

MEETING OF WALSALL HEALTHCARE NHS TRUST BOARD OF DIRECTORS TO BE HELD IN PUBLIC ON THURSDAY 2 APRIL 2020 AT 10:00 VIA MICROSOFT TEAMS AND TELECONFERENCE

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	
CHAIR'S BUSINESS					
1.	Apologies for Absence	Information	Chair	Verbal	1000
2.	Quorum and Declarations of Interest	Information	Chair	ENC 1	
3.	Minutes of the Board Meeting Held on 5 th March 2020	Approval	Chair	ENC 2	
4.	Matters Arising and Action Sheet	Review	Chair	ENC 3	
5.	Chair's Report	Information	Chair	Verbal	1010
6.	Chief Executive's Report	Information	Chief Executive	Verbal	1015
SAFE HIGH QUALITY CARE					
7.	Covid-19 Update	Information	Chief Operating Officer/Director of Integration	Verbal	1025
8.	COVID-19 Corporate Risk	Information	Director of Governance	ENC 4	1035
RESOURCES					
9.	Performance Report	Information	All	ENC 5	1045
FOR INFORMATION ONLY					
10.	Monthly Nursing and Midwifery Safer Staffing Report	Discussion	Director of Nursing	ENC 6	1100
11.	Walsall Together Update	Information	Interim Walsall Together Director	ENC 7	1110
12.	Quality, Patient Experience and Safety Committee Highlight Report	Information	Committee Chair	Verbal	1120
13.	Performance, Finance & Investment Committee Highlight Report	Information	Committee Chair	Verbal	
14.	People & Organisational Development	Information	Committee	Verbal	

ITEM		PURPOSE	BOARD LEAD	FORMAT	TIME
	Committee Highlight Report		Chair		
15.	Walsall Together Partnership Board Highlight Report	Information	Committee Chair	Verbal	
16.	QUESTIONS FROM THE PUBLIC				
17.	DATE OF NEXT MEETING Public meeting on Thursday 7th May 2020 at 14:00 at the Manor Learning and Conference Centre, Manor Hospital				
18.	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 – 2 nd April 2020			
Declarations of Interest			AGENDA ITEM: 3
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 March 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 Provox 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 Chattered Institute of Personnel (CIPD)
Mr Ned Hobbs	Chief Operating Officer	Father – Governor Oxford Health FT Sister in Law – Head of Specialist Services St Giles Hospice
Ms Ann-Marie Riley	Interim Director of Nursing	Deputy Chief Nurse – Nottingham University Hospitals NHS Trust

Report Author: Jenna Davies, Director of Governance
Date of report: March 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 5 MARCH 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
Mr B Diamond	Non-Executive Director
Mr R Beeken	Chief Executive
Ms AM Riley	Interim Director of Nursing
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
Mrs S Rowe	Associate Non-Executive Director
Mr D Fradgley	Director of Strategy & Improvement
Ms J Davies	Director of Governance
Ms C Griffiths	Director of People & Culture
Ms J Wells	Senior Executive EA (Minutes)

Members of the Public
Members of Staff 4
Observers

179/19 Patient & Staff Story

Mr and Mrs Dring shared their experience at the Trust regarding their daughter, Gemma Dring's admission.

Gemma is 38 years old and suffers with a mental and physical disability as well as epilepsy.

The Consultant that Gemma had been seeing at the Trust retired in November and was not immediately replaced, therefore Gemma had been referred to the QE hospital.

Gemma was admitted to the Trust by ambulance on 11th February 2020 for continuing seizures. Gemma was initially on the Acute Medical Unit but moved to ward 29 later that day.

Mrs Dring encountered a number of issues whilst Gemma resided on ward 29:

- Mr Dring was not allowed to stay on the ward due to single sex patients. It was difficult for one person to manage Gemma on their own as her seizures were timed and

documented.

- After Mr and Mrs Dring informed staff that they would look after Gemma, they felt that they were left to look after her alone. Mrs Dring was not offered any assistance with bathing Gemma.
- Mr and Mrs Dring had to ask staff for a drink and meals were not offered to them.
- A Support Worker visit had to be cancelled one day as 3 visitors were not allowed round the bed.
- Some nurses appeared to show a lack of compassion or the undertaking of a holistic approach with a patient who had epilepsy and a learning disability.
- There appeared to be a lack of understanding of epilepsy. Mr and Mrs Dring were not given confidence that Gemma was in the right place for the type of care she required.

Ms Oum wished to pass on her thanks to Mr and Mrs Dring for sharing Gemma's story, acknowledging that the experience appeared to be made harder than it needed to be during such a worrying time.

Dr Lewis observed that it must have been a difficult time for Mr and Mrs Dring and that the expectation is that staff provided good support to patients and their relatives. Dr Lewis informed that the Trust had recently appointed 2 Consultant Neurologists but acknowledged that they perhaps needed to be more accessible in order to make medication changes and offer advice. The Trust valued the input of families looking after patients whilst in our care.

Mr Fradgley stated that it was difficult to hear opportunities that were missed, which demonstrated the gaps in care between normalised care, interventional care and escalated care through emergency pathways. Plans were being drafted but needed to be delivered quicker and embedded.

Mr Virdee queried who was responsible for the reasonable adjustments that needed to be made. Mr Beeken replied that this lay with every practitioner. The Trust had a learning disabilities team who educate practitioners. Mr Beeken asked that the Quality, Patient Experience and Safety Committee reviewed reasonable adjustments and best practice.

QPES

Mrs Baines observed that in this circumstance, an integrated system was non-existent and Gemma had not been introduced to wrap round services, adding that an integrated care plan was required. Mrs Baines advised that the nursing teams needed to hear the story and how Mr and Mrs Dring felt.

Mr Hobbs agreed with the comments made and was disappointed that there was an absence of a feeling of compassion, which needed to be explored.

Mr Gayle understood that the ward was a busy one but emphasised the importance of communication to patients and relatives.

Ms Riley encouraged shared decision making, meeting with the learning disabilities team and working with them to make improvements.

Mrs Rowe echoed the comments made, sharing the feedback with larger groups and encouraging staff to put themselves in another's position.

Ms Oum summarised that all had expressed disappointment and concerns. The Quality, Patient Experience and Safety Committee were to consider reasonable adjustments and best practice in terms of Nottingham University Hospital's approach with Ms Riley's input.

AMR

Ms Oum noted that there had been other historical patient stories which related to poor patient experiences with patients who had learning disabilities and questioned how well the learning disabilities team were utilised.

180/19 Apologies for Absence

Apologies were received from Mrs P Bradbury, Non-Executive Director.

Ms Oum welcomed Ms Riley, Interim Director of Nursing.

181/19 Declarations of Interest and quorum

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

182/19 Minutes of the Board Meeting held in Public on 6th February 2020

Item 165/20 should be spelled 'Derrick'.

Mr Hobbs had forwarded a slight amendment of wording to item 172/20 under Constitutional Standard.

The minutes were approved as a true and accurate record.

183/19 Matters Arising and Action Sheet

Mr Beeken updated that items 118/19 and 122/19 were complete.

Mrs Baines recalled that the Board Assurance Framework was due to be presented at the March Trust Board and was disappointed that it was not on the agenda. Mrs Baines asked

that it featured at a Board Development session.
Ms Davies updated that 1:1s were taking place and the Framework would be presented at committees for review prior to Trust Board.

Mr Gayle escalated that the People and Organisational Development Highlight Report advised that there was no updated Corporate Risk Register or Board Assurance Framework.

149/19 – Ms Oum updated that the Anchoring meeting had taken place and would feature on development papers.

169/19 – Mr Fradgley advised that the action was ongoing but could be marked as complete.

Resolution

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

184/19 Coronavirus Update

Dr Lewis presented the update, which was already outdated since publishing. It was anticipated that the number of patient attendance was likely to increase.

Escalation meetings had been arranged and daily meetings were taking place managed by the Emergency Preparedness, Resilience and Response team.

The Trust needed to be fully sighted on national advice which would inform decision making. There were key decisions to be made in relation to the advice given to staff, patients and the prioritising of services over the coming months.

Mr Dunn reminded that Walsall already dealt with a number of patients with respiratory issues and asked if there was a modelling criteria and whether there was the capability to cope with an increase in demand.

Dr Lewis replied that the modelling needed to be reflective and ensure that patients were assessed by appropriately trained staff that were not detracted from other services.

Mr Hobbs informed that all patients who had been swabbed or tested to date had been negative. Mr Hobbs added that further to national correspondence, EPRR now managed the situation rather than Infection Prevention and Control.

Mr Gayle asked when the Trust would be making decisions to consider business continuity and queried whether things should be being put in to place now.

Mr Hobbs replied that national agencies advice was being followed. Localised elements of that was ensuring that the Trust had capacity and the impact upon staff.

Mr Fradgley stated that the situation was very fast moving and the

Trust was working with the community and partners. There would be a large influx of patients at some point. The response was being planned but the Trust would not yet move to the next stage.

Ms Oum asked for reflection on what the Board required in order to obtain assurance and asked for readiness to respond to changing circumstances.

Mr Virdee gave thought to the differing communities and questioned whether any national body was producing communication in different languages.

Mrs Rowe replied that the government stance was no, which was surprising. Mrs Rowe added that the Local Authority did have some generic material which could be used.

Mr Beeken suggested that a weekly update via mail was issued to Board members. Each relevant sub-committee would also review the latest updates. **NH**

Resolution

The Board:

- **Received and noted the Coronavirus Update.**
- **Would receive weekly updates.**

185/19 Chair's Report

The report was taken as read.

Resolution

The Board received and noted the Chair's report.

186/19 Chief Executive's Report

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

- Further assurance was required in terms of learning from incidents, complaints and best practice.
- The staff survey results were disappointing as it appeared that staff experience had deteriorated. Fewer than 50% of staff would recommend Walsall as a place to work or would recommend to patients.
- The Trust remained disappointed at the juncture with CCG colleagues regarding income for next year to secure adequate resources to run the organisation safely and pursue opportunities in the long-term plan.

Mr Gayle informed that the Trust was committed to prioritise people and culture. The staff survey had regressed, therefore the People and Organisational Development Committee required assurance that this would be prioritised.

Mr Beeken agreed that the investment priorities were made clear and would make every effort to secure the income required but it

could not be guaranteed and the outcome of the financial planning is not yet known.

Mr Heer asked that given the financial challenges, should priorities be reviewed and recalibrated.

Mr Beeken responded that the Executive Team were completing a review, though there were differences in opinion of the order of priorities and the quantum of each. A plan would be submitted to committees.

QPES/PFIC/POD

Dr Lewis encouraged creating a workforce that was supported. The Deputy Medical Director had been tasked with creating a report looking at aspects of what it was like to work at the Trust. The Trust needed to ensure that it was providing the right facilities and environment. There was an upcoming SAS Doctors Study Day planned and Leadership programmes. The report would be submitted to the People and Organisational Development Committee.

POD

Mrs Baines referenced the staff survey results and drew attention to the Board Pledge, asking how the results were being shared with the organisation.

Ms Griffiths informed that the People and Organisational Development Committee had reviewed the results and that the Trust Management Board had received a report. A further review would take place at the Organisational Development Committee followed by Trust Board. Mr Beeken informed that there would be a Valuing Colleagues Board Development session also planned in.

POD

**Board
Development**

Ms Oum stated that a number of focus groups had previously been held and listening to colleagues. Staff now wanted to see the actions from those sessions.

Mr Beeken informed that the Board would receive a report by 27th March.

Resolution

The Board received and noted the content of the report.

187/19 Monthly Nursing and Midwifery Safer Staffing Report

Ms Riley introduced the report which was taken as read. Ms Riley informed that she would look to split the reports down further for future reports.

Ms Oum queried what the top 5 wards were and what it meant.

Mr Gayle asked for an update in regard to the top 5.

Mr Heer asked for run rates to be reviewed and an overall picture of establishment by overspend, bank and agency be provided.

Ms Oum asked that a review was undertaken by the People and Organisational Development Committee and the Quality, Patient

QPES/POD

Experience and Safety Committee. Ms Oum asked that the report was expanded to include community services.

Resolution

The Board:

- **Received and noted the content of the report.**
- **A review would be undertaken by POD and QPES.**

188/19 Guardian of Safe Working

Dr Lewis introduced the report for assurance that staff and patients were protected by doctors working safe hours and was tracked on a monthly basis.

Dr Lewis gave thanks to Dr Bavakunji, the outgoing Guardian and welcomed Miss Naqvi as the new Guardian of Safe Working.

Ms Oum thanked the Guardians and Dr Lewis with the report was pleased to see the progress that had been made.

Mr Beeken noted outliers on the surgical ward and the concerns raised, adding that the issue should not have been raised through this route and asked how issues such as these would be dealt with moving forward.

Dr Lewis replied that the current system had been in place for some time but it was not familiar to staff on the ward. Information was being shared with new starters and there was now high visibility of the system on surgical wards.

Mrs Baines asked if there was any risk to any cases that had been missed.

Dr Lewis replied that the Guardian worked closely with the junior doctors, who were encouraged to raise issues promptly.

Mr Virdee informed that there was a level of fear in BME doctors, which was discussed at the Equality, Diversity and Inclusion Group. He added that some staff were too scared to speak up and raise issues. Dr Lewis advised that the issue would be covered in a report being drafted which included SAS doctors which would be reviewed at the People and Organisational Development Committee.

POD

Resolution

The Board received and noted the content of the report.

189/19 Walsall Together Update

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

- An investment proposal detailing planning for next year would be reviewed at the Board the following week.
- Health visits in school nursing and alignment of midwives to each locality is moving forward at pace.

- The Workforce and Organisational Development Team would work together and in line with the Local Authority to encourage thinking as one team.
- There was a risk with stoke services and the transfer to Hollybank. The ambition was to move during quarter 4 but this would unfortunately be missed. Finances were still being concluded therefore a further recommendation paper would be reviewed by the Board.
- There had been a difficult session at the Overview and Scrutiny meeting and concern was expressed with the Local Authority.
- Walsall Together had recruited a new Communications Lead.
- Estates localities had been secured and will all have Multidisciplinary Teams.

Ms Oum welcomed the collaboration with the localities and extended a welcome to the new Communications Lead.

Mr Gayle asked whether the People and Organisation Development Committee would review the workforce programme and asked whether it would include a workforce system control. Mr Fradgley confirmed that the People and Organisational Development Committee would complete a review.

Mr Heer queried the governance process. Mr Fradgley replied that the visibility of capacity of teams could be made available and the inclusion of the scope of staff in the community. If the teams could not be increased, activity would need slow down therefore cancelling care hours which would be a risk.

Mrs Baines advised that the current proposals were going through a formal management approach. Large key workstreams in the programme would need to scale back, but which were yet to be determined.

Mr Heer asked how clarity and capture of outcomes would be collected.

Mr Fradgley informed that the depth of data was growing confidence and that there was an outcomes framework and performance framework.

Mrs Rowe advised that the main challenge was around financial position. The concern was being clear of the investment profile as there were other impacts from that which would require clarity.

Mr Fradgley replied that it was known line by line where money needed to be and the benefits that would be generated. The Walsall Together Board would give final approval.

Ms Oum reaffirmed that the key priority was the people of Walsall.

Resolution

The Board received and noted the content of the report.

190/19 Freedom to Speak Up Quarterly Update

Ms Val Ferguson, Lead Freedom To Speak Up Guardian attended the meeting to provide the update, advising that the Guardians were in place to make Walsall an organisation where staff could feel safe to raise a concern and it was acted upon.

The report provided an update from quarter 2 and 3. Quarter 3 saw a drop in concerns raised and a decrease in patient safety concerns, however it was thought that staff were working harder rather than taking the time to raise concerns.

Ms Ferguson added that the goals to achieve outstanding would 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 Trust needed to work more collaboratively and the focus was on surveying managers to collate a database of dealing with concerns, actioning and escalating which included any further support required.

Mr Virdee queried where the Freedom to Speak Up strategy sat. Ms Ferguson answered that it sat with the Whistleblowing Policy.

Mr Heer questioned why a third of cases were still open.

Ms Oum advised that the Guardians listened to the concerns, which were then tasked to others. There was an issue of not receiving feedback from managers.

Mr Heer referenced the staff survey resulted and stated that he would have expected to see more concerns being raised and expressed his concern that staff may not be speaking up.

Ms Griffiths informed that the majority of concerns raised through Freedom to Speak Up were raised after managers had been approached. Ms Griffiths added that some issues raised were complex and not resolved quickly. Thanks were expressed to the Guardians, who had other roles within the Trust.

Mrs Baines queried whether there were any key areas identified and a view of what was being done to address those areas.

Mr Diamond reviewed the themes and observed that it appeared that there were concerns of staffing levels and patient safety, yet

the statement within the Safer Staffing Report stated that there was no correlation. Mr Diamond questioned whether there was a lack of willingness to accept.

Mr Beeken replied that there was national and international evidence which suggested there was.

Mr Hobbs asked there were any time delays between the issue materialising and being raised.

Ms Ferguson replied that that the Guardians found that the majority of the concerns were severely delayed, particularly around management issues.

Ms Oum stated that there were a range of concerns that the Board would like to know been addressed. Managers needed to be more responsive and provide feedback promptly. The People and Organisational Development Committee needed to gain assurance around the process for ongoing monitoring and a review of the trends, with the assistance of Ms Griffiths.

POD

Staffing numbers and patient safety also required a review, advising that Ms Riley could triangulate with the Guardians.

AMR

All needed to understand the scale of staffing concerns, both patient safety, leadership and management was required.

Dr Lewis asked if the Guardians had any concerns raised regarding working hours. Ms Ferguson replied that no junior doctors had reported any concerns in relation to that issue.

Ms Oum questioned whether the Freedom To Speak Up function was properly supported.

Ms Ferguson replied that the team worked with Ms Griffiths and Mr Hobbs who had taken action when required.

Ms Oum thanked the Guardians for their work, with full support of the Board.

Resolution

The Board received and noted the update.

191/19 Performance Report

Mr Caldicott presented the Performance report, which was under development to move to an integrated report.

Quality, Patient Experience and Safety Committee

Dr Lewis outlined the areas of improvement:

- MCA Stage 2 assessments had achieved and performing at 87%.
- VTE assessments had recently been performing at 93.5%.

Areas for further improvement:

- MRSA cases were being investigated.
- Dementia screening performance was low and the corporate nursing directorate were offering support.
- The Adult Safeguarding training recently changed and a plan to improve compliance was in place.
- The intention of the committee was to focus on patient voice in future meetings.
- Writing to patients and copying to GPs is intended to be delivered.

Mrs Baines congratulated Dr Lewis on the performance of MCA compliance and VTE.

Mrs Baines questioned what was being done in relation to the number of falls resulting in severe injury as the data reflected an increase on the previous year.

Dr Lewis replied that the data was being reviewed and he would share the findings and the steps being put in place.

Mr Beeken replied that Senior Nursing Leadership had been reviewing the specifics.

Ms Oum referenced the dementia and screening performance, noting that the lead for Older People's Mental Health had departed the Trust and asked what would be done to make improvements.

Mr Fradgley informed that a plan was being drafted to align to the Walsall Together agenda. He had met with the team earlier in the week where it was discussed that plans were to link with social care mental health teams.

