Walsall Healthcare NHS
NHS Trust

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

For queries in relation to Board Papers, or for an invitation to join the meeting via Microsoft Teams, please contact the Trust Secretary on trish.mills@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 4th June 2020	Approval	Chair	ENC 2	
4.	Matters Arising and Action Sheet	Review	Chair	ENC 3	
5.	Chair's Report	Information	Chair	ENC 4	1010
6.	Chief Executive's Report	Information and Assurance	Chief Executive	ENC 5	1015
7.	Safe High Quality Care A – Summary B – BAF Risk S01 C – Corporate Risk Assessment D – Performance E – Improvement Programme Status F – Review of COVID-19 Mortality	Information and Assurance	Medical Director	ENC 6	1025
8.	Care at Home A – Summary B – BAF Risk S02 C - Performance D – Improvement Programme Status	Information and Assurance	Director of Integration	ENC 7	1110
9.	Working with Partners A – BAF Risk S03 B – Improvement Programme Status	Information and Assurance	Director of Integration	ENC 8	1125
10.	Valuing Colleagues A – Summary B – BAF Risk S05 C – Corporate Risk Assessment D – Performance E – Improvement Programme Status	Information and Assurance	Director of People and Culture	ENC 9	1040
11.	Effective Use of Resources A – Summary B – BAF Risk S06 C – Corporate Risk Assessment D – Performance E – Improvement Programme Status	Information and Assurance	Director of Finance and Performance/ Chief Operating Officer	ENC 10	1055
12.	Governance and Well Led - Improvement	Information	Director of	ENC 11	1140

ITEM		PURPOSE	BOARD LEAD	FORMAT	TIME
	Programme Status	and Assurance	Governance		
13.	COVID-19 BAF Risk S07	Information and Assurance	Chief Operating Officer	ENC 12	1155
14.	Emergency Department New Build – Full Business Case	Approval	Chief Operating Officer	ENC 13	1205
15.	Director of Nursing Oversight Report	Assurance	Director of Nursing	ENC 14	1220
16.	Guardian of Safe Working Quarterly Report	Assurance	Medical Director	ENC 15	1230
17.	Equality and Diversity Annual Report	Assurance	Director of People & Culture	ENC 16	1240
FOR INFORMATION					
18.	Quality, Patient Experience and Safety Committee Highlight Report	Information	Committee Chair	ENC 17	1255
19.	Performance, Finance & Investment Committee Highlight Report	Information	Committee Chair	ENC 18	1300
20.	People & Organisational Development Committee Highlight Report	Information	Committee Chair	ENC 19	1305
21.	Walsall Together Partnership Board Highlight Report	Information	Committee Chair	ENC 20	1310
22.	Audit Committee Highlight Report	Information	Committee Chair	ENC 21	1320
23.	Charitable Funds Committee Highlight Report	Information	Committee Chair	ENC 22	1325
24.	**QUESTIONS FROM THE PUBLIC**				1330
25.	**DATE OF NEXT MEETING** Thursday 3rd September 2020				
26.	**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 – 2nd July 2020			
Declarations of Interest			**AGENDA ITEM: 2** **ENC: 1**
Report Author and Job Title:	Jenna Davies Director of Governance	**Responsible Director:**	Danielle Oum Chair
Action Required	Approve ☐ Discuss ☐ Inform ☐ Assure ☒		
Executive Summary	The report presents a Register of Directors' interests to reflect the interests of the Trust Board members. The register is available to the public and to the Trust's internal and external auditors, and is published on the Trust's website to ensure both transparency and also compliance with the Information Commissioner's Office Publication Scheme.		
Recommendation	Members of the Trust Board are asked to: Note the report		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report.		
Resource implications	There are no resource implications associated with this report.		
Legal and Equality and Diversity implications	It's fundamental that staff at the Trust are transparent and adhere to both our local policy and guidance set out by NHS England and declare any appropriate conflicts of interest against the clearly defined rules.		
Strategic Objectives	Safe, high quality care ☒	Care at home ☒	
	Partners ☒	Value colleagues ☒	
	Resources ☒		

Register of Directors Interests at June 2020

Name	Position held in Trust	Description of Interest
Ms Danielle Oum	Chair	Chair: Health watch Birmingham
		Committee Member: Health watch England
		Chair: Midlands Landlord whg
		Non-Executive Director: Royal Wolverhampton NHS Trust
		Co-Chair of the NHS Confederation BME Leaders Network
		Co - Chair, Centre for Health and Social Care Leadership, University of Birmingham.
Mr John Dunn	Non-executive Director	No Interests to declare.
Mr Sukhbinder Heer	Non-executive Director	Powerfab Excavators Limited - manufacturing
		Evoke Education Technologies (UK) Limited - online education consulting
		Non-executive Director Birmingham Community NHS Foundation Trust (NHS Entity).
		Consilium Consulting (Cardiff) Limited - corporate finance
		Mind Matrix (Europe) Limited - IT
		Chester Rutland Limited- Property Consulting
		Persona Holdings Limited - consulting and advisory
		Birmingham Community Healthcare NHS Foundation Trust - NHS
		Black Country Healthcare NHS Foundation Trust - NHS
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	Consultant with Health Education England
		People Champion – NHS Leadership Academy
		Partner, Dr George Solomon is a Non-Executive Director at Dudley Integrated Health and Care Trust

Mr B Diamond	Non-executive Director	Director of the Aerial Business Ltd.
		Partner - Registered nurse and General Manager at Gracewell of Sutton Coldfield Care Home
Mr P Assinder	Non-executive Director	Chief Executive Officer - Dudley Integrated Health & Care Trust
		Director of Rodborough Consultancy Ltd.
		Governor of Solihull College & University Centre
		Honorary Lecturer, University of Wolverhampton
		Associate of Provex Solutions Ltd.
Mr R Virdee	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	Member of the Executive for the West Midlands Healthcare Financial Management Association (HFMA)
Mr Daren Fradgley	Director of Integration	Director of Oaklands 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.
Ms Jenna Davies	Director of Governance	No Interests to declare.
Ms Catherine Griffiths	Director of People and Culture	Catherine Griffiths Consultancy ltd
		Chattered Institute of Personnel (CIPD)
Mr Ned Hobbs	Chief Operating Officer	Father – Governor Oxford Health FT
		Sister in Law – Head of Specialist Services St Giles Hospice

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

RECOMMENDATIONS

The Board are asked to note the report

Walsall Healthcare NHS Trust

MINUTES OF THE PUBLIC MEETING OF THE BOARD OF DIRECTORS WALSALL HEALTHCARE NHS TRUST HELD ON THURSDAY 4 JUNE 2020 AT 10:00 a.m. HELD VIRTUALLY VIA TEAMS

Present:

Ms D Oum	Chair of the Board of Directors
Mr J Dunn	Non-Executive Director
Mr S Heer	Non-Executive Director
Mr P Gayle	Non-Executive Director
Mrs A Baines	Non-Executive Director
Mrs P Bradbury	Non-Executive Director
Mr B Diamond	Non-Executive Director
Mr R Beeken	Chief Executive
Ms AM Riley	Interim Director of Nursing
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 Integration
Ms J Davies	Director of Governance
Ms C Griffiths	Director of People & Culture
Dr M Shehmar	Deputy Medical Director
Mrs T Mills	Trust Secretary

Apologies:

Dr M Lewis	Medical Director

Members of the Public: 0
Members of Staff: 0
Observers: 1 (Healthwatch)

035/20 Quorum and Declarations of Interest

The meeting was quorate.

The Chair added an interest to the register, that being co-chairmanship of the NHS Confederation BME Leaders Network.

036/20 Minutes of the Board Meeting held in Public on 7th May 2020

The Minutes **were approved** as a true reflection of the meeting, subject to the following amendments:

Page 3, item 022/20, third paragraph amended to 'The Trust had changed the

approach to risk in order to ensure reasonable adjustments were put in place'.

Page 5, item 024/19, second bullet point should read '594 positive patients have been discharged from hospital or did not require hospital admission.'

Page 6, item 025/20, second paragraph should read 'Mr Heer asked that the next phase was to be aligned to the restoration and recovery moving forward'.

Page 7, item 026/20, third paragraph should read 'A governance framework was required to instil discipline into the delivery of the strategic objectives, and which provides a mechanism to assure the Board that changes made as a result of post COVID-19 lessons learnt have been made.'

037/20 Matters Arising and Action Sheet

The action items transferred to the People and Organisational Development Committee ("PODC") and the Quality, Patient Experience and Safety Committee ("QPES") were dealt with by those Committees in their May meetings. As such **it was agreed** that these would be removed from the Trust Board action log (those being 179/19; 183/19 safer staffing element; 190/19; and 191/19)

Action 028/20 will be reviewed during the QPES effectiveness review and a revised date of 6th August **was agreed**.

Action 183/19 (relating to BAF/CRR to each Committee in March and Board agenda in April) to remains open, with the BAF continuing to be presented to the Trust Board until further notice.

The action log date was incorrect and should state it's currency as June 2020.

038/20 Chair's Report

The Chair asked members to remember Trust colleagues who have sadly passed away recently, expressing her gratitude and that of the Board for their valued contributions, and honouring their services. Those colleagues were:

Richard Corbett, who was the Infrastructure Support Manager working for Digital Technology Services, having served the Trust for 22 years. Rich, who would have turned 49 this week, sadly lost his battle with COVID-19 on 26 May 2020 after being cared for in ICU. Rich was a valuable and well-respected team member, always earning praise from all those who worked with or for him.

Judith Nembhard, who was the Professional Lead for Health Visiting and had worked for the Trust since 2013. During her career Judith helped and supported many colleagues with her nursing skills and extensive knowledge in her chosen field of health visiting, as well as delivering excellent care to the children and families she came into contact with. She was a respected colleague who will be sadly missed and will be remembered for her hard work and dedication to her job, her team and the Trust.

Areema Nasreen, who was a Staff Nurse on AMU and had worked for the Trust since 2003. Areema was one of our most committed, passionate and

hardworking colleagues. For many, watching her journey to become a qualified nurse having joined the Trust as a housekeeper was inspiring. She did herself and the Trust proud in everything that she did.

Dr Rick Norris was a Clinical Psychologist in Occupational Health who had worked with the Trust for over 18 years. Over the past months, working with his colleague Glynn Morris, Rick offered unwavering and invaluable support to hospital and community teams during the COVID-19 pandemic. As a trust we will be forever grateful and appreciative for him and for his work, and his incredible contribution.

Kaye Kirkhope was the Head of Risk Management who joined the Trust earlier this year and truly displayed all of our Trust values. She started her career in the West Midlands as a Neonatal Nurse before focussing locally and nationally on patient safety and risk management. Kaye was hugely passionate about the organisation, as the Manor was her local hospital and she will be greatly missed by her team and colleagues across the Trust.

The Board was provided with an update on the work that the Chair and Non-Executive members had been involved in related to the Trust's priority objectives. In addition to regular COVID-19 updates from Executives and regional meetings, this included:

- Risk management and Board Assurance Framework workshops in May and June, both separately with the Non-Executive members, and jointly with Executive colleagues. These workshops provided the Board with a deeper knowledge and understanding of risk identification and mitigation from Board to Ward to recognise and react to risk, supporting them to make patients, staff, and the public safe, and to achieve our vision.

- The framework for partnership working between the Trust and Walsall MBC has been formalised with the signing of a Section 75 Agreement. This will support the delivery of integrated, responsive and effective community based care that will better meet the evolving needs of the population.

- The Chair's participated in several national forums debating the disproportionate impact of Covid-19 on NHS colleagues of Black, Asian, Minority Ethnic ("BAME") background.

- A Board development session was held in May by the Freedom to Speak-Up Guardians. The Board discussed its pledge to listen and support people, and to treat people equally, fairly and inclusively, with zero tolerance of bullying. Whilst the Board agreed to slight changes to strengthen wording and add emphasis, there is a strong commitment to uphold this pledge, to role model the Trust values and ensure delivery of the organisational transformation necessary to uphold the pledge.

039/20 Chief Executive's Report

The Board noted the Chief Executive's report (and verbal updates), which contained an appraisal of the high level, critical activities which the organisation is

engaging with and which are prioritised for the immediate future. The report emphasised the importance of the Trust's improvement programme to deliver its strategic objectives and to realising the aim to be 'Outstanding' by 2022.

The Care Excellence Programme which will be multidisciplinary in its development and delivery has a focus on continuous quality improvement and fundamentals of care. It was noted that the survey mentioned in the report which colleagues are completing may be better described as testing levels of self-awareness.

Whilst new guidance on revenue and capital expenditure controls has been issued, there is no clear understanding at this stage as to the methods which will be adopted to scrutinise expenditure for the COVID-19 response and post COVID-19 resilience response.

Restoration and Recovery

Renewed engagement is underway with partners on reinstatement of planning and implementation of clinical service sustainability, which was on hold during the COVID-19 pandemic, with gaps between supply and demand for acute services being addressed as a system wherever possible.

Restoration and recovery is viewed at both Trust and system levels as an opportunity to be viewed with a changed mind set to the way services are provided and care is delivered following COVID-19. There is already evidence of this with the outpatient redesign, allowing patients to be treated more conveniently outside of the acute setting. The vehicle for delivery of the reset plans will be the improvement programme, with the Board Committees receiving more detailed information on the workstreams for their June meetings and to the Board in July.

The Board heard that at Trust and system levels modelling is underway to predict demand, particularly during the autumn period, ensuring sufficient capacity to cope with an overlay of seasonal flu, norovirus and a possible second COVID-19 wave. The Chief Executive will present the initial modelling to the relevant Board Committees in June and to the Board in July.

Whilst the Birmingham Nightingale Hospital has not been utilised to date, over 150 cancer procedures have been carried out at Little Aston during the COVID-19 pandemic, with elective orthopaedic, some endoscopy and diagnostics beginning there also. This is set to continue by virtue of an agreement with Little Aston and the continuation of the national agreement.

Impact of COVID-19 on BAME Population

The Trust's response to the disproportionate impact of COVID-19 on the BAME population, men and for those in areas of deprivation is a priority. A number of measures have been introduced for BAME colleagues within the Trust including direct communication, risk assessments, line manager conversations, and occupational health interventions, which continue to be refined and improved. The Board were not currently assured on the approach and had established aBAME Cabinet which includes members of the Trust Board to analyse the issues in more detail and to share ideas, particularly with respect to engagement of BAME colleagues in decision making, and tackling inequality. PODC will scrutinise further recommendations to address the disproportionate impact of Covid-19 on BAME colleagues when it meets on 25th June, and will report to the Trust Board on this in July.

Whilst work will be undertaken to address inequalities in the Trust through the emerging Equality, Diversity and Inclusion Strategy and it is hoped via the STP, the Board recognised that communities already disadvantaged will be hard hit by the economic downturn resulting from COVID-19. The Board requested the Walsall Together Partnership Board look at how communities might be supported by the partnership more imaginatively, with a more explicit focus on tackling inequality, and bring any recommendations back to the Board.

Action:

(a) Richard Beeken: The vehicle for delivery of the restoration and recovery plans will be the improvement programme, with the Board Committees receiving more detailed information on the workstreams for their June meetings and to the Board in July.
(b) Richard Beeken: Presentation of the initial demand modelling to predict demand, particularly during the autumn period, ensuring sufficient capacity to cope with an overlay of seasonal flu, norovirus and a possible second COVID-19 wave, to the relevant Board Committees in June and to the Board in July.
(c) Catherine Griffiths/Phil Gayle: PODC will scrutinise further recommendations to address the impact of COVID-19 on BAME colleagues when it meets on 25th June, and will report to the Trust Board on this in July.
(d) Walsall Together Partnership Board to look at how communities might be supported by the partnership more imaginatively to address inequalities, and bring any recommendations back to the Board.

040/20 Patient Story

Due to technical issues, Mr Kuldeep Singh, Patient Experience Manager, was unable to share the video of two patients who were admitted for COVID-19.

Action:

Kuldeep Singh: The video will be circulated with Members being invited to ask questions.

041/20 COVID-19 Update

Mr Hobbs provided an update on acute services, restoration of urgent elective care services, and key risks:

The Trust has had 1000 patients test positive for COVID-19, of which a total of 208 patients have now sadly passed away with a diagnosis of COVID-19 in the hospital. The number of in hospital deaths has stabilised since the last meeting, as have out of hospital deaths. As at 4 June there were 30 COVID-19 positive inpatients , which is significantly lower than when the pandemic was at its peak, with inpatient numbers reaching 200 at that time.

The Board sought assurance on PCR and antibody testing, particularly around the current status and plan, and in terms of staff testing to be sure that staff were not going to take false assurance from the testing and be inclined to take higher risks if they had antibodies to the virus. Mr Hobbs confirmed that PCR tests, which

detect COVID-19 at that point in time, are carried out for all emergency admissions. Whilst there was a delay in results a few weeks ago due to insufficient stock of reagents, that has now resolved and results are usually returned in 24 hours. The Trust has capacity to undertake 400 antibody tests daily. These test the presence of COVID-19 antibodies and may suggest a previous infection. Testing commenced on 27 May for patients and 28 May for staff, and this is being extended to Walsall Together colleagues. Occupational Health have developed a consent form for staff which includes a set of frequently asked questions and explains that the presence of antibodies does not mean the staff member has immunity, therefore all precautions, including social distancing, use of PPE and infection control measures must be maintained regardless of result. The next stage will be to assess levels of understanding of staff to provide confidence in the process, and Mr Hobbs will provide this information at the next Trust Board meeting in July.

As part of the restoration and recovery activities, 70% of pre COVID-19 outpatient activity has been restored, with the vast majority being delivered though virtual assessment means. Elective surgery restarted at the Manor site last week, with the DCT wing designated as a segregated planned care zone, running outpatient diagnostics and elective surgery. In addition, a new 'clean' High Dependency Unit is established in ward 20A for post-operative critical care segregation.

The following risks were highlighted by Mr Hobbs:

1. As indicated in the Chief Executive's Report, a second wave of COVID-19 patients may coincide with seasonal flu, norovirus and pre-levels of covid emergency attendances. Demand modelling is taking place to address this.
2. Even allowing for restored elective surgery and utilisation of Little Aston, capacity will still be constrained which may result in continued waiting times for routine services, with priority given to urgent and cancer cases.

Mr Fradgley provided an update on community services and highlighted the following:

Audits have been conducted on the Trust's interventions in care homes with good levels of compliance against the policy and compliance in terms of documentation. These illustrated patients were not being unnecessarily held in care homes against their wishes. Support for care homes will continue into future models.

The Walsall Together Partnership is looking at the lessons learnt from COVID-19 responses, adopting good practice, including working on an integrated front door for multi-professional teams to prevent unnecessary admissions and extend the community offering to those not currently known to the locality teams; and new processes that have seen reduction in lengths of stay and delayed discharge. It will also address challenges that remain, including access to community sites for clinics that would normally take place at GP practices that are closed, and bringing community mental health teams into locality teams to start to address the knock-on effects of lockdown on mental health.

Walsall Together are looking at health inequalities in Walsall by population and engaging with Healthwatch for views on what it is like to live in these communities. It was recognised that there is some work to be done for population scoping of younger people as opposed to the older generations. Walsall Together

Partnership Board will discuss this.

Action:

(a) Ned Hobbs: Assess levels of understanding amongst staff to the utility of antibody test results and the need for them to continue to follow Trust infection control guidance. This information to be provided to the Trust Board in July
(b) Daren Fradgley: Walsall Together Partnership Board to discuss population scoping of younger people to address inequalities.

042/20 Board Assurance Framework and Corporate Risk Register

Board Assurance Framework

This Trust Board received an update in relation to the Board Assurance Framework ("BAF"), which details risks to the achievement of its strategic objectives. It was noted that the strategic objectives descriptors are being updated which may also affect risk descriptions as a consequence in the next two cycles.

The BAF contains 7 risks, however S01 and S02 will be merged to form a broader risk in relation to failure to provide care that reflects the needs of the population, which impacts the quality of care and the experience people receive. Risk S06 is being reviewed following discussion at PFIC on emerging risks to be assessed, and will return to that Committee in August.

The Board recognised that the Board Committees will review the BAF risks relevant to their remits on a monthly basis, and continue to contribute to the maturity of the BAF. There was support for regular reviews of the BAF continuing at the Board and Committees as it takes hold and embeds.

In the absence of a formalised BAF having been presented to the Board on a regular basis in 2020, the Audit Committee will gather the assurance on the management of these risks during that time, to ensure there is an appropriate audit trail in discharge of the Board's risk management duties.
Assurance on the effectiveness of the Trust's risk management process will be provided to the Board through the Audit Committee on a quarterly basis and the BAF will continue to remain on the Board agenda each month until further notice..

An approach will be developed for the July Board as to the use of the BAF to drive Board and Board Committee agenda, providing papers that address risk actions, provide assurance on controls, and provide structure to debates. This, together with the improvement programme, with provide assurance on delivery of our strategic imperatives, risks to delivery, and actions to address these.

Corporate Risk Register

The corporate risks register was presented to the Board, showing risks with a current rating of 16 and above.

With respect to risk number 1986 (delays in access to tier 4 in-patient psychiatric care for children and young people with a current score of 16), the Board recognised the work that was done to try to address this issue, however

expressed concern over whether the actions to address the risk were sufficient. Discussion took place as to the extent to which the risk was out of the organisation's control and more a national issues around changes to tier 4 provision; whether actions might include a review to look at whether we are doing everything we can to mitigate the risk, and perhaps re-framing the risk to reflect what is in our control; and what mitigations could be included to stop young people requiring psychiatric care in the first place, including through health, social care and education provisions.

The Board requested a review of the robustness of the controls and assurances provided in the corporate risk register, with an updated register being presented to the Board in July.

Action:

(a) Sukhbinder Heer: Audit Committee will gather the assurance on the management of risk during the period the BAF was being developed.
(b) Sukhbinder Heer: Assurance on the effectiveness of the Trust's risk management process will be provided to the Board through the Audit Committee on a quarterly basis
(c) Trish Mills: The BAF will continue to remain on the Board agenda each month until further notice.
(d) Jenna Davies: An approach will be developed for the July Board as to the use of the BAF to drive Board and Board Committee agenda.
(e) Jenna Davies: Controls and assurances in the corporate risk register to be reviewed to provide more robust assurance for July Board.

043/20 Performance Report

The Board reviewed the report which detailed performance of quality of care, operational performance, finance, and culture and people for the acute and community services, with key issues as follows:

Quality of Care

Venous thromboembolism (VTE) assessment performance has significantly fallen. This has been due to focus on COVID-19 pathways. COVID-19 patients are now known to be at a higher risk of VTE. Communication in daily dose and grand rounds focussed on this issue and the COVID clerking document now highlights VTE assessment and treatment. A VTE clinical lead is in place and is reviewing pathways and putting in place additional measures for front line assessment using new tests. This will also be picked up in the Care Excellence Programme.

Dr Shehmar confirmed that processes have been put in place to ensure that learning and best practice around COVID-19 is quickly disseminated, including literature searches of new evidence by the library being fed through to a fast response team who review and recommend appropriate changes in practice to ensure consistency. Structured Judgment Reviews (SJR) are undertaken for all COVID-19 deaths at the hospital. Deaths will be reviewed against the protocols in place and if gaps in care are apparent then an incident will be raised and thematic root cause analyses undertaken where relevant.

The Trust's is now registered by the CQC to assess and treat patients who are detained under the Mental Health Act. Discussions were taking place with Black Country Healthcare NHS Foundation Trust regarding a service level agreement for the administration of the MHA policy detention paperwork.

People and Culture

Responding to the COVID-19 pandemic, the Trust has used the opportunity to show leadership and innovation, bringing in faster streamlined processes including an online training approach for mandatory training.

Appraisals are capturing career aspirations and training and development. During this period online offer up and running and makes us more digitally enabled. The Board recognised this as an opportunity for line managers to use this time to also talk with staff about the impact that COVID-19 has had on them, and to encourage BAME colleagues to discuss career aspirations where they may have a disinclination to pursue this.

High levels of sickness absence are being experienced at the Trust. Ms Griffiths informed the Board that there had been some improvement in January and February, and whilst the health and wellbeing support and interventions had had an impact, the effect of COVID-19 had seen an expected rise. Remodelling of the workforce will now take place to test resilience should there be a second wave, and to include the impact of 'test and trace' on staff availability. PODC will review this at their June meeting, and projections shared with the Board in July. The Board requested sickness absence targets to remain at their current level.

Operational Performance

Cancer waiting time has met the 2 week standards, which is the first time this has occurred since last summer. Particular thanks were expressed to the Breast Team for their efforts in this regard.

Mr Hobbs cautioned that waiting times for 18 week RTT and 6 week diagnostic standards are likely to get worse before they get better due to the impact of restrictions that were in place for routine elective care due to COVID-19.

Concern was expressed as to the impact of a number of patients who will have to wait in excess of 52 weeks for treatment due to COVID-19, and Mr Hobbs confirmed the team are working hard to mitigate this, prioritising patients and working with the STP recovery group looking at areas where we can offer mutual aid to reduce waiting times, as well as utilising Little Aston. The Trust is aware of the evidence that patients who contract COVID-19 perioperatively have worse outcomes, and has been clear to ensure services are restored carefully with all necessary infection control risks minimised. The unfortunate result is that routine surgery will have longer waiting times than we would wish.

Finance:

The Trust submitted draft annual financial statements that detailed achievement of a surplus for 2019/20. An extraordinary private Trust Board meeting will convene on 22nd June immediately following the Audit Committee to receive the findings of the external auditors and to endorse the accounts.

Historic deficits have been written off and a break-even financial position was achieved for month 1 of the 2020/21 financial year. Additional funding of £700,000 was required from the third stream to top-up, which was largely due to increased temporary workforce costs. Discomfort was expressed at the level of expenditure for temporary staff, particularly where COVID-19 related expenditure was covered. PFIC is taking a closer look at the issues at their June meeting.

With respect to capital allocation at the STP levels, this was now challenged by Covid-19 expenditure that may not be recovered. This had resulted in cash constraints that needed to either be addressed through additional resources that had been sought regionally, or by agreement between the STP partners. .

Action

(a) Catherine Griffiths: PODC at their meeting in June to review remodelling of the workforce to test resilience should there be a second wave, and to include the impact of 'test and trace' on staff availability.
(b) John Dunn: PFIC to review expenditure on temporary staff when it meets in June.
(c) Russell Caldicott: Board to be updated on outcome of capital allocation discussion in July.

044/20 Director of Nursing Oversight Report

The report was noted by the Board with the key elements as follows:

- Registered Nurse vacancy rate has reduced to 8.2% from 10% in March.

- Whilst assurance can be provide that the process of assessing and ensuring safest staffing possible is robust via the staffing hub, there has been a reduction in the fill rate, a decline in matron audit results and a decline in timely observations which has undoubtedly been affected by staff absence, high reliance on temporary staffing and redeployment of staff. As COVID-19 demand reduces it is anticipated that previous standards be achieved. To date there has not been any increase in patient safety incidents. The staffing hub manages the redeployment of staff and that is reported through the emergency command structures.

- Feedback from patients being nursed in mixed sex accommodation due to COVID-19 is included in the report. 9 patients were interviewed, all aged 60 years or over. No patients had to share toilet/bathing facilities with patients of the opposite sex. A regular audit process will take place whilst we continue to see single sex accommodation breaches.

- A review of delayed complaints is included in Appendix 1. There are 18 delayed complaints (12 in MLTC, 3 in Surgery and 3 in Womens and Children). All complainants have been contacted and are aware of reset dates

045/20 Quality, Patient Experience and Safety Committee Highlight Report

The Committee met on 28th May and the Board noted the contents of its report.

046/20 Performance, Finance and Investment Committee Highlight Report

The Committee met on 27th May and the Board noted the contents of its report.

047/20 People and Organisational Development Committee Highlight Report

The Committee met on 28th May and the Board noted the contents of its report

048/20 Walsall Together Partnership Board Highlight Report

The Committee met on 13th May and the Board noted the contents of its report, with the Chair, Mrs Anne Baines, pointing out that the meeting was in fact quorate, and that that the incorrect version of the report had inadvertently been uploaded.

Action:

Trish Mills: Circulate Walsall Together Partnership Board Highlight Report to members

049/20 Audit Committee Highlight Report

The Committee met on 21st May and the Board noted the contents of its report.

050/20 Questions from the Public

No questions.

051/20 Date of Next Meeting

The meeting finished at 1pm.
The next meeting of the Trust Board held in public would be on Thursday 2nd July 2020.

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.

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	04/06/2020	It was agreed in June to keep this action open, however it is superceded by action 042/20 below. Recommend closing this action	Open
028/20	07/05/20	Performance Report	Dr Lewis and Ms Riley to explore how reporting structures would be generated to commission spefic reports relating to patient experience	Medical Director/Director of Nursing	06/08/2020	This will be done during the QPES effectiveness review in June. Recommend a revised date of August	Open
039/20	04/06/20	CEO Report	The vehicle for delivery of the restoration and recovery plans will be the improvement programme, with the Board Committees receiving more detailed information on the workstreams for their June meetings and to the Board in July.	Chief Executive	02/07/2020	Actioned in Committees and Improvement Programme report to this meeting	Complete
			Presentation of the initial demand modelling to predict demand, particularly during the autumn period, ensuring sufficient capacity to cope with an overlay of seasonal flu, norovirus and a possible second COVID-19 wave, to the relevant Board Committees in June and to the Board in July	Chief Executive	02/07/2020	Updates to Committees in June, and details in PFIC highlight report	Complete

Ref:	Date	Agenda Item	Action Notes	Who	Due Date	Progress / Comments	Status
			PODC will scrutinise further recommendations to address the impact of COVID-19 on BAME colleagues when it meets on 25th June, and will report to the Trust Board on this in July.	PODC	02/07/2020	Update in PODC Board highlight report	Complete
			Walsall Together Partnership Board to look at how communities might be supported by the partnership more imaginatively to address inequalities, and bring any recommendations back to the Board.	WTPB	02/07/2020	Walsall Together Partnership Board discussed health inequalities in the borough at their meeting on 17th June and agreed to bring a piece of work on this back to the Committee in August	Complete

Ref:	Date	Agenda Item	Action Notes	Who	Due Date	Progress / Comments	Status
041/20	04/06/20	COVID-19 Update	Assess levels of understanding amongst staff to the utility of antibody test results and the need for them to continue to follow Trust infection control guidance. This information to be provided to the Trust Board in July	Chief Operating Officer	02/07/2020	Occupational health undertook a survey of a random 50 antibody positive staff to assess their understanding of their result, and the need to continue to adhere to all IPC precautions. The results are as follows: • 100% of staff contacted confirmed that they were still using the same PPE at work as before their results • 100% of staff contacted confirmed they are wearing face masks in public areas of the Trust • 92.31% of people understood that being antibody positive did not mean they were immune • 100% of staff contacted were still practising social distancing both at work and at home	Open
			Walsall Together Partnership Board to discuss population scoping of younger people to address inequalities.	Director of Integration	02/07/2020	Walsall Together Partnership Board discussed health inequalities in the borough at their meeting on 17th June and agreed to bring a piece of work on this back to the Committee in August	Complete
			Audit Committee will gather the assurance on the management of risk during the period the BAF was being developed.	Audit Committee		Transferred to Audit Committee and for discussion at their July meeting.	Complete

Ref:	Date	Agenda Item	Action Notes	Who	Due Date	Progress / Comments	Status
042/20	04/06/20	BAF & CRR	Assurance on the effectiveness of the Trust's risk management process will be provided to the Board through the Audit Committee on a quarterly basis	Audit Committee		Transferred to Audit Committee and added to the cycles of business for Audit and Board	Complete
			The BAF will continue to remain on the Board agenda each month until further notice.	Trust Secretary	Monthly	Will remain open action for the agenda for foreseeable future	Open
			An approach will be developed for the July Board to the use of the BAF to drive Board and Board Committee agenda.	Director of Governance	02/07/2020	See Chief Executive Officer's Report on agenda for July meeting	Complete
			Controls and assurances in the corporate risk register to be reviewed to provide more robust assurance for July Board	Director of Governance	02/07/2020	Corporate Risk Registers updated and on agenda at item 6	Complete
043/20	04/06/20	Performance Report	PODC at their meeting in June to review remodelling of the workforce to test resilience should there be a second wave, and to include the impact of 'test and trace' on staff availability.	PODC	02/07/2020	Update from PODC	Open
			PFIC to review expenditure on temporary staff when it meets in June.	PFIC	02/07/2020	Update in PFIC Board highlight report	Complete
			Board to be updated on outcome of capital allocation discussion in July.	Director of Finance	02/07/2020	The STP is awaiting feedback. Recommend transferring to PFIC action log with update going to PFIC and being reported to the Board via their highlight report.	Open
048/20	04/06/20	WTPB Highlight Report	Circulate Walsall Together Partnership Board Highlight Report to members	Trust Secretary	02/07/2020	Circulated	Complete

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

MEETING OF THE PUBLIC TRUST BOARD - Thursday 2nd July 2020			
Chair's Report			**AGENDA ITEM: 5** **ENC: 4**
Report Author and Job Title:	Danielle Oum, Chair	**Responsible Director:**	Danielle Oum, Chair
Action Required	Approve ☐ Discuss ☐ Inform ☒ Assure ☐		
Executive Summary	This is a regular paper providing oversight of Chair and Non-Executive Director (NED) activities relating to the Well-Led framework. The paper includes details of key activities undertaken since the last Board meeting including NED development and resourcing; governance developments; service visits and NED visibility; and external meetings with partners and other stakeholders.		
Recommendation	Members of the Trust Board are asked to note the report		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report.		
Resource implications	There are no resource implications associated with this report.		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives	Safe, high quality care ☒	Care at home ☒	
	Partners ☒	Value colleagues ☒	
	Resources ☒		

Chair's Update

PRIORITY OBJECTIVES FOR 2019/20

1. Safe and High Quality Care

A risk development session was held on 8th June, building on the previous sessions in May and subsequent survey. The Board discussed risk appetite and the board assurance framework with a view to forming the Trust's risk appetite statements.

A Board development session was facilitated by NHSI on 11th June to identify the developments required for our culture and systems to better enable us to be rated as Outstanding on future Well Led assessments. This was complimented with my attendance at the core team meeting of the Governance and Well Led Workstream of the Improvement Programme, where this programme of work was explained. I also attended the core team meeting of the Safe, High Quality Care work-stream of the Improvement Programme, and the updates for these and other workstreams are included in this meeting's agenda.

A Board workshop was held on 18th June in order for the Board to understand in more detail the full business case for the Emergency Department & Acute Medicine new build. The business case will be discussed in Board Committee meetings being held in the week commencing 22nd June and is on the Board's agenda for this meeting for approval.

2. Care at Home

I attended the core team meeting of the Care at Home work-stream of the Improvement Programme. It was good to see the emerging scope of this important work.

3. Valuing Colleagues

Following a Board development session in May, I held discussions with the Freedom to Speak Up Guardians and agreed that a regular "pull up a chair with the Chair" session would provide an opportunity for colleague conversation.

The Board has established a sub-group to support executive colleagues to address workforce race inequality and the impact upon Black, Asian, Minority Ethnic (BAME) colleagues in the Trust. The inaugural BAME Cabinet identified a range of working principles and some immediate actions

4. Working with Partners

I participated in fortnightly regional chairs' meetings and weekly Black Country STP meetings focusing on restoration and recovery, each have identified health inequalities and workforce inequality as priorities.

5. Resources

Along with the Director of Governance and Company Secretary I reviewed the effectiveness of the Nominations and Remuneration Committee, the results of which will be brought back to the Board in September.

The Trust Board sat in extraordinary session following the Audit Committee meeting on 22nd June and approved the annual governance statement; annual audited accounts; and letter of representation.

6. Meetings/Events

I continue to participate in regular COVID-19 Updates sessions with executives and non- executive colleagues.

I am contributing to an NHSEI review of lessons learnt from COVID-19.

RECOMMENDATIONS

The Board are asked to note the content of the report

MEETING OF THE PUBLIC TRUST BOARD – Thursday 2nd July 2020			
Chief Executive's Report			**AGENDA ITEM: 6** **ENC: 5**
Report Author and Job Title:	Richard Beeken, Chief Executive Officer	**Responsible Director:**	Chief Executive Officer
Action Required	Approve ☐ Discuss ☒ Inform ☒ Assure ☐		
Executive Summary	Board members will recall that we have agreed a new approach to the production of Board papers and to drive Board discussion, assurance and decision, with effect from this month. Reporting on the strategic objectives has been packaged for this Board meeting in a way that illustrates the risks to the delivery of those strategic objectives and the ways in which the corporate risk register, performance management and the improvement programme address gaps in controls and assurance as well as generally manage risk. The executive summary for each objective draws these together and sets out where further work is required. There is clearly much more work to do to ensure that we make reporting succinct, accurately describe risks and assure the Board about addressing gaps in control or assurance. To that end, as part of the Well-Led Workstream of the Improvement Programme, a BAF reporting process and template for the Board and its Committees will be proposed to the Audit Committee at their August meeting. This will take into account recent internal and external audit findings and opinions on the BAF as well as best practice, and be reflective of the risk management maturity within the organisation, cognisant of the need for it to be aligned to the improvement programme. The Audit Committee will be asked to satisfy themselves as to the suitability of that reporting proposal before it is rolled out to the Board and its Committees. The report also sets out to the Board, the significant level of guidance, instruction and best practice adoption we received during June 2020 and assures the Board of action being taken against that guidance, through an allocation to the relevant executive director.		

Recommendation	Members of the Trust Board are asked to note the report and discuss the content	
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	This report describes a new approach that has been agreed by the Board to ensure that we drive our business, our seeking of assurance and our decisions, much more explicitly set against our strategic objectives and our ambition to become an outstanding rated Trust. To that end, we are placing our BAF at the heart of each agenda item and the Board will be asked what further actions or different approaches are required to address gaps in control or assurance around the delivery of each strategic objective. For now, we are adding an additional BAF risk around the management of COVID and post-COVID recovery, to provide the right Board oversight of this issue and public accountability for the local delivery approaches to the management of the level 4 national critical incident.	
Resource implications	There are no resource implications associated with this paper, although the report does provide a view on the implications for the Trust as a result of the latest national guidance on capital and revenue approvals and scrutiny, under the COVID – 19 response as well as setting out some early conclusions of the CEO with regard to resourcing our improvement programme work.	
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.	
Strategic Objectives	Safe, high quality care ☒	Care at home ☒
	Partners ☒	Value colleagues ☒
	Resources ☒	

Chief Executive's report

1. PURPOSE OF REPORT

The purpose of the report is to provide the Board with my appraisal of the high level, critical activities which the organisation must deliver in order to mitigate risks to the delivery of our strategic objectives. Those risks are set out in our Board Assurance Framework (BAF).

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

2. BACKGROUND

The Trust has, through its sign off of the 2019/20 Annual Plan, reaffirmed its strategic objectives. We are currently as a Board, reviewing the descriptors of those objectives to maintain their ongoing relevance. Moreover, a corporate strategy refresh will be conducted in 2020/21, for adoption next year. These objectives drive the bulk of our action as a wider leadership team and organisation and indeed, will form the basis of our Improvement Programme, which is Walsall Healthcare Trust's strategic response to our ambition to deliver Outstanding rated services by 2022:

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

The BAF sets out the key risks to the delivery of those objectives. Each Board report will now be linked explicitly, wherever possible, to the relevant section of the BAF. The executive team acknowledge that the BAF needs further refinement and that work is ongoing through the relevant committees. The use of resources section of the BAF needs the most work and the Performance, Finance and Investment Committee (PFIC) has resolved to review and approve that at its July meeting.

3. DETAILS

In this new format, I have taken each element of the BAF and shared the rationale for the current risk matrix score, the details on controls, assurance and the gaps in each. In the section of each BAF element entitled "Future risks and horizon scanning" I have attempted to be candid about how the delivery of each strategic objective needs to be managed, together with other, system or political risks to that approach.

I have also provided comment on the separate BAF risk regarding COVID-19 and in particular, have focused on the restoration, recovery and reset element of our Trust and system planning.

I hope the Board finds this new approach helpful and of course, I will be happy to take feedback on it to refine the approach.

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

Richard Beeken
Chief Executive
25/6/20

MEETING OF THE PUBLIC TRUST BOARD – Thursday 2nd July 2020			
WHT Improvement Programme Update			**AGENDA ITEM: 6** **ENC: 5**
Report Author and Job Title:	Dave Dingwall Improvement Advisor	**Responsible Director:**	Richard Beeken
Action Required	Approve ☐ Discuss ☐ Inform ☐ Assure ☒		
Executive Summary	This paper updates Board Members on progress, risks and issues associated with the WHT Improvement Programme. In summary: 1. Work continues on development and mobilising a set of comprehensive PIDs around the 6 core workstreams of the programme. NEDs have attended each of the reinstated Core Team meetings to review and discuss scope and progress. 2. Internal WHT resources have been aligned to the programme to undertake Improvement Lead roles for the cross-cutting workstream plans and also aligning PMO resources working with the Divisions and Corporate Functions to facilitate and support development and mobilisation of their plans 3. Formal programme governance has been reinstated through Monthly Core Team meetings led by the responsible Executive for each workstream and formal Programme Board. Divisional Governance Reviews yet to be fully developed and implemented Overall progress on PID development has been slower than desired due to the complexity of the work proposed, the volume of planning activity to be completed and in some areas limitations in terms of resource capacity and capability to complete that work at pace and to the detail required. Programme Board, weekly Executive and recent TMB meetings have all communicated the need to ensure urgent finalisation of all PIDs. Resource assessment underway to identify gaps in capacity / capability which may require resolution to ensure delivery and success of programme. Individual workstream progress trackers are included for each strategic objective on this agenda.		
Recommendation	Trust Board members are asked to note the contents of this paper.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	This paper outlines the progress in relation to the development of the WHT Improvement programme and provides assurance to the board on contribution to the mitigation of the risks in relation to the following CRR risks: . 274 / 707 / 2054 / 2066 / 2072 / 2081 / 2082		
Resource implications	There are no resource implications associated with this report.		

Legal and Equality and Diversity implications	The WHT Improvement Programme Plans include an EDI assessment overall and individual assessments for each project.	
Strategic Objectives	Safe, high quality care ☒	Care at home ☒
	Partners ☒	Value colleagues ☒
	Resources ☒	

SAFE HIGH QUALITY CARE - Executive Summary

Key Areas of Success

- The staffing hub has continued to oversee safest possible staffing
- Perfect Ward app contract signed and audits being developed in conjunction with clinical teams; the system will be ready to launch w/c 20th July
- Mental Health Steering Group now established and inaugural meeting taking place in June
- Shared decision making councils now being identified; BAME shared decision making council will have its inaugural meeting in June
- The prevalence of late observations has improved to the best performance for the past 12 months

Concerns

- HSMR rose to 143.5 in March 2020, in line with increased deaths related to Covid-19 pandemic
- VTE risk assessment rates fell during the peak of the pandemic (March – May 2020)
- Electronic discharge summaries completed within 48 hours in <90% cases (YTD)
- Mental Capacity Act assessments in patients deemed to lack capacity carries out in 67% of patients (YTD)
- The updated CQC action plan will have 118 'must do' actions (51 MUST DO and 67 Regulatory actions) and 105 SHOULD do actions

Controls and Assurance

- STP process for learning from community Covid deaths has been set up with the CCG, Acute Trusts, social care, care homes and public health
- Care Excellence Programme incorporates plans to improve performance against key quality metrics, including VTE and MCA assessments
- Weekly safeguarding position statement and daily reviews of all patients with dementia or learning disability continue
- Care Excellence Strategy in development which will focus on the delivery of excellence in relation to care outcomes, patient/public experience and staff experience; engagement with acute and community staff taking part during June
- RED FLAG staffing incidents are now being reported. In future, the number of RED FLAG incidents will be reported to QPES within the staffing report
- New CQC action plan oversight meeting will have inaugural meeting in June

BAF RISK S01 - Safe and High Quality Care

Risk: The Trust fails to deliver excellence in care outcomes, and/or patient/public experience which impacts on the Trusts ability to deliver services which are safe and meet the needs of our local population.

Rationale for current score

- Lack of a clear quality strategy Impacts on our ability to accurately monitor and assure care outcomes
- Significant gap in the Trusts approach to patient engagement and patient involvement.
- Impact of pandemic of COVID-19 resulting in changes in practice and delivery of care from central government command and control resulting in reactive policy and clinical practice changes
- Failure to complete CQC Must and Should do actions
- Gaps in the number and quality of clinical guidance's and policies and procedures to ensure safe and quality care

	Impact	Likehood	Score
Initial Risk Rating	**5**	**5**	**25 (Major)**
Current Risk Rating	**5**	**4**	**20 (Major)**
Target Risk Rating	**5**	**2**	**10 (Moderate)**

Quality, Patient Experience and Safety Committee (QPES) review

QPES reviewed the Board Assurance framework at their meeting on 25th June, confirming the approach to merge BAF risks S01 and S02, and seeking clarity on improvement programme initiatives to address the gaps in controls and assurance.

Future risks and Horizon Scanning

- Resources to deliver the Care Excellence Programme and Pathway to Excellence approach need securing more substantively. We must be honest about the baseline on the delivery of the fundamentals of care, which hasn't moved on significantly since our 2019 CQC inspection
- Further assurance to QPES and Board needs to be delivered through the safe, high quality care workstream regarding the roll out of best practice and national guidance
- Potential second wave of Covid-19 may both divert this activity and generate further, previously mitigated, quality risks. For example, the patient safety implications of lengthening RTT waits
- A critical interdependency is with the Partners workstream, given the limitations of some acute services to respond due to critical mass/diseconomy of scale issues and workforce gaps
- Programme management resources for the whole improvement programme are a constraint and needs investment, particularly from both an improvement activities facilitation perspective and report writing/assurance perspective. The executive will develop proposals in this regard for further Board consideration

BAF RISK S01 - Safe and High Quality Care

Controls

- Quality Review 6 monthly reviews in place with NHSi/CQC
- Clinical Guidelines/ Policies and Standard Operating Procedures in place
- Clinical divisional structures, accountability & quality governance arrangements at Trust, division, care group & service levels
- Staffing meetings twice a day with agreed escalation process.
- PCIP action plan in place
- Patient Experience group in place, Robust Governance and quality standards managed and monitored through the governance structures of the organisation, performance reviews and the CCG/CQC
- Clinical audit programme & monitoring arrangements
- Safety Alert process in place
- Freedom to speak up process in place

Gaps in Control

- PCIP governance framework and process not fully embedded into the organisation
- VTE performance continues to be below the Trust Target
- Deterioration in the Trusts complaints response performance
- Mental Capacity Act compliance below the Trusts Standards
- Lack of current registration for the regulated activity of assessment or medical treatment for persons detained under the Mental Health Act 1983 at Manor Hospital.
- Out of date clinical Policies, Procedures, clinical guidelines and SOP's
- Training performance not meeting set targets

Assurance

- Quality Governance process are in place with oversight and escalation process in place throughout the organisation. Escalations are reported to QPES each month.
- Quality, Patient Experience and Safety Committee meets monthly and provides assurance to the Board on quality outcomes
- Duty of Candour is reported quarterly, and patient experience is reported monthly to QPES
- CQC report (2019) showed improvement and the Trust was rated as 'outstanding' for caring
- Ward Review process in place which provides assurance on the quality of care
- External Performance review meetings in place with NHSi/CQC/CCG
- Monthly Quality meetings with NHSi and CQC
- External review undertaken on the SI processes
- Improvement programme in place to oversee and monitor improvements associated with the Trust delivery of Safe, and High Quality Care.

Gaps in Assurance

- Outstanding CQC 'MUST' and 'SHOULD' do actions remain outstanding
- Trust CQC rating requires improvement
- Quality Concerns raised to CQC
- A number of national audits outcomes remain below national average
- NHSi review insufficient assurance on infection control standards
- External audit Assurance relating to the annual quality account has been deferred owing to COVID-19
- Inconsistent evidence both through quality governance structures and performance reviews, of practice having changed as a result of learning from RCAs

Corporate Risk Assessment - Safe and High Quality Care

Risk Description	Review Date	Current Score	Review commentary
Risk 1986- Delays in access to Tier 4 in-patient psychiatric care for Children and Young People (CYP)	10th June 2020	4-Severity 4-Likehood Score 16	Further meetings have taken place, however there is an acknowledgement that this risk still requires amendment and updating. A mental health steering group is being set up which will look at all mental health pathways within the organisation
Risk 2051- Inability to mitigate the impact of Covid-19, results in possible harm and poor patient experience to the people of Walsall.	16th June 2020	4-Severity 4-Likehood Score 16	A number of actions completed a clinical risk review of Covid Services and changes presented to QPES in May. A lessons learnt exercise will be undertaken and will be presented to Committee in September and Board in October.
Risk 2066- There is a risk of lack of skilled registered nurses (RN's)/registered midwives (RM's) on a shift by shift basis affecting our ability to consistently maintain delivery of excellent standards of care delivery and excellent patient and staff experience.	17th June 2020	4-Severity 4-Likehood Score 16	The staffing hub is no longer required as the staffing position is currently stable. If COVID demand increases then the hub will be reinstated. We have reduced the numbers of Volunteers and Administration roles to complete tasks to free up Registered Nurses to deliver direct patient care, allowing stabilisation of staffing A review of the Nursing Associate Modelling and the aligned budgets have commenced. Planned recruitment is now recommencing

Walsall Healthcare NHS
NHS Trust

QUALITY, PATIENT EXPERIENCE SAFETY COMMITTEE

		Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	2020/21 YTD	2020/21 Target	2019/20 YTD	SPC Variance	SPC Assurance
SAFE, HIGH QUALITY CARE												
No.	HSMR (HED) nationally published in arrears	129.59	118.77	111.19	143.25				100	110.28		
No.	SHMI (HED) nationally published in arrears	109.39	96.35	94.71					100	110.73		
No.	MRSA - No. of Cases	0	2	1	0	0	0	0	0	4		
No.	Clostridium Difficile - No. of cases	6	2	4	5	4	3	7		36		
Rate	Pressure Ulcers (category 2, 3, 4 & Unstageables) Hospital Acquired per 1,000 beddays	0.93	0.92	0.65	0.83	1.29	0.71					
Rate	Pressure Ulcers (category 2, 3, 4 & Unstageables) Community Acquired per 10,000 CCG Population	0.14	0.17	0.17	0.1	0.24	0.45					
Rate	Falls - Rate per 1000 Beddays	3.91	4.67	4.81	5.32	5.63	6.52		6.63			
No.	Falls - No. of falls resulting in severe injury or death	2	3	0	0	0	0	0	0	20		
%	VTE Risk Assessment	88.87%	92.61%	94.04%	90.75%	84.24%	91.13%	87.86%	95.00%	92.22%		
No.	National Never Events	0	1	0	0	0	0	0	0	1		
Rate	Midwife to Birth Ratio	33.3	30.7	28.1	31.9	32.0	29.6		28			
%	C-Section Rates	30.06%	30.36%	30.58%	29.55%	29.63%	33.94%	31.71%	30.00%	30.16%		
%	% of Emergency Readmissions within 30 Days of a discharge from hospital (one month in arrears)	12.13%	12.72%	11.21%	10.25%	12.94%		12.94%	10.00%	11.50%		
%	Electronic Discharges Summaries (EDS) completed within 48 hours	82.24%	82.57%	82.93%	83.52%	89.77%	88.65%	89.17%	100.00%	84.59%		
%	Compliance with MCA 2 Stage Tracking	72.34%	87.23%	48.72%	26.67%	73.91%	64.44%	67.65%	100.00%	62.61%		
%	Friends and Family Test - Inpatient (% Recommended)	95%	96%	94%	95%		89%		96%			
%	PREVENT Training - Level 1 & 2 Compliance	89.99%	89.01%	89.99%	90.73%	90.65%	90.70%		85.00%			

Walsall Healthcare NHS
NHS Trust

QUALITY, PATIENT EXPERIENCE SAFETY COMMITTEE

		Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	2020/21 YTD	2020/21 Target	2019/20 YTD	SPC Variance	SPC Assurance
%	PREVENT Training - Level 3 Compliance	88.33%	75.25%	78.36%	79.24%	79.97%	80.82%		85.00%			
%	Adult Safeguarding Training - Level 1 Compliance	94.89%	95.63%	96.45%	96.46%	95.47%	96.55%		95.00%			
%	Adult Safeguarding Training - Level 2 Compliance	84.50%	82.14%	83.37%	84.31%	84.14%	86.38%		85.00%			
%	Adult Safeguarding Training - Level 3 Compliance	86.00%	55.76%	59.32%	58.50%	58.30%	56.77%		85.00%			
%	Children's Safeguarding Training - Level 1 Compliance	89.12%	87.49%	88.94%	87.73%	86.46%	88.42%		95.00%			
%	Children's Safeguarding Training - Level 2 Compliance	86.95%	84.51%	86.63%	86.35%	86.43%	86.94%		85.00%			
%	Children's Safeguarding Training - Level 3 Compliance	85.28%	80.53%	80.76%	81.29%	78.97%	78.89%		85.00%			

Appendix A: WHT Improvement Programme Progress Tracker

Date: 30 June 2020

Note: this is the first month reporting this level of detail and process needs to mature over future monthly reporting cycles

		Project Admin							PID Generation							Project Tracking							Risk Summary Status			
	Latest Report Received	Project Ref	Strategic Workstream	Focus Area	Project Title	Workstream Lead	Division / Function	Project Lead	Project Brief	Implementation Plan	Risks, Issues & Mitigations	Benefits / Costs Assessment	Stakeholder Enagement	QIA/EDI	PID Sign-off	Project Mobilisation	Define & Scope	Measure & Understand	Design & Plan	Pilot & Implement	Sustain & Share	Benefit Assessment and Project Close-out	Project Delivery	Project Resource Availability	Benefits Realisation	Comments from Project Lead and Improvement Programme Lead
		SHQC 1	Safe, High Quality Care	CQC Recommendations	MCA & DoLS	Charlotte Hill	All Divisions	Jennifer Robinson															Green	Amber	Amber	
		SHQC 2			Develop Single CQC action plan which incorporates outstanding actions from 2017/2018/2019	Ann-Marie Riley	All Divisions	Nicola Boyes															Red	Red	Red	
		SHQC 3		Pathway to Excellence	Perfect Ward	Kerry Jones / Alison Doyle	Trust	Alison Doyle															Green	Red	Amber	App questions being developed
		SHQC 4			Ward Accreditation	Kerry Jones / Alison Doyle	Trust	Alison Doyle															Green	Red	Amber	established programme for this to be transferred into PID
		SHQC 5			Recognising Good Care	Kerry Jones / Alison Doyle	Trust	Alison Doyle															Green	Red	Amber	
		SHQC 6			Shared Decision Making Councils	Kerry Jones / Alison Doyle	Trust	Alison Doyle															Green	Red	Amber	
		SHQC 7			Policies, Procedures & Guidelines	Kerry Jones / Alison Doyle	Trust	Alison Doyle															Green	Red	Amber	Long list of policies for review and re-write identified, each section of PID will work on the relevant policies for their area
		SHQC 8			Professional Development & Practice Model	Kerry Jones / Alison Doyle	Trust	Alison Doyle															Green	Red	Amber	
		SHQC 9			Care Excellence Strategy Development	Kerry Jones / Alison Doyle	Trust	Alison Doyle															Green	Red	Amber	Initial meetings with staff groups underway
		SHQC 10			Care Excellence Comms & Engagement Plan	Kerry Jones / Alison Doyle	Trust	Alison Doyle															Green	Red	Amber	
		SHQC 11		Care Excellence Priorities	Patient Engagement / Experience	Ann-Marie Riley	Trust	Louise Mabley															Red	Amber		
		SHQC 12			Learning from Deaths	Manjeet Shehmar	Trust	Manjeet Shehmar															Amber	Amber	Amber	
		SHQC 13			Improved Cancer Pathways	Manjeet Shehmar	Trust	Charlotte Hill															Amber	Amber	Amber	Focussingon Respiratory Cancer Pathway in conjunction with UHB
		SHQC 14			Maternity & Neonatal Services	Manjeet Shehmar	WCCSS	Carla Jones-Charles / Fateh Ghazal															Amber	Amber	Amber	Covers the Maternity & Neonatal National Patient safety Improvement Programme
		SHQC 15			Paediatric & Young People	Alison Doyle	WCCSS	Charlotte Yale / Suzanne Jarvis															Amber	Amber	Amber	New section being worked on by Care Group
		SHQC 16			Mental Health, Safeguarding including MCA & DOLs	Ann-Marie Riley	Trust	Nuala Waide															Amber	Amber	Amber	Significant work undertaken on MCA and DOLs (see CQC section) Work undertaken on MHA Administration, PID needs to reflect these.
		SHQC 17			National Improvement Programmes	Matthew Lewis	Trust	TBC															Amber			This covers all the National Patietn Safety Improvement Programmes, NatSSIPs, LocSSIPs and HQIP benchmarking
		SHQC 18			Seven Day Services	Lorraine Moseley	Trust	Lorraine Moseley / Kelly Geffen								Division leads to hit	NHSE									
		SHQC 19			Safe and Sustainable Staffing	TBA	Trust	Charlotte Hill / Gaynor Farmer																		Newly added section - all different aspects to be pulled together
		SHQC 20			Embedding a culture of Continuous Qi	Joyce Bradley	Trust	Joyce Bradley															Amber	Red	Red	Delivery plans for training scuppered by COVID19
		SHQC 21			Documentation & improved Clinical communication	Mathew Lewis	Trust	Charlotte Hill / TBA																		CH focussing on patients Letters - changes were due March - delayed due to COVID19
		SHQC 22			Research & Development	Matthew Lewis	Trust	Marie Lewis																		Newly added to PID
		SHQC 23			Best Practice Care (i.e. GIRFT)	Matthew Lewis	Trust	Lorraine Moseley																		Existing schedule to be reviewed and added to PID
		SHQC 24			Learning from COVID19	Manjeet Shehmar	Trust	Manjeet Shehmar																		Newly added to the workstream
		SHQC 25		Harm Free Care	Tissue Viability	Alison Doyle	Trust	David Powell / Tissue Viability Team															Amber			Implementation Plan agreed with David Powell (Quality Matron) and Tissue Viability Team
		SHQC 26			Sepsis/Deteriorating Patient Bundle (inc NEWS, VTE)	Manjeet Shehmar	Trust																Amber			Clinical lead to be confirmed
		SHQC 27			Falls & Functional Deterioration	Alison Doyle	Trust	Jo Adams															Amber			Original plans prior to COVID19 to be reviewed
		SHQC 28			Healthcare Associated Infections	Manjeet Shehmar	Trust	Mandy Beaumont / Alison Hesseltine															Amber			IPC have plans in place PID needs to reflect these once agreed
		SHQC 29			Medication Administration and Prescribing	Manjeet Shehmar	Trust	Liz Payne Medicines Safety Officer															Amber			First element to be reviewed is Oxygen prescribing - time commitments hindering set up
		SHQC 30			Nutrition and Hydration	Caroline Whyte	Trust	David Powell / Catherine Gallimore																		Recently added section arranged to catch up with team.
		SHQC 31			Continence	Caroline Whyte	Trust	David Powell/ Michelle ?																		Recently added section arranged to catch up with team.
		SHQC 32			Medical Equipment Replacement and Training	Lorraine Moseley	Trust	Lorraine Moseley / Michael Koushi																		Equipment Replacement meeting restarted - update expected

Project Progress Key:

- Blue - completed
- Green – Mature / Good progress
- Amber - Maturing / Slow Progress
- Red - No progress
- Blank - Not planned to start / Not relevant

Red - Update report not received from project team

MEETING OF THE PUBLIC TRUST BOARD - Thursday 2nd July 2020			
Hospital Mortality – Learning from Covid Deaths			**AGENDA ITEM: 7** **ENC: 6F**
Report Author and Job Title:	Dr Manjeet Shehmar Deputy Medical Director	**Responsible Director:**	Dr Matthew Lewis Medical Director
Action Required	Approve ☐ Discuss ☒ Inform ☒ Assure ☒		
Executive Summary	The Quality, Patient Experience and Safety Committee ("QPES") has agreed that the Mortality Report is produced on a quarterly basis with the next report due there August. This report covers a specific request from the Chair to provide assurance around learning from Covid-19 related deaths. An overview of hospital Covid-19 deaths is included with demographical data. QPES will receive an update from the hospital Covid-19 learning programme in July, and full analysis in August. It is anticipated that the STP wide review will be presented to the STP Board in September.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	• BAF001: Failure to deliver consistent standards of care to patients across the Trust results in poor patient outcomes and incidents of avoidable harm. • CRR 2051: Inability to mitigate the impact of Covid-19, results in possible harm and poor patient experience to the people of Walsall.		
Resource implications	• Additional external Medical Examiner (ME) support for Covid • Refurbishment of a potential location for the ME and LFD teams		
Legal and Equality and Diversity implications	• The equality and diversity implications to the trust for patients with learning disabilities are managed according to the trust policy and LeDeR recommendations. • National legislation relating to the review of child and perinatal deaths has been implemented.		
Strategic Objectives	Safe, high quality care ☒	Care at home ☒	
	Partners ☒	Value colleagues ☒	
	Resources ☒		

The Medical Directorate have formed a fast response system to co-ordinate the care to Covid Positive patients in order to ensure that every patient receives care which is:

1. Grounded in the best evidence available
2. In line with known best practice from other units
3. Reactive to changes in evidence and local population requirements
4. Standardised to reduce clinical variation
5. Easily accessible and collaborative with the wider NHS
6. Implemented through a feasible structured training programme
7. Auditable to enhance fast learning

As such, the Trust has developed a suite of evidence based, best practice clinical protocols for Covid care in hospital and community settings.

Hospital Covid-19 Learning programme

All cases of patients who die from Covid-19 in the hospital are undergoing structured judgment reviews. Any death where the SJR score is 3a or below (inadequate care or below) has an incident form raised to be investigated via the Trust Governance structure. The SJR tool has been amended to review deaths from Covid against the Trust Covid clinical pathway. The amended tool includes data collection about BAME background, occupation, postcode and co-morbidities to look for associations with mortality.

So far, 88 of the 209 deaths have been reviewed. A group of SJR trained clinicians will be completing the remaining reviews in a workshop in June and the data from the reviews will be analysed for report to Mortality Surveillance Group and QPES in July. The Trust have committed to undertaking cluster root cause analyses for all cases where the SJR has deemed care to be at a level 3a or below.

Community mortality reviews

The STP has set up a review of community deaths from Covid-19. The Director of Public Health Walsall has confirmed that for the period 1.3.20 till end of May, we had 79 care home deaths, 5 hospice deaths, 5 ‘home’ deaths and 1 elsewhere with a total of 105 deaths to review.

A Black Country and West Birmingham STP Covid mortality review group has been set up to include representation from the CCG, Trust mortality leads and Medical Directors, Directors of Public Health, adult social care representatives, Public Health England and care home representatives. The key outcomes will be:

- Develop an understanding across all organisations of the factors across the health economy which contributes to Covid related community deaths.
- Ensure key themes and trends are understood and shared across system partners.
- Ensure timely and proportionate improvement as a result of lessons learnt are measured, owned and understood.
- Development of a system wide strategy to protect the vulnerable.

Walsall Healthcare Trust will be involved in providing training for structured judgment reviews. The review will include evaluation of end of life care, care provision by the primary care team, community team and care home.

Indications for mortality review:

- All deaths within care/nursing/residential homes
- Unexpected deaths
- Deaths within COVID listed as cause of death
- Deaths in people with Learning Disabilities or Significant Mental Health issues
- Deaths where bereaved families/carers or staff have raised significant concern
- Random sample of 10% of deaths

The proposed reviews will be undertaken by a team to include primary care physicians (GPs), advanced nurse practitioners/matrons, care of elderly physician (part of community team), specialist palliative care team, care home nursing team.

The outcome of mortality reviews/thematic analysis will be reviewed at a Mortality Improvement Group (MIG) and shared with STP Mortality review groups as well as reported via the organisational governance structures.

CARE AT HOME - Executive Summary

Key Areas of Success

- Referrals to the care coordination service increased significantly in April which is expected as the new model comes online fully
- Locality teams continue to manage activity within the Covid modified resource that we have effectively
- Additional work through care coordination is absorbed by the Rapid Response Team with increased support provided by the Locality Teams. This has proven really successful as overflow to the main RR team
- The numbers of patients at WMH who are medically stable has continued to reduce during April and May to the lowest levels ever recorded
- Length of stay for patients being discharged from community bed-based services has decreased and is now in line with the local target.
- Therapy teams are now looking at ways to improve length of stay in community pathways by trialling different support models such as following the patient through the pathways
- Redesign of outpatients during Covid into a virtual model of video and telephone consultations has been successful. This short term plan is now being developed under the improvement programme to continue post Covid where appropriate. More importantly, the shift of services into the community and integrating primary, community and secondary care is underway within the same programme

Areas of Concern;

- Length of stay in intermediate care community domiciliary pathways has increased slightly and work is ongoing to understand this growth and respond with therapies.
- Significant improvements that have been seen in discharge pathways are a result of removing funding panels and assessment. The system and commissioners will need to be brave to leave these omitted post Covid. However the recent investments in this will mean that a new normal of 40 – 50 pt.'s should be achievable
- New referrals to locality teams has fallen away and whilst being explainable more activity from other areas of the pathway have replaced this activity. A mapping exercise is underway to ascertain if this activity is one in the same or will present an material challenge as elective care recommences
- Demand on therapy services is on the rise and the activity increase is not yet understood. Work is underway to map the pathways to find the reason for the increase
- Since the start of Covid it has become clear that the data set mapping community services is not through enough and resource needs to be allocated for a comprehensive business intelligence team. A discussion is underway with all partners to see what options present collectively.

Controls and Assurance;

- Walsall Together Senior management team meetings (currently x3 per week)
- Walsall Together Clinician and practitioner leadership group (monthly)
- Walsall Together partnership board
- Care at Home workstream in the Improvement Programme reporting directly on Outpatient redesign and shortly BMAT, Integrated Front Door and Frailty Service
- Walsall Together programme team reporting to Partnership Board and including updates through Improvement programme

BAF RISK S02 – Care At Home

Risk: Failure to develop and cultivate effective partnerships within the local integrated care partnership, impacts on the Trust's ability to deliver care in patients homes, or in local community setting which results in poor patient experience; poor patient outcomes; and continued reliance on acute and emergency based care provision

Rationale for current score

- Continuation of engagement with PCNs but it is not as progressive as required at this point
- Maturing place-based teams in all areas of Walsall on physical health and Social Care. Additional integration required for Mental Health although planning underway but not committed yet.
- Communications Lead now in post but will take a few months to build momentum
- Commencement of system data but this is very much in its infancy
- Walsall Together shortlisted for national governance award
- Risk Stratification process for COVID developed with partners which demonstrates the evolving maturity of the partnership
- Substantial improvements in medically fit for discharge before and during COVID 19
- Virtual clinics and community outpatients progressing at a quicker pace now COVID response in place
- Partnership approach agreed for mortality reviews with care homes

	Impact	Likehood	Score
Initial Risk Rating	**4**	**4**	**16 (Major)**
Current Risk Rating	**4**	**3**	**12 (Moderate)**
Target Risk Rating	**4**	**2**	**8 (Low)**

Future risks and Horizon Scanning

- Despite strategic coherence of Walsall Together case and plan, there is a continued risk to its delivery by virtue of NHS exchequer resources being diverted to regional priorities around elective recovery, post-COVID and, of course, due to deepening financial pressure on the local authority, going forward. Our mitigations must now start to include other, non-statutory partners and use their creativity and access to different revenue streams, particularly with regard to tier 0 in the care model
- There are tensions between the PCNs and the Trust with regard to the pilot work being launched on post-COVID changes to outpatient referral pathways. The new CCG Managing Director is working closely with us to resolve this, along with the CCG Chair
- STP Board on 25/6 agreed to move rapidly to a formal ICP environment in BCWB from 1/4/21 if possible. Achieving greater consistency of both governance models and care integration was agreed as necessary and to be overseen by the STP Board

BAF RISK S02 – Care At Home

Controls

- Executive Director recruited
- Non-Executive Director appointed
- Business case approved by Partners
- Alliance agreement signed by Partners
- Governance structure in place and working.
- S75 now approved by both governance structures and legal drafting nearing completion
- Integration of performance data across the partnership is being progressed and reported to the Walsall Together Committee

Gaps in Control

- Lack of investment across the health economy impacts on the delivery of the Partnership. Given the recent commitment by the Trust to investment this is mitigated in part but needs other providers to do the same
- Commissioner contracts to be aligned to Walsall Together
- Data needs further aligning to project a common information picture

Assurance

- Walsall Together Committee in place overseeing assurance of the partnership
- STP oversight of 'PLACE' based model
- NHSi support of Walsall Together
- Walsall Together included on Internal Audit Programme
- Risk management now underway at a locality level.
- Divisional quality board now starting to look at the integrated team response.
- Oversight by Health and Wellbeing board

Gaps in Assurance

- NHSi Walsall Together assurance meeting deferred owing to COVID-19
- Internal Audit not commenced
- Limited in overall external assurance as regulators inspect individual organisations and as yet have not developed 'PLACE' based inspections

Walsall Together Partnership Performance Pack

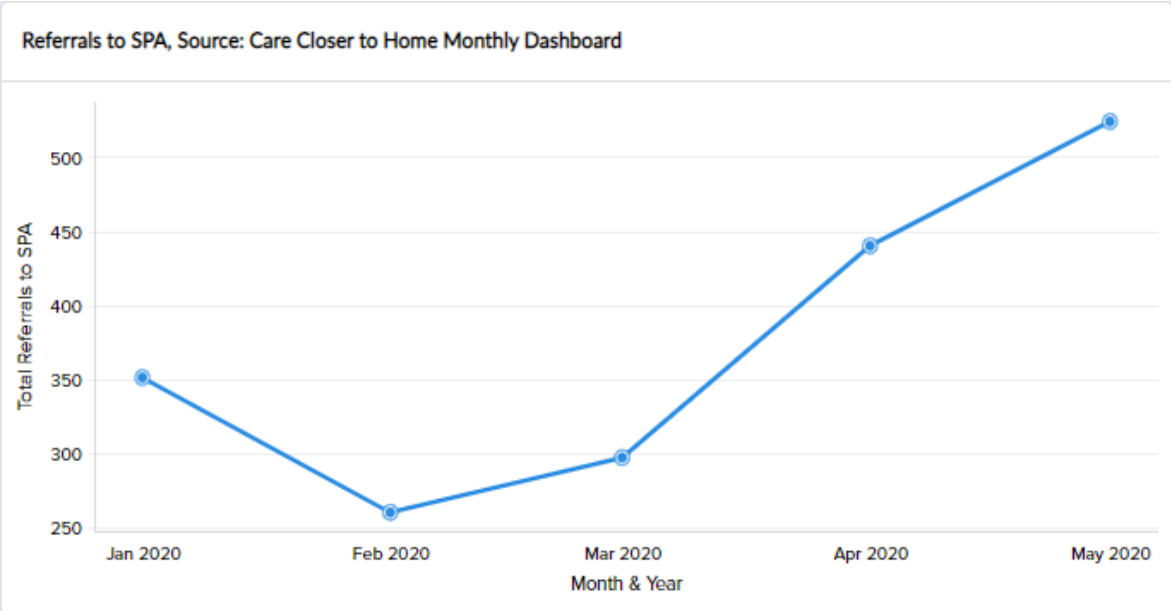
Daren Fradgley
Director of Integration / Deputy CEO

Care Coordination Service

Data Source: Care Closer to Home Monthly Dashboard

The Care Coordination service (previously known as SPA) is a single telephone number that allows GPs and WMAS to refer patients in exacerbation or crisis that would otherwise have required an attendance or admission to hospital. On average, approximately 60% of referrals are dispositioned to Rapid Response; the data on dispositions will be available in next month's reporting.

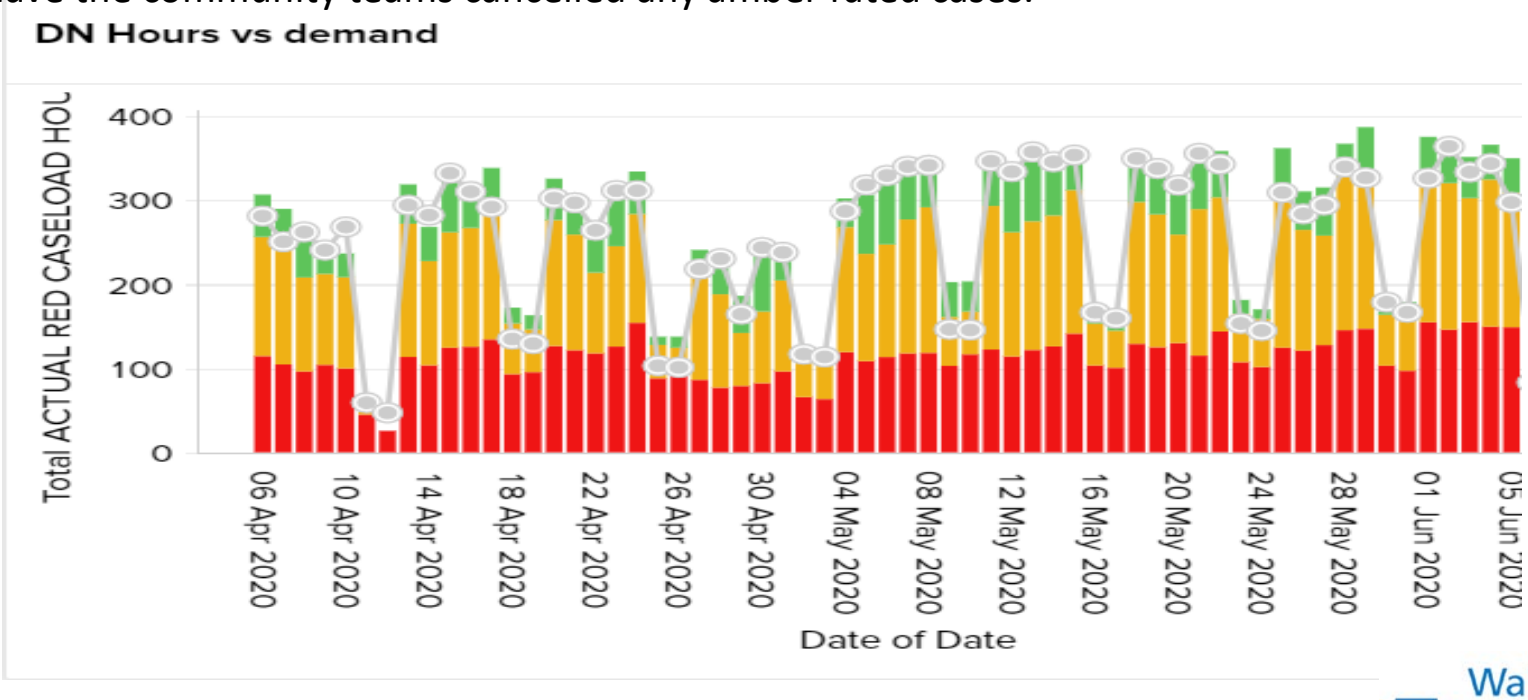
Referrals to Care Coordination have increased significantly during April and May as we have seen a surge in demand from primary care.



Community Work Streams

District Nursing Capacity and Demand

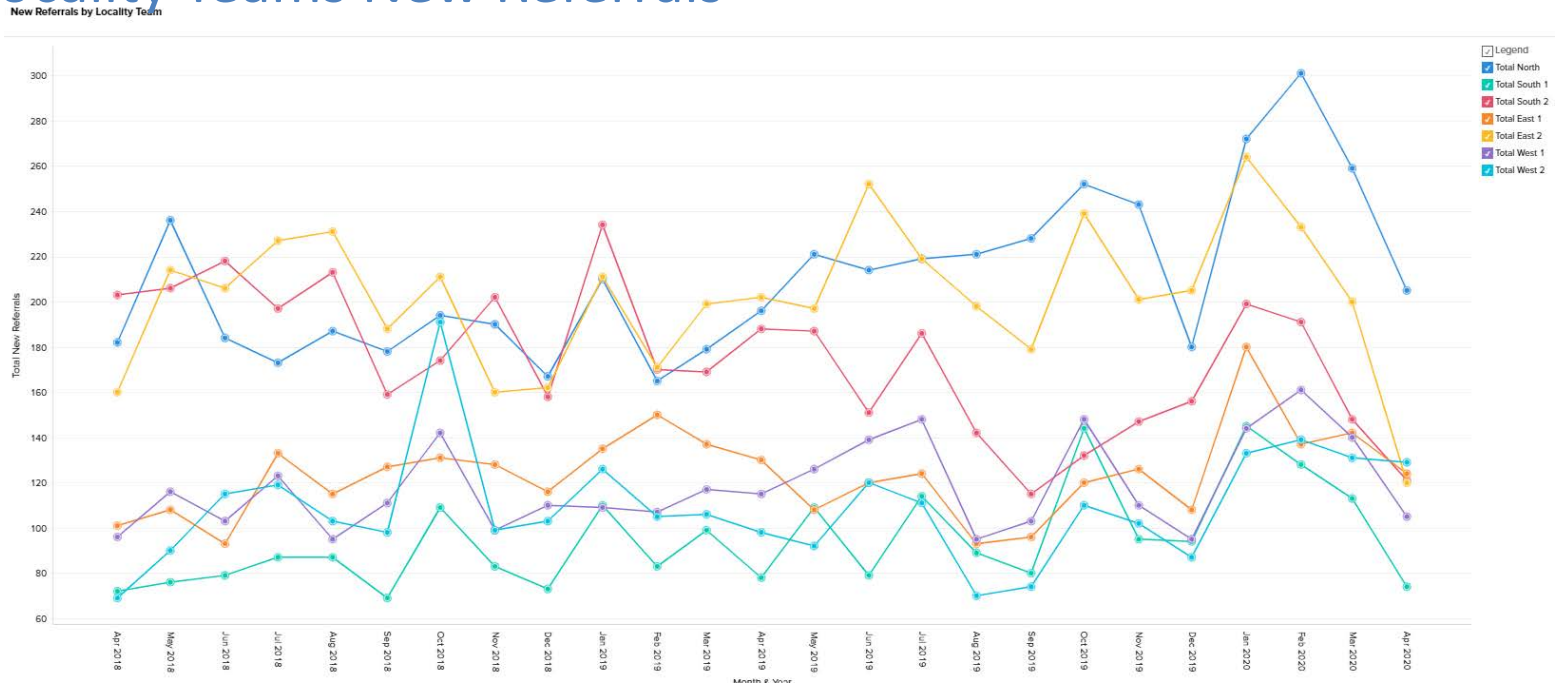
- The community services have continued to split the work allocation by locality teams into Covid and non-Covid streams in order to reduce opportunity for cross infection and spread
- Workforce pressures continue to be reviewed daily to identify demand against capacity, with staffing resource being moved across localities to address any shortfalls.
- The RAG chart below shows that the teams have managed to balance capacity demand on most days and stay within green escalation on days when not possible. At no point during the response have the community teams cancelled any amber rated cases.



Walsall Together

Community Work Streams

Locality Teams New Referrals



- New referrals to locality teams continue to fall to all 7 place based teams. This is a combination of reduced activity in elective care and referrals from other health providers.
- Current activity within the teams however continues to climb which demonstrates that patient acuity continues to increase within the community. It is also noted that referrals back from GP's for current case loads is starting to climb. This further demonstrates that the patient flows in the system continue to change as does the pressure on providers. The wider concern here will be one of capacity when new referrals return. Work is ongoing to review this capacity.

