

Bundle RWT/WHT Group Trust Board Meeting - to be held in Public

17 September 2024

- 1 10:00 - Chair's Welcome, Apologies and Confirmation of Quorum
Lead: Sir David Nicholson, Group Chair
Action: To note
Apologies Received:
Tracy Palmer Director of Midwifery RWT
Angela Harding Associate Non-Executive Director RWT
Additional Attendees:
Nikki Sheard-Johnson, for Patient Voice item
Katherine Cheshire, for RWT Midwifery report
Joselle Wright, for WHT Midwifery Report
Pauline Boyle
Alison Dowling
Amy Downward
Mark Ondrak

- 2 10:02 - Patient Voice - Walsall Healthcare NHS Trust
Lead: Sally Evans, Group Director of Communications and Stakeholder Engagement
Action: For information
<https://youtu.be/satcfgHogbA>
Attendees
Nikki Sheard-Johnson Care Group Manager WHT

- 3 10:17 - Register of Declarations of interests
Lead: Sir David Nicholson, Group Chair
Action: For Information and Assurance

- 4 Group Declarations of Interest Register - September 2024 v3
10:19 - Minutes of the Previous RWT/WHT Group Public Meeting of the Board of Directors held in Public on 16 July 2024
Lead: Sir David Nicholson, Chair
Action: For Approve
4. Final Draft of Minutes from Group Trust Board Meeting - held in Public 160724

- 4.1 10:21 - Board Action Points and Matters Arising and from the Minutes of the Board of Director Meeting held in Public on 16 July 2024
Lead: Chair Sir David Nicholson
Action: To Receive the Action Log and Note Updates
4.1 Board Action Points and Matters Arising and from the Minutes of the Board of Director Meeting held in Public on 16 July 2024

- 5 10:23 - Chair's Report – Verbal
Lead: Sir David Nicholson, Group Chair
Action: For Information and Assurance

- 6 10:28 - Group Chief Executive's Report and Board level Dashboard
Lead: Caroline Walker, Chief Executive Officer
Action: For Information, Assurance and Approve Terms of Reference for Trust Management Committee
6. CEO Trust Board report 17.09.24 (002)
6. Annex 1 RWT Trust Management Committee Terms of Reference v6.20 July 2024

6. Annex 1 - WHT Final Trust Management Committee Terms of Reference 2024 endorsed

- 7 Excel in the Delivery of Care (Section Heading)
- 7.1 10:33 - Group Finance & Productivity Committee (FPC) - Chair's Report
Leads
John Dunn, Deputy Chair/Chair Finance and Productivity Committee
Paul Assinder, Deputy Chair/Chair Finance and Productivity Committee
Action: For Discussion, Information, Assurance and approve Terms of Reference for FPC
7.1 Group FPC Board Committee Chairs Exception Report Aug 2024 amended
7.1 Group FPC Board Committee Chairs Exception Report July 2024
7.1 Annex 1 Group Finance Productivity Committee Terms of Reference v7 (002)
- 7.1.1 10:41 - Chief Operating Officers Reports for RWT & WHT and Performance Dashboard
Lead: Gwen Nuttall/Ned Hobbs
Action: For Information and Assurance
7.1.1 RWT Chief Operating Officers Report Public Board September 24
7.1.1 WHT Chief Operating Officers Report Public Board September 24
7.1.1 Annex 1 Trust Board Group Performance dashboard July 2024
- 7.1.2 10:49 - Group Chief Financial Officer Reports for RWT and WHT - Month 4
Lead: Kevin Stringer, Group Chief Financial Officer/ Deputy Group Chief Executive
Action: For Information and Assurance
7.1.2 Group Chief Financial Officer Reports for RWT and WHT – Month 4 - TB September 24
7.1.2 Annex 1 Group Chief Financial Officer Report Month 4 2024 - Public
- 7.2 10:57 - Audit Committee - Chair's Verbal Updates for RWT & WHT
Leads:
RWT: Julie Jones, Non-Executive Director/Chair Audit Committee RWT
WHT: Mary Martin Non-Executive Director/Chair Audit Committee WHT
Action: For Discussion, Information and Assurance
- 7.3 11:05 - Quality Committee (QC) - Chair's Report for RWT & WHT
Lead: Professor Louise Toner, Non-Executive Director/Chair of Quality Committee at RWT& WHT
Action: For Discussion, Information and Assurance
7.3 Quality Committee (QC) - Chair's Report for RWT & WHT.docx
- 7.4 11:13 - Chief Nursing Officer's Report by Exception
Leads:
RWT: Debra Hickman, Chief Nursing Officer
WHT: Lisa Carroll, Chief Nursing Officer
Action: For Discussion, Information, Assurance and Approve WHT Bi-Annual skill mix report
7.4 RWT Chief Nursing Officer Report August 2024 - july data V2
7.4 WHT Chief Nursing Officer Report September 2024
7.4 WHT Annex 1 Skill Mix Review June 2024 Public Trust Board September 2024
- 7.5 11:21 - Midwifery Services Reports by Exception for RWT & WHT
Leads: Debra Hickman and Lisa Carroll, Chief Nursing Officers at RWT and WHT
Presenters:
RWT: Katherine Cheshire RWT
WHT: Joselle Wright, Director of Midwifery, WHT
Action: For Information and Assurance
7.5 RWT Midwifery Services Report by Exception September 2024
7.5 WHT Midwifery Services Report by Exception September 2024
- 7.6 11:29 - COMFORT BREAK (10 mins)
- 7.7 11:39 - Chief Medical Officer Report by Exception for RWT & WHT

Leads:

RWT: Dr Ananth Viswanath, interim Chief Medical Officer

WHT: Dr Brian McKaig, Interim Chief Medical Officer

Action: For Discussion, Information, Assurance and Approve Annual Revalidation and Appraisal Statement of Compliance

7.7 RWT Chief Medical Officer report Public Board September

7.7 WHT Chief Medical Officer Report by Exception Public Board September 2024

7.7 Annex 1 RWT Annual Revalidation Statement of Compliance for Approval September 24

7.7 Annex 1 WHT RWT Annual Revalidation Statement of Compliance for Approval September 24

7.8 11:47 - Group Director of Assurance Report by Exception for RWT & WHT

Lead: Kevin Bostock, Group Director of Assurance

Action: For Information and Assurance

7.8 Group Director of Assurance Report by Exception - Public Trust Board 17 September 2024

8 Support our Colleagues (SECTION HEADING)

8.1 11:52 - Group People Committee (PC) - Chair's Report for RWT & WHT

Lead: Allison Heseltine & Junior Hemans, Non-Executive Directors and Chairs of the Group People Committee

Action: For Discussion, Information and Assurance

8.1 Group People Committee (PC) - Chair's Report for RWT & WHT September 24

8.2 12:00 - Group Chief People Officers Report and People Dashboard by Exception for RWT & WHT

Lead: Alan Duffell, Group Chief People Officer

Action: For Information and Assurance

8.2 Group Chief People Officers Report and People Dashboard by Exception for RWT & WHT

8.2 Annex 1 July 2024 Joint Exec Workforce Report v2.pptx

9 Effective Collaboration (SECTION HEADING)

9.1 12:06 - Charitable Funds Committee Chair's report

Leads:

RWT: Martin Levermore, Non-Executive Director/Chair Charity Committee RWT

WHT: Paul Assinder Non-Executive Director/Chair Charity Committee WHT - verbal update

Action: For Discussion, Information and Assurance

9.1 RWT Charity Committee Chairs Exception Report August 2024

9.2 12:14 - Black Country Provider Collaborative - Joint Provider Committee Update

Leads

RWT: John Dunn, Deputy Chair

WHT: Paul Assinder, Deputy Chair

Action: For Discussion, Information and Assurance

9.2 BC JPC - Report to Trusts Boards - 19th July 24 - Draft

10 Improve the Health of our Communities (Section Heading)

10.1 12:19 - Walsall Together Chair's Report

Lead: Stephanie Cartwright, Group Director of Place

Action: For Information and Assurance

10.1 Walsall Together Partnership Board Chairs Exception Report

10.2 12:24 - Integration Committee Chair's Report

Lead: Lisa Cowley, Chair Integration Committee

Action: For Information and Assurance

10.2 Exception Report from Integration Committee September 24

10.3 12:29 - Group Director of Place Report by Exception for RWT & WHT

Lead: Stephanie Cartwright, Group Director of Place
Action: For Information , Assurance and Approve Health and Inequalities Strategy

10.3 Group Director of Place Report by Exception September 2024

10.3 Annex 1 Joint Health Inequalities Strategy cover report

10.3 Annex 1 Health Inequalities Strategy 2023 - 2027 v0.3

11 12:37 - Any Other Business

Lead: Sir David Nicholson, Group Chair

Action: For Information

12 12:41 - Questions Received from the Public

13 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.

14 12:46 - Date and Time of Next Meeting 19 November 2024 at 10:00 am

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
Ananth Viswanath	Acting Chief Medical Officer	Nil Declaration		
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
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 Nicholson 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	Loyalty 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
Fiona Frizzell (was Allinson)	Associate Non-Executive Director	Outside Employment	Family and community engagement lead	NICHE Health and social Care Consulting Limited

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
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 Association (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	Trustee, Director and Managing Committee member of this	Foundation for Professional in Services for Adolescents (FPSA)
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

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 (Ended contract 30 June 2024)	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 (Ended contract 30 June 2024)	Chief Medical Officer	Loyalty Interests	(Ended December 22) - Executive Member Association	Early Pregnancy Units UK
Manjeet Shehmar (Ended contract 30 June 2024)	Chief Medical Officer	Loyalty Interests	(Ended December 22) - Company Director	Company Director Association of Early Pregnancies Units
Manjeet Shehmar (Ended contract 30 June 2024)	Chief Medical Officer	Outside Employment	Private Practice	Little Aston Hospital Spire
Manjeet Shehmar (Ended contract 30 June 2024)	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
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
Sally Rowe (Ended contract 31/7/24)	Associate Non-Executive Director	Outside Employment	Independent chair, Birmingham Council Children's Services	Birmingham City Council
Sally Rowe (Ended contract 31/7/24)	Associate Non-Executive Director	Outside Employment	Improvement Advisor, Swindon Council Childrens Services	Department of Education, Swindon council
Sally Rowe (Ended contract 31/7/24)	Associate Non-Executive Director	Outside Employment	Independent Chair, Peterborough Council Childrens Services	Peterborough City Council
Sally Rowe (Ended contract 31/7/24)	Associate Non-Executive Director	Outside Employment	Keeping Bristol Safe Partnership Independent Chair and Scrutineer	Peterborough City Council
Sally Rowe (Ended contract 31/7/24)	Associate Non-Executive Director	Outside Employment	Director	Inspired Improvement Limited

**MEETING OF THE GROUP TRUST BOARD MEETING –held in Public
TUESDAY 17TH JULY 2024 AT 10:00AM
GTG WEST MIDLANDS, WV11 3SZ**

PRESENT

Members

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

Sir D Nicholson	Group Chair
Mr P Assinder	Deputy Chair/Non-Executive Director, WHT
Ms R Barber	Associate Non-Executive Director, WHT
Mr K Bostock	Group Chief Assurance Officer
Ms L Carroll	Chief Nursing Officer, WHT
Lord Carter	Specialist Advisor to the Board, RWT
Ms S Cartwright	Group Director of Place
Ms L Cowley	Group Non-Executive Director
Mr U Daraz	Associate Non-Executive Director, RWT
Mr A Duffell	Group Chief People Officer
Mr J Dunn	Deputy Chair/Non-Executive Director, RWT
Mr S Evans	Group Chief Strategy Officer
Ms S Evans	Group Director of Communications and Stakeholder Engagement
Ms F Frizzell	Associate Non-Executive Director, WHT
Ms A Harding	Associate Non-Executive Director, RWT
Mr J Hemans	Non-Executive Director, WHT
Ms A Heseltine	Non-Executive Director, RWT
Ms D Hickman	Chief Nursing Officer, RWT
Mr N Hobbs	Chief Operating Officer/Deputy Chief Executive WHT
Ms J Jones	Non-Executive Director, RWT
Prof M Levermore	Non-Executive Director, RWT
Dr B McKaig	Interim Chief Medical Officer, WHT
Ms O Muflahi	Associate Non-Executive Director, WHT
Ms G Nuttall	Chief Operating Officer/Deputy Chief Executive RWT
Dr J Odum	Group Chief Medical Officer
Ms S Rowe	Associate Non-Executive Director, WHT
Mr K Stringer	Group Chief Financial Officer/ Group Deputy Chief Executive
Prof L Toner	Group Non-Executive Director
Ms C Walker	Group Interim Chief Executive

In Attendance

Mr K Wilshere	Group Company Secretary
Ms J Toor	Senior Operational Coordinator, WHT
Ms E Stokes	Senior Administrator (Minutes), WHT
Ms O Powell	Senior Administrator, RWT
Ms S Raza	Lead Freedom to Speak Up Guardian RWT & WHT
Ms J Wright	Director of Midwifery, WHT
Ms T Palmer	Director of Midwifery, RWT
Dr J Tinsa	Member of the Public
Mr T Nash	Communications Officer, RWT & WHT
Mr P Jenkins	Senior Report, Express and Star
Mr S Stringer	Transformation Team Specialist, ERGEA UK
Ms D Gaun	Account Director, Liaison Group
Mr R Purewal	Senior Healthcare Director – C2-Ai.com – Precision Healthcare

Apologies

Prof P Vernon	Chair, Walsall Together
Ms M Martin	Non-Executive Director, WHT
Ms D Brathwaite	Non-Executive Director, WHT
Dr G Pickavance	Associate Non-Executive Director, RWT

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The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust

001/24	<p>Chair's Welcome, Apologies and Confirmation of Quorum</p> <p>Sir David welcomed everyone to the inaugural meeting of the Group Trust Board Meeting, held in public, and apologies were received and noted.</p> <p>Sir David advised that the Group Trust Board had been formed following a 2-year journey of collaboration, integration and joint working across The Royal Wolverhampton NHS Trust (RWT) and Walsall Healthcare NHS Trust (WHT). He said that Executive and Non-Executive Directors across both Trusts continued to work together and that the long term solution was to have a single healthcare solution for patients in Walsall and Wolverhampton. He said that until this happened, they would continue to meet as a combined Board and advised that the Committees of the Board were also working increasingly more together.</p> <p>Sir David welcomed back Mr Wilshere, Group Company Secretary who had recently returned from a leave of absence.</p> <p>Sir David announced that Ms Rowe had had taken the decision to not renew her NED tenure at WHT, to allow her more time to spend with her family and would be leaving at the end of July 24. He said Ms Rowe had recently retired from her long and distinguished career within social care and on behalf of the Board he thanked her for her service and the skills and expertise she had provided to the Board.</p> <p>Sir David confirmed the meeting as quorate. Resolved: that the Group Trust Board Meeting held in public be confirmed as Quorate.</p>
002/24	<p>Register of Declarations of Interest</p> <p>Sir David requested for any further declarations of interest to be received that were not already included within the register of interests. Resolved: that the Register of Declarations of Interest be received and noted that there were no further declarations of interest declared that were not already included within the Register of Interests.</p>
003/24	<p>Minutes of the Previous Trust Board Meetings held in Public</p> <p>Sir David approved the minutes of the meeting held on 14 May 2024 for RWT as an accurate record.</p> <p>Sir David approved the minutes of the meeting held on 15 May 2024 for WHT as an accurate record. Resolved: that the minutes of the previous meetings held 14 May 2024 for RWT and 15 May 2024 for WHT be received and APPROVED.</p>
004/24	<p>RWT & WHT Board Action Points and Matters Arising</p> <p>Sir David confirmed that there were no outstanding actions or further matters arising for RWT or WHT and the group action log was received and noted. Resolved: that any updates to the Group Action Log and Matters Arising be received and noted.</p>
005/24	<p>Chair's Report – Verbal</p> <p>Sir David reported that 2024 would be a crucial year for both The Royal Wolverhampton NHS Trust (RWT) and Walsall Healthcare NHS Trust (WHT) due to the immense pressures that had been placed on the National Health Service (NHS) regarding the financial envelope that Trusts were expected to operate within. He said the Group Board would need to remain cited on the financial and clinical risks that had been identified.</p> <p>Sir David advised that following the election of the Labour Government in July 24, there would be changes to the NHS throughout 2024/25. He said the new Secretary of State for Health and Social Care had commissioned an audit of the NHS, which would be led by Lord Darzi, to gain a factual position of the NHS and a baseline from which to move forward. He reported that the audit had already begun which would support to form a 10-year development plan for the NHS. Sir David reported that the Government had commissioned an Inquiry into the future of social care, which would help to develop a long-term and sustainable approach to how the NHS handled health and social care, and that the findings would be shared over a period of 24 months.</p> <p>Sir David said the Government was cited on winter pressures and urgent and emergency care and work would continue to ensure the NHS was in the right place to deal with the oncoming pressures for this winter.</p> <p>Sir David advised that under the new Labour Government there would be increased emphasis on community, primary care and prevention which aligned with the Group Board's overall approach to Community First and the fantastic work undertaken by One Wolverhampton and Walsall Together. He said the Government had proposed that the proportion of investment between hospitals and community would shift in favour of hospital and primary</p>

	<p>care. He stated that waiting lists and access to elective care were priorities for the Government. Sir David reported that the NHS would also prioritise performance management and that the environment that Executive Directors were operating within would not ease over the coming 12 months to ensure that responses to NHS England (NHSE) and the Care Quality Commission (CQC) were completed accordingly.</p> <p>Resolved: that the Chair’s verbal report be received for information and assurance.</p>
006/24	<p>Group Chief Executive’s Report</p> <p>Ms Walker assured the Board of patient safety and dignity within urgent and emergency care (UEC) services across The Royal Wolverhampton NHS Trust (RWT) and Walsall Healthcare NHS Trust (WHT) and said that patient care had not been compromised despite busy and pressurised services. She said there were clear standard operating procedures in place for when services were under extreme pressure including actions to be taken if corridor care was required.</p> <p>Ms Walker reported that RWT and WHT had been issued with undertakings letters from their Regulators in relation to financial performance and the requirement for RWT and WHT to improve financial performance and their deficit plan. She said updates would be provided at future Group Trust Board meetings as work progressed against the delivery of the financial plan.</p> <p>Ms Walker said that she had met with several members of staff, external stakeholders and partners since taking on the role of Interim Group Chief Executive in May 24. She said she had seen staff at both Trusts demonstrating the behavioural framework and she had felt very welcomed by all staff she had met.</p> <p>She reported on examples of both Trusts delivering great care to patients internally and externally through the community. She said she had been extremely impressed by the UEC pathways across both Trusts and these had been the best that she had seen throughout her career and that relationships and collaborative working with their respective Local Authorities was impressive.</p> <p>Ms Walker advised that both Trusts Place-based partnerships, One Wolverhampton and Walsall Together had been receiving recognition for their work.</p> <p>Ms Walker reported on the work across RWT and WHT to continue to improve cancer performance.</p> <p>Ms Walker reported that RWT and WHT needed to continue to put forward their submissions for a fair share of capital to be able to refresh and develop wards and departments that required updating and to focus on health equality too.</p> <p>Ms Walker said that the combining of RWT and WHT to a Group Trust Board would help to eliminate duplication and promote further joint working.</p> <p>Mr Assinder said that RWT and WHT had both worked well at a system level and with communities and system partners. He asked how Ms Walker would measure performance through harder targets and cooperatively across systems. Ms Walker said that it would be a balance with everyone working in more integrated way to benefit staff and patients and that they should continue doing the things that they were doing well but within the current financial restraints.</p> <p>Ms Walker reported that there were good relationships within the Integrated Care System (ICS) but these could be further improved and resource utilisation would continue to be reviewed. Sir David said that community engaged primary care was also important.</p> <p>Resolved: that the Group Chief Executive’s Report be received for information and assurance.</p>
007/24	<p>Annual Freedom to Speak Up – Group Board Report for RWT & WHT</p> <p>Sir David welcomed Ms Raza to the meeting. Ms Raza advised that The Royal Wolverhampton NHS Trust (RWT) and Walsall Healthcare NHS Trust (WHT) individual Freedom to Speak Up 2023-24 Annual Reports had been reviewed and discussed at the Group People Committee meeting on 28 June 24. She reported that the Freedom to Speak Up (F2SU) service had seen an increase in the number of concerns raised and the number of staff utilising the service. She said the increase in concerns had related to negative behaviours, bullying and harassment at both RWT and WHT which coincided with an upward trend nationally. Ms Raza advised that the introduction of the behavioural framework and uptake of the Civility and Respect training alongside F2SU training was aimed at addressing the raised concerns across RWT and WHT and that there had been a positive response received following the launch of the behavioural framework.</p>

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Ms Raza asked that the Group Board continued to ensure they completed the required F2SU training.

Ms Raza advised that Black, Asian and Minority ethnic (BAME) staff and staff from protected characteristics faced barriers when raising concerns and were therefore less likely to raise concerns. She said a recruitment drive to employ a diverse group of FTSU champions from RWT and WHT was underway to understand the needs of staff and remove barriers.

Ms Muflahi asked if there had been any triangulation between RWT and WHT data with the Workforce Race Equality data that had been recently published. Ms Raza reported that information was triangulated with Equality, Diversity and Inclusion (EDI) colleagues and work continued to progress.

Ms Raza reported that a small number of staff at RWT and WHT had reported detriment after raising a concern and there was no system in process at RWT or WHT to monitor detriment effectively. She said a key area of focus for 2024/25 would be to ensure any areas of detriment were addressed.

Ms Muflahi asked if there would be a focussed piece of work on the Nursing and Midwifery and detriment within that workforce. Ms Raza advised that the F2SU team worked closely with the Chief Nursing Officers and the Directors of Midwifery across both Trusts to ensure focus groups and forums for the Nursing and Midwifery workforce and student nurses. She said the F2SU team were trying to engage staff so that when concerns were raised the suitable solutions and actions were visible.

Prof Toner asked if there had been a previous process in place to monitor detriment. Ms Raza reported that the F2SU team were reviewing staff exit interviews to highlight any specific reasons for staff leaving and were also working alongside Unison colleagues to utilise any information. She said the National Guardians Office were reviewing nationally and regionally the opportunity to implement a policy on detriment that could be rolled out across RWT and WHT.

Ms Raza advised that RWT and WHT would need to increase consistency in providing feedback to staff who had raised concerns to ensure the feedback loop was closed with the appropriate follow up of actions and this would be a key area of improvement for 2024/25.

Mr Dunn asked if there was any further support the Group Board could provide to the F2SU team. Ms Raza advised that the F2SU team were planning a Joint Board Development Session and requested Board members attended the session alongside completing the Speak Up, Listen Up and Follow Up Training.

Sir David thanked Ms Raza for attending and said it was important for more staff to feel able to speak up and to get the training right and people engaged.

Resolved: that the Annual Freedom to Speak – Group Board Report for RWT & WHT be received for information and assurance.

EXCEL IN THE DELIVERY OF CARE (SECTION HEADING)

008/24 Finance & Productivity Committee (FPC) Chair Reports for RWT & WHT

Mr Dunn advised that the Finance and Productivity Committees (FPC) at RWT and WHT had combined to form a Group FPC from July 2024 and going forward the Group Board would receive Group Chair reports for FPC. He reported on Month 2 for RWT and said RWT was on track from a performance and finance perspective and RWT's emergency department performance had been good.

Mr Dunn reported that 65-day cancer waits remained a concern for RWT and that RWT's Quality Committee would continue to address these concerns with a comprehensive delivery plan. He advised that there had been numerous business cases presented to RWT FPC during July 24, and the recommendations had all been through the required due diligence. He said there had been an extraordinary RWT FPC meeting held to review the Solar Farm which was the largest in the United Kingdom and the first within the National Health Service (NHS) and which would generate savings of £500k a month for RWT. He said the investment would bring many benefits.

Sir David praised the extraordinary development of the Solar Farm which he said was environmentally friendly and would also generate savings for RWT.

	<p>Mr Dunn reported that the RWT FPC had reviewed RWT's Referral to Treat (RTT) pathways and whilst there had been improvements to long waiters, they needed to increase their focus on outpatients and reducing waiting lists. Mr Dunn said that the Trust would need to further manage their bank and agency staff and increase productivity to deliver their financial plan.</p> <p>Sir David advised that the Trust needed to work towards being able to deliver 18-week waiting times and to continue to significantly reduce waiting lists within outpatients.</p> <p>Mr Dunn advised that RWT FPC had requested that a review take place to evaluate if further bank payment savings could be achieved. He said the FPC had requested a plan to address substantive staffing reduction and RWT had £16m of unidentified further productivity.</p> <p>Mr Assinder reported on Walsall Healthcare NHS Trust's Month 2 position. He advised that the WHT FPC had received a briefing of the Digital Strategy on 4 July 24 from Mr Bruce, Group Director of Digital Technology as this was essential to WHT working more efficiently in the future.</p> <p>Mr Assinder advised that WHT continued to perform amongst the best urgent and emergency care (UEC) units across the Country and remained within the top quartile of the league tables. He reported that elective recovery performance was strong despite lost activity due to industrial actions.</p> <p>Mr Assinder advised that waiting times within diagnostic services had been of concern to WHT FPC and the Committee continued to monitor endoscopy and cardiac measurement services where staffing issues had resulted in increased waiting times. He said WHT FPC had taken a key interest in the mitigation strategies used to successfully mitigate the key areas.</p> <p>Mr Assinder reported that WHT had performed well financially in Quarter 1 and were £200k better than planned performance within the first 2 months of 2024/25.</p> <p>Mr Assinder advised that WHT was facing a 6.6% efficacy ask for 2024/25, and that as they prepared to move into the pressurised winter period, work would continue to deliver against the financial plan.</p> <p>Mr Assinder reported that WHT FPC was working alongside colleagues across the system to monitor the potential impact of the opening of the Midland Metropolitan Hospital (MMUH) in October 24. He said the opening of MMUH was positive for the patients of the Black Country, however several discussions were taking place with system partners regarding the potential implications of MMUH opening.</p> <p>Resolved: that the Finance & Productivity Committee (FPC) Chair Reports for RWT & WHT be received for Discussion, Information & Assurance.</p>
009/24	<p>Group Chief Financial Officer's Report for RWT & WHT - Month 2 report</p>
	<p>Mr Stringer reported that a £120m plan had been submitted across the Integrated Care System (ICS) which had not been accepted by NHS England (NHSE) who had asked for a reduction to c£90m. He said discussions were ongoing against the achievability of this throughout 2024/25. He said that the RWT and WHT combined proportion was a £78m deficit with a £25m deficit for WHT and £53m for RWT. Mr Stringer advised that these figures could reduce as more allocation was provided throughout 2024/25.</p> <p>Mr Stringer reported the Group (RWT and WHT) revenue turnover position for Month 2 as £237m and said the Group was £200k ahead of plan at the end Month 2. He said income was slightly overachieving on the Elective Recovery Fund (ERF) and the efficiency plan was on target for Month 1 and 2. He reported that the efficiency waste reduction plan for the Group in aggregate was c£96m against a turnover of £1.4b.</p> <p>Mr Stringer advised that the Group was a part of a deficit Integrated Care Board (ICB) system which had taken a 10% cut to the capital programme and that they would work with partners to ensure money was spent well. He said major planned capital schemes remained on plan which included the 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 and building safety maintenance work.</p> <p>Mr Stringer reported that RWT and WHT were in deficit and would require cash support during 2024/25 and advised that the NHSE had indicated that the Black Country ICB could receive a further c£90m of cash during</p>

	<p>2024/25 but this was yet to be received.</p> <p>Mr Stringer advised that due to the scales of efficiencies required to deliver the deficit plan in 2024/24 there were risks to delivery which included delivering the identified efficiency schemes and the cost of industrial action that had been navigated through in Month 3.</p> <p>Mr Stringer provided the Month 3 position and advised that against a turnover of £350m, at the end of June 2024, the Group had a £100k surplus with the revenue position holding and cost improvement plan (CIP) on target.</p> <p>Mr Hemans noted that each division had been tasked with developing plans for the achievement of delegated reduction targets and queried the timescale of these plans and whether meeting targets for delivery would become more difficult during Q3-4. Mr Stringer advised that plans focused on the unidentified elements and there was no specific timeline for this scheme of work as the Group would work through this throughout 2024/25. He said that plans would continue to be monitored through the Group Finance and Productivity Committee advised that corporate teams were also part of this challenge.</p> <p>Sir David said that the ICB team had been asked for their view on when Trusts could be expected to start to deliver on their 18 week waiting times again. He agreed that they need to focus on significantly reducing their outpatient waiting lists whilst also starting to deliver on 18 week waiting times.</p> <p>Sir David said that the CIP ask was a difficult ask across the System which was partly due to not delivering as a system what they had said they would deliver last year. He said they would need to think about the links to the financial position and the staffing plan.</p> <p>Sir David asked the Group Board that if they had any feedback on the nature and style of reports presented at the meeting for FPC, that these be shared with Mr Dunn, Mr Assinder and Mr Stringer.</p> <p>Resolved: that the Group Chief Financial Officer's Report for RWT & WHT - Month 2 report be received for information and assurance.</p>
010/24	<p>Audit Committee - Chair Reports for RWT & WHT</p>
	<p>Ms Jones advised that the June 24 RWT Audit Committee (AC) had reviewed the external and internal audit work that had been completed for 2023/24. She said KPMG had completed a final external audit before their contract expired and they were replaced with Grant Thornton and in line with the current financial situation KPMG had provided RWT a higher than usual rating against the financial statements being incorrect which had led to further audit work having to be undertaken. She said that RWT had received an unqualified audit opinion from KPMG with no material adjustments that required reflection which provided assurance on the financial statements and provided the assurance that the numbers that the Group Trust Board were being presented with were materially correct.</p> <p>Ms Jones advised that an internal audit review of the Board Assurance Framework (BAF) had been given a substantial opinion which had provided assurance of RWT's ability to manage strategic risks.</p> <p>Ms Jones reported that the Data Security and Protection Toolkit (DPST) had received a complete green opinion in 2023/24 and had reflected the increased engagement of staff over data security.</p> <p>Ms Jones advised that RWT AC had approved the internal audit plan for 2024/25.</p> <p>Mr Assinder reported that WHT had received a clean and qualified audit report from Mazars on the 2023/24 annual accounts and report and the external auditor's representation letter had been approved for signature by the Chief Executive Officer.</p> <p>Mr Assinder advised that WHT had received a Head of Internal Audit opinion for 2023/24 which was above the line assurance which provided WHT with assurance that the quality of financial and supporting data being used to report through to the Group Trust Board was robust and reliable.</p> <p>Mr Assinder reported that the BAF was an important tool for the Audit Committee and WHT's process for approval of changes to the BAF had been debated at length following which the WHT AC had recommended that the risk appetite be revisited and that the Group Trust Board participate in a workshop to work on the Board Assurance Framework. He said that WHT AC had requested that the Group Trust Board provide clarity regarding</p>

	<p>changes to the BAF being approved by subcommittees.</p> <p>Mr Assinder reported that WHT AC had approved the internal audit plan for 2024/25 which would be shared with the auditors for RWT to promote joint working.</p> <p>Mr Assinder advised that WHT AC had commissioned a report on the DPST work as WHT was not currently fully compliant and work would continue to be monitored through WHT AC.</p> <p>Resolved: that the Audit Committee – Chair Reports for RWT & WHT be received for Discussion, Information and Assurance.</p>
011/24	Quality Committee (QC) - Chair's Reports for RWT & WHT
	<p>Prof Toner reported that RWT remained in Tier 1 scrutiny due to some cancer metrics with urology and gynaecology as 2 of the most challenging tumour sites.</p> <p>Prof Toner advised on the challenges in RWT diagnostics but said that improvements had been evident in some areas. She reported that histopathology services continued to experience the most significant delays.</p> <p>Prof Toner reported that the stroke related metrics at RWT had identified inaccuracies in the data relating to Transient Ischaemic Attack (TIA) and the data continued to be reviewed. She said RWT had received notification of being an outlier for Stroke Summary Hospital-level Mortality Indicator (SHMI) in the years 2021-2023 which had improved significantly.</p> <p>Mr Hemans asked if RWT had a clearer picture of the inaccuracies in the data, following the review. Dr McKaig advised that the metric that was found to be irregular was access to the TIA clinic which had identified a lack of clinical engagement that had been required and this had since been rectified. He said RWT were assured that the data received throughout 2024 was robust and the figures continued to significantly improve. Prof Toner advised that the Terms of Reference had been agreed for an external review to be conducted by Kings College, London and it was anticipated that this work would not commence until after summer 24. She said stroke scrutiny would be reviewed in detail.</p> <p>Prof Toner reported that RWT Quality Committee (QC) had received a detailed Health Inequalities report that contained information to inform RWT processes and referred to digital access as an example, where pregnant women were now booking at 10 weeks and said this had potential to improve outcomes for women and babies.</p> <p>Prof Toner advised that the audit review of the RWT Board Assurance Framework (BAF) and RWT Maternity Services Single Delivery Plan had provided substantial assurance for the Group Trust Board.</p> <p>Prof Toner reported that RWT was reporting the achievement of the 108 Data Protection Security Toolkit (DPST) standards.</p> <p>Prof Toner advised that the acuity of women birthing at RWT had increased with a high number of women requiring elective and emergency caesarean sections as well as a high number of women requiring induction. She said there were robust processes in place and RWT QC would continue to monitor the situation.</p> <p>Dr Daraz asked when the outcome of the deep dive into breast cancer metrics would be reported to the Group Trust Board. Ms Nuttall advised that the deep dive had been requested as per the Tier 1 scrutiny process that had taken place with NHS England (NHSE) and the Regional and National teams. She said the deep dive was underway into the pathways across all breast cancer service metrics and would be completed by the end of July 24.</p> <p>Prof Toner reported that cancer and urgent and emergency care performance continued to perform well within WHT. She said there was capacity within the Virtual Ward and plans were underway to increase usage. Prof Toner advised that Hollybank House and the Palliative Care Centre had relocated back to their locations.</p> <p>Prof Toner reported that WHT's Still Birth and Perinatal Mortality rate had improved for the 3rd month running.</p> <p>Prof Toner advised that a survey had been conducted with medical staff regarding statutory Duty of Candour which had identified that 96% of respondents felt they had a knowledge gap in this area and therefore further work was being conducted with the quality assurance team.</p>

	<p>Prof Toner reported that WHT had been asked by the Integrated Care Board (ICB) for access to the live data related to incidents. She said following discussions it had been agreed that this information would not be shared as information input onto the live register was possible to change once the incident had been reviewed and the correct situation recorded. Sir David asked if the ICB had specified why they needed access to the data. Mr Bostock advised that the ICB had made the request under the replacement for National Patient Safety Incident Reports (NRLS) which was a system that took data live from the point it was input onto the system without any validation and all 4 Trusts across the Black Country had decided to not permit access. He said this did not mean that the ICB could not have access in the future but at this moment it was not the appropriate time.</p> <p>Ms Barber asked how the impact of increasing Multi-Agency Safeguarding Hub (MASH) referrals on the Safeguarding team were being monitored. Ms Carroll advised that WHT had seen a monthly increase in MASH activity which was impacting the safeguarding team. She said this had been escalated to the ICB who had requested a review and WHT would provide detailed information to the ICB to understand what resources were required. Ms Carroll reported that WHT had 2 safeguarding nurses in post who were required to review all MASH referrals to understand the required level of risk intervention.</p> <p>Resolved: that the Quality Committee (QC) – Chair Reports for RWT & WHT be received for Discussion, Information and Assurance.</p>
012/24	<p>Chief Nursing Officer Reports by Exception</p>
	<p>Ms Hickman reported that RWT was awaiting Secretary of State sign off on the confirmation of Infection Prevention (IP) reportable targets. She advised that RWT had undergone a neonatal peer review that had had been requested to focus on IP and the draft review report had been received and returned with no concerns highlighted from the peer review of the Black Country.</p> <p>Ms Hickman reported that the RWT Infection Prevention and Control (IPC) 2023/24 Annual Report had been signed off by RWT Quality Committee and was presented to the Group Trust Board for approval.</p> <p>Ms Hickman advised that RWT was keeping dialogue open with Higher Education Institutions (HEIs) and Education Establishments to further support newly qualified outturn in September 24. She said RWT were working collaboratively across the Black Country to ensure there were available positions in the acute sector, community sector or local authority.</p> <p>Ms Carroll reported that the WHT IPC 2023/24 Annual Report was presented to the Group Trust Board for approval following sign off by the relevant sub-committees ahead of publication on the WHT Trust website. Ms Carroll advised that WHT had reported 16 cases of <i>C-Difficile</i> for 2024/25 with 6 cases reported in the month of May 24. She reported this as a concern for WHT as the Trust had seen an increase in numbers from the previous year 2023/24 and said that the increase in <i>C-Difficile</i> cases was being reported regionally. She said that the deep clean programme had been established and continued to progress.</p> <p>Ms Carroll advised of the discussions with Higher Education Institutions (HEIs) and students to identify suitable posts for them when they qualified in September 24. She said she had met with level 3 students who were due to qualify at a WHT celebration event and the Trust was working to ensure they could offer them Band 5 nursing roles once they had qualified.</p> <p>Resolved: that the Chief Nursing Officer Reports by Exception be received for information and assurance. Resolved: that the RWT IPC 2023/24 Annual Report be received and approved. Resolved: that the WHT IPC 2023/24 Annual Report be received and approved.</p>
013/24	<p>Midwifery Services Reports by Exception for RWT & WHT</p>
	<p>Ms Palmer reported that RWT had received substantial assurance from the internal audit regarding the Perinatal Directorates governance of the 3 Year Single Delivery Plan (SDP) implementation. She said RWT continued to report perinatal deaths to Mothers and Babies: Reducing Risk Through Audits and Confidential Enquiries across the UK (MBBRACE) in line with the Maternity Incentive Scheme (MIS).</p> <p>Ms Palmer advised that RWT remained at a score of 24.0 on The Maternity Regional Heatmap that was used to identify any deterioration or improvements in services. She said The Maternity Regional Heatmap had been discussed in detail at RWT Quality Committee meetings and the data had been scrutinised.</p> <p>Ms Palmer reported that RWT had received the final Thematic Review of Stillbirths report from the Local Maternity and Neonatal System (LMNS) that had taken place from April – September 23. She said a series of recommendations had been made and were under review by the Directorate and collectively through the LMNS.</p>

Ms Wright advised that WHT had maintained Clinical Negligence Scheme for Trusts (CNST) position for 4 years which had resulted in the Trust securing £486k.

Ms Wright reported that the WHT Perinatal data set surveillance continued to be completed monthly. She advised that WHT's perinatal mortality rate remained stable, and a decrease had been noted in February 24, which had been a result of work across a number of fields which included focused work on Health Inequalities and supporting women affected by the cost of living. Ms Wright reported that she had worked closely with Ms Cartwright and Walsall Together to identify areas for improvement.

Ms Wright reported that 3 cases had been reported to MNSI and 1 case had been referred to MBRACCE.

Ms Wright advised that there was ongoing work at WHT regarding culture within the maternity units of perinatal services. She said this was a part of the National Perinatal Culture Leadership Programme that had been introduced to ensure safety was being implemented throughout Trusts.

Ms Wright reported that Perinatal Mortality Review Tool (PMRT), Saving Babies Lives Reviews and Avoiding Term to Neonate (ATAIN) all demonstrated that the morbidity underlying overall mortality was progressing in the right direction at WHT.

Ms Wright advised that WHT had completed the ICB Thematic Review Gap analysis and any concerns that had been highlighted continued to be addressed.

Ms Wright reported that 70% of women within WHT were of a certain ethnic minority group with 50% of women from a south Asian background. She said following a review it had been identified that the Trust's maternity workforce was not completely representative of the population it served, and work was underway to ensure WHT was more representative of its' population. She said that an illustration of WHT students and staff numbers representing WHT outpatients would be provided within her report to the Group Board in September 24 as well as to the WHT Quality Committee.

Ms Harding queried if WHT had asked patients their view on the importance of being cared for by staff of the same ethnic background. Ms Wright advised that these conversations were ongoing as there had been mixed evidence that women wanted to receive care from staff of the same ethnic background. She said some women did not wish to be treated by staff of the same ethnicity in fear of their medical history being shared amongst the community. Ms Palmer advised that RWT had spoken with women attending community hubs and the concerns surrounding birth trauma and the importance of having a member of staff available that could speak the same language.

Mr Bostock asked if WHT had met with surrounding universities to ensure the flow of the right ethnic backgrounds were being attracted into the profession. Ms Wright advised that conversations had taken place with Birmingham City University (BCU), Staffordshire and Wolverhampton University to ensure there was no form of unconscious bias and ensure correct representation on the recruitment panels as well as service user representation on student panels.

Ms Wright advised that WHT was compliant with the Single Delivery Plan and a Service Delivery Plan Progress Update had been submitted to the LMNS for assurance.

Ms Muflahi asked if the birth trauma action plan and perinatal culture leadership action plan would proceed through to the Quality Committee at RWT and WHT. Ms Wright and Ms Palmer advised that they had followed through to the respective Quality Committees.

Resolved: that the Midwifery Services Reports by Exception for RWT & WHT be received for information and assurance.

The Board convened for a 10-minute break at 11:24AM.

014/24 **Chief Medical Officer Reports by Exception for RWT & WHT**

Dr Odum advised that Dr Shehmar had left her position as Chief Medical Officer (CMO) at WHT to take up the role as CMO at Nottingham University Hospital Trust. He thanked Dr Shehmar on behalf of the Group Trust Board for her work and dedication to patients during her time as CMO at WHT.

Dr Odum reported that following Dr Shehmar's departure, interim arrangements had been made and Dr McKaig had been appointed as interim CMO at WHT and Dr Viswanath as the interim CMO at RWT. He said substantive recruitment for the CMO role at WHT had been successful following a stakeholder panel and interview process on 9 July 24. He advised that the appointed individual had accepted the role and the HR process had commenced.

Dr Odum advised that RWT Summary Hospital-level Mortality Indicator (SHMI) was .95 with further work ongoing for mortality in RWT and WHT.

Dr Odum reported that RWT remained compliant with the 4 priority standards of the seven-day service requirements.

Dr Odum advised that the transition of the Clinical Research Network (CRN) to the Regional Research Delivery Network (RRDN) was in progress and would conclude in October 24 and there were some final structure changes being made regarding personnel.

Dr Odum reported that Mental Health had been a challenge across RWT and WHT in response to the Responsible Clinician arrangements being finalised. He said this had been discussed at length with the Mental Health Trust CMOs and Chief Nursing Officers and the management of patients detained under the Mental Health Act within acute trusts was on track to be resolved.

Dr McKaig advised that WHT remained a negative outlier for colorectal cancer outcomes, and this would be externally reviewed by the Royal College of Surgeons following agreement of the Terms of Reference and the review which scheduled for September 24. He said an improvement programme was in place and the identified metrics had begun to improve.

Dr McKaig reported that WHT had received a Tier 1 Quality Assurance visit from the University of Birmingham in March 24. He said WHT and the Academy had been highly commended as an exemplar place to train with high student satisfaction.

Dr McKaig advised that the 7-day Service Standards were audited in April 24 and a report had been presented to the WHT Quality Committee identifying actions for 2 un-met standards in place.

Resolved: that the Chief Medical Officer Reports by Exception for RWT & WHT be received for information and assurance.

015/24 **Group Chief Assurance Officer's Report by Exception for RWT & WHT**

Mr Bostock advised that the Group Chief Assurance Officer's Report by Exception for RWT & WHT covered by exception regulatory, legal and compliance matters for the period 1 April 24 – 30 June 24. He reported that the RWT and WHT Board Assurance Framework (BAF) had been returned with substantial assurance by the internal auditors. Sir David asked that a session on the BAF be scheduled for the Group Trust Board at a future Joint Board Development.

ACTION: Following Sir David's request for a development session on the Board Assurance Framework, Mr Bostock agreed to schedule this for a future Joint Board Development Meeting.

Mr Bostock advised that in March and April 2024, the Health and Safety Executive (HSE) had undertaken a detailed assessment of the provision of safe systems of work and their effectiveness at WHT, with focus on the management of risk from the occurrence of violence and aggression and musculoskeletal disorders. He said WHT had received confirmation from the HSE that no action was required for WHT. Mr Bostock reported that the HSE inspectors had been made aware that Health and Safety at RWT was under the same leadership as WHT and it was anticipated that an impending inspection at RWT would now be less likely following the assurance provided from the WHT visit.

Mr Bostock reported that the Patient Safety Incident Response Framework (PSRIF) was in a cycle of initial training with 2 separate patient safety incident response plans for RWT and WHT which would be combined form a unified plan.

Mr Bostock advised that the Care Quality Commission (CQC) had carried out an assessment of the complaints management process at WHT and the Emergency Department using the recently introduced assessment

	<p>framework. He said WHT had not yet received the findings report but no material concerns had been raised during the process.</p> <p>Mr Bostock reported that the 2024 update to the Fit and Proper Persons had been implemented and the annual returns to NHS England (NHSE) had been submitted on time for RWT and WHT.</p> <p>Mr Bostock advised that RWT and WHT had submitted their annual Data Security and Protection Toolkit (DPST) at the end of June 24. He said RWT had submitted a self-assessment of standards met and WHT submitted a self-assessment of standards not met due to 2 items being unable to achieve the 'met' status. Mr Bostock reported that the 2 unmet standards related to departmental plans for business continuity and data held in third party systems and there were plans in place to rectify both items.</p> <p>Resolved: that the Group Chief Assurance Officer's Report by Exception for RWT & WHT be received for information and assurance.</p>
016/24	<p>RWT Chief Operating Officer's Report by Exception - Capital Update on Reinforced Autoclaved Aerated Concrete (RAAC)</p>
	<p>Ms Nuttall provided an update on RWT's plan to remove the Reinforced Autoclaved Aerated Concrete (RAAC) from the main outpatient building at New Cross Hospital. She said RAAC had been identified in 2023 following a request to inspect all hospital sites and services and internal and external experts had confirmed that the building was safe to use in the meantime.</p> <p>Ms Nuttall advised that RWT had secured National funding to replace the roof where RAAC was present, and work had been completed to identify alternative locations to decant outpatient services from RWT. She said the decant locations were undergoing remedial works to ensure they were fit for purpose and work would be complete by July 24.</p> <p>Ms Nuttall reported that the tender process to replace the roof was ongoing and was being led by the Head of Capital Estates. She said that the careful removal of the RAAC material in the roof space would 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 25. She advised that the decant process from the outpatients building would commence in September 24 and reported that 3,000 patients pass through the outpatients building in a single week. She said that a significant communications exercise was ongoing with Ms Evans, to ensure that patients were informed on the alternative locations across the site that they would be required to attend.</p> <p>Ms Harding asked if RWT had completed a specific assessment on the impact of decanting and the risk this could have with increased outpatient activity. Ms Nuttall said the decant process had provided the option to review and redesign the outpatient opportunities by using the patient initiated follow up and patients were being contacted so that the impact on patients moving could be reduced.</p> <p>Resolved: that the RWT Chief Operating Officer's Report by Exception – Capital Update on Reinforced Autoclaved Aerated Concrete (RAAC) be received for information and assurance.</p>
	<p>SUPPORT OUR COLLEAGUES (SECTION HEADING)</p>
017/24	<p>Group People Committee (GPC) Chair's Report for RWT & WHT</p> <p>Mr Hemans reported that the 1st Group People Committee (GPC) had taken place on 28 June 24 and said that this provided the Committee with oversight of the RWT and WHT workforce, financial and quality information to enable the Committee to be cited on the challenges that were imminent across both Trusts.</p> <p>Mr Hemans advised that the GPC had been informed that the British Medical Association (BMA) was in process of formally balloting General Practices (GPs) for collective action and the ballot would close on 29 July 24. He said the Committee had been cited on the impact this would have on hospital services and GP practices should industrial action be confirmed. He reported that the Doctors in Training 5-day strike was due to end on 2 July 24 and the Committee was cited on ensuring the improvement of working lives for doctors in training.</p> <p>Mr Hemans advised that the NHS Review Body had not yet announced the 2024/25 pay . He said the impact of the delay would affect staff in the lowest pay points and this would continue to be monitored.</p> <p>Mr Hemans reported that RWT and WHT were within plan at the end of Month 2 against the 2024/25 workforce plan. He advised that GPC were looking to develop a quality set of metrics for staff engagement to ensure that the effect of any changes being implemented were monitored.</p> <p>Ms Heseltine reported that GPC had taken part in the scrutiny of the WHT and RWT annual reports.</p>

	<p>Ms Heseltine advised that data the Group Committee was now receiving matched the data received at the Group Finance and Productivity Committee (FPC).</p> <p>Mr Dunn queried where RWT and WHT were at Month 1 and 2 following the synchronisation of People and Finance data. Mr Duffell advised that upon review of RWT and WHT progress against the workforce trajectory, both Trusts were aligned for FPC and GPC and identical reports would be presented to both Committees as this would determine how RWT and WHT could engage with staff and improve the overall morale of the Trusts.</p> <p>Ms Heseltine reported that there were potential risks emerging surrounding salary sacrifice and further clarity on the risks would be shared at future Group Trust Board meetings when known.</p> <p>Resolved: that the Group People Committee (PC) – Chair’s Report for RWT & WHT be received for Discussion, Information and Assurance.</p>
018/24	<p>Group Chief People Officer's Report by Exception for RWT & WHT</p>
	<p>Mr Duffell reported that RWT were performing well against the 6 key metrics with 4 metrics within target. He said the 2 metrics outside of the target were appraisal compliance and vacancy levels that continued to increase in accordance with the robust vacancy management processes that were in place with divisional and executive level sign off-of posts before they were advertised.</p> <p>Mr Duffell advised that sickness absence rates were above target at WHT, and actions had been put into place. He said there had been requests for sickness absence reduction plans to be developed and presented to the Group People Committee (GPC) for assurance.</p> <p>Mr Assinder said that RWT and WHT were entering a challenging period for workforce management as departments within the Trusts grew but workforce collectively reduced to support a declining financial space. He said this raised questions around the fluidity of the workforce and the Trust’s ability to retrain staff quickly and asked what was being done to mitigate these issues. Mr Duffell advised that RWT and WHT recognised that nursing staff had all been through the same standardised qualified training but there were variations between different departments and if there became a point where staff were required to be redeployed there would need to be focus on the education requirements.</p> <p>Mr Dunn asked if there were clear plans in place to ensure there were available roles for the student nurses who were coming to the end of their training. Ms Carroll reported that RWT and WHT had asked all students that were due to qualify in September 24 on their preferred department to work and said that if there was availability they would be allocated to their preferred location. She said she was working alongside divisional directors of nursing to ensure that as vacancies became available, they were reviewed and held to begin the process of allocating them to student nurses.</p> <p>Mr Dunn asked how many student nurses would be expected to join RWT and WHT following qualification in September. Ms Carroll advised that at WHT there would be 40 students that would qualify in total with 25 students qualifying by September 24. Ms Hickman reported that there would be 95 students in total that were due to qualify with 47 students on track to qualify in September 24. She said that as not all available posts were suitable for a newly qualified nurse, a review would be required to identify where was most appropriate for a newly qualified nurse to be based so that they received the correct support. She said RWT and WHT were reviewing rotation options to ensure that if nurses did not secure their preferred departments, they were able to learn valuable skills and learning within another department.</p> <p>Sir David asked how RWT and WHT were managing the workforce to reduce bank and agency utilisation and continuing to support staff and whether the Trusts were on a sustainable trajectory. Mr Duffell advised that it was difficult to coordinate the objectives throughout 2024/25 and that executive and divisional leadership continued to review the progress monthly alongside the Group People Committee. He reported that RWT had successfully reduced bank and agency usage and WHT had reduced substantive levels and their net position was on target for the first 2 months.</p> <p>Mr Duffell said that Mr Hobbs and Ms Nuttall were central to reviewing the work required to meet the workforce challenges across RWT and WHT.</p> <p>Ms Muflahi said that student nurses wanting to return to RWT and WHT for substantive roles was an indicator of</p>

	<p>the positive culture they had been exposed to and the training received and said the same had been seen in Midwifery services.</p> <p>Resolved: that the Group Chief People Officer's Report by Exception for RWT & WHT be received for information and assurance.</p>
	EFFECTIVE COLLABORATION (SECTION HEADING)
019/24	Charitable Funds Committee Chair Reports for RWT & WHT
	<p>Prof Levermore thanked the RWT Charitable Funds Committee staff for their commitment and acknowledged the hard work undertaken by Trust volunteers. He advised that RWT had received over £200k worth of new income for 2024/25.</p> <p>Prof Levermore reported that RWT Charitable Funds Committee had concluded that there needed to be a more rigorous process in place before business cases were submitted to the Committee as without certain information, Committee members were unable to make considered decisions. Ms Evans advised that the Committee was working alongside the Charity finance team to review and update the checklist that all business cases would need to proceed through.</p> <p>Mr Assinder advised that there had been a great programme of fundraising activities at WHT alongside a steady stream of donations. He said the WHT charity was vibrant and continued to generate new income. He reported that stakeholders at WHT were being reminded to spend funds received creatively. He said some of the funds received had strict conditions applied to them and WHT had unspent funds that had been received during Covid-19. He said that WHT Charitable Funds Committee had been reviewing how to spend the funds within the objectives of the allocation.</p> <p>Mr Assinder advised that the Committee had agreed on the Tree of Life Statue in recognition of the members of staff and patients who had sadly lost their lives during the Covid-19 pandemic. He reported that WHT had received money from NHS Charities for the wellbeing and recovery of staff following Covid-19, however they did not have information on the benefits realisation as the Committee would allocate the money but not always follow up and review how the money had been spent.</p> <p>Mr Assinder reported that WHT had changed investment brokers, and the Committee was seeing good performance on their investment portfolio with a £53k increase in the book value of invested funds.</p> <p>Ms Cowley asked if RWT and WHT required a more robust grant strategy and a review of where funds were not being spent and were being redesignated. Mr Assinder advised that WHT had concluded that where departments were not spending allocated funds, these were pursued to discuss the opportunities of grouping funds.</p> <p>Ms Evans advised that both RWT and WHT charities continued to encourage spend and review alternative grant options and money that had been left unspent for a prolonged period. She said both RWT and WHT charities continued to work closely within the communities and had received positive feedback. She reported that The Royal Wolverhampton Charity had recently launched a new website to help encourage local support.</p> <p>Resolved: that the Charitable Funds Committee Chair Reports for RWT & WHT be received for information and assurance.</p>
020/24	Black Country Provider Collaborative - Joint Provider Committee Update
	<p>Mr Dunn reported on the Joint Provider Committee meeting held on 21 June 24 and advised that a further meeting had been scheduled for 19 July 24. He said the meeting held on 21 June 24 had featured updates from Black Country Provider Collaborative Chief Executive Officer and that the Collaborative Agreement had been reviewed and approved.</p> <p>Mr Dunn reported that the Joint Provider Committee had been updated on the preparations being made to progress with the Corporate Services Transformation work and the Joint Provider Committee had reported that there needed to be further work presented relating to the scope and likely benefits.</p> <p>Resolved: that the Black Country Provider Collaborative – Joint Provider Committee Update be received for information and assurance.</p>
	IMPROVE THE HEALTH OF OUR COMMUNITIES (SECTION HEADING)
021/24	Walsall Together Chair's Report
	<p>Ms Cartwright advised that the Integrated Care Board (ICB) and Local Authority were in discussions regarding the overspend for the Integrated Care System (ICS) during 2023/24. She said partners were confident that the overspend would be mitigated for 2024/25 due to an uplift in adult social care discharge funding and a panel had</p>

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	<p>been established to review the service and identify if any efficiencies could be made.</p> <p>Ms Cartwright reported that Walsall Together had been successful in being awarded the Families First for Children pathfinder.</p> <p>Ms Cartwright advised that an integrated commissioning and transformation plan was in development across Walsall Together and the Place Integrated Commissioning Committee (PICC) which she said reflected the maturity of the Walsall Together partnership.</p> <p>Ms Cartwright reported that a board development session had been held in June 24 with the ICB and work was underway alongside Dudley Group NHS Foundation Trust (DGFT) and the development of their partnership.</p> <p>Ms Cartwright advised that Walsall Together were working with ICB colleagues on the final iteration of the Memorandum of Understanding (MoU) and highlighted the delegated position regarding responsibilities.</p> <p>Ms Cartwright reported that work had been undertaken with the resilient communities to highlight the increased use of the voluntary sector and work on the prevention agenda.</p> <p>Resolved: that the Walsall Together Chair's Report be received for information and assurance.</p>
022/24	<p>Integration Committee Chair's Report</p>
	<p>Ms Cowley advised of concerns regarding the capacity of the One Wolverhampton team as several of the team members had shared roles across One Wolverhampton and RWT.</p> <p>Ms Cowley reported that a report had been shared with the Integration Committee to highlight the shared learning in relation to the development of community services. She said the Integration Committee were supportive of exploring potential for transformation opportunities and shared learning and involvement of stakeholders.</p> <p>Ms Cowley advised that a decision had been made to stand down the July 24 Integration Committee meeting to enable further review and discussion regarding the scope and purpose of the Committee. She said that she had undertaken 1:1 meetings with Committee members and a development session had been planned to take place in August 24.</p> <p>Resolved: that the Integration Committee Chair's Report be received for information and assurance.</p>
023/24	<p>Group Director of Place Report by Exception for RWT & WHT</p>
	<p>Ms Cartwright reported on the recognition that One Wolverhampton and Walsall Together continued to receive and advised that One Wolverhampton had been awarded the Municipal Journal Health and Care Integration Award for their work on winter planning. She said Walsall Together alongside the Black Country Integrated Care Board (ICB) had received the Health Service Journal (HSJ) Digital award for the Population Health Outcomes Framework.</p> <p>Ms Cartwright advised that the ICB had confirmed there would be no development funds available to Place based partnerships during 2024/25 due to system financial challenges. She said this would impact One Wolverhampton as it was the only Place-based partnership which did not receive funding from the ICB as part of its' baseline. Ms Cartwright reported that discussions continued and she was assured of a resolution to this matter.</p> <p>Sir David queried the scale of the risk regarding the One Wolverhampton partnership. Ms Cartwright advised that One Wolverhampton would be short of £125k in funding.</p> <p>Ms Cowley asked how the £125k compared to the other investments that were in other Place-based partnerships. Ms Cartwright advised that there were significant differences which was due to historical arrangements in place. She said there was an intention to bring parity to all Place-based partnership funding but this would not be reviewed until 2025/26. Ms Cartwright advised the required funding was likely to come from the other Place-based partnerships.</p> <p>Ms Cartwright reported that One Wolverhampton had held a development session to agree three board priorities for the partnership to deliver and advised these as digital (incorporating data sharing and technology enabled care), integrated neighbourhood teams and prevention. She said these were also the top priorities the new Secretary of Health had made for the NHS. She said a board sponsor had been selected for each priority to ensure work was progressing at pace.</p>

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	<p>Ms Cartwright reported that the Joint Health Inequalities strategy would be presented to the Group Trust Board in September 24 following presentation at RWT and WHT Trust Management Committees in July 24.</p> <p>Resolved: that the Group Director of Place Report by Exception for RWT & WHT be received for information and assurance.</p>
024/24	Any Other Business
	<p>Sir David asked that Group Trust Board Members remain seated after the meeting had concluded to allow Mr Nash, Communications Officer to photograph the 1st Group Trust Board meeting and attendees.</p>
025/24	Questions Received from the Public
	<p>Sir David welcomed Dr Tinsa, member of the public, who had attended the meeting. He advised that Dr Tinsa had previously provided a set of written questions to the RWT Trust Board Meeting held in Public on 14 May 24 and that due to a misunderstanding, these questions had not been raised directly during the meeting and a written response had instead been provided to Dr Tinsa following that meeting.</p> <p>Sir David advised that Dr Tinsa had since raised further queries to the responses he had received and RWT were in the process of responding back to Dr Tinsa via letter with the answers he required. He said that Dr Tinsa had an additional question to those previously raised and asked Dr Tinsa to raise this question.</p> <p>Dr Tinsa queried the excess number of deaths caused by strokes over the last 2 years and asked if this was something the public should be concerned about. He said he had no confidence in Dr McBride, as the medical lead for the stroke unit and felt that the public had received limited information to the reasoning behind the increase in deaths caused by strokes. Dr Tinsa advised that he had visited the stroke unit at RWT on 15 July 24 and that the staff on duty were unaware that there were excess deaths occurring within their unit.</p> <p>Dr McKaig advised that the mortality index for stroke for 2021-2023 was identified as an outlier and not within the expected range of the mortality index and there were more deaths than had been expected. He said mortality statistics alone indicated that there were possible issues but there were several other metrics that flowed alongside the mortality statistics.</p> <p>Dr McKaig reported that during the period referred to by Dr Tinsa, external reviews had been undertaken and none of the reviews had identified any particular problems with care of individual patients. He said as part of this process a Quality Improvement Programme had been put into place to improve areas which included earlier access to thromboembolism, more time spent on the stroke unit, earlier investigations and the adoption of technology that included using artificial intelligence for CT scanning.</p> <p>Dr McKaig reported that following the implementation of the Quality Improvement Programme there had been improvements identified in The Sentinel Stroke National Audit Programme (SSNAP) audit metrics and a reduction in mortality. He said following a recent alert regarding the data from 2021-2023, improvements had been identified and there were always opportunities to improve services further. Dr McKaig said the external review from the Royal College of Surgeons would highlight whether the Quality Improvement Programme that was in place was sustainable and providing the support required and what further opportunities RWT may have regarding the increase in the number of strokes being identified within the population. He said RWT saw over 1200 stroke patients per year within the hyperacute stroke unit.</p> <p>Dr McKaig said that RWT recognised the impact a stroke had on patient families and carers and RWT would continue to strive to further improve services.</p>
026/24	Resolution
	<p>The Board to resolve to invite the Press and Public to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960.</p> <p>Resolved: that the resolution be APPROVED.</p>
027/24	Date and Time of Next Meeting: Tuesday 16 July 2024
	<p>Sir David confirmed the date and time of the next meeting as Tuesday 17th September 2024 - (10:00AM-12:30PM).</p>



5 September 2024 12:41

Enc 4.1

List of action items

Agenda item	Assigned to	Deadline	Status	
RWT/WHT Group Trust Board Meeting - to be held in Public 16/07/2024 6.8 Group Chief Assurance Officer's Report by Exception for RWT & WHT				
1919.	ACTION: Following Sir David's request for a development session on the Board Assurance Framework, Mr Bostock agreed to schedule this for a future Joint Board Development Meeting.	● Bostock, Kevin	17/09/2024	■ Completed
<p><i>Explanation action item</i></p> <p>Mr Bostock advised that the Group Chief Assurance Officer's Report by Exception for RWT & WHT covered by exception regulatory, legal and compliance matters for the period 1 April 24 – 30 June 24. He reported that the RWT and WHT Board Assurance Framework (BAF) had been returned with substantial assurance by the internal auditors. Sir David asked that a session on the BAF be scheduled for the Group Trust Board at a future Joint Board Development.</p> <p>ACTION: Following Sir David's request for a development session on the Board Assurance Framework, Mr Bostock agreed to schedule this for a future Joint Board Development Meeting.</p> <p>UPDATE: The item has been scheduled for the Joint Board Development Session taking place 17 December 2024</p>				
<p><i>Explanation Bostock, Kevin</i></p> <p>Scheduled for December 2024.</p>				

Tier 1 - Paper ref:	PublicTB (09/24) Enc 6
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Report title:	Group Chief Executive's Report
Sponsoring executive:	Caroline Walker, Group Chief Executive
Report author:	Gayle Nightingale Directorate Manager to the Group Chief Executive
Meeting title:	Group Trust Board
Date:	17 September 2024

1. Summary of key issues <i>two or three issues you consider the PublicTB should focus on in discussion]</i>
<p>I am pleased to advise you that Walsall Healthcare NHS Trust (WHT) has been nominated for two HSJ awards: Performance Recovery Award for Urgent and Emergency Care and Early Intervention and Prevention for Children, Young People and Families Award for the ACE Asthma Model in Walsall Together with Walsall Housing Group.</p> <p>I would like to draw your attention to the metric dashboard for both Trusts within my report, the details of which will be discussed under the standard Executive Team members updates.</p> <p>Attached are both RWT and WHT Trust Management Committees (TMC) Terms of Reference (TOR) for approval.</p>

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

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

4. Recommendation(s)
The Public Trust Board is asked to:
a) Note the contents of the report
b) To approve the RWT and WHT TMC – Terms of Reference

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

WHT Board Assurance Framework Risk NSR106	<input type="checkbox"/>	<i>Equality, Diversity, and Inclusion (incorporating Staff, Patients and Population Health)</i>
Corporate Risk Register [Datix Risk Nos]	<input type="checkbox"/>	
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

Group Board/Committee

Report to the Public Trust Board on 17 September 2024

Group Chief Executive's Report

EXECUTIVE SUMMARY

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

BACKGROUND INFORMATION

As follows

RECOMMENDATIONS

To note the report.

