- Values launched and evaluated across the Trust - Policy on zero tolerance to violence in place - Behaviour Framework in and embedded within the IPDR process - Values based appraisal process in place which incorporates Talent Management and the ability to track access to career progression and promotion - Increased engagement through engagagents and EDI champions - NHSi partner on Equality, Diversity and Inclusion programme to develop the approach - Head of Talent, Resourcing and Inclusion appointed to lead the approach - Health and Wellbeing approach based on holistic offering to staff being developed - Just Culture work initiated and ER casework triaged for opportunities for early resolution - NHSi working with the Trust to develop the FTSU approach - NHS Leadership Academy working with the Trust on developing leadership capacity and capability - NHSi partner for Retention programme - Engaging with the wider Trust and TMB on co-designing an Organisation Development Plan	- Lack of an approved EDI Strategy and Delivery Plan could inhibit the scale and pace of progress towards an inclusive culture - Approaches and resources may be insufficiently robust or at scale to achieve meaningful change - Current Policy framework not fit for purpose – legacy policies are not aligned to the approach - Further support required to develop FTSU approach and embed within the leadership approach - Leadership development programme is in its infancy - Management competency framework is not yet available, impact and evaluation not complete - The EDI Framework is not informed by patient involvement and experience sufficiently and needs embedding in the organisational approach - Evaluation of zero tolerance to violence not yet evaluated. - Evidence base for the approach to staff health and wellbeing not yet evaluated - Resourcing not yet stable – workforce metrics still demonstrate adverse trends - Evidence based approach to positive action interventions not yet in place to support EDI objective	- Capitalise on external resource/expertise to establish evidence based best practice - Closer working with through the STP/LWAB - Collaborative working with other Trusts to creatively address resourcing matters - New roles and scenario based workforce planning for full resourcing and consequent impact on staff morale - To work collaboratively on a Black Country Health and Wellbeing approach to make Walsall and the Black Country the best place to work - To develop a more structured and inclusive approach to widening participation - To develop the Trust's profile as an employer of choice by having clear pathways for career development.

MEETING OF THE PUBLIC TRUST BOARD – 6th February 2020			
WHT Improvement Programme Update		**AGENDA ITEM:** **12**	
Report Author and Job Title:	Dave Dingwall Improvement Advisor	**Responsible Director:**	Dr Karen Dunderdale, Director of Nursing
Action Required	Approve ☐ Discuss ☐ Inform ☒ Assure ☐		
Executive Summary	This paper updates the Board Members on the key actions undertaken since engagement of Dave Dingwall as Improvement Programme Advisor from 7th January 2020 to deliver on the following priorities up to the end of March 2020: 1. Develop and mobilise a set of comprehensive programme plans around our 5 strategic objectives. 2. Propose and implement a revised improvement support team structure, roles and responsibilities and standardised improvement methods and tools 3. Propose and implement a model of programme governance to provide both assurance and early indicators for implementation progress and benefits realisation (financial and non-financial) Good progress is being made in all areas as the programme scope, priority and opportunity areas begin to develop through early engagement via a number of working sessions. A proposal has been submitted to Trust executives as to how to integrate the existing trusts specialists in programme planning and development, service improvement, analytics and wider support roles to create an integrated Improvement Support Team. Finally, a model of programme governance has been drafted and will be proposed at the next WHT Improvement Programme Board scheduled for 20th February 2020.		
Recommendation	Trust Board members are asked to note 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 development of the WHT Improvement programme and provides assurance to the board on contribution to the mitigation of the risks in relation to all BAF risks i.e. BAF001 to BAF012 inclusive.		
Resource implications	There are no resource implications associated with this report.		
Legal and Equality and Diversity implications	The WHT Improvement Programme Plan will include an EDI assessment overall and individual assessments for each project.		
Strategic Objectives	Safe, high quality care ☒	Care at home ☒	
	Partners ☒	Value colleagues ☒	
	Resources ☒		

WHT Improvement Programme Update – Programme development and mobilisation

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 developing and mobilising our WHT Improvement Programme.

2. BACKGROUND

The WHT Improvement Programme was initiated during summer 2019 with our core intention being to bring together every strand of improvement work in the Trust and with partner organisations in one place. The programme was confirmed at that point to be the delivery vehicle for our five strategic objectives and that it would provide us with the engine room for change, necessary to achieve CQC Outstanding rated services by 2022.

The Trust was however unable to mobilise the Programme as fully as had been planned during 2019 and following an intensive review of programme status undertaken during November and December 2019 we have now engaged an external advisor on a short term consultancy contract to assist us with addressing the findings of that review and to provide hands-on subject matter expertise in the development and mobilisation of our programme.

3. DETAILS

An engagement and programme launch event was held during summer 2020 where we outlined the intent for the WHT Improvement Programme and facilitated discussions amongst colleagues resulting in a series of improvement opportunity areas being identified against each of the trusts 5 strategic objectives. Through the autumn of last year the Trust was unable to internally allocate the resource and specialist capabilities required to develop and mobilise the Improvement Programme plan.

In November, we engaged an external advisor who specialises in development and delivery provider and system level service transformation programmes to undertake a brief assessment of programme governance, resources and progress made to date and advise on the actions necessary to reinvigorate our programme to enable it to make the progress necessary in 2020 and beyond. The key findings from this work were as follows:

- Pockets of good work being driven by staff with the necessary skills across the Trust – feels to be an energy for improvement.
- Improvement Programme outcomes not yet clearly enough defined – what does Outstanding by 2022 really mean / look like? Progress on programme development has been slow.

- More work required to help services and staff understand impacts from wider system plans e.g. Walsall Together, Service Sustainability etc
- Significant amount of work identified as a 'priority' in the Trust, need to carefully assess and define the most critical / impactful actions and develop a phased schedule of work
- Priorities need to be evidence based – increase use of analytics e.g. Model Hospital, HED, Research etc
- Projects frequently being implemented in isolation, it is critical to have an integrated workplan to ensure interdependencies and sequencing are managed and to simplify for staff understanding
- Wide range of 'improvement' resources available in the Trust, however roles and responsibilities need to be better defined to maximise outputs

The recommendations from this work were consolidated in 3 main areas:
- Identify, prioritise and sequence the opportunities for improvement required within each of our 5 strategic objectives to enable achievement of our vision to have Outstanding rated services by 2022
- Align existing internal improvement resources to create an integrated Improvement Support Team model with revised roles and responsibilities, standardised improvement methods and tools
- Refine and implement a model of programme governance to provide both assurance and early indicators for implementation progress and benefits realisation (financial and non-financial)

The Trust engaged Dave Dingwall, an external Improvement Programme Advisor, from 7th January 2020 to lead the development phase of our programme and will deliver on the recommendations above up to the end of March 2020.

Dave is now implementing an initial programme development plan to:
1.   Develop and mobilise a set of comprehensive programme plans around our 5 strategic objectives.
2.   Propose and implement a revised improvement support team structure, roles and responsibilities and standardised improvement methods and tools
3.   Propose and implement a model of programme governance to provide both assurance and early indicators for implementation progress and benefits realisation (financial and non-financial)

Good progress is being made in all areas as the programme scope, priority and opportunity areas begin to develop through early engagement via a number of working sessions with a wide range of Trust representatives. Core Workstream Teams are being formed, aligned to the Trust's 5 strategic objectives, and through these core teams a single integrated improvement plan will be proposed. The plans being developed will build on a number of strong examples of local improvement already visible within the Trust, but will drive, wherever possible, the adoption of improvement models across the entire Trust and not just within localised areas. Teams are also being encouraged to adopt a more forensic approach to data analysis and

benchmarking to allow improvement trajectories to be established across the range of outcomes desired by the trust i.e. financial and non-financial. A wider communication and engagement (internal and external) strategy and plan will be developed in the coming weeks with support from the relevant WHT and Walsall Together teams.

A proposal has been submitted to Trust executives for consideration as to how to integrate the existing trusts specialists in programme planning and development, service improvement, analytics and wider support roles to create an integrated Improvement Support Team. This team will be to provide the specialist support and capacity necessary to the Divisions and Corporate functions in order that they can successfully scope, plan and implement the priorities identified through the 5 workstreams. Working sessions have been run to develop a series of standardised tools and templates for use on all projects, these have been developed with input from the wider Walsall Together Programme Management Office to enable stronger alignment with the wider system plan and programme approach.

Finally, to provide assurance on improvement delivery and benefits realisation (financial and non-financial), a model of programme governance is in development (this will require to be aligned to NHSI recommendations from the work they are currently undertaking) and a further draft will be proposed at the next WHT Improvement Programme Board scheduled for 20th February 2020.