Walsall Together

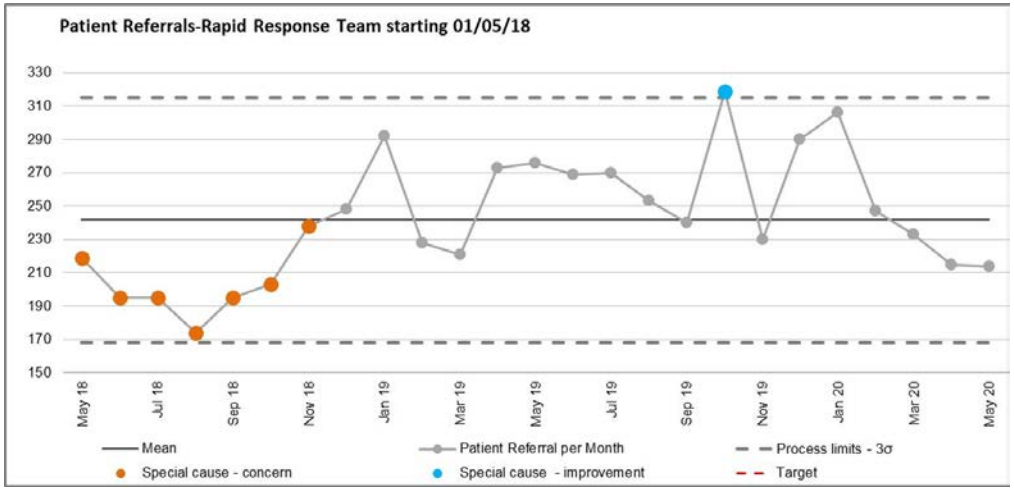
Rapid Response

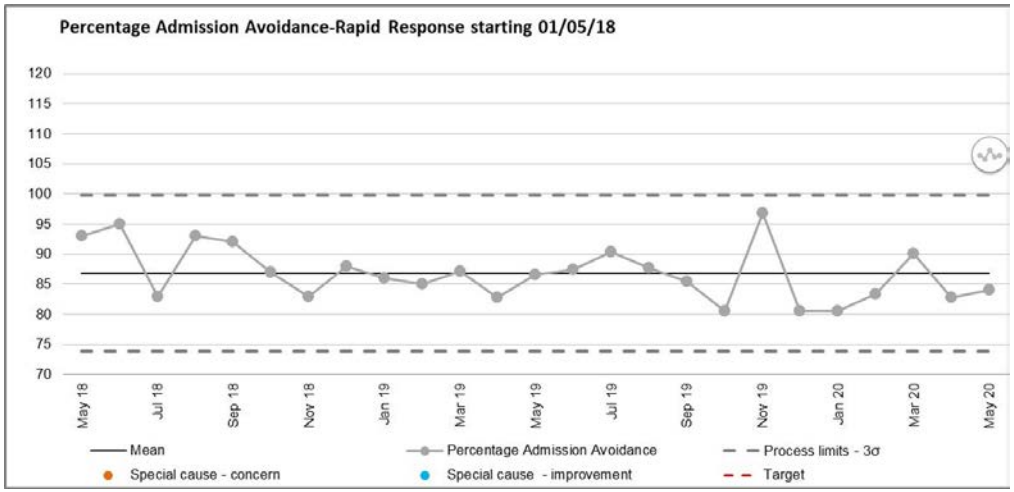
Data Source: Care Closer to Home Monthly Dashboard

Community services have sought to deal with the increased referrals by disposing directly into locality teams as well as Rapid Response. This has helped deal with capacity issues within Rapid Response due to their focus on the acute demand in care homes seen during this month.

The mobilisation of additional resources to support the care homes enabled Rapid Response capacity to be protected in the latter part of April and into May.

The Committee is asked to note the detail of the second graph, which shows that whilst there has been a slight decrease in the percentage of admissions avoided during April, the service remains in line with the trend over the previous 12 months and has recovered somewhat in May.





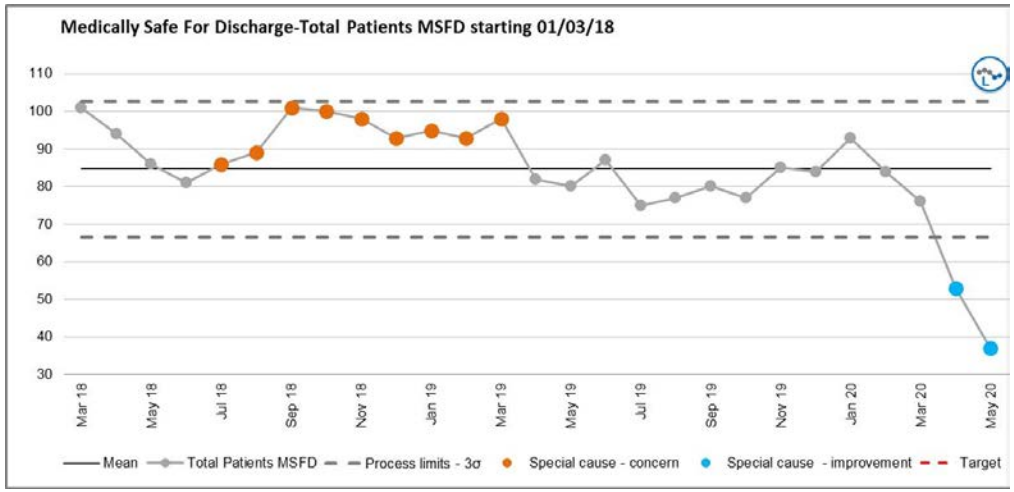
Walsall Together

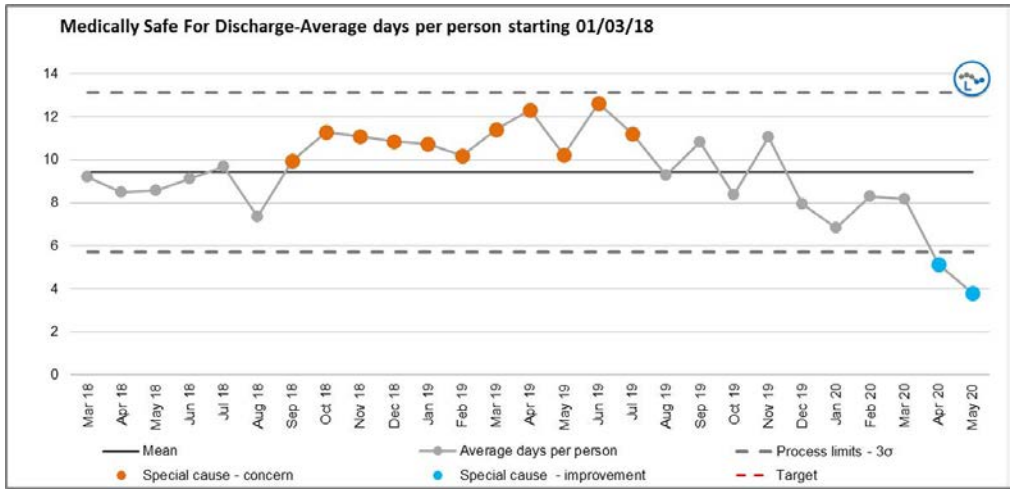
Medically Stable for Discharge

Data Source: MFFD List

Performance in this area remains strong and is further enhanced by the Covid response. There has been a significant decrease in the number of MSFD patients on this pathway during April and May, which reflects the now embedded Covid actions that are aimed at reducing both numbers and length of stay.

This trend also reflects the additional support that has been embedded in care homes to mitigate the risk of care home infections and poor staffing.





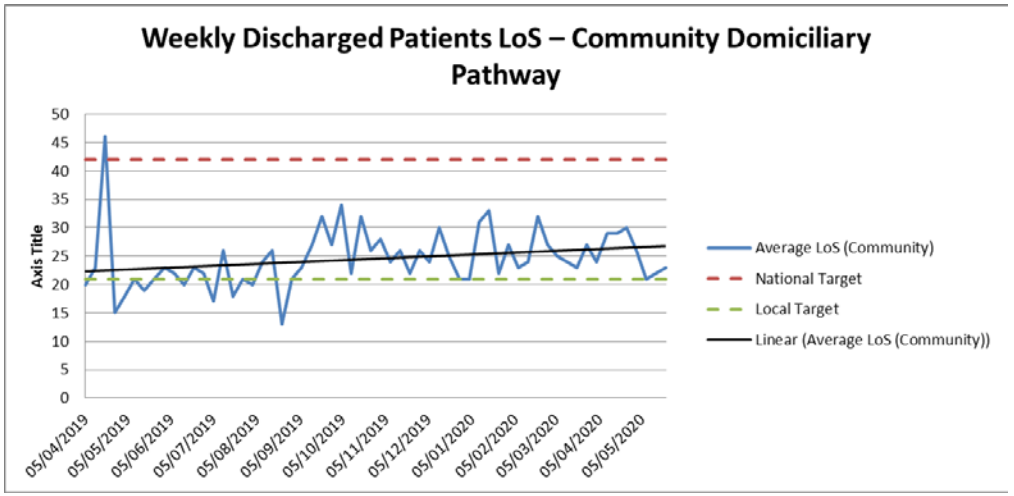
Walsall Together

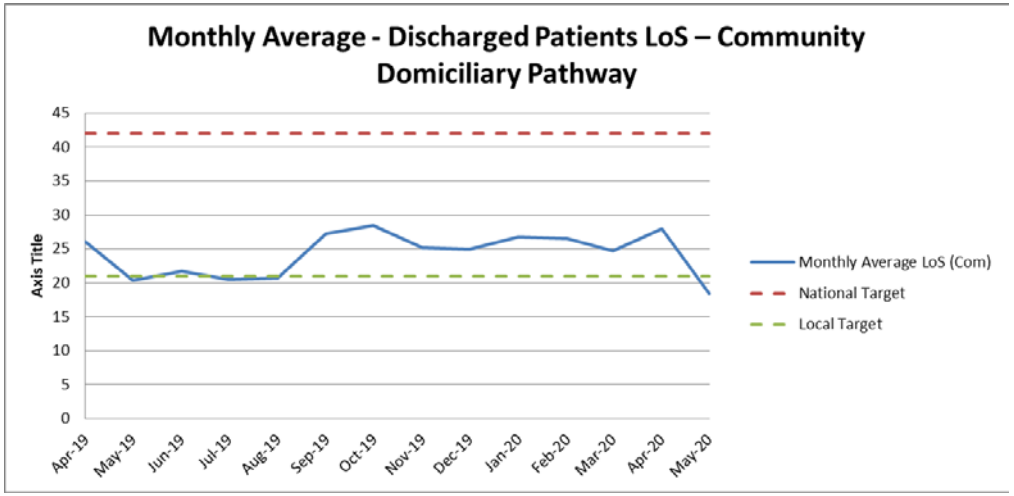
Intermediate Care Services - Community Pathways

Data Source: ICS Weekly Dashboard

Performance continues to be strong in the length of stay in community pathways. Work is currently ongoing to look at different therapy models to challenge some of the longer delays in these pathways and continue the step change seen in the MSFD numbers

Discharges to Domiciliary Care remain strong. However further work is ongoing to understand the LOS growth albeit slow. Additional therapy support in this area is also required and is being designed.



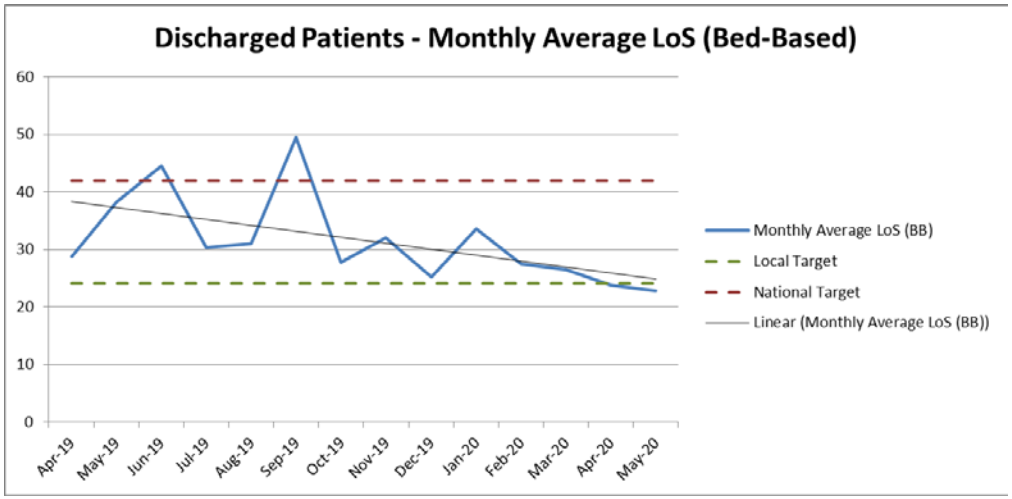


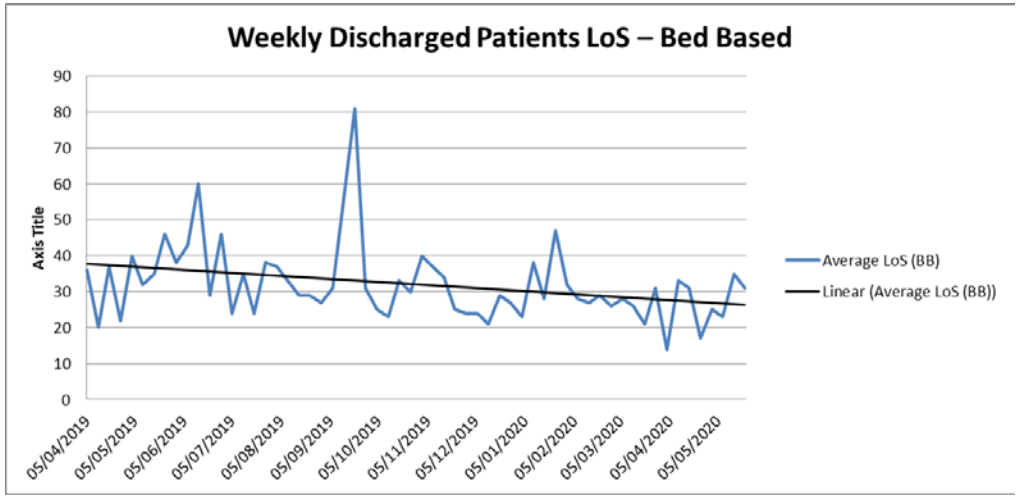
Intermediate Care Services - Bed Based

Data Source: ICS Weekly Dashboard

The data shows that performance is strong against the bed based services. April's and May's data shows that length of stay in these pathways is now in line with the ambitious local target.

There is a clear downward trend indicating that length of stay continues to fall for patients on this pathway. This data relates solely to patients who are discharged from community beds. There is a cohort of patients remaining in beds for whom the service is unable to complete full assessments due to the suspension of national arrangements for some long term placements





Walsall Together

Appendix A: WHT Improvement Programme Progress Tracker

Note: this is the first month reporting this level of detail and process needs to mature over future monthly reporting cycles

Date: 30 June 2020

			Project Admin								PID Generation								Project Tracking								Risk Summary Status				
	Latest Report Received		Project Ref	Strategic Workstream	Focus Area	Project Title	Workstream Lead	Division / Function	Project Lead		Project Brief	Implementation Plan	Risks, Issues & Mitigations	Benefits / Costs Assessment	Stakeholder Enagement	QIA/EDI	PID Sign-off		Project Mobilisation	Define & Scope	Measure & Understand	Design & Plan	Pilot & Implement	Sustain & Share	Benefit Assessment and Project Close-out		Project Delivery	Project Resource Availability	Benefits Realisation		Comments from Project Lead and
			CaH 1	Care at Home	Outpatient Transformation (One PID has been completed for these areas)	Advice and Guidance rollout	Keith Dibble / Jane Hayman	Cross Division	Jane Hayman / Kay McHugh					Drafted										TBC	TBC		Amber	Amber	Amber		Current resour
			CaH 2			Virtual technology roll out	Keith Dibble / Jane Hayman	Cross Division	Richard Pearson / Roz Geary					Drafted							N/A			TBC	TBC		Amber	Green	Green		Currently there is
			CaH 3			Referral Assessment Service	Keith Dibble / Jane Hayman	Cross Division	Jane Hayman / Kay McHugh					Drafted									TBC	TBC	TBC		Green	Amber	Green		Project for Gastro
			CaH 4			Implement Modality outpatient clinics	Keith Dibble / Jane Hayman	MLTC & Surgery	Modality Partnership					Drafted							N/A		TBC	TBC	TBC		Amber	Amber	Amber		
			CaH 5		Others - tbc by WT PMO																										
			CaH 6																												

Project Progress Key:

- Blue - completed
- Green – Mature / Good progress
- Amber - Maturing / Slow Progress
- Red - No progress
- Blank - Not planned to start / Not relevant

Red - Update report not received from project team

Risk: Failure to integrate functional and organisational form change within the Black Country will result in lack of resilience in workforce and clinical services, potentially damaging the trust's ability to deliver sustainable high quality care.

Rationale for current score

This risk has been reduced to moderate due to the advancement of a number of key work streams.

- Executive group established across provider organisations to review opportunities for collaboration
- Black Country Pathology Service (BCPS)
- Transfer of WHT payroll service to RWT
- Advanced discussions re: dermatology and urology
- Initial discussions re: bariatric services
- STP Clinical Leadership Group continue to drive Clinical Strategy

Owing to the COVID-19 pandemic the Acute Hospital collaboration group is currently on hold.

	Impact	Likehood	Score
Initial Risk Rating	**4**	**4**	**16 (Major)**
Current Risk Rating	**4**	**3**	**12 (Moderate)**
Target Risk Rating	**4**	**2**	**8 (Low)**

Future risks and Horizon Scanning

- Important that as a Board we separate functional, service integration, which is essential to clinical sustainability and a system response to COVID recovery which maximises value and output, from organisational collaboration which has a more overt focus on organisational form
- Joint, executive steering group between RWT, DGFT and WHT has been re-established to oversee our immediate functional integration priorities (Urology, Dermatology, Imaging, Bariatric Surgery) and support service integration priorities (Sterile services, collaborative nursing and medical bank, procurement)
- Biggest emerging post-COVID recovery risk at present in BCWB is imaging backlogs and service resilience. Midlands regional team expects significantly larger imaging networks to be formed to tackle this challenge, aligned to national strategy
- Explicit link between recovery plan work by Trusts in BCWB system and further functional integration opportunities has been agreed by STP Board. Moreover, draft system recovery plan, due by end of July 2020, also intends to set out what the system "reset" position is, post-COVID and as such, will explicitly reference functional integration and possibly, organisational collaboration changes intended beyond April 2021
- There remains significant differences of opinion between Trust Boards in the system on best way to deliver improved integration and collaboration and as such, NHSI/E involvement in influencing the respective Boards to a clear route map, may be required if consensus cant be achieved
- A second COVID spike may further defer much of the collaborative work

BAF RISK S03 – Working With Partners

Controls

- Black Country STP plan and governance process in place
- Sustainability review process completed
- Regular oversight through the Board and its sub committees
- Improvement programme to progress clinical pathway redesign with partner organisations

Gaps in Control

- Lack of co-alignment by our organisation and neighbouring trusts
- Lack of shared processes and objectives with Partner Organisations
- No transparent implementation plan in relation to service integration

Assurance

- All Acute Collaboration partners have initially approved development of a business case
- Progress overseen nationally and locally
- System Review Meetings providing assurance to regulators on progress

Gaps in Assurance

- Clinical strategy is still emerging
- CCG currently in a state of transition
- Additional pressures with COVID-19 have delayed acute collaboration

Appendix A: WHT Improvement

Date: 30 June 2020

	Latest Report Received		P		
			Project Ref	**Strategic Workstream**	**Focus Area**
			PW 1	**Partnership Working**	Functional Collaboration
			PW2		
			PW3		
			PW4		
			PW5		
			PW10		

Red - Update report not received from project team

Programme Progress Trac

Note: this is

roject Admin					
Project Title	**Workstream Lead**	**Division / Function**	**Project Lead**		**Project Brief**
Dermatology	Kate Salmon	MLTC	Sarah Haywood		
Urology	Kim Skeling	Surgery	Julie Earl		
Collaborative Nurse Bank	Gaynor Farmer	Corporate	Gaynor Farmer		
Medical MTI	Charlotte Hill	Corporate	Charlotte Hill		
Imaging Network	Delreita Ohai	WCCSS	Alan Deacon		

Project Progress Key:

the first month reporting this level of detail and process needs to mature over future monthly

PID Generation				
Implementation Plan	**Risks, Issues & Mitigations**	**Benefits / Costs Assessment**	**Stakeholder Enagement**	**QIA/EDI**

Blue - completed

Green – Mature / Good progress

Ambe

y reporting cycles

		Project Tracki			
PID Sign-off		Project Mobilisation	Define & Scope	Measure & Understand	Design & Plan

er - Maturing / Slow Progress

Red - No progress

ng				Risk Summary S	
Pilot & Implement	Sustain & Share	Benefit Assessment and Project Close-out		Project Delivery	Project Resource Availability

	Blank - Not planned to start / Not relevant

Status
Benefits Realisation

Comments from Project Lead and Improvement Programme Lead
Joint workshop held on 24th June, planning documents to be developed in follow up to that meeting
Chasing RWT to reinitiate discussions
Development of STP wide paper ongoing
Chasing RWT to reinitiate discussions
New project added this month - initial planning meetings being arranged

VALUING COLLEAGUES - Executive Summary

Key Areas of Success

- Statutory and Mandatory Training provision has been reviewed with the Divisions and TMB and alternative delivery options are in place to recover levels of compliance and to maintain them in an efficient way. The IPC training and many other modules are available as E-learning and improvements have been secured in the recording and reporting.
- The antibody testing for Covid-19 has resulted in a high take up with 3,381 colleagues tested of which 24% have received a positive result. A compliance exercise has been completed on a sample of 50 colleagues – this has resulted in a high assurance rate 90% + that there has not been a change to practice and if anything has resulted in colleagues being more vigilant with IPC measures.
- Project Wingman was established within the Trust earlier this month and the response from colleagues has been extremely positive, the volunteers are all cabin crew and pilots currently furloughed/grounded and feedback on the impression of the trust, induction and welcome has been positive too, the next evaluation will focus on encouraging colleagues to take a rest break at regular intervals for their wellbeing and to improve patient safety.
- All Trust sickness rates (for month of June) have returned to pre-Covid levels at 4.79% in month, however the long-term sickness absence is higher than for the pre-Covid period, PODC reviewed the projections for the year and confirmed the current target of 3.35% will remain in place.

Key Concerns

- The BAME risk assessment process is not complete and full compliance trust wide is required in order to take action on the themes arising and to ensure that colleague concerns are heard and acted upon. The credibility of the process rests on action taken, in addition the quality of the process requires evaluation.
- Key workforce metrics have not recovered from the period of emergency response. A particular concern is compliance with appraisals, this metric has not shown any recovery and is at its lowest rate in previous 12 months. There is a recovery plan in place which offers alternative methods for completion on a tiered structure, face to face, video call and telephone. To support recovery detailed on-line training is available from early June.
- The attract, recruitment and retention policy framework is not fit for purpose currently, however the framework has been significantly revised and updated for approval and launch.
- There is a significant gap in resourcing to support EDI and Communications and engagement work, this is being scoped.

Controls and Assurance;

- The approach to shared decision making has been established starting with a BAME shared governance Council. The governance structure for support to EDI is mapped.
- The BAME Cabinet has been established as an advisory body, generating and testing ideas and approaches to support rapid progress.
- The BAME Risk reduction, risk stratification and wellbeing tools plus guidance and training are available and accessible.
- The Trust is taking lead role in the STP People Board on the workforce supply work-stream that will cover attract, recruit and retain.

BAF RISK S05 - Culture

Risk: Lack of an Inclusive and open culture impacts on staff morale, staff engagement, staff recruitment, retention and patient care

Rationale for current score

- Staff recommending Walsall as a place to work is below all England average [bottom quartile Q2 2019-2020]
- Staff recommending Walsall as a place to be treated is below all England average [bottom quartile Q2 2019-2020]
- Staff engagement score in NHS staff survey is below peer comparators
- NHS staff survey indicates a lack of inclusive culture with differential staff experience in bullying, harassment, violence, career progression and promotion
- NHS staff survey indicates a lack of open culture (speaking up) below peer comparators
- The model hospital data indicates bottom quartile performance on workforce indicators such as sickness absence and use of resources
- Historical WRES data indicates a lack of progress to tackle barriers to inclusion.

	Impact	Likehood	Score
Initial Risk Rating	**4**	**4**	**16 (Major)**
Current Risk Rating	**4**	**4**	**16 (Major)**
Target Risk Rating	**4**	**2**	**8 (Low)**

People and Organisational Development Committee (PODC) review
PODC reviewed the Board Assurance framework at their meeting on 25th June and the Committee noted the BAF and supporting Corporate Risk Register and sought assurance on the timescales for the recruitment and selection improvement work.

Future risks and Horizon Scanning

- Given capacity and capability constraints within clinical and general management leadership teams we have a challenge with regard to the overarching issue of staff engagement in the improvement programme. Mitigations for this will include roll out of leadership development programme for the triumvirates and placing the improvement programme as central to the business and operational planning process of the Trust. Further mitigations may include renewal of the engagement team and enhanced capacity in corporate communications aligned to the programme
- The capability and capacity of leaders does not support the development of a Just Culture approach in practice
- Recruitment and retention activity may not result in improved performance, meeting targets for vacancy, turnover, absence and the Trust remains below peer comparators within the STP
- Prompted by the Black Lives Matter campaign and the disproportionate impact of COVID on BAME residents and staff, the BAME cabinet of the Board will drive practical actions on equality and diversity improvement, which will be incorporated in the Valuing Colleagues workstream

BAF RISK S05 - Culture

Controls

- Values launched and evaluated across the Trust
- Staff engagement and communication approach in place
- Policy on zero tolerance to violence in place
- Behaviour Framework implemented and evidence of practicing behaviours in action to be reviewed within the IPDR process
- Values based appraisal process in place which incorporates Talent Management and the ability to track access to career progression and promotion
- Increased engagement through engagements and EDI champions
- Head of Talent, Resourcing and Inclusion appointed to lead the approach
- Health and Wellbeing approach based on holistic offering to staff being developed
- Just Culture work initiated and ER casework triaged for opportunities for early resolution.

Gaps in Control

- Lack of an approved EDI Strategy and Delivery Plan could inhibit the scale and pace of progress towards an inclusive culture
- Approaches and resources may be insufficiently robust or at scale to achieve meaningful change
- Current Policy framework not fit for purpose – legacy policies are not aligned to the approach
- Further support required to develop FTSU approach and embed within the leadership approach
- Leadership development programme is in its infancy
- Management competency framework is not yet available, impact and evaluation not complete
- Resourcing not yet stable – workforce metrics still demonstrate adverse trends

Assurance

- People and OD committee of the Board in place to seek assurance through the cycle of business and review of workforce metric trends.
- NHSi working with the Trust to develop the FTSU approach and to develop a strategic framework by Q2 for FTSU by 2020-2021
- NHS Leadership Academy working with the Trust on developing leadership capacity and capability, the delivery was scheduled for Q1 1920-21, paused due to Covid response
- NHSi partner for Retention programme – the 90 day plan is complete, impact on retention rate to be reviewed Q2 1920-21
- Engaging with the wider Trust and TMB on co-designing an Organisation Development Plan – work packages and delivery through the improvement programme
- EDI group led by a Non-Executive director in place to review approach to EDI and delivery of metrics in the EDI strategy framework and Equality Impact Assessment.

Gaps in Assurance

- All elements of the Trust Board pledge, bullying harassment, discrimination and listening to the voice of staff.
- Lack of an approved EDI Strategy and Delivery Plan could inhibit the scale and pace of progress towards an inclusive culture
- Evidence based approach to positive action interventions not yet in place to support EDI objective
- Evaluation of zero tolerance to violence not yet evaluated.
- NHS staff survey results do not evidence an improvement in staff reporting of an inclusive and open culture
- The indicators for staff recommending the Trust as a place to work or a place to be treated have failed to improve significantly.
- The staff engagement score has worsened indicating lower levels of staff morale and role satisfaction.
- NHSi Governance and Accountability review highlighted areas of improvement associated with culture and leadership
- No internal audit assurance gained in year.

Corporate Risk Assessment –Valuing Colleagues

Risk Description	Review Date	Current Score	Review commentary
Risk 707- Failure to comply with equality, diversity and inclusion standards for services leads to poor experience for patients causing increased complaints, impact on patient and staff experience and potential regulatory action	12th June 2020	4-Severity 4-Likehood Score 16	Further meetings have taken place, however there is an acknowledgement that this risk still requires amendment and updating. A mental health steering group is being set up which will look at all mental health pathways within the organisation. The governance framework for EDI to provide board assurance has been mapped out (Trust Board action) and the contribution and role of each group clarified, the Annual Equality Report for 2019-2020 will be reported to Trust Board, with the improvement programme milestones detailed for 2020-2021 providing a forward look at priority action.
Risk 2072- Inability to recruit and retain the right staff with the right skills which impacts on fundamentals of care (both patients and staff), and also financial sustainability	16th June 2020	4-Severity 4-Likehood Score 16	This risk has been reviewed and updated in line with feedback from Committee s and the Board. The current processes for attraction, recruitment and retention are not adequate. Significant amendment to the policy framework is required in order to comply with standard and best practice. The improvement programme work packages provide the scope and milestones for improvement. At STP level, the BRAP have provided a report on access to career progression and promotion in the context of attracting talent, recruiting and retention.
Risk 2093- Staff are exposed to infection with COVID-19 through contact with infected patients, visitors and colleagues. There is a risk of significant physical and mental illness, including death.	17th June 2020	5-Severity 3-Likehood Score 15	This risk is constantly under review and responsive to central command and control from the government. A number of actions have been completed including support for colleagues who are vulnerable to contracting and becoming more seriously ill from COVID, the process to identify and reduce/eliminate risks to vulnerable staff groups has been strengthened. Aligned to this a robust environmental risk assessment 'working safely during COVID-19' has been disseminated across the Trust.
Risk 2095-Inabilty of the NHS supply chain to provide an adequate and on-going supply of PPE to meet the demand to ensure that Walsall Healthcare NHS staff are fully protected during the Covid-19 pandemic.	12th June 2020	4-Severity 4-Likehood Score 16	This risk has been reviewed and updated. As Covid demand is stabilising the pressure on PPE has reduced, therefore the frequency of review of this risk has been deescalated to monthly. The Trust currently has sufficient stocks of PPE however this is under continuous review, especially given the national directive that all staff within a hospital zone should wear Type I or Type IIR surgical masks.

Walsall Healthcare NHS
NHS Trust

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 Discussion & Progress

During the months of May and June 2020, the Trust began work to transition the COVID-19 pandemic response through to the recovery phase. Divisional teams have engaged with workforce support services to assess the risks associated with a return to pre-COVID practice and to identify any new innovations which will be beneficial to maintain particularly relating to streamlining statutory and mandatory training and improving access to IPC and protecting colleagues by achieving compliance targets.

Appraisal Compliance

- The Human Resources (HR) Operational Team are working with divisional colleagues to establish recovery plans to address the Trust-wide target achievement gap of 550+ outstanding appraisals for completion by 31st August 2020.
- There is a tiered approach currently, colleagues are being actively encouraged to utilise video call alternatives when a face-to-face appraisal isn't possible, where there is not access to video call, telephone calls are used as an adjustment.

Sickness Absence

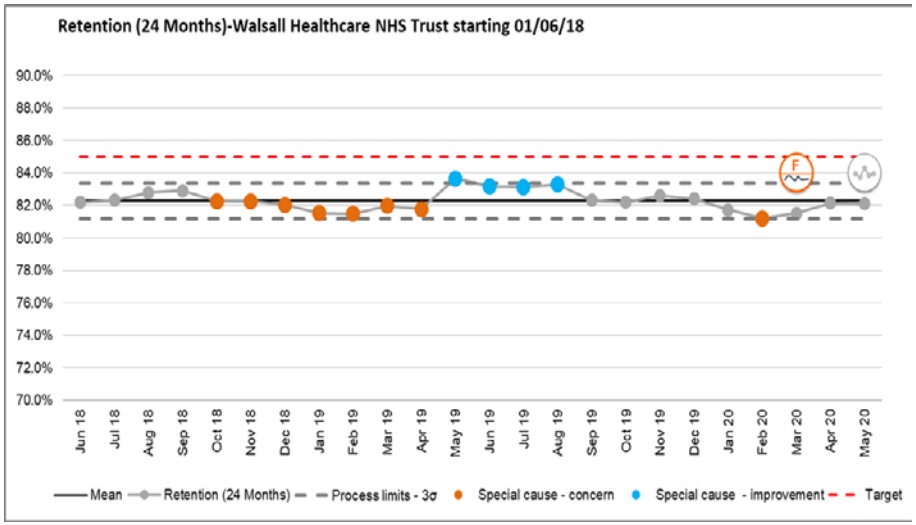
- The HR Operational Team have implemented a regular People Management briefing and FAQ session for line managers. This will run fortnightly, with the first taking place on Friday 26 June 2020. The briefing sessions will cover topical issues including supporting colleagues affected by COVID-19, both during and following a period of illness. The HWB team are ensuring support from the impact of COVID-19 from a physical, psychological, family and financial perspective.
- The Committee reviewed absence levels and noted an increase of 2% absence due to Covid-19, absence rates have improved, latest Trust rate is 4.79%, however there is an increase in long-term absence, interventions are targeted to improve this.

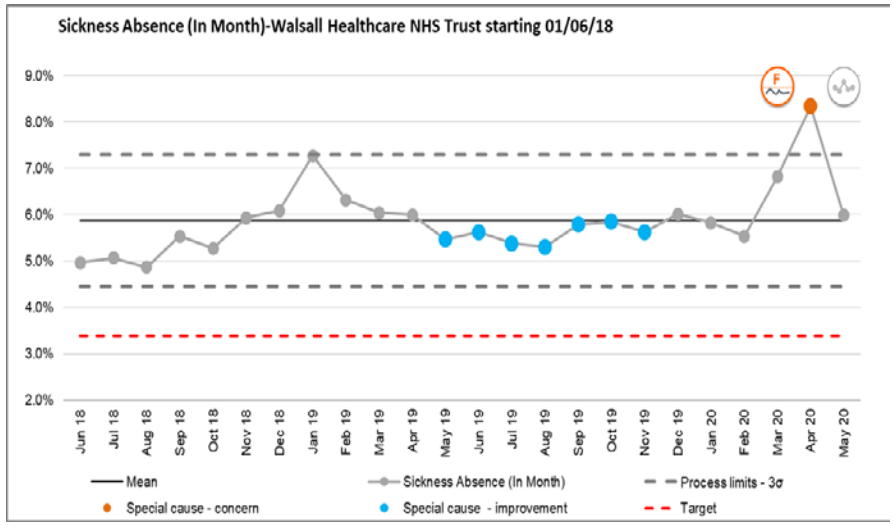
Mandatory Training Compliance

- Colleagues are being encouraged to complete e-Learning via the nationally support remote access options now available. These include completing training via a mobile device or logging into ESR from a home PC using a username and password.

Walsall Healthcare NHS
NHS Trust

People and Organisational Development Committee



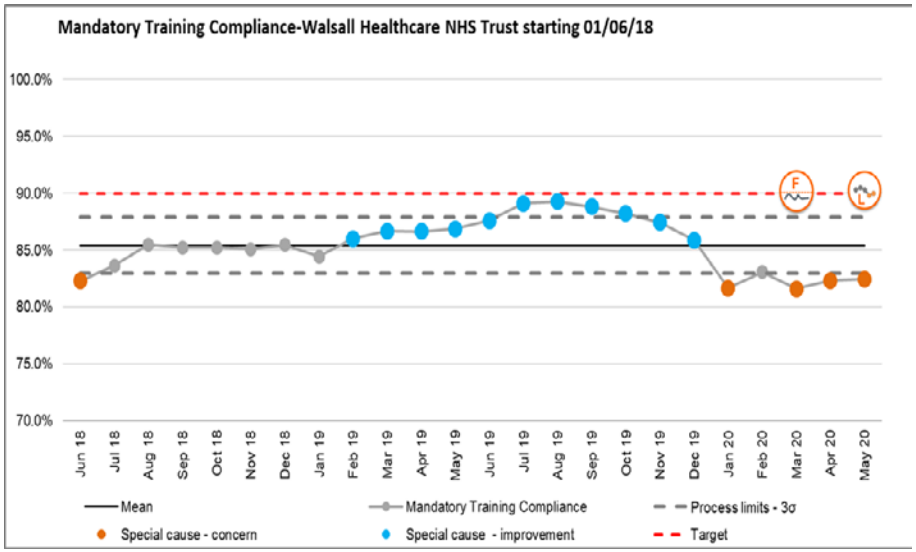


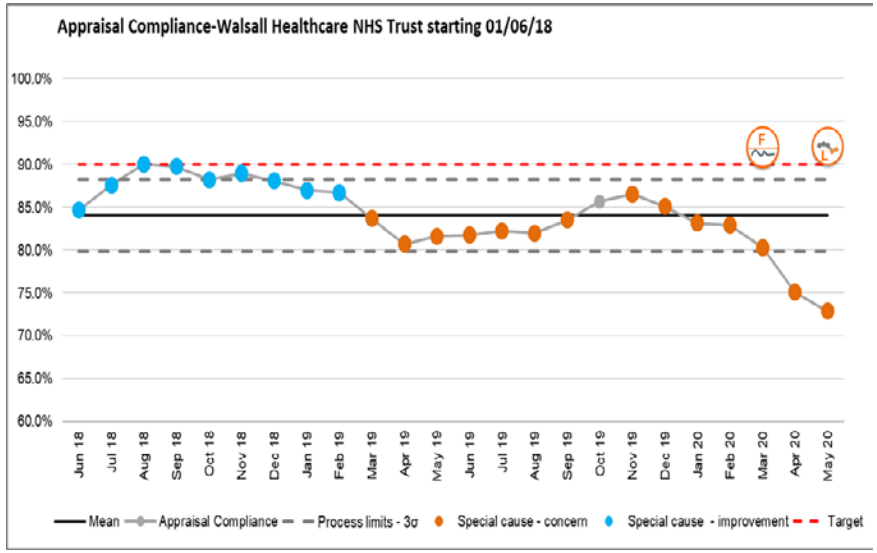
- Retention rates have returned to avg. levels following a Feb-20 dip.
- High Retention = Admin/Estates | Low Retention = AHP/Scientific

- Following an Apr-20 spike, absence returned to pre COVID-19 levels.
- Respiratory & Stress/Anxiety-related illness continue to be high.

Walsall Healthcare NHS
NHS Trust

People and Organisational Development Committee





- Falls in compliance relate to competencies which are classroom taught.
- An upsurge in E-Learning training has limited falls in compliance.

- Recent sharp falls in compliance reflect the challenge of maintaining a quality PDR format within a social distancing climate.
- Interventions, such as E-paperwork & remote-training, will improve this.

Appendix A: WHT Improvement Programme Progress Tracker

Note: this is the first month reporting this level of detail and process needs to mature over future monthly reporting cycles

Date: 30 June 2020

		Project Admin							PID Generation							Project Tracking							Risk Summary Status			
	Latest Report Received	Project Ref	Strategic Workstream	Focus Area	Project Title	Workstream Lead	Division / Function	Project Lead	Project Brief	Implementation Plan	Risks, Issues & Mitigations	Benefits / Costs Assessment	Stakeholder Enagement	QIA/EDI	PID Sign-off	Project Mobilisation	Define & Scope	Measure & Understand	Design & Plan	Pilot & Implement	Sustain & Share	Benefit Assessment and Project Close-out	Project Delivery	Project Resource Availability	Benefits Realisation	Comments from Project Lead and Improvement Programme Lead
		LC&OD 1	Valuing Colleagues	EDI	EDI Strategy	Sabrina Richards	All Divisions	Sabrina Richards															Green	Green	Amber	On Track
		LC&OD 2			Roll out EIA Process	Sabrina Richards	All Divisions	Sabrina Richards															Green	Green	Amber	On Track
		LC&OD 3		Values & Behaviours	Just & Learning Culture	Clair Bond	All Divisions	Clair Bond															Amber	Amber	Amber	On Track
		LC&OD 4			Workforce Development Business Partner Model	Clair Bond	All Divisions	Clair Bond															Amber	Amber	Amber	On Track
		LC&OD 5		Employee Voice/Engagement	Accountability Framework	Jayne Iliac	All Divisions	Simon Johnson																		Proejct has not commenced
		LC&OD 6			Divisional Boards	Jayne Iliac	All Divisions	Jayne Iliac																		Proejct has not commenced
		LC&OD 7			NHSi Culture Programme	Jayne Iliac	All Divisions	Simon Johnson																		Proejct has not commenced
		LC&OD 8		Talent Management	Review Quality Appraisal form to include H&WB assessment/training	Sabrina Richards	All Divisions	Sabrina Richards/Michala Dytor															Green	Green	Amber	On Track
		LC&OD 9			Digitilisation of PDR process	Sabrina Richards	All Divisions	Sabrina Richards/Steve Bagley															Amber	Amber	Amber	The project team is reviewing options to digitialise form with a workaround in the absence of a fully digitalised form
		ORGEFF 1		OD, Training & Development	Managers Programme//	Marsha Belle	All Divisions	Karen Bendall															Amber	Amber	Amber	On Track
		ORGEFF 2			WHT Stat Man Training/Passporting	Marsha Belle	All Divisions	Karen Bendall															Green	Amber	Amber	On Track
		ORGEFF 3			Colloborative training package incljding joint SLA development with RWT	Marsha Belle	All Divisions	Karen Bendall															Amber	Amber	Amber	On Track
		ORGEFF 4			Develop Training Needs Analysis.	Marsha Belle	All Divisions	Karen Bendall															Amber	Amber	Amber	On Track
		ORGEFF 5		Attraction & Recruitmen	Set up JD Repository	Marsha Belle	All Divisions	Reece Hodgen															Amber	Amber	Amber	On Track
		ORGEFF 6			Attract/Advertise	Marsha Belle	All Divisions	Reece Hodgen															Amber	Amber	Amber	On Track
		ORGEFF 7			Attraction Palicage & Policies	Marsha Belle	All Divisions	Reece Hodgen															Amber	Amber	Amber	On Track
		ORGEFF 8			Improve recruit process	Marsha Belle	All Divisions	Reece Hodgen															Amber	Amber	Amber	On Track
		ORGEFF 9			On Boarding	Marsha Belle	All Divisions	Reece Hodgen															Amber	Amber	Amber	On Track
		ORGEFF 12			Leave/Retire & retun to work/Exit	Marsha Belle	All Divisions	Reece Hodgen															Amber	Amber	Amber	On Track
		ORGEFF 13		Workforce Planning	Develop a sustainable operational workforce plan	Marsha Belle	All Divisions	Marsha/Seb															Amber	Amber	Amber	On Track
		ORGEFF 14			Identify and design new roles to shape future workforce	Marsha Belle	All Divisions	Marsha/Seb															Amber	Amber	Amber	On Track
		ORGEFF 15			Mapping of Career pathways	Marsha Belle	All Divisions	Marsha/Seb															Amber	Amber	Amber	On Track
		ORGEFF 16		Effective Use of Temporary Staff	Set up a regional temporary staffing approach across the STP	Clair Bond	All Divisions	Clair Bond															Amber	Amber	Amber	On Track
		ORGEFF 17			Wp2 Maximise effectiveness of Walsall Bank	Clair Bond	All Divisions	Clair Bond															Amber	Amber	Amber	On Track
		MWBP2W 1		Health & Wellbeing	Develop a Health & Wellbeing Strategy & intranet page	Michala Dytor	All Divisions	Michala Dytor /Yamsin Radford															Amber	Amber	Amber	On Track
		MWBP2W 2			Colleague Voice & Recognition	Michala Dytor	All Divisions	Michala Dytor															Amber	Amber	Amber	On Track
		MWBP2W 3			Trust wide delivery of Mental Health First Aid training	Michala Dytor	All Divisions	Michala Dytor															Amber	Amber	Amber	On Track
		MWBP2W 4			Healthy Lifestyles	Michala Dytor	All Divisions	Michala Dytor															Amber	Amber	Amber	On Track
		MWBP2W 5			Walsall on the Move	Michala Dytor	All Divisions	Michala Dytor															Amber	Amber	Amber	On Track
		MWBP2W 6		SEQOHS	Ensure Standards achiement & continued improvement	Tamsin Radford	All Divisions	Tamsin Radford																		On Track

Project Progress Key:

- Blue - completed
- Green – Mature / Good progress
- Amber - Maturing / Slow Progress
- Red - No progress
- Blank - Not planned to start / Not relevant

Red - Update report not received from project team

EFFECTIVE USE OF RESOURCES - Executive Summary

Key Areas of Success

- After significant deterioration in 4-hour Emergency Access standard performance in March, during the rapidly escalating first peak in Covid-19 demand in the Black Country, performance has improved during April, and again in May, with 92.2% of patients being admitted or discharged within 4 hours. This is the best individual month of performance since August 2015.
- DM01 and 18-week RTT national rankings (April 2020) remain strong at 13th and 34th best in the country respectively.
- Improvement Programme workstream governance structure has been reinstated.
- Operational and Clinical Productivity metrics, such as Same Day Emergency Care in Medicine, are showing an improving trend in line with clinical best practice and most efficient use of resources.
- The vast majority of outpatient capacity has been restored in virtual mode, to reduce cross-infection risk and more efficiently used resources.
- Estates Development Control Plan draft has been finalised and is scheduled for approval at Trust Management Board in July.
- 19/20 Accounts given a clean Audit opinion and adopted through extra-ordinary meeting of Trust Board
- Month 2 reported performance attains break-even (COVID-19 additional income requested totals £2.17m year to date)
- Emergency Department major capital works development 'Outline Business Case' approved by the regulator

Controls and Assurance;

- Trust's Covid-19 Governance Continuity Plan approved at Trust Board on 07/05/20.
- Monthly Reviews between Exec Directors and Divisions reinstated June 2020.
- Monthly reported performance based on emergency budget through Trust Management Board and Performance Finance & Information Committee
- Internal Audit review of financial controls and systems gave substantial assurance, reported to Audit Committee
- External Audit review of financial statements 2019/20 giving clean bill of health (no adjustments draft to final) reported to Audit Committee

Risks and Gaps in Assurance;

- Future Financial Sustainability (Corporate Risk 2082) - Efficiency Programme plans and performance (to include impacts associated with COVID-19). Improvement Programme to report performance in the next business cycle through 'Use of Resources' (plan/delivery/opportunity)
- Delivery of Operational Financial Plan (Corporate Risk 2081) - Identification of income allocation post 31st July 2020 to be confirmed by the regulator, future Performance, Finance & Investment Committee meeting to assess income (once known) versus costs associated with COVID-19 and elective recovery, so as to ensure financial balance and production of a further emergency budget for 2020/21.
- Insufficient Capital to enable investments in the Estate, equipment and technology that would in turn support more effective use of resources. NHSE/I Covid-19 Capital requests process is exceeding stated turnaround times for decisions on requests.
- Infection Prevention and Control guidance for Covid-19 segregation means that the Trust is unable to restore full elective surgical capacity as it stands, delaying treatment for patients, and also placing at risk income levels should there be a return to PbR payment mechanisms.
- The scale of work to restore, recover and transform services impacted by Covid-19 requires extensive management capacity, placing at risk Divisional leadership team capacity to progress all elements of the Improvement Programme at pace.

BAF RISK S06 – Use of Resources

Risk:
The Trust's financial sustainability is jeopardised if it cannot deliver the services it provides to their best value.
If resources (financial, human, physical assets, and technology) are not utilised to their optimum, opportunities are lost to invest in improving quality of care.
Failure to deliver agreed financial targets reduces the ability of the Trust to invest in improving quality of care.

Rationale for current score

- Achievement of 19/20 financial plan
- The Trust experienced run rate risk for the 19/20 financial year that led to needing to re-forecast outturn during the financial year.
- The Trust has an Emergency Budget for April 2020 to July 2020, however formal guidance does not yet exist for arrangements for the full 20/21 financial year.
- Financial improvement planning and delivery has been impacted by COVID-19.

	Impact	Likehood	Score
Initial Risk Rating	5	5	25 (Catastrophic)
Current Risk Rating	5	4	20 (Major)
Target Risk Rating	5	2	10 (Low)

The Performance, Finance and Investment Committee (PFIC) review

PFIC reviewed the BAF at its meeting on 27th May 2020. Committee members are working with the executive on risk articulation and mitigations on the BAF and CRR, and will review it again at the July meeting of the committee.

Future risks and Horizon Scanning

- Our financial strategy needs to be combination of: Walsall Together population health management dampening acute demand growth within block contract environment, productivity improvements to upper quartile/decile levels particularly in the acute environment , acute service functional integration and support service consolidation in BCWB system
- Adverse COVID-19 impact on ability to deliver improved productivity for elective care in 20/21. There is a need to establish a clear baseline during the recovery phase of COVID and realistic ambitions on productivity due to segregated facilities and IPC driven inefficiencies
- Recovery planning (maximum realistically achievable) has to be balanced with income quantum available from NHSI/E in phase 3 of pandemic response
- Insufficient capital to enable investments in the estate, equipment and technology that would in turn support more effective use of resources – we are seeking to mitigate via recovery plan bidding process and separate, STP capital process for 2021/22
- Staff exhaustion and/or psychological impact from COVID-19 results in risk of higher absence rates and reliance on temporary workforcE

- workstream needs to urgently resolve how we unify productivity benchmarking data (GIRFT, model hospital, Dr Foster) and ensure it is reflected in all workstream PIDs and action

BAF RISK S06 – Use of Resources

Controls

- Finance reported monthly via Divisional Performance Reviews and Executive Governance Structures
- Performance, Finance & Investment Committee in place to gain assurance
- Audit Committee in place to oversee and test the governance/financial controls
- CIP Governance processes in place
- Adoption of business rules (Standing Orders, Standing Financial Instructions and Scheme of Delegation)
- Use of Resources workstream identified as part of the improvement programme
- Revised financial governance in place for COVID-19

Gaps in Control

- Business planning processes require strengthening
- Accountability Framework has been approved, however needs review further to the NHSI Governance Review report
- Trust scored requires improvement on its assessment of 'Use of Resources' owing to low productivity and high staff and support costs being evident
- Evidencing oversight of the controls in force to monitor and regulate temporary workforce – Implementation of Allocate progressing throughout the Trust (Medical and Nursing) and Internal Audit conducting a full review of controls in force.
- Trust officers require support in taking forward innovation, training associated with Business planning and business case **development required**

Assurance

- Internal Audit reviews of a number of areas of financial and operational performance
- External Audit Assurance of the Annual Accounts
- Annual Report and Accounts presented to NHSE/I
- NHSE/I oversight of performance both financial and operational
- Model Hospital Use of Resources assessments

Gaps in Assurance

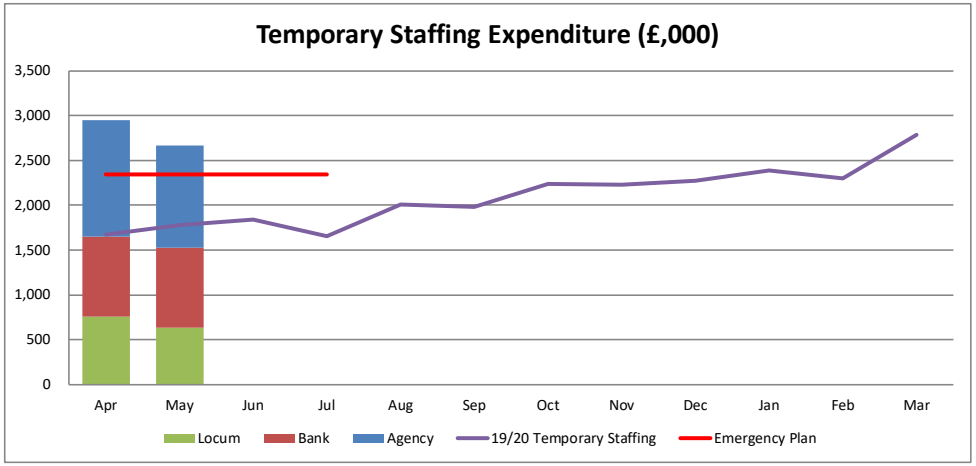
- NHSi Governance review highlighted areas of improvement for business process and accountability framework.
- External Audit limited due to COVID-19
- NHSI review meetings urgently on hold
- Internal Audit core financial controls not completed.
- Absence of a financial plan

Corporate Risk Assessment – Use of Resources

Risk Description	Review Date	Current Score	Review commentary
Risk 208- Failure to achieve 4 hour wait as per National Performance Target of 95% resulting in patient safety, experience and performance risks	15th June 2020	4-Severity 4-Likehood Score 16	Whilst improving the national ranking steadily over 2020. There is a delay in patients being assessed in the ED department . The Emergency department staffing business case has been approved which will support. Two additional actions required; 1)Creation of a psychiatric decision unit for the assessment of psychiatric assessment 2) Revised pathway for access to imaging to reduce imaging waiting and treatment
Risks 274- Failure to resource backlog maintenance and medical equipment replacement costs results in the organisation being unable to deliver fundamental clinical services and care	15th June 2020	4-Severity 4-Likehood Score 16	The Trust does not currently have a credible Capital Plan to address its Backlog Maintenance issues. The Operational Director of Finance has an action from the Use of Resources Improvement Programme workstream to set out the Capital programme for the remainder of 2020/21 (post the Covid-19 interim financial arrangements), and a draft programme for 2021/22 in conjunction with the Estates lead officers. A high level paper was presented to Performance, Finance, and Investment Committee.
Risk 2081-Operational expenditure incurred during the current financial year exceeds income allocations, which results in the Trust being unable to deliver a break even financial plan.		4-Severity 4-Likehood Score 16	The Trust is awaiting confirmation from NHSi/E about the arrangements moving forward from the 1st August 2020. the Trust understands and is planning that August to October 2020 will also see a form of 'block' arrangement but details are yet to be confirmed. The Trust has been asked for a submission in regards to financial pressures from 1 August 2020.
Risk 2082- Failure to realise the benefits associated with the outcomes of the improvement programme workstreams, results in the Trust not delivering efficiencies required		4-Severity 4-Likehood Score 16	Work continues on development and mobilising a set of comprehensive PIDs around the 6 core workstreams of the programme. Covid has impacted on the progress and development of detailed PIDs including benefits realisation and efficiency outcomes.

Financial Performance to May 2020 (Month 2)

	Emergency Budget £000s	Plan YTD May £000s	YTD May Actual £000s	YTD Variance £000s
Income				
Clinical Contract Income	81,760	40,880	40,843	**(37)**
Additional Covid Top-up	0	0	2,170	**2,170**
Other Income (Education & Training)	2,384	1,192	1,447	**255**
Other Income (Other)	14,548	7,274	5,935	**(1,339)**
Subtotal Income	**98,692**	**49,346**	**50,395**	**1,049**
Pay Expenditure				
Substantive Salaries	(53,812)	(26,906)	(27,041)	**(135)**
Temporary Nursing	(4,820)	(2,410)	(3,035)	**(625)**
Temporary Medical	(3,672)	(1,836)	(1,970)	**(134)**
Temporary Other	(876)	(438)	(613)	**(175)**
Subtotal Pay Expenditure	**(63,180)**	**(31,590)**	**(32,659)**	**(1,069)**
Non-Pay Expenditure				
Drugs	(6,316)	(3,158)	(2,657)	**501**
Clinical Supplies and Services	(4,892)	(2,446)	(1,733)	**713**
Non-Clinical Supplies and Services	(5,820)	(2,910)	(3,066)	**(156)**
Other Non-Pay	(13,320)	(6,660)	(7,838)	**(1,178)**
Depreciation	(1,976)	(988)	(1,080)	**(92)**
Subtotal Non Pay Expenditure	**(32,324)**	**(16,162)**	**(16,374)**	**(212)**
Interest Payable	(3,188)	(1,594)	(1,392)	**202**
Subtotal Finance Costs	**(3,188)**	**(1,594)**	**(1,392)**	**202**
Total Surplus / (Deficit)	**0**	**0**	**(30)**	**(30)**
Donated Asset Adjustment			30	**30**
Adjusted Surplus / (Deficit)	**0**	**0**	**0**	**0**



Financial Performance

- The Trust reported a £2.17m overspend versus block and top up funding from NHSI. Per the guidance from NHSI the Trust has assumed a further receipt of income totaling £2.17m to cover these overspends
- The adverse variance of £1,339k on other income YTD is driven by the Trust being unable to charge the CCG for IT, Property Services and other services (£531k), the Trust has also lost income on car parking, R&D and accommodation charges to (£466k) and there were also non-recurrent income in the baseline used by NHSI (£246k) and RTA income (£38k).
- The Trust's substantive pay has increased in May by circa £300k due to the recruitment of additional trainee posts and temporary workforce has reduced in May offsetting this, though both nursing and medical remain over NHSI baseline. Work is ongoing to analyse staff ratios to understand the levels required.
- Clinical non pay expenditure was lower than the NHSI baseline even with Covid 19 response expenditure and underspends notable in areas such as surgery consumables. A number of additional non pay items were identified as linked to Covid 19 activity.

Capital

- The Trust is currently in the process of submitting a revised Capital Programme for 2020/21.
- Spend to date (M2) on capital is £1.3m on Estates, IM&T and Medical Equipment

Cash

- Actual cash holding was £37.7m due to advanced receipt of contractual payments in accordance with the emergency funding guidance

CIP

- Per emergency budget planning letter and guidance there is no CIP reporting for M1-4

CashFlow Statement & Statement of Financial Position (M2)

CASHFLOW STATEMENT

Statement of Cash Flows for the month ending May 2020	Year to date Movement
	£'000
Cash Flows from Operating Activities	
Adjusted Operating Surplus/(Deficit)	1,350
Depreciation and Amortisation	1,080
Donated Assets Received credited to revenue but non-cash	0
(Increase)/Decrease in Trade and Other Receivables	6,841
Increase/(Decrease) in Trade and Other Payables	23,487
Increase/(Decrease) in Stock	(32)
Increase/(Decrease) in Provisions	0
Interest Paid	(1,392)
Net Cash Inflow/(Outflow) from Operating Activities	31,334
Cash Flows from Investing Activities	
Interest received	**7**
(Payments) for Property, Plant and Equipment	**(1,952)**
Receipt from sale of Property	**0**
Net Cash Inflow/(Outflow)from Investing Activities	**(1,945)**
Net Cash Inflow/(Outflow) before Financing	29,389
Cash Flows from Financing Activities	(693)
Net Increase/(Decrease) in Cash	**28,696**
Cash at the Beginning of the Year 2019/20	9,056
Cash at the End of the May	37,752

STATEMENT OF FINANCIAL POSITION

Statement of Financial Position for the month ending May 2020	Balance as at 31/03/20	Balance as at 31/05/20	Year to date Movement
	'£000	'£000	'£000
Total Non-Current Assets	**144,866**	**145,156**	**290**
Current Assets			
Receivables & pre-payments less than one Year	39,001	32,096	(6,905)
Cash (Citi and Other)	9,056	37,752	28,696
Inventories	2,620	2,651	31
Total Current Assets	50,677	72,499	21,822
Current Liabilities			
NHS & Trade Payables less than one year	(25,955)	(20,307)	5,648
Other Liabilities	(1,480)	(30,658)	(29,178)
Borrowings less than one year	(134,693)	(133,999)	694
Provisions less than one year	(437)	(437)	-
Total Current Liabilities	(162,565)	(185,401)	(22,836)
Net Current Assets less Liabilities	**(111,888)**	**(112,902)**	**(1,014)**
Non-current liabilities			
Borrowings greater than one year	(116,013)	(115,319)	694
Total Assets less Total Liabilities	(83,035)	(83,065)	(30)
FINANCED BY TAXPAYERS' EQUITY composition :			
PDC	68,300	68,300	-
Revaluation	14,832	14,832	-
Income and Expenditure	(166,167)	(166,167)	-
In Year Income & Expenditure	-	(30)	(30)
Total TAXPAYERS' EQUITY	(83,035)	(83,065)	(30)

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

Walsall Healthcare NHS
NHS Trust

Key Areas of Success

- ED attendances are increasing rapidly with May's Type 1 attendances increasing by 24.9% on April. Despite this increase, EAS performance has continued to improve and at 92.2%, ED achieved the highest monthly performance since August 2015.
- In April Suspected Cancer 2 week achieved the target for the second month running, with performance of 94.2%, but Breast symptomatic did not due to low volumes of patients.
- RTT performance in May is 64.71%. Restoration plans for elective activity are underway, with virtual activity increasing across all Divisions. Elective theatre sessions commenced at the end of May for urgent and cancer cases on the Manor site, in addition to continued use of Little Aston Hospital.
- Despite cessation of most routine 6 Week Wait (DM01) Diagnostics during March and April, and the associated deterioration in waiting times, the Trust's national ranking position continued to perform very well (13th in the country).
- The Trust submitted draft Annual Financial Statements that detailed achievement of a surplus for 2020/21, the External Auditors giving a clean opinion on the financial statements that contained no changes from draft to final adoption by Trust Board.
- The Trust continues to achieved a break-even financial position for month 2 of the 2020/21 financial year. However, the Trust required additional funding of £2.17m to attain break-even as (whilst expenditure on clinical supplies was below plans) a reduction in trading income, increased temporary workforce costs and the monthly charges for provision of the Patient Administration System resulted in the need to request the additional funds.

Key Areas of Concern

- 18-week RTT and 6 Week Wait (DM01) Diagnostic performance has deteriorated significantly due to Covid-19 resulting in routine elective work (diagnostics, and elective surgery/procedures) being suspended in March. The need to maintain appropriate segregation and Infection Prevention and Control procedures to minimise the risk of in hospital transmission of Covid-19 will mean capacity for routine diagnostics and routine surgery/procedures will remain constrained for some time. 18-week RTT and 6 Week Wait (DM01) Diagnostics performance will deteriorate further before it can be recovered. The Trust has established an Executive-led (COO-chaired) governance structure to safely restore and recover outpatient, diagnostic and elective surgical services reporting to Covid-19 Strategic Command.
- A consequence of the above is that the Trust will continue to have 52-week breaches awaiting routine surgical treatment whilst there is insufficient operating theatre capacity to undertake both routine and urgent operations. There are 48 patients at risk of breaching 52-weeks across June and July.
- The Trust is reliant on receipt of additional top up income associated with COVID-19 totalling £2.17m to attain break-even, whilst the income has been accounted for in accordance with guidance for receipt of funds, the Trust is still awaiting confirmation the funds will be remitted (discussions are ongoing with the regulator).
- The Trust continues to work with commissioners regarding balances outstanding with Walsall and Staffordshire commissioners for the 2019/20 financial year.
- Delivery of Operational Financial Plan (Corporate Risk 2081) - Identification of income allocation post 31st July 2020 to be confirmed by the regulator, need to assess income (once known) verse costs associated with COVID-19 and elective recovery.
- Future Financial Sustainability (Corporate Risk 2082) - Efficiency Programme plans and performance (to include impacts associated with COVID-19).

Key Actions Taken

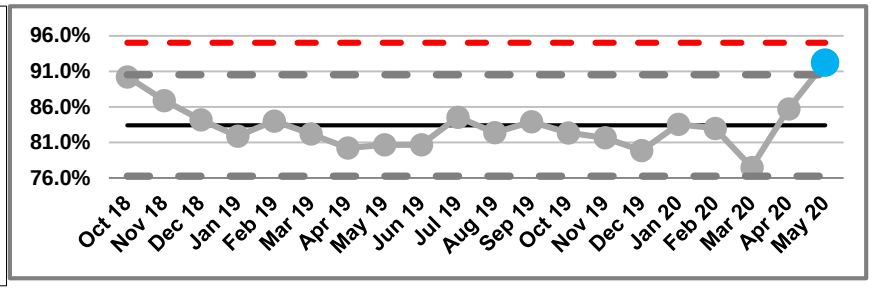
- Delivery of Operational Financial Plan (Corporate Risk 2081) PFIC extra-ordinary meeting to be held upon receipt of future income allocations (from 1st August 2020) to develop further emergency budget to take account of existing COVID-19 impact and levels of affordable elective re-start (temporary workforce impacts key in determining affordability of the financial plan).
- Future Financial Sustainability (Corporate Risk 2082) Improvement Programme to report levels of efficiency delivery through next Board cycle, to include the target, delivered and planned efficiencies by Division and Improvement workstream (reported through Divisional Performance Reviews) to next PFIC meeting.

Performance, Finance and Investment Committee

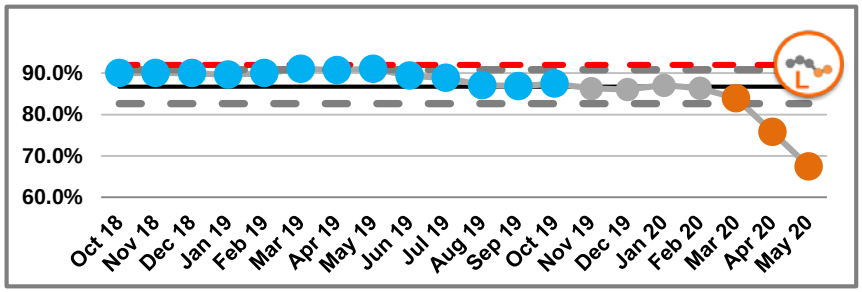
SPC Key

Mean | Process limits - 3σ | High or low point | Special cause - improvement | Special cause - concern | Target | Measure

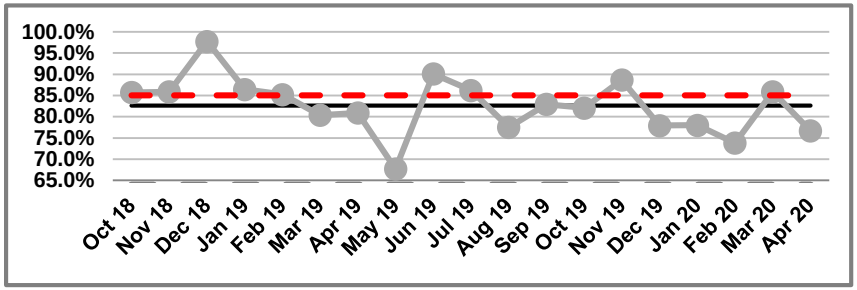
ED - % within 4 hours – Overall (Type 1 & 3)



18 weeks RTT – Incomplete Pathways



Cancer 62 Day RTT



Narrative (supplied by Chief Operating Officer)

Emergency/Urgent Care

ED attendances in May have increased by 24.9% to 4680. This represents 65.7% of last years monthly activity – up from April's 53.1%. In preparation for ED attendances increasing Ambulatory Emergency Care was recommenced in its original location from 04/05/2020. It is operating two separate streams in order to minimise risk of infection. The Frail Elderly Service will be recommencing in June in order to make ED more resilient to further increases in attendances.

RTT

RTT incomplete performance continues to decline, with the number of patients waiting greater than 18 weeks increasing. Total pathways reduced May, in line with referrals into the organisation reducing from pre-Covid levels. Restoration plans for elective activity are underway, with virtual activity increasing across all Divisions. Elective theatre sessions commenced at the end of May for urgent and cancer cases.

Cancer

The Trust failed to achieve he constitutional measure for 62 day RTT with a performance of 76.7%. Work continues a cross a number of tumour sites to improve the 62 day RTT performance with a focus on reducing the front end of the pathway. The Trust achieved the 62 day consultant upgrade with a performance of 87%.Surgical treatments continue to be carried out by Spire Little Aston using our own surgical Consultants.

From 6.7.20, the Trust is reintroducing a second elective operating theatre to increase capacity on site . However, patients continue to decline offers of treatment which will impact on performance.

Walsall Healthcare NHS
NHS Trust

PERFORMANCE, FINANCE AND INVESTMENT COMMITTEE

		Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	2020/21 YTD	2020/21 Target	2019/20 YTD	SPC Variance	SPC Assurance
SAFE, HIGH QUALITY CARE												
%	Total time spent in ED - % within 4 hours - Overall (Type 1 and 3)	79.87%	83.54%	83.00%	77.49%	85.73%	92.21%	89.38%	95.00%	81.77%		
%	Ambulance Handover - Percentage of clinical handovers completed within 15 minutes of recorded time of arrival at ED	58.30%	64.22%	66.13%	64.06%	63.33%	70.46%	66.92%	100.00%	62.10%		
No.	Ambulance Handover - No. of Handovers completed over 60mins	77	28	14	30	0	0	0	0	312		
%	Cancer - 2 week GP referral to 1st outpatient appointment	75.13%	72.40%	85.82%	95.78%	94.20%	95.60%	95.01%	93.00%	84.07%		
%	Cancer - 62 day referral to treatment of all cancers	77.91%	78.00%	73.81%	85.90%	76.67%	60.61%	69.87%	85.00%	80.93%		
%	18 weeks Referral to Treatment - % within 18 weeks - Incomplete	86.05%	87.08%	86.35%	83.93%	75.82%	67.41%					
No.	18 weeks Referral to Treatment - No. of patients waiting over 52 weeks - Incomplete	0	0	0	0	1	1	2	0	0		
%	% of Service Users waiting 6 weeks or more from Referral for a Diagnostic Test	0.84%	0.14%	0.39%	2.43%	39.09%	36.99%	37.86%	1.00%	1.63%		
No.	No. of Open Contract Performance Notices	11	9	9	9	9	9		0			
CARE AT HOME												
%	ED Reattenders within 7 days	7.76%	8.15%	7.26%	7.55%	8.61%	8.84%	8.74%	7.00%	7.60%		
RESOURCES												
%	Outpatient DNA Rate (Hospital and Community)	10.95%	10.30%	9.51%	11.56%	11.33%	5.28%	7.93%	8.00%	10.44%		
%	Theatre Utilisation - Touch Time Utilisation (%)	84.46%	80.19%	85.88%	74.71%	36.47%	58.08%	49.59%	75.00%	85.42%		
%	Delayed transfers of care (one month in arrears)	4.39%	4.48%	3.95%	3.71%				2.50%	3.68%		
No.	Average Number of Medically Fit Patients (Mon&Thurs)	82	93	84	73	53	36					
No.	Average LoS for Medically Fit Patients (from point they become Medically Fit) (Mon&Thurs)	8.00	7.00	8.00	9.00	5.00	4.00					
£	Surplus or Deficit (year to date) (000's)	6	-3	-7	-333	0	0					

Walsall Healthcare NHS Trust

PERFORMANCE, FINANCE AND INVESTMENT COMMITTEE

		Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	2020/21 YTD	2020/21 Target	2019/20 YTD	SPC Variance	SPC Assurance
£	Variance from plan (year to date) (000's)	6	-3	-7	-613	0	0					
£	CIP Plan (YTD) (000s)	6100	6900	8900	8500							
£	CIP Delivery (YTD) (000s)	5400	6500	7500	8500							
£	Temporary Workforce Plan (YTD) (000s)	15000	16800	18600	20300	2300	4700					
£	Temporary Workforce Delivery (YTD) (000s)	17700	20100	22400	25200	2900	5600					
£	Capital Spend Plan (YTD) (000s)	5400	5900	6500	8200							
£	Capital Spend Delivery (YTD) (000s)	3300	3400	5300	11500		1300					

Appendix A: WHT Improvement Programme Progress Tracker

Note: this is the first month reporting this level of detail and process needs to mature over future monthly reporting cycles

Date: 30 June 2020

		Project Admin							PID Generation							Project Tracking							Risk Summary Status			
	Latest Report Received	Project Ref	Strategic Workstream	Focus Area	Project Title	Workstream Lead	Division / Function	Project Lead	Project Brief	Implementation Plan	Risks, Issues & Mitigations	Benefits / Costs Assessment	Stakeholder Enagement	QIA/EDI	PID Sign-off	Project Mobilisation	Define & Scope	Measure & Understand	Design & Plan	Pilot & Implement	Sustain & Share	Benefit Assessment and Project Close-out	Project Delivery	Project Resource Availability	Benefits Realisation	Comments from Project Lead and Improvement Programme Lead
		EUoR 1	Effective Use of Resources	Estates & Facilities	Estates and Facilities Strategy Development	Jane Longden	Corporate	TBC															Red	Red		
		EUoR 2			Estates productivity improvements	Jane Longden	Corporate	TBC															Red	Red		
		EUoR 3			Facilities Services productivity improvements	Jane Longden	Corporate	TBC															Red	Red		
		EUoR 4		Operational Productivity - Clinical	Phase 3 Recovery & Transformation	Kate Salmon	MLTC	TBC															Green	Green	Green	
		EUoR 5			Phase 3 Recovery & Transformation	Kim Skelding	Surgery	TBC															Green	Green	Green	
		EUoR 6			Phase 3 Recovery & Transformation	Delreiat Ohai	WCCSS	TBC															Green	Green	Green	
		EUoR 7		Improved Resource Management	Nurse / AHP e-Rostering	Gaynor Farmer	All Divisions	Gaynor Farmer															Green	Green		
		EUoR 8			Medical Job Planning	Charlotte Hill	All Divisions	Charlotte Hill															Green	Green		
		EUoR 9			Non-clinical staff e-Rostering e.g. Porters etc	Gaynor Farmer / Charlotte Hill	Corporate	TBC																		
		EUoR 10		Carter Efficiencies	Service Line Reporting / Mgmt	Dan Mortiboys	All Divisions	TBC																		
		EUoR 11			Capital Equipment Strategy & Equipment Utilisation	Michael Kuschi	Corporate	TBC																		
		EUoR 12			Procurement Optimisation	Dan Mortiboys	Corporate	TBC																		
		EUoR 13			Corporate Function productivity / efficiency	Dan Mortiboys	Corporate	TBC																		
		EUoR 14			20/21 CIP	Kate Salmon	MLTC	Various															Green	Green	Green	
		EUoR 15				Kim Skelding	Surgery	Various															Green	Green	Green	
		EUoR 16				Delreita Ohai	WCCSS	Various															Green	Green	Green	
		EUoR 17		Digitally Enabled Transformation	Digital Roadmap	Richard Pearson	Corporate	TBC																		

Project Progress Key:

- Blue - completed
- Green – Mature / Good progress
- Amber - Maturing / Slow Progress
- Red - No progress
- Blank - Not planned to start / Not relevant

Red - Update report not received from project team

Appendix A: WHT Improvement Programme Progress Tracker

Note: this is the first month reporting this level of detail and process needs to mature over future monthly reporting cycles

Date: 30 June 2020

		Project Admin							PID Generation							Project Tracking							Risk Summary Status			
	Latest Report Received	Project Ref	Strategic Workstream	Focus Area	Project Title	Workstream Lead	Division / Function	Project Lead	Project Brief	Implementation Plan	Risks, Issues & Mitigations	Benefits / Costs Assessment	Stakeholder Engagement	QIA/EDI	PID Sign-off	Project Mobilisation	Define & Scope	Measure & Understand	Design & Plan	Pilot & Implement	Sustain & Share	Benefit Assessment and Project Close-out	Project Delivery	Project Resource Availability	Benefits Realisation	Comments from Project Lead and Improvement Programme Lead
					Board Governance	Trish Mills	Corporate	Trish Mills																		
		GWL 1	Governance & Well-Led	Board Governance	Governance Framework	Trish Mills		TBC																		
		GWL 2			Board Effectiveness	Trish Mills		TBC																		
		GWL 3			Statutory & Regulatory Compliance	Trish Mills		TBC																		
					Assurance																					
		GWL 4		Assurance	Assurance Framework	Diane Halliley		TBC																		
		GWL 5			Audit (Clinical & Corporate)	Diane Halliley		TBC																		
		GWL 6			Risk Management BAF	Diane Halliley		TBC																		
		GWL 7			External Review Process	Diane Halliley		TBC																		
		GWL 8			Programme Assurance	Diane Halliley		TBC																		
		GWL 9			Data Quality Assurance	Diane Halliley		TBC																		
		GWL 10			IG Assurance	Diane Halliley		TBC																		
		GWL 11			Quality/Safety Assurance	Diane Halliley		TBC																		
					Accountability & Support																					
		GWL 12		Accountability & Support	Accountability Framework	Russell Caldicott		TBC																		
		GWL 13			Business Partnering Model	Russell Caldicott		TBC																		
		GWL 14			Business Processes	Russell Caldicott		TBC																		
		GWL 15			Integrated Performance Reporting	Russell Caldicott		TBC																		
		GWL 16			Procurement	Russell Caldicott		TBC																		
		GWL 17		Intergrated Governance	Performance governance	Nicola Boyes		TBC																		
		GWL 18			Integrated governance framework	Nicola Boyes		TBC																		
		GWL 19			Operational Governance	Nicola Boyes		TBC																		
		GWL 20			Health & Safety Accreditation	Nicola Boyes		TBC																		
		GWL 21			Accreditation & Compliance	Nicola Boyes		TBC																		
		GWL 22			Policies for policies & procedures	Nicola Boyes		TBC																		
		GWL 23			Incident Framework	Nicola Boyes		TBC																		
		GWL 24			IG/data security	Nicola Boyes		TBC																		
					Strategy &Business planning																					
		GWL 25		Strategy & Business Planning	Strategy development	Jenna Davies		TBC																		
		GWL 26			Strategy implementation plan	Jenna Davies		TBC																		
		GWL 27			Business planning	Jenna Davies		TBC																		
		GWL 28			Horizon Scanning Process	Jenna Davies		TBC																		
		GWL 29			Stakeholder engagement	Jenna Davies		TBC																		

Project Progress Key:

- Blue - completed
- Green – Mature / Good progress
- Amber - Maturing / Slow Progress
- Red - No progress
- Blank - Not planned to start / Not relevant

Red - Update report not received from project team

BAF RISK S07 – COVID-19

Risk: The impact of COVID-19 on our clinical and managerial operations is such that it prevents the organisation from delivering its strategic objectives and annual priorities.

Rationale for current score

- Covid 19 is a new virus and therefore there is a lack of knowledge and understanding of its impact in the longer term. Revised national modelling has now been made available and this has been reflected in our Restoration and Recovery plans.
- Whilst the acute services are seeing a reduction and a stabilisation associated COVID, the Community continues to see continued demand.
- National decision making and supply on PPE, impacts on the morale of staff and the overall reputation as a Trust to be able to recruit and retention of staff.
- Unable to define the long term on the physical and long term mental and physical health of staff to adequately define the workforce plan for 20/21
- All cancer and other clinically urgent elective services should be running. Class elective Obstetric procedures as urgent given the time-critical nature of the delivery.
- Restoration and Recovery plans have been submitted for review at Board and Committees in June.
- Revised environmental risk assessment 'working safely during Covid' has been disseminated to the organisation

	Impact	Likehood	Score
Initial Risk Rating	**5**	**5**	**25 (Major)**
Current Risk Rating	**5**	**4**	**20 (Major)**
Target Risk Rating	**5**	**2**	**10 (Moderate)**

Future risks and Horizon Scanning

- Our immediate priority is to continue to keep patients, carers and staff safe. We do this via risk assessment and IPC mitigation measures for patient flows, which are being well complied with. Staff risk is being managed via structured risk assessment of both environment and individual, with a particular focus on older or BAME staff. Compliance with these risk assessments being complete by end of June is poor and increased emphasis on this is being led by myself as CEO
- Our next immediate priority is restoration of urgent elective services and we continue to benchmark well against other Trusts in the system on percentage restoration (ie. 100% restoration of cancer services and anticipated reopening of midwifery led unit in July)
- Recovery of routine elective and community based services is being planned with system partners – draft plan due by end of July but big risk is STP income allocation and probable trade off required between elective backlog recovery and place based service investment
- Pilot work on radical, post-COVID redesign of some elective pathways with elements of Walsall's primary care providers, is causing tension. New Managing Director for CCG is working closely with us to resolve those tensions

BAF RISK S07 – COVID-19

Controls

- Strategic Command cell considering longer term operational and strategic plans and models
- Long term health and wellbeing support offer in place
- Community risk stratification process in place
- Governance continuity plan in place to ensure Board and the Committees continue to have a strategic focus
- Improvement programme continues to be progressed through certain work streams
- Alignment of COVID response and post-COVID exit plans to the ambition of the improvement programme
- COVID response for staff in line with the Values of the organisation
- Policies specifically in place to respond to COVID
- PPE and hand hygiene audit process in place
- Quality Assurance review commissioned
- Initial review of the Trusts approach to Covid has been commissioned.
- Operational restoration plans and engagement in wider STP restoration plan
- Employee and environmental risk assessments process in place

Gaps in Control

- National directives and mandates impact on the Trusts ability to make local decisions.
- Unable to progress all elements of the improvement programme owning to capacity of senior leaders
- Comprehensive OD/Culture Improvement plan

Assurance

- Active engagement of Executives in STP planning and response to COVID
- National reporting in processes in place
- Committee Governance structures remain in place to provide assurance on COVID response.
- Financial COVID Expenditure assured via the Performance, Finance and Investment Committee
- Improvement programme progress oversight through Board Committees and Trust Board
- Internal Review of the Clinical pathway changes undertaken, and presented to Quality, Patient Experience and Safety Committee

Gaps in Assurance

- Lack of assurance of communications within the organisation to ensure staff feel well informed and engaged.
- Lack of Assurance on sufficient restoration of elective operating theatre capacity due to Infection, Prevention and Control precautions
- Lack of Assurance that the Trust will have the clinical workforce to deliver services protecting the wellbeing of a tired workforce is crucial during restoration and will affect the pace with which services are restored.

