

Bundle Public Trust Board 14 May 2024

- 1 10:00 - Chair's Welcome, Apologies and Confirmation of Quorum
Lead: Sir David Nicholson, Group Chair
Action: To note
Apologies Received:
Keith Wilshere
Dr Umar Daraz
John Dunn
Lord Carter
Additional Attendees:
Dr Tinsa
- 2 10:01 - Register of Declarations of interest
Lead: Sir David Nicholson, Group Chair
Action: To receive and note
RWT Declarations May 24 v3
- 3 10:02 - Minutes of the Previous Meeting of the Board of Directors held in Public on 16 April 2024
Lead: Sir David Nicholson, Chair
Action: To approve
DRAFT RWT Public Trust Board Minutes 16 April 2024 v3 SC DH docx
- 4 Board Action Points and Matters Arising and from the Minutes of the Board of Director Meeting held in Public on 16 April 2024
Lead: Chair Sir David Nicholson
Action: To receive the action log and note any updates
all action complete
RWT Public Board Actions May 2024
- 5 10:04 - Chair's Report – Verbal
Lead: Sir David Nicholson, Group Chair
Action: To inform and assure
- 6 10:09 - Interim Group Chief Executive Officer's Welcome
Lead: Carol Walker, Interim Group Chief Executive
Action: To note
- 7 10:14 - Operational Plan 2024/25
Lead: Kevin Stringer, Group Chief Financial Officer, Simon Evans Group Chief Strategy Officer, and Gwen Nuttall, Chief Operating Officer
Action: To approve
Covering Report - Annual Plan 2024-25 Public Board - 2-5-24
Annual Operating Plan - Public Trust Board Final
- 8 Excel in the Delivery of Care (SECTION HEADING)
- 8.1 10:19 - Finance Committee (FC) - Chair's Report
Lead: Lisa Cowley, Non-Executive Director
Action: To inform and assure
FPC Report to Board - Chairs Report April Final
- 8.2 10:22 - Report of the Group Chief Financial Officer
Lead: Kevin Stringer, Group Chief Financial Officer
Action: To inform and assure
Report of the Group Chief Financial Officer M12
- 8.3 10:27 - Strategic Planning Framework 2024/25
Lead: Simon Evans, Group Chief Strategy Officer
Action to Approve
Strategic Planning Framework - 2024.25 Public Board Cover Sheet

Strategic Planning Framework - 24.25 Public v2

- 8.4 10:32 - Group Chief Assurance Officer by Exception Report - Risk of not progressing a material matter during board operating model transition
Lead: Kevin Bostock, Group Chief Assurance Officer
Action: To discuss
Board Report on risks related to combining meetings from July 2024 RWT Board in Public
- 9 Support our Colleagues (SECTION HEADING)
- 9.1 10:37 - Group Chief People Officers Report by Exception Workforce Report
Lead: Alan Duffell, Group Chief People Officer
Action: To inform and assure
RWT CPO TB (front cover) - 14 05 2024
M12 Mar 24 Exec Workforce Report v2(002)
- 9.2 10:42 - Integrated Quality and Performance Review (IQPR) - Executive Summary
Lead: Sir David Nicholson, Group Chair
Action: To note
Trust Board IQPR March 2024
- 10 10:45 - Any Other Business
- 10.1 10:50 - Questions Received from the public
- 11 Resolution
To consider passing a resolution that representatives of the press and other members of staff and public to be excluded from the remainder of this meeting, having regard to the confidential nature of the business about to be transacted, publicity on which would be prejudicial to the public interest.
- 12 Date and Time of Next Meeting Tuesday 16 July 2024 at 10:00 am

Enc 2: RWT DECLARATIONS OF INTEREST – May 2024

Employee	Role	Interest Type	Provider	Interest Description (Abbreviated)
Adam Race	Director of HR & OD	Loyalty Interests	UHB	Wife works as Head of Medical Workforce and Temporary Staffing at UHB
Adam Race	Director of HR & OD	Loyalty Interests	CIPD	Chartered Member CIPD
Adam Race	Director of HR & OD	Loyalty Interests	West Midlands Social Partnership Forum	Management Side Co-chair
Alan Duffell	Group Chief People Officer	Loyalty Interests	UK and Ireland Healthcare Advisory Board for Allocate Software (Trust Supplier)	Member (unpaid)
Alan Duffell	Group Chief People Officer	Loyalty Interests	Chartered Management Institute	Member
Alan Duffell	Group Chief People Officer	Loyalty Interests	CIPD (Chartered Institute for Personnel and Development)	Member

Alan Duffell	Group Chief People Officer	Outside Employment	Walsall Healthcare NHS Trust	Group Chief People Officer
Alan Duffell	Group Chief People Officer	Outside Employment	Black Country Provider Collaborative	Provider Collaborative HR & OD Lead
Alan Duffell	Group Chief People Officer	Outside Employment	NHS Employers Policy Board	Member
Allison Heseltine	Non Executive Director	Loyalty Interests		Son in law works for Hydrock South West as a Senior Electrical Engineer.
Angela Harding	Associate Non Executive Director	Outside Employment	Naish Mews Management Company	Director
Angela Harding	Associate Non Executive Director	Outside Employment	Inspired Villages Group	Executive Operations Director, integrated retirement community sector Replaces employment with the GDC
Brian McKaig	Chief Medical Officer	Loyalty Interests	Rotha Abraham Trust	Trustee for the Rotha Abraham Trust which was set up to advance medical research and practice to benefit the population of Wolverhampton.
Caroline Walker	Interim Group Chief Executive	Outside Employment	Walsall Healthcare NHS Trust	Upaid role Interim Group Chief Executive

Caroline Walker	Interim Group Chief Executive	Loyalty Interest	Health Spaces	Unpaid Advisor
Caroline Walker	Interim Group Chief Executive	Outside Employment	Shrewsbury & Telford	Bank Administrator
David Nicholson	Group Chairman	Outside Employment	Sandwell and West Birmingham Hospitals NHS Trust	Chair
David Nicholson	Group Chairman	Outside Employment	Global Health Innovation, Imperial College	Visiting Professor
David Nicholson	Group Chairman	Outside Employment	The Dudley Group NHS Foundation Group	Chairman
David Nicholson	Group Chairman	Loyalty Interest	Walsall Healthcare NHS Trust	Spouse appointed National Director of Urgent and Emergency Care and Deputy Chief Operating Officer of the NHS
Debra Hickman	Chief Nursing Officer	Nil Declaration		
Gillian Pickavance	Associate Non-Executive Director	Shareholdings and other ownership interests	Wolverhampton Total Health Limited	Director

Gillian Pickavance	Associate Non Executive Director	Outside Employment	Newbridge Surgery	Senior Partner at Newbridge Surgery Wolverhampton
Gillian Pickavance	Associate Non Executive Director	Outside Employment	Tong Charities Committee	Unpaid member of the Committee
Gillian Pickavance	Associate Non Executive Director	Loyalty interest		Daughter works an architect for Johnson Design Partnership a company which may be undertaking work at the Trust
Gwen Nuttall	Chief Operating Officer	Loyalty Interests	Calabar Vision 2020 Link	Trustee
John Dunn	Non-Executive Director/Deputy Chair	Nil Declaration		
James Green	Operational Director of Finance	Non-financial interests unremunerated	I3 Consulting Limited	Director of Company. The Company has never traded and will not trade whilst James is an employee at RWT
Jonathan Odum	Group Chief Medical Officer	Outside Employment	Walsall Healthcare NHS Trust	Group Chief Medical Officer

Jonathan Odum	Group Chief Medical Officer	Loyalty Interests	Royal College of Physicians of London	Fellow of the Royal College of Physicians
Jonathan Odum	Group Chief Medical Officer	Outside Employment	Black Country and West Birmingham ICS Clinical Leaders Group	Chair
Jonathan Odum	Group Chief Medical Officer	Outside Employment	Wolverhampton Nuffield Hospital	Private out-patient consulting and general medical/hypertension and nephrological conditions at Wolverhampton Nuffield
Julie Jones	Non Executive Director	Outside Employment	Heart of England Academy	CFO
Julie Jones	Non Executive Director	Outside Employment	Academy Advisory	Associate Director
Julie Jones	Non Executive Director	Outside Employment	Walsall Housing Group	Member of Audit & Risk Committee
Julie Jones	Non Executive Director	Outside Employment	Solihull School Parents' Association	Trustee

Julie Jones	Non Executive Director	Outside Employment	Cranmer Court Residents Wolverhampton Limited	Director of leasehold management company
Keith Wilshere	Group Company Secretary	Shareholdings and other ownership interests	Keith Wilshere Associates	Sole owner, sole trader
Keith Wilshere	Group Company Secretary	Loyalty Interests	Foundation for Professional in Services for Adolescents (FPSA)	Trustee, Director and Managing Committee member of this registered Charity and Limited Company since May 1988.
Keith Wilshere	Group Company Secretary	Outside Employment	Walsall Healthcare NHS Trust	Group Company Secretary
Kevin Bostock	Group Director of Assurance	Outside Employment	Walsall Healthcare NHS Trust	Group Director of Assurance
Kevin Stringer	Group Chief Financial Officer/Group Deputy Chief Executive	Outside Employment	Healthcare Financial Management Association	Treasurer West Midlands Branch
Kevin Stringer	Group Chief Financial Officer/Group Deputy Chief Executive	Loyalty Interests	Midlands and Lancashire Commissioning Support Unit	Brother-in-law is the Managing Director
Kevin Stringer	Group Chief Financial Officer/Group Deputy Chief Executive	Loyalty Interests	CIMA (Chartered Institute of Management Accounts)	Member

Kevin Stringer	Group Chief Financial Officer/Group Deputy Chief Executive	Outside Employment	Walsall Healthcare NHS Trust	Group IT Director and SIRO
Kevin Stringer	Group Chief Financial Officer/Group Deputy Chief Executive	Outside Employment	Walsall Healthcare NHS Trust	Group Chief Financial Officer
Kevin Stringer	Group Chief Financial Officer/Group Deputy Chief Executive	Outside Employment	The Dudley Group NHS Foundation Trust	Chief Financial Officer for the Dudley Group NHS Foundation Trust from 21st June 2023.
Kevin Stringer	Group Chief Financial Officer/Group Deputy Chief Executive	Loyalty Interests	National Institute of Health Research	Daughter works part-time for this organisation.
Lisa Cowley	Non Executive Director	Outside Employment	Beacon Centre for the Blind	Healthy Communities Together Project Sponsor
Lisa Cowley	Non Executive Director	Outside Employment	Beacon Centre for the Blind	CEO
Lisa Cowley	Non Executive Director	Outside Employment	Ridge & Furrow Foods	Co-owner
Lisa Cowley	Non Executive Director	Outside Employment	Streetway House farms	Co-owner

Lisa Cowley	Non Executive Director	Loyalty Interest	Harris Allday EFG – Wealth Management arm of Private Bank	Partner employed by Harris Allday EFG – Wealth Management arm of Private Bank
Lisa Cowley	Non Executive Director	Loyalty Interests	HM Armed Forces	Partner employed by HM Armed Forces
Louise Toner	Non Executive Director	Outside Employment	Walsall Healthcare NHS Trust	Non-Executive Director
Louise Toner	Non Executive Director	Outside Employment	Birmingham City University	Professional Advisor
Louise Toner	Non Executive Director	Outside Employment	Wound Care Alliance UK	Trustee
Louise Toner	Non Executive Director	Outside Employment	Birmingham Commonwealth Society	Trustee
Louise Toner	Non Executive Director	Outside Employment	Advance HE (Higher Education)	Teaching Fellow
Louise Toner	Non Executive Director	Loyalty Interests	Birmingham Commonwealth Association	Member of Education Focus Group and Member of Board of Directors
Louise Toner	Non Executive Director	Loyalty Interests	Greater Birmingham Commonwealth Chamber of	Member

Commerce

Louise Toner	Non Executive Director	Loyalty Interests	Health Data Research UK	Member/Advisor
Louise Toner	Non Executive Director	Loyalty Interests	Royal College of Nursing	Member
Louise Toner	Non Executive Director	Loyalty Interests	Nursing and Midwifery Council	Required Registration to practice
Martin Levermore	Associate Non Executive Director	Shareholdings and other ownership interests	Medical Devices Technology International Ltd (MDTi)	Ordinary shares
Martin Levermore	Associate Non Executive Director	Outside Employment	Nehemiah United Churches Housing Association Ltd	Vice Chair of Board paid position by way of honorarium
Martin Levermore	Associate Non Executive Director	Outside Employment	Medilink Midlands	Chair non-paid of not for profit medical industry network organization/association
Martin Levermore	Associate Non Executive Director	Outside Employment	Her Majesty's Home Office	Independent Adviser to Windrush Compensation Scheme paid

Martin Levermore	Associate Non Executive Director	Outside Employment	Birmingham Commonwealth Associate Ltd	Chair of Trade and Business non-paid not for profit association
Martin Levermore	Associate Non Executive Director	Outside Employment	HDRUK	Chair of Black internship Program non-paid Charitable organisation
Martin Levermore	Associate Non Executive Director	Outside Employment	Cancer Research UK	Data Research Committee non- paid Charitable organization
Martin Levermore	Associate Non Executive Director	Outside Employment	Medical Devices Technology International Ltd (MDTi)	Chief Executive Officer paid of private Medical Device company
Martin Levermore	Associate Non Executive Director	Outside Employment	Commonwealth Chamber of Commerce	Executive member non-paid
Sally Evans	Group Director of Communications and Stakeholder Engagement	Outside Employment	Walsall Healthcare NHS Trust	Group Director of Communications and Stakeholder Engagement
Simon Evans	Group Chief Strategy Officer	Outside Employment	Walsall Healthcare NHS Trust	Group Chief Strategy Officer
Simon Evans	Group Chief Strategy Officer	Outside Employment	City of Wolverhampton College	Governor – unpaid

Stephanie Cartwright	Group Director of Place	Loyalty Interest	Robert Jones and Agnes Hunt NHS Foundation Trust	Spouse is a Non-Executive Director of Robert Jones and Agnes Hunt NHS Foundation Trust
Stephanie Cartwright	Group Director of Place	Loyalty Interest	Department of Health and Social Care (Senior Advisor for Primary Care Delivery)	Spouse is an employee of the Department of Health and Social Care (Senior Advisor for Primary Care Delivery)
Tracy Palmer	Director of Midwifery	Nil Declaration		
Umar Daraz	Non Executive Director	Outside employment	Getaria Enterprise Limited	Director
Umar Daraz	Non Executive Director	Outside employment	Birmingham City University	Director of Innovation
Patrick Carter	Specialist Advisor to the Board	Director	JKHC Ltd (business services)	Director
Patrick Carter	Specialist Advisor to the Board	Director	Glenholme Healthcare Group Ltd	Director
Patrick Carter	Specialist Advisor to the Board	Director	Glenholme Wrightcare Ltd (Residential nursing care facilities)	Director
Patrick Carter	Specialist Advisor to the Board	Director	The Freehold Corporation Ltd (property; real estate)	Director

Patrick Carter	Specialist Advisor to the Board	Outside Employment	Health Services Laboratories LLP	Chair
Patrick Carter	Specialist Advisor to the Board	Outside Employment	Scientific Advisory Board - Native Technologies Ltd (experimental development on natural sciences and engineering)	Member
Patrick Carter	Specialist Advisor to the Board	Outside Employment	Bain & Co UK	Advisor
Patrick Carter	Specialist Advisor to the Board	Outside Employment	JKHC Ltd (business services)	Business Services
Patrick Carter	Specialist Advisor to the Board	Outside Employment	Cafao Ltd	Management consultancy activities other than financial management)
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Cafao Ltd	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	The Freehold Corporation Ltd (property; real estate)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	JKHC Ltd (business services)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	The Glenholme Healthcare Group Ltd (care and rehabilitation centres)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	The Freehold Investment Corporation 1A Ltd	Shareholder

Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	The Freehold Investment Corporation 1B Ltd	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	The Freehold Investment Corporation 2A Ltd	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	The Freehold Investment Corporation 2B Ltd	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Adobe Inc (technology)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	AIA Group Ltd (insurance)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Alphabet Inc (multinational conglomerate)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Amazon.com Inc (retail)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Amphenol Corp (manufacturing)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Apple Inc (technology)	Shareholder

Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	ASML Holding NV (manufacturing)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Berkshire Hathaway Inc (financial)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Broadridge Financial Solutions Inc (financial)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Canadian Pacific Kansas City Ltd	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Constellation Software Inc (software)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Croda International Plc	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	CSL Ltd (technology)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Danaher Corp (science and tech)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Discover Financial Services (financial)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Essilor International (health)	Shareholder

Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Halma plc (tech)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	HDFC Bank Ltd (financial)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	IDEX Corp (manufacturing)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Intuit Inc (science and tech)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	London Stock Exchange	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	L'Oreal SA (manufacturing and retail)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Meta Platforms Inc A	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Mettler Toledo (manufacturer of scales and analytical instruments)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Microsoft Corp (tech)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Outside Employment	Becton Dickinson & Co	Advisor
Patrick Carter	Specialist Advisor to the Board	Outside Employment	Primary UK Ltd	Director

Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Nike Inc (retail)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Roper Technologies Inc (manufacturing)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	ServiceNow Inc (technology)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Sherwin Williams Co/The	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Taiwan Semiconductor Manufacturing Company Limited (science and tech)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Tencent Holdings Ltd (science and tech)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Thermo Fisher Scientific Inc (biotechnology)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Topicus.com Inc	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	UnitedHealth Group Inc (health)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Visa Inc (financial)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Copart Inc - automobile industry	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Lvmh Moet Hennessy Louis Vitton SE - luxury goods	Shareholder

Patrick Carter	Specialist Advisor to the Board	Land/Property Owner		Farms, farmland, residential and tourist activities in Hertfordshire
Patrick Carter	Specialist Advisor to the Board	Outside Employment	CAFAO Ltd	Director
Patrick Carter	Specialist Advisor to the Board	Non-financial interests - unremunerated directorships	The Freehold Acquisition Corporation Ltd (property; real estate)	Director
Patrick Carter	Specialist Advisor to the Board	Non-financial interests - unremunerated directorships	The Freehold Financing Corporation Ltd (property, real estate)	Director
Patrick Carter	Specialist Advisor to the Board	Non-financial interests - unremunerated directorships	Glenholme Senior Living (Bishpam Gardens) Ltd nursing home	Director

The Royal Wolverhampton NHS Trust (RWT)

Minutes of the meeting of the Board of Directors held on Tuesday 16 April 2024 at 10:00 am virtually via Microsoft Teams (MT)

PRESENT:

Sir David Nicholson	Chair,
Prof. D Loughton (v) CBE	Group Chief Executive Officer,
Ms D Hickman (v)	Chief Nursing Officer,
Mr J Dunn (v)	Deputy Chair/Non-Executive Director,
Mr A Duffell	Group Chief People Officer,
Prof. L Toner (v)	Non-Executive Director,
Mr K Stringer (v)	Group Chief Financial Officer,
Ms L Cowley (v)	Non-Executive Director,
Ms J Jones (v)	Non-Executive Director,
Mr K Bostock	Group Chief Assurance Officer,
Dr G Pickavance	Associate Non-Executive Director,
Ms A Harding	Associate Non-Executive Director,
Ms A Heseltine (v)	Non-Executive Director,
Ms S Evans	Group Director of Communications and Stakeholder Engagement,
Dr B McKaig (v)	Chief Medical Officer
Mr M Levermore (v)	Non-Executive Director,
Dr J Odum	Group Chief Medical Officer,
Ms S Cartwright	Group Director of Place,
Mr J Green	Operational Director of Finance,
Ms P Boyle	Group Managing Director of Research and Development,
Mr S Evans	Group Chief Strategy Officer,
Dr U Daraz	Associate Non-Executive Director,
Ms G Nuttall (v)	Chief Operating Officer/Deputy Chief Executive,

*(v) denotes voting Directors, **

IN ATTENDANCE:

Ms S Banga	Operations Coordinator for the Company Secretary, RWT,
Ms O Powell	Senior Administrator for The Group Company Secretary Office,
Ms K Cheshire	Head of Midwifery and Neonatal Services RWT,
Ms A Dowling	Head of Patient Experience, RWT,
Ms G Nightingale	Directorate Manager to the Group Chief Executive,
Ms L Lawton	Matron for Pre-registration Education, RWT
Ms C Flatt	Matron for Post Registration Education, RWT,
Ms T Shaw	Senior Practice Education Facilitator for Education Quality, RWT,
Ms L Kelly	Associate Director of Research and Professional Development at Walsall Healthcare Trust and Head of Nurse Education RWT,
Mr M Ondrak	Wolverhampton Acute Branch Unison Branch Secretary & staff side lead RWT, member of public,
Mr D Ayyaz	As a member of the public
Dr Tinsa	As a member of the public,

APOLOGIES:

Ms T Palmer	Director of Midwifery,
Mr K Wilshere	Group Company Secretary,
Lord Carter	Strategic Advisor to the Board.

TB. 9328: Chair's Welcome, Apologies and Confirmation of Quorum

Apologies were noted from Ms Palmer, Mr Wilshire and Lord Carter.

TB. 9329: Staff Voice Nurse Education Team

Mr Duffell introduced the Nurse Education Team. Ms Kelly said the team's key areas of responsibilities were to support training for pre-registration students that were none medics, Nursing, Midwives and Allied Health Professional (AHP) students together with tier level students. She said the team also provided inductions for Health Care Support Workers to ensure they were appropriately skilled with care certificates. She said support was also provided for post registration functions for substantive members of staff within the organisation such as preceptorship, assisting newly qualified nurses with the transition from students to become nursing staff. She said the team also looked at e-learning, how training could be made more accessible via digital platform. She finally mentioned pastoral support was offered to the international trained nurses and locally trained nurses.

Mr Duffell asked what it was like working for Royal Wolverhampton NHS Trust (RWT) from a Nurse Education point of view and what, if any, were the challenges for the team.

Ms Shaw said it was a positive time to be working within the Nursing Education team with the development of digital learning, as staff felt it was easier to access and a different way of learning compared to face-to-face training.

Ms Lawton said change in assessment processes was challenging for students. She said digital education was being used but when face to face education was required it was a challenge to find meeting rooms due to the increase in the number of students.

Ms Heseltine asked what percentage of education was able to be completed within clinical areas.

Ms Kelly said support was provided within clinical areas where required. She said there was a Legacy Nurse Mentor Scheme in place where support was offered to new registrants in their transition. She said Nurse Mentors were employed across both RWT and Walsall Healthcare NHS Trust (WHT) who were experienced nurses who had chosen to take on the role, some had formally retired and had come back into practice.

Ms Heseltine asked would that involve Management Leadership support, i.e. new Ward Sisters, Matrons. Ms Kelly said that was correct, an education package was available to support that transition into leadership roles.

Ms Flatt said there was a Band 5 development programme which supported all Band 5 nurses and Midwives across both organisations focusing on patient experience, quality civility and respect with what good care looked like. She said excellent feedback had been received. She said a new Collaborative Leadership and Management Programme was also in development for Band 2s up to Band 8s which would offer mentorship and shadowing opportunities. She also mentioned it was a positive time to work at the Trust with the collaboration work taking place across RWT and WHT.

Mr Duffell said it was positive to hear that the team was taking forward and embedding the civility and respect programme into work they were undertaking, as it was known as a Trust there had been a decrease in the Staff Survey results.

Sir David asked from an education perspective what the strengths and weakness were of having the workforce structure that the Trust had at RWT.

Ms Kelly said support was received from NHS England in terms of Continued Professional Development (CPD) money for registered workforce, which meant the Trust had been in a position to offer education opportunities within all structures across both organisations. She said this had given the Trust opportunity to develop and grow staff within the organisation.

Prof Toner said in comparison to other NHS Trusts, both RWT and WHT had been successful in significantly increasing the number of undergraduate students, together with overseas nurse recruitment. She said given the NHS Long term Workforce Plan and the increase in the number of adult staff, had thought been given on challenges on how the team may manage the increase in numbers.

Ms Lawton said the challenge was increase in capacity, she said the team were reviewing the types of areas that would be exposed to the clinical experiences and how opportunities would be given to the students. She said this would be done by identifying different types of pathways for the undergraduate students.

Mr Duffell asked what messages the team had to the Board.

Ms Kelly said staff should be encouraged to attend training and be supported by their Line Managers. She also asked whether any available space could be identified to provide training.

Sir David thanked the team for their attendance and said the Board valued the work undertaken by them. He said this had an effect on the care provided to patients through to enhancing the quality of nursing provision and retaining/recruitment of staff. He said Mr Duffell and Ms Hickman would review the challenge in relation to space for training.

Resolved: that the Staff Voice item of the Education Team be noted and received

Action: Mr Duffell and Ms Hickman to review the challenge in relation to space availability for providing face to face training for staff.

TB. 9330: Register of Declarations of interest

There were no Declarations of Interest.

TB. 9331: Minutes of the Previous Meeting of the Board of Directors held in Public on 13 February 2024

Sir David confirmed there were no amendments to the minutes of the meeting of the Board of Directors on the 13 February 2024.

Resolved: that the Minutes of the Board of Directors held on 13 February 2024 be approved as a true record.

TB. 9332: Board Action Points and Matters Arising and from the Minutes of the Board of Director Meeting held in Public on 13 February 2024

13 February 2024/TB 9294

Cancer Performance

“A discussion to take place at a future meeting about the potential medium-term solutions to the challenges with Cancer Performance.”

The item had been scheduled to be discussed at a Board Development Session

Action: it was agreed the action be closed

13 February 2024/TB 9284

Winter Plan Update

“An update to be provided to the next Board meeting”.

The item was on the agenda for the April Trust Board meeting.

Action: it was agreed the action be closed

TB. 9333: Update on Winter Plan

Ms Nuttall said it had been reported Nationally and Locally that it had been a challenging winter. She said the report included summaries of the actions undertaken by the Trust. She said focus had been on safety and quality for patients going through the emergency portals and appropriate response times in terms of ambulance off loads together with flow through the department. She said there had been a national focus on the length of time that people were waiting in the Emergency Department (ED) with an expectation that 76% of people who attended emergency portals would be seen within a 4-hour metric. She said at the end of March RWT achieved 78%. She also mentioned there was a financial capital incentive for organisations associated with improvements in Urgent and Emergency Care performance. She said she had not received communication of any award to RWT for that funding.

Ms Nuttall mentioned the successful opening and funding of additional 10 paediatric beds between January and March. She said the beds had closed and the funding had now ceased. She said the introduction of the Same Day Discharge Centre assisted with significant flow throughout the organisation which was positive. She mentioned the success of the Virtual Wards and Community Capacity, with the Virtual Wards onboarding more patients. She said Wolverhampton Place Urgent and Emergency Care Group had been nominated for a local Government award for joint and integrated working which was positive news. She said there were challenges with flow and patients waiting over 12 hours for a bed. She said two key challenging areas were, patients who did not meet the criteria for them to reside or were not medically fit for discharge. She said this had increased on an average of over 100 patients. She mentioned this had a significant impact on flow within the organisations together with an effect upon the forecast of the bed model. She said there had been an impact across all the Black Country together with external partners. She mentioned the medical model of change did not have the anticipated impact in terms of length of stay. She said it was a 6-month pilot scheme and was being reviewed. She finally mentioned positive work had been undertaken but work was still required internally and externally with system partners on the winter plan.

Mr Dunn congratulated the team for the positive performance that community and patients received in terms of emergency care. He asked whether lessons learnt were being reviewed on flow within the Trust.

Ms Nuttall said a review was being undertaken with the medical model of care with an internal review across the whole organisation led by Division 2 and Division 3. She said the review would focus on models for rehabilitation and the management of patients who did not meet the criteria of management to reside. She also mentioned there was an external workshop review within Wolverhampton Place to review the actions which linked in with the Better Care Fund and the integrated working schemes that were in place.

Prof Toner asked about the Paediatric beds that had closed and how patients were being managed.

Ms Nuttall said the ward was currently over capacity and the number of patients had not reduced. She said it was being managed within the workforce provided and was managed on a risk-based system. Ms Hickman said the flexibility went beyond paediatrics and required support from other areas in the organisation and it was a Trust wide approach.

Sir David highlighted there had been significant improvements over the last 12 months and thanked all involved. He said it was important to plan early and review any lessons learnt.

Resolved: that the Winter Plan be noted and received

TB. 9334: Chair's Report – Verbal

Sir David encouraged Board members to attend the upcoming Joint Board Development Workshop. He said over the coming years organisations would be dependent upon each other and would need to support each other. He said it was important to understand plans of each Trusts and how they worked. He also mentioned it was Prof Loughton's final Trust Board meeting and expressed the positive impact Prof Loughton had on the delivery of services at RWT and how he had managed to lead in an exemplary way. He said this included his determination to deliver to the population, together with supporting people with his kindness, approach and his innovation within the Trust. Sir David thanked Prof. Loughton on behalf of the Board and wished him a happy retirement.

Resolved: that the Chair's Report be noted and received

TB. 9335: Group Chief Executive's Report

Prof Loughton highlighted the 7 positive speciality Consultant appointments since the last Trust Board. He said this would assist in reducing the dependency for the Trust on sending work to other organisations. He said he had chaired the West Midlands Cancer Alliance for the last 7 years and had organised the transfer from NHS England to RWT payroll of a significant number of West Midlands Cancer Alliance staff. He said the staff would now stay with RWT, and the new Chair would be Prof Hardy. He mentioned RWT was the sixth highest in the Country for community diagnostics with RWT having the largest diagnostic Centre at Cannock Chase Hospital. He said the Mortality position at the Trust was originally 1.21 and had now reduced to 0.9 on Summary Hospital-level Mortality Indicator (SHMI) which was a positive achievement. He said the Trust hosted National Institute for Health and Care Research (NIHR) and was awarded £2.5 million for the delivery of a clinical trial. He mentioned he had also spent time talking to people he had worked with over the last 20 years thanking them for their hard work and finally said it had been a pleasure working for the Trust and with Board members.

Resolved: that the Group Chief Executive's report be received and noted

TB.9336: Trust Management Committee - Chair's Report

Ms Nuttall introduced the report and said it was for noting.

Resolved: that the Trust Management Committee - Chair's Report be received and noted

Support our Colleagues.

TB.9337: People Committee (PC) - Chair's Report

Ms Heseltine highlighted the terms of reference had been reviewed and approved by the Committee. She said a review was to take place of the People Committee objectives. She mentioned Finance and Performance workforce data was being presented to the Committee for review. She also said positive discussions were taking place with Chairs and Executives at RWT and WHT in relation to the joint People Committee, and it was proposed the first joint Committee meeting would take place in June. She finally mentioned a positive deep dive was received from the voluntary services which demonstrated the value and impact on the Trust.

Ms Harding highlighted the staff survey results response rate was low. She said the Committee felt staff side lead supported by the HR teams may encourage more people to take part in the survey and for staff to understand that it was there for their benefit to improve things for them. She said the briefing paper looked at the successes of the survey, improvements to be made and how the People Enabling Strategy would be used. She said the Committee wanted to see a change from a strategic perspective in response to the survey, in order to try and make a difference to working lives, experiences and learning of colleagues. She said a deep dive was received for pharmacy and although there were high vacancy rates, their survey results were positive. She said the response to the survey would need to be clearly managed in terms of further engagement for colleagues.

Mr Duffell asked colleagues to note that the results to “we are safe and healthy” was missing within the survey results. He said this was due to a national technical issue in the way the data was collated. He also highlighted across the West Midlands when looking at ‘would you recommend this Trust as an organisation to work’ RWT were forth in all the Midland Trusts. He said the Pathology service which was hosted by the Trust was not where it should be but was noted as one of the most improved areas.

**Resolved: that the People Committee (PC) - Chair's Report be received and noted
That the People Committee terms of reference be approved.**

TB.9338: Group Chief People Officers Report by Exception Workforce Report

Mr Duffell highlighted the positive 6 key metrics, vacancy position being over 2.5%, retention, appraisals and mandatory training being in a positive position. He said improvements were required for sickness absence however recognising this was reporting 2 months in arrears. He said consultants had accepted a revised pay offer which would close industrial action from a Consultant perspective. He said the outcome was still awaited on discussions with Junior Doctors pay and they had taken a mandate which allowed Junior Doctors to undertake another 6 months of industrial action should they chose to do so. He said in relation to the nurses industrial action it was aware from a national perspective as the pay review body announces the pay uplift for the NHS agenda for change. He said he was aware from Nurse Unions there would be observation on what the pay review body awards NHS staff as there was recognition from a nursing perspective that from a Doctors settlement it was significantly better than what had come through the normal agenda for change. He said once the pay body review announces what the pay uplift for the NHS for Agenda for Change would be this could result in some of the unions choosing to take action or not.

Resolved: that Group Chief People Officers Report by Exception Workforce Report be received and noted

Effective Collaboration- None this month

There was a comfort break 10:50 – 11:00 am

Improve the Health of our Communities

TB. 9339: Integration (PLACE) Committee Chair's Report

Ms Cowley said a Committee development session had taken place to reflect on how the committee is progressing, to agree focus moving forward and how to explore the role of integration. She said there was a positive Getting it Right First Time (GIRFT) visit in relation to the Virtual Wards at which the RWT was recognised as an exemplar. She also stated that there

was discussion regarding the limited resource allocation to the OneWolverhampton partnership in comparison to others across the Black Country. She assured the Board a conversation had taken place on digital technology solution for Virtual Wards and confirmation had been received of the extension of the contract. Mrs Cowley stated there would be a regional tender for that provision.

Resolved: that the Integration (Place) Committee Chair's Report be received and noted

TB. 9340: Group Director of Place Report - by Exception

Ms Cartwright added to the previous report and stated that the Integration Committee would be taking place in person at community venues to enable the Committee to be visible within the community and also to hear from community services. She said a review had taken place within the OneWolverhampton partnership over the last twelve months particularly focussing on the successes of the strategic working groups. She said priorities had been created for the next 12 months and that the OneWolverhampton Board would be holding a development session in June to agree it's top 3 priorities that the partnership will deliver, reflecting on the recently published planning guidance. She said OneWolverhampton had been nominated for a Local Government award and a Municipal Journal Award for the excellent working between health and care in Wolverhampton particularly in reference to winter planning. Mrs Cartwright confirmed there were no formal hosting arrangements required this year in regard to Integrated Care Board (ICB) delegation and the coming year was classed as another development year from an ICB perspective. She said a memorandum of standing had been developed between ICB and the Place Based Partnership which would be presented to a future Board meeting. She also advised the Board that the Council had appointed Andrew Wolverson as the Interim Director of Adult and Social Care.

Sir David referred to a report in relation to taking community services to another level in terms of hospital utilisation and queried progress on transformation work. Ms Cartwright said that it was across Walsall and Wolverhampton to identify any transformation areas across the two organisations, and that meetings had taken place and a plan of prioritisation had been prepared. She said the plan would be shared to the Board once it had been developed.

Resolved: that the Group Director of Place Report be received and noted

Excel in the Delivery of Care

TB.9341: Finance and Productivity Committee (F&P) - Chair's Report

Mr Dunn highlighted the Committee had met 4 times since the last Board to review the Operating Plan. He said the Trust had achieved the year-end target from a financial perspective which was positive news. He said performance had also been positive for the 104-week waiters and the 78 weeks. He mentioned it was also agreed that budgets would be rolled over until a formal agreement had been reached with the Annual Operating Plan.

Resolved: that the Finance and Productivity Committee Report be received and noted

TB. 9342: Group Chief Financial Officer Monthly Finance Reports - Months 10 and 11

Mr Stringer highlighted the Trust had delivered the forecast of the end of year position with a deficit £26.6 million, £29 thousand within the control total for the end of March. He mentioned this would be subject to Audit. He said the ICB had also collectively delivered its control total. He said a number of forms of performance of Capital being received from the Capital resource limit PDC funded schemes that were relating to public dividend capital. He said the Trust was

also to receive at least a third of PSDS public sector money. He mentioned the control total was achieved at £19 thousand within that spend of just above £44 million on the Capital Resource limit. He said this was subject to audit. He mentioned on the revenue and capital side, end of the year the Trust achieved the control totals that were required.

Sir David asked if the control total at the beginning of the year was delivered at year end.

Mr Stringer said the plan that was set was updated for a forecast that was done in October/September. He said it was known as H2 forecast which was what RWT was being tested against and the one that was delivered. He said the system had a £69 million planned deficit and, in the end, due to the revised forecast it was £90 million deficit. He said it was the £90 million that was collectively delivered.

Sir David asked if the H2 second half of the year performance was better than the first half of the year performance. Mr Stringer said it was a tighter performance.

Sir David said RWT had delivered a positive performance during the past year and thanked all involved.

Resolved: that the Group Chief Financial Officer Monthly Finance Reports be received and noted

TB. 9343: Audit Committee - Chair's Report

Ms Jones introduced her report and said a successful meeting took place with members of the WHT Audit Committee and the RWT Audit Committee about joint procurement to procure external auditors.

Resolved: that the Audit Committee be received and noted

TB. 9344: Quality Committee (QC) - Chair's Report

Prof. Toner said the Trust received a standardised mortality ratio letter from the National Stroke team identifying outliers in terms of stroke mortality between 21/23. She said an external Audit had been commissioned. She said the Committee agreed with the information that came from the National stroke team. She said since 2023 work had been undertaken and the Sentinel Stroke National Audit Programme (SSNAP) data which demonstrated improvements in performance. She said there was a repeat review of nitrous oxide levels in the maternity delivery suite. She mentioned when the review was undertaken 12 months prior it was minor but was now deemed to be widespread across the delivery suite. She mentioned there were 8 cases of Methicillin-resistant Staphylococcus aureus (MRSA) in neonates which were now under control and education and training for MRSA had been available. She said challenges had been identified within the Neonatal unit environment relating to flooring and windows. She said a business case had been submitted but due to the financial situation the Committee was unaware of how that would progress. She said following an attempted abduction of a baby from the Neonatal unit there had been a tabletop exercise, and various actions were being undertaken together with learning.

Sir David asked for more information on the stroke mortality numbers.

Dr McKaig said the Trust was no longer an outlier in terms of SHMI following Quality Improvement (QI) work which had been undertaken. He said a meeting had taken place with the external SNAP team to discuss what was being done at the Trust. He said he had asked for an external review to provide assurance that the work being undertaken was where it needed to be and to identify what learning could be identified. He said SNAP data had improved for 21/22

when the Trust was scoring a C and D was now consistently scoring an A or a B.

Sir David asked that an update be provided to a future Board following completion of the work.

Prof Toner said discussions had taken place with RWT and WHT Quality Committees in relation to the potential to join both Committees together. She said it was decided to keep them as two separate Committees in the first instance with opportunities to put information together for reports and would be reviewed.

**Resolved: that the Quality Committee (QC) - Chair's Report be received and noted.
Action: an update be provided at a future Board meeting on the work undertaken in relation to stroke mortality.**

TB. 9345: Chief Nursing Officer Report by Exception

Ms Hickman highlighted the 8 cases of MRSA in the Neonates department were not connected and all had different Ribo types. She said a significant education programme around practice and observation had been undertaken. She also referred to some of the environmental challenges and there had been a significant period of time without further transmission, but this was continuing to be monitored. She said it was recognised that the Neonatal abduction was a criminal case. She said there was learning not just for neonates but Trust wide and work was underway across the Trust to review movement of staff and security. She said collective discussions were taking place as a system around workforce stability also in relation to challenges that were anticipated in workforce which were inclusive of the main Higher Education Institutions (HEI) provider that started in the Black Country and would extend to other HEI providers. She said there were areas of improvement around stability and quality safety metrics. She said the CQC Ofsted Special educational needs and disability (SEND) inspection was local authority waited and health did have a component within that. She said the initial feedback received around health was positive, but it did recognise some of the challenges which were also seen nationally in terms of access to services particularly in children's. She said the report in full was awaited and would be brought to Quality Committee.

Resolved: that the Chief Nursing Officer Report by Exception be received and noted.

TB. 9346: Developing Workforce Safeguards - Nursing and Allied Health Professionals (AHP)

Ms Hickman said this was a regulatory requirement for Board. She said there was strong compliance around nursing infrastructure. She said there was no national framework/evidence base around Allied Health Professionals (AHPs). She mentioned RWT were leading a piece of work to be taken across the Black Country to bring it closer to align with GIRTH pathways starting with hips and knees and to also align with some of the work that Prof. Tim Briggs was undertaking in the Black Country. She said support was being sought from the National lead.

Resolved: that the Developing Workforce Safeguards - Nursing and Allied Health Professionals Report be received and noted

TB. 9347: Midwifery Services Report by Exception

Ms Cheshire said the following the annual CQC NHS Maternity Survey undertaken last year positive feedback had been received. She said a number of categories that required improvement. She said the Trust was aware of the areas that needed to be strengthened some around estates, having partners there throughout the labour and birth journey and other issues related to culture, environment and the experiences of women. She said work continued on action plans. She said the NHS resolution for the maternity incentive scheme Clinical

Negligence Scheme for Trusts (CNST) for year 6 letter had been received by the Trust which documented that the 10 safety actions had been achieved. She said work had commenced on the new safety actions. She said in relation to the action booking numbers, there had been an increase in January as women did not want to book during December and booked in January. She said having reviewed data over the last few years there had been a steady increase in activity in maternity services along with increase complexities.

Sir David asked if there was pattern inside Wolverhampton or other areas.

