

The Royal Wolverhampton NHS Trust (RWT) & Walsall Healthcare NHS Trust (WHT)
Group Trust Board Meeting– to be held in Public
Tuesday 21 January 2025 @ 10:00
GTG West Midlands Bearing Dr, Willenhall, Wolverhampton WV11 3SZ

	ITEM	PAPER REF	LEAD	PURPOSE	TIME
1.	Chairman’s welcome, note of apologies and to confirm quoracy	Verbal	Sir David	To note	10:00
2.	Patient Voice- Walsall Healthcare NHS Trust	Verbal	Sally Evans	To inform	10:02
3.	Register of Declarations of Interest	None	Sir David	To inform and assure	10:17
4.	Minutes of the Previous RWT/WHT Group Public Meeting of the Board of Directors held in Public on 19 November 2024	Enclosure 4	Sir David	To APPROVE	10:19
4.1	Board Action Points and Matters Arising and from the Minutes of the Group Public Board held in Public on 19 November 2024	None	Sir David	No actions items	
5.	Chair’s Report	Verbal	Sir David	To inform and assure	10:21
6.	Group Chief Executive Officer’s update and Board Level Dashboard	Enclosure 6	J Chadwick-Bell	To inform, assure and assure	10:26
7. Improve the Health of our Communities <i>We will positively contribute to the health and wellbeing of the communities we serve.</i>		<ul style="list-style-type: none"> Develop a health inequalities strategy Reduction in the carbon footprint of clinical services by 1st April 2025 Deliver improvements at PLACE in the health of our communities 			
7.1	Partnerships & Transformation Committee Chair’s Report	Enclosure 7.1	L Cowley	To inform and assure	10:34
7.2	Group Director of Place Report by Exception for RWT & WHT to approve Membership of the Walsall Together Partnership Board and note Walsall Together Strategy 2025-2028	Enclosure 7.2	S Cartwright	To inform, assure and APPROVE	10:42
8. Excel in the delivery of Care <i>We will deliver exceptional care by putting patients at the heart of everything we do, embedding a culture of learning and continuous improvement.</i>		<ul style="list-style-type: none"> Embed a culture of learning and continuous improvement Prioritise the treatment of cancer patients Safe and responsive urgent and emergency care Deliver the priorities within the National Elective Care Strategy We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our communities and populations 			
8.1	Group Finance & Productivity Committee (FPC) - Chair’s Report	Enclosure 8.1	P Assinder J Dunn	To discuss, inform and assure	10:50
8.1.1	Board Level Metrics – Performance Report for RWT & WHT	Enclosure 8.1.1	G Nuttall W Roberts	To inform and assure	10:58

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	ITEM	PAPER REF	LEAD	PURPOSE	TIME
8.1.2	Group Chief Financial Officer Reports for RWT and WHT – Months	Enclosure 8.1.2	K Stringer	To inform and assure	11:03
8.2	Audit Committee - Chair's Reports for RWT & WHT	Enclosure 8.2	J Jones M Martin	To discuss inform and assure	11:11
8.3	Recovery Plan	Enclosure 8.3	S Evans K Stringer G Nuttall	To discuss inform and assure	11:11
8.4	COMFORT BREAK (10 MINS)				11:34

9. Support our Colleagues <i>We will be inclusive employers of choice in the Black Country that attract, engage, and retain the best colleagues reflecting the diversity of our populations.</i>		<ul style="list-style-type: none"> • Be in the top quartile for vacancy levels • Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing • Improve overall staff engagement • Deliver improvement against the Workforce Equality Standard 			
9.1	Group People Committee (PC) - Chair's Report for RWT & WHT	Enclosure 9.1	A Heseltine J Hemans	To discuss, inform and assure	11:44
9.2	Group Chief People Officers Report and People Dashboard by Exception for RWT & WHT	Enclosure 9.2	A Duffell	To inform and assure	11:52
9.3	Quality Committee (QC) - Chair's Report for RWT & WHT	Enclosure 9.3	L Toner	To discuss, inform and assure	12:00
9.4	Joint Chief Nursing Officer's Report by Exception (RWT to highlight C-difficile, Seasonal Infection Rates, Nurse Sensitive Indicators and CNST Compliance, WHT to highlight C-difficile, Infection Rates, Escalation space SOP and CNST Compliance)	Enclosure 9.4	D Hickman L Carroll T Pamer J Wright	To inform and assure	12:08
9.5	Chief Operating Officers Reports by Exception RWT & WHT (WHT to highlight Emergency Preparedness Resilience & Response (EPRR), Emergency Care Growth and MMUH, RWT to highlight Fire Safety Issues and EPRR)	Enclosure 9.5	G Nuttall W Roberts	To inform and assure	12:16
9.6	RWT 2024/25 Performance Metrics and Winter Plan Update	Enclosure 9.6	G Nuttall	To inform and assure	
10. Effective Collaboration <i>We will provide sustainable healthcare services that maximise efficiency by effective collaboration with our partners.</i>		<ul style="list-style-type: none"> • Improve population health outcomes through provider collaborative • Improve clinical service sustainability • Implement technological solutions that improve patient experience • Progress joint working across Wolverhampton and Walsall • Facilitate research that improves the quality of care 			
10.1	Charity Committee Chair's Reports for WHT	Enclosure 10.1	P Assinder	To discuss, inform and assure	12:24

10.1.1	WHT Charity Annual Report and Accounts	Enclosure 10.1.1	P Assinder	APPROVE	
10.2	Black Country Provider Collaborative - Joint Provider Committee Update	Enclosure 10.2	J Dunn P Assinder	To discuss, inform and assure	12:31
11.	Any Other Business	Verbal	Sir David	To note	12:35
12.	Questions from the Public	Verbal	Sir David	To note	12:40
13.	Resolution	Verbal	Sir David	To note	12:46
14.	Date and Time of Next Meeting: Tuesday 18 March 2025 10:00-13:00– Location details to be confirmed	Verbal	Sir David	To note	12:48
CLOSE					

MEETING OF THE PUBLIC GROUP TRUST BOARD MEETING
TUESDAY 19TH NOVEMBER 2024 AT 10:00AM
Held Hybrid Vis MS Teams and In Person due to adverse weather conditions at
GTG WEST MIDLANDS WV11 3SZ

PRESENT

Members (Abbreviations: WHT: Walsall Healthcare NHS Trust; RWT: The Royal Wolverhampton NHS Trust)

Sir D Nicholson	Group Chair
Ms R Barber	Associate Non-Executive Director, WHT
Mr K Bostock	Group Chief Assurance Officer
Ms L Carroll	Chief Nursing Officer, WHT
Ms S Cartwright	Group Director of Place
Ms L Cowley	Group Non-Executive Director
Mr U Daraz	Associate Non-Executive Director, RWT
Mr A Duffell	Group Chief People Officer
Mr J Dunn	Deputy Chair/Non-Executive Director, RWT
Mr S Evans	Group Chief Strategy Officer
Ms S Evans	Group Director of Communications and Stakeholder Engagement
Ms F Frizzell	Associate Non-Executive Director, WHT
Ms A Harding	Associate Non-Executive Director, RWT
Mr J Hemans	Non-Executive Director, WHT
Ms A Heseltine	Non-Executive Director, RWT
Ms D Hickman	Chief Nursing Officer, RWT
Ms J Jones	Non-Executive Director, RWT
Prof M Levermore	Non-Executive Director, RWT
Dr B McKaig	Interim Chief Medical Officer, WHT
Ms O Muflahi	Associate Non-Executive Director, WHT
Ms G Nuttall	Chief Operating Officer/Deputy Chief Executive RWT
Dr J Odum	Group Chief Medical Officer
Mr K Stringer	Group Chief Financial Officer/ Group Deputy Chief Executive
Prof L Toner	Group Non-Executive Director
Ms C Walker	Group Interim Chief Executive
Ms M Martin	Non-Executive Director, WHT
Ms D Brathwaite	Non-Executive Director, WHT (Virtually)
Dr G Pickavance	Associate Non-Executive Director, RWT

In Attendance

Mr K Wilshere	Group Company Secretary
Ms E Stokes	Senior Administrator (Minutes), WHT
Ms O Powell	Senior Administrator, RWT
Ms S Raza	Lead Freedom to Speak Up Guardian, WHT
Ms G Padmore-Payne	Lead Freedom to Speak Up Guardian, RWT
Matron Brookes	Orthopaedic Ward Matron, RWT
Senior Sister Sandle	Orthopaedic Ward Sister, RWT
Ms J Wright	Director of Midwifery, WHT (Virtually)
Dr J Tinsa	Member of the Public
Mr T Nash	Communications Officer, RWT & WHT
Mr P Jenkins	Senior Report, Express and Star
Mr R Purewal	Senior Healthcare Director – C2-Ai.com – Precision Healthcare
Ms L Clarke	Senior Operations Manager, Accurx (Virtually)

Apologies

Mr P Assinder	Deputy Chair/Non-Executive Director, WHT
Ms T Palmer	Director of Midwifery, RWT
Prof P Vernon	Chair, Walsall Together
Dr A Viswanath	Interim Chief Medical Officer, RWT
Lord Carter	Specialist Advisor to the Board, RWT
Mr W Roberts	Interim Chief Operating Officer, WHT

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078/24	<p>Chair's Welcome, Apologies and Confirmation of Quorum</p>
	<p>Sir David welcomed everyone to the meeting of the Group Trust Board Meeting, held in public, and apologies were received and noted. Sir David confirmed the meeting as quorate. Resolved: that the Group Trust Board Meeting held in public be confirmed as Quorate.</p>
079/24	<p>Patient Voice (Royal Wolverhampton NHS Trust) - Vicky's Story</p>
	<p>Ms Evans welcomed Matron Brookes and Senior Sister Sandle who were in attendance to share the patient story of Vicky who had received care on the Trauma Orthopaedic Ward at The Royal Wolverhampton NHS Trust (RWT) following a fall in which she had broken her leg. She said that Vicky had previously suffered a stroke in 2022 which had left her paralysed down the left side of her body and she had received therapy at West Park Hospital. Ms Evans advised that Vicky had been grateful of the care, compassion and clear communication she and her family had received from staff during her stay on the Trauma Orthopaedic Ward. She reported that Vicky had spoken highly of the community staff that continued to visit her at home following her discharge from RWT. Matron Brookes reported that Vicky's Story had been a complimentary story for all the staff involved across different services. She said the improvements that had been made to the staffing on the Trauma Orthopaedic Ward had been positively reflected in this story.</p> <p>Sir David asked if the Trauma Orthopaedic Ward was operating more efficiently since the uptake in staffing. Matron Brookes advised that the Ward had been understaffed 18 months ago and RWT had since successfully recruited excellent nursing staff. She said RWT had put in place Orthopaedic study days that were tailored to providing additional skills for the Trauma Orthopaedic nurses. Senior Sister Sandle reported that there was a supportive network for the nursing team to continue to grow and improve skills.</p> <p>Senior Sister Sandle advised that the clear communication and compassion that Vicky had received had left a positive impact and staff were reminded of the importance of this during challenging times.</p> <p>Ms Heseltine asked if the discharge process had been reviewed to ensure a smooth process when patients returned home following complications with Vicky's initial discharge home. Senior Sister Sandle advised that there had been complications with the Patient Transport Services on the day of discharge and the concerns raised had been fed back directly to Patient Transport Services. Matron Brookes reported that this highlighted the importance of clear communication with Patient Transport Services to ensure they were aware of patients' needs and required assessments.</p> <p>Mr Duffell asked if the Trauma and Orthopaedic staff had captured the patient story within the Staff Feedback Survey. Matron Brookes advised that she continued to remind staff the importance of completing the Staff Feedback Survey so that good news stories were shared across RWT and Walsall Healthcare NHS Trust (WHT). Mr Duffell reported that the rollout of the Behavioural Framework across RWT and WHT would contribute to ensuring that all patients were receiving the same high level of care and kindness.</p> <p>Sir David advised that Vicky's story was inspiring, and she was a remarkable individual. He asked if the nursing staff had received any updates on Vicky's current welfare following her discharge. Senior Sister Sandle advised that she had spoken with Vicky following her discharge and she was in good health. Sir David thanked the Trauma Orthopaedic Nursing staff for their dedication and kindness towards patients. Resolved: that the Patient Voice (Royal Wolverhampton NHS Trust) - Vicky's Story be received for Information and Assurance.</p>
080/24	<p>Register of Declarations of Interest</p>
	<p>Sir David confirmed that no further declarations of interest had been received that were not already included within the register of interests. Resolved: that the Register of Declarations of Interest be received and noted that there were no further declarations of interest declared that were not already included within the Register of Interests.</p>
081/24	<p>Minutes of the Previous Group Trust Board Meeting held in Public on 17 September 2024</p>
	<p>Sir David approved the minutes of the Group Trust Board Meeting held on 17 September 2024 as an accurate record. Resolved: that the minutes of the previous meeting held 17 September 2024 be received and APPROVED.</p>

082/24	<p>Board Action Points and Matters Arising from the Minutes of the Trust Board Meeting held in Public on 17 September 2024</p>
	<p>Sir David received and noted the updates to the outstanding actions and agreed that they could be closed. Sir David confirmed that there were no outstanding matters arising.</p> <p>Resolved: that any updates to the Group Action Log and Matters Arising be received and noted.</p>
083/24	<p>Chair's Report – Verbal</p>
	<p>Sir David reported that Dr Zia Din would join Walsall Healthcare NHS Trust (WHT) as the new substantive Chief Medical Officer (CMO) on 2 December 24. He thanked Dr McKaig for undertaking the interim CMO role at WHT.</p> <p>Sir David advised that Mr Will Roberts had been appointed as the new substantive Chief Operating Officer at WHT.</p> <p>Sir David thanked John Harris for his service as a Legal Advisor and previous Board Secretary at RWT. He said Mr Harris had worked at RWT through various iterations for 60 years. Sir David wished Mr Harris well on behalf of the Group Trust Board and acknowledged him as a great ambassador for RWT.</p> <p>Sir David reported that the November 24 Group Trust Board meeting would be the last meeting that Ms Walker would attend as Interim Group Chief Executive Officer (CEO). He thanked Ms Walker for all the work she had undertaken during her interim appointment and kindness she had shown to all staff. He advised that Ms Jo Chadwick-Bell had been appointed as the new substantive Group CEO starting in January 25.</p> <p>Resolved: that the Chair's verbal report be received for information and assurance.</p>
084/24	<p>Group Chief Executive's Report</p>
	<p>Ms Walker advised that the Freedom to Speak Up (F2SU) Quarter 1 (Q1) and Quarter 2 (Q2) report had been presented to the respective RWT and WHT Trust Management Committee (TMC) and Group People Committee (GPC). She invited Ms Raza, lead F2SU guardian for Walsall Healthcare NHS Trust (WHT) and Ms Padmore-Payne, lead F2SU guardian for The Royal Wolverhampton NHS Trust (RWT) to provide the highlights of the report to Group Trust Board members.</p> <p>Ms Padmore-Payne thanked Group Trust Board members for the support they had provided to herself and the F2SU team following her commencement into the role 18 months ago. She said the F2SU team had assisted 112 staff members in Q1 and Q2 and the appropriate support had been provided to allow the situations to be resolved. Ms Padmore-Payne advised that the RWT F2SU team were currently working to update the intranet site to inform staff of newly appointed F2SU champions. Ms Padmore-Payne reported that collaborative working continued between RWT and WHT and the Group had recently held a F2SU Conference in October 24 with guest speaker Dr Chidgey Clarke, the National F2SU Guardian. She thanked the Executive Directors across the Group for their attendance and participation.</p> <p>Ms Raza advised that WHT had a wide variety of staff raising concerns and thanked Dr McKaig for his assistance in supporting medical staff concerns. She said there had been an increase in concerns raised relating to behaviours and attitudes across both Trusts and this aligned with the trend nationally. Ms Raza reported that Mr Duffell and his team continued to undertake supportive work including the introduction of the Behavioural Framework and Civility and Respect Programme. Ms Padmore-Payne advised that herself and Ms Raza would be liaising with Executive Directors in 2025 to organise F2SU Walkabouts across RWT and WHT.</p> <p>Ms Barber asked how the F2SU team could further promote their presence. Ms Padmore-Payne reported that the F2SU team was working alongside the Communications department to further their reach to staff including social media platforms and intranets. She said work continued alongside the Organisational Development Team as part of the induction sessions for new starters. Ms Padmore-Payne advised that F2SU posters were displayed across Trust sites with Quick Response (QR) codes for staff to scan for further service information. Ms Wright advised that the F2SU guardians continued to complete walkabouts of WHT Maternity Services, and these were invaluable as they had identified staff who may not have felt they could speak up through the normal reporting route. Sir David reported that it was imperative that the Group continued to support staff in feeling confident to raise concerns.</p> <p>Ms Walker reported that the plan to manage the increased Emergency Department (ED) attendances had been enacted following the closure of the Sandwell Emergency Department. She said there were increased pressures across RWT and WHT ED's with increased attendances from across the Black Country and the challenging winter period. Ms Walker reported that the Group Executive Team continued to manage the situation and adjust plans accordingly.</p>

	<p>Ms Walker thanked Group Trust Board members for the support they had given during her time as Interim Group Chief Executive Officer (GCEO).</p> <p>Ms Martin asked if Ms Walker had noticed any areas that could be further improved during her time as Interim (GCEO) that the Group Trust Board could continue to transform for patients. Ms Walker reported that RWT's and WHT's Year 2 – 5 plans aligned with the governments aspirations and priorities were what was required. Resolved: that the Group Chief Executive's Report be received for information and assurance.</p>
	EXCEL IN THE DELIVERY OF CARE (Section Heading)
085/24	Group Finance & Productivity Committee (FPC) – Chairs Report for RWT and WHT
	<p>Mr Dunn advised that the Group Finance & Productivity Committee (GF&PC) had met 3 times following the last Group Trust Board meeting in September 24. Mr Dunn reported that RWT and WHT had delivered results against the first half of the year (2024/25) but were off plan for Month 7. He said RWT and WHT's trajectory, financial activities and workforce plan was also off plan and RWT and WHT were not yet in a situation where the Operational Plan had been completely underpinned.</p> <p>Mr Dunn advised that a further review of the winter planning arrangements had taken place at the Extraordinary GF&PC held 5 November 24 alongside a review of the digital programme and planning that was in place across RWT and WHT. Mr Dunn advised that the Digital Strategy was reviewed during the Extraordinary GF&PC and the committee were assured of its robustness in the event of a Cyber Attack.</p> <p>Mr Dunn reported that the Winter Plan had illustrated improvements but there was a risk factor of 90 beds across RWT and WHT. Resolved: that the Group Finance & Productivity Committee (GFPC) Chair's Report for RWT & WHT be received for information and assurance.</p>
086/24	Board Level Metrics - Performance Report for RWT & WHT
	<p>Ms Nuttall reported that RWT and WHT were performing well against the Urgent and Emergency Care Metrics but should not underestimate the challenges highlighted by delays against the 4-hour target. Ms Nuttall advised that Ambulance Handover times had shown some deterioration but were still being processed within 30 minutes and WHT had been ranked 3rd out of the 15 West Midlands Trusts and RWT as 4th. Ms Nuttall reported that RWT and WHT were within the upper quartile for the percentage of 52 weeks+ waiters and 65 weeks+ waiters as a percentage of the total Patient Tracking List (PTL). Ms Nuttall advised that RWT would remain focused on reducing Paediatric Waiting times. Ms Nuttall advised that there was focus nationally on Head and Neck and Ear, Nose and Throat Services (ENT) and a regional solution was being sought to reduce these waiting times.</p> <p>Ms Nuttall reported that RWT and WHT were showing Statistical improvement for Diagnostic Waiting Time and Activity (DM01) performance and were above the national average for performance having achieved the 95% national target in September 24. Ms Nuttall advised that RWT remained in Tier 1 for cancer performance and the progress made for faster diagnosis had been recognised nationally. She said RWT was reporting that 60% of patients were being treated within 60 days and RWT were continuing to forecast achievement of the national target of 70% by March 25. Resolved: that the Board Level Metrics – Performance Report for RWT & WHT be received for Information & Assurance.</p>
087/24	Group Chief Financial Officer Report for RWT and WHT - Month 6
	<p>Mr Stringer advised that RWT and WHT were reporting a favourable variance to the plan of £0.3m at the end of September 24. He said despite the Trust being on plan the Group was reporting a £23.5m deficit. Mr Stringer reported that RWT and WHT efficiency challenge for the year was £96.3m of which £25.3m had been delivered Year to Date (YTD). Mr Stringer advised that Capital Funding was under considerable pressure in 2024/25 following the allocation and subsequent cuts in funding associated with the individual and total system submitted plan deficit position. He said close monitoring and management was in place to contain priority schemes within the significantly reduced envelope.</p>

	<p>Mr Stringer reported that the Integrated Care Board (ICB) had agreed to support WHT with £6m of funding to expand the Urgent and Emergency Care (UEC) capacity to support the opening of the Midland Metropolitan University Hospital (MMUH). Mr Stringer advised that performance against the Elective Recovery Fund (ERF) target was positive, and the Group performance was £3.4m ahead of plan at month 6 despite the impact of industrial action. Mr Stringer reported that cash within the Integrated Care System (ICS) was sufficient, and NHS England had provided cash support. He said the £119m Integrated Care Board (ICB) deficit was underpinned with sufficient cash to pay staff and suppliers. Mr Stringer advised that as the cash was deemed as deficit support some of it would be required to be paid back in 2025/26 dependent on details yet to be circulated.</p> <p>Mr Stringer reported that RWT and WHT were monitored against the Better Payment Practise Code which set out a target for payment of 95% in value and volume to paid within 30 days of receipt. He said RWT were reporting a 93% target and WHT an 87% target within 30 days. Mr Stringer advised that early figures for Month 7 showed that the Group was off £4m off plan due to pressures of the Cost Improvement Programme (CIP), efficiency requirements and cost of UEC activity and capacity impacting RWT and WHT.</p> <p>Resolved: that the Group Chief Financial Officer's Report for RWT & WHT - Month 6 report be received for information and assurance.</p>
	<p>SUPPORT OUR COLLEAGUES (SECTION HEADING)</p>
<p>088/24</p>	<p>Group People Committee (PC) - Chair's Report for RWT & WHT</p>
	<p>Ms Heseltine advised that there had been in depth discussions of the Month 5 workforce position during the Group People Committee (GPC) held 20 September 24 and 25 October 24. She said challenges remained and work on divisional trajectories in progress. Ms Heseltine reported that Midland Metropolitan University Hospital (MMUH) workforce for WHT was a contributing factor to the increased position alongside resident doctor intake.</p> <p>Ms Heseltine reported that the GPC had requested an analysis of internal leavers and starters to ensure a clear understanding of turnover and internal movement. Ms Heseltine advised that a report relating to e-rostering and unused hours for RWT would be presented to the November 24 GPC meeting. Ms Heseltine reported that PA Consulting would be assisting with the External Commissioning work that was being undertaken across the Black Country in 2025 with the findings to be shared with all. Ms Heseltine advised that the Beacon Project had supported the 4 Acute Trusts with investment to support waiting list initiatives and job work plans. Ms Heseltine reported that the 2024 NHS Staff Survey was due to finish 29 November 24 and the improved return targets were noted for RWT 40% and WHT 50%.</p> <p>Sir David asked for clarification regarding the student nursing workforce outrun exceeding posts. Mr Duffell advised that there were more students graduating than the Group had vacancies. Ms Hickman reported that the Group would continue to ensure patients safety ensuring that newly qualified staff were placed in the correct roles that did not impact on their developing skill set. She said RWT had been unable to place 40-50 students into roles. Ms Carroll advised that WHT had managed to place 52 students into roles. Ms Muflahi asked if RWT and WHT were offering newly graduated students full time posts as some newly qualified nurses had been offered 8-hour contracts. Ms Carroll and Ms Hickman advised that there was open dialogue with students to offer them posts and hours that they had requested.</p> <p>Resolved: that the Group People Committee – Chair’s Report for RWT & WHT be received for Information and Assurance.</p>
<p>089/24</p>	<p>Group Chief People Officer's Report by Exception for RWT & WHT</p>
	<p>Mr Duffell reported that recruitment controls were in place and having an impact in areas across the Group. He said that of the 6 key metrics vacancy rates were highlighted increasing and were likely to continue to increase with potential adverse impact on sickness absence and appraisal rates. Mr Duffell advised that RWT and WHT had outperformed the previous year response rates for the NHS Staff Survey and that as of 18 October 24 response rates were 40.1% at WHT and 15.2% at RWT. Mr Duffell reported that work continued developing resources to support the Sexual Safety in the Workplace Charter in readiness for the Worker Protection Act 2023 the law from 26 October 24.</p> <p>Ms Martin asked how the vaccination programme for 2024 was proceeding. Ms Carroll advised that at WHT there had been an uptake of 16% for Flu and 10% for Covid-19 vaccinations with a slower uptake of vaccinations reported regionally and nationally. Ms Carroll advised that there would be further communications shared across WHT to encourage uptake of the vaccine. She said Peer vaccinators were available across WHT alongside the opening of the vaccination hub.</p>

	<p>Ms Hickman reported that RWT were continuing to undertake myth busting work against the Covid-19 vaccination to encourage more staff uptake. Ms Evans advised that the communications team continued to feedback any information received from staff to the Vaccination Group to be acted upon. Ms Hickman advised that RWT continued to target hotspot areas where poor compliance had been noted and staff were reminded of the impact of not being vaccinated could have on patients. Ms Carroll reported that RWT and WHT had a mechanism to capture if staff had received their vaccinations outside of the Trust to ensure accurate data was captured.</p> <p>Resolved: that the Group Chief People Officer's Report by Exception for RWT and WHT be received for information and assurance.</p>
090/24	<p>Quality Committee (QC) - Chair Reports for RWT & WHT</p>
	<p>Prof Toner advised that the RWT and WHT Quality Committee (QC) continued to work against the alignment of the 2 committees with shared agendas and would present an updated joint term of reference to the January 25 Group Trust Board. Prof Toner reported that a review into West Midlands Ambulance Service directing patients into community services that were not appropriate and that following the review, the QC was hoping for more control of the situation to ensure the right patients were being directed to the right community care services.</p> <p>Prof Toner advised that there had been a variance in opinion regarding the GF&P decision to reduce the RWT Board Assurance Framework (BAF) score and target risk scores as the QC view regarding cancer performance had not improved sufficiently at that point. Both Committees had been reviewed the BAF Risk further and the revised risk and target scores had now been agreed. Prof Toner reported that RWT's contract with Black Country Healthcare for a responsible clinician had not yet been concluded and that as a result the issue had been escalated. Dr McKaig advised that RWT had received assurance from Black Country Healthcare that the contract would be signed in December 24.</p> <p>Prof Toner advised that an external mortality review of RWT stroke mortality would take place on 28-29 November 24. Prof Toner reported that Martha's rule had been implemented across RWT however there had been challenges providing a second opinion in paediatrics due to capacity issues within paediatrics. She other services were not able to provide cross-cover as the adult outreach team did not have the specific skills to provide this. Prof Toner advised at WHT it would be provided from 4 November 24 in paediatrics.</p> <p>Prof Toner reported that the Integrated Care Board (ICB) had conducted an implementation audit following the introduction of the Patient Safety Incident Framework (PSIRF) in October 24 across RWT and WHT and positive feedback had been received. Prof Toner advised that the RWT Maternity and Neonates Quadrumvirate delivered a presentation regarding the leadership development programme and the positive benefits that the service had derived from it. She said as an early starter the Quad was being asked to assist other Trusts. Prof Toner reported the RWT Quality Improvement Report had identified important developments and had identified star award winners across disciplines and services. She said the inclusion of patient partners had been a welcomed development and the spotlight on Quality Initiative went live in November 24.</p> <p>Ms Martin asked if there was a confirmed timeline for the WHT Pharmacy staffing business cases to proceed through the ICB process. Mr Evans reported that the Strategic Investment Committee (SIC) and Black Country Provider Collaborative (BCPC) had received the Pharmacy Staffing business case and had raised queries regarding the case. He said the BCPC and SIC were happy to approve the business case in principal but acknowledged that the business case ultimately created further financial pressures for WHT and an alternative source of funding would be required to enact the business case.</p> <p>Sir David asked for confirmation that it was more cost effective to recruit substantive pharmacy staff than provide FP10 prescription forms to patients to obtain their medication from local pharmacies. Mr Stringer confirmed that it would be more cost effective to appoint substantive pharmacists.</p> <p>Prof Toner advised that several actions had been put into place to mitigate the ongoing challenges with WHT level 3 safeguarding training compliance for adults and children including the capture of training completed elsewhere and an update report would be provided to the WHT Quality Committee in 2025. Mr Hemans asked if there had been any increased risks exposed as a result of the low compliance levels. Ms Carroll advised that WHT met the external compliance target of 25% but had failed to meet the internal compliance target of 100% and the actions to resolve this were discussed monthly at WHT Quality Committee meetings.</p>

	<p>Prof Toner reported that WHT had received a Care Quality Commission (CQC) letter regarding a child with learning disabilities who had attended the Emergency Department (ED) and had subsequently died in another organisation. She said information was being provided to the CQC to assist with the investigation.</p> <p>Prof Toner advised that WHT had secured funding from National Institute for Health and Care Research (NIHR) to purchase a mobile x-ray unit to facilitate research activity within WHT.</p> <p>Prof Toner reported that WHT and RWT were on track to secure Clinical Negligence Scheme for Trusts (CNST) targets within the required time. She said that a recent 15 steps visit from the Maternity and Neonatal Voices Partnership (MNVP) had been conducted at WHT. Ms Carroll advised that the 3 yearly Birth Rate + review had been completed at WHT and the recommendations were being reviewed.</p> <p>Resolved: that the Quality Committee (QC) – Chair Reports for RWT & WHT be received for information and assurance.</p>
091/24	<p>Chief Nursing Officer Reports by Exception</p>
	<p>Ms Hickman reported that RWT continued to maintain safe staffing levels rated amber in line with safe care categories. She said there would be continued monitoring of Nurse-Sensitive Indicators. Ms Hickman advised that Right Care Right Person 136 suite access had been delayed and a review was underway regarding the readiness of all stakeholders as West Midlands Police had advised that their officers would be undertaking more training.</p> <p>Ms Hickman reported that the Patient Experience Team at RWT had received a Patient Experience Network National Awards (PENNA) Award and WHT had received a PENNA Award for the category of Making Complaints Count.</p> <p>Prof Levermore asked for assurance that RWT would remain within the Infection Prevention threshold during winter 2024 as there had been a noted escalated rise in <i>C-Difficile</i> cases. Ms Hickman advised that RWT continued work to ensure that the ideal compliance levels were maintained, and staff continued to ensure prevention of transmission. Ms Carroll advised that WHT had reported 9 cases of <i>C-Difficile</i> in September 24 and there had been an increase in patients presenting with Covid-19, Flu and Norovirus. She said there had been an increase in Respiratory Syncytial Virus (RSV) in paediatrics.</p> <p>Ms Carroll advised that there had been an independent review of the Nursing and Midwifery Council (NMC) culture alongside a detailed deep dive of all cases dating back to 2019 that had been referred to the NMC. She said following discussions with WHT liaison officer it had been identified that 7 cases the Trust had listed had not been referred to the NMC and had been internal investigations.</p> <p>Ms Carroll reiterated that Martha’s Rule had been implemented across all adult inpatient wards on 4 November 24 to empower patients and families to escalate concerns about care and treatment and there had been a first call for concern and good feedback had been received from the patient, family and staff involved in the robustness of the initiative. She said WHT was working with the regional team to ensure the implementation of Martha’s rule as a pilot site across paediatrics in the west Midlands. She said the rollout within paediatrics was more complex as WHT did not have an onsite paediatric critical care provision. Ms Carroll reported that paediatricians would need to lead on the rollout with support from the adult critical care team. Ms Frizzell asked how WHT was raising awareness of Martha’s rule with families and patients. Ms Carroll reported that the communications team had produced posters now displayed to inform members of public with promotion across WHT social media.</p> <p>Ms Carroll reported that Executive Director Tactical Command meetings had occurred daily until assurance had been sought that the actions taken had resolved the comprised ability to maintain a safe non-elective Trauma and Elective Orthopaedic service due to the significant reduction in the availability of sterilised equipment to undertake arthroplasty operations. She said WHT had purchased protective metal trays, and these had now arrived.</p> <p>Resolved: that the Chief Nursing Officer Reports by Exception be received for information and assurance.</p>
092/24	<p>RWT Chief Nursing Officer - Skill Mix Review Report</p>
	<p>Ms Hickman advised that the Skill Mix Review Report provided an overview of skill-mix reviews undertaken for the clinical areas listed within. She said no change was required in overall establishments and RWT had asked for a regional review of Neonatal Intensive Care Unit (NICU) commission beds to be completed across all organisations in the Black Country to allow a base suspension to be worked against.</p>

	<p>Ms Hickman reported that all areas were reviewed annually or twice a year taking into activity, dependency, acuity, geography layout and any additional activity processed through the area to determine what was a safe staffing establishment was. Ms Hickman advised that Safe Care was a modular platform that identified where RWT was on the cusp of the safe staffing line. She said RWT were operating at a safe staffing levels rather than optimum staffing numbers. Ms Muflahi asked if some areas had been identified as having better staffing levels than others. Ms Hickman reported that every area had a different staffing ratio dependant on its clinical activity.</p> <p>Resolved: that the RWT Chief Nursing Officer – Skill Mix Review Report be received and APPROVED.</p>
093/24	<p>Midwifery Services Reports by Exception for RWT & WHT</p> <p>Ms Hickman reported that RWT were on track to achieve 9 of the 10 safety actions within the Maternity Incentive Scheme (MIS) Clinical Negligence Scheme for Trusts (CNST) Year 6 programme. Ms Hickman advised that stenography gap was a national challenge and not specific to RWT. She said there were actions in place along with a complex workforce plan. She said RWT was working alongside the national team to identify a long-term solution, but patients continued to have access to screening if they fell out of the parameter for access to second scans.</p> <p>Resolved: that the Midwifery Services Reports by Exception for RWT & WHT be received for information and assurance.</p>
<p>The Board took a 10-Minute Break at 11:40-11:50AM.</p>	
094/24	<p>Chief Medical Officer Reports by Exception for RWT & WHT</p> <p>Dr McKaig reported that RWT and WHT were working under one research umbrella and portfolio and commercial studies were 5% and 350% ahead respectively compared to the same reporting period in 2023/24. He said conversations continued with Wolverhampton University to establish a Clinical Trials Unit that would benefit commercial activity. Dr McKaig advised Group Trust Board members that the Black Country Research Event would take place on Thursday 21 November 24.</p> <p>Resolved: that the Chief Medical Officer Reports by Exception for RWT & WHT be received for Information and Assurance.</p>
<p>EFFECTIVE COLLABORATION (SECTION HEADING)</p>	
095/24	<p>RWT Charitable Funds Committee - Chair's Report</p> <p>Prof Levermore advised that the external auditors report had provided an unqualified audit opinion and the RWT charity was in good health and continued to adhere to governance arrangements, processes and systems. Ms Evans reported that RWT charity and volunteering services had received the Kings Award for voluntary services which was the highest award a local voluntary group could receive in the UK and was equivalent to a Member of the Most Excellent Order of the British Empire (MBE). Prof Levermore advised that the Trust had received a development grant from NHS Charities and it would be used to perform a rebranding exercise awareness survey following implementation of the new charity website.</p> <p>Resolved: that the RWT Charitable Funds Committee – Chair's Report be received for information and assurance.</p>
096/24	<p>RWT Charity Annual Report and Accounts</p> <p>Sir David confirmed the approval of the RWT Charity Annual Report and Accounts.</p> <p>Resolved: that the RWT Charity Annual Report and Accounts be received for information and APPROVAL.</p>
097/24	<p>Black Country Provider Collaborative - Joint Provider Committee Update</p> <p>Mr Dunn reported that there was focus on preparations for the first engagement workshop as a part of the corporate services transformation work. Mr Dunn advised that the Black Country Provider Collaborative (BCPC) would continue to focus on several strategic themes which included hospital to community, elective hub, diagnostics, corporate services and outpatient transformation.</p> <p>Resolved: that the Black Country Provider Collaborative – Joint Provider Committee Update be received for information and assurance.</p>
<p>IMPROVE THE HEALTH OF OUR COMMUNITIES (SECTION HEADING)</p>	
098/24	<p>Partnerships & Transformation Committee Chair's Report & Terms of Reference</p> <p>Ms Cowley advised that the Partnerships and Transformation Committee (PTC) had agreed that Walsall Together would report to the Group Trust Board through the Group Director of Place report and any Trust specific place-based partnership impacts would be reviewed by the PTC. Ms Cowley reported that the PTC Terms of Reference had been updated and approved by the committee with the agreement that strategic overview be reviewed alongside all committee reviews in 2025. Sir David confirmed that the Partnership & Transformation Committee Terms of Reference be APPROVED.</p> <p>Resolved: that the Partnerships & Transformation Committee Chair's Report be received for information and assurance and the Terms of Reference be APPROVED.</p>