MEETING OF THE PUBLIC TRUST BOARD - Thursday 2nd July 2020			
Emergency Department & Acute Medicine Development: Full Business Case			**AGENDA ITEM: 14** **ENC 13**
Report Author and Job Title:	Carolyn Robinson, Health Facility Planner, Strategic Healthcare Planning, Various colleagues.	**Responsible Director:**	Ned Hobbs, Chief Operating Officer Russell Caldicott, Director of Finance & Performance
Action Required	Approve ☒ Discuss ☐ Inform ☐ Assure ☐		
Executive Summary	This business case represents a once in a generation opportunity to secure world class facilities for the provision of Emergency Care for the people of Walsall, and is a key tenet of the Trust's ambition to be Outstanding by 2022. The Trust is seeking £36.2m capital funding through 4th Wave STP capital schemes to deliver a new build Urgent Care Centre, Emergency Department (including Children's Emergency Department), co-located Paediatric Assessment Unit, and Acute Medical Unit in addition to refurbished retained estate to provide Ambulatory Emergency Care, Frailty and Imaging services. The Full Business Case builds on extensive work in the Outline Business Case which was refreshed and approved by the Trust and then ultimately by NHS England/Improvement in May 2020. This development will enable the Trust to respond to an increased flow of patients to Walsall resulting from the relocation of services in Sandwell and West Birmingham to the Midland Metropolitan Hospital site in 2022/23 and manage sustained annual increases in emergency care demand experienced in Walsall. Capital investment on the Walsall Manor Hospital site to provide this additional capacity has been given the highest priority in The Black Country Sustainability Transformation Plan. The case for change is set within the context of the Walsall Together Partnership. The tiered approach of the Walsall Together model is centered around a single point of access and creates a real opportunity to transform the future of health and social care services provision in the borough. This Partnership will have a significant impact on the level of dependence on acute services and as such has ambitious targets for reduced growth in attendances at ED, reduced growth in numbers of non-elective admissions and reductions in hospital length of stay. These are reflected both in the clinical model for hospital-based Emergency Care with a single integrated front door for undifferentiated patients, and in the modelling of growth assumptions that underpins the revenue costs and income models.		

	At its heart, the case seeks to provide outstanding facilities for patients and staff to receive and provide outstanding emergency care within. Moreover, it includes significant transformation in the Trust's model of emergency care including, but not limited to: • A single access point for undifferentiated urgent and emergency care attendees to the hospital, with an integrated front door service. • Single Streaming of patients to the most appropriate service, including access to Urgent Care Centre and Community services from the point of streaming, and direct community access to Ambulatory Emergency Care services. • A co-located Paediatric Assessment Unit to deliver integrated emergency care for the children of the borough between Emergency Medicine and Paediatric Medicine specialisms. • Provision of additional Radiology capacity to support rapid access to X-Ray and CT diagnostics – improving the safety of care for the most acutely unwell patients, and improving the timeliness and responsiveness of care for all those patients who need Imaging. • A radically modernised workforce model in Emergency Medicine, Acute Medicine and Paediatric Medicine incorporating: o Greater consultant-delivered care o Integrated access to Community Locality team staff o Significant increase in use of Advanced Care Practitioners o Increase in use of Physicians Assistants o Incorporation of Emergency Care Assessment Practitioners/Paramedics o Team Leader Roles in medical and nursing workforces o Nurse Associates The facilities and models of care are intended to give staff a service to be proud of, and to support improved recruitment and retention of staff in the various specialisms involved. Staff have been actively involved in the design and modelling of the development, and Clinical Directors, Matrons, Divisional Directors of Nursing and Divisional Directors have signed off the plans. The designs are also built on extensive engagement with service users over the last 2 years including work with Healthwatch Walsall, the Emergency and Acute Medicine Friends and Family Forum, a Paediatrics Review with teenagers from a local school, and on site

	and online Service User Workshops with the design and architectural teams. The patient experience, including for vulnerable groups such as patients with Mental Health needs or who are immunocompromised, is at the heart of the design. This business case seeks to improve the quality, safety and experience of patients receiving emergency care at the Trust, and will result in improvements to key clinical safety measures such as the proportion of patients seen within the ED within 60 minutes of arrival, and the proportion of patients admitted or discharged within four hours of arrival. In addition to all the patient and staff benefits of this case, there is a wider benefit to the borough of Walsall, consistent with the Trust's aim to be an Anchor Institution. This case will create over 125 substantive new jobs at the Trust, as well as providing a significant temporary economic stimulus to the borough during the construction phase. **The Full Business Case is enclosed, with further information in the reading room. It has been reviewed by the Performance, Finance and Investment Committee and is commended to the Board by that Committee. The People and Organisational Development Committee and the Quality, Patient Experience and Safety Committee also reviewed the Full Business Case for issues within their remits on 25th June**.
Recommendation	The Board is requested to approve the Business Case.
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	Risk 152 – Providing effective clinical management in small ED Risk 262 – Providing clear streaming pathways in ED Risk 1417 – Managing Paediatric Quality Standards in ED Risk 1427 – Ensuring Patients are assessed within 60 minutes Risk 96 – Managing consistent compliance to discharge within 4hrs Risk 231 – Ensuring a sustainable workforce in ED Risk 157 – Managing inappropriate delays effectively in ED
Resource implications	£36.2m Capital funding through 4th Wave STP capital scheme. The revenue model is forecast to deliver a £378k per annum contribution.
Legal and Equality and Diversity implications	Research evidence suggests the most deprived 10% of the population use Emergency Department services more than twice as much as the least deprived 10% of the population. Whilst this development will not in of itself address health inequalities, it will provide a health resource that is likely to be most utilised by the more deprived residents of the borough. The design and construction of the new build is governed by the

	P22 procurement framework.	
Strategic Objectives	Safe, high quality care ☒	Care at home ☒
	Partners ☒	Value colleagues ☒
	Resources ☒	

Walsall Healthcare NHS
NHS Trust

Full Business Case

Emergency Department and Acute Medicine Development

20 June 2020

Version: 0.12

Document Control

Version	Date	Detail	Author	Issued To
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0.2	02.03.2020	First Draft Strategic Case	SHP	FBC Preparation Group 12.03.20
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0.6	01.05.2020	Third Draft Main Body FBC (strategic case only)	SHP	Debbie White 01.05.20
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0.11	15.06.2020	Further iteration to incorporate further feedback and updates	SHP	Trust Board Workshop
0.12	20.06.2020	Further iteration to incorporate further feedback and updates from Trust Board Workshop	SHP	PFIC, QPES, PODC. C. Rowlands (CCG)

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Glossary

Abbreviation	Definition
A&E	Accident and Emergency
ACP	Advanced Clinical Practitioner
AEC	Ambulatory Emergency Care
AMU	Acute Medical Unit
BAU	Business As Usual
BDP	Building Design Partnership Ltd
BREEAM	Building Research Establishment Environmental Assessment Method
CCG	Clinical Commissioning Group
CIP	Cost Improvement Programme
CQC	Care Quality Commission
CSF	Critical Success Factors
CSU	Commissioning Support Unit
CT	Computerised Tomography
DAT	Design Assessment Tool
DH	Department of Health
DHSC	Department of Health and Social Care
ECAP	Emergency Care Assessment Practitioner
ED	Emergency Department
EPR	Electronic Patient Record
FBC	Full Business Case
FES	Frailty Ambulatory Unit
FM	Facilities Management
GMP	Guaranteed Maximum Price
GP	General Practitioner
HBN	Health Building Note
ICP	Integrated Care Partnership
ICT	Information, Communications and Technology
IFRS	International Financial Reporting Standards
IM&T	Information Management and Technology
IP	Inpatient
KPI	Key Performance Indicator
LTFM	Longer Term Financial Modelling
LTP	Long Term Plan
M&E	Mechanical and Electrical

Abbreviation	Definition
MLTC	Medicine and Long Term Conditions
MMH	Midland Metropolitan Hospital
MRI	Magnetic Resonance Imaging
NHSE/I	NHS England and NHS Improvement
NHSI	NHS Improvement
NPV	Net Present Value
NPSV	Net Present Social Value
OBC	Outline Business Case
OOH	Out of Hours
ONS	Office for National Statistics
P22	Procure 22
PACS	Picture Archiving and Communication System
PAU	Paediatric Assessment Unit
PDC	Public Dividends Capital
PFI	Private Finance Initiative
PFIC	Performance, Finance and Investment Committee
PMO	Project Management Office
POCT	Point of Care Testing
PPE	Post Project Evaluation
PRINCE2	Projects in Controlled Environments 2
PSCP	Principle Supply Chain Partner
RAT	Rapid Assessment and Treatment
RoE	Retention of Employment
RPA	Risk Potential Assessment
SAU	Surgical Assessment Unit
SDEC	Same Day Emergency Care
SOA	Schedule of Accommodation
SOC	Strategic Outline Case
SRO	Senior Responsible Officer
STP	Sustainability and Transformation Partnership/Plan
TUPE	Transfer of Undertakings Protection of Employment
UCC	Urgent Care Centre
UTC	Urgent Treatment Centre
VFM	Value for Money
WMAS	West Midlands Ambulance Service
WMH	Walsall Manor Hospital
WMQRS	West Midlands Quality Review Service

Abbreviation	Definition
WT/WHT	Walsall Trust/Walsall Healthcare NHS Trust
WTE	Whole Time Equivalent

1.0 Executive Summary

1.1 Introduction

This Full Business Case (FBC) sets out the case for an expansion in Emergency Care capacity and a transformation in the way services are delivered on the Walsall Manor Hospital (WMH) site. This expansion will enable the Trust to respond to an increased flow of patients to Walsall resulting from the relocation of services in Sandwell and West Birmingham to the Midland Metropolitan Hospital site in 2022/23 and manage sustained annual increases in emergency care demand experienced in Walsall. Capital investment on the Walsall Manor Hospital site to provide this additional capacity has been given the highest priority in The Black Country Sustainability Transformation Plan.

The Trust submitted a bid and received approval as a 4th Wave Scheme for STP capital for £36.2m in November 2018.

A Refreshed Outline Business Case was submitted in March 2020 and was approved in May 2020.

This OBC has been structured in line with the Five Case Model for Business Cases, considered as best practise by HM Treasury and in accordance with the *Capital regime, investment and property business case approval guidance for NHS Trusts and foundation trusts* published by NHS Improvement (NHSI) in November 2016. The OBC comprises the following key components:

- The **Strategic Case** section. Sets out the background and strategic context outlining the issues faced by Walsall Healthcare in the context of the national agenda and regional and local health economy. This section includes the health service need and resultant rationale for reconfiguring emergency and urgent care at Walsall Healthcare to address these issues. The Strategic Case also sets out the objectives of the proposed service change;
- The **Economic Case** section. Identifies the options for consideration along with their capital costs and the option appraisal process undertaken. This section also demonstrates that the organisation has selected the most economically advantageous option which best meets the existing and future needs of the service and optimises value for money (VFM);
- The **Commercial Case** section. Outlines the content of the proposed project and the procurement option selected for delivery of the project;
- The **Financial Case** section. Confirms funding arrangements and affordability and the effect of the project on the balance sheet of the Trust;
- The **Management Case** section. Details the plans for successful delivery of the scheme to cost, time and quality.

1.2 Background

1.2.1 The Trust – Walsall Healthcare NHS Trust

Walsall Healthcare NHS Trust provides acute hospital and community health services for people living in Walsall and the surrounding areas. The Trust serves a population of around 280,000. Acute hospital services are provided from one site, Walsall Manor Hospital, which has 512 beds and provides a full range of local acute hospital services. There is a separate midwifery-led birthing unit and a specialist palliative care centre in the community. The Trust delivers community services from over 20 principal locations across the borough.

1.2.2 Activity

The Trust's overall activity is shown in the following table.

Activity Type	2016/17	2017/18	2018/19	2019/20
ED Attendances	73,956	76,189	79,215	83,537
Elective IP Spells	3,357	3,365	3,307	3,383
Non-Elective IP Spells	41,064	41,768	41,783	48,597
Day cases	25,004	26,530	29,752	30,086
Outpatients	335,555	327,009	341,806	347,938

Table 1: Activity 2016/17 to 2019/20

1.2.3 Financial Position

The Trust has ongoing financial challenges, set within the context of a local health economy in deficit. The Trust had a deficit of £27.5m in 2018/19, largely attributable to the Trust's emergency and non- elective activities and the over reliance on agency staff. The Trust has delivered a break-even position in 2019/20.

The Trust has a revenue budget of circa £270million (after CIP and cost pressures) and is funded for circa 4,000 WTE members of staff. Around 90% of the Trust's total income comes from local Clinical Commissioning Groups. The remaining income comes from non-service income such as education, or specialist services commissioned by NHS England.

1.3 Strategic Case

1.3.1 Case for Change

The case for change is set within the context of the Walsall Together Partnership, a partnership between local health and social care providers to transform the way in which health and social care is provided in Walsall. The newly formed Integrated Care Partnership (ICP) has co-produced a tiered operating model which has at its core a focus on addressing the wider determinants of health.

The tiered approach is centred around a community services vision of a single integrated front door assessment service. This involves the collocation of community teams and pharmacists with urgent and emergency care practitioners all providing specialist advice with a focus on getting patients back safely in their homes with the appropriate support from other agencies as necessary. This creates a real opportunity to transform the future of health and social care services provision within Walsall. This proactive approach will have a significant impact on the level of dependence on acute services and as such has ambitious targets for reduced growth in attendances at ED, reduced growth in numbers of non-elective admissions and reductions in hospital length of stay.

The existing Emergency Department does not support the Trust's aspirations to achieve best practice due to current facilities not supporting new and emerging models of care and does not provide a high quality environment for patients and staff. This is supported by patient feedback received in the National Urgent and Emergency Care Survey Results of 2018 and subsequent patient feedback in recent Friends and Family Tests.

Whilst staff strive to deliver the best possible care, they are hindered by poor facilities with inherent inefficiencies.

The key driver underpinning this development is the need to ensure that the ED and emergency admission services at the Trust are ready to cope with the predicted flow of additional patients to Walsall resulting from the relocation of services in Sandwell and West Birmingham to the new Midland Metropolitan Hospital (MMH) in 2022 as well as sustained annual growth in local Walsall demand that has significantly outgrown the current department. The Black Country and West Birmingham Sustainability and Transformation Plan has prioritised the need for substantial capital investment at the Manor Hospital site to provide ED and inpatient expansion recognising that the performance and patient outcomes at the Trust will be severely compromised if capital investment is not forthcoming.

The assumptions relating to this activity transfer are in accordance with the assumptions in the MMH Full Business Case and aligned with the modelling on impact of patient flows

undertaken by the Midlands and Lancashire Commissioning Support Unit (CSU). The Trust has also aligned these assumptions with a recent assessment of likely impact of boundary changes by West Midlands Ambulance Service to determine the proportion of patients that are likely to self-present at Walsall ED. Should additional self-presenting patients choose to use Walsall ED as the preferred location then this will present a significant revenue risk to the Trust who will not have the staffing to cope with this additional activity.

In addition to this main driver for change, the Trust has identified a number of other important drivers as follows:

- Lack of essential clinical adjacencies associated with the emergency front door, ambulatory emergency care and assessment unit facilities;
- Inadequate and sub-standard current physical accommodation which contributes to poor patient experience and sub-optimal clinical performance;
- The need to direct and control all unscheduled attendances through a single front door.

Figure 1: Location of existing departments on the hospital site

Figure 1 shows the disparate nature of the existing emergency services departments on the hospital site. This project collocates these services into a single building.

This development not only addresses the above key drivers for change, but also aligns with the Trusts intent to operate as an Anchor Institution in the borough through the additional employment opportunities from this development (over 125 new substantive jobs created) and the additional local economic benefits through construction and supply chain opportunities.

1.3.2 Investment Objectives and Key Benefits

The following investment objectives have been developed for the project in consultation with stakeholders.

- Availability of capacity to meet demand and specifically to cope with the increased demand from the Walsall area and the catchment change associated with the opening of MMH in July 2022;
- Fair and equal access to care for all patients attending the facilities;
- An environment sensitive to service user needs, including providing appropriate facilities for children and young people, patients with mental illness, and supporting privacy and dignity;
- Safe and evidence based (effective) care in accordance with national requirements including designing to national standards;
- Timely: operational facility to be available to coincide with the opening of MMH in July 2022;
- Delivering services in a more productive way ensuring efficient patient pathways in accordance with National Urgent and Emergency Care Strategy and guidelines.

The key benefits to be achieved are:

- Improved patient safety;
- Improved patient experience;
- Improved staff experience by giving our existing staff a world-class modern facility and working environment of which they are proud;
- Improved performance and clinical effectiveness;
- Enhanced and collocated emergency facilities suitable for 21st Century healthcare supporting the recruitment of new high calibre staff and retention of existing staff;
- Future proofing of facilities in terms of capacity and flexibility;
- Local economy benefits in the form of enhanced facilities for the people of Walsall, improved health outcomes and employment for local people.

A Benefits Realisation Plan has been developed for the project and will form the basis of post project evaluation.

1.3.3 Future Model of Care

The model of emergency and urgent care at Walsall has continued to evolve to meet current and future demands on the services since the submission of the outline business case in November 2017.

The new clinical model is aligned with the strategic objectives of Walsall Together, and the clinical modelling recognises the enhanced Walsall Together community service offering and the impact this will have on reducing demand for emergency and acute care services.

The main components of the overarching future clinical model are shown in Figure 2 below with detailed patient pathways for individual elements of the service included in Appendix 2.

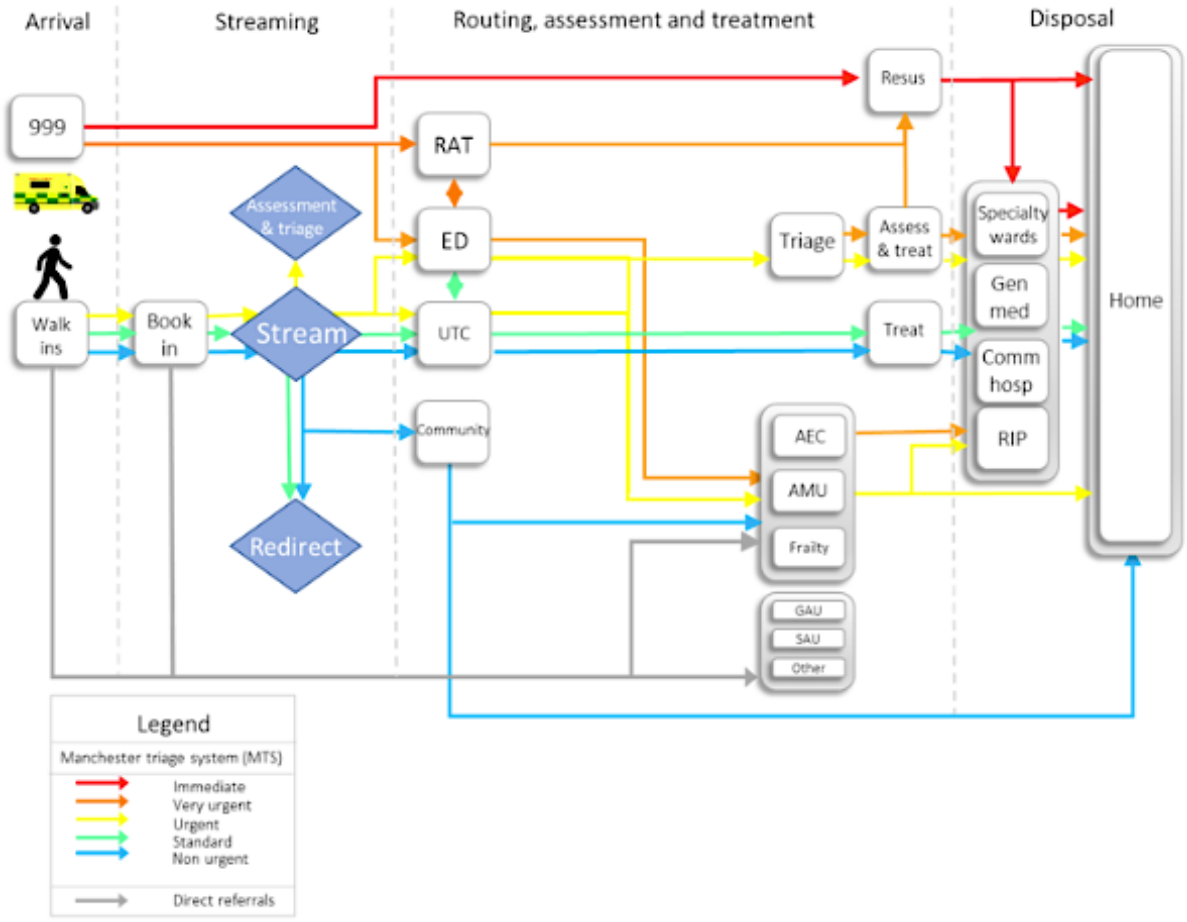


Figure 2: Front Door System Clinical Model and Key Pathways

The vision is for an integrated front door service with all services available for the full 24-hour period. This is underpinned by an effective streaming process whereby as soon as possible

after arrival (within 15 minutes) a senior clinical decision maker will determine the service most appropriate for the patients' needs. This will mean that patients can bypass ED and go directly to other more appropriate services such as urgent care or where necessary assessment units or ambulatory emergency care. Community teams and pharmacists will be collocated with urgent and emergency department clinicians providing specialist input to ensure that patients receive the right care with the necessary support either in the hospital or more appropriate health and social care settings.

The specific needs of children have been considered in the development of the new model resulting in the co-location of the Paediatric Emergency Department with the Paediatric Assessment Unit (re-location from current accommodation adjacent to paediatric inpatient ward). This will bring significant benefits enabling children to access specialist opinion in a timely manner without needing to be transferred through the hospital. The inclusion of PAU therefore represents a change from OBC, reflecting the fact that almost 1in 4 attendances to the Emergency Department are children and thus meeting this cohort of patients' needs is of significant importance.

Timely access to diagnostics is an important part of the clinical decision making process, enabling effective treatment plans to be put in place and appropriate direction of patients to the next stage of their pathway. As a consequence, additional diagnostic facilities have been included within the scheme since OBC. All of which will allow faster diagnosis of emergency patients and reduce travel distances for patients.

Co-locating UTC and ED with the same day emergency services (ambulatory emergency care unit and frailty services) and the assessment unit is also a key element in reconfiguring the front door emergency system. Accommodating the specialist teams within a single facility will support improved decision making, reducing the need for patients to have long waits to access a service or having additional and unnecessary steps within their pathway.

Relocation of the adult medical and paediatric assessment units to new facilities in or directly adjacent to the ED will provide new enhanced facilities for all emergency patients. This will improve access and flow of patients, allowing faster transition where necessary to ongoing care with a resultant impact on patient outcomes. The location of new assessment beds adjacent to ED will also reduce the need for long journeys through main corridors, for patients therefore improving safety, privacy and dignity and the overall patient experience.

This model will enable new ways of working supporting the provision of 21st Century care delivered from modern facilities that are fit for purpose and offer future flexibility.

This future model of care has been reviewed with Healthwatch Walsall.

The future workforce strategy reflects the challenges with recruiting to posts and has therefore moved away from a traditional reliance on Middle Grade doctors to the inclusion of more innovative posts such as Advanced Clinical Practitioners (ACP) and Emergency Care Assessment Practitioners (ECAP). This will support the development of safe and sustainable staffing rotas and improve both recruitment and retention rates across both the medical and nursing workforce.

1.3.4 Projected Activity

The activity projections have been developed to 2029/30 and are included in the following tables. Baseline activity used to calculate the changes is actual activity for 2019/20 as at month 9 projected for full year effect. The Trust have reviewed activity undertaken in the final quarter of 2019/20. Whilst there have been some changes in activity patterns these are not substantial and the Trust do not believe they are representative of future activity trends given the impact of Covid-19. The baseline position of month 9 is therefore considered to be robust.

Since development of the OBC, the Trust has reviewed the activity modelling assumptions, which has included updating the activity baseline to 2019/20 and extending the planning horizon from 2026/27 to 2029/30.

The assumptions relating to increased patient flow from Sandwell and West Birmingham reflect those contained within the Full Business Case for the Midland Metropolitan Hospital development. This equates to 10,372 additional ED attendances transferring to Walsall from 2022/23 and an additional 3,268 inpatient admissions as a consequence of the additional emergency department activity. It is assumed that patients will be discharged when safe to do so and will be repatriated and receive ongoing care in Sandwell.

In line with the Walsall Together strategy to reduce Emergency Department attendances, a 2.20% reduction in activity year on year, through initiatives such as enhanced front door streaming supported by community teams in the acute setting and improved primary / community health and social care services focusing on attendance and admission avoidance, is incorporated into the activity projections.

The Emergency Department is currently treating circa 85,000 patients per annum. The ten year planning projections state that the department will be required to support 123,010 attendances per annum by 2029/30.

		2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
ED Attendances			85,063	87,326	89,649	100,673	105,083	107,878	110,748	113,694	116,718	119,823
Projected Growth	4.86%		4,134	4,244	4,357	4,893	5,107	5,243	5,382	5,526	5,672	5,823
Demand Management	2.20%		-1,871	-1,921	-1,972	-2,215	-2,312	-2,373	-2,436	-2,501	-2,568	-2,636
Catchment change - ambulances					7,793	1,559						
Catchment change - self presenting					847	173						
Total attendances		**85,063**	**87,326**	**89,649**	**100,673**	**105,083**	**107,878**	**110,748**	**113,694**	**116,718**	**119,823**	**123,010**
% change			2.66%	2.66%	12.30%	4.38%	2.66%	2.66%	2.66%	2.66%	2.66%	2.66%

Table 2: Projected ED activity to 2029/30

The net annual growth in ED attendances (excluding MMH boundary changes) is 2.66% as a result of the Walsall Together developments, reflecting a materially lower annual growth than that experienced in recent years. The success of Walsall Together is therefore essential to avoid activity growth that will outgrow and overwhelm the new facility.

		2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
UTC Activity			60,921	63,382	65,943	68,607	71,379	74,262	77,263	80,384	83,631	87,010
Projected Growth	6.24%		3,801	3,955	4,115	4,281	4,454	4,634	4,821	5,016	5,219	5,429
Demand Management	2.20%		-1,340	-1,394	-1,451	-1,509	-1,570	-1,634	-1,700	-1,768	-1,840	-1,914
Total attendances		**60,921**	**63,382**	**65,943**	**68,607**	**71,379**	**74,262**	**77,263**	**80,384**	**83,631**	**87,010**	**90,525**
% change			4.04%	4.04%	4.04%	4.04%	4.04%	4.04%	4.04%	4.04%	4.04%	4.04%
GP OOH Attendances			7,620	7,696	7,773	7,851	7,929	8,009	8,089	8,170	8,251	8,334
Projected Growth	1.00%		76	77	78	79	79	80	81	82	83	83
Total attendances		**7,620**	**7,696**	**7,773**	**7,851**	**7,929**	**8,009**	**8,089**	**8,170**	**8,251**	**8,334**	**8,417**
% change			1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%

Table 3: Urgent Care Activity Projections to 2029/30

The consequence of the catchment changes (additional ED activity) has been modelled in line with both the CSU assumptions for additional admissions as a consequence of MMH and review of Trust conversion rates from ED. Demand management assumptions have been applied in line with Walsall Together through initiatives including enhanced front door streaming, improved primary and community care services / teams focusing on admission avoidance and facilitating discharge, further development of ambulatory emergency care pathways and the development of a network of specialist care delivered from Health and Wellbeing Centres to avoid unnecessary admissions.

		2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
Total Emergency Admissions		34,188	34,188	36,079	38,074	42,306	45,071	47,563	50,193	52,969	55,898	58,989
Projected Growth	7.73%		2,643	2,789	2,943	3,270	3,484	3,677	3,880	4,095	4,321	4,560
Demand Management	2.20%		-752	-794	-838	-931	-992	-1,046	-1,104	-1,165	-1,230	-1,298
Catchment Change					2,127	425						
TOTAL ADMISSIONS		**34,188**	**36,079**	**38,074**	**42,306**	**45,071**	**47,563**	**50,193**	**52,969**	**55,898**	**58,989**	**62,252**
% change			5.53%	5.53%	11.12%	6.53%	5.53%	5.53%	5.53%	5.53%	5.53%	5.53%

Table 4: Projected Adult Emergency Admissions to 2029/30

		2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
Total Emergency Admissions		3,707	3,707	3,841	3,980	4,721	5,011	5,193	5,381	5,575	5,777	5,986
Projected Growth	3.62%		134	139	144	171	181	188	195	202	209	217
Demand Management	0.00%		0	0	0	0	0	0	0	0	0	0
Catchment Change					597	119						
TOTAL ADMISSIONS		**3,707**	**3,841**	**3,980**	**4,721**	**5,011**	**5,193**	**5,381**	**5,575**	**5,777**	**5,986**	**6,203**
% change			3.62%	3.62%	18.62%	6.14%	3.62%	3.62%	3.62%	3.62%	3.62%	3.62%

Table 5: Paediatric Emergency Admissions to 2029/30

1.3.5 Projected Capacity Requirements

The capacity requirements detailed in the following table have been derived from the revised activity projections contained in section 1.3.3, Table 2.

Department	Existing 2019/20	OBC	FBC
Resuscitation	4	6	6
Adults ED	21	26	31
Paediatric ED	4	5	16 (including 6 assessment beds)
Sub Total	**29**	**37**	
Paediatric Assessment	0	0	
TOTAL	**29**	**37**	**53**
Urgent Care	**8**	**10**	**10**

Table 6: Emergency Department and Urgent Care Capacity Requirements

Department	Existing 2019/20	OBC	FBC
AMU	45	40	37
AEC	8	25	14
Frailty	10	Included in above figures	8

Department	Existing 2019/20	OBC	FBC
Inpatient beds – adults (all specialties to be provided on Wards 5 & 6)	0	36	24
Inpatient beds – Children			2

Table 7: Inpatient, Assessment and Ambulatory Emergency Care Capacity Requirements

1.4 Economic Case

1.4.1 Option Development

The need to expand the ED and inpatient capacity resulted in a long list of options being developed for 2 separate elements of the project for the Strategic Outline Case:

- Expanded emergency department (8 options);
- Additional bed capacity for admissions (11 options);

These were shortlisted to 8 options in total and further reviewed and amalgamated into combined options for the Outline Business Case.

During the development of the OBC, options were reviewed and modified to reflect the latest thinking on service models and required clinical adjacencies. Options that deliver an emergency department only were disregarded as these do not provide the required capacity to deliver the additional inpatient activity derived from the additional ED attendances from Sandwell and West Birmingham. A 'Do Nothing' option has been retained for benchmarking purposes.

1.4.2 Non-Financial Option Appraisal

A total of 3 main options (A, B and C) each with 2 variants plus the 'Do Nothing' Option (10 options in total) were subject to a formal option appraisal scoring exercise held in August 2017. This process and outcome was reviewed by the Trust in June 2019 and had been confirmed as valid. The shortlisted options therefore remain as follows:

Option	Descriptor
DO NOTHING	No Change
A	Two floor new build extension to existing ED: ED & UTC on ground floor, AEC on ground floor, AMU on first floor. Majors & Resus in new build with new ambulance entrance Staff support co-located

Option	Descriptor
A1	As 'A' but with staff support and some welfare in vacated UTC
A2	As 'A' but with second floor shell space for future fit out (additional beds or corporate admin)
B (DO MINIMUM)	Two floor new build extension to existing ED: ED & UTC on ground floor, AEC on ground floor, AMU on first floor. Majors & Resus in reconfigured existing ED adjacent to imaging. Staff support co-located
B1	As 'B' but with staff support and some welfare in vacated UTC
B2	As 'B' but with second floor shell space for future fit out (additional beds or corporate admin)
C	Two floor new build extension to existing ED: ED & UTC on ground floor, AEC on ground floor, AMU on first floor. All ED in new build. AEC in existing ED. Staff support co-located
C1	As 'C' but with staff support and some welfare in vacated UTC
C2	As 'C' but with second floor shell space for future fit out (additional beds or corporate admin

Table 8: Revised Shortlisted Options

Benefits Criteria reflecting the Investment Objectives and Critical Success Factors were identified for the development which were subsequently weighted to reflect the relative importance of each criteria to the Trust. This criteria was used to score the options.

The weighted scores resulting from the non-financial option appraisal are shown in Table 9.

	Options									
Benefits Criteria	Do Nothing	A	A1	A2	B	B1	B2	C	C1	C2
Offers a High Quality Environment	25	142	146	149	152	149	152	197	185	186
Remodel Capacity to meet Service Requirements	18	103	104	105	102	99	105	145	141	142
Efficiency and Effectiveness	18	82	74	78	86	85	88	112	109	111
Staff, Training, Recruitment and Retention	15	65	62	65	65	62	65	88	83	88
Estate: Site Strategy and infrastructure	3	14	14	14	15	15	15	21	21	21
Achievable (timescales)	58	39	39	40	29	29	31	56	55	56
Minimal Disruption	40	27	26	26	18	20	19	40	40	42
Improve Safety	30	171	167	165	178	173	178	262	252	258
Total	**207**	**643**	**631**	**642**	**645**	**633**	**652**	**921**	**884**	**904**
Rank	**10**	**6**	**9**	**7**	**5**	**8**	**4**	**1**	**3**	**2**

Table 9: Option Scores Weighted

1.4.2.1 Preferred Option from Non-Financial Option Appraisal

The overall preferred option resulting from the non-financial appraisal is Option C. This delivers the following benefits:

- Offers highest quality of environment;
- Accommodates model of care with UTC at the front door and co-located assessment and ambulatory emergency care units;
- Supports efficient ways of working;
- Accommodates efficient patient flow;
- Reduces construction programme and better supports phasing of works and therefore minimises levels of disruption to clinical services during construction.

1.4.2.2 Sensitivity Analysis

A sensitivity exercise was carried out to test the robustness of the scoring. This included applying reverse weightings and equal weightings to all benefits criteria. This exercise has had no significant impact on the preferred option.

1.4.3 The 'Do Minimum' Option

The Trust considers that a new build facility adjoined to the existing Emergency Department is the 'Do Minimum' option for the following reasons:

- The additional capacity to cope with the activity transfer from the Sandwell conurbation as a result of the MMH development requires a step change in capacity by 2022 rather than an incremental change over the planning horizon;
- There is no adjacent existing functional space in which to expand the Emergency Department as this is co-located with a main hospital corridor serving wards and departments, a third party provided MRI facility and the hospital's main imaging department;
- The current accommodation is substandard and substantially below current space standards which cannot be rectified without reducing the current capacity, impacting access targets further and compromising patient safety and privacy and dignity.

Consequently the 'do minimum' physical solution that would deliver the capacity required is Option B as this maximises the amount of space to be refurbished for the new urgent and emergency care facilities with the biggest ratio of refurbished space to new build of all of the options.

1.4.4 Economic Appraisal

1.4.4.1 OBC Position

A Capital Investment Appraisal Model was completed for the refreshed OBC in February 2020 with the following results:

Incremental Economic Impact in NPV terms	Option A £000	Option A2 £000	Option B £000	Option B2 £000	Option C £000	Option C2 £000
Incremental Costs:						
Capital	(23,048)	(29,802)	(25,697)	(31,305)	(25,472)	(31,214)
Risk	(5,029)	(1,831)	(5,117)	(1,762)	0	(1,810)
Total Incremental Costs	**(28,437)**	**(31,634)**	**(30,814)**	**(33,067)**	**(25,472)**	**(33,024)**
Incremental Benefits:						
Revenue	117,591	113,827	117,591	113,827	122,424	119,905
Risk	0	0	0	0	179	0
Incremental Benefits	**117,591**	**113,827**	**117,591**	**113,827**	**122,593**	**119,905**
Net Present Social Value (NPSV)	89,154	82,195	86,777	80,760	97,121	86,881
Benefit/Cost Ratio	**4.14**	**3.60**	**3.82**	**3.44**	**4.81**	**3.63**
Economic Ranking of Options	**2**	**5**	**3**	**6**	**1**	**4**
B/C Ratio Margin below preferred	-14.1%	-25.2%	-20.7%	-28.5%		-24.6%
Benefit/Cost Switch Value	0.68	1.21	1.00	1.37	(0.68)	1.18

Table 10: Incremental Economic Impact and Benefit/Cost Ratio over BAU

This economic analysis indicated that:

- All options showed a positive Benefit Cost Ratio compared to Business as Usual (Option DN);
- Option C was identified as the preferred option, with a Benefit/Cost Ratio of 4.81, representing a margin of 14.1% over the second ranking Option A.

Sensitivity testing has been undertaken to assess the extent to which the key cost drivers would have to change differentially between options in order to switch economic preference.

This confirmed that:

- Since a common approach has been applied to the capital costing of all options, it is extremely unlikely that costs would change differentially at the levels needed to trigger switch values and change the economic preference;
- In revenue cost terms it is not likely that the differential cost changes needed to trigger switch values would materialise.

1.4.4.2 FBC Costs

The FBC costs have been determined by the Trust's finance team, Interserve Construction Ltd and the Trust's Cost Advisors, WT Partnership in accordance with NHS requirements. The total capital costs for the proposed solution are shown in Table 11.

	OBC £000's
Construction	17,870
Fees	2,681
Non-Works	143
Equipment & IM&T	1,743
Planning Contingencies	894
Total	**23,331**
Optimism Bias	3,205
Sub Total	**26,535**
Inflation	5,151
VAT	4,511
Total	**36,197**

Table 11: Capital Costs

Inflation has been calculated using PUBSEC indices 265 and projected to mid-point of construction (Quarter 3 2021).

A Guaranteed Maximum Price (GMP) will be agreed with Interserve Construction Ltd for this project. The GMP is expected to be finalised by 10th July 2020. The assumption is that the GMP will be within the preliminary figures produced by Interserve to inform the FBC capital costs above.

1.4.5 Revenue Costs

The revenue costs were reviewed and updated for the refreshed OBC during 2019 and early 2020 and have been further reviewed for FBC.

The following table details the revenue costs for those departments affected by this development.

Revenue Costs at 2019/20 price base	FBC £000's
Baseline:	
Pay	49,126.0
Non-Pay	3,612.0
FM	1,355.0
Total	**54,093.0**
Additional Costs:	
Pay	5,156.2
Non-Pay	1,033.7
FM	940.0
Total	**7,129.9**
Forecast Costs:	
Pay	54.282.2
Non-Pay	4.645.7
FM	2.295.0
Total	**61.222.9**

Table 12: Revenue Costs for the Proposed Solution

1.4.6 Economic Appraisal

The economic analysis undertaken for the OBC has been updated to incorporate:

- Capital costs for the preferred Option C shown in Table 11;
- Capital costs for other options re-calibrated for indexation and cost shift from Optimism Bias and Contingencies to Works and On-costs;
- Provision for lifecycle costs for works and engineering elements based on standard NHS replacement cycles;
- Equipment lifecycle costs based on a 10 year replacement cycle;
- Revenue costs for the proposed solution, Option C incorporating the forecast costs detailed in the Financial Case, Section 5. These costs are broadly similar for the other development options;
- For BAU, cost estimates are based on the same assessment made in the OBC. An annual provision for lifecycle costs have been included for BAU.

Incremental Economic Impact in NPV terms	Option A £000	Option A2 £000	Option B £000	Option B2 £000	Option C £000	Option C2 £000
Incremental Costs:						
Capital	(25,127)	(31,770)	(26,187)	(33,001)	(26,411)	(32,159)
Risk	(8,547)	(11,504)	(7,610)	(10,418)	(1,949)	(4,495)
Total Incremental Costs	**(33,673)**	**(43,273)**	**(33,797)**	**(43,430)**	**(28,360)**	**(36,654)**
Incremental Benefits:						
Revenue	118,783	119,980	121,096	119,980	124,771	123,655
Risk	0	0	0	0	0	0
Incremental Benefits	**117,962**	**119,158**	**120,275**	**119,158**	**120,275**	**119,158**
Net Present Social Value (NPSV)						
Benefit/Cost Ratio	**3.52**	**2.77**	**3.57**	**2.76**	**4.40**	**3.37**
Economic Ranking of Options	**3**	**5**	**2**	**6**	**1**	**4**
B/C Ratio Margin below preferred	-20.1%	-37.1%	-18.8%	-37.3%		-23.3%
Benefit/Cost Switch Value	0.88	1.63	0.83	1.64	(0.83)	1.03

Table 13: Incremental Economic Impact and Benefit/Cost Ratio over BAU

1.4.7 Economic Sensitivity Testing – Short listed Options

Sensitivity testing has been undertaken to assess the extent to which the key cost drivers would have to change differentially between options in order to switch economic preference.

The table below shows the % changes that would be needed to either (a) initial capital costs or (b) the revenue cost of delivering activity and capacity requirements in 2023/24.

Change Required to trigger Switch Values	Option A	Option A2	Option B	Option B2	Option C	Option C2
	£000s	£000s	£000s	£000s	£000s	£000s
Capital Cost change trigger £000	(4,182)	(10,144)	(4,202)	(10,869)	5,927	(7,163)
% of capital costs	-14.2%	-29.5%	-13.9%	-31.1%	19.8%	-20.9%
Revenue Cost change trigger £000	(842)	(1,974)	(824)	(2,063)	831	(1,255)
% of Revenue Cost Change 2023/24	-13.3%	-31.1%	-13.0%	-32.5%	13.4%	-20.3%

Table 14: Incremental Economic Impact and Benefit/Cost Ratio over BAU

This confirms that:

- Since a common approach has been applied to the capital costing of all options, it is extremely unlikely that costs would change differentially at the levels needed to trigger switch values and change the economic preference;

- In revenue cost terms it is not likely that the differential cost changes needed to trigger switch values would materialise.

1.4.8 Economic Sensitivity Testing – Option C vs BAU

Further sensitivity testing has been undertaken to assess the extent to which the key cost drivers would have to change differentially before Option C offered zero net benefits over BAU. This indicates that:

- Capital costs for Option C would have to increase by £5.9m (20%); or
- Revenue Costs for Option C would have to increase by £831k per annum (equivalent to 13.4% of the forecast additional Pay and Non-Pay costs for the option in 2023/24: or
- Revenue Costs for BAU would have to fall by £3.7m per annum (equivalent to 37% of the forecast additional Pay and Non-Pay costs for the option in 2023/24).

None of these scenarios is considered likely.

The FBC economic appraisal confirms that Option C is preferred. This option has been developed as the proposed solution in this business case.

A Capital Investment Appraisal Model has been developed in support of this business case and is included in Appendix 5.

1.5 Commercial Case

1.5.1 Procurement Strategy

The P22 procurement process took place in July 2019 with Interserve being appointed as the successful PSCP for the design and construction elements of the project on a NEC 3 ECC Option C Contract with P22 Amendments.

Soft FM services will be provided by the Trust and hard FM will continue to be provided as part of the PFI Contract by Skanska Facilities Services.

There are no Transfer of Undertakings (Protection of Employment) (TUPE) and Retention of Employment (RoE) implications associated with this development.

The Trust's existing PFI partners have been engaged in the pre – construction programme and working with the P22 Partner on both the new build and refurbishment programme.

Discussions have also been held with Project Co around securing the necessary variations and permissions to undertake the construction programme and the proposed transfer back on completion, into the PFI contract.

Assurance on the robustness of the service variation have been sought by external reviews of these proposed agreements through the Trust's PFI legal advisor.

1.5.2 Functional Content

The physical solution will provide a two-storey development adjacent and connected to the existing Emergency Department with an overall development zone of 6234m^2.

This consists of:

- 4,890m^2 new build (fully fitted out);
- 744m^2 is new build (shell space),
- 600m^2 is existing accommodation with light touch refurbishment; and

A further 900m^2 of existing accommodation will be repurposed with no refurbishment.

This project will re-develop the Emergency Department and associated acute emergency care services and will support an integrated model of emergency and urgent care.

The project will enable staff to deliver new models of care in an environment that will be conducive to providing privacy and choice. The co-location of the ED and UTC with ambulatory emergency care, frailty and adult medical and paediatric assessment areas will promote service integration and development. Overall this scheme will enable the Trust and partners to provide high quality emergency and urgent care services to the population of Walsall and surrounding areas.

This development will provide collocated accommodation for the following departments and services:

- Emergency Department;
- Urgent Treatment Centre;
- Paediatric Emergency Department and co-located Paediatric Assessment Unit;
- Acute Medical Unit (AMU);
- Ambulatory Emergency Care unit (AEC);
- Frailty Ambulatory unit (FES);
- Dedicated Imaging (CT, Ultrasound and Digital X Ray);
- Shell space (1st floor) for future development.

Facilities will be provided for patients with mental illness, children and young people and for those patients who need isolation (due to infection) or quieter areas. Facilities will also be capable of supporting bariatric patients.

There is likely to be continuing developments in Same Day Emergency Care approaches and the Trust would, therefore, anticipate the shell space being utilised for further enhanced ambulatory emergency care. The Trust do not anticipate the shell space being required for in-patient accommodation.

All new facilities will be built to new space, technical and quality standards. This means that cubicle and room sizes are larger than those currently used, the adult assessment area has a greater proportion of single rooms with ensuite and bays are designed to take a maximum of four people again with ensuite facilities.

The new facilities will be supported by improved technology in terms of new infrastructure, hardware and software also providing wider connectivity across the urgent and emergency care system.

1.5.3 Design

The design development from initial concept to detailed 1:50 room layouts has been undertaken in full consultation with clinical and non-clinical support teams and has included other key stakeholders including patients and carers through a series of workshops.

The design has been developed with reference to all relevant Health Building Notes and Health Technical Memorandum and has been benchmarked within the affordability envelope with best practise in the UK including recent Emergency Services projects in Leicester and Gateshead.

The design has been reviewed and assessed to ensure the capacity, building layout, access and flows can respond to separation and quantum of infected patients in the event of a resurgence of Covid19 with sections of the department being capable of being separated from other sections and a greater quantum of single rooms as opposed to open cubicles.

The development will support improvements in Trust performance against Carter metrics in terms of clinical to non-clinical floor area ratios and running costs/m^2 and PLACE scores.

The condition, quality and functional suitability of the new facilities will be significantly improved for patients and staff providing more space to facilitate patient safety and control of infection. Catergory A will be achieved for new build and B for refurbished accommodation. Essential works associated with backlog maintenance will be addressed in the retained estate refurbishment. Any remaining works will be delivered through the Trust's business as usual arrangements.

A Design Review using the Design Assessment Tool (DAT) was undertaken in May 2020.

A Building Research Establishment Environmental Assessment Method (BREEAM) pre-assessment was undertaken in December 2019 led by a qualified assessor from BDP which

showed the score to be a borderline very good/excellent. Since then amendments have been made to the mechanical and electrical infrastructure which should allow the project to achieve an excellent rating. The project details have now been submitted to the Building Research Establishment (BRE) for an Intermediate Assessment, the results of which are expected in June 2020.

The design proposals for the project have undergone Secured by Design assessment in association with West Midlands Police and Counter Terrorism representatives.

1.5.3.1 M&E Services

Following review of the M&E services infrastructure by the PSCP, due to concerns regarding site resilience and capacity of existing infrastructure to support this new development, the M&E strategy has been revised from one of linking to existing infrastructure to a stand-alone provision for all services (including a dedicated generator). ICT infrastructure, telecommunications, medical gases, fire alarm, building management system and pneumatic tube will all link to existing systems.

The new build emergency department will be designed with energy efficiency measures and to limit the effects of solar gains in summer in order to minimise the regulated building energy consumption and ensure the calculated Building CO_2 Emission Rate is 15% lower than the Target CO_2 Emission Rate required by the 2013 Building Regulations. The current design achieves a Building Emission Rate for regulated energy of 49.7kgCO_2/m^2, relative to the calculated Target Emission Rate of 58.5kgCO_2/m^2.

1.5.3.2 Future Flexibility

Flexibility is paramount to the sustainability of the service and with this in mind, the following have been incorporated into the scheme to allow for future flexibility:

- Co-location of Emergency Department and Urgent Treatment Centre cubicles to allow flexing of accommodation either way to reflect any changes in activity type;
- Co-location of adult and paediatric resuscitation;
- Capacity to support projected activity changes to 2029/30;
- Sufficient capacity and capability to support separation of access and flows and isolation in the event of a resurgence in Covid19 or similar infections;
- First Floor shell space for further enhancement in future Ambulatory Emergency Care provision;
- Sufficient space in retained estate to allow the rapid assessment and treatment area to move into this area providing more cubicles for majors;
- Repeatable rooms meaning all rooms are similar in size and layout allowing flexing across acuities and services as necessary;

1.5.3.3 Fire Safety and Infection Prevention

The project has been developed with the full involvement of the Trust's Fire Officer. The scheme is designed to comply with Fire Code.

A representative from the Trust's Infection Prevention team is a member of the Project Board and has attended design workshops to ensure compliance with the Trust requirements

1.5.4 Planning

Dialogue with the Local Authority Planning Department regarding this project commenced in August 2017 when a positive response to the proposals was received. Dialogue was recommenced on appointment of the PSCP in October 2019 and has continued throughout the development of this Business Case. The Trust has been working with Savoy Consulting, Travel Planning Consultant to undertake the necessary assessments required as part of the Planning Submission and in line with the Trust travel plan. A submission for Full Planning Approval was submitted for the development on 27th March 2020 with Approval expected in July 2020.

1.5.5 IM&T

The project provides for the re-design of IM&T systems used in the delivery of the Emergency and Urgent Care Services. This will facilitate service integration and efficiency through removing double entry of patient data, other duplication and supporting paper free patient records.

IM&T infrastructure is included in the works costs element of the capital costs for the project. Hardware and software costs are included in the equipment costs.

The intention is to implement some of the new systems ahead of the building project being completed to enable familiarity with the software and ensure resilience of the system. This has been accounted for in the cash flow profile of the capital costs.

1.5.6 Equipment

An equipment schedule which includes medical and furniture and equipment with costs has been developed for the project. These costs have been included in the capital costs for the proposed solution. An allowance for transfer of existing equipment has been made.

1.6 Financial Case

1.6.1 Capital Costs

The capital cost breakdown for the preferred option is summarised in Table 15.

	Capital costs £000's
Construction (including -3.75% location adjustment)	23,441
Fees	3,719
Non-Works	143
Equipment & IM&T	1,743
Planning Contingencies	617
Total	**29,663**
Optimism Bias	297
Sub Total	**29,960**
Inflation	824
VAT	5,413
Total	**36,197**

Table 15: Capital Costs

This will be reviewed on receipt of the GMP in July.

Inflation has been calculated using PUBSEC indices 265 and projected to mid-point of construction (Quarter 3 2021) for FBC.

The following table identifies the capital costs at both OBC and FBC.

	OBC £000's	FBC £000's
Construction	17,870	23,441
Fees	2,681	3,719
Non-Works	143	143
Equipment & IM&T	1,743	1,743
Planning Contingencies	894	617
Total	**23,331**	**29,663**
Optimism Bias	3,205	297
Sub Total	**26,535**	**29,960**
Inflation	5,151	824
VAT	4,511	5,413

	OBC £000's	FBC £000's
Total	**36,197**	**36,197**

Table 16: Capital Costs at OBC and FBC

1.6.2 Changes since OBC

The scheme has experienced capital cost pressures since the OBC submission through the development of the P22 pre construction work programme. In summary, the ongoing design development process has raised the following key issues that has changed a number of key OBC assumptions:

- The need for stand-alone supporting infrastructure for future new build energy sources incorporating all mechanical & electrical services to ensure it can function as a standalone block has required an additional cost of £1.2m to be included in project plans;
- The scale of the new build has resulted in additional steps required to maintain the number of existing car park spaces around the hospital site. In order to remain within our affordability envelope, short term solutions to replace car parking have focused solely on the replacement of the visitors spaces lost at a cost of £0.2m;
- The design layout footprint feasible within the plot of land available has created additional costs and resulted in a need to undertake value re-engineering exercise to reduce the cost plan by £3m and a phased development of the first floor (which now includes a proportion of shell space) in order to remain within the capital envelope;
- Underground survey work has highlighted a larger requirement for piling strategy for the new build and potential level of hazardous waste will potentially incur larger cost programme of enabling works;
- Overall change in the construction cost indexes since the OBC resulting in these being 13% higher than that envisaged.

The overall impact of these cost pressures has resulted in the Trust examining the scope for additional capital sources to supplement the existing £36.2m allocation to help fund the critical stand-alone infrastructure plant requirements and safeguard the availability of visitors car parking spaces at a total cost of £1.4m.

Whilst there has been some movement in the elemental breakdown of the capital costs in the table above which are mainly associated with a movement of risk and optimism bias funding into the works costs, the total cost and therefore request for funding remains the same as the figure submitted in the refreshed OBC in March 2020.

The assumptions applied at OBC and FBC are summarised in Table 17.

	OBC	FBC
PUBSEC Index	195	265
Design Fees (including Trust cost impact)	15%	15.87%
Non-Works	£143,000	£143,000
Equipment & IM&T	Costed equipment schedule	Costed equipment schedule
Planning Contingencies	3.98%	2.13%
VAT (excluding fees)	20%	20%
VAT recovery	£98,000 (estimate)	**??**
Optimism Bias	13.74%	**1%**
Inflation	Midpoint of construction	Midpoint of construction (Q3 2021)

Table 17: Capital Cost Assumptions at OBC and FBC

1.6.3 Guaranteed Maximum Price

A Guaranteed Maximum Price (GMP) will be agreed with Interserve Construction Ltd for this project. The GMP is expected to be finalised by 10th July 2020. On finalisation of the GMP, the detail of the key constituents of the GMP will be provided. The assumption is that the GMP will be within the preliminary figures produced by Interserve to inform the FBC capital costs detailed in Table 15.

1.6.4 Risks

Interserve are currently in the process of procuring the separate work packages in readiness for construction to inform the GMP. Given the current circumstances relating to Covid19, there is some uncertainty about pricing levels and whether the market is in a position to respond. This presents a potential risk to the achievement and delivery of the GMP within the proposed timescales although the current response is positive with 50% of tenders returned being within the expected range.

1.6.5 VAT

No allowance for VAT recovery has yet been included for refurbished areas contained in the development. Advice in this regard is awaited from the DHSC VAT advisor.

1.6.6 Funding Arrangements

The Trust submitted a bid and received approval for STP capital as a 4th Wave Scheme in November 2018. The Outline Business Case was approved for this project in May 2020.

The Trust is anticipating the award of PDC to the value of £36.197million to fund this development.

There are no land disposals associated with the project.

The projected cash flow for the capital expenditure is detailed in Table 18.

Financial Year	2019/20	2020/21	2021/22	2022/23	Total
Capital Spend £000's	1,078	17,272	17,425	422	36,197

Table 18: Capital Cash Flow Projections

This is accounted for in the Trust's Five Year Capital Programme.

There are no land disposals associated with the project.

1.6.7 Revenue Costs

The proposed solution has a favourable effect on the Trust's income & expenditure, delivering a positive contribution to other indirect and overhead charges.

Table 19 provides a summary of full year income and expenditure from 2020/21. The forecast to 2024/25 is based on 2019/20 price base but with an adjustment to income for activity growth based on a 1.32% net increase.

	2020/21	2021/22	2022/23	2023/24
	£000s	£000s	£000s	£000s
Additional Income	**388**	**759**	**7,552**	**9,541**
Summary of Additional Expenditure				
Pay Expenditure				
Medical		(350)	(1,852)	(2,002)
Nursing		(355)	(1,877)	(2,029)
Other		(142)	(1,607)	(1,737)
Subtotal Pay		*(847)*	*(5,336)*	*(5,768)*
Non-pay Expenditure				
Clinical			(722)	(963)
Estates			(246)	(328)
Equipment Maintenance			(53)	(71)
Subtotal Non-Pay	*0*	*0*	*(1,021)*	*(1,362)*
Total Expenditure	**0**	**(847)**	**(6,357)**	**(7,130)**
Contribution excluding capital charges	**388**	**(89)**	**1,195**	**2,411**
Capital Charges			(1,017)	(2,033)
Non Recurrent Costs	(23)	(221)	(123)	

	2020/21	2021/22	2022/23	2023/24
	£000s	£000s	£000s	£000s
Total Contribution	**365**	**(310)**	**56**	**378**

Table 19: Impact of Preferred Option on Trust's Income and Expenditure

The deficit in 2021/22 is due to recruitment of clinical staff ahead of the step change in activity to allow for training and induction of new staff. This deficit is offset by the positive contribution in 2020/21 assuming normal growth in ED attendances which will be absorbed within the baseline staffing models in 2020/21. The non-recurrent costs (pay and non-pay) are associated with recruitment and IM&T implementation ahead of the opening of the new development.

The calculation of the capital charge is as follows. This currently assumes no impairment for the new facility.

	Estimate Asset Value Following Impairment	Depreciation	Return on Assets 3.5%	Total
	£'000s	£'000s	£'000s	£'000s
Building (based on 60 years)	33,975	566	1,189	1,755
Equipment (based on 10 year life)	2,092	209	73	282
TOTAL	**36,067**	**775**	**1,262**	**2,038**

Table 20: Capital Charges

The level of impairment will be subject to expert determination at the time of occupation by the Trust.

1.6.7.1 Financial Risks

It is assumed that there will be minimal 'walk in' attenders from the Sandwell conurbation. It is also assumed that any Sandwell patients admitted from their emergency department attendance in Walsall will be repatriated on discharge and therefore no follow up outpatient attendances or other treatment will take place on the Manor Hospital site after discharge.

If either of these assumptions are incorrect, whilst the Trust will potentially have the physical capacity to cope with additional activity on opening the new facility it will not have the manpower resources to staff any additional capacity requirement. Consequently the planning assumptions and income flow may need review post the opening of MMH.

1.6.8 Workforce

A workforce plan has been developed for all elements of the project which responds to the proposed new models of care and activity and capacity changes to support this FBC. It is

anticipated that workforce will need to increase by 126.97 whole time equivalents to support the new development. This is detailed in Table 21.

The ability to recruit to the increased numbers of staff identified and the ability to attract the right calibre of staff is vital to the success of the project both financially to reduce the requirement for premium payments through employment of agency staff and operationally to ensure quality of service provision. Therefore a robust recruitment strategy has been put in place to ensure that the required staffing is available and the necessary training has taken place in readiness for the opening of the new facility. This strategy will be supported by a dedicated recruitment team engaged to manage this process and will be supported by the Trust's Valuing Colleagues programme outlined in Section 5.4.1.

Staff Type	Baseline WTE	Planned WTE	Difference WTE
	2020/21	2022/23	
Emergency Department	183.25	211.41	28.17
Acute Medical Unit	100.41	105.82	5.41
Ambulatory Emergency Care (including Frailty)	43.34	50.73	7.39
Paediatric Assessment Unit	28.57	35.35	6.78
Paediatric Inpatients	57.38	64.68	7.30
Inpatients (adult)	0.00	35.04	35.04
Clinical Support	68.34	83.18	14.84
Facilities Management	32.43	54.47	22.04
Total	**513.71**	**640.68**	**126.97**

Table 21: Workforce Changes

1.6.9 Commissioner and Stakeholder Support

Walsall CCG and Walsall Together have been actively involved in the project. The Director of Commissioning for the CCG and the Executive Director for Integration for Walsall Together are representatives on the project board with other team members contributing to the FBC Preparation Group. Representatives from both organisations have also actively contributed to the development of service model and design process in relation to the front door and Urgent Care facilities.

The relevant elements of this FBC have been reviewed by the Boards of Walsall Together and Walsall CCG.

Letters of support from Commissioners and the STP will be provided in support of this business case post Trust Board approval.

The modelling assumptions in this Business Case reflect those in the Full Business Case for the Midland Metropolitan Hospital and those of the Black Country and West Birmingham STP and have taken account of the Walsall Together initiatives which will impact these services.

1.7 Management Case

1.7.1 Project Structure and Monitoring Arrangements

The project structure developed by Walsall Healthcare NHS Trust reflects ownership of the project at the highest level and draws not only upon the traditional roles associated with capital project management, but also upon clinical representation and support from across the Trust, to ensure that the wider business objectives of the Trust are met. The primary objectives of the project are to ensure:

- The construction of the new facilities on time (operational by July 2022), and in accordance with the design brief;
- The transition process to ensure clinical change is managed effectively;
- The operational commissioning of the building and clinical service to realise the patient and organisational benefits of the scheme;
- To provide a platform for signing off the future clinical model which incorporates patient flows throughout the hospital and effective streaming to pathways including ambulatory emergency care and community based services.

The Senior Responsible Officer (SRO) for the project is the Trust's Director of Finance and Performance.

The Emergency Department and Acute Medicine Project Board is the Tier 2 Group within the Trust's governance structure with responsibility for "signing off" products and ultimately ensuring the project achieves its objectives. This Board is chaired by the Chief Operating Officer and includes senior representatives from WHT, Walsall CCG, Walsall Together and other stakeholders and will remain in place until the facilities are complete and become operational. It will be responsible for the overall management of the scheme and will report directly to the Performance, Finance and Investment Committee (PFIC). The Project Board meets on a monthly basis.

The SRO and the Chief Operating Officer are supported by the Project Director.

Figure 3 describes where the Emergency Department and Acute Medicine Project Board sits in the governance structure of the Trust and outlines the reporting and approval process. A number of task and finish groups have been established to deliver specific elements of the project. These groups report to the ED and Acute Medicine Design Review and Decision Making Group through the workstream leads.

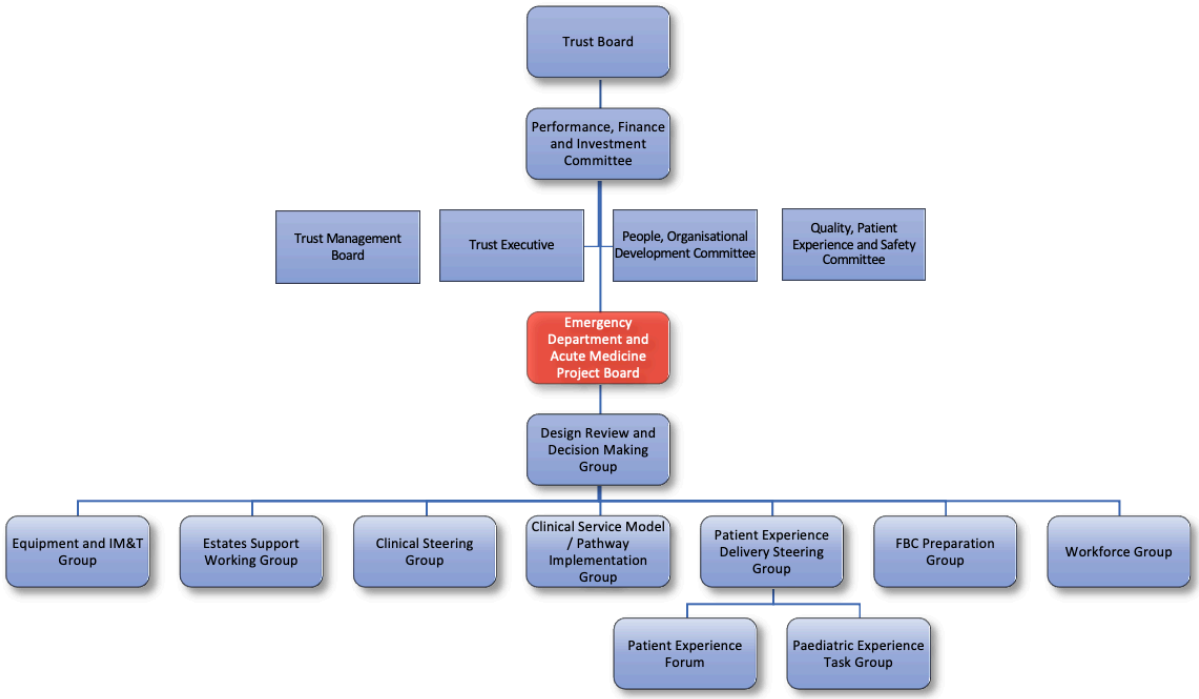


Figure 3: Project Governance Structure

A number of workstreams have been established to deliver specific elements of the project. These workstreams report directly to the Project Board through the workstream leads.

1.7.2 Project Management

The management of the project and project documentation follows best practise and is in accordance with PRINCE2 (Projects in Controlled Environments) methodology. Capital team project managers possess PRINCE2 Foundation qualifications.

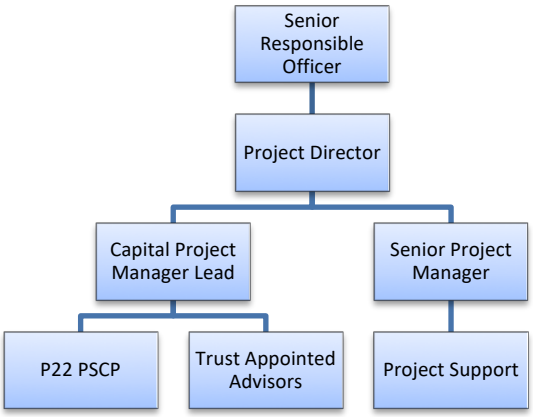


Figure 4: Project Management Structure

1.7.3 Patient and Public Involvement

In February 2020 the Project Board approved the setting up of a Patient Experience Steering Group to maximise communication with and the involvement of patients, carers, staff as service users and the wider community in the design of the new facilities and provide the necessary assurance to the Project Board;

Patient Experience quarterly workshops have been held since January 2020 to capture patient views. A separate task group has been set up to involve children and carers in the design of facilities specifically included for children and young people.

This involvement will continue during the construction and commissioning phases through to the opening of the new facilities and will include engagement with hard to reach groups and faith groups.

1.7.4 Project Programme

A project plan has been prepared for the business case process, procurement and construction phases of the project. This programme has been approved by the Project Board on the basis that the additional capacity provided by this project must be operational by July 2022 to cope with the catchment area changes from the Sandwell conurbation associated with the opening of MMH.

A Key Milestone Programme is included in Table 22. This programme has been approved by the Project Board on the basis that the additional capacity provided by this project must be operational by July 2022 to cope with the catchment area changes from the Sandwell conurbation associated with the opening of MMH.

Milestone	Target date for completion
OBC Submitted to NHS Improvement	November 2017
Submission of refreshed OBC to NHSEI	September 2019 and March 2020
Refreshed OBC approved by NHSEI	May 2020
P22 Procurement Process	July – September 2019
Appointment of PSCP	October 2019
Clinical Model and Design Review (1:500, 1:200)	October 2019 to February 2020
Detailed Design (1:50)	March 2020 to May 2020
Detailed Planning Approval	July 2020
Develop Full Business Case (FBC)	February 2020 to June 2020
FBC Approved by all Stakeholders (Trust and CCG)	July 2020
FBC Submitted to NHSEI/DHSC	August 2020
FBC Approved by NHSEI/DHSC	October 2020
Construction (Three phases including enabling works)	September 2020 – November 2022
Handover, Commissioning and Occupation (Phase 2)	July 2022
Handover, Commissioning and Occupation (Phase 3)	November 2022

Table 22: Key Milestone Programme

1.7.5 Benefits Realisation

The draft Benefits Realisation Plan developed for the project for Outline Business Case has been reviewed and updated for FBC and is included in Appendix 18. The Benefits Realisation Plan includes current (baseline) position and planned (target) position, and specifies who is responsible for the delivery of specific benefits, when they will be delivered and what activity needs to be undertaken to deliver them.

The assessment and monitoring of the benefits realisation plan will form a key part of the Post Project Evaluation process for the project.

1.7.6 Risk Management

A Risk Potential Assessment was completed at OBC and has been reviewed and updated for FBC which indicates that the project remains as a 'medium risk'. A risk register has been developed for the project in accordance with the Trust's governance framework and will continue to be monitored and managed by the Project Board and escalated to the Performance, Finance and Investment Committee and Trust Board as appropriate.

The red risks with their mitigation are included in the following table. Specific risks have been included in relation to Covid19:

Risk	Mitigation
Loss of parking on site and contribution to wider site parking issues.	Early dialogue with planners needed, in order to justify parking arrangements. Updated Travel plan and transport assessment needed. Trust to decide where staff are to park.
Likelihood of interface issues between new works and any existing Project Co. contractual / operational arrangements with the Trust	Early liaison with Trust and Project Co. to establish design for each system, and managing approval from Trust / Project Co. for tying into existing systems.
Mine shaft and void grouting will be required as identified by the SI	Specialist drill and grout team on site to carry out works. The extent of the void underground is not defined and costs for this works are unknown.
Legal Agreement: Delay in completing PFI legal agreements for variation. Delay in start date. Additional costs	Close liaison between Project Co and Trust HQ required to reduce necessary timeframes to minimum.
Variation agreement: Delay in agreeing variation due to cost, programme or proposal issues. Delay in start date. Additional costs	Close liaison between Project Co and Trust HQ required to reduce necessary timeframes to minimum.
Asbestos Not picked up in surveys. Additional costs	R&D once vacant.
COVID19 stopping Interserve (PSCP) completing the *works* or *works* by the date shown on the Accepted Programme.	Project Board to keep informed on current guidance and to monitor impact on scheme.
UK construction economic market conditions – impact of COVID and lockdown and likely effect upon GMP and/or programme	Working to UK construction guidelines for Covid and monitoring the market conditions

Table 23: Main Project Risks

The full Risk Register is included in Appendix 20.

1.7.7 Post Project Evaluation

A framework for Post Project Evaluation has been developed which has included the necessary periodic reporting to NHSEI.

1.8 Conclusions and Recommendations

This Full Business Case outlines the Trust's proposals to deliver additional emergency care capacity on the Walsall Manor Hospital site in order to meet the change in patient flow within the health economy resulting from the relocation of services to the new Midland Metropolitan Hospital.

This development is prioritised and is an integral part of the Black Country Sustainability and Transformation Plan.

System wide partners including representatives from Walsall CCG, Walsall Together and WMAS, patients and staff have been actively involved in this project. There has been regular dialogue with STP representatives in relation to the transfer of activity from the Sandwell

conurbation. Letters of approval will be received as required post Trust Board approval from Walsall CCG and the Black Country and the West Birmingham STP.

The planning assumptions in relation to expected patient transfer from Sandwell and West Birmingham and used to support this FBC reflect those articulated in the Full Business Case for the Midland Metropolitan Hospital development which is scheduled to be operational in Summer 2022.

This development provides an integrated model of Urgent Treatment Centre, Emergency Department (including Children's ED), collocated with Paediatric Assessment Unit, Acute Medical Unit, Ambulatory Emergency Care Unit and Frailty Unit accordance with national and local strategy and will support the longer term sustainability of safe, effective and high quality services for patients in Walsall and surrounding areas.

The project provides significant advantages for the local community by improving modern 21st Century healthcare facilities supporting improved care and outcomes for patients and an increase in local employment opportunities. The construction phase and Interserve's commitment to recruit 75% of people within a 50 mile radius will also provide additional stimulus to the local economy, in line with the Trust's intent to operate as an Anchor Institution in the borough.

Capital funding of £36.197 million is required to fund this project. The Trust submitted a bid and received approval as a 4th Wave Scheme for STP capital for this value in November 2018. The project delivers a positive revenue contribution.

The construction partner for the project, Interserve Construction Ltd was selected and appointed using the Procure 22 Framework and has been supporting the project since October 2019.

Approval is sought for this Full Business Case to enable the release of capital funding to support the construction phase of the development.

This project is fundamental to the sustainability of urgent and emergency care services in Walsall. Without this project, the Trust will be unable to:

- Physically accommodate the projected increases in activity expected to transfer to Walsall as a result of the Midland Metropolitan Hospital development;
- Support the required front door models of care;
- Provide the essential clinical adjacencies associated with the emergency front door, ambulatory emergency care and assessment facilities;
- Provide the capacity and enhanced facilities to meet the future demand and expectations of Walsall patients and staff;
- Continue to recruit and retain the required numbers of calibre of staff.

The results of which will impact clinical performance and the longer term viability of some clinical services.

The financial impact to the Trust of the project not going ahead, in terms of the funding and commitments already made to support the project and this business case is £3.2 million.

2.0 Strategic Case

2.1 Introduction

This Full Business Case (FBC) is for the redevelopment and expansion of the Emergency Department (ED), creating a new integrated urgent and emergency treatment centre and associated inpatient capacity on the Walsall Manor Hospital Site. The new integrated development will include Urgent Treatment Centre, Emergency Department (including Children's ED), collocated with Paediatric Assessment Unit, Acute Medical Unit, Ambulatory Emergency Care Unit and Frailty Unit.

The main driver underpinning this development is the need to ensure that the emergency services at the Trust are in a state of readiness to meet the additional demand resulting from the relocation of services in West Birmingham and Sandwell to the new Midland Metropolitan Hospital in 2022. The Black Country and West Birmingham Sustainability and Transformation Plan (STP) has prioritised the need for substantial capital investment at the Manor Hospital site to provide the capacity and facilities required to support this extra flow of patients largely from the Sandwell conurbation recognising that the performance of the Trust will be severely compromised if no action is taken. A STP capital bid for this project was submitted and was successful as a 4th Wave Scheme in November 2018 at a value of £36.197m.

The Emergency Department at the Trust is already under considerable pressure given its age, physical condition and limited capacity which in recent years has struggled to cope with activity growth from its existing catchment area. An indication of this problem is the proportion of patients waiting for excessive periods of time in the department with performance being consistently below the national standard of 95% of patients being seen, treated and discharged or admitted in less than 4 hours. This manifests itself in reduced quality of care for patients, increased risk of harm, increased mortality, reduced clinical effectiveness, unacceptable delays in treatment and compromised patient safety. Internal Trust analysis has shown a strong association between the duration of stay within the Emergency Department and mortality rates for admitted patients.

The development proposed within this business case provides the opportunity to significantly improve the services delivered to acutely unwell and injured patients presenting to the Trust in the future.

The Strategic Case within this FBC describes the national and local context and outlines the current position for Urgent and Emergency Services. The case also details the project objectives and critical success factors along with any constraints and dependencies that are essential for the successful delivery of new Emergency Services for the Trust. A robust case

for change is established that will enable the sustainable and safe delivery of services in partnership with other providers for the current and new cohort of patients.

This business case is supported by a number of significant strategic documents and programmes. The following sections provide an overview of the driving policies and guidance documents at National, Regional and Local level that provide context and support the case for change in relation to increasing capacity and providing modern, accessible emergency services and will be reflected within the preferred option.

2.2 National Context

2.2.1 NHS Long Term Plan (2019)

A ten-year plan for the NHS to improve the quality of patient care and health outcomes was published in January 2019 and set out how the £20.5 billion budget settlement for the NHS will be spent. This included a practical programme of phased improvements to NHS services and outcomes with the additional spending targeted at dealing with current pressures and unavoidable demographic changes as well as new priorities. Organisations will need to:

- Return to financial balance;
- Achieve cash-releasing productivity growth;
- Better manage growth in demand for care;
- Reduce variation across the health system;
- Make better use of capital investment and its existing assets to drive transformation.

The plan acknowledges that the emergency care system is under real pressure and is in the middle of a period of profound change. The plan sets out actions to ensure patients get the care they need whilst also reducing pressure on emergency departments including:

- Implementation of Urgent Treatment Centres;
- Introduction of new standards for ambulance services;
- Comprehensive clinical streaming at the front door of Emergency departments;
- Development of Same Day Emergency Care (SDEC) increasing the proportion of people not admitted overnight;
- Reduction in Delayed Transfers of Care.

The NHS Operational Planning and Contracting Guidance for 2020/21 reinforces the imperative for all providers to deliver against the Long Term Plan objectives. The elements most relevant to this FBC being to improve Urgent and Emergency Care performance and expand the capacity available to meet demand. This includes reducing bed occupancy

levels to a maximum of 92% through acute bed expansions, increasing community care, investment in primary care and improvements in length of stay and admission avoidance.

Trusts will need to increase the proportion of patients seen and treated on the same day with the a goal of delivering Same Day Emergency Care (SDEC) for 12 hours per day and acute frailty services for 70 hours per week.

The proposals within this FBC are aligned with the core strategic framework, proposing a holistic approach to delivering urgent and non-elective care services across the local health economy.

2.2.2 Clinically Led Review of NHS Access Standards (2019)

During 2018 the NHS Medical Director was asked to undertake a clinical review of standards across the NHS with the aim of establishing if any of the performance measures would benefit from a refresh. His interim report with recommendations was published in March 2019 and set out initial proposal for testing changes to access standards in the context of the model of service described in the NHS Long Term Plan informed by latest clinical and operational evidence.

These proposals are being field tested at a selection of sites with findings helping to inform final recommendations during 2020. Existing standards remain in place until any new standards are formally introduced.

In relation to urgent and emergency care the review recommended further testing of the following to understand their impact on clinical care, patient experience and the management of services when compared to the current single standard:

- Time to initial clinical assessment in ED to identify life-threatening conditions faster;
- Time to emergency treatment for critically ill and injured patients;
- Time in ED – mean waiting time for all patients and strengthened reporting of trolley waits;
- Utilisation of same day emergency care.

These measures are focusing on identifying and treating serious clinical illnesses/injuries in an efficient and timely manner improved outcomes, along with responding to patients with less serious conditions with an appropriate resource.

The achievement of ED access standards are integral to this FBC, ensuring sufficient capacity to assess and treat patients within a timely manner. The development of the ambulatory emergency care model will support an increase in the proportion of patients managed in a same day emergency care approach.

2.2.3 Next Steps on the Five Year Forward View (2017)

The NHS Five Year Forward View was published in October 2014 and set out a new shared vision for the future of the NHS based around the new models of care required to meet the changing needs of patients, new treatment options, and specific challenges such as mental health, and support for frail elderly patients.

The next steps review was published in April 2017 and set out a series of practical and realistic steps to deliver a better more joined up and more responsive NHS in England.

Key deliverables included embedding comprehensive front door clinical streaming in all hospitals and a roll out of 'Urgent Treatment Centres', which were to be GP-led, open 12 hours a day, and equipped to diagnose and deal with many of the most common ailments people attend Emergency Departments for.

The intention being to simplify the system for patients and to ease the pressure on hospitals resulting in the opportunity for streaming at the front door and decreased attendance at ED.

A priority action is the return to the 95% standard for patients treated, admitted or transferred within 4 hours in ED, which is a key driver for this business case.

2.2.4 Transforming Urgent and Emergency Care Services in England

The Urgent and Emergency Care Review (August 2015) detailed a fundamental shift in the provision of urgent and emergency care services, and a focus on improving out-of-hospital services and reduced hospital attendances and admissions.

The long term plan (2019) reinforces the need for new ways of delivering urgent care and major practical changes were proposed to further redesign and reduce pressures on emergency hospital systems. These include:

- Improve pathways for patients with the most serious illnesses and injuries to receive the best possible care in the shortest timeframe;
- Full implementation of the Urgent Treatment Centre model by autumn 2020;
- All hospitals with a type 1 Emergency Department to move to a comprehensive model of Same Day Emergency Care;
- Establishment of acute frailty services to enable patients to be assessed and treated by skilled multi-disciplinary teams delivering comprehensive geriatric assessment in Emergency Departments and acute assessment units, both medical and surgical.

These measures focusing on care at the front door will be supported with targeted actions to reduce the delays in patients being discharged from hospital and are embedded within this FBC.

2.2.5 Getting It Right First Time (GIRFT)

Getting It Right First Time (GIRFT) is a national programme designed to improve medical care within the NHS by reducing unwarranted variations. By tackling variations in the way services are delivered across the NHS, and by sharing best practice between trusts, GIRFT identifies changes that will help improve care and patient outcomes, as well as delivering efficiencies such as the reduction of unnecessary procedures and cost savings.

GIRFT have extended the list of recommended clinical scenarios to be managed via Same Day Emergency Care (SDEC) to 100 clinical scenarios. This list has not yet been formally published but provides an indication of the potential scale of opportunity for SDEC approaches, which have been considered as part of the development of the Ambulatory Emergency Care service described within this business case.

2.2.6 Sustainability and Transformation Partnerships

Sustainability and Transformation Partnerships (STPs) were announced in NHS Planning Guidance published in December 2015. NHS organisations and local authorities in different parts of England (44 in total) have come together to develop 'place-based plans' for the future of health and care services in their area.

STPs offer a new way of working for health and social care services locally, focusing on delivering health and care services defined by local area boundaries, not by local organisational boundaries. The aims are to:

- Improve the health and wellbeing of local people;
- Improve the quality of local health and care services;
- Deliver financial stability and efficiencies throughout the local health care system.

From April 2017, STPs became the single application and approval process for accessing NHS transformation funding. The proposals in this FBC are in line with the STPs primary objectives.

2.2.7 The Keogh Review

The delivery of high quality, safe and efficient urgent and emergency care presents a significant challenge for the NHS at a national level, where emergency and urgent care providers nationally have seen significant rises in activity over the last few years.

The growth in demand for urgent and emergency care services has been partly driven by demographic pressures – namely an ageing population and a significant increase in the number of people with long term conditions. However, there remains a significant growth

that cannot be attributed to population change, and is instead indicative of a shift in patient behaviour caused either through previously unmet needs being met; supply-induced demand, or a failure to treat patients earlier in the urgent and emergency care pathway.

Without change, the current system of urgent and emergency care in England is both unsustainable and unaffordable. In response to this challenge, the NHS tasked Sir Bruce Keogh, NHS Medical Director; to lead a comprehensive review of the urgent and emergency care system in England. Stage 1 of the review 'Transforming Urgent and Emergency Care Services in England', was published in November 2013. In these findings are the clear need for 'a system-wide transformation of urgent and emergency care services', including the following key principles that are relevant to this business case:

- Support self-care;
- Help people with urgent care needs to access appropriate care first time, in the right place, by those with the right skills;
- Provide a highly responsive urgent care system outside hospital so people no longer choose to queue in ED;
- Ensure people with emergency needs access treatment in centres with appropriate facilities and expertise;
- Connect urgent and emergency care systems.

An update outlining progress on the Keogh Review was published in August 2014 and coincides with a discussion document published by Monitor and NHS England 'Reimbursement of Urgent and Emergency Care: discussion document on options for reform' which sets out current thinking on options for reforming the urgent and emergency care payment approach.

