

**MEETING OF WALSALL HEALTHCARE NHS TRUST BOARD OF DIRECTORS TO BE HELD IN
PUBLIC ON THURSDAY 2 MAY 2019 AT 14:00
SEMINAR ROOMS 1 AND 2, PINFOLD HEALTH CENTRE**

For access to Board Reports in alternative accessible formats, please contact the
Director of Governance via 01922 721172 or jenna.davies@walsallhealthcare.nhs.uk

A G E N D A

ITEM	PURPOSE	BOARD LEAD	FORMAT	TIME
1. Patients, Carer and Staff Story -	Learning	Director of Nursing	Verbal	1400
CHAIR'S BUSINESS				
2. Apologies for Absence	Information	Chair	Verbal	
3. Quorum and Declarations of Interest	Information	Chair	ENC 1	
4. Minutes of the Board Meeting Held on 4 th April 2019	Approval	Chair	ENC 2	1420
5. Matters Arising and Action Sheet	Review	Chair	ENC 3	1425
6. Chair's Report	Information	Chair	ENC 4	1430
7. Chief Executive's Report	Information	Chief Executive	ENC 5	1435
SAFE HIGH QUALITY CARE				
8. Monthly Nursing and Midwifery Safer Staffing Report	Discussion	Director of Nursing	ENC 6	1445
CARE AT HOME				
9. Walsall Together update	Discussion & Approval	Director of Strategy & Performance	ENC 7	1455
BREAK – TEA/COFFEE PROVIDED				1505
PARTNERS				
10. Acute service collaboration update	Information	Director of Strategy & Improvement	ENC 8	1510
VALUING COLLEAGUES				
11. Organisational culture – Bullying and Harassment	Discussion	Director of People & Culture	ENC 9	1520

ITEM		PURPOSE	BOARD LEAD	FORMAT	TIME
RESOURCES					
12.	Performance Report	Discussion	Director of Finance & Performance	ENC 10	1530
GOVERNANCE AND COMPLIANCE					
13.	Quality, Patient Experience and Safety Committee Highlight Report	Information	Committee Chair	ENC 11	1540
14.	Performance, Finance & Investment Committee Highlight Report	Information	Committee Chair	ENC 12	1545
15.	POD Highlight Report	Information	Committee Chair	ENC 13	1550
16.	QUESTIONS FROM THE PUBLIC				
17.	DATE OF NEXT MEETING Public meeting on Thursday 6th June 2019 at 14:00 at the Manor Learning and Conference Centre, Manor Hospital				
18.	Exclusion to the Public – To invite the Press and Public to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960).				

MEETING OF THE PUBLIC TRUST BOARD – Thursday 2 nd May 2019			
Declarations of Interest			AGENDA ITEM: 3
Report Author and Job Title:	Jackie White Interim Trust Secretary	Responsible Director:	Danielle Oum
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input type="checkbox"/> Assure <input checked="" type="checkbox"/>		
Executive Summary	<p>The report presents a Register of Directors’ interests to reflect the interests of the Trust Board members.</p> <p>The register is available to the public and to the Trust’s internal and external auditors, and is published on the Trust’s website to ensure both transparency and also compliance with the Information Commissioner’s Office Publication Scheme.</p>		
Recommendation	<p>Members of the Trust Board are asked to:</p> <p>Note the report</p>		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report.		
Resource implications	There are no resource implications associated with this report.		
Legal and Equality and Diversity implications	It’s fundamental that staff at the Trust are transparent and adhere to both our local policy and guidance set out by NHS England and declare any appropriate conflicts of interest against the clearly defined rules.		
Strategic Objectives	Safe, high quality care <input checked="" type="checkbox"/>	Care at home <input checked="" type="checkbox"/>	
	Partners <input checked="" type="checkbox"/>	Value colleagues <input checked="" type="checkbox"/>	
	Resources <input checked="" type="checkbox"/>		

Register of Directors Interests at April 2019

Name	Position held in Trust	Description of Interest
Ms Danielle Oum	Chair	Chair: Healthwatch Birmingham
		Committee Member: Healthwatch England
		Chair: Midlands Landlord whg
		Co - Chair, Centre for Health and Social Care, University of Birmingham from 10 Dec 2018
Mr John Dunn	Non-executive Director	No Interests to declare.
Mr Sukhbinder Heer	Non-executive Director	Non-executive Director of Hadley Industries PLC (Manufacturing)
		Partner of Qualitas LLP (Property Consultancy).
		Non-executive Director Birmingham Community NHS Foundation Trust (NHS Entity).
		Non-executive Director Black Country Partnership NHS Foundation Trust
		Chair of Mayfair Capital (Financial Advisory).
		Partner - Unicorn Ascension Fund (Venture Capital)
Mr Philip Gayle	Non-executive Director	Chief Executive Newservol (charitable organisation – services to mental health provision).
Mrs Anne Baines	Non-executive Director	Director/Consultant at Middlefield Two Ltd
		Associate Consultant at Provex Solutions Ltd
		Clinical Strategy Lead – Worcester Acute Hospitals NHS Trust
Ms Pamela Bradbury	Non-executive Director	Chair of Healthwatch Dudley
		Consultant with Health Education England
		People Champion – NHS Leadership Academy
		Partner is an Independent Clinical Lead with Sandwell and West Birmingham Clinical Commissioning Group
Mr Alan Yates	Associate Non-executive Director	Director Sustainable Housing Action Partnership
		Director Energiesprong Uk
		Director Liberty Developments

		LTB
		Trustee Birmingham and Country Wildlife Trust
		Executive Director Accord Housing Association Ltd
Dr Elizabeth England	Associate Non-executive Director	Clinician – Laurie Pike Health Centre, Modality
		Clinician – Lilley Road Medical Centre, GP at Hand
		Mental Health & Learning Disability Clinical Lead, SWB CCG
		Clinical Director – Mindsafe
		Mental Health Clinical Lead – RCGP
Mrs Sally Rowe	Associate Non-executive Director	Executive Director Children's Services, Walsall MBC
		Trustee – Grandparents Plus, registered charity
Mr Richard Beeken	Chief Executive	Spouse, Fiona Beeken is a Midwifery Lecturer at Wolverhampton University.
		Director – Watery Bank Barns Ltd.
Mr Russell Caldicott	Director of Finance and Performance	Chair and Executive Member of the Branch of the West Midlands Healthcare Financial Management Association
Mr Daren Fradgley	Director of Strategy and Improvement	Director of Oaklands Management Company
		Clinical Adviser NHS 111/Out of Hours
Dr Matthew Lewis	Medical Director	Spouse, Dr Anne Lewis, is a partner in general practice at the Oaks Medical, Great Barr
		Director of Dr MJV Lewis Private Practice Ltd.
Dr Karen Dunderdale	Director of Nursing/Deputy CEO	No Interests to declare.
Ms Jenna Davies	Director of Governance	No Interests to declare.
Miss Catherine Griffiths	Director of People and Culture	Catherine Griffiths Consultancy Ltd
		Chartered Institute of Personnel (CIPD)
Ms Margaret Barnaby	Interim Chief Operating Officer	Director of Ltd Company as a Management Consultant
		Husband has properties
Mrs Jackie White	Interim Trust Secretary	Director - Applied Interim Management Solutions
		Specialist Governance Advisor - CQC
		Clerk & Governance Advisor - employment - The Northern School Of Art

		Director - Dev Co (Subsidiary company - The Northern School of Art)
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Report Author: Jackie White, Interim Trust Secretary
Date of report: April 2019

RECOMMENDATIONS

The Board are asked to note the report



**MINUTES OF THE PUBLIC MEETING OF THE BOARD OF DIRECTORS
WALSALL HEALTHCARE NHS TRUST HELD
ON THURSDAY 4TH APRIL 2019 AT 2:00 p.m. IN THE LECTURE SUITE, MANOR
LEARNING & CONFERENCE CENTRE, MANOR HOSPITAL, WALSALL**

Present:

Ms D Oum	Chair of the Board of Directors
Mr J Dunn	Non-Executive Director
Mr P Gayle	Non-Executive Director
Mrs A Baines	Non-Executive Director
Mrs P Bradbury	Non-Executive Director
Mr R Beeken	Chief Executive
Dr K Dunderdale	Director of Nursing/Deputy Chief Executive
Dr M Lewis	Medical Director
Mr R Caldicott	Director of Finance
Mrs M Barnaby	Interim Chief Operating Officer

In Attendance:

Mr A Yates	Associate Non-Executive Director
Dr E England	Associate Non-Executive Director
Mr D Fradgley	Director of Strategy & Improvement
Ms J Davies	Director of Governance
Ms C Griffiths	Director of People & Culture
Mrs J White	Trust Secretary
Miss J Wells	Senior Executive PA (Minutes)

Members of the Public
Members of Staff 1
Members of the Press / Media
Observers 2

001/19 Patient Story

The Patient Experience team presented a video depicting the story of patient Ms Simran Cholan who had problems accessing wound care treatment following a procedure she had received at the Trust. Following a number of unsuccessful visits to health services, Ms Fiona Wyatt, Staff Nurse at the Darlaston Wound Care Clinic agreed to review and treat Ms Cholan.

Ms Cholan was extremely thankful for Fiona's help in treating her.

Dr Dunderdale gave thanks to Ms Cholan for sharing her story and to Fiona, who was very adaptable and turned a negative experience into a positive one. Communication is key and it was clear that this was the underlying issue.

Dr Lewis extended this thanks to Ms Cholan for sharing a sensitive issue in an engaging way which highlighted the need for

joined up services. The work underway with STP and Walsall Together hoped to address such issues.

Mr Fradgley informed that there were wound clinics situated within 4 areas of the Borough which needed to work hand in hand with the practices they served. Mr Fradgley would take the learning from the story and deliver to the place based teams for referrals.

Mr Fradgley

Mrs Baines questioned the lack of integrated care planning, discussing that a plan should have been in place for a patient requiring daily dressings. Mrs Barnaby agreed to review the pre assessment information given to patients, including post-operative care, discharge information and links to the correct care pathway. Mrs Barnaby added that it would be useful to inform Ms Cholan and to assure her that changes would be made as a result of her sharing her experience.

**Mrs
Barbnaby**

Mr Gayle commended the staff member who had gone above and beyond in order to give excellent care. Mr Gayle asked that the feedback from the Board was passed to Ms Wyatt.

Ms Oum asked for a review of the planning process for post hospital support across all services. Dr Dunderdale would give thanks to both the patient and staff involved in the story presented.

**Dr
Dunderdale**

Mr Dunn stated that there were likely other similar cases as this and informed that there should be an escalation link to refer back to the hospital regarding after care.

Ms Oum thanked both Ms Cholan and Ms Wyatt for their feedback.

002/19 Apologies for Absence

There were no apologies received.

003/19 Declarations of Interest and quorum

There were no additional items to declare.

The meeting was quorate in line with Item 3.11 of the Standing Orders, Reservation and Delegation of powers and Standing Financial Instructions; no business shall be transacted at a meeting unless at least one-third of the whole number of the Chairman and members (including at least one member who is also an Officer Member of the Trust and one member who is not) is present.

004/19 Minutes of the Board Meeting Held in Public on 7th March 2019

Mr Beeken informed that item 232/18 on page 4 should read 'aim to achieve national median in the first instance'.

005/19 Matters Arising and Action Sheet

205/18 – Mrs Barnaby updated that the May Trust Board would review the Winter Plan action and would include a proposal of the 19-20 Winter Plan following a review at the Quality, Patient Experience and Safety Committee.

Resolution

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

006/19 Chair's Report

Ms Oum presented the report which was taken as read.

Resolution

The Board received and noted the Chair's report.

007/19 Chief Executive's Report

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

- Quality improvement and quality assurance was being more widely recognised within the organisation and was well received at a presentation to the regional Quality Surveillance Group.
- Teams had been reviewing the cost pressure development and investment list. Discussions of investment that may need to be deferred were also taking place. The Board would consider the findings.
- The Walsall Together business case had been received by governing bodies and the cabinet. The governance arrangements needed further work to reflect agreement of authority and accountability in the early stages.
- The Black Country STP organisations had been approached to contribute money to support the STP PMO.

Mr Gayle queried what the contribution would be for the Trust and whether it was contestable. Mr Beeken replied that the amount was proportionate to each organisation. A meeting had been arranged to try to seek a resolve.

Mrs Baines referred to the terms of reference of Walsall Together and how that impacted on the balance of membership of the board. Mr Beeken responded that there were new members and Ms Davies was completing a piece of work in relation to the terms of reference which would reflect changes.

Mr Dunn commented that the objective was for Walsall Together to be established and running by the next financial year. Mr Beeken replied that there was an implementation plan focused upon clinical service change being worked on currently. Mr Fradgley added that there was a half day planning session the following day and would feed back progress at the next board meeting. Programme Managers were in place and working on

clinical redesign.

Resolution

The Board received and noted the content of the report.

008/19 Monthly Nursing and Midwifery Safer Staffing Report

Dr Dunderdale introduced the report which had been reviewed at the Quality, Patient Experience and Safety Committee. The following key points were highlighted:

- Temporary staff had been used to backfill sickness though there was a continued general reduction in trend since September. Bank utilisation remained fairly static with 75% of the temporary workforce being bank staff.
- Validation of temporary shifts was in place
- There was a 91% registered nurse fill rate on days and 98% on nights.
- Ward 1 and ward 2 were an area for concern with low fill rate during days and a risk of potential quality issues occurring. Additional support was being given and number of plans were in place.
- Ward 9 was also an area of concern. The Assistant Director of Nursing was providing specific focus on leadership, supporting the matrons and levels of risk

Ms Oum queried whether any improvement had been seen in those areas following increased support. Dr Dunderdale replied that there had not been any quality impacts seen to date and would have a clearer position next month.

Mrs Bradbury cautioned that temporary workforce use was a massive issue and asked how the need for additional capacity could be reduced, referencing high sickness levels reported at 12%. Dr Dunderdale replied that a review is undertaken on a day by day basis as well as a proactive piece of work on a planned 7 day basis. Dr Dunderdale suggested she take Mrs Bradbury through the Nursing transformation programme in more detail. Mrs Bradbury agreed that it would be helpful for Board oversight.

**Dr
Dunderdale**

Mr Dunn commented that he would like to see benchmarking data for temporary staffing. Dr Dunderdale replied that this would be possible and would look to publish at the next Board meeting.

**Dr
Dunderdale**

Ms Oum queried the proposal to change the target around the level of agency staffing used, asserting the need to remain ambitious whilst accepting the importance of realistic, achievable goals. The Performance, Finance and Investment Committee would review.

PFIC

Mrs Barnaby informed that the Trust had seen above predicted emergency admissions during the first quarter. The 2019-20

whole system winter plan would encapture temporary workforce with an aim to reduce avoidable spend.

Dr Dunderdale advised that rostering teams were being supported with undertaking actions. The current system was a barrier and did not allow teams to plan and monitor on a real time basis. As mitigation, enhanced roster clinics had been implemented which was seeing some improvement across medicine and surgery.

Resolution

The Board received and noted the content of the report.

009/19 Improvement Update

Ms Davies referred members to her report and advised that the CQC have conducted their inspections of Core Services and Well Led. There are a number of concerns with delivery of regulatory and must do / should do actions with regard to DNACPR & MCA where compliance remains low at 46% but there was a noted increase from January's 33% compliance. The number of out of date policies and guidelines has improved in month from 27.1% to 26.3% but remains a concern and VTE performance has dipped under the Trust target in month at 93.61% Dr Lewis informed that he was not satisfied with the recent performance, which was being addressed by a weekly review of actions.

Ms Oum made reference to CQC inspection feedback in relation to security risks. Ms Oum had visited the Health and Safety team during Board Walks and had been assured by the team's commitment to workplace safety. The Board needs greater assurance that colleague would be prioritised to the same extent as patient safety.

Resolution

The Board received and noted the content of the report.

010/19 Learning from Deaths (Mortality) report

Dr Lewis informed that headline figures of HSMR and SHMI were close to 100. The highest rated areas had been scrutinised. It was noted that there were cases of incorrect coding which had had an impact upon figures.

Deaths related to fractured neck of femur was reported as HSMR 196 during December. The Trust had appointed a new Orthopaedic Surgeon who would lead the pathway.

Dr Lewis advised members that NHSI had attended the Mortality Surveillance Group in an observatory capacity, as part of the improvement work with respect to mortality review process and mortality governance. Dr Richard Wilson, NHSI, invited the Trust to undertake a board development session on Mortality. Members noted the full feedback from NHSI was contained within the report

**Board
Development**

Dr Lewis added that he had arranged a visit to Kettering to look at their mortality review process and Medical Examiner process following the appointment of a Trust Lead Medical Examiner and 2 additional Medical Examiners.

Mr Beeken referenced the unexpected death comparison with other Trusts and queried whether there was cause for concern. Dr Lewis replied that the HSMR and SMHI data was not severely out of line with regional or national peers and though Dr Lewis did not consider the Trust to be a significant outlier of unexpected deaths, he would review the data further and update at the next meeting.

Dr Lewis

Mr Gayle asked whether there was concern around patients admitted under incorrect consultants, incorrect coding and what kind of numbers were affected. Dr Lewis acknowledged that coding was an issue, though there was no impact upon patient care.

Mr Dunn asked what evidence there was of a reduction in the number of deaths from the learning from deaths process. Dr Lewis replied that analysis of the data was quite complex but HSMR and SHMI should be no greater than 100. Mr Beeken welcomed a further exploration at Board Development.

Mr Yates was pleased to see the introduction of the Medical Examiners and welcomed a board development session. Mr Yates asked whether reviews and action plans had been discussed at the Mortality Surveillance Group. Dr Lewis confirmed that issues had been raised at the Medical Advisory Committee during March and the matter of timely reviews was discussed. Performance would be monitored at the Mortality Surveillance Group.

Ms Oum gave thanks for the improved information report, noting that several points required further scrutiny and that this should be reported back through the Quality, Patient Experience and Safety Committee. Ms Oum added that she looked forward to a Board Development session with NHSI to understand even further the data and information around mortality.

Resolution

The Board:

- **Received and noted the content of the report.**
- **Noted a Board Development session would be scheduled to focus on mortality.**

011/19 Medical Workforce Transformation programme

Dr Lewis presented the draft report which had not yet received a level of scrutiny through Committees.

Dr Lewis highlighted that there were a number of issues regarding

the medical workforce such as job planning, establishments, availability of staff out of hours and awareness of using large numbers of locum staff.

The report set out a programme that Dr Lewis would manage over the next 6 months.

Dr England pointed out that benchmarking and measuring would take time to implement. Dr Lewis replied that the Meridian work had focused on specific areas, which could be developed further and acknowledged that there was a lot of work to do and a large factor related to changing current work practice.

Mr Dunn reiterated that the programme was a substantial piece of work and he would like to see the predicted outcomes and milestones over the coming year with an understanding of how it would be managed, including cost and benefits throughout the year. Mr Dunn suggested that the Performance, Finance and Investment Committee review the programme.

PFIC

Mr Beeken informed that the programme would be funded within the Executive Team.

Dr Lewis reaffirmed that the report was clear in not asserting that it was a cost reduction programme, therefore at this stage, there was not an intention to build in milestones to articulate cost reduction. Further work did need to be done, currently the Trust were below the model hospital expectations.

Mrs Baines asked how engagement was approached and the process of quality impact assessment mitigating the risk to patient care. Dr Lewis believed that people were attracted in working in an environment where their pay matched what they did, regular reviews of job plans and fairness with no discrepancies in pay between colleagues therefore did not see a risk in undertaking this work

Ms Oum asked for a further review of risk to be undertaken, bearing in mind the history and the culture of the organisation. A further review would be undertaken at the People and Organisational Development Committee. Ms Oum added that although it was accepted that costs may be encompassed within the Executive team budget, the Board would require sight of how it would be funded.

POD

Resolution

The Board received and noted the content of the report.

012/19 Performance Report

Mr Caldicott presented the report, advising that an update on the timeframe of moving to an integrated report would be received at the next meeting.

Quality, Patient Experience and Safety Committee

Dr Dunderdale updated that there were a number of areas of

success, particularly the improving trend of pressure ulcers.

Concerns were the number of C Diff cases in March reaching 18 which was 1 above trajectory. Safeguarding level 2 children had not achieved over the last 5 months.

Integration

Mr Fradgley updated that there continued to be good performance within the 7 nursing homes for admission avoidance.

Pharmacy support was now provided to Rapid Response.

GP led MDTs were continuing to progress.

The report at the next Trust Board would include intermediate care data, locality teams and the Black Country Pathology Service.

Mr Dunn requested data in relation to understanding the stranded patient figures and targets.

Mr Fradgley

People and Organisational Development Committee

Ms Griffiths reported areas of success related to the flu campaign where good feedback had been received following the attendance at the NHS Employers national flu conference, health and wellbeing work and compliance with PDR and appraisals.

Sickness was the main cause for concern which was displaying an unsustainable trend.

Mr Gayle asked for sickness triggers to be reviewed.

Ms Griffiths responded that reviews were conducted on a regular basis.

Mr Yates asked that staff ensured that sickness absence data was available and reviewed at appraisals.

Performance, Finance and Investment Committee

Mrs Barnaby informed that emergency activity had been highly unpredictable. The current trend was later attendance and an influx of arrivals together.

An Operational Group had been reviewing patterns and were due to meeting again on 11th April where a cross reference of trends of arrivals against workforce would be completed.

Mr Dunn expressed his thanks to teams for consistent cancer wait performance.

Mr Caldicott wished to note continued improvement in productivity. Theatres activity had moved for the better had had started to generate the requirements but it needed to be sustained.

Concern remained with the use of temporary workforce and assurance of trajectory was required at the Performance, Finance and Investment Committee. Medical and nursing

workforce needed to be reviewed in detail though more time was needed to understand the establishment.

Focus remained on a review run rates in month and delivering the financial plan going forward.

There was a potential the Trust would move to a £28.5 deficit at the close of the year.

Mrs Baines asked for confirmation of the financial outturn.

Mr Caldicott replied that the aim was £28m but a deterioration of £500k was likely.

Mrs Baines queried what plans were in place to ensure that the run rate was mitigated.

Mr Caldicott informed that there was a series of measures considered by the Executive Directors. Controls with temporary workforce were in place and a Monday morning session reviewing locum booking was reviewed. Meridian were completing a piece of work indicating safe staffing rates.

Mr Beeken added that there was a Financial Cabinet meeting arranged for 17th April to review run rates.

Ms Oum drew attention to the financial outturn being significantly worse than forecast, adding there needed to be a step change in approach this coming year.

Mr Beeken stated that sickness rates and contingency beds remaining open had been problematic and those two main route causes should be dealt with.

Ms Oum observed some of the controls in place were not always adhered to in terms of the discipline in following process throughout the organisation and should be dealt with through the accountability framework.

Mr Caldicott confirmed that divisional review meetings were being arranged from month 1.

Mr Dunn expressed concern of the run rate issue of £500-£600k in month 1 and questioned whether plans were robust enough to achieve.

Mr Caldicott answered that he could not confirm that they were. Mr Beeken agreed that that assurance could not be given currently.

Resolution:

The Board received and noted the content of the report.

013/19 Financial Plan for 2019/20

Mr Caldicott highlighted the following key points:

- The Trust had modelled a CIP of £8.5m with a plan to provide mitigation.

- Temporary workforce remained a key challenge and required robust mitigations. The normalised position was £6m higher than plan as a result of temporary staffing.
- Contract activity included a 5.6% growth allocation, rising to 8% including community.
- The Trust was bidding for three separate pots of resource to support the EPR business case.
- The plan delivers a break-even financial outturn and would generate around £4m cash.

Mrs Barnaby queried whether there was a provision for winter resource.

Mr Caldicott confirmed that £1m was provided for winter reserves.

Mr Yates asked if there was any particular piece of work planned in relation to stranded patients.

Mr Caldicott responded that work was commencing on looking at statistics.

Ms Oum asked for the work to form part of the CIP programme, encouraging Board members to work closely together and share ideas.

The Board accepted the control total of break even.

The Board approved the Financial Plan.

Resolution:

The Board:

- **Received and noted the content of the plan.**
- **Approved the control total of break even.**
- **Approved the Financial Plan for 2019-20.**

014/19 Annual Plan for 2019/20

Board members had had opportunity to review and discuss the Annual Plan in detail prior to the meeting.

The Board approved the Annual Plan.

Resolution:

The Board:

- **Received and noted the content of the Plan.**
- **Approved the Annual Plan for 2019-20.**

015/19 Partnership Update

Mr Fradgley presented the update that was taken as read.

Ms Oum recognised the importance of the work in line with the strategic direction and gave thanks for the good work undertaken to date.

Resolution:

The Board received and noted the content of the update.

016/19 Equality, Diversity and Inclusion Strategy

Ms Griffiths presented the strategy for approval.

The strategy had been reviewed and had been considered at the People and Organisational Development Committee.

Ms Oum reminded the Board that the strategy formed part of the Board Pledge.

Mrs Baines asked what other communication mechanisms were in place.

Ms Griffiths replied that there was a section included on the Trust website.

Ms Oum requested that EDI continued to be reviewed at Committees and looked forward to seeing their recommendations.

The Board approved the strategy.

Resolution:

The Board:

- **Received and noted the content of the strategy.**
- **Approved the Equality, Diversity and Inclusion Strategy.**

017/19 Quality, Patient Experience and Safety Committee Highlight Report

Mrs Baines highlighted that progress was being made with the CNST incentive scheme work, there remained a number of issues, therefore the Committee would continue its review.

MCA stage 2 also remained a concern along with the equipment replacement programme. A quality impact risk assessment was underway and obtaining clear planning for the next stage.

Resolution

The Board received and noted the update.

018/19 Performance, Finance & Investment Committee Highlight Report

Mr Dunn updated that the Committee had approved the Deputy Nurse Director and the rostering system but asked how these would now proceed, given that the approvals were made on the basis of savings from reducing temporary staffing which had not been delivered. Dr Dunderdale replied that the Deputy Director of Nursing post would now be funded from an existing budget line from someone who was retiring from the Trust and that the Allocate contract costs would be incurred from 2020-21. Confirmation on the Allocate e-rostering contract would be reported to the Performance, Finance and Investment Committee.

Resolution

The Board received and noted the content of the report.

019/19 Questions from the Public

There were no questions from the public.

020/18 Date of Next Meeting

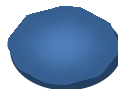

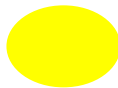
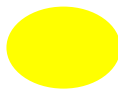

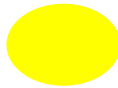
The next meeting of the Trust Board held in public would be on Thursday 2nd May 2019 at 2:00p.m. in the Lecture Suite, Manor Learning and Conference Centre, Manor Hospital, Walsall.

Resolution:


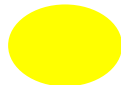
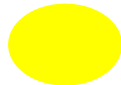





The Board resolved to invite the Press and Public to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960.