099/24	<p>Group Director of Place Report by Exception for RWT & WHT & Terms of Reference for Walsall Together Partnership Board</p>
	<p>Ms Cartwright reported that the Walsall Together Partnership Board had revised its Terms of Reference for approval. She said secondary care representation had been added and the schedule of meetings would reduce to twice monthly. Ms Cartwright advised that the first Black Country Health and Housing Conference had taken place in September 24 and had showcased the work undertaken by Walsall Housing Group (WHG) and Walsall Together regarding the ACEing Asthma programme which had been put forward for a Health Service Journal (HSJ) award.</p> <p>Ms Cartwright reported that a GP led Acute Respiratory Infections (ARI) Hub had commenced operations in October 24 and would prioritise children 0-12 which chronic respiratory illness within Walsall. She said the added resource would help support winter pressures and provide some additional primary care capacity. Ms Cartwright advised that an ARI Hub was to be launched in Wolverhampton.</p> <p>Ms Cartwright advised that following agreement of the 3 Board Level Priorities progress had been made in enhancing the delivery of Integrated Neighbourhood Teams, Prevention and Community Resilience and the Digital Agenda within One Wolverhampton. She said there would be workshops throughout Decembre 24 on Integrated Neighbourhood teams for WHT and RWT. Ms Cartwright reported that the Winter Planning Perspective within One Wolverhampton had taken the same approach as 2023/24 award winning Place-based Winter Plan.</p> <p>Ms Cartwright advised that through the NHS Confederation, One Wolverhampton was contributing to the work being undertaken to influence the Neighbourhood NHS and Community First elements of the new NHS plan. She said that One Wolverhampton had been a part of a small team of national colleagues testing thinking and had participated in a podcast with the Chief Executive of NHS Confederation. Ms Cartwright reported that a variety of reports had been published by NHS Confederation and NHS Providers that quoted the excellent and forward-thinking work of Walsall and Wolverhampton place-based partnerships.</p> <p>Resolved: that the Group Director of Place Report by Exception for RWT & WHT be received for information and assurance and the Walsall Together Terms of Reference be APPROVED.</p>
100/24	<p>Any Other Business</p>
	<p>Sir David confirmed that No Other Business had been raised.</p>
101/24	<p>Questions Received from the Public</p>
	<p>Sir David welcomed Dr Tinsa, member of the public, who had attended the meeting. He advised that Dr Tinsa had previously provided a set of written questions to the Group Trust Board Meeting held in Public on 17 September 24 and that Dr Tinsa wished that these questions be revisited. Sir David read aloud each question to the Group Trust Board and the appropriate Executive Director provided an answer. Sir David advised that following the meeting the Group Trust Board would formally write to Dr Tinsa with the answers to his questions.</p> <ol style="list-style-type: none"> How many excess deaths have there been from 2019-2021 onwards? Can you provide monthly figures. Dr McKaig reported that the Trusts Summary Hospital-level Mortality Indicator (SHIMI) was below 1 and this confirmed overall that there had been no excess deaths and only pure deaths as expected at RWT. He said the Trust had a Learning from Deaths process which enabled in depth reviews of the service to highlight any concerns. Dr McKaig confirmed that as an organisation there had been no excess deaths and the data to confirm this would be formalised in writing to Dr Tinsa. Updates on Martha's Rule. Sir David advised that there had been an update on Martha's Rule reported through the Quality Committee (QC) – Chair Reports for RWT & WHT. Appointment of new Chief Executive. Sir David confirmed that Ms Jo Chadwick-Bell would commence in her role as the new Group Chief Executive Officer on 1 January 25. Repairs of lifts in the Heart and Lung Centre and the Urgent Treatment Centre. Ms Nuttall advised that the contract had been let for the Heart and Lung sensor lift and work would commence in January 25. She said the Trust was awaiting parts for the repair of the lift in the Urgent Treatment Centre and these were expected to arrive in December 24. Has the Royal College of Physicians completed their investigation of the excessive stroke deaths. Will this report be published. Dr McKaig advised that the Royal College of Physicians review had been scheduled for the end of November 24 alongside an internal review that was being conducted by the Quality Committee. He said once the final report would be received internally, and a summary would be provided to the January 25 Group Trust Board Meeting.

	<p>6. Why are the meetings being held bi-monthly when they were previously held monthly. Sir David reported that the Group Trust Board members met monthly through the relevant subcommittees of the Board. He said Group Trust Board meetings would continue to be bi-monthly in 2025.</p> <p>Sir David invited Dr Tinsa to ask an additional question not previously submitted.</p> <p>7. How can we trust the data coming out of RWT considering the history of falsifying mortality rates. He said this was presented in the Veritas Report of 2014 that highlighted false data had been taken. He asked what processes had been put into place to prevent this from happening again. Mr Evans advised that all performance data that was produced by an independent team which allowed for an external view of data before it was presented to the operational team. He said the Trust had an annual internal audit process which reviewed several of the metrics that are presented to Group Trust Board and this provided the Trust with assurance that the data that was presented was viable and valid.</p> <p>Ms Martin confirmed that it was an external firm that carried out the internal audit work and this was reported through to the Audit Committee at RWT and WHT.</p> <p>Dr Odum advised that the Veritas Report of 2014 had focused on allegations specifically related to the coding department at RWT. He said the specific allegations were focused on local coding policies that were in place in 3 Directorates and were not specifically related to mortality.</p> <p>Dr Odum reported that following the Veritas Report of 2014 the coding practises had been changed to reflect correct coding practise. He said the coding department received an annual external audit of coding through both procedural and medical coding and this fed into RWT mortality statistics. Dr Odum advised that the standard of coding undertaken across RWT was close to 100% and amongst the highest in the country.</p> <p>Dr Tinsa expressed his concern that there was no active volunteer improvement or patient engagement following Covid-19 and the patient stories that were heard at the Group Trust Board did not reflect the real views of the patients.</p> <p>Sir David advised that not all the patient and staff stories presented at Group Trust Board Meetings were positive and there had been difficult stories shared at previous meetings. He said relationships with the public and volunteers had been reengaged and reimagined and there upon speaking with volunteers across RWT and WHT there had been positive experiences shared.</p> <p>Sir David confirmed to Dr Tinsa that he did not expect to deal with these questions again at a future Group Board meeting and that the responses provided would be confirmed in writing to him before the next Group Board meeting. Action: That the responses provided are confirmed in writing to Dr Tinsa before the next Group Board meeting. BMcK, JO, GN, KW</p>
102/24	Resolution
	<p>The Board to resolve 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. Resolved: that the resolution be APPROVED.</p>
103/24	Date and Time of Next Meeting: Tuesday 21 January 2025
	Sir David confirmed the date and time of the next meeting as Tuesday 21 st January 2025.

sTier 1 - Paper ref:	PublicTB (01/25)
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Report title:	Group Chief Executive's Report
Sponsoring executive:	1 January 2025 - Joe Chadwick-Bell, Group Chief Executive, the reports also reflect Caroline Walker's tenure until 31 December 2024
Report author:	Gayle Nightingale Directorate Manager to the Group Chief Executive
Meeting title:	Group Trust Board
Date:	21 January 2025

1. Summary of key issues <i>two or three issues you consider the PublicTB should focus on in discussion]</i>
<p>I am pleased to advise you that The Royal Wolverhampton NHS Trust (RWT) has won a Nursing Times Award for the Virtual Ward.</p> <p>I am also pleased to advise you that Walsall Healthcare NHS Trust (WHT) Walsall Healthcare won the Performance Recovery Award category of the Health Service Journal (HSJ) awards. This category recognised "teams and organisations innovating to deliver tangible improvements for staff, patients, and populations, as quickly and efficiently as possible."</p> <p>On 13 January 2025 we had a virtual visit from the National NHS England (NHS) and GIRFT team to review our Elective Hub accreditation. I am pleased to say our accredited status remains and the team were impressed with progress being made.</p> <p>I can confirm that the policies and Standard Operating Procedures (SOP) presented at both WHT and RWT Trust Management Committees have been approved and adopted by both Trusts.</p> <p>I would like the board to note the metric dashboards for both Trusts within my report, the details of which will be discussed under the standard Executive Team members updates.</p>

2. Alignment to our Vision <i>[indicate with an 'X' which Strategic Objective[s] this paper supports]</i>		
Care	- Excel in the delivery Care	<input checked="" type="checkbox"/>
Colleagues	- Support our Colleagues	<input checked="" type="checkbox"/>
Collaboration	- Effective Collaboration	<input checked="" type="checkbox"/>
Communities	- Improve the health and wellbeing of our Communities	<input checked="" type="checkbox"/>

3. Previous consideration <i>[at which meeting[s] has this paper/matter been previously discussed?]</i>
Not applicable.

4. Recommendation(s)
The Public Trust Board is asked to:
a) Note the contents of the report

Working in partnership

The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust

5. Impact <i>[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]</i>		
RWT Board Assurance Framework Risk SR15	<input type="checkbox"/>	<i>Financial sustainability and funding flows.</i>
RWT Board Assurance Framework Risk SR16	<input type="checkbox"/>	<i>Activity levels, performance and potential delays in treatment.</i>
RWT Board Assurance Framework Risk SR17	<input type="checkbox"/>	<i>Addressing health inequalities and equality, diversity and inclusion.</i>
RWT Board Assurance Framework Risk SR18	<input type="checkbox"/>	<i>Potential cyber vulnerabilities and data breaches.</i>
WHT Board Assurance Framework Risk NSR101	<input type="checkbox"/>	<i>Data and systems Security (Cyber-attack)</i>
WHT Board Assurance Framework Risk NSR102	<input type="checkbox"/>	<i>Culture and behaviour change (incorporating Population Health)</i>
WHT Board Assurance Framework Risk NSR103	<input type="checkbox"/>	<i>Attracting, recruiting, and retaining staff</i>
WHT Board Assurance Framework Risk NSR104	<input type="checkbox"/>	<i>Consistent compliance with safety and quality of care standards</i>
WHT Board Assurance Framework Risk NSR105	<input type="checkbox"/>	<i>Resource availability (funding)</i>
WHT Board Assurance Framework Risk NSR106	<input type="checkbox"/>	<i>Equality, Diversity, and Inclusion (incorporating Staff, Patients and Population Health)</i>
Corporate Risk Register [Datix Risk Nos]	<input type="checkbox"/>	
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

Group Board/Committee

Report to the Public Trust Board on 21 January 2025

Group Chief Executive's Report

EXECUTIVE SUMMARY

This report indicates my involvement in local, regional and national meetings of significance and interest to the Board in the last two months.

BACKGROUND INFORMATION

As follows













































RECOMMENDATIONS

To note the report.









1.0	<u>Consultants</u>
	<p>There has been sixteen Consultant Appointments since 25 October 2024:</p> <p>WHT <u>Emergency Medicine</u> Dr Rhamat Ahmad Dr Nurul Bashir Mohamad Dr Iwan Davies Dr Rafaqat Hussain</p> <p><u>Obstetrics and Gynaecology</u> Dr Samuel Lockley</p> <p><u>Anaesthetists</u> Dr Mohammed Bilal</p> <p>RWT <u>Anaesthetist – Obstetrics</u> Dr Zulqarnain Irfan Majid</p>

	<p><u>Gastroenterology</u> Dr Aditi Kumar</p> <p><u>Microbiology</u> Dr Haruna Hassan Dr Edwin Justice</p> <p><u>Ear, Nose and Throat (ENT) – Otology</u> Mr Alexander Yao</p> <p><u>Ear, Nose and Throat (ENT) – Rhinology</u> Mr Neil McNiven</p> <p><u>Upper Gastrointestinal (UGI) – Surgery</u> Dr Asma Sultana</p> <p><u>Colorectal</u> Mr Wadah Ali Mr Maria Mondragon</p> <p><u>CT - Surgery</u> Dr Ismail Vokshi</p>
2.0	<u>Visits and Events</u>
	<p>I have moved to weekly Joint RWT and WHT Executive Team meetings to discuss key challenges, concerns and prioritises for the week ahead along with considering issues that could have a material effect on both Trusts and agree a plan of action.</p> <p>I have also participated in the following national, regional and local meetings:</p> <p>Caroline Walker, Group Chief Executive – 5 November 2024 from until 31 December 2024</p> <ul style="list-style-type: none"> • 5 November 2024 - participated in a Midland Met Migration meeting and participated in a Black Country System Chief Executives meeting • 7 November 2024 – undertook WHT Chief Operating Officer interviews and successfully appointed Will Roberts • 8 November 2024 – undertook a briefing and New Cross Hospital site visit for Sureena Brackenridge MP Wolverhampton North East and Warinder Juss MP Wolverhampton West • 11 November 2024 - met with Mark Ondrak, RWT Staff-side Lead • 12 November 2024 - participated in a Midland Met Migration meeting and participated in a Black Country System Chief Executives meeting • 13 November 2024 – participated in the joint Spotlight on Improvement session launch event • 14 November 2024 – attended an NHS Leadership webinar with Wes Streeting, Secretary of State for Health and Social Care and participated in the WHT - Local Negotiating Committee (LNC)

	<ul style="list-style-type: none"> • 15 November 2024 - participated in a Black Country Joint Provider Committee and participated in an NHS England (NHSE) RWT – Tier 1 Cancer meeting • 18 November 2024 – participated in a Black Country Corporate Services Transformation Workshop • 19 November 2024 - participated in a Black Country System Chief Executives meeting • 22 November 2024 – attended an NHS England Operating Model Workshop and participated in a Group RWT and WHT Joint Partnership Forum • 27 November 2024 - participated in a regional meeting with Chief Executives, led by Dale Bywater, Regional Director – Midlands – NHS Improvement/ England and attended the RWT – Quality Committee • 28 November 2024 – chaired the WHT Trust Management Committee (TMC), chaired a Staff Team Briefing session and attended a RWT Senior Medical Staff Welcome Networking Session • 29 November 2024 – participated in a Black Country System Financial meeting and chaired the RWT Trust Management Committee (TMC) • 2 December 2024 - participated in a Black Country Provider Executive Committee and participated in a Black Country System Chief Executives meeting • 4 December 2024 – presented Mr John Harris – Legal Services Manager, with an RWT Exceeding Expectation Award • 5 December 2024 – participated in a WHT Aston Medical School Quality visit and undertook a site visit to Compton Hospice – Wolverhampton • 10 December 2024 – undertook a WHT main site walkabout and participated in Knowvember 24 (session to meet with an individual staff member) and met Tom Johnson, Quality Improvement Programme Lead • 11 December 2024 – undertook a RWT site visit to West Park Hospital • 12 December 2024 – attended the NHS Providers Chair and Chief Executives event, attended the Christmas Carol service at Cannock Chase Hospital and also undertook a site visit • 13 December 20224 – undertook a RWT main site walkabout, chaired the Joint Staff Briefing session and participated in the RWT - Local Negotiating Committee (LNC) <p>Joe Chadwick- Bell, Group Chief Executive commences in post – 1 January 2025</p> <ul style="list-style-type: none"> • 2 January 2025 – attended the Black Country System Chief Executives Workshop • 3 January 2025 – undertook a site visit at RWT - New Cross Hospital • 7 January 2025 – undertook a WHT Community Services site visit • 9 January 2025 – undertook a site visit at WHT – Manor Hospital
3.0	Board Matters
	Ms Caroline Walker, Interim Group Chief Executive left the Trusts on 31 December 2024.

KPI	Latest Month	Measure	Trajectory	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Excel in the delivery of Care									
Elimination of 65 week waits by end of September 2024	Nov-24	2	0	0			763	536	990
Delivery of the 78% A&E 4 hour standard by March 25	Nov-24	78.90%	78.0%	78%			78.58%	73.79%	83.38%
Delivery of the 70% 62-day cancer standard by March 25	Nov-24	61.66%	64.0%	70%			50.89%	40.17%	61.60%
Delivery of the 77% faster diagnosis cancer standard by March 25	Nov-24	80.64%	79.0%	77%			71.61%	63.97%	79.25%
Continous improvement in the percentage of colleagues feeling engaged in improvement projects, as per the annual staff and quarterly pulse surveys	Nov-24	46.3%	0.0%	0%			46.20%	45.33%	47.06%
Delivery of the £52.9m (RWT) deficit plan in 2024/25 (£m - cumulative)	Nov-24	-5.50	52.9	52.9			-4.23	-16.76	8.3
Achievement of £67.6m (RWT) Cost Improvement Plans (7.7%)	Nov-24	26.7	67.6	£67.6m			12.1	2.3	21.9
Deliver 112% (RWT) of the activity delivered in 2019/20 (ERF)	Nov-24	114%	112%	112%			112%	102%	122%
Support our Colleagues									
Maintain a vacancy rate of 6% or below at group level	Nov-24	7.19%	6.0%	6.0%			4.44%	2.75%	6.13%
Deliver year on year improvements in the percentage of staff who consider the organisation has take positive action on their health and wellbeing; rolling sickness target of <=5% (monthly)	Oct-24	5.20%	5.00%	5.0%			5.24%	5.12%	5.36%
Deliver year on year improvements in the percentage of staff who consider the organisation has take positive action on their health and wellbeing: target of >60.3% (annual staff survey Q3)	Nov-24	53.0%	60.30%	60.3%			51.5%	49.6%	53.3%
Percentage of staff who would recommend the organisation as a place of work	Nov-24	47.90%	64.60%	64.6%			48.4%	46.9%	50.0%
Reduce the percentage of staff experiencing discrimination at work from patients/service user, their relatives or other members of the public	Nov-24	7.40%	9.20%	<=9.2%			7.40%	7.40%	7.40%
Reduce the percentage of staff experiencing discrimination at work from manager/team leader or other colleagues	Nov-24	10.64%	9.20%	<=9.2%			10.64%	10.64%	10.64%
Reduce the percentage of staff experiencing discrimination at work: difference between BAME and white staff	Nov-24	8.75%	7.46%	<=7.46%			8.75%	8.75%	8.75%
Effective Collaboration									
Increase number of services delivered jointly across the Black Country	Nov-24	7	>7	>7			7	7	7
Reduce overall waiting times for Rheumatology by March 2025 vs March 2024	Nov-24	49.43%	TBC	>56.52%			56.9%	52.0%	61.8%
Reduce overall waiting times for Interventional Radiology by March 2025 vs March 2024					In development				
Increase number of staff engaged in research and participants recruited into commercial trials	Nov-24	218					116	64	168
Improve the health of our Communities									
Delivery of 70% 2 hour Crisis Response Standard	Nov-24	74.3%	>/=70%	>/=70%			74.8%	65.0%	84.5%
Progress against workplan of the Health Inequalities Steering Group					Narrative response through QGAC				
Reduce carbon emissions by 10% by March 25, compared with 2020/21	Nov-24	5.40%	10%	10%			6.36%	5.78%	6.95%
Maintain or reduce number of patients in hospital with no criteria to reside	Nov-24	88	N/A	89			88	38	137
Maintain 80% virtual ward bed occupancy	Nov-24	116.0%	80.0%	80.0%			101.31%	61.94%	140.68%

RWT - Board Level Metrics

		ASSURANCE			
					No Target
VARIATION	 	<p>Continous improvement in the percentage of colleagues feeling engaged in improvement projects, as per the annual staff and quarterly pulse surveys</p> <p>Increase number of staff engaged in research and participants recruited into commercial trials</p> <p>Reduce carbon emissions by 10% by March 25, compared with 2020/21</p>	<p>Delivery of the 78% A&E 4 hour standard by March 25</p> <p>Delivery of the 77% faster diagnosis cancer standard by March 25</p>	<p>Elimination of 65 week waits by end of September 2024</p> <p>Delivery of the 70% 62-day cancer standard by March 25</p> <p>Achievement of £67.6 (RWT) Cost Improvement Plans (7.7%)</p> <p>Deliver year on year improvements in the percentage of staff who consider the organisation has take positive action on their health and wellbeing: target of >60.3% (annual staff survey Q3)</p> <p>Deliver year on year improvements in the percentage of staff who consider the organisation has take positive action on their health and wellbeing: <u>rolling sickness target</u></p>	
		<p>Reduce the percentage of staff experiencing discrimination at work from patients/service user, their relatives or other members of the public</p>	<p>Deliver 112% (RWT) of the activity delivered in 2019/20 (ERF)</p> <p>Increase number of services delivered jointly across the Black Country</p> <p>Delivery of 70% 2 hour Crisis Response Standard</p> <p>Maintain or reduce number of patients in hospital with no criteria to reside</p> <p>Maintain 80% virtual ward bed occupancy</p>	<p>Delivery of the £52.9m (RWT) deficit plan in 2024/25 (£m - cumulative)</p> <p>4% reduction in our substantive workforce (WTE)</p> <p>25% reduction in bank & agency usage (WTE)</p> <p>Percentage of staff who would recommend the organisation as a place of work</p> <p>Reduce the percentage of staff experiencing discrimination at work from manager/team leader or other colleagues</p> <p>Reduce the percentage of staff experiencing discrimination at work: difference between BAME and white staff</p>	
	 		<p>Maintain a vacancy rate of 6% or below at group level</p> <p>Reduce overall waiting times for Rheumatology by March 2025 vs March 2024</p>		

Trust Board Metrics

KPIs	Latest month	Measure	Trajectory	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
EXCEL IN THE DELIVERY OF CARE									
Elimination of 65 week waits by end of September 2024	Nov-24	1	0	0			247.95	127.57	368.33
Delivery of the 78% A&E 4 hour standard by March 25	Nov-24	74.05%	78%	78%			75.62%	69.86%	81.38%
Delivery of the 70% 62-day cancer standard by March 25	Oct-24	81.63%	70%	70%			74.72%	59.71%	89.74%
Delivery of the 77% faster diagnosis cancer standard by March 25	Oct-24	88.34%	77%	77%			74.43%	61.89%	86.97%
Continuous improvement in the percentage of colleagues feeling engaged in improvement projects, as per the annual staff and quarterly pulse surveys	Q2 24/25	54%							
Delivery of £24.9m Deficit plan (£000's)	Nov 24 YTD	-7973	-5276	-24900					
Achievement of £28.7m Cost Improvement Plans (£000's)	Nov 24 YTD	14069	13976	28700					
Deliver 106% of Activity Delivered in 2019/20 (ERF)	Nov 24 YTD	116.00%	106%	106%					
SUPPORT OUR COLLEAGUES									
Maintain a vacancy rate of 6% or below at group level	Nov-24	10.24%	6%	6%			6.24%	2.30%	10.18%
Rolling sickness target of <=5% (monthly)	Nov-24	7.43%	5%	5%			5.89%	4.89%	6.89%
Deliver year on year improvements in the percentage of staff who consider the organisation has take positive action on their health and wellbeing: target of >60.3% (annual staff survey Q3)	Q3 23/24	56.90%	60.30%	60.30%					
Percentage of staff who would recommend the organisation as a place of work	Q2 24/25	50.00%	64.60%	64.60%					
Reduce the percentage of staff experiencing discrimination at work from patients / service users, their relatives or other members of the public (annual staff survey Q3)	Q3 23/24	10.31%		<10.31%					
Reduce the percentage of staff experiencing discrimination at work from manager / team leader or other colleagues (annual staff survey Q3)	Q3 23/24	10.92%		<10.92%					
Reduce the percentage of staff experiencing discrimination at work: difference between BAME and white staff (annual staff survey Q3)	Q3 23/24	12.89%		<12.89%					
EFFECTIVE COLLABORATION									
Increase number of services delivered jointly across the Black Country	May-24	7							
Reduce overall waiting times for Rheumatology by March 2025 vs March 2024	Nov-24	52.09%	92%	92%			54.20%	45.27%	63.13%
Reduce overall waiting times for Interventional Radiology by March 2025 vs March 2024	In Development								
Increase number of participants recruited into commercial trials	Nov-24	11					3.95	-1.93	9.83
IMPROVE THE HEALTH OF OUR COMMUNITIES									
Delivery of 70% 2 hour Crisis Response Standard	Nov-24	57.46%	70%	70%			80.93%	63.17%	98.70%
Progress against workplan of the Health Inequalities Steering Group	Narrative response through QGAC								
Reduce carbon emissions by 10% by March 25, compared with 2020/21	Mar-24	4.30%	5%	10%					
Maintain or reduce number of patients in hospital with no criteria to reside	Nov-24	37	82	82			46.43	19.39	73.47
Maintain 80% virtual ward bed occupancy	Nov-24	78.98%	80%	80%			54.58%	37.19%	71.97%

Footnotes

* The Variation SPC icon is based off the target column. The monthly trajectory column has been added for information only

** Targets are sourced from Trust Board approved targets / constitutional standard targets / local expectations

		ASSURANCE			
		PASSING 	HIT OR MISS 	FAILING 	No Target
VARIATION	IMPROVING 		- Delivery of the 77% faster diagnosis cancer standard by March 25	- Elimination of 65 week waits by end of September 2024 - Maintain 80% virtual ward bed occupancy	- Increase number of participants recruited into commercial trials
	NOT CHANGING 		- Delivery of the 78% A&E 4 hour standard by March 25 - Delivery of the 70% 62-day cancer standard by March 25 - Maintain or reduce number of patients in hospital with no criteria to reside	- Reduce overall waiting times for Rheumatology by March 2025 vs March 2024	
	WORSENING 		- Maintain a vacancy rate of 6% or below at group level - Rolling sickness target of <=5% (monthly) - Delivery of 70% 2 hour Crisis Response Standard		

The following metrics do not have sufficient data points to generate an SPC:

Continous improvement in the percentage of colleagues feeling engaged in improvement projects, as per the annual staff and quarterly pulse surveys

Delivery of £24.9m Deficit plan (£000's)
Achievement of £28.7m Cost Improvement Plans (£000's)
Deliver 106% of Activity Delivered in 2019/20 (ERF)
Deliver year on year improvements in the percentage of staff who consider the organisation has take positive action on their health and wellbeing: target of >60.3% (annual staff survey Q3)
Percentage of staff who would recommend the organisation as a place of work

Reduce the percentage of staff experiencing discrimination at work from patients / service users, their relatives or other members of the public (annual staff survey Q3)

Reduce the percentage of staff experiencing discrimination at work from manager / team leader or other colleagues (annual staff survey Q3)

Reduce the percentage of staff experiencing discrimination at work: difference between BAME and white staff (annual staff survey Q3)

Increase number of services delivered jointly across the Black Country
Reduce overall waiting times for Interventional Radiology by March 2025 vs March 2024
Progress against workplan of the Health Inequalities Steering Group
Reduce carbon emissions by 10% by March 25, compared with 2020/21

How to Interpret SPC (Statistical Process Control) charts

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

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

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

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

Title of Report	Exception Report from Partnerships and Transformation Committee	Enc No: 7.1
Author:	Lisa Cowley, Non Executive Director, Committee Chair	
Presenter:	Lisa Cowley, Non Executive Director, Committee Chair	
Date(s) of Committee Meetings since last Board meeting:	7 January 2025	
Action Required		
Decision	Approval	Discussion
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
		Received/Noted/For Information
		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
<ul style="list-style-type: none"> As part of the Forward Look discussions the committee considered both work stream specific and programme risks. Current areas of potential concern relate to digital infrastructure and capacity, project team capacity and skills mix and organisational culture. It was agreed there would be a risk review at the February 2025 meeting to consider and define risks. 	<ul style="list-style-type: none"> Initial review of the 2025/26 productivity schemes. The committee agreed that the proposals should be overseen by Finance and Productivity committee once formalised, but that there was a role for this committee to consider the transformational proposals. It was also recommended that each scheme was considered to assess which was the most relevant committee for development input and where cross committee connection would be required. The highlight reports for six workstreams for the Forward Look 2025-8 were reviewed, there was consideration of the format of the reports and initial content and structure. There was discussion regarding detail of the workstream highlight reports provided and the interdependencies between them. The committee also discussed the relationship with the BCPC programmes of work to ensure that we were not duplicating effort and ensuring that all areas of work were focused on strategic priorities.
POSITIVE ASSURANCES TO PROVIDE	DECISIONS MADE
<ul style="list-style-type: none"> Work has been initiated on all of the Forward Look workstreams. Productivity schemes for 2025/6 are in development, including opportunities for transformation. 	<ul style="list-style-type: none"> An updated Forward Look governance model will be presented at the February 2025 committee meeting, including the PIDs for each work stream as well as an overall programme plan and critical path.

Tier 1 - Paper ref:	TB in Public (01/25) Enc 7.2
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Report title:	Group Director of Place
Sponsoring executive:	Stephanie Cartwright, Group Director of Place
Report author:	Michelle McManus, Director Place & Transformation, Walsall Together Matthew Wood, Head of the Programme and Transformation Office, OneWolverhampton
Meeting title:	Public Board
Date:	21 st January 2025

1. Summary of key issues <i>two or three issues you consider the PublicTB should focus on in discussion]</i>
<p>This report provides an overview of performance and assurance across Walsall Together and OneWolverhampton partnerships.</p> <p>The Walsall Together Partnership Board approved the 2025-2028 Walsall Together Strategy (attached).</p>

2. Alignment to our Vision <i>[indicate with an 'X' which Strategic Objective[s] this paper supports]</i>												
<table border="1"> <tr> <td>Care</td> <td>- Excel in the delivery Care</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Colleagues</td> <td>- Support our Colleagues</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Collaboration</td> <td>- Effective Collaboration</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Communities</td> <td>- Improve the health and wellbeing of our Communities</td> <td><input checked="" type="checkbox"/></td> </tr> </table>	Care	- Excel in the delivery Care	<input checked="" type="checkbox"/>	Colleagues	- Support our Colleagues	<input checked="" type="checkbox"/>	Collaboration	- Effective Collaboration	<input checked="" type="checkbox"/>	Communities	- Improve the health and wellbeing of our Communities	<input checked="" type="checkbox"/>
Care	- Excel in the delivery Care	<input checked="" type="checkbox"/>										
Colleagues	- Support our Colleagues	<input checked="" type="checkbox"/>										
Collaboration	- Effective Collaboration	<input checked="" type="checkbox"/>										
Communities	- Improve the health and wellbeing of our Communities	<input checked="" type="checkbox"/>										

3. Previous consideration <i>[at which meeting[s] has this paper/matter been previously discussed?]</i>
<p>Walsall Together Partnership Board – December 2024 OneWolverhampton Board – December 2024</p>

4. Recommendation(s)
<p>The Public Trust Board is asked to:</p> <p>a) Take assurance on the progress being made by the place partnerships in improving the health and wellbeing of our communities</p> <p>b) Approve the revision of membership of the Walsall Together Partnership Board in relation to voluntary sector representation</p> <p>c) Note the approval of the Walsall Together Strategy for 2025-2028</p>

5. Impact <i>[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]</i>						
<table border="1"> <tr> <td>RWT Board Assurance Framework Risk SR15</td> <td><input type="checkbox"/></td> <td>Financial sustainability and funding flows.</td> </tr> <tr> <td>RWT Board Assurance Framework Risk SR16</td> <td><input type="checkbox"/></td> <td>Activity levels, performance and potential delays in treatment.</td> </tr> </table>	RWT Board Assurance Framework Risk SR15	<input type="checkbox"/>	Financial sustainability and funding flows.	RWT Board Assurance Framework Risk SR16	<input type="checkbox"/>	Activity levels, performance and potential delays in treatment.
RWT Board Assurance Framework Risk SR15	<input type="checkbox"/>	Financial sustainability and funding flows.				
RWT Board Assurance Framework Risk SR16	<input type="checkbox"/>	Activity levels, performance and potential delays in treatment.				

5. Impact <i>[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]</i>		
RWT Board Assurance Framework Risk SR17	<input checked="" type="checkbox"/>	<i>Addressing health inequalities and equality, diversity and inclusion.</i>
RWT Board Assurance Framework Risk SR18	<input type="checkbox"/>	<i>Potential cyber vulnerabilities and data breaches.</i>
WHT Board Assurance Framework Risk NSR101	<input type="checkbox"/>	<i>Data and systems Security (Cyber-attack)</i>
WHT Board Assurance Framework Risk NSR102	<input checked="" type="checkbox"/>	<i>Culture and behaviour change (incorporating Population Health)</i>
WHT Board Assurance Framework Risk NSR103	<input type="checkbox"/>	<i>Attracting, recruiting, and retaining staff</i>
WHT Board Assurance Framework Risk NSR104	<input type="checkbox"/>	<i>Consistent compliance with safety and quality of care standards</i>
WHT Board Assurance Framework Risk NSR105	<input type="checkbox"/>	<i>Resource availability (funding)</i>
WHT Board Assurance Framework Risk NSR106	<input checked="" type="checkbox"/>	<i>Equality, Diversity, and Inclusion (incorporating Staff, Patients and Population Health)</i>
Corporate Risk Register [Datix Risk Nos]	<input type="checkbox"/>	
Is Quality Impact Assessment required if so, add date: Not required		
Is Equality Impact Assessment required if so, add date: Not required		

**Report to the RWT/WHT Group Trust Board Meeting to be held in Public on
21st January 2025**

Group Director of Place Report

1. Executive summary

This report provides an overview of performance and assurance across Walsall Together and OneWolverhampton partnerships.

2. Introduction or background

- 1.1 The place partnerships are hosted by Walsall and Wolverhampton Trusts on behalf of a wide range of partners including local authority, general practice, mental health and voluntary sector.
- 1.2 Under the Communities strategic objective, the place partnerships drive integrated care, address health inequalities and deliver care closer to home.

