The Royal Wolverhampton NHS Trust (RWT) & Walsall Healthcare NHS Trust (WHT)
Group Trust Board Meeting– to be held in Public
Tuesday 19 November 2024 @ 10:00-12:45
GTG West Midlands Bearing Dr, Willenhall, Wolverhampton WV11 3SZ

Board of Directors Meeting - to be held in Public

Agenda No.	ITEM	PAPER REF	LEAD	PURPOSE	TIME
1	**Chair's Welcome, Apologies and Confirmation of Quorum**	Verbal	Sir David	To inform and assure	10:00
2	**Patient Voice (Royal Wolverhampton NHS Trust) - Vicky's Story**	Verbal	S Evans	To inform and assure	10:02
3	**Register of Declarations of interest**	Enclosure 3	Sir David	To inform and assure	10:17
4	**Minutes of the Previous RWT/WHT Trust Board Meeting held in Public on 17 September 2024**	Enclosure 4	Sir David	To approve	10:19
4.1	**Group Board Action Log and Matters Arising from the Minutes of the Trust Board Meeting held in Public on 17 September 2024**	Enclosure 4.1	Sir David	To update, inform and assure	10:21
5	**Chair's Report – Verbal**	Verbal	Sir David	To inform and assure	10:22
6	**Group Chief Executive's Report and Board Level Dashboard**	Enclosure 6	C Walker	To inform and assure	10:27
7	**Excel in the Delivery of Care (Section Heading)**				
7.1	**Group Finance & Productivity Committee (FPC) - Chair's Report for RWT and WHT**	Enclosure 7.1	J Dunn P Assinder	To discuss, inform, assure and approve	10:37
7.1.1	**Board Level Metrics – Performance Report for RWT & WHT**	Enclosure 7.1.1	G Nuttall	To inform and assure	10:45
7.1.2	**Group Chief Financial Officer Reports for RWT and WHT - Months**	Enclosure 7.1.2	K Stringer	To inform and assure	10:50
8	**Support our Colleagues (Section Heading)**				
8.1	**Group People Committee (PC) - Chair's Report for RWT & WHT**	Enclosure 8.1	A Heseltine J Hemans	To discuss, inform, assure and approve	10:58
8.2	**Group Chief People Officer's Report by Exception for RWT & WHT**	Enclosure 8.2	A Duffell	To inform and assure	11:06
8.3	**Quality Committee (QC) - Chair Reports for RWT & WHT**	Enclosure 8.3	L Toner	To discuss, inform, assure and approve	11:14

Agenda No.	ITEM	PAPER REF	LEAD	PURPOSE	TIME
8.4	**Chief Nursing Officer Reports by Exception**	Enclosure 8.4	D Hickman L Carroll	To inform and assure	11:22
8.4.1	**RWT Chief Nursing Officer - Skill Mix Review Report**	Enclosure 8.4.1	D Hickman	To approve	11:30
8.4.2	**Midwifery Services Reports by Exception for RWT & WHT**	Enclosure 8.4.2	Tracy Palmer J Wright	To inform and assure	11:35
8.5	**COMFORT BREAK (10 MINS)**				**11:43**
8.6	**Chief Medical Officer Reports by Exception for RWT & WHT**	Enclosure 8.6	B McKaig A Viswanath	To inform and assure	11:53
9	**Effective Collaboration (SECTION HEADING)**				
9.1	**RWT Charitable Funds Committee – Chair's Report**	Enclosure 9.1	M Levermore	To discuss, inform and assure	12:01
9.2	**RWT Charity Annual Report and Accounts**	Enclosure 9.2	M Levermore	To approve	12:06
9.3	**Black Country Provider Collaborative - Joint Provider Committee Update**	Enclosure 9.3	J Dunn P Assinder	To inform and assure	12:11
10	**Improve the Health of our Communities (Section Heading)**				
10.1	**Partnerships & Transformation Committee Chair's Report & Terms of Reference (formerly known as Integration Committee)**	Enclosure 10.1	L Cowley	To inform and assure & approve	12:16
10.2	**Group Director of Place Report by Exception for RWT & WHT & Terms of Reference**	Enclosure 10.2	S Cartwright	To inform and assure & approve	12:24
11	**Any Other Business**	Verbal	Sir David	To inform	12:32
12	**Questions Received from the Public**	Verbal	Sir David	To note	12:34
13	**Resolution**	Verbal	Sir David	To approve	12:39
14	**Date and Time of Next Meeting : Tuesday 21 January 2025**	Verbal	Sir David	To note	12:41
MEETING CLOSE					

Patient voice - Vicky's Story

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Employee	Current Role	Interest Type	Interest Description (Abbreviated)	Provider
Alan Duffell	Group Chief People Officer	Loyalty Interests	Member	Chartered Management Institute
Alan Duffell	Group Chief People Officer	Loyalty Interests	Member	CIPD (Chartered Institute for Personnel and Development)
Alan Duffell	Group Chief People Officer	Outside Employment	Interim Chief People Officer (Ended April 2024)	The Dudley Group NHS Foundation Trust
Alan Duffell	Group Chief People Officer	Outside Employment	Group Chief People Officer	The Royal Wolverhampton NHS Trust
Alan Duffell	Group Chief People Officer	Outside Employment	Group Chief People Officer	Walsall Healthcare NHS Trust
Alan Duffell	Group Chief People Officer	Outside Employment	Provider Collaborative HR & OD Lead	Black Country Provider Collaborative
Alan Duffell	Group Chief People Officer	Outside Employment	Member	NHS Employers Policy Board
Allison Heseltine	Non-Executive Director	Loyalty Interests	Son-in-law works as a Senior Electrical Engineer	Hydrock South West
Angela Harding	Non-Executive Director	Outside Employment	Director	Naish Mews Management Company
Angela Harding	Non-Executive Director	Outside Employment	Executive Operations Director, integrated retirement community sector (Replaces employment with the GDC)	Inspired Villages Group
Brian McKaig	Chief Medical Officer	Loyalty Interests	Trustee for the Rotha Abraham Trust which was set up to advance medical research and practice to benefit the population of Wolverhampton. (unpaid role)	Rotha Abraham Trust
Caroline Walker	Interim Group Chief Executive	Loyalty Interest	Interim Group Chief Executive	The Royal Wolverhampton NHS Trust
Caroline Walker	Interim Group Chief Executive	Loyalty Interest	Interim Group Chief Executive	Walsall Healthcare NHS Trust
Caroline Walker	Interim Group Chief Executive	Loyalty Interest	Advisor (non-paid)	Health Spaces
Claire Bond	Interim Director of Operational HR	No interests to declare		
Daniel Mortiboys	Operational Director of	No interests to declare		
David Nicholson	Chair	Outside Employment	Chairman	Sandwell & West Birmingham Hospitals NHS Trust
David Nicholson	Chair	Outside Employment	Non-Executive Director	Lifecycle
David Nicholson	Chair	Outside Employment	Visiting Professor	Global Health Innovation, Imperial College
David Nicholson	Chair	Shareholdings and other ownership interests	Sole Director	David Nichoslon Healthcare Solutions
David Nicholson	Chair	Outside Employment	Member	IPPR Health Advisory Committee
David Nicholson	Chair	Outside Employment	Advisor	KMPG Global
David Nicholson	Chair	Outside Employment	Senior Operating Partner	Healfund (Investor in healthcare Africa)
David Nicholson	Chair	Loyalty Interests	Spouse	National Director of Urgent and Emergency Care and Deputy
David Nicholson	Chair	Outside Employment	Chairman	The Royal Wolverhampton NHS Trust
David Nicholson	Chair	Outside Employment	Chairman	Walsall Healthcare NHS Trust
David Nicholson	Chair	Outside Employment	Chairman	The Dudley Group NHS Foundation Trust
Dawn Brathwaite	Non-Executive Director	Outside Employment	Consultant/Former Partner	Mills & Reeve LLP
Debra Hickman	Chief Nursing Officer	Nil Declaration		
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
Ms Fiona Frizzell (was Allinson)	Associate Non-Executive Director	Outside Employment	Family & 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
James Green	Operational Director of Finance	Non-financial interests (unremunerated)	Director of Company (the Company has never traded and will not trade whilst James is an employee at RWT)	I3 Consulting Limited
John Dunn	Deputy Chair/Non-Executive Director	Loyalty Interests	Member (unpaid)	Financial Recovery System Oversight Group
Jonathan Odum	Group Chief Medical Officer	Loyalty Interests	Group Chief Medical Officer	The Royal Wolverhampton NHS Trust
Jonathan Odum	Group Chief Medical Officer	Loyalty Interests	Group Chief Medical Officer	Walsall Healthcare NHS Trust
Jonathan Odum	Group Chief Medical Officer	External private employment	Private out-patient consulting for general medical/hypertension and	Wolverhampton Nuffield Hospital
Jonathan Odum	Group Chief Medical Officer	External Role	Chair	Black Country and West Birmingham ICS Clinical Leaders Group
Jonathan Odum	Group Chief Medical Officer	External Association Fellowship	Fellow of the Royal College of Physicians	Royal College of Physicians of London
Joselle Wright	Director of Midwifery	No interests to declare		
Julian Parkes (contract ended 14 April 2024	Non-Executive Director	Loyalty Interests	Daughter – Nurse in ED at Royal Wolverhampton NHS Trust	The Royal Wolverhampton NHS Trust
Julian Parkes (contract ended 14 April 2024	Non-Executive Director	Loyalty Interests	Trustee	Windmill Community Church in Wolverhampton
Julie Jones	Non-Executive Director	Outside Employment	CFO	Heart of England Academy
Julie Jones	Non-Executive Director	Outside Employment	Associate Director	Academy Advisory
Julie Jones	Non-Executive Director	Outside Employment	Member of Audit & Risk Committee	Walsall Housing Group
Julie Jones	Non-Executive Director	Outside Employment	Trustee	Solihull School Parents' Association
Julie Jones	Non-Executive Director	Outside Employment	Director of Leasehold Management Company	Cranmer Court Residents Wolverhampton Limited
Junior Hemans	Non-Executive Director	Outside Employment	Visiting Lecturer	Wolverhampton University
Junior Hemans	Non-Executive Director	Outside Employment	Company Secretary	Kairos Experience Limited
Junior Hemans	Non-Executive Director	Outside Employment	Chair of the Board	Wolverhampton Cultural Resource Centre
Junior Hemans	Non-Executive Director	Outside Employment	Chair of the Board	Tuntum Housing Assiciation (Nottingham)
Junior Hemans	Non-Executive Director	Outside Employment	Director	Libran Enterprises (2011) Ltd
Junior Hemans	Non-Executive Director	Loyalty Interests	Member	Labour Party
Junior Hemans	Non-Executive Director	Loyalty Interests	Business Mentor	Prince's Trust
Junior Hemans	Non-Executive Director	Loyalty Interests	Non-Executive Director	The Royal Wolverhampton NHS Trust
Junior Hemans	Non-Executive Director	Loyalty Interests	Wife works as a Therapist at The Royal Wolverhampton NHS	The Royal Wolverhampton NHS Trust
Junior Hemans	Non-Executive Director	Loyalty Interests	Second Cousin works as a Pharmacist at The Royal Wolverhampton	The Royal Wolverhampton NHS Trust
Junior Hemans	Non-Executive Director	Outside Employment	Director	Grizhem Holdings Ltd
Keith Wilshere	Group Company Secretary	Shareholdings and other ownership interests	Sole owner, sole trader	Keith Wilshere Associates
Keith Wilshere	Group Company Secretary	Loyalty Interests	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 (Ended Sept	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 (Ended 7 October 2024)	Member of the Education Focus Group (stood down as Chair)	Birmingham Commonwealth Association
Louise Toner	Non-Executive Director	Loyalty Interests (Ended 7 October 2024)	Member	Greater Birmingham Commonwealth Chamber of Commerce

Louise Toner	Non-Executive Director	Loyalty Interests	Member of the Advisory Board	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
Louise Toner	Non-Executive Director	Outside Employment	Professor Emerita, Director of the Wound Healing Practice Development Unit	Birmingham City University
Louise Toner	Non-Executive Director	Outside Employment	Professor Emerita, Director of the Wound Healing Practice Development Unit	BCU (paid via Pioneer Wound Healing and Lymphoedema Centres)
Louise Toner	Non-Executive Director	Loyalty Interests	Vice Chair	Vice Chair of the System Investment Committee of the
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 (Ended 30 Sept 2024)	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
Mary Martin	Non-Executive Director	Outside Employment	Non-Executive Director	Birmingham Womens and Childrens Hospital
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
Rachel Barber	Associate Non-Executive Director	Outside Employment	Independent Member - Misconduct Panel	West Midlands Police
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	Interim 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
Mr Edward Hobbs (left Trust 21 Oct 2024)	Chief Operating Officer/Deputy Chief Executive	Loyalty Interests	Father – Governor Oxford Health FT	Governor Oxford Health FT
Mr Edward Hobbs (left Trust 21 Oct 2024)	Chief Operating Officer/Deputy Chief Executive	Outside Employment	Director of Operational Improvement for Urgent & Emergency Care	NHS England
Mr Edward Hobbs (left Trust 21 Oct 2024)	Chief Operating Officer/Deputy Chief Executive	Loyality Interests	Sister in Law – Deputy Group Director of Nursing	Sandwell & West Birmingham Hospitals NHS Trust
Manjeet Shehmar (left Trust July 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 (left Trust July	Chief Medical Officer	Loyalty Interests	(Ended December 22) - Executive Member Association	Early Pregnancy Units UK
Manjeet Shehmar (left Trust July	Chief Medical Officer	Loyalty Interests	(Ended December 22) - Company Director	Company Director Association of Early Pregnancies Units
Manjeet Shehmar (left Trust July	Chief Medical Officer	Outside Employment	Private Practice	Little Aston Hospital Spire
Manjeet Shehmar (left Trust July	Chief Medical Officer	Loyalty Interests (non-remunerated)	First Aid Provision	RSSB Spiritual Organisation

MEETING OF THE GROUP TRUST BOARD MEETING –HELD IN PUBLIC
TUESDAY 17TH SEPTEMBER 2024 AT 10:00AM
GTG WEST MIDLANDS, WV11 3SZ

Members Present

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

Sir D Nicholson	Group Chair
Ms C Walker	Group Interim Chief Executive
Mr K Stringer	Group Chief Financial Officer/ Group Deputy Chief Executive
Mr J Dunn	Deputy Chair/Non-Executive Director, RWT
Mr P Assinder	Deputy Chair/Non-Executive Director, WHT
Ms R Barber	Associate Non-Executive Director, WHT
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 S Evans	Group Chief Strategy Officer
Ms S Evans	Group Director of Communications and Stakeholder Engagement
Ms F Frizzell	Associate Non-Executive Director, WHT
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
Prof L Toner	Group Non-Executive Director
Ms M Martin	Non-Executive Director, WHT
Mr K Bostock	Group Director of Assurance
Ms D Brathwaite	Non-Executive Director, WHT
Dr G Pickavance	Associate Non-Executive Director, RWT
Dr A Viswanath	Interim Chief Medical Officer, RWT

In Attendance

Mr K Wilshere	Group Company Secretary
Ms S Banga	Senior Operational Coordinator, WHT
Ms O Powell	Senior Administrator, RWT
Ms E Stokes	Senior Administrator, WHT
Ms J Wright	Director of Midwifery, WHT
Ms K Cheshire	Head of Midwifery & Neonatal Services, RWT
Dr J Tinsa	Member of the Public
Ms N Shared-Johnson	Care Group Manger- General Surgery, WHT
Mr R Purewal	Senior Healthcare Director, Precision Healthcare, Member of the Public

Dr Z Majid	Member of the Public
Ms O Conray	Member of the Public
Ms A Downward	Communications team RWT
Ms N Liddar	Member of the Public

Apologies

Ms A Harding	Associate Non-Executive Director, RWT
Ms T Palmer	Director of Midwifery, RWT