DRAFT



PUBLIC TRUST BOARD ACTION SHEET

Minute Reference/Date Item Title	Action Description	Assigned to	Deadline Date	Progress Update	Status
205/18 Matters Arising	There were a number of actions from the winter plan to be discussed at the Quality, Safety and Patient Experience Committee. Mrs Barnaby to share the actions with Board members prior to the next meeting.	Chief Operating Officer	06/06/19	Update - Actions from Winter Plan to come back in May with proposal for 2019/20 Winter Plan. TOR on review to be widened to consider workforce, finance and quality – all Committees to consider	
211/18 Nursing Strategy	People and Organisational Development Committee to review the workforce implications of the Nursing Strategy.	Director of People & Culture	02/05/2019	Discussed at POD 17 April 2019	
218/18 BAF and Risk Register Update	Ms Oum requested a further Board Development session was held in relation to the Board Assurance Framework.	Trust Secretary	06/06/19	Board Development session on Risk Management and the BAF deferred until June	
226/18 Patient Story	Consideration of drafting a letter to Commissioners flagging the issues of treatment for patients who had consumed alcohol. Quality, Patient Experience and Safety Committee to review the issue.	Director of Nursing/Medical Director	02/05/2019	On the agenda for QPES in May	
233/18 Monthly Nursing and Midwifery Safer Staffing Report	Quality, Patient Experience and Safety Committee to review the indicators of the quality impact of the report.	QPES	02/05/2019	The QPES committee receives a regular report on Quality and triangulates this will the safe staffing report	
234/18 Improvement Update	Dr Lewis to review the underlying evidence in relation to CPR compliance. Feedback to be reviewed at the	Medical Director/ QPES	02/05/2019	On the agenda for QPES in May	


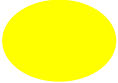


PUBLIC TRUST BOARD ACTION SHEET

Minute Reference/Date Item Title	Action Description	Assigned to	Deadline Date	Progress Update	Status
	Quality, Patient Experience and Safety Committee.				
235/18 National Staff Survey 2018	Action plan to be drafted for review at the next POD meeting	Director of People & Culture	04/04/2019	To be discussed at POD on the 15 th April 2019	
001/19 Patient Story	Mr Fradgley would take the learning from the story and deliver to the place based teams for referrals.	Director of Strategy & Transformation	06/06/2019	Underway	
001/19 Patient Story	Mrs Barnaby agreed to review the pre assessment information given to patients, including post-operative care, discharge information and links to the correct care pathway	Chief Operating Officer	06/06/2019	Progressing. Not due.	
001/19 Patient Story	Dr Dunderdale would give thanks to both the patient and staff involved in the story presented.	Director of Nursing	02/05/2019	Complete	
008/19 Nursing and Midwifery Safer Staffing Report	Dr Dunderdale suggested she take Mrs Bradbury through the Nursing transformation programme in more detail.	Director of Nursing	02/05/2019	Meeting arranged with Workforce lead to discuss in more detail.	
008/19 Nursing and Midwifery Safer Staffing Report	Dr Dunderdale would include benchmarking data for temporary staffing in the next report	Director of Nursing	02/05/2019 06.06.2019	Work ongoing to complete this	
010/19 Learning from Deaths Report	Dr Richard Wilson, NHSI, to be invited to the Trust to undertake a board development session on Mortality.	Trust Secretary	02/05/2019	Currently arranging a date	
010/19 Learning from Deaths Report	Dr Lewis would further review the data and update in the next meeting in regard to the whether the Trust was an outlier in comparison to others.	Medical Director	06/06/2019	Based on national data sets. The organisation is not an outlier and sits	

PUBLIC TRUST BOARD ACTION SHEET

Minute Reference/Date Item Title	Action Description	Assigned to	Deadline Date	Progress Update	Status
				within the mean, locally and regionally.	
011/19 Medical Workforce Transformation	PFIC and POD to review the Medical Workforce Transformation	PFIC/POD	02/05/2019	Complete	
012/19 Performance Report	The Integration Report to include data in relation to stranded patients.	Director of Strategy & Transformation	02/05/2019	Deep dive presented to PFIC in April and will be included in regular reports.	

Key to RAG rating

 Action completed within agreed original timeframe	 Action on track for delivery within agreed original timeframe
 Action deferred once, but there is evidence that work is now progressing towards completion	 Action deferred twice or more.

MEETING OF THE PUBLIC TRUST BOARD – Thursday 2 nd May 2019		
Chair's Report		AGENDA ITEM: 6
Report Author and Job Title:	Danielle Oum, Chair	Responsible Director: Danielle Oum, Chair
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/> Assure <input type="checkbox"/>	
Executive Summary	<p>The report contains information that the Chair wants to bring to the Board's attention and includes a summary of the meetings attended and activity undertaken by the chair since the last Board meeting.</p> <p>In keeping with the Trust's refocusing on core fundamentals, this report has been restructured to fit with the organisational priority objectives for the coming year.</p> <p>With regard to the priorities 3 and 4, I have embarked on a programme of engagement with colleagues and stakeholders to communicate our organisational focus as well as gather perspectives and triangulate information to contribute to Board assurance.</p>	
Recommendation	<p>Members of the Trust Board are asked to:</p> <p>Note the report</p>	
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report.	
Resource implications	There are no resource implications associated with this report.	
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.	
Strategic Objectives	Safe, high quality care <input checked="" type="checkbox"/>	Care at home <input checked="" type="checkbox"/>
	Partners <input checked="" type="checkbox"/>	Value colleagues <input checked="" type="checkbox"/>
	Resources <input checked="" type="checkbox"/>	

Chair's Update

PRIORITY OBJECTIVES FOR 2018/19

1. Improve our financial health through our robust improvement programme

I participated in the first of Financial Cabinet meetings, a subset of the Board to support the Trust's financial improvement work.

I attended the Audit Committee to consider the end of year accounts, relations with the auditor and governance matters.

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

Together with the Director of Nursing, I attended a review into the effectiveness of the Quality, Patient Experience and Safety Committee to ensure that Committees are operating effectively.

I attended a lecture at the University of Birmingham led by Professor Helen Stoke-Lampard, who outlined implications of the increasing adoption and integration of technology into healthcare, the primary care landscape and the future of clinical leadership.

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

I met with Professor Steve Field, the newly appointed Chair at The Royal Wolverhampton as part of his Induction.

I met with Richard Samuda, Chair of Sandwell and West Birmingham NHS Trust.

I had a one to one meeting with Michael Sharon, Director of Strategic Planning and Performance at the Royal Wolverhampton NHS Trust.

I'd like to take the opportunity to welcome Sally Rowe, Executive Director of Children's Services at Walsall Council who has joined the Trust as an Associate Non-Executive Director.

Meetings attended / services visited

One to one meetings with Executive Directors

Corporate Governance Manager

Equality & Diversity Lead

Health & Safety Team Board Walk

RECOMMENDATIONS

The Board are asked to note the report

Danielle Oum, May 2019

MEETING OF THE PUBLIC TRUST BOARD – Thursday 2 May 2019			
Chief Executive's Report			AGENDA ITEM: 7
Report Author and Job Title:	Richard Beeken, Chief Executive Officer	Responsible Director:	Chief Executive Officer
Action Required	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/> Assure <input type="checkbox"/>		
Executive Summary	<p>The purpose of the report is to provide the Board with my appraisal of the high level, critical activities which the organisation has been engaged in during the past month, set against the organisation's strategic objectives.</p> <p>This month, I focus in particular on the medium to long term ambitions we need to realise strategically, through Walsall Together and through our improvement programme, on financial health. I also remind the Board of the need to assure itself regarding the delivery of the "fundamentals" of care, through PCIP oversight on a regular basis.</p> <p>The report also sets out to the Board, the significant level of guidance, instruction and best practice adoption we received during February 2019 and assures the Board through an allocation of the actions required, to the relevant executive director.</p>		
Recommendation	<p>Members of the Trust Board are asked to:</p> <p>Note the report and discuss the recommendations.</p>		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	<p>This report outlines the activities undertaken by the chief Executive officer aligned to each of the organisational priorities. This report provides assurance around the mitigation of a number of our strategic risks and also provides context in which the Board can triangulate information.</p>		
Resource implications	<p>There are no resource implications associated with this report</p>		

Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.	
Strategic Objectives	Safe, high quality care <input checked="" type="checkbox"/>	Care at home <input checked="" type="checkbox"/>
	Partners <input checked="" type="checkbox"/>	Value colleagues <input checked="" type="checkbox"/>
	Resources <input checked="" type="checkbox"/>	

Chief Executive's report

1. PURPOSE OF REPORT

The purpose of the report is to provide the Board with my appraisal of the high level, critical activities which the organisation has been engaged in during the past month, set against the organisation's strategic objectives.

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

2. BACKGROUND

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

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

3. DETAILS

3.1. Provide safe, high quality care across all our services

We have now completed all of the CQC assessment process, including well-led and use of resources assessments. We have been told that we can expect our draft report very shortly and indeed, may have done so by the time the Board meets.

The Board, through the QPES committee and POD committee respectively, need to continue to assure itself that the Patient Care Improvement Plan and Well-Led action plan are updated with specific learning from informal feedback already received from the CQC and adequately monitored with regard to outputs and outcomes. I would like to specifically discuss, at our Board meeting today, whether we feel we have that assurance. A robust PCIP is vital as a core element of our response to ensure that the fundamentals of care and patient safety are delivered, whilst we develop the longer term ambitions of our improvement programme. We know that there is a historic risk in our Trust, with regard to a

reversal of gains made on these matters and any organisation which is serious about the pursuit of excellence in care, needs to deliver this as business as usual.

3.2. Use resources well to ensure we are sustainable

In the last month, the executive team have been working on the following elements of the financial plan and its delivery:

- Drawing together Project Initiation Documents and associated impact assessments for Q1 initially and for the remainder of the financial year for consideration by PFIC on 24th April
- Drawing together mitigation options with cost reduction profiles for the current expenditure run rate risks in areas such as locum medical staffing, ED nursing and waiting list initiative payments, for consideration by the Board today
- Assessing the impact of the deferred investment/development schemes not able to be funded from our £2.4 million budget allocation, for final consideration by the Board today
- Maximising elective income through improved productivity which we are now seeing in both outpatients and theatres over a good period of time

Beyond the openly reported run rate risk of c500k/month on expenditure, there are other risks that are emerging and need to be managed, in year. Two of these relate to the grabbing of opportunity. The first opportunity is what the delivery of national median performance gives us financially. Whether measured by urgent care length of stay or elective productivity, we still have significant opportunity to improve our financial position through internal transformation and good practice. Thus far, CIP schemes have been sadly lacking in such evidence. Before the end of Q1, the executive team will have ensured this position will have changed. The second opportunity relates to market share of Walsall CCG elective expenditure. Over the last few years, whether in maternity services or surgical services, we have lost a significant element of market share and upwards of 10% of that is still an opportunity for the Trust to grab. To achieve this, the Board needs to challenge the executive to demonstrate an element of our financial plan based on that marketing of our services, based on vastly improved waiting times of late and improved spare capacity.

3.3. Care for patients at home wherever we can

Our vehicle for delivering this is Walsall Together integrated care partnership (ICP). The business case has now gone through all the governing bodies. Daren Fradgley is working as the Interim Director for the partnership and is pulling together the following for early consideration by all partners:

- The composition and membership of the leadership team, including programme management appointments, mental health, social care and public health representation
- The early stages of our response to the Primary Care Networks in Walsall and how we engage with general practice to co-produce the transformation required between primary and secondary care
- The first draft implementation plan, including the early priority areas of focus. One of these priorities will be resilient communities work stream and better use of housing wellbeing resources in partnership with health and care team offers
- The ICP Board terms of reference and alliance agreement, in particular how the accountability for in-scope services and improved integration will sit with Walsall Healthcare NHS Trust as host provider

I remain absolutely convinced that the majority of the service, workforce and financial sustainability challenges we face in the borough, can be mitigated within the borough, over time, through this innovate place based partnership. All Black Country STP “places” share this view. It is important that the Board test out regularly, whether we are assured that the workforce, service and financial plans of the Trust are increasingly influenced by transformational change expressed through Walsall Together.

3.4 Work closely with partners in Walsall and surrounding areas

I continue to work with the Medical Director and our opposite numbers in the other Black Country acute Trusts, on agreeing the priorities for the integration of key, unsustainable acute hospital specialities. We manage this through the clinical leadership group of the STP. Progress is relatively slow but I am now more actively attempting to influence the methodology that is followed, so we can move quickly from speciality analysis, to construction of change plans and then delivery of that change.

I have agreed to become, on an interim basis, the Chair of the Black Country, Staffordshire & Shropshire neonatal network, until such a time as the clinical delivery network architecture, is agreed via specialised commissioning and NHSE/I. I chaired my first meeting on 2nd April. It is pleasing that people feel the chair of the network doesn't necessarily have to be affiliated with a university teaching hospital. It should also provide the Trust with an opportunity to improve its profile in this important area, particularly in the context of our neonatal unit expansion and improvements.

4. RECOMMENDATIONS

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

Richard Beeken
Chief Executive

NEW NATIONAL GUIDANCE, REPORTS AND CONSULTATIONS

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

No	Document	Guidance/ Report/ Consultation	Lead
	<p><i>Professor Keith Willett update on Article 50 extension</i> Professor Keith Willett, Medical Director for Acute Care and Emergency Preparedness and our Strategic Commander for EU Exit, <u>wrote to Trusts on Thursday 18 April</u>, about the further extension to Article 50. His letter covers the actions that now need to be taken locally to continue to prepare for the UK's exit from the European Union.</p>	Information	COO
	<p><i>New reference price for adalimumab</i> NHSI have set a national reference price for 20mg and 40mg-strength doses of adalimumab best value biologics medicines, to maximise the use of taxpayers' investment and improve efficiency and productivity, as outlined in the NHS Long Term Plan. For further information, please see the <u>letter from our Deputy Chief Executive Matthew Swindells</u> Trusts should factor this into the 2019/20 procurement and purchasing decisions with immediate effect.</p>	Action	Director of Finance & Performance
	<p><i>Send us your views on the 2019/20 national tariff consultation process</i> NHSI want to understand Trust's experience of the development of our 2019/20 national tariff payment system, and where there are opportunities to make improvements in developing future tariffs and making them easier to understand and use. NHSI would like feedback with a focus on engagement with proposals, the organisation-level impact analysis reports, and the final published tariff. <u>Share your views by Friday 3 May</u></p>	Action	Director of Finance & Performance
	<p><i>Tell us about your success in reducing</i></p>	Action	Medical

<p><i>inappropriate polypharmacy</i> Please share with us examples of successes you've had in working to reduce inappropriate polypharmacy. This will inform our work to develop a national policy on overprescribing, as part of the recently announced national review. Further information can be found on the Specialist Pharmacy Service website, along with a downloadable template and other examples of best practice. Please submit your examples of good practice to england.polypharmacy@nhs.net by Tuesday 23 April</p>		<p>Director</p>
<p><i>Financial planning workbooks</i> NHSI have added a financial planning workbook to the trust's portal, which reflects the data in financial plans submitted on Thursday 4 April. Trusts can use the workbook to inform discussions with regional teams.</p>	<p>Information</p>	<p>Director of Finance & Performance</p>
<p><i>Help us define core information for joined-up care</i> The Professional Record Standards Body is conducting a survey on behalf of NHSI. It will help define a core set of information about a person that needs to be shared to support safe, high-quality, joined-up care, and help people take greater control of their health and care. <u>Please circulate the survey widely and encourage colleagues to complete it by Tuesday 30 April.</u></p>	<p>Action</p>	<p>Director of Strategy & Improvement</p>
<p><i>Update on EU Exit preparations from Secretary of State for Health and Social Care</i> The Secretary of State for Health and Social Care has <u>written to staff across the NHS</u> to provide an update on the ongoing preparations for leaving the European Union. This letter includes updates on:</p> <ul style="list-style-type: none"> • protecting the rights of EU health and social care staff • EU Settlement Scheme • recognition of professional qualifications • medicines and prescribing <p>NHSI have published updated <u>information on planning for continuity of supply of medicines</u> in the case of a 'no deal' EU Exit. This information also includes <u>supporting Q and As</u>, which may</p>	<p>Information</p>	<p>COO</p>

	be helpful in any discussion with patients about their medicines and medical products. The NHS UK website has also been updated with some patient-facing information on medicines supply.		
	<p><i>Charging regulations in the event of a 'no-deal' EU Exit</i></p> <p>The Department of Health and Social Care (DHSC) have published more information on how updates to the charging regulations will affect how they recover costs from overseas visitors and migrants, if the UK leaves the EU without a deal, or without agreements on healthcare in place.</p> <p>The changes that have been made, which will apply in England only, relate only to the UK's departure from the EU. DHSC has not altered any rules relating to visitors or migrants from outside the EU, nor extended charging into services that are not currently chargeable, such as accident and emergency.</p>	Information	COO
	<p><i>Local variations template simplified</i></p> <p>As part of the 2019/20 national tariff, which came into effect on 1 April, the local variations template has been simplified. The updated template focuses on the key information needed to understand how providers and commissioners are working together and to guide future price development.</p> <p>NHSI will make submissions available for all stakeholders to review and learn from.</p> <p>If you have any questions, please email pricing@improvement.nhs.uk.</p>	Information	Director of Finance & Performance
	<p><i>Extension of pause on the use of vaginal mesh</i></p> <p>Following the national pause on the use of synthetic mesh to treat stress urinary incontinence (SUI) or urogynaecological prolapse, NHSI are now writing to confirm the pause and period of high restriction is being extended.</p> <p>Please read this letter from NHS England and NHS Improvement's medical directors outlining the actions to be taken.</p>	Action	Medical Director
	<p><i>Changes to self-certification communications</i></p> <p>From this year onwards, NHSI will no longer</p>	Action	Director of Governance

	<p>send Trusts reminders about completing self-certification activities, so Trusts need to build all self-certification activities and deadlines into calendars. NHSI have published templates and guidance to help with this</p> <p>If you have any further questions, please contact your regional regulation lead.</p>		
	<p><i>NHS England and NHS Improvement funding and resource publication</i></p> <p>Last week NHSI published ‘NHS England and NHS Improvement funding and resource 2019/20: supporting the NHS Long Term Plan’ which sets out the funding pledges and support that will be provided to help the NHS deliver on the priorities outlined in the NHS Long Term Plan.</p> <p>It describes how funding, people and resources will be distributed to transform local health and care systems.</p>	<p>Information</p>	<p>Director of Strategy & Improvement</p>
	<p><i>NHS Assembly membership</i></p> <p>The <u>NHS Assembly</u> has been created to advise our Boards on achieving the aims of the NHS Long Term Plan.</p> <p>The Assembly builds on the collaborative approach to developing the plan. Its members include national and frontline clinical leaders, patients and carers, staff representatives, health and care system leaders and the voluntary, community and social enterprise sector.</p> <p>Practising or training doctors, nurses and other health professionals are members to ensure the needs and priorities of the NHS workforce are well represented.</p>	<p>Information</p>	<p>Director of Strategy & Improvement</p>
	<p><i>2017/18 reference cost benchmarking tool now available</i></p> <p>2017/18 reference cost benchmarking tool and associated guidance have now been published on the trust planning portal.</p> <p>The benchmarking tool has been produced using the latest reference cost data, and highlights areas where you might have financial efficiency opportunities. It will also allow you to evaluate trust reference costs to improve costing in future collections.</p>	<p>Information</p>	<p>Director of Finance & Performance</p>
	<p><i>Developing workforce safeguards</i></p> <p>As of Monday 1 April, Trusts will now be</p>	<p>Action</p>	<p>Director of People &</p>

	<p>assessed on your compliance with the recommendations in the developing workforce safeguards publication.</p> <p>This publication:</p> <ul style="list-style-type: none"> • provides a set of recommendations on reporting and governance approaches to workforce planning • sets out NHSIs requirement to assess all providers on compliance (via the Single Oversight Framework and the Annual Governance Statement) • shares good practice approaches to decision-making on workforce set against safe staffing guidelines 		<p>Culture</p>
	<p><i>Gender pay gap report</i></p> <p>NHSI have published their annual gender pay gap report detailing the difference in average pay between male and female employees as of 31 March 2018, and the actions NHSI are taking to address and close the gap such as the active gender pay group.</p>	<p>Information</p>	<p>Director of People & Culture</p>

MEETING OF THE PUBLIC TRUST BOARD – 2 ND MAY 2019			
Monthly Nurse Staffing Report – March 2019 Data			AGENDA ITEM: 8
Report Author and Job Title:	Angie Davies Associate Director of Nursing - Workforce	Responsible Director:	Dr Karen Dunderdale Director of Nursing
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/> Assure <input type="checkbox"/>		
Executive Summary	<p>March continued to see the opening of additional capacity beds which resulted in the continued use of additional temporary staffing.</p> <p>The staffing gaps continued to be exacerbated by an increase in short term sickness across site resulting in a short term supply issue, this in turn increased the pressures to fill shifts at short notice.</p> <p>The overall position of registered nurse (RN) shift fill rate continued during March around 98% across nights and decreased to an overall position on days to around 89%.</p> <p>Temporary staffing usage remains lower than at this time last year.</p> <p>There was zero use of off framework agency nurses during the month.</p> <p>Wards 1 / 2 have a < 80% RN fill rate for days for the fourth consecutive month and Ward 9 has a <90% fill rate for days for the fifth consecutive month. This is a concern due to the potential for quality issues to occur and nursing leadership dilution. Patient harm around falls and pressure ulcers continues to present on all of these three wards and the correlation of these patient harms to lower RN staffing levels is a potential factor to consider as part of the root causes. An immediate plan to address this with the respective ward managers and Matrons is being enacted to ensure staffing levels for April and May is monitored.</p>		
Recommendation	The Trust Board is requested to note the contents of the report and make recommendations as needed.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	This paper provides assurance to the Board in relation to the BAF Objective No 5: Establish a substantive workforce that reduces our expenditure on agency staff as well as Corporate Risk No 11: Failure to assure safe nurse staffing levels.		
Resource implications	None		
Legal and Equality and Diversity implications	None		
Strategic Objectives	Safe, high quality care <input checked="" type="checkbox"/>	Care at home <input type="checkbox"/>	
	Partners <input checked="" type="checkbox"/>	Value colleagues <input type="checkbox"/>	
	Resources <input checked="" type="checkbox"/>		

MONTHLY NURSE STAFFING AND WORKFORCE REPORT

1. PURPOSE OF REPORT

This is the monthly report to the Trust Board in accordance with the requirements of the updated National Quality Board (NQB) Safe Sustainable and Productive Staffing Guidance (July 2016) and the National Institute for Health and Care Excellence (NICE) guidance issued in July 2014.

The Trust is committed to providing safe, effective, caring, responsive and well led care that meets the needs of our patients. It is recognised that decisions in relation to safe clinical staffing require a triangulated approach which consider Care Hours per Patient Day (CHPPD) together with staffing data, acuity, patient outcomes and clinical judgement. This report provides evidence that processes are in place to record and manage Nursing and Midwifery staffing levels across all settings and that any concerns around safe staffing are reviewed and processes put in place to ensure delivery of safe care.

Progress is reported against the four key workstreams in the nursing workforce transformation programme – Temporary Staffing; Rostering; Workforce Development; Establishments.

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

2. PROGRESS UPDATE

2.1 Temporary Staffing

The total Agency nurse usage was fairly consistent through March 2019 but continues to follow the general reduction trend seen since mid September 2018 and remains consistently lower than the same period in 2015/16 and 2017/18, and follows the historical trend for the last three years re usage (table 1)

Bank usage remains fairly static through month and continues to reflect the positive position of using bank nurses rather than agency nurses as required (table 2).

Daily staffing meetings occurred twice daily, 'red and amber' short notice shifts were opened to agency at seven days in advance during December and this practice is now embedded to secure shift cover earlier and provide an opportunity to plan further in advance. Bank and Agency use overall during March is consistently reflective of operational demand in month.

The total temporary staffing usage for nursing consistently shows a lower usage from around the end of October 2018 to date, compared to the same period of the year before (table 3).

Table 1

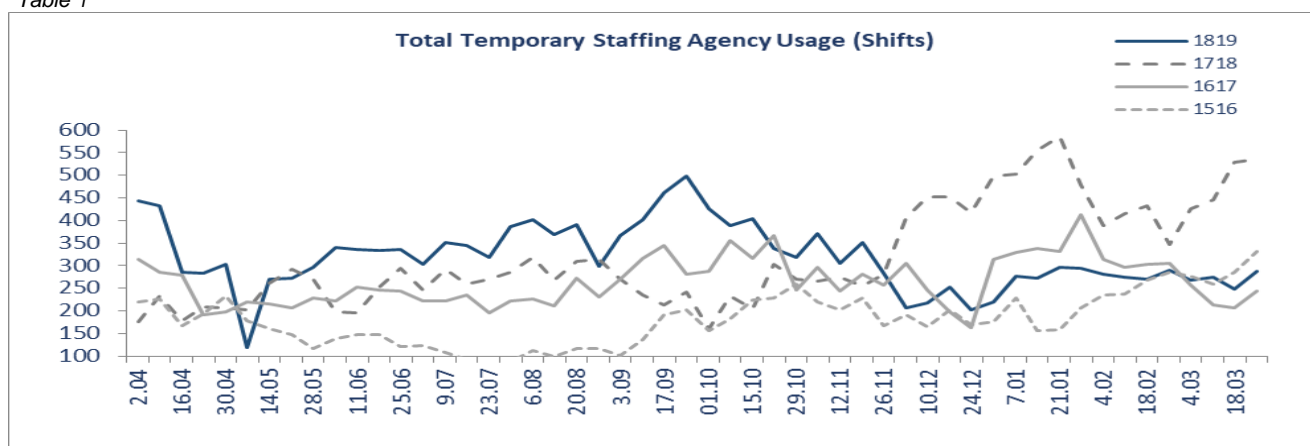


Table 2

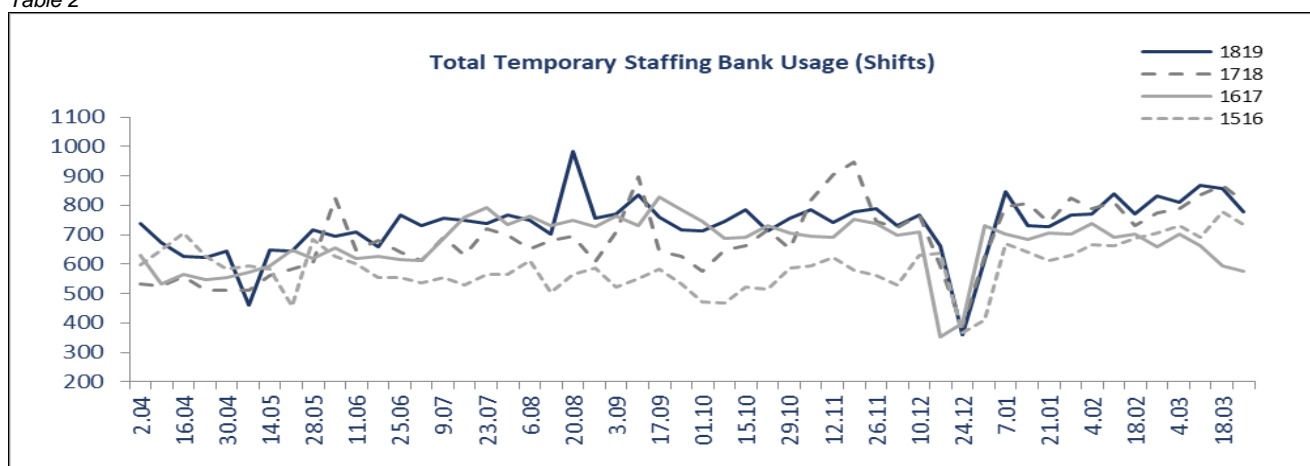
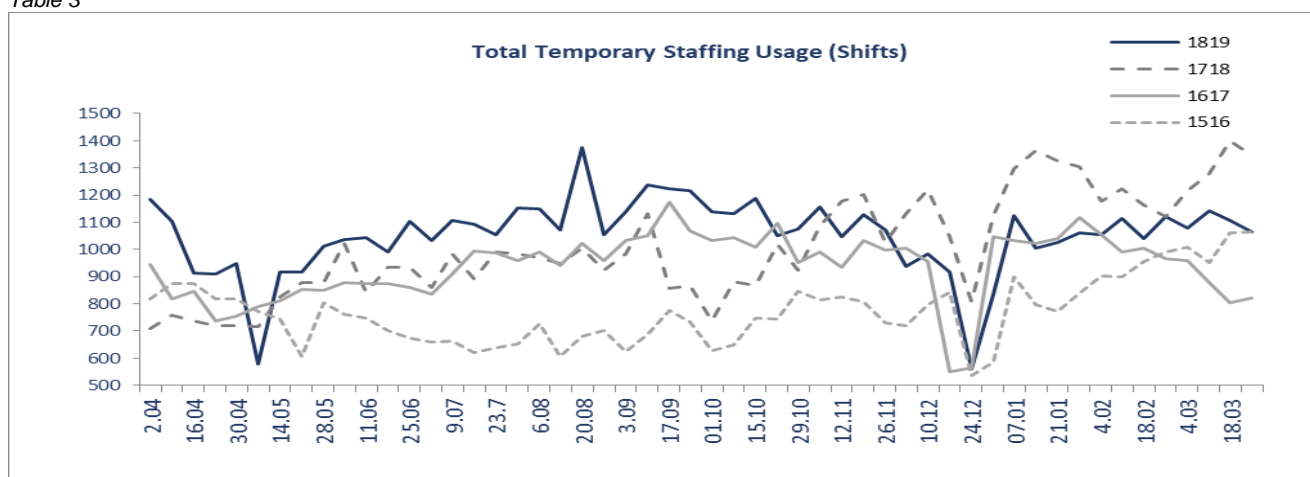


Table 3



The top four reasons for temporary staffing usage during March 2019 were (Tables 5 & 6)

- Vacancies
- Sickness
- Additional capacity
- Maternity Leave

The ongoing issue with an increase in short term sickness has continued though month, all temporary staffing shift requests for sickness are now validated, without this validation the temporary staffing request is not progressed. The accountability for ensuring this happens sits with the Matrons.