Ms Cheshire said women outside of Wolverhampton and out of patch which included Staffordshire, could choose to go to one of three hospitals and RWT did receive a high number of women from those areas. She said there was a service being worked on called Black Country Midwives where the women outside of the area that currently would be cared for by other people's community midwives would be transferred to the care of Wolverhampton. She said RWT were looking to see whether they could provide midwifery care antenatal and postnatal care to women who chose to book at RWT throughout their journey which would be a big service change and would take place across the Local Maternity and Neonatal System (LMNS).

Prof Loughton congratulated the team for being one of the few units in the Country that had achieved birthrate plus staffing levels. He felt it was helpful to provide an update to the Board in the future of areas of focus i.e. travellers and progress made.

Resolved: that the Midwifery Services Report by Exception be received and noted.

TB.9348: Chief Medical Officer Report by Exception

Dr McKaig highlighted an external visit took place from Aston University for medical education and training. He said positive assurance had been received with high levels of satisfaction. He also mentioned the national education training annual survey postgraduate doctors in training. He said there had been improvements in a number of areas where issues had previously been identified. He said mitigations had been in place particularly in general surgery and foundation. He finally mentioned along with the long-term workforce plan there was an increase in requests for medical student placements for both partner organisations, University of Birmingham, and Aston University. He said this was a challenge in terms of physical capacity within the current building that housed the medical students. He said work was underway to anticipate the increases that could be seen over the few years to try and improve our facilities for medical students as they came through.

Resolved: that the Chief Medical Officer Report by Exception received and noted

TB. 9349: Integrated Quality and Performance Review (IQPR) - Executive Summary

Ms Nuttall said the report was to note.

Resolved: that the Integrated Quality and Performance Review (IQPR) - Executive Summary be received and noted

TB. 9350: Any Other Business

There was no other business.

TB. 9351: Questions Received from the public

Sir David asked if any questions had been received from members of the public. Mr Bostock said questions had been received from Dr Tinsa and went through those questions below.

Question 1: Dr Tinsa asked for an update on Martha's Rule

Dr McKaig said Martha's Rule was an expression of interest for organisations who would be

eligible which was released on 27 March. He said RWT had submitted expressions of interest having a current 24/7 critical care outreach team from an adult perspective and RWT qualified for that and were in a positive position. He said it was seen as a critical and important step in supporting patients and relatives. He said work was underway in the Paediatric community on how to deliver Martha's Rule.

Sir David asked about the time frame on Martha's Rule.

Dr McKaig said expressions of interest were submitted two weeks prior to the meeting. He said there was an expectation to have a response by the end of April, beginning of May, as to whether the Trust was successful. He said there would then be a 12-month implementation period around pilot sites to gain learning. He said it was anticipated a firm structure would be in place within 12 months.

Question 2: Dr Tinsa also asked why the recruitment of the Chief Executive abandoned in February 2024.

Sir David said the recruitment of the Chief Executive was not abandoned and recruitment was still continuing. He said the first deadline in terms of the appointment was not met due to there not being a strong short list at that time. He said recruitment was taking place and the hope was that RWT would make an appointment in the middle of the year. He said there would be a meeting in the coming week with head-hunters to finalise a timetable. He said an Interim Chief Executive had been appointed and would commence the beginning of May. He said he would report to the Board as soon as there was something significant to report.

Question 3: When did the Volunteers Recruitment start.

Ms Hickman mentioned the successes with the volunteers and there was in excesses of 200 volunteers at the Trust. She said the roles were varied. She said recruitment continued and RWT were participating in the national volunteer programme.

Question 4: COVID is history. Why are there no volunteers. No voluntary buggy. No patient experience team forums. No pip at PALS. The previous guy retired months ago and had not been replaced, together with discussion that problems at PALS can be heard through a hatch. Everybody can hear their private issues in the corridor.

Ms Hickman said the buggy ceased during in Covid-19 which was due to driver availability together with demand. She said it was reviewed post Covid-19 and there were a number of concerns and incidents that had been logged over a period of time before Covid-19 and on a risk assessed basis it was decided that it would not be re implemented. She said the patient experience forums had been replaced with a revised model that had been in place for a number of years and the Trust now had patient involvement partners. She said it allowed wider participation and contribution so there was more engagement. She said they were no longer part of the PALS team. She said it added more independence and impartiality around the role. She said footfall was significant to the department, the presentation and ask of the department was diverse. She said where support was required, every case was dealt by its own merits, there was a provision available for quiet space and confidential space should it be required within the department. She said there was not an expectation that individuals share sensitive discreet confidential information on the main corridor.

Mr Bostock said responses to the questions would be available within the minutes of the next Public Board meeting once they were approved.

TB. 9352: To consider passing a resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting, having regard to the confidential nature of the business about to be transacted, publicity on which would be prejudicial to the public interest

Resolved: that the resolution be approved.

TB. 9353: Date and time of the next meeting Tuesday 14 May 2024 at 10:00 am

The meeting closed at 11:42

List of action items

Agenda item	Assigned to	Deadline	Status
Public Trust Board 16/04/2024 11.4 Quality Committee (QC) - Chair's Report			
1774.	Stroke Mortality	● McKaig, Brian	13/05/2024 ■ Completed
<p><i>Explanation action item</i> Dr McKaig to provide an update at a forthcoming meeting on the work undertaken in relation to Stroke Mortality</p> <p>UPDATE: an external review is in the process of being arranged and an update will be provided once the review is complete</p>			
Public Trust Board 16/04/2024 2 Staff Voice Nurse Education Team			
1773.	Availability of Training Rooms for Staff	● Duffell, Alan ● Hickman, Debra	13/05/2024 ■ Completed
<p><i>Explanation action item</i> Mr Duffell and Ms Hickman to review the challenge in relation to space availability for providing face to face training for staff for the Nurse Education Team.</p> <p>UPDATE: This is a known risk and is managed via the Risk review process. Discussion's are underway with stakeholders but are limited due to financial constraints. All training is reviewed as to its efficacy for online options.</p>			

Paper for submission to the Trust Board Meeting – to be held in Public on 14th May 2024

Title of Report:	Operational Plan 2024/25	Enc No: 7
Author:	James Green, Operational Director of Finance, Adam Race, Operational Director of HR & OD, Simon Evans Group Chief Strategy Officer	
Presenter/Exec Lead:	Kevin Stringer, Group CFO, Simon Evans Group Chief Strategy Officer, and Gwen Nuttall, Chief Operating Officer	

Action Required of the Board/Committee/Group

Decision	Approval	Discussion	Other
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Recommendations:			
The Board is asked to:			
1. Approve the Operational Plan 2024/25			

Implications of the Paper:

Risk Register Risk	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Risk Description: Risks SR15 deal with the risk of deficit in year and the financial sustainability of the Trust. On Risk Register: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Changes to BAF Risk(s) & TRR Risk(s) agreed	None		
Resource Implications:	The report presents the Operational Plan for 24/25.		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	NHSE	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: The Trust has a statutory duty to breakeven
	Health & Safety	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	Legal	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	NHS Constitution	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
CQC Domains			

Equality and Diversity Impact	In being awarded the Race Code mark, the Trust agreed to increase its awareness and action in relation to the impact of Board & Board Committee business on people with reserved characteristics. Therefore, the Committee must consider whether anything reviewed might result in disadvantaging anyone with one or more of those characteristics and ensure the discussion and outcome is recorded in the minutes and action taken to mitigate or address as appropriate.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: 5 th April 2024, 12 th April 2024 26 th April 2024
	Board Committee	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: 20 th March 2024 F&P Committee, 3 rd April EO F&P Committee, 15 th April EO F&P Committee, 24 th April 2024 F&P Committee
	Board of Directors	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:

Summary of Key Issues using Assure, Advise and Alert

Assure

Members can take assurance over the Trust financial oversight from the following:

- The Trust is fully engaged in the 24/25 planning process. Draft submissions have been submitted within timeframes and focus has been to triangulate workforce, activity and finance. The trust has actively worked with Provider Collaborative and ICB colleagues.
- A capital programme has been developed to fit within the current affordability envelope, However risks remain within the programme but work continues to acquire additional funds.
- The Black Country ICB is leading discussions with other local ICBs in relation to additional income to fund the level of urgent and emergency care activity from outside the system.

Advise

Members should be advised:

- There remains a significant deficit across the ICS and NHS England scrutiny will continue through 2024/25.
- The Trust has attended 'deep dive' meetings with NHSE and there is a focus that the Trust must ensure it has robust controls.

Alert

The report draws the attention of committee to:

- All revenue financial models produced show the Trust with a considerable financial deficit in 2024/25. This will likely need cash support from quarter 2 of the financial year. A submission for cash support will be made by the end of quarter 1. The current forecast is a £52.9m revenue deficit prior to distribution of the System surplus currently held in the ICB financial plan.
- The ICB and Trust have had numerous meetings with the national NHSE team in March regarding development of financial plans.
- 2024/25 assumes a CIP target of 7.7% (excluding hosted services) which equates to £67.6m
- The Trust will need to ensure rigorous grip and control on financial and headcount metrics and regular testing of those controls to ensure they are suitable.

Links to Trust Strategic Aims & Objectives (Delete those not applicable)

<i>Excel in the delivery of Care</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 community and populations
<i>Support our Colleagues</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 Standards
<i>Improve the Healthcare of our Communities</i>	<ul style="list-style-type: none"> • Develop a health inequalities strategy • Reduction in the carbon footprint of clinical services by 1 April 2025 • Deliver improvements at PLACE in the health of our communities
<i>Effective Collaboration</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

The Royal Wolverhampton NHS Trust

Report to the Public Trust Board on 14th May 2024

2024/25 Operational Plan

1. Introduction

This report seeks approval from the Trust Board of the 2024/25 Operational Plan. The details were discussed at the Finance & Productivity Committee on the 26 April 2024 whereby the Committee approved the submission of the plan on 2 May 2024.

This paper should also be read in conjunction with the Improvement and Transformation Plan (I&TP).

2. 2024/25 Operational Priorities

NHS England published a pack of operational planning and contracting guidance on 27 March 2024.

The overall priority for the NHS in 2024/25 is to recover core services and productivity following the Covid-19 pandemic. The planning guidance acknowledges that this is a major challenge, which will take several years. In terms of the resources available, the spring Budget 2024 included £2.45bn of extra funding for the NHS in 2024/25, which is intended to cover the recurrent cost of the 2023/24 pay deal, with NHS funding otherwise being held flat.

As in 2023/24, finance is considered at a system level. Integrated Care Board's (ICB), NHS Trusts and Primary Care providers are asked to work together to plan to deliver a net financial position which is balanced across the system. They should involve wider system partners as they decide how to balance various national and local priorities.

The focus on recovery is the same as in the previous year's planning guidance. Within this, there is however now a sharper focus on productivity, and on how the NHS can be a better and more responsive employer.

3. Recovery

Nationally, the NHS continues to prioritise the recovery of core services – in particular, elective care, cancer care, diagnostics and urgent and emergency care, NHS dentistry and access to primary care. The most significant financial mechanisms to support recovery are the same as those used in 2023/24. The Elective Recovery Fund (ERF) continues into 2024/25, and the Better Care Fund is being used to move activity to settings outside acute hospitals.

To help recovery, systems are asked to maintain their bed numbers for general and acute care in 2024/25 at the same level funded and agreed through operating plans in 2023/24. New in the 2024/25 planning guidance, NHS England is promoting NHS IMPACT, its national approach to improvement, as a way of driving recovery.

4. Productivity

Previous planning guidance has prioritised productivity, but there is a sharper focus on it in 2024/25, with clearer expectations on systems.

NHS England expects all Acute Trusts to recover their productivity towards pre-pandemic levels (adjusted for structural factors, case-mix changes, and uncaptured activity). It asks ICBs to work with Acute Trusts to analyse their productivity compared to that in 2019/20 and put in place improvement plans. It also asks systems to review their workforce establishment against 2019/20, justify any increases (for instance based on outcomes, safety, quality, or new service models) and put in place plans to improve workforce productivity.

Nationally, NHS England will start reporting on productivity metrics in the second half of 2024/25. This will go down to an ICB and Trust level to enable systems to benchmark their performance. The core metrics will include:

- measures of overall productivity at trust level
- measures of operational and clinical productivity (such as the no criteria to reside rate, capped theatre utilisation, the diagnostic utilisation rate and turnaround time for reporting)
- measures of workforce productivity (such as outpatient appointments per consultant, care hours per patient day, bank and agency spend as a proportion of pay costs)
- measures of efficiency (such as on delivery of the opportunity for medicines optimisation).

As in previous years, the planning guidance includes a target on temporary staffing, though this year it has been elevated such that it's included as one of the national objectives. NHS England asks systems to reduce their agency spend to a maximum of 3.2% of the total pay bill across 2024/25 (compared to a target of 3.7% in 2023/24). It also expects trusts to end their use of off-framework agencies by July 2024, and stipulates that any use of off-framework agencies before this point should be signed off by the chief executive or a designated deputy.

5. Supporting the NHS workforce

In 2024/25, the planning guidance has a much stronger focus on workforce than in previous years. It stresses the importance of improving staff experience, retention, and attendance, saying 'the evidence is clear that improving staff engagement will help to improve patient outcomes and safety'.

This is an area which is still under development, with more policies and guidance likely to follow within the next 12 months and in the coming years. The planning guidance sets out some specific requirements, but describes these as 'the floor, rather than the ceiling, of our collective ambition to be a better and more responsive employer'.

Specific requirements are that NHS employers:

- implement the new *National pregnancy and baby loss people policy framework*.
- implement the NHS sexual safety charter.
- implement the actions and best practice available through the retention hub.
- embed the *NHS equality, diversity and inclusion improvement plan*.

- align their training with the *Core skills training framework*.
- implement the *Growing occupational health and wellbeing together strategy*.
- provide work schedules in advance, with compassionate on-call rostering and leave request management.

6. Detailed priorities, targets and actions

Beyond the key themes of recovery, productivity and supporting the workforce, the planning guidance explains the actions that systems should take to support a more detailed set of national objectives.

Annex 1 details the key quality performance standards for 2024/25.

7. The Royal Wolverhampton Operational Plan

As the Trust Board will be aware the 2024/25 Operational Plan submission has gone through a 3-stage process:

- Early cut information 12th March 2024
- Draft Plan 16th April 2024
- Final Plan 2nd May 2024

Through this paper, alongside the Annual Plan agenda item the Trust Board is asked to approve the 2024/25 Operational Plan.

The key sections for the Trust Board to discuss prior to approval are:

- Quality Performance Standards
- Activity, inclusive of elective recovery
- Workforce
- Income & Expenditure inclusive of the efficiency
- Capital
- Cash

8. Quality Performance Standards

Led by the Chief Operating Officer, with support from the wider Executive team, the Trust has produced monthly trajectories for each metric following detailed discussions at Divisional level.

The recommended performance against these metrics is summarised in the following chart.

Eliminate waits of over 65 weeks for elective care as soon as possible and by September 2024 at the latest (except where patients choose to wait longer or in specific specialties)



Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%



Improve performance against the headline 62-day standard to 70% by March 2025



Improve performance against the 28 day Faster Diagnosis Standard to 77% by March 2025



Improve A&E waiting times, compared to 2023/24, with a minimum of 78% of patients seen within 4 hours in March 2025



Deliver (or exceed) the system specific activity targets, consistent with the national value weighted activity target of 107%



This clearly shows that we are planning to deliver against all the key quality performance standards.

9. Activity, inclusive of elective recovery

The Trust has undertaken detailed activity forecasts via the clinical groups and is planning to deliver elective activity at 112% of the value weighted activity levels of 2019/20 in line with the target.

10. Workforce

The workforce plan for 2024/25 incorporates the key aspects of the operational plan.

The Black Country was significantly impacted by the COVID-19 pandemic and the restoration of services coupled with an increase (around 30%) in admitted emergency care since 2019, has resulted in workforce growth. Our priority is the delivery of safe, good quality care and to improve the health of local people remains.

We have completed reviews to understand our areas of workforce growth and assess as to the current and future need to ensure we are maximising productivity. We have now put in place enhanced workforce controls, along with quality and equality impact processes, to support a safe reduction in our headcount where appropriate. Given the growth over the last few years savings this will most likely to be achieved through less temporary staffing and natural attrition.

11. Income & Expenditure inclusive of the efficiency

The Trust Board is asked to approve the £52.9m deficit plan inclusive of a £67.6m (7.7%) efficiency plan following detailed review and support at the Finance & Productivity Committee.

Annex 2 shows a bridge from 2023/24 Plan to 2024/25 Plan. The key points for the Trust Board to note are:

- An underlying exit deficit position of £96m from 2023/24
- Key assumptions in the 2024/25 financial plan building on the underlying position are:
 - National inflationary and efficiency percentages modelled.
 - Local efficiency target modelled to reflect the underlying deficit and the requirement to support in year cost pressures.
 - Contractual cost pressures (£4.8m) e.g. increase in the Clinical Negligence Scheme for Trusts premium above funding.
 - Removal of non-recurrent income received in 2023/24.
 - Impact of efficiencies delivered non recurrently in 2023/24.
 - Cost pressures resulting from safety and quality issues.

To support the delivery of the financial plan the Trust does have a stretching and ambitious financial improvement plan of £67.6m (7.7%). This is predicated on a number of workstreams including workforce and operational productivity, better procurement and medicines management, and ensuring we secure all income streams available to the Trust; particularly funding from out of system commissioners for urgent and emergency care activity growth. Equally, there will need to be ongoing system discussion about Black Country funding for growth in Black Country urgent and emergency pressures.

Delivery of efficiency plan will be driven through the existing governance arrangements of the Trust. Furthermore, the operational oversight process will be enhanced through the extension of monthly Divisional Performance Reviews (led by Executives) allowing early identification of any variance to plan.

12. Capital

Excluding externally funded schemes the Trust has an operational capital budget of £13.3m for 2024/25. Following a detailed prioritisation process the following table summarises the approved schemes.

Prioritised schemes	£m
Backlog Schemes	4.43
Replacement Medical Equipment	2.50
ICT	1.25
Divisional 'Risk to Services' Schemes	2.60
Radio Pharmacy/Asceptics scheme	6.00
Internal funding total	16.78

The Trust Board is asked to support the over commitment against this budget to recognise potential slippage /delays/additional in year funding of schemes. Monthly performance against the profile of spend will be monitored by the Capital Review Group and reported to the Finance & Productivity Committee.

In addition to the operational capital the Trust has been very successful in securing external funding for specific schemes as reflected below.

External funding	£m
PSDS Phase 3b	4.43
RAAC	4.00
Electronic Patient Record	5.75
Internal funding total	14.18

13. Cash

The Trust ended 2023/24 with a cash balance in excess of £29.4m. As a result of the deficit plan, the Trust is forecasting a need for external cash support commencing in August 2024. The net borrowing requirement over the year is expected to be approximately £15m, however the final borrowing requirement will be dependent upon the delivery of the financial plan.

The key focus and priority is to ensure an improvement in the underlying 2024/25 deficit position.

14. Recommendations

The Trust Board is asked to **approve** the 2024/25 Operational Plan

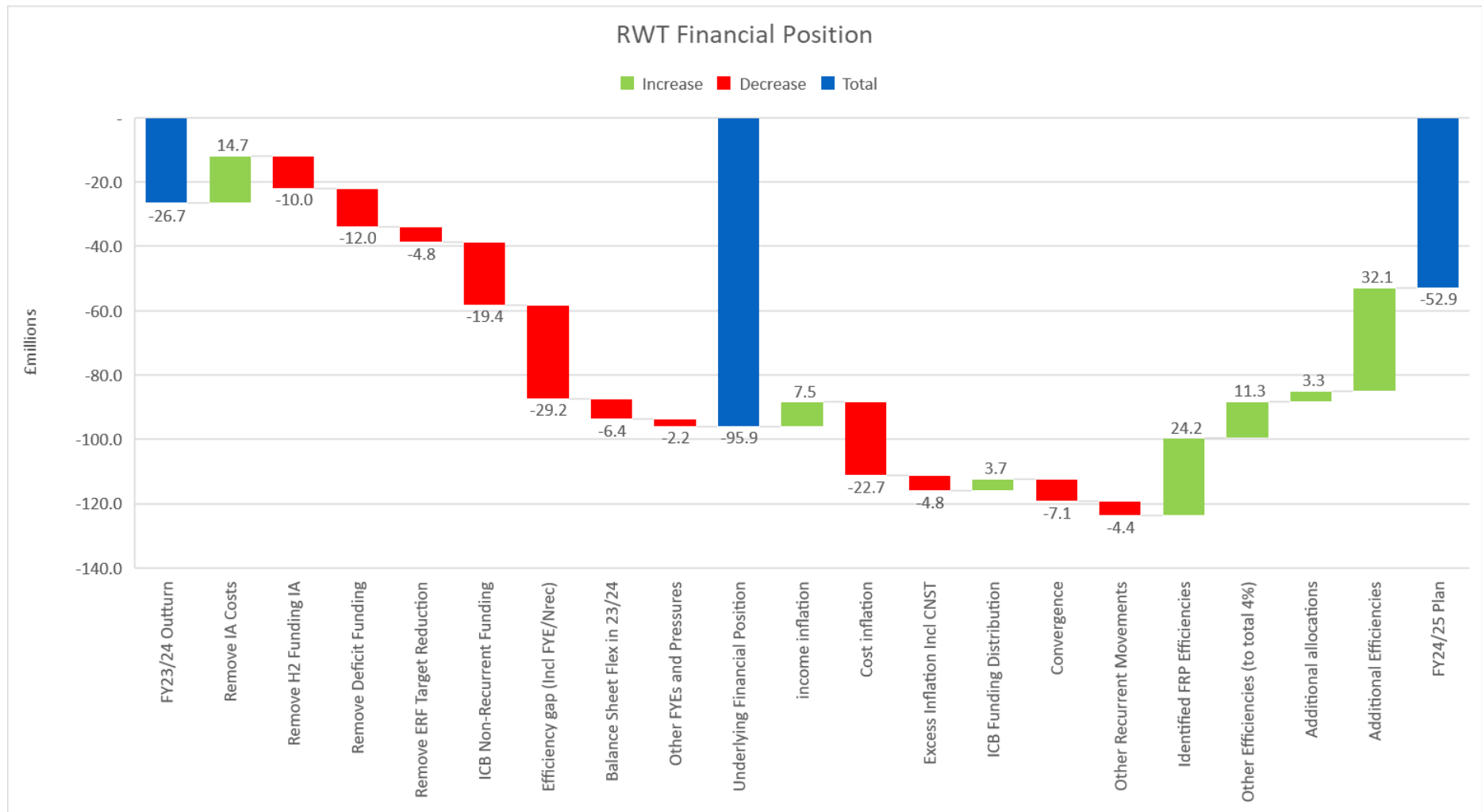
Annex 1 - Quality Performance Standards

Annex 2 - Bridge from 2023/24 Plan to 2024/25 Plan

Annex 1 – Quality Performance Standards

Area	Objective	Changes from 2023/24
Urgent and emergency care	Improve A&E waiting times, compared to 2023/24, with a minimum of 78% of patients seen within 4 hours in March 2025	Increase from 76% target in 2023/24
Elective Care	Eliminate waits of over 65 weeks for elective care as soon as possible and by September 2024 at the latest (except where patients choose to wait longer or in specific specialties)	Timeframe pushed back by 6 months.
	Deliver (or exceed) the system specific activity targets, consistent with the national weighted activity target of 107% . <i>RWT specific target of 108.9% but with an internal plan to achieve 112%.</i>	No change
	Increase the proportion of all outpatient attendances that are for first appointments or follow-up appointments attracting a procedure tariff to 46% across 2024/25	New
	Improve patients' experience of choice at point of referral	New
Cancer Care	Improve performance against the headline 62-day standard to 70% by March 2025	No change although more focus on this target compared with backlog reduction in 2024/25)
	Improve performance against the 28 day Faster Diagnosis Standard to 77% by March 2025	Increase from 75% target in 2023/24.
	Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028	N/A
Diagnostics	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%	Increase from 85% in 2023/24
Use of Resources	Deliver a balanced net system financial position for 2024/25 <i>RWT specific target – £52.9m deficit plan</i>	
	Reduce agency spending across the NHS, to a maximum of 3.2% of the total pay bill across 2024/25	

Annex 2 - Bridge from 2023/24 Plan to 2024/25 Plan



Paper for submission to the Trust Board Meeting to be held in Public on 14th May 2024

Title of Report	Finance & Productivity Committee Chair	Enc No: 8.1
Author:	John Dunn	
Presenter:	Chair of Committee	
Date(s) of Committee/Group Meetings since last Board meeting:	24 th April 2024	

Action Required of Committee/Group			
Decision	Approval	Discussion	Received/Noted/For Information
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"/>
Recommendations: to note.			

Implications of the Paper			
Changes to BAF Risk(s) & TRR Risk(s) agreed	None		
Compliance and/or Lead Requirements	CQC	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
	NHSE	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
	Health & Safety	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
	Legal	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
	NHS Constitution	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
	Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:

Summary of Key Issues:
<ul style="list-style-type: none"> • Impact of Industrial Action on elective care recovery and financial position. • ED performance and pressures resulting from the increase of patients not meeting the criteria to reside which is impacting on flow. • Increasing number of ambulance divers being received from out of area. • Increased drug costs. • Increase in workforce, agency and bank use. • The need to bridge the CIP gap. • Digital (DTS) Strategy Programme Update • Investigation into stroke metric data due to a validation flaw.

Links to Trust Strategic Aims & Objectives	
<i>Excel in the delivery of Care</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 community and populations
<i>Support our Colleagues</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 Standards

<i>Improve the Healthcare of our Communities</i>	<ul style="list-style-type: none"> • Develop a health inequalities strategy • Reduction in the carbon footprint of clinical services by 1 April 2025 • Deliver improvements at PLACE in the health of our communities
<i>Effective Collaboration</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

Report Journey/ follow up action commissioned (including discussions with other Board Committees, Working Groups, changes to Work Plan)	Working/Executive Group	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Board Committee	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Board of Directors	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
Any Changes to Workplan to be noted	Yes <input type="checkbox"/> No <input type="checkbox"/>		Date:

EXCEPTION REPORT FROM FINANCE & PRODUCTIVITY COMMITTEE CHAIR

ALERT

Elective Care Recovery

- The Trust remains in Tier 2 for cancer performance principally because of performance against the 62-day standard. This is due to the need to significantly reduce the backlog of patients waiting over 62 days. The Trust does not expect to achieve the 70% target until January 2025. G Nuttall clarified the tiering process and informed the Committee that she would highlight any changes to the tiering systems at future meetings.
- The overall waiting list has risen throughout the year because of industrial action and increasing demand. The Trust expects this rise to continue into 2024/25 because of the current referral demand and several insourcing initiatives ending.
- The Trust did not meet the 85% diagnostic at Trust level even though most modalities did achieve this. Trust performance was impacted by Ultrasound and MRI, both of which are expected to recover to >85% within Quarter 1 of 2024/25.

ADVISE

Elective Care Recovery

- The Trust delivered 97% of activity in March (compared to 2019/20) compared to a plan of 99%. On a value weighted activity basis, this equates to 106% (compared with a plan of 102%).
- For 2023/24, we delivered activity of 105% (versus plan of 105%) and value weighted activity performance of 106% (versus plan of 107.1%). This was despite the significant disruption caused by the industrial action which reduced our target to 104%.
- Planning guidance for 2024/25 has now been released and a summary was shared within the Committee papers for information. The Trust anticipates achieving all of the targets related to planned care.

Finance

- Trust accounts had been submitted and the Trust achieved £26.7m deficit, which was the target set across the system for the year end.

CIP

- The Trust achieved annual CIP saving of £45.2m, meeting the Trust's set target.

ASSURE

Elective Care Recovery

- The Trust had no one waiting over 78 weeks at the end of March.
- The Trust reduced its 62-day cancer backlog to from 246 to 168 compared with an original target of 217.
- The Trust met the 85% diagnostic target in most modalities – CT, Endoscopy and Echocardiography.
- The Trust overachieved against its revised ERF target that took into account the impact of industrial action.
- The Trust is maximising the usage of the independent sector.
- The Trust is meeting the national target to validate patients waiting over 12 weeks without an appointment/TCI date.
- The Trust has a plan to meet all of the planned care targets for 2024/25. The challenge associated this does remain significant however and assumes no further industrial action.
- Excellent consistent performance, over 76% achieved for the total time spent in ED (4 hours combined) metric throughout the whole year and within the top 10 Trusts nationally, despite external pressures.

<p>MATTERS FOR THE BOARD'S ATTENTION Information, issues et.al that either require bringing to the Board's attention or that Board may need to deal with, any matters requiring Board delegation</p> <p>N/A</p>
<p>ACTIVITY SUMMARY Presentations/Reports of note received including those Approved Elective Care Recovery Programme National & Contractual Standards (IQPR Extract) Summary of Planning Guidance and Current Performance Against Proposed Measures Monthly Financial report Improvement & Transformation Plan Financial Recovery Group Report Temporary Staffing Dashboard & Bank Review Drug Cost Review Ext Audit (REAF 2933) Maintenance of x2 Ingenia MRI scanners (EREAF 2858)</p>
<p>Matters presented for information or noting Annual Work Plan Capital Report Supplementary Finance Report High Value Contract Report Notes From Extra Finance & Productivity Committee Annual Operating Plan Meetings – 3rd April and 15th April</p>
<p>Chair's comments on the effectiveness of the meeting: No further comments</p>

Chairs Summary Log for Performance & Productivity Committee, date of Log: April 2024

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
	<ul style="list-style-type: none"> Further analysis of labour market and alternative options such as MARS. Explore if increased reduction of bank can be used to gain more ERF. Development of a problem statement briefing paper regarding workforce. The Committee requested a service wide drug cost review and improvement plan.
POSITIVE ASSURANCES TO PROVIDE	DECISIONS MADE
<ul style="list-style-type: none"> The Trust had no one waiting over 78 weeks at the end of March. The Trust reduced its 62-day cancer backlog to from 246 to 168 compared with an original target of 217. Excellent consistent performance, over 76% achieved for the total time spent in ED (4 hours combined) metric throughout the whole year and 	<ul style="list-style-type: none"> The Committee decided to widen the Terms of reference to include clinical representation from Chief Nursing Officer and Chief Medical Officer. Ext Audit (REAF 2933) was endorsed. Maintenance of x2 Ingenia MRI scanners (EREAF 2858) was endorsed.

within the top 10 Trusts nationally, despite external pressures.

- The Trust accounts have been submitted and the Trust achieved £26.7m deficit, which was the target set across the system for the year end.
- The Trust achieved annual CIP saving of £45.2m.

Paper for submission to the Trust Board Meeting – to be held in Public on 14th May 2024

Title of Report:	Group Chief Finance Officer Report	Enc No: 8.2
Author:	James Green, Operational Director of Finance	
Presenter/Exec Lead:	Kevin Stringer, Group CFO	

Action Required of the Board/Committee/Group

Decision	Approval	Discussion	Other
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Recommendations:

The Board is asked to note the contents of the report

The Board is asked to delegate to Audit Committee the adoption of the annual accounts for 2023/24 in line with previous years

Implications of the Paper:

Risk Register Risk	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Risks: SR15 deals with the risk of deficit in year and the financial sustainability of the Trust. On Risk Register: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Risk Score (if applicable) : 20		
Changes to BAF Risk(s) & TRR Risk(s) agreed	None		
Resource Implications:	The Report summarises the pre-audit financial outturn of the Trust for the 2023/24 financial year		
Report Data Caveats	All data is correct at the point of the report being completed		
Compliance and/or Lead Requirements	CQC	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	NHSE	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: The Trust has a statutory duty to breakeven
	Health & Safety	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	Legal	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	NHS Constitution	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
CQC Domains			

Equality and Diversity Impact	N/A		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Board Committee	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: 24 April 2024 F&P Committee
	Board of Directors	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Other	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: Trust Management Committee 26 April 2024

Summary of Key Issues using Assure, Advise and Alert	
Assure	
The Trust achieved the deficit target required for 2023/24.	
Advise	
Pre-audit, the Black Country ICB has achieved its revised financial plan of a c£90m deficit for the financial year 2023/24	
Pre-audit, the Trust has reported a 23/24 revenue deficit of £26.66m. The Trust had a full year outturn target of £26.75m deficit resulting in a favourable variance of £0.09m.	
The Trust's pre-audit operational capital spend was £29.8m, fully spending the available Capital Resource Limit. The Trust received PDC funds totalling £10.5m and £12.7m of Public Sector Decarbonisation Scheme (PSDS) funding in year. Charges for IFRS16 and IFRIC12 of £7.5m bring the total capital charge in year to £60.5m.	
At 31 March 2024 the Trust ended the year with a cash balance of £29.457m.	
The Board is asked to delegate to Audit Committee the adoption of the annual accounts for 2023/24 in line with previous years.	
Alert	
The trust submitted a financial plan to NHSE on 2 May and the financial climate remains very challenging.	

Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
<i>Excel in the delivery of Care</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 community and populations
<i>Support our Colleagues</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 Standards

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<i>Effective Collaboration</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

Reference Pack

Report of the Chief Financial Officer

Finance Report
March 2024 - Month 12



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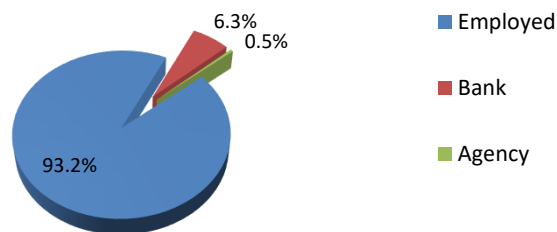
Income & Expenditure Position

(see page 5)

	In Mth Actual	YTD Actual
	£'m	£'m
Income		
1. Patient income	90.37	770.97
2. Other income	16.85	169.72
Total	107.21	940.68
Expenditure	101.89	967.34
Surplus/ (deficit)	5.32	(26.66)
Planned surplus/(deficit)	2.12	(26.75)
Variance to plan	3.20	0.09

Workforce

(see page 8)



Patient Income

Elective recovery fund activity to date is £3.4m above the revised national expectation. Other variable income is £1.5m above plan. All other income is within the block.

Actual Outturn

(see page 5)

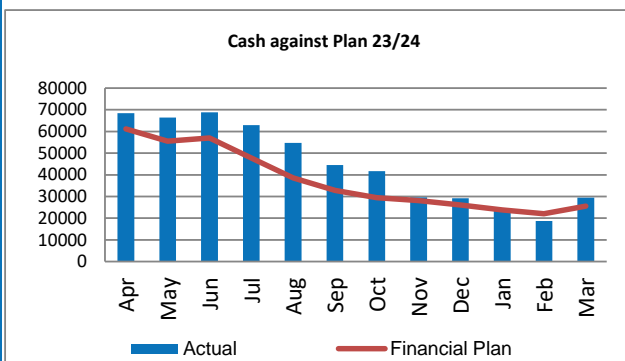
£5.19m surplus in month
(£3.5m favourable to plan)

£26.66m deficit year to date
(£93k favourable to plan)

Cash in the Bank

(see page 7)

Plan £25.6m
Actual £29.5m



Covid-19 Expenditure

In month 12 there was expenditure of £222k on testing and £107k on Covid Medicines Delivery Unit. (Year to date £1.615m and £598k respectively).

Income is received for both of these services to offset the costs.

Cost Improvement Programme (CIP)

(see page 9)

In month delivery of £7.5m against a plan of £6.3m. The in-year achievement is £45.2m against the target of £45.2m, with 29% achieved recurrently.

Overview of Financial Performance

The Trust is reporting an in month adjusted surplus of £5.3m, this is £3.2m favourable to plan, this leads to a year end deficit of £26.7m which is £93k ahead plan.

Income is £2.73m favourable to plan in month and £10.8m favourable to plan YTD, of which patient activity income is 0.5m under target in month - this is mainly due to ERF underperformance. Full year patient care income is £12.8m above plan - £12m of which is due to non-recurrent deficit support funding. There are over recoveries on Education and Research income in month of £221k. and Directorate Income of £2.3m, within this is a release of deferred income £1.4m which is no longer needing to be deferred as the project ceased. Capital Grant funding is over by £706k. Year to date the Trust have recognised £4.5m less Capital Grant Funding Income than plan, as this is matched to capital expenditure profiles and there has been timing delays against this plan (this is excluded from National Performance monitoring).

In month pay expenditure has underspent by £1.4m. There has been a number of accrual releases within this totalling £3m. There are some overspends in Divisions largely related to temporary staffing cover including bank and agency doctors covering rota gaps £1.6m and £0.9m in nursing areas where bank has been used to cover leave, sickness, maternity and acuity related issues, this is offset by vacancies to the value of £0.6m. The underlying rate of pay remains broadly consistent with the previous two months.

Non-pay is overspent in month by £2m. £1.1m of this is in hosted services where pathology has increased spending on cancer diagnostics and CRN has funded additional projects. The balance is predominantly in Division 1 (£0.6m) due to activity levels and Estates and Facilities (£453k) due to additional utility charges as a result of the Combined Heat and Power (CHP) plant being out of use and catering costs which are offset within the directorate income overperformance.

Drugs is reporting a small overspend in month of £15k.

System Updates

Despite significant challenges the ICB achieved it's plan for the year.

Capital

The Trust has five types of capital programme with a combined forecast plan of £60.5m for the year, (an decrease of £3.0m from M11 due to deferral of grant into 24/25 (£0.6m) and IFRIC 12 deferred assets (£5.4m) offset by ICS additional CRL (£3.0m)); these are CRL totalling £29.8m, and PDC £10.5m, both monitored as part of our statutory duty by NHSE, and additionally Grant funding from PSDS and ERDF of £12.7m, IFRIC 12 related capital spend of £3.7m, and IFRS 16 new or renewed leases £3.7m.

Year End capital is on plan £0.0m, with a capital spend of £60.5m. The Trust is reporting a small underspend of £19k against fully agreed ICS CRL of £29.8m. PDC capital as fully spent in year.

Grant funding has been fully spent in year due to deferral of income into 24/25, due to timing of orders. Deferral of grant spend into 24/25 is £4.4m, with total Grant spend in 23/24 being £12.7m, which is PSDS Phase 3a (deferred from 22/23) £9.9m; ERDF Grant £0.9m; and PSDS Phase 3b £1.9m.

There was £3.7m spend on IFRS 16 which is in line with Plan. IFRIC 12 spend was £3.7m which is due to a delay in assets being replaced, causing a deferral of £5.5m. In M12 also £0.1m of donated assets.

£m	22/23	23/24											YTD Avg	Move-ment	
	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb			Mar
Patient Income															
1 Plan	97.46	54.90	58.57	57.27	58.21	60.31	61.30	58.31	70.22	61.69	61.84	64.75	90.84	60.67	30.17
2 Actual	100.44	53.48	59.49	59.09	58.41	62.18	59.87	59.05	68.85	63.39	60.86	75.94	90.37	61.87	28.50
3 Variance	2.99	(1.42)	0.92	1.82	0.20	1.87	(1.42)	0.74	(1.37)	1.70	(0.97)	11.19	(0.47)	1.20	(1.68)
Non Patient Income															
4 Plan	30.98	16.32	15.75	16.37	12.57	13.34	12.22	15.21	13.42	14.58	13.97	14.25	13.64	14.37	(0.72)
5 Actual	17.82	14.65	16.99	12.99	12.44	13.13	11.74	14.74	13.37	14.84	13.44	14.55	16.85	13.90	2.95
6 Variance	(13.16)	(1.67)	1.24	(3.38)	(0.13)	(0.21)	(0.48)	(0.47)	(0.05)	0.26	(0.54)	0.29	3.20	(0.47)	3.67
Pay Expenditure															
7 Plan	82.72	45.35	47.17	45.88	46.48	48.56	46.60	47.73	49.44	49.51	46.63	51.56	71.62	47.72	(23.90)
8 Actual	82.05	46.78	48.56	47.93	47.10	50.55	47.73	48.24	48.54	49.60	50.02	50.37	70.19	48.67	(21.51)
9 Variance	0.67	(1.43)	(1.39)	(2.05)	(0.63)	(2.00)	(1.14)	(0.51)	0.90	(0.08)	(3.38)	1.18	1.44	(0.96)	(2.39)
Non Pay Expenditure															
10 Plan	18.47	19.07	18.44	17.54	19.59	17.84	15.14	19.04	18.52	18.87	18.66	19.58	19.07	18.39	(0.68)
11 Actual	24.20	17.52	16.54	17.59	18.61	18.47	16.10	19.89	19.82	20.49	18.82	20.31	21.15	18.56	(2.59)
12 Variance	(5.72)	1.55	1.89	(0.05)	0.97	(0.63)	(0.95)	(0.85)	(1.30)	(1.62)	(0.16)	(0.73)	(2.07)	(0.17)	1.90
Drugs Expenditure															
13 Plan	6.03	5.89	6.08	6.31	6.21	6.16	6.44	6.44	6.35	6.38	6.39	6.22	6.40	6.26	(0.14)
14 Actual	6.56	5.66	6.09	6.59	6.27	6.40	7.00	6.33	6.98	6.39	7.39	6.42	6.42	6.50	0.08
15 Variance	(0.54)	0.23	(0.02)	(0.28)	(0.06)	(0.24)	(0.56)	0.11	(0.63)	(0.01)	(1.00)	(0.19)	(0.01)	(0.24)	(0.23)
CIP over/ (under) achievement															
16 Variance	0.58	(1.39)	(0.57)	(0.08)	(1.53)	0.88	4.42	(2.72)	4.81	(0.74)	(1.28)	(2.93)	1.18	(0.10)	(1.29)
BCPS Savings over/ (under) achievement															
16 Variance	(0.07)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserves supporting position															
17 Actual	(0.31)	(1.39)	(0.57)	(0.08)	(1.53)	0.88	4.42	(2.72)	4.81	(0.74)	(1.28)	(2.93)	1.18	0.00	0.00
Other Non Operating Expenditure															
18 Plan	(3.83)	(4.99)	(5.05)	(5.10)	(5.10)	(4.73)	(4.80)	(5.08)	(5.53)	(5.52)	(5.62)	(11.25)	(6.15)	(4.22)	(0.34)
19 Actual	(2.04)	(4.92)	(4.95)	(4.89)	(4.88)	(4.98)	(5.04)	(5.08)	(5.17)	(5.30)	(5.39)	(11.08)	(5.73)	(4.15)	(0.13)
20 Variance	1.79	0.07	0.09	0.21	0.23	(0.26)	(0.24)	0.01	0.36	0.21	0.23	0.17	0.41	0.07	(0.21)
Total															
Plan	17.18	(1.29)	(1.27)	(1.05)	(3.53)	(5.39)	(8.30)	0.67	(5.82)	(2.53)	1.06	(3.73)	(1.13)		
Actual	3.42	(6.76)	0.33	(4.92)	(6.02)	(5.09)	(4.26)	(5.75)	1.71	(3.55)	(7.32)	2.31	3.73		
Variance	(13.76)	(5.46)	1.60	(3.88)	(2.49)	0.30	4.04	(6.41)	7.52	(1.02)	(8.38)	6.04	4.86		

Commentary on variances and trends:

Patient Income - In month the patient care income increase is mainly due to pension funding of £23m, in addition increase in pass through devices and various non recurrent funding. ERF performance was planned increase in the latter part of the year, ERF performance is £3.4m over the plan at year-end, with March just behind National target by £214k. NHSE Diagnostic and Chemotherapy performance is £545k over performed against the contract for the year.