3. Walsall Together

- 3.1 The Walsall Together Partnership Board approved its new strategy – Collaborating for Happier Communities 2025-2028, along with an Integrated Commissioning & Transformation Delivery Plan. There is a public facing short version of the strategy and a longer-read internal strategy that provides more information about the governance, contracting and commercial arrangements. Further engagement across the Borough and wider system will be undertaken, alongside publishing, during Q4 2024/25, before formal launch in April 2025.
- 3.2 Walsall Together has reviewed the membership of the Walsall Together Partnership Board in light of the new Voluntary, Community and Social Enterprise (VCSE) sector arrangements contracted by Walsall Council and the Integrated Care Board (ICB). Representation from the VCSE sector is included in the partnership board's membership to provide a closer working relationship with that sector at a strategic level to better enable the Board to access this source of local information and resource to improve services locally. A representative of One Walsall joined the Partnership Board as the recognised umbrella body for the VCSE when the Walsall Together Partnership Board was established in 2019. A locality model, which included four localities, for VCSE support and representation were put in place by the Council and the ICB in May 2023. Contracts were awarded to: Bloxwich Community Partnership (North); Nash Dom (South); Manor Farm Community Association (East); and Old Hall Peoples Partnership (West). Each of these organisations are embedded in their locality and are based in community facilities in their areas. They have existing strong relationships within their areas and a functional knowledge which supports their

strategic oversight of their localities. The Walsall Together Partnership Board members approved the recommendation to remove One Walsall from the Board membership. No material changes have been made to the duties and responsibilities of the Board. Going forward, the sector will be represented by the Chair of the Community Network and one other infrastructure locality lead. It is therefore recommended that the Trust Board ratifies the decision taken by the Walsall Together Partnership Board and approves an amendment to the membership within the Terms of Reference, ratified in November 2024.

- 3.3 Across our integrated services, the community nursing locality teams have seen significant increase in demand during November. The Acute Respiratory Infection (ARI) hub, opened on 28th October, is now operating close to capacity, and is managing the majority of referrals in primary care. Intermediate Care Service performance was maintained in November at an average of 33.57 patients medically stable for discharge and an average length of stay of 2 days, which is similar performance to the same period in 2023. Performance in the Integrated Assessment Hub improved in November with over 300 patients seen in a community setting rather than needing to attend hospital.

4. OneWolverhampton

- 4.1 Primary Care Transformation Strategy: The ICB's Primary Care Transformation Strategy is based on equitable access for all and empowering individuals to access care that meets their unique needs closer to home. While the strategy is ICB-owned, the importance of leading delivery at Place-level is recognised, and work within OneWolverhampton is ongoing to ensure successful delivery. Given the interdependencies between primary care, the development of Integrated Neighbourhood Teams and the Wolverhampton approach to prevention, ensuring effective governance and oversight is critical. As such, a review of existing primary care governance within OneWolverhampton is also ongoing to ensure these are robust and include appropriate clinical oversight. Additionally, a baselining activity is ongoing against the 27 delivery milestones to understand areas of greatest need and where resource will need to be targeted.
- 4.2 Health Inequalities: A focus on minimising health inequalities (HIs) continues to be a driving factor for OneWolverhampton. Following the review of the work undertaken in the past calendar year, we have refocused our approach to ensure that consideration of HIs is given to all service change and transformation work within the partnership. This will be done by completing Health Equity Assessment Tool (HEAT) templates for all work within the Partnership's remit. These will be reviewed and monitored by the Health Inequalities Lead for the partnership, a Consultant in Public Health to support with monitoring and data collection, and the partnership Involvement Lead to ensure these are completed accurately and to suggest any ways of reducing HIs. Proactive support with this process will also be provided by the Partnership HI lead and a thematic review will be presented at OneWolverhampton Board on a six-monthly basis for assurance.

4.3 Children and Young People: Recognising our focus and commitment to CYP, a governance structure has now been established to deliver against the key recommendations of the Anna Freud report into Emotional, Mental Health, and Wellbeing for Wolverhampton. This includes a focus on supporting parents and carers; providing accessible information and digital solutions; and supporting schools and education settings. From a physical health CYP perspective, a communications campaign has been devised within the partnership around the first 1,001 days and this will launch in January. This is a multi-agency approach and has included the creation of an animation to support parents and carers in providing the best possible support throughout pregnancy and infancy. A link to this can be found below:

<https://cdn.arcgis.com/sharing/rest/content/items/60fd0bd0d50c4eb7ab953591d0c9f494/resources/TFSSfl6bSSCOPHo-1yQN-.mp4>

4.4 Prevention: Given the tangible impact of wider determinants of health, a Prevention priority is being established within the Partnership and will be Chaired by the Director of Public Health. Its ambition is to influence these wider determinants of health to support improved health outcomes and quality of life for Wolverhampton residents. This will include opportunities to anchor the wider work, led by Black Country Healthcare, around supporting those who have struggled to access work into long-term employment and opportunities to work in partnership with housing providers and primary care to support those impacted by damp and mould.

5. Recommendations

5.1 The Public Trust Board is asked to:

- a. Take assurance on the progress being made by the place partnerships in improving the health and wellbeing of our communities
- b. Approve the revision of membership of the Walsall Together Partnership Board in relation to voluntary sector representation
- c. Note the approval of the Walsall Together Strategy for 2025-2028.

Michelle McManus

Director of Place Development & Transformation, Walsall Together

Matt Wood

Head of the Programme and Transformation Office, OneWolverhampton

Title of Report	Exception Report from Group Finance & Productivity Committee Enc.8.1		
Author:	John Dunn, Group Finance & Productivity Committee Joint Chair		
Presenter:	John Dunn, Group Finance & Productivity Committee Joint Chair		
Date(s) of Committee Meetings since last Board meeting:	27/11/2024		
Action Required			
Decision	Approval	Discussion	Received/Noted/For Info
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED /WORK UNDERWAY
<ul style="list-style-type: none"> The November Group Trust Board meeting requested the Group Executive to review and improve the proposed outturn position. A forecast based on the month 7 reported information showed a variance from plan of £29.1m which was unacceptable, a view echoed by the ICB who had initiated an escalation review meeting. Action to return to plan would be presented to a Group Meeting on 17 December. The committee was assured that action was underway to meet this requirement but was not finalised at the time of the committee meeting. RWT remains in tier 1 for Cancer performance. Late tertiary referrals from other Trust's remain an ongoing problem for RWT. Continued Urgent Emergency Care pressure with attendances remaining high, WHT recorded highest type 1 attendances. WHT is still seeing high numbers of intelligently conveyed ambulances in October (218 net import), compared to 188 in October 2023. Year to date April to October 24 compared to the same period last year shows a 120% increase. 	<ul style="list-style-type: none"> Deloitte specification to be agreed and put into place. Deloitte will be providing additional assistance on the financial recovery and will be engaged shortly. K Stringer and S Evans to provide P Assinder and J Dunn with a briefing statement ahead of the ICB Meeting on 29th November 2024.
	DECISIONS MADE
	<p><u>Electricity & Gas Energy Utility Services (WHPC 300)</u> – Endorsed to be submitted to Trust Board.</p>
POSITIVE ASSURANCES TO PROVIDE	
<ul style="list-style-type: none"> Both Trusts are in the upper quartile for theatre utilisation (Model Hospital data). Ambulance handover within 30mins, out of 14 trusts in the West Midlands the Trusts are ranked 3rd (WHT) & 5th (RWT). Both Trusts are in the upper quartile for the percentage of 52 weeks+ waiters and 65 weeks+ waiter as a percentage of the total PTL. Both Trusts are in the upper quartile for theatre utilisation (Model Hospital data). Both Trusts are showing statistical improvement for DM01 performance, are above the national average for performance and achieved the national target of 95% in October. 	

Group Performance Report

Presenters / Lead Executives:

Gwen Nuttall – Chief Operating Officer and Deputy Chief Executive (RWT)

Will Roberts – Chief Operating Officer (WHT)

Working in partnership

The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust



Care Colleagues
Collaboration Communities

Developing the approach:

- This report is the fifth version of the Integrated Performance Report for both RWT and WHT.
- The layout and format design has been influenced after reviewing high performing NHS Trusts public board papers combined with best practice promoted by NHSE Making Data Count Team.
- The reports' focus is on performance against the National Constitutional Standards and key metrics supporting ERF.
- Feedback from Committee members received has been positive, further feedback is welcomed.

Latest Developments:

- Metrics contained within the dashboard have been agreed with Executive Directors.
- The definitions of the metrics are being aligned across both trusts (e.g. same approach for numerators / denominators).
- Supporting processes which underpin the production of performance metrics have been shared.
- There are differences between the supporting processes across RWT and WHT which has limited some alignment (e.g. date ranges within SPC charts).
- Following a request from F&P committee the report was expanded to include 2 community metrics; 2-hour urgent care response and virtual ward occupancy.
- A further request from F&P committee was to include community waiting lists, this has been included in the report produced for November committee meeting.
- To maintain a succinct number of metrics, the Outpatients with procedure metric has been removed.
- No changes applied for December 2024.

ASSURE:

- Both Trusts remain upper quartile for 4-hour UEC performance and exceeding the national average.
- Ambulance handover within 30mins, out of 14 trusts in the West Midlands the Trusts are ranked 3rd (WHT) & 6th (RWT).

ADVISE:

- Both Trusts are showing statistical improvement for DM01 performance, are above the national average for performance, upper quartile and achieved the national target of 95% in November.

ALERT:

- RWT remains in tier 1 for Cancer performance.
- Continued UEC pressure with attendances remaining high, WHT recorded highest type 1 daily average attendances.
- The impact of MMUH inherent uncertainty means there is still significant risk.



ASSURE:

- ED 4 hour wait remains above target, ranking 2nd best performing Acute Trust in the West Midlands and in the upper quartile for national ranking at 9th.
- RTT incomplete waiting list size remains stable and below trajectory.
- 6 Week Wait (DM01) Diagnostic performance is currently 97.56% against a trajectory of 95.6% for the month. Cystoscopy is the biggest outlier, although performance is improving. Additional capacity has been procured from an outsourcing company.

ADVISE:

- Ambulance handover times (<15 & 30 mins and >60 mins) remain below target. Continued work with WMAS with regard to admission avoidance and use of alternative pathways.
- Patients with no criteria to reside deteriorated during November 24, however, this remains just below target.
- RTT 78, 65 and 52 weeks were all above trajectory at the end of November 24. Additional sessions (theatres and diagnostics) to manage challenged specialities.
- Clock starts remain high; this is an increase of around 20% above 19/20 levels.

ALERT:

- Cancer 62 day performance remains a challenge, and we remain in Tier 1. Late tertiary referrals from other Trust's remain an ongoing problem. There is a separate action plan in place for cancer recovery.



ASSURE:

- Ambulance Handover within 30 minutes was 73.14% for November; 3rd best performing Acute Trust in the West Midlands and within the top 3 for the last 48 months.
- WHT's 4-hour EAS national ranking in November remains upper quartile at 29th best out of 122 reporting Acute Trusts and 4th in the Midlands region with 74% of patients admitted, transferred or discharged within 4 hours of arrival at ED.
- In October, all 3 of the national cancer metrics achieved the national thresholds.
- In November 2024, the 18-week RTT incomplete performance is 66.42%, above the forecast trajectory. The Trust continues to deliver the standard of no patients waiting more than 65 weeks, excluding patient choice. October's 2024 performance places the Trust 22nd (out of 122 reporting general Acute Trusts) for 18-week RTT incomplete performance.
- The Trust's diagnostic performance patients waiting under 6 weeks for November is 97.14%, achieving the national threshold of 95% and ahead of trajectory. The Trust was Upper Quartile, ranked 20th out of 122 acute Trusts nationally.
- The Trust is delivering 116% of 2019/20 ERF-eligible activity.

ADVISE:

- Endoscopy backlog of patients waiting over 6 weeks remains ahead of trajectory to meet the DM01 standard by December 2024.
- UCR performance remained below the 70% national constitutional standard in November.

ALERT:

- In November 2024, Type 1 ED attendances were 9,855, comparing to November 2023 (8,527). This represents a 12.93% increase, the second highest attendance on record and represents statistically significant increase with November above the upper process limit. Year to date (April – November 2024) total attendances are 73,242 compared to the same period in 2023 a 11.8% increase. Three weeks in November ranked in the highest 10 weeks of type 1 attendances recorded. The average daily attendances for November were the highest recorded. Due to the persistent high demand and patients' acuity the Trust declared a critical incident on 27th November.
- The trust is still seeing high numbers of intelligently conveyed ambulances in November (257 net import), compared to 240 in November 2023. Year to date April to November 24 compared to the same period last year shows a 186% increase.











RWT Performance Matrix:

This matrix provides an “at a glance” view of performance

		ASSURANCE			
					No Target
VARIATION			Last Minute Cancelled Ops - No Date <=28 days Cancer - 2 Week Wait Cancer - 28 Day Faster Diagnosis Total Time Spent in ED - % within 4 hours Theatres - Touch Time Utilisation	18 Weeks RTT - No. of 52 wk breaches 18 Weeks RTT - No. of 65 wk breaches 18 Weeks RTT - No. of 78 wk breaches Cancer - 31 Day Treatment Cancer - 62 Day Referral to Treatment Diagnostics - % within 6 weeks from referral	Cancer PTL - patients waiting 63 days and over Community Waiting List
			No. of patients no longer reaching the Criteria to Reside Deliver % of Activity Delivered in 2019/20 (ERF) Maintain 80% virtual ward bed occupancy Delivery of 70% 2-hour Crisis Response Standard	Ambulance Handover - % within 15 mins	Type 1 ED attendances
		18 Weeks RTT - Total Incomplete PTL	Ambulance Handover - % over 60 mins	18 Weeks RTT - % within 18 weeks - Incomplete Ambulance Handover - % within 30 mins Total Time Spent in ED - % over 12 hours	18 Weeks RTT - Clock Starts

WHT Performance Matrix:

This matrix provides an “at a glance” view of performance

		ASSURANCE			
		PASSING 	HIT OR MISS 	FAILING 	No Target
VARIATION	IMPROVING  		<ul style="list-style-type: none"> - Cancer - 2 Week Wait (WHT) - Cancer - 28 Day Faster Diagnosis (WHT) - Cancer - 31 Day Treatment (WHT) 	<ul style="list-style-type: none"> - 18 Weeks RTT - % Within 18 Weeks - Incomplete (WHT) - 18 Weeks RTT - No. of 52 wk breaches (WHT) - 18 Weeks RTT - No. of 65 wk breaches (WHT) - 18 Weeks RTT - No. of 78 wk breaches (WHT) - 18 Weeks RTT - Total Incomplete PTL (WHT) - Diagnostics - % within 6 weeks from referral (WHT) - Community - Virtual Ward % Occupancy 	<ul style="list-style-type: none"> - Cancer - No. of patients waiting 63+ Days for treatment (WHT)
	NOT CHANGING 		<ul style="list-style-type: none"> - Last Minute Cancelled Ops - No date <=28 days (WHT) - Cancer - 62 Day Referral to Treatment (WHT) - No. of patients no longer meeting the Criteria to Reside - Total Time Spent in ED - % within 12 Hours (WHT) - Total Time Spent in ED - % within 4 Hours (WHT) - Theatres - Touch Time Utilisation (MH) (WHT) 		
WORSENING  			<ul style="list-style-type: none"> - Ambulance Handover - % within 30mins (WHT) - Ambulance Handover - % within 60mins (WHT) - Community - Urgent Care Response (UCR) 2 Hour Response 	<ul style="list-style-type: none"> - Ambulance Handover - % within 15mins (WHT) 	<ul style="list-style-type: none"> - 18 Weeks RTT - Clock Starts (WHT) - Type 1 ED Attendances (WHT)



Performance Dashboard - RWT

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
18 Weeks RTT - % within 18 weeks - Incomplete	Nov 24	52.89%	92.00%			58.71%	55.93%	61.48%
18 Weeks RTT - No. of 52 wk breaches	Nov 24	1788	577			2590	1938	3241
18 Weeks RTT - No. of 65 wk breaches	Nov 24	2	0			726	514	937
18 Weeks RTT - No. of 78 wk breaches	Nov 24	2	0			204	125	283
18 Weeks RTT - Total Incomplete PTL	Nov 24	89343	93404			75734	72389	79079
18 Weeks RTT - Clock Starts	Nov 24	17357	-			16330	12203	20456
Ambulance Handover - % within 15 mins	Nov 24	32.34%	65.00%			45.96%	29.43%	62.49%
Ambulance Handover - % within 30 mins	Nov 24	58.30%	95.00%			78.90%	62.96%	94.85%
Ambulance Handover - % over 60 mins	Nov 24	25.24%	0.00%			9.75%	-0.36%	19.86%
Last Minute Cancelled Ops - No Date <=28 days	Nov 24	0	0			0	-1	2
Cancer - 2 Week Wait	Nov 24	95.85%	93.00%			82.89%	68.07%	97.72%
Cancer - 28 Day Faster Diagnosis	Nov 24	80.64%	77.00%			72.26%	65.06%	79.46%
Cancer - 31 Day Treatment	Nov 24	84.85%	96.00%			82.99%	73.00%	92.97%
Cancer - 62 Day Referral to Treatment	Nov 24	61.66%	70.00%			47.83%	37.35%	58.31%
Cancer PTL - patients waiting 63 days and over	Nov 24	213	-			350	270	430
No. of patients no longer reaching the Criteria to Reside	Nov 24	88	89			88	38	137
Diagnostics - % within 6 weeks from referral	Nov 24	97.56%	95.00%			66.21%	57.25%	75.17%
Total Time Spent in ED - % over 12 hours	Nov 24	12.62%	0.00%			8.04%	4.27%	11.81%
Total Time Spent in ED - % within 4 hours	Nov 24	78.90%	78.00%			78.58%	73.79%	83.38%
Type 1 ED attendances	Nov 24	12780	-			12776	11174	14378
Deliver % of Activity Delivered in 2019/20 (ERF)	Nov 24	114%	115%			115%	110%	121%
Theatres - Touch Time Utilisation	Nov 24	90.76%	85.00%			88.05%	80.71%	95.38%
Maintain 80% virtual ward bed occupancy	Nov 24	116.00%	80.00%			101.31%	61.94%	140.68%
Delivery of 70% 2-hour Crisis Response Standard	Nov 24	74.30%	70.00%			75.41%	65.34%	85.48%
Community Waiting List	Nov 24	3291	-			5284	4083	6486

Performance Dashboard – WHT

KPIs	Latest month	Measure	Trajectory	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
18 Weeks RTT - % Within 18 Weeks - Incomplete	Nov-24	66.42%	65%	92%			61.16%	58.62%	63.71%
18 Weeks RTT - No. of 52 wk breaches	Nov-24	325	415	0			997.55	756.24	1238.86
18 Weeks RTT - No. of 65 wk breaches	Nov-24	1	0	0			247.95	127.57	368.33
18 Weeks RTT - No. of 78 wk breaches	Nov-24	0	0	0			61.20	31.74	90.66
18 Weeks RTT - Total Incomplete PTL	Nov-24	29948	28713	27858			31290.20	29737.10	32843.30
18 Weeks RTT - Clock Starts	Nov-24	7943	7606				7732.95	6502.63	8963.27
Ambulance Handover - % within 15mins	Nov-24	24.97%	65%	65%			46.21%	31.64%	60.79%
Ambulance Handover - % within 30mins	Nov-24	73.14%	92%	95%			90.34%	80.50%	100.18%
Ambulance Handover - % within 60mins	Nov-24	86.74%	100%	100%			97.89%	93.90%	101.87%
Last Minute Cancelled Ops - No date <=28 days	Oct-24	2	0	0			2.53	-3.57	8.63
Cancer - 2 Week Wait	Oct-24	82.40%	93%	93%			76.87%	59.67%	94.07%
Cancer - 28 Day Faster Diagnosis	Oct-24	88.34%	77%	77%			74.43%	61.89%	86.97%
Cancer - 31 Day Treatment	Oct-24	98.36%	96%	96%			96.01%	89.50%	102.52%
Cancer - 62 Day Referral to Treatment	Oct-24	81.63%	70%	70%			74.72%	59.71%	89.74%
Cancer - No. of patients waiting 63+ Days for treatment	Nov-24	22					59.08	21.30	96.85
No. of patients no longer meeting the Criteria to Reside	Nov-24	37	82	68			46.43	19.39	73.47
Diagnostics - % within 6 weeks from referral	Nov-24	97.14%	95%	95%			84.78%	77.58%	91.99%
Total Time Spent in ED - % within 12 Hours	Nov-24	7.54%	2%	2%			5.22%	0.32%	10.12%
Total Time Spent in ED - % within 4 Hours	Nov-24	74.05%	78%	78%			75.62%	69.86%	81.38%
Type 1 ED Attendances	Nov-24	9855					8282.53	6982.88	9582.17
Deliver % of Activity Delivered in 2019/20 (ERF)	Nov 24 YTD	116.00%	106%	106%					
Theatres - Touch Time Utilisation (MH)	Nov-24	82.30%	85%	85%			82.81%	72.00%	93.00%
Community - Virtual Ward % Occupancy	Nov-24	78.98%	80%	80%			54.58%	37.19%	71.97%
Community - Urgent Care Response (UCR) 2 Hour Response	Nov-24	57.46%	70%	70%			80.93%	63.17%	98.70%
Community - Waiting List - Total	Nov-24	2607							



Tier 1 - Paper ref:	PublicTB (21/01/25) Enc 8.1.2
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Report title:	Group Chief Financial Officer – Month 8 financial report 2024/25
Sponsoring executive:	Kevin Stringer, Group Chief Finance Officer
Report author:	James Green, Operational Director of Finance
Meeting title:	Group Trust Board (Public meeting)
Date:	21 st January 2025

1. Summary of key issues <i>two or three issues you consider the PublicTB should focus on in discussion]</i>

This report presents the financial performance of the Group for the period April 2024 to November 2024, with the notable points being:

- This report was considered by the Finance & Productivity Committee at its meeting on 15th January 2025.
- Year to date both Trusts are reporting a deterioration against plan recording a combined adverse to variance of £8.2m.
- Performance against the Elective Recovery Fund target is positive with the Group performance being £4.4m ahead of plan, all contained at WHT.
- The Group Efficiency challenge for the year is £96.3m of which £47.7m was planned to the end of November. Actual delivery was £40.7m resulting in a group variance of £6.9m, with RWT being behind plan for; Workforce reduction (£1.8m) and the balance contained within the RWT unidentified target.

Whilst the deficit support funding received from NHS England has resolved a significant proportion of the cash shortfall challenge in year, it remains likely that both Trusts may require additional cash support as we approach the end of the financial year.

2. Alignment to our Vision <i>[indicate with an 'X' which Strategic Objective[s] this paper supports]</i>
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Care	- Excel in the delivery Care	<input checked="" type="checkbox"/>
Colleagues	- Support our Colleagues	<input checked="" type="checkbox"/>
Collaboration	- Effective Collaboration	<input checked="" type="checkbox"/>
Communities	- Improve the health and wellbeing of our Communities	<input checked="" type="checkbox"/>

3. Previous consideration <i>[at which meeting[s] has this paper/matter been previously discussed?]</i>
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The Group Finance & Productivity Committee meeting on 15th January 2025.

4. Recommendation(s)

The Public Trust Board is asked to:

- a) Note the contents of the report
- b) Take assurance of robust management from the members of the F&P Committee

5. Impact <i>[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]</i>

RWT Board Assurance Framework Risk SR15	<input checked="" type="checkbox"/>	<i>Financial sustainability and funding flows.</i>
RWT Board Assurance Framework Risk SR16	<input type="checkbox"/>	<i>Activity levels, performance and potential delays in treatment.</i>
RWT Board Assurance Framework Risk SR17	<input type="checkbox"/>	<i>Addressing health inequalities and equality, diversity and inclusion.</i>
RWT Board Assurance Framework Risk SR18	<input type="checkbox"/>	<i>Potential cyber vulnerabilities and data breaches.</i>

Working in partnership

The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust

WHT Board Assurance Framework Risk NSR101	<input type="checkbox"/>	<i>Data and systems Security (Cyber-attack)</i>
WHT Board Assurance Framework Risk NSR102	<input type="checkbox"/>	<i>Culture and behaviour change (incorporating Population Health)</i>
WHT Board Assurance Framework Risk NSR103	<input type="checkbox"/>	<i>Attracting, recruiting, and retaining staff</i>
WHT Board Assurance Framework Risk NSR104	<input type="checkbox"/>	<i>Consistent compliance with safety and quality of care standards</i>
WHT Board Assurance Framework Risk NSR105	<input checked="" type="checkbox"/>	<i>Resource availability (funding)</i>
WHT Board Assurance Framework Risk NSR106	<input type="checkbox"/>	<i>Equality, Diversity, and Inclusion (incorporating Staff, Patients and Population Health)</i>
Corporate Risk Register [Datix Risk Nos]	<input type="checkbox"/>	
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

Group Financial Performance

for the month of November 2024

Working in partnership

The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust



Care Colleagues
Collaboration Communities

I&E Summary

Overall, the Group position is off plan by £8.2m Year-to-date - £5.5m for RWT and £2.7m for WHT. This has deteriorated by £4.2m in month, £2.5m for RWT and £1.6m for WHT.

<u>In-Month Income & Expenditure</u>	RWT			WHT			Group position		
	Plan M08	Actual M08	Surplus/ (Deficit)	Plan M08	Actual M08	Surplus/ (Deficit)	Plan M08	Actual M08	Surplus/ (Deficit)
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Income	82.9	82.3	(0.6)	41.3	41.4	0.2	124.2	123.7	(0.4)
Expenditure									
Pay	52.4	51.4	1.0	23.4	27.1	(3.7)	75.8	78.5	(2.7)
Non Pay	20.5	21.0	(0.5)	5.2	6.1	(0.9)	25.7	27.1	(1.4)
Drugs	6.7	6.5	0.2	2.5	2.6	(0.1)	9.2	9.1	0.1
Other*	1.0	3.8	(2.8)	9.5	6.6	2.9	10.6	10.4	0.2
Total Expenditure	80.7	82.7	(2.0)	40.6	42.4	(1.8)	121.3	125.1	(3.7)
Net reported surplus/(Deficit)	2.2	(0.4)	(2.5)	0.7	(0.9)	(1.6)	2.9	(1.3)	(4.2)

Following the deficit support funding the adjusted RWT annual plan is £2.4m deficit from £52.9m, with £67.6m of efficiencies required. The adjusted YTD planned deficit at month 8 is £12.3m.

The profile of the monthly plan for the remainder of the year requires an in month surplus (on average) of £2.47m per month.

<u>Year-to-date Income & Expenditure</u>	RWT			WHT			Group position		
	Plan YTD	Actual YTD	Surplus/ (Deficit)	Plan YTD	Actual YTD	Surplus/ (Deficit)	Plan YTD	Actual YTD	Surplus/ (Deficit)
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Income	653.8	654.7	0.9	293.2	304.1	11.0	947.0	958.8	11.9
Expenditure									
Pay	421.0	420.5	0.5	187.9	196.7	(8.8)	608.9	617.1	(8.2)
Non Pay	162.2	162.8	(0.7)	39.7	43.6	(3.8)	201.9	206.4	(4.5)
Drugs	54.0	54.5	(0.5)	19.6	20.2	(0.6)	73.6	74.7	(1.1)
Other(incl. depreciation)	28.8	34.6	(5.8)	51.2	51.6	(0.5)	80.0	86.3	(6.2)
Total Expenditure	666.0	672.4	(6.4)	298.5	312.1	(13.7)	964.5	984.5	(20.1)
Net reported surplus/(Deficit)	(12.3)	(17.8)	(5.5)	(5.3)	(8.0)	(2.7)	(17.5)	(25.7)	(8.2)

The WHT adjusted annual plan (following deficit support funding) is £1.2m deficit by year end from £24.9m, with £28.7m of efficiencies required. The profile of the monthly plan for the remainder of the year requires (on average) £2.3m surplus per month to hit plan.

Capital

- Capital funding is under considerable pressure in 24/25 following the allocation and two subsequent cuts in funding associated with the individual and total system submitted plan deficit position. Close monitoring and management is required to contain priority schemes within this significantly reduced envelope. All available capital funds and projects are expected to be spent and completed and the risks managed.
- The ICB have agreed to support WHT with £6m of funding to expand UEC capacity to support the opening of MMUH, whilst national support is being sought through a short form business case process.
- Capital expenditure Year to Date is £35.1m (£25.9m RWT and £9.6m WHT) an underspend of £9.6m (£4.4m RWT and £5.2m WHT). Within this £7m relates to PSDS grant funded schemes and donated assets (£3.2m RWT and £3.8m WHT).

Cash

- Following the receipt of YTD cash backed deficit support, both organisations have increased cash reserves. Further cash support is not forecast to be required until at Q4 at the earliest, depending on the realisation of risks and mitigations. However, it should be noted that deficit support was not provided to the system in full and confirmation of the pay award funding falls short of cost relating in a pressure of

Better Payment Practice Code

- We are monitored against this code, which sets out a target for payment of 95%, in value and volume, to be paid within 30 days of receipt. Both organisations have been impacted by working capital management.

BPPC Performance	RWT		WHT	
	In-Month	YTD	In-Month	YTD
Value	95%	92%	88%	87%
Volume	89%	86%	89%	90%

Key month 8 items within the position

These include:

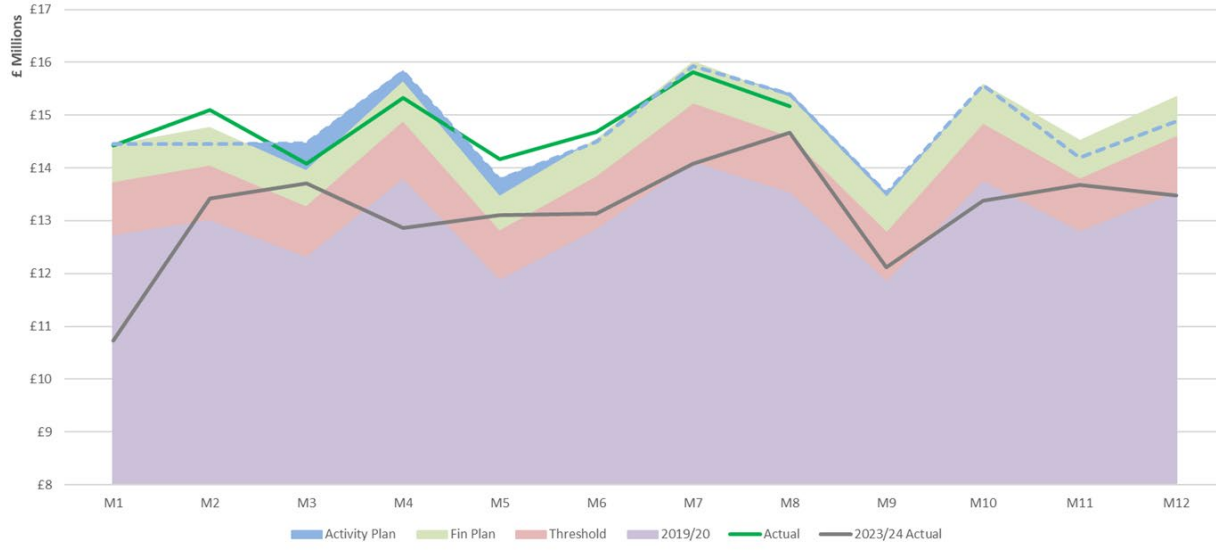
- **Industrial action** costs have now largely been covered by additional funding from the Centre.
- **Income** under-performed against plan by £0.4m in month, with an underperformance of £0.6m at RWT and overperformance of £0.2m at WHT. This included continued overperformance on ERF for WHT of £0.5m but an underperformance of £0.2m at RWT. This took the YTD overperformance across all income lines to £11.9m (of which £4.4m is ERF), with other income overperformance offsetting relatable costs elsewhere; e.g. Education and Training, and some SLA overperformance.
- **Pay** is £2.7m adverse in month and £8.2m adverse YTD. Both organisations are experiencing pressures related to activity, some of which is offset by income through ERF and hosted service however there are also pressures from the cost of temporary staffing above planned levels for sickness/absence, some of which is premium cost. In addition, pay award funding received does not fully cover the actual cost of pay awards. These are partially mitigated by pay underspends in each organisation.
- **Non-Pay** is overspent by £1.4m in month and £4.5m YTD, primarily at WHT around activity, including ERF and in/outsourcing. Both organisations have pressures around insulin pumps and utilities costs.
- **Drugs** had an underspend of £0.1m in month, but remains overspent YTD by £1.1m. These are largely associated with activity and high-cost drugs which remain under block funding arrangements across both organisations.
- **Efficiency performance** was £6.9m adverse YTD, this is at RWT and largely due to steep increase in CIP target not being identified. Workforce reductions are behind plan at both organisations but are partially being offset by other pay underspends and CIP over performance elsewhere. The plan is substantially phased into the second half of the financial year and the challenge of identifying schemes to deliver up to 7.7% cash releasing savings is very significant. The Group Committees and Board receive reports at each meeting regarding progress in identifying and implementing expenditure reduction schemes.

ERF Performance - 2024/25 YTD M8

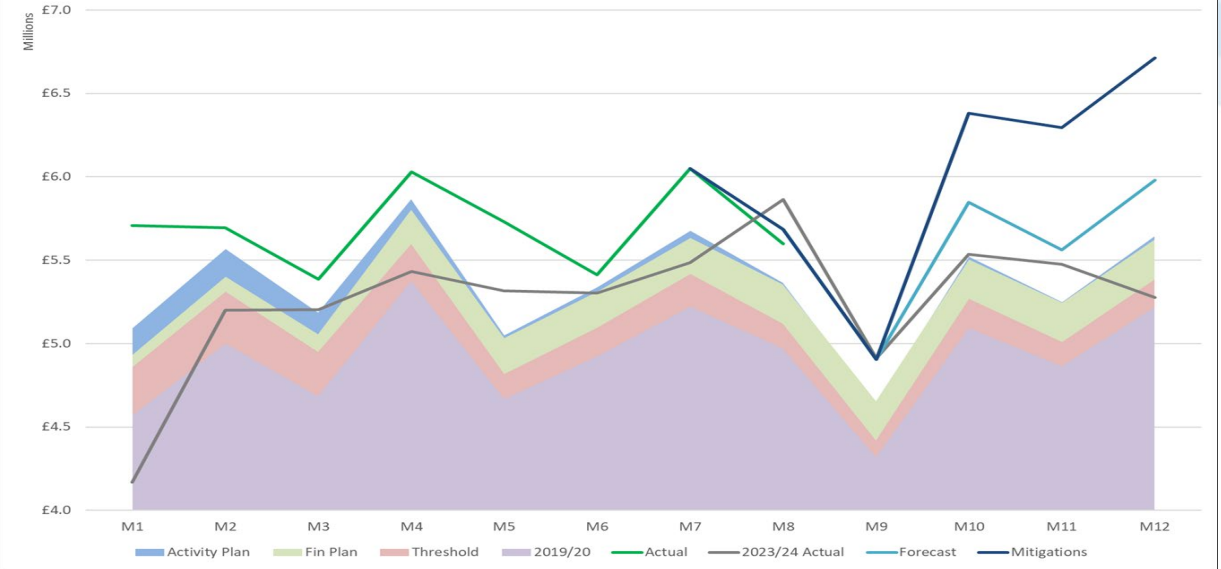
RWT

WHT

ERF Delivery vs Threshold, Plans and Prior Year - 2024/25



WHT ERF Delivery and FOT vs Threshold, Plans and Prior Year - 2024/25



Activity Plan Fin Plan Threshold 2019/20 Actual 2023/24 Actual Forecast

Assumptions & basis

Technical ERF guidance and adjusted ERF thresholds have been published and adopted.

