

**MEETING OF WALSALL HEALTHCARE NHS TRUST BOARD OF DIRECTORS TO BE HELD IN
PUBLIC ON THURSDAY 5 MARCH 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 6 th February 2020	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	1440
9. Guardian of Safe Working	Discussion	Medical Director	ENC 7	1450
PARTNERS				
10. Walsall Together Update	Information	Interim Walsall Together Director	ENC 8	1500
VALUE COLLEAGUES				
11. Freedom to Speak Up Quarterly Update	Discussion	Director of People & Culture	ENC 9	1510
RESOURCES				

ITEM		PURPOSE	BOARD LEAD	FORMAT	TIME
12.	Performance Report	Discussion	Director of Finance & Performance	ENC 10	1530
INFORMATION ONLY					
GOVERNANCE AND COMPLIANCE					
13.	Quality, Patient Experience and Safety Committee Highlight Report	Information	Committee Chair	ENC 11	1550
14.	Performance, Finance & Investment Committee Highlight Report	Information	Committee Chair	ENC 12	
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.	Coronavirus Update	Information	Medical Director	ENC 15	
18. QUESTIONS FROM THE PUBLIC					
19. DATE OF NEXT MEETING Public meeting on Thursday 2nd April 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 – 5 th March 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 <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input type="checkbox"/> Assure <input checked="" type="checkbox"/>		
Executive Summary	<p>The report presents a Register of Directors' interests to reflect the interests of the Trust Board members.</p> <p>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.</p>		
Recommendation	<p>Members of the Trust Board are asked to:</p> <p>Note the report</p>		
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 <input checked="" type="checkbox"/>	Care at home <input checked="" type="checkbox"/>	
	Partners <input checked="" type="checkbox"/>	Value colleagues <input checked="" type="checkbox"/>	
	Resources <input checked="" type="checkbox"/>		



Register of Directors Interests at February 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

Mr B Diamond	Non-executive Director	Partner - Registered nurse and General Manager at Gracewell of Sutton Coldfield Care Home. Director of The Aerial Business Ltd
Mrs Sally Rowe	Associate Non-executive Director	Executive Director Children's Services, Walsall MBC Trustee – Grandparents Plus, registered charity
Mr P Assinder	Associate Non-executive Director	Board member of Black Country Partnership NHS FT Director of Rodborough Consultancy Ltd. Governor of Solihull College & University Centre Honorary Lecturer, University of Wolverhampton Associate of Provex Solutions Ltd.
Mr R Virdee	Associate Non-executive Director	No Interests to declare.
Mr Richard Beeken	Chief Executive	Spouse, Fiona Beeken is a Midwifery Lecturer at Wolverhampton University. Director – Watery Bank Barns Ltd.
Mr Russell Caldicott	Director of Finance and Performance	Chair and Executive Member of the Branch of the West Midlands Healthcare Financial Management Association
Mr Daren Fradgley	Director of Strategy and Improvement	Director of Wombourne Management Company Clinical Adviser NHS 111/Out of Hours Non-Executive Director at whg
Dr Matthew Lewis	Medical Director	Spouse, Dr Anne Lewis, is a partner in general practice at the Oaks Medical, Great Barr Director of Dr MJV Lewis Private Practice Ltd.
Dr Karen Dunderdale	Director of Nursing/Deputy CEO	No Interests to declare.
Ms Jenna Davies	Director of Governance	No Interests to declare.
Miss Catherine Griffiths	Director of People and Culture	Catherine Griffiths Consultancy Ltd Chartered Institute of Personnel (CIPD)
Mr Ned Hobbs	Chief Operating Officer	Father – Governor Oxford Health FT Sister in Law – Head of Specialist Services St Giles Hospice

Report Author: Jenna Davies, Director of Governance

Date of report: February 2020

RECOMMENDATIONS

The Board are asked to note the report



**MINUTES OF THE PUBLIC MEETING OF THE BOARD OF DIRECTORS
WALSALL HEALTHCARE NHS TRUST HELD
ON THURSDAY 6 FEBRUARY 2020 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
Mrs D Barry	Executive Assistant (Minutes)

Members of the Public 0
Members of Staff 7
Observers 2

160/20 Staff Story

Patient Experience Manager, Mr Kuldeep Singh presented the story on behalf of the Patient Access Team.

The Patient Access Team is the central call centre for most of the outpatient clinics across the Trust. The Patient access team described their role in ensuring that patient calls are answered in relation to appointments, cancellations and ringing patients to backfill appointments so that clinics are as utilised as possible.

Team Leader Mrs Cox informed the board that the department had ideas and ambitions relating to what they

wanted to achieve. The team would like to create a more efficient call centre by having sound boards in situ which would mean minimising noise levels for the patients to hear the conversation better and it would decrease the amount of data that another patient can hear from another call.

The story showed members of the team interviewed to give their opinion of the centre and the environment. Team members explained the benefit of having a new system in place which has enabled the team to know the call volume, how many callers are waiting, average wait time and how long it takes to answer a call. The system has enabled the team the better plan the amount of staff required, when peak volume of calls is and when to allocate other jobs in the quieter periods. It was confirmed that call wait times and appointment DNA's have improved

The text message system was explained, which can be time consuming to set up, but is demonstrating effective results. The team expressed that it can be frustrating when they try to direct calls to other departments, but these calls do not get picked up. The team do appreciate how busy switchboard is but did feel that perhaps more calls could be transferred to the correct departments.

The Patient Access team thanked the Board for listening to their story and voiced that they would like to build on their work and share their experiences to get the trust to achieving their ambition of being an outstanding Trust by 2022.

Ms Oum thanked the team and expressed her gratitude for the work that has been carried out. Ms Oum asked the team what their next steps would be in improving the department. The team clarified that their next focus is to get staffing levels correct and now has a weekly graph which shows peak and troughs to identify the busiest days and core central busiest times.

Mr Hobbs commended the Access Team and added that their work is key to in ensuring that the Trust's clinical resource is used in the most effective way to give patients a good experience. Mr Hobbs agreed the Access team needs to have the right environment and explained that a proposal has been made to the Space Utilisation Group. A review of the Access policy has been undertaken to ensure clinicians are consistent with how they apply this.

Dr Dunderdale thanked the team and felt that the story highlights how much the Patient Access Team are helping and supporting patients. The story gives a real sense of understanding what their contribution to patient care is, which is often not seen.

Mrs Baines asked the Patient Access Team to clarify if the issues mentioned in the story have been dealt with or are improving such as calls passed through from switchboard. Mr Fradgley confirmed that a new switchboard system was about to be implemented which would replace internal voice messaging and make routing much smoother. The new system will also be able to see measure demand through each extension which will help the team plan better.

Ms Oum commended the team for achieving such a good team culture, thanked them for coming to Board and asked them to let the Board know if they required any further support.

161/20 Apologies for Absence

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

162/20 Declarations of Interest and quorum

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

163/20 Minutes of the Board Meeting held in Public on 5th December 2019

Dr Dunderdale would forward to the Executive Assistant an amendment that was required. Mr Hobbs wanted the bottom of page 11 to be amended to '52 week breach'.

Resolution

The minutes were approved as a true and accurate record.

164/20 Matters Arising and Action Sheet

Ms Oum noted that there were a number of open actions and reminded all board members to update their actions ahead of the meeting next month

079/19 - Ms Griffiths confirmed that the review of hard and

soft measures of performance had taken place at the People and Organisational Development Committee and that this action would be updated on the action log.

122/19 – Mrs Baines asked for an update on the BAF report as there had not been an update for some time. Ms Davies confirmed that an updated BAF Report and Corporate Risk Register will be discussed at the Executive Team meeting next week which will reflect the Trust's new objectives. Mrs Baines requested an update on the reports.

Resolution

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

165/20 Chair's Report

The report was taken as read.

Ms Oum advised that she, along with Mr Diamond, attend the funeral of one of the Trust's volunteers known to everyone as Derek. He was 95 years old and had been a volunteer at the Trust for a long time. Chaplaincy also attended the service and Ms Oum reflected that it was a wonderful service, very well attended and a great opportunity to honour Derek's service to the Trust.

Mr Diamond added that Derek passed away on the ward as a patient at Walsall Manor Hospital and the family had very high praise for the care that he received in his final days.

Resolution

The Board received and noted the Chair's report.

166/20 Chief Executive's Report

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

- Walsall Healthcare has continued to improve in both the national and regional performance league tables for delivery of the 4 hour emergency access standard. The regional ranking has moved from being 15th place 9 months ago to now 4th place. January has been marginally better than expected, which may put the Trust 2nd regionally which was a fantastic achievement.
- A redesign of processes has achieved 31 bed

efficiency in length of stay gain, with best practice shown in same day emergency and best practice in safe care.

- Mr Beeken also wanted to personally thank Dr Dunderdale for her support to the organisation and to himself as Deputy Chief Executive Officer. In saying goodbye to Dr Dunderdale, the Trust will say hello to Ann-Marie Riley, Deputy Chief Nurse at Nottingham who joins the Trust in March.
- Work continued towards each Sustainability & Transformation Partnership (STP) becoming accredited Integrated Care Systems by April 2021. Further updates will be given at the next board meeting.
- Discussions continue with the Clinical Commissioning Group (CCG) on an income settlement to maximise provider sustainability fund for Walsall and to get clarity on the financial settlement and payment the Trust will get. Current indications suggested a radical change in the income baseline and a move away from the traditional payment by results mechanism.

Mrs Baines asked if any planning guidance had been made available yet and how the Trust would be informed of the key risk issues. Mr Beeken confirmed a discussion would take place at an extraordinary Performance, Finance and Investment Committee.

Mr Heer congratulated the Trust on the achievements for the Emergency Department and asked for an analysis of the underlying operational financials. Mr Beeken clarified that the Trust would need to get a clear understanding of the new rules the NHS would be working to and determine exactly what would be net of income baseline in order to understand cost base set against minimal standards. This should be reflected in LTFM minimal standards and talks will take place early April 2020.

Mr Caldicott confirmed that based on work carried out, the Trust would be moving towards an income-based model and adopting what will be the Trust's financial strategy going forward. Ms Oum asked for all of the Board to have the April date in their diaries for the final sign off.

Mr Assinder queried the level of confidence the Trust had at this stage in next year's saving plan and whether the balancing figure be planned without any substance. Mr Caldicott explained that if the Trust moved to a block system

then there would be a risk of not delivering on CIP plans and mitigations will therefore need to be built into the baseline.

Mr Fradgley stated that this would be the first time ever that integration will be brought into play and the Trust can shift the activity base to a lower cost model and restructure methods. Ms Oum agreed that the organisation will need to be mindful of the risks, but could capitalise on the opportunities for the benefit of the patient.

Resolution

The Board received and noted the content of the report.

167/20 Monthly Nursing and Midwifery Safer Staffing Report

The report was taken as read by the board and Dr Dunderdale gave a summary of the key points:

- The RN fill rate average for December 2019 overall was 91.0% and total nurse staffing use remained within control.
- The top 5 user areas are clearly identified as using over half the agency use and spend, with a number of ward areas now using minimal agency staffing, demonstrating grip across the temporary staffing process.

Dr Dunderdale informed the Board that a paper had been placed in the reading room, which outlined the top 5 areas in more detail. Mitigations are in place to recover some of those vacancies for the 5 areas.

Mrs Bradbury reported that following the Board Walk to the Emergency Department earlier that day, the unit had confirmed that 5 additional members had joined in January 2020 which was having an impact on their temporary staff usage.

Ward 2 was the only ward that had been successfully not using any agency staff and 5 further wards were adopting the same standard. Dr Dunderdale assured the Board that staffing levels are being monitored daily and could confirm that levels posed no danger to staff or patients. Dr Dunderdale and Ms Griffiths were working through what the workforce model would look like for next year.

Mr Dunn asked is anything could be done to have a different strategy for staffing, for example re-drafting employment contracts. Dr Dunderdale confirmed that building a collaborative bank with the Royal Wolverhampton Trust and the Dudley Group would enable the Trust to have access to a larger pool of bank staff. Secondly, the Trust has started to have conversations with specific agencies to agree fixed term rates, which is something that Dr Dunderdale would like to pursue further.

Ms Oum commented that there has been some clear progress shown which was pleasing to note and looked forward to the outcome of targeted support and oversight in the five underperforming areas.

Resolution

The Board received and noted the content of the report.

168/20 Output of the annual Nurse Establishment Review

Dr Dunderdale introduced the Nursing Establishment review, and informed members of the governance process followed through the Performance, Finance and Investment Committee and the People and Organisational Development Committee. The Director of Finance's teams, operating nursing teams, ward leader and deputies on the wards were all included in the review.

Inpatient areas were reviewed with ward 14 and 5 beds on ward 29 excluded as they are currently used on an unfunded basis. Dr Dunderdale confirmed that ward 20b and the paediatric inpatient wards will be subject to separate reviews.

The review showed a 60/40 split of supernumerary and clinical time with an overall small saving that comes from this establishment which is predominately divided by pathway areas.

Mr Virdee asked for clarification on the categories at the front of the report and Ms Oum requested that this be picked up by the People and Organisational Development Committee. **PODC**

Resolution

The Board received and noted the content of the report and asked:

- **The People and Organisational Development Committee to clarify the process applied to the reports.**

169/20 Walsall Together Update

Mr Fradgley presented the Walsall Together updated report and highlighted the key reports:

- Some early signs have been seen of an intention to shift the scope for mental health to include the community mental health teams.
- Agreement on a combined infrastructure to support a Shared Care Record and Population Health Management has been reached.
- Discussions are taking place to identify suitable premises within the south locality.

At the time of writing this report, Mr Fradgley confirmed that a location for the South locality has been found and should be at zero cost.

Ms Oum commented that excellent progress had been made and was pleased to see that Mental Health will be included moving forward. Ms Oum asked to see in the next report more statements about that demonstrated the benefit to the patient.

DF

Resolution

The Board received and noted the content of the report.

170/20 Organisational Development Strategy

Ms Griffiths presented the report on the Organisational Developmental Strategy.

Ms Griffiths informed the Board that The People and Organisational and Development Committee had put a significant amount of work into bringing together a single strategic framework with some metrics for measurement and that also aligned to three of the domains within the Improvement Programme.

Ms Griffiths outlined the key drivers around organisation change with the aim of achieving staff recommending the organisation as a good place both work and be treated. The borough is one of the most deprived areas of the country so

embedding new framework that encapsulates all minority groups will demonstrate that the Trust is doing all it can to make things better for staff.

A new appraisal process is being launched next week and budgets will be ring fenced so that the people and culture directorate can plan for all the training they want to deliver.

The 'Just culture' approach will see the directorate working with staff side to approach employer's relations in different ways. A board development session will be delivered on just culture for the Board to learn more about this and to enable them to give feedback.

Mr Heer asked what if there were obstacles in stopping a change in culture and would like to know what can be done to create an immediate impact in culture change. Culture is an enormous area and it was felt that a little more clarity was required. Ms Oum asked for Mr Gayle and Ms Griffiths to pick this point up in the People organisation Development Committee.

Mrs Baines commented that the directorate would need to 'get the balance right' on monitoring long term and short term measures and felt that this was not clearly explained in the report. Ms Oum supported the report but agreed that there were some areas that needed refinement and would like to see these improvements in the next highlight report.

Resolution

The Board received and noted the update.

171/20 Improvement Programme Update

The report was taken as read.

Dr Dunderdale informed the board that a proposal for the Improvement Programme has been shared with the Executive Directors and that a more detailed plan will be shared at the next Trust Board. NHSI and NHS England have confirmed that they will be providing some funding to support the Improvement Programme.

172/20 Performance Report

Quality, Patient Experience and Safety Committee

The report was taken as read

Dr Dunderdale informed the Board that the first draft of the new performance report which moves data into SPC chart format had been presented by the Performance Team. This will provide a better analysis and will be seen at next month's Board.

Dr Dunderdale has had early conversations about the deteriorating patient and an issue around late observations. A piece of work is currently being carried out around late observations to be able to understand this in more detail.

Dr Lewis confirmed that VTE assessments still remain an area of concern and need to be addressed by the Trust. Communication through blogs, emails and Dr Lewis addressing colleagues have been made to ensure that everyone is aware that it is everyone's responsibility to make sure that VTE assessments are being completed.

Dr Lewis explained that certain patients do not need to have the assessment carried out and that this needs to be clearly defined. The emergency department has been experiencing difficulty in recording the assessment as the system cannot be accessed when clerking the patient. When the system is fully updated, clinicians should have all the tools in place to be able to perform the assessment and performance will be monitored through divisional performance reviews.

Ms Oum asked what had the response been towards clinical engagement and Dr Lewis confirmed that there will be a meeting with the meeting with the Junior Doctors in the acute Medical Unit to explain what their responsibilities are and the tools available to them.

Miss Oum will continue to see the VTE progress monitored through the Quality Patient Experience Safety Committee with an update to be provided to the board next month.

Dr Dunderdale addressed Sepsis Screening which is seeing a decline in inpatient areas. Specific work is being carried out across the inpatient areas to understand whether the issue is that the screening is not being carried out or whether the process is not being recorded in the patient documentation. Findings will be reported to the Quality Patient Experience Committee.

Mrs Baines asked if the VTE assessments had been

placed on the risk register and Ms Oum confirmed that it was on the Trust risk register. Dr Dunderdale advised that VTE had also been added as part of accountability performance reviews that each division will be assessed on.

Integration

Mr Fradgley explained that the data has now started to be stacked and the first 2 domains were now being shown in SPC chart format with more to follow.

There are lower numbers of medically safer discharge patients on our wards with 10-15 beds less in acute and 10-15 beds more in the community system, which has seen a reduction in packages of care. This means that issues have moved from an acute to community setting but Mr Fradgley felt confident that the Trust has a greater system of control in these areas.

Out of hour referrals remain an area of concern and letters to 2 of those boroughs have been sent out.

There has been a continued increase from rapid response teams in terms of patients that go through this service and a large variation has been observed which has been the result of a lack of resources in that area. Transformation work for 2021 will seek to increase staff in rapid response areas and increase caring for patients.

Challenges for cohorts show that Walsall Together are making progress with the over 65's and people with long term health conditions but are not making progress with 'working age adults' who are using rapid response services as they are not getting the service they need. Teams will start to look at risk profile in each of these areas.

Mrs Baines asked about beds and Mr Fradgley confirmed that there has been problems in the community but Mr Hobb's team have spotted this and dealt with this problem by making beds available in the hospital.

Ms Oum expressed this was telling a fantastic story of what is being achieved and would like Mr Fradgley to find a way of making the report more patient centred to show the benefits that the patient is getting from the improvements.

People and Organisational Development Committee

Ms Griffiths highlighted to the board a key area of concern of sickness absence which saw a spike in December.

The human resources team have facilitated well attended training sessions during November and December, to prepare colleagues for sickness management under the new attendance policy. There will be a detailed look at mandatory and statutory training as compliance is low and a competency matrix will be reviewed and revised during 2020.

Mr Virdee asked if the hospital has identified particular hotspots for sickness and Ms Griffiths confirmed that these had been identified and were being monitored through the People Organisation Development Committee.

Mr Beeken asked Ms Griffiths to explain to the board what the data results were for the flu vaccinations. Ms Griffiths was pleased to report that the total number of staff vaccinated in the Trust was 90.325% which was the best in the region. Ms Oum commended the result and commented that it was fantastic that colleagues and patients are being protected.

Constitutional Standard

Mr Hobbs reported to the committee that December 2019 had been reported as the worst month on record nationally for hospital admissions with January 2020 likely to follow suit.

Mr Hobbs stated that the Trust was proud of the improvements shown in national data where the trust has moved from 108th nationally in April 2019 to 58th and Mr Hobbs was confident that the Trust would continue to improve to be in the top 50 Trusts at the next update.

There are still improvements to be made with 1 in 5 patients waiting over the 4 hour national target to be seen in the emergency department. Mr Hobbs confirmed that a business case for the emergency department and for ambulatory care will be discussed at the Performance Finance and Investment Committee to support patient care further.

Performance for RTT waiting times remains stable. Mr

Hobbs stated that breast cancer performance times are still not within target but confirmed that the waiting time was down to 18 days as of last week.

Ms Oum commented that when the Trust considers the position that they have been in the past, the improvements are fantastic for the people in Walsall.

Performance, Finance and Investment Committee

Mr Caldicott inform the Board that an extraordinary Performance, Finance and Investment committee took place in January where run rates were reviewed and the decision was made to re-forecast the 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.

Mitigations to attain the revised forecast are being monitored by bi-weekly flash reports to the Executive and Performance Finance and Investment Committee members, in addition to the monthly reporting of performance against agreed run rates through the governance structures of the Trust.

Mr Caldicott that the Trust is still in negotiation with STP partners and seeking to see if there is additional resources available to offset and that mitigate the risk.

Mr Dunn asked what the latest position was on obtaining money from the digital process. Mr Fradgley confirmed that this is in process but currently under embargo and can therefore not be discussed at present at Public Trust Board.

Resolution

The Board:

- **Received and noted the content of the report.**

173/20 Quality, Patient Experience and Safety Committee Highlight Report

The report was taken as read.

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

Dr Dunderdale wanted to highlight to the board the recent NHSI visit undertaken by Dr Deb Adams. Dr Adams has visited the trust several times now and marked improvements had been noted in surgery who received a green rating. MLTC ward areas had also seen minor improvements. Unfortunately the deliver suite had raised a number of significant concerns which placed the Trust's infection control rating as red overall. Dr Adams plans to revisit the Trust in a couple of months' time and an action plan has been devised and worked through.

Resolution

The Board received and noted the content of the report.

174/20 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.

175/20 Integrated Care Partnership Committee Highlight Report

The report was taken as read.

Resolution

The Board received and noted the content of the report.

176/20 Audit Committee

Me Heer confirmed that the Trust has undertaken an external audit tender process and that the results of this will be discussed in private board.

177/20 Questions from the Public

There were no questions from the public.

178/20 Date of Next Meeting

The next meeting of the Trust Board held in public would be on Thursday 5th March 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.

DRAFT

Action log

Updated from Trust Board Meeting: February 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 in December 2019. Board Development session planned on annual cycle of business.	Complete
118/19	08/11/19	Matters Arising	Mr Beeken to work with the Communications and Engagement teams to promote the Board meetings to encourage members of the public to attend	Chief Executive Officer	05/12/2019	Head of Comms attended Exec Team meeting and promotion of the Board was discussed.	Open
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	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	The report was received at PODC at the February meeting in line with the action. The report will be considered again once the Director of Nursing starts with the trust.	Open
123/19	08/11/19	Safer Staffing report	People and Organisational Development Committee to review the sickness absence target, review the effectiveness of the current interventions and trajectory to improve sickness absence. PODC to recommend to the Board a sickness absence target and trajectory	Director of People and Culture	06/02/2020	The internal audit report has just been completed and is required in order to finalise the report and the sickness absence trajectory. This will be received at PODC in March 2020 and trust board in April 2020.	Open

Action log

Updated from Trust Board Meeting: February 2020

Ref:	Date	Agenda Item	Action Notes	Who	Due Date	Progress / Comments	Status
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	PODC approved the approach in meetings held between November 2019 and January 2020, the Trust Board approved the OD Framework on 06/02/20.	Open
128/19	08/11/19	Integrated Performance report	Director of Finance to ensure the Long Term Financial Model reflects Walsall Together and acute hospital collaboration	Director of Finance	06/02/2020	Updates to be presented at an extraordinary meeting of PFIC on 12th February 2020.	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 extraordinary meeting of PFIC on 12th February 2020.	Complete
149/19	05/12/19	Safer Staffing report	Ms Oum to share a staffing model she had led at the Queen Elizabeth Trust	Chair	05/03/2020	Will be shared following an upcoming Anchor Employer meeting.	Open
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 extraordinary meeting of PFIC on 12th February 2020.	Complete
168/19	06/02/20	Nurse Establishment Review	Categories of the report to be clarified at PODC	Director of Nursing	05/03/2020	The report was received at PODC in February in line with the action. The report will be considered again once the Director of Nursing starts with the Trust.	Open
169/19	06/02/20	Walsall Together Update	Benefit to patient statements to be included within the next report	Director of Integration	05/03/2020		Open

Complete

Action log

Updated from Trust Board Meeting: February 2020

Ref:	Date	Agenda Item	Action Notes	Who	Due Date	Progress / Comments	Status
Open							
Delayed (1 meeting)							
Overdue (14+ days)							

MEETING OF THE PUBLIC TRUST BOARD			
Thursday 5th March 2020			
Chair's Report			AGENDA ITEM: 6
Report Author and Job Title:	Danielle Oum, Chair	Responsible Director:	Danielle Oum, Chair
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/> Assure <input type="checkbox"/>		
Executive Summary	<p>This is a regular paper providing oversight of Chair and Non-Executive Director (NED) activities relating to the Well-Led framework.</p> <p>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.</p>		
Recommendation	<p>Members of the Trust Board are asked to:</p> <p>Note the report</p>		
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 <input checked="" type="checkbox"/>	Care at home <input checked="" type="checkbox"/>	
	Partners <input checked="" type="checkbox"/>	Value colleagues <input checked="" type="checkbox"/>	
	Resources <input checked="" type="checkbox"/>		

Chair's Update

PRIORITY OBJECTIVES FOR 2019/20

1. Safe and High Quality Care

Many of you would have seen the announcement by the Health Department on Tuesday 25th February that a new opt-out system of organ donation will come into effect on May 20 2020. The new system means that any person over the age of 18 who has lived in England for more than a year will be presumed to have consented to their organs being donated after they die, unless they state otherwise. I am pleased to announce that Ben Diamond, a Non-Executive Director, will be taking up the role as organ donation lead within the organisation and will support our clinical staff to embed the required changes within the organisation

I had the pleasure of opening the 4th Annual Dementia Conference. It was great to see such a great turnout of staff and making a difference to patients with the condition.