It is expected that a more comprehensive programme plan will be available for review at the time of the next Trust Board meeting.

4. RECOMMENDATIONS

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

Performance Report

January 2020

(December 2019 Results)

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

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Contents

Caring for Walsall together

Quality, Patient Experience and Safety Committee

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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 reducing number of patient falls continues to give a level of confidence around controls and actions since July 2019.
- The number of community acquired pressure ulcers (Grade 2,3&4) continues to improve and the hospital position has maintained.
- Sepsis screening and IV antibiotics within 1 hour in ED, continues to provide assurance consistently around 94%.

Key Areas of Concern
- The Director of Nursing requires assurance regarding the deteriorating patient, both late observations and treatment. A specific piece of work to further understand this has been commissioned supported by the West Midlands deteriorating patient lead, preliminary information has been shared at the committee until the detailed analysis is available next month.
- The Medical Director remains concerned about the compliance with MCA 2 stage documentation, discussions at MAC have identified a focussed MDT action approach with the safeguarding team which the committee will continue to oversee.
- VTE risk assessment requires further work to embed the process across the Trust through the introduction of Vitalpac into AE, focused actions in low performing areas and prioritising VTE performance through the Divisional quality structure. There is assurance through audit that VTE assessments have been carried out in those patients who have hospital acquired thrombosis.
- Sepsis screening across the in-patient areas is an area of continued deterioration
- The committee will continue to focus on the improvement of complaints response and closure due to the dip in performance in month. This was identified and proactively addressed by the divisions and there is an expectation this will improve.

Key Focus for Next Committee
- The committee continues to develop improvements through the voice of the patient through FFT and learning from patient stories, these are being embedded into several meetings / Forums; there is a particular focus on Out-Patients.

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QUALITY, PATIENT EXPERIENCE AND SAFETY
COMMITTEE
2019-2020

Walsall Healthcare **NHS**
NHS Trust

		Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	19/20 YTD Actual	19/20 Target	18/19 Outturn	Key
	SAFE, HIGH QUALITY CARE										
no..	HSMR (HED) nationally published in arrears	103.64	97.73					111.62	100.00		N
no..	SHMI (HED) nationally published in arrears	105.37							100.00		BP
no	MRSA - No. of Cases	0	0	1	0	0	0	1	0	2	N
no	Clostridium Difficile - No. of cases	2	1	2	2	3	6	25	26	19	N
no	Pressure Ulcers (category 2, 3, 4 & Unstageables) Hospital Acquired per 1,000 beddays	0.80	1.09	0.71	0.65	0.73	0.78				
no	Pressure Ulcers (category 2, 3, 4 & Unstageables) Community Acquired per 10,000 CCG Population	0.52	0.14	0.21	0.21	0.24	0.14				
no..	Falls - Rate per 1000 Beddays	5.01	6.18	4.47	3.91	3.92	3.91		6.63		BP
no	Falls - No. of falls resulting in severe injury or death	0	4	4	1	1	2	17	0	13	BP
%..	VTE Risk Assessment	93.20%	93.83%	93.42%	92.06%	92.26%	88.87%	92.10%	95.00%	94.90%	N
no	National Never Events	0	0	0	0	0	0	0	0	17	N
no..	Midwife to Birth Ratio	1:31.5	1:27.5	1:32.1	1:27.6	1:28.2	1:33.3		1:28	1:28.1	N
%..	C-Section Rates	34.77%	33.45%	26.24%	33.11%	29.11%	30.06%	30.16%	30.00%	28.46%	BP
%..	% of Emergency Readmissions within 30 Days of a discharge from hospital (one month in arrears)	11.21%	12.70%	11.21%	10.87%	11.96%			10.00%	10.73%	L
%..	Electronic Discharges Summaries (EDS) completed within 48 hours	83.65%	85.49%	87.87%	85.75%	85.42%	82.24%	85.14%	100.00%	84.47%	N/L
%..	Compliance with MCA 2 Stage Tracking	61.76%	56.00%	62.50%	63.04%	52.86%	72.34%	62.40%	100.00%	62.44%	BP
%..	Friends and Family Test - Inpatient (% Recommended)	96.00%	93.00%	95.00%	94.00%	94.00%	95.00%		96.00%		N
%..	PREVENT Training - Level 1 & 2 Compliance	92.73%	91.94%	91.71%	91.47%	90.52%	89.99%		85.00%		L
%..	PREVENT Training - Level 3 Compliance	85.11%	85.69%	86.12%	88.39%	88.26%	88.33%		85.00%		L
%..	Adult Safeguarding Training - Level 1 Compliance	96.65%	96.56%	96.33%	95.34%	95.83%	94.89%		95.00%		L
%..	Adult Safeguarding Training - Level 2 Compliance	91.61%	90.04%	89.17%	87.33%	86.12%	84.50%		85.00%		L
%..	Adult Safeguarding Training - Level 3 Compliance	87.37%	87.05%	86.56%	85.79%	85.20%	86.00%		85.00%		L
%..	Children's Safeguarding Training - Level 1 Compliance	94.26%	93.68%	92.05%	89.82%	90.53%	89.12%		95.00%		L
%..	Children's Safeguarding Training - Level 2 Compliance	90.89%	89.91%	89.20%	88.80%	88.63%	86.95%		85.00%		L
%..	Children's Safeguarding Training - Level 3 Compliance	90.24%	89.46%	88.06%	85.45%	86.13%	85.28%		85.00%		L

Integration

Integration - Operational Metrics

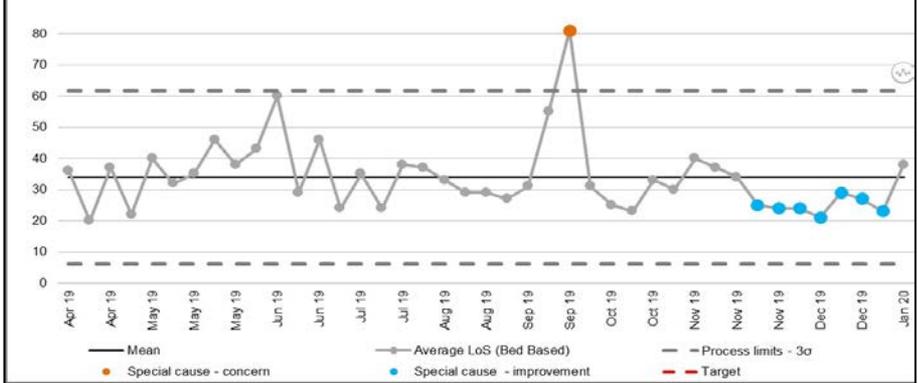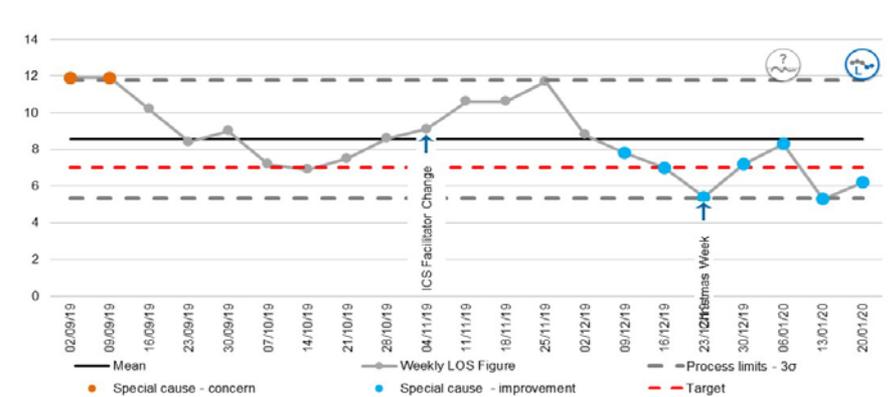**Intermediate Care Service**

Medically Fit For Discharge-Total Patients MFFD starting 01/03/18
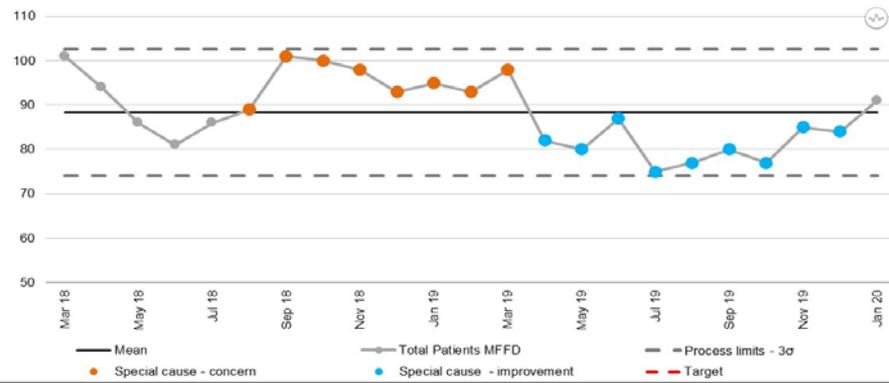
Average LoS (Bed Based)-ICS starting 05/04/19