Ms Oum was pleased to hear that committee would focus on patient voice and experience. Ms Oum was also interested to see that the committee was looking at its contribution to service design and planning.

Integration

- Mr Fradgley updated that there continued to be levels of stability in discharge into intermediate care and the teams were working well.
- There were challenges around length of stay, which was included in the profile for development next year.
- Community activity and private nursing home activity continues to rise.
- Rapid response re-admissions within 30 days continued to reduce and was now down to 15%.
- There had been a rise in the number of care home patients. Admission avoidance in nursing home figures are not included with care homes.
- There had been an ambulance service increase in patients with acute respiratory deterioration due to the seasonal time of year. There had been occasion where Rapid Response had to close which may have had an

QPES

effect upon the ambulance service, which had been taken forward.

People and Organisational Development Committee

- Ms Griffiths informed statutory training and safeguarding training was being incorporated and aligned to national framework, which also included local fire induction and recovery plans in order to be fully compliant which was a requirement from the regulators.
- Health and safety and Information Governance recovery plans were in place with a view to recover by the end of quarter 1.

Ms Oum queried whether everything possible was being done for staff to access training, Ms Griffiths replied that it was. Improvements had been made to ESR and booklets had been given out on wards. There was also expectation that all staff were compliant with the new appraisal paperwork.

Constitutional Standard

- Mr Hobbs reported that ED attendance was high but the Emergency Access Standard performance was 83.6%, therefore exceeding the target.
- RTT performance was 87.08% and the total incomplete waiting list had reduced.
- Long waits for breast referrals was now back to within the 2 week standard. Concerns remained in this area, which Dr Lewis and Mr Hobbs were taking forward with Black Country Pathology Services. A report would be submitted to the Quality, Patient Experience and Safety Committee.

QPES

Ms Oum queried the cause of the long wait with breast referrals. Mr Hobbs replied that there were prolonged waits from the patient's first appointment to response within 2 weeks. A joint set of actions had been agreed but the benefits were not being seen and were therefore jointly being followed up.

Performance, Finance and Investment Committee

- Mr Caldicott updated that the Trust had to re-forecast to an operational deficit of £4.9m due to run rate increase.
- Mitigations to attain the revised forecast were being monitored bi-weekly.
- Support was being sought from commissioning partners. There was a funding source of £4m and the Trust was awaiting confirmation of delivery to support the financial plan. The money had not been included in any Trust figures.

- Mr Fradgley confirmed that a bid for £6m had been secured. The funds would go towards EPR, capital infrastructure and profiling over the next 2 years.

Mr Assinder expressed disappointment that the commissioners hadn't confirmed the £4m funding and asked if there was any risk to the Trust.

Mr Caldicott replied that there was a risk that that the Trust may not deliver on its trajectories and that there may be an IT resource shortfall.

Mr Beeken advised that the commissioners indicated that they had not committed that the Trust would receive any funds.

Resolution

The Board received and noted the content of the report.

192/19 Quality, Patient Experience and Safety Committee Highlight Report

The report was taken as read.

Resolution

The Board received and noted the content of the report.

193/19 Performance, Finance and Investment Committee Highlight Report

The report was taken as read.

Resolution

The Board received and noted the content of the report

194/19 People and Organisational Development Committee Highlight Report

The report was taken as read.

Resolution

The Board received and noted the content of the report.

195/19 Integrated Care Partnership Committee Highlight Report

The report was taken as read.

Resolution

The Board received and noted the content of the report.

196/19 Questions from the Public

Mr Lemord expressed disappointment that the move to Hollybank had been delayed.

Managers needed to take the time to attend training.

Main areas for concern that staff reported on were complaints in regard to moving to another area and short staffing.

Mr Beeken responded that the concerns were reflected in the staff survey results. The Trust would continue to seek to bring together hard factual evidence of the staffing ratios and safety and narrow the gap between that and staff perception.

Listening to concerns and dealing with them properly formed part of the management and leadership development. Development of people's skills was a critical part of the Organisational Development strategy. The Quality, Patient Experience and Safety Committee were asked to conduct a 12 month review of the Nursing Strategy against outcomes.

QPES

Mr Lemord referenced the Patient Story and stated that there were a number of patients who attended the hospital that were vulnerable and did not have a voice and who did not have a good experience.

Mr Beeken informed that specifics would be reviewed with the Nursing Strategy.

Ms Oum advised that a number of actions had been picked up through the Patient Story and which, if followed through, should strengthen the strategy.

198/18 Date of Next Meeting

The next meeting of the Trust Board held in public would be on Thursday 2 April 2020 at 2:00p.m. at Walsall Healthcare NHS Trust.

Resolution:

The Board resolved to invite the Press and Public to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960.

Action log

Updated from Trust Board Meeting: March 2020

Ref:	Date	Agenda Item	Action Notes	Who	Due Date	Progress / Comments	Status
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.	Complete
122/19	08/11/19	BAF Report	Chief Executive and Director of Governance to undertake a complete review of the Board Assurance Framework	Chief Executive Officer/ Director of Governance	06/02/2020	Initiated. Meetings to radically review the BAF have been arranged with each Executive Director.	Complete
126/19	08/11/19	Leadership and Talent Management update	Organisational Development Strategy to be presented to People and Organisational Development Committee in December and to the Board for Approval in February	Director of People and Culture	06/02/2020	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
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
179/19	05/03/20	Patient Story	QPES to gain assurance that the Trust has the necessary processes in place to meet the needs to those requiring reasonable adjustments and also gain assurance how well engage and supported engagement is with patient groups to improve patient experience	Medical Director	02/04/2020		Open
179/19	05/03/20	Patient Story	DoN to share best practice in terms of NUH approach and what may be adopted by the Trust	Director of Nursing			Open

Action log

Updated from Trust Board Meeting: March 2020

Ref:	Date	Agenda Item	Action Notes	Who	Due Date	Progress / Comments	Status
183/19	05/03/20	Action Log	BAF/CRR to each Committee in March and Board agenda in April	Director of Governance	02/04/2020	The BAF and CRR to be circulated to Board members online for comment.	Open
183/19	05/03/20	Safer Staffing	Staffing report will be reviewed and amended in line with the actions previously requested by the Board: A review of hard and soft measures of performance to take place at the People and Organisational Development Committee.	Director of People and Culture/ Director of Nursing	07/05/2020	The hard and soft measures for workforce are scoped. The workforce metrics are all impacted by the current CV19 situation and workforce analysis is focussed on supporting resourcing for the next 12 weeks update on progress to PODC in July.	Open
			People and Organisational Development Committee to undertake a deep dive of Impact and profile of the Nursing workforce model		07/05/2020	This work is impacted by directing resources to the current CV19 situation and progress update is planned for PODC in July	Open
			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		07/05/2020	The sickness absence level had stabilised and absence in January and February 2020 was over 0.5% down on the previous year. PODC has discussed the target and trajectory - an improvement target has been set within the workplace metrics of Valuing Colleagues.	Open

Action log

Updated from Trust Board Meeting: March 2020

Ref:	Date	Agenda Item	Action Notes	Who	Due Date	Progress / Comments	Status
183/19	05/03/20	Action Log	Corona virus impact will be considered at the relevant Committees	Chief Operating Officer	02/04/2020	Each Board Committee has been provided an verbal update on the impact on Covid-19 in line with there Terms of Reference. The Non Executive Directors are also reciving regular updates on the action being taken.	Complete
186/19	05/03/20	Chief Executives Report	Financial priorities to be shared at each committee.	Dirctor of Finance	02/04/2020	Owing to the national mandate associated with COVID-19 the financial planning round has been deferred	Complete
188/19	05/03/20	Guardian of Safe Working	POD to gain assurance around the process in place for guardian of safe working and how we assure that all incidents are identified	Medical Director	02/04/2020	This item has been deferred from the POD agenda, however this action has been transferred to the POD action log.	Complete
190/19	05/03/20	Freedom to Speak up	POD to gain assurance and review a report SI/ HR case Management/FTSU with a process for ongoing monitoring	Director of People & Culture		The work with NHSi is supporting the Trust with putting systems and processes in place to include this within PODC and Trust Board reporting.	Open
190/19	05/03/20	Freedom to Speak up	DoN to ensure and provide assurance through QPES that the processes and ongoing reporting of the safe staffing report links with patient safety incidents	Director of Nursing	07/05/2020	Not due	Open
191/19	05/03/20	Performance Report	QPES to review and gain assurance relating to the cancer access standards, the delays in histopathology and the impact this has in terms of quality of care, harm and patient experience	Medical Director	07/05/2020	Not due	Open

Action log

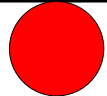
Updated from Trust Board Meeting: March 2020

Ref:	Date	Agenda Item	Action Notes	Who	Due Date	Progress / Comments	Status
196/19	05/03/20	Questions from the public	QPES to conduct a 12 month review of the nursing strategy against the outcomes.	QPES	02/04/2020	This has been deferred from the QPES agenda and will be considered at a future meeting. However this action has been captured on the action log for QPES	Complete

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

PUBLIC TRUST BOARD - Thursday 2 nd April 2020			
Covid-19 Corporate Risk			AGENDA ITEM: 8
Report Author and Job Title:	Jenna Davies Director of Governance	Responsible Director:	Ned Hobbs EPRR Lead
Action Required	Approve <input checked="" type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/> Assure <input checked="" type="checkbox"/>		
Executive Summary	<p>In response to COVID-19, a level 4 national incident was declared. The Trust, as a first responder has a legal obligation to establish Emergency Preparedness, Resilience & Response (EPRR) framework, which includes an incident command structure which enables robust and effective decision. Establishing an EPRR framework enables the Trust to identify, mitigate and action risks as they emerge.</p> <p>Risks in relation to COVID-19 will be managed as per the risk management policy. They can be raised and managed a local level, care group, divisional or corporate directorate level. From the individual COVID-19 risks we will follow the normal risk stratification process for inclusion onto the Corporate Risk Register. The key risks currently identified in association with COVID-19 are;</p> <ul style="list-style-type: none"> • Maintaining fundamental standards of care • Staffing, for example numbers of staff available due to existing shortages or temporary shortages due to sickness • Availability of equipment, for example ventilators • Health and Wellbeing of staff • Hospital Capacity <p>As we move forward we will also need to consider the risk associated with the delivery of our strategic objectives, and whether the COVID-19 will impact on our ability to deliver are strategic objectives. This will be considered over the coming weeks with Non-Executive Director colleagues as to whether a separate BAF risk is required for COVID-19</p>		
Recommendation	Members of the Board are asked to approve;		
Mitigate risk in BAF or Trust Risk Registers?	In order to mitigate the impact of the COVID-19 outbreak this paper provides assurance that governance will be maintained, and the process for ensuring Non-Executive Director oversight of the risks to the organisation.		
Resource implications	COVID-19 will have a financial impact, especially on our strategic risk associated with use of resources and our ability to financially plan.		
Legal, Equality and Diversity	The Government has agreed new legislation in relation to the COVID-19 outbreak which is being considered by the Trust		
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"/>		

Risk Register

Risk No.	Risk Title	Risk Description	Risk Assessor	Severity Score	Likelihood Score	Risk Rating	Controls	Assurances	Risk Review Status
2051	Inability to mitigate the impact of Covid-19, results in possible harm and poor patient experience to the people of Walsall	Availability of Personal Protective Equipment - particularly FFP3 respirator masks, and hoods Availability of staff, particularly clinical staff Availability of vital Medical Equipment	Ian Billington	4	5	20	<ul style="list-style-type: none"> • Policy • Major Incident policy enacted • Process • Incident Command process in place • Physical Barrier • Personal Protective Equipment protects staff and Patients • Process • Board Oversight of response and issues • Natural Barrier • Health and Wellbeing support in place for staff 24/7 • Process • Staffing hub in place, supported by a tactical staffing command 	<ul style="list-style-type: none"> • Incident command centre enacted Evidence of policy in place • National and regional assurance processes ensure daily that the Trust have the right process in place • Incident Command process in place, Terms of Reference approved Daily and weekly reporting • NHSi/E oversight CCG Oversight Daily Data submissions • Regular review of PPE availability reviewed at daily incident tactical command meeting • PPE is discussed at all escalation calls both Regionally and Nationally PPE supply chain coordination is now national with support from the army • Governance Contingency plan developed Weekly reports to Board One to one phones in place between Exec and Committee Chairs • National guidance is being updated Regular calls with NHSi • Health and Wellbeing group in place to specifically focus on supporting staff LIA App put in place so staff can raise concerns • National mandate to support staff with national well being support as well as financial support for interventions • Tactical and strategic command oversee staffing and the impact of staffing Ethical consideration of staffing levels to be overseen through 	

Risk Register

Risk No.	Risk Title	Risk Description	Risk Assessor	Severity Score	Likelihood Score	Risk Rating	Controls	Assurances	Risk Review Status
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Ethics Committee
 • National oversight of staffing levels

Action Plan									
Start Date	Action Details / Description					Owner	Reminder Date	Target Date	

18/03/2020	Review agency and Bank rates locally and explore opportunity for a collaborative approach					Catherine Griffiths	10/04/2020	15/04/2020	
18/03/2020	Review all HR policies and approach to flexible working					Catherine Griffiths	24/04/2020	29/04/2020	
18/03/2020	SOP to be developed on moving staff to different wards or clinical areas in line with NMC and GMC guidance. ensuring relevant training is in place Ensuring competencies are in place					Ann-Marie Riley	24/04/2020	29/04/2020	
22/03/2020	Staff will need to be supported in both with their physical health needs and mental health needs over the next few months. therefore the Health and Wellbeing group will oversee the support we can offer staff					Catherine Griffiths	01/04/2020	06/04/2020	
27/03/2020	Clinical Pathway Risk Review to be undertaken, to understand clinical impact of reducing clinics and appointments					Matthew Lewis	25/04/2020	30/04/2020	
18/03/2020	Community Division Operational Command to review placement of CSWs to support packages of care.					Daren Fradgley	Closed	26/03/2020	31/03/2020
18/03/2020	Conversations with Volunteers and advice and guidance to be circulated					Ann-Marie Riley	Closed	24/04/2020	29/04/2020
22/03/2020	Due to the national demand on Critical care beds, the Trust has planned to open additional beds					Ned Hobbs	Closed	21/03/2020	26/03/2020
15/03/2020	As the Covid-19 continues to impact, there will be a need to review national guidance, and also amend local policy to respond accordingly					Matthew Lewis	Closed	22/03/2020	27/03/2020

Performance Report

March 2020

(February 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

- VTE assessment performance for February (up to 28/2/20) has risen to 94%.

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.
- Sepsis screening across the in-patient areas is an area of deterioration.
- Compliance with MCA 2 Stage is still a concern and an MDT action plan has been drawn up to address this.



**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

Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
107.97		109.36			
108.63		110.08			
1	0	0	0	2	1
2	2	3	6	2	4
0.71	0.65	0.73	0.93	0.76	0.58
0.21	0.21	0.17	0.14	0.17	0.17
4.47	3.91	3.92	3.91	4.67	4.62
4	1	1	2	2	0
93.42%	92.06%	92.26%	88.87%	92.61%	94.04%
0	0	0	0	1	0
1:32.1	1:27.6	1:28.2	1:33.3	1:30.7	1:28.1
26.24%	33.11%	29.11%	30.06%	30.36%	30.58%
11.21%	10.87%	11.96%	12.13%	12.72%	
87.87%	85.75%	85.42%	82.24%	82.57%	82.93%
62.50%	63.04%	52.86%	72.34%	87.23%	48.72%
95.00%	94.00%	94.00%	95.00%	96.00%	94.00%
91.71%	91.47%	90.52%	89.99%	89.01%	89.99%
86.12%	88.39%	88.26%	88.33%	75.25%	78.36%
96.33%	95.34%	95.83%	94.89%	95.63%	96.45%
89.17%	87.33%	86.12%	84.50%	82.14%	83.37%
86.56%	85.79%	85.20%	86.00%	55.76%	59.32%
92.05%	89.82%	90.53%	89.12%	87.49%	88.94%
89.20%	88.80%	88.63%	86.95%	84.51%	86.63%
88.06%	85.45%	86.13%	85.28%	80.53%	80.76%

19/20 YTD Actual	19/20 Target	18/19 Outturn	Key
111.62	100.00		N
	100.00		BP
4	0	2	N
31	26	19	N
	6.63		BP
19	0	13	BP
92.34%	95.00%	94.90%	N
1	0	17	N
	1:28	1:28.1	N
30.22%	30.00%	28.46%	BP
	10.00%	10.73%	L
84.68%	100.00%	84.47%	N/L
63.77%	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



People and Organisational Development Committee

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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 - The Trust are seeking support facilitators to share PDR best practice within their local teams and support the introduction of Inclusive Talent Management processes and tools. The first Trainer the Trainer session has been arranged for the 19th March.
- Mandatory Training – As the Trust response to the pandemic develops; the workforce priority will be focusing resources to maintain safe and effective care. As a result, the availability of training courses will be monitored, both from a safety and resourcing perspective; particularly sessions facilitated by colleagues required within a clinical setting. Where possible, colleagues will be encouraged to complete e-learning packages from home.
- Sickness Absence - The Trust will begin monitoring the number of colleagues reporting as absence due to COVID-19 related illness and colleagues who absent due to self-isolation / pandemic-related carers leave. This will support Incident Control Centre Intelligence and help identify risk areas.

Key Areas of Concern and Trust Board Discussion Required

- Retention – Stabilised at 82%, systematic change is required to raise the threshold to target of 85%. High Retention = Admin/Estates | Low Retention = AHP/Scientific.
- Sickness Absence - Trend is following expected seasonal-variations. | 19/20 winter outturns below 18/19 spikes.
- Mandatory Training – Safeguarding compliance remains a key focus.
- Appraisal Compliance – High Compliance = Medical | Low Compliance = Admin/Scientific.

Key Actions Taken

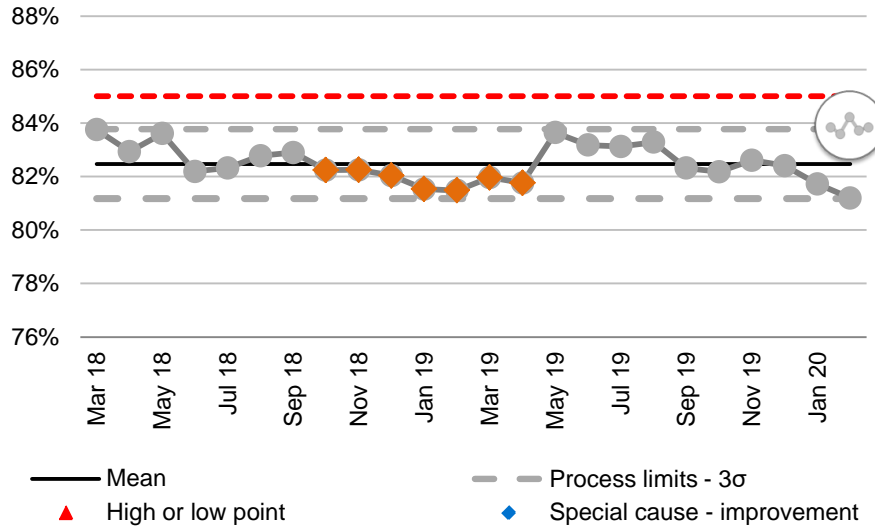
- Due to prioritization of the Trust's response to the COVID-19 pandemic, there were no key actions taken this month.