052/24	**Chair's Welcome, Apologies and Confirmation of Quorum**
	Sir David welcomed all to the Group Trust Board meeting held in public. Apologies were received from Ms Harding and Ms Palmer. He confirmed the meeting was quorate. **Resolved: that the apologies be noted and received, the meeting also be noted as quorate.**
053/24	**Patient Voice - Walsall Healthcare NHS Trust**
	Sir David mentioned one of the important things at the meetings was to reflect on issues of patient and staff story's and provide an insight of work being undertaken within the organisations. He mentioned all would have viewed the video which had been circulated. Ms Evans introduced the Patient Voice relating to a WHT patient who underwent surgery at the Trust. She said the patient had a gastric band fitted 15 years ago but required corrective surgery. The patient spoke highly of the positive service she had received at WHT. Ms Evans introduced Ms Sheard-Johnson. Ms Sheard-Johnson said it was a fantastic accolade for the bariatric service which was pioneered at WHT in 1992. She said the patient was referred via Oncology from RWT in October, was seen within three weeks, x-rayed on the day where issues with the band were identified and surgery was undertaken. Ms Walker thanked the team and said the team as a whole made the experience positive for the patient. She mentioned it was a reminder that everyone played a role in the outcome of patient care. Ms Shared-Johnson felt it came from the ethos and the environment within the Trust, the passion, service and care that was given to patients. She mentioned Dr Khan contacted the patient to check on her progress, which was positive. She said it was not only the bariatric team but the passion of the whole hospital which contributed to the positive care received by the patient. Mr Hemans felt it was a positive video to watch, to learn from and extend to both Trusts. Mr Hobbs highlighted the bariatric service was developed at WHT and was running in an integrated service. He mentioned there was opportunity to continue to develop and expand with the aim of ensuring Black Country patients that required bariatric surgery had access to it locally. Which he said was important to have through the Black Country Provider Collaborative (BCPC). Mr Hobbs thanked the team for all their hard work. Sir David said it reinforced the importance of teamwork which contributed to the great experience received by the patient and thanked the team involved. **Resolved: that the Patient Voice be received**
054/24	**Register of Declarations of Interest**
	Sir David confirmed there were no new or changed declarations pertaining to any items on the agenda. **Resolved: that the register of Declarations of interest be received and noted.**
055/24	**Minutes of the Previous RWT/WHT Group Public Meeting of the Board of Directors held in Public on 16 July 2024**
	No comments were raised for additions or alterations to the minutes. **Resolved: that the minutes of the RWT/WHT Group Public meeting of the Board of Directors held in**

	public on 16 July 2024 be approved as a correct record
056/24	**Board Action Points and Matters Arising and from the Minutes of the Board of Director Meeting held in Public on 16 July 2024**
	Sir David confirmed there was one action that had been completed. **16 July 2024/015/24** **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."* The item had been scheduled for the Joint Board Development Session taking place 17 December 2024 **Action: it was agreed the action be closed** **Resolved: that the update be noted and the action be closed**
057/24	**Chair's Report – Verbal**
	Sir David highlighted today was Mr Hobbs last Board meeting prior to him commencing his new position at Shrewsbury and Telford NHS Trust. He thanked Mr Hobbs for all his hard work at WHT and wished him well. He also mentioned Prof. Toner was retiring from Birmingham City University (BCU) following 16 years of service. He mentioned she had made a fantastic contribution to BCU and to the services provided to the Trust. Sir David said it was World Patient Safety Day and highlighted the importance of reflecting on patient safety. He highlighted the publication of the report by Lord Darzi of three acts over the next 6 months which included diagnosis. He felt there was no surprise with the diagnosis from the report and felt the NHS was not broken. He said the next act was the budget which would identify short term issues, and the third act was the NHS plan. He said investment in community care was a key building block. He felt the NHS should own the issues and challenges that it had, as it would be the responsibility of individual originations to ensure changes were made. **Resolved: that the Chair's verbal report be received for information and assurance.**
058/24	**Group Chief Executive's Report and Board level Dashboard**
	Ms Walker introduced the report and said it contained two dashboards on the overarching performance of both Trusts. She said the dashboards highlighted positive delivery of performance, operational standards and safe and effective care. She confirmed plans were in place where improvements were required plans. She said cancer performance was delivering to plan together with plans to deliver no patients waiting over 65 weeks in line with the national requirements. Ms Walker mentioned there was focus on finance and delivering good operational performance. She also confirmed winter plans were being worked on. She mentioned the opening of Midland Metropolitan University Hospital (MMUH) and confirmed plans were in place for implications of its opening. Ms Walker welcomed the Dazi review which she felt would provide momentum to continue and shape the 10 year plan. She finally mentioned the Board paper contained Terms of reference (ToR) for both Trusts for the Trust Management Committee (TMC) which required approval. She said the meeting was still being held separately but work was being undertaken to try to align agendas. Ms Walker finally thanked Mr Hobbs for his work within WHT. Sir David asked what degree of confidence and support was available to enable the Trust to deliver on

	cancer. Ms Nuttall said the Trusts were achieving trajectories on what they said they would deliver, the plan had been agreed internally with the Integrated Care Board (ICB) together with NHS England at regional and national teams. She mentioned the expectation was to achieve 70% of patients that needed to be seen within 62 days. She advised it was anticipated the Trusts would achieve the national target by end of January. She highlighted there were risks within the system in terms of receiving mutual aid and risks for individual organisations which were an amber/green plan. She said external support for 2 specialties urological and gynaecology was not available nationally. She confirmed there was financial support which assisted with improvement with diagnostic pathways and turnaround times for histopathology. Sir David asked how much financial support was provided. Ms Nuttall advised £1 million had been received, some of which had been received nationally and some was regionally allocated funds. Sir David asked if there had been cooperation by other Trusts within the Black Country. Ms Nuttall confirmed that there was cooperation and said that the Trust was dependent upon the timings of referrals coming through. She mentioned an action plan was being monitored. Ms Barber asked if morale within the Organisation was in a positive position. Mr Duffell mentioned the score card for staff surveys were reported through Workforce Race Equality Workforce Disability, Equality and various other metrics which come through the Group People Committee. He said the figures were yet to be collated and would then need to identify how that incorporated within the frameworks. He said daily work was required on moral which stemmed from good leadership and ensuring Mangers were skilled. He said it was important that leadership teams worked collectively together and also recognised achievements of staff. Sir David highlighted the importance of ensuring staff felt supported by the Trust. Lord Carter said that whilst certain aspects of the NHS were broken it was not the case at Wolverhampton. Sir David said he thought it was important to note that whilst there were significant issues for the NHS as a whole, it was not 'broken' in Walsall or Wolverhampton. Lord Carter said he recognised that and voiced concern around similar language being used when communicating with staff." **Resolved: that the Group Chief Executive's Report be received for information and assurance and the Terms of Reference for RWT and WHT TMC be approved**
	EXCEL IN THE DELIVERY OF CARE (SECTION HEADING)
059/24	**Group Finance & Productivity Committee (FPC) - Chair's Report**
	Mr Assinder introduced the report and said the Committee had met on a number of occasions and reviewed in detail in year performance, Cost Improvement Plan (CIP) and the exercise to reflect the regarding of Band 2 to Band 3 staff. He mentioned the cash position was also reviewed together with activity, waiting time performance and standards. He confirmed overall both Trusts had a successful 1st quarter. He highlighted the plan in the 1st quarter 1 was less demanding than it would be forfuture quarters. Mr Assinder said in month 4 both Trusts were not within the plan and by the end of Julywere £2 million off as a Group. He highlighted the key drivers were consistent at both Trusts, one being unfunded industrial action. He mentioned both Trusts were not on target for the workforce plan in terms of trajectory to move to a reduced level of staff of approximately 300 people by the end of the year, of which some related to back filling of industrial action. He said in terms of delivering CIP it was

	off target in the first 4 months of the year with around £300,000 adverse to the position mainly at RWT. He reported there was significant efficiency ask in the plan approved as a Group with approximately £20 million reported which was unidentified. He said more work was required on efficiency challenge. He highlighted the cash position was positive and suppliers were being paid in good time. He said WHT had received support from the Centre in quarter one and would also receive support in quarter two, RWT would receive support in quarter 3. He mentioned an exercise had been undertaken to identify rebranding of clinical staff from Band 2 to Band 3. He said just under 800 staff were identified at RWT and 300 people at WHT. He confirmed work was in progress to identify an appropriate process with Staff Side. He said there was a significant financial challenge to deliver that which was estimated at £1.4 million additional costs. Ms Assinder mentioned performance in waiting time targets for urgent and emergency care was amongst the best in the Country and the Trusts were performing in upper quartile levels against all the metrics in emergency care provided. He said the Trusts were seeing an increase of approximately 21% in activity compared with pre Covid. He advised RWT mitigation strategies around cancer were reviewed and it was felt positive strategies were in place. He said cystoscopy backlog issues at RWT were also reviewed and assurance was provided that mitigation strategies were in place. He finally asked the Board to approve the revised ToR and thanked Mr Hobbs for his contribution with FPC. Ms Martin said the majority of scrutiny work occurred within Subcommittees. She mentioned it was highlighted that there were two plans where more work was required, being the CIP plan and the Workforce plan. She said they were intertwined, and key was control of the use of bank staff. She asked if the Committee were assured that processes for controlling the use of bank staff were highlighted within the numbers. Mr Assinder confirmed the Committee had reviewed in detail the processes with bank staff and was satisfied they were being followed. He mentioned the benefit of that process was not as yet been seen in delivering the People Plan and the Trust was 300 of staff above the plan. He said this was due to the impact of industrial action together with sickness, recruitment and retention issues. Ms Martin felt it would be difficult to deliver on the plan and achieve the trajectories which raised concern with risk levels of the Trust. Sir David said that was correct and there would be more clarification once the Finance and Workforce report was discussed during the Board meeting. Mr Dunn said there was concern about looking forward from performance and there was positive performance during quarter 1 on delivery of services. He felt key issues were, there was continued work required in efficiency and meeting the reduction in bank together with ensuring focus on numbers of staff. He said during the next FPC meeting, plans were to be reviewed in detail to ensure they were strong and needed to be delivered by the Trusts. Sir David asked if the Trusts would be reimbursed for costs of the industrial action. Mr Stringer confirmed he had been advised at a national level costs for industrial action would be funded on the same bases as the previous financial year. He said costs would be received through the Integrated Care Board (ICB) with some Electronic Recovery Fund (ERF) support by reducing the target. He mentioned money had not as yet been received but guidance was that funding was to be provided. Mr Stringer introduced the report and said high cost drugs for RWT were in variance due to the block contracts and felt a conversation was required with the ICB around pressures that were being experienced. He said forecast year end and a detailed piece of work was being undertaken at both organisations which was being led by the Executive teams. He highlighted the cash position was challenging with most of the cash applications going in on a monthly basis and were effectively being cut. He said the pressure was being kept on the front line to ensure the CIP and the plan were being delivered. He mentioned it was not effecting suppliers and there was a push back for deficit funding for

	the system. He finally said there was allocation at the centre and agreement of that was awaited by the Treasury which should release the funding application. Mr Hemans asked if settlement for junior doctors (now known as Resident Doctors) was cash backed or would cash have to be identified for the settlement of pay. Mr Stringer said there was an assumption that all pay awards would be fully funded. He mentioned the agenda for change payment for staff was anticipated to be paid in October of 5.5% increase and would include back pay. He said this would be offered as staggered payments for some staff should they require it, in order for them not to be financially penalised by family circumstances i.e benefits which they may be in receipt of. **Resolved: that the Group Finance & Productivity Committee (FPC) - Chair's Report be noted and the ToR for FPC be approved**
060/24	**Chief Operating Officers Reports for RWT & WHT and Performance Dashboard**
	Ms Nuttall introduced the report and highlighted the contract of the removal of Reinforced Autoclaved Aerated Concrete (RACC) from the main outpatient building was to be presented at Private Board for approval. She said work had commenced on evacuating and relocating services from the building. She mentioned details of the revised location was being communicated clearly to staff and patients. She advised the first piece of work commenced at the beginning of September and volunteers were used to ensure patients who arrived in the building were safely escorted to their new location. She said the second phase of relocating patients was to commence at the end of September. She also mentioned the programme of capital works would commence at the beginning of October and was forecasted to take approximately 9 months. Ms Nuttall highlighted an extension of 6 month was requested and granted for the completion of fire works required at Cannock Chase Hospital, following receipt of fire notice received in December. She said the extension was requested due to delays with contractual elements. She highlighted improvements to fire safety were paramount and support measures were in place to ensure the hospital was safe. She confirmed the Trust was working closely with Staffordshire Fire Service. She mentioned the fire service were assured with the action plans and safety of the organisation. Ms Nuttall finally mentioned the Annual Emergency Planning Guidance for RWT was submitted and had received partial assessment around Emergency Planning Measure. She said the Trust had submitted a plan which was still subject to external scrutiny and improvements were anticipated. Mr Hobbs introduced the WHT report and said the annual core standards were submitted for the Emergency Preparedness, Response and Resilience (EPRR). He mentioned last year WHT was rated non-compliant and this year there was an expectation of a partial compliance. Mr Hobbs assured the Board preparations were in place for the impact of the opening of MMUH. He highlighted the risk of developing this year's Winter Plan this, should there be full impact of attendances from the Sandwell Borough and should that combine with a challenging winter. He said WHT could be placed at risk. Sir David asked what the issues were with the EPPR for WHT. Mr Hobbs advised the core standards required a large amount of documentary evidence and last year WHT did not have ability to provide the documentary evidence of compliance. He said extensive work had been completed on EPRR and the Trust was confident that it was now in a positive position. Sir David asked if there were any concerns to this. Mr Hobbs confirmed there were no concerns from an operational perspective.

	Ms Walker highlighted to the Board that the risk of harm, should there be a problem with the roof, had reduced the risk on the Trusts Risk Register for RAAC by the evacuation of the building which was positive progress. **Resolved: that the Chief Operating Officers Reports for RWT & WHT and Performance Dashboard be noted**
061/24	**Audit Committee**
	Ms Jones mentioned Audit Committees were operating as two separate Committees for both Trusts. She said a verbal update was provided today as RWT Audit Committee meeting took place 7 days prior to the Board meeting and a written report was not available. Ms Jones highlighted the meeting was a closed session with the attendance of three sets of auditors, without management present. She said it was a useful session as it allowed for questions to be asked that were important which the auditors may not have felt confident to share in front of management. She said there was a hope that such a situation would not arise as it would be symptomatic of a poor relationship between the Trust and its auditors. She mentioned it was a positive conversation and the internal auditors RSM advised they had always found willingness within the Trust to use internal audit constructively to help the Trust improve. Ms Jones highlighted three reports had concluded through the internal audit work, two which were given reasonable assurance, a positive assurance which were data quality and consultant job planning. She said there was partial assurance on the review of the procurement framework. She mentioned the results from the consultant job planning were positive in respect of value for money and in view of the CIP targets in place. She said some work was required but RWT were confident that controls were in place to allow the work to continue. She said there was partial assurance on review of the procurement framework. She mentioned actions were in place which to which work was being undertaken which would help improve how procurement was governed. Ms Jones mentioned the updated NHS audit Committee handbook, updated in March was reviewed at the meeting. She said the Committee looked particularly at the quote from the handbook "*that our audit Committee should bring independent and objective oversight of an organisations arrangements for governance, risk management and internal control protecting the interest of the stakeholders".* She said the Committee was confident that the membership of the Audit Committee allowed the independence but some actions had been identified and would be shared with the Board as to how that could be strengthened. She reassured the Board that the work of the Committee was robust as it could be. Ms Martin mentioned the WHT Audit Committee meeting took place 8 days ago, therefore a verbal update was provided today. She said a closed session with the external auditors also took place which provided the Committee with assurance that the internal auditors were working well with the stakeholders internally. She said as they were new external auditors they were unable to explore the relationship the same way but were assured work was underway for the preparation of this years annual audit. She highlighted there were areas of concern one being, there was no follow up on the recommendations from internal audit reports as swiftly and clearly as required. Ms Martin outlined this was partly due to the loss of key people that managed the process internally. She said the Committee had asked for assurance that someone be identified to keep it on track and there be an updated report by the next meeting in December. She confirmed an exercise was conducted around conflicts of interest and decision makers within the Trust. She said there was disappointment with the level of response. She said the Committee felt if needed to referral to HR and People Committee to be incorporated within people's annual review that staff complete the annual response to conflict of interest request. Ms Martin advised there was a governance report where one area for WHT that CQC demanded that the duty of candour statistics be provided within scope had not been achieved. She mentioned work had been undertaken but were told more was required, which was due to education. She said the Committee had encouraged more training be undertaken for staff involved. She finally

	mentioned there was a positive report from the cyber team with the positive collaborative working of RWT and WHT who were offering 24/7 cyber support to the whole organisation. Sir David asked whether the WHT Audit Committee had a similar conversation about "independence". Ms Martin said the Committee did not have this conversation and would review the notes from Ms Jones following their discussion at RWT's Audit Committee meeting, and identify whether WHT could apply the same. **Resolved: that the Audit Committee verbal updates for RWT and WHT be noted.** **Action:** Ms Martin to liaise with Ms Jones to obtain notes following the discussion which took place at the last RWT Audit Committee meeting on "independence of Committee members" from reviewing the NHS audit Committee handbook.
062/24	**Quality Committee**
	Prof Toner introduced the two separate reports for RWT and WHT as they were still two separate Committees. She said the ToR had not been reviewed as further work was being undertaken to align the reporting of sub-Committees who reporting to the Quality Committee with both Trusts. She said the Trust was an outlier in terms of the stroke mortality metrics between 21/23 and it was decided that an external review would be requested. She highlighted a review was to take place on 28th and 29th November led by Kings College. She mentioned the stroke metrics were monitored monthly. Prof Toner advised the introduction of the Patient Safety Response Framework had taken place and Black Country ICB would be attending the Trust to undertake an audit. Prof Toner said a letter was received from the National CQC team informing of an investigation of a baby's death that occurred in 2023. She confirmed the baby's death had been through all the normal processes at the time. She also mentioned the special care baby unit had to be relocated into the anti-natal ward due to building works. She highlighted there was an increase in the level of risk in terms of the scanning capacity of foetal movement. She said this was a national, local and regional issue which needed to be addressed. She finally mentioned the Committee approved the Health and Safety Annual report at the meeting held in July. Sir David asked who had been commissioned to undertake the Stroke audit Prof Toner said the audit would be undertaken by Kings College whom worked with Royal College of Physicians (RCP). Dr Viswanath said the ToR was agreed with the college, they were undertaking independent reviews of case notes and additionally looking at the stroke pathways, together with reviewing the governance structure. Prof Toner said the Trust would also be undertaking its own internal review which was being conducted in advance of the RCP review. Prof Toner introduced the WHT report. She said following CQC's adult inpatient survey in 2023 it was identified the Trust was an outlier due to performance being worser than expected. She advised a workgroup had been created to develop an action plan. She highlighted there was no Responsible Clinician for Mental Health Services both at RWT and WHT which meant both Trusts could not detain mental health patients. She also alerted patient acuity in post-natal wards was red. Prof Toner highlighted 13 remaining actions were left open out of 125 of the CQC action plan which was positive. She said it was identified that the compliance of the statutory duty of candour had still not been met but was being audited monthly through the learn and response panel, and confirmed a plan of education was in place. She highlighted the General Medical Council (GMC) survey results identified that WHT was 4th in the country for aseptic and gynaecology training which was positive news together with the decrease of the mortality rate. She advised ICB were to attend WHT to complete a review of PSIRF and visit the community, and community paediatrics teams on 1 October.