1.0	<u>Consultants</u>
	<p>There has been eight Consultant Appointments since 25 July 2024:</p> <p>WHT No Consultant appointments were made during this period.</p> <p>RWT <u>Emergency Medicine</u> Dr Ahamed Hussain Muaadh Seyed Shahul Hameed</p> <p><u>Palliative Care</u> Dr Laura Dewhirst</p> <p><u>Paediatrics – Emergency Medicine</u> Dr Lucine Nahabedian Dr Daniel Il Rark Son</p> <p><u>Renal</u> Dr Mubarakali Nisarhusein Janmohamed Dr Nadezhda Wall</p>

	<p><u>Anaesthetist</u> Dr Victoria Millington</p> <p><u>Radiology</u> Dr Mert Sirakaya</p>
2.0	<u>Policies and Strategies approved</u>
	<p>Policies for RWT - July 2024</p> <ul style="list-style-type: none"> • Policies, Procedures, Guidelines and Strategies Update Report • CP11 - Resuscitation Policy • CP53 - Safeguarding Adults at Risk Policy • IP01 - Hand Hygiene Policy • MP09 – Electronic Prescribing and Medicines Administration (ePMA) Policy • OP52 - Patient Identification for Adults and Paediatric Inpatients and Day Case Units Policy • OP110 - PREVENT Policy <p>Policies for WHT - July 2024</p> <ul style="list-style-type: none"> • Policies, Procedures, Guidelines and Strategies Update Report • HR31 - Capability Policy • IP1032 - Clostridioides Difficile (C.Difficile) Policy • Standard Operating Procedure (SOP) – Management of Non-Medical Clinical Bank • Water Safety Plan
3.0	<u>Visits and Events</u>
	<ul style="list-style-type: none"> • Continued with the weekly RWT and WHT Executive Team meetings to discuss key challenges, concerns and prioritises for the week ahead. I have also held Joint WHT and RWT monthly Executive Team meeting to consider issues that could have a material effect on both Trusts and agree a plan of action. • I have also participated in the following meetings: • 27 June 2024 - chaired the WHT - Trust Management Committee (TMC) and undertook a Walsall Hospital site visit to the Patient Advice and Liaison Service (PALs) and General Office • 28 June 2024 – chaired the RWT – Trust Management Committee (TMC) • 1 July 2024 - participated in a Black Country Provider Executive Committee • 2 July 2024 – participated in a Joint RWT and WHT Staff webinar on Role Modelling our Listening Behaviour and participated in a Black Country System Chief Executives meeting • 4 July 2024 – met with Pat Usher, WHT Staff-side Lead • 5 July 2024 – met with Eleanor Morris, RWT Lead Freedom to Speak-Up (FTSU) Guardian • 8 July 2024 – met with Mark Ondrak, RWT Staff-side Lead and undertook an RWT site visit to the IT Department • 9 July 2024 - participated in a Joint WHT and RWT Non-Executive Directors (NEDs) Briefing and held the WHT Chief Medical Officer interviews

- 10 July 2024 – participated in a Black Country Quarterly System Review meeting and undertook an RWT site visit to Occupational Health and HR Departments
- 11 July 2024 - participated in the WHT - Local Negotiating Committee (LNC) and participated in a Walsall: Social Care and Health Overview and Scrutiny Committee
- 12 July 2024 – participated in an NHS Regional RWT and WHT Oversight and Assurance meeting
- 15 July 2024 - chaired the Group Joint Partnership Board (HR) and met with Sohaib Khalid, Managing Director – Black Country Provider Collaborative (BCPC)
- 16 July 2024 – participate and held our first Joint WHT and RWT Group Trust Board and participated in a Black Country System Chief Executives meeting
- 17 July 2024 - met with Mark Axcel, Chief Executive – Black Country Integrated Care Services (ICS)
- 18 July 2024 – met with Diane Wake, Chief Executive – Dudley Groups of Hospitals NHS Foundation Trust and met with Aileen Farrer, Manager and Ross Nicklin, Chair – Healthwatch Walsall
- 19 July 2024 – met with John Dunn, Deputy Chair – RWT and participated in a Joint Black Country Provider Committee
- 22 July 2024 – undertook site visits to RWT Finance, Payroll and Information Departments, presented an RWT Exceeding Expectation Award to Margaret Cooper, Catering Assistant and met Stacey Lewis, Service Manager and Mandy Poonia, Chair – Healthwatch Wolverhampton
- 23 July 2024 – undertook a WHT site visit with Dr Nuhu Usman, Deputy Medical Director to the Emergency Department (ED) and Acute Medical Unit (AMU), chaired virtual WHT Staff Briefing and participated in a Black Country Corporate Services Transformation Delivery Group meeting
- 24 July 2024 - participated in a regional meeting with Chief Executives, led by Dale Bywater, Regional Director – Midlands – NHS Improvement/ England, gave a speech at the RWT Princes Trust 10th Anniversary Celebration and participated in an NHS England (NHSE) RWT – Tier 1 Cancer meeting
- 25 July 2024 – chaired the WHT Trust Management Committee (TMC), undertook WHT site visits to the Finance and Procurement Departments and chaired a RWT Staff Briefing
- 26 July 2024 – chaired the RWT Trust Management Committee (TMC)
- 30 July 2024 – undertook site visits to WHT Charity and Communication Departments, met with Shabina Raza, WHT Lead Freedom to Speak-Up (FTSU) Guardian and participated in a Black Country System Chief Executives meeting
- 31 July 2024 - undertook RWT site visits to the Charity and Communication Departments, participated in the RWT Quality meeting and undertook site visits to the Quality Improvement (QI) and Performance Departments
- 1 August 2024 – met with Pat Usher, WHT Staff-side Lead and undertook a site visit with Dr Nuhu Usman, Deputy Medical Director to Paediatrics and Gynaecology Departments
- 5 August 2024 – undertook a site visit with Gwen Nuttal, Chief Operating Officer/ Deputy Chief Executive - RWT of Cannock Chase Hospital and participated in a Senior Leaders webinar chaired by Amanda Pritchard, Chief Executive – NHS England (NHSE)
- 7 August 2024 - participated in an NHS England (NHSE) RWT – Tier 1 Cancer meeting
- 9 August 2024 – met with Eleanor Morris, RWT Lead Freedom to Speak-Up (FTSU) Guardian
- 12 August 2024 – met with Mark Ondrak, RWT Staff-side Lead
- 13 August 2024 – met with Tom Jackson, Black Country System Finance Director
- 15 August 2024 – met and undertook a site visit with Wendy Morton MP
- 19 August 2024 - participated in a Black Country System Chief Executives and Chairs meeting

	<ul style="list-style-type: none"> • 20 August 2024 – undertook a Group Non-Executive Directors (NEDs) briefing, participated in a RWT Senior Medical Committee and met with Mark Axcel, Chief Executive – Black Country Integrated Care Services (ICS) • 21 August 2024 – met with Ros Leslie, RWT Allied Health Professional (AHP) Lead, participated in a Midlands Chief Executives briefing with Dale Bywater, Regional Director - NHS Midlands, participated in a NHS England (NHSE) RWT – Tier 1 Cancer meeting and undertook a site visit to the Black Country Pathology Services (BCPC) Department • 22 August 2024 – undertook a site visit to WHT Holly Bank Community Services • 23 August 2024 – participated in a Black Country Provider Collaborative Joint Board Workshop • 27 August 2024 – met with Shabina Raza, WHT Lead Freedom to Speak-Up (FTSU) and participated in a Black Country System Chief Executives and Chief Financial Officers meeting • 28 August 2024 – participated in a Group Finance and Performance Committee, presented an RWT Exceeding Expectation Award to Nicola Bateman, Pre-op Nurse Manager and met with Tim Johnson, Chief Executive – Wolverhampton City Council • 29 August 2024 – undertook a Joint RWT and WHT Staff briefing • 30 August 2024 – participated in a Group People Committee
4.0	Board Matters
	<p>To note appointed Dr Zia Din to the post of WHT Chief Medical Officer post – to commence on 2 December 2024.</p> <p>Mr Ned Hobbs, Chief Operating Officer/ Deputy Chief Executive – WHT leaves the Trust on 21 October 2024 to take up the post of Chief Operating Officer – Shrewsbury and Telford Hospitals NHS Trust (SaTH). The recruitment for this post has commenced with an interview date to be schedule week commencing 28 October 2024.</p>

Trust Board Level Metrics

KPI	Latest Month	Measure	Trajectory	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Excel in the delivery of Care									
Elimination of 65 week waits by end of September 2024	Jul-24	142	150	0			837	596	1,078
Delivery of the 78% A&E 4 hour standard by March 25	Jul-24	80.91%	78.0%	78%			78.39%	73.40%	83.39%
Delivery of the 70% 62-day cancer standard by March 25	Jul-24	51.97%	53.0%	70%			46.93%	34.63%	59.24%
Delivery of the 77% faster diagnosis cancer standard by March 25	Jul-24	79.63%	75.0%	77%			71.10%	63.37%	78.84%
Continuous improvement in the percentage of colleagues feeling engaged in improvement projects, as per the annual staff and quarterly pulse surveys	Q1 24/25	46.3%					46.17%	45.07%	47.27%
Delivery of the £52.9m (RWT) deficit plan in 2024/25 (£m - cumulative)	Jul-24	-1.48		52.9			-6.51	-28.66	15.64
Achievement of £67.6m (RWT) Cost Improvement Plans (7.7%)	Jul-24	£8.5m		£67.6m			4.5	-2.2	11.1
Deliver 112% (RWT) of the activity delivered 2019/20 (ERF)	Jul-24	112%	112%	112%			111%	100%	123%
Support our Colleagues									
Maintain a vacancy rate of 6% or below at group level	Jul-24	6.93%	6.0%	6.0%			4.02%	2.11%	5.92%
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)	Jun-24	5.07%	5.00%	5.0%			5.26%	5.13%	5.38%
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)	Q1 24/25	53.0%	60.30%	60.3%			51.10%	48.80%	53.40%
Percentage of staff who would recommend the organisation as a place of work	Q1 24/25	47.90%	64.60%	64.6%			48.5%	46.6%	50.5%
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%					
Effective Collaboration									
Increase number of services delivered jointly across the Black Country	Jul-24	7	>7	>7			7	7	7
Reduce overall waiting times for Rheumatology by March 2025 vs March 2024	Jul-24	56.14%	TBC	>56.52%			57.7%	52.8%	62.7%
Reduce overall waiting times for Interventional Radiology by March 2025 vs March 2024	In development								
Increase number of staff engaged in research and participants recruited into commercial trials	Jul-24	82					82	82	82
Improve the health of our Communities									
Delivery of 70% 2 hour Crisis Response Standard	Jul-24	80.9%	>/=70%	>/=70%			74.4%	63.8%	85.0%
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	2024/25	4.30%	10%	10%			6.6%	6.1%	7.2%
Maintain or reduce number of patients in hospital with no criteria to reside	Jul-24	67	N/A	89			88	38	139
Maintain 80% virtual ward bed occupancy	Jul-24	80.0%	80.0%	80.0%			104.7%	63.6%	145.8%

Trust Board Metrics

KPIs	Latest month	Measure	Trajectory	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
EXCEL IN THE DELIVERY OF CARE									
Elimination of 65 week waits by end of September 2024	Jul-24	0	0	0			269.15	133.97	404.33
Delivery of the 78% A&E 4 hour standard by March 25	Jul-24	80.03%	78%	78%			76.89%	71.10%	82.68%
Delivery of the 70% 62-day cancer standard by March 25	Jun-24	79.31%	70%	70%			75.27%	60.43%	90.11%
Delivery of the 77% faster diagnosis cancer standard by March 25	Jun-24	83.06%	77%	77%			72.85%	59.29%	86.41%
Continuous improvement in the percentage of colleagues feeling engaged in improvement projects, as per the annual staff and quarterly pulse surveys	Q2 24/25	54%							
Delivery of £24.9m Deficit plan (£000's)	Jul 24 YTD	-15265	-14785	-24900					
Achievement of £28.7m Cost Improvement Plans (£000's)	Jul 24 YTD	3148	2931	28700					
Deliver 106% of Activity Delivered in 2019/20 (ERF)	Jul 24 YTD	114.00%	106%	106%					
SUPPORT OUR COLLEAGUES									
Maintain a vacancy rate of 6% or below at group level	Jul-24	10.25%	6%	6%			5.87%	1.43%	10.30%
Rolling sickness target of <=5% (monthly)	Jul-24	6.26%	5%	5%			5.75%	4.76%	6.74%
Deliver year on year improvements in the percentage of staff who consider the organisation has taken positive action on their health and wellbeing: target of >60.3% (annual staff survey Q3)	Q3 23/24	56.90%	60.30%	60.30%					
Percentage of staff who would recommend the organisation as a place of work	Q2 24/25	50.00%	64.60%	64.60%					
Reduce the percentage of staff experiencing discrimination at work	In Development								
Reduce the percentage of staff experiencing discrimination at work: difference between BAME and white staff	In Development								
EFFECTIVE COLLABORATION									
Increase number of services delivered jointly across the Black Country	May-24	7							
Reduce overall waiting times for Rheumatology by March 2025 vs March 2024	Jul-24	57.30%	92%	92%			54.03%	44.60%	63.46%
Reduce overall waiting times for Interventional Radiology by March 2025 vs March 2024	In Development								
Increase number of participants recruited into commercial trials	Jul-24	11					2.56	-2.76	7.88
IMPROVE THE HEALTH OF OUR COMMUNITIES									
Delivery of 70% 2 hour Crisis Response Standard	Jul-24	72.82%	70%	70%			83.15%	64.99%	101.31%
Progress against workplan of the Health Inequalities Steering Group	Narrative response through QGAC								
Reduce carbon emissions by 10% by March 25, compared with 2020/21	Mar-24	4.30%	5%	10%					
Maintain or reduce number of patients in hospital with no criteria to reside	Jul-24	47	86	68					
Maintain 80% virtual ward bed occupancy	Jul-24	52.94%	80%	80%			53.80%	39.37%	67.64%

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

TRUST MANAGEMENT COMMITTEE (TMC)

TERMS OF REFERENCE

Trust Strategic Aims	Strategic Aim	Associated Strategic Objectives
	<p>1. Excel in the delivery of Care <i>We will deliver exceptional care by putting patients at the heart of everything we do, embedding a culture of learning and continuous improvement.</i></p>	<ul style="list-style-type: none"> 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
	<p>2. Support our Colleagues <i>We will be inclusive employers of choice in the Black Country that attract, engage and retain the best colleagues reflecting the diversity of our populations.</i></p>	<ul style="list-style-type: none"> 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
	<p>3. Improve the health of our Communities <i>We will positively contribute to the health and wellbeing of the communities we serve.</i></p>	<ul style="list-style-type: none"> 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
	<p>4. Effective Collaboration <i>We will provide sustainable healthcare services that maximise efficiency by effective collaboration with our partners.</i></p>	<ul style="list-style-type: none"> a) Improve population health outcomes through provider collaborative b) Improve clinical service sustainability c) Implement technological solutions that improve patient experience d) Progress joint working across Wolverhampton and Walsall e) Facilitate research that improves the quality of care
BAF Risks	None currently with this Committee.	
Meeting Purpose/Remit	<p>The TMC will provide a formal platform for the major decision making process regarding clinical and non-clinical operations. It informs and supports the CEO and Executive Team in delivering the Strategic objectives of the Trust.</p> <p>The TMC will review performance of the organisation and agree actions where required. The TMC will delegate responsibility for specific aspects of performance and management to a number of subgroups and working groups.</p>	

Responsibilities	<ol style="list-style-type: none"> 1. The TMC will advise on and be responsible to the Trust Board on all matters relating to Trust operations. This will include responsibility for the following activities:- <ul style="list-style-type: none"> • Direct and monitor progress with implementation of key Trust strategy/enabling strategies • Approval of Trust wide policies and procedures • Recommend to Trust Board strategies for the Trust for approval. • Approve business cases to deliver key Trust strategies and the corporate business plan which are in excess of £100,000 but below £500,000. • Monitor delivery of the Trusts Estate enabling Strategy • Monitor and redress as appropriate financial performance across operational service areas • Monitor the delivery of the Trust Nursing & Midwifery programme, ensuring effective integration into operational areas • Monitor the operational performance and implementation of the Digital and IT enabling Strategy • Receive advisory reports on the operation of governance, risk management and compliance deliverables across the Trust. • Approve annual sign off of the IG Toolkit requirements. • Receive regular updates and advice from the Finance, HR, Governance Chief Officers to ensure effective operational integration with the following: <ul style="list-style-type: none"> - Policy - Strategy/enabling Strategies - Developments - National & local strategies, policies and developments - Legal issues 2. To monitor the delivery of the Trust Strategic goals and plans. 3. To review and act upon operational performance information including the Quality and Performance KPI/Activity Report, financial position and key governance reports.
	<ol style="list-style-type: none"> 4. Receive and comment upon service delivery change plans. 5. Review Divisional risk registers to be assured on the progressive management and identification of risks. 6. To approve the Terms of Reference annually and membership of its reporting subgroups and oversee the work of the sub-groups, receiving reports for consideration and action as necessary. 7. Review all reports to the Committee with a view to extrapolating risks to inform the Board Assurance Framework (BAF)/Trust Risk register or Divisional risk registers. 8. Review new/existing red and high amber risks across the Trust to inform appropriate progression and/or escalation. 9. Promote a culture within the Trust which encourages open and honest reporting of risk and an educative and supportive approach to the management of risk. 10. To examine any relevant matters referred to it by the Board of Directors or other Board Sub Committee. 11. Seek opinions on potential innovation and development opportunities. 12. Ensure the Committee undertakes an effectiveness self-assessment at least every 2 years (as a minimum).

Authority & Accountabilities	<p>The TMC is authorised by the Executive Team to investigate any activity within its terms of reference. 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.</p> <p>The Committee shall transact its business in accordance with national/local policy and in conformity with the principles and values of public service (GP01)</p>
Reporting Arrangements	<p>The Committee shall review reports of its subgroups (in line with agenda plan).</p>
Membership	<p>Group CEO (Chair) Chief Nursing Officer Chief Medical Officer Group Chief Medical Officer Chief Operating Officer Group Chief People Officer Group Chief Finance Officer/Deputy CEO (Deputy Chair) Group Chief Strategy Officer Group Director of Assurance Group Director of Estates Development Group Director of Digital Technology Associate Medical Director – Appraisal and Revalidation Divisional Managers x 4 Director of Midwifery and Neonatal Services Heads of Nursing x 3, Head of Midwifery x 1 Director of Infection Prevention and Control Director of Research, Development and Group Director of Digital Innovation Group Director of Education and Training Chief Clinical Information Officer Group Director of Communications and Stakeholder Engagement Lead Cancer Clinician Clinical Director of Pharmacy and Medicines Optimisation Controlled Drugs Accountable Officer Group Director of Education and Training Group Company Secretary Members are expected to attend regularly and should not send deputies without the prior permission of the Chairman.</p>
Attendance	<p>TMC may request the presence of any senior manager/clinician to interpret/ comment on data (with notice). For the purpose of leadership development occasional shadowing at this meeting will be allowed following prior discussion and agreement with the Chair.</p>
Chair	<p>Group CEO</p>
Quorum	<p>The Committee will be quorate when a minimum of 10 members are present and with two from:</p> <ul style="list-style-type: none"> • Chair/Deputy Chair • Chief Operating Officer • Chief Medical Officer • Chief Financial Officer

Frequency of meetings	Monthly
Administrative support	The Executive Secretariat will provide administrative support. Agenda and papers will be published three working days prior to the meeting.
Standards	Monitor Risk Assessment Framework Monitor Well-Led Framework CQC Essential Standards of Quality and Safety NHSLA Risk Management Standards Annual Governance Statement
Standard Agenda	<p>Monthly: Policies, Procedures for approval & Info (CEO/Group Company Secretary) Chief Nursing Officer's Report (Chief Nursing Officer) Performance & Quality Report (Chief Operating Officer/Chief Nursing Officer) Division 1 Quality & Governance Report (Divisional Heads of Nursing) including BCPS and Matern Services Division 2 Quality & Governance Report (Divisional Heads of Nursing) Division 3 Quality & Governance Report (Divisional Heads of Nursing) Workforce Summary (Chief People Officer) Black Country Provider Collaboration (Group Chief Strategy Officer) Finance, Improvement and Transformation (Chief Operating Officer) Trust Financial Position Month (Chief Finance Officer) Capital Programme Month (Chief Finance Officer) Elective Care Recovery (Deputy Group Chief Strategy Officer)</p> <p>Every 2 months/6,3 or 5 times a years: Property Management Updates (Chief Finance Officer) Midwifery Service Report (Director of Midwifery) TRR/BAF Heat Map (Group Director of Assurance) Wolverhampton Place (Group Chief Strategy Officer) Infection Prevention Report (CNO/Lead Consultant Microbiologist) Patient Experience Report (Chief Nursing Officer) Contracting & Business Development update (Deputy Group Chief Strategy Officer) Sustainability Report (Deputy Group Chief Strategy Officer)</p> <p>Quarterly: ICS Development (Group Chief Strategy Officer) Electronic Patient Records Update (Group Director of Digital Technology)</p> <p>6 Monthly: Learning from deaths (mortality) (Chief Medical Officer) Information Governance Report (Group Chief Medical Officer) Pharmacy and Medicines Optimisation Pharmacy (Chief Medical Officer) RWT Strategy Report (Deputy Group Chief Strategy Officer) Safeguarding Adults and Children (Director of Nursing/F Pickford) (Lead Nurse Safeguarding) Annual Audit of Risk Management Strategy (Director of Assurance) Nursing & Midwifery Workforce (Director of Nursing) (CNO) Mental Health (Chief Medical Officer)</p>

	<p>Cancer Services (Chief Operating Officer) Health and Safety Report (Director of Assurance) Quality Improvement Team Update Digital Innovation Update Report Research RWT NIHR Clinical Research Network (CRN) CQC Fundamental Standards of Care Compliance Report (Director of Assurance) Freedom to speak up Guardian (Group Chief People Officer)</p> <p>Annual: Review of ToR of TMC (Chief Executive) IG Toolkit Requirement (Chief Medical Officer) Green Plan Update (Group Chief Strategy Officer) Estates Strategy & Capital Plan (Chief Finance Officer) Annual Equalities Report (Chief People Officer) NHS National Staff Survey results (Chief People Officer) Schwartz Round Annual Update (Chief People Officer) PLACE Scores (Chief Operating Officer) Annual Fire Safety report (Chief Operating Officer) Winter planning and pressures (Chief Operating Officer) Revalidation Steering Group (Chief Medical Officer) Budget Income/expenditure (Chief Finance Officer) Pathology (G Danks) Quality and Safety Strategy (CNO/CMO) Quality Account (Director of Assurance) Digital Programme and strategy Update Report (Group Director of Digital Technology) Emergency Planning Group (Chief Operating Officer) EPRR Core Standards (Chief Operating Officer) Education and Training (Group Chief Medical Officer)</p>
<p>Subgroups</p>	<ul style="list-style-type: none"> • Divisional Management Groups • Emergency Planning Group • Senior Nurse Strategic Group • Information Management & Technology/ICT Strategy Board • Research and Development • Policy Group • Clinical Practices Group • Local Delivery Group • Sustainability and Carbon Reduction Group • Revalidation Steering Group • Operational Finance Group • Financial Recovery Group • Retain Steering Group • Medical Workforce Group
<p>Date Approved</p>	<p>July 2024</p>
<p>Date Review</p>	<p>July 2025</p>

Document Title	
Trust Management Committee Terms of Reference	
Document Description	
Document type	Terms of Reference
Version	2.0

Lead Author(s)	
Name	Keith Wilshere
Job Title	Group Company Secretary

Change History				
Version	Date	Comments	Review Date	Ratification Date
1.2	21.7.22	To be shared at TMC for review	26.7.22	tbc
1.3	12.9.22	Comments received from TMC incorporated for review and approval at September 22 TMC	22.09.22	22.09.22
1.4	22.9.22	Ratified at TMC	22.9.22	22.9.22
1.5	13.7.23	Change to ToR to reflect change of Chair to Deputy Chief Executive	20.07.23	21.09.23
2.0	09.07.24	Change to ToR to reflect change of Chair since previous ToR and other matters	25.07.24	25.07.24

Document Index	
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1	Constitution
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9	Annual Cycle of Business
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11	Responsibilities
12	Authority and Accountability
13	Standards

Version Control Summary

Significant or Substantive Changes from Previous Version

A new version number will be allocated for every review even if the review brought about no changes. This will ensure that the process of reviewing the document has been tracked.

The comments on changes should summarise the main areas/reasons for change.

Where a document is reviewed the changes should use the tracking tool in order to clearly show areas of change for the consultation process.

TRUST MANAGEMENT COMMITTEE

TERMS OF REFERENCE: Version 2.0

TO BE RATIFIED BY THE TRUST MANAGEMENT COMMITTEE 25.07.24

NEXT REVIEW DUE: July 2025

1. CONSTITUTION

1.1 The Board of Directors hereby resolves to establish a Committee of the Board of Directors to be known as the Trust Management Committee (TMC).

2. PURPOSE

2.1 The TMC will provide a formal platform for the major decision-making process regarding clinical and non-clinical operations. It informs and supports the CEO and Executive Team in delivering the Strategic objectives of the Trust.

2.2 TMC will consider service change, business cases and address cross divisional issues and ratify policy.

2.3 The TMC will review performance of the organisation and agree actions where required. The TMC will delegate responsibility for specific aspects of performance and management to a number of subgroups and working groups.

3. MEMBERSHIP

3.1 The membership of TMC will be:

Group Chief Executive Officer
Group Chief Financial Officer
Chief Operating Officer
Group Director of Place
Chief Nursing Officer
Chief Medical Officer
Group Chief People Officer
Group Chief Strategy Officer
Group Chief Assurance Officer
Group Director of Education and Training
Operational Director of People and Organisational Development
Operational Director of Finance
Divisional Directors
Directors of Midwifery
Deputy Directors of Nursing
Divisional Operations Directors
Divisional Director for Estates & Facilities
Director of Pharmacy/Chief Pharmacist
Head of Digital Technology Services
Group Director of Communications and Stakeholder Engagement

Group Company Secretary

4. ATTENDEES

In exceptional circumstances deputies may be nominated to attend prior to the meeting and identify themselves as such with the Chairs approval.

4.2 The TMC may request the presence of any senior manager/clinician to interpret/comment on data (with notice).

4.3 For the purpose of leadership development occasional shadowing at this meeting will be allowed following prior discussion and agreement with the Chair.

5. QUORUM

5.1 The Committee will be quorate when a minimum of 10 members are present and with two from:

- Chair/Deputy Chair
- Chief Nursing Officer
- Chief Medical Officer
- Chief Financial Officer

6. FREQUENCY OF MEETINGS

6.1 TMC will meet monthly as a minimum 10 times per year. 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 TMC may be called by any member of TMC, with the consent of the Chair.

6.2 Core papers will be circulated for information during these periods.

7. ESTABLISHMENT OF SUBGROUPS

7.1 TMC may establish subgroups made up wholly or partly of members of the TMC to support its work. The terms of reference of such subgroup will be approved by the TMC and reviewed at least annually. TMC 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 TMC on a frequency agreed with the Chair.

8. ADMINISTRATIVE ARRANGEMENTS

8.1 The TMC is chaired by the Group Chief Executive or Executive Director as agreed by the Group Chief Executive.

8.2 The Chair of TMC will agree the agenda for each meeting with the Group Company Secretary. TMC and the Chair shall be supported administratively by the Group Company Secretary's Office.

8.3 Agenda and papers will be published **at least** three working days prior to the meeting.

9. ANNUAL CYCLE OF BUSINESS

9.1 TMC will develop an annual cycle of business for approval by the Chair and Executive at the start of each financial year. TMC 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.

10. REPORTING ARRANGEMENTS

10.1 The approved minutes of each Committee meeting shall be provided to the Board for information. The Chairman of the Committee shall provide a report of each meeting drawing to the attention of the Board any issues that require disclosure to the full Board or require executive action.

10.2 The Committee shall review reports of its subgroups (in line with agenda plan).

11. RESPONSIBILITIES

11.1 The TMC will advise on and be responsible to the Trust Board, via the Group Chief Executive's report to Board, on all matters relating to Trust operations. This will include responsibility for the following activities:

- Direct and monitor progress with implementation of key Trust strategies
- Approval of Trust wide policies and procedures
- Recommend to Trust Board strategies for the Trust for approval.
- Approve business cases to deliver key Trust strategies and the corporate business plan which are in excess of £100,000 but below £500,000 (to the Trust Board held in Private)
- Monitor delivery of the Trust's Estate strategy
- Monitor and redress as appropriate financial performance across operational service areas
- Monitor the delivery of the Trust Nursing & Midwifery programme, ensuring effective integration into operational areas
- Monitor the operational performance and implementation of the ICT Digital strategy
- Receive advisory reports on the operation of governance, risk management and compliance deliverables across the Trust.
- Approve annual sign off, of the Information Governance Toolkit requirements.

11.2 Receive regular updates and advice from the Finance, HR, Governance Chief Officers to ensure effective operational integration with the following:

- Policy
- Strategy
- Developments
- National & local strategies, policies and developments

- Legal issues
- 11.3 To review and act upon operational performance information including the Quality and Performance KPI/Activity Report, financial position and key governance reports.
 - 11.4 Receive and comment upon service delivery change plans.
 - 11.5 Review divisional risk registers to be assured on the progressive management and identification of risks.
 - 11.6 To approve the Terms of Reference annually and membership of its reporting subgroups and oversee the work of the sub-groups, receiving reports for consideration and action as necessary.
 - 11.7 Review all reports to the Committee with a view to extrapolating risks to inform the Board Assurance Framework (BAF)/Trust Risk register & Divisional risk registers.
 - 11.8 Review new/existing red and high amber risks across the Trust to inform appropriate progression and/or escalation.
 - 11.9 Promote a culture within the Trust which encourages open and honest reporting of risk and an educative and supportive approach to the management of risk.
 - 11.10 To examine any relevant matters referred to it by the Board of Directors or other Committees of the Board and/or Executive.
 - 11.11 Seek opinions on potential innovation and development opportunities.
 - 11.12 Ensure the Committee undertakes an effectiveness self-assessment at least every 2 years (as a minimum).

12. AUTHORITY AND ACCOUNTABILITY

The TMC is authorised by the Executive Team to investigate any activity within its terms of reference. 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)

13. STANDARDS

- Monitor Risk Assessment Framework Monitor Well-Led Framework
- CQC Essential Standards of Quality and Safety
- NHSLA Risk Management Standards
- Annual Governance Statement

Title of Report	Exception Report from Group Finance & Productivity Committee	Enc 7.1
Author:	Paul Assinder, Group Finance & Productivity Committee Joint Chair	
Presenter:	Paul Assinder, Group Finance & Productivity Committee Joint Chair	
Date(s) of Committee Meetings since last Board meeting:	28/08/2024	
Action Required		
Decision	Approval	Discussion
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Received/Noted/For Information
		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
<ul style="list-style-type: none"> Both Trust Manpower Plans are off plan. Both Trusts are adverse to the financial plan, RWT £1.5m, WHT £500k (£2.m as a Group). Industrial Action has created a financial challenge, however, this may be mitigated once funding is finalised. Financial challenges for both Trusts will increase for the remainder of the year. CIP remains a challenge across both Trusts, work continues to address the shortfall. A revised workplan will be submitted in 4 weeks' time. The Committee noted the financial risk in year relating to the re-banding of band 2/3 which is not included in the current financial position. Alert the Board of the potential impending financial impact of re-banding for bands 4 – 6. Both Trusts are experiencing difficulties with the cash position. WHT received £2m cash support in Q1 and will require support in Q2. RWT are likely to required cash support in Q3. RWT have a back log in Cystoscopy 31 day cancer waits, however, mitigation strategies are in place to manage those pressures. 	<ul style="list-style-type: none"> The Committee have requested overview of the WHT unpalatable list. The Committee requested a revised work plan in 4 weeks' time.
POSITIVE ASSURANCES TO PROVIDE	DECISIONS MADE
<ul style="list-style-type: none"> Good performance for both Trusts (within the top quartile nationally for ED and in some cases top decile) Continued positive reports on activity and waiting times, strong performance on UEC 4 hour performance and ambulance handover in both Trusts. 	<ul style="list-style-type: none"> The RWT Financial Recovery Group Terms of Reference were ratified. The RWT contract for RAAC Removal from Outpatients Department at New Cross was endorsed. The Group Finance & Productivity Committee Terms of Reference were endorsed. The Committee agreed the Band 2/3 negotiation strategy for back pay.

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Title of Report	Exception Report from Group Finance & Productivity Committee	Enc 7.1
Author:	John Dunn, Group Finance & Productivity Committee Chair	
Presenter:	John Dunn, Group Finance & Productivity Committee Chair	
Date(s) of Committee Meetings since last Board meeting:	31/07/2024	
Action Required		
Decision	Approval	Discussion
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Received/Noted/For Information
		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
<ul style="list-style-type: none"> RWT remains within tier 1 for cancer performance for the 62 day combined metric. Key reporting will be via the Quality Committee. However, a recovery plan is in place and the Trust has received £1m funding to achieve the target. Industrial Action costs: £710k pay, £850k lost income opportunities. The Trust has had recognition of the Urgent & Emergency Care Funding, however, this has increased £4m CIP requirement for RWT. RWT's manpower plan is 103 WTEs off plan. Financial challenges for both Trusts will increase from Q2. CIP remains a challenge across both Trusts. The CIP for RWT is 7.7% with an additional increase of £4m. WHT CIP target is £28.7m. Further alignment of the manpower plan is required to identify which posts are being released and when. 	<ul style="list-style-type: none"> The Committee have asked for reconciliation between hours worked and hours paid. The Committee have requested a forward looking CIP forecast for Q2 – 4 which links to the manpower plan. An Extra-ordinary Meeting will be scheduled to focus on the Financial Forecast for Q2 and the degree of financial risk for the remainder of the year. Review and confirmation of the underpinning of the Annual Operating Plan (Q2 - Q4 plan) including full alignment with the manpower plan. A full understanding of the workforce financial risks.
POSITIVE ASSURANCES TO PROVIDE	DECISIONS MADE
<ul style="list-style-type: none"> Good performance for both Trusts during quarter 1 (within the top quartile nationally for ED and in some cases top decile) Both Trusts are showing good performance within mortality SHMIs and are in the top quartile indicative of quality care. WHT highlighted continued improvement within DM01 6 week wait (up to 90% of patients waiting less than 6 weeks) due to recent improvements within Imaging and Endoscopy. Both Trust's financial position was slightly ahead of plan, however the group is reporting a £36.5m deficit YTD which represents 47% of the deficit plan for the year after the first quarter. A set of manpower targets have been rolled out across both organisations which are aligned with the finance plan. WHT has 80% of its CIP underpinned which synchronises with workforce. 	<ul style="list-style-type: none"> The WHT Financial Recovery Group Terms of Reference were ratified. The RWT contract for Aseptically Prepared Dose Banded Medicines (REAF 3019) was noted. The WHT contract extension for Nutricia Enteral Feeds 2024 WHP00036 was noted.

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GROUP FINANCE & PRODUCTIVITY COMMITTEE TERMS OF REFERENCE

<p>BAF & Trust Risks</p>	<p>The committee will regularly review in detail any Board Assurance Framework risks allocated to it by the Group Trust Board and agreed by the Committee.</p> <p>RWT</p> <p>SR15 Impact of future funding flows resulting in potential deficit position and financial challenge</p> <p>SR16 Restoration of services (including Cancer Services) post pandemic.</p> <p>SR18: Impact of a potential risk of a successful cyber-attack, which could compromise Trust IT systems, personal data and records access</p> <p>WHT</p> <p>NSR101 If the Trust suffers a successful cyber-attack via any one of several access points and vulnerabilities, then there is the potential denial of access (Ransomware) and/or compromise of data (copying/data breach) resulting in a data breach, denial of access to critical systems and impact on access to patient information and clinical care systems with consequential denial of care, potential harm and/or delay in patient care with reputational loss, financial risk of fines from the Data Commissioner.</p> <p>NSR105 If the future funding flows for the Trust are insufficient to fund the levels of service and activity undertaken then the Trust will be in an increasing underlying deficit position resulting in significant financial challenge to viability with system pressures, external inspection, and potential adverse reputational impact.</p>
<p>Meeting Purpose/Remit</p>	<p>To provide assurance to the Group Trust Board on the effective financial and external performance targets of the organisation. It will also support the development, implementation and delivery of the Medium Term Financial Plan (MTFP) and the efficient use of financial resources as part of the Group/Trusts Financial strategy, performance and business development.</p>
<p>Responsibilities</p>	<ol style="list-style-type: none"> 1. Utilise the assurance reporting processes (BAF/TRR) to inform the Joint Group Trust Board of finance, performance, investment or related risk and redress actions. 2. Review annual plan modelling assumptions and in particular capital and revenue allocations as well as activity and investment assumptions. 3. Review and endorsement of annual performance to meet constitutional standards. 4. Review and endorsement of the annual revenue and capital budgets before they are presented to the Group Trust Board for approval. 5. Approve the development of financial and contractual reporting in line with best practice as appropriate. 6. Monitor income and expenditure against planned levels and make recommendations for corrective action should excess variances occur.

7. To receive and review the trust wide and divisional reports on finance and contractual performance and CIP before they are presented to the Group Trust Board. The focus will be on forecast outturn, risks to delivering the plan and the mitigation plans.
8. Review expenditure against the agreed capital plan.
9. Review any matters which impact adversely on the financial performance or reputation of each Trust.
10. Oversee the development of Service Line Reporting.
11. Approve financial returns prior to submission to any external accountable authority, e.g. reference costs, ERIC, etc. (other than NHSE/I monthly returns due to timeliness)
12. Monitor the appropriate training and support is in place for budget holders/managers.
13. To make arrangements as necessary to ensure that all members of the Group Trust Board and senior officers of each Trust maintain an appropriate level of knowledge and understanding of key financial issues affecting each Trust.
14. Periodically review financial policies and procedures including scheme of delegation etc. to ensure that they are still relevant and appropriate.
15. Review financial and contractual performance against the main healthcare contracts inc budgets, performance and plans (short/medium long).
16. Receive reports regarding contract negotiations and progress in agreeing contracts with the Commissioning bodies.
17. In line with the NHSE/I guidance, assess if any proposed investments should be reported to NHSE/I in the annual planning process or in year prior to financial closure.
18. To receive and undertake investment appraisals of submitted developments and maintain an oversight of each of the Trust's investments, ensuring compliance with each Trust's policy and external requirements to ensure that capital investments and transactions comply with the latest NHSE/I guidance. Ensure risks of any investments are properly evaluated and risk management arrangements put in place, including:-
 - a. Obtaining independent professional advice where appropriate.
 - b. Evaluate, scrutinise and monitor investments.
 - c. Ensure Investments are supported by relevant stakeholders.
 - d. To examine any relevant matters referred to it by the Board of Directors.
19. To examine any relevant matters referred to it by the Board of Directors.
20. To receive reports regarding new business and tender opportunities and the progress of tenders.
21. To receive and discuss updates regarding ICB developments and requirements of ICB strategy, performance and funding.
22. To review/support recommendations to the ICB for remedial actions if necessary.
23. Monitoring of recovery and restoration plan delivery and variation
24. To receive reports on progress of implementation of green plan and progress and opportunities for funding and collaborative work as it arises.
25. Horizon scanning potential issues and risks. Chair to liaise with other Committees re cross-liaison and escalation.
26. Deep dive reviews conducted where appropriate.
27. Balance of performance – throughput/access, with quality/safety (with Quality Committee Chair) and workforce/recruitment (with PODC) and/or via Chairs Reports to the Group Trust Board
28. Performance Management against constitutional standards – Plans, Performance (internal & External reporting)

	<p>29. Partnership(s) – Strategy, Funding, Performance role</p> <p>30. Review Estates ('Group') – Strategy, Capital, Performance</p> <p>31. Review business cases and contract awards</p> <p>32. To receive a SIRO report on a 6 monthly basis.</p> <p>33. To oversee any financial undertakings and report progress to the Group Trust Board.</p>
Authority & Accountabilities	<p>The Group Finance & Productivity Committee is established pursuant to the Standing Orders. The Committee is authorised by the Group Trust Board to investigate any activity within its terms of reference. 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).</p>
Reporting Arrangements	<p>The Chair shall report to the Group Trust Board with highlights any matters of concern or significant risks identified from the meeting.</p>
Membership	<p>Chair of Committee</p> <p>Four Non-Executive Directors</p> <p>Two Deputy Chairs</p> <p>Specialist Advisor to Trust Board</p> <p>Chief Nursing Officer/Chief Medical Officer (or nominated clinical lead in their absence) of each Trust</p> <p>Chief Operating Officer of each Trust</p> <p>Group Chief Strategy Officer</p> <p>Group Chief Financial Officer</p> <p>Group Chief People Officer</p>
Attendance	<p>As required:</p> <p>Chairman of the Trust</p> <p>Chief Executive</p> <p>Divisional representation</p> <p>Operational Director of Finance (of each Trust)</p> <p>Deputy Chief Strategy Officer – Planning, Performance & Contracting</p> <p>Group Director of Digital Technology</p> <p>Group Director of Procurement</p> <p>Deputy Chief Strategy Officer – Improvement & Collaboration</p> <p>Group Director of Estates Development</p> <p>Group Director of Assurance/Trust Secretary</p>
Chair	<p>Non-Executive Director appointed by the Group Trust Board, and if he/she is absent another NED from those present at the meeting</p>
Quorum	<p>4 members must be present and must include the Group Chief Financial Officer or the Operational Director of Finance; another Executive Director/Nominated Deputy and a Non-Executive Director from each Trust.</p>
Frequency of meetings	<p>Monthly</p>
Administrative support	<p>The Planning & Performance Department will provide administrative support. Agenda and papers will be circulated two days prior to the meeting.</p>

Standards	Standing Orders
Self-Assessment Review	To be completed every 2 years.
Standard agenda	Yes
Subgroups	<ul style="list-style-type: none">• Capital Review Group WHT & RWT• Financial Recovery Group• Efficiency Programme (WHT Efficiency Group)• Contracting and Investment Group• Operational Performance Review Group
Date Approved	28 th August 2024
Date Review	27 th August 2025

Strategic Aim	Associated Strategic Objectives
<p>Excel in the delivery of Care <i>We will deliver exceptional care by putting patients at the heart of everything we do, embedding a culture of learning and continuous improvement.</i></p>	<ul style="list-style-type: none"> • We will embed a culture of learning and continuous improvement at all levels of the organisation • We will prioritise the treatment of cancer patients, focused on improving the outcomes of those diagnosed with the disease • We will deliver safe and responsive urgent and emergency care in the community and in hospital • We will deliver the priorities within the National Elective Care Strategy • We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our communities and populations
<p>Support our Colleagues <i>We will be inclusive employers of choice in the Black Country that attract, engage and retain the best colleagues reflecting the diversity of our populations.</i></p>	<ul style="list-style-type: none"> • Be in the top quartile for vacancy levels across the organisations, recruiting and retaining staff • Deliver year on year improvements in the percentage of staff who consider the organisation has taken positive action on their health and wellbeing • Improve overall staff engagement, addressing identified areas for improvement where groups are less well engaged • Deliver year on year improvement in Workforce Equality Standard performance
<p>Improve the health of our Communities <i>We will positively contribute to the health and wellbeing of the communities we serve.</i></p>	<ul style="list-style-type: none"> • Develop a strategy to understand and deliver action on health inequalities • Achieve an agreed, Trust-specific, reduction in the carbon footprint of clinical services by 1st April 2025 • Work together with PLACE based partners to deliver improvements to the health of our immediate communities
<p>Effective Collaboration <i>We will provide sustainable healthcare services that maximise efficiency by effective collaboration with our partners.</i></p>	<ul style="list-style-type: none"> • Work as part of the provider collaborative to improve population health outcomes • Improve clinical service sustainability by implementing new models of care through the provider collaborative • Implement technological solutions that improve a patient's experience by preventing admission or reducing time in hospital • Progress joint working across Wolverhampton and Walsall that leads to a demonstrable improvement in service outcomes • Facilitate research that establishes new knowledge and improves the quality of care of patients

Tier 1 - Paper ref: PublicTB (09/24) Enc 7.1.1

Report title:	Report from the Chief Operating Officer – Royal Wolverhampton NHS Trust
Sponsoring executive:	Gwen Nuttall
Report author:	Gwen Nuttall
Meeting title:	Joint Trust Board
Date:	17 th September 2024

1. Summary of key issues <i>two or three issues you consider the PublicTB should focus on in discussion]</i>	
<p>This paper provides an update on items for information under the remit of the Chief Operating Officer not formally discussed at other committees of the Board.</p> <ul style="list-style-type: none"> Plans for the removal of RAAC from the main outpatient department at RWT. Update on Fire Safety Notice – Cannock Chase Hospital Brief summary on key performance metrics at RWT 2024/25 Winter Plan for RWT and planned opening of the Midland Metropolitan Hospital in October 24. Notification of submission of Emergency Preparedness, Resilience & Response NHS Core Standards Annual Assurance 	

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

3. Previous consideration <i>[at which meeting[s] has this paper/matter been previously discussed?]</i>	
<ul style="list-style-type: none"> RAAC - Update on the contract for the disposal of RAAC and the timetable for removal presented at Trust Board in July 24. Fire Notice Cannock Chase – Trust Board December 23 Trust Performance against constitutional standards as presented at joint Finance and Productivity and RWT Quality Committee - August 24. Winter Plan and potential impact of opening of the Midland Metropolitan Hospital in October 24. Review of winter plan in April 24. 	

4. Recommendation(s)	
The Public Trust Board is asked to:	
a)	Note the commencement of relocation of services in preparation for the programme to remove the presence of RAAC from the outpatient building
b)	Note the update to the Fire Enforcement Notice at Cannock Chase Hospital

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- c) Note the Trust Performance against the constitutional standards.
- d) Note the draft Winter Plan for RWT 24/25 and the alignment of plans with Walsall Health Care
- e) Note the submission of the Trust assessment of the Emergency Preparedness, Resilience and Response annual core standards.

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

Group Board/Committee

Report to the Public Trust Board on Tuesday 17th September 2024

Report of the Chief Operating Officer.

1. Executive summary

This paper summarises and updates on key activities under the remit of Chief Operating Officer that have previously been reported to the Royal Wolverhampton Trust Board and the changes that have occurred to the status of the items, which require notification to the Trust Board.

2. Removal of Reinforced Autoclaved Aerated Concrete from the Outpatient Department (RAAC)

2.1 As previously reported to the Trust Board, the presence of RAAC in the main Outpatient building was identified in Quarter 3 of 23/24. Since that time, the Trust has ensured that the safety of the building has been maintained and that it is safe for public and staff to remain in the building for clinical appointment and as a place of work.

2.2 As a result of the presence of RAAC and following national engagement with the Regional and National teams with responsibility for RAAC removal, the Trust has been granted capital monies to remove RAAC from the roof and make safe the building.

- 2.3 A task and finish group has been established to ensure that as the estates development plan and contractual work is developed, services and staff that require relocation have a suitable alternative location and that there is an appropriate communication plan in place for all those affected.
- 2.4 Two temporary locations in the Trust have been developed and refurbished for clinical services to relocate. Non-clinical staff have also been relocated into other accommodation across the Trust.
- 2.5 The award for the roof replacement contract is due for approval in the private section of the Trust Board, having been approved by the Finance and Productivity Committee in August.
- 2.6 A phased approach to the transition of services to their alternative location commenced on Monday 2nd September and will continue throughout the month to ensure all patients receive appropriate communication on their revised clinic location. For any patients that attend the building, escorts will be available to re-direct to their new location. This will either be in the Maternity Building (newly developed clinical rooms) and in the Head and Neck Department (updated clinical rooms).
- 2.7 Building work is expected to commence in early October and is predicted to last until June 25, subject to weather conditions, which are of course unpredictable.
- 2.8 The committee is asked to note the commencement of the relocation of services to new location(s) to facilitate the removal of RAAC from the roof of the building.

3. Update on Fire Safety Enforcement Notice at Cannock Chase Hospital (CCH)

- 3.1 Following an inspection by Staffordshire Fire Service in December 2023, the Trust was issued with a Fire Safety Enforcement Notice with regard to Cannock Chase Hospital. This was reported to the Trust Board in December 23.
- 3.2 As a result of the notice, the Trust developed a comprehensive action plan that included an upgrade to the fire alarm provision, additional training for staff, particularly with regard to evacuation protocols in the event of a fire and additional security presence overnight to support evacuation if required. All the recommendations from the inspection have an action in place that have been agreed with the Fire Service. Actions are monitored regularly through the Trust fire safety group and through to the Health and Safety group for review.

- 3.3 Initially the agreed timetable for all the action(s) to be completed was December 24. Unfortunately, the Trust has experienced delay to the award of tenders and that has meant that all the required work will be unable to be completed by this deadline. Following discussion with the Fire Service and their review of the status of the Trust action plan, the Trust applied for and was granted an extension of 6 months to complete the necessary works.
- 3.4 The committee are asked to note that the Trust has been granted approval from Staffordshire Fire Service to complete all necessary work to ensure fire safety compliance, no later than June 2025.

4. **Constitutional Standards July 24.**

The Trust is delivering the following access to care in the 4 key core standards.

- 4.1 Urgent & Emergency Care, including 4-hour Emergency Access Standard and Ambulance Handover (<30mins) – **Achieving**.
- 4.2 Elective Care, including 18-week Referral to Treatment and 52-week Referral to Treatment standards – **Not achieving**. Trust reported 1 over 78-week breach in July. Patient has a treatment date in September.
- 4.3 Cancer Care, including 62-day Referral to Treatment and 28-day Faster Diagnosis Standards – **Achieving** 28-day FDS; **Not achieving** cancer 62 day combined standard. However, **achieving** trajectory for improvement as part of tier 1 performance metric. The Trust has seen an improvement against the 62day combined standard from a low of 35% in February to a current position of 53% (trajectory was 46%). All specialty teams have action plan to improve the Cancer Performance of the Trust to improve the experience and outcome for patients. This includes improvements to waiting times for diagnostic tests and pathology reporting.
- 4.4 Diagnostics, measured through the DM01 6-week wait standard – **achieving in all but 2** of the modalities, Audiology and Cystoscopy.

5. **Winter Plan and impact of opening of the Midland Metropolitan Hospital in October**

- 5.1 The Black Country Urgent & Emergency Care Board has agreed forecast activity flows as a result of the changed configuration of Emergency Departments within the Black Country when Midland Metropolitan University Hospital opens, and both Sandwell and City Hospital Emergency Departments close. The Royal Wolverhampton is not forecast to have a significant increase in activity, ambulance conveyance or walk-in patients as a result of the opening.
- 5.2 The Board can be assured that the Trust is fully involved and engaged with the planning for the opening of the hospital in October. This has been at an operational planning level on discussion of future pathways and more recently on developing plans for the actual day of opening of MMUH and the closure of the Emergency Department at Sandwell Hospital.

5.3 In addition, the Trust is preparing for managing the impact of predictable increases in seasonal illnesses, such as respiratory viruses, this Winter. At the time of authoring this report, the Trust's Winter Plan, alongside the OneWolverhampton Winter plan is being drafted ahead of consideration at The Black Country Urgent & Emergency Care Board. A summary of both Trust and Place plans will be reported to the November Public Trust Board.

6 **Emergency Preparedness, Resilience & Response NHS Core Standards Annual Assurance**

6.1 The Trust has made its submission to the Integrated Care Board and NHS England as part of the 2024 NHS Core Standards assessment process.

6.2 A process of moderation will now be undertaken by the ICB and NHSE, with the Trust expected to receive its 2024 annual Core Standard assurance rating by December 2024

Gwen Nuttall
Chief Operating Officer / Deputy Chief Executive.

4th September 2024

Tier 1 - Paper ref: PublicTB (09/24) 7.1.1

Report title:	Chief Operating Officer's report (Walsall Healthcare NHS Trust)
Sponsoring executive:	Ned Hobbs, Chief Operating Officer and Deputy Chief Executive
Report author:	Ned Hobbs, Chief Operating Officer and Deputy Chief Executive
Meeting title:	Public Trust Board
Date:	Tuesday 17 th September 2024

1. Summary of key issues PublicTB

Constitutional Standards

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

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

Impact of Midland Metropolitan University Hospital opening and Winter Planning

The Board can be assured that the Trust has a plan to manage the increased Emergency Department attendances forecast as a result of Sandwell Emergency Department closing, upon Midland Metropolitan University Hospital opening. The Board should note the risk, however, should the full forecast increase in patients presenting to Walsall Manor occur, simultaneously with a challenging Winter.

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

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

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

Finance & Productivity Committee (28/8/24)
Quality Committee (30/8/24)

4. Recommendation(s)

The Public Trust Board is asked to:

- a) Note the contents of this report

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

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

Working in partnership

The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust

RWT Board Assurance Framework Risk SR18	<input type="checkbox"/>	<i>Potential cyber vulnerabilities and data breaches.</i>
WHT Board Assurance Framework Risk NSR101	<input type="checkbox"/>	<i>Data and systems Security (Cyber-attack)</i>
WHT Board Assurance Framework Risk NSR102	<input type="checkbox"/>	<i>Culture and behaviour change (incorporating Population Health)</i>
WHT Board Assurance Framework Risk NSR103	<input checked="" type="checkbox"/>	<i>Attracting, recruiting, and retaining staff</i>
WHT Board Assurance Framework Risk NSR104	<input checked="" type="checkbox"/>	<i>Consistent compliance with safety and quality of care standards</i>
WHT Board Assurance Framework Risk NSR105	<input checked="" type="checkbox"/>	<i>Resource availability (funding)</i>
WHT Board Assurance Framework Risk NSR106	<input type="checkbox"/>	<i>Equality, Diversity, and Inclusion (incorporating Staff, Patients and Population Health)</i>
Corporate Risk Register [Datix Risk Nos]	<input checked="" type="checkbox"/>	25, 208
Is Quality Impact Assessment required if so, add date: No		
Is Equality Impact Assessment required if so, add date: No		

Group Board

Report to the Public Trust Board on Tuesday 17th September 2024

Chief Operating Officer's report

1. Executive summary

2. Introduction or background

1.1 This paper provides a summary update to the Board on performance against the NHS Constitutional Standards.

It also updates the Board on progress with preparations for managing the increase in Emergency Department attendances forecast once Midland Metropolitan University Hospital opens on 6th 2024 October and Sandwell Emergency Department closes.

It also updates the Board on the Emergency Preparedness, Resilience & Response NHS Core Standards submission.

3. Constitutional Standards

3.1 ASSURE

3.2 Urgent & Emergency Care

The Board should be assured that:

- The Trust continues to deliver some of the best Ambulance Handover times (<30 minutes) in the West Midlands, with 91.9% of patients handed over within 30 minutes of arrival by ambulance in July 2024. The Trust was the third-best performing Acute Trust and second-best Adult Acute Trust in the West Midlands in July 2024, and has now been in the Top 3 performing organisations in the region for the last 44 consecutive months.

- In July 2024, 80.0% of patients were managed within 4 hours of arrival, meeting the revised national expectation of 78% by March 2025. WHT's national ranking for the four-hour emergency access standard (EAS) was upper quartile at 17th best Trust out of 122 reporting Acute Trusts. The GIRFT Emergency Medicine Index ranks Walsall Manor Hospital as 21st in June 2024, of 172 Hospital sites nationally.
- The Board should note that Urgent & Emergency Care demand remains exceptionally high. July 2024 Type 1 ED attendances were the second highest month of attendances on record at 9,202. 'Intelligently Conveyed' ambulances received at Walsall Manor from neighbouring boroughs also remained particularly high in July with 219 net imported ambulances. This is a reflection of the extent of pressure at neighbouring organisations and poses a significant risk to the Trust's ability to maintain timely access to emergency care locally, and also poses a material financial risk too. The Trust remains the largest net importer of 'Intelligently Conveyed' ambulances of any Acute Trust in the Midlands.

3.3 Cancer Care

- In June 2024 all 3 of the main cancer standards achieved the national 2024/25 standards.
- 79.3% of patients with confirmed Cancer were treated within 62-days of referral, as part of the new 62-day combined performance indicator, meeting the 2024/25 standard of 70%. This places the Trust in the upper quintile of performance nationally. Timely Cancer treatment is vital to treat the disease early which is associated with improved survival rates.
- In June 2024, 83.1% of patients received a diagnosis within 28-days of referral on a suspected Cancer pathway, meeting the 2024/25 national standard of 77%, and representing upper quartile 28-day Faster Diagnosis Standard performance.

