Agenda
RWT/WHT Group Trust Board Meeting – to be held in Public

Date	16/07/2024
Time	10:00 - 12:54
Location	For details please contact jaswinder.toor2@nhs.net or ellie.stokes1@nhs.net
Chair	Sir David Nicholson
Explanation	**Abbreviations:** RWT (The Royal Wolverhampton NHS Trust) WHT (Walsall Healthcare NHS Trust) **Administration:** Keith Wilshere, Group Company Secretary Jaswinder Toor, Senior Operational Coordinator

1 10:00	**Chair's Welcome, Apologies and Confirmation of Quorum** **Lead:** Sir David Nicholson, Group Chair **Action:** To Receive for information **Apologies Received:** - Mary Martin, Non-Executive Director, Walsall Healthcare NHS Trust - Dawn Brathwaite, Non-Executive Director, Walsall Healthcare NHS Trust - Gillian Pickavance, Associate Non-Executive Director, The Royal Wolverhampton NHS Trust - Patrick Vernon, Chair, Walsall Together Additional Attendees: **Meeting confirmed as quorate.**
2 10:02	**Register of Declarations of Interest** **Lead:** Sir David Nicholson, Group Chair **Action:** To Receive for Information and Assurance
3 10:04	**Minutes of the Previous Trust Board Meetings held in Public** **Lead:** Sir David Nicholson, Chair **Action:** To Receive for Approval • 14 May 2024 for RWT

	• 15 May 2024 for WHT
3.1 10:08	**RWT & WHT Board Action Points and Matters Arising** **Lead:** Sir David Nicholson, Chair **Action:** To Receive the Action Log and Note Updates
4 10:10	**Chair's Report – Verbal** **Lead:** Sir David Nicholson, Group Chair **Action:** To Receive for Information and Assurance
5 10:15	**Group Chief Executive's Report** **Lead:** Caroline Walker, Interim Group Chief Executive **Action:** To Receive for Information and Assurance
5.1 10:20	**Annual Freedom to Speak Up - Group Board Report for RWT & WHT** **Lead:** Caroline Walker, Interim Group Chief Executive **Presenter:** Shabina Raza, Freedom to Speak Up Guardian **Action:** To Receive for Information and Assurance
6 10:30	**Excel in the Delivery of Care (SECTION HEADING)**
6.1 10:30	**Finance & Productivity Committee (FPC) Chair Reports for RWT & WHT** • Board Level Metrics & Dashboard (Care) for RWT & WHT **Leads:** • John Dunn, Deputy Chair/Chair, Finance and Productivity Committee, RWT • Paul Assinder, Deputy Chair/Chair, Finance and Productivity Committee, WHT **Action:** To Receive for Discussion, Information, Assurance and Approval
6.1.1 10:40	**Group Chief Financial Officer's Report for RWT & WHT - Month 2 report** **Lead:** Kevin Stringer, Group Chief Financial Officer/Deputy Group Chief Executive **Action:** To Receive for Information and Assurance
6.2 10:48	**Audit Committee - Chair Reports for RWT & WHT** **Leads:** • RWT: Julie Jones, Non-Executive Director/Chair, Audit Committee, RWT • WHT: Paul Assinder, Deputy Chair (on behalf of Mary Martin, Non-Executive Director/Chair, Audit Committee) **Action:** To Receive for Discussion, Information, Assurance and Approval

6.3 10:58	**Quality Committee (QC) - Chair's Reports for RWT & WHT** • Board Level Metrics & Dashboard (Care) for RWT & WHT **Lead:** Professor Louise Toner, Non-Executive Director/Chair of Quality Committees at RWT & WHT **Action:** To Receive for Discussion, Information, Assurance and Approval
6.4 11:08	**Chief Nursing Officer Reports by Exception** **Leads:** • RWT - Debra Hickman, Chief Nursing Officer • WHT - Lisa Carroll, Chief Nursing Officer **Action:** To Receive for Information and Assurance • Attached as Appendices WHT & RWT Infection and Prevention Control Annual Reports
6.5 11:16	**Midwifery Services Reports by Exception for RWT & WHT** **Leads:** Debra Hickman and Lisa Carroll, Chief Nursing Officers at RWT & WHT **Presenters:** • RWT: Tracy Palmer, Director of Midwifery, RWT • WHT: Joselle Wright, Director of Midwifery, WHT **Action:** To Receive for Information and Assurance
6.6 11:24	**COMFORT BREAK (10 mins)**
6.7 11:34	**Chief Medical Officer Reports by Exception for RWT & WHT** **Leads for:** • RWT: Dr Ananth Viswanath, Interim Chief Medical Officer • WHT: Dr Brian McKaig, Interim Chief Medical Officer **Action:** To Receive for Information and Assurance
6.8 11:44	**Group Chief Assurance Officer's Report by Exception for RWT & WHT** **Lead:** Kevin Bostock, Group Chief Assurance Officer **Action:** To Receive for Information and Assurance

6.9 11:49	**RWT Chief Operating Officer's Report by Exception - Capital Update on Reinforced Autoclaved Aerated Concrete (RAAC)** **Lead:** Gwen Nuttall, Chief Operating Officer/Deputy Chief Executive, RWT **Action:** To Receive for Information and Assurance
7 11:54	**Support our Colleagues (SECTION HEADING)**
7.1 11:54	**Group People Committee (PC) Chair's Report for RWT & WHT** • Board Level Metrics & Dashboard (Colleagues) for RWT & WHT **Leads**: Allison Heseltine & Junior Hemans , Non-Executive Directors and Chairs of Group People Committee **Action:** To Receive for Discussion, Information, Assurance and Approval
7.2 12:04	**Group Chief People Officer's Report by Exception for RWT & WHT** **Lead:** Alan Duffell, Group Chief People Officer **Action:** To Receive for Information and Assurance • Enc 7.2a Group People Committee Terms of Reference - for information
8 12:12	**Effective Collaboration (SECTION HEADING)**
8.1 12:12	**Charitable Funds Committee Chair Reports for RWT & WHT** **Leads:** • RWT: Martin Levermore, Non-Executive Director/Chair RWT Charitable Funds Committee • WHT: Paul Assinder, Deputy Chair/Chair, WHT Charitable Funds Committee **Action:** To Receive for Information and Assurance
8.2 12:17	**Black Country Provider Collaborative - Joint Provider Committee Update** • Board Level Metrics & Dashboard (Collaboration) for RWT & WHT **Leads:** • RWT: John Dunn, Deputy Chair • WHT: Paul Assinder, Deputy Chair **Action:** To Receive for Information and Assurance

9 12:22	**Improve the Health of our Communities (SECTION HEADING)**
9.1 12:22	**Walsall Together Chair's Report** **Lead:** Stephanie Cartwright, Group Director of Place (on behalf of Professor Patrick Vernon, Chair, Walsall Together) **Action:** To Receive for Information and Assurance
9.2 12:27	**Integration Committee Chair's Report** **Lead:** Lisa Cowley, Chair, Integration Committee **Action:** To Receive for Information and Assurance
9.3 12:32	**Group Director of Place Report by Exception for RWT & WHT** • **RWT & WHT Board Level Metrics & Dashboard (Communities)** **Lead:** Stephanie Cartwright, Group Director of Place **Action:** To Receive for Information and Assurance
10 12:40	**Any Other Business** **Lead:** Sir David Nicholson, Group Chair **Action:** To Receive for Information
10.1 12:45	**Questions Received from the Public**
11 12:50	**Resolution** **Lead:** Sir David Nicholson, Chair **Action:** To Consider passing the Resolution below for Approval **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 12:52	**Date and Time of Next Meeting - Tuesday 17 September 2024 - Venue to be confirmed**

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Employee	Current Role	Interest Type	Interest Description (Abbreviated)	Provider
Alan Duffell	Group Chief People Officer	Loyalty Interests	Member	Chartered Management Institute
Alan Duffell	Group Chief People Officer	Loyalty Interests	Member	CIPD (Chartered Institute for Personnel and Development)
Alan Duffell	Group Chief People Officer	Outside Employment	Interim Chief People Officer (Ended April 2024)	The Dudley Group NHS Foundation Trust
Alan Duffell	Group Chief People Officer	Outside Employment	Group Chief People Officer	The Royal Wolverhampton NHS Trust
Alan Duffell	Group Chief People Officer	Outside Employment	Group Chief People Officer	Walsall Healthcare NHS Trust
Alan Duffell	Group Chief People Officer	Outside Employment	Provider Collaborative HR & OD Lead	Black Country Provider Collaborative
Alan Duffell	Group Chief People Officer	Outside Employment	Member	NHS Employers Policy Board
Allison Heseltine	Non-Executive Director	Loyalty Interests	Son-in-law works as a Senior Electrical Engineer	Hydrock South West
Angela Harding	Non-Executive Director	Outside Employment	Director	Naish Mews Management Company
Angela Harding	Non-Executive Director	Outside Employment	Executive Operations Director, integrated retirement community sector (Replaces employment with the GDC)	Inspired Villages Group
Brian McKaig	Chief Medical Officer	Loyalty Interests	Trustee for the Rotha Abraham Trust which was set up to advance medical research and practice to benefit the population of Wolverhampton. (unpaid role)	Rotha Abraham Trust
Caroline Walker	Interim Group Chief Executive	Loyalty Interest	Interim Group Chief Executive	The Royal Wolverhampton NHS Trust
Caroline Walker	Interim Group Chief Executive	Loyalty Interest	Interim Group Chief Executive	Walsall Healthcare NHS Trust
Caroline Walker	Interim Group Chief Executive	Loyalty Interest	Advisor (non-paid)	Health Spaces
Claire Bond	Interim Director of Operational HR	No interests to declare		
Daniel Mortiboys	Operational Director of	No interests to declare		
David Nicholson	Chair	Outside Employment	Chairman	Sandwell & West Birmingham Hospitals NHS Trust
David Nicholson	Chair	Outside Employment	Non-Executive Director	Lifecycle
David Nicholson	Chair	Outside Employment	Visiting Professor	Global Health Innovation, Imperial College
David Nicholson	Chair	Shareholdings and other ownership interests	Sole Director	David Nichoslon Healthcare Solutions
David Nicholson	Chair	Outside Employment	Member	IPPR Health Advisory Committee
David Nicholson	Chair	Outside Employment	Advisor	KMPG Global
David Nicholson	Chair	Outside Employment	Senior Operating Partner	Healfund (Investor in healthcare Africa)
David Nicholson	Chair	Loyalty Interests	Spouse	National Director of Urgent and Emergency Care and Deputy
David Nicholson	Chair	Outside Employment	Chairman	The Royal Wolverhampton NHS Trust
David Nicholson	Chair	Outside Employment	Chairman	Walsall Healthcare NHS Trust
David Nicholson	Chair	Outside Employment	Chairman	The Dudley Group NHS Foundation Trust
Dawn Brathwaite	Non-Executive Director	Outside Employment	Consultant/Former Partner	Mills & Reeve LLP
Debra Hickman	Chief Nursing Officer	Nil Declaration		
Edward Hobbs	Chief Operating Officer/Deputy Chief Executive	Loyalty Interests	Father – Governor Oxford Health FT	Governor Oxford Health FT
Edward Hobbs	Chief Operating Officer/Deputy Chief Executive	Outside Employment	Director of Operational Improvement for Urgent & Emergency	NHS England
Edward Hobbs	Chief Operating Officer/Deputy Chief Executive	Loyality Interests	Sister in Law – Deputy Group Director of Nursing	Sandwell & West Birmingham Hospitals NHS Trust
Fiona Frizzell (was Allinson)	Associate Non-Executive Director	Outside Employment	Exam Invigilator	St Benedicts High School, Alcester
Fiona Frizzell (was Allinson)	Associate Non-Executive Director	Loyalty Interests	Son works for Provider	Care Quality Commission
Fiona Frizzell (was Allinson)	Associate Non-Executive Director	Outside Employment	Trustee	The Shakespeare Hospice
Fiona Frizzell (was Allinson)	Associate Non-Executive Director	Outside Employment	Bank Inspector	Care Quality Commission

Gillian Pickavance	Associate Non-Executive Director	Shareholdings and other ownership interests	Director	Wolverhampton Total Health Limited
Gillian Pickavance	Associate Non-Executive Director	Outside Employment	Senior Partner	Newbridge Surgery, Wolverhampton
Gillian Pickavance	Associate Non-Executive Director	Outside Employment	Member of the Committee (unpaid)	Tong Charities Committee
Gillian Pickavance	Associate Non-Executive Director	Loyalty Interests	Daughter works as an architect for a company which may be undertaking work at the Trust	Johnson Design Partnership
Gwen Nuttall	Chief Operating Officer/Deputy Chief Executive	Loyalty Interests	Trustee	Calabar Vision 2020 Link
James Green	Operational Director of Finance	Non-financial interests (unremunerated)	Director of Company (the Company has never traded and will not trade whilst James is an employee at RWT)	I3 Consulting Limited
John Dunn	Deputy Chair/Non-Executive Director	Loyalty Interests	Member (unpaid)	Financial Recovery System Oversight Group
Jonathan Odum	Group Chief Medical Officer	Loyalty Interests	Group Chief Medical Officer	The Royal Wolverhampton NHS Trust
Jonathan Odum	Group Chief Medical Officer	Loyalty Interests	Group Chief Medical Officer	Walsall Healthcare NHS Trust
Jonathan Odum	Group Chief Medical Officer	External private employment	Private out-patient consulting for general medical/hypertension and	Wolverhampton Nuffield Hospital
Jonathan Odum	Group Chief Medical Officer	External Role	Chair	Black Country and West Birmingham ICS Clinical Leaders Group
Jonathan Odum	Group Chief Medical Officer	External Association Fellowship	Fellow of the Royal College of Physicians	Royal College of Physicians of London
Joselle Wright	Director of Midwifery	No interests to declare		
Julian Parkes (contract ended 14 April 2024	Non-Executive Director	Loyalty Interests	Daughter – Nurse in ED at Royal Wolverhampton NHS Trust	The Royal Wolverhampton NHS Trust
Julian Parkes (contract ended 14 April 2024	Non-Executive Director	Loyalty Interests	Trustee	Windmill Community Church in Wolverhampton
Julie Jones	Non-Executive Director	Outside Employment	CFO	Heart of England Academy
Julie Jones	Non-Executive Director	Outside Employment	Associate Director	Academy Advisory
Julie Jones	Non-Executive Director	Outside Employment	Member of Audit & Risk Committee	Walsall Housing Group
Julie Jones	Non-Executive Director	Outside Employment	Trustee	Solihull School Parents' Association
Julie Jones	Non-Executive Director	Outside Employment	Director of Leasehold Management Company	Cranmer Court Residents Wolverhampton Limited
Junior Hemans	Non-Executive Director	Outside Employment	Visiting Lecturer	Wolverhampton University
Junior Hemans	Non-Executive Director	Outside Employment	Company Secretary	Kairos Experience Limited
Junior Hemans	Non-Executive Director	Outside Employment	Chair of the Board	Wolverhampton Cultural Resource Centre
Junior Hemans	Non-Executive Director	Outside Employment	Chair of the Board	Tuntum Housing Assiciation (Nottingham)
Junior Hemans	Non-Executive Director	Outside Employment	Director	Libran Enterprises (2011) Ltd
Junior Hemans	Non-Executive Director	Loyalty Interests	Member	Labour Party
Junior Hemans	Non-Executive Director	Loyalty Interests	Business Mentor	Prince's Trust
Junior Hemans	Non-Executive Director	Loyalty Interests	Non-Executive Director	The Royal Wolverhampton NHS Trust
Junior Hemans	Non-Executive Director	Loyalty Interests	Wife works as a Therapist at The Royal Wolverhampton NHS	The Royal Wolverhampton NHS Trust
Junior Hemans	Non-Executive Director	Loyalty Interests	Second Cousin works as a Pharmacist at The Royal Wolverhampton	The Royal Wolverhampton NHS Trust
Junior Hemans	Non-Executive Director	Outside Employment	Director	Grizhem Holdings Ltd
Keith Wilshere	Group Company Secretary	Shareholdings and other ownership interests	Sole owner, sole trader	Keith Wilshere Associates
Keith Wilshere	Group Company Secretary	Loyalty Interests	Secretary of the Club which is a registered Co-operative with	The Royal British Legion (Beeston) Social Club Ltd
Keith Wilshere	Group Company Secretary	Loyalty Interests	Trustee, Director and Managing Committee member of this	Foundation for Professional in Services for Adolescents (FPSA)

Keith Wilshere	Group Company Secretary	Shareholdings and other ownership interests	Sole owner, sole trader	Keith Wilshere Associates
Keith Wilshere	Group Company Secretary	Loyalty Interests	Group Company Secretary	Royal Wolverhampton NHS Trust
Keith Wilshere	Group Company Secretary	Loyalty Interests	Group Company Secretary	Walsall Healthcare NHS Trust
Keith Wilshere	Group Company Secretary	Loyalty Interests	Committee member of registered Charity and Limited Company –	Foundation for Professional in Services for Adolescents (FPSA)
Keith Wilshere	Group Company Secretary	Loyalty Interests	Interim Company Secretary	Dudley Integrated Healthcare NHS Trust
Kevin Bostock	Group Director of Assurance	Shareholdings and other ownership interests	Sole director	Sole director of 2 limited companies Libra Healthcare Management Limited trading as Governance, Risk, Compliance
Kevin Bostock	Group Director of Assurance	Loyalty Interests	Group Director of Assurance	The Royal Wolverhampton NHS Trust
Kevin Bostock	Group Director of Assurance	Loyalty Interests	Group Director of Assurance	Walsall Healthcare NHS Trust
Kevin Bostock	Group Director of Assurance	Outside Employment	Trustee of a Health and Social Care Charity	Close Care Charity No 512473
Kevin Stringer	Group Chief Finance Officer & Director	Outside Employment	Treasurer West Midlands Branch	Healthcare Financial Management Association
Kevin Stringer	Group Chief Finance Officer & Director	Loyalty Interests	Brother-in-law is the Managing Director (ended 31 March 2024)	Midlands and Lancashire Commissioning Support Unit
Kevin Stringer	Group Chief Finance Officer & Director	Loyalty Interests	Member	CIMA (Chartered Institute of Management Accounts)
Kevin Stringer	Group Chief Finance Officer & Director	Gifts	Spade used for 'sod cutting'.	Veolia
Kevin Stringer	Group Chief Finance Officer & Deputy Group Chief Executive	Loyalty Interests	Group Chief Finance Officer & Deputy Group Chief Executive	Royal Wolverhampton NHS Trust
Kevin Stringer	Group Chief Finance Officer & Deputy Group Chief Executive	Loyalty Interests	Group Chief Finance Officer & Deputy Group Chief Executive	Walsall Healthcare NHS Trust
Lisa Carroll	Chief Nursing Officer	Loyalty Interests	Spouse - Royal College of Paediatrics and Child Health (RCPCH) Officer for Research	RCPCH
Lisa Carroll	Chief Nursing Officer	Loyalty Interests	Spouse - RCPCH Assistant Officer for exams	RCPCH
Lisa Carroll	Chief Nursing Officer	Loyalty Interests	Spouse - Chair of NHS England/Improvement Children and	NHSE/I
Lisa Carroll	Chief Nursing Officer	Loyalty Interests	Spouse - Consultant Paediatrician and Clinical Lead for Respiratory Paediatrics at University Hospitals of North	University Hospitals of North Midlands NHS Trust
Lisa Carroll	Chief Nursing Officer	Loyalty Interests	Spouse - West Midlands National Institute for Health Research (NIHR)	West Midlands Institute for Health and Clinical Research
Lisa Carroll	Chief Nursing Officer	Loyalty Interests	Spouse - Director of Medical Education at UHNM (commenced 1st	University Hospitals of North Midlands NHS Trust
Lisa Carroll	Chief Nursing Officer	Loyalty Interests	Spouse - Professor of Child Health	Keele University
Lisa Cowley	Non-Executive Director	Outside Employment	Healthy Communities Together Project Sponsor	Beacon Centre for the Blind
Lisa Cowley	Non-Executive Director	Outside Employment	CEO	Beacon Centre for the Blind
Lisa Cowley	Non-Executive Director	Outside Employment	Co-owner	Ridge & Furrow Foods
Lisa Cowley	Non-Executive Director	Outside Employment	Co-owner	Streetway House farms
Lisa Cowley	Non-Executive Director	Loyalty Interests	Harris Allday EFG – Wealth Management arm of Private	arm of Private Bank
Lisa Cowley	Non-Executive Director	Loyalty Interests	Non-Executive Director	The Royal Wolverhampton NHS Trust
Lisa Cowley	Non-Executive Director	Loyalty Interests	Non-Executive Director	Walsall Healthcare NHS Trust
Lisa Cowley	Non-Executive Director	Loyalty Interests	HM Armed Forces	Partner employed by HM Armed Forces
Louise Toner	Non-Executive Director	Outside Employment	Non-Executive Director	The Royal Wolverhampton NHS Trust
Louise Toner	Non-Executive Director	Outside Employment	Non-Executive Director	Walsall Healthcare NHS Trust
Louise Toner	Non-Executive Director	Outside Employment	Professional Advisor	Birmingham City University

Louise Toner	Non-Executive Director	Outside Employment	Trustee	Wound Care Alliance UK
Louise Toner	Non-Executive Director	Outside Employment	Trustee	Birmingham Commonwealth Society
Louise Toner	Non-Executive Director	Outside Employment	Teaching Fellow	Advance HE (Higher Education)
Louise Toner	Non-Executive Director	Loyalty Interests	Member of the Education Focus Group (stood down as	Birmingham Commonwealth Association
Louise Toner	Non-Executive Director	Loyalty Interests	Member	Greater Birmingham Commonwealth Chamber of
Louise Toner	Non-Executive Director	Loyalty Interests	Member/Advisor	Health Data Research UK
Louise Toner	Non-Executive Director	Loyalty Interests	Royal College of Nursing	Member
Louise Toner	Non-Executive Director	Loyalty Interests	Required Registration to practice	Nursing and Midwifery Council
Manjeet Shehmar	Chief Medical Officer	Shareholdings and other ownership interests	(Ended December 22) - Company Director Association of Early Pregnancy Units UK Non paying, no profit UK speciality Society	Association of Early Pregnancy Units UK
Manjeet Shehmar	Chief Medical Officer	Loyalty Interests	(Ended December 22) - Executive Member Association	Early Pregnancy Units UK
Manjeet Shehmar	Chief Medical Officer	Loyalty Interests	(Ended December 22) - Company Director	Company Director Association of Early Pregnancies Units
Manjeet Shehmar	Chief Medical Officer	Outside Employment	Private Practice	Little Aston Hospital Spire
Manjeet Shehmar	Chief Medical Officer	Loyalty Interests (non-remunerated)	First Aid Provision	RSSB Spiritual Organisation
Martin Levermore	Associate Non-Executive Director	Shareholdings and other ownership interests	Ordinary shares	Medical Devices Technology International Ltd (MDTi)
Martin Levermore	Associate Non-Executive Director	Outside Employment	Vice Chair of Board (paid position by way of honorarium)	Nehemiah United Churches Housing Association Ltd
Martin Levermore	Associate Non-Executive Director	Outside Employment	Chair (non-paid of not for profit medical industry network organsiation/association)	Medilink Midlands
Martin Levermore	Associate Non-Executive Director	Outside Employment	Independent Advisor to Windrush Compensation Scheme (paid)	Her Majesty's Home Office
Martin Levermore	Associate Non-Executive Director	Outside Employment	Chair of Trade and Business (non-paid not for profit association)	Birmingham Commonwealth Associate Ltd
Martin Levermore	Associate Non-Executive Director	Outside Employment	Chair of Black Internship Program (non-paid Charitable organisation)	HDRUK
Martin Levermore	Associate Non-Executive Director	Outside Employment	Data Research Committee (non-paid Charitable organisation)	Cancer Research UK
Martin Levermore	Associate Non-Executive Director	Outside Employment	Chief Executive Officer (paid) of private Medical Device Company	Medical Devices Technology International Ltd (MDTi)
Martin Levermore	Associate Non-Executive Director	Outside Employment	Executive member (non-paid)	Commonwealth Chamber of Commerce
Mary Martin	Non-Executive Director	Outside Employment	Trustee/Director, Non Executive Member of the Board for the	Midlands Art Centre
Mary Martin	Non-Executive Director	Outside Employment	Director/Owner of Business	Martin Consulting (West Midlands) Ltd
Mary Martin	Non-Executive Director	Outside Employment	Residential property management company	Friday Bridge Management Company Limited (residential property
Matthew Dodd	Interim Director of Integration	Loyalty Interests	Wife working as a Physiotherapy Assistant at Birmingham Community Health Care	Wife
Ofrah Muflahi	Associate Non-Executive Director	Outside Employment	UK Professional Lead	Royal College of Nursing
Ofrah Muflahi	Associate Non-Executive Director	Loyalty Interests	Member	Royal College of Nursing
Ofrah Muflahi	Associate Non-Executive Director	Loyalty Interests	Mentor	The Catalyst Collective
Ofrah Muflahi	Associate Non-Executive Director	Loyalty Interests	Husband an employee of the Royal College of Nursing UK	Husband

Ofrah Muflahi	Associate Non-Executive Director	Loyalty Interests	Member	Q Community at Health Foundation
Ofrah Muflahi	Associate Non-Executive Director	Loyalty Interests (Ended)	Husband Director of OBD Consultants, Limited Company	Husband
Ofrah Muflahi	Associate Non-Executive Director	Loyalty Interests	Member	UK Oncology Nursing Society
Ofrah Muflahi	Associate Non-Executive Director	Loyalty Interests	Member	The Seacole Group
Ofrah Muflahi	Associate Non-Executive Director	Loyalty Interests	Member of Health Inequalities Task Group	Coalition for Personalised Care
Ofrah Muflahi	Associate Non-Executive Director	Loyalty Interests	Founder/Director (Unpaid Association)	BANMA - British Arab Nursing & Midwifery Association
Patrick Carter	Specialist Advisor to the Board	Director	Director	JKHC Ltd (business services)
Patrick Carter	Specialist Advisor to the Board	Director	Director	Glenholme Healthcare Group Ltd
Patrick Carter	Specialist Advisor to the Board	Director	Director	Glenholme Wrightcare Ltd (residential nursing care
Patrick Carter	Specialist Advisor to the Board	Director	Director	The Freehold Corporation Ltd (property: real estate)
Patrick Carter	Specialist Advisor to the Board	Outside Employment	Chair	Health Services Laboratories LLP
Patrick Carter	Specialist Advisor to the Board	Outside Employment	Member	Scientific Advisory Board - Native Technologies Ltd (experimental development on natural sciences and engineering)
Patrick Carter	Specialist Advisor to the Board	Outside Employment	Advisor	Bain & Co UK
Patrick Carter	Specialist Advisor to the Board	Outside Employment	Business Services	JKHC Ltd (business services)
Patrick Carter	Specialist Advisor to the Board	Outside Employment	Management consultancy activities rather than financial management	Cafao Ltd
Patrick Carter	Specialist Advisor to the Board	Outside Employment	Management consultancy activities other than financial management)	Cafao Ltd
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Shareholder	Cafao Ltd
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Shareholder	The Freehold Corporation Ltd (property; real estate)
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Shareholder	JKHC Ltd (business services)
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Shareholder	The Glenholme Healthcare Group Ltd (care and rehabilitation centres)
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Shareholder	The Freehold Investment Corporation 1A Ltd
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Shareholder	The Freehold Investment Corporation 1B Ltd
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Shareholder	The Freehold Investment Corporation 2A Ltd
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Shareholder	The Freehold Investment Corporation 2B Ltd
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Shareholder	Adobe Inc (technology)
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Shareholder	AIA Group Ltd (insurance)
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Shareholder	Alphabet Inc (multinational conglomerate)
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Shareholder	Amazon.com Inc (retail)

Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Shareholder	Amphenol Corp (manufacturing)
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Shareholder	Apple Inc (technology)
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Shareholder	ASML Holding NV (manufacturing)
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Shareholder	Berkshire Hathaway Inc (financial)
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Shareholder	Broadridge Financial Solutions Inc (financial)
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Shareholder	Canadian Pacific Kansas City Ltd
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Shareholder	Constellation Software Inc (software)
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Shareholder	Croda International Plc
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Shareholder	CSL Ltd (technology)
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Shareholder	Danaher Corp (science and tech
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Shareholder	Discover Financial Services (financial)
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Shareholder	Essilor International (health)
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Shareholder	Halma plc (tech)
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Shareholder	HDFC Bank Ltd (financial)
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Shareholder	IDEX Corp (manufacturing)
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Shareholder	Intuit Inc (science and tech)
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Shareholder	London Stock Exchange
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Shareholder	L'Oreal SA (manufacturing and retail)
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Shareholder	Meta Platforms Inc A
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Shareholder	Mettler Toledo (manufacturer of scales and analytical instruments)
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Shareholder	Microsoft Corp (tech)
Patrick Carter	Specialist Advisor to the Board	Outside Employment	Advisor	Becton Dickinson & Co
Patrick Carter	Specialist Advisor to the Board	Outside Employment	Director	Primary UK Ltd
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Shareholder	Nike Inc (retail)
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Shareholder	Roper Technologies Inc (manufacturing)
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Shareholder	ServiceNow Inc (technology)

Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Shareholder	Sherwin Williams Co/The
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Shareholder	Taiwan Semiconductor Manufacturing Company Limited (science and tech)
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Shareholder	Tencent Holdings Ltd (science and tech)
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Shareholder	Thermo Fisher Scientific Inc (biotechnology)
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Shareholder	Topicus.com Inc
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Shareholder	UnitedHealth Group Inc (health)
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Shareholder	Visa Inc (financial)
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Shareholder	Copart Inc - automobile industry
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Shareholder	Lvmh Moet Hennessy Louis Vitton SE - luxury goods
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	Director	CAFAO Ltd
Patrick Carter	Specialist Advisor to the Board	Non-financial interests - unremunerated directorships	Director	The Freehold Acquisition Corporation Ltd (property; real estate)
Patrick Carter	Specialist Advisor to the Board	Non-financial interests - unremunerated directorships	Director	The Freehold Financing Corporation Ltd (property, real estate)
Patrick Carter	Specialist Advisor to the Board	Non-financial interests - unremunerated directorships	Director	Glenholme Senior Living (Bishpam Gardens) Ltd nursing home
Paul Assinder	Non-Executive Director	Loyalty Interests	Governor	Solihull College & University Centre
Paul Assinder	Non-Executive Director	Loyalty Interests	Director	Rodborough Consultancy Ltd.
Paul Assinder	Non-Executive Director	Loyalty Interests	Voluntary Role as Treasurer (unpaid)	Parkinson's UK Midlands Branch
Professor David Loughton (retired 30 April 2024	Chief Executive	Loyalty Interests	Member of Advisory Board	National Institute for Health Research
Professor David Loughton (retired 30 April 2024	Chief Executive	Loyalty Interests	Chief Executive	Royal Wolverhampton NHS Trust
Professor David Loughton (retired 30 April 2024	Chief Executive	Loyalty Interests	Member	Companion of Institute of Health and Social Care Management (CIHSCM)
Professor David Loughton (retired 30 April 2024	Chief Executive	Outside Employment	Chair	West Midlands Cancer Alliance
Rachel Barber	Associate Non-Executive Director	Outside Employment	Non Financial Professional	Onward
Rachel Barber	Associate Non-Executive Director	Outside Employment	Non Financial Professional	Customer Service Committee, A2Dominion
Rachel Barber	Associate Non-Executive Director	Outside Employment	Non Financial Professional	OPCC NWP Join Audit Committee
Rachel Barber	Associate Non-Executive Director	Outside Employment	Non Financial Professional - Magistrate	Ministry of Justice
Rachel Barber	Associate Non-Executive Director	Indirect	Health Assistant	Sister in Law - Wolverhampton Royal Hospital Health NHS Trust

Sally Evans	Group Director of Communications and Stakeholder Engagement	Outside Employment	Group Director of Communications and Stakeholder Engagement	Royal Wolverhampton NHS Trust
Sally Evans	Group Director of Communications and Stakeholder Engagement	Outside Employment	Group Director of Communications and Stakeholder Engagement	Walsall Healthcare NHS Trust
Sally Rowe	Associate Non-Executive Director	Outside Employment	Independent chair, Birmingham Council Children's Services	Birmingham City Council
Sally Rowe	Associate Non-Executive Director	Outside Employment	Improvement Advisor, Swindon Council Childrens Services	Department of Education, Swindon council
Sally Rowe	Associate Non-Executive Director	Outside Employment	Independent Chair, Peterborough Council Childrens Services	Peterborough City Council
Sally Rowe	Associate Non-Executive Director	Outside Employment	Keeping Bristol Safe Partnership Independent Chair and Scrutineer	Peterborough City Council
Sally Rowe	Associate Non-Executive Director	Outside Employment	Director	Inspired Improvement Limited
Simon Evans	Group Chief Strategy Officer	Loyalty Interests	Group Chief Strategy Officer	Royal Wolverhampton NHS Trust
Simon Evans	Group Chief Strategy Officer	Loyalty Interests	Group Chief Strategy Officer	Walsall Healthcare NHS Trust
Simon Evans	Group Chief Strategy Officer	Outside Employment	Governor (unpaid)	City of Wolverhampton College
Stephanie Cartwright	Group Director of Place	Loyalty Interests	Spouse is a Non-Executive Director	Robert Jones and Agnes Hunt NHS Foundation Trust
Stephanie Cartwright	Group Director of Place	Loyalty Interests	Spouse is Senior Advisor for Primary Care Delivery	Department of Health and Social Care
Stephanie Cartwright	Group Director of Place	Loyalty Interests	Group Director of Place	The Royal Wolverhampton NHS Trust
Stephanie Cartwright	Group Director of Place	Loyalty Interests	Group Director of Place	Walsall Healthcare NHS Trust
Tracy Palmer	Director of Midwifery	Nil Declaration		
Umar Daraz	Non-Executive Director	Outside Employment	Director	Getaria Enterprise Limited
Umar Daraz	Non-Executive Director	Outside Employment	Director of Innovation	Birmingham City University
William Roberts	Deputy Chief Operating Officer	Loyalty Interests	Wife is a Vascular Surgery Training Registrar	West Midlands Deanery

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The Royal Wolverhampton NHS Trust (RWT)

Minutes of the meeting of the Board of Directors held on Tuesday 14 May 2024 at 10:00 am virtually via Microsoft Teams (MT)

PRESENT:

Sir David Nicholson	Chair,
Ms Caroline Walker	Interim Group Chief Executive Officer,
Ms D Hickman (v)	Chief Nursing Officer,
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 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,
Ms G Nuttall (v)	Chief Operating Officer/Deputy Chief Executive,
Ms T Palmer	Director of Midwifery,

*(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 G Nightingale	Directorate Manager to the Group Chief Executive,
Dr Tinsa	As a member of the public.

APOLOGIES:

Mr K Wilshere	Group Company Secretary,
Lord Carter	Strategic Advisor to the Board.
Mr J Dunn (v)	Deputy Chair/Non-Executive Director,
Ms A Harding	Associate Non-Executive Director,
Dr U Daraz	Associate Non-Executive Director.

Part 1 – Open to the public

TB. 9366: Chair's Welcome, Apologies and Confirmation of Quorum

Apologies were noted from Mr Wilshere, Mr Dunn, Dr Daraz, Ms Harding and Lord Carter. Sir David welcomed Ms Walker to her first Board meeting.

TB. 9367: Register of Declarations of interest

There were no new or changed declarations.

TB. 9368: Minutes of the Previous Meeting of the Board of Directors held in Public on 16 April 2024

Sir David confirmed there were no amendments to the minutes of the meeting of the Board of Directors on the 16 April 2024.

Resolved: that the Minutes of the Board of Directors held on 16 April 2024 be approved as a true record.

TB. 9369: Board Action Points and Matters Arising and from the Minutes of the Board of Director Meeting held in Public on 16 April 2024

16 April 2024/TB
Stroke Mortality
"Dr McKaig to provide an update at a forthcoming meeting on the work undertaken in relation to Stroke Mortality".
Dr McKaig said an external review was in the process of being arranged and an update would be provided once the review had been completed.
Resolved: it was agreed that the action be closed.

16 April 2024/TB
Availability of Training Rooms for Staff
"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."
Ms Hickman said this was a known risk and was being managed via the Risk review process. She said discussions were underway with stakeholders but were limited due to financial constraints. She said all training was reviewed as to its efficacy for online options.
Resolved: it was agreed that the action be closed.

TB. 9370: Chair's Report – Verbal
Sir David highlighted the importance of today's meeting, being the first Board meeting without Prof Loughton and the last meeting before RWT and WHT commenced their joint combined Board meetings in July. He said the interviews for the Chief Executive in May did not go ahead as there was not a suitable short list and the position was to be readvertised.

Resolved: that the Chair's verbal update report be noted.

TB. 9371: Interim Group Chief Executive Officer's Welcome
Ms Walker gave a brief introduction and said she was delighted to take the role at the Trust. She mentioned she was an experienced NHS Leader and had worked extensively in large acute teaching hospitals. She highlighted her priorities were to lead the organisation to deliver the exceptional care delivered by the Trust and to focus on the four Cs.

Resolved: that the Interim Group Chief Executive Officer's welcome was noted.

TB.9372: Operational Plan 2024/25
Mr Evans introduced the plan and said it brought together the planning required nationally and regionally. He said the Trust was engaged in the process and had met all the required timelines including submitting financial, workforce and activity data for Draft and Final submission based on all requirements to date. He said it would be triangulated to ensure the workforce plan enabled RWT to deliver activity and achieve the financial plan. He mentioned it had been agreed with the Black Country Provider Collaborative and Integrated Care Board (ICB) colleagues. He said there was an issue with the Capital Programme. He said the programme was designed around the available budget. He said there was risk as there were less funds available in the year. He also mentioned the level of income that needed to come into the financial plan based on emergency care activity from out of area ICBs. He said ongoing conversations were taking place being led by the ICB. He provided assurance that robust

controls were in place. He said the operational plan would leave the Trust in financial deficit for the year. He said there was a requirement to deliver a Cost Improvement Plan (CIP) target of 7.7% to enable the Trust to deliver the financial plan. He highlighted the requirements in the planning guidance that were required to adopt the principles of NHS impact in terms of leadership approach and how the improvement of the transformation journey was approached. He said the self-assessment had been completed for NHS impact and it had been implementing into the Board the Board development sessions. He said NHS England were to commence reporting on productivity. He said there were new measures to include Clinical measures, Workforce data and measures of efficiency. He said details had not been received and would share it with the Board once received. He finally mentioned the performance measures linked to the SRF and would feed into Board level metrics paper. He said the Trust was compliant with all of the measures including activity measure. He said the target was 107% and the Trust had agreed to deliver that target and had also set an internal stretch target of 112%.

Mr Stringer said the 2 May submissions at national level produced a set of figures that the national team deemed unacceptable. He felt there would be further planning and discussions at national and regional level towards the end of May for a further submission. He said detailed submission figures had been aggregated. He said the planning discussion were not complete for 24/25. He mentioned the income expenditure accounts for turnover were £875 million and the deficit was £52.9 million. He said across the four acutes in the Black Country the deficit was the same percentage pro rata to turn over which was 6%. He said there was a further £34 million of the Integrated Care Board (ICB) yet to be cascaded into the system and the Trust's control total was likely to decrease once that money was released. He said the biggest challenge was to achieve the £67 million 7.7% cost improvement programme and workforce productivity. He said detailed plans were in place. He highlighted there needed to be good procurement in medicines management across the Trust and out of area work which was to be reimbursed. He said Capital was lower than previous years and the recommendation to the Board was to over commit the Capital Programme but to manage back to the Capital Resource Limit (CRL) by the year end. He said in additional to normal CRL there was a further £14 million across a number of schemes to deal with the RAAC issues in the one building onsite at the Trust and the Electronic Patient Records implementation which was an extensive project for the Trust that had needed to be delivered.

Mr Duffell highlighted nationally there had been a significant increase in workforce in the NHS. He said RWT had seen a circa 28% increase in workforce. He said nationally NHS Trusts were reviewing their workforce positions. He said weekly reviews were taking place on posts with Divisions at the Trust. He said additional checks were in place to ensure there was no over recruiting and there was the appropriate level of staff available to support the service delivery that the Trust was expected to meet.

Sir David said the Operational Plan described work to be undertaken. He said there needed to be quality improvements across the Trust which was a challenge under constrained circumstances. He said 7.7% was an extensively large number and beyond anything the Trust had done before. He said it would take extensive detailed work and transformation in the organisation in order to deliver the plan.

Resolved: that the Operation Plan 24/25 be Approval

Excel in the Delivery of Care

TB.9373: Finance Committee (FC) - Chair's Report

Ms Cowley introduced the report and said there were no patients waiting over 78 weeks at the end of March and the target had been achieved, which was positive. She said the CIP target for 23/24 and the budgeted deficit target had been achieved. She said the diagnostic target was no

achieved but assurances were given with plans in place to rectify during Q1 of 24/25. She also mentioned there had been significant investment of increasing diagnostic capacity. She said the Committee felt it was a challenging position for 24/25 and work was underway in relation to financial recovery. She finally mentioned the Committee were proposing to widen the terms of reference to include clinical representation at the Committee.

Sir David asked if there was an issue with Cancer oversight at the Trust.

Ms Nuttall said the Trust had received formal notification that the Trust had been escalated into tier 1 for Cancer 62-day performance metric. She said the expectation and included within the operating plan was that the Trust would be at 70% for all tumour sites. She said the Trust had been below that target and the cut off mark for escalation nationally was any Trust below 50% would be escalated into national oversight. She said the first meeting Chaired by NHSE Midlands would take place tomorrow for discussion and scrutiny and potential support to improve pathways. She said the two most challenged pathways were urological and gynaecological together with challenges in diagnostic areas within histopathology.

Sir David asked if there was mention within the Operation Plan that the Trust would deliver the 70%.

Ms Nuttall said that was correct and the Trust's trajectory was to achieve the 70% target by the end of March and the trajectory submitted mentioned by the end of January. She highlighted there would be challenges. She asked all to note that whilst improvements were being made on the pathway metrics the overall 62 metric performance measure would deteriorate. She highlighted the importance of reducing the number of patients and back log.

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

TB.9374: Report of the Group Chief Financial Officer

Mr Stringer said it had been a challenging year and thanked colleagues for their assistance to deliver successful results albeit a deficit. He mentioned the year had commenced with a £69 million deficit plan across the ICB. He said throughout the year the Trust forecast a £90 million deficit and across the ICB the deficit was collectively achieved. He said there were significant emergency care costs that were collectively put in place. He said the Trust was a net importer of activity for other ICBs. He highlighted the impact on the overall system due to the loss of COVID money of over £50 million and the allocation adjustment of circa £40 million. He said the Trust had delivered a revenue deficit of £26.66 million which was £90 thousand better than the revenue ask. He said the Trust underspent the CRL by £19 thousand. He said the cash balance was at £29.5 million lower than at the beginning of the year as a result of the operating deficit. He asked for Boards approval to delegate to Audit Committee the adoption of the accounts once they had been audited in order to submit the accounts as per national guidelines.

Mr Green highlighted income was net of £10.8 million above the planned level. He said additional patient revenue was received in month 12 around Elective Recovery Fund of £2.7 million. He said pay spend was £9 million over budget by the end of the financial year. He said this was due to pressures around temporary staffing, covering vacancies, sickness and maternity cover. He said non pay spend was £3.9 million over plan of which £1.1 million related to hosted services. He highlighted the target for the CIP was achieved at £45 million with some elements being non recurrent which would apply pressure into the 24/25 plan. He said the Trust attracted additional capital budget during the final months of the year which assisted with the Radio Pharmacy Aseptic Suite. He said the accounts were submitted within the time limit on 28 April which showed a £26.6 million deficit position. He said the auditors KPMG were undertaking the annual external audits on the accounts and the annual report. He said the final report would be submitted to the Audit Committee on 20 June and therefore delegated authority was being

requested by the Board to the Audit Committee to approve the final accounts and make the required submissions to NHSE.

Sir David said it had been a difficult year for the Organisation due to the growth in expenditure and staffing. He said the Organisation was dealing with the deficit in a positive way. He felt the Trust would be going into the next year much stronger in terms of governance, in terms of its ability to control expenditure which would assist the Trust in the difficult financial circumstances but at the same time the Trust was being constrained on revenue.

Resolved: that the Report of the Group Chief Financial Officer be noted and the Board delegate authority to the Audit Committee to approve and submit the final financial statements.

TB. 9375: Strategic Planning Framework (SPF) 2024/25

Mr Evans highlighted the strategic planning framework was presented for approval by the Board. He said all four providers across the Black Country and the ICB would have a version of the strategic planning framework. He said the SPF enabled the Trust to identify what was done in year and across multi- year to ensure there was focus on key areas of priority and consistency with delivery with colleagues in terms of Providers and the ICB. He said the success measures and the in-year objectives reported in the SPF focussed specifically on the Annual Operating Plan and the deliverability of the Improvement and Transformation Plan. He mentioned the SPF would be presented and monitored through the board level metrics paper. He said this would also be aligned with all the providers in the system.

Ms Walker said the SRF read well, and it was positive to see the objectives all aligned with the Trust Strategic Plan together with the aims. She congratulated the team for the production of the SRF.

Sir David said it was a positive framework and it needed to be coherent with Walsall Healthcare NHS Trust (WHT)

Resolved: that the Strategic Planning Framework 2024/25 be approved

TB. 9376: Group Chief Assurance Officer by Exception Report - Risk of not progressing a material matter during board operating model transition

Mr Bostock said the paper in the bundle described the diligence process that was being utilised to derive and assurance opinion of the risk of not missing a material matter when combining the two Boards from July. He said the process followed was a one year look back at the Board Assurance Framework of both organisations, the corporate Risk Register Board minutes, action logs, action trackers and any live regulatory reports together with enforcement notices. He said these had been reviewed with the Executive Directors at each site and a measure of evidence that was placed on the risk register at both RWT and WHT which would be a consequence of 5 and a probability of 1 which was a low risk of missing a material matter.

Resolved: that the Group Chief Assurance Officer's report by Exception be received and noted.

Support our Colleagues.

TB.9377: Group Chief People Officers Report by Exception Workforce Report

Mr Duffell said the six key metrics were performing well with all being in green or amber. He said during the month of March there had been more leavers than starters. He mentioned the

junior doctors had a mandate to take industrial action over the next six months.

Resolved: that the Group Chief People Officer's report by Exception be received and noted.

TB. 9378: Integrated Quality and Performance Review (IQPR) - Executive Summary
Resolved: that the Integrated Quality and Performance Review be received and noted

TB. 9379: Any Other Business
There was no other business.

TB. 9380: Questions Received from the public
It was confirmed that no questions had been received from members of the public.

TB. 9381: 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. 9382: Date and time of the next meeting Tuesday 16 July 2024 at 10:00 am

The meeting closed at 10:44

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Walsall Healthcare NHS Trust

MEETING OF THE TRUST BOARD–held in Public
WEDNESDAY 15TH MAY 2024 AT 10:00AM
HELD VIRTUALLY VIA MICROSOFT TEAMS

PRESENT

Members

Ms C Walker	Interim Group Chief Executive Officer
Mr K Stringer	Group Chief Financial Officer/ Group Deputy Chief Executive
Mr N Hobbs	Chief Operating Officer/Deputy Chief Executive
Mr A Duffell	Group Chief People Officer
Dr J Odum	Group Chief Medical Officer
Mr K Bostock	Group Chief Assurance Officer
Ms S Evans	Group Director of Communications and Stakeholder Engagement
Ms S Cartwright	Group Director of Place
Ms L Carroll	Chief Nursing Officer
Dr M Shehmar	Chief Medical Officer
Ms J Wright	Director of Midwifery, Gynaecology and Sexual Health WCCSS
Mr D Mortiboys	Operational Director of Finance
Ms C Bond	Interim Director of Operational HR & OD
Prof L Toner	Non-Executive Director (joined the meeting at 10:40am)
Mr J Hemans	Non-Executive Director
Ms D Brathwaite	Non-Executive Director
Ms F Frizzell	Associate Non-Executive Director
Ms R Barber	Associate Non-Executive Director
Mr P Assinder	Deputy Chair/Non-Executive Director
Mr S Evans	Group Chief Strategy Officer
Ms O Muflahi	Associate Non-Executive Director
Ms L Cowley	Non-Executive Director

In Attendance

Ms J Toor	Senior Operational Coordinator
Ms G Nightingale	Directorate Manager to Group Chief Executive
Ms E Stokes	Senior Administrator (Minutes)
Mr F Ghazal	Interim Deputy Chief Medical Officer
Ms P Boyle	Group Director of Research and Development

Apologies

Sir D Nicholson	Group Chair
Mr K Wilshere	Group Company Secretary
Ms S Rowe	Associate Non-Executive Director
Prof P Vernon	Chair, Walsall Together

709/24	**Chair's Welcome, Apologies and Confirmation of Quorum**
	Mr Assinder welcomed all to the meeting and apologies were received and noted. Mr Assinder welcomed Ms Cowley, who had joined WHT as a Non-Executive Director on 1 May 24 and who was also a Non-Executive Director at RWT. He welcomed Ms Walker who had joined the Trust on 1 May 24 as the Interim Group Chief Executive. Mr Assinder confirmed the meeting as quorate. **Resolved: that the Meeting be confirmed as Quorate.**
710/24	**Register of Declarations of Interest**
	Mr Assinder confirmed that no further declarations of interest had been received that were not already included within the register of interests. **Resolved: that the Register of Declarations of Interest be received and noted.**
711/24	**Minutes of the Previous Meeting held 17 April 2024**
	Mr Assinder confirmed the minutes of the meeting held on 17 April 2024 as approved as an accurate record.

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	Resolved: that the minutes of the previous meeting held 17 April 2024 be received and APPROVED.
712/24	**Action Log and Matters Arising**
	Mr Assinder confirmed that there were no matters arising and the action log and updates were received and updated as follows: **Action 1114: Mr Duffell to prepare a session on EDI for a future Joint Board Development Session (BDS) to consider how to integrate all the different aspects of equality and diversity.** Mr Duffell reported that Ms Toor would advise when there was an available slot on an upcoming BDS agenda for the EDI session. It was agreed that this action be closed. **Resolved: that the updates to the Action Log and Matters Arising be received and noted.**
713/24	**Chair's Report – Verbal**
	Mr Assinder thanked colleagues who had attended the Black Country Provider Collaborative Board Development workshop on 19 April 24 and said that feedback received on the day had been positive and had been a good opportunity for the Non-Executive Directors to meet colleagues from surrounding NHS Trusts. Mr Assinder reported that the presentations of the Financial Plans for 2024/25 had been well received. Mr Assinder thanked the Committee Chairs who had started the work to progress the joint working with the Royal Wolverhampton NHS Trust (RWT). Mr Assinder reported on the Department of Health and Social Care's 10-year consultation on the NHS Constitution and the importance of the NHS Constitution within the NHS Policy and Strategy. He said that the NHS Constitution had an inbuilt review process which had begun and would continue until 25 June 24 and asked that colleagues review the NHS Constitution. He asked that Mr Hobbs work alongside RWT to prepare an overall response to the Constitution. **ACTION: Mr Hobbs to work alongside RWT Colleagues to prepare a response to the review of the NHS Constitution, on behalf of the Group Board.** Mr Assinder advised that 15 May 24 Trust Board Meeting was the last meeting of the WHT Trust Board in its current form and future meetings would take place as a Group Board working jointly with RWT as the two Boards started to work in a new consolidated format. He said WHT was formed on 21 December 90 under the NHS Healthcare Act 1990 and he acknowledged the Board members that had served on the Trust's Board over the past 34 years and the work they had undertaken to expand the range of services to local residents. **Resolved: that the Chair's Report be received for information and assurance.**
714/24	**Interim Chief Executive Officer's Report – Verbal**
	Ms Walker said that she had been delighted to take up the role as Interim Group Chief Executive Officer and advised of her previous leadership experience working in large acute teaching hospitals. She said she had received a warm welcome from all colleagues and staff that she had met on walkabouts she had undertaken across WHT and RWT. Ms Walker reported that her priorities during her interim appointment were to lead the Trust to continue to deliver exceptional care and to progress delivery of strategy and strategic aims. She said she had been impressed with how the Trust had articulated the four C's into daily practice (Care, Colleagues, Collaboration, Communities). She said that she would continue to support staff to deliver great performance and focus on collaboration with the Integrated Care System (ICS) and Black Country providers over the coming 12-24 months. She said she would ensure the delivery of the 2024/25 plan and overcome the challenges executive colleagues would face with the pressures the NHS was facing. Ms Walker reported that there had been a media statement released around surgical care practitioners that the Royal College of Surgeons had raised publicly in the media. She said the Trust had reviewed the situation and issued a statement in response to the Royal College of Surgeons. **Resolved: that the Interim Chief Executive Officer's Report be received and noted.**
715/24	**Operational Annual Plan 2024/25**
	Mr Evans advised that the Operational Annual Plan 2024/25 was the Trust's response to the annual National planning requirements. He said the planning process had started with conversations with directors and divisions in November – December 23 and the Trust had met all the key deadlines required.

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	Mr Evans reported that the one caveat around the plan was that the Trust could not formally present a finalised plan due to an agreement yet to be reached with NHS England (NHSE) on the Integrated Care Board (ICB) plan which the Trust was a key constituent part of. Mr Evans advised that the Trust was forecasted to achieve all key performance metrics within the report. He said the Trust was committed to resolving the challenges it faced regarding workforce targets and agency cap but that there were risks to the plan due to limited capital. He said the Trust would deliver the capital plan recognising the risks surrounding what could be physically achieved around the affordability envelope and that this was contained within the plan. Mr Evans reported that the Trust needed to resolve the issue surrounding block level funding for urgent and emergency care (UEC). He said WHT's performance in UEC had been exceptional during 2023/24 and the opening of the new UEC centre had attracted significantly more patients in and out of area than the Trust was funded for and that work would continue to ensure the relevant level of funding associated was acquired. Mr Evans advised that the requirements from NHSE were to recover core services and focus on productivity challenges. He said the Electivity Recovery Fund (ERF) continued and was the basis of the funding for elective work. He referred to the NHS Impact Principles which focused on the development of instilling an improvement methodology and improvement approach in everything the Trust did and said that to meet the transformational and productivity challenges these principles would need to be adopted. Mr Evans said that the Trust had adopted the Quality Service Improvement & Redesign (QSIR) project methodology and had trained more people across Walsall and Wolverhampton then any other hospital in the Country. He said that other Trusts regularly received training from WHT on the QSIR Methodology and that the Trust had developed a great deal of transformational work using this methodology. Mr Evans reported that NHSE would begin to report on a series of productivity measures from the second half of the financial year 2024/25 at ICB and Trust level and that the Trust would see overall productivity for operational, clinical, productivity, workforce and efficiency. He advised that once this information was available it would be shared with Board colleagues and through the relevant subcommittees for their oversight and scrutiny. Mr Stringer advised that the Trust had submitted their operational plans on 2 May 24 and said that the aggregate of the total NHS position had not been acceptable to the National team and the Treasury and that conversations were ongoing. He said the deficit plan for 2024/25 was £24.946m which was consistent with the percentage deficit of turnover of the other 3 acute trusts in the Black Country. He said the Trust had tried to have a stretching but achievable financial plan which would be consistent with other acute integrated community primary care trusts. He reported the CIP as £28.7m and said the Trust would be required to deliver key constituent parts of that to meet the CIP, which would include workforce productivity and other additions. Mr Stringer advised that there were ongoing discussions regarding out of area UEC work of which WHT played a significant part within the system and outside the system. He said discussions were taking place to ensure that activity was paid for as close to tariff compared to the activity rather than the block. Mr Stringer reported that the Trusts capital programme totalled £7.47m and the largest individual piece of work within the programme was the refurbishment of theatres 1-4 to ensure that patients had the appropriate capacity for activity and operations. He highlighted other key areas which included frontline digitisation, public sector decarbonization of which funds were £9.8m to deliver key parts of information technology structure, and the work that was underway for the backlog for public sector decarbonisation. Mr Stringer reported that none of the figures included any work for the revised projections for Midland Metropolitan University Hospital (MMUH) and upon opening in 2024 the capital consequences were well sighted by the Board alongside the revenue consequences of running the capital and facility. He said the figures had not yet been approved or funded and had not been included within the budget presented to the Board but work was ongoing to secure the capital and revenue required for the additional capacity. Mr Duffell advised that the Trust's workforce since the Covid-19 pandemic had increased by circa 28% which had been good for the Trust and the services and patients it supported. He said that due to future additional financial

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constraints the Trust would ease back on recruitment which would result in a reduction in overall headcount which the Trust would absorb within natural turnover and advised that no significant concerns were expected to arise.

Mr Duffell reported that the Trust had several mechanisms and processes in place to ensure greater scrutiny over divisional and corporate organisational levels to understand the impact of not recruiting to the roles that were being requested for recruitment as the Trust did not want to impact patient care or the quality of services provided.

Mr Hobbs advised that against the 6 headline operational access performance standards the Trust was forecasting to meet NHSE's requirements for the operational access performance targets for 2024/25. He said that with regards to access, the Trust was delivering 4 of the 6 National standards already and that the 2 standards that held the biggest challenge were increasing the proportion of patients that received a diagnostic test within 6 weeks to ensure that at least 95% of patients were receiving that within 6 weeks by the end of the financial year 2024/25.

Mr Hobbs reported that the Board and Finance and Productivity Committee were well sighted on the challenges that the Trust had experienced in endoscopy and imaging services and said the Trust continued to work through these to ensure the delivery of performance by the end of 2024/25. He said improvements with the UEC 4-hour waiting standard needed to be more than 78% of patients being admitted, discharged or transferred within 4 hours by March 2025. Mr Hobbs advised that the Trust had delivered the standard in March 2024 but had not been at that level month in month out during the previous financial year 2023/24.

Mr Hobbs reported on the risk within the UEC pathway due to the Trust's strong ambulance handover times which had meant the Trust had been importing more patients from outside of the Walsall Borough over the last few years. He said it was important to finalise the capital and revenue implications of the revised borders once the MMUH had opened and Sandwell General Hospital Accident and Emergency Department had closed.

Mr Hobbs reported that from an ERF perspective the Trust's threshold above which the Trust would earn payment per case was set at 106.6% of 2019/20 value weighted activity. He said the Trust's core plan was expecting to deliver 110% of the value weighted activity levels of 2019/20 and further proposals were being worked on to enhance the Trust's elective capacity to go beyond 110% where possible.

Mr Hobbs advised that several National productivity metrics were being implemented and that the Trust had benchmarked well compared to the rest of the Country. He said that this would become a feature of standard reporting through the Finance and Productivity Committee moving forward.

Ms Martin thanked the Executive Team for their work in preparing the Operational Annual Plan 2024/25. She raised her concerns about how the Board could approve the Plan based on the 5 caveat areas which were highlighted as the ICB plan being unapproved which did not prepare the Trust for potential impacts, ongoing negotiations around the A&E block payment, unresolved issues surrounding the MMUH, impact of being unable to fund the capital or revenue to operate additional capacity and the approval of the plan with CIP at 6.6% which would be extremely difficult to achieve. She said that the Plan also did not include the cost pressures which were important for patient care and safety.

Ms Walker said that the NHS was facing a challenging year ahead and she agreed with Ms Martin's concerns which she said were included in the Plan with certain assumptions. She said that over the last few weeks there had been increased confidence on the decision-making around MMUH and the impact for Walsall and the decision-making around the out of county contribution towards the growth in the UEC activity. She that whilst there were risks, these risks were being escalated and there was confidence that these risks would reduce and the Trust would secure the appropriate funding during the year. She said the Board could not, not approve the Plan but she recognised the challenging CIP but also the opportunities to achieve this. She said they should not be waiting for the Plan to be finalised but should continue to start working on the delivery of it.

Ms Cowley said she was also concerned about the deliverability of the Plan and said that the Board needed to clearly monitor the key risk factors to ensure that, if required, appropriate reviews of the plan could progress. Ms

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	Brathwaite said that the scope of the challenge highlighted the added responsibility on the committees to ensure that the Trust remained on target and that Non-Executive Directors remained assured. Ms Martin said that the Board should caveat their approval of the Plan and said she remained concerned at the external factors which could impact delivery. Mr Evans agreed the Plan needed to be approved, but subject to some caveats, and said that the Executive Team would present further information back to the Board once the outcomes from the ongoing National conversations were received and the implications for the Trust for their Plan. Mr Assinder summarised that the Board should approve the plan subject to the external caveats below restated: 1. subject to the ICB agreeing the numbers that the Trust needed to deliver, 2. subject to satisfactory resolution around the debate of emergency and urgent care trends in the Trust, 3. subject to a satisfactory resolution of the MMUH workload implications for WHT. Ms Martin, via the teams chat, said that only the WHT Board could approve the Walsall Plan as being a Sovereign Trust it would be held to account and asked if this responsibility could be delegated. Mr Evans advised that due to the RWT/WHT Partnership Agreement, delegation was associated to the Joint Committee known as the Group Board and the Joint Committee would be taking the decision on behalf of the sovereign organisation. Mr Assinder thanked the Executive Team for all their work in bringing together the Operational Annual Plan 2024/25 and confirmed that the Board had agreed to approve the Plan subject to the 3 caveats being added as mentioned above. **Resolved: that the Operational Annual Plan 2024/25 be received and APPROVED subject to the above listed caveats being met.**
	EXCEL IN THE DELIVERY OF CARE (SECTION HEADING)
716/24	**Group Chief Financial Officer Report – Month 12**
	Mr Stringer advised that it had been a challenging 12 months and working alongside the Integrated Care System (ICS) and other colleagues the Trust had set a deficit plan of £69m for 2023/24 which had resulted in difficult discussions with NHS England as the ICB was at the top of the higher deficits pro rata to allocations. Mr Stringer reported that the Trust had since undertaken further reviews, following cost pressures that were imminent and had presented a forecast year end position of £90m deficit for the collective ICB position. He explained that other ICB deficits, compared to the break even plans, had then drifted out similar to the Black Country ICB. Mr Stringer advised that the report provided an ICB deficit of £21m and said the ICB had been funded the budgeted deficit at the beginning of the year. Mr Stringer said that other challenges included a net importer of work, due to a block contract, had not awarded Walsall any additional costs for the work that they had incurred, and the loss of Covid-19 monies which had impacted the ICB for about £50m and a move to fair shares of £40m. He said that the funds coming into the system compared to what had been reported previously had been a significant adjustment. Mr Stringer advised that WHT position for 2023/24 pre audit was a deficit of £8.6m against a plan of £3m. He said a stretch had been given to WHT of £4.5m during the revised forecast during September-October 23 and the Trust had not identified a route to deliver against this. He reported the cost of all the additional work for UEC within the system and out, and said that the Trust had increased capacity but not yet been funded for the additional capacity. Mr Stringer thanked budget managers, directors and subcommittees and all teams involved for all the work that had been undertaken during the financial year 2023/24. Mr Stringer advised that the Trust had delivered against the capital resource limit with reported figures of £9.48m which was a remarkable £12k inside the Trust's capital resource limit. Mr Stringer reported that at the end of 2023/24 the Trust had £20.062m of cash and the Trust had not been required to request the NHSE for any cash as there had been further monies that had arrived later as part of the deficit plan funding.

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	Mr Assinder asked that the approval of the post audited set of accounts be delegated to the Audit Committee. Ms Martin as Chair of the Audit Committee accepted the delegation. **Resolved: that the Group Chief Financial Officer Report – Month 12 be received for information and assurance.** **Resolved: that the Chair of the Audit Committee accept that the post audited set of accounts be delegated to the Audit Committee.**
717/24	**Learning from Deaths Report**
	Dr Shehmar presented the quarterly Learning from Deaths Report which covered the period November 2022 – October 2024 and had been published in March 24. She said the Summary Hospital-level Mortality Indicator (SHIM)I for the 12-month rolling period was 0.972 which was within the expected range. She said there had been no mortality alerts for the period of the report and improvement continued to be focused within colorectal cancer services. Dr Shehmar advised that the Trust had engaged in the National programme of reviewing community deaths and the amendments would become statutory from 9 September 24. She said 151 community deaths had been reviewed and the areas that showed higher levels of observed deaths versus expected deaths were septicaemia, COPD, bronchiectasis, aspiration, pneumonia and cancer of the lung. Dr Shehmar reported that a key component to address the concerns was the respiratory support unit for which funding had not yet been identified. Dr Shehmar reported that following a 48-hour review of a maternal death, the Trust had identified immediate learning across all Trusts within the ICS. She said a large proportion of learning, particularly the mandatory tab for contacts, was underway. Dr Shehmar advised that following work by the sepsis outreach team the Trust's compliance of sepsis 6 had improved from 28% to 70% and antibiotic treatment within the hour had increased from 56% to 87%. She said the Trust was above the National average for antibiotic compliance and upon review of Intensive Care National Audit (ICNARC) data it showed that the Trust's complex admissions to the intensive care unit due to sepsis had reduced since the introduction of the sepsis outreach team. Dr Shehmar said that this was a huge achievement as the Trust continued to save lives within the Walsall population. Mr Assinder advised that Dr Shehmar's personal focus on improving care within the Trust had been pivotal in delivering significant improvement and wished her all the success in her new role at Queens Hospital Nottingham. Ms Martin asked for further assurance regarding the changes that would take effect regarding how SHIMI data would be reported in the future. Dr Shehmar reported that issues with Care flow Connect, the electronic record system that the Trust used, would be resolved by July 24 and the Trust had completed a mock test of how the changes would affect the SHIMI and the Trust would not be as negatively affected as other Trusts. **Resolved: that the Learning from Deaths Report be received for information and APPROVED.**
718/24	**Chief Operating Officer Report – By Exception**
	Mr Hobbs advised that the Trust had met the expectation from NHS England (NHSE) to have at least 76% of patients managed within 4 hours of arrival to the Emergency department (ED) in the month of March 24. He said the Trust had exceeded this and delivered 78.1% of patients care within four hours and the Trust's overall urgent and emergency care (UEC) performance had remained upper quartile for four-hour performance and ambulance handover performance. Mr Hobbs reported that the Trust had seen a 21% rise in Type 1 ED since 2019/20 and within the figure there had been a disproportionate rise in patients attending Walsall from outside of the Walsall Borough which had placed pressure on the UEC pathway. Mr Hobbs advised that the Trust had delivered on the National expectation of having no elective patients waiting more than 65 weeks at the end of March 24 which would allow the Trust to continue to drive down waiting times for routine elective care in the financial year 2024/25. Mr Hobbs reported that the Trust's main area of performance challenge was access to diagnostic tests within 6 weeks of referral. He said evidence of improvement had been identified during recent months, but work would continue against recovery in endoscopy and imaging to meet the Trust's 2024/25 expected standard.