2. Care at Home

As we approach the end of the financial year, it's good to reflect on some of the positive work which has been completed in alignment with our strategic objectives. As I write this we have submitted an award entry to the NHS Providers Governance Conference showcasing the progress being made with partners on our local place based model, Walsall Together including

- Integration of specialist nursing services for Respiratory and Cardiology has been delivered within the locality teams;
- Healthwatch has been commissioned to develop a Walsall Together User Group ensuring public and patients contribute to the identified priorities for service redesign.
- Agreement on a combined infrastructure to support a Shared Care Record and Population Health Management has been reached;
- Walsall Together Partnership and joint governance arrangements enabled a successfully Family Safeguarding Model bid to transform services (designed by citizens for citizens)
- As a starting point for the implementation of a Single Point of Access (SPA), a pilot has been developed for Winter 2019/20, with a specific remit of admissions avoidance;

3. Valuing Colleagues

This month I have met with Sabrina Richards, who has joined the Trust as the new Talent, Inclusion and Resourcing Lead. We discussed the improvements we as a board have committed to through our Board pledge and the need for measurable progress against defined priorities, having identified the challenges faced by colleagues. The

importance of this has been recently underlined by the Trust's staff survey results and WRES outturn.

4. Resources

This month I attended an extraordinary Performance, Finance and Investment Committee which was held to review our Financial plan for 20/21. It is clear that next year will be difficult financially, however we has a Board have ensured funding is prioritised to improve Health and Wellbeing of Staff, and also to invest in Walsall Together with the aim of improving the health and wellbeing of our population.

5. Meetings/Events

1:1 NEDs

Board Walk to Ambulatory Emergency Care

RECOMMENDATIONS

The Board are asked to note the content of the report

MEETING OF THE PUBLIC TRUST BOARD – Thursday 5 th March 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 <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/> Assure <input type="checkbox"/>		
Executive Summary	<p>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.</p> <p>The report also sets out to the Board, the significant level of guidance, instruction and best practice adoption we received during February 2020 and assures the Board through an allocation of the actions required, to the relevant executive director.</p>		
Recommendation	<p>Members of the Trust Board are asked to:</p> <p>Note the report and discuss the content</p>		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	<p>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.</p>		
Resource implications	<p>There are no resource implications associated with this paper</p>		
Legal and Equality and Diversity implications	<p>There are evidenced EDI implications within the National Staff Survey results relating to adverse experience for black and ethnic minority staff and disabled staff evidenced through staff survey, WRES and WDES data. Other data sets and focus group work indicate adverse experience for staff with protected characteristics as defined within the Equality Act. The People and OD Committee are reviewing survey data and proposals and plan for immediate actions to address and reverse the adverse position and gap in Board assurance framework relating to EDI.</p>		

Strategic Objectives	Safe, high quality care <input checked="" type="checkbox"/>	Care at home <input checked="" type="checkbox"/>
	Partners <input checked="" type="checkbox"/>	Value colleagues <input checked="" type="checkbox"/>
	Resources <input checked="" type="checkbox"/>	



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 February 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 and indeed, will form the basis of our Improvement Programme, Walsall Healthcare Trusts strategic response to our ambition to deliver Outstanding rated services by 2022:

- 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

The development of our improvement programme content, architecture and governance has further reminded all of us of the significant task associated with achieving our ambition of outstanding rated services by 2022. Given the understandable and necessary focus we have given as a Board of late to the financial, delivery, horizontal collaboration and OD agendas, the development of the work stream in our improvement programme associated with safe, high quality care hasn't had as much prominence.

It is the intention behind the improvement programme to not only provide assurance to Board directly on progress with its entire content, but also to provide each Board committee with detailed assurance on progress relevant to that committee. From a Quality Committee (QPES) perspective, I feel there is much more our Trust can do to provide assurance that we

are positively changing practice as a result of incidents and complaints, for example. There is also a review of our approach to patient and carer involvement and engagement to deliver under the auspices of the improvement programme. I would like to ask QPES committee to ready itself to scrutinise progress on these matters, delivered by the improvement programme. This will be one key way of assuring ourselves as to progress on our ambition.

3.2 Valuing our colleagues

I thoroughly enjoyed an introductory meeting with our new Consultant in Occupational Health & Wellbeing this month. What this meeting reaffirmed, was that we are seen as an attractive proposition for many senior clinicians and leaders for future careers, because of the view forming outside the Trust about our increasingly inclusive, participative culture and values. Moreover, it was hugely encouraging to hear that our intentions regarding health & wellbeing service development for staff and our leadership development programme focusing on values based leadership, were an attraction to her in coming to work at the Trust. It is now beholden on us to create the ground conditions for the first year of investment in that offer to our most valuable asset, our staff. This is obviously, another vital cog in the delivery of our ambition to be outstanding and will be under the umbrella of our improvement programme. Our draft financial plan for next year, albeit one developing in difficult circumstances around STP finances, is starting to take shape and retains a start investment in health & wellbeing services.

The publication of the staff opinion survey results this month were a huge disappointment to us. Leaving aside the contradictory evidence exemplified between this survey and our local staff survey results and other, proxy indicators of positive cultural change which we must investigate, we must not and will not, ignore this concerning evidence of our colleagues' perception of us as an employer of choice, a healthcare provider of choice and an organisation which treats people inclusively and with no discrimination. This therefore brings into even sharper focus, the work of the improvement programme work stream on valuing colleagues, including key work on equality & diversity, leadership development and a just culture. We need the People & Organisational Development Committee (PODC) to drive an assurance ask now, for practical implementation plans for these agendas, overseen by our improvement programme process and governance.

3.3 Partners

In the past month, I have been pleased that there is more structure to the discussions between the different Trusts in the Black Country system on acute hospital collaboration. Indeed, discussions between us on critical service and workforce integration in services such as Dermatology and Urology, are picking up again. The improvement programme is picking up an oversight mechanism for this work through the partners work stream. Black Country locum and nursing bank discussions continue, and should deliver implementation plans for

us on all of the above, by the spring. To add to this, the national NHSE/I teams are now being engaged by the STP to give guidance on how a detailed case can be developed for resourcing more formal collaboration and a subsequent acceleration of this integration work.

3.4 Resources

The Director of Finance and I continue to be engaged in STP wide discussions about how we maximise provider sector cash to the system in 2019/20, which should impact positively on the delivery of our financial plan. At the time of writing, we still had not had formal confirmation of the quantum of commissioner support to be offered, but we are increasingly positive of achieving this aim.

With regard to 2020/21, the financial picture across our STP is not positive. My assessment is that at the time of writing this report, little progress has been made within each health economy to bridge significant gaps between the Trust income expectations which drove their acceptance of their control totals and the commissioner offers. With the plan submission deadline of 5/3/20 and contract sign off deadline of 27/3/20 looming, the STP leaders are needing to be quite transparent with NHSE/I about which long term plan and other strategic investment priorities need to slip into subsequent financial years, if the expectation of provider deficit reduction and a balanced STP financial plan is a given. For our Trust, the executive team are close to providing Board colleagues with a “worst case” scenario plan, should the current CCG contract offer be accepted. This will, wherever possible, meet expectations regarding run rate management and meeting our investment priorities of Walsall Together, our people agenda and safe 7 day urgent care. Those investment priorities remain critical to our outstanding rating ambition, as not all of that ambition will be realised through the improvement programme work on efficiency and best practice, alone.

3.3 RECOMMENDATIONS

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

Richard Beeken
Chief Executive
26/02/2020

NEW NATIONAL GUIDANCE, REPORTS AND CONSULTATIONS

The following guidance and policy actions, which have been received from the wider regulatory and policy system since January 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	<p>Local Government Association Achieving integrated care: 15 best practice actions</p> <p>This resource, produced in partnership with the Social Care Institute for Excellence, aims to support local systems in fulfilling their ambition of integration. The 15 actions prioritised in this resource draw on evidence about what works from international research, emerging best practices, and engagement with stakeholders and partners. The actions are deliberately aligned with national policy, legal frameworks and regulatory guidance, but most important, they allow for local variety in system design and service delivery to flourish.</p>	Guidance to be considered	Director of Integration
1.2	<p>General Medical Council Caring for doctors, caring for patients</p> <p>This report identifies a need to address the wellbeing of doctors faced with higher workloads, whose own health impacts on patient care. Recommendations include compassionate leadership models giving doctors more say over the culture of their workplaces, adopting minimum standards of food and rest facilities, and standardising rota designs that take account of workload and available staff.</p>	Action POD	Medical Director
1.3	<p>Updated Pathology networks toolkit</p> <p>This Toolkit has been developed to help NHS providers implement their pathology network and to enable the NHS to share best practice, we are developing a toolkit of how to guides and templates.</p>	Action PFIC	Chief Operating Officer

1.4	<p>Updated Delayed transfer of care (DTC) improvement tool</p> <p>This tool has been developed to enable trusts, clinical commissioning groups and local authorities to understand where delayed transfers of care are in their area or system.</p>	<p>Improvement tool</p> <p>PFIC</p>	<p>Director of Integration</p> <p>Chief Operating Officer</p>
1.5	<p>Specialised Services; Transforming delivery for Patients</p> <p>Specialised services: transforming delivery for patients is a report from NHS providers which explores the evolving NHS landscape. Specialised services have a key role to play in helping to deliver the ambitions of the long term plan. This report particularly focuses on the challenges in adapting to new system structures and commissioning arrangements.</p>	<p>Report Board</p>	<p>Chief Executive Officer</p>
1.6	<p>Workforce Race Equality Standard 2019 report</p> <p>The 2019 Workforce Race Equality Standard (WRES) report is the fifth publication, since the WRES was mandated and covers all nine indicators.</p> <p>The report has the following key roles:</p> <p>To enable organisations to compare their performance with others in their region and those providing similar services, with the aim of encouraging improvement by learning and sharing good practice</p> <p>To provide a national picture of WRES in practice, to colleagues, organisations and the public on the developments in the workforce race equality agenda</p>	<p>Report Action</p> <p>POD</p>	<p>Director of People and Culture</p>
1.7	<p>NHS Operational Planning and Contracting Guidance 2020/21</p> <p>The NHS Operational Planning and Contracting Guidance 2020/21 covers system planning, full operational plan requirements, details of</p>	<p>Guidance Action</p> <p>PFIC</p>	<p>Director of Finance, and Performance</p>

	workforce transformation requirements, the financial settlement and the process and timescales around the submission of plans that the NHS must plan to do during 2020/21.		
1.8	<p>Commissioning for Quality and Innovation (CQUIN) guidance for 2020-2021</p> <p>This guidance sets out the Commissioning for Quality and Innovation (CQUIN) scheme for 2020–2021.</p>	<p>Guidance</p> <p>Action</p> <p>QPES</p>	<p>Director of Finance</p>

MEETING OF THE PUBLIC TRUST BOARD			
5th March 2020			
Monthly Nurse Staffing Report – January 2020 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 <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/> Assure <input checked="" type="checkbox"/>		
Executive Summary	<p>The top 5 users for agency use and spend is due to their overall establishment gap of vacancy / sickness absence and maternity leave, the remaining areas show temporary staffing use is in control.</p> <p>Vacancy rates in MLTC division requires focused effort to address this although pipeline appointments will mitigate this position over the next 2 months. The overall vacancy rate in Nursing remains stable at less than 10% but recognising that individual areas have vacancy positions that are significantly contributing to the overall use of temporary staffing and to fill rate reduction.</p> <p>Actions continue to address the staffing shortfalls through recruitment activities, sickness absence management, flexible working and arrangements with agencies for block bookings and rates.</p>		
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	<p>BAF Objective No 5: Establish a substantive workforce that reduces our expenditure on agency staff.</p> <p>Corporate Risk No 11: Failure to assure safe nurse staffing levels.</p>		
Resource implications	None		
Legal and Equality and Diversity implications	None		
Strategic Objectives	Safe, high quality care <input checked="" type="checkbox"/>	Care at home <input type="checkbox"/>	
	Partners <input checked="" type="checkbox"/>	Value colleagues <input type="checkbox"/>	
	Resources <input checked="" type="checkbox"/>		

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 January overall was 94.83% which splits into the following day and night average:

- 92.12% for day shifts
- 98.47% 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

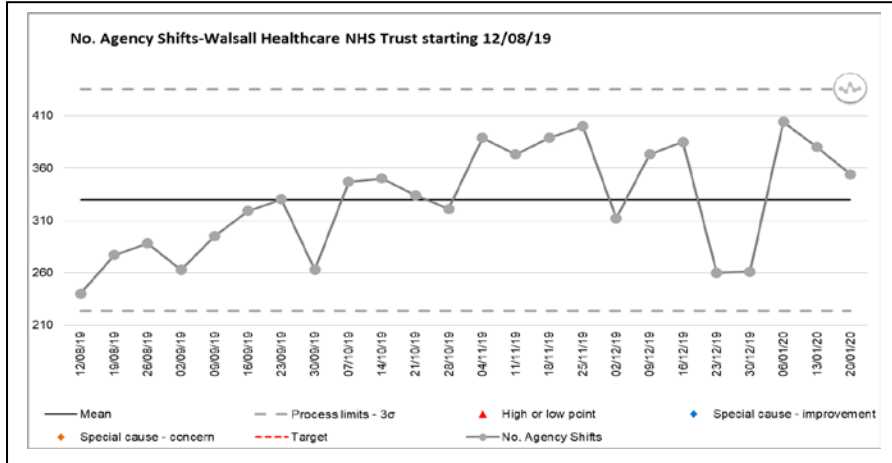


The CHPPD data shows that WHC is consistently within the lowest quartile (black line). The process for data collection is still being reviewed to strengthen the governance around this and the new Erostering system will support this. NHSi have recently renewed the templates to now include Nurse Associates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

2. TEMPORARY STAFFING

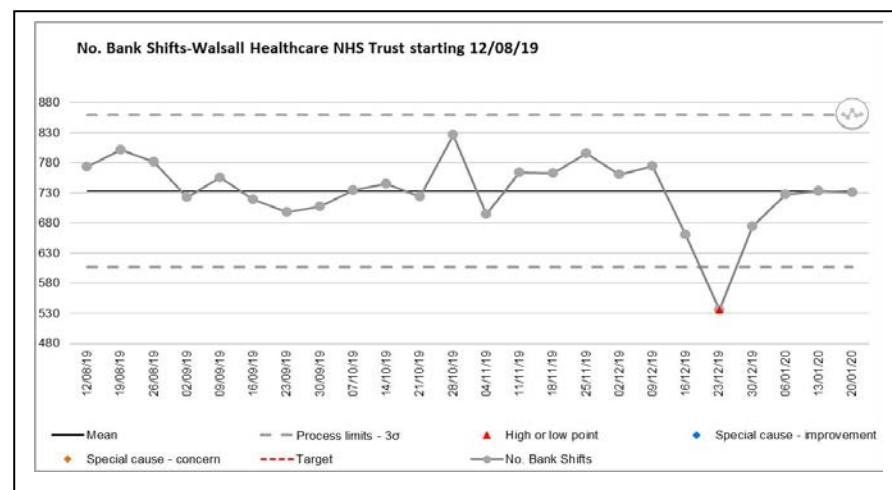
2.1 Total Temporary Staffing Use

Chart 1



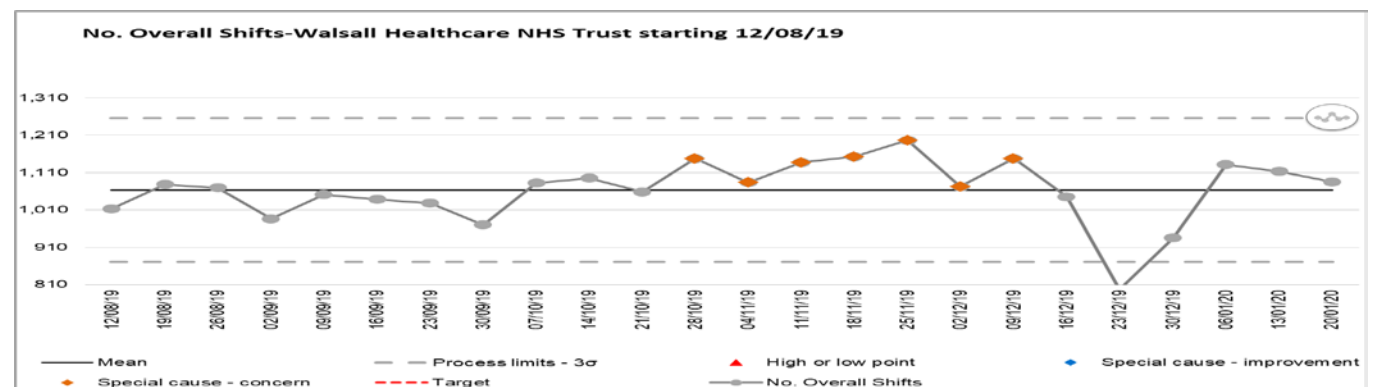
The number of temporary staffing shifts booked within January shows a continued decrease despite additional capacity being open. The decrease was seen in both bank and Agency worked shifts. Overall fill rate for RN during January was 94% and for CSW was 95%.

Chart 2

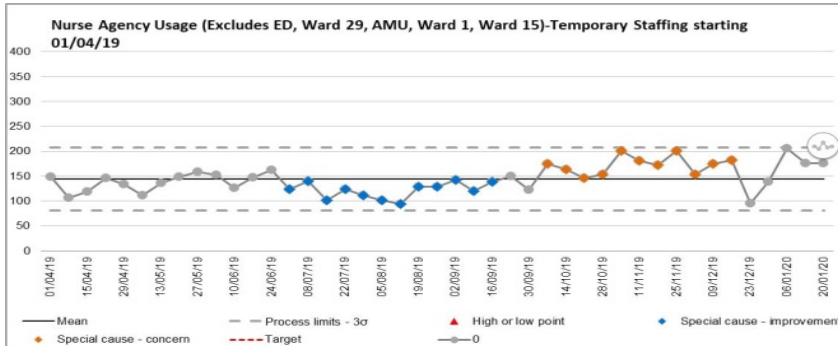


The number of Bank shifts booked overall (all areas) in January is below target, work is ongoing to achieve target use.

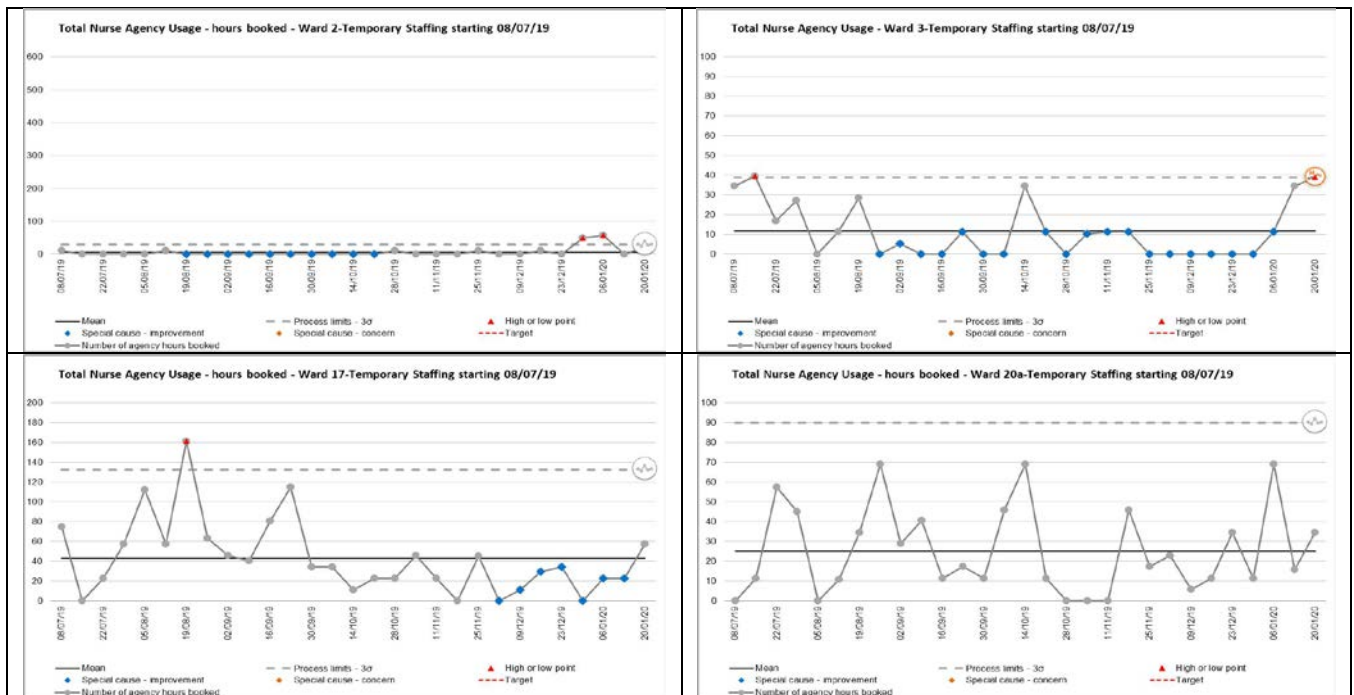
Different communication methodologies are being used such as Facebook, 'live' shift lists and an elevated number of text messages being sent to Bank staff.



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.

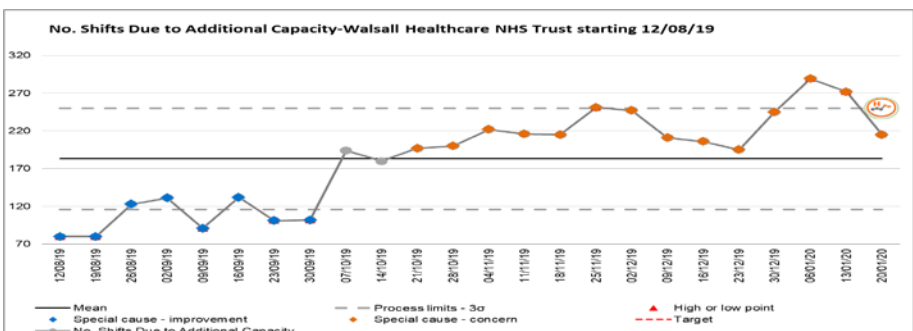
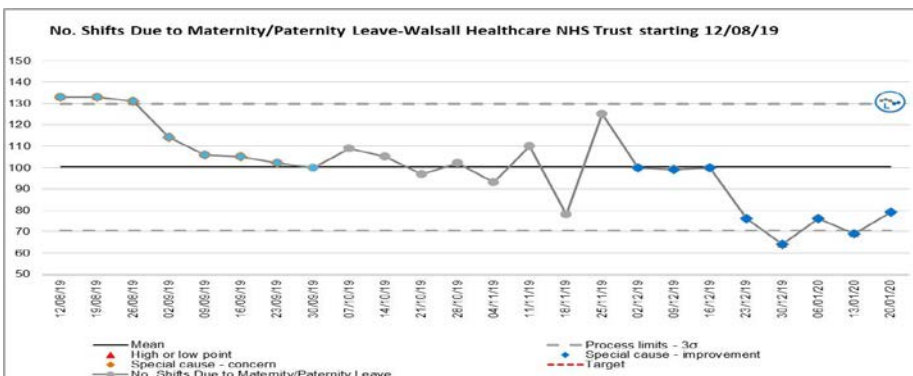
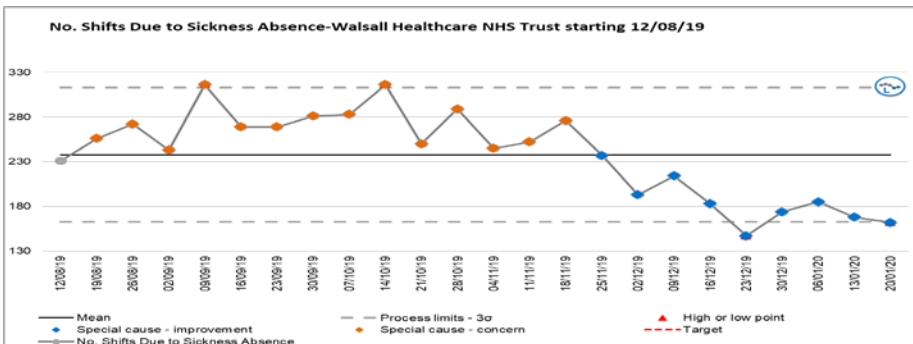
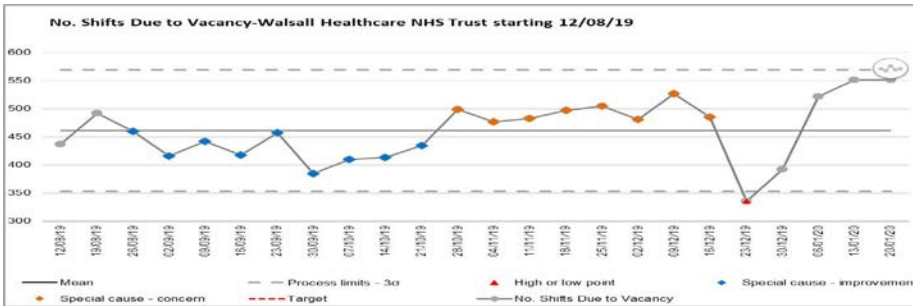


Wards 2, 3, 17 and 20a use minimal nursing agency,



Booking Reasons

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



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 January and show no cause for concern due to process controls in place.