3.4 Elective Care

- The Trust's 18-week RTT performance for July 2024 has 65.58% of patients waiting under 18 weeks, and a national ranking position now up to 25th (out of 122 reporting Trusts) for June 2024 performance – the Trust's highest national ranking since November 2020 and remaining upper quartile. In addition, the Trust's 52-week waiting time performance is also upper quartile at 23rd out of 122 reporting Trusts.
- The Trust delivered the national standard to have no patients waiting in excess of 78 weeks as of the end of July 2024 (excluding patient choice), for the 17th consecutive month.
- The Trust delivered the national standard to have no patients waiting in excess of 65 weeks as of the end of July 2024 (excluding patient choice).
- The Trust's total RTT incomplete waiting list has shown incremental reduction over the last year, despite persistent industrial action. The Trust's total RTT incomplete waiting list has decreased from a peak of 35,882 in April 2023 to 29,866 in July 2024, representing a 17% reduction.

3.5 **ADVISE**

3.6 Cancer Care

- Overall access to suspected cancer and Breast symptomatic 2 week wait clinic appointments continues to show common cause variation. However, the Skin tumour site has been under sustained pressure. Timely care for patients with cancer is vital given the clear evidence that clinical outcomes (including survival rates) correlate with the stage of the cancer disease on diagnosis, and thus detecting and treating cancer early directly improves patient outcomes. Both Breast and Skin tumour sites have made progress to bring waiting times within 2 weeks in July 2024.

3.7 Diagnostic Access

- The Trust's 6 Week Wait (DM01) Diagnostics performance is now improved to 29th best (June 2024 reporting), out of 122 reporting general acute Trusts representing upper quartile performance, with improvement to 8.2% of Trust patients now waiting over 6 weeks in July 2024.
- The business case to sustainably expand Endoscopy capacity was approved by the Trust's Performance & Finance Committee in June 2023. Expanded capacity commenced in January 2024, with a phased increase to the full new extended timetable. Endoscopy remains the most challenged Diagnostic modality at the Trust, but significant progress is now demonstrated with 500 Endoscopy patients waiting over 6 weeks at the end of July 2024, down from 1,715 at the end of January 2024. The Endoscopy backlog remains ahead of its clearance trajectory to meet the DM01 standard by the reporting period for December 2024.
- Access to diagnostics is important to ensure that serious disease that needs urgent treatment is detected and acted upon promptly, and to ensure GP and other community clinicians have access to timely diagnostic information to support the management of patients in community settings.

3.8 **ALERT**

None.

4. **Impact of Midland Metropolitan University Hospital opening and Winter Planning**

- 4.1 The Trust has been planning for the increased Emergency Department attendances anticipated following the closure of Sandwell Emergency Department, upon opening of the new Midland Metropolitan University Hospital on 6th October 2024.
- 4.2 The Black Country Urgent & Emergency Care Board has agreed forecast activity flows as a result of the changed configuration of Emergency Departments within the Black Country when Midland Metropolitan University Hospital opens, and both Sandwell and City Hospital Emergency Departments close. Walsall Manor is forecast to receive 15,858 additional Type 1 Emergency Department attendances per annum.
- 4.3 To manage the increased number of patients presenting to Walsall Manor Hospital requiring Urgent & Emergency Care, the Trust is making preparations to increase capacity along the Urgent & Emergency Care pathway. This includes:
- Construction of 7 more ED cubicles

- Construction of 24 more medical beds on the first floor of the Urgent & Emergency Care Centre
- The opening of a Hot Imaging Suite to increase capacity for emergency CT and Ultrasound scans
- The expansion of the Medical Same Day Emergency Care unit
- Strengthening of the Integrated Front Door and Intermediate Care Community services

4.4 In addition, the Trust is making preparations for managing the impact of predictable increases in seasonal illnesses, such as respiratory viruses, this Winter. At the time of writing this report, the Trust's Winter Plan is being drafted ahead of consideration at The Black Country Urgent & Emergency Care Board. A summary of the final plan will be reported to the November Public Trust Board.

4.5 The Board should note the risk to the Trust, however, should the full forecast increase in patients presenting to Walsall Manor as a result of Sandwell ED occur, simultaneously with a challenging Winter.

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

5.1 The Trust has made its submission to the Integrated Care Board and NHS England as part of the 2024 NHS Core Standards assessment process.

5.2 A process of moderation will now be undertaken by the ICB and NHSE, with the Trust expected to receive its 2024 annual Core Standard assurance rating by December 2024

6. Recommendations

6.1 The Public Trust Board is asked to:

- a. Note the contents of this report

Ned Hobbs
Chief Operating Officer and Deputy Chief Executive

4th September 2024

Group Performance Report

Presenters / Lead Executives:

Gwen Nuttall – Chief Operating Officer (RWT)

Ned Hobbs – Chief Operating Officer & Deputy Chief Executive (WHT)

Working in partnership

The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust



Care Colleagues
Collaboration Communities

Developing the approach:

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

Latest Developments:

- Metrics contained within the dashboard have been agreed with Executive Directors.
- The definitions of the metrics are being aligned across both trusts (e.g. same approach for numerators / denominators).
- Supporting processes which underpin the production of performance metrics have been shared.
- There are differences between the supporting processes across RWT and WHT which has limited some alignment (e.g. date ranges within SPC charts). Options to resolve are to be discussed.



ASSURE:

- Both trusts are upper quartile for 4hour UEC performance and exceeding the national 78% target.
- Ambulance handover within 30mins, out of 15 trusts in the West Midlands the trusts are ranked 3rd (WHT) & 4th (RWT).
- Both trusts are upper quartile for cancer 28 day faster diagnosis, exceeding the national average and target.
- Both trusts are delivering in excess of ERF targets WHT 114% & RWT 114%.

ADVISE:

Both trusts are upper quartile for DM01 performance and whilst not achieving the national target are above the national average for performance.

ALERT:

RWT remains in tier 1 for Cancer performance.



ASSURE:

- ED 4 hour wait remains above target, ranking 3rd best performing Acute Trust in the West Midlands and in the upper quartile for national ranking at 14th.
- Patients with no criteria to reside remains below target and is showing overall improving trend.
- RTT 65 and 52 weeks both achieved trajectory in July 24.
- RTT incomplete waiting list size has reduced and below trajectory.

ADVISE:

- Ambulance handover time (<30 mins) remains below target. Hospital flow can impact on offload capacity and result in delays.
- Clock starts remain high; this is an increase of around 22% above 19/20 levels.
- 6 Week Wait (DM01) Diagnostic performance is currently 90.3% against a trajectory of 94.3% for the month. Cystoscopy is the biggest outlier. Additional capacity has been procured from an outsourcing company.

ALERT:

- Cancer 62 day performance remains a challenge and we remain in Tier 1. Late tertiary referrals from other Trust's remain an ongoing problem. In addition to this demand in Urology & Oncology is currently outstripping capacity.



ASSURE:

- Ambulance Handover times (<30 minutes) was 91.9%, 3rd best performing Acute Trust in the West Midlands and within the Top 3 performing organisations in the region for the last 44 consecutive months.
- 80% of patients were managed within 4 hours of arrival at ED , national ranking upper quartile at 17th best out of 122 reporting Trusts.
- In June all 3 of the national cancer metrics achieved the national thresholds.
- 18-week RTT performance was 65.58% and national ranking up to 25th out of 122 reporting Trusts, remaining upper quartile. RTT incomplete waiting list has reduced by 16.7% since April 2023, despite persistent industrial action. No patients waiting in excess of 65 weeks.
- The Trust is delivering 114% of 2019/20 ERF-eligible activity.

ADVISE:

- UEC demand remains exceptionally high. July 2024 Type 1 ED attendances were the 2nd highest on record at 9,202. Intelligently conveyed ambulances from neighbouring boroughs also remained high in July with 219 net imported ambulances.
- 6 Week Wait (DM01) Diagnostics performance is now improved to 29th best with improvement to 92.33% of patients waiting less than 6 weeks.
- Endoscopy backlog of patients waiting over 6 weeks remains ahead of its clearance trajectory to meet the DM01 standard by the reporting period for December 2024.









ALERT:

- Nil.











RWT Performance Matrix:

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

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

WHT Performance Matrix:

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

		ASSURANCE			
					No Target
VARIATION	 		<ul style="list-style-type: none"> - Ambulance Handover - % within 30mins (WHT) - Last Minute Cancelled Ops - No date <=28 days (WHT) - Cancer - 28 Day Faster Diagnosis (WHT) - Cancer - 62 Day Referral to Treatment (WHT) - Total Time Spent in ED - % within 4 Hours (WHT) 	<ul style="list-style-type: none"> - 18 Weeks RTT - % Within 18 Weeks - Incomplete (WHT) - 18 Weeks RTT - No. of 52 wk breaches (WHT) - 18 Weeks RTT - No. of 65 wk breaches (WHT) - 18 Weeks RTT - No. of 78 wk breaches (WHT) - 18 Weeks RTT - Total Incomplete PTL (WHT) - Diagnostics - % within 6 weeks from referral (WHT) 	
		<ul style="list-style-type: none"> - Cancelled Ops of Urgent Ops for a Second Time (WHT) 	<ul style="list-style-type: none"> - Ambulance Handover - % within 60mins (WHT) - Cancer - 2 Week Wait (WHT) - Cancer - 31 Day Treatment (WHT) - Total Time Spent in ED - % within 12 Hours (WHT) - Theatres - Touch Time Utilisation (MH) (WHT) 	<ul style="list-style-type: none"> - Ambulance Handover - % within 15mins (WHT) 	<ul style="list-style-type: none"> - Cancer - No. of patients waiting 63+ Days for treatment (WHT)
	 				

Performance Dashboard - RWT

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
18 Weeks RTT - % within 18 weeks - Incomplete	Jul 24	54.54%	92.00%			59.32%	56.39%	62.26%
18 Weeks RTT - No. of 52 wk breaches	Jul 24	1743	-			2696	2003	3388
18 Weeks RTT - No. of 65 wk breaches	Jul 24	142	-			803	579	1028
18 Weeks RTT - No. of 78 wk breaches	Jul 24	1	0			227	139	314
18 Weeks RTT - Total Incomplete PTL	Jul 24	89620	95690			74239	70643	77835
18 Weeks RTT - Clock Starts	Jul 24	18814	-			16201	12085	20318
Ambulance Handover - % within 15 mins	Jul 24	50.95%	65.00%			46.41%	29.98%	62.83%
Ambulance Handover - % within 30 mins	Jul 24	82.92%	95.00%			79.44%	63.90%	94.98%
Ambulance Handover - % over 60 mins	Jul 24	4.72%	0.00%			9.26%	-0.45%	18.97%
Last Minute Cancelled Ops - No Date <=28 days	Jul 24	0	0			1	-1	2
Cancelled Ops or Urgent Ops for a Second time	Jul 24	0	0			0	0	0
Cancer - 2 Week Wait	Jul 24	86.71%	93.00%			82.17%	67.32%	97.03%
Cancer - 28 Day Faster Diagnosis	Jul 24	79.63%	77.00%			71.77%	64.51%	79.03%
Cancer - 31 Day Treatment	Jul 24	89.81%	96.00%			82.39%	72.22%	92.56%
Cancer - 62 Day Referral to Treatment	Jul 24	51.97%	70.00%			46.39%	35.53%	57.25%
Cancer PTL - patients waiting 63 days and over	Jul 24	275	-			389	317	462
No. of patients no longer reaching the Criteria to Reside	Jul 24	67	89			88	38	139
Diagnostics - % within 6 weeks from referral	Jul 24	90.30%	95.00%			62.92%	53.49%	72.35%
Total Time Spent in ED - % within 12 hours	Jul 24	9.28%	0.00%			7.73%	3.91%	11.55%
Total Time Spent in ED - % within 4 hours	Jul 24	80.91%	78.00%			78.39%	73.40%	83.39%
Type 1 ED attendances	Jul 24	13274	-			12787	11188	14385
Deliver % of Activity Delivered in 2019/20 (ERF)	Jul 24	114%	115%			115%	110%	120%
ERF - % Outpatient Appointments with a procedure			-					
Theatres - Touch Time Utilisation	Jul 24	92.62%	85.00%			89.21%	85.43%	92.99%



Performance Dashboard - WHT

KPIs	Latest month	Measure	Trajectory	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
18 Weeks RTT - % Within 18 Weeks - Incomplete	Jul-24	65.58%	92%	92%			60.68%	58.06%	63.29%
18 Weeks RTT - No. of 52 wk breaches	Jul-24	484	673	0			1068.67	814.29	1323.04
18 Weeks RTT - No. of 65 wk breaches	Jul-24	1	0	0			275.39	141.32	409.45
18 Weeks RTT - No. of 78 wk breaches	Jul-24	0	0	0			68.00	35.17	100.83
18 Weeks RTT - Total Incomplete PTL	Jul-24	29866	29251	27858			31431.61	29799.21	33064.02
18 Weeks RTT - Clock Starts	Jul-24	8549	7300				7628.38	6512.95	8743.80
Ambulance Handover - % within 15mins	Jul-24	45.43%	65%	65%			47.56%	33.19%	61.92%
Ambulance Handover - % within 30mins	Jul-24	91.91%	92%	95%			91.00%	81.93%	100.08%
Ambulance Handover - % within 60mins	Jul-24	98.79%	100%	100%			98.30%	94.86%	101.75%
Last Minute Cancelled Ops - No date <=28 days	Jun-24	1	0	0			2.51	-3.72	8.74
Cancelled Ops of Urgent Ops for a Second Time	Jun-24	0	0	0			0.00	0.00	0.00
Cancer - 2 Week Wait	Jun-24	84.22%	93%	93%			75.53%	57.73%	93.33%
Cancer - 28 Day Faster Diagnosis	Jun-24	83.06%	77%	77%			72.92%	59.67%	86.17%
Cancer - 31 Day Treatment	Jun-24	96.91%	96%	96%			95.79%	88.79%	102.79%
Cancer - 62 Day Referral to Treatment	Jun-24	79.31%	70%	70%			74.44%	58.93%	89.96%
Cancer - No. of patients waiting 63+ Days for treatment	Jul-24	40					63.14	25.52	100.76
No. of patients no longer meeting the Criteria to Reside	Jul-24	47	86	68					
Diagnostics - % within 6 weeks from referral	Jul-24	92.33%	95%	95%			83.59%	76.02%	91.15%
Total Time Spent in ED - % within 12 Hours	Jul-24	3.07%	2%	2%			5.19%	0.28%	10.10%
Total Time Spent in ED - % within 4 Hours	Jul-24	80.03%	78%	78%			75.48%	69.97%	80.99%
Type 1 ED Attendances	Jul-24	9202					8178.89	6980.82	9376.95
Deliver % of Activity Delivered in 2019/20 (ERF)	Jul 24 YTD	114.00%	106%	106%					
ERF - % Outpatient Appointments with a procedure	Jul-24	44.20%	45.8%	47.5%					
Theatres - Touch Time Utilisation (MH)	Jul-24	82.30%	85%	85%			82.84%	72.00%	94.00%



Tier 1 - Paper ref: PublicTB (09/24) 7.1.2

Report title:	Group Chief Financial Officer Reports for RWT and WHT – Month 4
Sponsoring executive:	Kevin Stringer, Group Chief Finance Officer
Report author:	James Green, Operational Director of Finance
Meeting title:	Group Trust Board (Public meeting)
Date:	17 September 2024

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

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

- Year to date both Trusts are reporting a slight deterioration against plan recording a combined deficit of £45.2m, £2.0m adverse to plan.
- The key driver of this deterioration relates to the impact of industrial action through June and July amounting to £1.8m (£0.7m lost income, £1.1m cost).
- Performance against the Elective Recovery Fund target is positive with the Group performance being £1.5m ahead of plan despite the impact of industrial action.
- The Group Efficiency challenge for the year is £96.3m of which £12.0m was planned to the end of July. Actual delivery was £11.6m, with RWT being slightly behind trajectory across Pathology, Medicines Management, and Procurement savings.
- The cash position remains challenged with WHT receiving support from NHS England, and RWT likely to require support from October onwards.

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

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

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

The Group Finance & Productivity Committee meeting on 28th August 2024.

4. Recommendation(s)

The Public Trust Board is asked to:

- Note the contents of the report
- Take assurance from the detailed discussion and challenge undertaken at the Group Finance and Productivity Committee

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

RWT Board Assurance Framework Risk SR15	<input checked="" type="checkbox"/>	Financial sustainability and funding flows.
RWT Board Assurance Framework Risk SR16	<input type="checkbox"/>	Activity levels, performance and potential delays in treatment.
RWT Board Assurance Framework Risk SR17	<input type="checkbox"/>	Addressing health inequalities and equality, diversity and inclusion.
RWT Board Assurance Framework Risk SR18	<input type="checkbox"/>	Potential cyber vulnerabilities and data breaches.
WHT Board Assurance Framework Risk NSR101	<input type="checkbox"/>	Data and systems Security (Cyber-attack)

Working in partnership

The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust

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

Group Financial Performance

For the period April 2024 to July 2024

Working in partnership

The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust



Care Colleagues
Collaboration Communities

I&E Summary

Both organisations posted an adverse position to plan; £1.5m for RWT and £0.6m for WHT. This has resulted in a combined deficit greater than plan of £2.1m in the month and £2m YTD.

The YTD planned deficit represents 47% of the full year deficit plan.

<u>In-month I&E</u>	RWT			WHT			Group position		
	Plan M04	Actual M04	Surplus/ (Deficit)	Plan M04	Actual M04	Surplus/ (Deficit)	Plan M04	Actual M04	Surplus/ (Deficit)
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Income	75.9	75.3	(0.7)	34.5	37.1	2.6	110.4	112.4	1.9
Expenditure									
Pay	50.0	50.4	(0.3)	22.5	23.6	(1.1)	72.5	74.0	(1.4)
Non Pay	20.5	20.5	0.0	9.0	9.4	(0.4)	29.5	29.9	(0.4)
Drugs	7.2	7.5	(0.3)	2.5	2.8	(0.3)	9.7	10.3	(0.6)
Other*	4.5	4.8	(0.2)	2.7	4.1	(1.4)	7.2	8.9	(1.6)
Total Expenditure	82.3	83.1	(0.8)	36.7	39.9	(3.2)	119.0	123.0	(4.0)
Net reported surplus/(Deficit)	(6.3)	(7.9)	(1.5)	(2.2)	(2.8)	(0.6)	(8.5)	(10.7)	(2.1)

The RWT annual plan is a net £52.9m deficit after efficiencies of £67.6m, with the YTD deficit at month 4 planned as £30.4m.

M1-3 was broadly on plan, with the in month and YTD adverse position primarily due to Industrial Action and High Cost Drugs not funded, as part of block income. Other overspends are offset by relatable income or other underspends.

<u>Year-to-date I&E</u>	RWT			WHT			Group position		
	Plan YTD	Actual YTD	Surplus/ (Deficit)	Plan YTD	Actual YTD	Surplus/ (Deficit)	Plan YTD	Actual YTD	Surplus/ (Deficit)
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Income	295.8	297.7	1.9	132.7	135.6	2.9	428.5	433.3	4.8
Expenditure									
Pay	200.7	202.0	(1.3)	92.1	94.3	(2.2)	292.8	296.3	(3.5)
Non Pay	80.9	81.4	(0.5)	19.9	20.6	(0.7)	100.8	102.0	(1.2)
Drugs	27.0	27.7	(0.7)	9.7	9.9	(0.2)	36.7	37.6	(0.9)
Other*	17.6	18.4	(0.8)	25.8	26.1	(0.3)	43.4	44.5	(1.1)
Total Expenditure	326.2	329.5	(3.4)	147.5	150.9	(3.4)	473.7	480.4	(6.8)
Net reported surplus/(Deficit)	(30.4)	(31.9)	(1.5)	(14.8)	(15.3)	(0.5)	(45.2)	(47.2)	(2.0)

The WHT annual plan is a net £24.9m deficit after efficiencies of £28.7m, with the YTD deficit at month 4 planned as £14.8m.

Key drivers are industrial action costs and capacity ward funding ceasing as well as some inflationary pressures across non-pay. Other related run rate cost increases are broadly in line with ERF overperformance.

*NB:- Includes depreciaiton, other operating expenditure and adjustments to NHSE Reported Performance

Financial Summary

Capital

Capital funding is under considerable pressure in 24/25 following the allocation and two subsequent cuts in funding associated with the individual and total system submitted plan deficit position. Close monitoring and management is required to contain priority schemes within this significantly reduced envelope. All available capital funds and projects are expected to be spent and completed and the risks managed.

The ICB have agreed to support WHT with £6m of funding to expand UEC capacity to support the opening of MMUH, whilst national support is being sought through a short form business case process.

Capital expenditure Year to Date is £22.9m (£17.6m RWT and £5.3m WHT) of which £6.4m relates to PSDS grant funded schemes (£2.4m RWT and £4m WHT).

Cash

Cash is going to be under pressure in 2024/25 due to unfunded deficits impacting cash reserves. Whilst they are currently positive WHT has already accessed £2m of cash support in June (against a request for £4m) and has confirmed £3m of cash support (against a request of £7.8m for August), and RWT is expecting to require applying for support in September for October when PSDS Grant Income holding for other Trusts is expected to be paid. All cash applications are expected to be signed by Chair and CEO with confirmation of delivery of the financial plan.

Better Payment Practice Code

We are monitored against this code, which sets out a target for payment of 95%, in value and volume, to be paid within 30 days of receipt. The WHT position has been impacted by the cash and working capital management in month due to the lower than requested cash support and timing of the cash.

BPPC Performance	RWT		WHT	
	In Month	YTD	In Month	YTD
Value	94%	95%	85%	87%
Volume	92%	92%	91%	90%



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Collaboration Communities

Key month 4 items within the position

These include:

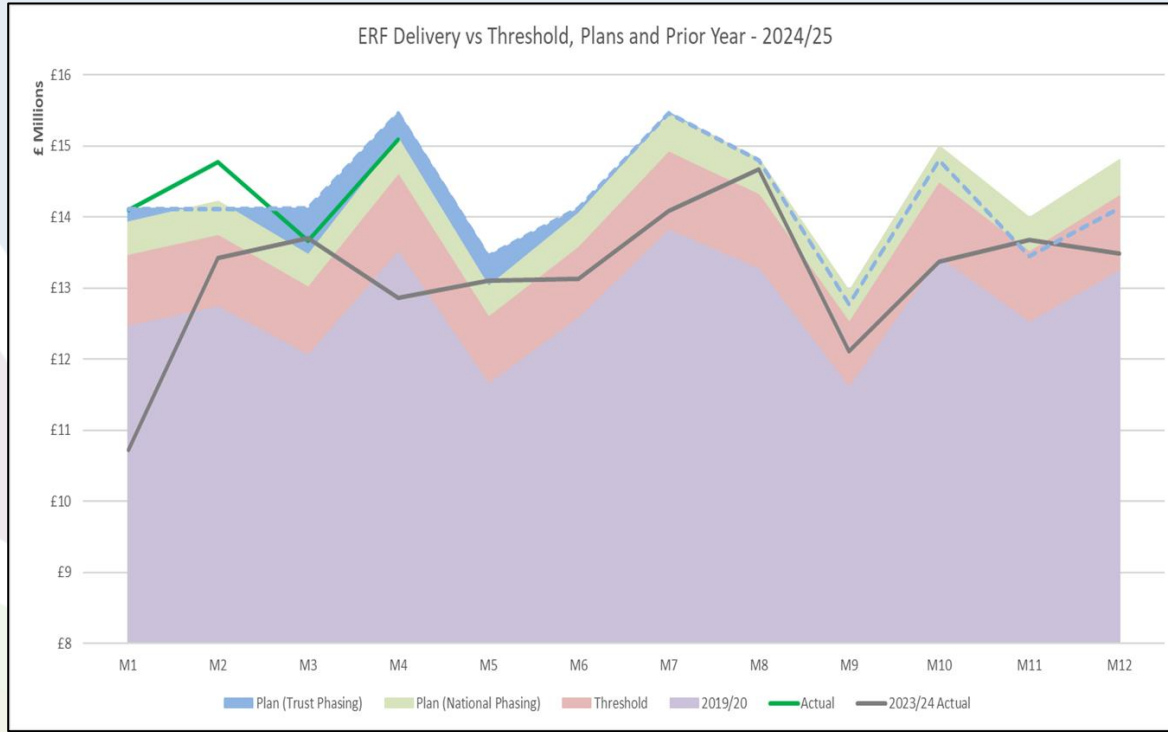
- **Industrial action** has impacted the delivery against plan during month 4.
 - Estimated lost income YTD for RWT of £396k; and WHT estimated lost income £280k.
 - Estimated costs incurred related to staff cover for RWT of £564k YTD, and WHT £571k YTD
 - In month 3 the YTD cost of these was estimated as £1.6m, £0.9m for RWT and £0.65m for WHT. In line with ICB these were offset by expected additional income, though this was reversed out in M04 in line with NHSE expectations.
- **Pay** other pay pressures in M04 of £1.4m relate largely to ongoing activity related and workforce reduction targets
- **Non-Pay** is over spent by 0.4m in month, within WHT relating to ERF activity.
- **Drugs** is £0.6m over in the month
- **Efficiency performance** is broadly on plan at month 4 for WHT and slightly adverse for RWT. Workforce reductions are behind plan but are partially being offset by other pay underspends and CIP over performance elsewhere. The plan is substantially phased into later months of the financial year and the challenge of identifying schemes to deliver up to 7.7% cash releasing savings is very significant. The Group Committees and Board receive reports to each meeting regarding progress in identifying and implementing expenditure reduction schemes.



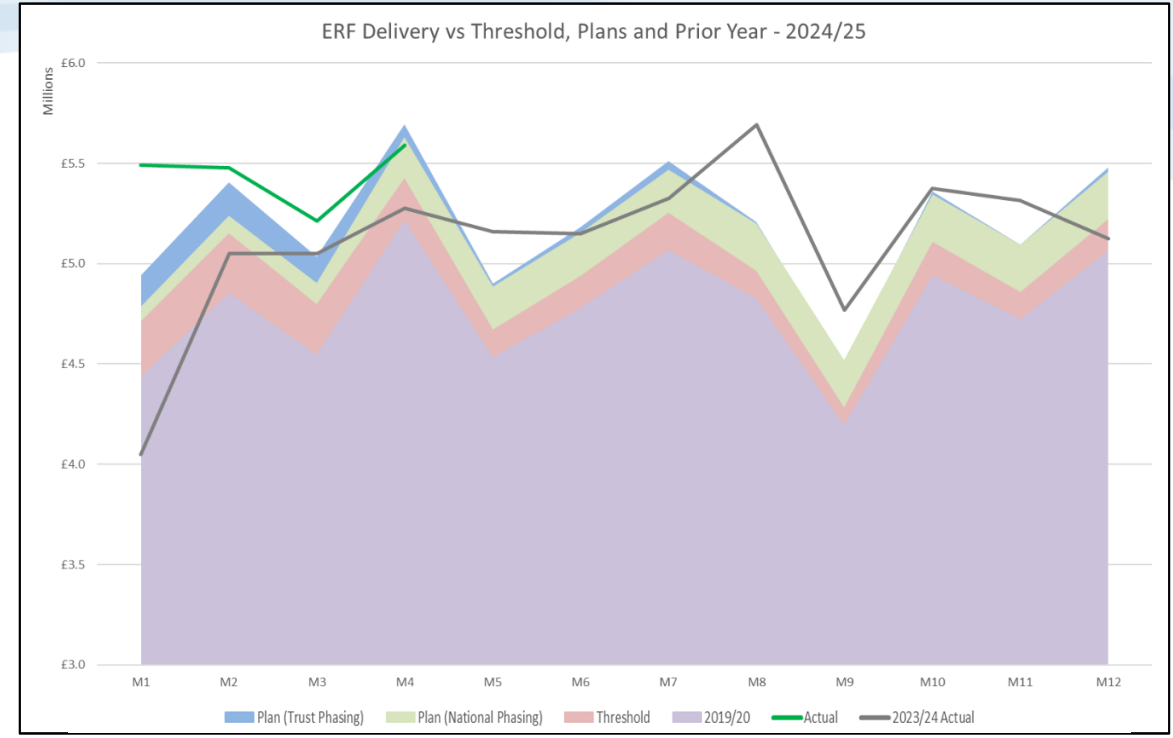
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ERF Performance - 2024/25 YTD M4

RWT



WHT



Assumptions & basis

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

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

ERF Performance - 2024/25 YTD M4

Point of Delivery	RWT			WHT			Group		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
Procedures - Elective	16,282	14,984	(1,298)	3,188	3,109	(79)	19,470	18,093	(1,377)
Procedures - Day Cases	17,194	17,250	55	6,915	7,562	647	24,109	24,812	702
Procedures - Outpatient	8,529	8,774	245	2,369	2,366	(3)	10,898	11,140	242
Total Procedures	42,005	41,007	(998)	12,472	13,037	565	54,477	54,044	(433)
Outpatient First	15,806	16,612	806	7,615	8,736	1,121	23,421	25,348	1,927
Grand Total	57,811	57,620	(192)	20,087	21,773	1,686	77,898	79,393	1,494

Both organisations ERF performance were impacted by lost activity due to industrial action, totalling £0.7m, with £0.4m at RWT and £0.3m at WHT. The largest area of overperformance is across Outpatient new appointments, whilst there is £1m of YTD underperformance at RWT against procedures.

Efficiency performance YTD

	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												
Workforce & Pay Reductions	22.4	2.9	3.3	0.3	9.9	0.8	0.9	0.1	32.3	3.8	4.2	0.4
Out of System contracts	7.3	1.3	1.3	0.0	6.5	0.7	0.7	0.0	13.8	2.0	2.0	0.0
Other Income and Coding	2.5	0.2	0.3	0.1					2.5	0.2	0.3	0.1
ERF stretch	2.1	0.7	0.7	0.0	3.9	0.0	0.0	0.0	6.0	0.7	0.7	0.0
Other Productivity	5.1			0.0					5.1	0.0	0.0	0.0
Pathology Network	0.9	0.1	0.0	(0.1)					0.9	0.1	0.0	(0.1)
Medicines management	1.1	0.3	0.2	(0.1)	0.6	0.2	0.2	(0.0)	1.7	0.5	0.4	(0.1)
Procurement	2.4	0.4	0.2	(0.2)	1.9	0.4	0.4	0.0	4.3	0.7	0.6	(0.2)
Diagnostic & other clinical services	4.3	0.9	0.9	0.0					4.3	0.9	0.9	0.0
Divisional & other schemes (pipeline)	0.7	0.9	0.9	0.0	2.8	0.8	0.9	0.2	3.5	1.6	1.8	0.2
Previously unidentified	1.2	0.8	0.8	0.0					1.2	0.8	0.8	0.0
Unidentified - remaining	17.6	0.7	0.0	(0.7)	3.1	0.0	0.0	0.0	20.7	0.7	0.0	(0.7)
Net reported surplus/(Deficit)	67.6	9.1	8.5	(0.6)	28.7	2.9	3.1	0.2	96.3	12.0	11.6	(0.3)

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

To date performance is £0.3m adverse with a small over-performance against plan for WHT of £0.2m and a £0.55m adverse position at RWT. CIP target for Q2 is bigger than Q1 and there is a further significant reduction in Q3 and Q4.

The unidentified CIP challenge has increased by £4m from £13.6m to £17.6m at RWT due to the £4m less than plan for the SSOT element of the UEC negotiation, whilst WHT unidentified has reduced from £4.8m to £3.1m partly due to the better than planned position received for UEC.

The combined unidentified plans therefore total £20.7m and there are a further £36.8m of CIP schemes in the forecast rated as either amber or red.

Statement of Financial Position

Statement of Financial Position for the month ending 31st July 2024	RWT			WHT		
	Mar 2024 Actual	July 2024 Actual	Movement YTD	Mar 2024 Actual	July 2024 Actual	Movement YTD
NON CURRENT ASSETS	£000	£000	£000	£000	£000	£000
Property, Plant and Equipment - Tangible Assets	518,093	524,762	6,668	249,613	250,456	843
Intangible Assets	7,472	7,420	(52)	8,284	7,896	(388)
Other Investments/Financial Assets	11	11	0	0	0	0
Trade and Other Receivables Non Current	1,116	1,116	0	1,463	1,327	(136)
PFI Deferred Non Current Asset	1,597	1,597	0	0	0	0
TOTAL NON CURRENT ASSETS	528,290	534,906	6,617	259,360	259,679	319
CURRENT ASSETS						
Inventories	9,049	8,603	(445)	3,802	3,709	(93)
Trade and Other Receivables	45,357	48,541	3,184	31,044	34,917	3,873
Cash and cash equivalents	29,457	36,618	7,160	20,062	4,752	(15,310)
TOTAL CURRENT ASSETS	83,863	93,762	9,899	54,908	43,378	(11,530)
TOTAL ASSETS	612,152	628,668	16,516	314,268	303,057	(11,211)
CURRENT LIABILITIES						
Trade & Other Payables	(95,216)	(124,423)	(29,207)	(59,035)	(49,689)	9,346
Liabilities arising from PFIs / Finance Leases	(11,792)	(21,040)	(9,248)	(9,417)	(18,241)	(8,824)
Provisions for Liabilities and Charges	(2,171)	(2,776)	(605)	(156)	(156)	0
Other Financial Liabilities	(8,881)	(18,349)	(9,467)	(442)	(1,953)	(1,511)
TOTAL CURRENT LIABILITIES	(118,061)	(166,588)	(48,527)	(69,050)	(70,039)	(989)
NET CURRENT ASSETS / (LIABILITIES)	(34,198)	(72,826)	(38,628)	(14,142)	(26,661)	(12,519)
TOTAL ASSETS LESS CURRENT LIABILITIES	494,091	462,080	(32,011)	245,218	233,018	(12,200)
NON CURRENT LIABILITIES						
Trade & Other Payables	(179)	(120)	59	0	0	0
Other Liabilities	(23,915)	(21,459)	2,456	(180,952)	(178,318)	2,634
Provision for Liabilities and Charges	(1,437)	(1,437)	0	(290)	(290)	0
TOTAL NON CURRENT LIABILITIES	(25,531)	(23,016)	2,515	(181,242)	(178,608)	2,634
TOTAL ASSETS EMPLOYED	468,561	439,064	(29,496)	63,976	54,410	(9,566)
FINANCED BY TAXPAYERS EQUITY						
Public Dividend Capital	316,202	316,650	448	256,563	256,562	(1)
Retained Earnings	39,091	9,419	(29,672)	(261,266)	(270,831)	(9,565)
Revaluation Reserve	114,495	114,223	(273)	68,679	68,679	0
Financial assets at FV through OCI reserve	(1,418)	(1,418)	0	0	0	0
Other Reserves	190	190	0	0	0	0
TOTAL TAXPAYERS EQUITY	468,561	439,064	(29,496)	63,976	54,410	(9,566)

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

- RWT – Trade payables include £19m of PSDS grant funding attributable to other system providers, £4.5m dividend creditors and £3.1m of pay award accrual. Tangible Assets and Liabilities are both impacted by renewals of GEM Centre and Phoenix Centre. Most of the movement in Other Financial Liabilities relates to deferred income around PSDS, hosted services and LDA.
- WHT - Trade payables/accruals have reduced due to the payment of invoices and release of balance sheet provisions within the plan. This is also reflective of the current cash balance movements which have reduced as a result of the underlying deficit.



Care Colleagues
Collaboration Communities

Cashflow as at 31st of July

	RWT	WHT	Group
	Jul-24	Jul-24	Jul-24
	Actual £'000	Actual £'000	Actual £'000
OPERATING ACTIVITIES			
Total Operating Surplus/(Deficit) (gross of control total adjustments)	(24,893)	(4,191)	(29,084)
Depreciation	11,457	4,818	16,275
Fixed Asset Impairments	0	0	0
Transfer from Donated Asset Reserve	0	0	0
Capital Donation Income	(2,406)	0	(2,406)
Interest Paid	(1,039)	338	(701)
Dividends Paid	0	0	0
Release of PFI /Deferred Credit	0	0	0
(Increase)/Decrease in Inventories	445	93	538
(Increase)/Decrease in Trade Receivables	(3,648)	(8,305)	(11,953)
Increase/(Decrease) in Trade Payables	28,968	(1,766)	27,203
Increase/(Decrease) in Other liabilities	9,456	0	9,456
Increase/(Decrease) in Provisions	605	0	605
Increase/(Decrease) in Provisions Unwind Discount	0	0	0
NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES	18,946	(9,014)	9,933
CASH FLOWS FROM INVESTING ACTIVITIES			
Interest Received	800	329	1,129
Payment for Property, Plant and Equipment	(12,518)	(5,269)	(17,787)
Payment for Intangible Assets	(466)	0	(466)
Receipt of cash donations to purchase capital assets	2,406	0	2,406
Proceeds from sales of Tangible Assets	0	0	0
Proceeds from Disposals	0	0	0
NET CASH INFLOW/(OUTFLOW) FROM INVESTING ACTIVITIES	(9,778)	(4,940)	(14,718)
NET CASH INFLOW/(OUTFLOW) BEFORE FINANCING	9,169	(13,954)	(4,785)
FINANCING			
New Public Dividend Capital Received	448	0	448
Capital Element of Finance Lease and PFI	(2,456)	(1,356)	(3,812)
NET CASH INFLOW/(OUTFLOW) FROM FINANCING	(2,008)	(1,356)	(3,364)
INCREASE/(DECREASE) IN CASH	7,160	(15,310)	(8,149)
CASH BALANCES			0
Opening Balance at 1st April 2024	29,457	20,062	49,519
Closing Balance at 31st July 2024	36,618	4,752	41,370

Summary:

The cash balance is £41.4m, a decrease of £8.1m. RWT have had an increase of £7.2m; however this includes £18.8m of PSDS grant funding relating to other system providers, whilst WHT have seen a decrease of £15.3m.

Whilst cash reserves remain positive, the underlying cash is reducing due to the operational deficits in both organisations.

Cash and working capital is being closely monitored and managed.

Cash Support:- WHT received £2m of cash support in June against a request of £4m and will receive £3m in August against a request of £7.8m. RWT will be applying for cash support for October. All cash applications are expected to be signed by Chair and CEO with confirmation of delivery of the financial plan.

Formal confirmation of deficit funding is still to be confirmed.

Capital RWT

The Trust has spent £17.6m of Capital YTD to 31 July 2024, which is an underspend of £2.1m against planned YTD Capital of £19.7m:

Capital CRL Monitoring - £5.7m relates to capital spend which the ICS is measured against, £1.3m behind plan due timing differences. Forecasting to meet plan but there is significant pressure against this constrained resource, that is having to be managed by the Capital Team and CRG. There has been £1.2m spend on PDC, which is £1.1m behind plan. There was £8.5m spend YTD on IFRS 16, £0.3m behind plan; due to commercial negotiations on BCPS lease. All allocations are forecast to be spent.

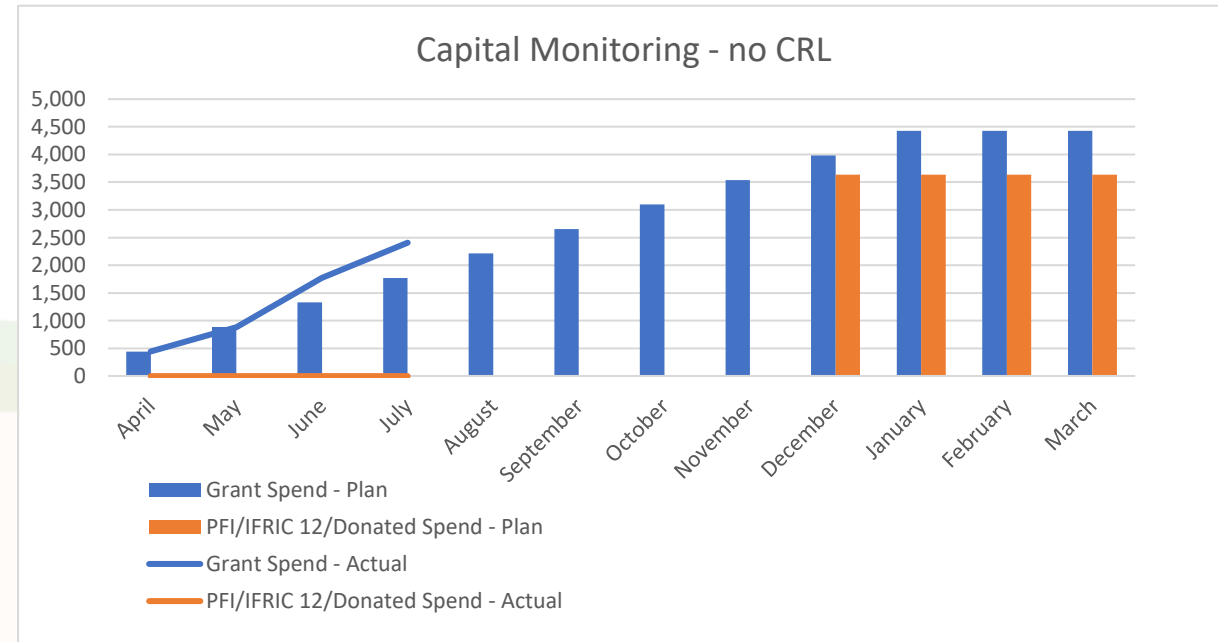
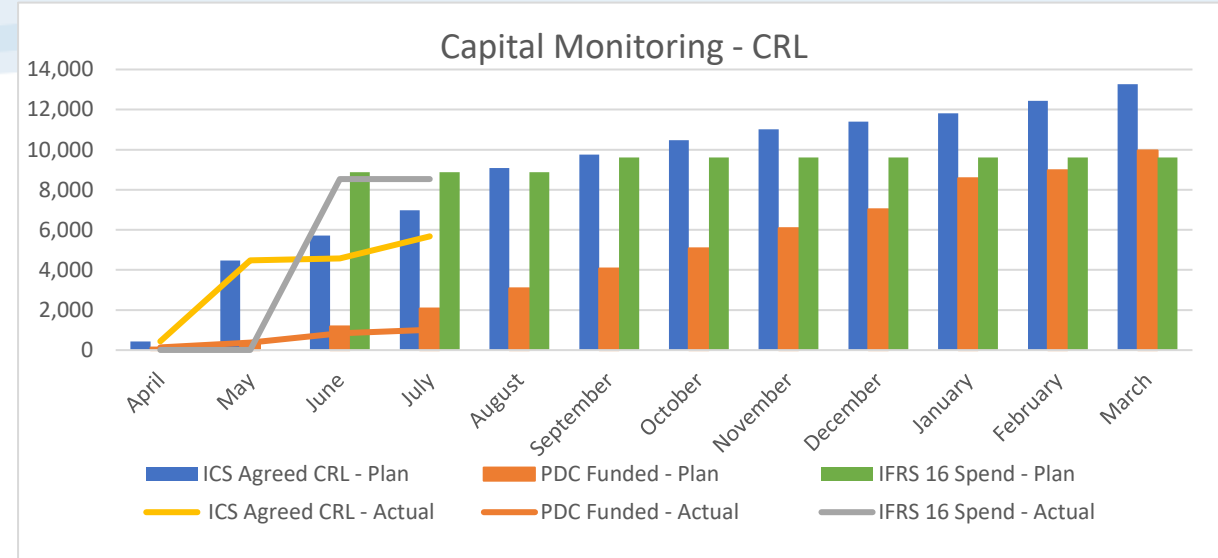
Capital Monitoring - non CRL - The balance of the capital YTD, £2.4m, relates to capital spend on grant funded items, which is £0.6m ahead of plan but forecast to be on plan for year end. There were no PFI additions in month which is in line with Plan.

Breakdown of all capital spend by major scheme category, excluding IFRS - 16 can be seen against submitted plan, below:

Capital spend against submitted plan £'000	YTD PFR Plan	YTD Actuals	Variance
ICB Funded			
Backlog / Critical Infrastructure / Compliance	1,166	701	465
Radiopharmacy, Asceptics and other divisional schemes	5,160	4,491	669
Medical Equipment	107	78	29
ICT Schemes	539	408	131
Total	6,972	5,678	1,294
PDC Backed			
RAAC Yr 2	907	498	409
IEPR	1,168	516	652
	2,075	1,014	1,061
TOTAL CRL	9,047	6,692	2,355

Non-CRL

PSDS Phase 3b	1,770	2,406	(636)
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Capital - WHT

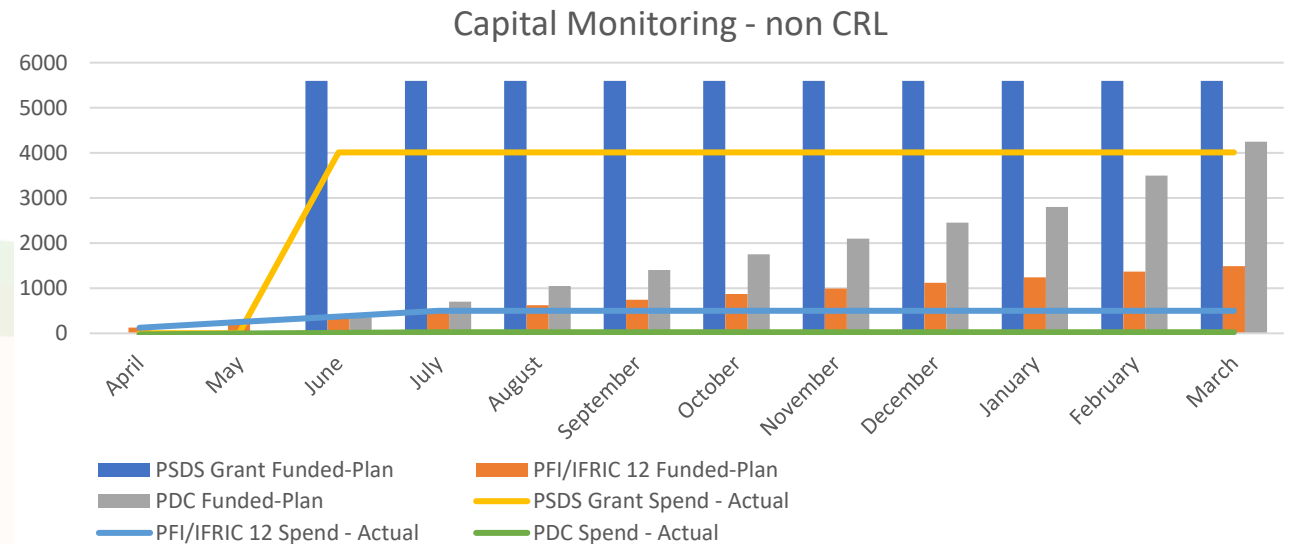
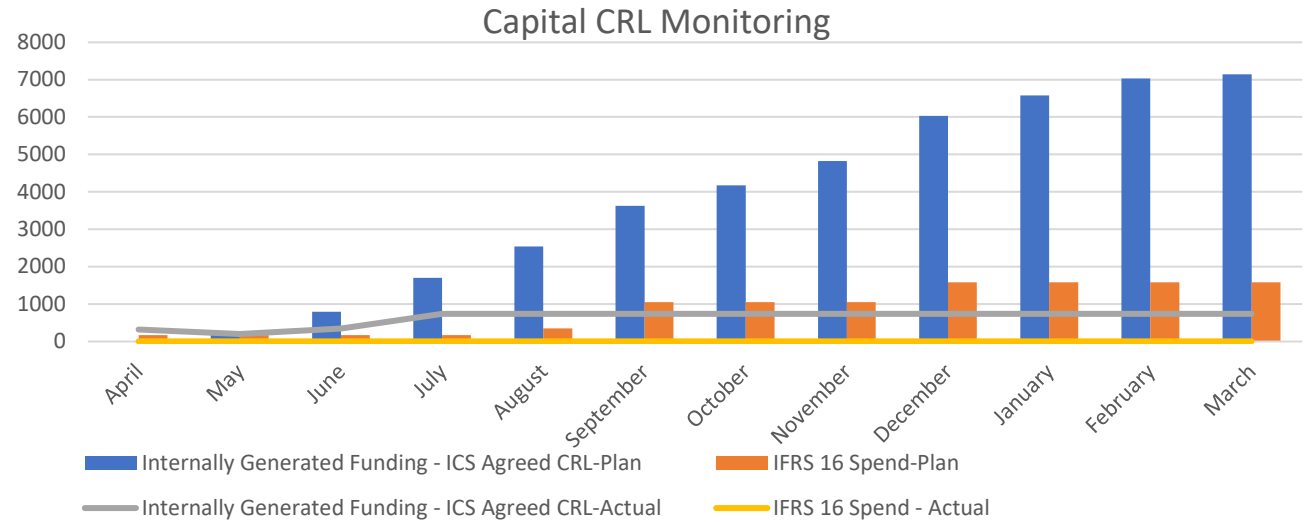
The trust has spent £5.3m of Capital YTD to 31st July 2024, which is an underspend of £3.4m against planned YTD Capital of £8.7m. Of the £5.3m YTD Spend:

- £0.75m relates to capital spend which the ICS is measured against, which is an underspend of £1.1m vs plan due to timing of orders. The trust expects to meet the CRL plan of £8.7m at the end of the year.

- The balance of the YTD Capital spend of £4.5m relates to PFI/IFRIC 12 capital of £0.5m on plan, PSDS grant spend of £4m with a variance of £1.6m vs plan YTD and PDC spend of £20K YTD with a variance of £0.7m vs plan YTD whilst supporting business case undergo approval. PDC Funding has been moved under Non-CRL to align with ICB reporting.

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

<u>Scheme</u>	M4 YTD Budget £'000s	M4 YTD Spend £'000s
Estates:		
PFI Lifecycle:	496	496
Old ED works	202	200
Theatres 1-4 Refurb	632	77
Estates Lifecycle	145	100
Health Records	406	282
Aseptic Suite	200	-
New Build-Non Clinical (PSDS Match Funding)	5,595	4,012
Estates Total	7,676	5,167
Medical Equipment:		
Medical Equipment	114	83
Medical Equipment Total	114	83
Information Management & Technology:		
IT Equipment		
Information Management & Technology Total	-	-
PDC Funding		
IM&T PDC Funding	700	20
PDC Funding Total	700	20
IFRS16	172	-
Total IFRS16	172	-
Grand Total	8,662	5,269



Title of Report	Exception Report from Quality Committee		Enc No: 7.3
Author:	Professor Louise Toner - NED		
Presenter:	Professor Louise Toner		
Date(s) of Committee Meetings since last Board meeting:	31 st July 2024 30 th August 2024		
Action Required			
Decision	Approval	Discussion	Received/Noted/For Information
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
<p>The Trust remains in Tier 1 scrutiny as a result of some of our cancer metrics, however, the NHSE monitoring calls have been reduced to fortnightly meetings. Urology, Gynaecology and Skin remain particularly challenging and mutual aid continues within and out with the Black Country. The Trust is now on track to meet the 28-day faster diagnosis and the 62-day combined target by March 2025.</p> <p>Some aspects of Diagnostics remain challenging; however, improvement are evident in some areas, but histopathology continues to experience the most significant delays, however, there are improvements evident</p> <p>The Trusts Stroke metric relating to patients being cared for in a stroke unit was below target mainly due to the increase in the number of stroke patients who require admission. All patients were assessed but a number outside the required time frame.</p> <p>The Trust has received a letter from the national CQC team informing us of an investigation into a baby death that occurred in 2023. This is being managed appropriately within the Trust.</p>	<p>It was confirmed that the external review into our Stroke Mortality Metrics will be undertaken by King's College, London, who work with the Royal College of Physicians in this area, on the 28th and 29th November 2024. However, an internal review is already underway led by the Trust's mortality lead and a series of actions are being progressed.</p> <p>Following the introduction of the Patient Safety Incident Response Framework (PSIRF), the Black Country ICB will be conducting a PSIRF implementation audit in October 2024.</p> <p>A Deep dive relating to head and Neck cancer metrics is being undertaken as requested as part of the Tier 1 scrutiny process</p>

POSITIVE ASSURANCES TO PROVIDE	DECISIONS MADE
<p>Following review by the relevant executives, there have been no changes to the Board Assurance Framework.</p> <p>In respect on the Trust Risk Register. one new risk has been added 6126 – Medical Outliers in ED</p> <p>One risk level has been increased - 5849 – Reduced scan capacity in Fetal Medicine Department</p> <p>Following RWT’s response to a CQC request regarding Paediatric Audiology it has been confirmed RWT is compliant with the UK Accreditation Service in this respect.</p> <p>The Trust has now received more information following our receipt of funding to assist in fully embracing Martha’s rule.</p> <p>Following the move of the Special Care Baby Unit (SCBU) to the Antenatal ward, as a result of building works being undertaken directly below the unit, a number of positive benefits have been identified. These have been fully embraced by the team and it is proposed that, where possible, modifications can be made to the SCBU prior to the “move back.” It was acknowledged that, given the challenging financial situation, not all of the desired developments can be undertaken, however, those essential elements will be completed.</p>	<p>Continue to review Stroke metrics at future meetings.</p> <p>Continue to monitor the Summary Hospital Mortality Indicator (SHIM) given this has risen slightly but is within acceptable limits.</p> <p>The Committee approved the Health and Safety Annual report at its July 2024 meeting.</p> <p>To hold a Quality Committee meeting in August and December each year moving forward to align with the new Board Meetings.</p> <p>To review the RWT and WHT committees that feed into the Quality Committee to align the cycles of business as far as is possible. This will be discussed further at the September 2024 meeting.</p>

Quality Dashboard

Metric - Patient Experience	Target	Variation	Assurance	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
Number of complaints as a % of admissions	Surveillance			0.34%	0.26%	0.43%	0.33%	0.34%	0.36%
Complaints response rate against policy	90%			100.0%	100.0%	100.0%	94.0%	100.0%	100.0%
FFT response rates - Trust wide	Surveillance			13.0%	13.0%	13.0%	N/A	N/A	13.0%
FFT recommendation rates - Trust wide				83.0%	83.0%	83.0%	N/A	N/A	84.0%
Observations on time (Trust wide)	>90%			87.3%	88.1%	89.1%	89.4%	87.7%	88.3%
Duty of Candour - Element 1: notifying patients and families of the incident and investigation taking place. Due 10 working days after incident is reported to STEIS	0			0	0	0	0	0	0
Duty of Candour - Element 2: sharing outcome of investigation with patients/relatives. Due 10 working days after final RCA report is submitted to ICB	0			0	0	1	0	0	0
Metric - Patient Outcomes	Target	Variation	Assurance	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
Pressure ulcers - STEIS reportable cases	Surveillance			0	0	0	0	0	0
Pressure ulcers per 1,000 occupied bed days				1.34	1.03	1.12	0.85	1.27	0.87
Falls rate with harm per 1,000 occupied bed days				0.00	0.00	0.00	0.00	0.00	0.00
Patient falls - rate per 1,000 occupied bed days				3.41	2.69	2.89	3.29	2.83	3.42
Crude mortality rate				2.11%	1.99%	1.66%	1.55%	1.78%	1.67%
RWT SHMI				0.9531	0.9249				

Metric - Patient Safety	Target	Variation	Assurance	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
Clostridioides difficile	4			7	7	7	8	8	14
MRSA Bacteraemia	0			1	0	1	0	2	0
E.Coli	Surveillance			19	26	25	29	20	30
Medication error - incidents causing serious harm	0			0	0	0	0	0	0
Never events	0			0	0	0	0	0	0
Mental Health ED patient attendance numbers	Surveillance			373	335	360	400	243	251
Metric - Patient Safety (continued)	Target	Variation	Assurance	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
Care hours per patient - total nursing & midwifery staff actual	>= 7.6			7.97	7.74	8.26	8.09	8.05	8.15
Care hours per patient - registered nursing & midwifery staff actual	>= 4.5			5.04	5.02	5.27	5.14	5.06	5.10
Midwife to birth ratio	<=30			26.0	27.0	27.0	27.0	28.0	28.0
Sepsis screening - ED	>= 90%			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Sepsis screening - Inpatients (reported quarterly)	>= 90%			84.17%		N/A			
Thrombus - Hospital acquired (VTE numbers) per 1,000 occupied bed days (reported quarterly 1 month in arrears)	Surveillance			0.71		0.47			
Metric - Maternity	Target	Variation	Assurance	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
Smoking at delivery	<7%			7.9%	9.1%	8.3%	7.9%	6.4%	9.4%
Babies being cooled (born here)	Surveillance			0	0	0	0	0	0
Metric - Stroke	Target	Variation	Assurance	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24

Patients admitted with primary diagnosis of stroke should spend greater than 90% of their hospital stay on a dedicated stroke unit	80%			N/A	N/A	88.90%	68.60%	82.54%	86.59%
Stroke patients will be assessed and treated within 24 hours	60%			N/A	N/A	N/A	N/A	80.00%	53.33%
Metric - Cancer Waiting Times	Target	Variation	Assurance	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
2 Week Wait - Cancer Referrals	93%			80.32%	85.85%	82.40%	88.13%	88.87%	86.71%
31 Day Combined	96%			87.99%	86.79%	82.21%	90.06%	88.85%	89.81%
62 Day Combined	70%			37.89%	45.68%	46.22%	49.52%	57.24%	51.97%
28 Day Faster Diagnosis Standard	77% (from Apr 24)			81.08%	80.79%	77.82%	80.96%	81.71%	79.63%

Report title:	RWT Chief Nursing Officer Report
Sponsoring executive:	Chief Nursing Officer; Debra Hickman
Report author:	Deputy Chief Nursing Officers; Amy Boden and Catherine Wilson
Meeting title:	Report to the Public Trust Board
Date:	17 th September 2024

1. Summary of key issues <i>two or three issues you consider the Public TB should focus on in discussion</i>	
<p>This report provides an overview of key quality, safety and professional matters to demonstrate focus on improving quality outcomes and patient experience.</p>	
<p>Assure</p> <ul style="list-style-type: none"> • A new approved Nursing Risk Assessment has been introduced to wards in July 2024. • The Clinical Accreditation Programme continues to quality review Nursing Services. • The deep clean program is ongoing to aid Infection Prevention and Control (IPC) • The NEWS2 training compliance is 98%. • The Care Certificate compliance is 99% for substantive staff and 100% for bank staff. • In response to the with the Nursing and Midwifery Council (NMC) Culture Review and following reconciliation work, we are confident that of our 7 open cases the longest wait is from 2023 and signposting to support has occurred for cases and is ongoing. 	
<p>Advise</p> <ul style="list-style-type: none"> • Scrutiny of Bank spend continues with approval of Bank remaining at Matron level to ensure oversight and decision making around safe staffing and efficiency. A review of nurse-sensitive indicators demonstrated no significant adverse changes in quality for Month 4 data. • External Infection Prevention trajectories for 2024-25 have just arrived and will be tabled at Infection Prevention and Control Group (IPCG). • Falls -112 were reported in July 2024, this is within tolerance limits. • Pressure ulcers - 25 were reported in July 2024, this is within tolerance limits. • The Band 2/3 Health Care Support Worker (HCSW) scoping, in line with National job profiles, is underway and the scoping expects to be completed in October 2024. • NHS-England (NHSE) Maternity practice placements visit, following the National Education and Training Survey (NETS) response took place on the 18th July, 2024. High level feedback advised no immediate patient safety concerns. We are awaiting a full report from NHSE. • Confirmation of Continuous Professional Development (CPD) funds have been received. • IKON training has now been launched across both organisations. This is initially being rolled out for Emergency portals, Paediatric and Older Adults 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 these patients. 	
<p>Alert</p> <ul style="list-style-type: none"> • MRSA Bacteraemia is above the previous annual external objective 23/24 • <i>Clostridioides difficile</i> (<i>C. diff</i>) is above the previous monthly external objective • MUST overall assessment completion and reassessment has improved to 70.2%. A MUST Improvement Plan has been circulated at Nutrition Support Steering Group (NSSG) for approval to improve the completion of MUST and reassessment compliance. Contracting is consulting with the ICB to determine if a 95% target is included in 2024/25 contracts. 	

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

3. Previous consideration [at which meeting[s] has this paper/matter been previously discussed?]
This paper starts at Quality Committee and then to Trust Board.

4. Recommendation(s)
The Public Trust Board is asked to:
Receive the paper for Assurance.
Note the key messages in section 1 of the Report.
Note the work undertaken by the Chief Nursing office to drive continuous improvements in the provision of high quality of care and patient experience and contribute to the successful achievement of the Trusts Strategic objectives.