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	Ms Martin asked for further assurance regarding the medium term solution to providing adequate Magnetic Resonance Imaging (MRI) scans with the short term implementation of mobile MRI scanners. Mr Hobbs advised that the Trust had 2 permanent MRI scanners on site and a third mobile scanner and MRI provision was delivered through 'In Health' who the Trust subcontracted to. He said there had been a growth in demand in patients requiring MRI scans for elective care or needing the MRI modality in the emergency care pathway. Mr Hobbs reported that the Trust had updated the mobile scanner and the newer scanner had increased functionality and could scan a wider range of patients. Mr Hobbs advised that the Trust's plan was to ensure permanent substantive MRI scanning capacity and the 1st of the 2 elements of the plan was the partnership with the Royal Wolverhampton NHS Trust (RWT) accessing the Cannock Community Diagnostic Centre (CDC) which resulted in the Trust having 2 days out of each week of MRI access at Cannock CDC with potential for this to increase. He said the 2nd element was further exploration for potential NHS England diagnostic capital which could lead to further permanent MRI capacity within the Walsall area. He said that once confirmation had been received, he would report the outcomes back to the Finance and Productivity Committee. Mr Assinder thanked Mr Hobbs for all the work undertaken to deliver some of the best performance across the West Midlands and Country. He thanked Ms Cartwright for her work in improving hospital and community services. **Resolved: that the Chief Operating Officer Report be received for information and assurance.**
719/24	**Group Chief Assurance Officer Report – Regulatory & Statutory matters by exception**
	Mr Bostock provided the Board with assurance regarding the process that had been followed in bringing together the two sovereign Boards of The Royal Wolverhampton NHS Trust (RWT) and Walsall Healthcare NHS Trust (WHT). He said the Trust had worked to minimise the risk of any material matters that were being processed with an individual Board being missed when the Boards combined. Mr Bostock reported that a 1 year review had been conducted of both Boards with a review of the corporate risk registers, board assurance frameworks, board meetings, action logs, live regulatory reports and enforcement notices and checks with all executives on each site. He said the Trust had measured the risk based on the analysis of the data that had been reviewed over the 12-month period with both Boards being measured as a 1 by 5 the likelihood of missing serial matter being 1 and the consequences if it was missed as 5. He advised that there was a very low risk and that this process had been applied to RWT and WHT risk registers. Ms Martin reported that the Trust needed to ensure that matters that the Trust was responsible for as an independent sovereign Trust did not get missed during the joint working together and said there was potential for the Internal Auditors to review how the process would operationally work. Mr Bostock advised that following the risk being added to each individual risk register it would follow through Audit Committee for monitoring. Mr Hemans asked if the Board Assurance Framework (BAF) would be updated to ensure that the risks remained independent. He said there needed to be ultimate triangulation between the Board Committees and monitoring of risks. Mr Bostock advised that both BAFs would remain separate for each sovereign entity and there would be a plan to form a group BAF which would take the matters that were common which would be monitored at group level but remain on independent Trust Board BAFs for monitoring purposes. Ms Barber asked why it would take until the end of 2024 to form a Group BAF. Mr Bostock said that this was due to Board meetings taking place every other month and that the Trust needed to have been through two cycles of Boards to demonstrate success. **Resolved: that the Group Chief Assurance Officer Report by exception be received for information and assurance.**
720/24	**Overview of Planning Guidance and Current Performance for 2024/25 (Strategic Planning Framework)**
	Mr Evans advised the Board that the Strategic Planning Framework translated the Trust's vision into strategic objectives and that there had been extensive engagement by the Board on the Framework at the Joint Board Development Session held on 12 March 24. Mr Evans reported that the Trust had success measures behind each of the strategic objectives and oversight would be provided through the subcommittees and reported back through to Trust Board.

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	Mr Evans advised that the Framework aligned with the work being undertaken within the Collaborative and across the Integrated Care Board (ICB) and that there was an ambition to create a version of the Framework across the Integrated Care System (ICS) as this would allow Trusts to monitor individual accountability of what had been delivered. Ms Cowley asked if the Framework could include the challenging shift the Trust would be required to make to operate organisationally and the changes for staff and culture. Mr Evans advised that a plan had been developed to ensure that all staff felt engaged and informed, and he would share this in detail in the Trust Board Meeting to be held in private. Mr Duffell said that ward staff would see very little change during the early stages of the Framework, and it would be an incremental process with senior management and corporate functions coming together jointly first. **Resolved: that the Overview of Planning Guidance and Current Performance for 2024/25 (Strategic Planning Framework) be received for Information and APPROVED.**
721/24	**Any Other Business**
	Mr Assinder confirmed that there had been no any other business raised.
722/24	**Date and Time of Next Meeting: Tuesday 16 July 2024**
	Mr Assinder confirmed the date and time of the next meeting as Tuesday 16th July 24 - (10:00AM-12:30PM).
723/24	**Resolution**
	The Board to resolve to invite the Press and Public to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960. **Resolved: that the resolution be APPROVED.**

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ENC 3.1

3 July 2024 13:23

List of action items for The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust

Agenda item		Assigned to	Deadline	Status
WHT Trust Board Meeting to be held in Public 15/05/2024 5 Chair's Report - Verbal				
1207.	Min Ref: 713/24 - Chair's Report - Mr Assinder advised on the review of the NHS Constitution and said that Mr Hobbs would work alongside RWT Colleagues to prepare a response on behalf of the Group Board	Hobbs, Ned	24/06/2024	Completed
	Explanation action item Mr Hobbs confirmed that the Group Executive reviewed and supported the proposed 2024 amendments to the NHS Constitution as per the report attached for assurance as 3.1 Appendix and submitted to the Group Trust Board to be held in Public on 16 July 2024.			

- **There are no other actions outstanding for The Royal Wolverhampton NHS Trust or Walsall Healthcare NHS Trust**

Report to the Group Trust Board Meeting to be held in Public on Tuesday 16 July 2024		
Title of Report:	NHS Constitution: 10 year review	Enc No: 3.1
Author:	Ned Hobbs – Chief Operating Officer and Deputy Chief Executive, WHT Ned.Hobbs1@nhs.net 01922 603351	
Presenter/Exec Lead:	Ned Hobbs, Chief Operating Officer and Deputy Chief Executive, WHT	

Action Required of the Board/Committee/Group			
Decision	**Approval**	**Discussion**	**Other**
Yes☒No☐	Yes☒No☐	Yes☒No☐	Yes☐No☒

Recommendations:

Further to Walsall Healthcare NHS Trust Board action 1207, to note the contents of the report for assurance, and resolve that further to review by the Group Executive Team, the Group on behalf of both Trusts supports the 2024 amendments to the NHS Constitution.

Implications of the Paper:			
Risk Register Risk	Yes ☐ No ☒ Risk Description: On Risk Register: Yes☐No☒		
Changes to BAF Risk(s) & TRR Risk(s) agreed	None.		
Resource Implications:	None.		
Report Data Caveats	None.		
Compliance and/or Lead Requirements	CQC	Yes☒No☐	Details: Well-led
	NHSE	Yes☒No☐	Details: Access standards
	Health & Safety	Yes☐No☒	Details:
	Legal	Yes☐No☒	Details:
	NHS Constitution	Yes☒No☐	Details: Access standards
	Other	Yes☐No☐	Details:
CQC Domains	**Safe:**	**Responsive:**	**Well-led:**
Equality and Diversity Impact	There is clear evidence that greater deprivation is associated with a higher likelihood of utilising Emergency Department services, meaning longer Emergency Access Standard waiting times will disproportionately affect the more deprived parts of the community we serve. Whilst not as strongly correlated as emergency care, there is also evidence that socioeconomic factors impact the likelihood of requiring secondary care elective services and the stage of disease presentation at the point of referral. Consequently, the Restoration and Recovery of		

	elective services, and the reduction of waiting times for elective services must be seen through the lens of preventing further exacerbation of existing health inequalities too. The published literature evidence base for differential access to secondary care services by protected characteristic groups of the community is less well developed. However, there is clear evidence that young children and older adults are higher users of services, there is some evidence that patients who need interpreters (as a proxy for nationality and therefore a likely correlation with race) are higher users of healthcare services. And in defined patient cohorts there is evidence of inequality in use of healthcare services; for example, end of life cancer patients were more likely to attend ED multiple times if they were men, younger, Asian or Black. In summary, further research is needed to make stronger statements, but there is published evidence of inequity in consumption of secondary care services against the protected characteristics of age, gender and race.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☒No☐	Date: Group Executive Team 03/07/24
	Board Committee	Yes☐No☒	Date:
	Board of Directors	Yes☒No☐	Date: 16/7/24
	Other	Yes☐No☒	Date:

Summary of Key Issues using Assure, Advise and Alert

Assure:-

- The Health Act 2009 requires that every 10 years the Secretary of State must carry out a review of the NHS Constitution
- Details of the consultation on the current review are set out here: https://www.gov.uk/government/consultations/nhs-constitution-10-year-review/nhs-constitution-10-year-review

Advise:-

- The NHS Constitution brings together the principles, values, rights and responsibilities that underpin the NHS. It sets out the enduring character of the NHS as a comprehensive and equitable health service. It is intended to empower patients, staff and the public to know and exercise their rights to help drive improvements throughout the NHS.
- No changes to the guiding principles of the NHS are recommended in the 2024 updates to the NHS constitution
- The 2024 update to the NHS constitution includes the following changes.
  - A new pledge for patients and the public in relation to responding to patient deterioration. Both WHT and RWT are in the first wave of Trusts adopting 'Martha's rule' and support this pledge.
  - A strengthening of the existing value in relation to health inequalities to provide further detail on how the NHS works to understand the needs of different people and reduce disparities in health. The Black Country Integrated Care System is the second most deprived in the country, and both WHT and RWT are committed to reducing health inequalities amongst the population that we serve, and support this amendment.
  - A new value in relation to Environmental responsibilities. Within the Group's Strategic Planning Framework we already have a commitment to reduce carbon emissions consistent with this value.

- A strengthening of patient's responsibility, to make it clearer that patients should cancel or rearrange appointments when they are unable to attend. And also a strengthening of the responsibility on the NHS to communicate appointment information clearly with patients and consider accessibility needs. The Trust supports this pledge.
- A strengthening of the NHS's pledge in relation to research such that the offer to be part of research should be integrated into health and care across the NHS. Within the Group's Strategic Planning Framework we already have a commitment to increase research activity that is consistent with this pledge.
- A strengthening of wording reflecting the important role that leaders and senior managers can play in creating good workplace culture. Within the Group's Strategic Planning Framework we already have commitments to improve workplace culture, including increasing the percentage of staff who would recommend the organisation as a place to work that is consistent with this pledge.
- A new pledge that patients can request intimate care be provided, where reasonably possible, by someone of the same biological sex. In accommodating patients' preferences for the provision of intimate care the Trust support this pledge.
- Additional wording to the pledge on sleeping accommodation to reflect the legal position on the provision of same-sex services and on which transgender patients can be offered separate accommodation as a proportionate means to a legitimate aim in line with the Equality Act 2010, and technical changes to reflect the Equality Act 2010. The Trust is committed to providing an inclusive service to all patients and supports this pledge.
- An additional pledge to explicitly recognise the vital role of unpaid carers, which the Trust supports.
- An additional pledge to explicitly recognise the vital role of NHS volunteers. The Trust benefits greatly from NHS volunteers and is extremely grateful for the contribution of our volunteers and supports this pledge.
- A strengthening of the recognition of NHS's key role in supporting people to work, which the Trust supports.
- A strengthening of the NHS's pledge to person centred care to explicitly recognise the importance of coordination between physical and mental health services. The Group's commitment to this is already demonstrated through the employment of our own specialist Mental Health team.

Alert:-

- None.

Links to Trust Strategic Aims & Objectives	
Excel in the delivery of Care	• 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
Support our Colleagues	• 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
Improve the Healthcare of our Communities	• 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
Effective Collaboration	• 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

Working in partnership

The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust

Report to the Group Trust Board Meeting – to be held in Public on 16 July 2024		
Title of Report:	Group Chief Executive's Report	Enc No: 5
Author:	Gayle Nightingale, Directorate Manager to the Group Chief Executive	
Presenter/Exec Lead:	Caroline Walker, Group Chief Executive	

Action Required of the Board/Committee/Group			
Decision	**Approval**	**Discussion**	**Other**
Yes☐No☐	Yes☐No☐	Yes☒No☐	Yes☐No☐
Recommendations: The Board is asked to note the contents of the report.			

Implications of the Paper:			
Risk Register Risk	Yes ☐ No ☒ Risk Description: On Risk Register: Yes☐No☒ Risk Score (if applicable) :		
Changes to BAF Risk(s) & TRR Risk(s) agreed	Risk Description: None Is Risk on Risk Register: Yes☐No☒ Risk Score (if applicable):		
Resource Implications:	Revenue: None Capital: None Workforce: None Funding Source: 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☒No☐	Well-led
	NHSE	Yes☐No☒	Details:
	Health & Safety	Yes☐No☒	Details:
	Legal	Yes☐No☒	Details:
	NHS Constitution	Yes☒No☐	Accountability through local influence and scrutiny
	Other	Yes☐No☒	Details:
CQC Domains	**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☐No☒	Date:
	Board Committee	Yes☐No☒	Date:
	Board of Directors	Yes☐No☒	Date:
	Other	Yes☐No☒	Date:

Summary of Key Issues using Assure, Advise and Alert

Assure

In response to the recent Channel 4 Dispatches documentary, both Trusts are assured patient care is not compromised, however busy and pressurised services are. There are clear standard operating procedures in place for when services are under extreme pressure, including actions to be taken and if corridor care is required. Corridor staffing is based on the number of patients being cared for, with regular escalations in and out of hours. No patients are placed on a corridor if there are insufficient staff to care for them, and no additional patients are sent to wards (above their existing capacity). Privacy and dignity are maintained for patients via privacy screens, and patients have access to bathrooms and food and drink. Incidents and complaints are reviewed, with identified learning shared across the Trust. An audit programme is in place, including nursing quality indicators, environmental, and Infection Prevention Controls (IPC), with escalation to committees of the board. IPC practice is also monitored through regular visits to departments. There is also a ward accreditation programme in place for inpatient areas, and an accreditation specific to the Emergency Department (ED) will be available to pilot shortly. Leadership walkabouts are carried out by members of the Senior Nursing Team, with feedback captured and shared with committees of the board.

WHT: Emergency Preparedness, Planning and Resilience (EPRR) - The Trust, following NHSE moderation, scored overall non-compliant status for its Organisation Assurance Rating on the 25th October 2023. This was due to the Trust having thirty-three individual standards marked partial compliance. the Trust, has made progress on twenty-two individuals standards taking the Trust's percentage of Core Standards that are fully compliant from 48% to 81% overall compliance. As of the 17th June 2024, the Trust are self-assessing as Partially Compliant which is significant improvement from previous year, there is still further ongoing work to strengthen compliance that is due to be completed by 31st July 2024.

Advise

I have met with individual Executive Team Directors and have set objective and priorities aligned to the Trust Strategy, Strategic Business Plan and 2024/25 Annual Plan.

Good news stories – Both place based partnerships are receiving recognition for the work they are undertaking. The OneWolverhampton partnership has recently been awarded a Municipal Journal Award for health and care integration for the joint working on the place Winter Plan. Walsall Together, with the Black Country ICB, have received a HSJ Digital Award for the work on the Population Health Outcomes Framework. Walsall Together also came highly commended in the health and care integration Municipal Journal awards. Congratulations also to Walsall Council who have been recognised as the Most Improved Council at the prestigious LGC Awards for 2024.

The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust have been issued with undertakings letters in relation to financial performance and governance with a requirement to bring both Trusts into financial balance within an agreed timeframe. An action plan has been developed which will be discussed and approved and the relevant information will be provided at a future Trust Board held in public.
Alert None in this report.

Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
Excel in the delivery of Care	• 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
Support our Colleagues	• 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
Improve the Healthcare of our Communities	• 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
Effective Collaboration	• 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

Group Chief Executive's Report

Report to Group Trust Board Meeting to be held in Public on 16 July 2024

EXECUTIVE SUMMARY

This report indicates my involvement in local, regional and national meetings of significance and interest to the Board since my appointment on 1 May 2024.

BACKGROUND INFORMATION

As follows

RECOMMENDATIONS

To note the report.

1.0	**Consultants**
	There has been three Consultant Appointments since 23 March 2024: **WHT** **Palliative Medicine** Dr Louisa Nelms **RWT** **Cellular Pathology** Dr Adri Van Zyi Dr Nicola Oswald
2.0	**Policies and Strategies approved**
	Policies for RWT - May 2024 • Policies, Procedures, Guidelines and Strategies Update Report • CR56 – The Safe Management of Sharps, Swabs, Instruments, Needles and other Accountable items used during surgical and interventional procedures • HR22 – Staff Dress Code and Uniform Policy • OP03 – Cancer Operational Policy • OP100 – The Use of Safety Checklists for Patients Undergoing Surgical and Interventional Procedures • Standard Operating Procedure (SOP) – Engagement of Temporary Workers Procedure **Policies for WHT - May 2024** • Policies, Procedures, Guidelines and Strategies Update Report • CP1018 – Learning from Deaths Policy • CP1019 – Acting Down Policy • GI02 – Standing Orders, Reservations and Delegations of Powers and Standing Financial Instructions (SFIs) Policy

	• IP930 – Outpatient Parenteral Antimicrobial Therapy (OPAT) Policy • OP1022 – Preceptorship Policy • OP1026 – Care and Management of Tracheostomy Tubes for Adult and Paediatric Community Patients Policy • Standard Operating Procedure (SOP) – Mattress and Bedside Seating Care **Policies for RWT – June 2024** • Policies, Procedures, Guidelines and Strategies Update Report • HR25 – Expenses Policy • MP11 – Covid-1 Vaccine Handling and Management Policy • OP06 – Media Policy • MP03 – Medicines Reconciliation Policy • PRT02 – Inclement Weather Policy **Policies for WHT – June 2024** • Polices, Procedures, Guidelines and Strategies Update Report • CP1013 – Female Genital Mutilation (FGM) Policy • HR1029 – Agile Working Policy • IP1031 – Hand Hygiene and Personal Protective Equipment Policy • MP1024 – Prescription and Verification of Systemic Anti-Cancer Therapy (SACT) Policy • OP1030 – Social Media (Personal and Trust Business Use) Protocol and Policy • Policy Management – Terms of Reference (TOR) • National Guideline for the Care and Management of Central Venous Access Devices
3.0	**Visits and Events**
	• Since I joined the Trust on 1 May 2024 I have held weekly RWT and WHT Executive Team meetings to discuss key challenges, concerns and prioritises for the week ahead. I have also introduced a Joint WHT and RWT monthly Executive Team meeting to considered issues that could have a material affect on both Trusts and agree a plan of action. • I have participated in the following meetings: • 1 May 2024 – attended the NHS Provider and Integrated Care Board (ICB) Chief Executives Leadership event • 2 May 2024 - met with Mark Ondrak, RWT Staff-side Lead, met virtually with Mark Axcel, Chief Executive – Black Country Integrated Care Services (ICS) and undertook a site visit at WHT - Manor Hospital with Sir David Nicholson KCB CBE • 3 May 2024 – undertook a site visit at RWT - New Cross Hospital • 9 May 2024 - participated in the WHT - Local Negotiating Committee (LNC) • 10 May 2024 - participated in the RWT and WHT Oversight and Assurance meeting with members of the ICS and met Sarah Hughes, Managing Director – West Midlands Cancer Alliance • 13 May 2024 - participated in a Black Country Provider Executive Committee and met with Jeremy Vanes, Chair – Black Country Healthcare NHS Foundation Trust • 15 May 2024 – participated in a NHS England (NHSE) and RWT – Tier 1 Cancer meeting • 16 May 2024 – participated in a RWT – Neo-natal Peer Review feedback session • 17 May 2024 – met with WHT - Valerie Vaz MP and participated in a Joint Black Country Provider Committee • 20 May 2024 – chaired the first Group Joint Partnership Board (HR), presented an RWT - Exceeding Expectation award to Shaun O'Riley, Operating Department Practitioner (ODP)

	• 21 May 2024 - undertook a joint RWT and WHT Non-Executive Directors (NEDs) briefing, met with Mark Axcel, Chief Executive – Black Country Integrated Care Services (ICS) and met with the Black Country System Chief Executives • 22 May 2024 - participated in a regional meeting with Chief Executives, led by Dale Bywater, Regional Director – Midlands – NHS Improvement/ England and met with Kerry Flint, RWT – Freedom to Speak Up Guardian • 23 May 2024 – undertook site visits to WHT Community Services with Sir David Nicholson KCB CBE • 24 May 2024 – met with Dinah McLannahan, Executive Finance Lead, Black Country Provider Collaborative • 29 May 2024 - participated in a NHS England (NHSE) and participated in a RWT – Tier 1 Cancer meeting • 30 May 2024 – chaired the WHT - Trust Management Committee, chaired the RWT Staff briefing, met with Emma Bennett, Chief Executive – Walsall Council and met with Kerrie Allward, Executive Director for Adult Social Care, Public Health and Hub – Walsall Council • 31 May 2024 – participated in a RWT – Trust Management Committee • 3 June 2024 – met with Tim Johnson, Chief Executive – City of Wolverhampton Council • 4 June 2024 – undertook a site visit to WHT – Occupational Health Department and WHT Pharmacy Department, attended a thank you event for the Joint RWT and WHT Mental Health Team following the recent Care Quality Commission (CQC) inspection and met with the Black Country System Chief Executives • 5 June 2024 – presented awards at the RWT and WHT Staff Long Service Awards ceremony • 6 June 2024 – met with Pat User, WHT Staff-side Lead and undertook a site visit to the Mortuary Department • 7 June 2024 – met with Rebecca Farmer, NHSE - Director of Strategic Transformation (West Midlands) • 10 June 2024 - participated in a Black Country Provider Executive Committee and undertook site visits to RWT – Gem Centre, West Park Hospital and the Out of Hospital Hub along with a GP Practice • 12 June 2024 – presented staff member of RWT - Robert Heeley with a staff Long Service Award for 50 years of NHS service and participated in a NHS England (NHSE) and RWT – Tier 1 Cancer meeting • 21 June 2024 – participated in the Joint Black Country Provider Committee • 24 June 2024 – led and chaired a Joint Executive Team Away Day • 25 June 2024 – participated in a Joint Non-Executive Directors Briefing, chaired the Joint Staff Briefing, participated in an RWT Senior Medical Staff Committee and met with WHT - Shabina Raza, Freedom to Speak Up Guardian • 26 June 2024 – presented an RWT Exceeding Expectation Award to Sister Neema Kumari, participated in a RWT – Tier 1 Cancer meeting and met with Prof Ebrahim Adia, Vice Chancellor - University of Wolverhampton
4.0	**Board Matters**
	To note Dr Manjeet Shehmar, Chief Medical Officer – WHT left the Trust at the end of June 2024 to take up the post of Chief Medical Officer, Nottingham University NHS Trust. The interviews for the WHT Chief Medical Officer post took place on 8 and 9 July 2024. Mr Adam Race, Director of Operational Human Resources and Organisational Development – RWT left the Trust at the end of June 2024 to take up the post of Director of HR, Birmingham City University.

Report to the Group Trust Board Meeting – to be held in Public On Tuesday 16th July 2024.		
Title of Report:	Freedom to Speak Up 2023-2024 Annual Report	Enc No: 5.1
Author:	Miss Shabina Raza Lead Trust Guardian/ Lead Clinician WHT Mrs Eleanor Morris (Interim) Lead Guardian, RWT	
Presenter/Exec Lead:	Miss Shabina Raza - Lead Trust Guardian/ Lead Clinician WHT Caroline Walker - Group Chief Executive Alan Duffell - Group Chief People Officer	

Action Required of the Board/Committee/Group			
Decision	**Approval**	**Discussion**	**Other**
Yes☐No☐	Yes☐No☐	Yes☒No☐	Yes☐No☐

Recommendations:

The Board are asked to note

- That this report is intended to provide an overview of the key elements from respective Freedom to Speak Up (F2SU) 2023/2024 Annual Report for The Royal Wolverhampton NHS Trust (RWT) and Walsall Healthcare NHS Trust (WHT).
- That each report was reviewed and discussed at the Group People Committee meeting on the 28 June and the key areas of focus for each Trust's F2SU service are set out within the alert section.

Implications of the Paper:	
Risk Register Risk	**WHT:** Yes ☒ No ☐ Risk Description: Risk Description: 2489 *Trust-wide: Risk of staff not feeling safe and protected at work, due to potentially experiencing, bullying, discrimination and/or harassment in the workplace from members of staff / patients / public, resulting from an adverse impact on staff well-being, recruitment, retention, and performance, ultimately reducing the quality of care experienced by patients.* On Risk Register: Yes☒No☐ Risk Score (if applicable): 12 Moderate (Severity 4 x Likelihood 3) **RWT:** Yes ☐ No ☒ Risk Description: On Risk Register: Yes☐No☒ 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☒No☐	Details: eg. Well-led
	NHSE	Yes☐No☒	Details:
	Health & Safety	Yes☐No☒	Details:
	Legal	Yes☐No☒	Details:
	NHS Constitution	Yes☐No☒	Details:
	Other	Yes☐No☒	Details:
CQC Domains	**Well-led:**		

Equality and Diversity Impact	Black, Asian or minority ethnic employees often face more barriers than non BAME employees when raising concerns. Both organisations consist of Freedom to Speak Up Guardians and champions from a diverse background who understand the barriers colleagues may face in speaking up, helping to remove some of the barriers that staff may experience to ensure concerns are raised openly without the fear of any detriment. The Freedom to Speak Up (FTSU) teams record demographics of staff speaking up so we can monitor and analyse trends and ensure ongoing liaison and accessibility of service to all staff including those from protected characteristic groups.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☐No☒	Date:
	Board Committee	Yes☐xNo	Date: Group People Committee 28/06/2024
	Board of Directors	Yes☐No☒	Date:
	Other	Yes☐No☒	Date:

Summary of Key Issues using Assure, Advise and Alert

Assure

The Board can be assured that: -

- The individual 23/24 Freedom to Speak Up (F2SU) annual reports for both The Royal Wolverhampton (RWT) and Walsall Healthcare NHS Trust (WHT) has been reviewed by Group People Committee and recommended to Board.
- The F2SU service at both WHT and RWT continue to operate in accordance with the National Guardian's Office and provide a safe space for colleagues to speak up about any concerns they may have.
- F2SU ensures that data related to the key demographics of those raising concerns is recorded to understand key themes and where barriers may be encountered.
- The extent to which colleagues are of speaking up and feel safe to raise concerns is measured through the national staff survey. The 2023 staff survey for WHT reflected an improved response, with RWT being above the national average, apart from staff feeling safe to raise concerns which is slightly lower than the national average.
- F2SU teams across both sites have regular contact with the CEO, F2SU Non- Executives, Deputy Chief Nurse and Medical Director, including various senior leaders.

Advise

- The FTSU service supports colleagues to escalate patient and staff safety concerns which when appropriately addressed contribute to establishing a culture of openness and safety.

- Both Trusts remain committed to supporting the FTSU agenda and within the last financial year several staff engagement initiatives have taken place including walkabouts, drops ins, and recruitment of FTSU Champions.

- The RWT FTSU team and WHT F2SU team continue to work collaboratively and have a number of joint workstreams established for 2024/25 including; preparing for *Speak Up Month* in October, continued support to embed the Behavior framework and delivery of the civility and respect training to help address trends of inappropriate behaviours and attitudes.

- Within the annual report, activity relating to the number of concerns generated through Freedom to Speak Up between the 1 April 2023 and 31 March 2024 are provided. In summary:
    - At Walsall, within Q1 (April, May, and June 2023) 38 concerns were raised. For RWT, the figure was 39 for Q1.
    - Within Q2 (July, August, and September 2023) 46 concerns were raised at Walsall, and 87 at RWT
    - Within Q3 (October, November, and December 2023) 87 concerns were raised at Walsall, and 112 for RWT.
    - Within Q4 (January, February, and March 2024) 46 concerns were raised at Walsall, and 94 at RWT

- At WHT there has been an increase of 50.69% in the number of concerns in comparison to 2022/23 whereas at RWT in the same time period there has been a decrease of 12% in the number of concerns reported. At RWT there has been some staff changes within the F2SU team which may have impacted on accessibility, however the team are now taking a proactive approach to ensuing engaging with staff engagement to increase awareness on how to raise concerns.

- Analysis of concerns raised across 2023/24 set out within each Trusts respective F2SU Annual Report highlights that there remained a consistently high number of cases reported with an element of bullying and harassment. This aligns to national data and the addition of a new category for recording inappropriate attitudes and behaviours within 23/23 has been useful to reflect the high number of staff experiencing or witnessing this.

- It is important for the Group to be aware of cases where detriment is reported from colleagues who have stepped forward and raised a concern. At RWT, the number of reports of detriment has significantly dropped and work is ongoing to understand why this may be the case. At WHT, one case of detriment has been reported in 2023/24 and has been escalated. The WHT F2SU team are also wanting to increase focus in this area over the next 12 months.

- Both organisations have continued to engage colleagues to complete the Speak up, Listen Up and Follow Up e-learning based training, which has seen increased levels of compliance throughout 2023/24. Both Trusts aim to achieve 90% of staff within scope to have complete the required training by the end of 2024/25.

- Within each report received and reviewed by the Group People Committee the 2023 National NHS Staff Survey Results in relation to Raising Concerns were reflected.
    - At WHT, the results suggested that there has been a slight decline in staff feeling that feedback from concerns is provided, however the survey reflected that more staff were feeling safe to raise concerns. Overall the WHT results were a slight improvement from 2022 and are very nearly in line with the national average.

- At RWT, there has been a slight decline in staff who agree with the statement that they feel safe to speak up about anything that concerns them and less confident that the organisation would address their concerns. Overall, RWT remains above the national average for all the questions relating to FTSU within the staff survey, apart from staff feeling safe to raise concerns which is slightly lower than the national average.

- AT RWT and WHT, the largest group of staff reporting concerns is Nursing and Midwifery. At RWT, since introducing anonymous reporting, there has been a noticeable an increase in staff not wishing to declare their staff groups. This is also a particular concern for WHT where a large number of staff raising concerns have not disclosed their professional group. Both Trusts have commenced a proactive programme of engagement including: -
  - drop-in sessions targeting areas with generally high and low reporting,
  - general drop-ins at a neutral location for all staff,
  - attendances at student nurse and midwifery forums, which during 2024/25 we will extend to AHP and Junior Doctor forums.
  - Continuation of engagement with internally educated colleagues

Alert

1) Although in both organisations there is a very small number of staff that have reported detriment after raising a concern, currently there is no system in either organisation to monitor detriment effectively. No assurance can be given on how detriment may be identified or measured. This is a significant area of focus for 2024/25.

2) It is important to understand the barriers that BAME staff and staff from protected characteristics may experience in raising concerns as evidence had suggested that staff from protected groups are less likely to raise concerns. A recruitment drive to employ a diverse group of FTSU champions from both trusts is currently underway to help understand some of the needs of these staff and remove barriers. Developing and maturing this network is an area of focus for 2024/25.

3) There has been an increase in the number of cases reported which relate to negative behaviours, bullying and harassment at both RWT and WHT which coincides with the upward trend seen nationally. The introduction of the behavioural framework and the uptake of the Civility and Respect training together with the Freedom to Speak up Training is aimed at addressing these concerns. Engagement and implementation are required by all managers to increase staff uptake.

4) Increasing consistency in providing feedback to staff who raise concerns to ensure the feedback loop is closed and appropriate follow up of actions is an area of improvement for 2024.25. There needs to be a greater awareness for managers to respond to concerns in a timely manner. This is essential in ensuring the voices of staff are heard and responded to with shared learning and improvement including sustainability of the actions to prevent reoccurrence of the same concerns being raised again.

Links to Trust Strategic Aims & Objectives	
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement.
Support our Colleagues	• 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
Effective Collaboration	• Progress joint working across Wolverhampton and Walsall

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

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Report to the Group Trust Board Meeting to be held in Public
16 July 2024

Title of Report	Exception Report from Finance & Productivity Committee	Enc No: 6.1
Author:	John Dunn, Chair	
Presenter:	John Dunn, Chair	
Date(s) of Committee Meetings since last Board meeting:	26/06/2024	

Action Required

Decision	Approval	Discussion	Received/Noted/For Information
Yes☒No☐	Yes☐No☒	Yes☒No☐	Yes☒No☐

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	DECISIONS MADE
• The Trust's overall waiting list increased in month and beyond expected trajectory, the increase is partly attributable to the increase in clock starts in April and May but equally, further work is taking place to understand the opportunity for increased validation. The increase does mirror the national trend being seen within the last couple of months. • The Trust has fallen below is trajectory for 52 week breaches as a result of an increase in month. Targeted validation is taking place to reduce these further and the position has stabilised in June (albeit needs to reduce). • The Trust have been unable to reach an agreement with Staffordshire and Stoke-on-Trent Urgent & Emergency Care Contracts, mediation will commence. • Risks remain around the funding for the Radiopharmacy Project. • Risks are being carefully monitored regarding the timescales for the renewal of the fire safety work at CCH.	• Solar Farm Contract endorsed (TBC) • 5 Year Capital Plan endorsed. • Radiopharmacy Project endorsed, however, risks will be highlighted. • Group Finance & Productivity Committee ToR were agreed and submitted to Trust Board for final approval (TBC). • Teletracking Renewal Contract (REAF 3070) endorsed. • Insourcing of Endoscopy Services (REAF 3104) endorsed. • Histology Reporting Contract Extension (REAF 3102) endorsed • Cytology & HPV Screening Contract Extension (REAF 3105) endorsed • Clinical Research Network endorsed pending confirmation that appropriate liabilities are pre-agreed.
POSITIVE ASSURANCES TO PROVIDE	**MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY**
• Month 2 performance is good and on trajectory. The Trust delivered 114% of value weighted activity in May (compared to 2019/20) compared to a plan of 111%. In the year to date, the Trust has delivered 113% compared to a plan of 112%. • Month 2 financial performance is good and has delivered against budget.	• The Committee requested that a review should take place to evaluate if further bank payments savings could be achieved. • The Committee requested further underpinning of the Annual Operating Plan. • Waiting list review of outpatients v acute appointments. The Committee requested further work to understand if it was possible to model a change in priority/focus to increase the volume of outpatient completions and its impact. • Solar Farm Post Implementation Review. • Plan requested to address substantive staffing reduction.

The Royal Wolverhampton NHS Trust

Report to the Group Trust Board Meeting to be held in Public
16 July 2024

Title of Report	RWT Finance & Productivity Committee Chair	Enc No: 6.1
Author:	John Dunn, Chair of Committee/Deputy Chair	
Presenter:	John Dunn, Chair of Committee/Deputy Chair	
Date(s) of Committee/Group Meetings since last Board meeting:	29th May 2024	

Action Required of Committee/Group			
Decision	**Approval**	**Discussion**	**Received/Noted/For Information**
Yes☒No☐	Yes☐No☐	Yes☒No☐	Yes☒No☐
Recommendations: to note.			

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

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY

• Patients with no criteria to reside are being closely monitored due to deterioration which is having an impact on flow throughout the organisation.
• The Trust is £0.3m adverse to plan.
• £14.5m of unidentified CIP is a risk to the overall plan, processes are in place and are being worked through.
• The Trust are meeting all criteria against the green agenda with the exception of the following 2, which will require significant capital investment:
  ○ Ensuring that the region's owned and leased fleet is made up of at least 90% Low Emission Vehicles by March 2024. Including 11% of the fleet being made up of Ultra-Low Emissions (ULEV) and Zero Emission Vehicles (ZEV) by March 2024
  ○ Mixed nitrous oxide products by 19-23% in 2023/24 against a 2019/20 baseline.
	• Development of a robust plan for 62 day cancer metrics, which has been escalated to tier 1. This will be monitored via the Quality Committee.
	• The Committee asked that every effort be made to reduce the waiting list.
	• The stroke metrics are undergoing significant review of their accuracy due to significant variances.
	• The Committee asked for a report on the Radiopharmacy Project to be submitted to Private Trust Board.

POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• A strong start for performance at the start of the year. Despite the issues with ED flow performance is good. • Diagnostic performance has improved. • Extra resources are being made available to the Trust to accelerate performance following escalation to tier 1. • The RWT 2023-24 year end Procurement related bottom line savings position of £4,319,571 against a target of £2,1500,000. • The RWT 2024-25 forecast Procurement related bottom line savings position of £3,351,080.	• The Committee approved the submission (via delegated authority) of the application of cash support in Q2 to NHS England subject to latest guidance. • Phacoemulsification and Vitrectomy Machines for Ophthalmology (REAF 2794) was endorsed and recommended for Trust Board authority. • N Joy-Johnson asked to provide an abridged report for Private Trust Board regarding Procurement.

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Report to the Group Trust Board Meeting to be held in Public
16 July 2024

Title of Report	Exception Report from Finance and Productivity Committee	Enc No: 6.1
Author:	Paul Assinder, Deputy Chair, Chair of Committee	
Presenter:	Paul Assinder, Deputy Chair, Chair of Committee	
Date(s) of Committee Meetings since last Board meeting:	22 May 2024 and 26 June 2024 Briefing meeting of Digital Strategy on 4th July 2024	

Action Required			
Decision	**Approval**	**Discussion**	**Received/Noted/For Information**
Yes☒No☐	Yes☐No☒	Yes☒No☐	Yes☒No☐

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	**MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY**
• The Committee received the revenue business case for the UEC impact of UEC. The Committee supported advertising for the required staff while the business case progresses and discussions take place with ICB. The adverts are supported up to the point before unconditional offer. • The committee is actively assessing the financial risk the Trust faces, following opening of the MMH in October.	• Reduction in medical agency spending - The committee is to receive a report on medical staffing in July
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• The Trust is performing slightly better than planned on revenue at the end of Month 2 • The Trust is also achieving plan for CIP at Month 2 and is within the ICB agency cap • At month 1 the Trust is at its highest ranking for 18 week RTT performance for over 3 and a half years. • The Trust is delivering Upper Quartile (nationally) performance for 4 hour emergency Access Standard, Ambulance Handover <30mins, 28 day Faster Diagnosis Standard for Cancer, 62-day Referral To Treatment for Cancer, and 18 week Referral To Treatment performance standards.	• The Committee supported the business case for Waiting List Initiatives (WLI) in surgery • The Committee supported funding for the ongoing complex case review, in line with the support from Trust Board • The Committee supported advertising for the required staff while the UEC impacts of MMUH business case progresses and discussions take place with ICB. The adverts are supported up to the point before unconditional offer • The 5 year capital plan was supported for ongoing submission to the ICB.

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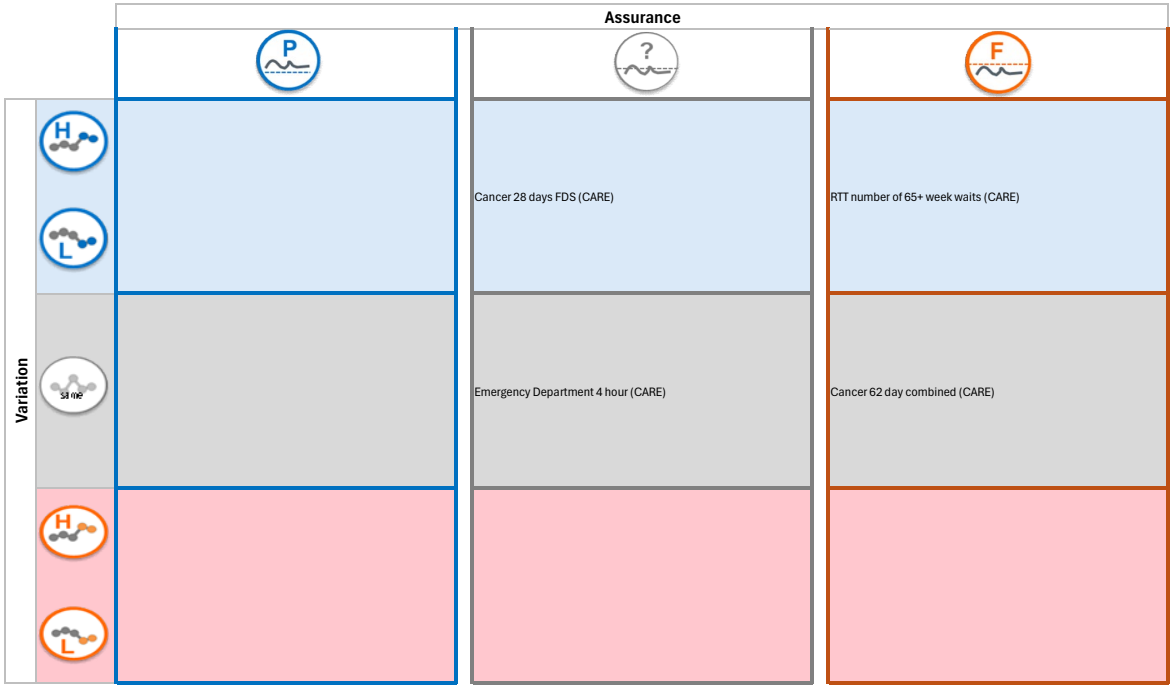
ENC 6.1: RWT BOARD LEVEL METRICS (CARE)

The Royal Wolverhampton NHS Trust



How to Interpret SPC (Statistical Process Control) charts

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

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

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

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

Dashboard metrics for the below objectives are currently in development or don't have enough data points to generate an SPC:

- Delivery of the deficit plan
- Percentage of colleagues engaged in improvement projects
- 4% reduction in our substantive workforce
- 25% reduction in bank and agency usage
- Achievement of the cost improvement plan
- Delivery of the 112% ERF plan

Trust Board Metrics- CARE Dashboard

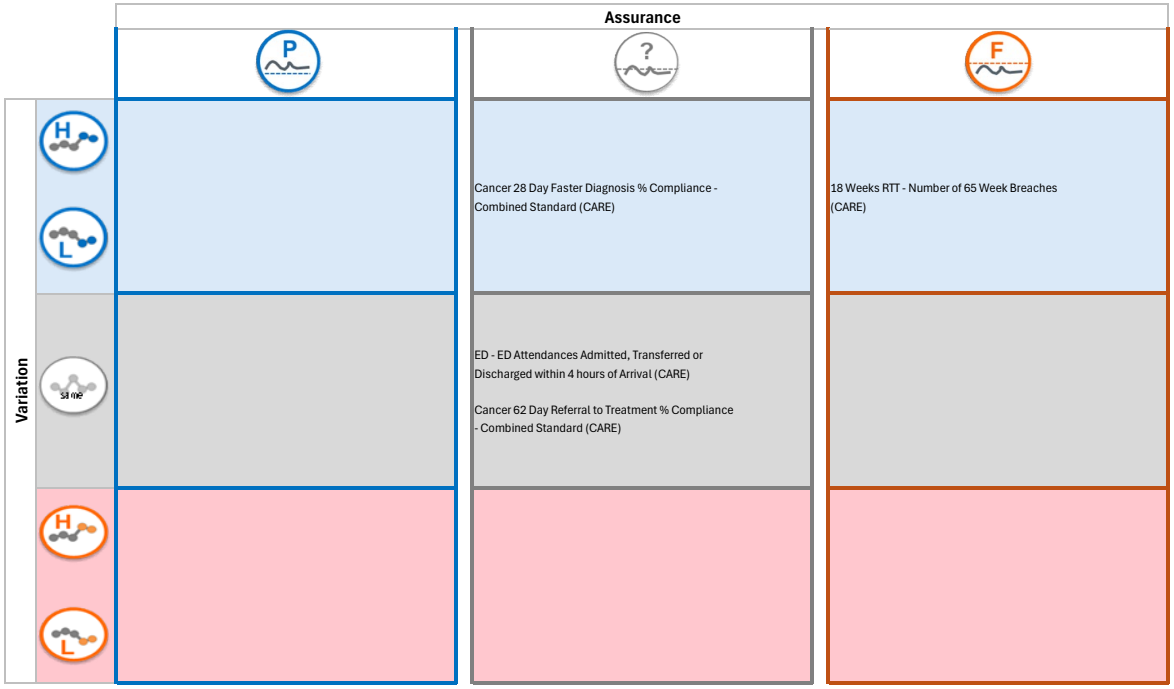
The Royal Wolverhampton NHS Trust

KPI	Latest Month	Measure	Trajectory	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Number of complaints as a % of admissions	May-24	0.33%	N/A				0.3%	0.1%	0.5%
Complaints response rate against policy	May-24	94.0%	90%	90%			97.8%	90.2%	105.3%
FFT response rates - Trust wide	May-24	N/A	N/A						
FFT recommendation rates - Trust wide	May-24	N/A	N/A						
Observations on time (Trust wide)	May-24	89.4%	>90%	>90%			84.0%	79.5%	88.5%
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	May-24	0	0%	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 ICB	May-24	0	0%	0			0.1	-0.2	0.3
Pressure ulcers - STEIS reportable cases	May-24	0	N/A				0.1	-0.5	0.7
Pressure ulcers per 1,000 occupied bed days	May-24	1.37	N/A				1.4	0.5	2.3
Falls rate with harm per 1,000 occupied bed days	May-24	0	N/A				0.0	-0.1	0.1
Patient falls - rate per 1,000 occupied bed days	May-24	3.25	N/A				3.3	1.9	4.7
Crude mortality rate	May-24	1.55%	N/A				1.8%	1.3%	2.4%
RWT SHMI	May-24	0.9531	N/A				0.9	0.9	1.0
Clostridioides difficile	May-24	8	4	4			7.0	-1.8	15.8
MRSA Bacteraemia	May-24	0	0	0			0.3	-0.9	1.4
E.Coli	May-24	26	N/A				21.7	13.5	29.8
Medication error - incidents causing serious harm	May-24	0	0	0			0.1	-0.3	0.4
Never events	May-24	0	0	0			0.1	-0.2	0.3
Mental Health ED patient attendance numbers	May-24	400	N/A				375.1	299.4	450.8
Care hours per patient - total nursing & midwifery staff actual	May-24	8.09	>/=7.6	>/=7.6			8.1	7.6	8.5
Care hours per patient - registered nursing & midwifery staff actual	May-24	5.14	>/=4.5	>/=4.5			5.0	4.7	5.2
Midwife to birth ratio	May-24	27.0	</=30	</=30			27.9	26.6	29.2
Sepsis screening - ED	May-24	100.0%	>/=90%	>/=90%			96.4%	88.0%	104.8%
Sepsis screening - Inpatients (reported quarterly)	Q4 23/24	84.17%	>/=90%	>/=90%			88.8%	86.9%	90.8%
Smoking at delivery	May-24	7.9%	<7%	<7%			10.1%	7.1%	13.1%
Babies being cooled (born here)	May-24	0	N/A				0.6	-0.9	2.0
Number of cancelled operations on the day of surgery for non-medical reasons	May-24	30	N/A				17.2	-2.6	36.9
Cancelled operations as a % of elective admissions	May-24	0.5%	<0.8%	<0.8%			0.3%	-0.1%	0.7%
Number of cancelled operations not re-admitted within 28 days	May-24	0	0	0			0.3	0.6	1.1
Number of urgent cancelled operations cancelled for a 2nd time	May-24	0	0	0			0.0	0.0	0.0
RTT - % of patients on an incomplete pathway	May-24	52.63%	0.92	92%			55.6%	52.7%	58.4%
RTT - number of patients waiting 65+ weeks	May-24	318	400	0			816.8	595.2	1,038.3
Total Incomplete Number	May-24	92,542	90,355	95,690			82,356.8	79,173.0	85,540.5
Diagnostic Test - % of patients waiting 6 weeks or more	May-24	93.87%	84.9%	>99%			59.7%	49.3%	70.0%
Total time spent in ED (4 hours) - Combined	May-24	81.09%	79.0%	78%			77.3%	71.4%	83.1%
% of ED attendances >12 hours	May-24	9.27%	6.5%	0%			8.9%	4.1%	13.7%
Ambulance handover within 15 minutes	May-24	55.60%	65%	65%			49.6%	29.1%	70.1%
Ambulance handover within 30 minutes	May-24	84.73%	95%	95%			81.1%	61.7%	100.6%
Ambulance handover >60 minutes	May-24	4.91%	0%	0%			8.3%	-3.4%	20.0%
% of emergency admissions via Emergency Department	May-24	39.04%	N/A				40.3%	37.2%	43.5%
Patients admitted with primary diagnosis of stroke should spend greater than 90% of their ho	May-24	68.60%	80%	80%			91.4%	74.8%	107.9%
Electronic discharge summary within 24 hours of patient discharge	May-24	95.65%	>/=90%	>/=90%			95.0%	92.6%	97.4%
2 Week Wait - Cancer Referrals	May-24	87.27%	93%	93%			82.4%	69.6%	95.2%
31 Day Combined	May-24	88.00%	96%	96%			83.3%	73.6%	93.1%
62 Day Combined	May-24	48.80%	46.0%	70%			43.4%	62.3%	54.4%
28 Day Faster Diagnosis Standard	May-24	82.99%	74.0%	77%			72.6%	66.0%	79.2%
Improvement in % of colleagues engaged in improvement projects	Q4 23/24	46.6%					45.9%	44.5%	47.4%
Delivery of the £52.9m (RWT) deficit plan in 2024/25 (£m - cumulative)	May-24	-16.0	-16.05	61.5					
4% reduction in our substantive workforce (WTE)	May-24	10,379	10309	9991					
25% reduction in bank & agency usage (WTE)	May-24	649	723	461					
Achievement of £67.6 (RWT) Cost Improvement Plans	May-24	3.4	3.5	67.6					
Deliver 112% (RWT) of the activity delivered I 2019/20 (ERF)	May-24	116%	112%	112%			100.5%	122.5%	111.5%

Key

Denotes board level metric

ENC 6.1: WHT BOARD LEVEL METRICS AND DASHBOARD (CARE)



Walsall Healthcare NHS Trust

How to Interpret SPC (Statistical Process Control) charts

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

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

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

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

Dashboard metrics for the below objectives are currently in development or don't have enough data points to generate an SPC:

- Percentage of colleagues engaged in improvement projects
- 4% Reduction in our Overall Workforce (CARE)
- 25% Reduction in Bank Usage (in wte) (CARE)
- Delivery of £24.9m Deficit plan (CARE)
- Achievement of £28.7m Cost Improvement Plans (CARE)

NHS
Walsall Healthcare
NHS Trust

Trust Board Metrics - CARE Dashboard

KPI *(Metrics highlighted in BLUE are Trust Board Level Metrics)*	Latest month	Measure	Trajectory	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
18 Weeks RTT - % Within 18 Weeks – Incomplete	May 24	64.46%	62.14%	92%	F	H	61.46%	58.68%	64.24%
18 Weeks RTT - Number of 52 Week Breaches	May 24	711	787	1000		L	1035	796	1275
18 Weeks RTT - Number of 65 Week Breaches	May 24	1	0	0	F	L	283	141	426
18 Weeks RTT - Number of 78 Week Breaches	May 24	1	0	0	F	L	67	28	106
Ambulance Handover - % of Handovers completed within 30mins of Arrival	May 24	93.41%	92.00%	95%		?	91.59%	82.93%	100.26%
Cancer - 28 Day Faster Diagnosis - % Compliance – Overall	Apr 24	81.43%	77.00%	77%		H	72.36%	58.26%	86.45%
Cancer - 31 Day Diagnosis to Treatment - % Compliance - Combined Standard	Apr 24	94.38%	96.00%	96%		?	95.91%	89.28%	102.55%
Cancer - 62 Day Referral to Treatment - % Compliance - Combined Standard	Apr 24	75.94%	70.00%	70%		?	75.05%	59.64%	90.46%
Cancer - No. of patients waiting 63+ Days for treatment	Apr 24	34		39		L	65	29	101
Clostridium Difficile - Number of Cases	May 24	6				H	5	-2	12
MRSA - Number of Cases	May 24	1	0	0		?	0	-1	1
Diagnostics - Diagnostic waiting within 6 weeks from referral	May 24	84.67%	95.00%	95%	F	L	84.80%	77.69%	91.91%
ED - ED Attendances Admitted, Transferred or Discharged within 4 hours of Arrival	May 24	77.62%	78.00%	76%		?	76.78%	70.85%	82.72%
ED - ED Attendances Admitted, Transferred or Discharged within 12 hours of Arrival	May 24	4.23%	2.00%	2%		?	4.80%	-0.01%	9.61%
Falls - Number resulting in severe harm or death	May 24	0	0	0		?	1	-2	3
Incidents - Never Events	May 24	0	0	0		L	0	0	1
Maternity - Midwife to Birth Ratio - (1 to)	May 24	28.4	28	28		L	29	22	36
Pressure Ulcers: Cat 2, 3, 4 Incidents Hospital	Apr 24	24		0	F	?	14	2	27
Pressure Ulcers: Cat 2, 3, 4 Incidents Community	Apr 24	13		0	F	?	14	1	26
Sepsis - % of patients screened who received antibiotics within 1 hour - ED (E-Sepsis Module)	May 24	84.30%	90.00%	90%	F	H	72.86%	64.96%	80.76%
VTE Risk Assessment	May 24	90.53%	95.00%	95%	F	L	90.66%	86.92%	94.39%
Staff Survey - % of staff who feel able to make suggestions for improvements in their area of work	Q1 24/25	53%							
Delivery of £24.9m Deficit plan (£000s)	May 24 YTD	-8708	-8920	-24900					
4% Reduction in our Overall Workforce (Reduction in workforce wte)	May 24	4563.40	4618.59	4433					
25% Reduction in Bank Usage (in wte)	May 24	410.43	395.73	315					
Achievement of £28.7m Cost Improvement Plans (£000s)	May 24 YTD	703	2080	28700					
Deliver 110% of Activity Delivered in 2019/20 (latest position)	May 24 YTD	107.5%		110%					

Footnotes

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

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

*** The target for C Difficile is cumulative but the metric is reported monthly, therefore the year target has been divided by 12 in order to populate the Variation SPC icon

Care Colleagues
Collaboration Communities

Report to the Group Trust Board Meeting – to be held in Public 16 July 2024		
Title of Report:	Group Chief Finance Officer Report	Enc No: 6.1.1
Author:	Dan Mortiboys and James Green, Operational Directors of Finance for WHT & RWT	
Presenter/Exec Lead:	Kevin Stringer, Group Chief Finance Officer/Deputy Group Chief Executive	

Action Required of the Board/Committee/Group			
Decision	**Approval**	**Discussion**	**Other**
Yes☐No☒	Yes☐No☒	Yes☒No☐	Yes☐No☒
Recommendations: The Board is asked to note the contents of the report			

Implications of the Paper:			
Risk Register Risk	Yes ☒ No ☐ Risk Description: WHT - Risks 2081 and 2082 deal with the risk of deficit in year and the financial sustainability of the Trust respectively. Risk Description: RWT – Risk SR15 deals with the level of financial resources and risk to financial sustainability On Risk Register: Yes☒No☐		
Changes to BAF Risk(s) & TRR Risk(s) agreed	None		
Resource Implications:	The Report summarises the current financial position of the Group.		
Report Data Caveats	All data is correct at the point of the report being completed		
Compliance and/or Lead Requirements	CQC	Yes☐No☒	Details:
	NHSE	Yes☒No☐	Details: The Trust has a statutory duty to breakeven
	Health & Safety	Yes☐No☒	Details:
	Legal	Yes☐No☒	Details:
	NHS Constitution	Yes☐No☒	Details:
	Other	Yes☐No☒	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☐No☐	Date:
	Board Committee	Yes☒No☐	Date: 24 April 2024 PF Committee
	Board of Directors	Yes☐No☐	Date:
	Other	Yes☒No☐	Date: Trust Management Committee 24 April 2024

Summary of Key Issues using Assure, Advise and Alert

Assure

At the end of May (month 2), the financial position was:

- The Group is c£0.2m better than revenue financial plan
- The Group is also c£0.2m better than CIP plan
- The Group is c£1.2m better than ERF plan
- Both Trusts were within the nationally agreed agency cap

Both Trusts have made cash applications for PDC revenue support in quarter 2 of the financial year.

Advise

- The Group's financial plan becomes more challenging as the financial year progresses
- The Group may be in receipt of further cash through the 24/25 planning process. The Black Country ICB is in discussions with NHS nationally,
- The Group has been negotiating with Out of Area (OOA) ICBs to receive additional income for increased UEC demand. Acceptable offers have been received from Shropshire and Birmingham and Solihull ICBs. Negotiations are continuing with Staffordshire and arbitration has been entered in line with national guidance.

Alert

- The Group have very challenging CIP targets for 24/25, with 6.6% for Walsall and 7.7% for Wolverhampton
- It is likely Midland Metropolitan University Hospital (MMUH) will open in October 2024 and a considerable amount of UEC activity will divert to Walsall Healthcare Trust. The level of expected demand would require significant number of additional staff and create financial risk.

Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
Excel in the delivery of Care	• 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
Support our Colleagues	• 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
Improve the Healthcare of our Communities	• 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
Effective Collaboration	• 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 to the Group Trust Board Meeting to be held in Public
16th July 2024

1. Overview

The Trusts have both set very challenging financial plans for 2024/25. While both Trusts have deficits (Walsall £24.9m and Wolverhampton £52.9m), this still relies on significant CIP programmes (Walsall £28.7m and Wolverhampton £67.6m). The plans become considerably more challenging as the year progresses as CIP schemes are expected to crystalise.

2. Revenue

The Group is c£0.2m ahead of plan at end of May (month 2). Supporting this, the Group is also c£0.2m better than CIP plan and c£1.2m better than ERF plan. Both Trusts have seen increases in non-pay; c£0.5m is linked to RWT increased activity (including ERF generating activity), WHT has seen an overall non pay pressure of c£0.8m consisting of outsourcing costs and pressure on utilities (some of which is being queried at senior management level within the supplier).

Both Trusts were within the nationally agreed agency cap and have seen reduced headcount since March 24, particularly on temporary staff.

The group summary financial position as at month 2 is summarised in the table below.

	RWT			WHT			Group position		
	Plan YTD £m	Actual YTD £m	Surplus/ (Deficit) £m	Plan YTD £m	Actual YTD £m	Surplus/ (Deficit) £m	Plan YTD £m	Actual YTD £m	Surplus/ (Deficit) £m
Income	**146.7**	**147.8**	**1.1**	**65.4**	**66.3**	**0.9**	**212.1**	**214.1**	**2.0**
Expenditure									
Pay	100.4	100.3	0.1	41.9	42.0	(0.1)	142.3	142.3	0.0
Non Pay	40.2	40.1	0.1	24.6	25.4	(0.8)	64.8	65.5	(0.7)
Drugs	13.3	13.7	(0.4)	4.9	4.8	0.1	18.2	18.5	(0.3)
Other(incl. depreciation)	8.8	9.7	(0.9)	2.9	2.8	0.1	11.7	12.5	(0.8)
Total Expenditure	**162.7**	**163.8**	**(1.1)**	**74.3**	**75.0**	**(0.7)**	**237.0**	**238.8**	**(1.8)**
Net reported surplus/(Deficit)	**(16.0)**	**(16.0)**	**0.0**	**(8.9)**	**(8.7)**	**0.2**	**(24.9)**	**(24.7)**	**0.2**

3. Efficiency plans

The efficiency plans for the Group in 2024/25 are significant and amount to £96.3m in total for the year in order to achieve the planned deficit levels set out above. These levels of efficiency require a step change in the delivery compared to previous years and consequently each Trust has implemented a series of control measures along with enhanced oversight arrangements that will operate throughout the year (as set out in the Improvement and Transformation Plan).

Each Division has been tasked with developing plans for the achievement of delegated reduction targets covering the broad range of expenditure. As schemes are developed they are reviewed

through the Trusts Executive arrangements to determine that sufficient progress is being made whilst ensuring that the quality and safety of patient services is not compromised.

The efficiency plans for each Trust are summarised in the table below which also records the year to date position as at month 2:

	RWT				WHT				Group position			
	Annual Plan £m	Plan YTD £m	Actual YTD £m	Surplus/ (Deficit) £m	Annual Plan £m	Plan YTD £m	Actual YTD £m	Surplus/ (Deficit) £m	Annual Plan £m	Plan YTD £m	Actual YTD £m	Surplus/ (Deficit) £m
Key schemes												
Income recovery	20.2	0.8	1.3	0.5	9.5	0.0	0.0	0.0	29.7	0.8	1.3	0.5
Pay related	22.4	0.9	1.2	0.3	10.8	0.1	0.2	0.1	33.2	1.0	1.4	0.4
Medicines	1.1	0.1	0.1	0.0	0.3	0.0	0.1	0.1	1.4	0.1	0.2	0.1
Other non pay schemes	10.3	0.9	1.3	0.4	3.3	0.5	0.5	(0.0)	13.6	1.4	1.8	0.4
Unidentified	13.6	1.2	0.0	(1.2)	4.8	0.0	0.0	0.0	18.4	1.2	0.0	(1.2)
	67.6	**3.9**	**3.9**	**0.0**	**28.7**	**0.6**	**0.7**	**0.2**	**96.3**	**4.5**	**4.6**	**0.2**

Whilst there remains a balance of the target which remains unidentified at this time, both Trusts are aiming to deliver the full target.

Given the phasing of the efficiency plan, the challenge to achieve the monthly financial plan position will become increasingly difficult as the financial year progresses. Schemes are phased predominantly when they are expected to be delivered except for the unidentified balance which is phased over quarters 3 & 4.

The oversight of delivery is undertaken through the Financial Recovery Group of each Trust and presented to members of the Group Finance & Productivity Committee each month for assurance and challenge.

4. Capital

With the Black Country ICB reporting a deficit revenue plan, NHSE have reduced the level of operational capital allocated to the system. This 'top slice' is likely to result in a reduction to the currently agreed Capital Resource Limit currently allocated to both Trusts. Current plans assume the majority of this impact can be managed through the timing of programmes at other Black Country providers to minimise the impact on either of the Group Trusts.

Major planned capital schemes remain on plan and include:

- Development of the Radio Pharmacy & Aseptics Suite at RWT
- Theatres development at WHT
- UEC capacity expansion at WHT to accommodate the anticipated demand increase resulting from the opening of MMUH
- Medical equipment replacement
- Building safety maintenance work

The Black Country ICB has supported (effectively at their risk) for Walsall to commence capital schemes to support increased UEC demand, although there may be an opportunity for this to be funded by NHS England.

5. Cash

Both Trusts will need cash support during the 24/25 financial year. NHS England have indicated that the Back Country ICB could potentially receive a further £90 million of cash during the financial year however this has not yet been confirmed. The Group should receive significant funds if this support materialises, however based on national timetables both Trusts have submitted cash support applications for quarter 2 on the basis that no other source of cash is currently confirmed.

6. Risks

Given the scale of efficiencies required to deliver the deficit plan in 2024/25 there are inevitably a number of risks to delivery which, and these can be summarised as:

- Delivering the identified efficiency schemes
- Constructing efficiency schemes to deliver the unidentified balance
- Containing demand pressure within existing capacity
- Maintaining ERF delivery – challenged due to the impact of continued Industrial Action
- Cost of Industrial Action
- Securing cash support
- Capital expenditure pressures - particularly RWT Radio-pharmacy & Aseptic suite

Assurance surrounding these risks will be undertaken through the Group F&P Committee.

7. Other

It is likely Midland Metropolitan University Hospital (MMUH) will open in October 2024 and a considerable amount of UEC activity will divert to Walsall Healthcare Trust. The level of expected demand would require significant number of additional staff and create financial risk.

8. Recommendations

The Board is recommended to:

1. Note the contents of this report

The Royal Wolverhampton NHS Trust

Report to the Group Trust Board Meeting to be held in Public
16 July 2024

Title of Report	Audit Committee Chair Assurance Report	Enc No: 6.2
Author:	Julie Jones, Chair of Audit Committee	
Presenter:	Julie Jones, Chair of Audit Committee	
Date(s) of Committee/Group Meetings since last Board meeting:	24 May 2024 & 20 June 2024	

Action Required of Committee/Group			
Decision	**Approval**	**Discussion**	**Received/Noted/For Information**
Yes☒No☐	Yes☒No☐	Yes☒No☐	Yes☒No☐
Recommendations: The Board is asked to note the feedback from the meetings of the Audit Committees on 24 May 2024 and 20 June 2024.			