- POD and divisional targets are based on activity plans agreed with services during the planning round, this is presented by the blue area, and is more accurate regarding expected delivery.
- The financial plan and how we get monitored and paid by the national team is represented by the green area, which is the same total plan delivery but phased in-line with the national threshold phasing.
- Thresholds and divisional targets may change upon adoption of any new investments
- The plan target is 112% for RTW and 115% for WHT

ERF Performance - 2024/25 YTD M8

Point of Delivery	RWT			WHT			Group		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	Activity	Activity	Activity	Activity	Activity	Activity	Activity	Activity	Activity
Elective	5,947	5,930	(17)	1,421	1,411	(10)	7,368	7,341	(27)
Planned Same Day	36,996	36,180	(816)	17,325	20,171	2,846	54,321	56,351	2,030
Outpatient Procedures	103,758	108,367	4,609	24,687	25,314	627	128,445	133,681	5,236
Procedures Total	146,701	150,477	3,776	43,433	46,896	3,463	190,134	197,373	7,239
Outpatient 1st	155,073	161,043	5,970	74,064	88,118	14,054	229,137	249,161	20,024
Grand Total	301,774	311,520	9,746	117,497	135,014	17,517	419,271	446,534	27,263
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Elective	32,166	30,057	(2,109)	6,515	6,351	(164)	38,681	36,408	(2,273)
Planned Same Day	36,032	36,102	71	14,058	15,841	1,783	50,090	51,943	1,853
Outpatient Procedures	17,706	18,533	827	4,862	4,858	(4)	22,568	23,391	823
Procedures Total	85,904	84,692	(1,212)	25,435	27,050	1,615	111,339	111,742	403
Outpatient 1st	32,897	34,069	1,171	15,731	18,559	2,828	48,628	52,628	3,999
Grand Total	118,801	118,761	(40)	41,166	45,609	4,443	159,967	164,370	4,403

Both organisations ERF performance has been impacted by lost activity due to industrial action, totalling £0.7m, with £0.4m at RWT and £0.3m at WHT. However, the group has managed to deliver a £4.4m favourable variance from continued overperformance, all contained within WHT. The Group has received additional income that mostly covers the lost income and additional pay costs associated with the industrial action (not presented here).

CIP performance YTD

	RWT				WHT				Group position			
	Annual Plan	Plan YTD	Actual YTD	Variance	Annual Plan	Plan YTD	Actual YTD	Variance	Annual Plan	Plan YTD	Actual YTD	Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Key schemes												
Workforce & Pay Reductions	22.4	10.5	8.7	(1.8)	9.8	4.6	3.0	(1.6)	32.2	15.1	11.7	(3.4)
Out of System contracts	7.3	5.0	5.0	0.0	6.5	3.6	3.6	0.0	13.8	8.6	8.6	0.0
Other Income and Coding	2.5	1.2	0.9	(0.3)				0.0	2.5	1.2	0.9	(0.3)
ERF stretch	2.1	2.2	2.2	0.0	4.5	1.4	2.2	0.9	6.6	3.6	4.4	0.9
Other Productivity	5.1	4.2	4.3	0.1				0.0	5.1	4.2	4.3	0.1
Pathology Network	0.9	0.4	0.4	0.0				0.0	0.9	0.4	0.4	0.0
Medicines management	1.1	0.7	1.0	0.3	0.6	0.4	0.3	(0.1)	1.7	1.1	1.3	0.2
Procurement	2.4	0.7	1.0	0.3	2.0	0.7	0.9	0.2	4.4	1.4	1.9	0.5
Diagnostic & other clinical services	4.3	1.8	1.8	0.0					4.3	1.8	1.8	0.0
Divisional & other schemes (pipeline)	0.7	0.4	0.4	0.0	3.4	3.3	4.0	0.7	4.1	3.7	4.4	0.7
Previously unidentified	2.7	1.0	1.0	0.0				0.0	2.7	1.0	1.0	0.0
Unidentified - remaining	16.1	5.6	0.0	(5.6)	1.9			0.0	18.0	5.6	0.0	(5.6)
Net reported surplus/(Deficit)	67.6	33.7	26.7	(7.0)	28.7	14.0	14.0	0.1	96.3	47.7	40.7	(6.9)

The total efficiency challenge in 24/25 for the group is £96.3m; RWT £67.6m, WHT £28.7m.

In month 8 the CIP target for RWT increased from month 7 by approx.£3.5m above prior months which has not been fully achieved. The shortfall against plan as at month 8 is £7.0m YTD and predominantly contained within Workforce schemes and the balance of unidentified schemes. WHT remain on plan delivering £14.0m YTD, with the shortfall in Workforce schemes being offset by over-delivery against other schemes. The CIP target for the remainder of Q3 and Q4 continues at this more challenging level.

Unidentified CIP against plan is £17.2m, £16.1m for RWT and £1.9m for WHT.

Workforce reduction targets are behind plan and are unlikely to deliver the full year target.

Statement of Financial Position

STATEMENT OF FINANCIAL POSITION Statement of Financial Position for the month ending September 2024	RWT			WHT		
	Mar 2024	Nov 2024	Movement	Mar 2024	Nov 2024	Movement
	Actual £000	Actual £000	YTD £000	Actual £000	Actual £000	YTD £000
NON CURRENT ASSETS						
Property, Plant and Equipment - Tangible Assets	518,093	521,513	3,419	249,613	250,115	502
Intangible Assets	7,472	7,396	(76)	8,284	7,646	(638)
Other Investments/Financial Assets	11	11	0			0
Trade and Other Receivables Non Current	1,116	1,116	0	1,463	1,266	(197)
PFI Deferred Non Current Asset	1,597	1,597	0			0
TOTAL NON CURRENT ASSETS	528,290	531,633	3,343	259,360	259,027	(333)
CURRENT ASSETS						
Inventories	9,049	9,071	22	3,802	3,298	(504)
Trade and Other Receivables	45,357	51,211	5,854	31,044	32,801	1,757
Cash and cash equivalents	29,457	43,888	14,431	20,062	28,459	8,397
TOTAL CURRENT ASSETS	83,863	104,170	20,307	54,908	64,558	9,650
TOTAL ASSETS	612,152	635,803	23,650	314,268	323,585	9,317
CURRENT LIABILITIES						
Trade & Other Payables	(95,216)	(105,964)	(10,748)	(59,035)	(55,499)	3,536
Liabilities arising from PFIs / Finance Leases	(11,792)	(20,591)	(8,799)	(9,417)	(25,244)	(15,827)
Provisions for Liabilities and Charges	(2,171)	(3,010)	(839)	(156)	(156)	0
Other Financial Liabilities	(8,881)	(29,251)	(20,370)	(442)	(4,654)	(4,212)
TOTAL CURRENT LIABILITIES	(118,061)	(158,816)	(40,755)	(69,050)	(85,553)	(16,503)
NET CURRENT ASSETS / (LIABILITIES)	(34,198)	(54,647)	(20,448)	(14,142)	(20,995)	(6,853)
TOTAL ASSETS LESS CURRENT LIABILITIES	494,091	476,986	(17,105)	245,218	238,032	(7,186)
NON CURRENT LIABILITIES						
Trade & Other Payables	(179)	(56)	123			0
Other Liabilities	(23,915)	(19,074)	4,842	(180,952)	(176,437)	4,515
Provision for Liabilities and Charges	(1,437)	(1,437)	0	(290)	(290)	0
TOTAL NON CURRENT LIABILITIES	(25,531)	(20,566)	4,965	(181,242)	(176,727)	4,515
TOTAL ASSETS EMPLOYED	468,561	456,420	(12,140)	63,976	61,305	(2,671)
FINANCED BY TAXPAYERS EQUITY						
Public Dividend Capital	316,202	319,335	3,133	256,563	258,227	1,664
Retained Earnings	39,091	24,091	(15,000)	(261,266)	(265,601)	(4,335)
Revaluation Reserve	114,495	114,223	(273)	68,679	68,679	0
Financial assets at FV through OCI reserve	(1,418)	(1,418)	0			0
Other Reserves	190	190	0			0
TOTAL TAXPAYERS EQUITY	468,561	456,420	(12,140)	63,976	61,305	(2,671)

Key Items for each Trust are as follows with details of cash in Cashflow and other further detail in Trust appendices:

- RWT – Trade and other receivables include £9.8m of Managed Service Contracts and £6.8m of PSDS Grant income relating to other organisations. Tangible Assets and Liabilities are both impacted by renewals of GEM Centre and Phoenix Centre leases. Most of the movement in Other Financial Liabilities relates to deferred income around PSDS, hosted services and LDA.
- WHT - Trade receivables include remaining outstanding income associated with LA, ERF, SDF and variable Diagnostics performance. Trade payables/accruals have reduced due to the payment of invoices and release of balance sheet provisions within the plan.

Cashflow as at 30th November

	RWT	WHT	Combined
	Nov-24	Nov-24	Nov-24
	Actual £'000	Actual £'000	Actual £'000
OPERATING ACTIVITIES			
Total Operating Surplus/(Deficit) (gross of control total adjustments)	(5,363)	6,409	1,046
Depreciation	22,253	9,743	31,996
Fixed Asset Impairments	0	0	0
Transfer from Donated Asset Reserve	0	0	0
Capital Donation Income	(3,218)	(4,120)	(7,338)
Interest Paid	(1,377)	(5,344)	(6,721)
Dividends Paid	(5,693)	(876)	(6,569)
Release of PFI /Deferred Credit	0	0	0
(Increase)/Decrease in Inventories	(22)	504	482
(Increase)/Decrease in Trade Receivables	(7,433)	(6,133)	(13,566)
Increase/(Decrease) in Trade Payables	18,184	1,032	19,216
Increase/(Decrease) in Other liabilities	20,359	4,212	24,571
Increase/(Decrease) in Provisions	839	0	839
Increase/(Decrease) in Provisions Unwind Discount	0	0	0
NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES	38,528	5,427	43,955
CASH FLOWS FROM INVESTING ACTIVITIES			
Interest Received	1,599	672	2,271
Payment for Property, Plant and Equipment	(25,519)	(8,751)	(34,270)
Payment for Intangible Assets	(905)	0	(905)
Receipt of cash donations to purchase capital assets	3,218	4,120	7,338
Proceeds from sales of Tangible Assets	19	0	19
Proceeds from Disposals	0	0	0
NET CASH INFLOW/(OUTFLOW) FROM INVESTING ACTIVITIES	(21,589)	(3,959)	(25,548)
NET CASH INFLOW/(OUTFLOW) BEFORE FINANCING	16,939	1,468	18,407
FINANCING			
New Public Dividend Capital Received	3,133	13,528	16,661
Capital Element of Finance Lease and PFI	(5,641)	(6,599)	(12,240)
NET CASH INFLOW/(OUTFLOW) FROM FINANCING	(2,508)	6,929	4,421
INCREASE/(DECREASE) IN CASH	14,431	8,397	22,828
CASH BALANCES			
Opening Balance at 1st April 2024	29,457	20,062	49,519
Closing Balance at 30th November 2024	43,888	28,459	72,347

Summary:

The cash balance is £72.3m, a decrease from last month of £79.8m across both organisations; £43.9m at RWT and £28.5m at WHT.

The RWT cash position still includes £6.8m of PSDS Grant monies relating to other organisations. This will be transferred over coming months.

Cash and working capital is being closely monitored and managed. Currently there is no requirement to seek further cash support, though this may become a requirement depending on the realisation of risks and opportunities still present in organisational forecasts. This is estimated to create a potential further requirement in February/March.



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Capital RWT

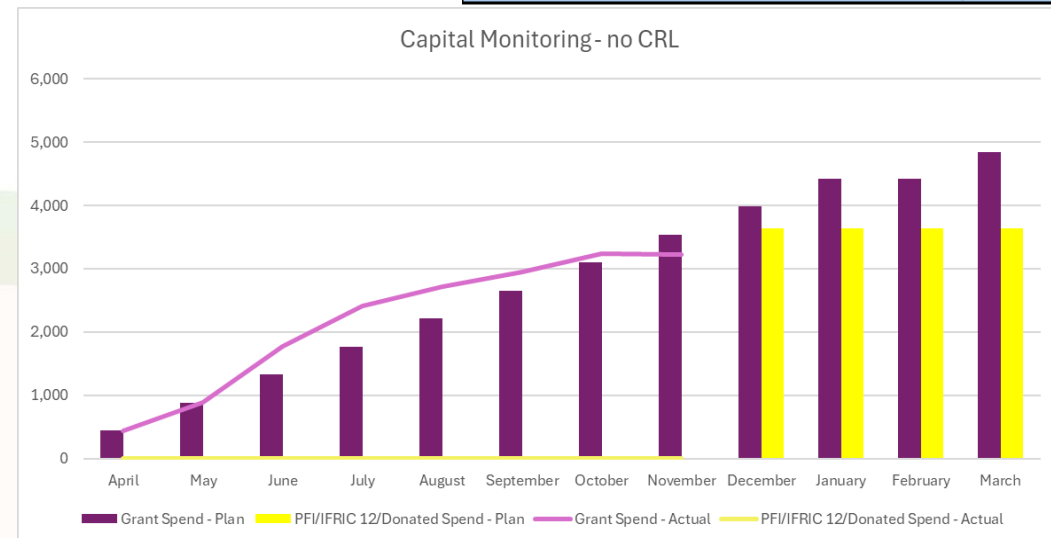
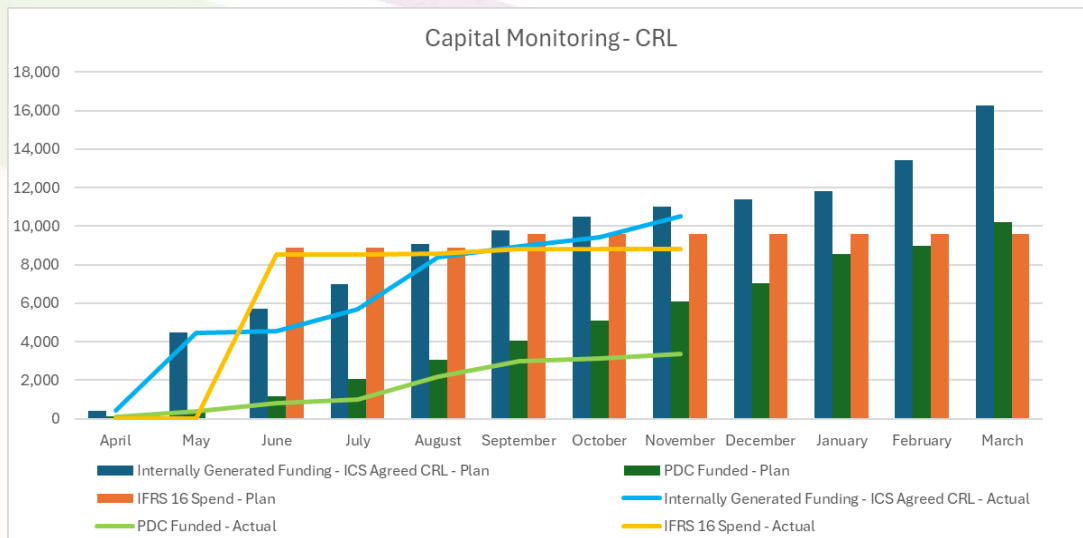
The Trust has spent £25.9m of Capital YTD to 30th November 2024, which is an underspend of £4.4m against planned YTD Capital of £30.2m.

- CRL is behind plan YTD by £0.5m with a spend of £10.5m. The Trust is forecasting to meet planned CRL of £15.3m (increase of £3.0m from M7 due to agreed WHT (£2.0m) and BCH (£1.0m) transfers). CRL is requiring significant management to contain priority schemes within the allocation. The Capital Review Group continues to monitor emerging demands against approved commitments and reprioritise approvals and deployments, in line with available resource, risks and opportunities.
- PDC expenditure is behind plan by £2.7m YTD, with a spend of £3.3m due to phasing of the plan and current timing of orders. The Trust plans to meet the full year forecast spend of £10.2m.
- IFRS 16 (or renewed leases) CRL is behind plan by £0.8m YTD due to delay in commercial negotiations on a BCPS lease, with a YTD spend of £8.8m. No variance is forecast.
- IFRIC 12 related capital spend zero YTD in line with plan and forecast to achieve the full year plan of £3.7m.

In addition to the items above monitored by NHSE, the Trust also receives grant funding:

- Grant Funding for the PSDS programme is behind plan by £0.3m YTD, with a spend of £2.8m and is forecast to be on plan at £4.4m for the year. In M7 there was an additional grant from NIHR for BCPS Spectrophotometer which has £0.4m YTD.
- Donated assets of £0.3m for legacy donation which is currently being finalised by legal services.

Capital spend against submitted plan £'000	YTD PFR Plan	YTD Actuals	Variance
ICCS CRL			
Backlog / Critical Infrastructure / Compliance	2,674	1,256	(1,418)
Radiotherapy & Aseptics Unit	6,159	8,184	2,025
Medical Equipment	1,307	637	(670)
ICT Schemes	870	422	(448)
Total ICCS CRL	11,010	10,499	(511)
PDC BACKED			
IEPR	2,768	2,082	(686)
RAAC Yr 2	3,307	1,271	(2,036)
Diagnostics	0	0	0
Total PDC Backed	6,075	3,353	(2,722)
IFRS 16	9,614	8,800	(814)
TOTAL CRL	26,699	22,652	(4,047)
NON-CRL			
PSDS Grant 3b	3,540	2,821	(719)
NIHR Grant	0	397	397
IFRIC 12 (PFI)	0	0	0
Donated Asset	0	0	0
TOTAL NON-CRL	3,540	3,218	(322)



RWT Capital FOT as at Month 8 - 2024/25

The capital programme for 2024/25 incorporates the continued redevelopment of Wrekin House on the New Cross site to become the new Radiopharmacy & Aseptics Suite. Construction of this multi-year project is expected to be largely completed by the end of this financial year, leaving the commissioning phase in 2025/26 as the final element of the project ahead of the new facility becoming operational. There has been significant pressure on the capital programme this year as a result of this large project and the reduced level of capital resources available from the ICS.

Alongside this project the Trust has received funding for RAAC and the new Electronic Patient Record System, both of which will continue through into 2025/26.

The remaining resource has been targeted at the replacement of urgently required medical equipment.

As at Month 8, the initial estimated forecast outturn is £3.483m above the level of resources available however the Trust has been successful in securing additional Capital resources as follows:

- Aseptic services (NHSE) - £6.5m
- ICS underspends - £1.0m
- WHT loan (repayable) - £2.0m

During month 9 a further £3.5m has been confirmed from NHSE to support Critical Infrastructure repairs. A detailed spend plan is being developed.

Source of Funding	Capital Plan £'000s	24-25 Month 8 £'000s	M9-12 Forecast £'000s	PSDS Grant Deferral into 25/26 £'000s	24-25 Forecast £'000s	Variance to plan £'000s
INTERNALLY FUNDED (CRL)	13,213	11,525	7,724	0	19,249	(6,036)
PDC FUNDED	10,190	2,308	5,329	0	7,637	2,553
DONATED	363	18	344	0	363	0
GRANT	410	397	13	0	410	(0)
PSDS GRANT	4,425	2,821	1,088	516	4,425	(0)
Sub Total - Initial FOT	28,600	17,070	14,498	516	32,083	(3,483)

CRL Overspend - Including Mitigations

Mitigations Identified

Additional BCPS PDC	(300)	(300)	300
COST RISK - Maternity Urgent Fire Compartment (Not yet started but under pressure to do so by FRS)	1,483	1,483	(1,483)
Solar Farm Security Costs	1,050	1,050	(1,050)
WHT £2.0m CRL transfer - repayable in 25/26	(2,000)	(2,000)	2,000
BCH £1.0m Transfer - non refundable	(1,000)	(1,000)	1,000
Aseptic Additional Monies	(6,500)	(6,500)	6,500
Radiopharmacy Commissioning	1,300	1,300	(1,300)
HV Ring	650	650	(650)
Wrekin Cladding	500	500	(500)
Busbars Replacement	300	300	(300)
CCH Generator	250	250	(250)
Additional Equipment part of Aseptic bid	277	277	(277)
PSDS Phase 3B Trust Contribution (Funding Condition)	440	440	(440)
Total Revised after mitigations	10,947	28,533	67

Capital WHT

The trust has spent £9.6m of Capital & IFRS16 YTD to 30th November 2024, which is an underspend of £5.2m against planned YTD Capital of £14.8m. Of the £9.6m YTD Spend:

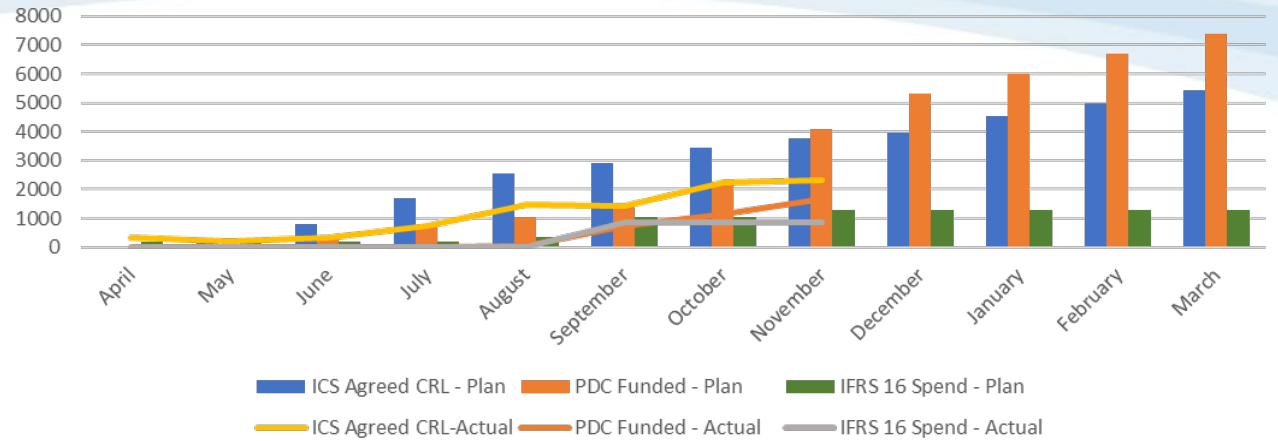
- £4.8m YTD Capital spend relates to CRL including IFRS16 and PDC spend with a variance YTD of £4.4m { £2.3m relates to capital spend which the ICS is measured against, with an underspend of £2.5m vs plan due to timing of orders. IM&T PDC spend of £0.4m YTD with a variance of £1.7m vs plan YTD whilst supporting business case undergo approval, MMUH PDC spend of £1.3m YTD and IFRS16 Spend of £0.8m with a variance of £0.2m vs plan YTD}. The trust expects to meet the CRL plan of £14m at the end of the year.

- The balance of the YTD Capital spend of £4.8m relates to PFI/IFRIC 12 capital of £1m on plan and PSDS grant spend of £3.8m with a variance of £0.8m vs plan YTD.

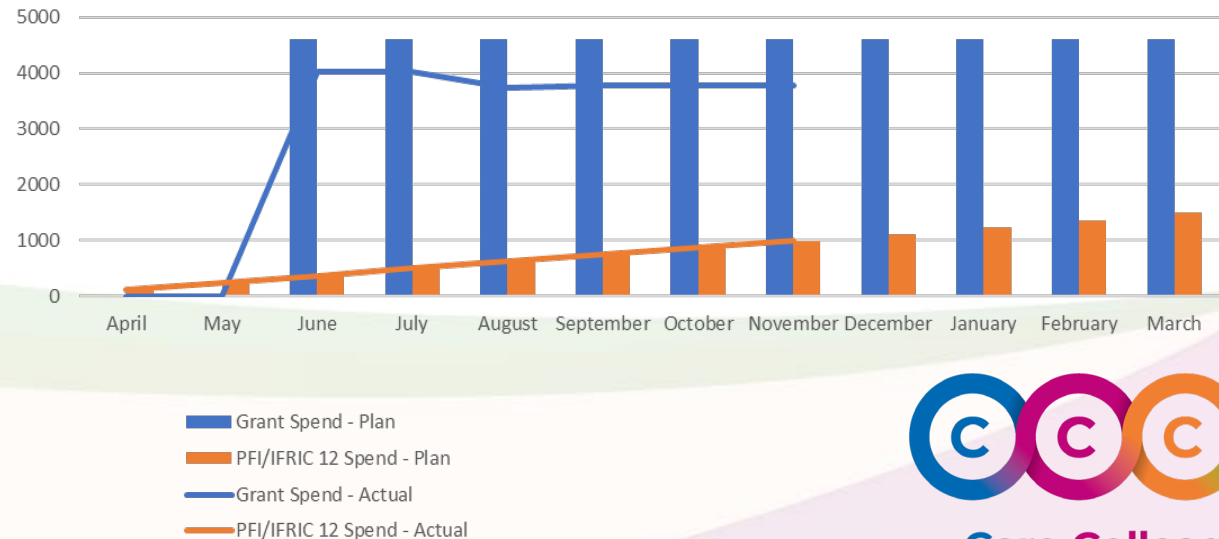
- BCPS request to transfer CRL allocation of £76k to support high priority replacement schemes

Scheme	M8 YTD Budget £'000s	M8 YTD Spend £'000s
Estates:		
PFI Lifecycle:	992	992
Old ED works	500	629
Theatres 1-4 Refurb	2,532	341
Estates Lifecycle	345	492
Health Records	500	629
Aseptic Suite	750	-
New Build-Non Clinical (PSDS Match Funding)	4,595	3,777
Estates Total	10,214	6,860
Medical Equipment:		
Medical Equipment	200	226
Medical Equipment Total	200	226
Information Management & Technology:		
IT Equipment	-	-
Information Management & Technology Total	-	-
PDC Funding		
IM&T PDC Funding	2,100	409
PDC Funding Total	2,100	409
Additional PDC Funding		
ACTIF PDC Funding-MMUH	1,256	1,256
Additional PDC Funding Total	1,256	1,256
IFRS16	1,050	853
Total IFRS16	1,050	853
Grand Total	14,820	9,604

Capital Monitoring - CRL



Capital Monitoring - no CRL



Care Colleagues
Collaboration Communities

WHT Capital FOT as at Month 8 - 2024/25

As outlined in the revised capital programme, the Trust has seen several major schemes delayed in 24/25. Theatres 1-4 will now complete in 25/26, the Aseptic Suite remains at design stage, frontline digitisation will be delayed due to risk of procurement challenge, PSDS is not fully complete and the additional ED capital was awarded late in year making timelines challenging

The Trust has therefore looked to re-align resources to ensure:

- That all schemes are completed and the Trust does not lose resource
- Any urgent needs on backlog and replacement medical equipment that have arisen during the year (noting the reduced initial allocations) have been met wherever possible (lead times allowing)
- To provide £2m of CRL to RWT on the express agreement that RWT provides £2m on CRL in 25/26

The Trust will need 'first call' on 25/26 capital allowances to complete Theatres and Aseptic Suite, this will be c£4.8m and is assumed to be within current funding envelopes.

Project	Original Plan Presented to Board £'000s	Revised Plan Nov 2024 £'000s	Comments
Theatres 1-4	4,972	1,200	The theatres scheme has been delayed in year. The principle cause has been issues with fire safety and the demands of Building Control that works ceased. Current estimates see the project being completed in summer 2025. This will have an impact on the elective capacity of the Trust in 2025/26 and c£3.8m of the 25/26 capital programme will need to be allocated to complete Theatres as a first call to complete the project. Any further issues with underspends will see a potential transfer of CRL to RWT
Additional ED Cubicles and Shell Space to support MMUH	-	6,000	The Trust was awarded capital after the start of the financial year. Current estimates shows the cubicles and equipment purchases will be complete in Q3 or early Q4. A completion date for the shell space is to be determined but work is ongoing. If there were to be a shortfall then funds would need to be found in 25/26 and any underspend would be used to support the group position
Health Records	500	745	The scheme will complete in 24/25 although unforeseen costs have increased the overall project value since approval in early 2023.
Aseptic Suite	750	50	Design works will be completed in year
Old ED Works	500	823	ED will complete in Q3. Final costs across the years of the project are slightly higher than planned to complete
Backlog Maintenance	500	1,270	Plan to increase expenditure in year due to underspends elsewhere.
Fracture Clinic	-	100	CQC require some changes to the layout of the clinic, the scheme will be progressed asap
Other (Minor Equipment)	-	300	Various expenditure classed as capital
IT	-	500	The Trust will allocate expenditure to IT for essential items, with any underspend being used to support the wider group position
PSDS	5,595	4,595	The Trust will complete the programme in early 25/26 noting some interdependence with theatres
Frontline Digitisation	4,249	1,379	It is likely that NHSE will allow the allocation to be carried into 25/26 but written confirmation awaited. Delays in 24/25 due to the lead time on procurement
Replacement medical Equipment	250	2,221	Initial medical equipment plans were lower than in previous years due to supporting theatres. With underspends on theatres, items planned for future years have been accelerated. Any underspend will be used to support the wider group position
TOTAL	17,316	19,183	
Forecast outturn actual		17,183	Estimated forecast outturn across all schemes
Forecast surplus to plan		2,000	

Title of Report	Exception Report from Audit Committee	Enc No: 8.2
Author:	Julie Jones, Chair of RWT Audit Committee	
Presenter:	Julie Jones, Chair of RWT Audit Committee	
Date(s) of Committee Meetings since last Board meeting:	3 December 2024	
Action Required		
Decision	Approval	Discussion
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Received/Noted/For Information
		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
<ul style="list-style-type: none"> No new key risks/matters of concern identified. 	<ul style="list-style-type: none"> BAF improvements to be shaped by work on risk appetite at Dec Board Development session. External auditors, Grant Thornton, are continuing the planning stages of the March 2025 external audit. Compliance with Conflicts of Interest Policy in terms of register updates is poor. A new proposal for tracking declaration compliance is being implemented by the Group Company Secretary. Continued work developing a way to assess the Trust's compliance culture. Review of the committee's performance underway.
POSITIVE ASSURANCES TO PROVIDE	DECISIONS MADE
<ul style="list-style-type: none"> Continued with improvements to governance of committee, including Group Chair accepting invitation to join this meeting as an observer, in line with best practice. Internal audit gave 'substantial assurance' on Key Financial Controls – Cash and Working Capital. Internal audit gave 'partial assurance' on Overseas Visitors and Private Patient Reporting, highlighting improvements needed in order to maximise the costs we recharge to those not entitled to free NHS care. Single Tender Waivers and SFI breaches are reducing in occurrence but still not at the level the committee would like; with the teams needing to take more advantage of the Chair's action process in between committee meetings to prevent retrospective approvals. Assurances on the continued operation of the Counter Fraud function. 	<ul style="list-style-type: none"> Extend requirement to complete Fit & Proper returns to senior staff. Recommend approval of losses and special payments write offs to Board.

Title of Report	Exception Report from Audit Committee	Enc No:
Author:	Mary Martin, Non-Executive Director	
Presenter:	Mary Martin, Chair Audit Committee	
Date(s) of Committee Meetings since last Board meeting:	2 December 2024	
Action Required		
Decision	Approval	Discussion
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Received/Noted/For Information
		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
<ul style="list-style-type: none"> The roll out of the Allocate system is being held back by lack of funding. This system will allow for improved control of spend on staffing. The Trust is submitting a bid to the ICS for an amount of £70-100K. The internal audit report “Data Quality: Provider Workforce Return (PWR)” was rated Partial Assurance. One issue raised is the discrepancies between ESR records/manual records and the PWR. These will be investigated. 	<ul style="list-style-type: none"> Draft internal audit plan for 25/26 to be presented at the next meeting of the committee in February Draft external audit plan for the year ended 31.03.25 to be presented at the next meeting of the committee in February. Annual self-assessment of the committee to be presented at the next meeting
POSITIVE ASSURANCES TO PROVIDE	DECISIONS MADE
<ul style="list-style-type: none"> Substantial improvement in the Trust’s Emergency Preparedness, Resilience and Response (EPRR). Self-assessment now Partial compliance with the target to have achieved full compliance in 2025. 	<ul style="list-style-type: none"> A Demo of the Datix system will be arranged for the next committee meeting.

Report title:	Financial Recovery Plan Enc 8.3
Sponsoring executive:	Kevin Stringer/Simon Evans
Report Author:	Kevin Stringer
Meeting title:	Public Trust Board
Date:	21 January 2025

1. Summary of key issues
The Group were forecasting a year end negative variance of c£29m at the end of October (Month 7).
The Executive Team were asked to identify a Recovery Plan to improve the position.
This paper sets out that Recovery Plan which improves the position to c£19m adverse to plan.

2. Alignment to our Vision [indicate with an 'X' which Strategic Objective[s] this paper supports]		
Care	- Excel in the delivery Care	<input checked="" type="checkbox"/>
Colleagues	- Support our Colleagues	<input checked="" type="checkbox"/>
Collaboration	- Effective Collaboration	<input checked="" type="checkbox"/>
Communities	- Improve the health and wellbeing of our Communities	<input checked="" type="checkbox"/>

3. Previous consideration [at which meeting[s] has this paper/matter been previously discussed?]
The Trust Board received the October (Month 7) financial position and related forecast year end at the November Group Board which was updated for the November (Month 8) financial position and related forecast year end at the December Board Development Seminar.

Complete this work.
The Public Trust Board is asked to:
a) Note and Approve the Outline Financial Recovery Plan for the Group.

5. Impact [indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]		
RWT Board Assurance Framework Risk SR15	<input checked="" type="checkbox"/>	Financial sustainability and funding flows.
RWT Board Assurance Framework Risk SR16	<input checked="" type="checkbox"/>	Activity levels, performance and potential delays in treatment.
RWT Board Assurance Framework Risk SR17	<input type="checkbox"/>	Addressing health inequalities and equality, diversity and inclusion.
RWT Board Assurance Framework Risk SR18	<input type="checkbox"/>	Potential cyber vulnerabilities and data breaches.
WHT Board Assurance Framework Risk NSR101	<input type="checkbox"/>	Data and systems Security (Cyber-attack)
WHT Board Assurance Framework Risk NSR102	<input type="checkbox"/>	Culture and behaviour change (incorporating Population Health)
WHT Board Assurance Framework Risk NSR103	<input type="checkbox"/>	Attracting, recruiting, and retaining staff
WHT Board Assurance Framework Risk NSR104	<input type="checkbox"/>	Consistent compliance with safety and quality of care standards
WHT Board Assurance Framework Risk NSR105	<input checked="" type="checkbox"/>	Resource availability (funding)
WHT Board Assurance Framework Risk NSR106	<input type="checkbox"/>	Equality, Diversity, and Inclusion (incorporating Staff, Patients and Population Health)
Corporate Risk Register [Datix Risk Nos]	<input type="checkbox"/>	
Is Quality Impact Assessment required if so, add date: N/A		
Is Equality Impact Assessment required if so, add date: N/A		

Working in partnership

The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust

Group Board

Report to the Public Trust Board on 22 January 2025

Financial Recovery Plan

1. Executive summary

The Group was projecting a c£29m adverse variance for the year end at the end of October and the Board asked the Executive to produce a recovery plan.

The Recovery Plan is set out in this paper which reduces the gap to c£19m.

2. Background

2.1 The Group has a combined deficit of £78m for the 2024/25 financial year as part of the Black Country system deficit of £119m. All acute/community Trusts in the Black Country system started the year with a deficit that was circa 6% of turnover.

2.2 The Trust identified a potential variance against plan of c£29m after October results (Month 7) driven by a number of pressures including Urgent and Emergency Care unfunded costs, higher than anticipated cost of drugs/inflation and a gap on the Cost Improvement Programme (which was set at c7% in the plan).