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

Group Board/Committee

Report to the Public Trust Board on 17th September 2024

Chief Nursing Officer Report

1. Executive summary

1.1 This report provides an overview of Julys 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.

2. Introduction or background

2.1 This monthly report demonstrates our ongoing commitment to sustaining the Nursing and Midwifery workforce whilst giving equal importance to financial performance and Safe staffing. We will continue to scrutinise quality metrics to ensure the Nurse sensitive are not impacted by any staffing shortfalls.

2.2 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.

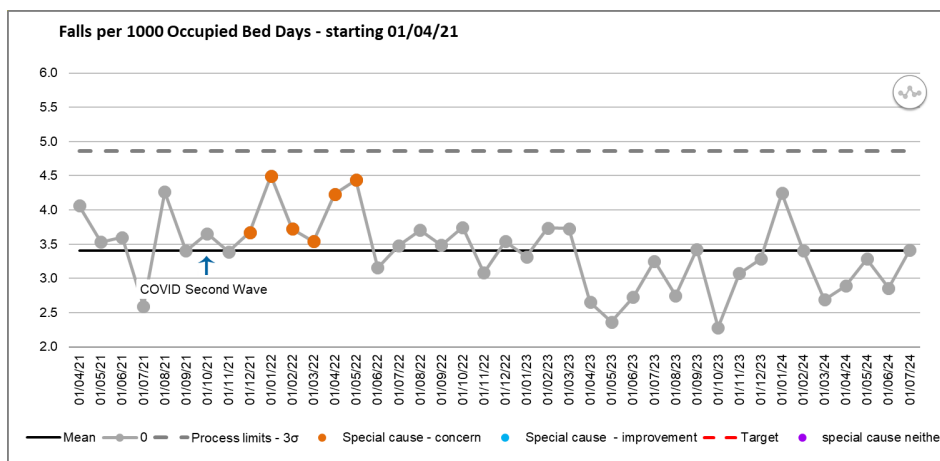
2.3 Other Nursing quality and safety data can be viewed on the Integrated Quality and Performance Report (IQPR/ board metrics) and Annex 1- Executive level Nursing Dashboard.

3. Excellence in Care



Excellence in care

3.1 Falls

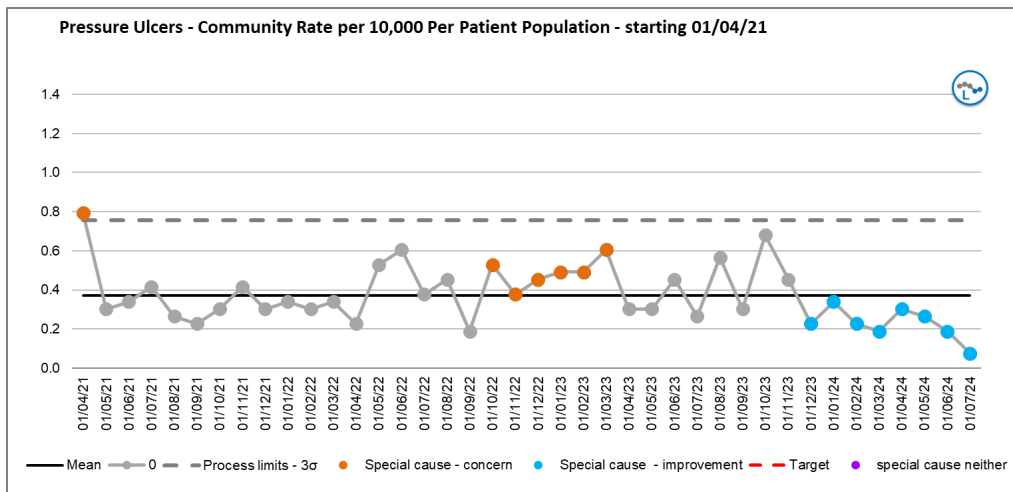
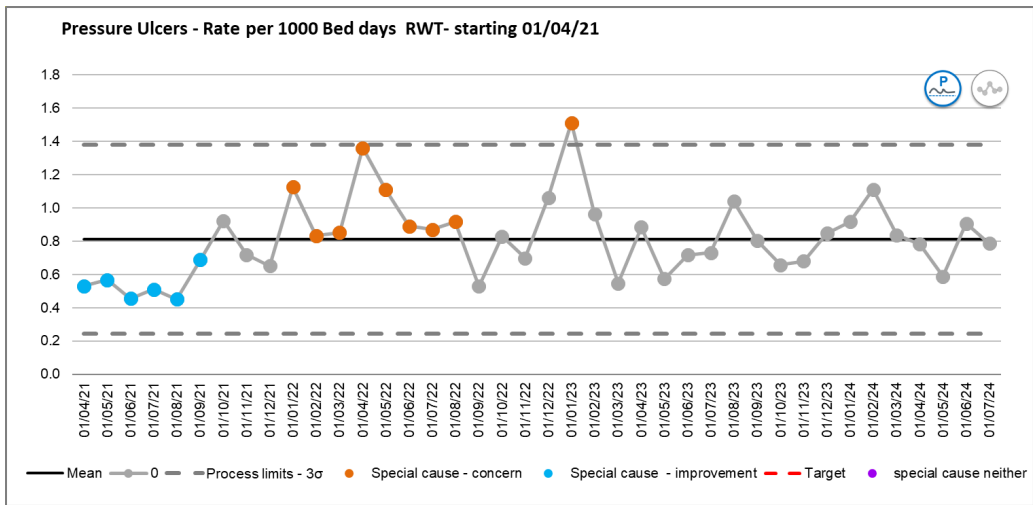


3.1.1 Ongoing common themes from incidents:

- Nursing Risk assessments are sometimes undertaken out of the indicated timeframes or not completed in full (this can include no lying and standing BP recorded on admission).
- Moving and handling initial assessments not completed within 6 hours.
- Falls reassessments not completed in a timely way.
- The Trust Falls policy has been reviewed and is awaiting approval and ratification at Trust Policy Group.

- A new Nursing Risk Assessment has been introduced and focused education and support around accuracy to identify and enable preventative measures.
- Oversight is maintained via the Falls Steering Group

3.2 Pressure Ulcers



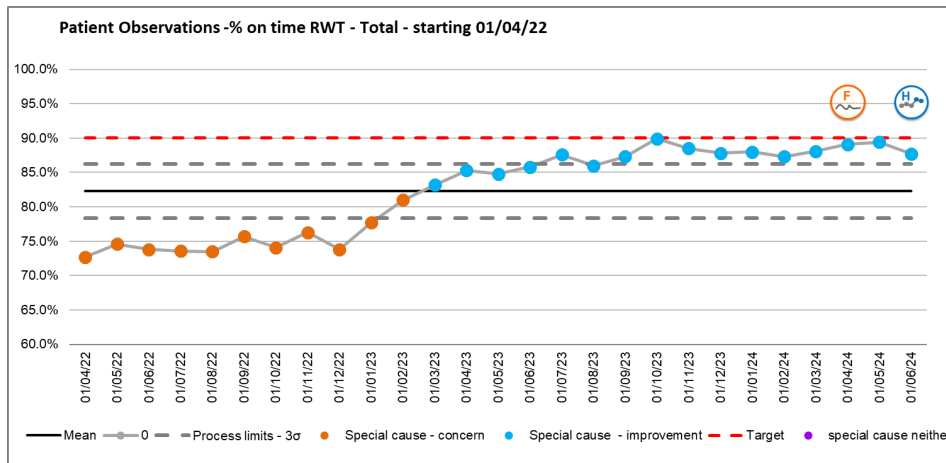
3.2.1 Similar Ongoing Themes from Incidents

Change of position of pressure points adherence documented in acute setting

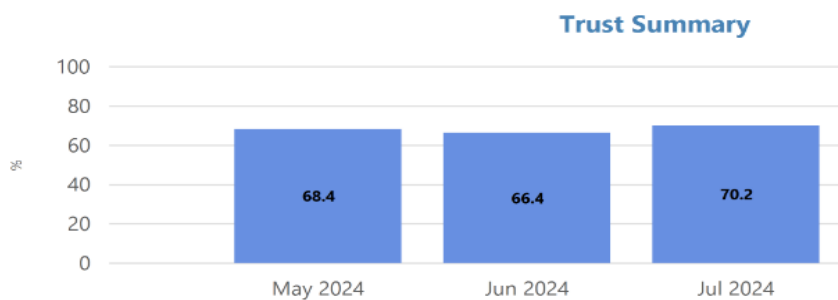
PSIRF pilot continues on C24, A5 and A6 and will be extended to other wards/departments from different Divisions. A draft Compassionate Engagement Sticker has been developed and approved subject to minor amends following documentation group.

3.3 Observations on time

3.3.1 The position remains static for overall observations on time performance



3.4 Malnutrition Universal Screening Tool (MUST) completion



	May 2024	June 2024	July 2024	August 2024
Number of Assessments	3014	2836	3105	1848
Number of Assessments Due	4404	4269	4420	2486

3.4.1 MUST assessment completion and re-assessment performance has improved in month. The MUST improvement plan includes a focus on education, communication, policy, audit and visibility of results from the dashboard as opportunities for quality improvement. In general reassessment compliance at 73.9% is better than initial compliance at 67.6% averaging a Trust total of 70.2%.

A focused QI project on the Acute Medical Unit has commenced and team are evaluating tool to support improvements in initial assessment.

3.5 Accreditation

3.5.1 The Clinical Accreditation Programme launched in April 2023 across both RWT and WHT, below is the list of wards visited and status of accreditation.

Date	Ward/Dept/Unit	Accreditation Level Awarded	Date	Accreditation Level Awarded	Date	Accreditation Level Awarded	
5/4/23	A7	WTA	21/7/23	Ruby	Scheduled		
14/4/23	A8	Ruby	2/8/23	WTA	15/12/2023	Emerald	Scheduled
21/4/23	C14	Emerald	2/5/24	Awaiting outcome			
28/4/23	C26	Emerald	7/6/24	Emerald			
3/5/23	C18	Emerald	26/04/2024	Emerald	Scheduled		
19/5/23	Fairoak	Emerald	Scheduled				
31/5/23	C39	Ruby	20/10/23	WTA	Scheduled		
2/6/23	Amu	Emerald	Scheduled				
7/6/23	C35	WTA	30/8/23	WTA	17/5/2024	WTA	
16/6/23	D7	Ruby	24/11/23	Ruby	04/07/2024	Awaiting outcome	
23/06/23	C19	Ruby	17/11/23	Ruby	Scheduled		
30/06/23	B11	WTA	Scheduled				
5/7/23	C22	WTA	29/11/23	WTA	19/07/2024	Awaiting outcome	
14/7/23	C24	WTA	8/12/23	WTA	Scheduled		
18/8/23	Ward 2 WP	Emerald	Scheduled				
6/9/23	NRU	Sapphire	Scheduled				
8/9/23	C15	Ruby	Scheduled				
15/9/23	C16	WTA	10/05/2024	WTA	Scheduled		
22/9/23	C21	Emerald	2/07/2024	Awaiting outcome			
4/10/23	C25	Ruby	WTA	Scheduled			
13/10/23	C17	WTA	Scheduled				
19/01/24	B7	WTA	02/08/24	Awaiting outcome			
2/2/24	SEU	Sapphire	Scheduled				
7/2/24	B8	Emerald	Scheduled				
06/3/24	A12	Emerald	Scheduled				
15/3/24	A14	Emerald	Scheduled				
16/2/24	Hilton Main	Emerald	Scheduled				
23/2/24	Ward 1 WP	Emerald	Scheduled				
	ED	Scheduled					
08/03/24	A5	Emerald	Scheduled				
08/03/24	A6	Ruby	Scheduled				
15/03/24	B14	Sapphire	Scheduled				

Table Showing Levels of Accreditation Approved at Clinical Accreditation Board April 2023-June 2024

Key

Working towards accreditation	5 standards or more in total in this category <small>Triangulation of data and soft intelligence suggest that a re-assessment is required (for example, occurrence of significant incidents; patient safety concerns; patient experience concerns, work for ce concerns, leadership concerns).</small>	Reassess in 4 months
Ruby <small>Meets basic standards for that area</small>	3 – 4 working towards accreditation standards and/or less than 8 blue standards in total <small>Triangulation of data and soft intelligence suggest that a re-assessment is required (for example, occurrence of significant incidents; patient safety concerns; patient experience concerns, work for ce concerns, leadership concerns).</small>	Reassess in 6 months
Emerald <small>Meets all the standards expected with a clear plan and evidence of improvement</small>	0- 2 working towards accreditation standards and a minimum of 8 Sapphire standards in total <small>Triangulation of data and soft intelligence suggest that a re-assessment is required (for example, occurrence of significant incidents; patient safety concerns; patient experience concerns, work for ce concerns, leadership concerns).</small>	Reassess in 9 months
Sapphire <small>Meets the standard and is deemed excellent</small>	0 working towards accreditation standards and a minimum of 8 Sapphire standards in total <small>Triangulation of data and soft intelligence suggest that a re-assessment is required (for example, occurrence of significant incidents; patient safety concerns; patient experience concerns, work for ce concerns, leadership concerns).</small>	Reassess in 12 months
Diamond <small>Has sustained Sapphire status for more than 1 year</small>	Reassessed after 12 months and retained Sapphire on clinical accreditation assessments <small>Triangulation of data and soft intelligence suggest that a re-assessment is required (for example, occurrence of significant incidents; patient safety concerns; patient experience concerns, work for ce concerns, leadership concerns).</small>	Reassess 12 monthly

3.5.2 Themes from Clinical Accreditation Visits as opportunities for quality improvement include:

- Storage of medical notes when not in use and quality of storage containers locks often not working. Action: This is reported to the area and an action plan is developed locally.
- NG Competency completion in addition to e-learning package. Action: this is discussed with education and Nutrition Nurse Specialist to present to senior nurse leader forum at both organisations and scope solutions for each Trust.
- MUST Screening compliance at both organisations. Draft improvement plan written for review by Dietetics Leads and then for wider circulation.
- Quality of meal service for both organisations continues to be monitored also via meal service audit.
- Reposition adherence on intervention charts documented relieving pressure points. Action: The Tissue Viability (TV) team are incorporating into their training.
- The inconsistent use of This is Me /relevant passport if the patient has dementia/autism/learning disability as a piece of work has been taken through Dementia Working Group as a priority action.
- Wound dressing supplies on some wards high volume of stock that will be utilised before more stock is ordered – cost savings to the Trust – TV lead to work out savings.

- Patients aware of the name of the nurse looking after them and staff introduce themselves who are involved in the patient's care.

3.5.2 Phase 2

Accreditation templates for specialist areas continue to be developed. A revised assurance framework is awaiting approval at Clinical Accreditation Board incorporating a review of the approach and methodology.

3.6 Wider Quality Initiatives

3.6.1 Eat Drink Dress Move to Improve (EDDMI) Celebration days are organised for WHT and RWT in September. A Shared Decision Making group and Hydration and Fluid Balance Group are formulating more outcome measures to add to existing audit outcome measures to be reflected also in Clinical Accreditation.

3.6.2 Nursing Documentation A new Patient risk assessment has been launched on 30th of July 2024. A new care plan template approved at Senior Leaders to facilitate existing care plans and new care plans to be developed to be reviewed weekly or on change of clinical condition.

3.6.3 Medication Safety A shared decision-making council has been established focusing on Controlled Drug medications. A Critical medication poster will be piloted in the Emergency Department in September 2024 to improve compliance.

3.6.4 Deteriorating patients A Scale 2 sticker has been approved to go through Documentation group to pilot from the 19th of August 2024. The Dashboard continues to be finalised awaiting approval of the sepsis data pilot. New Sepsis guidance is now available and an update to Vitals anticipated in V.5 now expected April to mid-2025 to test.

3.6.5 The Quality Framework (QF) Reporting against quarter 5 in July 2024 is complete. Key achievements in Q5 included the following:

- Accreditation completed for a further 15 inpatients wards/emergency portals.
- Re-assess impact of 'Back to the Floor Fridays' with Staff Survey and participation data.
- Evaluate safety briefing effectiveness.
- 10% of support staff access apprenticeship
- Publish annual educational offers for registered staff.
- Evaluation of Prep for practice competency programme for enhanced Maternity care
- An Annual research conference is planned for both Trusts.

Next steps

- Continue to strengthen the oversight, engagement, and ownership of the Quality Framework across the relevant Nursing, Midwifery, Health Visiting (HV), and Allied Health Professional staff.
- Sharing quarterly summary reports and key headlines with all staff.
- Meet to discuss development of next Quality Framework version 2025-2027.

4. Patient Experience Patient Experience data is contained within the IQPR presented to QC and TMC separately.

5. Maternity Latest updates for Maternity services are contained within the Maternity Report and IQPR presented to QC and TMC separately.

6. Infection Prevention and Control (IPC) External Infection Prevention trajectories for 2024/25 have just arrived and will be tabled at Infection Prevention and Control Group (IPCG).

6.1 For infections that are monitored externally, definitions that are now in use are HOHA (Hospital Onset, Healthcare Associated, i.e. infections that occur on or beyond day 2 of admission) and COHA (Community Onset, Healthcare Associated, i.e. infections that occur less than 2 days into admission, but within 28 days of a previous discharge). There are some discrepancies between internal attributions (which e.g. will exclude those patients who were discharged to a care home prior to their readmission with an infection, or those who were seen within 28 days but were not an inpatient for more than 1 day) and these external definitions. For example, a *Staphylococcus aureus* bacteraemia arising from endocarditis, where the patient was admitted for a short time (1 day), but then discharged, only to reattend the next day more unwell and have a blood culture taken, is not internally attributable, but would be externally attributable. The division to which this external attribution has been applied is included so that these cases can be reviewed by the division if indicated.

6.2 Methicillin Resistant *Staph. aureus* (MRSA) bacteraemia = 0

6.2.1 3/0 cases year to date (adjusted figure). External annual trajectory was previously zero for all NHS organisations External Infection Prevention trajectories for 2024/25 have just arrived and will be tabled at the next Infection Prevention and Control Group (IPCG).

6.3 Methicillin Sensitive *Staph. aureus* (MSSA) bacteraemia = 2 (1 HOHA, 1 COHA)

6.3.1 15/24 cases year to date (total amended from April 2024). Internal annual trajectory 24

6.4 MRSA Acquisition = 5

6.4.1 126/24 cases year to date (3 screens, 2 clinical samples). Internal annual trajectory 24

6.4.2 Actions Emergency portals supported to sustain improved compliance with MRSA admission screening.

6.4.3 Advise Infection Prevention team (IPT) continue to support wards to improve documentation of devices on Vitals and administer effective decolonisation treatment.

6.5 *Clostridioides difficile* (*C. diff*) = 14 (8 HOHA, 6 COHA)

6.5.1 37/53 cases year to date

6.5.2 2023/24 External annual trajectory was previously 53. External Infection Prevention trajectories for 2024/25 have just arrived and will be tabled at Infection Prevention and Control Group (IPCG).

6.5.3 Actions Development of C diff pathway

6.5.4 A Thematic review of 2023/24 C diff Infections (CDIs) presented at IPCG. Ongoing in-depth quarterly review of new Trust attributed CDI cases. Environmental audits are completed monthly; results are incorporated into exemption reports that are reviewed at incident meetings. Audit results are discussed at Environment Group and any areas of concern or gaps in results are

escalated to relevant ward/department for action. There are Weekly *C. diff* ward rounds with Microbiologist and weekly multidisciplinary antimicrobial ward rounds will be reinstated.

6.5.5 Assure The deep clean program is ongoing. The permanent Patient Equipment Cleaning Centre (PECC) is utilised to clean beds and other patient equipment.

6.6 Gram Negative bacteraemia

6.6.1 *Escherichia coli (E coli)* = 18 (9 HOHA, 9 COHA)

6.6.2 43/94 cases year to date

6.6.3 2023/24 External annual trajectory was previously 94. External Infection Prevention trajectories for 2024/25 have just arrived and will be tabled at Infection Prevention and Control Group (IPCG).

6.6.4 *Klebsiella* = 2 (2 COHA)

6.6.5 10/29 cases year to date (total amended from June 2024)

6.6.6 2023/24 External annual trajectory was previously 29. External Infection Prevention trajectories for 2024/25 have just arrived and will be tabled at Infection Prevention and Control Group (IPCG).

6.6.7 *Pseudomonas aeruginosa* = 3 (3 HOHA)

6.6.8 11/15 cases year to date (total amended from June 2024)

6.6.9 2023/24 External annual trajectory was previously 15. External Infection Prevention trajectories for 2024/25 have just arrived and will be tabled at Infection Prevention and Control Group (IPCG).

6.6.10 Actions The majority of Gram negative bacteraemias are endogenous (come from the patient's own bacterial flora) and therefore the correct actions to reduce Gram negatives are not well understood. Reducing catheter associated UTIs may have a small effect (these are a very small proportion of the total), along with actions to reduce UTIs over all (hydration is thought to play a role here but evidence is variable). However, Gram negative bacteraemias also come from other sources such as the biliary tree, invasive gastrointestinal and genitourinary cancers etc. It is not clear what actions would reduce these. Work to reduce the small number of CAUTIs include a Catheter Working Group that meets monthly, catheter packs rolled out across the acute trust, and launch of catheter passport.

6.7 Device related hospital acquired bacteraemias (DRHABs) = 6

6.7.1 25/48 cases year to date. Internal annual trajectory 48

6.7.2 Advise 4 urinary catheters, 1 line, 1 nephrostomy.

6.7.3 Actions Dedicated Intravenous Resource team. All DRHABs are reviewed at IP Incident review meeting. Urinary catheter and PVC dashboards developed to support the audit of devices.

6.8 COVID-19

6.8.1 As of 14th August 2024, there were 10 positive cases in the Trust.

6.9 Invasive Group a Strep (iGAS)

6.9.1. 2 cases identified in blood cultures in July

6.10 Measles

6.10.1 Since 25 September 2023, there have been 19 confirmed cases in Wolverhampton.

6.11 Pertussis (Whooping cough)

6.11.1 Pertussis case numbers in England remain high across all regions in 2024. In England, provisionally there were 10,493 laboratory confirmed cases of pertussis reported to UKHSA between January and June 2024 with 555 cases in January 2024 and 2,427 in June. This compares with 858 (provisional) laboratory confirmed cases of pertussis reported throughout 2023. There have been 9 reported deaths in infants who developed pertussis between January and June 2024.

6.12 Mpox (formerly monkeypox) Clade I mpox appears to be spreading more readily across central Africa with potentially greater pathogenicity. As such, WHO has [announced](#) Clade I mpox should be considered a public health emergency of international concern; in the UK it is considered a [high-consequence infectious disease](#). There are no known cases in the UK. Advice communications have been issued to clinical teams. A tabletop review of Trust processes and action cards has been conducted to ensure we are in line with current guidance and learning.

7. Safeguarding

7.1 Safeguarding Children and Adult Training (Level 3) continues to be a challenge at times. There remains ongoing work around the engagement of staff, delivery options and overarching compliance. It is positive to note that the ICB have been supportive of all initiatives undertaken by RWT to date.

7.2 The 'Right Care, Right Person' project will commence from October 2024. There remains ongoing work across the Black Country regarding the impact it may pose to Trusts and a Risk for the register is in development with an implementation plan evolving between October 2024 and March 2025 agreed with all partner agencies.

7.3 The Families First Pathfinder Programme (FFCP) goes live shortly.

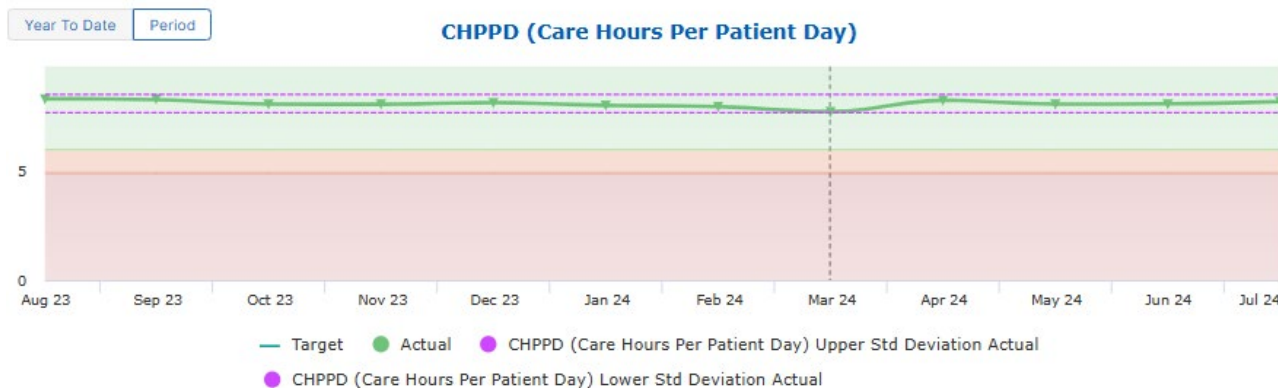
7.4 The Oliver McGowan Level 2 training programme has commenced roll out across the Black Country. There have been additional places created for Trust staff. A review of key staff who are required to attend is being progressed.

8. Workforce

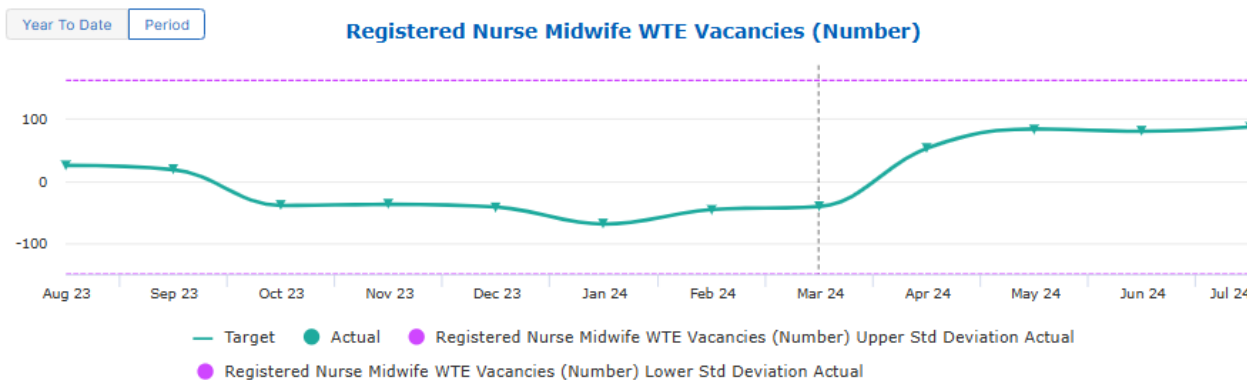


Workforce

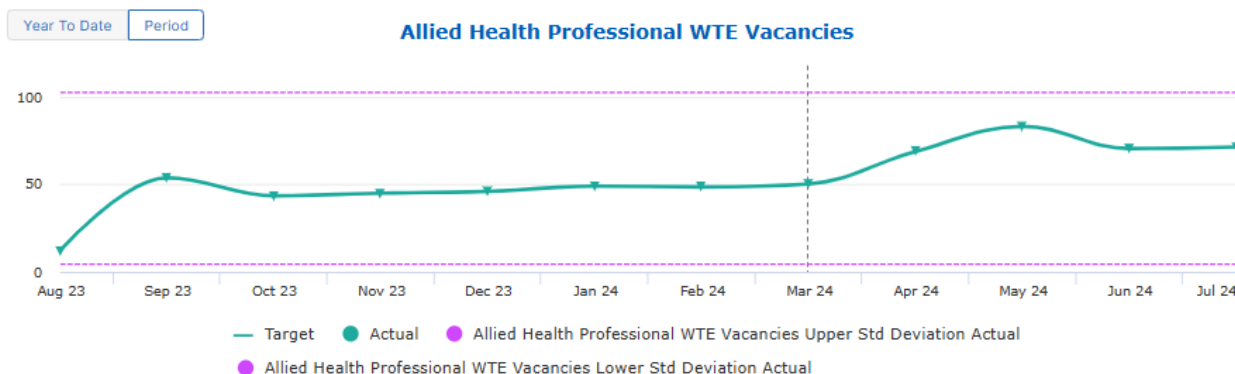
8.1 Care Hours Per patient Day (CHPPD)



8.2 Nursing and Midwifery WTE Vacancies



8.3 Registered Allied Health Professionals WTE Vacancies



8.3.1 CHPPD and Registered vacancies are stable in month and oversight of the establishment control and rostering metrics is maintained by the Workforce Oversight Group chaired by the Chief Nursing Officer.

8.4 Recognising there is an ICB wide planned financial improvement trajectory for 2024/25 the wider efficiency programme provides an opportunity to review vacancies and Bank spend. Scrutiny remains high and approval of Bank has been elevated to Matron level to aid oversight and decision

making around safe staffing and efficiency. A review of nurse-sensitive indicators demonstrated no significant adverse changes in quality for Month 4 data. Analysis of areas that continue with higher levels of bank utilisation are evidencing combinations of short-term sickness, vacancies, maternity leave and increased dependency.

8.5 The Black Country Nursing Workforce alignment group aim for a useful and comparable data set across Nursing Workforce in the future. The Group has standardised Health Care Support Worker Job descriptions including specialist areas such as Intensive Cardiac Care Unit (ICCU), Theatres and Community which are at final approval stage within a pan Black County matching panel. The intention is to ensure there is a consistent job description in use across the four acute Trusts.

8.6 Following a review of the national profiles of healthcare support workers (HCSW) to clarify the difference between Band 2 (B2) and Band 3 (B3) HCSW the core differentiating factor was determined as the undertaking of clinical observations. The B2/ B3 job descriptions have been aligned and matched, as an output of the Black Country Nursing Workforce alignment group, to support the change and clinical requirements. The Chief Nurse senior leadership team has completed an individual assessment of colleagues identified as in scope. This work has identified the percentage of B2 HCSW in scope and eligible to assimilate from B2 to B3 on the basis that they undertake clinical observations within role. Now that the impact is understood, the senior Nursing teams will be working collaboratively to determine the clinical model moving forward, using a Confirm and Challenge review for Chief Nurse approval, establishing how many B2 Clinical Support Workers and B3 Senior Clinical Support Workers will be required per area/ward per shift. This work is expected to be completed in October 2024.

8.7 We are working with our Recruitment teams and partner Universities to allocate as many of our Newly Qualified Nurse roles as possible according to approved vacancies for students that are completing their Nurse training in September 2024.

8.8 Following the publication of the Nursing and Midwifery Council (NMC) Culture review we have reviewed the position of our current NMC referrals to ensure ongoing support is offered including in lengthy cases not yet brought to closure. We looked back to 2020. We have 7 open cases for current Royal Wolverhampton NHS Trust (RWT) employees and the longest wait is for a Registrant referred in 2023. We have contacted each registrants line manager and issued sign posting to support that is available. See Annex 2.

8.8.1 RWT is represented on the NHSE Midlands NMC culture review response Task and Finish Group.

9. Education



Education

- 9.1 NHSE maternity practice placements visit following the National Education and Training Survey (NETS) response took place on the 18th July, 2024. High level feedback showed no immediate patient safety concerns, awaiting full report from NHSE.
- 9.2 The NEWS2 compliance is 98%.
- 9.3 Nurse/HCA Induction is currently 95%
- 9.4 My Focus (Adult) for HCSW compliance is 76%

- 9.5 My Focus for registered nursing staff compliance is 86%
- 9.6 The Care Certificate compliance is currently 99% for substantive staff, 100% for bank staff.
- 9.7 Exciting educational study days planned for this year including Braver than before – This is the first combined ICS leadership program for band 7's and above. All cohorts have now been fully recruited to.
- 9.8 IKON training has now been launched across both organisations. This is initially being rolled out for emergency portals, paediatrics and older adults 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 these patients.
- 9.9 In collaboration with Birmingham City University, the Trust is hosting 3 nurses from Zambia as part of their academic program.
- 9.10 Confirmation of continuous professional development funds have been received, high and medium priorities have been accepted.

10. Research and innovation



Research and
innovation

10.1 Digital

10.1.1 The Electronic Patient Record (EPR) programme continues as scheduled, with no substantial escalation against recorded risks. A review of Vitals Upgrade will be tabled at EPR Executive Steering Committee next month. The Associate Chief Nursing Information Officer (CNIO) has now commenced in post.

10.1.2 The National downtime episode of Care-flow Connect has been resolved by the Supplier System C.

11. Recommendations

11.1 The Quality Committee is asked to:

- a) Receive the paper for Assurance.
- b) Note the key messages in section 1 of the Report.
- c) Note the work undertaken by the Chief Nursing office to drive continuous improvements in the provision of high quality of care and patient experience and contribution to the successful achievement of the Trusts Strategic objectives.

Catherine Wilson
Deputy Chief Nurse
23/08/24

Annex 1: Executive level Nursing Dashboard.

Annex 2: NMC referrals position V2

Annex1

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 23 August 2024)

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

July-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 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	3,947.00	8.2	95.0	4.48	4.48	3.81	87.04	9.19	103.28	84	47	2	0	48	15	88.3%	13	14	
	Previous Period	3,955.70	8.1	94.5	4.30	4.54	3.78	80.08	8.21	89.14	84	42	9	0	62	23	87.7%	16	8	

		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 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 1 (Surgical)	This Period	1,327.96	10.1	94.5	4.50	4.21	2.56	-2.80	3.57	15.15	94	17	0	0	15	0	87.0%	9	3	
A12 General Surgery	This Period	35.11	6.4	92.7	4.79	5.70	9.01	2.00	1.78	0.23	76	1	0	0	0	0	86.4%	0	0	
A14 General Surgery	This Period	35.23	6.3	93.8	0.00	5.41	-3.29	-0.73	11.28	1.46	82	0	0	0	3	0	86.9%	1	0	
A5 T & O ward	This Period	43.20	6.5	94.4	2.59	7.03	4.92	1.24	2.15	0.39	100	0	0	0	2	0	82.8%	0	1	
A6 T & O ward	This Period	43.73	6.4	95.5	2.37	8.41	8.02	2.06	2.52	0.45	90	1	0	0	2	0	80.9%	0	0	
B14 Cardiology ward	This Period	69.62	7.5	96.9	5.65	1.44	1.73	0.91	1.99	0.34	97	1	0	0	1	0	94.9%	3	0	
B15 Cath Labs and Day Ward	This Period	30.24	~	97.3	1.34	7.59	-1.29	-0.31	20.14	1.18	95	0	0	0	0	0	85.6%	3	0	
B7 Head and Neck	This Period	34.89	7.8	95.7	5.87	5.31	0.00	-0.93	0.00	-0.86	100	0	0	0	0	0	85.6%	0	0	
B8 Cardiothoracic ward	This Period	43.00	7.4	97.4	5.63	2.79	-2.89	-1.02	14.35	1.12	95	0	0	0	2	0	89.0%	1	0	
Community Neonatal Unit	This Period	5.82	~	88.8	0.00	0.00	36.03	1.92	-140.00	-0.70	~	~	~	~	~	~	~	~	~	
D1 Antenatal OPD	This Period	22.95	~	91.00	7.30	3.69	-29.05	-4.25	-12.68	-1.06	~	~	~	~	~	~	~	~	0.00	
D10 Maternity Ward	This Period	49.57	7.5	89.9	0.95	5.91	-16.55	-4.85	-9.38	-1.90	89	1	0	0	0	0	~	0	~	
D7 ward	This Period	40.06	6.3	95.5	10.27	3.14	-1.03	-0.27	26.76	3.72	95	1	0	0	2	0	86.4%	1	1	
Delivery Suite inc MIU & MTU	This Period	97.07	~	93.6	4.63	5.62	-3.96	-3.07	0.94	0.18	98	1	0	0	0	0	~	0	~	
Hilton main CCH	This Period	46.42	7.2	95.6	1.35	6.71	4.99	1.56	3.96	0.60	100	0	0	0	0	0	92.2%	0	0	
ICCU	This Period	204.01	31.8	97.6	5.43	2.97	6.33	11.49	5.57	1.29	~	~	~	~	~	~	~	~	0	
Midwifery Led Unit	This Period	21.31	~	98.07	0.00	5.53	21.98	3.50	25.19	1.36	~	~	~	~	~	~	~	~	~	
Neonatal Unit	This Period	114.57	24.8	87.3	6.21	1.61	-0.65	-5.71	-6.89	-0.78	100	0	0	0	0	0	~	~	0	
SEU	This Period	82.65	8.8	95.6	4.33	4.50	22.44	11.84	30.30	9.06	93	2	0	0	0	0	83.4%	1	1	
Specialist Nurses - Neonates	This Period	9.70	~	85.0	0.45	0.00	26.13	2.54	0.00	0.00	~	~	~	~	~	~	~	~	~	
Transitional Care	This Period	20.49	~	96.0	4.90	0.00	36.66	5.36	23.81	1.40	100	~	~	~	~	~	~	~	~	
Theatres	This Period	278.32	~	95.9	4.65	5.64	-17.17	-26.06	-1.85	-2.35	~	0	0	0	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 2 (EMS)	This Period	583.62	6.4	94.2	4.21	3.83	1.90	18.97	13.85	59.79	94	24	1	0	17	15	89.2%	4	9	
A7 Gastroenterology	This Period	38.91	8.3	93.2	1.43	0.00	1.24	0.27	23.99	4.11	0	0	0	0	0	0	93.8%		0	
A8 Gastroenterology	This Period	38.91	4.5	98.1	6.11	6.12	-0.47	-0.10	42.45	7.27	80	1	0	0	2	94.2%		0		
AMU	This Period	88.89	7.6	0.0	2.51	7.87	3.03	1.65	9.15	3.13	81	2	0	0	3	80.3%	1	0		
C14 Respiratory	This Period	38.89	6.2	91.2	2.48	0.00	2.98	0.65	12.90	2.21	100	0	0	0	0	0	86.9%		0	
C15 Diabetes	This Period	32.08	6.6	94.3	1.89	7.57	-2.52	-0.48	14.43	1.86	80	1	0	0	1	0	91.0%		1	
C16 Diabetes	This Period	38.91	5.6	95.2	2.76	6.00	4.97	1.08	25.93	4.44	91	2	0	0	1	1	85.2%		0	
C17	This Period	24.36	6.6	92.1	0.00	4.47	0.00	-0.70	0.00	4.57	86	0	1	0	1	0	92.3%		0	
C18 Elderly Care	This Period	37.22	6.9	97.1	3.48	7.13	-7.31	-1.40	9.75	1.76	67	1	0	0	3	2	94.1%	1	0	
C19 Elderly Care	This Period	37.22	7.1	94.8	3.98	0.00	-12.86	-2.47	15.75	2.84	100	3	0	0	0	0	90.1%		0	
C21 Acute Stroke Unit	This Period	61.58	6.3	95.6	9.16	2.88	-5.59	-2.00	9.99	2.57	100	0	0	0	2	2	83.1%		0	
C22 Renal	This Period	29.51	5.9	96.9	6.16	10.34	-5.37	-0.89	26.44	3.40	100	0	0	0	5	0	94.9%	1	0	
C24 Renal Ward	This Period	38.91	5.2	92.5	3.45	6.90	14.95	3.26	44.78	7.67	80	1					89.1%		3	
C25 Renal Ward	This Period	38.91	5.1	93.1	4.07	0.00	19.05	4.15	30.84	5.28	100	2	0	0	1	0	88.3%		0	
C26 Respiratory	This Period	46.60	7.7	93.9	1.86	7.29	-23.89	-7.05	5.11	0.87	100	0	0	0	1	0	89.3%	1	1	
C35 Deansley Ward	This Period	0.00	7.0	100.0	0.00	0.00	0.00	0.00	0.00	-0.64	100		0	0	0	0	91.2%		1	
C39 ward	This Period	0.00	6.0	96.8	0.00	0.00	0.00	0.00	0.00	0.00	50	0	0	0	2	0	91.7%		0	
Clinical Haematology Unit	This Period	0.00	7.1	98.4	13.64	0.00	0.00	-4.41	0.00	-2.92	83	1	0	0	0	1	94.1%		0	
Durmall	This Period	22.22	~	96.8	7.29	4.30	13.21	2.41	2.00	0.08	96	0					97.2%		0	
ED	This Period	174.74	~	90.6	5.28	3.11	20.10	25.28	19.13	9.36	70	6	0	0	0	3	~		0	
Fairoak	This Period	32.08	5.3	94.4	1.96	6.40	-1.60	-0.27	12.58	1.94	50		0	0	0	0	94.1%		1	

		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	633.57	8.7	97.0	4.83	4.70	-5.72	27.99	0.20	12.31	75	5	1	0	16	0	86.4%		1		
A21	This Period	52.61	7.2	95.5	0.17	1.85	-2.27	-0.74	4.88	0.99	96		0	0	0	0	80.0%		0	~	
Clinical Nurse Specialist	This Period	11.48	~	0.0	0.00	0.00	-19.51	-2.24	0.00	0.00							~	~		~	
Community Children's Nursing Team - Generic Team	This Period	27.67	~	97.5	5.94	9.04	4.40	0.70	-4.67	-0.55							~	~		0	
NRU West Park	This Period	22.62	9.2	97.2	4.75	0.00	3.27	0.34	23.94	2.90			0	0	0	0	96.4%			0	
PAU	This Period	29.33	15.5	96.2	0.00	16.51	16.90	3.22	-14.82	-1.53	97						83.2%			0	
Ward 1 West Park	This Period	28.51	6.1	98.7	6.37	0.00	8.90	1.16	13.15	2.03	100		0	0	0	2	0	98.2%		0	
Ward 2 West Park	This Period	30.19	6.0	96.1	5.10	3.09	-1.35	-0.18	3.27	0.56	67						93.1%			0	
Planned Care	This Period	99.61	~	96.4	5.36	3.19	-0.04	-0.03	-2.53	-0.64		1	1	0	14	0	~	~		0	
Urgent Care	This Period	62.95	~	93.9	6.88	5.88	24.66	10.74	14.30	2.77							~	~		0	
Intermediate Care	This Period	0.00	~	93.8	0.00	0.00	0.00	0.00	0.00	0.00							~	~		~	
Dermatology	This Period	10.44	~	98.3	0.00	0.00	-63.55	-4.35	28.89	1.04	0	0					~	~		0	
Physio & OT	This Period		~	~	~	~	~	~	~	~	~	0					~	~		~	
Primary Care Services	This Period	36.12	~	95.6	13.45	6.45	9.83	2.84	-0.18	-0.01		2					~	~		~	
Radiology	This Period	8.38	~	98.0	0.27	15.80	-31.25	-2.00	-85.19	-1.69	94	1	0	0	0	0	~	~		0	
Rehabilitation	This Period																				
Rheumatology	This Period	17.69	~	98.6	0.00	0.00	20.08	2.63	8.03	0.37	93	0					~	~		0	
Sexual Health	This Period	19.90	~	0.0	0.00	5.84	5.86	0.72	32.98	2.51		0					~	~		0	
Ambulatory Care	This Period	22.79	~	99.3	8.70	2.52	3.15	0.63	35.71	1.00							~	~		~	



Review of Royal Wolverhampton NHS Trust (RWT) Nursing and Midwifery Council (NMC) Referrals 23/08/24

Following the publication of the NMC Culture review we have reviewed the position of our current NMC referrals to ensure ongoing support is offered including in lengthy cases not yet brought to closure. We looked back to 2020.

Table 1 details the number of ‘live cases’ with a look back to 2020. This was reconciled against the data held by the NMC Employer Link service. The table details 7 open cases for current RWT employees and the longest wait is for a Registrant referred in 2023 followed by detail for other outstanding cases in 2023 and 2024 all for reasons outside of Provider control. This number has reduced upon receipt of ESR data that informs others who had been referred into the process have left the Trust. We have contacted each RWT Registrants line manager and issue sign posting to support that is available. Going forward this information will be issued at the point of referral being known. The reconciliation of data for ‘live’ RWT referrals will be refreshed every 3 months.

RWT is represented on the NHSE Midlands NMC culture review response Task and Finish Group.

Table 1

Year	Total not closed	Rationale	Plan
2020	0		
2021	0		
2022	0		
2023	4	1) At screening decision pending stage 2) At screening decision pending stage 3) At screening decision pending stage 4) At screening decision pending stage	Contact Line Manager, issue Support signposting.
2024	3	1) At screening decision pending stage 2) In triage, pre screening 3) Will be under full investigation - awaiting investigation manager allocation	Contact Line Manager, issue Support signposting.
Total	7		

Caveat- The NMC data was sourced by searching for RWT employees in the NMC system. If a Nurse was referred whilst in another organisation and is now employed by RWT they will not have shown in the comparison and reconciliation work. This would be a very small percentage, if any.

Tier 1 - Paper ref: PublicTB (09/24) Enc 7.4

Report title:	WHT Chief Nursing Officer Report
Sponsoring executive:	Lisa Carroll - Chief Nursing Officer lisa.carroll5@nhs.net
Report author:	Caroline Whyte – Deputy Chief Nursing Officer caroline.whyte3@nhs.net
Meeting title:	Public Trust Board
Date:	17th September 2024

1. Summary of key issues <i>two or three issues you consider the PublicTB should focus on in discussion]</i>	
<ul style="list-style-type: none"> The Trust has received further information for the next steps in implementing Martha’s rule, including implementation checklists and delivery expectations. A total of 4 C. diff toxin cases were reported in July 2024 and 2024/2025 target has been communicated with the trust. The bi-annual skill mix review has taken place. 	

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

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

4. Recommendation(s)	
The Public Trust Board is asked to:	
a) Trust Board are asked to note and receive the report's contents for assurance.	
b) The board is asked to approve the bi-annual skill mix report which recommends no change to current previously approved staffing levels.	

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

Working in partnership

The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust

Group Board/Committee

Report to the Public Trust Board on 17th September 2024

Chief Nursing Officer Report

1. Executive summary

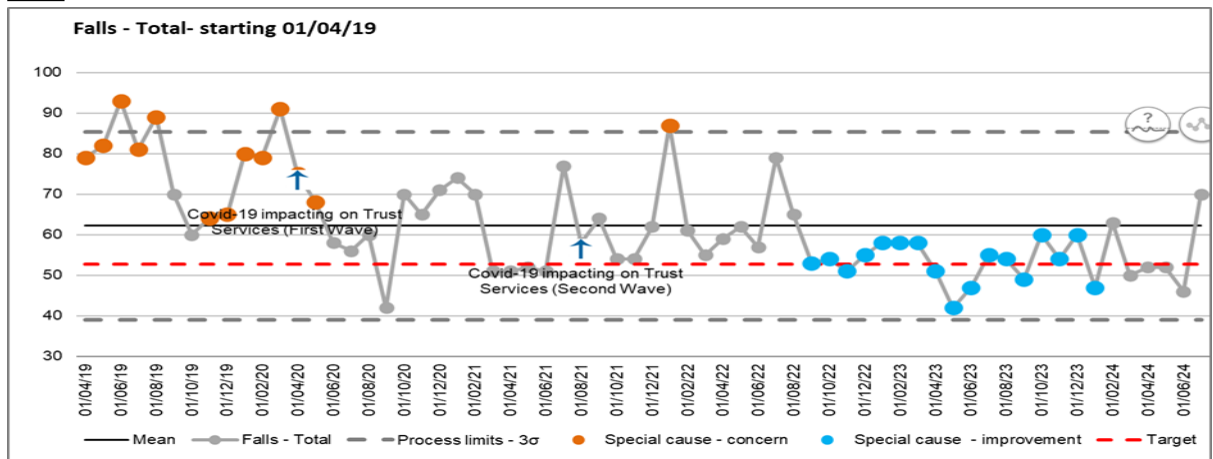
This report summarises the key highlights of the Chief Nursing Officers' portfolio. These include quality, patient experience, workforce, infection prevention and control, safeguarding, and education.

2. Introduction or background

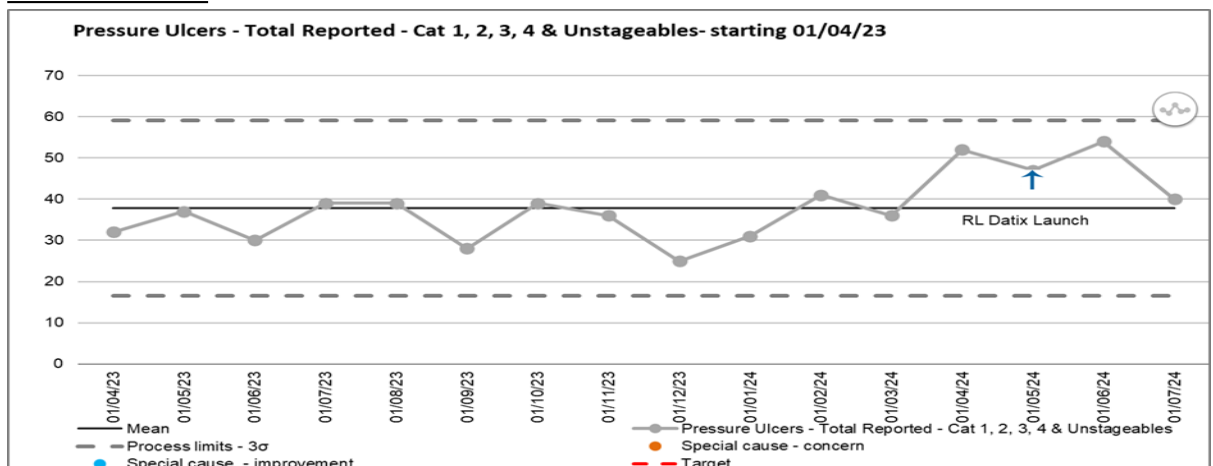


Excellence in care

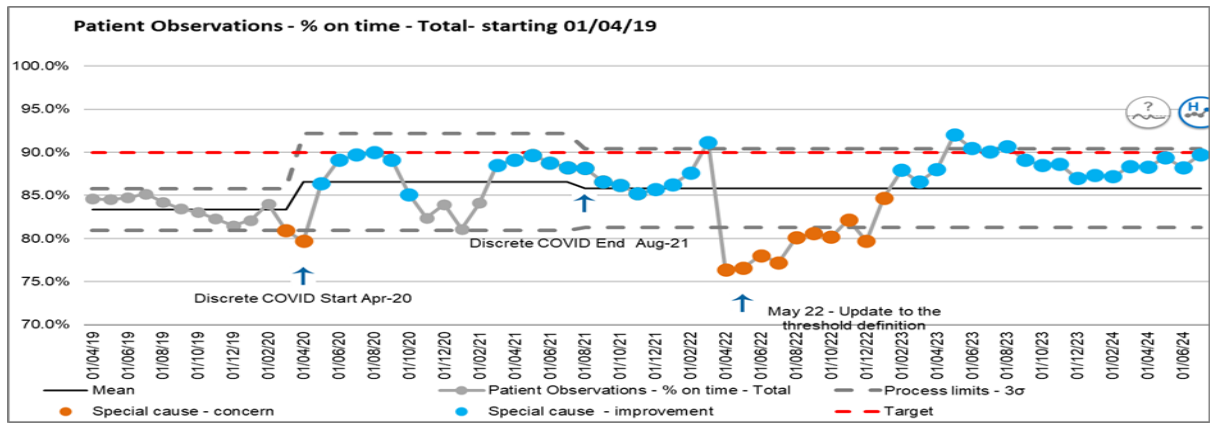
2.1 Falls



2.2 Pressure Ulcers



2.3 Observations on time

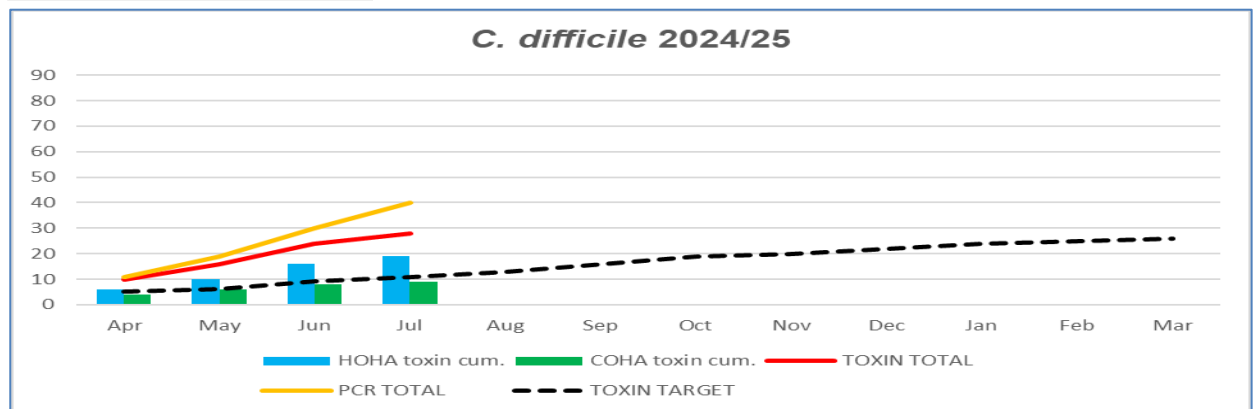


2.4 Quality (Nurse Sensitive Indicators) Exceptions to note:

- An increase in falls was noted in July 2024, these were not associated with severe harm and number of falls is well below The Royal College of Physicians' mean average performance of 6.1 falls per 1000 occupied bed days.
- In July 2024, the number of pressure ulcers decreased. Concerning community incidence, the review shows that the number of PU remains within the average variance per 10,000 ICB Population.

2.5 Infection Prevention and Control Exceptions

Clostridodes Difficile (C.Diff)



- 8 C.Diff Infections in June 2024 and a reduction to 4 in July 2024.
- A quarter one C.Diff review has been undertaken in conjunction with the microbiology team and IPC and this has been presented at Quality Committee.
- The C. diff thresholds were published by NHSE in August 2024 with the expectation of a 5% reduction from the number of cases in 2023/24 reported by the Trust. The threshold for 2024/25 is 87 cases.

2.6 Medicines Management

- 52 medication incidents were reported in June 2024, a significant decrease from the previous month (58 in May). Most incidents were reported as near misses to low harm. One incident caused moderate harm and is being reviewed.

- One incident was reported as catastrophic but downgraded to a near miss after review. This is related to a patient with Acute Kidney Injury (AKI) who was prescribed opiates and suffered opiate toxicity as a result, resolved with naloxone.
- Ward storage audits continue to be conducted across the Trust via the Tendable platform, with an average score of 95.0%.
- Controlled Drug (CD) audits restarted in April 2024 every quarter. No audits were completed in June 2024.

2.7 Safeguarding

- The Safeguarding Committee has continued to observe that the significant increase in referrals to the Multi-Agency Safeguarding Hub (MASH) has substantially impacted the workload of the safeguarding team. 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. This has been escalated to the ICB, and a review of MASH activity across the ICB is underway.
- Level 3 adult and children’s safeguarding training remain under trust target.

2.8 Maternity safety Champion

- The maternity Safety Champions Bi-Monthly meetings and Safety Champions walkabouts are embedded in the service and are supporting both staff and service users.
- In July 2024 there was a safety champions walk on the neonatal unit. The executive and non-executive board level safety champions spoke to service users and staff and the area evaluated well.

2.9 Martha’s Rule

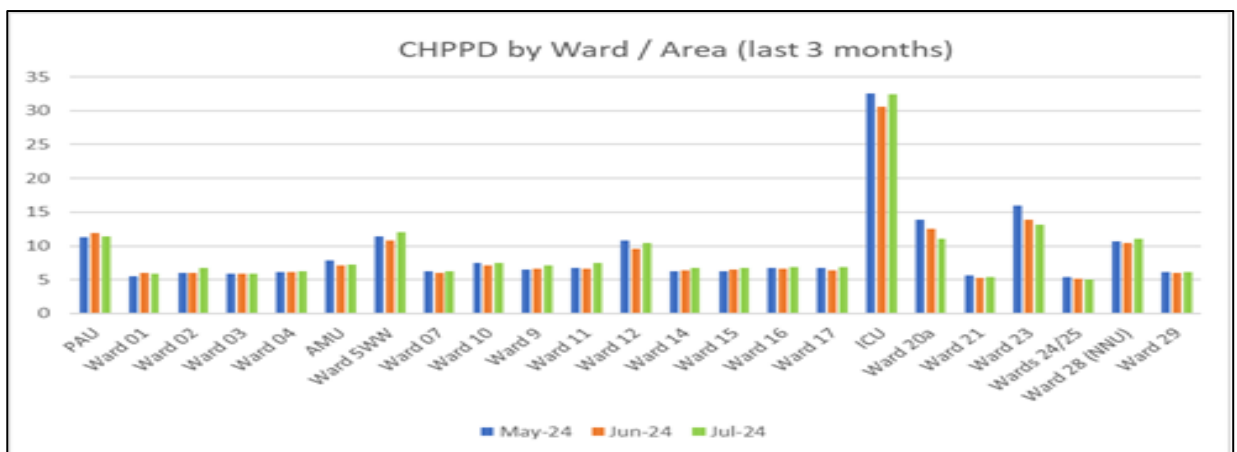
- Martha’s Rule work is underway. NHSE colleagues have contacted the Trust, and we have received information to support implementation. Fortnightly oversight meetings are in place to support implementation.



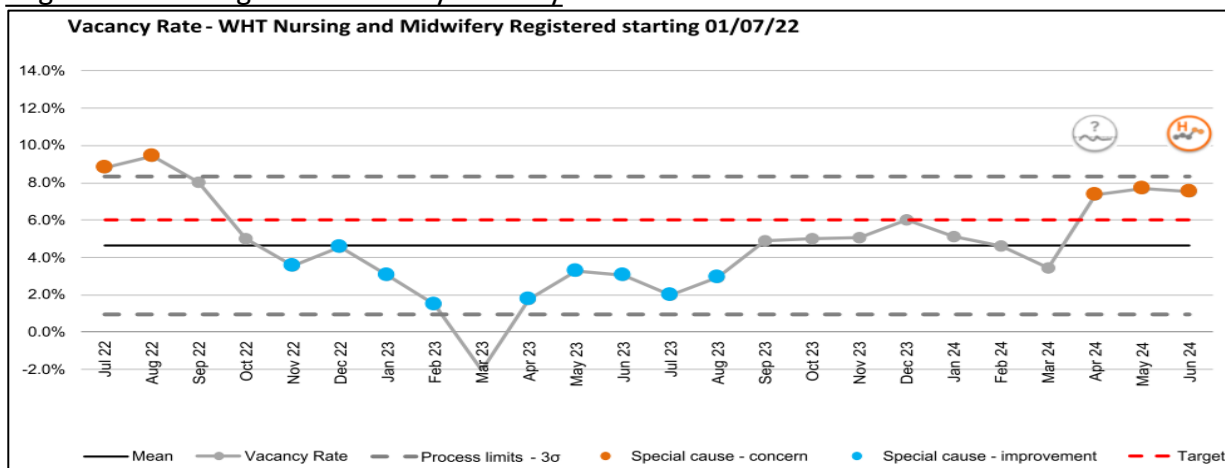
Workforce

3.

3.1 Care Hours Per Patient Day (CHPPD)



3.2 Registered Nursing and Midwifery Vacancy



3.3 Workforce Exceptions

- In June 2024, the vacancy rate of N&M staff vacancies continued to increase to 7.25% (latest data). These vacancies are being held to employ student nurses qualifying from local educational institutions in September/October 2024. This work is being supported and co-ordinated by the Lead Workforce Nurse and Deputy Chief Nurse with Workforce Portfolio.
- The bi-annual skill mix review was completed in June 2024 with a recommendation for no change to current staffing. The next review will take place in January 2025. During Q4 a review of AHP and Clinical Nurse Specialist workforce will take place. The report is available as Annex 1 to this report. The board is asked to approve the report.



4.

- Careflow Connect system has been successfully deployed across more than 90% of inpatient ward areas, including community settings. This milestone represents a significant achievement in our ongoing efforts to enhance clinical handover processes, staff tasking, MDT working, and improve patient care.
- The digitalisation and implementation of the National PEWS continues via an implementation group.
The forthcoming release of Vitals 5.0 in March 2026 has prompted escalations from numerous Trusts nationwide due to its prolonged development. Both Walsall Healthcare NHS Trust and The Royal Wolverhampton NHS Trust have conducted escalation meetings with System C. These concerns have been formally documented in July 2024 in written communication as potentially impacting patient safety, risk management, and the Trust's reputation due to our inability to implement new national policy. We are evaluating a digitalised form developed locally on a System C product (Narrative) as a temporary solution.



Education

5.

- In July 2024, Standards for Student Supervision and Assessment (SSSA) training compliance was 75.5 %, a decrease from 78.4% in June 2024.
- CPD funds have been received into the Trust. Funding has been allocated to all courses deemed as priority one by the Divisional Leads. Priority two requests will be considered in round two of funding allocation.
- HCSW care certificate compliance is 95% for substantive HCSWs and 97% for bank HCSWs.
- 8 Nursing Associates who have been supported to complete their RN top-up via an apprenticeship programme have all successfully passed their degree programme and will take up RN posts within the Trust.
- Adult/Child and Midwifery undergraduates from the University of Wolverhampton who are due to qualify in September are all being allocated band 5 posts upon graduation.