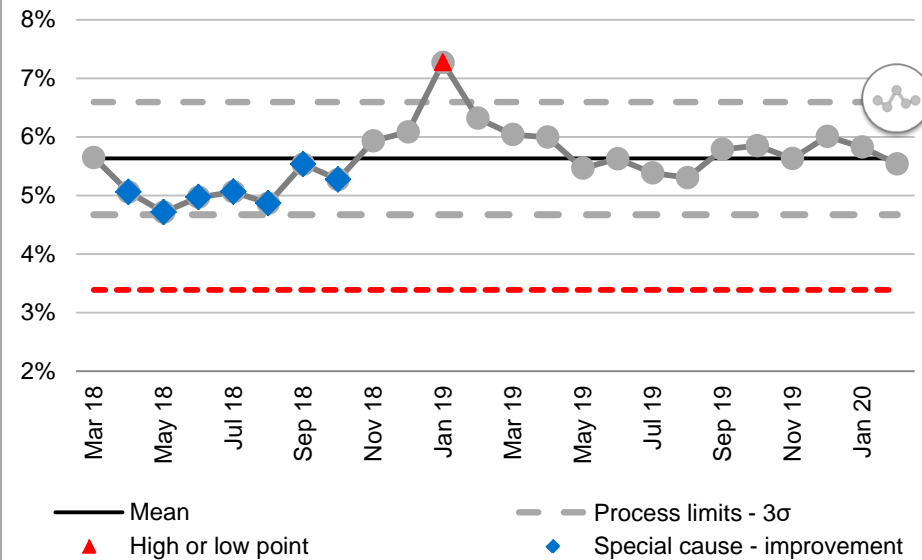
People and Organisational Development Committee

— Mean --- Process limits - 3σ ▲ High or low point ◆ Special cause - improvement
◆ Special cause - concern --- Target ● 0

Retention (24 Months)- Walsall Healthcare NHS Trust- starting 01/03/18



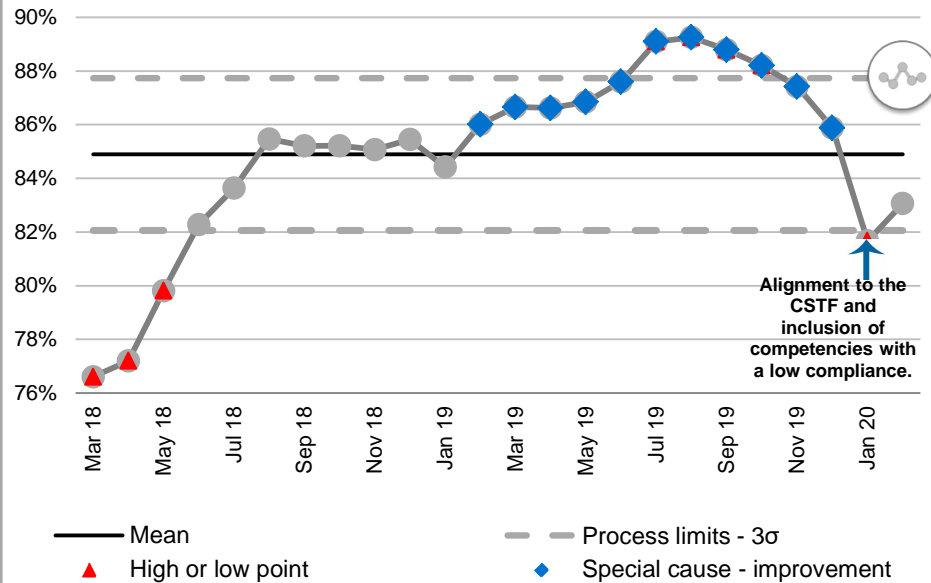
Sickness Absence (In Month)- Walsall Healthcare NHS Trust- starting 01/03/18



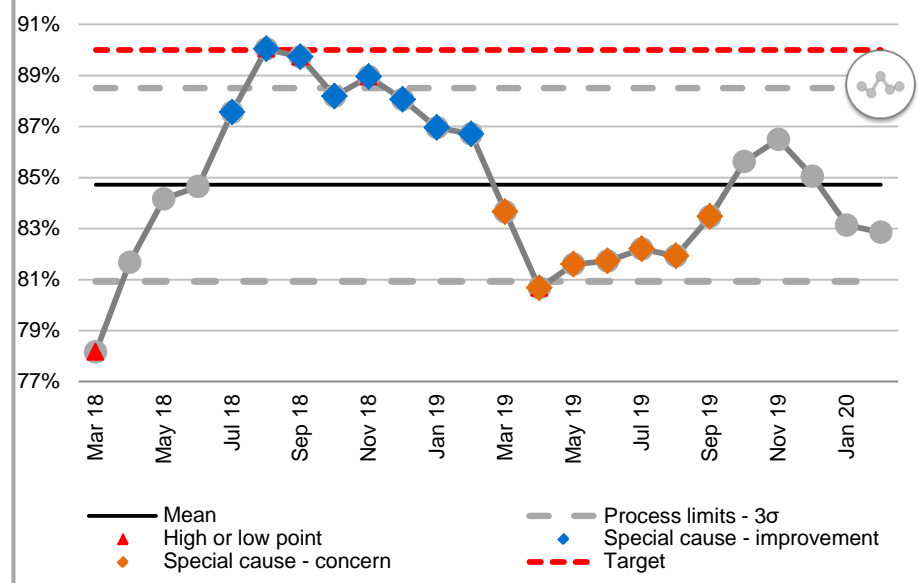
People and Organisational Development Committee



Mandatory Training - Walsall Healthcare NHS Trust- starting 01/03/18



Appraisal Compliance- Walsall Healthcare NHS Trust- starting 01/03/18



**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)

Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
9.83%	9.74%	9.44%	9.82%	10.29%	9.39%
88.79%	88.20%	87.42%	85.88%	81.67%	83.06%
91.71%	91.47%	90.52%	89.99%	89.01%	89.99%
86.12%	88.39%	88.26%	88.33%	75.25%	78.36%
96.33%	95.34%	95.83%	94.89%	95.63%	96.45%
89.17%	87.33%	86.12%	84.50%	82.14%	83.37%
86.56%	85.79%	85.20%	86.00%	55.76%	59.32%
92.05%	89.82%	90.53%	89.12%	87.49%	88.94%
89.20%	88.80%	88.63%	86.95%	84.51%	86.63%
88.06%	85.45%	86.13%	85.28%	80.53%	80.76%
5.79%	5.85%	5.63%	6.01%	5.83%	5.54%
83.47%	85.63%	86.50%	85.05%	83.13%	82.86%
7.84%	8.50%	8.43%	8.47%	8.79%	8.88%
5.50%	5.98%	6.07%	6.14%	6.71%	5.84%
3966	3979	3970	3979	3984	3985
10.38%	10.36%	10.40%	11.53%	10.16%	11.16%

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



Safe, high
quality care



Care at home



Partners



Value
colleagues



Resources



Respect
Compassion
Professionalism
Teamwork

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

- February saw 6774 Type 1 attendances which was 8.3% up on last year. Whilst the first two weeks of February saw continued high EAS performance (Week 1 – 83.2%, Week 2 – 88.8%), the latter half of February deteriorated with the end of month position falling 0.56% to 83.00%. The EAS national ranking dropped from 42nd out of 118 to 53rd. The EAS regional ranking dropped from 4th to 6th.
- 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 eight consecutive month achieving performance of 0.39% service users waiting over 6 weeks meeting the 1% national target. As expected, the Trust is back in the top 10 nationally ranked, placed at 9th for January (out of 127).
- RTT performance in February is 86.35% , with the total incomplete waiting list size having reduced for the fourth consecutive month, and now at it's lowest since June19.
- Trust has a £9.5m deficit at month 11 (assuming both PSF and FRF funding are lost in January), though has an operational deficit as overall run rate pressures have increased. This position is in line with the re-forecast submitted to NHSI in January 2020

Key Areas of Concern

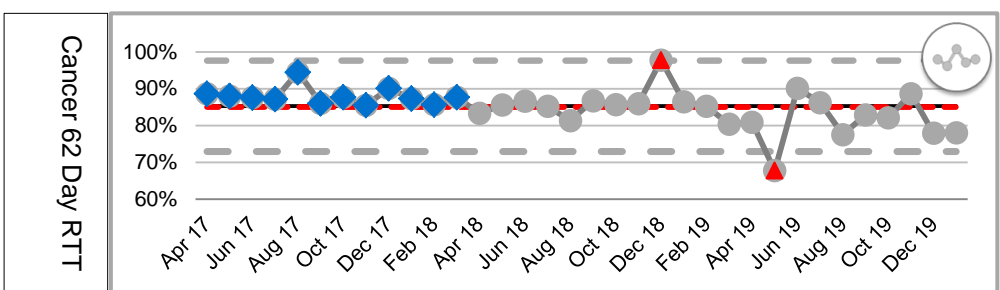
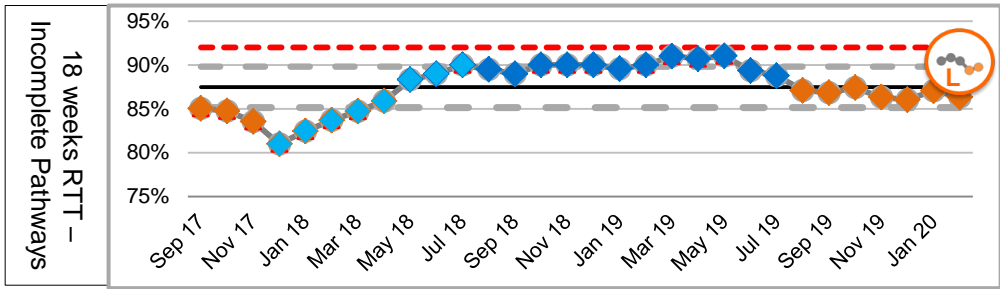
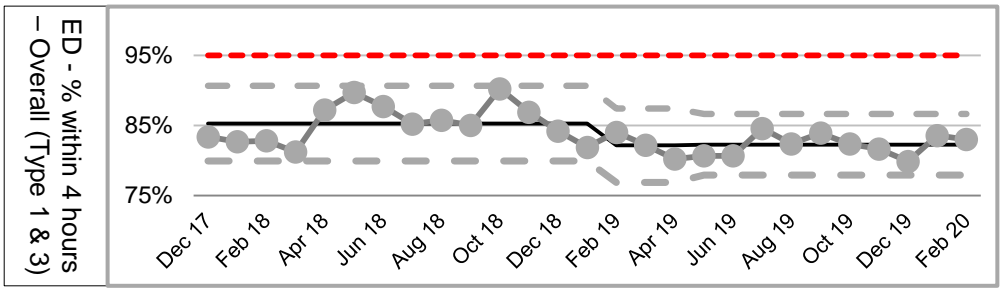
- The NHS declared a level 4 national incident in response to COVID-19, with the resultant operational planning process for 2020/21 suspended, the Trust to receive a block allocation of income for the initial four months of 2020/21 that is yet to be confirmed.
- An extra-ordinary meeting of PFIC occurred on the 8 January 2020 where agreement was reached to re-forecast to a £4.9m operational deficit, with costs needing to be controlled in order to attain this deficit. In addition, the deficit to plan will result in the Trust potentially losing central income for Provider Sustainability Funds (PSF) and Financial Recovery Funds (FRF) of £6m, to give a resultant potential revised deficit of £10.9m for the year.
- The Trust continues to seek to mitigate the operational deficit of £4.9m through seeking the support of the Sustainability and Transformation Partnership (STP) to secure additional income allocations, which in turn would enable the Trust and STP to secure the central income and cash associated with PSF & FRF.
- The mitigations to attain the revised forecast are being monitored through bi-weekly flash reports to Executive and PFIC membership, in addition to the monthly reporting of performance against agreed run rates through the governance structures of the Trust.

Key Actions Taken

- PFIC endorsed the compilation of an emergency budget for the initial four months of 2020/21 upon confirmation of the income to be received during this period, the resultant budget to be presented and endorsed through the governance structures of the Trust.
- 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

February saw 6774 Type 1 attendances which was 8.3% up on last year. ED struggled to maintain its 1 hour Wait To Be Seen and 3 Hour Plans – especially at night and at weekends. The reduction of Winter Pressure Middle Grade shifts from 2 per day to 1 per day had a moderate affect on performance. In order to rectify this and also respond to the risk presented by the Covid-19 Pandemic, ED is redesigning the medical rota to increase staffing. The EAS national ranking dropped from 42nd out of 118 to 53rd. The EAS regional ranking dropped from 4th to 6th (Out of 19).

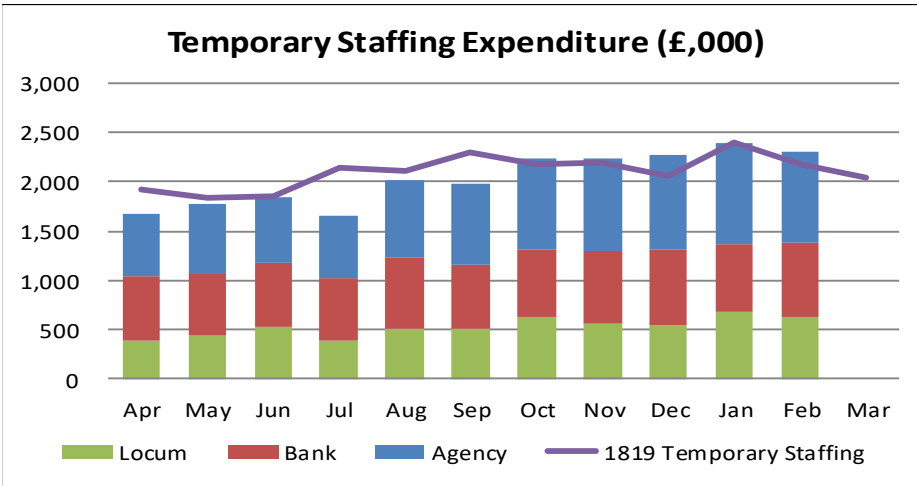
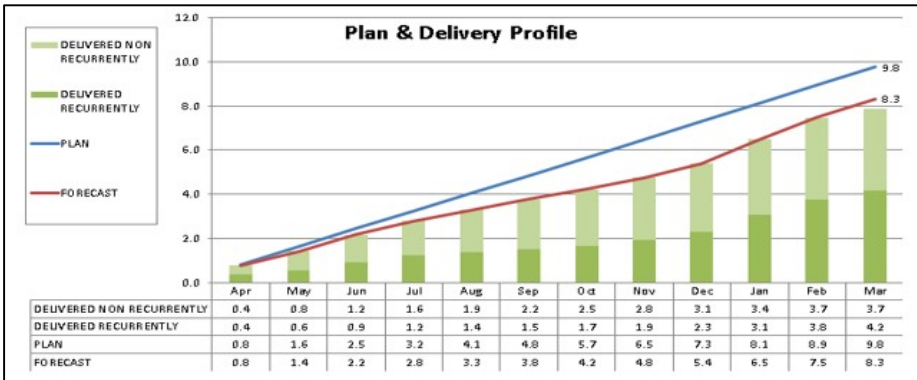
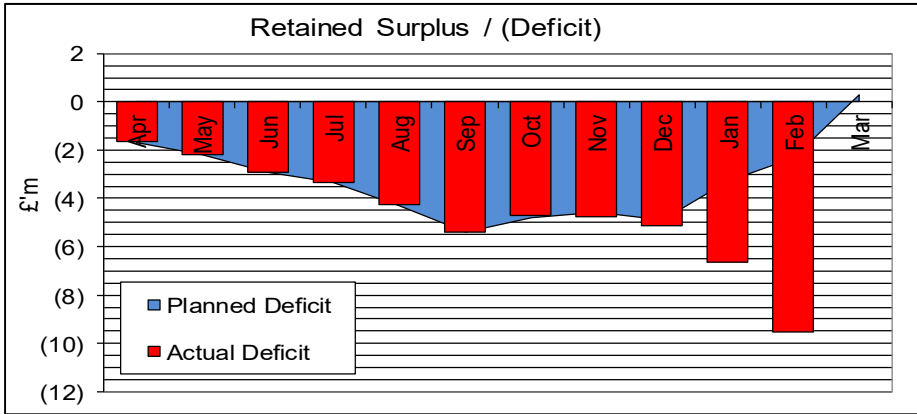
RTT

February performance delivered 86.35%. Total pathways are reducing in line with the trajectory, as a result of improved pathway management. Patients waiting > 18 weeks are still falling short of the predicted levels. The reduced capacity experienced due to absence of clinical staff has impacted in terms of the ability to reduce long waits for Divisions. Despite deterioration in absolute performance, the Trust's national ranking has gone up, placing the trust at 39th position in January.

Cancer

The Trust failed to achieve the constitutional measure for 62 day RTT with a performance of 78%. 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 failed to achieve the 62 day consultant upgrade with a performance of 84.4%. Lung – have implemented a triage process for new referrals to ensure patients are booked into the correct clinics where there is CNS support. Work has also commenced on streamlining referrals into Oncology.