‘Vacancy’ as a reason for temporary staffing request is part of ongoing work to be more robust around reasons for shift fill, and the ability to align these requests to the vacancy position at roster creation is being explored, but limitations of the current e-roster system may not robustly support this.

Table 5

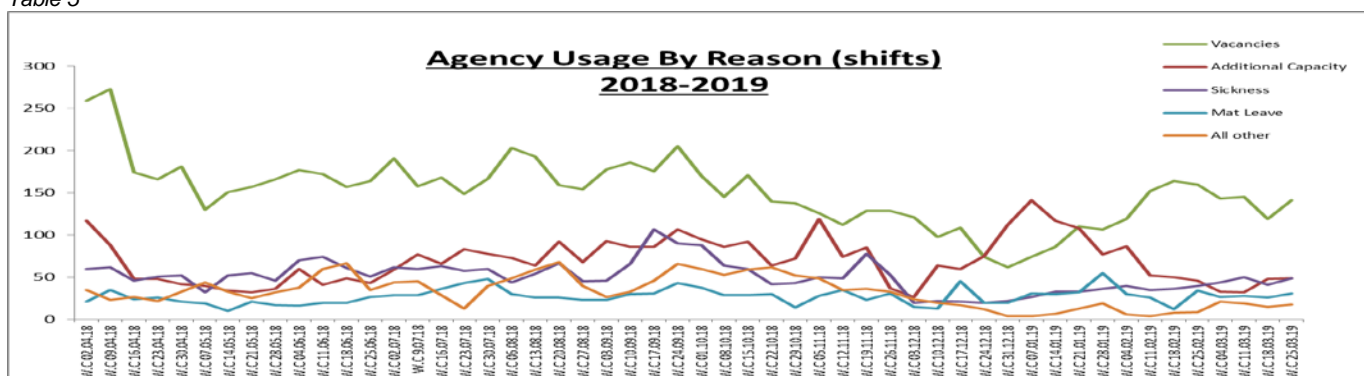
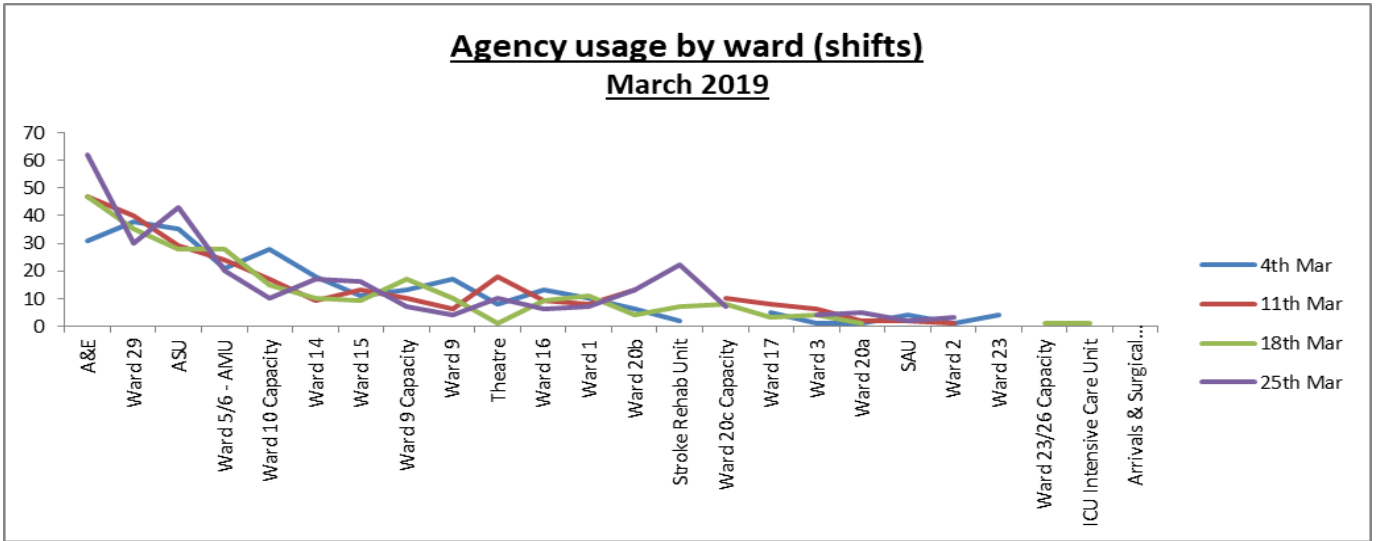


Table 6

Week	Vacancies	Sickness	Additional Capacity	Mat Leave	All other
W.C 04.03.19	143	44	33	27	21
W.C 11.03.19	145	50	32	28	19
W.C 18.03.19	119	41	48	26	15
W.C 25.03.19	141	49	49	31	18

The ward areas with the highest volume of temporary staffing usage during March are captured below (table 7) with a mix of reasons for usage as highlighted in the top 4 reasons above.

Table 7



All roster gaps are escalated to the temporary staffing team at Roster sign off and made available to bank staff, this gives a minimum of 6 weeks before the roster goes live. At 4 weeks pre-working date gaps are released to Tier 1 agencies, to optimise the ability to gain Tier 1 fill. This is line with regional activity.

The increase in Tier 2 agency nurse useage is part of the short notice shift fill cover. Tier 1 shifts are mostly used as night cover which also accounts for the cost of day cover at Tier 2 (tables 8 & 9).

Table 8

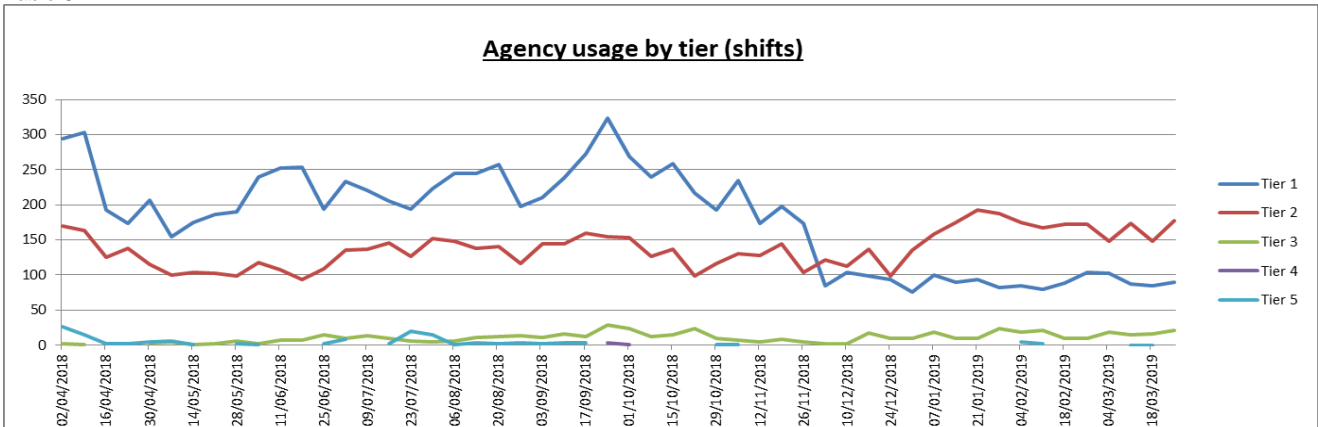
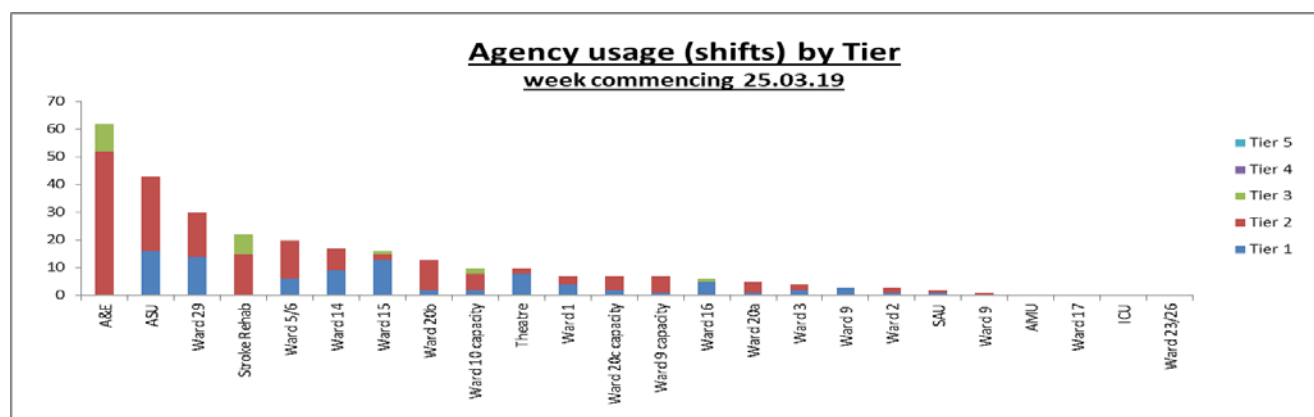


Table 9



Tier 2 agencies were mostly used to cover short notice shifts and additional bed capacity as it opened sporadically across the ward areas, including ED / ward ASU / ward 29 / Stroke Rehab / AMU / ward 14 / ward 20b / ward 10 capacity / ward 9 capacity.

Red shifts are filled with tier 2 or tier 3 agencies which accounts for those wards without additional beds but have been deemed as 'red' for shift cover priority.

All rates were within temporary staffing framework capped levels. Currently the interim position for escalated bank rates at a declared Level 4 status, remains in place.

During March 0 shifts were filled with off framework agency nurses (table 10)

Table 10

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Total breaches of Frameworks (Thornbury)	26 shifts	5 shifts	3 shifts	22 shifts	9 shifts	8 shifts	4 shifts	3 shifts	1 shift	0 shifts	6 shifts	0 shifts

The target of 75% temporary staff shift fill using bank cover (tables 11 & 12) was achieved during March running between between 73% – 75% during the month, which reflects the continued proactive approach of the ward managers and the temporary staffing team to fill as far as possible with our own bank staff.

Recruitment to the nurse bank continues proactively in order to increase the availability of bank staff for shift cover which will support our efforts to use more bank staff instead of agency staff and recruitment of more RN and CSW bank staff is being actioned.

Table 11

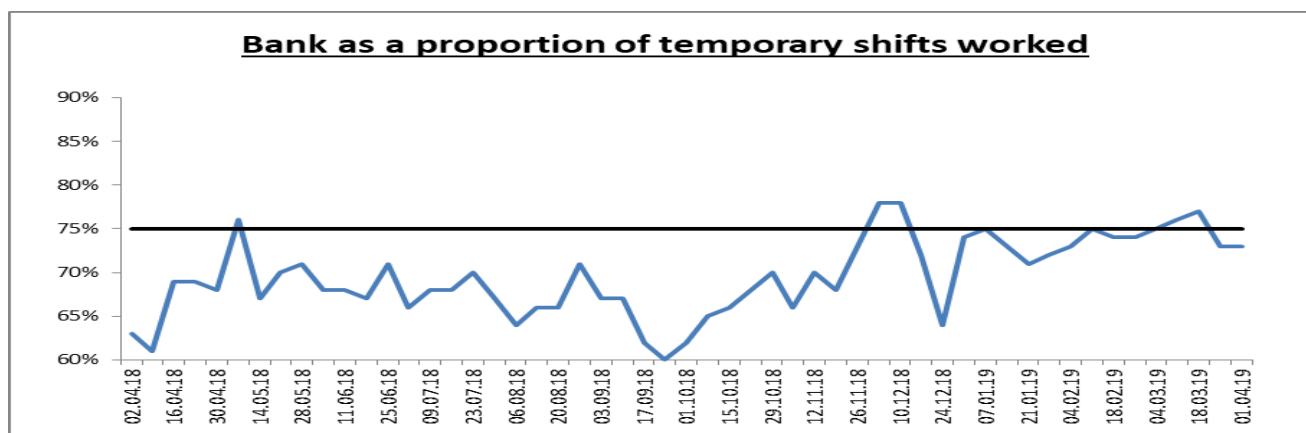
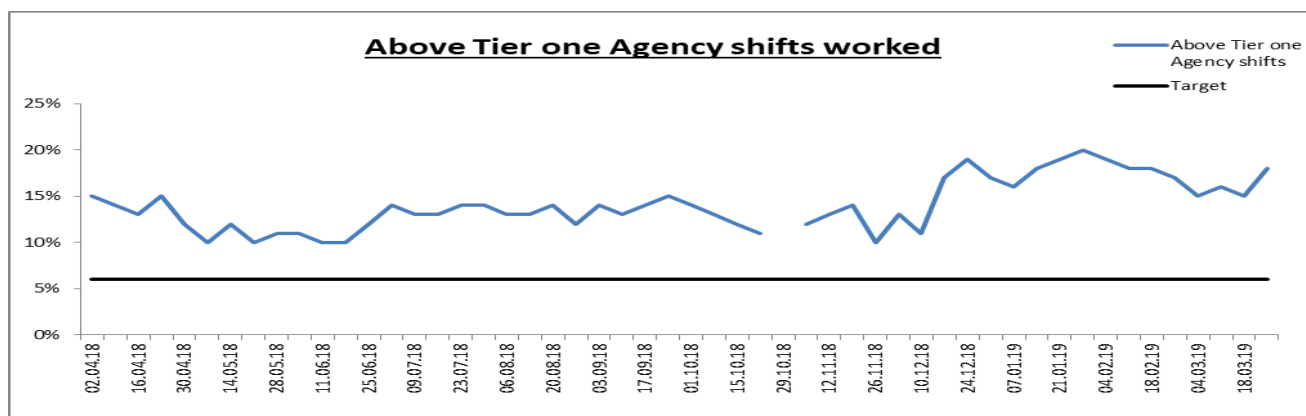


Table 12

Week commencing	Shifts		Hours		%	
	Bank	Agency	Bank	Agency	Bank	Agency
04-Mar	811	268	6433	2206	73%	27%
11-Mar	868	274	6935	2295	75%	25%
18-Mar	856	249	6951	2111	74%	26%
25-Mar	777	288	6340	2323	74%	26%

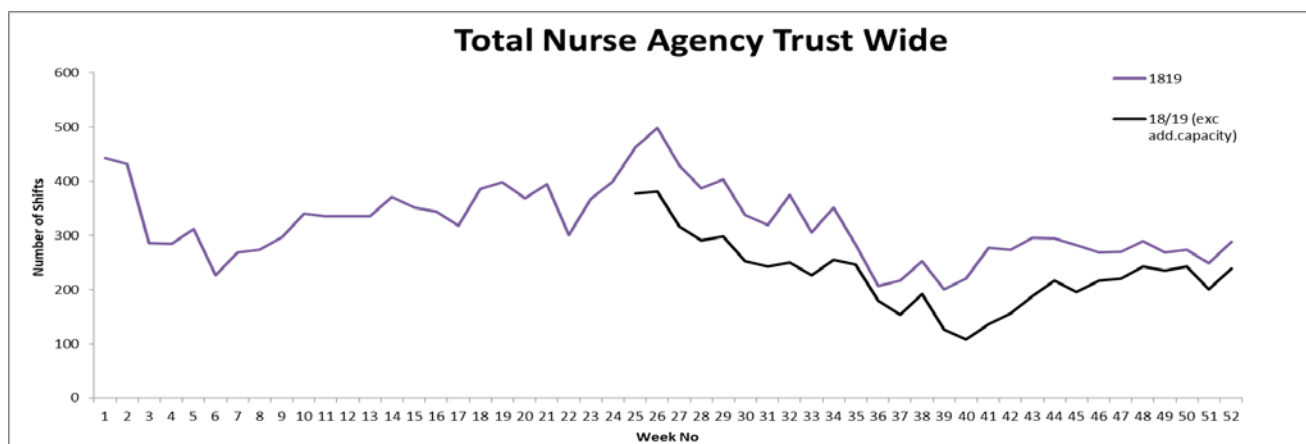
The target of 6% shift fill for use of temporary staffing above Tier 1 (table 13) has never been achieved in year, with the best position achieved at 10% during November 2018. January saw a rise up to 20% of above tier 1 agencies being used, due to increase in demand, short notice fill and reduction in supply from tier 1 agencies. The 6% target will be adjusted for this current year 19/20 to reflect a more realistic and achievable target.

Table 13



A range of control measures have been implemented and put in place since September 2018 to ensure the temporary staffing use and spend position improves and that rosters are of a quality standard, efficient and fair. The continued efforts to sustain a level of grip and control that is now being embedded into practice and key messages reinforced regularly is reflected in table 14 below which shows a trend of reduction in total use with and without additional capacity staffing requirements.

Table 14



2.1.2 Shift Fill

Shift fill rates data is used to populate the monthly Hard Truths return, submitted to NHS Digital. This submission is a mandatory requirement for NHS Trusts. The fill rate submission requires information on in-patient

Appendix 1 shows the combined day/night overall monthly fill rate percentage for the last year for both Registered Nurses (RN) and Clinical Support Workers (CSW).

The overall monthly average fill rate for RN and CSW split by days and nights is shown below in table 15.

Table 15

		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Day	RN	97.50%	99.73%	97.02%	95.84%	95.10%	95.22%	97.33%	95.09%	92.15%	90.60%	91.00%	89.16%
	CSW	98.52%	96.14%	91.85%	91.10%	92.40%	91.33%	94.64%	94.47%	92.80%	93.3%	91.20%	92.43%
Night	RN	98.35%	95.17%	97.44%	96.22%	94.57%	95.19%	97.35%	97.81%	96.82%	96.60%	98.30%	98.80%
	CSW	107.49%	98.33%	102.08%	97.46%	97.72%	96.59%	99.19%	99.68%	99.36%	99.30%	101.20%	99.44%

For March 2019 the overall average for RN fill rate is:

- 89.16% for day shifts
- 98.8% for night shifts

Of the 23 areas reported on during March 2019, a number of areas worked with less than 90% of nurses and less than 80% of CSW's on a number of occasions.

All staffing shortfalls are risk assessed daily and staff are redeployed accordingly across Division and across site.

- 9 areas recorded less than 90% shift fill rate on days for RN
 - Wards 1 / 2 / 3 / 4 / 7 / 9 / 15 / 29/ AMU
- 1 area recorded less than 90% shift fill rate on nights for RN
 - Ward 9
- 2 areas recorded less than 80% shift fill rate on days for CSW
 - Ward 9 / ICU
- 2 areas recorded less than 80% shift fill rate on nights for CSW
 - Ward 16/ ICU

		Number of areas with <90% RN shift fill											
		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Days	RN	2	1	2	4	2	3	0	4	6	10	9	9
Night	RN	0	4	2	2	4	3	1	1	3	1	0	1

		Number of areas with <80% CSW shift fill											
		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Days	CSW	2	2	1	3	1	3	3	8	2	1	4	2
Night	CSW	1	2	1	1	1	1	2	2	1	1	0	2

Wards 1 and 2 continued to have the lowest RN day fill rate at 64.8% and 65.1% respectively. Each ward area compensated this with CSW day fill rate of 105% and 113% respectively. The fill rate for nights for both ward areas were 98% and 100% respectively.

Ward 9 RN day fill rate has been lower than 90% on days for five consecutive months, with variable RN night rate between 81% and 99%.

The Ward Managers and Matrons reviewed the position daily and risk assessed according to patient need and acuity and staff experience and maturity to ensure patient care was safe utilising staff during the day from across the Trust as needed. No escalations or concerns were raised about patient safety issues.

2.1.3 CHPPD

The CHPPD data continues to show unwarranted variation. Inconsistency in data recording and data entry appears to be part of the issue and is being addressed as part of the ongoing work around the nurse staffing transformation programme.

Data validation from the Divisional Directors of Nursing and Matrons has commenced from the January 2019 data and will continue every month but the process is not yet embedded.

The process for data collection and data submission is still being reviewed to strengthen the governance around this and reduce the variation in CHPPD that the Trust is currently reporting. This variation is reflected in Model Hospital when compared to our peer group.

Training support from NHSI is being sought to refresh and revisit training around the SNCT Acuity tool and safe staffing data input and validation process.

The full NHS Digital upload is provided in Appendix 2.

2.1.4 Reported incidents

Safe staffing levels have a direct impact on outcomes for patients. For all wards with an average RN fill rate of 90% or less, it is essential to identify correlating harm to patients through reported incidents and poor patient experience.

The quality KPIs for the wards where the RN fill rate was below 90% have been analysed and compared with the previous months reported incidence to determine if staffing levels may have impacted on these aspects of patient care.

Table 16

	Pressure Ulcers Category 2		Pressure Ulcers Category 3,4 & Unstageable		Total Pressure Ulcers	
	Feb 2019	Mar 2019	Feb 2019	Mar 2019	Feb 2019	Mar 2019
Ward 1	0	2	1	1	1	3
Ward 2	0	1	0	2	0	3
Ward 3	0	0	0	0	0	0
Ward 4	1	0	0	0	1	0
Ward 7	0	0	0	0	0	0
Ward 9	0	1	1	0	1	1
Ward 15	0	0	1	0	1	0
Ward 29	0	0	0	0	0	0
AMU	0	0	0	1	0	1
Overall Total	1	4	3	4	4	8

Table 16 shows the numbers of patients who acquired a pressure ulcer in month compared to the previous month. (Red = an increase).

The number of pressure ulcers decreased on 6 of the 9 wards identified as having a RN fill rate of <90%, with 6 wards reporting no pressure ulcers in March 2019. However Wards 1, 2 and 9 had patients who developed pressure ulcers, and these wards are currently subject to a level of scrutiny and additional support from the DON Directorate due to their consecutive lower RN staffing fill rate. The correlation between RN staffing levels and patient harm is well evidenced and this may have been a contributory factor in terms of the knowledge and skills that a registered nurse will apply to patient assessment, treatment and evaluation of care may have been reduced due to lower RN staffing levels.

Any implications of staffing levels on the development of these pressure ulcers are included as part of the RCA reviews undertaken although it is not always easy to correlate the staffing levels on given days with the development of pressure ulcers as this is also impacted by individual patient's risk factors such as comorbidities, nutritional status etc.

Table 17

	Ward 1	Ward 2	Ward 3	Ward 4	Ward 7	Ward 9	Ward 15	Ward 29	AMU	Falls Total
Number of Falls Feb 2019	8	7	4	5	3	5	3	11	0	49
Number of Falls Mar 2019	7	8	10	7	6	3	8	6	4	59

Table 17 shows the 9 wards with a <90% RN fill rate which had patient falls over the last two months (**Red** = an increase).

4 of the 9 wards with a RN fill rate of <90% in March had the same number or less falls than the previous month. Of the remaining 5 wards, the wards 3 and 15 continue to have an increase in the number of patient falls and are subject to a level of scrutiny to ensure staffing levels going forwards reflect best practice.

The ward fill rate and number of falls will continue to be monitored. Any correlation between staffing and a patient fall on a particular day or night shift is not always easy to identify as historically patient falls incidents have not also specified the staffing on duty at the time; the falls incidents reported that result in no harm are managed locally by the ward manager unlike the moderate/severe which have a full RCA during in which staffing implications can be examined.

The triangulation of staffing levels and the incidence of falls and pressure ulcers continues to be monitored month on month for any trends relating to gaps in staffing and correlation with increased levels of harm.

2.2 Rostering

The quality of rosters at creation is still variable across the Divisions at ward level and contributes to the staffing shortfalls and roster inefficiencies. This variable practice continues to be escalated to the Divisional Directors of Nursing to determine next steps.

Training and support is offered to individual Ward Manager and Matrons who may require this. Action plans are created where necessary.

Table 18 reflects the roster key performance indicators for the roster period 25th February 2019 – 24th March 2019 (signed off in January 2019).

The Community roster is ward 4 (Stroke Rehab) which shows an effective roster performance overall.