Surgery and Critical Care are taking actions to reduce the use of temporary staffing as the sickness absence position improves.

Shifts booked with temporary staffing to cover Maternity leave is within control limits. The Trust does not allocate a headroom allowance to Maternity Leave so this will always be a cost pressure to departments.

Additional capacity demand is lower and shift cover is reducing.

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 5 th March 2020			
Guardian of Safe Working hours quarterly report for Aug/Sep/Oct 2019			AGENDA ITEM: 9
Report Author and Job Title:	Mushal Naqvi, Guardian of Safe Working Hours (GOSWH)	Responsible Director:	Matthew Lewis, Medical Director
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/> Assure <input type="checkbox"/>		
Executive Summary	<p>The purpose of the reports is to provide a report from the Guardian of Safe Working to the Board on the safety of doctors' working hours and rota gaps as required under the terms and conditions of the 2016 Junior Doctor Contract.</p> <p>The report covers the following elements:</p> <ul style="list-style-type: none"> • Introduction and context of the Guardian of Safe Working Hours role • Guardian's quarterly report for August, September & October 2019 • Summary of progress and concerns 		
Recommendation	Members of the People and Organisational Development Committee are asked to note the report for assurance and discuss the contents		
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	Implementation of the revised Junior Doctor contract may adversely impact on rotas and the ability to cover services effectively resulting in additional workforce requirements		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper		

Strategic Objectives	Safe, high quality care <input checked="" type="checkbox"/>	Care at home <input type="checkbox"/>
	Partners <input type="checkbox"/>	Value colleagues <input checked="" type="checkbox"/>
	Resources <input checked="" type="checkbox"/>	

GUARDIAN OF SAFE WORKING QUARTERLY (AUG/SEPT/OCT 2019) ON SAFE WORKING HOURS OF DOCTORS IN TRAINING**1. PURPOSE OF REPORT**

The purpose of the reports is to provide a report from the Guardian of Safe Working to the Board on the safety of doctors' working hours and rota gaps as required under the terms and conditions of the 2016 Junior Doctor Contract.

2. BACKGROUND

The safety of patients is a paramount concern for the NHS. Significant staff fatigue is a hazard both to patients and to the staff themselves. The guardian of safe working has been introduced to protect patients and doctors by making sure doctors aren't working unsafe hours.

To do this, the guardian will:

- act as the champion of safe working hours
- receive junior doctors trainees' exception reports and record and monitor compliance against the 2016 terms and conditions of service for doctors in training
- escalate issues to the relevant executive director or equivalent for decision and action
- intervene to reduce any identified risks to junior doctors or their patients' safety
- undertake a work schedule review where there are regular or persistent breaches in safe working hours
- distribute monies received as a consequence of financial penalties, to improve junior doctor training and service experience.

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

For more information about the guardian role, visit www.nhsemployers.org/juniordoctors

Essential data for this quarter:

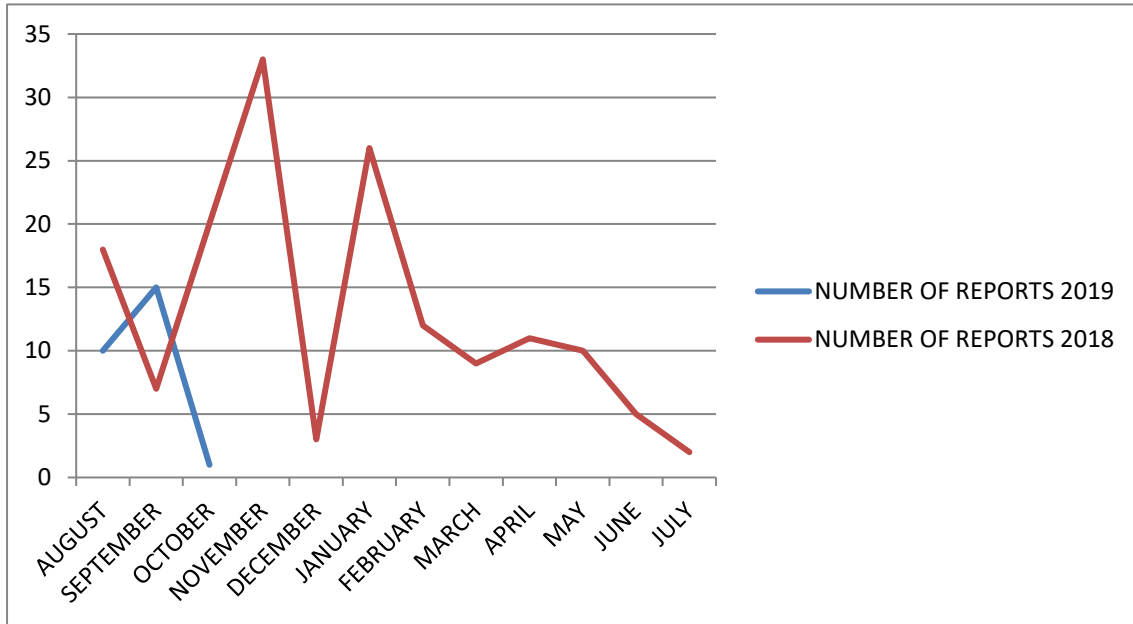
Training Posts	Allocated	Supernumerary	Total
	151	3	154
Number of Drs in Post	146 as of 31/10/19		
Number of LTFT Doctors	10		
Number of Vacancies	Total HEE Vacancies	Total HEE vacancies recruited too	Remaining vacancies
	15	4	11

Exception Reports

Total number of exception reports received per month within this quarter:

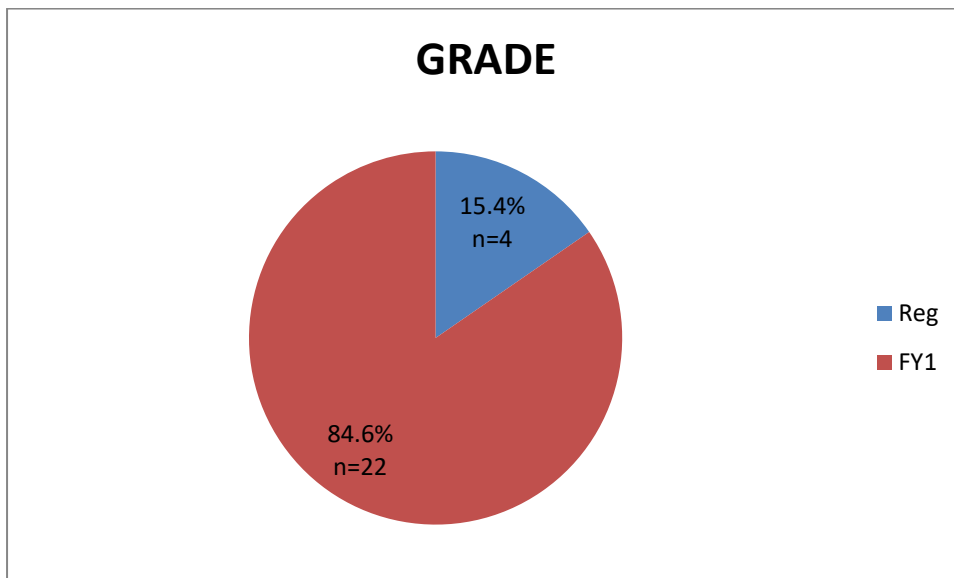
	Immediate safety concerns (ISCs)	Total hours of work and/or pattern	Educational opportunities/support	Service support available	TOTAL
AUGUST	0	6	0	4	10
SEPTEMBER	1 (+ another – but downgraded to total hours of work)	14	0	0	15
OCTOBER	0	1	0	0	1
QUARTER	1	21	0	4	26

Trend in Exception Reporting



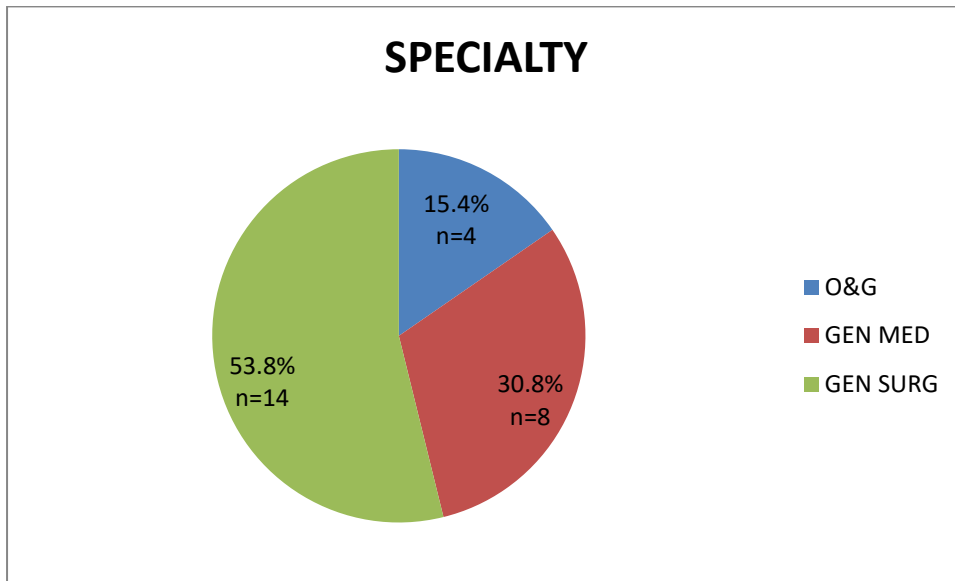
Overall, the number of exception reports is down compared to the same time frame last year. There was a peak in exception reports submitted in September in this quarter and in contrast, October was very quiet.

The majority of exception reports this quarter were submitted by FY1s.

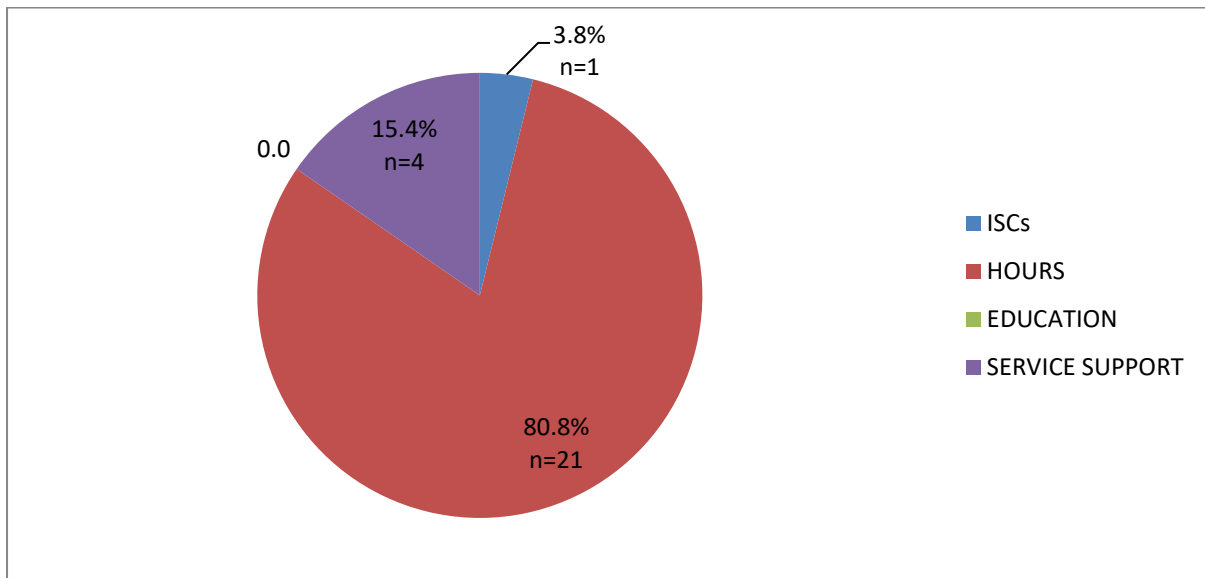


The mean number of days between an exception occurring and the exception being reported is 4.9 days (median = 3 days, range = 0 – 17 days)

Over half of the exception reports related to Surgery, just under a third were from medicine and the remainder were from Obstetrics and Gynaecology.



The majority of exception reports related to the total hours worked, followed by issues regarding the service support available. There was one immediate safety concern in this quarter.

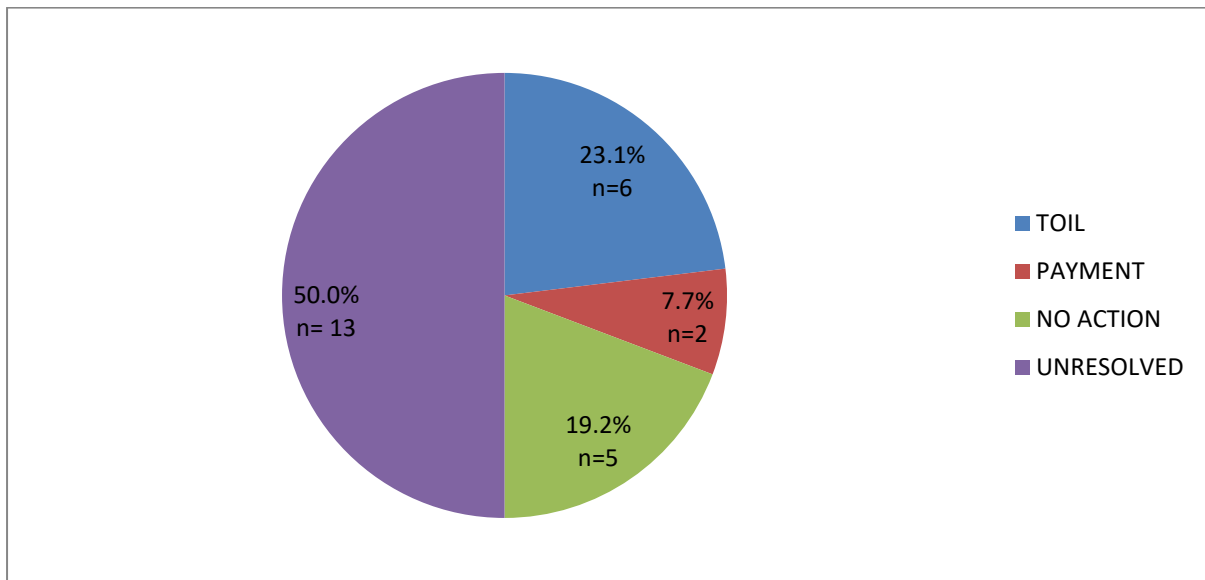


Resolutions

Total number of exception reports per month within this quarter resulting in:

	TOIL granted	Payment for additional hours	Work schedule reviews	Resolved – no action required	Unresolved	TOTAL
AUGUST	1	0	0	4	5	10
SEPTEMBER	5	2	0	1	7	15
OCTOBER	0	0	0	0	1	1
QUARTER	6	2	0	5	13	26

Half of exception reports for the first quarter remain unresolved. Just under a quarter were resolved with Time off in Lieu (TOIL), with just under a fifth being not requiring any further action to be resolved. Two exception reports resulted in payment, but no fines were levied in this quarter.



The mean number of days between an exception report being submitted by a trainee and the review meeting occurring between the trainee and their supervisor is 37.5 days (median = 18 days, range = 2 – 92 days). Review meetings should ideally be occurring within 7 days of submission.

Work Schedule Reviews

Half of exception reports submitted this quarter emanate from Surgery with half of these referring to the 8am to 5pm weekend shifts on 20 A/B/C being too busy for a single FY1 and therefore resulting in trainees working over. There have been discussions between the FY1s who have just rotated out of the General Surgery department and the Clinical Director of Surgery and suggestions have been made on how the shifts in General Surgery could be adjusted so more man power is available

at the weekend – these proposals have now been put forward to the current FY1s in Surgery, to establish how they wish to proceed.

Detail of Immediate Safety Concerns and Actions Proposed and/or Taken

There was one ISC in this quarter regarding medical outliers on surgical wards where the surgical FY1s are expected to look after these patients. Concerns were raised following the lack of accessibility and senior support by the medical team under these circumstances.

Following meetings and discussions with the Divisional Director of Medicine, there was clarification of the “buddy ward” system between each surgical ward and medical ward as well as providing the surgical wards with the rota specifying the consultant of the week for these medical wards. This information was then disseminated to the FY1s and nursing staff on the surgical wards.

Fines Levied Against Departments This Quarter

No fines were levied this quarter.

Two General Surgery FY1s were compensated by the Trauma and Orthopaedic department for the additional hours they had worked (a total of 4 hours at plain time rate). As these additional hours worked did not result in breaching the 2016 contract TCS, no fine was levied and the junior doctors concerned were paid the entire amount.

Balance at End of Last Quarter	Not known
Fines Incurred this Quarter	0
Cumulative Total	Not known
Total Paid to Trainees (£)	£52.08
Balance at End of this Quarter	Not known

Clarification is required regarding the cumulative total and balance of the GOSWH funds at the start and end of this quarter.

The GOSWH fund is money accumulated from fines levied since exception reporting replaced monitoring/diary exercises in October 2016.

The finance department are under the impression that money in this fund should be used before the end of each financial year (31st March). They report a balance of

£5976 on 31st March 2019 but as this money was not used, the balance on 1st April 2019 was therefore £0.

The previous GOSWH was not aware of this ruling and neither was I since taking on this role from 1st August 2019.

According to Allocate (the software used by the Trust to manage exception reports), there appears to be 16 exception reports between 1st April – 31st July where the outcome involved payment of junior doctors; potentially these also could have added to the GOSWH fund if a fine was levied. However, the finance department currently report there is no money in the GOSWH fund.

The GOSWH funds must be used to benefit the education, training and working environment of trainees and is allocated in collaboration with the junior doctors' forum. It must not be used to supplement facilities, study leave, IT provision or fundamental resources. The details of the fines and how the money has been spent forms part of the GOSWH's report.

A Masterclass in Effective Time Management Skills was held at Walsall Manor Hospital on Saturday 28th September 2019. This was subsidized using the GOSWH funds at a cost of £3480 to allow 25 open places for trainees to attend free of charge.

Rota Gaps and Vacancies this Quarter

Department	Grade	August shifts uncovered	September Shifts uncovered	October shifts uncovered	TOTAL
O&G	ST Higher	16	14	0 (only vacant to 6/10/19)	30
Anaes	CT1-3	0 (never incorporated into rota)	0 (never incorporated into rota)	0 (never incorporated into rota)	0
Anaes	CT1-3	0 (never incorporated into rota)	0 (never incorporated into rota)	0 (never incorporated into rota)	0
Anaes	CT1-3	0 (never incorporated into rota)	0 (never incorporated into rota)	0 (never incorporated into rota)	0
A&E	GP ST1-2 (40%)	4	2		10
A&E	GP ST1-2	0 (Trust doctor appointed)	0 (Trust doctor appointed)	0 (Trust doctor appointed)	0
Acute Medicine	ST Higher	12	14		49
Acute Medicine	ST Higher (40%)	6	No longer vacant	No longer vacant	6
Elderly Care	ST Higher	19	No longer vacant	No longer vacant	19
Elderly Care	ST Higher	0 (long term locum in post)	0 (long term locum in post)	0 (long term locum in post)	0
Elderly Care	GP ST1-2	0 (Trust doctor appointed)	0 (Trust doctor appointed)	0 (Trust doctor appointed)	0
Elderly Care	GP ST1-2	0 (Trust doctor appointed)	0 (Trust doctor appointed)	0 (Trust doctor appointed)	0
Paeds	ST Higher (40%)	3	4		10
Paeds	ST Higher (40%)	2	2		7
Paeds	GP ST1-2 (40%)	0 (Trust doctor appointed)	0 (Trust doctor appointed)	0 (Trust doctor appointed)	0
Cardiology	CT1-2 (40%)	7	5		19
Gastro	GP ST1-2	0 (Trust doctor appointed)	0 (Trust doctor appointed)	0 (Trust doctor appointed)	0
GP	FY2 Super	0 (never incorporated into rota)	0 (never incorporated into rota)	0 (never incorporated into rota)	0

Junior Doctor Forums and Junior Doctor Engagement

The quarterly Junior Doctor Forum (JDF) meeting was held on Monday 9th December 2019 and was very well attended by trainees particularly at FY1 level. The

minutes have not been produced yet – the issues discussed will form part of the next quarterly report.

Support for Guardian Role

Amount of time available in job plan for guardian role:	1 PA/4 hours per week
Admin support provided to the guardian:	0 WTE
Amount of job planned time for educational supervisors	0.25 PAs/trainee (max of 0.5PAs/2 hours per week)

Key Issues and Summary

- The majority of exception reports were submitted by FY1 level this quarter
- There were fewer exception reports this quarter than this time last year. A peak in reporting was seen in September this quarter, whereas October was very quiet
- The main reason for exception reporting was regarding the number of hours worked
- Over 50% of exception reports were from General Surgery, followed next by General Medicine
- Of the exception reports from General Surgery, half related to the weekend shifts covering 20 A/B/C being too heavy for a single FY1 – a work schedule review is in process
- There was one ISC this quarter, regarding senior support available for medical outliers on surgical wards. This was resolved following discussion with the Divisional Director of Medicine and a plan of action is now in place
- There needs to be better engagement by both trainees but in particular supervisors, with the exception reporting system – this probably reflects a lack of clarity/understanding in the process by supervisors. Steps have already been taken to try and address this (a slot on exception reports in the recent supervisor's update, which may explain the late resolution of some exception reports), but reaching more supervisors is necessary in order to see an improvement (targeting General Surgery and General Medicine FY1 clinical supervisors specifically, is most likely to be effective)
- Clarity regarding the available GOSWHs funds needs urgent attention

- There is a lack of admin linked to the guardian role which makes the role more onerous

Appendix



SUBMISSION DATE	DATE OF EXCEPTION	NUMBER OF DAYS FROM INCIDENT TO SUBMISSION	DAY OF EXCEPTION	TYPE OF REPORT	TIME OF DAY	SPECIALITY	SUBSPECIALITY	WARD	GRADE	DATE OF MEETING	NUMBER OF DAYS BETWEEN SUBMISSION AND MEETING	OUTCOME
08/08/2019	05/08/2019	3	MONDAY	SERVICE SUPPORT	ONLY REG AND CONS ON CALL - NO SHO	O&G	O&G	On call	ST5	10/08/2019	2	No AL/SL during Aug change-over
08/08/2019	06/08/2019	2	TUESDAY	SERVICE SUPPORT	ONLY REG AND CONS ON CALL - NO SHO	O&G	O&G	On call	ST5	10/08/2019	2	No AL/SL during Aug change-over
08/08/2019	07/08/2019	1	WEDNESDAY	SERVICE SUPPORT	ONLY REG AND CONS ON CALL - NO SHO	O&G	O&G	On call	ST5	10/08/2019	2	No AL/SL during Aug change-over
08/08/2019	08/08/2019	0	THURSDAY	SERVICE SUPPORT	ONLY REG AND CONS ON CALL - NO SHO	O&G	O&G	On call	ST5	10/08/2019	2	No AL/SL during Aug change-over
29/08/2019	17/08/2019	12	SATURDAY	WORKING HOURS/PATTERN	EVENING FINISH	SURGERY	GEN SURG	20A/B/C	FY1			Outstanding
29/08/2019	17/08/2019	12	SATURDAY	WORKING HOURS/PATTERN	LUNCH BREAK	SURGERY	GEN SURG	20A/B/C	FY1			Outstanding
29/08/2019	18/08/2019	11	SUNDAY	WORKING HOURS/PATTERN	EVENING FINISH & LUNCH BREAK	SURGERY	GEN SURG	20A/B/C	FY1			Outstanding
29/08/2019	20/08/2019	9	TUESDAY	WORKING HOURS/PATTERN	EVENING FINISH	SURGERY	GEN SURG	FLOATER	FY1			Outstanding
29/08/2019	12/08/2019	17	MONDAY	WORKING HOURS/PATTERN	EVENING FINISH	MEDICINE	GEN MED	AMU	FY1	29/11/2019	92	TOIL
29/08/2019	26/08/2019	3	BH MONDAY	WORKING HOURS/PATTERN	EARLY START & LUNCH BREAK & EVENING FINISH	MEDICINE	DIABETES & ENDOCRINOLOGY	15	FY1			Outstanding
02/09/2019	23/08/2019	10	FRIDAY	WORKING HOURS/PATTERN	EVENING FINISH	SURGERY	GEN SURG	SAU/On call	FY1			Outstanding
02/09/2019	30/08/2019	3	FRIDAY	IMMEDIATE SAFETY CONCERN	LACK OF SENIOR SUPPORT (FOR MEDICAL OUTLIERS ON SURGICAL WARD)	SURGERY	GEN SURG	ASU	FY1			Plan of action in place now for ISC
02/09/2019	27/08/2019	6	TUESDAY	WORKING HOURS/PATTERN	EVENING FINISH (TOO MUCH TO DO FOR 2 FY1s)	SURGERY	GEN SURG	ASU	FY1			Outstanding
02/09/2019	31/08/2019	2	SATURDAY	WORKING HOURS/PATTERN	EVENING FINISH	SURGERY	GEN SURG	20A/B/C	FY1			Outstanding
02/09/2019	02/09/2019	0	MONDAY	WORKING HOURS/PATTERN	NO PHLEB ROUND DONE ON WARD & EVENING FINISH	MEDICINE	GEN MED	AMU	FY1	27/11/2019	86	TOIL
03/09/2019	26/08/2019	8	BH MONDAY	WORKING HOURS/PATTERN	EVENING FINISH	SURGERY	GEN SURG	20A/B/C	FY1	09/12/2019	91	Payment
04/09/2019	04/09/2019	0	WEDNESDAY	WORKING HOURS/PATTERN	EVENING FINISH	MEDICINE	DIABETES & ENDOCRINOLOGY	15	FY1	09/09/2019	5	TOIL
09/09/2019	07/09/2019	2	SATURDAY	WORKING HOURS/PATTERN	EVENING FINISH	SURGERY	GEN SURG	20A/B/C	FY1			Outstanding
09/09/2019	08/09/2019	1	SUNDAY	WORKING HOURS/PATTERN	EVENING FINISH	SURGERY	GEN SURG	20A/B/C	FY1			Outstanding
09/09/2019	09/09/2019	0	MONDAY	WORKING HOURS/PATTERN	EVENING FINISH	MEDICINE	GEN MED	AMU	FY1	13/11/2019	65	TOIL
10/09/2019	09/09/2019	1	MONDAY	WORKING HOURS/PATTERN	EVENING FINISH	MEDICINE	GEN MED	AMU	FY1			Outstanding
18/09/2019	10/09/2019	8	TUESDAY	CONCERN - DOWNGRADED TO WORKING HOURS/PATTERN	EVENING FINISH	MEDICINE	RESP	AMU	FY1			Outstanding
20/09/2019	13/09/2019	7	FRIDAY	WORKING HOURS/PATTERN	EVENING FINISH	SURGERY	GEN SURG	SAU/On call	FY1	08/10/2019	18	TOIL
20/09/2019	14/09/2019	6	SATURDAY	WORKING HOURS/PATTERN	EVENING FINISH	SURGERY	GEN SURG	SAU/On call	FY1	08/10/2019	18	TOIL
20/09/2019	20/09/2019	0	FRIDAY	WORKING HOURS/PATTERN	EVENING FINISH	SURGERY	GEN SURG	T80 Ward 9	FY1	26/11/2019	67	TOIL
11/10/2019	08/10/2019	3	TUESDAY	WORKING HOURS/PATTERN	EVENING FINISH	MEDICINE	RESP	17	FY1			Outstanding