Non-Patient Income - Excluding grant funding for capital schemes, in month non-patient income increased by £1.95m compared to prior month. The main item was the release of previous income deferrals totalling £1.6m which are no longer required to be deferred.

In terms of variance, Non Patient Income was £3.2m above plan. Education and Research income accounted for £221k due to additional CRN hosted service income. Grant Income was over plan by £706k due to the timing of grant funded capital schemes (this element is excluded from the final reported position). Other Directorate income was £2.3m ahead of plan due to the £1.6m deferral release noted above along with £538k due to BCPS partner charges income.

Pay - increased in month by £19.8m. There was an increase due to employer pension costs of £23m being recorded. This is a requirement of NHSE for the year end accounts and is offset by recording the same value within patient income. Bank costs also increased in month by £800k. These increases in cost were offset by the release of accruals that are no longer required totalling £4m.

There was an underspend of £1.4m in March. This has been caused by the accrual releases mentioned above. However, there were offsetting overspends, the significant areas were:

Division 1: (£1.066m) Including £461k cover for Medical staff rota gaps and absences, £545k for nursing and midwifery acuity and absence cover.

Division 2: (£1.056m) Including £691k cover for Medical staff rota gaps and absences and £376k for nursing and midwifery acuity and absence cover.

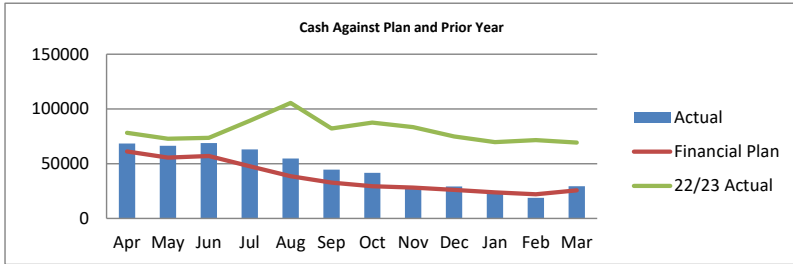
Non-Pay - An increase in the run rate compared to the previous month of £837k. There was an increase in Hosted Services expenditure of £1m. There were a number of accrual releases totalling £872k. Within Division 1 there were increases in Cardiac activity costs £603k.

In terms of variance there is an overspend of £2m. One significant area was within BCPS (Hosted Service) £791k of which a significant proportion was due to additional cancer diagnostic costs. This cost is recharged to partner organisations.

In addition to this Division 1 overspent by £622k, due to activity mix and Estates and Facilities by £454k mainly due to the CHP being out of service during the month and additional Catering activity.

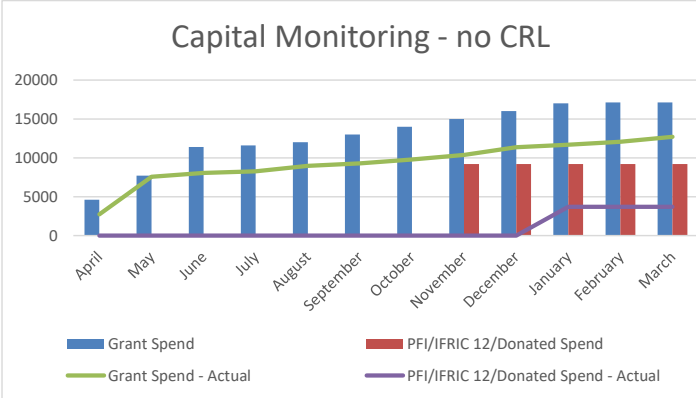
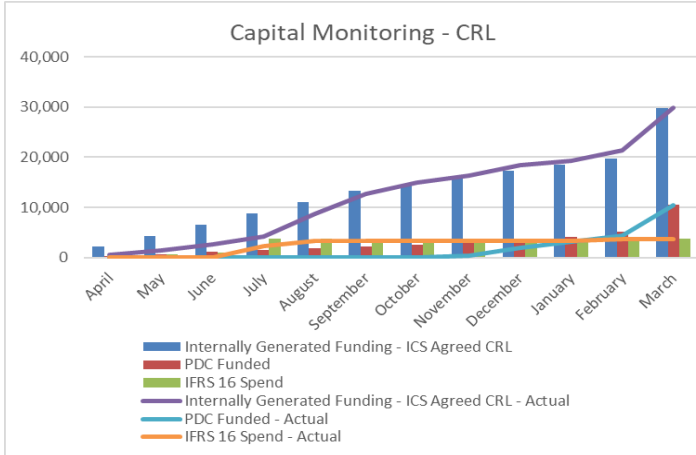
Drugs - Expenditure was at the same levels as in month 11. In month expenditure was overspent by £15k.

Cash Position



The cash balance as at 31st March 2024 was £29.5m, a £10.7m increase on the previous month and an increase of £3.9m on financial plan. The increase on plan is due to: £18.7m cash settlement of 22/23 pay award income netted out by £19.6m additional pay cost. Additional movements are £5.1m Staffs 22/23 income received in year; £6.5m additional LDA funding for 23/24; £44.8m higher ICS income; £12.0m additional deficit funding; £20.0m cash benefit due to the aborted loan to DGFT; £4.9m Additional CRN income; £3.1m additional from Vat recovery and £20.60m reduced capital spend (£1.8m due to timing on projects & £18.9m due to reduction in PDC). This is netted out by £12.9m less cash for PDC (£18.9m reduction in expected PDC but an increase of £6.1for new PDC schemes in year); £4.2m for PSDS due to timing of schemes; £51.8m additional pay costs and £52.9m additional non pay costs.

Capital



Better Payment Practice Code

The Better Payment Practice Code sets out a target for payment of 95%, in value and volume, to be paid within 30 days of receipt. The Trust's performance against this target is:

	M12 23/24	Cumulative	M11 23/24	Cumulative
Value	96%	96%	97%	95%
Volume	97%	95%	96%	94%

Debtor Days

Calculated Debtor Days for the year are:-

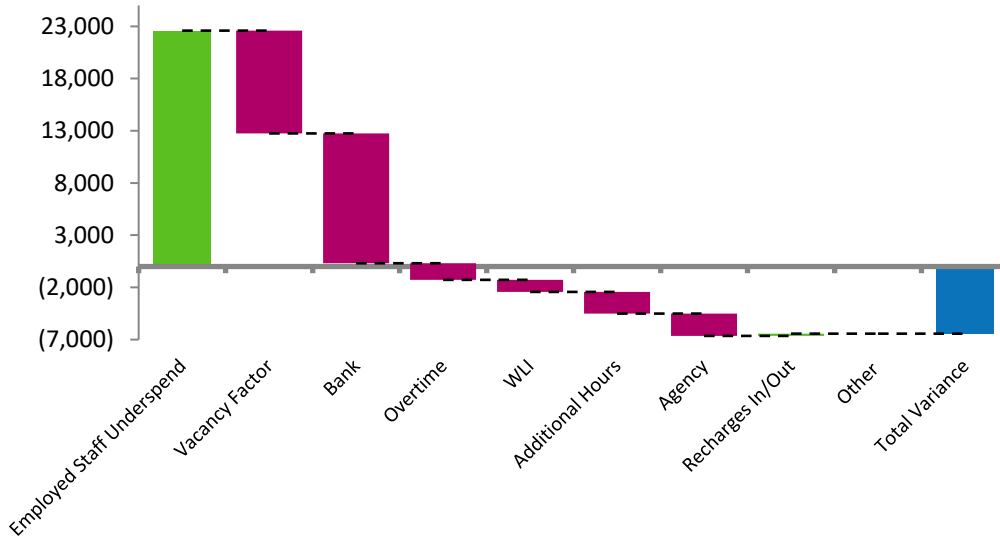
	M12 Actual	M11 Actual
Total	10.26	9.22
Being:-		
NHS	11.33	10.62
Non NHS	6.29	2.94

The Trust have spent £60.5m of capital YTD to 31st March 24, which is an underspend of £0.0m against forecast YTD capital spend of £60.5m. Of this £60.5m YTD spend:

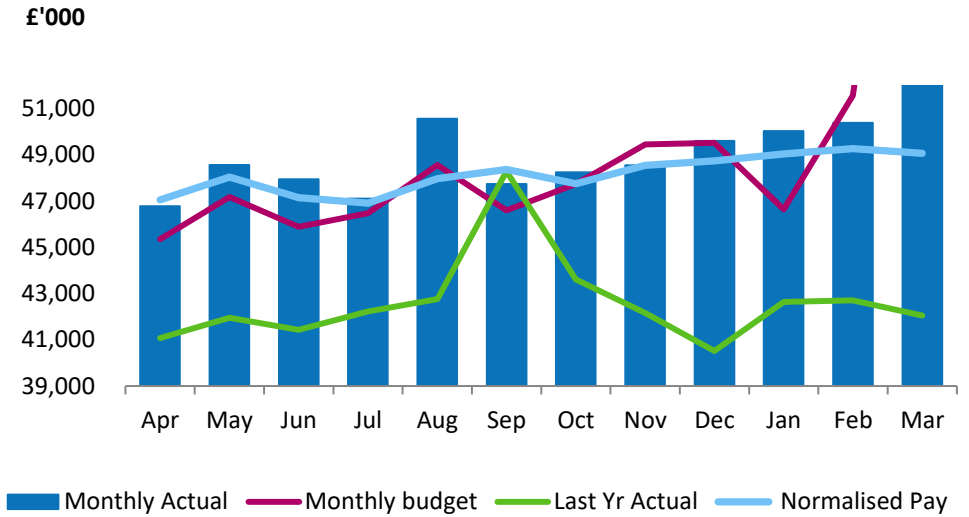
Capital CRL Monitoring - £29.8m relates to capital spend which the ICS is measured against, this is an underspend of £19k against Plan. The ICS CRL of £26.8m, is an increase from M11 of £3.0m due to additional ICS CRL allocation. There has been £10.5m spend on PDC, in line with Plan of £0.7m.. There was £3.7m spend YTD on IFRS 16 which is in line with Plan and no additional spend forecast for the year.

Capital Monitoring - non CRL - The balance of the capital YTD, £16.4m, relates to capital spend on grant funded items with £9.9m relating to PSDS Phase 3a; £0.9m ERDF grant and £1.8m relating to Phase 3b. This is variance of £4.4m against Planned Grant spend of £17.0m due to deferral of grant into 24/25 of £4.4m. There were no PFI additions in month, creating a variance against Plan of £5.5m. In Month 12 there were £0.1m of donated assets.

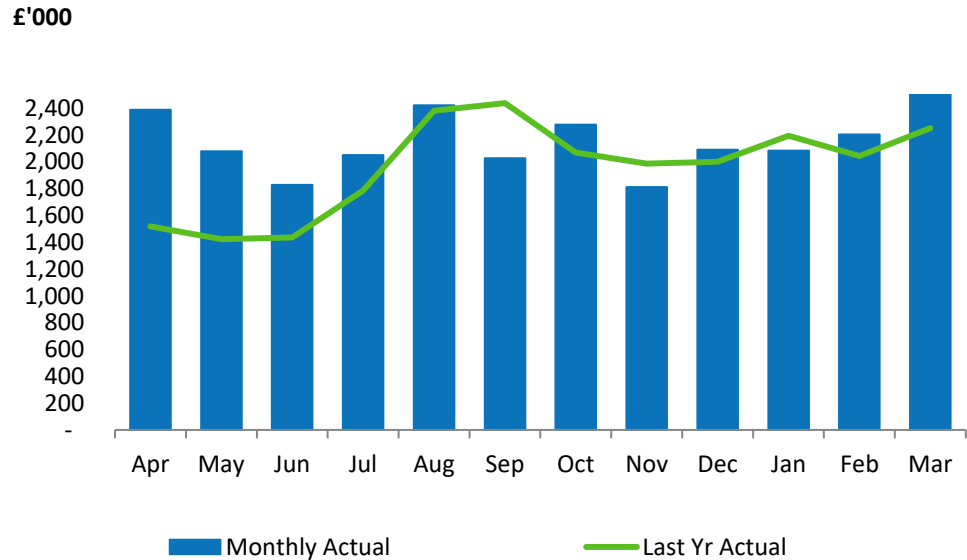
Year to Date Variance to plan



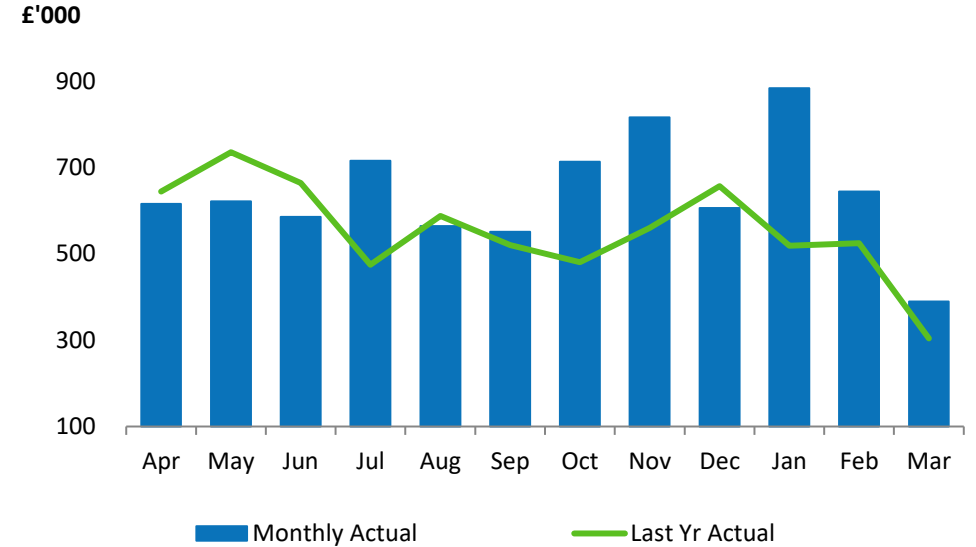
Total Pay Expenditure Trend



Bank Expenditure Trend

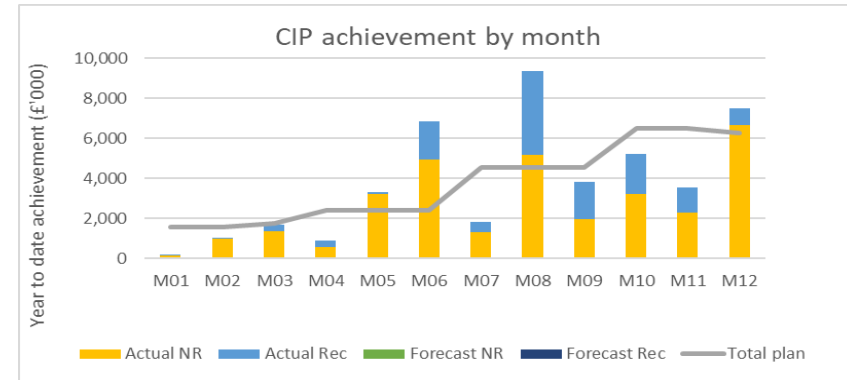


Agency Expenditure Trend



Cost Improvement

Division	YTD Plan	YTD Actual	Variance
Corporate	3,270	2,166	(1,104)
Division 1	15,080	5,983	(9,098)
Division 2	9,494	1,732	(7,763)
Division 3	6,982	4,537	(2,445)
Estates And Facilities	3,322	1,373	(1,948)
Trustwide	7,003	29,428	22,425
Grand Total	45,153	45,219	66



Against an in-month target of £6.3m, £7.5m has been achieved, which results in the annual saving of £45.2m being achieved. Of the in-year achievement 29% (£13.3m) has been achieved recurrently. The increase in Month 12 is due to achievement of additional income related CIP schemes that have been transacted for the whole year and some additional GRN accruals being released and identified as CIP. Work continues to identify future schemes to deliver savings and create PIDs for these to ensure the savings are delivered at the earliest opportunity.

Last Year to Date £'000	Current Month				Annual Budget £'000	Year to Date		
	Plan £'000	Actual £'000	Variance £'000			Plan £'000	Actual £'000	Variance £'000
				Income				
721,650	90,839	90,368	(471)	Patient Activity Income	758,187	758,187	770,968	12,782
1,315	127	94	(32)	Other Patient Care Income	1,521	1,521	1,355	(166)
4,737	0	0	0	Top Up Income	0	0	8	8
54,544	5,550	5,771	221	Education, Training & Research Income	57,846	57,846	59,156	1,310
29,253	(0)	706	706	Non Patient Care Other Income	17,321	17,321	12,775	(4,546)
423	55	49	(6)	Private Patient Income	992	992	866	(126)
87,969	7,913	10,226	2,314	Income on Directorate Budgets	93,983	93,983	95,557	1,574
899,891	104,483	107,214	2,730	Total Income	929,849	929,849	940,684	10,835
				Expenditure				
551,414	71,622	70,185	1,437	Directorate Expenditure Budgets - Pay	596,531	596,531	605,608	(9,076)
205,459	19,074	21,147	(2,073)	Directorate Expenditure Budgets - Non Pay	221,359	221,359	225,311	(3,952)
72,304	6,403	6,418	(15)	Directorate Expenditure Budgets - Drugs	75,282	75,282	77,938	(2,656)
0	1,183	0	1,183	Cost Improvement Savings	36	36	0	36
(0)	0	0	0	BCPS Savings	0	0	0	0
829,176	98,282	97,750	532	Total Expenditure	893,208	893,208	908,856	(15,648)
70,714	6,201	9,464	3,263	EBITDA Surplus/(Deficit)	36,641	36,641	31,828	(4,813)
29,530	2,971	2,817	154	Depreciation	33,112	33,112	32,431	681
2,713	617	645	(29)	Interest Payable	7,352	7,352	7,289	63
(1,991)	(137)	(185)	48	Interest Receivable	(2,763)	(2,763)	(2,975)	212
11,042	1,109	998	111	Other Charges	13,313	13,313	13,181	132
41,295	4,560	4,276	284	Other non operating items	51,014	51,014	49,927	1,087
29,419	1,641	5,188	3,547	Net Surplus/(Deficit) before Adjustments	(14,373)	(14,373)	(18,098)	(3,725)
(29,330)	479	136	(343)	Adjustments as per NHSI reported position	(12,377)	(12,377)	(8,558)	3,819
90	2,120	5,323	3,204	Adjusted Financial Performance as NHSI	(26,750)	(26,750)	(26,657)	93

Note : Adverse Variances in Brackets

2023/24 Balance Sheet as at 31st Mar 2024

	<u>Mar 2024</u> <u>Plan</u>	<u>Mar 2024</u> <u>Actual</u>	<u>Feb 2024</u> <u>Actual</u>	<u>Movement</u> <u>in Month</u>	<u>March 2023</u> <u>Actual</u>
	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>
NON CURRENT ASSETS					
Property, Plant and Equipment - Tangible Assets	538,316	518,093	502,734	15,359	486,739
Intangible Assets	8,867	7,472	5,458	2,015	5,860
Other Investments/Financial Assets	12	11	11	0	11
Trade and Other Receivables Non Current	1,397	1,116	1,415	(299)	1,415
PFI Deferred Non Current Asset	0	1,597	1,597	0	4,634
TOTAL NON CURRENT ASSETS	548,592	528,290	511,215	17,075	498,660
CURRENT ASSETS					
Inventories	8,347	9,049	10,061	(1,012)	8,347
Trade and Other Receivables	48,913	45,357	66,488	(21,131)	59,564
Other Current Assets	0	0	0	0	0
Cash and cash equivalents	25,588	29,457	18,727	10,730	69,265
TOTAL CURRENT ASSETS	82,848	83,863	95,276	(11,413)	137,176
Non Current Assets Held for Sale	0	0	0	0	0
TOTAL ASSETS	631,440	612,152	606,491	5,661	635,836
CURRENT LIABILITIES					
Trade & Other Payables	(102,420)	(95,216)	(92,921)	(2,295)	(114,207)
Liabilities arising from PFIs / Finance Leases	(6,199)	(11,792)	(13,622)	1,830	(13,462)
Provisions for Liabilities and Charges	(3,006)	(2,171)	(7,934)	5,763	(4,201)
Other Financial Liabilities	(9,121)	(8,881)	(18,290)	9,409	(10,424)
TOTAL CURRENT LIABILITIES	(120,746)	(118,061)	(132,768)	14,707	(142,294)
NET CURRENT ASSETS / (LIABILITIES)	(37,898)	(34,198)	(37,492)	3,294	(5,118)
TOTAL ASSETS LESS CURRENT LIABILITIES	510,694	494,091	473,723	20,368	493,542
NON CURRENT LIABILITIES					
Trade & Other Payables	(293)	(179)	(193)	15	(287)
Other Liabilities	(15,494)	(23,915)	(22,360)	(1,555)	(5,470)
Provision for Liabilities and Charges	(1,780)	(1,437)	(1,780)	344	(1,780)
TOTAL NON CURRENT LIABILITIES	(17,567)	(25,531)	(24,334)	(1,197)	(7,537)
TOTAL ASSETS EMPLOYED	493,127	468,561	449,389	19,171	486,005
FINANCED BY TAXPAYERS EQUITY					
Public Dividend Capital	309,059	316,202	307,518	8,684	305,676
Retained Earnings	61,105	39,091	33,903	5,188	72,361
Revaluation Reserve	124,197	114,495	109,196	5,299	109,196
Donated Asset Reserve	0	0	0	0	0
Financial assets at FV through OCI reserve	(1,418)	(1,418)	(1,418)	0	(1,418)
Other Reserves	184	190	190	0	190
TOTAL TAXPAYERS EQUITY	493,127	468,561	449,389	19,171	486,005

2023/24 Cash Flow as at 31st March 2024

	Mar-24	Mar-24	Mar-24	Mar-24
	Plan £'000	Actual £'000	Variance £'000	In Month Movement £'000
OPERATING ACTIVITIES				
Total Operating Surplus/(Deficit) (gross of control total adjustments)	4,024	(1,034)	(5,058)	16,795
Depreciation	32,714	32,431	(283)	5,626
Fixed Asset Impairments	0	431	431	431
Capital Donation Income	(17,321)	(12,775)	4,546	(2,404)
Interest Paid	(3,547)	(1,791)	1,756	1,180
Dividends Paid	(13,559)	(13,176)	383	(6,950)
Release of PFI /Deferred Credit	0	0	0	0
(Increase)/Decrease in Inventories	0	(702)	(702)	304
(Increase)/Decrease in Trade Receivables	13,853	14,935	1,082	7,894
Increase/(Decrease) in Trade Payables	2,179	(13,539)	(15,718)	(1,652)
Increase/(Decrease) in Trade Payables Ann Leave Acc	0	(2,037)	(2,037)	(340)
Increase/(Decrease) in Other liabilities	0	(1,543)	(1,543)	(9,914)
Increase/(Decrease) in Provisions	0	(2,291)	(2,291)	(5,935)
Increase/(Decrease) in Provisions Unwind Discount	0	0	0	0
NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES	18,343	(1,091)	(19,434)	5,035
CASH FLOWS FROM INVESTING ACTIVITIES				
Interest Received	1,773	2,975	1,202	330
Payment for Property, Plant and Equipment	(72,541)	(53,599)	18,942	(4,554)
Payment for Intangible Assets	(4,458)	(3,094)	1,364	(2,187)
Receipt of cash donations to purchase capital assets	17,321	12,775	(4,546)	2,389
Proceeds from sales of Tangible Assets	0	55	55	47
Proceeds from Disposals	0	0	0	0
NET CASH INFLOW/(OUTFLOW) FROM INVESTING ACTIVITIES	(57,905)	(40,889)	17,016	(3,974)
NET CASH INFLOW/(OUTFLOW) BEFORE FINANCING	(39,562)	(41,980)	(2,418)	1,061
FINANCING				
New Public Dividend Capital Received	3,383	10,526	7,143	10,526
Capital Element of Finance Lease and PFI	(7,497)	(8,353)	(856)	(6,316)
NET CASH INFLOW/(OUTFLOW) FROM FINANCING	(4,114)	2,173	6,287	4,210
INCREASE/(DECREASE) IN CASH	(43,676)	(39,808)	3,868	5,271
CASH BALANCES				
Opening Balance at 1st April 2023	69,265	69,265	0	0
Closing Balance at 31st March 2024	25,589	29,457	3,868	5,271

**Report to the Trust Board Meeting -
to be held in Public On 14 May 2024**

Title of Report:	Strategic Planning Framework – 2024/25	Enc No: 8.3
Author:	Tim Shays, Deputy Group Chief Strategy Officer – Strategy, Planning, Performance and Contracting	
Presenter/Exec Lead:	Simon Evans, Group Chief Strategy Officer	

Action Required of the Board/Committee/Group
(Please remove action as appropriate)

Decision	Approval	Discussion	Other
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Recommendations:

The Committee/Board is asked to approve the contents of the report and the strategic planning framework for 2024/25.

Implications of the Paper:

Risk Register Risk	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Risk Description: The framework covers objectives which, if achieved, will reduce the risks on the risk register On Risk Register: Yes <input type="checkbox"/> No <input type="checkbox"/> Risk Score (if applicable) :		
Changes to BAF Risk(s) & TRR Risk(s) agreed	State None if None: None Risk Description Is Risk on Risk Register: Yes <input type="checkbox"/> No <input type="checkbox"/> Risk Score (if applicable):		
Resource Implications:	None		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details:
	NHSE	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details:
	Health & Safety	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details:
	Legal	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details:
	NHS Constitution	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details:
	Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
CQC Domains	Safe: Effective: Caring: Responsive: Well-led:		

Equality and Diversity Impact	In being awarded the Race Code mark, the Trust agreed to increase its awareness and action in relation to the impact of Board & Board Committee business on people with reserved characteristics. Therefore, the Committee must consider whether anything reviewed might result in disadvantaging anyone with one or more of those characteristics and ensure the discussion and outcome is recorded in the minutes and action taken to mitigate or address as appropriate.		
	Please provide an example/demonstration:		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date:
	Board Committee	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Board of Directors	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date:
	Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:

Summary of Key Issues using Assure, Advise and Alert
<p>Assure There are in year objectives agreed, which align to our strategic objectives, allowing the board to regularly assure itself of the delivery of its strategy</p>
<p>Advise The 'Strategic Planning Framework' show how our vision is ultimately delivered through objectives and the accompanying organisational infrastructure</p>
<p>Alert Not applicable</p>

Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
<i>Excel in the delivery of Care</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 community and populations
<i>Support our Colleagues</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 Standards
<i>Improve the Healthcare of our Communities</i>	<ul style="list-style-type: none"> • Develop a health inequalities strategy • Reduction in the carbon footprint of clinical services by 1 April 2025 • Deliver improvements at PLACE in the health of our communities
<i>Effective Collaboration</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

Strategic Planning Framework

Report to Trust Board Meeting to be held in Public on 14 May 2024

EXECUTIVE SUMMARY

The 'Strategic Planning Framework' herein shows how our vision translates into strategic objectives and ultimately, in year objectives for 2024/25. The objectives, where possible, are SMART based – specific, measure, achievable, realistic and time based and allow the Board to assess the delivery of our strategy on a monthly basis. Underpinning these is the infrastructure within the organisation that is in place to support achievement.

Reporting of these metrics will be through the 'Board Level Metrics' papers, of which there will be one for each of our Four C's – Care, Colleagues, Collaboration and Communities. These papers will accompany the chairs reports from the relevant sub-committee of the Board and mean that the IQPR (Integrated Quality and Performance Report) can be included as a reference document as opposed to being an item on the main agenda of the Board.

This framework is consistent with the similarly formatted 'Strategic Planning Frameworks' at both Dudley Group and Sandwell and West Birmingham Hospital.

Strategic Planning Framework

2024-25

Working in partnership

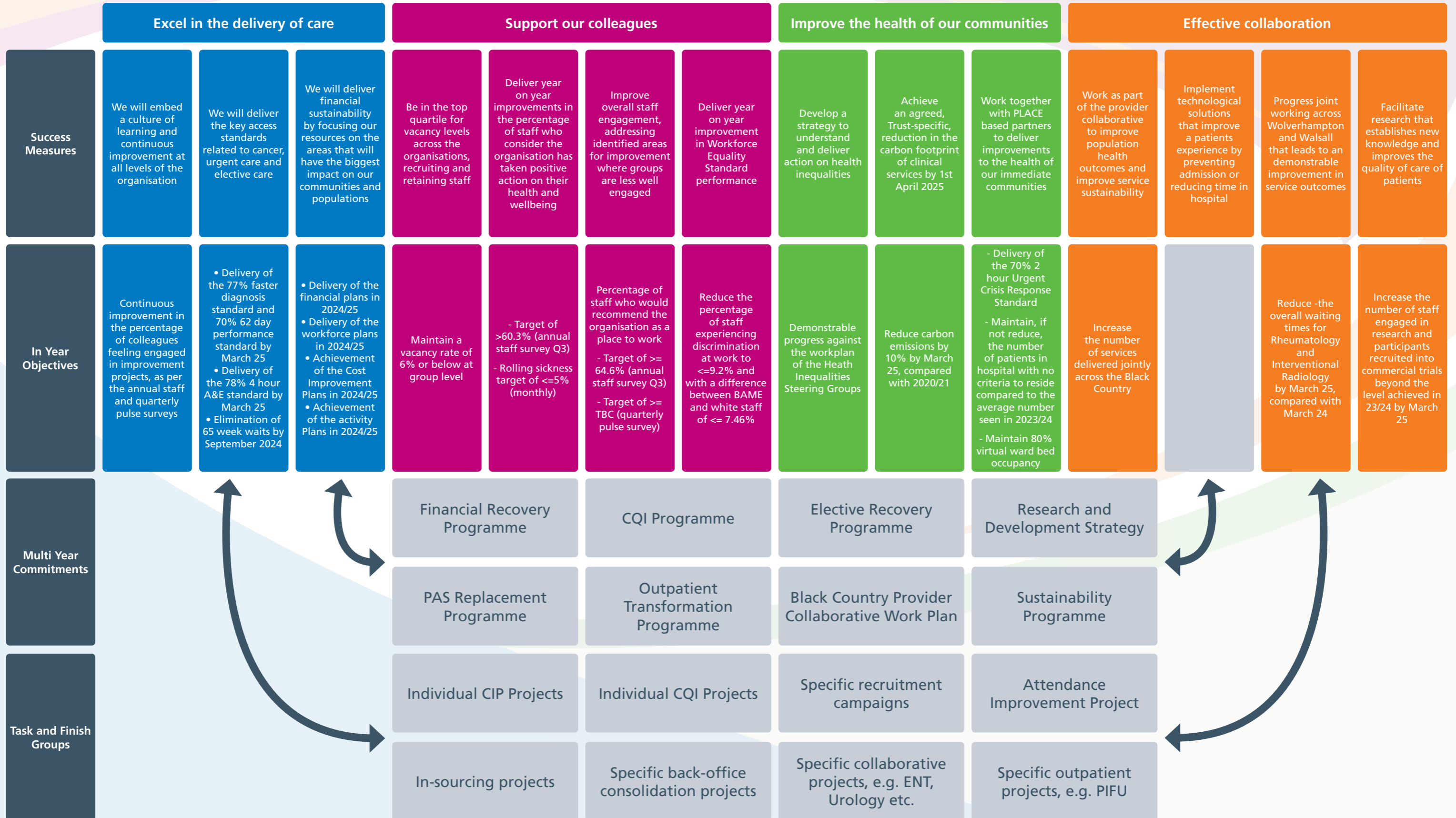
The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust



Care Colleagues
Collaboration Communities

Planning Framework 2024/25

To deliver exceptional care together to improve the health and wellbeing of our communities.

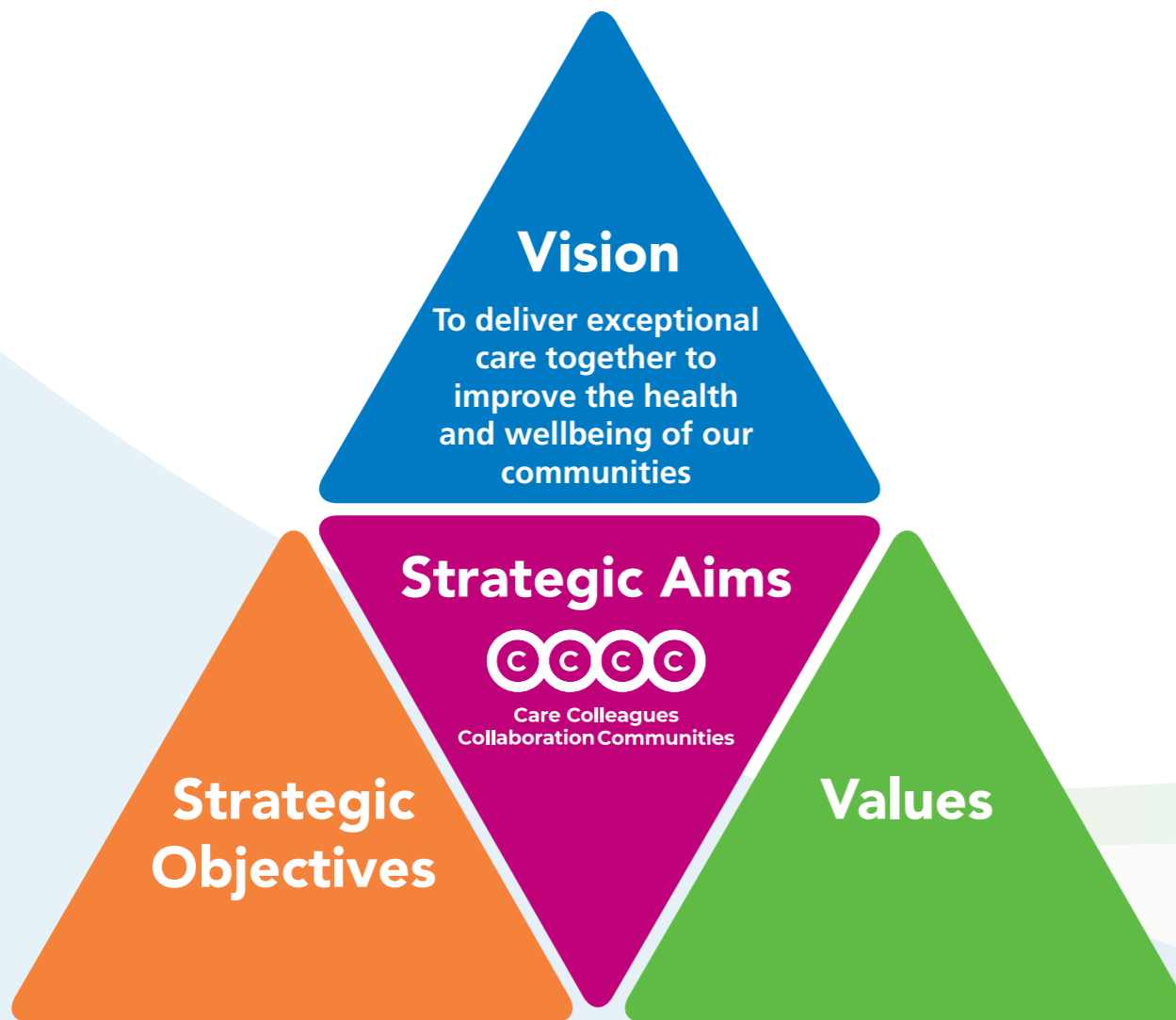


Context - Strategic Goals and Measures of Success

In 2022, The Trust Boards signed off 'Our Strategy' – the collective strategy of both organisations to guide us through the next five years. The strategy set out a clear vision for the Trust: 'To deliver exceptional care together to improve the health and wellbeing of our communities'. Our strategy is based around four strategic aims - referred to as the 'Four Cs':

1. Excel in the delivery of Care
2. Support our Colleagues
3. Effective Collaboration
4. Improve the health and wellbeing of our Communities.

These are underpinned by the respective values of the organisation.



The strategy has been embedded in the way we work and informs the decisions we make.

Since launching our strategic plan, we have:

- Opened a new, world class, Urgent and Emergency Care Department at Walsall Manor Hospital,
- Received accreditation for Elective Surgical Hubs at both Trusts (one at Cannock and one at Walsall Manor Hospital),
- Achieved the ambitions of the National Elective Care Strategy in clearing 104- and 78-week breaches,
- Dramatically improved our doctor in training survey results in Walsall and maintained our region leading results in Wolverhampton,
- Continued to make further reductions in our mortality rates,
- Led the way in developing virtual wards and other hospital at home initiatives to avoid patients having to be admitted,
- Exceeded our target to deliver more activity than in 2019/20 (after accounting for the impact of industrial action).

Whilst we are making progress, we still have much work to do:

- We are faced with an unprecedented financial challenge as the NHS works to restore productivity levels to and beyond pre-pandemic levels whilst dealing with high inflation,
- Our waiting lists are much longer than they were before the pandemic and the challenge associated with reducing them is significant,
- We continue to see demand increase and need to deliver more services in a preventative manner if we are to change the future demands and improve life chances for our population.

Annual Objectives for 2024/25

This strategic planning framework sets out what we need to deliver in the next 12 months to continue to improve and ultimately achieve our strategy.

The table below sets out the objectives to be achieved by April 2025. Alongside our own internal aspirations, these objectives align to:

- **NHS England operational planning guidance 2024/25.** This sets out targets to be achieved by all types of services and organisations in the NHS to improve quality and access. We have prioritised the metrics that will have the biggest impact for patients. In all instances, we have set ourselves at least the national or regional target (set by the Integrated Care System), or higher.
- **Care Quality Commission.** The standards set out by NHS England align with and inform the Care Quality Commission quality standards.
- **NHS Staff Survey and People Plan.** Our people annual objectives, like our overall people plan, directly aligns to the national people plan.
- As with our strategy, we have considered other national strategies and guidance such as the [NHS Long Term Plan](#) and the [Joint Forward Plan](#) and [Integrated Care Strategy](#) in our Black Country Integrated Care System.

In setting these objectives we have been decisive to prioritise those that will have the biggest impact. Whilst we expect our goals to remain unchanged, we recognise that the environment in which we are working is constantly changing and that our objectives may need refreshing from time to time. These changes will be considered through the annual planning process.

Care

Excel in the delivery of Care



In Year Objective	Why is this important?
Continuous improvement in the percentage of colleagues feeling engaged in improvement projects, as per the annual staff and quarterly pulse surveys.	Evidence has shown that those organisations rated the highest by the CQC all have a quality improvement methodology embedded within them. We believe the more colleagues involved in improvement projects, the more improvements will be made, and the quality of care provided will increase.
Delivery of the 77% faster diagnosis standard and 70% 62-day performance standard by March 25.	Evidence shows that the chances of survival from cancer increase the earlier cancer is diagnosed and treated. These measures encompass both of these important milestones for patients on a cancer pathway.
Delivery of the 78% 4-hour A&E standard by March 25.	Being treated quickly in A&E is important for both clinical outcomes and the experience of patients; delays in care have been associated with increased mortality and illness.
Elimination of 65 week waits by September 2024.	Waiting times for treatment are one of the biggest drivers of a patient's experience. In our efforts to recover from the pandemic and reduce our waiting list, we must first start by reducing our longest waits. Having cleared out 104 and 78 week waits, our focus for 2024/25 switches to those waiting up to 65 weeks.
Delivery of the financial plans in 2024/25	With a finite amount of funding, it is important that our resources are spent wisely and in a sustainable fashion.
Delivery of the workforce plans in 2024/25	Our workforce represents our greatest area of financial spend. If we are to achieve our financial plan, we must therefore take measures to reduce this area of expenditure.
Achievement of the Cost Improvement Plans in 2024/25	With limitations on funding for healthcare it is more important than ever than we spend our resources wisely. Our cost improvement plan encompasses our plans to improve our productivity further.
Achievement of the activity Plans in 2024/25	The 'Elective Recovery Fund' (ERF) is our most straightforward way of increasing our income whilst simultaneously improving our waiting times. To achieve both, we must deliver on our plan to deliver 112% and 110% more activity than we did in 2019/20.