	Ms Martin asked what the escalation route was and how it was to be resolved, not having a responsible clinician in Mental Health for both Trusts as it had been an issue for a number of months. Dr McKaig said it had been escalated to the ICB who were overseeing the issue. Mr Dunn asked about plans to bring the two Committees together. Prof Toner mentioned there were differences within Committees at both Trusts. She said initially the first plan was to align Committee structures beneath the Quality Committee where agendas could be identical and once that had been undertaken could then look at aligning the Committees. Mr Dunn felt this needed to be undertaken as there were lots of key learning by bringing the two Committees together and asked when it was anticipated they would combine. Prof Toner agreed and said if the information was received in September in terms of infrastructure below then it could be identified how that impacted on Quality Committee and how it could be brought together. Ms Frizzell asked if patients who attended the hospital that needed to be detained were being looked after. Dr McKaig advised most detainments occurred under section 5.2 which could be put in place by a Medical Doctor. He said those patients could be held for 72 hours. He mentioned the concern and risk around the Responsible Clinicians were for those who were detained under section 2.3, where patients were held much longer and had been held technical illegally without a Responsible Clinician. He mentioned patients could still be detained but there was a risk as they were not being detained within the conditions. He said the Trust was close to resolving this and would then be in line with the statutory requirements. **Resolved: that the Quality Reports for RWT and WHT be noted**
063/24	**Chief Nursing Officer's Report by Exception**
	Ms Hickman introduced the report and said RWT was one of the last to go live with the Right Care Right Persons, a national directive in the Midlands. She said it was planned to go live on the 1 October. She confirmed work had been undertaken as an acute organisation in terms of policies, procedures and education for staff. She mentioned there were some challenges around availability of the 136 suites and provision of Mental Health support, to which ongoing work was being undertaken. She said internally the Trust was doing everything possible but was reliant on stakeholders. Ms Hickman mentioned the trajectories for the avert organism reporting in relation to infection prevention had been received. She highlighted there was an increase in all trajectories for *C-Difficile*, E.coli and Graciella and the only one to remain the same was pseudomonas. She mentioned the previous year the Trust was unable to decant and deep clean the hospital but this year was on track. She said this could not be done as a full ward decant and had to be done halfway which had been compounded with capacity and flow. Ms Carroll introduced the report for WHT and said the Trust was involved with right care right person and were aligning policies. She mentioned the Trust also had similar discussions with acute providers across the Black Country. She said trajectories had been released and there had been 87 *C-Difficile* cases throughout the year with a reduction of 4 cases in July. Ms Carroll said WHT had been able to decant and deep clean. She highlighted there was a concern going into the next financial year as there would be a loss of decant facility due to MMUH. She assured the Board there was clear plan for Mpox. She also mentioned there had been an increase with Multi-agency safeguarding hub (MASH) activity which had impacted on the Safeguarding team, concern had been shared with the ICB who were looking at support which may be required. Prof Levermore asked if there was assurance that suitable Personal Protective Equipment (PPE) would be available should the case be that Mpox spread into the region and if not, what needed to be done.

	Ms Carroll confirmed there were pathways that went through the Emergency Department where there would be a cubical designed with all kits available. She said the Trust had to order in hoods and boots to ensure kit was available and if there was a case confirmed it would be transferred to specialist units from the Emergency Department. She advised there were issues around training and the use of PPE. She mentioned there was recommended training from NHS England which was at a cost and the Trust had to identify alternatives and had support from the regional Infection Prevention Control (IPC) lead together online training, together with practical training with the IPC team. Ms Muflahi asked what mitigation was in place for the loss of the decanting facility and what impact it could have on patient care. Ms Carroll said there was a hierarchy for the level of decontamination on an ongoing basis. She mentioned there was the ability to do part decant which had previously been undertaken. She confirmed mitigation was in place. Ms Muflahi asked what support was available nationally as she felt it was an upwards trajectory. Ms Carroll said it was a national issue. She confirmed there was a task and finish group working at a regional perspective. She said an increase had been seen with the use of antibiotics, there was work being undertaken with primary care. Ms Hickman said that nationally the picture was difficult to understand. She said *C-Difficule* was the bottom line, there were changes in lifestyle and changes in communities. She mentioned considerable work was being undertaken nationally to try and understand the position. Ms Cowley asked if there were any risk assessments for staff regarding Mpox. She also asked what the capacity was for the Right Care Right Place 136 suites in the Black Country as she was aware there were capacity issues and did it compare the number of patients presenting at the acute Trust. Ms Hickman said in terms of Right Care Right Person and the wider access to the 136, which was a mental health provision, the place of safety within a mental health setting. She mentioned there was an issue in conveyances from police cells into 136 and the utilisation of the 136 suites. She advised all analysis work was being led by Black Country Mental Health partners in terms of understanding and education to ensure the suites were used correctly. She said there was more than one stakeholder involved. Sir David asked about the implications for the Trust. Ms Hickman said as the police conveyed patients to the ED Department or there were vulnerable patients coming into the ED Department if the provision was not available at the time it meant that those individuals were in an area of care which would be inappropriate and they would spend longer within ED. She mentioned it was how the Trust supported and worked together to ensure those individuals received the right care in the right place. She said that was why it was important to work with providers to understand the pathways and ensure the correct pathways were available for patients to be referred to. Sir David asked whether the issued needed to be escalated. Ms Hickman advised it was being escalated and was an ongoing issue. Ms Waker said she had raised the issues with the ICB and had been asked to raise it directly with the Mental Health Trust. She mentioned a meeting had been scheduled for her to meet with the Mental Health Trust. Ms Carroll said from national guidance they had been advised that Mpox was prevalent and had said that if staff were unwell they did not come into work. She mentioned managers had a check list to

	follow as a return to work. Mr Dunn mentioned both Trusts worked closely together and said the reports were separate. He asked if benefits of working within the group and areas where they crossed the Trusts could be included in the report. Ms Carroll said there were separate reports as issues for both Trusts were different together with data. She said there was the joint quality framework which was reported on a quarterly basis which showed all the work done jointly. Mr Dunn asked whether it could be amplified for the Board to view. Ms Carroll said she would review this. Ms Brathwaite asked about safeguarding with the increase of MASH referrals going to the ICB and asked for reassurance around timescales. Ms Carroll said national activity was a standard piece of work that safeguarding were expected to contribute to. She said it was highlighted to ICB, 3 months ago and had since seen a sustained increase. She mentioned a report was shared with the ICB and there was no timescale from them. Ms Martin said on the biannual skill mix review for WHT the recommendation mentioned workforce indicators were stable. To which she felt meant that WHT required the current substantive workforce to remain as it was. She asked how it interplayed with the workforce plan for finance where reductions were assumed. Ms Carroll said that the evidence showed the Trust what was required and was sited around the evidence. She said the clinical workforce was protected within the current plan. **Resolved: that the Chief Nursing Officer's Reports by Exception for RWT and WHT be noted, the WHT Bi-Annual Skill Mix Report be approved** **Action:** Ms Carroll to identify whether the Chief Nursing Officers reports could be amplified for Board. **THERE WAS A BREAK AT 11:40 TO 11:50**
064/24	**Midwifery Services Reports by Exception for RWT & WHT**
	Ms Cheshire introduced the report for RWT and highlighted there continued to be an increase in bookings and births, together with an increase with clinical complexities and safeguarding complexities. She said there was a strong position with workforce plans and new students were to qualify in the next few weeks and join RWT which would take the Trust back to the birthrate plus position of 2022. Ms Cheshire advised a further birthrate plus assessment was to take place this year. She mentioned the positive position with students wanting to stay within the services and taking reduced hours to enable them to stay. She said there was minimal vacancy against budgeted establishment. She highlighted there was focus on getting nurses trained in speciality and retaining those staff which was positive. She said a 15 steps assessment took place yesterday in all departments including the neonatal service and the report was awaited. She finally mentioned feedback provided suggested improvements that were being worked on and that it was warm welcoming and a nice atmosphere. Prof Toner said it was a positive experience and 2 comments that came out of the assessment were about signage within the unit and the ability to have translators. Ms Cheshire said there was a signage plan around letters and numbers. She mentioned women during pregnancy knew where they were going by the name but did not know what department numbers they were. She said work was required on signage so it was easy to understand Ms Wright introduced the report for WHT and said the Trust had recently redone their signage with symbols. She mentioned staffing levels were stable. She said there was a recent birth rate plus report in 2024 which took place every three years. She mentioned the report showed variants with staffing

	and it was going through an internal process. She said the backing compliance was looked at which was the paediatric and neonatal compliance for staffing within the units and WHT was not compliant every month. She highlighted an action plan was in place which was fed to the local maternity system and reviewed. Ms Wright said the Royal College standards of obstetrics and gynaecology around staffing had been met and were met regularly. She highlighted WHT were an attractor for staffing around obstetrics and gynaecology due to the training and innovation offered at the Trust which was positive. She said the department had received positive feedback from patients. She mentioned there were issues in the environment on the post-natal ward which was being reviewed. Ms Wright advised Clinical Negligence Scheme for Trusts (CNST) requirements were overall amber and CNST concluded the period of compliance concluded in November. She said there was concern with professional group and training which was being addressed and had noted that the maternity voices partnership lead was moving on to train as a midwife which left the Trust with a gap which required filling. She mentioned work was being undertaken to resolve this. She said there was one case of Healthcare Safety Investigation Branch (HSIB), now known as Maternity and Newborn Safety Investigations Programme (MNSI) which was being formally investigated. She said the baby was well, but it was a parent's choice if they wished it to be formally investigated. She finally mentioned the perinatal mortality rate had decreased over the last 8 months in terms of stillbirth and overarching neonatal death. Mr Assinder asked how WHT would commence aligning CNST prompt training. Ms Wright highlighted this had been to the Chief Medical Officer and the Divisional Director of Surgery and had done so on a couple of occasions. She felt this issue occurred each year. She said she had contacted other Trusts to identify if they had the same issues and it was mentioned they included the anaesthetic team, in training. Sir David asked if RWT had the same issue. Ms Cheshire confirmed it was an issue. She said it was due to anaesthetic colleagues that were on the obstetric rota and as there they did not have access to the designated obstetric rota 24/7 as it sat within the main rota, the department was expected to get anaesthetics through training whom very rarely attended the maternity department. Ms Wright said when the original document was released for CNST compliance was reduced to 75% and it was recognised that the anaesthetic teams were struggling to engage. She said another document was then released which mentioned 90% compliance was required. She mentioned last year a day was held where aesthetic colleagues, midwifes and obstetricians were involved and going forward the goal should be to get the anaesthetist onto the delivery of the training. Ms Muflahi mentioned she attended a maternity walkabout and she spoke to a sonographer, a medic and a patient. She said the patients observed the team moral and cohesiveness which was positive. Ms Toner said she had also undertaken a walkabout at WHT maternity department and three Health Care Support Workers had joined the department from being domestics to progress which was positive. Ms Wright said culture had fed into the decline of perinatal mortality rate and without culture it would not have occurred. She said that culture was still something that was being worked on. She felt without good culture a positive outcome could not be achieved. Sir David said both Trusts needed to consider when preparing reports how each Trust was learning from each other. He mentioned this was one of the benefits of bringing the two organisations together.

	Ms Hickman said the quality framework between nursing, midwifery and AHPs was a joint piece of work which was why reports emulated each other. She said there was also shared learning across the Black Country. Ms Wright advised when she and Ms Palmer met together to prepare the reports, the reports were formulated around the National Single Delivery Plan which had similarities but said would ensure going forward the reports were clear for forthcoming Board meetings. **Resolved: that the Midwifery Services Reports by Exception for RWT & WHT be noted**
065/24	**Chief Medical Officer Report by Exception for RWT & WHT**
	Dr McKaig introduced the report for WHT and said there was a complex case at phase 2 in process due to be completed by the end of October. He mentioned there should be final report to share later in the year. He mentioned there had been improvement in colorectal cancer work due to short terms metrics being within standards. He advised undergraduate and postgraduate reviews were in a positive position. He said there had been GMC training issues around microaggression, and discrimination. Dr McKaig also mentioned the mortality position at WHT was in a positive position with the Summary Hospital-level Mortality Indicator (SHMI) being at 0.953. He mentioned there would be a change in the way Same Day Emergency Care (SDEC) metrics fed into the SHMI which would result in discrepancies within the SHMI. He finally said there were two annexes to his report that required approval, statements of revalidation compliance for RWT and WHT to which he was the Responsible Officer for both Trusts. Dr Viswanath introduced the report for RWT and said the Division was supporting the Directorate with improvement work whilst awaiting the review from the Royal College of Physicians. He mentioned the SHMI was in a positive position of 0.953. He also mentioned there was a change in methodology in how the SHMI was calculated. He said there was a reduction in expected deaths. Dr Viswanath mentioned following the GMC survey at the Trust, the scores were static and tied in well with improving lives for doctors for which guidance had been received from NHS England. He finally mentioned within RWT there was a medical education team and working group which was looking at the issues identified within the GMC survey report. Mr Dunn asked whether there was any key learning that both Trusts could take from each other. Dr McKaig said collaborative work was taking place and there was the same work around medical workforce and productivity together with the aligning of revalidation appraisal systems, policies and processes. He mentioned it was a cohesive group and with the new CMO commencing with WHT that ongoing work would continue. Mr Dunn felt it would be helpful to see the benefits within the reports to Board. Dr McKaig said that could be done for future meetings. Prof Levermore asked if there was a gender issue or ethnicity issue around the reporting of microaggression and civility issues. Dr McKaig advised the individual numbers reported back were small and anomalised and therefore difficult to identify the cause. He said what was seen through the staff surveys was that there was microaggression where prevalent throughout the organisation. He advised significant work was required and ongoing work was being undertaken on how to educate people and how to allow respectful challenge. **Resolved: that the Chief Medical Officer Report by Exception for RWT & WHT be noted and the Annual Revalidation and Appraisal Statement of Compliance for RWT & WHT be approved**
066/24	**Group Director of Assurance Report by Exception for RWT & WHT**
	Mr Bostock introduced the report and said WHT had received a CQC rating of good following the complaints management in the Emergency Department. He advised the Health and Safety Executive had formally written and stated there were no material breeches in relation to the aggression legal injury management. He said for RWT the coroner had directed a regulation 28 prevention of future

	deaths report at the Trust which was believed to have been misdirected and should more appropriately been applied to the Mental Health Trust. He confirmed this had been referred back to the coroner to ask for reconsideration. Sir David asked what the issue was with the future deaths report. Mr Bostock said it related to the suicide of a patient that was released from custody at a police station. He mentioned the patient had previously been to the ED and had not received what the coroner believed was an adequate mental health assessment. Sir David said this reflected on the conversations earlier at Board on mental health issues. **Resolved: that the Group Director of Assurance Report by Exception reports for RWT & WHT be noted**
	SUPPORT OUR COLLEAGUES (SECTION HEADING)
067/24	**Group People Committee (PC) - Chair's Report for RWT & WHT**
	Mr Hemans highlighted the Committee was aware of the increased usage of Bank staff and had decided to undertake thematic reviews with Divisions to investigate the issue. He said there was an increase in sickness rates across the Trusts and the issue was being actively monitored. He mentioned there was potential impact with the new employment bill which could impact on the number of legal claims around the time of reporting in relation to Equality Diversity and Inclusion (EDI). Mr Hemans advised the race code was being renewed for both Trusts. He highlighted both Trusts had been awarded the veterans award and were the first Trusts to achieve the award jointly which was positive. He finally mentioned the increased Board Assurance Framework (BAF) risk in relation to recruitment and vacancies. Ms Heseltine thanked Ms Walker for attending the last Group People Committee Meeting. She said the actions in place for the staff survey were being managed with managers working directly with teams within their Divisions. She mentioned the promotions for Health and Wellbeing being offered to staff. She finally mentioned the increasing sessions in the People Promise that were being delivered by staff were positive. Ms Muflahi asked if alignment was occurring around the activity around EDI and Freedom to Speak up (FTSU). Mr Duffell said yes, both organisations had adopted the race code. He said it was due for renewal and the decision was made for both Trusts to renew it jointly and learning was being shared between both Organisations. He mentioned EDI was to be presented at People Committee to share the learning across both Organisations. Mr Duffell also mentioned both FTSU Guardians come together with himself to combine events and initiatives. He finally mentioned a FTSU Event was to take place at WHT but was a joint WHT/RWT event. **Resolved: that the Group People Committee (PC) - Chair's Report for RWT & WHT be noted**
068/24	**Group Chief People Officers Report and People Dashboard by Exception for RWT & WHT**
	Mr Duffell introduced the report and said the six key metrics from a RWT perspective were amber or green and from a WHT was the same apart from sickness absence and there was a focus on that and were bring back a sickness absence improvement plan to the Committee. He said there were two formats being run one at RWT would be Electronic and WHT would be Face to Face the variation was due to the number of staff at RWT therefore it was online. Mr Hemans said the recent video for the bariatric team was a great example of combined working. Ms Cowley asked if staff were able to access Mental Health Support. Mr Duffell said there were 2 tiers that staff could access support, which was through Occupational Health and support services that staff could be directed to. He mentioned to date there were no issues with directing staff to that support. He said Nationally the main issue for sickness was stress and Mental Health issues.