2.3 The Joint Trust Board therefore asked for a recovery plan to address the challenge and ensure any action taken is in line with the Group's strategic direction which is set out below:

Workstream	Executive Sponsor
'Community First' Move to a community first model of care	Group Director of Place
'Right sized Hosital' How do we create the right sized hospital bed base for the future	Group Chief Executive
'Transform Elective Care' a) Maximise accredited elective care hubs b) Development of Community Diagnostic Centre	Chief Operational Officers
'Outpatient Transformation' Ensuring Outpatient Service are accessible and efficient for all	Chief Medical Directors
'Strategic Service Review' Review od services to ensure alignment with strategic vision	Group Chief Strategy Officer

2.4 The Executive Team created a recovery plan and detailed the plan at the Board Development Seminar in Dember where it was broadly accepted. This improved the position to a variance of £19m to deficit plan and is set out below:

	RWT £m	WHT £m	Group Total £m
Forecast as at Month 7	(18,280)	(10,814)	(29,094)
Recovery plan measures			
1 ERF	3,330	1,300	4,630
2 Ceasing premium cost external resource	200	393	593
3 Bank rate reduction	178	133	311
4 Ward / area closures	353	645	998
5 Extend recruitment pause	412	133	545
6 Paid breaks	161	121	282
7 Temporary staffing controls	160	81	241
8 Run rate improvement	800	150	950
9 Other pay controls	275	145	420
10 SDF spend reduction	250	40	290
11 Balance sheet	250	100	350
12 Non Pay	200	50	250
13 Other income	100	50	150
			-
Total recovery plan measures	6,668	3,341	10,010
Forecast as at Month 8	(11,612)	(7,473)	(19,084)

Key: ERF – Elective Recovery Fund (Extra activity that is paid for at Tariff)
SDF – Service Development Fund

2.5 The measures were put together to minimise any impact on patients. For instance measure 4 (ward closure) was approved only on the basis that it supported the strategy of more activity in the community and to be implemented after winter pressures from 1 March 2025.

2.6 The Executive Team were asked to work up detailed Project Initiation Documents (PIDs) to include a quality Impact Assessment (QIA) and ensure there were robust actions in place to deliver the required financial improvements.

2.7 Each of the PIDs set out the actions that deliver the financial improvements, the phasing by month and related activity/manpower issues. The key risks and mitigations are also detailed.

3. Recommendations

3.1 The Public Trust Board is asked to:

- a. Note and Approve the Outline Financial Recovery Plan for the Group.

Kevin Stringer
Group Chief Financial Officer

14 January 2024

Title of Report	Exception Report from Group People Committee	Enc No: 9.1
Author:	Clair Bond (WHT) & Emma Ballinger (RWT) Interim Director HR & OD	
Presenter:	Allison Heseltine & Junior Hemans Non-Executive Director and Chair of Group People Committee	
Date(s) of Committee Meetings since last Board meeting:	29 November 2024 20 December 2024	
Action Required		
Decision	Approval	Discussion
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Received/Noted/For Information
		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

29 November 2024

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
<ul style="list-style-type: none"> The Committee was updated on the WTE against the 24/25 workforce plan for both WHT and RWT and expressed concern over continued growth in the substantive workforce and increased use of temporary staffing. 	<ul style="list-style-type: none"> A report was received outlining opportunities to improve rostering RWT. It provided a high-level overview of planned work for the next six months, supported by roster partners and specialists with proven success in other Black Country Trusts. A further update will be given at the end of Q1. Following receipt of the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES) results for both Trusts, the Committee requested a detail action plan at Group level to include outcome measures and timescales to be presented in Q4. The Committee identified that a review of the Workforce implications against the current Joint People Enabling Strategy in the context of the 2–5 year Group Plan would need to be undertaken.
POSITIVE ASSURANCES TO PROVIDE	DECISIONS MADE
<ul style="list-style-type: none"> The Committee were assured to receive an Employee Voice Groups update at Walsall Healthcare and the proposal to establish protected time to support network chairs in their role and continued development. 	<ul style="list-style-type: none"> The Committee agreed to support a review of the Inclusion Board Assurance Framework for each Trust to identify consistency of approach and opportunities for alignment.

Working in partnership

The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust

20 December 2024

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
<ul style="list-style-type: none"> For both trusts the Committee received an update on the WTE against the 24/25 workforce plan, expressing concern over continued growth in the substantive workforce and temporary staffing. They referenced the Board's 17 December discussion on the financial position of both Trusts and the importance of meeting finance and workforce plans. It was noted that MMUH would be a factor for Walsall. The Committee reviewed the Walsall Healthcare Sickness Absence Reduction Plan and noted concern regarding (i) the unprecedented increase in sickness absence levels and (ii) that sickness absence due to anxiety, stress and psychological issues was now the primary reason driving absence from work. The Committee received the first joint report analysing employment relations (ER) activity across both Trusts. The Committee was concerned to understand that the volume and complexity of ER cases has increased at both Trusts. A detailed analysis including by staff demographics will be reviewed by the Committee in Q1 to understand potential patterns and areas of concern. 	<ul style="list-style-type: none"> The Committee received a brief update regarding progress towards resolving the B2/B3 healthcare worker job review and associated pay costs. It was noted that a similar review would be required for health care staff working in B4, B5 and B6 roles and that an indication of numbers and potential impact would be prepared for February 2025. The Committee were advised that an early indication of 2024 NHS staff survey results had been received by both Trusts but remained under embargo. A detailed report on the result is due to come back to the committee in Q4 when the embargo is lifted. Terms of agreement have been updated for bank workers and are being reissued.
POSITIVE ASSURANCES TO PROVIDE	DECISIONS MADE
<ul style="list-style-type: none"> The Committee received a comparison of the Inclusion Board Assurance Risk for each Trust and were assured of the degree of consistency and opportunities for alignment identified. 	<ul style="list-style-type: none"> The Committee received the proposal to establish a corporate risk relating to the impact of achieving the 24/25 Workforce and Financial plan on the engagement and morale of the workforce. This was assessed as High and scored as 16 (severity 4 x likelihood 4). In response to the unprecedented rise in sickness absence levels at Walsall Healthcare NHS Trust, the Committee requested that a separate corporate risk is prepared to be reviewed by the committee in January for escalation.

Working in partnership

The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust

Report title:	Executive Workforce Report Enc. 9.2
Sponsoring executive:	Alan Duffell, Group Chief People Officer
Report author:	Clair Bond (WHT) & Emma Ballinger (RWT) Interim Directors of HR & OD
Meeting title:	Group Trust Board
Date:	21 st January 2025

1. Summary of key issues <i>two or three issues you consider the PublicTB should focus on in discussion]</i>	
<p>The report provides information regarding progress against the six workforce indicators for both The Royal Wolverhampton NHS Trust (RWT) and Walsall Healthcare NHS Trust (WHT) which are reviewed by the Group People Committee on a monthly basis.</p> <ul style="list-style-type: none"> At RWT 3/6 metrics are within target; retention is meeting the target at 90.44%; mandatory training compliance is above target at 97.35% and turnover is within target at 8.89%. Of the remaining metrics Appraisal compliance and Vacancy Rate remain amber and sickness for October is now red and at 5.76% against a 5% target. At WHT 2/6 metrics are within target. Retention is meeting the target at 90.9% and mandatory training compliance is above target maintaining 90.4%. Turnover and Vacancy Rate are amber both at 10.2% and Appraisals and Sickness are red. <p>A breakdown of workforce numbers has been included following a request at a previous board meeting.</p>	

2. Alignment to our Vision <i>[indicate with an 'X' which Strategic Objective[s] this paper supports]</i>		
Care	- Excel in the delivery Care	<input type="checkbox"/>
Colleagues	- Support our Colleagues	<input type="checkbox"/>
Collaboration	- Effective Collaboration	<input type="checkbox"/>
Communities	- Improve the health and wellbeing of our Communities	<input type="checkbox"/>

3. Previous consideration <i>[at which meeting[s] has this paper/matter been previously discussed?]</i>

4. Recommendation(s)
The Public Trust Board is asked to:
a) Note the content of the report
b)
c)

5. Impact <i>[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]</i>		
RWT Board Assurance Framework Risk SR15	<input type="checkbox"/>	Financial sustainability and funding flows.
RWT Board Assurance Framework Risk SR16	<input type="checkbox"/>	Activity levels, performance and potential delays in treatment.
RWT Board Assurance Framework Risk SR17	<input type="checkbox"/>	Addressing health inequalities and equality, diversity and inclusion.

Working in partnership

The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust

RWT Board Assurance Framework Risk SR18	<input type="checkbox"/>	<i>Potential cyber vulnerabilities and data breaches.</i>
WHT Board Assurance Framework Risk NSR101	<input type="checkbox"/>	<i>Data and systems Security (Cyber-attack)</i>
WHT Board Assurance Framework Risk NSR102	<input type="checkbox"/>	<i>Culture and behaviour change (incorporating Population Health)</i>
WHT Board Assurance Framework Risk NSR103	<input type="checkbox"/>	<i>Attracting, recruiting, and retaining staff</i>
WHT Board Assurance Framework Risk NSR104	<input type="checkbox"/>	<i>Consistent compliance with safety and quality of care standards</i>
WHT Board Assurance Framework Risk NSR105	<input type="checkbox"/>	<i>Resource availability (funding)</i>
WHT Board Assurance Framework Risk NSR106	<input type="checkbox"/>	<i>Equality, Diversity, and Inclusion (incorporating Staff, Patients and Population Health)</i>
Corporate Risk Register [Datix Risk Nos]	<input type="checkbox"/>	
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

Executive Summary Workforce Report January 2025

Trust Board
Alan Duffell
Group Chief People Officer

Working in partnership
The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust



Executive Summary

National

- Both Trusts continue to participate in the national reform programme for Mandatory and Statutory Training as set out within the 25/25 NHS Operating Plan. The timetable for delivery of the national programme, (known as Optimise, Rationalise and Reform) has been extended until June 2025 and both Trusts are progressing well against the required actions.
- NHS England are procuring and delivering a future NHS workforce solution that will build on and replace ESR. As part of the preparedness phase of the delivery programme, each Trust will be required to complete an Organisational Readiness Assessment by the end of January 2025 which will require Executive oversight. To support this process the Group will establish a joint ESR Improvement Forum and will be engaging early with colleagues from Digital services.

System

- In M8 and in response to the financial position, both Trusts have implemented two further measures to limit further growth in workforce costs.
 - A vacancy pause has been introduced until January 2025 estimated to provide a group benefit of £0.50m Any posts that are deemed critical to service delivery must continue to be approved by the relevant Divisional Leadership team and subject to the lead Executive Directors agreement, will be discuss at Exec Committee and with the CEO to seek a decision on whether to agree to the recruitment process. The Executive will be formally considering the option to extend the vacancy pause until the end of M12.
 - Secondly, bank rates of pay for bank only shifts have been decreased to the bottom of the band for all AfC roles with effect from the 1 December 2024. It anticipated that this could poetically provide a temporary staffing saving of £100k for RWT and £40k for WHT between M9-M12.
- Both Trusts are actively engaged in the scoping phase of the Black Country Provider Collaborative Corporate Service Transformation Programme having attended two initial workshops in October and November 2024.

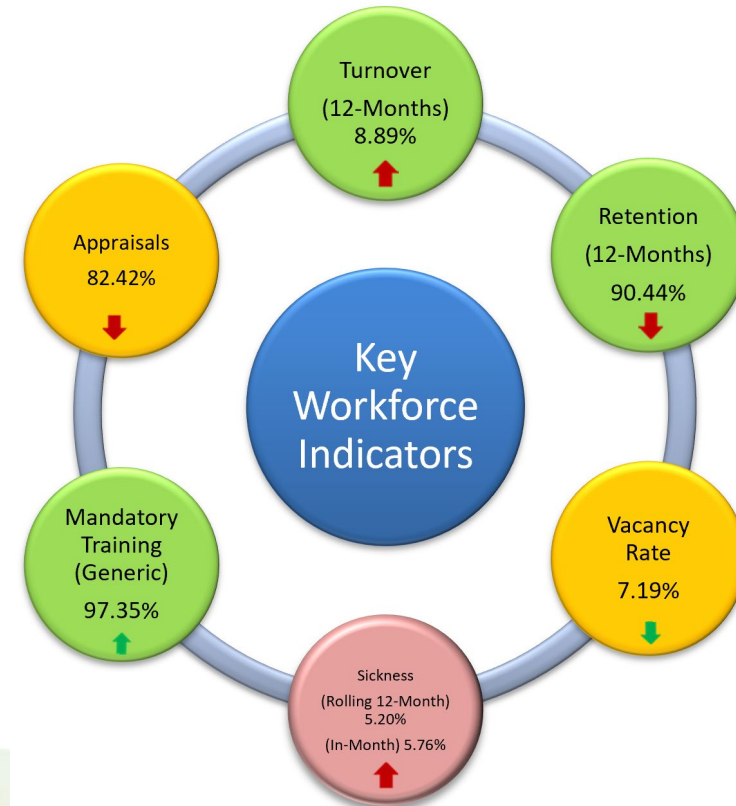
Group

- Progress continues towards assimilation colleagues currently working in band 2 healthcare roles which are in scope and deemed eligible for assimilation. It is estimated that 92% of those in scope are eligible to assimilate at RWT and 67% for WHT. Discussions to formally negotiate back pay conditions continue with local staff side leads and remain positive. It is anticipated that a time frame for resolution will be agreed in December.
- Both Trust's have continued to focus on the 2024 NHS Staff Survey which closed 29 November 2024. As of 28th November; the RWT response rate was 32.95% against a stretch target of 40% and 2023 final response rate of 27%; the WHT response rate was 52.5% against a stretch target of 50% and a 2023 final response rate of 46%.
- Covid and Flu vaccinations continue to be available and advertised to all colleagues across the group, however levels of uptake are low. As of 25 November, at RWT 18.07% colleagues have accessed a flu vaccine and 5.22% a Covid vaccine and at WHT, 16% colleagues have accessed a Flu vaccine and 10% of colleagues have accessed a Covid vaccine.

Key Workforce Metrics

RWT Key Highlights

- Turnover is below target at 8.89%, with limited assurance of long-term target achievement maintained by a consistently improving trend.
- The Retention Rate meets the 90% target at 90.44%, offering no assurance regarding long-term target achievement.
- The 7.19% vacancy rate has maintained assurance, in the context of a 24-month trend, that the 6% target will be met though performance is worsening. Vacancy rates should be viewed within the context of the WTE reduction initiative aligned with the 24/25 workforce plan.
- The rolling 12-month absence rate has yet to offer long-term target achievement assurance, with current outturns exceeding the Trust target. The in-month absence rate is above the Trust target with October 2024 outturn of 5.76%.
- Mandatory training (Generic) compliance rates exceed the 90% target, with performance remaining stable at 97.35%, providing long-term target achievement assurance.
- Appraisal compliance performance decreased to 82.42% during November 2024, with a lack of assurance, within a 24-month trend, that the 90% target could be met.



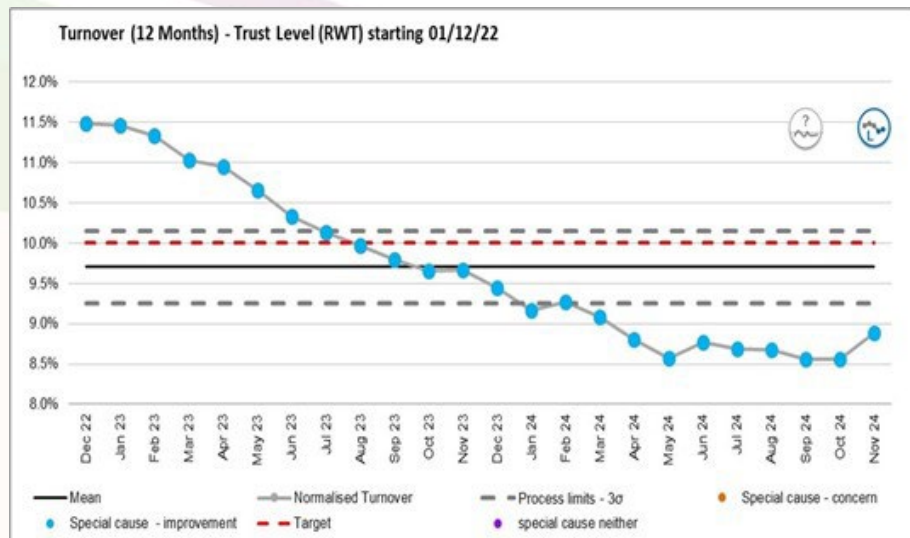
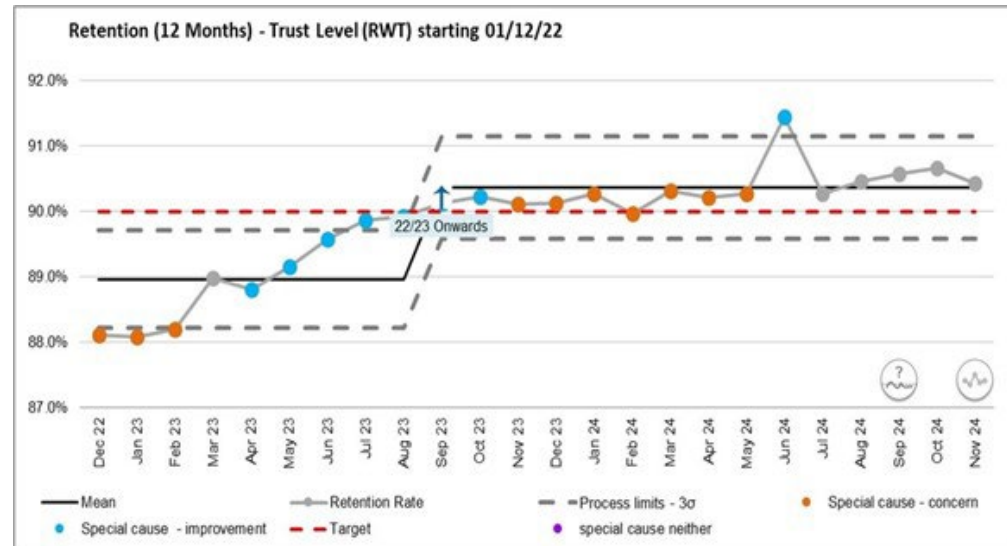
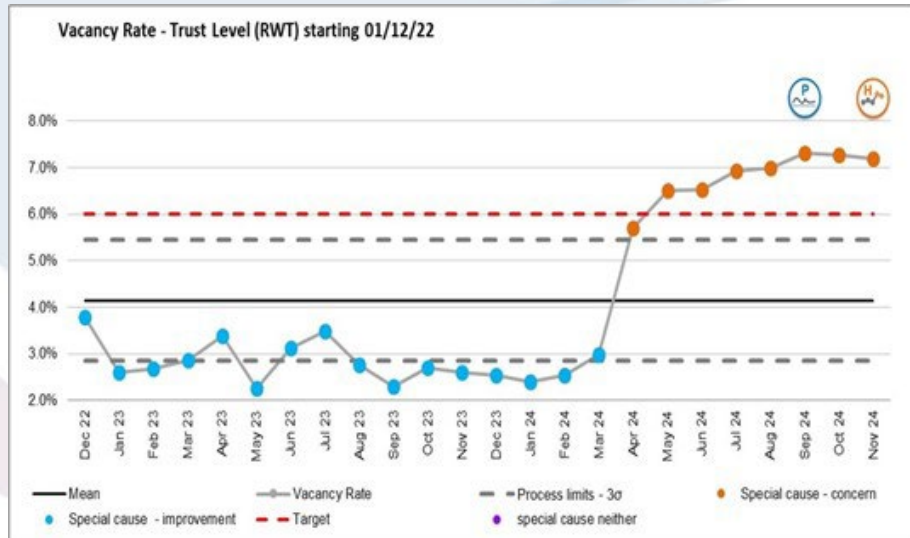
Key Workforce Metrics

WHT Key Highlights

- Whilst the current 12-month turnover 10.2% rate reflects improved performance, there is a lack of assurance regarding the consistent achievement of a 10% target.
- Despite a reduction month on month, assurance can be provided that the 12-month retention rate, currently 90.9%, will meet the 90% target following continued performance trend improvement.
- The 10.2% vacancy rate offers limited assurance, in the context of a 24-month trend, that the 6% target will be consistently met, with performance getting worse. The position aligns with the Trust's progress against the 24/25 workforce plan.
- There is no current assurance of meeting the rolling 12-month sickness absence rate 5% target, with the rise to 7.4% during November 2024, reconfirming a worsening performance trend. Whilst long-term sickness has improved in M8 compared to M7, the short-term SA position has worsened.
- The mandatory training compliance rate of 90.4% provides limited assurance, in the context of a 24-month trend, that the 90% target will be consistently met, with the performance trend improving; however, the YTD monthly average is 90.85%.
- There is no assurance that appraisal compliance, currently 77.2%, will consistently achieve the 90% target, although the performance trend is improving.



Attract, Recruit & Retain – RWT Trust



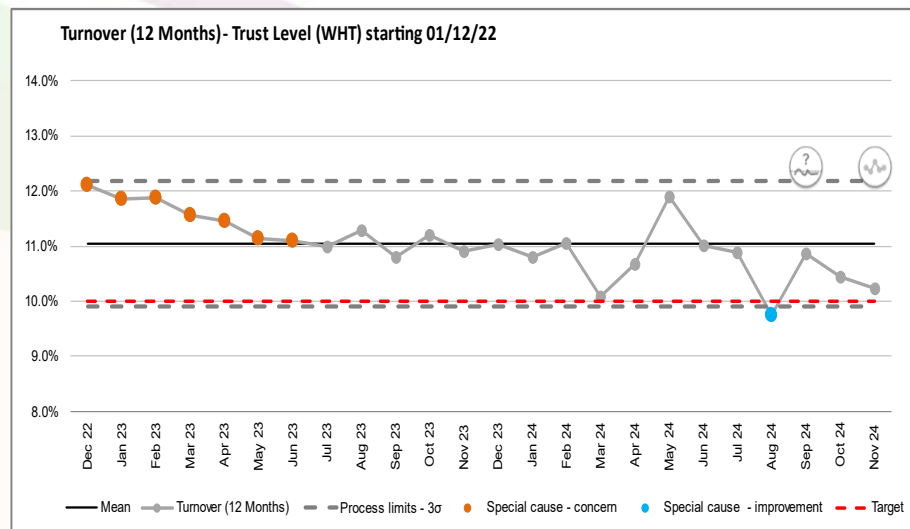
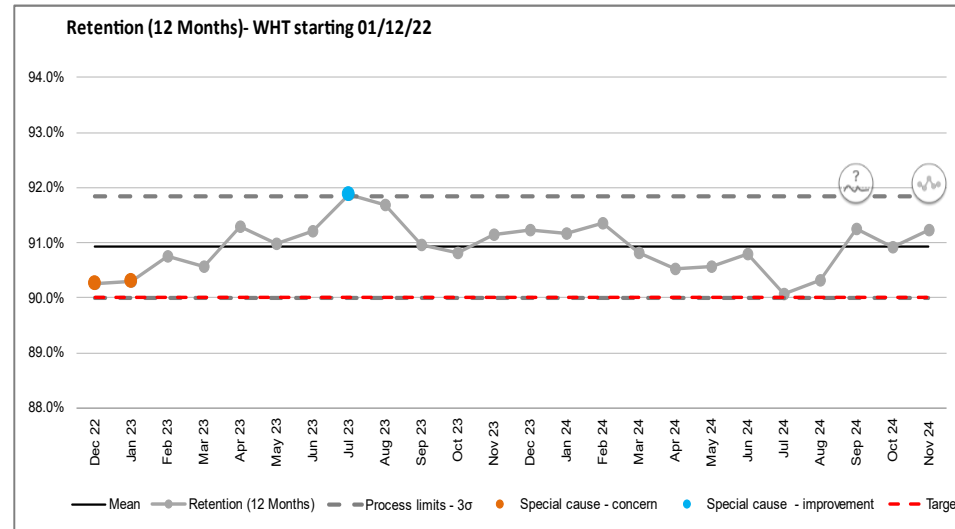
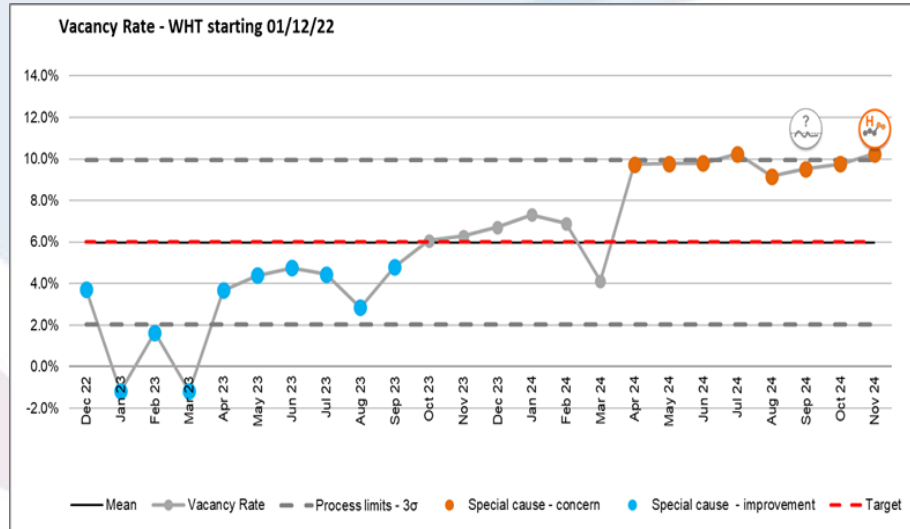
Key Issues & Challenges

- The vacancy rate continues to be above target at 7.19% though long-term assurance of target achievement is maintained.
- The highest rates are against Allied Health Professionals, Healthcare Scientists, Medical & Dental and NHS Infrastructure Support Staff Groups, all returning vacancy levels above target.
- 12-month Retention has increased month-on-month, the current 90.44% rate continues to meet the target. Though this is an erratic trend that can't provide long-term target assurance.
- 12-month normalised turnover has remained stable at 8.89, maintaining an improving trend. Normalised turnover performance now meets the standard for all but the Additional Clinical Services, Administrative and Clerical and Allied Health Professionals staff groups.

Key Actions & Progress

- Active work continues to identify hard-to-fill posts.
- Recruitment has outpaced turnover which will impact the workforce reduction plans for 24/25. DPR meetings are scheduled to review workforce metrics at a divisional level.

Attract, Recruit & Retain – WHT Trust



Key Issues & Challenges

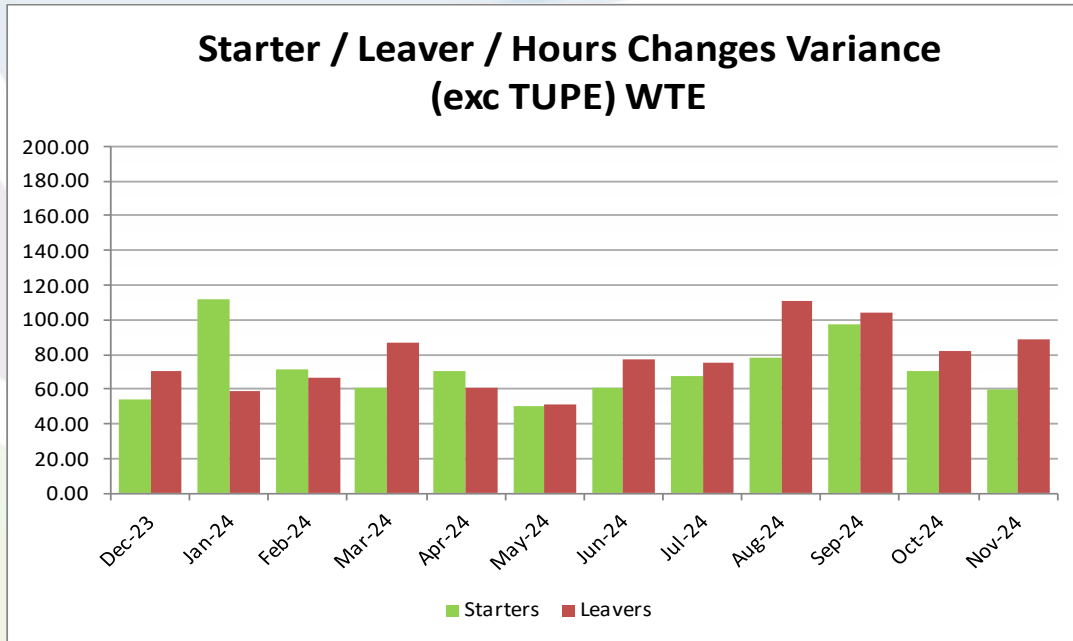
- The reported vacancy position reflects a month-on-month 25.3 FTE increase in the budgeted establishment, reconciled against a 10.07 FTE increase in the actual workforce, as per the month-end finance ledger.
- Most budgeted establishment increases align with the Nursing and Midwifery Registered (RN&M) staff group, whereby RN&M funding decreased by 22.75 FTE.
- 12-month Retention and Turnover trends should be viewed within the context of strategic WTE reductions, with work-life balance, external promotion and relocation remaining the top reasons for voluntary resignation.

Key Actions & Progress

- Rising vacancy rates need to be viewed within the context of strategic substantive workforce reductions that are aligned with the workforce plan.

Attract, Recruit & Retain

RWT :



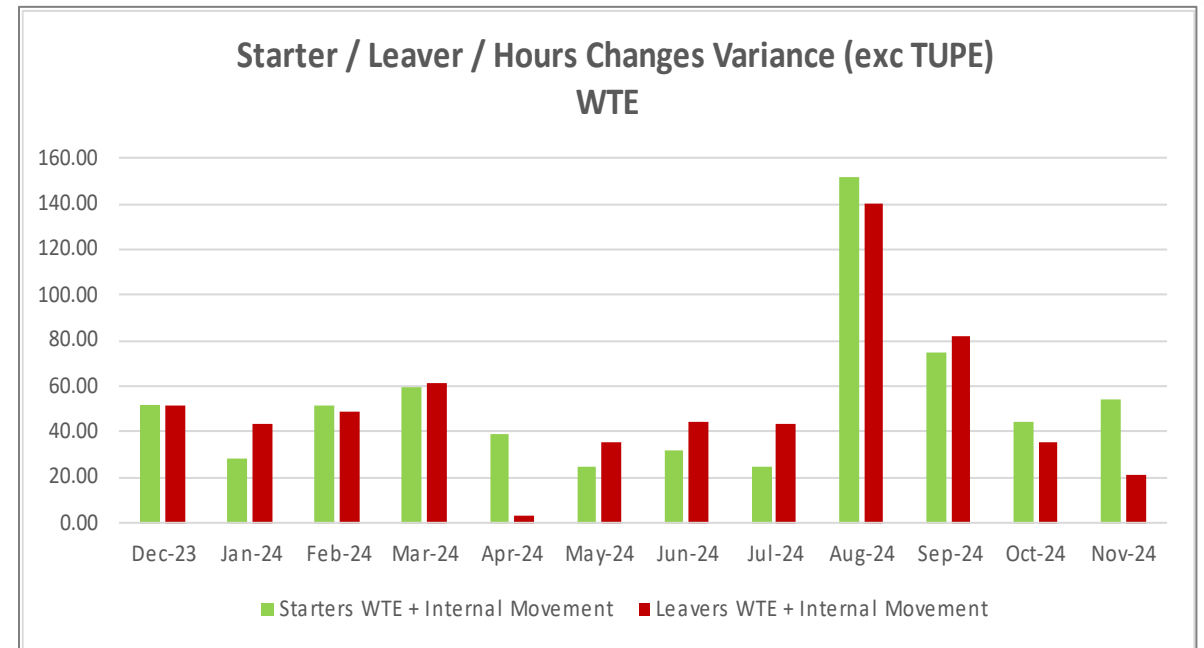
Key Issues & Challenges

- There were more external leavers (89 WTE) than external starters (60 WTE) during November 2024.
- This external turnover is offset by the triangulation of internal movements and contract changes, totalling +40 WTE during November 2024, indicative of month-on-month substantive growth.

Key actions & Progress

- A forward look to understand the impact of pipeline recruitment activity and anticipated requests to recruit to critical roles in response to the vacancy pause implemented on the 18 November 2024 will enable a forecasted starters and leavers trajectory to be developed for year end.

WHT :



Key Issues & Challenges

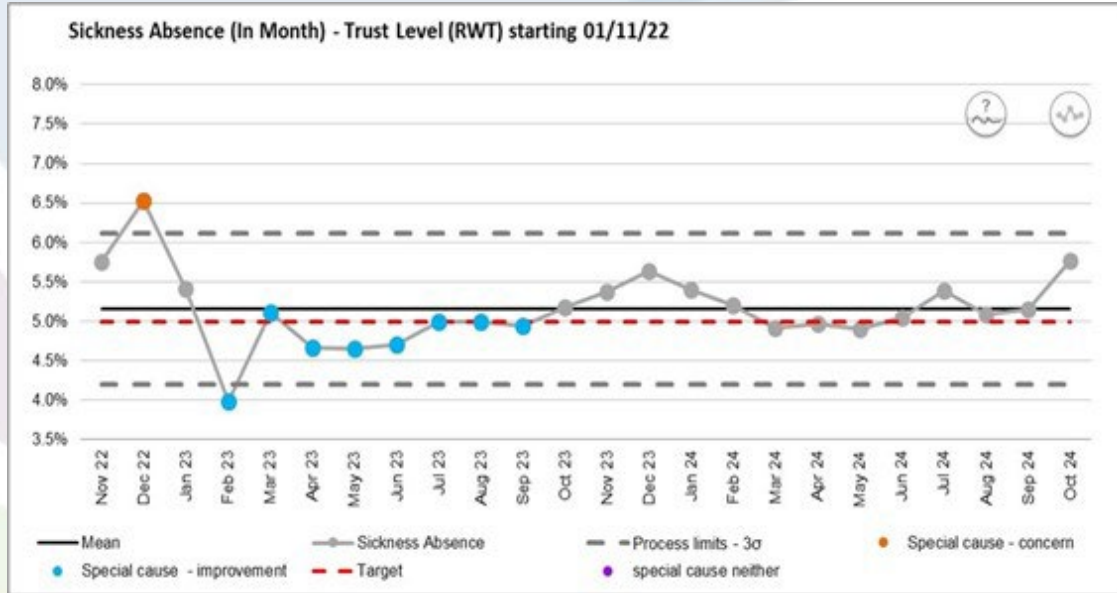
- There were more external starters (39 WTE) than external leavers (22 WTE) during November 2024.
- This external turnover is offset by the triangulation of internal movements and contract changes, totalling +15 WTE during November 2024, indicative of month-on-month substantive growth.

Key actions & Progress

- A forward look to understand the impact of pipeline recruitment activity and anticipated requests to recruit to critical roles in response to the vacancy pause implemented on the 18 November 2024 will enable a forecasted starters and leavers trajectory to be developed for the year end.