MEETING OF THE PUBLIC TRUST BOARD – Thursday 5 th March 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 <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/> Assure <input type="checkbox"/>		
Executive Summary	<p>This paper updates the Board Members on the key Walsall Together work undertaken this month:</p> <p>Governance arrangements including the revised Terms of Reference for the Clinical Operating Model Group are described in the report. This sets out a stronger leadership role and direction alignment with the STP</p> <p>Planning for horizon 2 and investment for 2020/21 outlines the very positive work that is underway for inclusion of children and women’s services in the forthcoming year. In addition, the very detailed work that is coming to the WT Board in March on our approach to managing complex patients better in the community with the business case described.</p> <p>Workforce and organisational development is now at the point where the teams are looking at the basics of working together and behaving like one team rather than a series of teams fused together. This will result a development programme which will include all providers.</p> <p>PCN engagement and the new DES service specifications are included in my report and together with the appendix show that this set of specifications has taken some major redesign nationally. It also shows significant future alignment to the Walsall Together model.</p> <p>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.</p>		
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 <input checked="" type="checkbox"/>	Care at home <input checked="" type="checkbox"/>
	Partners <input checked="" type="checkbox"/>	Value colleagues <input checked="" type="checkbox"/>
	Resources <input checked="" type="checkbox"/>	

WALSALL TOGETHER REPORT
MARCH 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. 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 has now revised its Terms of Reference (ToR) in support of a transition to a Clinical and Professional Leadership Group with a line of sight to the Black Country Sustainability and Transformation (STP) Partnership. The revised ToR were ratified by the WTP Board in February. This change is fundamental to the way in which the partnership is enshrining how the clinical leaders has the design authority of the work that is undertaken. Equally, they will now be linked with the clinical work that is ongoing in the wider STP.

3. HORIZON 2 PLANNING AND INVESTMENTS

Horizon 2 work includes early planning and alignment of children's services in the coming year most notably the family safeguarding model, health visiting and school nursing. An early conversation is underway to also align community midwifery services to the localities also. This will signal the commencement of the 0 -19 years model which will developed over the next few months.

Work continues in respect of the detailed business case and associated investment proposal for 2020/21. It is expected to have a final version by the end of February as planned, ready for presentation to partner governing bodies and the WTP Board during March.

The team is building on the detail presented to the Board during January and December. Specifically, the investment is being considered in terms of the likely phasing of implementation throughout 2020/21 in the context of, for example, workforce recruitment and critical path dependencies, in order to give a clear indication of the in-year investment required and the associated system and organisational benefits. Each member of the SMT is also reviewing the proposals and will articulate the direct impact on their respective parts of the health and care system, which will contribute to both the overall benefits and risks of both delivery and non-delivery. Finally, the operational leadership teams are considering the prioritisation of funding to give assurance that any investment will be directed towards initiatives that will deliver the greatest overall benefit.

The business case is built on the offer of care to our complex and frail patients. The specific intent is to build services to better manage their complex care needs at home with wrap around support of a suitably skilled locality teams backed up further by a sizeable change in the Trust rapid response function. This means that patients in crisis at home will receive timely and appropriate care within two hours. It is the intention to increase the volume of this service four-fold to over 1000 referrals a month. In support of this there will be step up pathways with intermediate care services that for the first time will prevent these patients needing to be admitted for care needs alone. This differs from the current model where packages of care are only available at part of stepping down from admission.

The benefit of this case will be fewer complex admissions to beds from this patient group and equally quicker and smoother discharge of patients already in hospital beds. Finally, the introduction of direct consultant support to the locality teams through the step up of complex case management. It is proposed that Elderly Care, Respiratory, Cardiology and Diabetes specialists will be imported into the teams weekly from as soon into the new year as possible. This will serve to better manage these patient groups at home and further avoid attendances and admissions

4. WORKFORCE AND ORGANISATIONAL DEVELOPMENT

The Senior Management Team (SMT) have now reviewed several proposals and considered options for organisational development across both the leadership teams and the wider workforce.

SMT is recommending that we undertake broader workforce development in parallel to the top-down leadership work. SMT is keen to have strong alignment with the strengths-based practice and the Council-led Perform Plus work. They have agreed to have this as a recurring agenda item during February and March in order that a detailed and credible proposal can be brought to the WTP Board in April.

The WTP Board development session has now been booked for 10th March. Future dates will need to be agreed throughout 2020.

A new training provider, Waypoint, has been identified to undertake the strengths-based practice (SBP) training within the wider workforce development. Training will be delivered to approximately 300 health and social care workforce in Walsall including mental health, community and specialist nursing, adult social care and voluntary sector e.g. social prescribers that are members of the Locality teams and participate in MDTs. Training will commence in March 20. The principles of SBP are:

- The focus of the helping process is on strengths, interests, knowledge and capabilities;
- The helping relationship is collaborative and mutual, a partnership of power with another person;

- Individuals have control of their care and support journey;
- All individuals have the capacity to learn, grow and change.

5. PCN ENGAGEMENT

As discussed last month, there are several national service specifications within the PCN Directed Enhanced Services (DES) contract that are due to come into effect on 1st April 20. National consultation on the proposed specifications has now closed and a summary of the feedback received is available at the end of this report .

The partnership will 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. Following the national consultation, the final specifications have been released. We now need to fully understand the implications for the Walsall Together partnership and will work closely with the PCNs in Walsall to agree how we will work together.

A hosting solution has now been agreed between the CCG and Walsall Healthcare that will see Walsall Healthcare act as the host to fund the PCN and MDT sessions. This will come into effect from 1st February 2020. The financial profile is not changed in any way.

6. STROKE BUSINESS CASE UPDATE

The Stroke Business Case will be presented to the WTP Board and WHT internal governance during March. There have been some delays to confirming the final costings for catering and cleaning and medical cover.

There are several key steps that will ensure we remain on track to move services as soon as possible:

- Final costings are expected to be confirmed by end of February
- Confirmation of medical cover including alignment to the Clinical Senate recommendations;
- The arrangement between WHT and Walsall Council in respect of Holly Bank House is expected to be confirmed by the end of February;
- The proposal to move rehab services to the community is required to be presented to Clinical Senate during March.

7. HEALTH & WELLBEING BOARD AND OVERVIEW & SCRUTINY COMMITTEE

Walsall Together took a paper on the progress made within the partnership to the January Health and Wellbeing Board (H&WBB). The paper was well received. The Chair

extended an invitation for the Director of Integration to attend the H&WBB going forward to report progress on behalf of the partnership.

Members were very complimentary of the progress to date and the momentum that had been established. The same paper was also taken to the OSC and the same feedback was received.

The OSC also received an update paper on Stroke Rehab. This session was less positive due to two specific reasons. 1) The committee was not clear on what they wished to be reported and as a result were not satisfied with the update given 2) A particularly distressing patient story was received with no prior notification from a member of a patient’s family. Since the meeting I have met with democratic services to scope out a return session in April to respond to issues raised and provide an appropriate update

8. COMMUNICATIONS UPDATE

The Walsall Together Communications Lead is started in post on 20th February. A workplan is in development and will be presented to the WTP Board in March. It is expected that the postholder will develop a Communications Strategy for Walsall Together as one of their key objectives in order to present to the WTP Board in April.

Michelle will be leading on producing a constant stream of local, regional and national material through a variety of media to gain bot support and further engagement in the programme. The material will be written in the context of what the partnership means for our patients and their families, what it means for our staff and finally what benefits are being delivered for the system.

9. 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 February against ‘amber’ (defined as off track but recoverable):

Stroke/Neuro Rehab

Rationale: Final costs are still to be confirmed

Recovery Plan: a full business case is expected to be complete by March 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

Patient Mobilisation

Rationale: challenges have been faced across the majority of wards in respect of staff engagement in the project and commitment to utilise the tool once training is complete

Recovery Plan: Executive and senior nursing support has been confirmed to ensure compliance with the tool is included in ward performance information and through the falls group. The recovery plan is now operational.

10. RECOMMENDATIONS

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

Network Contract DES – Engagement on Draft Outline Service Specifications Summary Report

30 January 2020



Purpose of engagement



Through engagement on the draft outline Network Contract DES service specifications, we have heard several clear and consistent messages from general practice and the wider health and care system. This feedback, summarised here, has already been informing negotiations on the final GP contract package, which we want to agree as soon as possible with the BMA GPC. NHS England and Improvement would like to provide practices and PCNs with certainty and renewed confidence as rapidly as possible.

- PCNs are vital partners in delivery of the ambitions described in the Long Term Plan. They are a new opportunity to help make general practice sustainable and integrate care with community partners. NHSE&I recognise that PCNs are at an early stage of development and capacity building, having only been formally established from July 2019. **Our objective is for the Network Contract DES to support PCNs to improve standards of care across the country, with realistic expectations for delivery that benefit patients and respects the five year contract deal agreed in January 2019.**
- Draft outline service specifications for April 2020 were developed through a national co-design process with relevant stakeholder groups. In recognition of the breadth and importance of the proposals, NHSE&I took the unprecedented step of publishing drafts of the proposed service requirements prior to contract negotiations. **We explicitly intended to provide stakeholders – particularly PCN members – with the opportunity to see early details of, and engage with, our proposals so that they could genuinely shape the outcome.**
- The engagement period was necessarily shorter than originally intended, driven on one side by the timing of the general election and on the other by the need to give GPs good notice of their new contracts for April 2020. The mid-January closing date was designed to allow sufficient time for feedback to be analysed and incorporated in GP contract negotiations.
- **We are grateful for all the feedback received, and for the significant amount of work and time taken by PCNs, GPs, LMCs and many others to provide clear and full feedback.** We see such widespread engagement in a debate about how PCNs develop as positive. It will inform our future approach to PCN development, including the content of the Network Contract DES.
- **The feedback from general practice, and the wider health and care system showed in-principle support for the aspirations of the individual services. But there were also clear concerns. These include; the workforce implications and the investment general practice was being asked to make in new workforce roles; the level of resource available to support delivery; the level of specificity and length of the specifications and the aggregate effect of introducing all five services from April 2020.**

Engagement on draft specifications



Thanks are due to the large numbers of GPs, local medical committees (LMCs) and others who took the time to read and respond to the drafts.

Channel	Breadth of engagement
Survey	4,048 responses received (<i>N.B. some responses were duplicate entries</i>).
Twitter chat 7 th January	413 participants 1,827 tweets 11.2m impressions
Webinar 8 th January	683 registered attendees c. 22,000 words generated via chat room feedback Approximately 35% of attendees were from primary care/PCNs. Around 25% were commissioners.
Webinar 9 th January	473 registered attendees c. 20,000 words generated via chat room feedback Approximately 40% of attendees were from primary care/PCNs. Around 25% were commissioners.
Webinar 14 th January (community services specific)	361 registered attendees c. 10,000 words generated via chat room feedback Approximately 12% of attendees were from primary care, 20% came from providers of community services and 29% from commissioning organisations.
Direct email	Over 200 direct feedback emails received, including 20 examples of good practice.

- Many respondents signalled broad support for the aims of the services themselves, but voiced significant concerns about the capacity and capability of PCNs to deliver the proposed requirements and the workforce challenges faced by primary care. Concerns included:
 - The level of GP resource required to implement all of the proposed service requirements, with particular reference to the Enhanced Health in Care Homes (EHCH) service and the proposed fortnightly input into the care home round.
 - The pace and scale of transformation – particularly with all five services being introduced in 2020/21, and with the level of staff training, stakeholder engagement and cultural change that this requires.
 - The challenges in recruiting through the Additional Roles Reimbursement Scheme, including: the availability of candidates for certain roles, the need for flexibility in the number of roles reimbursed through the scheme and the 30% practice contribution to most reimbursable workforce roles.
 - Clinical Director workload already being high, which risked being exacerbated by the proposed requirement to appoint clinical leads for individual service areas.
 - The suggestion that integrated urgent care / out of hours support for care homes may come under the authority of PCNs in the future.
- Some respondents raised concerns that a high number of the metrics in the specifications might be performance managed in monitoring delivery, and suggested that more qualitative measures and outcome metrics should be introduced. They also expressed concerns that primary care would be held accountable for the performance of other organisations.
- Some respondents raised concerns that:
 - The distribution of resources through the DES should adequately account for the variation in geographies and demographics between PCNs (in particular the uneven distribution of care home beds)
 - The focus of the proposed services on particular patient groups within PCNs could draw existing resources from other groups

Respondents requested further clarification of:

- How PCNs will be supported by CCGs and ICSs to deliver the services, how existing services are expected to transition or remain in place and how continued commissioning of services and growth in primary care and community services investment can be guaranteed.
- How system partners (including providers of community services, mental health, public health and adult social care) are expected to deliver the service in partnership with PCNs.
- The level of available funding available to PCNs, providers of community services and other providers, and further information on how this can be accessed.
- The evidence base for the proposed service requirements.
- The support available to tackle PCN operational challenges, including:
 - Boundary issues
 - Data sharing, information governance and system interoperability (including shared care records) and how this is reflected in the staging of requirements
 - The make-up and operation of multidisciplinary teams
 - The availability of estates to house new members of staff
- Whether PCNs can sub-contract these services to other providers and whether commissioners can commission them from other providers on the behalf of PCNs.
- How digital solutions could be used to deliver some of the requirements.
- Performance requirements for the metrics, how the information to support them will be collected and the penalties for not meeting the service requirements described.
- The operation of the Investment and Impact Fund (IIF).

Key messages on individual draft service specifications



Structured Medication Reviews (SMRs)

Key messages:

- Many respondents supported the aims of the specification, but some raised concerns at the number of SMRs that PCNs would be required to deliver as a result of the proposed cohorts. Many respondents felt that offering SMRs to '100%' of these cohorts would be unrealistic in relation to the available clinical pharmacist resource.

Requests for clarification:

- Further guidance was requested on the level of qualification required for the individuals delivering SMRs, and how medicines optimisation in care homes (MOCH) pharmacists are expected to work alongside this spec.
- Many respondents requested further guidance on how SMRs should be offered and delivered to patients, including whether this can take place remotely/digitally, and the time assumed to deliver the review.
- Respondents requested further information on how PCNs should identify individuals in the required cohorts, and whether SMRs should also be offered to people who have already had a medicines use review (MUR).
- Some respondents requested further information on the rationale for switching to low carbon inhalers.
- Respondents requested further clarity on how prescribing disincentives created through the specification (e.g. for opiates in palliative care) should be managed, and how the service should relate to existing CCG formularies.

Enhanced Health in Care Homes (EHCH)

Key messages:

- Many respondents stated that the fortnightly GP-led input to the in-person home round would require significant resource, and suggested that:
 - it does not necessarily have to be delivered by GPs, and could be covered by nurses or allied health professionals (AHPs);
 - it does not necessarily have to be delivered face to face and could be covered virtually; and
 - there is insufficient capacity in the DES to deliver this requirement.
- Many respondents raised the issue of disparity between PCNs with small numbers of homes and those with a large volume and suggested that this has not been adequately accounted for in the distribution of resources through the DES.
- Some respondents challenged the requirement to support the training and professional development of care home staff, and expressed concerns that this, and the provision of NHS-funded nursing support to nursing homes, could result in disinvestment in staff and training by care home providers.

Requests for clarification:

- Clarity was requested on the types of care homes included in the remit of the specification and whether requirements could be flexed for different types/sizes of homes.
- Respondents requested further guidance on how to undertake a home round and on the full range of staff roles and organisations that could be involved in the multidisciplinary team (MDT).
- Respondents requested support with data sharing agreements, information governance and integration of IT systems.
- Respondents requested further clarity on NHSE&I's expectations for existing EHCH contracts, including Local Enhanced Services and relevant GP retainers paid by care homes.
- Respondents queried how the requirement for 1:1 alignment between care home and PCN, could be delivered while respecting patient choice.
- Respondents requested clarification on the provision of vaccinations for care home staff, in particular where staff are not registered with a practice in the PCN that is aligned with the care home.

Anticipatory Care	
Key messages:	<ul style="list-style-type: none">• Many respondents supported the integrated care ambitions of the specification, but questioned the assumptions of capacity in PCNs, community services and other providers.• Some respondents queried the proposed inclusion of metrics for falls and delirium risk in Anticipatory Care, given the variety of cohorts that could be targeted. They also noted that the metrics for Anticipatory Care need to match its phasing (i.e. measure set up in year one, and delivery from future years).• Some respondents questioned the need to develop/adopt local population health management tools this year if NHSE&I is likely to select a preferred approach in the future.
Requests for clarification:	<ul style="list-style-type: none">• Respondents requested clarification on the cohort to be targeted by the service, including the degree of local flexibility in selecting the required population, and the analytical support available to PCNs.• Respondents requested guidance and templates to support: data sharing between organisations, the establishment of MDTs and appropriate governance structures to support cross-provider working.• Respondents requested clarity on the distinction between End of Life Care and Anticipatory Care, and the key differences between the Anticipatory Care service and the Unplanned Admissions DES.• Respondents requested further information on the evidence base for the service.

Personalised Care

Key messages:

- Whilst there was support for the principles of the personalised care specification, many respondents stated that there was a mismatch between proposed targets and available levels of resource.
- Some respondents suggested that GPs should not be required to promote personal health budgets or that the role of CCGs should be made much clearer.
- Some respondents suggested that social prescribing services cannot be measured solely on the volume of patients seen, particularly as their role involves work in building relationships with the wider system.

Requests for clarification:

- Respondents requested clarity on how the specification links to the other services described in the DES.
- Respondents requested further information on the evidence base for the service.
- Respondents requested further guidance / templates and training in: standards for good social prescribing, shared decision making, personalised care and support planning and Patient Activation Measures (PAM).
- Respondents requested integration of the PAM tool in GP IT systems.
- Respondents requested further information on how the personal health budgets described in the specification should link to the PHBs offered through other services (e.g. in continuing healthcare/wheelchair services).
- Respondents requested further information on the indicators that will be used to monitor the service, including how they account for referrals to social prescribing not made by the GP, and how quality of care will be assessed.

Early Cancer Diagnosis

Key messages:

- Many respondents broadly welcomed the aims of the service and proposed content.
- Some respondents highlighted that primary care alone cannot deliver improvements to cancer waiting times, noting that capacity in hospitals (oncologists, scanners, technicians etc.) also needed to be available.
- Concern was expressed that lowering the threshold for GPs to make onward referrals for cancer would place a greater burden on secondary care.

Requests for clarification:

- Respondents requested further clarity on how the specification is expected to link to existing place-based networks and cancer alliances.
- Respondents requested further clarity on the distinction between safety netting and referral management.
- Respondents requested further information on how rapid diagnostic centres were taken into account in the design of the service.
- Respondents requested clarity on how the specification aligns with the Quality and Outcomes Framework (QoF) quality improvement module for cancer, and whether the cohort for the specification should also be a focus for personalised care.
- Respondents requested clarification of the role of local public health teams in supporting delivery of the service, and suggested that some of the responsibilities described in the specification could fall under their remit.
- Respondents suggested that the metrics for the service should better distinguish between different types of cancer.

Our goal is to provide PCNs with certainty and confidence about their future as rapidly as possible, as part of the process for agreeing the GP contract with the BMA GPC.

The engagement feedback has already been informing discussions about the final contract deal, with both NHSE&I and BMA GPC working to address the core concerns raised in a way that continues to respect the existing five year deal, sustains general practice, and secures improvements for patients.

The scale and feedback received demands a clear response, in the form of an updated overall contract package, as part of which we want to agree a significantly reworked set of service specifications.

MEETING OF THE PUBLIC TRUST BOARD			
Thursday 5 th March 2020			
Freedom to Speak Up Quarterly Report			AGENDA ITEM: 11
Report Author and Job Title:	Freedom to Speak Up Guardians	Responsible Director:	Catherine Griffiths Director of People and Culture
Action Required	Approve <input checked="" type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/> Assure <input type="checkbox"/>		
Executive Summary	<p>Developing the approach to Freedom to Speak Up is a vital part of developing a patient safety culture and 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 Trust Freedom to Speak Up Guardians lead this work and report on a quarterly basis to the People and OD committee for purposes of assurance to Board.</p> <p>The purpose of this report is to provide members of the Trust Board with an update on the Trust's work on creating a safe culture where all staff are valued and feel safe raising a concern in the workplace. The approach to Freedom to Speak Up is that all managers are capable of being able to listen and take action based on shared learning following concerns raised.</p> <p>The FTSU Vision is that raising concerns becomes business as usual. The cultural change we need to see in the NHS depends on the people who work in it.</p> <p>A healthy culture depends on the professionalism of individuals and on organisations that are committed to action-learning and doing their best for patients and staff.</p>		
Recommendation	<p>Members of the Trust Board are asked to:</p> <ol style="list-style-type: none"> Note the report and discuss the content within the report. Commit to creating a culture where speaking up is seen as "business as usual" by all and support the further work required to progress the FTSU function within the Trust. 		

<p>Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline</p>	<p>The work programme described within this report will provide positive assurance to the Board on the following BAF risk:</p> <p><i>Lack of an inclusive and open culture impacts on staff engagement, staff morale and patient care.</i></p>	
<p>Resource implications</p>	<p>There are some cost implications associated with following this programme of work, however all resource will be aligned through existing budgets.</p>	
<p>Legal and Equality and Diversity implications</p>	<p>Black, Asian or minority ethnic employees often face more barriers than non BME employees when raising concerns. Similarly, staff from other protected characteristic groups often face more barriers to raising concerns.</p> <p>The data available is not yet sufficient to reliably determine and evidence equality and diversity impacts. This is being addressed through collecting concerns electronically through the Safeguard system and once this is fully embedded any implications evidenced will be reported within the quarterly progress report to People and OD Committee and escalated to Trust Board through the PODC highlight report.</p>	
<p>Strategic Objectives</p>	<p>Safe, high quality care <input checked="" type="checkbox"/></p>	<p>Care at home <input type="checkbox"/></p>
	<p>Partners <input type="checkbox"/></p>	<p>Value colleagues <input checked="" type="checkbox"/></p>
	<p>Resources <input type="checkbox"/></p>	

FREEDOM TO SPEAK UP: Quarterly Update

1) PURPOSE OF REPORT

The purpose of this report is to provide the members of the Trust Board with an update on the Trusts work on creating a safe culture. One where all staff are valued and feel safe raising a concern and managers listen, action and share learning from concerns raised.

2) BACKGROUND

Staff can speak up about anything that gets in the way of high quality effective care or that affects their working life.