Subsequent guidance for commissioners regarding Urgent Treatment Centres, Emergency Centres, and Emergency Centres with specialist services has been issued which indicates that UTCs should be co-located with Emergency Departments as part of an integrated urgent care service, and comply with a national service specification.

The proposals within the Keogh Review of Urgent and Emergency Care are reflected in and aligned with the proposed solutions for Walsall Healthcare NHS Trust: they share a joint vision for meeting the challenge of urgent and emergency care provision over the next decade.

2.2.8 The Carter Report

In February 2016, Lord Carter presented his independent report for the Department of Health into 'Operational Productivity and Performance in English NHS Acute Hospitals: unwarranted variations'. This report focused on key areas of potential efficiency and made recommendations as to how these could be achieved between 2016 and 2020.

The report identified that the NHS could save circa £5bn if the unwarranted variations in running costs, sickness absence, infection rates and prices paid for supplies and services were addressed. Of this saving £2 billion was associated with the workforce budgets and potential savings that could be achieved through better use of clinical staff, reducing agency costs and staff absence and good people management practices.

In response to the report NHSI introduced the concept of the Model Hospital as a strategic data and information tool to support improvement and demonstrate what 'good' looks like. The estate is also identified in the Carter Report as one of the areas trusts should focus on as part of an overall drive to increase productivity and improve efficiency. The impetus to achieve provider level efficiencies through estates planning has since been incorporated in the NHS planning guidance as part of the must do priorities for achieving financial sustainability of the NHS.

The Trust has established a Carter programme board which has responsibility to implement the recommendations with the Carter report wherever possible so that productivity and efficiency improvement plans can be achieved. This development will contribute to all Carter efficiency targets associated with the estate.

The Naylor Review (NHS Property and Estates: why the estate matters for patients) published in March 2017, identified the scale of the challenge to ensure the NHS has the buildings it needs but also the scale of the opportunities within the estate. Naylor called on STPs to develop robust capital plans, aligned with clinical strategies to maximise value for money and address backlog maintenance issues. The report indicates that the costs of backlog maintenance across all STPs could be as much as £10bn.

2.2.9 Care Quality Commission

The Care Quality Commission (CQC) are the independent regulator of health and adult social care in England including monitoring, inspecting and rating services. Provision of care is assessed against the domains of safety, effectiveness, caring, responsiveness to people's needs and well led organisation. The Commission intend to inspect every NHS Trust at least once between July 2017 and Spring 2019 in their next phase of regulation and approximately annually after that. Re-inspection intervals for core services is dependent on

the Trust's previous rating. Walsall Healthcare NHS Trust was inspected in both 2015 and 2017 with maternity services also being inspected in June 2018. The Trust was most recently inspected in 2019 with the hospital being rated as "Requires Improvement".

2.2.10 The Kings Fund

The Kings Fund article – *'What's going on with A&E waiting times?* (March 2020), highlights that A&E waiting times have worsened substantially over the last decade. The NHS has not met the four-hour standard at national level in any year since 2013/14 and the standard has been missed in every year since July 2015 with the poorest performance in Type 1 departments (February 2020 – Average performance in Type 1 departments was 73% seen within four hours, compared with 98.6% in Type 3 departments).

Several new standards for A&E services were proposed by NHS England in March 2019, including measures of how long patients wait before assessment or treatment in A&E. These new standards have been tested in 14 pilot sites across England. It was expected that recommendations on changes to the four-hour standard would be proposed in spring 2020, but these proposals have been delayed to later in the year due to the impact of Covid-19.

The causes of longer waits in ED are numerous and include:

- The number of attendances to ED have increased substantially over time;
- Rising emergency admissions; in recent years as the demand for hospital inpatient care has increased, the capacity to meet this demand has come under increasing pressure as the number of beds has reduced;
- High levels of bed occupancy; particularly in the winter months, hospitals are routinely operating with bed occupancy levels above 92%, the level at which the DHSC suggests that hospitals will struggle to cope with emergency admissions;
- Delays in discharging patients who are medically fit to leave hospital, preventing beds being available for new patients requiring admission from ED. There are an Increasing number of delays attributable to social care reflecting pressures on council budgets in recent years;
- Severe staff shortages in part due to high attrition rates from doctors in training and high early retirement rates for experienced clinicians and a significant reliance on temporary locum staff;
- Patients not being able to access appointments with their GPs;
- Patients often unclear how to access out of hours care and as a result attend ED;
- Advances in medical practice which mean that patients who previously have been admitted to hospital can now be treated in ED. Whilst these advances may be delivering better care they mean that patients may stay longer in ED;
- Age and acuity of patients with people over 65 years accounting for a larger share of activity than either adults or children and young people;

- Deprivation; significantly higher attendances at ED are seen in the most deprived 10% areas in England.

2.2.11 Urgent Care Guidance

The framework 'Everyone Counts: Planning for Patients in 2014/15 to 2018/19[1]', aligned with the requirements of the NHS Mandate 2014/15, seeks to provide the basis by which transformational service models are delivered. It includes:

- wider primary care, provided at scale;
- a modern model of integrated care;
- access to the provision of the highest quality of urgent and emergency care.

Royal Colleges and clinical teams across England have recognised that a new approach is needed to transform emergency care and reduce pressure on the system. The College of Emergency Medicine made ten recommendations in the report 'Drive for Quality' published in 2014. This highlights that clinical decision units and ambulatory emergency care are important components of the emergency system. The 'Future Hospital Report' by the Royal College of Physicians (2013) recommends that "care will be organised so that ambulatory emergency care is the default position for emergency patients unless their clinical needs require admission".

The Royal College of General Practitioners published a Position Statement in 2014 which recognises the role of primary care services in the continuum of the urgent and emergency care system. In its recommendations, it notes that primary care services, including out of hours services, "must be developed from a patient perspective, delivering integrated whole person care to individuals with different parts of the health and social care system".

Calls for improved service models 7 days per week have been made by such organisations as the Academy of Medical Royal Colleges, the Royal College of Physicians, the Royal College of Surgeons and is the subject of debate led by NHS England in the 'NHS Services, Seven Days a Week Forum', whose recommendations included that patients have seven days a week access to urgent and emergency care, plus supporting diagnostic facilities. NHS England has identified that meeting this challenge will require transformational change and collaboration between providers across health and social care sectors.

[1] NHS England, December 2013

2.3 Local Context

The Trust serves a local population in the Borough of Walsall of around 283,400 people although the Trust also serves populations from other areas – most notably South Staffordshire and the Black Country.

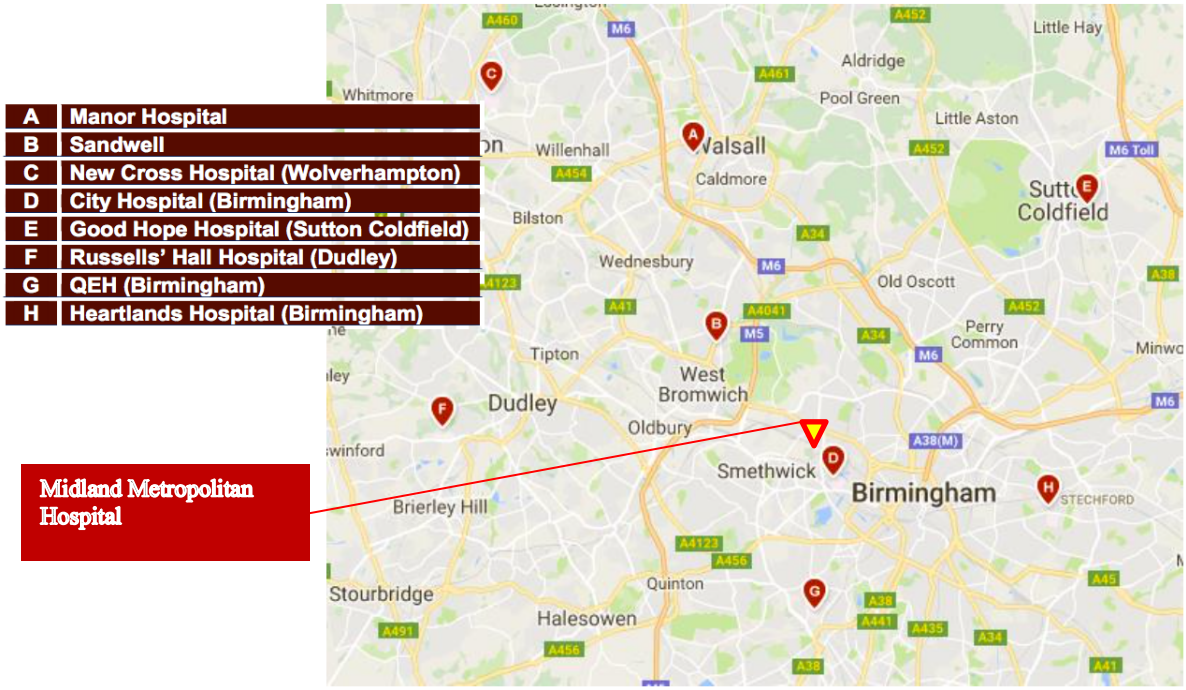


Figure 5: Location of local Emergency Departments

2.3.1 Population Growth to 2030[2]

The population distribution for Walsall is broadly in line with both regional and national norms and despite a slightly higher number of younger people, the population of Walsall is generally distributed in line with wider averages .

The proportion of older people (age 65+) is similar to national and regional averages (17.6% in Walsall against 18.2% for England and 18.5% for the West Midlands) although the proportion of younger people (age 0-19) is higher at 26.4% compared to 24% for the region and nationally; both groups are generally higher consumers of healthcare resources.

[2] Source: ONS SNPP 2018 mid-year projections for Walsall Local Authority Area

The population of the Walsall area is predicted to grow by around 3.13% over the next five years (2020-2025) and by 5.88% over the next ten years (2020-2030). Local growth is above averages for both the region (West Midlands) and nationally.

Within these broader growth areas, Walsall also exhibits a typical trend common to many areas of an ageing population; the numbers of those aged over 65+ increases by 3.7% between 2020 and 2025 and 11.7% between 2020 and 2030. At the same time, the numbers of under 19s increases by 4.1% and 5.0% respectively. Although population growth as a whole is relatively low, given that the growth occurs mostly in these age groups the impact is likely to be disproportionately greater, as the old and very young use a higher proportion of healthcare resources, including attendances to the Emergency Department.

Further changes to the Trust geographical boundary are anticipated in 2022 when Sandwell and West Birmingham Hospitals NHS Trust opens the Midlands Metropolitan Hospital. This is anticipated to be a population increase of circa 50,000 bringing an increase in ED attendances to the Trust.

2.3.2 Deprivation Analysis[3]

The health of people in Walsall is generally worse than the England average. Walsall ranks 25th out of 317 local authorities for deprivation (with 1st being the most deprived). Walsall was one of the five local authorities with the largest percentage point increases in deprivation since 2015. i.e. Walsall has become relatively more deprived (in the top 11% in 2015 to in the top 8% in 2019). 48.4% of Walsall's population falls within the most deprived 20% of the population nationally.

As is typical in areas of high deprivation, life expectancy for both men and women is lower than the England average: for males, the average life expectancy is 78.0 years (against the England average of 79.5) and for women in Walsall it is 82.5 years (compared to an England average of 83.2 years).

Walsall has high rates of obesity, smoking, diabetes, coronary heart disease and alcohol related hospital admissions. Disease and poor health indicators in Walsall saw five out of eight people fared worse than the national average. Life expectancy and causes of death showed the borough scored worse than the national average for six out of nine indicators.

The high and increasing levels of child poverty put additional demands on services. Walsall ranks 17th for income deprivation affecting children index (IDACI 2019) with the borough's relative deprivation increasing over time (27th in 2015).

[3] Measured using Index of Multiple Deprivation 2019 statistics. The IMD is an overall relative measure of deprivation constructed by combining seven domains of deprivation according to their respective weights.

2.3.3 Clinical Networks

The Trust actively participates in a number of clinical networks and this section describes the strategic plans and relationships which have a strong influence over future emergency care models and system wide developments within the West Midlands and specifically the Black Country health economy, in relation to this business case.

2.3.3.1 The Black Country Sustainability and Transformation Plan 2016 to 2021

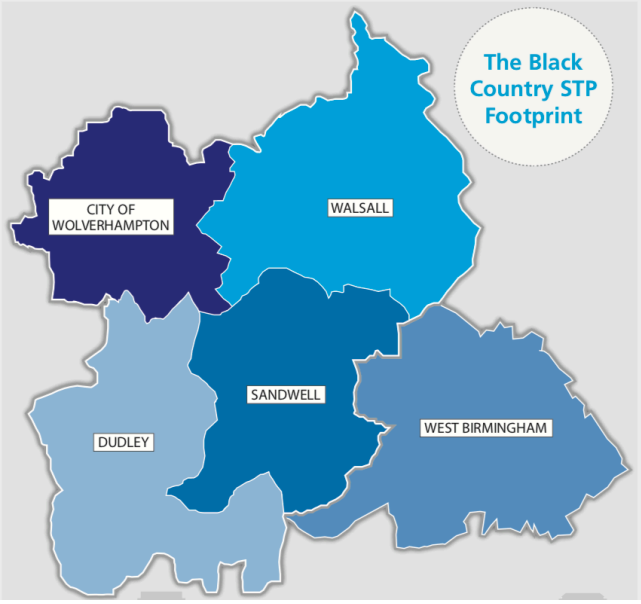


Figure 6: The Black Country and West Birmingham STP Footprint

The Sustainability and Transformation Plan (STP) for the Black Country and West Birmingham, was initiated in early 2016 by a local network of 4 CCGs, 5 Local Authorities, 7 Foundation and NHS Trusts (including Walsall Healthcare NHS Trust) and the West Midlands Ambulance Service. The STP's vision to transform healthcare for its population of 1.3 million has at the heart of its plan:

- A focus on standardising service delivery of outcomes;
- Reducing variation through place based models of care provided close to home and throughout extended collaboration between hospitals and outer organisations.

A key area in which local commissioners and providers have been actively collaborating is in relation to urgent and emergency care.

'*The partners in the Black Country STP are committed to ensuring that high quality urgent and emergency care services are provided for patients*'.

'The provider organisations have been working together to identify ways to make sure that patients get treated in the right place by the right people. For those people with more serious or life threatening emergency needs we will develop a robust service offer to ensure they are treated 24 hours per day, 7 days per week in centres with the very best expertise and facilities in order to maximise their chances of survival and a good recovery'. [4]

The STP specifically references the Midland Metropolitan Hospital development, its impact on ED and inpatient activity in Walsall and the need for capital investment to enable Walsall to respond to these increases.

'*Capital investment will be required for additional ED attendances expected following the catchment changes of Walsall when MMH opens. The capital, which forms part of the Trust's investment planning, will be required to upgrade ED facilities on the Manor site together with additional inpatient facilities'.*[4]

During 2018, the STP further developed the clinical strategy and reiterated their aim to deliver against the national priorities for urgent and emergency care. As part of the national requirement for STPs to review all capital developments, this business case was prioritised as part of the 2019 review.

The original STP plan identified a specific action to:

"Assess system-wide impact of MMH and develop plans in response (as required)".

The Midlands and Lancashire Commissioning Support Unit (CSU) have undertaken detailed modelling work as part of the development of the MMH FBC to assess the impact on both emergency and elective patient flows for the other local providers. The assumptions within this business case are aligned with the CSU modelling.

2.3.3.2 Collaborative Working and Integration Executive Group

The alliance is a partnership between The Dudley Group NHS Foundation Trust, The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust, who together serve a population of over one million people. The scale and size of the organisations is significant and creates new opportunities for the development of specialist care, research, education and employment within the Black Country, which might not be possible separately. The collaboration is based on the following guiding principles:

- Improving Health Outcomes;
- Improving people's experience of healthcare;
- Maximising the resources available so that together we can do more for the communities we serve.

[4] The Black Country Sustainability and Transformation Plan

Work already underway includes a review of back office services across the alliance and the development of a shared pathology service across the three trusts.

The Trust also has access to several other clinical networks with specialist providers from the wider West Midlands region including cancer, cardiac, renal, vascular and trauma networks with pathways linked to specialist services at University Hospital Birmingham, The Royal Wolverhampton, The Dudley Group and Heart of England trusts.

2.3.3.3 Walsall Together

The Walsall heath and care system partners are developing new ways of working to improve the health and wellbeing outcomes of their population, increase the quality of care provided and provide long term financial sustainability for the system.

The Walsall Together Partnership Board (WTPB) was established in 2015 as a partnership between Walsall CCG, Walsall Healthcare NHS Trust, Walsall Council and Dudley and Walsall Mental Health Partnership NHS Trust. During 2015 – 2016, the WTPB developed and agreed the Walsall Model of Integrated Care which details the ambition of providers working to keep the citizen at the heart of the health and care system and ensuring they receive the right level of care, at the right time and in the right place, as illustrated in Figure 7 below.

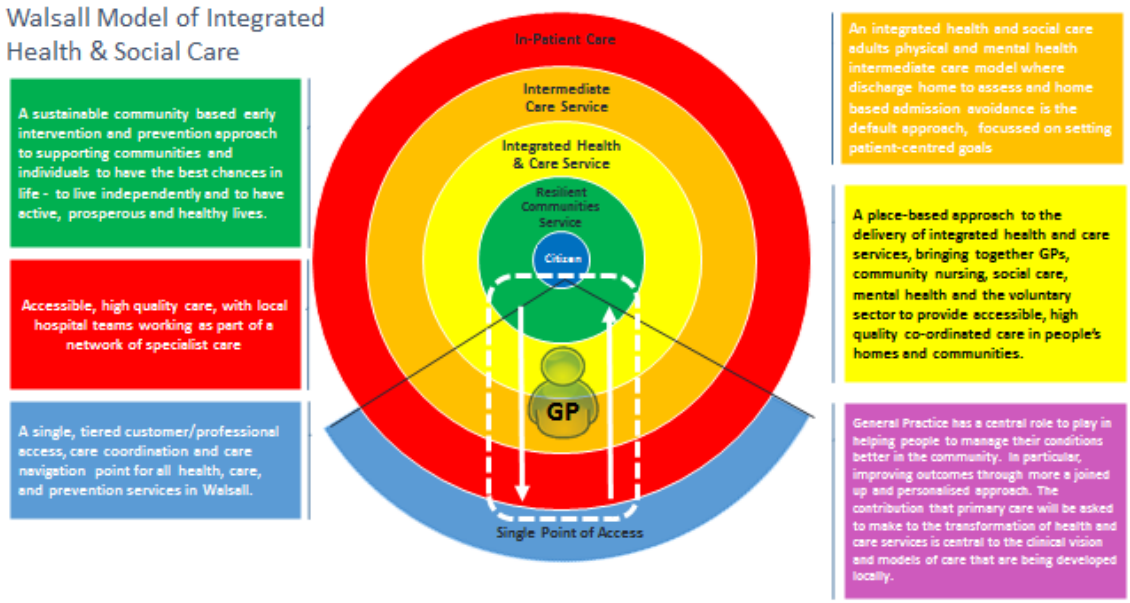


Figure 7: Walsall model of integrated health and social care

The case for change for the Walsall Together approach was approved in March 2018, which outlined the renewed vision for improved health and care and states the commitment to

designing the preferred model for delivering integrated health and care in Walsall. The recommended next steps included the development of a business case to detail the operating and associated governance and financial models.

The Partnership Board members recognise that a more effective delivery approach is needed to develop and implement a whole-system transformation plan for health and care in Walsall, and to (where appropriate) connect and integrate across the acute, voluntary sector, primary care, mental health and community service boundaries. The Partnership Board has four core areas of activity:

- Inpatient Care;
- Intermediate care service;
- Integrated health of care services;
- Resilient community service.

The Walsall Together partners intend to develop an Integrated Care Partnership (ICP) through which to plan, manage and deliver integrated care, which will provide the contractual environment to further develop and strengthen the role and responsibility of the Walsall Together ICP. A tiered operating model has been co-developed with an increased level of focus on services outside of the acute setting as shown in Figure 8 below:

Figure 8: The Walsall Together Tiered Operating Model

Citizens will access services through a single point of access where the whole population's health is understood and the best and most effective responses can be directed to them in a co-ordinated manner.

The establishment of Walsall Together creates the real opportunity to implement the most impactful elements of Right Care, manage more patients with frailty related conditions whilst simultaneously reducing prescribed levels of social care in the wider health economy, and improving and growing capacity in admission avoidance pathways, such as the Rapid Response service.

The Walsall Together model aims to address the wider determinants of health such as housing, education and employment and embedding a prevention approach. This proactive approach aims to have a significant impact on the dependence of services and as such, has ambitious targets to reduce attendances at ED, reduce the numbers of non-elective admissions and achieve reductions in hospital length of stay.

The new model of unplanned care would see the WHT Emergency Department being supported by the existing unplanned care facilities led by primary care clinicians, including Out of Hours services in one or more of the Health and Wellbeing Centres leading to reductions in presentations at the hospital. The provision of appropriate level of intermediate care will support both admission avoidance and expedite discharge, reducing the dependency on inpatient hospital beds.

The proposals and activity modelling within this FBC are aligned with the Walsall Together strategy.

2.3.4 Walsall Urgent Care Strategy

Since development of the Strategic Outline Case for this project, the CCG confirmed an intention to transfer resources from the town centre urgent care centre to support development of enhanced primary care streaming within the ED. The aim was that a higher level of clinical decision making at the front door would ensure patients are directed to the most appropriate service from the point of arrival facilitating a diversion of patients with primary care conditions away from the ED. The CCG launched a public consultation during September 2017 in relation to closing the town centre UTC in support of an improved service on the Hospital site.

At the request of Walsall CCG, the West Midlands Clinical Senate undertook an independent assessment of the proposed consolidation of services. The review was undertaken by a mixture of clinicians, patient representatives, commissioners of urgent care services and providers of emergency care and their findings were reported in May 2018.

The review team were "*convinced that the proposal to close the Walsall town centre UCC and increase capacity of the UCC at Walsall Manor, was in the patient's interest and should help to improve the quality of care offered, but is subject to closer working within the A&E department*".

The panel identified that the demand at the town centre UCC had reduced and the level of acuity was less than those at the hospital site. They concluded that there was a clear clinical evidence base for the closure of the town centre UCC.

The decision to close the town centre UCC was taken in the public session of the CCG Board in July 2018. This took place in April 2019 with activity transferring to the hospital based UTC.

There is an intention through this business case to co-locate ED and UTC services with an integrated front door to achieve the following anticipated benefits:

- Compliance with latest Urgent Care guidance;
- Potential to increase the number of patients diverted from ED;
- Improved clinical environment in which to deliver care;
- Sufficient capacity to treat patients in acceptable timeframes;
- Reduced frequencies with which patients streamed to UTC are subsequently directed back to the ED;
- Reduced duplication of services;
- Simplified access to urgent and emergency care services for patients;
- Improved patient experience.

2.3.5 Black Country and West Birmingham STP Urgent and Emergency Care Board

The Black Country and West Birmingham STP Urgent and Emergency Care Board has been established to drive delivery of the local urgent care strategy and ensuring that all urgent and emergency care priorities within the NHS Long Term Plan are implemented; through aligning commissioning responsibilities across relevant pathways and enabling collaborative working across providers.

The Urgent and Emergency Care Board will ensure that emerging urgent and emergency care plans are consistent with wider STP transformation programmes, as required. The Board will oversee the implementation of the STP transformation plan and best practice for urgent and emergency care. The Board will be assured and drive recovery for all urgent and emergency care and co-dependant performance standards.

Walsall Healthcare Trust Board have delegated operational responsibility for improving emergency pathways through the acute setting to the Walsall Urgent & Emergency Care Operational Group, chaired by the Chief Operating Officer with local representatives from Social Care, Black Country Healthcare NHS Foundation Trust, Walsall Together and Walsall CCG.

2.4 The Trust – Walsall Healthcare NHS Trust

Walsall Healthcare NHS Trust provides integrated health services for the people of Walsall and increasingly parts of South Staffordshire and the Black Country. The Trust serves a population of around 280,000. Acute hospital services are provided from one site, Walsall Manor Hospital, which has 512 beds and provides a full range of local acute hospital services including an Emergency Department, medical and surgical emergency services, critical care, obstetrics, paediatrics and a Level 2 Neo-natal Unit as well as the full range of outpatients, diagnostics and elective care. The Trust is also part of wider tertiary networks for trauma, cancer and neo-natal services. There is a separate midwifery-led birthing unit and a specialist palliative care centre in the community. The Trust delivers community services from over 20 principal locations across the borough.

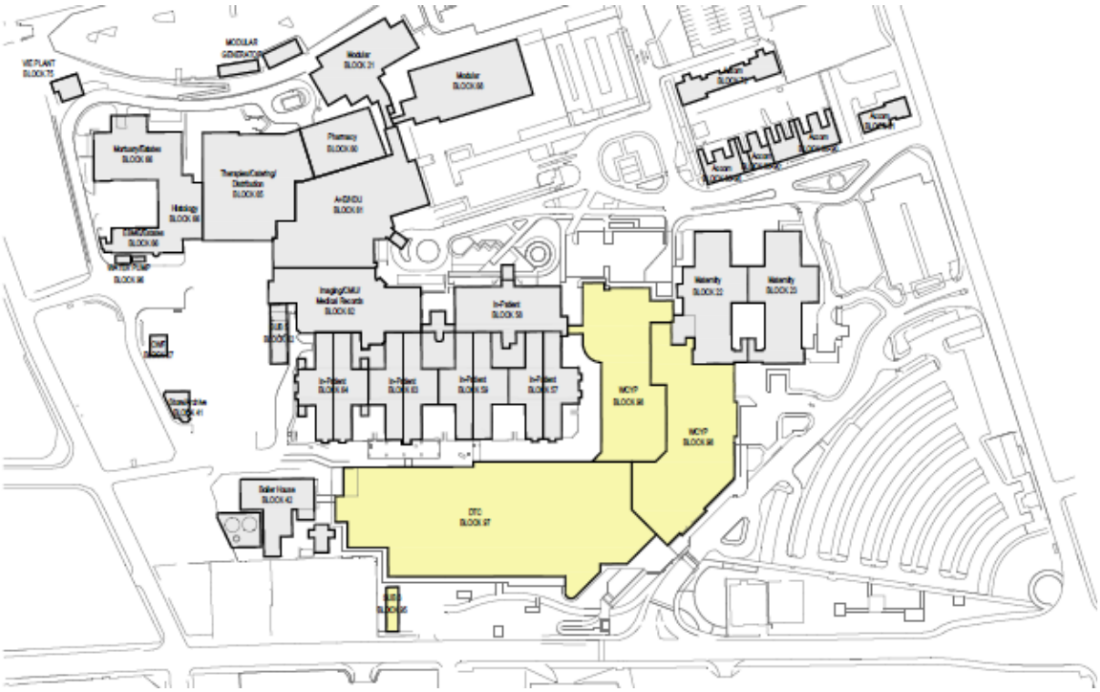


Figure 9: Walsall Manor Hospital Site Plan

Figure 10: Trust Service Locations

2.4.1 Trust Activity

The Trust's overall activity is shown in the following table:

Activity Type	2016/17	2017/18	2018/19	2019/20
ED Attendances	73,956	76,189	79,215	83,537
Elective IP Spells	3,357	3,365	3,307	3,383
Non-Elective IP Spells	41,064	41,768	41,783	48,597
Day cases	25,004	26,530	29,752	30,086
Outpatients	335,555	327,009	341,806	347,938

Table 24: Trust Activity 2016/17 to 2019/20

2.4.2 Summary of Financial Standing

The Trust has ongoing financial challenges, set within the context of a local health economy in deficit. The Trust had a deficit of £27.5m in 2018/19, largely attributable to the Trust's emergency and non- elective activities and the over reliance on agency staff. The Trust has delivered a break-even position in 2019/20.

The Trust has a revenue budget of circa £270million (after CIP and cost pressures) and is funded for circa 4,000 WTE members of staff. Around 90% of the Trust's total income comes from local Clinical Commissioning Groups. The remaining income comes from non-service income such as education, or specialist services commissioned by NHS England.

2.4.3 Commissioners

The five commissioning authorities included in Table 25 are responsible for commissioning over 95% of the Trust's services. Walsall Clinical Commissioning Group (CCG) are the Trust's lead commissioner of services.

CCG Title	Contract Type	%
NHS Walsall CCG	CCG Acute and Community	74.5%
Birmingham and the Black Country Area Team	NHS England Specialised Services	6.9%
NHS Cannock Chase CCG	CCG Acute and Community	4.2%
NHS Sandwell and West Birmingham CCG	CCG Acute and Community	4.1%
Walsall MBC	Local Authority	3.4%
Others	Various	6.9%

Table 25: WHT Commissioners

2.4.4 CQC Rating

Following the CQC inspection in September 2015 the Trust received an overall rating of inadequate and was placed in special measures in February 2016. Following the last round of inspections held in February and March 2019, the CQC have recommended the Trust comes out of special measures and have awarded an overall rating of 'Requires Improvement' for the Manor Hospital site, see Figure 11 and a 'Good' rating for community services.

Safe	Effective	Caring	Responsive	Well Led	Overall
Requires Improvement	Requires Improvement	Outstanding	Requires Improvement	Requires Improvement	Requires Improvement

Figure 11: CQC Rating July 2019

2.4.5 Trust Strategy

The Trust vision of being "Caring for Walsall together" reflects the ambition for safe integrated care, delivered in partnership with social care, mental health, public health and associated charitable and community organisations. It is underpinned by five strategic objectives:

Figure 12: Trust Strategy

The Trust has recently reviewed the strategy and is refocusing on the delivery of its strategic objectives during 2019/20.

- Safe, High Quality Care: through the development of an integrated improvement programme to ensure sustainable change;
- Care at Home: by delivering services within the scope of Walsall Together; having a clear set of plans for joined up working with voluntary and housing partners; integrated secondary care pathways and social care collaboration;
- Partnerships: with collaborative working through the governance of Walsall Together; and horizontal integration of acute services across the STP. A Black Country approach to workforce promoting a professional passport to allow for a dynamic workforce across the area;
- Value our Colleagues: so they recommend us as a place to work through the development of professional leadership, enhanced engagement, embedding clinical leadership and accountability in the way we operate our services;
- Use Resources well to ensure we are sustainable: through the alignment of the overall Trust-wide improvement programme to ensure financial sustainability and sustainable benefits.

In relation to Acute Care the key aim for the Trust is to develop an integrated emergency and urgent care 'front door' to provide consistent, effective and efficient services for patients. Co-location of assessment unit and ambulatory emergency care services with the Emergency Department and support from community teams in the acute setting will significantly benefit the patient pathway by redirecting patients where appropriate to the most appropriate care and support.

2.4.6 Estates Context

The Walsall Manor Hospital site consists of a mixed development of PFI and retained estate. A substantial part of the hospital site was redeveloped through the Private Finance Initiative between 2007 and 2010 by Skanska Construction. The Trust's retained estate, the majority of which is located in West Wing consists of a number of inpatient (nucleus design) wards, theatres, ED and some clinical and non-clinical support services. Much of the retained estate is pre 1980's, presents cramped conditions for delivering modern healthcare and the privacy and dignity agenda and has high levels of outstanding back log maintenance.

2.4.6.1 Estates Metrics

A six-facet survey was undertaken by The Oakleaf Group in October 2011 which included the Emergency Department and Wards 5 and 6 (current location of the Acute Medical Unit). The key results of this survey are included in Table 26. The ED was the only department in the hospital which scored category C (not satisfactory, major change needed) for both functional suitability and quality. There has been no substantial improvement to the department since this date. Both ED and AMU scored 'overcrowded' in terms of space utilisation.

Facet	Category
Emergency Department	
Functional Suitability	C (not satisfactory, major change needed)
Space Utilisation	Overcrowded
Quality	C
Wards 5 & 6 (AMU)	
Functional Suitability	B
Space Utilisation	Overcrowded
Quality	B

Table 26: Results of 6 Facet Survey (2011)

The Trust have implemented a number of carbon reducing, low energy schemes to improve energy efficiency which is reflected in the Trust's Sustainability and Carbon Reduction Strategy.

2.4.6.2 Patient Experience Audit and Survey Findings

Recent Friends and Family test results and patient experience forums have commented on lack of quiet spaces for hypersensitive patients, limited wheelchair access in some areas of the Emergency Department, no facilities for baby change and feeding in either ED or AMU

and no bariatric facilities. The CQC visit identified that the waiting room in ED was too small and did not support privacy and dignity requirements.

2.4.6.3 Carter Metrics

The Trust scores against the Carter Metrics for 2018/19 were as follows:

Metric	Trust	Target
Non clinical : Clinical Space	36%	<35%
Running Costs/m^2	tbc	<300/m^2
Unoccupied space	1%	<2.5%

Table 27: Trust performance against Carter Metrics

2.4.6.4 Planned Developments

The Trust has taken steps to invest in the retained estate in key clinical areas and now has a number of recently completed estates improvements. These include a new Critical Care unit, which has increased capacity at the Trust but also released space for the Trust to develop the emergency department to temporarily cope with current demand. Another development of note is a new Obstetric Theatre and expansion of the Neonatal Unit, which again has expanded and improved capacity for Women's and Children's Services. Other improvements include the installation of an additional MRI scanner and gamma camera.

A key objective of the Trust is to ensure the hospital estate is future proofed and fit for purpose:

- Functional buildings and departments with optimum utilisation which are well maintained;
- Meets the privacy and dignity and consumerism agendas;
- Promotes clinical effectiveness and efficiency;
- Provides a quality environment for patients, staff and visitors.

2.5 Walsall Urgent Care Services

The current configuration of services includes:

- NHS 111;
- 59 GP Practices;
- Out of Hours GP Service (OOH);
- Urgent Treatment Centre – Manor Hospital Site;
- West Midlands Ambulance Service (WMAS);
- Emergency Department and Emergency Hospital Admissions – Manor Hospital;

- Crisis mental health services;
- Adult Social Care.

2.5.1 Walsall Urgent Treatment Centre

The GP led Urgent Treatment Centre (UTC) run by an independent provider opened on the hospital site in 2011 to treat minor injuries and illnesses. The UTC operates from 07:00 to 24:00 every day and supports circa 60,000 patients per annum. The unit consistently achieves above 99% for the proportion of patients seen and treated within four hours.

The majority of patients attending the UTC currently arrive via ED and are then redirected to the UTC service by the streaming nurse. A UTC nurse triages all ambulatory arrivals to ED to direct patients to the most appropriate service for their needs. This has reduced the pressures on the ED who would not have sufficient cubicle capacity to see this group of patients. Patients diverted from ED have a convoluted journey to reach the UTC via an external access at the rear of the ED. Approximately 40% of all Urgent and Emergency Care patients (i.e. those patients treated within ED or UTC) are seen within the UTC.

The increase in hospital UTC attendances that coincided with the closure of the Town Centre UTC can be seen in the following chart, along with the impact of Covid-19 on attendances from March 2020.

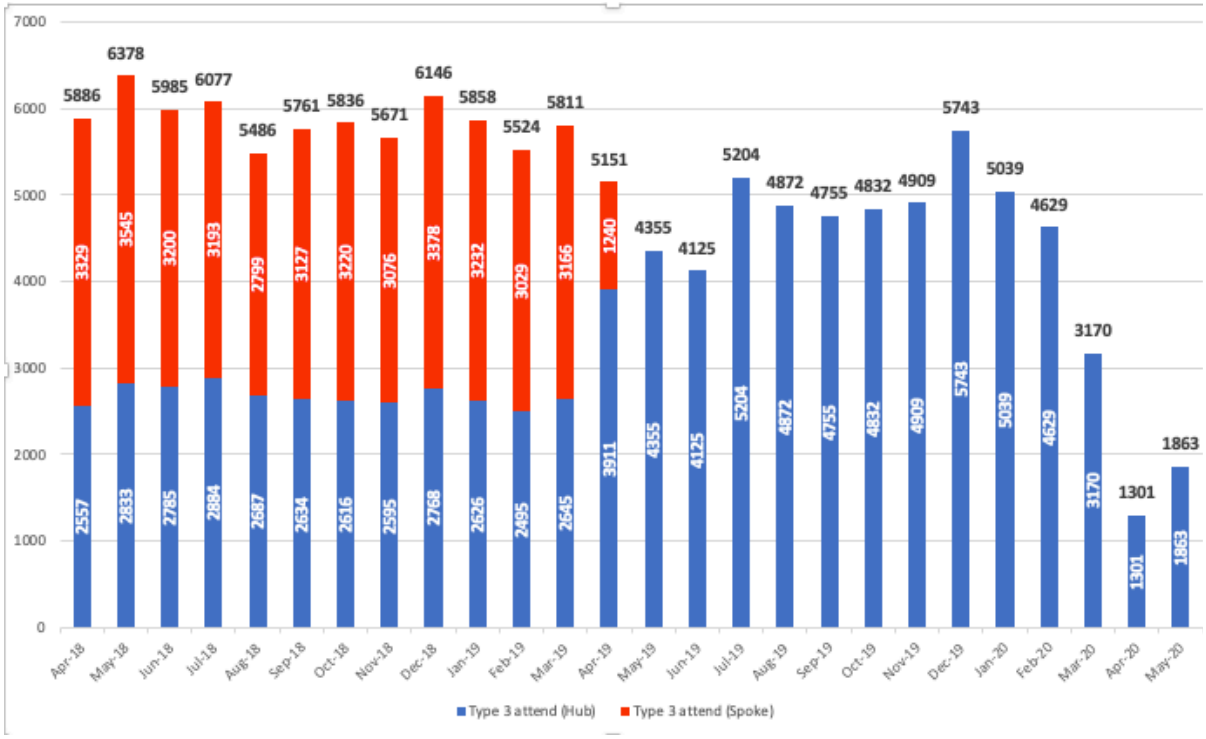


Figure 13: Attendances to UTC (April 2018 to May 2020)

The GP Out of Hours Service also operates from within the UTC with patients presenting directly to the unit with booked appointments.

The UTC is located adjacent to the therapy department. The only access to the therapy unit is via the UTC and patients are frequently escorted by staff through the UTC waiting areas for inpatient therapy interventions. Current departmental accommodation includes:

- Eight examination / treatment spaces which is frequently insufficient for the volume of patients;
- Dedicated waiting area. This is insufficient for service requirements and additional waiting has been created on an external staff only corridor, with CCTV links to allow some supervision of patients in the area.

There is a lack of support space and no natural light in the department creating a suboptimal environment for staff and patients.

2.6 The Emergency Department

The Emergency Department was opened in 1984, initially sized to see and treat circa 50,000 patients per year and is located close to the department of Diagnostic Imaging.

All patients self-presenting to the department are initially streamed by a primary care nurse with patients deemed to be appropriate for Urgent Treatment Centre care being rerouted away from the department. This is a key element for delivery of the new pathways promoted within the NHS 5 Year View and Urgent and Emergency Care review. Patients requiring treatment within the Emergency Department are then registered by a receptionist prior to triage.

The key external relationships for the Emergency Department are with Primary Care providers, community and other social care services for support with hospitalisation and admission avoidance . There is also a very significant interface with the ambulance services (West Midlands Ambulance Service).

2.6.1 Departmental Accommodation

Existing patient accommodation includes:

- Entry Functions
  - Reception;
  - Waiting area;
  - 2 triage rooms.
- See and treat / Minors / Majors:
  - 18 treatment cubicles;

- 1 Mental Health room;
- 1 Plaster room.

➢ Resuscitation:

- 4 resuscitation spaces for adults and children in a dedicated and enclosed resuscitation room;

➢ Paediatric area:

- Paediatric waiting facility;
- 3 paediatric treatment cubicles;
- 1 paediatric consultation room.

2.6.2 Emergency Department Activity

Table 28 shows the attendances for the Emergency Department since 2015/16. This demonstrates a 5.5% increase from 2018/19 to 2019/20 and 9.6% increase from 2017/18 to 2019/20.

2015/16	2016/17	2017/18	2018/19	2019/20
77,603	73,956	76,189	79,215	83,537

Table 28: ED Activity (2015/16 to 2019/20)

There is a sharp rise in activity from 08:00 to a peak at around 11:00 with high levels of activity through to 18:00 when activity begins to reduce. Emergency ambulance activity averages circa 90 ambulances per day. Paediatrics represent 21% of total ED attendances. The age profile of ED attendances is illustrated in Figure 14.

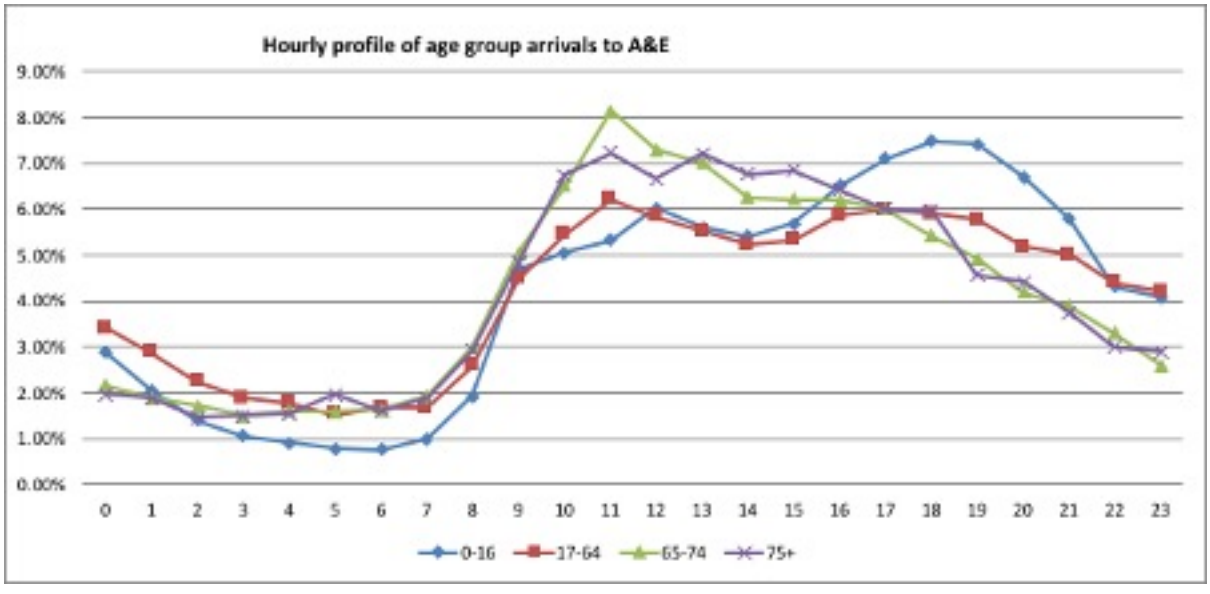


Figure 14: Profile of ED attendances by arrival hour and age (2018/19)

Arrival mode for patients attending ED is:

Arrival Mode	Attendances	%
Ambulance	26,046	40.8%
Patient own transport / foot / public / private Transport	46,062	59.2%
TOTAL	**63,797**	

Table 29: Arrival mode for ED attendances for 2019/20 (as at Quarter 3)

The proportion of attendances to the ED requiring admission to the hospital are shown in the table below:

	2015/16	2016/17	2017/18	2018/19	2019/20
Adults	32.5%	34.4%	37.6%	36.2%	39.3%
Paediatrics	10.8%	12.2%	12.6%	12.1%	12.8%
Total	**28.3%**	**29.9%**	**32.7%**	**31.3%**	**33.7%**

Table 30: Conversion rates – ED to Admission (2015/16 to 2019/20)

2.6.3 Emergency Department Performance

Since 2012/13, the Walsall system has not been meeting the national standard for ED for 95% patients to be seen within 4 hours of attendance. Performance during quarter three 2019/20 was 83%. The comparative performance for Type 1 activity only (i.e. excluding UTC) was 73.4% which placed the Trust at 60 out of 119 nationally. The following figure shows the Trust Type 1 four hour performance for December 2019 compared to national performance:

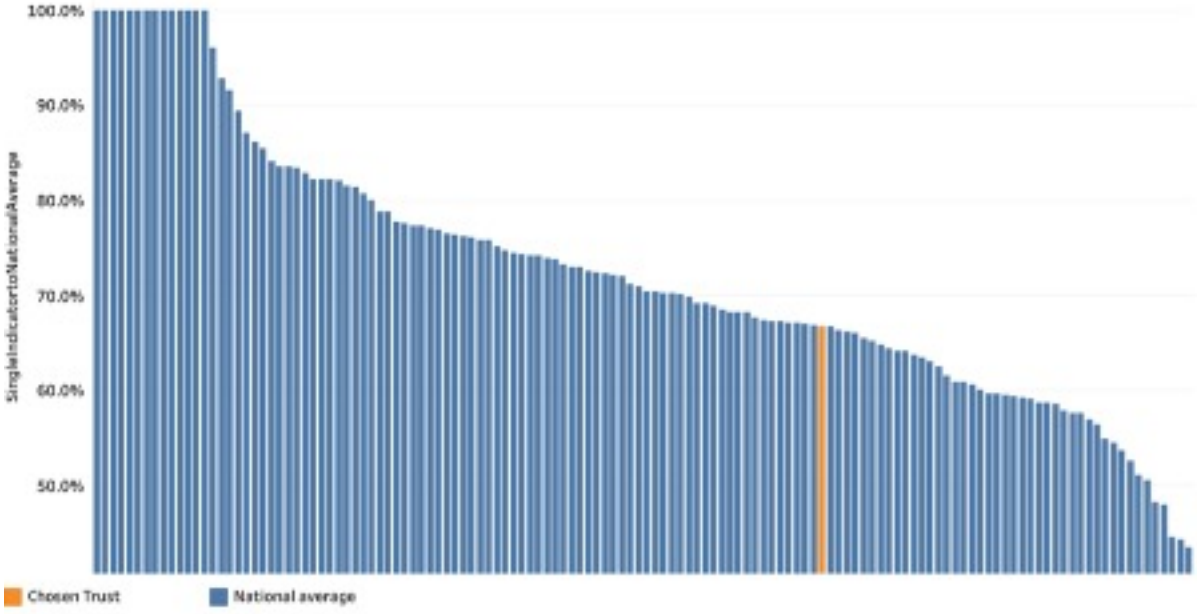


Figure 15: National performance against ED four hour standard highlighting Walsall Healthcare NHS Trust (December 2019)

An overview of the Trust trend compared to national performance is shown in Figure 16.

The Trust has worked particularly hard during 2019 to improve flow out of the emergency department for admitted patients (reducing 'Exit Block') which can be seen in the way that the Trust's Type 1, 4-hour Emergency Access Standard performance has improved over the course of the calendar year 2019, whilst the national performance has deteriorated. Substantial further improvements in Type 1 4-hour Emergency Access Standard require a more consistently delivered pathway within the Emergency Department itself; with more consistently prompt triage times, more consistently shorter times to see a clinician (time to treatment metric) and more consistently delivered times to decision to refer/discharge in line with Royal College of Emergency Medicine standards.

Figure 16: Trust performance against four hour standard compared to national January 2016 to January 2020

Significant modelling work has taken place within the Trust and in conjunction with the CCG to better understand the performance reasons which has concluded that:

- The department is extremely sensitive to spikes in attendance due to its size and configuration – cubicle availability impacts the rate at which patients can be seen;
- However, there is no direct correlation between the number of daily attendances and proportion of breaches;
- There is a correlation between the number of patients in the department with decisions to admit and breaches;
- Effective and timely flow through the whole hospital system is a key factor in ED performance.

The capacity constraints contribute to ambulance delays at the hospital, with consequent delays in patient handovers. In March 2015, the Trust were fined £850,000 for delays in ED and clinical handovers from arriving ambulance crews and while internal process changes in conjunction with the Ambulance Service has reduced these delays, further improvements are compromised by existing capacity constraints. Table 31 below shows performance during 2019 for the percentage of clinical handovers being assessed within 15 minutes of arrival.

Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
62.5%	66.9%	60.9%	63.7%	62.5%	59.5%	61.4%	55.8%	58.3%	64.2%	66.1%	64.1%

Table 31: % Ambulance Patients triaged within 15 minutes of arrival (2019/20)

Average waiting times in ED for patients by triage category are illustrated in Figure 17 below with the split between adults and children shown in Table 32. Of most concern is the times in the department for adult patients as those classified as immediate, very urgent and urgent, are all above the four-hour target.

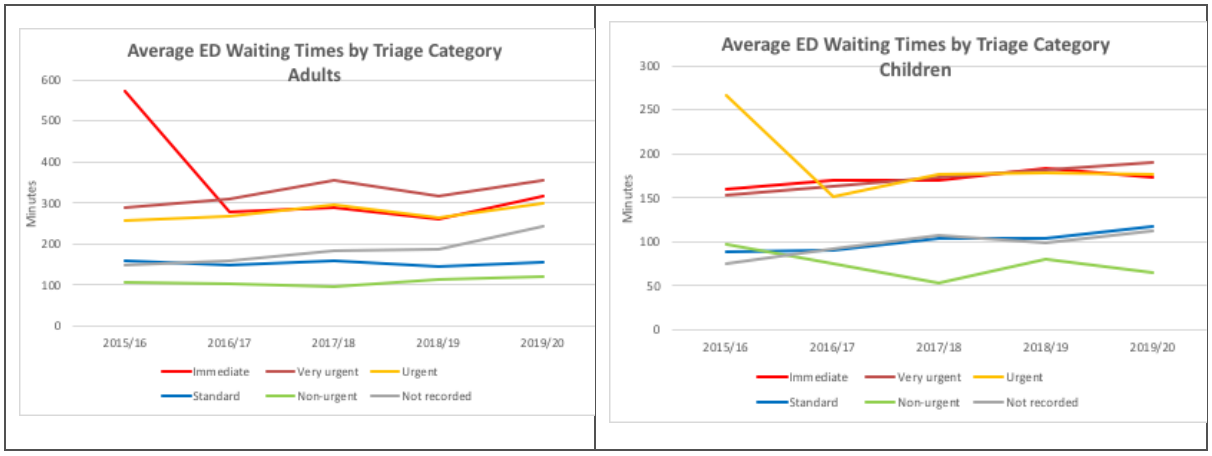


Figure 17: Average ED waiting times by triage category

Triage Category	2015/16		2016/17		2017/18		2018/19		2019/20	
	Adults	Children	Adults	Children	Adults	Children	Adults	Children	Adults	Children
Immediate	572	160	279	170	289	170	260	184	317	173
Very urgent	289	153	309	164	357	173	318	182	354	191
Urgent	257	266	269	151	297	176	266	179	300	177
Standard	161	89	149	90	158	104	146	104	155	117
Non-urgent	107	98	104	75	96	54	115	81	120	66
Not recorded	150	75	161	92	185	107	187	99	244	112

Table 32: Average arrival to departure time in minutes (2015/16 to 2019/20)

The length of stay in ED (Table 32) includes time spent in the waiting room for ambulant and wheelchair patients and a considerable number of people will be in the waiting room prior to accessing an ED cubicle. Due to capacity constraints, many patients are inappropriately transferred to the main waiting area whilst waiting for results to come through so that another patient can access their cubicle for examination, assessment or treatment.

It should be noted that the CQC recognised the issues faced by the ED stem partly from the limitations of the current estate, both in terms of the layout of the unit and the size of the accommodation.

2.7 Emergency Admissions

Hospitals with Emergency Departments that receive all acute adult patients require an on-site acute and general medicine, acute surgery and critical care infrastructure to support those patients requiring admission. Acute Assessment Units deliver rapid diagnosis, treatment and improved outcomes for adult patients with an acute illness for a designated period (usually 48 hours), prior to transfer to an inpatient ward or discharge home, as appropriate. The units provide a focal point of delivery where patients can be seen without delay by a senior medical doctor who determines the clinical investigations and management they require and the most appropriate setting for their ongoing care.

Patients requiring admission under a medical specialty are transferred to either the Acute Medical Unit (AMU) located on Wards 5 and 6 or are directly admitted to Ward 7 if their primary pathology is cardiac. Inpatients are admitted to the units via the main hospital street (corridor) on a trolley / wheelchair.

Best practice guidance[5] suggests that a co-located acute frailty assessment unit which can offer adequate, immediate, comprehensive geriatric assessment (CGA) and specialist geriatric support to those over 65 or those at any age with frailty and multiple co-morbidity.

Patients requiring admission under surgical specialties are either transferred direct to theatre or via the Surgical Assessment Unit, co-located with the surgical inpatient accommodation.

The Trust has a dedicated Paediatric Assessment Unit co-located with the paediatric inpatient wards but remote from the ED.

2.7.1 Acute Medical Unit

AMU accommodates up to 45 patients in inpatient beds. Six of these beds are single rooms and all other beds are arranged in bays of multiple beds. The ward is a nucleus design, with less than 10% single rooms and no en-suite facilities. The unit is very cramped, predominantly due to insufficient equipment storage options and there are frequent patient and staff complaints about the temperature.

Average activity for 2019/20 confirms circa 1,098 admissions per month with 67% patients being admitted to an inpatient ward following assessment on AMU. The average length of stay on AMU for 2019/20 was 0.9 days. The majority of discharges take place between 12 pm and 6 pm (44%).

The unit aims for at least 30% of patients to be discharged directly from AMU, with some patients having a planned review in the AMU clinic to expedite their discharge as required.

[5] British Geriatrics Society: Quality Care for Older people with Urgent & Emergency Care needs "Silver Book"

The Acute Consultant Led clinic runs three times per week using face to face and virtual consultations from a single consulting room and small waiting area within the unit.

The relationship between AMU and ED is significant. Circa 70% of all emergency admissions via ED require a medical specialty expertise and will be admitted to the hospital via AMU.

2.7.2 Ambulatory Emergency Care (Same Day Emergency Care)

Over recent years, the NHS as a whole has seen systems and best practices for patients change and evolve through Emergency Care and Acute Medical pathways. The introduction of the National Ambulatory Emergency Care Network in 2012 advocated the development of same day emergency care pathways through Acute Medicine using defined best practice pathways for around 70 conditions. These conditions had to that point typically been treated on inpatient / assessment wards with an average one night stay for the patient.

The Ambulatory Emergency Care Service for medicine has been operational since June 2014 and aims to provide assessment, investigation and treatment for patients who require less than 12 hours specialist hospital care and would traditionally be admitted to the hospital. This is a key element in managing emergency activity within the Trust, ensuring that all patients get appropriate clinical interventions whilst protecting the beds for those patients most in need.

A key aim of the service is to streamline the patient episode of care with expedited and safe discharge with the appropriate support and to avoid overnight hospitalisation thus reducing hospital acquired functional decline. The service also reduces pressures on ED through provision of a streamlined pathway from ED and in-reach into ED.

Following completion of the ITU development (2018), AEC transferred from its original location of Ward 29 to the decommissioned ITU ward. The space provides for 8 cubicle spaces but as it is not a purpose designed unit the space does not lend itself easily to patient privacy and dignity, especially as some patients can be within the unit for up to 12 hours. There is limited waiting space and no accommodation for individual consultations.

The service operates from 08:00 to 20:00 seven days per week with patients being admitted to AMU outside of these times. Daily follow up consultant led and ACP led clinics run daily in the AEC.

Average activity for 2019 (April to December) is 427 new patients per month with an average conversion rate to inpatient admission of 14.7%.

The aim is to manage 30% of the total Acute Medical take via AEC, actual achievement is 25% during the hours of operation which represents 19% of the total medical take over a full 24-hour period.

2.7.3 Emergency Admission Activity

Year	Emergency Admissions
2015/16	42,307
2016/17	41,064
2017/18	41,768
2018/19	42,196
2019/20	48,597

Table 33: Total Emergency Admissions (including maternity)

Total number of emergency admissions to the Trust (excluding maternity) and the numbers admitted via ED are included in Table 34. Emergency admissions via ED increased by 11% between 2018 and 2019, some of which is linked to the development of the Frail Elderly Service (most of which is managed as Same Day Emergency Care).

	2015/16 Admissions		2016/17 Admissions		2017/18 Admissions		2018/19 Admissions		2019/20 Admissions	
	Total	Via ED	Total	Via ED	Total	Via ED	Total	Via ED	Total	Via ED
Adults	27,113	20,235	27,406	20,188	29.775	22,883	30,402	23,164	34,084	25,820
Paediatrics	3,692	1,728	3,972	1,915	3,587	1,993	3,555	2,062	3,740	2,361
TOTAL	**30,805**	**21,963**	**31,378**	**22,103**	**33,362**	**24,876**	**33,957**	**25,226**	**37,824**	**28,181**

Table 34: Emergency Admission Activity

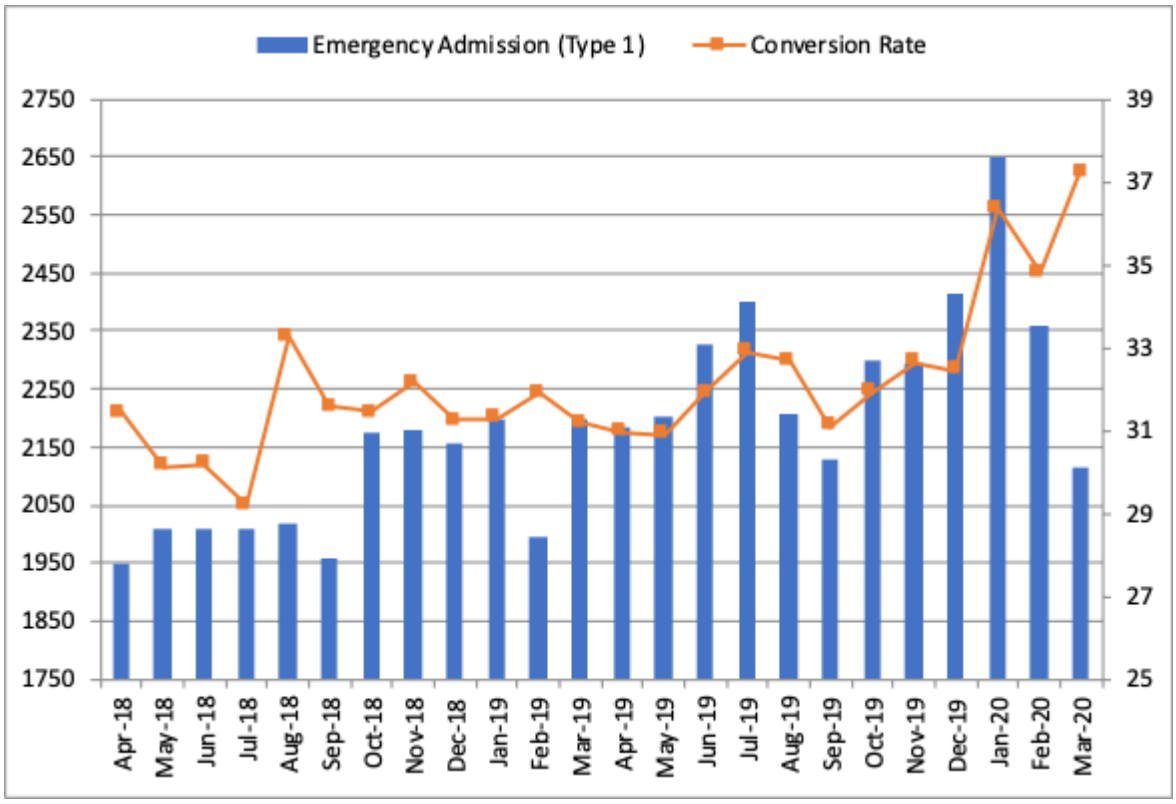


Figure 18: Emergency Admission Conversion Rates

2.7.4 Ambulatory Emergency Care Activity

The monthly activity via Ambulatory Emergency Care is shown in Figure 19. Since commencement of the service, average monthly activity is now at approximately 430 patients. The introduction of new streaming processes in August 2019 has supported a step change in activity levels, however the increase has compounded the issues relating to space provision within the current facility.

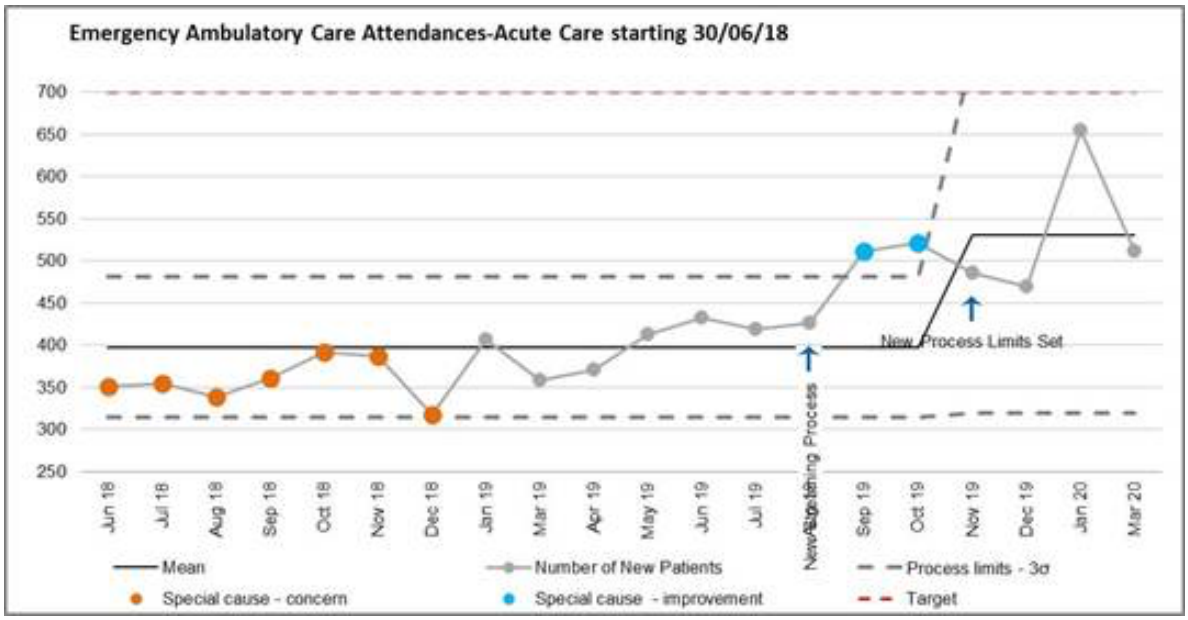


Figure 19: Ambulatory Emergency Care Attendances (June 2018 – December 2019)

2.8 Workforce

Workforce numbers at Walsall Manor Hospital have been benchmarked against local Trusts. A major review was undertaken in relation to workforce numbers at the end of 2016 in response to the CQC findings and increased activity resulting from issues at Stafford ED. Subsequent business cases for both Medical and Nursing within the Trust's ED resulted in a significant investment and change of working practice which has resulted in the current baseline of staff.

The baseline staffing establishments (clinical and administrative support) for the ED and associated assessment and ambulatory emergency care departments impacted by this FBC are included in Table 35.

Department	Baseline WTE	Baseline £'s
Emergency Department	183.25	10,586,239
AMU	100.41	4,718,211
AEC	24.75	1,411,545
FES	18.59	942,656
Total	**327.00**	**17,658,650**

Table 35: Current Workforce

2.9 IM&T

The Trusts Digital Strategy is to continue on a journey of providing healthcare service paper free at the point of care as detailed in the Personalised Health and Care 2020: Paper free at the point of care paper published in September 2015.

Part of the journey will be to provide a means of patients accessing both services and the data we hold about them. As we look to provide this information to both our patients and our health colleagues we shall take into account guidance as detailed in the Technology Code of Practice document and the steps detailed in Digital by Default Service standard.

During 2020/21 the Trust plans to implement a new Electronic Patient Record (EPR) system (Medway), to support new ways of working and seamless patient flow. The 'go live' date of March 2020 has now been deferred to September due to Covid19. As part of this process, issues with the underlying infrastructure are being reviewed allowing the Trust to build a flexible, accessible model for clinicians which will focus on delivering the highest quality care whilst seamlessly updating the patient record.

Within the emergency pathway, the new system presents the opportunity for clinical staff to:

- Manage the status of the patients within the department via an electronic whiteboard;
- Order diagnostics tests (pathology and imaging) and review the results;
- Seamless integration into the x-ray system (PACS);
- View alerts and allergies as detailed in the GP record
- Review recent activity for the patient including outpatient letters, electronic discharges and previous ED attendances.

However, the environmental constraints in the department are restricting the ability to real-time input at the point of care. Therefore the technology is not aligned to service models which provide best standards of care and promote a paperless environment. The main issues are:

- Poor access to desktops with multiple users sharing a single device;
- Treatment cubicles do not have the space or capacity to support effective mobile working;
- The layout of the department means that Wi-Fi standards are poor and there is minimal resilience to the ability to use mobile devices;
- Rapid Assessment and Treatment (RATs) does not have the space to provide mobile working or networked systems for integrated working with services such as WMAS;
- Urgent Care Streaming: does not have joint working systems to integrate effective clinical systems for the management of patients through emergency pathways;

- Early Referrals from Triage: the minimal visibility of patient information through the emergency pathway results in delays in transfer of care of patients;
- Clinical inputting at point of care: the inability to clinically input in real time produces ineffective data quality to develop service improvements and ineffective reporting.

Within the emergency pathway, technology is required to enable clinicians to input patient information in real time so that the patient journey is not delayed. Real time data entry will also have a positive impact on the standards of data quality.

2.10 The Case for Change

The key drivers for change in relation to the current facilities are:

- Inability to physically accommodate the projected increases in Walsall activity and the expected activity to transfer to Walsall as a result of the Midland Metropolitan Hospital Development;
- Inability to support the required front door models of care;
- Lack of essential clinical adjacencies associated with the emergency front door, ambulatory emergency care and specifically assessment facilities which inhibits timely flow and transition of patients from ED to ongoing care where necessary resulting in long waits with potential impact on outcomes;
- Inadequate and sub-standard physical accommodation which contributes to poor performance and provides a poor patient and staff environment and experience. This results in patient complaints and impacts staff recruitment and retention.

The following figure shows the disparate nature of the existing departments included in this project which results in long travel distances for patients and staff, long waits, lack of privacy and dignity.

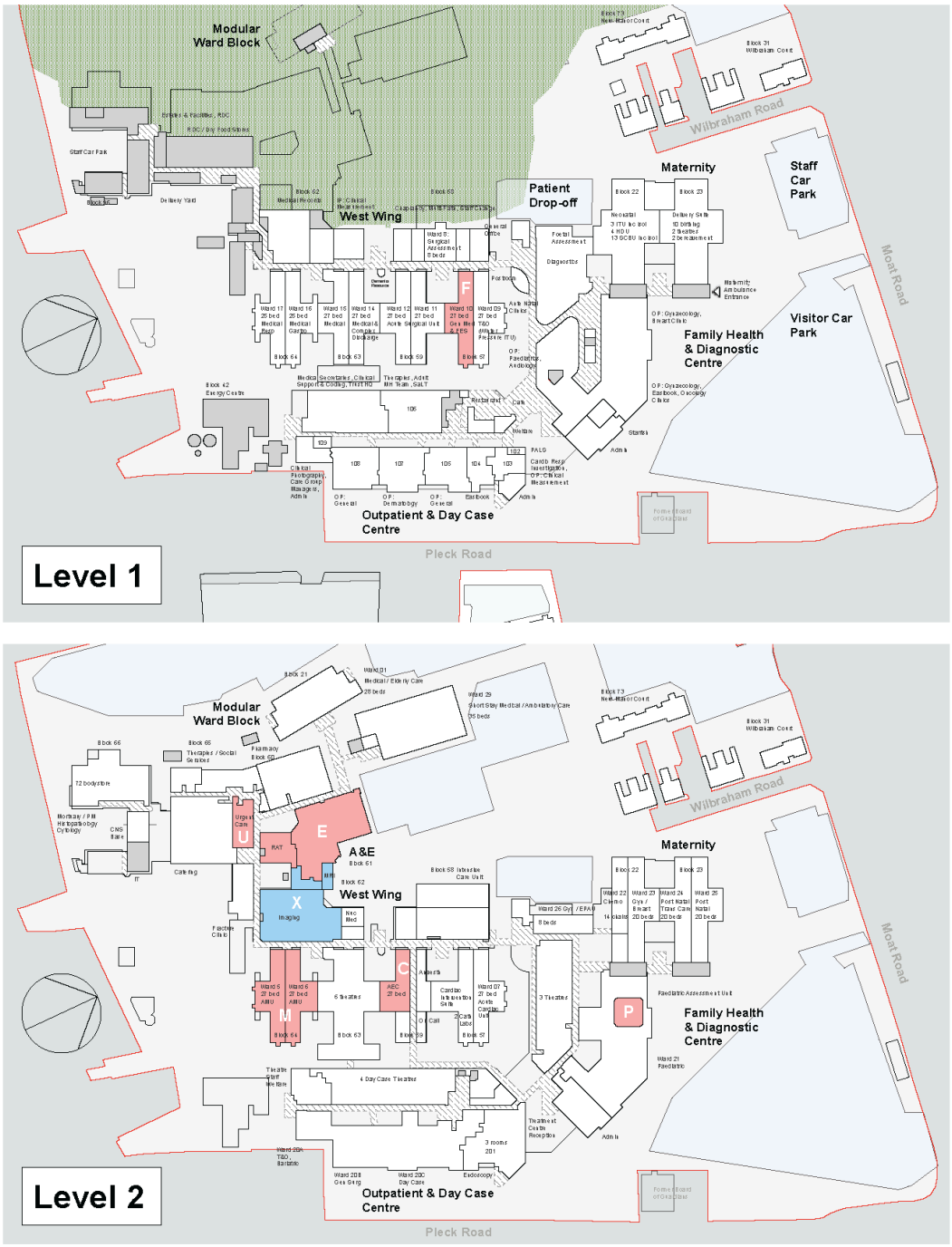


Figure 20: Locations of existing departments on the hospital site

2.10.1 Demand Changes

In addition to the projected growth anticipated in Walsall patients over the next ten years, the Black Country and West Birmingham STP has specifically referenced an anticipated impact on Walsall Emergency Department once the Midland Metropolitan Hospital opens in 2022 with a resultant increase in the admitted patients.

During FBC development, the OBC activity modelling assumptions have been reviewed in detail. This has included updating baseline data to 2019/20 and adjusting the planning horizon to 2029/30. The assumption relating to additional ambulances that will route away from Sandwell to Walsall has marginally increased (from 9,000 to 9,352). The OBC identified non-inclusion of additional patients self-presenting to Walsall ED as a direct consequence of the MMH development as a risk to the project. The FBC has therefore assumed the boundary change will equate to a further 1,020 additional self-presenting patients as well. These assumptions are in line with the analysis undertaken by Midlands and Lancashire Commissioning Support Unit in support of the MMH FBC.

The demand changes represent a 17% increase in ED attendances and an additional 3,268 inpatient admissions. The activity modelling is shown in Section 2.16.

This increase in demand requires an increase in emergency and urgent care capacity at the front door but also requires an increase in inpatient beds to cope with the resultant additional admissions. The Trust is unable to absorb this additional inpatient demand into existing bed capacity as any potential pathway improvements to reduce length of stay in the existing capacity will be used to both reduce bed occupancy in line with the 2020/21 planning guidance and reduce delayed admissions from ED, to improve patient safety and outcomes.

The following graph clearly identifies the impact of extended length of stay in the emergency department on subsequent inpatient length of stay and patient mortality rates.

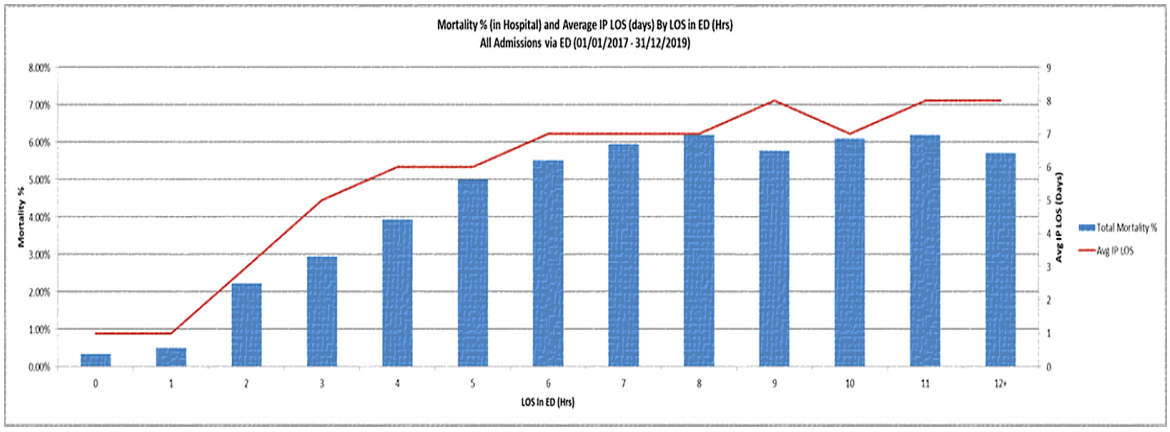


Figure 21: Mortality % (in Hospital) and Average IP LOS (days) by LOS in ED (Hrs) for all admissions via ED (01/01/2017 to 31/12/2019)

The current UTC is both functionally unsuitable for delivering modern urgent care and undersized for the level of demand that it currently experiences. The national drive is for co-location with Emergency Departments and is reflected in the CCG decision to close the town centre UTC and divert resources to the hospital based UTC. This change in service has led to an increase in activity on the Walsall site placing further strain on the department. The OBC modelling included an assumption of the impact on the Walsall site pending the outcome of Public Consultation. The FBC modelling reflects the actual impact of the town centre closure in 2019.

2.10.2 Service Model

Both national and local strategic intent emphasises the need for funding to better reflect the experiences of patients and the quality of service provision. Unless the Trust responds positively and proactively to these challenges, there is a risk of significant adverse impact on future funding streams and therefore the ability of the Trust to continue to invest in service delivery and innovation. Enhanced primary care streaming with shared ED and UTC reception and waiting would ensure a seamless patient experience, enabling triage of self-referrers and GP admission through to the most appropriate department at point of presentation. Co-location of the front door services with ambulatory emergency care will further support streaming to the most appropriate service for patient need, improved performance in relation to waiting times, and admission rates and value for money from optimum patient pathways.

2.10.3 Environment – Emergency Department

The current ED is both functionally unsuitable for delivering modern acute urgent medicine and undersized for the level of demand that it experiences. A number of minor adjustments and reconfigurations have been made to the departmental layout over time with additional units being tagged on in the form of modular buildings. The result of this development has been that the department has become fragmented and the layout of the clinical area does not facilitate workforce productivity or efficiency, or effective patient flows within the department. Alterations have seen toilets converted into storage areas and storage areas into additional cubicles. There is only one very small dirty utility room for the whole department, reduced in size to provide an additional cubicle, and only one patient toilet.

The waiting room is too small for the volume of patients presenting to the department. Frequently patients providing personal information at the reception desk can be heard by several members of the general public.

The current number of bays in the ED do not meet the Health Building Note (HBN15-01) recommendations for the number of attendances and the departmental footprint in terms of space and size of cubicles is well below that recommended in HBN 15-01 for the number of patients. Figure 22 shows typical Walsall 'worst and best case' treatment cubicles (in red broken line) overlaid over HBN 15-01 requirement illustrating the inadequacy of the existing accommodation.

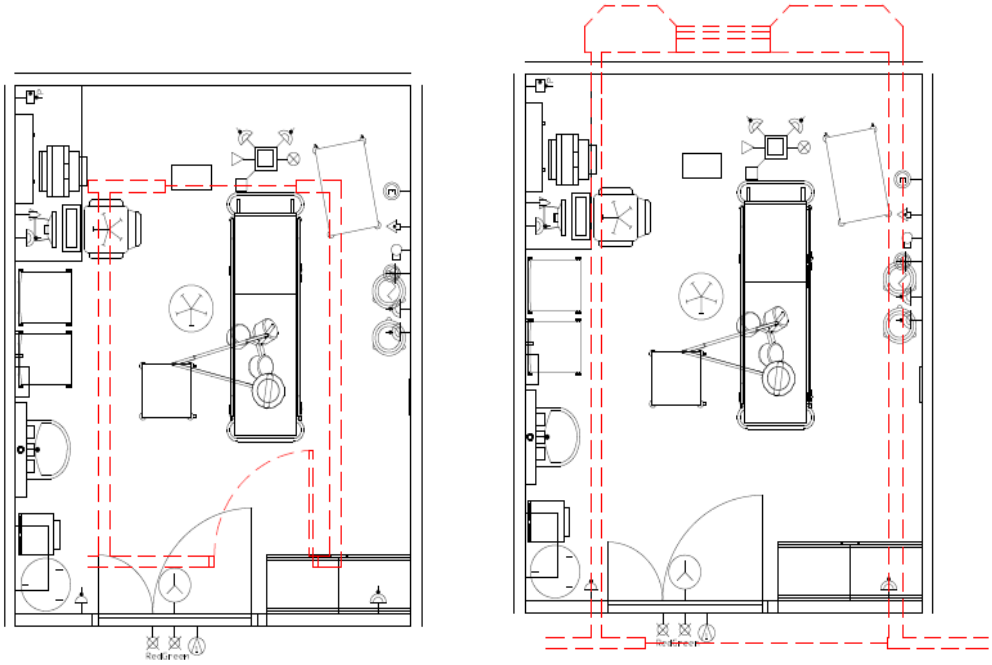


Figure 22: Cubicle Overlays

Although the physical layout supports defined majors and minors treatment areas, in practice to maintain flow through the department patients are treated in any available space and at times there is little distinction between patient acuity in the two areas. It is also not uncommon for more than one patient to be accommodated in the same cubicle space. Whilst the doubling up of patients is managed through the risk register it is not uncommon during peak times and provides for poor patient care and patient experience.

To support flow through clinical areas, patients still undergoing active treatment by clinical teams are directed back to the waiting area whilst the results of investigations are awaited. This is a poor experience for all patients.

Privacy and dignity for patients and the whole patient experience is compromised by the existing capacity, layout, and environment with unacceptably close adjacencies of bays, poor reception areas and distances between key clinical areas. Patient treatment is compromised as a direct consequence of the accommodation constraints with poor visibility of patients, an unacceptable standard of treatment areas and little privacy and dignity.

CQC visits continue to note the poor quality of patient facilities in the ED and the need for refurbishment. This view is widely endorsed by professionals within the service who manage care in very difficult circumstances. Restrictions due to the design and internal structure of the building prevent changes to overcome the above and enhance the safety and security of patients, staff and visitors.

Key points identified from the National Urgent and Emergency Care Survey Results in 2018 identified that the Trust's results were worse than most trusts for 12 questions, with 56% of total comments made being negative. 57% of comments were negative about pathway, 75% of comments were negative about care, and 84% (although comments were overall low) negative comments were received about care. In relation to comments about people 70% of comments were positive supporting that staff were attempting to provide the best possible care but were hindered by poor facilities which did not support efficient models of care.

The following figure identifies the top 10 themes that patients have identified in Friends and Family Test feedback in the last twelve months (April 2019 to March 2020).

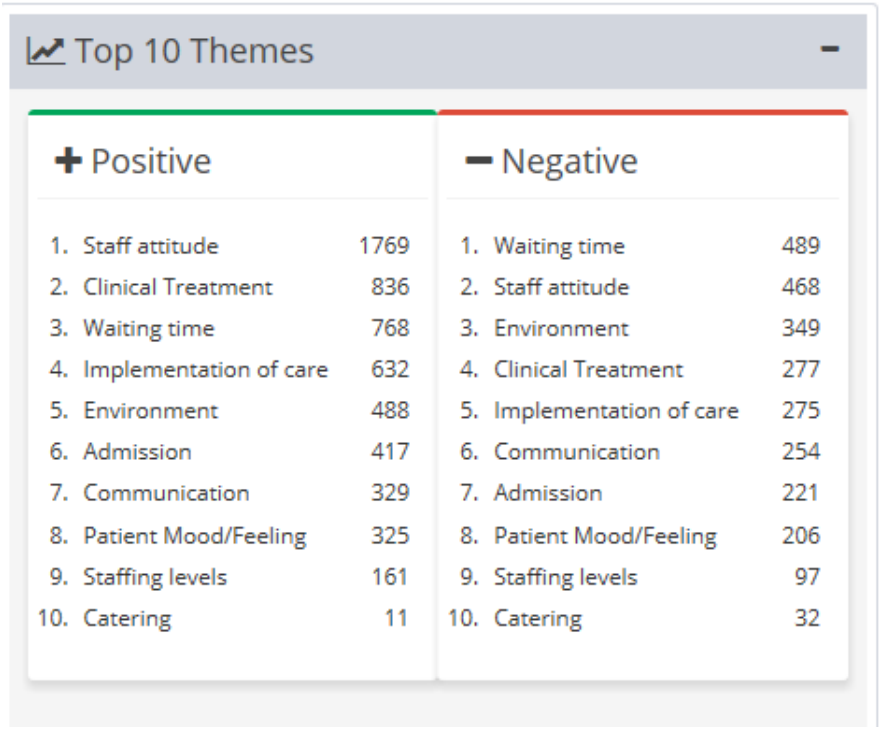


Figure 23: Friends and Family Test Feedback Themes (2019/20)

The working environment for staff is not conducive to the provision of high quality patient care. In particular, the lack of key clinical adjacencies compromise work flows, and restricts

the ability of the Trust to develop a coherent model of service provision for emergency and urgent care.