Colleagues

Support our Colleagues



In Year Objective	Why is this important?
Maintain a vacancy rate of 6% or below at group level. - Target of >60.3% (annual staff survey Q3) - Rolling sickness target of <=5% (monthly)	Our staff are our most valuable asset and we must do all we can to recruit and retain colleagues and support them to keep well. After all, there is clear evidence of the correlation between staffing levels and quality of care. Given the restrictions on workforce numbers, it is even more important that we retain those within our establishment and support them to be in work.
Percentage of staff who would recommend the organisation as a place to work. - Target of >= 64.6% (annual staff survey Q3) - Target of >= TBC (quarterly pulse survey)	This is a key barometer as to the quality of care being provided within the organisation – we want staff to be proud of the organisation they work for and must therefore monitor and act on their feedback.
Reduce the percentage of staff experiencing discrimination at work to <=9.2% and with a difference between BAME and white staff of <=7.46%.	There is strong evidence that where an NHS workforce is representative of the community that it serves, patient care and the overall patient experience is more personalised and improves. The NHS must therefore welcome all and eliminate any discrimination.

Collaboration

Effective Collaboration



In Year Objective	Why is this important?
Increase the number of services delivered jointly across the Black Country.	Working together offers the opportunity to improve the sustainability of our services and ultimately patients experience.
Reduce the overall waiting times for Rheumatology and Interventional Radiology by March 25, compared with March 24.	Both Rheumatology and Interventional Radiology are specialties where the two Trusts are working together with the desired aim of improving the sustainability, and therefore waiting times, of the services.
Increase the number of staff engaged in research and participants recruited into commercial trials beyond the level achieved in 23/24 by March 25.	Research and development is our means to identifying new treatments and improving the health of our population further.

Communities

Improve the health and wellbeing of our Communities



In Year Objective	Why is this important?
Demonstrable progress against the workplan of the Health Inequalities Steering Groups	One of the characteristics of the populations our group serves is the inequity in health outcomes. That's why it is important that we identify the reasons for this and identify solutions to overcome them.
Reduce carbon emissions by 10% by March 25, compared with 2020/21	Climate change poses an existential threat and like every one else, we have a responsibility to consider the environmental impact of our operations.
- Delivery of the 70% 2-hour Urgent Crisis Response Standard	By responding in a timely fashion to those most urgent, the potential for admission into hospital can potentially be avoided.
- Maintain, if not reduce, the number of patients in hospital with no criteria to reside compared to the average number seen in 2023/24	The number of patients requiring unplanned care continues to rise year on year but, with a fixed number of beds, the group must reduce the number of patients occupying a bed who do not need to be in hospital.
- Maintain 80% virtual ward bed occupancy	Virtual wards are intrinsic to our plans to manage unplanned care effectively, offering patients the opportunity to remain in their own home and support the flow of patients throughout the hospital.

Multi-year commitments / enablers

There are number of longer-term pieces of work that we have started and will continue through this coming year that will help us deliver our objectives. Some of these are summarised below:

- **Financial Recovery Programme** – the programme of work to recover our financial position to a sustainable position. This encompasses our projects to increase activity and income, improvement efficiency and make cost savings.
- **Quality Improvement Programme** – the programme oversees our efforts to embed a quality improvement culture within our organisation, both by training our staff with the necessary skills and supporting them with key projects.
- **Elective Recovery** – the elective recovery programme oversees our achievement against the objectives of the National Elective Care Strategy. This focuses on the clearance of long waiting patients and improvement in cancer and diagnostic waiting times. All of these are facilitated, in part, by efforts to increase the amount of activity being undertaken.
- **Outpatient Transformation** – the programme oversees our work to change the way that outpatients are delivered – focused on reducing those face-to-face attendances absolutely necessary and avoiding patients the stress of needing to attend by offering other alternatives, e.g. advice and guidance, patient initiated follow up etc.
- **Sustainability Programme** – overseeing the various initiatives to reduce our carbon emissions and undertake a more sustainable operation.

Many aspects of the above will not be possible to achieve in isolation. As a member of the Black Country Provider Collaborative as well as Place Based Partnerships, we will work together will colleagues from across the system.

Risks

The following principal risks to the delivery of the plan have been identified:

- **Financial constraints** – the financial constraints clearly impact all elements of our plan. There are risks in the financial plan itself, an unprecedented level of cost improvement required and funding is also a constraint on delivering more activity and the growth in demand across various services.
- **Impact of Midland Metropolitan University Hospital (MMUH)** – more pertinent to Walsall Healthcare is the impact of the opening of MMUH and the associated increase in unplanned activity that we expect to see. Resource (both physical and staffing) is required to achieve this.
- **Impact of industrial action** – the plans submitted, under the instruction of NHS England, do not assume any further industrial action. There will undoubtedly be an impact both to activity and costs should further action occur.
- **Workforce constraints** – we face challenges in recruiting specific staff groups and our financial constraints will also limit our ability to grow our workforce.
- **UEC growth** – general urgent and emergency care growth (outside of MMUH) continues to be a risk, particularly the growth seen from outside of a usual catchment area. This impacts on the flow of patients throughout our hospital and our ability to meet the 4-hour standard.

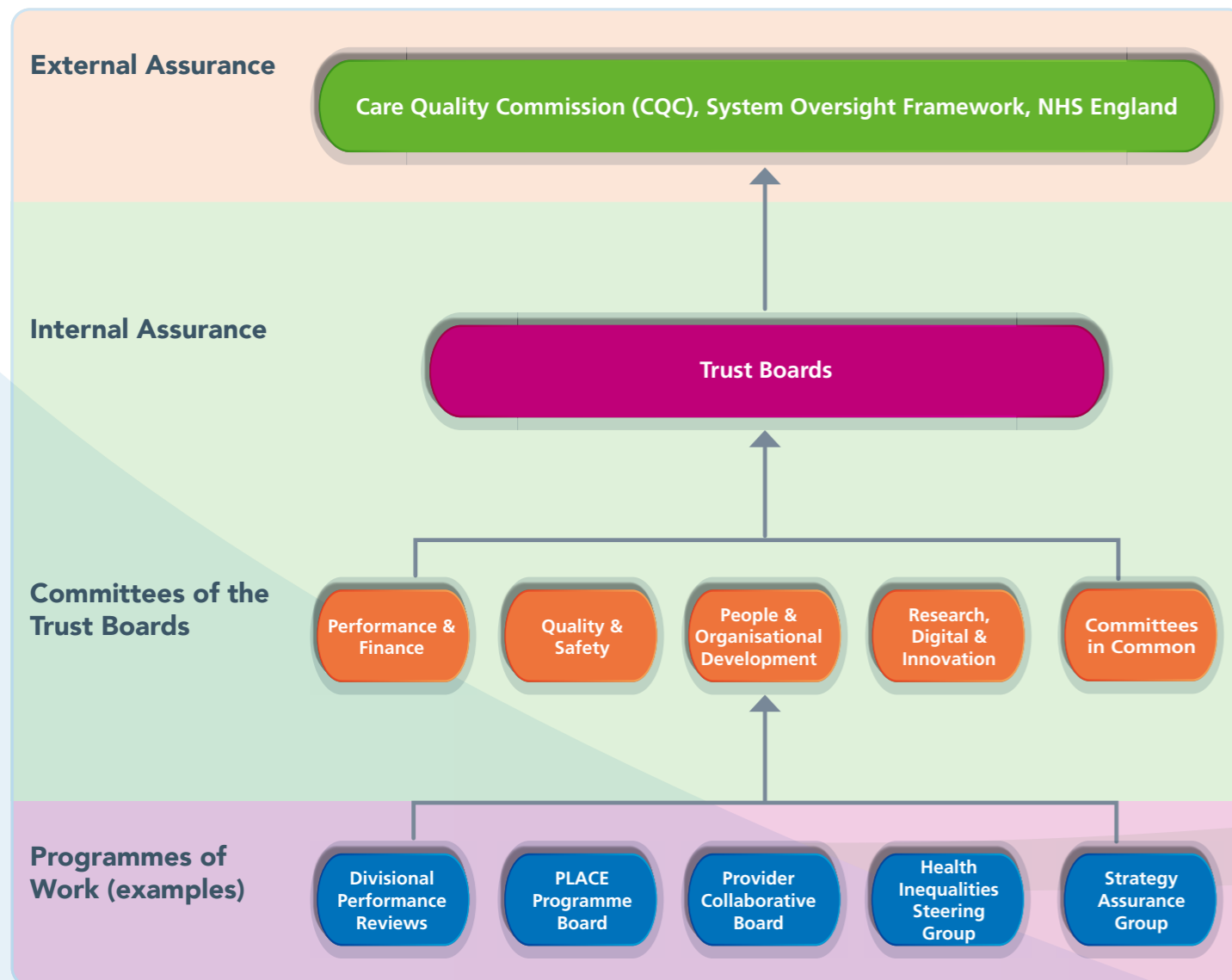
Governance

The reporting of progress against our annual objectives is embedded within our routine reporting to the Board and sub-committees of the organisation. A 'Board Level Metrics' paper accompanies each of our 'Four C's' within the agenda of the Trust Board, with the paper providing a monthly update on progress.

Monitoring of the detail behind these metrics will be undertaken at the sub-committees of the Board. The chairs reports of these committees will accompany the Board Level Metrics paper to Trust Board.

Underpinning the sub-committees are the Divisional Performance Reviews (DPRs) which take place monthly and focus on performance at a Divisional Level.

The diagram below summarises this structure.





**The Royal Wolverhampton NHS Trust
Report to the Trust Board Meeting
to be held in Public
on Tuesday 14 May 2024**

Title of Report:	Risk of not progressing a material matter during board operating model transition	Enc No: 8.4
Author:	Kevin Bostock. Group Chief Assurance Officer	
Presenter/Exec Lead:	Kevin Bostock. Group Chief Assurance Officer	

Action Required of the Board/Committee/Group

Decision	Approval	Discussion	Other
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"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Recommendation:

The Trust Board are asked to note the position with regard to the Assurance provided in relation to the level of risk presented of missing actions required on any material matter through bringing together of The Royal Wolverhampton NHS Trust (RWT) and Walsall Healthcare NHS Trust (WHT) boards to hold meetings as a combined board for both Trusts.

Implications of the Paper:

Risk Register Risk	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Risk Description: There is a risk that a material matter which has the current oversight of one of the two sovereign entity boards (RWT/WHT) that could be overlooked in the bringing together of the two boards to operate as a combined board. This risk is mitigated through a due diligence model and is considered to be low. On Risk Register: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Risk Score (if applicable) : Likelihood 1 x Consequence 5 = 5		
Changes to BAF Risk(s) & TRR Risk(s) agreed	State None if None: None Risk Description: As above Is Risk on Risk Register: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Risk Score (if applicable): As above		
Resource Implications:	(if none, state 'none') Revenue: None Capital: None Workforce: None Funding Source: None		
Report Data Caveats	Not Applicable		
Compliance and/or Lead Requirements	CQC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Part of well-led approach to Governance of both RWT and WHT.
	NHSE	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: NHSE are a key stakeholder and are aware of the combined board approach
	Health & Safety	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:

	Legal	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: The Trust has taken legal advice and followed it.
	NHS Constitution	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
CQC Domains	Well-led: As above		
Equality and Diversity Impact	<p>In being awarded the Race Code mark, the Trust agreed to increase its awareness and action in relation to the impact of Board & Board Committee business on people with reserved characteristics. Therefore, the Committee must consider whether anything reviewed might result in disadvantaging anyone with one or more of those characteristics and ensure the discussion and outcome is recorded in the minutes and action taken to mitigate or address as appropriate.</p> <p>Please provide an example/demonstration: None</p>		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
	Board Committee	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
	Board of Directors	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:

Summary of Key Issues using Assure, Advise and Alert	
Assure:	<p>The process used to provide an assurance opinion has been based on a due diligence model. This is to deliver an opinion that is reasonable and proportionate to the board that no material matter which has not reached a concluded and closed position is unlikely to be overlooked. This is required to provide confidence to each sovereign board that the transition from operating as separate boards to a combined board is as safe as reasonably practicable and based on examined and evaluated evidence.</p>
Advise	<p>The board can be assured that the Board Assurance Framework, Risk Register (at corporate level), board minutes, board action logs and trackers, 'live' regulatory reports and notices issued under legislation governing the oversight and enforcement functions of The Care Quality Commission, Health and Safety Executive, Information Commissioner, NHS England, Integrated Care Board and The NHS generally have been reviewed and the assurance opinion derived by the Chief Assurance Officer is that no material matter is likely to be missed through this change in working method. This opinion is confirmed having also involved the executive directors of each trust in a request for escalation of any known material matters that are not already captured in the assurance framework that already exists. There were no escalations received.</p>
Alert	<p>The board are requested to discuss and note the methodology and assurance.</p>

Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
<i>Excel in the delivery of Care</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 community and populations
<i>Support our Colleagues</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

	<ul style="list-style-type: none"> • Improve overall staff engagement • Deliver improvement against the Workforce Equality Standards
<i>Improve the Healthcare of our Communities</i>	<ul style="list-style-type: none"> • Develop a health inequalities strategy • Reduction in the carbon footprint of clinical services by 1 April 2025 • Deliver improvements at PLACE in the health of our communities
<i>Effective Collaboration</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

Risk of not progressing a material matter during board operating model transition

Report to Trust Board Meeting to be held in Public on 14 May 2024

EXECUTIVE SUMMARY

The Royal Wolverhampton NHS Trust and the Walsall Healthcare NHS Trust have formed a group operating model with each Trust retaining its sovereign entity board. There are several executives and non-executives who occupy positions on both entity boards and other executives and non-executives who occupy positions on one or the other entity board.

The trusts share a single Chair, Chief Executive Officer and 5-year strategy and have worked in collaboration for several years. To improve efficiency and reduce duplication the boards will move to a combined meeting model whilst retaining their legal entity responsibility and accountability. The first combined meeting is scheduled to take place in July 2024.

This paper provides clarity on the process used to derive an assurance opinion based on examination of evidence, of the likelihood that a material matter requiring an action or progression by either entity board will be lost, not progressed, or actioned.

The risk is measured, following a due diligence approach, to be low.

Methodology

A due diligence type review of the Board Assurance Framework, Risk Register (at corporate level), board minutes, board action logs and trackers, 'live' regulatory reports and notices issued under legislation governing the oversight and enforcement functions of The Care Quality Commission, Health and Safety Executive, Information Commissioner, NHS England, Integrated Care Board and The NHS generally have been reviewed for each trust. This took the form of a look back exercise with involvement of staff from the group company secretary's office and the assurance team. The opinion derived by the Chief Assurance Officer is that the risk of a material matter being missed through this change in working method is low. This opinion is confirmed having also involved the executive directors of each trust in a request for escalation of any known material matters that are not already captured in the assurance framework that already exists. There were no escalations received.

The risk has been applied to the risk register of each trust and will be kept under monthly monitoring until the revised working model is embedded, sustained and stable.

It is worthy of note that the internal auditors have applied a 'substantial assurance' rating to the Board Assurance Framework for each trust effective at April 2024.

Next steps

It is proposed that a group level risk register and board assurance framework be created to overly the trust specific risk registers and board assurance frameworks to effectively manage the 'group level' and 'group common' risks and assurance.

The timescale for this to be in place and performing is by the end of the calendar year 2024.

Recommendation

The Trust Board are asked to discuss and note the position regarding the Assurance provided in relation to the level of risk presented through operating a combined board model.

Report to the Trust Board (Public)

On 14th May 2024

Title of Report:	Executive Summary Workforce Report	Enc No: 9.1
Author:	Emma Ballinger, Associate Director of People	
Presenter/Exec Lead:	Alan Duffell, Group Chief People Officer	

Action Required of the Board/Committee/Group

Decision	Approval	Discussion	Other
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Recommendations:			
The Committee is asked to note the contents of the report.			

Implications of the Paper:

Risk Register Risk	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Risk Description: On Risk Register: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Risk Score (if applicable) :		
Changes to BAF Risk(s) & TRR Risk(s) agreed	None		
Resource Implications:	None		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Safe, Caring, Responsive, Effective, Well-Led.
	NHSE	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Safer staffing
	Health & Safety	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	Legal	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	NHS Constitution	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
CQC Domains	Safe: Effective: Caring: Responsive: Well-led:		

Equality and Diversity Impact

In being awarded the Race Code mark, the Trust agreed to increase its awareness and action in relation to the impact of Board & Board Committee business on people with reserved characteristics. Therefore, the Committee must consider whether anything reviewed might result in disadvantaging anyone with one or more of those characteristics and ensure the discussion

	and outcome is recorded in the minutes and action taken to mitigate or address as appropriate.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Board Committee	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: 23 rd February 2024
	Board of Directors	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:

Summary of Key Issues using Assure, Advise and Alert

Assure

This report provides the Board with information and assurance on key workforce metrics and an update on key workforce matters.

Four of the six workforce indicators are meeting the agreed targets/ thresholds vacancy rate, turnover, 12-month retention and mandatory training. Appraisal compliance and sickness absence are rated amber, however the rolling 12-month sickness rate does meet the trust target.

Advise

Vacancy rates meet the target at 2.98%, slight increase from previous month 2.54%

Retention is meeting the target at 90.32%

Mandatory training compliance is above target at 94.90%

Turnover is meeting the target at 9.08%.

Alert

The Board is alerted to:

- Sickness absence rates in month for this period are above the target . Actions are in place and the Trust benchmarks favourably.
- Appraisal compliance is not meeting the target, the paperwork has been streamlined and divisions are progressing plans to ensure delivery.

Links to Trust Strategic Aims & Objectives (Delete those not applicable)

<i>Excel in the delivery of Care</i>	
<i>Support our Colleagues</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 Standards
<i>Improve the Healthcare of our Communities</i>	
<i>Effective Collaboration</i>	

Executive Summary Workforce Report

Trust Board
14th May 2024



Safe & Effective | Kind & Caring | Exceeding Expectation

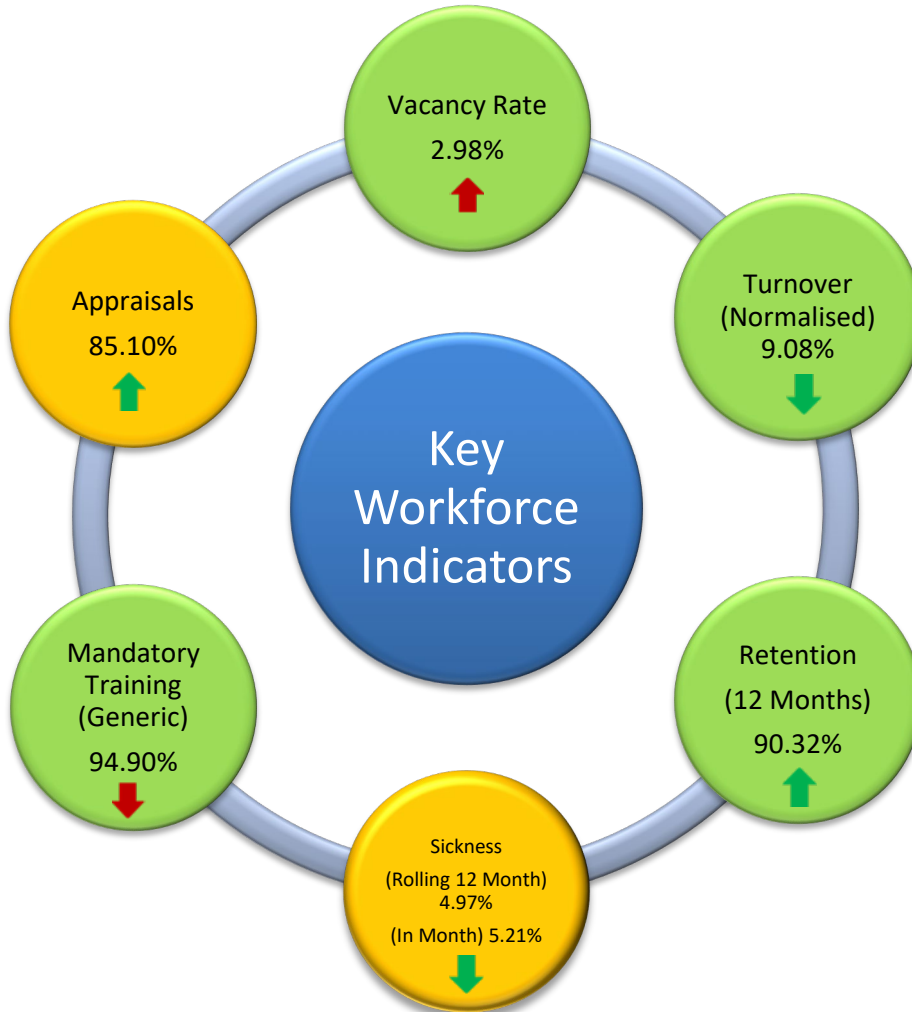
Alan Duffell
Group Chief People Officer

Executive Summary

This report provides the Board with information and assurance on key workforce metrics and an update on key workforce matters.

Four of the six workforce indicators are meeting the agreed targets/ thresholds vacancy rates, turnover, 12-month retention and mandatory training. Appraisal compliance and sickness absence are rated amber.

- Normalised turnover is 9.08%, decreasing in month, the retention rate is meeting the agreed standard at 90.32% and has increased marginally within the month.
- The vacancy rate has increased slightly in month from 2.54% to 2.98%, it continues to meet the Trust target. Turnover outpaced recruitment by 25.95 WTE (excluding rotational doctors). There were reductions in WTEs across all but four of the staff group work profiles. The increase in WTE for the four areas with changes was a total of 17.27 WTE.
- Attendance levels (rolling 12 months) has remained stable in month at 4.97% and is meeting the Trust target. The in-month performance indicator is exceeding the target maximum at 5.21%, this has reduced slightly again this month.
- Performance in relation to generic Mandatory Training continues to meet the external target of 85%. Current performance is stable at 94.90%. Role specific mandatory training compliance has remained stable in month at 94.30% and remains above target. In relation to appraisal, compliance rates are improving and are now at 85.10%. This indicator is rated amber and below the target of 90%.
- The fill rate through the bank in March was 75% for registered nursing staff and 83% for healthcare assistants. The medical bank fill rate was 77.60% exceeding the target of 60%.



Four of the six workforce indicators are meeting the agreed targets / thresholds; vacancy rate, turnover, retention rate and mandatory training compliance. Sickness absence and appraisal compliance are rated amber.

Turnover has decreased from 9.27% to 9.08% and continues to meet the Trust target. The 23/24 average is 9.84%. Turnover performance is now meeting the standard for all staff groups except Additional Clinical Services, AHP and Estates and Ancillary.

The vacancy level has increased in month but continues to meet the target. This indicator is meeting the target for all staff groups except AHP. The 23/24 average was 2.76%.

In month absence levels remains higher than the target maximum. Absence levels for rolling 12-month attendance levels are now meeting the Trust target of 5%. The Sickness (rolling 12 months) 23/24 average was 5.07%.

Mandatory training (generic) compliance rates have improved and continues to exceed the 85% target. The 23/24 average is 95.13%.

Appraisal compliance has improved but remains amber as this is not meeting the Trust target of 90%, the 23/34 average is 79.62%.



Summary Items

Industrial Action

The Junior Doctors have voted in favour of further strike action and have a further strike mandate for 6 months until September 2024 although further strike dates have been announced to date.

There is a Junior Doctors conference being held at the end of April and it is anticipated that a further announcement may be made after this.

The Consultant pay offer put forward by the Government has now been accepted, this will be back dated to 1st March 2024 and is expected to be in May salaries.

Agenda For Change:24/25 Pay Round

The NHS Pay Review Body has also been tasked by the Government to make recommendations for the Agenda for Change workforce. A report is expected in May 2024 and any changes will be backdated to 1st April 2024.

National Living Wage

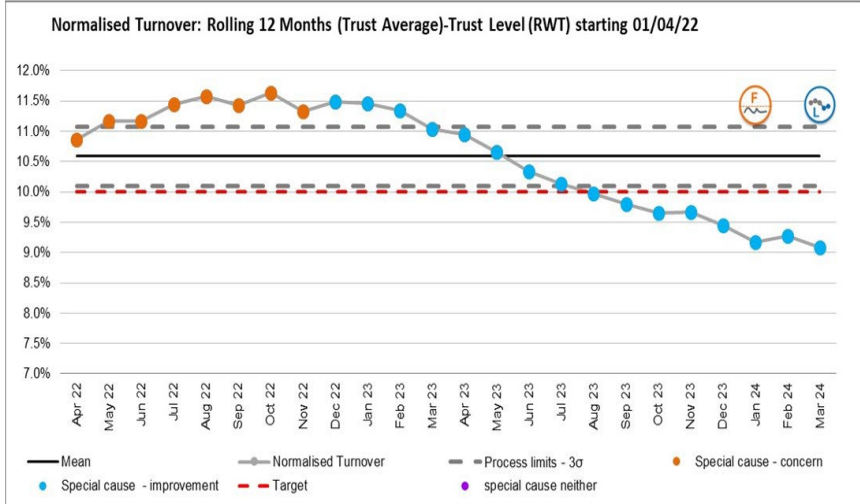
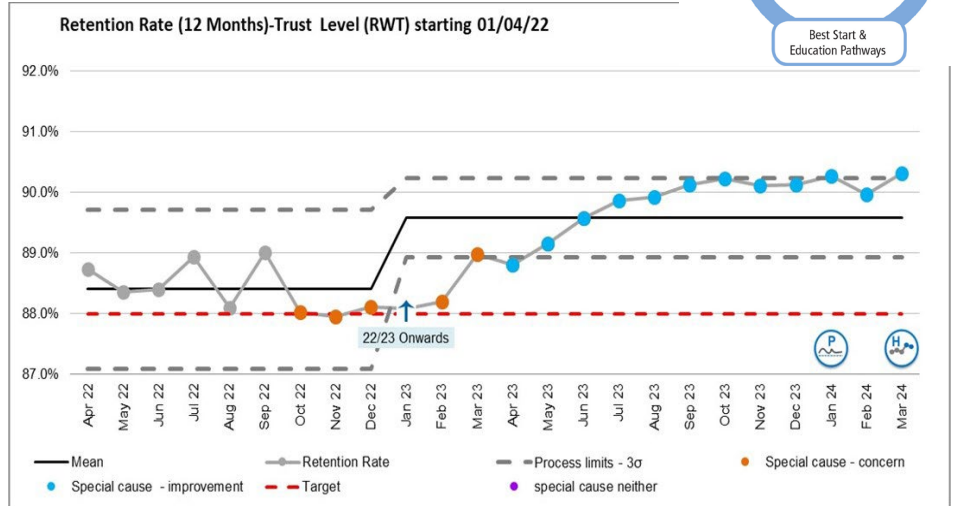
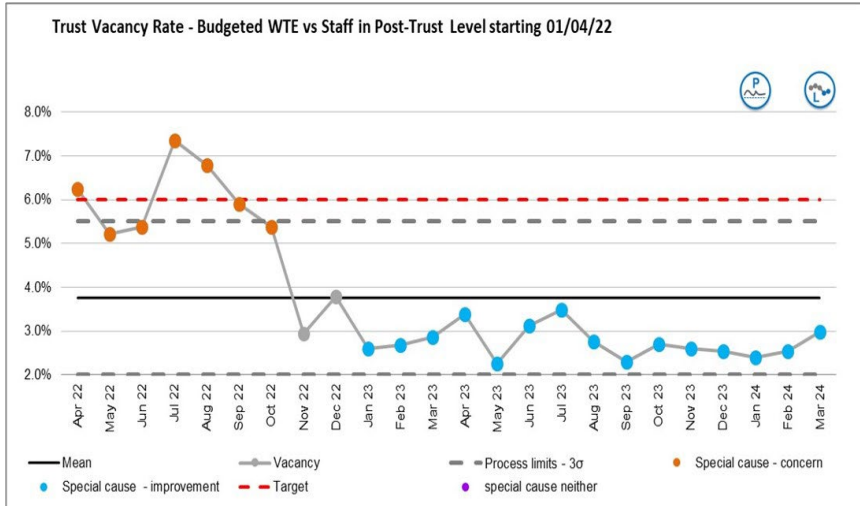
As of the 1st April 2024 changes to the National Minimum Wages came in. The two changes were that the age of eligibility was lowered from 23 to 21.

The rate of pay has also changed from £11.44 an hour, up from £10.42. In terms of NHS banding this equates to the 23/24 band 2 hourly rate.

The NLW is linked to staff benefits and forms part of the eligibility criteria for the schemes. Therefore, payroll within the trust is reviewing the impact this will have on individuals in the scheme and whether this increase impacts upon their eligibility.

Attract, Recruit & Retain - Trust

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



Key Issues & Challenges

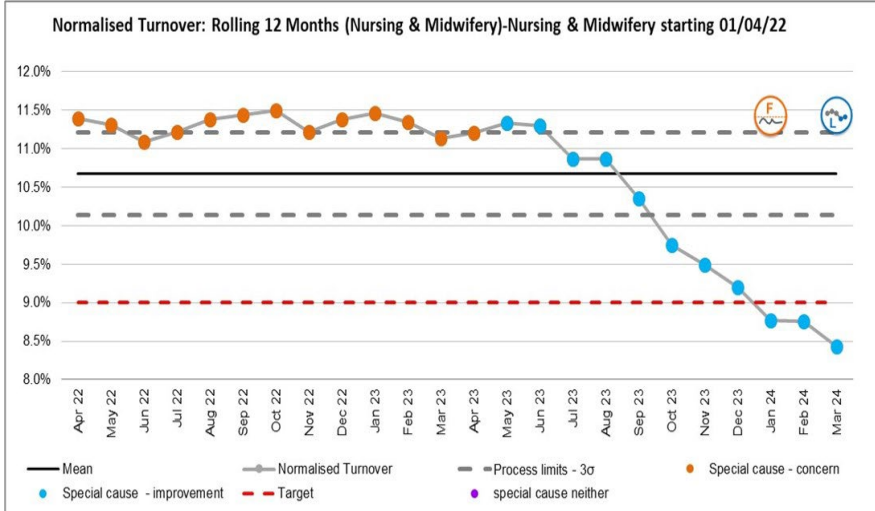
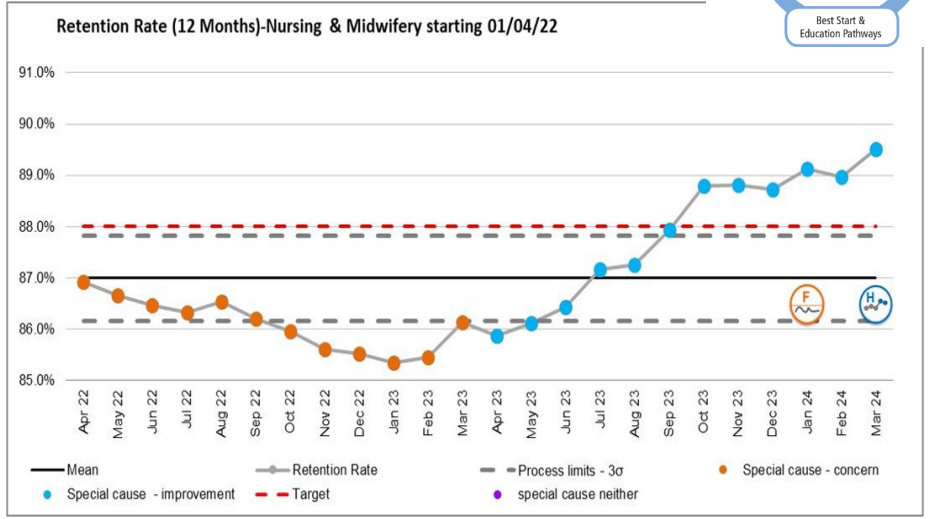
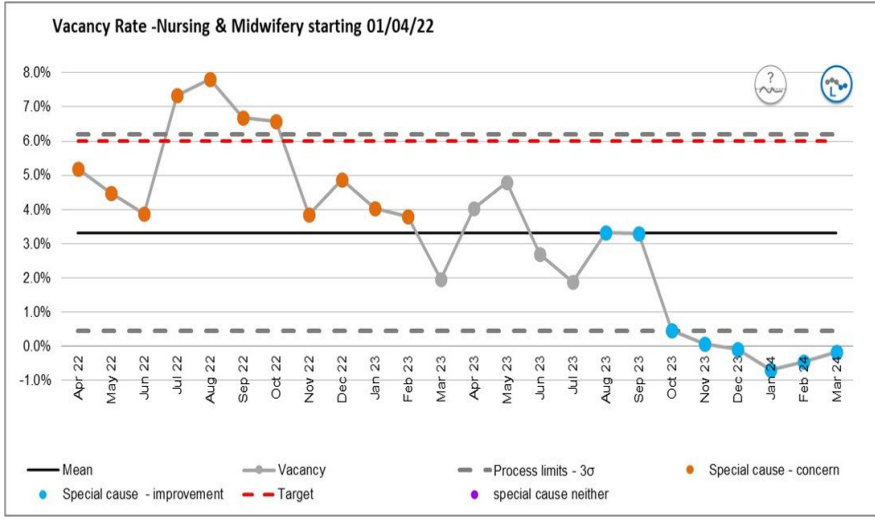
- Whilst the vacancy levels are performing well overall but increased slightly in month, there continues to be hotspots.
- For 8 out of the 12 months over the last financial year vacancy rates for AHPs has been above the trust target.
- The turnover for AHPs has also not met the trust 10% target for the last 12 months.
- Turnover for Estates and Ancillary did not meet the trust target for 10 months in 23/24 and Additional Clinical Services for 8 months.

Key Actions & Progress

- The Retention Rate at 12 months is meeting the 88% target at 90.32%.
- Turnover is below target at 9.08%.
- The vacancy rate is now meeting the target consistently and now for all staff groups except AHPs.
- Active work continues to identify hard to fill posts.
- Turnover has outpaced recruitment, this aids delivery of the workforce reduction plans for 24/25.

Attract, Recruit & Retain – N&M

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



Key Issues & Challenges

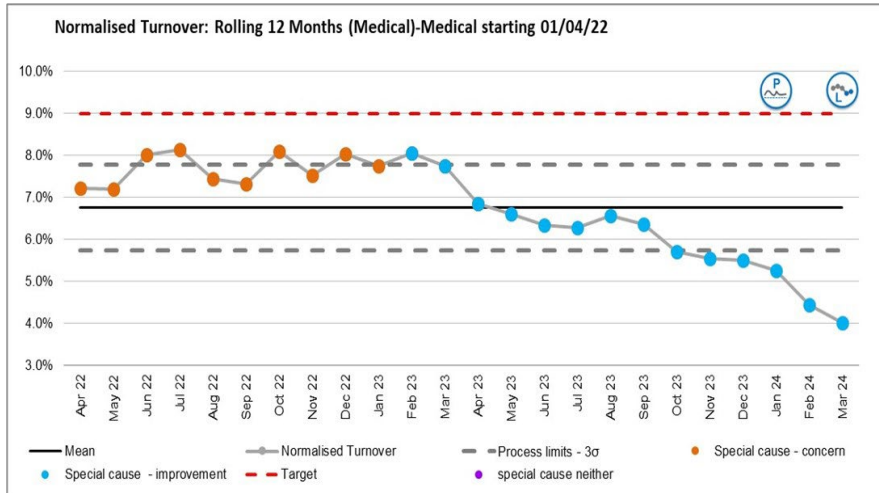
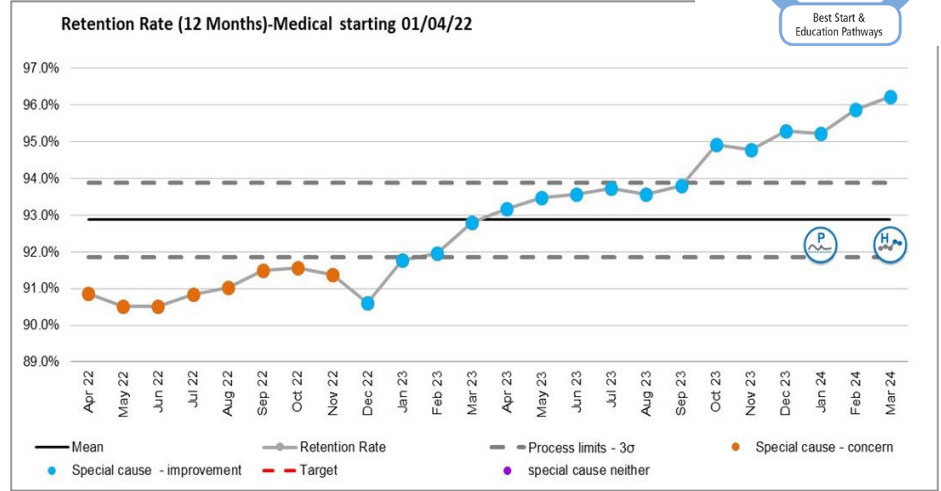
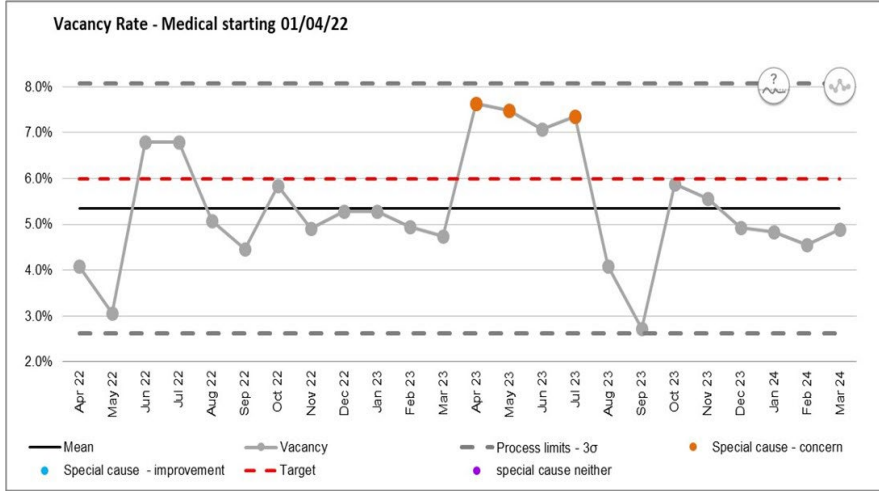
- Recruitment has slowed for this staff group given the favourable vacancy position.

Key Actions & Progress

- The vacancy rate for nursing and midwifery staff has remained within target over the last 12 months with a 23/24 average of 1.6%.
- There are 57.36 WTE international/ newly qualified nurses in the pipeline working towards their pin and further newly qualified nurses scheduled to join in September/October.
- Turnover has stabilised and met the trust target over the last 6 months of 23/24. The 23/24 average is 10.03%.

Attract, Recruit & Retain - Medical

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



Key Issues & Challenge

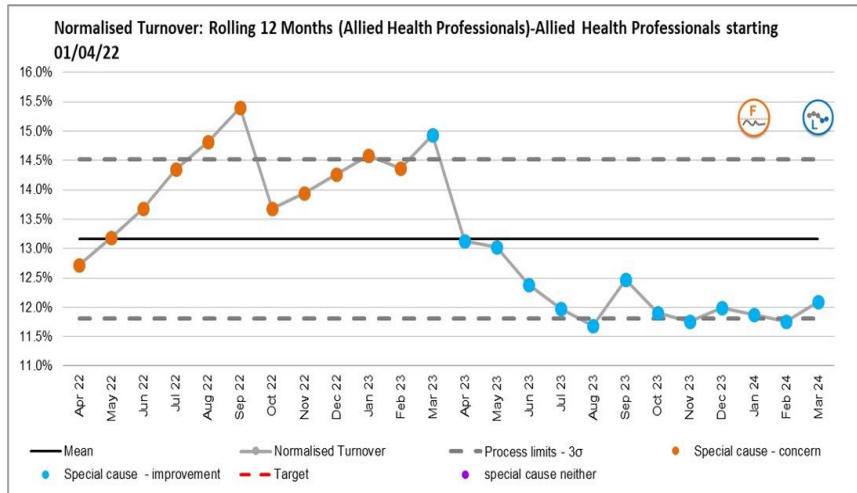
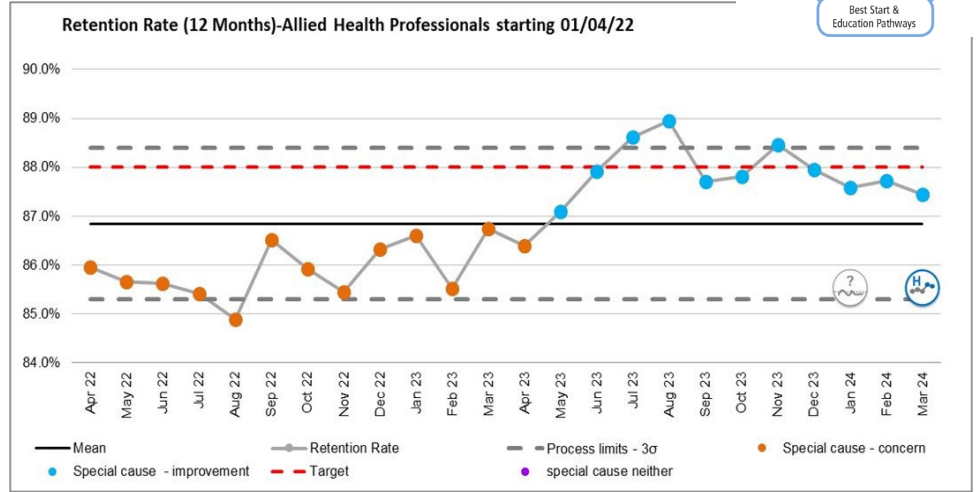
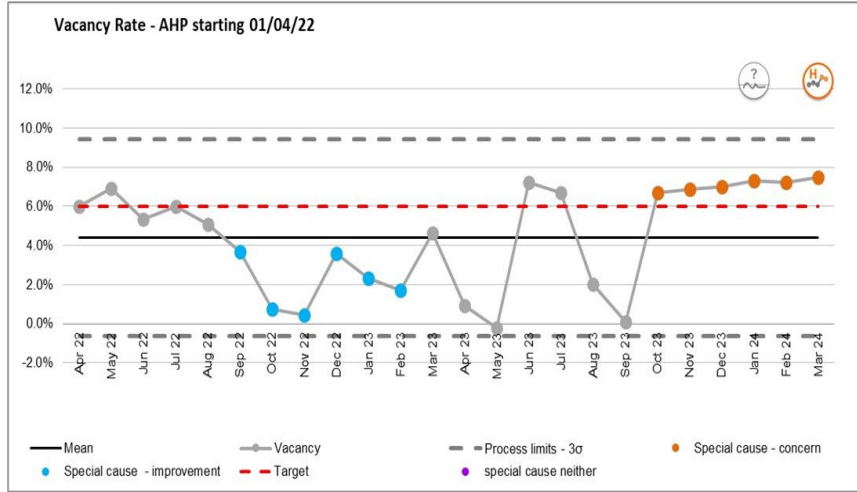
- Whilst the overall position is hugely positive, there are some hotspots in key services where vacancy levels give cause for concern, such as in medical oncology and stroke.