Financial Performance to February 2020 (Month 11)



Financial Performance

- Trust attained financial performance at month 11 of a £9.5m deficit, this represents a variance to plan of £7.2m (noting £4.2m relates to lost PFS/FRF). This is not in line with the original plan but is in line with the re-forecast
- Overspending on pay is reflective of the use of temporary workforce costs. This has been mainly seen in MLTC.
- Income (excluding PSF/FRF) is above plan for the year. There remain shortfalls in ED coding and births. ED coding improved in December final but is still below plan and the February position reflects this
- 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 £7.5m YTD, behind plan (£0.2m) and below the stretch target of £8.9m, with £3.7m 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 £6.6m due to receipt of Q3 FRF (previously loaned in advance of receipt).
- 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 29th February 2020				
Description	Annual Budget	Budget to Date	Actual to Date	Variance
	£'000	£'000	£'000	£'000
Income				
CCGs	213,945	196,449	196,495	47
NHS England	17,811	16,279	16,898	618
Local Authorities	8,926	8,187	8,219	31
DoH and Social Care	18,380	16,282	12,316	(3,966)
NHS Trusts/FTs	1,008	920	927	8
Non NHS Clinical Revenue (RTA Etc)	1,060	971	1,017	46
Education and Training Income	6,911	6,313	6,524	212
Other Operating Income (Incl Non Rec)	9,028	8,411	9,814	1,403
Total Income	277,068	253,812	252,210	(1,602)
Expenditure				
Employee Benefits Expense	(177,133)	(162,264)	(166,413)	(4,148)
Drug Expense	(16,617)	(16,155)	(16,629)	(474)
Clinical Supplies	(15,710)	(14,472)	(16,192)	(1,719)
Non Clinical Supplies	(17,899)	(16,463)	(16,563)	(100)
PFI Operating Expenses	(5,447)	(4,993)	(5,035)	(42)
Other Operating Expense	(27,453)	(26,374)	(25,319)	1,055
Sub - Total Operating Expenses	(260,259)	(240,721)	(246,150)	(5,429)
Earnings before Interest & Depreciation	16,809	13,091	6,060	(7,031)
Interest expense on Working Capital	51	47	81	34
Interest Expense on Loans and leases	(10,387)	(9,521)	(10,030)	(509)
Depreciation and Amortisation	(6,474)	(5,945)	(5,575)	371
PDC Dividend	0	0	0	0
Losses/Gains on Asset Disposals	0	0	0	0
Sub-Total Non Operating Exps	(16,809)	(15,420)	(15,524)	(105)
Total Expenses	(277,068)	(256,141)	(261,674)	(5,534)
Less Prior Year PSF			(165)	(165)
RETAINED SURPLUS/(DEFICIT) PLAN	0	(2,329)	(9,629)	(7,300)
Adjustment for Gains on Donated Assets			111	111
Adjusted Financial Performance (Control Total)	0	(2,329)	(9,518)	(7,189)

Use of Resources Ratings (M11)

Finance and use of resources rating	03AUDITPY	03PLANYTD	03ACTYTD	03PLANCY	03FOTCY
	<i>i</i>				
	Audited PY	Plan	Actual	Plan	Forecast
	31/03/2019	29/02/2020	29/02/2020	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	2
I&E margin rating	4	3	4	2	4
I&E margin: distance from financial plan	4		4		4
Agency rating	3	2	4	1	4

CASHFLOW STATEMENT

Statement of Cash Flows for the month ending February 2020

Year to date
Movement

	£'000
Cash Flows from Operating Activities	
Adjusted Operating Surplus/(Deficit)	485
Depreciation and Amortisation	5,575
Donated Assets Received credited to revenue but non-cash	(93)
(Increase)/Decrease in Trade and Other Receivables	(13,526)
Increase/(Decrease) in Trade and Other Payables	(4,065)
Increase/(Decrease) in Stock	(147)
Increase/(Decrease) in Provisions	1,019
Other movements in operating cash flows	165
Interest Paid	(10,030)
Net Cash Inflow/(Outflow) from Operating Activities	(20,617)
Cash Flows from Investing Activities	
Interest received	75
(Payments) for Property, Plant and Equipment	(5,869)
Receipt from sale of Property	0
Net Cash Inflow/(Outflow) from Investing Activities	(5,794)
Net Cash Inflow/(Outflow) before Financing	(26,411)
Cash Flows from Financing Activities	28,849
Net Increase/(Decrease) in Cash	2,438
Cash at the Beginning of the Year 2018/19	4,186
Cash at the End of the February	6,624

STATEMENT OF FINANCIAL POSITION

Statement of Financial Position for the month
ending February 2020

Balance
as at
31/03/19

Balance
as at
29/02/20

Year to
date
Movement

	£000	£000	£000
Total Non-Current Assets	141,208	141,084	(124)
Current Assets			
Receivables & pre-payments less than one Year	16,532	29,864	13,332
Cash (Citi and Other)	4,186	6,624	2,438
Inventories	2,362	2,510	148
Total Current Assets	23,080	38,998	15,918
Current Liabilities			
NHS & Trade Payables less than one year	(29,461)	(23,913)	5,548
Other Liabilities	(1,445)	(2,050)	(605)
Borrowings less than one year	(15,590)	(53,907)	(38,317)
Provisions less than one year	(117)	(1,136)	(1,019)
Total Current Liabilities	(46,613)	(81,006)	(34,393)
Net Current Assets less Liabilities	(23,533)	(42,008)	(18,475)
Non-current liabilities			
Borrowings greater than one year	(202,939)	(192,941)	9,998
Total Assets less Total Liabilities	(85,264)	(93,865)	(8,601)
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	-	(9,464)	(9,464)
Total TAXPAYERS' EQUITY	(85,264)	(93,865)	(8,601)

**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)

Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
83.92%	82.35%	81.66%	79.87%	83.54%	83.00%
59.46%	61.44%	55.78%	58.30%	64.22%	66.13%
27	19	28	77	28	14
84.62%	73.73%	72.96%	75.13%	72.40%	86.14%
82.93%	82.08%	88.68%	77.91%	78.00%	73.03%
86.86%	87.43%	86.33%	86.05%	87.08%	86.35%
0	0	0	0	0	0
0.10%	0.19%	0.21%	0.84%	0.14%	0.39%
11	11	10	11	9	9
7.07%	6.84%	7.52%	7.76%	8.15%	7.26%
9.88%	10.16%	10.24%	10.95%	10.30%	9.51%
89.59%	87.23%	84.57%	84.46%	80.19%	85.88%
3.95%	3.58%	3.61%	4.39%	4.48%	
81	77	85	82	93	84
11.02	8.00	11.00	8.00	7.00	8.00
£8	£76	£11	£6	£3	£7
£8	£76	£11	£6	£3	£7
£4,800	£5,700	£5,400	£6,100	£6,900	£8,900
£3,800	£4,200	£4,800	£5,400	£6,500	£7,500
£9,400	£11,200	£13,100	£15,000	£16,800	£18,600
£10,900	£13,200	£14,400	£17,700	£20,100	£22,400
£4,100	£4,500	£4,700	£5,400	£5,900	£6,500
£2,500	£2,900	£3,300	£3,300	£3,400	£5,300

19/20 YTD Actual	19/20 Target	18/19 Outturn	Key
82.05%	95.00%	85.90%	N
61.93%	100.00%	72.20%	BP
282	0	155	N
83.05%	93.00%	93.59%	N
80.44%	85.00%	85.35%	N
	92.00%		N
0	0	1	N
1.58%	1.00%	0.32%	N
9	0	9	L
7.61%	7.00%	7.43%	BP
10.34%	8.00%	10.44%	L
	75.00%		L
	2.50%	3.46%	L
£7		£-27,669	L
£7		£-17,038	L
£8,900		£15,500	L
£7,500		£11,100	L
£18,600		£19,400	L
£22,400		£25,200	L
£6,500		£12,200	L
£5,300		£13,100	L



Walsall Together performance pack

March 2020: February 2020 Performances

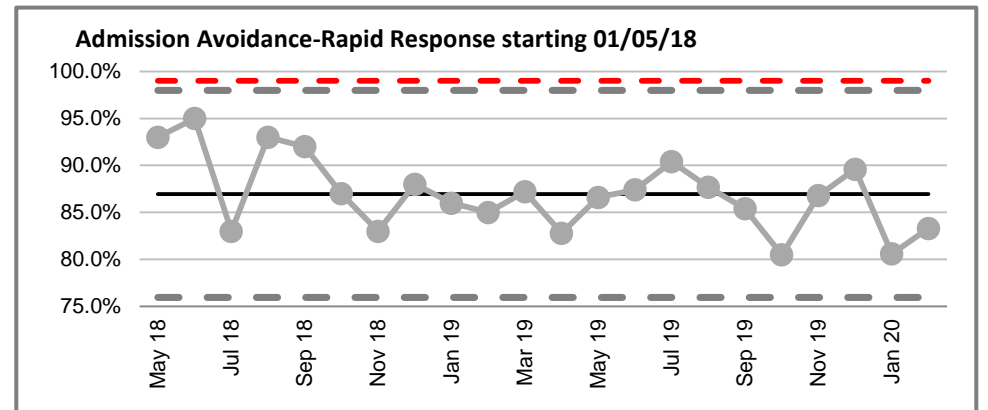
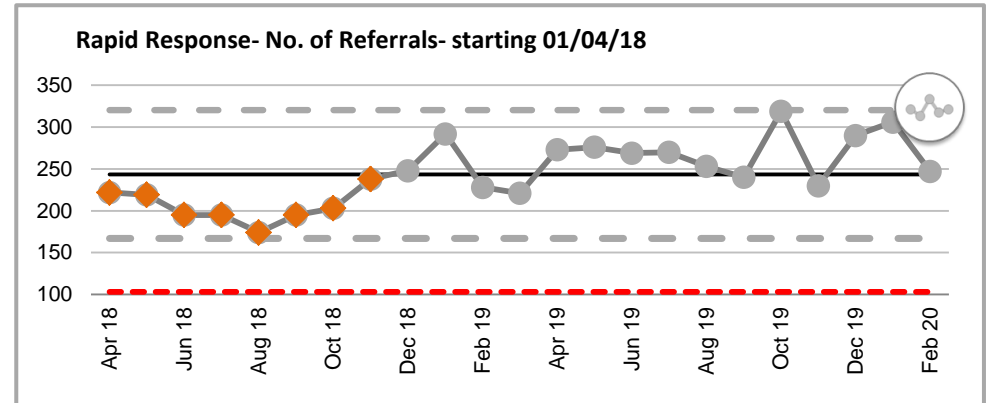
Caring for Walsall together



Referrals to Rapid Response

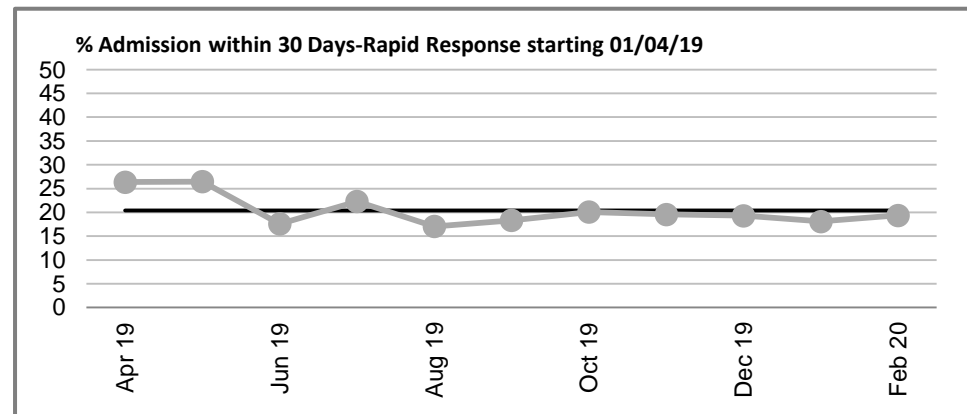
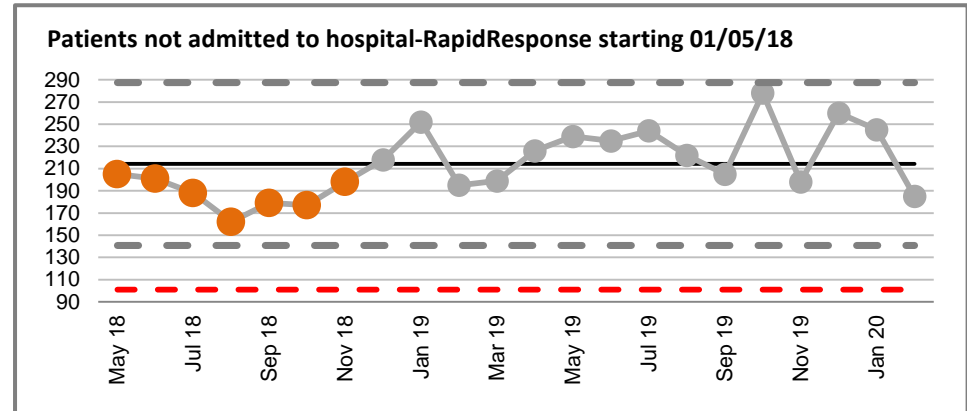
Rapid response activity continues to grow although with the current staffing the team hit capacity between 290 -300 calls per month. The variability in the activity relates to the number of days when the activity numbers are breached and referrals are turned off. The plan for 20/21 is to both increase the capacity of RR to 700 per month. This will be achieved by adding additional resource into the team and also linking the caseloads to the locality teams so that activity can be spread at times of pressure.

Avoided admission rates continue to remain stable and the recent down turn is directly as a result of the current capacity challenges.



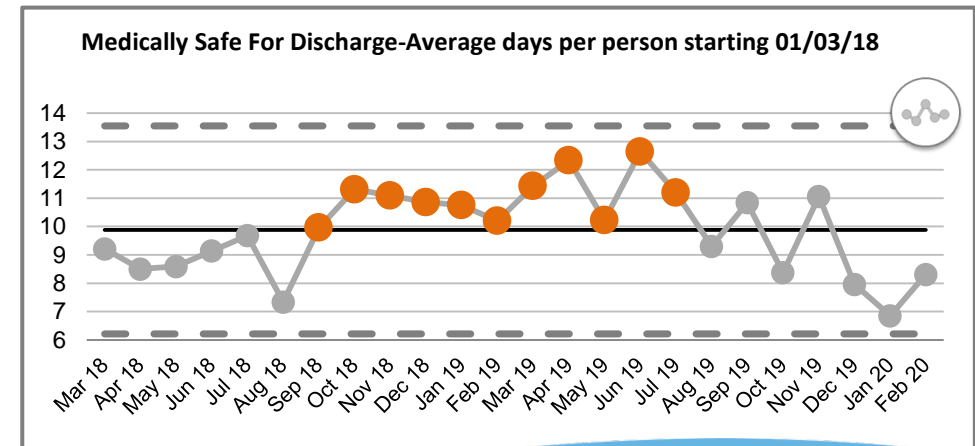
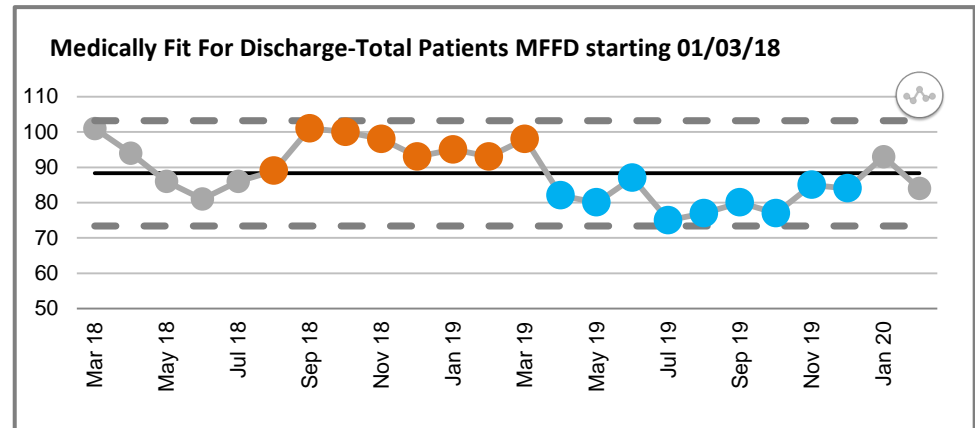
Admission Avoidance - Rapid Response

The absolute numbers of patients not being admitted are shown here together with the % of re admissions within 30 days. The readmission data is not only a measure of the team's performance but also on the onward packages of care provided by the integrated locality teams. Stable improvement has been achieved by the teams over the last 12 months but the ambition for 20/21 is to further increase this performance to 15%. It should be noted that this is an extremely challenging target largely because this patient group are the most acutely unwell patients being managed in the community and performance is already good in this area.

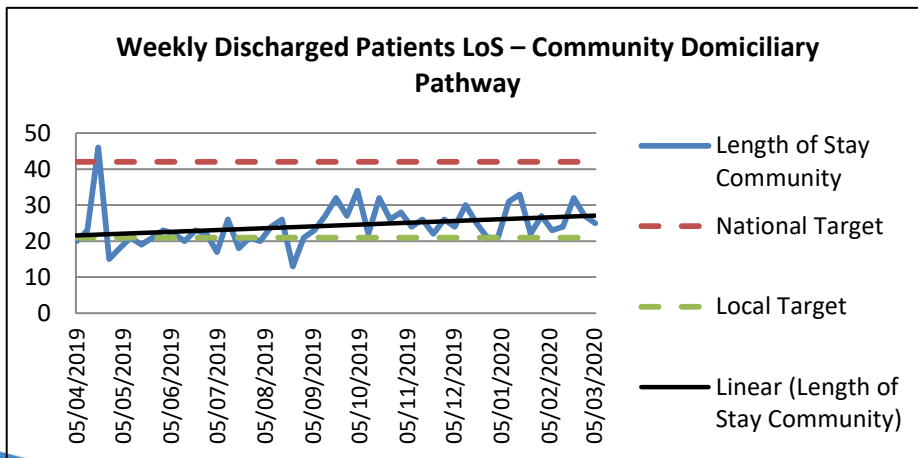
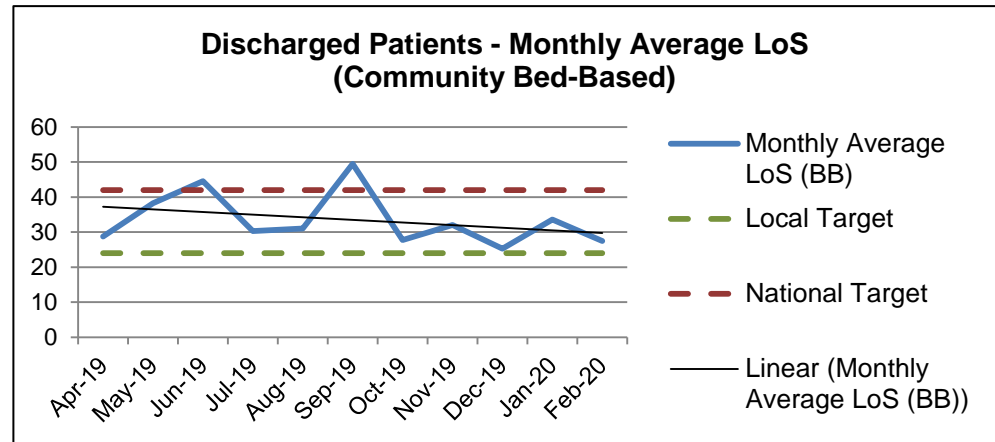


Medically Safe for Discharge

Medically safe for discharge numbers continue to perform better this year than last despite the pressure currently in the system. The slight rise in the numbers over the last few months was on forecast for winter and with the exception of 2 weeks in early January when the packages of care became challenged due to sickness. This situation is now resolved and flow has been corrected. You will also noted that length of stay on this list continues to falls as we have tightened up the processes. Over winter this has equated to 15 less beds being required in escalation than in previous years.