There is an urgent need in relation to the Emergency Department to:

- Increase capacity to meet current and future demand;
- Improve clinical adjacencies and functionality to improve efficiency in terms of manpower utilisation, clinical effectiveness and movement of patients;
- Improve the quality of the patient and resultant patient experience;
- Improve the staff working environment to aid retention of existing staff and the recruitment of high calibre new staff.

2.10.4 Environment – Emergency Admissions

The emergency admissions units are remote from the ED with sub optimal patient facilities. The proportion of single rooms is insufficient and there are no ensuite facilities. There are frequent occasions where patients requiring isolation or privacy have to be retained inappropriately within the open bay.

The implication of patients transferring from the MMH places further pressure on these facilities.

2.10.5 Workforce

It is evident that despite the increasing levels of activity across the NHS Trusts are struggling to fill their existing vacancies and to retain their existing staff. The situation has been further impacted as a result of the removal of the additional financial support for Student Nurses, a reducing population of 18 year olds and high attrition rates amongst students on courses. Uncertainties over Brexit and EU workers have also impacted on the movement of staff from abroad. It is not yet known how the current pandemic affects future recruitment further afield. It has however raised the profile of healthcare workers overall but whether this inspires a new generation of the population to want to join the NHS professions remains to be seen.

Within Walsall itself the picture is fairly reflective of the national one, with ED and AMU carrying nursing vacancies and facing turnover rates that present a picture of a constantly changing department of staff with a core of more stable experienced staff remaining. Added to this there are a number of the more experienced staff at bands 6 and 7 who will be approaching retirement age (in terms of NHS Pension) over the next 5 years.

In addition the existing facilities do not enhance the employment experience for staff and are therefore not attractive to potential employees. The close proximity of other local NHS Trusts

and the lure of the new Midland Metropolitan Hospital, already under construction make for a competitive employee's marketplace.

There is urgent need to demonstrate that the Trust values its people by providing existing staff with a world-class modern facility to be proud of and which will serve to attract high-calibre new staff to the Trust when the development opens.

2.11 Investment Objectives

In developing the vision for Emergency Care Services, the Trust identified the key priorities for the delivery of a modern service which meets the changing needs of patients and commissioners of the service. The following statement summarises the overarching investment objective:

"*To deliver services in a department which provides a single access point to high quality care in a safe, accessible, modern environment, addresses relevant statutory, regulatory and contractual standards and enhances the patient, carer and staff experience*". The investment objectives for this project, as determined following consultation with stakeholders in development of the SOC and OBC, are as follows:

Availability of capacity to meet demand
➢ ED and UTC to be right sized to meet future activity projections and enhanced service models for Walsall patients and increased activity resulting with catchment area changes associated with the opening of MMH; ➢ Sufficient assessment and inpatient beds to support future activity projections and enhanced service models; ➢ Enhanced ambulatory emergency care and frailty services to support future activity projections and new service models.
Fair and equal access to care
➢ All patients requiring urgent and emergency treatment will be assessed through a single and shared entry point; ➢ Patients will be treated within the service most appropriate for their individual needs; ➢ Patients with highest health need will be prioritised.
Sensitive to service user need
➢ The service model will be sensitive to all user needs; ➢ Facilities will have user sensitive inclusive design; ➢ The designed facility will have sufficient flexibility to meet changes in demand; ➢ Facilities will meet carer and relative needs and be in accordance with national guidance in terms of space requirements, privacy and dignity agenda.
Safe and evidence based (effective)

- The service model will support improved outcomes for patients through reducing overnight hospitalisation where possible and long waits in ED for those patients who need to be admitted;
- The new enhanced facilities will promote prevention of in-hospital transmission of infection;
- The project will optimise public value by making the most economic, efficient and effective use of resources.

Timely: achievable within a reasonable timescale

- The development will ensure facilities are enhanced in line with the projected activity increases;
- The project will be delivered by July 2022 to ensure a state of readiness to receive activity transfers from the Sandwell conurbation to coincide with the opening of MMH.

Delivering services in a more productive way

- The project will be affordable;
- The project will support achievement of clinical quality and performance indicators;
- Service models will support new ways of working for staff and reduce workforce vulnerabilities;
- The project will facilitate closer integration of primary urgent care and acute emergency care services;
- The project will have sufficient flexibility to respond to future scenarios;
- Facilities will be capable of supporting the delivery of 21st Century healthcare for patients;
- Facilities will provide an enhanced working environment for staff thus improving retention of existing staff and will support the recruitment of high calibre new staff;
- The project will provide local economy benefits through the provision of modern and enhanced healthcare services and facilities supporting improved health outcomes and provide additional local employment opportunities.

To deliver these objectives a number of benefit criteria have been agreed which are described in Section 3.0.

The activity projections to 2029/30 used in shaping the needs of the project are included in Section 2.16.

The following planning principles have been used to develop the project:

- Single point of entry for all emergency admissions (excluding maternity who operate a separate service);
- Separation of ED and UTC patients following streaming;
- Separation of adults and children;
- Patients managed in one room / cubicle throughout their attendance;
- Central monitoring capability where necessary in ED assessment areas;

- Improved access to diagnostics;
- Promoting prevention of in-hospital transmission of infection in normal circumstances with the added ability to separate access and flows and infectious patients in response to further to surges of Covid19 or similar infections;
- Ability to maintain privacy & dignity and gender segregation where appropriate;
- Mobile technology to enable data entry and viewing at the point of care;
- Compliance with the relevant Health Building Notes and/or Good Industry Practise and Health Technical Memorandum.

2.12 Constraints

This project is subject to the following constraints:

- Increased capacity must be available to support the activity transfer expected with the opening of the Midland Metropolitan Hospital;
- The emergency department must remain fully operational throughout the construction and reconfiguration phases;
- Construction of the new facilities and reconfiguration of the existing department must take place without causing major disruption to adjacent clinical services;
- The development must be affordable within the capital and revenue budgets available;
- The proposed development must fit on the available footprint;
- The development must support the provision of an integrated model of care for urgent and emergency services.

2.13 Dependencies

The following dependencies will impact the project:

- The opening date of the Midland Metropolitan Hospital will determine when potential activity increases will impact the Trust;

2.14 Strategic Fit

The integrated Emergency Service comprising of the UTC, ED, AMU, AEC and Frailty is a vital element of the core business for the Trust and is in line with the Black Country and West Birmingham STP recognition of the health economy impact of the Midland Metropolitan Hospital development.

The requirement for sufficient emergency and urgent care capacity that is fit for purpose, safe, effective, flexible and that supports integrated service provision will ensure that services comply with national policy, the Trust's strategy and support the vision for

emergency care. The proposed development will support the delivery of key quality and performance targets, new ways of working, reduced inpatient admissions and improved patient waits whilst managing an increase in activity. This includes a single point of streaming for patients (other than blue light ambulance attendances) attending the Emergency Department which will enable triage to the most appropriate service to meet individual patient needs.

The proposed development will ensure that the Trust addresses the significant risks to patients, visitors and staff presented by the existing accommodation and will ensure progress towards meeting The College of Emergency Medicines recommendations in 'The Way Ahead' and improving the CQC rating. It will also provide for co-location of the ED with acute medical beds realising associated efficiencies.

The new unit will present the Trust with the opportunity to develop design solutions that not only address the service needs and meet local commissioning intent in relation to models of urgent care, but support sustainable development and design excellence, resulting in a much improved patient and staff environment and experience.

Appendix 1 shows how the Trust intends to meet National, Regional and Local priorities through the development proposed in this Business Case.

2.15 Future Model of Care

The model of emergency and urgent care at Walsall has continued to evolve to meet current and future demands on the services since the submission of the outline business case in November 2017. However the existing Emergency Department does not support the Trust's aspirations to achieve best practice due to current facilities not capable of supporting new and emerging models of care including the Walsall Together ethos of community care or providing a high quality environment for patients and staff.

On appointment of the PSCP a structured programme of stakeholder engagement commenced in November 2019 to future proof the model of care and develop the desired optimum patient pathways.

A series of workshops and one to one meetings have been held to review and refine the component parts of the model. In total 16 detailed pathways have been developed that have supported the identification of core accommodation requirements to effectively deliver the clinical model. The process is summarised in the diagram below:

Figure 24: Process for clinical model development

The future model has been designed to ensure that patients get to the right place and are treated by the right clinician, first time and every time.

The clinical model underpins the design solution and is the core foundation required to ensure a building design that facilitates excellence in patient flow and supports direction of patients to the most appropriate level of care for their needs. This is in line with the ethos of the Walsall Together approach i.e. through the support of community teams in the acute setting patients may be directed to alternative health and social care services within the community, directed to urgent care or directly to a same day emergency care setting or assessment unit rather than being managed through the ED. Throughout the development of the model the clinical stakeholders have considered the ways of working and changes that are needed to ensure that the new development not only addresses current challenges but is designed around the future service vision. This future model of care has also been reviewed with Healthwatch Walsall.

The main components of the overarching clinical model are shown in Figure 25 below with detailed patient pathways for individual elements of the service included in Appendix 2.

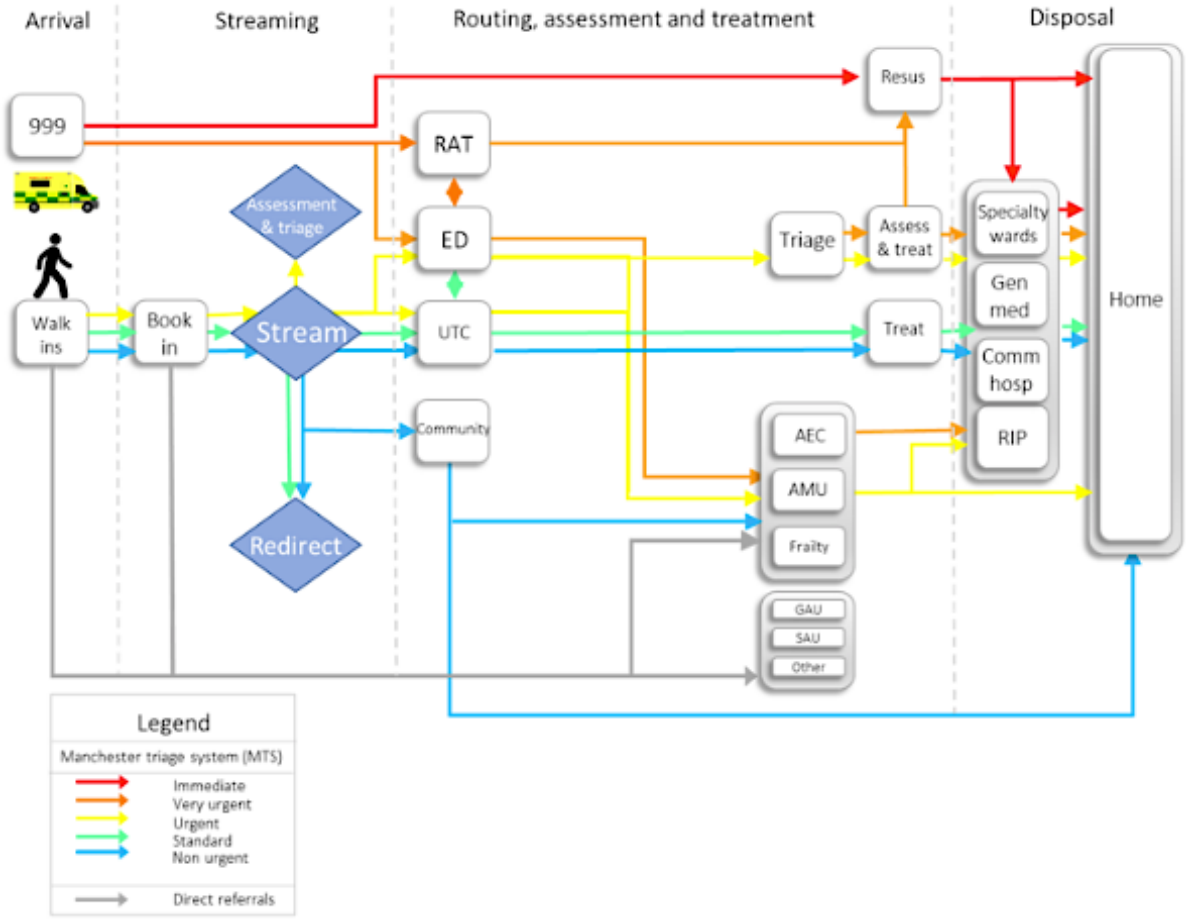


Figure 25: Front Door System Clinical Model and Key Pathways

The vision is for an integrated front door service with all services available for the full 24-hour period. This is underpinned by an effective streaming process whereby as soon as possible after arrival (within 15 minutes) a senior clinical decision maker will determine the service most appropriate for the patients' needs. This will mean that patients can bypass ED and go directly to other more appropriate services such as urgent care or where necessary assessment units or ambulatory emergency care. Community teams and pharmacists will be collocated with urgent and emergency department clinicians providing specialist input to ensure that patients receive the right care with the appropriate support in the right setting, directing patients away from the hospital if appropriate.

The vision is for an integrated front door service with all services available for the full 24-hour period. This is underpinned by an effective streaming process whereby as soon as possible after arrival (within 15 minutes) a senior clinical decision maker will determine the service most appropriate for the patients' needs. This will mean that appropriate patients can bypass ED and go directly to other more appropriate services including where necessary assessment units or ambulatory emergency care.

An effective approach to streaming will ensure the best experience for patients and must, therefore be supported by a single front door . There will be clear, defined and agreed protocols with IT infrastructure that assists the systematic streaming decision process. The co-location of UTC and ED is therefore an essential element of the model.

Patients transferred by ambulance will have a dedicated entrance where a rapid assessment of need will be made in line with the streaming approach for self-presenting patients.

The new approach to front door streaming with rapid assessment of patients along with the ability to separate access and flows and segregate cohorts of patients within the department will enable the Trust to effectively respond to any surges in highly infectious diseases such as Covid-19.

The specific needs of children have been considered in the development of the new model resulting in the co-location of the Paediatric Emergency Department with the Paediatric Assessment Unit (re-location from current accommodation adjacent to paediatric inpatient ward). This will bring significant workforce benefits enabling children to access specialist opinion in a timely manner without needing to be transferred through the hospital. The inclusion of PAU therefore represents a change from OBC (see section 2.15.1).

The effective management of patients within the Emergency Department is a fundamental requirement of the clinical model, ensuring that patients are not unnecessarily admitted further into the hospital.

Timely access to diagnostics is an important part of the clinical decision making process, enabling effective treatment plans to be put in place and appropriate direction of patients to the next stage of their pathway. As a consequence, additional diagnostic facilities have been included within the scheme since OBC. These additional facilities include two digital X Ray rooms, an ultrasound room and accommodation to allow the installation of a CT scanner (equipment to be provided out-with this business case). All of which will allow faster diagnosis of emergency patients and reduce travel distances for patients.

Co-locating UTC and ED with the same day emergency services (ambulatory emergency care unit and frailty services) and the assessment unit is also a key element in reconfiguring the front door emergency system. Accommodating the specialist teams within a single facility will support improved decision making, reducing the need for patients to have long waits to access a service or having additional and unnecessary steps within their pathway. The aim of the teams supported by Walsall Together initiatives will be to redirect patients to the most appropriate care setting, move patients through the system quickly and efficiently with a focus on ensuring services are available to facilitate same day discharge where possible thus avoiding overnight hospitalization and avoid admission to specialty beds unless absolutely necessary.

The Frailty elements that are included within this Business Case are specifically related to Frailty “front door assessment” and specifically Same Day Emergency Care. The team will primarily focus on carrying out Comprehensive Geriatric Assessment through the Screening Tool to define the patients care plan.

Relocation of the medical and paediatric assessment units to new facilities adjacent to the ED will provide new enhanced facilities for all emergency patients. This will improve access and flow of patients, allowing faster transition where necessary to ongoing care with a resultant impact on patient outcomes. The location of new assessment beds adjacent to ED will also reduce the need for long journeys through main corridors, for patients therefore improving safety, privacy and dignity and the overall patient experience.

All departments include enhanced facilities for patients with mental illness.

Facilities are also available to enable patients to be isolated if necessary due to infectious diseases under normal circumstances which can also be used where a patient requires a quieter space due to their presenting condition.

This model will enable new ways of working supporting the provision of 21st Century care delivered from modern facilities that are fit for purpose and offer future flexibility. The future workforce model reflects the challenges with recruiting to posts and has therefore moved away from a traditional reliance on Middle Grade doctors to the inclusion of more innovative posts. The model also takes into account recommendations from the Royal Colleges into medical staffing rotas[6,7]. This includes future planning approaches which focus on staff retention via flexible rotas and annualised planning as well as the inclusion of innovative posts and training programmes.

The Trust have developed a framework for Advanced Clinical Practitioners (ACP) which the CQC viewed as “outstanding practice” within the recent inspection. This supports the use of alternative roles that match clinical capabilities via RCEM guidance where medical posts cannot be recruited (e.g. middle grades). ACPs will have a key focus on delivery of Same Day Emergency Care services.

This approach is also being replicated to support nursing vacancies. Where there are difficulties recruiting registered nurses, the Trust have defined new roles using Paramedics and Emergency Care Assessment Practitioners (ECAP) to support Triage, Rapid Assessment and Resuscitation, taking into account individual capabilities. Further work has commenced to develop Physicians Assistants roles in both the Emergency Department and Acute Medicine.

[6] Guidance on Safe Medical Staffing: Report of a Working Party, Royal College of Physicians (July 2018)
[7] EM-POWER: A practical guide to flexible working and good EM rota design, The Royal College of Emergency Medicine (October 2019).

The Core Standards for the management of children in the emergency department were updated in 2018. Following recommendations from the West Midlands Quality Review Service in September 2018, the Trust invested £200k to increase the number of paediatrics registered nurses within the Emergency Department. These standards continue to be used and met as part of the transition from current service to future models.

The development of safe and sustainable staffing rotas are a fundamental element of the workforce strategy for this development.

2.15.1 Paediatric Patients

To support appropriate decision making some children need to be observed for a period of time, partly as a result of their inability to effectively communicate certain symptoms as well as the fact that children can clinically deteriorate rapidly. Traditionally observation has been on a paediatric inpatient ward where there is not always a high turnover of the children admitted for observation as ward rounds only tend to occur once or twice a day.

The model proposed within this development is for a paediatric observation unit to be co-located with ED. This is in line with a clinically evaluated model at Birmingham Children's Hospital which found between 62–99% of patients admitted to the ED assessment unit were discharged[8].

The proposed paediatric observational unit will support effective assessment and management of children. Benefits include a reduction in inpatient admissions and length of stay in a hospital setting and improvements to the patient experience.

2.16 Activity Modelling

Following OBC development, the activity modelling has been updated to reflect:

- Baseline based on 2019/20 actual activity as at month 9 projected for full year effect;
- Review of national and local growth trends;
- Review of planning assumptions associated with the redirection of ambulance arrivals resulting from merger and relocation of Sandwell and West Birmingham Hospitals plus associated inpatient implications;
- Planning horizon updated to current year plus 10 (i.e. to 2029/30).

Whilst the Trust have reviewed activity levels for the last quarter of 2019/20, given the impact of Covid-19 the Trust do not believe that the pattern of activity seen in the final quarter will continue. The differences between the month 9 forecast outturn position and the

[8] Review of a paediatric emergency department observation unit BCH SSPAU Experience (March 2006)

end of year position are not felt to be substantially different and it is therefore felt that the modelling undertaken on the month 9 position remains robust.

2.16.1 Emergency Department Activity Modelling

Table 36 shows the anticipated activity projections for the Emergency Department. The key assumptions are:

- Trust 3 year average growth (2017/18 to 2019/20) in Type 1 Emergency Department attendance of 4.86% to continue year on year;
- Demand management initiatives in line with the Walsall Together strategy will equate to a 2.20% reduction in activity year on year. These initiatives include enhanced front door streaming and improved primary and community care services / teams focusing on admission avoidance;
- Additional patients will present to Walsall Manor Hospital as a consequence of the Midland Metropolitan Hospital development:
  - As part of modelling the impact of MMH on patient flows in 2017, the Midlands and Lancashire Commissioning Support Unit have indicated that for Walsall this will be an additional 10,372 patients;
  - West Midlands Ambulance Service have undertaken an assessment of current activity flows and identified a potential for 9,352 ambulances to be directed to Walsall following the MMH development;
  - Therefore the assumption is for an additional 9,352 ambulances and 1,020 self-presenting patients to transfer from MMH to WMH. A total of 10,372 additional patients.

The existing Emergency Department was originally sized for 50,000 attendances and is currently treating circa 85,000 patients per annum. The ten year planning projections identify that the department and identified in Table 36 will be required to support 123,010 attendances per annum by 2029/30.

		2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
ED Attendances			85,063	87,326	89,649	100,673	105,083	107,878	110,748	113,694	116,718	119,823
Projected Growth	4.86%		4,134	4,244	4,357	4,893	5,107	5,243	5,382	5,526	5,672	5,823
Demand Management	2.20%		-1,871	-1,921	-1,972	-2,215	-2,312	-2,373	-2,436	-2,501	-2,568	-2,636
Catchment change - ambulances					7,793	1,559						
Catchment change - self presenting					847	173						
Total attendances		**85,063**	**87,326**	**89,649**	**100,673**	**105,083**	**107,878**	**110,748**	**113,694**	**116,718**	**119,823**	**123,010**
% change			2.66%	2.66%	12.30%	4.38%	2.66%	2.66%	2.66%	2.66%	2.66%	2.66%

Table 36: Projected ED activity to 2029/30

2.16.2 Urgent Treatment Centre Activity Modelling

There is significant variation in nationally reported UTC activity trends within the local region. therefore the nationally reported growth of 6.24% has been applied to the modelling. This is offset by local demand management initiatives aligned to the Walsall Together approach by 2.20% (e.g. enhanced access to primary care, single point of access and a more proactive approach to monitoring of patients within the community). The volume of patients requiring an appointment with the GP Out of Hours Service is not anticipated to increase at the same rate and an assumption of 1% growth has been applied.

		2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
UTC Activity			60,921	63,382	65,943	68,607	71,379	74,262	77,263	80,384	83,631	87,010
Projected Growth	6.24%		3,801	3,955	4,115	4,281	4,454	4,634	4,821	5,016	5,219	5,429
Demand Management	2.20%		-1,340	-1,394	-1,451	-1,509	-1,570	-1,634	-1,700	-1,768	-1,840	-1,914
Total attendances		**60,921**	**63,382**	**65,943**	**68,607**	**71,379**	**74,262**	**77,263**	**80,384**	**83,631**	**87,010**	**90,525**
% change			4.04%	4.04%	4.04%	4.04%	4.04%	4.04%	4.04%	4.04%	4.04%	4.04%
GP OOH Attendances			7,620	7,696	7,773	7,851	7,929	8,009	8,089	8,170	8,251	8,334
Projected Growth	1.00%		76	77	78	79	79	80	81	82	83	83
Total attendances		**7,620**	**7,696**	**7,773**	**7,851**	**7,929**	**8,009**	**8,089**	**8,170**	**8,251**	**8,334**	**8,417**
% change			1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%

Table 37: Urgent Care Activity Projections to 2029/30

2.16.3 Inpatient Activity Modelling

Table 38 and Table 39 show the anticipated inpatient activity projections. The key assumptions are:

- Adult Admissions:
  - Trust 3 year average growth (2017/18 to 2019/20) of 7.73% to continue year on year;
  - Demand management initiatives in line with the Walsall Together strategy will equate to a 2.20% reduction in activity year on year. These initiatives include enhanced front door streaming, improved primary and community care services / teams focusing on admission avoidance and facilitating discharge, further development of ambulatory emergency care pathways and development of a network of specialist care delivered from Health and Wellbeing Centres to avoid unnecessary admissions;
  - The consequence of the catchment changes (additional Emergency Department activity) modelled in line with both CSU assumptions for additional admissions as a consequence of MMH and the Trust conversion rates for ambulance patients

and self-presenters activity as at Month 9 2019/20 equating to an additional 2,552 adult admissions over the two years 2022/23 and 2023/24.

- Paediatric Admissions:
  - National 3 year average growth rate for emergency admissions of 3.62%;
  - The focus of the Walsall Together initiatives is not on children, therefore a demand management assumption has not been applied;
  - The consequence of the catchment changes (additional Emergency Department activity) modelled in line with CSU assumptions for additional admissions as a consequence of MMH (proportion of paediatrics assumed to be in line with current ED attendance profile) equates to an additional 716 paediatric admissions over the two years 2022/23 and 2023/24.

		2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
Total Emergency Admissions		34,188	34,188	36,079	38,074	42,306	45,071	47,563	50,193	52,969	55,898	58,989
Projected Growth	7.73%		2,643	2,789	2,943	3,270	3,484	3,677	3,880	4,095	4,321	4,560
Demand Management	2.20%		-752	-794	-838	-931	-992	-1,046	-1,104	-1,165	-1,230	-1,298
Catchment Change					2,127	425						
TOTAL ADMISSIONS		**34,188**	**36,079**	**38,074**	**42,306**	**45,071**	**47,563**	**50,193**	**52,969**	**55,898**	**58,989**	**62,252**
% change			5.53%	5.53%	11.12%	6.53%	5.53%	5.53%	5.53%	5.53%	5.53%	5.53%

Table 38: Projected Adult Emergency Admissions to 2029/30

		2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
Total Emergency Admissions		3,707	3,707	3,841	3,980	4,721	5,011	5,193	5,381	5,575	5,777	5,986
Projected Growth	3.62%		134	139	144	171	181	188	195	202	209	217
Demand Management	0.00%		0	0	0	0	0	0	0	0	0	0
Catchment Change					597	119						
TOTAL ADMISSIONS		**3,707**	**3,841**	**3,980**	**4,721**	**5,011**	**5,193**	**5,381**	**5,575**	**5,777**	**5,986**	**6,203**
% change			3.62%	3.62%	18.62%	6.14%	3.62%	3.62%	3.62%	3.62%	3.62%	3.62%

Table 39: Projected Paediatric Emergency Admissions to 2029/30

2.17 Capacity Modelling

2.17.1 Emergency Department

To determine the required capacity for 123,010 attendances to ED in 2029/30 as shown in Table 36 the Trust developed a clinical model based on best practice and optimum flow through the department. Comparisons with HBN for up to 100,000 attendances, benchmarking with other Trusts and modelling treatment time within cubicles have been utilised.

Department	Existing 2019/20	OBC	FBC
Resuscitation	4	6	6
Adults ED	21	26	31
Paediatric ED	4	5	16 (including 5 assessment beds)
Sub Total	**29**	**37**	
Paediatric Assessment	0	0	
TOTAL	**29**	**37**	**53**

Table 40: ED Capacity Requirements

Changes from OBC to FBC are as a result of increased growth in total emergency attendances from those predicted at OBC and the inclusion of the paediatric assessment unit in the new emergency facilities at FBC.

2.17.2 Urgent Treatment Centre

In determining the required capacity for the urgent care services, an assessment of anticipated hourly arrivals was undertaken and an average of 15 minutes active treatment time per patient has been assumed. This identifies a requirement of 10 rooms.

2.17.3 In Patient Capacity

As illustrated in Section 2.16.3 the impact of the additional ambulance attendances following the scheduled changes at Sandwell Hospital in 2022/23 has a significant impact on inpatient capacity requirements at Walsall. In modelling the future requirements the Trust have reviewed current length of stay, bed occupancy rates and conversion from assessment units to inpatient admissions. Improvements in performance have been assumed in line with the Walsall Together strategy with initiatives focused on admission avoidance and reductions in length of stay, locality based teams taking a proactive approach to discharge all of which will improve patient outcomes and reduce bed days.

The table below shows the assumptions utilised in both OBC and at FBC modelling to determine the capacity requirements:

Assumption	OBC	FBC
1: Additional ED Activity		
% Ambulance activity Paediatric	21.8%	22.2%
% Ambulance activity Adult	78.2%	77.8%
% Self-presenting activity Paediatric		29.4%
% Self-presenting activity Adult		70.6%
Total additional attendances	**9,000**	**10,372**
2: Conversion Rates		
Paediatric Ambulance Attendance conversion rate	11.4%	30.1%
Paediatric Self-presenting conversion rate		30.1%
Additional Paediatric Admissions	***224***	***716***
Adult Ambulance Attendance conversion rate	36.4%	32.7%
Adult Self-presenting conversion rate		24.0%
Additional Adult Admissions	***2,562***	***2,552***
Total Inpatient Admissions	**2,786**	**3,268**
3: Paediatric Admissions		
Paediatric Assessment Unit (PAU)		
Length of stay	Not in scope	60% < 8 hours 40% <12 hours
Bed Occupancy Rate		85%
PAU Bed Requirement		**1**
Paediatric Inpatient Beds		
Conversion rate from PAU to Inpatient Bed	N/A	40%
Length of stay	2.5 days	2.72
Bed Occupancy Rate	85%	92%
Inpatient Bed Requirement	**2**	**2**
4: Adult Admissions		
Assessment Units		
Proportion of additional patients managed via Medicine		61%
Proportion of additional patients managed via other specialties (i.e. surgery, trauma, gynaecology)		39%
Proportion of medical patients managed via AMU		65%
Proportion of medical patients managed via AEC		35%
Proportion of non-medical patients managed via other specialty assessment units		100%
Assessment Unit Length of stay		100% <24 hours
Bed Occupancy Rate		85%
Assessment Bed Requirement (Medicine)		**3**
Assessment Bed Requirement (Other Specialties)		**3**
Proportion of patients managed via other assessment units (i.e. non-Medical specialties)		61%

Assumption	OBC	FBC
Adult Inpatient Beds		
Admission Rate from AMU		67%
Admission Rate from other Assessment Units		62%
Length of Stay	4.17	5.24
Bed Occupancy Rate	85%	92%
Inpatient Bed Requirement	***34***	**21**

Table 41: Impact of Midland Metropolitan Hospital – Inpatient requirements

The length of stay assumptions for medicine have been based on a 17% improvement on current (6.33 days excluding AMU, AEC and FES activity) taking into account the anticipated impact of both Walsall Together and new models of care. It is also assumed that the new models of care will enable the Trust to achieve the target of 35% of non-elective admissions being managed via Same Day Emergency Care approaches.

Occupancy levels for inpatient beds have been set at 92% to align with the new requirements set out in the 2020/21 planning guidance with the exception of assessment areas which have been targeted at 85% occupancy to ensure sufficient flexibility to manage peaks in activity.

Department	Existing 2019/20	OBC	FBC
AMU	45	40	37
AEC	8	25	14
Frailty	10	Included in above figures	8
Inpatient beds – adults (all specialties to be provided on Wards 5 & 6)	0	36	24
Inpatient beds – Children			2

Table 42: Admission, Inpatient and Ambulatory Emergency Care Requirements

The capacity modelling demonstrates the need for an additional 6 assessment unit beds (3 on AMU and 3 for non-medical specialties) plus 21 adult inpatient beds generated by the MMH emergency patient transfer i.e. a total of 27 additional beds of which 3 have been accounted for in the new AMU capacity.

In order to provide this capacity, the Trust will use vacated bed space in wards 5 and 6 when the Acute Medical Unit has transferred to the new facility. This business case does not provide for refurbishment of Wards 5 and 6 with any refurbishment being undertaken as part of the Trust's business as usual arrangements.

Given the expected increase in emergency department attendances over the planning horizon and the resultant expected admissions associated with these attendances coupled with the drive to reduce in patient bed occupancy levels nationally, the evidence suggests that there is a need for this additional bed capacity. This will ensure that those patients who need to be admitted are moved through the system as quickly as possible. This will avoid the current long waits in ED for some of these patients with a consequent improvement in outcome.

The capacity modelling also demonstrates a need for an additional 2 paediatric inpatient beds. These will be accommodated within the existing paediatric ward.

This solution provides the following advantages:

- Co-location of ED, Ambulatory Emergency Care Unit, Frailty Assessment Service and Acute Medical Unit in an integrated facility which will support the new models of care and support quicker turnaround of patients, early discharge and admission avoidance;
- Co-location of paediatric assessment with paediatric ED supporting quicker turnaround of patients, early discharge and admission avoidance;
- Improved patient experience, by improving privacy and dignity and reducing the number of moves and travel distances down long public corridors;
- Improved quality of accommodation for acutely ill patients to new environmental standards with capacity to meet demand and facilities which are fit for 21st Century Healthcare.

2.18 Patient and User Engagement

Patients and service users have been and will continue to be actively engaged in the development since 2017 and a number of patient focused task groups have been set up to involve patients in key design decisions appertaining to the patient environment and experience.

Clinical and non-clinical staff directly involved in the services concerned have been actively engaged in the process of design development including detailed service modelling, future ways of working, future workforce requirements and significant input into the design development process. A communications plan has been developed to ensure that other staff, patients and public will be updated as the project progresses through new and existing communication channels which include team briefing sessions, newsletters, workshops, and departmental meetings. See Appendix 25.

The Trust's Patient Experience Lead is a member of the Project Board.

More detail on patient and staff involvement is included in section 6.6

2.19 IM&T

In-line with the Trust strategic direction, the development should support systems and devices which enable the services to operate paper free at the point of care. Devices and systems should complement the working practices of the department and not define them.

The technology within the emergency pathway is required to provide the clinicians with the flexibility to input and extract patient information at the point of care with the patient. The technology that is within the department will be benchmarked against other best practice emergency pathways that provide efficient and effective ways of working whilst providing the best standards of quality of care.

The IT Strategy applied across all service areas within this capital development has been devised with clinical and non-clinical service representatives to ensure all departmental requirements are met, with each IT used as an enabler to support provision of the right care, by the right clinician in the right place and at the right time.

The systems identified for this development are systems that have been successfully tried and testing by clinicians, based upon networking, benchmarking and experience of working in other Emergency Departments. They will support a seamless integration between administrative systems used at reception through to the clinical systems supporting a coordinated managed response to the holistic needs of the patient. This development presents the opportunity to embed effective, evidence based technological solutions within the clinical model. The provision of real time inputting will also have a positive impact to standards of data quality

Part of the journey will be to provide a means for patients to access the data held about them. As the Trust looks to provide this information to both patients and health colleagues this will be done so in accordance with guidance detailed in the Technology Code of Practice document and the steps detailed in Digital by Default Service standard.

Accurate information of National Professional Standards will also be gained from improved reporting of the services which in turn will enable effective benchmarking and developments with standards of quality of care.

3.0 Economic Case

3.1 Introduction

In accordance with the requirements of HM Treasury's Green Book (A Guide to Investment Appraisal in the Public Sector) this section of the FBC reaffirms the preferred option identified in the Outline Business Case. It reviews the capital and revenue costs since OBC and identifies why those changes have occurred and any resultant impact on the preferred option.

The investment objectives and critical success factors identified in the OBC remain relevant and appropriate for this FBC.

3.2 Option Appraisal

An options appraisal process was undertaken at SOC which reduced the longlist options to a shortlist of four main options with six further sub options. The shortlisted options are described in Table 43. The long list of options is described in Appendix 3.

Option	Descriptor
DO NOTHING	No Change
A	Two floor new build extension to existing ED: ED & UTC on ground floor, AEC on ground floor, AMU on first floor. Majors & Resus in new build with new ambulance entrance Staff support co-located
A1	As 'A' but with staff support and some welfare in vacated UTC
A2	As 'A' but with second floor shell space for future fit out (additional beds or corporate administration)
B	Two floor new build extension to existing ED: ED & UTC on ground floor, AEC on ground floor, AMU on first floor. Majors & Resus in reconfigured existing ED adjacent to imaging. Staff support co-located
B1	As 'B' but with staff support and some welfare in vacated UTC
B2	As 'B' but with second floor shell space for future fit out (additional beds or corporate administration)
C	Two floor new build extension to existing ED: ED & UTC on ground floor, AEC on ground floor, AMU on first floor. All ED in new build. AEC in existing ED. Staff support co-located
C1	As 'C' but with staff support and some welfare in vacated UTC
C2	As 'C' but with second floor shell space for future fit out (additional beds or corporate administration)

Table 43: Revised Shortlisted Options including advantages and disadvantages

3.2.1 Option Scoring

A qualitative options appraisal took place on 25th August 2017. This included a scoring and benefits criteria weighting process. The scores were then weighted using the weightings applied to the benefits criteria. Weighted scores are included in Table 44.

Options										
Benefits Criteria	Do Nothing	A	A1	A2	B	B1	B2	C	C1	C2
Offers a High Quality Environment	25	142	146	149	152	149	152	197	185	186
Remodel Capacity to meet Service Requirements	18	103	104	105	102	99	105	145	141	142
Efficiency and Effectiveness	18	82	74	78	86	85	88	112	109	111
Staff, Training, Recruitment and Retention	15	65	62	65	65	62	65	88	83	88
Estate: Site Strategy and infrastructure	3	14	14	14	15	15	15	21	21	21
Achievable (timescales)	58	39	39	40	29	29	31	56	55	56
Minimal Disruption	40	27	26	26	18	20	19	40	40	42
Improve Safety	30	171	167	165	178	173	178	262	252	258
Total	**207**	**643**	**631**	**642**	**645**	**633**	**652**	**921**	**884**	**904**
Rank	**10**	**6**	**9**	**7**	**5**	**8**	**4**	**1**	**3**	**2**

Table 44: Option Scores Weighted

The overall preferred option identified from the non-financial appraisal was Option C which delivers the following benefits:

- Offers highest quality of environment;
- Accommodates model of care with UTC at the front door and co-located assessment and ambulatory emergency care units;
- Supports efficient ways of working;
- Accommodates efficient patient flow;
- Better supports phasing of works and minimises levels of disruption to clinical services during construction.

A sensitivity exercise was carried out to test the robustness of the scoring. This included applying reverse weightings and equal weightings to all benefits criteria. This exercise has had no significant impact on the preferred option.

The non-financial option appraisal was further reviewed by the Trust in June 2019 and was confirmed as remaining valid.

3.2.2 The 'Do Minimum' Option

The Trust considers that a new build facility adjoined to the existing Emergency Department is the 'Do Minimum' option for the following reasons:

- The additional capacity to cope with the activity transfer from the Sandwell conurbation as a result of the MMH development requires a step change in capacity by 2022 rather than an incremental change over the planning horizon;
- There is no adjacent existing functional space in which to expand the Emergency Department as this is co-located with a main hospital corridor serving wards and departments, a third party provided MRI facility and the hospital's main imaging department;
- The current accommodation is substandard and substantially below current space standards which cannot be rectified without reducing the current capacity, impacting access targets further and compromising patient safety and privacy and dignity.

Consequently the 'do minimum' physical solution that would deliver the capacity required is Option B as this maximises the amount of space to be refurbished for the new urgent and emergency care facilities with the biggest ratio of refurbished space to new build of all of the options.

3.3 Economic Appraisal

3.3.1 OBC Option Appraisal

A Capital Investment Appraisal Model was completed for the refreshed OBC in February 2020 with the following results:

Incremental Economic Impact in NPV terms	Option A £000	Option A2 £000	Option B £000	Option B2 £000	Option C £000	Option C2 £000
Incremental Costs:						
Capital	(23,048)	(29,802)	(25,697)	(31,305)	(25,472)	(31,214)
Risk	(5,029)	(1,831)	(5,117)	(1,762)	0	(1,810)
Total Incremental Costs	**(28,437)**	**(31,634)**	**(30,814)**	**(33,067)**	**(25,472)**	**(33,024)**
Incremental Benefits:						
Revenue	117,591	113,827	117,591	113,827	122,424	119,905
Risk	0	0	0	0	179	0
Incremental Benefits	**117,591**	**113,827**	**117,591**	**113,827**	**122,593**	**119,905**
Net Present Social Value (NPSV)	89,154	82,195	86,777	80,760	97,121	86,881
Benefit/Cost Ratio	**4.14**	**3.60**	**3.82**	**3.44**	**4.81**	**3.63**
Economic Ranking of Options	**2**	**5**	**3**	**6**	**1**	**4**
B/C Ratio Margin below preferred	-14.1%	-25.2%	-20.7%	-28.5%		-24.6%
Benefit/Cost Switch Value	0.68	1.21	1.00	1.37	(0.68)	1.18

Table 45: Incremental Economic Impact and Benefit/Cost Ratio over BAU

This economic analysis indicated that:

- All options showed a positive Benefit Cost Ratio compared to Business as Usual (Option DN);
- Option C was identified as the preferred option, with a Benefit/Cost Ratio of 4.81, representing a margin of 14.1% over the second ranking Option A.

Sensitivity testing has been undertaken to assess the extent to which the key cost drivers would have to change differentially between options in order to switch economic preference.

This confirmed that:

- Since a common approach has been applied to the capital costing of all options, it is extremely unlikely that costs would change differentially at the levels needed to trigger switch values and change the economic preference;
- In revenue cost terms it is not likely that the differential cost changes needed to trigger switch values would materialise.

3.3.2 FBC Capital Costs

The FBC costs have been determined by the Trust's finance team, Interserve Construction Ltd and the Trust's Cost Advisors, WT Partnership in accordance with NHS requirements. A summary of the capital costs for the preferred option are shown in Table 46. A comparison of the capital costs at OBC and FBC is included in the Financial Case Section 5. The capital cost forms are included in Appendix 4.

	FBC £000's
Construction	23,441
Fees	3,719
Non-Works	143
Equipment & IM&T	1,743
Planning Contingencies	617
Total	**29,663**
Optimism Bias	297
Sub Total	**29,960**
Inflation	824
VAT	5,413
Total	**36,197**

Table 46: Capital Costs

3.3.3 FBC Revenue Costs

The revenue costs were reviewed and updated for the refreshed OBC during 2019 and have been further updated for FBC. They are summarised in the table below:

Revenue Costs at 2019/20 price base	FBC £000's
Baseline:	
Pay	49,126.0
Non-Pay	3,612.0
FM	1,355.0
Total	**54,093.0**
Additional Costs:	
Pay	5,156.2
Non-Pay	1,033.7
FM	940.0

Revenue Costs at 2019/20 price base	FBC £000's
Total	**7,129.9**
Forecast Costs:	
Pay	54.282.2
Non-Pay	4.645.7
FM	2.295.0
Total	**61.222.9**

Table 47: Revenue Costs for the Proposed Solution

3.3.4 Economic Appraisal

The economic analysis undertaken for the OBC has been updated to incorporate:

- Capital costs for the preferred Option C shown in Table 46;
- Capital costs for other options re-calibrated for indexation and cost shift from Optimism Bias and Contingencies to Works and On-costs;
- Provision for lifecycle costs for works and engineering elements based on standard NHS replacement cycles;
- Equipment lifecycle costs based on a 10 year replacement cycle;
- Revenue costs for the proposed solution, Option C incorporating the forecast costs detailed in the Financial Case, Section 5. These costs are broadly similar for the other development options;
- For BAU, cost estimates are based on the same assessment made in the OBC. An annual provision for lifecycle costs have been included for BAU.

Incremental Economic Impact in NPV terms	Option A	Option A2	Option B	Option B2	Option C	Option C2
	£000s	£000s	£000s	£000s	£000s	£000s
Incremental Costs:						
Capital	(25,127)	(31,770)	(26,187)	(33,001)	(26,411)	(32,159)
Risk	(8,547)	(11,504)	(7,610)	(10,418)	(1,949)	(4,495)
Total Incremental Costs	**(33,673)**	**(43,273)**	**(33,797)**	**(43,430)**	**(28,360)**	**(36,654)**
Incremental Benefits:						
Revenue	118,783	119,980	121,096	119,980	124,771	123,655
Risk	0	0	0	0	0	0
Incremental Benefits	**117,962**	**119,158**	**120,275**	**119,158**	**120,275**	**119,158**
Net Present Social Value (NPSV)						
Benefit/Cost Ratio	**3.52**	**2.77**	**3.57**	**2.76**	**4.40**	**3.37**
Economic Ranking of Options	**3**	**5**	**2**	**6**	**1**	**4**

Incremental Economic Impact in NPV terms	Option A	Option A2	Option B	Option B2	Option C	Option C2
B/C Ratio Margin below preferred	-20.1%	-37.1%	-18.8%	-37.3%		-23.3%
Benefit/Cost Switch Value	0.88	1.63	0.83	1.64	(0.83)	1.03

Table 48: Incremental Economic Impact and Benefit/Cost Ratio over BAU

3.3.5 Economic Sensitivity Testing – Short listed Options

Sensitivity testing has been undertaken to assess the extent to which the key cost drivers would have to change differentially between options in order to switch economic preference.

The table below shows the % changes that would be needed to either (a) initial capital costs or (b) the revenue cost of delivering activity and capacity requirements in 2023/24.

Change Required to Trigger Switch Values	Option A	Option A2	Option B	Option B2	Option C	Option C2
	£000s	£000s	£000s	£000s	£000s	£000s
Capital Cost change trigger £000	(4,182)	(10,144)	(4,202)	(10,869)	5,927	(7,163)
% of capital costs	-14.2%	-29.5%	-13.9%	-31.1%	19.8%	-20.9%
Revenue Cost change trigger £000	(842)	(1,974)	(824)	(2,063)	831	(1,255)
% of Revenue Cost Change 2023/24	-13.3%	-31.1%	-13.0%	-32.5%	13.4%	-20.3%

Table 49: Incremental Economic Impact and Benefit/Cost Ratio over BAU

This confirms that:

- Since a common approach has been applied to the capital costing of all options, it is extremely unlikely that costs would change differentially at the levels needed to trigger switch values and change the economic preference;
- In revenue cost terms it is not likely that the differential cost changes needed to trigger switch values would materialise.

3.3.6 Economic Sensitivity Testing – Option C vs BAU

Further sensitivity testing has been undertaken to assess the extent to which the key cost drivers would have to change differentially before Option C offered zero net benefits over BAU. This indicates that:

- Capital costs for Option C would have to increase by £5.9m (20%); or

- Revenue Costs for Option C would have to increase by £831k per annum (equivalent to 13.4% of the forecast additional Pay and Non-Pay costs for the option in 2023/24: or
- Revenue Costs for BAU would have to fall by £3.7m per annum (equivalent to 37% of the forecast additional Pay and Non-Pay costs for the option in 2023/24).

None of these scenarios is considered likely.

The FBC economic appraisal confirms that Option C is preferred. This option has been developed as the proposed solution

The Capital Investment Appraisal Model is included in Appendix 5.

4.0 Commercial Case

4.1 Procurement Strategy

The Trust has procured the design and construction of the proposed development through the Procure 22 (P22) Framework. A High Level Information Pack (HLIP) was prepared and the project launched on the Framework portal in June 2019. Five out of the six Principle Supply Chain Partners responded and attended an open day on 3rd July 2019 followed by formal interview on 25th July 2019 in accordance with the P22 process. The contract was awarded to Interserve Construction Limited in October 2019.

4.1.1 Contract Type

The Trust's intention during the development of the OBC to mitigate risk was to procure the development using a Bespoke PFI contract with the Trust's PFI partner, Skanska, for construction, project management and estates maintenance with all packages including design, construction and M&E to be procured from within the Skanska supply chain. Consequently Skanska were involved in the project up to OBC completion in November 2017. However, due to the high capital costs calculated during the development of the original OBC and the elimination of risk associated with a number of other Trust construction projects being on site at one time (Critical care, maternity), the Trust took the opportunity to review the procurement route with a view to obtaining better value for money. The Trust agreed to pursue Procure22 as an alternative procurement route given that the development will be located in Trust retained estate.

The P22 procurement process took place in 2019 with Interserve Construction Ltd being appointed in October 2019 as the successful PSCP on a NEC 3 ECC Option C Contract with P22 Amendments. The Trust will agree a Guaranteed Maximum Price (GMP) for this FBC See Section 5.1.2.

4.1.2 Risk Allocation

The following table indicates where the responsibility for risk lies between public and private sector.

Risk category	Potential allocation		
	Public	Private	Shared
Design Risk			✓
Construction and development risk			✓
Transition and implementation risk	✓		
Availability and performance risk			✓
Operating risk	✓		
Variability of revenue risks	✓		
Termination risks			✓
Technology and obsolescence risks			✓
Control risks	✓		
Residual value risks	✓		
Financing risks	✓		
Legislative risks			✓
Other project risks			✓

Table 50: Risk Allocation

Soft FM services will be provided and managed by the Trust.

Hard FM services are provided by Skanska Facilities Services as part of the PFI Contract.

4.1.2.1 PFI Contract Variations

Our existing PFI partners have been engaged in the pre – construction programme and working with our P22 partner on both the new build and refurbishment programme.

Discussions have also been held with Project Co around securing the necessary variations and permissions to undertake the construction programme and the proposed transfer back on completion, into the PFI contract.

As a result of these discussions, the Trust has agreed with the PFI management partner that two lots of variations and indemnity agreement are pursued that cover:

- Stage 1 of the construction programme – an agreed variation to cover the period of the enabling and new build works from mid-August 2020 thorough to July 2022;
- Stage 2 of the construction programme – an agreed variation to cover the more complex proposed refurbishment programme within the retained estate to cover the expected period of June 2022 thorough to November 2022.

The initial variation agreement to cover the main construction period has been agreed in principle and expected sign off from all our PFI partners and funders group is expected by in July 2020 in order to allow the proposed enabling work programme to proceed.

Assurance on the robustness of the service variation have been sought by external reviews of these proposed agreements through the Trust's PFI legal advisor.

4.1.3 Transfer of Undertakings (Protection of Employment) (TUPE) and Retention of Employment (RoE)

This procurement is for design and construction only and therefore TUPE and RoE do not apply to this project.

4.1.4 Proposed Solution

This project will re-develop the Emergency Department and associated acute care services and will support an integrated model of emergency and urgent care.

The project will enable staff to deliver new models of care in an environment that will be conducive to providing privacy and choice. The co-location of the ED and UTC with ambulatory emergency care, frailty and adult and paediatric assessment areas will promote service integration and development. Overall this scheme will enable the Trust and partners to provide high quality emergency and urgent care services to the population of Walsall and surrounding areas.

The proposed solution for the project involves the construction of a two-storey building connected to the existing Emergency Department. This will allow expansion of the existing footprint which together with reconfiguration of a proportion of the existing space will provide a new emergency department at ground level. This will be co-located at the same level with a new and expanded urgent treatment centre, ambulatory emergency care unit and frailty services (same day emergency services). The first floor of the new building will be used to provide new facilities for medical assessment and includes 744m^2 of shell space for future expansion.

The existing medical assessment unit (Wards 5 and 6) will be back filled with inpatient ward accommodation to provide additional bed capacity needed to support the transfer of patients from the Sandwell conurbation and support the flexing and management of beds across the Trust. This will allow the reduction in long waits in ED for those patients who need to be admitted thus improving outcomes.

The footprint of the new building will sit on an existing visitor car park adjacent to a single storey modular building (Ward 29) which is co-located with a hospital entrance. This

entrance provides the access route to the existing urgent treatment centre and non-emergency ambulance entrance to the hospital street (main corridor) for adjacent inpatient accommodation. This entrance will remain and will be served by a new access road located between ward 29 and the new urgent emergency care development.

Some relocation of external FM accommodation will also be needed.

The physical solution has an overall development zone of 6234m^2 which consists of:

- 4,890m^2 new build (fully fitted out);
- 744m^2 new build (shell space);
- 600m^2 existing accommodation with light touch refurbishment;

A further 900m^2 of existing accommodation will be repurposed with no refurbishment.
Site plans and elevation drawings showing the context of the development in relation to the hospital site are included in Appendix 6.

4.2 Activity

The project has been designed to deal with the Trust's activity projections to 2029/30 including activity transfers from the Sandwell conurbation associated with the opening of the new Midland Metropolitan Hospital. The resultant capacity has been derived from the activity projections and benchmarked against the relevant Health Building Notes and other similar projects.

4.3 Patient and Staff Flows

Patient and staff flows have been carefully considered and developed with the clinical and non-clinical teams and all other relevant stakeholders to minimise infection and ensure that patient privacy and dignity is protected during journeys within and outside the department with travel distances kept to a minimum.

The design has been assessed to ensure the building layout, access and flows can respond to allow separation of infected patients in the event of a resurgence of Covid19 or similar infection.

4.4 Functional Content

The functional content for the different elements of the Project is summarised in the following sections. A Schedule of Accommodation is included in Appendix 6 for all departments.

4.4.1 Emergency Department

The new Emergency Department will consist of the following facilities; all facilities will be located at ground floor level:

- Blue light ambulance drop off and entrance;
- Main entrance, waiting and reception including children's play area (shared with UTC);
- Rapid Assessment and Triage (RAT) bays;
- Triage;
- Resuscitation Cubicles (adults);
- Adults Treatment Rooms and Cubicles including isolation facilities;
- Mental Health crisis facilities;
- Imaging (3 digital X Ray, 1 x CT (shell space), 1 x Ultrasound);
- Bereavement facility and associated waiting and support;
- Clinical support space (clean and dirty utilities, POCT, storage);
- FM support rooms;
- Staff administration including facilities for major incident control room;
- Staff welfare;
- Decontamination facilities.

4.4.2 Paediatric Emergency and Assessment Area

This is a self-contained area within the new Emergency Department with the following facilities:

- Reception and waiting including play area;
- Emergency cubicles;
- Assessment and Treatment rooms;
- Beds (4 bedded bay and 1 High Dependency room);
- Resuscitation (collocated with adult resuscitation)
- Dedicated clinical and FM support spaces;
- Patient welfare facilities.

4.4.3 Urgent Treatment Centre (UTC)

The urgent treatment centre will be provided on the ground floor of the new building co-located with the new Emergency Department.

Facilities will include:

- Reception (shared with Emergency Department);
- Waiting including play area;
- Consulting and treatment rooms including mental health facilities;
- Clinical support;
- FM support rooms (shared with Emergency Department);
- Staff administration and welfare.

4.4.4 Acute Medical Unit (AMU)

This facility will be located on the first floor of the new building and will have lift and stair access to the ground floor and external access and egress points.

Facilities include 37 patient spaces as follows:

- Ambulance pick up and drop off (shared);
- Reception;
- Four bedded bays x 6 with ensuite shower and WC;
- Four bedded bay x 1 with ensuite shower and WC (High Dependency);
- Single rooms x 9 with ensuite shower and WC;
- Mental health room;
- Clinical and FM support rooms;
- Staff administration and welfare.

4.4.5 Ambulatory Emergency Centre (AEC)

This facility will be located in the existing ED, collocated with the frailty assessment service and will consist of:

- Ambulance pick up and drop off (shared);
- Reception and waiting (shared with frailty);
- Staff base;
- Assessment area including 4 consulting rooms;
- Isolation room;
- Treatment Area 1: 8 Chairs;
- Treatment Area 2: 6 Trollies;
- Patient welfare;
- Clinical and FM support rooms;
- Staff administration and welfare.

4.4.6 Frailty

This facility will be located in the existing ED collocated with AEC and will consist of:

- Ambulance pick up and drop off (shared);
- Reception and waiting (shared with AEC);
- Staff base;
- Treatment Areas x 2 (Chairs/trolleys)
- Procedure Room;
- Patient welfare;
- Clinical and FM support rooms;
- Staff administration and welfare.

4.4.7 Shell Space

To maximise the development site of the new facility 744m^2 of shell space has been provided at first floor level. This space will be provided with the necessary mechanical and electrical services infrastructure to support relocation of ambulatory emergency care and frailty services from the ground floor to the first floor to support continuing developments and demand for Same Day Emergency Care and to enable better collocation of these facilities with medical assessment facilities at a later date. This space has been planned to ensure that it can be accessed during fit out and will function as an integrated facility with the in-situ department.

This space is capable of supporting a further 13 patient spaces and the fit out will be funded out-with this business case.

Shell space has also been provided to enable the installation of a CT scanner (funded out-with) this business case.

The Trust do not anticipate the shell space being required for in-patient accommodation.

4.5 Design

4.5.1 Design Standards

New facilities will be built to latest Health Building Note and Health Technical Memorandum standards and has been benchmarked within the affordability envelope with best practise in the UK including recent Emergency Services projects in Leicester and Gateshead.

The repeatable room principles have been applied to the design of the facility with all treatment rooms being of similar size and layout allowing flexing. Standard components will be used in the construction wherever possible.

Where the Trust has derogated from these standards, the functionality of the room has been tested and signed off by Trust officers. A list of derogations is included in Appendix 6.

The quality of space will increase significantly for patients and staff allowing better access, adequate space to manoeuvre patients safely and to support control of infection.

Emergency department space includes many more individual rooms rather than cubicles, rooms with isolation facilities to allow separation of infected patients or to provide facilities for those patients who may need a quieter area. Bespoke facilities are also provided for patients with mental illness.

Accommodation for children and young people is built to the same standards and is integrated within the emergency department but positioned to allow allow separate flows.

The adult assessment unit will provide significantly more single rooms than the current facilities, all with ensuite toilet and shower facilities and bays will accommodate a maximum of four patients again with ensuite facilitating good gender segregation.

The development will support improvements in Trust performance against Carter metrics in terms of clinical to non -clinical floor area ratios and running costs/m^2 and PLACE scores.

The condition, quality and functional suitability of the new facilities will be A for new build and B for refurbished accommodation. Essential works associated with backlog maintenance will be addressed in the retained estate refurbishment with any outstanding works being addressed through business as usual processes.

4.5.2 Design Process

The design development from initial concept to detailed 1:50 room layouts has been undertaken in full consultation with clinical and non-clinical support teams and has included other stakeholders (Walsall Together, Urgent Care Service providers, Clinical Commissioning Group, West Midlands Ambulance Service, Social Services, Mental Health and Community Teams) as appropriate. A series of workshops, with full clinical engagement, have been held from January to May 2020 to gain maximum input to the design proposals. This has included the involvement of patients (adults and children) and carers.

4.5.3 Design Review

A structured assessment using the Design Assessment Toolkit (DAT) was undertaken in May 2020 and involved all design team members and Trust representatives from the relevant clinical and non-clinical services. Due to Covid19 restrictions this exercise has been conducted remotely using Survey Monkey. The results of the assessment are awaited and are to be included in Appendix 7.

4.5.3.1 Security

The design proposals for the project have undergone Secured by Design assessment in association with West Midlands Police and Counter Terrorism representatives.

Secured By Design (SBD) is the UK Police flagship initiative supporting the principles of "designing out crime" through the use of effective crime prevention and security standards for a range of applications. SBD is owned by the Association of Chief Police Officers (ACPO) and is supported by the Home Office and the Planning Section of Communities and Local Government (CLG), as well as many Local Authorities across the UK.

A certificate of compliance will be issued on completion of construction.

4.5.4 Sustainability and Building Research Establishment Environmental Assessment Method (BREEAM)

The Trust is in the process of reviewing its Sustainability and Carbon Reduction Strategy document but ahead of this has implemented a number of new carbon reducing, low energy schemes to improve energy efficiency.

A Building Research Establishment Environmental Assessment Method (BREEAM) pre-assessment was undertaken in December 2019 led by a qualified assessor from BDP which showed the score to be a borderline very good/excellent. Since then amendments have been made to the mechanical and electrical infrastructure which should allow the project to achieve an excellent rating. The project details have now been submitted to the Building Research Establishment (BRE) for an Intermediate Assessment, the results of which are expected in June 2020. These results will be included in Appendix 8.

4.5.5 Mechanical & Electrical (M&E) Services

Following the appointment of the PSCP, the strategy for M&E services has been revised. The original plan and the plan articulated in the OBC was to link in to the existing site infrastructure. However, due to concerns regarding site resilience and capacity of the site infrastructure to support this new development, the M&E strategy will now be a stand-alone

provision for energy sources and all mechanical & electrical services and will now only connect back into the existing retained estate to support medical gases, fire alarm services ICT and telecoms, pneumatic tube and Building Management Systems. The new building will be supported by a new dedicated generator.

These new services will provide robust and resilient services to support the new development.

The new build emergency department will be required to meet the 2013 Building Regulations and achieve a BREEAM rating of "Excellent". The following passive and energy efficiency measures have been taken into consideration:

- High thermal performance insulation and windows;
- High efficiency LED lighting;
- Advanced lighting control including daylight sensing and automatic dimming;
- High efficiency boiler plant, cooling plant and other engineering services;
- Heat recovery on building ventilation plant;
- Photovoltaic panels.

The new build emergency department will be designed with these energy efficiency measures and to limit the effects of solar gains in summer in order to minimise the regulated building energy consumption and ensure the calculated Building CO_2 Emission Rate is 15% lower than the Target CO_2 Emission Rate required by the 2013 Building Regulations. The current design achieves a Building Emission Rate for regulated energy of 49.7kgCO_2/m^2, relative to the calculated Target Emission Rate of 58.5kgCO_2/m^2.

4.5.6 Future Flexibility

Flexibility is paramount to the sustainability of the service and with this in mind the following have been incorporated into the scheme to allow future flexibility:

- Co-location of Emergency Department and Urgent Treatment Centre cubicles to allow flexing of accommodation either way to reflect any changes in activity type;
- Co-location of adult and paediatric resuscitation;
- Capacity to support projected activity changes to 2029/30;
- Sufficient capacity and capability to support separation of access and flows and isolation in the event of a resurgence in Covid19 or similar infections;
- First Floor shell space for further enhancement in future Ambulatory Emergency Care provision;
- Sufficient space in retained estate to allow the rapid assessment and treatment area to move into this area providing more cubicles for majors;

- Repeatable rooms meaning all rooms are similar in size and layout allowing flexing across acuities and services as necessary;

4.5.7 Fire Safety

The project has been developed with the full involvement of the Trust's Fire Officer. The scheme is designed to comply with Fire Code. Two new bed lifts will be provided to serve the first floor of the new development, both of which will be designated evacuation lifts due to the limited availability of horizontal evacuation in the event of a fire.

4.5.8 Infection Prevention

A representative from the Trust's Infection Prevention Team has been involved in the design workshops held to date. The development has been designed in compliance with HBN 00-09 Infection Control in the Built Environment. Additional assurance has been given by the Infection Prevention Team that the access and flows and functionality within the new development are capable of supporting Covid19 protocols.

4.5.9 Government Construction Strategy 2016 – 2020

The Trust working with the selected P22 partner will promote compliance with the Governments Construction Strategy 2016-2020 as follows:

- Value for money throughout the design and construction process has been ensured through continual monitoring of the design through the cost plan and robust market testing and employing value engineering as necessary to provide an affordable solution;
- Benchmarking has been used for capital cost comparisons and KPIs will be measured against the sustainable development report. The design has been assessed using BREEAM, Secured by Design, DAT and against P22 KPIs;
- Reducing carbon emissions through the installation of improved technologies and environmental targets as set out in the BREEAM assessment;
- Using Building Information Modelling (BIM) Level 2 to avoid design conflict and reduce risk and cost during construction and the operational phase;
- Utilising a 'soft landings' approach to ensure that the future running and maintenance of the new facilities is cost effective.

4.5.10 Consumerism

Table 51 outlines how the project intends to address the Department of Health consumerism requirements.

Consumerism Requirement	Compliance	Comment
Acceptable levels of privacy and dignity at all times	✓	Cubicle and room sizes, single gender areas
Gender specific day rooms	N/A	No day rooms provided due to type of accommodation
High specification fabric/finishes to reduce lifecycle costs	✓	P22 standard components will be used where possible
Natural light and ventilation	✓	All patient bed & chair areas to have natural light. Staff offices and rest areas to have natural light. Due to the nature of the scheme, the design provides for a fully ventilated building
Zero discomfort from solar gain	✓	
Dedicated storage space (housekeeping and user safety)	✓	In accordance with HBN. Satellite storage in clinical areas supported by main stores in the retained estate.
Dedicated storage for waste awaiting periodic removal	✓	Disposal Hold serving the building supported by dedicated dirty utilities
Inpatient bed configurations of >50% single rooms	N/A	
Single ensuite	✓	Single ensuite rooms are provided in AMU at an appropriate level
>5 bed bays with separate ensuite WC and shower	✓	All bedded areas maximum of 4 beds with dedicated ensuite
3.6 metre bed centres	✓	In accordance with HBN
Single sex washing and toilet facilities	✓	Bed areas
Safe and accessible storage of belongings and cash	✓	
Immediate patient access to call points for summoning assistance	✓	All bedded/chaired areas, all ED and UTC cubicles, treatment rooms and WC's and showers
Patient control of personal ambient environmental temperatures	✓	Zonal control
Lighting at bedhead conducive to reading and close work	✓	All bedded/chaired areas
Patient bedside communication and entertainment systems	✓	To be provided by traditional methods as opposed to proprietary system
Elimination of mixed sex accommodation	✓	All bed areas will be assigned to a single gender with ensuite facilities. All sub waits where patients are in gowns will be assigned to a single gender.

Table 51 Consumerism Standards

Nursing representatives at all levels have been involved in the design development and sign off processes. The Divisional Nurse representatives at Project Board have signed off the

designs in terms of compliance with key privacy and dignity, including single sex, requirements.

4.6 Planning

Dialogue with the Local Authority Planning Department regarding this project commenced in August 2017 when a positive response to the proposals was received. Dialogue was recommenced on appointment of the PSCP in October 2019 and has continued throughout the development of this Business Case. The Trust has been working with Savoy Consulting, Travel Planning Consultant to undertake the necessary assessments required as part of the Planning Submission and in line with the Trust travel plan. A submission for Full Planning Approval was submitted for the development on 27th March 2020 with approval originally expected in July, 2020. Recent discussions with the Local Authority have resulted in the issue of two Section 106 notices, one requiring an archaeological survey of the carpark area (footprint of the development) due to interest in the old moat and the second requiring an updated travel plan (due to reductions in parking) which demonstrates mitigation measures to reduce any impact on surrounding residential streets. The timing of these notices could result in only conditional approval being received in July 2020 and full approval not being received until a later date. The Decision Notice will be included as Appendix 9.

4.7 IM&T

The future clinical models require the re-design of IM&T systems used in the delivery of the Emergency and Urgent Care Services. The changes required will facilitate service integration and efficiency through removing double entry of patient data, other duplication and supporting paper free patient records as described in Section 2.19. Some of these initiatives are being provided through Trust wide initiatives e.g. EPR and others will be supported by the Digital Aspirant Programme funding received by the Trust in 2019.

IM&T infrastructure is included in the capital costs for the project. Hardware and software costs are included in the equipment costs.

The intention is to implement some of the new systems ahead of the building project being completed to enable familiarity with the software and ensure resilience of the system. This has been accounted for in the cash flow profile of the capital costs.

4.8 Equipment

In planning for this project, the Equipment Work Stream has worked closely with the clinical and support divisions of the Trust, the Head of Clinical Engineering and Architects to ensure

that the most appropriate technology will be incorporated into the new building ensuring efficiencies and sustainability for the organisation.

The key tasks which have been addressed are as follows:

- Identifying the required equipment for the new facilities including:
- Transfer of existing equipment where possible;
- The need for new equipment where capacity has increased;
- The need for new equipment where the life cycle of existing equipment indicates that the equipment will need replacement during the construction period of the project i.e. during years 2020/21 and 2022/23;
- Ensuring affordability against budget;
- Planning of procurement procedures;
  - Identification of the those items of equipment where preparation of specifications and tenders are required;
  - Scheduling of ordering and deliveries; and,
- Preparation of commissioning plan of complex equipment, and co-ordination of staff training.

Equipment for the new facilities has been categorised as follows:

- Group 1 - Equipment itemised in the building specification to be supplied and fitted by the PSCP or sub-contractor;
- Group 2 - Equipment supplied by the Trust which is to be fitted in the new building by the PSCP or their sub-contractor. This includes fixed furniture and fixtures;
- Group 3 - Equipment supplied by the Trust, and installed by the Trust or a Trust sub-contractor.

All equipment has been compiled from detailed room layouts (1:50 drawings) and room data sheets bespoke to the project.

Group 1 equipment will be identified by Interserve and will be included in the works costs (GMP) for the project.

Group 2 and 3 equipment is identified in the Equipment Schedule in Appendix 10 and costs are identified separately in the capital costs forms.

Any additional recurring maintenance costs for additional equipment has been included in the revenue costs.

All equipment will be funded by the capital approved for this project with the following exceptions:

- CT Scanner – purchased through Trust discretionary capital to coincide with the relevant project construction phase;
- 1 x digital X Ray – purchased within BAU life cycle replacement protocols.

The Trust will own and maintain all equipment associated with this project. The programme for equipment procurement has taken account of time to develop specifications, trialling equipment, tendering and lead times to delivery. Equipment procurement and delivery to site will be phased to coincide with the construction phases.

There will be items of equipment procured by the Trust which will require fitting by the contractor and/or others and the necessary arrangements regarding delivery and access (where necessary) will be put in place to agreed timescales.

4.9 Equality Impact Assessment

The Trust undertook an Equality Impact Assessment for the project at OBC. This has been reviewed as necessary for FBC and is included as Appendix 11.

4.10 Estates Strategy

The Trust has a Trust Board approved Estates Strategy document to 2018. A supplementary document was produced in 2016 and updated in 2017 to reflect changes within the Trust to 2020. See Appendix 21. This project is a key component of this strategy.

The Trust is currently updating its Development Control Plan for the Manor Hospital site to take account of all new developments, planned future developments and any changes undertaken or planned relating to Covid19.

The project is prioritised in the STP estates strategy. The STP Estates Strategy Checkpoint Return is included in Appendix 22.

4.11 Construction

The estimated construction period for the project is 28 months with a planned start on site date for enabling works in August 2020. This will be followed by the new build element which will commence following approval of this business case allowing the new ED and AMU to be operational from July 2022 and all works completed by November 2022. A period of four weeks has been allowed for handover and operational commissioning of the new build element of the project.

4.11.1 Phasing

As part of the scheme involves reconfiguration of the existing department for some of the emergency services accommodation, correct phasing of the scheme is crucial to ensure continuation of a 24/7 service throughout the development, with minimum disruption to service and no impact on patient and staff safety.

A phasing plan for construction has therefore been developed which meets these constraints. This phasing plan is included in the detailed project programme in Appendix 12, summarised in Table 52.

Phase	Date	Component
1	August 2020 – October 2020	Mobilisation – Enabling / External Works
2	October 2020 – July 2022	New Build
3	July 2022 – November 2022	Refurbishment of Existing ED

Table 52: Phasing Programme

5.0 Financial Case

5.1 Capital Costs

The purpose of this section is to set out the financial implications of the preferred option identified in the Economic Case and the proposed deal as described in the Commercial Case.

The capital costs of the preferred option total £36.197m including inflation. The capital cost breakdown is summarised in Table 53.

Capital cost forms for the preferred option are included in Appendix 4.

	Capital costs £000's
Construction (including -3.75% location adjustment)	23,441
Fees	3,719
Non-Works	143
Equipment & IM&T	1,743
Planning Contingencies	617
Total	**29,663**
Optimism Bias	297
Sub Total	**29,960**
Inflation	824
VAT	5,413
Total	**36,197**

Table 53: Capital Costs

Table 54 shows a comparison of capital costs at OBC and FBC.

	OBC £000's	FBC £000's
Construction	17,870	23,441
Fees	2,681	3,719
Non-Works	143	143
Equipment & IM&T	1,743	1,743
Planning Contingencies	894	617
Total	**23,331**	**29,663**
Optimism Bias	3,205	297
Sub Total	**26,535**	**29,960**
Inflation	5,151	824
VAT	4,511	5,413
Total	**36,197**	**36,197**

Table 54: Capital Costs at OBC and FBC

Inflation has been calculated using PUBSEC indices 265 and projected to mid-point of construction (Quarter 3 2021) for FBC.

5.1.1 Changes since OBC

The scheme has experienced capital cost pressures since the OBC submission through the development of P22 pre construction work programme. In summary, the ongoing design development process has raised the following key issues that has changed a number of key OBC assumptions.

The key assumption areas of change are:

- The need for stand-alone supporting infrastructure for future new build energy sources and the inclusion of all mechanical & electrical services to ensure it can function as a standalone block, only connecting back into the existing retained estate to support medical gases, fire alarm services and Building Management Systems. This assessment outcome was a different assumption to the OBC planning assumption that has required an additional cost of £1.2m to be included in project plans;
- The scale of the new build has resulted in additional steps required to maintain the number of existing car park spaces around the hospital site. The full works programme of complete car parking replacement would have incurred £0.8m additional costs that was not included in the OBC. In order to remain with our affordability envelope, short term solutions to replace car parking have focused solely on the replacement of the visitors spaces lost at a cost of £0.2m;
- The footprint and associated design layout which is feasible within the plot of land available has created additional costs and resulted in a need to undertake value re-

engineering exercise to reduce the cost plan by £3m and need to consider phased development of our first floor in order to remain within the capital envelope;

- Underground survey work has highlighted a larger requirement for piling strategy for the new build and potential level of hazardous waste will potentially incur larger cost programme of enabling works;
- Overall change in the construction cost indexes since the OBC is also apparent in the cost per square metre that benchmarks in the current average range but is more than 13% higher than that envisaged in the previous timing for the construction period of the OBC.

The overall impact of these cost pressures has resulted in the Trust examining the scope for additional capital sources to supplement the existing £36.2m allocation to help fund the critical stand-alone infrastructure plant requirements and safeguard the availability of visitors car parking spaces totalling £1.4m.

Whilst there has been some movement in the elemental breakdown of the capital costs, shown in Table 53 mainly associated with a movement of risk and optimism bias funding into the works costs, the total cost and therefore request for funding remains the same as the figure submitted in the refreshed OBC in March 2020.

The assumptions applied at OBC and FBC are summarised in Table 55

	OBC	FBC
PUBSEC Index	195	265
Design Fees (including Trust cost impact)	15%	15.87%
Non-Works	£143,000	£143,000
Equipment & IM&T	Costed equipment schedule	Costed equipment schedule
Planning Contingencies	3.98%	2.13%
VAT (excluding fees)	20%	20%
VAT recovery	£98,000 (estimate)	**0**
Optimism Bias	13.74%	**1%**
Inflation	Midpoint of construction	Midpoint of construction (Q3 2021)

Table 55: Capital Cost Assumptions at OBC and FBC

5.1.2 Guaranteed Maximum Price

The Guaranteed Maximum Price, or 'target price' as defined in the NEC3 contract, is the maximum price payable by the Client for the works as agreed at the time that the Stage 4 documentation is engrossed, subject to increase or decrease by accepted variations (Compensation Events) during the works .

P22 is an incentivised process by the introduction of a pain/gain mechanism within stage 4.

'Market testing' works packages after the agreement of the GMP without any changes to the design or specification will cause 100% of the savings to be returned to the Client as provided for by P22 Z clauses.

A Guaranteed Maximum Price (GMP) will be agreed with Interserve Construction Ltd for this project. The GMP is expected to be finalised by 10th July 2020. At this stage the detail of the GMP elements will be provided. The assumption is that the GMP will be within the preliminary figures produced by Interserve to inform the FBC capital costs detailed in Table 53.

5.1.3 Risks

Interserve are currently in the process of procuring the separate work packages in readiness for construction to inform the GMP. Given the current circumstances relating to Covid19, there is uncertainty about pricing levels and/or whether the market is in a position to respond. This presents a potential risk to the achievement and delivery of the GMP within the proposed timescales although the current response is positive with 50% of tenders returned being within the expected range.

5.1.4 VAT

No allowance for VAT recovery has yet been included for refurbished areas contained in the development. Advice in this regard is awaited from the DHSC VAT advisor.

5.1.5 Funding Arrangements

The Trust is anticipating the award of PDC to fully cover this cost. The reasoning behind this assumption is that the scope for the development is over and above the capacity required for Walsall but is a necessity to meet the future demands following reconfiguration of acute hospital services within the Black Country and West Birmingham STP and specifically the relocation of services to the new Midland Metropolitan Hospital in 2022.

Under the requirements of PDC allocation the Trust would ordinarily repay an annual dividend calculated at 3.5% based of the average of net relevant assets. As a result of the Trusts PFI liability on the current balance sheet, effectively creating a negative position, the Trust avoids the payment of this PDC dividend. To meet the new requirements of IFRS 16 on Leases from 2021/22 a number of the trust's operational leases may be accounted for as on balance sheet. This could increase asset values.

If the Trust has to borrow this funding it would be required to repay interest on the loan at 1.5% per annum.

The existing emergency services provision on the Walsall Manor Hospital site includes an Urgent Treatment Centre (UTC) for which rental is recharged to Walsall CCG. The new development includes a larger area to accommodate increased capacity, due to the CCG's closure of the town centre Walk in Centre and intention to focus services on the Manor Hospital site. The revenue case includes increased rental income for the larger UTC facility.

There are no land disposals associated with the project.

5.1.6 Trust's Five Year Capital Plan

The following table details the Trust's 5-year capital programme, which shows the Trust's intention to proceed with this development with capital allocation included in the financial plans from 2019/20 to 2022/23.

	2019/20 Fcast (M10 PFMS Adj Emergency Department figure to bus case)	2020/21 Plan	2021/22 Plan	2022/23 Plan	2023/24 Plan	2019/20-2023/24 5 Year Plan
	£000s	£000s	£000s	£000s	£000s	£000s
Planned Capital Expenditure						
Backlog Maintenance	636	560	1,654	1,644	1,562	6,056
Medical equipment	491	1,001	1,131	1,270	1,032	4,925
IM&T Replacement	276	240	600	700	600	2,416
IM&T Other		100	100	100	100	400
EPR	1,561	1,140				2,701
Emergency Department	1,078	17,272	17,425	422		36,197
PFI Lifecycle	654	691	1,096	1,359	1,316	5,116
Donations		100	100	100	100	400
Lifecycle maintenance	2,845	652				3,497
Leases			6,190			6,190
CT Scanner & Mammography	1,012					1,012
Maternity Development - Internal Funding	1,718					1,718
HSLI	500					500
Digital Aspiration	750					750
Scheme 20						0

	2019/20 Fcast (M10 PFMS Adj Emergency Department figure to bus case)	2020/21 Plan	2021/22 Plan	2022/23 Plan	2023/24 Plan	2019/20-2023/24 5 Year Plan
	£000s	£000s	£000s	£000s	£000s	£000s
Gross Capital Expenditure (including IFRS impact)	11,521	21,756	28,296	5,595	4,710	71,878
Less IFRIC 12 capex	(654)	(691)	(1,096)	(1,359)	(1,316)	(5,116)
Gross Capital Expenditure (excluding IFRS impact)	**10,867**	**21,065**	**27,200**	**4,236**	**3,394**	**66,762**
Funded by:						
Planned Total Depreciation	6,863	8,163	6,601	7,025	6,874	35,526
Cash Reserves - 17/18 I&E Surplus attributed to Capex (exc. gain/loss on disposals)						0
Cash Reserves - Gain on Disposals (NBV recognised below for CDEL purposes)						0
Cash Reserves - Adjustment for Loss on Disposals (NBV recognised below for CDEL purposes)						0
Cash Reserves - cash available to Trust from previous years and recognised in opening cash balances	0	0	0	0	0	0
Cash Reserves - Other	0					0
Unspent Capital Loan drawn down in PYr to fund capex						0
Capital PDC (Approved)	4,110					4,110
Capital PDC (Pending Approval/future applications)		17,272	17,425	500		35,197
Capital PDC (**Included in this application**)	0					0
Capital Investment Loan funding (Approved)	4,712					4,712
Capital Investment Loan funding (Pending Approval)						0
Capital investment loan funding - new Interim DHSC emergency capital requests (pending approval)		840	2,500	2,500	2,500	8,340
New lease liability (borrowings)			6,190			6,190
Other Capital Loan funding e.g. London RE:FIT/Salix						0
Other Capital Commitments to be funded from Trust Capital Funding Sources						

	2019/20 Fcast (M10 PFMS Adj Emergency Department figure to bus case)	2020/21 Plan	2021/22 Plan	2022/23 Plan	2023/24 Plan	2019/20-2023/24 5 Year Plan
	£000s	£000s	£000s	£000s	£000s	£000s
Less capital element of payments relating to IFRIC 12/PFI schemes	(3,990)	(4,157)	(4,058)	(4,068)	(4,302)	(20,575)
Less capital element of payments relating to Finance Leases	(654)	(691)	(1,096)	(1,359)	(1,316)	(5,116)
DH Capital Investment Loan Repayments	(274)	(462)	(462)	(462)	(462)	(2,122)
Other Capital Loan repayments e.g. London RE:FIT/Salix						0
Total Sources	**10,767**	**20,965**	**27,100**	**4,136**	**3,294**	**66,262**
Grants/Donations/Disposals						
Net Book Value of Non Current Assets Disposed Of to NHS and non-NHS Orgs						0
Grants and Donations	100	100	100	100	100	500
Total Grants/Donations/Disposals	**100**	**100**	**100**	**100**	**100**	**500**
Total Capital Cash Financing	**10,867**	**21,065**	**27,200**	**4,236**	**3,394**	**66,762**
Total Capital Cash Financing Available minus Gross Capital Expenditure (excl. IFRS Impact)	**0**	**0**	**0**	**0**	**0**	**0**

Table 56: Five-year capital programme

5.2 Revenue Costs

5.2.1 Financial Plan

Table 57 below shows the Trust's financial position over a 5 year period. The table presents a plan to achieve a breakeven position in 2019/20 and each year throughout the 5 year period. The only exception being 21/22 due to potential impairments. The control total has been achieved (pre-audit) in 19/20. This table is based on the financial regime and PSF/FRF position pre the announcements in regards to the financing changes moving loans to equity.