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	**MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY**
• Noted the Tier 1 scrutiny for cancer metrics, and the National Escalation regarding the financial position. • The Strategic Risk 15 regarding the Trust and system deficit position.	• Retrospective contract awards investigation concluded and referred back to F&P Committee. • Finalisation of internal audit reports on 78+ week waits, and Procurement Framework.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• KPMG issued an unqualified external audit opinion on RWTs financial statements and value for money statement for the year ended 31 March 2024. • The Committee received detailed papers at its May meeting providing assurances and information relating to accounting policies, the going concern assumption in preparing year end accounts, events after the reporting period, specific complex accounting treatments and the effect of new International Financial Reporting Standard 16. The committee was assured that the Trust was making the appropriate assumptions and judgements in these respects in preparing the year-end accounts. • Reviewed the draft Quality Account 2023/24. • Internal audit review of the BAF gave substantial assurance.	• Approved the Annual Report 2023/24. • Approved the Annual Accounts 2023/24. • Approved the draft Management Representation Letter for signature on the Trust's behalf. • Internal audit strategy 2024/25 approved. • Counter Fraud workplan 2024/25 approved. • Recommended losses and special payments report to Board for approval.

• Internal audit review of Care Quality Commission Implementation of Agreed Actions gave substantial assurance. • Internal audit review of the Maternity and Neonatal Single Delivery Plan – Action Plan gave substantial assurance. • Data Security and Protection Toolkit – moderate assurance opinion over all 10 NDG standards. • Received the internal audit annual report and Head of Internal Audit Opinion for 2023/24, noting 10 finalised reports of which eight had positive assurance positions. • Received the Counter Fraud Annual Report for 2023/24. • Positive assurance was received from the Q3 Security & Car Parking Report although the issues around insufficient parking at New Cross were discussed again, noting the promotion of the additional parking available at Bentley Bridge Leisure Centre. • The quality of the reports at the Committees were excellent and allowed the committee to discharge its responsibilities as effectively and efficiently as possible. • The committee discussed its specific objectives and added system governance to its objective of reviewing assurance on RWT-WHT provider collaboration governance.	

NHS
Walsall Healthcare
NHS Trust

Report to the Group Trust Board Meeting to be held in Public
16 July 2024

Title of Report	Exception Report from Audit Committee	Enc No: 6.2
Author:	Mary Martin, Non-Executive Director	
Presenter:	Paul Assinder, Deputy Chair/Non-Executive Director	
Date(s) of Committee Meetings since last Board meeting:	20 May 2024 and 24 June 2024	

Action Required			
Decision	**Approval**	**Discussion**	**Received/Noted/For Information**
Yes☐No☒	Yes☐No☒	Yes☒No☐	Yes☒No☐

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	**MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY**
• The BAF presented contained recommended changes to the risk ratings which had not been through approval at the relevant sub committees of the Board. • Follow up on Internal Audit recommendations relating to rostering, data security, and sickness absence still to be implemented. • The External Auditors raised concerns about the fragility of the finance function. They acknowledged the improvement since last year with a more substantive work force but sadly a key member of the team was on long term sick during the audit. Closer working with the RWT finance function is being explored.	• The process for approving changes to BAF risks to be reviewed. • A paper on risk appetite to be presented at the next Committee ready for debate at Board. • A report on progress towards compliance for the DSPT to come to the Committee in September. • The harmonization of the Conflict of Interest policy and reporting between WHT and RWT.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• Annual Accounts were approved for submission with a “clean” audit opinion • The Data Security and Protection Toolkit (DSPT) was ready for submission but only as Partial Compliant, an improvement on last year, but more work is needed around business continuity and supplier systems. • The Head of Internal Audit opinion for the year was above the line assurance with enhancements to controls required. Five IA reports were positive assurance with three requiring improvement.	• Internal Audit plan for 2024/25 approved and will focus on key areas of concern/risk • The Annual Report was approved • The External Auditor’s Representation letter was approved for signature by the CEO.

The Royal Wolverhampton NHS Trust

Report to the Group Trust Board Meeting to be held in Public
16 July 2024

Title of Report	Exception Report from Quality Committee	Enc No:6.3
Author:	Professor Louise Toner - NED	
Presenter:	Professor Louise Toner	
Date(s) of Committee Meetings since last Board meeting:	26th June 2024	

Action Required			
Decision	**Approval**	**Discussion**	**Received/Noted/For Information**
Yes☐No☐	Yes☐No☐	Yes☒No☐	Yes☒No☐

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	**MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY**
The Trust remains in Tier 1 scrutiny because of some of our cancer metrics. Urology and gynaecology are the two most challenging tumour sites Diagnostics continue to prove challenging, however, improvement are evident in some areas but histopathology continues to experience the most significant delays The Trusts Stroke related metrics have identified inaccuracies in the data relating to TIA and the targets associated with patients being treated in a stroke unit. In respect of Information Governance, three data security risks have been identified namely, paper records, unauthorised access and Cyber security. An internal audit review is underway. Black Country report on the increased incidence of still births is now available. Whilst the report does not contain anything not already known it is useful in focussing service initiatives, where required, to maximise positive outcomes for mums and babies. Malnutrition Universal Screening Tool remains static, a deep dive has identified some issues relating to changes in patient flow, an improvement plan is in place. Acuity of women birthing at RWT is increasing with a high number women requiring elective and	The Terms of Reference have been agreed for an external review to be conducted by King's College, London. It is anticipated that the work will not commence until after summer. A Deep dive relating to breast cancer metrics is being undertaken as requested as part of the Tier 1 scrutiny process

emergency Caesarian sections and a high number of women requiring induction. Both impact provision.	
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
The audit review of the Board Assurance Framework (BAF) provided substantial assurance for the board. The audit review of the Maternity Services Single Delivery Plan provided substantial assurance for the board. The response to a CQC request regarding Paediatric Audiology has been provided. It is not anticipated that there will be any issues of significance identified. The Trust is reporting the achievement of the 108 DPSP standards. Patient Safety Incident Response Framework (PSIRF) education and training is now being undertaken following a review of the required activity to make it more achievable for staff attendance. Very detailed Health inequalities report was presented that contains a wealth of information to inform Trust processes e.g. following digital access pregnant woman are now booking at 10 weeks and this has the potential to improve outcomes for women and babies. The Trust has received funding to assist the Trust in fully embracing Martha's rule as one of the National pilot sites.	Review Stroke metrics at future meeting to ensure data related issues have been rectified. Quality Account was approved. IP Annual report 2023/24 was approved.

Walsall Healthcare NHS Trust

Title of Report	Exception Report from Quality Committee	Enc No: 6.3
Author:	Professor Louise Toner	
Presenter:	Professor Louise Toner - NED	
Date(s) of Committee Meetings since last Board meeting:	30th June 2024	

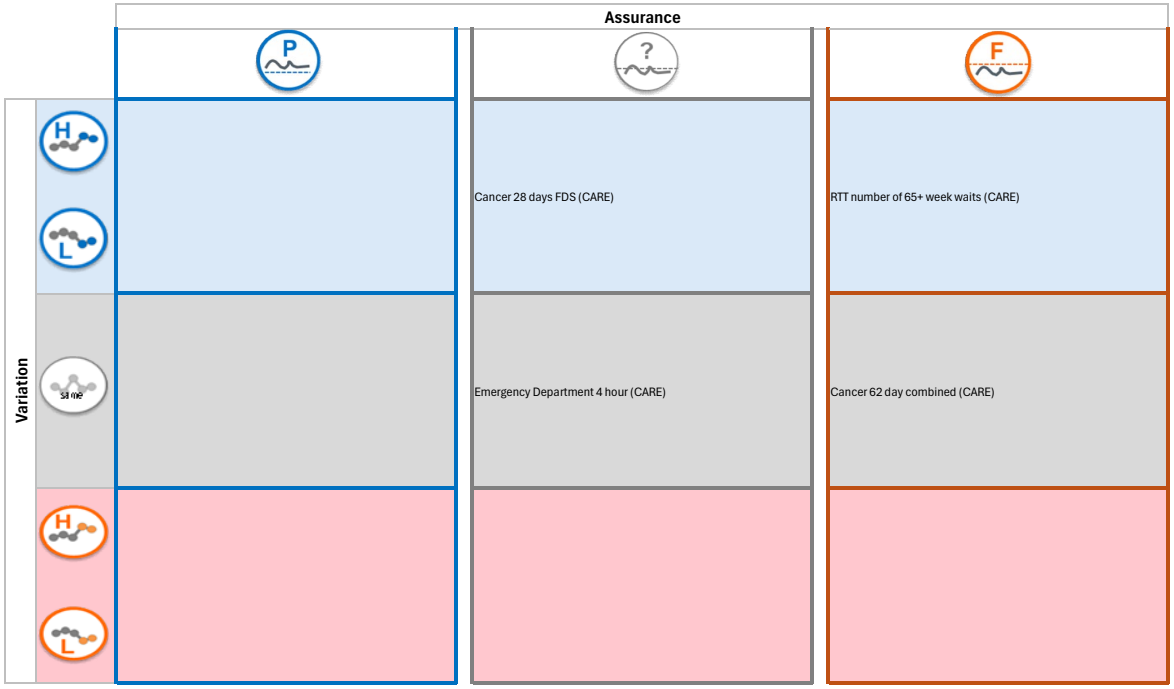
Action Required			
Decision	**Approval**	**Discussion**	**Received/Noted/For Information**
Yes☐No☐	Yes☐No☐	Yes☒No☐	Yes☒No☐

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	**MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY**
Mash referrals are increasing impacting workload for the Safeguarding team The Trust will be reporting noncompliance with DSPT as a result of the trusts failure to meet 3 of the required standards The Trust has been asked by the ICB to have access to the live data related to incidents. Following discussion, it was agreed that this would not be granted as information on the live register may well change once there has been time to review the situation and record the correct situation.	Deep dive into BCPS being conducted. An action plan is in development following the requirement to review Paediatric Audiology services to improve compliance with the requirements.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
The trust continues to be in the top 3 performing trusts in England with 93.4% of ambulance handovers within 30 minutes. The 4 hour target is at 77.6% against a target of 78% by the end March 2025. This performance is against an increase of 38% of Type 1 attendances at ED coming from outwith the Black Country. A visit to Homerton Hospital, provided useful information regarding further improving ED services. Cancer metrics are being achieved with 75.5% of patients treated within 62 days and 81% see within 28 days of referral on a suspected cancer pathway. The trust has increased out patient clinic availability and has improved the incidence of DNA's. Community related performance is performing very well with the exception of the the Virtual Ward that still has capacity. However, plans are in place to discuss the increase in use, particularly for surgical patients with the appropriate members of the medical team. Hollybank House and the Palliative Care Centre are now back in their normal location.	Quality Account was approved

It was reported that the Trust's Still Birth and Perinatal Mortality rate has improved for the 3rd month running. Following production of the Birth Trauma Report it was acknowledged that the Patient Experience Midwife who is in post is extremely helpful in this regard and that a gap analysis is currently being conducted as required. A survey was conducted with medical staff relating to Statutory Duty of Candour that identified 96% of respondents felt they had a knowledge gap in this area. Further work is being conducted with the quality assurance team. Following discussions with the Audit Committee the subject of "Patient Watch" was discussed. It was confirmed that each request for 1 to 1 with a patient is risk assessed and if deemed necessary sign off is required to access agency support rather than use security staff using using CSW's who have had specific mental health training. The BAF and TRR will be reviewed by board committees at each meeting. It was acknowledged that the reports provided, whilst correct on the date downloaded may not be accurate on the date of the meeting but that live reports are readily accessible e.g. risk reviews overdue may have been reviewed	

ENC 6.3 RWT BOARD LEVEL METRICS (CARE)

The Royal Wolverhampton NHS Trust



How to Interpret SPC (Statistical Process Control) charts

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

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

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

Dashboard metrics for the below objectives are currently in development or don't have enough data points to generate an SPC:

- Delivery of the deficit plan
- Percentage of colleagues engaged in improvement projects
- 4% reduction in our substantive workforce
- 25% reduction in bank and agency usage
- Achievement of the cost improvement plan
- Delivery of the 112% ERF plan

Trust Board Metrics- CARE Dashboard

The Royal Wolverhampton NHS Trust

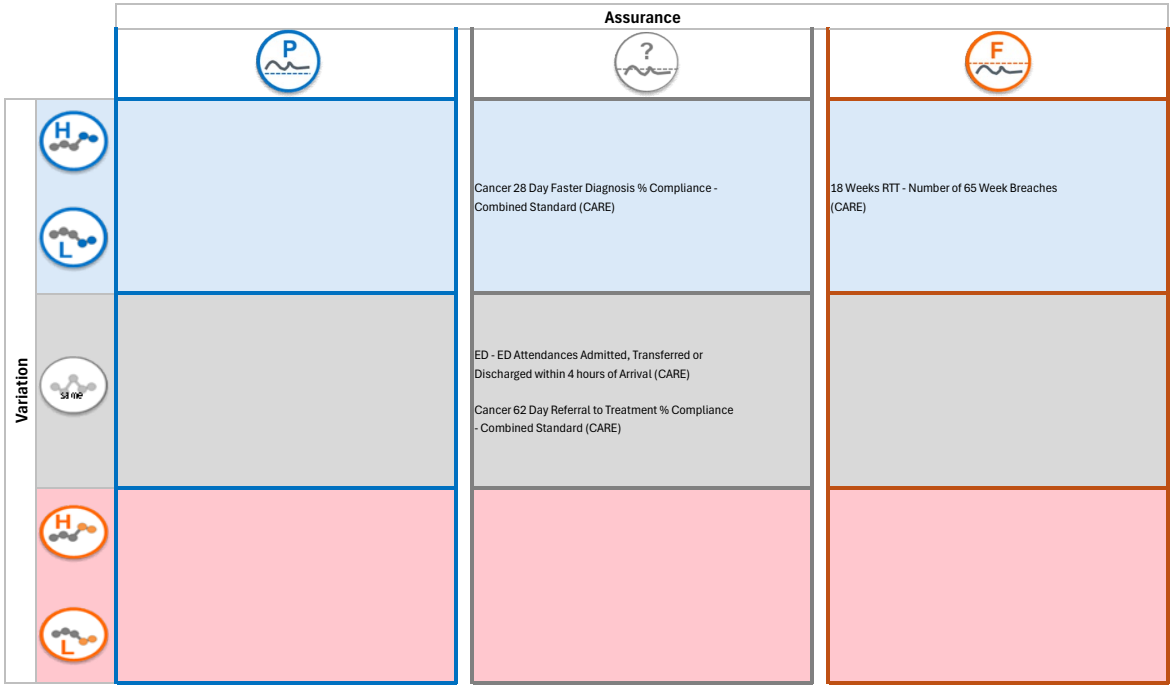
KPI	Latest Month	Measure	Trajectory	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Number of complaints as a % of admissions	May-24	0.33%	N/A				0.3%	0.1%	0.5%
Complaints response rate against policy	May-24	94.0%	90%	90%			97.8%	90.2%	105.3%
FFT response rates - Trust wide	May-24	N/A	N/A						
FFT recommendation rates - Trust wide	May-24	N/A	N/A						
Observations on time (Trust wide)	May-24	89.4%	>90%	>90%			84.0%	79.5%	88.5%
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	May-24	0	0%	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 ICB	May-24	0	0%	0			0.1	-0.2	0.3
Pressure ulcers - STEIS reportable cases	May-24	0	N/A				0.1	-0.5	0.7
Pressure ulcers per 1,000 occupied bed days	May-24	1.37	N/A				1.4	0.5	2.3
Falls rate with harm per 1,000 occupied bed days	May-24	0	N/A				0.0	-0.1	0.1
Patient falls - rate per 1,000 occupied bed days	May-24	3.25	N/A				3.3	1.9	4.7
Crude mortality rate	May-24	1.55%	N/A				1.8%	1.3%	2.4%
RWT SHMI	May-24	0.9531	N/A				0.9	0.9	1.0
Clostridioides difficile	May-24	8	4	4			7.0	-1.8	15.8
MRSA Bacteraemia	May-24	0	0	0			0.3	-0.9	1.4
E.Coli	May-24	26	N/A				21.7	13.5	29.8
Medication error - incidents causing serious harm	May-24	0	0	0			0.1	-0.3	0.4
Never events	May-24	0	0	0			0.1	-0.2	0.3
Mental Health ED patient attendance numbers	May-24	400	N/A				375.1	299.4	450.8
Care hours per patient - total nursing & midwifery staff actual	May-24	8.09	>/=7.6	>/=7.6			8.1	7.6	8.5
Care hours per patient - registered nursing & midwifery staff actual	May-24	5.14	>/=4.5	>/=4.5			5.0	4.7	5.2
Midwife to birth ratio	May-24	27.0	</=30	</=30			27.9	26.6	29.2
Sepsis screening - ED	May-24	100.0%	>/=90%	>/=90%			96.4%	88.0%	104.8%
Sepsis screening - Inpatients (reported quarterly)	Q4 23/24	84.17%	>/=90%	>/=90%			88.8%	86.9%	90.8%
Smoking at delivery	May-24	7.9%	<7%	<7%			10.1%	7.1%	13.1%
Babies being cooled (born here)	May-24	0	N/A				0.6	-0.9	2.0
Number of cancelled operations on the day of surgery for non-medical reasons	May-24	30	N/A				17.2	-2.6	36.9
Cancelled operations as a % of elective admissions	May-24	0.5%	<0.8%	<0.8%			0.3%	-0.1%	0.7%
Number of cancelled operations not re-admitted within 28 days	May-24	0	0	0			0.3	0.6	1.1
Number of urgent cancelled operations cancelled for a 2nd time	May-24	0	0	0			0.0	0.0	0.0
RTT - % of patients on an incomplete pathway	May-24	52.63%	0.92	92%			55.6%	52.7%	58.4%
RTT - number of patients waiting 65+ weeks	May-24	318	400	0			816.8	595.2	1,038.3
Total Incomplete Number	May-24	92,542	90,355	95,690			82,356.8	79,173.0	85,540.5
Diagnostic Test - % of patients waiting 6 weeks or more	May-24	93.87%	84.9%	>99%			59.7%	49.3%	70.0%
Total time spent in ED (4 hours) - Combined	May-24	81.09%	79.0%	78%			77.3%	71.4%	83.1%
% of ED attendances >12 hours	May-24	9.27%	6.5%	0%			8.9%	4.1%	13.7%
Ambulance handover within 15 minutes	May-24	55.60%	65%	65%			49.6%	29.1%	70.1%
Ambulance handover within 30 minutes	May-24	84.73%	95%	95%			81.1%	61.7%	100.6%
Ambulance handover >60 minutes	May-24	4.91%	0%	0%			8.3%	-3.4%	20.0%
% of emergency admissions via Emergency Department	May-24	39.04%	N/A				40.3%	37.2%	43.5%
Patients admitted with primary diagnosis of stroke should spend greater than 90% of their ho	May-24	68.60%	80%	80%			91.4%	74.8%	107.9%
Electronic discharge summary within 24 hours of patient discharge	May-24	95.65%	>/=90%	>/=90%			95.0%	92.6%	97.4%
2 Week Wait - Cancer Referrals	May-24	87.27%	93%	93%			82.4%	69.6%	95.2%
31 Day Combined	May-24	88.00%	96%	96%			83.3%	73.6%	93.1%
62 Day Combined	May-24	48.80%	46.0%	70%			43.4%	62.3%	54.4%
28 Day Faster Diagnosis Standard	May-24	82.99%	74.0%	77%			72.6%	66.0%	79.2%
Improvement in % of colleagues engaged in improvement projects	Q4 23/24	46.6%					45.9%	44.5%	47.4%
Delivery of the £52.9m (RWT) deficit plan in 2024/25 (£m - cumulative)	May-24	-16.0	-16.05	61.5					
4% reduction in our substantive workforce (WTE)	May-24	10,379	10309	9991					
25% reduction in bank & agency usage (WTE)	May-24	649	723	461					
Achievement of £67.6 (RWT) Cost Improvement Plans	May-24	3.4	3.5	67.6					
Deliver 112% (RWT) of the activity delivered I 2019/20 (ERF)	May-24	116%	112%	112%			100.5%	122.5%	111.5%

Key

Denotes board level metric

ENC 6.3: WHT BOARD LEVEL METRICS AND DASHBOARD (CARE)

Walsall Healthcare NHS Trust



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Dashboard metrics for the below objectives are currently in development or don't have enough data points to generate an SPC:

- Percentage of colleagues engaged in improvement projects
- 4% Reduction in our Overall Workforce (CARE)
- 25% Reduction in Bank Usage (in wte) (CARE)
- Delivery of £24.9m Deficit plan (CARE)
- Achievement of £28.7m Cost Improvement Plans (CARE)

NHS
Walsall Healthcare
NHS Trust

Trust Board Metrics - CARE Dashboard

KPI *(Metrics highlighted in BLUE are Trust Board Level Metrics)*	Latest month	Measure	Trajectory	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
18 Weeks RTT - % Within 18 Weeks – Incomplete	May 24	64.46%	62.14%	92%	F	H	61.46%	58.68%	64.24%
18 Weeks RTT - Number of 52 Week Breaches	May 24	711	787	1000		L	1035	796	1275
18 Weeks RTT - Number of 65 Week Breaches	May 24	1	0	0	F	L	283	141	426
18 Weeks RTT - Number of 78 Week Breaches	May 24	1	0	0	F	L	67	28	106
Ambulance Handover - % of Handovers completed within 30mins of Arrival	May 24	93.41%	92.00%	95%		?	91.59%	82.93%	100.26%
Cancer - 28 Day Faster Diagnosis - % Compliance – Overall	Apr 24	81.43%	77.00%	77%		H	72.36%	58.26%	86.45%
Cancer - 31 Day Diagnosis to Treatment - % Compliance - Combined Standard	Apr 24	94.38%	96.00%	96%		?	95.91%	89.28%	102.55%
Cancer - 62 Day Referral to Treatment - % Compliance - Combined Standard	Apr 24	75.94%	70.00%	70%		?	75.05%	59.64%	90.46%
Cancer - No. of patients waiting 63+ Days for treatment	Apr 24	34		39		L	65	29	101
Clostridium Difficile - Number of Cases	May 24	6				H	5	-2	12
MRSA - Number of Cases	May 24	1	0	0		?	0	-1	1
Diagnostics - Diagnostic waiting within 6 weeks from referral	May 24	84.67%	95.00%	95%	F	L	84.80%	77.69%	91.91%
ED - ED Attendances Admitted, Transferred or Discharged within 4 hours of Arrival	May 24	77.62%	78.00%	76%		?	76.78%	70.85%	82.72%
ED - ED Attendances Admitted, Transferred or Discharged within 12 hours of Arrival	May 24	4.23%	2.00%	2%		?	4.80%	-0.01%	9.61%
Falls - Number resulting in severe harm or death	May 24	0	0	0		?	1	-2	3
Incidents - Never Events	May 24	0	0	0		L	0	0	1
Maternity - Midwife to Birth Ratio - (1 to)	May 24	28.4	28	28		L	29	22	36
Pressure Ulcers: Cat 2, 3, 4 Incidents Hospital	Apr 24	24		0	F	?	14	2	27
Pressure Ulcers: Cat 2, 3, 4 Incidents Community	Apr 24	13		0	F	?	14	1	26
Sepsis - % of patients screened who received antibiotics within 1 hour - ED (E-Sepsis Module)	May 24	84.30%	90.00%	90%	F	H	72.86%	64.96%	80.76%
VTE Risk Assessment	May 24	90.53%	95.00%	95%	F	L	90.66%	86.92%	94.39%
Staff Survey - % of staff who feel able to make suggestions for improvements in their area of work	Q1 24/25	53%							
Delivery of £24.9m Deficit plan (£000s)	May 24 YTD	-8708	-8920	-24900					
4% Reduction in our Overall Workforce (Reduction in workforce wte)	May 24	4563.40	4618.59	4433					
25% Reduction in Bank Usage (in wte)	May 24	410.43	395.73	315					
Achievement of £28.7m Cost Improvement Plans (£000s)	May 24 YTD	703	2080	28700					
Deliver 110% of Activity Delivered in 2019/20 (latest position)	May 24 YTD	107.5%		110%					

Footnotes

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

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

*** The target for C Difficile is cumulative but the metric is reported monthly, therefore the year target has been divided by 12 in order to populate the Variation SPC icon

Care Colleagues
Collaboration Communities

The Royal Wolverhampton NHS Trust

Report to the Group Trust Board Meeting to be held in Public 16 July 2024		
Title of Report:	Chief Nursing Officer Report.	Enc No: 6.4
Author:	Amy Boden and Catherine Wilson, Deputy Chief Nursing Officers	
Presenter/Exec Lead:	Debra Hickman, Chief Nursing Officer	

Action Required of the Board/Committee/Group			
Decision	**Approval**	**Discussion**	**Other**
Yes☐No☒	Yes☐No☒	Yes☒No☐	Yes☐No☒
Recommendations: • Trust Board are asked to note the contents of the report and receive it for discussion and assurance.			

Implications of the Paper:			
Risk Register Risk	Chief Nursing Officer (CNO) risks on the risk register: Yes ☒ No ☐ **Risk Description:** Mental Capacity and Deprivation of Liberty Safeguards (DoLS) Assessments. On Risk Register: Yes☒No☐ Risk Score (if applicable): 12 (Medium Risk) **Risk Description:** Non-compliance with Bacillus Calmette-Guerin vaccine (BCG) vaccine / Severe Combined Immunodeficient Syndrome (SCID) service provision. On Risk Register: Yes☒No☐ Risk Score (if applicable): 12 (Significant Risk)		
Changes to BAF Risk(s) & TRR Risk(s) agreed	The risk score for the Mental Capacity and Deprivation of Liberty Safeguards (DoLS) Assessments risk has been reduced to 12 (amber) from 15 (red) as a result of the positive impact made through the mitigations put in place.		
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☒No☐	Details: Contribution to the Trust's compliance with CQC fundamental standards.
	NHSE	Yes☒No☐	Details: Contribution to the Trust's compliance with NHS Oversight Framework requirements.
	Health & Safety	Yes☒No☐	Details: Contribution to the Trust's compliance with Health and Safety standards.
	Legal	Yes☒No☐	Details: Contribution to the Trust's compliance with legal framework such as complaints regulation.
	NHS Constitution	Yes☒No☐	Details: Contribution to the NHS Constitution principles.
	Other	Yes☐No☒	Details: N/A
CQC Domains	**Safe:** patients, staff and the public are protected from abuse and avoidable harm.		

	Effective: care, treatment and support achieve good outcomes, helping people maintain quality of life and is based on the best available evidence. **Caring:** staff involve and treat everyone with compassion, kindness, dignity and respect. **Responsive:** services are organised so that they meet people's needs. **Well-led:** the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.		
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:** No adverse impact is anticipated as a result of the points articulated in this report.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☐No☒	Date: N/A
	Board Committee	Yes☒No☐	Date: 26th June 2024
	Board of Directors	Yes☐No☒	Date: N/A
	Other	Yes☐No☒	Date: N/A

Summary of Key Issues using Assure, Advise and Alert
Assure • The overall position with regards to registered and unregistered Nursing and Midwifery staff vacancies remains positive, which continues to be reflected in Care Hours Per Patient Day. • A reduction noted for pressure ulcer incidents reported for hospital and community at 0.7 per 1,000 Occupied Bed days and 0.3 per 10,000 per patient population respectively. • A thematic review of recent discharge incidents is underway with Matron for Capacity & the Patient Safety Team • National Early Warning Score 2 (NEWS2) compliance is 97%.
Advise • The MUST risk assessment for malnutrition compliance is static between 60- 70%, with improvement actions in progress. • Falls have seen an increase in month to 3.4 per 1,000 Occupied bed days, this remains within tolerance with improvement actions under review. • Nursing vacancies are being reviewed in line with the Trusts oversight and scrutiny approach. In addition to this each band 5 Nursing post is reviewed with consideration of Newly Qualified staff due to complete their training programmes with a view to 'holding' positions where appropriate and following risk assessment. This will be a dynamic and ongoing approach till Autumn 2024. • There have been 8 cases of *C. difficile* in May (15 cases to date, external trajectory to be confirmed), the Cdiff action plan has been updated following a thematic review of all cases in 2023/24, further analysis continues.
Alert Nil

Links to Trust Strategic Aims & Objectives	
Excel in the delivery of Care	• 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

Support our Colleagues	• 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 well-being • Improve overall staff engagement • Deliver improvement against the Workforce Equality Standards
Improve the Healthcare of our Communities	• 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
Effective Collaboration	• 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

Chief Nursing Officer Report.

Report to the Trust Board to be held in Public.

EXECUTIVE SUMMARY

This report provides an overview of the May 2024 position with regards to key Nursing and Midwifery recruitment and retention activities and Nurse Sensitive Indicators (NSIs). In addition, it provides updates pertaining to wider quality initiatives.

The report demonstrates our ongoing commitment to growing and sustaining the Nursing and Midwifery workforce, with a positive vacancy position. There are actions and overarching improvement plans in place to continue further improving our position with regards to, for example, key workforce indicators, pressure ulcers and moisture associated skin damage, falls, observations being completed on time, infection prevention and control indicators and complaints.

BACKGROUND INFORMATION

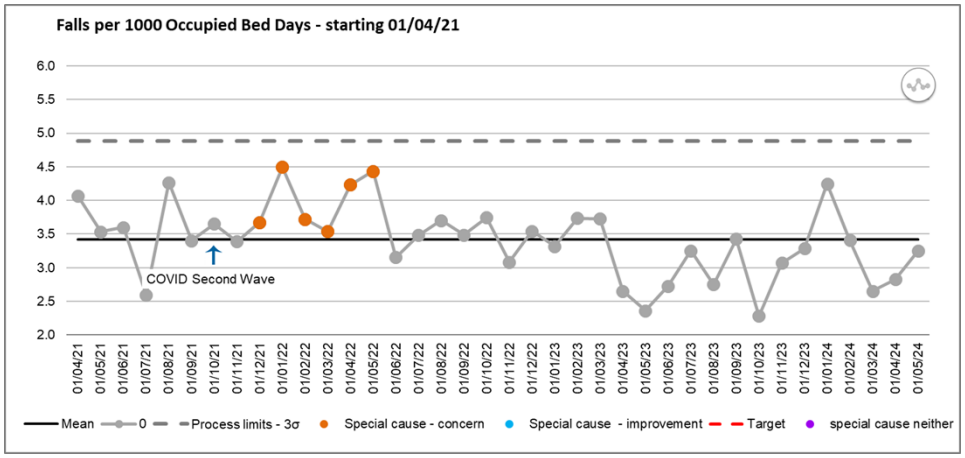
NURSING QUALITY DATA

Other Nursing quality and safety data can be viewed on the Integrated Quality and Performance Report (IQPR). RWT appendix 1- Inphase Dashboard.

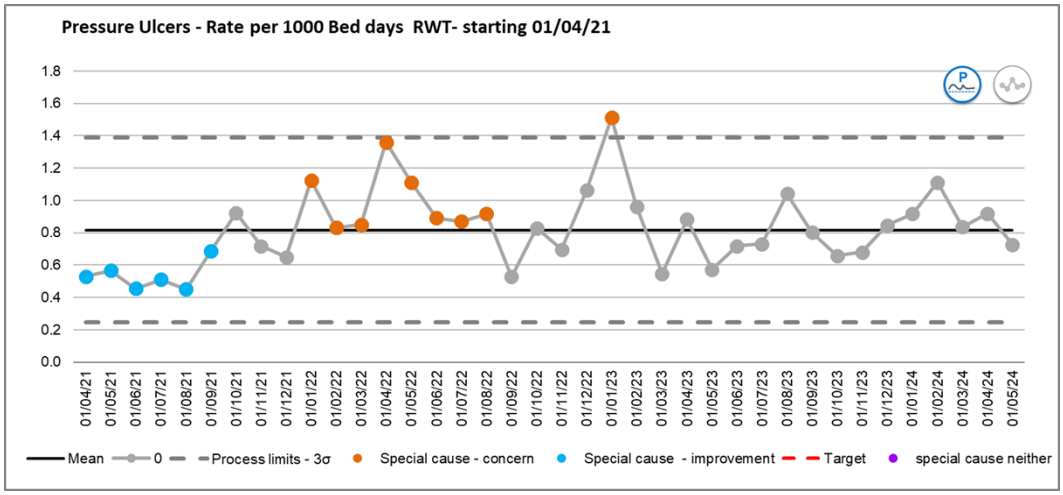
Excellence in care

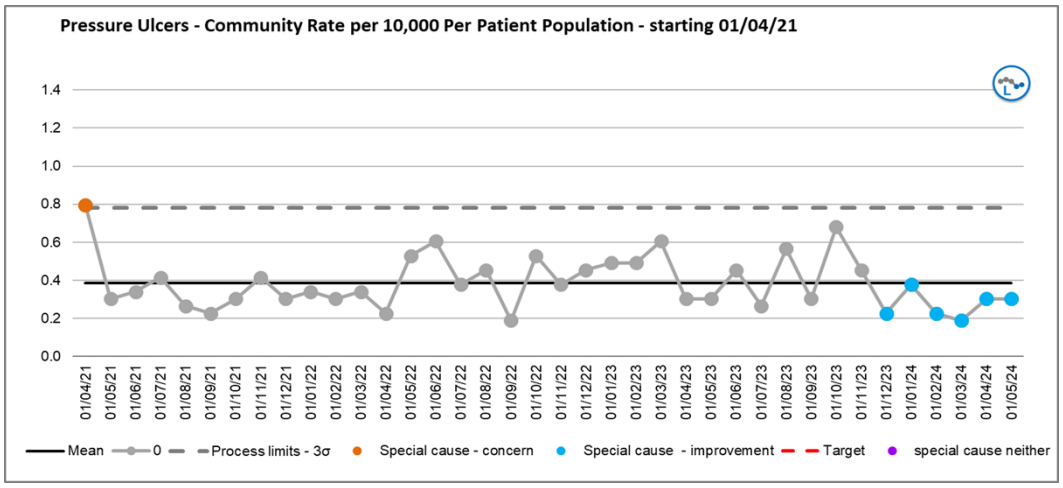
All Nurse sensitive indicators remain within tolerance levels with the exception of Malnutrition Universal Screening compliance.

Falls

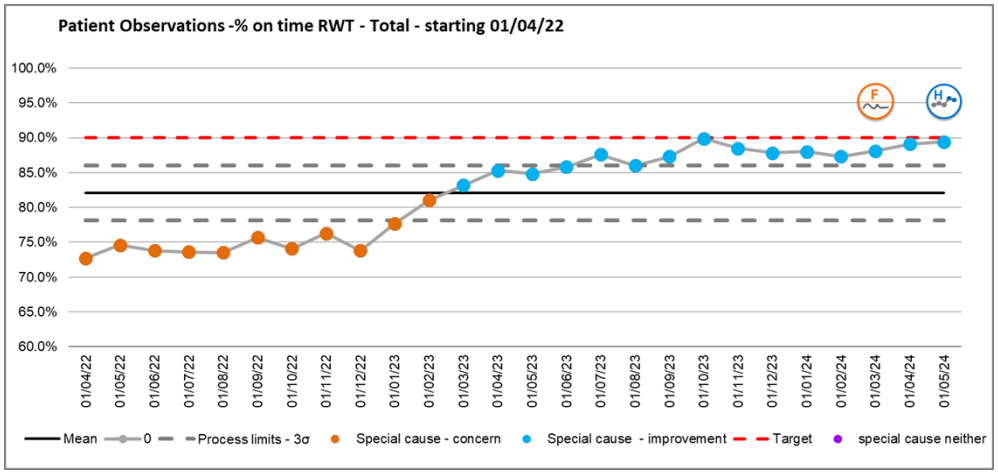


Pressure Ulcers

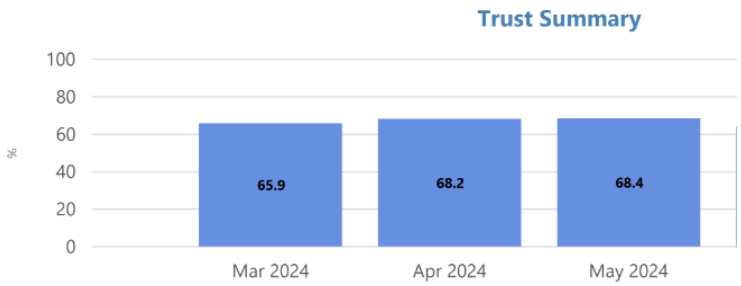




Observations on time



Malnutrition Universal Screening Tool (MUST) completion



The overall MUST assessment completion and re-assessment performance remains static, Improvement actions are in place supported by the Corproate Nursing Quality Team and overseen by the Nutrition Steering Group.

Infection Prevention and Control-

- 8 cases of *C. difficile* in May (15 cases to date).
- A detailed multi-disciplinary review has been undertaken of all Cdiff toxin positive cases reported in 2023/24. Actions agreed thus far have been incorporated into the Trusts overarching Cdiff action plan, with further analysis ongoing.
- The Infection Prevention peer review draft report for the NNU has been received from the ICB. The visit was requested by the Trust following a period of increase incidence of MRSA acquisitions on the unit in Q3 2023/24 – Q1 2024/25. The report states overall the environment and equipment were clean, tidy, and well managed. Recommendations will be incorporated into an overarching MRSA action plan and monitored via the Infection Prevention and Control Group.
- The Trust awaits its annual 2024/25 Infection Prevention trajectories for all externally reportable Health Care Acquired infections (HCAIs).
- The Board are asked to approve the IPC Annual report 2023/24 ahead of publication on the Trust website.

Safeguarding

- As of April 2024, compliance with mandatory safeguarding training was below Trust requirements within some areas of the organisation. Additional training is being delivered by the Safeguarding Team to improve compliance.
- Following 2 near miss incidents relating to discharges via Patient Transport systems to care homes a collaborative thematic review is being undertaken, this will look to process map existing processes / Policies associated with Discharge practices from the Trust.

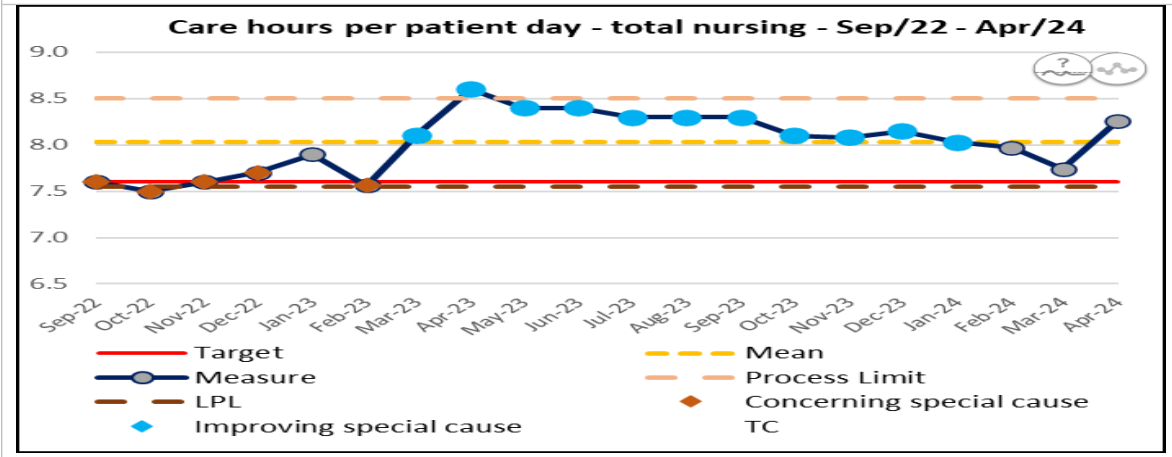
Maternity Safety Champions

- Safety walkabouts continue with Non-executive Director Board Safety Champion (BSC) and Executive BSC.
- BSC are meeting bimonthly with Perinatal leadership teams to discuss safety and quality across the service.
- BSC are supporting the Perinatal leadership teams with the national Culture and leadership programme.

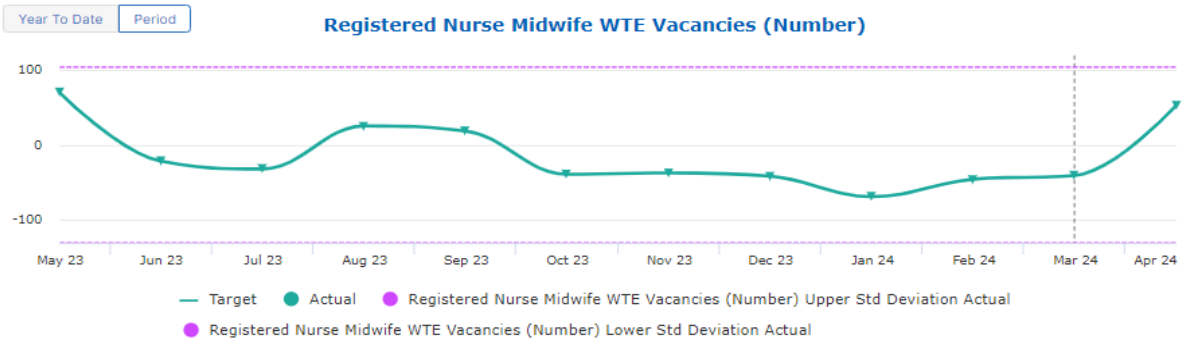
- BSC are engaging with women listening to birth experiences and exploring ways in which Midwives can improve engagement with women requesting birth outside of recommended medical guidance.

Workforce

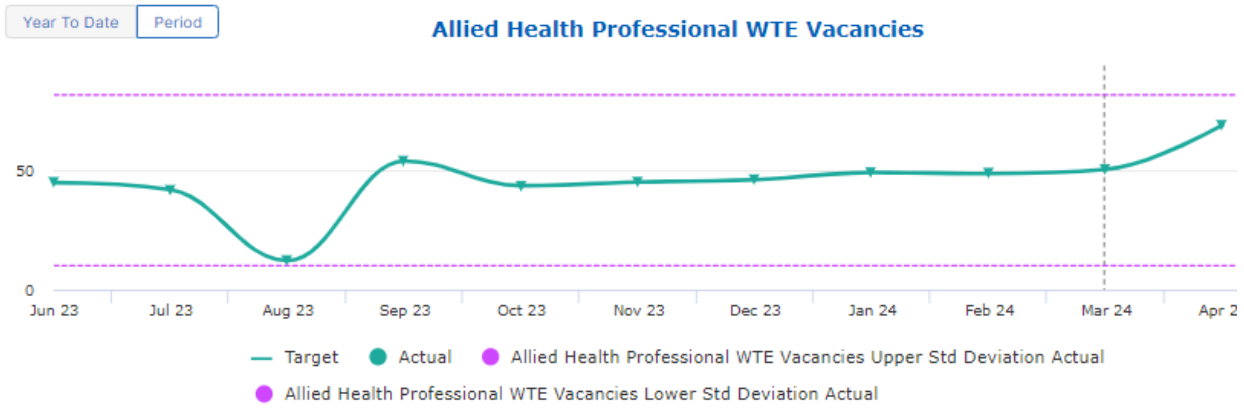
Care Hours Per patient Day



Nursing and Midwifery WTE vacancies



Registered Allied Health Professionals WTE Vacancies



- Although a rise in vacancies has been noted in Month, Care Hours Per Patient Day has seen a positive improvement and the vacancy and retention remaining positive overall.

- A proposed solution to the annual hiatus of students qualifying in the Autumn and retaining our local student Nurse/Midwife population, a pause to non-specialist band 5 recruitment to provide opportunity to secure roles in the Trust is supported. This will result in risk assessed 'held vacancies' each month until September/ October 2024.

Education

- The Standards for Student Supervision Assessment overall compliance is 90%
- The Preceptorship program launched in February 2024 as a pilot. The application process has not opened for the Quality Marker, once we have received confirmation of this then both Organisations will submit this.
- 'Braver than before' joint ICS leadership program for band 7's and above has been launched across the Trust.
- IKON conflict resolution training has commenced, commencing with emergency portals, paediatrics and older adult's areas. This training is being delivered in conjunction with the Mental health team, delivering de-escalation training to equip staff with the skills to manage certain situations.

Any Cross-References to other reports:

Please refer to the following detailed report for more information:

1. The Infection Prevention Annual Report.
2. Quality Committee Chairs reports

NHS
The Royal Wolverhampton
NHS Trust

Appendix 1

Executive Level Nursing Quality Dashboard

The Trust and Division lines contains **all totals** across the areas (this may also be outpatient areas) whereas the breakdown under each division show the totals for each of the individual areas.

(Updated and downloaded on 15 May 2024)

NB: Due to a technical issue, the data set pertaining to missed critical medication doses is currently unavailable until end of May 2024.

		Nursing Workforce									Patient Voice		Pressure Ulcer			Falls	Deteriorating Patient		Infection Prevention	Medication
		Budget WTE	CHPPD (Care Hours Per Patient Day)	Mandatory Training %	Registered Nurse and Midwife Combined sickness %	Registered Nurse and Midwife Maternity leave %	Registered Nurse Midwife WTE Vacancies %	Registered Nurse Midwife WTE Vacancies (Number)	Unregistered Staff WTE Vacancies %	Unregistered Staff WTE Vacancies (Number)	FFT Would Recommend %	Number of Formal Complaints	Number of Category 3 Pressure Ulcers	Number of Category 4 Pressure Ulcers	Number of Moisture Associated Skin Damage	Number of patient falls with harm	% of Patient Observations Taken On Time	Number of Cardiac Arrests	Number of C-Diff Infection Cases	Number of Missed Critical Medication Doses
Royal Wolverhampton NHS Trust	This Period	4,023.82	8.3	94.8	7.09	4.23	0.30	53.00	6.44	0.00	83	56	17	1	55	23	89.1%	24	7	
	Previous Period	3,896.08	7.7	94.4	7.04	4.08	-1.48	-41.05	2.53	28.25	83	35	3	1	52	15	88.1%	13	7	

		Nursing Workforce									Patient Voice		Pressure Ulcer			Falls	Deteriorating Patient		Infection Prevention	Medication
		Budget WTE	CHPPD (Care Hours Per Patient Day)	Mandatory Training %	Registered Nurse and Midwife Combined sickness %	Registered Nurse and Midwife Maternity leave %	Registered Nurse Midwife WTE Vacancies %	Registered Nurse Midwife WTE Vacancies (Number)	Unregistere Staff WTE Vacancies %	Unregistered Staff WTE Vacancies (Number)	FFT Would Recommend %	Number of Formal Complaints	Number of Category 3 Pressure Ulcers	Number of Category 4 Pressure Ulcers	Number of Moisture Associated Skin Damage	Number of patient falls with harm	% of Patient Observations Taken On Time	Number of Cardiac Arrests	Number of C-Diff Infection Cases	Number of Missed Critical Medication Doses
Division 1 (Surgical)	This Period	1,332.75	10.4	94.3	7.29	3.76	1.16	-34.16	1.66	16.90	93	14	3	1	17	4	89.2%	17	2	
A12 General Surgery	This Period	35.11	6.3	95.9	11.62	5.69	5.77	1.28	-5.65	-0.73	100	0	0	0	5	0	88.8%		0	
A14 General Surgery	This Period	35.23	6.1	96.3	7.15	5.56	-3.29	-0.73	26.78	3.46	89	0	1	0	2	0	90.4%	2	0	
A5 T & O ward	This Period	43.20	6.6	93.8	5.86	6.26	9.52	2.40	5.11	0.92	80	0	1	0	1	0	86.4%		1	
A6 T & O ward	This Period	43.73	6.7	93.2	8.43	4.32	0.97	0.25	-5.19	-0.93	88	1	0	1	2	1	86.1%	3	0	
B14 Cardiology ward	This Period	69.62	7.5	96.0	7.56	0.54	3.13	1.64	1.99	0.34	100	0	0	0	0	1	95.4%	8	0	~
B15 Cath Labs and Day Ward	This Period	30.24	~	96.1	1.04	9.81	-3.04	-0.74	20.14	1.18	95							4	0	
B7 Head and Neck	This Period	43.27	8.3	96.6	11.55	4.44		-0.16	0.00	0.83	100	0	0	0	1	1	87.1%		0	
B8 Cardiothoracic ward	This Period	43.21	7.0	96.4	3.50	3.75	-6.19	-2.20	-11.43	-0.88	100	0	1	0	1	0	89.7%		0	
Community Neonatal Unit	This Period	4.82		93.5	2.11	0.00	39.81	1.72	-140.00	-0.70									0	~
D1 Antenatal OPD	This Period	22.95		91.88	5.15	0.00	-35.07	-5.13	-4.04	-0.34		0							0.00	~
D10 Maternity Ward	This Period	51.52	10.3	89.3	8.63	4.65	-4.29	-1.39	-16.38	-3.13	67	1					~		0	~
D7 ward	This Period	40.06	6.2	93.1	18.32	1.41	-14.43	-3.78	14.37	2.00	95	1	0	0	0	0	88.2%		0	
Delivery Suite inc MIU & MTU	This Period	89.59	~	94.1	5.32	6.46	-13.63	-9.75	-6.08	-1.10	94	1					~		0	~
Hilton main CCH	This Period	46.58	7.0	94.3	2.63	5.83	4.73	1.48	-3.66	-0.56	88	0					91.3%		0	
ICCU	This Period	204.01	31.4	96.4	6.55	3.63	1.85	3.34	9.89	2.29	~	0	0	0	5	0	~		1	
Midwifery Led Unit	This Period	31.31		95.75	6.07	5.64	41.97	8.78	53.46	5.56										~
Neonatal Unit	This Period	116.57	28.5	89.0	7.97	2.70	-3.23	-3.05	42.88	4.82	80		0	0	0	0	~		0	~
SEU	This Period	82.65	8.7	96.3	8.44	3.24	1.56	0.82	14.92	4.46	75	1	0	0	0	0	86.4%		0	
Specialist Nurses - Neonates	This Period	9.70		85.4	13.50	0.00	26.19	2.54	0.00	0.00									0	~
Transitional Care	This Period	20.49	~	92.2	21.04	0.00	52.73	7.70	-4.76	-0.28	100						~		0	~
Theatres	This Period	268.89	~	95.4	6.75	4.31	-27.53	-39.18	-0.25	-0.32	~		0	0	0	0	~		0	~

NHS
The Royal Wolverhampton
NHS Trust

		Nursing Workforce									Patient Voice		Pressure Ulcer			Falls	Deteriorating Patient		Infection Prevention	Medication
		Budget WTE	CHPPD (Care Hours Per Patient Day)	Mandatory Training %	Registered Nurse and Midwife Combined sickness %	Registered Nurse and Midwife Maternity leave %	Registered Nurse Midwife WTE Vacancies %	Registered Nurse Midwife WTE Vacancies (Number)	Unregistered Staff WTE Vacancies %	Unregistered Staff WTE Vacancies (Number)	FFT Would Recommend %	Number of Formal Complaints	Number of Category 3 Pressure Ulcers	Number of Category 4 Pressure Ulcers	Number of Moisture Associated Skin Damage	Number of patient falls with harm	% of Patient Observations Taken On Time	Number of Cardiac Arrests	Number of C-Diff Infection Cases	Number of Missed Critical Medication Doses
Division 2 (EMS)	This Period	652.99	6.3	93.9	7.32	4.50	4.04	34.46	13.68	53.12	93	33	5	0	15	17	89.7%	7	3	
A7 Gastroenterology	This Period	40.15		92.8	9.45	2.79	10.79	2.68	15.17	2.33	0	1	1	0	0	1	89.2%	1	0	
A8 Gastroenterology	This Period	40.15	4.1	97.9	4.85	9.39	12.08	3.00	40.29	6.18	100	1	0	0	1	0	92.2%		0	
AMU	This Period	87.79	7.8	0.0	7.88	4.40	4.42	2.39	7.94	2.68	81	1	0	0	0	3	82.4%		0	
C14 Respiratory	This Period	38.89	6.4	92.1	2.75	0.00	2.98	0.65	21.56	3.69	100	1	0	0	1	0	89.7%		0	
C15 Diabetes	This Period	32.08	6.6	95.0	10.22	7.43	-5.71	-1.10	14.43	1.86	75	2	0	0	0	2	90.6%	1	0	
C16 Diabetes	This Period	37.57	5.4	93.3	13.50	0.38	5.09	1.11	20.91	3.30	86	2	2	0	0	0	87.4%		0	
C17	This Period	24.16	6.3	91.3	1.56	4.33	0.00	-1.82	0.00	3.57	67		0	0	1	0	96.0%		0	
C18 Elderly Care	This Period	37.23	6.9	0.0	6.07	2.69	3.56	0.78	1.21	0.19	100	1	1	0	3	0	94.6%		0	
C19 Elderly Care	This Period	37.23	7.1	94.6	9.78	2.57	-1.27	-0.28	-5.79	-0.89	100	0	1	0	1	0	89.6%		0	
C21 Acute Stroke Unit	This Period	61.58	6.5	95.4	7.76	2.89	-8.41	-3.02	14.96	3.85	100	3	0	0	0	3	84.0%	1	0	
C22 Renal	This Period	30.04	5.5	95.3	14.57	9.25	-19.57	-3.03	30.95	4.50	33	2	0	0	2	0	91.1%		0	
C24 Renal Ward	This Period	37.23	4.7	94.8	5.04	10.05	16.02	3.49	32.21	4.97	100	3	0	0	0	3	88.2%	1	0	
C25 Renal Ward	This Period	37.23	5.0	90.3	10.86	3.57	13.91	3.03	27.20	4.20	100	2	0	0	0	1	88.8%	3	0	
C26 Respiratory	This Period	46.60	7.6	94.1	5.30	5.18	-17.38	-5.13	5.11	0.87	100	0	0	0	2	0	91.3%		0	
C35 Deansley Ward	This Period	28.16	7.5	97.9	13.07	3.06	9.56	1.81	-8.14	-0.75	100		0	0	2	0	90.0%		0	
C39 ward	This Period	0.00	6.1	0.0	0.00	0.00	0.00	0.00	0.00	0.00		1	0	0	1	1	0.0%		0	~

		Nursing Workforce									Patient Voice		Pressure Ulcer			Falls	Deteriorating Patient		Infection Prevention	Medication
		Budget WTE	CHPPD (Care Hours Per Patient Day)	Mandatory Training %	Registered Nurse and Midwife Combined sickness %	Registered Nurse and Midwife Maternity leave %	Registered Nurse Midwife WTE Vacancies %	Registered Nurse Midwife WTE Vacancies (Number)	Unregistered Staff WTE Vacancies %	Unregistered Staff WTE Vacancies (Number)	FFT Would Recommend %	Number of Formal Complaints	Number of Category 3 Pressure Ulcers	Number of Category 4 Pressure Ulcers	Number of Moisture Associated Skin Damage	Number of patient falls with harm	% of Patient Observations Taken On Time	Number of Cardiac Arrests	Number of C-Diff Infection Cases	Number of Missed Critical Medication Doses
Division 3 (CCSS)	This Period	628.64	10.5	96.9	6.30	4.67	-10.17	21.72	-13.06	4.07	75	9	9	0	23	2	81.4%		2	
A21	This Period	52.61	7.9	95.1	5.16	7.70	-1.12	-0.36	20.86	4.21	89	1	0	0	0	1	79.7%		0	~
Clinical Nurse Specialist	This Period	11.48	~	0.0	0.57	0.00	-7.78	-0.89	0.00	0.00							~	~		~
Community Children's Nursing Team - Generic Team	This Period	30.01	~	98.4	7.48	8.42	4.71	0.86	-6.14	-0.73							~	~	0	~
NRU West Park	This Period	22.62	9.9	98.6	1.59	0.00	6.96	0.73	15.69	1.90			0	0	1	0	96.8%		0	
PAU	This Period	29.33	13.1	95.3	2.70	11.52	20.97	3.99	-19.29	-1.99	86	1	0	0	0	0	84.4%		0	~
Ward 1 West Park	This Period	28.51	5.9	96.6	4.06	3.93	8.90	1.16	13.15	2.03	0	1	0	0	2	0	98.5%		0	
Ward 2 West Park	This Period	30.19	6.1	97.0	9.89	3.09	1.71	0.22	2.80	0.48	83	1	1	0	0	1	92.0%		0	
Planned Care	This Period	99.41	~	95.6	7.26	3.40	0.19	0.14	-5.86	-1.48		3	8	0	20	0	~	~	0	~
Urgent Care	This Period	57.22	~	94.4	5.73	4.07	20.04	9.10	-0.39	-0.05	65						~	~	0	~
Intermediate Care	This Period	0.00	~	97.9	0.00	0.00	0.00	0.00	0.00	0.00							~	~		~
Dermatology	This Period	15.30	~	98.9	4.96	0.00	-9.24	-0.95	28.85	1.46	100	0					~		0	~
Physio & OT	This Period		~	~	~	~	~	~	~	~	~						~	~	~	~
Primary Care Services	This Period	32.32	~	95.3	9.12	4.85	3.99	1.04	-32.26	-2.01		1					~	~	~	~
Radiology	This Period	8.38	~	95.0	13.25	17.23	-15.63	-1.00	-85.19	-1.69	100	1	0	0	0	0	~		0	~
Rehabilitation	This Period																			
Rheumatology	This Period	14.69	~	97.5	8.97	0.00	-75.73	-7.63	-46.93	-2.16	95						~		0	~
Sexual Health	This Period	19.50	~	0.0	8.35	5.43	-2.24	-0.27	17.41	1.33							~		0	~
Ambulatory Care	This Period	23.79	~	99.5	4.41	2.39	-0.84	-0.17	22.22	0.80							~	~	~	~

NHS
Walsall Healthcare
NHS Trust

Report to Group Trust Board Meeting - to be held in Public on 16th July 2024		
Title of Report:	Chief Nursing Officer Report.	Enc No:6.4
Author:	Christian Ward – Deputy Chief Nursing Officer christian.ward@nhs.net	
Presenter/Exec Lead:	Lisa Carroll - Chief Nursing Officer lisa.carroll5@nhs.net	

Action Required of the Board/Committee/Group			
Decision	**Approval**	**Discussion**	**Other**
Yes☐No☒	Yes☒No☐	Yes☒No☐	Yes☐No☒
Recommendations: • Trust Board are asked to note and receive the report's contents for assurance and to approve the IPC Annual Report for publication on the Trust website			

Implications of the Paper:			
Risk Register Risk	Chief Nursing Officer (CNO) risks on the risk register: Yes ☒ No ☐ Risk Title: 2587 - Risk of staff harm due to insufficient numbers of staff fit mask tested on two different masks – score 9. 2601 - Sepsis/deteriorating patient identification, assessment, and treatment of the sepsis 6. 3043 - Suboptimal paediatric nursing ratios – score 16 3061 - CYP and adults with learning disabilities are not receiving care in line with local and national best practice standards – score 12		
Changes to BAF Risk(s) & TRR Risk(s) agreed	None		
Resource Implications:	Workforce: Agency Costs for Paediatric Nurses, whilst recruitment is underway for newly funded Nursing establishment.		
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☒No☐	Details: Registration and licensing Well led.
	NHSE	Yes☒No☐	Details: Related standards
	Health & Safety	Yes☒No☐	Details: Health & Safety Act
	Legal	Yes☒No☐	Details: Duty of Candour, Claims and Litigation
	NHS Constitution	Yes☒No☐	Details: Constitutional Standards
	Other	Yes☐No☒	Details: Professional registration issues
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:** No adverse impact is anticipated as a result of the points articulated in this report.		

Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☐No☒	Date: N/A
	Board Committee	Yes☒No☐	Date: 27/06/2024 TMC
	Board of Directors	Yes☐No☒	Date: N/A
	Other	Yes☐No☒	Date: N/A

Summary of Key Issues using Assure, Advise and Alert

Assure

- Safeguarding adult and children's training is achieving the Trust target for levels 1 and 2 training.
- Falls per 1000 bed days was 2.92 in May 2024.
- The timeliness of observations for May 2024 was 89.37%, including ED, and the compliance, excluding ED, was 92.75%.
- Agency cessation plans continue to see minimal usage of agency nursing staff, with a robust risk assessment process for approving agency usage (primarily in Paediatrics).
- Following NHSE instructions, all off-framework agency use will cease in July 2024.
- Bank usage for registered and CSW staff was 29% lower at the end of May 2024 than in March 2024.
- Ward/department fill rates have remained consistent despite the reduction in temporary staffing usage. A monthly review of nurse-sensitive indicators demonstrates no adverse changes in performance.
-

Advise

- For adult inpatients, 78.48% received antibiotics within the first hour in May 2024.
- The nursing and midwifery vacancy rate was 7.3% in April 2024. This was due to a month-a-month increase in budgeted establishments.
- A bank usage task and finish group has completed work to review the application of bank rates in clinical areas to ensure equity across all areas. Changes to bank rates come into effect on the 20th of May, 2024.
- The Nursing and Midwifery Council (NMC) have advised an official title change to Student Nursing Associate (SNA) to replace Trainee Nursing Associate (TNA).

Alert

- A total of 6 C. diff toxin cases were reported in May 2024.
- Level 3 adults and children's safeguarding training remains below the trust target, although an upward trajectory is evident in the month for adult training.
- There has been a significant increase in the number of referrals to Safeguarding Multi Agency Safeguarding Hub (MASH).

Links to Trust Strategic Aims & Objectives	
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement • Safe and responsive urgent and emergency care • We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
Support our Colleagues	• Be in the top quartile for vacancy levels
Effective Collaboration	• 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

Walsall Healthcare NHS Trust

Chief Nursing Officer Report.

Report to the Trust Management Committee (TMC)

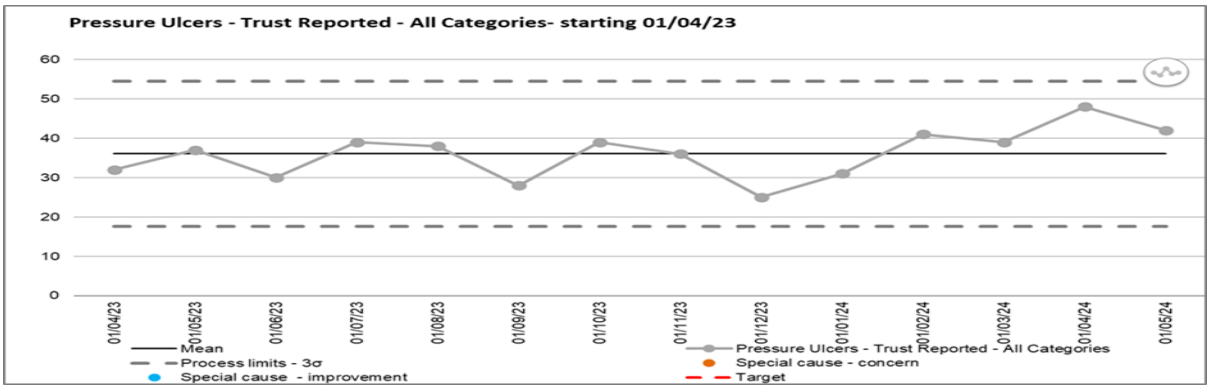
EXECUTIVE SUMMARY

This report summarises the key highlights of the Chief Nursing Officers' portfolio. These include quality, patient experience, workforce, infection prevention and control, safeguarding, and education.

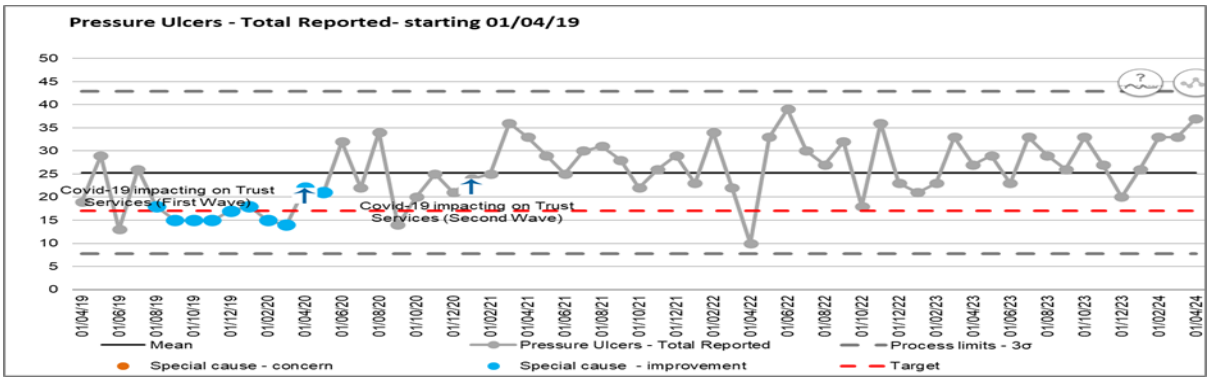
BACKGROUND INFORMATION

Excellence in care

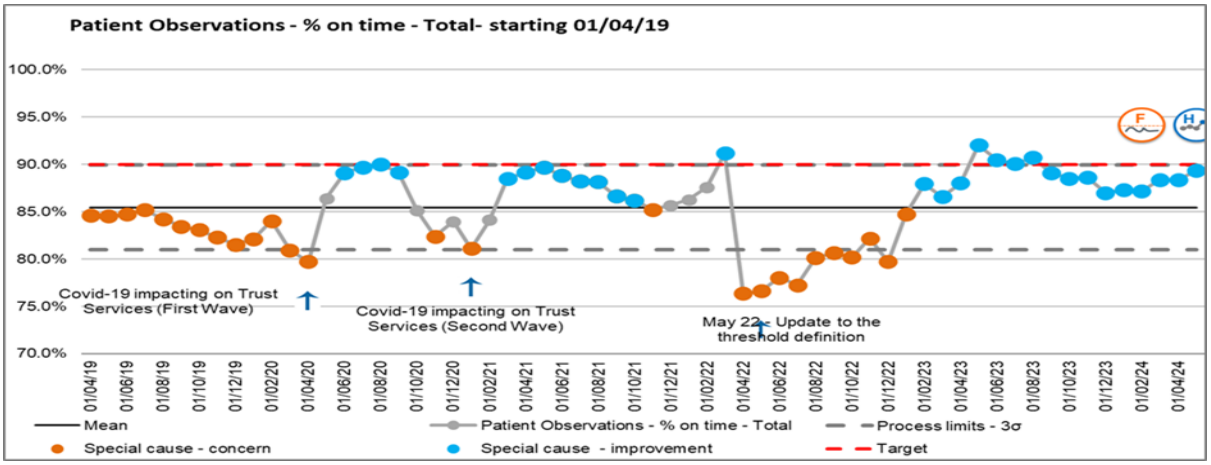
Falls



Pressure Ulcers



Observations on Time

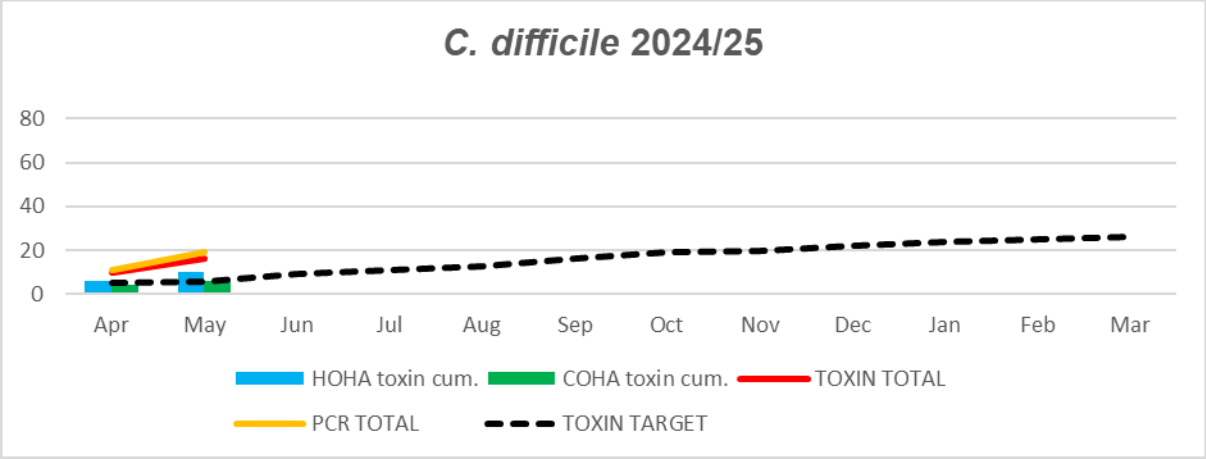


Quality (Nurse Sensitive Indicators) Exceptions to note:

- Pressure Ulcer Data has not been classified due to challenges identified with reporting in Datix which are being addressed, therefore, only the total number of PU has been provided.