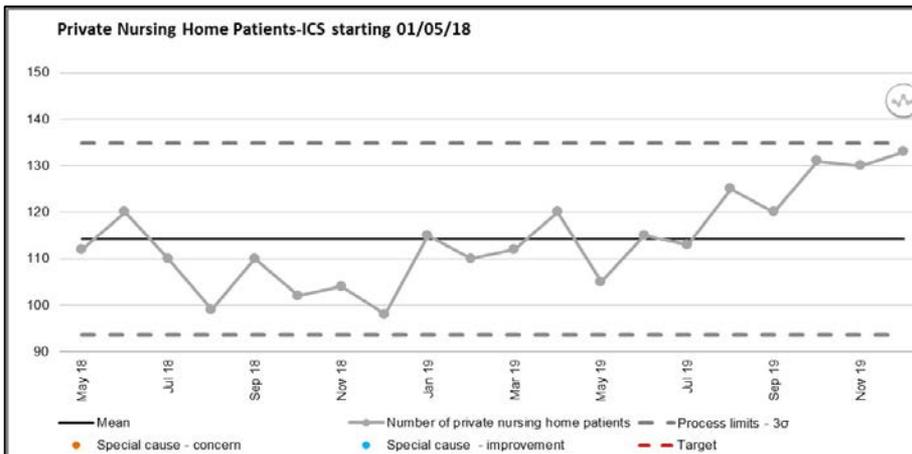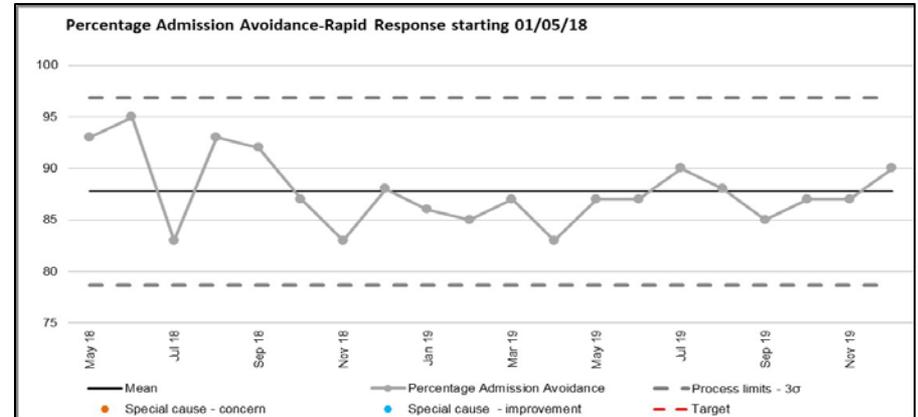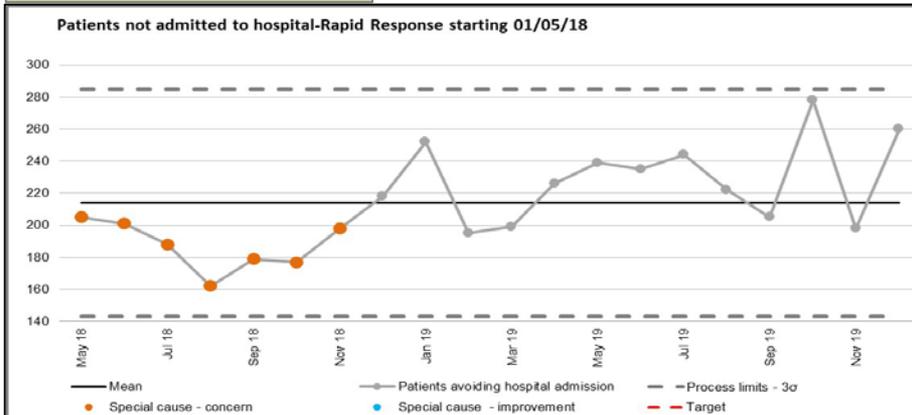Medically Fit for Discharge LoS-ICS starting 02/09/19

Medically Stable for Discharge Numbers: The number of patients within the Manor Hospital who are MSFD has been consistently lower for the same period in the previous year. This has been against a background of increasing ED attendances and non-elective admissions. There has been a rise in numbers in January 2020 due to increased demand and the impact that surges of MSFD patients have on the community providers for bed & domiciliary care.

LOS on the MSFD list: The average time that patients stay on the MSFD list at the Manor is reducing indicating that the rising demand is being dealt with by faster turnover by Intermediate Care. The ICS Facilitator model was reconfigured in November and the LOS indicates that this has lead to greater service efficiency.

Average LOS for Discharged Patients in Community Beds: While this is consistently below 30 days, it remains higher than the commissioned target for the service of 21 days. Currently the service is using 10-15 more beds than in the commissioned budget, thus further reduction in LOS is required to meet the demand within the current bed base.

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Integration - Operational Metrics

Community Contacts

Patients not admitted to hospital-Rapid Response starting 01/05/18

Percentage Admission Avoidance-Rapid Response starting 01/05/18

Private Nursing Home Patients-ICS starting 01/05/18

Rapid Response: The number of patients being seen by Rapid Response has increased during the year in part due to recruitment within the team and also within the locality teams allowing Rapid Response to hand over patients earlier to create more capacity. The service has also been piloting a model whereby in addition to GPs, WMAS crews are able to refer in for patients that otherwise would have conveyed to ED. The numbers of patients being seen has increased, but the percentage of referrals kept in their place of residence has remained stable, indicating that the quality of referrals has remained consistent and that greater demand exists than the service currently has capacity for.

Private Nursing Homes: This scheme provides a healthcare service for patients in Nursing Homes to identify and treat deteriorating patient in their place of residence. The scheme has been extended to 7 residential homes and the Division has employed a pharmacist to support medication reviews in homes during this financial year, while in November 2019 a health & social care team aimed at improving Quality in Care homes commenced in Walsall, hosted by WHT.

INTEGRATION
2019-2020

		Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-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)	11.21%	12.70%	11.21%	10.87%	11.96%		11.42%	10.00%	10.73%	L
no	Rapid Response Team - Total Referrals	270	253	240	319	230	290				L
no	Rapid Response Team - MDT Interventions potentially avoiding attendance or admission	244	222	205	257	198	260				L
%	Rapid Response Team - % of patients referred requiring a 2 hour response who are subsequently seen within 2 hours	72.73%	73.10%	68.40%	65.30%	70.67%	7917.00%				L
	CARE AT HOME										
%..	ED Reattenders within 7 days	7.84%	8.37%	7.07%	6.84%	7.52%	7.76%	7.59%	7.00%	7.43%	BP
	RESOURCES										
no	Average Number of Medically Fit Patients relating to Social Care - Walsall only (Mon&Thurs)	31	34	35	30	39	40				
no	Average Number of Medically Fit Patients - Trust (Mon&Thurs)	25	24	22	25	30	24				
	PARTNERS										
Rate	Occupied Beddays per Locality - Rate per 1000 GP Population (GP Caseload)	37.25	33.03	35.71	33.64	36.71	37.55				L
no	Nursing Contacts per Locality - Total	19638	19370	18433	19494	17990	18755	169928		205571	L
Rate	Emergency Readmissions per Locality - Rate per 1000 GP Population (GP Caseload)	2.30	2.07	1.90	2.08	2.02	2.03				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

Key Areas of Success

- Appraisals Compliance - Feedback from the pilot of new Appraisal paperwork continues to be gathered, with a view to making final tweaks ahead of a launch during January 2020.
- Sickness Absence -The Human Resources Team facilitated well attended training sessions during November and December 2019, preparing colleagues for sickness management under the new Attendance policy.