Health and Wellbeing

RWT :



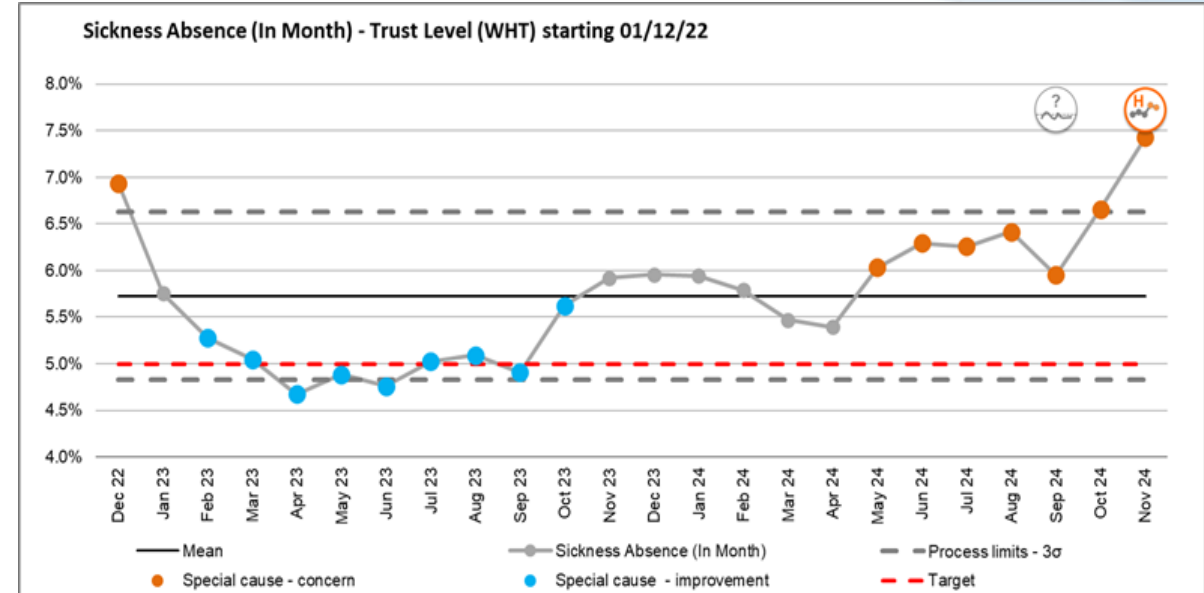
Key Issues & Challenges

- Sickness absence is reported one month in arrears, to align reporting with WHT investment is required.
- The in-month sickness figure is above target, at 5.76%.
- Short-term sickness for October 2024 is 1.78% and within the historical threshold and has been improving trajectory.

Key actions & Progress

- The Attendance Oversight group continues to meet monthly to monitor sickness in detail including the review of the sickness absence action plan.
- Attendance Management training continues to be delivered across the trust.

WHT :



Key Issues & Challenges

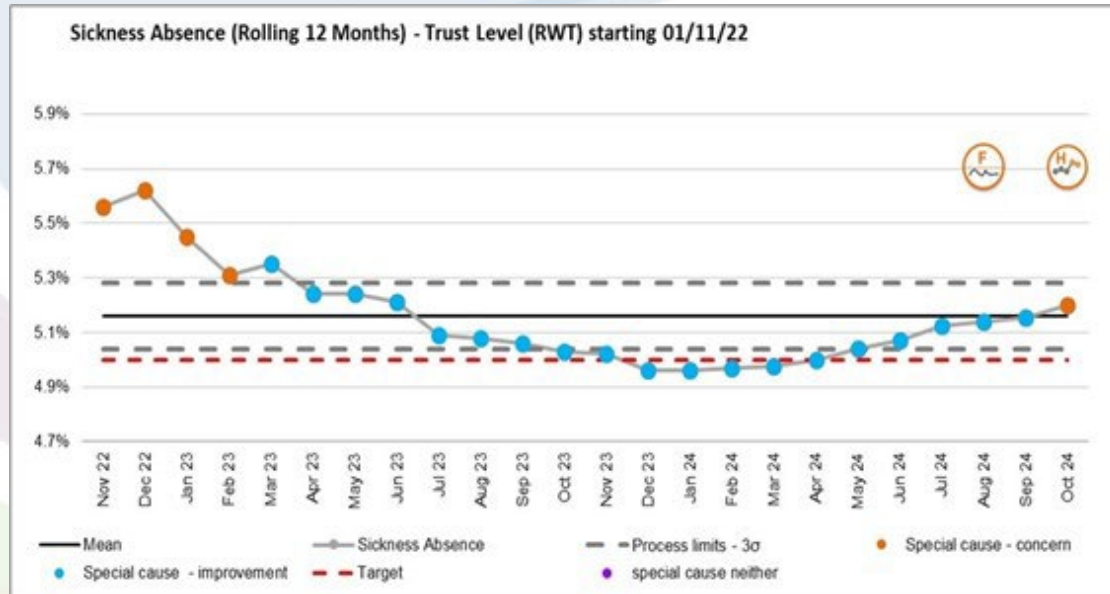
- In-month sickness absence, 7.43% during November 2024, is above the 24-month average. Performance within the two-year trend is unstable, with a consistent negative trend.
- Increased short-term absence within corporate areas and rising long-term sickness episodes among Estates & Facilities colleagues are offset by reduced sickness absence within clinical divisions.
- 27.12% of staff have triggered the absence management policy by having three or more sickness absence episodes during the 12 months to November 2024.

Key actions & Progress

- An update against the Sickness Absence Reduction Plan will be provided in Q4
- 119 of 327 identified managers have so far completed the Attendance Management Training

Health and Wellbeing

RWT :



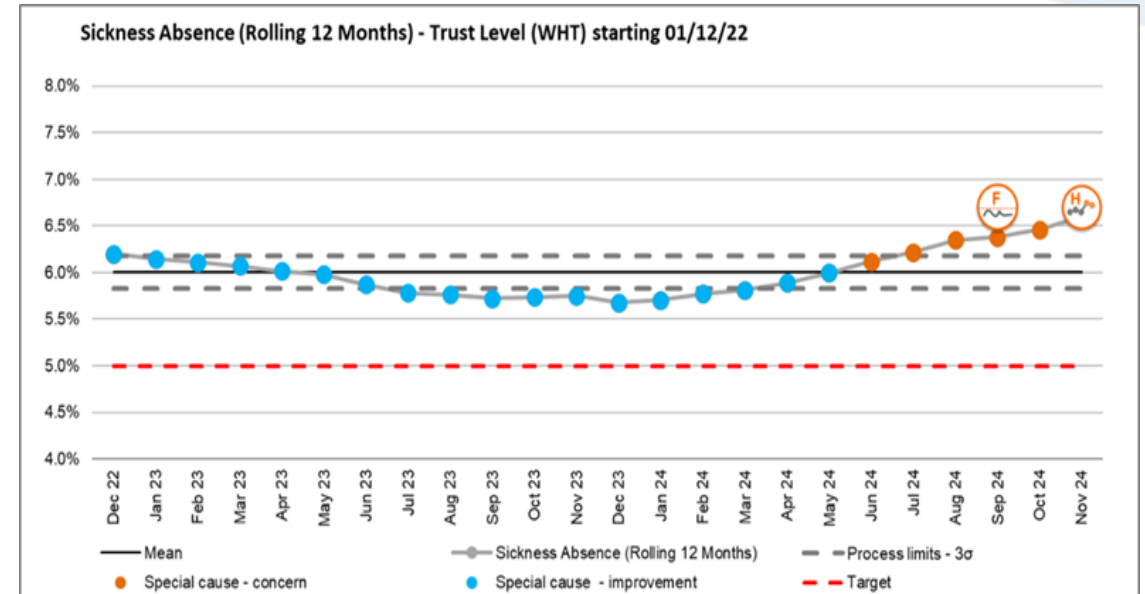
Key Issues & Challenges

- The rolling 12-month sickness figure has also increased slightly to 5.20%.
- Long-term absence is 3.43%, above the threshold and steadily worsening.

Key actions & Progress

- Both Trust are working in partnership via the OH and HWB teams with the Assurance Directorate and Health and Safety Teams to review the policies and processes in place to support colleagues experiencing stress.

WHT :



Key Issues & Challenges

- The rolling 12-month sickness absence rate, whereby sickness absence during the 12 months to November 2024 was 6.6%, remains above the 5% target, with no current assurance that the long-term trend will reduce.
- Stress/anxiety remains the most prominent driver of sickness absence, with a 12-month increase of 175% across the trust. An additional 1415.9 FTE days have been lost due to Stress/anxiety during November 24 compared to 12 months prior.

Key actions & Progress

- Both Trust are working in partnership via the OH and HWB teams with the Assurance Directorate and Health and Safety Teams to review the policies and processes in place to support colleagues experiencing stress.

Workforce – Substantive by Staff Group

Nov-24	RWT	WHT
TOTAL WORKFORCE BY STAFF GROUP (WTE)	11118.51	5119.99
Registered Nursing, Midwifery and Health Visiting Staff	3158.99	1780.35
Allied Health Professionals	646.16	320.94
Registered Scientific, Therapeutic and Technical Staff	244.50	103.46
Healthcare Scientists	520.76	42.12
Support to Clinical Staff	2289.00	1037.73
NHS Infrastructure Support	2977.47	1230.38
Medical and Dental	1281.62	605.01

M8 - Nov 2024	RWT	WHT
Staff Numbers	WTE	WTE
Substantive	10,401.97	4,578.55
Bank	669.47	518.69
Agency	47.07	22.75
Total WTE	11,118.51	5,119.99

Nov-24	RWT	WHT
ACTUAL SUBSTANTIVE STAFF BY STAFF GROUP (WTE)	10401.97	4578.55
Registered Nursing, Midwifery and Health Visiting Staff	3023.11	1622.14
Allied Health Professionals	638.17	316.36
Registered Scientific, Therapeutic and Technical Staff	240.08	103.46
Healthcare Scientists	511.20	40.79
Support to Clinical Staff	2012.45	851.90
NHS Infrastructure Support	2772.35	1096.22
Medical and Dental	1204.60	547.68

Nov-24	RWT	WHT
ACTUAL BANK STAFF BY STAFF GROUP (WTE)	669.47	518.69
Registered Nursing, Midwifery and Health Visiting Staff	136.07	154.85
Allied Health Professionals	2.75	0.00
Registered Scientific, Therapeutic and Technical Staff	3.33	0.00
Healthcare Scientists	5.25	0.00
Support to Clinical Staff	254.81	180.89
NHS Infrastructure Support	205.12	130.56
Medical and Dental	62.14	52.38

Nov-24	RWT	WHT
ACTUAL AGENCY STAFF BY STAFF GROUP (WTE)	47.07	22.75
Registered Nursing, Midwifery and Health Visiting Staff	0.00	3.35
Allied Health Professionals	5.24	4.58
Registered Scientific, Therapeutic and Technical Staff	1.09	0.00
Healthcare Scientists	4.31	1.33
Support to Clinical Staff	21.55	4.94
NHS Infrastructure Support	0.00	3.60
Medical and Dental	14.88	4.95

Title of Report	Exception Report from Quality Committee	Enc No: 9.3
Author:	Name and Position: Professor Louise Toner - NED	
Presenter:	Name and Position: Professor Louise Toner -NED	
Date(s) of Committee Meetings since last Board meeting:	25 th October and 30 th December 2024	
Action Required		
Decision	Approval	Discussion
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
		Received/Noted/For Information
		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
<p>The Trust remains in Tier 1 scrutiny with NHSE as a result of our Cancer Metrics. However, this continues to be an improving picture and as a result, it is anticipated that the Trust will go back to Tier 2 scrutiny with local as opposed to national scrutiny early in 2025. The 28-day faster diagnosis is at 80% against a target of 77%, the 31-day target is currently on track to meet the 90% target in January 2025 and the 62-day wait is at 64.5% the highest for a number of years. Gynaecology and urology remain the most challenged tumour sites and mutual aid is in place where available. In respect of Gynaecology – the agreement in place with Worcestershire Acute NHS Trust will cease in 6 months’ time with all parties aware of this decision. Diagnostics, continues to improve overall.</p> <p>The stroke metrics regarding patients being seen and assessed within 24 hours continues to perform below target as a result of the increase in Stoke patient numbers and the number of “outliers” to be seen with the resultant impact for the Stroke team. Further, stroke patients being cared for within a Stroke Unit, whilst meeting the target, continues to decrease again as a result of increasing numbers of Stroke patients being admitted.</p> <p>The Trusts Urgent and Emergency Care Standards have been very challenged with a significant increase in the numbers of individuals presenting with Flu and Respiratory Syncytial Virus (RVS), especially those requiring hospital admission. Further, the Trusts bed occupancy is around 98% which has a negative impact on patient flow and bed availability. This is impacting ambulance handover times with a small number of patients waiting for 12 hours.</p> <p>A Harms Review Process has been initiated to ensure</p>	<p>The contract with Black Country Health Care for a Responsible Clinician has not, as yet been signed.</p> <p>At present RWT and WHT have 2 separate Quality Committees . However, revised Terms of Reference have been produced and the underpinning committee structures will be discussed at the Quality Committees at the end of January with the aim of moving closer to the establishment of one Quality Committee across both trusts.</p> <p>The planned external Mortality Review re Stroke Mortality took place on the 28th and 29th November with an initial feedback letter received on the 19th December highlighting the key issues and Trends associated with the review including:</p> <ul style="list-style-type: none"> • The layout and how patients are streamed within the unit. • The Staffing Model in place • The Transient Ischaemic Attack (TIA) Clinic and associated activity around population health • Leadership and the development of a QUAD to strengthen the leadership with the suggestion made that the QUAD visit other Stroke Services. More inclusive and multidisciplinary team working • Revision of the Standard Operating Procedure for managing stroke patients with Dysphagia. <p>A full report in expected in approximately 3 months, however an action plan is being finalised to enable actions to be taken as soon as possible. The review team have offered their assistance to the Trust if required.</p> <p>The anticipated 45 minute drop off time by ambulance crews is due to commence in January 2025.</p>

<p>patients waiting in excess of 8 hours are assessed. This is in addition to a review of the Long Stay requirements in ED and concentrates specifically on nutrition, hydration, tissue viability and observations on time. A governance process is in place to monitor this .</p> <p>The levels of Clostridium Difficile, E Coli are at or above the required national trajectories. The amended Deep Clean programme has been completed. This is reflective of the national position.</p>	<p>It was reported that a Birthrate Plus assessment is due in 2025 around the acuity of patients. At present a high proportion (75%) of women are falling into the high-risk level 4 and 5 categories.</p>
<p style="text-align: center;">POSITIVE ASSURANCES TO PROVIDE</p>	<p style="text-align: center;">DECISIONS MADE</p>
<p>In respect of the challenges around Urgent and Emergency Care, RWT has the Ambulance Receiving Centre (ARC) and C56 which is an unfunded resource that plays an important role as escalation capacity. As a result, there has been no need to implement "Corridor Care" as part of the escalation process. The usage of the Virtual Ward is over 100%, however, this is not impacting significantly on patient flow through the organisation.</p> <p>An initiative to be introduced as soon as possible with the Ambulance Service is the "Call before Convey". This aims to ensure patients are directed to the most appropriate service to meet their needs and thus, where appropriate, avoid a hospital admission.</p> <p>There are no new risks on the BAF or the Trust Risk Register. It was confirmed that SR 16 remains a Red Risk with a current risk rating of 16 and a revised target of 12.</p> <p>It was reported that the nurse sensitive indicators are within tolerance levels e.g., pressure ulcers, observations on time, falls.</p> <p>A number of the nursing staff had been the recipients of Awards - Queen's Nurse award, Nursing Times Workforce Awards. Mary Seacole and Cavell Trust Awards.</p> <p>It was reported that the Trust is compliant with all the CNST safety actions and that the evidence has been compiled and would be reviewed by the Chief Nursing Officer.</p> <p>The CQC Maternity Patient Survey 2024 results were discussed. There has been no overall deterioration in the score with positive feedback provided regarding induction and early labour. An action plan is being developed along with the Maternity and Neonatal Voices Partnership.</p>	<p>Permission will be sought from the Group Trust Board in January 2025 to allow Chair's action to be taken at the January Quality Committee in respect of the CNST Compliance submission to enable its sign off and submission in February.</p> <p>Three members of staff from pathology attended the Quality Committee in December to seek approval to implement an AI initiative in respect of MRSA and Urine culture plates. The proposal is to introduce the automation of results as soon as they are available as opposed to at set times in the day. This follows rigorous testing of an AI algorithm and the activity of Biomedical Scientists to determine the accuracy of the AI. It was found that the AI algorithm was more consistently accurate than the human eye and hence the request to automate the results. This approach has been in use in Chemistry and Haematology reporting for many years.</p> <p>Following much discussion, the Committee was supportive of the proposal, however, it was identified that a clear approval process is required as this is the first of what is likely to be many such initiatives. It was confirmed that discussions are taking place with the Chief Strategy and Finance Officers regarding the process for approving digital innovations moving forward that would include this proposal.</p>

Title of Report	Exception Report from Quality Committee	Enc No:
Author:	Name and Position: Professor Louise Toner - NED	
Presenter:	Name and Position: Professor Louise Toner - NED	
Date(s) of Committee Meetings since last Board meeting:	1 st November and 30 th December 2024.	
Action Required		
Decision	Approval	Discussion
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Received/Noted/For Information	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
<p>A scheduled visit by the Environment Agency (EA) to Nuclear Medicine took place in December. However, the service had been temporarily suspended due to staffing issues. Urgent patients are being seen by RWT and any patients waiting over 13 weeks will have a harm review conducted. Staff recruitment is in place and a decision will be taking in January re reopening the service. It is anticipated that the EA will revisit in April 2025.</p> <p>An Integrated Care Board (ICB) quality review of the Trusts discharge process will take place in January.</p> <p>The Clinical Negligence Scheme for Trusts (CNST) compliance was confirmed.</p> <p>Increased pressures on Urgent and Emergency Care (UEC) continues with an overall increase (12.93%) in patient attendances in ED and Intelligently conveyed Ambulances (257) from West Midlands Ambulance Service. The impact of the Midland Metropolitan University Hospital remains unclear. However, the Phase 2 business case is being discussed together with the expectations versus the reality of the Phase 1 agreement with the Integrated Care Board (ICB).</p> <p>Due to the pressures, there has been a decrease in some of the associated performance metrics in respect of UEC e.g., 30 minute “drop off” times. The main challenges are associated with out of area patients and the availability of inpatient beds. Due to the pressures in UEC, a Critical Incident was declared on the 27th of November 2024.</p> <p>Work is ongoing with WMAS to ensure Calls before Conveying are discussed to ensure patients are being referred appropriately so they can access the required service.</p> <p>As a result of the UEC pressures, Temporary</p>	<p>The contract with Black Country Health Care for a Responsible Clinician has not, as yet, been signed.</p> <p>At present RWT and WHT have 2 separate Quality Committees . However, revised Terms of Reference have been produced and the underpinning committee structures will be discussed at the Quality Committees at the end of January with the aim of moving closer to the establishment of one Quality Committee across both trusts.</p> <p>The anticipated 45 minute drop off time by ambulance crews is due to commence in January 2025.</p> <p>The patient recall activity has been completed and the associated report will go to private board in January 2025 and Public Board in March 2025.</p> <p>CQC Maternity Survey 2024 has been received that shows limited changes overall. However, there has been an improvement in the numbers of question where the service was deemed worse (9) or very worse (1) than the national position . An action plan is being developed with input from patients, Maternity and Neonatal Voices Partnership, midwives and maternity support workers. The plan will be finalised when the narrative associated with the report is received. Across the country the desire for 24 hours visiting was evident from the survey and therefore a pilot to support this will start in the new year. A further action will be to have spoken work leaflets as opposed to written leaflet to improve the accessibility for women/families.</p> <p>Following an Out of Area maternal death The Director of Midwifery and Gynaecology attended the Walsall Together Meeting to share lessons learned and to discuss how services for individuals with a Learning</p>

<p>Escalation Space – 7 cubicles and the Corridor have been set up with a Standard Operating Procedure, harm review and audit processes in place. One very low harm per month has been identified.</p> <p>The Trust is managing a range of challenges in respect of an increase in individuals attending ED with mental health issues. The Right Care Right Person initiative went live in mid-November. Further, there are delays in crisis assessment for Child and Adolescent Mental Health Service (CAMHS) patients under 18 years of age. This is due to the lack of a 24-hour crisis assessment provision, and this puts increased pressure on an already pressurised ED.</p> <p>There has been an increase in pressure ulcers noted in both hospital and community settings with 2 Category 4 ulcers identified within the hospital setting and 1 within the community.</p> <p>Falls have shown an increase over the past 4 months but within tolerance levels. One fall has been referred to the coroner to determine if it contributed to a patient’s death. A range of actions are in place to improve this situation.</p> <p>Birth Rate + assessment results will have the potential to impact on the next CNST, subject to discussion in respect of the findings. This will require careful monitoring throughout the year to ensure compliance.</p>	<p>Disability in respect of Maternity Services could be improved. Further it was identified that the midwifery team are not able to access GP records as this would have identified the key issues with the patient concerned. This will be taken up through Walsall Together.</p> <p>Staffing numbers within maternity are currently where they should be, however, it is very challenging as a result of sickness and maternity leave and a small number of stress related sickness.</p> <p>Staffing numbers within adult and paediatric services is at Amber levels given increases in staff sickness and service demands. Bank usage has increased as a result. Skill mix is also an issue given the significant newly qualified nurses joining the workforce. The staffing situation is being closely monitored to determine the possible impact of staffing issues on the deterioration of some fundamental aspect of safe and high-quality care.</p> <p>Given the ongoing challenges with Insulin and Controlled Drugs Management, an Insulin Management Group and Controlled Drugs Awareness Group are in place to closely monitor and thus improve the staff compliance in both areas.</p>
<p>POSITIVE ASSURANCES TO PROVIDE</p>	<p>DECISIONS MADE</p>
<p>Good and sustained overall performance in all cancer metrics. The decrease in the 2-week Breast Cancer wait performance is expected to improve with the return of the Breast Surgeon who has been off sick but is due to return shortly.</p> <p>Elective care continues to perform well with the best performance in the region. There have been challenges with regards to orthopaedic surgery, however a plan is in place to increase lists to ensure performance standard is met.</p> <p>Diagnostics are achieving the 6-week national target. Endoscopy performance is being achieved in line with set targets.</p> <p>Virtual ward usage has increased and is now achieving the 80% national target.” Ask Earl” has assisted with this improved usage.</p> <p>Martha’s rule was launched across the Trust on 4th November and is working well.</p>	<p>Permission will be sought from the Group Trust Board in January 2025 to allow Chair’s action to be taken at the January Quality Committee in respect of the Clinical Negligence Scheme for Trusts (CNST) Compliance submission to enable its sign off and submission in February.</p> <p>The CQC action plan continues to be monitored monthly – Duty of Candor, a CQC “must do”, is showing slow improvement – education and training is being undertaken and a range of resources aimed at improving performance are available. However, compliance currently sits at y 95% for stage 1 of the process. Given that the compliance is not 100% a year after the CQC visit, it was agreed that the Group Director of Governance will make the new Medical Director aware of the situation and this will be discussed again at the January meeting.</p>

The number of patients requiring a 104-day harm review has improved significantly with only 4 patients with Cancer not being seen within 104 days but with no harms have been identified.

The Trust has implemented 2 projects as part of the Digital Innovation programme the Electronic Document Management System and Medicines Management aimed at improving patient outcomes and improved productivity.

The Nurse Education Team has been successful in having 3 posters and 1 verbal presentation accepted for the RCN Education Conference.

Perinatal Mortality has improved in November and the Trust is on track to achieve the 50% national target of a 50% reduction in perinatal mortality.

The Director of Midwifery advised that families receive information on The Maternity and Newborn Safety Investigations (MNSI) Programme and NHSE's Early Notification scheme via the MNSI website. Having this information, helps to ensures women/families fully understand the investigative procedure.

Tier 1 - Paper ref: TB in Public (01/25) Enc 9.4

Report title:	Chief Nursing Officer Summary Report
Sponsoring executive:	Chief Nursing Officers: Debra Hickman, and Lisa Carroll
Report author:	Deputy Chief Nursing Officers: Amy Boden, and Christian Ward
Meeting title:	Report to the Public Trust Board
Date:	21 st January 2025

1. Summary of key issues <i>two or three issues you consider the PublicTB should focus on in discussion]</i>	
This report provides an overview of key quality, safety and professional matters from the Chief Nursing Officer Reports discussed at Trust Quality Committees on 30 th December, 2024.	
RWT:	
<ul style="list-style-type: none"> • <i>C.difficile</i> is now over the annual trajectory with 82 cases against a target of 81. Scrutiny remains high through the Trust Task and Finish Group. • The Birth Rate Plus Acuity Tool demonstrates that Midwifery staffing levels within the Intrapartum areas remain consistent throughout Quarter 2. • There has been a small decrease in MUST compliance, an increase in some infection rates, and an increase in community falls, which also reflects the increase in activity due to seasonal and winter pressures. Nurse Sensitive Indicators remain within tolerance limits. 	
WHT:	
<ul style="list-style-type: none"> • <i>C.difficile</i> infections remain below the set target for 2024/25 based on the current trajectory. • The temporary escalation space SOP has been operationalised to safeguard patient experience and outcome. • CNST compliance for year 6 has been achieved, with a caveat that NNU resuscitation updates remains incomplete but has a robust plan to achieve. 	

2. Alignment to our Vision <i>[indicate with an 'X' which Strategic Objective[s] this paper supports]</i>		
Care	- Excel in the delivery Care	<input checked="" type="checkbox"/>
Colleagues	- Support our Colleagues	<input checked="" type="checkbox"/>
Collaboration	- Effective Collaboration	<input checked="" type="checkbox"/>
Communities	- Improve the health and wellbeing of our Communities	<input checked="" type="checkbox"/>

3. Previous consideration <i>[at which meeting[s] has this paper/matter been previously discussed?]</i>	
Contents of the paper have been discussed at Trust Management Committee (TMC) and Quality Committee.	

4. Recommendation(s)	
The Public Trust Board is asked to:	
Receive the paper for Assurance.	
Trust Board are asked to accept affirmation of compliance with the CNST framework from the Quality Committee (3.6.1) and authorise the CEO to submit a statement of compliance on behalf of the Trust Board.	
Note the work undertaken by the Chief Nursing office to drive continuous improvements in the provision of high quality of care and patient experience and contribute to the successful achievement of the Trusts Strategic objectives.	

5. Impact <i>[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]</i>	
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Working in partnership

The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust

RWT Board Assurance Framework Risk SR15	<input checked="" type="checkbox"/>	<i>Financial sustainability and funding flows.</i>
RWT Board Assurance Framework Risk SR16	<input checked="" type="checkbox"/>	<i>Activity levels, performance and potential delays in treatment.</i>
RWT Board Assurance Framework Risk SR17	<input checked="" type="checkbox"/>	<i>Addressing health inequalities and equality, diversity and inclusion.</i>
RWT Board Assurance Framework Risk SR18	<input type="checkbox"/>	<i>Potential cyber vulnerabilities and data breaches.</i>
WHT Board Assurance Framework Risk NSR101	<input type="checkbox"/>	<i>Data and systems Security (Cyber-attack)</i>
WHT Board Assurance Framework Risk NSR102	<input type="checkbox"/>	<i>Culture and behaviour change (incorporating Population Health)</i>
WHT Board Assurance Framework Risk NSR103	<input type="checkbox"/>	<i>Attracting, recruiting, and retaining staff</i>
WHT Board Assurance Framework Risk NSR104	<input type="checkbox"/>	<i>Consistent compliance with safety and quality of care standards</i>
WHT Board Assurance Framework Risk NSR105	<input type="checkbox"/>	<i>Resource availability (funding)</i>
WHT Board Assurance Framework Risk NSR106	<input type="checkbox"/>	<i>Equality, Diversity, and Inclusion (incorporating Staff, Patients and Population Health)</i>
Corporate Risk Register [Datix Risk Nos]	<input type="checkbox"/>	
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date: N/A		

Group Board

Report to the Public Trust Board on 21st January 2025

Chief Nursing Officers Report

1. Executive Summary

1.1. This report provides an overview of November's position and discussion at December Trust committees regarding key Nursing and Midwifery recruitment and retention activities and Nurse-Sensitive Indicators (NSIs). In addition, it provides updates pertaining to wider quality initiatives.

2. Mutual Group Actions

2.1. Quality and Patient Experience

2.1.1. Continued close monitoring of Nurse-Sensitive Indicators in connection with scrutiny of minimal safe staffing demonstrates no significant adverse changes in pressure ulcers, falls and observations on time.

2.1.2. Both Trusts paused the Clinical Accreditation programme in December to enable further support to clinical areas during winter pressures. The Back to the Floor Programme and Night Visit schedule continues, with areas of focus based on thematic findings from the Accreditation programme. The next planned focus is on oral health improvements as part of the Eat, Drink, Dress, Move initiative.

3. RWT Update

3.1. Quality and Patient Experience

3.1.1. This month, there has been a small decrease in MUST compliance, an increase in some infection rates, and an increase in community falls, which also reflects the increase in activity due to seasonal and winter pressures.

3.1.2. The Trust has celebrated a range of prestigious achievements in December, including Nursing Times Workforce Award winners, Queens Nurse status, the Mary Seacole Award and Cavell Trust Star Award

3.1.3. The Emergency Care Directorate and Patient Safety Specialists are currently scoping a proportionate harm review for patients with longer waits within the Emergency Department, with oversight at the Trust Learning Response Panel based on existing systems. The long-stay documentation for the Emergency Department is currently being revised by the clinical team and Quality Team to support safe, quality care provision.

3.2. Infection Prevention

3.2.1. An increase in winter-related activity has been observed with presentations of Norovirus and Influenza A. Amendments to trust mask guidance were issued mid December 2024 with the recommendation of use in all Emergency portals, in addition to the Trusts agreed risk based approach in line with outbreak management and continued efforts with the offer of seasonal Influenza and COVID-19 vaccinations.

3.2.2. *C.difficile* is now over the annual trajectory with 82 cases against a target of 81. Scrutiny remains high through the Trust Task and Finish Group and Infection Prevention Control

Group. The latest actions include a targeted commode reaudit completed in November, the Patient Equipment Cleaning Centre (PECC) is rotating deep cleaning of commodes, patient tables and beds from higher prevalence areas, and the Decant Deep Clean Programme has now been completed, albeit in a revised approach.

3.3. Workforce

- 3.3.1. CHPPD and Registered vacancies remain stable in month, and the Workforce Oversight Group, chaired by the Chief Nursing Officer, maintains oversight of the establishment control and rostering metrics.
- 3.3.2. Recognising the importance of the ICB-wide planned workforce reduction trajectory for 2024/25, clinical areas are operating on minimum safe Nurse staffing level (Red/Amber) following a quality impact assessment by Senior Nursing staff because of monitoring Bank expenditure

3.4. Maternity

3.4.1. Birth Rate Plus Acuity Tool

- 3.4.1.1. The Birth Rate Plus Acuity Tool demonstrates that Midwifery staffing levels within the Intrapartum areas remain consistent throughout Quarter 2. There is a marginal deterioration in compliance from Quarter 1 data attributed to higher acuity of patients, short-term sickness absence and maternity leave within the intrapartum areas. The midwifery workforce position remains stable, with a further Birthrate Plus assessment due in Spring 2025.

3.4.2. Maternity and Neonatal Safety Incidence (MNSI)

- 3.4.2.1. The Perinatal Directorate currently has 5 MNSI open cases. The Trust maintains 100% compliance with reporting, reviewing, and monitoring requirements for Perinatal Deaths.

3.4.3. ICB Annual Peer Review

- 3.4.3.1. The ICB's Annual Neonatal Peer Review took place in May 2024, with the final report published in October 2024. Overall, the report contained a significant amount of positive feedback for the service in relation to the Key Lines of Enquiry, which included Safeguarding practices, governance, environment, workforce, leadership, and culture. The Perinatal Directorate and Divisional governance have taken forward several recommendations.

3.4.3.2 Maternity CNST

3.4.3.3 The Royal Wolverhampton NHS Trust is declaring Full compliance for all Ten Maternity and Neonatal Safety Actions as detailed in the NHS Resolution Maternity Clinical Negligence Scheme for Trusts (CNST) Year 6.

3.4.3.4 The Consultant rota within Obstetrics and Gynaecology is non-compliant with The RCOG compensatory rest guidance. However, an action plan outlining the plans to continue to work towards achieving this element of Safety action 4 deems the Perinatal Directorate compliant with this standard.

3.4.3.5 The Board is requested to formally acknowledge the Quality Committee's affirmation that they have reviewed and accepted the evidence presented over the past 12 months, confirming compliance with each of the 10 CNST 10 Safety Actions. The Quality Committee authorise the CEO to submit the Board Declaration form to NHSR declaring full compliance by March 3rd, 2025, on behalf of the Trust Board.

4. WHT Update

4.1. Grade 4 Pressure Ulcers

4.1.1. Two category 4 PUs have been reported in hospitals, and community services have reported one category 4 PU in November 2024.

4.2. Falls

4.2.1. Seventy falls were recorded in November 2024, within normal SPC variance and remaining well below the Royal College of Physicians national average of 6.1. However, one fall resulting in harm has been referred to the coroner for further investigation to determine if it contributed to the patient's subsequent death.

4.3. Clostridioides difficile (C. diff)

4.3.1. Four cases of C. diff were reported in November 2024, with three classified as hospital-onset healthcare-associated (HOHA) and one as community-onset healthcare-associated (COHA). Ward 2 experienced a suspected Period of Increased Incidents (PII) due to two related cases within 28 days, attributed to antibiotic use. Preventive measures, including monitoring and learning dissemination, are in place. Ward 11 remained under observation in November due to outstanding actions following two confirmed cases in October. Progress against the 2024/25 trajectory is being closely monitored. As of November 2024, 52 cases have been reported, representing approximately 59.8% of the annual target of 87 cases. This suggests we are currently on trajectory but nearing a threshold where continued vigilance and intervention will be critical to maintain compliance with annual targets.

4.4. Temporary Escalation Space

4.4.1. A Temporary Escalation Space (TES) was operationalised in the Emergency Department (ED) to address high patient volumes. This area is used exclusively for stable patients with low care requirements to maintain ED efficiency during peak periods. A Standard Operating Procedure (SOP) governs its use, and harm reviews and audits ensure patient safety. November's audit indicated minimal harm (low/negligible) related to the TES, affirming its effective management and appropriateness.

4.5. Vacancies for Registered Nurses and Midwifery

4.5.1. Registered Nurse and Midwifery vacancies decreased to 7.33% in November 2024, equating to 115 vacancies. Recruitment strategies, including interview panels for newly qualified nurses (NQNs) in February 2025, are actively addressing gaps.

4.5.2. The lowest fill rate for November 2024 was for RN Day shifts at 91.37%. The overall fill rate for combined RN and CSW was 94.59%.

4.5.3. The CHPPD Trust average for November 2024 was 7.8. Our CHPPD figure has reduced since we introduced bank and agency controls.

4.6. Maternity

4.6.1. CNST

4.6.1.1. The Clinical Negligence Scheme for Trusts (CNST) Year 6 compliance has been successfully achieved, with all ten safety actions completed as required. Safety Action 8, which mandates annual neonatal resuscitation updates for neonatal medics, is partially

complete. An action plan is in place to address outstanding requirements; this plan is sufficient to ensure full compliance. The Board is requested to formally acknowledge the Quality Committee's affirmation that they have reviewed and accepted the evidence presented over the past 12 months, confirming compliance with the CNST framework and authorise the CEO to submit the statement of compliance in February 2025 on behalf of the Trust Board.