Key Actions & Progress

- The vacancy rate has improved and has remained at Trust target for the last 6 months and is currently 4.90% with a 23/24 average of 5.58%.
- All recruitment and retention metrics for medical staff are being met.
- There has been successful Consultant Emergency Medicine.

Attract, Recruit & Retain - AHP

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

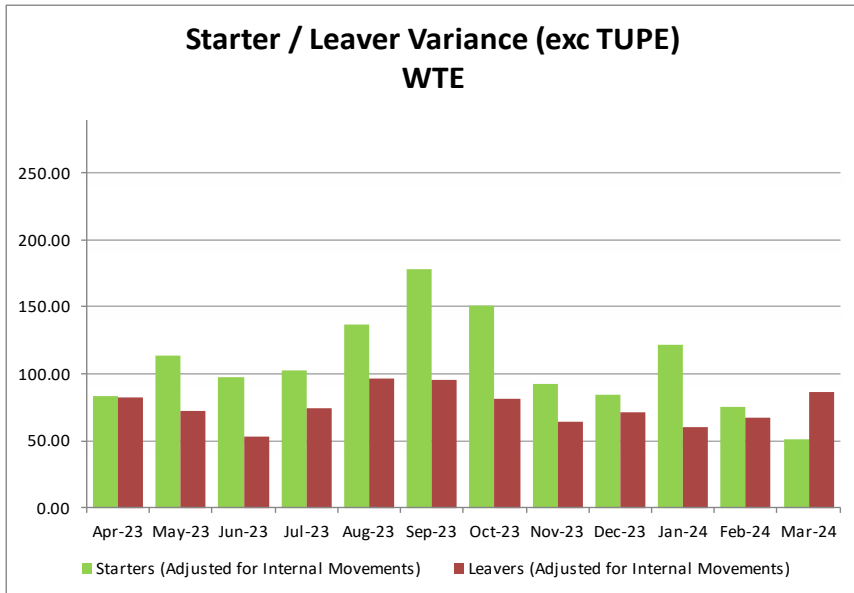
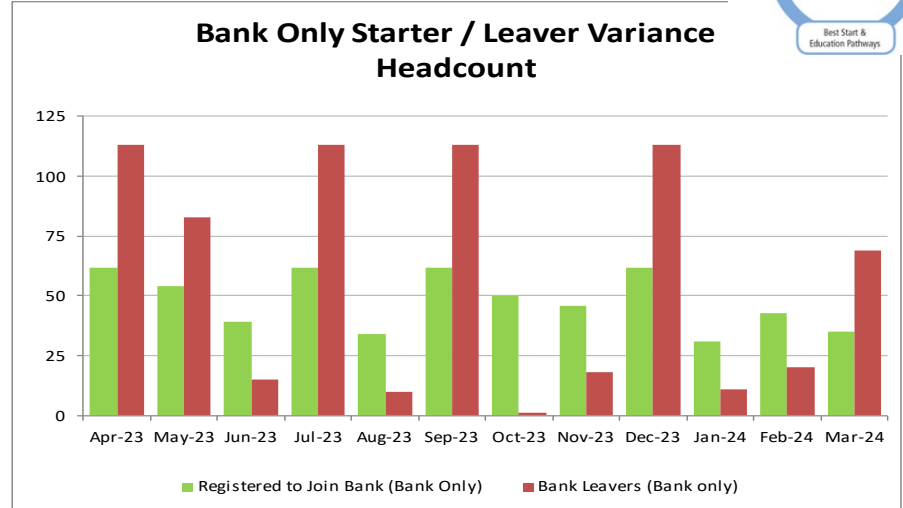
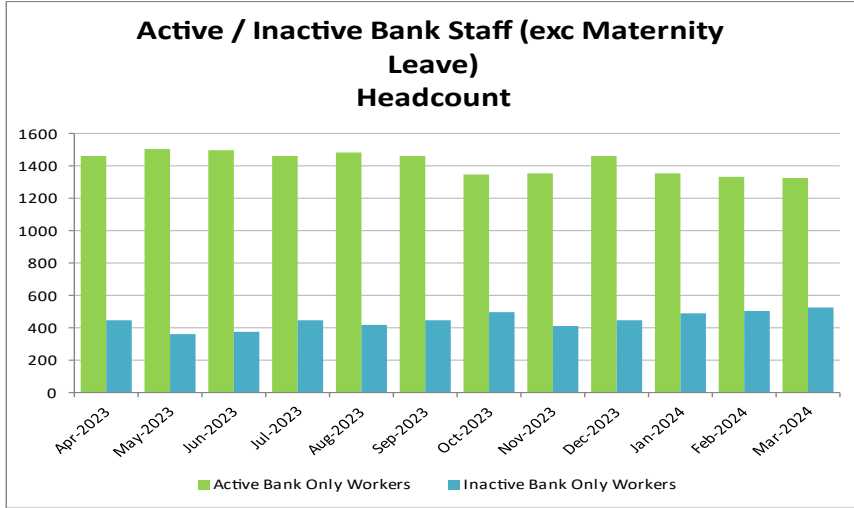


Key Issues & Challenges

- Metrics for AHPs cover Podiatry, Dietetics, Occupational Therapy, Physiotherapy, Orthoptics, Radiography (diagnostic and therapeutic), Orthotics, Speech and Language Therapy (SaLT), and Operating Department Practitioners (ODPs).
- Turnover for AHPs is elevated and is currently 12.09%, this is above the Trust target.
- AHP vacancy levels are not meeting the Trust target and has exceeded the target for six consecutive months.

Key Actions & Progress

- Retention rate has decreased in month but remains below the Trust target.
- AHP vacancy levels are above the Trust target currently 7.47% and there are currently 50 WTE vacancies.

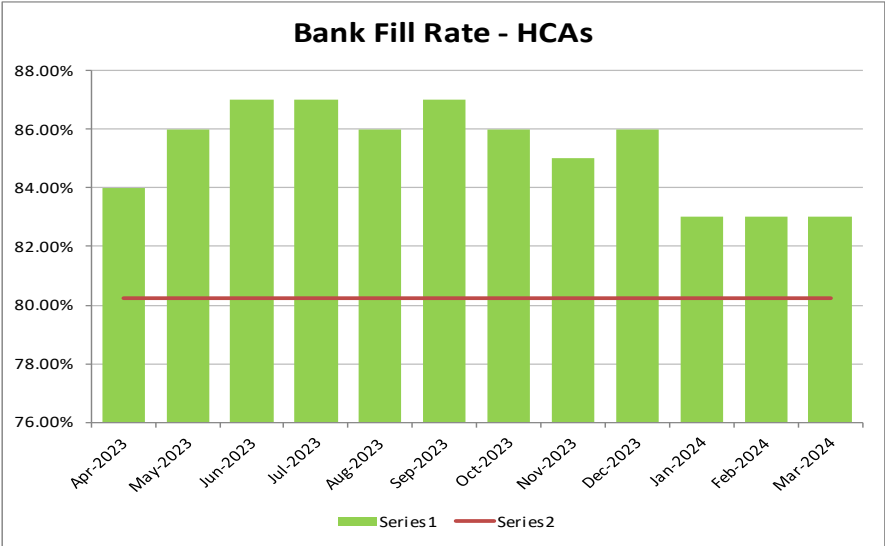
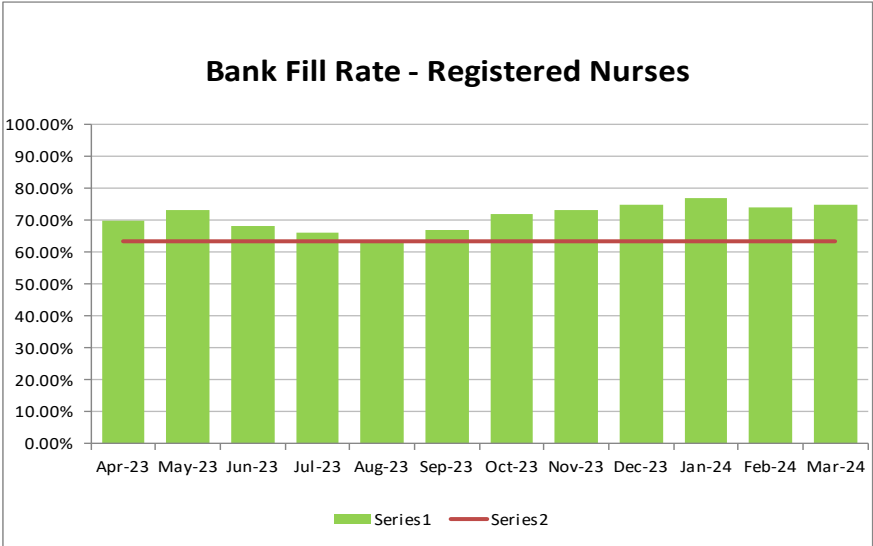
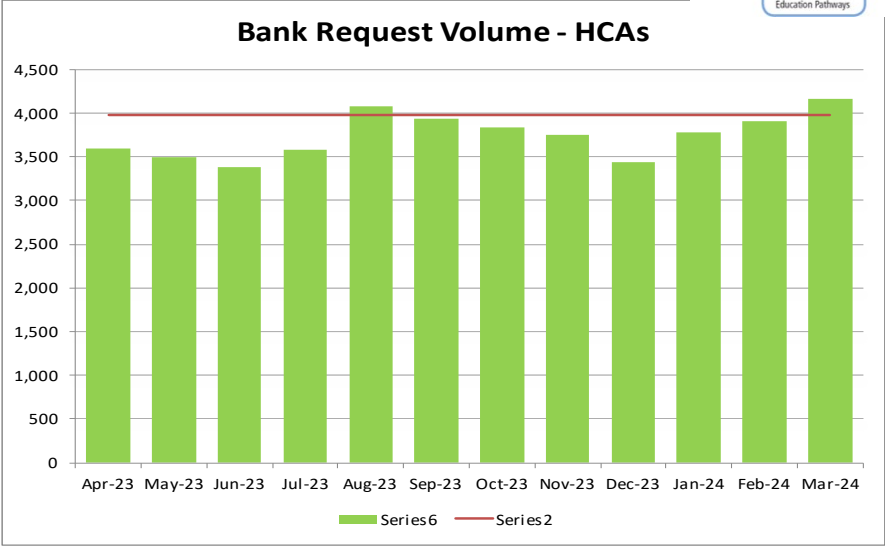
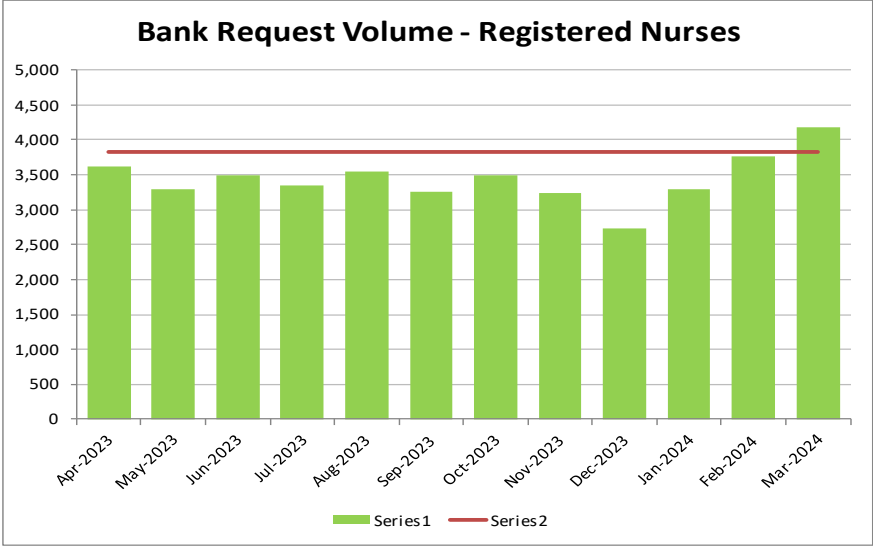


Key Issues & Challenges

- 553 Late requested shifts (within and over 24 hours of the start time of the shift), 363 of these shifts have been identified that prior notice may have been given, in addition 151 requests were requested more than 24 hours after the start time of the shift which is having a negative impact on fill rates
- Increase in Registered and Unregistered requests – Registered Feb – Requested – 3802, Filled – 2809, Mar – Requested – 4218, Filled – 3158. Unregistered Feb – Requested 3934, Filled – 3258, Mar – Requested 4170, Filled 3448 – overall increase in fill rates for March

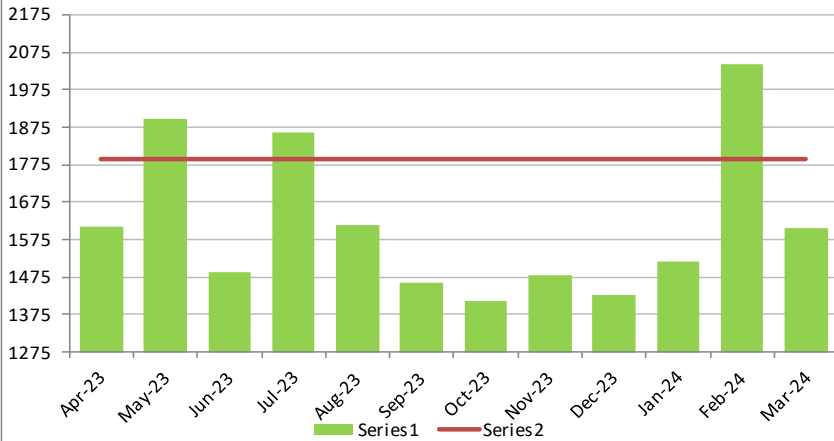
Key Actions & Progress

- £45 per hour Enhanced Rate for Sonographers in Maternity extended until the end of April 2024
- Extra £5 per hour Enhanced Rate for Band 5 and Band 4 Clinical Staff on A21 and PAU from 26th February 2024 to 31st March 2024
- External Bank Admin Vacancy advertised
- Students on placement with the Trust – 12 Conditional Offers made, 4 completed pre-employment checks and ready to start work
- 56 Internal new starters registered – 30 Qualified, 15 Unqualified and 11 Admin





Bank Request Volume - Medical & Dental



Key Issues & Challenges

- Departmental requests for bank shifts has fallen slightly. The majority of the requests are to fill gaps on the rota due to sickness.
- ED continue to rely heavily on bank doctors to fill the rota. The plan is to recruit ANP's to fill the vacancies.
- Health Roster rollout and training currently being reviewed and junior Doctor to roll out to begin in coming months.
- We have internally streamlined onboarding process for bank workers making it a quicker process to join the medical bank
- Improvement in onboarding process has reduced payment delays for new bank workers.

Bank Fill Rate - Medical & Dental



Key Actions & Progress

- Medical bank fill rate has reduced slightly to 70% in December. Medical staff continue to join the medical locum bank internally and externally, improvement has been made with the streamlining of the on boarding process.



Education / Organisational Development	BCPS	Corporate	Division 1	Division 2	Division 3	Estates	West Midlands Cancer Alliance	Grand Total
	Mandatory Training - Statutory Topics	93.10%	96.10%	94.50%	94.60%	95.20%	96.30%	76.90%
Mandatory Training - Policy Required	95.10%	96.90%	93.30%	93.50%	96.00%	98.20%	70.30%	94.60%
Appraisal	89.20%	85.70%	83.20%	84.50%	84.70%	89.40%		85.10%

Mandatory Training - Statutory Topics	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
	225 Black Country Pathology Service	91.40%	92.30%	93.30%	93.30%
225 Corporate Division	95.90%	95.90%	96.30%	96.40%	96.10%
225 Division 1	94.10%	94.30%	94.40%	94.40%	94.50%
225 Division 2	94.40%	94.20%	94.50%	94.80%	94.60%
225 Division 3	95.60%	95.50%	95.60%	95.60%	95.20%
225 Division 4					
225 Estates & Facilities Division	97.40%	97.00%	97.10%	96.70%	76.90%
Grand Total	94.80%	94.80%	95.10%	95.10%	94.90%

Appraisals	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
	225 Black Country Pathology Service	79.50%	80.90%	83.60%	87.20%
225 Corporate Division	80.40%	82.40%	84.90%	84.70%	85.70%
225 Division 1	82.80%	83.20%	83.10%	82.70%	83.20%
225 Division 2	84.40%	83.40%	82.30%	83.00%	84.50%
225 Division 3	85.10%	86.50%	86.10%	85.80%	84.70%
225 Division 4					
225 Estates & Facilities Division	92.70%	90.80%	91.00%	90.30%	89.40%
Grand Total	84.00%	84.40%	84.60%	84.80%	85.10%

Mandatory Training - Policy Required	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
	225 Black Country Pathology Service	94.40%	95.30%	93.90%	94.80%
225 Corporate Division	97.30%	97.00%	96.40%	96.80%	96.90%
225 Division 1	93.20%	93.50%	92.70%	93.10%	93.30%
225 Division 2	92.90%	93.20%	92.50%	93.30%	93.50%
225 Division 3	95.80%	95.90%	94.60%	95.20%	96.00%
225 Division 4					
225 Estates & Facilities Division	98.60%	98.20%	98.20%	98.10%	98.20%
Grand Total	94.40%	94.60%	93.70%	94.30%	94.60%

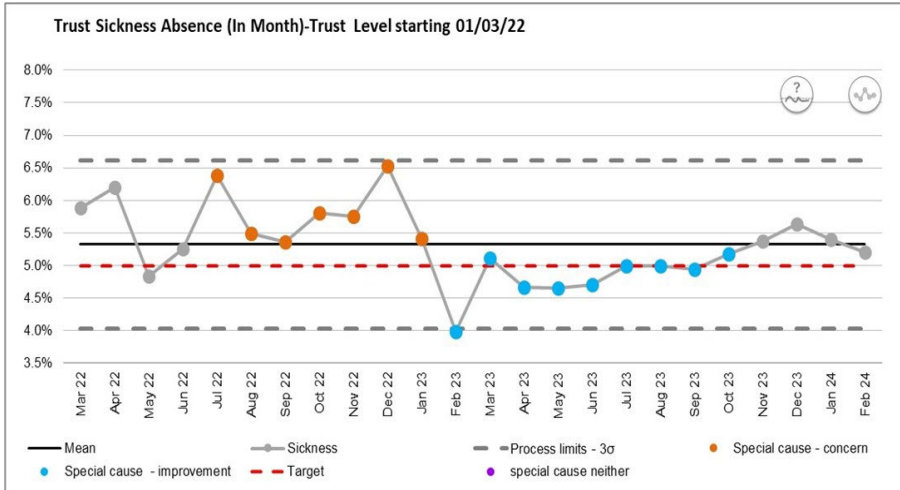
Key Issues & Challenges

- Appraisal compliance is not meeting the target across the board and the last time this target was met was in December 2019.
- Particular focus is needed in corporate and Divisions 1 and 3 where performance is most challenged.
- Service pressures have had and continue to have a profound effect on the ability to undertake timely appraisals

Key Actions & Progress

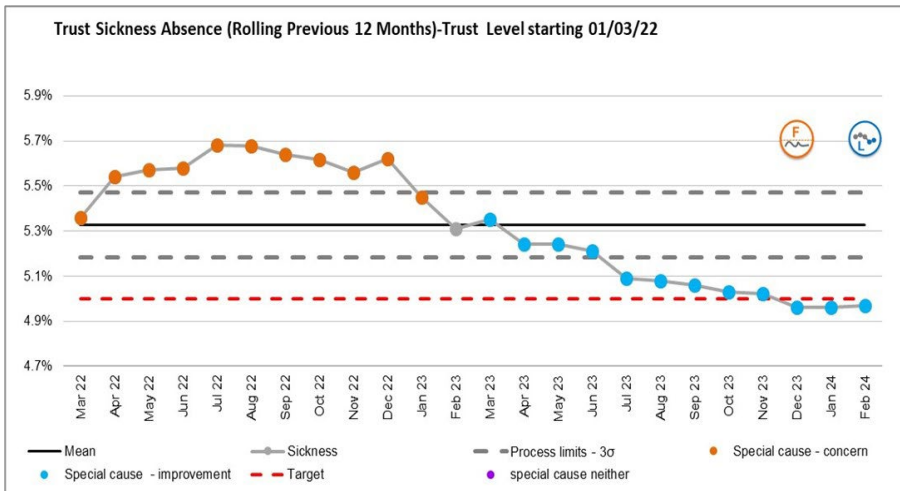
- This matter has been discussed at Operational Workforce Group in some detail with commitment from Divisions offered to deliver improvements in appraisal compliance.
- Within Divisions, directorates and departments have been required to produce recovery plans for the delivery of appraisal activity and this will be managed through the Divisions.
- Mandatory training, both Tier 1 and Tier 2 continues to meet the Trust target.

What Does The Data Tell Us?			Is Performance Stable?		
?	P	F	?	H	B
Sometimes	Yes	No	Yes	Getting Worse	Getting Better



Key Issues & Challenges

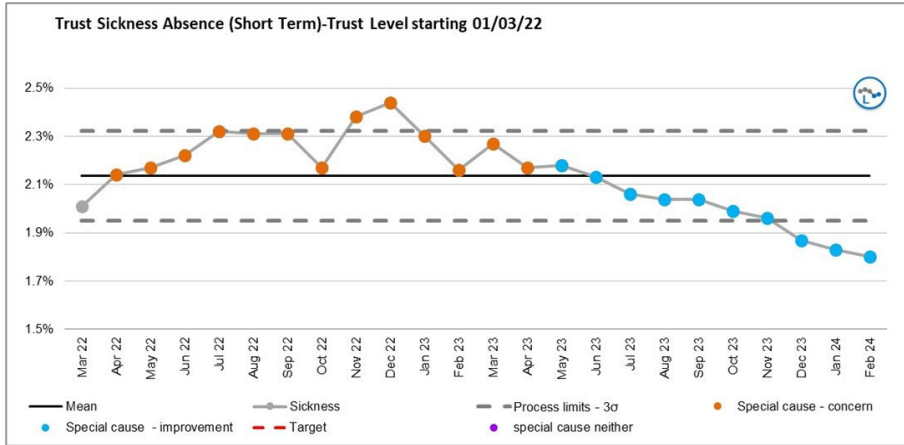
- In month sickness absence has decreased again this month to 5.21% but does still exceeds the Trust target.
- Occupational Health referrals decreased in March to 215 from 248 in February. The average for 2022/23 was 213 referrals per month and 2023/24 is showing an increase on that with an average of 230 referrals per month.



Key Actions & Progress

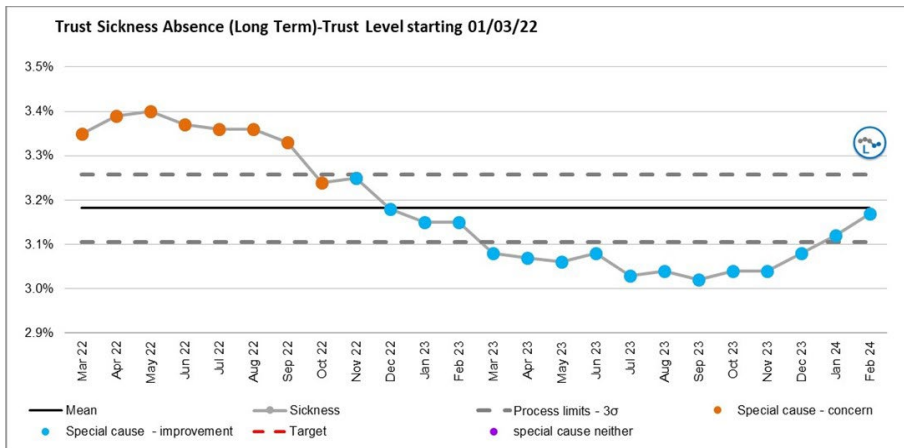
- The rolling 12-month absence rate is now meeting Trust target 4.97% and shown a steady decrease each month since March 2023.
- HR colleagues have been reviewing cases where staff are experiencing the highest levels of absence to ensure appropriate escalation within divisional structures.
- HR teams continue to sensitively support the management of long- and short-term sickness absence cases as appropriate in the current circumstances.
- Considerable work has been done to develop the wellbeing support offer, including psychological and practical wellbeing support for staff.

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



Key Issues & Challenges

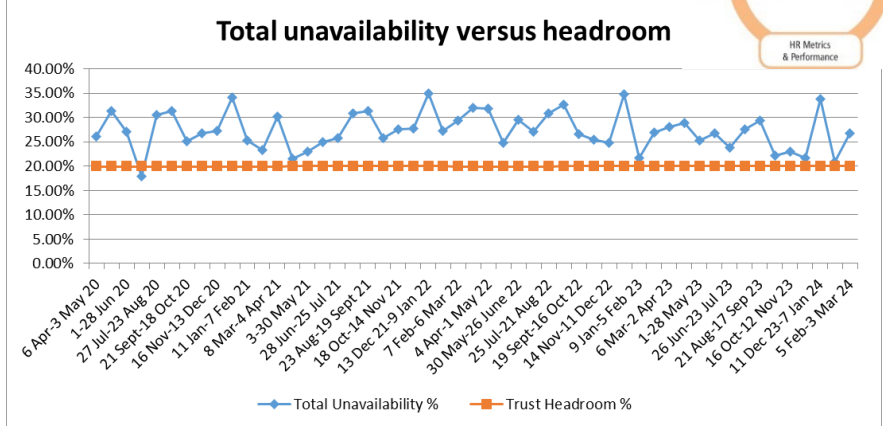
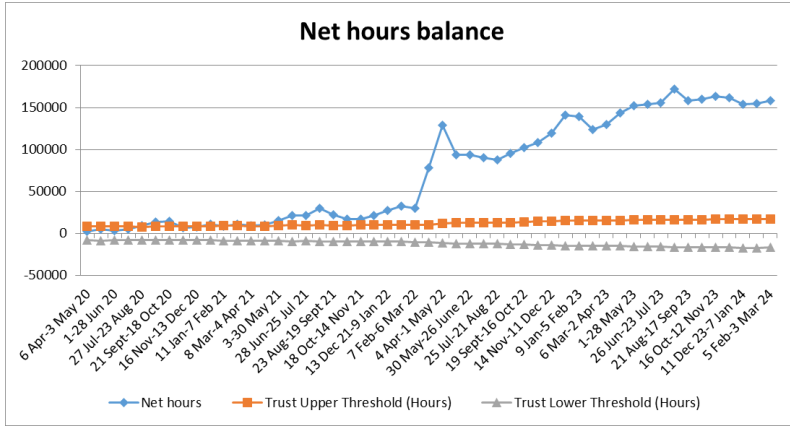
- Of the 5.00% target for sickness absence, it is typical for around 60% of the threshold (3.00%) to be attributable to long-term sickness absence and the remaining 40% (2.00%) to short term absence.
- Both absence types continues to be above this indicative 'targets' in February 2024. A detailed review discussion in the Absence Overview meeting monitors sickness and has reports that the majority of cases are being appropriately managed in accordance with the policy.



Key Actions & Progress

- A detailed sickness absence management plan has been put in place to ensure robust management of all cases
- Divisions shall need to focus particularly on short term absence.
- A monthly Absence Oversight group review sickness cases and data and review proactive management of case.
- The HR Advisory Team are working through the launched NHS England's Improving Attendance Toolkit, further updates will be provided through regular updates to the People Committee.

Productivity – e-Rostering Metrics



Definition: Net hours are the planned versus delivered contracted hours
Trust threshold: Within 2% (over or under) total contracted hours

Definition: Any period of absence from core service delivery
Trust threshold: 20% total headroom allowance

Key Issues & Challenges

The Trust's net hours balance remains outside of agreed thresholds (2% total contracted hours). For the current reporting period, this equated to just over 158k of unused contracted hours; a slight decline over the previous report (154k). Though there has been some improvement divisionally, particularly in Division 1.

Total unavailability is outside of the Trust headroom percentage (20%) at 26.8%. Sickness, parenting (maternity, paternity, adoption leave), and other leave (authorised leave in line with policy) remain contributory factors, the latter two reasons for which are both excluded from headroom percentages.

- Annual leave, 14.53% - within policy thresholds (11-17%)
- Sickness, 5.79% - above policy thresholds (3.24%)
- Study, 1.86% - within policy thresholds (2%)
- Other leave, 1.25% - not factored into headroom
- Working day, 0.85% - not factored into headroom
- Parenting, 2.49% - not factored into headroom

Key Actions & Progress

- Net hours continue to be prioritised as part of training sessions. Staff are also advised to view the extra net hours training video.
- Dedicated remote and face to face net hours sessions continue to identify net hours issues and bring the department's net hours balances down. Net hours sessions this month were with: LCRN (multiple areas), Cardiac OPD, Cardiac Investigations, Specialist Midwives: Infant feeding team and Audiology

Net Hours by Division:

- BCPS continues to remain within thresholds.
- Division 1 has reduced by around 4000 net hours.
- Division 2 has increased by around 2000 net hours.
- Division 3 has increased by around 6000 net hours.
- Corporate has increased by around 600 net hours.

This roster period had significant improvements in Division 1. However, there has also been a further decline in Divisions 2 and 3. Breaking down by speciality: Primary Care, Adult community, SLT, Dietetics & foot health and Radiotherapy had the most impactful increases.



E-Job Plan

We have seen a reduction of 2% in the number of job plans in discussion and they have moved on to further levels of sign off.

We have seen an increase from 9% to 13% of job plans being awaiting 3rd sign off

Job planning progress updates have gone out to directorates this month and will continue on a monthly basis.

Job Plan Status		
	Number	Percentage
Not published	0	0%
Users with expired job plans	0	0%
In discussion	393	74%
Awaiting 1st sign off by Manager	34	6%
Awaiting 1st sign off by Clinician	21	4%
Awaiting 2nd sign off	15	3%
Awaiting 3rd Sign off	71	13%
Locked Down	0	0%

e-Rostering Update

We have completed a MOC process and now have a more sustainable team structure to enable a roll out of E rosters.

The team are currently undergoing training to enable a successful roll out within the coming months.

Fully Live
Non
Changes/Issues with Rota's
N/A

Activity Manager Update

Activity manager is currently on hold

Workforce Metrics - WOD
M12: Data Effective 31st March 2024
Full Trust

W01	Workforce Profile	31st Mar 2023 Out-turn	Target	2023-2024												YTD Change Out-turn	Comments
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
W01.1	Substantive Staff WTE	9999.33		10002.13	10043.43	10086.45	10114.26	10154.55	10234.30	10303.52	10330.89	10367.03	10430.41	10426.67	10395.46	396.13	Inc Permanent, Fixed Term, & Locums with WTE on Payroll
W01.2	Substantive Staff WTE (Exc Rotational Doctors)	9682.42		9687.54	9722.82	9768.75	9795.87	9787.26	9852.83	9925.11	9956.40	9995.09	10059.13	10047.06	10025.45	343.03	Inc Permanent, Fixed Term, & Locums; Exc Rotational Drs
W01.3	Substantive Staff Headcount	11,371		11,379	11,428	11,478	11,496	11,550	11,636	11,727	11,751	11,769	11,837	11,837	11,848	446	Inc Permanent, Fixed Term, & Locums with WTE on Payroll
W01.4	Bank Staff Only Headcount	2,017		1,918	1,881	1,883	1,898	1,931	1,883	1,866	1,836	1,879	1,864	1,889	1,866	-151	
W01.5	Agency LMS Headcount	156		157	156	156	161	166	169	167	160	157	160	158	156	0	
W01.6	% Staff from a BME background	35.66%		36.41%	37.08%	36.14%	36.35%	36.74%	36.91%	36.97%	37.14%	37.36%	37.42%	37.45%	37.45%	1.79%	
W01.7	TUPE In WTE	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	Cumulative YTD
W01.8	TUPE Out WTE	19.11		0.53	1.00	2.33	5.20	2.00	7.33	8.27	1.53	0.27	0.93	0.00	0.00	29.39	Cumulative YTD

Data Owner: Workforce Planning & Business Intelligence

W02	Workforce Profile by Staff Group	31st Mar 2023 Out-turn	Target	2023-2024												YTD Change Out-turn	Comments	
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
W02.1	Add Prof Scientific and Technic WTE	276.83		275.48	279.64	279.36	278.70	288.52	284.20	288.52	290.06	284.43	285.75	285.27	296.76	304.12	27.29	
W02.2	Additional Clinical Services WTE	1,907.91		1,895.79	1,910.29	1,906.21	1,897.02	1,878.92	1,874.79	1,857.97	1,869.69	1,852.68	1,865.61	1,856.34	1,832.41	-75.50		
W02.3	Add Clin Serv: Newly Qualified / Overseas Nurses Awaiting PIN	114.52		111.60	146.23	123.69	92.59	93.27	90.33	76.13	76.73	67.36	60.00	58.96	57.36	-57.16		
W02.4	Administrative and Clerical WTE	2,162.10		2,170.84	2,172.89	2,175.61	2,179.55	2,185.26	2,200.42	2,214.88	2,224.88	2,233.41	2,248.90	2,252.02	2,249.22	87.12		
W02.5	Allied Health Professionals WTE	568.46		566.16	564.26	565.01	578.98	581.78	584.21	603.89	606.40	606.24	613.15	611.94	613.26	44.80		
W02.6	Estates and Ancillary WTE	596.55		600.58	602.90	610.40	613.48	613.77	612.95	612.30	610.44	609.81	613.80	613.39	606.62	10.07		
W02.7	Healthcare Scientists WTE	499.42		499.13	501.73	504.20	506.26	509.95	518.32	515.48	506.64	510.04	512.72	514.04	520.56	21.14		
W02.8	Medical and Dental WTE (Exc Rotational Doctors)	788.59		794.69	798.53	804.85	800.81	795.07	795.83	796.57	805.33	814.60	817.63	818.53	823.12	34.53		
W02.9	Medical and Dental WTE (Rotational Doctors)	316.91		314.59	320.61	317.70	318.39	367.30	381.47	378.41	374.50	371.94	371.28	379.61	370.02	53.11		
W02.10	Nursing and Midwifery Registered WTE	2,863.55		2,865.87	2,873.58	2,905.12	2,923.07	2,920.30	2,962.80	3,019.96	3,035.67	3,047.49	3,065.46	3,060.12	3,048.22	184.67		
W02.11	Students WTE	19.00		19.00	19.00	18.00	18.00	18.00	15.00	14.00	12.92	21.92	22.92	23.92	27.92	8.92		

Data Owner: Workforce Planning & Business Intelligence

W03	Starters by Staff Group	31st Mar 2023 Out-turn	Target	2023-2024												2023-24 Cumulative	Comments
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
W03.1	Total Starters WTE	100.81		114.67	119.62	75.30	87.96	75.70	121.82	134.58	103.56	67.08	111.49	71.76	60.63	1144.17	
W03.2	Add Prof Scientific and Technic WTE	7.60		1.00	2.45	1.60	1.00	5.85	5.80	4.80	3.00	1.89	3.00	4.26	1.00	35.66	
W03.3	Additional Clinical Services WTE	18.87		28.05	42.16	15.40	18.48	9.91	18.57	24.63	28.29	8.21	33.55	12.23	16.17	255.66	
W03.4	Add Clin Serv: Newly Qualified / Overseas Nurses Awaiting PIN	0.00		1.00	1.00	0.00	0.00	1.00	0.00	0.00	0.92	0.00	0.00	0.00	0.00	3.92	
W03.5	Administrative and Clerical WTE	19.67		35.44	21.78	18.69	15.33	14.33	38.54	25.28	18.73	18.88	29.47	21.27	16.45	274.19	
W03.6	Allied Health Professionals WTE	10.00		3.14	4.20	2.00	15.00	4.80	13.00	18.80	8.00	9.00	13.79	6.49	4.80	103.02	
W03.7	Estates and Ancillary WTE	3.80		6.73	1.13	3.20	7.33	4.23	1.60	5.33	0.73	3.20	2.40	3.00	4.41	43.30	
W03.8	Healthcare Scientists WTE	3.00		2.00	5.00	4.00	5.00	6.00	7.00	1.00	1.50	1.00	4.80	2.59	6.04	45.93	
W03.9	Medical and Dental WTE (Exc Rotational Doctors)	13.60		13.50	9.67	6.00	6.00	20.44	9.30	8.67	11.11	6.60	5.00	9.30	6.00	111.99	
W03.10	Nursing and Midwifery Registered WTE	24.27		24.80	33.23	24.41	19.82	10.13	28.01	46.07	32.19	16.29	18.49	12.63	5.75	271.82	
W03.11	Students WTE	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00	1.00	0.00	0.00	3.00	

Data Owner: Workforce Planning & Business Intelligence

W04	Leavers by Staff Group	31st Mar 2023 Out-turn	Target	2023-2024												2023-24 Cumulative	Comments
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
W04.1	Total Leavers WTE	116.66		82.70	72.09	52.93	74.24	96.15	95.01	80.89	64.14	70.75	60.20	66.72	86.58	902.40	
W04.2	Add Prof Scientific and Technic WTE	2.47		2.20	1.00	1.00	2.64	1.00	3.44	2.00	3.51	1.60	1.00	1.35	2.64	23.37	
W04.3	Additional Clinical Services WTE	12.61		17.72	6.75	5.11	15.47	18.63	21.11	18.05	15.68	12.70	9.33	9.33	18.20	168.08	
W04.4	Add Clin Serv: Newly Qualified / Overseas Nurses Awaiting PIN	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
W04.5	Administrative and Clerical WTE	30.26		14.47	19.08	13.35	13.73	14.01	24.03	14.85	15.61	13.78	11.61	24.95	20.51	199.99	
W04.6	Allied Health Professionals WTE	2.60		7.28	7.76	2.32	3.93	6.00	9.80	4.80	5.00	6.96	4.52	5.60	4.88	68.85	Current month target calculated as 1/12th of 10.5% of in-month Staff in Post
W04.7	Estates and Ancillary WTE	13.27		1.93	0.72	3.40	9.24	2.65	5.47	9.45	4.01	4.19	4.37	4.61	7.32	57.37	
W04.8	Healthcare Scientists WTE	8.00		2.40	5.20	2.00	6.96	3.00	4.53	4.11	2.60	2.45	2.00	3.10	1.43	39.78	
W04.9	Medical and Dental WTE (Exc Rotational Doctors)	11.82		8.90	4.00	8.80	11.00	29.89	8.80	8.86	2.00	9.78	9.83	4.22	5.67	111.75	
W04.10	Nursing and Midwifery Registered WTE	35.63		27.80	27.59	16.96	11.26	20.97	16.81	18.76	15.73	19.29	17.53	13.55	25.93	232.20	
W04.11	Students WTE	0.00		0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	