	Ms Cowley asked if it was workplace related stress. Mr Duffell said the cause was difficult to identify. He felt it could be a combination of two things which were personal life and work life impacting upon each other. **Resolved: that the Group Chief People Officers Report and People Dashboard by Exception for RWT & WHT be noted**
	EFFECTIVE COLLABORATION (SECTION HEADING)
069/24	**Charitable Funds Committee Chair Reports for RWT & WHT**
	Mr Levermore introduced the report and said a positive review had taken place with investment managers. He said there was increase in short term portfolio increase of 3.6% asset value He asked for the recommendation of Board approval to acquire on behalf of the Trust an Eco-Cardio machine which would be presented at Private Board. He mentioned the Charity was to support the renovation of West Park restaurant facility. Mr Assinder said Charity funds were at £1.3 million with £750,000 of investment which were performing well. He said work was taking place with Comms to get people to spend the money raised and donated for the benefit of patients and staff which was a challenge. He said in quarter 1 there was £100k worth of bids to spend and in the latest quarter there was £300k. He highlighted there were positive activities for fundraising and colleagues had produced a fundraising pack for local businesses' which was published with the local business community. He mentioned within the first month £2500 of donations were received from local business. He said the Charity was able to support investment in the chemotherapy unit at WHT. He finally mentioned the Charity had received a welcome bid from Natural England which allowed investment in the remembrance garden at WHT. **Resolved: that the Charitable Funds Committee Chair Report for RWT and verbal update for WHT be noted**
070/24	**Black Country Provider Collaborative - Joint Provider Committee Update**
	Mr Dunn said the transformation programme and corporate services was received at the last meeting and there was an update on the performance review from the Black Country Provider Collaborative. **Resolved: that the Black Country Provider Collaborative - Joint Provider Committee Update be noted**
	IMPROVE THE HEALTH OF OUR COMMUNTIES (SECTION HEADING)
071/24	**Walsall Together Chair's Report**
	Ms Cartwright introduced the report and highlighted there was a discussion around the civil unrest through the Country with the reflection being that the civil unrest was expected in Walsall but did occur. She mentioned the Joint Commissioning and Transformation Plan had been approved which was a plan that had been developed across both the partnership and the commissioning Committees. She said discussions had taken place around Right Care Right Person Programme and the impact of the MMUH in regard to the partnership. Ms Cartwright mentioned feedback was received on a project around young people in care which had made a significant impact on the children that were included within the case study. She highlighted the System Development Funding Plan had been approved by Board. She said the ToR of the Board were reviewed and which would be expanded to include the acute element of the Trust. She finally mentioned the launch of the refreshed Walsall Together Strategy planned for later in the Year. **Resolved: that the Walsall Together Chair's Report be noted**
072/24	**Integration Committee Chair's Report**
	Ms Cowley highlighted a meeting took place in August where the decision was made to expand the Committee and become a Group Committee with RWT and WHT. She said a further development meeting was held in September and stated that there were recommendations around the potential change of name of the Committee from Integration to Partnership and Transformation. Ms Cowley stated that there was view that the Committee needed to support the movement of change. She said a joint Provider Collaborative share and learn meeting was scheduled for the 26 September. She said conversations had taken place with other Trusts to identify any learning. She asked all to note

	OneWolverhampton team capacity was limited compared to others and this would be highlighted at the meeting on the 26 September. Sir David said it would be a major part of the agenda going forward if the Darzi report was accepted. He felt ICB responsibility was to provide the infrastructure. He said it was for both Trusts to identify how to transfer resources from hospital to community which was a challenge. **Resolved: that the Integration Committee Chair's Report be noted**
073/24	**Group Director of Place Report by Exception for RWT & WHT**
	Ms Cartwright introduced the report and said the Board priorities for OneWolverhampton were set two weeks prior to the change in Government and were being reflected by the secretary of state. She said there was an ongoing funding issue. She mentioned there had been a refresh to the Strategy for the Transformation and Commissioning Plan. She said the Memorandum of Understanding (MOU) was on hold with regards to the ICB and delegation whilst the processes for ICB's management of change were being undertaken. She highlighted positive feedback was received from presentations that took place at the Joint Provider Collaborative session with regards to OneWolverhampton and Walsall Together. She said there were HSJ award nominations that were reflection of the work in the place-based partnerships which was positive. She finally mentioned both place-based partnerships were involved in the work with the NHS Confed and NHS providers. Ms Cartwright introduced the Joint Health and Enabling Strategy. She said the Strategy would be in place across both Trusts and had been developed across both Trusts. She mentioned she and Dr Odum were Joint Executive leads on the Strategy. She thanked Ms Warren who was a consultant from Public Health and whom had a made a considerable contribution with the preparation of the Strategy. She said from a governance perspective the Joint health inequalities Group would be brought together. She advised the well-established Health Inequalities Group from RWT would be expanded to cover both Organisations. She said from a Governance perspective the Strategy would be managed through the Health Inequalities Group and the group would feed into the Quality and Safety Committee. Ms Cartwright advised a communications plan would need to be developed to ensure all were sighted of the Strategy. She said some colleagues took a stand outside a café in RWT and had received positive feedback which would be fed into the Health Inequalities Group. She finally mentioned the Strategy had been through the Trust Managements Committee at both Trusts and shared with the Executive team. Dr Odum said it was a pleasure to chair the Health Inequalities Group. He mentioned maternity played a considerable part in the health inequalities agenda. He was aware that in the Acute Trusts there was much wider scope to deliver health inequalities which included the Place Based Partnership. He mentioned there was a strong opportunity to take forward the Health and Inequalities agenda across Acute and the Community. Ms Walker said it was positive to see the Strategy and highlighted she felt it was everyone's responsibility, there were small things everyone could do, and it was all our responsibility to reduce inequalities. Ms Cowley agreed that it was everyone's responsibly and said the thematic of projects within maternity and other departments and would improve productivity as well as support communities. She said it would be a cultural shift. Ms Cartwright said it was a culture shift for the organisation and there was more taking place than what was in the document. She mentioned it would link into the place-based partnerships. Mr Assinder mentioned he had a discussion with Mr Shayes on community services and integrated services and how to know when making a difference. He asked how to demonstrate what was being done was making a difference.

	Ms Cartwright said from a health inequalities perspective there was the delivery plan which would be organic. She mentioned not everything was included within the delivery plan and some had come from staff feedback recently received. She said in relation to community services it was difficult to quantify the impact it was making on people and there was a lot of preventative work taking place which was not easy to include on a charter or a spreadsheet. She highlighted what was recognised nationally was that more people needed to be looked after in their own home and there needed to be a shift to a more preventative model and there would be focus on reach to the most vulnerable people **Resolved: that the Group Director of Place Report by Exception for RWT & WHT be noted and the Joint Health and Enabling Strategy be approved**
074/24	**Any Other Business**
	There was no other business
075/24	**Questions Received from the Public**
	Sir David said Dr Tinsa had written in with some questions. Dr Tinsa said he only wanted an update on the Marthas rule. Dr Viswanath said it was a patient safety initiative and RWT had been selected as a pilot site together with WHT. He said it would be introduced in stages, the Trust was well resourced to deliver the service and champions would be selected. He finally mentioned support was being received from NHS England in rolling out the programme.
076/24	**Resolution**
	The Board to resolve to invite the Press and Public to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960. **Resolved: that the resolution be APPROVED.**
077/24	**Date and Time of Next Meeting: Tuesday 19 November 2024**
	Sir David confirmed the date and time of the next meeting as Tuesday 19th November 2024 - (10:00AM-12:30PM).

Enc 4.1

List of action items

Agenda item		Assigned to	Deadline	Status
RWT/WHT Group Trust Board Meeting - to be held in Public 17/09/2024 7.4 Chief Nursing Officer's Report by Exception				
2076.	Potential combining of Chief Nursing Officer Reports	Carroll, Lisa	05/11/2024	Completed
	Explanation action item Mr Dunn mentioned both Trusts worked closely together and said the reports were separate. He asked if benefits of working within the group and areas where they crossed the Trusts could be included in the report. Ms Carroll said there were separate reports as issues for both Trusts were different together with data. She said there was the joint quality framework which was reported on a quarterly basis which showed all the work done jointly. Mr Dunn asked whether it could be amplified for the Board to view. Ms Carroll said she would look into this.			
	Explanation Carroll, Lisa Updates by exception going forward relating to the Quality Framework and any other joint working will be highlighted clearly in the CNO reports as joint working			
RWT/WHT Group Trust Board Meeting - to be held in Public 17/09/2024 7.2 Audit Committee - Chair's Verbal Updates for RWT & WHT				
2075.	Audit Committee	Martin, Mary	05/11/2024	Completed
	Explanation action item Ms Martin to liaise with Ms Jones to obtain notes following the discussion which took place at the last RWT Audit Committee meeting on “independence of Committee members” from reviewing the NHS audit Committee handbook.			

Enc 5 - Chair's Report - VERBAL

Tier 1 - Paper ref: ENC 6	TB in Public (09/24)

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:	19 November 2024

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

I am pleased to advise you that Walsall Healthcare NHS Trust (WHT) Emergency Department has been nominated for a Health and Safety (HSE) award.

I am also pleased to advise you that The Royal Wolverhampton NHS Trust (WHT) Nucleus Theatres has received a Quality Award in improvements with service delivery and the Patient Experience Team have received a national award from the Patient Experience Network (PENNA) in relation to the work they have undertaken on End of Life (EOL) complaints.

I can confirm that the policies and Standard Operating Procedures (SOP) presented at both WHT and RWT Trust Management Committees have been approved and adopted by both Trusts.

The Quarter 1 and 2 Freedom to Speak Up (FTSU) reports for both Trusts were received by the Group People Committee and Trust Management Committees in October 2024. I would like the board to note that:

RWT

1. Standardisation of FTSU working processes/protocols across RWT and WHT

2. Continue to encourage senior leaders to complete FTSU training

3. Support with a new FTSU database that will collate the information in a better format

4. Admin Support for RWT FTSU team

WHT:

1. There is a continually increase in the demand of the service with 100% increase in the number of concerns (76) were seen in Q1 and 78% increase (82) in Q2 in comparison to the same quarters last year

2. A consistently high number of cases are reported due to inappropriate attitudes and behaviours, which aligns with national data

3. Active engagement from all staff is required to increase uptake of FTSU training which currently sits at 65% for speak up training

The Group held a FTSU conference 'Leading by Listening – Voices Matter' in October 2024, with guest speaker - Dr Jayne Chidgey Clarke, National Guardian

Impact of Midland Metropolitan University Hospital opening

I would like to assure the board 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. As at 31 October 2024, the total increase in attendances seen at Walsall Manor Hospital is beyond the levels we planned within the Delivery Plan for Phase One of the UEC Growth & MMUH Impact Business Case. However. the drivers of this increase are expected to include factors beyond just the closure of Sandwell Emergency Department. It is perhaps too early to conclude what is the ongoing impact of MMUH opening; a fuller assessment can be made upon the closure of City Emergency Department, scheduled for 10 November 2024. The Board should note the risk, however, should the full forecast increase in patients presenting to Walsall Manor occur, simultaneously with a challenging Winter.

I would like the board to note the metric dashboards for both Trusts within my report, the details of which will be discussed under the standard Executive Team members updates.

This report will be my final public report as Interim Group Chief Executive. It has been a real privilege to have been Group Chief Executive since May 2024. I have been nothing short of amazed by the Trust achievements and the dedication of our staff inside the hospital and in the community. It has been a delight to severe the population of Wolverhampton and Walsall. I would like to assure the Board that arrangements are in place for a full handover to permanent Group Chief Executive, Joe Chadwick-Bell on 31st December 2024. I wish Joe great success in her role.

2. Alignment to our Vision [indicate with an 'X' which Strategic Objective[s] this paper supports]		
Care	- Excel in the delivery **Care**	☒
Colleagues	- Support our **Colleagues**	☒
Collaboration	- Effective **Collaboration**	☒
Communities	- Improve the health and wellbeing of our **Communities**	☒

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

4. Recommendation(s)
The Trust Board is asked to:
a) Note the contents of the 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	☐	*Financial sustainability and funding flows.*
RWT Board Assurance Framework Risk SR16	☐	*Activity levels, performance and potential delays in treatment.*
RWT Board Assurance Framework Risk SR17	☐	*Addressing health inequalities and equality, diversity and inclusion.*
RWT Board Assurance Framework Risk SR18	☐	*Potential cyber vulnerabilities and data breaches.*
WHT Board Assurance Framework Risk NSR101	☐	*Data and systems Security (Cyber-attack)*
WHT Board Assurance Framework Risk NSR102	☐	*Culture and behaviour change (incorporating Population Health)*
WHT Board Assurance Framework Risk NSR103	☐	*Attracting, recruiting, and retaining staff*
WHT Board Assurance Framework Risk NSR104	☐	*Consistent compliance with safety and quality of care standards*

WHT Board Assurance Framework Risk NSR105	☐	*Resource availability (funding)*
WHT Board Assurance Framework Risk NSR106	☐	*Equality, Diversity, and Inclusion (incorporating Staff, Patients and Population Health)*
Corporate Risk Register [Datix Risk Nos]	☐	
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

Group Board/Committee

Report to the Trust Board held in Public on 19 November 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.

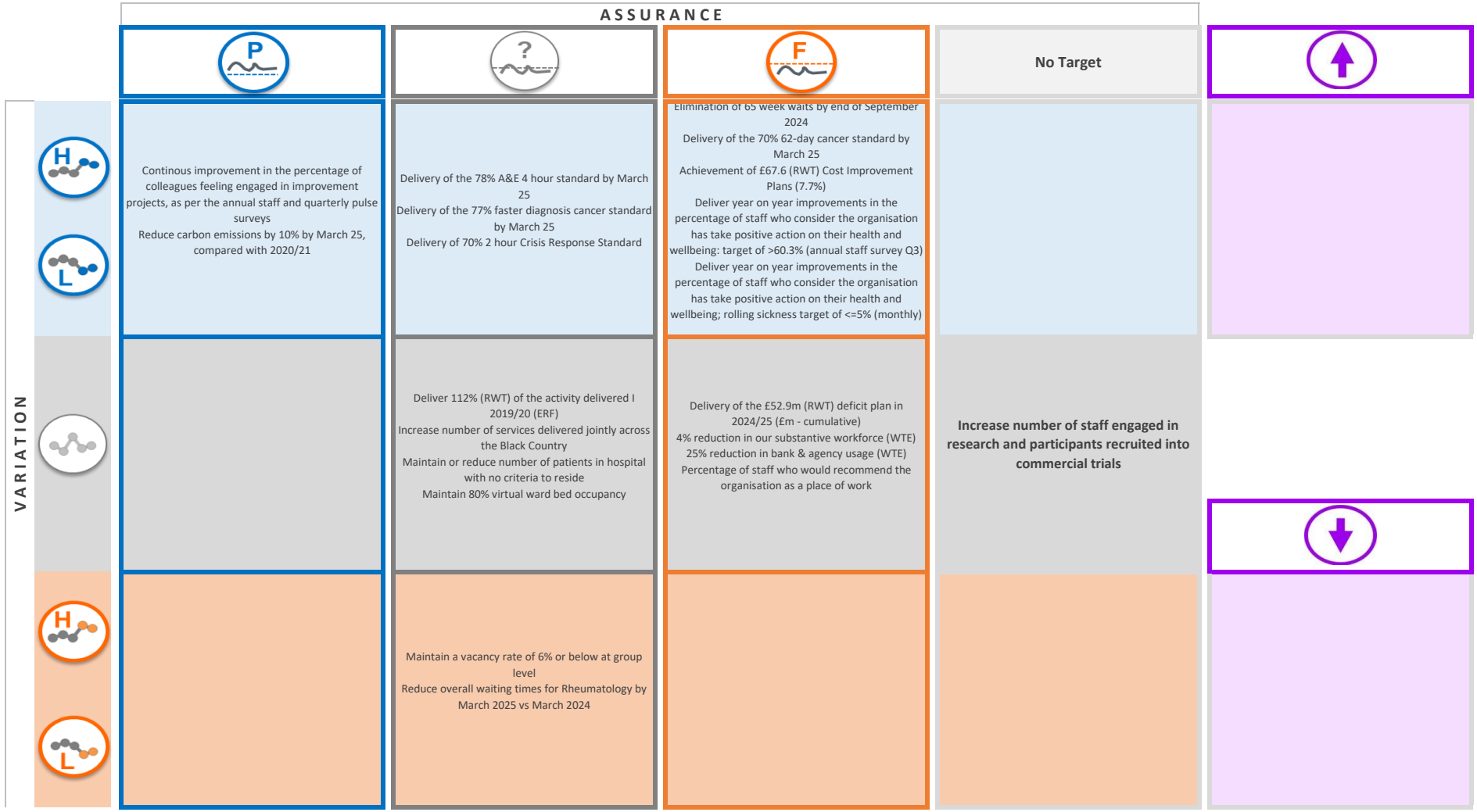
1.0	**<u>Consultants</u>**
	There has been ten Consultant Appointments since 18 August 2024: **WHT** **<u>Acute Medicine/ Chief Medical Officer</u>** Dr Zia Din **<u>Gastroenterology</u>** Dr Akram Algieder Dr Sara Mahgoud **<u>Respiratory</u>** Dr Syeda Nafisa **RWT** **<u>Anaesthetists - CT</u>** Dr Ranjit Bains