Table 18

Roster KPIs March	Target	Tolerance	Actual				
			MLTC	D of Surgery	WCCSS	Community	Overall
Efficiency							
Compliance with sign off on correct date	100%		4 out of 11 areas	2 out of 6 areas	5 out of 6 areas	All areas compliant	12 out of 24 areas
Shifts to BANK at Sign-Off compliance	100%		1 out of 11 areas	0 out of 5 areas (1 area n/a)	N/A	N/A	1 out of 17 areas
Safety							
<i>Planned</i> number of shifts without NIC cover	0		11 shifts	4 shifts	6 shifts	0 shifts	21 shifts
<i>Actual</i> number of shifts without NIC cover	0		23.5 shifts	28 shifts	39 shifts	0 shifts	90.5 shifts
Fairness							
<i>Planned</i> sickness headroom (not ESR data)	3.3%		Compliant	4 out of 6 areas	Compliant	Compliant	22 out of 24 areas
<i>Actual</i> sickness headroom (not ESR data)	3.3%		9 out of 11 areas – non compliant	All areas -non compliant	All areas non - compliant	Compliant	21 out of 24 areas
<i>Planned</i> study leave headroom (not within tolerance)	3%	+/-1 %	8 out of 11 areas	0 out of 6 areas	3 out of 6 areas	0 out of 1 area	18 out of 24 areas
<i>Actual</i> study leave headroom (not within tolerance)	3%	+/-1 %	3 out of 11 areas	3 out of 6 areas	3 out of 6 areas	0 out of 1 area	10 out of 24 areas
<i>Planned</i> annual leave headroom (not within tolerance)	14%	+/-3 %	4 out of 11 areas	2 out of 6 areas	1 out of 6 areas	1 out of 1 area	8 out of 24 areas
<i>Actual</i> annual leave headroom (not within tolerance)	14%	+/-3 %	3 out of 11 areas	4 out of 6 areas	4 out of 6 areas	1 out of 1 area	12 out of 24 areas

Rostering within annual leave headroom allowance continues to be an ongoing issue that requires ongoing work to address this as part of roster creation. Annual leave balances also continue to be work in progress in order to achieve a balanced position.

Unused hours has a threshold of 11.5 hours per person. Historical issues have been identified regarding the amount of cumulative unused hours for some staff which is being worked through and will be ongoing.

The issue with short term sickness is still being experienced in most clinical areas through March and this compounded the challenge regarding ensuring safe staffing levels and is shown through the 'actual' sickness headroom of being outside of the 3.3% headroom allowance in month. All senior nursing teams are being supported to address sickness issues within their areas and a proactive approach to managing this is being taken. The Divisional Directors of Nursing are accountable for ensuring their action plan to proactively address the sickness position within their areas is actioned and they are being supported by the DoN team, HR and the PMO. A revised detailed ward level report is being compiled to aid the ward manager in managing individual level sickness within their area.

Table 19 shows unpaid leave is still being addressed on an ongoing basis, with the majority of these hours taken as a legitimate use of the policy, where individual behaviour needs to be addressed this is being actioned with the support of HR. Positive progress is being made but continued sustained efforts to reinforce the key messages is still required.

Table 19

	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 19	Jan 19	Feb 19	Mar 19
Unpaid Leave (hours)	46	144	249	716.5	716.5	465.5	240	225	135	202	190	63

2.3 Workforce Development

The cohort of Nursing Associates that qualified in January are now on the NMC professional register and started on contract as NA's from 1st April 2019 and as such have a new role on the ward and are included on a band 5 line on the roster. This has supported a reduction in the band 5 vacancy position across the Divisions. A 3 year workforce plan for NA's is being developed at present and will be presented to NMAF in May 2019.

A recent advert for staff nurses specifically aimed at those with expertise in mental health / learning disabilities yielded a shortlist of 14, with 4 who attended for interview. All four were offered a post with the Trust. A clinical support programme has been developed to support the successful appointees.

A number of adverts for RN recruitment are ongoing at present, and a detailed RN recruitment schedule for this year is being developed in collaboration with the Recruitment team.

There are no further plans to recruit to overseas RN's for the year 2019 / 20 and plans to support the 3 nurses who are just about to join the Trust will complete the overseas recruitment for now.

2.4 Establishments

The current overall establishment gaps from ESR as mid March 2019 (excluding theatres) are shown below in table 20, per three Divisions with numbers of pipeline recruits over April – June 2019.

The establishment gap is positively reducing due to new recruits and vacancy management and this contributes to enhancing the staffing levels and reducing agency useage. All new RN and CSW starters are offered a bank contract on appointment to the Trust.

Table 20

Division	Establishment Gap – RN (FTE) Vacancy gap	Long Term & Sickness Gap (FTE)	Maternity & Adoption Leave (FTE)	Total Gap – FTE	Establishment Gap Rate %	Pipeline – Apr	Pipeline – May	Pipeline – June	Total
SURGERY	15.02	5.68	3.84	24.54	6.42%	5.00	2	5	
MLTC	35.82	8.64	8.73	53.19	12.40%	1.00	5	1	
WCCSS	9.19	2.53	8.38	20.10	4.01%	2.92	2.6	1	
						8.92	9.6	7	25.52

During March there were 15 RN's and 15 CSWs that joined the nurse bank, ongoing recruitment to bank will continue as a long term ongoing action. Table 21 below reflects the ongoing recruitment of RN and CSW to the nurse bank, since the proactive approach of offering a bank contract at Trust Induction started in November 2018 and the active recruitment of CSW's to the bank.

Table 21

	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Total RN to join during the month	17	10	14	15	15
Total CSW to join during the month	8	13	8	16	15

ED establishment review work is ongoing, applying a model used for urgent and emergency care staffing. The nursing shift pattern is being aligned to departmental activity and will be different to the current shift pattern of long days and long nights, a variety of shifts is expected as part of the final establishment model and this is being developed as part of the review. The final agreed establishment for ED paper will go to Trust Board for approval within the near future.

A NHSI support visit to look at nursing workforce safeguards has been held in April and allowed us to assess our current position against a number of key elements in the guidance. This will result in a gap analysis of the nursing workforce against the NHSI workforce safeguards in the near future as part of our annual governance statement due in June.

3.0 RECOMMENDATIONS

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

4.0 CONCLUSIONS

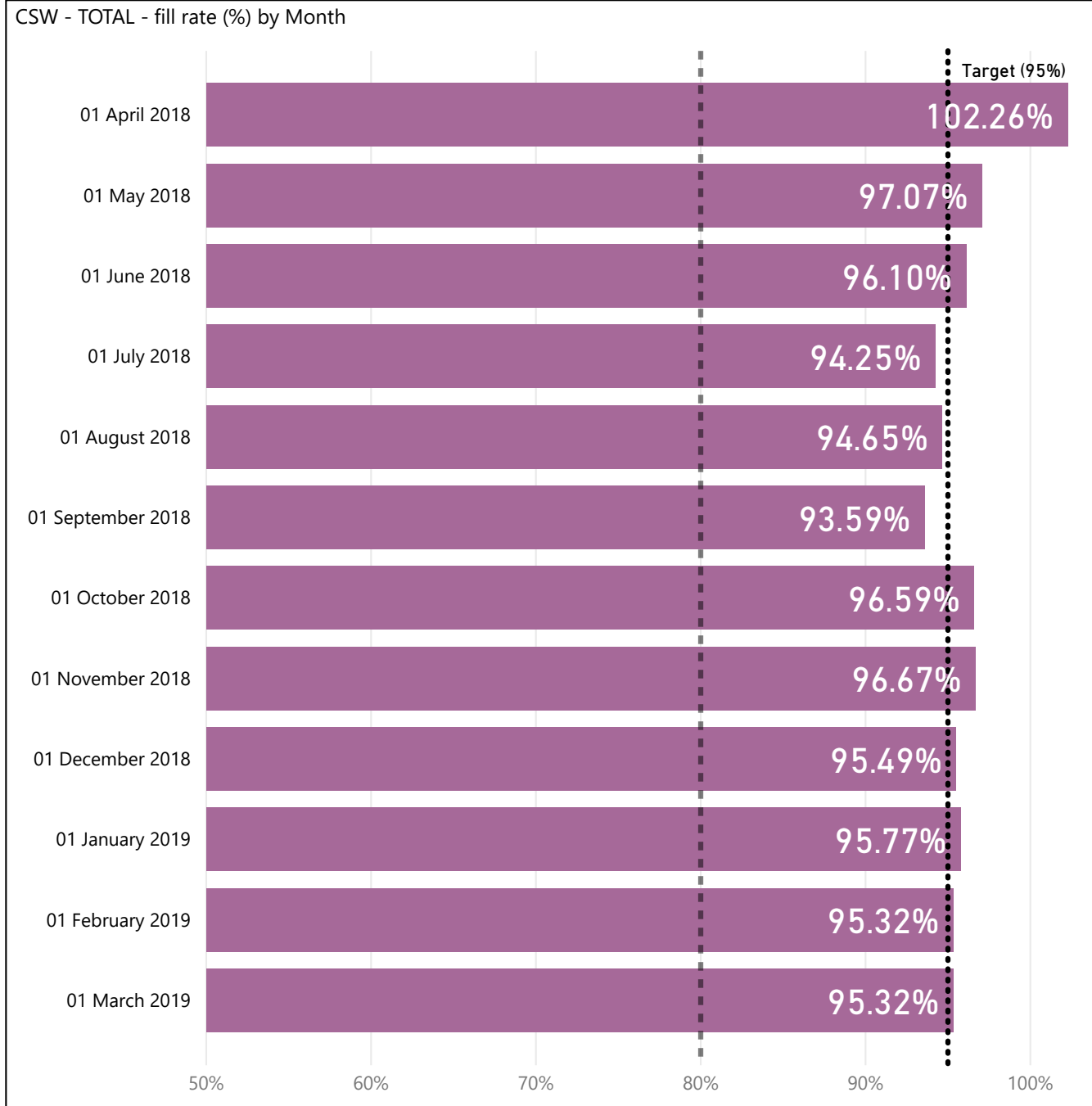
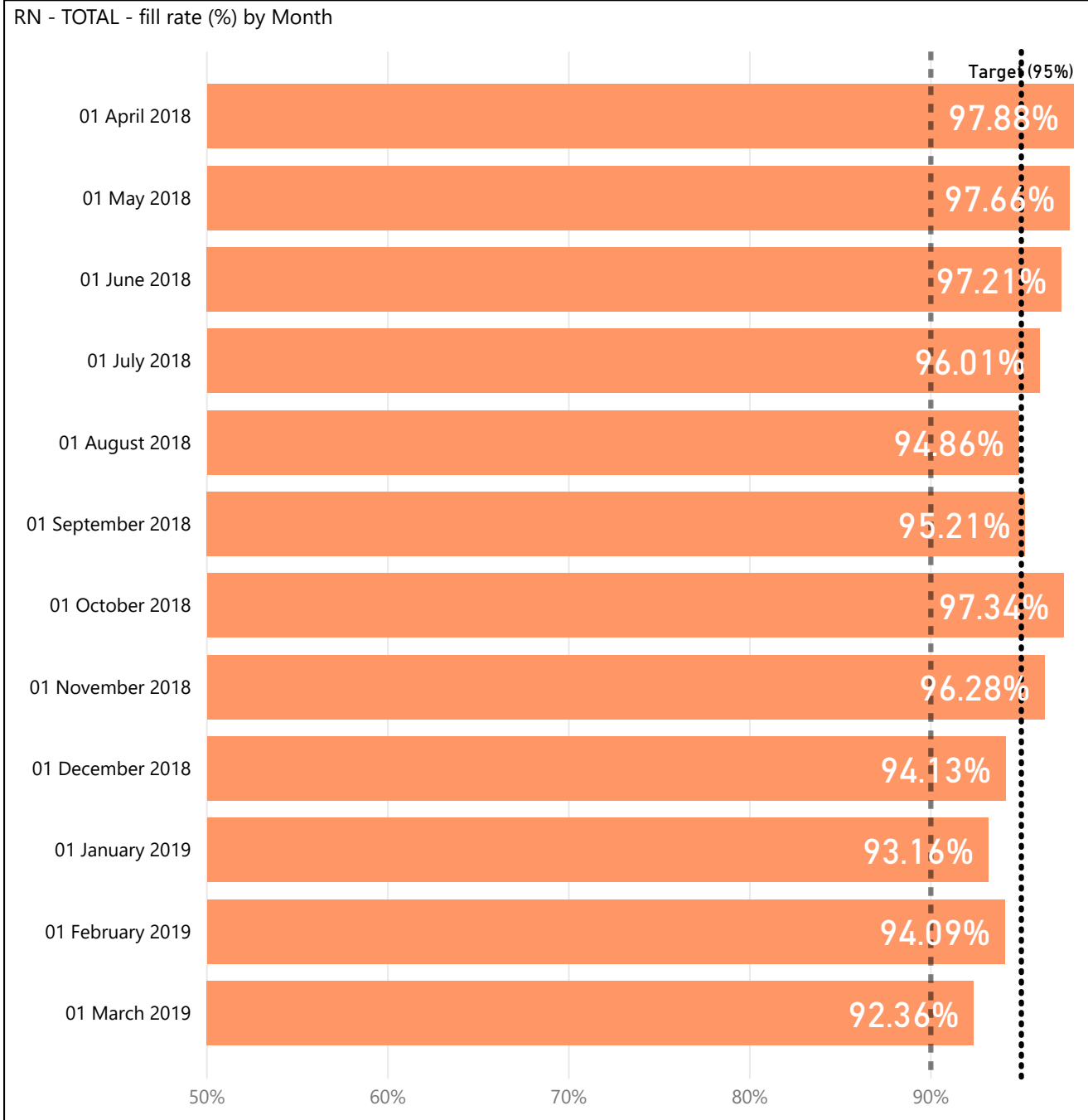
The report is presented to reflect the on-going nursing workforce transformation and will continue to reflect the progress being made and the improvements in grip and control across temporary staffing and rosters in particular but enhanced by workforce developments and agreed safe establishments according to national guidance and best practice.

Appendix 1: Monthly overall fill rate data for RN/CSW

Appendix 2: NHS Digital Upload

Safe Staffing Return - Overall Fill Rate

Split between RN & CSW

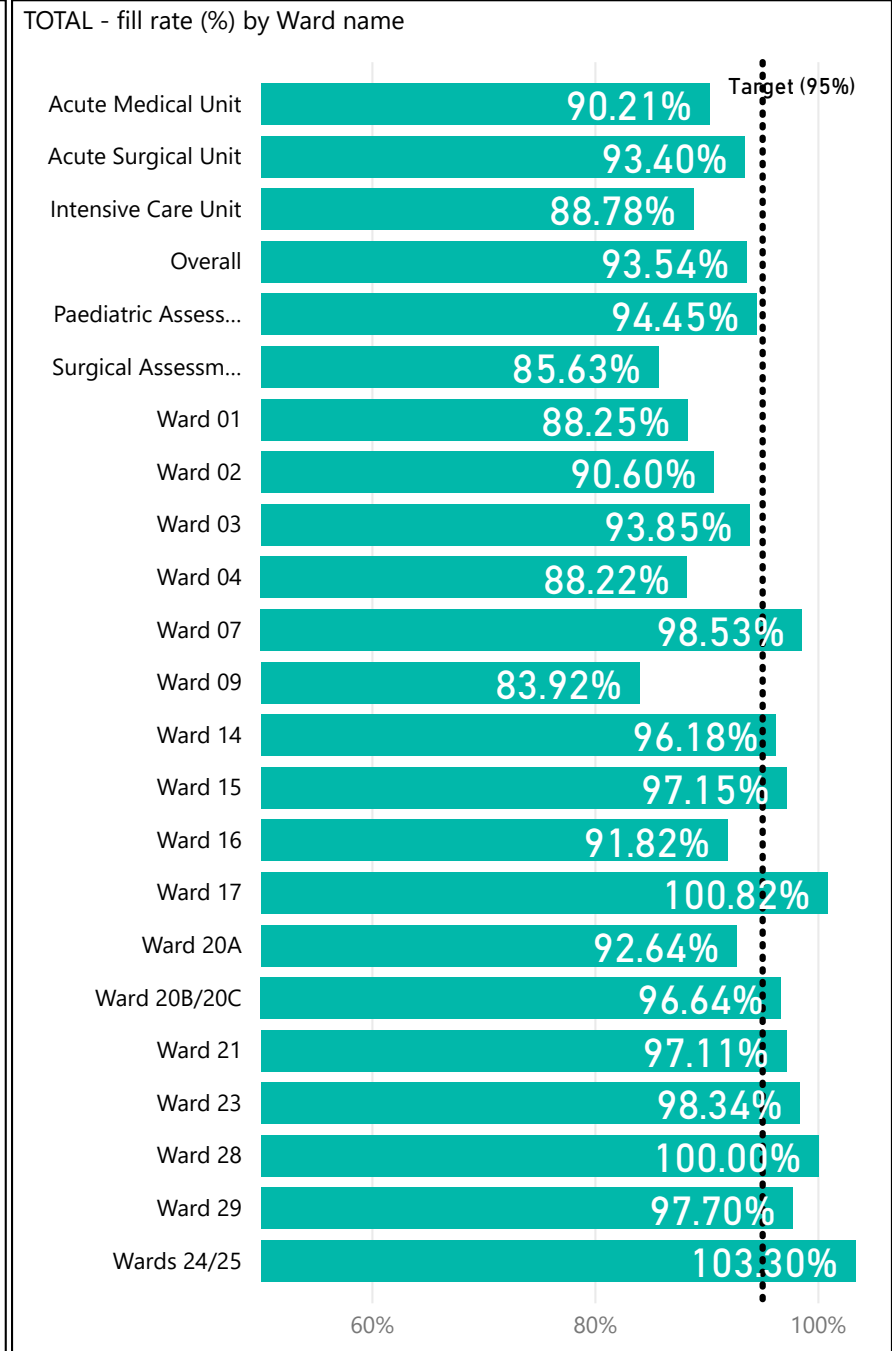
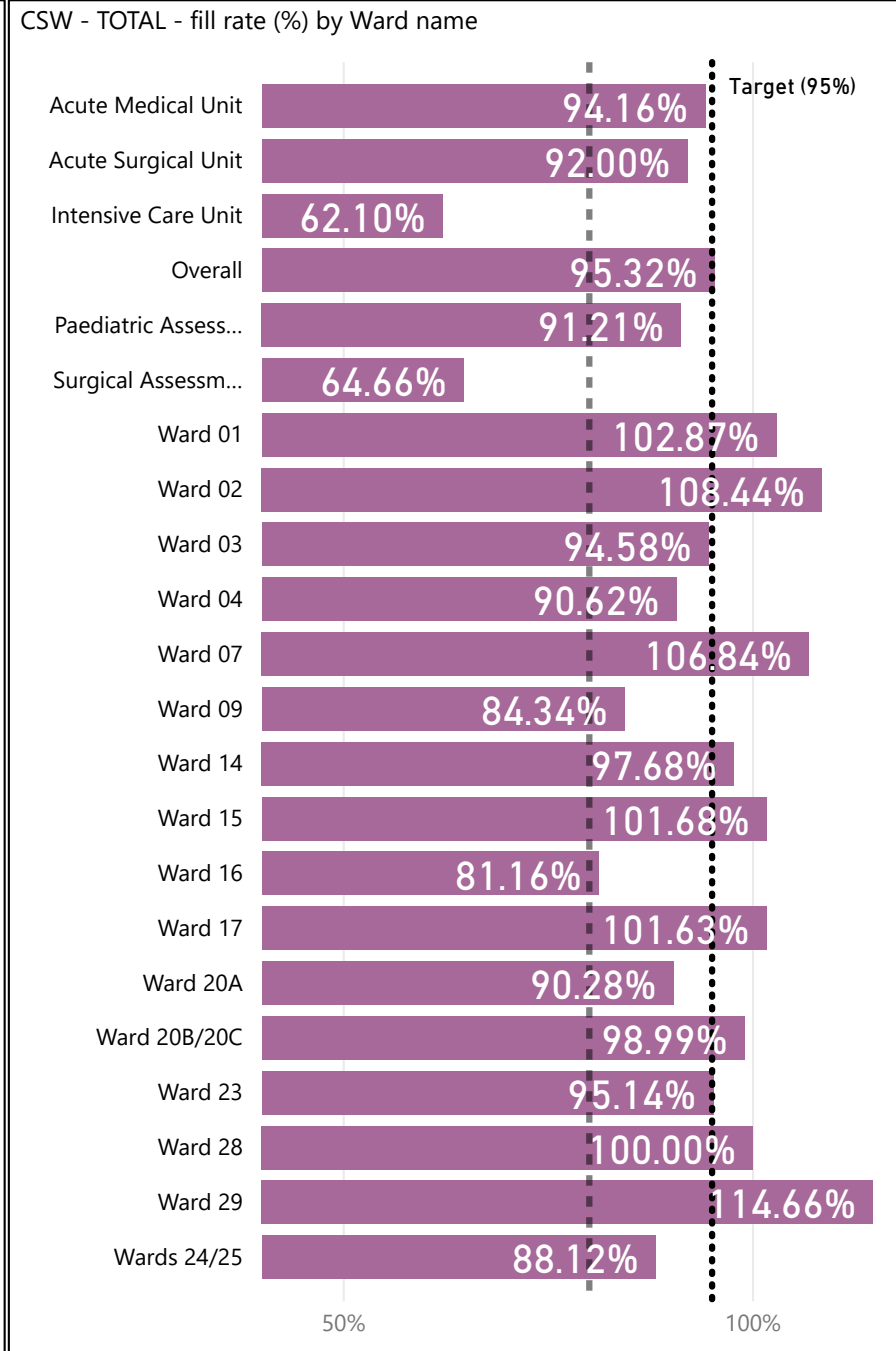
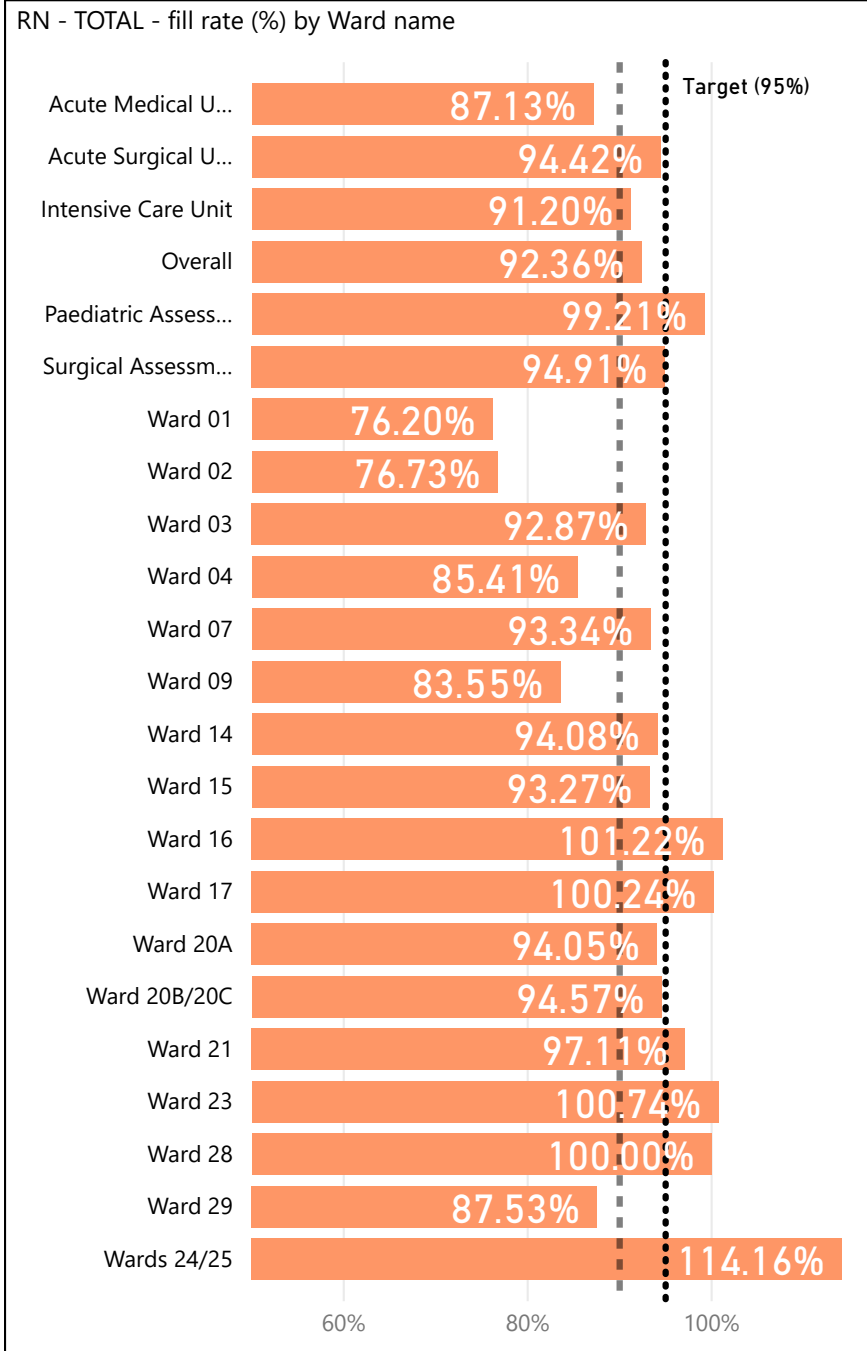


Safe Staffing Return - Overall Fill Rate

By Ward split between RN & CSW

Month

01 March 2019



Safe Staffing Return - Fill Rate for RN & CSW

By Ward split between Day & Night

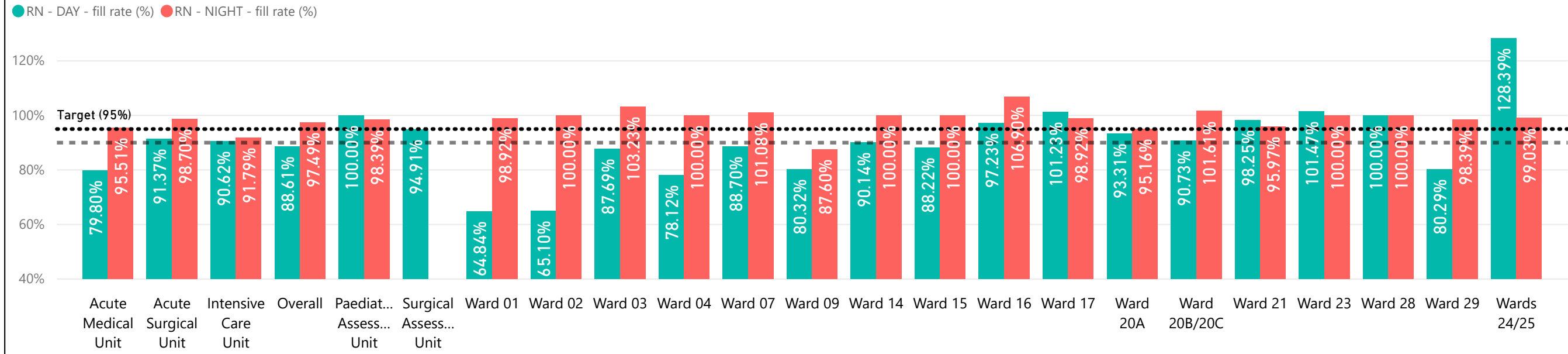
Month

01 March 2019

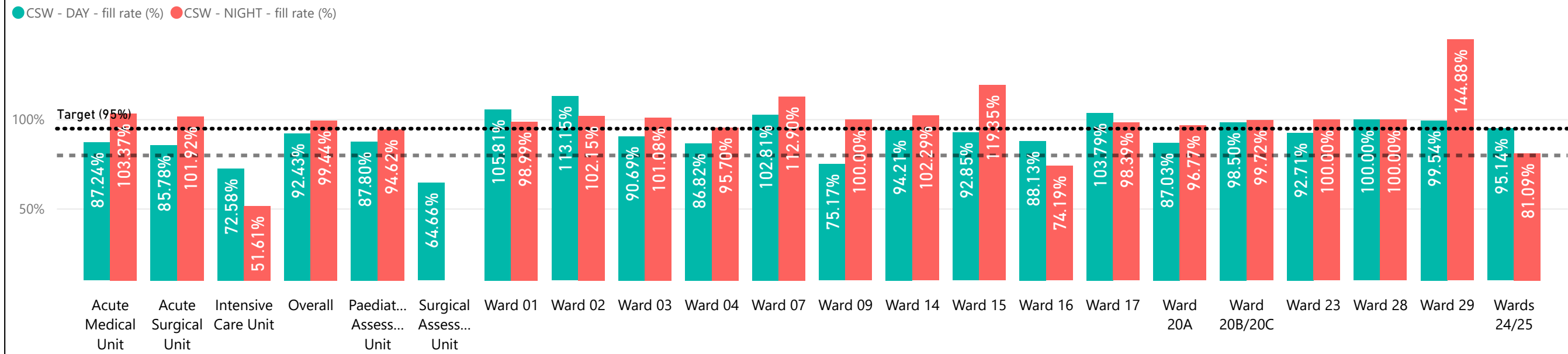
Walsall Healthcare
NHS Trust



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



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





Improvement

Safe Staffing (Rota Fill Rates and CHPPD) Collection

For any technical queries or additional clarification relating to the collection please contact: NHSI>Returns@nhs.net