For the history of Speaking Up follow the link below.

<http://freedomtospeakup.org.uk/>

Work towards an open culture, is assessed by the CQC as part of the well led domain. Walsall Healthcare Trust has set a goal to achieve an outstanding rating following CQC inspection by 2022. The journey to Outstanding will involve:

- ***Facing up to the hard truths when care falls short.***
- ***Putting patients and their loved ones at the heart of care.***
- ***Establishing a Just Culture of learning not blame; and of improving services for patients, and not defending the system.***
- ***Creating a culture that listens, faces the truth and learns by making change for the better.***

The number of concerns heard by the FTSUGs (Freedom to Speak Up Guardians) between 1st October 2019 – 31st December 2019 and an outline of the work programme to support Speaking Up are presented here.

3) DETAILS

To achieve outstanding by 2022, the Trust has enlisted the support of NHSI for the WHT Speaking Up function. The FTSU Guardians are working with the Advocacy and Improvement Senior Manager for the region to meet the requirements of the Well Led component of the Care Quality Commissions' Inspection rating.

This proactive work involves:

- Developing the WHT Vision and Strategy on Speaking Up to incorporate input from patients and employees
- Supporting the Executive Team to develop a dynamic programme to engage staff and raise the profile of Speaking Up
- Sharing learning with other NHS Trusts of similar size. Visit to South Warwickshire NHS Trust taken place with NED responsible for Speaking Up.
- Engagement with National Guardian Office and West Midlands Regional Network of FTSU Guardians
- Implementation of revised communication strategy for Speaking Up
- Examining the detrimental effects of Speaking and how staff can be supported when detriment occurs
- Establishing departmental and divisional surgeries alongside input at Divisional Care Group meetings
- Joint working with the Unison and the Human Resources team to ensure that speaking up guidance and processes are clear, accessible and reflect best practice
- Triangulating clinical incident information with patient safety concerns raised through FTSU to present richer analysis of data
- Attendance on 'Just Culture and Learning Steering Group' to contribute to development of a culture of trust learning and accountability
- Surveying the employees of the Trust to ascertain their level of awareness of FTSU, and use of this information as a benchmark for further work.

- Surveying managers within the Trust to ascertain how they manage and handle concerns using this information to devise and deliver sessions for managers to support employees to safely Speak Up.

The data for this period is collated through Safeguard, the incident reporting system, and is presented as follows:

Number of concerns received from staff from 1st October 2019 to 31st December 2019

	Total Number of Cases	Cases raised anonymously	Patient Safety	Other	Attitude and Behaviours
Q3 2019-2020	18	5	12	4	2
Q2 2019-2020	26	6	20	0	18

Cases may have an element of more than one theme.

The number of cases has fallen between quarters and the FTSUGs recognise that their visibility needs to be increased. Due to personal circumstances, two guardians were not at work during Q2 and this has affected the number of concerns received. On a positive note, the number of guardian hours has been increased to 2 WTEs. Going forward there is an active programme to increase the visibility of the guardians.

77% of cases had an element of patient safety in Q2 and 60% in Q3. This shows that here in Walsall, employees continue to see FTSU as a way to address issues that affect the safety of patients.

The considerable fall in the number of cases relating to attitudes and behaviour may indicate that staff are using other channels to address these types of concerns.

Themes

All concerns have been reported directly to a Freedom to Speak up Guardian, or via the FTSU Safeguard system. The patient safety concerns in Q2/Q3 were specifically around the staffing levels and the inability of staff to undertake certain patient centred duties in a timely manner due to working below their allocated rostered numbers. 3 keys areas being **AMU, Accident and Emergency, and Theatre Services**. The concerns from these three departments fall over the divisions of Surgery and Medicine and represents 67% of concerns.

The FTSU Guardians and staff side representatives met with the Director and Assistant Director of Nursing about these concerns and an action plan for specific Wards was openly shared on how patient safety will be maintained in these areas in the interim. This action plan would ensure staff movement to those keys areas to support the daily management of the wards where there isn't full establishment of staff. A theatre manager has been recently recruited into post alongside a newly appointed matron for Medicine and Long-term conditions.

Challenges:

Case Closure and Feedback Delay

FTSU Open Cases	FTSU Closed Cases
14	4

14 cases currently remain open; this is a considerable proportion of the total cases. Once cases are escalated and an initial feedback is given, the case is not closed completely until there is full assurance that all issues raised have been resolved.

This suggests that there could be a lack of capacity by managers to confidently handle speaking up concerns. The survey of managers will highlight additional support required by managers to adhere to the timescales set out in the Raising Concerns at Work Policy.

Fear of detriment

The number of employees who raise concerns in confidence, that is their identity is known to the FTSU guardians but they do not wish to disclose their identity are presented as 'anonymously'. In Q2 that represents 23% of cases slightly rising to 27% in Q3. This is an indication on how safe staff feel to raise concerns. It suggests that there is reluctance to report which may be due to staff perception that speaking up has a negative effect on working experience. The reasons staff are deterred from speaking openly will be explored through a FTSU survey of staff.

3) RECOMMENDATIONS

Members of the Trust Board are asked to:

1. Note the report and discuss the content within the report.
2. Commit to making speaking up business as usual and support further work required to progress the FTSU function in the Trust

Performance Report

February 2020
(January 2020 Results)

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

Caring for Walsall together



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Quality, Patient Experience and Safety Committee

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Quality, Patient Experience and Safety Committee – Highlight Page

Executive Lead: Medical Director: Dr Matthew Lewis / Non-Executive Director Lead and Chair of Q&S Committee: Pamela Bradbury

Key Areas of Success

- Compliance with MCA 2 Stage tracking has achieved around 87% in month, the best position all year.
- VTE assessment performance for February (up to 28/2/20) has risen 93.5%.

Key Areas of Concern

- There have been 2 MRSA cases and these are being investigated to understand root causes and lessons for learning.
- Dementia screening continues around 63%; support will be offered from the corporate nursing directorate to facilitate improvement
- Adult safeguarding Level 3 training compliance has reduced significantly due to the recent change in staff that now requires this level of training. A training plan and a revised training compliance trajectory will support compliance.
- VTE risk: work continues to embed the process across the Trust through the introduction of Vitals 4.1 into ED (deferred to May 2020), 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 deterioration.

Key Focus for Next Committee

- The committee continues to develop improvements through the voice of the patient through FFT and learning from patient stories, with a particular focus on Out-Patients.



**QUALITY, PATIENT EXPERIENCE AND SAFETY
COMMITTEE
2019-2020**

SAFE, HIGH QUALITY CARE	
no..	HSMR (HED) nationally published in arrears
no..	SHMI (HED) nationally published in arrears
no	MRSA - No. of Cases
no	Clostridium Difficile - No. of cases
no	Pressure Ulcers (category 2, 3, 4 & Unstageables) Hospital Acquired per 1,000 beddays
no	Pressure Ulcers (category 2, 3, 4 & Unstageables) Community Acquired per 10,000 CCG Population
no..	Falls - Rate per 1000 Beddays
no	Falls - No. of falls resulting in severe injury or death
%..	VTE Risk Assessment
no	National Never Events
no..	Midwife to Birth Ratio
%..	C-Section Rates
%..	% of Emergency Readmissions within 30 Days of a discharge from hospital (one month in arrears)
%..	Electronic Discharges Summaries (EDS) completed within 48 hours
%..	Compliance with MCA 2 Stage Tracking
%..	Friends and Family Test - Inpatient (% Recommended)
%..	PREVENT Training - Level 1 & 2 Compliance
%..	PREVENT Training - Level 3 Compliance
%..	Adult Safeguarding Training - Level 1 Compliance
%..	Adult Safeguarding Training - Level 2 Compliance
%..	Adult Safeguarding Training - Level 3 Compliance
%..	Children's Safeguarding Training - Level 1 Compliance
%..	Children's Safeguarding Training - Level 2 Compliance
%..	Children's Safeguarding Training - Level 3 Compliance

Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20
97.73	107.97				
108.93	108.63				
0	1	0	0	0	2
1	2	2	3	6	2
1.09	0.71	0.65	0.73	0.78	0.64
0.14	0.21	0.21	0.17	0.14	0.17
6.18	4.47	3.91	3.92	3.91	4.67
4	4	1	1	2	2
93.83%	93.42%	92.06%	92.26%	88.87%	92.61%
0	0	0	0	0	1
1:27.5	1:32.1	1:27.6	1:28.2	1:33.3	1:30.7
33.45%	26.24%	33.11%	29.11%	30.06%	30.36%
12.70%	11.21%	10.87%	11.96%	12.13%	
85.49%	87.87%	85.75%	85.42%	82.24%	82.57%
56.00%	62.50%	63.04%	52.86%	72.34%	87.23%
93.00%	95.00%	94.00%	94.00%	95.00%	96.00%
91.94%	91.71%	91.47%	90.52%	89.99%	89.01%
85.69%	86.12%	88.39%	88.26%	88.33%	75.25%
96.56%	96.33%	95.34%	95.83%	94.89%	95.63%
90.04%	89.17%	87.33%	86.12%	84.50%	82.14%
87.05%	86.56%	85.79%	85.20%	86.00%	55.76%
93.68%	92.05%	89.82%	90.53%	89.12%	87.49%
89.91%	89.20%	88.80%	88.63%	86.95%	84.51%
89.46%	88.06%	85.45%	86.13%	85.28%	80.53%

19/20 YTD Actual	19/20 Target	18/19 Outturn	Key
111.62	100.00		N
	100.00		BP
3	0	2	N
27	26	19	N
	6.63		BP
19	0	13	BP
92.16%	95.00%	94.90%	N
1	0	17	N
	1:28	1:28.1	N
30.18%	30.00%	28.46%	BP
	10.00%	10.73%	L
84.85%	100.00%	84.47%	N/L
65.17%	100.00%	62.44%	BP
	96.00%		N
	85.00%		L
	85.00%		L
	95.00%		L
	85.00%		L
	95.00%		L
	85.00%		L
	85.00%		L
	85.00%		L



Integration

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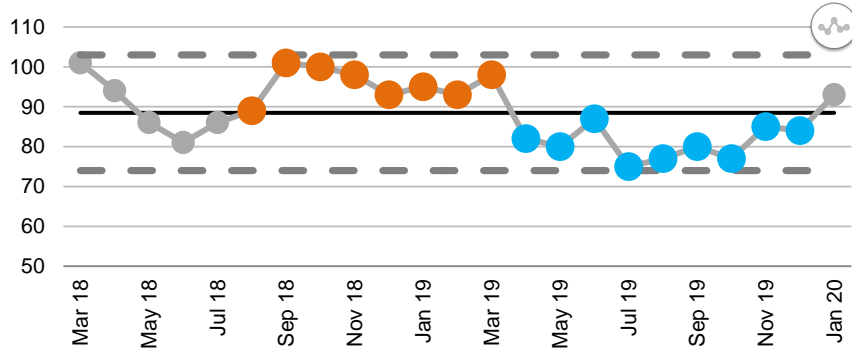


Integration - Operational Metrics

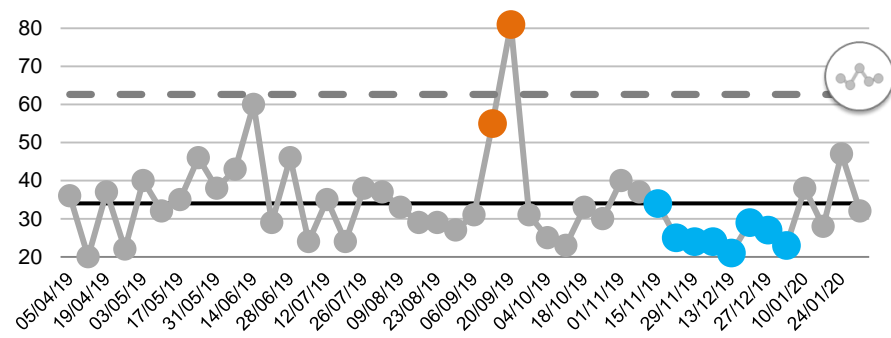
Intermediate Care Service

— Mean
 - - - Process limits - 3σ
 • Special cause - improvement
 ● Measure
 ○ Special cause - concern
 - - - Target

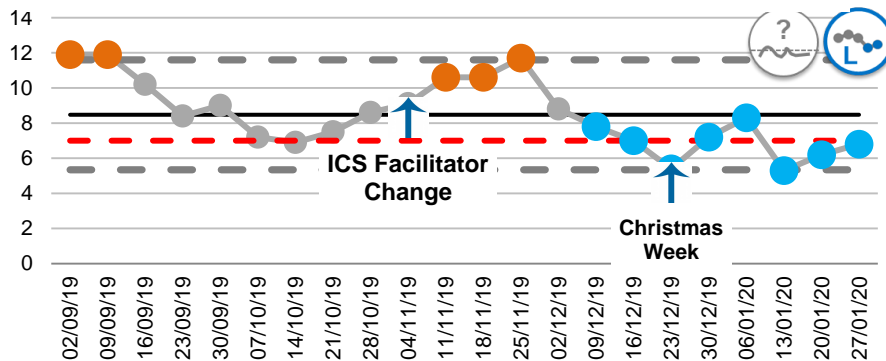
Medically Fit For Discharge-Total Patients MFFD starting 01/03/18



Average LoS (Bed Based)-ICS starting 05/04/19



Medically Fit for discharge- LOS(AVG)-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 led 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.

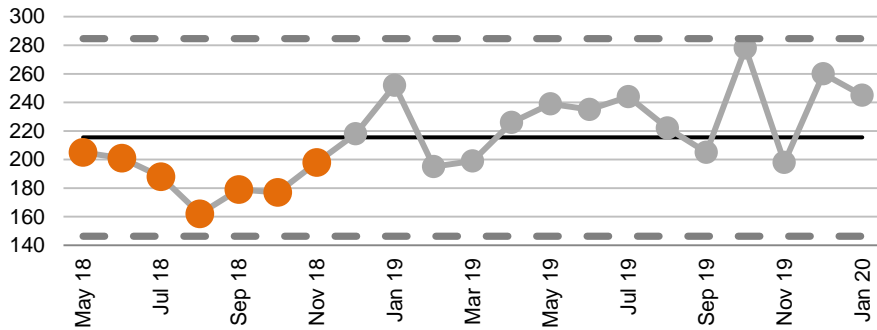


Integration - Operational Metrics

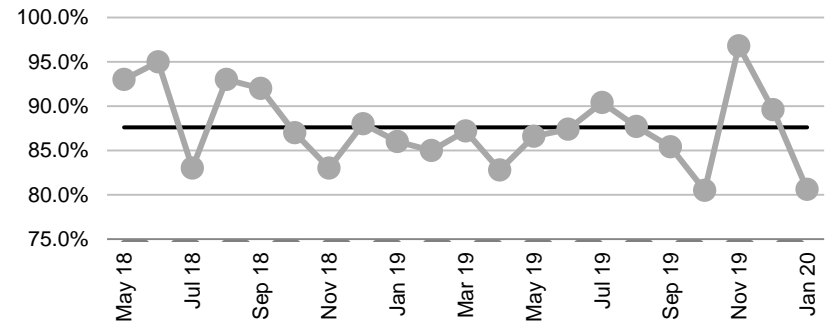
Community Contacts



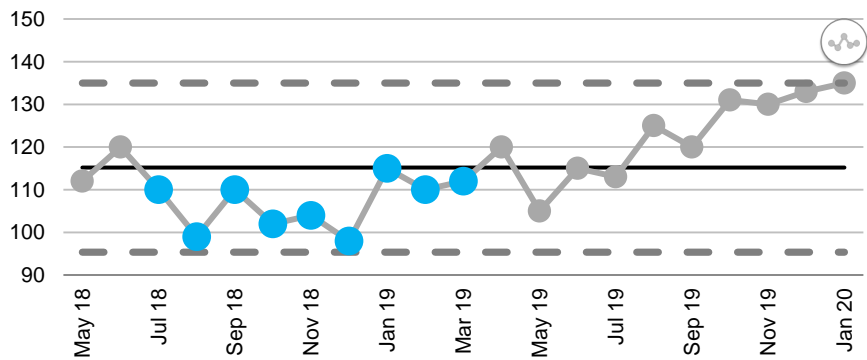
Patients not admitted to hospital-Rapid Response starting 01/05/18



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.

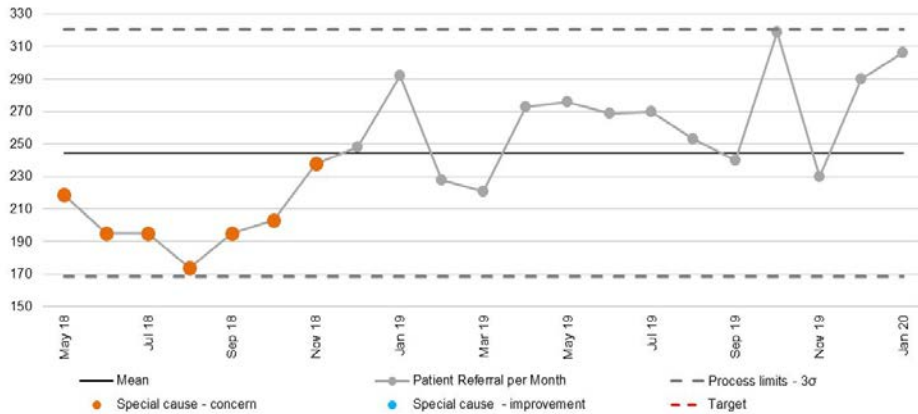


Integration - Operational Metrics

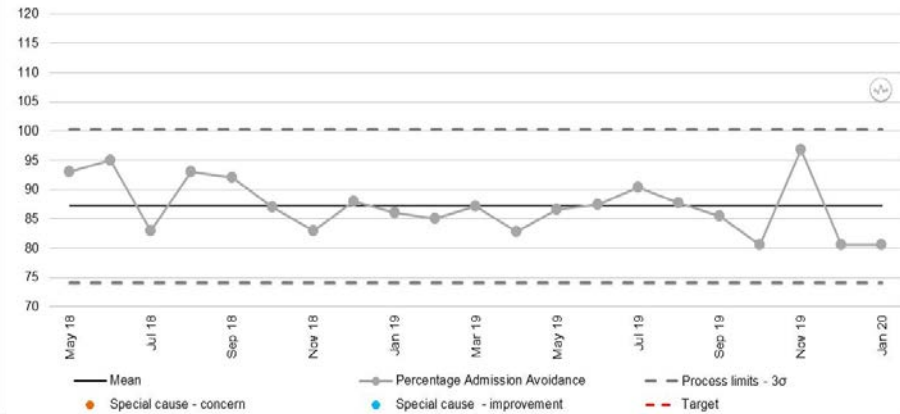


Rapid Response Team (RRT) Activity

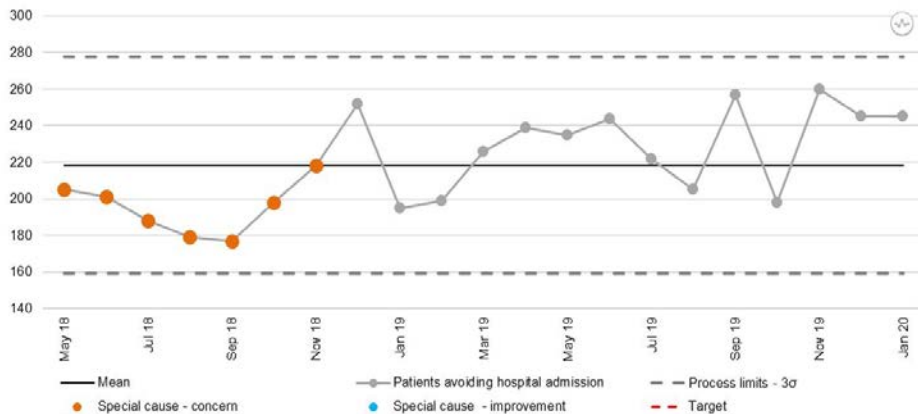
Patient Referrals-Rapid Response Team starting 01/05/18



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



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



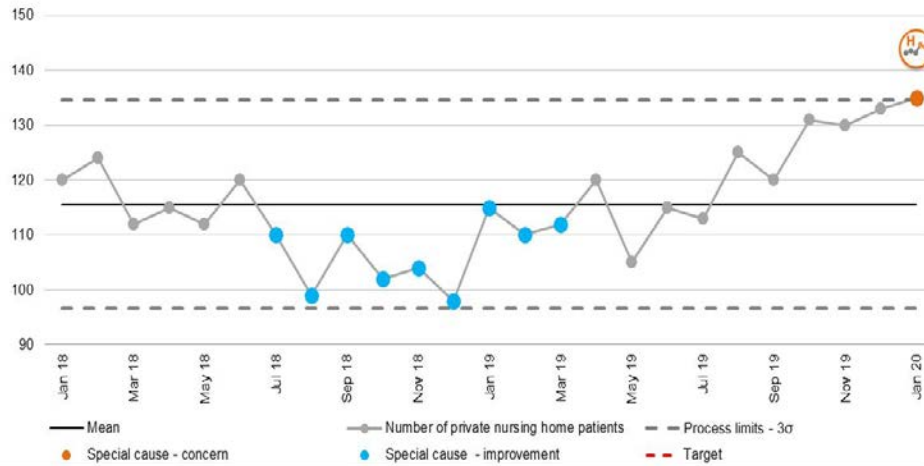
Referrals were >300 in January with the service reporting only 2 occasions when demand exceeded capacity. The % of people treated by RRT who were not conveyed to hospital remained at >80%, meaning that in January 2020, ED attendance & possible admission was avoided for >240 patients. Admission within 30 days following a RRT intervention was at 15% in January, which was the lowest this financial year.

Integration - Operational Metrics

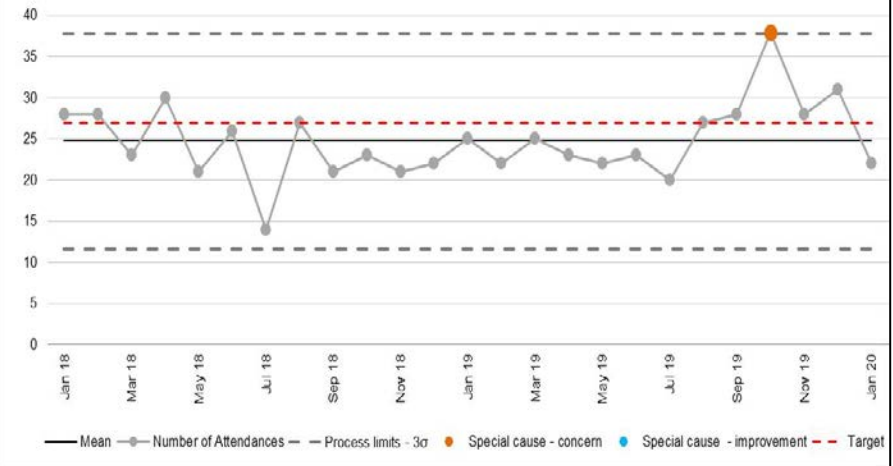
Care Home Activity



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



ED Attendances-Nursing Home Patients starting 01/01/18



The amount of people in care homes being case managed has increased, however in recent months, there has also been an increase in WMAS conveyances to ED from care homes (this reduced in January 2020)
 The Quality in Care Homes Team is now established with action plans for all care homes in the borough, of which WMAS conveyance is one element.

**INTEGRATION
2019-2020**

		Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20
SAFE, HIGH QUALITY CARE							
%..	% of Emergency Readmissions within 30 Days of a discharge from hospital (one month in arrears)	12.70%	11.21%	10.87%	11.96%	12.13%	
no	Rapid Response Team - Total Referrals	253	240	319	230	290	306
no	Rapid Response Team - MDT Interventions potentially avoiding attendance or admission	222	205	257	198	260	245
%	Rapid Response Team - % of patients referred requiring a 2 hour response who are subsequently seen within 2 hours	73.10%	68.40%	65.30%	70.67%	79.17%	70.77%
CARE AT HOME							
%..	ED Reattenders within 7 days	8.37%	7.07%	6.84%	7.52%	7.76%	8.15%
RESOURCES							
no	Average Number of Medically Fit Patients relating to Social Care - Walsall only (Mon&Thurs)	34	35	30	39	40	36
no	Average Number of Medically Fit Patients - Trust (Mon&Thurs)	24	22	25	30	24	33
PARTNERS							
Rate	Occupied Beddays per Locality - Rate per 1000 GP Population (GP Caseload)	33.03	35.71	33.64	36.71	37.55	38.42
no	Nursing Contacts per Locality - Total	19370	18433	19494	17990	18755	19599
Rate	Emergency Readmissions per Locality - Rate per 1000 GP Population (GP Caseload)	2.07	1.90	2.08	2.02	2.03	2.31

19/20 YTD Actual	19/20 Target	18/19 Outturn	Key
11.50%	10.00%	10.73%	L
			L
			L
			L
7.65%	7.00%	7.43%	BP
			L
189527		205571	L
			L

19/20 YTD Actual	19/20 Target	18/19 Outturn	Key
11.50%	10.00%	10.73%	L
			L
			L
			L
7.65%	7.00%	7.43%	BP
			L
189527		205571	L
			L

People and Organisational Development Committee

Caring for Walsall together



Safe, high
quality care



Care at home



Partners



Value
colleagues



Resources



Respect
Compassion
Professionalism
Teamwork

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 - An E-Learning package is being developed to support the launch of the new appraisal paperwork. Workshops will be held across the Trust between March & June; to ensure appraisers are informed and skilled enough to maximise the appraisal experience for colleagues.
- Mandatory Training – The Trust is now fully aligned to the national Core Skills Training Framework.
- The Health and Wellbeing Group to be chaired by NED(Non- executive Director), Winter Fair well received by staff, occupational health consultant started with the Trust.