	Intensive Care with Acute Medicine Dr Syed Haque Dr Nanathakrishna Navaneetham **Old Adult Medicine** Dr Laura Pearson **Ophthalmology** Dr Meena Karpoor Dr Seena Nambiar
2.0	**Visits and Events**
	I have 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 national, regional and local meetings: • 3 September 2024 – attended an NHS Leadership event chaired by Amanda Pritchard, Chief Executive – NHS England • 4 September 2024 – participated in an NHS England (NHSE) RWT – Tier 1 Cancer meeting • 5 September 2024 - met with Pat Usher, WHT Staff-side Lead and undertook site visits to WHT Paediatrics and Neonatal Services and the 0 – 19 service within the Community • 9 September 2024 - participated in a Black Country Provider Executive Committee • 10 September 2024 - met with Mark Axcel, Chief Executive – Black Country Integrated Care Services (ICS) and participated in a Black Country System Chief Executives meeting • 11 September 2024 - met with Eleanor Morris, RWT Lead Freedom to Speak-Up (FTSU) Guardian and Giselle Payne-Padmore, RWT Incoming Lead Freedom to Speak-Up (FTSU) Guardian • 12 September 2024 - participated in the WHT - Local Negotiating Committee (LNC) • 13 September 2024 - participated in the RWT - Local Negotiating Committee (LNC) • 16 September 2024 - participated in a Black Country Provider Executive Committee • 18 September 2024 – presented an RWT Exceeding Expectation Award to Dr Adnan Rahman Senior Clinical Fellow, Endocrinology – Diabetes, met with John Dunn, Deputy Chair, participated in an NHS England (NHSE) RWT – Tier 1 Cancer meeting and participated in a Black Country Corporate Services Transformation Delivery Group • 19 September 2024 – formally opened the new Walsall Medical Records Building and met with Councillor Mary Bateman, Chair and Councillor Paul Singh, Vice Chair – Wolverhampton City Council Health Scrutiny • 20 September 2024 - attended an NHS Leadership event chaired by Amanda Pritchard, Chief Executive – NHS England in which Wes Streeting – Secretary of State for Health was the key note speaker and participated in a Group RWT and WHT Joint Partnership Forum • 30 September 2024 – presented the Joint WHT and RWT Quality Improvement (QI) awards to staff

	• 1 October 2024 – undertook a Chairs and Non-Executive Directors (NEDs) briefing, met with Marsha Foster, Chief Executive - Black Country Healthcare NHS Foundation Trust and participated in a Black Country System Chief Executives meeting • 2 October 2024 – chaired and held a RWT and WHT Executive Teams Away Day • 3 October 2024 – met with Pat Usher, WHT Staff-side Lead • 4 October 2024 – participated in a WHT Quality Committee and participated in a Gold Call in preparation for the opening of Midland Met • 7 October 2024 – met with Mark Ondrak, RWT Staff-side Lead, met with Giselle Padmore-Payne, RWT Lead Freedom to Speak-Up (FTSU) Guardian and met with Simon Constable, new Chief Executive – University Hospitals of North Midlands NHS Trust (UHNM) • 8 October 2024 – participated in a Midland Met Migration meeting, met with Shabina Raza, WHT Lead Freedom to Speak-Up (FTSU) Guardian, met with Mark Axcel, Chief Executive – Black Country Integrated Care Services (ICS) and participated in a Black Country System Chief Executives meeting • 9 October 2024 – undertook a Freedom to Speak Up (FTSU) walkabout with Martin Levermore, NED – RWT and Eleanor Morris, Freedom to Speak Up Guardian • 10 October 2024 – participated in a Midland Met Migration meeting and participated in a Black Country Quarterly System Review meeting • 14 October 2024 – joined the NHSE Further Faster 20 Introductory meeting and joined the Allied Health Practitioners (AHPs) Celebration event • 15 October 2024 – attended the Joint RWT and WHT Board Development Day and participated in a Black Country System Chief Executives meeting • 16 October 2024 - met with John Dunn, Deputy Chair – RWT and participated in an NHS England (NHSE) RWT – Tier 1 Cancer meeting • 17 October 2024 – participated in a Midland Met Migration meeting • 18 October 2024 – meet with Wendy Morton MP and participated in a Black Country Provider Executive Committee • 21 October 2024 – attended a Black Country Corporate Services Transformation (CST) Workshop • 22 October 2024 – attended and spoke at the Joint WHT and RWT Freedom to Speak Up (FTSU) Leadership event "Leading by Listening: Voices Matter" and participated in a Black Country System Chief Executives meeting • 23 October 2024 - participated in a regional meeting with Chief Executives, led by Dale Bywater, Regional Director – Midlands – NHS Improvement/ England and met with Dr Matthew Brookes – Deputy Clinical Director- National Institute for Health and Care Research (NiHR) West Midlands/ RWT Consultant Gastroenterologist • 24 October 2024 – met with Katrina Boffey, Deputy Director of System Co-ordination and Oversight – NHSE Midlands and participated in an RWT Senior Medical Committee • 25 October 2024 – participated in an RWT and WHT Oversight and Assurance meeting with the Black Country Integrated Care System (ICS), attended the Black History Month Open Forum and undertook a panel interview session as part of the Black Country Freedom to Speak Up conference • 28 October 2024 – participated in an NHS Further Faster Launch event and presented an RWT Exceeding Expectation award to Mellisa Hallal, Housekeeper – Ward D10 • 29 October 2024 – participated in a Midland Met Migration meeting and participated in a Black Country System Chief Executives meeting • 30 October 2024 – spoke at the RWT Black History Month event and participated in a Joint RWT and WHT staff briefing

	• 31 October 2024 – chaired the WHT Trust Management Committee (TMC) and hosted a WHT site visit from NHSE Midlands - Rebecca Farmer - Director of System Co-ordination and Oversight, Katrina Boffey - Deputy Director of System Co-ordination and Oversight, Dr Tim Taylor - Deputy Medical Director and Clare Swindells - System Co-ordination and Oversight Senior Manager • 1 November 2024 – participated in a WHT Quality Committee and chaired the RWT Trust Management Committee (TMC)
3.0	**Board Matters**
	There were no board matters to report on.

RWT - Board Level Metrics



RWT - Trust Board Level Metrics

The Royal Wolverhampton NHS Trust

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	Sep-24	16	0	0			799	562	1,037
Delivery of the 78% A&E 4 hour standard by March 25	Sep-24	80.06%	78.0%	78%			78.51%	76.37%	83.35%
Delivery of the 70% 62-day cancer standard by March 25	Sep-24	61.69%	64.0%	70%			48.95%	37.36%	60.53%
Delivery of the 77% faster diagnosis cancer standard by March 25	Sep-24	75.50%	79.0%	77%			71.28%	63.65%	78.91%
Continous improvement in the percentage of colleagues feeling engaged in improvement projects, as per the annual staff and quarterly pulse surveys	Q2 24/25	46.3%					46.18%	45.21%	47.15%
Delivery of the £52.9m (RWT) deficit plan in 2024/25 (£m - cumulative)	Sep-24	0.20		52.9			-4.22	-18.73	10.28
Achievement of £67.6m (RWT) Cost Improvement Plans (7.7%)	Sep-24	17.6		£67.6m			8	-0.8	16.9
Deliver 112% (RWT) of the activity delivered I 2019/20 (ERF)	Sep-24	115%	112%	112%			112%	101%	122%
Support our Colleagues									
Maintain a vacancy rate of 6% or below at group level	Sep-24	7.30%	6.0%	6.0%			4.24%	2.44%	6.04%
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)	Aug-24	5.14%	5.00%	5.0%			5.25%	5.13%	5.37%
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)	Q2 24/25	53.0%	60.30%	60.3%			51.3%	49.3%	53.3%
Percentage of staff who would recommend the organisation as a place of work	Q2 24/25	47.90%	64.60%	64.6%			48.5%	46.7%	50.2%
Reduce the percentage of staff experiencing discrimination at work from patients/service user, their relatives or other members of the public	Q3 23/24	7.40%		<=9.2%			7.40%		
Reduce the percentage of staff experiencing discrimination at work from manager/team leader or other colleagues	Q3 23/24	10.64%		<=9.2%			10.64%		
Reduce the percentage of staff experiencing discrimination at work: difference between BAME and white staff	Q3 23/24	8.75%		<=7.46%			8.75%		
Effective Colloboration									
Increase number of services delivered jointly across the Black Country	Sep-24	7	>7	>7			7	7	7
Reduce overall waiting times for Rheumatology by March 2025 vs March 2024	Sep-24	51.43%	TBC	>56.52%			57.4%	52.4%	62.4%
Reduce overall waiting times for Interventional Radiology by March 2025 vs March 2024	Sep-24	In development							
Increase number of staff engaged in research and participants recruited into commercial trials	Sep-24	82					82	82	82
Improve the health of our Communities									
Delivery of 70% 2 hour Crisis Response Standard	Sep-24	77.0%	>/=70%	>/=70%			74.70%	64.60%	84.90%
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	5.40%	10%	10%			6.47%	5.82%	7.12%
Maintain or reduce number of patients in hospital with no criteria to reside	Sep-24	81	N/A	89			88	39	138
Maintain 80% virtual ward bed occupancy	Sep-24	72.0%	80.0%	80.0%			100.36%	63.94%	136.78%

Trust Board Metrics - Matrix

Walsall Healthcare NHS Trust

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

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

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

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

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

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

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

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

How to Interpret SPC (Statistical Process Control) charts

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

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

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

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

NHS
Walsall Healthcare
NHS Trust

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	Sep-24	1	0	0			260.95	134.06	387.84
Delivery of the 78% A&E 4 hour standard by March 25	Sep-24	76.21%	78%	78%			75.70%	69.78%	81.62%
Delivery of the 70% 62-day cancer standard by March 25	Aug-24	77.36%	70%	70%			74.56%	59.57%	89.56%
Delivery of the 77% faster diagnosis cancer standard by March 25	Aug-24	86.00%	77%	77%			73.69%	60.63%	86.75%
Continous 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)	Sep 24 YTD	-7040	-7182	-24900					
Achievement of £28.7m Cost Improvement Plans (£000's)	Sep 24 YTD	7643	7546	28700					
Deliver 106% of Activity Delivered in 2019/20 (ERF)	Sep 24 YTD	115.00%	106%	106%					
SUPPORT OUR COLLEAGUES									
Maintain a vacancy rate of 6% or below at group level	Aug-24	7.50%	6%	6%			5.82%	1.27%	10.38%
Rolling sickness target of <=5% (monthly)	Sep-24	5.95%	5%	5%			5.83%	4.88%	6.77%
Deliver year on year improvements in the percentage of staff who consider the organisation has take positive action on their health and wellbeing: target of >60.3% (annual staff survey Q3)	Q3 23/24	56.90%	60.30%	60.30%					
Percentage of staff who would recommend the organisation as a place of work	Q2 24/25	50.00%	64.60%	64.60%					
Reduce the percentage of staff experiencing discrimination at work from patients / service users, their relatives or other members of the public (annual staff survey Q3)	Q3 23/24	10.31%		<10.31%					
Reduce the percentage of staff experiencing discrimination at work from manager / team leader or other colleagues (annual staff survey Q3)	Q3 23/24	10.92%		<10.92%					
Reduce the percentage of staff experiencing discrimination at work: difference between BAME and white staff (annual staff survey Q3)	Q3 23/24	12.89%		<12.89%					
EFFECTIVE COLLABORATION									
Increase number of services delivered jointly across the Black Country	May-24	7							
Reduce overall waiting times for Rheumatology by March 2025 vs March 2024	Sep-24	57.58%	92%	92%			54.19%	45.17%	63.20%
Reduce overall waiting times for Interventional Radiology by March 2025 vs March 2024	In Development								
Increase number of participants recruited into commercial trials	Sep-24	7					3.00	-2.01	8.01
IMPROVE THE HEALTH OF OUR COMMUNITIES									
Delivery of 70% 2 hour Crisis Response Standard	Sep-24	69.51%	70%	70%			82.41%	64.51%	100.31%
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	Sep-24	45	86	68			45.4	31.44	59.37
Maintain 80% virtual ward bed occupancy	Sep-24	56.47%	80%	80%			53.37%	38.88%	67.87%

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

Care Colleagues
Collaboration Communities

Title of Report	Exception Report from Group Finance & Productivity Committee	ENC 7.1
Author:	John Dunn, Group Finance & Productivity Committee Joint Chair	
Presenter:	John Dunn, Group Finance & Productivity Committee Joint Chair	
Date(s) of Committee Meetings since last Board meeting:	30/10/2024	

Action Required

Decision	Approval	Discussion	Receive for Information & Assurance
Yes☐No☒	Yes☐No☒	Yes☒No☐	Yes☒No☐

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE

- Annual Operating Plan – Whilst both Trusts have delivered financial performance to plan in the first half of the year, significant issues are jeopardising the forecast outturn.
- Cost Improvement Programme – full underpinning remains an issue at WHT 74% and RWT 65%.
- Workforce – variance at period 6 for both Trusts, making it unlikely that the year-end target will be achieved. Current plans show an adverse financial variance at year end. Medical and Nursing spend for H2 are forecasting a variance from plan. Action has been initiated to get further help and assistance to strengthen current plans and focus on delivery. Further assistance has been agreed, awaiting contractual authority and detailed plans.
- Cancer 65 day – RWT remain in Tier1 Escalation Status - Recovery performance is delivering to plan.
- Midland Metropolitan University Hospital – As of October 2024, the impact of MMUH has been within the expectations set out in our Growth & MMUH Impact delivery plan discussed at previous Trust Board 17th September 2024. However the degree of inherent uncertainty and the awaited closure of City Hospital Emergency Department means there is still significant risk. Risk mitigation plans are in place.
- Winter Plan – A further review of the winter planning arrangements are scheduled to be undertaken at an Extraordinary Group F&P Meeting in early November and its outcome will be reported to board separately.
- Capital Budget - Currently underspent, a review of the profile for H2 is underway.

POSITIVE ASSURANCES TO PROVIDE

Group Performance

- Both Trusts remain upper quartile for 4-hour UEC performance and exceeding the national average.
- Ambulance handover within 30mins, out of 15 trusts in the West Midlands the Trusts continue to be ranked 3rd (WHT) & 4th (RWT).
- Both Trusts are in the upper quartile for the percentage of 52 weeks+ waiters and 65 weeks+ waiter as a percentage of the total PTL.
- Both Trusts are in the upper quartile for theatre utilisation (Model Hospital data).
- Both Trusts are showing statistical improvement for DM01 performance, are above the national average for performance and achieved the national target of 95% in September.

MAJOR ACTIONS COMMISSIONED /WORK UNDERWAY

- Plans to engage specialist assistance are underway - awaiting contractual authority.
- A single PMO has been established for both Trusts.
- An Extraordinary F&P has been scheduled to provide due diligence on the winter planning, Years 2-5 AOP Strategic plans, Financial re-forecast and mitigation plans.
- Digital network plan and strategy will also be reviewed.

DECISIONS MADE

- Wheelchair & Specialised Seating Products (WHPC 189) – The Committee endorsed the Contract Award to be submitted to Trust Board for Authority.
- Insulin Pumps and CGM (REAF 4388) – The Committee endorsed the Contract Award to be submitted to Trust Board for Authority.
- Careflow Vitals and Connect (REAF 4364) – The Contract Award was retrospective, for Trust Board to note.
- Supply of Desktop Stationery (REAF 4340) – The Committee endorsed the Contract Award to be submitted to Trust Board for Authority.
- A total funding of £2,067,000 of System Development Funding has been received and will prioritise three elements of care: aging well, adult long-Covid and virtual wards. The Committee noted the recommendations within the report.
- BAF for both Trusts were agreed – SR16 (RWT) risk will be reduced from 16 to 12. No further risks were raised during the meeting.

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

ENC 7.1.1

Group Performance Report

Presenters / Lead Executives:

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

Will Roberts – Interim Chief Operating Officer (WHT)

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Walsall Healthcare NHS Trust

Care Colleagues
Collaboration Communities

Group Performance Report:
Introduction:

Developing the approach:

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

- **Latest Developments:**
- Metrics contained within the dashboard have been agreed with Executive Directors.
- The definitions of the metrics are being aligned across both trusts (e.g. same approach for numerators / denominators).
- Supporting processes which underpin the production of performance metrics have been shared.
- There are differences between the supporting processes across RWT and WHT which has limited some alignment (e.g. date ranges within SPC charts).
- Following request from F&P committee the report also includes 2 community metrics; 2-hour urgent care response and virtual ward occupancy.
- No further changes have been made within this third version for October 2024 (September reporting).