For any queries or additional clarification relating to submissions please contact: data.collections@nhs.net

Safe Staffing (Rota Fill Rates and CHPPD) Collection

Organisation: **RBK** **Walsall Healthcare NHS Trust**

Please provide the URL to the page on your trust website where your staffing information is available
 (Please can you ensure that the URL you attach to the spreadsheet is correct and links to the correct web page and include 'http://' in your URL)

Only complete sites your organisation is accountable for

Hospital Site Details		Ward name	Main 2 Specialties on each ward		Day				Night				Allied Health Professionals				Care Hours Per Patient Day (CHPPD)					Day		Night		Allied Health Professionals			
					Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Registered allied health professionals		Non-registered allied health professionals		Cumulative count over the month of patients at 23:59 each day	Registered midwives/nurses	Care Staff	Registered allied health professionals	Non-registered allied health professionals	Overall	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered allied health professionals (AHP) (%)	Average fill rate - non-registered allied health professionals (AHP) (%)	
Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name	Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours													Total monthly actual staff hours
RBK02	MANOR HOSPITAL	Acute Surgical Unit	100 - GENERAL SURGERY		2495.5	2280.25	1900	1637.5	1782.5	1759.25	1196	1219						1342	3.0	2.1	0.0	0.0	5.1	91.4%	85.8%	98.7%	101.9%		
RBK02	MANOR HOSPITAL	Paediatric Assessment Unit	420 - PAEDIATRICS	171 - PAEDIATRIC SURGERY	743	743	1069.5	939	715	701.5	1069.5	1012						47	30.7	41.5	0.0	0.0	72.2	100.0%	87.8%	98.4%	94.6%		
RBK02	MANOR HOSPITAL	Ward 01	400 - NEUROLOGY	300 - GENERAL MEDICINE	2139	1387	1506.5	1594	1069.5	1058	1138.5	1127						1053	2.3	2.6	0.0	0.0	4.9	64.8%	105.8%	98.9%	99.0%		
RBK02	MANOR HOSPITAL	Ward 02	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	2139	1392.5	1426	1613.5	1069.5	1069.5	1069.5	1092.5						1029	2.4	2.6	0.0	0.0	5.0	65.1%	113.1%	100.0%	102.2%		
RBK02	MANOR HOSPITAL	Ward 03	300 - GENERAL MEDICINE		1426	1250.5	1782.5	1616.5	713	736	1069.5	1081						1036	1.9	2.6	0.0	0.0	4.5	87.7%	90.7%	103.2%	101.1%		
RBK02	MANOR HOSPITAL	Ward 04	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	1426	1114	1426	1238	713	713	1069.5	1023.5						741	2.5	3.1	0.0	0.0	5.5	78.1%	86.8%	100.0%	95.7%		
RBK02	MANOR HOSPITAL	Acute Medical Unit	326 - ACUTE INTERNAL MEDICINE		2852	2276	2371.5	2069	2495.5	2383.5	1782.5	1842.5						1182	3.9	3.3	0.0	0.0	7.3	79.8%	87.2%	95.5%	103.4%		
RBK02	MANOR HOSPITAL	Ward 07	320 - CARDIOLOGY		1782.5	1581	1069.5	1099.5	1069.5	1081	713	805						646	4.1	2.9	0.0	0.0	7.1	88.7%	102.8%	101.1%	112.9%		
RBK02	MANOR HOSPITAL	Surgical Assessment Unit	100 - GENERAL SURGERY		806	765	356.5	230.5	0	0	0	0						14	54.6	16.5	0.0	0.0	71.1	94.9%	64.7%	-	-		
RBK02	MANOR HOSPITAL	Ward 09	110 - TRAUMA & ORTHOPAEDICS		1748	1404	1748	1314	1391.5	1219	1023.5	1023.5						971	2.7	2.4	0.0	0.0	5.1	80.3%	75.2%	87.6%	100.0%		
RBK02	MANOR HOSPITAL	Ward 14	300 - GENERAL MEDICINE		1069.5	964	1426	1343.5	713	713	1069.5	1094						822	2.0	3.0	0.0	0.0	5.0	90.1%	94.2%	100.0%	102.3%		
RBK02	MANOR HOSPITAL	Ward 15	300 - GENERAL MEDICINE	300 - GENERAL MEDICINE	1426	1258	1426	1324	1069.5	1069.5	713	851						848	2.7	2.6	0.0	0.0	5.3	88.2%	92.8%	100.0%	119.4%		
RBK02	MANOR HOSPITAL	Ward 16	301 - GASTROENTEROLOGY	300 - GENERAL MEDICINE	1426	1386.5	1069.5	942.5	1000.5	1069.5	1069.5	793.5						774	3.2	2.2	0.0	0.0	5.4	97.2%	88.1%	106.9%	74.2%		
RBK02	MANOR HOSPITAL	Ward 17	340 - RESPIRATORY MEDICINE	300 - GENERAL MEDICINE	1426	1443.5	1069.5	1110	1069.5	1058	713	701.5						764	3.3	2.4	0.0	0.0	5.6	101.2%	103.8%	98.9%	98.4%		
RBK02	MANOR HOSPITAL	Intensive Care Unit	100 - GENERAL SURGERY	192 - CRITICAL CARE MEDICINE	3921.5	3553.5	356.5	258.75	3921.5	3599.5	356.5	184						328	21.8	1.3	0.0	0.0	23.2	90.6%	72.6%	91.8%	51.6%		
RBK02	MANOR HOSPITAL	Ward 20A	110 - TRAUMA & ORTHOPAEDICS		1069.5	998	713	620.5	713	678.5	356.5	345						430	3.9	2.2	0.0	0.0	6.1	93.3%	87.0%	95.2%	96.8%		
RBK02	MANOR HOSPITAL	Ward 20B/20C	100 - GENERAL SURGERY		1311	1189.5	1069.5	1053.5	713	724.5	713	711						753	2.5	2.3	0.0	0.0	4.9	90.7%	98.5%	101.6%	99.7%		
RBK02	MANOR HOSPITAL	Ward 21	420 - PAEDIATRICS	171 - PAEDIATRIC SURGERY	1426	1401	0	0	1426	1368.5	0	0						499	5.6	0.0	0.0	0.0	5.6	98.2%	-	96.0%	-		
RBK02	MANOR HOSPITAL	Ward 23	502 - GYNAECOLOGY	100 - GENERAL SURGERY	713	723.5	713	661	713	713	356.5	356.5						341	4.2	3.0	0.0	0.0	7.2	101.5%	92.7%	100.0%	100.0%		
RBK02	MANOR HOSPITAL	Wards 24/25	501 - OBSTETRICS		1541	1978.5	1069.5	1017.5	1449	1435	1069.5	867.3						871	3.9	2.2	0.0	0.0	6.1	128.4%	95.1%	99.0%	81.1%		
RBK02	MANOR HOSPITAL	Ward 28	501 - OBSTETRICS		2024	2024	126.5	126.5	1805.5	1805.5	310.5	310.5						302	12.7	1.4	0.0	0.0	14.1	100.0%	100.0%	100.0%	100.0%		
RBK02	MANOR HOSPITAL	Ward 29	300 - GENERAL MEDICINE		2139	1717.5	1426	1419.5	1426	1403	713	1033						1026	3.0	2.4	0.0	0.0	5.4	80.3%	99.5%	98.4%	144.9%		

MEETING OF THE PUBLIC TRUST BOARD – Thursday 2nd May 2019			
Walsall Together Update May 2019			AGENDA ITEM: 9
Report Author and Job Title:	Jane Sillitoe & Michelle McManus Walsall Together Programme Manager	Responsible Director:	Daren Fradgley Interim Walsall Together Programme Director
Action Required	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/> Assure <input type="checkbox"/>		
Executive Summary	<p>This paper updates the Board Members on the key Walsall Together work undertaken this month.</p> <ul style="list-style-type: none"> • Integrated Care Partnership (ICP) Board creation with the adoption of the Terms of Reference and Programme Plan. • The recruitment of a Non Executive Chair for the ICP Board • The creation Primary Care Networks and the impact that they will have on Walsall Together • Investigations on social prescribing working with Walsall Housing Group on the Peabody Model <p>This months paper highlights progress in these areas together with the next steps for each item.</p>		
Recommendation	Board members to NOTE and discuss the contents of this paper.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	<p>This paper outlines the progress in relation to the Walsall Together programme of work and provides assurance to the board to mitigation the risks in relation to the following BAF risks;</p> <p>BAF003 If the Trust does not agree a suitable alliance approach with the Local Health Economy partners it will be able to deliver a sustainable integrated care model.</p> <p>BAF004 Failure to progress the delivery of the Walsall Integrated model for health and social care.</p>		
Resource implications	There are no new resource implications associated with this report.		
Legal and Equality and Diversity implications	The Walsall Together Programme Plan will have an EDI assessment overall and individual assessments for each project. The item in this paper around resilient communities will need a through EDI assessment before planning commences.		
Strategic Objectives (highlight which Trust Strategic objective this	Safe, high quality care <input checked="" type="checkbox"/>	Care at home <input checked="" type="checkbox"/>	
	Partners <input checked="" type="checkbox"/>	Value colleagues <input type="checkbox"/>	

report aims to support)	Resources <input checked="" type="checkbox"/>	
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WALSALL TOGETHER REPORT
MAY 2019

1. PURPOSE OF REPORT

This report provides the board with an update on the Care at Home strategic objective which is coordinated by Walsall Together.

2. INTEGRATED CARE PARTNERSHIP BOARD

The business case for Walsall Together has now been through all the governing bodies and Trust Boards. All organisations have approved the case as the appropriate strategic direction of travel with the Trust as the Host Provider. The CCG however, has requested a more defined line between the commissioner and provider roles in the partnership given the creation of the Primary Care Networks (PCN's – see briefing note below). This will in fact place more emphasis on the work with primary care within the partnership and how they have a clear voice. To achieve this, the PCN's will have a seat on the board and be invited to the Walsall Together Senior Management Team meetings (SMT). The CCG will retain a presence as an in-attendance member of the Board to represent the commissioning perspective.

Dudley and Walsall Mental Health Partnership Trust have requested more clarity between the role of the Host and the services that they provide. To facilitate this, a meeting was held between the Chairs and Chief Executive Officers. They agreed several minor changes to the terms of reference to balance the governance and be clearer that decision making is by consensus of all parties.

The revised Terms of Reference together with the programme plan for the partnership will be debated and agreed 3rd May 2019. Once these documents have been agreed by the partnership members they will then come to Trust Board for adoption as the Host. The ICP Board will be seeking the appointment of a Non Exec Chair over the next few months to fully establish this Board as a Committee of the Trust Board. The planning for this recruitment progress together with the formal recruitment progress for the Walsall Together Director is underway.

The Walsall Together Senior Management Team (SMT) has already commenced work on the programme plan and day to day working activities. This will be further supported by the creation of a joint office in the next few days to ensures that all parties are collocated.

3. PRIMARY CARE NETWORKS

Primary Care Networks (PCNs) have recently been launched by NHS England as a key part of the NHS Long Term Plan. They bring practices together to work at scale alongside community, mental health, social care, pharmacy, hospital and voluntary services in their local areas.

Many GP practices are currently part of some form of collaboration with other practices, though most are informal arrangements with local variation on size and function and do not offer geographically located services. In Walsall the number of single-handed practices still presents a significant challenge for wider collaboration.

From 1st April 19, the GP contract formalises arrangements, with all GP practices expected to come together in geographical networks, covering populations of approximately 30,000-50,000 patients, by June 19. In Walsall, the following 7 PCNs are emerging and will be confirmed by the end of May 19. Board members should note that with a few very minor exceptions, the PCN's are geographically aligned to the place based localities:

PCN	Population Served
North	51,235
South 1	50,518
South 2	32,646
East 1	39,251
East 2	42,447
West 1	32,178
West 2	46,157

PCNs will enable greater provision of proactive, personalised, coordinated and more integrated health and social care with clear benefits for patients and clinicians:

- Improved ability to recruit and retain staff – it will not be possible to meet rising demand without looking to other professionals and broader team working (there are over 4,500 more professionals working alongside GPs than 3 years ago)
- Access to more specialist services e.g. ultrasound more easily and closer to home
- Open longer hours – evening and weekend GP appointments will be available to everyone by October 2018
- Practices will offer the facility to book appointments, repeat prescriptions and view medical records securely online – £45m is being invested nationally in online consultation facilities in GP practices
- NHS website will provide information, videos and tools to help people make the best health and lifestyle choices and make the most of NHS and social care services
- Giving people access to their own records helps to ensure they have the insight and understanding to take better control of their health

Given the alignment to the PBTs the 7 PCN Clinical Directors are being built into the governance of the Walsall Together Integrated Care Partnership.

The Board should note that the creation of the PCN's and the timing of the announcement can be a huge opportunity for Walsall Together. The alignment of the PCN's to the current place-based localities is hugely helpful and can enrich the work the system does together on population health through MDT meetings as an example. However, the PCN guidance is written for systems that have less integration than that of Walsall and if misinterpreted could present more challenges than opportunities.

Over the next few months, the understanding of the PCN's ambitions and the alignment of thinking will be critical to ensure that the very best opportunities can be realised for Walsall. Work to commence this collective thinking is already underway.

4. Resilient Communities - Peabody Group Model

The Walsall Together SMT have been in discussions with Walsall Housing Group (WHG) about a resilient community model in place in London. The model, which is described below may be replicated in Walsall with a formal partnership between WHG and Walsall Together. A visit is planned for June:-

The Peabody Group is one of London's oldest and largest housing providers, providing homes and services to more than 110,000 residents and 8,000 care and support customers, of whom almost 20,000 are over 55 years old.

Their mission is to make people's lives better by:

- Developing and delivering reliably good modern services
- Building and maintaining the best quality developments
- Working with local communities and build long-term partnerships
- Grow and use their position of influence to create positive change

In 2016 the Peabody Group published a three-year health study, Health Begins at Home, that was subsequently peer reviewed and published by the British Medical Journal.¹ The study found that health and wellbeing interventions for older people resulted in reduced demand on the NHS and improved health outcomes, especially for the most vulnerable. It also identified that some of our residents became overly dependent on our staff and there was an opportunity to deliver the service more efficiently and effectively.

The Peabody Group is able to identify and access highly vulnerable citizens who might otherwise be forgotten. Many of the people identified in the 2016 study were not engaged with any existing health services or with their communities. They can use their proximity to their residents, their existing role as community anchors and the support services they deliver in their role as a landlord to deliver services that can have a positive impact on the health and wellbeing of their residents.

The Group developed an approach based around health navigators and volunteers, delivering health and wellbeing signposting, coaching and advice to residents during a three month intensive programme. The participants were general needs residents aged over 50, living in Lambeth, Southwark and Lewisham.

This research was designed to answer three interrelated questions that are key to the future of housing support services and community-based health services:

- How to deliver effective services at lower cost?
- How to encourage self-care for our most vulnerable customers and reduce dependency on direct support?
- How to work with other agencies to ensure a coordinated response to our residents' complex and multiple health needs?

The research model demonstrated that it is possible to empower our residents to take control of their health and wellbeing.

After three months of intensive interventions, on average, those residents on Patient on the programme were maintaining levels of independence that were not seen by residents not on the programme. This suggests that, with a tailored and more economical approach based on co-production, people can gain the skills, confidence and knowledge to effectively manage their health without our ongoing support. Existing

evidence also indicates that when people become more active in self-care, they benefit from better health outcomes, and fewer unplanned health admissions.

There is a clear and compelling case for continuing to strengthen links between the health and housing agendas. The Walsall Together partnership will be exploring what parts of the model can be added to our resilient community programme plans

5. RECOMMENDATIONS

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

MEETING OF THE PUBLIC TRUST BOARD – 2nd May 2019			
Acute Service Collaboration May 2019			AGENDA ITEM: 10
Report Author and Job Title:	Daren Fradgley Director of Strategy and Improvement	Responsible Director:	Daren Fradgley Director of Strategy and Improvement
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/> Assure <input type="checkbox"/>		
Executive Summary	<p>This paper provides a brief update for Board Members on the progress and future plans for Acute Service Collaboration.</p> <p>The paper advises board members on slower than anticipated progress with other providers and what measures are being put in place to expediate this work.</p> <p>It also highlights the progress on one operational pathway and two planned pathways.</p> <p>This paper will provide regular updates in the future on planned work in this area together with updates on live pathways.</p>		
Recommendation	Board members to NOTE and discuss the contents of this paper.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	This paper outlines the progress in relation to the Acute Service Collaboration programme of work and provides assurance to the board to mitigation the risks in relation to BAF003 <i>If the Trust does not agree a suitable alliance approach with the Local Health Economy partners it will be able to deliver a sustainable integrated care model.</i>		
Resource implications	There are no resource implications associated with this report.		
Legal and Equality and Diversity implications	There are no mapped implications with the information within this report. However, all pathway or model changes will be required to undertake a full assessment and report on in turn.		
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Safe, high quality care <input checked="" type="checkbox"/>	Care at home <input checked="" type="checkbox"/>	
	Partners <input checked="" type="checkbox"/>	Value colleagues <input type="checkbox"/>	
	Resources <input checked="" type="checkbox"/>		

ACUTE SERVICE COLLABORATION REPORT
MAY 2019

1. PURPOSE OF REPORT

This report will provide an update on the progress of the Acute Service Collaborations that the Trust is engaged with or planned to be engaged with in the near future.

2. ACUTE CLINICAL COLLABORATION PROGRESS

Last month board members were updated on progress to date in three areas of this work.

Urology: - The Trust's Urology service has been working with colleagues at The Royal Wolverhampton NHS Trust to see how the two services can work in a clinical network.

Dermatology:- The Trust has open conversations underway with other Trusts and GP networks to create a pathway that has both consultant lead specialist advice and placed based advice integrated through GP's with specialist interest.

Stroke:- The Trust has a reconfigured stroke service in place with RWT. This has been in place for 12 months now and was the first of our services to go through a full sustainability review process.

3. SUSTAINABILITY REVIEWS

Since the Sustainability reviews were undertaken by the Trust process has been shared with both other Trusts and Regulators. To date no other Trust has completed a thorough review of their services in the way that the Trust has. However, Dudley Group and Royal Wolverhampton have identified services that they need additional support with through the STP.

To move this forward, the process has been shared through the clinical leadership group (CLG) and our Medical Director is leading a conversation with peers across the Black Country to highlight services of concern. It is hoped that the output of this work will result in the next set of pathways to work through with other providers. In addition, a Strategy and Commissioners group has been set up to run alongside the CLG to provide additional focus on the outputs.

In the meantime, the Trust continues to make progress on the services that scored highly through our own process. Clinical Leaders have responded positively, and plans

are in place for those services that are recoverable within the Trusts resources and are beginning to deliver results.

6 RECOMMENDATIONS

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

Daren Fradgley
23rd April 2019

MEETING OF THE TRUST BOARD – 2 nd MAY 2019			
UPDATE ON TRUST BOARD PLEDGE – Treating people equally, fairly and inclusively, with zero-tolerance of bullying			AGENDA ITEM: 11
Report Author and Job Title:	Bobbie Petford, Organisational Development Practitioner	Responsible Director:	Catherine Griffiths Director of People and Culture
Action Required	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/> Assure <input type="checkbox"/>		
Executive Summary	<p>The report provides a progress update for information and discussion on the work taking place within the Equality, Diversity and Inclusion Group and the Call to Action Steering Group, to support the Trust Board Pledge made in December 2018:</p> <p>“We, your Trust Board, pledge to demonstrate through our actions that we listen to and support people. We will ensure that the organisation treats people equally, fairly and inclusively, with zero-tolerance of bullying. We uphold and role-model the trust values chosen by you.”</p> <p>The People and OD Committee reviews progress on a regular basis as part of the annual cycle of business and has scheduled quarterly reports to Trust Board for information and discussion initially and ultimately for assurance, this is the first of these reports.</p> <p>The report provides specific information on the results of the national staff survey 2018 regarding bullying and triangulates this data trend within the Trust with the emerging trends from Freedom to Speak Up data returns, Exit monitoring and Employment Relations cases.</p> <p>The report provides an update on the approaches taken and best practice nationally to create healthy cultures (just culture) and improve patient safety and care and identifies how the Trust is seeking to learn from best practice elsewhere.</p>		

<p>Recommendation</p>	<p>Members of the Trust Board are asked to:</p> <ol style="list-style-type: none"> 1. Note that the information presented from the national staff survey 2018, FTSU, ER Casework and Exit data is consistent in demonstrating the need for further intervention work on delivering the Trust Board Pledge. 2. Trust Board is asked to note the resources are in place to complete a second phase of work to complete by April 2020, and note PODC will monitor the delivery of the action plan (currently in draft as a driver diagram). 3. Trust Board is asked to note the links being made through NHSi to learn from national best practice and make use of NHSi frameworks and note the intention to move towards a just culture approach.
<p>Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline</p>	<p>This report provides assurance to the Board in relation to imbedding the Board pledge linked to the following BAF and CRR risks</p> <p>BAF007- Failure to improve organisational Culture impacts on staff wellbeing, retention and the Trusts ability to attract and recruit new Staff</p> <p>BAF008- Healthy organisation - failure to understand the health and wellbeing of the workforce and implement appropriate initiatives</p> <p>BAF008- Failure to promote, develop and support a culture which values equality, diversity and inclusion</p> <p>14 - Failure to improve, colleague satisfaction and experience level;</p> <p>The Trust's legacy employment policies do not support the move to a just culture with provision for fair resolution, this has been raised as a corporate risk; the review of employment policies is well underway and completion of the planned work will mitigate this risk.</p>
<p>Resource implications</p>	<p>The resource requirements to support a second phase of work on delivery of the Trust Board pledge have been redirected and contained within the Trust established budgets. No requirement for additional resources.</p>

Legal and Equality and Diversity implications	Equality Act 2010 The work to tackle bullying in the NHS is in parallel with work to prevent discrimination and harassment, and as such some items from the action plan are reported through EDIC.	
Strategic Objectives	Safe, high quality care <input checked="" type="checkbox"/>	Care at home <input type="checkbox"/>
	Partners <input type="checkbox"/>	Value colleagues <input checked="" type="checkbox"/>
	Resources <input type="checkbox"/>	

Update on Trust Board Pledge, treating people equally, fairly and inclusively, with zero-tolerance of bullying

1. PURPOSE OF REPORT

The report provides a progress update for information and discussion on the work taking place within the Equality, Diversity and Inclusion Group and the Call to Action Steering Group, to support the Trust Board Pledge made in December 2018. The report provides an update on the data trends within the Trust and an update on national best practice relating to creating a healthy organisational culture and improving patient safety and care and provides an outline plan for a second phase of intervention work (action plan driver diagram) to tackle counter culture elements within the Trust's working environment, such as bullying, violence and aggression, discrimination and exclusion, that prevent the outcomes of the pledge being effectively achieved.

2. BACKGROUND

Bullying, harassment and discrimination are national and local issues within the NHS, and when staff do not treat each other as well as they should this has a negative impact on patient safety and experience as well as staff wellbeing. It also costs money (Kline, 2018; Turner, 2018; West, 2019). Therefore the Trust needs to help staff be at their best – to act with respect and compassion – to support all the other improvements underway.

The Social Partnership Forum (SPF), at the request of the Department of Health and in partnership with trades unions, issued a 'Collective Call to Action' on bullying and harassment in the NHS. Walsall Healthcare Trust commenced work on this in 2017 and the first phase of the action plan has been completed.

The Trust successfully established and embedded its new values and behaviour framework, and as such raised expectations of preferred behaviour. In December 2018, the board of WHT made a public pledge:

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

The Trust has legacy employment policies and practices that are process driven and therefore drive procedural compliance rather than support the Trust values and behaviours to develop a culture which seeks early learning and resolution and can be aligned to national best practice in employment. The misalignment of the policy framework results in unintended consequences and can lead to behaviours that are

'counter-culture' and potentially damaging to the chances of delivering the Trust Board pledge.

This is expressed by Professor Michael West Head of Thought Leadership, The King's Fund who is defining national best practice particularly relating to leadership and culture and preventing bullying and harassment.

"Culture is the way we do things around here. It is the norms, rituals, expected behaviours and unwritten rules within a work organisation. Culture is vital because it shapes our behaviour and values at work. Values can reflect compassion, eagerness to improve care, striving for perfect care, valuing and supporting colleagues or they can reflect a commitment to hiding poor performance and errors, minimising time and communication with patients, caring only about our department rather than patient care overall, and being cynical about the organisation as a whole. When we join an organisation we want to fit in and do so by conforming to the values and norms that we see others enacting. So in order to create cultures of high quality, continually improving and compassionate care we must understand the existing culture and put in place measures to achieve a culture that truly represents and reinforces those values of high quality (safe, clinically effective, patient centred) care, continual improvement and compassion."

NHS Improvement, the Centre for Creative Leadership and the King's Fund are working on a two-year programme to help trusts (NHS foundation trusts and NHS trusts) develop cultures that enable and sustain continuously improving, safe, high quality, compassionate care. The Trust is currently working with NHSi on exploring best practice nationally and using the tools and frameworks available to develop the outline action plan for a second phase of work within the Trust.

In particular the work of Merseycare and Just Culture (Sydney Dekker – Human Factors and Safety) is being referenced to redefine the employment policy framework.

"A just culture is a culture of trust, learning and accountability. In the wake of an incident, a restorative just culture asks: 'who is hurt, what do they need, and whose obligation is it to meet that need?' It doesn't dwell on questions of rules and violations and consequences. Instead, it gathers those affected by an incident and collaborates on collectively addressing the harms and needs created by it, in a way that is respectful to all parties. It holds people accountable by looking forward to what must be done to repair, to heal and to prevent".