6. Recommendations

6.1 The Public Trust Board is asked to:

- a. Trust Board are asked to note and receive the report's contents for assurance.
- b. The board is asked to approve the bi-annual skill mix report which recommends no change to current previously approved staffing levels.

Caroline Whyte
Deputy Chief Nursing Officer

29/08/2024

Annex 1: Bi-annual Skill Mix review



WALSALL HEALTHCARE NHS TRUST BIANNUAL SKILL MIX REVIEW

SNCT Data collection June 2024

Adult In Patient

Emergency Department

Ward 21 (Paediatrics)

Chemotherapy

Author: Gaynor Farmer-Corporate Senior Nurse for Workforce

Responsible Director: Lisa Carroll Chief Nursing Officer

INTRODUCTION

To deliver safe, quality patient care, wards must have optimal Nurse staffing levels. It is acknowledged that one of the contributory factors linking failures in care and patient safety was inadequate staffing levels (Francis 2013). In July 2016, the National Quality Board published 'Supporting NHS providers to deliver the right staff with the right skills, in the right place at the right time: Safe, sustainable and productive staffing'. This safe staffing improvement resource provided updated nursing and midwifery care staffing expectations. The Developing Workforce Safeguards published by *NHS Improvement* in October 2018 will assess the Trust's compliance with a more triangulated approach to Nurse staffing planning following the National Quality Board guidance for all clinical staff. This document recommends a combination of evidence-based tools with professional judgement and outcomes to ensure the right staff, with the right skills, are in the right place and time.

A twice-yearly Adult Inpatient, Acute Assessment units and Paediatric inpatient skill mix review is completed to demonstrate the Trust's commitment to the above requirement. Walsall Healthcare NHS Trust (WHT) uses the 'Safer Nursing Care Tool' (SNCT). The SNCT calculates nurse staffing requirements based on the acuity and dependency of the patients on a ward, and it is linked to nurse-sensitive outcome indicators.

This report includes data collected from the following:

- Seventeen adult in-patient areas
- One community in-patient ward
- One Paediatric Ward
- Emergency Department
- Chemotherapy Unit

RESULTS

OCCUPANCY, ACUITY, AND DEPENDENCY

Table 1 below summarises acuity scores from skill mix reviews from Feb 2020-June 2024.

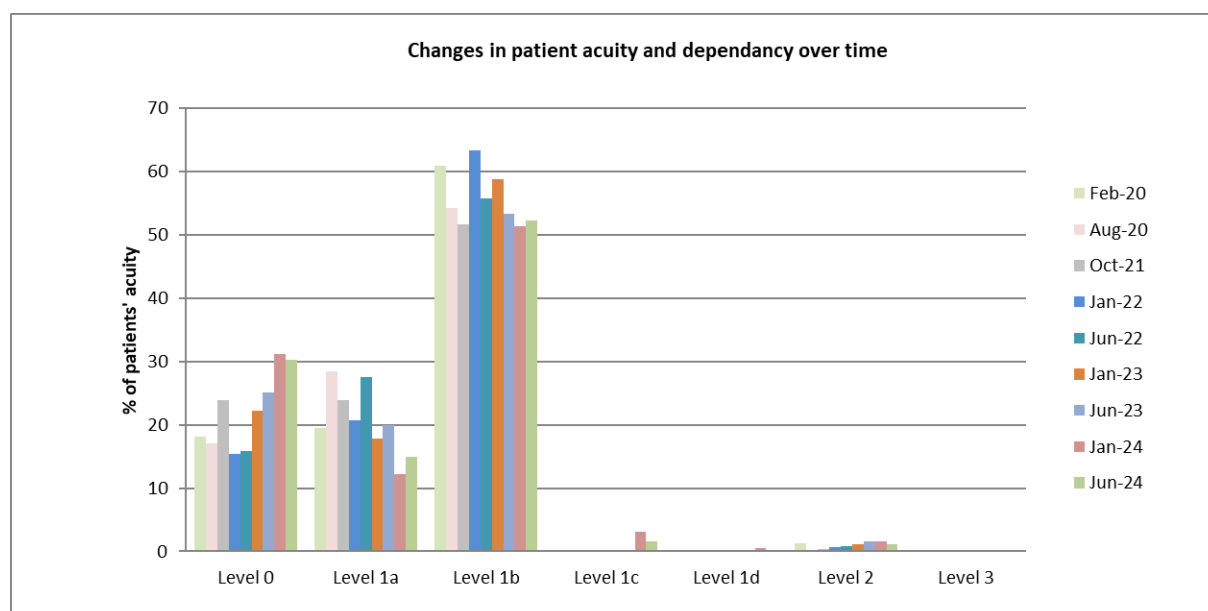
Table 1 Acuity Scores collected by level.

	Feb-20	Aug-20	Oct-21	Jan-22	Jun-22	Jan-23	Jun-23	Jan-24	Jun-24
Level 0	18.1	17.1	24.0	15.4	15.9	22.26	25.10	31.1	30.2
Level 1a	19.5	28.4	24.0	20.6	27.5	17.86	19.95	12.2	15.0
Level 1b	60.9	54.2	51.6	63.3	55.8	58.82	53.34	51.4	52.2
Level 1c								3.1	1.5
Level 1d								0.5	0.0
Level 2	1.3	0.2	0.4	0.7	0.9	1.06	1.61	1.6	1.1
Level 3	0	0	0.1	0.0	0.0	0	0	0.0	0.0

Levels 1c and 1d were introduced to the tool in January 2024 and data collection was changed to 30 days compared to previous collections of 20 days.

Chart 1 demonstrates that acuity score 1b is the most common score consistently in each skill mix review since February 2020.

Chart 1 – Changes in patient acuity over time



The SNCT was revised in November 2023, and the new licences were obtained for the Trust from Imperial College, London. The SNCT now has two additional patient levels for adult areas (1c and 1d) and the E-learning Tool has been amended to reflect this. Face to face assessments have been conducted for assurance of knowledge and skills.

To support the data collection, walkarounds were conducted to gain assurance of the data collection process, challenge acuity grading and support any learning needs identified. Matrons were also involved in weekly Quality Assurance peer review which enhanced staff knowledge around acuity recording, reduced variability, and increased confidence in the reliability of the data.

NURSE SENSITIVE INDICATORS FOR INPATIENT AREAS

Table 2 details the outcomes for Nurse Sensitive Indicators for in patient areas during January 2024 and June 2024. These Nurse Sensitive Indicators form part of the evidence base to inform the professional judgement element of the review.

Table 2 – Nurse Sensitive Indicators by Area – January 2024 and June 2024

Jan-24	Ward	Jan-24	Jun-24	Jan-24	Jun-24	Jan-24	Jun-24	Jan-24	Jun-24	Jan-24	Jun-24	Jan-24	Jun-24	
		Falls per 1000 occupied bed days	Falls per 1000 occupied bed days	Pressure Ulcers	Pressure Ulcers	HCAI's	HCAI's	DOLS Applications	DOLS Applications	Use of cohorted bays	Use of cohorted bays	Use of 1 to 1 care	Use of 1 to 1 care	
MLTC	1	1.86	0.97	1.08	4	0	2	5	12	86.36%	79.09%	15	16	
	2	0.97	3	0	1	1	2	3	1	94.55%	90.91%	14	5	
	3	1	2.99	0	2	0	0	4	2	91.82%	90.00%	7	5	
	4	3.77	2.95	0	2	1	0	2	5	84.55%	89.09%	15	11	
	AMU	2.99	5.39	2.01	0	0	1	5	0	6.49%	0.00%	10	3	
	7	5.5	5.7	0	1	1	0	1	0	5.68%	11.36%	6	6	
	14	2.64	4.83	0	2	1	0	1	3	48.48%	0.91%	6	0	
	15	2.56	7.4	0	2	1	0	3	0	25.45%	31.82%	9	19	
	16	1.35	0	0	1	0	0	2	1	24.45%	35.45%	2	35	
	17	1.35	1.4	0.74	1	0	0	2	2	7.27%	18.18%	8	18	
	29	4.65	5.92	0	0	0	0	2	1	28.03%	77.27%	4	5	
	SURGERY	9	0	2	1.25	1	0	0	1	0	2.73%	42.73%	5	4
		10	1.26	2.53	0	3	0	0	7	4	40.91%	36.36%	60	3
11		9.35	1.36	0.75	0	0	1	3	1	3.64%	6.36%	14	2	
12		1.55	0	0	2	0	0	5	2	35.45%	4.55%	47	0	
20A		3.52	0	0	0	0	0	0	0	0.00%	0.00%	0	0	
WCCCS	23	0	0	0	0	0	0	0	0.00%	30.30%	0	8		
COMMUNITY	Hollybank	6.58	0	0	0	0	0	2	0	0.00%	0.00%	0	0	

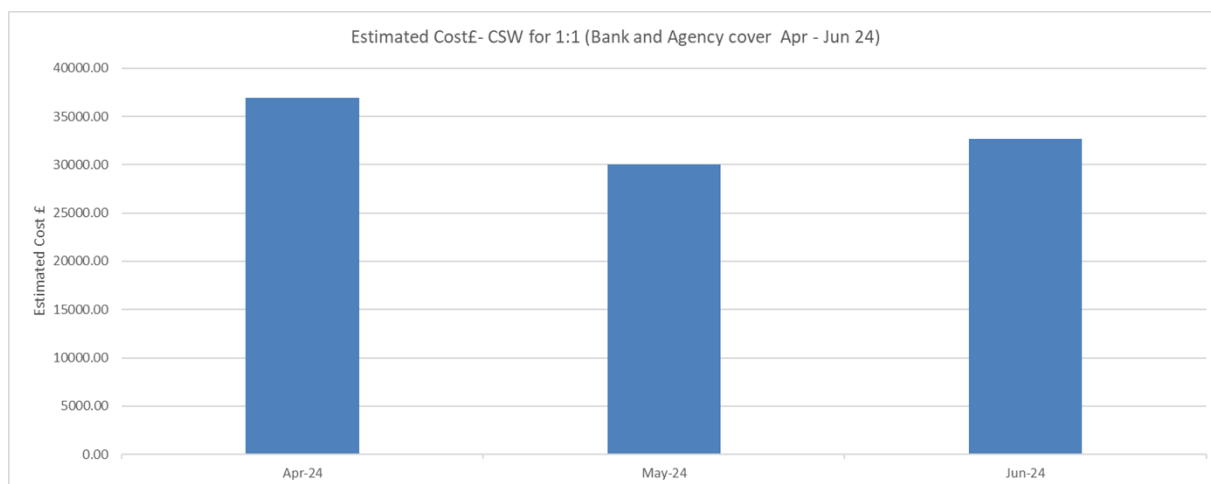
IMPACT OF 1:1 CARE FOR INPATIENT AREAS

The inpatient areas have seen an increase in 1:1 care, which has impacted upon the amount of temporary staffing used. Whilst areas are not being evaluated for consideration of 1:1 care being included in budgets, the SNCT does have the option to indicate the WTE required for budgets based upon patient acuties. The recommended WTE for each area, with and without 1:1 care would be as below (Table 3):

Table 3 – SNCT results-with and without 1:1 care June 2024

Jun-24	SNCT recommended without 1:1		SNCT recommended with 1:1		Difference	
	RN	CSW	RN	CSW	RN	CSW
1	35.12	23.41	36.14	24.09	1.02	0.68
2	30.76	20.51	31.01	20.67	0.25	0.16
3	21.96	14.64	21.96	14.64	0	0
4	29.61	19.74	30.88	20.59	1.27	0.85
AMU	48.42	20.75	48.42	20.75	0	0
7	17.89	9.63	17.95	9.67	0.06	0.04
14	23.62	15.75	25.35	16.9	1.73	1.15
15	28.1	18.73	28.1	18.73	0	0
16	20.85	13.9	21.24	14.16	0.39	0.26
17	22.73	15.15	22.73	15.15	0	0
29	30.95	20.63	32.8	21.86	1.85	1.23
9	13.37	8.91	13.37	8.91	0	0
10	26.06	17.37	30.82	20.54	4.76	3.17
11	21.43	14.29	23.28	15.52	1.85	1.23
12	31.3	13.41	32.25	13.82	0.95	0.41
20A	10.32	6.88	10.32	6.88	0	0
23	6.61	4.4	6.61	4.4	0	0
Hollybank	13.03	8.69	13.03	8.69	0	0
Total Impact within SNCT of 1:1 care					14.13	9.18

Chart 2 shows the indicative cost of 1:1 care by Bank and Agency CSWs in the 3 months preceding the June 2024 data collection. The total estimated 3-month cost (April 2024-June 2024) is £99,668 compared to November to January 2024 estimated cost of £120,000.

Chart 2- Estimated Cost of CSW cover for 1:1's.**SNCT OUTCOMES**

Applying the SNCT multipliers to the data collected, the difference between funded and required establishments is calculated which includes a 22% uplift which is 1% higher than the Trust uplift. In June 2024, the SNCT review indicated a gap versus budgeted establishment of more than 10% in 11 wards- wards 1, 3, AMU, 7, 14, 15, 9, 10, 12, 20a, 23.

After professional judgement reviews, the indicated a gap in establishment vs. budget was not more than 10% in any ward area.

Table 4 SNCT establishment calculations June 2024

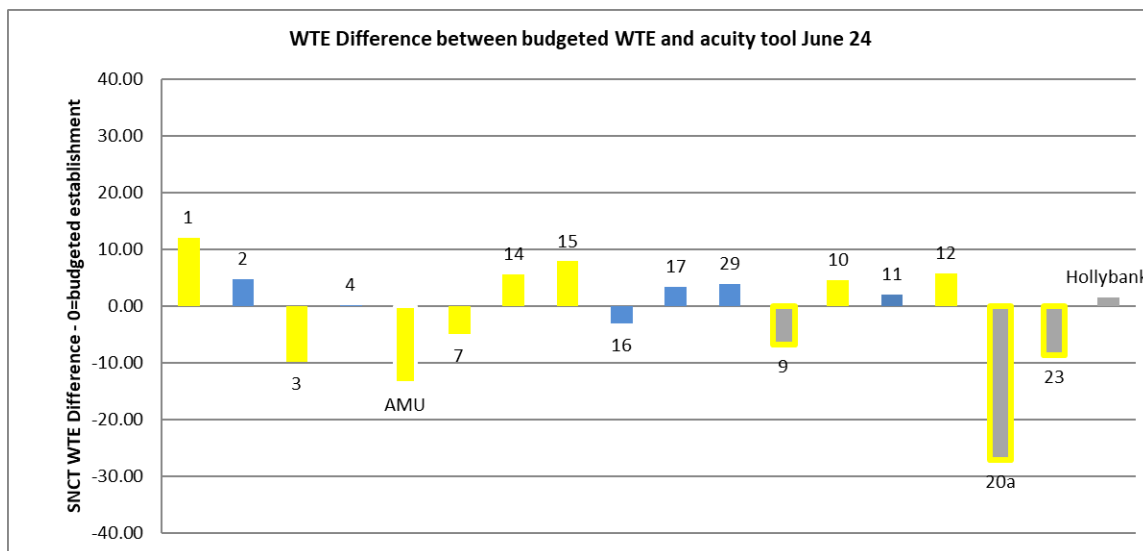
Division	Ward	WTE- SNCT Acuity Tool Jan 24 (excluding Band 7)	Areas that breach 10% SNCT threshold (highlighted)	CHPPD (based on SNCT outcome overall staffing)	Number of Funded Beds	WTE- Total budgeted required post skill mix review June 24	June 24 outcome -% change from current budget	Ratio (Reg%) (B6/B5/B4)	WTE per bed	REG- Difference required from Current to Required budget (%)	CSW- Difference required from Current to Required budget (%)	Total difference required from Current to Required budget (WTE)
MLTC	Ward 1	58.53		7.18	34	47.50	0.00%	54.53%	1.40	0.00	0.00	0.00
	Ward 2	51.27		6.5	34	47.50	0.00%	54.53%	1.40	0.00	0.00	0.00
	Ward 3	36.6		5.21	34	47.50	0.00%	54.53%	1.40	0.00	0.00	0.00
	Ward 4	49.35		6.16	34	50.28	0.00%	51.51%	1.48	0.00	0.00	0.00
	AMU	69.17		8	37	83.78	0.00%	55.16%	2.26	0.00	0.00	0.00
	Ward 7	27.52		5.33	23	33.43	0.00%	59.23%	1.45	0.00	0.00	0.00
	Ward 14	39.37		6.17	27	34.81	0.00%	52.37%	1.29	0.00	0.00	0.00
	Ward 15	46.83		7.17	28	40.00	0.00%	52.50%	1.43	0.00	0.00	0.00
	Ward 16	34.75		6.08	24	38.87	0.00%	53.43%	1.62	0.00	0.00	0.00
	Ward 17	37.88		6.74	24	35.47	0.00%	60.81%	1.48	0.00	0.00	0.00
Ward 29	51.58		6.42	36	48.77	0.00%	58.85%	1.35	0.00	0.00	0.00	
Divisional Total						507.91	0.00%	55.10%		0.00	0.00	0.00
SURGERY	Ward 9*	22.29		6.28	15	30.08	0.00%	63.10%	2.01	0.00	0.00	0.00
	Ward 10	43.46		6.8	27	39.96	0.00%	52.00%	1.48	0.00	0.00	0.00
	Ward 11	35.72		6.2	25	34.76	0.00%	52.30%	1.39	0.00	0.00	0.00
	Ward 12	44.71		10.09	27	39.96	0.00%	58.51%	1.48	0.00	0.00	0.00
	Ward 20a*	17.21		5.72	16	45.32	0.00%	54.41%	2.83	0.00	0.00	0.00
Divisional Total						190.08	0.00%	55.76%		0.00	0.00	0.00
WOMENS	Ward 23*	11.01		5.93	7	20.71	0.00%	58.57%	2.96	0.00	0.00	0.00
Divisional Total						20.71	0.00%	58.57%		0.00	0.00	0.00
COMMUNITY	Hollybank*	21.72		8.33	12	21.28	0.00%	47.84%	1.77	0.00	0.00	0.00
Divisional Total						21.28	0.00%	47.84%		0.00	0.00	0.00
TOTAL Change										0.00	0.00	0.00

Areas highlighted in grey in Table 4 have 16 beds or less and the SNCT tool is not recommended for areas of this size but has been used to assist in professional judgement only, recommendations for these areas are not based on SNCT outcomes.

The review demonstrates that current staffing levels are sufficient to maintain patient safety and no increase is requested to any of the ward areas.

Charts 3 and 4 demonstrate SNCT WTE demand from the review vs. the current budget.

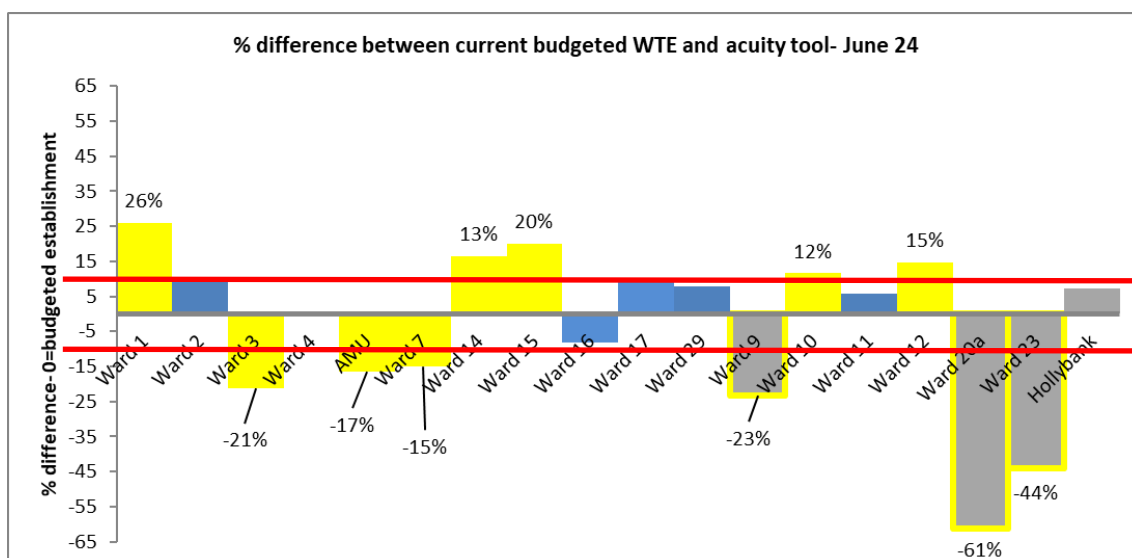
Chart 3 – WTE difference between budgeted establishment and SNCT -June 24



Budget vs SNCT= 10% gap or more
16 beds or less



Chart 4- % difference between budgeted establishment and SNCT-June 2024



* Positive figure= SNCT recommends higher than the current budget

* Wards 9, 23, 20a and Hollybank are exceptions- SNCT is not accurate in departments with 16 beds or less and professional judgement is required.

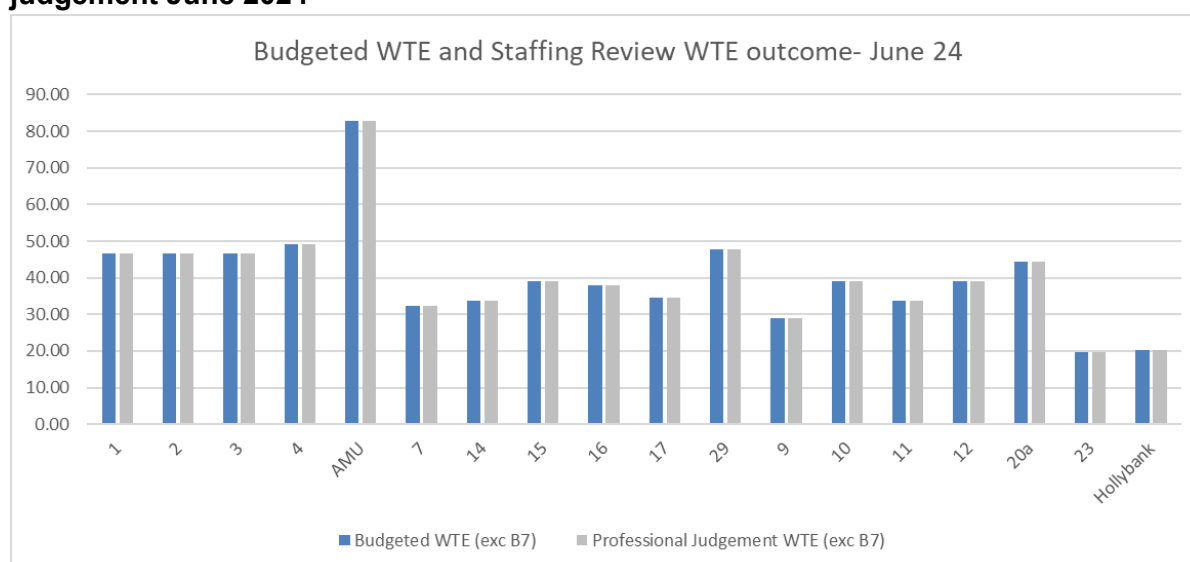
It is accepted that being within 10% of the SNCT multiplier suggests that WTE is within limits.

PROFESSIONAL JUDGEMENT OUTCOMES

When undertaking a skill mix review, the acuity/dependency data must be triangulated against the professional judgement and Nurse Sensitive Indicators. The application of professional judgement ensures specific local needs are included:

- Ward layout/facilities: The configuration of wards and facilities affects the nursing time available to deliver patient care. For example, wards with a high proportion of single rooms might make adequate surveillance of vulnerable patients more difficult.
- Escort duties: Consideration if this role is likely to affect the number of staff required.
- Shift patterns: The type of shift patterns (long versus short days) may affect the overall establishment required to ensure shift-to-shift staffing levels.

Chart 5 – WTE difference between budgeted establishment and professional judgement June 2024



ANALYSIS

Decisions to change staffing requirements must be based on a thematic analysis over time rather than a single-point measurement unless:

- One measurement has changed significantly and is supported by other triangulated data.
- Activity and/or acuity has been altered significantly (change of speciality/bed base change).

DIVISION OF MEDICINE AND LONG-TERM CONDITIONS

WARD 1- Acute Older People

Nurse Sensitive Indicators:

		Jun-24	Jun-24	Jun-24	Jun-24	Jun-24	Jun-24
		Falls per 1000 occupied bed days	Pressure Ulcers	HCAI's	DOLS Applications	Use of cohorted bays	Use of 1 to 1 care
Jun-24	Ward						
MLTC	1	0.97	4	2	12	79.09%	16

WTE as indicated by SNCT data and professional judgment in biannual skill mix review June 2021 – June 2024:

	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
WTE approved June 2021	1.00	4.00	18.90	3.00	0.00	20.60	47.50
January 2022 staffing review	1.00	4.00	18.90	3.00	0.00	25.97	52.87
June 2022 staffing review	1.00	4.00	18.90	3.00	0.00	25.97	52.87
January 2023 staffing review	1.00	4.00	18.90	3.00	0.00	23.38	50.28
June 2023 staffing review	1.00	4.00	18.90	3.00	0.00	23.38	50.28
Budget Jan 24	1.00	4.00	18.90	3.00	0.00	20.60	47.50
January 2024 staffing review	1.00	4.00	18.90	3.00	0.00	20.60	47.50
Budget Apr 24	1.00	4.00	18.90	3.00	0.00	20.60	47.50
June 2024 staffing review	1.00	4.00	18.90	3.00	0.00	20.60	47.50

Chief Nursing Officer recommendation: The Nurse-sensitive indicators are stable. No further action; review in January 2025.

WARD 2 –Acute Older People

Nurse Sensitive Indicators:

		Jun-24	Jun-24	Jun-24	Jun-24	Jun-24	Jun-24
		Falls per 1000 occupied bed days	Pressure Ulcers	HCAI's	DOLS Applications	Use of cohorted bays	Use of 1 to 1 care
Jun-24	Ward						
MLTC	2	3	1	2	1	90.91%	5

WTE as indicated by SNCT data and professional judgment in biannual skill mix review June 2021 – June 2024:

	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
WTE approved June 2021	1.00	4.00	18.90	3.00	0.00	20.60	47.50
January 2022 staffing review	1.00	4.00	18.90	3.00	0.00	20.60	47.50
June 2022 staffing review	1.00	4.00	18.90	3.00	0.00	20.60	47.50
January 2023 staffing review	1.00	4.00	18.90	3.00	0.00	23.38	50.28
June 2023 staffing review	1.00	4.00	18.97	3.00	0.00	23.38	50.35
Budget Jan 24	1.00	4.00	18.90	3.00	0.00	20.60	47.50
January 2024 staffing review	1.00	4.00	18.90	3.00	0.00	20.60	47.50
Budget Apr 24	1.00	4.00	18.90	3.00	0.00	20.60	47.50
June 2024 staffing review	1.00	4.00	18.90	3.00	0.00	20.60	47.50

Chief Nursing Officer recommendation: The Nurse-sensitive indicators are stable. No further action; review in January 2025.

WARD 3- Acute Older People

Nurse Sensitive Indicators:

		Jun-24	Jun-24	Jun-24	Jun-24	Jun-24	Jun-24
		Falls per 1000 occupied bed days	Pressure Ulcers	HCAI's	DOLS Applications	Use of cohorted bays	Use of 1 to 1 care
Jun-24	Ward						
MLTC	3	2.99	2	0	2	90.00%	5

WTE as indicated by SNCT data and professional judgment in biannual skill mix review June 2021 – June 2024:

	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
WTE approved June 2021	1.00	4.00	18.90	3.00	0.00	20.60	47.50
January 2022 staffing review	1.00	4.00	17.83	3.00	0.00	23.38	49.21
June 2022 staffing review	1.00	4.00	18.90	3.00	0.00	23.38	50.28
January 2023 staffing review	1.00	4.00	21.50	3.00	0.00	23.38	52.95
June 2023 staffing review	1.00	4.00	18.97	3.00	0.00	23.38	50.35
Budget Jan 24	1.00	4.00	18.90	3.00	0.00	20.60	47.50
January 2024 staffing review	1.00	4.00	18.90	3.00	0.00	20.60	47.50
Budget Apr 24	1.00	4.00	18.90	3.00	0.00	20.60	47.50
June 2024 staffing review	1.00	4.00	18.90	3.00	0.00	20.60	47.50

Chief Nursing Officer recommendation: The Nurse-sensitive indicators are stable. No further action; review in January 2025.

WARD 4- Acute Older People

Nurse Sensitive Indicators:

		Jun-24	Jun-24	Jun-24	Jun-24	Jun-24	Jun-24
		Falls per 1000 occupied bed days	Pressure Ulcers	HCAI's	DOLS Applications	Use of cohorted bays	Use of 1 to 1 care
Jun-24	Ward						
MLTC	4	2.95	2	0	5	89.09%	11

WTE as indicated by SNCT data and professional judgment in biannual skill mix review June 2021 – June 2024:

	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
WTE approved June 2021	1.00	2.52	14.11	3.00	0.00	23.38	44.01
January 2022 staffing review	1.00	4.00	17.83	3.00	0.00	23.38	49.21
June 2022 staffing review	1.00	4.00	18.90	3.00	0.00	23.38	50.28
January 2023 staffing review	1.00	4.00	21.50	3.00	0.00	23.38	52.95
June 2023 staffing review	1.00	4.00	18.97	3.00	0.00	23.38	50.35
WTE approved business case 2023	1.00	4.00	18.90	3.00	0.00	23.38	50.28
Budget Jan 24	1.00	4.00	18.90	3.00	0.00	23.38	50.28
January 2024 staffing review	1.00	4.00	18.90	3.00	0.00	23.38	50.28
Budget Apr 24	1.00	4.00	18.90	3.00	0.00	23.38	50.28
June 2024 staffing review	1.00	4.00	18.90	3.00	0.00	23.38	50.28

Chief Nursing Officer recommendation: The Nurse-sensitive indicators are stable. No further action; review in January 2025.

WARD AMU- Acute Medical unit

Nurse Sensitive Indicators:

		Jun-24	Jun-24	Jun-24	Jun-24	Jun-24	Jun-24
	Ward	Falls per 1000 occupied bed days	Pressure Ulcers	HCAI's	DOLS Applications	Use of cohorted bays	Use of 1 to 1 care
MLTC	AMU	5.39	0	1	0	0.00%	3

WTE as indicated by SNCT data and professional judgment in biannual skill mix review June 2023 – June 2024:

	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total
							Budgeted
							WTE
WTE-approved Business Case 2023	6.41	13.00	31.18	0.00	0.00	31.18	81.77
June 2023 staffing review	6.22	26.12	26.80	0.00	0.00	41.56	100.70
Budget Jan 24	6.22	24.12	20.09	0.00	0.00	28.40	78.83
January 2024 staffing review	6.22	24.12	20.09	0.00	0.00	28.40	78.83
Budget Apr 24	6.22	26.12	20.09	0.00	0.00	31.35	83.78
June 2024 staffing review	6.22	26.12	20.09	0.00	0.00	31.35	83.78

Chief Nursing Officer recommendation: The Nurse-sensitive indicators are stable. No further action; review in January 2025.

WARD 7- Cardiology

Nurse Sensitive Indicators:

		Jun-24	Jun-24	Jun-24	Jun-24	Jun-24	Jun-24
	Ward	Falls per 1000 occupied bed days	Pressure Ulcers	HCAI's	DOLS Applications	Use of cohorted bays	Use of 1 to 1 care
MLTC	7	5.7	1	0	0	11.36%	6

WTE as indicated by SNCT data and professional judgment in biannual skill mix review June 2021 – June 2024:

	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total
							Budgeted
							WTE
WTE approved June 2021	1.00	7.56	12.24	0.00	0.00	12.63	33.43
January 2022 staffing review	1.00	7.56	14.67	0.00	0.00	12.99	36.22
June 2022 staffing review	1.00	7.56	14.67	0.00	0.00	12.99	36.22
January 2023 staffing review	1.00	7.56	14.67	0.00	0.00	12.99	36.22
June 2023 staffing review	1.00	7.56	15.82	0.00	0.00	12.99	37.37
Budget Jan 24	1.00	7.56	12.24	0.00	0.00	12.63	33.43
January 2024 staffing review	1.00	7.56	14.67	0.00	0.00	12.63	35.86
Budget Apr 24	1.00	7.56	12.24	0.00	0.00	12.63	33.43
June 2024 staffing review	1.00	7.56	12.24	0.00	0.00	12.63	33.43

Chief Nursing Officer recommendation: Nurse-sensitive indicators are stable. No further action; review in January 2025.

WARD 14-General Medicine

Nurse sensitive indicators:

		Jun-24	Jun-24	Jun-24	Jun-24	Jun-24	Jun-24
		Falls per 1000 occupied bed days	Pressure Ulcers	HCAI's	DOLS Applications	Use of cohorted bays	Use of 1 to 1 care
Jun-24	Ward						
MLTC	14	4.83	2	0	3	0.91%	0

WTE as indicated by SNCT data and professional judgment in biannual skill mix review January 24 – June 2024:

	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total
							In post
							WTE
Budget Jan 24	1.00	4.00	16.57	0.00	0.00	18.00	39.57
January 2024 staffing review	1.00	4.00	16.57	0.00	0.00	18.00	39.57
Budget Apr 24	1.00	2.00	16.23	0.00	0.00	15.58	34.81
June 2024 staffing review	1.00	2.00	16.23	0.00	0.00	15.58	34.81

Chief Nursing Officer recommendation: Nurse sensitive indicators are stable. Review in January 2025.

WARD 15-General Medicine/ Diabetes/ Haematology

Nurse sensitive indicators:

		Jun-24	Jun-24	Jun-24	Jun-24	Jun-24	Jun-24
		Falls per 1000 occupied bed days	Pressure Ulcers	HCAI's	DOLS Applications	Use of cohorted bays	Use of 1 to 1 care
Jun-24	Ward						
MLTC	15	7.4	2	0	0	31.82%	19

WTE as indicated by SNCT data and professional judgment in biannual skill mix review June 2021 – June 2024:

	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
WTE approved June 2021	1.00	4.00	15.00	2.00	0.00	18.00	40.00
January 2022 staffing review	1.00	4.00	15.00	2.00	0.00	18.00	40.00
June 2022 staffing review	1.00	4.00	15.00	2.00	0.00	18.00	40.00
January 2023 staffing review	1.00	4.00	17.60	2.00	0.00	18.00	42.60
June 2023 staffing review	1.00	4.00	14.78	2.00	0.00	18.18	39.96
Budget Jan 24	1.00	4.00	15.00	2.00	0.00	18.00	40.00
January 2024 staffing review	1.00	4.00	15.00	2.00	0.00	18.00	40.00
Budget Apr 24	1.00	4.00	15.00	2.00	0.00	18.00	40.00
June 2024 staffing review	1.00	4.00	15.00	2.00	0.00	18.00	40.00

Chief Nursing Officer recommendation: The Nurse-sensitive indicators are stable. No further action; review again in January 2025.

WARD 16- Gastroenterology

Nurse Sensitive Indicators:

		Jun-24	Jun-24	Jun-24	Jun-24	Jun-24	Jun-24
		Falls per 1000 occupied bed days	Pressure Ulcers	HCAI's	DOLS Applications	Use of cohorted bays	Use of 1 to 1 care
Jun-24	Ward						
MLTC	16	0	1	0	1	35.45%	35

WTE as indicated by SNCT data and professional judgment in biannual skill mix review June 2021 – June 2024:

	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
WTE approved June 2021	1.00	3.00	15.78	2.00	0.00	17.18	38.96
January 2022 staffing review	1.00	3.00	15.00	3.00	0.00	17.00	39.10
June 2022 staffing review	1.00	3.00	15.00	2.00	0.00	17.00	38.77
January 2023 staffing review	1.00	3.00	15.78	2.00	0.00	18.18	39.96
June 2023 staffing review	1.00	3.00	15.78	2.00	0.00	18.18	39.96
Budget Jan 24	1.00	3.00	15.77	2.00	0.00	17.10	38.87
January 2024 staffing review	1.00	3.00	15.77	2.00	0.00	17.10	38.87
Budget Apr 24	1.00	3.00	15.77	2.00	0.00	17.10	38.87
June 2024 staffing review	1.00	3.00	15.77	2.00	0.00	17.10	38.87

Chief Nursing Officer recommendation: The Nurse-sensitive indicators are stable. No further action; review in January 2025.

WARD 17- Respiratory

Nurse sensitive indicators:

		Jun-24	Jun-24	Jun-24	Jun-24	Jun-24	Jun-24
		Falls per 1000 occupied bed days	Pressure Ulcers	HCAI's	DOLS Applications	Use of cohorted bays	Use of 1 to 1 care
Jun-24	Ward						
MLTC	17	1.4	1	0	2	18.18%	18

WTE as indicated by SNCT data and professional judgment in biannual skill mix review June 2021 – June 2024:

	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
WTE approved June 2021	1.00	5.20	12.80	3.00	0.00	12.90	34.90
January 2022 staffing review	1.00	5.20	14.03	3.00	0.00	18.18	41.41
June 2022 staffing review	1.00	5.20	14.03	3.00	0.00	18.18	41.41
January 2023 staffing review	2.68	5.20	14.03	3.00	0.00	18.18	43.09
June 2023 staffing review	1.00	5.40	12.78	0.00	0.00	12.99	32.17
Budget Jan 24	1.00	6.01	16.17	0.00	0.00	12.90	36.08
January 2024 staffing review	1.00	6.01	16.17	0.00	0.00	12.90	36.08
Budget Apr 24	1.00	5.40	16.17	0.00	0.00	12.90	35.47
June 2024 staffing review	1.00	5.40	16.17	0.00	0.00	12.90	35.47

Recommendation: The Nurse sensitive indicators are stable. No further action; review in January 2025.

WARD 29- Acute Medical

Nurse sensitive indicators:

		Jun-24	Jun-24	Jun-24	Jun-24	Jun-24	Jun-24
		Falls per 1000 occupied bed days	Pressure Ulcers	HCAI's	DOLS Applications	Use of cohorted bays	Use of 1 to 1 care
Jun-24	Ward						
MLTC	29	5.92	0	0	1	77.27%	5

WTE as indicated by SNCT data and professional judgment in biannual skill mix review June 2021 – June 2024:

	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
WTE approved June 2021	1.00	4.00	19.70	5.00	0.00	20.60	50.35
January 2022 staffing review	1.00	4.00	19.70	5.00	0.00	20.60	50.35
June 2022 staffing review	1.00	4.00	19.70	5.00	0.00	20.60	50.35
January 2023 staffing review	1.00	4.00	19.70	5.00	0.00	20.60	50.35
June 2023 staffing review	1.00	4.00	19.70	5.00	0.00	20.78	50.48
Budget Jan 24	1.00	4.00	19.70	5.00	0.00	20.60	50.30
January 2024 staffing review	1.00	4.00	19.70	5.00	0.00	20.60	50.30
Budget Apr 24	1.00	4.00	19.70	5.00	0.00	19.07	48.77
June 2024 staffing review	1.00	4.00	19.70	5.00	0.00	19.07	48.77

Chief Nursing Officer recommendation: The Nurse-sensitive indicators are stable. No further action; review in January 2025.

DIVISION OF SURGERY

WARD 9- General Surgery

Nurse Sensitive Indicators:

		Jun-24	Jun-24	Jun-24	Jun-24	Jun-24	Jun-24
		Falls per 1000 occupied bed days	Pressure Ulcers	HCAI's	DOLS Applications	Use of cohorted bays	Use of 1 to 1 care
Jun-24	Ward						
SURGERY	9	2	1	0	0	42.73%	4

WTE as indicated by SNCT data and professional judgment in biannual skill mix review January 2024 - June 2024:

	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
Budget Jan 24	0.00	0.00	15.95	0.00	0.00	10.10	25.95
January 2024 staffing review	1.00	3.00	14.57	0.61	0.00	15.58	34.76
Budget Apr 24	1.00	3.00	15.37	0.61	0.00	10.1	30.08
June 2024 staffing review	1.00	3.00	15.37	0.61	0.00	10.1	30.08

Chief Nursing Officer recommendation: Nurse-sensitive indicators are stable. No further action; review in January 2025.

WARD 10- Trauma

Nurse Sensitive Indicators:

		Jun-24	Jun-24	Jun-24	Jun-24	Jun-24	Jun-24
		Falls per 1000 occupied bed days	Pressure Ulcers	HCAI's	DOLS Applications	Use of cohorted bays	Use of 1 to 1 care
Jun-24	Ward						
SURGERY	10	2.53	3	0	4	36.36%	3

WTE as indicated by SNCT data and professional judgment in biannual skill mix review June 2021 – June 2024:

	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
WTE approved June 2021	1.00	2.52	9.82	4.94	0.00	15.15	33.49
January 2022 staffing review	1.00	2.52	12.17	4.94	0.00	18.18	38.81
June 2022 staffing review	1.00	2.52	12.17	4.94	0.00	18.18	38.81
January 2023 staffing review	1.00	2.52	12.17	4.94	0.00	18.18	38.81
June 2023 staffing review	1.00	2.52	13.32	4.94	0.00	18.18	39.96
Budget Jan 24	1.00	2.52	9.82	4.94	0.00	15.15	33.49
January 2024 staffing review	1.00	5.05	10.79	4.94	0.00	18.18	39.96
Budget Apr 24	1.00	3.84	14.10	2.84	0.00	18.18	39.96
June 2024 staffing review	1.00	3.84	14.10	2.84	0.00	18.18	39.96

Chief Nursing Officer recommendation: Nurse-sensitive indicators are stable. No further action; review in January 2025.

WARD 11- Complex Surgery

Nurse Sensitive Indicators:

		Jun-24	Jun-24	Jun-24	Jun-24	Jun-24	Jun-24
		Falls per 1000 occupied bed days	Pressure Ulcers	HCAI's	DOLS Applications	Use of cohorted bays	Use of 1 to 1 care
Jun-24	Ward						
SURGERY	11	1.36	0	1	1	6.36%	2

WTE as indicated by SNCT data and professional judgment in biannual skill mix review June 2021 – June 2024:

	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
WTE approved June 2021	1.00	2.60	14.76	1.00	0.00	15.15	34.51
January 2022 staffing review	1.00	2.60	16.03	1.00	0.00	18.18	38.81
June 2022 staffing review	1.00	2.60	16.03	1.00	0.00	18.18	38.81
January 2023 staffing review	1.00	2.60	17.18	1.00	0.00	18.18	39.96
June 2023 staffing review	1.00	2.60	14.58	1.00	0.00	15.58	34.77
Budget Jan 24	1.00	5.05	15.15	0.00	0.00	10.21	31.41
January 2024 staffing review	1.00	5.05	14.15	1.00	0.00	15.58	36.78
Budget Apr 24	1.00	2.84	14.34	1.00	0.00	15.58	34.76
June 2024 staffing review	1.00	2.84	14.34	1.00	0.00	15.58	34.76

Recommendation: Nurse sensitive indicators are stable. No further action; review in January 2025.

Ward 12-Emergency Surgery

Nurse sensitive indicators:

		Jun-24	Jun-24	Jun-24	Jun-24	Jun-24	Jun-24
		Falls per 1000 occupied bed days	Pressure Ulcers	HCAI's	DOLS Applications	Use of cohorted bays	Use of 1 to 1 care
Jun-24	Ward						
SURGERY	12	0	2	0	2	4.55%	0

WTE as indicated by SNCT data and professional judgment in biannual skill mix review June 2021 – June 2024:

	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
WTE approved June 2021	1.00	2.00	10.43	1.00	0.00	7.58	22.01
January 2022 staffing review	1.00	2.00	19.23	1.00	0.00	15.58	38.81
June 2022 staffing review	1.00	2.00	19.23	1.00	0.00	15.58	38.81
January 2023 staffing review	1.00	2.00	19.38	1.00	0.00	15.58	38.96
June 2023 staffing review	1.00	2.00	20.38	1.00	0.00	15.58	39.96
Budget Jan 24	1.00	2.00	10.43	1.00	0.00	7.58	22.01
January 2024 staffing review	1.00	2.52	20.86	0.00	0.00	15.58	39.96
Budget Apr 24	1.00	4.18	16.20	3.00	0.00	15.58	39.96
June 2024 staffing review	1.00	4.18	16.20	3.00	0.00	15.58	39.96

Chief Nursing Officer recommendation: Nurse-sensitive indicators are stable. No further action; review in January 2025.

Ward 20a-Elective Surgery

Nurse Sensitive Indicators:

		Jun-24	Jun-24	Jun-24	Jun-24	Jun-24	Jun-24
		Falls per 1000 occupied bed days	Pressure Ulcers	HCAI's	DOLS Applications	Use of cohorted bays	Use of 1 to 1 care
Jun-24	Ward						
SURGERY	20A	0	0	0	0	0.00%	0

WTE as indicated by SNCT data and professional judgement in biannual skill mix review June 2021 – June 2024:

	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
WTE approved June 2021	1.00	4.32	19.34	1.00	0.00	20.09	45.75
January 2022 staffing review	1.00	4.32	21.34	1.00	0.00	20.21	47.87
June 2022 staffing review	1.00	4.32	21.34	1.00	0.00	20.21	47.87
January 2023 staffing review	1.00	4.32	19.34	1.00	0.00	20.78	46.44
June 2023 staffing review	1.00	4.32	12.86	1.00	0.00	15.58	34.76
Budget Jan 24	1.00	4.32	19.34	1.00	0.00	19.66	45.32
January 2024 staffing review	1.00	4.32	19.34	1.00	0.00	20.09	45.75
Budget Apr 24	1.00	4.32	19.34	1.00	0.00	19.66	45.32
June 2024 staffing review	1.00	4.32	19.34	1.00	0.00	19.66	45.32

Chief Nursing Officer recommendation: The Nurse-sensitive indicators are stable. No further action; review in January 2025.

DIVISION OF WOMEN AND CHILDREN

WARD 23-Gynaecology

Nurse Sensitive Indicators:

		Jun-24	Jun-24	Jun-24	Jun-24	Jun-24	Jun-24
		Falls per 1000 occupied bed days	Pressure Ulcers	HCAI's	DOLS Applications	Use of cohorted bays	Use of 1 to 1 care
Jun-24	Ward						
WCCCS	23	0	0	0	0	30.30%	8

WTE as indicated by SNCT data and professional judgment in biannual skill mix review June 2021 – June 2024:

	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
WTE approved June 2021	1.00	1.00	11.13	0.00	0.00	7.58	20.71
January 2022 staffing review	1.00	1.00	11.13	0.00	0.00	7.58	20.71
June 2022 staffing review	1.00	1.00	11.13	0.00	0.00	7.58	20.71
January 2023 staffing review	1.00	1.00	11.13	0.00	0.00	7.58	20.71
June 2023 staffing review	1.00	1.00	9.39	0.00	0.00	5.19	16.58
Budget Jan 24	1.00	1.00	11.13	0.00	0.00	7.58	20.71
January 2024 staffing review	1.00	1.00	11.13	0.00	0.00	7.58	20.71
Budget Apr 24	1.00	1.00	11.13	0.00	0.00	7.58	20.71
June 2024 staffing review	1.00	1.00	11.13	0.00	0.00	7.58	20.71

Chief Nursing Officer recommendation: The Nurse-sensitive indicators are stable. No further action; review in January 2025.

DIVISION OF COMMUNITY

HOLLYBANK HOUSE-Stroke Rehabilitation

Nurse Sensitive Indicators:

		Jun-24	Jun-24	Jun-24	Jun-24	Jun-24	Jun-24
		Falls per 1000 occupied bed days	Pressure Ulcers	HCAI's	DOLS Applications	Use of cohorted bays	Use of 1 to 1 care
Jun-24	Ward						
COMMUNITY	Hollybank	0	0	0	0	0.00%	0

WTE as indicated by SNCT data and professional judgment in biannual skill mix review June 2021 – June 2024:

	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
WTE approved June 2021	1.00	3.52	7.18	0.00	0.00	10.10	21.80
January 2022 staffing review	1.00	3.52	8.32	0.00	0.00	10.39	23.23
June 2022 staffing review	1.00	3.52	8.32	0.00	0.00	10.39	23.23
January 2023 staffing review	1.00	3.52	9.47	0.00	0.00	10.39	24.38
June 2023 staffing review	1.00	3.00	9.99	0.00	0.00	10.39	24.38
Budget Jan 24	1.00	3.00	7.18	0.00	0.00	10.10	21.28
January 2024 staffing review	1.00	3.52	9.47	0.00	0.00	10.39	24.38
Budget Apr 24	1.00	3.00	7.18	0.00	0.00	10.10	21.28
June 2024 staffing review	1.00	3.00	7.18	0.00	0.00	10.10	21.28

Chief Nursing Officer recommendation: The Nurse-sensitive indicators are stable. No further action, review in January 2025.

EMERGENCY DEPARTMENT

The Emergency Department undertook SNCT data collection in June 2024 using the recommended Imperial College tool which applies a different methodology to the Adult SNCT Tool and is now validated and recommended for use.

Nurse Sensitive Indicators:

SEdit - Manor Hospital (RBK02)
Walsall Healthcare NHS Trust, Midlands
Summary Emergency Department Indicator Table

Latest refresh: 17/06/2024 20:13:49
Latest available data: April 2024

Banner Metrics and DQ

Please note: The Banner metrics are fixed to the latest available date, currently showing: April 2024

Activity	Workforce	Cubicles and Beds	Case-mix	Quality & Ranking
T1 Attendances last 12m (rolling 12 months) 102,536 280/day	ED consultants (wte) 17.00	ED Majors & Resus cubicles 42	Average age of patients admitted from ED 55 years	CQC Urgent & Emergency Services "Overall" ED rating Requires improvement
Admissions via ED last 12m (rolling 12 months) 40,267 110/day	ED registered nurses (wte) 125.49	G&A beds (site) 537 555	GIRFT-EM ED Acuity Index 0.90	GIRFT-EM Index of patient flow (GEMI) ranking Rank 21
Selected: April 2024 Previous*: March 2024	ECDS Data Quality		ED Trauma Status, Patients & UTC	
Roll back date of the four charts and the four domains below April 2024	Completeness and validity of coding 97.3%	Accuracy of discharge coding 70.9%	Adult G&A bed occupancy 92.8%	Paediatric G&A bed occupancy 66.7%
			Co-located UTC Yes	Patients & trauma status Adults & Children ND

GEMI Metrics and Ranking

Target Associated Flow (TAF)

2024:28YTD

Admitted (2,752) and Non-Admitted (3,965)

Admitted Patient Delay vs Admitted Patient Breach Rate

APD at 6 hrs (avg hrs per adm beyond 6hrs)

APBR at 6 hours (% breach rate for admitted patients)

Quadrant Chart

Flow & Outcomes vs Demand & Capacity

Domains - Benchmarked metrics

Demand (-3)		Capacity (2)		Flow (8)		Outcomes (4)	
Metric Name	Site Value	Metric Name	Site Value	Metric Name	Site Value	Metric Name	Site Value
Proportion of catchment population attending ED per year	36.9	Annual ED attendances per ED consultant	6,031.6	Emergency ambulance handover delays > 30 minutes	7.3	All ED patients spending > 12 hours in department	4.9
ED admissions aged 75+	30.6	Annual ED admissions per ED consultant	2,368.6	DAT-2 (patients discharged, admitted or transferred <= 2 hours of arrival)	34.7	APBR-12 (admitted patient breach rate > 12 hours)	9.9
ED attendances in the highest quintile of deprivation	52.2	Annual ED attendances per ED registered nurse	817.1	DAT-4 (patients discharged, admitted or transferred <= 4 hours of arrival)	66.1	APD-12 (admitted patient delay > 12 hours)	2.9
Conversion rate (proportion of ED attendances admitted) [APC]	40.2	Annual ED admissions per M&R cubicle	958.7	Mean time in ED for non-admitted patients	224.6	ED-DRH (estimate of annual number of ED patients with delay-related harm)	
Proportion of all emergency admissions that occur via ED	83.4	Annual ALL overnight admissions per G&A bed	60.3	Mean time in ED for admitted patients	365.4	MHBR-12 (mental health breach rate > 12 hours for all MH patients)	14.0
Proportion of ED arrivals by ambulance	33.0	Annual acute overnight admissions per G&A bed	56.8	APBR-6 (admitted patient breach rate > 6 hours)	40.7	MHPD-12 (mental health patient delay > 12 hours of all MH patients)	14.5
Proportion of all attendances with a mental health condition	3.0	Annual elective overnight admissions per G&A bed	3.5	APD-6 (admitted patient delay > 6 hours)	3.9	Litigation liability per ED attendance *	10.5
HIU-10+ (proportion of attendances by patients attending 10+ times in the last 12 months)	2.7	Annual trust admissions per WTE trust consultant	444.8	SDEC (same day emergency care): emergency admissions with Zero LoS	50.0	NHS Staff Survey: Happy with standard of care for a relative/friend	47.5
GIRFT-EM ED Acuity Index	0.9			Bed occupancy (All G&A beds)	90.5	NHS Staff Survey: Recommend as a place to work	51.6
Trauma status of the ED	ND						

For queries, or to update your workforce and/or cubicle numbers, please email enland_analyticsproductsteam@nhs.net

* For further information on the trends and themes within your ED's litigation data, please contact: nhs.safely@nhs.net

ICS1 - Banner View of SEDIT Metrics

NHS BLACK COUNTRY ICB



Latest refresh: 07/06/2024 15:31:01
Latest available data: April 2024

Select for same co-located Type 3 UTC Sites

All Sites

	Activity		Workforce		Cubicles and Beds		Case-mix	Quality & Ranking		
	T1 Attendances last 12 months (rolling 12 months)	Admissions via ED last 12 months (rolling 12 months)	ED consultants (wte)	ED registered nurses (wte)	ED majors & resus cubicles	G&A beds (site)	Average age of patients admitted from ED	GIRFT-EM ED acuity index	CQC urgent & emergency services "Overall" ED rating	GIRFT-EM index of patient flow (GEMI)
NHS BLACK COUNTRY ICB	552,447 302/day	183,066 100.07/day	66.90 67	459.74 533	167 189	2,616 3,027	55 years			N/A
City Hospital	95,328 260/day	13,804 38/day	8.90 11.55	64.05 91.95	31	245 419	53 years	1.28	Requires improvement	104 out of 168
Manor Hospital	102,536 280/day	40,267 110/day	17.00	125.49	42	537 555	55 years	0.90	Requires improvement	21 out of 168
New Cross Hospital	159,123 435/day	70,523 193/day	21.40	125.63 153.49	35 73	779 993	53 years	1.31	Good	63 out of 168
Russells Hall Hospital	112,030 306/day	39,360 108/day	10.70 13.57	75.60 108.07	34 41	643 676	59 years	2.63	Requires improvement	67 out of 168
Sandwell General Hospital	83,430 228/day	19,112 52/day	8.90 10.11	68.97 80.48	25	412	55 years	1.56	Requires improvement	135 out of 168

For queries, or to update your workforce and/or cubicle numbers, please email england.analyticsproductsteam@nhs.net

SNCT outcomes tables

Acuity SNCT outcome	Recommended RN WTE	Recommended CSW WTE
Acuity and dependency	50.5	31.0
Attendances	79.6	48.8
Current Budget	87.19	52.28

Current Staffing levels in E-roster

15 RN and 10 CSW

Plus 3 x ENP/ ACP shifts for Twilight and RATS

Recommendation

The Chief Nursing Officer recommendation is no change to current staffing. Review in January 2025

WARD 21

Ward 21 is an 18 bedded paediatric ward delivering care to children and young people predominantly under the age of 16 years. A business case was completed in 2023 following an independent external review, benchmarked against national standards to maintain safe staffing levels. The Trust has supported the ward-based elements of this case and a revised budgeted WTE is currently being recruited to.

SNCT Outcomes June 2024

Ward: All C&YD Wards			<i>Benchmark</i>
SNCT Element	Your Ward	Your Ward	Children's
Level 0 patients (daily average)?	4.5	50.2%	71.9%
Level 1a patients (daily average)?	1.8	20.1%	16.3%
Level 1b patients (daily average)?	2.0	22.3%	9.5%
Level 2 patients (daily average)?	0.6	6.7%	2.2%
Level 3 patients (daily average)?	0.1	0.7%	0.1%

Nurse sensitive indicators are stable.

The approved staffing model as per the business case and confirmed with SNCT data and professional judgement, June 2024:

Shift	RN	CSW
Day	5	2
Night	5	2

Recommendation

Chief Nursing Officer recommendation: The Nurse-sensitive indicators are stable. No further action, review again in January 2025.

CHEMOTHERAPY UNIT

The Chemotherapy Unit is a specialist area requiring Registered Nurses to undertake specialist training to administer therapies.

Current WTE

	Ward Clerk	CSW	B4 (admin)	RN	WM
WTE	1.56	3.8	1	8.96	1

Current Demand/ Staffing template

The current staffing template for the service delivery 0800-1800 hours Monday – Friday is:

	Mon	Tue	Wed	Thu	Fri
RN	6	6	6	6	6
CSW	1	1	1	1	1
Clinics/OPD CSW	2	3	1	3	1

The WTE required for this service demand vs current budget is as follows:

	WTE demand	Budgeted Staffing (including Band 7)
RN	9.2	9.96
CSW	3.8	3.82

The Band 7 works 19 hours clinically each week.

Professional Judgement/Narrative

Outcomes for this area are stable.

The Cancer Alliance is due to undertake a national study of capacity and demand in 2024 and the Chemotherapy Unit will be taking part in this.

Recommendation

Chief Nursing Officer recommendation: The Nurse-sensitive indicators are stable. No further action, review in June 2025.

CHIEF NURSING OFFICER RECOMMENDATION TO TRUST BOARD

The Chief Nursing Officer recommends the Trust Board approves the maintenance of the previously agreed establishments and that no changes are made at this time.

- Skill mix reviews are undertaken every six months, and the next review will take place in January 2025.
- During Q4 a review of the AHP and Clinical Nurse Specialist workforce will be undertaken.

REFERENCES

- a. 'Hard Truths' Commitments NHS England <http://www.england.nhs.uk/2014/04/01/hard-truths/> April 2014
- b. Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time - Safe, sustainable and productive staffing. National Quality Board, July 2016 <http://www.england.nhs.uk>
- c. Griffiths P, Ball J, Murrells T, Jones S, Rafferty AM (2016b) Registered nurse, health care support worker, medical staffing levels and mortality in English hospital Trusts a cross-sectional study. *BMJ open* 5:e008751
- d. NHS England (2014) Five Year Forward <http://www.england.nhs.uk/ourwork/futurenhs>
- e. NHS England (2016) Leading Change, Adding value: A framework for nursing, midwifery and care staff <http://www.england.nhs.uk/ourwork/leading-change>
- f. NICE (2013) Safe staffing for nursing in adult inpatient wards in acute hospitals. <http://www.nice.org.uk/guidance/SG1>
- g. NQB (2016) How to ensure the right people, with the right skills, are in the right place at the right time: A guide to nursing, midwifery and care staffing capacity and capability <http://www.england.nhs.uk/ourwork/part-rel/nqb>
- h. The Safer Nursing Care Tool the Shelford Group – 2013 revised 2023 <http://shelfordgroup.org/resource/chief-nurses/safer-nursing-care-tool>
http://shelfordgroup.org/library/documents/SNCT_A4.pdf
- i. Developing Workforce Safeguards – 2018 NHSI.

Tier 1 - Paper ref: Pubic Trust Board Enc 7.5

Report title:	RWT Director of Midwifery Perinatal Services Report
Sponsoring executive:	Debra Hickman, Chief Nursing Officer
Report author:	Tracy Palmer, Director of Midwifery and Neonatal Services Report Presented by Kate Cheshire, Head of Midwifery and Neonatal Services
Meeting title:	Public Trust Board
Date:	17 th September 2024

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

A. Workforce

The Birth Rate Plus (BR+) Acuity Tool demonstrates that Midwifery staffing levels within the Intrapartum areas remain consistent throughout Q1. Staffing met acuity levels 64% of the time in April, 63% of the time in May and 54% of the time in June 2024. This indicated a marginal deterioration in compliance from Q4 data and is attributed to higher acuity of patient, short-term sickness absence and Maternity leave within the intrapartum areas.

Midwifery Workforce position remains in a stable position and is on track to be fully established to Birth Rate + 2021/22 assessment recommendations.

A further Birthrate Plus assessment is due in the Autumn of 2024.

Neonatal Nurse workforce has minimum vacancy of 0.83 whole time equivalent (WTE).