Key Areas of Concern and Trust Board Discussion Required

- Retention – Stabilised at 82%, systematic change is required to raise the threshold. High Retention = Admin/Estates, Low Retention = AHP/Scientific.
- Sickness Absence - Dec19 spike in long-term illness. An increase in Stress/Anxiety. Gastro/Cold/Flu/Respiratory problems continue to rise.
- Mandatory Training - Training compliance low and continuing to fall amongst Medics. Competency matrix to be reviewed and revised during 2020.
- Appraisal Compliance – High Compliance = Medical, Low Compliance = Admin/Scientific. Completion continues to be lowest within Corporate directorates.
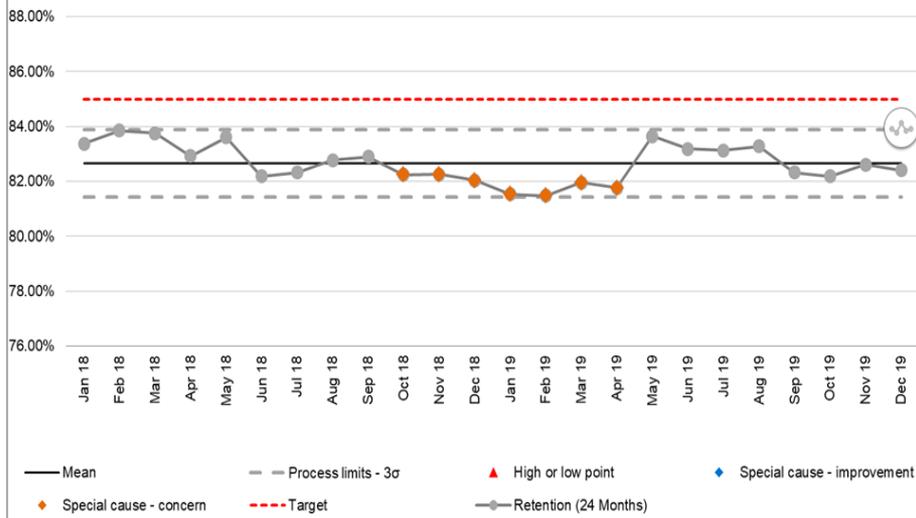
Key Actions Taken

- Following guidance from both local and safeguarding regulators; a number of changes to compliance reporting will be implemented during early Q4 19/20. These changes, namely the full rollout of competency matching based compliance reports, will provide greater clarify for colleagues and managers. Enhanced compliance reporting will be centered around patient safety and based upon training needs analysis aligned to best practice.
- The deployment of advanced analytics to support proactive occupational health interventions will be explored, with a view to identifying services with specific health & well-being needs which can be address through prevention and/or colleague engagement.
- Collaborative conversations have begun via both the Local Workforce Action Board & the Regional Workforce Planner Network; with a view to exploiting opportunities to improve the retention of young professionals, and to explore the potential HEE proposals for shared overseas recruitment.
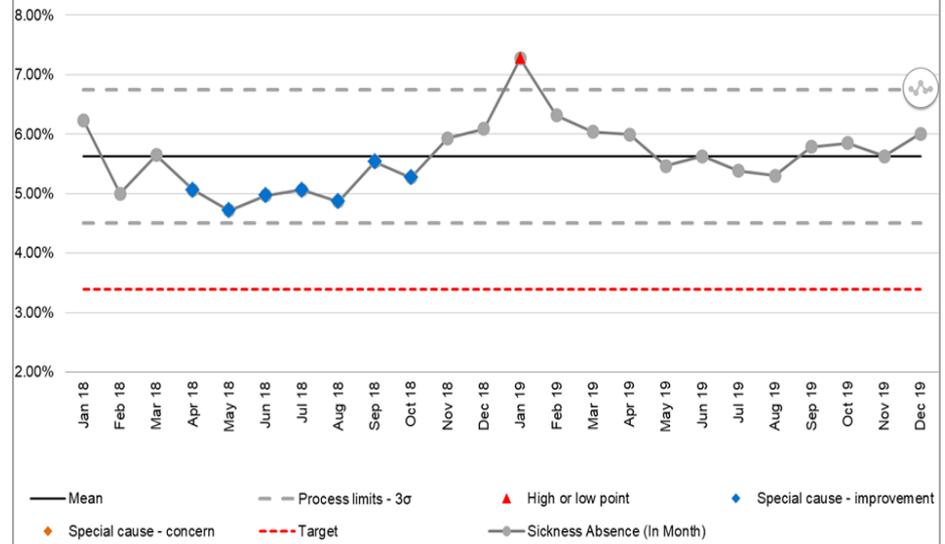
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PEOPLE AND ORGANISATIONAL DEVELOPMENT COMMITTEE
2019-2020
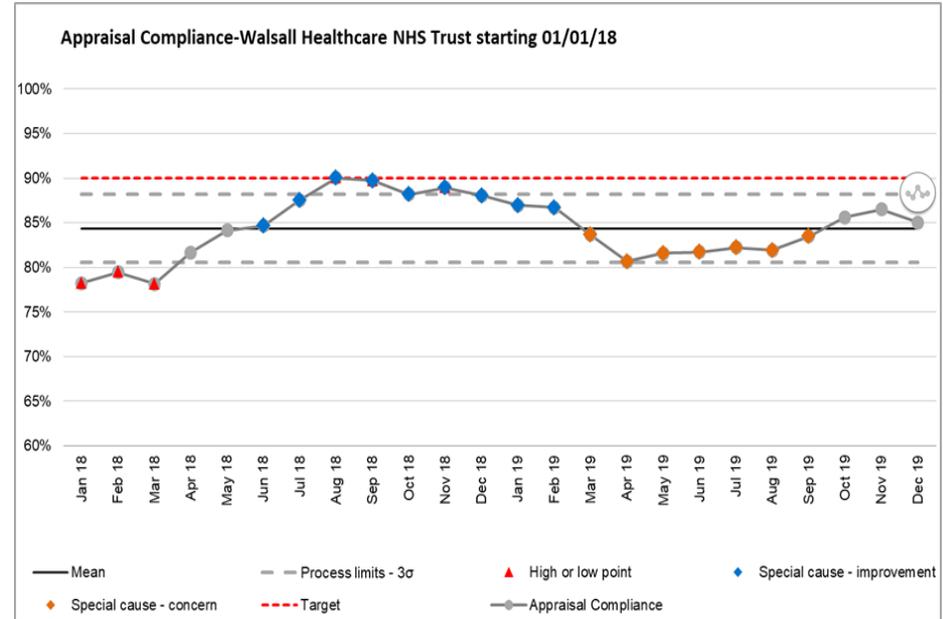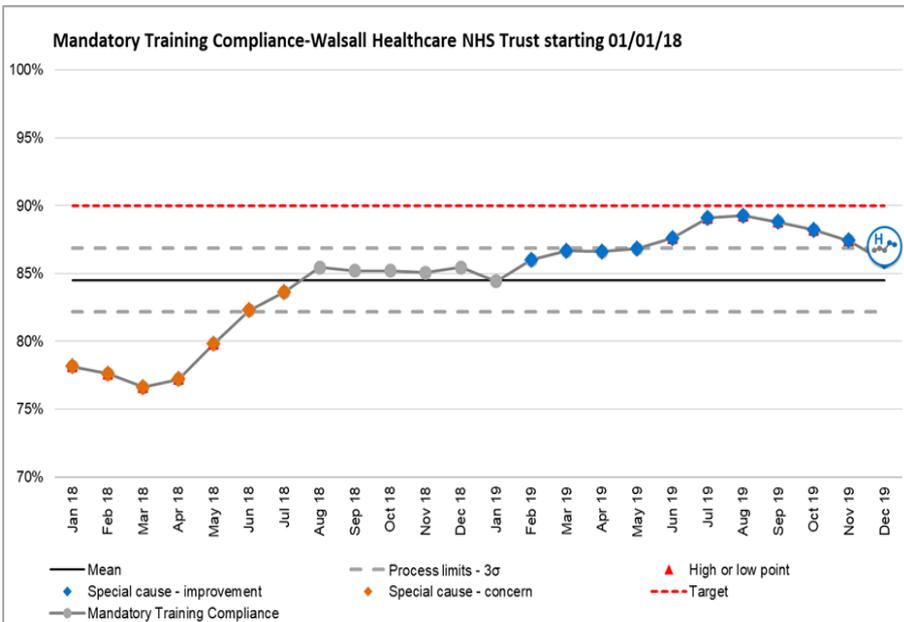
		Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	19/20 YTD Actual	19/20 Target	18/19 Outturn	Key
	SAFE, HIGH QUALITY CARE										
%..	% of RN staffing Vacancies	11.28%	8.66%	9.83%	9.74%	9.44%	10.57%				BP
%..	Mandatory Training Compliance	89.09%	89.25%	88.79%	88.20%	87.42%	85.88%		90.00%	86.67%	L
%..	PREVENT Training - Level 1 & 2 Compliance	92.73%	91.94%	91.71%	91.47%	90.52%	89.99%		85.00%		L
%..	PREVENT Training - Level 3 Compliance	85.11%	85.69%	86.12%	88.39%	88.26%	88.33%		85.00%		L
%..	Adult Safeguarding Training - Level 1 Compliance	96.65%	96.56%	96.33%	95.34%	95.83%	94.89%		95.00%		L
%..	Adult Safeguarding Training - Level 2 Compliance	91.61%	90.04%	89.17%	87.33%	86.12%	84.50%		85.00%		L
%..	Adult Safeguarding Training - Level 3 Compliance	87.37%	87.05%	86.56%	85.79%	85.20%	86.00%		85.00%		L
%..	Children's Safeguarding Training - Level 1 Compliance	94.26%	93.68%	92.05%	89.82%	90.53%	89.12%		95.00%		L
%..	Children's Safeguarding Training - Level 2 Compliance	90.89%	89.91%	89.20%	88.80%	88.63%	86.95%		85.00%		L
%..	Children's Safeguarding Training - Level 3 Compliance	90.24%	89.46%	88.06%	85.45%	86.13%	85.28%		85.00%		L
	VALUE COLLEAGUES										
%..	Sickness Absence	5.38%	5.30%	5.79%	5.85%	5.63%	6.01%		3.39%	6.04%	L
%..	PDRs	82.20%	81.93%	83.47%	85.63%	86.50%	85.05%		90.00%	83.66%	L
	RESOURCES										
%..	Bank & Locum expenditure as % of Paybill	6.97%	8.26%	7.84%	8.50%	8.43%	8.47%		6.30%	9.14%	L
%..	Agency expenditure as % of Paybill	4.41%	5.29%	5.50%	5.98%	6.07%	6.14%		2.75%	4.90%	L
no	Staff in post (Budgeted Establishment FTE)	4033	3978	3966	3979	3970	3588				L
%..	Turnover (Normalised)	11.07%	11.04%	10.38%	10.36%	10.40%	11.53%		10.00%		