Data Owner: Workforce Planning & Business Intelligence

W05	Internal Movements by Staff Group	31st Mar 2023 Out-turn	Target	2023-2024												2023-24 Cumulative	Comments
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
W05.1	Total Internal Movements WTE	116.66		-31.47	-6.23	21.65	14.09	60.74	55.93	16.53	-10.98	17.66	10.55	3.90	-9.25	143.13	
W05.2	Add Prof Scientific and Technic WTE	2.47		-0.15	2.70	-0.88	0.99	0.65	1.95	-1.26	-5.12	1.03	-2.48	8.58	9.00	15.00	
W05.3	Additional Clinical Services WTE	12.61		-22.45	-20.92	-14.37	-12.19	-9.39	-1.59	-23.40	-0.90	-12.52	-11.29	-12.16	-21.90	-163.08	
W05.4	Add Clin Serv: Newly Qualified / Overseas Nurses Awaiting PIN	0.00		-3.92	33.63	-22.55	-31.10	-0.32	-2.93	-14.20	-0.32	-9.37	-7.36	-1.04	-1.60	-61.08	
W05.5	Administrative and Clerical WTE	30.26		-12.23	-0.65	-2.62	2.34	5.39	0.65	4.04	6.88	3.42	-2.36	6.80	1.25	12.91	
W05.6	Allied Health Professionals WTE	2.60		1.84	1.67	1.07	2.90	4.00	-0.78	5.68	-0.49	-2.20	-2.36	-2.10	1.40	10.63	
W05.7	Estates and Ancillary WTE	13.27		-0.77	1.91	7.69	4.99	-1.28	3.05	3.48	1.41	0.36	5.96	1.21	-3.86	24.14	
W05.8	Healthcare Scientists WTE	8.00		0.11	2.80	0.47	4.02	0.69	5.91	0.27	-7.74	4.85	-0.13	1.84	1.90	14.99	
W05.9	Medical and Dental WTE (Exc Rotational Doctors)	11.82		1.50	-1.83	9.12	0.96	3.70	0.26	0.94	-0.35	12.45	7.86	-4.18	4.25	34.69	
W05.10	Nursing and Midwifery Registered WTE	35.63		0.68	0.38	-10.37	-7.87	59.75	2.98	-30.37	-20.38	0.45	-1.62	9.26	10.59	13.48	
W05.11	Students WTE	0.00		0.00	7.71	31.54	17.96	-2.77	43.51	57.16	15.70	9.82	16.97	-5.35	-11.89	180.36	

Data Owner: Workforce Planning & Business Intelligence

Inc Change of Hours, Bank to Substantive, Change of Staff Group when in receipt of Professional Registration

W06	Vacancy Rate by NHS Staff Group	31st Mar 2023 Out-turn	Target	2023-2024												2023-24 Average	Comments
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
W06.1	Total	2.87%	6.00%	3.40%	2.26%	3.12%	3.48%	2.77%	2.31%	2.70%	2.60%	2.54%	2.40%	2.54%	2.98%	2.76%	Staff in Post WTE vs Budgeted WTE in ESR
W06.2	Allied Health Professionals	4.66%	6.00%	0.93%	-0.20%	7.23%	6.71%	2.04%	0.09%	6.70%	6.88%	7.03%	7.31%	7.24%	7.47%	4.95%	Refined calculation 2019/20: removal of recharges and reserves from Budgeted WTE therefore not directly comparable to previous figures
W06.3	Healthcare Scientists	15.00%	6.00%	1.29%	-1.78%	5.57%	-1.27%	2.79%	3.02%	3.68%	6.19%	5.80%	5.61%	5.25%	3.95%	3.34%	Staff Group definitions determined by NHS Improvement
W06.4	Medical & Dental	4.75%	6.00%	7.63%	7.48%	7.08%	7.36%	4.08%	2.72%	5.88%	5.57%	4.93%	4.84%	4.55%	4.90%	5.58%	Staff in Post adjusted for St Helen's employed Rotational Doctors and removal of Chair / NEDs
W06.5	NHS Infrastructure Support	5.98%	6.00%	3.65%	4.91%	4.57%	5.34%	5.49%	4.73%	2.98%	3.18%	3.00%	2.85%	3.27%	3.49%	3.95%	RAG ratings updated effective May 21
W06.6	Other ST&T	-10.47%	6.00%	-0.26%	-1.07%	-2.79%	2.84%	5.80%	-2.75%	-3.08%	-6.22%	-7.11%	-4.71%	-6.34%	-3.73%	-2.45%	
W06.7	Registered Nursing, Midwifery and Health Visiting Staff	1.96%	6.00%	4.03%	4.80%	2.69%	1.89%	3.33%	3.31%	0.47%	0.06%	-0.08%	-0.69%	-0.46%	-0.15%	1.60%	
W06.8	Support to Clinical Staff	-0.04%	6.00%	2.18%	1.68%	0.71%	1.46%	0.55%	1.20%	2.87%	2.68%	3.04%	3.05%	3.36%	4.20%	2.25%	

Data Owners: Finance & Workforce Planning & Business Intelligence

W07	Vacancies by NHS Staff Group	31st Mar 2023 Out-turn	Target	2023-2024												2023-24 Average	Comments
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
W07.1	Total	296.27		352.02	352.11	325.05	315.85	289.31	244.44	285.74	263.82	270.20	245.61	271.09	318.44	294.47	
W07.2	Allied Health Professionals	27.98		5.36	-1.13	44.73	41.78	12.18	0.55	43.47	44.96	45.96	48.93	48.51	50.24	32.13	
W07.3	Healthcare Scientists	91.08		6.70	-8.86	30.12	-6.51	14.90	16.35	20.01	34.01	31.84	30.42	28.44	21.43	18.24	Staff in Post WTE vs Budgeted WTE in ESR
W07.4	Medical & Dental	56.40		93.90	92.55	87.48	91.05	49.46	32.99	73.42	69.48	61.48	60.45	57.08	61.46	69.23	Staff Group definitions determined by NHS Improvement
W07.5	NHS Infrastructure Support	86.86		52.08	68.66	63.98	77.77	79.48	66.19	41.36	44.29	42.30	40.11	45.90	48.92	55.92	Staff in Post adjusted for St Helen's employed Rotational Doctors and removal of Chair / NEDs
W07.6	Other ST&T	-22.04		-0.60	-2.53	-6.26	6.69	13.52	5.99	-6.73	-13.12	-15.01	-10.14	-13.57	-8.13	-5.16	
W07.7	Registered Nursing, Midwifery and Health Visiting Staff	57.44		120.91	145.65	80.70	56.51	101.09	105.13	144.46	1.89	-2.53	-21.05	-14.19	-4.68	-48.66	
W07.8	Support to Clinical Staff	-1.45		24.30	49.57	18.68	41.45	99.75	93.43	106.16	107.88	118.93	149.20	78.40			

Data Owners: Finance & Workforce Planning & Business Intelligence

W08	Turnover	31st Mar 2023 Out-turn	Target	2023-2024												2023-24 Average	Comments
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
W08.1	% Total Workforce Turnover (Rolling previous 12 months)	12.56%	10.00%	12.50%	12.18%	11.83%	11.49%	11.27%	11.02%	10.92%	10.93%	10.77%	10.49%	10.62%	10.30%	11.19%	Exc Rotational Drs (reflects NHS Digital Benchmarked data)
W08.2	% Normalised Workforce Turnover (Rolling previous 12 months)	11.03%	10.00%	10.95%	10.66%	10.34%	10.13%	9.97%	9.79%	9.65%	9.66%	9.45%	9.17%	9.27%	9.08%	9.84%	
W08.3	% Normalised: Additional Professional, Scientific, and Technical	12.36%	10.00%	10.72%	9.61%	9.04%	8.39%	7.55%	7.68%	7.85%	9.60%	9.39%	8.97%	9.23%	9.11%	8.93%	
W08.4	% Normalised: Additional Clinical Services	10.95%	10.00%	10.91%	10.16%	10.17%	10.44%	10.33%	9.98%	10.29%	10.30%	9.91%	9.78%	9.69%	10.18%	10.18%	
W08.5	% Normalised: Administrative and Clerical	10.37%	10.00%	10.55%	10.36%	9.42%	9.04%	9.06%	9.26%	9.45%	9.47%	9.23%	8.97%	9.64%	9.37%	9.49%	Exc Rotational Drs, Students, TUPE Transfers, End of Fixed Term
W08.6	% Normalised: Allied Health Professionals	13.12%	10.00%	13.29%	13.03%	12.38%	11.97%	11.68%	12.47%	11.90%	11.76%	12.00%	11.87%	11.76%	12.09%	12.18%	
W08.7	% Normalised: Estates and Ancillary	11.39%	10.00%	10.88%	10.10%	10.00%	10.03%	9.14%	9.42%	10.18%	10.56%	10.77%	10.94%	10.97%	10.10%	10.26%	RAG ratings updated effective May 21
W08.8	% Normalised: Healthcare Scientists	13.68%	10.00%	13.40%	13.03%	12.61%	12.53%	11.56%	10.50%	9.76%	10.13%	9.91%	9.10%	9.48%	8.33%	10.86%	
W08.9	% Normalised: Medical and Dental (Exc Rotation Drs & Clinical Fellows)	7.75%	10.00%	6.86%	6.61%	6.35%	6.29%	6.57%	6.37%	5.71%	5.56%	5.50%	5.27%	4.45%	4.03%	5.80%	
W08.10	% Normalised: Nursing and Midwifery Registered	11.44%	10.00%	11.21%	11.33%	11.30%	10.87%	10.87%	10.36%	9.75%	9.49%	9.20%	8.77%	8.76%	8.44%	10.03%	

Data Owner: Workforce Planning & Business Intelligence

W09	Retention Rate	31st Mar 2023 Out-turn	Target	2023-2024												2023-24 Average	Comments
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
W09.1	Retention Rate (12 months)	88.98%	88.00%	88.81%	89.15%	89.57%	89.86%	89.93%	90.13%	90.23%	90.11%	90.12%	90.26%	89.97%	90.32%	89.87%	No. Employees with 1 or more years service now / No. Employees employed one year ago x 100. Exc Rotational Drs, Students, TUPE Transfers, Clinical Fellows, & Fixed Term
W09.2	Retention Rate (18 months)	84.27%		84.01%	94.04%	84.49%	84.40%	83.70%	84.81%	84.97%	85.24%	85.21%	85.68%	85.71%	86.12%	85.70%	
W09.3	Retention Rate (24 months)	80.41%		80.08%	80.05%	80.37%	80.28%	80.32%	80.64%	80.62%	80.56%	80.66%	80.82%	80.64%	81.41%	80.54%	

Data Owner: Workforce Planning & Business Intelligence

W10	Sickness Absence (1 month in arrears)	31st Mar 2023 Out-turn	Target	2023-2024												2023-24 Average	Comments
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
W10.1	% Sickness Absence (In Month)	5.00%	5.00%	4.67%	4.65%	4.71%	5.00%	4.99%	4.94%	5.18%	5.38%	5.64%	5.40%	5.21%	Avail May	5.07%	
W10.2	% Sickness Absence (Rolling previous 12 months)	5.00%	5.00%	5.24%	5.24%	5.21%	5.09%	5.08%	5.06%	5.03%	5.02%	4.96%	4.96%	4.97%	Avail May	5.08%	
W10.3	WTE Days lost to Sickness	11,084.90		13,643.37	14,431.76	14,194.97	15,599.04	15,643.10	15,036.58	15,940.85	16,625.92	18,097.49	17,403.42	15,706.27	Avail May		
W10.4	% Short Term Sickness	2.16%		2.17%	2.18%	2.13%	2.06%	2.04%	2.04%	1.99%	1.96%	1.87%	1.83%	1.80%	Avail May		
W10.5	% Long Term Sickness	3.15%		3.07%	3.06%	3.08%	3.03%	3.04%	3.02%	3.04%	3.08%	3.08%	3.12%	3.17%	Avail May		
W10.6	Estimated Cost of Sickness (£)	£1,091,089		£1,278,411	£1,434,332	£1,411,327	£1,517,389	£1,514,615	£1,467,121	£1,582,164	£1,647,757	£1,772,825	£1,677,687	£1,518,204	Avail May		

Data Owner: Workforce Planning & Business Intelligence

W11	Occupational Health Referrals	31st Mar 2023 Out-turn	Target	2023-2024												2023-24 Average	Comments
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
W11.1	Management Referrals for Advice & Ill Health	232		178	229	236	233	253	271	223	233	206	238	248	215	230	
W11.2	Short Term Sickness Absence	37		31	22	39	35	63	54	42	41	43	52	35	36	41	
W11.3	Long Term Sickness Absence	61		53	42	50	50	58	60	43	52	45	59	42	51	50	
W11.4	Other Reasons	100		70	133	122	112	126	127	110	123	85	122	128	118	115	
W11.5	Work Related Stressors	10.00%		33.00%	24.00%	35.00%	39.00%	45.00%	35.00%	30.00%	30.00%	26.00%	18.00%	14.00%	7.00%	28.00%	
W11.6	Personal Stressors	90.00%		67.00%	76.00%	65.00%	61.00%	55.00%	65.00%	70.00%	70.00%	74.00%	82.00%	86.00%	93.00%	72.00%	
W11.7	Appointments seen by OH Specialist Nurses within 13 working days	99.00%		98.00%	99.00%	82.00%	86.00%	91.00%	26.00%	20.00%	9.00%	13.00%	37.00%	36.00%	49.00%	53.83%	
W11.8	Appointments seen by OH Physician within 15 working days	88.00%		82.00%	95.00%	88.00%	78.00%	91.00%	54.00%	41.00%	10.00%	5.00%	0.00%	14.00%	7.00%	47.08%	

Data Owner: Occupational Health

W12	Flu Campaign	2022-23 Season Out-turn	Target	2023-2024												2023-24 Current	Comments
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
W12.1	Front Line Staff Vaccinated (Cumulative)	3,664							802	2,091	2,870	3,410	3,811	3,828		#REF!	Seasonal reporting only.
W12.2	Non Front Line Staff Vaccinated (Cumulative)	1,400							355	882	1,032	1,109	1,356	1,362		#REF!	Figures reported here those submitted to Public Health England for month-end purposes. Figures can fluctuate due to leavers percentage.
W12.3	Total (Cumulative)	5,064							1,157	2,973	3,907	4,519	5,167	5,191		#REF!	
W12.4	% Front Line Staff Vaccinated (Cumulative)	40.63%	TBC						8.88%	22.79%	29.77%	34.36%	39.66%	39.25%		39.25%	

Data Owner: Workforce Planning & Business Intelligence

W13	Open Employee Relations Cases - Number of Cases	31st Mar 2023 Out-turn	Target	2023-2024												2023-24 Average	Comments
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
W13.1	Open Formal Grievances Cases + Open Bullying & Harassment Cases	41		32	19	17	20	22	22	19	24	34	31	21	32	24	
W13.2	Open Capability Cases	2		2	3	1	1	1	2	2	2	2	1	1	0	2	
W13.3	Open Disciplinary Cases	36		36	35	34	31	31	26	29	26	30	24	24	26	29	
Data Owner: Freedom to Speak Up Guardian																	
W14	Freedom to Speak Up	31st Mar 2023 Out-turn	Target	2023-2024												2023-24 Cumulative	Comments
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
W14.1	New Genuine Whistleblowing Cases Raised	0														0	
W14.2	Number of Concerns Raised through FTSU Guardian In Month	14		9	15	15	17	13	30	23	24	18	15	15	36	230	
Data Owner: Freedom to Speak Up Guardian																	
W15	Apprenticeships	31st Mar 2023 Out-turn	Target	2023-2024												2023-24 Cumulative	Comments
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
W15.1	Number of New Apprentices Started in Month	3		35	2	4	0	5	15	4	2	2	2	5	5	81	
W15.2	Number of Existing Staff Converted to Apprentices in Month	2		5	4	0		5	5	40	25	7	2	17	0	117	
Data Owner: Education & Training																	
W16	New Roles	31st Mar 2023 Out-turn	Target	2023-2024												2023-24 Average	Comments
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
W16.1	Number of Trainee Nurse Associates	3		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0	0	
W16.2	Number of Associate Practitioners	53		64.18	64.18	64.18	64.15	64.15	63.23	53.69	62.23	61.43	62.43	65.85	65.85	63	
W16.3	Number of Physician Associates	24		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0	0	
W16.4	Number of Advanced Practitioners	43		41.63	40.64	40.87	40.87	40.56	38.56	45.37	38.56	38.93	39.93	49.08	57.78	43	
W16.5	Number of Clinical Fellows	285		289.36	294.38	296.24	295.83	287.31	273.73	265.67	274.07	281.78	285.09	268.75	265.85	282	
Data Owner: Workforce Planning & Business Intelligence																	
W17	Education / Organisational Development	31st Mar 2023 Out-turn	Target	2023-2024												2023-24 Average	Comments
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
W17.1	Trust Induction	90.00%		89.80%	90.10%	90.10%	90.50%	90.50%	91.70%	91.40%	91.20%	90.50%	90.09%	91.50%	91.90%		
W17.2	Local Induction	94.30%		94.50%	94.90%	95.10%	95.10%	95.00%	95.00%	94.70%	89.90%	91.10%	92.20%	93.30%	93.40%		
W17.3	Mandatory Training - Tier 1 - Statutory Topics (Formerly "Generic")	85.00%	85.00%	95.10%	95.40%	95.60%	95.30%	95.00%	95.10%	95.00%	94.80%	94.80%	95.10%	95.10%	94.90%		
W17.4	Mandatory Training - Tier 2 - Policy Required (Formerly "Specific")	94.30%	85.00%	94.30%	94.50%	93.40%	94.10%	94.40%	94.50%	94.70%	94.40%	94.60%	93.70%	94.30%	94.60%		
W17.5	Appraisal	90.00%	90.00%	83.70%	83.60%	84.80%	85.50%	85.40%	84.80%	84.90%	84.00%	84.40%	84.60%	84.80%	85.10%		
Data Owner: Education & Training																	
W18	Temporary Staffing Spend - Agency	2022-23 Total	Target	2023-2024												2023-24 Cumulative	Comments
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
W18.1	Agency Spend - Total	£7,594,396		£721,813	£716,067	£675,764	£787,028	£697,280	£641,515	£865,739	£767,503	£664,495	£810,965	£656,862	£372,593	£8,377,623	
W18.2	Agency Spend - Nursing & Midwifery	£0		£0	£0	£0	£59,311	£19,720	£4,521	£0	£0	£0	£0	£0	£0	£83,552	
W18.3	Agency Spend - Medical Staff	£6,298,177		£607,200	£618,914	£494,966	£555,732	£548,651	£519,996	£756,735	£634,122	£585,135	£692,866	£542,881	£282,082	£6,839,281	
W18.4	Agency Spend - Other	£1,296,219		£65,325	£97,153	£180,798	£171,985	£128,909	£116,997	£109,005	£86,033	£79,360	£118,098	£113,981	£90,511	£1,358,155	
Data Owner: Finance																	
W19	Temporary Staffing Spend - Bank	2022-23 Total	Target	2023-2024												2023-24 Cumulative	Comments
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
W19.1	Bank Spend - Total	£3,183,785		£3,594,410	£3,766,081	£2,900,147	£3,517,677	£3,619,858	£2,809,823	£3,556,219	£3,395,284	£3,587,343	£3,498,156	£3,503,274	£4,207,214	£41,955,485	
W19.2	Bank Spend - Nursing & Midwifery	£7,607,648		£751,216	£670,679	£526,752	£546,802	£671,645	£528,839	£676,196	£493,202	£556,258	£639,460	£722,723	£762,626	£7,546,396	
W19.3	Bank Spend - Medical Staff	£13,584,214		£1,193,826	£1,672,126	£1,059,523	£1,448,222	£1,181,245	£777,284	£1,277,814	£1,571,708	£1,493,784	£1,400,135	£1,284,071	£1,623,127	£15,982,864	
W19.4	Bank Spend - Other	£15,991,923		£1,649,368	£1,423,277	£1,313,873	£1,522,653	£1,766,969	£1,488,407	£1,601,366	£1,330,374	£1,537,301	£1,458,562	£1,496,480	£1,821,461	£18,410,089	
Data Owner: Finance																	
W20	Bank Fill Rate	31st Mar 2023 Out-turn	Target	2023-2024												2023-24 Average	Comments
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
W20.1	Registered Nursing Shifts Filled	67.00%	85.00%	70.00%	73.00%	68.00%	66.00%	63.00%	67.00%	72.00%	73.00%	75.00%	77.00%	74.00%	75.00%	71.08%	
W20.2	Unregistered Nursing Shifts Filled	81.00%	90.00%	84.00%	86.00%	87.00%	87.00%	86.00%	87.00%	86.00%	85.00%	86.00%	83.00%	83.00%	83.00%	85.25%	
W20.3	Medical Staff Shifts Filled	80.00%	60.00%	85.00%	88.00%	87.00%	80.88%	71.39%	80.56%	81.30%	86.35%	70.50%	73.74%	70.47%	77.60%	79.40%	
Data Owner: Resourcing and LMS																	
W21	e-Rostering	6th Mar 2023 Out-turn	Target	2023-2024												2023-24 Average	Comments
				3 Apr - 30 Apr 23	1 May - 28 May 23	30 May - 26 Jun 23	26 Jun - 23 Jul 23	6 Aug 23 - 5 Sep 23	21 Aug - 17 Sep 23	6 Oct 23 - 5 Nov 23	6 Nov 23 - 5 Dec 23	6 Jan 24 - 5 Feb 24	6 Feb 24 - 5 Mar 24	6 Mar 24 - 5 Apr 24	6 Apr 24 - 5 May 24		
W21.1	% Rotas Set 6 Weeks in Advance (42 Days)	63.00%	85.00%	57.00%	64.00%	45.00%	71.00%	67.00%	71.00%	70.00%	69.00%	73.00%	72.00%	74.00%	72.96%	71.08%	
W21.2	Unused Hours	130,152.80	ster WTE *	143,274	151,847	93,941	157,071	173,323	160,374	163,479	166,635	165,299	153,893	154,598	158,324	131,576	
W21.3	% Staff on Annual Leave	15.60%	14.00%	16.78%	16.78%	16.02%	12.57%	16.91%	18.60%	10.46%	11.29%	9.74%	22.97%	9.05%	14.53%	12.55%	
Data Owner: e-Rostering																	

Report to the Trust Board Meeting – to be held in Public on 14 th May 2024		
Title of Report:	Integrated Quality and Performance Report - March 2024	Enc No: 9.2
Author:	Performance Manager ext. 86746 Email: lesley.burrows2@nhs.net Deputy Chief Nurse ext 85892 Email: c.wilson12@nhs.net Director of Nursing ext 85889 Email: debra.hickman@nhs.net Deputy Chief Strategy Officer – Planning, Performance and Contracting ext. 85914 Email: timothy.shayes@nhs.net	
Presenter/Exec Lead:		

Action Required of the Board/Committee/Group			
Decision	Approval	Discussion	Other
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Recommendations:			
The Board is asked to note the contents of the report and in particular items referred to the Board for decision or approval.			

Implications of the Paper:		
Risk Register Risk	Yes <input type="checkbox"/> No <input type="checkbox"/> Risk Description: On Risk Register: Yes <input type="checkbox"/> No <input type="checkbox"/> Risk Score (if applicable) :	
Changes to BAF Risk(s) & TRR Risk(s) agreed	State None if None Risk Description Is Risk on Risk Register: Yes <input type="checkbox"/> No <input type="checkbox"/> Risk Score (if applicable):	
Resource Implications:	(if none, state 'none') Revenue: Capital: Workforce: Funding Source:	
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.	
Compliance and/or Lead Requirements	CQC	Yes <input type="checkbox"/> No <input type="checkbox"/> Details:
	NHSE	Yes <input type="checkbox"/> No <input type="checkbox"/> Details:
	Health & Safety	Yes <input type="checkbox"/> No <input type="checkbox"/> Details:
	Legal	Yes <input type="checkbox"/> No <input type="checkbox"/> Details:
	NHS Constitution	Yes <input type="checkbox"/> No <input type="checkbox"/> Details:
	Other	Yes <input type="checkbox"/> No <input type="checkbox"/> Details:
CQC Domains	Safe: Effective: Caring: Responsive: Well-led:	

Equality and Diversity Impact	In being awarded the Race Code mark, the Trust agreed to increase its awareness and action in relation to the impact of Board & Board Committee business on people with reserved characteristics. Therefore, the Committee must consider whether anything reviewed might result in disadvantaging anyone with one or more of those characteristics and ensure the discussion and outcome is recorded in the minutes and action taken to mitigate or address as appropriate.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Board Committee	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Board of Directors	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:


Integrated Quality and Performance Report March 2024

A Teaching Trust of the University of Birmingham
Safe & Effective | Kind & Caring | Exceeding Expectation



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Key to KPI Variation and Assurance Icons

Variation					Assurance		
							
Special Cause of concerning nature or higher pressure due to (H)igher or (L)ower values		Special Cause of improving nature or higher pressure due to (H)igher or (L)ower values		Common Cause - no significant change	Pass variation indicates consistently - (P)assing of the target	Hit and Miss variation indicates inconsistently - passing and failing the target	Fail variation indicates consistently - (F)ailing of the target

Special Cause Concern - this indicates that special cause variation is occurring in a metric, with the variation being in an adverse direction. Low (L) special cause concern indicates that variation is downward in a KPI where performance is ideally above a target or threshold e.g. ED or RTT performance. (H) is where the variation is upwards for a metric that requires performance to be below a target or threshold e.g. pressure ulcers or falls.

Special Cause Concern - this indicates that special cause variation is occurring in a metric, with the variation being in a favourable direction. Low (L) special cause concern indicates that variation is upward in a KPI where performance is ideally above a target or threshold e.g. ED or RTT. (H) is where the variance is downwards for a metric that requires performance to be below a target or threshold e.g. pressure ulcers or falls.

Executive Summary

Obs on time: slight increase in performance seen during March 24. NEWS2 Scale 2 report is now available on the Information Portal, Scale 2 e-Learning teaching package should be available by January/February 2024 at RWT.

C.diff: 7 cases in month against a target of 4. The annual trajectory was 53 for 2023/24, the cumulative year end total 80. The IP team participate in ICB C. difficile task and finish group and collaborating with NHSE to develop CDI education resources for the region.

MRSA: no cases reported during March 24.

CHPPD (total nursing): remains stable and above target. Workforce plan is currently being ratified.

Smoking at delivery: performance saw slight deterioration in month. Since the introduction of the maternity lead tobacco dependency service (TDS) in 2019, the rates of smoking at time of birth has fallen faster than the National average.

RTT incomplete pathway: the overall target has seen some deterioration. This remains in the lower control limit.

RTT 78+ week wait: the Trust achieved no patients waiting >78 weeks at the end of March 2024. The new national target is to have zero patients waiting >65 weeks by end September 24.

Diagnostics: performance continues to show an overall improving trend. The largest waits continue to be in non-obstetric ultrasound, however this has seen significant improvement with additional activity from insourcing and 2 additional radiographers. Remedial action plans are in place with an expectation that performance improves throughout 2024/25 and these continue to be monitored against individual trajectory targets and are reported at the weekly performance meeting.

ED 4 hour: overall we continue to see a large number of attendances for both walk in and ambulance conveyances. This is a similar pattern to previous years as we see a gradual rise in attendance over winter. Ambulance numbers into ED were up by 5.63% during March 24 when compared with the same period last year (daily averages of 131 this year compared with 124 the previous year). Daily average attendance numbers during March 24 were 427 compared to 416 in the previous year.

Cancer: Referrals remained high during March 24 particularly in Lower GI and Lung. Cancer Services are providing a monthly performance dashboard, with the ability to identify delays in pathways. The 62 day backlog achieved the trajectory at the end of March 2024.

Executive Summary (continued)

RIT referrals/patients accepted and seen: referral numbers have seen a slight decrease over the past 2 months bringing them back down to average numbers expected. In March 24 there was 1% reduction in patients admitted to hospital, following commencement of monthly admitted audit to provide scrutiny and share learning.

Virtual ward: overall the performance is demonstrating an improving trend. There is to be an expansion of pathways in line with nationally submitted plan with review of activity and coding to ensure accurate reporting.

Care Coordination: this centre streamlines all referrals into Adult Community Nursing Services. They are there to help patients, relatives and other professionals ensure they access the right services they need. Once the referral has been accepted the patients are streamed to alternative/appropriate pathways more suitable for the patient, thereby reducing ambulance conveyancing, ED attendance and aiding admission avoidance.

Trust vacancy rate: showing overall improving trend, this indicator continues to meet the target.











Turnover (normalised): this target continues to show overall improvement, remaining within target.













Retention (12 months): remaining stable and above target.





Appraisals: overall this continues to show an improving trend, although this remains below target. This performance has been discussed at Operational Workforce Group in some detail with commitment from Divisions offered to deliver improvements in appraisal compliance.











Sickness (monthly): showed some slight deterioration in month, and remains slightly above target. HR colleagues have been reviewing cases where staff are experiencing the highest levels of absence to ensure appropriate escalation within divisional structures.

Corporate Scorecard Summary

Quality				
Key Performance Indicators	Plan	Actual	Variation	Assurance
Observations on time	>90%	88.1%		
Clostridioides difficile	4	7		
MRSA Bacteraemia	0	0		
CHPPD (total)	>/= 7.6	7.74		
Smoking at delivery	<7%	9.1%		

Performance				
Key Performance Indicators	Plan	Actual	Variation	Assurance
RTT - Incomplete Pathway	92%	51.26%		
RTT - 78+ Weeks	0	0		
Diagnostic 6 week wait	>99%	74.76%		
ED - 4 hour wait	76%	78.04%		
Cancer 2 week wait	93%	85.07%		
Cancer 62 day combined	85%	42.82%		


















Integrated Care				
Key Performance Indicators	Plan	Actual	Variation	Assurance
RIT referrals received		1,297		
Patients accepted and seen		1,246		
Virtual Ward		380		
Care Coordination referrals accepted		3,506		

Human Resources				
Key Performance Indicators	Plan	Actual	Variation	Assurance
Trust Vacancy Rate	6%	2.98%		
Turnover (normalised)	10%	9.08%		
Retention (12 months)	88%	90.32%		
Appraisals	90%	84.80%		
Sickness (monthly)	5%	5.21%		

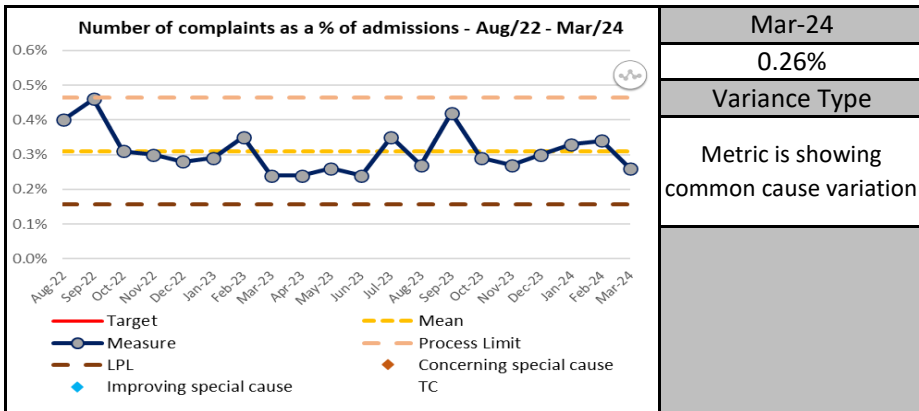
Indicator Summary

Passing	Hit and Miss	Failing
<p>Quality - Duty of candour elements 1&2, serious incidents reported within 48 hours, CHPPD registered nursing and midwife to birth ratio.</p> <p>Performance - Cancelled ops as % of electives, urgent cancelled ops for 2nd time BADS and E-discharge summary.</p> <p>Integrated Care - Patients offered HIV test.</p> <p>Human Resources: Vacancy rate, retention (12 mths) & mandatory training (generic).</p>	<p>Quality - Complaints against policy, C.diff, MRSA, medication incidents causing serious harm, never events, CHPPD total, sepsis ED/inpatient & smoking at time of delivery.</p> <p>Performance - Cancelled ops not rebooked within 28 days, ED 4 hour wait, ambulance handover <15, <30 & >60 minutes, theatre utilisation, cancer 2ww and 28 day FDS.</p> <p>Integrated Care: Crisis response.</p> <p>Human Resources: Turnover and sickness rate monthly.</p>	<p>Quality - Observations on time.</p> <p>Performance - RTT incomplete %, RTT 78+ weeks, diagnostic waits, ED attend >12 hours, cancer 31 day combined and 62 day combined.</p> <p>Integrated Care - Sexual health appointments offered.</p> <p>Human Resources: Appraisals & sickness rate (rolling 12 months).</p>

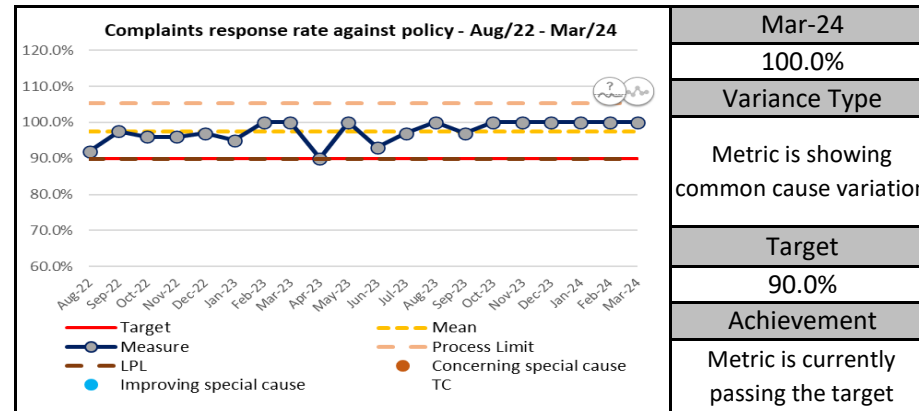
Quality

Metric - Patient Experience	Target	Variation	Assurance	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Number of complaints as a % of admissions	Surveillance			0.29%	0.27%	0.30%	0.33%	0.34%	0.26%
Complaints response rate against policy	90%			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
FFT response rates - Trust wide	Surveillance			15.0%	14.0%	13.0%	14.0%	13.0%	13.0%
FFT recommendation rates - Trust wide				86.0%	85.0%	84.0%	84.0%	83.0%	83.0%
Observations on time (Trust wide)	>90%			89.9%	88.4%	87.8%	87.9%	87.3%	88.1%
Duty of Candour - Element 1: notifying patients and families of the incident and investigation taking place. Due 10 working days after incident is reported to STEIS	0			0	0	0	0	0	0
Duty of Candour - Element 2: sharing outcome of investigation with patients/relatives. Due 10 working days after final RCA report is submitted to CCG	0			0	0	0	0	0	0
Metric - Patient Outcomes	Target	Variation	Assurance	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Pressure ulcers - STEIS reportable cases	Surveillance			0	0	0	0	0	0
Pressure ulcers per 1,000 occupied bed days				2.10	1.24	1.40	1.51	1.73	1.32
Falls rate with harm per 1,000 occupied bed days				0.00	0.00	0.00	0.00	0.00	0.00
Patient falls - rate per 1,000 occupied bed days				2.32	3.14	3.25	4.15	3.51	2.69
Crude mortality rate				1.80%	1.83%	2.14%	2.00%	2.11%	1.99%
RWT SHMI				0.9262	0.9262				

Metric - Patient Safety	Target	Variation	Assurance	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Clostridioides difficile	4			10	8	3	7	7	7
MRSA Bacteraemia	0			1	0	0	1	1	0
E.Coli	Surveillance			34	27	26	22	19	26
Medication error - incidents causing serious harm	0			0	0	0	0	0	0
Serious incident reporting - report incidences within 48 hours	0			0	0	0	0	0	0
Never events	0			0	0	0	0	0	0
Mental Health ED patient attendance numbers	Surveillance			407	350	348	379	373	335
Metric - Patient Safety (continued)	Target	Variation	Assurance	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Care hours per patient - total nursing & midwifery staff actual	>= 7.6			8.09	8.08	8.15	8.03	7.97	7.74
Care hours per patient - registered nursing & midwifery staff actual	>= 4.5			5.00	5.10	5.20	5.10	5.04	5.02
Midwife to birth ratio	<=30			26.0	26.0	26.0	27.0	26.0	27.0
Sepsis screening - ED	>= 90%			100.0%	100.0%	96.0%	100.0%	100.0%	100.0%
Sepsis screening - Inpatients (reported quarterly)	>= 90%			85.83%			84.17%		
Thrombus - Hospital acquired (VTE numbers) per 1,000 occupied bed days (reported quarterly 1 month in arrears)	Surveillance			0.74					
Metric - Maternity	Target	Variation	Assurance	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Smoking at delivery	<7%			9.3%	10.2%	10.1%	8.4%	7.9%	9.1%
Babies being cooled (born here)	Surveillance			2	1	0	0	0	0



Mar-24
0.26%
Variance Type
Metric is showing common cause variation



Mar-24
100.0%
Variance Type
Metric is showing common cause variation
Target
90.0%
Achievement
Metric is currently passing the target

Summary

Complaints: There were 33 formal complaints received in March 2024. This represents a 21% decrease when compared with the previous month. In terms of volume of complaints received, the decrease in the volume is reflected in the minimal fluctuation received by directorates.

Gastroenterology, Neurology and Trauma & Orthopaedics have seen the highest increase when compared to the previous month (from no cases to 2), however, there are no specific areas of concern.

In terms of themes from cases closed, Clinical Treatment and Communication are noted as having experienced the highest increase in volume of complaints aligned to these categories in comparison to the previous month (increases of 4 and 3 cases respectively).

A deep dive of the cases aligned to Clinical Treatment has shown that the sub category of appropriateness of treatment was the highest area of dissatisfaction (5 cases). Further review has established that there was no directorate identified as an outlier for these cases with 80% attributed an outcome of partly upheld. The common themes for learning are identified as communication and process.

Response: 41 complaints were closed, of which 22 were closed within 30 working days. Of the 19 complaints that took longer than 30 days, all gained consent to breach from the complainant.

Actions

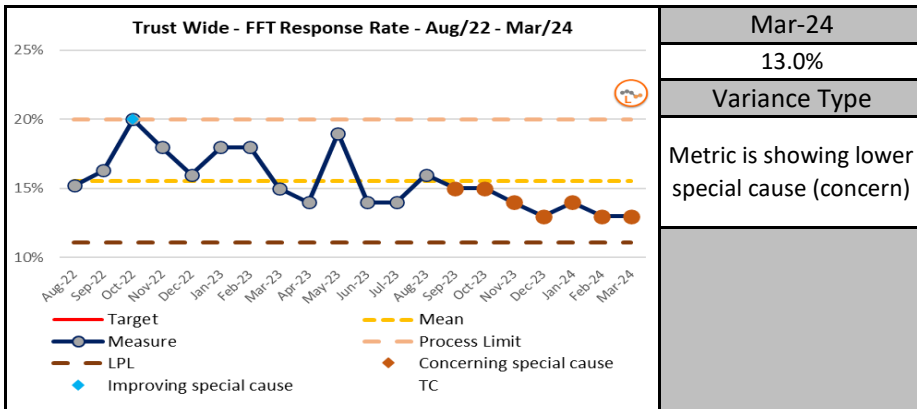
The themes and trends of concern will be discussed with relevant Directorates, at PFOG (Patient Feedback Oversight Group) and at quarterly Divisional governance meetings, to agree remedial actions. Oversight of improvements, trends and actions will also be maintained through the Patient Experience Group (PEG).

The Patient Experience Team will undertake a 12 month review of all complaints aligned to the category of Clinical Treatment. This will include analysis of the sub category's and outcomes. This will be monitored through PFOG (Patient Feedback Oversight Group).

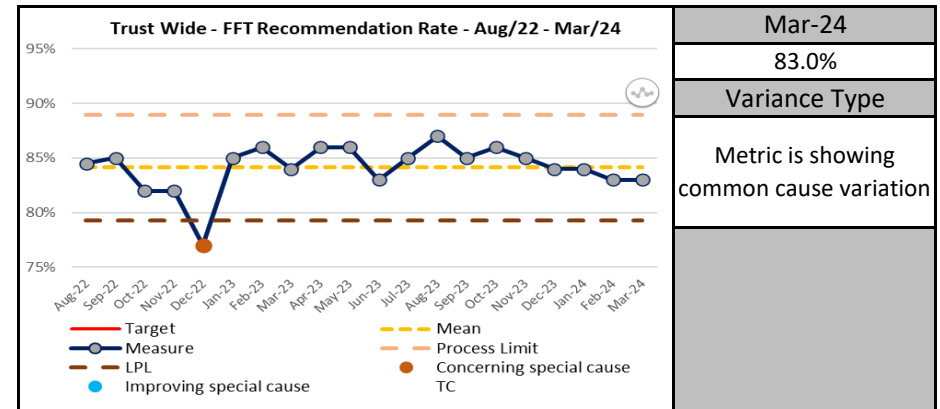
Assurance

The Patient Experience Team will continue to monitor complaints performance and provide proactive support to the Directorates and Divisions.

Attendance at Divisional Governance meetings by the Patient Experience Team to discuss complaints and FFT performance, trend analysis and agree actions is custom and practice.



Mar-24
13.0%
Variance Type
Metric is showing lower special cause (concern)



Mar-24
83.0%
Variance Type
Metric is showing common cause variation

Summary

FFT: The overall Trust wide response rate for March 2024 was 13% with 83% recommending and 12% not recommending the Trust.

Both the response and recommendation rate have remained consistent with the previous month. It is noted that the non recommendation rate shows a negative trend of a 1% increase when compared to the previous month's performance (11%). We saw an increase in the number of surveys sent (31,653) in comparison to the previous month (29,856), however, this has not impacted on the response and recommendation rate and has had a negative effect on the non recommendation rate.

In terms of divisional overview, Division 2 has maintained it's positive trend across all metrics showing a 1% increase in the response rate and 4% recommendation rate. The non recommendation rate has also been subject to a 4% decrease. It is noted that Divisions 1 and 3 have seen a 1% increase in their non recommendation rate in comparison to the previous month, with Division 3 experiencing a 1% decrease in the recommendation rate (72%).