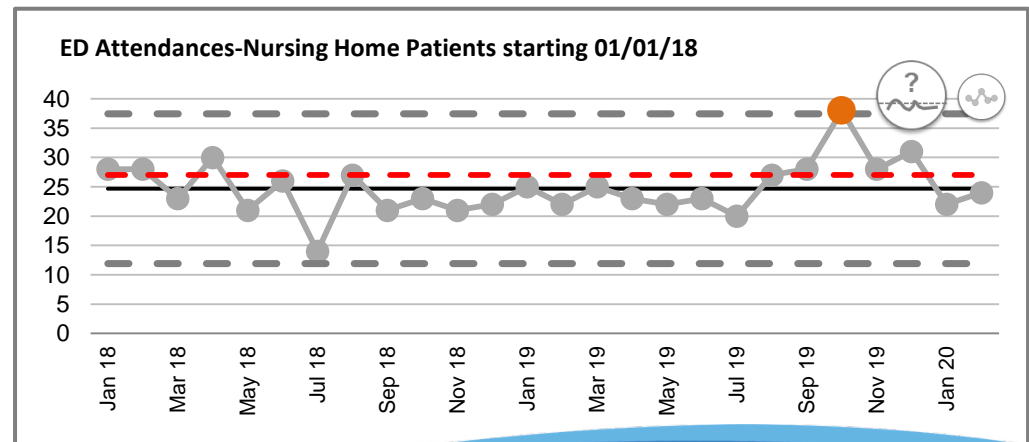
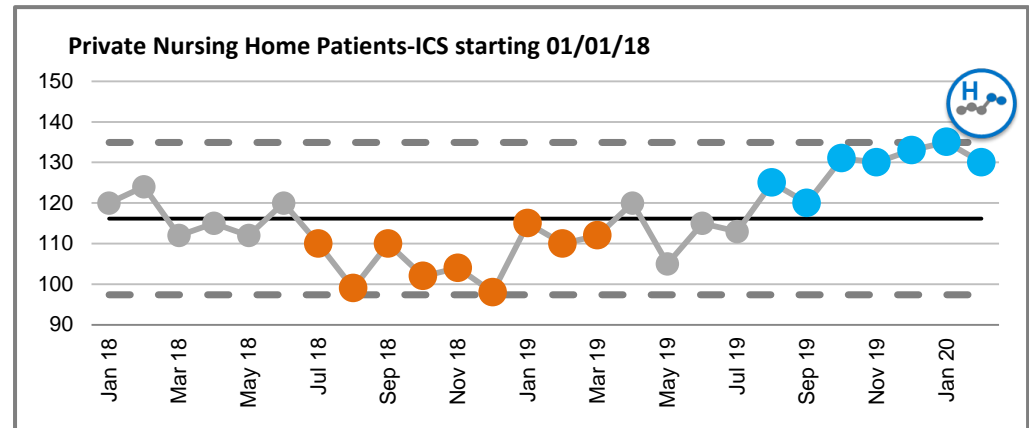
Monthly Average LoS - Discharged Patients - Community Bed Based -ICS



The Intermediate Care Team has been working hard to reduce the community bed length of stay. While success has been achieved in this area, the actual numbers of beds remains slightly over the commissioned numbers (48 – 50). Recovery to the commissioned 44 beds is forecast for end Q1. LoS in domiciliary pathways needs further work. The Walsall Together investments will address this in 20/21.

Patients case managed in private nursing homes- Care at Home

Performance in this area continues to be strong and further strengthens the model that nursing home beds are a core of the Walsall Together model. Recent rises in ambulance conveyance from nursing homes has now been corrected through liaison with WMAS. As a baseline measure, 3 years ago this number was circa 150 per month.



**INTEGRATION
2019-2020**

		Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	19/20 YTD Actual	19/20 Target	18/19 Outturn	Key
SAFE, HIGH QUALITY CARE											
%..	% of Emergency Readmissions within 30 Days of a discharge from hospital (one month in arrears)	11.21%	10.87%	11.96%	12.13%	12.72%		11.64%	10.00%	10.73%	L
no	Rapid Response Team - Total Referrals	240	319	230	290	306	247				L
no	Rapid Response Team - MDT Interventions potentially avoiding attendance or admission	205	257	198	260	245	185				L
%	Rapid Response Team - % of patients referred requiring a 2 hour response who are subsequently seen within 2 hours	68.40%	65.30%	70.67%	79.17%	70.77%	60.66%				L
CARE AT HOME											
%..	ED Reattenders within 7 days	7.07%	6.84%	7.52%	7.76%	8.15%	7.26%	7.61%	7.00%	7.43%	BP
RESOURCES											
no	Average Number of Medically Fit Patients relating to Social Care - Walsall only (Mon&Thurs)	35	30	39	40	36	35				
no	Average Number of Medically Fit Patients - Trust (Mon&Thurs)	22	25	30	24	33	26				
PARTNERS											
Rate	Occupied Beddays per Locality - Rate per 1000 GP Population (GP Caseload)	35.71	33.64	36.71	37.55	38.42	36.75				L
no	Nursing Contacts per Locality - Total	18433	19494	17990	18755	19599	17396	206923		205571	L
Rate	Emergency Readmissions per Locality - Rate per 1000 GP Population (GP Caseload)	1.90	2.08	2.02	2.03	2.31	2.07				L

Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
11.21%	10.87%	11.96%	12.13%	12.72%	
240	319	230	290	306	247
205	257	198	260	245	185
68.40%	65.30%	70.67%	79.17%	70.77%	60.66%
7.07%	6.84%	7.52%	7.76%	8.15%	7.26%
35	30	39	40	36	35
22	25	30	24	33	26
35.71	33.64	36.71	37.55	38.42	36.75
18433	19494	17990	18755	19599	17396
1.90	2.08	2.02	2.03	2.31	2.07

19/20 YTD Actual	19/20 Target	18/19 Outturn	Key
11.64%	10.00%	10.73%	L
			L
			L
			L
7.61%	7.00%	7.43%	BP
			L
206923		205571	L
			L



Glossary



Safe, high
quality care



Care at home



Partners



Value
colleagues



Resources



Respect
Compassion
Professionalism
Teamwork

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
H DU – 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 – 2nd April 2020			
Monthly Nurse Staffing Report – February 2020 Data			AGENDA ITEM: 10
Lead Co-Author and Job Title:	Angie Davies (Deputy Director of Nursing)	Responsible Director:	Ann-Marie Riley (Interim 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	<ul style="list-style-type: none"> - 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 clinical areas show temporary staffing use is in control. - 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. - Actions continue to address the staffing shortfalls through recruitment activities, sickness absence management, flexible working and arrangements with agencies for block bookings and rates. - The Director of Nursing is fully sighted on the nursing staffing position and feels confident that actions are being taken to address and mitigate the staffing shortfalls and to support safe care delivery. 		
Recommendation	The Committee is requested to note the contents of the report and make recommendations as needed.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	BAF Objective No 5: Establish a substantive workforce that reduces our expenditure on agency staff.		
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

February 2020

Executive Lead Name: Ann-Marie Riley

Executive Lead Title: Interim Director of Nursing

Document Co-Authors:

Angie Davies

Sebastian Smith – Cox

Kelly Taylor

Deputy Director of Nursing

Workforce Intelligence and Planning Specialist

Programme Delivery Manager

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Overview

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 considers staffing data, acuity, patient outcomes and clinical judgement. This report provides evidence that processes are in place to record and manage Nursing and Midwifery staffing levels across all settings and that any concerns around safe staffing are reviewed and processes put in place to ensure delivery of safe care.

Progress is reported against 4 key areas – Shift Fill Rates; Temporary Staffing Use; Shift Booking Reasons and Ward Nursing Establishments.

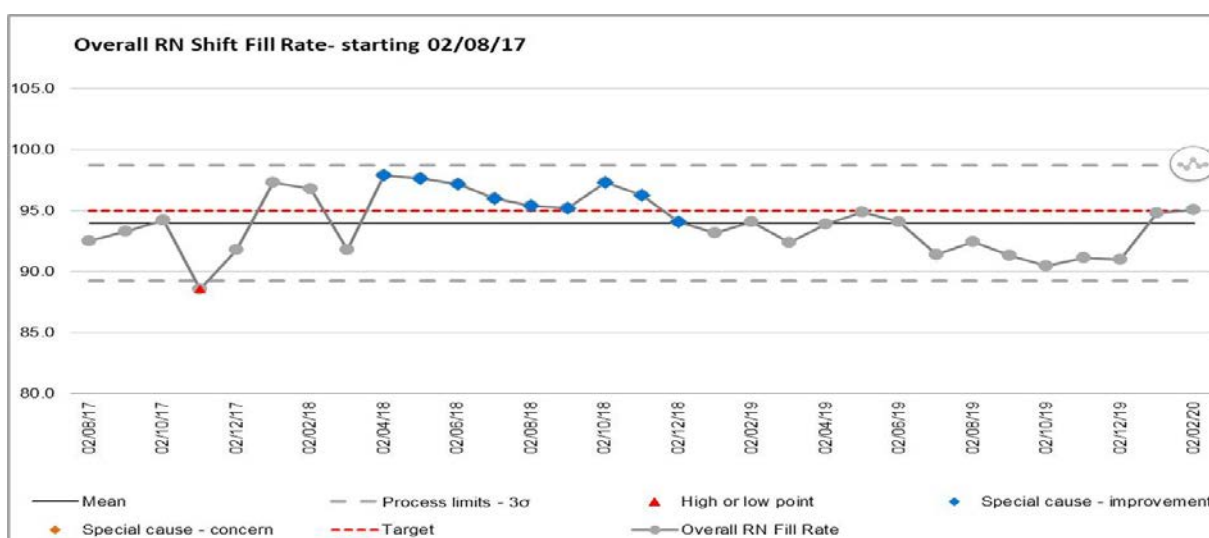
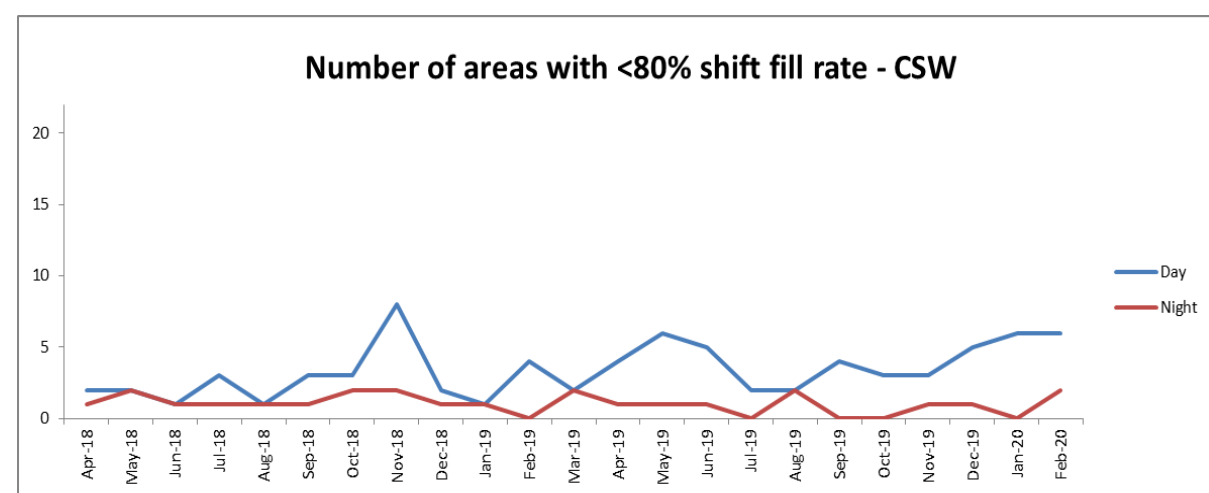
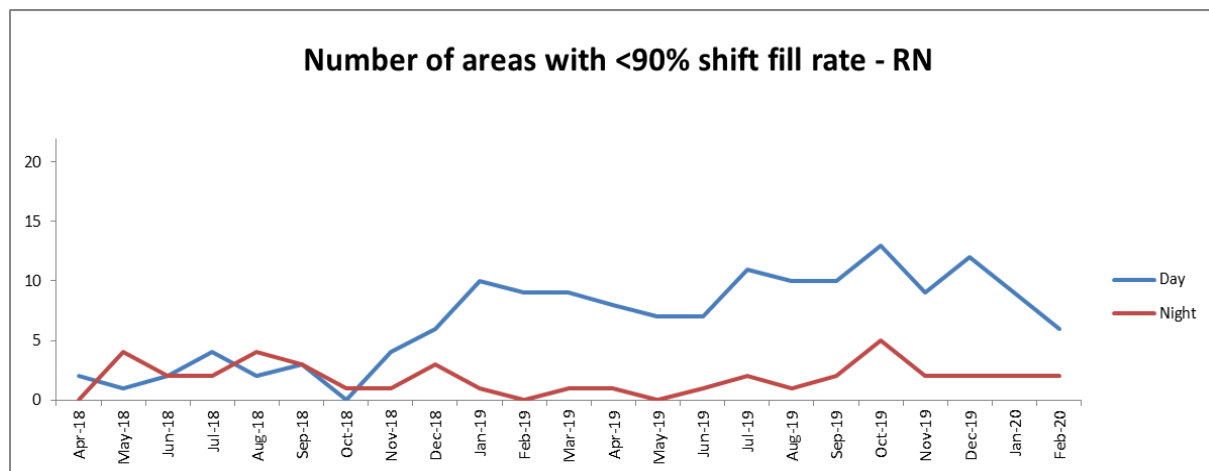
This paper should be considered alongside the monthly paper for nursing quality indicators which are reported in detail to ensure a comprehensive and integrated approach to safe staffing and quality.

What Does The Data Tell Us?					
Are We Hitting The Target?			Is Performance Stable?		
					
Sometimes	Yes	No	Yes	Getting Worse	Getting Better

*Outturns provide for week commencing 20th January 2020

KPI	Target	Assurance	Outturn*	Variance	Analysis Page	KPI	Outturn*	Variance	Analysis Page
Shift Fill Rate (Bank)	75%		76%		6	Shifts by Booking Reason (Vacancies)	503		7
Shift Fill Rate (Agency)	25%		24%		6	MLTC	299		7
No. Shifts Per Week (Overall)	N/A	N/A	1053		6	Surgery	167		7
No. Shifts Per Week (Bank)	N/A	N/A	796		6	WCCSS	37		7
No. Shifts Per Week (Agency)	N/A	N/A	257		6	Shifts by Booking Reason (Maternity/Paternity)	96		7
Nursing Vacancies	10%		9.8%		10	Shifts by Booking Reason (Sickness Absence)	127		8
MLTC	10%		15.4%		10	MLTC	64		8
Surgery	10%		15.0%		10	Surgery	41		8
WCCSS	10%		2.1%		10	WCCSS	22		8
						Shifts by Booking Reason (Additional Capacity)	148		9
						MLTC	119		9
						Surgery	28		9
						WCCSS	1		9

Shift Fill Rates – Walsall Healthcare NHS Trust



- Shift fill rates data is used to populate the monthly Hard Truths return, submitted to NHS Digital. This submission is a mandatory requirement for NHS Trusts on inpatient areas only.
- The RN fill rate average for February 2020 overall was 95.10%, which splits into the following day and night average:
 - 92.95 % for day shifts
 - 98.00 % for night shifts
- Of the 22 areas reported on during February 2020, 6 areas worked with fill rates of less than 90% of nurses and less than 80% of CSW's on a number of occasions. All staffing shortfalls are risk assessed daily and staff are redeployed accordingly across Division and across the site.
- 6 areas recorded less than 90% shift fill rate on days for RN
 - Wards 1 / 2 / 3 /16 / 20bc / ICU
- 2 areas recorded less than 90% shift fill rate on nights for RN
 - Ward 15 / 17
- 6 areas recorded less than 80% shift fill rate on days for CSW
 - Ward 4/ 11 / 17 / 24/25 and AMU /ICU
- 2 areas recorded less than 80% shift fill rate on nights for CSW
 - Ward ICU / 24/25
- Appendix 1 shows the fill rate data per ward.

- ICU titrate the number of staff on duty against the dependency and acuity of the patients in the area using a recommended ICU points system therefore where some of the shifts had less than planned staff in this was considered safe.
- Of the wards that had less than 90% RN day fill rate the following also recorded the same position for last month:- Ward 1 / 2/ 3 / 20bc / AMU and ICU. Actions are taken daily to mitigate any identified risk.
- The Ward Managers and Matrons reviewed the position daily and risk assessed according to patient need and acuity as well as considering staff experience and maturity to ensure patient care was safe. Where necessary staff were utilised from other areas across the Trust. No escalations or concerns were raised about patient safety issues.
- The Director of Nursing gives assurance that the process for assessing staffing levels and redeployment of staff is robust.

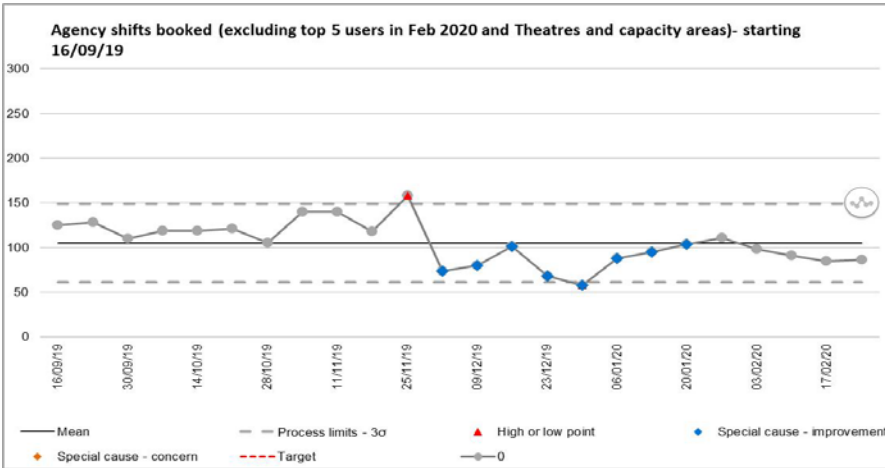
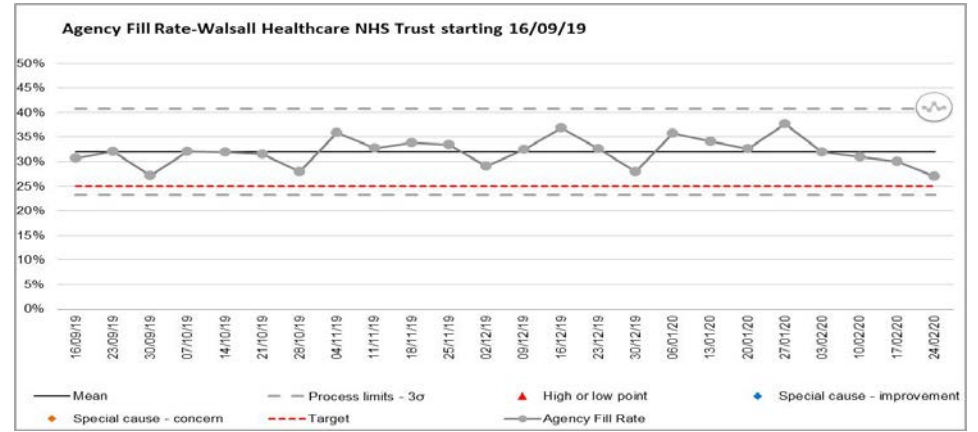
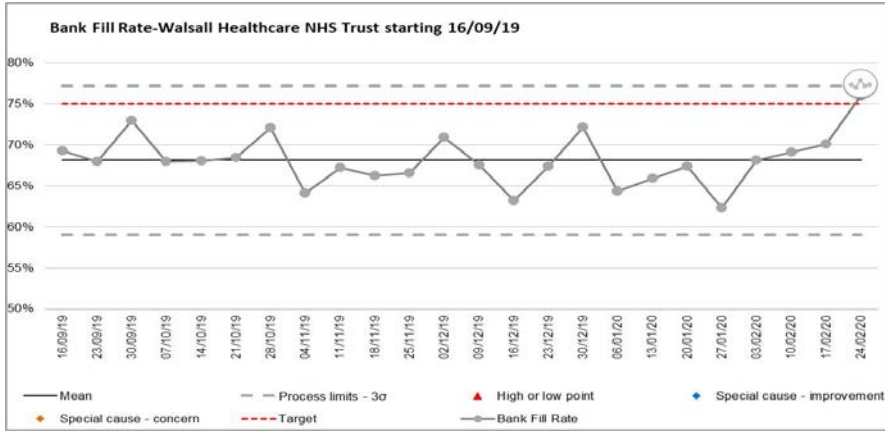
Reported Incidents – Walsall Healthcare NHS Trust

- Safe staffing levels have a direct impact on outcomes for patients. For all wards with an average RN fill rate of 90% or less, it is essential to identify correlating harm to patients through reported incidents and poor patient experience.
- Table 1 shows for the wards with a <90% RN day fill rate, the number of pressure ulcers acquired in month and patient falls recorded over the last three months (Red = an increase).
- The correlation between RN staffing levels and patient harm is well evidenced and consideration if this was a contributory factor in terms of the knowledge and skills that a registered nurse would apply to patient assessment, treatment and evaluation of care. In those areas with a lower than desired RN fill rate, reported issues will be borne out in the RCA.
- The triangulation of staffing levels and the incidence of falls and pressure ulcers continue to be monitored month on month for any trends relating to gaps in staffing and correlation increased levels of harm.
- Wards with less than 90% RN fill and that saw an increase in the number of falls during February are Ward 15, 17 and Ward 20b/c. Wards 1, 16 and 17 had the highest level of falls. RCA's are undertaken for falls resulting in moderate and severe harm to the patient, staffing levels have not been identified in any RCA for any ward, as a root cause of the fall.