B. Serious Untoward Incidents and Maternity and Neonatal Safety Investigations

The report provides an update on current Serious Untoward Incidents (SUI) and Maternity and Neonatal Safety Incident (MNSI) open cases. Presently there are 9 open cases within the Perinatal Directorate. 3 of the cases have met the MNSI criteria and have therefore been referred onwards. 1 case was STEIS reportable progressing through appropriate processes. 5 of the cases have been finalised and require presentation at the Perinatal Quality Assurance and Learning meeting for local learning

C. Learning from Perinatal Deaths

The Trust continues to report 100% of the standards in Safety Action1 *Are you using the Perinatal Mortality Review Tool to review all deaths?* NHR: Maternity Incentive Scheme Year 5. Cumulative compliance for all standards were 100%

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

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

RWT Quality Committee 30TH August 2024.

4. Recommendation(s)

The Public Trust Board is asked to:

- a) Note

Working in partnership

The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust

b) Note
c) Note

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

Group Board/Committee

Report to the Public Trust Board on- 17th September 2024 Perinatal Services Report

1.0 Executive summary

- 1.1 The Maternity Workforce report outlines the present position for Midwifery and Maternity Support Worker (MSW) deficit related to vacancy and Maternity leave. The Midwifery workforce reports -3.16 WTE deficit based on the Birth Rate Plus (BR+) assessment in 2022.
- 1.2 There are 18 student Midwives due to qualify between September and December 2024.
- 1.3 Midwifery workforce Leads are in the process of developing Quality Impact Assessments (QIA's) to highlight the requirement to recruit the student Midwives pipeline against registrant turnover / leavers rates to maintain recommended Midwifery workforce establishments In line with the recommended 2022 BR+ recommendations.
- 1.4 The report outlines Delivery Suite staffing levels based on the acuity of patient; the data is provided by the Birth Rate Plus Acuity tool specific for Intrapartum areas. The national standard by The Royal College of Midwives (RCM) recommends that for 85% of shifts Midwifery staffing levels should meet acuity of patient.
- 1.5 The report outlines a marginal deterioration in staffing / acuity compliance in Q1 compared to Q4. This is due to an increase in maternity leave, short term sickness and the higher acuity of patient in the intrapartum areas.
- 1.6 The report provides reporting data for Midwifery red flag events for Quarter 1. There were no reported harm related incidents related to red flag events for reporting period of April - June (Q1) January 2024.
- 1.7 1: 1 Care Rates for women in established labour remain at 100% in Q1.
- 1.8 Presently Neonatal Nursing establishments have minimum vacancy of 0.83 WTE.

1.9 Recommended standards for meeting BAPM recommendations for staffing numbers per shift were met in May of 82%. April and June did not meet the 80% standard with April achieving 75% and June 78%. This was due to short term sickness.

2.0 Local Maternity Dashboard / Minimum data measures for Trust Board

2.1 The Perinatal Leadership Team undertake a monthly review of the local maternity dashboard to analyse the booking and birth rate data. Booking rates were significantly higher in Q1 compared to previous months in 2023. Booking rates will continue to be monitored closely by the senior Directorate team, escalation of any concerns with significant rise in birthrates/ capacity will be raised with Divisional leadership team in the first instance.

3.0 Perinatal Mortality Report – Reporting monitoring and learning from Deaths.

3.1 100% 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. (Appendix 1).

In Q1 there were 19 perinatal deaths that met criteria for reporting to MBRRACE-UK. There are 6 outstanding cases to be discussed and graded at the PMRT Board meeting. Following the weekly rapid review governance meeting where all 6 cases were reviewed there were no immediate concerns identified however, local learning was identified in all 6 cases.

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

4.1 The report provides an update on the MNSI and SUI's within the Perinatal Directorate. (Appendix 2). There were 9 cases open within the Perinatal Directorate. All open incidents are progressing through either MNSI and local Trust processes.

5.0 Background

The Royal Wolverhampton Maternity Workforce Update

5.1 Maternity Workforce

Table 1 Demonstrates the Trust's Birth Rate Plus (BR+) 2022 workforce assessment recommendations compared to the present budgeted establishments and actual staff in post June 2024.

The Workforce business case will be presented to Divisional Business forum in Mid-September and to Executives at the end of September 2024 to seek support for the remaining deficit in funded establishments.

5.2 Table 1

1. BirthRate+ Report recommendations February 2022 vs Current Position June 2024				
Clinical Area	Current Budgeted establishment inc. 21% uplift	BirthRate+ inc. 23% uplift	Staff in post M3 Excl. managers	Deficit between BR+ and Staff in post
Delivery Suite and Maternity Induction Unit	74.64wte RM	70.72wte RM	78.28wte RM	-3.46wte RM
Maternity Triage Unit		11.02wte		
Midwife Led Unit	14.91wte RM	15.02wte RM	12.40wte RM	-2.62wte RM
D9 and D10	33.71wte RM 17.67wte MSW	35.64wte RM 19.28wte MSW	32.68wteRM 21.04wte MSW Inc apprentices	-2.96wte RM +1.76wte MSW Inc apprentices
Antenatal Outpatients		11.04wte RM		
Fetal Assessment Unit	10.22wte RM	10.07wte	13.31wte RM	-7.8wte RM
Community	43.17wte RM 8.59wte MSW	44.05wte RM 11.01wte MSW	43.82wte RM 11.07wte MSW	-0.23wte RM +0.06wte MSW
Specialist Contribution to clinical workforce	12.09wte	12.09wte	12.09wte	0wte
Totals	215.0wte	227.85wte	224.69wte	- 3.16wte

5.3 Turnover Rate

5.4 There is a confirmed leavers rate of 9.0 WTE Midwives in June 2024. These Midwives are in run rates and will be off set against the onboarding of newly qualified Midwives due to register in September.

5.5 Predicted turnover rates of Midwives to end of calendar year is approximately 21 WTE.

5.6 There are 18 student Midwives due to qualify between September and December 2024. Midwifery workforce Leads are in the process of developing Quality Impact Assessments (QIA's) to highlight the requirement to recruit the student Midwives pipeline against registrant turnover / leavers rates to maintain recommended Midwifery workforce establishments In line with the recommended 2022 BR+ recommendations.

5.7 A further full BR+ assessment is due in Autumn 2024.

5.8 One to One Care rates in Established Labour

The national ambition and recommendation in NHSR CNST Maternity Incentive Scheme (MIS) safety action 5: *Can you demonstrate an effective system of midwifery workforce planning to the required standard?* Recommends that 100% of women receive 1:1 care in established labour.

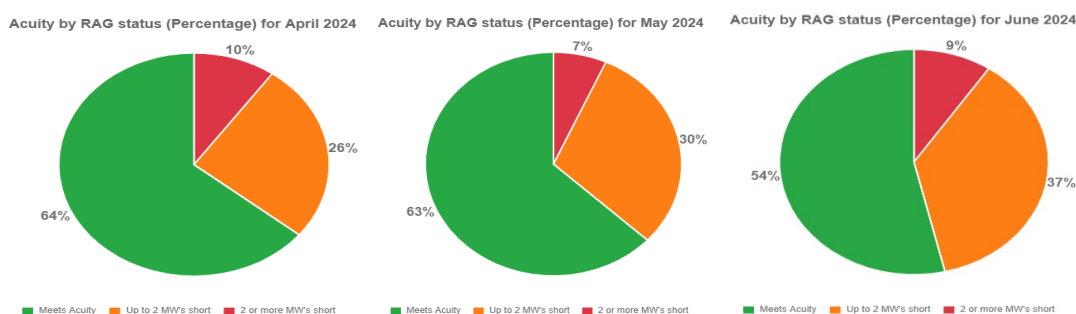
5.9 Table 2 1:1 Care rates in established labour Q1.

Activity	Previous Year Average	April	May	June
1:1 Care rate in labour	99.5%	100%	100%	100%

One to One Care rates in established labour continue to be maintained at 100% for Q 1.

5.9.1 Data for % overall Midwifery Deficit per shift for Q1 2024 based on acuity of patient.

Acuity by RAG Status (Percentage) Data is extracted from the BR+ acuity tool for intrapartum Care areas



5.9.2 Table 3

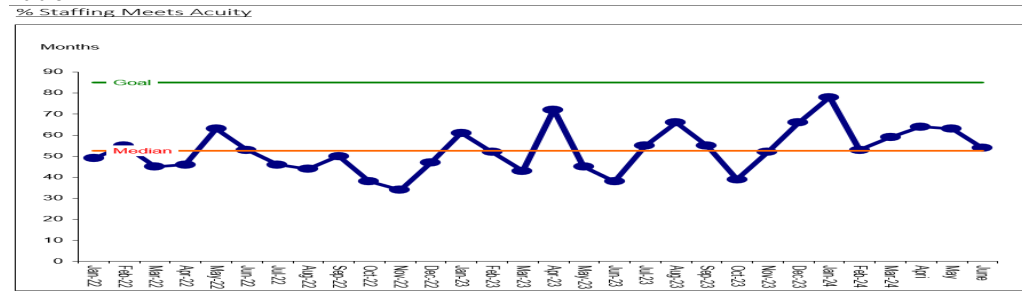
Month	Meets Acuity	Up to 2 Midwives short per shift	2 or more Midwives short per shift
April	64%	26%	10%
May	63%	30%	7%
June	54%	37%	9%

5.9.3 Acuity of patient versus Midwifery care requirements demonstrate a consistent picture across Q1.

There has been a marginal deterioration in staffing / acuity compliance in Q1 compared to Q4 as depicted below. This is due to the increase in maternity leave, short term sickness and the higher acuity of patient in the intrapartum areas.

5.9.4 Staffing meets acuity % over 2 year period 2022 - 2024

Table 4



5.9.5 Red Flags Events Q1 2024

Red Flags - % of Occasions Recorded

From 01/04/2024 to 30/04/2024

Showing the % of occasions when a Red Flag was recorded in the period selected - the contributing Red Flags recorded may be more than one, refer to chart to identify prevalence



During April 2024 there were 15 red flag events equating to 10% of shifts recording a red flag events attributed to midwifery staffing deficit.

Red Flags - % of Occasions Recorded

From 01/05/2024 to 31/05/2024

Showing the % of occasions when a Red Flag was recorded in the period selected - the contributing Red Flags recorded may be more than one, refer to chart to identify prevalence



During May 2024 there were 14 red flag events equating to 9% of shifts recording a red flag event attributed to midwifery staffing deficit.

Red Flags - % of Occasions Recorded

From 01/06/2024 to 30/06/2024

Showing the % of occasions when a Red Flag was recorded in the period selected - the contributing Red Flags recorded may be more than one, refer to chart to identify prevalence



5.9.6 During June there were 24 red flag events equating to 20% of shifts recording red flag events attributed to Midwifery staffing deficit.

Following review and triangulation of incidents via the weekly Multi Professional Governance and Assurance meeting it was identified that the predominant themes for delay in care attributed to midwifery staffing deficit were:

- Delay in transfer to Delivery suite for Induction of labour
- Delay in Elective Caesarean List due to high activity
- Delay in Pain relief

There were no adverse patient outcomes or harm directly attributed to Midwifery Red Flag events in Q1.

Senior Midwifery leaders' action is to continue to monitor red flag events and triangulate with any incident / complaint data; share any lessons learned from any incidents specifically related to midwifery staffing deficit. Lessons learned are also shared externally with The Black Country Local Maternity and Neonatal System (BCLMNS) via the Quality and Safety workstream.

5.9.7 Neonatal Nursing Workforce.

Table 5

3. Neonatal WTE Vacancy Figures: June 2024						
Clinical Area	Registrant Vacancies	Support Vacancies	Registrant Mat Leave	Support Mat Leave	Registrant Long Term Sickness	Support Long Term Sickness
Neonatal Unit	1.04+	6.61-	0.92	0.92	2.53	1.6
TC	0.92-	1-	0	0	0.61	0
NCOT	0.92-	0.7+	0	0	1	0
Neonatal Total	0.83-	7.01-	0.92	0.92	4.14	1.6

5.9.8 Presently Neonatal Nursing establishments have minimum vacancy of 0.83 WTE. Recommended standards for meeting BAPM recommendations for staffing numbers per shift were met in May of 82%. April and June did not meet the 80% standard with April achieving 75% and June 78%. This was due to short term sickness absence.

5.9.9 Workforce data per shift

Table 6

Workforce data	April	May	June
QIS trained (% of RN establishment)	48%	48%	60%
Shifts staffed to BAPM numbers	75%	82%	78%
Shifts staffed to BAPM QIS	17%	10%	9%
Shifts with team leader	97%	90%	80%

Progress has been made with increasing Qualified In Speciality trained nurses (QIS). In June 60% of total neonatal nursing workforce were QIS. However, due to the higher activity rates in Q1 for intensive care babies Badgernet acuity tool data indicated that shifts staffed to BAPM QIS averaged at 12%. The BAPM critical care toolkit recommends that shifts should be staffed with QIS nurses 70% of the time. Work continues to improve this standard.

6.0 Local Maternity Dashboard / Minimum data measures for Trust Board

- 6.1 Review of the local Maternity Dashboard indicates that booking rates continue to remain in the higher tolerance levels for quarter 1 (Q1). The Directorate attribute these higher numbers to the single point access self-referral system that is now in place, close monitoring of bookings and import / export data will continue throughout 2024 by the Perinatal Leadership team. Any concerns re: a significant rise in birthrates will be escalated through to the Divisional Team, and Trust Board.
- 6.2 Induction of labour rates remain in the higher thresholds with rates in Q1 of 40%. Induction of labour rates are increasing nationally and are attributed to the lower threshold to induce labour for women with comorbidity, improved screening surveillance for Fetal Growth Restriction in line with the Saving babies Lives Care Bundle (SBLCB), and NICE guidance for offering Induction of labour at Term +7 instead of Term +10.
- 6.3 Midwifery Led Births have decreased over Q1. This is attributed to the higher acuity of patient and the change in pathway for Induction of labour for women at Term +7. Work has commenced to review the activity and throughput for The Midwifery Led Unit (MLU). The Perinatal Directorate are reviewing pathways of care for women who are suitable to attend MLU for clinic sessions, for example Membrane sweep clinics for postdate pregnancies.
- 6.4 Bookings before 10 weeks remain over 70% in Q1 and exceed the national benchmark of 60%. The Royal Wolverhampton NHS Trust one of the leading Trusts nationally for this standard.

6.5 Table 8

MATERNITY DASHBOARD 2024						
Activity	Tolerance			Apr	May	Jun
	Green	Amber	Red			
Number of Bookings	<450	450-470	≥471	501	525	450
Number of Mothers Delivered	≤416	417-419	≥420	388	466	421
% of births on the MLU	15%-17%	18%-20%	<15% or >20%	12.6%	14.1%	12.4%
Elective C/S Rate				16.5%	17.7%	17.3%
Emergency C/S Rate				28.1%	28.5%	27.8%
Instrumental Delivery Rate	10-15%	5 - 9.9%	>15% or <5%	9.3%	9.8%	9.2%
Ventouse Delivery				4.9%	4.9%	4.7%
Forceps Delivery				4.4%	4.9%	4.5%
Induction of Labour Rate	<33%	33-36%	≥37%	41.2%	40.3%	40.8%
One to One Care in Labour				100%	100%	100%
IUT's out	0	1	2	0	0	0
Staffing						
Vacancies	<3%	N/A	>3%	0.5%	1.0%	0.5%
Midwife to Birth Ratio	≤30	>30 - 33	>33	27	28	28
Maternal Indicators						
Maternal Deaths				0	0	0
Admission to ICCU				2	2	3
2nd Stage LSCS				3	6	4
Bookings before 10 weeks	>70%	60% - 70%	<60%	73.1%	75%	71%
3rd and 4th Degree Tears	<3%	3 - 4.9%	≥5%	1.4%	2.1%	1.4%
PPH >1500ml				14	18	15
Peripartum Hysterectomy				0	1	0
Smoking at Delivery	<7%	7 - 9.9%	≥10%	8.3%	7.9%	6.4%
Eclampsia	0	1	2	0	0	0
Failed Instrumental	4 to 6	≤3	≥7	0	0	0

Neonatal Indicators						
Breastfeeding Initiated	>64%	60 - 64%	<60%	77.5%	76.9%	79.3%
Premature Births <37 weeks				9.6%	9.8%	10.6%
Antepartum Stillbirth (exc TOP)				2	3	1
Intrapartum Stillbirth				0	0	0
Unexpected Term Admission To NNU needing level 3 care				3	0	3
Babies Being Cooled (Born Here)				0	1	0
Term Babies with an Apgar score at 5 mins of <7				6	6	7
Baby diagnosed HIE grade 2 or 3				0	0	0
Late Neonatal Death (Born Here)				0	0	1
Early Neonatal Death (Born Here)	3	4	5	2	2	2
Operational						
Number of Formal Complaints	≤3	4	≥5	1	3	0
Number of STEIS incidents	≤2	3	≥4	0	0	0
MNSI Cases				0	0	0
Number of Red Incidents	0	N/A	1	0	0	0

6.5 Smoking at Time of Delivery Rates (SATOD) indicate an improving trend throughout Q1, this has been attributed to the support and follow up for mothers who smoke at booking and who choose to engage with the Tobacco Dependency Advisors throughout their pregnancy. SATOD rates will continue to be monitored in line with Saving Babies Lives Care Bundle: Element 1.

6.6 There were formal 4 complaints during Q1. The themes emerging from the 4 complaints centred around communication. All complaints have met the timescale for replying to respondents; action plans are in place and monitored via the Perinatal Directorate Governance meeting.

7.0 Perinatal Mortality Report – Reporting monitoring and learning from Deaths.

7.1 All Perinatal Deaths continue to be reported, reviewed, and monitored in line with the National Perinatal Mortality Review Tool (PMRT) and maternity Incentive Scheme (MIS) CNST safety action 1.

The Perinatal Mortality Report in line with NHSR Maternity CNST recommendation for safety action 1: *Are you using the National Perinatal Mortality Review Tool (PMRT) to review perinatal deaths to the required standard?*

The Royal Wolverhampton NHS Trust continues to declare and report full compliance with the recommendations and standards for Maternity CNST Safety Action 1 standards a - d.

CNST MIS Safety Action 1 - Are you using the national Perinatal Mortality Reporting Tool (PMRT) to review deaths to the required standard?	Standard %	Cumulative compliance
Notification of eligible perinatal deaths from 8th December 2023 onwards to MBRRACE-UK within 7 working days	100	32 out of 32 100%
Parent's perspectives of care sought and opportunity given to ask questions for all eligible deaths from 8th December 2023 onwards (for all cases that have been reviewed at PMRB)	95	15 of the 15 due 100%
A review using the perinatal mortality review tool started within two months following the death of a baby eligible for review	50	32 out of 32 100%
A PMRT must be completed within six months of the death of a baby's death.	50	3 of the 3 due 100%
Quarterly reports submitted to the Trust Executive Board on ongoing basis to include details of all deaths from 8 December 2023 including reviews and consequent action plans. Must be discussed with Trust maternity safety and Board level safety champions.	100	2nd of 4 100%

Reported deaths for ongoing notification to MBRRACE from 8th December 2023.

- There has been a total of 32 reported deaths eligible for ongoing notification to MBRRACE-UK via the PMRT since the 8th December 2023 which is the commencement reporting period for Maternity Incentive Scheme (MIS) for Trusts.
- There were 19 perinatal deaths in Quarter 1.
- 3 deaths in Q3 period met the threshold for referral to the Maternity and Newborn Safety Investigation (MNSI) programme.
- There have been no concerns raised with the notification and surveillance submissions to date; the current reporting process continues in line with the recommendations set out in Safety Action 1 for MIS year 6.

Summary of cases closed in Quarter 4 of 2023-4

14 cases were closed in Q4.

- 5 had no issues identified with care.
- 8 cases had issues identified that would have had no impact on the outcome.
- 1 case had issues that may have impacted on the outcome.
- 0 cases had issues that were likely to have made a difference to the outcome.

Cases where learning has been identified appropriate action plans, timescales and monitoring have been put in place.

In the period between April 1st and June 30th (Q1) there were 19 cases for review that qualified reporting to MBRRACE-UK.

8.0 Maternity and Neonatal Safety Incident (MNSI) / SUI Reports.

8.1 MNSI /SUI events have 9 cases open within the Perinatal Directorate.

5 of the cases have been completed and require presentation at the Perinatal Quality Assurance and Learning meeting for local learning.

1 case is progressing through STEIS process.

3 cases are progressing through Maternity Neonatal safety Investigation (MNSI) process.

Quarterly Quality Review Meetings continue with MNSI and the Directorate Leadership team, Governance teams, Director of Midwifery and Chief Nursing Officer throughout 2024.

The next MNSI Quality review Meeting is due in September 2024.

Recommendations

The Public Trust Board is asked to:

- a. Note the report

Tracy Palmer
Director Of Midwifery and Neonatal Services

August 23rd, 2024.

Tier 1 - Paper ref: PublicTB (09/24) Enc 7.5

Report title:	WHT Director of Midwifery Perinatal Services Report
Sponsoring executive:	Lisa Carroll - Chief Nursing Officer lisa.carroll5@nhs.net
Report author:	Jo Wright Director of Midwifery & Gynaecology josellewright@nhs.net
Meeting title:	Public Trust Board
Date:	17th September 2024

1. Summary of key issues <i>two or three issues you consider the PublicTB should focus on in discussion]</i>	
<ul style="list-style-type: none"> Clinical Negligence Scheme for Trusts (CNST) year 6 progress overall amber. There has been x1 case accepted by Maternity Neonatal Service Investigations (MNSI) and all notifiable cases have been reported to Mothers and Babies Reducing risk through Audits and Confidential Enquires (MBRRACE). Perinatal Mortality rate has decreased for the 7th consecutive month. 	

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

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

4. Recommendation(s)	
The Public Trust Board is asked to:	
a) Trust Board are asked to note and receive the report's contents for assurance.	

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

Working in partnership

The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust

Group Board/Committee

Report to the Public Trust Board on 17th September 2024

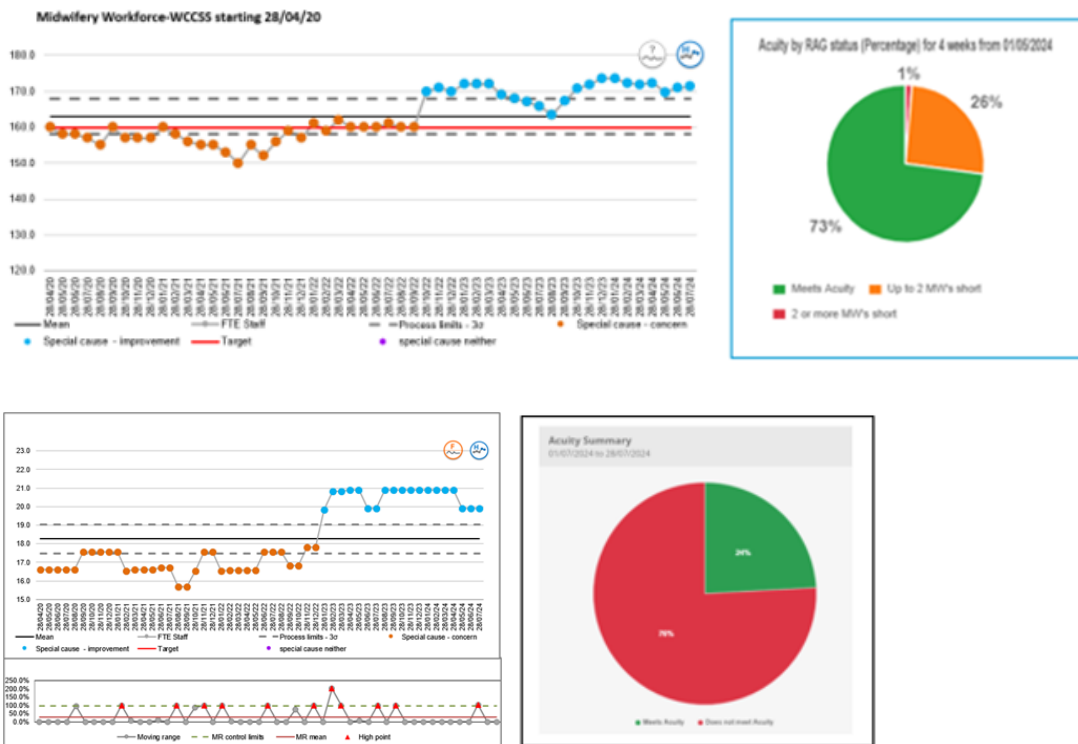
Director of Midwifery Perinatal Services Report

1. Executive summary

This report will provide a concise update regarding the on-going position on the elements cited within this paper and all elements have been discussed in Quality Committee.

2. Growing and Retaining our Workforce: Maternity Workforce update

Midwifery, Neonatal and Obstetric staffing currently stable. Obstetric staffing meeting RCOG guidance, Neonatal staffing not BAPM compliant this month however business case being completed and action plan also in place to achieve this. Maternity staffing, the Trust was able to maintain 1:1 care in labour and delivery Suite Coordinator has been supernumerary. Community and inpatient ward staffing challenging currently due to a vacancy of 10.45 WTE also there is an anticipated 13 WTE maternity leave vacancy from September 2024. The service has 10 WTE midwives starting in post in September/ October. The Birthrate plus report has been completed and the report is under review. Midwifery staffing review is complete via Birthrate plus and the service is awaiting the final report. MSW staffing remains challenging, however there has been a vacancy reduction from 18 WTE to 6 WTE in the last 10 months. There have been no adverse outcomes associated with staffing with the perinatal services.



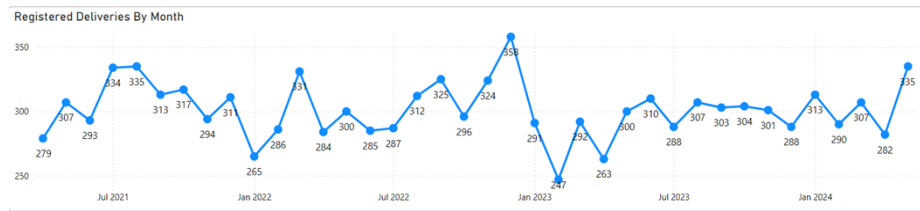
3.0 Listening to, and working with, women and families with compassion

The maternity Safety Champions Bi-Monthly meetings and Safety Champions walkabouts are embedded in the service and are supporting both staff and service users. In July 2024 there was a safety champions walk on the neonatal unit. The executive and non-executive board level safety champions spoke to service users and staff and the area evaluated well. Patients experience feedback is shared with staff and patients in the clinical areas. In July there were over 500 service user responses about the service. The maternity neonatal voices partnership (MNVP) lead will be stepping down in October 2024 and the recruitment to this role has commenced. There is

a deputy MNVP lead who will support the service during this time. There will be an MNVP meeting in September 2024 and a 15 Steps Maternity Service Review in October 2024.

4.0 Standards and structures that underpin safer, more personalised, and more equitable care.

4.1 In June 360 births occurred (45 over what was anticipated) at WHT of which 36% were from a Black or Asian heritage and 66% were from 1st and 2nd Decile IDM.



4.2 **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

4.3 **Saving Babies Lives:** Saving Babies Lives Care Bundle Ver 3 (SBLv 3): The Local Maternity and Neonatal System (LMNS) review of SBL v 3 have stated that WHT is at 94% compliance. Areas that need to be addressed are ensuring that a job description for peri-prem consultant, paediatric consultant and specialist neonatal nurse are in place and shared with Trust Board this is in process, as with all the LMNS Trusts there is limited scanning capacity to accommodate next day scans for reduced fetal movements and ensuring that relevant action plans are reviewed and updated. A Quarterly SBL v 3 report is produced and shared with all staff and the LMNS. Actions are monitored via divisional boards.

4.4 **Avoiding Term Admissions to Neonatal Unit (ATAIN):** is compliant with national and local reporting standards. The number of admissions for Quarter 1 was 42 babies and the total percentage admissions is 4.56%. In July 2024 the ATAIN rate was 2.2% this is below the national target of 5%. The highest number of admissions are for respiratory concerns the PEEP project is ongoing where respiratory neonatal support is available on the ward to keep mothers and babies together. A QI project that is related to transitional care “Baseline VBG in induction of labour as a means of monitoring and preventing Hyponatremia in Labour” has been registered on also reduce mother baby separation.

5.0 **Developing and sustaining a culture of safety, learning, and support:** The GMC survey result has revealed that Walsall was 4th in the country for excellence in Obstetrics and Gynaecology training.

Programme Group	Trust/board	Indicator	2021		2022		2023		2024	
			Score	Outcome	Score	Outcome	Score	Outcome	Score	Outcome
Obstetrics and gynaecology	Walsall Healthcare NHS Trust	Overall Satisfaction	82.14	Within IQR	78.33	Within IQR	85.00	Within IQR	89.29	Above
		Clinical Supervision	95.00	Within IQR	93.33	Within IQR	95.00	Within IQR	97.86	Above
		Clinical Supervision out of hours	95.54	Within IQR	87.50	Within IQR	93.75	Within IQR	96.43	Above
		Reporting Systems	88.57	Above	73.33	Within IQR	80.83	Within IQR	88.33	Above
		Work Load	57.14	Above	44.79	Within IQR	57.29	Above	46.43	Within IQR
		Teamwork	82.14	Within IQR	77.78	Within IQR	81.94	Within IQR	79.76	Within IQR
		Handover	79.46	Within IQR	73.96	Within IQR	76.39	Within IQR	80.06	Within IQR
		Supportive Environment	83.57	Above	76.67	Within IQR	77.50	Within IQR	88.57	Above
		Induction	87.14	Within IQR	83.33	Within IQR	83.33	Above	83.57	Within IQR
		Adequate Experience	76.79	Within IQR	79.17	Within IQR	79.17	Within IQR	92.86	Above
		Curriculum Coverage	76.19	Within IQR						
		Educational Governance	88.10	Above	81.95	Above	79.17	Q4 but not above	84.52	Above
		Educational Supervision	95.54	Within IQR	89.58	Within IQR	92.71	Within IQR	96.43	Within IQR
		Feedback	79.76	Within IQR	88.20	Within IQR	85.83	Within IQR	82.14	Within IQR
		Local Teaching	62.38	Within IQR	67.22	Within IQR	65.83	Within IQR	57.86	Within IQR
		Regional Teaching	77.38	Above	81.95	Within IQR	69.45	Within IQR	78.57	Above
		Study Leave	72.02	Within IQR	61.46	Within IQR	52.50	Within IQR	71.43	Within IQR
		Rota Design	60.71	Within IQR	60.42	Within IQR	62.50	Within IQR	66.07	Above
Facilities	74.25	Within IQR	71.04	Within IQR	73.75	Within IQR	73.75	Within IQR		

5.1 **The Perinatal Culture & Leadership:** SCORE survey was completed in May 2024 and is integral to the overall Perinatal Culture and Leadership Programme (PCLP), the cultural conversations have also been completed for all staff groups and include admin staff, CSW’s, midwives, nurses, medical and operational staff. A follow up meeting with the QUAD team and the PCLP team will be held at the end of September to review themes and trends and put in place any necessary actions. As part of the ongoing work to support staff well-being and

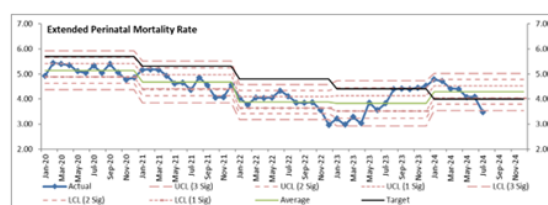
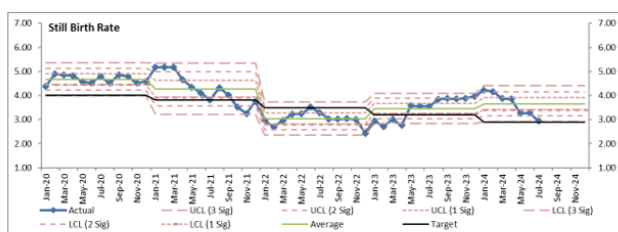
student experience “You Said We Did Posters” were disseminated with the student midwives to ensure that they were aware that concerns they had raised had been actioned.

5.2 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. A quarterly Claims, Complaints and Incidents Report is also completed.

Item	Number	Themes
Claims	3	Complications for newborn, pregnancy loss, birth complication
Formal Complaints	2	Staff attitude
Moderate and above incidents	4	Accidental Fall x 2 Intra Uterine death x2

5.3 CNST year 6 progress overall remains amber and the majority of Safety Actions are meeting the required milestones expected at this point. Three areas are receiving increased focus, Safety Action 4, neonatal medical engagement which has been raised at divisional level and is being monitored. Safety Action 8 PRactical Obstetric Multi-Professional Training (PROMPT) compliance is 75% for anaesthetic staff. Compliance needs to be 90% for all professional groups. Actions taken, DoM has attended anaesthetic forum audit meeting to discuss, CD for obstetric anaesthetics informed and mandated for staff to attend, CD for surgery has also mandated for anaesthetists to attend. This has also been tabled at Patient Safety Group. Safety Action 7, MNVP lead only has 15hrs per month to meet the requirement this has been raised with the LMNS and monitored via the LMNS Engagement Meeting as they hold the MNVP lead contract.

5.6 Perinatal Mortality continues to see a month-on-month decrease. The stillbirth rate is now 2.94: 1000 against a target of 2.90: 1000 and overall perinatal mortality is 3.48: 1000 against a target of 4.00:1000 which is exceeding the target required to achieve a 50% reduction in perinatal mortality by 2025. There were x2 stillbirths 24+3/40 and 38/40, x1 late fetal loss at 23+5/40 (termination of pregnancy) and 1 termination of pregnancy at 18+5/40. in July.

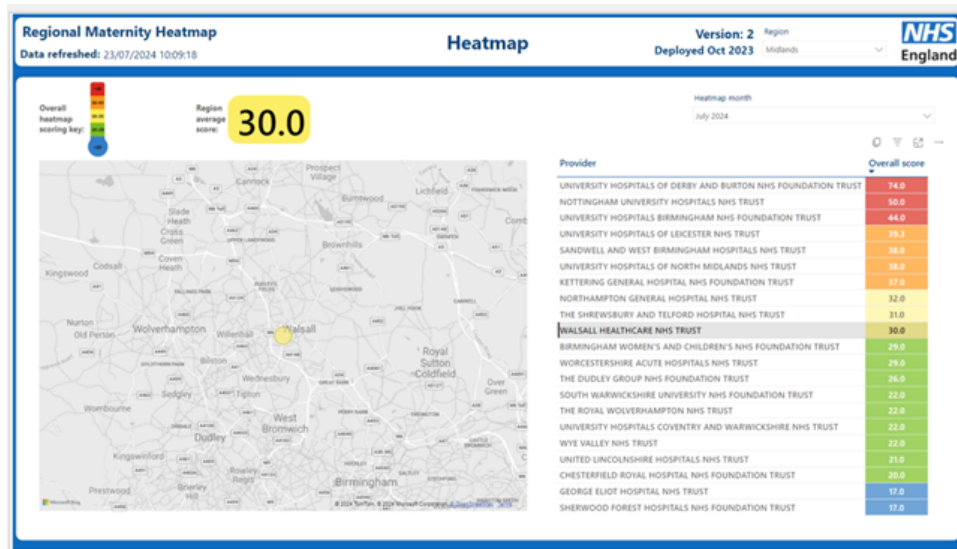


Still Birth Rate (Rolling 12 Month Position)	Time Period	No. of Stillbirths	Total Births	Rate per 1,000
	Jun 24 (back to Jul 23)	12	3,664	3.28
	Jul 24 (back to Aug 23)	11	3,739	2.94

Extended Perinatal Mortality Rate (Rolling 12 Month Position)	Time Period	No. of Stillbirths + No. of Neonatal deaths >=24wks	Total Births	Rate per 1,000
	Jun 24 (back to Jul 23)	15	3,664	4.09
	Jul 24 (back to Aug 23)	13	3,739	3.48

5.7 Maternity and Newborn Safety Investigations (MNSI) and MBRRACE: MNSI have accepted a case for July relating to a baby who underwent therapeutic cooling following a placental abruption and has now been discharged home. An error has been noted in some of the previous reports regarding MBRRACE notifications. Previous reports have stated that there were no MBRRACE cases reported when there had been. All were appropriately completed contemporaneously in the time frame mandated by MBRRACE and CNST.

- 5.8 **Regional Heatmap** WHT performance remains at a Score 30 and is midpoint for the region. The score is affected by the MSW vacancy, middle grade obstetric vacancy, MBRRACE 2022 report and overall CQC rating. Actions are in place to address these points around staffing, the MBRRACE and CQC rating will remain unchanged until the next publication in 2023 results or CQC visits.



3. Recommendations

- 3.1 The Public Trust Board is asked to:
- a. Trust Board are asked to note and receive the report's contents for assurance.

Jo Wright
Director of Midwifery & Gynaecology
29th August 2024

Tier 1 - Paper ref: PublicTB (09/24) Enc 7.7

Report title:	RWT Chief Medical Officer Report
Sponsoring executive:	Dr Ananth Viswanath Acting Chief Medical Officer
Report author:	Dr Ananth Viswanath Acting Chief Medical Officer
Meeting title:	Public Trust Board
Date:	17 th September 2024

1. Summary of key issues <i>two or three issues you consider the PublicTB should focus on in discussion]</i>	
<ul style="list-style-type: none"> RWT Standardised Hospital Mortality Index remain within expected range at 0.953 The Trust has responded to an outlier alert for Stroke mortality and an invited external review by the Royal College of Physicians is now scheduled from 28th-29th of November. The education team are working through the recently released GMC survey to come up with an action plan to address the issues highlighted 	

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

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

4. Recommendation(s)	
The Public Trust Board is asked to:	
a) Note the contents of the report	
b) Approve Annual Revalidation and Appraisal and confirm compliance with The Medical Profession (Responsible Officers) Regulations 2010	

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

Working in partnership

The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust

Group Board/Committee

Report to the Public Trust Board on 17th September 2024

RWT Chief Medical Officer Report

Executive summary

This report summarises the key highlights of the Chief Medical Officer's portfolio. This includes learning from deaths, mental health, medical education and medical professional standards.

1.0 Learning from Deaths

The Summary Hospital-level Mortality Indicator (SHMI) value published for the period January 2023 to December 2023 is 0.953 and within the expected range.

From May 2024, changes to SHMI methodology have been applied where Covid 19 activity will be included and the process for identifying primary and secondary diagnosis for spells consisting of multiple episodes will be updated. We continue to monitor the impact of these changes on the mortality metric.

The roll-out of the current Medical Examiner Service out into the community is progressing with the statutory date confirmed to be September 9th, 2024. The Medical Examiner service is expanding to ensure there is cover on weekend and bank holidays to support rapid release burials.

2.0 Outlier alert: Acute Cerebrovascular disease

The Trust has responded to an outlier alert from the Sentinel Stroke National Audit Programme (SSNAP) following a review of patients admitted between April 2021 and March 2023 that revealed an elevated case mix-adjusted stroke mortality rate. The directorate has an improvement plan supported by division and the team have requested an invited external review by the Royal College of Physicians. The review will take place on 28th & 29th of November 2024.

3.0 Education and Training: GMC Trainee survey

Overall, Trust amalgamated scores are static and average, but they should be seen in the context of poor UK wide performance. Doctors in training reported high workload, inadequate provision, and issues around microaggression, incivility and discrimination were raised. The education team are working through the recently released survey to come up with an action plan to address the issues highlighted.

5.0 Mental Health overview

The contractual arrangement regarding the Responsible Clinician is being reviewed. The Trust does not have an allocated registered Responsible Clinician, a draft SLA is under review.

6.0 Revalidation

Revalidation Annual Report & Statement of Compliance included.

RECOMMENDATIONS

The Public Trust Board is asked to:

- a. Note the contents of this report.
- b. Confirm compliance with The Medical Profession (Responsible Officers) Regulations 2010

Dr. Ananth K Viswanath
Acting Chief Medical Officer

03/09/2024

Annex 1: Revalidation Annual Report & Statement of Compliance



RWT TMC
Revalidation Report

Tier 1 - Paper ref: PublicTB (09/24) Enc 7.7

Report title:	WHT Chief Medical Officer Report
Sponsoring executive:	Dr Brian McKaig, Interim Chief Medical Officer
Report author:	Dr Nuhu Usman, Deputy Chief Medical Officer
Meeting title:	Public Trust Board
Date:	17 th September 2024

1. Summary of key issues <i>two or three issues you consider the PublicTB should focus on in discussion]</i>	
<input type="checkbox"/>	WHT SHMI remain within expected range at 0.94
<input type="checkbox"/>	The Trust remain an outlier for colorectal outcomes, but the National Bowel Cancer Audit (NBoCA) continue to show progressive improvement.
<input type="checkbox"/>	National trainee survey report in General Surgery highlighting concerns about safety of patient transfers between ED and General surgery

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

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

4. Recommendation(s)	
The Public Trust Board is asked to:	
a) Note the contents of the report	
b) Approve Annual Revalidation and Appraisal and confirm compliance with The Medical Profession (Responsible Officers) Regulations 2010	

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

Working in partnership

The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust

Report to the Public Trust Board on 17th September 2024

WHT Chief Medical Officer Report

EXECUTIVE SUMMARY

This report summarises the key highlights of the Chief Medical Officer's portfolio. This includes quality, learning from deaths, mental health, medical education and Medical professional standards, and the complex case patient recall.

1.0 Complex Case Patient Recall

Cohort 2 of this review is expected to be completed by October 2024 prior to further evaluation of next steps.

2.0 Outlier alert: Colorectal Cancer

The Trust remains a negative outlier for colorectal cancer outcomes, NBOCA metrics has shown continued improvement – The Royal College of Surgeons review of the service will commence on the 30th of September 2024.

3.0 Education and Training

3.1 University of Birmingham Investigation into Undergraduate Medical Student Process at WMH:

An investigation took place over May/June into the structure, processes, and governance systems in place to ensure the appropriate escalation and management of wellbeing concerns for undergraduate medical students at WMH. No QA concerns were raised, and the recommendations included were to provide clarity with a few processes.

3.2 GMC Trainee survey:

The education team are working through the recently released survey to come up with an action plan. Overall, the amalgamated score was above average. Issues around microaggression, incivility and discrimination were raised and will be addressed in the action plan.

4.0 Learning from Deaths

Current SHMI 0.94

NHS England has announced changes to the reporting of SHMI from 1st July 2024 which will see the incorporation of Same Day Emergency Care data in calculating SHMI. This will have an impact on several metrics, with an increase in SHMI levels anticipated. However, the Trust will not be able to implement this from 1st July, as System C have not confirmed timescale for ECDS upgrades necessary for addition of these metrics.

5.0 Mental Health overview

The Trust does not have an allocated registered Responsible Clinician, a draft SLA is under review. Currently the Trust is unable to meet CQC requirements for a mental health provider status and cannot comply with MHA 1983 law and legislation.

6.0 Revalidation

Revalidation Annual Report & Statement of Compliance included in Annex 1

RECOMMENDATIONS

The Public Trust Board is asked to:

- a. Note the contents of this report.
- b. Confirm compliance with The Medical Profession (Responsible Officers) Regulations 2010

Annex A

Illustrative designated body annual board report and statement of compliance

This template sets out the information and metrics that a designated body is expected to report upwards, to assure their compliance with the regulations and commitment to continual quality improvement in the delivery of professional standards.

The content of this template is updated periodically so it is important to review the current version online at [NHS England » Quality assurance](#) before completing.

Section 1 – Qualitative/narrative
 Section 2 – Metrics
 Section 3 – Summary and conclusion
 Section 4 – Statement of compliance

Section 1: Qualitative/narrative

While some of the statements in this section lend themselves to yes/no answers, the intent is to prompt a reflection of the state of the item in question, any actions by the organisation to improve it, and any further plans to move it forward. You are encouraged therefore to use concise narrative responses in preference to replying yes/no.

1A – General

The board/executive management team of

The Royal Wolverhampton NHS Trust

can confirm that:

1A(i) An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Action from last year:	None
Comments:	Compliant
Action for next year:	No changes planned

1A(ii) Our organisation provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

Yes / No:	Yes
Action from last year:	None
Comments:	Compliant
Action for next year:	No changes planned

1A(iii) An accurate record of all licensed medical practitioners with a prescribed connection to our responsible officer is always maintained.

Action from last year:	None
Comments:	Compliant
Action for next year:	No changes planned

1A(iv) All policies in place to support medical revalidation are actively monitored and regularly reviewed.

Action from last year:	None
Comments:	Compliant policy reviewed and agreed March 2022 (further review planned for 2025)
Action for next year:	No changes planned

1A(v) A peer review has been undertaken (where possible) of our organisation's appraisal and revalidation processes.

Action from last year:	Ongoing work to increase collaborating with Walsall Healthcare NHS Trust.
Comments:	Compliant, regular contact between teams across both organisations.
Action for next year:	Maintain the ongoing work with Walsall Healthcare NHS Trust.

1A(vi) A process is in place to ensure locum or short-term placement doctors working in our organisation, including those with a prescribed connection to another organisation, are supported in their induction, continuing professional development, appraisal, revalidation, and governance.

Action from last year:	None
Comments:	Compliant, support in place for locum and short-term placement doctors to gather information required for appraisal (incidents and complaints) as well as support for CPD depending on length of placement.
Action for next year	No changes planned

1B – Appraisal

1B(i) Doctors in our organisation have an annual appraisal that covers a doctor's whole practice for which they require a General Medical Council (GMC) licence to practise, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes.

Action from last year:	None
Comments:	Compliant
Action for next year:	No changes planned

1B(ii) Where in question 1B(i) this does not occur, there is full understanding of the reasons why and suitable action is taken.

Action from last year:	None
Comments:	Complaint
Action for next year:	No changes planned

1B(iii) There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

Action from last year:	None
Comments:	Compliant
Action for next year:	No changes planned

1B(iv) Our organisation has the necessary number of trained appraisers¹ to carry out timely annual medical appraisals for all its licensed medical practitioners.

Action from last year:	Continue to recruit appraisers in line with medical workforce expansion
Comments:	Compliant
Action for next year:	Continue to recruit appraisers in line with the medical workforce plan

¹ While there is no regulatory stipulation on appraiser/doctor ratios, a useful working benchmark is that an appraiser will undertake between 5 and 20 appraisals per year. This strikes a sensible balance between doing sufficient to maintain proficiency and not doing so many as to unbalance the appraiser's scope of work.

1B(v) Medical appraisers participate in ongoing performance review and training/ development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality assurance of medical appraisers or equivalent).

Action from last year:	Continue with appraiser CPD afternoon and appraiser forum events
Comments:	Compliant
Action for next year:	Continue with appraiser forums and explore different ways of presenting CPD opportunities

1B(vi) The appraisal system in place for the doctors in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

Action from last year:	None
Comments:	Compliant
Action for next year:	No changes planned

1C – Recommendations to the GMC

1C(i) Recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to our responsible officer, in accordance with the GMC requirements and responsible officer protocol, within the expected timescales, or where this does not occur, the reasons are recorded and understood.

Action from last year:	None
Comments:	Compliant, regular communication between RO and GMC ELA when events occur
Action for next year:	No changes planned

1C(ii) Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted, or where this does not happen, the reasons are recorded and understood.

Action from last year:	None
Comments:	Compliant
Action for next year:	No changes planned

1D – Medical governance

1D(i) Our organisation creates an environment which delivers effective clinical governance for doctors.

Action from last year:	None
Comments:	Compliant
Action for next year:	No changes planned

1D(ii) Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation.

Action from last year:	None
Comments:	Compliant
Action for next year:	No changes planned

1D(iii) All relevant information is provided for doctors in a convenient format to include at their appraisal.

Action from last year:	None
Comments:	Compliant
Action for next year:	No changes planned

1D(iv) There is a process established for responding to concerns about a medical practitioner's fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

Action from last year:	Continue with work to develop the RO Advisory Group
Comments:	Compliant
Action for next year:	Continue to develop RO Advisory Group in line with when the Trust policy is to be reviewed.

1D(v) The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors and country of primary medical qualification.

Action from last year:	None
Comments:	Compliant
Action for next year:	No changes planned

1D(vi) There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to our organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation.

Action from last year:	None
Comments:	Compliant
Action for next year:	No changes planned

1D(vii) Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (reference GMC governance handbook).

Action from last year:	None
Comments:	Compliant
Action for next year:	No changes planned

1D(viii) Systems are in place to capture development requirements and opportunities in relation to governance from the wider system, for example, from national reviews, reports and enquiries, and integrate these into the organisation's policies, procedures and culture (give example(s) where possible).

Action from last year:	None
Comments:	Compliant
Action for next year:	No changes planned

1D(ix) Systems are in place to review professional standards arrangements for all healthcare professionals with actions to make these as consistent as possible (reference Messenger review).

Action from last year:	None
Comments:	Compliant
Action for next year:	No changes planned

1E – Employment Checks

1E(i) A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

Action from last year:	None
Comments:	Compliant, Hr process in place for pre-employment checks
Action for next year:	No changes planned

1F – Organisational Culture

1F(i) A system is in place to ensure that professional standards activities support an appropriate organisational culture, generating an environment in which excellence in clinical care will flourish, and be continually enhanced.

Action from last year:	None
Comments:	Compliant
Action for next year:	No changes planned

1F(ii) A system is in place to ensure compassion, fairness, respect, diversity and inclusivity are proactively promoted within the organisation at all levels.

Action from last year:	None
Comments:	Compliant
Action for next year:	No changes planned

1F(iii) A system is in place to ensure that the values and behaviours around openness, transparency, freedom to speak up (including safeguarding of whistleblowers) and a learning culture exist and are continually enhanced within the organisation at all levels.

Action from last year:	None
Comments:	Compliant
Action for next year:	No changes planned

1F(iv) Mechanisms exist that support feedback about the organisation's professional standards processes by its connected doctors (including the existence of a formal complaints procedure).

Action from last year:	None
Comments:	Compliant
Action for next year:	No changes planned

1F(v) Our organisation assesses the level of parity between doctors involved in concerns and disciplinary processes in terms of country of primary medical qualification and protected characteristics as defined by the Equality Act.

Action from last year:	None
Comments:	Compliant
Action for next year:	No changes planned

1G – Calibration and networking

1G(i) The designated body takes steps to ensure its professional standards processes are consistent with other organisations through means such as, but not restricted to, attending network meetings, engaging with higher-level responsible officer quality review processes, engaging with peer review programmes.

Action from last year:	None
Comments:	Compliant
Action for next year:	No changes planned

Section 2 – metrics

Year covered by this report and statement: 1 April 23 31 March 23

All data points are in reference to this period unless stated otherwise.

2A General

The number of doctors with a prescribed connection to the designated body on the last day of the year under review. This figure provides the denominator for the subsequent data points in this report.

Total number of doctors with a prescribed connection on 31 March	843
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2B – Appraisal

The numbers of appraisals undertaken, not undertaken and the total number of agreed exceptions is as recorded in the table below.

Total number of appraisals completed	830
Total number of appraisals approved missed	13
Total number of unapproved missed	0

2C – Recommendations

Number of recommendations and deferrals in the reporting period.

Total number of recommendations made	121
Total number of late recommendations	0
Total number of positive recommendations	117
Total number of deferrals made	3
Total number of non-engagement referrals	0
Total number of doctors who did not revalidate	1

2D – Governance

Total number of trained case investigators	16
Total number of trained case managers	9
Total number of new concerns registered	4

Total number of concerns processes completed	3
Longest duration of concerns process of those open on 31 March	9 months
Median duration of concerns processes closed	3
Total number of doctors excluded/suspended	1
Total number of doctors referred to GMC	3

2E – Employment checks

Number of new doctors employed by the organisation and the number whose employment checks are completed before commencement of employment.

Total number of new doctors joining the organisation	39
Number of new employment checks completed before commencement of employment	39

2F – Organisational culture

Total number claims made to employment tribunals by doctors	0
Number of these claims upheld	0
Total number of appeals against the designated body's professional standards processes made by doctors	0
Number of these appeals upheld	0

Section 3 – Summary and overall commentary

This comments box can be used to provide detail on the headings listed and/or any other detail not included elsewhere in this report.

General review of actions since last Board report
Compliance within appraisals and recommendations has continued at a high level given the increase in medical workforce over the last 12 months.
Actions still outstanding
None, previous actions are ongoing work that will be continued to worked through next year.
Current issues
None
Actions for next year (replicate list of 'Actions for next year' identified in Section 1):
Maintain the ongoing work with Walsall Healthcare NHS Trust. Continue to recruit appraisers in line with the medical workforce plan Continue with appraiser forums and explore different ways of presenting CPD opportunities Continue to develop RO Advisory Group in line with when the Trust policy is to be reviewed.
Overall concluding comments (consider setting these out in the context of the organisation's achievements, challenges and aspirations for the coming year):
The Trust's Medical Appraisal compliance remains high and there are no current issues. Appraisal compliance as of 31st March was 100% when the number of accepted missed appraisals are taken into account. Systems and processes are in place to ensure that the Trust can continue with the high compliance rate into the coming year.


Section 4 – Statement of compliance

The Board/executive management team have reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

[(Chief executive or chairman (or executive if no board exists)]

Official name of the designated body	The Royal Wolverhampton Hospitals NHS Trust
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Name:	Dr Brian McKaig
Role:	Chief Medical Officer
Signed:	
Date:	01/04/2024

Classification: Official

Publication reference: PR



[A framework of quality assurance for responsible officers and revalidation](#)

Annex D – annual board report and statement of compliance

Version 1.1 Feb 2023

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Introduction:

The Framework of Quality Assurance (FQA) for Responsible Officers and Revalidation was first published in April 2014 and comprised of the main FQA document and seven annexes A – G.

In 2019 a review of the Annual Organisational Audit (AOA), Board Report template and the Statement of Compliance concluded with a slimmed down version of the AOA (Annex C) and a revised Board Report template (Annex D), which was combined with the Statement of Compliance (previously listed as Annex E) for efficiency and simplicity.

The AOA exercise has been stood down since 2020 but has been adapted so that organisations have still been able to report on their appraisal rates.

Whilst a designated body with significant groups of doctors (e.g. consultants, SAS and locum doctors) will find it useful to maintain internal audit data of the appraisal rates in each group, the high-level overall rate requested in the table provided is enough information to demonstrate compliance.

The purpose of this Board Report template is to guide organisations by setting out the key requirements for compliance with regulations and key national guidance, and provides a format to review these requirements, so that the designated body can demonstrate not only basic compliance but continued improvement over time. Completion of the template will therefore:

- a) help the designated body in its pursuit of quality improvement,
- b) provide the necessary assurance to the higher-level responsible officer,
- c) act as evidence for CQC inspections.

Designated Body Annual Board Report

Section 1 – General:

The board of Walsall Healthcare NHS Trust can confirm that:

1. An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Action from last year: None

Comments: Dr Brian McKaig as of 1st July 2024 is Acting Chief Medical Officer and Responsible Officer.

Action for next year: None

2. The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

Yes

Action from last year:

Complete a programme of refresher training for existing Medical Appraisers and training for New Medical Appraisers, both in October 2024.

Comments:

A Medical Governance Lead was appointed in June 2023, who will be supported by the new Datix Cloud Data system in order to strengthen the data input to appraisal and medical governance. This will highlight any concerns with doctors and support appraisal.

Action for next year: None

3. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is always maintained.

Action from last year: A further audit of GMC Prescribed Connections in August 2024.

Comments:

A twice-yearly audit exercise has been implemented and an audit was last undertaken in February 2023 and is next due August 2023. An SOP has been agreed.

Doctors with a prescribed connection are managed and updated through GMC Connect online, by the Medical Revalidation Team, on behalf of the Trust's Responsible Officer. The team are notified via a monthly report of new starters and leavers via the Workforce Intelligence Team.

Action for next year: Complete Audit of GMC Connections in August 2024 and February 2025.

4. All policies in place to support medical revalidation are actively monitored and regularly reviewed.

Action from last year: None.

Comments: All relevant Policies are in place and not due to be reviewed this year.

Action for next year: None.

5. A peer review has been undertaken (where possible) of this organisation's appraisal and revalidation processes.

Actions from last year:

None

Comments:

The last Independent Verification Visit was undertaken by NHS England in November 2021 and the recommendations formed part of the completed combined action plan. Also, the Grant Thornton Governance Review, was also undertaken in January 2022.

Action for next year: None.

6. A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

Action from last year: Implement Datix Cloud Data system and processes

Comments:

The Trust has strengthened governance with the recruitment into of a new role, Medical Governance Lead. Part of this role will be to review clinical training and obtain feedback to ensure full support is in place for continuing professional development. Supported by the new Datix Data system, this will enable the provision of clinical governance data.

Action for next year: None

Section 2a – Effective Appraisal

All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work

carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes.¹

Action from last year: Implement Datix and Medical Governance Lead to imbed robust processes for complaints significant untoward events

Comments:

The Medical Governance Lead has been appointed and as part of this role, will implement a stronger data system.

Now Datix is implemented, the Governance Department will be able to provide the Revalidation Team with a more strengthen process of complaints and significant untoward events data covering the doctor's whole scope of practise.

Action for next year: None

7. Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

Action from last year: Implementation of DATIX.

Comments:

The action plan has been completed.

Action for next year: None

8. There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

Action from last year: None

Comments: The Medical Appraisal and Revalidation Policy has been ratified in 2022.

Action for next year: None.

9. The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

Action from last year: None.

Deliver a new Medical Appraiser Course in October 2024 to increase the number of Trained Appraisers in line with anticipated increase of connected doctors.

Comments: The Medical Appraiser cohort is 80 down from 91 las year. Based upon 414 connected doctors (July 2024), the ratio of appraisers to doctors is now approximately 1: 5.

¹ For organisations that have adopted the Appraisal 2020 model (recently updated aby the Academy of Medical Royal Colleges as the Medical Appraisal Guide 2022), there is a reduced requirement for preparation by the doctor and a greater emphasis on verbal reflection and discussion in appraisal meetings. Organisations might therefore choose to reflect on the impact of this change. Those organisations that have not yet moved to the revised model may want to describe their plans in this respect.

Action for next year: None

10. Medical appraisers participate in ongoing performance review and training/development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers² or equivalent).

Action from last year: Organise Appraiser Refresher Training

Comments:

Appraiser refresher training has been organised for October 2024. Under Policy, this is required every 3 years and so will be organised again in October 2027.

Action for next year: None

The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

Action from last year: Present Annual Board Report and return the Statement of Compliance to NHS England by 30 September 2024.

Comments: Complete.

Action for next year: Present Annual Board Report and return the Statement of Compliance to NHS England by 30 September 2025.

Section 2b – Appraisal Data

1. The numbers of appraisals undertaken, not undertaken and the total number of agreed exceptions can be recorded in the table below.

Name of organisation:	
Total number of doctors with a prescribed connection as of 31 March 2024	414
Total number of appraisals undertaken between 1 April 2022 and 31 March 2023	325
Total number of appraisals not undertaken between 1 April 2022 and 31 March 2023	2
Total number of agreed exceptions	2

² <http://www.england.nhs.uk/revalidation/ro/app-syst/>

Section 3 – Recommendations to the GMC

1. Timely recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.

Action from last year: Target of 0 late recommendations to the GMC.

To strengthen recruitment process for timely awareness of new doctors who become connected and when their appraisals and revalidations are due

Comments:

0 late GMC revalidation recommendations occurred in 2023/24.

Action for next year: Target of 0 late recommendations to the GMC.

2. Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.

Action from last year: Ensure that a decision of deferral or non-engagement is discussed with the doctor prior to it being recorded on GMC Connect

Comments: The doctor receives confirmation in writing of a positive GMC revalidation decision. Before any decision to defer is made, this will be discussed at the monthly RO Revalidation Review Meeting and MPSG.

Action for next year: Ensure that a decision of deferral or non-engagement is discussed with the doctor prior to it being recorded on GMC Connect

Section 4 – Medical governance

3. This organisation creates an environment which delivers effective clinical governance for doctors.

Action from last year: Strengthen Medical Governance through implementation of DATIX and recruitment to a Medical Governance Lead role. Strengthen data reporting to feed into appraisal.

Comments:

The Trust has implemented DATIX which will pull together all incidents, complaints, and other data for each doctor to feed into their appraisal. This is led by the Medical Governance Lead who will work with the Director of Assurance and

the RO. Previously, the Trust used processes for clinical incident reporting through Safeguard and investigations follow National processes, there is data about National and Local Audit compliance, a QI team and a research team. Learning is discussed at Mortality group, Divisional Quality and Clinical Care Group meetings, safety huddles and reported via Clinical Effectiveness Group and Patient Safety Groups.

The previous risk around robust data towards appraisal and capacity for advice and support to the responsible officer (reflected in risk 3012) is now controlled, with risk target achieved.

Action for next year: None

4. Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

Action from last year: Update Trust Medical Disciplinary Policy.

Continue to develop consultant development programme, medical leadership programme and mentorship scheme.