Care Colleagues
Collaboration Communities

Group Performance Report:
Executive Summary:

ASSURE:

- Both Trusts remain upper quartile for 4-hour UEC performance and exceeding the national average.
- Ambulance handover within 30mins, out of 15 trusts in the West Midlands the Trusts continue to be ranked 3rd (WHT) & 4th (RWT).
- Both Trusts are in the upper quartile for the percentage of 52 weeks+ waiters and 65 weeks+ waiter as a percentage of the total PTL.
- Both Trusts are in the upper quartile for theatre utilisation (Model Hospital data).

ADVISE:

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

ALERT:

- RWT remains in tier 1 for Cancer performance.
- Continued UEC pressure with attendances remaining high.
- As of 20th October 2024, the impact of MMUH has been within the expectations set out in our UEC Growth & MMUH Impact Delivery Plan. However, the degree of inherent uncertainty and the awaited closure of City Hospital Emergency Department means there is still significant risk.

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Group Performance Report:
RWT Executive Summary:

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 12th.
- Patients with no criteria to reside improved during September 24, this remains below target.
- RTT incomplete waiting list size has reduced and remains below trajectory.
- 6 Week Wait (DM01) Diagnostic performance is currently 95.69% against a trajectory of 95.5% for the month. Cystoscopy is the biggest outlier. Additional capacity has been procured from an outsourcing company.

ADVISE:

- Ambulance handover times (<15 & 30 mins and >60 mins) remain below target. Continued work with WMAS with regard to admission avoidance and use of alternative pathways.
- RTT 78, 65 and 52 weeks were all above trajectory at the end of September 24.
- Clock starts remain high; this is an increase of around 20% above 19/20 levels.

ALERT:

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

Care Colleagues
Collaboration Communities

Group Performance Report:
WHT Executive Summary:

ASSURE:

- Ambulance Handover within 30 minutes was 88.82% for September; 3rd best performing Acute Trust in the West Midlands and within the top 3 for the last 46 months.
- WHT's 4-hour EAS national ranking in September was upper quartile at 28th best out of 122 reporting Acute Trusts and 5th in the Midlands region with 76.2% of patients admitted, transferred or discharged within 4 hours of arrival at ED.
- In August all 3 of the national cancer metrics achieved the national thresholds.
- In September 2024, the 18-week RTT incomplete performance is 65.52%, above the forecast trajectory and again above the upper control limit, with 9 consecutive months showing statistical improvement. The Trust continues to deliver the standard of no patients waiting more than 65 weeks, excluding patient choice. August's 2024 performance places the Trust 21st (out of 122 reporting general Acute Trusts) for 18-week RTT incomplete performance.
- The Trust is delivering 115% of 2019/20 ERF-eligible activity.

ADVISE:

- UEC demand remains exceptionally high, type 1 ED attendances were 6.8% higher September 2024 compared to September 2023, and 11% up year to date April to September compared with previous year.
- The Trust's diagnostic performance patients waiting under 6 weeks for September is 95.95%, achieving the national threshold of 95% and ahead of trajectory. The Trust was Upper Quartile, ranked 20th out of 122 acute Trusts nationally.
- 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:

- As of 20th October, the impact of MMUH has been within the expectations set out in our UEC Growth & MMUH Impact Delivery Plan. However, the degree of inherent uncertainty and the awaited closure of City Hospital Emergency Department means there is still significant risk.
- intelligently conveyed ambulances were up 28.9% (compared to August) and up 244% (compared to 2023/24 YTD).

Care Colleagues
Collaboration Communities

RWT Performance Matrix:
This matrix provides an “at a glance” view of performance

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

Care Colleagues Collaboration Communities

WHT Performance Matrix:
This matrix provides an “at a glance” view of performance

VARIATION	ASSURANCE: PASSING	ASSURANCE: HIT OR MISS	ASSURANCE: FAILING	ASSURANCE: No Target
IMPROVING		- Cancer - 2 Week Wait (WHT) - Cancer - 28 Day Faster Diagnosis (WHT) - Cancer - 62 Day Referral to Treatment (WHT) - Total Time Spent in ED - % within 4 Hours (WHT)	- 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)	
NOT CHANGING	- No. of patients no longer meeting the Criteria to Reside	- Ambulance Handover - % within 30mins (WHT) - Ambulance Handover - % within 60mins (WHT) - Last Minute Cancelled Ops - No date <=28 days (WHT) - Cancer - 31 Day Treatment (WHT) - Community - Urgent Care Response (UCR) 2 Hour Response - Total Time Spent in ED - % within 12 Hours (WHT) - Theatres - Touch Time Utilisation (MH) (WHT)	- Ambulance Handover - % within 15mins (WHT) - Community - Virtual Ward % Occupancy	- Cancer - No. of patients waiting 63+ Days for treatment (WHT) - Type 1 ED Attendances (WHT)
WORSENING				- 18 Weeks RTT - Clock Starts (WHT)

Care Colleagues Collaboration Communities

Performance Dashboard - RWT

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
18 Weeks RTT - % within 18 weeks - Incomplete	Sep 24	52.85%	92.00%			59.01%	56.11%	61.90%
18 Weeks RTT - No. of 52 wk breaches	Sep 24	1544	1162			2638	1969	3307
18 Weeks RTT - No. of 65 wk breaches	Sep 24	16	0			764	542	985
18 Weeks RTT - No. of 78 wk breaches	Sep 24	2	0			215	132	298
18 Weeks RTT - Total Incomplete PTL	Sep 24	89023	92262			75012	71540	78484
18 Weeks RTT - Clock Starts	Sep 24	17420	-			16238	12092	20383
Ambulance Handover - % within 15 mins	Sep 24	47.49%	65.00%			46.65%	30.32%	62.98%
Ambulance Handover - % within 30 mins	Sep 24	78.17%	95.00%			79.56%	64.18%	94.94%
Ambulance Handover - % over 60 mins	Sep 24	8.71%	0.00%			9.13%	-0.34%	18.60%
Last Minute Cancelled Ops - No Date <=28 days	Sep 24	0	0			1	-1	2
Cancer - 2 Week Wait	Sep 24	83.33%	93.00%			82.18%	67.54%	96.82%
Cancer - 28 Day Faster Diagnosis	Sep 24	75.50%	77.00%			71.93%	64.76%	79.10%
Cancer - 31 Day Treatment	Sep 24	87.23%	96.00%			82.71%	72.67%	92.75%
Cancer - 62 Day Referral to Treatment	Sep 24	61.69%	60.00%			47.05%	36.33%	57.78%
Cancer PTL - patients waiting 63 days and over	Sep 24	162	-			366	284	447
No. of patients no longer reaching the Criteria to Reside	Sep 24	81	89			88	39	138
Diagnostics - % within 6 weeks from referral	Sep 24	95.69%	95.00%			64.59%	55.28%	73.90%
Total Time Spent in ED - % over 12 hours	Sep 24	11.19%	0.00%			7.84%	3.99%	11.69%
Total Time Spent in ED - % within 4 hours	Sep 24	80.06%	78.00%			78.51%	73.67%	83.35%
Type 1 ED attendances	Sep 24	12573	-			12766	11150	14382
Deliver % of Activity Delivered in 2019/20 (ERF)	Sep 24	115%	115%			116%	109%	122%
ERF - % Outpatient Appointments with a procedure			-					
Theatres - Touch Time Utilisation	Sep 24	90.43%	85.00%			89.28%	85.55%	93.02%
Maintain 80% virtual ward bed occupancy	Sep 24	72.00%	80.00%			100.36%	63.94%	136.78%
Delivery of 70% 2-hour Crisis Response Standard	Sep 24	77.00%	70.00%			75.42%	64.83%	86.01%

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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	Sep-24	65.52%	64%	92%	H	F	60.91%	58.29%	63.53%
18 Weeks RTT - No. of 52 wk breaches	Sep-24	334	549	0	L	F	1032.29	780.88	1283.70
18 Weeks RTT - No. of 65 wk breaches	Sep-24	1	0	0	L	F	260.95	134.06	387.84
18 Weeks RTT - No. of 78 wk breaches	Sep-24	0	0	0	L	F	64.42	33.36	95.48
18 Weeks RTT - Total Incomplete PTL	Sep-24	29979	29067	27858	L	F	31365.55	29756.47	32974.64
18 Weeks RTT - Clock Starts	Sep-24	8098	7241		H		7664.50	6519.29	8809.71
Ambulance Handover - % within 15mins	Sep-24	35.21%	65%	65%		F	47.23%	32.61%	61.86%
Ambulance Handover - % within 30mins	Sep-24	88.82%	92%	95%		?	91.05%	81.80%	100.30%
Ambulance Handover - % within 60mins	Sep-24	97.49%	100%	100%		?	98.31%	94.88%	101.74%
Last Minute Cancelled Ops - No date <=28 days	Aug-24	5	0	0		?	2.55	-3.63	8.74
Cancer - 2 Week Wait	Aug-24	91.03%	93%	93%	H	?	76.30%	58.98%	93.61%
Cancer - 28 Day Faster Diagnosis	Aug-24	86.00%	77%	77%	H	?	73.69%	60.63%	86.75%
Cancer - 31 Day Treatment	Aug-24	98.37%	96%	96%		?	95.91%	89.19%	102.63%
Cancer - 62 Day Referral to Treatment	Aug-24	77.36%	70%	70%	H	?	74.56%	59.57%	89.56%
Cancer - No. of patients waiting 63+ Days for treatment	Sep-24	37					61.92	22.59	101.24
Community - Urgent Care Response (UCR) 2 Hour Response	Sep-24	69.51%	70%	70%		?	82.41%	64.51%	100.31%
Community - Virtual Ward % Occupancy	Sep-24	56.47%	80%	80%		F	53.37%	38.88%	67.87%
No. of patients no longer meeting the Criteria to Reside	Sep-24	45	86	68		P	45.4	31.44	59.37
Diagnostics - % within 6 weeks from referral	Sep-24	95.95%	95%	95%	H	F	84.18%	76.76%	91.60%
Total Time Spent in ED - % within 12 Hours	Sep-24	6.14%	2%	2%		?	5.12%	0.06%	10.19%
Total Time Spent in ED - % within 4 Hours	Sep-24	76.21%	78%	78%	H	?	75.70%	69.78%	81.62%
Type 1 ED Attendances	Sep-24	8736					8192.76	6941.56	9443.97
Deliver % of Activity Delivered in 2019/20 (ERF)	Sep 24 YTD	115.00%	106%	106%					
ERF - % Outpatient Appointments with a procedure	Sep-24	44.00%	44.84%	47.5%					
Theatres - Touch Time Utilisation (MH)	Sep-24	83.00%	85%	85%		?	82.82%	72.00%	93.00%

Care Colleagues Collaboration Communities

Tier 1 - Paper ref:	Enc 7.1.2

Report title:	**Group Chief Financial Officer Reports for RWT and WHT – Month 6**
Sponsoring executive:	Kevin Stringer, Group Chief Finance Officer
Report author:	James Green, Operational Director of Finance
Meeting title:	Group Trust Board (Public meeting)
Date:	19 November 2024

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

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

- Year to date both Trusts are reporting a small favourable variance to plan of £0.3m.
- NHS England has released Deficit Support Funding in September of £52.9m for RWT, and £24.9m for WHT
- Performance against the Elective Recovery Fund target is positive with the Group performance being £3.4m ahead of plan despite the impact of industrial action.
- The Group Efficiency challenge for the year is £96.3m of which £25.3m has been delivered YTD.
- The efficiency challenge increases significantly for both Trusts in the second half of the financial year.
- Executive Officer teams are working to determine a robust forecast outturn estimate for the financial year, and the output of this work will presented to the Finance & Productivity Committee in due course.

2. Alignment to our Vision [indicate with an 'X' which Strategic Objective[s] this paper supports]		
Care	- Excel in the delivery **Care**	☒
Colleagues	- Support our **Colleagues**	☒
Collaboration	- Effective **Collaboration**	☒
Communities	- Improve the health and wellbeing of our **Communities**	☒

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

The Group Finance & Productivity Committee meeting on 30th October 2024.

4. Recommendation(s)

The Public Trust Board is asked to:

a) Note the contents of the report

b) 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	☒	*Financial sustainability and funding flows.*
RWT Board Assurance Framework Risk SR16	☐	*Activity levels, performance and potential delays in treatment.*
RWT Board Assurance Framework Risk SR17	☐	*Addressing health inequalities and equality, diversity and inclusion.*
RWT Board Assurance Framework Risk SR18	☐	*Potential cyber vulnerabilities and data breaches.*
WHT Board Assurance Framework Risk NSR101	☐	*Data and systems Security (Cyber-attack)*

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

Group Financial Performance

for the month of September 2024

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

Care Colleagues
Collaboration Communities

I&E Summary

Both organisations are on plan in month and year-to-date (YTD), £0.1m and £0.2m respectively for RWT and £0.1m for WHT in month and YTD; resulting in a small favourable position for the group of £0.3m YTD.

Excluding the income backed deficit support funding (phased equally across M1-M12) the underlying YTD planned deficit represents 69% of the full year deficit plan.

In-Month Income & Expenditure	RWT Plan M06 £m	RWT Actual M06 £m	RWT Surplus/ (Deficit) £m	WHT Plan M06 £m	WHT Actual M06 £m	WHT Surplus/ (Deficit) £m	Group position Plan M06 £m	Group position Actual M06 £m	Group position Surplus/ (Deficit) £m
Income	**102.7**	**101.3**	**(1.4)**	**46.4**	**47.9**	**1.5**	**149.1**	**149.2**	**0.1**
Expenditure									
Pay	50.9	50.3	0.5	22.3	23.3	(1.0)	73.2	73.6	(0.5)
Non Pay	21.0	20.8	0.1	4.9	5.4	(0.6)	25.8	26.3	(0.4)
Drugs	6.8	6.6	0.2	2.3	2.3	0.0	9.1	8.9	0.2
Other*	4.6	3.9	0.7	6.6	6.5	0.1	11.2	10.4	0.8
Total Expenditure	**83.3**	**81.7**	**1.6**	**36.1**	**37.5**	**(1.5)**	**119.3**	**119.2**	**0.1**
Net reported surplus/(Deficit)	**19.5**	**19.6**	**0.1**	**10.3**	**10.4**	**0.1**	**29.8**	**30.0**	**0.2**

Year-to-date Income & Expenditure	RWT Plan YTD £m	RWT Actual YTD £m	RWT Surplus/ (Deficit) £m	WHT Plan YTD £m	WHT Actual YTD £m	WHT Surplus/ (Deficit) £m	Group position Plan YTD £m	Group position Actual YTD £m	Group position Surplus/ (Deficit) £m
Income	**472.2**	**472.9**	**0.7**	**212.3**	**219.2**	**6.9**	**684.5**	**692.1**	**7.6**
Expenditure									
Pay	301.9	302.0	(0.1)	137.3	141.3	(4.1)	439.2	443.4	(4.2)
Non Pay	121.8	122.4	(0.6)	29.6	31.6	(2.0)	151.5	154.0	(2.6)
Drugs	40.6	41.1	(0.6)	14.5	14.6	(0.1)	55.0	55.7	(0.7)
Other(incl. depreciation)	24.5	23.7	0.7	38.1	38.7	(0.5)	62.6	62.4	0.2
Total Expenditure	**488.8**	**489.3**	**(0.5)**	**219.5**	**226.2**	**(6.7)**	**708.3**	**715.5**	**(7.3)**
Net reported surplus/(Deficit)	**(16.6)**	**(16.4)**	**0.2**	**(7.2)**	**(7.0)**	**0.1**	**(23.8)**	**(23.5)**	**0.3**

Following the deficit support funding the adjusted RWT annual plan is £2.4m deficit from £52.9m, with £67.6m of efficiencies of £67.6m required. The adjusted YTD planned deficit at month 6 is £16.6m. Key drivers YTD are excess utilities costs from the combined heat and power unit being down (now resolved) and high cot block contract drugs usage, especially within Gastro and Endoscopy.

The WHT adjusted annual plan is £1.2m deficit from £24.9m, with £28.7m of efficiencies. The adjusted YTD planned deficit at month 6 is £7.2m.
Key drivers are costs associated with activity being offset by income, including ERF and Education & Training.

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 £31.2m (£23.7m RWT and £7.5m WHT) of which £6.7m relates to PSDS grant funded schemes (£3m RWT and £3.7m WHT).

Cash

- The National Team confirmed allocation of funding for industrial action and deficit support. This has been distributed and received in October along with the ICB distributing their planned surplus among deficit organisations. This means that neither organisation are now requiring and further cash support in Q3. Risks around pay award will be surfaced in October and MMUH payment mechanisms will be monitored closely.