This positioning aims to align the supporting systems, policy framework and approaches to the Trust values and the Trust Board pledge and the appreciative inquiry approach to patient safety.

3. DETAILS – Update on the Data

Limited improvement in WHT staff survey scores, given in Appendix 1, Figs.1-5, demonstrates the need for a new action plan and a second phase of the work to deliver outcomes aligned to the Trust pledge.

Exit questionnaires and interviews completed by staff leaving WHT in 2018 give answers to questions on bullying and harassment which indicates that 6 people left because of bullying and harassment, of whom 2 reported the incident and 4 did not report.

Themes from the ‘what could the trust do better?’ question included in the most recent exit report to Joint Negotiation and Consultation Committee (JNCC) available (Sept.-Nov.2018) are:

- Culture: Discrimination regarding disability, and bullying.
- Communication: Treat each other with respect, support and praise.

Please also see Appendix 2 for details of incidents reported to HR Operations Team. The number of reported incidents has increased but this is to be expected after a period of raised awareness and expectations following the launch of new values and behaviour framework. Appendix 2 also contains some data from the Freedom to Speak Up Guardian data set. The themes are consistent and confirm that further intervention work is needed to fully address the issues identified.

NHS organisations that have been successful in reducing bullying have done so by helping staff feel better at work to enable them to do better. They also focus on actions that counter unwanted behaviour. Several case studies published by NHS Employers give examples of very similar interventions to those already delivered within the Trust.

NHS Improvement has launched a new campaign called ‘Reducing Bullying & Harassment and Violence & Abuse in the NHS’ (See Appendix 3 for details). The has been offered support from the NHSI Culture team that comprises executive development, policy development and sharing case studies soon to be published by Merseycare and other organisations. In particular Northumbria Healthcare NHS Foundation Trust is building ‘conflict competence’ to create positive working environments, where conflict is addressed early and effectively and is less likely to result in staff feeling bullied.

It is key to the success of all the Trust’s improvement ambitions are not impaired by a ‘counter-culture’ of poor behaviour that ranges from rudeness and uncooperativeness

or cynicism to discrimination, and sometimes unfounded reports of bullying and harassment and at other times unreported cases of bullying and harassment.

Currently the Trust does not have a unified approach to dealing with violence and abuse from patients.

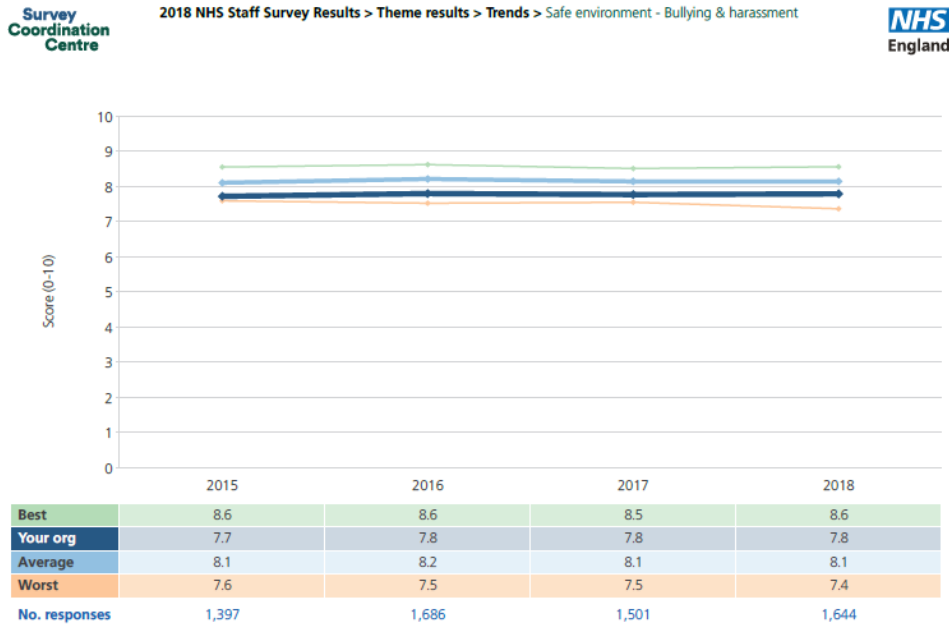
A new action plan is being developed and the draft of this is set out in the form of a driver diagram in Appendix 4.

4. RECOMMENDATIONS

Members of the Trust Board are asked to:

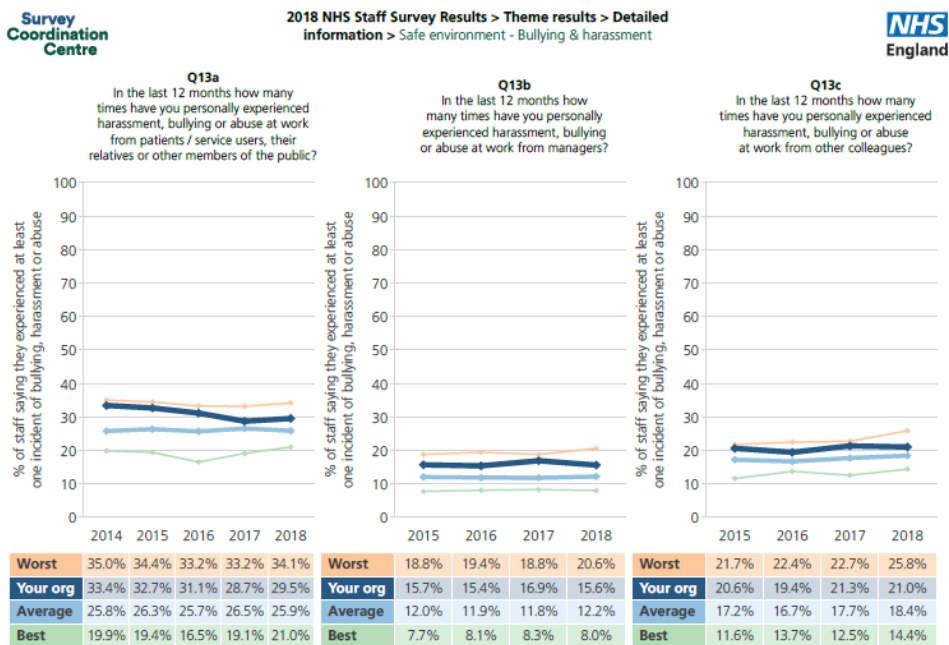
1. Note that the information presented from the national staff survey 2018, FTSU, ER Casework and Exit data is consistent in demonstrating the need for further intervention work on delivering the Trust Board Pledge.
2. Trust Board is asked to note the resources are in place to complete a second phase of work to complete by April 2020, and note PODC will monitor the action plan delivery (currently draft – appendix 4 for driver diagram).
3. Trust Board is asked to note the links being made by the Trust with NHSi to learn from national best practice and make use of NHSi frameworks and note the intention to move towards an approach that is based on a just culture.

APPENDIX 1 - Snapshots from Staff Survey 2018 Benchmarking Report



15

Fig. 1 – remains the same; worse than average



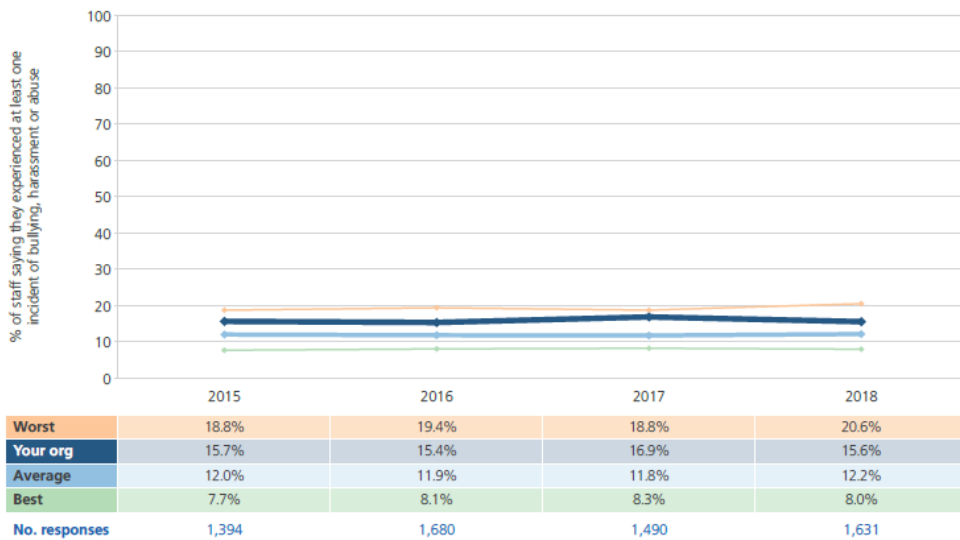
32

Fig. 2 – Slightly worse; worse than average

Survey Coordination Centre

2018 NHS Staff Survey Results > Question results > Your health, well-being and safety at work > Q13b > In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers?

 NHS England



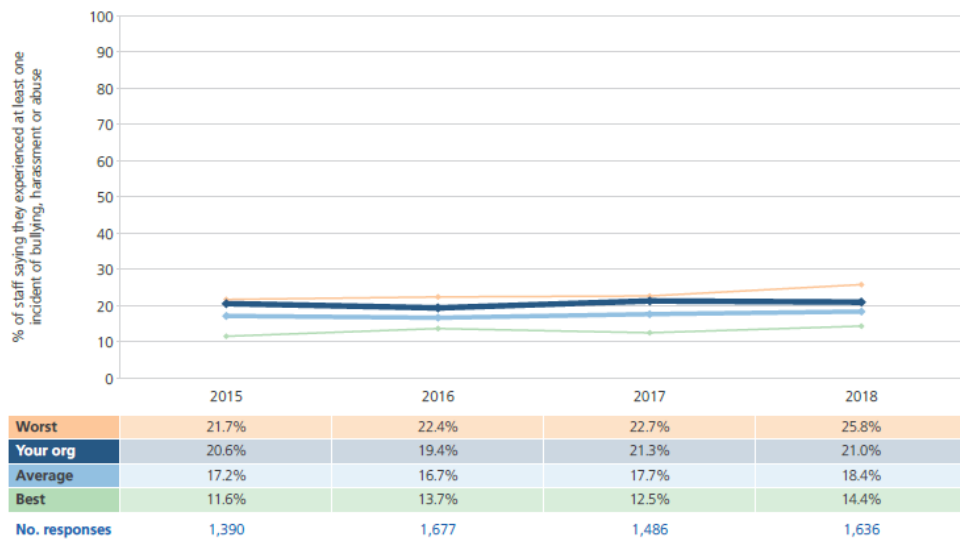
100

Fig. 3 –Slight improvement; slightly worse than average

Survey Coordination Centre

2018 NHS Staff Survey Results > Question results > Your health, well-being and safety at work > Q13c > In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?

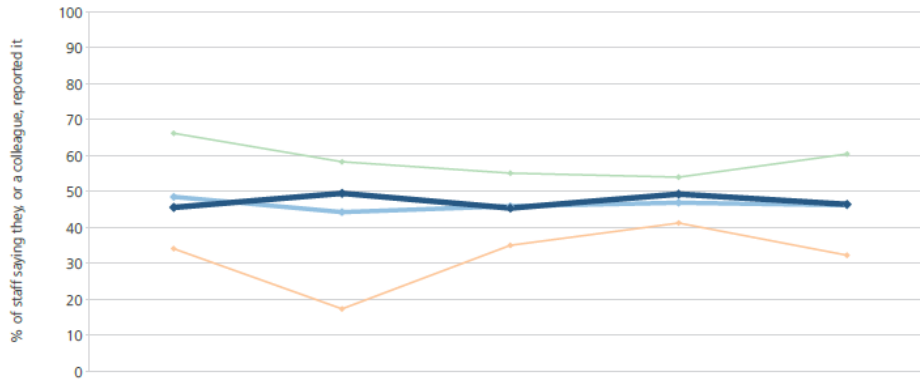
 NHS England



101

Fig. 4 –Remains the same; slightly worse than average

Note: This question was only answered by staff who reported experiencing at least one incident of harassment, bullying or abuse in the last 12 months.



Best	66.1%	58.2%	55.0%	53.9%	60.4%
Your org	45.5%	49.4%	45.3%	49.2%	46.4%
Average	48.5%	44.2%	45.8%	46.8%	46.1%
Worst	34.0%	17.3%	35.0%	41.2%	32.2%
No. responses	95	532	624	573	603

102

Fig. 5 – Slightly worse; same as average

APPENDIX 2 - Incidents reported to HR Operations Team and Freedom to Speak Up Guardians (FTSUGs)

HR Operations Team

Bullying and Harassment January 2018 – December 2018

The HR Operational Team has dealt with a total of 17 cases of bullying and harassment in the last 12 months. This is 5 more than in 2017.

Staff on Staff Incidents Raised on Safeguard

In the last 6 months 65 Incidents have been raised on safeguarding, which equates to 5.12 incidents a month and 1.25 incidents per week; on average. This is 26 more than the same period in 2017.

The incidents cited a mixture of: Rude/Unprofessional Behaviour, Verbal Abuse, Violence and Aggression, Sexual harassment, Offensive Comments.

The incident reports were from the following areas:

Area Where Incident Took Place	Number of Incidents in the Last 6 Months
A & E	8
Ward 11	6
AMU	3
Car Parking	1
General Surgery	5
Ward 17	4
Ward 3	7
Endoscopy	3
Gastroenterology	1
Imaging	6
OPD	2
Outpatients	3
PAU	1
Adult Physiotherapy	1
Ward 29	2
Theatres	4
Ward 10	1
Ward 20B	1
Ward 21	1
Ward 23	1
Ward 29	1
Ward 9	3
TOTAL	65

Data from one of three FTSUGs:

During 2018, the FTSUG had 4 cases where bullying and harassment was a feature. The types of behaviour included:

- Favouritism
- Exclusion
- Refusal to offer bank work
- Unrealistic performance goals with insufficient support
- Manager not feeling resilient enough to manage bullying effectively
- Not reporting incidents due to fear of repercussion
- Resorting to formal processes too quickly without enough evidence to warrant it

APPENDIX 3 - Snapshot from NHSI Reducing Bullying & Harassment and Violence & Abuse in the NHS

3 Key Areas to make improvements

1. Governance

- How can ensure that incidents are reported effectively and followed up?
- How do we ensure that appropriate action is taken if there is an incident? i.e. working with Police and CPS
- How can ensure the Board is kept informed and appropriate action is taken?

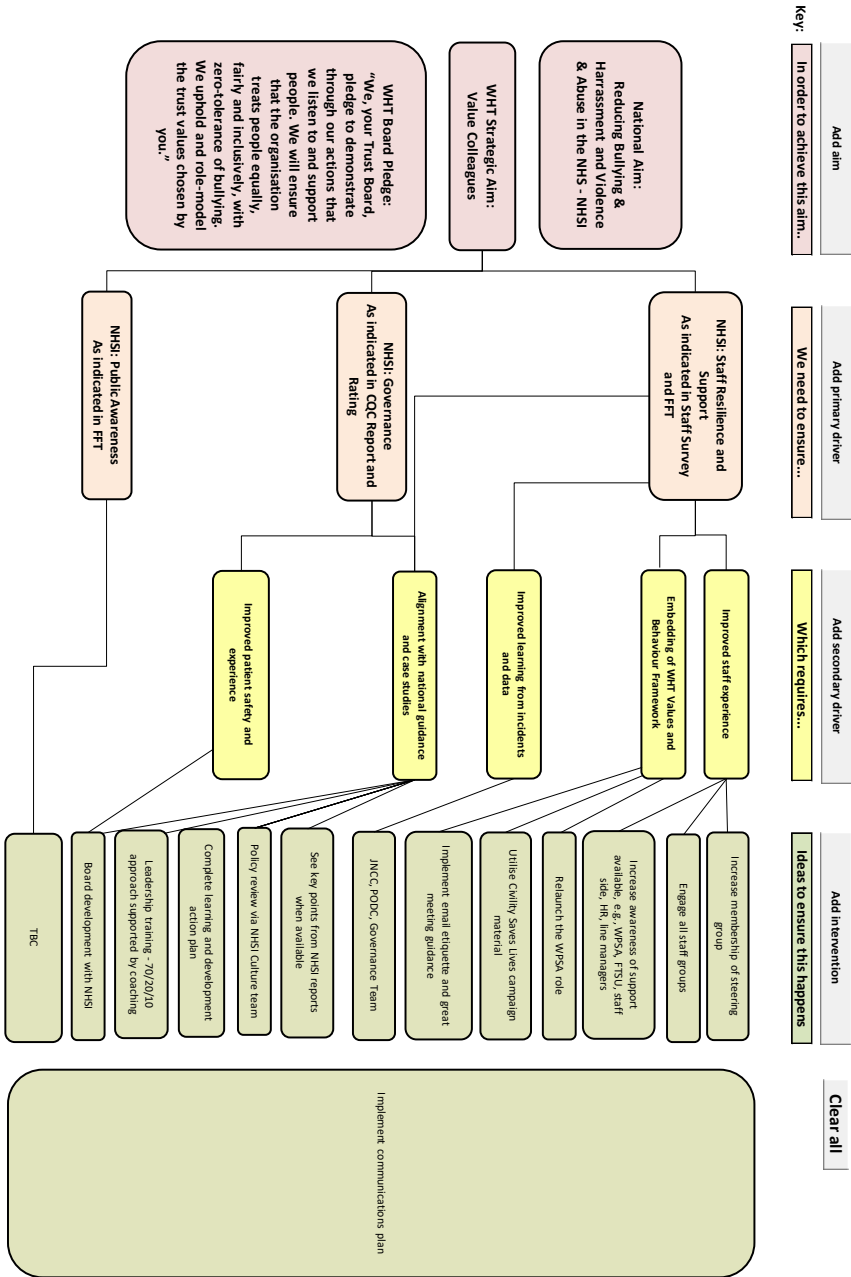
2. Improving staff resilience & support

- How can we ensure that staff are equipped with tools to deal with incidents – de escalation training etc?
- How can we ensure staff receive post incident support ?

3. Creating public awareness

- How can we raise public awareness to reduce incidents?
- How can we ensure public are aware of the consequences of their actions?

APPENDIX 4 - Driver Diagram in Draft basis for Action Plan Phase 2



Performance Report

April 2019

(March 2019 Results)

Author: Alison Phipps – Head of Performance and Strategic Intelligence
Lead Director: Russell Caldicott – Director of Finance and Performance

Caring for Walsall together



Safe, high
quality care



Care at home



Partners



Value
colleagues



Resources



Respect
Compassion
Professionalism
Teamwork

Contents

Indicator	Page	Indicator	Page
Quality, Patient Experience & Safety Committee		Performance, Finance & Investment Committee	
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Dashboard	7	Finance Report	20-21
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Highlight Page	9	Glossary	
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People & Organisational Development Committee			
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Quality, Patient Experience and Safety Committee

Caring for Walsall together



Safe, high
quality care



Care at home



Partners



Value
colleagues



Resources



Respect
Compassion
Professionalism
Teamwork

Quality, Patient Experience and Safety Committee – Highlight Page

Executive Lead: Director of Nursing: Karen Dunderdale / Non-Executive Director Lead and Chair of Q&S Committee: Anne Baines

Key Areas of Success

- There continues to be no MSA breaches reported in March across the Trust
- Falls rare per 1,000 bed days continues to improve
- There were no falls resulting in severe harm or death
- Improvements in compliance with MCA stage 2 tracking, although not yet fully compliant
- 1:1 care in labour was below the 100% target but is improving

Key Areas of Concern

- The total of C.diff cases reported YTD is 18 against a full year target of 17.
- VTE risk assessments was 91.94%, below the Trust Target of 95%
- Children's Safeguarding Level 2 training has not achieved the Trust target of 85% for 6 months
- The committee should be concerned that the percentage of complaints responded to in the agreed timescale has reduced to 59.26%.

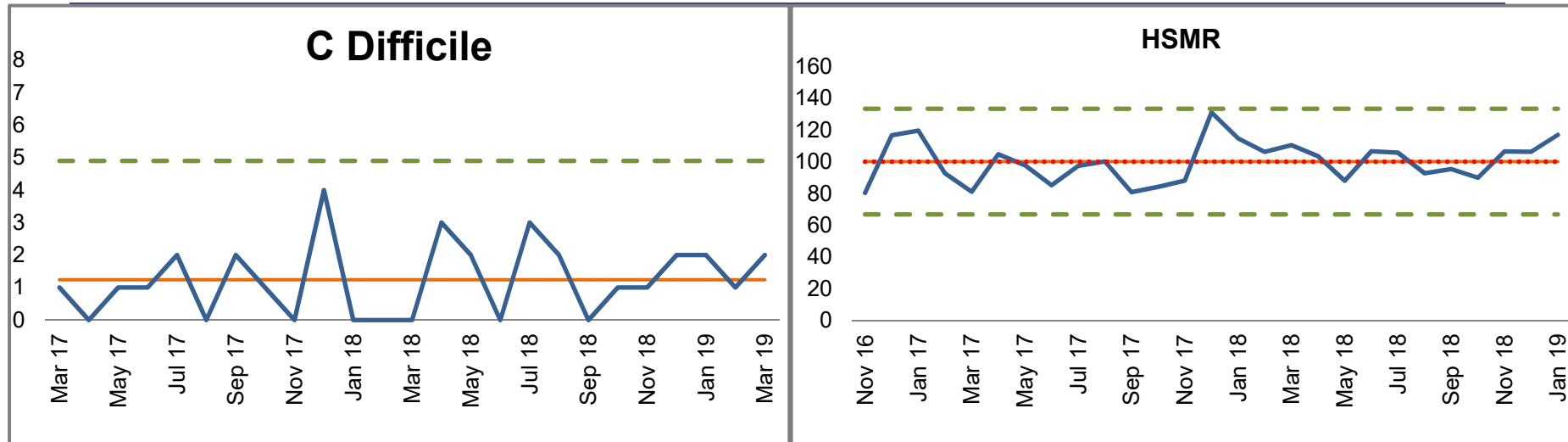
Key Focus for Next Committee

Caring for Walsall together



Quality, Patient Experience and Safety Committee

SPC Key — Measure — Mean — Process limit ▲ High or low point ◆ 7 points above or below mean ■ Rising or falling trend



Narrative (supplied by Director of Nursing)

The Trust target for Clostridium Difficile cases for 2018-2019 is no more than 17 cases. Two cases were reported in March.

The number of cases YTD was 18.

Narrative (Supplied by Medical Director)

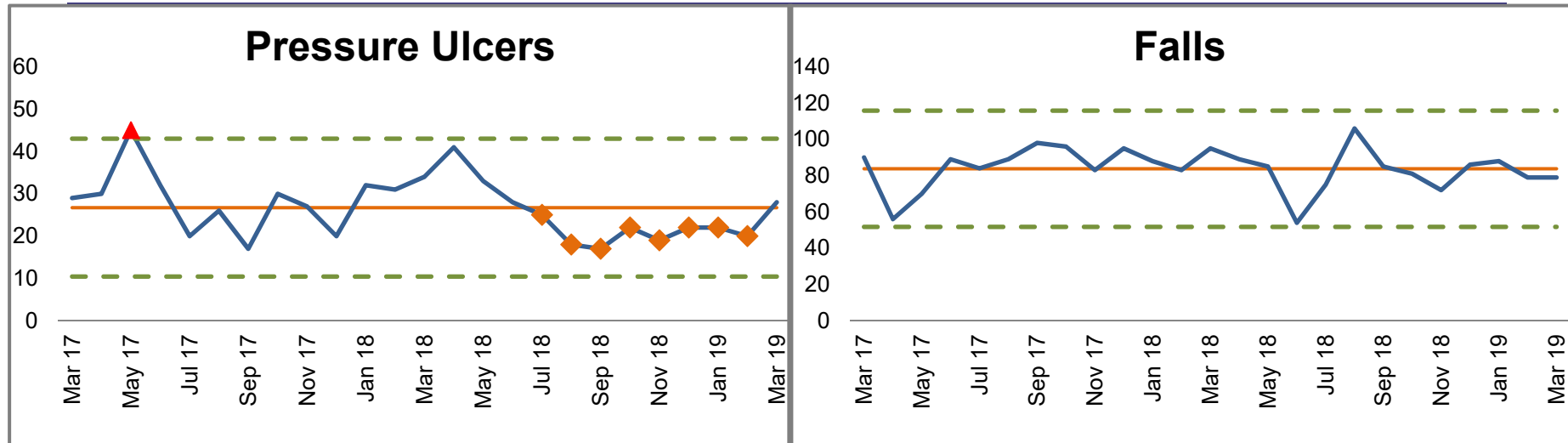
HSMR for January 2019 was 117.02, driven by deaths relating to pneumonia and acute kidney injury but within normal limits for this time of year. HSMR for the year to date 2018/19 is 103.28. Trust performs comparably to regional and national peers.

The Mortality Surveillance Group will investigate route causes should there be further HSMR rise in February 2019.

The Medical Examiner post has been appointed (start date TBC) to improve learning from deaths, with representatives from each division.

Quality, Patient Experience and Safety Committee

SPC Key — Measure — Mean — Process limit ▲ High or low point ◆ 7 points above or below mean ■ Rising or falling trend



Narrative (supplied by Director of Nursing)

In March 2019 there was a total of 28 acquired pressure ulcers reported across the hospital and community compared to 21 reported in the previous month. There were 14 category 2 pressure ulcers which was the same as the previous month, 3 category 3 pressure ulcers and 11 unstageable pressure ulcers which was a significant increase from the 5 unstageable pressure ulcers reported in February 2019.

Narrative (supplied by Director of Nursing)

The Trust had 79 falls in March 2019, the same as the previous month. Although there was the same number of falls overall, the ratio of falls per 1000 bed days reduced to 4.82 compared to a ratio of 5.19 in February 2019. There were no falls resulting in severe harm or death.

**QUALITY, PATIENT EXPERIENCE AND SAFETY
COMMITTEE
2018-2019**

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

Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
89.94	106.57	106.27	117.02		
99.20	95.07	104.00			
0	1	0	0	0	0
1	1	2	2	1	2
0.74	0.39	0.30	0.49	0.26	0.18
0.17	0.03	0.03	0.07	0.00	0.00
4.60	4.81	5.68	5.01	5.19	4.82
0	2	1	1	0	0
94.63%	95.11%	94.67%	95.00%	93.61%	91.94%
0	1	15	0	0	0
1:25.1	1:27.3	1:27.7	1:31.4	1:25.2	1:28.1
27.08%	24.41%	36.27%	30.77%	33.70%	26.33%
11.13%	10.18%	11.14%	10.53%	10.27%	
83.47%	82.49%	81.04%	80.48%	82.68%	83.65%
72.00%	56.00%	56.00%	33.00%	46.00%	67.00%
95.00%	96.00%	96.00%	96.00%	97.00%	95.00%
96.48%	96.10%	96.27%	94.39%	93.63%	93.62%
88.99%	89.53%	90.37%	88.82%	88.73%	88.65%
95.92%	95.65%	94.31%	93.19%	94.33%	96.27%
91.85%	91.23%	91.44%	90.95%	91.60%	92.23%
88.63%	87.52%	90.50%	90.42%	90.58%	89.50%
97.75%	96.70%	96.45%	94.85%	95.20%	95.48%
84.67%	83.54%	83.78%	82.04%	82.08%	83.42%
90.02%	91.51%	90.91%	89.08%	89.05%	90.81%

18/19 YTD Actual	18/19 Target	17/18 Outturn	Key
	100.00	109.72	N
	100.00	101.06	BP
2	0	0	N
19	17	11	N
			L
			L
	6.63		BP
13	0	8	BP
94.90%	95.00%	88.49%	N
17	0	3	N
	1:28	1:26.3	N
28.46%	30.00%	28.37%	BP
10.65%	10.00%		L
84.47%	100.00%	89.33%	N/L
	100.00%		BP
	96.00%		N
	85.00%		L
	85.00%		L
	95.00%		L
	85.00%		L
	85.00%		L
	95.00%		L
	85.00%		L
	85.00%		L



Integration

Caring for Walsall together



Safe, high quality care



Care at home



Partners



Value colleagues



Resources



Respect
Compassion
Professionalism
Teamwork

Integration – Highlight Page

Executive Lead: Director of Strategy & Improvement: Daren Fradgley / Non-Executive Director Lead: TBC

Key Areas of Success

Success in 10% reduction in conveyance of ambulances from the 7 identified homes to hospital, for the Winter project. Education to both the homes and the hospital wards with the NHSi Red Bag project continues its roll out in other Residential homes across the Walsall Borough.