Key Areas of Concern and Trust Board Discussion Required

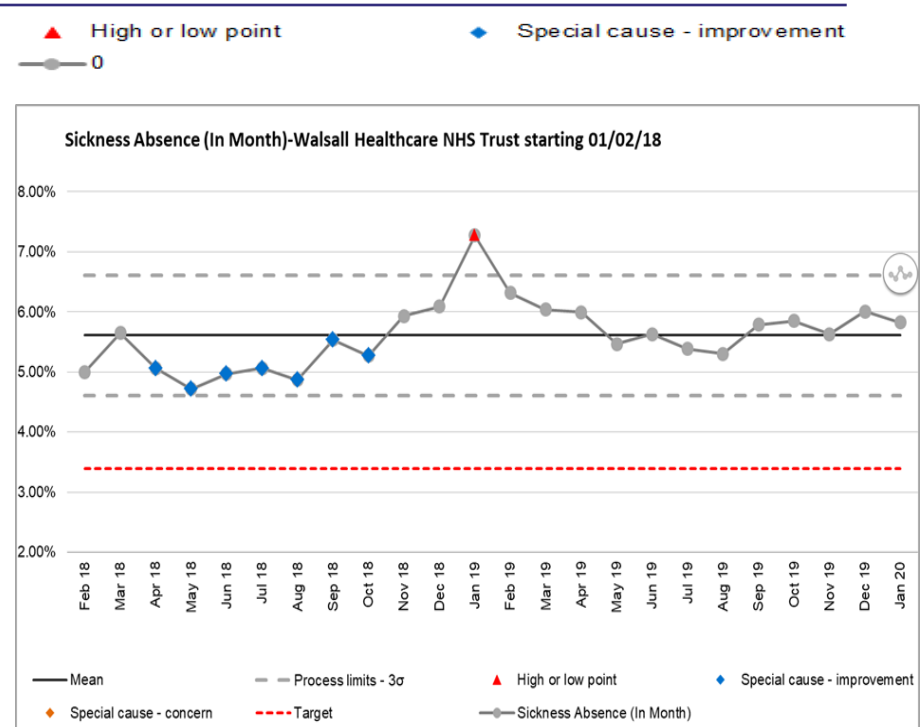
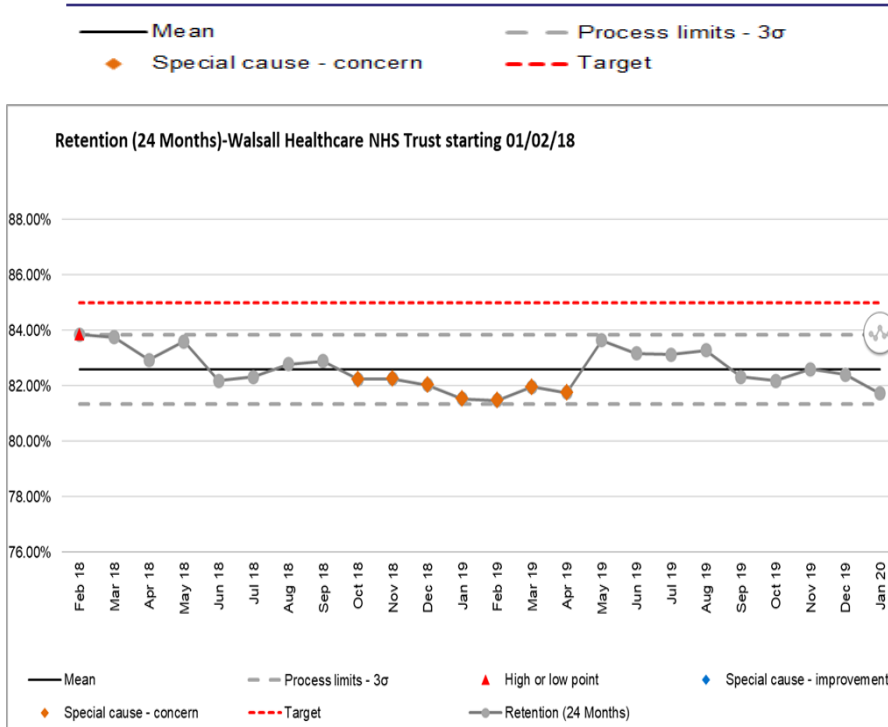
- National Staff Survey Results with two statistically significant declines in EDI themed questions and Immediate Line Manager themed questions. The WRES indicator on recruitment, is in the bottom 10 Trusts nationally, WDES indicators show a differential and adverse evidence, action plan at PODC February.
- Retention – Stabilised at 82%, systematic change is required to raise the threshold to target of 85%. High Retention = Admin/Estates | Low Retention = AHP/Scientific. The Trust 90 day retention plan has been reviewed positively by NHSi – implementation Q1 and Q2.
- Sickness Absence - Seasonal increases in absence expected during winter. | 19/20 winter outturns below 18/19 spikes.
- Mandatory Training – Post alignment to the Core Skills Training Framework; there has been an increase in the number of registered colleagues required to complete level 3 safeguarding training. | Health, Safety & Welfare compliance is 56%.
- Appraisal Compliance – High Compliance = Medical | Low Compliance = Admin/Scientific.

Key Actions Taken

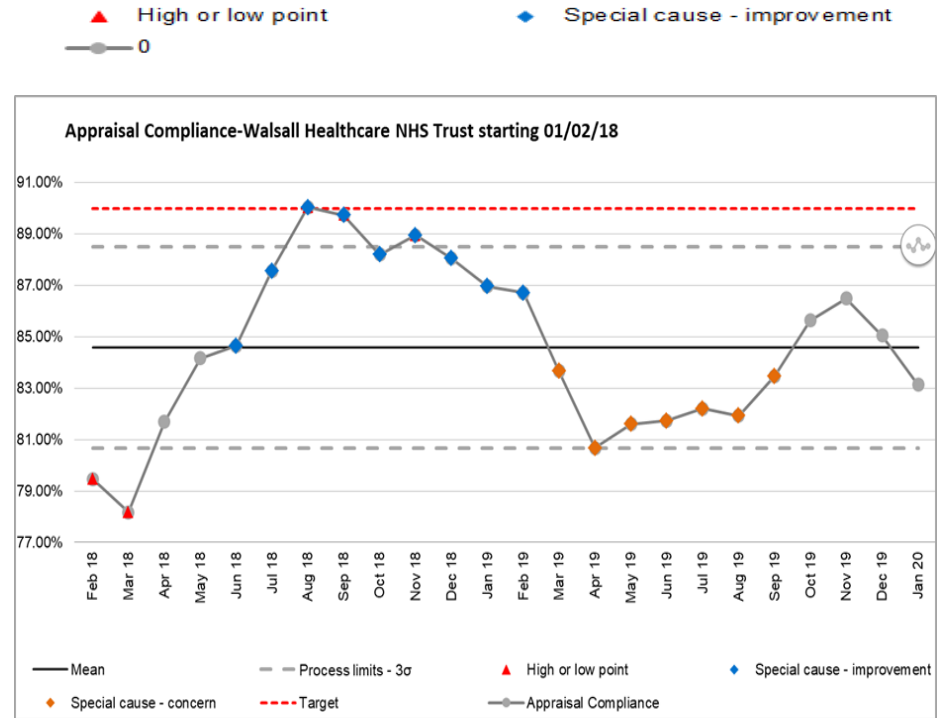
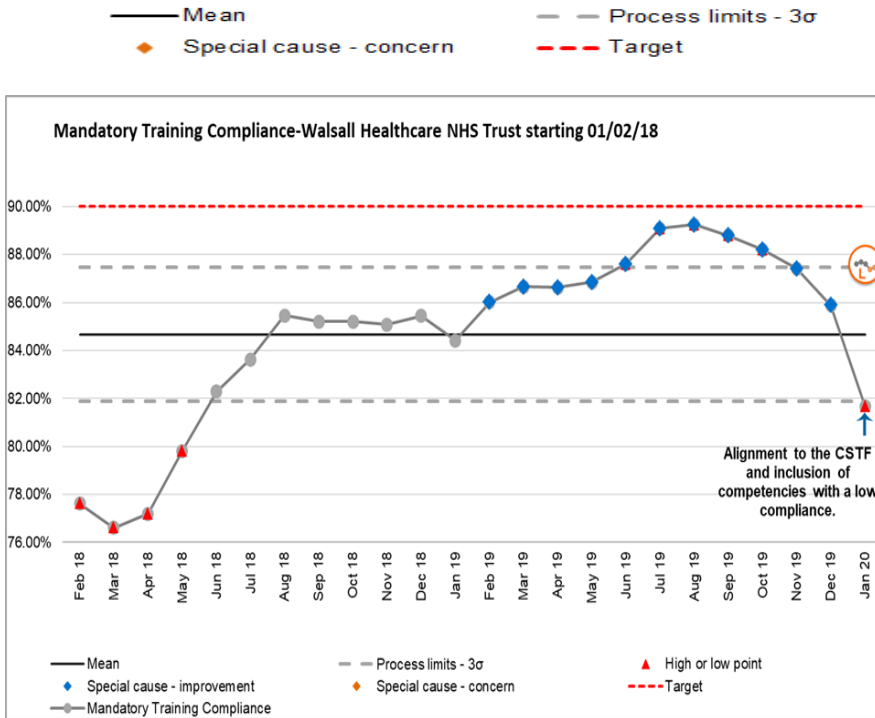
- 'Core Mandatory' compliance is now reflective of the Core Skills Training Framework. As a result, there are competencies which now count toward the overall compliance outturn which previously didn't. Importantly, some colleagues will be expected to complete higher levels of mandatory training; with safeguarding competencies particularly affected due to level 3 training becoming compulsory for the majority of registered clinical colleagues. These changes reflect advice from local commissioners and national regulators; with a view to bringing mandatory training in line with best-practice.
- Division specific target trajectories are being devised; supporting the organisational aim of reducing sickness rates to circa 3.5% by 2022-23. This tailored method offers a sustainable approach to improvement.
- As part of a system-wide approach to workforce planning; this Trust will engage in a STP-led knowledge exchange to identify collaborative solutions to retention challenges. This will be a particular focus on the Allied Health Professionals, and the collective offerings made regionally to reduce hard to fill vacancies.



People and Organisational Development Committee



People and Organisational Development Committee



**PEOPLE AND ORGANISATIONAL
DEVELOPMENT COMMITTEE**
2019-2020



SAFE, HIGH QUALITY CARE	
%..	% of RN staffing Vacancies
%..	Mandatory Training Compliance
%..	PREVENT Training - Level 1 & 2 Compliance
%..	PREVENT Training - Level 3 Compliance
%..	Adult Safeguarding Training - Level 1 Compliance
%..	Adult Safeguarding Training - Level 2 Compliance
%..	Adult Safeguarding Training - Level 3 Compliance
%..	Children's Safeguarding Training - Level 1 Compliance
%..	Children's Safeguarding Training - Level 2 Compliance
%..	Children's Safeguarding Training - Level 3 Compliance
VALUE COLLEAGUES	
%..	Sickness Absence
%..	PDRs
RESOURCES	
%..	Bank & Locum expenditure as % of Paybill
%..	Agency expenditure as % of Paybill
no	Staff in post (Budgeted Establishment FTE)
%..	Turnover (Normalised)

Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20
8.66%	9.83%	9.74%	9.44%	9.82%	10.29%
89.25%	88.79%	88.20%	87.42%	85.88%	78.62%
91.94%	91.71%	91.47%	90.52%	89.99%	89.01%
85.69%	86.12%	88.39%	88.26%	88.33%	75.25%
96.56%	96.33%	95.34%	95.83%	94.89%	95.63%
90.04%	89.17%	87.33%	86.12%	84.50%	82.14%
87.05%	86.56%	85.79%	85.20%	86.00%	55.76%
93.68%	92.05%	89.82%	90.53%	89.12%	87.49%
89.91%	89.20%	88.80%	88.63%	86.95%	84.51%
89.46%	88.06%	85.45%	86.13%	85.28%	80.53%
5.30%	5.79%	5.85%	5.63%	6.01%	5.83%
81.93%	83.47%	85.63%	86.50%	85.05%	82.59%
8.26%	7.84%	8.50%	8.43%	8.47%	8.79%
5.29%	5.50%	5.98%	6.07%	6.14%	6.71%
3978	3966	3979	3970	3588	3984
11.04%	10.38%	10.36%	10.40%	11.53%	10.16%

19/20 YTD Actual	19/20 Target	18/19 Outturn	Key
			BP
	90.00%	86.67%	L
	85.00%		L
	85.00%		L
	95.00%		L
	85.00%		L
	85.00%		L
	95.00%		L
	85.00%		L
	85.00%		L
	3.39%	6.04%	L
	90.00%	83.66%	L
	6.30%	9.14%	L
	2.75%	4.90%	L
			L
	10.00%		

Performance, Finance and Investment Committee

Caring for Walsall together



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

- January saw the third highest ever ED attendances at 7268 (Type 1, 3.5% up on Jan 19). Despite the high level of attendances, Emergency Access Standard performance was 83.6% - exceeding the 81% target agreed with NHSI. The Trust retained its position of being the 4th best performing Acute Trust in the Midlands (out of 21) for emergency care, and continued to improve its national ranking up to 43rd (out of 132). The Board has already endorsed £1.6m of Winter interventions, most of which commenced in December 2019, to support strengthened emergency care over Winter.
- The DM01 standard was met for the seventh consecutive month achieving performance of 0.14% service users waiting over 6 weeks meeting the 1% national target.
- RTT performance was 87.08% in January, and the total incomplete waiting list reduced for the third consecutive month.
- Trust has a £6.6m deficit at month 10 (including both PSF and FRF funding are lost in January 2020) this position is in line with the re-forecast submitted to NHSI in January 2020.

Key Areas of Concern

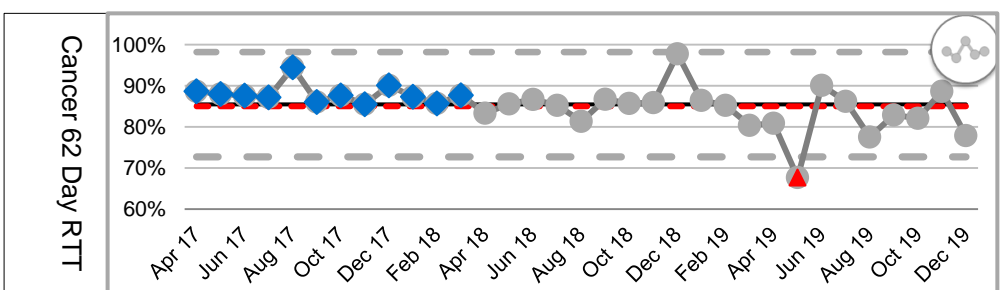
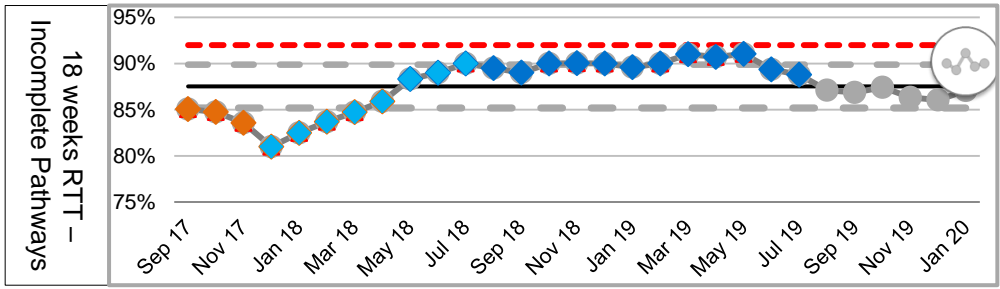
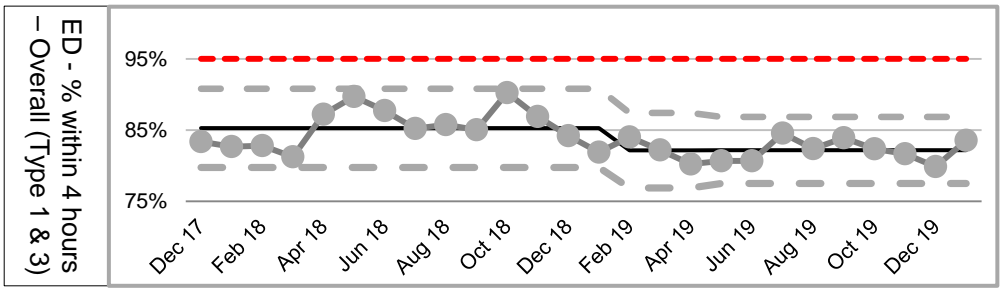
- The Trust run rate increased in quarter 3, which saw the Trust needing to re-forecast to an operational deficit of £4.9m for the financial year, with costs needing to be controlled in order to attain this deficit. In addition, the deficit to plan will result in the Trust potentially losing central 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.
- The committee reviewed the components of the 2020/21 financial plan, focus placed upon the current clinical income offer from commissioners and subsequently the potential impact on available resources for the financial year in attainment of the planned outturn.
- Performance of Cancer 62 day referral to treatment was at 77.91%, failing to achieve the national target of 85%.

Key Actions Taken

- Maintaining oversight of the detailed run rate profile for income and expenditure produced for the financial year, endorsed by Executive, Trust Management Board and PFIC
- The continued 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



Performance, Finance and Investment Committee



Narrative (supplied by Chief Operating Officer)

Emergency/Urgent Care

At 7268, our January Type 1 attendances were the third highest in the history of the Trust and 3.5% up on January 2019. In spite of these high attendances, our Emergency Access Standard performance improved to 83.6%. This exceeded the 81% trajectory agreed with NHSI – meeting the trajectory for the first time since September, and maintaining the position of 4th (out of 21) best performing Trust in the Midlands. The interventions set out in the Winter Plan have helped improve our EAS performance at a time in which most other trusts have deteriorated. Extra ED medical staffing, the Acute Physician in ED rota, enhanced ambulatory emergency care access and strengthened arrangements over the Festive Period have all helped improve performance in January. Improved performance now places the trust at 43rd in the national rankings up from 58th in November and December (out of 132 Trusts), and up from 108th in April 2019.

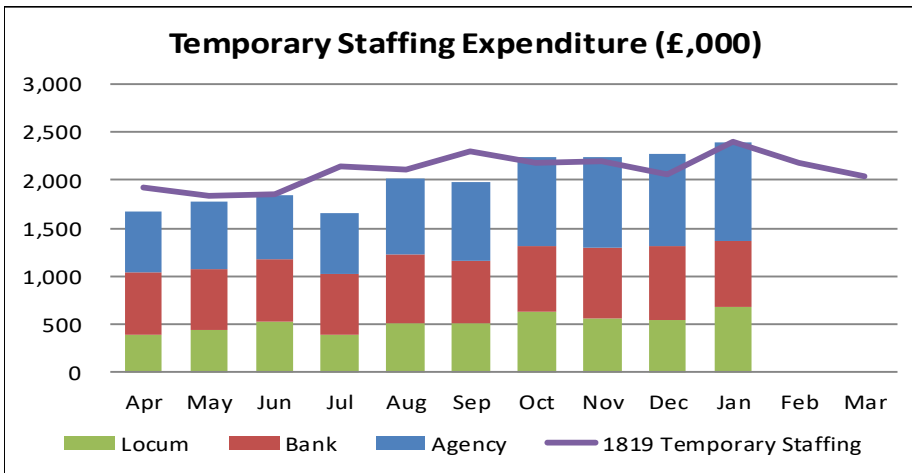
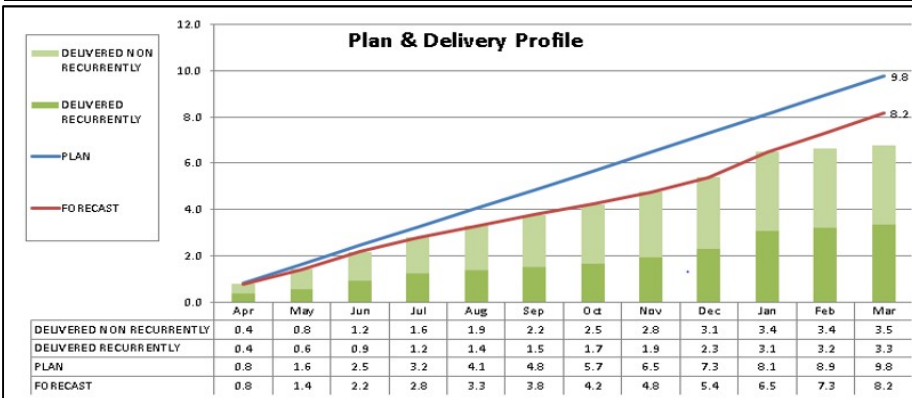
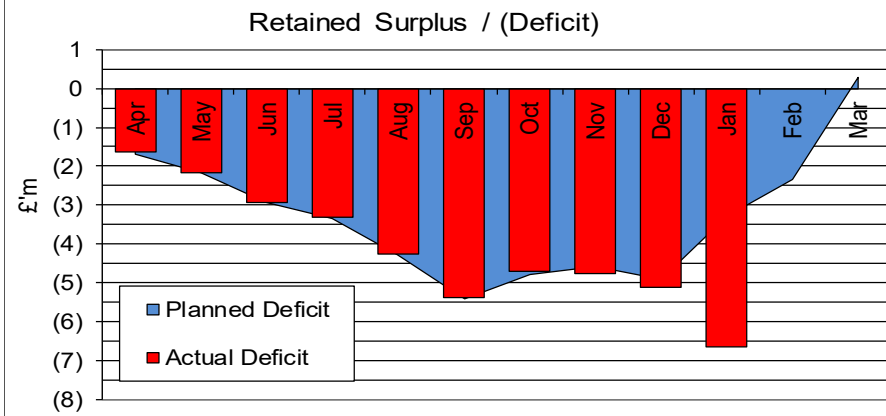
RTT

January performance delivered 87.08%. Total pathways are reducing in line with the recovery trajectory. MLTC has achieved the planned January reduction of patients waiting > 18 weeks. Surgery have reduced breaching levels during January, but are still falling short of the predicted levels waiting greater than 18 weeks. Focus continues to bring long waits down, with some specialities over delivering on the recovery plan.

Cancer

The Trust failed to achieve the constitutional measure for 62 day RTT with a performance of 77.9%. 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. The Trust achieved the 62 day consultant upgrade with a performance of 91.9%. Lung –GIRFT report is now available and the team are working on key improvements. A recent meeting has taken place with UHB re markers and a new process has been agreed to speed up the turnaround times. Reflex testing will be completed automatically on receipt of specimen. In addition, Walsall patients will have access to more surgical clinics across the Cancer Alliance footprint, which will support reducing the current delays.

Financial Performance to January 2020 (Month 10)



Financial Performance

- Trust attained financial plan at month 10 of a £6.6m deficit, this represents a variance to plan of £3.3m (noting £2.1m relates to lost PFS/FRF) and is inline with the forecast deficit.
- 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 (excluding PSF/FRF) 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

CIP Delivery

- The Trust's Cost Improvement Programme requirement is £8.5m (£10.5m stretch).
- The CIP has delivered £6.5m YTD, behind on plan (£0.4m) and below the stretch target of £8.1m, with £3.4m 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 £2.8m (due to network unavailability on final the payment day).
- Failure to deliver mitigating actions will result in increased spending, as such will place additional pressure on management of cash flow.