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

- December saw the highest ever ED attendances at 7440 (Type 1 7.9% up on Dec 19). With EAS at 79.87%, whilst we did not meet our trajectory of 84%, the trust continued to improve in regional rankings, now being the 4th best performing Acute Trust in the Midlands for emergency care. 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 sixth consecutive month achieving performance of 0.84% service users waiting over 6 weeks meeting the 1% national target, and placing the Trust in top 15 Nationally for November.
- RTT performance was 86.05% in December. Despite deterioration in absolute performance, the Trust's national ranking has stayed stable at 43 in November(from 40 in Oct19), reflecting the deterioration nationally in performance.
- The trust achieved Cancer 62 day referral to treatment with improved performance of 88.68% (from 82.08% in Oct19) meeting the trajectory of 85.70% and national target of 85%.
- Trust has attained plan at a £5.1m deficit at month 9, though has an operational deficit as overall run rate pressures have increased.

Key Areas of Concern

- The Trust run rate in quarter 3 has increased, largely as a consequence of servicing high emergency demands and additional temporary workforce costs in key areas
- An extra-ordinary meeting of PFIC occurred on the 8 January 2020 where agreement was reached to re-forecast to a £4.9m operational deficit, with costs needing to be controlled in order to attain this deficit. In addition, the deficit to plan will result in the Trust potentially losing central income for Provider Sustainability Funds (PSF) and Financial Recovery Funds (FRF) of £6m, to give a resultant potential revised deficit of £10.9m for the year.
- The Trust continues to seek to mitigate the operational deficit of £4.9m through seeking the support of the Sustainability and Transformation Partnership (STP) to secure additional income allocations, which in turn would enable the Trust and STP to secure the central income and cash associated with PSF & FRF.
- Should the Trust be unable to secure additional income from the STP, then additional financing will be required to be sourced to off-set both the operational deficit and lost central income totalling in excess of £10.9m, which will result in additional costs associated with the servicing of debt (interest charges).
- The mitigations to attain the revised forecast are being monitored through bi-weekly flash reports to Executive and PFIC membership, in addition to the monthly reporting of performance against agreed run rates through the governance structures of the Trust.

Key Actions Taken

- Production of a detailed run rate profile for income and expenditure for the remainder of the financial year, endorsed by Executive, Trust Management Board and PFIC
- Production of a bi-weekly report for clinical income attainment and temporary workforce expenditure compared to revised forecast to Executive and PFIC
- Chair, CEO and DoF escalation within the STP leadership, so as to secure additional income to off-set the operational risk and enable delivery of the original plan
- Delivery of measures to reduce/improve run rate performance contained within the revised forecast monitored through Executive, TMB and PFIC to give assurance on delivery of the revised forecast and improve the run rate entering into the new financial year (escalated where required)
- Re-forecast run rates used to assess Divisional performance in monthly performance meetings

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Performance, Finance and Investment Committee

SPC Key
- Mean
- Process limits - 3σ
- High or low point
- Special cause - improvement
- Special cause - concern
- Target
- 0

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

**18 weeks RTT – Incomplete Pathways**

Cancer 62 Day RTT
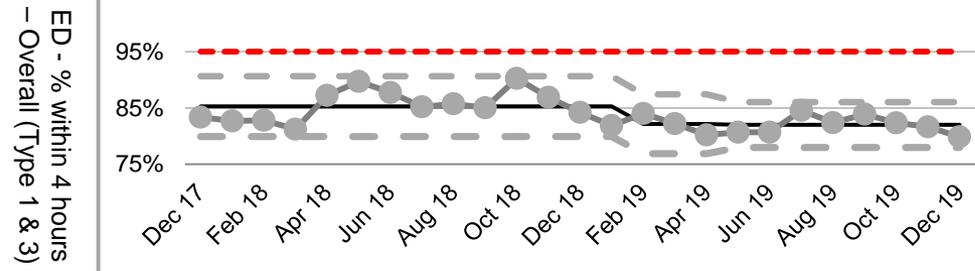
## Narrative (supplied by Chief Operating Officer)

Emergency/Urgent Care
At 7440, our December Type 1 attendances were the highest in the history of the Trust and 7.9% up on December 2018. At 79.87%, our performance was below the trajectory of 84% but closed the gap relative to the two previous months. The interventions set out in the Winter Plan have helped maintain our ED EAS performance at a time in which most other trusts have deteriorated. Extra ED staffing, the Acute Physician in ED rota, enhanced ambulatory access and weekend ward rounds have all helped the trust limit the usual deterioration in performance experienced in December.

The Trust can be proud that since April we have improved performance dramatically relative to other trusts. Nationally, we have risen from 108th in April to 58th in December. At a regional level, Walsall has improved from 15th place out of 21 Midlands Acute Trusts to 4th place in 9 months.
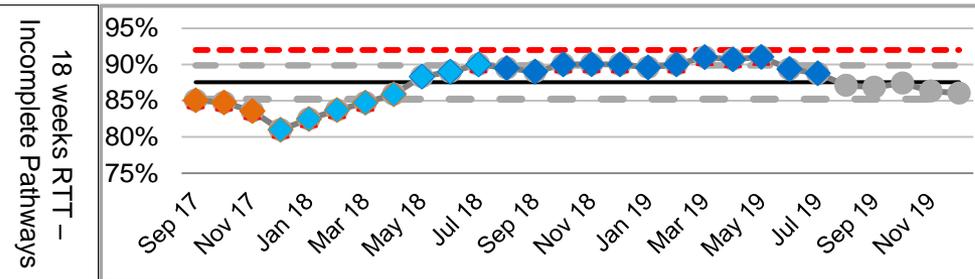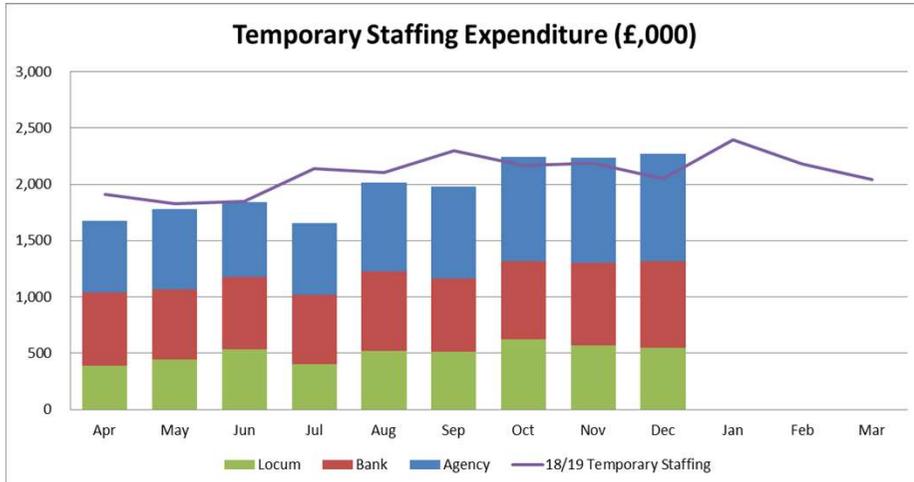
RTT
December performance delivered the local revised RTT Trajectory of 86% at 86.05%. However, the number of patients over 18 weeks at the end of December was higher than planned (planned 2114 -actual at 2224). Divisions to assess RTT recovery trajectory and revise actions to bring numbers > 18 weeks in line with plans. Long waits to be priority.
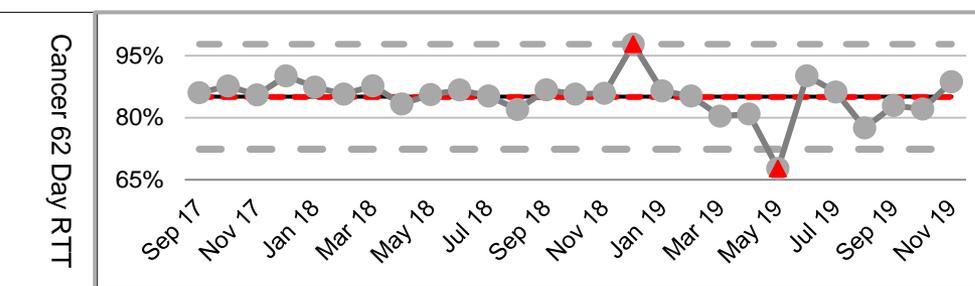
Cancer
The Trust achieved the constitutional measure for 62 day RTT with a performance of 88.68%. Work continues across a number of tumour sites to improve the 62 day RTT performance with a focus on reducing the front end of the pathway. Histology increased scrutiny about turnaround times following relocation of the Walsall Laboratory. 10 day performance is at 43% which has declined from the 30%,reported in November. Systems remain in place for priorities Walsall cases and specimens are being checked by cancer services and the laboratory. COO and Medical Director Executive to Executive intervention has taken place with BCPS.