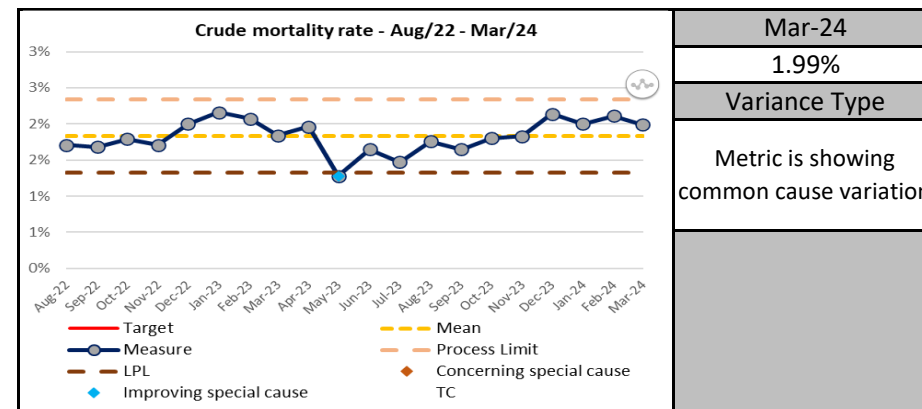
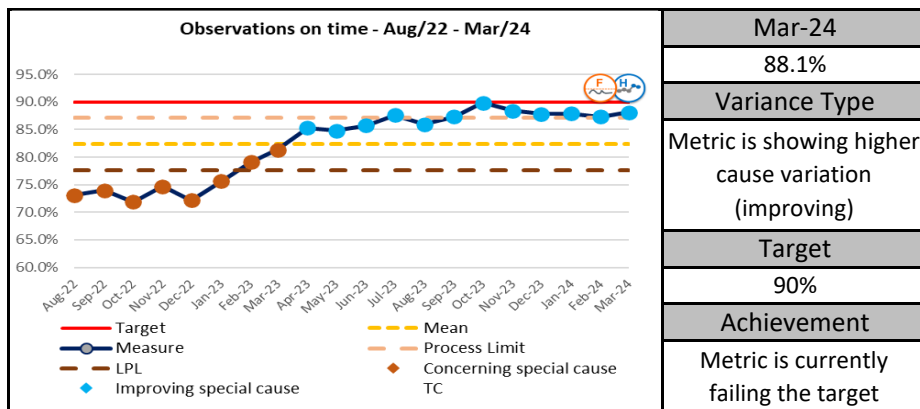
Actions

A review of the current FFT hierarchy and promotional materials will be undertaken with an aim to standardise FFT across RWT and Walsall.

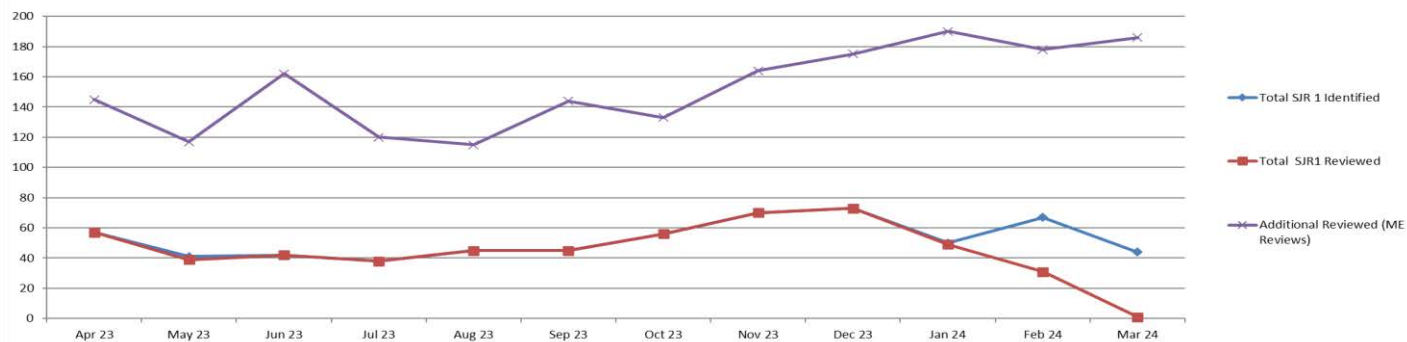
Assurance

The Patient Experience Team will continue to monitor FFT performance and provide proactive support to the Directorates and Divisions and triangulate with other feedback mechanisms.

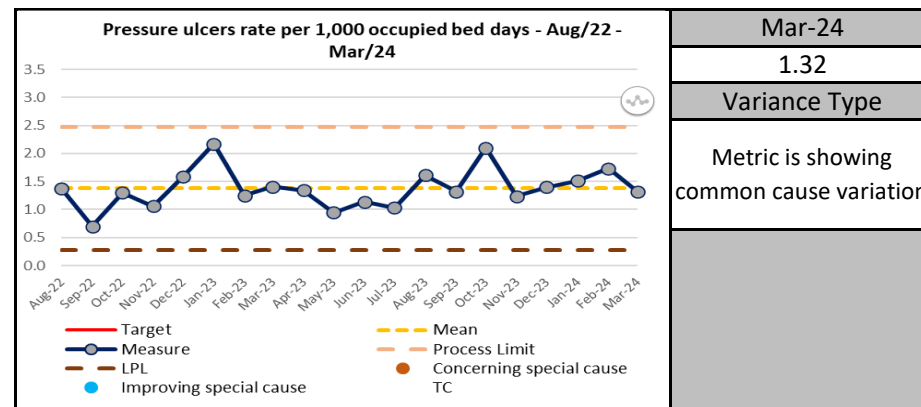
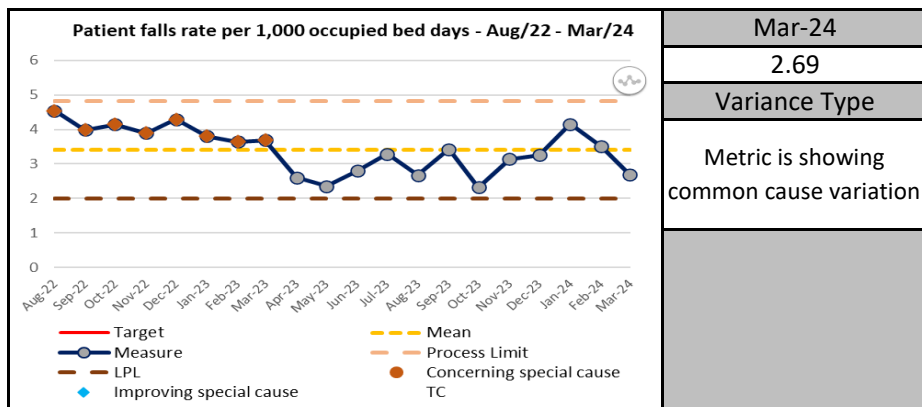
Attendance at Divisional Governance meetings by the Patient Experience Team to discuss complaints and FFT performance, trend analysis and agree actions is custom and practice.



Scrutiny of Deaths - Period 1st April 2023 to 31st March 2024 (as at 2nd April 2024)



Summary	Actions	Assurance
<p>Observations on time: Performance was 88.1% in March 2024 and this represents an increase of 0.8% when compared with the previous month.</p> <p>NEWS2 Scale 2 report is now available on the Information Portal, Scale 2 e-Learning teaching package will be available Spring 2024 at RWT.</p>	<p>A dashboard for incorporating and triangulating different metrics is being amended and sent to informatics development with a prototype presented for Deteriorating Patient Group (DPG). Sepsis validation piloting on 3 wards continues, this will be complete in May 2024.</p> <p>A notes sticker has been approved at DPG on the use of NEWS2 Scale 2.</p>	<p>Monitoring and progress continue to be discussed at the Deteriorating Patient Group and other relevant forums.</p> <p>The Quality team continues to work with wards individually regarding improving observations on time and correct application of NEWS2 Scale2.</p>
<p>Mortality: The SHMI was 0.9262 and remained within the expected range. At last reported position to MRG Chair as at 2nd April 2024, there were 86 outstanding SJRs awaiting review (increase from 54 at previous time of reporting).</p>	<p>Of the SJRs completed during quarter 4 reported to MRG Chair on 11th April 2024, 5 cases were assessed where an element of poor care has been identified at the overall phase of care. Learning from these cases is disseminated via the established sharing mechanisms.</p>	<p>SHMI remains within the expected range and oversight of the learning from SJRs and the wider mortality agenda continues via the Mortality Review Group.</p>



Summary	Actions	Assurance
---------	---------	-----------

Falls: In total, there were 88 falls reported in March 2024, compared to 112 in February 2024, which represents a decrease of 21%.

Ongoing main themes from incidents include:

- Omissions in Nursing documentation.
- Bedrail use outside of guidance.

- Non - adherence to neurological observation timeline post head injury sustained from an inpatient fall.

Falls assessment and enhanced risk assessment tool has been reviewed and will be included in revised Prevention of Falls Policy, alongside the major revision of nursing assessment documentation.

Training on use of trolley rails includes face to face training and MS teams training sessions updated with new guidance.

All training packages are being updated and reviewed to reflect improvements required.

Progress with improvement actions remains in line with the agreed improvement plans, with additional actions and learning as required. Oversight is maintained via the Falls and the Tissue Viability Steering Groups.

Pressure Ulcers: In total, 36 pressure ulcer incidents were reported in March 2024, in comparison to 41 reported in February 2024.

From a moisture associated skin damage (MASD) perspective, 34 MASDs were reported in March 2024, in comparison to 98 reported in February 2024.

Ongoing main themes from incidents include:

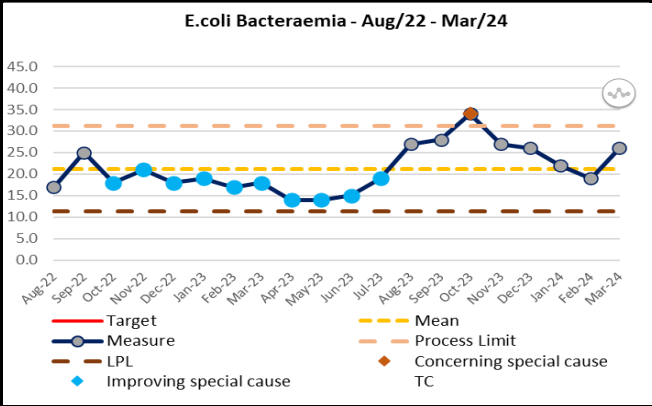
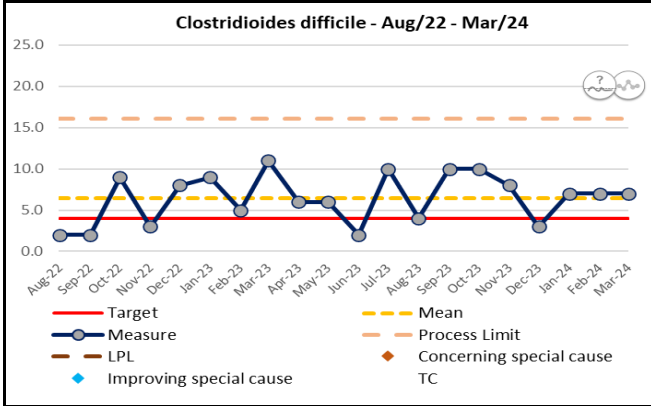
- Omissions in Nursing documentation.
- Complex end of life patients.

Ongoing support to clinical areas remains in place from an improvement perspective, with targeted quality improvement work and wider sharing of learning with other clinical areas.

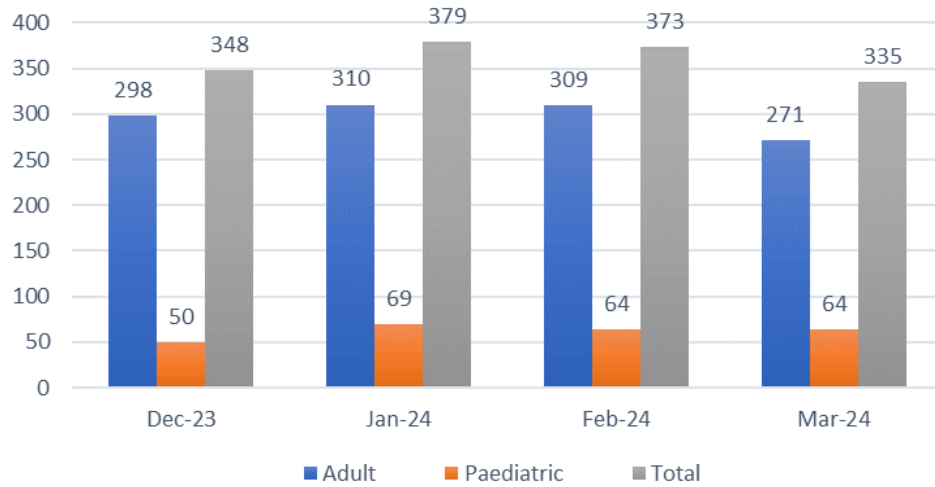
The pilot for MASD assessment tool continues.

In regards to continence, a review of products and staff training is in progress, which is being overseen by the Catheter and Continence group.

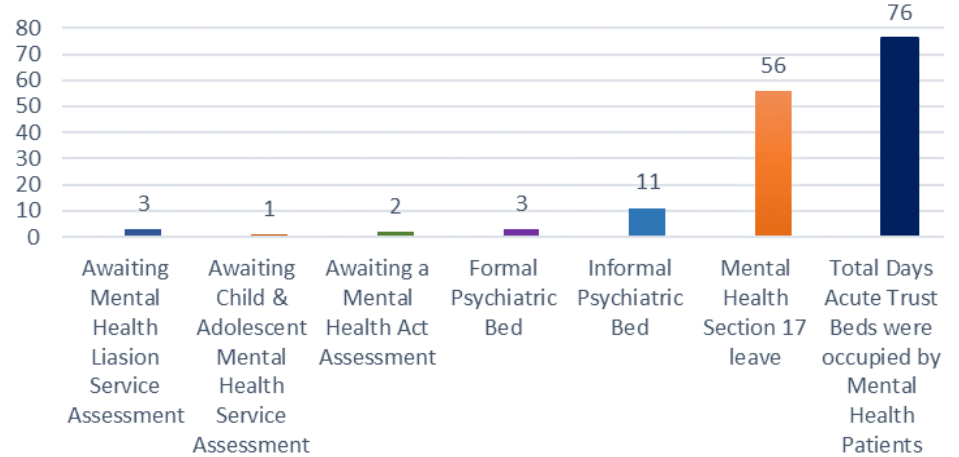
Oversight is maintained via the Falls and the Tissue Viability Steering Groups.

 <p>E.coli Bacteraemia - Aug/22 - Mar/24</p>	<p>Mar-24</p> <p>26</p> <p>Variance Type</p> <p>Metric is showing common cause variation</p>		 <p>Clostridioides difficile - Aug/22 - Mar/24</p>	<p>Mar-24</p> <p>7</p> <p>Variance Type</p> <p>Metric is showing common cause variation</p> <p>Target</p> <p>4</p> <p>Achievement</p> <p>Metric is currently failing the mth target</p>	
Summary	Actions		Assurance		
<p>HCAI: Clostridioides difficile (<i>C.diff</i>) saw 7 cases against the target of 4 during March 2024. The annual trajectory is 53 for 2023/24, the cumulative total at year end was 80. In addition, there were a total of 26 E.coli cases reported.</p> <p>There were no cases of MRSA Bacteraemia cases during March 2024.</p>	<p>The Trust C. diff action plan is reviewed monthly.</p> <p>Quality Improvement work continues with the Emergency Department, identifying patients on admission with loose stool and encouraging prompt stool sampling.</p> <p>The Infection Prevention team participate in the ICB C. difficile task and finish group and collaborating with NHSE to develop CDI education resources for the region.</p> <p>Environmental audits completed monthly; results are incorporated into exemption reports that are reviewed at incident meetings. Monthly audit results are discussed at Environment Group and any areas of concern or gaps in results are escalated to relevant ward/department managers for action.</p> <p>We undertake weekly C. difficile and antimicrobial ward rounds with Microbiologist and Antimicrobial Pharmacist.</p>		<p>An action plan is in place for Clostridioides difficile which includes, increased education for staff, review of audits and antimicrobial ward round is informed by the regional c.difficile collaboration work, this is reviewed monthly and updated accordingly.</p> <p>An overarching Infection Prevention Delivery Plan is in place with oversight maintained at the Trust Infection Prevention and Control Group.</p>		

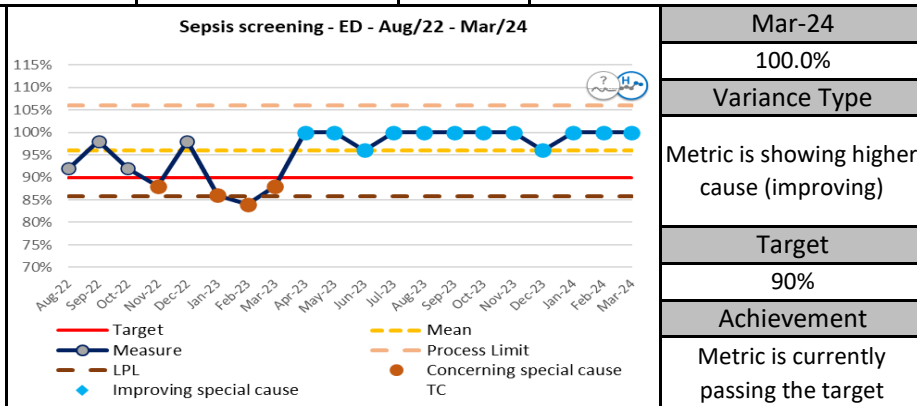
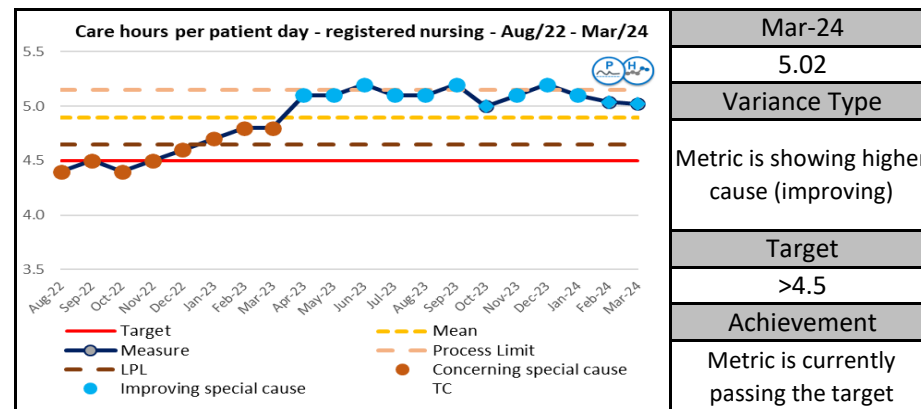
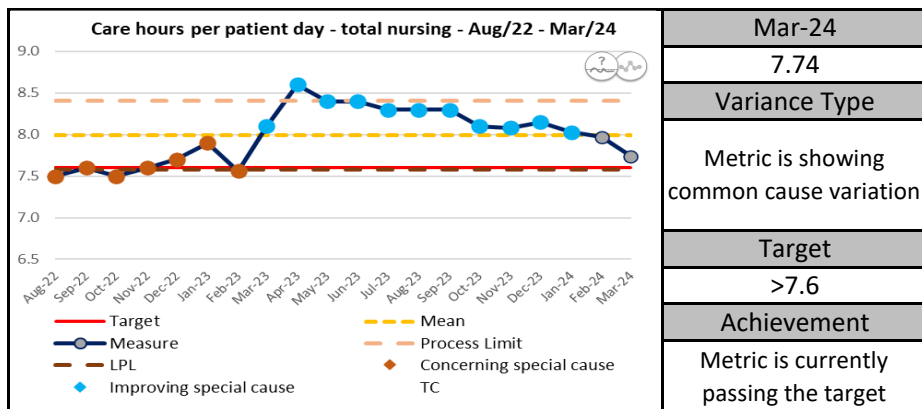
Mental Health ED Patient Attendance Numbers



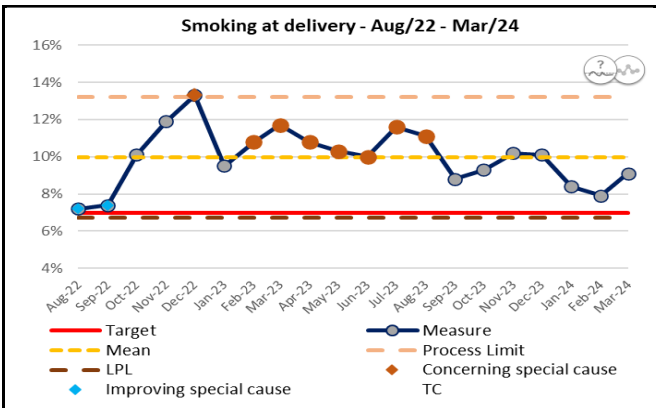
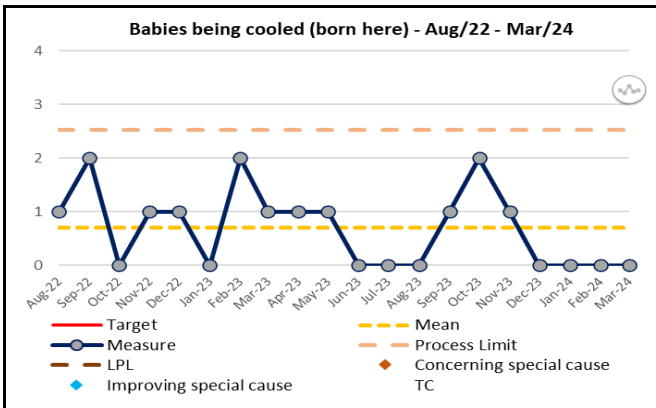
Length of Stay in Days for Mental Health Patients in Acute Trust Beds - March 24



Summary	Actions	Assurance
<p>Mental Health: RWT continues to experience high volumes of mental health patients presenting to the Emergency Department, with 271 adults and 64 children/young people attending in March 2024. The increased attendance results in patients experiencing prolonged waits for specialist mental health beds and assessments, contributing to a total delay of an estimated 445.75 hours in March 2024.</p> <p>In terms of sections, the activity in March 2024 was as follows: Section 17 leave: 2 patients Section 5(2): 1 patient Section 2: 0 patients Section 3: 0 patients Section 23: 2 patients</p> <p>The patients who have been on section 17 leave have required enhanced care; this has been provided by the mental health facility where they are detained under the Mental Health Act.</p>	<p>The Mental Health team are meeting with the external Mental Health provider monthly to ensure transparency and discussion around incidents occurring within RWT. This meeting feeds up to the Mental Health Steering Group bi-monthly.</p> <p>We are reviewing Policies (Missing Person, Restrictive intervention) to be aligned with the changes in practice due to the Right Care, Right Person (RCRP) initiative.</p> <p>Training has now been completed for the 4 train the trainers at RWT for IKON de-escalation and breakaway training. This will commence in April 2024 -</p> <ul style="list-style-type: none"> • Regular training will be offered trust wide from April 2024. • Mental Health training day continues for Paediatric staff monthly, with excellent feedback from delegates. 	<p>The Mental Health team review services and provide clear pathways for mental health patients to support safe, high-quality care.</p> <p>The Mental Health team are working with the Communications Team to disseminate the RCRP principles which ensures that a patient receives the appropriate level of care in the most suitable setting.</p> <p>On-going Mental Health Act training and IKON training for Staff has been approved for the Train the Trainer to train RWT staff on dealing with de-escalation skills and aggression.</p>

















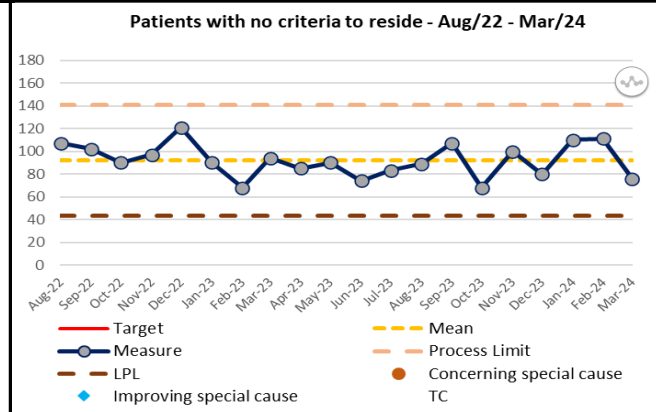
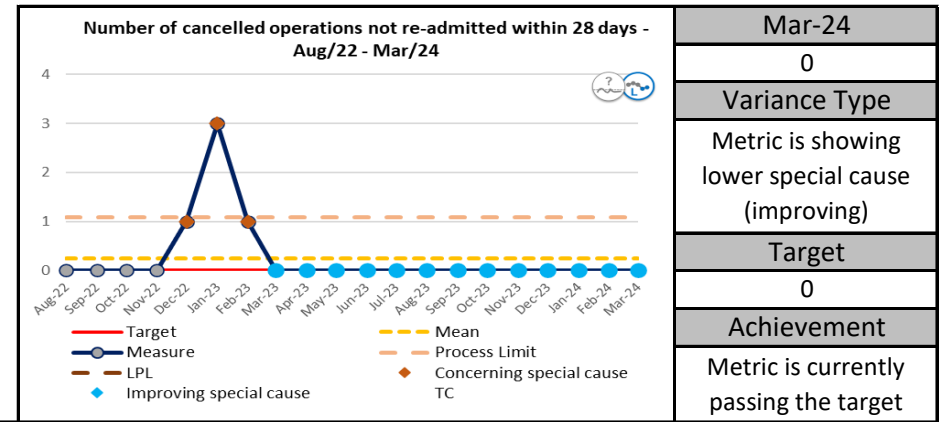
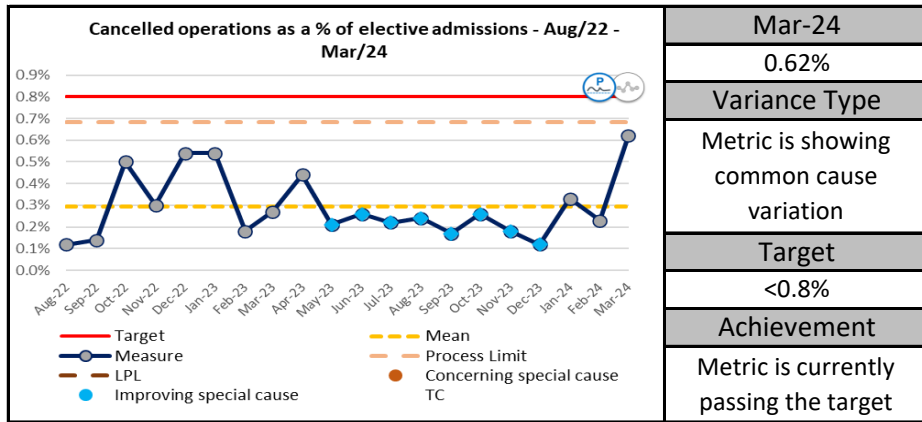
Summary	Actions	Assurance
<p>Care Hours per Patient Day (CHPPD): The Trust's average for March 2024 is within tolerance at 7.74, which represents a small decrease of 0.23 in month. The model hospital dashboard shows a national median to be 8.3 (January 2024).</p> <p>Adult inpatient range was between 4.0 - 9.9 (Mean 6.6) Critical care/Neonatal range was between 23.6 - 27.3 (Mean 25.4) Emergency portal range was between 7.6 - 8.3 (Mean 8.0)</p>	<p>We undertake a monthly review of supernumerary shift and unavailability by the Divisional Heads of Nursing.</p> <p>We undertake a monthly review of Net hours shared with the Divisional heads of Nursing as an additional challenge from finance at budget meetings.</p> <p>We provide a Workforce metrics report to give foresight to service leads.</p>	<p>Retention data remains stable.</p> <p>The workforce plan is currently being ratified. Scrutiny of Roster metrics and oversight of workforce data is maintained at the Nursing, Midwifery & Allied Health Professionals Workforce Oversight Group.</p>
<p>Sepsis screening in ED: reported as 100% in March 2024.</p>		<p>Oversight of sepsis and deteriorating patient agenda and specific actions remain via the Deteriorating Patient Group.</p>

	<table border="1"> <tr><td>Mar-24</td></tr> <tr><td>9.1%</td></tr> <tr><td>Variance Type</td></tr> <tr><td>Metric is currently showing common cause variation</td></tr> <tr><td>Target</td></tr> <tr><td><7%</td></tr> <tr><td>Achievement</td></tr> <tr><td>Metric is currently failing the target</td></tr> </table>		Mar-24	9.1%	Variance Type	Metric is currently showing common cause variation	Target	<7%	Achievement	Metric is currently failing the target		<table border="1"> <tr><td>Mar-24</td></tr> <tr><td>0</td></tr> <tr><td>Variance Type</td></tr> <tr><td>Metric is currently showing common cause variation</td></tr> <tr><td></td></tr> </table>		Mar-24	0	Variance Type	Metric is currently showing common cause variation	
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Summary	Actions		Assurance															
<p>Maternity: Smoking times at delivery (SATOD) - Smoking at time of Delivery rates has seen some deterioration in month to 9.1%, this remains higher than the national ambition (<7%).</p> <p>Since the introduction of the maternity lead tobacco dependency service (TDS) in 2019, the rates of smoking at time of birth has fallen faster than the National average. However, improvements are ongoing and it remains above the national average.</p>	<p>Public Health Lead midwife is working with the RWT QI team to try and improve patient engagement and continuity of accessing the TDS service.</p> <p>Smoking cessation clinics and drop in sessions run by the Tobacco Dependence Teams (TDS) are now available across the city.</p>		<p>Smoking is monitored monthly on the maternity dashboard and element 1 of the 'Saving Babies Lives Care Bundle' SBLCB V3. This data has been submitted to the Local Maternity & Neonatal System (LMNS) on 29th March 2024 for external validation of compliance with the SBLCB V3 tool kit. Feedback is expected by May 2024.</p>															
<p>Babies being cooled - there were no babies cooled during March 2024.</p>																		

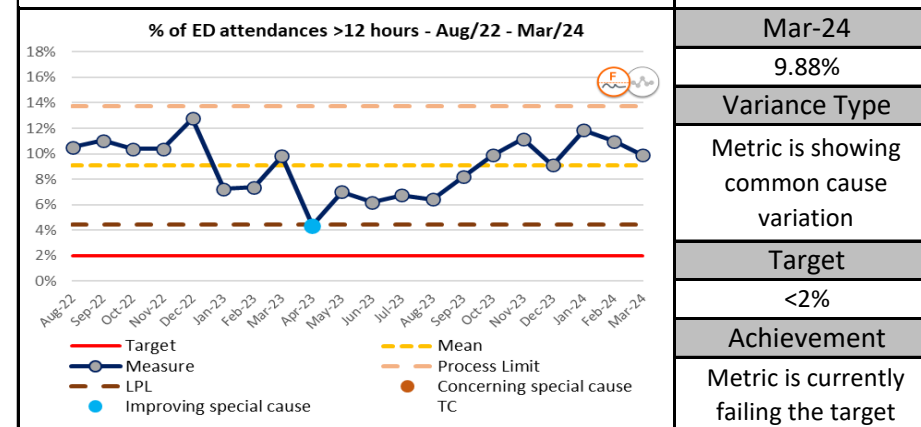
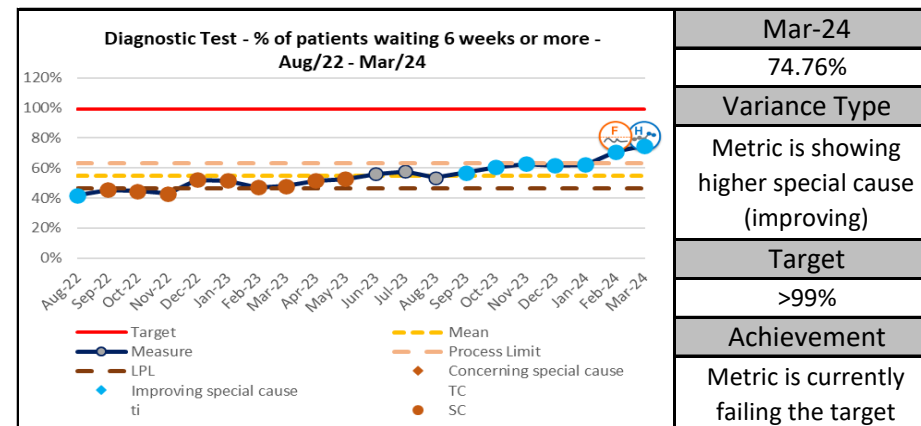
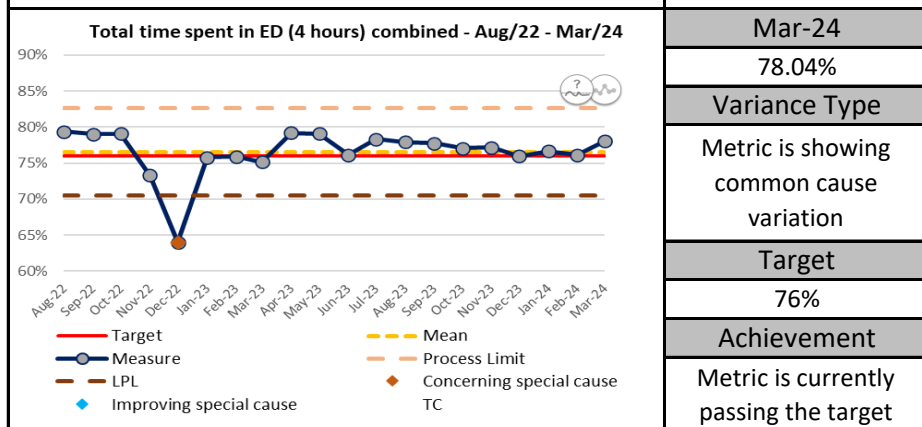
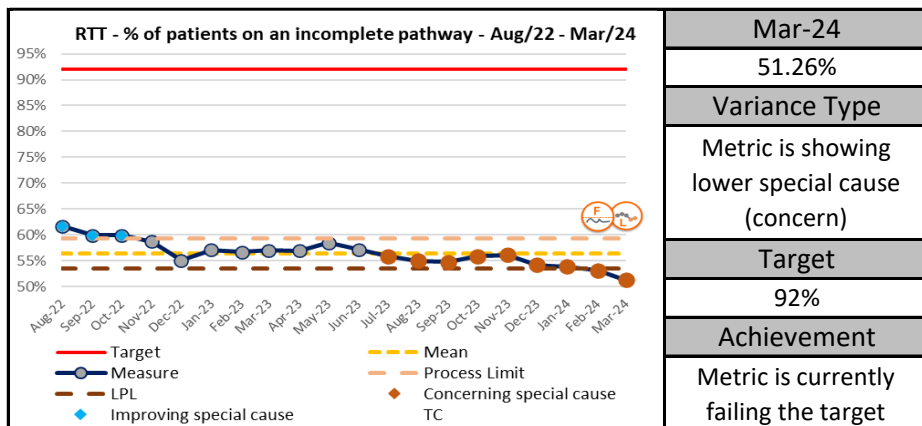
Performance

Metric - Patient Experience	Target	Variation	Assurance	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Number of cancelled operations on the day of surgery for non-medical reasons				15	11	6	19	13	33
Cancelled operations as a % of elective admissions	<0.8%			0.26%	0.18%	0.12%	0.33%	0.23%	0.62%
Number of cancelled operations not re-admitted within 28 days	0			0	0	0	0	0	0
Number of urgent cancelled operations cancelled for a 2nd time	0			0	0	0	0	0	0
Patients with no criteria to reside				68	100	80	110	111	76
Metric - Waiting Times	Target	Variation	Assurance	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
RTT - % of patients on an incomplete pathway	92%			55.90%	56.10%	54.16%	53.81%	53.14%	51.26%
RTT - number of patients waiting 78+ weeks				61	19	38	41	15	0
Total Incomplete Number				86,605	88,111	88,275	89,000	88,473	89,829
Diagnostic Test - % of patients waiting 6 weeks or more	>99%			60.67%	62.84%	61.70%	62.30%	70.80%	74.76%
Metric - Urgent Care	Target	Variation	Assurance	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Total time spent in ED (4 hours) - New Cross Hospital	76% (from Apr 23)			68.41%	66.84%	65.22%	65.61%	65.52%	67.26%
Total time spent in ED (4 hours) - Combined				77.05%	77.19%	76.00%	76.67%	76.14%	78.04%
% of ED attendances >12 hours	0			9.90%	11.17%	9.09%	11.85%	10.97%	9.88%
Ambulance handover within 15 minutes	65%			43.54%	39.92%	49.62%	41.05%	49.05%	52.72%
Ambulance handover within 30 minutes	95%			77.46%	70.77%	80.62%	68.05%	79.00%	81.34%
Ambulance handover >60 minutes	0%			10.85%	16.04%	9.61%	18.38%	8.13%	6.95%
% of emergency admissions via Emergency Department				39.35%	40.29%	40.22%	40.79%	39.98%	39.78%

Metric - Organisational Efficiency	Target	Variation	Assurance	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Theatre Utilisation (Trust Wide)	>= 90%			91.01%	90.00%	91.54%	90.46%	90.75%	94.23%
British Association of Day Surgery	>= 75%			96.89%	96.55%	95.91%	96.58%	96.96%	96.27%
Electronic discharge summary within 24 hours of patient discharge	>= 90%			95.31%	95.43%	95.46%	93.95%	95.82%	96.30%
Metric - Cancer Waiting Times	Target	Variation	Assurance	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
2 Week Wait - Cancer Referrals	93%			76.23%	86.83%	94.62%	85.41%	80.32%	85.07%
31 Day Combined	96%			85.23%	83.54%	88.36%	83.76%	87.99%	85.92%
62 Day Combined	85%			40.43%	47.62%	46.60%	46.25%	37.89%	42.82%
28 Day Faster Diagnosis Standard	75%			73.20%	75.63%	73.81%	73.65%	81.08%	80.23%

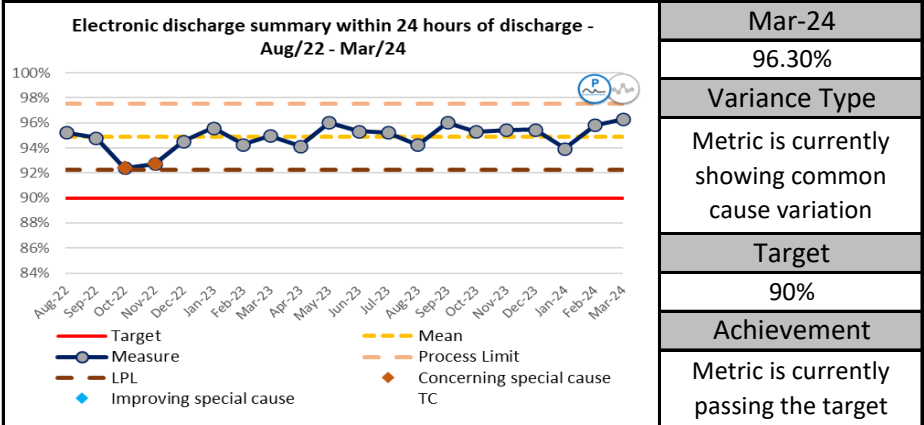


Summary	Actions	Assurance
<p>Cancelled Operations: We remain below target. There were no patients who had been cancelled on the day that were not rebooked within 28 days. Reasons for cancelling on the day are:- Ran out of theatre time - 52% More urgent case - 31% No beds - 17%</p>	<p>All cancelled operations on the day of surgery are reported daily and root cause analysis (RCA) is completed</p>	<p>RCA's are circulated to Deputy COO's on a weekly basis as part of the weekly performance meeting.</p>
<p>Patients with no criteria to reside: at the end of March 24 we had 111 patients in a hospital bed that were medically fit for discharge. This is an improvement of 35 patients when compared with the previous month.</p>	<p>Daily medically fit for discharge meetings where every patient is reviewed. Daily escalation telephone calls to local authority and community teams.</p>	<p>The huddle tool is used internally to communicate between all departments.</p>

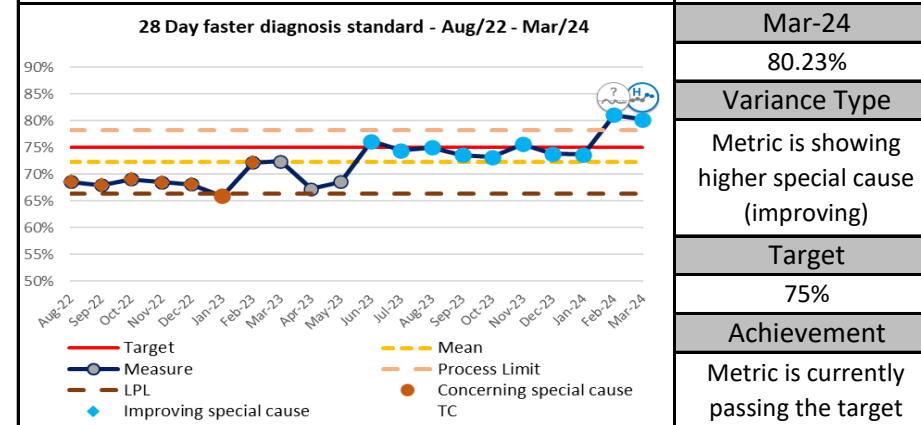
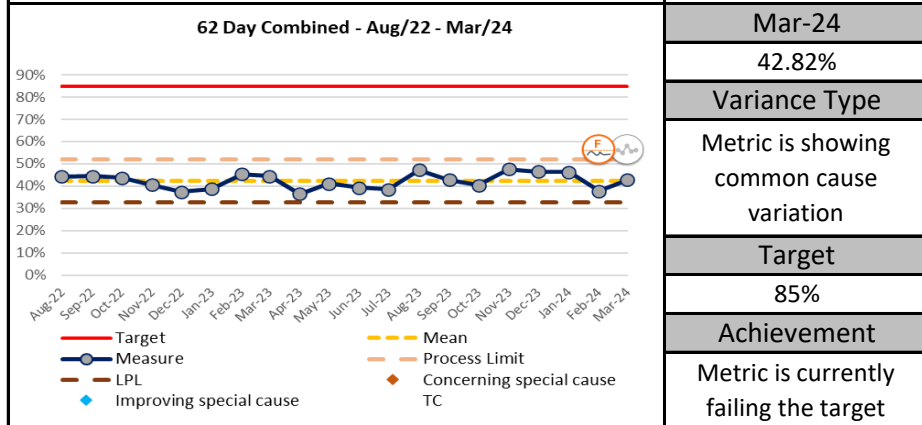
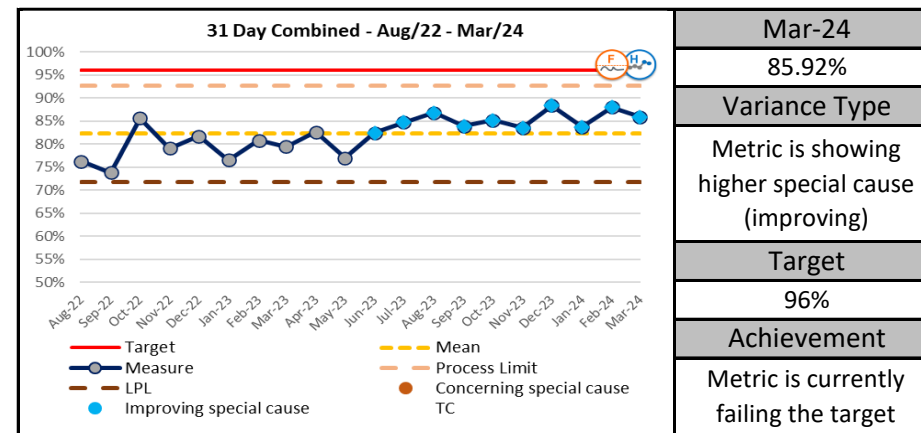
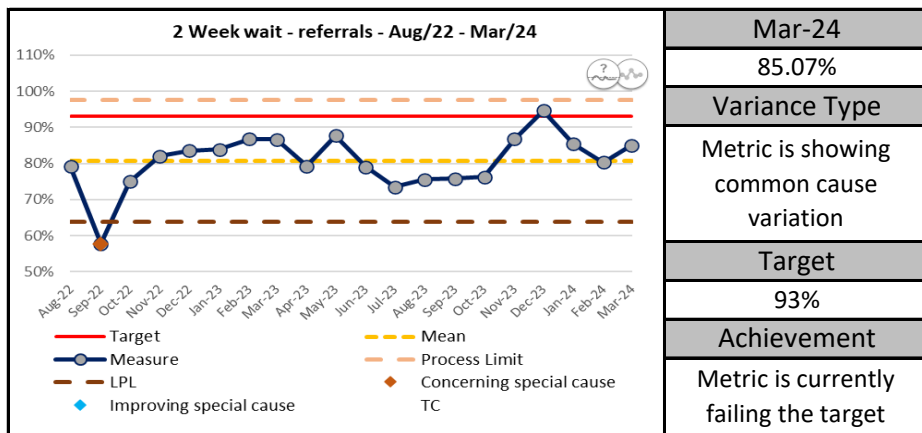


Summary	Actions	Assurance
RTT: There were no patients waiting 78+ weeks at month end. The new national target is to have zero patients waiting >65 weeks by end September 24.	We will continue to use mutual aid where available and appropriate, in order to achieve this target.	These patients are monitored at PTL meetings twice a week where each patient is reviewed on an individual basis.
Diagnostics: This continues to show an overall improving trend, however, this currently remains below target.	U/S scans remain the biggest issue due to large backlog, however, this is significantly improving with additional activity from insourcing and 2 additional sonographers (overall performance excluding U/S is 80.04%).	All modalities have individual trajectories and action plans to work towards. This is monitored at the weekly performance meeting.
ED: Nationally RWT ranked 20th out of 122 Trusts for the month (compared with 19th in the previous month), and locally RWT ranked 3rd out of 14 Trusts (static position from the previous month).	A triage escalation plan has been implemented and in regular use. Medicine Model of Care continues for Division 2 on with daily speciality in reach into ED	The Trust has maintained a strong position regionally and nationally.