INFECTION PREVENTION AND CONTROL

Clostridiodes Difficile



Infection Prevention and Control Exceptions

- 6 C.Diff Infections in month.
- Please note that we have not received our target for C. Diff Infections for 2025/6. Target (26) included in the above graph is the 2024/25 target.

- The Board are asked to approve the IPC Annual Report for publication on the Trust website

Medicines Management

- 150 medication incidents were reported in April 2024, a significant increase from the previous month (108 in March). Most incidents were reported as near misses to low harm, and 3 incidents caused moderate harm; there were no severe harm incidents.
- Ward storage audits continue to be conducted across the Trust via the Tendable platform, with an average score of 96.3%.
- Controlled Drug (CD) audits: They restarted quarterly in April 2024. Compliance ranged from 36.4% to 100%. Ward/Theatres/Department Managers have provided action plans where there is non-compliance, and these have been reviewed by Divisional Leadership to ensure a robust trajectory towards full compliance.

Safeguarding

- The Safeguarding Committee has observed that the significant increase in referrals to the Multi-Agency Safeguarding Hub (MASH) has substantially impacted the workload of our safeguarding teams. Consequently, this has posed a considerable challenge in completing MASH checks promptly. To address this issue, the Safeguarding Team has had to work overtime to ensure MASH checks are completed within the required timescales.

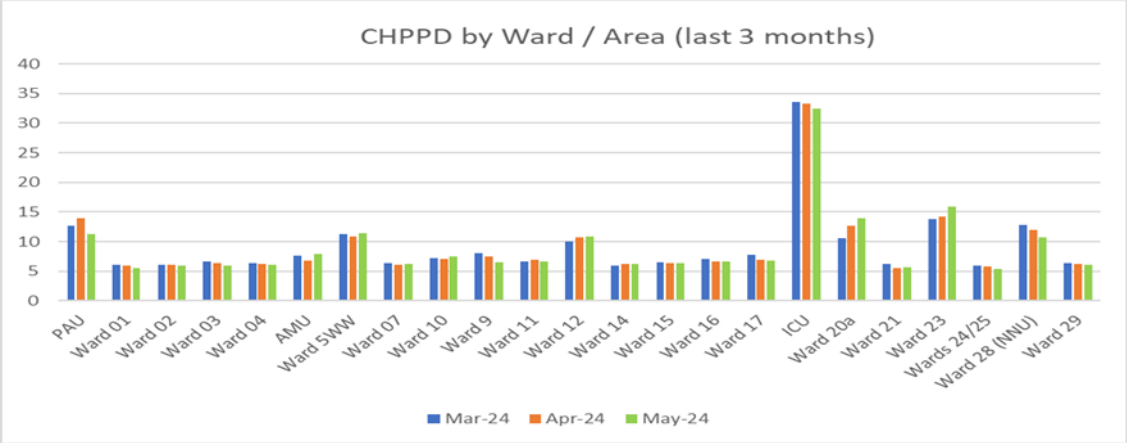
Maternity Safety Champion

- The CNO chairs a bi-monthly safety champion meeting with the quadrumvirate
- Standing agenda items include the maternity dashboard; maternity three-year plan, incidents, complains and claims

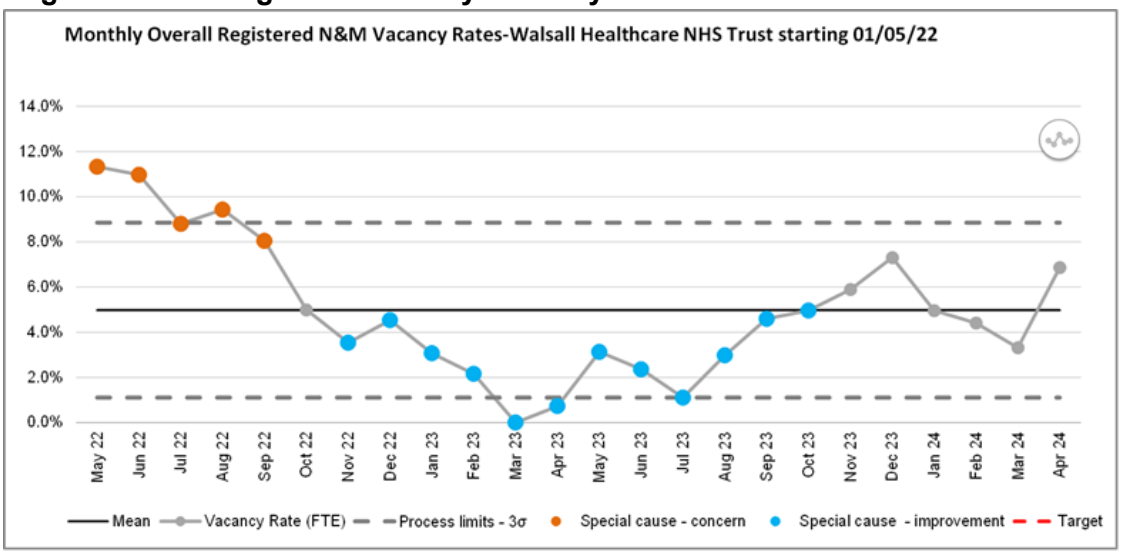
- Monthly maternity safety champion walkabouts with the NED and quad are embedded

Workforce

Care Hours Per Patient Day (CHPPD)



Registered Nursing and Midwifery Vacancy



Workforce Exceptions

- Vacancy increased to 7.4% from 4% in April 2024
- A proposed solution to address the annual challenge of the hiatus in student Nurse/Midwife qualifications in September and the retention of our local student Nurse/Midwives is to temporarily pause non-specialist Band 5 recruitment. This pause will accommodate all qualifying students by October 2024. Consequently, this will lead to 'held vacancies' each month until September/October, generating five months of vacancy factor savings.

  It is proposed that Vacancy Control Panels (VCPs) continue to process vacancies as they naturally arise, with an annotation indicating that the recruitment start date will be September/October 2024, as part of the initiative to retain local students. This plan assumes that 100% of students will complete their qualifications on time and wish to return to the organisation as newly qualified practitioners, and that the average leaver rate remains constant.

Early indicators suggest that not all students will complete on time. Therefore, we will refresh our plan every four weeks to ensure that posts are not held unnecessarily.

Research and innovation

- ePMA procurement is underway, with a single supplier now in the process.
- Frontline Digitalisation Programme is now working towards going live with Careflow Connect, Workspace and Narrative.

Education

- In May 2024, Standards for Student Supervision and Assessment (SSSA) training compliance was 78%, an increase from 75% in April 2024.
- Care Certificate Compliance for CSW currently is 96%.
- A new band 5 nursing development programme commenced at the end of January 2024 in collaboration with RWT. Topics covered include quality of care, patient experience and civility & respect. This is due to conclude in June 2024.
- Safer Learning Charter Environment—The charter needs to be embedded in organisations by August 2024. It applies to all disciplines of learners in the organisation.
- The current pilot of PNA Supervision is in place as part of the preceptorship programme to help retain and support new practitioners.
- Beyond Preceptorship programme in development – launch Spring 2025

Cross-References to other reports

Please refer to the following detailed reports for more information:

1. IPC Annual Report (Appendix 1)

END OF REPORT

The Royal Wolverhampton NHS Trust

Report to the Trust Board On 16th July 2024		
Title of Report:	RWT - Infection Prevention & Control 2023/24 Annual Report	Enc No:
Author:	Matt Reid	
Presenter/Exec Lead:	Debra Hickman, Chief Nursing Officer	

Action Required of the Board/Committee/Group			
Decision	**Approval**	**Discussion**	**Other**
Yes☐No☒	Yes☒No☐	Yes☒No☐	Yes☐No☐
Recommendations: The Board is asked to note the contents of the report and receive it for discussion and assurance.			

Implications of the Paper:			
Risk Register Risk	Yes ☒ No ☐ Risk Description: 5682 - Risk of increased incidence of Healthcare Acquired Infections (HCAI) as there are a limited number of side rooms and a limited number of side rooms with ensuite facilities There is a risk of inability to accommodate patients with suspected/laboratory confirmed specific infections due to a very limited number of negative pressure isolation rooms available for use at RWT 5648 - If CPE screening is not undertaken following updated framework of actions there will be an increased risk of transmission in RWT On Risk Register: Yes☐No☐ 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☐No☐ Risk Score (if applicable):		
Resource Implications:	(if none, state 'none') Revenue: None Capital: None Workforce: None Funding Source: 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☐No☐	Details: eg. Well-led
	NHSE	Yes☐No☐	Details:
	Health & Safety	Yes☐No☐	Details:
	Legal	Yes☐No☐	Details:

	NHS Constitution	Yes☐No☒	Details:
	Other	Yes☐No☐	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☒No☐	Date: IPCG 31.5.24
	Board Committee	Yes☒No☐	Date: Quality Committee 26.6.24
	Board of Directors	Yes☐No☐	Date:
	Other	Yes☐No☐	Date:

Summary of Key Issues using Assure, Advise and Alert

Assure

- CPE screening continues to identify positive patients and reduce the risk of spread
- Maintained compliance with the Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance (Department of Health and Social Care, 2015)
- Met internal target for Meticillin sensitive *Staphylococcus aureus* (MSSA) bacteraemia

Advise

- Above 2023/24 internal target for Device-Related Hospital Acquired Bacteraemias (DRHABs) (54/48) and Meticillin resistant *Staphylococcus aureus* acquisitions (31/24)
- Increase in patients identified with CPE in 2023/24, 98 were identified compared with 53 (2022/23), 27 (2021/22) and 18 (2020/21) and a significant increase to pre-pandemic case numbers (56 in 2019/20)
- The deep clean schedule has been challenged due to unavailability of a decant ward for much of the year as extra capacity was required

Alert

- Above external threshold for Meticillin resistant *Staphylococcus aureus* (MRSA) bacteraemia (4/0)
- Above external threshold for *Clostridioides difficile* (80/53)
- Above external 2023/24 thresholds for *E. coli*, *Klebsiella* species and *Pseudomonas aeruginosa* bacteraemia. (113/94, 35/29 and 16/15, respectively)

Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
Excel in the delivery of Care	• 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

Support our Colleagues	• 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
Improve the Healthcare of our Communities	• 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
Effective Collaboration	• 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

Infection Prevention & Control 2023/24 Annual Report

Report to Trust Board Meeting to be held in Public on 16th July 2024

EXECUTIVE SUMMARY

The 2023/24 annual report takes the opportunity to celebrate the successes, discusses adversities and highlights the increasing challenges going forward. The report highlights all the achievements and performance data for 2023/24.

It highlights:

RWT has maintained compliance with the Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance (Department of Health, 2015).

IP Team have continued to ensure that both staff and patients are updated with national guidance and appropriate personal protective equipment (PPE) recommendations, particularly regarding measles, CPE, COVID-19, and influenza.

The collaborative work with Public Health and the Local Authority to support care homes and other high-risk settings.

The collaborative and partnership working with Infection Prevention colleagues at Walsall Healthcare Trust. In 2023/24 both Trusts jointly developed and launched the first joint Infection Prevention and Control Delivery Plan (2023-2026) which is aligned to the Quality and Safety Enabling Strategy and joint organisational Quality Framework.

Challenges to the deep clean schedule which meant unavailability of a decant ward for much of the year as extra capacity was required.

Hotel Services team have facilitated the development of a dedicated Patient equipment cleaning centre (PECC) at RWT which recently became operational.

Support given to Wolverhampton GPs

Audit and Surveillance

Policy reviews

Infection Prevention Serious incidents reported.

Intravenous Resource, Tuberculosis, Surgical Site Infection Surveillance and Continence teams' performance

The uptake of influenza vaccine among front-line staff was 40% which was a decrease from uptake in 2022/23 (41%) and 2021/22 (58%)

Education and awareness have been one of the top priorities in supporting the endeavour of a well-informed workforce in relation to infection prevention and control, from fundamental IP practices to more specialist areas.

RWT was one of 78 NHS acute trusts to undertake the national point prevalence survey on healthcare associated infections (HCAIs), antimicrobial use (AMU) and antimicrobial stewardship (AMS) in England (2023).

Positive feedback following a Quality Assurance visit from Integrated Care Board (ICB) colleagues to review infection prevention and control practices of caring for a patient with loose stool/a possible C. difficile case.

RWT performance against internal and external trajectories/thresholds.

The annual target for MRSA bacteraemias is zero. Our total for the year 2023/24 was 4 (3 post-48h MRSA bacteraemias, plus a further one that occurred within 28 days of discharge).

NHS England sets annual objectives for NHS Trusts for *Clostridioides difficile* and specific Gram-negative bacteraemia (*Escherichia coli*, *Klebsiella* and *Pseudomonas aeruginosa*). *Clostridioides difficile* was over trajectory this year with 80 RWT-attributable cases during the year, against an objective of 53. The objectives for *Escherichia coli*, *Klebsiella* and *Pseudomonas aeruginosa* were exceeded with 113/94, 35/29 and 16/15, respectively.

RWT recorded 54 device related hospital-acquired bacteraemias (DRHABs) during 2023/24 against an internal trajectory of 48. This was a slight improvement from 2022/23 where 58 were reported (and from 60 in the prior year).

Pack B - Any Cross-References to Reading Room Information/Enclosures:

Draft Infection Prevention Annual Report 2023/24

***Clostridioides difficile* (2023/24 cases – analysis and themes**

DRAFT INFECTION PREVENTION ANNUAL REPORT 2023/24

EXECUTIVE SUMMARY

The Infection Prevention (IP) Team have seen another busy year, with challenges in the form of a national measles outbreak with large numbers of cases seen in the West Midlands, increases in the number of *Clostridioides difficile* and Carbapenemase Producing Enterbacteriaceae (CPE) cases, continued COVID-19 cases, and an increase in number of cases of influenza. Despite this, The Royal Wolverhampton NHS Trust (RWT) has maintained compliance with the Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance (Department of Health, 2015). This report takes the opportunity to celebrate the successes and highlights the increasing challenges going forward.

Increased risk factors for healthcare acquired infections (HCAIs) are recognised in the ageing population, complexity and level of illness or disease, alongside changes in use of health services, and the expanding threat of highly resistant organisms. These are all considered when drawing up our local strategy for preventing HCAI. The work of the IP Team includes education, research and development, standard and policy setting, establishing assurance processes and, most importantly, ensuring patient safety in the prevention of spread and acquisition of new infections across RWT and the City. During 2023/24 the IP Team have continued to ensure that both staff and patients are updated with national guidance and appropriate personal protective equipment (PPE) recommendations, particularly regarding measles, CPE, COVID-19, and influenza. The IP team have strived to undertake proactive work, for example taking opportunities for staff education, involvement in regional and national initiatives and audits.

A notable undertaking by the IP team and Microbiologist colleagues was participation, as one of 78 NHS acute trusts, in the national point prevalence survey on healthcare associated infections (HCAIs), antimicrobial use (AMU) and antimicrobial stewardship (AMS) in England (2023). This will allow benchmarking with peer-group hospitals in England to identify opportunities for improvement. Local results feedback is expected in early 2024/25 with the national results to follow.

The annual target for MRSA bacteraemias is zero. Our total for the year 2023-24 was 3 post-48h MRSA bacteraemias, plus a further one that occurred within 28 days of discharge.

NHS England sets annual objectives for NHS Trusts for *Clostridioides difficile* and specific Gram-negative bacteraemia (*Escherichia coli, Klebsiella* and *Pseudomonas aeruginosa*). *Clostridioides difficile* was over trajectory this year with 80 RWT-attributable cases during the year, against an objective of 53. The objectives for *Escherichia coli, Klebsiella* and *Pseudomonas aeruginosa* were exceeded with 113/94, 35/29 and 16/15, respectively. The Trust received positive feedback following a Quality Assurance visit from Integrated Care Board (ICB) colleagues to review infection prevention and control practices of caring for a patient with loose stool/a possible *C. difficile* case.

Unfortunately, RWT recorded 54 device related hospital-acquired bacteraemias (DRHABs) during 2023/24 against an internal trajectory of 48. This was a slight improvement from last year where 58 were reported (and from 60 in the prior year).

There was an increase in patients identified with CPE. This year 98 were identified compared with 53 (2022/23), 27 (2021/22) and 18 (2020/21) and a significant increase to pre-pandemic case numbers (56 in 2019/20). Patients are still risk assessed as previously.

During 2024/25 the IP team will be working through the transition to the national Patient Safety Incident Response Framework (PSIRF) which will change the way The Royal

Wolverhampton NHS Trust and Walsall Healthcare NHS Trust responds to patient safety events, and in this case infection related incidents.

PSIRF process replaces the Serious Incident Framework and is focused on how incidents happen – including the factors which contribute to them – while acknowledging system failings rather than casting blame on individuals.

Education and awareness have been one of the top priorities in supporting the endeavour of a well-informed workforce in relation to infection prevention and control, from fundamental IP practices to more specialist areas. This approach has been complemented by use of manned stands in high foot fall areas, screen savers and an IP special edition of the Care to Share publication.

Environmental controls continue to play an important role in our approach to tackling HCAI; the deep clean schedule has been challenged due to unavailability of a decant ward for much of the year as extra capacity was required. The Hotel Services team have continued to be a fundamental aspect of reducing the risk of infection, they have demonstrated on-going flexibility in response to requests for cleans and enhanced cleans. The team have undertaken important work providing cleaning of patient equipment in a temporary patient equipment cleaning centre (PECC). Alongside this the Hotel Services team have facilitated the development of a dedicated PECC at RWT which recently became operational.

The Intravenous Resource Team continues to deliver a high standard of line care with increasing numbers of patients discharged on Outpatient Parenteral Antibiotic Therapy (OPAT) and many lines were inserted by the skilled team.

Surgical Site Infection (SSI) Surveillance continues across all specialities with data shared with consultant surgeons via a monthly dashboard.

Influenza preparedness and prevention for patients and staff was a key activity. In line with national numbers of cases RWT has seen several influenza cases during this season. The uptake of influenza vaccine among front-line staff was 40% which was a decrease from uptake in 2022/23 (41%) and 2021/22 (58%).

There has continued to be proactive engagement and partnership working with our Public Health colleagues. Outbreak management support to care homes and very sheltered housing establishments across the Wolverhampton health economy was maintained, ensuring a seamless service across healthcare facilities throughout the city. During periods of reduced outbreak activity, infection prevention audits and education took place in care homes.

The IP team have undertaken collaborative working with IP, UKHSA and ICS/ICB colleagues and more locally they have continued to strengthen relationships and partnership working with Walsall Healthcare Trust IP colleagues and wider. Throughout 2023/24 both Trusts jointly developed and launched the first joint Infection Prevention and Control Delivery Plan (2023-2026) which is aligned to the Quality and Safety Enabling Strategy and joint organisational Quality Framework.,

There have been three directorate risks managed by IP team during 2023/24, one of which was closed in May 2023 following review and discussion at the Infection Prevention and Control Group (IPCG) meeting.

INTRODUCTION

The existing Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance (also referred to as The Hygiene Code) was updated in December 2022:

Health and Social Care Act 2008: code of practice on the prevention and control of infections - GOV.UK (www.gov.uk)

The code of practice document has been updated to reflect changes to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and the role of infection prevention and control (IPC) (including cleanliness) in optimising antimicrobial use and reducing antimicrobial resistance. The Code of practice was revised in 2015 to make it clear to non-specialists that cleanliness is an integral part of IPC. The document takes account of changes to the IPC landscape and nomenclature that have occurred since the COVID-19 pandemic. The law states that the Code must be considered by the CQC when it makes decisions about registration. The regulations also say that providers must have regard to the Code when deciding how they will comply with registration requirements. So, by following the Code, registered providers can show that they meet the requirement set out in the regulations. The Code aims to exemplify what providers need to do to comply with the regulations.

CQC review the code requirements in relation to Fundamental Standard Regulation 12 – Safe care and treatment and Fundamental Standard Regulation 15 - Premises and equipment. The Trust is declaring full compliance with the Code.

INFECTION PREVENTION REPORTING STRUCTURE

Infection Prevention and Control Group (IPCG)

The IPCG continued to meet monthly during 2023/24, with meetings chaired by the Chief Medical Officer. Monthly reports are received by IPCG from the operational teams and supporting departments which demonstrate and assure compliance; this includes dashboards from the clinical Divisions and reports from Hotel Services, Pharmacy, Estates, TB service, Intravenous Resource Team, the Decontamination Lead and Occupational Health and Wellbeing. COVID-19 data and the Infection Prevention Board Assurance Framework document was also discussed. These meetings took place on Microsoft Teams.

The Head of Nursing for Corporate Support Services sits on the Trust's Nursing, Midwifery, Health Visiting and AHP Leaders Group and the Senior Matron Infection Prevention is Deputy chair Environment Group, IP Matrons attend the Matrons, Ward Managers, Senior Nurses, Midwives, Health Visitors and Allied Health Professions Group.

These forums offer an additional opportunity to feedback information to the wards and departments and receive information to inform the priorities and actions of the Infection Prevention Team.

Infection Prevention continues to report to the Integrated Care Board (ICB) as part of the commissioned services, to include jointly funded projects with Public Health. A Consultant Microbiologist sits on the Medicines Management Group. The Microbiologists continue to work with the Antimicrobial Pharmacist in monitoring, auditing, and education on the use of antimicrobials, and an Antimicrobial Stewardship Group meets regularly. The Ward Pharmacists monitor antimicrobial use around the hospital. An antimicrobial ward round has been in place since July 2021 which includes Consultant Microbiologist, Antimicrobial Pharmacist, and an Infection Prevention Practitioner.

The Infection Prevention Team hold a Surveillance meeting twice a month with a Microbiologist to review infection related surveillance data, an IP Governance meeting is held to discuss team aspects, governance data which include policies, patient literature, audit and effectiveness, NICE guidance compliance, investigations including root cause analyses (RCA) completed and lessons learnt, compliments and complaints, internal and external visits and reviews, Freedom of Information requests, action plan monitoring and Health and Safety compliance.

Reports to the Trust Board

At every Trust Board the Chief Nursing Officer (CNO) presents the CNO Report for the organisation, which includes the most recent infection prevention performance data. Bi-monthly IP reports are presented to Trust Board, therefore, ensuring full sight and access to all information concerning the Trust's performance against the external and internal infection prevention targets and other infection related issues. Infection Prevention Board Assurance Framework document was presented at Trust Management Committee, Trust Board and Quality Governance Assurance Committee (QGAC). The Consultant Microbiologist delivers an IP report to the Quality & Safety Assurance Group (QSAG) twice yearly.

The Infection Prevention Team (IPT) comprises of the following individuals:

Sessional Commitment to Infection Prevention:

Name	Title	Sessional Commitment to Infection Prevention
Dr J Macve	Consultant Microbiologist, Infection Control Doctor	5.0 PA
Dr D K Dobie	Consultant Microbiologist, RWT Head of Microbiology Department, Infection Control Doctor Wolverhampton Service specification - Primary care, Pandemic Influenza lead	2.0 PA
Dr H E Jones	Consultant Microbiologist	0.5 PA
Dr K French	Consultant Microbiologist, Antimicrobial Stewardship lead started in post March 2021	0.5 PA

Pharmacy Staff

Mrs P Kang	Antimicrobial Stewardship Pharmacist	0.67WTE **Left post in October 2023**
Mrs H Sandhu	Antimicrobial Stewardship Pharmacist	1.0WTE **commenced maternity leave in February 2024**

The role of the full time Pharmacist has been recruited to, at the time of writing this report awaiting start date.

Infection Prevention Risks

Risk	Open/closed	Current grade	Key points of update
5648 – If CPE screening is not undertaken according to updated guidance RWT will not identify positive patients and will increase the risk of nosocomial transmission and outbreaks	Open	6 Yellow	Patients are risk assessed on admission, but this only includes if travel abroad or has been an inpatient in another health care setting not including RWT. A business case to be developed by BCPS to provide additional screening. capacity in the Microbiology Lab. Discussion required between BCPS and ICB.
5682 - The Trust is at risk of increased incidence of Healthcare Acquired Infections (HCAI) as there are a limited number of side rooms and a limited number of side rooms with ensuite facilities	Open	9 Amber	Risk of increased incidence of Healthcare Acquired Infections (HCAI) as there are a limited number of side rooms and a limited number of side rooms with ensuite facilities. There is a risk of inability to accommodate patients with suspected/laboratory confirmed specific infections due to a very limited number of negative pressure isolation rooms available for use at RWT.
5777 – (Accepted on TRR May 22) – Risk of outbreaks with potential to cause patient harm, disrupt activity and give rise to media attention	**(risk closed May 2023 following discussion in May IPCG meeting).**	Green	

Infection Prevention and Control Budget 2023/24

The funding for the Infection Prevention Team in Wolverhampton provided by RWT in 2023/24 consisted of a combination of RWT and the Black Country ICB.

A service provision continued to the Black Country ICB providing advice, quality assurance and education to independent contractors in Wolverhampton including contracted GPs and dentists and care homes, the funding for which is now detailed in a service specification.

A service level agreement with Wolverhampton City Council Public Health provides the provision of flu and norovirus outbreak management to all Wolverhampton care homes and very sheltered housing. Following the expiry of COVID-19 grant funding to Public Health teams in October 2022 the contract reverted to the pre pandemic contract to support Wolverhampton Care homes with outbreak management, from April 2023 a new service level agreement has been agreed.

After briefly achieving measles elimination in 2016 and 2017, by 2018 measles virus transmission had re-established in the UK, at a time when the whole of Europe was experiencing large epidemics. Increasing cases of measles were diagnosed across the UK, with confirmed and probable cases seen within the West Midlands and Black Country. Emergency portals and Primary Care were advised to be on alert for any adults/children who are displaying signs/symptoms of measles and isolate appropriately.
National guidance was updated, and this was disseminated and implemented throughout the Trust upon receipt and the development of a local measles action card. Education and awareness were delivered by the IP team across the Trust to raise awareness for staff,

patients and visitors. This was monitored at an Integrated Care System (ICS) measles system partner group and a Trust measles oversight group.

All individuals in the Team are encouraged to be members of the Infection Prevention Society (IPS) to give them the opportunity to attend conferences, courses, and study days to network with IP colleagues in other organisations. NHS England/Improvement (NHSEI) facilitated collaborative groups to share resources and educational packages for *C. diff*, gram negative bactereamia and there was a new task and finish group for C. diff facilitated by the Black Country ICB which the IP team were active members of. There is also ongoing collaborative work with Walsall Healthcare Trust, with shared learning and resources.

The Team successfully provided support and leadership for sheltered housing and care home facilities, successfully working alongside the Community Rapid Intervention Team (RIT) to greatly enhance provision for COVID-19, Norovirus and Flu outbreak management and prevention of admission to acute services. Regular meetings were held with Black Country ICB, local authority, and Public Health to ensure that the care homes, predominantly, were managed appropriately.

Research, development, and innovation

Through the work of the Trust Catheter Group an electronic catheter passport was implemented and a standardised Catheter pack across the Acute Trust to promote standardisation and safe practice in the insertion of catheters and to support sustainability.

This work led to the catheter working group winning an award for innovative, use of data and analytics to improve patient outcomes at the Celebration of Digital, Innovation, Data and Technology Event 2024 with their poster and electronic catheter passport initiative.

The IP team commenced a research project to support data collection, implementation, and evaluation of the Catheter Care Behavioural Insights Research Programme, led by the HIN and Revealing Reality, using a grant provided by the Health Foundation.

Work continues to develop an IP app to support staff with up to date information and guidance.

As COVID-19 numbers and outbreaks continued to reduce the team were supporting the Trust in the restoration of business as usual and consideration of how to prevent and control all respiratory infections.

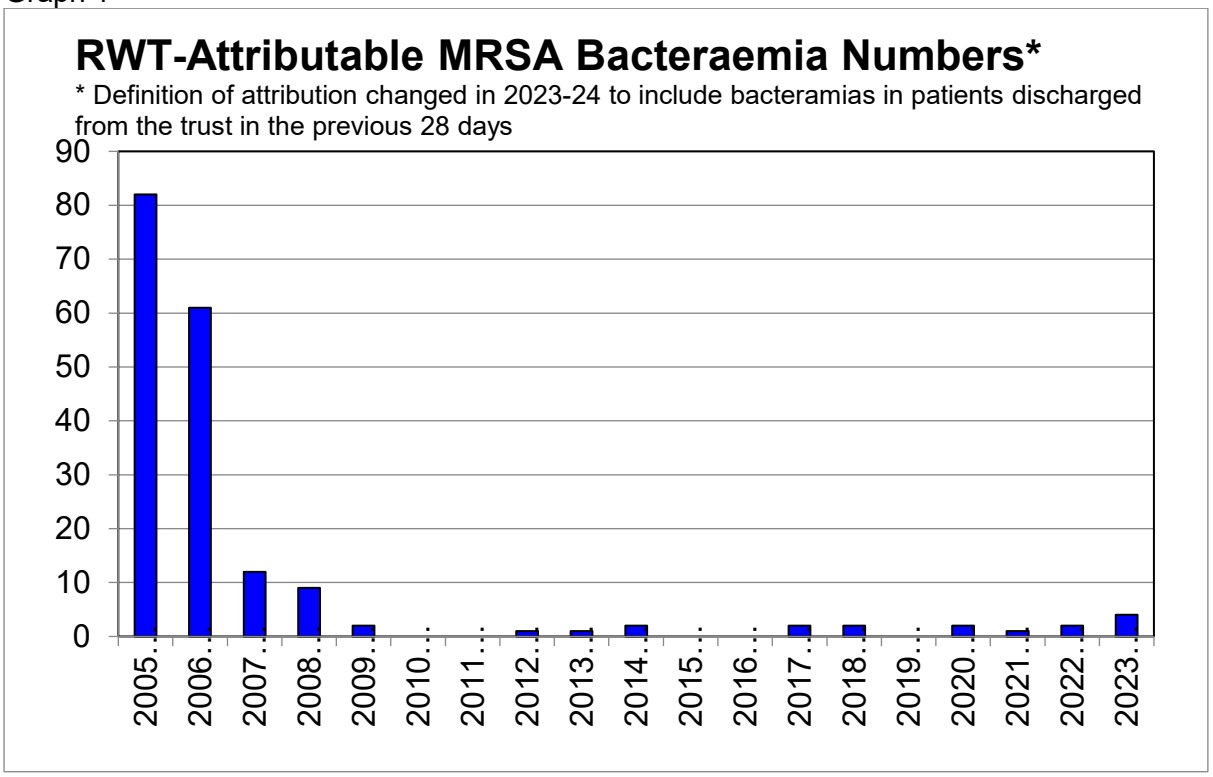
PERFORMANCE

a. Meticillin Resistant *Staph. aureus* (MRSA) Bacteraemias

The targets for the acute Trust and Wolverhampton CCG for MRSA bacteraemia are zero each year. The way that UKHSA are determining Trust-attributable MRSA bacteraemias has changed, although there has been no formal communication regarding this. Previously, only bacteraemias occurring post-48h were attributable, however, new categorisation is now being used. Bacteraemias are either Hospital Onset Healthcare Associated (HOHA, occurring ≥2 days after admission), Community Onset Healthcare Associated (COHA, occurring ≤28days after discharge) or Community Onset Community Associated (COCA). Bacteraemias that fall under the first two categories (HOHA and COHA) are Trust-attributable. RWT had three HOHA and one COHA MRSA bacteraemia attributed to it during 2023-24 (compared with 2 Trust-attributable (HOHA) MRSA bacteraemias in 2022-23). The first HOHA episode was in October 2023, and was thought to be related to neutropenic sepsis. The second HOHA episode was in February and deemed related to an indwelling intravascular line, with the third HOHA episode was due to an infected intravascular port. The COHA bacteraemia was thought to have arisen from the urinary tract in a patient who intermittently self-catheterises and had been discharged from the Trust 15 days prior to the collection of the blood culture. Graph 1 shows the number of RWT-attributable MRSA bacteraemias for each year since 2005-06.

Four patients who had not had any recent contact with RWT were found to have an MRSA bacteraemia on admission to New Cross Hospital; all of cases were attributed to Black Country and West Birmingham ICB. Of these two were due to urinary/genital infections in patients with long-term urinary catheters, one due to a diabetic foot ulcer infection, and the fourth was from a groin abscess in a person who injects drugs. All Trust-attributed cases had RCAs carried out and Post-Infection Review (PIR) meetings, in conjunction with the ICB. The overall combined number of MRSA bacteraemias (Trust and Community) was therefore 8, which is the highest number seen since 2009-10.

Graph 1



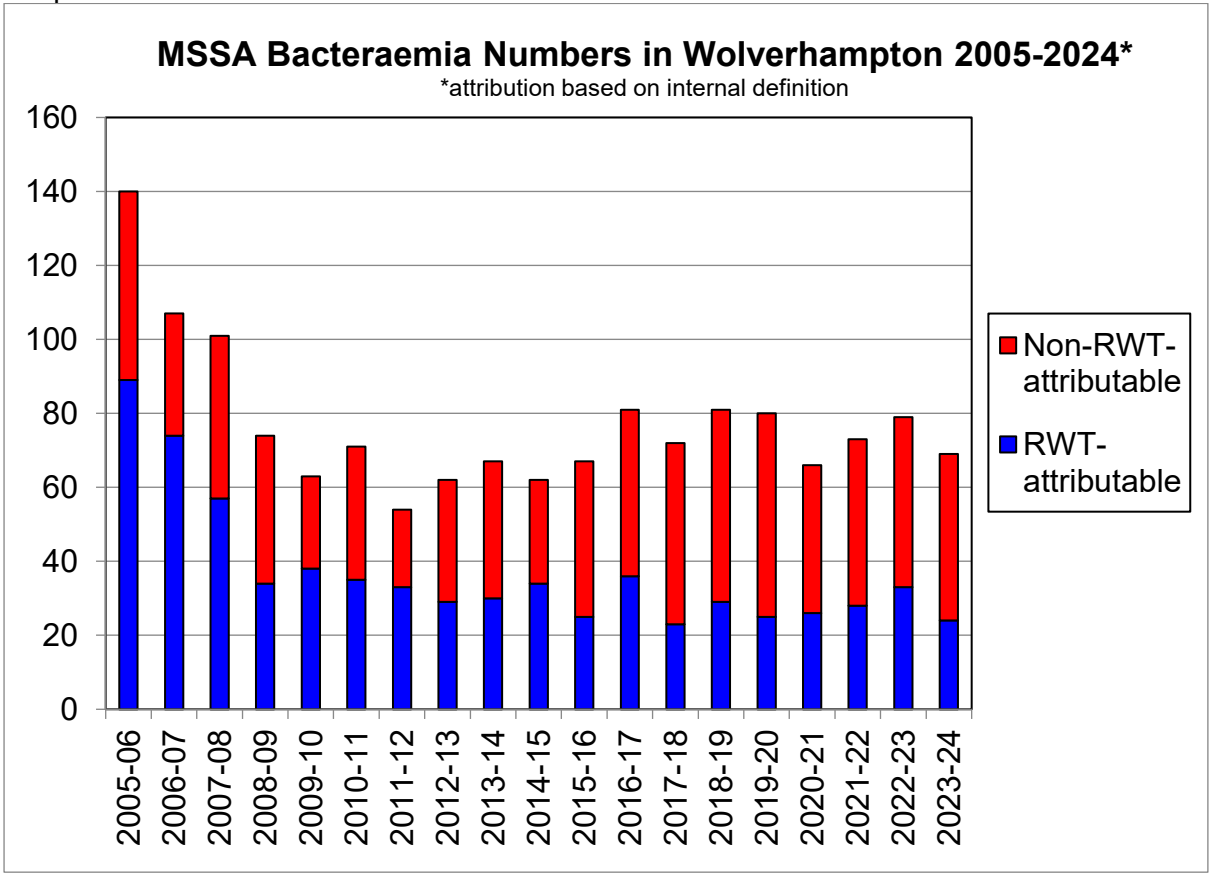
b. Meticillin Sensitive *Staph. aureus* (MSSA) Bacteraemias

National mandatory surveillance of MSSA bacteraemia began in January 2011, but locally we have undertaken surveillance of these infections for much longer than this, with this information used as a Key Performance Indicator (KPI) across the organisation. Graph 2 shows the annual total number of MSSA bacteraemia diagnosed in Wolverhampton since 2005-06, split according to whether these infections were attributable to RWT or not using our in-house definition of attribution (which includes patients who have been recently discharged from our hospital, or are regular or day-case attenders as being RWT-attributable).

It can be seen that the total number of cases is lower than the previous year's total, and the number of RWT-attributable cases has fallen since the previous year, with a total of 24 cases against an internal target of 24 Against the previous external definition of attribution (post-48h only) there were 26 RWT-attributable MSSA bacteraemias, compared with 19 cases last year. However, this external definition has again been changed to include those that occur within 28 days of discharge – the total for this 2023-24 therefore was 26 HOHA and 16 COHA.

A Root Cause Analysis is carried out on all RWT-attributable MSSA bacteraemias. These revealed: ten were related to intravenous lines including peripheral cannulae, with a further case related to an intravenous port infection, 4 were related to skin infection including infected pressure ulcers, two were thought be from a chest infection, two were thought to have an abdominal source, one was due to infection of an old drain site, one was due to sialadentitis (bacterial infection of a salivary gland), one due to septic arthritis, one due to discitis and the source was uncertain for one.

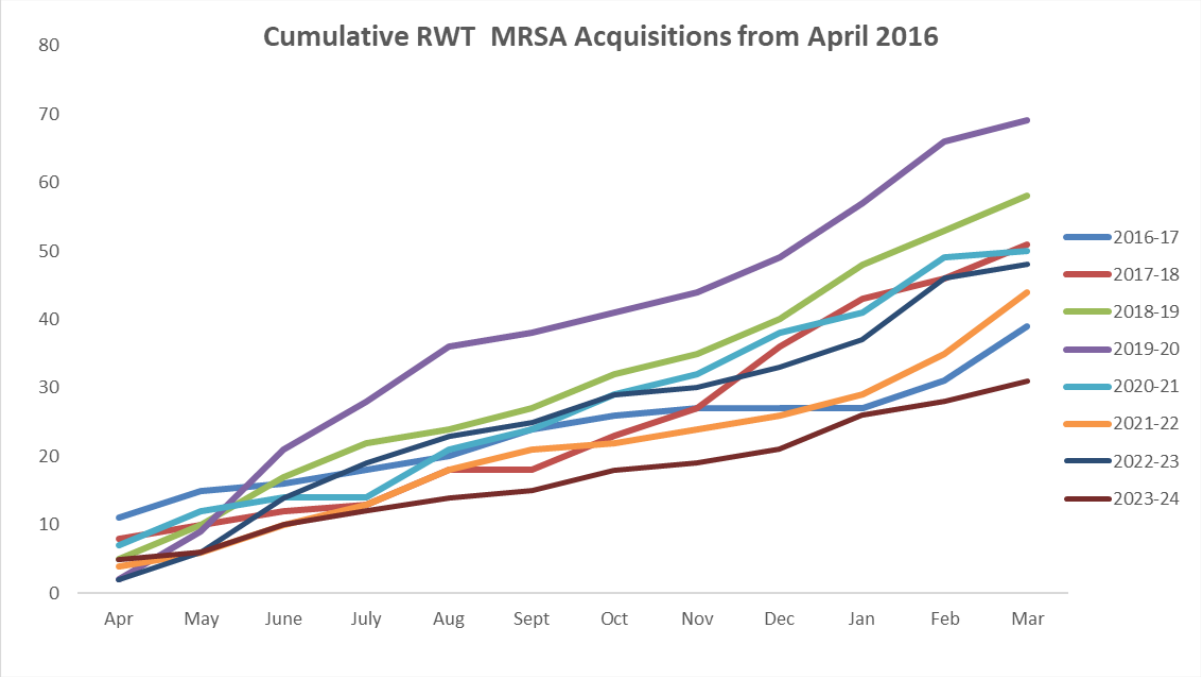
Graph 2



c. MRSA Acquisitions

Universal admission screening for MRSA has enabled us to monitor the acquisition of MRSA in RWT and use this as another KPI for the organisation. Graph 3 shows the number of MRSA acquisitions across RWT (including Cannock Chase Hospital from November 2014) over the past seven years. It can be seen that in 2023-24 there were only 31 acquisitions, which is the lowest figure we have ever seen. This demonstrates the importance of ensuring that admission screening regularly achieves our 90% target. Only the neonatal unit saw clusters of acquisitions, with two separate clusters in 2023-24. The first one was in June 2023 involving 3 patients; typing demonstrated similarity between the isolates suggesting transmission. The second one was in January-February 2024 involving six patients; typing demonstrated two separate outbreaks had occurred, one immediately after the other. PII meetings were arranged, with actions including staff education on hand hygiene and the decontamination of equipment, and actions to improve the environment.

Graph 3



d. Glycopeptide Resistant Enterococci (GRE) Bacteraemias

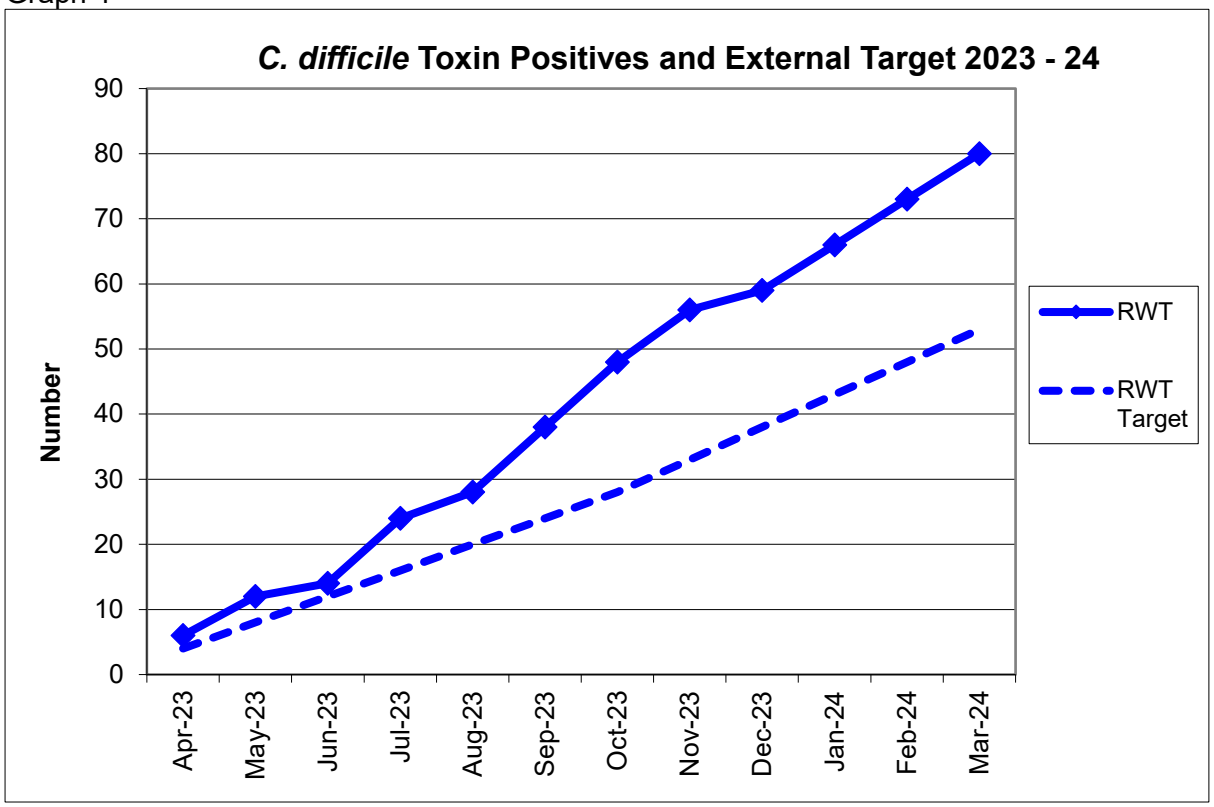
During the year there were four GRE bacteraemias in RWT in-patients. This compares with nine cases last year, and between two and nine cases per year during each of the preceding twelve years. The cases this year included three from Clinical Haematology Unit (CHU) B11 and one from Deanesly (C35).

e. Clostridioides difficile

Objectives for the number of *C. difficile* infections for Acute Trusts and sub Integrated Care Boards (ICB) were set for the year 2023-24 by NHS England (NHSE) based on nationally set target rates. The external objective for the number of *C. difficile* infections for RWT was 53 cases, reduced from 58 the previous year. At the end of the year, RWT had had 80 cases, so had exceeded the trajectory. The definition of an acute Trust-attributable case was changed in the year 2019-20, to include patients who had been discharged within 28 days of the positive sample, and also samples taken more than two rather than three days following admission. Wolverhampton Clinical Commissioning Group (CCG) is now included in Birmingham and Black Country ICB therefore the number of community Wolverhampton

cases is no longer easily monitored. Graph 4 shows the cumulative monthly performance against target for RWT.

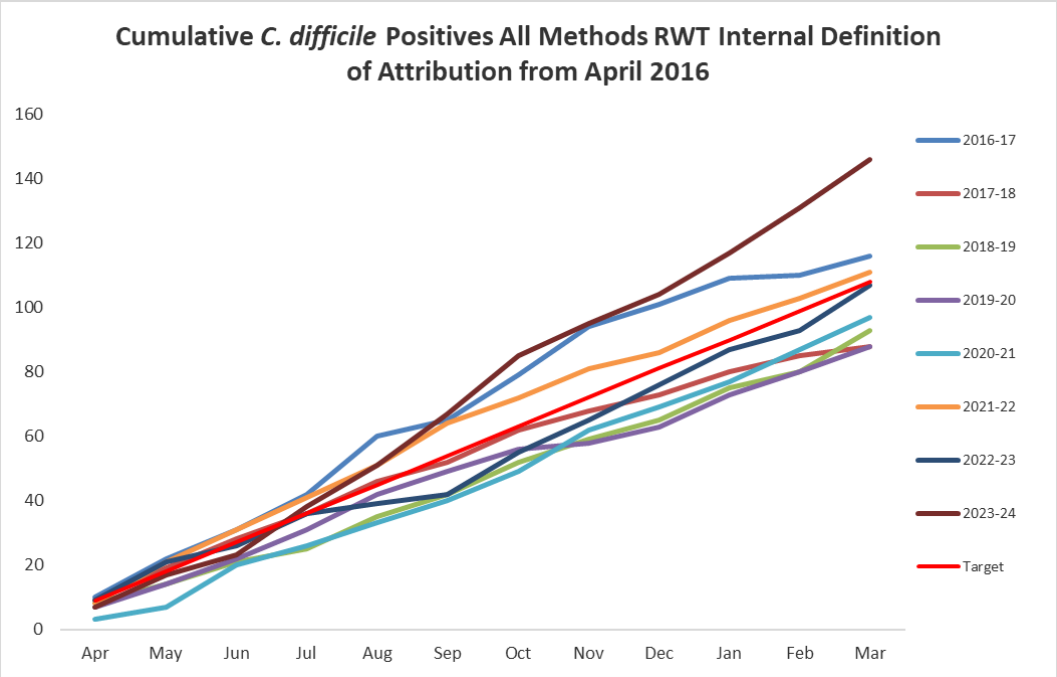
Graph 4



Negotiation is allowed with the commissioners of acute services to determine if any of the RWT-attributable cases could be determined to have been unavoidable. Of the cases in 2023-24, 27 were deemed avoidable, with 53 unavoidable.

The objectives are based on NHSEs definitions of attribution of infections, which only takes into account discharge from hospital within the last 28 days and only records those cases that give a *C. difficile* toxin positive result. Internally, we set another target that includes cases diagnosed 3 days into admission or within six weeks of discharge, unless the patient had been housed in another healthcare institution since discharge. This internal definition of infection includes all cases diagnosed with either a positive *C. difficile* PCR or toxin result. The PCR test is a measure of colonisation with strains of *C. difficile* capable of causing disease and allows us to better monitor the spread of *C. difficile*. It enables us to take appropriate barrier precautions with such patients to prevent spread or contamination of the environment, and to pre-emptively treat such patients if they develop symptoms. This year there were 146 cases diagnosed against the internal definition of attribution. This is significantly above our annual target of 108, and our highest number of cases since 2015-16.

Graph 5



If there are possible linked cases on a ward or clinical area, the isolates are sent for ribotyping to determine if the same strain of *C. difficile* has spread. Those that are the same ribotype then undergo further sub-type analysis. Usually, ribotyping demonstrates that there are different strains involved, and therefore that transmission has not occurred. Ribotyping indicated spread between two patients on ward A7 in August 2023; due to the relative infrequency of the identified strain, and the clear epidemiological link between the two cases, sub-type analysis was not deemed necessary to assume transmission had occurred. On A8 ward, ribotyping indicated possible spread between two patients, however sub-type analysis was not available in time for this report. Extra cleaning including hydrogen peroxide vapour (HPV) environmental decontamination, are carried out on all wards where apparent spread has occurred, while audits of the environment, practices on the ward and antimicrobial use are also undertaken. The ability to undertake routine full ward deep cleans has been limited by the inconsistent availability of a decant ward. Regular HPV decontamination of side-rooms in which *C difficile* infected patients are located has not consistently occurred due to pressures on the limited isolation facilities available in the Trust.

Infection prevention and Health Protection colleagues from the ICB undertook a *Clostridioides difficile* Assurance / Supportive visit in Jan 2024. The purpose of the visit was to gain oversight and assurance around IPC, actions being taken to reduce *Clostridioides difficile* infection (CDI) cases across acute and community settings, and specifically to look at the pathway for patients with loose stools and known C. difficile. Positive feedback was received, actions were added to the Trust *C. difficile* action plan.

RWT are contributing to the ICB *C. diff* task and finish group, which commenced on 16th January 2024 and an NHSE education task and finish group to produce CDI resources for the region.

f. Hospital Acquired Bacteraemia (HABs) and Device-Related Hospital Acquired Bacteraemias (DRHABs)

Device-Related Hospital Acquired Bacteraemias (DRHABs) are used as another KPI for the Trust. All positive blood cultures are designated as being either significant or a contaminant by a Consultant Microbiologist, and the source of all significant positive blood cultures is determined. If the source is an implanted medical device and the patient has been in hospital for more than 48 hours when the blood culture was taken, or is within two weeks of discharge, or is a regular day-case attender, then it is designated as a DRHAB. Graph 6 shows how the Trust's performance has improved over the years that this data has been collected, although in 2020-21 the numbers went up. The DRHAB target for this year was 48 and there were 52 DRHABs, which is an improvement on the previous three years. No target is set for HABs.

Graph 6

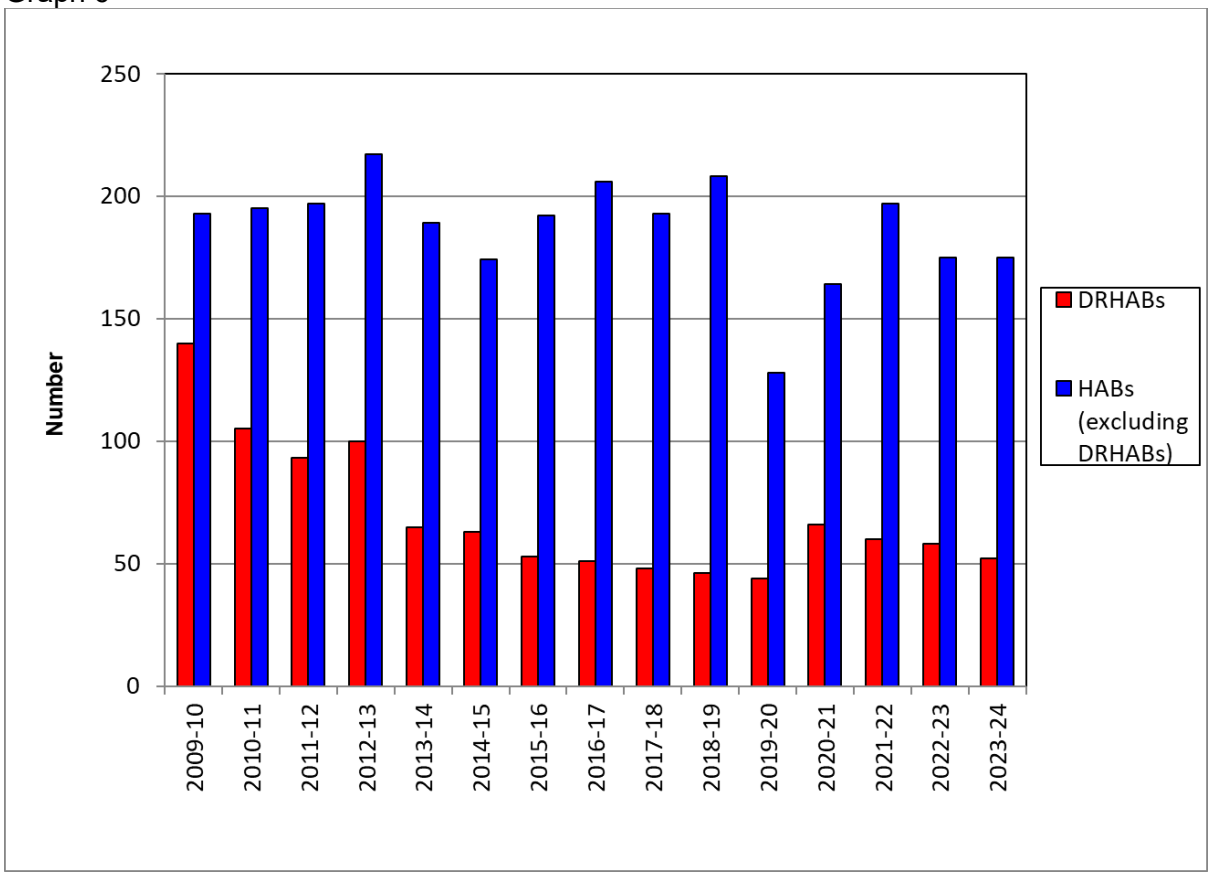


Table 1 shows the blood culture data, with sources of DRHABs over the course of the year and data from the previous two years and from the first year this data was collected, for comparison. It demonstrates that the total number of blood cultures collected continues to increase each year. Regarding DRHABs, it can be seen that, following an increase in the numbers in 2020-21, we have seen a decrease over the last three years, although this remains higher than the annual numbers that were achieved prior to the COVID-19 pandemic. Table 2 shows that critical care DRHAB numbers remained low following the high numbers in 2020-21 (possible reasons for the high numbers included increased patient numbers, use of non-critical care staff, and use of the prone position for care of COVID-19

patients). Line infections overall have fallen again this year, following the increase in 2020-21.

Table 1

	2009-10	2020-21	2021-22	2022-23	2023-24
Blood Cultures taken	**10,943**	**17,013**	**15,990**	**19,076**	**19,825**
Blood Culture positives	**1,113**	**1,151**	**1, 127**	**1,150**	**1,152**
Blood Culture significant	**824**	**755**	**835**	**782**	**834**
Blood Culture contaminants	**299**	**394**	**292**	**368**	**318**
Hospital Acquired Bacteraemia (HAB)	**333**	**230**	**257**	**233**	**227**
Device-Related HABs:	**140**	**66**	**60**	**58**	**53**
Lines	91	30	39	36	33
Urinary Catheters	15	24	18	20	16
VAP	14	5	0	0	0
?VAP/?Line	7	3	0	0	0
Nephrostomy	4	2	1	2	3
Pacemaker	4	0	1	0	0
PEG	1	0	0	0	0
Other	4	1	1	0	0

Table 2

Ward / Area	**2009-10**	**2020-21**	**2021-22**	**2022-23**	**2023-24**
Clinical Haematology Unit	35	3	5	7	4
Durnall / Chemotherapy	7	3	0	8	3
Deanesly Ward	6	2	2	0	3
Neonatal Unit	26	7	11	3	8
Renal Dialysis Unit (including satellite units)	19	5	10	10	2
Critical Care Unit	8	16	1	1	2
Cardiac (excluding CCU)	3	1	1	2	1
Surgical Wards	21	8	8	10	10
Medical Wards	12	14	16	12	10
West Park and Cannock Chase Hospitals	0	3	3	2	3
Other wards	3	4	3	3	4

g. Gram negative Bacteraemias

In August 2021, objectives were issued for the first time to Trusts by NHS England for the numbers of bacteraemias caused by the organisms *Escherichia coli, Klebsiella* species *and Pseudomonas aeruginosa*. These organisms are found in the gastrointestinal tract, and most commonly are associated with infections of the urinary tract or biliary tree. Trust-attributable bacteraemias are those that occur on day 2 or more of admission (HOHA), or within 28 days of discharge from any inpatient admission, including day case admissions (COHA). Last year the Trust was below all 3 objectives and so the objectives for 2023-24 were reduced (the previous year's objectives are shown in brackets. Table 2 shows that in 2023-24 RWT was above the threshold of 94 *E. coli* bacteraemias, with 113 for the year. *Klebsiella* and *P. aeruginosa* bacteraemias were also above the 2023-24 objectives. For comparison the numbers from the previous years are also shown in the table. The COVID-19 pandemic most likely affected numbers in 2020, however it can be seen that numbers of Gram negative

bacteraemias in 2018 were higher than in 2019. The reasons for these fluctuations are unknown (please note historical numbers are taken from internal data sets and so may not entirely match those numbers held by NHS England).
Other than targeting the small number of these infections that are related to devices (device-related RWT-attributable E. coli bacteremia fell from over 11% in 2010-11 to just under 4% of the total in 2020-21), the ubiquity of these organisms in the gastrointestinal tract and the nature of the infections that they cause mean that other targets for intervention are not clear cut.

Table 3

	***Escherichia* coli**	***Klebsiella* spp**	***Pseudomonas aeruginosa***
Target 2023-24 (Target 2022-23)	**94 (103)**	**29 (35)**	**15 (18)**
Number 2023-24	113	35	16
Number 2022-23	95	32	17
Number 2021-22	103	36	16
Number 2020	81	22	18
Number 2019	97	20	14
Number 2018	122	43	18

h. Carbapenemase-Producing Enterobacteriaceae (CPEs)

The carbapenem group of antibiotics are regarded as the antibiotic of last resort in many situations in which they are used. CPEs are organisms that produce enzymes (the common enzymes being NDM, KPC, and OXA-48) that destroy these antibiotics. The main take-away from this section of the report is that numbers of patients colonised with these, often untreatable organisms, is increasing year on year. Hospitals within the West Midlands have seen sizeable and ongoing outbreaks with these organisms, with associated bacteraemias. It is well recognized that infections with these highly resistant organisms carry a significant mortality, particularly in high risk groups such as those undergoing treatment for cancer, likely related to the fact that some of these bacteria are resistant to **all** antibiotics. To reduce the risk of this occurring at RWT, it is vital that we have sufficient and appropriate isolation facilities, alongside a comprehensive screening strategy.
RWT has had a screening strategy for a number of years to try to control the spread of these organisms. However, new guidance regarding screening was issued in 2020 by Public Health England, which recommended rectal screening of all patients admitted to high-risk areas including critical care and oncology units, and also all patients who have been admitted to hospital in the last year. Currently RWT still uses a risk-based screening strategy to include all patients who have travelled abroad or had healthcare in a hospital other than RWT in the last year. We remain unable to implement the new guidance so far, because the need to agree a screening method across the four Black Country Pathology Service Trusts, alongside the necessary funding, has prevented progress with this.
Table 3 shows that up until the end of 2017-18 the number of patients in Wolverhampton found to be carrying these organisms was rising annually, but in 2018-19 this rise appears to have stalled. This may be related to introduction of the CPE policy including improved detection of carriers, reducing incidences of spread. In the spring of 2019-20, however, molecular testing was introduced as the first-line screening method. This is far more sensitive and is capable of detecting multiple resistance mechanisms. Of note, prior to the introduction of this method it was very difficult to detect OXA-48 producing organisms.

In 2020-21 there was a marked decrease in the number of new patients identified carrying CPE. This most likely reflects the reduction in overseas travel due to the COVID-19 pandemic, with perhaps a contribution also from reduced screening due to reduced elective activity. As the country has seen a recovery in both international travel and elective hospital activity, numbers started to rise again, and this year are higher than pre-pandemic levels, and in fact the highest to date.

The majority of CPEs continue to be detected from screening samples rather than from clinical isolates, which shows the screening strategy is working. There were 7 patients identified as positive from clinical samples. Five of these patients were from the community with little information available as to their risk factors. Of those patients who had samples taken in the Trust, one had been admitted 2 months previously and the other one week previously. Neither had any identified risk factor that would have prompted screening. The first patient had a positive blood culture with CPE (KPC); this is the third CPE bacteraemia that we have seen in the Trust, with the previous two bacteraemias occurring in 2022.

Screening of contact patients for the case on orthopaedics found 2 further cases on this ward. This was the only outbreak of CPE during the year, with 3 patients on the same ward found to be carrying the same CPE enzyme (KPC). Typing in this context is limited because only the organisms and not the resistance genes can be typed currently, and the genes can spread readily between different bacteria in the gastrointestinal tract.

Table 3

	NDM	OXA-48	KPC	Others	Total
2012-13	2	0	0	0	**2**
2013-14	5	1	2	0	**8**
2014-15	2	0	6	0	**8**
2015-16	4	1	7	0	**12**
2016-17	7	2	10	0	**19**
2017-18	19	6	9	2	**34***
2018-19	15	3	2	0	**20**
2019-20	26	34	5	2	**56***
2020-21	6	12	4	0	**18***
2021-22	10	14	4	0	**27***
2022-23	22	32	7	0	**53***
2023-24	44	57	9	1	**98***

*The number of patients is fewer than the combined number of resistance mechanisms because some patients carried more than one resistance mechanism.

Table 4

	Detected from screens	Detected from clinical samples	Total
2012-13	0	2	2
2013-14	2	6	8

2014-15	1	6	7
2015-16	4	7	11
2016-17	13	5	18
2017-18	31	3	34
2018-19	20	0	20
2019-20	48	8	56
2020-21	13	5	18
2021-22	25	2	27
2022-23	43	10	53
2023-24	91	7	98

OUTBREAKS AND INCIDENTS

The Trust has an Outbreak/Serious Incidents (SI) Policy and incidents are reported and managed in line with this policy. Outbreaks/Incidents are managed by Post Incident Review meetings (PIR) held within seven working days wherever practicable and chaired by an Executive Director/Head of Corporate Services or Senior Matron supported by key healthcare professionals. A 48-hour report is completed by the Infection Prevention Team to outline the suspected outbreak or incident, and this is submitted to the area concerned. If the subsequent PIR investigation and sampling confirms that it is an SI a thirty-day report is compiled, agreed with Directorates, and submitted to the ICB. If typing results indicate that it is not an outbreak and other ward indicators are assessed to be at the required infection prevention standards, then a request to downgrade the SI can be made to the ICB. Frequent meetings are held to manage and monitor the outbreak/incident to discuss individual cases and arrange appropriate sampling or screening, support patient experience and care, inform, arrange appropriate decontamination of the affected areas, and reduce the risk of spread to other areas whilst maintaining the operational function of the hospital and patient flow. Different outbreaks/incidents demand different responses but are managed with precision and collaborative working between the multi-disciplinary teams across the health economy.