Whilst performance of Cancer 62 day RTT- from consultant upgrade has also improved to 83.1% (from 74.75% in Oct19), it failed to achieve the locally agreed target of 85%.

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- Care at home
- Partners
- Value colleagues
- Resources
- Respect Compassion Professionalism Teamwork

Financial Performance to December 2019 (Month 9)

Retained Surplus / (Deficit)

- Planned Deficit
- Actual Deficit

Plan & Delivery Profile

- DELIVERED NON RECURRENTLY
- DELIVERED RECURRENTLY
- PLAN
- FORECAST

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
DELIVERED NON RECURRENTLY	0.4	0.8	1.2	1.6	1.9	2.2	2.5	2.8	3.1	3.1	3.1	3.2
DELIVERED RECURRENTLY	0.4	0.6	0.9	1.2	1.4	1.5	1.7	1.9	2.3	2.4	2.5	2.7
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	4.8	5.4	6.2	7.0	7.9

Temporary Staffing Expenditure (£,000)

- Locum
- Bank
- Agency
- 18/19 Temporary Staffing

Financial Performance

- Trust attained financial plan at month 9 of a £5.1m deficit, though has an operational deficit was mitigated following a movement in reserves
- Overspending on pay is reflective of the use of temporary workforce costs. This has been mainly seen in MLTC but there has been a significant increase in surgery in December
- Income is above plan for the year. There remain shortfalls in ED Coding and births
- The Executive have endorsed improved run rate measures to mitigate run rate risks and further reviews are ongoing to assure full mitigation
- The profile for Provider Sustainability Funds (PSF) and Financial Recovery Fund (FRF) are heavily weighted into the second half of the financial year (£6m April to September 2019 and £11m October to March 2020). This is the main driver of the profile denoted within the plan for delivery within the report

CIP Delivery

- The Trust's Cost Improvement Programme requirement is £8.5m (£10.5m stretch).
- The CIP has delivered £5.4m YTD, behind on plan (£0.9m) and below the stretch target of £7.3m, with £3.1m of the total delivered non-recurrently and focus needing to be placed on attainment of sustainable improvements

Cash

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

Description	Annual Budget £'000	Budget to Date £'000	Actual to Date £'000	Variance £'000
Income				
CCGs	212,458	159,824	159,642	(182)
NHS England	17,902	13,370	13,883	513
Local Authorities	8,967	6,758	6,787	30
DoH and Social Care	18,380	12,086	12,251	165
NHS Trusts/FTs	1,008	748	951	202
Non NHS Clinical Revenue (RTA Etc)	1,060	795	909	115
Education and Training Income	6,797	5,071	5,132	61
Other Operating Income (Incl Non Rec)	8,405	6,579	7,386	807
Total Income	**274,976**	**205,231**	**206,942**	**1,711**
Expenditure				
Employee Benefits Expense	(177,628)	(133,318)	(135,368)	(2,050)
Drug Expense	(14,474)	(13,092)	(13,411)	(318)
Clinical Supplies	(15,486)	(11,810)	(13,318)	(1,508)
Non Clinical Supplies	(17,814)	(13,483)	(13,213)	270
PFI Operating Expenses	(5,447)	(4,085)	(4,142)	(57)
Other Operating Expense	(27,290)	(21,725)	(20,009)	1,716
Sub - Total Operating Expenses	**(258,140)**	**(197,514)**	**(199,461)**	**(1,947)**
Earnings before Interest & Depreciation	**16,836**	**7,717**	**7,481**	**(236)**
Interest expense on Working Capital	51	38	62	24
Interest Expense on Loans and leases	(10,387)	(7,790)	(8,071)	(281)
Depreciation and Amortisation	(6,500)	(4,875)	(4,559)	316
PDC Dividend	0	0	0	0
Losses/Gains on Asset Disposals	0	0	0	0
Sub-Total Non Operating Exps	**(16,836)**	**(12,627)**	**(12,568)**	**58**
Total Expenses	**(274,976)**	**(210,141)**	**(212,030)**	**(1,889)**
Less Prior Year PSF			(165)	(165)
RETAINED SURPLUS/(DEFICIT) PLAN	**0**	**(4,910)**	**(5,253)**	**(343)**
Adjustment for Gains on Donated Assets			142	142
Adjusted Financial Performance (Control Total)	**0**	**(5,117)**	**(5,111)**	**6**

Use of Resources Ratings (M9)

Finance and use of resources rating		03AUDITPY	03PLANYTD	03ACTYTD	03PLANCY	03FOTCY
	i	Audited PY	Plan	Actual	Plan	Forecast
		31/03/2019	31/12/2019	31/12/2019	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	3	4	4
I&E margin rating		4	4	4	2	2
I&E margin: distance from financial plan		4		2		1
Agency rating		3	1	3	1	2

CASHFLOW STATEMENT

Statement of Cash Flows for the month ending December 2019

	Year to date Movement
	£'000
Cash Flows from Operating Activities	
Adjusted Operating Surplus/(Deficit)	2,922
Depreciation and Amortisation	4,559
Donated Assets Received credited to revenue but non-cash	(25)
(Increase)/Decrease in Trade and Other Receivables	(17,883)
Increase/(Decrease) in Trade and Other Payables	(959)
Increase/(Decrease) in Stock	(105)
Increase/(Decrease) in Provisions	1,494
Other movementss in operating cash flows	165
Interest Paid	(8,071)
Net Cash Inflow/(Outflow) from Operating Activities	**(17,903)**
Cash Flows from Investing Activities	
Interest received	**62**
(Payments) for Property, Plant and Equipment	**(3,911)**
Receipt from sale of Property	**0**
Net Cash Inflow/(Outflow)from Investing Activities	**(3,849)**
Net Cash Inflow/(Outflow) before Financing	**(21,752)**
Cash Flows from Financing Activities	18,666
Net Increase/(Decrease) in Cash	**(3,086)**
Cash at the Beginning of the Year 2018/19	4,186
Cash at the End of the December	**1,100**