The GP Led MDT's have progressed to 33% of the Walsall population covered. The successful candidates for the social prescribing project are now in post and located within the North and West locality teams and the referral flow is positive.

Stroke rehab ward occupancy rate is 67%,(12/18 beds occupied) average length of stay is 43 days for level 5 patients (high level of rehab required) and 13 days for level 4. Review meeting with Royal Wolverhampton took place with just a few minor issues to follow up on. A further meeting is to be arranged with the therapists and the Doctor. No major issues or concerns

Key Areas of Concern

The secondment for the MDT co-ordinator has now finished (31st March 2019) and we are awaiting confirmation from the CCG that the funding and post will continue.

The winter project is now reduced in capability, awaiting confirmation to continue in some aspects of the project.

Key Actions Taken

Stroke ward location: a plan has been developed to enable the stroke unit to move to Holly Bank – the revised staffing and support costs are being finalised by Finance

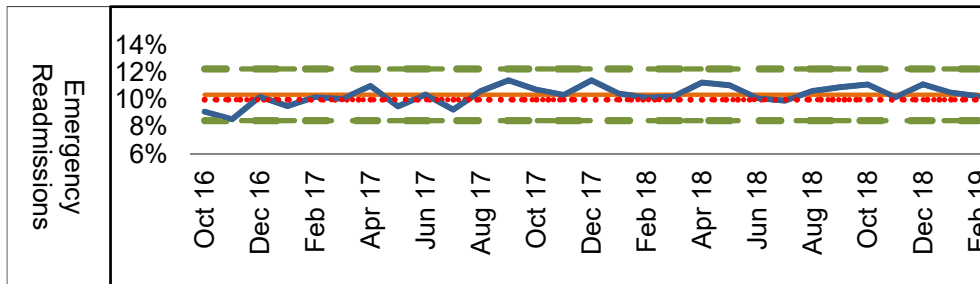
Secure further funding for the MDT co-ordinator post and Residential Home case manager to continue the support in ambulance conveyance reduction.

Key Focus

- To review the ICS model with the aim of reducing LOS in community ICS pathways
- To access and develop benchmarking data for use within Adult Community Services
- To produce a report for the Trust Executive team outlining full requirements & impact of relocation of the stroke rehabilitation unit to Holly Bank
- Following production of the bed model for 2019/20, agree a trajectory for MSFD across the local health economy

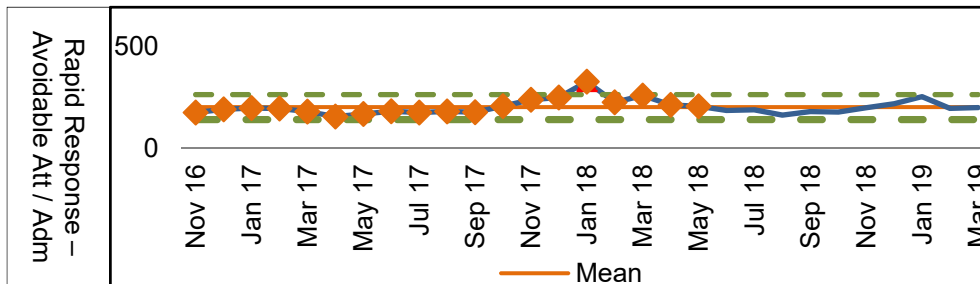
Integration

SPC Key — Measure — Mean — Process limit ▲ High or low point ◆ 7 points above or below mean ■ Rising or falling trend



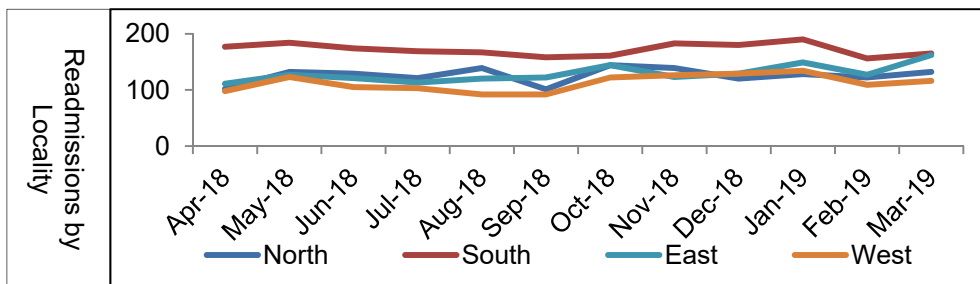
Narrative (supplied by Director of Strategy & Improvement)

Adult Community Services is currently finalising its plan to use the tranche of investment from the CCG for 2019/20. These plans seek to effect a balance between the need to respond to specific service developments combined with a requirement to expand the staffing base of the community service to deal with increased demand.



Plans include:

- Supporting admission/attendance avoidance through the expansion of the Rapid Response team and introduction of a single point of access for GPs and WMAS
- Continuing the support provided to residential homes using GP, Nurse and Pharmacist interventions to reduce conveyance to hospital
- Developing community cardiology, continence and respiratory services to increase the numbers of patients receiving targeted therapeutic interventions
- Investing in staff to undertake routine phlebotomy and monitoring functions to free up experienced nurses to deal with more complex patients / conditions



Caring for Walsall together



**INTEGRATION
2018-2019**

		Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	18/19 YTD Actual	18/19 Target	17/18 Outturn	Key
SAFE, HIGH QUALITY CARE											
%..	% of Emergency Readmissions within 30 Days of a discharge from hospital (one month in arrears)	11.13%	10.18%	11.14%	10.53%	10.27%		10.65%	10.00%		L
no	Rapid Response Team - Total Referrals	203	238	248	292	228	221				L
no	Rapid Response Team - MDT Interventions potentially avoiding attendance or admission	177	198	218	252	195	199				L
%	Rapid Response Team - % of patients referred requiring a 2 hour response who are subsequently seen within 2 hours	54.29%	68.95%	58.25%	53.02%	46.62%	91.40%				L
%	Histopathology - % of Urgent Tests reported within 5 days of sample received						89.30%	89.30%	90.00%		L
%	Histopathology - % of All Tests reported within 10 days of sample received						50.00%	50.00%	90.00%		L
%	Histopathology - % of Non-Gynae Tests reported within 7 days of sample received						57.00%	57.00%	90.00%		L
no	Histopathology - Backlog						930		0		L
CARE AT HOME											
%..	ED Reattenders within 7 days	6.86%	7.76%	8.01%	7.71%	7.31%	7.13%	7.43%	7.00%	6.76%	BP
RESOURCES											
no	Average Number of Medically Fit Patients relating to Social Care - Walsall only	42	42	37	38	42	41				L
no	Average Number of Medically Fit Patients - Trust	39	45	42	39	36	38				L
PARTNERS											
Rate	Occupied Beddays per Locality - Rate per 1000 GP Population (GP Caseload)	40.35	35.76	34.80	42.20	34.99	37.49				L
no	Nursing Contacts per Locality - Total	19649	18324	17854	18487	16944	18784	205571			L
Rate	Emergency Readmissions per Locality - Rate per 1000 GP Population (GP Caseload)	1.89	1.89	1.84	1.99	1.70	1.90				L
no	No. of patients on stroke pathway in partnership with Wolverhampton (one month in arrears)	9	6	4	13	10					L



People and Organisation Development Committee

Caring for Walsall together



Safe, high
quality care



Care at home



Partners



Value
colleagues



Resources



Respect
Compassion
Professionalism
Teamwork

People and Organisation Development Committee – Highlight Page

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

Key Areas of Success

1. Staff engagement on values and behaviours has involved 2,000 employees and provides a firm foundation to embed and learn from positive practice and to call out unacceptable behaviours.
2. The National Staff Survey 2018, shows the Trust has seen a statistically significant improvement in its staff engagement score from 2017 to 2018.
3. The amended approach to managing attendance, has drawn on national best practice and was developed in partnership with staff-side and endorsed at JNCC. The guidance and supporting procedures will be approved through the Trust governance and a training package is being developed.
4. PODC have discussed and reviewed WRES submission which is ready for publication following amendments made by PODC.

Key Areas of Concern

1. Attendance and staff health and wellbeing, sickness levels within the Trust continue to display an unsustainable trend. The top reason for absence remains Stress / Anxiety accounting for 17% of days lost.
2. Approach to new Workforce roles contained within the operational plan and further work is scheduled through the Trust Improvement Plan.
3. EDS2 grading requires update and input from partners before it is ready for publication. The Gender Pay Gap report and WRES report show differential experience for women regarding pay and for BAME staff regarding success at interview, the Equality Report to Trust Board due in July will identify and propose actions.
4. HR Policy group has approved a number of HR policies in line with requirement and update required against best practice and in order to a line with the Trust values – PODC discussed the risk due to the legacy of out of date policies and the mitigation of this risk.

Key Actions Taken

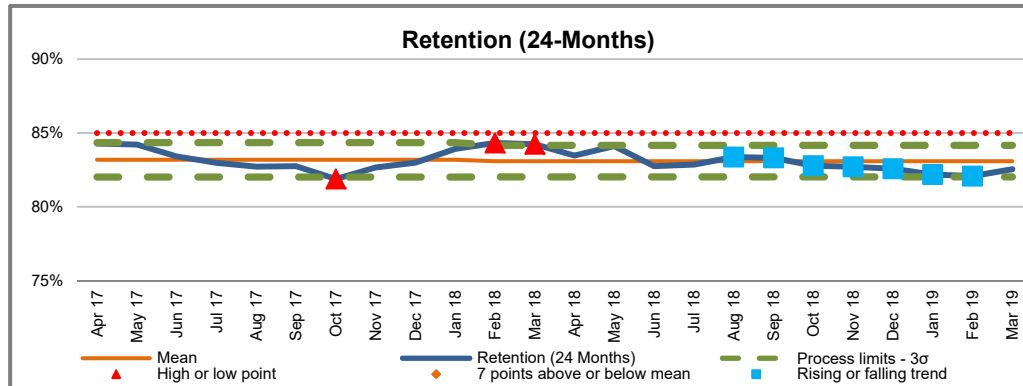
1. Review of approach to attendance management discussed at PODC – JNCC agreed a detailed review of policy framework and approach and stakeholder engagement workshops completed during November and December – new target, new policy framework completed by end of Q3, (reviewed in Q4 in line with staff side) implementation due in Q1 2019-2020, the policy, procedure and manager guidance are in consultation.
2. Equality Diversity and Inclusion – initial review complete and EDS 2 assessment and WRES submission and Gender pay gap submission reviewed at PODC in April.
3. Discussion with NHS Leadership Academy on plan to deliver the leadership diagnostic to the teams of three throughout the Trust (100 senior leaders)

Key Focus for Next Committee

1. People Strategy review and update of the workforce strategy in line with Trust Walsall Together as a strategic partnership approach across the STP system.
2. Reviews of strategic approach to Leadership Development, management capability and talent management approach due to PODC in May 2019 .
3. Review strategic approach to OCH and wellbeing and assessment of the Call to Action on Bullying and impact of interventions due to PODC in May 2019.

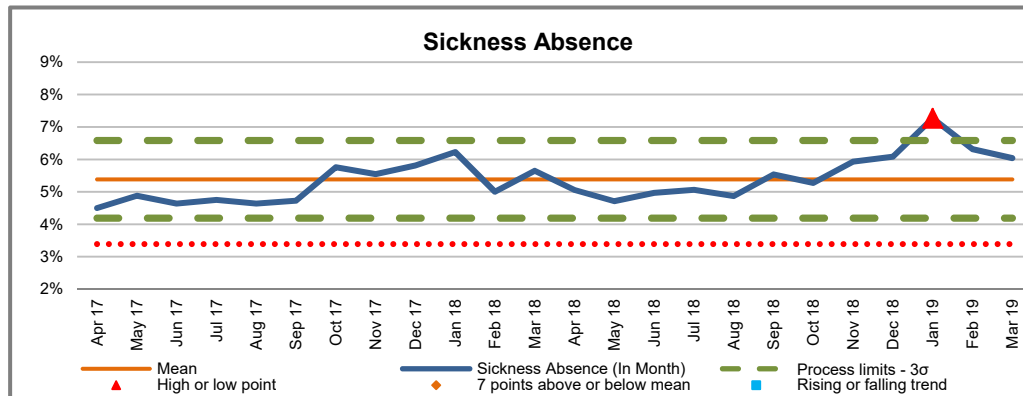


People and Organisation Development Committee



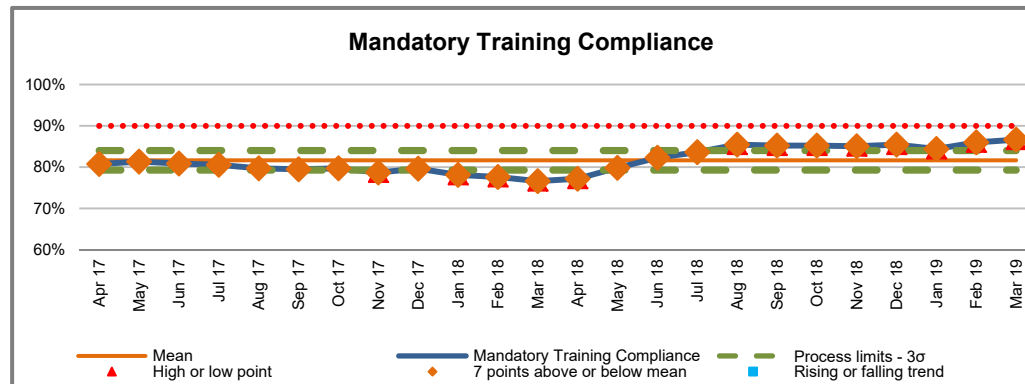
Following an 84% peak during early 2018, retention levels have fallen, with several months of reduction experienced prior to Mar-19; with 82.5% outturn representing a positive change in trajectory.

Admin & Estates related staff groups have the highest levels of retention, whilst retention amongst Allied Health Professionals, current 73%, continues to be an outlier. Model Hospital returns continue to measure the Trust favourably against other peers.



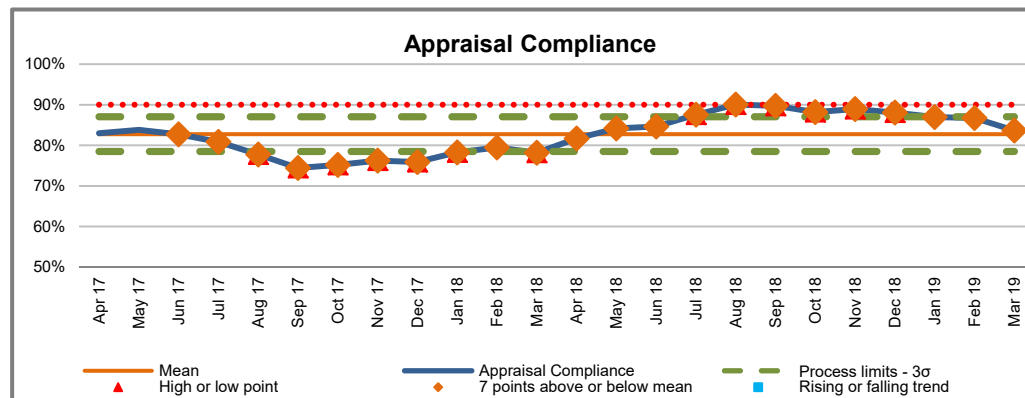
Sickness absence peaked 7.27% during the month of Jan-19, before reducing to 6% over the past 2 months. Whilst there has been a slight increase in the proportion of long-term vs. short-term episodes; fluctuations in absence over the past 2 years have fallen in line with expected seasonal variances

People and Organisation Development Committee



Mandatory Training improvement trends have been sustained during the past 6 months; with the 86.66% outturn improves upon a 24-month compliance high point.

Compliance across all core competencies has improved by up to 18% since 17/18, with an average 11% rise amongst the three levels of Safeguarding Children training.



Appraisal compliance averaged 87% during 18/19, a yearly improvement of 9%, peaking at 90% compliance during late summer 2018. Compliance levels have fallen over the past 3 months, but still remains 5%+ in excess of previous trends.

**PEOPLE AND ORGANISATIONAL
DEVELOPMENT COMMITTEE
2018-2019**



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

Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
9.72%	9.07%	7.95%	8.14%	8.11%	
85.21%	85.07%	85.45%	84.42%	86.01%	86.67%
96.48%	96.10%	96.27%	94.39%	93.63%	93.62%
88.99%	89.53%	90.37%	88.82%	88.73%	88.65%
95.92%	95.65%	94.31%	93.19%	94.33%	96.27%
91.85%	91.23%	91.44%	90.95%	91.60%	92.23%
88.63%	87.52%	90.50%	90.42%	90.58%	89.50%
97.75%	96.70%	96.45%	94.85%	95.20%	95.48%
84.67%	83.54%	83.78%	82.04%	82.08%	83.42%
90.02%	91.51%	90.91%	89.08%	89.05%	90.81%
5.27%	5.93%	6.09%	7.27%	6.32%	6.04%
88.19%	88.95%	88.06%	86.96%	86.71%	83.66%
9.37%	9.31%	8.50%	9.81%	9.29%	
5.30%	5.37%	5.28%	5.81%	5.23%	
4039	4029	3981	3978	3981	
10.64%	11.06%	11.29%	11.54%	11.55%	11.58%

18/19 YTD Actual	18/19 Target	17/18 Outturn	Key
8.11%			BP
	90.00%	76.61%	L
	85.00%		L
	85.00%		L
	95.00%		L
	85.00%		L
	85.00%		L
	95.00%		L
	85.00%		L
	85.00%		L
	3.39%	5.30%	L
	90.00%	78.17%	L
9.14%	6.30%	7.67%	L
4.90%	2.75%	4.32%	L
3978			L
	10.00%		

Performance, Finance and Investment Committee

Caring for Walsall together



Safe, high
quality care



Care at home



Partners



Value
colleagues



Resources



Respect
Compassion
Professionalism
Teamwork

Performance, Finance and Investment Committee – Highlight Page

Executive Lead: Director of Finance: Russell Caldicott / Non-Executive Director Lead and Chair of PFIC Committee: John Dunn

Key Areas of Success

- Attaining national cancer performance standards and 6 week diagnostic targets, with RTT performance above local trajectory
- Productivity work-streams for outpatients and theatres performed well for the month of March 2019 and key performance indicators reflect this performance continuing at targeted levels for April 2019

Key Areas of Concern

- Continuing from last month's performance, Cancer 2 week waits: continued increase in referrals into the Breast Service resulting in a significant amount of breaches, this has impacted both the Trust overall 2ww and the breast symptomatic performance. Contact with City Hospital, Russell's Hall and Wolverhampton confirm that the increase in referrals is problematic across the region. All 3 Trusts were and still are unable to support us as they are experiencing capacity issues themselves. This issue of increased demand is also being discussed at a Cancer Alliance
- The Trust has attained a £27.6m deficit break-even duty at close of the financial year, this includes a £1.6m additional allocation of PSF confirmed in a letter to the Trust from the regulator (though this position excludes impairments of £6.2m following the opening of the Integrated Critical Care Unit). However, the original plan was to deliver an operational deficit of £15.6m (excluding £5m Provider Sustainability Funding that would have improved the deficit to £10.6m for the financial year). This represents a £12m adverse variance to the operational plan.
- Temporary workforce costs continue higher than plan and exceed the year to date expenditure for the previous financial year by £4.3m, this represents a key risk to run rate moving into the 2019/20 financial year and future sustainability (the risk quantified at approximately £0.5m per month)

Key Actions Taken

- SAFER deployed within the Trust to support enhanced ED performance, FES re-organised to reduce elderly admissions
- Regular monitoring of Financial performance to mitigate run rate risk moving into the 2019/20 financial year, a focus on increased grip and control, implementation of measures to manage sickness and enhanced productivity to ensure attainment of the revised forecast and ensure the adverse exit run rate is controlled moving into 2019/20

Key Focus for Next Committee

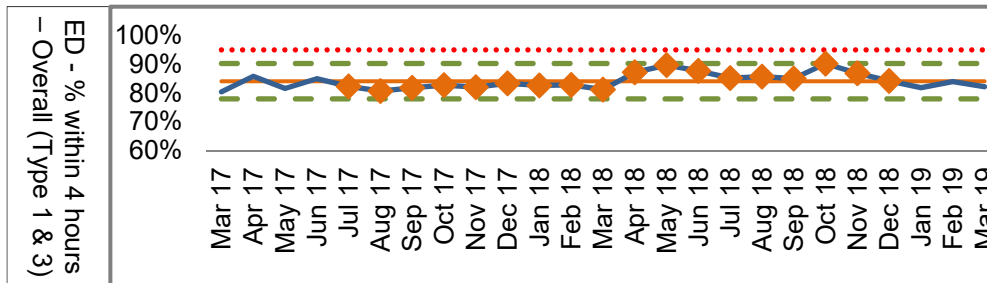
- Continued focus on performance against constitutional standards, focus placed upon ED 4 hour performance
- Review of the forecast deficit and normalised position, key to reviewing plans to attain the financial plans for 2019/20 being the following;
 - To receive trajectories for temporary workforce expenditure for Nursing and Medical for the 2019/20 financial year
 - To receive the month of April financial performance and continue to monitor key performance metrics for productivity and CIP delivery
 - Current indicators are for the run rate risk to not be mitigated (continued high temporary workforce costs) and as such formation of a Financial Cabinet to include the Chair and Chairs of sub-committees of the Board together with the Director of Finance, Deputy Chief Executive and Chief Executive to review all measures available to control costs and mitigate run rate risks during 2019/20
 - Board Development session to be arranged to review Medically Fit for Discharge

Caring for Walsall together



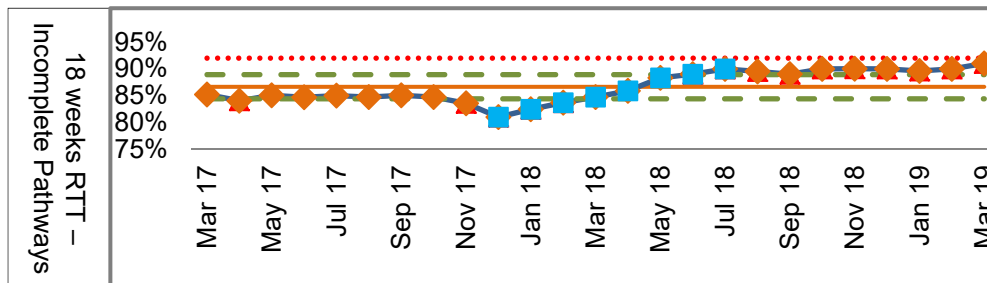
Performance, Finance and Investment Committee

SPC Key — Measure — Mean — Process limit ▲ High or low point ◆ 7 points above or below mean ■ Rising or falling trend



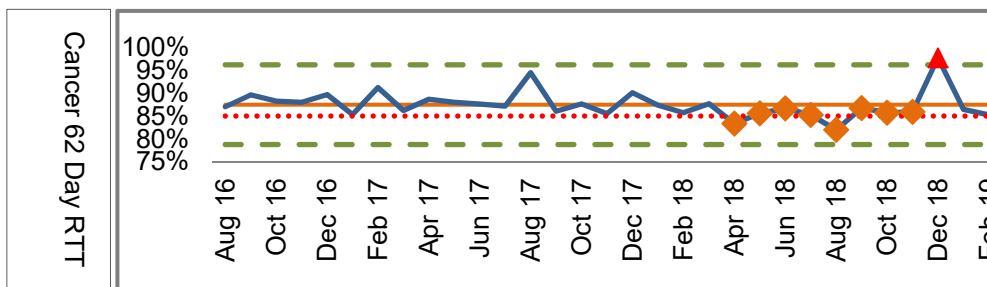
Narrative (supplied by interim Chief Operating Officer)
Emergency/Urgent Care

Performance in March delivered 82.21% against trajectory of 93%.



Elective Access

Performance in March improved to 91.02% against a trajectory of 89.3%.