COVID-19

There were 42 outbreaks across the Organisation. Outbreak meetings were arranged where each outbreak was discussed and investigated. External partners including NHS England/Improvement (NHSE/I), the Integrated Care Board (ICB) Wolverhampton Place and UK Health Security Agency (UKHSA) were all invited to attend. In January 2023 the ICB COVID-19 Outbreak Serious Incident (SI) reporting process for the Black Country System v1.1 was introduced in the Trust. This guidance informed the decision to report COVID-19 outbreaks through local outbreak management processes and national reporting unless there was an impact on a service, ward closure or moderate/severe harm was identified where the Trust incident process was followed.

Healthcare associated infections were identified following NHSE/I guidance in June 2020. Cases that were identified 8 – 14 days post admission are classed as probable and over 14 days definite were all investigated through the Datix process. There was a total of 257 HCAI in 2023/24

- Quarter 1 April – June – 74
- Quarter 2 July – September – 45
- Quarter 3 October – December – 82
- Quarter 4 January – March - 56

Common themes from COVID-19 outbreak meetings:

- Infection Prevention is everyone's business. All staff should feel empowered to question other staff if they are not wearing appropriate PPE or washing their hands
- Ventilation – open windows for 10 minutes every hour
- PPE usage. Fatigue amongst staff to always wear appropriate PPE
- Reintroduction of visiting
- Routine Lateral Flow testing ceased for healthcare staff
- COVID-19 national screening changes
- Changes in National guidance to business as usual
- Environmental challenges- due to the hospital estate

As COVID-19 numbers and outbreaks continued to reduce the team were supporting the Trust in the restoration of business as usual and consideration of how to prevent and control all respiratory infections. This was supported and complemented with a robust joint RWT and WHT respiratory risk assessment which was approved at Executive level.

Norovirus or Suspected Norovirus

Norovirus is a self-limiting diarrhoea and vomiting bug that usually lasts 48 – 72 hours and is usually more prevalent in the winter months earning it the nickname "Winter Vomiting Bug". There were 3 outbreaks of confirmed Norovirus, 2 resulting in ward closures.

Influenza

This is a respiratory virus. There were 2 Influenza A outbreaks detected in 2023/24. Incident meetings were held for both outbreaks.

***Clostridioides difficile* related incidents and outbreaks**

All patients identified with *C. difficile* are reviewed following the sample result by the IPT/ Microbiologist and as part of a weekly multidisciplinary ward round. Increased incidence of *C. difficile* is managed and monitored in line with IP06 Policy. A period of increase in incidence (PII) within a 28-day period triggers a Post Incident Review (PIR) or a Serious Incident (SI) depending on the circumstances. Any actions from the review meetings are implemented at ward level.

There were 19 PIIs reported in 2023/24 involving *C. difficile*. In 1 incident 2 cases were found to have the same ribotypes suggesting onward transmission between patients. Robust actions were identified following each PIR to include increased environmental cleaning using HPV, hand hygiene assessments for all staff in the areas and reinforcement of infection prevention principles including timely sampling and isolation at onset of symptoms. Due to bed capacity side rooms were not always available, so moving patients every 7 days to a clean side room was not always feasible.

A *Clostridioides difficile* Assurance / Supportive Visit was carried out by Black Country ICB on 11th January 2024. The purpose of the visit was to gain oversight and assurance around

IPC and actions being taken to reduce CDI cases across acute and community settings. The visit was positive, and the Trust received good feedback.
One of the key areas of good practice identified was the Patient Equipment Cleaning Centre (PECC). The team were observed cleaning patient beds and equipment to a high standard to support the ward teams. A permanent location for the PECC has been identified and building works are ongoing. There are plans for the new centre to open in spring 2024. It was also noted staff were knowledgeable and isolation protocols were adhered to when managing patients with diarrhoea. All key themes identified for improvement were added to the Trust *C. diff* action plan which is monitored at IPCG

Carbapenemase-Producing Enterbacteriales (CPE)

Enterobacteriaceae are a large family of bacteria that usually live harmlessly in the gut of all humans and animals. These organisms are also some of the most common causes of urinary tract, intra-abdominal and bloodstream infections. They include species such as *Escherichia coli*, *Klebsiella* spp. and E*nterobacter* spp.
The carbapenems are a family of antibiotics including meropenem and ertapenem that are usually reserved for serious infections caused by drug-resistant Gram-negative bacteria (including *Enterobacteriaceae*). Carbapenemases are enzymes that destroy carbapenem antibiotics, conferring resistance. There are several different types of Carbapenemases, of which KPC, OXA-48, NDM and VIM enzymes are currently the most common. In the UK over recent years, there has been a rapid increase in the incidence of infection and colonisation by multi-drug resistant Carbapenemase-producing organisms. Several clusters and outbreaks have been reported in England, some of which have been contained, providing evidence that, when appropriate control measures are implemented, these clusters and outbreaks can be managed effectively.
There has been an increase in CPE cases detected in 2023/24 possibly due to increased screening as elective activity increased and the return of international travel following the lifting of COVID-19 restrictions. Most identified cases were detected on screens following risk assessment on admission and were isolated prior to the result. There was one outbreak of CPE during the year, 1 patient was identified as CPE positive from a clinical sample taken 6 days after admission. 2 further patients were identified as CPE positive from rectal screens following contact tracing and cloud screening of the ward. An incident meeting was held, and all actions were implemented at ward level including weekly CPE screening for all patients. No further cases were identified.

HOTEL SERVICES AND DEEP CLEAN PROGRAMME

The Trust's Housekeeping Services are managed in-house.

The Housekeeping Services are split into three sections for the different sites covered: New Cross Hospital and West Park Hospital, Cannock Chase Hospital and Community Premises. The table below details who is responsible for which area:

Area	Manager	Deputy
New Cross Hospital	Amy Hill	Tina Tipton
Cannock Chase Hospital	Damian Jones	Paul Warrilow
West Park & Community Premises	Brendan Houston	Julie Burgess

The management structure for each of the three areas is supported by a well-trained team of Day and Evening Supervisors.

The Community premises include the following sites:
Castlecroft Medical Centre, Coalway Road, Lea Road Medical Practice, Oxley Practice, Pendeford Health Centre, Penn Manor, Primrose Lane Health Centre, Maltings, Warstones, Maurice Jackson Renal Unit, Thornley Street Surgery and West Park GP Surgery.

The Housekeeping Services Managers and Head of Facilities meet monthly with the Senior Matron for Infection Prevention at the Environment Group. This meeting is chaired by the Head of Facilities, who presents a report from the Environment Group to the IPCG.

Training

During the year priority has been given to ensure that all Hotel Services staff, Housekeeping, Catering and Portering completed their annual mandatory hand hygiene and IP Level 1 training.

Monitoring

The cleanliness technical audits are conducted by the Hotel Services Monitoring Officer and the Domestic Supervisors in accordance with the "National Standards of Healthcare Cleanliness, 2021". This document assigns areas within hospitals a 'functional risk', and this informs the frequency of the audit:

- FR1 areas are audited weekly
- FR2 areas are audited monthly
- FR3 areas are audited bi-monthly
- FR4 areas are audited quarterly
- FR5 areas are audited six-monthly
- FR6 areas are audited annually

In the main, the audits are carried out electronically, using a bespoke monitoring system.

Budget Allocation

The pay budget for the whole of Housekeeping Services for the year 2023/24 was £10,401,134; the non-pay budget was £1,448,271.

Clinical Responsibility / Access

The Domestic Staff play a pivotal role in ensuring the hospital is a safe environment for patients, visitors and staff. The Domestic Services Department is very receptive to clinical need and responds to emergency and urgent situations rapidly and fully whenever possible 24 hours a day.

Deep Clean

This team has been in place since October 2008 and are required to deep clean all areas at least annually.

To support the Deep Clean Programme, the Housekeeping Department also operates its own in-house HPV system. This is used, in both the annual scheduled programme and also used throughout the year, to support the reduced risk of transmission of Norovirus and *C. difficile*. At time of writing RWT is currently without a decant facility which means not all the wards were able to be fully proactively deep cleaned this year. We have concentrated on outpatient areas and theatres throughout the year.

Ultraviolet Light Decontamination

The Domestic Service trialled the use of UV-C light decontamination throughout 2019-2020 on AMU. This has resulted in the Trust approving a business case that has allowed the Housekeeping Service at New Cross Hospital to proactively decontaminate areas on AMU, the Emergency Department, and Renal treatment area with a timely turn around since 2020-2021 and has carried on throughout the following years.

Patient Equipment Cleaning Centre (PEC Centre)

2022-2023 saw the implementation of the Patient Equipment Cleaning Centre being reintroduced. This service manually cleans patient beds, mattresses, over bed tables, and patient chairs after green and amber discharges with a chlorine and detergent solution. The equipment is then steam cleaned followed by HPV decontamination before being placed, covered, in clean storage.

These clean equipment sets are dispatched to discharges where the domestic cleans the rest of the room and the dirty equipment taken away to the dirty storage area of the PEC Centre awaiting decontamination.

The service is currently only able to be used to assist push discharge areas as well as assisting wards that require a deep clean but are unable to decant.

A purpose-built PEC facility has recently opened on the New Cross site.

ANTIMICROBIAL STEWARDSHIP

- **Antimicrobial use**
- **AMR CQUIN**
- **Antimicrobial resistance data**
- **AMS team activities**

ANTIMICROBIAL USE

We report on the following markers of antibiotic use:

1. Total antibiotic usage (for both in-patients and out-patients) per 1,000 admissions.
2. Total usage (for both in-patients and out-patients) of carbapenems per 1,000 admissions.
3. The proportion of antibiotic usage (for both in-patients and out-patients) within the Access group of the AWaRe category.
4. Percentage reduction in prescribing from the 'Watch' and 'Reserve' groups of antibiotics.

The Access group of antibiotics includes: phenoxymethylpenicillin, nitrofurantoin, metronidazole, gentamicin, flucloxacillin, doxycycline, co-trimoxazole, amoxicillin, ampicillin, benzylpenicillin, benzathine benzylpenicillin, procaine benzylpenicillin, oral fosfomycin, fusidic acid, pivmecillinam, tetracycline and trimethoprim.

At the time of writing, data is available up to the end of quarter two for 2023/24. This data is in the public domain, accessible through UKHSA's 'Fingertips' Website: https://fingertips.phe.org.uk/profile/amr-local-indicators

Total antibiotic usage

RWT's total antibiotic usage has consistently been lower than the average for England over the period shown with this trend becoming more pronounced over time.

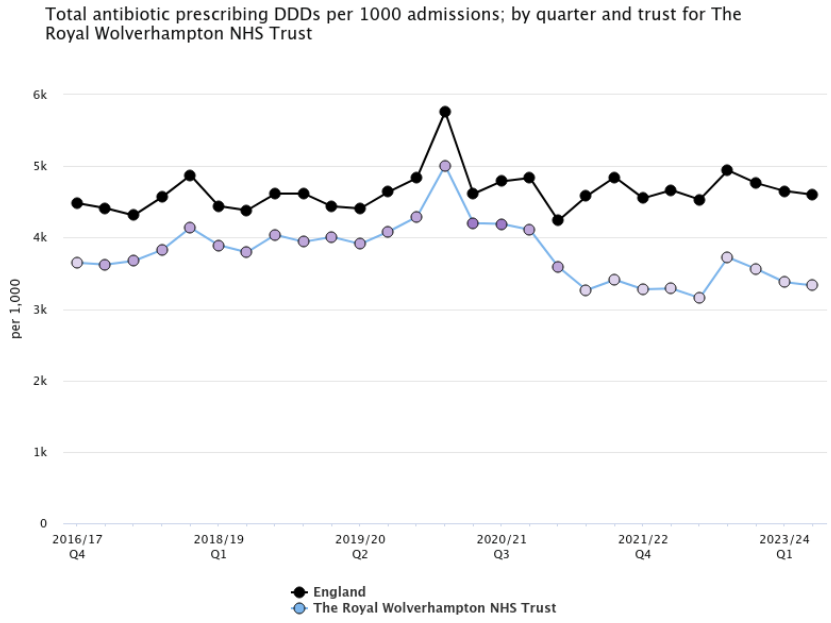


Figure 1. Total antibiotic prescribing RWT

Carbapenem use

Carbapenems are very broad-spectrum antibiotics, often an agent of last resort. RWT has, in the past, prescribed more carbapenems than the average for England with a spike seen in quarter one 2020-2021, coinciding with the first wave of COVID-19. In the last 12 months, carbapenem prescribing in RWT has increased and is now above the England average.

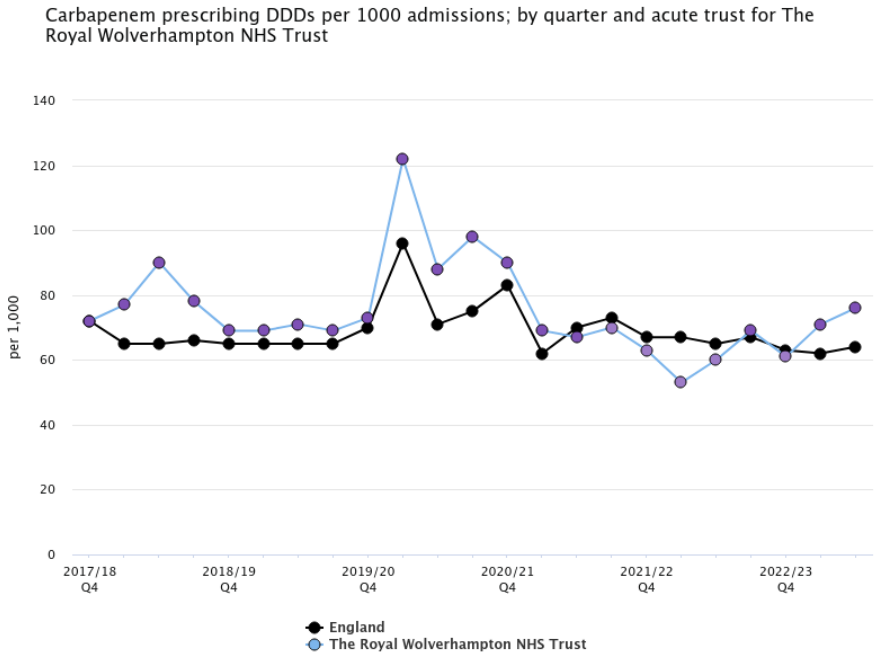


Figure 2. Carbapenem prescribing RWT

Access Antibiotics

We aim to use a greater proportion of antibiotics from the WHO 'Access' group of antibiotics and a lower proportion from the 'Watch' and 'Reserve' groups. RWT is performing above average for England, with an average of 54% of antibiotics prescribed from the 'Access' group compared with an average of 50% for England in Q2 2023-24.

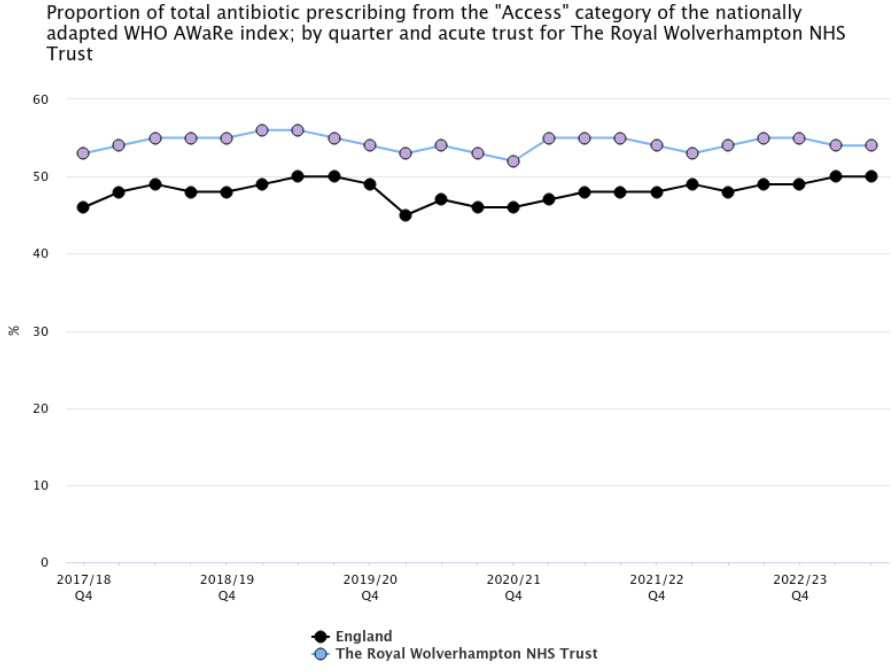


Figure 3. Access group prescribing RWT

Watch and Reserve Antibiotics

Included in the standard contract is a requirement to reduce our antibiotic prescribing from the 'watch' and 'reserve' antibiotic classes. The target is a 10% reduction in prescribing from these groups from a baseline figure from 2017. RWT has achieved a 7.5% reduction, which although it falls short of the 10% target, we can be reassured that our prescribing from this group per 1000 admissions is better than three out of four of our neighbouring trusts. There is no financial penalty for not reaching the 10% target.

Trust	Total Watch + Reserve DDDs per 1000 admissions 2017	Target in Watch + Reserve DDDs per 1000 admissions for 2023/24	Total Watch + Reserve DDDs per 1000 admissions Q4 2022-23 to Q3 2023-24	% difference in Watch + Reserve DDDs per 1000 admissions from 2017 baseline	MEETING or NOT YET MEETING the 10% reduction target in Watch + Reserve DDDs per 1000 admissions compared to 2017 baseline
Walsall Healthcare NHS Trust	1786	1608	1305	-26.9	MEETING
The Royal Wolverhampton NHS Trust	1685	1517	1555	-7.8	NOT YET MEETING
The Dudley Group NHS Foundation Trust	1801	1621	1629	-9.5	NOT YET MEETING
Sandwell and West Birmingham Hospitals NHS Trust	1490	1341	1886	26.6	NOT YET MEETING

Table 1. Watch and Reserve antibiotic prescribing.

AMR CQUIN

The 2023/24 CQUIN required 100 adult (non-intensive care) patients on IV antibiotics to be audited every quarter and assessed for suitability for oral antibiotics. Weekly AMS ward rounds were conducted to carry out this audit and wards were rotated weekly to cover a range of clinical specialities. To receive the maximum payment, it was required that 40% or fewer patients were on IV antibiotics, despite already having met the switch criteria. The IV to oral switch CQUIN has been met by RWT and all data has been submitted.

Trust in the ICB	Q1 result	Q2 result	Q3 result	Q4 result
The Royal Wolverhampton NHS Trust	31%	20%	29%	19%
Walsall Healthcare NHS Trust	no data	22%	34%	no data yet
The Dudley Group NHS Foundation Trust	19%	15%	15%	no data yet
Sandwell and West Birmingham Hospitals NHS Trust	22%	23%	28%	no data yet

Table 2. AMR CQUIN data

The mandatory CQUIN scheme has been paused for 2024/25. During the pause NHSE have committed to making available a set of indicators which systems may use if they wish to operate a "CQUIN-like" quality incentivisation process in 2024/25. RWT will not be able to submit data for at least Q1 2024/25 due to pharmacy staffing.

Prompt switching of intravenous to oral antibiotic

Description	Achieving 15% (or fewer) patients still receiving IV antibiotics past the point at which they meet switching criteria.	
Numerator	Of the denominator, those who, at the point of audit, have already met the criteria for switching from IV to oral administration of antibiotics according to adult (16+ years of age) or paediatric (under 16 years of age) criteria as appropriate.	
Denominator	Total number of adult and paediatric inpatients with active prescriptions for IV antibiotics at the point of audit (sample size 100 patients per quarter, aim to cover all included wards/specialities).	
Exclusions	Patients in HDU and ICU Patients treated with intravenous antifungals or antivirals	
Data reporting and performance	For local agreement between provider and commissioner – the UKHSA portal will continue to take submissions where providers and commissioners wish to use this route. Details can be found in the AMR Programme FutureNHS Workspace (link below).	
Scope	Acute	Period: All quarters
Suggested thresholds	Minimum: 25% Maximum: 15% **Please note that for this indicator,** **a LOWER % = better performance**	Whole period %
Lead contact	england.amrprescribingworkstream@nhs.net	

ANTIBIOTIC RESISTANCE

Resistance data is currently drawn from the UKHSA fingertips website. Resistance in *E. coli* is used to give an impression of resistance rates in Gram-negative enteric pathogens. In the past, RWT have had higher rates of resistance than the national average for gentamicin, cephalosporins and ciprofloxacin. Our Tazocin resistance rates have been lower than average. Most recent data shows a worsening of Gram negative resistance rates across the board. This is likely to be contributing to our increasing use of carbapenems to adequately treat patients with infections caused by multi-drug resistant pathogens.

% *E. coli* bacteraemia isolates resistant to antibiotic					
Antibiotic	RWT 2020	RWT 2021	RWT 2022	RWT 2023	Average for England 2023
Tazocin	7.7	11	10	12.0	12.2
Ciprofloxacin	30.4	34	21	38.0	20.8
Cephalosporins	18.1	19.0	15.0	24.0	16.8
Gentamicin	14.0	15.0	8.0	19.0	11.7

Table 3. E.coli resistance data.

AMS TEAM ACTIVITIES

AMS Ward Rounds

The AMS team conduct AMS ward rounds reviewing antibiotic prescriptions on a weekly basis, alternating between surgical and medical ward, but also prioritising wards that have had recent outbreaks of hospital acquired infections such as *Clostridioides difficile.* In the year 2023-24 we reviewed 400 inpatients all of which were included in the CQUIN data. The breakdown of this data including wards covered and interventions made is not currently available and AMS ward rounds are currently paused due to pharmacy staffing.

AMS teaching

Monthly AMS teaching with the junior pharmacists, focusing on Teicoplanin dosing, *C. difficile*, OPAT, prompting an IV to Oral switch, and antimicrobial sensitivities continued whilst there was a pharmacist in post. This is now on hold until resources are in place to restart.

The microbiology consultant team endeavour to provide education to the medical and nursing staff. We have provided teaching for IMT and Foundation level doctors as well as IP link nurse training. Our capacity to continue or expand this teaching is limited by consultant microbiologist time pressures.

Other activities over the last 12 months:

- Completion of the ICB formulary harmonisation process.
- Trust Antimicrobial Policy MP 05 reviewed and updated via Trust Policy Group.
- Antibiotic guidelines updates 2023/24 via the MicroGuide app:
    - Gentamicin, vancomycin and teicoplanin prescribing
    - Empirical prescribing for infective endocarditis
    - Drug monographs for Daptomycin, Dalbavancin, Cefiderocol, Ceftazidime/avibactam, Fidaxomicin, Fosfomycin, Pivmecillinam, Temocillin and Moxifloxacin.
    - CSF Biofire Multiplex PCR interpretation guide
    - Staph aureus bacteraemia guideline
    - IV to Oral switch guidance

AMS team aims for the coming year:

- Establish in post a new band 8b antimicrobial pharmacist.
- Re-establish the Antimicrobial Stewardship Group (ASG).
- Reduce use of quinolones in response to the MHRA alert published January 2024.
- Review Trust mandatory AMS training modules.
- Review and update the following antibiotic guidelines:
    - Intra-abdominal infection
    - Sepsis of unknown source
- Continue to engage with ICB AMS regional work streams.

AUDIT

Primary Care GPs

Audits have taken place in Primary care General Practices in Wolverhampton. There are a total of 56 practices, inclusive of 9 practices under RWT.

A specific audit tool for RWT practices has been developed. Risks continue to be managed in line with RWT processes.

To date the following practices to have integrated with RWT are: Alfred Squire Road, Coalway Road Surgery, Lea Road Surgery, Oxley Surgery, Penn Manor Medical Practice, Thornley Street Surgery, Warstones Surgery, West Park Surgery, Tettenhall Rd Medical Practice.

Policies and Audit

Infection Prevention policies have been reviewed accordingly during the year to ensure they reflect national guidance. There has also been a programme of policy audits undertaken to assure the Trust of compliance and to identify learning needs and actions required.

The current policy suite includes the following policies:

Policy number	Policy title	Policy reviewed	Policy audited
IP01	Hand Hygiene		x
IP02	Preventing Infection associated with the Built Environment		x
IP03	Prevention and Control of MRSA, VRE and other Antibiotic Resistant Organism		x
IP04	Transportation of clean and contaminated instruments, equipment and specimens	x	x
IP05	Linen	x	
IP06	*Clostridioides difficile*	x	x
IP07	Viral Haemorrhagic Fever		
IP08	IP Operational Policy	x	
IP09	Glove Policy		
IP10	Isolation Policy for infectious diseases	x	
IP11	IP Management of patients affected by common UK Parasites		
IP12	Standard Precautions		
IP13	Outbreaks of Communicable Infection/ Infection Prevention Serious Untoward Incidents		
IP18	Norovirus		
IP19	Blood and Body fluid spillage Management		
IP20	Urinary Catheter Policy	x	x
IP21	Control and Management of TSE including CJD	x	

Compliance

Guidance released throughout the year has been appraised and incorporated into policy/ process where appropriate:

Guidance/Report/Alert	Recommendation/Action taken
COVID-19 guidance updated several times during the last 12 months	All recommendations and actions taken. RWT/WHT joint respiratory virus risk

	assessment updated. Trust Respiratory Protocol PRT04 updated.
NHS England NHS Standard Contract 2023/24: Minimising Clostridioides difficile and Gram-negative bloodstream infections May 2023, Version 1	External trajectories noted for 2023/24
Measles guidance updated several times during the last 12 months.	All recommendations and actions taken. Trust action card, pathways for UTC's, emergency portals and Paediatric services developed and reviewed at the Trust Measles oversight Group and shared
TASK53012 RETURN DRAFT IPC PSIRF Investigation Matrix - FOR DISCUSSION	Trust development of a Patient Safety Incident Response Plan (PSIRF), HCAI review processes being developed and aligned with PSIRF

Environment Audits

The Environment Audits of inpatient areas are conducted on a monthly basis by the clinical team and annually they are accompanied by IP, Estates and Hotel Service Supervisors. The audits are reviewed by the Clinical Leads, Infection Prevention and Hotel Services at the monthly Environment Group. Peer review audits are completed by the IP team as a minimum twice yearly and at additional times if there are any concerns.

Infection Prevention Annual audits

The Infection Prevention team complete an annual audit for inpatient, clinical areas including theatres and Primary care. The tool is completed on My Assurance to support electronic reports and gives visual access to ward and department managers.

ESTATES PROGRAMMES

It is recognised that buildings must be safe to reduce the risk of infection through design and building works. The IP team have worked collaboratively with Estates (Capital and Maintenance) this year on a range of both small and large building projects to ensure patient safety is always maintained. The Environment Group receives a report from Estates on planned developments which ensures the IP team are informed of future projects.

INFECTION PREVENTION REPRESENTATION AT KEY MEETINGS

The IP team have maintained representation on numerous working groups this year as a method of ensuring appropriate IP advice is communicated and to ensure that infection prevention is built into design, policy and thinking across the organisation. These groups include:

Capacity meetings
Clinical Practices Working Group
Clinical Practices Ratification Group
Environment Group
Health and Safety Operational Group
Health and Safety Steering Group
Sharps Safety Group
Water Safety Group
Ventilation Safety Group
Medical Devices Group

Clinical Procurement Equipment Group (CPEG)
Theatre Procurement Equipment Group (TPEG)
Quality and Safety Action Group (QSAG)
Quality Governance Assurance Group (QGAC)
Matrons, Senior Nurses, Midwives and Health Visitors Group
COVID-19 and Influenza Vaccination Operational Group
COVID-19 and Influenza Vaccination Oversight Group
Infection Prevention and Control Group
Trust Management Committee
Trust Board
Decontamination Group
Fire Safety Group
Tenanted Buildings Working Group
Antimicrobial Stewardship Group
C. diff Task & Finish Group
Catheter and Continence Group
Sustainability
Measles Oversight Group

1. INTRAVENOUS RESOURCE TEAM

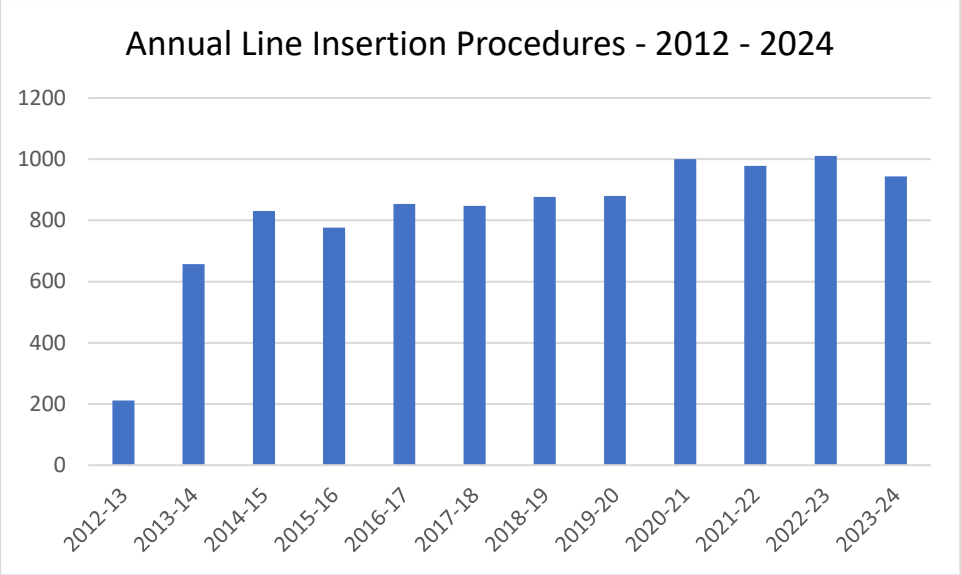
The IV Resource Team continues to provide three key deliverables to the Trust - the insertion of long intravenous lines for the provision of a variety of intravenous therapies across the organisation including chemotherapy, the facilitation of an Outpatient Parenteral Antimicrobial Therapy (OPAT) service which enables patients to return home whilst receiving intravenous antibiotics via community teams, and thirdly work to reduce Device Related Hospital Acquired Bacteraemia (DRHAB) occurrence with the support of Infection Prevention.

Long line insertion and maintenance.
The Team continues to support Haematology and Oncology by the insertion of 2 lines per weekday for chemotherapy outpatients, alongside those required for inpatients within the speciality. Line insertions for critical care patients have also nearly doubled over recent years, this is of especial benefit to ward areas receiving patients where staff are inexperienced in accessing multi lumen central venous catheters. Other outpatient line insertions continue to be provided across the Trust, in particular for the respiratory centre and endoscopy suite.

This year the Team has inserted 944 lines, bringing the total number since the inception of the service to nearly 10,000. This is despite the additional staffing pressures across the year presented by long term absence in the form of maternity leave for 2 team members.
Alongside the increased demands and staffing pressures the IV Team has continued to follow up all inpatients from line insertion to removal, ensuring patients are monitored for any line associated complications including thrombus formation and clinical signs of infection. Dressing changes are performed promptly on a minimum of weekly basis, and clinical teams urged to remove lines when no longer needed.

In order to increase efficiency, the service is trialling the referrals section of the Care Flow Connect system. This has already been implemented effectively across the Intensive Critical Care Unit and Cardiothoracic Ward areas, and planning is in place for wider roll out. Utilising this system will streamline communication with ward areas and reduce the time delays and inefficiencies associated with the current use of telephones and bleeps.

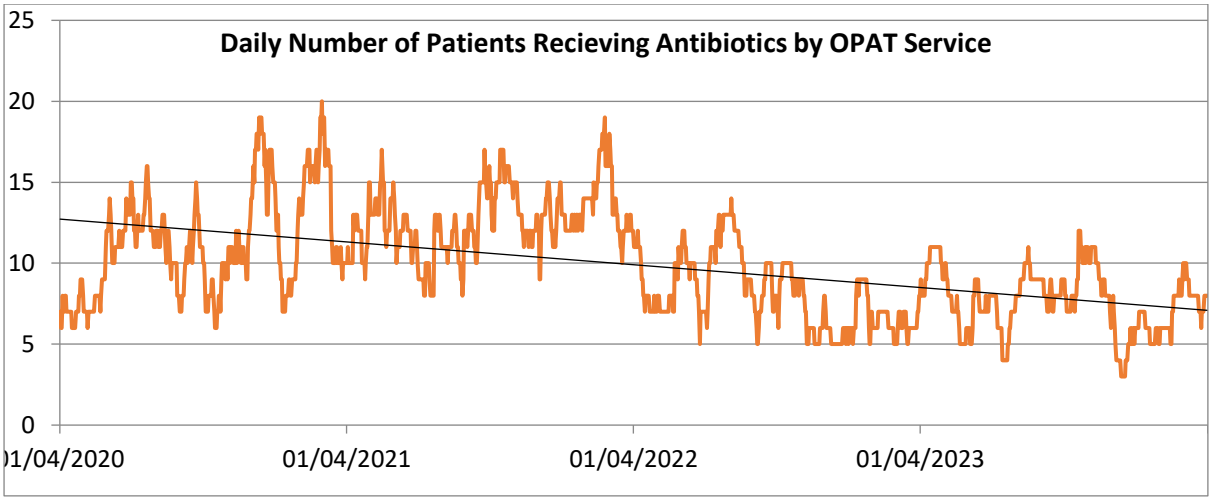
Sadly, a business case submitted last year for expansion of the service was unsuccessful. When appropriate this will be revisited, with a focus on reducing delays for critical care patients awaiting long peripheral line insertion prior to discharge to general ward areas, and the introduction of a peripheral arm port insertion service for patients with long term complex vascular access needs.



Outpatients Parenteral Antibiotic Therapy (OPAT) service.
The OPAT service enables patients to be discharged to their home environment whilst completing courses of intravenous antibiotics which traditionally would have required prolonged admission time until course completion which can be several weeks. Patients receive their medication either via a community nursing team attending their home on a daily basis, or by clinic attendance if adequately mobile. Patients benefit from recovering in their home environment surrounded by family and friends, whilst reducing inpatient service requirements for the Trust. The OPAT service works with a wide variety of community nursing teams covering the West Midlands, Shropshire and Staffordshire.

Over the past year 131 patients have been cared for via OPAT, saving the Trust a total of approximately 4,000 bed days. OPAT related activity reflects a slight decrease when compared with previous years, and so the reasons behind this will be investigated to identify other strategies which could be put in place to enable more patients to be discharged via this route.

One such issue is the ability to overcome obstructions to discharge where patients need to remain on antibiotics requiring frequent doses per day as opposed to switching to a once daily alternative. A trial regarding the use of elastomeric pumps, which would enable patients to remain on these drugs via 24-hour continuous infusion, commenced last summer with 6 patients successfully treated. The trial has been temporarily put on hold due to inadequate supporting staff numbers within Pharmacy, however it is hoped that it will be recommenced when such pressures resolve.



Device Related Hospital Acquired Bacteraemias (DRHABs)

The numbers of bacteraemias relating to medical devices including urinary catheters and vascular access devices remain unchanged. This is in part explained by the high levels of clinical pressures felt across the Trust. The IV Team continues to assist with education regarding the care and maintenance of IV lines. More staff members have been able to access training by the implementation of online sessions for general iv access, and the implementation of Parenteral Nutrition half day study sessions supported by Nutrition and Dietetics and Division 1 Practice Education Facilitators. These sessions include a practical element for parenteral nutrition bag changing - recognised as high risk for bacteraemia occurrence, and it is planned for these sessions to increase in number with the return of full IV Team staffing levels later this summer.
Urinary catheter work has in part focussed on the implementation of an electronic urinary catheter passport accessed via the clinical web portal. This system greatly aids communication between community and acute nursing teams regarding the indication for urinary catheter insertion and the associated dates of insertion and removal.

External opportunities

National work relating to Quality Improvement Projects relating to both urinary catheters and vascular access devices continues via the Infection Prevention Society and Device Related Infection Prevention Practice (DRIPP) collaborative. A surveillance tool for the monitoring of line related bacteraemias has been created and trialled in prototype form. Once permissions have been granted the aim is for this standardised data to be shared within the 5 co-ordinating Trusts to establish how care can be improved on analysis of the results. This is a very exciting piece of work which is aimed to become freely available for use across the NHS when a secure electronic app is created based on the pilot study prototype. The Trust is also involved with the implementation of a trial of a similarly accessible system for urinary catheters, currently being developed.

TUBERCULOSIS SERVICE

Tuberculosis (TB) is an infectious disease that is treatable and curable but continues to be a major public health issue. It is a serious, potentially fatal, disease that requires prolonged and complex treatment and is also an infection risk to close contacts, posing a significant burden on the patient, family and NHS. Those in under-served-populations (which include migrants, refugees, asylum seekers and those with social risk factors - homelessness, imprisonment, and drug use and alcohol misuse) are at higher risk of acquiring TB. The incidence of TB in England is higher than most other Western European countries. Nationally, the highest rates of TB are seen in London, with the West Midlands having the highest rates outside of London.
The activity of the TB service ensures that TB cases in Wolverhampton are well managed according to NICE guidance and reduce the threat of spread in the city. Where active (infectious) cases are identified there is a swift response to contact tracing with appropriate education (e.g. to workplaces and family members) to reduce anxiety.

Persons with latent TB infection are not infectious and cannot spread TB infection to others; however, it is known that approximately 10% of latent cases can progress to active TB disease which is transmissible. New Entrants screening was introduced at the beginning of 2020. Information of new entrants is provided from Flag 4 data. For the period 2021/22 on average was 20.79%, during the period 22/23 the positive rate was 26.1 % (increase 5.31%). All positive patient's for LTBI are offered treatment.

The TB Service support with the 3 local prisons Oakwood is the second biggest prison in Europe and operated by G4S, Featherstone is Category C men's prison and Brinsford is youth offenders and operated by HM Prison Service. The TB Team support when there are TB cases and with contact tracing. Each prison has identified link nurses to enable a good working relationship. Support when query TB cases, this is supported with referrals, and guidance is given. There is no initial screening program in place at present, however any prisoner that presents with a cough and any signs and symptoms are isolated and screened. Continued educational sessions are provided to prison health care staff.

The BCG immunisation programme is a risk-based programme. The vaccine is recommended for individuals at higher risk of exposure to TB, particularly to protect against serious forms of disease in infants. Local pathways are agreed in the Trust for delivery of BCG vaccinations by Maternity from birth to the age of one New-born screening team. All targeted children from birth will have a severe combined immunodeficiency (SCID) blood spot test. The TB team has worked with local commissioners to facilitate BCG vaccination that was required for eligible children over one year old up to <18 years old.

The TB service deliver TB education sessions to Statutory and non-statutory sectors across the Wolverhampton area and South Staffordshire, Cannock and surrounding areas.
Educational sessions will include epidemiology of TB, local incidence, high risk groups and settings. The signs and symptoms of active TB and Latent TB and treatments. Raise awareness of TB and provide a local service overview which will include pathway and referral process to the TB service.

The training session can be delivered in a few formats via face-to-face sessions or via online platforms. Power point will be used to deliver the session by a TB Nurse specialist or TB Support Outreach worker. Handouts can be provided or sent electronically via email (preferred method).

Each session will maintain a record of all sessions requested, delivered and with attendances. The TB Service can also provide each attendee with a certificate of attendance if required.

SURGICAL SITE INFECTION SURVEILLANCE (SSIS)

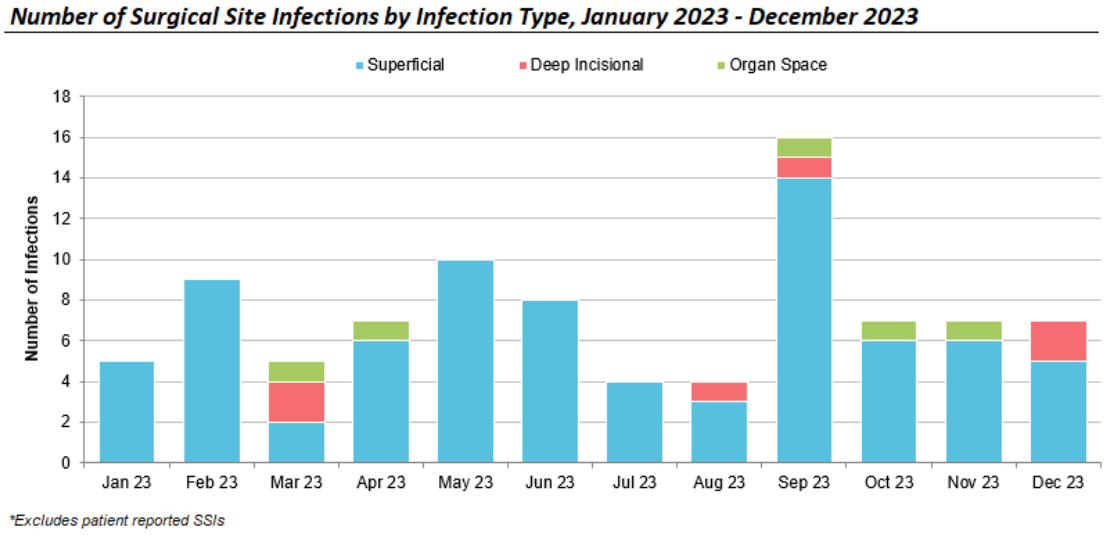
The SSIS Team consists of:

- Band 7 IPN with responsibility to operationally manage the team
- 1.0 WTE Band 6 SSIS Nurse
- 2.5 WTE Band 3 SSIS Co-ordinators
- 1.0 WTE Administrative support

The Trust has continued to collect and report on data around SSIS since 2012. The Trust currently undertakes data collection for all knife to skin procedures 365 days a year and we have a standardised approach using methodology set by U.K. Health Security Agency (Formerly Public Health England) to collect data across our inpatient facilities. This amounts to surveillance of over 1,000 procedures each month from both RWT and Cannock Chase Hospitals during a normal year.

The criteria for diagnoses of infections are set by U.K. Health Security Agency and differentiates between superficial, deep and organ/space infections.

The service currently follows up all patients at 30 days post operatively using telephone surveillance. All patients who have had surgery where an implant has been inserted are monitored for SSI for 12 months.



An electronic based surveillance system is used by the SSIS team which ensures environmental friendliness and compliance with data protection legislation. The surveillance system used has an interface with Silverlink (theatre system used) allowing for accurate surgical data to be transferred. This system also allows for the SSIS team to complete and upload data to U.K. Health Security Agency for the mandatory reporting of hip and knee replacements and surgery for fractured neck of femur. Data is also submitted for Coronary Artery Bypass Graft (CABG) and valve replacement, totalling over 2,500 procedures per annum.

This data is used to compare local rates of SSI over time and against a benchmark rate obtained from data published by all Trusts. This enables Trusts to inform and guide the review or change of local practice to improve the quality of care.

All other surgery data is collated for internal quality reporting. In total, surveillance for more than 8,000 inpatient and 3,000 day case procedures in 2023.

A local report and this data are shared with the Divisional Surgical Director on a monthly basis. Consultants have their own personal code which allows them to identify their own rates and comparisons can be made within their speciality, it also means that the data is anonymised. This is used to drive further improvement.

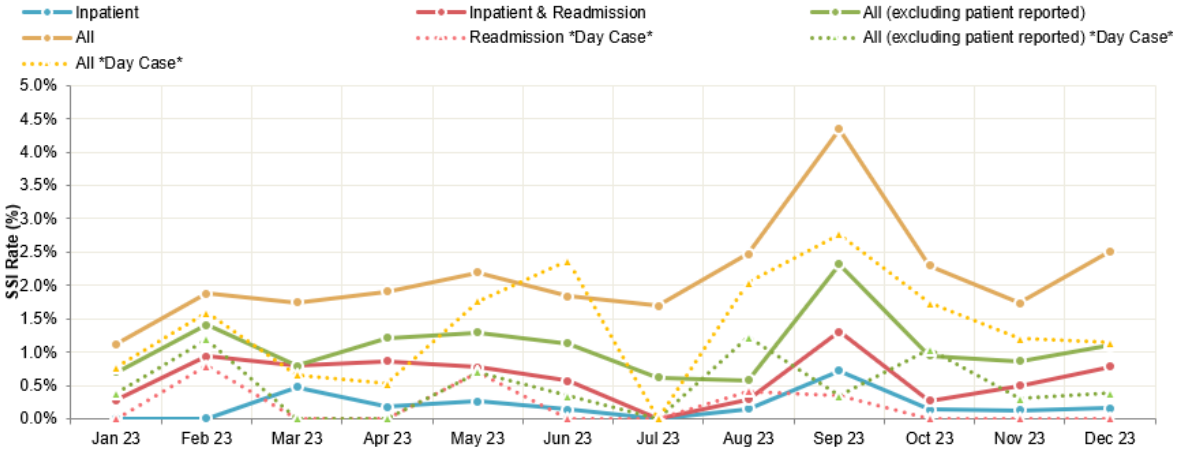
Total Number of Surgical Site Infections and Rate (%), January 2023 - December 2023

Month	No. Procedures	Surgical Site Infections				SSI Rate (%)			
		Inpatient	R	Horizontal (Category) Axis	Patient Reported	Inpatient	Inpatient & Readmission	All (excluding patient reported)	All
January 2023	712	0	2	3	3	0.0%	0.3%	0.7%	1.1%
February 2023	638	0	6	3	3	0.0%	0.9%	1.4%	1.9%
March 2023	632	3	2	0	6	0.5%	0.8%	0.8%	1.7%
April 2023	578	1	4	2	4	0.2%	0.9%	1.2%	1.9%
May 2023	774	2	4	4	7	0.3%	0.8%	1.3%	2.2%
June 2023	707	1	3	4	5	0.1%	0.6%	1.1%	1.8%
July 2023	648	0	0	4	7	0.0%	0.0%	0.6%	1.7%
August 2023	689	1	1	2	13	0.1%	0.3%	0.6%	2.5%
September 2023	691	5	4	7	14	0.7%	1.3%	2.3%	4.3%
October 2023	741	1	1	5	10	0.1%	0.3%	0.9%	2.3%
November 2023	806	1	3	3	7	0.1%	0.5%	0.9%	1.7%
December 2023	637	1	4	2	9	0.2%	0.8%	1.1%	2.5%

Data is presented at the Infection Prevention and Control Group (IPCG) and the Infection Prevention Team surveillance meetings where new initiatives and directives are discussed by the team, such as new NICE guidance NG125 and antimicrobial dissolvable sutures, which have been incorporated into practice.

The data set and system we use is highly commended by other organisations and we continue to host visits from other Trusts, to review our methods of data collection and reporting to see if it can be replicated to assist them in their service delivery.

Surgical Site Infection Rate (%) by Detection, January 2023 - December 2023



RWT has also collaborated with other Trusts in the region as part of a NHSE initiative for the reduction of avoidable SSI's. Primary drivers were to increase knowledge of SSI's and engagement among patients and staff. Task and finish groups were set up to focus on specific areas such as normothermia, skin prep, educational resources, and post discharge surveillance. This initiative is ongoing.

A large scale audit involving pre-operative clinics, theatres and wards has recently been undertaken, using a toolkit devised by 'One Together' which is a collaboration of The Infection Prevention Society, The Association for Perioperative Practice, The College of Operating Department Practitioners, The Royal College of Nursing, The Central Sterilising

Club and 3M. The tool is designed to demonstrate compliance with infection prevention practices across the surgical pathway.

An audit was also undertaken in 2023 for perioperative ‘Normothermia’ to identify if patients’ temperature is maintained throughout the surgical journey, as it has been shown that hypothermia can increase the risk of surgical patients developing infections. The audit was completed on patients who had undergone hip and knee arthroplasties at Cannock Chase Hospital. The results were circulated for discussion at their governance meeting, with the aim of improving compliance to NICE guidance and patient safety.

THE CONTINENCE CARE SERVICE (CCS)

The Continence Care Service (CCS) has demonstrated unwavering commitment to enhancing the standards of Continence Care within the acute and community healthcare sectors throughout 2023 and 2024. Notably, we supported the establishment of a collaborative working group, in conjunction with the multidisciplinary team, aimed at elevating Continence Care standards across diverse healthcare settings.

Our partnership with Ontex, a leading product supplier, enabled us to provide comprehensive training in care homes, elevating standards for individuals in nursing and residential care facilities. Additionally, we prioritized the optimization of communication systems between the continence service and the NHS Distribution Centre, streamlining processes for enhanced efficiency.

Transitioning our health centre into a Continence Hub for the community was a significant milestone. This hub serves as a focal point for individuals seeking support for continence-related issues, offering concurrent clinics staffed by allied professionals. The vibrant and welcoming environment, adorned with health promotion displays, reinforces our commitment to holistic care.

In response to the escalating cost-of-living crisis, the CCS remains steadfast in its mission to extend support to individuals experiencing incontinence-related challenges. We recognise the growing prevalence of incontinence poverty and have intensified efforts to alleviate its impact through collaborative initiatives with consumers, carers, and healthcare professionals.

Despite facing financial constraints exacerbated by external economic factors, such as fuel and raw material price hikes, the CCS remains resolute in its dedication to delivering high-quality, evidence-based continence care. Our focus on promoting rehabilitation and maintaining cost-effective product provision underscores our commitment to optimising patient outcomes while navigating financial challenges.

Throughout the review period, the CCS maintained a proactive stance in raising awareness and destigmatizing bladder and bowel continence care through initiatives like our active Facebook group. By fostering dialogue and disseminating valuable information, we empower individuals to seek support and access resources tailored to their needs.

In terms of operational efficiency and staff well-being, the CCS upheld its exemplary Team Stress Risk Assessment 'Green' Score, reflecting our commitment to prioritising the safety and well-being of both patients and staff. Daily communications and comprehensive training ensured that our team remained equipped to deliver exceptional care amidst evolving clinical and operational landscapes.

In conclusion, the CCS persevered in its mission to provide patient-centred, dignified care, navigating challenges with resilience and unity. Our collaborative efforts with RWT colleagues exemplify the spirit of TEAM NHS, reaffirming our collective commitment to excellence in healthcare delivery.

IP future plans for 2024/25

Following the end of the COVID-19 pandemic in May 2023 the IP team has continued to support the Trust to return to a business as usual position, whist managing all respiratory viruses.

This is a challenging time for Infection Prevention and healthcare as we see a national increase in Measles cases and most recently Pertussis.

The IP team will continue to work towards identifying Hospital Acquired Pneumonia (HAP), Ventilator Associated Pneumonia (VAP) and Catheter associated urinary tract infections (CAUTI) rates which will be supported by the results from the National Point prevalence survey (PPS). This survey is the sixth national survey on healthcare-associated infections (HCAI) and the third national PPS on antimicrobial use (AMU), as a Trust we will use this to benchmark against the national data with the target to reduce the number of avoidable healthcare acquired infections.

We will enable and empower our staff to be able to practice the fundamental elements of IPC on a consistent basis. This will be achieved through education, educational resources and information, employing innovation methods where appropriate, utilising quality improvement methodologies, aligned policies and IPC visibility. We will influence the endeavour to meet or positively exceed nationally set objectives for C. diff and Gram-negative bacteraemia.

In line with the National shift to a Patient Safety Incident Response Framework (PSIRF) and the Trusts development of a Patient Safety Incident Response Plan we will develop HCAI review processes aligned with PSIRF. Incident review meetings will continue where learning can be identified and then shared.

The IP team will continue to work collaboratively with colleagues and partners towards our collective vision, as defined in our joint Trust Strategy “To deliver exceptional care together to improve the health and wellbeing of our communities”.

Care Colleagues Collaboration Communities

NHS
Walsall Healthcare
NHS Trust

Infection Prevention & Control Annual Report 2023/24

Lisa Carroll
CNO and Director of Infection Prevention & Control

Amy Boden
Associate Director of Nursing Operations
Deputy Director of Infection Prevention & Control

Stefano Oggiano
Lead Nurse, Infection Prevention and Control

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

Respect Compassion Professionalism Teamwork

Contents

1.0. Executive Summary

- The Annual Infection Prevention and Control (IPC) Report reports on infection prevention and control activities within Walsall Healthcare NHS Trust for April 2023 to March 2024. The publication of the IPC Annual Report is a requirement to demonstrate good governance, adherence to Trust values and public accountability.
- The following organisms are subject to mandatory reporting. These are MRSA, MSSA, Clostridioides difficile and Gram-negative bloodstream infections (Escherichia coli, Klebsiella species, Pseudomonas aeruginosa).
- The Trust has achieved the planned infection prevention and control activities outlined in the annual programme 2023/24 including planned audits, education sessions and undertook additional duties to support the Trust in response emerging situations such as the National measles outbreak.
- The Trust experienced two cases of MRSA bacteraemia during 2023-24 against a target of zero; both deemed contaminates and not true infective cases.
- There were 92 Toxin positive reportable cases of Clostridioides difficile against a trajectory of no more than 26 cases.
- Mandatory surgical site surveillance was completed in elective orthopaedic hip and knee replacements for 1 Quarter. A total of 101 procedures were undertaken, 50 Hip replacements and 51 knee replacements, 2 surgical site infections have been reported, 1 case of a knee replacement and 1 case for a hip replacement. We are still within the monitoring period therefore further surgical site infection may be identified.
- The Trust is currently rated Green by NHS England for Infection Prevention and Control. This is from a visit undertaken in 2022. There have been no NHS England reviews for this financial year. An IPC review was undertaken by the ICB in November 2023 with positive feedback received regarding the interventions in place to manage the increased incidence of C. difficile in the Trust.

2.0. Introduction

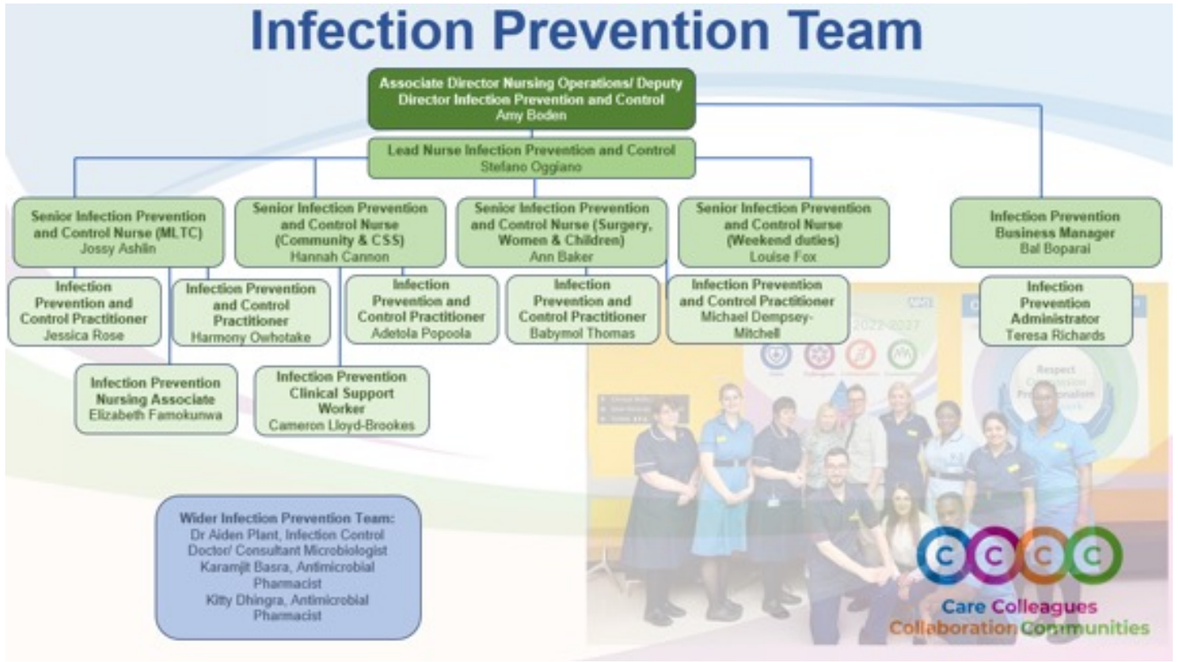
Healthcare-associated Infections (HCAIs) can cause harm to patients, compromising their safety and leading to a suboptimal patient experience and increased length of stay in hospital. Maintaining low rates of HCAIs remains a cornerstone of the Trust's approach to providing safe, high-quality care across all the services. The Trust has been working hard to improve infection prevention and to maintain standards recognised by external reviewers. This report acknowledges the hard work and diligence of all grades of staff, clinical and non-clinical who play a vital role in improving quality of patient experience as well as helping to reduce the risk of acquiring an infection. Additionally, the Trust continues to work collaboratively with a number of external partners as part of its IPC and governance arrangements.

3.0. Reporting arrangements

The Infection Prevention & Control Team (IPCT) is based at the Manor Court. The team works closely with all Trust colleagues and external contractors to support a vision of no person being harmed by a preventable infection. The service provides IPC support to Walsall Healthcare NHS Trust. In addition, they work closely with Walsall Council's Health Protection team and the ICB Health Protection Team to deliver a health economy approach to infection prevention strategies.

The role of Director of Infection Prevention and Control (DIPC) is undertaken by the Trust's Chief Nursing Officer who reports directly to the Chief Executive on matters pertaining to infection prevention and control in line with the requirements of the Health and Social Care Act 2008 then updated in 2012. The role of Deputy DIPC is undertaken by the Associate Director of Nursing Operations.

The Infection Prevention and Control Committee (IPCC) is chaired by the DIPC or Deputy DIPC and met monthly during 2023-24. Escalation from IPCC is raised to the Trust's Quality Committee.



4.0. IPC team structure

The IPC team structure for 2024 is detailed below. 2023-24 has continued with introducing a wider range of roles into the team structure to reflect that infection prevention is everyone's responsibility. This has led to expanding recruitment opportunities for Infection Prevention Practitioners (Nursing and Midwifery Council / Health Care Professions Council and General Dental Council registrants). The team, from recent recruitment processes now comprises of registered nurses, a dental nurse, nursing associate, operating department practitioner and a temporary position of clinical support worker.

The team provide a robust development programme for Infection Prevention Practitioners, following the Infection Prevention Society competency framework and contributing to regional development programmes. In 2023, multiple members of the team presented their work at the National Infection Prevention Society conference, including 3 practitioners in the team recruited within 12 months.

5.0. Links to Clinical Governance, Risk Management and Patient Safety

The DIPC and DDPIC are core members of the Quality Committee, where infection prevention reports are presented on progress against the annual programme of work and compliance with the IPC Board Assurance Framework (BAF).

Monthly reports are prepared by the IPCT and presented to the IPCC. Ad hoc reports and audit requests are also undertaken to meet service requirements. IPCT are represented in Trust sub-groups of committee, including Health and Safety Group, Sharps Safety Group, Water Safety Group, Environmental Group, Decontamination Group and divisional quality boards.

6.0. Infection Prevention and Control Committee (IPCC)

The role of the IPCC is to provide strategic direction for the prevention and control of HCAIs in Walsall Healthcare Trust. The committee members ensure a confirm and challenge approach and assurance that the Trust meets the requirements and mandates of the National Infection Prevention and Control standards and the Trust's own policies and procedures. It ensures that there is a strategic response to new legislation and national guidelines. In addition, the committee seeks assurance from the divisions and ensures compliance with the Health and Social Care Act 2008. Terms of reference (ToR) for the IPCC can be found in Appendix 1.

Compliance with The Health and Social Care Act is measured using the hygiene code. This is routinely assessed at Infection Prevention and Control Committee via the IPC BAF updates.

6.1. Decontamination Group

The Hospital Sterilisation Disinfection Unit (HSDU) is a purpose-built building that is situated opposite the main hospital. The HSDU is ISO 13485:2016 accredited and provides a service to Walsall Healthcare and the Community. The HSDU is audited on a yearly basis by our external auditors, who provide an inspection, verification, testing and certification of the department. In addition, the Trust conducts weekly and monthly in-house internal audits undertaken by our supervisors.

This assurance process includes yearly management review meetings led by the Decontamination Program Manager to address non-conformances, supplier failures, quality performance, education & training, customer feedback, Medicines Health Products and Regulatory Authority (MHRA) alerts, water safety and any new legislation. Discussions also take place regarding any departmental changes and improvements that can be made to the service. This review is reported to the external auditors and quarterly to IPCC.

The HSDU provides decontamination services (over 7 days) throughout the Trust with the main customers being Theatres.

The HSDU also provides an endoscope decontamination service for Endoscopy, ENT, Urology and Theatres (over 6 days) which was Joint Advisory Group on Gastrointestinal Endoscopy (JAG) accredited in April 2019.

Decontamination group meetings take place monthly and covers all aspects of decontamination throughout the Trust and reports up to the IPCC.

6.2. Antimicrobial Stewardship

Antimicrobial stewardship is a systematic approach to educate and support health care professionals to follow evidence-based guidelines for prescribing and administering antimicrobials. The education of the health workforce is of crucial importance, as they form the front line in safeguarding the effectiveness of antimicrobial medicine.

This optimises the use of antimicrobial medicines, improves patient outcomes, reduces antimicrobial resistance and HCAIs.

Antimicrobial Stewardship Team (AMST); governance and reporting

The Antimicrobial Stewardship Team consists of Dr Plant (Antimicrobial Clinical Lead) and 2 x 0.5WTE Lead Antimicrobial Pharmacists.

Governance and Reporting:

The AMST meet weekly and report monthly to the Medicines Management Group and Infection Prevention and Control Committee.

The AMST provide clinical governance support to the Outpatient Parenteral Antimicrobial Treatment (OPAT) team in the form of virtual ward-rounds, critical review of OPAT referrals from in-patients and review of policies and procedures.

The antimicrobial pharmacists participate in a regional antimicrobial pharmacist forum and monthly meetings which feed into a national group. The AMST also participate in ICB antimicrobial stewardship meetings.

A written report is provided to the Medicines Management Group, IPCC and to the Medicine and Surgical Divisional Quality Boards.

Clinical ward rounds:

The AMST is a highly visible, patient facing ward-based team. There are daily ward rounds Monday-Friday mornings to follow up positive blood culture results and telephone referrals.

There is a weekly multi-disciplinary Clostridioides difficile ward round, including microbiologist, AMST pharmacists and IPC nurse. This is a holistic review including current therapy, clinical status, nutrition, hydration and medicines review.

There are 4 antimicrobial stewardship "time-out" ward rounds weekly; this is an evidence-based multidisciplinary ward round reviewing every antibiotic on the designated wards to promote good practice and support the ward teams. To date, "time out" interventions have been completed on wards 1, 2, 3, 4, 9, 10, 11, 12, 14, 15, 16, 17 and 20a.

Antimicrobial Stewardship Strategy 2024/2025:

The Trust has an antimicrobial strategy which provides a framework to support appropriate antimicrobial use across the organisation.

The Trust's Antimicrobial priorities into 2024/2025 include:

- Continue and expand antimicrobial stewardship "time-out" ward rounds as a rolling educational intervention. Continue to collect and feedback outcomes to Medicines Management Group and IPCC
- The new drug chart has space to denote the level of certainty of an infective diagnosis that the prescriber has clinically identified (ARK prescribing). To reduce antimicrobial consumption further it is key that this is filled in correctly. The AMST have made this a new KPI and delivering compliance to this is a key priority.
- Following the 2023/24 CQUIN for IV to PO switch the AMST will continue to look for systemic changes to promote IV/PO switch.
- Completing regular review of MicroGuide
- The team will conduct bi-monthly point prevalence studies to assess the documentation of allergy, nature of allergy, documentation and indication of antibiotics on the drug chart. This will expand to appropriateness of antibiotic selection into 2024/25
- The team continue to monitor, feedback and investigate the consumption of WATCH and RESERVE antibiotics.

AMST activity feedback 2023/24

Drug chart ARK prescription

A new Trust-wide drug chart was rolled out in Spring 2023. The AMS team conducted a full review and revision of the preceding drug chart and updated it based on the latest evidence from the multi-centre ARK trial. The AMST developed the Trust education video on the drug chart and are conducting bi-monthly audits to assess the impact of changes. Antibiotic prescribing KPIs have now regularly met compliance of over 90%.

CQUIN 2023/24

IV to PO switch CQUIN is due for final submission on April 30th 2024. The aim of this CQUIN was to assess if intravenous (IV) antimicrobials are switched promptly to oral as soon as the patient is ready. This will reduce the incidence of HCAI by the removal of cannula's, it will save nursing time, reduce waste, it is cost effective and reduces length of hospital stay. To achieve maximum payment for this CQUIN <40% of patients audited that meet the switching criteria need to be on oral antibiotics at the point of audit.

The results for Q1, Q2 and Q3 are:

Q1 result = 33% maximum payment

Q2 result = 22% maximum payment

Q3 result = 34% maximum payment

Q4 result = data collection pending

MicroGuide updates 2023/24

There was one MicroGuide update in 2023/24 in August 2023

The updates included:

- Incorporation of the PEN-FAST assessment for considering the appropriateness of treatment with non-penicillin beta-lactams throughout.
- Less reliance on fluoroquinolones; greater use of non-penicillin beta-lactams, like cefepime, cefuroxime and aztreonam, as well as non-beta-lactams like tigecycline and chloramphenicol.
- Re-visited antibiotic prophylaxis guidelines in line with local resistance rates and contemporary evidence base.
- Addition of low-risk febrile neutropenia pathway.
- Addition of peripheral cannula-associated infection guidance.
- Guidance on how and when to take blood cultures.
- Contact details for the Sepsis Outreach Response Team added.
- Non-surgical prophylaxis added, including for ERCP, meningococcal exposure and asplenia.

Time-Out Intervention

A time-out antimicrobial review allows time for a structured review of patients antimicrobials taking into account clinical status, response to treatment, microbiology results, diagnostic imaging and clinical presentation. The AMST are currently providing 4 time-out ward rounds per week at WHT. The purpose is to improve patient care, optimise use of antimicrobials and provide prescriber feedback and education on antibiotic prescriptions. The intervention has been conducted on 13 wards in 2023/24 and has improved compliance to Trust empiric guidance on MicroGuide, reduced broad-spectrum antimicrobial prescribing and improved adherence to prescribing KPIs.