Table 1 (red is an increase between this and last month)

Areas with less than 90% RN fill rate		Ward 1	Ward 2	Ward 3	Ward 15	Ward 16	Ward 17	Ward 20b/c	ICU	Total
Number of falls	Feb-20	5	4	3	4	5	5	3	0	29
	Jan-20	7	4	11	2	7	1	2	2	36
	Dec-19	5	3	5	4	10	0	0	1	28
Number of PU (grade 2)	Feb-20	0	0	0	0	0	1	0	0	1
	Jan-20	1	1	1	0	0	1	1	0	5
	Dec-19	2	1	1	1	0	1	1	0	7
Number of PU (grade 3/4/unstageable)	Feb-20	0	0	0	0	0	0	0	0	0
	Jan-20	0	0	0	0	0	0	0	2	2
	Dec-19	0	0	0	1	0	0	0	0	1

Shift Fill Rates – Bank and Agency



Top 5 user areas of nursing agency during February (excluding Theatres and capacity areas) are ED, AMU, Ward 29, Ward 16 and Ward 12 (SACU). If we strip these areas out, temporary staffing use for agency is in control across the remaining ward areas.

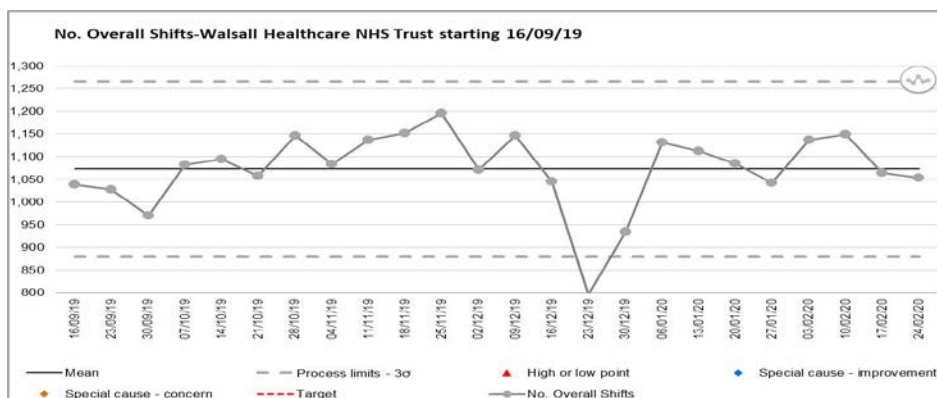
Ward	Overall Clinical Gap - 29 February 2020							Number of Hours to be booked against Vacancies
	Vacancies	Vacancy Gap	Maternity	Long Term Sick*	Short Term Sick*	Clinical Gap	Clinical Gap %	
Accident & Emergency Nursing	11.85	18.52%	2.92	0.00	0.00	14.77	23.09%	444.38
Ward 5/6 - Acute Medical Unit	8.83	22.59%	1.84	0.00	0.00	10.67	27.30%	331.13
Ward 29	2.49	11.97%	1.00	0.00	0.00	3.49	16.78%	93.38
Ward 16	4.69	25.66%	1.00	0.00	0.00	5.69	31.13%	175.88
Ward 12 - SACU	(0.26)	-1.55%	0.00	0.00	0.00	2.75	16.36%	0.00

* sickness position currently unavailable

Spend is due to usage of tier 2 nursing agency as these are at short notice fill and this is linked to vacancy, sickness position, additional capacity and overall clinical gap position. Tier 2 agencies supply specialist skill sets such as ED nurses and fill short notice shifts.

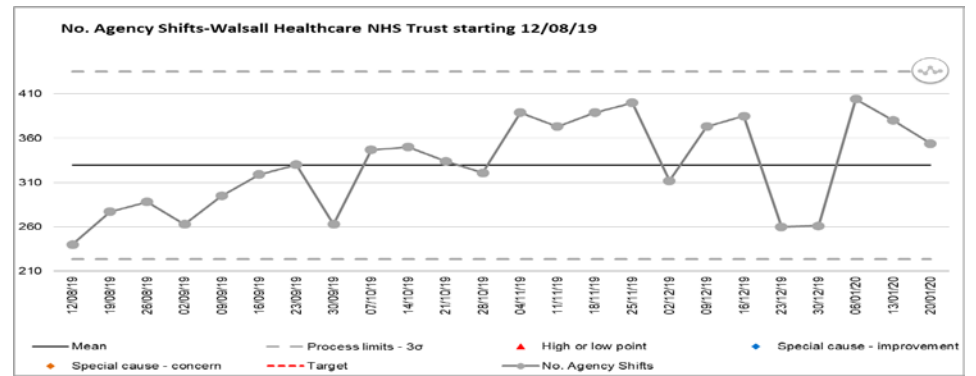
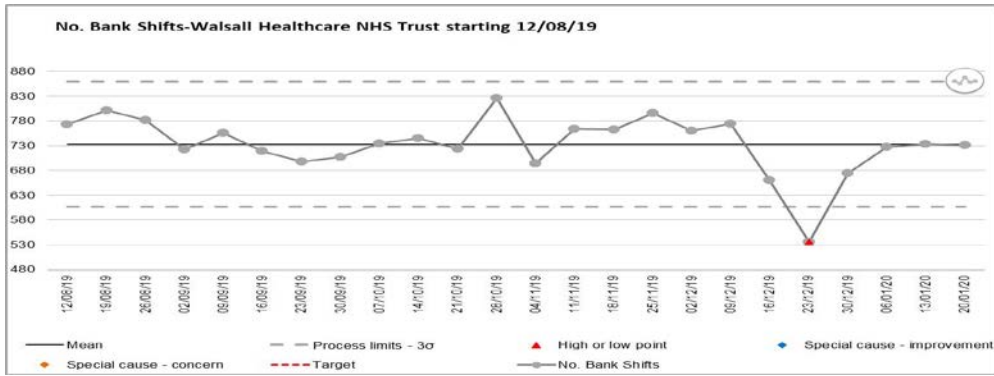
Bank fill rate has increased over month with a corresponding decrease in agency fill rate.

Temporary Staffing Shifts

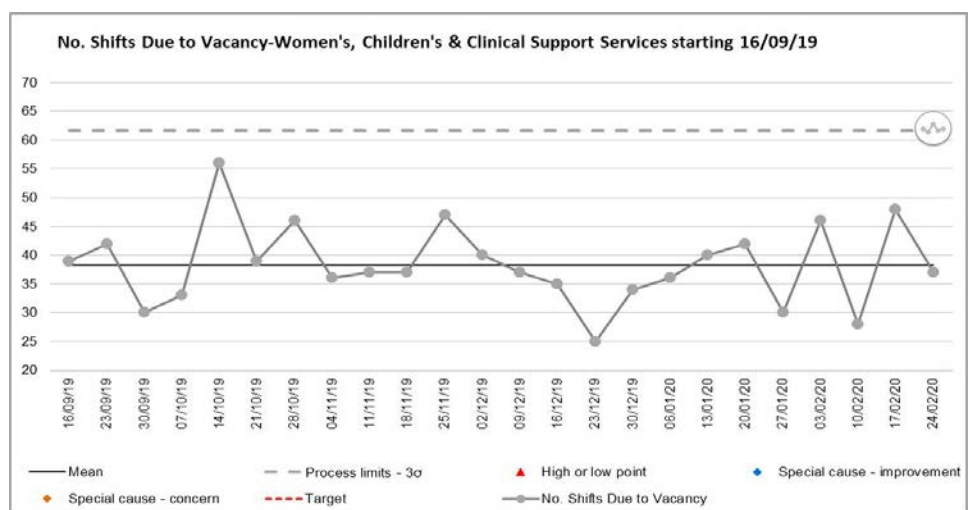
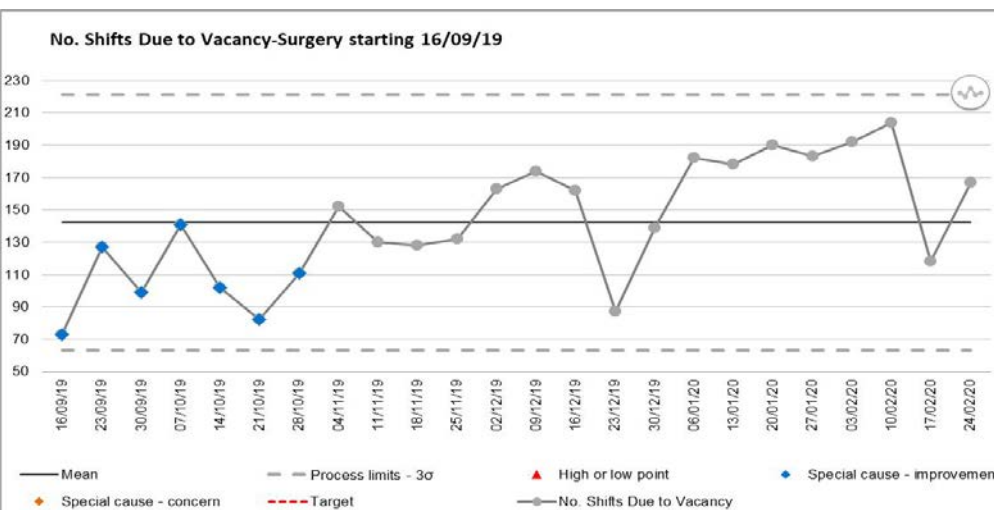
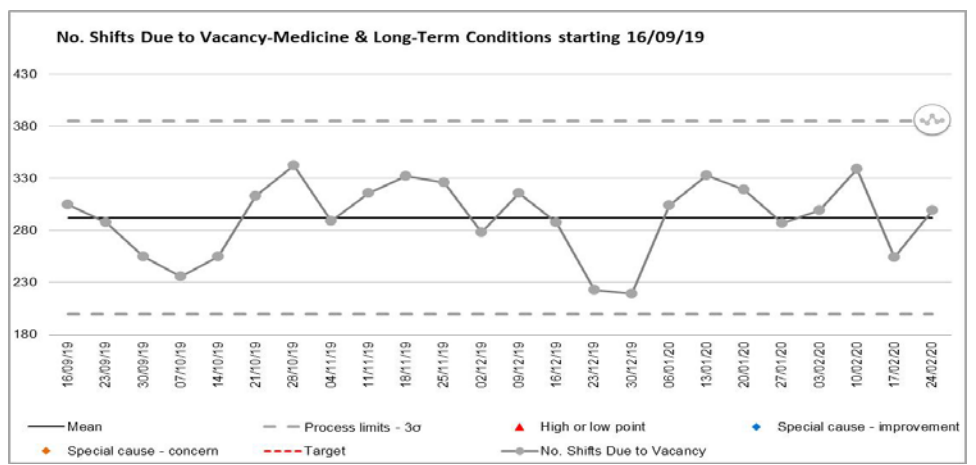
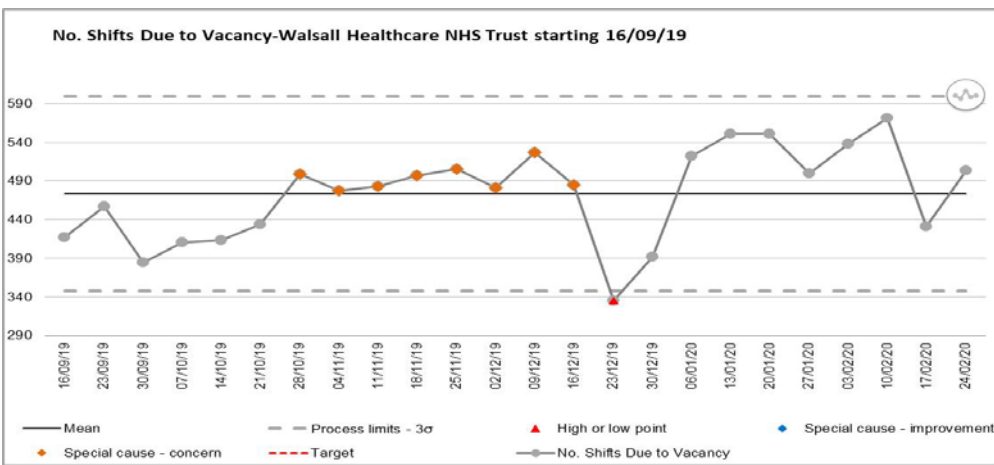


The number of temporary staffing shifts booked within February shows a decreasing position over month. The decrease was seen in both bank and Agency worked shifts.

Matrons are reviewing the site safety and demand for extra staffing in twice daily approval meetings where a 4 day forward view is maintained for approval to Tier 2 requests. Daily actions are put in place to move staff appropriately within the site to ensure optimal levels of site staffing.