4.6.2. Midwifery Workforce

4.6.2.1. There are currently 13.45 WTE midwives on maternity leave and 10.30 WTE midwives on sickness absence, which means that 23.60 WTE are not at work. The service uses Birthrate Plus, a CNST, NMC, and NICE-mandated safe staffing tool for maternity. Safe staffing levels using this tool should be 85% acuity. However, in November, the delivery suite was 64%, and for the postnatal and antenatal wards, this was 22%. Matrons, managers, and non-clinical midwives worked clinically to mitigate any risk this posed.

4.6.2.2. There have been no moderate or above incidents relating to staffing shortfalls. The recent Birthrate Plus Report has identified that with births of 3800, 11.90 WTE midwives are needed. Based on the complexity of service users, this rises to 17.37 WTE if births reach >3800.

4.6.3. Neonatal Nurse Staffing

4.6.3.1. Nursing workforce data demonstrates that we are above the national average for shifts staffed to BAPM recommendations, and we ventured above the national average for the number of qualified in-speciality (QIS) nurses on duty for the second month (as needed when measured against acuity). This was achieved through work led by the Senior Nursing Team, in which a workforce review was held. All available senior nurses have been involved in clinical work to ensure patient safety temporarily whilst longer-term workforce plans are being worked through.

4.6.4. CQC Maternity Survey

4.6.4.1. The maternity survey results were released in November 2024 and revealed that the overall WHT maternity service user experience was about the same as the national average. There was a response rate of 33% (98 participants), of which almost 50% were of Black or Asian background.

4.6.5. Maternity and Newborn Safety Investigations (MNSI) and MBRRACE

4.6.5.1. In November, no new cases were referred to MNSI, and all cases that meet relevant criteria have been reported to MBRRACE.

5. Recommendations

The Public Trust Board is asked to:

- a) Trust Board are asked to note and receive the report's contents for assurance.
- b) Trust Board are asked to accept affirmation of compliance with the CNST framework from the Quality Committee (3.6.1) and authorise the CEO to submit the statement of compliance in February 2025 on behalf of the Trust Board.

Tier 1 - Paper ref:	TB in Public (01/25) Enc 9.5
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Report title:	Chief Operating Officers Report
Sponsoring executive:	Gwen Nuttall, Chief Operating Officer/AEO
Report author:	Gwen Nuttall / Diane Preston, Head of EPRR
Meeting title:	Trust Board in Public
Date:	21 st January 2025

1. Summary of key issues <i>two or three issues you consider the PublicTB should focus on in discussion]</i>
<p>Emergency Preparedness, Resilience & Response (EPRR) The Trust annually undergoes an EPRR Core Standards Self-Assessment, this is to determine the compliance against sixty-two standards that relate to the overall compliance of the Civil Contingencies Act 2004. No standards were non compliant. The Trust have been confirmed as “Partially Compliant”, having improved from 77% to 87% compliant since 2023. There was also a deep dive exercise into cyber security and IT related incident response. An action plan has been established, which will be monitored by the Trust’s EPRR Group and the ICB to achieve full compliance in 2025.</p> <p>Removal of Reinforced Autoclaved Aerated Concrete (RAAC) The programme of works to remove RAAC from the main Outpatient Block roof has commenced, with completion expected in June 25. All services have successfully been relocated to other locations across the hospital footprint and are fully operational.</p> <p>Fire Safety. The Trust currently has two fire enforcement notices served against it. Once for Cannock Chase Hospital and the other for the Maternity Block at New Cross Hospital.</p> <p>Both locations have action plan in place to mitigate the identified risks and both Cannock Chase and Maternity unit were inspected by Staffordshire and West Midlands Fire Services in November and December respectively. With the identified action and mitigations in place, both locations are deemed safe to be used for both staff and patients.</p>

2. Alignment to our Vision [indicate with an 'X' which Strategic Objective[s] this paper supports]		
Care	- Excel in the delivery Care	<input checked="" type="checkbox"/>
Colleagues	- Support our Colleagues	<input checked="" type="checkbox"/>
Collaboration	- Effective Collaboration	<input checked="" type="checkbox"/>
Communities	- Improve the health and wellbeing of our Communities	<input type="checkbox"/>

3. Previous consideration <i>[at which meeting[s] has this paper/matter been previously discussed?]</i>
EPRR Group – October 2024

4. Recommendation(s)
The Public Trust Board is asked to:
<ul style="list-style-type: none"> a) Note the Trust performance for Key performance metrics b) Receive as assurance and note the outstanding actions to be undertaken to ensure the Trust achieves full compliance with the EPRR core standards in 2025. c) Note the fire enforcement notice issued to Cannock Chase Hospital and Maternity Block, New Cross.

5. Impact <i>[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]</i>		
RWT Board Assurance Framework Risk SR15	<input type="checkbox"/>	<i>Financial sustainability and funding flows.</i>
RWT Board Assurance Framework Risk SR16	<input type="checkbox"/>	<i>Activity levels, performance and potential delays in treatment.</i>
RWT Board Assurance Framework Risk SR17	<input type="checkbox"/>	<i>Addressing health inequalities and equality, diversity and inclusion.</i>
RWT Board Assurance Framework Risk SR18	<input type="checkbox"/>	<i>Potential cyber vulnerabilities and data breaches.</i>
WHT Board Assurance Framework Risk NSR101	<input type="checkbox"/>	<i>Data and systems Security (Cyber-attack)</i>
WHT Board Assurance Framework Risk NSR102	<input type="checkbox"/>	<i>Culture and behaviour change (incorporating Population Health)</i>
WHT Board Assurance Framework Risk NSR103	<input type="checkbox"/>	<i>Attracting, recruiting, and retaining staff</i>
WHT Board Assurance Framework Risk NSR104	<input type="checkbox"/>	<i>Consistent compliance with safety and quality of care standards</i>
WHT Board Assurance Framework Risk NSR105	<input type="checkbox"/>	<i>Resource availability (funding)</i>
WHT Board Assurance Framework Risk NSR106	<input type="checkbox"/>	<i>Equality, Diversity, and Inclusion (incorporating Staff, Patients and Population Health)</i>
Corporate Risk Register [Datix Risk Nos]	<input type="checkbox"/>	
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

Report to the RWT/WHT Group Trust Board Meeting to be held in Public on

21 January

EPRR Annual Assessment 2024

1. Executive summary

All NHS Organisations are required to undertake an annual assurance process involving a self-assessment against the EPRR core standards and a deep dive; for 2024 – 2025 the deep dive in relation to cyber security and IT related incident response.

The Trust submitted their completed self-assessment 30th August 2024 to the ICB and following their review and assessment, took part in a series of confirm and challenge sessions, firstly with the ICB and subsequently with both the ICB and NHS EPRR.

The review of the submission and self-assessment were completed 29th October 2024. Following this, the local health resilience partnership (LHRP) peer reviewed this process to confirm self-assessment and ICB/NHS EPRR, 4th December 2024.

On submission, the Trust self-assessed itself as substantially compliant. Post submission the Trust was challenged by the ICB and the regional NHS EPRR Team on that self-assessment and the degree of compliance on several standards.

The Trust was assessed against sixty-two core standards and deemed fully or partially compliant with all the standards. No standards were non-compliant.

Following the confirm and challenge process RWT's outcome was recorded as having fifty-four fully compliant standards and eight partial compliant standards giving the Trust an overall compliance rating of 87% partially compliant for 2024. This is an increase on the Trust's position in 2023.

An action plan has been established, which will be monitored by the EPRR Group and the ICB.

2. Background

All NHS Organisations are required to undertake a self-assessment against the EPRR core standards for 2024, which should then be taken to public board once agreed with Integrated Care Boards (ICB) and NHSE EPRR Team and the Local Health Resilience Forum (LHRP).

Integrated Care Boards (ICBs) are required to work with their organisations and Local Health Resilience Partners (LHRP) to agree a process to gain confidence with organisation ratings and provide an environment that promotes the sharing of learning and good practice.

NHS England regional heads of EPRR to submit the assurance ratings for each of their organisations and a description of their regional process before December 2024.

- 2.2 The Trust was assessed against sixty-two core standards and deemed fully or partially compliant with all the standards. No standards were non-compliant.
- 2.3 An action plan has been developed to achieve full compliance in 2025.
- 2.3.1 The action plan will be monitored by the Trust's EPRR Group, along with frequent checks being undertaken by the ICB, as part of their process to work with their organisations and Local Health Resilience Partners (LHRP) to gain confidence with organisation ratings and provide an environment that promotes the sharing of learning and good practice.

3 Recommendations

The Public Trust Board is asked to:

- a. To receive as assurance and note a series of actions to be undertaken to ensure the Trust is fully compliant with the EPRR core standards in 2025.

Diane Preston
Head of EPRR & BC

31st December 2024

Tier 1 - Paper ref: TB in Public (01/25) Enc 9.5

Report title:	Chief Operating Officer’s Report (Walsall Healthcare NHS Trust)
Sponsoring executive:	William Roberts, Chief Operating Officer
Report author:	William Roberts, Chief Operating Officer
Meeting title:	Public Trust Board
Date:	Tuesday 21 st January 2024

1. Summary of key issues PublicTB

Constitutional Standards

The Board can be assured that the Trust is delivering access to care that is in the upper quartile nationally against all four constitutional standard areas:

- Urgent & Emergency Care, including 4-hour Emergency Access Standard and Ambulance Handover (<30mins)
- Elective Care, including 18 week Referral To Treatment and 52 week Referral To Treatment Standards
- Cancer Care, including 62-day Referral To Treatment and 28-day Faster Diagnosis Standards
- Diagnostics, measured through the DM01 6-week wait standard

NHS England have published their guidance for reforming elective care, including a plan to meet the 18 Week Referral to Treatment Standard of 92% by March 2029. An improvement of 5% points against the Standard by March 2026 is also expected.

The Board can be assured that planning to achieve this has commenced and the Trust starts from a position of being ranked first against the standard amongst NHS Trusts in the Midlands.

Emergency Preparedness, Resilience & Response (EPRR)

The Trust annually undergoes an EPRR Core Standards Self-Assessment, this is to determine the compliance against sixty-two standards that relate to the overall compliance of the Civil Contingencies Act 2004. The Trust have been confirmed as “Partially Compliant”, having improved from 49% to 79% compliant since 2023. The Trust has plans to make further improvements to achieve a rating of “Fully Compliant” in 2025.

Impact of Midland Metropolitan University Hospital opening and Winter Planning

The Board can be assured that the Trust is on track with the Delivery Plan for the first phase of its planning to manage the increased Emergency Department attendances forecast as a result of Sandwell Hospital Emergency Department closing, upon Midland Metropolitan University Hospital opening. The Board should note the risk, however, that should the full forecast increase in patients presenting to the Walsall Manor occur, simultaneously with a challenging Winter. Analysis from the Black Country ICB would indicate that the full forecast is being seen.

2. Alignment to our Vision [indicate with an 'X' which Strategic Objective[s] this paper supports]		
Care	- Excel in the delivery Care	<input checked="" type="checkbox"/>
Colleagues	- Support our Colleagues	<input checked="" type="checkbox"/>
Collaboration	- Effective Collaboration	<input checked="" type="checkbox"/>
Communities	- Improve the health and wellbeing of our Communities	<input checked="" type="checkbox"/>

3. Previous consideration [at which meeting[s] has this paper/matter been previously discussed?]
Audit Committee (13 th November 2024) Quality Committee (30 th December 2024) Group Finance & Productivity Committee (27 th November 2024)

4. Recommendation(s)
The Public Trust Board is asked to:
a) Note the contents of this report

5. Impact [indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]		
RWT Board Assurance Framework Risk SR15	<input type="checkbox"/>	Financial sustainability and funding flows.
RWT Board Assurance Framework Risk SR16	<input checked="" type="checkbox"/>	Activity levels, performance and potential delays in treatment.
RWT Board Assurance Framework Risk SR17	<input checked="" type="checkbox"/>	Addressing health inequalities and equality, diversity and inclusion.
RWT Board Assurance Framework Risk SR18	<input type="checkbox"/>	Potential cyber vulnerabilities and data breaches.
WHT Board Assurance Framework Risk NSR101	<input type="checkbox"/>	Data and systems Security (Cyber-attack)
WHT Board Assurance Framework Risk NSR102	<input type="checkbox"/>	Culture and behaviour change (incorporating Population Health)
WHT Board Assurance Framework Risk NSR103	<input checked="" type="checkbox"/>	Attracting, recruiting, and retaining staff
WHT Board Assurance Framework Risk NSR104	<input checked="" type="checkbox"/>	Consistent compliance with safety and quality of care standards
WHT Board Assurance Framework Risk NSR105	<input checked="" type="checkbox"/>	Resource availability (funding)
WHT Board Assurance Framework Risk NSR106	<input type="checkbox"/>	Equality, Diversity, and Inclusion (incorporating Staff, Patients and Population Health)
Corporate Risk Register [Datix Risk Nos]	<input checked="" type="checkbox"/>	25, 208
Is Quality Impact Assessment required if so, add date: No		
Is Equality Impact Assessment required if so, add date: No		



Report to the RWT/WHT Group Trust Board Meeting to be held in Public on Tuesday 21st January 2025

Chief Operating Officer's Report

1. Executive summary

2. Introduction or background

- 1.1 A summary update to the Board on performance against the NHS Constitutional Standards is contained within the Group Finance & Productivity Committee Chairs Exception Report.

The report also contains updates on the outcome of the 2024 Emergency Preparedness, Resilience & Response NHS Core Standards Annual Assurance.

The report also updates the Board on progress with preparations for managing the increase in Emergency Department attendances forecast as a result of Sandwell Hospital Emergency Department closing, upon Midland Metropolitan University Hospital opening.

3. Emergency Preparedness, Resilience & Response NHS Core Standards Annual Assurance

- 3.1 The Trust annually undergoes an Emergency Preparedness, Resilience and Response (EPRR) Core Standards Self-Assessment on an annual basis to determine the compliance against sixty-two standards. This informs overall compliance of the Civil Contingencies Act 2004.

Having scored 49% in 2023, leaving a rating of “Non-compliant”, the Trust have improved to a score of 79% in 2023, with a rating of “Partially Compliant”. Significant progress has been made with Major Incident Planning, Business Continuity Management arrangements and the Trust response to a Chemical, Biological, Radiological and Nuclear (CBRN) incident.

The rating was approved by NHS England on 6th November 2024. Planning has already commenced for further improvement in 2025, including an ambition to reach a rating of “Fully Compliant”.

4. Impact of Midland Metropolitan University Hospital Opening and Winter Planning

- 4.1 The Board can be assured that the Trust is on track with the Delivery Plan for the first phase of its planning to manage the increased Emergency Department attendances forecast as a result of Sandwell Hospital Emergency Department closing, upon Midland Metropolitan University Hospital opening.



- 4.2 The ICB have presented analysis to the Black Country Urgent & Emergency Care Board that suggest additional activity for the Walsall Manor Hospital is broadly in line with forecasts.
- 4.3 The Trust's Winter Plan has also been enacted alongside the Delivery Plan for the first phase of the Midland Metropolitan University Hospital impact.
- 4.4 The Board should note the risk, however, that should the full forecast increase in patients presenting to the Walsall Manor occur, simultaneously with a challenging Winter.

5. Recommendations

- 5.1 The Public Trust Board is asked to:
 - a. Note the contents of this report

William Roberts
Chief Operating Officer

6th January 2025

Report title:	RWT 2024/25 Performance Metrics and Winter Plan Update.
Sponsoring executive:	Gwen Nuttall, Chief Operating Officer
Report author:	Kate Shaw, Deputy Chief Operating Officer, Division 2 Gwyneth Kidd, Service Improvement Programme Manager, Division 2
Meeting title:	Public Trust Board.
Date:	21 January 2025

1. Summary of key issues *two or three issues you consider the PublicTB should focus on in discussion]*

Constitutional and Performance Standards - Summary

- Trust is achieving the Urgent & Emergency Care, including 4-hour Emergency Access Standard and Ambulance (79% v target of 77%)
- Diagnostics, measured through the DM01 6-week wait standard, achieved in all but audiology and cystoscopy
- Cancer Care – Improvement in 62 day (66% in December) and 31 day standard (90 % Dec) , achievement of 28 day faster diagnosis standard (78% Dec)
- There has been deterioration in ambulance handover performance and increase in long waits, over 12rs) in the emergency department.
- There were 5 patients who waited beyond 65 weeks for treatment at the end of Dec 24, all of these patients have a date for treatment in Jan 25.

NHS England have published their guidance for reforming elective care, including a plan to meet the 18 Week Referral to Treatment Standard of 92% by March 2029. An improvement of 5% points against the Standard by March 2026 is also expected. The Trust currently achieves 53% of patients being seen in 18 weeks (Dec 24 data)

The Board can be assured that planning to achieve this measure specialty has commenced

Update on Winter Plan and Impact of Pressures on Patients.

The Royal Wolverhampton winter plan is a subsection of the OneWolverhampton Winter Plan in recognition of the required joint working and responsibilities that need to be taken across the Health and Care System. Both the RWT and OneWolverhampton plan were presented to Trust Board in September 2024, with subsequent updates to the Trust Management Committee (1 November 2024) and Finance and Productivity Committee (5 November 2024).

The OneWolverhampton Winter plan is currently being updated ready for discussion at the One Wolverhampton Meetings in January 25.

The RWT Winter Plan is aligned to the Walsall Healthcare NHS Trust Winter Plan and recognises the potential risk to Wolverhampton and the wider Black Country as a result of the opening of the Midland Metropolitan University Hospital on 6 October 24 and the agreed flow / boundary changes.

The impact of the opening of MMUH on 6 October 2024 for RWT has been undertaken. The chart

below shows the proportion of patients attending the ED pre and post move, by their local authority name. Currently, there does not seem to be any material change to the number of patients attending RWT.

ED from other local authority areas.

Count of Attendance No Local Authority Name	Arrival Type		Difference
	Attendance Pre Opening of MMUH	Attendance after Opening of MMUH	
CITY OF WOLVERHAMPTON COUNCIL	59.83%	59.96%	0.13%
STAFFORDSHIRE COUNTY COUNCIL	21.29%	21.88%	0.59%
WALSALL METROPOLITAN BOROUGH COUNCIL	9.72%	9.38%	-0.33%
DUDLEY METROPOLITAN BOROUGH COUNCIL	2.75%	2.81%	0.05%
SANDWELL METROPOLITAN BOROUGH COUNCIL	1.23%	1.46%	0.23%
SHROPSHIRE COUNCIL	1.16%	1.14%	-0.03%
BIRMINGHAM CITY COUNCIL	0.65%	0.60%	-0.05%
TELFORD & WREKIN COUNCIL	0.43%	0.38%	-0.05%
WORCESTERSHIRE COUNTY COUNCIL	0.13%	0.15%	0.01%

Since October, the Trust has seen significant deterioration in performance of handover delays and the length of wait patients experience to be placed in an appropriate bed. These figures shown in the performance pack. The Trust has been operating at OPEL Level 4 on numerous days. OPEL 4 is the highest level of escalation.

The key reasons for the delays in the performance and experience for patients have been because of increase numbers of patients with infection risk, Flu, Noro Virus, RSV and Covid. All of these have been prevalent in the Trust (and remain in the Trust). This has resulted in an increase to the dependency and acuity of patients, resulting in an increased length of stay, which has impacted on beds available daily. The Trust is running at 98% occupancy.

There has also been an increase in the numbers of patients who do not meet the criteria to reside, from an average of 75 patients in September to a peak of 105 patients in late December. This increase is across all local authorities in the Black Country, Staffordshire and Shropshire.

With the deterioration, additional mitigation has been developed and implemented since January 25 to support the pressures experienced in the ED and also support the introduction of the 45 minute ambulance handover on the 6th January. This is documented in the narrative below.

The risks to delivery of the Winter Plan, along with their mitigations are detailed in the table below:-

Risk	Mitigation	RAG rating
Increased activity due to the opening of the new MMUH	<ul style="list-style-type: none"> No material impact identified. Continuous monitoring and escalation and ongoing engagement with system colleagues 	Green
IC's above current levels	<ul style="list-style-type: none"> Continuous monitoring and escalation 	Orange
Staff sickness	<ul style="list-style-type: none"> Trust processes in place Annual winter vaccination programme to be launched - both Covid booster and flu Divisional and Trust staff allocation meetings Prioritising the wellbeing of our staff 	Orange
Transport failure	<ul style="list-style-type: none"> Escalation and utilisation of alternative provider as now 	Green

Risk	Mitigation	RAG rating
------	------------	------------

Covid, Flu, Norovirus, etc. impacting on inpatient flow and nursing home closures	<ul style="list-style-type: none"> IP processes and guidelines in place Joint work with Capacity IP input to Nursing Homes Community infection and vaccination rates are routinely monitored by the system and within the Trust 	
Continued industrial action	<ul style="list-style-type: none"> Strike planning will continue Monitoring impact of Primary Care IA / working to rule 	
45-minute offload mandate creates heightened pressure in Emergency Services	<ul style="list-style-type: none"> Physical space identified in UEC Ongoing engagement with teams to ensure specialty reviews are undertaken promptly Ongoing monitoring 	

Potential mitigation schemes identified in the report are not funded (£576,987). Schemes identified in the OneWolverhampton plan (to which the RWT plan is aligned) are funded through Service Development Funds (SDF) and the Adult Social Care Discharge Fund (ASCDF).

2. Alignment to our Vision [indicate with an 'X' which Strategic Objective[s] this paper supports]

Care	- Excel in the delivery Care	<input checked="" type="checkbox"/>
Colleagues	- Support our Colleagues	<input checked="" type="checkbox"/>
Collaboration	- Effective Collaboration	<input checked="" type="checkbox"/>
Communities	- Improve the health and wellbeing of our Communities	<input checked="" type="checkbox"/>

3. Previous consideration [at which meeting[s] has this paper/matter been previously discussed?]

Both the RWT and OneWolverhampton plan were presented to Trust Board in September 2024. Subsequent updates have been presented to the Trust Management Committee (01 November 2024) and Finance and Productivity Committee (05 November 2024).

4. Recommendation(s)

The Public Trust Board is asked to:

a) Note the Trust performance of all metrics, including continued improvement of Cancer Performance.

b) Note the deterioration in Urgent and Emergency Care Metrics and additional action taken from January

5. Impact [indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]

RWT Board Assurance Framework Risk SR15	<input type="checkbox"/>	Financial sustainability and funding flows.
RWT Board Assurance Framework Risk SR16	<input checked="" type="checkbox"/>	Activity levels, performance and potential delays in treatment.
RWT Board Assurance Framework Risk SR17	<input type="checkbox"/>	Addressing health inequalities and equality, diversity and inclusion.
RWT Board Assurance Framework Risk SR18	<input type="checkbox"/>	Potential cyber vulnerabilities and data breaches.
WHT Board Assurance Framework Risk NSR101	<input type="checkbox"/>	Data and systems Security (Cyber-attack)
WHT Board Assurance Framework Risk NSR102	<input type="checkbox"/>	Culture and behaviour change (incorporating Population Health)
WHT Board Assurance Framework Risk NSR103	<input type="checkbox"/>	Attracting, recruiting, and retaining staff
WHT Board Assurance Framework Risk NSR104	<input checked="" type="checkbox"/>	Consistent compliance with safety and quality of care standards
WHT Board Assurance Framework Risk NSR105	<input checked="" type="checkbox"/>	Resource availability (funding)
WHT Board Assurance Framework Risk NSR106	<input type="checkbox"/>	Equality, Diversity, and Inclusion (incorporating Staff, Patients and Population Health)
Corporate Risk Register [Datix Risk Nos]	<input type="checkbox"/>	
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

Public Trust Board

Report to the Public Trust Board on 21 January 2025

Winter Plan 2024/25

1. Executive summary

This paper provides an update on the impact of the mitigations in the Trust's 2024/25 Winter Plan. The plan as approved previously focuses on the priority areas within NHS England's Winter Plan which in turn is built on the Urgent and Emergency Care Recovery Plan published in January 2023 and later updated in May 2024. This plan is a subsection of the OneWolverhampton Winter Plan in recognition of the required joint working and responsibilities that need to be taken across the Health and Care System and is overseen by the OneWolverhampton Urgent and Emergency Care Strategic Working Group. Structures are in place to maintain involvement and engagement with partners in the coming weeks and months at executive, clinical and operational levels.

Learning from the successes of last year, the plan has been built on the strength of our partnership working. This has included a full evaluation of schemes that were implemented in the previous winter to inform decision-making. Schemes that proved successful in the previous year have been prioritised for implementation for 24/25 through the Adult Social Care Discharge Fund (ASCDF).

Several schemes and initiatives are in progress to mitigate the bed capacity gap which is detailed in the table below. A number of these are expansions and further developments of existing services and schemes, whilst some are new. Adult Social Care Discharge Funds (ASCDF) and Service Development Funds (SDF) have been utilised to support schemes targeted at reducing the bed deficit. The mitigations are cross referenced against the High Impact Priority Interventions.

The table below provides an RAG assessment of the impact that the initiatives are currently having in provide mitigation to the winter pressures articulated in the summary. That being, long waits to handover, long waits in ED for a bed, increase in patient in beds who do not meet the criteria to reside.

Initiative	Worst case	Best case	Detail	RAG rating
Urgent Community Response	4	6	Increasing volume and consistency of referrals to improve patient care and ease pressure on ambulance services and avoid unnecessary admission.	Green
Electronic triage solution	1	2	Reduce wait times and support in way finding to alternative services. Black Country wide project. Implementation date delayed as business case and procurement process required.	Red
Frailty peripatetic service	5	7	Frailty team (currently based on C12) to provide a peripatetic service alongside 4 trolleys throughout winter (admission avoidance)	Yellow
Virtual wards	15	20	Ongoing delivery of 98 Virtual Ward beds for Wolverhampton and South Staffordshire patients.	Green
Intermediate Care (to incorporate RASC and Homefirst)	2	4	Enhancing RWT Intermediate Care services. BCHT additional step down beds mobilised. Reviewing opportunities for integrated intermediate care.	Green

Initiative	Worst case	Best case	Detail	RAG rating
Same Day Discharge Centre	2	4	Enhanced discharge service (adults) to remain on C41 throughout winter. OW funding bid to be submitted for enhanced pharmacy offer.	
Paediatric inpatient capacity	10	10	Additional inpatient capacity.	
Total	39	53		

2. Background

The Urgent and Emergency Care (UEC) Recovery Plan outlined five key objectives:

1. Increasing capacity
2. Growing the workforce
3. Improving discharge
4. Expanding and better joining up of health and social care outside of hospital
5. Making it easier to access the right care first time

Building on the Recovery Plan, the NHS Winter Plan for 2024/25 consists of three key components:

1. High-impact priority interventions (taken from the UEC Recovery Plan)
2. Clear roles and responsibilities for each part of the system
3. System level resilience and surge planning

The plan states that all interventions over winter should contribute to two key ambitions for UEC of:

- Improve A&E waiting times, compared to 2023/24, with a minimum of 78% of patients seen within 4 hours in March 2025. **This is being achieved.**
- Improve Category 2 ambulance response times to an average of 30 minutes across 2024/25. **This has deteriorated since Oct 24.**

Local NHS and social care teams are also asked to reduce the proportion of waits in A&E that are over 12 hours – including for those in mental health crisis – compared to 2023/24. **This is not being achieved.**

Given the risk assessment above, it would not be unreasonable to assume that performance above handover and waiting time in ED should not have deteriorated to the level they have. For example, RWT virtual ward is running at over 100 % and has been since the beginning of December.

However, as mentioned in the summary the impact of Infection prevention mix of conditions, overall dependency and acuity of patients, deterioration in patients who do not meet the criteria to reside have had a greater impact than forecast. There has also been an impact on critical care capacity, with an increase in cancellations of elective cases and one occasion where the Trust had to request mutual aid from another local Trust. (note, that we have also provided mutual aid to other organisations when capacity has been available).

3.0 Introduction of 45-minute ambulance handover.

The Black Country ICB, Acute Trusts and West Midland Ambulance Service have been planning for some time for the introduction of a 45-minute handover of patients from ambulance service to the receiving organisation.

This follows the introduction of this measure in London to reduce the delays patients experienced waiting for ambulance offload and to improve the ambulance response times for patients who required their service. The go live date was agreed as 6th January 25 and is operational between Mon-Fri 8am-8pm in the first instance.

In order to ensure that the Trust can respond, additional mitigation and action have been agreed across the clinical teams. These are detailed below.

- Identification of additional off load space in the current ED and SDEC department and the continued use of area C56.
- Earlier opening of the same day discharge centre by 1hr – 7am opening.
- Additional support from orthopaedic team to ensure response to ED request to attend within 30 mins.
- Utilisation of supporting professional activity (SPA) for medical consultants to ensure presence in the ED department between 8 and 5pm.
- Utilisation of 'push' model to West Park Hospital
- Presence of Care of Older Person Consultant alongside the Community team to help divert patients to alternative care teams or settings. Community First enhancement.
- Continued in reach from community team to help 'pull' patients into the community.
- Multi Agency Discharge Event (MADE) for first week in January to improve discharges across all locations.

In addition West Midlands Ambulance service have implemented measures to support Trust.

- Reduction in 'out of area' intelligently conveyed patients. There will still be transfers within the Black Country.
- Agreement to transport any patient that is seen and assessed within 30 minutes that does not require further treatment and
- Implement with consistency call before you convey. Calls to Urgent Care teams to provide advice and guidance on appropriate treatment option for patients in the community. This is linked to the Care of Older Person Consultant Scheme above.

In the first week of implementation, RWT has seen improvement to handover times by 22%. There is still considerable work to be done and some of the actions above may not be sustainable. However, these will continue to be reviewed internally by the multidisciplinary team, alongside the ICB and WMAS.

4.0 Summary

As last year, the combined pressure of improving cancer waiting times and delivering elective recovery whilst simultaneously managing increasingly complex non-elective demand, is putting significant strain on the Trust and the wider system. These challenges are expected to increase during the next few weeks when emergency care services face greater pressure as a result of patients being more acutely unwell with a longer stay in hospital. There is also forecast a peak of patients presenting with Flu or flu type symptoms.

The Winter Plan agreed in November, has mostly been implemented and achieved, however the nationally and locally faced pressures have meant that additional measures are required to offset the challenges patients and staff are experiencing on a daily basis.

The Trust Board are asked to note the additional actions, and a verbal update on progress in January will be available at the meeting.

	Exception Report from the Charitable Funds Committee – 21 January 2025	Enc No: 10.1
Author:	Paul Assinder, Chair of Committee	
Presenter:	Paul Assinder, Chair of Committee	
Date(s) of Committee Meetings since last Board meeting:	13 th December 2024	
Action Required		
Decision	Approval	Discussion
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
		Received/Noted/For Information
		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
<ol style="list-style-type: none"> The Trustees will be asked to approve the Annual Report and Accounts for 2023/24. The draft was scrutinised by the committee and endorsed. No other matters are escalated to the Board. 	
POSITIVE ASSURANCES TO PROVIDE	DECISIONS MADE
<ol style="list-style-type: none"> The Committee received and noted details of charitable spend, totaling £31,698, under delegated authority by fund holders. There were no requests for approval of spending (range £5,000 to £99,999) by the Committee or for bids above £100,000 – Board approval. The Committee received a review of funds invested with our brokers Brewin Dolphin. These have performed very strongly in the last quarter. In total the fund stood at £1.634m at 30th September, with £1.343m uncommitted. Fundraising activities in Q3 are impressive. The Manor Charitable Hub alone has raised over £9k in the quarter. Trust Got Talent, MacMillan Coffee and Boxing Evening events were 	

<p>all successful. Directors and NEDs are urged to support an ambitious programme of events in 2025.</p>	
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**WALSALL HEALTHCARE NHS TRUST
GENERAL CHARITABLE FUND**

**CHARITY NUMBER 1057416
(Registered in England & Wales)**

**TRUSTEE'S ANNUAL REPORT
2023/2024**

TRUSTEES INCORPORATED AS A BODY CORPORATE UNDER SECTION 11
OF THE NATIONAL HEALTH SERVICES AND COMMUNITY CARE ACT
1990.

Principal Address
MANOR HOSPITAL
MOAT ROAD
WALSALL
WEST MIDLANDS
WS2 9PS

Bankers
NATIONAL WESTMINSTER BANK
PLC
33 Park Street
Walsall
West Midlands
WS1 1ER

Independent Examiner
Mark Surridge FCCA
FORVIS MAZARS LLP
Chartered Accountants &
Statutory Auditor
2 Chamberlain Square
Birmingham
West Midlands
B3 3AX

Investment Managers
BREWIN DOLPHIN LIMITED
9 Colmore Row
Birmingham
B3 2BJ

The Walsall Healthcare NHS Trust General Charitable Fund is governed by a model declaration of trust for a NHS charity. The objectives of the charity are for any charitable purpose or purposes relating to the National Health Service wholly or mainly for the service provided by the Walsall Healthcare NHS Trust.

The charity is registered with the Charity Commission who have declared that, under the provisions of section 96 of the Charities Act 2011, the charity and the following charities shall be treated as a single charity for the purposes of Sections 3 and 4 (Registration) of the Charities Act 2011 and for the purposes of Part IV of that Act (Accounting):

1. Corporate including General and Educational Fund
2. Medical Specialties Fund
3. Surgical Specialties Fund
4. Women's Children's and Community Services Fund
5. Specialist Palliative Care Fund

The annual accounts comply with the current statutory requirements as notified by the Charity Commissioners and they are in line with the requirements detailed in the Charities Governing Document and the Statement of Recommended Practice (SORP) Financial Reporting Standard (FRS) 102 effective from the 1st January 2019.

TRUSTEE

The Walsall Healthcare NHS Trust Board as the Corporate Trustee of the Charitable Funds is governed by the law applicable to Trusts, principally the Trustee Act 2000 and also the law applicable to Charities which is governed by the Charities Act 2011.

As Corporate Trustee, the Trust Board is responsible for the overall management of Charitable Funds.

The Trust Board has devolved responsibility for the on-going management of the funds to the Charitable Funds Committee; the Committee membership comprised:

Mr P Assinder	Non-Executive Director (Chair)
Mrs F Frizzell	Non-Executive Director
Mrs S Evans	Group Director of Communications and Stakeholder Engagement
Mr K Stringer	Group Director of Finance and Deputy Chief Executive
Mr D Mortiboys	Operational Director of Finance

Members are appointed to the Charitable Funds Committee by election of the presiding Trust Board members.

The Charitable Funds Committee review financial performance of the investment portfolio, monitor and approve expenditure and the balances held on funds, to ensure the objectives of the Charity are satisfied and ultimately that of the general public.

Reserves Policy

The trustees have established a reserves policy as part of their plans to provide long term support to the Trust for research, education, new equipment, staff and patient benefits and building work.

The trustees intend that funds are spent within a reasonable period of receipt and therefore plan to maintain reserves sufficient to cover future expenditure equivalent to an average of 6 months. The trustees have previously set a contingency reserve total of £500,000 that is periodically reviewed and revised accordingly in relation to the levels of committed expenditure.

Income & Expenditure

During the year the Charity had investment gains totalling £63,000 in the 2023/24 financial year. The net total of donations, ticket sales and income from investments was £588,000 (including revaluation and disposal of investments) with total expenditure at £417,000.

Donations are received from a wide variety of sources, including bequests. The total value of donations and legacies received in the year was £545,000; many of these were received as a way of expressing gratitude for the care provided to individuals or their relatives.