Comments: The Disciplinary and Management of Performance procedure for Medical Staff Policy was ratified September 2023.

The Trust provides information data as follows: Clinical Audit attendance (Departmental Clinical Audit Lead/Facilitator); Mandatory and in-house Training (ESR), complaints and significant events (Patient Safety/PALS) and e-360 feedback (Revalidation Team); Consultant Appraisal Summary Reports (Health Evaluation Data) to provide Consultants with an overview of their individual performance, Trust specialty performance and National specialty performance.

When concerns arise regarding a doctor's conduct or capability, these are discussed and monitored at the Monthly Medical Professional Standards Group Meeting chaired by the RO with clear actions identified and recorded.

All decisions are discussed with the Practitioner Performance and Support agency (PPAS) and GMC ELA.

The Trust has trained Doctors who are in medical leadership positions in MHPS Case investigation and case management.

The Trust works closely with Royal Wolverhampton Trust under the MoU to support with investigations.

Action for next year: None

5. There is a process established for responding to concerns about any licensed medical practitioner's¹ fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

Action from last year: Update Responding to Concerns Policy and Medical Disciplinary Policy.

Comments: The Trust has a Policy which follows the Maintaining High Professional Standards framework for the handling of concerns about doctors and dentists in respect to an individual's conduct and capability whilst working in the NHS, in conjunction with liaising with the Performance Practitioner Advice Service (PPAS) and GMC.

When concerns arise regarding a doctor's conduct or capability, these are discussed and monitored at the Monthly Medical Professional Standards Group Meeting chaired by the RO with clear actions identified and recorded. The Trust implements the framework set out in 'Maintaining High Professional Standards in the Modern NHS' (MHPS) where formal investigation is deemed appropriate. This forms the basis of the Disciplinary and Management of Performance procedure for Medical Staff Policy which is aligned with Royal Wolverhampton Trust. The practitioner is supported through by this Associate Medical Director.

Action for next year: None

6. The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors.³

Action from last year: To include this reporting to Trust Board

Comments: All employee relations cases are analysed and a report generated quarterly which contains types of cases, timelines, outcomes and details equality information covering the protected characteristics such as race, gender, ethnicity. This report is submitted to the People Organisational Development Committee and Joint Negotiation Consultative Committee.

Action for next year: None

7. There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation.⁴

Action from last year: None

³ This question sets out the expectation that an organisation gathers high level data on the management of concerns about doctors. It is envisaged information in this important area may be requested in future AOA exercises so that the results can be reported on at a regional and national level.

⁴ The Medical Profession (Responsible Officers) Regulations 2011, regulation 11: <http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents>

Comments: The Medical Practice Transfer of Information Form (MPIT) supports the appropriate transfer of information about a doctor's practice to and from the doctor's Responsible Officers (RO).

The Revalidation Team continue to support this process for newly connected doctors and also processes requests from other organisations regarding ex-employees. RO level approval is obtained before issuing these. A SOP is also in place.

Action for next year: None

8. Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref GMC governance handbook).

Action from last year: No Action.

Comments: Confirmed.

Action for next year: No Action.

Section 5 – Employment Checks

9. A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

Action from last year: Continuous audit cycle for assurance.

Comments: Standard Trust Recruitment Policy pre-employment checking process includes references, DBS checks, right to work checks and Occupational Health Assessment for new starters. Also, the Medical Practice Transfer of Information form (MPIT) is now requested by the Trust's Recruitment Team once a final offer of employment is confirmed. This applied to all substantive, short-term contract holders. Doctors employed through an Agency are subject to checks by the Agency.

As part of the Recruitment process, candidates are expected to demonstrate that they are up to date with their practise and that they have an up-to-date Medical Appraisal. This requirement is incorporated into the local Medical Recruitment procedures.

A SOP for booking of locums was created and circulated to relevant stakeholders.

Action for next year: None

Section 6 – Summary of comments, and overall conclusion

General review of actions since last Board report

- Appointment to Medical Governance role in June 2023, to support effective appraisal
- Twice per year validation of the connected doctors list.
- Disciplinary and Management of Performance procedure for Medical Staff Policy ratified September 2023.
- Implementation of DATIX Cloud
- Strengthened Medical Governance
- Strengthened data feed into medical appraisal
- Strengthening of available advice and support to RO and Medical Professional Standards Investigations
- New Acting Responsible Officer Dr Brain McKaig, effective 1st July 2024.

Actions still outstanding

- None

Current Issues

- Loss of 11 appraisers to be addressed with recruitment drive and new appraiser training on 9th October 2024

New Actions:

- Endorse the 'Statement of Compliance' for Trust board approval, confirming that the organisation, as a designated body, is compliant with the regulations (Section 7)
- A Statement of Compliance with the regulations (Section 7) should be signed by the Chairman or Chief Executive Officer of the designated body's Board or management team and submitted to Regional Medical Director by 31 October 2024.

Overall conclusion:

- Appraisal compliance (number of doctors with a completed appraisal in the preceding 12 months) was 99% on 31 March 2024.
- In 23/24, 97% of revalidation decisions were a positive recommendation, 3% were to defer the revalidation decision. This is an improvement upon last year's performance which was 92% and 8% respectively.
- 0 doctors have received a recommendation of non-engagement in GMC Revalidation.

Historical Appraisal Performance

Appraisal Year	% of doctors with a prescribed connection who have had an appraisal
2019 - 2020	98.5%
2020 - 2021	75.7%*
2021-2022	96.7%

2022-2023	98%
2023-2024	99%

**Appraisal year suspended between 19/03/20-01/10/20 due to COVID-19 Pandemic.*

- There were no recommendations of GMC non-engagement in this appraisal year.

Historical Performance 28 Day Sign Off

Appraisal Year	% of doctors submitting the completed documentation within 28 days
2019 - 2020	87%
2020 - 2021	82%
2021- 2022	88%
2022-2023	85%
2023-2024	86%

- It is a GMC requirement that appraisals are signed off within 28 days of the meeting. The rate of compliance for submitting the completed documentation within 28 days was 86%.
- All reasons for delay in appraisal completion are clearly recorded on Allocate. The most cited reason for postponement was workload pressures and appraiser unavailability due to continuing COVID19 pressures.

APPENDICES

None

Section 7 – Statement of Compliance:

The Board / executive management team – [*delete as applicable*] of [*insert official name of DB*] has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

[(Chief executive or chairman (or executive if no board exists)]

Official name of designated body: _____

Name: _____

Signed: _____

Role: _____

Date: _____

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London
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Tier 1 - Paper ref: PublicTB (09/24) Enc 7.8

Report title:	Group Director of Assurance – Exception Report
Sponsoring executive:	Kevin Bostock – Group Director of Assurance
Report author:	Kevin Bostock – Group Director of Assurance
Meeting title:	Group Trust Board held in Public
Date:	17 September 2024

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

3 material matters:

1. WHT has received a CQC rating of ‘Good’ for complaints management.
2. The Health and Safety Executive (HSE) has found no material breaches in relation to V&A and MSK.
3. HM Coroner has been requested to consider a redirection of a Regulation 28.

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

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

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

This paper summarises exceptions of note from board committees, groups and intelligence from trust systems as well as external organisations in relation to the subject headings. This paper is written specifically for the board and has not been to any other meeting for discussion although the subject matter has.

4. Recommendation(s)

The Public Trust Board is asked to:

- a) 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.

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

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

Working in partnership

Report to the Public Trust Board on 17 September 2024

Group Chief Assurance Officer – Exception Report

EXECUTIVE SUMMARY

This report covers the period from 1 July 2024 to 31 August 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
- Fuller National Enquiry
- Intelligence Systems

MAIN BODY OF REPORT

Risk Management and Board Assurance Framework

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 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 is operating and being monitored. There is a board development event on risk management, risk appetite and the BAF scheduled to be held in December 2024 following which the board will review the risk appetite of each trust and the group.

Health and Safety

The Health and Safety Executive (HSE) has formally written to Walsall Healthcare NHS Trust (WHT) following its detailed assessment of the provision of safe systems of work and their effectiveness. This was in relation to Violence and Aggression (V&A) and Musculoskeletal (MSK) incidents at under a national programme of assessment of compliance. The letter confirms that WHT is not in breach of the regulations and offers recommendations for enhancing safety further, the Trust is implementing the recommendations. 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.

A Group Head of Health and Safety commences in post in September 2024 and 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.

Claims

There is no unusual claims activity or pattern occurring during the reporting period at either trust to escalate save for the matter below.

WHT Exception – The patient notification exercise (PNE) and recall related to the previous practice of Mr M Shah has produced a number of claims, as anticipated. The PNE is still active and anticipated to have concluded by the end of 2024. These claims are being managed in line with the processes of NHS Resolution under the Clinical Negligence Scheme for Trusts (CNST)

Inquests

There are no concerning patterns related to the inquest profile in the reporting period save for the matter below.

RWT Exception – The trust has received an unanticipated Regulation 28 (Prevention of future deaths) notice from HM Coroner. This is believed to have been misdirected and should have, more appropriately been directed to the CEO of the Mental Health Trust. The RWT has written to HM Coroner to request reconsideration of the notice and redirection to the most appropriate entity.

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

Training for the role specific PSIRF functions has provided by an accredited external provider during July / August 2024 and has been well received.

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.

The PSIRF Policy and PSIRF Response Plan have both been reviewed at each trust and have been re-written to bring them both into a group format to further improve and speed up adoption and implementation.

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.

The Integrated Care Board (ICB) have scheduled a PSIRF implementation assurance visit for both trusts in October 2024.

An internal audit review of PSIRF implementation is also scheduled for quarter 4 2024/25.

Regulatory Activity and Compliance

The report following the CQC assessment of the complaints management process at WHT using the recently introduced assessment framework has been received and will now be published by the CQC. The report rated the complaints management process as 'GOOD'. This was a targeted service level assessment and will not change the trusts overall rating.

The action plan to deliver on NHS England undertakings for financial governance is being monitored by the Finance and Performance committee of the board.

Data Security and Protection

Nothing material to report in the period.

WHT Exception – The action plan to address the gaps to move towards a self-assessment of “standards met” for 2025 is progressing as intended.

COVID-19 National Inquiry

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

Fuller National Inquiry

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.

Systems and Intelligence

A replacement compliance audit module will be launched in October 2024 initially in RWT and then rolled out to WHT in early 2025.

A CQC compliance intelligence system has been developed across both trusts in line with the CQC revised framework and this is currently being piloted.

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

Title of Report	Exception Report from Group People Committee		Enc: 8.1
Author:	Emma Ballinger, Interim Director of Operational HR & OD		
Presenter:	Junior Hemans & Allison Heselltime Non-Executive Directors and Committee Co-Chairs		
Date(s) of Committee Meetings since last Board meeting:	26 July 2024 and 30 August 2024		
Action Required			
Decision	Approval	Discussion	Received/Noted/For Information
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

26th July 2024

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
<ul style="list-style-type: none"> • GPs out to ballot for a work to rule action, this is due to close the end of July. • New Government are proposing a new employment bill, this could impact in the number of legal claims which are raised and enhanced reporting specifically in relation to EDI. • M3 workforce plan is above plan, progress is being made for agency usage at both trusts. RWT is on plan for agency and WHT agency spend has reduced with further reduction plans in place. 	<ul style="list-style-type: none"> • Future report on delivery of the strategic objectives to come back to the committee. • Joint future report on the Trusts' position against the model hospital and workforce agenda. • Due to the sickness absence position in Walsall a further update action plan would be brought back to the Committee when the next Attendance Absence Update report was scheduled.
POSITIVE ASSURANCES TO PROVIDE	DECISIONS MADE
<ul style="list-style-type: none"> • Joint Veteran Aware accreditation has been awarded to the trusts; the first joint application to have ever been processed. • Detailed staff survey engagement plans were presented for RWT, this was an action set prior to the committees merging. • Sexual safety charter has been implemented for the two trusts but the work has generated an action plan for further work. 	<ul style="list-style-type: none"> • Annual EDI reports for both trusts were approved for content but feedback provided for changes to report presentation. • Once a national policy is published the trusts will implement a joint sexual safety policy which aligns to the national guidance.

Working in partnership

The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust

30th August 2024

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
<ul style="list-style-type: none"> • M4 position of workforce plan is off plan for both trusts. There were extensive discussions around this and the drivers of the position. Specifically, around bank usage and the grip and control processed in place. Including the enhanced monitoring of sickness in high bank use areas. • Discussions at a national level around AfC clinical job descriptions for Bands 4/5/6, announcements expected nationally in the Spring. • Sickness levels have risen for both trusts, workforce metrics for WHT remain red with RWT now amber. • Corporate vacancy freeze implemented at both trusts. 	<ul style="list-style-type: none"> • Race Code renewal for both trusts • Corporate risk to be developed in relation to the impact of the workforce plan on staff engagement, sickness and employer brand. • AfC Band 2 and Band 3 clinical review work is ongoing and nursing colleagues are undertaking a scoping exercise to establish the optimum future operating model.
POSITIVE ASSURANCES TO PROVIDE	DECISIONS MADE
<ul style="list-style-type: none"> • National pay award to be implemented in October for 5.5% increase and November for the implementation of the new intermediate pay points. All backdated to 1st April 2024. • EDI actions plans were presented along with the final versions of the reports following feedback from the July people committee. • Risk review paper and BAF risks were discussed in detail. No new BAFs risks were to be developed but will be closely monitored as there is a potential new BAF relating to recruitment/vacancy control resulting in gaps in staffing and potential consequences form part of the financial risk. 	<ul style="list-style-type: none"> • To include the status of any Management of changes within the workforce plan monthly report. • There was agreement for thematic reviews across the divisions with a focus in 24/25 on delivery of the Workforce Plan.

Report title:	Workforce Metrics
Sponsoring executive:	Alan Duffell, Group Chief People Officer
Report author:	Clair Bond, Interim Director of HR & OD, WHT Emma Ballinger, Interim Director of HR & OD, RWT
Meeting title:	Group Trust Board
Date:	17 th September 2024

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

- This report provides the Board with information regarding progress against the consistent six workforce indicators for both The Royal Wolverhampton NHS Trust (RWT) and Walsall Healthcare NHS Trust (WHT) which are reviewed by the Group People Committee on a monthly basis.

Assure

- At RWT 3/6 metrics are within target; retention is meeting the target at 91.4%; mandatory training compliance is above target at 96%, an increase from 95% and turnover is within target and has increased from 8.57% to 8.7%
- At WHT 2/6 metrics are within target. Retention is meeting the target at 91.23% (compared to 90.63% in June) and mandatory training compliance is above target maintaining 91%

Advise

- The Royal Wolverhampton NHS Trust (RWT) and Walsall Healthcare NHS Trust (WHT) continue to monitor a consistent set of six workforce metrics, noting a difference in the reporting timeframes of sickness absence data between the two Trusts, with RWT reporting a month in lieu. To enable the Board to compare month in month data, for WHT, May and June SA data has been provided.
- At RWT the 3 KPI's outside of target are; sickness absence which has dipped just below the 5% range; appraisal compliance has improved to 86% from 85% in June and so remains below the 9% target and the vacancy rate has remained consistent at 6.5% against a target of 6%.
- At WHT of the 4 metrics outside of target; appraisal has declined by 0.7% to 82% with a plan to improve appraisal compliance due to be implemented from Q3. A sickness absence is above target at 6.2% and is a cause for concern. The Group People Committee have received a sickness absence recovery plan and will receive a progress update report in Q3.
- Across the Group, workforce teams are working on a number of joint workstreams including; alignment of OH systems, identifying options to align the appraisal process, implementation of the behaviour framework, improvement plans for resident doctors, preparation for the 2024 national staff survey.

Alert

- There has been a decline in sickness absence rate performance for three consecutive months. In response a recovery plan is being developed between HR and OH and HWB teams.
- The vacancy rate for both Trusts has slightly increased (RWT currently 6.53% increased from 6.51% in May and WHT currently 10.76% increased from 10.58% in June). The KPI vacancy rate target is 6% which will be reviewed in Q3 in the context of the impact of the 24/25 workforce plan.

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

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

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

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

Executive Summary Workforce Report – July 2024

Group Trust Board – 17th September 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

- The Royal Wolverhampton NHS Trust (RWT) and Walsall Healthcare NHS Trust (WHT) continue to monitor a consistent set of six workforce metrics, although there is a difference in the reporting timeframes of sickness absence data between the two Trusts, with RWT reporting a month in lieu. To enable the Board to compare month in month data, for WHT, May and June SA data has been provided.
- Overall for RWT 3/6 metrics are within target. Of the 3 outside of target; sickness absence has dipped just below the 5% range, appraisal compliance has improved (from 85% in June) and the vacancy rate maintained 6.5% (target of 6%).
- Overall for WHT 2/6 metrics are within target. Of the 4 metrics outside of target, appraisal has declined by 1%. As with RWT, continued 12-month retention and turnover trends should be viewed within the context of strategic WTE reductions. A sickness absence reduction plan has been developed and implemented support an improvement at WHT.
- Both Trusts are preparing for the launch of the 2024 staff survey in September 2024 and the application of the 24/25 pay award in October 2024 for Agenda for Change staff and the phasing of the consultant pay deal and the sas pay deal which applies from August.
- The Trust has communicated widely with staff regarding the impact of the civil unrest in August and is working with EDI network groups to support staff following the impact.

Key Workforce Metrics

RWT Key Highlights

- The 12-month turnover rate is below target at 8.68%, with long-term assurance of target achievement maintained by a consistently improving trend.
- The Retention Rate meets the 90% target at 90.28%, maintaining assurance regarding target achievement and stable performance following an improving trend.
- The 6.93% vacancy rate has maintained assurance, in the context of a 24-month trend, that the 6% target will be consistently met despite performance worsening. Rising vacancy rates should be viewed within the context of the WTE reduction initiative aligned with the 24/25 workforce plan.
- The rolling 12-month absence rate has yet to offer long-term target achievement assurance, with current outturns exceeding the Trust target. The in-month absence rate is above the Trust target with a Jun-24 outturn of 5.05% though this is an improving trend.
- Mandatory training (Generic) compliance rates exceed the 90% target, with performance remaining stable at 96.40%, providing long-term target achievement assurance.
- Appraisal compliance performance remains on an improvement trajectory, rising to 86% during July 2024, despite a current lack of assurance, with a 24-month trend, that the 90% target can be met.



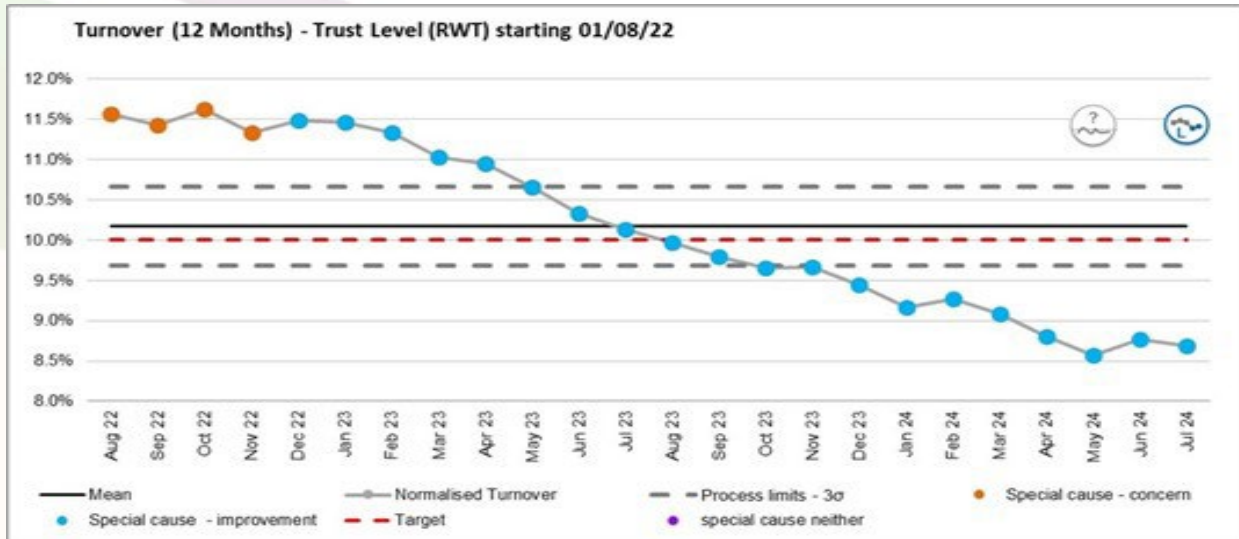
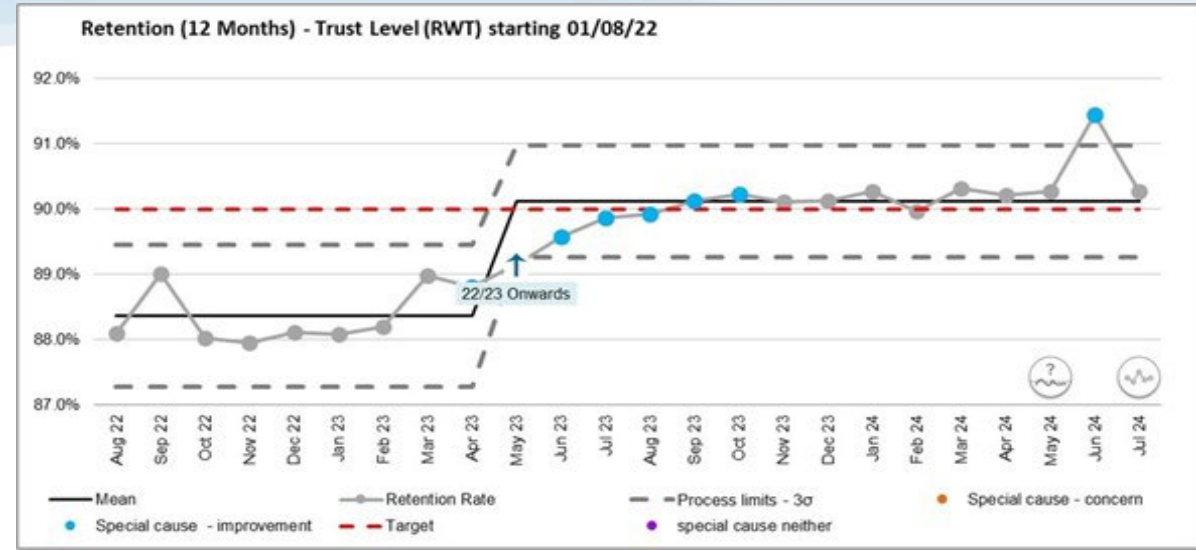
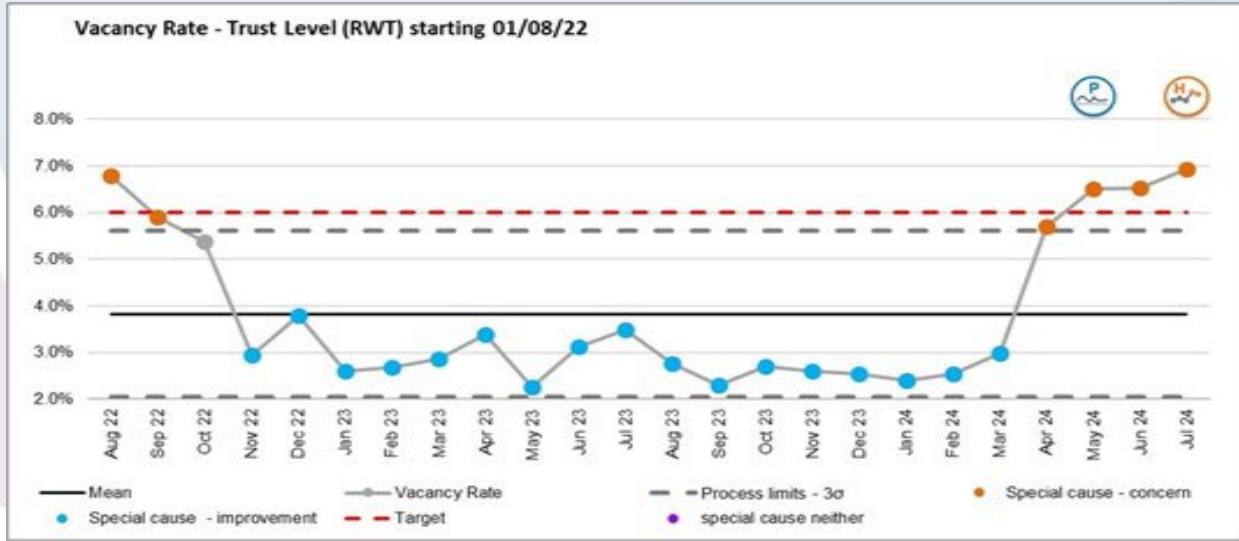
Key Workforce Metrics

WHT Key Highlights

- Whilst the current 12-month turnover 10.76% rate reflects improved long-term performance, there is a lack of assurance regarding the consistent achievement of a 10% target.
- Despite a reduction month on month, assurance can be provided that the 12-month retention rate, currently 91.23%, will meet the 90% target following continued performance trend improvement.
- The 10.25% vacancy rate offers limited assurance, in the context of a 24-month trend, that the 6% target will be consistently met, with performance worsening.
- There is no assurance of meeting the rolling 12-month sickness absence rate 5% target, with the rise to 6.22% during July 2024, confirming a worsening performance trend.
- The mandatory training compliance rate of 91.36% provides limited assurance, in the context of a 24-month trend, that the 90% target will be consistently met, with the performance trend currently improving.
- There is no assurance that appraisal compliance, currently 82.60%, will consistently achieve the 90% target, although the performance trend is improving.



Attract, Recruit & Retain – RWT Trust



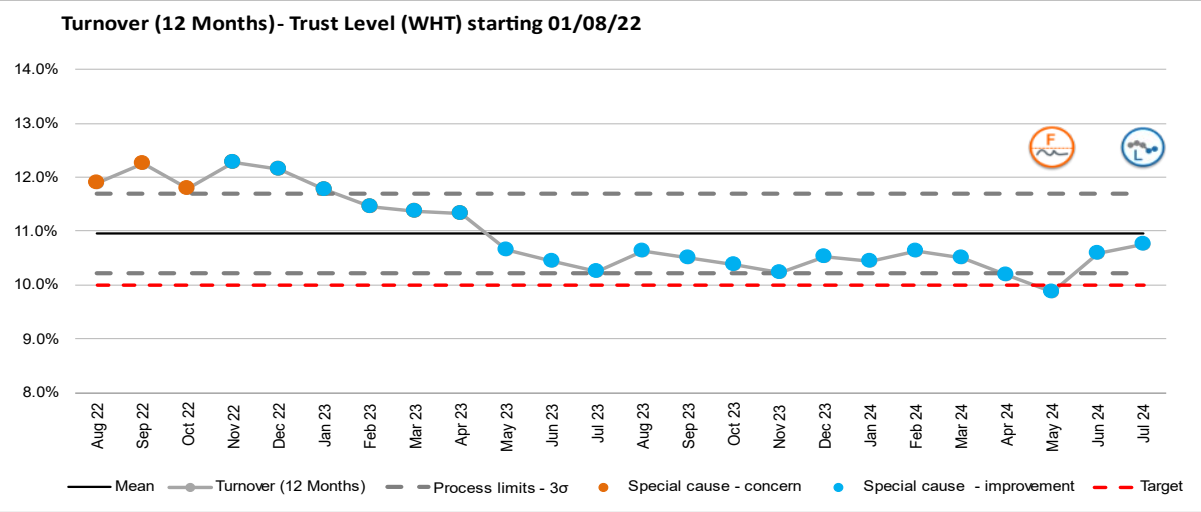
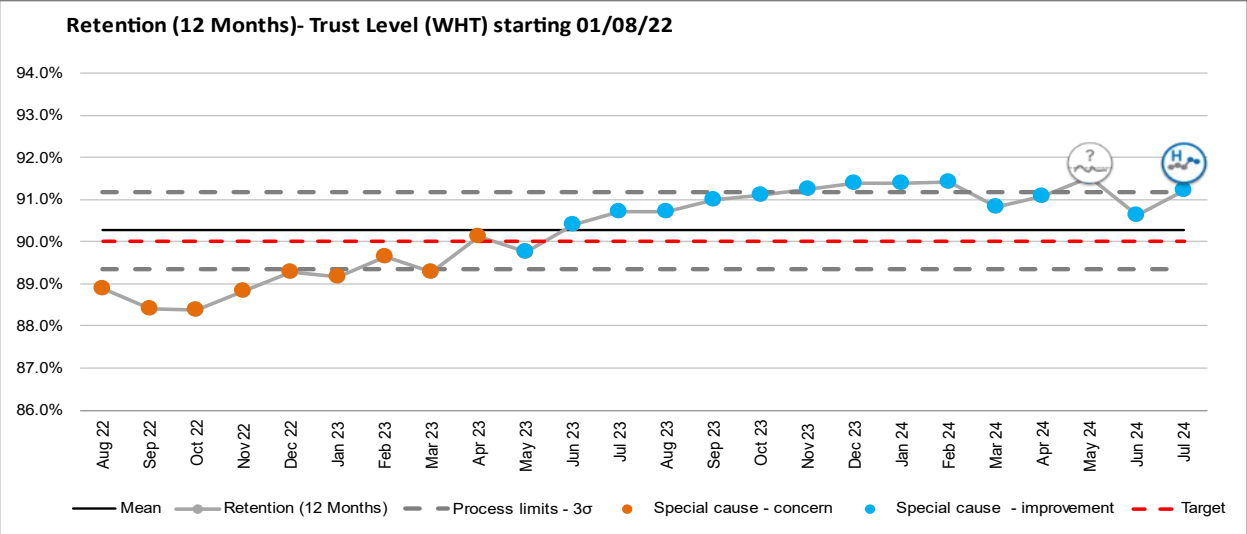
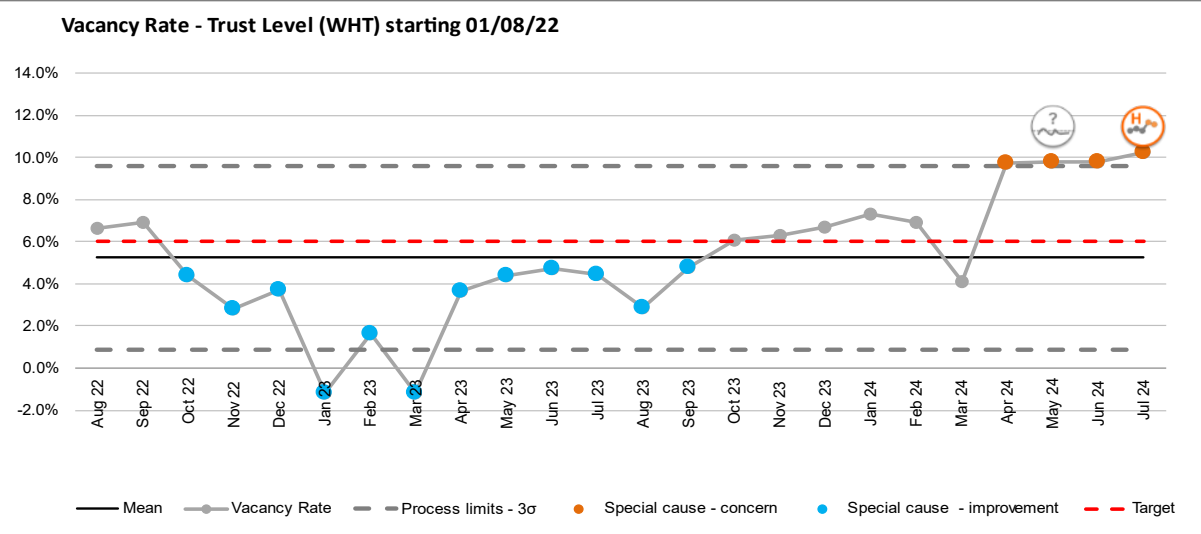
Key Issues & Challenges

- The vacancy rate is now above target at 6.93% due to the budgeted establishment increasing by 45.97 WTE as part of the agreed budget amendments.
- The highest rates are against Allied Health Professionals, Healthcare Scientists, Medical & Dental and NHS Infrastructure Support Staff Groups, all returning vacancy levels above target.
- Despite 12-month Retention declining month-on-month, the current 90.28% rate continues to meet the target. This stable trend over the past 12 months provides reassurance about the continuity of our workforce.
- 12-month normalised turnover has improved slightly to 8.68%, a positive sign that we will continue to meet the target. Normalised turnover performance now meets the standard for all but the Allied Health Professionals staff group, giving us reason to be optimistic about turnover performance.

Key Actions & Progress

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

Attract, Recruit & Retain – WHT Trust



Key Issues & Challenges

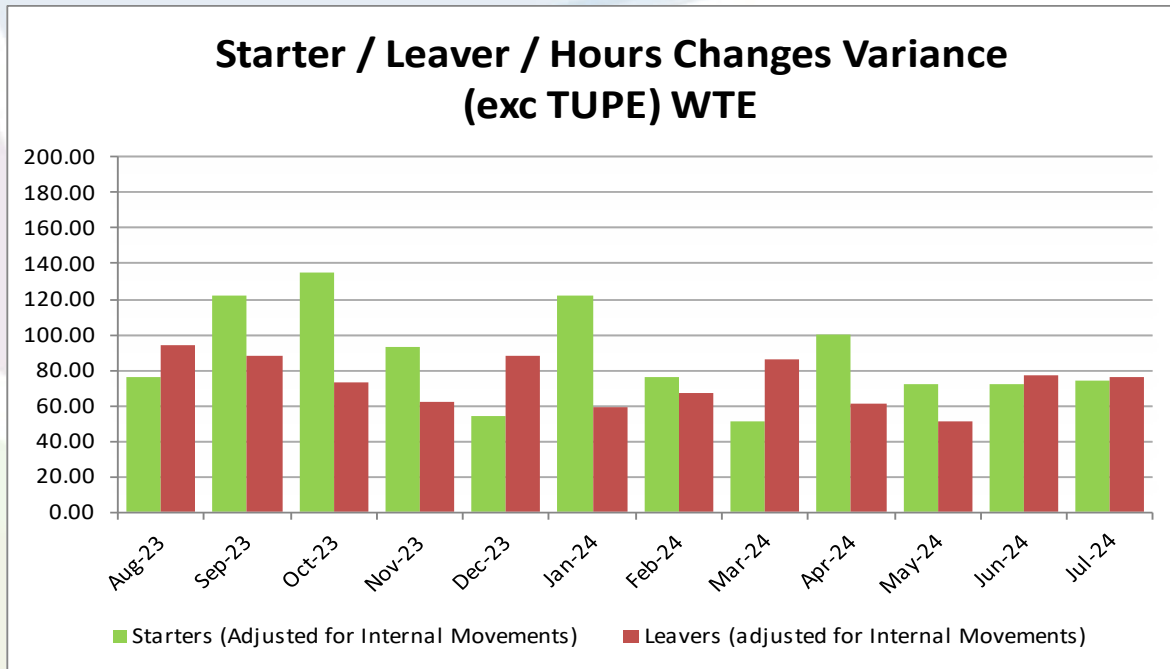
- The reported vacancy position reflects a month-on-month 1.66 FTE increase in the budgeted establishment, reconciled against a 21.64 FTE reduction in the actual workforce, as per the month-end finance ledger.
- 12-month Retention and Turnover trends remain on improved long-term trajectories, with performance versus target viewed within the context of strategic WTE reductions.
- Work-life balance, external promotion and relocation remain the top reasons for voluntary resignation.

Key Actions & Progress

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

Attract, Recruit & Retain

RWT :



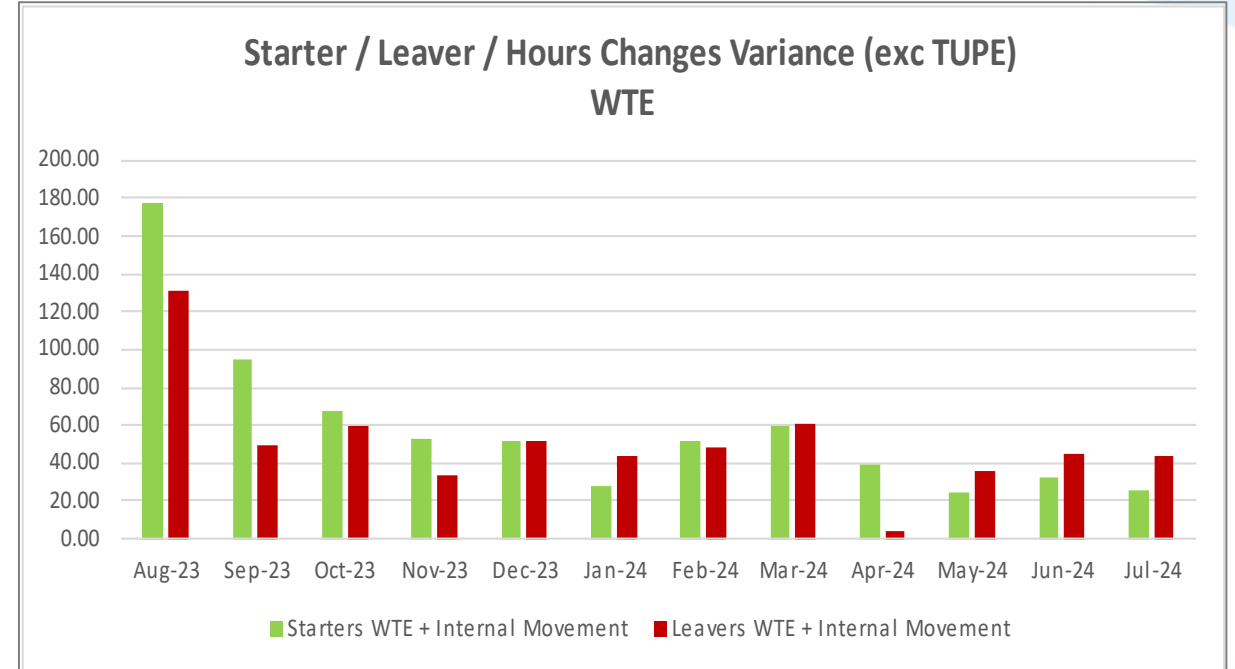
Key Issues & Challenges

- In-month, there were more leavers (75.79 WTE) than starters (67.76 WTE).
- Internal movements and hours changes amounted to a net decrease in WTE, with the substantive workforce nominally lower month on month.

Key actions & Progress

- In July there are 55 WTE newly Qualified / Overseas Nurses Awaiting PIN, some will qualify in M6, this should impact on vacant nurse posts and bank. Nursing workforce are monitoring.

WHT :



Key Issues & Challenges

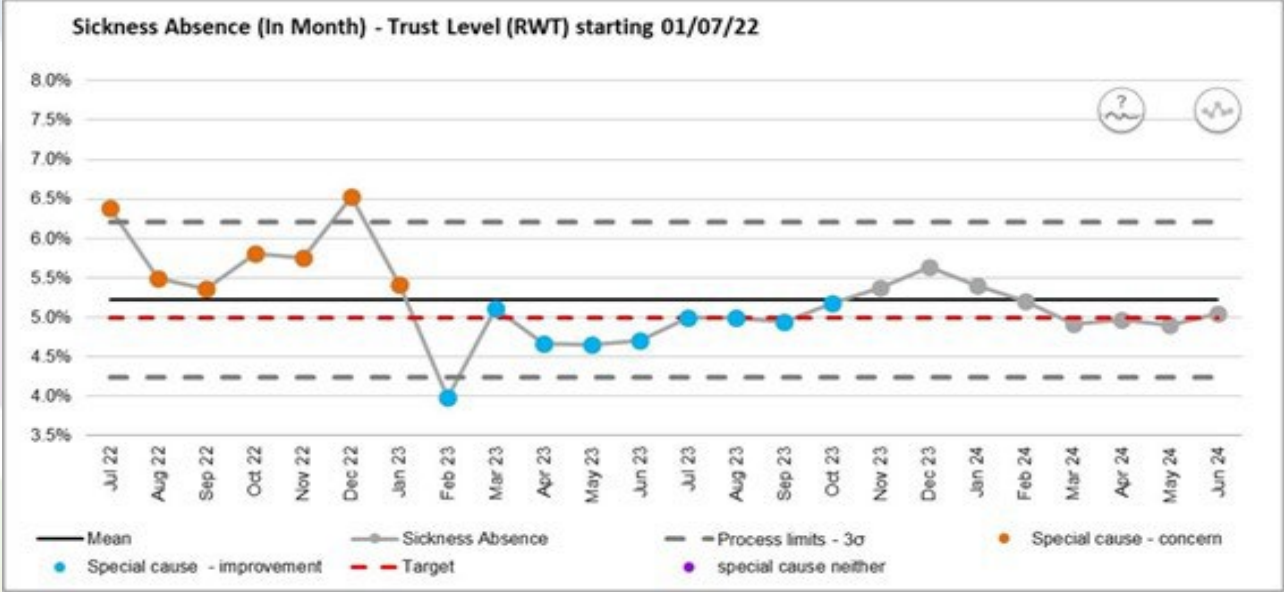
- There were more than double the number of external leavers (43.6 WTE) during the month versus external starters (21.2 WTE).
- Triangulated against internal movements and contract changes, it can be seen that 2024/25 workforce reduction strategies continue to shape substantive workforce deployment levels.

Key actions & Progress

- The impact of mitigating B5 RN vacancies with newly qualified nurses is being modelled and is likely to increase starters in M6.

Health and Wellbeing

RWT :



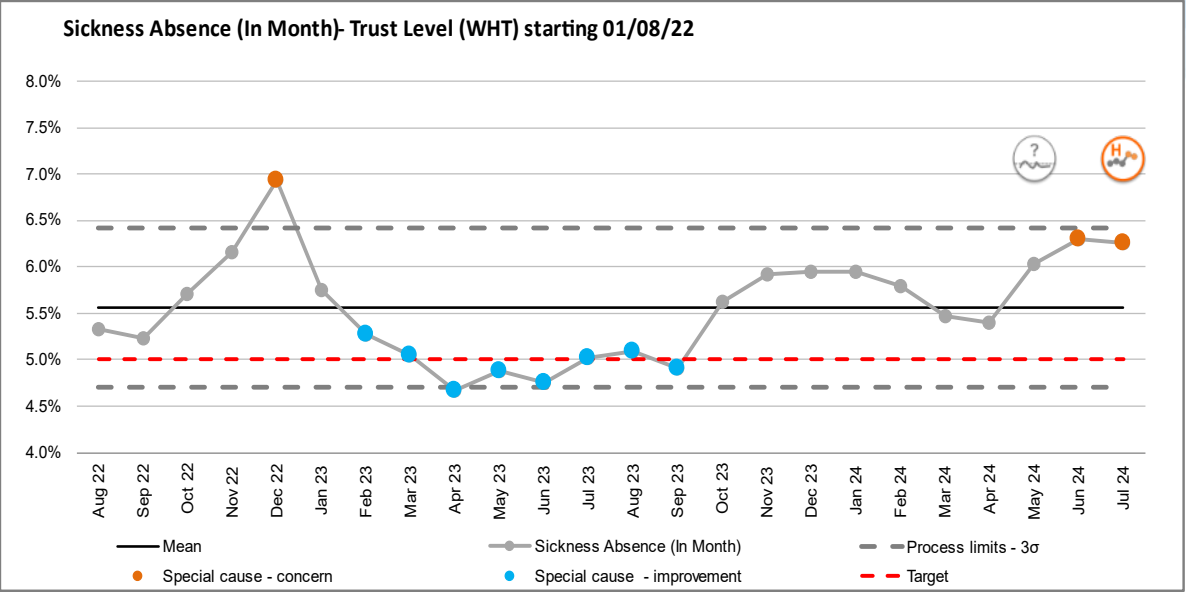
Key Issues & Challenges

- Sickness absence is reported one month in arrears.
- The in-month sickness figure is above target, at 5.05%.
- Short-term sickness for June 2024 is 1.77% within this historical threshold and has improved since May 2023.

Key actions & Progress

- Occupational Health referrals slightly increased to 224 from 216 last month. The average for 2023/24 was 230 referrals per month, an increase on the 22/23 average of 213 per month.
- HR colleagues have been reviewing cases where staff are experiencing the highest levels of absence to ensure appropriate escalation within divisional structures.
- HR teams continue to sensitively support the management of long and short-term sickness absence cases as appropriate in the current circumstances.
- Considerable work has been done to develop the wellbeing support offered, including psychological and practical wellbeing support for staff.

WHT :



Key Issues & Challenges

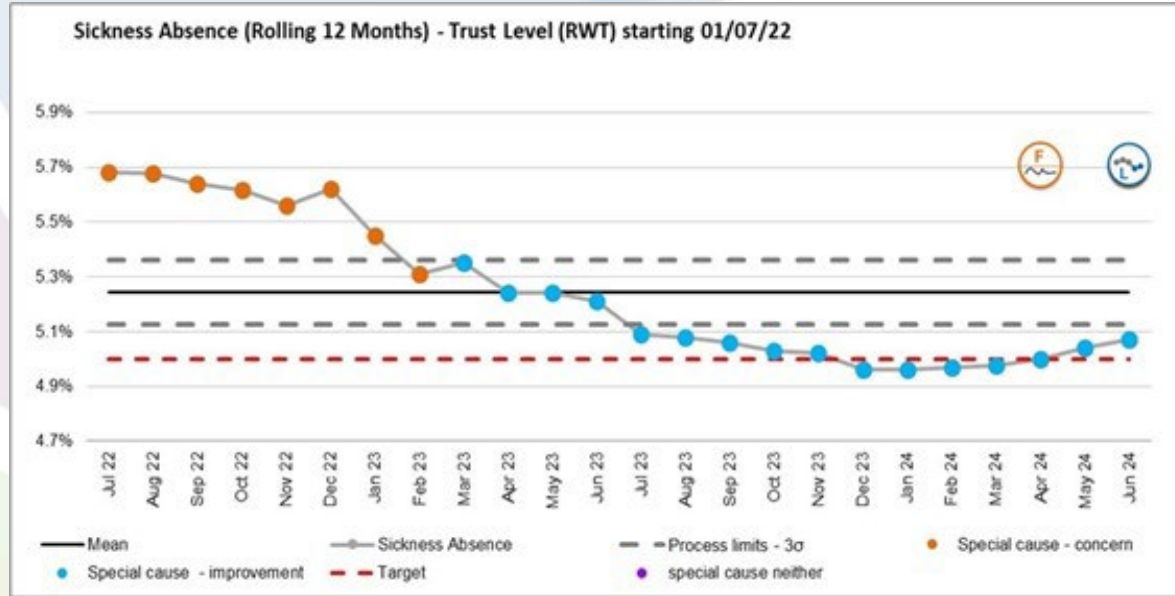
- In-month sickness absence, 6.3% during July 2024, is above the 24-month average. Performance within the two-year trend context is confirmed as worsening, but there remains limited confidence regarding target achievement.
- Gastrointestinal illnesses remain a health and well-being concern, with an increased number of days lost in the same 4-month period in 23/24 compared to 22/23, equating to an additional 129 FTE days lost for four consecutive months.

Key actions & Progress

- Actions from sickness absence reduction plan will be routinely in place from September
- Sickness Absence training for managers has commenced
- Attendance policy at final stages of consultation and will be seeking ratification from September
- SA for inpatient ward areas under review

Health and Wellbeing

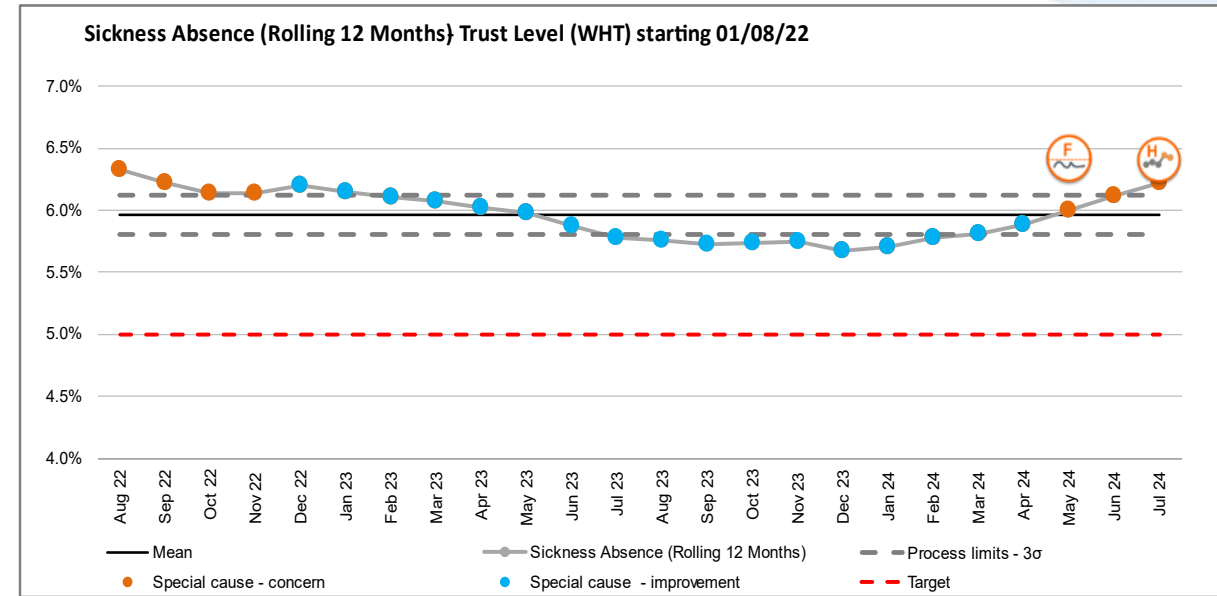
RWT :



Key Issues & Challenges

- The rolling 12-month sickness figure has also increased slightly to 5.07%, performance for this indicator above the target rate of 5.00%.
- Long-term absence is 3.30%, above the threshold and steadily worsening.

WHT :



Key Issues & Challenges

- Rolling 12-month analysis, whereby sickness absence during the 12 months to July 2024 was 6.22%, remains above the 5% target, with no current assurance that the long-term trend will reduce.
- Stress/anxiety remains the most prominent driver of long-term sickness absence, accounting for over a quarter of all days lost to sickness absence on average every month for over 12 months, followed by musculoskeletal injuries and gastrointestinal problems.

Title of Report	Exception Report from Charity Committee	Enc No: 9.1	
Author:	Professor Martin Levermore NED		
Presenter:	Professor Martin Levermore, Position NED		
Date(s) of Committee Meetings since last Board meeting:	Thursday 22 August 2024		
Action Required			
Decision	Approval	Discussion	Received/Noted/For Information
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
<ul style="list-style-type: none"> No key risks to escalate and no matters of concern 	<ul style="list-style-type: none"> No major actions undertaken or works underway.
POSITIVE ASSURANCES TO PROVIDE	DECISIONS MADE
<ul style="list-style-type: none"> Sarasin & Partners annual review of investments up to July 2024 -Short term portfolio increase by 3.6%, Long term portfolio increase by 2.8% Governance is compliant and in-line with Charity Commission's recommendations 	<ul style="list-style-type: none"> Recommendation to the board to approve the spend on Echo Cardio Machine Recommendation for board to endorse renovation of full amenities of West Park Hospitals restaurant area Approved the purchase of a Bladder scanner for RWT's Renal service.

Joint Provider Committee – Report to Trust Boards

Date: 19th July 2024

Agenda item: Enc 9.2

TITLE OF REPORT:	Report to Trust Boards from the 19 th of July 2024 JPC meeting.
PURPOSE OF REPORT:	To provide all partner Trust Boards with a summary of key messages from the 19 th of July 2024 Joint Provider Committee.
AUTHOR(S) OF REPORT:	Sohaib Khalid, <i>BCPC Managing Director</i>
MANAGEMENT LEAD/SIGNED OFF BY:	Sir David Nicholson - <i>Chair of BC JPC & Group Chair of DGFT, SWBH, RWT, & WHT</i> Diane Wake - <i>CEO Lead of the BCPC</i>
KEY POINTS:	<p>The Joint Provider Committee (JPC) was held, and was quorate with attendance by the Chair, two Deputy Chairs, and all three CEO's.</p> <p>Key discussion points included:</p> <ol style="list-style-type: none"> A progress update from the BCPC CEO Lead with a particular focus on key agreements at its recent meeting. An update on the progress being made to deliver the CIP schemes across the four BCPC partners. An update on plans to address the increased UEC activity within the Black country, and the underlying financial gap. An update on the establishment and progression of the Corporate Services Transformation work. An update on the development of the programme for the forthcoming Joint Board Development Workshop on the 23rd August 2024.
RECOMMENDATION(S):	<p>The partner Trust Boards are asked to:</p> <ol style="list-style-type: none"> RECEIVE this report as a summary update of key discussions at the 19th of July 2024 JPC meeting. NOTE the key messages, agreements, and actions in section 2 of the above 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, and any other delegations.
ACTION REQUIRED:	<input checked="" type="checkbox"/> Assurance <input type="checkbox"/> Endorsement / Support <input checked="" type="checkbox"/> Approval <input type="checkbox"/> For Information

Possible implications identified in the paper:

<p>Financial</p>	<p>The following agenda items have a potential risk implication:</p> <ul style="list-style-type: none"> ▪ Urgent & Emergency Care has a c£8m risk to the system and potentially to the four partners of the BCPC. ▪ The non delivery of the BCPC CIP schemes as part of the system FRP ('Clinical & Operational Productivity') ▪ The non-delivery of cash efficiency savings from the Corporate Services Transformation work
<p>Risk Assurance Framework</p>	<p>The following agenda items have a potential risk implication:</p> <ul style="list-style-type: none"> ▪ Corporate Services Transformation – require a clear plan of planned efficiency savings, productivity improvement, and resilience.
<p>Policy and Legal Obligations</p>	<ul style="list-style-type: none"> ▪ N/A
<p>Health Inequalities</p>	<ul style="list-style-type: none"> ▪ N/A
<p>Workforce Inequalities</p>	<p>The following agenda items have a workforce inequalities implication:</p> <ul style="list-style-type: none"> ▪ The BCPC CIP schemes as part of the system FRP ('Clinical & Operational Productivity'), and in particular the configuration of the agreed 4% workforce reduction. ▪ Corporate Services Transformation work – if not specified correctly could have workforce inequalities implications
<p>Governance</p>	<ul style="list-style-type: none"> ▪ N/A
<p>Other Implications (e.g. HR, Estates, IT, Quality)</p>	<p>The following agenda item has a potential implications:</p> <ul style="list-style-type: none"> ▪ BCPC CIP schemes – may have positive/ negative implications for quality depending on the focus of the CIP scheme. ▪ Corporate Services Transformation work – if not specified correctly could have workforce inequalities implications

1. PURPOSE

- 1.1 To provide all partner Trust Boards with a summary of key messages from the 19th of July 2024 Joint Provider Committee.

2. SUMMARY

- 2.1 The Joint Provider Committee was held on the 19th of July 2024. The meeting was quorate with attendance by the Chair, three CEO's and two of the four Deputy Chairs.
- 2.2 The minutes of the previous meeting were accepted as an accurate record. The Action Log was reviewed with progress discussed and accepted.
- 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 focused on a smaller range of important topics, highlighting the following:
 - The positive progress being reported (based on month 2 data) in delivering to plan across the four BCPC partners on the programme of CIPs. It was noted that there remain some challenges ahead, but positive progress is being made to close the unidentified year 1 'gap' from £45m to c.£39m.
 - A focused discussion on the corporate transformation programme which updated on the formation of governance and leadership arrangements, in addition to some key principles and communication messages to come.
 - The confirmation of a consolidated clinical contracting function to be established on behalf of the four partners, and to be hosted by RWT, following due processes.
 - A review of the proposed changes to the Collaboration Agreement, with all partners supporting and approving the updates and revisions. A Board paper will follow shortly to confirm changes and seek delegations which will require adjustments to all partner Trusts 'Scheme of Reservation or Delegations' (S.O.R.D).

b) **Items for Discussion**

- **Clinical & Operational Productivity** – The JPC received a detailed and up to date position (based on out-turn month 3 data). It was noted that efficiency delivery remains on track, but non-recurrent delivery is ahead of plan compensating for under-delivery on recurrent schemes.

Workforce plans are off-track, which may be due to the recent Industrial Action, but will require a focused effort moving forward.

There remains a significant challenge ahead, due to the profiling of efficiency savings incrementally growing monthly from Q3 onwards, in addition to the need to convert non-recurrent efficiency savings to recurrent savings.

Given its tier 4 status, the Black Country ICS has been informed by NHSE that it will be undergoing some focused 'Investigation & Intervention' work, with the system selecting PA Consulting as its partner for this work. Phase 1 will

commence immediately, lasting for about 4-6 weeks, and resulting in an assurance assessment of the governance arrangements in place for planned delivery, alongside the identification of 4-6 further interventions which may support delivery of efficiencies.

- **Plan for Urgent & Emergency Care Flows** – The JPC received an updated system paper outlining the range of issues driving a financial gap for Urgent & Emergency Care (UEC) activity. It was noted that the Black Country system is a net importer of UEC activity from surrounding systems which is a significant cause of operational and financial pressures across most of the Black Country Acute sites.

Currently there is a projected c£8m revenue gap for which options were presented and discussed. The JPC provided firm guidance on managing this risk, which will be conveyed by the UEC Chair (and SWBT CEO) to the BC ICB imminently.

- **Corporate Services Transformation** – The JPC received an update from the SRO confirming agreements at the 1st of July 24 Collaborative Executive. Governance and leadership arrangements are being established, and the first meeting of the Corporate Services Transformation programme – Delivery Group (CSTP-DG) will take place shortly.

Our external partners, BC Integrated Care Board and Black Country Healthcare NHS trust have confirmed their participation in the Corporate Services Transformation work.

A communications and engagement plan is being developed and will be shared as soon as possible, together with a 'detailed benefits schedule' and other key supporting processes.

- **Joint Board Development Workshop** – The JPC reviewed the draft programme for the forthcoming Joint Board Development Workshop. It was noted that acceptance to attend was high, and all logistics were in hand. A slight adjustment to the programme was requested to include a short slot on the progress for opening the MMUH.

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 19th of July 2024 JPC meeting.
- b. **NOTE** the key messages, agreements, and actions in section 2 of the above report.

Title of Report	Exception Report from Walsall Together Partnership Board	Enc: 10.1
Author:	Stephanie Cartwright, Group Director of Place	
Presenter:	Stephanie Cartwright, Group Director of Place	
Date(s) of Committee Meetings since last Board meeting:	Wednesday 21 st August 2024	
Action Required		
Decision	Approval	Discussion
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Received/Noted/For Information
		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
<ul style="list-style-type: none"> The Board had a lengthy discussion on the recent national and local civil unrest. It was agreed that joint messaging would be valuable to the system with confirmation from the partnership that the behaviours seen and experienced would not be tolerated. It was agreed to raise this through the We Are Walsall 2040 Partnership Board. The Board reviewed the partnership risk register and agreed to note the patient and staff safety concerns noted in the civil unrest discussion and the conversation had on partnership engagement and inclusion. 	<ul style="list-style-type: none"> The Board noted the Joint Commissioning and Transformation Plan that has been developed between the Walsall Together partnership and the Place Integrated Commissioning Committee. Board agreed to note a number of matters for additional discussion at the next meeting including the impending implementation of the Right Care Right Person programme, the opening of the Midland Metropolitan Hospital in Birmingham and the Primary Care Transformation Strategy.
POSITIVE ASSURANCES TO PROVIDE	DECISIONS MADE
<ul style="list-style-type: none"> A user story was presented by the Local Authority detailing the Youth in Sight project working with adolescents with complex needs. The agenda item was for information and update as a follow on from the user story in March 2023 at which point an action was agreed that the partnership needed to put additional focus into vulnerable young people. The Board took assurance that the project is progressing well and requested an additional 	<ul style="list-style-type: none"> The SDF (System Development Funding) plan (developed by the partnership) was approved following presentation to the system Out of Hospital Board earlier that day. It was agreed that for future allocations, conversations on Walsall priorities and potential preventative interventions would be planned in advance. The annual review of the terms of reference was conducted and partners agreed that education representation would strengthen the

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Walsall Healthcare NHS Trust

<p>update once the evaluation has been conducted.</p> <ul style="list-style-type: none">• There were no areas of escalation within the transformation programme. The central PMO team have utilised the holiday period to review the current programme to ensure that all projects have measurable outcomes aligned to them, to review the delivery timescales and conduct additional research to determine if all possible mitigations have been identified.• A presentation was shared on the We are Walsall 2040 plan. The Board was assured that progress is being made and that the necessary connections are being made to provide partnership representation to the delivery planning phase.	<p>partnership. An action was agreed to attend the Walsall Learning Alliance to make those links. Discussion was also held with regards to stronger representation from the acute element of the Trust.</p> <ul style="list-style-type: none">• Board was in consensus that the Walsall Together Strategy requires additional development to increase ambition, and further time for partners to contribute to the document. It was agreed that the Strategy would return to Board for approval in October.• Board approved the communications brief to be circulated across the wider partnership.
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Title of Report	Exception Report from Integration Committee	Enc No: 10.2
Author:	Lisa Cowley – Committee Chair and Non-Executive Director	
Presenter:	Lisa Cowley – Committee Chair and Non-Executive Director	
Date(s) of Committee Meetings since last Board meeting:	30 th July 2024 3 rd September 2024	
Action Required		
Decision	Approval	Discussion
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Received/Noted/For Information
		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Chairs Summary Log for Integration Committee, covering August and September 2024

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
<ul style="list-style-type: none"> OneWolverhampton team capacity and funding remains an areas of concern both in relation to potential impact on OneWolverhampton progress and RWT cost pressure. Parity of funding for place-based partnerships will be discussed at the Joint Provider Collaborative meeting on 26 September. Virtual Ward Technology procurement potential emerging risk, although assurance has been provided that the current technology provision is secured for 2024/5. Committee note that new models of working, may require movement of funds between organisations and we will need to monitor the impact and identify any necessary process and approval pathways. 	<ul style="list-style-type: none"> During July meetings were held with RWT colleagues to review purpose and nature of the committee. As a result a development meeting was held in August. It was agreed at the meeting that we should expand the committee as a group Partnership and Transformation Committee and a further development meeting was held with WHT colleagues in September. The Terms of Reference and work plan are to be tabled at the October group committee to review prior to being taken to Board for approval. The committee note that digital systems and data sharing will be essential to the success of committee priorities. It was agreed that the committee will engage with the developing system and group committees and working groups to identify the most appropriate areas of responsibility to prevent duplication.
POSITIVE ASSURANCES TO PROVIDE	DECISIONS MADE
<ul style="list-style-type: none"> All committee members were positive regarding the opportunity a reinvigorated committee provides to move forward with new models of working and supporting financial recovery. 	<ul style="list-style-type: none"> Proposal made to change the name of the committee to Partnership and Transformation Committee to reflect the breadth and nature of the committee. This will be discussed with other Trust committee representatives at the Joint Provider Collaborative Share and Learn meeting on 26 September 2024.