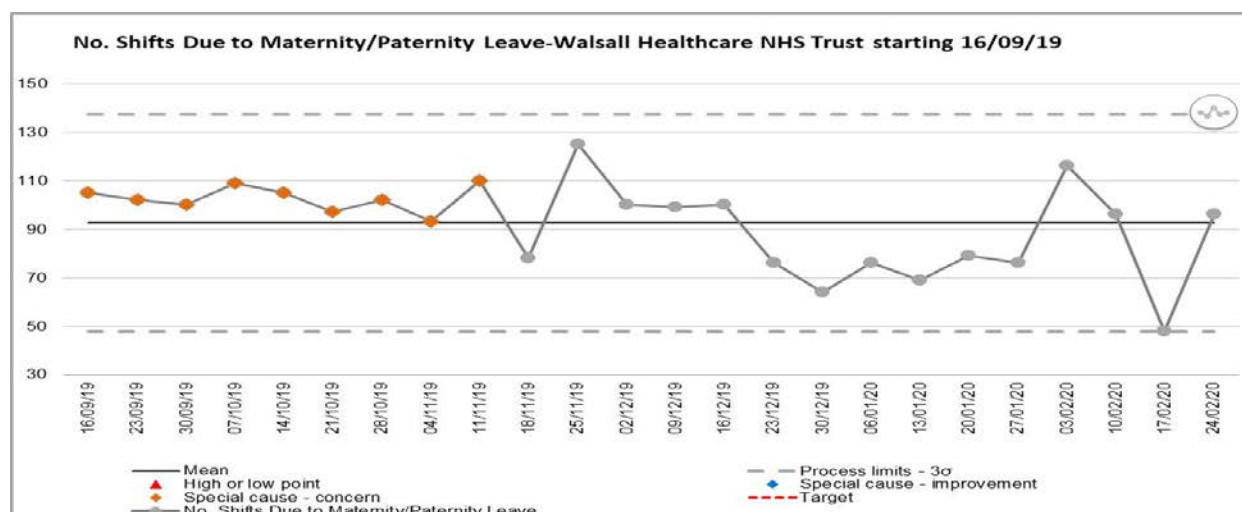


Booking Reasons - Vacancies



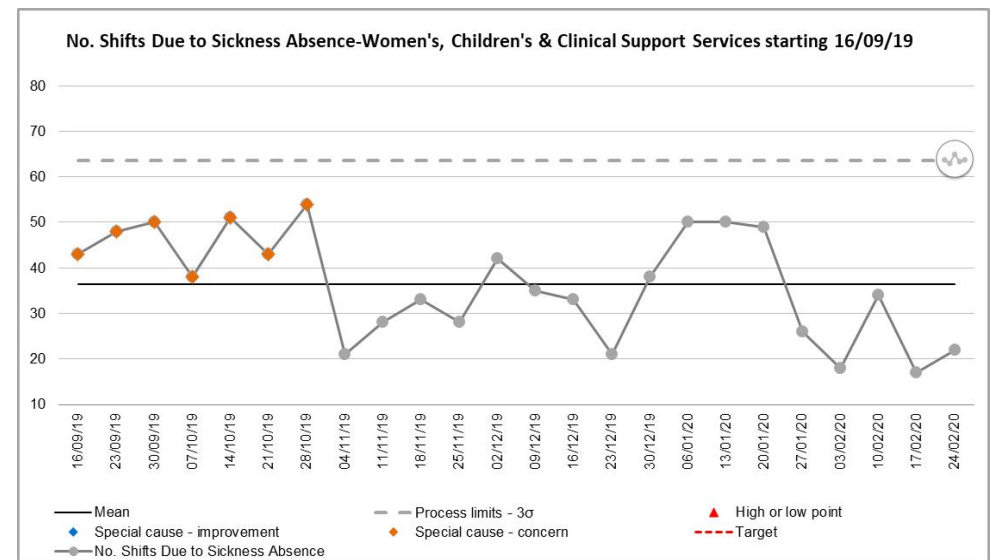
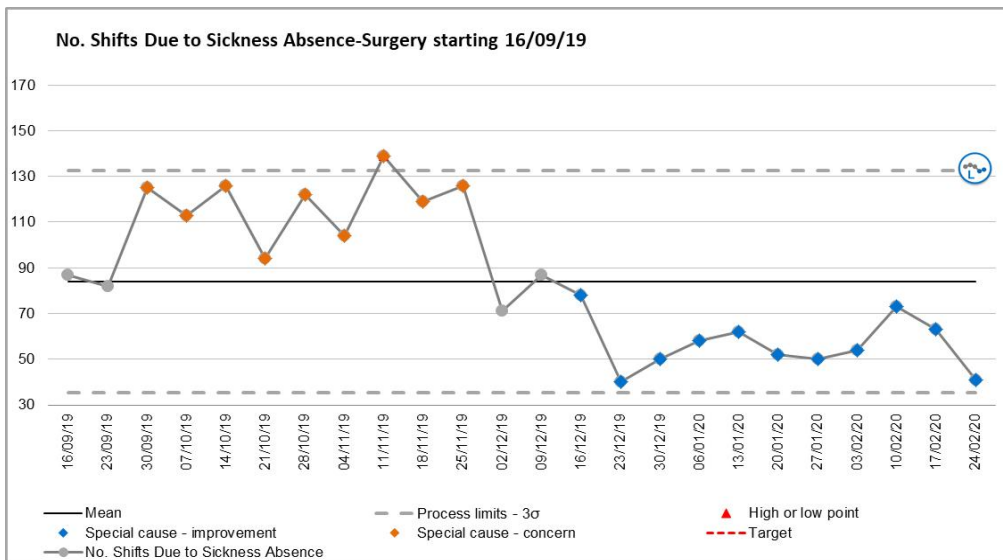
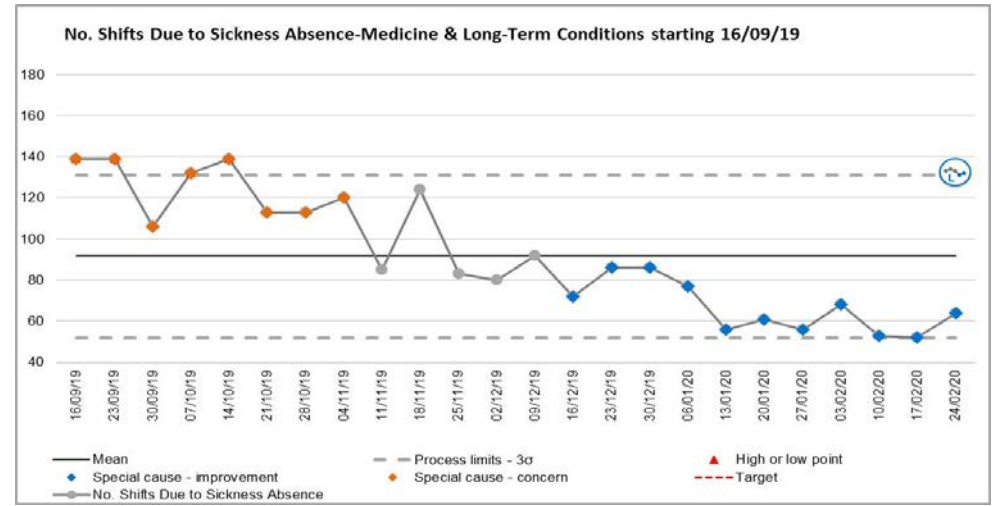
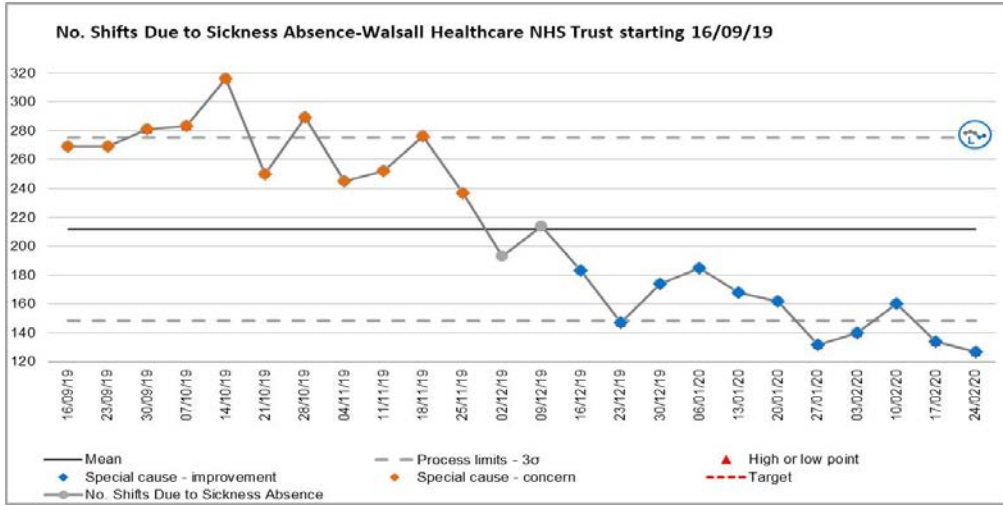
- Matron Approval meetings ensure that all bookings for reason of 'vacancy' are relative to the amount of actual vacancies.

Booking Reasons - Maternity/Paternity



Shifts booked with temporary staffing to cover Maternity leave is a variable trend. The Trust allocates no headroom allowance for Maternity Leave so this is always a cost pressure.

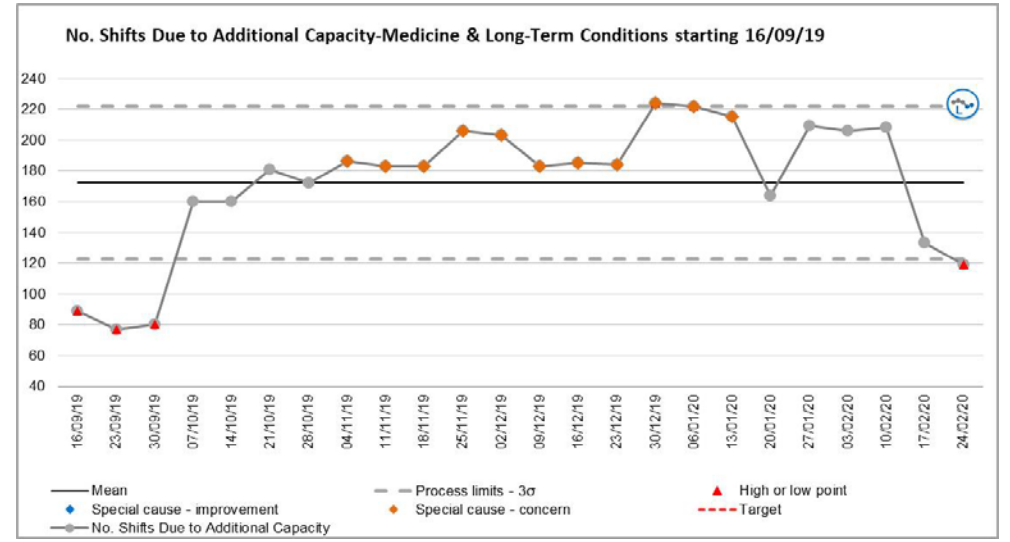
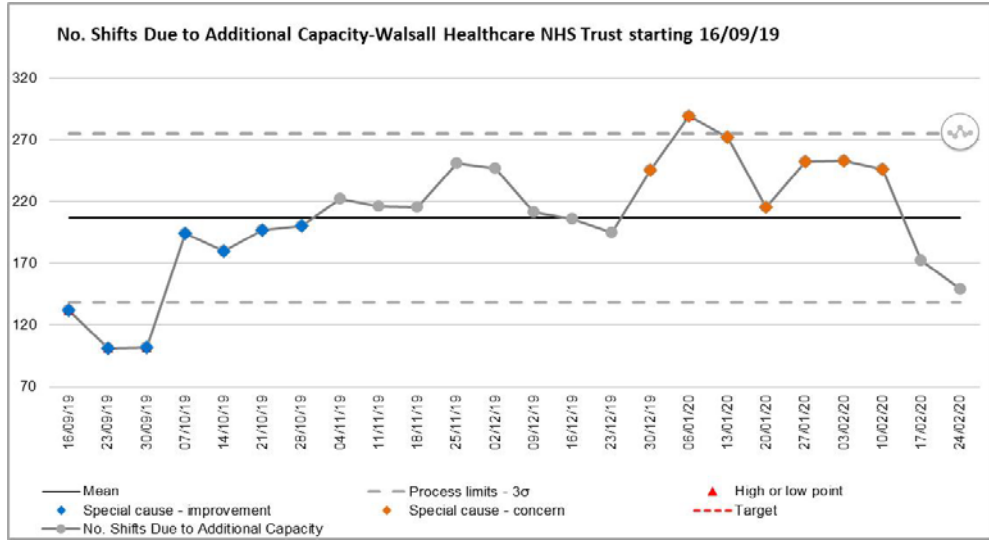
Booking Reasons – Sickness Absence



- Divisional cover for sickness for all divisions reduced during Febuary and show no cause for concern due to process controls in place.
- The Nursing Workforce Transformation Meetings include a review of current sickness for both MLTC and Surgery Divisions and assurance is given that Divisions are reviewing their sickness cases and taking appropriate actions.

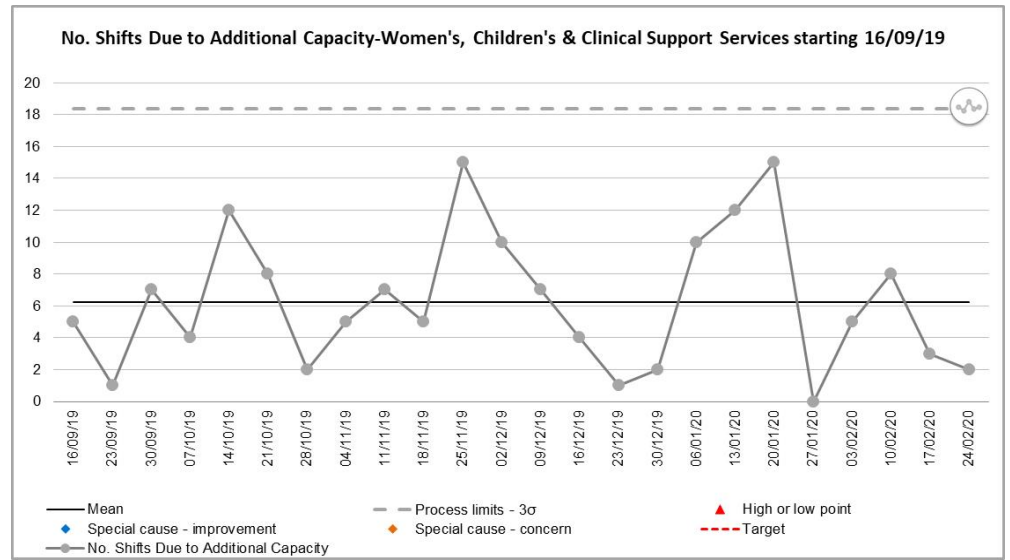
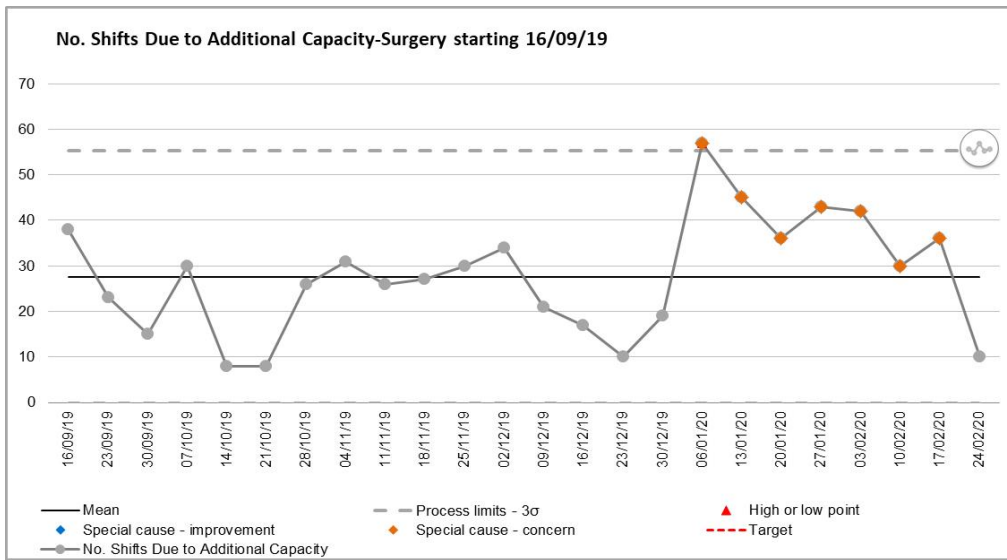
Booking Reasons – Additional Capacity

Can we list the areas open by division, bed numbers, WTE requirements and then overlay requests with expected demand so the graphs below then then give assurance that booking numbers are appropriate



- Additional capacity demand is lower and demand for shift cover is reducing

- Additional capacity bookings have reduced during February -



- Additional capacity shift cover within Surgery Division is reducing

- Additional capacity shift cover within WCCSS Division is reducing

Establishment Gap

Division	Total budgeted Nursing Staff	Overall Clinical Establishment Gap – 29 th February 2020							
		Vacancies (WTE)	Vacancy Gap	Maternity	Long Term Sick*	Short Term Sick*	Clinical Gap (WTE)	Clinical Gap %	Number of Hours to be booked against Vacancies
Medicine and Long Term Conditions	288.39	44.53	15.44%	8.76	0.00	0.00	53.29	18.48%	1669.88
Division of Surgery	145.03	21.68	14.95%	0.00	0.00	0.00	21.68	14.95%	813
Women's and Children's	95.23	2.00	2.10%	0.00	0.00	0.00	2.00	2.10%	75
Adult Community	202.96	3.44	1.69%	1.60	0.00	0.00	3.44	1.69%	129
Total	731.61	71.65	9.79%	10.54	8.76	0.00	90.95	12.43%	2686.88

* sickness position currently unavailable

- The overall establishment gap has decreased since last month.
- All gaps are reviewed at divisional and ward level so mitigating actions can be put in place and plans can be developed.
- The overall nursing vacancy gap remains around 9% overall, recognising variation of this at Divisional level.







Appendix A - Supplementary Comments

- Divisional abbreviations may be used throughout this document;
 - DoS = Division of Surgery
 - MLTC = Medicine & Long-Term Conditions
 - WCCSS = Women's, Children's & Clinical Support Services

Appendix B – SPC Analysis Inclusion

- SPC analysis is produced for Trust level performance in relation to the following KPIs;
 - Shift Fill Rate
 - Bank
 - Agency
 - No. Shifts
 - Overall
 - Bank
 - Agency
 - Booking Reasons
 - Vacancies
 - Maternity/Paternity
 - Sickness Absence
 - Additional Capacity
- Going-forward SPC analysis for Divisional level performance will be included by exception.
- When 1 or more of the following criteria is triggered, a divisional SPC chart will be included;
 - A change in Assurance status (SPC Summary Dashboard)
 - A change in Variance status (SPC Summary Dashboard)
 - If High or Low-performance points are evidenced on SPC charts.
 - Upon request.
 - If system/service changes materially affecting performance has occurred.

Appendix C - Using the SPC Summary Dashboard

Variation			Assurance		
					
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

Variation icons: **orange** indicates concerning **special cause variation** requiring action; **blue** indicates where improvement appears to lie, and **grey** indicates no significant change (**common cause variation**).

Assurance icons: **Blue** indicates that you would consistently expect to achieve a target. **Orange** indicates that you would consistently expect to miss the target. A **grey** icon tells you that sometimes the target will be met and sometimes missed due to random variation – in a RAG report this indicator would flip between red and green.

Where icons indicate an area needs attention, you could give more detail by attaching the full SPC chart and narrative describing the context, issues and actions in an appendix.

Making data count | NHS Improvement. 2019. Making data count — strengthening your decisions. [ONLINE] Available at: https://improvement.nhs.uk/documents/5478/MAKING_DATA_COUNT_PART_2_-_FINAL.pdf. [Accessed July 2019].

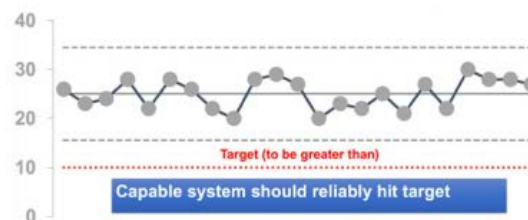
Appendix C - Using the SPC Summary Dashboard

The position of a target line in relation to the process limits will inform you if your indicator can hit a target or threshold consistently, by random chance, or not at all.

If your target line is in between the process limits be cautious about reacting to success (green) and failure (red) when natural variation may be causing the target to be passed or failed. Remember that approximately 99% of data points should fall within the process limits. These graphs will help guide your action:



Improvement Analysts **Alex and Thomas**, discuss the presence of target lines in statistical process control (SPC) charts for assurance.

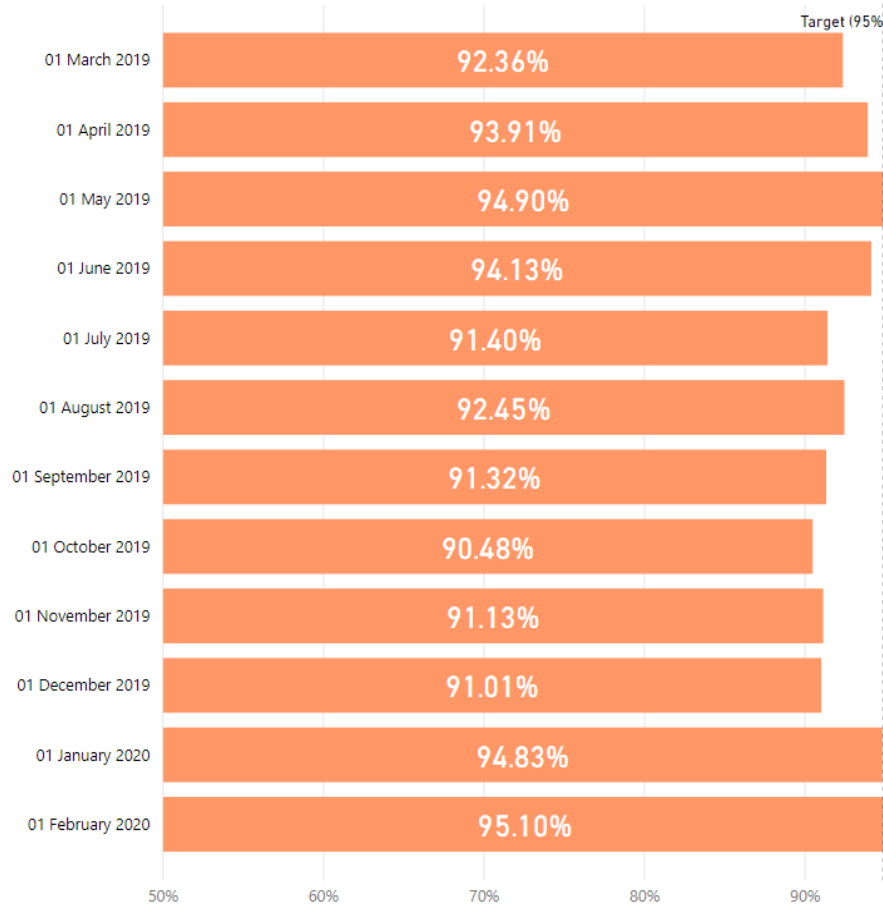


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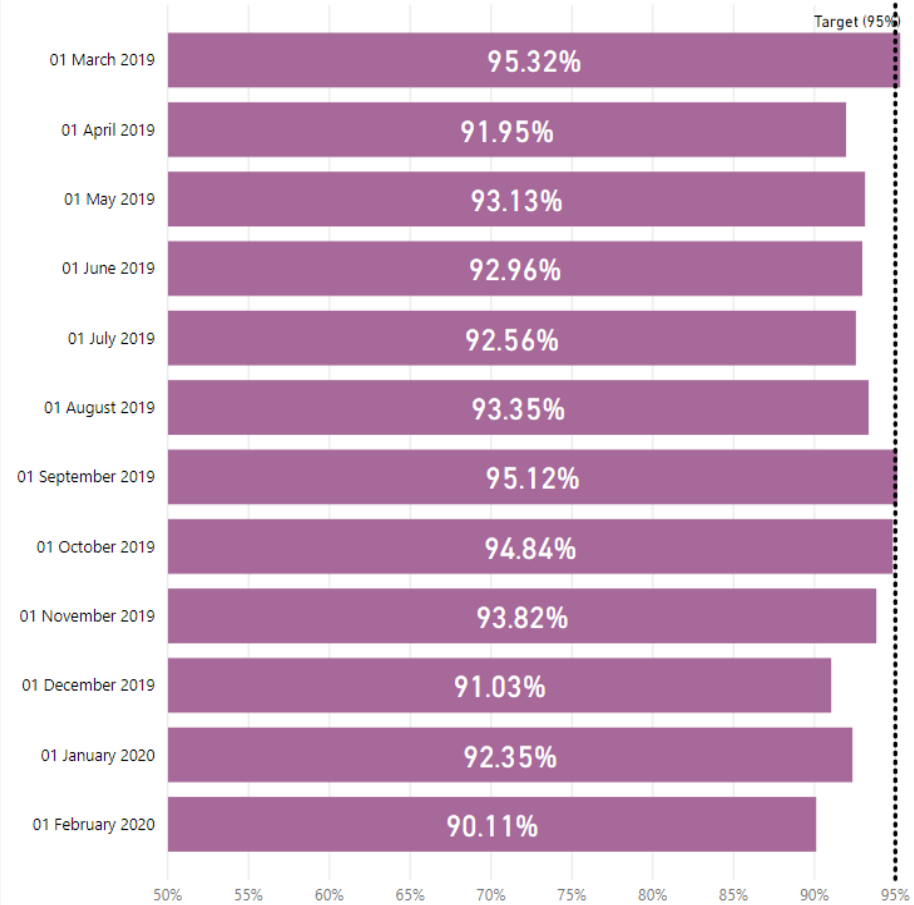
0701 Safe Staffing Return - Fill Rate Trending