OPAT services

The AMST continue to provide OPAT service MDT, review all patients and indications, step down to oral antibiotics where possible and liaise with the base team when needed. This will further be enhanced 2024/25 with the rollout of the new OPAT policy that will improve the referral processes within the hospital.

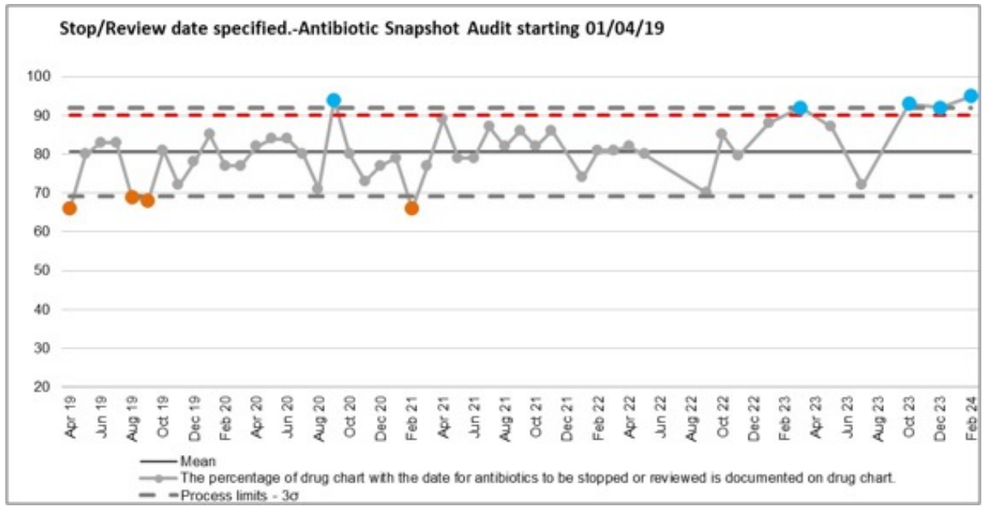
Point prevalence Audit 2023/2024

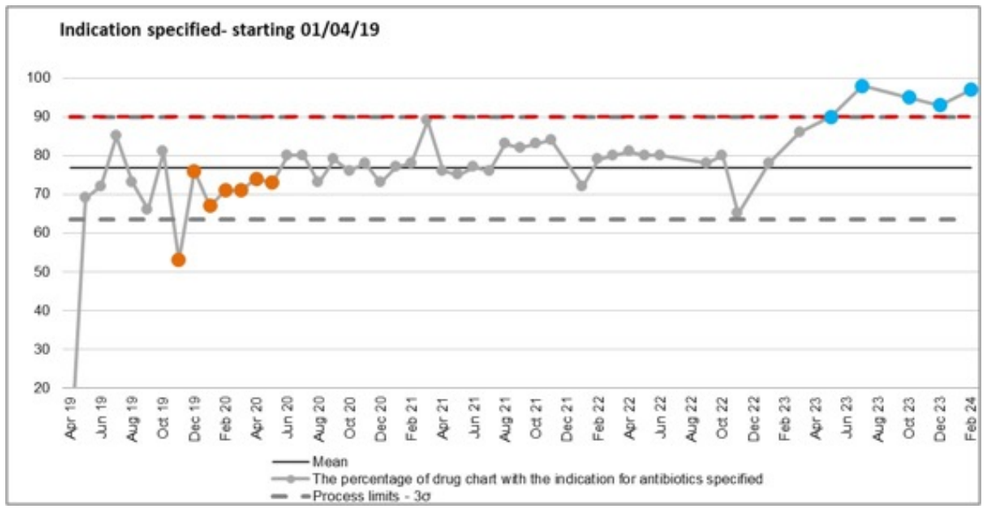
As well as participating in the National Point Prevalence Audit, the AMST conduct bi-monthly snapshot audits on antimicrobial prescribing to assess adherence to prescribing KPIs:

1. 100% of drug charts to have an allergy status
2. 90% of antibiotic prescriptions to have documented indication on the drug chart
3. 90% of antibiotic prescriptions to have a documented duration on the drug chart

Since the roll out of the new chart the KPIs have consistently achieved compliance, a fourth KPI was added and education and training is ongoing to achieve compliance:

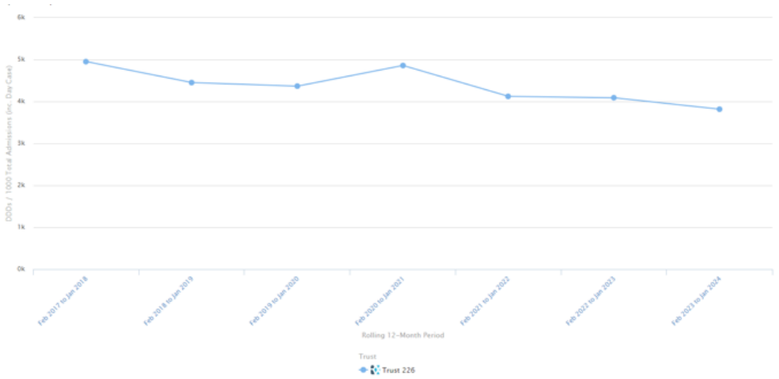
4. 90% of initial prescriptions have possible/ probable circled





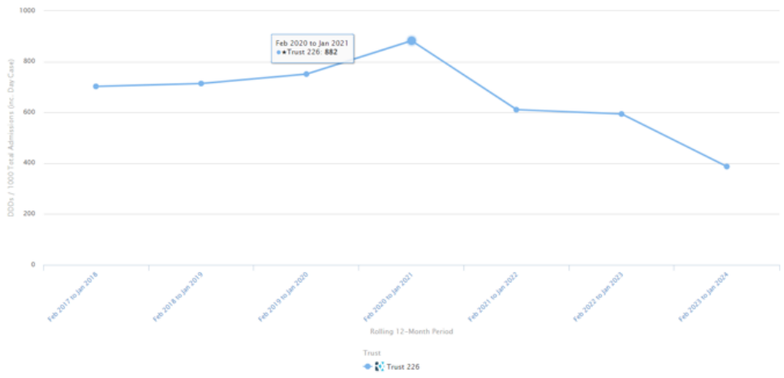
Antimicrobial consumption data and regional comparisons

Total antimicrobial consumption in the Trust is declining, the data below is presented as usage stratified in terms of number of beds.



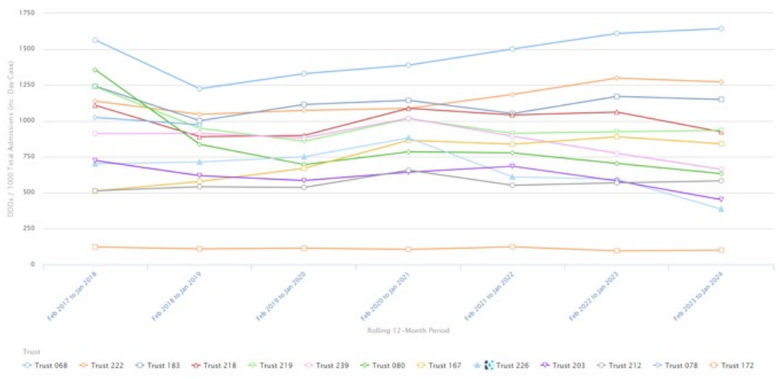
All broad spectrum antimicrobial usage has declined, in particular co-amoxiclav use as a result of AMST education and MicroGuide update:

Total co-amoxiclav consumption DDD/1000 patients (Feb 2017-Jan 2024)



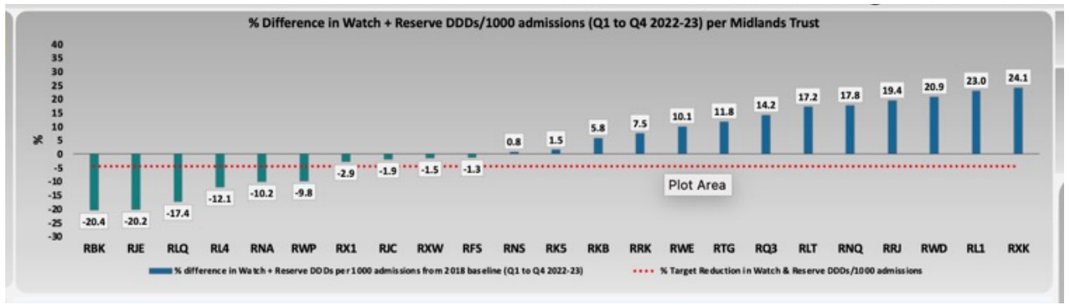
This compares favourably to regional Trusts, note this is stratified in terms of bed capacity

Regional Comparison: total co-amoxiclav consumption (DDD) /1000 patients (second lowest in the region, Trust 226)



Watch and Reserve antibiotics

This metric looks at the financial year (FY) 2023/24 contract requirement to reduce broad-spectrum antibiotic consumption by 10% from 2017 calendar year baseline in NHS providers of acute care. WHT is one of only 26% of Trusts meeting this target regionally and one of only 28% of Trusts meeting this target nationally. Walsall is Trust RBK, and the highest performer regionally.



Summary

Antimicrobial stewardship measures that have been put into place to improve prescribing of antibiotics and reduce consumption of antibiotics, particularly of broad-spectrum antibiotics, has been highly effective. Strategies to increase the level of prescriber audit and feedback have been implemented successfully on the "time-out" ward rounds. The support given for empiric prescribing has increased in response to feedback with the introduction of the new drug chart and advice on MicroGuide.

The AMST will be looking to expand upon these successful strategies in 2024/25.

6.3. Water Safety group

The Water Safety Group provides a forum in which people with a range of competencies can be brought together to share responsibility and take collective ownership for ensuring water related hazards are assessed and monitoring/control measures developed and instigated.

The aim of the Water Safety Group is to ensure the safety of all water used by patients, visitors, relatives and staff, to minimise the risk of infection associated with waterborne pathogens across WHT estate.

The Group meet on a monthly basis and work closely with the Infection Prevention Team. The group's remit is to:

- Ensure the Water Safety Plan is reviewed.
- Review and action risk assessments and other associated documentation.
- Review new builds, refurbishments, modifications and equipment and ensure they are designed, installed, commissioned and maintained to the required standards.
- Ensure maintenance and monitoring procedures are in place.
- Surveillance of environmental monitoring, specifically in respect of determining water sampling requirements and agreeing location of augmented areas.
- Ensure augmented units within the Trust are tested monthly and results are reviewed and actioned as required.
- The remit will include all elements as per Section 6.9 of Health Technical Memorandum 04-01 Part B 2016.

7.0. Annual work plan 2023-24

An annual work plan runs throughout the financial year; it is prepared by the IPCT, agreed each year by the IPCC and approved by the Board. The programme for 2024-25 can be found in appendix 5.

The annual programme for 2023-24 had a set of strategic objectives which linked to the Hygiene Code:

Each strategic objective and actions have been reviewed to assess progress and objectives for the 2023-24 programme.

7.1. Annual Programme 2023-24 Strategic Objective: Infection Prevention Fundamentals

Hand hygiene audits are completed by the IPC team every quarter and reported to the IPCC. The observations last between 5 and 20 minutes and ward staff are not made aware the observations are being completed.

These observations are a snapshot of practice and may vary depending on workload, staffing levels, staff present in the department and number of staff observed. It can be difficult in some areas to observe whether hand hygiene takes place prior to or during some procedures and therefore observations are based on easily observed practice.

The audit is based around the World Health Organisation (WHO) five moments of hand hygiene

Comparison of Compliance scores from IPCT audits 2023-24

	Mar 2023	June 2023	Sept 2023	Dec 2023	Mar 2024
All Doctors	89%	80%	83%	71%	77%
Registered nurses	86%	86%	85%	82%	82%
Clinical support workers	86%	87%	83%	83%	83%
Students and cadets	85%	84%	81%	76%	86%
Other Staff	84%	81%	62%	67%	70%
Trust score	**86%**	**84%**	**81%**	**78%**	**81%**

7.2. Annual Programme 2023-24 Strategic Objective: MSSA/MRSA Interventions

An audit of peripheral cannula care was completed by the IPC team in August 2023, themes emerged included:

- Use of needle-free devices and ensuring PVDs are removed if not required is good.
- Monitoring, care and documentation of PVDs overall is poor.

The audit by the team highlighted the need for improved assurance of device care and documentation at divisional level, leading to the implementation of the audit tool onto the Trust Tendable system for areas to self audit standards and report to IPCC.

7.3. Annual Programme 2023-24 Strategic Objective: C. difficile interventions

On the 24th of May 2023 the IPC team held an educational event called "Tackling a difficile problem!" – an event based on learnings and findings from HCAI cases of C. difficile and following a qualitative assessment of staff knowledge on preventative and control strategies for C. difficile and loose stool management.

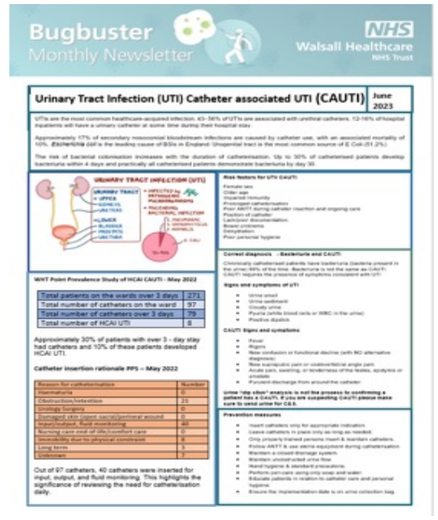
In June 2023 educational sessions were focused on the findings from C. difficile cases and enteric audit cycles. This was facilitated by the IPC team and representatives from Gama Healthcare. Key topics covered included the decontamination of equipment, the principle of cleaning, sampling for enteric organisms. Other topics included BBE, hand hygiene for patients. A total of 601 staff were educated across the divisions a breakdown of figures and topic was provided at divisional quality board meetings by Senior IPCNs.

To celebrate WAAW2023 the AMS team with the support of the IPC team have held a stand for staff and member of the public. A total of 50 staff members were captured, educated and shared the message of AMS.

Further details of C. difficile cases throughout the financial year can be found in section 8 of the report.

7.4. Annual Programme 2023-24 Strategic Objective: Preventing Syndromic Infections

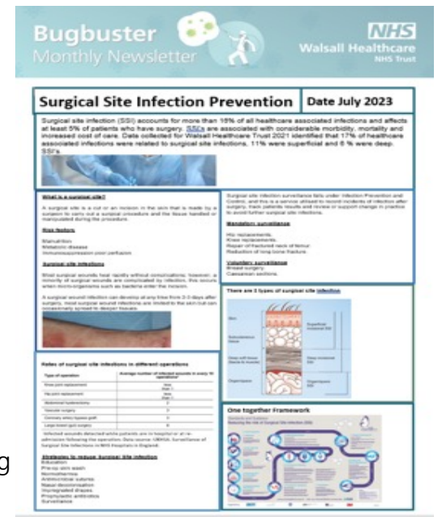
Different members of the IPCT are project leads focusing on reduction of syndromic infections, including urinary tract infections and healthcare acquired pneumonia.



In June 2024, an educational stand and dedicated newsletter were circulated for preventing urinary tract infection and CAUTI as part of the focus of the month.

In July 2023, an educational stand and dedicated newsletter were also circulated regarding prevention and management of surgical site infections (SSIs). Over 108 staff were educated and interacted with the IPC team on the promotional stand.

In August 2023, the IPCT conducted an audit of urinary catheter management across the Trust. Findings included:



- Information on Vitalpac does not always match the documentation in patient's notes.
- Labelling bags with dates to ensure they are changed at the correct times needs improvement as does ensuring catheters are secured to minimise the risks of UTI.
- 62% of patients did not have a catheter passport and education around the process is required.
- Only 2% of the catheters were not still required at the time of the audit which indicates staff are removing the devices when they are no longer required.
- The reason for catheterisation also indicates the devices are being used for the correctly.
- Positioning and emptying of urine bags is also done well.

Since this audit, the tool is now available on the Tendable system for areas to self audit and report compliance to IPCC.

August's focus was around the management of indwelling devices. Wide range of resources were utilised to provide staff education around insertion, management, documentation, and removal of indwelling devices. IPC attended a variety of areas throughout August to complete staff training, this included ANTT, VIP scoring, maintaining insertion site, escalating concerns, and insertion/removal technique. IPC held a stand as part of our focus of the month on 22.09.23 with a wide range of resources available and an opportunity for staff to ask questions.

September's focus was around the management and prevention of Sepsis. IPC supported the Sepsis Team with a stand as part of our focus of the month with a wide range of resources available and an opportunity for staff to ask questions.

Our Sepsis Oureach Response Team (SORT), Paediatric Team and Infection, Prevention and Control Team are at Walsall Manor Hospital opposite Costa until 1pm today to promote #WorldSepsisDay and raise awareness. Come along and find out more!

7.5. Annual Programme 2023-24 Strategic Objective: Infection Prevention in the Environment

The annual environmental audit programme was completed as scheduled by the IPC team.

The results below demonstrate a comparison of overall compliance for each section of this financial year and last financial year:

Ward	Environment 22/23	Environment 23/24	Sharps 22/23	Sharps 23/24	PPE 22/23	PPE 23/24	Equipment 22/23	Equipment 23/24	Linen 22/23	Linen 23/24	Waste 22/23	Waste 23/24	HH 22/23	HH 23/24	Isolation 22/23	Isolation 23/24
Ward 1	70	87	77	100	57	90	89	96	100	90	89	93	94	100	100	100
Ward 2	73	89	90	100	100	90	89	96	82	89	10	100	94	94	100	100
Ward 3	79	89	90	95	93	100	90	96	100	90	89	93	94	94	100	100
Ward 4	77	94	95	95	93	90	81	98	87	100	89	100	89	94	93	100
AMU	93	96	100	75	93	90	92	94	100	100	95	93	100	94	93	100
Ward 7	86	96	89	84	86	90	91	80	92	100	94	87	94	94	100	79
Ward 9	NA	88	NA	78	NA	90	NA	84	NA	78	NA	93	NA	87	NA	100
Ward 10	93	88	70	89	100	80	98	89	94	78	95	87	100	100	100	86
Ward 11	97	89	68	94	100	90	96	93	88	70	95	100	100	88	100	100
Ward 12	83	93	90	84	100	80	85	85	100	91	95	87	89	100	100	93
Ward 14	NA	92	NA	88	NA	100	NA	84	NA	82	NA	93	NA	100	NA	93
Ward 15	94	99	100	89	100	90	93	85	100	90	94	93	100	94	93	100
Ward 16	90	86	95	88	100	100	94	88	100	100	94	87	100	100	100	100
Ward 17	89	94	95	95	100	100	86	100	79	91	95	100	100	100	100	100
Ward 20a	90	92	91	93	79	100	84	95	100	100	71	100	100	100	100	100
Ward 21	83	92	62	95	93	100	83	95	92	100	82	100	100	100	100	92
PAU		86	89	90	93	100	78	88	100	91	93	93	100	100	100	100
Ward 23	83	87	85	83	79	100	81	98	93	90	82	87	94	88	100	100
Ward 25	87	85	89	80	100	100	91	95	100	91	94	100	100	93	100	93
Ward 27	77	90	81	83	71	100	98	93	81	82	95	93	89	93	100	100
Ward 28	96	87	84	90	100	90	98	81	100	100	89	87	100	88	100	100
Ward 29	96	89	86	89	93	100	98	96	100	100	100	93	100	87	100	100
ICU	94	83	86	80	100	90	96	91	94	90	94	87	100	88	100	100
Hollybank	77	93	95	76	100	100	94	90	92	100	94	87	88	93	100	100
Palliative Care	97	97	89	90	93	100	100	100	100	91	100	100	100	94	100	100
Endoscopy	89	72	100	82	100	90	93	86	100	70	94	86	100	87	100	100

7.6. Annual Programme 2023-24 Strategic Objective: Engagement

Members of the IPCT fit into the Trust divisional structure to provide support and continuity in improvement cycles, developing key working relationships to support improvement. The IPC nurses were highly praised during the ICB infection prevention review where the IPC team were spoken highly of for their support and leadership.

There is a weekly IPC update to each division. This includes five key messages to share across your clinical areas. Topical items based on recent incidents, identified learning, local surveillance, or in accordance with National guidance and campaigns will be included.

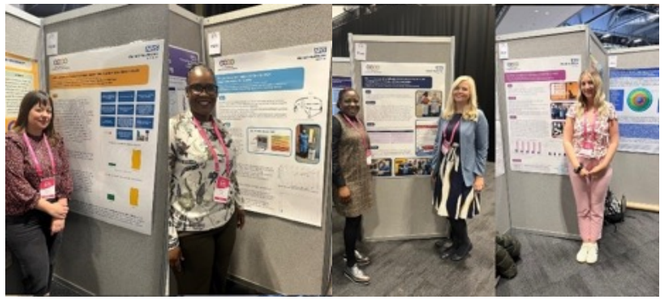
- World Hand Hygiene 2023 – Save Lives Clean your Hands!
- CPE management
- Indwelling devices and VIP scores
- Linen management
- Stool sampling
- New Bare Below the Elbow posters – WHT edition.
- LFD testing guidance – reminder to WHT staff.
- Mouthcare and National Smile Month 2023
- Rediairs and Airconditioning units
- Lanyards and uniform policy
- Special Edition on Water: Legionella, Pseudomonas, L8 guard, Correct use of hand wash basins and the risk of splash zone.
- CPE management, sampling, and risk of antimicrobial resistance.
- Equipment cleanliness
- Commode posters – also delivered to every area with commodes in the organisation.
- Needle stick injury risk
- The burden of UTI/CAUTI, including risk factors, preventative measures
- Hand hygiene and PPE audits findings, including BBE key messages.
- Special on Sepsis week and IPC
- Respiratory Infection and COVID19 management/ screening
- Norovirus and management
- Surgical Site Infections
- Respiratory etiquette
- Bed cleaning poster
- Joint IPC delivery plan with Royal Wolverhampton NHS Trust
- Antimicrobial Stewardship
- IV to PO switching of antimicrobials
- MicroGuide updated
- Measles special, including clinical features, diagnosis, IPC requirements and prevention.

The IPS conference this year was a fantastic opportunity for the IPC Team to showcase their work, with a total of 9 abstracts approved for posters and presentations.

One presentation was from Amy Boden on the Little Voices campaign, incorporating patient voice into improving standards of IPC and implementing a novel way of monitoring hand hygiene compliance. Little Voices won the Gold Award for Patient Experience at the IPS awards ceremony.

Lead IPCN Stefano Oggiano presented a QI project entitled "Decolonisation confusion?", highlighting improvements in decolonisation prescribing through the implementation of a sticker from the IPCT onto the prescription chart. This has led to being approached by the research team at GAMA healthcare on a wider piece around skin decolonisation.

The team also delivered 3 poster presentations on topics including CPE screening, mouth care education and supporting newly recruited nurses in IPC practices:



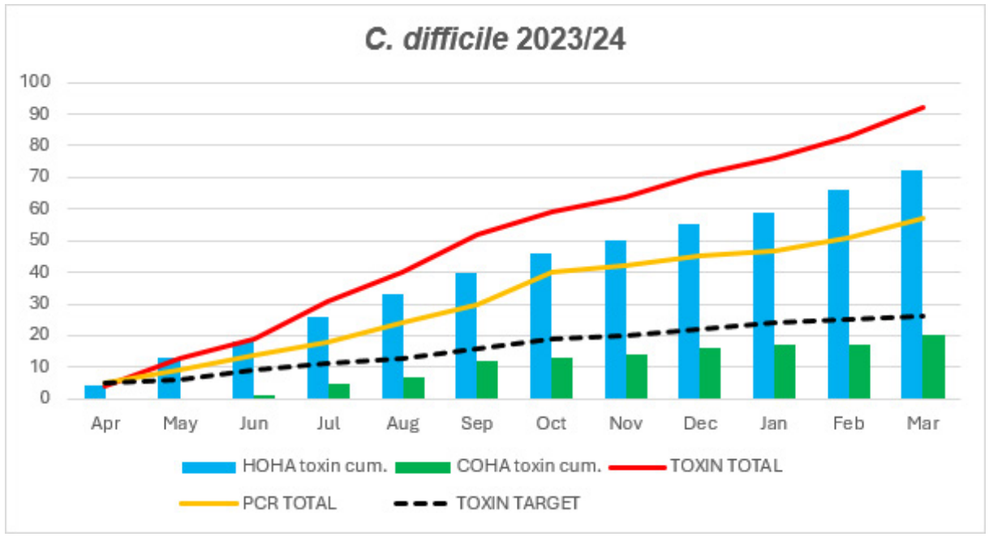
The team produced a variety of posters for display in the main exhibition hall, and also won Best Poster Award at the IPS conference for the introduction of a Nursing Associate role as part of a C. difficile intervention.

8.0. Healthcare-associated infections

Each year, the Trust is set objectives from NHS England for HCAIs. Below details the Trust performance against the target set and further local surveillance data for HCAIs.

8.1. Clostridioides difficile

The graphs below identify C. difficile that are toxin-producing with a specimen that falls under the Hospital-onset Healthcare-associated (HOHA) or Community-onset Healthcare-associated (COHA) definitions between April 2023 and March 2024 at Walsall Healthcare NHS Trust.



The Trust carries out reviews of all HOHA and COHA C. difficile cases and a multidisciplinary review is undertaken to investigate cases where new lessons can be learnt. These are reported to the divisional meetings and at IPCC.

Between April 2023 and March 2024 there have been 92 cases confirmed of HOHA (73) and COHA (19) toxigenic C. difficile against an annual trajectory of 26.

From December 2023 avoidability ceased to be reported, following the introduction of PSIRF process.

Common Trends in Risk Factors:

1. Multiple antibiotics within last 6 weeks
2. Over 65 years of age
3. Proton Pump Inhibitor (PPI) use
4. Previous history of C. difficile

Key themes identified from cases reviews for 2023/2024:

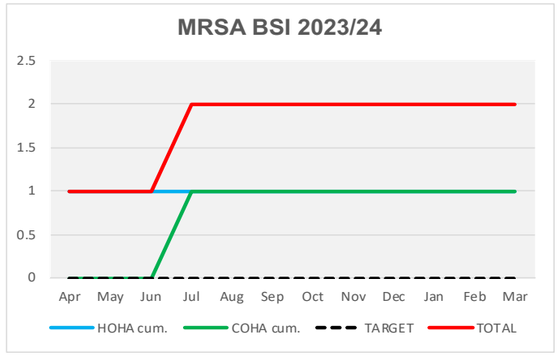
1. **Antimicrobial Stewardship/Prescribing:**
   - Absence of CURB-65 scoring to determine the right antibiotic in line with formulary.
   - Intermediate and high-risk 'C. difficile-inducing' antibiotics not in line with prescribing guidance for indication.
   - Non-compliance to current AMS KPIs: indication, duration, and review.
   - Prescribing in primary care of antimicrobials as well as PPI.
2. **Fundamentals of Infection Prevention & Control:**
   - Delays in specimen collection for C. difficile testing.
   - Failure to isolate patients when specimens were obtained (due to unavailable isolation facilities).
   - Hand hygiene and personal protective equipment technique requiring further improvement.
   - Documentation of onset of loose stool on Bristol Stool Chart.
3. **Infection prevention & control in the environment:**
   - Lack of isolation facilities to meet demand.
   - Environmental cleanliness: specifically, ability to proactively deep clean the environment. Deep clean decant programme affected by utilisation of ward 5/6 for operational demand.

Summary of target interventions for 2023/2024:

- Thematic analysis and review of all HOHA and COHA cases were undertaken to highlight common themes and produced a fishbone analysis.
- Targeted intervention to improve knowledge and practical sampling; currently the highest sample across the acute provider for BCPS; this included educational events, ad hoc education, and new resources launched.
- Introduction of a Nursing associate role in the admission areas to support early sampling for patients presenting with symptoms.
- The severity of illness decreased significantly with more patients not requiring treatment or relapsing due to early identification.
- Isolation demands: supported with installation of Bioquell pods (no en-suites); IPC practitioner daily review of isolation risk across the organisation and liaison with clinical site practitioner to support effective and safe isolation. This is also demonstrated and reviewed at IPCC via IPC incident report and via the risk register.
- Enteric audits performed via the IPC team and division to gain assurance of practice; now live on Tendable and reported at IPCC.
- Enhanced cleaning regimes available such as: HPV and ultraviolet light.
- Active deep cleaning programme, currently on hold due to site pressure, next areas identified as a priority.
- Refurbishment works supported environmental improvements across multiple areas.
- IPC input in all capital projects to ensure latest evidence-based practice is embedded.
- Revision and relaunch of cleaning responsibilities, including practical resources.
- Review of high-risk equipment across the organisation, such as mattresses, commodes etc, to also support Eat Drink Dress & Move to Improve campaign.
- Targeting syndromic infections with the support of the latest data via UKHSA PPS, including pneumonia and HAP, UTI and SSI; currently, multiple QI and workstreams are captured in the new annual work plan for 2024/25.
- Review of treatment options, including faecal microbiota transplantation.
- Antimicrobial Stewardship improvements, including time-out sessions, and targeted interventions for areas with inappropriate antimicrobial prescribing.
- WHT IPCT represented at the ICB C. difficile task and finish group; to achieve a system approach in reducing C. difficile harm between community and acute providers.
- Partner education four times a year as a minimum around principles of IPC.

8.2. Methicillin-Resistant Staphylococcus Aureus (MRSA) bacteraemia

There were two cases of MRSA blood stream infection attributed to the Trust during 2023/2 against a National target of 0. One HOHA and one COHA.



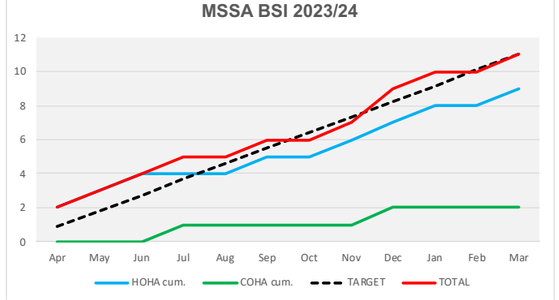
Root cause:

- Blood culture contamination.

There has been two MRSA bacteraemias this financial year, confirmed in April and July 2023. These were attributed to MLTC services. There were opportunities for learning around indwelling devices management and appropriate antimicrobial prescribing.

8.3. Methicillin Sensitive Staphylococcus Aureus (MSSA) bacteraemia

A total of 11 cases were reported this year, 9 HOHA and 2 COHA in 2023/24 compared to 10 reported 2022/23. There are no set trajectories externally for MSSA bacteraemias.



The IPCT aims to maintain low rates of MSSA BSIs and investigate all cases to ascertain if there are further actions that can be taken. Performance of MSSA bacteraemia continues to be monitored at the Infection Prevention and Control Committee.

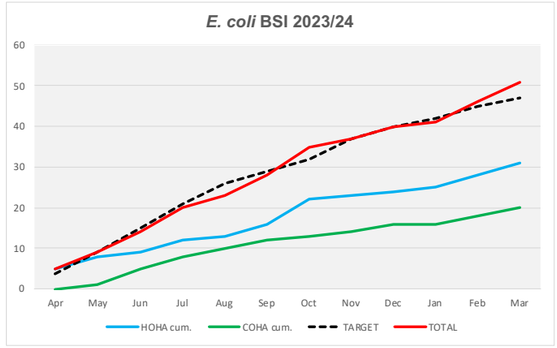
All cases are reviewed on an individual basis to identify the cause and if there are any lessons to be learnt.

Themes emerged from cases:

- VIP scoring not completed 8-hourly.
- Poor compliance with PVD care
- Not all indwelling devices recorded on Vitals.
- Delays in MRSA admission screen
- Patient with long-term catheter with poor catheter care documentation, and urine sample not completed at time of admission.

8.4. Escherichia coli bacteraemia

Reporting of E. coli bacteraemia has been mandatory since June 2011. All cases are reviewed, and a tabletop review completed if the patient dies, and E. coli is indicated as a cause of death or areas of concern are identified during the review.



The national Target for the Trust was 47 for 2023/24.

There were a total of 51 cases, 31 HOHA and 20 COHA of E. coli bacteraemia in 2023/24. All cases are reviewed on an individual basis regarding cause. If there are any lessons to be learnt including whether these could have been avoided, these are shared across the Walsall Healthcare Trust.

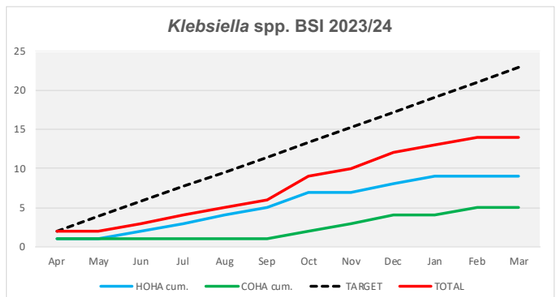
Average demographics, age 70 years old, equally across female and male.

Majority of cases related to (in order):

1. lower urinary tract infections,
2. upper urinary tract infections,
3. gastro-intestinal or intra-abdominal,
4. hepatobiliary.

8.5. Klebsiella species bacteraemia

Reporting of Klebsiella spp. bacteraemia has been mandatory since April 2017 a national target for the Trust in 2023/24 was 23.



During 2023/24 the Trust reported 14 cases, 9 HOHA and 5 COHA.

All cases are reviewed and a tabletop review completed if the patient dies and this organism is indicated as a cause of death or areas of concern are identified during the review.

Average demographics, age of 75, equally across females and males.

Majority of cases related to (in order):

1. Hepatobiliary
2. Gastro-intestinal or intra-abdominal
3. Respiratory tract
4. Urinary tract

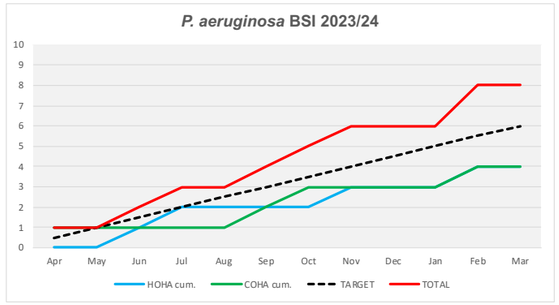
8.6. Pseudomonas aeruginosa bacteraemia

Reporting of P. aeruginosa bacteraemia has been mandatory since April 2017 and the national target for 2023/24 was 6.

A total of 8 cases were reported, 4 HOHA and 4 COHA.

The proactive work of the Water Safety Group helps to support the prevention of P. aeruginosa bacteraemia.

Average demographics, age of 70, equally across females and males.



Majority of cases related to (in order):

1. Lower urinary tract
2. Gastro-intestinal or intra-abdominal
3. Upper urinary tract

8.7. Carbapenemase-producing Enterobacterales (CPE)

CPE is considered a high-risk transmission hazard in healthcare settings and can lead to poor clinical outcomes due to limited therapeutic options.

Increased incidence of CPE has significant cost and operational implications for healthcare providers. The Trust closely monitor for CPE by undertaking screening based on risk factors to promptly identify and isolate patients who are colonised with the organism. The current screening process is culture-based method. A total of 51 CPE cases were identified compared to 17 in 2022/2023.

Bespoke education on CPE was provided by the IPCT following increased prevalence being observed, focusing on admitting areas of the Trust to ensure patients were being screened with risk factors for CPE colonisation.

8.8. Other Infectious Diseases

There has been an increase in notifications from UKHSA of other non-endemic infectious diseases, particularly of the measles outbreak during summer 2023 affecting London and surrounding areas.

The IPCT led on the organisational measles response and created a measles group where, accountability for processes such as contact tracing, response to incident, occupational health and staff support, vaccination campaigns were agreed. An action plan has been created, monitored, and continues to be updated with any changes or learnings from cases managed.

Measles actions:

- Created measles response group for Walsall Healthcare NHS Trust
- Initiated a SMART action plan in response to the measles outbreak.
- Supported in the development of organisational pathways for adults, children, maternity and for specific services such as Imaging.
- IPCT provided face to face intense education with front facing staff to advise on management of suspected cases.
- IPC Doctor developed a pathway for managing suspected/confirmed cases and supporting with patients contact tracing, as well as administration of prophylactic immunoglobulin.
- Fit testing support provided to key services to support airborne precautions.
- IPCT attended NHSE briefings for update and communicate at Trust level of any updates.
- IPCT attended ICB system meeting for update and communicate at Trust level of any updates.
- Resources such as a poster for staff produced and delivered; video produced to be played on social media and in waiting room of UECC.

The Infectious Disease Manual for the Trust continues to be a useful resource to manage non-endemic infectious disease. This has proven helpful in responsiveness to different alerts and has been shared via the wider regional infection prevention group.

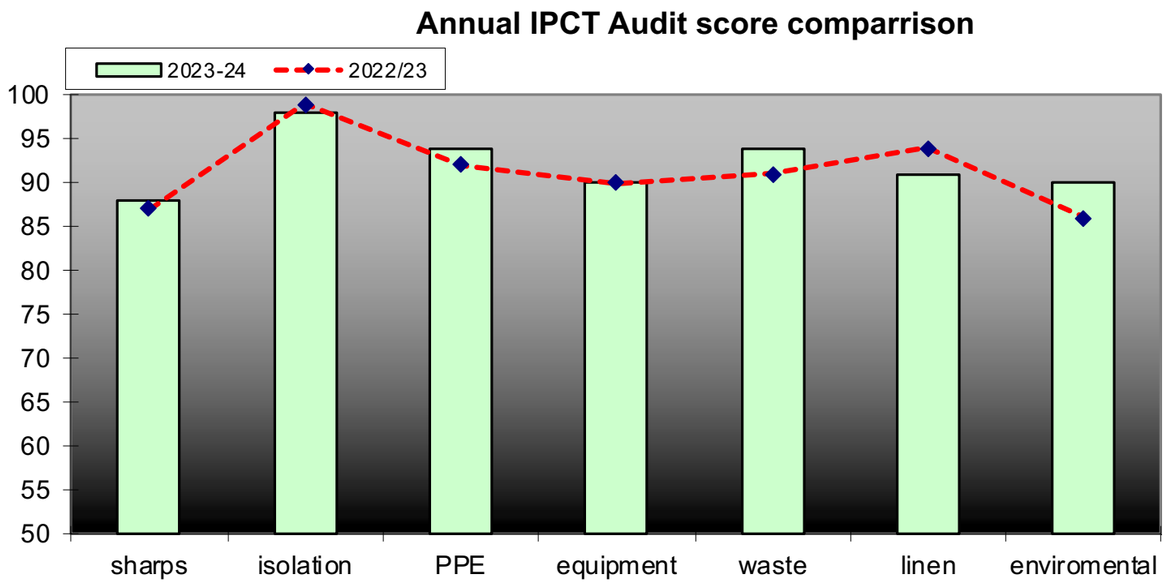
9.0. Acute Services Infection Prevention audits

The following IPC audits were undertaken during quarter one of 2023/2024 covering the acute settings. A comparison to similar audits undertaken during the previous year is provided in the table to the right.

Audit	2022/2023	2023/2024	Trajectory
Sharps	87	88	↑
Isolation	99	98	↓
PPE	92	94	↑
Equipment	90	90	→
Waste	91	94	↑
Linen	94	91	↓
Environmental	86	90	↑

Audit results are shared with Divisional Directors of Nursing and are reported to and discussed at Infection Prevention and Control Committee and Divisional Quality and Safety meetings.

Any non-compliance is fed back to the area at the time of audit. These are the planned audits – areas are monitored daily by the IPC team as well as reactive audits completed to support further escalation and improvement.



Since completion of these audits, escalation occurred through IPCC and was captured in reports to the Trust board through the IPC BAF to improve environmental issues identified in the audit. Since this, further wards refurbishments have been completed with a plan for further refurbishment in 2024-25 financial year.

10. Outbreaks

The IPCT recognises and responds to any significant episode, incident or outbreak of infection. Incidents and outbreaks may be reported in several different ways: by the clinical areas, through microbiology results and IPC visits to the ward. All outbreaks and incidents are included in the IPCT monthly reports and reported via the Infection Prevention and Control Committee.

Outbreaks are reported via the Trust's incident reporting arrangements and external reporting systems (UKHSA, NHS England). An outbreak report is also prepared for the Infection Prevention and Control Committee for significant outbreaks to ensure any relevant lessons are learnt. An outbreak committee is convened to manage and monitor the situation.

Outbreaks of infection, for example Norovirus, influenza, CPEs or periods of increased incidence of C. difficile are classified as serious incidents and reported on the serious incident reporting system STEIS; this was the case up until December 2023. A full investigation and report were submitted when required.

The team delivered a variety of winter preparedness educational sessions and face to face drop-in session during December 2023 and January 2024, to encompass preparedness for COVID-19 outbreaks, Influenza and Norovirus.

Norovirus

3 ward closures and 29 bay closures due to Norovirus.

Learning from Norovirus outbreaks included:

- Education to clinical staff to reiterate measures required to prevent transmission of Norovirus and to consider Norovirus in testing when a patient presents with symptoms.
- Going back to basics with the management of enteric risk.

Influenza

No ward closures and 24 bay closures due to Influenza A/B.

RSV

No ward closures and no bay closures within paediatrics.

COVID-19

No ward closures and 194 bay closures due to COVID-19 cases in bays and contact monitoring.

CPE

No ward closures and 19 bay closures due to CPE positives in a bay

The infection prevention and control team increased the service by providing additional cover over weekends and since July 2022 now provides one Senior IPC Nurse on-site during weekends.

The IPC team supported the Trust and clinical areas with management of patients, providing data required for the National Sitrep and attending tactical meetings (both in the acute and the Community), responding to actions required accordingly.

Compliance with standards to prevent transmission of enteric, droplet, airborne pathogens is monitored by the Infection Prevention and Control Team by undertaking assurance audits of practice in different Walsall Healthcare settings based on the standards set out in updated National guidance.

The Infection Prevention Team responded to any updates to guidance for COVID-19 with a comprehensive multidisciplinary risk assessment with colleagues at Royal Wolverhampton NHS Trust; this is in line with the management of respiratory tract infections. Collaborative working has taken place also between WHT IPC team and Health protection team from Walsall Council.

Updates were made to respiratory pathways. Other Trusts in the UK have since adopted this pathway to assist in quick decision making.

11.0. Surgical Site Infections (SSI)

In 2004 it became a mandatory requirement for all Trusts undertaking orthopaedic surgery to conduct surveillance of surgical site infections, using the Surgical Site Infection (SSI) Surveillance Service of UKHSA. The data set collected as part of the surveillance is forwarded to UKHSA for analysis and reporting. Surveillance is divided into reporting quarters (Jan-Mar, Apr-Jun, July-Sept and Oct-Dec) and each site is required to participate in at least one surveillance period every 12 Months in at least one orthopaedic category.

In 2023/24 the Trust completed one quarter mandatory surveillance.

Reporting Period: January 2024 – March 2024

Modules completed: Total Hip Replacements and Total Knee Replacements

Operation	Total no of cases	Surgical Site infections
Total knee replacement	51	1
Total hip replacement	50	1
Total	**101**	**2**

* to note, we are still within the monitoring period therefore further surgical site infection may be identified

12.0. Education

Education remains a core element of the work of the Infection Prevention & Control Team in both hospital and community settings.

The IPC team continued to deliver and respond to face-to-face training invites in MLCC and for specific areas including, IPC updates for midwives, paediatrics, IV therapies, ANTT, Fundamentals of Care (ward specific), CSW induction, new medical students, Teaching Tuesdays and many more in collaboration with FORCE team.

The IPC team since June 2023 also deliver hand hygiene training sessions five times a week as well as train-the-trainer sessions for the organisation.

The IPCT provided bespoke educational sessions through a variety of forums throughout 2023/24, including Matrons Forums, Ward Managers Forums and at local department level.

The team delivered a "Focus of the month" campaign as part of the annual programme of work which includes educational sessions face to face in clinical departments. The following topics were covered:

Month	Theme	Related Compliance Criterion
April/ May	Fundamentals of Infection Prevention	1, 2, 6, 9
June/ July	Urinary Tract Infections Surgical Site Infections	1, 3, 4, 6, 9 1, 3, 4, 6, 9
August/ September	Indwelling device care Sepsis	1, 3, 4, 6, 9 1, 3, 4, 6, 9
October/ November	Winter Preparedness/ IPC Week Antimicrobial Stewardship	1, 3, 4, 6, 9, 10 1, 3, 4, 6, 9, 10
December/ January	Winter: Reactive IPC work	1, 2, 3, 4, 5, 6, 7, 8, 9, 10
February/ March	Multi-drug resistant organisms	1, 3, 4, 6, 9

Appendix 1

INFECTION PREVENTION AND CONTROL GROUP

TERMS OF REFERENCE: Version 3 – Reviewed August 2023

RATIFIED BY THE QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE ON: July 2021

NEXT REVIEW DUE: August 2024

1. CONSTITUTION

1.1 The Quality, Patient Experience and Safety Committee hereby resolve to establish a subgroup of the Committee to be known as the Infection Prevention and Control Group (The Group). The Group is an executive group of the Committee and has no executive powers, other than those specifically delegated in these Terms of Reference..

2. PURPOSE

2.1 The purpose of this group is to provide strategic direction for the prevention and control of Healthcare Acquired Infections in Walsall Healthcare Trust. It will performance manage the organisation against the Trust's Infection Prevention and Control Strategy and will ensure that there is a strategic response to new legislation and national guidelines. In addition, the committee will seek assurance from the divisions and ensure compliance with the Health and Social Care act.

3. MEMBERSHIP

3.1 The Group will comprise:

- Chief Nursing Officer / Director of Infection Prevention and Control (DIPC) (Chair)
- Associate Director Nursing Operations/ Deputy Director Infection Prevention and Control (Deputy Chair)
- Deputy Chief Nursing Officer
- Infection Prevention Team Members
- Consultant Microbiologist
- Medical team representative
- Divisional Directors of Nursing
- Allied Health Professional Representative
- ICB Health Protection Team representative
- UKHSA representative
- One representative from Local Authority
  - o Health Protection Nurse
  - o Public Health Consultant
- Antimicrobial Pharmacist
- Occupational Health Service Manager
- Estates and Facilities representative
- Health and Safety Officer
- Decontamination Lead
- Head of Quality

4. ATTENDEES

4.1 The Group Chair may extend invitations to attend Group meetings to any individual considered appropriate to progress the work plan of the Group.

5. ATTENDANCE

5.1 It is expected that each member attends a minimum of 75% of meetings and performance will be reported for each member in terms of attendance at the end of each financial year. A named deputy must be identified for core members of the Group and must attend when a member is unable to be present. A named deputy will count towards quorum and members or their named deputy should ensure 100% attendance.

6. QUORUM

6.1 A quorum will be a minimum of seven representatives of which one will be an Executive Director from the Trust, one a member of the Infection Prevention and Control Team and a Consultant Microbiologist.

7. FREQUENCY OF MEETINGS

7.1 The Group will meet formally monthly. Meetings will be expected to last no more than 2 hours routinely. Cancellation of meetings will be at the discretion of the Chair and extraordinary meetings of the Group may be called by any member of the Group, with the consent of the Chair.

8. CHANGES TO TERMS OF REFERENCE

8.1 Changes to the terms of reference including changes to the Chair or membership of the Group are a matter reserved to the Trust board.

9. ESTABLISHMENT OF SUB GROUPS

9.1 The Group may establish subgroups made up wholly or partly of members of the Group to support its work. The terms of reference of such subgroup will be approved by the Group and reviewed at least annually. The Group may delegate work to the subgroup in accordance with the agreed terms of reference. The Chair of each subgroup will be expected to provide a Chairs report to the Group and review its effectiveness on an annual basis.

10. ADMINISTRATIVE ARRANGEMENTS

10.1 The Chair of the Group will agree the agenda for each meeting. The Group shall be supported administratively by the EA to the Chief Nursing Officer whose duties in this respect will include:

- Agreement of agenda with Chair and attendees and collation of papers
- Taking the action notes
- Keeping a record of matters arising and issues to be carried forward
- Advising the Group on pertinent issues / areas
- Enabling the development and training of Group members

All papers presented to the Group should be prefaced by a summary of key issues and clear recommendations setting out what is required of the Group.

11. ANNUAL CYCLE OF BUSINESS

11.1 The Group will develop an annual cycle of business for approval by the Committee meeting at its first meeting of the financial year. The Group work plans informs the standing agenda items as described within the terms of reference, to ensure that all regulatory and legislative items are adequately reviewed and acted upon.

12. REPORTING TO THE COMMITTEE

12.1 The Chair of the Group will provide a highlight report monthly to the Committee outlining key actions taken with regard to the patient safety issues, key risks identified and key levels of assurance given.

13. STATUS OF THE MEETING

13.1 All Groups of the Committee will meet in private. Matters discussed at the meeting should not be communicated outside the meeting without prior approval of the Chair of the Group.

14. MONITORING

14.1 The annual report on assurance will provide a statement that enables the Group to monitor the effectiveness of the Group. This will include levels of attendance, delivery against the forward-looking work programme and the management of identified risk.

15. DUTIES

- To develop an Annual Work Plan in the agreed Trust format, denoting the objectives of the Group for approval by the Committee ensuring these are aligned with the Trust's vision, strategy and values and the relevant risks contained in the Board Assurance Framework.
- To identify any risks and issues that may prevent the achievement of the Work Plan and ensure that they are assessed and placed on the Trust's Risk Register and the action plan is monitored and mitigating actions are undertaken to ensure progress is made. Strategic responsibilities include the development of a strategic plan for the reduction of healthcare acquired infections and will performance manage the delivery of that strategic plan.
- Approve, review and monitor the Infection Prevention and Control Team's annual programme of work/Code of Practice for Healthcare Associated Infection Action Plan.
- Receive and approve the Infection Prevention and Control Annual Report in the first quarter of the following year prior to submission to the Committee and Trust Board.
- Receive advice from the Infection Prevention and Control Team on new national policy and guidance and its implementation within the organisation, highlighting potential areas of non-compliance.
- Address outstanding areas of non-compliance with national standards and requirements (e.g. CQC/Hygiene Code) and advise the Committee and Trust Board/Executive Team as appropriate.
- Drive improvements through teaching and education to uphold standards in reducing HCAI, monitor SSIs and will have oversight of mandatory reporting
- Review and ensure adequacy of the Trust's Uniform policy.
- Ratify Infection Prevention and Control and Occupational Health policies prior to submission to the TMC.
- Seek assurance from quarterly and annual reports from each division on progress with the Infection Prevention and Control Annual Programme of Work/Code of Practice for Healthcare Associated Infection Action Plan and will monitor progress in implementing these plans.
- Seek assurance from reports from each division on performance against HCAI Key Performance Indicators (KPIs), and will monitor progress in achieving targets and delivering agreed actions.
- Seek assurance from reports from the Director of Infection Prevention and Control (DIPC) on the outcome of discussions following all HCAI Root Cause Analyses (RCAs) including receipt of the RCA Action Plan(s).
- Receive a monthly report from the Antimicrobial pharmacist, regarding antibiotic prescribing audits and performance.
- Receive exception reports on compliance with the National Specifications for Cleanliness (2004, revised in 2021). The Group will also receive the quarterly reports to QPES from the Matrons.
- Seek assurance reports from the Infection Prevention and Control Team against national and local HCAI targets, use of isolation facilities, trends of infectious diseases reported from CCDC and review the work plan of the IPC.
- Receive a highlight report and minutes of the Decontamination Group and reports by exception from the Chair of that Group in order to ensure that decontamination risks are appropriately escalated and managed.
- Receive the minutes of the Accidental Inoculation/Exposure Group and reports by exception from the Chair of that Group in order to ensure that inoculation / exposure incidents and risks are appropriately escalated and managed.
- Receive the minutes of the Water Safety Group and reports by exception from the Chair of that Group in order to ensure that issues are dealt with or escalated as appropriate.
- Receive and review analysis reports on Infection Prevention and Control incidents and make recommendations for further action as necessary and appropriate.

Version Control: Version 3.0

Annual Programme of Work April 2024-March 2025

Introduction

Infection prevention and control is a top priority for Walsall Healthcare NHS Trust. Keeping our patients safe from avoidable harm is everyone's responsibility. In this summary document we set out our programme for the year to keep our patients, staff and the public informed of our planned activity at Walsall Healthcare.

Each year the Infection Prevention & Control Team undertakes a review of the Trust's compliance with the Health & Social Care Act 2008 Code of Practice on the Prevention and Control of Infections (2022). The team's aim is to provide an infection prevention & control service that supports our clinical teams to deliver safe care. This annual plan covers strategic themes we have identified as areas of focus for the financial year 2024/2025. This annual programme of work for the year includes the annual plan, audit plan and our monthly themed focus plan.

Vision

Our vision is to prevent harm from avoidable infection

Strategic themes

Our strategic themes in 2024/2025 focus on improving outcomes for our patients and provide a framework for our operational work plan.

Compliance with the Health and Social Care Act 2008 (updated 2022)

This programme will refer each operational objective to related compliance criterion within the Health and Social Care Act Hygiene Code.

The programme will be reviewed on a monthly basis by the Infection Prevention and Control Team and feedback on progress shared at the monthly Infection Prevention and Control Committee.

Strategic aim	Operational Objective	Action
Fundamentals of IPC	Assurance on compliance with the Infection Prevention BAF	Monthly review of the BAF shared at TMC, Quality Committee and quarterly for Trust Board. Gaps in compliance to be highlighted with clear actions in addition to the annual programme of work.
		Infection Prevention Policy review schedule to incorporate updates within timeframe/ in response to new evidence/guidance and align with RWT where possible. Objective to standardise materials to the National Infection Prevention and Control Manual.
	Implement a multimodal hand hygiene improvement strategy	Develop a revitalised hand hygiene campaign in line with the World Health Organisation Hand Hygiene day and reduction of glove use in collaboration with the "Take your gloves off" campaign. Deliver an educational event on WHO Hand Hygiene Day
		Quarterly data on consumption of hand gel to be reviewed for the organisation and triangulate with quarterly hand hygiene audits
		Combined audit programme of quarterly hand hygiene and PPE audits undertaken by the IPCT and external audits from the hand hygiene product representative for review at IPCC
		IPCT to deliver a bespoke and interactive hand hygiene educational session to support with trust KPIs (hand hygiene training compliance for divisions)
		Strenghten patients involvement in hand hygiene following the "little voices" campain. Involve patients in improving hand hygiene whilst receiving care, encouraging use of hand wipes prior to meal times and supporting patients hand hyiene audits.
	Provide educational programme on delivering fundamentals of infection prevention.	Undertake bi-annual IPC study day for the organisation and combined with RWT where possible to support fundemntals of IPC delivery and learning from incidents.

Strategic aim	Operational Objective	Action
Fundamentals of IPC	Provide educational programme on delivering fundamentals of infection prevention.	Develop a hybrid training package, consisting of face to face classroom based, virtual delivery by IP practitioners and e-learning packages.
		Support the quality team with IP input in the Eat Drink Dress Move to improve campaign.
		Provide a responsive educational programme based on divisional and organisational needs as well as learning from incident and capture this in monthly report. Utilise other key stakeholders to delivery and support e.g Occupational Health.
Reducing procedure and device related infections (MSSA/ MRSA/SSI interventions)	IPC team to support the organisation in the review, management and prevention of Surgical Site Infections	Provide assurance around surveillance of UKHSA mandated surgical procedures. Capture findings, learnings and themes at IPCC.
		Drafted business case to built a dedicated surgical surveillance team within the IPC service with intention for approval during this financial year or in prepardness for 2025/2026
		Engage and support divisional QI workstream around SSI learning themes (e.g. maternity, any knife to skin procedure) where applicable.
	Assurance on decolonisation regimes for patients who screen positive for MRSA during a hospital admission	IPCT to review patients who test MRSA positive and ensure decolonisation is prescribed via a standardised prescribing label.
		Annual review of decolonisation prescription to support QI initative and act accordingly as per IP focused theme (including adminsitration of decolonisation).
	Prevent the incidence of blood culture contaminants	Provide monthly assurance and data of latest blood culture contaminations rate to IPCC and act according to organisational need (e.g. dedicated education or local actions).
		IPC team to deliver educational sessions around IV practices and ANTT to the wider organisation
		Review with key stakeholders the viable options to support reduction and prevent incidence of blood cultures contamination.
Reducing procedure and device related infections (MSSA/ MRSA/SSI interventions)	Assurance on indwelling device care	Review devices used within the Trust and standardise products based on current evidence base through the Trust's Clinical Product Evaluation Group
		Review of implementation of new urinary catheter to support reduction of CAUTI QI workstream
		Next row down: Review of standardised aseptic approach, policy and resources for the organisation based on the latest contemporaneous evidence. (same 1,5,6,9)
		Next row down: Review of standardised aseptic approach, policy and resources for the organisation based on the latest contemporaneous evidence. (same 1,5,6,9)
Infection prevention in the built environment	Building Works	Support clinical and estates teams with all stages of planning for ward/ department refurbishment programmes utilising infection prevention expertise
	Cleaning	Actively participate in the Trust Environmental Group, providing infection prevention expertise
		Work with facilities and clinical teams to plan and deliver a deep clean programme of inpatient wards, with prioritisation to ward areas where C.difficile has been more endemic.
		Work with facilities and clinical teams to demonstrate the value of role in preventing nosocomial infections. Incorporate elements of the "Cleaning for Confidence" campaign into promotional materials
	Water	Actively participate in the Trust Water Safety Group, providing infection prevention expertise.
		Actively monitor gram negative bacteraemias and identify potential water realted infections.
	Ventilation	Incorporate indoor air quality with CO2 monitoring and risk mitigations (Rediair) into infection prevention reviews of nosocomial respiratory infections and as part of the airborne/droplet audit cycle

Strategic aim	Operational Objective	Action
Engagement	Patient Voice	Collaborate with the patient experience team to deliver patient education messages in infection prevention
	Promotion	Deliver IP weekly updates with 5 key messages based on campaigns or learning from recent events
		Support delivery of staff vaccination campaigns through education, participation in forums and supporting roving vaccination clinics
		Support divisional feedback processes and quality improvement based on local learnings and IPC related matters
		Deliver face to face bespoke sessions based on the focused IP themes with Trust staff
		Deliver collaborative DECON UK 2024 and 2025 conference
		Collaborate with quality team in development of joint audit to include IPC in the quality and safety framework
	Staff recognition	Celebrate staff demonstrating high standards of IPC through a staff monthly IPC award programme
IPC team development	Infection Prevention Team Development	IP team members to prepare abstracts for submission to upcoming Infection Prevention conferences and contribute as speakers
		IPC team member to undertake QI training to support IP delivery plan
		Deliver internal education programme based on learnings, development and national alerts
Support environmental sustainability	IPC protecting the planet	Deliver the "Take your gloves off" campaign in an approach to improve hand hygiene standards and reduce use of single use plastics in healthcare
		Actively participate in Trust projects to improve sustainability with an balance with infection prevention standards
Learning from IPC related incidents	Assurance on learning and themes from patients safety incidents (IPC related)	Following publication of NHS E IPC PSIRF framework, to standardise local processes from IPC related incident, involving key stakeholders (patient safety teams).
		Annual programme of work will be adapated in response to local learnings. (potential additions to the new programme)
Antimicrobial stewardship	Antimicrobial Stewardship	Continue antimicrobial stewarship "time-out" ward rounds as a rolling educational intervention. Continue collect and feedback outcomes to medicines management committee and IPCC
		Monthly reports on antimicrobial stewardship to be reviewed by members of IPCC
		Update and review MicroGuide 6 monthly/ more frequently if required
		Review and assess restricted antimicrobial use in the Trust

Audit	Location	Plan	Related strategic theme
Full Ward Audit	All Inpatient Wards	To be completed by August 2024	1,2,6,9,10
Community Audits	Community clinics and units	To be completed by October 2024	1,2,6,9,10
Departmental Audits	Acute site departments	To be completed by January 2025	1,2,6,9,10
Hand Hygiene and PPE	Acute services and community bed bases, community	Quarterly: June 2024, September 2024, December 2024, March 2025.	1,6,9,10
Indwelling device care	All Inpatient Wards	Bi-annually: August 2023 and February 2024	1,6,9
Enteric Audits	All Inpatient Wards	Reactive audits to new C.difficile cases, Norovirus or acute acquired CPE (ATP testing if required)	1,2,4,5,6,7,8,9
Respiratory Audits	All Inpatient Wards	Reactive audits to new HCAI COVID-19 or Influenza cases/ outbreaks	1,2,6,7,8,9,10
OneTogether	Acute site	Annual review of divisions undertaking surgical procedurs	1,2,4,5,6,7,8,9
Application of IPC in the community	Application of practical IPC in the community setting	Quarterly: June 2024, September 2024, December 2024, March 2025.	1,2,6,9,10

Focused Infection Prevention Themes

Monthly infection prevention themes consist of an educational programme on specific IPC subjects, based on seasonality or in combination with a National campaign.

We will aim to engange and support teams in the delivery of educational engagement strategies, such as, Sepsis team, AMS team etc.

Month	Theme	Related Compli-ance Criterion	Theme
April/ May	Fundamentals of Infection Prevention	1, 2, 6, 9	Babymol/Mitch
June/ July	Oral Health	1, 3, 4, 6, 9	Jess
	Hydration	1, 3, 4, 6, 9	Elizabeth
August/ September	Indwelling device care - IPC The way of water!	1, 3, 4, 6, 9	Adetola
		1, 3, 4, 6, 9	Harmony
October/ November	Winter Preparedness	1, 3, 4, 6, 9, 10	Hannah
	Antimicrobial Stewardship	1, 3, 4, 6, 9, 10	Jossy
December/ January	Winter: Reactive IPC work	1, 2, 3, 4, 5, 6, 7, 8, 9, 10	IPC Team
February/ March	Spring into cleaning!	1, 3, 4, 6, 9	IPCTeam/Facilities

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NHS
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NHS Trust

Report to the Group Trust Board Meeting to be held in Public on 16th July 2024		
Title of Report:	Maternity Service Report	Enc No: 6.5
Author:	Tracy Palmer Director of Midwifery and Neonatal Service tracypalmer@nhs.net	
Presenter/Exec Lead:	Tracy Palmer Director of Midwifery and Neonatal Service	

Action Required of the Board/Committee/Group			
Decision	**Approval**	**Discussion**	**Other**
Yes☐No☒	Yes☒No☐	Yes☒No☐	Yes☐No☒
Recommendations: • Trust Board are asked to note and receive the report's contents for assurance and to approve the Maternity Services Report for publication on the Trust website.			

Implications of the Paper:			
Risk Register Risk	Perinatal Directorate risks on the risk register: Yes ☒ No ☐ Risk Title: Risk Description: Divergence from SBLCBv3 – Reduced scan capacity (5849)		
Changes to BAF Risk(s) & TRR Risk(s) agreed	None		
Resource Implications:	Workforce: Sonography Funding Source: Budgeted establishment for Sonography workforce		
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☒No☐	Details:
	NHSE	Yes☐No☒	Details:
	Health & Safety	Yes☒No☒	Details:
	Legal	Yes☐No☒	Details:
	NHS Constitution	Yes☐No☒	Details:
	Other	Yes☐No☒	Details: issues
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:** No adverse impact is anticipated as a result of the points articulated in this report.		
Report Journey/Destination or matters that may have been referred to	Working/Exec Group	Yes☐No☒	Date: N/A
	Board Committee	Yes☒No☐	Date: 28/06/2024 TMC
	Board of Directors	Yes☐No☒	Date: 26/06/2024 Quality Committee

other Board Committees	Other	Yes☐No☒	Date: N/A

Summary of Key Issues using Assure, Advise and Alert

Assure

- Substantial Assurance received from internal audit regards the Perinatal Directorates governance of the 3 Year Single Delivery Plan (SDP) implementation.
- The Trust continues to report 100% NHSR: Maternity Incentive Scheme Year 6 standards relating to Safety Action1.

Advise

- There are 7 ongoing open incidents within the Perinatal Directorate.
- The Royal Wolverhampton NHS Trust overall score remains stable at 24.0 as reported via the Regional Maternity NHSE dataset.
- Following publication of the All Party Parliamentary Group 'Birth Trauma' report, Trust Boards and Integrated Care systems are being asked to review commissioning and implementation of:
  - Perinatal Pelvic Health services
  - Maternal Mental Health services
  - Bereavement services 7 days a week
  - LMNS Equity and Equality action plans.
- NHSE is providing further funding for Maternity and Neonatal Voice Partnerships (MNVP's) in 2025/26 with a part year effect of the funds in 2024 /25.

Alert

- Trusts have the received the final 'Thematic Review of Stillbirths' report from the Local Maternity and Neonatal System. A series of recommendations have been made and are currently being reviewed by the Directorate and collectively via the Local Maternity Network Service regards implementation.
- The Perinatal Directorate have been unable to achieve full compliance with Implementation of Mid Trimester Uterine Artery Doppler (UAD) screening for early onset Fetal Growth Restriction (FGR) and placental dysfunction. A divergence has been submitted, accepted, and actively monitored by NHSE, of which they have recognised the effective progress made to date and support continuation of the current approach.
- The Local Maternity dashboard indicates booking numbers were significantly higher in Q4 2023/4 and Q1 2024/5. Birth rates remain stable; Midwife to birth ratios remain in a positive position.
- The Regional Maternity OPEL Sitrep indicates that from 1/5/24-1/6/24 the Maternity Service was in a positive position with 71% of the time having no concerns with workforce, capacity, or flow of patients.

Links to Trust Strategic Aims & Objectives	
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement • Safe and responsive urgent and emergency care • We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
Support our Colleagues	• Be in the top quartile for vacancy levels
Effective Collaboration	• 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

Director of Midwifery and Neonatal Services Report.