Financial Performance - Period ended 31st January 2020

Description	Annual Budget £'000	Budget to Date £'000	Actual to Date £'000	Variance £'000
Income				
CCGs	213,268	178,778	178,739	(38)
NHS England	17,896	14,889	15,451	561
Local Authorities	9,011	7,539	7,568	29
DoH and Social Care	18,380	14,184	12,366	(1,818)
NHS Trusts/FTs	1,008	839	871	33
Non NHS Clinical Revenue (RTA Etc)	1,060	883	972	89
Education and Training Income	6,783	5,633	5,768	135
Other Operating Income (Incl Non Rec)	8,781	7,548	8,473	925
Total Income	276,186	230,292	230,207	(85)
Expenditure				
Employee Benefits Expense	(177,515)	(147,949)	(150,804)	(2,855)
Drug Expense	(15,620)	(14,695)	(15,114)	(419)
Clinical Supplies	(15,585)	(13,137)	(14,810)	(1,672)
Non Clinical Supplies	(17,836)	(14,963)	(14,919)	44
FFI Operating Expenses	(5,447)	(4,539)	(4,588)	(49)
Other Operating Expense	(27,347)	(24,254)	(22,585)	1,669
Sub - Total Operating Expenses	(259,350)	(219,538)	(222,821)	(3,283)
Earnings before Interest & Depreciation	16,836	10,755	7,386	(3,368)
Interest expense on Working Capital	51	43	73	31
Interest Expense on Loans and leases	(10,387)	(8,655)	(9,044)	(388)
Depreciation and Amortisation	(6,500)	(5,417)	(5,067)	350
FDC Dividend	0	0	0	0
Losses/Gains on Asset Disposals	0	0	0	0
Sub-Total Non Operating Exps	(16,836)	(14,030)	(14,037)	(7)
Total Expenses	(276,186)	(233,567)	(236,858)	(3,291)
Less Prior Year PSF			(165)	(165)
RETAINED SURPLUS/(DEFICIT) PLAN	0	(3,275)	(6,816)	(3,541)
Adjustment for Gains on Donated Assets			161	161
Adjusted Financial Performance (Control Total)	0	(3,275)	(6,655)	(3,380)

Use of Resources Ratings (M10)

Finance and use of resources rating	03AUDITPY	03PLANYTD	03ACTYTD	03PLANCY	03FOTCY
<i>i</i>	Audited PY	Plan	Actual	Plan	Forecast
	31/03/2019	31/01/2020	31/01/2020	31/03/2020	31/03/2020
	Year ending	YTD	YTD	Year ending	Year ending
	Number	Number	Number	Number	Number
Capital service cover rating	4	4	4	4	4
Liquidity rating	4	4	4	4	4
I&E margin rating	4	4	4	2	4
I&E margin: distance from financial plan	4		3		4
Agency rating	3	2	3	1	4

CASHFLOW STATEMENT

Statement of Cash Flows for the month ending January 2020

Year to date
Movement

	£'000
Cash Flows from Operating Activities	
Adjusted Operating Surplus/(Deficit)	2,324
Depreciation and Amortisation	5,067
Donated Assets Received credited to revenue but non-cash	(25)
(Increase)/Decrease in Trade and Other Receivables	(19,209)
Increase/(Decrease) in Trade and Other Payables	(523)
Increase/(Decrease) in Stock	(222)
Increase/(Decrease) in Provisions	1,344
Other movements in operating cash flows	165
Interest Paid	(9,044)
Net Cash Inflow/(Outflow) from Operating Activities	(20,123)
Cash Flows from Investing Activities	
Interest received	69
(Payments) for Property, Plant and Equipment	(4,020)
Receipt from sale of Property	0
Net Cash Inflow/(Outflow) from Investing Activities	(3,951)
Net Cash Inflow/(Outflow) before Financing	(24,074)
Cash Flows from Financing Activities	22,691
Net Increase/(Decrease) in Cash	(1,384)
Cash at the Beginning of the Year 2018/19	4,186
Cash at the End of the January	2,803

STATEMENT OF FINANCIAL POSITION

Statement of Financial Position for the month ending January 2020

Balance as at 31/03/19 Balance as at 31/01/20 Year to date Movement

	£'000	£'000	£'000
Total Non-Current Assets	141,208	139,590	(1,618)
Current Assets			
Receivables & pre-payments less than one Year	16,532	35,575	19,043
Cash (Citi and Other)	4,186	2,803	(1,383)
Inventories	2,362	2,584	222
Total Current Assets	23,080	40,962	17,882
Current Liabilities			
NHS & Trade Payables less than one year	(29,461)	(27,306)	2,155
Other Liabilities	(1,445)	(2,206)	(761)
Borrowings less than one year	(15,590)	(53,844)	(38,254)
Provisions less than one year	(117)	(1,461)	(1,344)
Total Current Liabilities	(46,613)	(84,817)	(38,204)
Net Current Assets less Liabilities	(23,533)	(43,855)	(20,322)
Non-current Assets			
Non-current liabilities			
Borrowings greater than one year	(202,939)	(186,783)	16,156
Total Assets less Total Liabilities	(85,264)	(91,048)	(5,784)
FINANCED BY TAXPAYERS' EQUITY composition :			
PDC	64,190	65,053	863
Revaluation	15,925	15,815	(110)
Income and Expenditure	(165,379)	(165,269)	110
In Year Income & Expenditure	-	(6,647)	(6,647)
Total TAXPAYERS' EQUITY	(85,264)	(91,048)	(5,784)

**PERFORMANCE, FINANCE
AND INVESTMENT COMMITTEE**
2019-2020

SAFE, HIGH QUALITY CARE	
%..	Total time spent in ED - % within 4 hours - Overall (Type 1 and 3)
%..	Ambulance Handover - Percentage of clinical handovers completed within 15 minutes of recorded time of arrival at ED
no	Ambulance Handover - No. of Handovers completed over 60mins
%..	Cancer - 2 week GP referral to 1st outpatient appointment (Latest Month Provisional)
%..	Cancer - 62 day referral to treatment of all cancers (Latest Month Provisional)
%..	18 weeks Referral to Treatment - % within 18 weeks - Incomplete
no	18 weeks Referral to Treatment - No. of patients waiting over 52 weeks - Incomplete
0	% of Service Users waiting 6 weeks or more from Referral for a Diagnostic Test
no	No. of Open Contract Performance Notices
CARE AT HOME	
%..	ED Reattenders within 7 days
RESOURCES	
%..	Outpatient DNA Rate (Hospital and Community)
%..	Theatre Utilisation - Touch Time Utilisation (%)
%..	Delayed transfers of care (one month in arrears)
no	Average Number of Medically Fit Patients (Mon&Thurs)
no	Average LoS for Medically Fit Patients (from point they become Medically Fit) (Mon&Thurs)
£	Surplus or Deficit (year to date) (000's)
£	Variance from plan (year to date) (000's)
£	CIP Plan (YTD) (000s)
£	CIP Delivery (YTD) (000s)
£	Temporary Workforce Plan (YTD) (000s)
£	Temporary Workforce Delivery (YTD) (000s)
£	Capital Spend Plan (YTD) (000s)
£	Capital Spend Delivery (YTD) (000s)

Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20
82.38%	83.92%	82.35%	81.66%	79.87%	83.54%
62.49%	59.46%	61.44%	55.78%	58.30%	64.22%
12	27	19	28	77	28
84.73%	84.62%	73.73%	72.96%	75.13%	72.45%
77.53%	82.93%	82.08%	88.68%	77.91%	76.70%
87.11%	86.86%	87.43%	86.33%	86.05%	87.08%
0	0	0	0	0	0
0.22%	0.10%	0.19%	0.21%	0.84%	0.14%
11	11	11	10	11	9
8.37%	7.07%	6.84%	7.52%	7.76%	8.15%
11.34%	9.88%	10.16%	10.24%	10.95%	10.30%
85.57%	89.59%	87.23%	84.57%	84.46%	80.19%
3.43%	3.95%	3.58%	3.61%	4.39%	
77	81	77	85	82	93
9.51	11.02	8.00	11.00	8.00	7.00
£35	£8	£76	£11	£6	£3
£35	£8	£76	£11	£6	£3
£3,300	£4,800	£5,700	£5,400	£6,100	£6,900
£3,300	£3,800	£4,200	£4,800	£5,400	£6,500
£7,600	£9,400	£11,200	£13,100	£15,000	£1,800
£8,900	£10,900	£13,200	£14,400	£17,700	£20,100
£3,200	£4,100	£4,500	£4,700	£5,400	£5,900
£2,000	£2,500	£2,900	£3,300	£3,300	£3,400

19/20 YTD Actual	19/20 Target	18/19 Outturn	Key
81.96%	95.00%	85.90%	N
61.53%	100.00%	72.20%	BP
268	0	155	N
82.77%	93.00%	93.59%	N
81.00%	85.00%	85.35%	N
	92.00%		N
0	0	1	N
1.71%	1.00%	0.32%	N
11	0	9	L
7.65%	7.00%	7.43%	BP
10.42%	8.00%	10.44%	L
	75.00%		L
	2.50%	3.46%	L
£3		£27,669	L
£3		£17,038	L
£6,900		£15,500	L
£6,500		£11,100	L
£1,800		£19,400	L
£20,100		£25,200	L
£5,900		£12,200	L
£3,400		£13,100	L



Glossary



Glossary

A

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

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

AMU – Acute Medical Unit
AP – Annual Plan

B

BCA – Black Country Alliance
BR – Board Report

C

CCG/WCCG – Walsall Clinical Commissioning Group
CGM – Care Group Managers
CHC – Continuing Healthcare
CIP – Cost Improvement Plan
COPD – Chronic Obstructive Pulmonary Disease
CPN – Contract Performance Notice
CQN – Contract Query Notice
CQR – Clinical Quality Review
CQUIN – Commissioning for Quality and Innovation
CSW – Clinical Support Worker

D

D&V – Diarrhoea and Vomiting
DDN – Divisional Director of Nursing
DoC – Duty of Candour
DQ – Data Quality
DQT – Divisional Quality Team
DST – Decision Support Tool
DWMHPT – Dudley and Walsall Mental Health Partnership NHS Trust

E

EACU – Emergency Ambulatory Care Unit
ECIST – Emergency Care Intensive Support Team
ED – Emergency Department
EDS – Electronic Discharge Summaries
EPAU – Early Pregnancy Assessment Unit
ESR – Electronic Staff Record
EWS – Early Warning Score

F

FEP – Frail Elderly Pathway
FES – Frail Elderly Service

G

GAU – Gynaecology Assessment Unit
GP – General Practitioner

H

HALO – Hospital Ambulance Liaison Officer

HAT – Hospital Acquired Thrombosis
HCAI – Healthcare Associated Infection
HDU – High Dependency Unit
HED – Healthcare Evaluation Data
HofE – Heart of England NHS Foundation Trust
HR – Human Resources
HSCIC – Health & Social Care Information Centre
HSMR – Hospital Standardised Mortality Ratio

I

ICS – Intermediate Care Service
ICT – Intermediate Care Team
IP – Inpatient
IST – Intensive Support Team
IT – Information Technology
ITU – Intensive Care Unit
IVM – Interactive Voice Message

K

KPI – Key Performance Indicator

L

L&D – Learning and Development
LAC – Looked After Children
LCA – Local Capping Applies
LeDeR – Learning Disabilities Mortality Review
LiA – Listening into Action
LTS – Long Term Sickness
LoS – Length of Stay

M

MD – Medical Director
MDT – Multi Disciplinary Team
MFS – Morse Fall Scale
MHRA – Medicines and Healthcare products Regulatory Agency
MLTC – Medicine & Long Term Conditions
MRSA – Methicillin-Resistant Staphylococcus Aureus
MSG – Medicines Safety Group
MSO – Medication Safety Officer



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 5th March 2020			
Quality, Patient Experience and Safety Committee Highlight Report			AGENDA ITEM: 13
Report Author and Job Title:	Matthew Lewis Medical Director	Responsible Director:	Pam Bradbury - Non Executive Director.
Action Required	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/> Assure <input type="checkbox"/>		
Executive Summary	<p>This report provides highlights from the Quality Patient Experience & Safety committee. Key areas to note include:</p> <ol style="list-style-type: none"> 1. Response to NHSI Infection Prevention and Control visit 2. Coronavirus 3. Improvements in MCA and VTE assessments 4. Areas of concern relating to MRSA, dementia screening and sepsis screening, which will require coordinated work with the incoming Director of Nursing 		
Items for escalation	<p>The committee wish to highlight;</p> <ul style="list-style-type: none"> • Concerns in relation to Infection Control • Coronavirus measures • Improvements in MCA and VTE assessments 		
Recommendation	Members of the Trust Board are asked to NOTE the business of the Highlight Report.		
Risk in the BAF or Trust Risk Register	<p>BAF risk 001, relating to safe and high quality care. QPES will receive an action plan and regular updates on progress.</p> <p>Risk 707 v4: Failure to comply with equality, diversity and inclusion standards for services leads to poor experience for patients causing increased complaints, impact on patient and staff experience and potential regulatory action.</p> <p>Corporate risk 1572: Failure to adequately assess and record VTE assessments impacting on patient safety and care</p>		
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 <input checked="" type="checkbox"/>	Care at home <input checked="" type="checkbox"/>	
	Partners <input checked="" type="checkbox"/>	Value colleagues <input checked="" type="checkbox"/>	
	Resources <input type="checkbox"/>		

Quality Patient Experience & Safety Committee: February 2020

Highlight Report to the Trust Board

Response to the NHSI Infection Prevention & Control visit to the trust (14 January 2020)

The committee received the action plans devised by the divisions for Infection, Prevention and Control. The IPC team have consolidated all action plans in one plan. The action plans are being updated by the divisions and monitored each month by the IPC team at the Infection Control & Prevention Committee. The committee received reassurance regarding immediate actions undertaken.

Coronavirus

The Trust has been following national guidelines for dealing with patients with suspected coronavirus. Weekly meetings are being held internally and the IPC team and the team are attending Local Authority meetings also. PPE safety equipment is in place, with guidelines and isolation areas identified within the hospital. The IPC team are working closely with all staff to ensure correct training and protocol is given.

Key Areas of Improvement

- Compliance with Mental Capacity Act (MCA) 2 Stage assessment has risen to 87% in month.
- Venous thromboembolism (VTE) assessments for February (up to 28/2/20) have risen 93.5%.

Key Areas of Concern

- There have been 2 MRSA cases and these are being investigated to understand root causes and lessons for learning.
- Dementia screening continues around 63%; support will be offered from the corporate nursing directorate to facilitate improvement
- Adult safeguarding Level 3 training compliance has reduced significantly due to the recent change in staff who now require this level of training. A training plan and a revised training compliance trajectory will support compliance.
- VTE risk: work continues to embed the process across the Trust through the introduction of Vitals 4.1 into ED (deferred to May 2020), 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 deterioration.

Key Focus for Next Committee

- The committee continues to develop improvements through the voice of the patient through FFT and learning from patient stories, with a particular focus on Out-Patients.

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

Pam Bradbury, Non-Executive Director and Dr Matthew Lewis, Medical Director

February 2020



MEETING OF THE PUBLIC TRUST BOARD Thursday 5th March 2019			
Performance, Finance & Investment Committee (PFIC) update report			AGENDA ITEM: 14
Report Author and Job Title:	Mr D Mortiboys – Operational Director of Finance	Responsible Director:	Mr R Caldicott, Director of Finance and Performance Mr J Dunn – Chair of PFIC (Non-Executive)
Action Required	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/> Assure <input checked="" type="checkbox"/>		
Executive Summary	<p>The report indicates the key messages from the Extraordinary PFIC meeting on 12 February 2020 and PFIC on 26 February 2020 for escalation to the Trust Board, namely;</p> <p>Extraordinary PFIC February 2020</p> <ul style="list-style-type: none"> Members received an overview of the draft financial plan for 2020/21 and Executive prioritised cost pressures and investments. Members noted the financial plan and priority developments being: <ol style="list-style-type: none"> To ensure the underlying run rate risk is funded within the budget. To obtain full assurance on a CIP programme that focused on input volume reduction and efficiency Further funds are prioritised to service Walsall Together and then staff health and well-being, acute medicine Members received a verbal update that the Trust was likely to receive a £6m allocation over 3 years for digital transformation. Members asked for confirmation of the funding conditions. <p>PFIC 26 February</p> <ul style="list-style-type: none"> Members received an update on the Trust Financial position. This included the position at Month 10, risks for the financial year and an update on further central mitigations and resultant impacts of run rate and financial forecast, key messages being; <ul style="list-style-type: none"> The Month 10 position was in line with the revised forecast submitted to NHSI in January 2020. This was for a £4.9m deficit before adjustments for PSF and FRF. Discussions are ongoing with Walsall CCG about the potential for additional funding to improve the end of year position. The Trust assumed a YTD deficit of £6.6m (which 		

	<p>includes the assumed loss of PSF and FRF)</p> <ul style="list-style-type: none"> Members received a report on performance against constitutional standards. This showed the Emergency Access Standard at 83.6% above the 81% target agreed with NHSI. The Trust is ranked 4th in the Midlands. DM01 was met for the 7th consecutive month. Members received an update on Medicine Bed Occupancy. The progress in reducing length of stay has resulted in the Trust requiring less beds to manage the growth in emergency admissions The Committee received a report on elective productivity. The report stated that elective productivity has increased by 1.4% and income per list by just under 10%. Members received a paper on the Information Governance Steering Group for information purposes The Committee received an update on the proposed Section 75 agreement with Walsall MBC. The actual agreement is still being developed in conjunction with legal advice. A number of changes are required with the agreement to reflect discussions but the committee was advised this is being progressed The Committee received a report on delivery of the Electronic Patient Record. The briefing was in particular in relation to the delay in implementation date. A further update is being requested at every PFIC 	
Recommendation	Members of the Board are asked to note the progress towards achieving the revised forecast for 2019/20	
Does this report mitigate risk included in the BAF or Trust Risk Registers?	This report aligns to the BAF risk associated with delivery of the financial plan, with the risk rated as red at present	
Resource implications	The implications are lost financial support resulting in additional borrowings (interest charges) and the effect on 'use of resources' rating. Alongside performance risks.	
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper	
Strategic Objectives	Safe, high quality care <input checked="" type="checkbox"/>	Care at home <input type="checkbox"/>
	Partners <input type="checkbox"/>	Value colleagues <input type="checkbox"/>
	Resources <input checked="" type="checkbox"/>	

PERFORMANCE FINANCE AND INVESTMENT COMMITTEE (PFIC)

HIGHLIGHT REPORT

KEY AREAS FOR CONSIDERATION BY THE BOARD

1. INTRODUCTION

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

2. KEY ISSUES EXTRAORDINARY PFIC 12th February 2020

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

2.2 National IM&T Allocation

Members received a verbal update that the Trust was likely to receive a £6m allocation over 3 years for digital transformation. The Trust is awaiting written confirmation. Members asked for confirmation of the funding conditions to be sent to the Chair.

2.3 Financial Plan 20/21

Members received a report which outlined the draft financial plan for 20/21. Discussions with commissioners are continuing and it is likely that a 'block contract' rather than a PBR contract will be signed in 2020/21 for all commissioners and providers across the Black Country STP.

The draft financial plan outlined that expected income would not be able to fund all cost pressures and investments outlined in the report. In addition, where in previous years CIP could be generated by both cost reduction and income increases, with a block contract only cost reduction could be relied upon.

There was extensive debate in relation to priorities for the financial plan for 20/21. The summary agreed by the committee was:

1. To ensure the £6.6m underlying run rate risk is funded within the budget.
2. To obtain full assurance on a CIP programme that focused on input volume reduction and efficiency
3. That any further funds (which are anticipated to be minimal) would be prioritised to service Walsall Together and then staff and wellbeing/acute medicine

3. KEY ISSUES PFIC 26th February 2020

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

2.2 Financial performance

The report indicates the key messages from PFIC meeting in February 2020 for escalation to the Trust Board, namely;

- Trust attained a £6.6m (assumes lost PSF and FRF) year to date deficit for month 10 (in line with revised forecast of £4.9m before PSF and FRF). The Trust no longer on target to achieve the 2019/20 control total and will not be awarded PSF funding and potentially not FRF funding. Key cost pressures in 2019/20 include;
 - Costs associated with servicing Emergency Department (ED) increased demand (attendances and admissions) resulting in higher costs that cannot be off-set by income recovery owing to income being fixed
 - Areas of clinical income below plan (births & Emergency Department coding)
 - Run rate risk not mitigated for the financial year, largely driven by high temporary workforce costs as a consequence of high sickness, vacancies and capacity (particularly at commencement of the year)

The Trust continues to take significant actions to improve the financial position;

- Production of a bi-weekly report on indicators of future costs (temporary workforce shifts used an example) and clinical income. The report acts as an 'early warning' system to allow management action to be taken if costs or income are moving adversely against forecast.
- Medicine and Long Term Conditions (MLTC) remain in performance review escalation. This included additional financial reporting.
- Monitoring against the mitigations agreed by PFIC in January 2020.

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

2.3 Trust performance against constitutional standards

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

The Chief Operating Officer presented a report against Constitutional Standards;

- January saw the third highest ever ED attendances at 7268 (Type 1, 3.5% up on Jan 19). Despite the high level of attendances, Walsall achieved Emergency Access Standard performance of 83.6% exceeding the 81% target agreed with NHSI, and improving 3.7% on the December 2019 position. This continued improvement now places the Trust 43rd in the national rankings (out of 132 Trusts), and 4th in the Midlands rankings (out of 21 Trusts).
- The DM01 standard was met for the seventh consecutive month achieving performance of 0.14% service users waiting over 6 weeks meeting the 1% national target. Once January comparative data is published, it is expected the Trust will be back in the Top 15 (out of 129) in the country.
- Although December saw improvement for Both 2 week Suspected Cancer (75.13%-72.96% Nov 19) and 2 week Breast Symptomatic (21.43%-14.89% Nov19) metrics from previous months, as predicted they continue to fail to achieve the national target as a result of supporting Breast referrals from Wolverhampton. Encouragingly, as of 06/02/20 Breast referral waiting times were back down to 14 days. Performance of Cancer 62 day referral to treatment deteriorated from last month at 77.91% (from 88.68% in Nov 19), failing to achieve the national target of 85%. Performance of Cancer 62 day RTT-from consultant upgrade improved vastly to 91.86% (from 83.10% in Nov19), achieving the national target of 85% as well as the local trajectory of 87.10%.
- The Trust delivered 4-hour EAS performance of 83.56% in Jan 2020 achieving the submitted trajectory of 81%.

2.4 Medicine Bed Occupancy

The committee received a detailed report on why it is imperative to reduce length of stay and particularly in the MLTC Division. The report commented on the successful LOS reduction in 2019/20.

MLTC has delivered a statistically significant reduction in LoS in the year 19/20. Overall there has been a reduction in average length of stay of 0.6 days per patient for months 1-9 in 19/20 relative to 18/19. These reductions in LoS equate to the equivalent of 31 medical beds worth of improvement, and the MLTC Divisional team, and Community Divisional team, should be commended for this work. These reductions in LoS in 19/20 relative to the year 18/19 have prevented a considerably larger overspend that otherwise would have occurred as a result of higher Emergency Department Attendances and resultant non-elective admissions being serviced in further additional beds.

With further increases in ED attendances expected, MLTC plans to put in place 7 key interventions to reduce LOS:

These interventions are:

1. Ambulatory Emergency Care Expansion
2. Long Stay Patient Reviews
3. Changes to the Frailty Service
4. Community Alcohol Pathway
5. Therapy Expansion
6. Pleural Effusion Clinics
7. Criteria Led Discharge

2.5 Elective Productivity

Members received a report on progress in elective productivity. The paper focused on:

- Comparison between Q1-Q3 2018/19 and Q1-3 2019/20. This demonstrates that although the number of theatre sessions used has reduced in 2019/20 compared to 2018/19, the income generated is £368k higher for the same period, reflecting improved productivity per theatre list measured at 1.4% in number of cases per list, and 9.7% in average income per list.
- The average income per list rise has been supported by a shift to a richer case-mix in specialties such as Orthopaedics (increase in arthroplasty rather than minor cases) and General Surgery (increase in major colorectal or major bariatric cases rather than minor general surgical cases).
- An outline of 2020/21 elective productivity improvement plan, to be led by the new Theatres Clinical Services Manager which will be finalised by March 2020.
- Measures and actions taken/underway to support further improvements to support the plan.

2.6 Information Governance Steering Group

Members received a report on the activities of the group for information purposes.

2.7 Electronic Patient Record

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

The key discussion revolved the decision to delay the implementation date from the end of March to the beginning of May. Members were informed of the process that was followed and the implications.

The Chair re-iterated the request that PFIC will receive a detailed progress report at every future meeting of committee.

2.8 Section 75

Members received a briefing note regarding the proposed Section 75 with Walsall MBC. The actual agreement is still being further developed in conjunction with legal advice. Some of the discussions that have taken place with partners are yet to be reflected in the agreement.

4. RECOMMENDATION

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

MEETING OF THE PUBLIC TRUST BOARD – Thursday 5 th March 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 <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/> Assure <input type="checkbox"/>		
Executive Summary	<p>This report details Board Assurance and the Annual Cycle of Business and to:</p> <ol style="list-style-type: none"> 1. The delivery of the People Strategy which supports employees in the provision and delivery of high quality, safe patient care. 2. The processes adopted to support optimum employee performance in line with the Trust values. 3. The delivery of the Trust’s legal and regulatory duties in relation to its employees. 4. The management of Trust risks related to human resource risks and issues that may jeopardise the Trusts ability to deliver its objectives – these are captured on the Board Assurance Framework and Corporate Risk Register. 		
Recommendation	Members of the Trust Board are asked to note the content of the report for information.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	<p>BAF Risks: The work programme described within this report will provide positive assurance to the committee on the following BAF risks:</p> <p><i>Lack of an inclusive and open culture impacts on staff engagement, staff morale and patient care.</i></p>		

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 <input checked="" type="checkbox"/>	Care at home <input type="checkbox"/>
	Partners <input type="checkbox"/>	Value colleagues <input checked="" type="checkbox"/>
	Resources <input checked="" type="checkbox"/>	

People and Organisational Development Committee Highlight Report.

1. PURPOSE OF REPORT

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

2. BACKGROUND

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

5. The delivery of the People Strategy which supports employees in the provision and delivery of high quality, safe patient care.
6. The processes adopted to support optimum employee performance in line with the Trust values.
7. The delivery of the Trust's legal and regulatory duties in relation to its employees.
8. The management of Trust risks related to human resource risks and issues that may jeopardise the Trusts ability to deliver its objectives – these are captured on the Board Assurance Framework and Corporate Risk Register.