<p>Ambulance handover within 15 minutes - Aug/22 - Mar/24</p> <p> — Target —●— Measure - - - LPL ◆ Improving special cause - - - Mean - - - Process Limit ◆ Concerning special cause TC </p>	<p>Mar-24</p> <p>52.72%</p> <p>Variance Type</p> <p>Metric is showing common cause variation</p> <p>Target</p> <p>65%</p> <p>Achievement</p> <p>Metric is currently failing the target</p>	<p>Ambulance handover within 30 minutes - Aug/22 - Mar/24</p> <p> — Target —●— Measure - - - LPL ◆ Improving special cause - - - Mean - - - Process Limit ◆ Concerning special cause TC </p>	<p>Mar-24</p> <p>81.34%</p> <p>Variance Type</p> <p>Metric is showing common cause variation</p> <p>Target</p> <p>95%</p> <p>Achievement</p> <p>Metric is currently failing the target</p>
<p>Ambulance handover >60 minutes - Aug/22 - Mar/24</p> <p> — Target —●— Measure - - - LPL ◆ Improving special cause - - - Mean - - - Process Limit ◆ Concerning special cause TC </p>	<p>Mar-24</p> <p>6.95%</p> <p>Variance Type</p> <p>Metric is showing common cause variation</p> <p>Target</p> <p>0%</p> <p>Achievement</p> <p>Metric is currently failing the target</p>	<p>% of emergency admissions via ED - Aug/22 - Mar/24</p> <p> — Target —●— Measure - - - LPL ◆ Improving special cause - - - Mean - - - Process Limit ◆ Concerning special cause TC </p>	<p>Mar-24</p> <p>39.78%</p> <p>Variance Type</p> <p>Metric is showing common cause variation</p>
<p>Summary</p>	<p>Actions</p>		<p>Assurance</p>
<p>Ambulance Handover: Overall ambulance handover showed improvement for all targets during March 24. The longest waiting ambulance in month was 4 hours and 9 minutes. Ambulance numbers were up by 5.63% when compared with the same period last year.</p>	<p>Increase in acuity of patients presenting -particularly category 2 & 3.</p>		<p>Ongoing recruitment and retention of Nursing and Medical workforce to ensure timely review and treatment of patients – 5 new ACPs have commenced in post and we have successfully appointed 2 new Consultants.</p>
<p>Emergency Admissions via ED: We saw a small decrease in the emergency admission rate during March 24. This was mainly seen in admissions from SDEC to base wards.</p>	<p>Criteria Led Handover ongoing in Divisions 1 & 2</p> <p>Same Day Discharge Centre continues to be operational.</p>		<p>Discussed in detail at the weekly performance meeting.</p>



Summary	Actions	Assurance
<p>Electronic Discharge Summary: remains above target.</p>	<p>Weekly ward level performance is circulated to all ward areas along with records that were not actioned on time for analysis and learning.</p>	<p>Continued weekly monitoring and reporting.</p>



Summary	Actions	Assurance
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Cancer: 2ww referrals remained high during March 24 particularly in Lower GI and Lung.















The 62 day backlog is continuing to reduce and comfortably achieved the target set for end of March 2024.








Cancer services are reviewing the whole Lower GI MDT process and pathways to be completed by 1st May 2024.

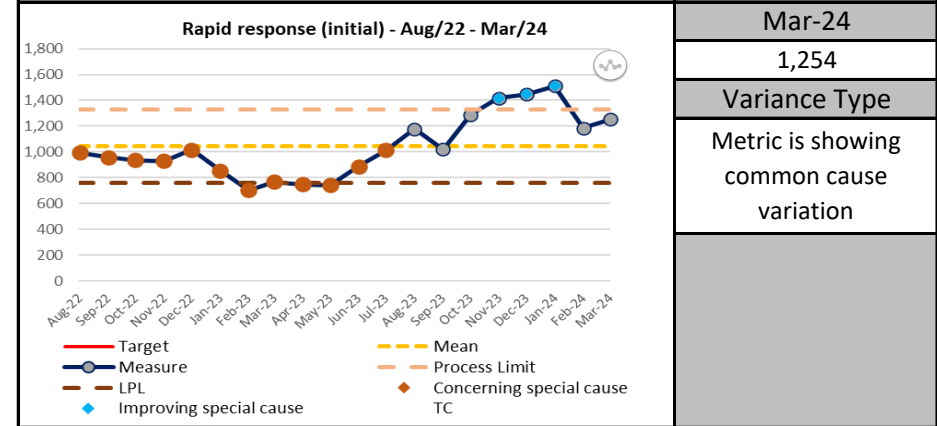
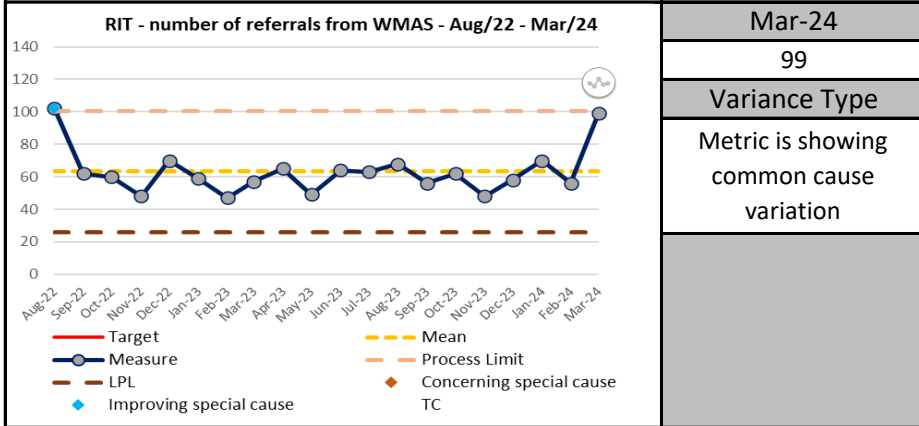
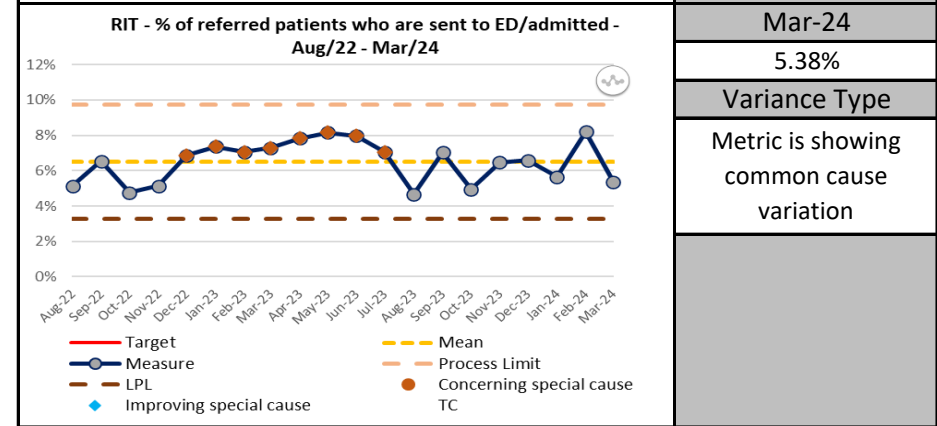
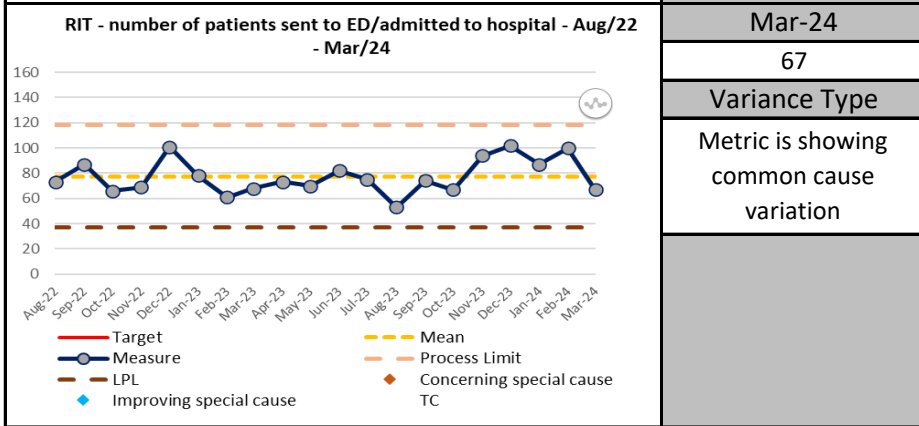
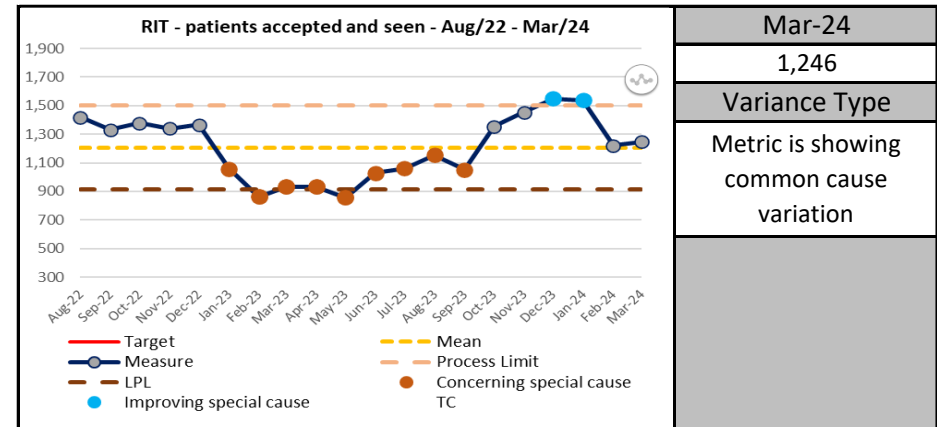
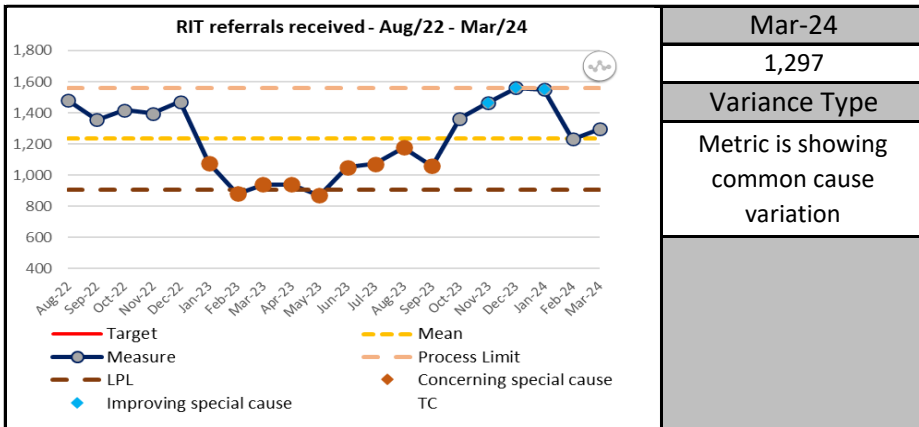
Cancer Services are providing a monthly performance dashboard, with the ability to identify delays in pathways.

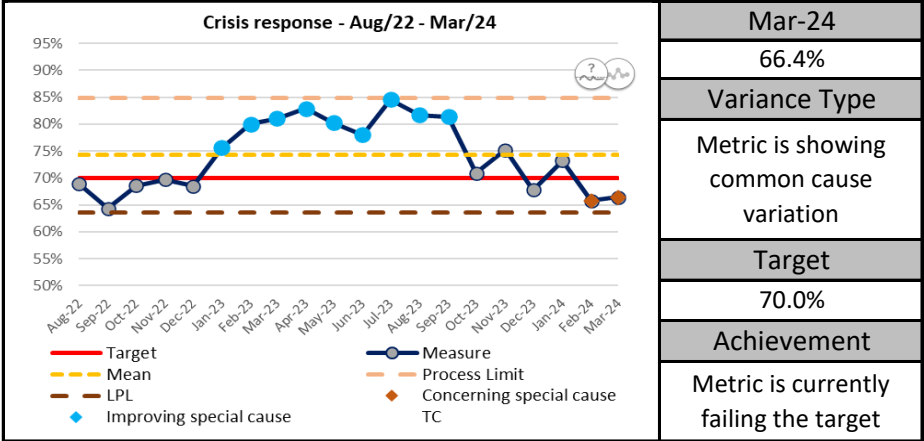
All cancer indicators are monitored at the weekly Trust performance meeting along with a separate weekly PTL meeting focussing on individual pathways and patients.

Integrated Care

Metric - Sexual Health (a month in arrears)	Target	Variation	Assurance	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Total number of appointments against block contract	>/=4,500			3,618					
% appropriate patients offered HIV test	>/=95%			98.1%					
Metric - Community Nursing (Rapid Intervention Team)	Target	Variation	Assurance	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Referrals received				1,364	1,466	1,561	1,551	1,233	1,297
Patients accepted and seen (actuals)				1,355	1,454	1,549	1,537	1,221	1,246
Number of patients sent to ED/admitted to hospital by RIT's				67	94	102	87	100	67
% of referred patients who are sent to ED/admitted				4.94%	6.46%	6.58%	5.66%	8.19%	5.38%
Number of referrals from West Midlands Ambulance Service				62	48	58	70	56	99
Rapid response (initial)				1,287	1,418	1,448	1,510	1,186	1,254
Crisis response (within 2 hours)	>/=70%			69.3%	73.9%	67.8%	73.2%	65.8%	66.4%
Metric - Virtual Ward	Target	Variation	Assurance	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Virtual ward (initial)				346	306	384	422	360	380
Metric - Rapid Access Care	Target	Variation	Assurance	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Rapid access social care (initial)				80	72	70	93	65	44

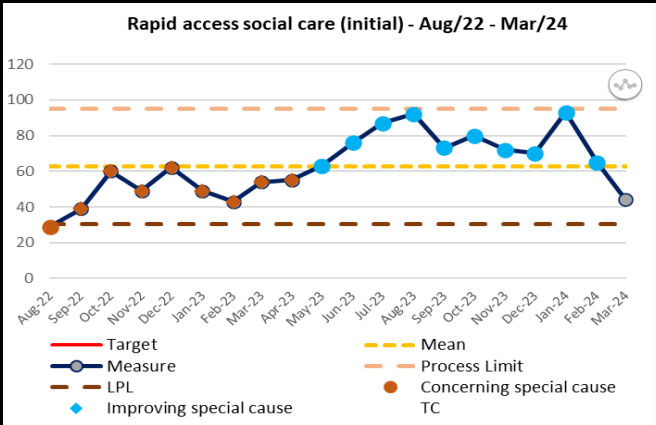
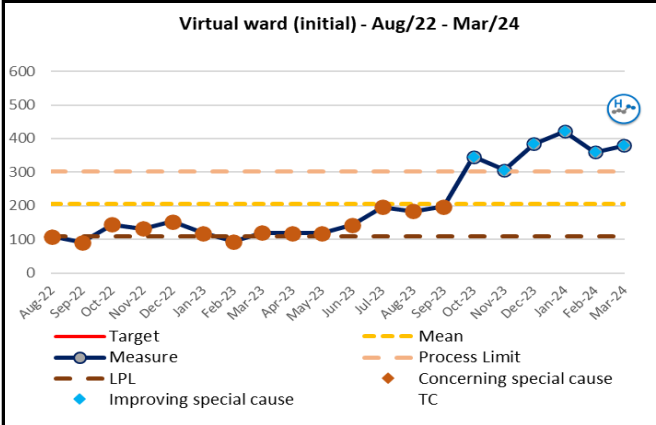
Metric - Care Co-ordination	Target	Variation	Assurance	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Total number of referrals accepted				3,329	3,343	3,525	3,747	3,531	3,506
Number of referrals closed				441	354	561	466	208	157
Number signposted to ED				57	59	63	94	109	75
Number referred onto SDEC				109	135	84	122	125	85
Number referred on to community				2,709	2,793	2,812	3,056	3,086	3,187
Number of referrals sustained (admission avoidance)				8	1	1	2	2	2
Number of referrals admitted to hospital				5	1	4	7	1	0

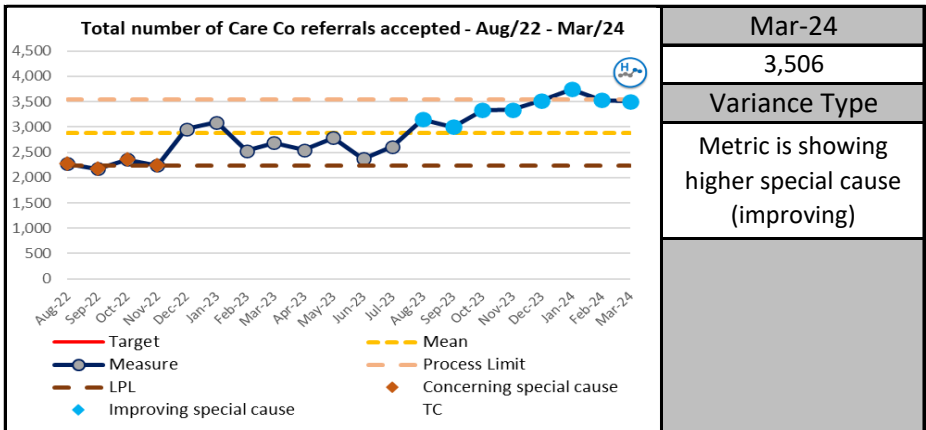




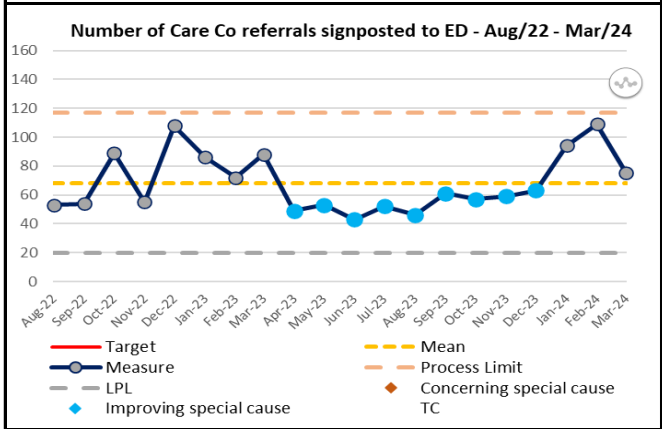
Mar-24
66.4%
Variance Type
Metric is showing common cause variation
Target
70.0%
Achievement
Metric is currently failing the target

Summary	Actions	Assurance
<p>Community Nursing (Rapid Intervention Team): Referral numbers have seen a slight decrease over the past 2 months bringing them back down to average numbers expected. These numbers now include the Night Visiting Service as this has now been taken over by the Rapid Intervention Team to form a more collaborative way of working.</p> <p>In March there was 1% reduction in patients admitted to hospital – following commencement of monthly admitted audit to provide scrutiny and share learning.</p>	<p>Large increase in WMAS Referrals in March 24 – promotional work and updating of DOS has taken place.</p> <p>Deep dive into whole process (referral to visit) is currently taking place.</p> <p>Weekly review of breaches taking place in collaboration with care co to identify theme, triage delays and any data errors.</p>	<p>WMAS DOS lead aware and continues to promote service and alternate pathways to crews.</p>
<p>Crisis Response within 2 hours: Compliance remained below target at 66.4% in March 24. The team are currently carrying a number of vacancies which are being actively recruited to.</p>	<p>There are 2 new starters due to start in post at the end of March/beginning of April 24, with further interviews due to take place during the last week of March 24. In addition to this there is 1 ACP/ANP due to return from secondment on 1st April 24.</p> <p>An internal development programme is in place, as external recruitment is poor, this then requires development time as part of their roles which impacts on capacity.</p>	<p>There is a plan in place to undertake a deep dive into data accuracy, along with all processes to understand barriers to achieving compliance with a series of confirm and challenge meetings planned around allocation, length of visits and referral demand matched against workforce capacity through better rostering.</p>

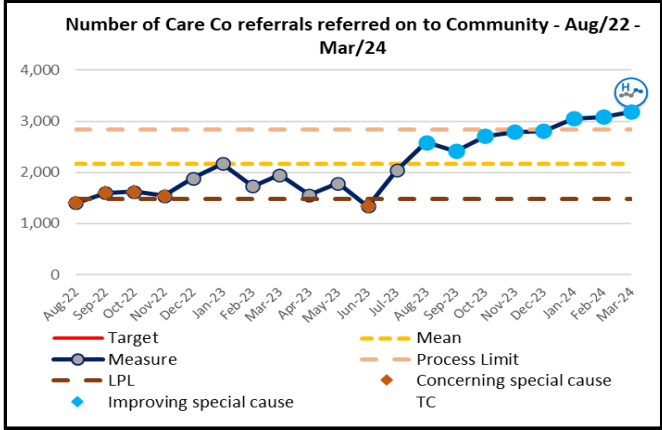
	<p>Mar-24</p> <p>44</p> <p>Variance Type</p> <p>Metric is showing common cause variation</p>			<p>Mar-24</p> <p>380</p> <p>Variance Type</p> <p>Metric is showing higher special cause (improving)</p>	
Summary	Actions		Assurance		
<p>Rapid access to social care: Increased End Of Life patients on the caseload. This is showing an overall improving trend.</p> <p>Handoff to Social Care continues to be an on-going cause for concern.</p>	<p>An escalation processes is in place for handover delays.</p>		<p>Capacity issues are reported in the bed meetings and D2A daily</p> <p>Performance monitored by Directorate and Division.</p>		
<p>Virtual Ward: is currently performing and managing its referrals within the current pathways.</p> <p>Overall the performance is demonstrating an improving trend.</p>	<p>Continual service developments and virtual bed expansion.</p> <p>Expansion of pathways in line with nationally submitted plan with review of activity and coding to ensure accurate reporting.</p>		<p>A dashboard is used to monitor use against national submission, and evaluation of the impact.</p>		



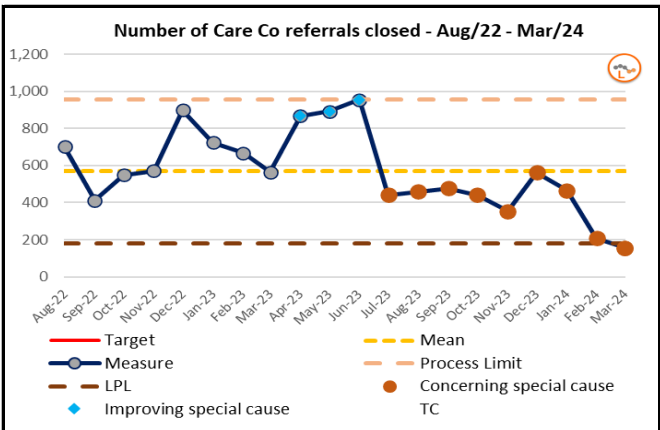
Mar-24
3,506
Variance Type
Metric is showing higher special cause (improving)



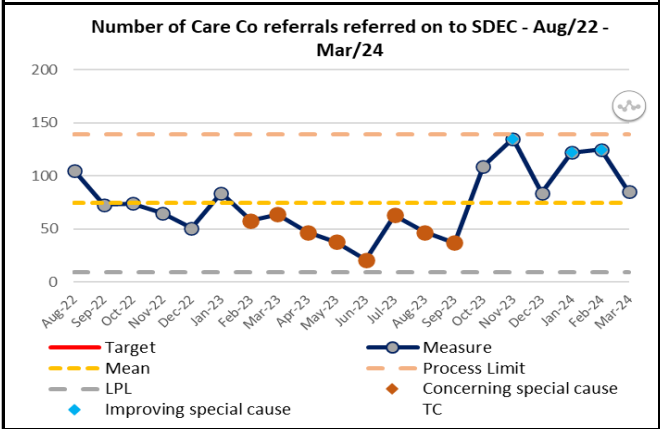
Mar-24
75
Variance Type
Metric is showing common cause variation



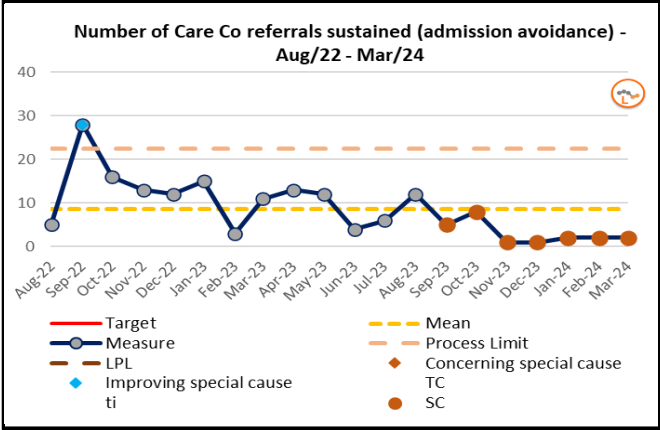
Mar-24
3,187
Variance Type
Metric is showing higher special cause (improving)



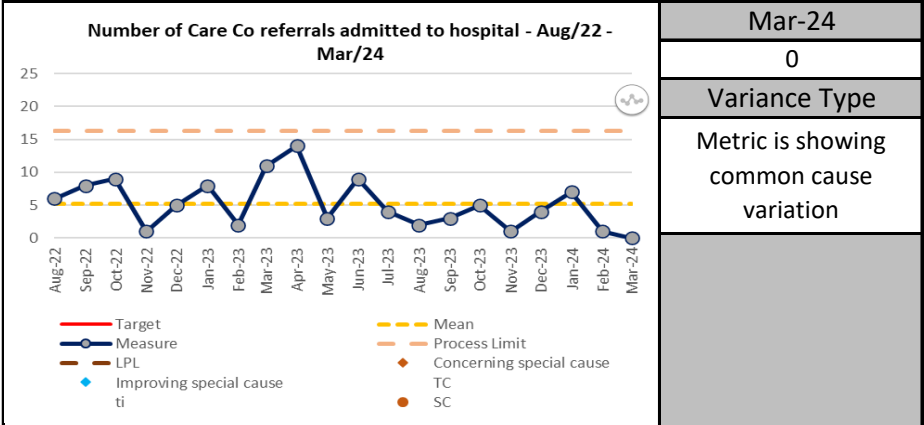
Mar-24
157
Variance Type
Metric is showing lower special cause (concern)



Mar-24
85
Variance Type
Metric is showing common cause variation

















Mar-24
2
Variance Type
Metric is showing lower special cause (concern)

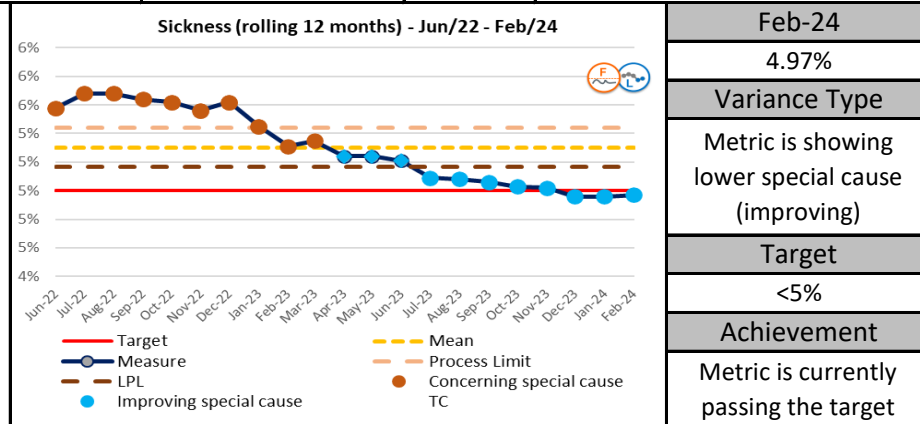
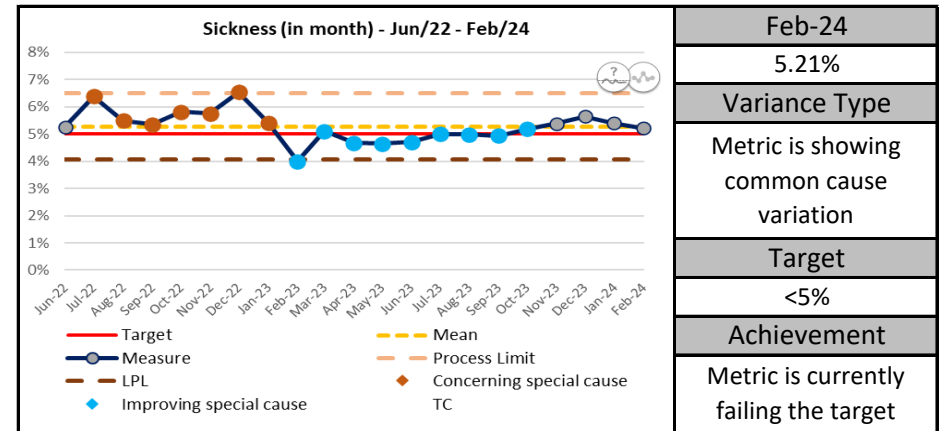
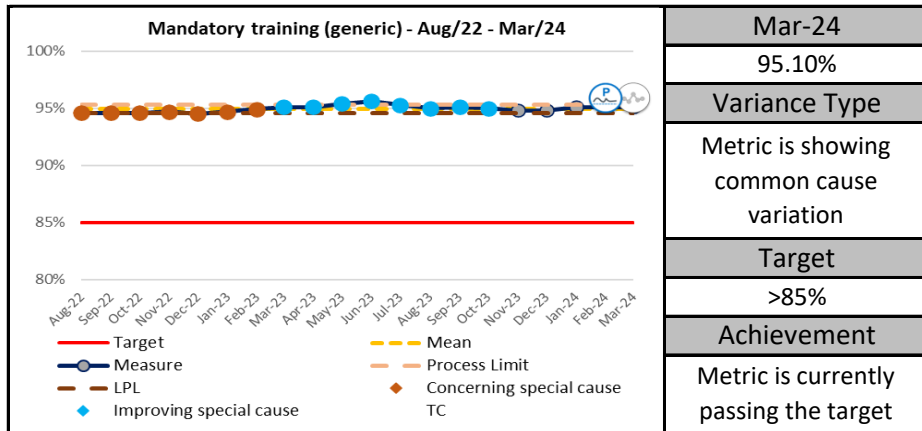


Summary	Actions	Assurance
<p>The Care Coordination Centre streamline all referrals into Adult Community Nursing Services. They are there to help patients, relatives and other professionals ensure they access the right services they need. They triage all contacts made to the service, ensuring onward referrals are made as needed but also give health advice and education.</p> <p>The above graphs show the total number of referrals received into the service and the amount of referrals rejected as not appropriate.</p>	<p>Monitor referrals to ensure they are appropriate and not out of the area.</p>	<p>The Care Coordination team works 24 hours a day, 7 days a week.</p>
<p>Once the referral has been accepted by the service the further graphs show what numbers are streamed to alternative/appropriate pathways for the patient, thereby reducing ambulance conveyancing and ED attendance.</p>	<p>To support admission avoidance where possible.</p> <p>Support planned discharge for patients who are admitted to hospital to ensure seamless, safe and timely discharge back home is achieved.</p>	<p>To achieve this the Care Coordination Inreach Team visit ward areas, working collaboratively with their colleagues in the acute setting.</p>

Human Resources

Metric	Target	Variation	Assurance	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Trust Vacancy Rate	6%			2.70%	2.60%	2.54%	2.40%	2.54%	2.98%
Turnover (normalised)	10%			9.65%	9.66%	9.45%	9.17%	9.27%	9.08%
Retention (12 months)	88%			90.23%	90.11%	90.12%	90.26%	89.97%	90.32%
Appraisals	90%			84.90%	84.00%	84.40%	84.60%	84.80%	84.80%
Mandatory Training (generic)	85%			95.00%	94.80%	94.80%	95.10%	95.10%	95.10%
Sickness (in month)	5%			5.18%	5.38%	5.64%	5.40%	5.21%	
Sickness (rolling 12 months)	5%			5.03%	5.02%	4.96%	4.96%	4.97%	

<p>Trust vacancy rate - Aug/22 - Mar/24</p> <p>9% 8% 7% 6% 5% 4% 3% 2% 1% 0%</p> <p>Aug-22 Sep-22 Oct-22 Nov-22 Dec-22 Jan-23 Feb-23 Mar-23 Apr-23 May-23 Jun-23 Jul-23 Aug-23 Sep-23 Oct-23 Nov-23 Dec-23 Jan-24 Feb-24 Mar-24</p> <p>— Target — Measure — LPL — Improving special cause — Mean — Process Limit — Concerning special cause TC</p>	<p>Mar-24</p> <p>2.98%</p> <p>Variance Type</p> <p>Metric is showing lower special cause (improving)</p> <p>Target</p> <p><6%</p> <p>Achievement</p> <p>Metric is currently passing the target</p>	<p>Turnover (normalised) - Aug/22 - Mar/24</p> <p>14% 13% 12% 11% 10% 9% 8%</p> <p>Aug-22 Sep-22 Oct-22 Nov-22 Dec-22 Jan-23 Feb-23 Mar-23 Apr-23 May-23 Jun-23 Jul-23 Aug-23 Sep-23 Oct-23 Nov-23 Dec-23 Jan-24 Feb-24 Mar-24</p> <p>— Target — Measure — LPL — Improving special cause — Mean — Process Limit — Concerning special cause TC</p>	<p>Mar-24</p> <p>9.08%</p> <p>Variance Type</p> <p>Metric is showing lower special cause (improving)</p> <p>Target</p> <p><10%</p> <p>Achievement</p> <p>Metric is currently passing the target</p>
<p>Retention (12 months) - Aug/22 - Mar/24</p> <p>95% 90% 85% 80%</p> <p>Aug-22 Sep-22 Oct-22 Nov-22 Dec-22 Jan-23 Feb-23 Mar-23 Apr-23 May-23 Jun-23 Jul-23 Aug-23 Sep-23 Oct-23 Nov-23 Dec-23 Jan-24 Feb-24 Mar-24</p> <p>— Target — Measure — LPL — Improving special cause — Mean — Process Limit — Concerning special cause TC</p>	<p>Mar-24</p> <p>90.32%</p> <p>Variance Type</p> <p>Metric is showing higher special cause (improving)</p> <p>Target</p> <p>>88%</p> <p>Achievement</p> <p>Metric is currently passing the target</p>	<p>Appraisals - Aug/22 - Mar/24</p> <p>95% 90% 85% 80% 75% 70%</p> <p>Aug-22 Sep-22 Oct-22 Nov-22 Dec-22 Jan-23 Feb-23 Mar-23 Apr-23 May-23 Jun-23 Jul-23 Aug-23 Sep-23 Oct-23 Nov-23 Dec-23 Jan-24 Feb-24 Mar-24</p> <p>— Target — Measure — LPL — Improving special cause — Mean — Process Limit — Concerning special cause TC</p>	<p>Mar-24</p> <p>84.80%</p> <p>Variance Type</p> <p>Metric is showing higher special cause (improving)</p> <p>Target</p> <p>>90%</p> <p>Achievement</p> <p>Metric is currently failing the target</p>
<p>Summary</p>		<p>Actions Assurance</p>	
<p>Trust Vacancy Rate: showing an overall improving trend and remains within target.</p>	<p>The 'effective rostering' project continues. The focus is shifting to ensuring effective rostering and confirm and challenge meetings have been established with the Rostering Lead and Head of Nursing Workforce with Divisional Head Nurses.</p>		<p>The vacancy and turnover rates are continuing to meet the targets.</p>
<p>Retention/Turnover: Both turnover and retention continue to show overall improvement. Both of these indicators are currently achieving their respective targets.</p>	<p>Divisions, directorates and departments have been required to produce recovery plans for the delivery of appraisal activity and this will be managed through the Divisional structure.</p>		
<p>Appraisals: appraisal performance is showing an overall improving trend, however, compliance remains below target. Service pressures continue to have a profound effect on the ability to undertake timely appraisals.</p>	<p>This matter has been discussed at Operational Workforce Group in some detail with commitment from Divisions offered to deliver improvements in appraisal compliance.</p>		



Summary	Actions	Assurance
<p>Mandatory Training (generic): compliance rates remain static when compared with the previous month, and continues to be above target.</p>		
<p>Sickness: February 24 sickness figure has shown improvement, however, it remains slightly above target.</p>	<p>HR colleagues have been reviewing cases where staff are experiencing the highest levels of absence to ensure appropriate escalation within divisional structures.</p>	<p>Considerable work has been undertaken to develop the wellbeing support offer, including psychological and practical wellbeing support for staff.</p>