STATEMENT OF COMPREHENSIVE INCOME	Forecast Outturn	Draft Plan	Draft Plan	Draft Plan	Draft Plan
	2019/20	2020/21	2021/22	2022/23	2023/24
	£m	£m	£m	£m	£m
Patient Care Income	241.6	247.9	255.7	270.2	277.7
Other Operating Income	14.2	19.5	19.7	16.5	16.8
PSF/FRF/MRET	18.4	16.2	13.3	10.3	7.2
Total Income	**274.2**	**283.6**	**288.7**	**297.0**	**301.7**
Total Operating Expenses	**(263.3)**	**(272.8)**	**(283.4)**	**(285.8)**	**(290.3)**
Operating Surplus / (deficit)	10.9	10.8	5.3	11.2	11.4
Adjustment for Impairments			5.8		
Adjustment for Depreciation	6.9	7.0	7.1	7.4	7.6
Adjustment for donated asset income	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)
EBITDA	17.7	17.7	18.1	18.5	18.9
EBITDA margin	7.3%	7.1%	7.1%	6.9%	6.8%
Non-Operating income					
Gain/(loss) on asset disposals					
Other Non-Operating income					
Non-Operating expenses					
Impairment Losses (Reversals) net			(5.8)		
Total Depreciation & Amortisation	(6.9)	(8.2)	(7.1)	(7.4)	(7.6)
Interest expense on overdrafts	0.1	0.1	0.1	0.1	0.1
Total interest payable on Loans and leases	(10.6)	(10.8)	(11.0)	(11.2)	(11.5)
PDC Dividend					
Other Non-Operating expenses					
Net Surplus/(Deficit)	**0.4**	**0.1**	**(5.6)**	**0.1**	**(0.0)**
Net margin	*0%*	*0%*	*-2%*	*0%*	*0%*

Table 57: Trust Financial Plan 2019/20 to 2023/24

The above is a draft financial plan shared with the STP in autumn 2019. With the ongoing challenge of combating Covid19, nationally the NHS has moved to block contracting arrangements and further developments of the contracting items are expected.

5.3 Affordability

5.3.1 Revenue

The following table shows the revenue costs for the departments affected by the development.

Revenue Costs at 2019/20 price base	FBC £000's
Baseline:	
Pay	49,126.0
Non-Pay	3,612.0
FM	1,355.0
Total	**54,093.0**
Additional Costs:	
Pay	5,156.2
Non-Pay	1,033.7
FM	940.0
Total	**7,129.9**
Forecast Costs:	
Pay	54.282.2
Non-Pay	4.645.7
FM	2.295.0
Total	**61.222.9**

Table 58: Revenue Costs

5.3.2 Changes since OBC

The following tables shows the changes in revenue costs since OBC. This is due to an a change of scope in terms of the addition of the paediatric assessment unit and an increase in the quantum of dedicated imaging which has also accounted for an increase in area.

ED Revenue Costs at 2019/20 price base	OBC £000's	FBC £000's	Change £000's
Baseline:			
Pay	39,385.0	49,126.0	9,741.0
Non-Pay	2,216.0	3,612.0	1,396.0
FM	552.5	1,355.0	802.5
Total	**42,153.5**	**54,093.0**	**11,939.5**
Additional Costs:			
Pay	4,060.2	5,156.2	1,096.0
Non-Pay	288.3	1,033.7	745.4
FM	633.7	940.0	306.3
Total	**4,982.1**	**7,129.9**	**2,147.8**

ED Revenue Costs at 2019/20 price base	OBC £000's	FBC £000's	Change £000's
Forecast Costs:			
Pay	43,445.2	54.282.2	10,837.0
Non-Pay	2,504.3	4.645.7	2,141.4
FM	1,186.1	2.295.0	1,108.9
Total	**47,135.6**	**61.222.9**	**14,087.3**

Table 59: Forecast Revenue Costs OBC and FBC

The proposed solution has a favourable effect on the Trust's income & expenditure, delivering a positive contribution to other indirect and overhead charges.

Table 60 provides a summary of the Trust's full year income and expenditure from 2020/21 and includes the impact of the development. The forecast to 2024/25 is based on 2019/20 price base but with an adjustment to income for activity growth based on a 1.32% net increase.

The assumption is that future increases for inflation are offset by the CIP requirement.

	20/21	21/22	22/23	23/24
	£000s	£000s	£000s	£000s
Additional Income	**388**	**759**	**7,552**	**9,541**
Summary of Additional Expenditure				
Pay Expenditure				
Medical		(350)	(1,852)	(2,002)
Nursing		(355)	(1,877)	(2,029)
Other		(142)	(1,607)	(1,737)
Subtotal Pay		*(847)*	*(5,336)*	*(5,768)*
Non-pay Expenditure				
Clinical			(722)	(963)
Estates			(246)	(328)
Equipment Maintenance			(53)	(71)
Subtotal Non-Pay	*0*	*0*	*(1,021)*	*(1,362)*
Total Expenditure	**0**	**(847)**	**(6,357)**	**(7,130)**
Contribution excluding capital charges	**388**	**(89)**	**1,195**	**2,411**
Capital Charges			(1,017)	(2,033)
Non Recurrent Costs	(23)	(221)	(123)	
Total Contribution	**365**	**(310)**	**56**	**378**

Table 60: Impact of the development on Trust's Income and Expenditure

The deficit in 2021/22 is due to recruitment of clinical staff ahead of the step change in activity to allow for training and induction of staff. This deficit is offset by the positive contribution in 2020/21 assuming normal growth in ED attendances which will be absorbed within the baseline staffing models in 2020/21. The non-recurrent costs identified include recruitment team (3.5 WTE staff) to support the recruitment campaign and non-pay costs associated with recruitment including advertising and relocation costs. Non recurrent costs are also included to provide some additional support from the IT team to embed some of the new IT systems ahead of the new development.

5.3.2.1 Financial Risks

It is assumed that there will be minimal 'walk in' attenders from the Sandwell conurbation. It is also assumed that any Sandwell patients admitted from their emergency department attendance in Walsall will be repatriated on discharge and therefore no follow up outpatient attendances or other treatment will take place on the Manor Hospital site after discharge.

If either of these assumptions are incorrect, whilst the Trust will potentially have the physical capacity to cope with additional activity on opening the new facility it will not have the manpower resources to staff any additional capacity requirement. Consequently the planning assumptions and income flow may need review post the opening of MMH.

5.3.3 Capital charges and estimate of impairment

An analysis of capital cost is provided in Table 53. The calculation of the capital charge is as follows. This currently assumes no impairment.

	Estimate Asset Value Following Impairment	Depreciation	Return on Assets 3.5%	Total
	£'000s	£'000s	£'000s	£'000s
Building (based on 60 years)	33,975	566	1,189	1,755
Equipment (based on 10 year life)	2,092	209	73	282
TOTAL	**36,067**	**775**	**1,262**	**2,038**

Table 61: Capital Charges

The level of impairment will be subject to expert determination at the time of occupation by the Trust

5.4 Workforce

A summary of the workforce changes required to support the development are shown in the following table.

Department	Staff Type	Baseline WTE	Planned budgeted WTE 2022/23	Difference WTE
Emergency Department	Medical	56.59	65.41	8.82
	Nursing	95.22	110.92	15.70
	Administration	31.44	35.08	3.64
	Sub Total	**183.25**	**211.41**	**28.17**
Acute Medical Unit	Medical	24.85	31.32	6.47
	Nursing	69.08	66.47	-2.61
	Administration	6.49	8.04	1.55
	Sub Total	**100.41**	**105.82**	**5.41**
Ambulatory Emergency Care (including Frailty)	Medical	16.97	18.79	1.82
	Nursing	22.90	28.46	5.56
	Other	1.00	1.00	0.00
	Administration	2.47	2.47	0.00
	Sub Total	**43.34**	**50.73**	**7.39**
Paediatric Assessment Unit	Medical	8.29	10.80	2.50
	Nursing	18.88	21.49	2.61
	Administration	1.40	3.07	1.67
	Sub Total	**28.57**	**35.35**	**6.78**
Paediatric Ward	Medical	8.29	10.80	2.50
	Nursing	34.91	37.51	2.60
	Administration	14.17	16.37	2.20
	Sub Total	**57.38**	**64.68**	**7.30**
Adult Inpatient Ward	Medical	0.00	3.60	3.60
	Nursing	0.00	31.44	31.44
	Administration	0.00	0.00	0.00
	Sub Total	**0.00**	**35.04**	**35.04**
Clinical Support Staff	Imaging	46.56	59.60	13.04
	Pathology	0.00	0.65	0.65
	Pharmacy	8.70	9.16	0.45
	Therapies	13.08	13.77	0.69

Department	Staff Type	Baseline WTE	Planned budgeted WTE 2022/23	Difference WTE
	Sub Total	**68.34**	**83.18**	**14.84**
Non-Clinical Support	Facilities Management	32.43	62.61	22.04
	Sub Total	**32.43**	**54.47**	**22.04**
Total		**513.71**	**640.68**	**126.97**

Table 62: Workforce Changes

A detailed breakdown of staffing changes by type is provided in Appendix 13.

The staffing implications for the business case reflects an increase from the current baseline as a result of:

- Increased emergency department and inpatient activity (MMH transfer of activity);
- Increased emergency department activity as a result of local growth (taking into account demand management initiatives.

New roles and skillsets provide the foundation of the workforce reviews that have been carried out across services, with RCEM, RCP and RCPCH best practice incorporated.

The future workforce model is in line with guidance from the Royal College of Physicians (Guidance on safe medical staffing, July 2018), Emergency Care Intensive Support Team and the Safer Nursing Care Tool.

There is significant emphasis on a modernised workforce model, with over 127 wte new posts including:

- Greater consultant-delivered care;
- Advanced Care Practitioners;
- Physicians Assistants;
- Emergency Care Assessment Practitioners/Paramedics;
- Team Leader Roles;
- Nurse Associates.

Posts such as ACPs and Nurse Associates will provide significant opportunity for career progression supporting recruitment and staff retention.

The ability to recruit to the increased numbers of staff identified and the ability to attract the right calibre of staff is vital to the success of the project both financially to reduce the requirement for premium payments linked to employment of agency staff and operationally

to ensure quality of service provision. Therefore a robust recruitment strategy has been put in place to ensure that the required staffing is available and the necessary training has taken place in readiness for the opening of the new facility. This strategy will be supported by a dedicated recruitment team engaged to manage this process and will be supported by the Valuing Colleagues programme outlined below. The Trust will link with external agencies and organisations to ensure that all jobs are accessible to the people of Walsall.

Details of the Workforce Strategy and Recruitment Plan are included in Appendix 14.

5.4.1 Valuing Colleagues

The Trust has an ambition to be "Outstanding" by 2022 and as part of the ongoing work to support this a Valuing Colleagues workstream is due to commence in June 2020 building on previous work undertaken to develop the Trust values. The Trust is aiming to be an inclusive organisation which lives its organisational values at all times (Respect, Compassion, Professionalism and Team Work).

Valuing Colleagues will be a 3 year programme of work which should be entering its 3rd year phase at the point of the new emergency facilities opening.

The key areas of focus are:

- Leadership, Culture and Organisational Development

Key elements within this area includes specific actions in relation to equality, diversity and inclusion, the values and behaviours displayed at all levels in the organisation and giving employees a voice to be engaged. Work has already commenced on a more robust and organisationally informative PDR process which will support the development and retention of staff. It is vital that the Trust's employee population reflects the diverse community it serves and that all staff are able to contribute effectively and openly to their own and the organisation's future.

- Organisational Effectiveness

Recent events will have lasting effects on how we carry out our everyday work and lessons learned, both good and bad, will impact on future service delivery. Some of those lessons learned in relation to attracting and recruiting staff will be vital as we commence this project. They will further impact on the training and development of our new staff and how we manage the workload of our departments in more effective and efficient ways.

The excellent and valuable workforce planning already undertaken with regard to new roles will continue within this workstream.

- Making Walsall the best place to work

The first 2 elements of the Valuing Colleagues workstream will all go to supporting this final element. Specifically within this 3rd element sits Health and wellbeing. Considerable achievements have been made during recent weeks where physical and mental health support for our staff has been an urgent requirement particularly for those at the front line of caring. Things such as training in Mental Health First Aid, better education and support in Healthy Lifestyles alongside further developments with external providers of support will help staff remain at work safely when things become professionally or personally difficult.

Whilst individual elements have been the point of focus and action in the past to varying degrees of success it would be fair to say this will be the first time that such a comprehensive and overarching approach has been taken to colleague engagement within the Trust. A lot of good work has previously been undertaken in relation to the Trust values and the behaviour framework underpinning those values and staff have readily engaged with the ethos behind them. They rightly form the basis for Valuing Colleagues moving forwards and will be standard by which the Trust measures it's success, utilising staff survey and pulse survey results for formal progress milestones.

The workstream is led by the Director of People and Culture supported by Senior Leaders within the People and Culture Directorate alongside divisional colleagues from across the organisation.

There is clear evidence that the environment that people work in can affect wellbeing, with factors such as access to natural light, space, and rest facilities all having a material impact. This development will provide a vastly improved working environment for staff, supporting their health and wellbeing.

5.5 Accounting Treatment

5.5.1 Asset Valuation

The assets delivered as part of this project are owned by the Trust and are included in the Trust's Balance Sheet.

5.6 Long Term Financial Model (LTFM)

An updated Long Term Financial Model (LTFM) which will include the impact of the preferred option for this development will be produced in accordance with the agreed timescales.

5.7 Commissioner and Stakeholder Support

Walsall CCG and Walsall Together have been actively involved in the project. The Director of Commissioning for the CCG and the Executive Director for Integration for Walsall Together are representatives on the project board with other team members contributing to the FBC Preparation Group. Representatives from both organisations have also actively contributed to the development of service model and design process in relation to the front door and Urgent Care facilities.

The relevant elements of this FBC have been reviewed by the Boards of Walsall Together and Walsall CCG and where necessary approval will be sought.

Letters of support from Commissioners and the STP will be provided post Trust Board approval.

5.7.1 Interface with STP

This development is identified as a high priority project in the Black Country and West Birmingham Sustainability and Transformation Plan as it is required to deliver the capacity to cope with the expected flow of patients (emergency attendances and resultant inpatients) from Sandwell and West Birmingham on the relocation of services to the new Midland Metropolitan Hospital in 2022.

The assumptions in the Business Case reflect those in the Full Business Case for the Midland Metropolitan Hospital and the STP Plans and Estates Strategy.

6.0 Management Case

6.1 Introduction

The project structure developed by Walsall Healthcare NHS Trust reflects ownership of the project at the highest level and draws not only upon the traditional roles associated with capital project management, but also upon clinical representation and support from across the Trust, to ensure that the wider business objectives of the Trust are met. The primary objectives of the project are to ensure:

- The construction of the building on time, and in accordance with the design brief;
- The transition process to ensure clinical change is managed effectively;
- The operational commissioning of the building and clinical service to realise the patient and organisational benefits of the scheme;
- To provide a platform for signing off the future clinical model which incorporates patient flows throughout the hospital and effective streaming to pathways including ambulatory emergency care and community based services.

A Project Board has been established to ensure that the key deliverables are met. The governance structure for the project was reviewed post Outline Business Case and some amendments made to the reporting lines and number and types of task and finish groups to reflect changes in the Trust since OBC and additional requirements moving forward into the construction and operational phases.

New groups added for this phase of the project include:

- **Clinical Service Model / Pathway Implementation Group** with specific responsibility to:
  - Confirm the direction of future patient pathways with key specialties within the Trust;
  - Finalise the future service model and patient pathways required to support the new facilities and which will enhance the overall Trust and Walsall system wide patient flows;
  - Consider the key community services roles and the navigation routes required in the future Emergency service model and the wider system admission avoidance work.
- **Patient Experience Delivery Steering Group** – to ensure communication and engagement with patients;
- **FBC Preparation Group** – to oversee the development and approvals process for the FBC.

Terms of Reference and membership for all groups are included as Appendix 16.

6.2 Project Structure and Monitoring Arrangements

Figure 26 describes where the Emergency Department and Acute Medicine Project Board sits in the governance structure of the Trust and outlines the reporting and approval process. A number of task and finish groups have been established to deliver specific elements of the project. These groups report to the ED and Acute Medicine Design Review and Decision Making Group through the workstream leads.

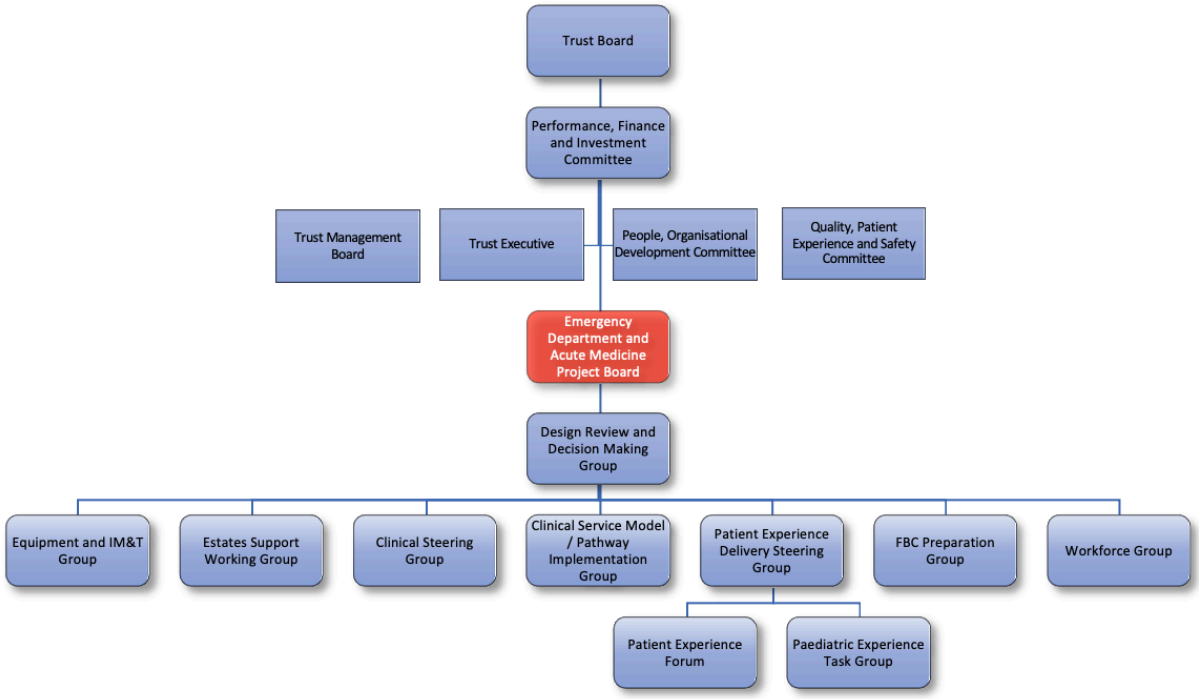


Figure 26: Project Governance Structure

6.3 Project Responsibilities

The Trust's Director of Finance and Performance is the Senior Responsible Officer and the accountable officer for the project, with overall responsibility for delivering the project, ensuring value for money, and the appropriate use of public funds.

The Emergency Department and Acute Medicine Project Board is the Tier 2 Group within the Trust's governance structure with responsibility for "signing off" products and ultimately ensuring the project achieves its objectives. This Board is chaired by the Chief Operating Officer and includes senior representatives from WHT, Walsall CCG, Walsall Together and other stakeholders and will remain in place until the facilities are complete and become operational. It will be responsible for the overall management of the scheme and will report

directly to the Performance, Finance and Investment Committee (PFIC). The Project Board meets on a monthly basis and the Chief Operating Officer is the chair of the Board.

The SRO and the Chief Operating Officer are supported by the Project Director.

6.3.1 Project Board

The key responsibilities of the Project Board are :

- To oversee the development of the new facility on behalf of the WHT Trust Board;
- To ensure that the primary objectives of the project are met;
- To receive regular reports from the Project Director, Principal Supply Chain Partner and other workstreams in respect of progress with the scheme deliverables;
- To advise PFIC and the Trust Board of issues arising from the project.

The Project Board comprises the following members:

Emergency Department and Acute Medicine Project Board	
Job Title	Project Role
Chief Operating Officer	Chair
Director of Finance and Performance	SRO
Project Director	Project Director
Divisional Director MLTC	Project Clinical Lead
Clinical Director Emergency Medicine	ED Clinical Lead
Clinical Director for Acute Medicine (AEC and AMU)	Acute Medicine Clinical Lead
Director of Operations MLTC	Senior Management Lead MLTC
Divisional Director of Nursing MLTC	Senior Nursing Lead MLTC
Divisional Director for Surgery	Senior Clinical Lead for Division
Divisional Director for Women, Children and Clinical Support Services	Senior Clinical Lead for Division
Clinical Director for Paediatrics and Neonatology	Clinical Lead for Paediatrics
Director of Operations for Women, Children and Clinical Support Services	Senior Management Lead for Division
Senior Project Manager for Emergency Department and Acute Care New Build	Service Project Lead
Operational and Quality Lead for UTC	Urgent Care Provider Lead
Non-Executive Director / Chair of PFIC	Board Assurance
Director of Estates and Facilities	Estates and FM Lead
Director of Commissioning, Walsall Clinical Commissioning Group	Walsall CCG Lead
Director of Nursing and Quality, Walsall Clinical Commissioning Group	Nursing CCG Lead
West Midlands Ambulance Services NHS Trust	WMAS Lead

Emergency Department and Acute Medicine Project Board	
Job Title	Project Role
Director of Integration, Walsall Together / SIRO	Walsall Together Lead
Director of Operations for Community Services	Trust Community Services Management Lead
Strategic Estates Advisor, NHS England and Improvement	Strategic Estates Advisor/NHSEI Representative
Project Manager	Interserve Construction Ltd
Senior Healthcare Planner, Strategic Healthcare Planning	Business Case Advisor & Author / Healthcare Planning Support

Table 63: Project Board Members

The purpose of the Project Board is to provide assurance to the Performance, Finance and Investment Committee on the following:

- ED and Acute Medicine pre-construction design and planning programme is being delivered successfully by our P22 partner;
- To review and approve the clinical model proposals underpinning the future new facility;
- To agree and sign off a detailed Design and Functional Content Schedule of the proposed scheme within the affordable capital cost envelope available;
- To reach decisions on the key priorities on the design and use of the new facility and requirements around the refurbishment of the existing estate;
- To review and sign off the Full Business Case documentation for approval;
- To oversee and recommend remedial action where required in the development and commissioning phase of the new facilities to programme and in accordance with the design brief;
- To agree and ensure the delivery of the appropriate communications strategy to support the needs of internal and external stakeholders including Commissioners;
- To oversee operational commissioning of the building and new services;
- To oversee and approve the supporting service transformation programme that includes future pathway and workforce changes.

The Project Board is responsible for the following key activities:

- To oversee the development of the ED and Acute Medicine business case on behalf of the Trust;
- To receive progress reports from the P22 Design and Build partner and other Technical Team Leads for the project in respect of progress with the Design and Construction elements of the scheme;
- To advise and report on the project to the multi-agency system-wide Black Country & West Birmingham STP Urgent & Emergency Care Board;

- To advise on any key investment and performance decisions for onward referral to the Performance, Finance and Investment Committee;
- To review and approve the proposed implementation of the key enabler service change plans associated with ED and Acute Medicine service transformation plans. This to include the Workforce Plan;
- To review and approve the overall Project Delivery Programme;
- Monitoring and ensuring delivery of the Project task and finish sub groups key deliverables to the required quality and programme;
- Review of the Risk Register - reviewing, grading and monitoring of risks and escalating any red / high amber risks to the PFIC Committee;
- Review of the Project Issues Log – reviewing and resolving issues and escalating any issues requiring intervention by others as appropriate;
- Review the key Assumptions Log and assumptions underpinning proposals;
- Review and approval of Benefits Realisation Plan – agreeing workstream benefits and development of plan which will form the basis of Post Project Evaluation;
- Review and approve all material change control – identification of any requests for change and consequent impact on project. Escalating any which need higher approval to the PFIC.

6.3.2 Project Management Arrangements

The Capital Project Team is led by the Project Director responsible for developing the overall project plan and monitoring progress against milestones. The team also provide a vehicle with the support of the Senior Project Manager Emergency Department and Acute Care New Build to ensure wider representation across the Trust and local health and social care system, and will convene clinical representatives and operational management representation and working groups as required. The Project Management structure is defined in Figure 22 and will be in place until the construction is completed and the new facilities are operational.

The Project Director's responsibilities are as follows:

- To manage and monitor the outputs of the Capital Project Team which will include the Principal Supply Chain Partner and Technical Advisers;
- To ensure that the Performance, Finance and Investment Committee, Trust Board, other Trust committees and departments and staff are fully briefed on the progress of the Project and act as a source of information for the scheme both internally and externally to WHT;
- To lead and direct the efforts of the workstreams and other user groups towards the successful delivery of the project objectives.

The Supply Chain Partner and constituent members are managed by a Supply Chain Manager, who will co-ordinate the work of the supply chain towards meeting project goals. The Supply Chain Manager is responsible for co-ordinating the design and construction support by:

- Ensuring the production and implementation of the full design brief in accordance with the overall health objectives and initial design brief;
- Producing a monthly report for the Project Director and members of the Project Board on the progress of the project and any design development issues including risks;
- Monitoring the performance of the Supply Chain;
- Resolving any design issues that may arise, referring any outstanding issues to the Project Team and/or Project Board for resolution;

The Project Director chairs the ED Design and Decision Making Group and the FBC Preparation Group and reports into the Project Board and via the Senior Responsible Officer into PFIC and Trust Board.

The management of the project and project documentation is in accordance with PRINCE2 (Projects in Controlled Environments) methodology. Capital team project managers possess PRINCE2 Foundation qualifications.

Figure 27: Project Management Structure

6.3.2.1 Use of Special Advisors

Special Advisors will be used in a timely and cost-effective manner in accordance with the Treasury Guidance: Use of Special Advisors. These includes advisors appointed as part of the P22 Supply Chain and others who will be appointed directly by the Trust.

Specialist Area	Advisor
Cost Advice (Trust)	WT Partnership
Business Case Support/Healthcare Planning (Trust)	Strategic Healthcare Planning LLP
Legal Advice (Trust)	Bevan Brittan LLP
P22 Principal Supply Chain Partner	Interserve Construction Ltd
Architect	Building Design Partnership Ltd (BDP) (Sheffield)
Clinical Planner	WSP
Mechanical and Electrical Engineering Design Consultants	Arup Group
Structural Engineering Design Consultants	Arup Group
BREEAM Assessor	BDP
DAT Assessor	BDP (Birmingham)
Secure by Design	West Midlands Police
VAT Advice	DHSC
Travel Plan	Savoy Consulting

Table 64: Trust Special Advisors

6.3.2.2 Project Management Budget

Two capital project managers have been appointed to deliver this project and other large capital projects for the Trust. The Care Group Manager for Emergency Department and AMU has been seconded to the position of Senior Project Manager to support the Project Director. Budgets for specialist advisors appointed either through the Supply Chain and directly through the Trust are included in the fees element of the capital costs. A resource budget of £1.304m has been allocated from the capital costs to support the release of Trust clinical leads and other staff to attend clinical modelling workshops, other task and finish groups and project board as required.

6.3.3 Delivery Programme

The Key Milestones for the Project are provided in Table 65.

A detailed programme is included as Appendix 12. This programme has been approved by the Project Board on the basis that the additional capacity provided by this project must be operational by July 2022 to cope with the catchment area changes from the Sandwell conurbation associated with the opening of MMH.

Milestone	Target date for completion
OBC Submitted to NHS Improvement	November 2017
Submission of refreshed OBC to NHSEI	September 2019 and March 2020
Refreshed OBC approved by NHSEI	May 2020
P22 Procurement Process	July – September 2019
Appointment of PSCP	October 2019
Clinical Model and Design Review (1:500, 1:200)	October 2019 to February 2020
Detailed Design (1:50)	March 2020 to May 2020
Detailed Planning Approval	July 2020
Develop Full Business Case (FBC)	February 2020 to June 2020
FBC Approved by all Stakeholders (Trust and CCG)	July 2020
FBC Submitted to NHSEI/DHSC	August 2020
FBC Approved by NHSEI/DHSC	October 2020
Construction (Three phases including enabling works)	September 2020 – November 2022
Handover, Commissioning and Occupation (Phase 2)	July 2022
Handover, Commissioning and Occupation (Phase 3)	November 2022

Table 65: Project Milestones

6.4 Arrangements for Contract Management

The Design and Construction Contract is in accordance with P22 contract arrangements. P22 uses the NEC Option C: Target Contract with Activity Schedule to which a number of amendments have been made via additional conditions of contract (Z clauses). The contract sets out the foundations for effective and efficient management of a project to deliver it on time, within cost and to the quality specified or better.

The contract is managed directly by the Trust using its internal project management resources supplemented where needed by external consultancy support.

The management of the construction contract from the Trust's perspective is the responsibility of the Project Director. Regular technical project team meetings are held with the PSCP and nominated key sub-contractors involving representatives from the clinical user group as appropriate. Regular reporting on progress and status against key milestones, overall programme and budget are key components of these meetings as is risk status, change control, quality control and achievement of other targets including BREEAM, DAT and other external peer reviews/assessments. The PSCP Project Manager attends the Project Board and regularly reports on project status including delivery programme and key risks.

6.4.1 Payment Mechanism

The ProCure 22 framework is compliant with the Governments prompt payment policies and is in compliance with the following:

- Public contract Regulations 2015: Public sector buyers must pay prime contractors (Tier 1 suppliers) within 30 days and must ensure that their prime contractor includes equivalent 30- day payment terms in any subcontracts through the supply chain. The P22 contract requirements include 21-day payment term as standard to ensure subcontractors receive payment within 30 days also.
- Late payment of Commercial Debts (interest) Act 1998.
- Contractual mechanisms around payment and payment disputes.
- On-going monitoring of payment performance.
- Prompt Payment codes.

6.5 Arrangements for Change Management

Based on the principle of involvement and inclusion, service managers and user representatives have been fully involved in the process of selecting the preferred option, re-designing the clinical model, activity and capacity modelling and in the design development.

Any Human Resource implications associated with the development will be managed in accordance with the Trusts' organisational change policies.

6.5.1 Transitional Programme

The Trust has developed transition plans to take the project from approval of the FBC through to an operational facility, including co-ordinating plans with construction phasing. This includes reviewing and revising, where necessary, business continuity and major incident / emergency planning procedures.

The Clinical Transformation Programme is described in section 6.5.2 with further detail provided in Appendix 15. The Workforce Strategy and Recruitment Plans are also included in Appendix 14.

6.5.2 Clinical Service Transformation

As part of the Project Board's responsibilities, oversight of the clinical transformation programme for clinical service pathways for Emergency, Acute Care and Paediatric Emergency Care is required. An Emergency and Acute Medicine Clinical Transformation Programme led by a Clinical Steering Group has been set up to implement and manage this

process over the forthcoming two years in readiness for a new operational facility. The Clinical Steering Group is supported by task and finish groups as appropriate.

The objectives of this programme are to:

- To define the transformation requirements with clinical leads for the transition of clinical pathways into the new facilities;
- To provide assurance to the Project Board of clinical "readiness" of service models in the transition to the new facilities;
- To achieve the successful transition of clinical services to the new facilities within the defined delivery programme.

A Senior Project Manager (who was previously in the role of Care Group Manager for Emergency Services) was appointed in January 2020 to oversee this Clinical Transformation Programme.

Where possible the Trust will implement 'quick wins' and transitional service model changes over the course of the two years either as a permanent solution or pilot to test changes ahead of full implementation.

6.5.3 Commissioning and Handover

A period has been included in the programme for Trust commissioning on completion of the new build extension. It is anticipated that receipt of all new equipment, training in the use of all equipment, training in revised operational procedures and familiarisation with the new facilities will take place during this time. Additional commissioning periods have been included for the reconfiguration phases of the project.

6.6 Patient and User Engagement

6.6.1 Trust Clinical and Support Teams

Trust clinical and support teams and system wide partners have been actively engaged in the project during the development of the Outline Business Case through to submission of this Full Business Case. This involvement has been substantial and across a number of dimensions.

- Membership and participation:
  - Project Board – monthly meetings;
  - Design and Decision Making Group – bi weekly meetings;
  - Project Launch – one off event at project re-initiation;

- Clinical Modelling Workshops – Two multidisciplinary workshops held on 6th and 26th November 2019 followed by a series of service specific workshops and meetings to review and refine component parts of the model and to develop optimum patient pathways (16 in total)and ;
- Task and Finish Groups;
- Design Review workshops.

➢ Business Case inputs and review through the following forums:

- FBC Preparation group – bi weekly meetings from March 2020;
- Project Board;
- Trust internal committees;
- Walsall Together;
- Commissioners.

6.6.2 Patients and Carers

In February 2020 the Project Board approved the setting up of a Patient Experience Steering Group with reporting responsibility to the Project Board.

The purpose of this group is to:

- ➢ Maximise communication with and the involvement of patients, carers, staff as service users and the wider community in the design of the new facilities and provide the necessary assurance to the Project Board;
- ➢ Pool the expertise of all service users to deliver more effective and sustainable outcomes;
- ➢ Facilitate diverse involvement to positively influence the design of facilities;
- ➢ Facilitate engagement, monitor and manage the patient experience delivery programme;
- ➢ To inform and make recommendations to the Design and Decision Making Group.

The group will focus on engagement with service users to ensure a positive patient experience in relation to the following subject areas:

- ➢ Arrival and waiting experience;
- ➢ Treatment and care provision;
- ➢ Guidance and information provision;
- ➢ Signposting and way finding;
- ➢ The Built Environment;
- ➢ People: Relationships between the service user and ‘the system’.

Patient Experience quarterly workshops have been held with the first one of these taking place in January 2020 led by BDP the project architect. Patients were asked to provide feedback on their preferences with regard to design of bed spaces, reception and waiting areas, and visual presentation of walls and graphics. The outcomes from this workshop has been captured in a summary document which is included as Appendix 17 and has been used to support the design process. A further workshop using videoconferencing was held on 29th May 2020 for service users to start the process of defining the interior design strategy.

An on line platform has been made available to service users and is currently open with a view to gaining feedback through surveys on a number of elements associated with the project and service provision.

A separate task group has been set up to involve children and carers in the design of facilities specifically included for children and young people. In September 2019 a group of children were invited to visit the emergency department as part of the safeguarding forum and were asked to provide feedback on the environment and what they would like to see provided in terms of facilities for children and young people in the future. This feedback has been used and will continue to be used to inform the interior design proposals.

The setting up of regular workshops will take place in the near future when there is more certainty of children's availability through the schools network given the impact of Covid19 on school organisation.

The following table summarises the activities undertaken since OBC (2017) to date:

Date	Group	Session Outputs
September 2017 – April 2018	Healthwatch Walsall	Joint reviews of clinical model Patient surveys carried out Feedback report provided
27 September 2017 1st November 2017 28th February 2018 25th April 2018 22nd August 2018 24th October 2018	Emergency and Acute Friends and Family Forum	Drawing Review Patient Journey Environment Patient Journey Patient Journey Environment
30th October 2019	Paediatrics Review (Teenagers from local school) (on site)	Site visit held through the Paediatrics Patient Journey (from point of ED) followed by focus group
15th January 2020	Service User Workshop (On site)	Patient feedback with Architect and Design team
29th May 2020	Service User Workshop (online)	Interior Design Focus Group towards Interior Design Strategy

Date	Group	Session Outputs
June 2020 – September 2020	Service User (Online Platform)	Online platform planning to open to allow ongoing feedback and discussions through surveys and workshops

Table 66: Patient Engagement Activities

A communication strategy has also been developed to roll out the communications and engagement programme with other Trust staff, patients, visitors and the general public.

This involvement will continue during the construction and commissioning phases through to the opening of the new facilities and will include ongoing engagement with faith groups and other hard to reach groups.

6.7 Benefits Realisation

The draft Benefits Realisation Plan developed for the project for Outline Business Case has been reviewed and finalised and is included in Appendix 18. This includes current (baseline) position and planned (target) position, and specifies who is responsible for the delivery of specific benefits, when they will be delivered and what activity needs to be undertaken to deliver them.

The assessment and monitoring of the benefits realisation plan will form a key part of the Post Project Evaluation process for the project.

6.8 Risk Management Strategy

As part of an initial risk assessment for OBC, the Trust completed a Risk Potential Assessment (RPA) in accordance with OGC Gateway Guidance. The RPA has been reviewed and refreshed for this business case. The summary assessment is included in Appendix 19 and continues to identify the project as 'medium risk'. Consequently, the Trust has decided not to seek external review but has included the project on its Internal Audit Schedule to ensure that the project is independently reviewed throughout the life of the project in the following areas:

- Delivery of project to programme;
- Cost;
- Level of stakeholder engagement;
- Project management arrangements and efficiency.

The risk management strategy is based upon the following principles:

- Identifying possible risk in advance, putting in place mechanisms to minimise the likelihood of risks occurring and their associated adverse effects;
- Having processes in place to ensure up to date, reliable information about risks is available, and establishing an ability to effectively monitor risks;
- Establishing the right balance of control is in place to mitigate the adverse consequences of risks, should they materialise;
- Setting up decision-making processes, supported by a framework of risk analysis and evaluation.

WHT undertook a comprehensive assessment of the risks associated with the Preferred Option for Outline Business Case. All possible risks have been identified, quantified and assigned associated costs which have been included in the capital costs. During the development of the Full Business the risk register has been reviewed and updated on a regular basis ensuring that risks are correctly quantified, monitored and mitigated.

The risks are scored using a five point scale for probability and impact in accordance with the Trust's processes for scoring risks. All red risks are reported to the Project Board for information and action where necessary. The current risk register is included in Appendix 20.

6.8.1 Main Risks

The red risks (those risks scoring 15 and above on the five point scale) are shown in Table 67, together with their mitigation. Specific risks have been included in relation to Covid19.

Risk	Mitigation
Loss of parking on site and contribution to wider site parking issues.	Early dialogue with planners needed, in order to justify parking arrangements. Updated Travel plan and transport assessment needed. Trust to decide where staff are to park.
Likelihood of interface issues between new works and any existing Project Co. contractual / operational arrangements with the Trust	Early liaison with Trust and Project Co. to establish design for each system, and managing approval from Trust / Project Co. for tying into existing systems.
Mine shaft and void grouting will be required as identified by the SI	Specialist drill and grout team on site to carry out works. The extent of the void underground is not defined and costs for this works are unknown.
Legal Agreement: Delay in completing PFI legal agreements for variation. Delay in start date. Additional costs	Close liaison between Project Co and Trust HQ required to reduce necessary timeframes to minimum.
Variation agreement: Delay in agreeing variation due to cost, programme or proposal issues. Delay in start date. Additional costs	Close liaison between Project Co and Trust HQ required to reduce necessary timeframes to minimum.
Asbestos Not picked up in surveys. Additional costs	R&D once vacant.
COVID19 stopping Interserve (PSCP) completing the *works* or *works* by the date shown on the Accepted Programme.	Project Board to keep informed on current guidance and to monitor impact on scheme.

Risk	Mitigation
UK construction economic market conditions – impact of COVID and lockdown and likely effect upon GMP and/or programme	Working to UK construction guidelines for Covid and monitoring the market conditions

Table 67: Main Project Risks

6.9 Post Project Evaluation

All NHS organisations have a duty to evaluate Capital projects where they cost more than £1m, to duly learn from them and to report the findings of the evaluation to NHSI (where the project has been approved by NHSI).

The project will be evaluated by undertaking the following investigations:

- A review of the strategic case made for the project to confirm that it is still relevant;
- A review of the Full Business Case capital and revenue costs to confirm:
  - That the capital costs were robust and adhered to, and
  - That the actual and projected revenue costs were realistic.
- A review of the Project Programme and adherence to it throughout the life of the project;
- A review of the benefits detailed in the Benefits Realisation Plan and confirmation that they have been met.

These investigations will focus on three client groups:

- Patients - for their perspective on the new services;
- Clinical Users - for their views on whether they were sufficiently involved in the planning of the scheme, to confirm that the Design met their clinical needs, and to confirm that Project Plans ensured minimum disruption to clinical services;
- Trust Project Team - for their views on the overall project from planning through the building phase and ultimately to commissioning and handover.

6.9.1 Framework for Post Project Evaluation

The Trust is committed to ensuring that a thorough and robust post-project evaluation is undertaken at key stages in the process to ensure that positive lessons can be learnt from the project.

The lessons learnt will be of benefit to:

- The Trust - in using this knowledge for future projects including capital schemes;
- Other key local stakeholders - to inform their approaches to future major projects;
- The NHS more widely - to test whether the policies and procedures which have been used in this procurement are effective.

PPE also sets in place a framework within which the benefits realisation plan can be tested to identify which benefits have been achieved and which have not.

NHS guidance on PPE has been published and the key stages which are applicable for this project are:

- Evaluation of the project procurement stage;
- Evaluation of the various processes put in place during implementation;
- Evaluation of the project 'in use' shortly after the new unit is opened;
- Evaluation of the project once the new unit is well established.

The detailed plans for evaluation at each of these 4 stages will be drawn up by the Trust in consultation with its key stakeholders. The following sections outline how these arrangements will be managed and in what timescale.

The Trust will support the PPE process with other assessments undertaken including ADAT/DQI Stage 5, patient and staff scheduled surveys, environmental assessments (e.g. PLACE).

6.9.1.1 Stage 1 Evaluation – Project Procurement

The objective of the evaluation at this stage is to assess how well and effectively the project was managed from the time of OBC approval to the approval of the FBC.

It is planned that this evaluation will be undertaken within four months of FBC approval.

The evaluation at this stage will examine:

- The effectiveness of the project management of the scheme;
- The quality of the documentation prepared by the Trust;
- Communications and involvement during procurement;
- The effectiveness of advisers utilised on the scheme;
- The efficacy of NHS guidance in delivering the scheme;
- Support during this stage from other stakeholder organisations as appropriate.

6.9.1.2 Stage 2 Evaluation – Implementation

The objective of this stage is to assess how well and effectively the project was managed from the time of FBC approval through to the end of operational commissioning.

It is considered that this should be undertaken six months following operational commissioning of the unit.

The evaluation at this stage will examine:

- The effectiveness of the project management of the scheme;
- Communications and involvement during construction, commissioning and handover;
- The effectiveness of the joint working arrangements established by the project partner and the Trust project team;
- Support during this stage from other stakeholder organisations as appropriate.

At this stage a Project Completion Report (PCR) will be completed and returned to NHSEI in accordance with *Annexe 8 of the Capital regime, investment and property business case approval guidance for NHS Trusts and foundation trusts.*

6.9.1.3 Stage 3 Evaluation – Project 'In Use'

It is proposed that this stage of the evaluation be undertaken no longer than12 months after the completion of operational commissioning of the scheme in order that as many of the lessons learnt are still fresh in the minds of the project team and other key stakeholders.

The objective of this stage will assess how well and effectively the overall objectives of the project have been met.

The evaluation at this stage will examine:

- The effectiveness of the project management of the scheme;
- Communications and involvement during commissioning and into operations;
- The effectiveness of the joint working arrangements established by the partner and the Trust project team;
- Support during this stage from other stakeholder organisations as appropriate;
- Overall success factors for the project in terms of cost and time, etc.;
- Extent to which it is felt the design meets users' needs – from the point of view of patients/carers and staff.

6.9.1.4 Stage 4 Evaluation – Project is Well Established

It is proposed that this evaluation is undertaken two years following completion of commissioning.

The objective of this stage will assess how well and effectively the project was managed during the actual operation of the new hospital.

The evaluation at this stage will examine:

- The effectiveness of the joint working arrangements established by the partner and the Trust team;
- Extent to which it is felt the design meets users' needs – from the point of view of patients/carers and staff.

A PPE Stage 2 report will be provided to NHSI in accordance with *Annexe 8 of the Capital regime, investment and property business case approval guidance for NHS Trusts and foundation trusts.*

6.9.2 Management of the Evaluation Process

- The process will be managed by the Trust Capital Project Team;
- All evaluation reports will be made available to all participants in each stage of the evaluation once the report has been endorsed by the Trust Board;
- The costs of the final post-project evaluation, once the unit is fully-established, are not included in the costs set out in this business case.

7.0 Conclusion and Recommendations

This Full Business Case outlines the Trust's proposals to deliver additional emergency care capacity on the Walsall Manor Hospital site in order to meet the change in patient flow within the health economy resulting from the relocation of services to the new Midland Metropolitan Hospital.

This development is prioritised and is an integral part of the Black Country Sustainability and Transformation Plan.

System wide partners including representatives from Walsall CCG, Walsall Together, WMAS, patients and staff have been actively involved in this project. There has been regular dialogue with STP representatives in relation to the transfer of activity from the Sandwell conurbation. Letters of approval have been received as required from Walsall CCG and the Black Country and West Birmingham STP.

The planning assumptions in relation to expected patient transfer from Sandwell and West Birmingham and used to support this FBC reflect those articulated in the Full Business Case for the Midland Metropolitan Hospital development which is to be operational in Summer 2022.

This development provides an integrated model of Urgent Treatment Centre, Emergency Department (including Children's ED), collocated with Paediatric Assessment Unit, Acute Medical Unit, Ambulatory Emergency Care Centre and Frailty Unit in accordance with national and local strategy and will support the longer term sustainability of safe, effective and high quality services for patients in Walsall and surrounding areas.

The project provides significant advantages for the local community by improving modern 21st Century healthcare facilities supporting improved care and outcomes for patients and an increase in local employment opportunities. The construction phase and Interserve's commitment to recruit 75% of jobs within a 50 mile radius will also provide additional stimulus to the local economy, in line with the Trust's intent to operate as an Anchor Institution in the borough.

Capital funding of £36.197 million is required to fund this project. The Trust submitted a bid and received approval as a 4th Wave Scheme for STP capital for this value in November 2018. The project delivers a positive revenue contribution.

The construction partner for the project, Interserve Construction Ltd was selected and appointed using the Procure 22 Framework and has been supporting the project since October 2019.

Approval is sought for this Full Business Case to enable the release of capital funding to support the construction phase of the development.

This project is fundamental to the sustainability of urgent and emergency care services in Walsall. Without this project, the Trust will be unable to:

- Physically accommodate the projected increases in activity expected to transfer to Walsall as a result of the Midland Metropolitan Hospital development;
- Support the required front door models of care;
- Provide the essential clinical adjacencies associated with the emergency front door, emergency ambulatory emergency care and assessment facilities;
- Provide the capacity and enhanced facilities to meet the future demand and expectations of Walsall patients and staff;
- Continue to recruit and retain the required numbers of calibre of staff.

The results of which will impact clinical performance and the longer term viability of some clinical services.

The financial impact to the Trust of the project not going ahead, in terms of the funding and commitments already made to support the project and this business case is £3.2 million.

MEETING OF THE TRUST BOARD – Thursday 2nd July 2020			
Director of Nursing Oversight Report – June 2020			**AGENDA ITEM: 15** **ENC: 14**
Report Author and Job Title:	Caroline Whyte Interim Deputy Director of Nursing	**Responsible Director:**	Ann-Marie Riley Interim Director of Nursing
Action Required	Approve ☐ Discuss ☐ Inform ☒ Assure ☒		
Executive Summary	• RN vacancy rate is currently 9.73% with work being undertaken to review the reporting of nurse vacancies within the organisation. • Nursing and Midwifery fill rates have improved from 85.69% in April to 90.58% in May but remain below the 95% target. However, occupancy varied in May between 60 to 89% with mean inpatient occupancy of 74%. • There is a slight decrease in the total number of pressure ulcers that have developed in both hospital and community setting during the month of May but there were pressure ulcers attributed to proning practice in ICU. • Although falls overall has reduced the number of falls per bed days has seen an increase. • The prevalence of late observations has improved in month and has recovered from the deteriorating picture during the peak of Covid-19 to the best performance for the past 12 months • There were 83 patients who were nursed in mixed sex accommodation due to managing Covid-19 streams. None of these patients had to share bathroom and toilet facilities with the opposite sex. • Continued focus remains on improving the safeguarding adults and children's training compliance and alternative methods of delivering training to meet level 3 requirements have been developed. • The 'Perfect Ward' app contract has been signed and the audit programme is in development. This programme will apply to nursing, midwifery, AHPs and medical teams. • Shared decision making councils have started to be identified. The first of these will meet in June. • A revised CQC action plan has been developed and incorporates any outstanding actions from previous inspections. Assurance on progress against the action plan will be monitored via a new CQC action plan oversight meeting chaired by the Interim Director of Nursing		
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 001: Safe and High Quality Care Corporate Risk No 11: Failure to assure safe nurse staffing levels.	
Resource implications	COVID impact on staffing meaning staff are working in different ways and locations, risk to staff health and well-being	
Legal and Equality and Diversity implications	COVID-19 has impacted disproportionally on people who are males, from a BAME background and those from low socio-economic households	
Strategic Objectives	Safe, high quality care ☒	Care at home ☐
	Partners ☒	Value colleagues ☐
	Resources ☒	

Director of Nursing Oversight Report

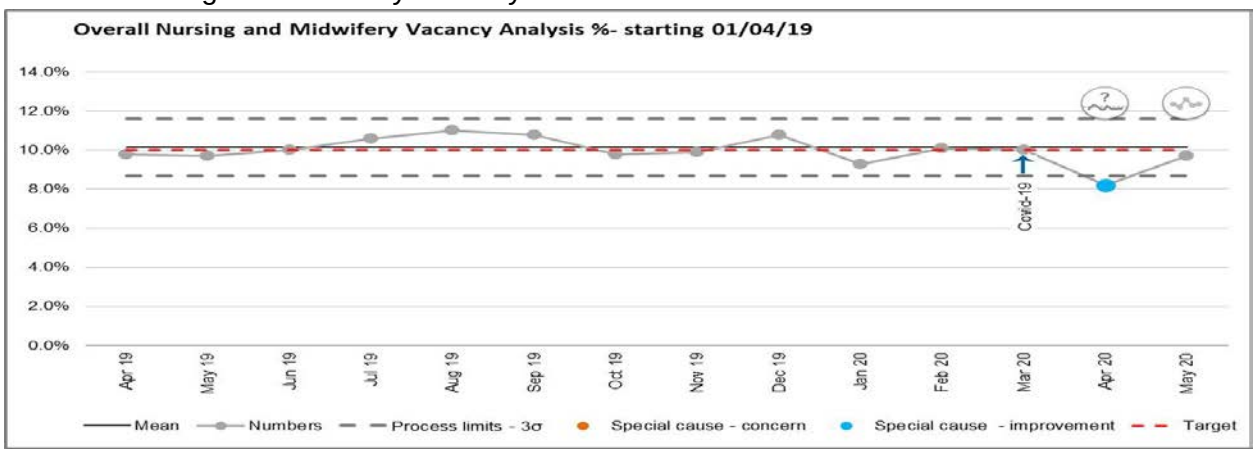
1.0 Staffing Update

1.1 Vacancy Position

The RN vacancy rate is currently 9.73% (Chart 1). Previous reported vacancy rates are under review as scrutiny of the workforce data has shown that student nurses, not yet qualified were being counted in the RN numbers. 38 WTE students are currently working in the organisation and these students are expected to convert to substantive RN positions in August 2020.

The Nursing and Midwifery recruitment strategy is under review and will be aligned to support operational changes to service re-design to ensure the safest staffing levels possible are achieved whilst Covid-19 challenges remain.

Chart 1: Nursing and Midwifery vacancy %



1.2 Nursing and Midwifery Absence

Staffing gaps continue to be managed through a variety of routes, including both long and short term solutions. The twice daily staffing meetings continue to allow for discussion and decision making around best staffing solution for short notice gaps. An electronic solution, SafeCare, is in the process of being embedded.

Sickness rates for all divisions saw a significant increase related to Covid-19 absence. We have seen the week by week reduction of sickness in both MLTC and Surgery however has seen an increase during May for WCCSS. MLTC and Surgery still have sickness levels higher than pre Covid-19 and WCCSS sickness is less then recorded in the pre Covid-19 (Charts 2 – 4). These absences have continued to add pressure to staffing levels which are risk assessed and mitigated through staffing oversight and planning via both the Divisional Directors of Nursing and the Staffing Hub

Chart 2: MLTC sickness %

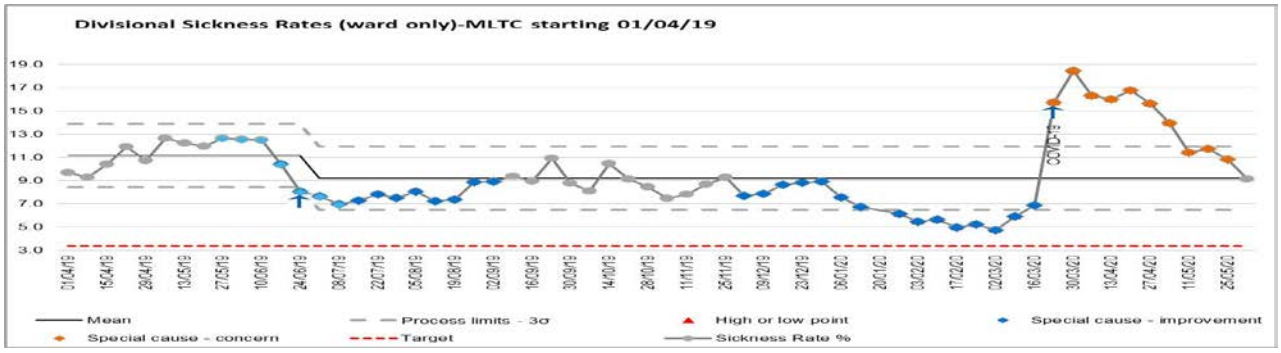


Chart 3: Surgery sickness %

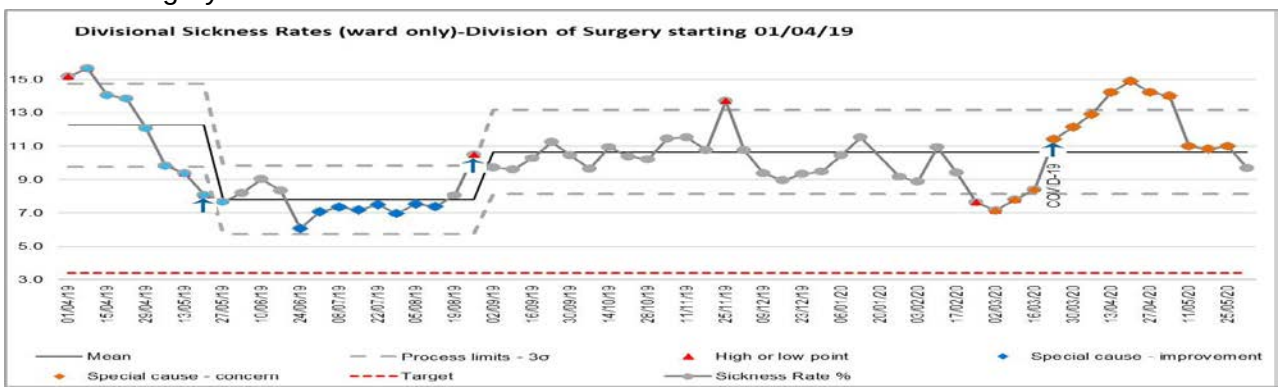
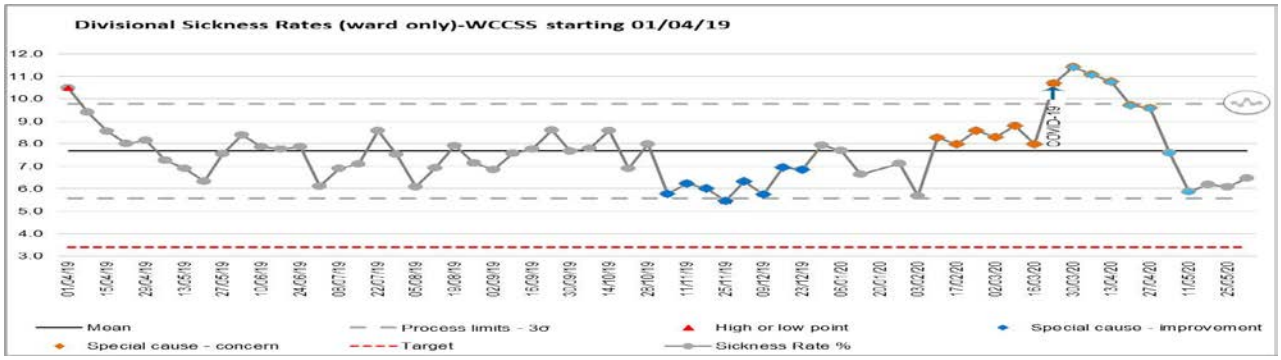


Chart 4: WCCSS sickness %

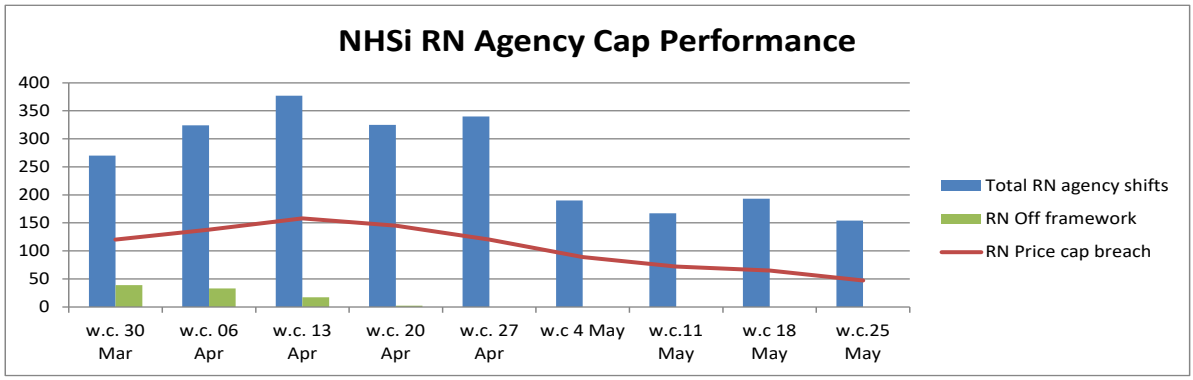


Moving forward, workforce intelligence will be producing SPC charts which will outline overall nursing and midwifery absence and community division absence in addition to the above SPC charts.

1.3 NHSI Agency Cap Performance

During May, RN agency use continued to be reported to NHSI on a weekly basis; including the use of 'off framework' agencies. Nurse agency use, on average, has breached the price cap shifts for circa 70 shifts per week. This is a reduction on the pre COVID-19 period. Off framework use remained at zero for May (Chart 5 below).

Chart 5: NHSI Agency Cap Performance



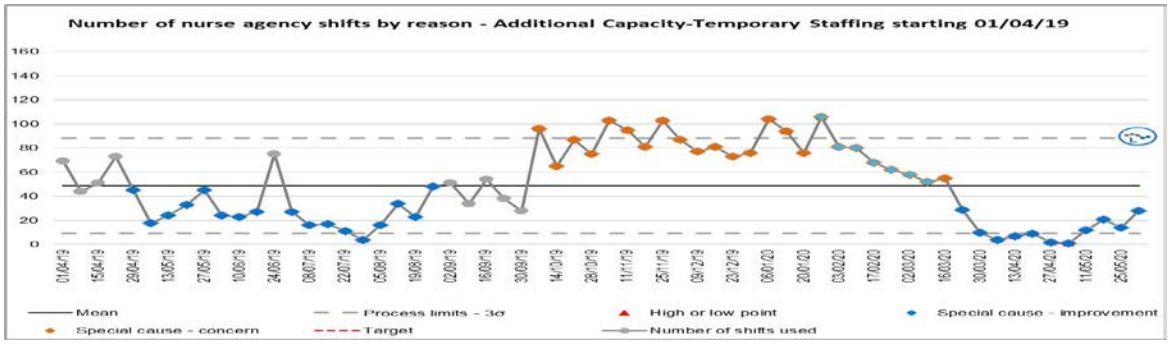
Agency bookings for reason of vacancy have increased in the latter part of May but are still less than the actual vacancies experienced on ward areas. The impact of empty beds within ward areas has had a positive effect on the wards needing to fill all vacant shifts (Chart 6 below).

Chart 6: Agency booking shifts for vacancies

Agency booking reason of sickness has increased slightly during May from 25 to 33 shifts and is commonly used for short notice absence cover where bank fill could not be achieved. Maternity leave nurse agency requests amounted to between 4 and 12 shifts per week, which is not included in funded headroom and therefore is a cost pressure to ward areas.

RN agency bookings for the reason of extra capacity have been on average 12 shifts per week with a slight upward trend since April. These shifts were additional staff for Ward 10 for the emergency surgical pathway, in additional to redeployed staff. These numbers are far less than seen before the Covid-19 period. Low bed utilization across some wards has facilitated this reduction (Chart 7).

Chart 7: Number of nurse Agency shifts required for additional capacity



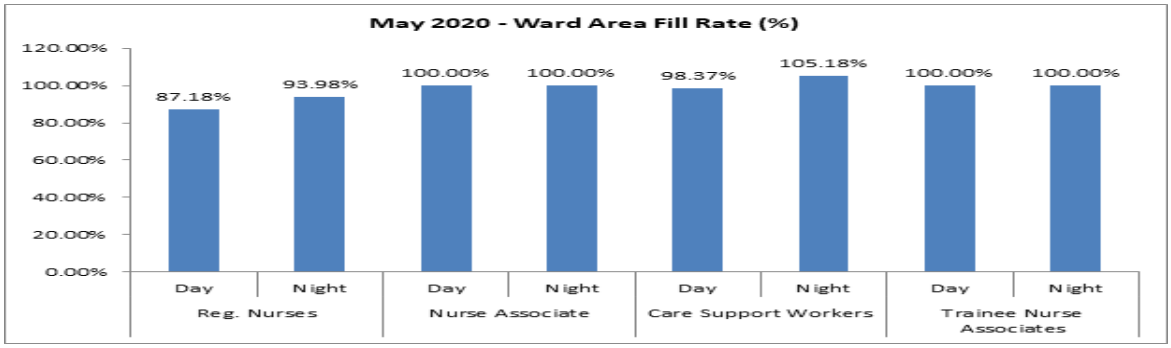
1.4 Staffing Fill Rates

NHSI usually receive a monthly submission which details Registrant and CSW fill rates across inpatient areas. NHSI have suspended the reporting of staff fill rates from the month of March due to Covid-19 and the appreciation of the different utilization of specialties/ward areas. We are still continuing to gather this data internally.

Using the e-Roster System to record fill rates, including planned redeployed hours from closed areas, the nurse staffing fill rate for May was variable (See Chart 8). Overall fill rate for registrants was 90.58% but in-patient areas had reduced bed occupancy during this period with variation between 60 – 89% and a mean occupancy of 74%.

CSW fill rate was 101.7%. The high level of CSW fill can be attributed partly to the supportive offers of pre registrant student nurses, which HEE are funding and also to undergraduate medical students who were contributing to bank fill for CSW's.

Chart 8: Fill Rate



1.5 Safest possible staffing principles

A recent NHSEI framework document (Covid-19): Principles for the management of demand outstripping the capacity of the nursing workforce on the critical are unit(s) and adult outpatient areas - 9 May 2020) outlines a number of elements that require consideration, risk assessment and evidence to ensure *safest* staffing levels and skill mix as an alternative to

the *safe* staffing framework which would normally underpin the principles of having the right staff in the right place at the right time. Work has started to gather evidence of the decision making aligned to the principles set out and will be reported to PODC in July.

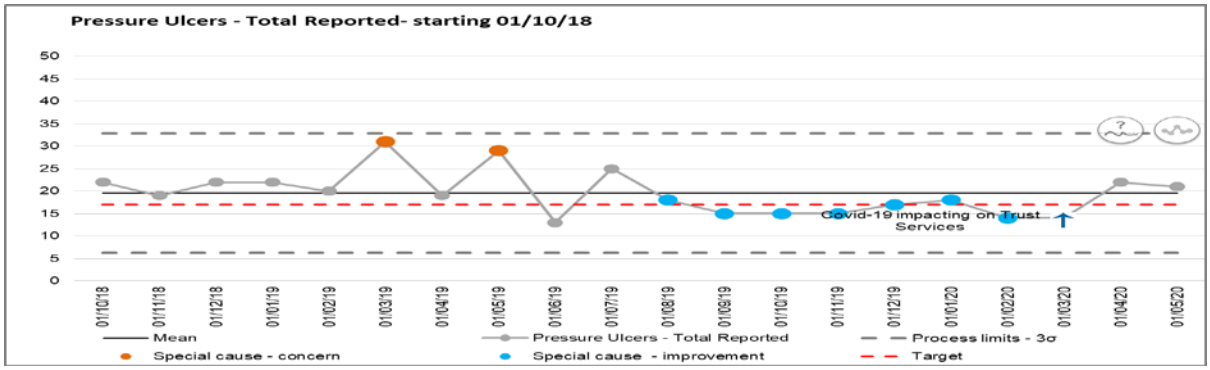
2.0 Harm Free Care

Several changes have been made within the corporate nursing quality team to give increased focus to particular standards of fundamental care in line with the trusts Improvement Programme Workstream and the Care Excellence Programme. Greater emphasis and focus has been placed on patient falls, nutrition / hydration, mouth care, continence and skin integrity. Progress continues on the implementation of the 'perfect ward' which will give real time data on individual wards performance in relation to fundamental standards giving the opportunity to provide extra support and intervention as necessary when issues arise.

2.1. Pressure Ulcers

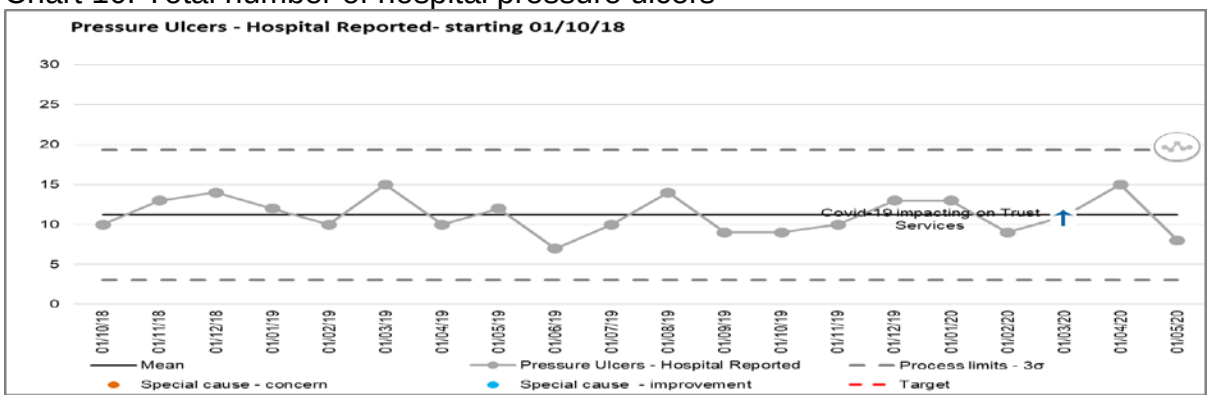
There is a slight decrease in the total number of pressure ulcers that have developed in both hospital and community setting during the month of May (Chart 9).

Chart 9: Total number of pressure ulcers



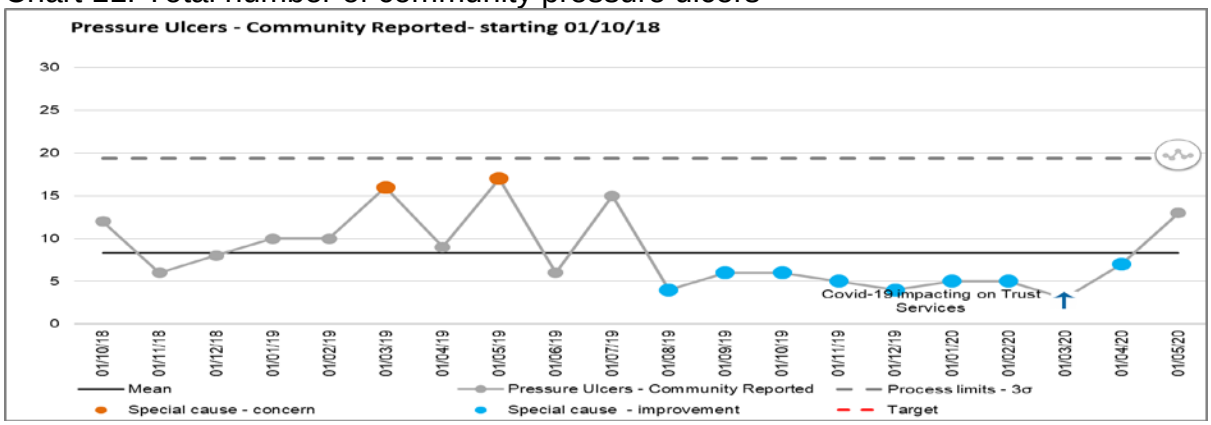
There has also been a reduction in the total number of pressure ulcer developed in the hospital compared to the previous two months (Chart 10). There has been no category three or four pressure ulcer develop and unstageable pressure ulcers that have reduced by half to a total of 4. There is also a reduction in category two pressure ulcers compared to the last 7 months. The majority of category two pressure ulcers have been on the face due to proning (lying face down) during ICU care or where Endotracheal Tubes have been secured on the face.

Chart 10: Total number of hospital pressure ulcers



There is an increase in the number of pressure ulcers reported in the community compared to previous months (Chart 11). 10 of these were unstageable and developed on the sacral area. Out of these patients 8 of these patients had Covid-19. It has been noticed nationally that Covid-19 patients have poor tissue perfusion and a higher prevalence of pressure ulcers.

Chart 11: Total number of community pressure ulcers

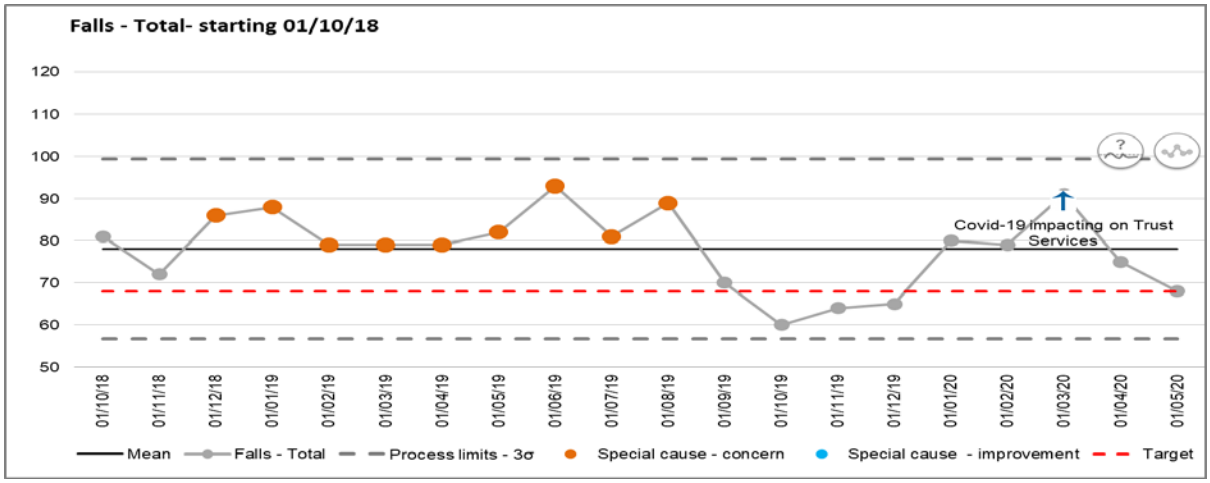


Review of pressure ulcers has identified issues with poor documentation and records of repositioning. Tissue viability nurses are working alongside the clinical matrons to highlight the use of the pressure ulcer bundle and plan to undertake audits alongside their matron colleagues. Work is taking place in the community residential homes to trial the pressure ulcer booklet. Tissue viability training has ceased through Covid-19 but plans are in place to recommence the training and the team are working through a programme to deliver training via virtual and e-learning.

2.2 Falls

The number of falls has reduced to 69 in month as can be seen in Chart 12 below.

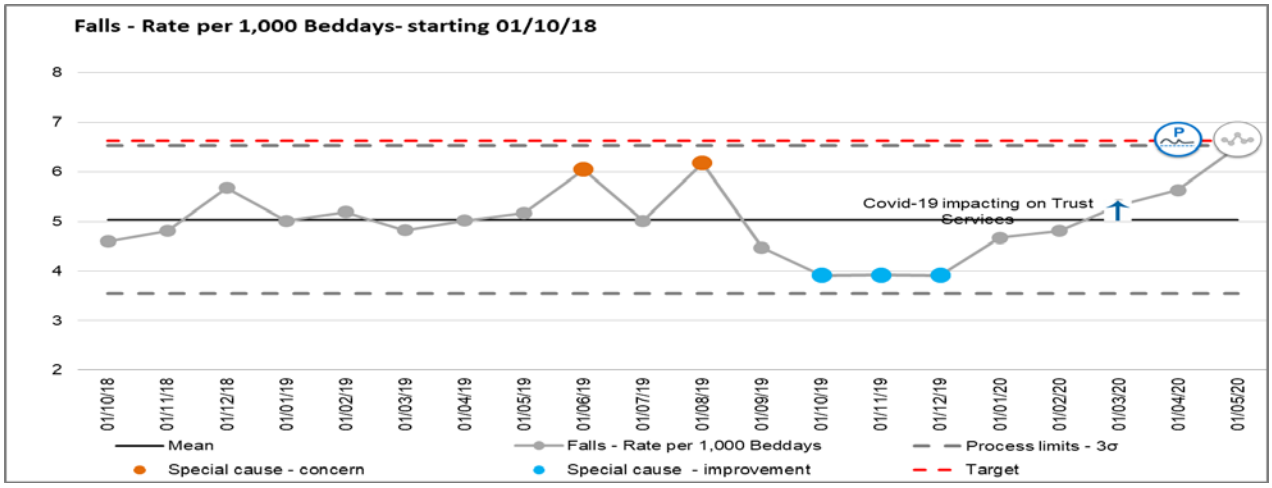
Chart 12: Total Number of Reported Falls



Although falls overall has reduced the number of falls per bed days has seen an increase (Chart 13). This may suggest that the prevalence of those patients more at risk of falls has increased during the Covid-19 period. Additionally, the lack of support from relatives in face to face visiting may also have had an impact on the increase in the numbers per 1000 beds days.

During the month of May a number of falls related to the community bed based and stroke facilities. All falls data is shared and discussed at the community divisions weekly safety huddle and work has commenced with the community specialist falls team to support with training to both staff and patients. Stroke services are to become a care group from July 2020 and falls performance will be monitored monthly via care group quality meetings.

Chart 13: Falls per 1000 bed days



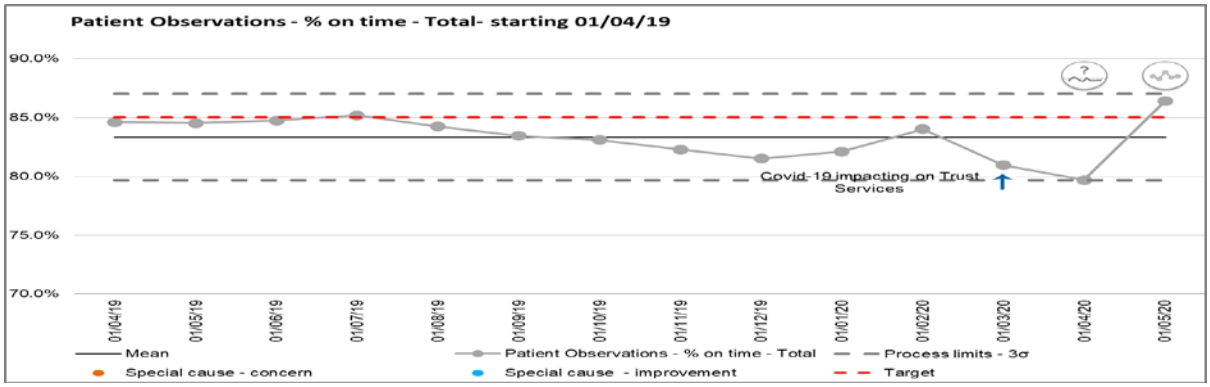
May has seen zero prevalence for severe harms for the fourth consecutive month and a significant sustained low incidence of moderate harm falls falling from 9 in March to 2 in April and 1 in May. A deep dive is currently being undertaken of the 9 moderate harm falls recorded during March. The review will incorporate auditing against current risk assessment, care planning and evaluation requirements and national risk assessment benchmarking. The findings will be shared at the Falls Steering Group, Matrons forums and QPES in July.

Work is continuing with the Governance and Patient Safety team to embed a standardised approach to managing serious incidents in relation to falls in line with existing Safeguarding Framework processes.

2.3 Patient Observations

The prevalence of late observations has improved in month and has recovered from the deteriorating picture during the peak of Covid-19 to the best performance for the past 12 months(Chart 14). An increased emphasis on timely observations and correct recording of observations time frames has been picked up by the clinical teams. Work is on-going through the Improvement Programme / Deteriorating Patient Workstream which encompasses NEWS2 escalation and completion of the 'Adult Deteriorating Patient Bundle'.

Chart 14: Patient Observations



Paediatric areas undertake audits of compliance in the use of the 'Pediatric Early Warning Score' (PEWS). Results show that compliance is 96% across a range of measures including recording of frequency of observation, appropriate escalation and timeliness of medical review.

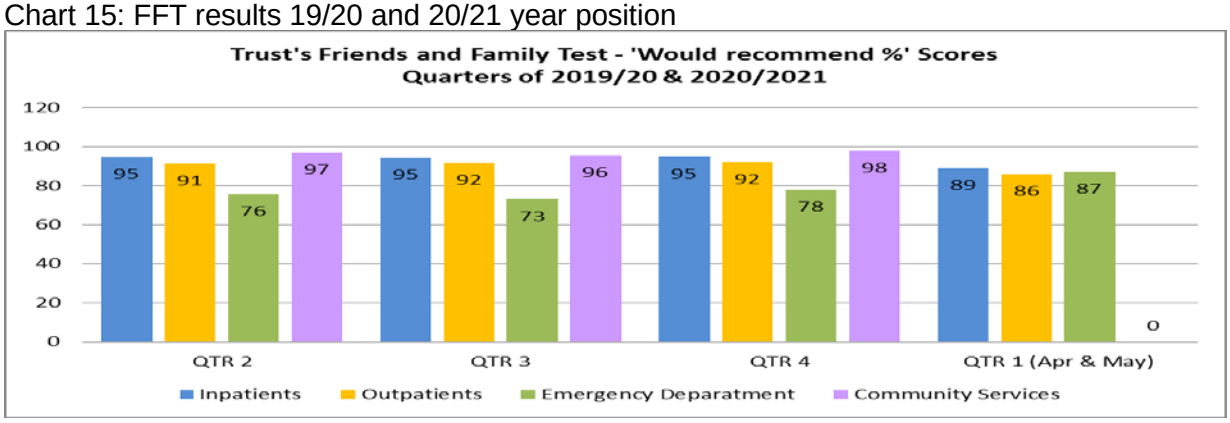
The Neonatal Unit is about to launch the use of the 'Newborn Early Warning Trigger & Track Score (NEWTT) in line with practice in the neonatal network.

3.0 Patient, carer and staff experience

3.1 FFT Results

Family and friends testing was resumed on 1st of May 2020 on Emergency Department, Outpatients and Inpatients excluding Paediatrics and Maternity areas. The only survey method used was SMS/IVM. There has been no further guidance from NHSE&I on resuming Community Services.

Chart 15: FFT results 19/20 and 20/21 year position

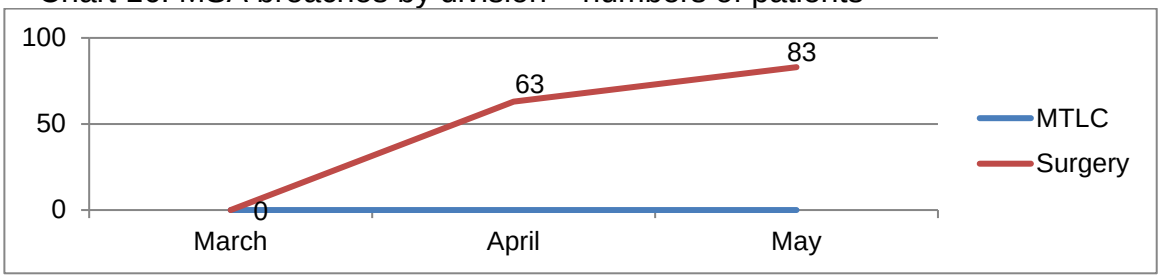


Over April and May 2020, patients positively commented the most about staff attitude, clinical treatment and implementation of care. The themes which were highlighted for more attention were staff attitude, communication and clinical treatment. These will be picked up through the improvement programme for this year.