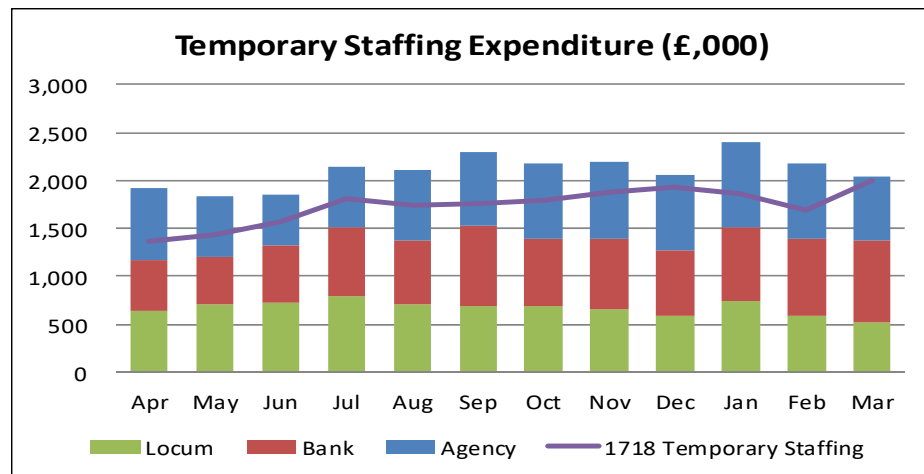
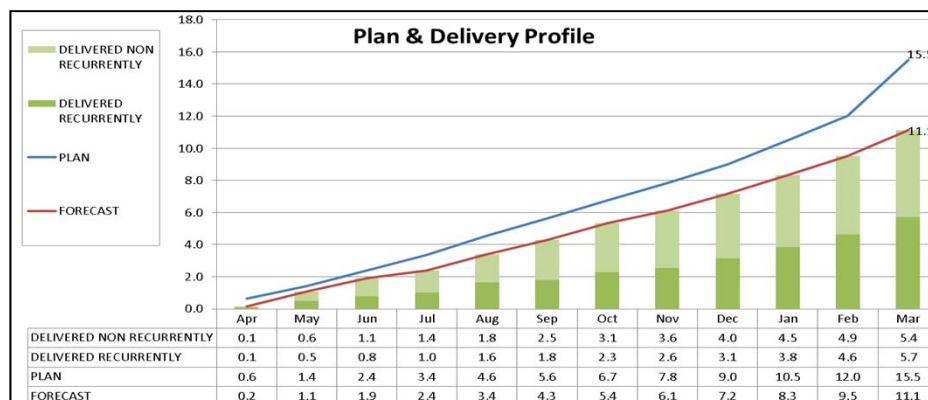
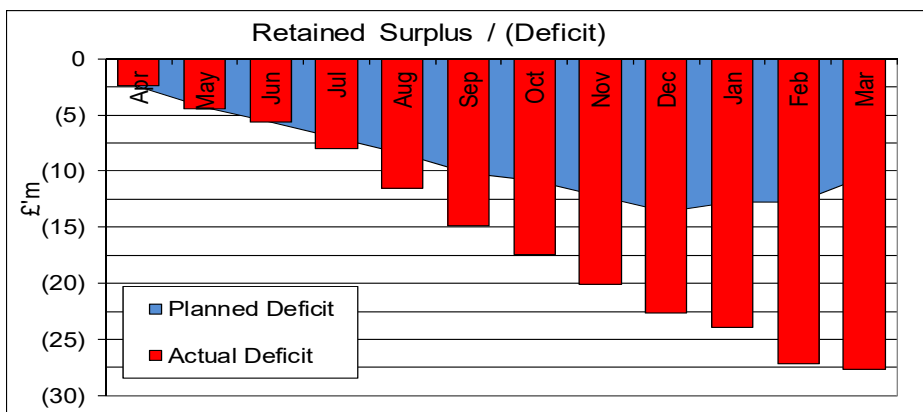


Cancer

All national cancer measures achieved in February 2019 with the exception of:

- 2 week GP referral to 1st outpatient appointment,
 - 2 week GP referral to 1st outpatient appointment - breast symptoms
- Initial un-validated performance for March shows achievement of all cancer measures with the exception of :
- 2 week GP referral to 1st outpatient appointment,
 - 2 week GP referral to 1st outpatient appointment breast symptoms
 - Cancer - 62 day referral to treatment all cancers.
 - Cancer - 62 day referral to treatment from consultant upgrade.

Financial Performance to March 2019 (Month 12)



Financial Performance

- The total financial position for the Trust at M12 is a deficit of £27.6m, resulting in a £17m adverse variance to the original plan.
- The position includes £4.5m of unachieved PSF within the original plan and includes the additional £1.6m awarded as part of a central allocation
- The historic disputed balances total approximately £3m (mainly Walsall CCG)
- If the historic balances are included the Trust will report a £29.2m deficit (a £13.6m deterioration on original plan)
- Drivers of the increased deficit centre upon temporary workforce costs exceeding previous year by approximately £5m and CIP shortfalls (largely productivity schemes)
- The Trust has an impairment of £6.2m in year associated with the Integrated Critical Care Unit (ICCU) though impairments are excluded from break-even assessment of performance

Cash

- The Trust's planned cash holding in accordance with borrowing requirements is £1m. The actual cash holding is £4.2m to ensure the delivery of the External Financing Limit (EFL).

Capital

- The year to date capital expenditure is £13.1m, with the main spends relating to ICCU (£4.7m), Estates Lifecycle (£2.7m), Maternity (£4.2m) and Medical Equipment (£0.6m).
- The Director of Finance has informed the April Audit Committee that the Trust would overshoot its Capital Resource Limit (CRL) as it was unable to secure additional allocations through NHSI.

Description	Net Outturn £m's	PSF in net outturn £m's	Outturn excluding PSF £m's
Outturn plan	28	0.5	28.5
Current actual*	27.1	2.1	29.2
Impact of historic disputed balances	0.5	N/A	0.5
BREAK-EVEN PERFORMANCE	27.6	2.1	29.7
Impairment	6.2	n/a	6.2
OUTTURN	33.8	2.1	35.8

Use of Resources Ratings (M12)

Finance and use of resources rating	03AUDITPY	03PLANYTD	03ACTYTD	03PLANCY	03FOTCY
	<i>i</i>				
	Audited PY	Plan	Actual	Plan	Forecast
	31/03/2018	31/03/2019	31/03/2019	31/03/2019	31/03/2019
	Year ending	YTD	YTD	Year ending	Year ending
Number	Number	Number	Number	Number	
Capital service cover rating	4	4	4	4	4
Liquidity rating	4	4	4	4	4
I&E margin rating	4	4	4	4	4
I&E margin: distance from financial plan	3		4		4
Agency rating	2	1	3	1	3

CASHFLOW STATEMENT

Statement of Cash Flows for the month ending March 2019

Year to date
Movement

	£'000
Cash Flows from Operating Activities	
Adjusted Operating Surplus/(Deficit)	(23,499)
Depreciation and Amortisation	6,166
Donated Assets Received credited to revenue but non-cash	(92)
Fixed Asset Impairments	6,186
(Increase)/Decrease in Trade and Other Receivables	(750)
Increase/(Decrease) in Trade and Other Payables	299
Increase/(Decrease) in Stock	(85)
Increase/(Decrease) in Provisions	1,400
Interest Paid	(10,260)
Net Cash Inflow/(Outflow) from Operating Activities	(20,635)
Cash Flows from Investing Activities	
Interest received	55
(Payments) for Property, Plant and Equipment	(12,870)
Net Cash Inflow/(Outflow) from Investing Activities	(12,815)
Net Cash Inflow/(Outflow) before Financing	(33,450)
Cash Flows from Financing Activities	35,359
Net Increase/(Decrease) in Cash	1,909
Cash at the Beginning of the Year 2018/19	2,277
Cash at the End of the November	4,186

STATEMENT OF FINANCIAL POSITION

Statement of Financial Position for the month
ending March 2019

Balance
as at
31/03/18

Balance as
at 31/03/19

Year to
date
Movement

	£000	£000	£000
Non-Current Assets			
Total Non-Current Assets	140,656	141,569	913
Current Assets			
Receivables & pre-payments less than one Year	17,214	17,883	669
Cash (Citi and Other)	2,277	4,186	1,909
Inventories	2,277	2,362	85
Total Current Assets	21,768	24,431	2,663
Current Liabilities			
NHS & Trade Payables less than one year	(30,702)	(30,904)	(202)
Payables less than one year	-	-	-
Borrowings less than one year	(60,740)	-	60,740
Provisions less than one year	(432)	(1,831)	(1,399)
Total Current Liabilities	(91,874)	(32,735)	59,139
Net Current Assets less Liabilities	(70,106)	(8,304)	61,802
Non-current liabilities			
Borrowings greater than one year	(127,859)	(218,529)	(90,670)
Total Assets less Total Liabilities	(57,309)	(85,264)	(27,955)
FINANCED BY TAXPAYERS' EQUITY composition :			
PDC	58,318	64,189	5,871
Revaluation	16,023	15,925	(98)
Income and Expenditure	(131,650)	(131,524)	126
In Year Income & Expenditure	-	(33,854)	(33,854)
Total TAXPAYERS' EQUITY	(57,309)	(85,264)	(27,955)

**PERFORMANCE, FINANCE
AND INVESTMENT COMMITTEE
2018-2019**

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

Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
90.24%	86.90%	84.20%	81.88%	84.02%	82.21%
77.57%	75.51%	69.72%	62.00%	64.71%	65.43%
3	7	10	37	47	21
90.82%	97.19%	96.04%	89.96%	92.67%	87.03%
85.71%	85.90%	97.78%	86.46%	85.23%	83.93%
90.01%	90.04%	90.01%	89.60%	90.01%	91.02%
0	1	0	0	0	0
99.71%	99.90%	99.85%	99.69%	99.69%	99.88%
177	198	218	252	195	199
8	8	8	8	8	9
6.86%	7.76%	8.01%	7.71%	7.31%	7.13%
9.88%	10.14%	11.35%	10.61%	9.87%	9.94%
92.29%	80.40%	85.24%	78.74%	80.05%	92.73%
4.92%	2.82%	3.04%	2.51%	2.85%	
104	100	91	99	98	101
11	10	11	10	9	11
£-17,455	£-20,157	£-22,610	£-23,953	£-27,159	£-27,669
£-6,589	£-7,905	£-8,987	£-11,199	£-14,393	£-17,038
£6,747	£7,800	£9,000	£10,500	£12,000	£15,500
£5,351	£6,100	£7,200	£8,300	£9,500	£11,100
£10,836	£12,600	£14,400	£16,100	£17,700	£19,400
£14,301	£16,500	£18,500	£20,900	£23,100	£25,200
£6,287	£6,600	£7,600	£8,600	£7,300	£12,200
£6,890	£8,600	£9,400	£10,800	£11,700	£13,100

18/19 YTD Actual	18/19 Target	17/18 Outturn	Key
85.90%	95.00%	82.67%	N
72.20%	85.00%	65.80%	BP
155	0	236	N
93.56%	93.00%	95.45%	N
85.70%	85.00%	88.05%	N
	92.00%		N
1	0		N
99.68%	99.00%	99.06%	N
			L
	0	7	L
7.43%	7.00%	6.76%	BP
10.44%	8.00%	12.16%	L
83.58%	75.00%		L
3.52%	2.50%	2.56%	L
	80		L
	5		L
£-27,669		£-23,267	L
£-17,038		£-2,511	L
£15,500			L
£11,100			L
£19,400			L
£25,200			L
£12,200			L
£13,100			L



Glossary

Caring for Walsall together



Glossary

A

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

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

AMU – Acute Medical Unit
AP – Annual Plan

B

BCA – Black Country Alliance
BR – Board Report

C

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

D

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

E

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

F

FEP – Frail Elderly Pathway
FES – Frail Elderly Service

G

GAU – Gynaecology Assessment Unit
GP – General Practitioner

H

HALO – Hospital Ambulance Liaison Officer

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

I

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

K

KPI – Key Performance Indicator

L

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

M

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

Caring for Walsall together



Glossary

M cont

MST – Medicines Safety Thermometer
MUST – Malnutrition Universal Screening Tool

N

NAIF – National Audit of Inpatient Falls
NCEPOD – National Confidential Enquiry into Patient Outcome and Death
NHS – National Health Service
NHSE – NHS England
NHSI – NHS Improvement
NHSIP – NHS Improvement Plan
NOF – Neck of Femur
NPSAS – National Patient Safety Alerting System
NTDA/TDA – National Trust Development Authority

O

OD – Organisational Development
OH – Occupational Health
ORMIS – Operating Room Management Information System

P

PE – Patient Experience
PEG – Patient Experience Group
PFIC – Performance, Finance & Investment Committee
PICO – Problem, Intervention, Comparative Treatment, Outcome
PTL – Patient Tracking List
PU – Pressure Ulcers

R

RAP – Remedial Action Plan
RATT – Rapid Assessment Treatment Team
RCA – Root Cause Analysis
RCN – Royal College of Nursing
RCP – Royal College of Physicians
RMC – Risk Management Committee
RTT – Referral to Treatment
RWT – The Royal Wolverhampton NHS Trust

S

SAFER – Senior review - All patients will have an expected discharge date - Flow of patients - Early discharge – Review
SAU – Surgical Assessment Unit
SDS – Swift Discharge Suite
SHMI – Summary Hospital Mortality Indicator
SINAP – Stroke Improvement National Audit Programme
SNAG – Senior Nurse Advisory Group
SRG – Strategic Resilience Group

S cont

SSU – Short Stay Unit
STP – Sustainability and Transformation Plans
STS – Short Term Sickness
SWBH – Sandwell and West Birmingham Hospitals NHS Trust

T

TACC – Theatres and Critical Care
T&O – Trauma & Orthopaedics
TCE – Trust Clinical Executive
TDA/NTDA – Trust Development Authority
TQE – Trust Quality Executive
TSC – Trust Safety Committee
TVN – Tissue Viability Nurse

TV – Tissue Viability

U

UCC – Urgent Care Centre
UCP – Urgent Care Provider
UHB – University Hospitals Birmingham NHS Foundation Trust
UTI – Urinary Tract Infection

V

VAF – Vacancy Approval Form
VIP – Visual Infusion Phlebitis
VTE – Venous Thromboembolism

W

WCCG/CCG – Walsall Clinical Commissioning Group
WCCSS – Women's, Children's & Clinical Support Services
WHT – Walsall Healthcare NHS Trust
WiC – Walk in Centre
WLI – Waiting List Initiatives
WMAS – West Midlands Ambulance Service
WTE – Whole Time Equivalent

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

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



MEETING OF THE PUBLIC TRUST BOARD – Thursday 2nd May 2019			
Quality, Patient Experience & Safety Committee Highlight Report			AGENDA ITEM: 13
Report Author and Job Title:	Dr Karen Dunderdale, Director of Nursing	Responsible Director:	Danielle Oum, Trust Chair
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/> Assure <input type="checkbox"/>		
Executive Summary	<p>The committee did not meet due to a number of apologies and a lack of quorate. Therefore the chair of the committee (Danielle Oum) and the Executive lead (Karen Dunderdale) have reviewed the agenda and papers and wish to highlight the following.</p> <p>The following papers will be brought back to the May committee:</p> <ul style="list-style-type: none"> • Progress update on process for completion of electronic discharge summary • Reduction in readmission rates • Learning disabilities strategy. It is noted and welcomed that there is work to focus on the Disabilities Advisory Forum. • Outpatients follow up back log. It is noted that the current paper does not provide assurance and further work will be undertaken in readiness for the next meeting. 		
Recommendation	Members of the Trust Board are asked to note the report and support any further action required.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	BAF No 001 Failure to deliver consistent standards of care to patients' across the Trust results in poor patient outcomes and incidents of avoidable harm.		
Resource implications	There are no resource implications associated with this report.		
Legal and Equality and Diversity implications	Compliance with Trust Standing Orders		
Strategic Objectives	Safe, high quality care <input checked="" type="checkbox"/>	Care at home <input type="checkbox"/>	
	Partners <input type="checkbox"/>	Value colleagues <input type="checkbox"/>	
	Resources <input type="checkbox"/>		

Quality Patient Experience & Safety Committee: April 2019

Highlight Report to the Trust Board

Report for Trust Board meeting on:	2 nd May 2019
Report From:	24 th April 2019
Highlight Report:	

The committee did not meet due to a number of apologies and a lack of quorate. Therefore the chair of the committee (Danielle Oum) and the Executive lead (Karen Dunderdale) have reviewed the agenda and papers and wish to highlight the following.

The following papers will be brought back to the May committee:

- Progress update on process for completion of electronic discharge summary
- Reduction in readmission rates
- Learning disabilities strategy. It is noted and welcomed that there is work to focus on the Disabilities Advisory Forum.
- Outpatients follow up back log. It is noted that the current paper does not provide assurance and further work will be undertaken in readiness for the next meeting.

Hospital Acquired Infections

At the date of the committee meeting there has been a total of 18 hospital acquired C. Diff infections and 2 MRSA bacteraemia to March 2019.

Action Required by the Trust Board:

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

Danielle Oum, Trust Chair and Dr Karen Dunderdale, Director of Nursing/Deputy Chief Executive

April 2019

MEETING OF THE PUBLIC TRUST BOARD – 2 ND MAY 2019			
Performance, Finance & Investment Committee (PFIC) update report			AGENDA ITEM: 14
Report Author and Job Title:	Mr R Caldicott – Director of Finance & Performance	Responsible Director:	Mr J Dunn – Chair of PFIC (Non-Executive Director)
Action Required	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/> Assure <input checked="" type="checkbox"/>		
Executive Summary	<p>The report indicates the key messages from PFIC meeting in April 2019 for escalation to the Trust Board, namely on financial performance;</p> <ul style="list-style-type: none"> Trust Board agreed a £15.6m operational deficit for the 2018/19 financial year (£10.6m after receipt of £5m Provider Sustainability Funds - PSF) The Trust received a letter from the regulator allocating an additional £1.6m of Provider Sustainability Funds, resulting in the deficit for the year against break-even duty totalling £27.6m (excludes an impairment of £6.2m that increases the actual deficit to £33.8m) The accounts submission was made by the deadline of 12 noon on the 24th April 2019, noting the letter from the regulator also agreed the capital expenditure for the 2019/20 financial year of £13.1m Expenditure on temporary workforce totalled £25.2m for the financial year (£4.3m higher than the previous year) The level of temporary workforce expenditure presents a run rate risk into 2019/20 of approximately £0.5m per month, with a requirement to manage the run rate risk in the initial quarter of the new financial year The Cost Improvement Target (CIP) for the initial half of the financial year confirmed delivery of the phased plan, though not the stretch <p>Members received forecast 2019/20 theatre productivity plans, with the report indicating a step increase of 10% for the financial year, the activity profiled by month by speciality. The plan (once attained) moves the Trust into average delivery of productivity for inpatient and day case activity within peer grouping.</p> <p>A report on Medically Fit For Discharge (MFFD) highlighted the significant impact on capacity and temporary workforce use the current levels are having upon the Trust. A Board Development session was requested to inform the full Board of the implications on bed usage, quality of care and costs.</p> <p>The Trust had achieved strong performance in constitutional standards and a revised report was welcomed by members, with continued strong performance in Cancer 62 day and 6 week diagnostic targets, with a 6% increase in Referral to Treatment and ED 4 hours performing well.</p> <p>The award of contract for clinical waste and the approval of the Allocate business case were both endorsed by members, the latter following deferral</p>		

	of costs to the 2020/21 financial year. However, all future cases will require identification of budgets to proceed.	
Recommendation	Members of the Board are asked to note the business of the meeting, the 2018/19 outturn and run rate risks moving into 2019/20.	
Risk in the BAF or Trust Risk Register	This report aligns to the BAF risk associated with delivery of the financial plan, with the risk rated as red at present (high risk of failure to attain delivery and likely significant consequence).	
Resource implications	The implications centre upon delivery of the 2019/20 financial plan and sustainable services moving forwards	
Legal, Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper	
Strategic Objectives	Safe, high quality care <input checked="" type="checkbox"/>	Care at home <input type="checkbox"/>
	Partners <input type="checkbox"/>	Value colleagues <input type="checkbox"/>
	Resources <input checked="" type="checkbox"/>	

FINANCE PERFORMANCE AND INVESTMENT COMMITTEE HIGHLIGHT REPORT

KEY AREAS FOR CONSIDERATION BY THE BOARD

1. INTRODUCTION

The Committee reports to the Trust Board each month following its meeting, this report covering the key issues from the meeting held in April 2019.

2. KEY ISSUES

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

2.2 Financial performance

The report indicates the key messages from PFIC meeting in April 2019 for financial performance as being;

- Trust Board agreed a £15.6m operational deficit for the 2018/19 financial year (£10.6m after receipt of £5m Provider Sustainability Funds - PSF)
- The Trust received a letter from the regulator allocating an additional £1.6m of Provider Sustainability Funds, resulting in the deficit for the year against break-even duty totalling £27.6m (excludes an impairment of £6.2m that increases the actual deficit to £33.8m) the Trust requested to ensure attainment of this level of deficit in accordance with the forecast (noting the Trust was not attaining the agreed control target).
- The accounts submission was made by the deadline of 12 noon on the 24th April 2019, noting the letter from the regulator also agreed the capital expenditure for the 2019/20 financial year of £13.1m
- Expenditure on temporary workforce totalled £25.2m for the financial year (£4.3m higher than the previous year)
- The level of temporary workforce expenditure presents a run rate risk into 2019/20 of approximately £0.5m per month, with a requirement to manage the run rate risk in the initial quarter of the new financial year
- The Cost Improvement Target (CIP) for the initial half of the financial year confirmed delivery of the phased plan, though not the stretch

2.3 Theatres Productivity

Members received forecast 2019/20 theatre productivity plans, with the report indicating a step increase of 10% for the financial year, the activity profiled by month by speciality.

The plan will deliver CIP of £1.5m through increased inpatient and day case activity, combined with a reduction in cancellations and (once attained) will move the Trust into average for delivery of inpatient and day case activity within peer groupings.

2.4 Medically Fit for Discharge

A report on Medically Fit for Discharge (MFFD) highlighted approximately 95 beds are occupied (approximately 20%) with patients that are awaiting discharge. The level of MFFD is having a significant impact on capacity and temporary workforce use the current levels are having upon the Trust.

A Board Development session was requested to inform the full Board of the implications on bed usage, quality of care and costs.

2.5 Constitutional Standards

The Trust had achieved strong performance in constitutional standards and a revised report was welcomed by members, with continued strong performance in Cancer 62 day and 6 week diagnostic targets, with a 6% increase in Referral to Treatment and ED 4 hours performing well (though below national standards).

2.4 Business cases

The award of contract for clinical waste and the approval of the Allocate business case were both endorsed by members, the latter following deferral of costs to the 2020/21 financial year. However, all future cases will require budgets to be identified prior to investment and the save to spend model endorsed through Trust Board.

3. RECOMMENDATION

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

MEETING OF THE PUBLIC TRUST BOARD – Thursday 2 nd May 2019			
People and Organisational Development Committee Highlight Report			AGENDA ITEM: 15
Report Author and Job Title:	Catherine Griffiths, Director of People and Culture	Responsible Director:	Philip Gayle, Non-Executive Director
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/> Assure <input type="checkbox"/>		
Executive Summary	<p>This report details Board Assurance and the Annual Cycle of Business and to:</p> <ol style="list-style-type: none"> 1. The delivery of the People Strategy which supports employees in the provision and delivery of high quality, safe patient care. 2. The processes adopted to support optimum employee performance in line with the Trust values. 3. The delivery of the Trust’s legal and regulatory duties in relation to its employees. 4. The management of Trust risks related to human resource risks and issues that may jeopardise the Trusts ability to deliver its objectives – these are captured on the Board Assurance Framework and Corporate Risk Register. 		
Recommendation	Members of the Trust Board are asked to note the content of the report for information.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	<p>BAF Risks:</p> <p>No 7. That we cannot deliver safe sustainable staffing levels reducing our reliance on expensive agency staff</p> <p>No 8. That we are not successful in our work to establish a clinically led engaged and empowered culture.</p> <p>No. 11. That our governance remains “inadequate” as assessed under the CQC Well Led standard.</p>		

Resource implications	There are no resource implications associated with this report.	
Legal and Equality and Diversity implications	The Board Assurance Framework reports to People and Organisational Development Committee to identify current implications.	
Strategic Objectives	Safe, high quality care <input checked="" type="checkbox"/>	Care at home <input type="checkbox"/>
	Partners <input type="checkbox"/>	Value colleagues <input checked="" type="checkbox"/>
	Resources <input checked="" type="checkbox"/>	

People and Organisational Development Committee Highlight Report.**1. PURPOSE OF REPORT**

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

2. BACKGROUND

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

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

3. DETAILS**HR Aspects of Any External/Internal Compliance Reviews Flu**

The Flu Campaign close down report was discussed at committee Mr Gayle congratulated the OCH team for their hard work which resulted in the Trust achieving above the national target for the Flu Campaign 2018-2019. The committee noted that the staff wellbeing approach had worked well and noted the Trust had presented as best practice at the national NHS Employers conference and the Regional SPF conference in partnership with staff-side. The committee resolved to hold a right cause analysis as the Trust ran the campaign well. The learning for next year will include improving up-take in the community.

HR Policy Framework Update

Miss Griffiths provided an update to the committee on the number of human resources policies that remain out of date. She advised the committee that this legacy issue means that over 20 policies are being worked on and that it would take some time to approve all through the Trust governance processes. Miss Griffiths stated that the legal team have reviewed the policies and amended them to meet best practice.

Miss Griffiths highlighted to the committee that she is working alongside Staff Side to get the policies up to date. The committee were informed that all the legal compliance was completed however; changing the Trust's culture and to implement a new policy direction effectively would require significant management and employee training.

The lack of in date policies was raised by the CQC in the inspections in 2015 and 2017.

Nursing Strategy

Mr Gayle noted that the Nursing Strategy had gone directly to Trust Board and should have come through this committee first. The committee noted the strategy was not at strategic level and was more a code of conduct or charter status, it was accepted that this was a co-designed document and that this in itself was a valuable process. .

Workforce Performance Date & Metrics

The committee agreed to receive further data on exit interviews given the rise in turnover and to receive more qualitative data on retention. It was agreed that the data also be provided at Divisional level and the teams of three attend the committee in future to provide a more detailed discussion behind the numbers and metrics. There is continued concern with sickness levels, particularly in hot-spot areas, it was noted that staff-side have been supportive with the re-focusing of the approach to attendance and that a training programme will be critical to success. It was noted to tackle the issues early on and be pro-active about staff wellbeing would require investment and noted the OCH business case was going through the QIA process.

WRES

The narrative to be updated to reflect comment on the current year only as the report contains two years data. Mr Gayle noted the data had not changed significantly with regards to banding 1 to 9 percentages and the figures relating to recruitment and selection. Mr Gayle questioned what assurance can be given to current staff, new staff and people looking to join. The committee discussed the Trust culture around recruitment and that some staff who take part in recruitment panels do not hold the appropriate Equality and Diversity training. Miss Griffiths informed the committee that the Equality, Diversity and Inclusion Committee had discussed this requirement and an action is to be taken on training and exploring the support cultural ambassadors could provide. Miss Griffiths informed the committee that the Trust is aware that there is an adverse differential in the appointment stage and that there is data that evidences this through WRES, the next step is to deliver an action plan with interventions to reduce this differential and the potential for discrimination. The report was noted for publication once the changes have been made.

EDS 2

The committee agreed the ratings appear over generous. It was agreed more work would be done and then brought back to the committee. It was noted that the CCG are expecting to see this data, Miss Griffiths stated that she would welcome internal audit feedback once the external stakeholders have reviewed the report and the ratings have been reviewed.

Equality, Diversity and Inclusion Strategy

The committee that the strategy had been approved through Trust Board and comments were being incorporated following it.

2019/20 Workforce Plan

The Committee was informed that the national team had changed the deadline for submission was submitted ahead of coming to the committee. It was noted that the report had gone through Trust Board.

Delivery Against Health & Wellbeing CQUIN

Report was for the committee's information and committee noted that meetings with Project Co and Blakemore around the running of the Spar and Taste Café will take place specifically about fresh fruit and vegetable stall outside the hospital and the provision of hot food after 7pm and for staff who work night shifts. Mr Fradgley also mentioned the benefit of having the backing of a board committee behind the idea. The committee agreed to support the out of hour's hot food and drink.

Kark Review

The committee noted an update and background on the Kark Review and committee noted that the Trust might need to respond to a national consultation.

Matters to bring to the attention of the Board

Resolution

The Committee resolved that the following items would be highlighted to the Trust Board at its meeting on the 2nd May:

- Escalate the comments around the Medical Workforce Programme.
- Escalate the amount of out of date Human Resources policies.

The following items would be highlighted to Quality Patient Experience and Safety Committee.

- Issues raised in ward 11 and 12 to be picked up.
- To discuss locum and agency registration.

The following items would be highlighted to Performance, Finance and Investment Committee.

- Factoring in temporary staffing.

4. RECOMMENDATIONS

The recommendation to Board is to note the content of the report for information and to formally approve the decisions made.

APPENDICES