STATEMENT OF FINANCIAL POSITION

Statement of Financial Position for the month ending December 2019

	Balance as at 31/03/19	Balance as at 31/12/19	Year to date Movement
	'£000	'£000	'£000
Total Non-Current Assets	141,208	139,948	(1,260)
Current Assets			
Receivables & pre-payments less than one Year	16,532	34,310	17,778
Cash (Citi and Other)	4,186	1,100	(3,086)
Inventories	2,362	2,467	105
Total Current Assets	23,080	37,877	14,797
Current Liabilities			
NHS & Trade Payables less than one year	(29,461)	(27,151)	2,310
Other Liabilities	(1,445)	(2,078)	(633)
Borrowings less than one year	(15,590)	(14,933)	657
Provisions less than one year	(117)	(1,611)	(1,494)
Total Current Liabilities	(46,613)	(45,773)	840
Net Current Assets less Liabilities	(23,533)	(7,896)	15,637
Non-current liabilities			
Borrowings greater than one year	(202,939)	(221,542)	(18,603)
Total Assets less Total Liabilities	(85,264)	(89,490)	(4,226)
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	-	(5,088)	(5,088)
Total TAXPAYERS' EQUITY	(85,264)	(89,490)	(4,226)

PERFORMANCE, FINANCE AND INVESTMENT COMMITTEE
2019-2020

Walsall Healthcare NHS — NHS Trust

		Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-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)	84.57%	82.38%	83.92%	82.35%	81.66%	79.87%	81.78%	95.00%	85.90%	N
%..	Ambulance Handover - Percentage of clinical handovers completed within 15 minutes of recorded time of arrival at ED	63.65%	62.49%	59.46%	61.44%	55.78%	58.30%	61.22%	100.00%	72.20%	BP
no	Ambulance Handover - No. of Handovers completed over 60mins	5	12	27	19	28	77	240	0	155	N
%..	Cancer - 2 week GP referral to 1st outpatient appointment (Latest Month Provisional)	90.81%	84.73%	84.62%	73.73%	72.96%	75.16%	83.84%	93.00%	93.59%	N
%..	Cancer - 62 day referral to treatment of all cancers (Latest Month Provisional)	86.21%	77.53%	82.93%	82.08%	88.68%	79.78%	81.74%	85.00%	85.35%	N
%..	18 weeks Referral to Treatment - % within 18 weeks - Incomplete	88.83%	87.11%	86.86%	87.43%	86.33%	86.05%		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	0.33%	0.22%	0.10%	0.19%	0.21%	0.84%	1.89%	1.00%	0.32%	N
no	No. of Open Contract Performance Notices	11	11	11	11	10	11	11	0	9	L
	CARE AT HOME										
%..	ED Reattenders within 7 days	7.84%	8.37%	7.07%	6.84%	7.52%	7.76%	7.59%	7.00%	7.43%	BP
	RESOURCES										
%..	Outpatient DNA Rate (Hospital and Community)	10.57%	11.34%	9.88%	10.16%	10.24%	10.95%	10.43%	8.00%	10.44%	L
%..	Theatre Utilisation - Touch Time Utilisation (%)	86.94%	85.57%	89.59%	87.23%	84.57%	84.46%		75.00%		L
%..	Delayed transfers of care (one month in arrears)	3.45%	3.43%	3.95%	3.58%	3.61%			2.50%	3.46%	L
no	Average Number of Medically Fit Patients (Mon&Thurs)	75	77	81	77	85	82				
no	Average LoS for Medically Fit Patients (from point they become Medically Fit) (Mon&Thurs)	11.23	9.51	11.02	8.00	11.00	8.00				
£	Surplus or Deficit (year to date) (000's)	£14	£35	£8	£76	£11	£6	£6		-£27,669	L
£	Variance from plan (year to date) (000's)	£14	£35	£8	£76	£11	£6	£6		-£17,038	L
£	CIP Plan (YTD) (000s)	£3,200	£3,300	£4,800	£5,700	£5,400	£6,100	£6,100		£15,500	L
£	CIP Delivery (YTD) (000s)	£2,800	£3,300	£3,800	£4,200	£4,800	£5,400	£5,400		£11,100	L
£	Temporary Workforce Plan (YTD) (000s)	£6,000	£7,600	£9,400	£11,200	£13,100	£15,000	£15,000		£19,400	L
£	Temporary Workforce Delivery (YTD) (000s)	£6,900	£8,900	£10,900	£13,200	£14,400	£17,700	£17,700		£25,200	L
£	Capital Spend Plan (YTD) (000s)	£2,400	£3,200	£4,100	£4,500	£4,700	£5,400	£6,400		£12,200	L
£	Capital Spend Delivery (YTD) (000s)	£1,700	£2,000	£2,500	£2,900	£3,300	£3,300	£3,300		£13,100	L

Safe, high quality care — Care at home — Partners — Value colleagues — Resources

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

Glossary

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

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

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

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

MEETING OF THE PUBLIC TRUST BOARD – Thursday 6th February 2020		
Quality, Patient Experience and Safety Committee Highlight Report		**AGENDA ITEM: 14**
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; • Concerns in relation to Infection Control • Continued lack of compliance with MCA • Never event	
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: January 2020
Highlight Report to the Trust Board**

Report for Trust Board meeting on:	6 February 2020
Report From:	30 January 2020
Highlight Report:	

Hospital Acquired Infections

At the date of the committee meeting there has been a total of 25 hospital acquired C. Diff infections and 1 MRSA bacteraemia to December 2019.

NHS Improvement Infection Prevention & control visit to the Trust 14 January 2020

The committee received the written feedback from the external visit by NHS Improvement on 14 January 2020. Whilst there were improvements in IPC governance arrangements and improvements noted on the surgical unit, significant IPC concerns were identified on the Delivery Suite. This has led to a continued red rating. The committee received reassurance regarding immediate actions undertaken.

Mental Capacity Act compliance

The committee received a report regarding compliance with MCA assessments. In addition to the performance of MCA stage II training, the committee received a lack of assurance on progress with both elements. Whilst the committee is clear about developments linked to systems and process, the Chair will ask PODC to focus on the wider links to clinical leadership and culture associated with embedding change.

Never Event

The Trust has reported a Never Event in relation to a retained foreign object post procedure. The Trust has undertaken duty of candour with the patient, and ensured that immediate lessons learnt and actions are in place.

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

January 2020

MEETING OF THE PUBLIC TRUST BOARD – Thursday 6th February 2020			
People and Organisational Development Committee Highlight Report			**AGENDA ITEM: 15**
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: - The delivery of the People Strategy which supports employees in the provision and delivery of high quality, safe patient care. - The processes adopted to support optimum employee performance in line with the Trust values. - The delivery of the Trust's legal and regulatory duties in relation to its employees. - 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*.		

Caring for Walsall together

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:

3. The delivery of the People Strategy which supports employees in the provision and delivery of high quality, safe patient care.

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

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

    - 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.

4. **DETAILS**

Update on Just Culture and Leaning from Excellence

A verbal update report was provided to update the committee on the preparation work taking place to implement the trust approach to just and learning culture. As a Trust we are starting to explore how to introduce and uphold the principles of a just and restorative culture across our patient safety and people management processes. The committee has already considered the case for change; just culture principles are founded on growing trust at times when adverse event, incidents or behaviours occur and ensuing opportunities for organisational learning are taken and that accountability is clear.

The following steps from a people management process perspective have already been:-

- Introducing principles of Just Culture to staff side colleagues.
- Introduction to the concept of Just Culture at the People and Organisational Development Committee and agreement to explore further.
- Introduction of principles to HR team who have commenced personal development to understand the concept and begin to reconsider their approach and advice to current people practices.
- Development of an early resolution framework to underpin grievance and harassment and bullying cases (still in early development phase).
- HR have introduced 'pauses' in cases prior to decisions being taken to instigate formal processes, with a view to understanding what more could be done to resolve concerns.
- Established the need for a steering group to support the development of just and restorative practices
- Union colleagues have held a development session to discuss supporting the implementation of a just and learning approach.

A Just and Learning (JLC) Steering Group is being established to shape our journey on introducing and embedding restorative just culture principles at Walsall Healthcare NHS Trust.

Update on the work of the QI Academy

The committee received an update report on the work of the QI academy and considered how the improvement programme scope aligns to the academy and noted the requirement to ensure the aims of Walsall Together integrated care are also to be aligned to the approach. It was noted that the updates will be included in the annual cycle of business for the committee, with quarterly updates scheduled.

Organisational Development Plan

A verbal update was provided on the work to engage the wider trust on the detailed organisation development plan which draws together much of the work of the committee over the las months as 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 noted that the board will receive an update on the strategy framework for organisation development with the metrics already reviewed within the committee.

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 to join the trends across the trust.

The committee noted the Workforce Performance Data and Metrics report, and noted the work taking place on mandatory and statutory training in line with national guidelines and noted the updated appraisal process has been finalised for launch. The committee noted that the guidance for the Operational Plan is imminent, with a final submission date of 27th April and noted the plan would be a system plan across the STP. The committee noted also the requirements of Walsall Together and the acute hospital chain collaboration.