Report to the Public Trust Board

EXECUTIVE SUMMARY

This report summarises the key highlights of the Director of Midwifery and Neonatal Services portfolio.

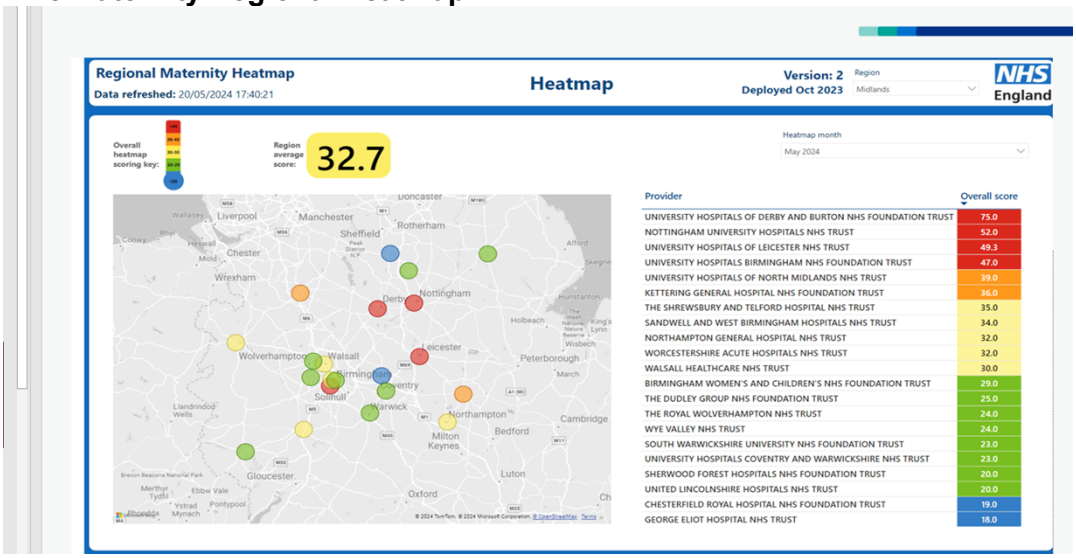
BACKGROUND INFORMATION

Standards and Structures that underpin safer, more personalised, more equitable care.

The Royal Wolverhampton NHS Trust Single Delivery Plan Internal Audit report.

- As part of the agreed 2023/24 Trusts internal audit plan, a review of Three-year Single Delivery plan (SDP) has been undertaken, which concluded a rating of 'substantial assurance' of controls in place to monitor and report its compliance.

The Maternity Regional Heatmap



- The Royal Wolverhampton NHS Trust score for May is 24.0. Areas detracting from higher scoring for the Trust are the vacancy for a Consultant Midwife and having mortality rate over 5% higher than MBRRACE group average, of which there are actions in place to address.

Listening and working with families with Compassion

Letter form NHSE: All-Party Parliamentary Group Birth Trauma Inquiry

NHSE emphasized the importance of listening to women and taking the appropriate action in response. The Perinatal Directorate is currently undertaking:

- a gap analysis of the report's recommendations and current Trust position
- engagement events with the Local Maternity and Neonatal System to implement The Systems Equity and Equality Strategy.

Developing and sustaining a culture of safety, learning and support

Perinatal Mortality Report – Reporting monitoring and learning from Deaths.

- 100% of all Perinatal deaths continue to be reported, reviewed, and monitored in line with the National Perinatal Mortality Review Tool (PMRT), and as recommended by NHS Resolution Maternity CNST safety action 1.

1. CNST Compliance as per MIS Year 6 Standards

- RWT is currently compliant with all eligible standards for MIS CNST Year 6.

2. Eligible Deaths from 8th December 2023 – 29th March 2024.

- Deaths qualifying for review within time periods have been reported to MBRRACE-UK with no concerns raised

3. There have been 12 eligible reviews closed in Q3.

- Where learning has been identified, action plans have been devised with appropriate timescales and monitoring.

Maternity and Neonatal Safety Incident (MNSI) / Serious Untoward Incidents (SUI) Report

- A thematic review by MNSI into all the investigations conducted for the Trust has revealed no major themes for The Royal Wolverhampton NHS Trust Maternity Service.

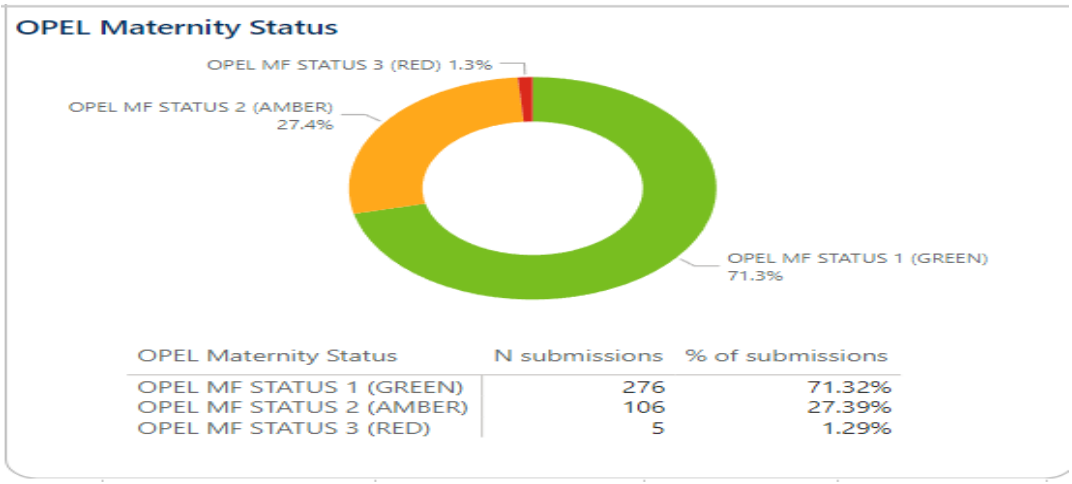
Black Country Thematic Review of Stillbirths: April 2023 – September 2023.

- The Preliminary report has been received by the Trust and discussed via the Quality Committee. Recommendations are currently being reviewed and appropriate actions to support findings.

Local Maternity Dashboard / Minimum data measures for Trust Board

- Review of the local Maternity Dashboard indicates booking rates remain in the higher tolerance levels for Q4 2023/24 and Q1 2024/25. Concerns re: a significant rise in birthrates will be escalated through to the Divisional Team, and to Quality Committee.

- Presently workforce, patient flow and bed capacity are being managed appropriately. Any alerts related to workforce, patient flow and bed capacity are captured on the OPEL framework. 1st May 2024 – 1st June 2024 data indicates that RWT Maternity services OPEL status was predominately in a positive position with 71.3% of the time highlighting no concerns with workforce, capacity, or flow of patients.



OPEL Maternity Status	N submissions	% of submissions
OPEL MF STATUS 1 (GREEN)	276	71.32%
OPEL MF STATUS 2 (AMBER)	106	27.39%
OPEL MF STATUS 3 (RED)	5	1.29%

Growing and retaining and supporting workforce

Saving Babies Lives Care Bundle V 3
Implementation of Mid Trimester Uterine Artery Doppler (UtAD) screening

- Implementation of Mid Trimester Uterine Artery Doppler (UAD) screening for early onset fetal growth restriction (FGR) and placental dysfunction has a divergence from standard supported and monitored by NHSE.
- A recent progress meeting with NHSE colleagues were assured with current progress and timelines. A follow up review is scheduled for October 2024.

Cross-References to other reports

Please refer to the following detailed reports for more information:

1. Quality Committee Chairs report

NHS
Walsall Healthcare
NHS Trust

Report to Group Trust Board Meeting - to be held in Public on 16th July 2024		
Title of Report:	Director of Midwifery Perinatal Services Report	Enc No: 6.5
Author:	Jo Wright Director of Midwifery & Gynaecology josellewright@nhs.net	
Presenter/Exec Lead:	Jo Wright Director of Midwifery & Gynaecology Lisa Carroll Chief Nursing Officer lisa.carroll5@nhs.net	

Action Required of the Board/Committee/Group			
Decision	**Approval**	**Discussion**	**Other**
Yes☐No☒	Yes☒No☒	Yes☒No☐	Yes☐No☒
Recommendations: • Trust Board are asked to note and receive the report's contents for assurance			

Implications of the Paper:			
Risk Register Risk	Risks on the risk register and score: 1219 IPC compliance within inpatient areas, 9 2245 Midwifery staffing, 12 2257 Inability to deliver full continuity of care model, 12 2513 Midwifery staffing not in line with Birthrate plus, 12 2947 Transitional Care, 12 2073 Placental Histology, 9 2420 Resuscitaire on Delivery Suite, 8 3349 Insufficient Care from out of area Trust, 15 3323 Risk of preterm birth national shortage of fetal fibronectin, 9 3447 Maternity Theatres, Elective Caesareans moved to Delivery Suite, 10 3322 Insufficient digital BP monitors to meet current guidance, 10		
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☒No☐	Details: Registration and licensing Well led.
	NHSE	Yes☒No☐	Details: Related standards
	Health & Safety	Yes☒No☐	Details: Health & Safety Act
	Legal	Yes☒No☐	Details: Duty of Candour, Claims and Litigation
	NHS Constitution	Yes☒No☐	Details: Constitutional Standards
	Other	Yes☐No☒	Details: Professional registration issues
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:** No adverse impact is anticipated as a result of the points articulated in this report.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☐No☒	Date: N/A
	Board Committee	Yes☒No☐	Date: 27/06/2024 TMC
			Date 28/06/2024 Quality Committee
	Board of Directors	Yes☐No☒	Date: N/A
	Other	Yes☐No☒	Date: N/A

Summary of Key Issues using Assure, Advise and Alert

Assure

- The Trust was able to maintain 1:1 care in labour and delivery Suite Coordinator has been supernumerary.
- Maternity staffing remains stable.
- CNST year 5 funds have been released to the organisation and CNST year 6 progressing.
- Perinatal data set surveillance completed monthly
- PMRT, SBL and ATAIN are being monitored as per national guidance

Advise

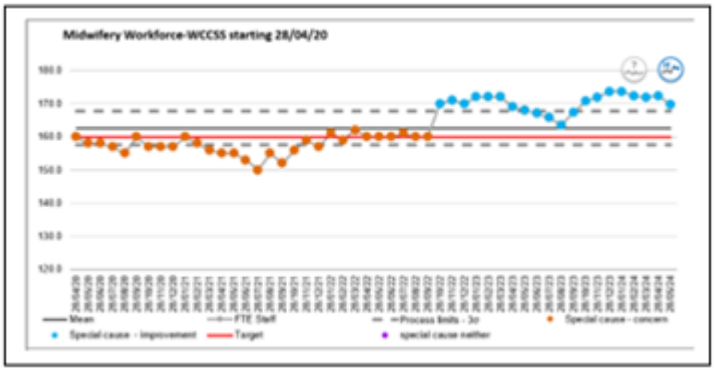
- Perinatal Mortality rate has decreased.
- There have been x2 cases reported to Maternity Neonatal Service Investigations (MNSI).
- There has been one case reported to MBBRACE.
- Ongoing work regarding culture showing improvements in the service.
- Birth Trauma report gap analysis regarding suggested features of good unit completed.
- ICB Thematic Review Gap analysis completed.
- Single Delivery Plan compliant

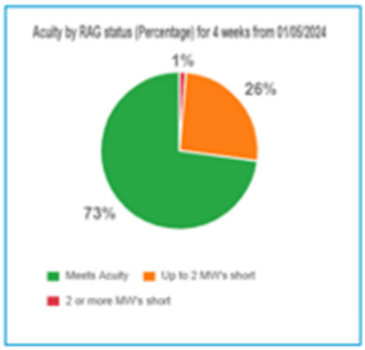
Alert

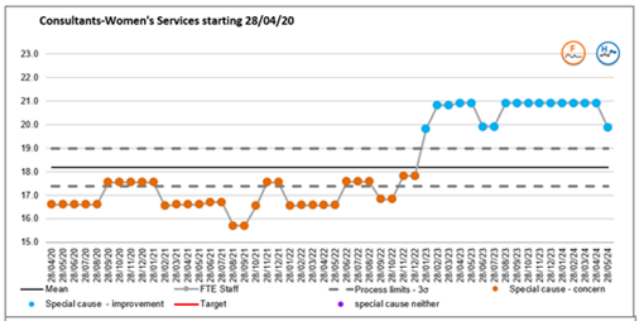
- Nil

Links to Trust Strategic Aims & Objectives	
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement • Safe and responsive urgent and emergency care • We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
Support our Colleagues	• Be in the top quartile for vacancy levels
Effective Collaboration	• 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

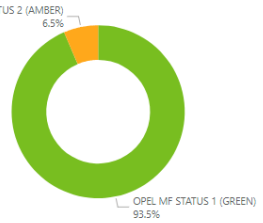
	Brief/Executive Report Details
	Perinatal Services Report This report will provide a concise update regarding the on-going position on the elements cited and all elements have been discussed in Quality Committee.
1.0	Growing and Retaining our Workforce: Maternity Workforce update
1.1	Midwifery and Obstetric staffing currently stable and meeting RCOG guidance. Midwifery staffing review complete via Birthrate plus and the service is awaiting the final report. MSW staffing remains challenging with ongoing recruitment. Neonatal nursing staffing did not meet BAPM compliance in May 2024 due to activity and sickness absence. Neonatal medical staffing was BAPM compliant when temporary staffing is utilised. There have been no adverse outcomes associated with staffing with the perinatal services.







OPEL Maternity Status



OPEL Maternity Status	N submissions	% of submissions
OPEL MF STATUS 1 (GREEN)	29	93.55%
OPEL MF STATUS 2 (AMBER)	2	6.45%

2.0	**Listening to, and working with, women and families with compassion**
2.1	On 9 January 2024, the All-Party Parliamentary Group (APPG) on Birth Trauma established the first national inquiry in the UK Parliament to investigate the reasons for birth trauma and to develop policy recommendations to reduce the rate of birth trauma. A gap analysis has been completed around the 7 suggestions of what a good maternity service would look like to ascertain any immediate actions that can be taken to reduce birth trauma. An action plan around the wider recommendations will also be completed although there are several that are nationally driven. The service also has a patient experience midwife who has had training in birth trauma. The ICB has received £30,769 to support this work
3.0	**Standards and structures that underpin safer, more personalised, and more equitable care.**
3.1	Births saw an increase in May to 335. 32% were to women of Asian or Black heritage and 61% were in the 1st and 2nd Decile of the Index of Multiple Deprivation, meaning the WHT support some of the most deprived women in the country.

3.2 **Single Delivery Plan**: There are 64 actions within the plan, of these 23 are complete and 41 are partially complete.. A Service Delivery Plan Progress Update has now been submitted to the LMNS for assurance

3.3 **Saving Babies Lives**

Q4 Saving Babies Lives report continues to make progress with the 6 elements. An action plan is in place and discussed at maternity governance meeting and the LMNS Quality and Safety monthly meeting and WHT staff meetings.

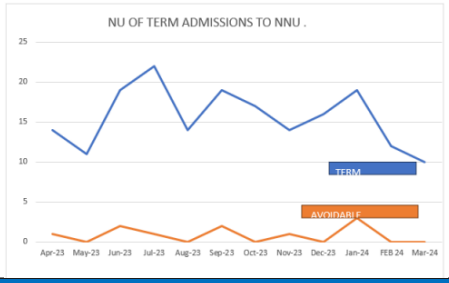
Avoiding Term to Neonate ATAIN)

The number of admissions for Quarter 4 (Q4) was 41 babies and the total percentage admissions is 5.59%. This is just above the national target of 5%. Work continues between the NNU and Postnatal transitional care area to try and implement short term respiratory support (PEEP Project) for babies on the post-natal ward to reduce the separation of mothers and babies.

Perinatal Mortality Review Tool (PMRT)

All Eligible cases have been reviewed, area's for improvement have been identified these include concerns with out of area care, Aspirin administration, follow up of women who do not attend appointments. Actions around these points have already started to be implemented. Good practice identified includes sharing the lessons learned widely and implementation of self-referral system for women. This is detailed in the Q4 report.

Intervention Elements	Description	Element Progress Status (Self assessment)	% of Interventions Fully Implemented (Self assessment)	Element Progress Status (LMNS Validated)	% of Interventions Fully Implemented (LMNS Validated)	NHS Resolution Maternity Incentive Scheme
Element 1	Smoking in pregnancy	Partially Implemented	80%	Partially Implemented	80%	CNST Met
Element 2	Fetal growth restriction	Partially Implemented	95%	Partially Implemented	95%	CNST Met
Element 3	Reduced fetal movements	Partially Implemented	50%	Partially Implemented	50%	CNST Met
Element 4	Fetal monitoring in labour	Partially Implemented	60%	Partially Implemented	60%	CNST Met
Element 5	Preterm birth	Partially Implemented	93%	Partially Implemented	93%	CNST Met
Element 6	Diabetes	Fully Implemented	100%	Fully Implemented	100%	CNST Met
All Elements	TOTAL	Partially Implemented	89%	Partially Implemented	89%	CNST Met



4.0 Developing and sustaining a culture of safety, learning, and support

4.1 **The Perinatal Culture & Leadership**

Maternity services are awaiting the final SCORE Perinatal Cultural survey results. The leadership team is in the process of completing civility and respect training which will then be filtered down to the clinical teams. The student action plan continues to monitor concerns raised by students and members of the maternity team. There has been a marked improvement in the student feedback and a recent survey has evidenced this. Out of 15 students only 1 rated their experience as poor. Most students now recommended Walsall as a place to train and work and all who raised concerns felt they were being addressed.

4.2 **Perinatal Equality Surveillance Dataset**

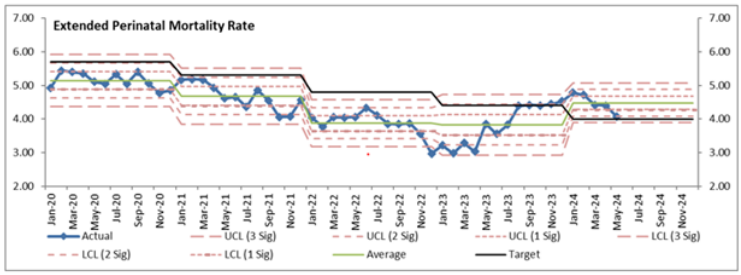
Provides a format whereby perinatal data is collated in the same space to better see trends in variables that impact on staff and service users. Freedom to speak up data, claims, complaints and moderate and above data is also included. The data set also allows the service to triangulate data to analyse trends and themes. Freedom to speak up data, claims, complaints and moderate incident themes are shared through divisional governance, team meetings and forums. There are currently no themes identified from PSIRF reviews.

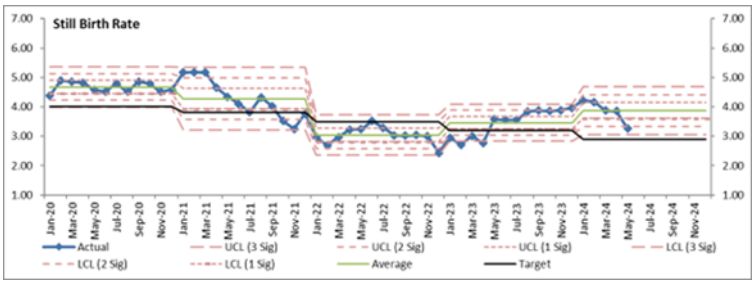
Item	Number	Themes
Claims	3	Bladder injury, concerns around care, pregnancy loss
Formal Complaints	3	Communication, attitude, delay in care
Moderate and above incidents	5	Maternal death, therapeutic cooling, baby requiring resuscitation, placental abruption, H&S

4.3 **CNST** The maternity incentive scheme year 5 2024/25 payments have been received by the Trust; the Trust received £418893 plus share a of the surplus funds in respect of Trusts that did not achieve ten out of ten for all safety actions which totalled £86251. Overall, the Trust received £505145 in CNST payments**.** Year 6 CNST launched on the 2nd April 2024, currently the compliance is overall amber and is monitored bi weekly with allocated leads for each safety action.

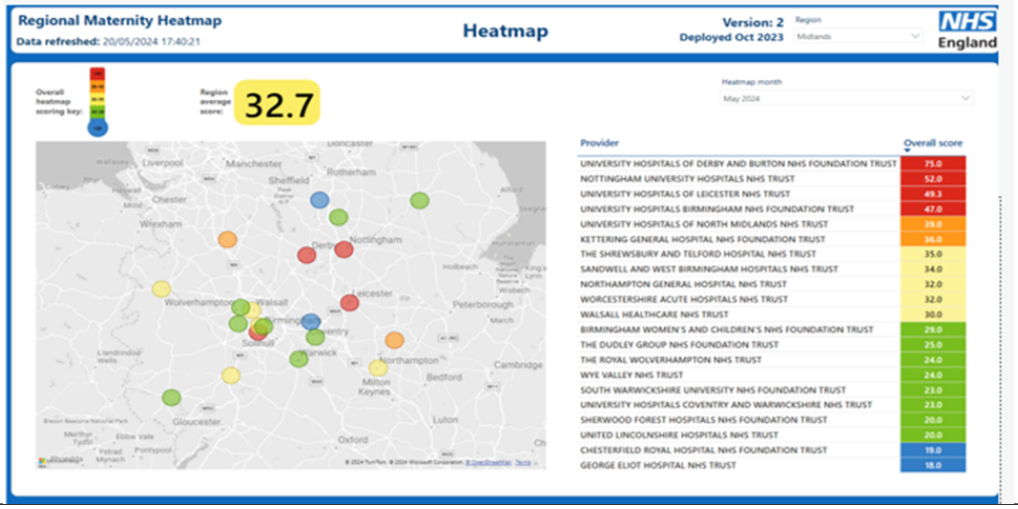
4.4 **Perinatal Mortality**

The Perinatal mortality rate for May 2024 was 4.08:1000 against a target of 4.0:1000 and the Stillbirth rate was 3.26:1000 against a target of 2.9:1000. There has been no further increase in the perinatal mortality or still birth rate since February 2024, the stillbirth and perinatal mortality rate has seen a decrease for 4 consecutive months. Following a report submitted to an out of area (OOA) Trust detailing 33 quality concerns that had impacted on maternal perinatal mortality and morbidity a WHT an action plan was developed by the OAA Trust. This had 22 actions, currently 13 actions are complete, 8 actions are in progress and 1 action has not yet started. The action plan will be monitored via the LMNS Operational and Strategic Delivery Board.





There have been 4 cases of perinatal mortality in May, further details of these cases have been submitted within the Perinatal Equality Surveillance Data Set spread sheets. LMNS Perinatal Mortality Review was completed due to the recognition that there was an increase in neonatal death and stillbirth within the Black Country. The review found that 75 % of stillbirth occurred between 24+0 and 36+6/40, 65% of the stillbirths were from the two most deprived deciles and 78% are from the three most deprived deciles and 70% of women were in a non-white ethnic category with 50.5% of the women of a South Asian ethnicity. The main 22.5% of cases identified significant modifiable factors and 42.5% of the cases identified minor modifiable factors. The main themes identified were booking appointments, smoking factors, Aspirin administration, not attending 7 appointments, interpreting services, fetal abnormality, altered fetal

	movements, risk assessment, clinical management and ultrasound scanning A gap analysis has been completed to identify WHT position against the review.
4.5	**Regional Heatmap** Currently WHT performance (Score 30) is midpoint for the region. The score has increased from 26 to 30 due to MSW vacancy, middle grade obstetric vacancy, MBRRACE 2022 report and overall CQC rating. Actions are in place to address these points 
4.6	**Maternity and Newborn Safety Investigations (MNSI formally HSSIB).** In May 3 cases were referred to MNSI and 1 case was referred to MBBRACE. MNSI rejected x2 cases and accepted the 3rd, MBRRACE also accepted the referral submitted

The Royal Wolverhampton NHS Trust

Report to the Group Trust Board Meeting – to be held in Public On 16th July 2024		
Title of Report:	RWT Chief Medical Officer Report	Enc No: 6.7
Author:	Dr Brian McKaig – Chief Medical Officer brian.mckaig@nhs.net	
Presenter/Exec Lead:	Dr Brian McKaig – WHT Interim Chief Medical Officer brian.mckaig@nhs.net	

Action Required of the Board/Committee/Group			
Decision	**Approval**	**Discussion**	**Other**
Yes☐No☐	Yes☐No☐	Yes☐No☐	Yes☒No☐

Recommendations:

The Board is asked to note the contents of the report and in particular the items referred to the Board for decision or approval.

Implications of the Paper:			
Risk Register	Yes ☐ No ☒ Relevant risks as per Trust Risk Register		
Changes to BAF Risk(s) & TRR Risk(s) agreed	None		
Resource Implications:	None		
Report Data Caveats	None		
Compliance and/or Lead Requirements	CQC	Yes☒No☐	Details: Well led, responsive, effective, caring
	NHSE	Yes☒No☐	Details: Specialised Commissioning
	Health & Safety	Yes☐No☐	Details:
	Legal	Yes☒No☐	Details: Responsible Officer & Caldicott Guardian Regulations
	NHS Constitution	Yes☐No☐	Details:
	Other	Yes☒No☐	Details: GMC
CQC Domains	**Safe: Effective: Caring: Responsive: Well-led:**		
Equality and Diversity Impact	NA		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☒No☐	Date: TMC / MMG
	Board Committee	Yes☒No☐	Date: F&P / QC
	Board of Directors	Yes☐No☒	Date:
	Other	Yes☐No☒	Date:

Summary of Key Issues using Assure, Advise and Alert

Assure

- Compliant with the 4 priority standards of 7 day service requirements

Advise:

- Dr Ananth Viswanath (Deputy CMO) will become Acting CMO at RWT whilst Dr McKaig undertaken interim CMO role at Walsall Healthcare NHS Trust
- Dr McKaig will remain as RWT Responsible Officer and Caldicott Guardian

Alert

- Stroke SHMI remains an outlier and planned external review

Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement • Prioritise the treatment of cancer patients • Safe and responsive urgent and emergency care
Support our Colleagues	• 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
Improve the Healthcare of our Communities	• Develop a health inequalities strategy Deliver improvements at PLACE in the health of our communities
Effective Collaboration	• 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

RWT Chief Medical Officer Report

Report to Trust Board Meeting to be held in Public – 16th July 2024

EXECUTIVE SUMMARY

This report summarises the key highlights of the Chief Medical Officer's portfolio. This includes quality, learning from deaths, medical workforce, mental health, medicines management, medical professional standards, research & development and medical education.

1.0 Learning from Deaths

- Stroke SHMI remains an outlier - discussed at Quality Committee with a planned RCP review.

2.0 Seven-day services audit

- RWT remains compliant with the 4 priority standards of seven-day service requirements (consultant-directed assessment, diagnostics, interventions and ongoing review)

3.0 Research & Development / Regional Research Delivery Network (RRDN)

- Prof Tonny Veenith has been appointed as Clinical Lead for R&D at RWT
- CRN transition to RRDN continues and is expected to be in place from Oct 2024
    - Final structure being confirmed with National Coordinating Centre

4.0 Mental Health

- Contractual arrangements regarding the Responsible Clinician arrangements being finalised
- Right Care Right Person memorandum of understanding being developed between Back Country Healthcare NHS Foundation Trust and RWT

RECOMMENDATIONS

To note the contents of the report.

Walsall Healthcare NHS Trust

Report to the Group Trust Board Meeting – to be held in Public On 16th July 2024		
Title of Report:	WHT Chief Medical Officer Report	Enc No: 6.7
Author:	Dr Nuhu K Usman – Deputy Chief Medical Officer. nuhu.usman@nhs.net	
Presenter/Exec Lead:	Dr Brian McKaig – Interim Chief Medical Officer brian.mckaig@nhs.net	

Action Required of the Board/Committee/Group			
Decision	**Approval**	**Discussion**	**Other**
Yes☐No☐	Yes☐No☐	Yes☐No☐	Yes☒No☐

Recommendations:

The Board is asked to note the contents of the report and in particular the items referred to the Board for decision or approval.

Implications of the Paper:			
Risk Register	Yes ☒ No ☐ Risk Title: 2439 *CYP Mental Health quality of care Score 12* 2581 *CYP Mental Health delays in access to Tier-4 bed score 12* 3002 *Adult Mental Health quality of care score 16* 2737 *Trust-wide: Medicines Management* score 12 3012 *360 whole practice appraisals and medical governance* score 4 3078 *Reputational and financial damage due to adverse publicity score 6* 3238 *Trust-wide: Trust guidelines score 6* 3031 non-patient safety issues within the HEE Improvement Plan Score 6 3347 *Temporarily suspension of manufacturing of intravenous chemotherapy and monoclonal antibodies by the Pharmacy Department impacting cancer treatment provisions* *2975 Resuscitation Training Score 9* *Risk of reputational damage to the trust and risk to patient safety due to poor compliance with resuscitation training resulting from lack of funding for resuscitation team and mandatory resuscitation training for nursing/AHP staff.*		
Changes to BAF Risk(s) & TRR Risk(s) agreed	None		
Resource Implications:	Workforce: Costs for pharmacy workforce business case Cost of Hand and wrist review (phase 2) complex case patient recall programme		
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☒No☐	Details: Well led, responsive, effective, caring
	NHSE	Yes☒No☐	Details: Specialised Commissioning
	Health & Safety	Yes☐No☐	Details:
	Legal	Yes☒No☐	Details: Responsible Officer Regulations
	NHS Constitution	Yes☐No☐	Details:
	Other	Yes☒No☐	Details: GMC, ICS
CQC Domains	**Safe: Effective: Caring: Responsive: Well-led:**		

Equality and Diversity Impact	NA		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☒No☐	Date: TMC / MMG
	Board Committee	Yes☒No☐	Date: F&P / QC
	Board of Directors	Yes☐No☒	Date:
	Other	Yes☐No☒	Date:

Summary of Key Issues using Assure, Advise and Alert
Assure • The final report of the University of Birmingham quality assurance visit was highly commendable of medical student training at the Trust. • Medicines management and medicines storage audits showed continued compliance • Dr Brian McKaig (current RWT CMO) will cover as interim CMO until a new appointee is in post
Advise: • The Trust is an outlier for colorectal outcomes but the National Bowel Cancer Audit (NBoCA) reporting trend is showing positive signs of improvement. External review in process.
Alert • National trainee survey report in General Surgery highlighting concerns about safety of patient transfers between ED and General surgery

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

WHT Chief Medical Officer Report

Report to Trust Board Meeting to be held in Public – 16th July 2024

EXECUTIVE SUMMARY
This report summarises the key highlights of the Chief Medical Officer's portfolio. This includes quality, learning from deaths, medical workforce, mental health, medicines management, medical professional standards, research & development and medical education.

1.0 Complex case Patient Recall

The closure report is with trust legal team for a review. Communication strategies are being developed for publication of the finalised report.

2.0 Outlier alert: Colorectal Cancer

The Trust remains a negative outlier for colorectal cancer outcomes – this is being externally reviewed via Royal College of Surgeons.

3.0 Education and Training

3.1 University of Birmingham Quality assurance visit.

The University undertook a Tier 1 visit to the Trust in March. The Trust and the academy were highly commended as an exemplar of place to train, specifically in demonstrating commitment to medical education, good understanding of the programme and high student satisfaction.

3.2 NETS survey

National trainee survey report in General Surgery highlighting concerns about safety of patient transfers between ED and General surgery

4.0 Seven-day services audit

The seven-day service standards were audited in April 2024 and report presented to Quality Committee (actions for 2 unmet standards in place)

RECOMMENDATIONS
To note the contents of the report.

Report to the Group Trust Board Meeting – to be held in Public on 16 July 2024		
Title of Report:	Group Chief Assurance Officer Exception Report	Enc No: 6.8
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☐No☐	Yes☐No☐	Yes☐No☐	Yes☒No☐

Recommendations:

The Board is asked to note the contents of the report and acknowledge that the detail has been discussed, debated and agreed at the Committees of the Board, this report is therefore a high-level update paper.

Implications of the Paper:			
Risk Register Risk	Yes ☐ No ☒ Risk Description: On Risk Register: Yes☐No☐ Risk Score (if applicable) :		
Changes to BAF Risk(s) & TRR Risk(s) agreed	None Risk Description Is Risk on Risk Register: Yes☐No☐ Risk Score (if applicable):		
Resource Implications:	(if none, state 'none') Revenue: None Capital: None Workforce: None Funding Source: None		
Report Data Caveats	This is a standard report.		
Compliance and/or Lead Requirements	CQC	Yes☐No☒	Details:
	NHSE	Yes☐No☒	Details:
	Health & Safety	Yes☐No☒	Details:
	Legal	Yes☐No☒	Details:
	NHS Constitution	Yes☐No☒	Details:
	Other	Yes☐No☒	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☐No☒	Date:
	Board Committee	Yes☐No☒	Date:
	Board of Directors	Yes☐No☒	Date:
	Other	Yes☐No☒	Date:

Summary of Key Issues using Assure, Advise and Alert
Assure As highlighted in main body of report
Advise As highlighted in main body of report
Alert As highlighted in main body of report

Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
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Group Chief Assurance Officer – Exception Report

Group Board Meeting to be held in Public on Tuesday 16 July 2024

EXECUTIVE SUMMARY

This report covers the period from 1 April 2024 to 30 June 2024. It provides a high-level update on matters that the trust board held in public should be aware of to cite the board on matters of assurance derived from the relevant committees of the board and groups.

The updates relate to the following functions:

- Risk Management
- Board Assurance Framework
- Health and Safety
- Claims
- Inquests
- Patient Safety Incident Response
- Regulatory Activity and Compliance
- Data Security and Protection
- Covid 19 National Inquiry
- Intelligence Systems

MAIN BODY OF REPORT

Risk Management and Board Assurance Framework

The Group Risk Management Assurance Enabling Strategy has commenced the implementation and embedding phase from April 2024. The internal auditors for both trusts have returned a rating of "substantial assurance" in relation to the Board Assurance Framework (BAF) with one "medium action", this action is to introduce more rigor and dynamism around changes in the risk profile and the subsequent impact on changes to the BAF scoring and scheduled optimisation dates. This has commenced.

WHT Exceptions – As above.

RWT Exceptions – As above.

Health and Safety

In March and April 2024, the Health and Safety Executive (HSE) carried out a detailed assessment of the provision of safe systems of work and their effectiveness at Walsall Health Care NHS Trust (WHT). This was far of a national programme of assessment of compliance with the Health and Safety at Work Act looking specifically at the management of risk from the occurrence of Violence and Aggression and Musculoskeletal Disorders. The Trust has received confirmation that the HSE do not intend to take any action against the Trust. A letter with recommendations is awaited. The Inspectors were made aware that Health and Safety at The Royal Wolverhampton Hospitals NHS Trust (RWT) is under the same leadership as WHT so it is anticipated that the inspection at WHT may negate the need to repeat the same inspection at RWT.

From August 2024 the Head of Health and Safety post which existed at both Trusts will become a group post and the structure below that post will form a group function.

There have been no Health and Safety risks that present a material threat to people or the trust during the reporting period that are not being effectively treated.

WHT Exceptions – As above.

RWT Exceptions – As above.

Claims

There is no unusual claims activity or pattern occurring during the reporting period to escalate.

WHT Exceptions – As above.

RWT Exceptions – As above.

Inquests

There are no concerning patterns related to the inquest profile in the reporting period.

WHT Exceptions – As above.

RWT Exceptions – As above.

Patient Safety Incident Response Framework (PSIRF) including Patient Safety Incident Investigations (PSII)

Training for PSIRF will be provided by an accredited external provider which is scheduled for July/August 2024.

The Patient Safety Specialist and Patient Safety Leaders provide support with the transition to PSIRF to minimise the risk of appropriate patient safety responses being missed.

There is a system of oversight for incidents and during the reporting period there have been no concerns regarding unmanaged patterns, themes or trends occurring.

WHT Exceptions – As above.

RWT Exceptions – As above.

Regulatory Activity and Compliance

The CQC have carried out an assessment of the complaints management process of WHT using the recently introduced assessment framework. This assessment was performed through a series of Microsoft teams meetings and supply of documents. The Trust is yet to receive the findings report, however, there were no material concerns raised during the process.

NHS England, having regard to its Enforcement Guidance, has decided to accept from both Trusts enforcement undertakings in relation to financial governance, pursuant to its powers under section 106 of the Health and Social Care Act 2012 ("the Act"). There is a responsive action plan in place for each Trust to bring about compliance.

The 2024 update to the Fit and Proper Persons (Directors) has been implemented and the annual returns to NHS England were made on time for both Trusts.

Both Trusts continue participation in Module 3 of the Covid National Inquiry, the next sitting of Module 3 will take place in July 2024 and an update will be provided at a later date.

Both Trusts have been selected to participate in the next stage of the Fuller Independent Inquiry into the issues Raised by the David Fuller Case.

WHT Exceptions – As above.

RWT Exceptions – As above.

Data Security and Protection

Both Trusts submitted their annual self-assessment of the Data Security and Protection Toolkit (DSPT) at the end of June 2024.

RWT submitted a self-assessment of "standards met". WHT submitted a self-assessment of "standards not met".

Assessment of risk following cyber-attack on 03 June 2024 at Guys and St Thomas (G&ST) pathology services

The data centre used for the Black Country Pathology Service (BCPS) is dedicated for the laboratory system only, no other systems reside within it. It is understood that there were multiple systems within the G&ST environment. All of the connectivity at BCPS is over two resilient dedicated point to point encrypted fibre connections which are only used for pathology traffic. It is also a managed service meaning that all servers within the environment are kept up to date with all security patching by the provider to minimise the risk of entry by a threat actor. The risk is assessed as low probability.

WHT Exceptions – Two standards were self-assessed as not met. An action plan will address the gaps to move towards a self-assessment of "standards met" for 2025.

RWT Exceptions – No exceptions to escalate.

COVID-19 National Inquiry

There are no module 3 (acute services response) updates in the period, the current focus is on other modules.

WHT Exceptions – As above.

RWT Exceptions – As above.

Systems and Intelligence

Both Trusts connected on time to Learn from Patient Safety Events Service (LFPSE) which has replaced the National Reporting & Learning System (NRLS) at NHS England where learning can be derived and rolled out to inform national patient safety priorities.

Datix Cloud IQ was launched in May 2024 at WHT for incidents, claims/inquests and feedback modules.

WHT Exceptions – As above.

RWT Exceptions – As above.

RECOMMENDATIONS

The board are recommended to note the content of this high-level oversight report and to recognise the work of the committees of the board in reviewing and challenging the detailed reports and data deriving an opinion on assurance.

END OF REPORT

The Royal Wolverhampton NHS Trust

Report to the Group Trust Board Meeting to be held in Public Tuesday 16 July 2024		
Title of Report:	Chief Operating Officer – Update on planned removal of Reinforced Autoclaved Aerated Concrete (RAAC).	**Enc No**: 6.9
Author:	Stew Watson – Group Director of Estates Development Gwen Nuttall – Chief Operating Officer / Deputy Chief Executive	
Presenter/Exec Lead:	Gwen Nuttall - Chief Operating Officer / Deputy Chief Executive	

Action Required of the Board/Committee/Group			
Decision	**Approval**	**Discussion**	**Other**
Yes☐No☒	Yes☐No☒	Yes☒No☐	Yes☐No☒

Recommendations:

This paper provides an update on the Trust plan to remove the risk to staff and patients on the presence of RAAC in main outpatient building on the New Cross Hospital Site. This paper is an update to the paper presented to The Royal Wolverhampton NHS Trust Board on December 12th, 2023.

The Board are asked to note the progress made and the indicative timetable for the programme of works to relocate service and remove the presence of RAAC.

Implications of the Paper:			
Risk Register Risk	Yes ☒ No ☐ Risk Description: Occupied Building with RAAC roofing system. On Risk Register: Yes☒No☐ **Risk No 6277.**		
Changes to BAF Risk(s) & TRR Risk(s) agreed	None.		
Resource Implications:	Funding Source: Capital: Confirmed Trust capital allocation of £2M in 2023/24 and £4M in 24/25.		
Report Data Caveats	None.		
Compliance and/or Lead Requirements	CQC	Yes☐No☒	Details:
	NHSE	Yes☒No☐	Details: Compliance with the requirement to report where RAAC has been identified on the RWT Estate
	Health & Safety	Yes☒No☐	Details: Implications shared with RWT users of the location.
	Legal	Yes☐No☒	Details:
	NHS Constitution	Yes☐No☒	Details:
	Other	Yes☐No☐	Details:
CQC Domains	**Safe: Responsive: Well-led:**		
Equality and Diversity Impact	N/A		
Report Journey/Destination or matters that may have been referred to other Board Committee	Working/Exec Group	Yes☒No☒	Date: Internal Operational Working Group June 24, Capital Programme Group June 24
	Board Committee	Yes☒No☐	Date: December 12th 2023
	Board of Directors	Yes☐No☒	Date:
	Other	Yes☒No☐	Date: Finance and Productivity February 2024.

Summary of Key Issues using Assure, Advise and Alert

Assure:-

This report provides assurance on the status of the actions taken to temporarily relocate staff and services and to remove RAAC from the Outpatients Facility at New Cross Hospital.

The risk to users of the building, staff and patients has not changed since the original identification of RAAC. The site is inspected regularly as part of the risk assessment.

Advise:-

Further to the update to Board in December of 2023, below is a summary of current position to remove this identified risk to the estate:

A plan to decant services from the Outpatient building has been developed in conjunction with the clinical and operational service teams located in the building. Works have commenced across the hospital site following the identification of areas where teams are able to relocate to support the introduction of temporary outpatient clinical space for the continuation of Outpatient Services at New Cross Hospital.

The Estates Development team have continued to liaise with the external specialist NHS Teams, together with attending RAAC reporting groups within NHSE for support, technical guidance and to ensure our programme of works remains in line with agreed funding conditions.

Monitoring of the roof area affected by RAAC has continued following its discovery and no further changes have taken place, therefore the risk remains at an acceptable level in advance of the main roof replacement works set to take place. The risk is registered on the Trust Risk Register. The replacement of the roof works will commence following the completion of the provision of temporary spaces to provide outpatient services.

The enabling works to several areas across the hospital are scheduled for completion by the end of the summer, with decanting from the Outpatient Facility set to take place in September 2024. Following this, the careful removal of the RAAC materials in the roof space will take place together with the construction of a new roof over the autumn and winter period, with a targeted reopening of the facility in April 2025.

Trust Framework Contractors are currently pricing the roof replacement works, and further to verification and value for money reviews, the plan is to confirm the contract for the RAAC removal and roof replacement by August 24. Meanwhile planning continues to take place with the clinical teams affected by the development works to ensure we are able to carefully manage the impact to patients attending the hospital during the redevelopment works. This remains a key area of focus on account of the c3000 visitors per week to the unit.

There is a clear plan of communication planned for patients who will be diverted to alternative locations across the site, whilst the work is underway. This will include communication and clear site sign posting to the alternative location.

Alert:-

- None.

Links to Trust Strategic Aims & Objectives	
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Effective Collaboration	• 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

Title of Report	Chair's Exception Report from Group People Committee	Enc No: 7.1
Author:	Junior Hemans & Allison Heseltine, Group People Committee Chairs	
Presenter:	Junior Hemans & Allison Heseltine	
Date(s) of Committee Meetings since last Board meeting:	28 June 2024	

Action Required

Decision	Approval	Discussion	Received/Noted/For Information
Yes☒No☐	Yes☐No☒	Yes☒No☐	Yes☒No☐

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• The committee noted that the BMA is currently formally balloting GPs for collective action. The ballot closes on the 29 July 2024. Should an outcome to take industrial action be achieved, the Committee understood this would have a challenging impact on hospital services and the GP practices within The Royal Wolverhampton (RWT) • The committee noted that Doctors in Training are currently involved in a 5 day strike (27 June to 2 July 2024) and that both Trusts had operationally planned for the impact. The Committee noted that both Trusts are engaged in the national focus to improve the working lives of Doctors in Training. • The Committee further noted that there has not been an announcement of the NHS review body 2024/25 pay deal and therefore this has delayed implementation. The impact of the delay will impact staff in the lowest pay points which sit just above the national minimum wage. • Whilst both Trusts are within plan at the end of Month 2 against the 24/25 workforce plan, it was noted that work continues to identify a route to full delivery of reducing workforce costs in line with the plan by month 9. • In the context of reducing the cost of	• The Committee were advised that both Trusts would be participating in the Allocate 'Beacon Project' together with the Dudley Group NHS Foundation Trust and Sandwell and West Birmingham NHS Trust. The Project, which is funded by Allocate seeks to identify the level to which the use and functionality of e-roster systems across the Trust are aligned and will set out recommendations to achieve further alignment and efficiency. The Committee will receive an update in Q3.

workforce and reducing workforce growth, the Committee supported the strategic intention to support as many student nurses who have completed their nurse training with both Trusts to secure a job.	
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• The Committee were assured that both Trusts are within plan at the end of Month 2 against the 24/25 workforce plan: RWT by 0.03% and Walsall Healthcare (WHT) by 0.5%, • The Committee received the 23/24 Annual Freedom to Speak Up Report (F2SU) for both The Royal Wolverhampton and Walsall Healthcare. The lead F2SU Guadian for each Trust attended the Committee to provide an overview of key information outlined within the report as well as outlining areas of focus for 24/25. The Committee accepted both reports and recommended them to Trust Board.	• The Committee requested that a set of quality metrics are developed to measure staff engagement. The Committee recognised that both Trusts were making difficult decisions to ensure the quality of care is delivered as cost effectively as possible and that these decisions may at times impact staff. The Committee recommended that a set of metrics should be in place mirroring the quality metrics in place which seek to indicate any potential / actual impact on the quality of care.

The Royal Wolverhampton NHS Trust

Report to the Group Trust Board Meeting – to be held in Public
16 July 2024

Title of Report	RWT Exception Report from People Committee	Enc No: 7.1
Author:	Emma Ballinger, Interim Director of Operational HR & OD	
Presenter:	Allison Heselltine, Non-Executive Director	
Date(s) of Committee Meetings since last Board meeting:	31st May 2024	

Action Required			
Decision	**Approval**	**Discussion**	**Received/Noted/For Information**
Yes☐No☐	Yes☐No☐	Yes☐No☐	Yes☐No☒

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	**MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY**
• Junior Doctors have announced further industrial action in June 2024. • Month 2 position of the workforce plan remains on plan however the substantive position remains above plan and been offset by additional bank and agency reductions.	• Alignment of the data and information shared between Committee meetings. • EDI BAF risk to include OD & EDI developments for Board. • Risk register review across divisions to assess workforce impact/position.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• Staff survey update. • Organisational Development update. • Employee Voice Group update.	• Terms of Reference for the Group People Committee agreed. • To link three reports OD & EDI reports presented with the EDI BAF risk.

NHS
Walsall Healthcare
NHS Trust

Report to the Group Trust Board Meeting to be held in Public
16 July 2024

Title of Report	Exception Report from People Committee	Enc No: 7.1
Author:	Junior Hemans, Chair, People Committee	
Presenter:	Junior Hemans	
Date(s) of Committee Meetings since last Board meeting:	May 2024	

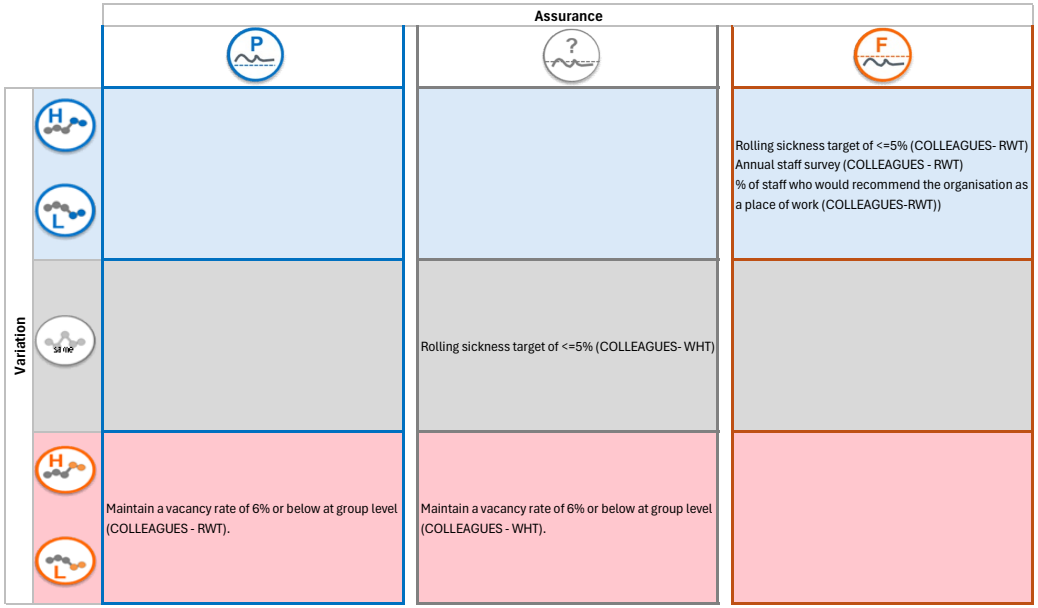
Action Required			
Decision	**Approval**	**Discussion**	**Received/Noted/For Information**
Yes☒No☐	Yes☐No☒	Yes☒No☐	Yes☒No☐

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	**MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY**
• Off Framework Agency Use The Trust is required to cease the use of off framework agency by July 2024. At Walsall whilst there is a small amount of off-framework agency utilised in imaging and pharmacy, a majority (1207 hours) are used to achieve safer staffing levels across peadiatric services. The Committee requested further assurance that appropriate actions were being undertaken to reduce and eliminate off framework agency by July 2024	• Walsall Civility & Respect Programme 214 colleagues have attended the training and 693 colleagues booked onto a session between May and December 2024. Baseline data for 23/24 has been established and will be used in 24/25 evaluate the impact of the programme. • Divisional Staff Survey Action Plans The Colleague Engagement and Experience Group will continue to provide oversight on the delivery of divisional staff survey action plans in support of the 2024 NHS Staff Survey.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• The Trusts 24/25 Workforce Plan is within plan with a total reduction of 35 wte. • The Committee were assured that divisions have been request to set three improvement / stretch targets in readiness for the 2024 NHS Staff Survey (September 2024) in relation to (i) improved response rate, (ii) target staff engagement score and (iii) target morale score.	• Approved Terms of Reference for Group People Committee •

ENC 7.1: RWT & WHT BOARD LEVEL METRICS AND DASHBOARD (COLLEAGUES)

NHS

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



How to Interpret SPC (Statistical Process Control) charts

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

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

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

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

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

Annual staff survey (COLLEAGUES - WHT)
% of staff who would recommend the organisation as a place of work (COLLEAGUES-WHT)

Trust Board Metrics- COLLEAGUES Dashboard

The Royal Wolverhampton NHS Trust

KPI	Latest Month	Measure	Trajectory	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Maintain a vacancy rate of 6% or below at group level	May-24	6.51%	6%	6%			3.3%	1.4%	5.2%
Turnover (normalised)	May-24	8.57%	10%	10%			10.2%	9.6%	10.9%
Retention (12 months)	May-24	90.27%	88%	88%			89.4%	88.9%	90.0%
Appraisals	May-24	86.07%	90%	90%			83.7%	81.9%	85.5%
Mandatory Training (generic)	May-24	95.31%	90%	90%			95.0%	94.6%	95.4%
Sickness (in month)	Apr-24	4.97%	5%	5%			5.2%	5.2%	6.2%
Deliver year on year improvements in the percentage of staff who consider the organisation has take positive action on their health and wellbeing; rolling sickness target of <=5% (monthly)	Apr-24	5.0%	5.00%	5.0%			5.2%	5.1%	5.3%
Deliver year on year improvements in the percentage of staff who consider the organisation has take positive action on their health and wellbeing: target of >60.3% (annual staff survey Q3)	Q4 23/24	54.6%	60.30%	60.3%			51.9%	49.1%	54.6%
Percentage of staff who would recommend the organisation as a place of work	Q4 23/24	49.80%	64.60%	64.6%			48.5%	46.3%	50.7%
Reduce the percentage of staff experiencing discrimination at work	In development			>=9.2%	In development				
Reduce the percentage of staff experiencing discrimination at work: difference between BAME and white staff				>=7.46%					

Key

Denotes board level metric

NHS
Walsall Healthcare
NHS Trust

Trust Board Metrics - COLLEAGUES Dashboard

KPI *(Metrics highlighted in BLUE are Trust Board Level Metrics)*	Latest month	Measure	Trajectory	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Mandatory Training Compliance	May 24	91.14%	90.00%	90%			88.85%	86.66%	91.04%
PDR Compliance	May 24	84.77%	90.00%	90%			80.67%	77.03%	84.31%
Retention Rates (12 Months)	May 24	91.52%	90.00%	90%			90.14%	89.28%	91.00%
Sickness Absence	May 24	6.03%	5.00%	5%			5.73%	4.70%	6.75%
Staff Turnover	May 24	9.87%	10.00%	10%			10.96%	10.11%	11.81%
Vacancy Rates - Overall	Apr 24	10.80%	6.00%	6%			5.29%	0.38%	10.21%
Reduce the percentage of staff experiencing discrimination at work to <=9.2%	In Development								
Difference between BAME and white staff of <= 7.46%	In Development								
Staff Survey - % of staff who consider the organisation has taken positive action on their health and wellbeing	Q1 24/25	56.90%	60.30%	60.3%					
Staff Survey - % of staff who would recommend the organisation as a place of work	Q1 24/25	51.00%	64.60%	64.6%					

Footnotes

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

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

Care Colleagues
Collaboration Communities

Report to the Group Trust Board Meeting to be held in Public On 16th July 2024		
Title of Report:	Group Executive Workforce Report	Enc No: 7.2
Author:	Clair Bond, Interim Director of HR & OD, WHT Emma Ballinger, Interim Director of HR & OD, RWT	
Presenter/Exec Lead:	Alan Duffell, Group Chief People Officer, WHT & RWT	

Action Required of the Board/Committee/Group (Please remove action as appropriate)			
Decision	**Approval**	**Discussion**	**Other**
Yes☐No☐	Yes☐No☐	Yes☐No☒	Yes☒No☐
Recommendations: The Committee is asked to note the contents of the report.			

Implications of the Paper:			
Risk Register Risk	Yes ☐ No ☒ Risk Description: On Risk Register: Yes☐No☒ 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☒No☐	Details: Safe, Caring, Responsive, Effective, Well-Led.
	NHSE	Yes☒No☐	Details: Safer staffing
	Health & Safety	Yes☐No☒	Details:
	Legal	Yes☐No☒	Details:
	NHS Constitution	Yes☐No☒	Details:
	Other	Yes☐No☐	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☐No☐	Date:
	Board Committee	Yes☒No☐	Date: 28th June 2024
	Board of Directors	Yes☐No☐	Date:
	Other	Yes☐No☐	Date:

Summary of Key Issues using Assure, Advise and Alert

Assure

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

WHT 3/6 metrics are within target. Of the 3 outside of target appraisal compliance and sickness absence continues to improve and vacancy levels continue to increase in accordance with robust vacancy management processes.

RWT 4/6 metrics are within target. Of the 2 outside of target appraisal compliance continues to improve and vacancy levels continue to increase in accordance with robust vacancy management processes.

Advise

WHT:
Retention is meeting the target at 91.5%
Mandatory training compliance is above target at 91.1%
Turnover is meeting the target at 9.9%.

RWT:
Retention is meeting the target at 90.27%
Mandatory training compliance is above target at 95.30%
Turnover is meeting the target at 8.57%.
Sickness is meeting the target for rolling 12-months at 4.97% and in month is 5%

Alert

The Committee is alerted to:

RWT & WHT:

- Appraisal compliance is not meeting the target for both WHT and RWT, the paperwork has been streamlined within RWT and divisions are progressing plans to ensure delivery. WHT are currently reviewing the appraisal paperwork and group appraisal policy is being explored.

- Vacancy rates are not meeting the target, for WHT 10.8% and for RWT 6.51%

WHT:
- Sickness absence rates in month for this period are above the target . Actions are in place and the Trust benchmarks favourably.

Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
Excel in the delivery of Care	
Support our Colleagues	• 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
Improve the Healthcare of our Communities	
Effective Collaboration	• Progress joint working across Wolverhampton and Walsall

ENC 7.2

Executive Summary Workforce Report

Group Trust Board
16th July 2024

Alan Duffell
Group Chief People Officer

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

Care Colleagues
Collaboration Communities

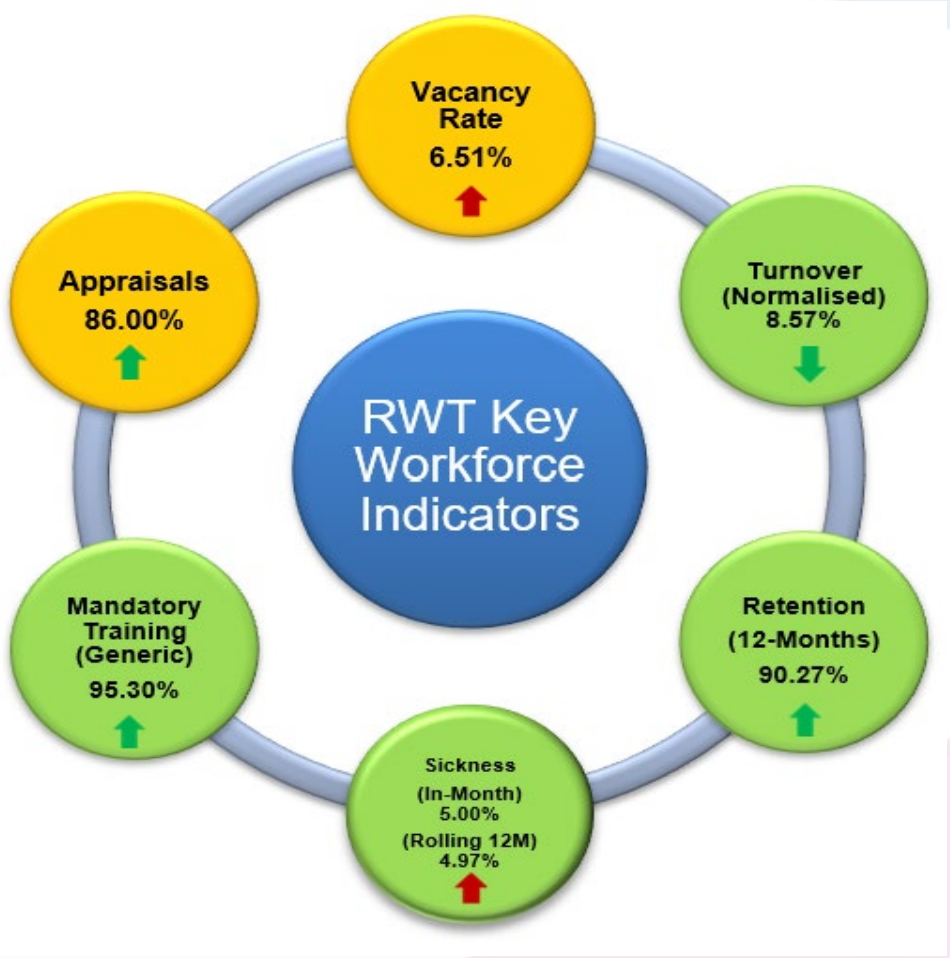
Executive Summary

- This is the first Group Chief People Officer workforce metric report and is presented to the Board to provide an opportunity to compare and contact the performance of both The Royal Wolverhampton NHS Trust (RWT) and Walsall Healthcare NHS Trust (WHT) across a consistent set of six workforce metrics.
- In March 2024, both the RWT and WHT People Committee reviewed and agreed consistent workforce metric measures and targets.
- Overall for RWT 4/6 metrics are within target. Of the 2 outside of target appraisal compliance continues to improve and vacancy levels continue to increase in accordance with robust vacancy management processes.
- Overall for WHT 3/6 metrics are within target. Of the 3 outside of target appraisal compliance and sickness absence continues to improve and vacancy levels continue to increase in accordance with robust vacancy management processes.
- From analysis of the data, a deeper understanding of methodologies supporting the recording of sickness absence episodes and application of sickness absence processes will be undertaken to understand any differences and apply shared learning.
- Both Trusts have prepared for the five day period of strike action being taken by doctors in training between 27 June and 2 July 2024
- Both Trusts are participating in Cohort 2 of the NHS England Retention Programme. Both Trusts have focussed on We are always learning and We are compassionate and inclusive, in particular equality, diversity and inclusion. Additionally WHT have included We work flexibly and RWT have included We each have a voice that counts and We are a team.

Care Colleagues
Collaboration Communities

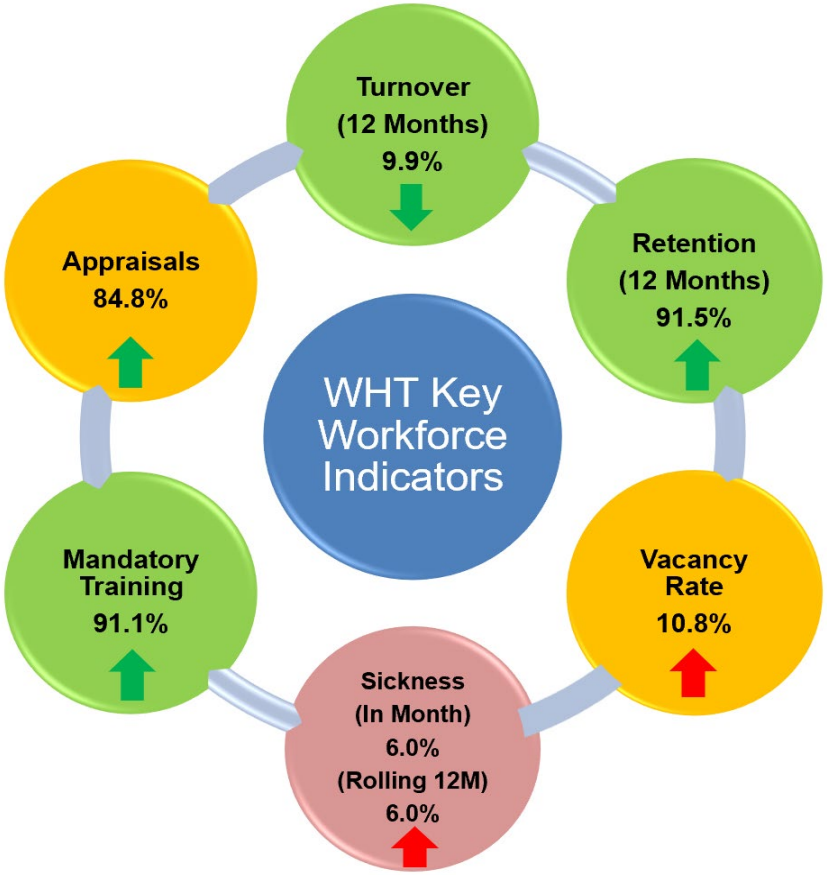
RWT Key Workforce Metrics

- There is limited assurance that the sickness absence rate, currently 4.97%, will consistently meet the 5% target long-term, but performance is stable.
- The generic mandatory training compliance rate, inclusive of statutory competencies, was 95%, continuing a trend since June 2023 of consistently meeting the 90% target.
- Whilst there is no assurance that appraisal compliance, currently 86%, will consistently achieve the 90% target, performance continues to follow a long-term improvement trajectory.
- Performance against the 10% 12-month turnover target continues to demonstrate sustained improvement, following a positive trend of turnover reductions dating back to December 2022.
- Assurance can be provided that the 12-month retention rate, currently 90%, will consistently meet the target following continued performance improvement.
- Whilst the 6.5% vacancy rate offers long-term assurance that target achievement can be maintained, there is currently a trend of rising vacancies; reflective of strategic workforce reductions aligned to the workforce plan.