Tier 1 - Paper ref: PublicTB (09/24) Enc 10.3

Report title:	Group Director of Place
Sponsoring executive:	Stephanie Cartwright, Group Director of Place
Report author:	Stephanie Cartwright, Group Director of Place
Meeting title:	Public Board
Date:	17 th September 2024

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

The Board is asked to note the contents of the report, and to note the progress being made by both the OneWolverhampton and Walsall Together place based partnerships, and the recognition being received through nomination for national awards and work nationally on sharing best practice.

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

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

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

The report summarises work in the Place portfolio and recent Place Based Partnership Boards

4. Recommendation(s)

The Public Trust Board is asked to:

a) Note the contents of the report.

b)

c)

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

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

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Walsall Healthcare NHS Trust

Group Board/Committee

Report to the Public Trust Board on 17th July 2024

Group Director of Place Report

1. Executive Summary

This report provides a summary of the progress of both Walsall and Wolverhampton 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.

2. Introduction or background

The scope and ambitions for the three OneWolverhampton Board priorities have been agreed and are described below:

Digital:

- Supporting a shared record and access to a single view of the person
 - Ensuring that individuals only need to tell their story once
- Creating a shared resource and funding to commission a Technology Enabled Care offer
 - Integrating single tech across health and social care to reduce confusion, increase usability and increase value for money
- Identifying opportunities for the use of Artificial Intelligence (AI) in the Out of Hospital space
 - Increasing the capacity for practitioners to focus on the work that adds value for service users

Integrated Neighbourhood Teams (INTs):

- Define the functions of INTs, including scope and requirements
- Define the neighbourhood footprints
- Articulate the benefits and how this will be measured and assured

Prevention and Community Resilience:

- Initial planning includes supporting the developing and embedding of community and youth workers; reducing the duplication of existing offers; and linking health and social care schemes with the community and voluntary sector to support a more preventative approach to health.

Delivering on health inequalities:

A workshop has been held to better understand the impact of health inequalities on those living with, or at risk of, diabetes. This included wide-ranging membership, including attendees from

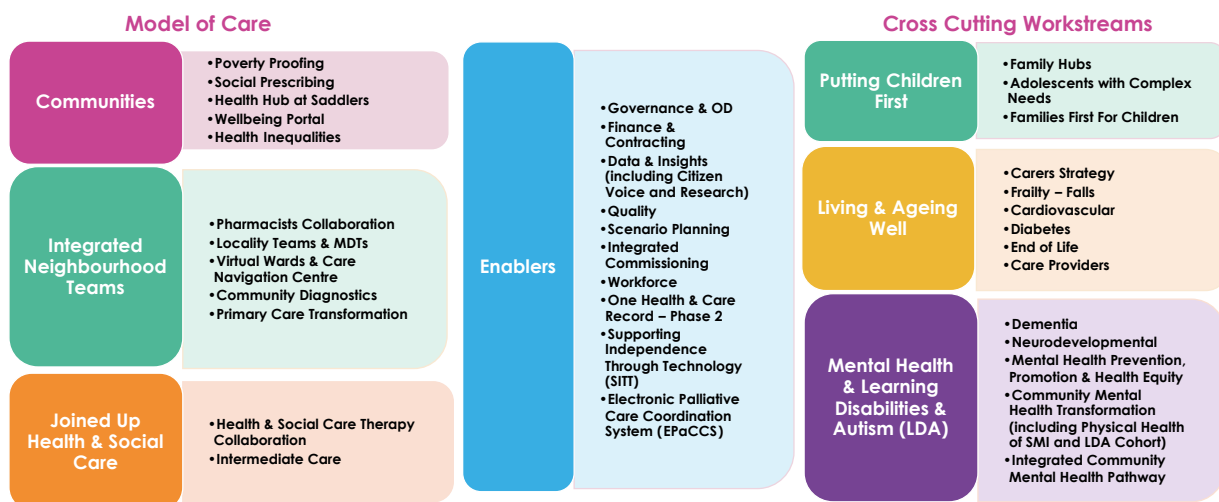
primary and secondary care medics, public health, ICB and Local Authority. This has resulted in the development of a workplan, focusing on a number of areas:

- The transition cohort of 19-25 year olds, developing existing approach
- Taking a targeted approach focusing on those under 40 and those whose ethnicity suggests greater impact from diabetes
- The psychology of long-term conditions
- Enhancing community support
- Building on community exercise programmes
- Improving patient education
- A focus on the three mandated treatment targets

A second workshop is planned for the 1st of August, co-hosted with Wolverhampton Voluntary and Community Association. This will look at how we can best share existing good practice, utilise networks of trusted relationships, and support improved understanding and service provision.

Walsall Together have recently developed a Joint Commissioning and Transformation Plan which aligns commissioning and transformation into one plan for the place-based partnership. The plan has recently been approved by both the Walsall Together Partnership Board and the Walsall Place Integrated Commissioning Committee. The priorities in the plan are as follows:

Integrated Plan



Walsall Together is refreshing its Strategy for 2024-2027. Work with partners to refine the document is expected to be concluded over the next month in readiness for approval at the place-based Partnership Board in October.

The final draft of the Memorandum of Understanding (MOU) for the delegation of services from the Black Country to place based partnerships has now been developed. The functions described in the MOU are as follows:

1. To provide a mechanism to connect with the full range of providers and stakeholders as appropriate to scope.
2. To support demand and capacity modelling and inputting information about patient need and preferences.
3. To lead on the development of credible delivery plans and models to implement the commissioning decisions developed by the programme boards.
4. To deliver agreed outcomes and performance targets
5. To share and promote innovation and good practice.
6. To enable the effective co-ordination and integration of services.
7. To promote the effective use of resource and support the delivery of balanced financial plans (budgets, estates, workforce).
8. To develop plans to tackle inequity of access, experience, or outcomes.
9. To comply with service change and business case processes.

It should be noted that the oversight of in-scope services is not intended to be a performance monitoring role. Responsibility for delivering on the requirements of the service contracts, including associated quality and performance standards, will rest with the individual contracted providers. However, there is a key role for place based partnerships in identifying opportunities for collaborative action to support partners collectively to improve services and outcomes for local people.

Our place-based partnerships presented with other place colleagues at the Provider Collaborative Joint Board Development session on 23rd August 2024, and will be following up learning and sharing best practices across all of the place-based partnerships. Both place-based partnerships will also be working closely with both the system and local Primary Care Collaboratives to support the implementation of the Primary Care Transformation Strategy that has recently been approved by the ICB Board.

The place based partnerships are included in the shortlist for two Health Service Journal awards this year:

- Walsall: The ACEing Asthma Programme with the ICB and whg for the Early Intervention and prevention for Children, Young People and Families Award
- Wolverhampton: The High Intensity User Service with Black Country Healthcare NHS Trust for the Mental Health Innovation of the Year Award

Both place-based partnerships are heavily involved in national work with NHS Confederation, with representation at two roundtable events in September and October on the development of place-based partnerships and a Community First NHS in preparation for a new NHS 10 year Strategy due to be published in Spring/Summer 2025. and have actively contributed to the upcoming publication from the NHS Confederation on strengthening places and community practice models.

The Group Director of Place is presenting at the next Black Country Ladies Link network at the Wolverhampton Grand Theatre on Wednesday 18th September 2024 to talk about women in leadership, her career to date and the models of care across both of the place-based partnerships.

3. Recommendations

3.1 The Public Trust Board is asked to:

Note the contents of the report.

Stephanie Cartwright
Group Director of Place

1st September 2024

Tier 1 - Paper ref:	PublicTB (09/24) Enc: 10.3
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Report title:	Joint Health Inequalities Strategy
Sponsoring executive:	Stephanie Cartwright, Group Director of Place and Jonathan Odum, Group Chief Medical Officer
Report author:	Stephanie Cartwright, Group Director of Place
Meeting title:	Public Board
Date:	17 th September 2024

1. Summary of key issues PublicTB
<p>Please see enclosed the Joint Health Inequalities Strategy for The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust.</p> <p>The Strategy is presented for approval by the Group Board.</p>

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

3. Previous consideration
<p>The Joint Health Inequalities Strategy has been discussed by the Trust Management Committee in each of the Trusts, and has also been discussed at the Health Inequalities Groups in both of the Trusts.</p>

4. Recommendation(s)
The Public Trust Board is asked to:
a) Approve the Joint Health Inequalities Strategy
b)
c)

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

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Corporate Risk Register [Datix Risk Nos]	<input type="checkbox"/>
Is Quality Impact Assessment required if so, add date:	
Is Equality Impact Assessment required if so, add date:	



Care Colleagues
Collaboration Communities



Joint Health Inequalities Strategy

2024-2027



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The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust

Foreword

We are delighted to introduce the Walsall and Wolverhampton Joint Health Inequalities Strategy, which sets out our overall direction for addressing health inequalities in the services we provide across both Trusts.

The strategy sets out **how we will achieve our goal of improving the health of our communities** and maintain a focus on being an inclusive provider of services.

This strategy is based on how we develop our services to ensure they are accessible to all, and that we do not limit access to any services in the way they are designed and delivered, and also looks to how we work with our partners through our place-based partnerships to develop initiatives that seek to improve the health of our communities across Walsall and Wolverhampton.

This enabling strategy helps our staff, patients and partners to understand our direction of travel and focus and creates a clear picture of where we want to be in 3 years' time.

Our aim with this strategy is to provide focus for our organisation on us being a provider of inclusive services, and to enable us to play a key role in the place-based partnerships on addressing health inequalities and improving population health across our communities.

Additionally, as two of the largest employers within the area, we have a societal responsibility to offer career opportunities to local residents, look after our staff's wellbeing, and ensure staff have equal opportunities for training and promotion.

Our commitment to our organisational values of care, colleagues, collaboration and communities are core to the delivery of this strategy, and how we embed these values through our commitment to continuous improvement and our dedication to working with our partners to serve our communities.



Joint Health Inequalities Executive Leads

The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust

Welcome to our Joint Health Inequalities Strategy which belongs to all our colleagues across The Royal Wolverhampton NHS Trust (RWT) and Walsall Healthcare NHS Trust ('the Group').

This enabling strategy has been created based on engagement with colleagues and leaders and supports our Joint Trust Strategy to deliver exceptional care to improve the health and wellbeing of our communities.

1: Where we are now

1.1 National Context

There has been increasing national government support and encouragement for the health sector to reduce health inequalities.

As well as a moral and social responsibility, NHS Trusts now have a legal duty to consider health inequalities as set out by NHS England.

- **They must have a named board-level executive lead for inequalities who champions the agenda across the organisation and at board-level discussions.**
- **They must have regard to the health and wellbeing of people and the quality of services provided to individuals.**
- **They must also describe the extent to which they have considered what the available data tells us about local inequalities, what actions have been taken as a result and publish this information in or alongside the Annual Report.**

The Group is currently undertaking all of the above legal duties.

This joint enabling strategy reflects our aspiration and commitment as a group to tackle health inequalities jointly and recognises the benefit of consistency in our approach to understanding inequalities, communication, education, and training.

It is informed by national and local priorities for the communities we serve, and its implementation will be jointly achieved by the Trust and its work with the two place-based partnerships.

1.2 What are Health Inequalities?

Health inequality is avoidable and unfair. It is ultimately about systematic differences in the status of people's health, though the term is also used to refer to differences in the care people receive and the opportunities they have to lead healthy lives – both of which can contribute to their health status. Health inequalities can, therefore, involve differences in:

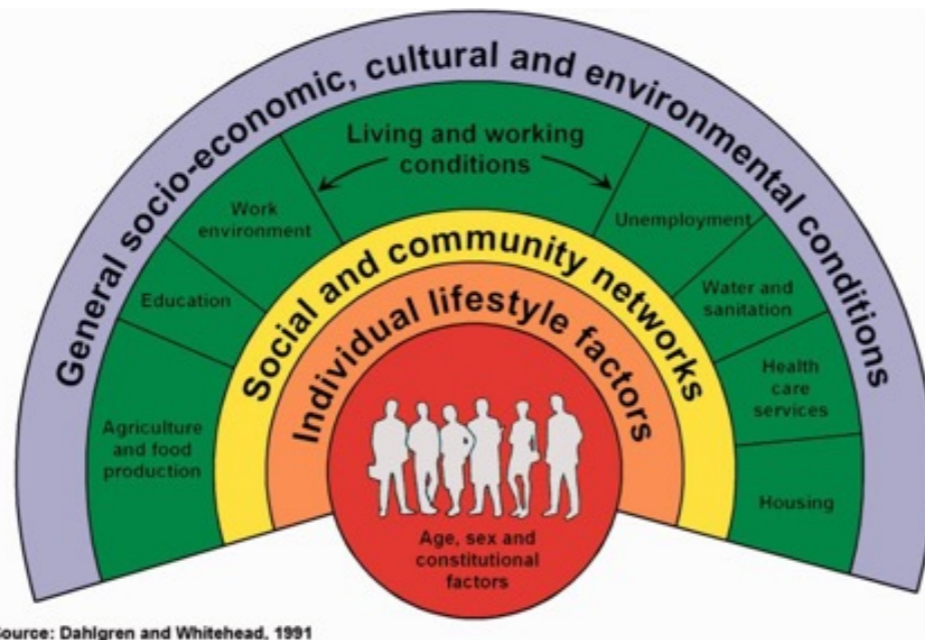
- key measures of health status, for example, life expectancy and healthy life expectancy, which is how much time people spend in good health
- access to care, for example, availability of given services and barriers experienced by those who live in deprivation and those with protected characteristics
- quality and experience of care, for example, levels of patient satisfaction
- behavioural risks to health, for example, smoking rates.

Health inequalities are:

Avoidable because they are rooted in political and social decisions that result in an unequal distribution of income, power and wealth across the population and between groups.

Unfair because they do not happen by chance but are socially determined by circumstances that are largely beyond an individual's control. These circumstances disadvantage people and limit their chances to live a longer, healthier life.

Systematic because they do not occur randomly – we often see the same patterns occurring for various health outcomes and frequently see a gradient of outcomes by deprivation levels.



Source: Dahlgren and Whitehead, 1991

Image 1: Determinants of Health Inequalities

Health inequalities arise because of the conditions in which we are born, grow, live, work and age (as shown in the image below). These conditions influence our opportunities for good health, and this shapes our mental and physical health and wellbeing.

There are many kinds of health inequality that different parts of our population experience. These include differences that depend on:

Deprivation - which includes factors like housing quality, employment and finances (for example, children living in cold homes are more than twice as likely to suffer from respiratory problems than children living in warm homes).

Protected characteristics – these are legally defined in the Equalities Act and include factors like age, sex, race, disability and sexual orientation, for example:

- Notions of masculinity can encourage boys and men to misuse alcohol and not seek help for mental health issues;
- People with learning disabilities die on average 20 years younger than the general population and can require adjustments to enable them to engage with services.

Being **socially excluded** - including people who are homeless, sex workers, ex-offenders or vulnerable migrants. Wolverhampton Homeless Health survey showed that people sleeping rough or in unstable accommodation are twice as likely to attend the Emergency Department, and a third felt they needed more support for their mental health than they received.

These factors influencing health can also interact with each other, termed intersectionality. This can make it complex to understand inequalities and make it challenging to decide where to focus efforts to reduce them. However, by taking a structured and systematic approach, we can make progress. Further assessment of local data and our response to the findings will be published in Health Inequalities supplements to the Annual Reports of both Trusts.

1.3 National Drivers

The following national drivers influence the Group response to how it addresses health inequalities:

- **Equality Act** requires organisations to provide support to ensure equal opportunity for those who may experience disadvantages or discrimination.
- **The NHS Long Term Plan** outlines commitments to the prevention of health inequalities and actions to address them. Recent operational planning guidance from NHSE listed five priorities to address health inequalities that are intended to achieve a systematic approach to reducing unwarranted variation in care and improving access to services for all.
- **The NHS Mandate 2022-23** is the government’s commitment to tackling health inequalities in England.
- **General Practice Five Year Forward View** sets out the government’s plan for transforming primary care, including improving access.
- **The Government White Paper – Levelling Up** outlines plans to address geographical inequities, including an intention to improve health inequalities.
- **The Health and Care Act 2022** brings together Integrated Care Systems (ICS) across England. These include partners from NHS, local government, community and charitable organisations collaborating to deliver the best outcomes for the broader System and Place. The Act places a duty on health providers to deliver:
 - better health and wellbeing for all
 - better quality of health services for all
 - sustainable use of NHS resources.

1.4 Core20PLUS5

Core20PLUS5 is an NHS England approach to support the reduction of health inequalities at both national and system levels. The approach defines a target population cohort – the 20% most deprived areas of our communities. The “PLUS” represents those groups identified by the ICS who are experiencing poorer than average access, experience or outcomes. The “5” are the key clinical areas which need accelerated improvement. In the Black Country ICS, a sixth priority of Diabetes has been added to the Core20PLUS5 framework (for adults). Please see below:

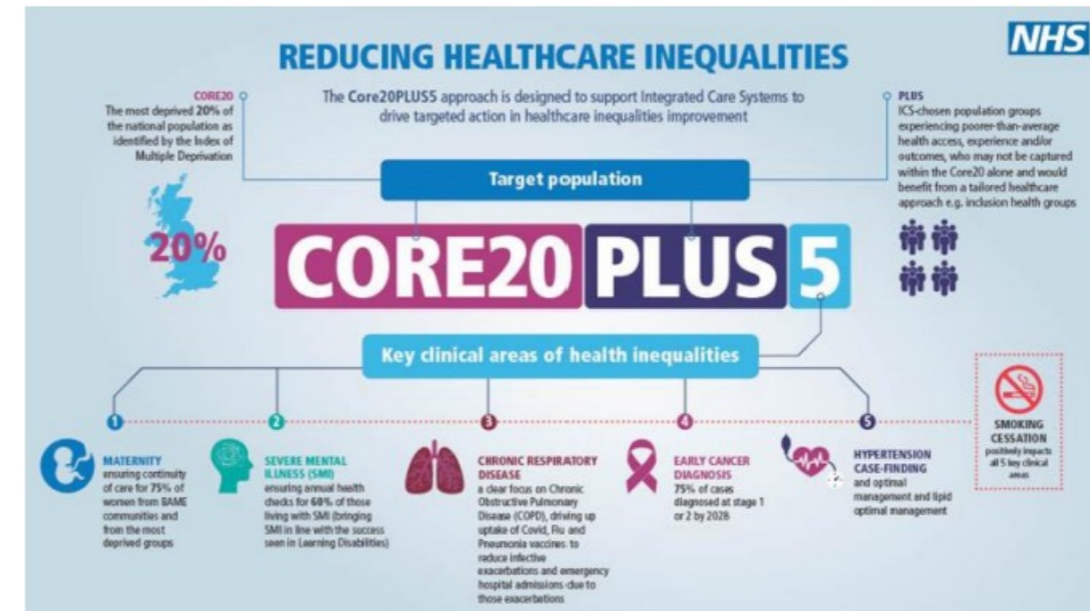


Image 2: Black Country ICS Core20 Plus - Adults

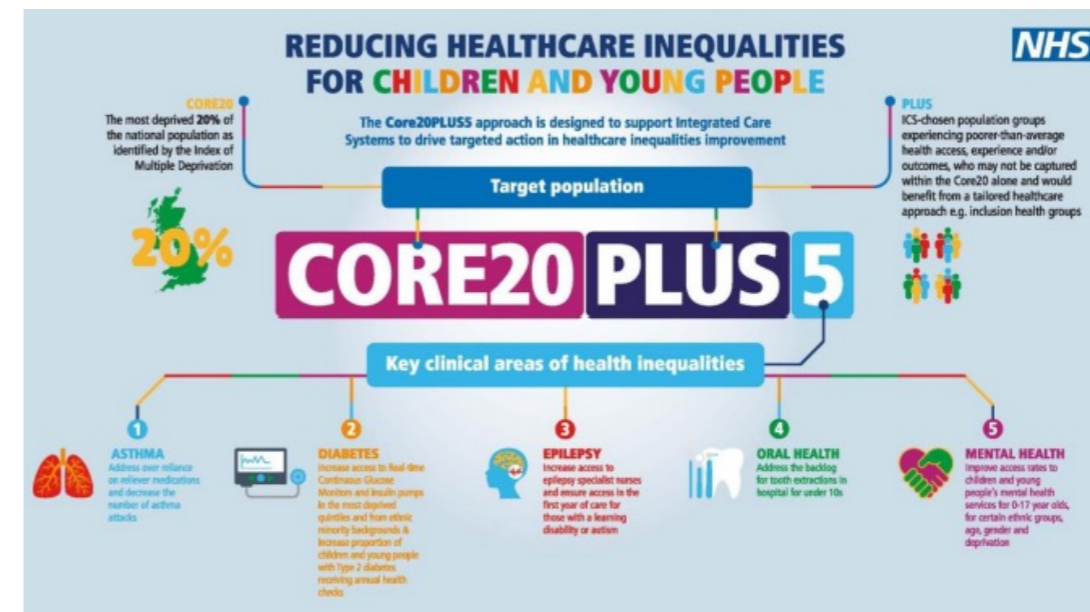


Image 3: Black Country ICS Priorities For Children

1.5 Local Context

The Group Health Inequalities Strategy will focus on inclusion health groups, those who experience deprivation and those with the highest need. The strategy will promote and implement national and local policy, bringing together the Core20Plus5 framework and place-based partnerships' Health and Wellbeing Strategies.

The strategy identifies a set of priorities to address, some that will fall across the Group and some that may be more specific to Wolverhampton place-based partnership or Walsall place-based partnership.

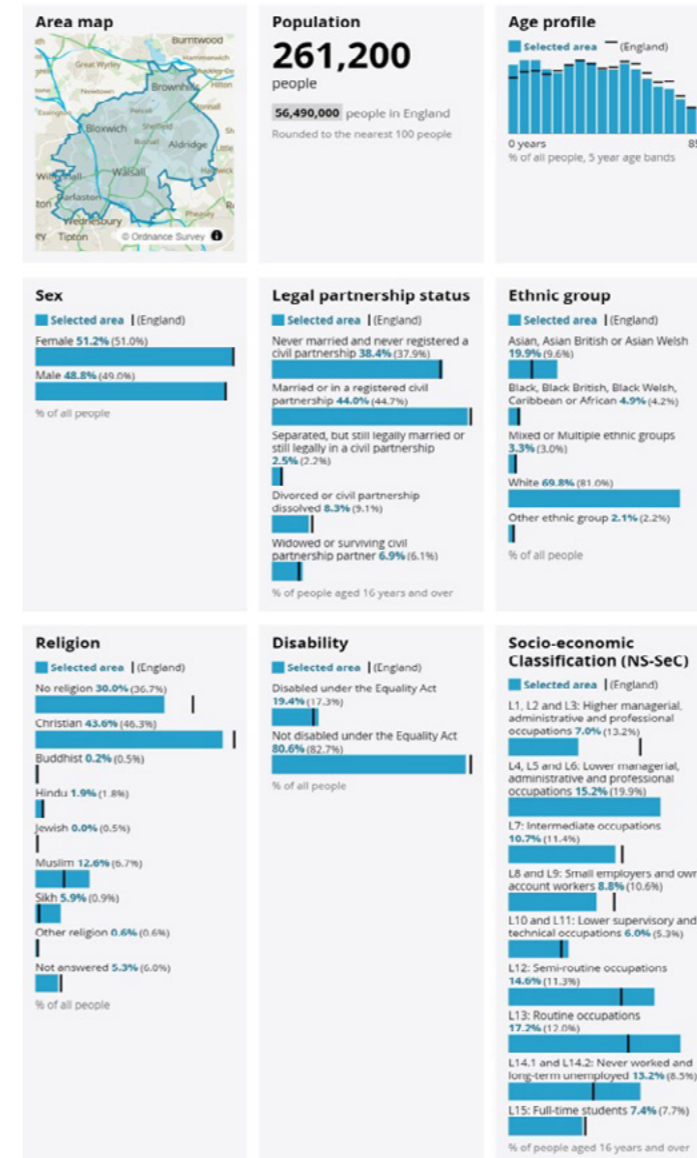
The strategy acknowledges that the Trusts cannot address health inequalities in isolation and that they contribute to improving population health and addressing health inequalities within the place-based partnerships. The Trusts will work with partners through the local governance of place-based partnerships to identify joint solutions and use the expertise of all of the partners to improve the health outcomes of our local population.

The Royal Wolverhampton NHS Trust also benefits from a group of vertically integrated Primary Care Practices (RWT Primary Care Network): these practices are an essential part of the Trust for recognising inequalities in healthcare, but also in identifying and addressing solutions to overcome them. They also participate in ICS and Primary Care led initiatives that will contribute to and inform the Trust's overall strategy.

The Group Research and Development function will support the Group and partners to improve access to underserved communities, by identifying funding streams, supporting bid submission and working with local partners to boost the local research and development economy, providing employment and ensuring that research priorities reflect the diversity and health needs of the area.

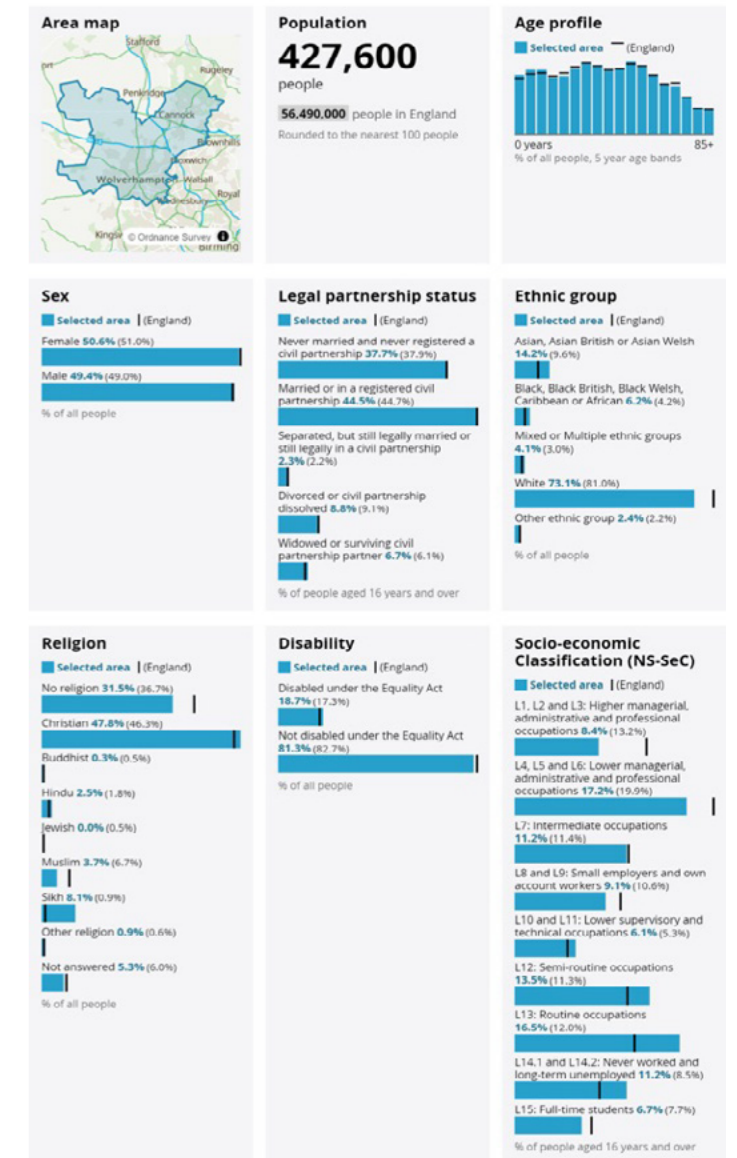
This diversity of the communities served by the Group increases the potential for health inequalities to materialise and emphasises the importance of having measures in place to prevent them.

Image 4: Walsall Healthcare NHS Trust catchment population equalities profile



Source: Office for National Statistics - Census 2021

Image 5: The Royal Wolverhampton NHS Trust catchment population equalities profile



Source: Office for National Statistics - Census 2021

The combined catchment areas have geographical areas of socio-economic deprivation with noticeable differences in the prevalence of preventable poor health conditions and life expectancy compared to more affluent areas. For example, the east of Wolverhampton and the west of Walsall are some of the most deprived areas in the country.

The Group Joint Health Inequalities Strategy places responsibility for addressing equity of access and outcomes with healthcare providers and commissioners.

Both Trusts are in the privileged position of being able to positively impact some of the wider determinants of health inequalities as critical partners of the One Wolverhampton and Walsall Together place-based partnerships. Place-based partnerships incorporate health, housing, social care, public health, primary care, and community partners.

1.6 Local Drivers

Life expectancy: A key measure of a population’s health is life expectancy. Both populations have lower than the average life expectancy in England, as seen in the table below. Every year in both Wolverhampton and Walsall, around 500 people die under the age of 75 from causes that are considered preventable; including cardiovascular disease, cancer and respiratory disease.

Indicator	Period	Wolverhampton		Walsall		England		
		Count	Value	Count	Value	Value	Worst	Best
Life expectancy at birth (Male, 3 year range)	2020 - 22	—	76.3	—	76.9	78.9	73.4	82.5
Life expectancy at birth (Female, 3 year range)	2020 - 22	—	80.4	—	81.2	82.8	79	86.3
Under 75 mortality rate from causes considered preventable (3 year range)	2020-2022	1504	236.4	1579	227.9	171.4	309.7	96

Image 6: Life expectancy and premature mortality in Wolverhampton and Walsall

Healthy Life Expectancy: Another key measure of population health is the average number of years an individual is expected to live in good health. In the Black Country, Healthy Life Expectancy is 59 years for male and 60 for females, which is lower than the national average of 63 years for males and 64 for females.

Deprivation: Significant deprivation exists within both populations. In both Walsall and Wolverhampton, over fifty per cent of the population are within the most deprived 20% of the English population. Our populations experience high levels of child poverty compared to the national average, and this often has a continuous effect on their health into adulthood.

Below are the starting points for each Trust.

1.7 The Royal Wolverhampton NHS Trust (RWT)

- Comprehensive data analysis for the local population in place
- Public Health capacity embedded within the Trust
- A well-established Trust Health Inequalities Steering Group
- A developing Health Inequalities Group is embedded within the OneWolverhampton place-based partnership
- RWT is a key member of the Wolverhampton Health & Wellbeing Board



OneWolverhampton’s Approach to Health Inequalities:

- Aims to address and rectify the disparities in health outcomes among different populations.
- Provide proactive measures to health equity, ensuring optimal health and wellbeing opportunities are achieved among different populations

To enable the approach OneWolverhampton works within a set of principles:



1.8 Walsall Healthcare NHS Trust (WHT)

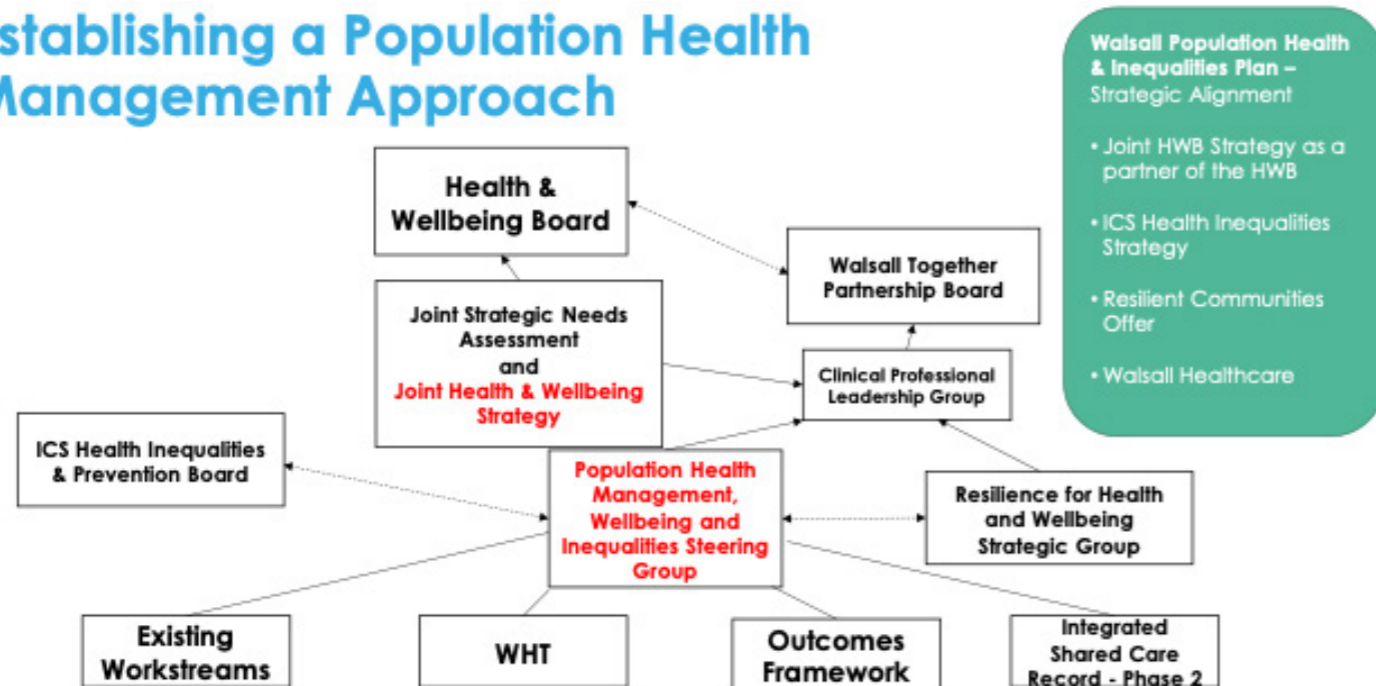
- Data around health inequalities is less developed, although good progress is being made to improve the available data.
- The Trust has an established Health Inequalities Steering Group that monitors progress against local and national requirements.
- WHT is a key member of the place-based Population Health and Health Inequalities Group that is well developed, hosted by Walsall Together and chaired by the Director of Public Health
- WHT is a key member of the Walsall Health & Well Being Board.



Walsall Together’s Approach to Health Inequalities:

The Walsall Together place-based partnership approach to population health management in Walsall is shown below:

Establishing a Population Health Management Approach



2 Our Joint Ambition

The Group Health Inequalities Strategy is based around the vision and four strategic aims (the four C’s) of the Group’s joint strategy.

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

Care	Excel in the delivery of Care	
Colleagues	Support our Colleagues	
Collaboration	Effective Collaboration	
Communities	Improve the health and wellbeing of our Communities	

Image 7: Group strategic objectives

This strategy reflects our aspiration to develop a joint approach to tackling health inequalities and recognises the benefit of consistency in our approach to understanding inequalities, communications, education & training.

This overarching set of aims include the wider of ambition of working across Place to reduce health inequalities and to play a significant role across the Integrated Care System to ensure sustainable, accessible services and support to address the wider determinants of health, including our roles as anchor employers.



We will strive to improve equity

In the access, delivery and the outcomes of the services we provide. Acknowledging that people have different opportunities in life, we must be careful not to make matters worse by offering care in a way that compounds these differences.

To achieve this, for our patients, carers and families, we will:

- Assess Equity - Use data and insight to systematically assess whether services, including access to research, are provided in a fair way and in a way that addresses levels of need in our populations.
- Anticipate Problems - Consider barriers such as literacy, income, digital access, and language in the design of our services and projects and listen to people to ensure that we aren't making it harder for some groups to benefit.
- Act Earlier - Investing in prevention, such as tobacco dependency treatment, and improving services that ensure children get the best start in life, such as maternity and health visiting. These interventions are evidence based to achieve the best long-term impact.



Image 8:
The difference between equality and equity

It is not within the scope of either NHS Trust alone to change some of these wider determinants of health. Some of these are shaped by external factors such as national economic policy, and there are other factors which cannot be changed, such as age. Whilst it will take the efforts of society to really tackle health inequalities, this strategy acknowledges the responsibility of both Trusts to contribute. We must acknowledge, assess and mitigate the impact of these inequalities within our organisations.

The Group is now in its best position to do this given the strong sense of determination to do things differently because of the Covid pandemic, and it has more information than ever before at its fingertips. However, there is significant pressure on already stretched services and the constraints of time and resources have the potential to limit our impact. In the short term, we will have to be pragmatic about where we focus our efforts for maximum benefit.



Additionally, as two of the largest employers within the area, we have a societal responsibility to offer career opportunities to local residents, looking after the wellbeing of our staff, and making sure staff have equal opportunities for training and promotion.

We recognise that the two organisations have differed in their approach to tackling health inequalities. Within RWT, comprehensive data analysis on health inequalities within planned care has already been completed on the local population utilising public health capacity embedded within the Trust. Health inequalities is embedded within the Place work programme and overseen by Wolverhampton's Health and Wellbeing Board.

Within WHT, data around health inequalities is less robust but it is still possible to plan around existing data and extrapolate RWT data. The Trust's Health Inequalities approach is embedded in Walsall Together's work programme and that of the Walsall Health & Wellbeing Board.

In this context there are many areas which we could usefully collaborate with partners to reduce health inequalities. Our strategic commitment is to be an active partner in these areas and to provide both data and leadership effort

- To develop approaches which mitigate against the impacts of poverty in attending and taking part in health care (e.g. refresh of approaches to reduce the impact of travel costs)
- To support and learn from wider community initiatives to build trust with and learn from our diverse communities, especially those who are racialised and those who experience the worst outcomes (e.g homeless and Roma, Gypsy Travellers)
- To ensure prevention is woven through our interventions in ways which are meaningful and targeted (e.g signposting to community support around exercise and diet for those who are diabetic)

Our strategy will focus our efforts on five areas, reflecting the NHSE national priorities and those of our local population partners at Place.

1 Restoring NHS services inclusively, breaking down performance reports by patient ethnicity and indices of multiple deprivation (IMD) quintile.

2 Mitigating against digital exclusion, identifying who is accessing different modes of consultation by collecting data on patient age, ethnicity, disability status, condition, IMD quintile.

3 Ensuring datasets are complete and timely, improving data collection on ethnicity across primary care, outpatients, A&E, mental health, community services, specialised commissioning.

4 Accelerating preventative programmes: flu and COVID-19 vaccinations, annual health checks for those with severe mental illness and learning disabilities, continuity of carers for maternity services, targeting long-term condition diagnosis and management.

5 Strengthening leadership and accountability, which is the bedrock underpinning the four priorities above, with system and provider health inequality leads having access to Health Equity Partnership Programme training, as well as the wider support offer, including utilising the new Health Inequalities Leadership Framework.

3 Local Delivery

Our Group priorities will include but are not limited to:

- Tobacco Dependency and Smoking Cessation services
- Access to maternity services
- Access to services for patients with learning disabilities and learning difficulties
- Healthy Child Programme
- Support to Refugees and Migrants
- Alcohol dependency
- Education across the workforce (including cultural ambassadors)

Both Trusts will be key partners in the delivery of local place-based partnership priorities, which are described as follows:

OneWolverhampton

OneWolverhampton will focus on bringing together the Core20Plus6 framework and the Health & Wellbeing Together Strategy, whilst working with third sector and communities to ensure that the wider determinants of health are front and centre.

Current priority areas include Diabetes and Health & Housing.

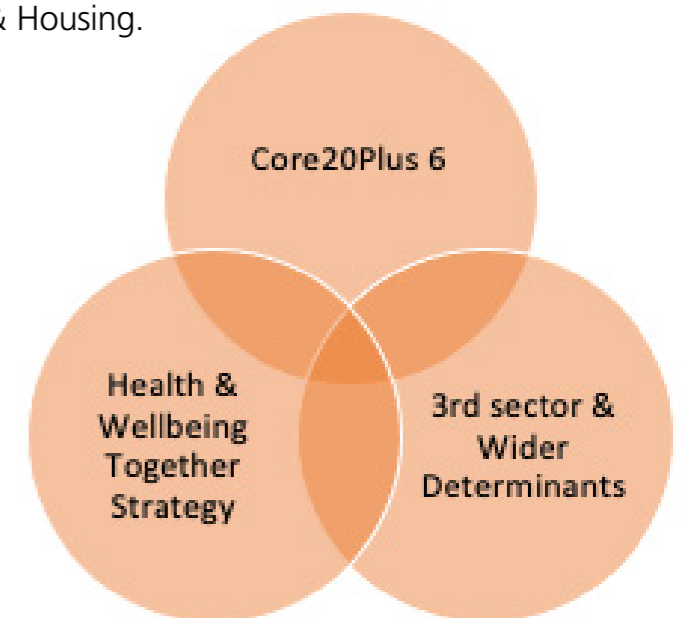
Walsall Together

Walsall Together will continue its place work on reducing health inequalities and supporting the delivery of the Health and Wellbeing Together Strategy.

Current priority areas include primary prevention (physical activity), secondary prevention (diabetes, CVD, respiratory disease, weight management) and homelessness.

Governance

The Health Inequalities Steering Group that currently sits within RWT will be expanded to a Health Inequalities Steering Group that sits across both Trusts. This will be overseen by the Group Executive leads who are the Group Medical Director and Group Director of Place. The Group Health Inequalities Steering Group will oversee the joint health inequalities programmes of work (alongside any local projects) and will monitor performance against the agreed objectives and delivery plan. This group will report through the Quality Committees in each Trust.

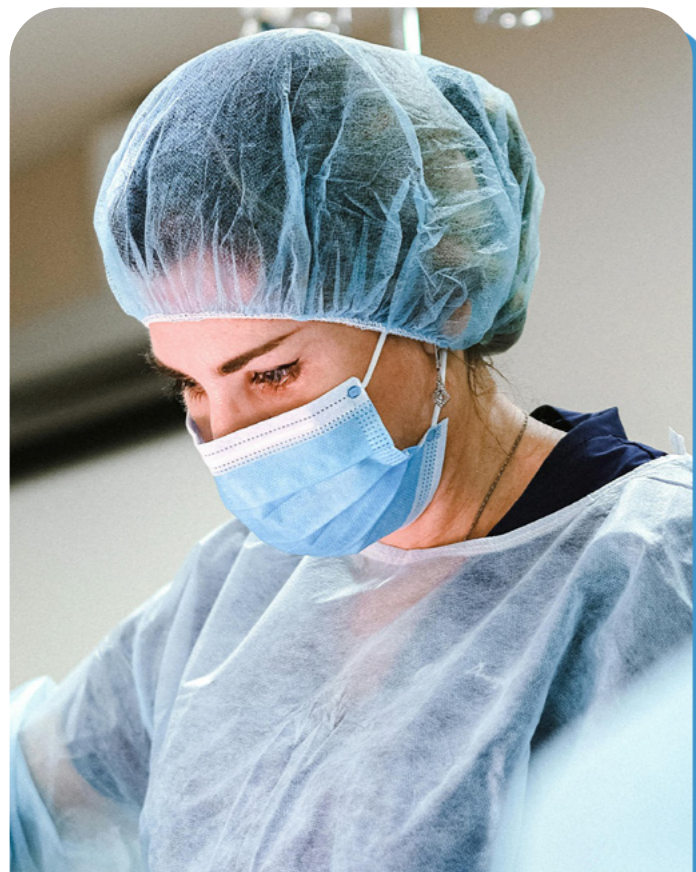


4 Delivery Plan and Success Measures

For this strategy to be meaningful for our patients, the implementation will be measured on its delivery. A detailed delivery plan has been developed, which sets out the key priorities, success measures, and timescales needed to achieve our aims. The plans will be reviewed annually to respond to any new and emerging priorities.

The Royal Wolverhampton NHS Trust (RWT) Health Inequalities Steering Group was established in January 2022 to oversee the work programme to address health inequalities at the Trust. The group has representation from primary care, secondary care, public health and works closely with the OneWolverhampton partnership to understand the landscape of health inequalities across the city and how each of the partners are addressing issues relating to inequalities.

From November 2024 the RWT Health Inequalities Steering Group will become a joint group across the Group of The Royal Wolverhampton NHS Trust (RWT) and the Walsall Healthcare NHS Trust (WHT) organisations.



Current Position

The Health Inequalities work currently being undertaken by RWT and WHT is being aligned to the Care Quality Commission's (CQC) well led domain and priorities taken from the NHS planning guidance.

Some current projects across RWT include:

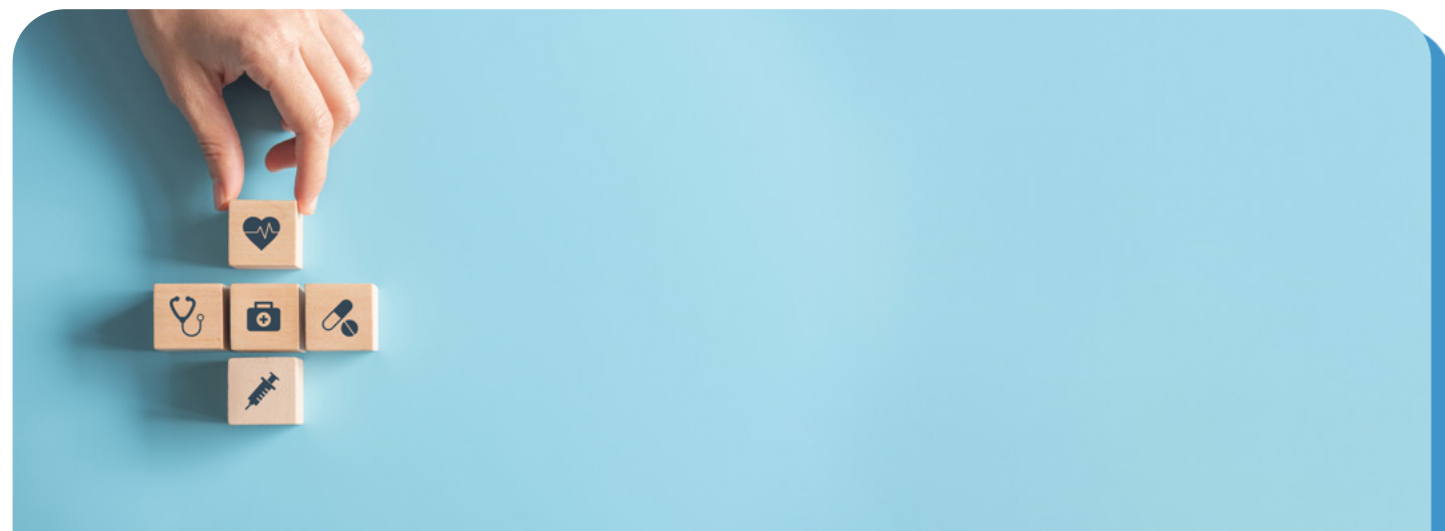
- A Tobacco Dependency Treatment Service launched in January 2023 which delivers on the NHS Long Term Plan commitment to offer NHS funded tobacco dependency treatment to patients who are admitted to hospital that smoke. With current funding, we are able to offer specialist support and medication to patients on ten wards; with this support, 47% remain smoke free four weeks later. This is in addition to existing support available for pregnant mothers who smoke.
- Maternity services have developed a dashboard breaking down indicators reflective of National Saving Babies' Lives Care bundle (such as low birth weight, stillbirths and premature birth) by equalities characteristics and deprivation. This will allow the service to proactively focus capacity on those at risk of the worst outcomes.
- The Healthy Child Programme service offers universal and targeted services to children aged 0-19, where there is huge potential for addressing root causes of health inequalities. The Information Team have worked closely with the service to ensure that uptake of mandated checks is high across different ethnic groups, deprivation levels, local authority wards and GP practices.
- Education is a key priority and work is ongoing to upskill the RWT workforce with the competencies, knowledge and skills necessary to address health inequalities in the patient population it serves; local e-learning materials have been produced.
- Across RWT Primary Care Network there are several schemes which focus on reducing health inequalities and reaching vulnerable groups, these include: liaising with the Refugee and Migrant Centre and hotel settings that house asylum seekers, homelessness outreach services, better use of interpreters and improving cervical screening uptake in younger women.



Some current projects across WHT include:

- A Smoking Cessation Service which delivers on the NHS Long Term Plan commitment to offer NHS funded tobacco dependency treatment to patients who are admitted to hospital that smoke. We offer specialist support and medication to patients. This is in addition to existing support available for pregnant mothers who smoke.
- The Healthy Child Programme service offers universal and targeted services to children aged 0-19, where there is huge potential for addressing root causes of health inequalities. The service works to ensure that uptake of mandated checks is high across different ethnic groups, deprivation levels, local authority wards and GP practices.
- As part of the Local Maternity and Neonatal System, Equality Diversity and Inclusion (LMNS EDI) midwife led work, a voluntary and community sector organisation have been supporting with a project, led by WHT, to provide advice and support for multiple women from Black and Minority Ethnic Groups around pregnancy, maternity and beyond birth. A total of 67 attendees have engaged with the initiative since it started in June 2023 across eight groups including Infant Feeding, Mental Health, Transition into Parenthood, Parenting Education, Birth and Beyond, Gestational Diabetes Education and Health and Social Support. This has increased the quality of care for pregnant women and research suggests it will have contributed to reduction in maternal and infant deaths. We will be building on this work over the next year and looking to poverty proof maternity pathways.
- An alcohol liaison team that works with patients who are admitted assisting with alcohol dependency.
- Our HR team have established a team of cultural ambassadors supporting equity in employment, in disciplinary processes and the staff networks.

The governance / delivery groups for the programmes of work sit in their relevant areas but will report into the Joint Health Inequalities Steering Group to ensure Trust has visibility of work that address issues relating to inequalities. The work of the Group will be supported by regular review using the published Trust Board Health Inequalities Self-Assessment Tool.



Objectives

Objectives	What success looks like
Formalise joint RWT/WHT Strategy.	Work to an agreed strategy in partnership across the Group that reflects our aspiration to understand and tackle health inequalities for the population we serve.
Create Health Inequalities report published in conjunction with Trust annual report that includes specific datasets as detailed by NHS England.	Prepare robust data sets required and format into a supplementary report to be published within 2024/25 in collaboration with the Integrated Care Board.
Increase engagement and awareness of Health Inequalities across the Trusts using the support of the Quality Improvement Team.	Staff feeling capable and confident to initiate work to address Health Inequalities within their areas.
Upskill the RWT and WHT workforce to identify and address issues relating to inequalities.	Staff feeling capable and confident to initiate work to address Health Inequalities within their areas.
Tobacco Dependency Treatment and Smoking Cessation Services	Continue and increase service provision to offer NHS funded tobacco dependency/smoking cessation treatment to patients who are admitted to hospital that smoke. Maintain quit rate post discharge in line with national average. Collaboration with Wolverhampton Public Health to introduce the 'Swap to Stop' campaign.
Maternity services	Continue to monitor progress through directorate groups and LMNS to include: <ul style="list-style-type: none"> • Consistently achieve 70% bookings by 10 weeks • Reduced smoking rate at time of birth • Expand Midwifery Continuity of Carer Model to focus within the most deprived locations within the city • Saving Babies Lives Care Bundle (SBLCB) delivery including reduce stillbirth rates. • Continuation of work with voluntary and community sector organisations through Walsall Together • Work with whg (Walsall Housing Group) to improve attendance at ante-natal appointments • Continue to increase the quality of care for pregnant women organising specific education groups • Implement poverty proof maternity pathways.
The Healthy Child Programme	Population health needs analysis to inform development and evaluation of the family hubs programme and Public Health commissioned services. Utilise and further develop 0-19 dashboard. Team to focus on subgroups with lower compliance rates to improve KPIs.

Objectives	What success looks like
RWT Primary Care Network; Accelerating Prevention	Align to Primary Care Framework (PCF) priorities for vulnerable populations and health equity priorities.
Research and Development	<p>Work with the University of Wolverhampton to create a better local economy by creating a clinical trials unit that benefits the local community.</p> <p>Creating a Black Country wide research data hub to understand the inequalities and their effects on various population cohorts with protected characteristics.</p> <p>Promotion of 'bench to bedside research' within our Trusts. This approach, which focuses on translating basic scientific discoveries into practical applications for patient care, has the potential to significantly improve healthcare outcomes.</p> <p>Publish the findings of the WODEN research project on reducing digital exclusion.</p> <p>Establish a digital exclusion framework for staff training to address issues identified in WODEN survey results.</p>
OneWolverhampton	To establish clear roles and responsibilities of the OneWolverhampton group and develop robust processes to ensure no duplication of efforts.
Walsall Together	To further integrate the work of the Trust into the wider health inequalities agenda.

Delivery Plan

Ref	Objective	Action	Owner	Deadline	Measures of Success
001	Formalise joint RWT/WHT Strategy	The strategy is to be completed and presented to the trust board for approval	Stephanie Cartwright	Autumn 2024	Board approval
002	Prepare robust data sets required and format into a supplementary report to be published within 2024/25 in collaboration with the Integrated Care Board	Public health support to review data that is required and work with relevant teams to ensure accurate capture and reporting in collaboration with the Integrated Care Board	Kate Warren/ Jonathan Odum/ Stephanie Cartwright	Spring 2025	Board approval
003	Increase engagement and awareness of Health Inequalities across the Trust	Collaborate with RWT and WHT Communications team to showcase and promote health inequalities work to increase awareness, education and empower staff to take action within their areas	Heidi Burn Helen Billings	Rolling programme of work.	Board engagement evaluated with the NHS Providers' self assessment tool Social media engagement Key message delivery in staff briefings
004	Upskill the RWT workforce to identify and address issues relating to inequalities	Collaborate with RWT Communications team to develop and launch training and education package to staff regarding Health Inequalities	Kate Warren Hannah Murdoch	Spring 2025	Uptake of e-learning module

Ref	Objective	Action	Owner	Deadline	Measures of Success
005	Tobacco Dependency Treatment Service Smoking Cessation	Work with local authority commissioned provider to provide smoking cessation services within the local community. RWT team to review referral criteria and use to supplement provision that RWT team do not currently support	Laura Harper/ Ami Whiston Alison Yates	Winter 2024	Number of quit attempts 28 day quit rate Proportion of quit attempts from 20% most deprived postcodes
		Collaboration with Wolverhampton Public Health to introduce the 'Swap to Stop' campaign		Autumn 2024	
		Development of a dashboard/IT system to support the delivery team to review data re inequalities to inform future provision		Winter 2025	
006	Maternity services	Expand Midwifery Continuity of Carer Model to focus within the most deprived locations within the city	Kate Cheshire	Spring 2026	Consistently achieve 70% bookings by 10 weeks
		Saving Babies Lives Care Bundle (SBLCB) delivery including reduction in stillbirth rates	Joselle Wright	Ongoing	Reduced smoking rate at time of birth
		Work with Walsall Housing Group and wider voluntary/community sector on increasing ante-natal attendance and implementation of poverty proof concept		Ongoing	Full implementation of the care bundle as monitored via the LMNS and NHSE

Ref	Objective	Action	Owner	Deadline	Measures of Success
007	The Healthy Child Programme	Population health needs analysis to inform development and evaluation of the family hubs programme and Public Health commissioned service	Kate Warren/ Kate Jenks/Jess Wood	Winter 2024	Full implementation of inequalities dashboard and service sign off
		Phase 2 developments for the 0-19 dashboard include building on the patient classifications and attributes with items such as breast feeding, universal plus, special education needs, children in need, social emotional and mental health scores and various other patient cohorts. These will be built into the dashboard as measured and filterable metrics which will also require user acceptance testing with the service and sign off	Sarbjit Uppal/Kate Jenks/Jess Wood Keri Christie	Winter 2025	
008	RWT Primary Care Network; Accelerating Prevention	Place-based engagement for Health Inequalities improvement including Rough Sleeper project and Asylum seeker access to healthcare. Primary Care group to agree measurable outcomes following PCF and funding agreement Website development: to include 'New to the UK' landing page to support vulnerable populations accessing healthcare Evaluation of Online Triage usage to evaluate potential inequity of access Engagement with OneWolverhampton to continue work and standards set out within CORE20PLUS5 including vaccinations and screening	Anna Stone	Ongoing Winter 2024 Rolling programme with each Practice to begin in Winter 2024 Rolling programme of work	Full evaluation reports published Audit against Core20plus5 framework

Ref	Objective	Action	Owner	Deadline	Measures of Success
009	Research and Development	Work with the University of Wolverhampton to create a better local economy by creating a clinical trials unit that benefits the local community	Tonny Veenith Sarah Glover	Ongoing	Publication of WODEN research in peer-reviewed journal Uptake of Digital learning resources
		Creating a Black Country wide research data hub to understand the inequalities and their effects on various population cohorts with protected characteristics			
		Promotion of 'bench to bedside research' within our Trusts. This approach, which focuses on translating basic scientific discoveries into practical applications for patient care, has the potential to significantly improve healthcare outcomes			
		Publish the findings of the WODEN research project on reducing digital exclusion. Establish a digital exclusion framework for staff training to address issues identified in WODEN survey results	Amy Palmer Alvina Nisbett Baldev Singh	Winter 2024	
Team to publish the findings of the WODEN project to support efforts in reducing digital exclusion		Winter 2025			
Framework for Digital Education and Training to be delivered by IT and Library Services with support from the steering group in promoting, uptake and evaluation		Ongoing			
Collaborate with the One Wolverhampton Digital Expert Group and Wolverhampton Digital Partnership to apply learning from the WODEN survey to patient groups					

Ref	Objective	Action	Owner	Deadline	Measures of Success
010	OneWolverhampton	As the One Wolverhampton (OW) Health Inequalities group develops RWT to gain more clarity on workstreams and bidirectional flow of information between groups. To establish clear roles and responsibilities of the OW group and develop robust processes to ensure no duplication of efforts	Heidi Burn	Spring 2025	One Wolverhampton Board sign off
011	Walsall Together	Further embed the WHT priorities into the place health inequalities programme to avoid duplication and enhance progress	Helen Billings	December 2024	Walsall Together Board sign off

NB. This Delivery Plan will be further expanded as the Health Inequalities Group extends across Walsall and deliverables are identified.

Risk and mitigations

Risk	Mitigation
Resource - there is no additional ringfenced resource to support the delivery of an inequalities programme	Prioritise our focus on high impact services, seek grant funding, disseminate leadership across organisations by embedding consideration of inequalities in quality improvement approaches
Limited impact – realistically, poverty and social determinants are the drivers of inequality. Much of our work is only mitigation, not addressing root causes, and therefore should be recognised as contributory.	Use our influence outside of the NHS to advocate for government action on wider determinants
Efficiency measures can widen inequalities – in a context of increasing demand and limited resources nationally, pressure to deliver efficient services is strong. Where capacity is not sufficient to meet demand, those experiencing inequalities often experience poorer experience and outcomes.	Ensure that where possible performance measures are disaggregated to examine differences by age, sex, ethnicity and deprivation.



**Care Colleagues
Collaboration Communities**