3.2 Covid-19 Pandemic response Mixed Sex Accommodation (MSA) Breaches

MLTC have had no MSA breaches during May. The division of Surgery has had a number of patients who have breached due to limited ward bays being available for the Covid-19 streams; this was approximately 5 patients per day (Chart 16). Further work is happening in the division to identify management of streams and available ward accommodation.

Chart 16: MSA breaches by division – numbers of patients



Feedback has been sought from patients who were experiencing being nursed in mixed sex accommodation to support safe placement of patients with Covid-19. Ward staff informed the review team that patients received risk assessments and letters outlining the reasons why these decisions were made by the ward team.

4.0 Safeguarding

The Trust is expected to uphold its statutory and mandatory duties in respect of safeguarding; this exception report highlights some key areas of safeguarding activity with the aim drawing attention to areas of development and of concern.

The report provides assurance to the Quality, Patient Experience and Safety Committee (QPES) that the current Trust safeguarding arrangements are robust overall; deficits in performance (in particular training compliance) are highlighted and actions to recover the situation explained.

Safeguarding training is provided in a number of ways, including in the Trust induction programme, via e-learning and face-to-face training events.

Training compliance targets are agreed with the CCG and are monitored by the Trust bi-monthly Safeguarding Committee meetings; exception reports from all divisions in respect of training compliance which include recovery plans where necessary, are now required by the Safeguarding Committee.

Improvement in compliance will be achieved through the concerted efforts of all clinical leaders, supported by the Safeguarding Team. A detailed safeguarding training needs analysis is already in place and the Safeguarding Team, in conjunction with the Workforce Development Team. Performance against divisional improvement trajectories will be monitored via the Safeguarding Committee.

Chart 17 indicates that the compliance for safeguarding adult training at level 1 has returned within the agreed 95% target after a slight reduction post Covid-19. Level 1 for children has improved to pre-Covid-19 level but remains below the 95% target (Chart 18). Both sets of learning are offered via an e-Learning package. A process of interrogation of ESR data has been requested due to data issues.

Chart 17: Safeguarding adults level 1 - %

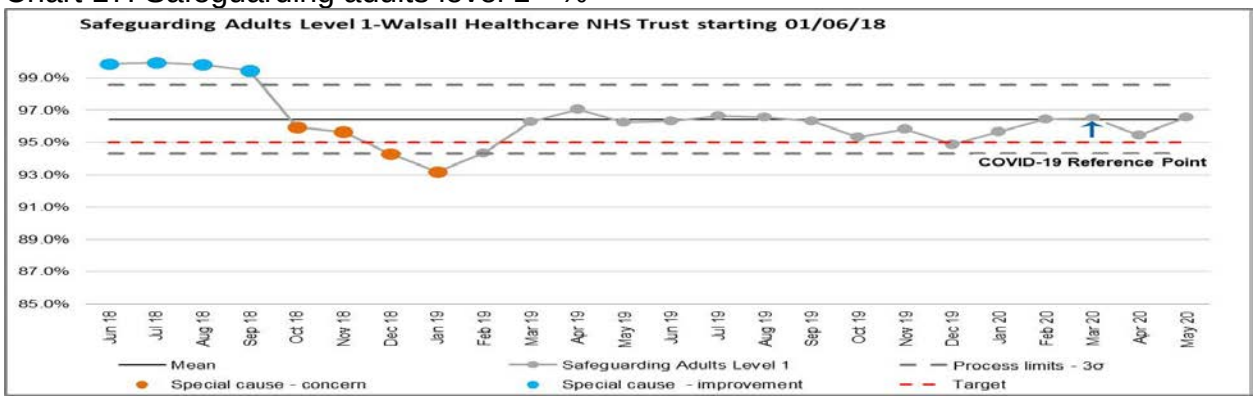
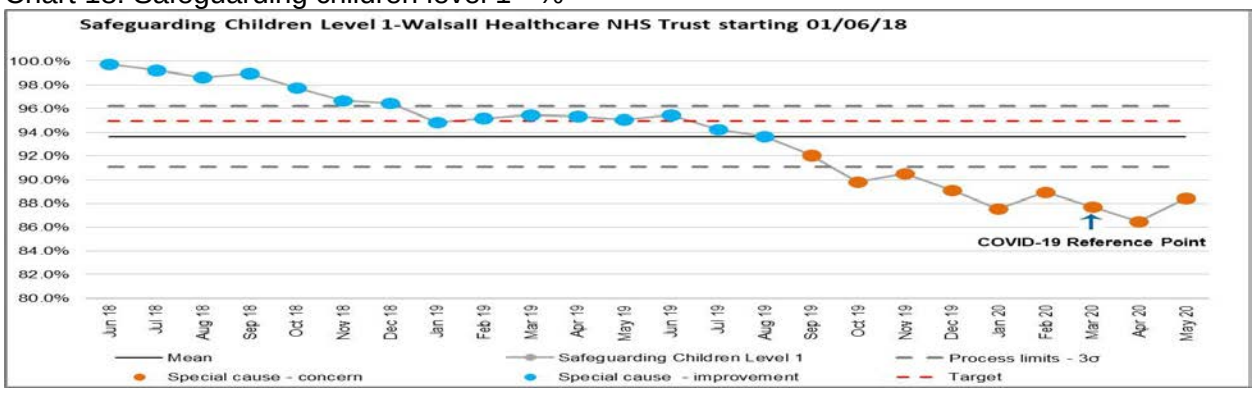


Chart 18: Safeguarding children level 1 - %



Level 2 safeguarding training is also attained via an e-learning package. Chart 19 shows a gradual downward trend in respect of safeguarding adult training compliance which is more evident from July 2019 but an increase since January 2020 and achievement of the 85% target in May. Chart 20 shows that for most

months of the past year compliance for level 2 safeguarding children training has been achieved.

Chart 19: Safeguarding adults level 2 - %

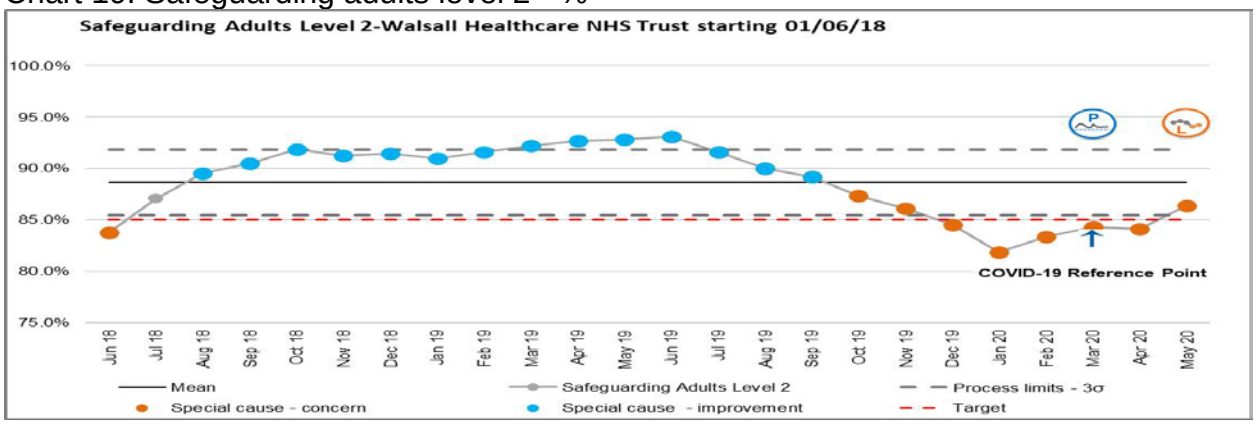
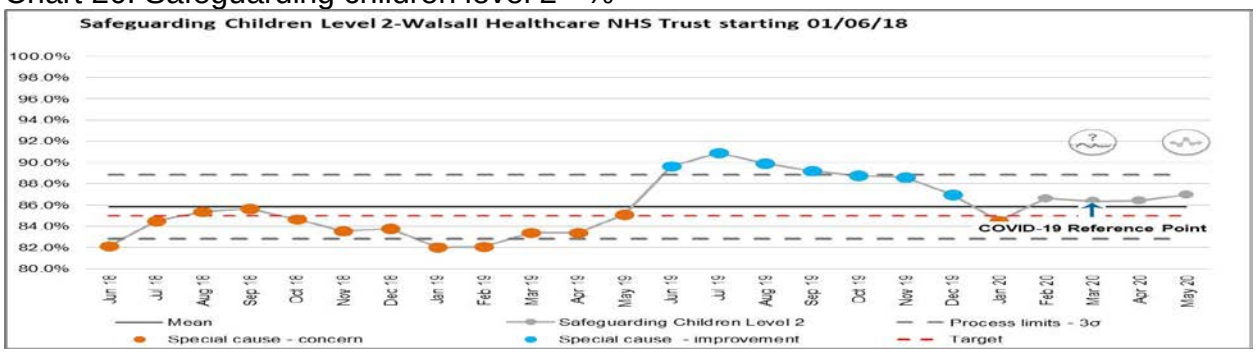


Chart 20: Safeguarding children level 2 - %



In respect of level 3 safeguarding training for adults the Trust recognised that, following the publication of the revised Intercollegiate Document for Safeguarding Adults, a larger cohort of Trust staff were required to be trained at this level. To recover the position, additional training events had been offered and incremental targets were agreed with the CCG (Table 1). However, Covid-19 has meant that these training events were unable to take place and compliance has remained at a static level (Chart 21).

Table 1 – Incremental targets agreed with CCG

19/20	Q2	Q3	Q4	20/21	Q1	Q2
%	30%	45%	60%		75%	85%

Chart 21: Safeguarding adults level 3 - %

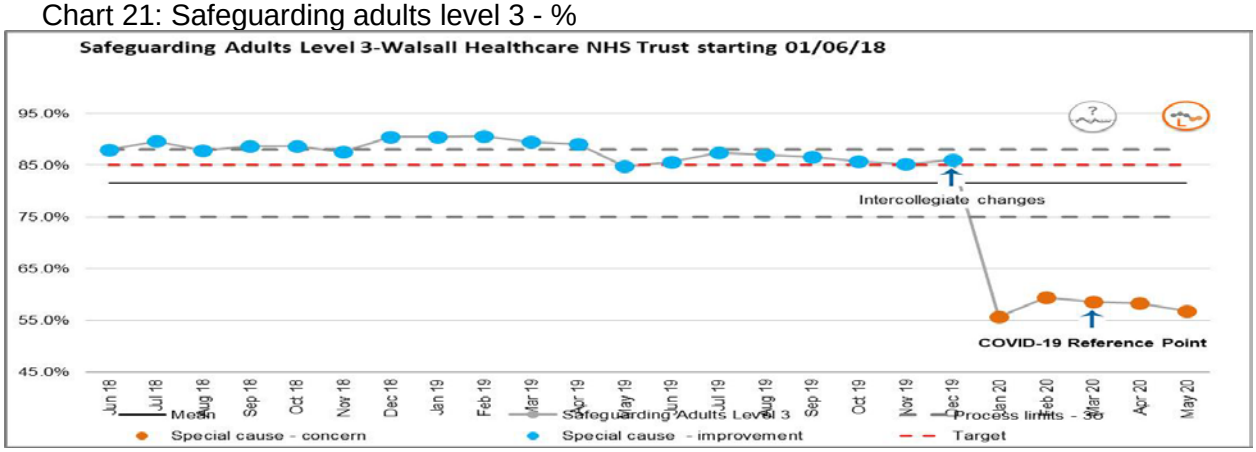
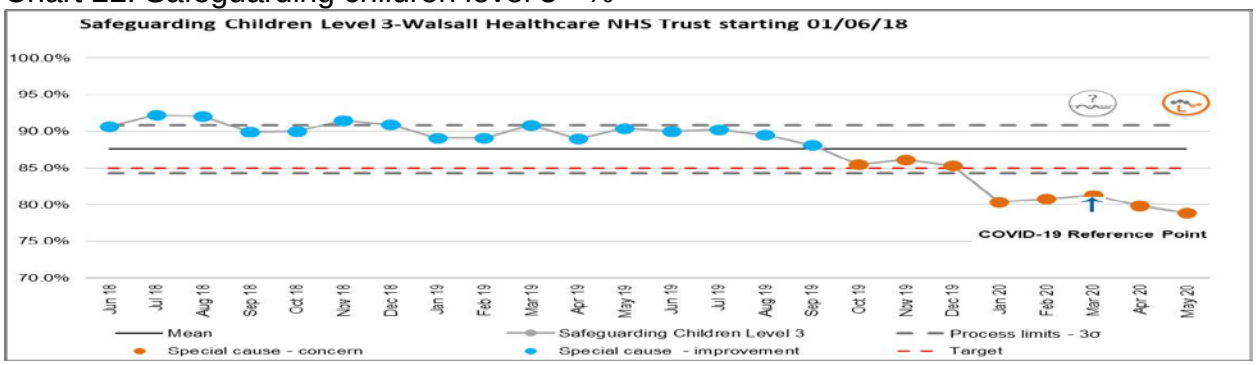


Chart 22 indicates a continued decline in safeguarding children level 3 training attainment. Divisions have been requested to interrogate the data in order to identify where training compliance is particularly lower than is acceptable. This will be reported to the Trust safeguarding Committee and a recovery plan has been developed.

Chart 22: Safeguarding children level 3 - %



Alternative methods of delivering safeguarding level 3 training for both adults and children have been developed and will come into practice on the 16th June. Level 3 training is normally delivered face to face. Due to the need for social distancing, the usual process of classroom face to face delivery of training is no longer possible. A combination of HEE e-Learning and virtual update via teams has been developed.

5.0 Maternity

Mat Neo safety collaboration has been paused due to Covid-19 however record of smoking status at booking sustained at 100% with 90% of women referred to smoking cessation (some women decline referral).

A maternity advice line was launched to support women during the Covid-19 pandemic who did not want to attend hospital and virtual clinics have been successfully launched for bookings at 16/40 gestation.

Breastfeeding support now offered virtually with excellent feedback from women using this service.

6.0 CQC Action plan

A revised CQC action plan has been developed which incorporates any outstanding actions or actions where there is no assurance of delivery, from CQC inspections going back to 2017. The current plan highlights 118 MUST DO actions (which includes 67 regulatory actions) and 105 SHOULD DO actions. Assurance on delivery will be monitored via a new CQC action plan oversight meeting that will be chaired by the Interim Director of Nursing and updates will be provided to QPES from July.

7.0 Care Excellence Programme

The care excellence programme is progressing at pace and an update on progress is below:

- The Care Excellence Strategy is in development with input from clinical teams
- The Perfect Ward audits are being developed with input from clinical teams and will be ready to launch week commencing 20 July. The system will provide live performance data that is visible ward to Board
- A review of policies, procedures and SOP's has been undertaken and there are a large number that are out of date or we cannot be assured are in line with best practice. The update of these will be monitored via the Care Excellence meeting once established
- A review of risk assessments and learning from incidents from falls, pressure ulcers, nutrition and continence has highlighted that our documentation needs to be updated as not all is in line with best practice and the investigation process does not ensure the learning is taking place. Leads have been identified to review and update the documentation in place for these areas and review the investigation and learning processes.

MEETING OF THE PUBLIC TRUST BOARD - Thursday 2nd July 2020			
Guardian of Safe Working hours Quarterly Report			**AGENDA ITEM: 16** **ENC 15**
Report Author and Job Title:	Mushal Naqvi, Guardian of Safe Working Hours (GOSWH)	**Responsible Director:**	Matthew Lewis, Medical Director
Action Required	Approve ☐ Discuss ☐ Inform ☒ Assure ☐		
Executive Summary	• The majority of exception reports were submitted by FY1 level this quarter • The number of exception reports remain within the expected limits, with December being a quiet month, as it has in previous years • Over 50% of exception reports were from General Surgery; the remainder were from General Medicine, where 90% were from the Gastroenterology ward • The main reason to exception report this quarter related to insufficient staffing levels • Of the exception reports from General Surgery, half related to the absence of doctor's office on the Surgical wards – a review is in process • There were no ISCs this quarter • There has been much better engagement by supervisors with the exception reporting system; more review meetings are occurring in a timely fashion compared to the last quarter. However, I would next like to see an improvement in the quality of these review meetings; this could be achieved through targeting the Clinical Supervisors of FY1s in General Surgery and General Medicine (where most exception report emanate), so these Supervisors have a better understanding of the exception reporting process and the role they play. This may potentially lessen fines being incurred, by Supervisors undertaking prompt meetings and arranging TOIL in place of awarding payments for exceptions • Clarity regarding the available GOSWHs funds is still pending (interrupted due to the Covid-19 pandemic) • There still remains a lack of admin linked to the guardian role, making the role more onerous than the 1PA it has been		

	allocated	
Recommendation	The Board is asked to note the report for assurance and discuss the contents	
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report	
Resource implications	Implementation of the revised Junior Doctor contract may adversely impact on rotas and the ability to cover services effectively resulting in additional workforce requirements	
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper	
Strategic Objectives	Safe, high quality care ☒	Care at home ☐
	Partners ☐	Value colleagues ☒
	Resources ☒	

GUARDIAN OF SAFE WORKING QUARTERLY (NOV/DEC 2019, JAN 2020) ON SAFE WORKING HOURS OF DOCTORS IN TRAINING

1. PURPOSE OF REPORT

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

2. BACKGROUND

GUARDIAN OF SAFE WORKING - Safeguarding the working hours of doctors

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

To do this, the guardian will:

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

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

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

Essential data for this quarter

	Allocated	Supernumerary	Total
Training Posts	151	3	154

Number of Doctors in Post	152
Number of LTFT Doctors	10

	Total HEE Vacancies	Total HEE Vacancies Recruited To	Remaining Vacancies
Numbers of Vacancies	12 WTE	4 as of 31/01/2020	9 WTE as of 31/01/2020

Exception Reports

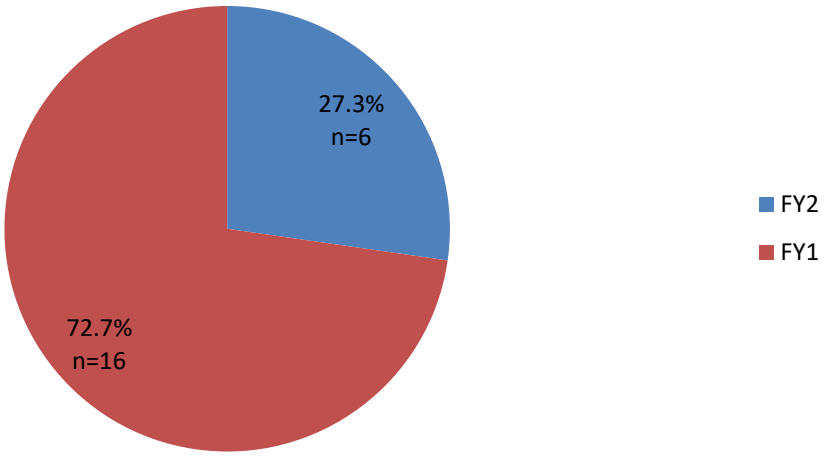
Total number of exception reports received per month within this quarter:

	Immediate safety concerns (ISCs)	Total hours of work and/or pattern	Service support available	Working hours/pattern AND Service support	Educational opportunities/ support	**TOTAL**
NOV 19	0	1	3	10	1	**15**
DEC 19	0	1	1	0	0	**2**
JAN 20	0	2	0	3	0	**5**
QUARTER	**0**	**4**	**4**	**13**	**1**	**22**

Trend in Exception Reporting

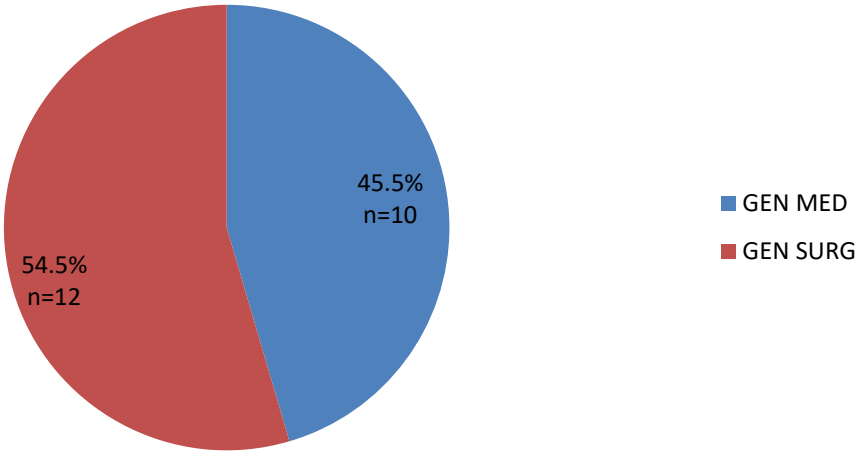
The number of exception reports in this quarter fall within the normal course, with December regularly being a quiet month; probably reflecting the holiday period.

FY1 level doctors submitted the majority of exception reports this quarter.

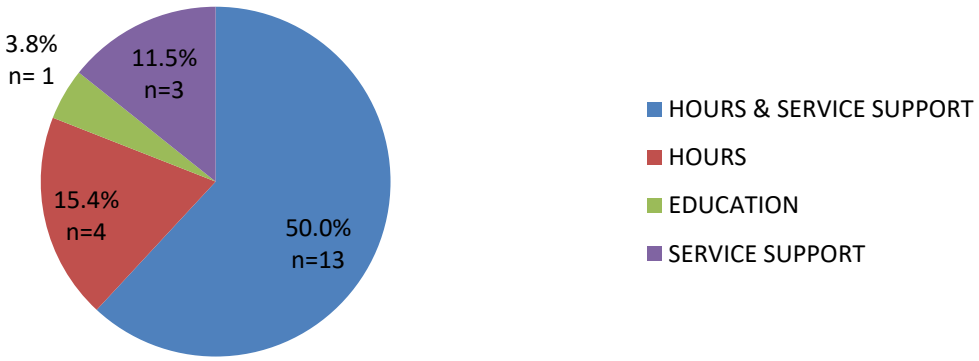


The mean number of days between an exception occurring and the exception being reported is 2.7 days (median = 1 day, range = 0 – 12 days)

Just over half of the exception reports related to Surgery with the remainder from Medicine.



Half of exception reports related to both total hours worked together with issues regarding the service support available. There was only one exception report relating to an Educational issue, with the remainder of reports being distributed fairly evenly between either the hours worked or the service support available. There weren't any immediate safety concerns this quarter.

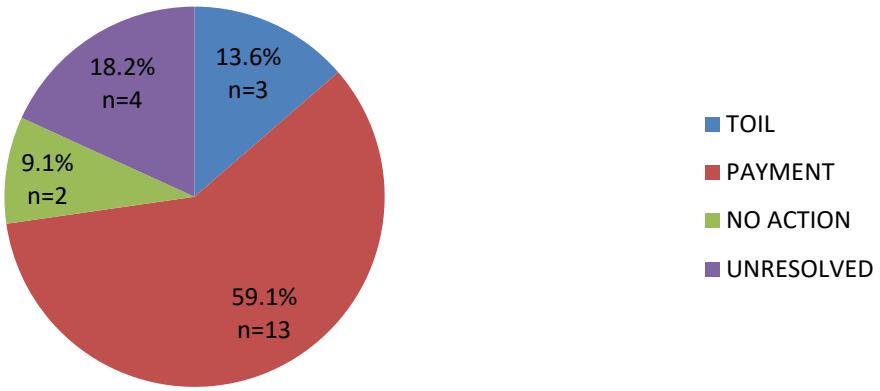


Resolutions

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

	TOIL granted	Payment for additional hours	Work schedule reviews	Resolved – no action required	Unresolved	**TOTAL**
NOV 19	3	9	0	1	2	**15**
DEC 19	0	0	0	1	1	**2**
JAN 20	0	4	0	0	1	**5**
QUARTER	**3**	**13**	**0**	**2**	**4**	**22**

Just under a fifth of exception reports for the second quarter remain unresolved, which is a great improvement since the last quarter. This may be a reflection of the presentation given on exception reporting at the "Educational Supervisors' Update" towards the end of the last quarter. However, the majority of these review meetings undertaken resulted in payment, with only approximately a tenth being resolved with Time off in Lieu (TOIL). Almost a further tenth did not require any further action. In total, 16 exception reports this quarter resulted in payment; this includes four exception reports which remained outstanding, which subsequently on my review, I determined required payment. Two payments also incurred fines.



The mean number of days between an exception report being submitted by a trainee and the review meeting occurring between the trainee and their supervisor is 11.6 days (median = 6 days, range = 1 – 87 days). This again demonstrates a great improvement on the first quarter (review meetings should ideally be occurring within 7 days of submission).

Work Schedule Reviews

Just over a half of exception reports submitted this quarter emanated from Surgery. Almost half of these referred to the 8am to 5pm weekday shifts on 20 B/C & 23 being

too busy for a single junior doctor, resulting in trainees working over; however, this problem arose due to a junior doctor being on sick leave, therefore leaving fewer doctors on the ward than usual. The other remaining exception reports in General Surgery referred to the 8am to 5pm ASU shift. Once again, a lack of junior doctors on the ward due to annual/sick leave played a role but the other theme related to the absence of doctor's office on wards 11 and 12. Here are some comments made by a couple of junior doctors on their exception report: "Work efficiency is also hindered by things on ASU - not having a doctor's office is frustrating. While doing one job, I'll be interrupted by relatives or nurses for other things to do. This slows things down and can also lead to mistakes"; "While trying to balance looking after the acutely ill patients and completing the ward jobs, we were continually interrupted by relatives/nurses/CSWs as there is no doctor's office to work in. We were concerned that this can very easily lead to mistakes, as well as slowing down work efficiency." The issue of no doctor's offices on the surgical wards was highlighted at my monthly 1:1 meeting with the Deputy Medical Director which has started to take place since April and the matter has been highlighted to the Divisional Director of Surgery and Divisional Director of Nursing, who are now working on identifying areas to accommodate a doctor's office on each of the Surgical wards.

The remaining exception reports emanated from the General Medicine of which 90% related to the Gastroenterology ward and the common problem was of "low staffing levels" causing junior doctors to regularly work over the end of their shift.

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

There were no ISCs in this quarter.

Fines Levied Against Departments This Quarter

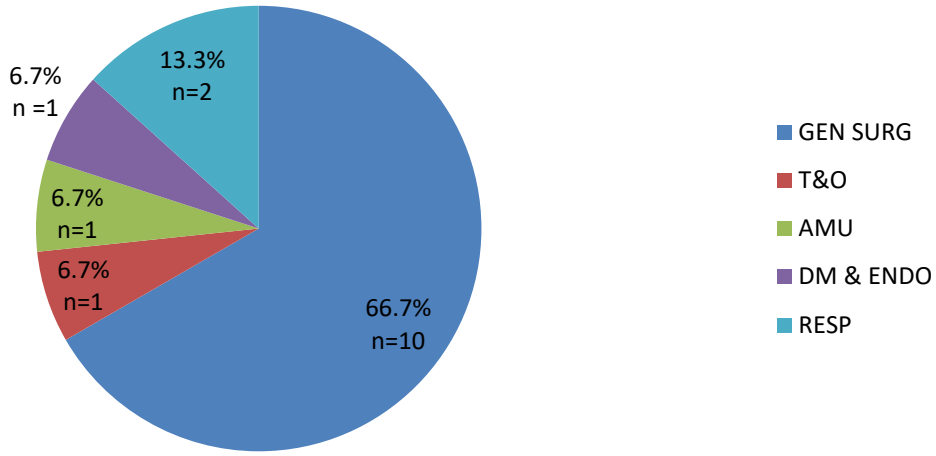
Two fines were levied this quarter; a larger sum against the Gastroenterology department and the other smaller amount from the General Surgery department (the latter exception report had a fine levied on my review as the exception had been outstanding, meaning a review meeting between the junior doctor and their supervisor had not been conducted).

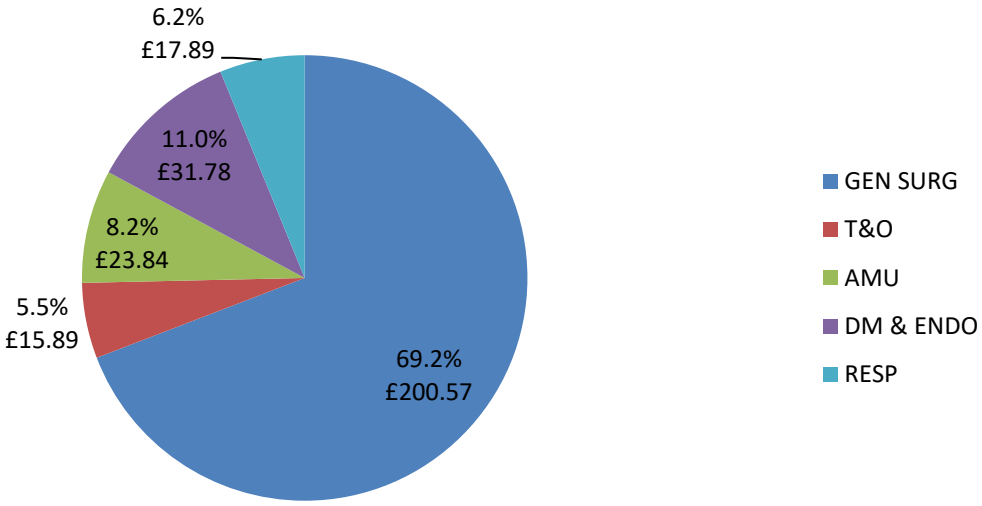
A further 14 exception reports (of which three were outstanding and I therefore personally reviewed the reports) resulted in four FY1s and a FY2 being compensated as detailed further down in my report for the additional hours they had worked; these additional hours worked did not result in breeching the 2016 contract TCS, therefore no fine was levied and the junior doctors concerned were paid the entire amount.

There were several outstanding exception reports from the last quarter where trainees had not had a review meeting conducted by their supervisor. I have reviewed each personally and this has resulted in payments to a further 13 exception reports from seven junior doctors totalling an additional £238.13 (TOIL was not an

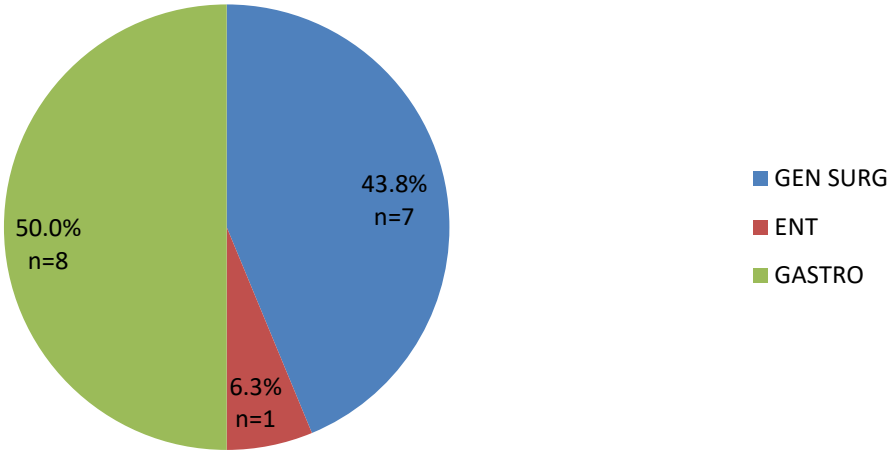
option as these doctors had rotated out of their posts to another specialty). Consequently, one of these exception reports required a small fine to be applied against the General Surgery department.

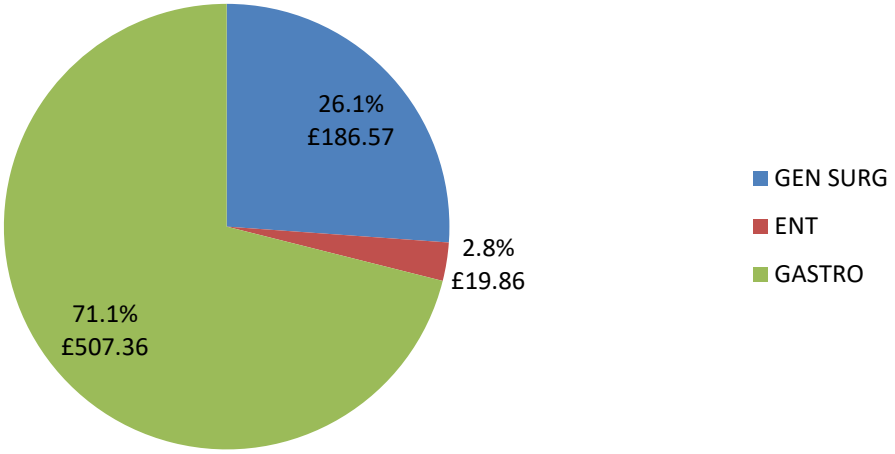
The diagrams below shows the distribution of exception reports resulting in payment by specialty and expenditure on exception reports according to specialty, respectively, for the previous quarter:





The following charts demonstrate the same data for this quarter:





Balance at End of Last Quarter	Not known
Fines Paid to GOSWH This Quarter	£263.44
Total Fines Paid to GOSWH from Aug 19	£277.05
Expenses This Quarter	£95.00
Total Expenses from Aug 19	£215.95
Total Paid to Trainees this Quarter (£)	£688.44
Total Paid to Trainees from Aug 2019	£740.52
Balance at End of this Quarter	Not known + £61.10

I am liaising with the finance department to resolve the concern mentioned in my last quarterly report regarding the GOSWH funds – this process was put on hold due to attention and resources being redirected to the Covid-19 pandemic but as the situation settles, I plan to return to this unresolved issue.

Rota Gaps and Vacancies this Quarter

Department	Grade	Nov 19 Uncovered Shifts	Dec 19 Uncovered Shifts	Jan 20 Uncovered Shifts	Total
Paeds	ST Higher (40%)	4	3	5	12
Paeds	ST Higher (40%)	3	1	3	7
Paeds	GP ST1-2 (40%)	0 (Trust doctor appointed)	0 (Trust doctor appointed)	0 (Trust doctor appointed)	0
Paeds	ST1-2	NOT VACANT	15	14	29
Anaes	CT1-3	0 (never incorporated into rota)	0 (never incorporated into rota)	0 (never incorporated into rota)	0
Anaes	CT1-3	0 (never incorporated into rota)	0 (never incorporated into rota)	0 (never incorporated into rota)	0
Anaes	CT1-3	0 (never incorporated into rota)	0 (never incorporated into rota)	0 (never incorporated into rota)	0
A&E	GP ST1-2 (40%)	4	2	6	12
Cardiology	CT1-2 (40%)	5	6	8	19
Acute Medicine	ST Higher	12	17	17	46
Elderly Care	ST Higher	0 (long term locum in post)	0 (long term locum in post)	0 (long term locum in post)	0
Elderly Care	ST Higher	19	17	12	48
Elderly Care	GP ST1-2	17	0 (Trust doctor appointed)	No longer vacant	17
Elderly Care	GP ST1-2	0 (Trust doctor appointed)	0 (Trust doctor appointed)	No longer vacant	0
Gastro	GP ST1-2	0 (Trust doctor appointed)	0 (Trust doctor appointed)	No longer vacant	0
GP	FY2 Super-numerary	0 (never incorporated into rota)	0 (never incorporated into rota)	0 (never incorporated into rota)	0
Diabetes	CT1-2	NOT VACANT	17	12	29
Respiratory	FY2	NOT VACANT	NOT VACANT	11	11
TOTAL UNCOVERED SHIFTS					**230**

Junior Doctor Forums and Junior Doctor Engagement

The quarterly Junior Doctor Forum (JDF) meeting was held on Monday 9th March 2020 and was very well attended by trainees particularly at FY1 level. Unfortunately

no minutes have been taken to allow inclusion in this report due to the lack of admin support provided to the Guardian role.

Support for Guardian Role

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

Key Issues and Summary

- The majority of exception reports were submitted by FY1 level this quarter
- The number of exception reports remain within the expected limits, with December being a quiet month, as it has in previous years
- Over 50% of exception reports were from General Surgery; the remainder were from General Medicine, where 90% were from the Gastroenterology ward
- The main reason to exception report this quarter related to insufficient staffing levels
- Of the exception reports from General Surgery, half related to the absence of doctor's office on the Surgical wards – a review is in process
- There were no ISCs this quarter
- There has been much better engagement by supervisors with the exception reporting system; more review meetings are occurring in a timely fashion compared to the last quarter. However, I would next like to see an improvement in the quality of these review meetings; this could be achieved through targeting the Clinical Supervisors of FY1s in General Surgery and General Medicine (where most exception report emanate), so these Supervisors have a better understanding of the exception reporting process and the role they play. This may potentially lessen fines being incurred, by Supervisors undertaking prompt meetings and arranging TOIL in place of awarding payments for exceptions
- Clarity regarding the available GOSWHs funds is still pending (interrupted due to the Covid-19 pandemic)
- There still remains a lack of admin linked to the guardian role, making the role more onerous than the 1PA it has been allocated

Caring for Walsall together

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

Appendix

SUBMISSION DATE	DATE OF EXCEPTION	NUMBER OF DAYS FROM INCIDENT TO SUBMISSION	DAY OF EXCEPTION	TYPE OF REPORT	TIME OF DAY	SPECIALTY	SUBSPECIALITY	WARD	GRADE	DATE OF MEETING	NUMBER OF DAYS BETWEEN SUBMISSION AND MEETING	OUTCOME	COMMENTS	PAYMENT TO DR	PAYMENT TO GOSWH
16/11/2019	12/11/2019	4	TUESDAY	WORKING HOURS/PATTERN & SERVICE SUPPORT	LUNCH BREAK & EVENING FINISH	SURGERY	GENERAL SURGERY	ASU	FY2	19/11/2019	3	TOIL			
16/11/2019	13/11/2019	3	WEDNESDAY	WORKING HOURS/PATTERN & SERVICE SUPPORT	EVENING FINISH	SURGERY	GENERAL SURGERY	ASU	FY2	19/11/2019	3	TOIL	"WORK EFICIENCY IS ALSO HINDERED BY THINGS ON ASU- NOT HAVING A DOCTORS OFFICE IS FRUSTRATING. WHILE DOING ONE JOB, I'LL BE INTERRUPTED BY RELATIVES OR NURSES FOR OTHER THINGS TO DO. THIS SLOWS THINGS DOWN AND CAN ALSO LEAD TO MISTAKES."		
22/11/2019	22/11/2019	0	FRIDAY	SERVICE SUPPORT	EVENING FINISH	SURGERY	ENT	?	FY1	03/12/2019	11	PAYMENT FOR 1HR 15MINS	OTHER ENT FY1 ON AL; SHO COVERING ENT OFF ILL	£19.86	
22/11/2019	22/11/2019	0	FRIDAY	WORKING HOURS/PATTERN	EVENING FINISH	MEDICINE	DIABETES & ENDORINOLOGY	15	FY1	25/11/2019	3	TOIL	UNWELL PATIENT AT END OF SHIFT		
23/11/2019	22/11/2019	1	FRIDAY	SERVICE SUPPORT	?	SURGERY	GENERAL SURGERY	ASU	FY1	26/11/2019	3	?PAYMENT FOR ??HOW MUCH TIME??	??		
23/11/2019	11/11/2019	12	MONDAY	WORKING HOURS/PATTERN & SERVICE SUPPORT	LUNCH BREAK & EVENING FINISH	SURGERY	GENERAL SURGERY	ASU	FY1			OUTSTANDING (GOSWH PAYMENT)	?PAYMENT FOR ?1HR 15MINS (18:00 FINISH PLUS ONLY TOOK 15 MINS FOR BREAK FOR WHOLE SHIFT)	£19.86	
23/11/2019	13/11/2019	10	WEDNESDAY	WORKING HOURS/PATTERN & SERVICE SUPPORT	EVENING FINISH	SURGERY	GENERAL SURGERY	ASU	FY1			OUTSTANDING (GOSWH PAYMENT)	NO FLOATING FY1 - ON AL, ONLY 2 JUNIOR DOCTORS ON ASU. "WHILE TRYING TO BAIANCE LOOKING AFTER THE ACUTELY ILL PATIENTS AND COMPLETING THE WARD JOBS, WE WERE CONTINUALLY INTERRUPTED BY RELATIVES/NURSES/CSWs AS THERE IS NO DOCTORS OFFICE TO WORK IN. WE WERE CONCERNED THAT THIS CAN VERY EASILY LEAD TO MISTAKES, AS WELL AS SLOWING DOWN WORK EFFICIENCY." ?PAYMENT FOR ?1HR 30MINS (18:00 FINISH)	£23.84	
25/11/2019	25/11/2019	0	MONDAY	WORKING HOURS/PATTERN & SERVICE SUPPORT	LUNCH BREAK & EVENING FINISH	MEDICINE	GASTROENTEROLOGY	16	FY2	27/11/2019	2	PAYMENT	ONLY 2 JUNIORS ON WARD. PAYMENT FOR 1HR 45MINS PLUS 730MINS AS NO LUNCH BREAK	£41.38	
26/11/2019	26/11/2019	0	TUESDAY	WORKING HOURS/PATTERN & SERVICE SUPPORT	EVENING FINISH	MEDICINE	GASTROENTEROLOGY	16	FY2	27/11/2019	1	PAYMENT	USED 2HRS OF EDUCATION TIME AS ONLY FY1 ON WARD PLUS 30MINS OVER AT END OF SHIFT	£45.98	
26/11/2019	26/11/2019	0	TUESDAY	EDUCATIONAL	USED 2HRS OF EDUCATION TIME TO SUPPORT FY1 COVERING WARD	MEDICINE	GASTROENTEROLOGY	16	FY2	21/02/2020	87	RESOLVED - NO ACTION REQUIRED	ONE OFF EVENT - DEPARTMENT NORMALLY EXTEMELY SUPPORTIVE		
27/11/2019	27/11/2019	0	WEDNESDAY	WORKING HOURS/PATTERN & SERVICE SUPPORT	EVENING FINISH	SURGERY	GENERAL SURGERY	20 B/C & 23	FY1	03/12/2019	6	PAYMENT	WORKED 1H 45MINS OVER END OF SHIFT. WARD SHO HAD TO LEAVE WARD AFTER ROUND TO ASSIST IN THEATRE & NO FLOATING FY1 (OFF SICK)	£27.81	
27/11/2019	26/11/2019	1	TUESDAY	WORKING HOURS/PATTERN & SERVICE SUPPORT	EVENING FINISH	SURGERY	GENERAL SURGERY	20 B/C & 23	FY1	03/12/2019	6	PAYMENT	WORKED 1H 30MINS OVER END OF SHIFT. WARD SHO LEFT WITH REGISTRAR FOR ASU WARD ROUND. NO FLOATING FY1 (OFF SICK)	£23.84	
27/11/2019	25/11/2019	2	MONDAY	WORKING HOURS/PATTERN & SERVICE SUPPORT	EVENING FINISH	SURGERY	GENERAL SURGERY	20 B/C & 23	FY1	03/12/2019	6	PAYMENT	WORKED 1HR OVER END OF SHIFT. WARD SHO LEFT TO ASSIST WARD REGISTRAR WITH ASU WARD ROUND.	£15.89	
28/11/2019	28/11/2019	0	THURSDAY	WORKING HOURS/PATTERN & SERVICE SUPPORT	EVENING FINISH	SURGERY	GENERAL SURGERY	20 B/C & 23	FY1	03/12/2019	5	PAYMENT	WORKED 1HR 30MINS OVER END OF SHIFT. WARD SHO NEEDED IN THEATRE DUE TO ILLNESS IN THEATRE COVER. ASKED ASU FY1s TO HELP BUT ASU ALSO BORDERLINE STAFFED WITH 1 ASU ALSO FY1 REQUIRED IN THEATRE.	£23.84	
29/11/2019	28/11/2019	1	THURSDAY	SERVICE SUPPORT	EVENING FINISH	MEDICINE	GASTROENTEROLOGY	16	FY2	27/12/2019	28	PAYMENT	WORKED 1HR 30MINS OVER END OF SHIFT.	£100.34	£236.22
03/12/2019	30/11/2019	3	SATURDAY	SERVICE SUPPORT	WEEKEND ON CALL	SURGERY	GENERAL SURGERY	ASU	FY1	11/12/2019	8	UNRESOLVED - NO ACTION REQUIRED	ON CALL FY1 FOR 20 A/B/C OFF SICK WITH NO COVER - ASU FY1 COVERED THIS SHIFT IN ADDITION TO OWN ON CALL SHIFT		
25/12/2019	18/12/2019	7	MONDAY	WORKING HOURS/PATTERN	EVENING FINISH	MEDICINE	GASTROENTEROLOGY	16	FY1			OUTSTANDING (GOSWH PAYMENT)	WORKED 1HR 30MINS OVER END OF SHIFT	£23.84	
06/01/2020	31/12/2019	6	TUESDAY	WORKING HOURS/PATTERN & SERVICE SUPPORT	LUNCH BREAK & EVENING FINISH	MEDICINE	GASTROENTEROLOGY	16	FY1	15/01/2020	9	PAYMENT	"LOW STAFFING LEVELS" WORKED 30MINS OVER END OF SHIFT PLUS ONLY TOOK 10MIN BREAK DURING SHIFT	£11.92	
06/01/2020	01/01/2020	5	BH WEDNESDAY	WORKING HOURS/PATTERN & SERVICE SUPPORT	EVENING FINISH	MEDICINE	GASTROENTEROLOGY	16	FY1	15/01/2020	9	PAYMENT	"LOTS OF BLOOD TESTS; NO PHLEBOTOMY SERVICES" WORKED 1HR OVER END OF SHIFT.	£15.89	
06/01/2020	03/01/2020	3	FRIDAY	WORKING HOURS/PATTERN	LUNCH BREAK & EVENING FINISH	MEDICINE	GASTROENTEROLOGY	16	FY1	15/01/2020	9	PAYMENT	ONLY TOOK 10MIN LUNCH BREAK, WORKED 1HR OVER END OF SHIFT. "ALERTED BY SPECIALIST NURSE THAT PATIENT WAS KNOWN MYASTHENIA GRAVIS AND HAD BEEN REFUSING ORAL MEDICATIONS DUE TO LEARNING DISABILITY, WOULD NEED IV/IM REPLACEMENT OR RISK FACING A MYSTHENIC CRISIS OVER THE WEEKEND"	£19.87	
06/01/2020	06/01/2020	0	MONDAY	WORKING HOURS/PATTERN	EVENING FINISH	MEDICINE	GASTROENTEROLOGY	16	FY1	15/01/2020	9	PAYMENT	"AT 16:55 WAS ALERTED BY NURSE ABOUT ACUTELY UNWELL PATIENT (HYPERKALAEMIA, ?CARDIOGENIC SHOCK). WHILST DEALING WITH PATIENT AND GETTING CRITICAL CARE OUTREACH INVOLVED, ANOTHER BECAME ACUTELY UNWELL (TACHYARHYTMIA)" WORKED 45MINS OVER END OF SHIFT.	£11.92	
21/01/2020	20/01/2020	1	MONDAY	WORKING HOURS/PATTERN & SERVICE SUPPORT	EVENING FINISH	SURGERY	GENERAL SURGERY	ON CALL	FY1			OUTSTANDING (GOSWH PAYMENT)	"ON CALL SHO CALLED IN SICK - DAYTIME SHO COVERED UNTIL 18:00 BUT NO SHO REST OF SHIFT" WORKED 1HR (30MINS DAY RATE; 30MINS NIGHT RATE) OVER END OF SHIFT.	£24.27	£27.22

Walsall Healthcare NHS Trust

MEETING OF THE PUBLIC TRUST BOARD - Thursday 2nd July 2020			
Equality and Inclusion Annual Report - 2019-20			**AGENDA ITEM: 17** **ENC 16**
Report Author and Job Title:	Sabrina Richards Talent, Inclusion and Resourcing Lead	**Responsible Director:**	Catherine Griffiths Director of People & Culture
Action Required	Approve ☐ Discuss ☐ Inform ☒ Assure ☒		
Executive Summary	This Annual Equalities Report is part of the Trust's improvement ambition and will be refined as we build upon this draft document. The development of the report will be an iterative process as we learn from others then design and develop outcomes with stakeholders. This report was reviewed by the People and Organisational Development Committee on 25th June.		
Recommendation	The Trust Board is asked to recognise the progress and achievements of the past year which are highlighted in this report. As well as approve the 'Looking Ahead' commitments planned for 20/21.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	This report mitigates against one of the risks in the BAF which identified that a gap analysis of the Trust arrangements regarding equality, diversity and inclusion in 2018 highlighted significant gaps in provision, monitoring and reporting. The risk to the organisation is: - Users of the services will have a poor/inequitable experience - Staff could receive inequitable treatment and opportunity • - The Trust fails to meet its statutory obligations under the Equality Act 2010 and other legislation		
Resource implications	It is envisaged that in order to implement any actions to improve equality diversity and inclusion practice, resources will be required. It is anticipated that any resource implications will be costed out at a later date.		

Legal and Equality and Diversity implications	The legal implications of not making improvements in relation to equality, diversity and inclusion may result in legal challenges in the form of judicial reviews, legal costs implications associated with employment tribunals and poor organisation reputation. This also has implications for the organisation in relation to meeting its Public Sector Equality Duty 2011.	
Strategic Objectives	Safe, high quality care ☒	Care at home ☐
	Partners ☒	Value colleagues ☒
	Resources ☒	

Walsall Healthcare NHS
NHS Trust

Equality and Inclusion Annual Report 2019-20

Caring for Walsall together

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

Respect
Compassion
Professionalism
Teamwork

Accessibility and Communications

Walsall Healthcare is keen to ensure that our patients, service users, carers, public, staff and partner organisations are aware that reasonable steps are taken to ensure that the information we produce is accessible to a range of individual needs. This also applies to the way we communicate.

This includes; identifying and reasonably removing 'barriers' for people accessing our information, services, premises, any employment or engagement opportunities and considering requests for reasonable adjustments as appropriate.

If you would like to receive material from Walsall Healthcare websites or our key publications in another format – such as Audio, Clear Information, Easy Read, British Sign Language, Interpreter Services, Large Print, or Braille – please contact the general reception number 01922 721 172 and request to speak to the Patient Relations Team.

This Accessibility and Communications Statement will be reviewed annually.

Contents

Executive Summary

Walsall Healthcare NHS Trust is pleased to present it's annual equality and inclusion report for 2019 - 20.This report has been developed to showcase the work that has been undertaken over the past twelve months to demonstrate compliance with the Public Sector Equality Duty.

The report highlights the Trust's commitment to continuous improvement with equality, diversity and inclusion for the benefit of staff and the patient population of Walsall.

2019 has been a year of change and opportunities for the Trust as the organisation continues to transform ways of working following a number of recommendations from the CQC inspection in February 2019.A robust improvement framework has been introduced along with comprehensive action plans as part of the Trust's transformation journey to achieve an Outstanding CQC rating by 2022.

In early 2019, the Trust developed an equality, diversity and inclusion strategy to support improvements in equality, diversity and inclusion across the organisation. The Trust Board also signed up to a Board Pledge to demonstrate their commitment to a zero tolerance approach to inappropriate behaviour in the workplace and treating people fairly, and inclusively.

This report provides information about progress made with the Trust's Equality, Diversity and Inclusion objectives and compliance with the Gender Pay Gap reporting , NHS Mandated standards such as the Workforce Disability Equality Standard, Equality Delivery System 2 and Workforce Race Equality Standard.

Introduction

Walsall Healthcare NHS Trust provides local general hospital and community services to around 270,000 people in Walsall and the surrounding areas. We are the only provider of NHS acute care in Walsall, providing inpatients and outpatients at the Manor Hospital as well as a wide range of services in the community. Walsall Manor Hospital houses the full range of district general hospital services under one roof. The £170 million development of our Pleck Road site was completed in 2010 and the continued upgrading of existing areas ensures the Trust has state of the art operating theatres, treatment areas and equipment.

We provide high quality, friendly and effective community health services from some 60 sites including Health Centre's and GP surgeries. Covering Walsall and beyond, our multidisciplinary services include rapid response in the community and home-based care, so that those with long-term conditions and the frail elderly, can remain in their own homes to be cared for.

The Trust's Palliative Care Centre in Goscote is our base for a wide range of palliative care and end of life services. Our teams, in the Centre and the community, provide high quality medical, nursing and therapy care for local people living with cancer and other serious illnesses, as well as offering support for their families and carers.

Walsall Together is an ambitious and exciting programme to transform health and social care provision in Walsall. The programme brings together all the local NHS organisations in the Black Country and its vision is to address the changing needs of our population with integrated care solutions that maximise the potential of the individual person, the teams that support them and the wider health and care system.

Walsall Healthcare NHS Trust

Our vision and values

Walsall Healthcare NHS Trust is guided by five strategic objectives which combine to form the overall 'vision' for the organisation.

Complementing this are our 'values', a set of individual behaviours that we wish to espouse amongst our workforce in order to deliver effective care for all. We recently revised our vision to reflect our ambition to be 'Outstanding by 2022.'

Our vision is underpinned by five strategic objectives which are to:

- Provide safe, high-quality care – we aim to deliver experience in care as measured by the CQC rating of 'Outstanding' by April 2022.
- Deliver care at home – by providing the right care in the right place at the right time; supporting the people of Walsall to live longer and at home, reducing reliance on acute care.
- Work with partners – we will work in partnership to improve health and well-being.
- Value our colleagues – We are aiming to be an inclusive organisation which lives our organisational values at all times (Respect, Compassion, Professionalism & Teamwork).
- Use resources well – to utilise our resources to their optimum in order to deliver best value.

Our vision and values

Our ambition is that by 2021 we will be an organisation that is focused on delivering safe care closer to the homes of the communities we serve; have a workforce that is engaged and empowered and we are working with partners to ensure our financial sustainability.

As well as revising our vision, we engaged with colleagues to agree on the values and individual behaviours that we wish to espouse in our working environment.

- ✓ **Respect-** We are open, transparent and honest, and treat People with dignity and respect
- ✓ **Compassion-** We value people and behave in a caring, supportive and considerate way
- ✓ **Professionalism**- We are proud of what we do and are motivated to make improvements
- ✓ **Team work-** We understand that to achieve the best outcomes we must work in partnership with others

These values and the behaviours that underpin them have recently been incorporated into our revised Performance and Development Review paperwork.

Equality legislation and our legal duties

Equality Act 2010 & Public Sector Equality Duty 2011

What is the Public Sector Equality Duty (PSED)?

The equality duty was created by the Equality Act 2010 and replaced the race, disability and gender equality duties. The duty came into force in April 2011 and covers the nine protected characteristics which are age, sex, disability, race, religion and belief, gender reassignment, sexual orientation, pregnancy and maternity and marriage and civil partnership status. It applies in England, Scotland and Wales. The general duty is set out in section 149 of the Equality Act. These are sometimes referred to as the three aims or arms of the general duty. The Act explains that having due regard for advancing equality involves;

- Removing or minimising disadvantages suffered by people due to their protected characteristic
- Taking steps to meet the needs of people from protected groups where these needs are different from the needs of other people
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

The Act states that meeting different needs involves taking steps to take account of disabled people's disabilities. It describes fostering good relations as tackling prejudice and promoting understanding between people from different groups. It states that compliance with the duty may involve treating people more favourably than others e.g. disabled people.

Equality legislation and our legal duties

Public authorities also need to have due regard to the need to eliminate unlawful discrimination against someone because of their marriage or civil partnership status. This means that the first aim of the duty applies to this characteristic but that the other aims advancing equality and fostering good relations) do not apply.

There are two ways that a body can be subject to the general equality duty. Those bodies listed in schedule 19 of the Equality Act 2010 are subject to the general duty. In addition, any organisation which carries out a public function is subject to the general duty.

The general duty requires public authorities to have due regard to the need to eliminate discrimination; advance equality of opportunity, and foster good relations when making decisions and developing policies (i.e. in all their planning and decision making) In order to meet the legal duty, it is necessary for organisations to understand the potential effects of its activities on different groups of people.

Where these are not immediately apparent, it may be necessary to carry out some form of assessment or analysis to understand any potential negative Impact on protected groups e.g. age, disability, religion and belief, sexual orientation, marriage and civil partnership status, gender reassignment, race, sex, pregnancy and maternity.

Equality legislation and our legal duties

Brown and Bracking principles- Due regard

There are many cases in which the courts have considered whether a body has complied with the public sector equality duty and the former equality duties for race, gender and disability. The principles set out in those cases will be relevant to the duty under s.149 in R (Brown) v. Secretary of State for Work and Pensions 2008. The court considered what a relevant body has to do to fulfil its obligation to have due regard to the aims set out in the general equality duty. The Brown principles it set out have been accepted by courts in later cases. Those principles are that;

- The equality duty is an integral and important part of the mechanisms for ensuring the fulfilment of the aims of anti discrimination legislation.
- The duty is upon the decision maker personally. What matters is what he or she knew.
- A body must assess the risk and extent of any adverse impact and ways in which such risk may be eliminated before the adoption of a proposed policy.

Governance

Walsall Healthcare has mechanisms in place to ensure that equality, diversity and inclusion is monitored and reported on through its governance structures.

People and Organisation Development Committee-PODC

This group is chaired by a non Executive Director and member of the Trust Board and meetings take place once a month. The purpose of the group is to provide strategic direction on all matters related to People and Organisation Development which includes equality and inclusion. Progress is reported to the Board on a regular basis.

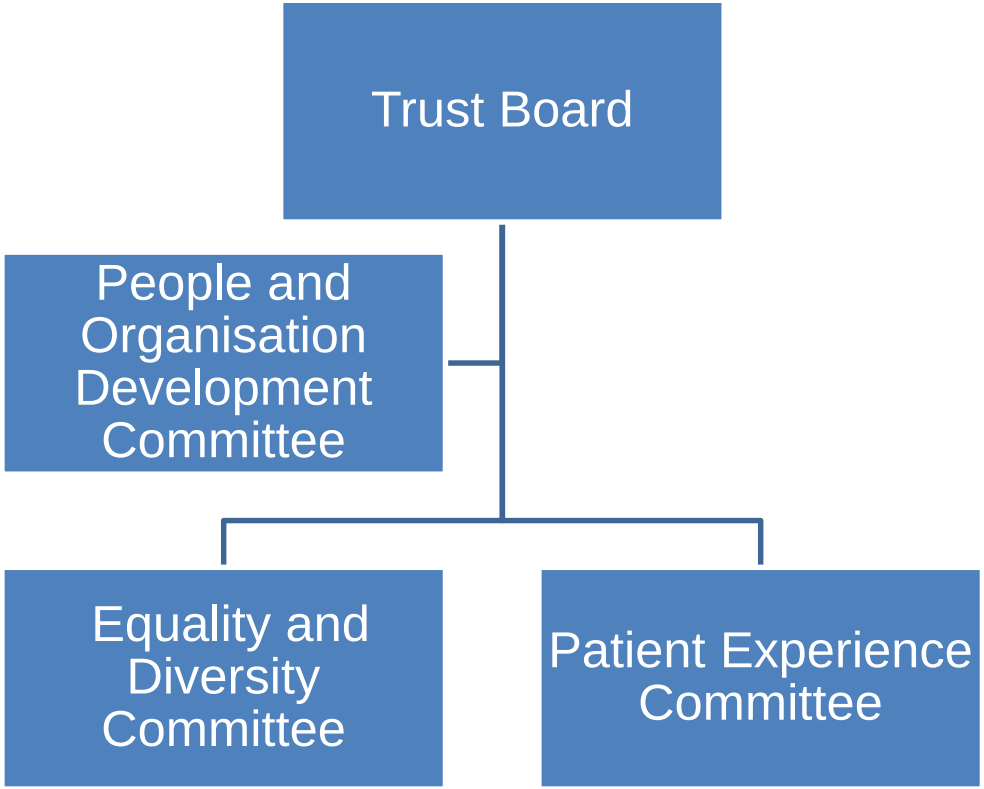
Equality Diversity and Inclusion Committee- EDIC

This group has responsibility for ensuring the development and delivery of the Trust's Equality, Diversity and Inclusion agenda and to provide assurance that Trust acts in accordance with its statutory duties to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between those that share a protected group and those that do not.

Patient Experience Committee- PIC

This group has been established to ensure the involvement of community groups and patient representatives in the design of services.

Governance


Trust Board
People and Organisation Development Committee
Equality and Diversity Committee
Patient Experience Committee

Progress against our equality objectives

The following progress has been made;

- The Trust carried out an assessment of equality, diversity and inclusion performance using the Equality Delivery System2 and published the outcomes on the website. This exercise was undertaken with full involvement from members of the local community.
- The Trust reviewed its approach to managing equality and inclusion risks .The EIA framework is due to be incorporated into the VERTO platform an online project management tool to ensure there is sufficient governance around equality and inclusion risks.
- The Trust has improved its approach to interpretation and translation services to ensure seamless and accessible communication methods for patients whose first language is not English and for patients with a hearing impairment.
- The Trust ensured equality and inclusion demographic questions were incorporated into the Medway electronic patient records system to record important patient demographic information. The importance of capturing patient demographics has been incorporated into the EPR training programme.
- The Trust's values have been included within the new Performance and Development Review paperwork to allow staff to demonstrate how they 'live the values' in the working environment.
- Published WRES,WDES and Gender Pay gap reports on the Trust's website along with action plans and became a partner in the NHS Employers Equality, Diversity and Inclusion Programme.
- Supported our Black and Minority Ethnic Staff to attend the Stepping Up Positive Action programme

Other achievements

Princes Trust

Over the past year we have continued to work with the Prince's Trust to offer opportunities to young people (aged 16-30) to move into health and social care careers, apprenticeships or learning pathways between 2020 and 2024. The Princes Trust programme is made up of the following:

- Get Into
- Get Started
- Mentoring programmes

The programmes run for 4 weeks, a short course of 3 days or for a day a week for 12 months.

We support the programme by having placements at least 3 times per year. For each programme we aim to find placement opportunities for at least 14 candidates.

Successes to date from the November 2019 cohort include successful candidates:

- gaining a Community Support Worker role in the Trust
- joining the Clerical Bank and being offered a role within People & Culture directorate

Apprenticeships

- A review was carried out with the aim of making improvements to our current apprenticeship offer. For new starter apprentices, the Trust ensured that they were being paid at National Minimum Wage (NMW) for age and removed the apprenticeship hourly rate. Existing employees continue on their current rate of pay for development apprenticeships or move to agreed rate of pay following successful completion of the apprenticeship..

Other achievements

- Recruitment to a substantive post – on successful completion of the apprenticeship, competencies and demonstration of the expected Trust values and behaviours ,providing those at risk have been considered and given priority.
- Apprenticeship programmes and qualifications more closely linked to area of work
- Approved provider list and agreed actions which include regular reviews with line managers
- Clear roles & responsibilities for apprentices, managers, providers and support teams

We currently have a total of 118 active apprentices which include existing staff as well as those recruited into apprentice vacancies. This is above the required 2.3% of the total workforce to be apprentices, approximately 103 apprentices per year.

Work experience

We carried out a review of the current Work Experience offer and have made improvements to ensure we have opportunities at all educational levels, as well as offering opportunities for people with Learning & Physical disabilities.

We have established better links with local schools and colleges such as Health Futures UTC in West Bromwich which is a school that caters for young people aged 14-19 who are interested in studying for careers in health, science and social care as well as other organisations that support the development of people who need additional support to gain employment opportunities.

Other achievements

Supporting Walsall Pride

In August 2019, Walsall Healthcare Trust supported Walsall Pride which was attended by the Walsall Integrated Sexual Health team, the Trust's Communications Officer and Head of Patient Relations.

Engagement with the LGBT+ community is key to ensuring services recognise the needs of this community and that they have confidence in the services provided. A recent Stonewall survey (published November 2018) stated that lesbian, gay, bisexual and transgender (LGBT+) patients face inequalities in their experience of NHS healthcare.

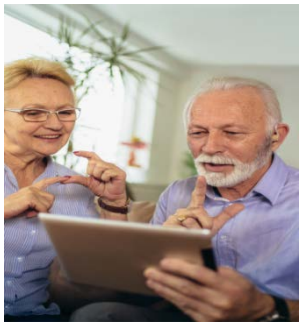
The survey estimates that one in five LGBT+ people are not out to any healthcare professional about their sexual orientation when seeking general medical care, and one in seven LGBT+ people have avoided treatment for fear of discrimination.

To begin to increase awareness and to help improve the experiences for our LGBT + patients, Walsall Healthcare has signed up to support the Rainbow Badge initiative. Wearing the badge is a sign that the wearer is someone you can talk to about issues of sexuality and gender identity. When staff sign up to wear the badge they are provided with information about the challenges people who identify as LGBT+ can face accessing healthcare and what they can do to support them.

Other achievements

Interpretation and language service

The Trust made improvements to its interpreting and translation service and the service is provided by Word 360. Word 360 have partnered up with Communication Plus to deliver communication support across Walsall Healthcare NHS Trust.



Sites include:

- Walsall Manor Hospital
- Community Health visitors
- Physiotherapists and Community nursing
- Walsall Council
- Dudley & Walsall Mental Health Trust

From January 2020,patients will be able to access translation and interpreting services via a video relay link. As part of the service offer , there are plans to develop an information toolkit to provide information to staff on how to support patients with specific communication needs.

The Patient Liaison team also attended a Healthwatch spotlight event in November 2019 to share information on the support we provide for patients who are hard of hearing or with complete hearing loss who access our services.

The number of patients who require full BSL support has increased steadily from 2017 to 2019 with 419 bookings undertaken compared to 368 when our partner organisation WORD 360 were contracted.

Other achievements

EIDO – Patient information Library

EIDO Healthcare is an evidence-based patient information factsheet library of over 320 leaflets relating to procedures and treatments available nationally. Healthcare staff at the Trust can use EIDO to help patients make around informed consent about their treatment, procedure or care.

Patients need to be fully informed of their treatment and to understand the proposed procedures. High-quality, clear information helps patients' understand the medical procedure and available alternatives only then can they make an informed decision.

During the year we refreshed our information to take into account availability of information for patients where English is not their first language. The library allows staff to search through over 320 patient information leaflets relating to procedures and treatments available nationally. Accessibility requests can also be made to include large print, giant print and screen reader alternatives.

Other achievements

Choose the Right Path initiative- educating young people about the devastating effects of knife crime

The #ChooseTheRightPath event was organised as a partnership between Walsall Healthcare NHS Trust and the James Brindley Foundation.

The foundation was formed in 2018,following the murder of Aldridge man James Brindley who was fatally stabbed in his home town in June 2017.

The event brought together family members and professionals to provide an opportunity for young people to understand how the choices that they make can affect both themselves and others, now and in the future.

Local boxers supported the free event which took place on Tuesday 17 September at Walsall Manor Hospital and a cinema room with free popcorn and refreshments was created.

Borough agencies and organisations were in attendance to talk to young people about career and training opportunities with local sporting stars on hand to promote activities.

The James Brindley Foundation's belief is that young people, including those at risk of entering the Criminal Justice System, can achieve their full potential and live a crime-free lifestyle with the right support and intervention.

Equality, Diversity and Inclusion NHS Mandated Standards

Equality Delivery System2

The main purpose of the EDS2 is to help local NHS organisations in discussion with local partners and people, review and improve their equality and diversity performance for people protected under the Equality Act 2010.

The EDS2 has four grades and eighteen outcomes; These are grouped under the following four goals:

- Goal 1- Better Health Outcomes
- Goal 2- Improved patient access and experience
- Goal 3- A representative and supported workforce
- Goal 4-Inclusive leadership

The EDS2 should be used as a framework to support NHS organisations to highlight any areas for improvement in relation to access to access to services and is a useful tool to enable progress of equality, diversity and inclusion. It is a also a useful tool to support progress with regard to workforce equality and diversity and inclusion.

In 2018, the Trust carried out a comprehensive EDS2 assessment exercise working with local partners and key stakeholders to assess its equality, diversity and inclusion performance. The assessment highlighted a number of identified areas for improvement and an action plan has been developed to address these gaps.

Walsall Healthcare NHS
NHS Trust

Equality, Diversity and Inclusion NHS Mandated Standards EDS2 grading summary 2018

Goal 1: Better Health Outcomes	Grade outcome 2018 EDS2
1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	Developing
1.2 Individual people's health needs are assessed and met in appropriate and effective ways	Developing
1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	Achieving
1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	Excelling
1.5 Screening, vaccination and other health promotion services reach and benefit all local communities	Achieving
Goal 2:Improved Patient Access and Experience	
2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	Achieving
2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	Excelling
2.3 People report positive experiences of the NHS	Achieving
2.4 People's complaints about services are handled respectfully and efficiently	Excelling

Equality, Diversity and Inclusion NHS Mandated Standards EDS2 grading summary 2018

Goal 3: A representative and supportive workforce	Grade outcome 2018 EDS2
3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	Achieving
3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	Achieving
3.3 Training and development opportunities are taken up and positively evaluated by all staff	Achieving
3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source	Not graded
3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	Not graded
3.6 Staff report positive experiences of their membership of the workforce	Developing

Equality, Diversity and Inclusion NHS Mandated Standards EDS2 grading summary 2018

Goal 4: Inclusive Leadership	Grade outcome
4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	Developing
4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed	Developing
4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	Not graded

Equality, Diversity and Inclusion NHS Mandated Standards

Workforce Race Equality Standard (WRES)

Since its introduction in 2015, the WRES has required NHS trusts to self assess, annually, on the nine indicators of workforce race equality; these include indicators related to BME representation at senior and board level.

A national WRES team has been established to provide direction and tailored support to NHS trusts, and increasingly to the wider healthcare system , enabling local NHS and national healthcare organisations to:

- Identify the gap in treatment and experience between white and BME staff;
- Make comparisons with similar organisations on level of progress over time
- Take remedial action on causes of ethnic disparities in WRES indicator outcomes

The main purpose of the WRES is to help local, and national , NHS organisations to review their data against the nine WRES indicators, to produce an action plan to close the gaps in workplace experience between White and Black and Ethnic Minority (BME) staff, and to improve BME representation at the Board level of the organisation.

Since the introduction of the WRES, the Trust has reported on the nine workforce indicators and has published this data on the external facing website. This year concerted efforts will be undertaken to ensure significant improvements to the WRES metrics.

Equality, Diversity and Inclusion NHS Mandated Standards

Workforce Disability Equality Standard (WDES)

The WDES is a set of ten specific metrics that will enable NHS organisations to compare the experiences of disabled and non disabled staff. This information will be used by the relevant NHS organisation to develop a local action plan and enable them to demonstrate progress against the indicators of disability equality.

The WDES is mandated through the NHS Standard Contract. It is restricted to NHS Trusts and Foundation Trusts for the first two years of implementation. There are 10 WDES metrics, which cover such areas as the Board, recruitment, bullying and harassment. Engagement and resources have been developed to prepare and support NHS trusts and Foundation Trusts for the implementation of the WDES, which came into force on the 1st April 2019.

The Trust reported on the WDES for the first time in 2020 and has published the data on its external website along with an action plan to close any gaps between disabled staff experience and non disabled staff.

Accessible Information Standard

The Accessible Information Standard (AIS) aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need from health and care services. The Standard tells organisations how they should make sure that patients and service users and their carers and parents can access and understand the information they are given.

Equality, Diversity and Inclusion NHS Mandated Standards

This includes making sure that people get information in accessible formats. By law, section 250 of the Health and Social Care Act 2012 states that all organisations that provide NHS care or adult social care must follow the Standard in full as of the 1st August 2016 onwards. The Trust has developed an Accessible Information Plan action plan to ensure that the Trust is providing information in accessible formats and progress is being monitored by the Equality, Diversity and Inclusion Committee.

Other legal duties- Health and Social Care Act 2012

The Health and Social Care Act 2012 introduced for the first time, legal duties on health inequalities, with specific duties on NHS England and CCGs, as well as duties on the Secretary of State for Health.

These duties took effect from 1 April 2013.

This meant that the Trust has duties to;

- Have regard to the need to reduce inequalities between patients in access to health services and the outcomes achieved
- Exercise their functions with a view to securing that health services are provided in an integrated way, and are integrated with health related and social care services, where they consider that this would improve quality, reduce inequalities in access to those services or reduce inequalities in the outcomes achieved
- Include in an annual commissioning plan an explanation of how they propose to discharge their duty to have regard to the need to reduce inequalities.

Patient Experience

The Trust continues to listen and act upon the views of its patients, relatives and carers.

The introduction of the new programme of Patient, Carer and Staff Experience Stories to Trust Board, allows patients and staff to attend the Trust Board to give accounts of their experience of care . On occasion a video is shown. This will now also be extended to QPES, Clinician forums and frontline teams

Patient and Carer experience sound bites which are recorded audio feedback continue to be used at the start of the Patient Experience Group and A&E huddle meetings. These bring the patient and carer voice at the heart of what we do and informs potential areas for improvements. There are plans to extend these to Divisional Quality Team meetings after exploring enhancements in audio capture capabilities and resources.

Our Patient Experience programme is supported by our Voluntary service. There are currently 287 volunteers across the Trust undertaking volunteering in a variety of settings and undertaking a variety of activities at the Hospital, Palliative Care Centre, Chaplaincy and the Self Care Management Programme Team. The aim is to continue to grow the number of volunteers undertaking roles in the Trust over the next 12 months and increase the opportunity for people to become volunteers. A target has been set to increase the number of registered volunteers by 10% by recruiting at least a further 30 volunteers throughout 2019-2020. Performance against this target stands at 50% (15 / 30) achieved.

Patient Experience

Friends and Family Test

The NHS Friends and Family Test (FFT) asks patients if they would recommend the services they have used and offers a range of responses from ‘extremely likely’ to ‘extremely unlikely’. Patients are asked: “How likely are you to recommend our service to friends and family if they needed similar care or treatment?” Following extensive consultation and research, changes are expected to take place from 1st April 2020 in the way FFT is carried out. The mandatory question will be clearer and more accessible and will ask ‘Overall, how was your experience of our service?”. There will be six new response options:

- Very good
- Good
- Neither good nor poor
- Poor
- Very poor
- Don’t know

By extracting patient experiences from FFT feedback during Quarter 1 of 2019/20 the main themes arising are Staff attitude, Environment and Implementation of Care. These themes feature in a positive and negative way and are being shared with Divisions to identify the best way to act on the experiences of the patients and to establish priorities.

Patient complaints- equality monitoring

Equality Monitoring

The Patient Relations team issue an equality monitoring form at the point of acknowledgement with 34% (120) returned in 2018/2019.

- 89% of service users who responded to the survey were white British, the remaining 11% where Indian, Pakistani, Black Caribbean, Bangladeshi, Black British and Irish Gypsy/Traveller
- 82% of all service users who responded to our survey where age 51 plus (51-60, 61-70, 71-80 and 81 and over.) Only 7.5% where under 30.
- 67% of service users stated their religion was Christianity, 2.5% Hindi, 2.5% Sikh, 4.2% Islam, and 19% did not wish to say, or had no belief.
- 65% of responses were received from females, 32.5% men and 2.5% did not wish to state.
- 87% of patients were heterosexual, 8% bisexual, 5% Gay, 1.7% Lesbian, 1.7% Bi-sexual 5% did not wish to state.
- Relationship status was varied, with the highest response being married (53%) single 17%
- 2.5% were pregnant at the time of making a complaint with a further 2.5% having recently given birth
- 30% of service users would consider themselves to have a disability.
- The data helps the team ensure accessibility is in reach to all communities and the team target hard to reach groups to raise awareness of complaints and feedback mechanisms. Patient Relations Surgeries have been held throughout the last year to increase and widen access.

Looking ahead to 2020/21

Over the next 12 months we will be focused on the following;

- Working with the Patient Experience Team we will continue to build partnerships with community groups and local stakeholders including 'Walsall Local Integration Partnership'.
- To ensure that equality, diversity and inclusion continue to be an integral part of our workforce planning to improve patient outcomes and experience.
- Provide monthly updates to the Equality Diversity and Inclusion Committee (EDIC) for discussion/action planning and to the People and Organisational Development Committee for assurance.
- To implement the recommendations from Roger Kline's 10 point actions on how to improve the culture of the NHS specifically in relation to inclusive recruitment practices and positive action development and talent management
- To implement the recommendations from the BC LWAB Career progression project focused on improving representation of under represented groups and improving workplace cultures at an STP level. Taking practical and tangible actions over the forthcoming year.

Finalise robust monitoring arrangements to ensure we collect and analyse data relating to staff with protected characteristics in connection with;

- Recruitment
- Promotion, Disciplinary Action
- Leavers

Looking ahead to 2020/21

- The implementation of ‘Values-Based’ recruitment.
- Review our Training Needs Analysis to ensure training is linked to workforce planning and a fair process for development opportunities.
- Identify ways to encourage and support more female consultants to apply for Clinical Excellence Awards as part of reducing the Gender Pay Gap.
- Work to redress recruitment inequity by ensuring a diverse panel that represents our community and workforce, to be achieved through the introduction of a pool of trained staff who can be called upon to sit on panels.
- Continue to support and participate in national and local events that embrace diversity.
- The development of a systematic approach to talent management to ensure diverse talent pools for the future.
- Create an Inclusion Group, which feeds into the Equality, Diversity and Inclusion Committee, with oversight for diverse staff networks.

ANNEX A -Workforce equality information

Walsall is a diverse borough; however, there are significant areas of deprivation and differentials in health outcomes across the borough and we are the 30th most deprived borough in England. Walsall has an estimated population of 269,323 which is higher than the mid-2010 estimates and represents an increase of 4.8%, well above the 2.7% increase for the West Midlands.

Gender	Walsall #	Walsall %
Males	132,319	49.1
Females	137,004	50.9

Walsall has an over-representation in older age groups, aged 65 and above until around the age of 85, where national levels are higher. This may be as a result of a lower life expectancy in Walsall than nationally.

Age	Walsall #	Walsall %
Aged 0 To 4	18,373	6.8
Aged 5 To 15	37,827	14
Aged 16 To 24	31,581	11.7
Aged 25 To 29	17,690	6.6
Aged 30 To 44	52,593	19.5
Aged 45 To 59	50,223	18.6
Aged 60 To 74	39,887	14.8
Aged 75 And Over	21,149	7.9

Workforce equality information

Of England's working population it is reported by NHS Employers that 21% are aged 45 to 54 years and within the NHS as a whole; 28%. The age group 55 to 64 years represents 17% of both England's working population and the NHS as a whole; whilst those aged 65 and over represent 4% and 2% of England's working population and the NHS total workforce, respectively.

Ethnicity	Walsall #	Walsall %
White British	207,238	76.9
Other White	5,231	1.9
Mixed	7,224	2.7
Asian Indian	16,502	6.1
Asian Pakistani	14,289	5.3
Asian Bangladeshi	5,194	1.9
Chinese	993	0.4
Asian Other	4,044	1.5
Black Caribbean	3,197	1.2
Black African	1,999	0.7
Black Other	1,173	0.4
Arab	222	0.1
Other Ethnic	2,017	0.7

The ethnic make-up of Walsall is predominantly 'White British' at 77%, whilst Black, Asian and Minority Ethnic (BAME) residents represent 27% of our borough's population with 23.1% from minority ethnic groups.

Workforce equality information

Age

The majority of our workforce is aged between 25 and 54 years of age (74.77% of the workforce) with a median age of 44; this represents a slight decrease from last year in both aspects. The average age in the NHS workforce is reported as 43 years for both men and women.

	<=25 Years	26-35	36-45	46-55	56-65	66+
WHT	10%	23%	23%	27%	15%	2%
NHS Workforce	6%	23%	24%	29%	17%	1%
England's Working Population	12%	23%	23%	21%	17%	4%

Workforce equality information

The distribution of employees in each of the age categories across pay bands widens with the increase in age. The ageing workforce presents the Trust with both challenges and opportunities; a proportion of the workforce with potentially increasing health issues, but also seeking to retain key skills and experience. With the variations now within retirement provisions and pension rules it is difficult to predict at what point an employee may retire. However, with a large proportion of staff aged over 50 years there is a significant risk to the Trust of losing a high percentage of staff within a relatively short period of time.

The Trust is currently looking at health-related issues affecting people in the workplace that impact on performance and attendance in order to identify any specific trends, including any patterns relating to age and or gender. Further development work will then be done to identify steps or interventions which can be taken in order to support staff further in remaining healthy to support them to be an active part of the workforce, and potentially for longer working lives.

Workforce equality information

Gender

The local Walsall population is equal in gender make up (51% female and 49% Male), whilst the working population of England is 47% female and 53% male.

The Trust has conducted and published a Gender Pay Gap review; the findings of which will inform initiatives aimed at eliminating any difference between the remuneration for men and women.