The charity has benefited from two substantial legacy donations. The first being £241,800 donation from "the estate for the late Mr A. Noakes" is to be used through the general fund. The second was received from Enoch Evans LLP totalling £23,000 for special palliative care.

The charity is also in receipt of £53,359 from the League of Friends in January 2023 and a grant of £55,000 from NHS Charities to enhance the well-being of NHS Staff, volunteers and patients impacted by COVID-19.

The charity ensures that donations received are used in accordance with the wishes of the donor i.e. to purchase medical equipment, provide amenities to patients and staff and finance limited education and medical research.

As an example of the utilisation of the donations during the financial year the following items were actioned:

<input type="checkbox"/>	Xmas Selection Box	£25,000
<input type="checkbox"/>	TVs	£16,000
<input type="checkbox"/>	Children's playroom renovation	£20,000

Some of the Charity's commitments for the forthcoming year are the following:

<input type="checkbox"/>	MRI Station	£22,000
<input type="checkbox"/>	Recliner Chairs	£28,000
<input type="checkbox"/>	TV Wall and Ceiling Mounts	£11,000

Investments are not made in industries whose aims and objectives are contrary to those of the NHS, e.g. Tobacco Industries and Breweries.

There is an expectation of an upturn in the valuation of the funds as the economic position improves. The Charity is continuing to expand its network and has received legacies and large/significant donations during 2023/24 to further sustain the viability of the Charity.

All donations will be gratefully received and will be used to enhance services over and above that provided by the NHS for both patients and staff.

They should be sent to:

The General Office
Walsall Healthcare NHS Trust
Manor Hospital
Moat Road
Walsall
WS2 9PS

Donations will be paid into the Walsall Healthcare NHS Trust General Charitable account which is the bank account for the charity.

The following is an extract of the accounts and has been compiled to assist readers in understanding the Charity's financial affairs.

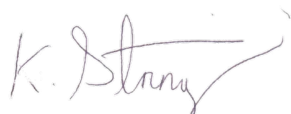
**STATEMENT OF FINANCIAL ACTIVITIES FOR YEAR ENDED 31 MARCH
2024**

	2023/24 £000 Unrestricted	2023/24 £000 Restricted	2023/24 £000 Total	2022/23 £000 Total
Income and Endowments from:				
Donations and legacies	358	187	545	520
Other trading activities	0	0	0	1
Investment Income	16	13	29	20
Other Income	14	0	14	13
Total Income	388	200	588	554
Expenditure on:				
Raising funds	40	35	75	43
Charitable Activities	115	227	342	98
Total Expenditure	155	262	417	141
Net Incoming/(Outgoing) Resources	233	-62	171	413
Transfer between funds	23	-23	0	0
Gains/(Losses) on revaluation and disposal of investments	35	28	63	-57
Net movement in funds	291	-57	234	356
Fund balances brought forward at 31 March 2023	632	764	1,396	1,040
Fund balances carried forward at 31 March 2024	923	707	1,630	1,396

BALANCE SHEET AS AT 31 MARCH 2024

	2023/24 £000	2022/23 £000
Fixed Assets:		
Investments	747	656
Total Fixed Assets	<u>747</u>	<u>656</u>
Current Assets:		
Debtors	7	11
Investments	7	42
Cash at bank and in hand	917	728
Total Current Assets	<u>931</u>	<u>781</u>
Liabilities:		
Creditors due within one year	(48)	(41)
Total Net Assets	<u>1,630</u>	<u>1,396</u>
Total Funds of the Charity		
Restricted income funds	707	764
Unrestricted funds	<u>923</u>	<u>632</u>
	<u>1,630</u>	<u>1,396</u>

Approved on behalf of the Trustee



**GROUP CHIEF
FINANCIAL OFFICER**

Statement of cash flows

	Total at 31 March 2024 £000	Total at 31 March 2023 £000
Cash flows from operating activities		
Operating Surplus/Deficit	171	413
Non cash Income and expenses		
Decrease in debtors	4	42
Decrease in creditors	7	(142)
Decrease in investments	35	21
Net cash generated from operations	217	334
Cash flows from investing activities		
Purchases/sale in financial assets / investments	(91)	43
Gains/(losses) on revaluation and disposal of investment assets	63	(57)
Net cash generated used in investing activities	(28)	(14)
Increase in cash and cash equivalents	189	320
Cash and cash equivalents at start of period	728	408
Cash and cash equivalents at end of period	917	728
Cash balance per Balance Sheet	917	728

WALSALL HEALTHCARE NHS TRUST

CHARITABLE TRUST ACCOUNT 2023/2024

Statement of trustees' responsibilities

The trustees are responsible for:

- a. Keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the funds held on trust and to enable them to ensure that the accounts comply with requirements in the Charities Act 2011 and those outlined in the directions issued by the Secretary of State;
- b. Establishing and monitoring a system of internal control; and
- c. Establishing arrangements for the prevention and detection of fraud and corruption.

The trustees are required under the Charities Act 2011 and the National Health Service Act 1977 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the financial position of the funds held on trust, in accordance with the Charities Act 2011.

In preparing those accounts, the trustees are required to:

- a. Apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;
- b. Make judgements and estimates which are reasonable and prudent;
- c. State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

The trustees confirm that they have met the responsibilities set out above and complied with the requirements for preparing the accounts. The financial statements set out on pages 5 to 7 above have been compiled from and are in accordance with the financial records maintained by the trustees.

By Order of the Trustees
Signed:

Chair Paul Assinder



Trustee

Independent Examiner's Report to the Trustees of Walsall Healthcare NHS Trust General Charitable Fund

I report on the financial statements of Walsall Healthcare NHS Trust General Charitable Fund for the year ended 31 March 2024, which are set out on pages 1 to 9.

Respective responsibilities of trustees and examiner

The charity's trustees are responsible for the preparation of the financial statements. The charity's trustees consider that an audit is not required for this year under section 144(2) of the Charities Act 2011 (the 2011 Act) and that an independent examination is needed.

It is my responsibility to:

- examine the financial statements under section 145 of the 2011 Act;
- follow the procedures laid down in the general Directions given by the Charity Commission under section 145(5)(b) of the 2011 Act; and
- state whether particular matters have come to my attention.

This report, including my statement, has been prepared for and only for the charity's trustees as a body. My work has been undertaken so that I might state to the charity's trustees those matters I am required to state to them in an independent examiner's report and for no other purpose. To the fullest extent permitted by law, I do not accept or assume responsibility to anyone other than the charity and the charity's trustees as a body for my examination work, for this report, or for the statements I have made.

Basis of independent examiner's report

My examination was carried out in accordance with the general Directions given by the Charity Commission. An examination includes a review of the accounting records kept by the charity and a comparison of the financial statements presented with those records. It also includes consideration of any unusual items or disclosures in the financial statements, and seeking explanations from you as trustees concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit and consequently no opinion is given as to whether the financial statements present a 'true and fair view' and the report is limited to those matters set out in the statement below.


Independent examiner's statement

In connection with my examination, which is complete, no matters have come to my attention which give me reasonable cause to believe that in any material respect:

- accounting records were not kept in respect of Walsall Healthcare NHS Trust General Charitable Fund in accordance with section 130 of the 2011 Act; or
- the financial statements do not accord with those records; or

- the financial statements do not comply with the applicable requirements concerning the form and content of financial statements set out in the Charities (Accounts and Reports) Regulations 2008 other than any requirement that the financial statements give a 'true and fair' view which is not a matter considered as part of an independent examination.

I have no concerns and have come across no other matters in connection with the examination to which, in my opinion, attention should be drawn in order to enable a proper understanding of the financial statements to be reached.



[Mark Surridge \(Jan 8, 2025 10:46 GMT\)](#)

Mark Surridge FCCA
For and on behalf of Forvis Mazars LLP
First Floor
2 Chamberlain Square
Birmingham
B3 3AX

Date: 08/01/2025



WALSALL HEALTHCARE NHS TRUST

**FUNDS HELD ON TRUST
ANNUAL ACCOUNTS 2023-24**

FOREWORD

These accounts have been prepared by the Trustees under section 98(2) of the National Health Service Act 1977 (as amended 2006) in the forms which the Secretary of State has, with the approval of Treasury, directed.

STATUTORY BACKGROUND

The Trustees have been appointed under s11 of the NHS and Community Care Act 1990.

The Walsall Healthcare NHS Trust General Charitable Funds held on trust are registered with the Charity Commission and include funds in respect of the Manor Hospital.

MAIN PURPOSE OF THE FUNDS HELD ON TRUST

The main purpose of the charitable funds held on trust is to apply income for any charitable purpose relating to the National Health Service wholly or mainly for the services provided by the Walsall Healthcare NHS Trust.

CHARITABLE TRUST ACCOUNTS - WALSALL HEALTHCARE NHS TRUST - 2023/24

Statement of Financial Activities for the year ended 31 March 2024

	Notes	Unrestricted Funds £000	Restricted Funds £000	Endowment Funds £000	2023-24 Total Funds £000	2022-23 Total Funds £000
Income and Endowments from:						
Donations and legacies		358	187	0	545	520
Other trading activities		0	0	0	0	1
Investment income	7.3	16	13	0	29	20
Other	2.1	14	0	0	14	13
Total		388	200	0	588	554
Expenditure on:						
Raising funds	4.1	40	35	0	75	43
Charitable Activities	4.2	115	227	0	342	98
Total		155	262	0	417	141
Net income/(expenditure)		233	(62)	0	171	413
Transfer between funds		23	(23)	0	0	0
Other recognised gains/(losses):						
Gains/(losses) on revaluation and disposal of investment assets		35	28	0	63	(57)
Net movement in funds	5	291	(57)	0	234	356
Reconciliation of funds:						
Fund balances brought forward at 31 March 2023		632	764	0	1,396	1,040
Total fund balances carried forward at 31 March 2024		923	707	0	1,630	1,396

All activities relate to continuing operations.
The notes at pages 4 to 9 form part of these accounts.

CHARITABLE TRUST ACCOUNTS - WALSALL HEALTHCARE NHS TRUST - 2023/24

Balance Sheet as at 31 March 2024

	Notes	Total at 31 March 2024 £000	Total at 31 March 2023 £000
Fixed assets:			
Investments	7.1	747	656
Total fixed assets		747	656
Current assets:			
Debtors	8	7	11
Investments	7.2	7	42
Cash at bank and in hand		917	728
Total current assets		931	781
Liabilities:			
Creditors: Amounts falling due within one year	9	(48)	(41)
Net current assets		883	740
Total assets less current liabilities		1,630	1,396
Total net assets		1,630	1,396
The funds of the charity:			
Restricted income funds	10	707	764
Unrestricted funds	10.1	923	632
Total charity funds		1,630	1,396

The notes at pages 4 to 9 form part of this account.

Signed:



Date: 7 January 2025

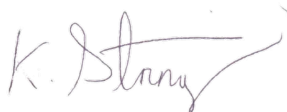
CHARITABLE TRUST ACCOUNTS - WALSALL HEALTHCARE NHS TRUST - 2023/24

Statement of cash flows

Notes	Total at 31 March 2024 £000	Total at 31 March 2023 £000
Cash flows from operating activities		
Operating Surplus/Deficit	171	413
Non cash Income and expenses		
Decrease in debtors	4	42
Decrease in creditors	7	(142)
Decrease in investments	35	21
Net cash generated from operations	217	334
Cash flows from investing activities		
Purchases/sale in financial assets / investments	(91)	43
Gains/(losses) on revaluation and disposal of investment assets	63	(57)
Net cash generated used in investing activities	(28)	(14)
Increase in cash and cash equivalents	189	320
Cash and cash equivalents at start of period	728	408
Cash and cash equivalents at end of period	917	728
Cash balance per Balance Sheet	917	728

The notes at pages 4 to 9 form part of these accounts.

Signed:



Date: 7 January 2025

NOTES TO THE ACCOUNTS

1. Accounting Policies

1.1 Accounting Convention

The principal accounting policies adopted, judgements and key sources of estimation uncertainty in the preparation of the financial statements are as follows:

a) Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS102) - (Charities SORP (FRS102)), Section 1A of the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS102).

b) Preparation of the accounts on a going concern basis

These accounts have been prepared on a going concern basis. The trustees have been regularly updated on the financial activities of the charity during the financial year and are not aware of any material uncertainties that will affect the charity continuing in operational existence for the foreseeable future. For this reason the trustees continue to adopt the going concern basis in preparing the accounts.

As a result of the continued recovery in the value of investments in the 2023/24 financial year following the reduction in values due to the global pandemic, economic uncertainty and a change in the management of the Charity's portfolio; the historic cost of these investments is now only £16,000 more than the market value.

The net assets of the Charity at the time of reporting are more than sufficient to cover the average of 6 months spend. There is an expectation of a continued upturn in the valuation of the funds as the markets recover and alternative investments are purchased. Donations from individuals were higher during 2023/24, the Charity also benefitted substantially from the donation of "the estate for the late Mr A. Noakes" and is continuing to expand its network of possible income streams to further sustain the long-term viability of the Charity.

1.2 Income Recognition

a. Income is recognised in the Statement of Financial Activities when the following three factors are met:

- i. Entitlement - arises when a particular resource is receivable or the charity's right becomes legally enforceable;
- ii. Probable - when probable that the incoming resources will be received; and
- iii. Measurement - when the monetary value of the income and related transaction costs can be measured with sufficient reliability.

b. Gifts in kind:

- i. Assets given for distribution by the funds are included in the Statement of Financial Activities only when distributed.
- ii. Assets given for use by the funds (e.g. property for its own occupation) are included in the Statement of Financial Activities as incoming resources when receivable.
- iii. Gifts made in kind but on trust for conversion into cash and subsequent application by the funds are included in the accounting period in which the gift is sold.

In all cases the amount at which gifts in kind are brought into account is either a reasonable estimate of their value to the funds or the amount actually realised. The basis of the valuation is disclosed in the annual report.

c. Intangible income

Intangible income (e.g. the provision of free accommodation) is included in the accounts with an equivalent amount in outgoing resources, if there is a financial cost borne by another party. The value placed on such income is the financial cost of the third party providing the resources.

d. Legacies

Legacies are accounted for as incoming resources once the receipt of the legacy becomes probable. This will be once confirmation has been received from the representatives of the estates that payment of the legacy will be made or property transferred and once all conditions attached to the legacy have been fulfilled.

1.3 Expenditure

The funds held on trust accounts are prepared in accordance with the accruals concept. All expenditure and the related liability is recognised once there is a legal or constructive obligation to make a payment to a third party.

a. Cost of raising funds

The cost of generating funds are the costs associated with generating income for the funds held on trust.

b. Grants payable

Grants payable are payments, made to third parties (including NHS bodies) in the furtherance of the funds held on trust's charitable objectives to relieve those who are sick. They are accounted for on an accruals basis where the conditions for their payment have been met or where a third party has a reasonable expectation that they will receive the grant. This includes grants paid to NHS Bodies.

c. Governance costs

These are accounted for on an accruals basis and are recharges of appropriate proportions of the costs from Walsall Healthcare NHS Trust.

CHARITABLE TRUST ACCOUNTS - WALSALL HEALTHCARE NHS TRUST - 2023/24

1.4 Structure of funds

Where there is a legal restriction on the purpose to which a fund may be used, the fund is classified in the accounts as a restricted fund. Funds where the capital is held to generate income for charitable purposes and cannot itself be spent are accounted for as endowment funds. Other funds are classified as unrestricted funds. Funds which are not legally restricted but which the Trustees have chosen to earmark for set purposes are designated funds. The major funds held within these categories are disclosed in note 10.1

1.5 Investment Fixed Assets

Investment fixed assets are shown at market value.

- a. Quoted stocks and shares are included in the balance sheet at mid-market price, ex-div.
- b. Other investment fixed assets are included at trustees' best estimate of market value.

1.6 Realised gains and losses

All gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening market value (or date of purchase if later). Unrealised gains and losses are calculated as the difference between market value at the year end and opening market value (or date of purchase if later).

1.7 Pensions Contributions

The charity does not directly employ individuals, however the costs of the fundraiser have been recharged and therefore pension contributions are indirectly paid by way of this salary recharge.

1.8 Trustees

All new trustees are required to follow an induction programme approved by the Board and they, as well as existing board members, can access external training courses, seminars and workshops.

1.9 Prior Year Adjustments

There has been no change to the accounts of prior years.

1.10 Pooling Scheme

An official pooling scheme is operated for investments relating to the following funds:

Corporate including General and Education Funds
Medical Specialties Fund
Surgical Specialties Fund
Women's, Children's and Community Services Fund
Specialist Palliative Care

These are further sub-divided into individual funds totalling more than 40 funds relating more specifically to donor wishes.

The Scheme was registered with the Charity Commission on 17 March 1998.

1.11 Statement of cash flows exemption

A statement of Cash Flows has been produced for this year, as the charity exceeded the small charity thresholds for the year.

1.1 Financial instruments

The Charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

1.13 Judgments in applying accounting policies and key sources of estimation uncertainty

The charity makes estimates and assumptions concerning the future. The estimates and assumptions have no material impact on the carrying amounts of assets and liabilities within the accounts.

CHARITABLE TRUST ACCOUNTS - WALSALL HEALTHCARE NHS TRUST - 2023/24

2.1 Details of Other income

During the financial year £14,016 was received in relation to the event ticket sales, sponsorships and lottery receipts which was the initiative of Well Wishers (associated trading name of Walsall Healthcare NHS Trust General Charitable Fund).

2.2 Material Grants received by category

The first and second instalment grant of a successful grant awarded to Walsall Healthcare NHS Trust General Charitable Fund (Well Wishers) in 18 November 2022 was received on 22 December 2023. The grant will support enhancing the well-being of NHS Staff, volunteers and patients impacted by COVID-19, as part of the Trust's or Health Board's COVID-19 response.

3.1 Details of resources expended - grants

There were no grants paid during the year.

3.2 Grants made to institutions

No grants were made to institutions during the year.

3.3 Grants paid to individuals

No grants were paid to individuals during the year.

4 Details of Expenditure

4.1 Analysis of Raising Funds Costs

	Unrestricted Funds	Restricted Funds	Endowment Funds	Total 2024 Funds	Total 2023 Funds
	£000	£000	£000	£000	£000
Fundraising Costs	36	32	0	68	36
Investment managers fee	4	3	0	7	7
	<u>40</u>	<u>35</u>	<u>0</u>	<u>75</u>	<u>43</u>

The Charity does not directly employ staff. Included in the above Fundraising Costs is a recharge of fundraising salary costs totalling £59,349

4.2 Details of Expenditure - Charitable Activities

(A)

	Unrestricted Funds	Restricted Funds	Endowment Funds	Total 2024 Funds	Total 2023 Funds
	£000	£000	£000	£000	£000
Other:					
Patients welfare and amenities	82	80	0	162	43
Staff welfare and amenities	12	137	0	149	40
Miscellaneous	10	2	0	12	4
	<u>104</u>	<u>219</u>	<u>0</u>	<u>323</u>	<u>87</u>

Analysis of Support & Governance Costs included within Charitable Activities

(B)

	Unrestricted Funds	Restricted Funds	Endowment Funds	Total 2024 Funds	Total 2023 Funds
	£000	£000	£000	£000	£000
Management	0	0	0	0	0
Finance Administration	8	7	0	15	6
Finance Administration Software	1	0	0	1	1
Audit fee	2	1	0	3	4
	<u>11</u>	<u>8</u>	<u>0</u>	<u>19</u>	<u>11</u>

Charitable Activities Per SOFA (A+B)

	Unrestricted Funds	Restricted Funds	Endowment Funds	Total 2024 Funds	Total 2023 Funds
	<u>115</u>	<u>228</u>	<u>0</u>	<u>342</u>	<u>98</u>

Walsall Healthcare NHS Trust reinstated the recharge of administration costs in 2023/24 following the agreement in 2020/21 to waive the administration recharge in light of the impact of the COVID-19 Pandemic.

5 Changes in Resources Available for Charity Use

	Unrestricted Funds	Restricted Funds	Endowment Funds	Total 2024 Funds	Total 2023 Funds
	£000	£000	£000	£000	£000
Net movement in funds	<u>291</u>	<u>(57)</u>	<u>0</u>	<u>234</u>	<u>356</u>

CHARITABLE TRUST ACCOUNTS - WALSALL HEALTHCARE NHS TRUST - 2023/24

6 **Fixed Assets**
The charity does not hold any tangible fixed assets.

7 **Analysis of Fixed Investment Assets**

7.1 **Fixed Asset Investments**

	Total 2024 £000	Total 2023 £000
Market value at 31 March 2023	656	699
Less: Disposals at carrying value	(336)	(34)
Add: Acquisitions at cost	364	41
Net gain / (loss) on revaluation	63	(50)
Market value at 31 March 2024	<u>747</u>	<u>656</u>
Historic cost at 31 March 2024	<u>762</u>	<u>735</u>

Market Value at 31 March 2024

	31 March 2024 £000	31 March 2023 £000
Fixed Interest	53	109
UK Equities & Funds	110	142
Overseas Equities and Funds	494	339
Other Investments	89	66
	<u>747</u>	<u>656</u>

At 31 March 2024 the majority of the holdings were valued below 5% of the total value of the investment portfolio.

Investment	MARKET VALUE	%
ADMIRAL GROUP ORD	£9,078	1.22%
ALPHABET INC CAPITAL STOCK USD0.001 CL A	£14,213	1.90%
AMAZON COM INC COM USD0.01	£13,989	1.87%
AMPHENOL CORP CLASS'A'COM USD0.001	£8,489	1.14%
ASHTREAD GROUP ORD	£11,900	1.59%
ASML HOLDING NV EUR0.09	£14,478	1.94%
BAILLIE GIFFORD OSEAS GTH FDS	£19,639	2.63%
BERKSHIRE HATHAWAY INC COM	£13,644	1.83%
BLACKROCK FUND MANAGERS LTD	£5,257	0.70%
BLACKROCK FUND MANAGERS LTD	£18,653	2.50%
BNY MELLON INVESTMENT FUNDS	£25,520	3.42%
BOOKING HOLDINGS INC COM	£5,742	0.77%
BP ORD USD0.25	£15,347	2.06%
CRODA INTERNATIONAL ORD	£8,529	1.14%
DODGE & COX WORLDWIDE FUNDS PLC	£26,989	3.62%
FASTENAL COM STK USD0.01	£8,424	1.13%
FIDELITY UCITS ICAV US	£27,322	3.66%
HALEON PLC	£9,630	1.29%
INSTITUTIONAL CASH SERIES PLC	£12,480	1.67%
INTERCONTINENTAL EXCHANGE INC COM USD0.01	£7,939	1.06%
INTERNATIONAL PUBLIC PARTNERSHIP	£8,762	1.17%
ISHARES CORE S&P 500 UCITS ETF USD (DIST)	£46,996	6.30%
ISHARES PHYSICAL METALS PLC	£12,554	1.68%
JANUS HENDERSON FUND MGMT UK LTD	£20,904	2.80%
JUPITER UNIT TRUST MANAGERS LTD	£21,938	2.94%
JUPITER UNIT TRUST MANAGERS LTD	£27,123	3.63%
KONE OYJ SER'B'NPV	£7,848	1.05%
LEGAL & GENERAL GROUP ORD	£9,433	1.26%
LF GRESHAM HSE EQT	£15,194	2.04%
LINK FUND SOLUTIONS LTD GRESHAM HS UK	£21,808	2.92%
MI SELECT MANAGERS BOND	£23,399	3.13%
MICROSOFT CORP COM USD0.00000625	£14,649	1.96%
MORGAN STANLEY INVESTMENT FUNDS	£20,125	2.70%
NATIONAL GRID ORD	£9,871	1.32%
NEUBERGER BERMAN INVESTMENT	£11,049	1.48%
NINETY ONE FUNDS	£18,365	2.46%
OCTOPUS RENEWABLES	£12,867	1.72%
RBC SEMICONDUCTOR VALUE CHAIN OPPORTUNITIES INDEX	£7,852	1.05%
RELX PLC	£11,436	1.53%
SCHRODER INVESTMENT FUND COMPANY	£9,923	1.33%
SCHRODER UNIT TRUSTS LTD	£13,311	1.78%
SCHWAB(CHARLES)CORP COM USD0.01	£8,473	1.14%
STRYKER CORP COM STK USD0.10	£8,213	1.10%
TB ENVELODE INVESTMENT FUNDS	£10,223	1.37%
THERMO FISHER SCIENTIFIC INC COM USD1	£7,819	1.05%
TROJAN INVESTMENT FUNDS	£10,612	1.42%
TWENTYFOUR INVESTMENT FUNDS CORPORATE BOND	£21,918	2.94%
UK(GOVT OF) 4.25% SNR BDS	£17,608	2.36%
UNILEVER PLC ORD GBP0.031111	£9,223	1.24%
UNITED KINGDOM(GOVERNMENT OF) 4.5% GILT BDS	£7,081	0.95%
UNITED KINGDOM(GOVERNMENT OF) 5% SNR BDS	£6,839	0.92%
VANGUARD INVESTMENT SERIES PLC	£6,685	0.90%
VISA INC COM STK	£9,055	1.21%
Total	£746,423	100.00%

7.2

	Held in UK £000	Held outside UK £000	2023-24 Total £000	2022-23 Total £000
Cash held as part of investment portfolio	7	0	7	42
	<u>7</u>	<u>0</u>	<u>7</u>	<u>42</u>

7.3 **Total investment income**

	Held in UK £000	Held outside UK £000	2023-24 Total £000	2022-23 Total £000
Investments listed on Stock Exchange	29	0	29	20
	<u>29</u>	<u>0</u>	<u>29</u>	<u>20</u>

CHARITABLE TRUST ACCOUNTS - WALSALL HEALTHCARE NHS TRUST - 2023/24

8 Analysis of Debtors

Accrued income

31 March 2024 £000	31 March 2023 £000
<u>7</u>	<u>11</u>

9 Analysis of Creditors

Trade creditors
Accruals

31 March 2024 £000	31 March 2023 £000
30	31
<u>18</u>	<u>10</u>
<u>48</u>	<u>41</u>

10 Details of Restricted Funds

Grant of £55,000 were received from NHS Charities Together to enhance the well-being of NHS Staff, volunteers and patients impacted by COVID-19, and donations of £53,000 from League of Friends were included within the total for 2023/24.

As at 31 March 2024 the restricted funds balances and movements detailed in the table below totalled £707,000.

Restricted Fund Description	Balance	Donations &	Expenditure	Transfer	Gains/ losses	Balance
	B/fwd as at 1 April 2023	Investment Income		between funds		C/fwd as at 31 March 2024
	£000	£000	£000	£000	£000	£000
League Of Friends	142	54	(96)		0	100
Heart Failure Service - Closed Trf to 2011 Cardio	37	1	(2)	(15)	2	23
Boxing Match	11	0	0		0	11
Coronavirus Donations	34	1	(3)		2	34
Nhs Charities	109	58	(63)		6	110
Fun Run	1	0	0		0	1
London Marathon	5	0	0		0	5
Medical Equipment	137	3	(10)		6	136
Heartstart	13	0	(2)		1	12
Theatres Ent	4	0	0		0	4
Ward 11	2	0	0		0	2
Ward 10	0	0	0		0	0
Wrighton - Orthopaedic Dept	9	0	(1)		0	8
Urology Fund	3	0	0		0	3
Neo-Natal Unit(Scbu)	2	0	0		0	2
Paediatric Unit- Restricted	8	0	0	(8)	0	0
Specialist Palliative Care	123	82	(25)		8	188
Sandwell Grant	56	0	(56)		0	0
Climb Snowdon	2	0	0		0	2
Fundraising 2018 Stroke Rehab	62	1	(4)		3	62
Trust's Got Talent Fundraising	1	0	0		0	1
Wren Appeal	2	0	0		0	2
Total	764	200	(262)	(23)	28	707

Transfers of £23k in year between funds, £15k for Heart Failure Legacy requested by the executor of the estate and £8k for Paediatric Unit as funds were incorrectly allocated.

10.1 Classification of Funds

The charitable funds are broadly classified into the four(4) categories below based on nature and purpose of each fund.

Corporate including General and Education Funds	}	For any charitable purpose relating to the National Health Service wholly or mainly for the benefit of the named speciality/activity of the Walsall Healthcare NHS Trust.
Medical Specialities	}	
Surgical Specialities	}	
Women's, Children's and Community Services Fund	}	

10.2 Details of Endowment Funds

The Charitable fund has not received any endowments during the year. The funds of the Charity do not contain any endowments.

11 Contingencies

There are no contingent gains or losses on which to report.

CHARITABLE TRUST ACCOUNTS - WALSALL HEALTHCARE NHS TRUST - 2023/24

12 Commitments, Liabilities and Provisions

Commitments

The Trust has the following commitments:

Commitments outstanding at the beginning of the year
 Commitments in year
 Amount charged to the SOFA in year
 Amounts released during the year due to a change in the value of the commitment
 Amount of commitments outstanding at the end of the year

2024
£000
168
(20)
<u>148</u>
148

Amount payable within one year
 Amount payable in more than one year

The value of commitments at the end of the year are not included within the balance sheet and reflect the Charity's intention to purchase intention to purchase equipment in the forthcoming year.

The Charity has the following commitments that were approved at the June 2024 Charity Committee meeting for the next year :

<input type="checkbox"/>	MRI Station	22,000
<input type="checkbox"/>	Recliner Chairs	28,000
<input type="checkbox"/>	Tree of Life Sculpture	6,000
<input type="checkbox"/>	TV Wall and Ceiling Mounts	11,000
<input type="checkbox"/>	Dental Xray Equipment	32,000
<input type="checkbox"/>	OPD Equipment	26,000
<input type="checkbox"/>	Endoscope	40,000

12.1 Liabilities and Provisions

The trustees recognise liabilities in the accounts once they have incurred either a legal or constructive obligation to expend funds. The trustees do not consider there to be any provisions which need to be included in these accounts.

13 Trustee and Connected Persons Transactions

No expenditure has been incurred in respect of trustees or connected persons during the year
 Trustee indemnity insurance cover and insurance premium cost is £nil

14 Loans or Guarantees

The Charity does not hold any assets against which a loan or guarantee has been secured

15 Related Party

During the year none of the trustees or members of the key management staff or parties related to them has undertaken any transactions with the Walsall Healthcare NHS Trust General Charitable Fund. However, the charity has made revenue and capital payments to Walsall Healthcare NHS Trust.

Walsall Healthcare NHS Trust is a related party of Walsall Healthcare NHS Trust General Charitable Fund. Approximately 81% of the expenditure transactions totalling £403,000 processed within the year benefitted the patients and staff of the hospital. Transactionally payments are made via Walsall Healthcare NHS Trust and reimbursed by the Charity.

Joint Provider Committee – Report to Trust Boards

Date: 21 January 2025

Agenda item: 10.2

TITLE OF REPORT:	Report to Trust Boards from the 15 th of November 2024 JPC meeting.
PURPOSE OF REPORT:	To provide all partner Trust Boards with a summary of key messages from the 15 th of November 2024 Joint Provider Committee.
AUTHOR(S) OF REPORT:	Sohaib Khalid, <i>BCPC Managing Director</i>
MANAGEMENT LEAD/SIGNED OFF BY:	Sir David Nicholson - <i>Chair of BC JPC & Group Chair of DGFT, SWBH, RWT, & WHT</i> Diane Wake - <i>CEO Lead of the BCPC</i>
KEY POINTS:	<p>The Joint Provider Committee (JPC) was held, and was quorate with attendance by the Chair, three Deputy Chairs, and all three CEO's.</p> <p>Key discussion points included:</p> <ol style="list-style-type: none"> A progress update from the BCPC CEO Lead with a particular focus on progress with FRP delivery, pursuit of Elective Hubs as part of Elective recovery, and key forthcoming events. Progress update on the Corporate Services Transformation work, with a focus on the preparations for the second Engagement Workshop. Agreement on the key parameters for the 'Delivery Partner' specification, which is to be progressed asap.
RECOMMENDATION(S):	<p>The partner Trust Boards are asked to:</p> <ol style="list-style-type: none"> RECEIVE this report as a summary update of key discussions on the 15th November 2024 JPC meeting. NOTE the key messages, agreements, and actions in section 2 of the report.
CONFLICTS OF INTEREST:	There were no declarations of interest.
DELIVERY OF WHICH BCPC WORK PLAN PRIORITY:	The Joint Provider Committee oversees and assures progress against the agreed BCPC annual Work Plan, as outlined in schedule 3 of the Collaboration Agreement.
ACTION REQUIRED:	<input checked="" type="checkbox"/> Assurance <input type="checkbox"/> Endorsement / Support <input checked="" type="checkbox"/> Approval <input checked="" type="checkbox"/> For Information

1. PURPOSE

- 1.1 To provide all partner Trust Boards with a summary of key messages from the 15th of November 2024 Joint Provider Committee.

2. SUMMARY

- 2.1 The Joint Provider Committee was held on the 15th of November 2024. The meeting was quorate with attendance by the Chair, three CEO's and three of the Deputy Chairs.
- 2.2 The minutes of the previous meeting were accepted as an accurate record and the Action Log was reviewed for progress with completed actions noted.
- 2.3 The following is a summary of discussions with agreements noted:

a) Items for Noting

- **CEO Leads update report** – The JPC received an update report from the Chair of the Collaborative Executive, which highlighted:
 - Month 7 data was not yet available but early signs were that delivery against FRP delivery trajectories had deteriorated. Mitigation plans which seek to rectify this position were to be urgently reviewed.
 - In light of the recent budget announcement, The BCPC is actively working to develop and establish two proposals for Black Country Elective Hubs (North and South) which would be through a Short Form Business Case. The deadline for submissions is expected to be February 2025, with delivery of the capital build and commencement of service expected with the 25/26 financial year.
 - Preparations underway for two key events prior to Xmas – The Clinical Summit scheduled for Friday 29th November and the Joint Board Development Workshop scheduled for Friday 20th December. Both are anticipated to be very well attended with stimulating programmes for the day.

b) Items for Discussion

- **Corporate Services Transformation** – Positive progress continues to be made with the second Corporate Services Transformation Engagement Workshop planned for Monday 18th November 2024.

Interest has grown with 80 plus delegates registered to attend, with the focus moving to better understanding the 'As is' and 'To be' positions of each of the corporate services, in addition to possibly identifying some early opportunities for efficiency savings.

A corporate communications plan is being developed for roll-out with consistent messaging provided for all corporate leaders to provide to their team, in addition to further information being made available on the BCPC website.

Workshop three is scheduled for January 2025 and will focus on triangulating opportunities through data, with workshop 4 seeking to begin specifying new service models.

In parallel, work will also commence on firming arrangements for pursuing the strategic delivery vehicle of a Managed Shared Service.

- **FRP 'Delivery Partner'** – Agreement at both the BCPC Executive and JPC on the parameters of a specification for procuring a 'Delivery Partner' that can support the BCPC (and possibly the wider system) in delivering productivity improvements and efficiency savings.

Key areas for inclusion include:

- Community First
- Elective Reform / Recovery (incl. Elective Hubs and Outpatient transformation)
- Fragile Services

Procurement colleagues are to be engaged to support and navigate next steps quickly.

3. REQUIRED ACTIONS

3.1 The partner Trust Boards are asked to:

- a. **RECEIVE** this report as a summary update of key discussions at the 15th of November 2024 JPC meeting.
- b. **NOTE** the key messages, agreements, and actions in section 2 of the above report.