Split between RN & CSW

RN - TOTAL - Fill Rate (%) by Month (Last 12 months)



CSW - TOTAL - Fill Rate (%) by Month (Last 12 months)

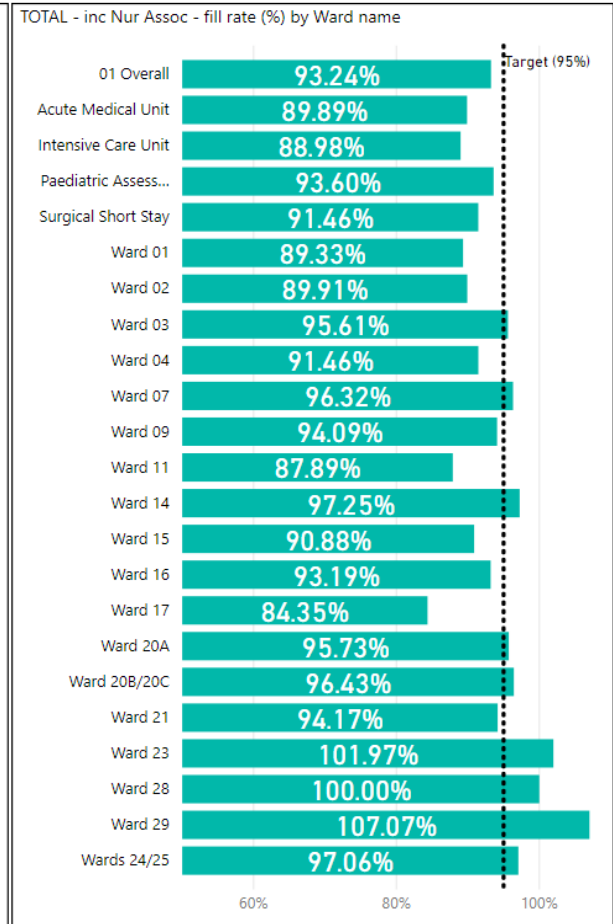
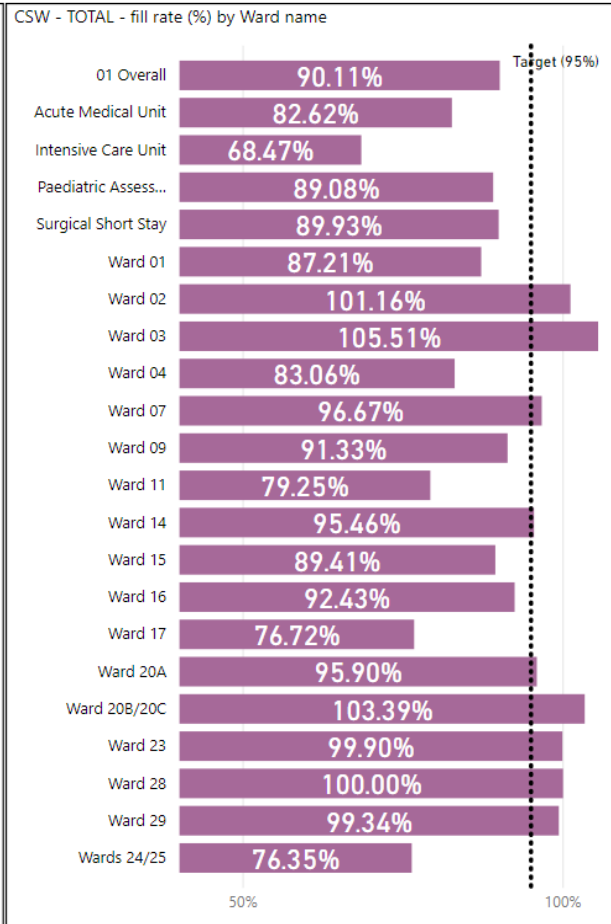
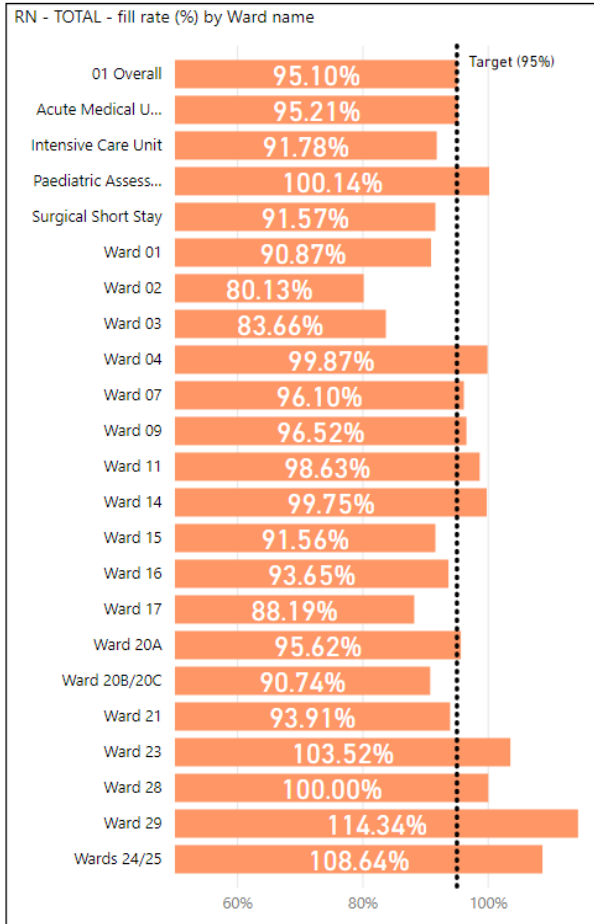


0701 Safe Staffing Return - Overall Fill Rate

By Ward split between RN & CSW

Month

01 February 2020



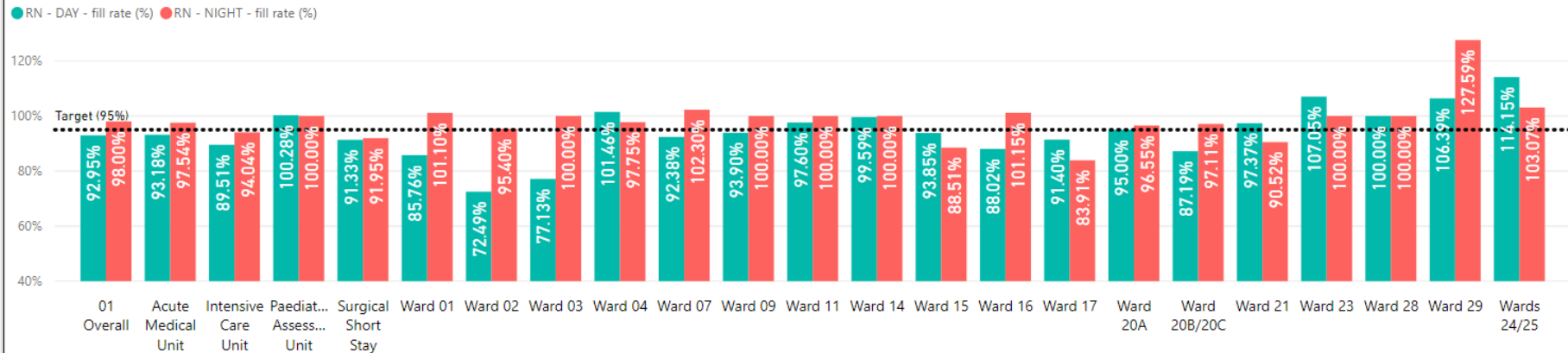
0701 Safe Staffing Return - Fill Rate for RN & CSW

By Ward split between Day & Night

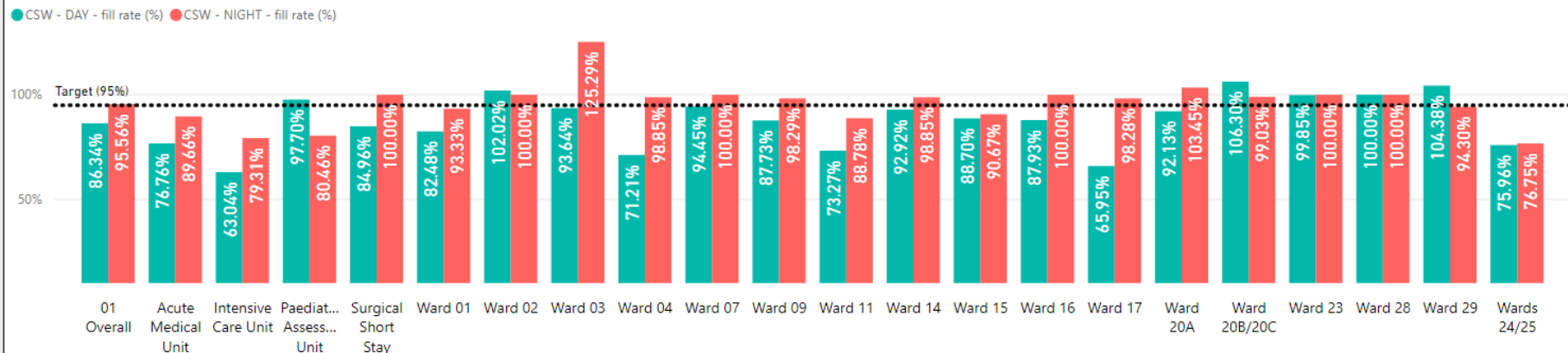
Month

01 February 2020

RN - DAY - fill rate (%) and RN - NIGHT - fill rate (%) by Ward name



CSW - DAY - fill rate (%) and CSW - NIGHT - fill rate (%) by Ward name



MEETING OF THE PUBLIC TRUST BOARD – Thursday 2 nd April 2020			
Walsall Together Report			AGENDA ITEM:
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> <ul style="list-style-type: none"> • Governance arrangements in the context of Covid-19; • Planning for horizon 2 and investment for 2020/21; • Workforce and organisational development; • PCN engagement and the new DES service specifications; • Stroke business case development; • Health & Wellbeing Board and Overview & Scrutiny update; • Communications update. <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	<p>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:</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> <p>BAF004 Failure to progress the delivery of the Walsall Integrated model for health and social care.</p>		
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 – COVID-19 UPDATE

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

The fortnightly Senior Management Team (SMT) meetings have been suspended until further notice and replaced by a Walsall Together Command Group (equivalent of Silver Command for Walsall Council). The Walsall Together Command Group is meeting virtually via Microsoft Teams daily to ensure all key messages and activity related to the Covid-19 response are consistent and coordinated to make the best use of available resources. The Director of Integration is chairs these meetings and there is representation from all partners.

The Walsall Together Programme Office (WTPO) has reviewed all transformation work and is prioritising activity that will support the Covid-19 response. The team is reporting into the Director of Operations for Community Services daily and feeding into the Community Division Tactical Command to maintain appropriate focus on directing resource to where it is most needed. The team is preparing a full report for the Walsall Together Partnership Board in April to outline what activity has stopped, what activity is continuing a minimal basis and what work is being accelerated to support the Covid-19 response.

It should be noted that most of the Walsall Together workstreams form the basis of the Covid response plan for the partners and as a result the teams have been able to accelerate the work based on the plans in the investment case. At the time of writing significant progress has been made strengthening the locality team response and also the rapid changes in Intermediate Care and Rapid Response. Equally, the coordinated work around the Resilient Communities has been significant and beyond what was originally planned. No recurrent expenditure has been committed as part of this work. The redesign of outpatients is now underway with full support from the team as part of the Walsall Together model

All other routine meetings have been cancelled and work is progressing via virtual channels supported by the available technology.

3. HORIZON 2 PLANNING AND INVESTMENTS

The final proposals for investment in Horizon 2 (2020/21) were presented to the WTP Board in March as planned. The business case was presented as a standalone document and reflects the total partnership aspiration and associated investment call.

The WTP Board approved the Business Case in principle and outlined some key actions that will facilitate inter-provider discussions about both the availability of investment funding and how any benefits can be transacted. It was noted at the board that approval in principle did not commit any organisation to fund the case given the relevant bodies now needed to take this away and looking at funding options.

Commissioning partners have been clear that there is no new money for investment for 2020/21 and as such any funding will need to come from within existing budgets or from reordering allocations through the commissioners.

The plan was to bring these cases through each partner committee for budget and investment prioritisation during March. Since the set up of the Covid response, this work has been operationalised as an immediate response and the investment funding recurrently will need to be considered at a suitable time.

4. PCN ENGAGEMENT

We have concluded conversations with the CCG and the funding for the Primary Care Network (PCN) Leads will move across to Walsall Together with WHT providing payment from 1st March 2020. To enable this to happen, a draft SLA has been drawn up and is proceeding through the necessary approvals. This is the same basis as the SLA that has been drawn up for the MDT sessions. It is not an employment contract but an agreed payment for their time, which we will jointly manage through the programme by measuring outputs and outcomes as a result of the engagement.

The SLA is commissioned to provide an essential link both between Walsall Together and Primary Care and linking in the PCNs. As a collaborative approach, the PCN Leads have developed a brief one-side role description from one that pre-exists. This has been appended to the SLA. The funding for this arrangement is in the form of a pass through from the CCG.

5. STROKE BUSINESS CASE UPDATE

In the context of Covid-19. A decision has been taken jointly between WHT and Walsall CCG to transfer stroke rehabilitation services to Holly Bank House at the earliest opportunity. This decision will ensure there is adequate capacity on the acute site and will also minimise risk to this cohort of patients by transferring them away from the hospital. Walsall Council have been very supportive in ensuring the Holly Bank House is

fit for use as an inpatient facility at the earliest opportunity and is supporting the service with the provision of catering and cleaning.

To resolve the clinical issues, a clinically-led discussion between medical colleagues from WHT and RWT is in progress to finalise a new Standard Operating Procedure (SOP) that details referral criteria and for the broad range of clinical management of these patients on a remote site. It should be noted that this is done by other surround providers with great success. Input has been received from WHT, Walsall CCG and Royal Wolverhampton (RWT) colleagues in recent days. The final version will be submitted to the Walsall Together Command Group for approval prior to being released externally for the necessary commissioning and RWT approvals.

6. HEALTH & WELLBEING BOARD (HWBB)

The Director of Integration attended the HWBB in March on behalf of the partnership to provide the quarterly update. The Board commended the partnership for the progress that was being made and was equally complimentary on the clarity of the benefits that are being described.

Members of the Board were supportive of the direction of travel for the partnership and explored through the context of the annual pharmacy update, the linkage of the community pharmacy teams with the partnership. It was agreed to raise the opportunity with SMT in the first instance to see what the opportunities were and how they could be explored.

As reported last month, there was a desire from the Board for the partnership to bring together the benefits of the resilient community work in Walsall Together with that in the Council. Alex Boys, CEO of One Walsall and Senior Responsible Officer for the Walsall Together Resilient Communities workstream, responded to say that this is now commencing in Tier 0 but there were further opportunities to align the funding.

7. SOCIAL PRESCRIBING

In March, PCNs had successfully recruited the allocation of social prescribers in the PCN specifications for this year. However, to date we have been unable to get a meeting together to explore the wider opportunities required with this group of staff with One Walsall and the locality teams.

It was hoped that this coordination would have been concluded by now but has now been overtaken by Covid planning. Opportunities to align the teams are being explored as part of the Covid response.

8. MDT UPDATE

Regular focused multi-disciplinary team (MDT) meetings is key to ensuring a holistic approach to person-centred care, allowing professionals to raise concerns or recommendations to develop care plans that respond to any identified gaps in care case management and co-ordinate care services for patients with complex needs.

Following the successful recruitment of four GP leads and an MDT Co-ordinator, weekly MDT meetings are now in the process of being established in each locality within Walsall. The West Locality held their first MDT meeting in February and the remaining localities were due to commence in March. The proposed schedule of MDT's is shown in the table below:

Locality	GP Lead	Meeting Details	Start Date
North	Dr Khan	Wednesday 1pm -4.30pm	11 th March
South 1 & 2	Dr Lodhi	South 1: Monday 9am-12pm South 2: Monday 1pm-4pm	2 nd March 2 nd March
East 1	Dr Jay	Tuesday: 9:30am-12:30pm	10 th March
East 2	Dr Harlin	Thursday: 9:30-12:30pm	12 th March
West 1 & 2	Dr Sandhu	West 1: Friday 9:30-12:30pm West2: Wednesday 9am-12pm	7 th Feb 5 th Feb

In the context of Covid-19, the usual MDT meetings have been temporarily suspended. However, to make use of the available GP resource, the GP time for MDTs is being considered for Advanced Care Planning in care homes, coordinated by the Community Division Tactical Meeting.

9. ESTATE – SOUTH LOCALITY

The partnership has finally been able to confirm a base for the South Locality teams at Eldon Court. The location can accommodate the full team from all providers and includes meeting and break-out rooms. The site is currently being redecorated and prepared for the teams and is anticipated to go live the first week of April. This concludes the co-location of all the locality teams across the borough and means that every area now has a joint building in which to work in a collaborative manner.

In the context of Covid-19, the teams have confirmed the co-location will support the proposed locality model of coordinating all activity across community services and resilient communities. On this basis, the work is continuing and the site will be available as soon as the IT infrastructure can be installed. IT services are currently extremely busy, and the work will be prioritised accordingly in the context of all work required to support the Covid-19 response.

10. RECOMMENDATIONS

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



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