3. DETAILS

Board Assurance Framework – Valuing Colleagues

An report was provided to update the committee on the BAF risk for Valuing Colleagues relating to creating an open and inclusive culture. The committee discussed this and whether this fully represented all the “valuing colleagues” risks presenting within the Trust. Comments included the following points:

- Presentation style of document is not easy to translate into assurance to board
- Link with corporate risk register not clear – PODC not seeing the links
- Feels static as a document rather than an iterative document where progress is clear month on month
- Flag risk rating red/green/amber to show current risk and get this clear in terms of progress made
- Risk rating not clear on the document, scoring is not recognised or understood

- Too wordy – matrix attached to this risk is how it relates to the committee and what assurance is required for the main board.
- Not convinced that we have captured all the most significant risks that the board faces.

The committee did not approve the BAF in its current form and instead agreed to receive an updated document following discussion at a future meeting of the People and OD Committee.

Review Workforce Data and Metrics – WRES and WDES

The committee received an update report on the publication of the WRES and WDES 2019 data as part of the reporting of National Staff Survey results for 2019. The data highlights that the Trust is one of the worst performing Trusts nationally for WRES indicator 2, relative likelihood of black and minority ethnic candidates being appointed compared with white candidates, where white candidates are almost three times more likely to be appointed than black and minority ethnic staff. The committee noted that similar trends are evidenced for the WDES data set and that there is an emerging evidence base that shows that people with protected characteristics as defined within the Equality Act, also have a differential and adverse employment experience within the Trust. The committee discussed and approved the action plan contained within the report which aims to reverse the adverse WRES and WDES impact evidenced in workforce data. The committee noted the work of staff side in supporting self-managed inclusion groups and noted plans to establish an inclusion group from members of self-managed groups, which will influence and support the Equality Diversity and Inclusion group and reports through to the committee and ultimately Board.

Guardian of Safe Working Report

The committee received and noted the quarterly report from Ms Navqui, Guardian of Safe Working Hours. It was noted and agreed that the resourcing matters raised within the report will be resolved outside of the committee. The committee agreed to receive regular quarterly reports and thanked Ms Navqui for her input.

Quarterly Freedom to Speak Up Report

The committee received and noted the quarterly report from Ms Ferguson and Ms Sterling as Trust FTSU Guardians. The committee noted the recommendations within the report and noted the cultural changes required to embed a patient safety approach and just and learning culture. The committee agreed to receive regular quarterly reports and thanked Ms Ferguson and Ms Sterling for their input.

Medical Workforce Transformation Programme Update Report

The committee received and noted the report and the progress within it on medical workforce transformation presented by Ms Shemar. The committee noted the significant progress and commended the achievements on job planning in particular.

Annual Establishment Review

The committee received an update on the annual establishment review and agreed to note this pending further update from nursing lead.

The 90 Day Retention Programme – Cohort 5

The committee received an update and copy of the letter from NHSi for assurance on the Trust's plan to improve its retention rate at 24 months in line with trust target of 85%.

Staff Survey Analysis and Action Plan

The committee noted the report, approved the priorities and resolved to receive a detailed action plan at next committee cycle to refer to trust board.

Mandatory Training, Statutory Training and professional Training

The committee noted a presentation on the actions planned to align the Trust approach to statutory and mandatory training with the national skills framework. The committee noted that the compliance levels had declined significantly due to the alignment, and noted the recovery plan to bring the compliance levels up to trust target of 90% by the end of Q1 at latest.

Emergency Care Medical Workforce

Ambulatory Emergency Care

The committee received and noted the two business cases above and noted that the approval process for these was through the PFIC route and that the profiling of spend would be set over a three year planning period.

Matters to Bring to the Attention of the Board

The committee noted the WRES and WDES updates provided and the actions planned and agreed to escalate the adverse trends evident through the national staff survey to trust board.

The committee noted the BAF and agreed to receive the report at a future date and escalate to trust board for note.

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 GOSW and FTSU reports and referred the FTSU report to board.
2. The committee approved the recommended actions within the workforce report on WRES and WDES and resolved to bring the adverse trends evident within the national staff survey to the attention of the trust board.
3. The committee noted the update on the BAF and resolved to receive an updated report for referral to trust board once approved at People and OD committee.

RECOMMENDATIONS

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

MEETING OF THE PUBLIC TRUST BOARD			
Walsall Together Partnership (WTP) Board Highlight Report			AGENDA ITEM: 16
Report Author and Job Title:	Daren Fradgley Executive Director of Integration	Responsible Director:	Anne Baines Chair of Walsall Together Partnership Board
Action Required	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/> Assure <input type="checkbox"/>		
Executive Summary	<p>This report provides the key item from the Walsall Together Partnership (WTP) Board February 2019:</p> <ul style="list-style-type: none"> • Patient story looking at the cardiac pathway • The Directors report • update on Healthwatch Walsall WT Engagement Q1 Oct- Jan 20 Update. • update on Safeguarding update: Learning from SARs & audits • update on the Emergency Department Build • received and approved 2020/21 Programme Team Funding proposal in principle • received and approved Clinical Operating Model (COM) Highlight Report and change in Terms of Reference and name. • reviewed the programme Governance and progress • Senior Management Team (SMT) action log was received and noted. 		

Items for escalation	<ul style="list-style-type: none"> - There is a concern regarding funding streams for 2020/21. - The Board feel they need an update on Social prescribing
Recommendation	Members of the Trust Board are asked to NOTE the business of the Highlight Report.
Risk in the BAF or Trust Risk Register	<p>This paper provides assurance to the board to mitigate the risks in relation to the following BAF risks:</p> <p>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;</p>
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 <input checked="" type="checkbox"/>	Care at home <input checked="" type="checkbox"/>
	Partners <input checked="" type="checkbox"/>	Value colleagues <input type="checkbox"/>
	Resources <input type="checkbox"/>	

WALSALL TOGETHER PARTNERSHIP BOARD HIGHLIGHT REPORT
FEBRUARY 2020

1. INTRODUCTION

The Walsall Together Partnership (WTP) Board, formally met in February 2020. The WTP Board will continue to meet monthly in line with the Terms of Reference.

This report provides an overview of the key items discussed at the meeting held in February 2020.

2. 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.

3. DETAIL

3.1. Attendance, Apologies and Quorum

The Board was chaired by Mrs Anne Baines, WTP Board Chair and Non Executive Director, Walsall Healthcare NHS Trust. The meeting was declared quorate and apologies were noted that didn't affect the quoracy of the meeting as deputies were present.

3.2. Minutes of last meeting and matters arising

Members agreed the minutes from the previous meeting. No additional matters arising were identified .

3.3. Patient Story

The patient was present and talked through his experience on the cardiac pathway. Comments were received and noted. Members acknowledged the concerns regarding communication between Walsall Manor and New Cross Hospital. The post-operative care and psychological support was exposed in conversation together with the gaps that are present if a strong family network was not present. This was noted and would be explored in the Resilient Communities work stream.

The whole Board and Chair thanked the patient for his attendance and contribution to our work

3.4. Walsall Together Director Report

The Directors report was received outlining the following subjects.

- Horizon 2 Planning and Investment
- Workforce and Organisational Development
- PCN Engagement
- Stroke Business Update
- Health and Wellbeing Board & Scrutiny Panel Update
- Communications Update

The report was taken as read and members were asked for any comments or queries. Some concerns over funding were noted.

3.5. Healthwatch Walsall WT Engagement Q1 Oct- Jan 20 Update

Mrs Higgit and Mr Griffin gave an update and some positive feedback on the work that has been going on so far. Some concerns regarding engagement, specifically around access to Outpatient Mental Health service users and services. Concerns had also been expressed regarding the size of teams in the community given increased activity levels. It was agreed that the quarterly report would triangulate to the workstreams in the future

3.6 Safeguarding update: Learning from SARs & audits

Mr Griffiths gave some background on the purpose of the Safeguarding Adult Reviews (SAR's) and the recent learning audited locally. Mr Griffiths talked the board through some of the themes and all agreed that the instances of communication and shared records were themes that were in the partnerships gift. These themes aligned directly with workstreams underway within the Programme and it was agreed that greater attention be given where learning can be shared. It was noted that this paper was received for information and not as part of any formal decision making process which exists in other forums

3.6. Section 75 Briefing

Ms Allward gave an update on the Section 75 Agreement which will be in place in April 2020. The issues were noted and discussed by members.. It was noted that an enhanced briefing would be provided for Mental health Local Authority colleagues to cover any required reassurance regarding S75 arrangements and their position.

Ms Allward informed the Board of her new role as Director of Commissioning

3.7. Emergency Department Build

WTP Board received and noted the updates provided by Mr Dodd. The Board provided the support for Mr Dodd to seek enhanced pathway design of Walsall

Together in the new department. It was also noted that in part this pathway work need not wait until the new department was ready and the Board urged Mr Dodd and the Emergency Department Project Team to commence work with the integrated pathway design.

4. GOVERNANCE

4.1 2020/21 Core funding proposal

The Board approved the substantive funding of the team as noted in the paper. This followed the principles set out in the planning paper in November 2019. It was noted that DWMPT had not taken the funding proposal through their governance due to the merger and alignment of finances. However, the principle of establishing the team was not disputed. The paper would progress through governance as soon as possible. It was further agreed that further discussion would take place across partners to ensure progress is made. It was agreed that recruitment should take place due to the soon to be expired contracts of the team.

4.2 Clinical Operating Model (COM) Group – Revised Terms of Reference

The COM as a formal sub group of the Board presented a revised terms of reference for approval. This included a renaming of the group to show alignment with the service transformation aspects of the Sustainability and Transformation Partnership (STP) and a revision of scope of the group to that of a Clinical and Professionals Leadership Group. This was approved.

4.3 Clinical Operating Model (COM) Group – Highlight Report

The SMT action log was received and taken as read. No comments or queries were raised.

4.4 SMT Action Log

The SMT action log was received and taken as read. No comments or queries were raised.

4.5 Matters for escalation

WTP Board expressed concerns over future funding.
The Board felt that the Social Prescribing resourcing remained an issue and requested an update for the next meeting

5 RECOMMENDATION

The Board is recommended to NOTE the content of the report for information and note the escalation points

MEETING OF THE PUBLIC TRUST BOARD - 5 th March 2020			
Update on Walsall Healthcare's response to Coronavirus outbreak			AGENDA ITEM: 17
Report Author and Job Title:	Matthew Lewis Allison Heseltine Ian Billington	Responsible Director:	Matthew Lewis
Action Required	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/> Assure <input checked="" type="checkbox"/>		
Executive Summary	The outbreak of Coronavirus (COVID-19) is a National Level 4 incident (the highest rating possible) under The Civil Contingencies Act 2004, governed by the EPRR Framework. This requires the trust to implement national guidance, review local policies and plan for a potential pandemic. This briefing paper outlines the trust's current position and discusses possible future actions. It should be noted, though, that the current situation is changing rapidly so some information presented here may already be out of date.		
Recommendation	This paper aims to provide an update on the Trust's recent response to the COVID-19 outbreak and to describe ongoing and future plans. Members of the Trust Board are invited to note the contents of the paper for information and assurance.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	<p>BAF 001: Failure to deliver consistent standards of care to patients across the Trust results in poor patient outcomes and incidents of avoidable harm.</p> <p>BAF006: High levels of sickness absence within the Trust impacts upon the Trust's resourcing plans and ability to deliver safe and high quality care and also impacts upon the Trust's ability to effectively use resources and deliver the financial plan. The current policy framework for the Trust does not adequately support Staff Health and Wellbeing and does not effectively mitigate absence levels.</p> <p>BAF008: Healthy organisation - failure to understand the health and wellbeing of the workforce and implement appropriate initiatives.</p>		
Resource implications	Managing the COVID-19 outbreak risks: (a) greater use of agency, bank and locum staff, and (b) loss of usual elective activity in out-patients and theatres.		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives	Safe, high quality care <input checked="" type="checkbox"/>	Care at home <input checked="" type="checkbox"/>	
	Partners <input type="checkbox"/>	Value colleagues <input checked="" type="checkbox"/>	
	Resources <input checked="" type="checkbox"/>		

CORONAVIRUS UPDATE

1. PURPOSE OF REPORT

The purpose of the report is to inform the Board of (a) the current understanding of the coronavirus outbreak in the trust and (b) plans to manage a potential increase in patients presenting with this condition.

2. BACKGROUND

Coronavirus (COVID-19) is a new strain of coronavirus first identified in Wuhan City, China in December 2019. The following information was obtained from the Gov.uk website on 1 March 2020:

Information about the virus

- *As a group, coronaviruses are common across the world. Typical symptoms of coronavirus include fever and a cough that may progress to a severe pneumonia causing shortness of breath and breathing difficulties.*
- *Generally, coronavirus can cause more severe symptoms in people with weakened immune systems, older people, and those with long-term conditions like diabetes, cancer and chronic lung disease.*
- *As of 1 March, a total of 11,750 people have been tested in the UK, of which 11,715 were confirmed negative and 35 positive.*

Recent actions were reviewed and future plans to deal with a potential increase in disease prevalence were considered. At that stage, Walsall Healthcare had screened 15 patients, all of whom were negative for the virus.

Our current understanding of the infection is that 85% of patients will have mild symptoms, with 15% requiring admission and 5% requiring intensive care (typically with invasive ventilation for 2-3 weeks).

Weekly Coronavirus meetings have been established since January, Chaired by the Deputy Director of Nursing on behalf of the Director of Nursing (former Director of Infection Prevention & Control), with support from the Associate Director of Infection Prevention & Control and the Head of EPRR.

As a result of rapidly escalating numbers of patients requiring swabbing to test for Coronavirus during week commencing 24 February 2020, an extraordinary Coronavirus meeting was called for the 27 February 2020, which included representatives of the four divisions, the Infection Prevention & Control (IPC) team, Emergency Preparedness, Resilience and Response (EPRR) team, the Chief Operating Officer and Medical Director (minutes attached).

The Coronavirus Outbreak has been reported to the Infection Control Committee and this will continue with escalation and reporting to the Quality, Patient Experience and Safety Committee (QPES) on a monthly basis. Allison Heseltine has briefed the executives at their weekly meeting.

The Local Authority Director of Public Health has held weekly meetings since the end of January and the trust is represented by a Microbiologist, Allison Heseltine and Ian Billington. Where information and learning is shared and questions escalated to Public Health England as required. The current recommendations are requesting that the Local Health System set up a COVID-19 Co-ordination Service, more information is currently awaited.

3. DETAILS

3.1 Fit testing

All staff exposed to potentially infected patients (within 2 metres) are required to wear appropriate personal protection equipment (PPE), including FFP3 masks, which need to be tested to confirm that they fit in advance of use. Staff who cannot wear a mask (because it does not create an adequate seal during testing) can wear a hood instead, although these are in relatively short supply. Each division has been asked to confirm which staff have been tested and to make this information available through a central repository.

3.2 Actions by members of the public and potential patients.

People with concerns about the infection (because of symptoms, travel to designated areas, or contact with infected patients) are advised to contact 111, by phone or through their website, who will either direct them to the Emergency Department for testing or advise them to stay at home, where they will be tested by the community team. Currently, patients who attend ED are assessed in a 'pod' (a converted container parked outside ED), unless their clinical condition demands closer monitoring in the department.

Most patients with a COVID-19 infection will have minor symptoms, so this current process diverts ED and Community staff away from seeing other patients who would normally be considered higher priority. Each patient tested in the Community, for instance, requires two members of staff to spend 90 minutes taking swabs.

3.3 Escalation plans

- a) ED/AMU: the MLTC Division are drawing up plans to set aside up to six side rooms on Ward 29 for suspected cases of COVID-19. Additional ward capacity for general medical patients might be required on Ward 10. ED will attempt to deploy three additional staff (one junior doctor, one qualified nurse and one CSW) to provide cover for the pod.
- b) Community: the Community Division are preparing to test in a pod at Hollybank (likely using part of the building with immediate access to the car park). This will help to avoid patients being managed unnecessarily in ED. Staffing for this community pod will be recruited through bank to avoid distracting the Rapid Response Team from their usual activities. Bank staff

will require suitable preparation, including fit testing for masks and training so that they can carry out clinical assessments, education and swabbing.

- c) Critical Care: the Surgery Division will consider plans to manage COVID-19 cases on Critical Care; the facilities offer exceptional side room capacity, but additional staffing might be required and some elective admissions to Critical Care might need to be postponed.
- d) All ward areas: the criteria for use of side rooms are being reviewed by Allison Heseltine to ensure that a system is in place in case they are required for patients with suspected/confirmed infections.

3.4 Additional considerations

- a) Swabs: currently, all patients with a suspected diagnosis need to be seen by a clinician to take swabs, which are processed within 24-48 hours at Heartlands Hospital. DHSC is reviewing the possibility of home testing kits which would allow patients to take samples themselves, thereby reducing the burden on staff. Proprietary kits are being trialled which might allow all Acute Trusts to carry out testing in-house.
- b) Staffing: If the infection becomes more prevalent, it is likely that staff will be unavailable for work (due to sickness, caring responsibilities, school closures etc.). Therefore discussions will be taking place to produce workforce plans which will consider suspension of non-essential education and training, planned leave and allocation of staff to areas of greatest need, e.g. move from out-patient departments to high priority ward areas.

4. RECOMMENDATIONS

This report aims to (a) inform the Trust Board of the current management of Coronavirus in the Trust and (b) assure the board that ongoing monitoring, planning and actions are being taken to prepare for management of a potential increasing prevalence of the infection in line with advice and guidance from the Department of Health and Social Care and Public Health England.

5. APPENDICES

Minutes of Coronavirus meeting 27th Feb 2020



Coronavirus
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**MINUTES OF CORONAVIRUS (COVID 19) MEETING
HELD ON THURSDAY 27th FEBRUARY 2020
SEMINAR ROOM 9, MLCC**

PRESENT	Dr M Lewis Mr I Billington Mr M Dodd Mrs K Geffen Mrs A Heseltine Mr N Hobbs Mr S Jones Miss R Joshi Ms N Newman Dr A Plant Dr H Rai Mrs D Roberts Mrs L Smith Ms S Smith Ms J Thompson Mrs R Virk	Medical Director/DIPC/Chair Head of EPRR Divisional Director of Operations - Community Care Group Manager - Community Deputy Director of Infection Control Chief Operating Officer Consultant Microbiologist Clinical Director - ED Matron - Theatres Consultant Microbiologist Clinical Director - Radiology Manager - Hollybank House Matron - ED Head of Health & Safety Community Paediatrics Divisional Director of Nursing - M & LTC
APOLOGIES	Dr L Holland	Divisional Director - W, C & CSS
IN ATTENDANCE	Mrs A Ward	Executive Assistant

		Action
1.0	<p>Welcome & Apologies</p> <p>Dr Lewis welcomed everyone to the meeting; introductions were made around the table. Apologies as listed above were noted.</p>	
2.0	<p>Current Position</p> <p>Dr Lewis requested that members provided an update on the current position and then discussion be held regarding any gaps in the processes, what teams needed to be doing now and what escalation would be necessary over the next few days and weeks.</p> <p>Mrs Heseltine advised that weekly meetings were in place and standard operating procedures for equipment use, taking of specimens and links with the laboratory. A total of 15 patients had been screened up to Wednesday all of which were negative for the virus; the number of positive cases had increased by two today nationally.</p> <p>A discussion took place about fit testing, a lot more members of staff have been fit tested and a record of those trained kept through Health & Safety. The Divisional Directors had requested assurance that staff had received the appropriate training; Ms Smith advised that the training should be recorded on ESR, however, at present a record was being kept by the Health & Safety Team and ESR would be updated as soon as the training could be included on the system. Mr Hobbs advised that he would follow up with the Director of People and Culture. Confirmation was received that a quantity of hoods and batteries had been received, all of which had been PAT tested.</p>	

3.0	<p>Forward Planning</p> <p>Dr Lewis advised that there needed to be more extensive forward planning with consideration given to:</p> <ul style="list-style-type: none"> • Segregated areas in ED • Cohorting on the wards • Reducing planned activity • Diagnostics pathway - should this be streamed through certain parts of the building • Testing at home facility - Mrs Heseltine advised that this had been blocked by the DoH <p>Confirmation was received that the Surge Policy was in place and in relation to PPE stocks were only being provided in relation to normal use.</p> <p>Mr Billington queried what the vulnerable patients should do such as:</p> <ul style="list-style-type: none"> • Respiratory patients • Immuno-suppressed • Chemotherapy patients • Patients with a number of co-morbidities <p>It was suggested that a discussion would be needed locally regarding these patients, maybe look at the database of vulnerable patients; however, the team were unsure how these would be contacted.</p> <p>Concern was expressed that the contact number had not been passed on to 111; Mr Billington confirmed that the number had now been added to the hospital profile.</p> <p>Mr Hobbs commended colleagues for the response they had shown to date and advised that there would be an enormous impact on ED if they were being expected to manage lots of patients. He was keen to look at proposals moving forward to ensure ED was not overstretched. Mrs Joshi confirmed that they were receiving a lot of guidance from Public Health England, however, she felt that there should be some level of flexibility regarding clinical decision making. Dr Plant advised that PHE were in favour of a lot of swabbing, however, clinicians on the ground with the patient were able to make a clinical decision.</p>	
4.0	<p>Process for Patients</p> <p>Dr Lewis asked members if they were comfortable with the process for patients now that 111 have the contact number and were content with the route into the pod. Mrs Geffen advised that the process would need to be re-looked at should the numbers increase. Mr Dodd advised that all teams would need to be rigid in their use of the protocols, Mr Billington to ensure that the ambulance service has all the relevant details.</p> <p>Dr Lewis confirmed that patients should ring 111 and then queried how the swabbing would be undertaken moving forward. Mrs Heseltine confirmed that there was a co-ordination service in place which was borough wide which would</p>	

	<p>allocate patients out in a managed way. Mr Dodd advised that he had calculated for the community teams each swab would take 1 ½ hours which would be five patients per day and suggested that there could be a community hub at Hollybank House along with a team of qualified nurses to do up to five swabs per day. There would need to be a dedicated referral team and the community Rapid Response Team would need to be looked at carefully to ensure that they were not being overwhelmed. Mrs Geffen advised that community would need to backfill the posts, a discussion took place regarding the use of bank CSW's or requesting part time staff to increase their hours for a period of time. Following the discussion Mr Dodd advised that he would scope the car park at Hollybank to see where would be the most suitable for a pod and undertake some communication around this. Mr Hobbs confirmed that he would be happy for bank staff to be used to support and maybe some staff from non-urgent hospital services, probably outpatient services in the first instance. It was agreed that Mrs Geffen and Mr Dodd would work through the set-up and then advise of anything additional that would be needed, Mr Hobbs agreed to talk to acute services.</p> <p>Dr Plant expressed the view that the co-ordinating service should advise each patient where they should attend; Mrs Heseltine suggested having co-ordination for Walsall 24/7 which would need a clinician to triage patients. Dr Lewis suggested that there was a need to have the hospital and community set up for patients by the weekend and take a look at co-ordination next week.</p>	
5.0	<p>Acute Services</p> <p>Dr Lewis advised that there was the potential for increased numbers of patients being advised to attend the hospital by 111 and requested a discussion around how the potential cases could be managed.</p> <ul style="list-style-type: none"> • ED confirmed that additional CSW and trained nurse had been requested for the pod • Additional doctor for the weekend • Potential proportions were advised as 15% will require admissions with 5% requiring ITU • Pod takes only one patient at a time, people are being asked to wait in their cars and then are being called • Increase in numbers would mean additional staff and the use of Ward 29 <p>A discussion took place regarding a decant facility and cohorting of patients, the escalation process was noted as:</p> <ul style="list-style-type: none"> • Try to create side rooms • Change what type of patient goes into the side rooms • Clinician advise what that side rooms on Ward 29 were the most suitable • Possibility of opening a bay on Ward 10 • Further discussion to be held with the consultant microbiologist should the need arise 	
6.0	<p>Plan of Action</p> <ul style="list-style-type: none"> • Side rooms on Ward 29 • Identify appropriate staffing • Identify alternative capacity for acute general medicine patients • Alter the threshold for side rooms 	<p>NH MLTC MLTC AH & IC</p>

	<ul style="list-style-type: none"> • Discussion with the on-call medical team • Fit testing for staff on Ward 29 • Use of a bay on Ward 10 if necessary • Involve Mr Rashid in any discussion regarding medical cover • Senior decision maker - director on call and on-call microbiologist • ITU staff to be made aware of potential increase in patients and staff to be fit tested • All Divisions to ensure that their staff are fit tested, all clinical staff not just nurses, particularly in the following areas: <ul style="list-style-type: none"> - Paediatrics - A & E - Community - Critical Care • Staff returning from holiday to infected areas should report to Occupational Health 	<p>NR/RJ RV MLTC</p> <p>NN</p> <p>DD'S</p>
7.0	<p>Next Meeting</p> <p>Weekly meetings arranged for Tuesdays Further meeting to be convened after the weekend</p>	<p>AH</p>

LIST OF ACRONYMS/ABBREVIATIONS

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/ABBREVIATIONS

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/ABBREVIATIONS

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/ABBREVIATIONS

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