	WH Trust Workforce	Local Population	National Working Population	NHS Workforce
Female	82%	51%	47%	77%
Male	18%	49%	53%	23%

The overall gender make-up of the Trust workforce is 81.6% Female and 18.4% male. This represents a very small increase in men employed within the Trust and a corresponding small decrease in women employed within the Trust.

Walsall Healthcare NHS Trust is over-represented by women in the workforce as a whole, when compared to both the local communities, individually or combined, and also England's working population. However, the Trust is only slightly higher in female representation compared to the NHS as a whole (77%), due in part to the number of job roles which are traditionally more likely to be carried out by women.

Workforce equality information

	Band 1 - 4	Band 5 - 6	Band 7 and Above	Very Senior Manager (VSM)	Training Grade Doctor	Career Grade Doctor	Medical Consultant
Female	87%	87%	82%	40%	49%	36%	25%
Male	13%	13%	19%	53%	51%	64%	75%

Whilst under-represented within entry-level posts, men employed in these roles are relatively more likely to occupy higher graded posts in the future.

	Band 7	Band 8A	Band 8B	Band 8C	Band 8D
Female	88%	73%	62%	67%	25%
Male	12%	27%	38%	33%	75%

Men have a much higher relative representation within those jobs categorised as Medical and Dental and are not graded within the AFC pay structure.

Workforce equality information

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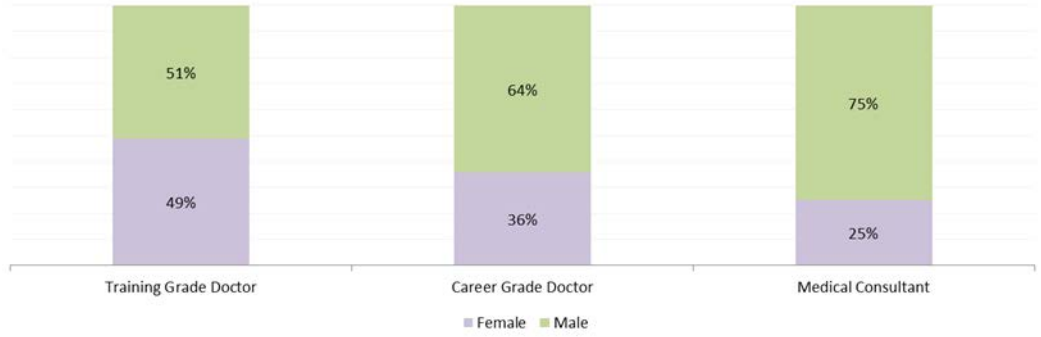
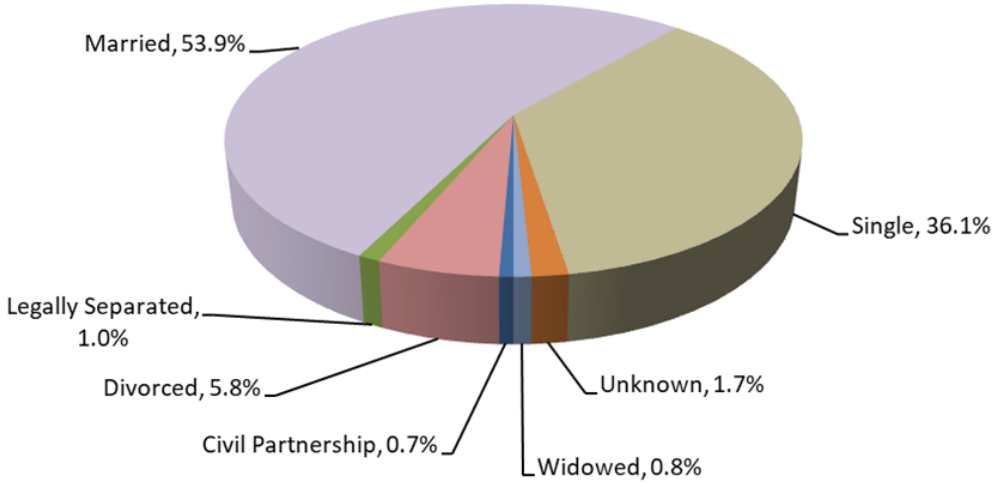


This is generally reflected throughout the whole of the NHS with only 6% of the NHS female staff being doctors and dentists but 22% of NHS male staff occupying the same roles – which considering that men represent 23% of the NHS workforce and women represent 77% indicates a significant under-representation of women in these jobs generally within the NHS, and a similar situation is reflected in the Trust workforce gender/role make up.

Therefore, whilst men are under-represented within the Trust they are more likely, proportionately, to occupy higher graded posts or to be in a Medical and Dental post.

Workforce equality information

Marriage and Civil Partnership Status



The Marriage and Civil Partnership status of colleagues is self-declared via either NHS Jobs, at the point of recruitment, or via self-service using the ESR system. As a result, this information is now not known for only 1.7% of the workforce.

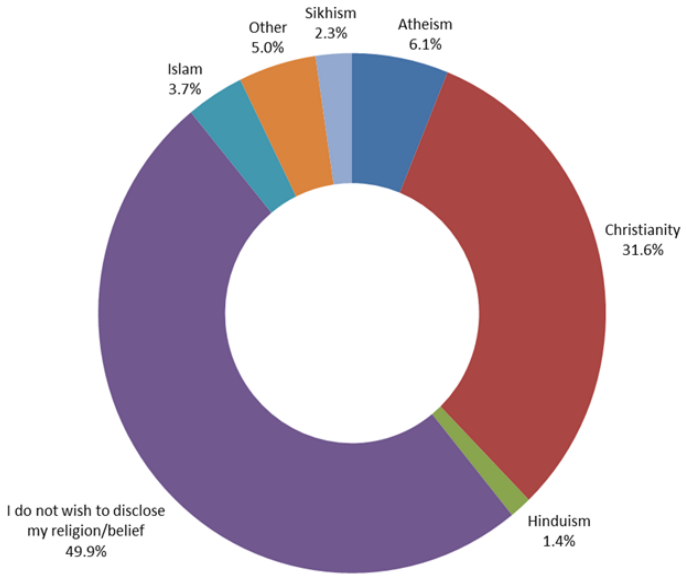
The highest percentage of the workforce have declared themselves as Married (54%); with the second-highest percentage of the workforce declaring themselves as single 36%

Workforce equality information

Religion and Belief

Christianity is the highest reported Religious Belief by the Trust workforce, with all other Religious Beliefs being reported as very significantly lower – a combined total of 18%.

32% of the workforce declared themselves as having a Christian belief as compared to the community average of 59%. The Trust is working with external and internal partners to understand whether the 50% non-disclosure rate is the result of active declaration or if this response is the default for non-declaration.



Further work is being done to actively encourage the workforce to make full disclosure regarding their protected personal characteristics via the ESR Self Service Portal which will enable more detailed reporting in future.

Workforce equality information

Ethnic Background

Reflecting the diverse, multi-cultural community it serves, a colleague working within the Trust represent 54 different nationalities and self-declared 40 separate ethnic backgrounds.

The NHS Workforce Race Equality Standard (WRES) was introduced in 2015 to better understand the links between ethnic background and different experiences within the workplace. The WRES seeks to prompt inquiry and understanding about why BAME colleagues often have poorer workplace experience, compared to than White colleagues, and to facilitate the closing of those gaps.

	Band 1 - 4	Band 5 - 6	Band 7 and Above	VSM
BAME	20.3%	22.3%	5.8%	0.1%
Non BAME	79.6%	58.2%	25.7%	0.7%
Not Stated	0.1%	0.0%	0.1%	0.0%

The 27.5% of overall colleagues declaring themselves as BAME is reflective of local communities; but as the above table illustrates, these demographics aren't mirrored within leadership positions and higher bands.

Workforce equality information

This pattern is reversed amongst the medical workforce, whereby the vast majority declare BAME origin. This disparity reflects historical medical workforce recruitment, with one-third of medics employed.

	Training Grade	Career Grade	Consultant
BAME	71.3%	40.6%	83.2%
Non BAME	28.0%	4.2%	30.1%
Not Stated	0.7%	2.1%	0.0%

The Trust has developed a WRES action plan which is specifically focused on addressing the issues of under representation of BME staff at senior levels in non clinical roles.. A new PDR form has recently been launched which now incorporates a section to capture information about talent and career aspirations. This Information will be used to develop a systematic approach to managing talent to ensure that there are diverse talent pools for the future.

Workforce equality information

The Trust collects personal data on sexual orientation in the following categories; Bisexual, Gay, Heterosexual, Lesbian, and 'I do not wish to disclose'

Sexual Orientation	%
Bisexual	0.3%
Gay or Lesbian	0.9%
Heterosexual or Straight	51.0%
Not stated (person asked but declined to provide a response)	8.5%
Undeclared	39.2%

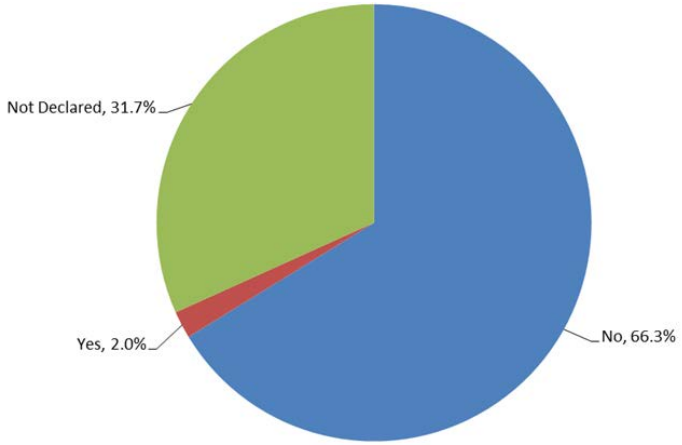
Further work continues to encourage the workforce to make active declarations of all protected personal characteristics, including sexual orientation through self-declaration on the ESR Self Service Portal. The Trust is also committed to the development of inclusive staff networks, working in collaboration with members of the LBGTQ community to create safe spaces and peer support groups.

Workforce equality information

Disability, as defined by The Equality Act 2010, describes a disabled person as ….” Someone who has a mental or physical impairment that has a substantial and long-term adverse effect on the person’s ability to carry out normal day-to-day activities.”

The Department of Work and Pensions statistics (2014) show 16% of the working population of England have declared themselves as having a disability. The Disability Research Report and the Workforce Disability Equality Standard Report prepared for NHS England in 2014 explored the issues and measures that a Workforce Equality Standard for Disability should contain. Within this, it was reported that the levels of disability reported in the NHS survey were on average 17% but only 3% recorded as such on ESR.

2% of the workforce declared themselves as having a disability, with 66% declaring that they have no disability, and 32% with ‘not declared’ status.



Workforce equality information

Gender Reassignment

Gender Reassignment status is not currently recordable on ESR. NHS England is leading a review of equality standards across the NHS with plans to update the fields within ESR. As information relating to Gender Reassignment is currently not recorded the Trust is looking at ways to ensure that this information can be collated and reported on in the future.

MEETING OF THE PUBLIC TRUST BOARD – Thursday 2nd July 2020			
Quality, Patient Experience and Safety Committee Highlight Report			**AGENDA ITEM: 18** **ENC: 17**
Report Author and Job Title:	Trish Mills Trust Secretary	**Responsible Director:**	Pam Bradbury - Non Executive Director.
Action Required	Approve ☐ Discuss ☒ Inform ☒ Assure ☐		
Executive Summary	The report provides the key messages from the Quality and Patient Safety Committee meeting on 25th June 2020. The key points for the attention of the Board are: • The committee reviewed the NHSEI Infection Prevention and Control Board Assurance Framework (IPC BAF). The IPC BAF was an advisory document to provide assurance of good IPC standards during COVID-19, however it has since been adopted by CQC as a review tool. The IPC BAF was endorsed by QPES for the Board's review and is at Appendix 1. It is an iterative document and as and when mitigations are put in place it will be updated. • The Committee reviewed the Emergency Department and Acute Medicine New Build full business case with respect to its quality and patient safety aspects. The executive agreed to keep an eye on whether the self-presenters from Sandwell are truly representative of the numbers we are likely to receive. • The Committee reviewed the approach to reviews of COVID-19 related deaths, and the paper from the Medical Director is on the agenda for this Trust Board meeting. An analysis will return to QPES in August. • The Committee has some concerns about the community teams' ability to cope with potential demand from a second surge of COVID-19. • The quality measures appear in the Director of Nursing's Oversight Report on the Trust Board's agenda. The Committee notes that pressure ulcers have increase due to proning of COVID-19 patients, however expressed concern at the increase of pressure ulcers in the community, the cause of which is being investigated and will return to QPES.		

	▪ The Improvement Programme update was received for Safe, High Quality Care, with the Committee noting that objective RAG ratings will be in place once all PIDs are complete, and milestones and KPIs are identified. It will continue to be reported to each meeting. ▪ Processes for turnaround times for serious incidents are being reviewed as the 72 hour timeframe is not being consistently met. A new report is being developed which aims to triangulate data from complaints, RCAs, serious incidents, risks, mortality, surveys etc., to harness the learning from that data and improve patient safety and quality. The next meeting of the Committee will take place on 30th July 2020	
Recommendation	Members of the Board are asked to note the report and the IPC BAF.	
Risk in the BAF or Trust Risk Register	This report aligns to the BAF risk for safe high quality care and COVID-19, having received assurance on COVID-19 quality aspects, quality governance of patient care (SO1 and S07), and aspects of patient experience	
Resource implications	There are no new resource implications associated with this report.	
Legal, Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper	
Strategic Objectives	Safe, high quality care ☒	Care at home ☒
	Partners ☒	Value colleagues ☒
	Resources ☐	

QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE (QPES)

KEY AREAS FOR CONSIDERATION BY THE BOARD

The Committee met on 25th June 2020, with the meeting Chaired by Mrs Pam Bradbury, Committee Chair and Non-Executive Member of the Trust Board. The meeting was quorate.

The Committee reports to the Trust Board each month on key issues from the meeting.

1. Board Assurance Framework (BAF) and Corporate Risk Register (CRR)

The committee reviewed merged BAF risks S01 (Fundamental standards of care), and S02 (Patient Experience). The new BAF risk S01 is – *"The Trust fails to deliver excellence in care outcomes, and/or patient/public experience which impacts on the Trusts ability to deliver services which are safe and meet the needs of our local population"*. The Committee can expect to see further clarity on gaps in controls and assurances, and how the improvement programme will address these over the coming meetings.

Three corporate risks were presented, all of which had current scores of 16, with one risk reducing from a score of 20 the previous month. All risks have been updated since the last meeting.

2. COVID-19 Update and Restoration & Recovery

The Committee was updated on the following issues in the acute and community settings:

- Hospital inpatient deaths have reduced to similar levels seen pre-Covid-19.
- Out of hospital deaths per capita have now stabilised below national average.
- Deaths in care homes have now returned to pre Covid-19 levels and the level of support required has equally fallen.
- 100% of care homes that accepted received PPE training by 28th May 2020.
- Referrals to Care Coordination have increased significantly during April and May with a surge in demand from primary care, which could see a demand and capacity issue when referrals return on recovery. Further modelling work on capacity and appropriateness of referrals is being carried out.
- The Trust has adequate access to all forms of Personal Protective Equipment, with the exception of level 4 hydrostatic sterile surgeon's gowns, however mitigations are in place. The Trust has adequate access to Surgical Masks.
- The Trust has an Executive-led governance structure to safely restore and recover outpatient, diagnostic and elective surgical services. The Talent and Inclusion Lead has joined the that group to ensure plans do not widen any inequalities in the community, with a view to going beyond this and targeting reductions in inequalities and particular community groups.

- Mitigations are in place to address potential harm to patients who are delayed significantly in the Referral To Treatment (RTT) pathways, including reviews by multidisciplinary teams where patients are identified through serious incidents; cancer pathway reviews at 62 and 104 days; mobilising as many virtual clinics as possible; and reviews of clinical pathways. RTT performance will continue to be monitored closely by PFIC.
- Communications are being developed to show the public what is being done to reduce the risk of hospital acquired COVID-19.
- There has been a significant decrease in the number of MSFD patients during April and May.

3. Trust Wide Serious Incidents

The Committee received a high level summary of the total number of incidents and serious incidents, with acute clinical incidents (including those recorded against COVID 19) having decreased to 815 in April 2020 compared to 1090 in the previous April (a 25% reduction year on year) and a 21% reduction in incidents compared to March 2020. Community clinical incidents have remained comparable to previous months.

The top 5 themes being pressure ulcers; patient falls; infection control; wounds present on admission; and wounds sustained during WHT care.

There are programmes of work being planned to improve performance against the 72 hr (3 day) target for reporting on STEIs; 60 day target to submit SI reports to the CCG; and time for closure of serious incident action plans, with triangulation of data and improvement plans forming part of the Well-Led Workstream of the Improvement Programme.

MEETING OF THE PUBLIC TRUST BOARD - Thursday 2nd July 2020			
Infection Prevention and Control Board Assurance Framework			**AGENDA ITEM: 18** **ENCLOSURE: 17a**
Report Author and Job Title:	Allison Heseltine, Associate Director of Nursing IPC	**Responsible Director:**	Dr Matthew Lewis Medical Director
Action Required	Approve ☒ Discuss ☒ Inform ☒ Assure ☒		
Executive Summary	NHS England circulated a framework for assurance that COVID-19 Infection Prevention and Control measures are in place. This Board Assurance Framework is a dynamic document that will be updated periodically.		
Recommendation	Members of the Committee are asked to receive the report for assurance of IPC actions and work during the COVID-19 Pandemic.		
Does this report mitigate risk included in the BAF or Trust Risk Registers	Corporate Risk 2051: Inability to mitigate the impact of Covid-19, results in possible harm and poor patient experience to the people of Walsall.		
Resource implications	There are no resource implications associated with this report.		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives	Safe, high quality care ☒	Care at home ☐	
	Partners ☐	Value colleagues ☒	
	Resources ☐		

Novel Coronavirus (COVID-19)

QPES are asked to receive the NHSEI Infection Prevention and Control (IPC) Board Assurance Framework (BAF) for COVID-19. This document has been developed and approved through the Infection Prevention and Control Committee (IPCC).

The framework is aimed to support the organisation as an internal assurance that quality standards are being maintained. It will also identify any areas of risk and show the corrective actions taken in response, therefore providing assurance to the Trust Board that organisational compliance has been systematically reviewed.

As the understanding of COVID-19 has developed, guidance from Public Health England (PHE) and other bodies has been published, updated and refined to reflect required infection prevention and control measures. This continuous process will ensure we can respond in an evidence-based way to maintain the safety of patients, visitors and staff. The rate of change of the National PHE/NHSI advice and guidance along with requests for patient data has been significant for the trust.

Infection Prevention and Control board assurance framework – 13/05/20

1. Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other service users			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure: • infection risk is assessed at the front door and this is documented in patient notes	SOP for front door, updated as advice changes and uploaded, onto intranet, shared by the clinical team and education given. During the early stages of COVID-19. IPN visited the ED,ICU and the COVID-19 admission areas at least twice daily, including weekends. As areas received patients requiring swabbing and IPCN attended to support/educate on donning and Doffing PPE and correct procedure for the swab taking and transfer to the lab. Additional red boxes for specimens sources by IPC. Training provided to those involved and taking and transfer of the specimens. Clinical assessment for signs/symptoms of COVID-19 including radiological evidence. Segregation of ED waiting areas to potential COVID-19 and non COVID zones.		

	Ongoing education of medical staff in relation to evolving understanding of clinical aspects of COVID-19. Covid-19 clerking document used by medical teams. And COVID-19 identified and recorded on the EDS system. Site Coordination Team coordinated medical beds and on XXX took on the coordination of surgical beds as numbers of COVID-19 potential patients increased. Medicine division attend site safety daily meeting and have safety huddle daily to identify plans. Reviewed at divisional Quality and Safety meeting. Community triage tool in operation to risk assess patients before receiving a home visit or clinic appointment. Community swabbing commenced March 2020. Staff trained in donning and doffing PPE and correct procedure for swab taking and community transfer to the lab.	Assurance required. Unable to support COVID-19 and non COVID-19 areas due to community transmission	Audit to be carried out on 10 patients by Medical Audit team. Have separated the community teams as far as possible into dealing with COVID-19 / non-COVID-19 patients
• patients with possible or confirmed COVID-19 are not moved unless this is essential	Forms completed for all COVID-19 specimens logged in patients notes. Contact form also developed and		

to their care or reduces the risk of transmission	placed in patients notes, monitored by IPCT during daily visits to clinical areas. Patient FLOW plans are in place to allocate patients to the appropriate area; Medicine, surgery, maternity and paeds. Monitored by the Site Coordination Team and IPC on a daily basis. Information shared through Daily dose and IPCT. SOPs in place and updated as required, for discharge and transfer in line with National Guidance for positive and negative/ pending results. All SOPs logged and uploaded onto Daily Dose through EPRR. COVID-19 Resource centre on trust intranet provides access for staff to all relevant SOPs and guidelines. There is a 'Do Not Move' list, COVID-19 patients can be listed on this where appropriate. Site Coordination Team manage the flow of patients and monitor the patients in medicine.	Clinical staff not reading daily dose due to limited access to a computer. Community staff not reading daily dose due to advice given to work mobile and not to return to base if possible. Surgical patients were managed by the ward/division. Gaps in flow of patients with increased number of moves creating issues for contact tracing of patients.	Daily Dose is now a printable version and all areas asked to print out a copy for their team. Microsoft teams made available for community staff for support and information sharing Therefore, the Site Coordination Team took on control of the flow/movement of patients for the Surgical division. Preventing inappropriate moves and improved identification of were patients were being placed in line with COVID-

	Virtual Ward available on Fusion. All community patients/clients with possible or confirmed COVID-19 support and educated to isolate as per guidelines. At Holly Bank House and other community bed pathways, new patients are quarantined for 14 days prior to being moved around the unit.	Patient's supported and conveyed to an acute setting if required.	19 steams. Information shared through electronic patient systems and handover calls for patients if required.
• compliance with the national guidance around discharge or transfer of COVID-19 positive patients	National guidance followed and the Trust discharge documentation is in line with this. Guidance information shared through Daily dose. IPC liaise with Community teams and with Local Authority IPCT for discharges to care homes, and home care providers where specific care guidance and information records held on ICNET. Daily reporting through Trust Dashboard. Daily situational reporting to national and regional teams. Pre discharge (to care homes) PCR testing to identify late infection whilst in hospital. Post discharge care needs link in with GP care package for recovering patients.	PPE Unavailable in the Care Home	PPE has been provided for particular complex patients where the provider are waiting on PPE deliveries.

	Delays in discharge where patients have been refused by a care home or care agency. Swabbing of patients being discharged to care homes has been introduced in line with National Guidance. GPs informed by normal discharge processes.	Some care homes are reluctant to accept admissions until the person has a negative swab result for COVID-19, there is no dedicated care home provision for patients who are MSFD but have a positive swab result.	Liaison with Local Authority /CCG to facilitate discharge process. Care home support team set up consisting of Walsall healthcare, social care, public health and one Walsall volunteers staff. Providing advice, care, support and education to care homes across Walsall.
• Patients and staff are protected with PPE, as per the PHE national guidance	PHE Infection Control Guidance and changing PPE guidance followed at all times. Posters and documents issued to all areas by IPCN when a change was made and posted on Daily Dose daily communication. Video demonstrations of PPE Use shared. PPE stock levels reported daily at acute and community Tactical Command. PPE Team in place for MDT at daily. Daily sitrep reporting to regional and national teams	Feb 20 -Availability of PPE on admission wards for swabbing of returning travellers. Increased stock levels of PPE To all areas and system put in place for stocking areas on a daily basis, as requirements were rapidly changing. Staff not always using correct PPE. Daily Huddles and hand-	IPCT provided emergency supply box to all admission areas containing SARS Policy, PPE, swabbing information and equipment for the care of patients. Further education provided. Audit undertaken by IPC, reported to ICC and

		over meeting give opportunity for leads to verbally update teams.	QPES. Information leaflets shared amongst teams daily to ensure to most up to date information.
	Clerking document checks for assurance on correct use of PPE.	Asurance required.	Audit being undertaken by Medical Audit team.
• national IPC guidance is regularly checked for updates and any changes are effectively communicated to staff in a timely way	Feb 20 -SARS Policy linked through intranet and paper copy to all wards as nearest advice while waiting for National guidance.		
	National Guidance document shared with divisions and uploaded to the intranet. This guidance document is in line with the Trust Policies, with the exception of mask requirements changing.	Rapid change of guidance within large documents.	IPC produced posters and took these to all wards when PPE guidance changed and delivered education on the changes. Uploaded to Daily Dose in printable version.
	Differences in community provision but still in line with National Guidance.	There has been an approach to standardise the PPE across all providers within the Walsall Together partnership – this is challenging when the guidance differs between agencies / their national body eg guidance on 'out of date' stickers on masks	Community communication set up to share information through Walsall Together. Change in guidance discussed and distributed daily through community exception reporting huddle.
• changes to guidance are brought to the attention of	EPRR and IPCT/Microbiologist checked and shared updates on a daily basis.		

boards and any risks and mitigating actions are highlighted	Updates printed out and taken to all testing and clinical areas (logged in IPCT, while updates were prepared for Daily Dose update. Audits have confirmed that staff have access to the up to date information. Divisional weekly forum, creates opportunity for confirm and challenge. All decisions fed back to the Divisional teams. Changes all raised in weekly Team Brief and report to Trust Board members as well as Daily Coronavirus Silver Outbreak commenced Feb 2020 and continued to April. Superseded by Tactical Control meeting daily and Strategic Command. Minutes and action log. Risks and mitigations plus actions were raised and monitored through these and escalated to DIPC /Strategic command. Weekly update by Executive Directors to NEDs with PowerPoint Presentation. QPES reports on National Guidance updates and PPE levels/ requirements. The Trust has a separate Community Tactical group which links directly into Strategic command.		

	National Guidance is shared with all staff across WHT via the daily Dose Communication. Daily Dose is now a printable version. SOPs are written by departments, agreed by IPC and assurance given by divisions to Tactical Command. Posted onto the intranet and paper copies within the appropriate departments, with dates. These are in constant use for reference and have been reviewed as national guidance has been updated. Daily visits by IPC. Team to clinical areas observing practices. Use of national aid memoir. Community areas supported by IPCT and IPC Public Health. The PPE is discussed at the Walsall Together tactical command meetings *Safety Alerts H&S Executive Masks – narrative from Simone Smith.* National Guidance regarding PPE for CPR is different in the community compared to the hospital. Community areas supported by IPCT and IPC Public Health. The PPE is discussed at the Walsall Together tactical command meetings.	This created some confusion in terms and led to a delay in community communication.	CPR PPE is on the Community Divisional risk register.

• risks are reflected in risk registers and the Board Assurance Framework where appropriate	Changes in Guidance and risks are escalated through Board papers via Strategic Command via Tactical Command by MD, DON or COO. *Jenna Davies providing Div Corporate risks and narrative.* Reports are received through ICC which reports through QPES to the Board. COVID -19 is on WHT Risk Register and reviewed by the Board, Risk 2093 and 2095.		
• robust IPC risk assessment processes and practices are in place for non COVID-19 infections and pathogens	Due to the COVID-19 outbreak Microbiologist and IPCT visit COVID-19 wards at least daily and available to community teams 7 days per week. Hand hygiene, Device, IPC Assurance and PPE audits have been undertaken during the pandemic providing assurance to the ICC, QPES and Board.	Streaming of patients. PPE Audits demonstrated poor compliance by medical staff due to lack of trust in the National guidance partly due to the speed of the changes.	SOPs and streaming routes put in place: • ED - COVID and Non COVID streaming. • X-ray Dept - COVID and Non COVID streaming. Additional 1:1 discussions and ward/ area training. Logged and escalated through line management structure as per trust policy.

	All normal non-COVID-19 by IPC and Microbiology work has continued despite the increased workload: • C'diff ward rounds. • Alert organism work including all screening. • RCAs and Serious Incident reports and reviews. • Outbreak control. • Audits, Policies and SOP reviews. • Infection Control Committee continued monthly. • NHSI Assurance visits continued by the Interim Director of Nursing, Assoc Director Nursing for IPC and Head of IPC.	Numbers of staff up to date on Mandatory decreasing due mandatory training put on hold due to COVID-19. Full sets of papers required for ICC.	Additional hand hygiene training delivered in all areas of the Trust with the 'Glow and tell machine'. Online IPC Training added to the portfolio of mandatory training. Shortened versions of papers written. SOPs and streaming routes put in place: • ED – COVID-19 and Non COVID streaming. • X-ray Dept – COVID-19 and Non COVID streaming. Where an urgent test is

			declined then the clinician is required to discuss with the microbiologist and were able to be processed were patient need dictated.
	Reduction in laboratory tests for certain microbiology specimens communicated to all clinicians by Microbiologist.	Risk assessment – reduction of some routine tests in laboratory to free up time for COVID-19 testing.	Identified by IPT, admitting areas reminded and supported through education of correct policy. Monitoring continued
		Identified reduction in normal admission MRSA screening.	
	WHT has actively followed National Guidance throughout outbreak, guidance from Royal Colleges reviewed and escalated to Strategic command where there is conflicting advice.		WHT IPCN's offered to undertake additional shifts to cover the weekends as agreed by and logged through Tactical Command.
	COVID-19 outbreak work evolved and increased rapidly from early Feb 2020 including the sit-rep data collection, by the IPCT. IPCT Provide On-Call at weekends and evenings during outbreaks by 1 IPCN. Predominantly based at home.	COVID-19 required ICN on site at weekends and rapidly increased to 2 nurses each day at the weekend. Evening on call was also required with staff remaining on site or returning to the trust as	This is not tenable in the long term as it currently stands. Future permanent solutions being sought to deal with the ongoing challenges.

	The IPC team are currently running a 7-day service with 3 members of staff on at weekends plus an evening on-call. The IPC Team are supporting the Public Health Team at the Local Authority with audit, education and advice into Care Homes across Walsall, agreed and logged through Tactical Command. Additional Bank Nurse supports the team with these sessions. Increasing requirements for the Trust COVID-19 data and daily sit-reps provided to EPRR through the IPCT. Risk assessments share by H&S for teams to undertaken mask use in shared office spaces. Microbiology lab continues to work to identify all serious (non- COVD-19) infections and alert organisms.	clinical requirements dictated. Difficulty in identifying additional qualified IPCN's to support the team due to retirees 'Shielding'. 2 members of the team are shielding and subsequently off sick; therefore, work from home has been limited. 4 further members of staff have had COVID-19 related sick leave. No Admin cover at the weekends.	Identified 1 qualified IPCN who was registered on WHT bank able to work occasional weekends. Further support was provided to the team to ensure that routine work continues across the hospital and community providing continued assurance to the Trust through training and audit. These were displaced clinical and admin staff, and the use of medical students. As the data requirements increased for the daily returns, additional admin support was put in at the weekend to cover this.

	Microbiologist input into clinical management of infectious/ microbial disease. Microbiologists provide 24/7 access to advice on all related management issues and for direction on antimicrobial prescribing.		

2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
Systems and processes are in place to ensure: • designated teams with appropriate training are assigned to care for and treat patients in COVID-19 isolation or cohort areas	During the outbreak wards have gradually been converted to COVID-19 specialist areas, clinical staff have been supported by National Guidance, SOPs, Education by IPCT, Matrons and Div DONs. Use of existing policies. Staff moved for a block of time and existing procedures followed that ward staff should not transfer from a COVID-19 ward base during a shift but only at the start of a shift unless risk assessed in a staffing crisis. ED/ITU specific training at the beginnings when we were very needs led and colleagues teaching in other areas. Additional IPC training for staff moving to new clinical areas, from non - clinical areas, volunteers, F&E.		

	Redeployment of staff cross divisional to other areas. Additional training and education sessions available to all staff with a requirement. Community caseloads divided into potential COVID-19 and non- COVID-19 streams to allow services to have designated teams of staff and help reduce the risk of spreading the virus.	Unable to cohort patients within the community setting, however new admissions to Holly Bank House and community bed based pathways are quarantined for 14 days in their side rooms.	Walsall Together supported care homes across Walsall to reduce further outbreaks across the borough. All staffing capacity and demand assessed daily to prevent the need for cross area working.
• designated cleaning teams with appropriate training in required techniques and use of PPE, are assigned to COVID-19 isolation or cohort areas.	Initially designated cleaning teams were made available as per normal outbreak situation, however as this outbreak progressed all ward based teams were trained appropriately by IPCT and Facilities. Additional touch point cleaning in all clinical areas and high use patient areas such as public toilet areas. Training updates continues as advice evolved, records held within the dept.	High numbers of cleaning team absence from work due to shielding/sickness/ caring responsibilities.	Making use of Bank /agency staff and worked with the Local Authority to investigate mutual aid.
• decontamination and terminal decontamination of isolation rooms or cohort areas is carried out in line with PHE	Trust Policies cross referenced and meet the National Cleaning Guidance requirements, with the addition of HPV decontamination where this was possible.	Open area in ICU is unable to receive HPV decontamination.	Business case developed to provide a UV Light system and additional modern HPV machines which will

and other national guidance			reduce the decontamination times. Currently going through Trust /NHSEI pathway.
• increased frequency of cleaning in areas that have higher environmental contamination rates as set out in the PHE and other national guidance	Frequency of cleaning has been assessed in conjunction of Facilities and IPCT. From the beginning of March 2020 additional clean of all touch points has been undertaken. Additional training given to staff. Records held within the facilities team.		
• linen from possible and confirmed COVID-19 patients is managed in line with PHE and other national guidance and the appropriate precautions are taken	Laundry policy is in place and assessed as meeting the National guidance. Monitored during IPCN daily visits.	Shortage of red alginate bags identified. Storage issues in non-clinical area.	F&E Agreed with provider that they would accept an alternative until these are available. Raised immediately with F&E who actioned regarding training and through the contract with the provider.
• single use items are used where possible and according to Single Use Policy	Single use items used in line with WHT policy.	Visors that are single use were cleaned and reused during shortages but by the same member of staff for the shift, with risk assessment for sessional use.	Ensured reuse of equipment policy highlighted and used across the organisation.
• reusable equipment is	Reusable equipment is cleaned in line	Trust / National supplies of	The clinical areas were

appropriately decontaminated in line with local and PHE and other national policy	with Trust and National Policy. Spot checks take place by Matrons and IPC during daily visits. Shortened IPC assurance audits have taken place during the COVID-19 pandemic as part of the NHSEI Action Plan. NHSEI action plan shared across divisions for learning. Community teams advised on the decontamination of equipment in line with national and trust policy.	chlorine wipes became very short.	supplied with and trained in the use of combined detergent and chlorine tablets for use.
3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and process are in place to ensure: • arrangements around antimicrobial stewardship are maintained • mandatory reporting requirements are adhered to and boards continue to maintain oversight	Monthly antimicrobial report. Commencement of new 0.5 WTE antimicrobial pharmacist. Antimicrobial prescribing guidelines – available on trust intranet and micro-guide. Microbiologist service for referral of difficult cases and advice on antimicrobial deployment.	Monthly antimicrobial report not published for February + March 2020 due to the above. Monthly antimicrobial report not presented due to temporary cessation of Medicines Management Group (MMG).	Monthly antimicrobial report for April currently being prepared, and to continue monthly hereafter Antimicrobial report to be risk assessed by the antimicrobial team for actions, learning and hot spots each month. Until the restoration of MMG, recommend the antimicrobial report is presented at exceptional meetings of Infection Control Committee, which

	As COVID-19 related treatment drugs became available, these were approved through the Medicines Management committee.		are scheduled to continue.
4. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure: • implementation of national guidance on visiting patients in a care setting	The Trust made an early decision to restrict visiting to the organisation to only 1 visitor. Following this, the National guidance was followed for no visitors to the Trust; with the exception of EOL care and special circumstances following discussion with Matron/Ward Sister. This also applies to Holly Bank House in the community. PPE and HH advice given to attending relatives by the ward team prior to arriving.		

	Only urgent and essential community clinics in place. Patients triaged before appointment, advised to attend alone and social distancing measures in place.	Difficult within large households in community.	Advice and education given before and during each community visit. Limiting the number of people within the one room and adhering to social distancing guidance.
• areas in which suspected or confirmed COVID-19 patients are where possible being treated in areas clearly marked with appropriate signage and have restricted access	Signage has changed regularly as updates are received. Communicated through Daily Dose and all staff advised to remove out of date information. Community premises: not all community premises are owned / sole use by the Trust hence there is a requirement to work with the landlords of each unit to determine signage and access/egress routes.	Occasionally see out of date signage, Comms, EPRR, IPCT & Directors remove immediately and area advised of change then raise in Tactical Command.	Members of the Tactical Group asked to remove posters that are out of date and communicate through Divisions.
• information and guidance on COVID-19 is available on all Trust websites with easy read versions	Patient and staff information is available on the Trust website. Translated versions are also available in the commonly used languages in the area. Reviewed by PALS and Comms teams when new guidance available.		
• infection status is communicated to the receiving organisation or department when a possible or confirmed COVID-19 patient needs to be moved	Infection status is within the internal and external Trust transfer documentation. Where there is an issue of a patient being refused by an acute or care home provider then there are mechanisms to deal with the problem.		

	As a Trust we use the standard documentation for patients discharged to home or to a care home. Guidance developed for the movement/collection of patient's property and shared with PALS. EDS communication of status to GPs and other community HCWs with access to 'Fusion'.		
5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure: • front door areas have appropriate triaging arrangements in place to cohort patients with possible or confirmed COVID-19 symptoms to minimise the risk of cross-infection	SOP's for patients arriving into the Trust through all routes: • ED • AMU and SAU • Gyne • Paeds • Maternity • Planned admissions These have been updated as National advice has changed and assurance given through Tactical Command. Site Coordination Lead on the appropriate transfer of patients, liaising with IPC/Mircobiologist as appropriate. COVID and non-COVID-19 routes identified in ED and x-ray/imaging departments and ICU. COVID-19 wards	SOPs are not always available in a timely manner, relevant staff were not aware of these despite assurance given.	When identified by IPC Team this is highlighted and request to share with clinical teams and uploaded onto the Intranet. Escalated to Tactical Command.

	identified and increased as numbers of cases increased. Ward 29 initially followed by Wards 1,2,3 and 4. Bays were used on other areas and ward 9 for surgery. In-house laboratory, rapid PCR testing for selected cases based on local protocols and directed by IPCT.		
• patients with suspected COVID-19 are tested promptly	Patients tested promptly in line with National Guidance as it changed; • Returning travelers through PODs and community testing. • All patients requiring admission with chest infections, in ED of on arrival to the ward. • Current - All admissions to hospital. There have been no delays in specimen collection monitored by IPCT and on ICNET. Where there are delays in results this is evidenced through the data base on a daily basis and shared with Tactical Command. Rapid GeneXpert PCR testing established at WHT laboratory. PCR testing of for all other COVID requirements now established on PANTHER platform at WHT microbiology dept.	Laboratory shortages of test kits. Inability of Birmingham and Black Country labs to cope with capacity of COVID-19 specimens. These were outsourced for a short period but the results were delayed significantly – the process ceased following a letter from Strategic command. Reported regionally and nationally.	Tactical escalated to Strategic Command and letter written to escalate regionally and nationally. Plan put into place for the short period of time of which patients had the rapid test and which had the standard test base on clinical decision and hospital flow. Currently no issues regarding testing but monitoring of delays in results are monitored daily at tactical command.

	Education provided on correct technique for Nose and Throat swabbing to reduce false negative results. Community patients within care homes to be tested as and when required.	Additional support required foor patients in care homes.	Walsall CCG led on a community swabbing team to support all care/nursing homes. Unwell patients being supported and treated for within a care/nursing home still receiving a covid-19 test promptly, by Community teams.
• patients that test negative but display or go on to develop symptoms of COVID-19 are segregated and promptly re-tested.	Patients who tested negative have received a second test; along with clinical review requested for working diagnosis. Microbiologist have developed a standard protocol for this. Patients who test negative now receive a follow up test 7 days later as per national policy. Those patients who test subsequently test positive are moved to an appropriate stream or side room within 2 hours as per Trust policy. Incident raised if this does not happen in a timely manner.		

	Public Health advice is available for community patients seen by Rapid Response who they suspect as having COVID-19 are to be swabbed.		
• patients that attend for routine appointments who display symptoms of COVID-19 are managed appropriately	Patient letters have been updated as guidance has changed. Patients receive a text reminder of actions to take. Protocol and SOPs in place. Posters advising patients what to do when booking in and standard questions for staff to ask all patients. OPD have a room designated for patients to wait in while clinical assessment takes place with the staff member wearing appropriate PPE. Robust triage, action plans and SOP's in place within community to support appointments.	Some systems have been slower in ensuring changes in the letters are made.	Monitored through the Surgical Division and discrepancies escalated to Tactical Command if unable to rectify.
6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure:	WHT has actively followed National Guidance throughout outbreak guidance from PHE. Royal Colleges guidance is reviewed and escalated to		

	Strategic command where there is conflicting advice for a decision. PHE PPE guidance followed, posters are issued to each clinical area by IPN when a change is made and posted on Daily Dose daily communication. Contractors written to by Procurement regarding PPE provision and use. June 2020.		
• all staff (clinical and non-clinical) have appropriate training, in line with latest PHE and other guidance, to ensure their personal safety and working environment is safe	PPE training and education has continued through the outbreak in line with the National guidelines including the selection and don & doff of PPE with posters provided to all clinical areas along with links on the Intranet and Daily Dose communications. 1:1 and group training provided to each ward as they came online as a receiving COVID-19 area. Covered in standard mandatory training and current PPE and hygiene policy meets the current guidelines as per review. IPC, PPE and HH covered in training for staff moving areas. Redeployed staff from other organisations received face to face mandatory training. Staff training records are uploaded onto ESR.		

	PPE regional submission and national submission daily and PPE daily meeting.		
• all staff providing patient care are trained in the selection and use of PPE appropriate for the clinical situation and on how to safely don and doff it	1:1 and team training to cascade as clinical teams came on-line for receiving and treating COVID-19 patients. Posters and videos for Donning and Doffing provided to all clinical/community areas and through Daily dose. PPE visual audits are carried out daily during IPC visits. Formal PPE Audit has commenced 4th May 20 which have been shared with ICC and QPES. Changes in resuscitation advice- FFP3 provided in Crash Trolleys. Resus team take additional FFP3 with them and a Hood for any staff member that failed FFP3 fit testing.	Discrepancy in PHE and Resus Council Guidelines	Advice reviewed by a team including Microbiologist and ED Consultant. Followed Resus Council Guidance.
• a record of staff training is maintained	Video and posters provided to staff Donning and Doffing PPE. IPCN attended ED and Ward 29 and the POD for the initial testing to support staff with Don and Doff of PPE. Ward staff maintain these records and logged in IPCT. Hand hygiene audits continue to take	Poor compliance.	

	place across the organisation and the Glow &tell will be taken to all clinical areas of the Trust. Staff records will be updated on ESR for all formal training. Hood Cascade training delivered by external company in the use and care of these. Logged on ESR. **FFP3 Fit Testing** FFP3 Masks are required when caring for patients receiving Aerosol Generating Procedures (AGP) and in ICU / ED resuscitation areas, not routine care. IPCT monitor the guidance changes to AGPs by PHE and Professional bodies. Advice has changed during the COVID-19 -19 Pandemic. Staff undertaking AGP (All contact within 2m with COVID-19 patients in the early stages of the pandemic) require Fit Mask Testing every 3 years. FFP3 Fit Mask testing/checking has continued throughout the outbreak and records kept on ESR. PPE stock levels reported daily at Tactical Command. PPE shortage is on	Fit Testing using up the supply of FFP3 masks required to care for patients when different types/makes are provided to the Trust. This Trust offered a 'quick test' which is in addition to what was happening nationally. FiT testing in accordance with INDG 479 did not take place for a period of approximately 2-weeks and was replaced by Fit Checking. This has now reverted back to compliance with the above expected standard. Fit checking is complementary to the process above not a replacement.	Additional hand hygiene training delivered in all areas of the Trust with the 'Glow and tell machine'. As of the 12/06/20 865 addition staff have been trained. Undertaking an enhanced fit check rather than the test as numerous different makes of masks arrive into the Trust in addition to the Fit Test which remains in place. Different masks designated to different areas rather than random distribution to prevent using up all masks on Fit Testing. FFP3 Masks - Staff letters

	the Risk Register Risk 2095. The trust has always had supplies of PPE single use PPE with the short-term exception of visors. Cas alert procedure in place for sessional use of masks as the Trust has had constant supply PPE. Hoods – The Trust inially had x1 hood followed by 10 further hoods arrived with missing parts. Additional order arrived which were distributed around the Trust in key areas for a group of ward/clinical areas. Area's trained by external company in the use and care of these. Log sheet developed for each hood, and IPC reviewing completed. May 2020 – sufficient hoods are now available within the organisation.	NHS Trust Where specific shortages are reported, a risk assessment is undertaken through Tactical Command. . Insufficient hoods for staff who failed the FFP3 Fit Test.	have been sent reminding them of need to be re-tested when different masks are received by the Trust. Identified the product as single staff member use with cleaning instructions as per Trust Policy given. Mitigations are put into place: • Level 4 theatre gowns not available, therefore lower level gown with a plastic apron underneath. • Have a supply of FFP2 masks as a backup, but not in use currently. Neighbouring Trusts were able to support us with the provision of 2 additional hoods, The hoods were placed in ED and ICU with the additional one in ICU to loan out to other areas as required.

• appropriate arrangements are in place that any reuse of PPE in line with the CAS alert is properly monitored and managed	Cas alert procedure in place for sessional use of masks as the Trust has had constant supply PPE with the exception of Visors.	Shortage of visors for a short period.	Identified the product as single staff member use with cleaning instructions as per Trust Policy given. To problems were identified from the Trust taken this action.
• any incidents relating to the re-use of PPE are monitored and appropriate action taken	Incidents relating to PPE – discussed with staff member at the time, ensure have updated information /poster /policy. Line manager informed if persistent issues or particular team issues.	Where PPE inappropriately used it was predominantly that staff did not believe the PHE advice.	Further 1:1 education delivered and inappropriate behaviours discussed.
• adherence to PHE national guidance on the use of PPE is regularly audited	PPE Observational audits undertaken by IPCT, reported to ICC and QPES. Incidents escalated to Silver and Tactical meeting at the time along with reporting to ICC. IPCT and Matrons are responsible for observing standard practices of IPC and intervene as necessary providing education.		
• staff regularly undertake hand hygiene and observe standard infection control precautions	Hand hygiene audits have been undertaken providing assurance. Additional Daily dose information regarding the importance of Hand hygiene shared with all staff. 1:1 and group ward level updates and education.	Poor audit scores.	'Glow and Tell' machine with 1:1 education delivered to all areas of the organisation with a good uptake.

	IPCT and Matrons are responsible for observing standard practices of IPC and intervene as necessary providing education.		
• staff understand the requirements for uniform laundering where this is not provided for on site	Uniform Policy in place with laundry instructions, specific sections have also been shared regularly on Daily Dose. Scrubs used by some clinical areas and specific teams. Clear guidelines set for which teams should wear scrubs and procedures for laundering through the contracted service. Advice provided through teams and Daily Dose.		
• all staff understand the symptoms of COVID-19 and take appropriate action in line with PHE and other national guidance if they or a member of their household display any of the symptoms.	National guidance on the symptoms and household contacts of COVID-19 has been shared with all staff and on Daily dose, regularly updated and available through the intranet. Posters across the Trust. HR called all staff reporting sick to ensure they received the correct advice and testing. Advice shared with 'Shielding /potential Shielding' Staff through line managers. All staff offered antibody testing.		
7. Provide or secure adequate isolation facilities			

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
Systems and processes are in place to ensure: • patients with suspected or confirmed COVID-19 are isolated in appropriate facilities or designated areas where appropriate	Flow of patients defined in SOPs which are updated when change of guidance or plan. Managed by bed Managers and raised to IPCT/Microbiologist as required. Guidance document for the priority for side room use in Feb 2020, shared across divisions, Bed Managers and intranet. Side room IPCT monitor side room list daily and closed bays. Clear COVID-19 streams and non-COVID-19 streams as numbers increased and decreased. New admissions to Holly Bank are kept isolated for 14 days and universal precautions applied.	This became increasing difficult across the surgical division.	Site Coordination took on the management of placing surgical patients and SOPs further developed for the streaming at the start of the recovery phase.
• areas used to cohort patients with suspected or confirmed COVID-19 are compliant with the environmental requirements set out in the current PHE national guidance	Clear designated wards / areas across the organisation agreed at Tactical Command. National IPC guidance is followed for all cohort areas. IPT confirm that the areas are suitable for the co-hort of patients,		

	then agreed at divisional level and Tactical Command. Review of inpatient 2m distancing by Div DON for each area and IPCT to ensure patients are separated appropriately reported to Tactical Command. SOP in place for social distancing for outpatient departments and hotspot area's. The Trust has 1 negative pressure room in ICU. First suspected patient placed in this room.	Orthopaedics may be difficult depending on the side of surgery. Limited national guidance.	Beds will not need to be closed permanently but will need assessing daily depending on the inpatients at that time, with the closure of that bed space at that time. Use of Trust Policies. ICU Staff and IPCT worked together to develop SOPs for: • Route of transfer to areas within the Trust from ED or direct form ambulance. • Equipment required for setting up the room. • Care of patient. • Donning and doffing of PPE. • Cleaning by clinical staff. • Waste and dirty linen protocols.
• patients with resistant/alert	Patients with resistant/alert organisms	Missed screening	Reviewed through ICNET

organisms are managed according to local IPC guidance, including ensuring appropriate patient placement	are managed according to local IPC evidenced through ongoing patient reviews and audit. Monitored/ alerted through ICNET. Site Coordination Team responsible for the placement of patients, incident raised if this happens. RCAs/ outbreak meetings continue for other specified alert organisms. Microbiologist advice on management of highly resistant organisms always available.	specimens identified.	alerts and followed up by the IPCN. Existing Policies discussed with teams as a reminder.
8. Secure adequate access to laboratory support as appropriate			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
There are systems and processes in place to ensure: • testing is undertaken by competent and trained individuals • patient and staff COVID-19 testing is undertaken promptly and in line with PHE and other national guidance	Microbiologist monitor turnaround times for specimens within the Lab. Initial training for COVID-19 swabbing undertaken by IPC team, instruction sheets and posters developed for cascade training for the taking of specimens. Swabbing has been taken promptly and sent to the laboratory in a timely manner. There is only anecdotal evidence of delays which have not	Not assured that some swabs are being taken correctly by all members of staff.	Microbiologist developed and updated the information as information changed. A more detailed poster on correct technique and 1:1 training by IPC team. Shared PHE training materials.

• screening for other potential infections takes place	been substantiated on investigation. Addition transport boxes source rapidly Screening for other infections takes place, evidenced in ICNET. CCG led on pro-active swabbing in the care homes.	Missed screening specimens identified on ICNET.	Reviewed through ICNET and followed up with clinical by the IPC Surveillance Nurse.
9. Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure that: • staff are supported in adhering to all IPC policies, including those for other alert organisms	All standard IPC Policies up to date and in place as per Hygiene Code. During COVID-19; C'diff, IPC, Hand hygiene and PPE audits have continued to take place. Assurance walks have been undertaken by the Director of Nursing and Ass Director of Nursing IPC. IPT visit all COVID-19 wards daily, with most other areas on a daily basis. To advice and assure practices are being undertaken correctly.	Staff not following policy on occasions.	Compassionately challenge and educate staff. Hand hygiene training delivered to all areas of the Trust. Escalation through divisions and professional leads. Escalation to ICC, QPES as appropriate.
• any changes to the PHE	Any national changes to PPE guidance	Staff not always following	Compassionately

national guidance on PPE are quickly identified and effectively communicated to staff	are immediately printed and taken to clinical areas where a member of the IPT go through the changes. This is followed up by distribution to all staff and communication through Daily Dose. Identified for community teams through daily huddle and community tactical. Information then shared across the division.	advice and guidance through their personal beliefs.	challenge and educate staff. While attempting to understand the reason for non-compliance. Escalation through divisions and ICC.
• all clinical waste related to confirmed or suspected COVID-19 cases is handled, stored and managed in accordance with current national guidance	Guidance shared and training delivered to waste porters and clinical staff by IPCT regarding PHE advice at the start of COVID-19. Waste is monitored through the facilities and Estates team, any issues identified would be logged through the incident system. Additional clinical waste bins have been ordered and received into the trust as required; including for the increase of mask use in non-clinical areas and by OPD patients, visitors and all staff. Community waste managed in line with national guidance and information shared to all community teams.	Trust waste poster are not available within the Trust. Business refused though finance.	Waste manager resubmitting business case as this is a waste requirement for the Trust to be compliant.
• PPE stock is appropriately stored and accessible to staff who require it	System in process for ensuring all areas have the appropriate PPE and monitored daily. Managers all aware of how to obtain further supplies if usage increased. Top–up team check stock		

	levels every morning and replenish appropriately. Daily exception reporting covering PPE stock completed daily across community. Base stock kept within community to use as and when required.		

10. Have a system in place to manage the occupational health needs and obligations of staff in relation to infection			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Appropriate systems and processes are in place to ensure: • staff in 'at-risk' groups are identified and managed appropriately including ensuring their physical and psychological wellbeing is supported	Staff identified by matrons and information cascaded through Staffing Hub and through HR. Staff supported locally by line manager and Occupational health to be absent if shielding required or redeployed through staffing hub if appropriate. Pregnant staff were coordinated through Partnership between HR, occupational health and staffing hub and redeployed to low risk non patient facing roles. Mental health support freely available for staff to access through OH Psychological Service. Daily visits by OH Psychologist & Psychotherapist to staff areas with the offer of support as required. Support from community psychologists	Not all staff were identified by line managers as having a chronic condition or pregnant initially. Some misinterpretation of what were low risk areas initially. Occupational and national advice changed several times initially. Documentation of what 'at risk means have been shared through Daily Dose.	Staff were able to self-identify with Occupational health and the staffing hub. Staff were able to access the wellbeing service without referral so could seek support as needed. Additional resource was redeployed to occupational health services to support them in answering staff questions and keeping up to date with information.

	for Walsall Healthcare staff and staff working within Walsall care homes.		
• staff absence and well-being are monitored and staff who are self-isolating are supported and able to access testing	Wellbeing hub available for staff counselling and support initially and more recently the Havens were set up with psychological support for all staff. Risk assessment in place to support vulnerable staff with underlying health conditions, to include BAME staff.	A number meetings were held with HR, Lead Consultants, OH and Equality Officer to review and consider different BAME risk assessment templates. Final decision by Trust Board to adapt STP Vulnerable Staff risk assessment form.	OH available to provide guidance to managers and staff regarding individual risk assessments.
• staff that test positive have adequate information and support to aid their recovery and return to work.	OH record of staff follow-up contacts COVID-19 testing procedure available on Trust intranet and staff contacted for testing by central team. The HR Operations team are supporting all staff absences with health and wellbeing call backs and giving call backs to all who have been tested to ensure they are receiving the correct support. OH Guidance for staff available on Trust intranet page with regular updates of documents. Staff contacted for testing by central team that is should staff report in with COVID-19 symptoms they are referred for testing the following day and this is administered by the People and Culture Directorate.		
	National Guidance followed - Cascade		

• staff required to wear FFP reusable respirators undergo training that is compliant with PHE national guidance and a record of this training is maintained	training provided by manufacturer undertaken by individuals within each division. Log developed and kept with each hood. Instruction manuals printed and delivered with each Hood to the clinical area.		

MEETING OF THE PUBLIC TRUST BOARD - Thursday 2nd July 2020			
Performance, Finance & Investment Committee Highlight Report			**AGENDA ITEM: 19** **ENC: 18**
Report Author and Job Title:	Trish Mills, Trust Secretary	**Responsible Director:**	Mr J Dunn – Chair of PFIC (Non-Executive)
Action Required	Approve ☐ Discuss ☐ Inform ☒ Assure ☒		
Executive Summary	The report indicates the key messages from the Performance, Finance and Investment Committee meeting on 24th June 2020 as set out below: ▪ The Committee commends the Emergency Department and Acute Medicine New Build full business case to the Trust Board for approval. ▪ The Committee was updated on the estates risks of backlog maintenance works, and agreement on fire safety assurance. A meeting will take place ahead of these critical issues returning to the Committee in July. ▪ An extraordinary PFIC meeting will be convened when NHSEI guidance on the future funding approach is released to understand the implications of how it applies to restoration and recovery plans. ▪ Since the June meeting, the BAF risks for Use of Resources and Working with Partners have been updated and will be reviewed by the Committee in July, rather than August as previously anticipated. ▪ KPIs are in place for the investment case approved at Private Trust Board on 4th June for Walsall Together, and prior to the next PFIC meeting, the KPIS for ED, AEC, and Wards 14 & 29 will be distributed to Committee members. ▪ Constitutional standards are reported to the Trust Board at this meeting in the performance report, however the Committee wishes to commend the organisation on significant improvements to the 4-hour Emergency Access standard performance, with 92.2% of patients being admitted or discharged within 4 hours; as well as reductions in the medically stable for discharge patients. ▪ The Improvement Programme update was received for Use of Resources and Working with Partners, with the Committee seeking a focus on articulation of risks and benefits realisation		

	work for the next meeting. The next meeting of the Committee will take place on 29th July 2020.	
Recommendation	Members of the Board are asked to note the report, noting that the Emergency Department and Acute Medicine Full Business Case is commended to the Trust Board for approval.	
Does this report mitigate risk included in the BAF or Trust Risk Registers?	This report aligns to the BAF risk for use of resources.	
Resource implications	The implication is that national funding allocation not meet the Trusts current financial run rate.	
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper	
Strategic Objectives	Safe, high quality care ☒	Care at home ☒
	Partners ☒	Value colleagues ☒
	Resources ☒	

PERFORMANCE FINANCE AND INVESTMENT COMMITTEE (PFIC) HIGHLIGHT

KEY AREAS FOR CONSIDERATION BY THE BOARD

The Committee met on 24TH June 2020, with the meeting Chaired by Mr John Dunn, Committee Chair and Vice Chair of the Trust Board. The meeting was quorate.

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

1. Emergency Department and Acute Medicine New Build Update

The Committee appreciated the opportunity to learn more about the full business case in the Board workshop on 18th June. At this meeting debate focused on the financial and commercial aspects of the business case, and the Committee is now pleased to be able to commend the full business case to the Trust Board for approval.

2. Financial report

The committee reviewed Month 2 financial performance. The finance performance report appears on the agenda for this Trust Board meeting, however, the key issues for the Board's attention are:

- The Trust has broken even in Month 2 2020/21.
- The Trust reported a £2.17m overspend versus block YTD and top up funding from NHSI. Per the guidance from NHSI the Trust has assumed a further receipt of income totalling £2.17mm to cover these overspends.
- Further guidance is anticipated from NHSE/I, to include the funding approach for August 2020 to October 2020 and definition of reasonable costs that can be incurred to respond to Covid 19 (the reasonable cost definition will not be retrospectively applied). It was agreed that an extraordinary PFIC meeting would be convened when this guidance is released to understand the implications of how it applies to restoration and recovery plans.

3. Temporary Staffing

At the Trust Board's request, the Committee looked at temporary staff expenditure, and noted that nursing costs exceeded plan for both months one and two, with key drivers of cost centring upon:

- Maintaining bed capacity at winter levels (which has resulted in low occupancy) as directed by NHSI/E
- Increasing nurse to patient ratios to take account of COVID-19 requirements, Patient Acuity & PPE use
- Increasing the bank rate for the period to 31st July 2020 (£3 per hour) and increased agency rates. The People and Organisational Development Committee will be discussing

a harmonised bank across the STP when it meets on 25th June, and that will filter through to PFIC in the coming meetings.

- Increased need for Thornbury shifts to fill the ITU requirements
- High absence levels being experienced

Overall costs slightly reduced in May compared to April (largely a reduction in Critical Care provision). Employed staff increased (substantive), however, this change is largely driven by 51 student nurses joining the Trust from 27 April onwards that were used as additional resources in month (COVID-19 funded).

Medical pay has fallen overall, with temporary staffing expenditure reducing in May but high compared to historic use. High cost areas are driven by Emergency and Critical Care demands. Other temporary staffing costs relate primarily to housekeeping and high absence levels.

Future actions to address the issues include:

- Review on the impact on productivity from acuity/use of PPE (nursing ratios already being reverted back to normal);
- Focus on absence management (key focus within Divisional Performance Reviews);
- Review rates offered through agency and bank (STP consolidated bank under development and Thornbury no longer being used);
- Align future temporary workforce modelling to need (post social distancing and in support of elective re-start);
- Identify staff shielding and how many can be re-deployed, use of technology (virtual clinics) an example

4. Restoration and Recovery

The Committee received an update on the operational restoration and recovery of clinical services impacted by the first surge in Covid-19 admissions to the hospital and were informed that:

- The Trust has developed a strategy to segregate the Outpatient & Daycase Centre (PFI) wing of the hospital for planned outpatient, diagnostic and procedural activity.
- Outpatient capacity has been well restored already, with current plans that will deliver 84% of pre-Covid outpatient capacity, the majority of which will be delivered virtual.
- Elective Surgery has recommenced on the Walsall Manor site with a designated post-operative ward and post-operative High Dependency Unit within the segregated elective wing of the hospital.
- Partnership working with Spire Little Aston continues to provide elective theatre capacity to supplement Walsall Manor hospital capacity.

- Significant Improvement Programme work is underway across Divisions to increase elective daycase rates, increased Same-Day Emergency Care rates, and decrease Length of Stay – all of which will support enabling the restoration of services.

The Committee was made aware of the following significant risks.

- Due to Infection, Prevention and Control precautions, current agreed plans do not deliver sufficient restoration of elective operating theatre capacity. This is certain to result in 52-week breaches, and an 18-week Referral to Treatment (RTT) position that will worsen further before it gets better.
- On current trajectory, 18-week RTT performance will be below 50% (constitutional standard 92%) by the end of August.
- Certain specialist societies (particularly Head and Neck specialisms and Gastroenterology) remain cautious in their advice to restore routine capacity.
- The clinical workforce to deliver elective surgical capacity is the same theatres, anaesthetics and surgical staff who supported Critical Care during the first surge – protecting the wellbeing of a tired workforce is crucial during restoration, and will affect the pace with which services are restored.

Mitigations for these risk include 3rd and 4th Walsall Manor site elective operating theatres reopening; evening and Weekend operating; and increased productivity associated with gaining confidence with IPC protocols have not been factored into the forecast. Also, increased access to Little Aston operating theatres has not been assumed in the forecast.

When the guidance as to the future funding approach is released, the restoration and recovery plans will be reviewed again.

MEETING OF THE PUBLIC TRUST BOARD – Thursday 2nd July 2020			
People and Organisational Development Committee Highlight Report			**AGENDA ITEM: 20** **ENC: 19**
Report Author and Job Title:	Trish Mills Trust Secretary	**Responsible Director:**	Phil Gayle - Non Executive Director.
Action Required	Approve ☐ Discuss ☒ Inform ☒ Assure ☐		
Executive Summary	The report provides the key messages from the People and Organisational Committee meeting on 25th June 2020. • The Guardian of Safe Working presented her quarterly report to the Committee, and it is included on the agenda for this Board meeting. The Committee commended the guardian for raising awareness on the importance of conducting meetings following exception reports to address the root causes, positively impacting on quality of patient care. • The Committee reviewed the Equality and Diversity Annual Report, which is on the agenda for this Board meeting. Discussion took place on the increased focus on equality, diversity and inclusion in recent months that is not reflected in the report (noting it is the 2019/20 report), but recognising there will be much to celebrate in the 2020/21 report. The Board's attention is drawn to the initiatives identified for 2020/21 in the report. • The Committee reviewed the Emergency Department and Acute Medicine New Build full business case with respect to its workforce aspects. The Committee was advised that new models of care and workforce models will be put in place prior to occupying the new space. It also heard how the facility is attracting staff, drawing them to work in a modern environment. • The Improvement Programme update was received for Valuing Colleagues, with the Committee noting that progress had been made to complete the initial planning stage and sign off the programme structure underpinned by detailed PIDs for the workstream. Wider engagement is now planned as well as clarity on benefits realisation. It will continue to be reported to each meeting.		

	The next meeting of the Committee will take place on 30th July 2020.	
Recommendation	Members of the Board are asked to note the report.	
Risk in the BAF or Trust Risk Register	BAF S05 – Culture (lack of an Inclusive and open culture impacts on staff morale, staff engagement, staff recruitment, retention and patient care)	
Resource implications	There are no new resource implications associated with this report.	
Legal, Equality and Diversity implications	This Committee supports the Trust's approach to delivering equality, diversity and inclusion for the benefit of the patient population and staff who work for the Trust and who live in Walsall. .	
Strategic Objectives	Safe, high quality care ☒	Care at home ☐
	Partners ☐	Value colleagues ☒
	Resources ☒	

PEOPLE AND ORGANISATIONAL DEVELOPMENT COMMITTEE (PODC)

KEY AREAS FOR CONSIDERATION BY THE BOARD

The Committee met on 25th June 2020, with the meeting Chaired by Mr Phil Gayle, Committee Chair and Non-Executive Member of the Trust Board. The meeting was quorate.

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

1. BAME Colleagues

At their meeting on 4th June, the Board requested PODC to scrutinise further recommendations to address the impact of COVID-19 on BAME colleagues (Trust Board action 38/20)

The Committee was updated on the work done to identify and address risks to vulnerable staff groups including the implementation of a formal risk assessment process for vulnerable staff groups; completion of an equality impact assessment regarding the organisational response to COVID-19; establishment of a BAME Cabinet, BAME shared decision making forum, and review of decision making forums to map how BAME colleagues are represented; communications to managers clarifying assessment requirements; and internal processes established to connect outcomes from appraisal with talent management to support career progression of BAME colleagues. A review of the approach to attraction, recruitment and retention for underrepresented groups has led to 27 expressions of interest received from colleagues wanting to be involved in the Cultural Ambassador programme, and a commitment by the executive team to incorporate positive action within the interview and selection process.

It was reported that 43% of BAME colleagues had received access to a wellbeing conversation and/or formal risk assessment process. The Committee will review the uptake at their July meeting, particularly exploring what may be preventing the assessments taking place and what other avenues are open to colleagues to share concerns, including the Freedom To Speak Up Guardians and BAME shared governance forums.

2. Workforce Resilience

At their meeting on 4th June, the Board requested the Committee to review remodelling of the workforce to test resilience should there be a second wave of COVID-19, and to include the impact of 'test and trace' on staff availability.

The Committee was presented with three forecasted scenarios for sickness absence outturns during 2020/21. These range from the attainment of the improvement plan developed before the pandemic outbreak aimed at reduced absence to 4.5%, through to the potential for future COVID-19 outbreaks adversely affecting colleague attendance levels. The national test and trace service was launched at the end of May, however it is too soon to understand the impact of the system on the availability of the workforce and

therefore it was not factored into the scenario plans. Data from staff swab testing and antibody testing was used to project sickness absence rate. It is predicted that should a second wave hit at the same scale as the first, sickness absence could reach 7% at the end of the year – an uplift of about 2% on current figures.

A total of 3127 antibody tests have been carried out for staff (including contractors), with 24.43% receiving a positive result. All staff accessing the antibody test are advised at consenting stage that the significance of antibody testing is unclear and therefore whatever their result staff should continue to work to all IPC and PPE guidance for COVID-19.

3. Board Assurance Framework (BAF) and Corporate Risk Register (CRR)

The Committee reviewed BAF risk S05 – Culture, which has a current risk rating of 16. The Committee was informed that the work packages under the Valuing Colleagues workstream of the improvement programme will align to ensure the desired outcomes and to mitigate this BAF risk.

Four corporate risks were reviewed by the Committee, three of which have a current risk score of 16, and one scored 15.

4. Collaborative Bank

Through the Black Country and West Birmingham STP a piece of work has been commissioned to implement a collaborative temporary staffing bank to reduce agency spend across the footprint. Financial modelling and business cases are being developed which will be submitted through the Trust's governance and that of the STP. The Committee supported this approach and welcomed the financial benefits that a reduced reliance on agency staff will bring, and the impact on the quality and safety of care delivered to patients.

MEETING OF THE PUBLIC TRUST BOARD – Thursday 2nd July 2020			
Walsall Together Partnership Board Highlight Report			**AGENDA ITEM: 21** **ENC: 20**
Report Author and Job Title:	Trish Mills Trust Secretary	**Responsible Director:**	Anne Baines - Non Executive Director.
Action Required	Approve ☐ Discuss ☒ Inform ☒ Assure ☐		
Executive Summary	The report provides the key messages from the Walsall Together Partnership Board meeting on 17th June 2020. The key points for the attention of the Board are: - Progress on delivery of the KPIs in scope is commendable despite new ways of working and the impact of COVID-19 on care homes. - That impact was particularly driven home by the staff story provided by the enhanced quality in care team, who highlighted the dedication of staff in trying circumstances. - Support shown by partners, particularly the volunteer section has been outstanding. - The integrated front door at Manor Hospital and its focus on admissions avoidance; discharge; and community offer - Care home audit which provides assurance that processes for advanced care plans, ceiling of care plans and DNACPRs on care home residents were in place and respected. - Partnership digital strategy moving forward with the approval of PIDs for shared care record; electronic palliative care coordination system; and population health projects. - Family Safeguarding Pledge agreed by partners confirming our commitment to the responsibility and accountability to collaboratively drive forward family safeguarding in Walsall over the next four years. - An approach to risk management is being developed, with risk being a regular feature at meetings going forward.		
Recommendation	Members of the Board are asked to note the report.		
Risk in the BAF or Trust Risk Register	This report aligns to the BAF risks for Care at Home (S02) and COVID-19 (S07)		
Resource implications	There are no new resource implications associated with this report.		

Legal, Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper	
Strategic Objectives	Safe, high quality care ☐	Care at home ☒
	Partners ☐	Value colleagues ☐
	Resources ☐	

WALSALL TOGETHER PARTNERSHIP BOARD

KEY AREAS FOR CONSIDERATION BY THE BOARD

The Committee met on 17th June 2020, with the meeting Chaired by Mrs Anne Baines, Committee Chair and Non-Executive Member of the Walsall Healthcare Trust Board. The meeting was quorate.

The Committee reports to all Partner Boards each month on key issues from the meeting.

1. Delivery Update

This Committee received an overview of the key performance indicators in scope and commended partners on the volume of work that is ongoing and adoption of many new ways of working. Performance is noted in the Care At Home item on the agenda of this Board meeting.

One Walsall

The committee recognised the support provided by One Walsall and Walsall Housing Group. Within the first two weeks of lockdown, 300 volunteers registered via the One Walsall web site. Since then, the total has remained circa 600. Effective partnership working with Walsall Police has resulted in sufficient background checks for public facing volunteers, which has been unique to Walsall. One Walsall is currently supporting their organisations with funding advice, with the sector continuing to how flexible and responsive it is.

The action plan for implementation of the integrated front door at the Manor Hospital was presented, with workstreams focusing on admissions avoidance; discharge; and the community offer. Oversight of the plan will come through this Committee and will be reported to the Trust Board.

Care Homes Audit

A random sample of residents was undertaken (20 in number) who had been reviewed by Adult Community Services within care homes, including 3 residents who had died, in order to review whether Trust staff followed ACS process for undertaking Advanced Care Plans, Ceiling of Care Plans and DNACPRs on care home residents.

The Committee was assured that:

- There was an established process for undertaking assessments within care homes.
- Staff from Adult Community Services built on & rapidly expanded an existing programme of care.
- In doing so they followed the agreed processes within the Trust to undertake Advanced Care Planning, Ceiling of Care Plans and DNACPRs.

Whilst all paperwork was undertaken within agreed process the Committee heard there were opportunities to reflect with the work with primary care regularly, and that their

proactive intervention into care homes needs to be incorporated into any future model of service provision.

2. Staff Story – Enhanced Quality in Care Team

The Enhanced Quality in Care Team was created at speed in response to an identified need to the developing COVID-19 situation in care homes. A couple of homes had experienced outbreaks relatively early in the pandemic which highlighted the need for a multi-agency response to support care homes and maintain safety and wellbeing of residents.

The Committee heard of the impact on staff, both positive and negative, that resulted from the response, and highlighted the commitment of staff despite their own anxieties and concerns, both about COVID-19 and the unknowns, but also as to delivering care in new environments and with different teams.

This coordinated response allowed the right support to be given to the right providers at the right time and allowed Walsall to be ahead of other areas of the country in regard to support of care homes.

3. Resilience, Health and Wellbeing of Partnership Colleagues

The staff story illustrated the strain that many colleagues have been under during the COVID-19 pandemic. The Committee responded by agreeing to look at the benefits of an integrated approach to a colleague health and wellbeing offer across the whole partnership, particularly where resources are scarce for some partners. A universal offer will be developed and come back to the Committee.

4. Digital Strategy

The Committee received an update on the Walsall Together Digital Strategy, and approved Project Initiation Documents for the following:-

Shared Care Record (a shared care record is populated and available to all clinical and appropriate AHPs, Social Care colleagues and commissioners. This is a joint project with Wolverhampton.)

Electronic Palliative Care Coordination System (a project to implement a digital solution to enable an End of Life shared record amongst the various organisations who are involved in an end of life care pathway)

Population Health (The population health BI allows for the analysis of aggregated detailed patient data gathered from across a care community, using risk stratification and other tools. That enables data and decision to aid new services, pathways, ways of working and the Walsall Together Programme.)

5. Family Safeguarding Pledge

The partnership secured £2.6m through the Department for Education ("DfE") Strengthening Families, Protecting Children Programme to implement Family Safeguarding as part of the locality model in Walsall over the next 4 years. The Committee approved a pledge to confirming commitment to the responsibility and accountability to collaboratively drive forward the sustainability of the model. It does not commit partners to any specific monetary commitments.

The Family Safeguarding Pledge provides partners' commitment to take joint responsibility and accountability as a member of the Family Safeguarding Partnership Board for:

- *The development and implementation of Family safeguarding as part of the locality model as set out by DfE Strengthening Families, Protecting Children requirements. This includes identifying partnership direct investment to sustain the adult specialist resource into the model within the first 4 years as set out by the DfE as follow:*
  Year 2 (2021/2022)- 20% of the model funded through our partnership
  Year 3 (2022/2023)- 50% of the model funded through our partnership
  Year 4 (2023/2024) - 100% of the model funded through our partnership

- *To share key data in line with our data sharing agreement to enable us to effectively measures performance that will make the case for each of the partners to confirm success for their element of the model and allow them to make the case for future investment or deployment of resources to guarantee sustainability of the model*

- *Secure sustainability of the model to enable it to become 'business as usual' by April 2023 in Walsall.*

The business case for sustainability will be developed in the first 12 months of the implementation of the model. Each partner will commit to relevant representation on this work stream to ensure the business case is owned by all.

6. Risk Management

The Committee discussed an approach to risk management within the Walsall Together Partnership governance which would include each organisation retaining its statutory responsibilities and accountability for risk management, as outlined in the Alliance Agreement. A number of risks have initially been identified, and they will be refined and brought back to the Committee. It is anticipated that a BAF will also be developed by the Committee over the coming months.

7. Ill Health Prevention

The Committee agreed that COVID-19 had amplified the wider health inequalities in the borough, and agreed to collectively work towards addressing these. Ben Diamond will

begin discussions with partners ahead of a more detailed discussion at the next Committee meeting.

MEETING OF THE PUBLIC TRUST BOARD - Thursday 2nd July 2020			
Audit Committee Highlight Report			**AGENDA ITEM: 22** **ENC: 21**
Report Author and Job Title:	Trish Mills Trust Secretary	**Responsible Director:**	Mr S Heer Chair of Audit Committee
Action Required	Approve ☐ Discuss ☒ Inform ☒ Assure ☒		
Executive Summary	The key messages from the extraordinary Audit Committee meeting on 22nd June 2020 include: ▪ The Annual Governance Statement, Audited Accounts, and Letter of Representation were recommended to the Trust Board, and were approved by them in an extraordinary Trust Board session that followed. ▪ Management were commended for producing a set of accounts which required no adjustment from the External Auditors. ▪ Review of BAF recommendations will be provided to the Committee by Internal Audit quarterly, and a Board development session will be provided by them on the BAF later in the year. ▪ Committee agreed a process for urgent changes to the internal audit plan between scheduled committee meetings. That process provides for approval of changes by the Chair of the Audit Committee. The next meeting of the Audit Committee will be on 27th July 2020.		
Recommendation	Members of the Trust Board are asked to note the contents of this report.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	Audit Committee is essential to Trust Board managing risk across the organisation.		
Resource implications	Poor internal control and/or management of risk would almost certainly result in financial loss.		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives	Safe, high quality care ☒	Care at home ☒	

	Partners ☒	Value colleagues ☒
	Resources ☒	

AUDIT COMMITTEE HIGHLIGHT REPORT

FROM THE MEETING HELD ON 22 JUNE 2020

KEY AREAS FOR CONSIDERATION BY THE BOARD

1. Introduction

The Committee met in extraordinary session on 22 June 2020, with the meeting Chaired by Mr Sukhbinder Heer, Committee Chair and Non-Executive Member of the Trust Board. The meeting was quorate.

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

2. Annual Report and Annual Audited Accounts

The Committee reviewed the Annual Report and Annual Governance Statement; Head of Internal Audit Opinion; ISA260 External Audit Findings; and the Final Audited Annual Accounts.

The Head of Internal Audit Opinion is one of partial assurance, primarily due to the Board Assurance Framework ("BAF") not being embedded; however the Committee recognised the work that is ongoing with the BAF this year. Internal Audit will review the BAF quarterly and report to the Audit Committee. They will also provide a board development session on the BAF later in the year.

The External Auditors' Opinion is a clean opinion with no qualification, however there is an emphasis of matter with respect to going concern This is due to the Trust's cumulative deficit position, and whilst it is clear that the government has the intention to write that off, the write off will only take place in 2020/21. The Board noted that the approach on this issue is consistent from external auditors at other trusts.

The Trust Board sat in private extraordinary session following the Audit Committee. Subject to some changes to the documents, the approval of which was delegated to the Chief Executive with oversight by the Chair of the Audit Committee, the Trust Board approved the Annual Governance Statement, the Final Audited Accounts, and the Letter of Representation.

3. Quality Accounts

The usual timetable for production of the Quality Accounts has changed due to COVID-19, with a revised filing deadline of 15th December 2020. Revised guidance provides that assurance from external audit on the Quality Account/Quality Report for 2019/20 is not required. The draft Quality Accounts will be reviewed by QPES on 30th July and the Trust Board on 3rd September

MEETING OF THE PUBLIC TRUST BOARD – Thursday 2nd July 2020			
Charitable Funds Committee Highlight Report			**AGENDA ITEM: 23** **ENC: 22**
Report Author and Job Title:	Trish Mills Trust Secretary	**Responsible Director:**	Paul Assinder – Associate Non Executive Director.
Action Required	Approve ☐ Discuss ☒ Inform ☒ Assure ☐		
Executive Summary	The report provides the key messages from the Charitable Funds Committee meeting on 29th June 2020. The key points for the attention of the Board are: • The Committee wish to recognise the efforts of the fundraising team during COVID-19 and to thank the local businesses in Walsall for their generous donations, which were gratefully received. • The Committee reported in May a fall in the investment portfolio from c£1.014m at 31 December 2019 to c£687K at 11 March 2020. The portfolio further fell to c£521K at 31 March 2020. That has rallied slightly to c£582K as at 22 June 2020. • A request to purchase a urodynamics machine was approved in the sum of £20,945.47. This will be funded by the League of Friends. Tests are usually carried out at University Hospital Birmingham, and would not normally be offered at the Trust as the basic care need is already provided locally, however it was felt the ability to offer the test at Walsall would enhance patient experience. • Funds from the stage one payments received from NHS Charities will be used to purchase wheelchairs and establish a fundraising hub at a total cost of c£60,000. This will elevate the charity's presence at the Manor. • The Board is reminded that the charity is promoting #justpledgejuly to encourage the setting of healthy lifestyle goals for July and pledging money to the charity. • The Committee will undertake a review of the Charity's reserves policy.		

	• The Committee resolved to take procurement advice before undertaking a market testing exercise for the active management of the investment portfolio of the Charity in due course. The next meeting of the Committee will take place on 17th September 2020, however it is anticipated that a meeting of the Board of Trustees will be required prior to that time to discuss in more detail the investment portfolio and the management thereof.	
Recommendation	Members of the Board are asked to note the report.	
Risk in the BAF or Trust Risk Register	There are no BAF or Trust Risk Registers issues associated with this report	
Resource implications	There are no new resource implications associated with this report.	
Legal, Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper	
Strategic Objectives	Safe, high quality care ☐	Care at home ☐
	Partners ☒	Value colleagues ☒
	Resources ☐	

LIST OF ACRONYMS/ABBRVIATIONS

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

LIST OF ACRONYMS/ABBRVIATIONS

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

LIST OF ACRONYMS/ABBRVIATIONS

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

LIST OF ACRONYMS/ABBRVIATIONS

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