Better Payment Practice Code

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

BPPC Performance	RWT		WHT	
	In-Month	YTD	In-Month	YTD
Value	88%	93%	88%	87%
Volume	72%	88%	91%	90%

Care Colleagues Collaboration Communities

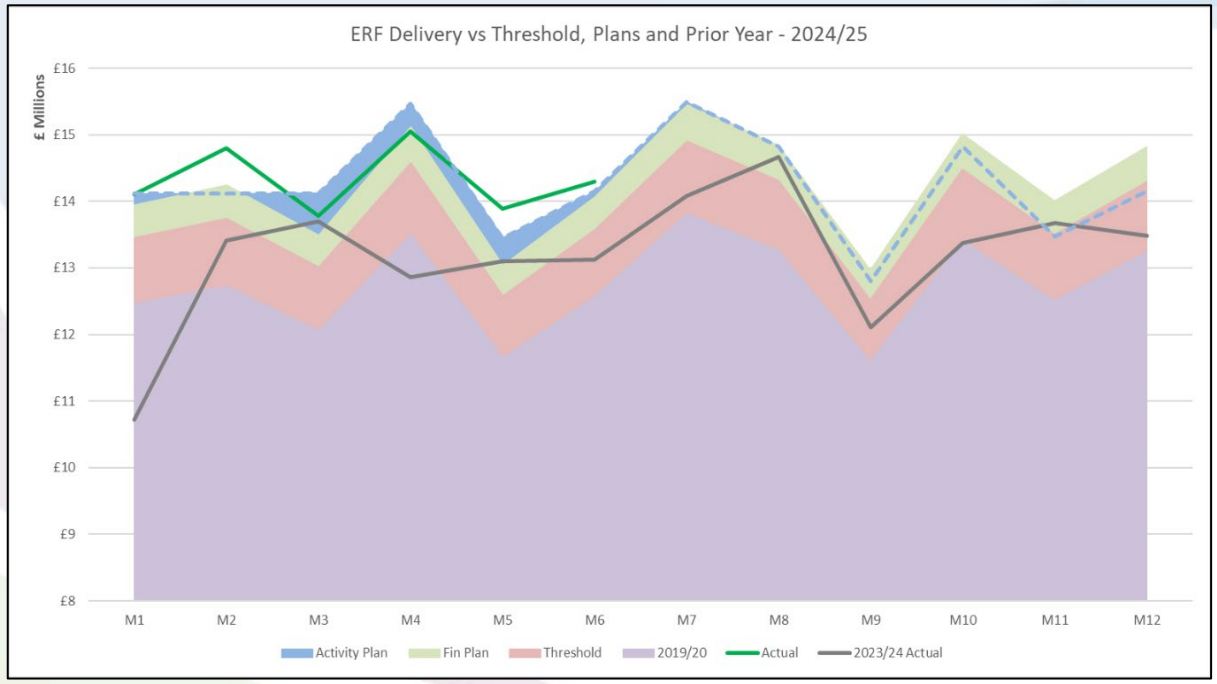
Key month 6 items within the position

These include:

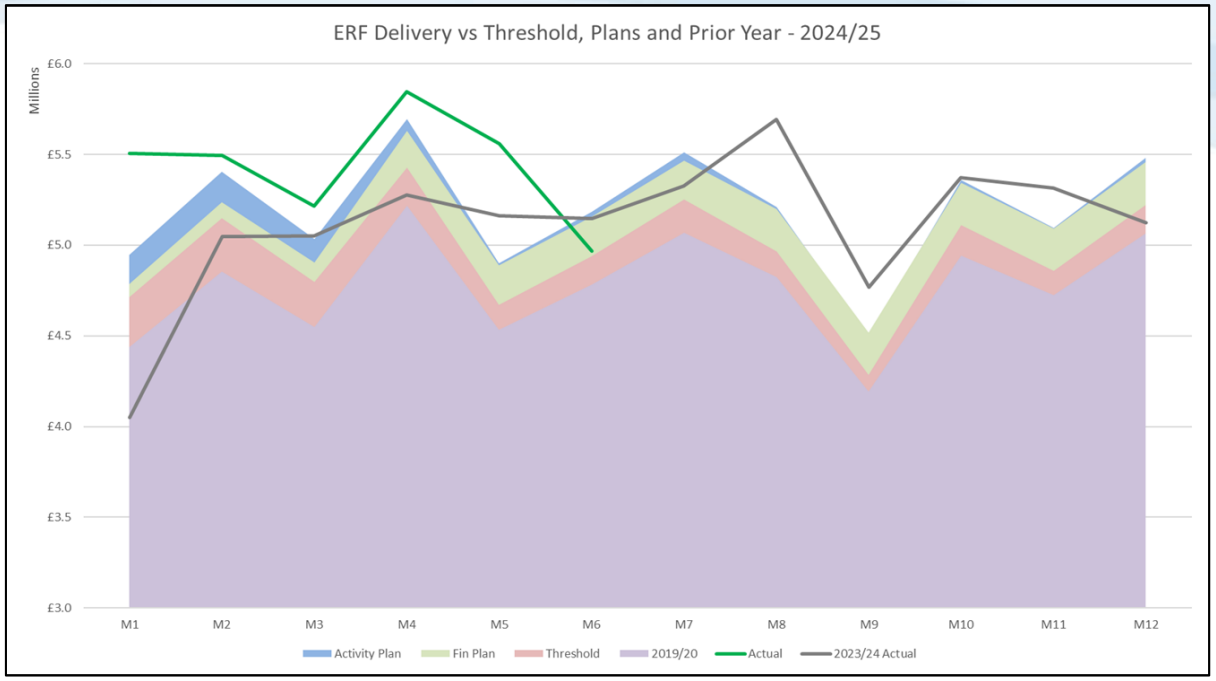
- **Industrial action** costs have now largely been covered by additional funding from the Centre.
- Income was on plan in month, with a £1.5m overperformance at WHT offsetting a £1.4m adverse variance at RWT. YTD overperformance for the group was £7.6m, £6.9m relating to WHT and £0.7m to RWT. YTD overperformance relates to ERF and other income offsetting costs, and Education and Training, as well as some SLA overperformance.
- **Pay** is £0.5m adverse in month and £4.2m adverse YTD. Both organisations are experiencing pressures related to activity, some of which is offset by income through ERF and hosted service> however there are also pressures from the cost of temporary staffing above planned levels for sickness/absence, some of which is premium cost. These are partially mitigated to a greater or lesser extent by pay underspends elsewhere in each organisation.
- **Non-Pay** is over spent by 0.4m in month and £2.6m YTD, primarily at WHT around activity, including ERF and in/outsourcing. Both organisations have pressures around insulin pumps and utilities costs.
- **Drugs** had a small underspend in moth of £0.2m, reducing the YTD overspend to £0.7m. This overspend is mostly at RWT and largely associated with activity and high cost drugs under block funding.
- **Efficiency performance** is broadly on plan YTD across both organisations. 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.

ERF Performance - 2024/25 YTD M6

RWT



WHT



Assumptions & basis

Technical ERF guidance and adjusted ERF thresholds have been be 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 M6

Point of Delivery	RWT			WHT			Group		
	Plan Activity	Actual Activity	Variance Activity	Plan Activity	Actual Activity	Variance Activity	Plan Activity	Actual Activity	Variance Activity
Elective	4,386	4,427	41	1,074	986	(88)	5,460	5,413	(47)
Planned Same Day	26,885	26,616	(269)	12,979	15,175	2,195	39,865	41,791	1,926
Outpatient Procedures	76,408	80,662	4,254	18,202	18,080	(122)	94,610	98,742	4,132
Procedures Total	**107,679**	**111,705**	**4,026**	**32,255**	**34,241**	**1,985**	**139,935**	**145,945**	**6,011**
Outpatient 1st	113,602	119,247	5,645	54,561	64,733	10,171	168,164	183,980	15,816
Grand Total	**221,281**	**230,952**	**9,670**	**86,817**	**98,973**	**12,156**	**308,098**	**329,925**	**21,827**

	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Elective	24,045	22,612	(1,433)	4,775	4,529	(246)	28,820	27,141	(1,679)
Planned Same Day	25,418	25,596	178	10,211	11,429	1,218	35,629	37,025	1,396
Outpatient Procedures	12,594	13,243	649	3,476	3,363	(113)	16,070	16,606	536
Procedures Total	**62,057**	**61,451**	**(606)**	**18,462**	**19,321**	**860**	**80,519**	**80,773**	**254**
Outpatient 1st	23,351	24,468	1,117	11,236	13,271	2,034	34,587	37,739	3,152
Grand Total	**85,408**	**85,919**	**511**	**29,698**	**32,592**	**2,894**	**115,106**	**118,512**	**3,405**

Both organisations ERF performance has been impacted by lost activity due to industrial action, totalling £0.7m, with £0.4m at RWT and £0.3m at WHT. However the group has managed to deliver a £3.4m favourable variance from continued overperformance. We have also received some additional income that mostly covers the lost income and additional pay costs associated with the industrial action, not presented here.

CIP performance YTD

	RWT				WHT				Group position			
	Annual Plan £m	Plan YTD £m	Actual YTD £m	Variance £m	Annual Plan £m	Plan YTD £m	Actual YTD £m	Variance £m	Annual Plan £m	Plan YTD £m	Actual YTD £m	Variance £m
Key schemes												
Workforce & Pay Reductions	22.4	6.3	6.2	(0.1)	9.8	2.4	1.8	(0.6)	32.2	8.7	8.0	(0.7)
Out of System contracts	7.3	3.8	3.8	(0.0)	6.5	2.2	2.2	0.0	13.8	6.0	6.0	(0.0)
Other Income and Coding	2.5	0.8	0.6	(0.2)				0.0	2.5	0.8	0.6	(0.2)
ERF stretch	2.1	1.1	1.1	0.0	4.5	0.8	0.8	0.0	6.6	1.9	1.9	0.0
Other Productivity	5.1	1.2	1.6	0.4				0.0	5.1	1.2	1.6	0.4
Pathology Network	0.9	0.2	0.3	0.1					0.9	0.2	0.3	0.1
Medicines management	1.1	0.5	0.5	(0.1)	0.6	0.3	0.3	(0.0)	1.7	0.8	0.7	(0.1)
Procurement	2.4	0.5	0.4	(0.1)	2.0	0.6	0.7	0.0	4.4	1.1	1.1	(0.0)
Diagnostic & other clinical services	4.3	1.4	1.4	0.0					4.3	1.4	1.4	0.0
Divisional & other schemes (pipeline)	0.7	0.3	0.4	0.1	3.4	1.2	1.9	0.6	4.1	1.5	2.3	0.7
Previously unidentified	2.7	1.4	1.4	0.0				0.0	2.7	1.4	1.4	0.0
Unidentified - remaining	16.1	0.0	0.0	0.0	1.9		0.0	0.0	18.0	0.0	0.0	0.0
Net reported surplus/(Deficit)	**67.6**	**17.6**	**17.6**	**0.1**	**28.7**	**7.5**	**7.6**	**0.1**	**96.3**	**25.1**	**25.3**	**0.1**

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

To date performance is broadly on plan YTD, with small overperformances in each organisation. The CIP target for Q3 and Q4 is significantly more challenging as the year-to-date plan represents 26% of the annual target for each organisation.

Unidentified CIP against plan is £18m, £16.1m for RWT and £1.9m for WHT. The unidentified plan for RWT of £16.1m is £3m worse than the start of the year due to £4m less than plan for the SSOT element of the UEC negotiation. WHT unidentified has reduced by £1.2m from a position that was £4.8m better than the start of the year due to the better than planned position received for UEC.

In addition to the £18m unidentified, there are a further £34.2m of CIP schemes in the forecast rated as either amber or red, £18.1m and £16m respectively.

Statement of Financial Position

STATEMENT OF FINANCIAL POSITION	RWT			WHT		
Statement of Financial Position for the month ending September 2024	Mar 2024 Actual	Sep 2024 Actual	Movement YTD	Mar 2024 Actual	Sep 2024 Actual	Movement YTD
NON CURRENT ASSETS	£000	£000	£000	£000	£000	£000
Property,Plant and Equipment - Tangible Assets	518,093	525,099	7,006	249,613	250,359	746
Intangible Assets	7,472	7,107	(366)	8,284	7,735	(549)
Other Investments/Financial Assets	11	11	0			0
Trade and Other Receivables Non Current	1,116	1,116	0	1,463	1,301	(162)
PFI Deferred Non Current Asset	1,597	1,597	0			0
TOTAL NON CURRENT ASSETS	**528,290**	**534,930**	**6,640**	**259,360**	**259,395**	**35**
CURRENT ASSETS						
Inventories	9,049	7,049	(2,000)	3,802	3,470	(332)
Trade and Other Receivables	45,357	75,654	30,298	31,044	34,770	3,726
Cash and cash equivalents	29,457	14,893	(14,564)	20,062	16,430	(3,632)
TOTAL CURRENT ASSETS	**83,863**	**97,596**	**13,734**	**54,908**	**54,670**	**(238)**
TOTAL ASSETS	**612,152**	**632,526**	**20,374**	**314,268**	**314,065**	**(203)**
CURRENT LIABLILITES						
Trade & Other Payables	(95,216)	(115,059)	(19,843)	(59,035)	(48,850)	10,185
Liabilities arising from PFIs / Finance Leases	(11,792)	(20,591)	(8,799)	(9,417)	(24,271)	(14,854)
Provisions for Liabilities and Charges	(2,171)	(3,117)	(945)	(156)	(156)	0
Other Financial Liabilities	(8,881)	(15,296)	(6,415)	(442)	(234)	208
TOTAL CURRENT LIABILITIES	**(118,061)**	**(154,063)**	**(36,002)**	**(69,050)**	**(73,511)**	**(4,461)**
NET CURRENT ASSETS / (LIABILITIES)	**(34,198)**	**(56,467)**	**(22,269)**	**(14,142)**	**(18,841)**	**(4,699)**
TOTAL ASSETS LESS CURRENT LIABILITIES	**494,091**	**478,463**	**(15,629)**	**245,218**	**240,554**	**(4,664)**
NON CURRENT LIABILITIES						
Trade & Other Payables	(179)	(87)	91			0
Other Liabilities	(23,915)	(20,280)	3,636	(180,952)	(177,755)	3,197
Provision for Liabilities and Charges	(1,437)	(1,437)	0	(290)	(290)	0
TOTAL NON CURRENT LIABILITIES	**(25,531)**	**(21,804)**	**3,727**	**(181,242)**	**(178,045)**	**3,197**
TOTAL ASSETS EMPLOYED	**468,561**	**456,659**	**(11,901)**	**63,976**	**62,509**	**(1,467)**
FINANCED BY TAXPAYERS EQUITY						
Public Dividend Capital	316,202	318,379	2,177	256,563	256,562	(1)
Retained Earnings	39,091	25,286	(13,805)	(261,266)	(262,732)	(1,466)
Revaluation Reserve	114,495	114,223	(273)	68,679	68,679	0
Financial assets at FV through OCI reserve	(1,418)	(1,418)	0			0
Other Reserves	190	190	0			0
TOTAL TAXPAYERS EQUITY	**468,561**	**456,659**	**(11,901)**	**63,976**	**62,509**	**(1,467)**

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

- RWT – Trade receivables include £25m of expected YTD deficit support funding. Trade payables include £12.5m of PSDS grant funding attributable to other system providers, £5.7m dividend creditors and £3.9m 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 receivables include expected YTD deficit support funding and are also higher from the year end position due to remaining outstanding income associated with LA, ERF, SDF and variable Diagnostics performance. Trade payables/accruals have reduced due to the payment of invoices and release of balance sheet provisions within the plan.

Cashflow as at 30th September

	RWT	WHT	Combined
	Sep-24	Sep-24	Sep-24
OPERATING ACTIVITIES	Actual £'000	Actual £'000	Actual £'000
Total Operating Surplus/(Deficit) (gross of control total adjustments)	**(6,498)**	**6,503**	**5**
Depreciation	16,781	7,320	24,101
Fixed Asset Impairments	0	0	0
Transfer from Donated Asset Reserve	0	0	0
Capital Donation Income	(2,950)	(5,931)	(8,881)
Interest Paid	(1,621)	(4,008)	(5,629)
Dividends Paid	(5,693)	(507)	(6,200)
Release of PFI /Deferred Credit	0	0	0
(Increase)/Decrease in Inventories	2,000	332	2,332
(Increase)/Decrease in Trade Receivables	(31,877)	(8,132)	(40,009)
Increase/(Decrease) in Trade Payables	23,341	(5,620)	17,721
Increase/(Decrease) in Other liabilities	6,404	(208)	6,196
Increase/(Decrease) in Provisions	945	0	945
Increase/(Decrease) in Provisions Unwind Discount	0	0	0
NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITES	**833**	**(10,251)**	**(9,418)**
CASH FLOWS FROM INVESTING ACTIVITIES			
Interest Received	1,109	443	1,552
Payment for Property, Plant and Equipment	(17,626)	(6,660)	(24,286)
Payment for Intangible Assets	(384)	0	(384)
Receipt of cash donations to purchase capital assets	2,950	5,931	8,881
Proceeds from sales of Tangible Assets	12	0	12
Proceeds from Disposals	0	0	0
NET CASH INFLOW/(OUTFLOW) FROM INVESTING ACTIVITIES	**(13,939)**	**(286)**	**(14,225)**
NET CASH INFLOW/(OUTFLOW) BEFORE FINANCING	**(13,105)**	**(10,537)**	**(23,642)**
FINANCING			
New Public Dividend Capital Received	2,177	11,860	14,037
Capital Element of Finance Lease and PFI	(3,636)	(4,955)	(8,591)
NET CASH INFLOW/(OUTFLOW) FROM FINANCING	**(1,459)**	**6,905**	**5,446**
INCREASE/(DECREASE) IN CASH	**(14,564)**	**(3,632)**	**(18,196)**
CASH BALANCES			
Opening Balance at 1st April 2024	29,457	20,062	49,519
Closing Balance at 30th September 2024	**14,893**	**16,430**	**31,323**

Summary:

The cash balance is £41.4m, a decreasee of £10.1m, primarily as a result of the operational deficits in both organisations YTD and that the cash from deficit support funding had not yet been received. RWT cash has decreased in month by £3m and WHT has increased by £6.6m. mostly due to the transfer of hosted PSDS income from RWT to WHT o £6.7m. RWT cash position includes £12.5m of PSDS grant funding relating to other system providers.