The committee noted the stabilised trend on sickness absence and queried whether the SPC chart trend could give any assurance the trust would reach the amended target of 4.0% by December 2020, noting this is an ambitious improvement target and after this point to reach 3% by April 2022. The committee requested an updated trajectory, with commentary for its April meeting.

The Guardian of Safe Working Report

The discussion on this report was deferred as the Guardian was not available to present the report. The committee agreed that the Director of People and Culture and Medical Director provide assurance to the chair of the committee on the issues raised within the report prior to next committee meeting.

Attracting a Diverse Workforce – Opportunities and Enablers

The committee received and noted the report and the progress within it on apprenticeships, widening participation through Princes Trust and work experience and asked for further detail on the wider Equality, Diversity and Inclusion indicators including an update on the progress against the equality objectives. The committee also noted the work taking place in Walsall Housing board and agreed to develop the links for learning further.

Time Owing Balance Management

The committee received an update on the   proposed approach within the report and after discussion about the impact on services and the likely benefits of the new Allocate rostering system agreed to the recommended option for action within the report.

Matters to Bring to the Attention of the Board

The committee noted the update provided from the Education and Training Steering Group and received the update reports on the work on the governance of education, training and development funds including the LDA. The committee noted the proactive approach planned for next financial year on bidding for additional funding and developing a trust wide training needs analysis through the faculties and the individual PDR/appraisal process.

The committee noted the flu update as at 31.12.19 with a percentage of 85.1% and accompanying report and noted that the trust had been identified as top of the region within the recent system review meeting, Staff side reported that the national office of Unison had been in contact to ask for case study material on the trust approach.

Sub-committees and groups of People and OD Committee
The committee received the minutes of JNCC, Education and Training Committee and the Health and Wellbeing Steering Group.

Matters to bring to the attention of the Board

1. The committee approved the approach to developing a just and learning culture..

2. The committee approved the recommended approach for time owning – to return to a zero baseline by April 2020.

3. The committee noted the update on the OD plan and resolved to receive a report back in March and noted the need to integrate the approach with Walsall Together partners.

4. The committee noted the December Flu report and noted that the latest NHSI weekly report (un-validated baseline) is 89.84%

RECOMMENDATIONS

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

MEETING OF THE PUBLIC TRUST BOARD - Thursday 6th February 2020		
Walsall Together Partnership (WTP) Board Highlight Report		**AGENDA ITEM: 14**
Report Author and Job Title:	Daren Fradgley Executive Director of Integration	**Responsible Director:** Anne Baines Walsall Together Board Chair
Action Required	Approve ☐ Discuss ☒ Inform ☐ Assure ☐	
Executive Summary	This report provides the key messages from the Walsall Together Partnership (WTP) Board January 2020	
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 ☐	

WALSALL TOGETHER PARTNERSHIP BOARD HIGHLIGHT REPORT
January 2020

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. All partners were represented other than from Dudley & Walsall Mental Health Partnership Trust who had given apologies in advance.

2.2. Patient Story

Members heard about a patient that had received good quality end of life care from the partnership within Walsall. It was noted in the story that the patient was with family and had suffered a variety of access problems to primary care initially as a temporary resident. Once the care was access it was well coordinated and of high quality.

The story very much highlighted the need for robust cross board processes that need to be consistently deployed. In this case the family were persistent, but local temporary resident policies were not followed as they are designed. PCN and CCG members agreed to take away the lessons and feed then back through their relevant organisations.

2.3. Director of Integration report

A report from the Executive Director of Integration was received, outlining the subjects outlined below. The report was well received and the items discussed focused on the core sections of the report highlighted below.

- Planning for 2020/21 investments and the progress so to date
- 100 day plan for the remainder of 2019/20
- PCN engagement and the progress to date
- Outline discussion on potential organisation development options

Caring for Walsall together

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

- Medically fit for discharge performance – ICS pathway over festive period
- The proposed specifications out to consultation for the Primary care Networks in 2020/21

2.4. Walsall Housing Group (WHG) – Social Value Report

Member received a presentation for WHG on the Social Value Report and how the WHG operation had been making its contribution to resilient communities. A variety of points were raised about the positive work of WHG and how their interaction was embedded with the boroughs most challenged communities.

2.5. Future Investment Opportunities 2020/21 – PID Gateway

Board member received a detailed update on the planning for the 2020/21 investment case which is aligned to the clinical operating model. The presentation took a detailed view of the proposed developments in four main areas of the model

1. Resilient Communities
2. Integrated teams and specialists in the community
3. Intermediate care
4. Enablers (Digital, Estates, Organisational Development)

The presentation highlighted the improved patient experience and outcomes from the perspective of one of the personae in the business case. Approval was given to scope the final business case would some additional suggestions received from members.

2.6. Outcomes Framework Update

An update was received about the next phase of development for the Walsall Together outcomes framework that would include some transitional measures to ensure progress could be monitored. It was also noted that the STP was doing some alignment work across the places and the themes for this work would be used.

2.7. SMT log

This was noted by board members and comments praising progress in this area were received

2.8. Clinical Operating Model Log and update

The was noted by board members and no comments were received this month.

2.9. Matters for escalation

Integrated care partnership and reduction in medically fit numbers over the festive period were commended and it was agreed that this should be recognised by the system partners as a success

The board wanted to ensure that they were actively engaged in the new Emergency Department build and requested a briefing on progress for the next meeting and outline discussions on how Walsall Together were included in the planning and design process.

Social prescribing was a concern area and the partnership wanted to ensure that funding and resources in this area were aligned and not fragmented.

4. RECOMMENDATION

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

MEETING OF THE PUBLIC TRUST BOARD			
Thursday 6th February 2020			
Audit Committee (AC) Update report			**AGENDA ITEM: 17**
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 (AC) meetings in December 2019 and January 2020 for escalation to the Trust Board, namely;
	
	• December was an extraordinary meeting with internal audit as the focus.
	• The Committee received reports which saw progress with the work plan in line with expectations that had been set.
	• To ensure the correct focus, the Committee agreed to changes in the work plan (removing duplication) and a revised specification for the internal audit of medical and temporary staffing
	• In the January meeting AC received reports on:
	  o Internal Audit Progress Report
	  o Internal Audit Recommendations Implementation
	  o Internal Audit of ESR Data Quality
	  o Internal Audit of Data Security & Protection Toolkit
	  o Internal Audit of Core Financial Controls
	  o External Audit Progress Report
	  o Counter Fraud and Security Progress Reports
	  o Losses and Special Payments
	  o Report on Single Tender Actions		

Recommendation	Members of the Trust Board are to note the external auditor tender and that Trust Board will be asked to ratify the decision of the Auditor panel. Members of the trust Board are asked to note that there has been significant internal audit progress since the October meeting		
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 HIGHLIGHT REPORT

KEY AREAS FOR CONSIDERATION BY THE BOARD

1.   **INTRODUCTION**

The Committee reports to the Trust Board following each meeting. This report includes the issues which have been escalated by the Committee at its meetings in December 2019 (extraordinary) and January 2020.

2.   **KEY ISSUES**

2.1 Both meetings were Chaired by Mr Heer, Non-executive Director and Committee Chair. Both the December 2019 and January 2020 meetings were quorate.

2.2 Internal Audit Reports

Audit Committee received 3 internal audit reports at the January meeting. All reports provided an appropriate level of assurance. The committee noted the reports

2.3 Internal Audit Progress Reports

There was significant discussion in the December meeting around internal audit and progress since the December meeting.

Members received and noted the contents of the reports in both the December and January meetings. Members resolved to adapt the work plan in the December meeting and also to receive an updated specification for the internal audit of medical and temporary staffing.

2.4 External Audit Progress Report

In the December meeting EY that the engagement lead would be Ms Henshaw taking over from Mr. Clarke. The committee noted and received the Audit Plan report at the January meeting.

2.5 Counter Fraud & Security Progress Reports

Members received and noted the contents of the reports in both meetings. Members resolved to receive additional information on future reports and that Counter Fraud need to have further discussions with Freedom to Speak Up Guardians

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2.6 Losses and Special payments

Audit Committee received a report and noted its contents in the January meeting. The committee resolved to receive a report from pharmacy management about the increase in losses compared to previous reporting periods.

2.7 Report on Single Tender Actions

Audit Committee received a report and noted its contents. The committee resolved that further reports should be more concise.

2.8 External Audit Tender

The committee noted the information in relation to the update, requested to receive a copy of the correspondence from EY and endorsed continuing with the tender.

2.9 Any other Business

No items of business were raised in either meeting.

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