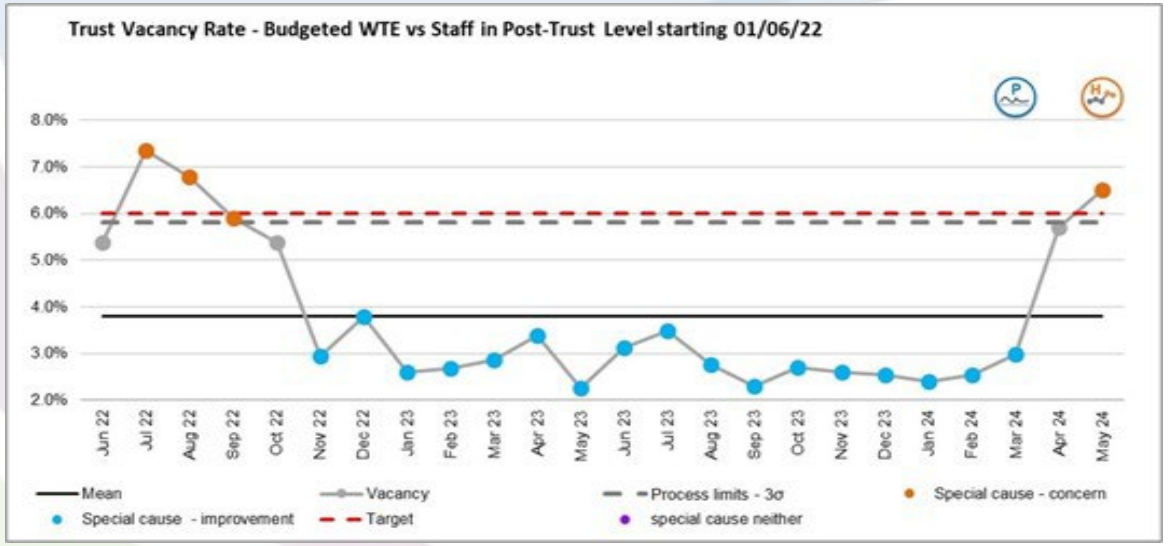


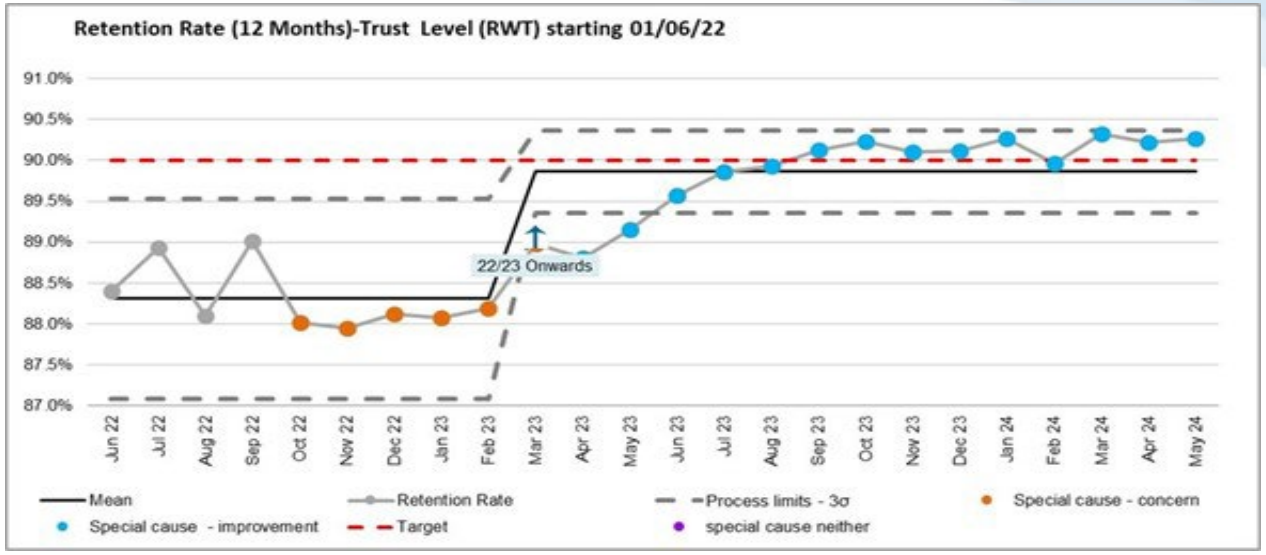
WHT Key Workforce Metrics

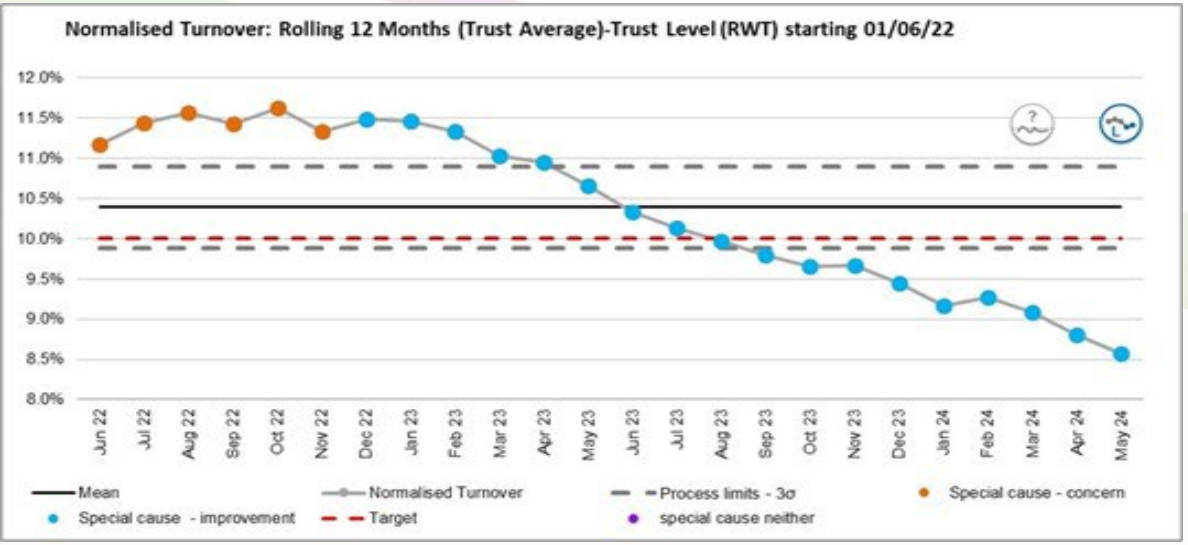
- There is limited assurance that the sickness absence rate, currently 6%, will consistently meet the 5% target, but performance is improving.
- The mandatory training compliance rate of 91% provides limited assurance that the 90% target will be consistently met, improving performance.
- There is no assurance that appraisal compliance, currently 84.8%, will consistently achieve the 90% target. Whilst there has been a month-on-month improvement, the long-term performance trend remains on a negative trajectory.
- Whilst there is a lack of assurance regarding consistently achieving a 10% 12-month turnover target, the current 9.9% rate reflects improved performance.
- Assurance can be provided that the 12-month retention rate, currently 91%, will consistently meet the 90% target following continued performance improvement.
- The 10.8% vacancy rate offers limited assurance, in the context of a 24-month trend, that the 7% target will be consistently met, but performance is stable.



RWT Attract, Recruit & Retain







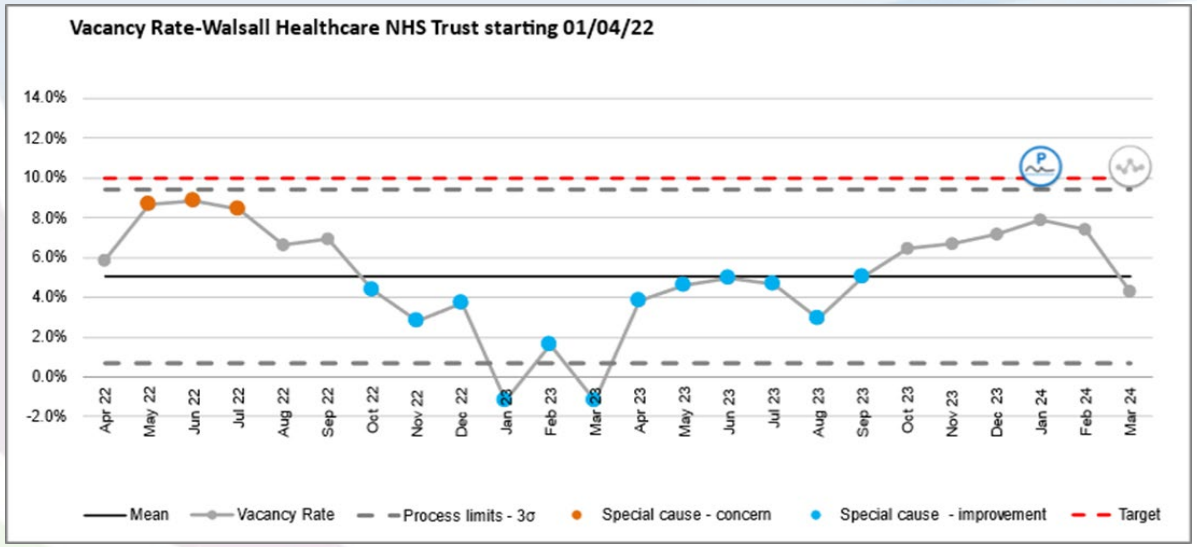
Key Issues & Challenges

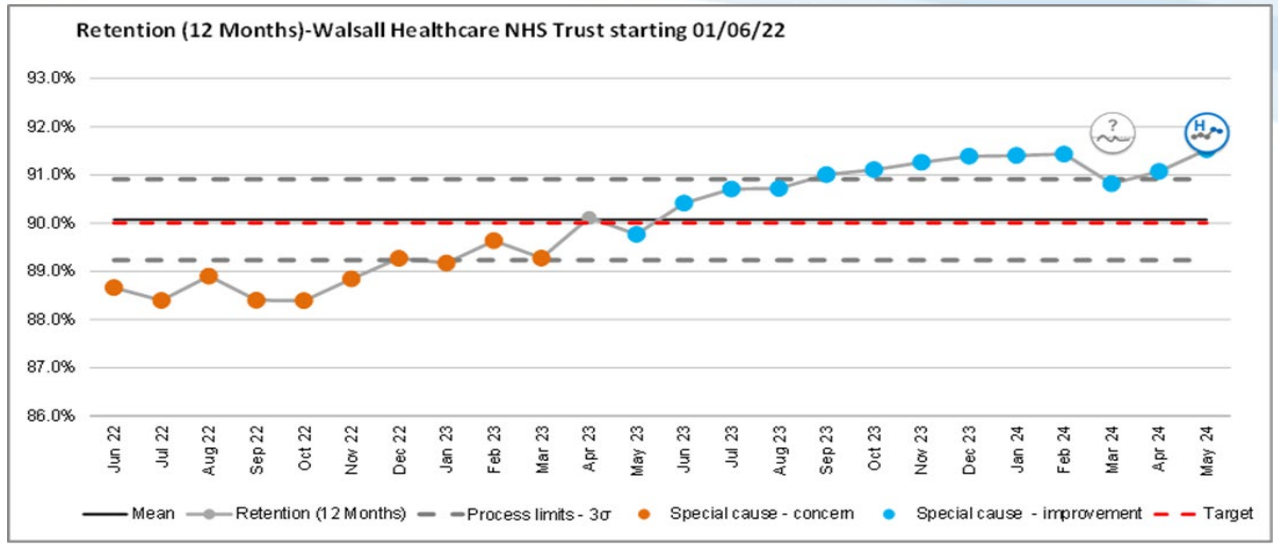
- The vacancy rate is now above target at 6.51% due to the budgeted establishment increasing by 86.09 WTE as part of the agreed budget setting.
- The vacancy rates for Healthcare Scientists, Medical & Dental and NHS Infrastructure support are above target.
- The Retention Rate meets the 90% target at 90.27%, maintaining assurance regarding target achievement and improved performance.
- Turnover is below target at 8.57%, with long-term assurance of target achievement maintained despite performance worsening.

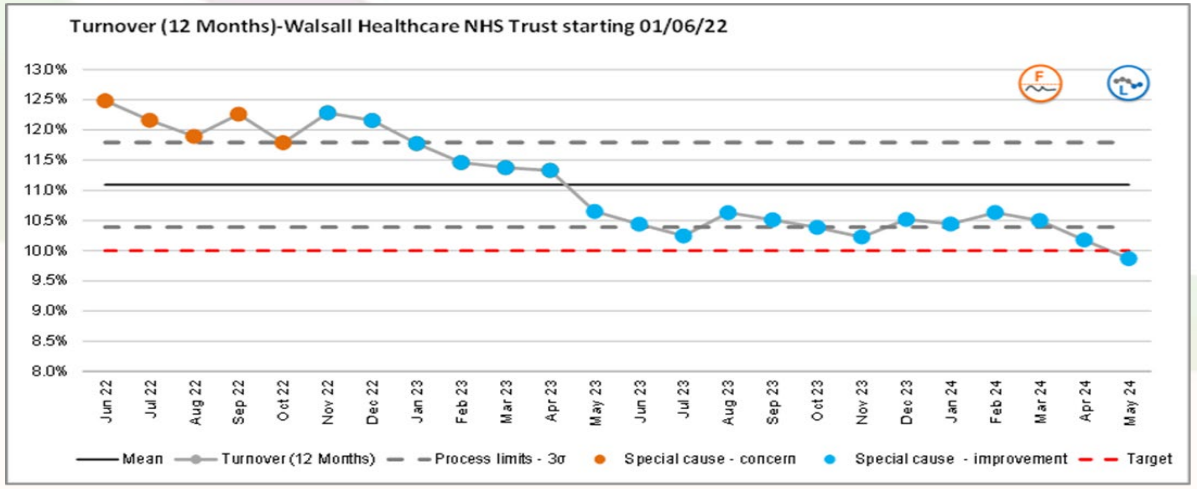
Key Actions & Progress

- Workforce reduction plans have contributed to an increased vacancy position, in addition to the establishment budget setting.
- Collaboration with finance and divisions has commenced to align disestablished positions with financial establishment. Once complete the vacancy position will normalise and demonstrate an accurate position.

WHT Attract, Recruit & Retain







Key Issues & Challenges

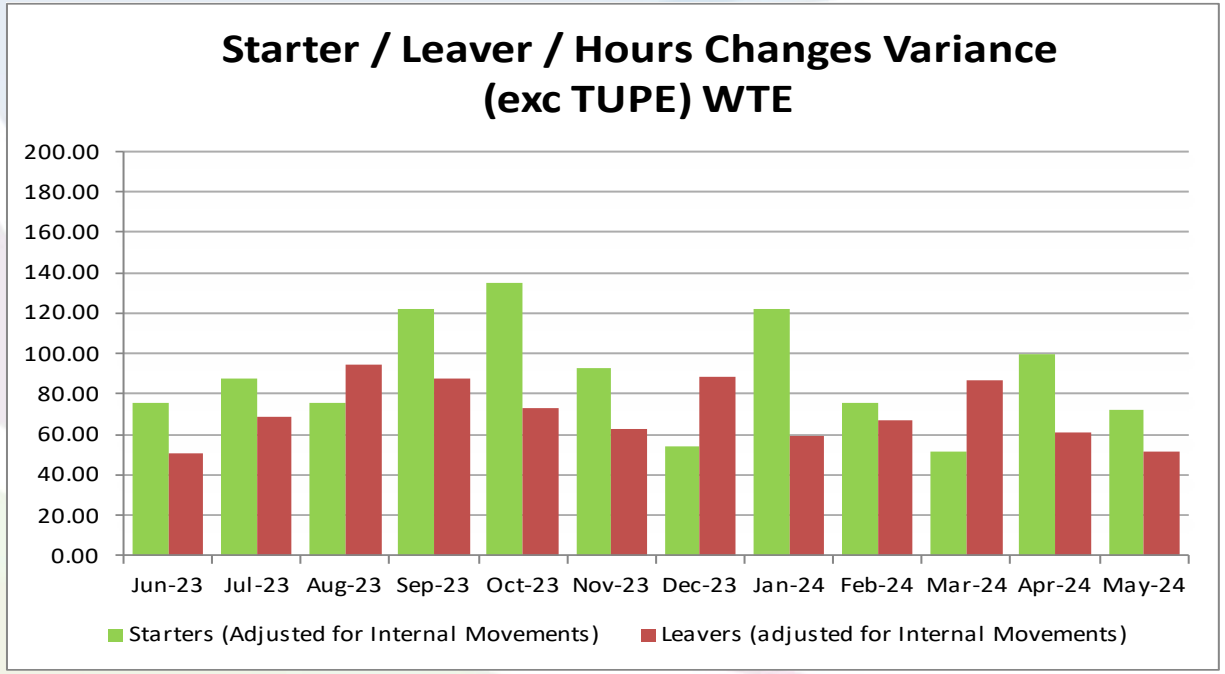
- Workforce performance trends are measured over a 24-month rolling period, with statistical process control methodology applied to assure consistent target achievement and performance stability.
- The 10.8% vacancy rate reflects a month-on-month 14.1 FTE reduction in the budgeted establishment, reconciled against a 14.3 FTE reduction in the actual workforce; as per the month-end finance ledger. Most of the budgeted establishment reduction aligns with the Medical and Dental (M&D) and Administrative and Clerical (A&C) staff groups, whereby funding for the M&D workforce decreased by 9.3 FTE, while the A&C budget decreased by 4.7 FTE.

Key Actions & Progress

- The rise in vacancy rates reflects a strategic reduction in FTE deployment aligned with the 24/25 workforce plan. Workforce levels during May 2024 were within the plan, with divisional teams working alongside HR (Human Resources) and finance team partners to ensure the sustainable use of resources continues.
- In the 24/25 Workforce Plan context, the Trust is taking a strategic approach to increase retention. This will be enabled by the Trust's participation in cohort 2 of the NHS England National Retention Programme and completing the retention diagnostic framework to identify high-impact actions as areas of focus throughout the year.

Attract, Recruit & Retain

RWT :



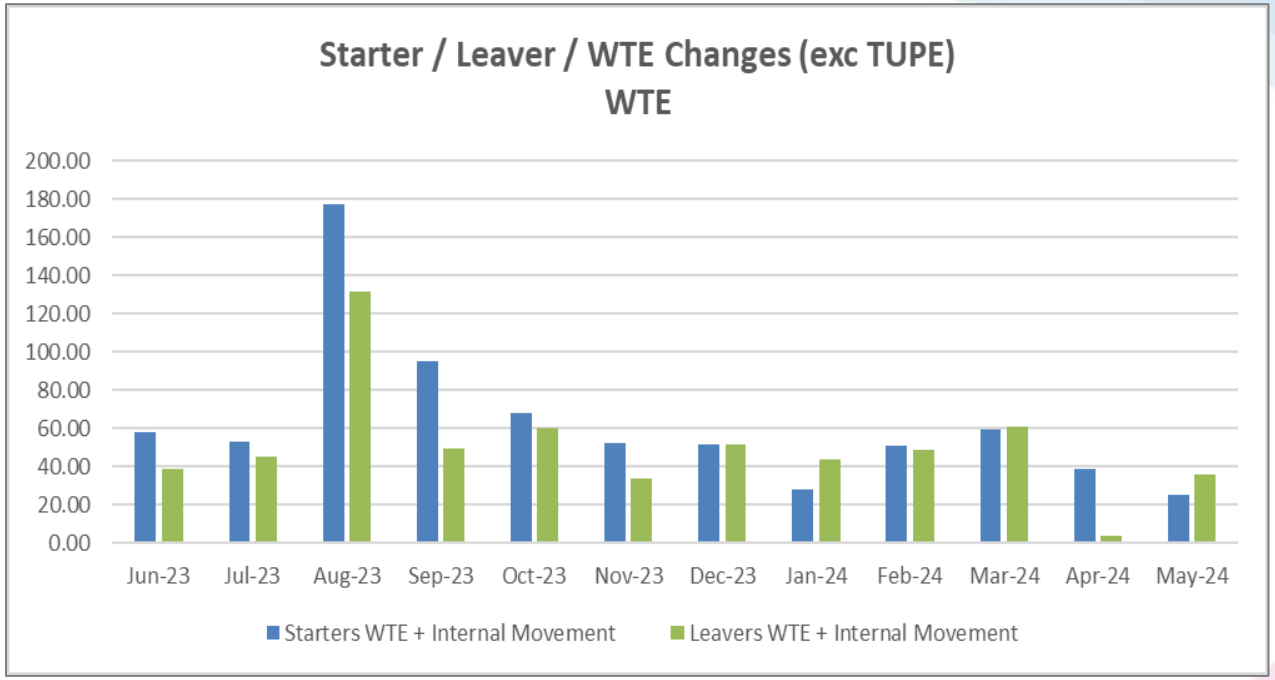
Key Issues & Challenges

- There were slightly more starters (55.51 WTE) than leavers (51.43 WTE) in the month. However, there was a net reduction of 13.82 WTE within the current workforce, so the impact of internal movements contributes to the overall decrease.

Key actions & Progress

- Workforce report regularly reviewed by Executive Team and various groups and committees across the Trust, this includes starters and leavers and forecast start dates for those recruited.
- Revised exit interview process now in place, next steps to advise and inform managers of the new electronic process.

WHT :



Key Issues & Challenges

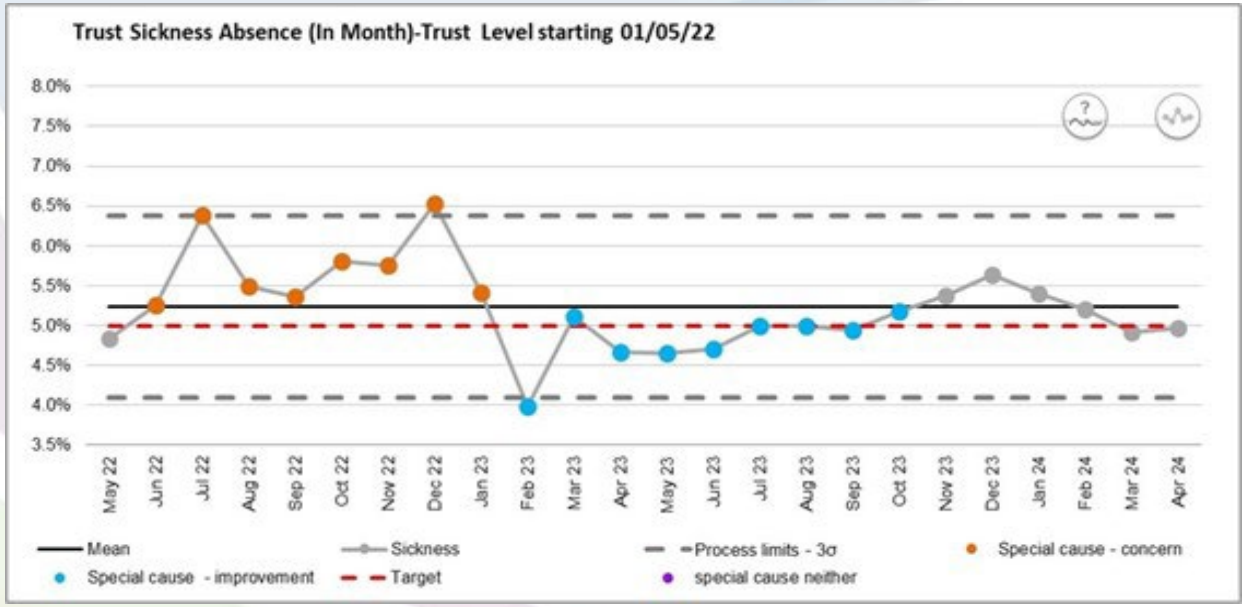
- There were slightly more leavers (35.67 WTE) than starters (19.77 WTE) in the month.
- Triangulated against internal movements and contract changes, it can be seen that 2024/25 workforce reduction strategies have begun to shape substantive workforce deployment levels.

Key actions & Progress

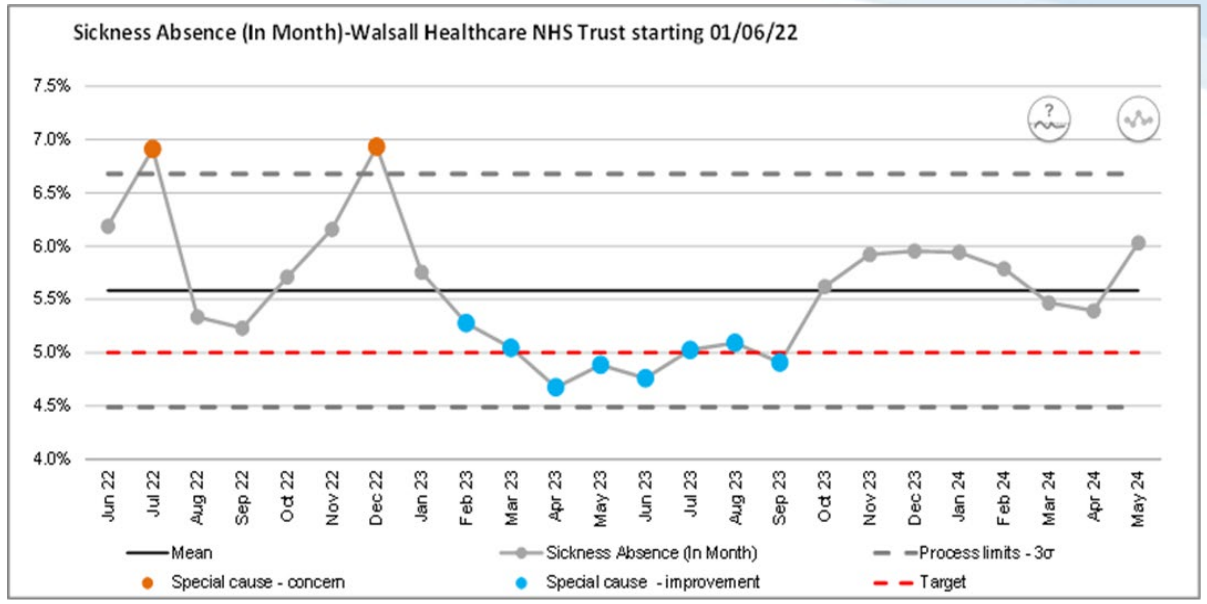
- Weekly review of starter and leaver data takes place at the Executive vacancy management panel to review impact on workforce numbers in line with agreed 24/25 workforce plan.
- Continue to ensure robust application of exit interview process and monitoring key cultural data to support retention and experience at work.

Health and Wellbeing

RWT :



WHT :



Key Issues & Challenges

- In-month sickness absence rate is 4.97%, meeting the 5% target and maintaining a stable performance below the two-year average.
- Short-term sickness for April 2024, a primary driver for in-month trends, is 1.76%, below the historical threshold (2%) and has remained on an improving trajectory since May 2023.

- **Key actions & Progress**
- Attendance Oversight meetings were implemented in December 2023, these continue to evolve and best practice for absence management shared between Divisional HRMs. The group is well attended and includes HRMs, OH & Wellbeing and Workforce Intelligence colleagues. Data trends have been studied as part of discussions, and hot spot areas identified, one Division has commenced a deep dive into stress related absence as a result of the data demonstrating a higher than Trust average.
- Monthly sickness review meetings with senior divisional management and HRMs continue.

Key Issues & Challenges

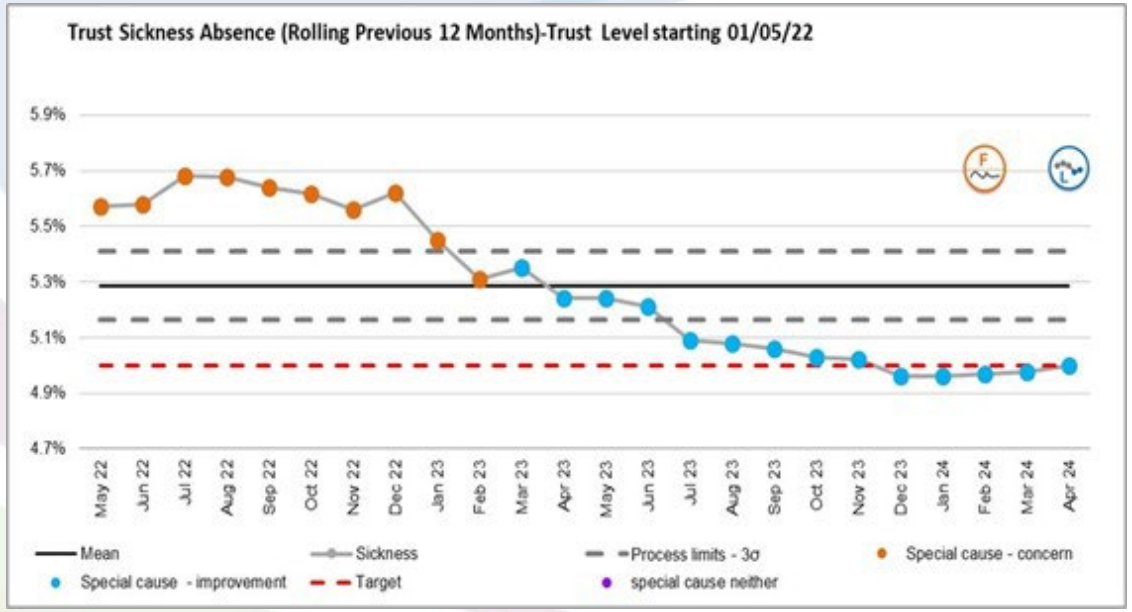
- In-month sickness absence, 6% during May 2024, is below the 24-month average. Performance within the two-year trend context remains stable, with limited confidence regarding target achievement.
- Musculoskeletal problems remain a crucial driver of short-term sickness absence, following a significant increase in days lost to associated illnesses during 2024.

Key actions & Progress

- There continues to be a high focus on managing sickness absence cases across the divisions, with managers working in partnership with HR. Each division is sighted on the number of sickness absence cases and the length of absence, ensuring detailed action plans are in place for the most prolonged periods.
- The Trust will continue to take a proactive and strategic approach to supporting health and well-being at work and will continue to measure its impact via the NHS HWB Framework. Specific workstreams are being undertaken to strengthen the approach and support colleagues experiencing stress and those with long-term illnesses/conditions receiving clinical review and treatment via the NHS.

Health and Wellbeing

RWT :



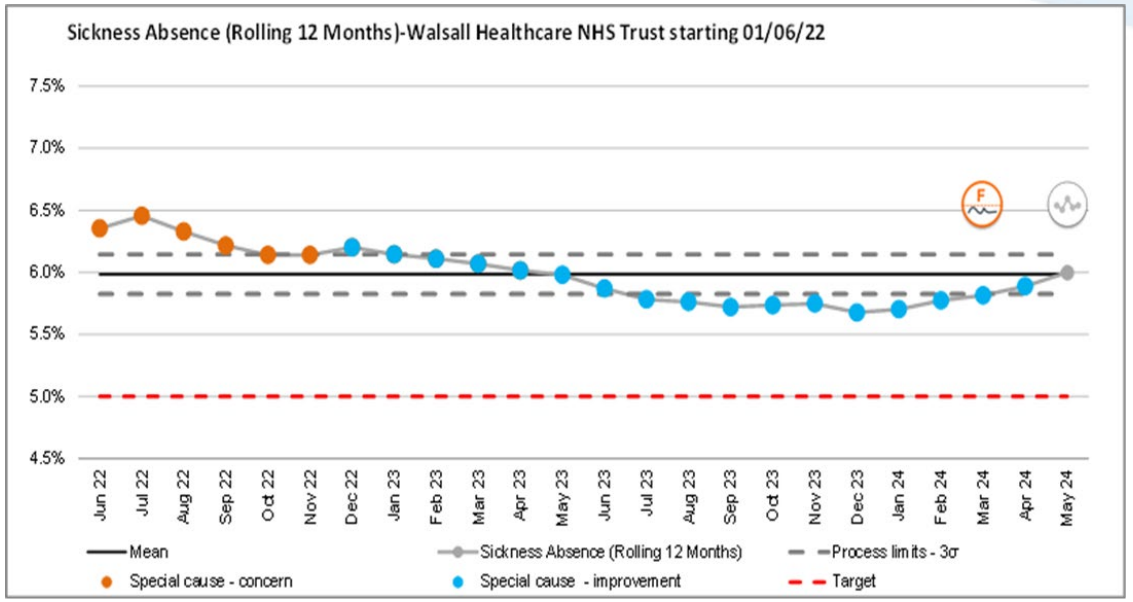
Key Issues & Challenges

- The rolling 12-month absence rate remains just on the Trust target at 5.00%, slightly increasing after the improvement seen for the previous five months.
- Long-term absence for April, a primary driver for rolling 12-month trends, is 3.24%. This is above the historical threshold (3%), steadily worsening performance.

Key actions & Progress

- The HR Policy Line Manager Training Programme continues to be delivered with a focus on the 'Supporting and Managing Staff Attendance at Work' session. Divisions can also request specific ad hoc sessions if required.

WHT :



Key Issues & Challenges

- Rolling 12-month analysis, whereby absence from 12 months to May 2024 was 6%, remains below the two-year range, providing continued assurance of a strategic improvement regarding colleague attendance.
- Stress-related sickness absence continues to be a driving force behind the lack of target assurance, with an additional 532 FTE days lost in May 2024 compared to May 2023.

Key actions & Progress

- Following the completion of the first phase of the Healthy Attendance at Work Programme in March 2024, in which practices are being absorbed into business as usual, there is a focus on updating the Attendance Management Policy and developing training sessions for all managers. These sessions will focus on effectively managing sickness absence, the power of compassionate leadership, and how managers can support colleagues by taking a proactive approach to their health and wellbeing.

Enc 7.2a

GROUP PEOPLE COMMITTEE

TERMS OF REFERENCE

Trust Strategic Objectives

Strategic Aim	Associated Strategic Objectives
1. Excel in the delivery of Care *We will deliver exceptional care by putting patients at the heart of everything we do, embedding a culture of learning and continuous improvement.*	a) Embed a culture of learning and continuous improvement b) Prioritise the treatment of cancer patients c) Safe and responsive urgent and emergency care d) Deliver the priorities within the National Elective Care Strategy e) We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our communities and populations
2. Support our Colleagues *We will be inclusive employers of choice in the Black Country that attract, engage and* *retain the best colleagues reflecting the diversity of our populations.*	a) Be in the top quartile for vacancy levels b) Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing c) Improve overall staff engagement d) Deliver improvement against the Workforce Equality Standard
3. Improve the health of our Communities *We will positively contribute to the health and wellbeing of the communities* *we serve.*	a) Develop a health inequalities strategy b) Reduction in the carbon footprint of clinical services by 1st April 2025 c) Deliver improvements at PLACE in the health of our communities
4. Effective Collaboration *We will provide sustainable healthcare services that maximise efficiency by effective*	a) Improve population health outcomes through provider collaborative b) Improve clinical service sustainability c) Implement technological solutions that improve patient experience

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

	collaboration with our partners.	d) Progress joint working across Wolverhampton and Walsall e) Facilitate research that improves the quality of care
BAF & Trust Risks	• Identify and monitor any new risks relating to each Trust's Workforce agenda. • Review the Board Assurance Framework ("BAF") for risks within the 'Support Our Colleagues' strategic Objective on a frequency set out in the Risk Management Policy. • Be assured that there are plans in place to address gaps in controls and gaps in assurance, and oversight of such plans.	
Meeting Purpose/Remit	The purpose of the committee is to provide the Board with assurance that: • There is an effective People Strategy in place underpinned by structures, systems and processes to support colleagues in the provision and delivery of high quality, safe patient care. • The outcomes set out in the People Strategy, approved by the Board are delivered. • The Trusts are meeting their legal and regulatory duties in relation to its employees. • Where there are people risks and issues that may jeopardise the Trust's ability to deliver its strategic objectives, that these are being managed in a controlled way through the Trust Management Committee. To provide assurance on the following key areas as set out in the People Strategy: • Leading by putting our people first to include: ○ Leadership ○ Organisational Development & Culture ○ Staff Engagement • Ensuing equality, diversity and inclusion on all that we do, to include: ○ Equality, Diversity and Inclusion ○ RACE Equality Code • Ensuring a safe and healthy place to work to include: ○ Wellbeing ○ Sexual Safety ○ Speaking up • Recruiting and retaining the workforce of today and for the future ○ Resourcing, attraction and retention	

	○ Knowledge, skills and behaviours ○ Workforce Planning
Responsibilities	The Committee will lead on the assurance of the workforce and organisational development including ensuring that: 1. There is an overarching people strategy that enables each Trust to deliver its strategy, vision and values. 2. There are processes in place to identify and develop organisational structures, leadership and management capability to ensure the delivery of each Trust's strategy. 3. Mechanisms are in place and effective to communicate with and inform the workforce in relation to strategy as well as constitution, values and ethos. 4. National reports and best practice relating to Human Resource Management and OD is shared, reviewed for relevant findings and actions and the necessary actions implemented. 5. Legal and regulatory requirements relating to the workforce are met. 6. Effective identification and mitigation of Human Resources risks within the supporting infrastructure of the Board Assurance Framework and Risk Register. 7. Workforce policies and procedures are aligned to the strategy and in date. 8. Monitor staffing levels, as well as monitor growth levels and reduction in bank and agency. 9. Workforce key performance indicators are monitored and where necessary recovery/ improvement actions are put in place and delivered, including: ○ Turnover ○ Retention ○ Attendance ○ Recruitment ○ Workforce plan and performance against target Supplementary areas for assurance: 10. Receive assurance on the HR aspects of any external/internal compliance reviews that have raised concerns at Board and/or Executive Team. 11. By exception, consider concerns raised by staff and receive assurance on how these concerns are being dealt with. 12. Review the Board Assurance Framework/Trust Risk Register high scoring risks for assurance on traction of actions, and adequacy of controls and assurances taken e.g. staffing. 13. To review and monitor effectiveness of additional workforce related strategies and key performance indicators such as:

	○ Staff survey results (local and national) ○ Demographic makeup of the organisation ○ Occupational health data ○ Annual Workforce plan 14. The Trusts have in place the range of policies necessary to effectively manage the workforce and allow for fair and consistent treatment of staff as well as receives assurance and recommends support for policies relevant to HR/OD/Education/Training and Occupational Health, on behalf of the Trust. 15. Ensures each Trust's people and organisational development policies and procedures are current, based on best practice, and compliant with relevant legislation and guidelines.
Authority & Accountabilities	The Group People Committee is established to evaluate and report on the workforce/OD agenda and the operation of risk management systems and controls to the Trust Board. The Committee is authorised by the Trust Board to investigate any activity within its terms of reference obtaining independent advice if necessary. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee. The Committee shall transact its business in accordance with national/local policy and in conformity with the principles and values of public service (GP01).
Reporting Arrangements	The minutes to report a consolidated review and to be submitted to the Group Trust Board, and the Chair shall report on the main issues discussed and decisions made, highlighting any matters of concern or significant risks identified.
Membership	• Joint Chairs of the Committee (Non Executive Director – RWT & WHT on a 3 monthly rotation • Group Chief People Officer • One other Executive Director from each Trust • Four Non-Executive Directors (Two from each Trust) • Director of Operational Human Resources and Organisational Development (RWT & WHT) • Associate Director of People (RWT & WHT) • Operational Lead (either COO or nominated deputy from each Trust) • Finance Lead – one from each Trust • Divisional Manager Estates & Facilities • Nursing Representation – one from each Trust • Medical Representation • Staff side Lead from each Trust

Attendees – as required	• Deputy Group Director of Education or nominated deputy • Head of Occupational Health and Wellbeing • Other Leads, as required, which may include: Heads of HR Advisory, Resourcing, Equality, Diversity and Inclusion, Organisational Development, as appropriate • Other attendees may be requested to attend the meeting by the Chair or may attend with the permission of the Chair.
Chair	The Chair of the committee shall be the Trust board nominated Non-Executive Director for RWT and WHT, chaired on a joint basis on a three monthly rotation. If he/she is unavailable, another NED from those present at the meeting will be asked to chair.
Quorum	Chair, (or nominated Deputy), and 4 other members, one of whom must be: • An Executive director from each Trust • Non-Executive director from each Trust • Operational representation from each Trust
Frequency of meetings	The committee will meet 11 times per year. There will be no meeting held in December, the August meeting will focus on performance and workplan.
Administrative support	The HR & OD department will provide administrative support. Agenda and papers will be circulated 4 working days prior to the meeting.
Standards	• NHS Improvement Single Oversight Framework (to include Quality Governance and Well led guidance) • Equality Act, NHS Equality Delivery System, Workforce Race Equality Scheme, Workforce Disability Equality Scheme, Gender Pay Gap • NHS Employers Employment Checks Standards • NHS Terms and Conditions of Service • Medical & Dental and NHS Terms & Conditions
Standard agenda items	• Key Updates and Workforce Performance • Items for formal review and sign off • Strategic Focus Areas • Deep Dive Review • Key Risks • Review of Committee Objectives
Review of PC Performance & Effectiveness	• To be carried out on an annual basis.

Subgroups	• Equality & Diversity Steering Group • Academy Steering Group • Staff Survey Oversight Group • Attendance Oversight Group
Date Approved	16th July 2024 – Trust Board
Date Review	March/April 2025

The Royal Wolverhampton NHS Trust

Paper to the Group Trust Board Meeting to be held in Public on 16 July 2024

Title of Report	Chair Report from the Charitable Funds Committee Meeting	Enc No: 8.1
Author:	Martin Levermore, Non-Executive Director	
Presenter:	Martin Levermore	
Date(s) of Committee/Group Meetings since last Board meeting:	23 April 2024	

Action Required of Committee/Group			
Decision	**Approval**	**Discussion**	**Received/Noted/For Information**
Yes☒No☐	Yes☐No☒	Yes☐No☒	Yes☒No☐

Recommendations:

- That the board is asked to **endorse** that all business cases that seek capital support via the Charity should first go through the Trust purchasing department first to determine if the items are competitively priced, that due consideration have given in relation to value for money (VfM), and that department requesting Charity support have explore all purchase options.
- A position statement from the procurement department should be accompanied with the business case when presenting to the Charity.
- That the board is asked to **endorse** that all future business cases should first go through department Service Managers to confirm the appropriateness, and if there are any Commissioning issues that will need sanctioning prior to the Charity agreeing the funding profile.

Implications of the Paper			
Changes to BAF Risk(s) & TRR Risk(s) agreed	None. Risk Description Is Risk on Risk Register: Yes☐No☒ Risk Score (if applicable):		
Compliance and/or Lead Requirements	CQC	Yes☐No☒	Details:
	NHSE	Yes☐No☒	Details:
	Health & Safety	Yes☐No☒	Details:
	Legal	Yes☒No☐	Details:
	NHS Constitution	Yes☐No☒	Details:
	Other	Yes☒No☒	Details:

Summary of Key Issues:

- Several business cases are being presented to the Charity without having certain information available to make a considered decision, the type of information that was missing from business cases were:
  - procurement options appraisal,
  - impact on the Service of the procurement proceeding,
  - what commissioning implications there may be if the procurement proceeded,
  - where there has been Service Managers involvement in bring forward the business case.

- The general opinion of Trusts is that there needs to be a more rigorous process before business cases are brought to the charity committee,
- There has been a £121k gain this year in Charitable assets undermanagement which in previous years had seen a loss,
- 170 requests received for 2023/24 compared to 96 in 2022/23 and 89 in 2021/22. Not all requests for this period have been approved,
- Charity and Volunteer Awards 2024 costs have increased this year, as such corporate sponsorship is being explored to offset the increase.

Links to Trust Strategic Aims & Objectives (Please delete those which are not appropriate)	
Excel in the delivery of Care	• 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
Support our Colleagues	• 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
Improve the Healthcare of our Communities	• 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
Effective Collaboration	• 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☐No☒	Date:
	Board Committee	Yes☒No☐	Date: 23/04/2024
	Board of Directors	Yes☐No☒	Date
	Other	Yes☐No☒	Date:
Any Changes to Workplan to be noted	Yes☒No☐		Date:23/04/2024

The Royal Wolverhampton NHS Trust

EXCEPTION REPORT FROM COMMITTEE CHAIR

ALERT

- None

ADVISE

- Revised Charity Committee Workplan 2024 and 2025: Christmas Present discussion to be brought to the July Meeting, the Auditors date has been changed to present at the October meeting.
- Annual Finance and Administration Recharge and Fundraising Budget 2024/25 to be brought to the January meeting subject to the agreed national pay inflation rate

ASSURE

- Trust Policy GI02 the Committee agreed there were no amendments to be made.
- Review of Financial Controls and Governance have been undertaken and there are no areas on concerns

MATTERS FOR THE BOARD's ATTENTION

- Arranging a Superhero Colour Run to support the garden appeal for Paediatrics. The Charity commitment would only be the purchase of colour run powder which is approximately £300.
- Christmas for Staff a budget of £12,000 for the year has been set aside and it will be communicated to all staff across the Trust to access the amount of £500 in the department to enhance the area for staff and patients.
- Arts and Heritage soft launch to the museum within the Central Library in Wolverhampton has been postpone due to the pending election

ACTIVITY SUMMARY

Presentations/Reports of note received including those Approved

Business cases approved outside of the Committee meeting

- Renal Ultrasound Probes
- Staff Wellbeing Hub

Matters presented for information or noting

- Some smaller projects had been done which included cancer support and newsletters
- a gaming chair had been purchased for Paediatrics,
- fold out beds purchased in palliative care,
- 'Jelly Drops' purchased for Dementia patients which reduces their dehydration levels

Chair's comments on the effectiveness of the meeting:

Committee members all had sufficient time to input into agenda matters, the presents of business case lead assisted committee members to better understand the request for Charity support, where additional information was required the business case item have been deferred to a later meeting date or will be decided upon outside of a regular meeting. A consensus is obtained in an appropriate and timely manner to ensure the pace of the meeting can be achieved to discuss and debate fully all agenda items.

The Royal Wolverhampton NHS Trust

Chairs Summary

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• None	• None
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• Charity finance in good order • Charity systems and process are compliant • Some smaller projects had been done which included cancer support and newsletters. • A gaming chair had been purchased for Paediatrics, fold out beds purchased in palliative care and 'Jelly Drops' purchased for Dementia patients which reduces their dehydration levels	• The order by which business cases come to committee meeting will require greater robust processes and procedure. The manner and nature will need to be communicated to fund managers to ensure they are aware of the change in process.

Walsall Healthcare NHS Trust

Report to the Group Trust Board Meeting to be held in Public
16 July 2024

Title of Report	Exception Report from the Charitable Funds Committee	Enc No: 8.1
Author:	Paul Assinder, Chair of Committee	
Presenter:	Paul Assinder, Chair of Committee	
Date(s) of Committee Meetings since last Board meeting:	10th June 2024	

Action Required			
Decision	**Approval**	**Discussion**	**Received/Noted/For Information**
Yes☐No☒	Yes☐No☒	Yes☒No☐	Yes☒No☐

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	**MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY**
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
1. The Committee received a very satisfactory progress report on the use of charitable funds (NHS Charities grant) for Occupational Health 'health & Wellbeing Programme'. 2. The Committee received and noted details of charitable spend, totaling £50,359, under delegated authority by fund holders. 3. Increase in the book value of invested funds of £53,000 for the period to date.	Committee spending approvals (£5,000 > < £1m): 1. Palliative Care Fund -recliner chairs £28,080 2. Covid Funds – Tree of Life Statue £5,940 3. General Funds – ward TVs and mounts £13,444

Joint Provider Committee – Report to Trust Boards

Date: 21st June 2024

Agenda item: **Enc: 8.2**

TITLE OF REPORT:	Report to Trust Boards from the 21st of June 2024 JPC meeting.
PURPOSE OF REPORT:	To provide all partner Trust Boards with a summary of key messages from the 21st of June 2024 Joint Provider Committee.
AUTHOR(S) OF REPORT:	Sohaib Khalid, *BCPC Managing Director*
MANAGEMENT LEAD/SIGNED OFF BY:	Sir David Nicholson - *Chair of BC JPC & Group Chair of DGFT, SWBH, RWT, & WHT* Diane Wake - *CEO Lead of the BCPC*
KEY POINTS:	The Joint Provider Committee (JPC) was held, and was quorate with attendance by the Chair, all four Deputy Chairs, and two CEO's. Key discussion points included: a. A progress update from the BCPC CEO Lead with a particular focus on Breast and Pharmacy Clinical Network developments. b. Review of the updates and revisions to the draft Collaboration Agreement, highlighting the key changes that have been made c. Update on the preparations being made to progress with the Corporate Services Transformation work, which will proceed with greater pace following the General Election.
RECOMMENDATION(S):	The partner Trust Boards are asked to: a) **RECEIVE** this report as a summary update of key discussions on the 21st of June 2024 JPC meeting. b) **NOTE** the key messages, agreements, and actions in section 2 of the report.
CONFLICTS OF INTEREST:	There were no declarations of interest.
DELIVERY OF WHICH BCPC WORK PLAN PRIORITY:	The Joint Provider Committee oversees and assures progress against the agreed BCPC annual Work Plan, as outlined in schedule 3 of the Collaboration Agreement.
ACTION REQUIRED:	☒ Assurance ☐ Endorsement / Support ☒ Approval ☒ For Information
Possible implications identified in the paper:	
Financial	N/A
Risk Assurance Framework	The following agenda items have a potential risk implication: ▪ Corporate Services Transformation – require a clear plan of planned efficiency savings, productivity improvement, and resilience.
Policy and Legal Obligations	N/A
Health Inequalities	N/A
Workforce Inequalities	N/A
Governance	The following agenda item has a potential health inequalities implication: ▪ Collaboration Agreement – will require all partner Trusts to amend their Scheme of Reservation & Delegations (SORD) in due course.
Other Implications (e.g. HR, Estates, IT, Quality)	N/A

Black Country Provider Collaborative

NHS

1. PURPOSE

1.1 To provide all partner Trust Boards with a summary of key messages from the 21st June 2024 Joint Provider Committee.

2. SUMMARY

2.1 The Joint Provider Committee was held on the 21st of June 2024. The meeting was quorate with attendance by the Chair, two CEO's and all four of the Deputy Chairs.

2.2 The minutes of the previous meeting were accepted as an accurate record. The Action Log was reviewed, with a short discussion on better understanding preparation plans for the forthcoming MMUH opening. A focus on this item has been requested for the next JPC meeting.

2.3 The following is a summary of discussions with agreements noted:

a) **Items for Approval / Noting**

- **CEO Leads update report** – The JPC received an update report from the Chair of the Collaborative Executive, which highlighted:
  - Three proposals received from the Breast Clinical Network, which were reviewed and supported for progression. They will focus on progressing feasibility / option appraisals for a BC Radiology Alliance, Consolidation of Breast Units, and the establishment of a BC Breast Reconstruction Service, over the remainder of the 24/25 financial year.
  - The change in Pharmacy Aseptic regulations which will have a significant impact for Aseptic services across the Black Country. The Collaborative Executive supported some further feasibility work to present a proposed way forward for the Collaborative Executives consideration.

b) **Items for Discussion**

- **Collaboration Agreement** – The JPC received a draft of the revised and updated Collaboration Agreement. A number of additional schedules have now been incorporated with appropriate adjustments made to the main document.

  The JPC approved the changes subject to agreement by the Collaborative Executive at its next meeting. A short paper for all Trust Boards will be established highlighting the key updates and revisions and seek formal delegation approval through use of Annex A in Part 1 of Schedule 5.

- **Corporate Services Transformation** – The JPC received a further progress update on organising for delivery, with recruitment underway, programme delivery group meetings being established, benchmarking work being undertaken, and a general engagement presentation being developed. Work will proceed at pace following the 'purdah' period of the General Election, with JPC committed to the pursuit of a 'radical' approach to transformation, with all BCPC partner Trusts agreeing to a way forward.

c) Any Other Business

- There was no A.O.B.

3. REQUIRED ACTIONS

3.1 The partner Trust Boards are asked to:

a. **RECEIVE** this report as a summary update of key discussions at the 21st June 2024 JPC meeting.

b. **NOTE** the key messages, agreements, and actions in section 2 of the above report.

Walsall Healthcare NHS Trust

Report to the Group Trust Board Meeting to be held in Public
16th July 2024

Title of Report	Walsall Together Partnership Board	Enc No: 9.1
Author:	Rachael Gallagher, Personal Assistant, Walsall Together	
Presenter:	Professor Patrick Vernon, Chair of Committee	
Date(s) of Committee/Group Meetings since last Board meeting:	26th April 2024 19th June 2024	

Action Required of Committee/Group			
Decision	**Approval**	**Discussion**	**Received/Noted/For Information**
Yes☐No☒	Yes☐No☒	Yes☐No☒	Yes☒No☐
Recommendations: The Board is asked to note the contents of the report			

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	**MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY**
• A risk highlighted within the operational report details the overspend for the ICS service. The ICB and Local Authority teams note the overspend is a risk to service delivery and is being monitored in the appropriate forum. Partners are confident that the overspend will be mitigated for 24/25 due to an uplift in adult social care discharge funding. The Board will be kept updated on the risk. A panel has been established to review the service and identify if any efficiencies can be made. • WTPB is continually working on partnerships risks, this was noted by the Board and acknowledged that some of the resolutions are longer term and more strategically aligned to the partnership's ambitions.	• Current section 75 agreements between Walsall Council and Walsall Healthcare NHS Trust are being reviewed and a proposal for future arrangements is in development. • Board supported the Wave 2 Families First For Children Pathfinder work and the request to have reporting links to the partnership. • An integrated commissioning and transformation plan is in development across Walsall Together and the Place Integrated Commissioning Committee (PICC). Walsall will be the first Place to have an integrated plan of this kind, once approved.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• A board development session was held in June, reviewing the collective data and population insights and how this is used by the Partnership to a) identify priorities and b) monitor progress against those priorities • The partnership continues to work positively with the Integrated Care Board to progress delegation of responsibilities. The partnership	• April's staff/user story was presented by the local authorities Resilient Communities manager to illustrate the new VCSE locality model. Board agreed that the sector needs to be drawn on to progress the prevention agenda and needs to be considered in commissioning arrangements. • April's communications brief was approved to

recently presented to the ICB Board development session which exhibited the achievements as well as future potential of the Partnership. The ICB have refreshed the proposed Memorandum of Understanding between the ICB and place based partnerships and this is currently being considered.	be circulated across the partnership. A more concise brief was approved for June, recognising the pre-election restrictions in place.

The Royal Wolverhampton NHS Trust

Report to the Group Trust Board Meeting to be held in Public
16 July 2024

Title of Report	Exception Report from Integration Committee	Enc No: 9.2
Author:	Lisa Cowley, Chair, Integration Committee/Non-Executive Director	
Presenter:	Lisa Cowley, Chair, Integration Committee/Non-Executive Director	
Date(s) of Committee Meetings since last Board meeting:	May & June 2024	

Action Required			
Decision	**Approval**	**Discussion**	**Received/Noted/For Information**
Yes☐No☐	Yes☐No☐	Yes☒No☐	Yes☒No☐

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	**MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY**
• OneWolverhampton team capacity remains an area of concern both in relation to potential impact on OneWolverhampton progress and RWT stability due to employment of staff. • Right Care Right Place remains a potential emerging risk. This is being monitored by the Quality Committee. • Virtual Ward Technology procurement potential emerging risk, although assurance has been provided that the current technology provision is secured for 2024/5	• RWT and WHT have been exploring shared learning in relation to the development of Community Services. A discussion paper was tabled at the June committee meeting. There was a healthy discussion regarding the scale and scope of the opportunity and the committee were supportive of the executive team exploring potential for transformation opportunities being developed alongside the synergy and collaborative work. The committee encouraged the involvement of other key stakeholders in the development of proposals especially where there is opportunity for joint working or their involvement and input will be required for success.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• Place Based Performance metrics maintain a high level of performance • One Wolverhampton partnership continues to develop strongly, with further refinement of strategic priorities.	• A decision was made to stand down the July committee meeting to enable further review and discussion regarding the scope and purpose of the committee. A development session is planned to take place over the summer.

Report for the GroupTrust Board Meeting to be held in Public 16 July 2024		
Title of Report:	Group Director of Place	Enc No: 9.3
Author:	Stephanie Cartwright	
Presenter/Exec Lead:	Stephanie Cartwright	

Action Required of the Board/Committee/Group (Please remove action as appropriate)			
Decision	**Approval**	**Discussion**	**Other**
Yes☐No☐	Yes☐No☐	Yes☐No☐	Yes☐No☒

Recommendations:

The Board is asked to note the contents of the report, and in particular regard to the reduction in development funding for place based partnerships in the system and the consequential impact on the One Wolverhampton.

The Board is also asked to note the progress being made by both the OneWolverhampton and Walsall Together place based partnerships, and the recognition being received.

Implications of the Paper:			
Risk Register Risk	Yes ☐ No ☐ Risk Description: On Risk Register: Yes☐No☐ 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☐No☐ Risk Score (if applicable):		
Resource Implications:	Revenue: Capital: Workforce: The OneWolverhampton place based partnership team are hosted by Royal Wolverhampton NHS Trust. 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☒No☐	Details: eg. Well-led
	NHSE	Yes☒No☐	Details:
	Health & Safety	Yes☐No☐	Details:
	Legal	Yes☐No☐	Details:
	NHS Constitution	Yes☐No☐	Details:
	Other	Yes☐No☐	Details:
CQC Domains	**Safe: Effective: Caring: Responsive: Well-led:**		

Equality and Diversity Impact	Place based partnerships provide focus on reducing health inequalities.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☐No☐	Date:
	Board Committee	Yes☐No☐	Date:
	Board of Directors	Yes☐No☐	Date:
	Other	Yes☐No☐	Date:

Summary of Key Issues using Assure, Advise and Alert

Assure

Positive assurances & highlights of note for the Board/Committee

Both place based partnerships are receiving recognition for the work they are undertaking. The OneWolverhampton partnership has recently been awarded a Municipal Journal Award for health and care integration for the joint working on the place Winter Plan. Walsall Together, with the Black Country ICB, have received a HSJ Digital Award for the work on the Population Health Outcomes Framework.

The Walsall Together place based partnership presented to the ICB Board Development session at the beginning of June. The partnership were commended on their work and progress and will be sharing their journey and progress with the Dudley place based partnership at the end of July.

The Group Director of Place has also given presentations during June at the NHS ConfedExpo conference in Manchester, and the Health Partnerships Network in London.

Advise

Areas that continue to be reported on and/or where some assurance has been noted/further assurance sought

The ICB has recently refreshed the proposed Memorandum of Understanding (MOU) that is intended to be in place between the ICB and place based partnerships. The MOU will be taken through place based partnership Boards accordingly.

Alert

Matters of concerns, gaps in assurance or key risks to escalate to the Board/Committee

The ICB has recently confirmed its decision that there will be no development funds available to place based partnerships for 2024/25 due to system financial challenges. This has a particular impact on the OneWolverhampton place based partnership as the only place based partnership that does not receive funding from the ICB as part of its baseline. At the time of writing the report discussions are ongoing with the ICB therefore an updated position will be shared at the Board meeting.

Links to Trust Strategic Aims & Objectives	
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement • 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
Support our Colleagues	• 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
Improve the Healthcare of our Communities	• 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
Effective Collaboration	• 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

GROUP DIRECTOR OF PLACE REPORT

EXECUTIVE SUMMARY

This report provides a summary of the progress of place based partnerships and raises any items of importance with the Trust Boards.

The place based partnership in Wolverhampton has been established for 2 years and is called OneWolverhampton.

The place based partnership in Walsall has been established for 5 years and is called Walsall Together.

BACKGROUND INFORMATION

The OneWolverhampton place based partnership recently held a Board development session to agree three Board priorities for the partnership to deliver. The three priorities are as follows:

- Digital (incorporating data sharing)
- Integrated Neighbourhood Teams
- Prevention

A Board sponsor has been selected for each priority. The Living Well Strategic Working Group will be refreshed to take on a wider remit including prevention, a task and finish group will be established to develop Integrated Neighbourhood Teams and the Digital Enabling Group will be refreshed to focus on the Board priority.

The OneWolverhampton partnership were recently commended for their work by being awarded the Municipal Journal Health and Care Integration Award for their work on winter planning.

The Walsall Together place based partnership presented to the ICB Board Development session at the beginning of June. The partnership were commended on their work and progress and further conversations around place work and opportunities are in place. The partnership will also be sharing its journey and progress with the Dudley place based partnership at the end of July.

The Group Director of Place has also given presentations during June at the NHS ConfedExpo conference in Manchester, and the Health Partnerships Network in London.

Walsall Together are working with Local Authority and ICB commissioning colleagues to develop an Integrated Commissioning and Transformation Plan for the Walsall place. The plan will include agreed and aligned priorities for both commissioning and delivery. Walsall Together is also in the process of revising it's Strategy. The revised Strategy will be shared with Board in September 2024.

Walsall Together, along with the ICB, received a HSJ Digital Award for the Population Health Outcomes Framework in the category of Generating Impact in Population Health through Digital.

The ICB has recently confirmed its decision that there will be no development funds available to place based partnerships for 2024/25 due to system financial challenges. This has a particular impact on the OneWolverhampton place based partnership as this is the only place based partnership that does not receive funding from the ICB as part of its baseline. At the time of writing the report discussions are ongoing with the ICB therefore an updated position will be shared at the Board meeting.

The ICB has recently refreshed the proposed Memorandum of Understanding (MOU) that is intended to be in place between the ICB and place based partnerships. The MOU will be taken through place based partnership Boards accordingly.

Walsall and Wolverhampton community services are continuing with their collaboration work with initial focus on care co-ordination, stroke rehabilitation, therapy and virtual wards. A more detailed update on this work will be provided in September 2024.

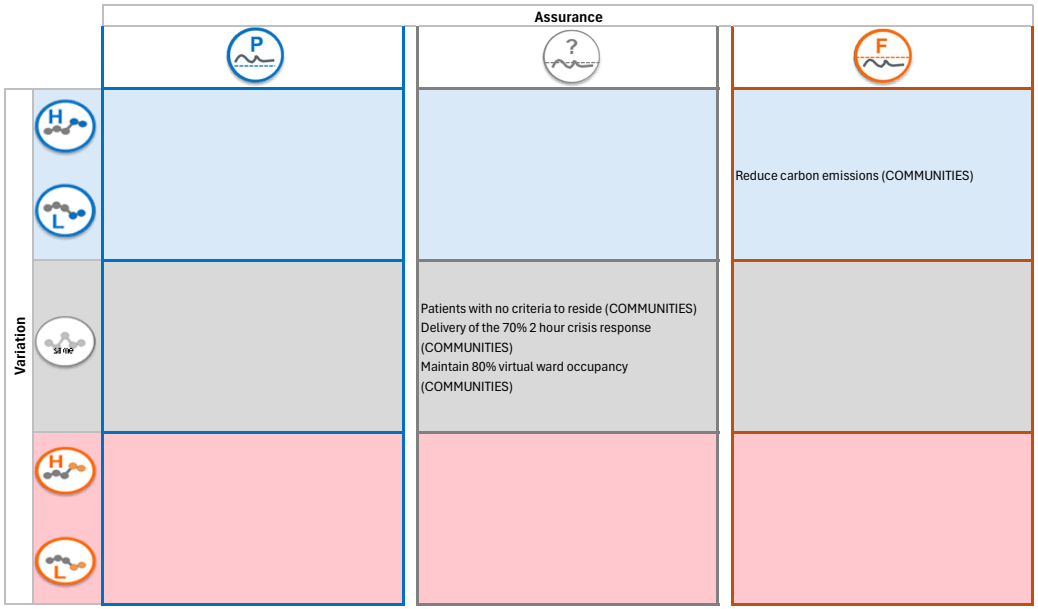
RECOMMENDATIONS

For Board to note the contents of the report and the verbal update that will be provided at the meeting in relation to funding for the OneWolverhampton place based partnership.

Any Cross-References to Reading Room Information/Enclosures: none

ENC 9.3: RWT Integration Committee Board Level Matrix & Dashboard (Communities)

The Royal Wolverhampton NHS Trust



The following metric is a qualitative measure and does not therefore lend itself to an SPC

Progress against workplan of the Health Inequalities Steering Group

How to Interpret SPC (Statistical Process Control) charts

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

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

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

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

Trust Board Metrics- COMMUNITIES Dashboard

The Royal Wolverhampton NHS Trust

KPI	Latest Month	Measure	Trajectory	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
RIT referrals received	May-24	1,438	N/A	N/A			1,225.0	888.0	1,561.9
RIT patients accepted and seen (actuals)	May-24	1,392	N/A	N/A			1,198.7	889.3	1,508.1
RIT number of patients sent to ED/admitted to hospital by RIT's	May-24	53	N/A	N/A			75.0	37.3	112.7
RIT % of referred patients who are sent to ED/admitted	May-24	3.81%	N/A	N/A			6.4%	3.4%	9.4%
RIT number of referrals from West Midlands Ambulance Service	May-24	106	N/A	N/A			63.6	22.4	104.8
Rapid response (initial)	May-24	1,378	N/A	N/A			1,073.3	761.5	1,385.0
Delivery of 70% 2 hour Crisis Response Standard	May-24	80.1%	>/=70%	>/=70%			75.6%	64.3%	86.9%
Virtual ward (initial)	May-24	345	N/A	N/A			231.4	141	321.8
Rapid access social care (initial)	May-24	63	N/A	N/A			65.6	34.9	96.3
Total number of referrals accepted	May-24	3,555	N/A	N/A			3007.8	2324.1	3691.4
Number signposted to ED	May-24	57	N/A	N/A			68.6	21.8	115.3
Number referred onto SDEC	May-24	26	N/A	N/A			68.4	0.0	136.7
Number referred on to community	May-24	2,959	N/A	N/A			2306.1	1605.4	3006.8
Number of referrals admitted to hospital	May-24	1	N/A	N/A			4.5	-6.4	15.4
Progress against workplan of the Health Inequalities Steering Group	Narrative response through QGAC								
Reduce carbon emissions by 10% by March 25, compared with 2020/21	2023/24	7.37%	10%	10%			7.4%	7.4%	7.4%
Maintain or reduce number of patients in hospital with no criteria to resid	May-24	92	N/A	89			91.2	41.0	141.3
Maintain 80% virtual ward bed occupancy	May-24	106.0%	80.0%	80.0%			108.5%	65.9%	151.1%

Key

Denotes board level metric

ENC 9.3: WHT Walsall Together Board Level Matrix & Dashboard (Communities)

NHS
Walsall Healthcare
NHS Trust

How to Interpret SPC (Statistical Process Control) charts

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

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

Dashboard metrics for the below objectives don't have enough data points to generate an SPC or are qualitative indicators which do not lend themselves to SPC's

Progress against workplan of the Health Inequalities Steering Group
Maintain or reduce number of patients in hospital with no criteria to reside

NHS
Walsall Healthcare
NHS Trust

Trust Board Metrics - COMMUNITIES Dashboard

KPI *(Metrics highlighted in BLUE are Trust Board Level Metrics)*	Latest month	Measure	Trajectory	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Urgent Crisis Response (UCR) - 2 Hour Response Rate	May 24	86.89%	70.00%	70%			83.72%	65.61%	101.83%
Virtual Ward - Average Occupancy (%)	May 24	62.00%	90.00%	90%			57.21%	44.94%	69.49%
Criteria to Reside - Percentage of beds occupied by patients no longer meeting the critera to reside	May 24	25.05%		15%					
Carbon Footprint - Reduction in the carbon footprint at WHT	Mar 24	4.30%		10%			4.30%		
Demonstrable progress against the workplan of the Heath Inequalities Steering Groups	In Development								

Footnotes

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

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

Care Colleagues
Collaboration Communities