Cash and working capital is being closely monitored and managed.

Cash Support:- In October the ICB received deficit support funding of £120m and distributed this along with its planned surplus, amongst organisations with deficits. The receipt of this funding has been in equal 12ths, with 7 months being received in October. This will mean that it is unlikely for either Trust to require further cash support in Q3, though remaining plan deficits and risks will need to be monitored for Q4 impact.

Care Colleagues Collaboration Communities

Capital RWT

The Trust has spent £23.7m of Capital YTD to 30th September 2024, which is an underspend of £2.4m against planned YTD Capital of £26.1m.

•CRL is behind plan YTD by £0.8m with a spend of £8.9m. The Trust is forecasting to meet planned CRL of £13.3m though this is requiring significant management to contain priority schemes within the allocation. The Capital Review Group is assessing the prioritisation of schemes before approving expenditure.

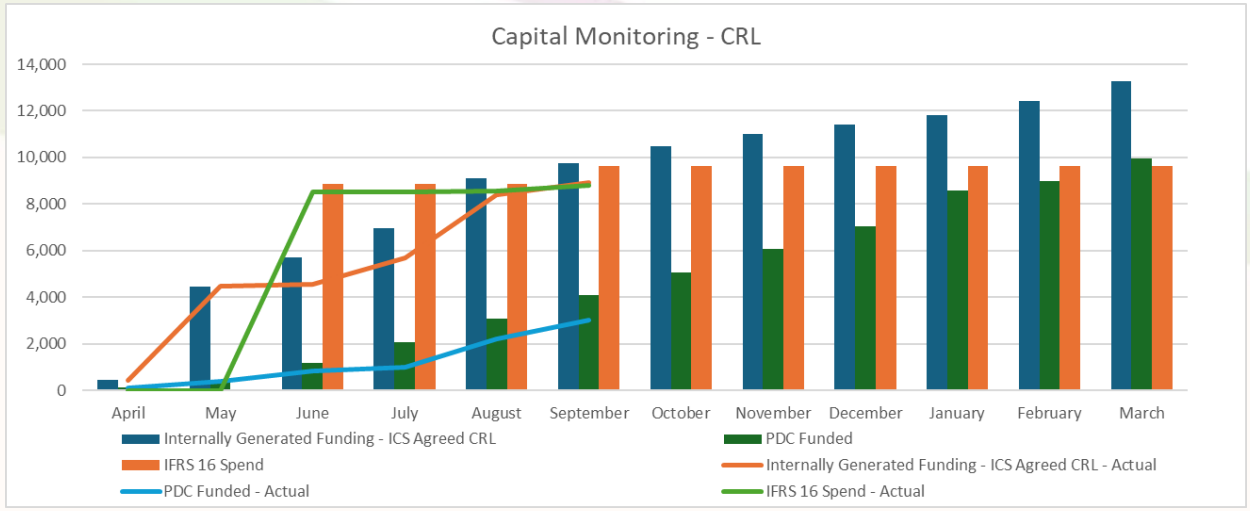
•PDC expenditure is behind plan by £1.1m YTD, with a spend of £3.0m due to phasing of the Plan and current timing of orders. The Trust plans to meet the full year forecast spend of £10.0m.

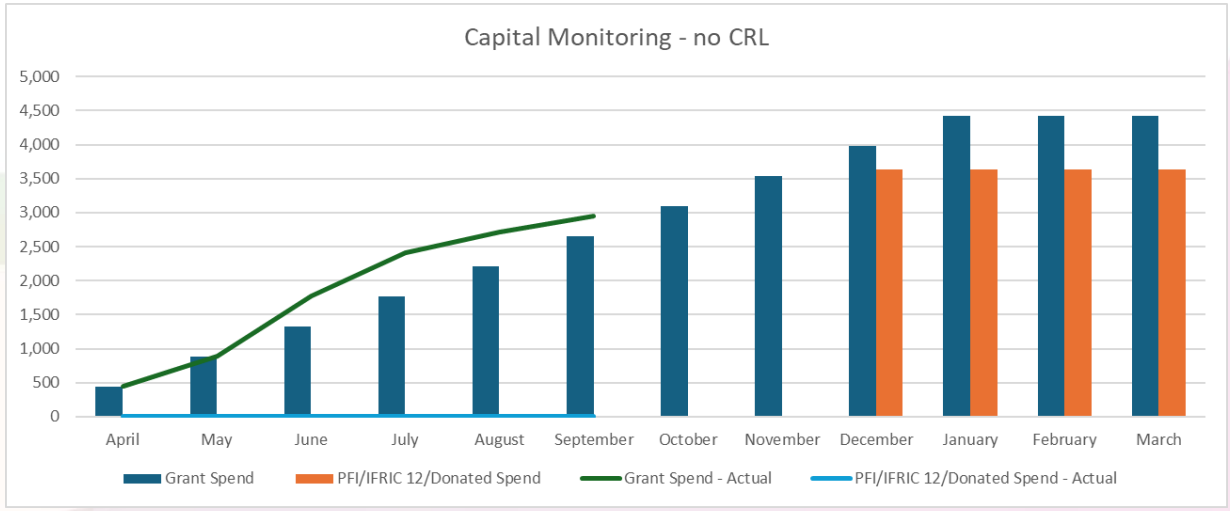
•IFRS 16 (or renewed leases) CRL is behind plan by £0.8m YTD due to delay in commercial negotiations on a BCPS lease, with a YTD spend of £8.5m. No variance is forecast.

•IFRIC 12 related capital spend zero YTD in line with plan and forecast to achieve the full year plan of £3.7m.

In addition to the items above monitored by NHSE, the Trust also receives grant funding:
•Grant Funding for the PSDS programme is ahead of plan by £0.3m YTD, with a spend of £3.0m and is forecast to be on plan at £4.4m for the year.

Capital spend against submitted plan £'000	YTD PFR Plan	YTD Actuals	Variance
ICS CRL			
Backlog / Critical Infrastructure / Compliance	1,966	789	(1,177)
Radiotherapy & Aseptics Unit	5,759	7,572	1,813
Medical Equipment	1,207	159	(1,048)
ICT Schemes	830	414	(416)
Total ICS CRL	9,762	8,934	(828)
PDC BACKED			
IEPR	1,968	1,848	(120)
RAAC Yr 2	2,107	1,163	(944)
Diagnostics	0	0	0
Total PDC Backed	4,075	3,011	(1,064)
IFRS 16	9,614	8,800	(814)
TOTAL CRL	**23,451**	**20,745**	**(2,706)**
NON-CRL			
PSDS Grant 3b	2,655	2,950	295
IFRIC 12 (PFI)	0	0	0
TOTAL NON-CRL	**2,655**	**2,950**	**295**





Capital - WHT

The trust has spent £7.5m of Capital & IFRS16 YTD to 30th September 2024, which is an underspend of £4.9m against planned YTD Capital of £12.4m. Of the £7.5m YTD Spend:

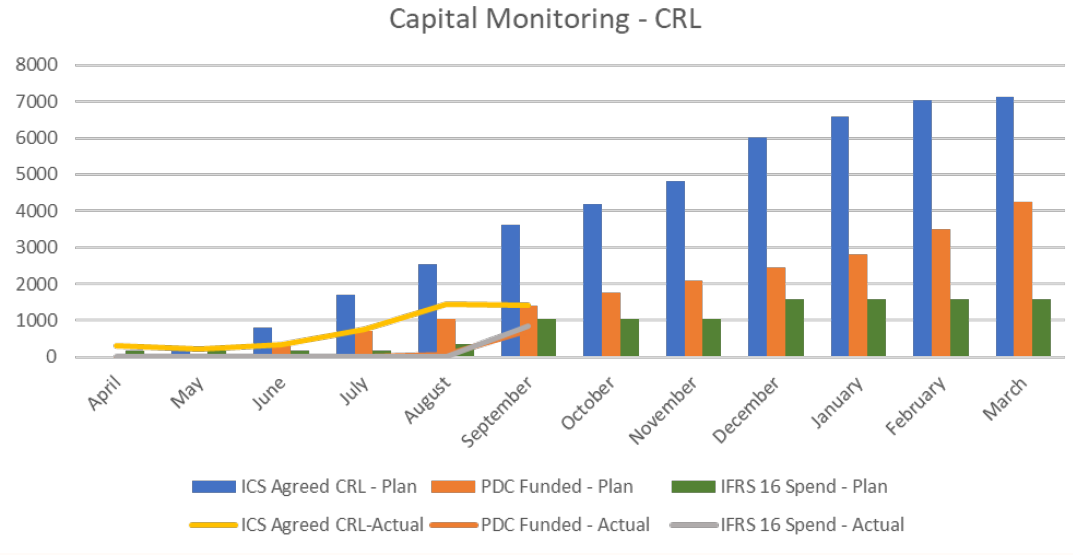
- £3m YTD Capital spend relates to CRL including IFRS16 and PDC spend and of this:
  - £1.5m relates to capital spend which the ICS is measured against, and represents an underspend against plan of £2.1m due to timing of orders.
  - £0.2m relates to IM&T PDC spend YTD, with a £1.2m underspend against plan due to timing, whilst the supporting business case goes through approval process.
  - MMUH PDC spend of £0.5m YTD and IFRS16 Spend of £0.8m with a combined adverse variance of £0.2m vs plan YTD.

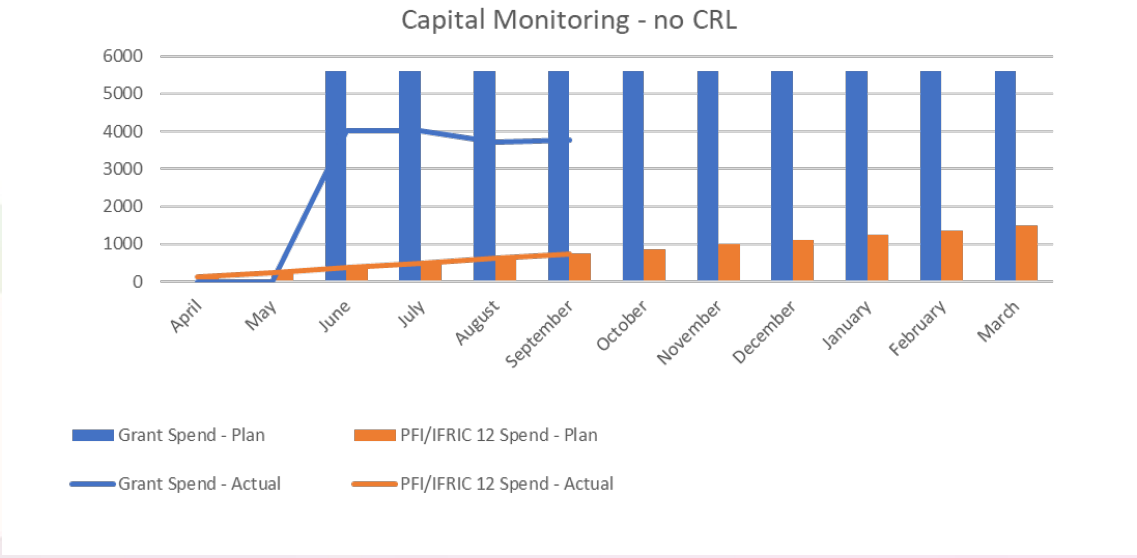
  The trust expects to meet the CRL plan of £13m at the end of the year.

- The balance of the YTD Capital spend of £4.5m relates to PFI/IFRIC 12 capital of £0.7m, which is on plan, and PSDS grant spend of £3.7m with a underspend of £1.9m vs plan YTD.

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

Scheme	M6 YTD Budget	M6 YTD Spend
	£'000s	£'000s
Estates:		
PFI Lifecycle:	744	744
Old ED works	500	395
Theatres 1-4 Refurb	1,432	273
Estates Lifecycle	245	170
Health Records	500	421
Aseptic Suite	750	-
New Build-Non Clinical (PSDS Match Funding)	5,595	3,726
Estates Total	**9,766**	**5,730**
Medical Equipment:		
Medical Equipment	200	204
Medical Equipment Total	**200**	**204**
Information Management & Technology:		
IT Equipment	-	-
Information Management & Technology Total	**-**	**-**
PDC Funding		
IM&T PDC Funding	1,400	219
PDC Funding Total	**1,400**	**219**
Additional PDC Funding		
ACTIF PDC Funding-MMUH	-	507
Additional PDC Funding Total	**-**	**507**
IFRS16	**1,050**	**853**
Total IFRS16	**1,050**	**853**
Grand Total	**12,416**	**7,513**





Title of Report	Exception Report from Group People Committee	Enc No: 8.1
Author:	Emma Ballinger, Interim Director of Operational HR & OD Clair Bond, Interim Director of Operational HR & OD	
Presenter:	Junior Hemans & Allison Heselltine, Non-Executive Directors and Committee Co-Chairs	
Date(s) of Committee Meetings since last Board meeting:	20 September 2024 25 October 2024	

Action Required			
Decision	**Approval**	**Discussion**	**Receive for Information & Assurance**
Yes☐No☒	Yes☐No☒	Yes☒No☐	Yes☒No☐

20 September 2024

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	**MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY**
• An in-depth discussion of the M5 workforce position was held and remains challenged. Work on divisional trajectories is in progress, MMUH workforce for WHT is a contributing factor to the Increased position. Resident Doctor in take also a contributor. • Student nursing workforce, outturn exceeding posts so back into a competitive market, actively exploring solutions to place students and position is fluid but being closely monitored and managed	• Executive workforce metrics were unavailable at the time of the meeting due to the meeting being held earlier in the month due to a clash with GCEO interviews. The report will be circulated with the minutes.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• Swartz round annual report was received, positive work and feedback and joint events with RWT and WHT have been a success. • Joint staff engagement and surveys update was received, the staff survey is due to launch imminently. This linked to People Promise update also received by the committee. • The committee had discussed the national position and remain sighted on developments. Specific discussions were held around NHS LTWP 10 year plan and progress nationally work to align mandatory training.	• The committee asked to remain sighted on the student nursing position and for updates to be included at future committees.

25 October 2024

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• M6 position against planned 24/25 workforce reductions is off plan for both trusts with different drivers; at RWT substantive workforce is above plan and WHT temporary staff, primarily bank WTE is above plan. There was significant debate around the position and the drivers of the position and the impact on the 24/25 M12 trajectory. • The Committee noted that the 2024 NHS National Staff Survey continues to be live (ending 29 November) at both Trusts and noted the improvement targets (40% RWT and 50% for WHT)	• The Committee requested a single paper relating to e-rostering / unused hours for RWT at the November meeting. • The Committee requested further analysis of internal leavers and starters data to ensure there is a clear understanding of turnover and internal movement.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• The Committee received the first joint report detailing key recruitment and retention activity including recruitment KPI's. • The Committee also received joint reports relating to (i) organisational development activity (ii) being a safe and healthy place to work and (iii) recruitment and retention. All reports outlined significant activity at each Trust and provided assurance of joint working at group in accordance with the Joint Enabling People Strategy. • The Committee received the Q1 & Q2 activity report from both the RWT and WHT Freedom to Speak Up (F2SU) on behalf of the Board. • The Committee took assurance from the presentation of the Allied Health Professional (AHP) Workforce Supply Plan aligned to the NHS England National AHP Strategy. • F2SU seen on be consideration on behalf of board	• The committee reviewed the current workforce key performance indicators and agreed that at this point in time there are no changes to the Workforce thresholds and targets.

Tier 1 - Paper ref:	Enc 8.2

Report title:	Group Workforce Metrics Report
Sponsoring executive:	Alan Duffell, Group Chief People Officer
Report author:	Sebastian Smith – Cox (Group Head of Workforce Intelligence & Planning)
Meeting title:	Group Trust Board
Date:	25 October 2024

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

The report provides an update regarding key workforce indicators.

At RWT

- Vacancy rate as increased from 6.99% in August to 7.30% in September.
- Turnover and Retention rates have been consistently stable.
- In month sickness absence has reduced from 5.39% in July to 5.09% in August.
- Mandatory Training Compliance rates has remained static in September at 96.49% this is a 0.02% decrease from August.
- Appraisal has decreased from 85.9% to 84.58% in September and remains rated as amber.

AT WHT

- Vacancy rate as increased from 91.4% in August to 95% in September in line with the focus to reduce workforce costs.
- Turnover and Retention rates have remained relatively static
- In month sickness absence has reduced from 6.4% in August to 6% in September.
- Mandatory Training Compliance rates has decreased slightly from 90% in August to 89.9% in September
- Appraisal has decreased from 81% to 79.8% in September.

2. Alignment to our Vision [indicate with an 'X' which Strategic Objective[s] this paper supports]		
Care	- Excel in the delivery **Care**	☐
Colleagues	- Support our **Colleagues**	☒
Collaboration	- Effective **Collaboration**	☐
Communities	- Improve the health and wellbeing of our **Communities**	☐

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

Group People Committee

4. Recommendation(s)
The Trust Board is asked to:
a) Note and discuss the content of this report within the context of Trust performance management objectives, and strategic objectives related to people and organisational development.
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	☐	*Financial sustainability and funding flows.*
RWT Board Assurance Framework Risk SR16	☐	*Activity levels, performance and potential delays in treatment.*
RWT Board Assurance Framework Risk SR17	☐	*Addressing health inequalities and equality, diversity and inclusion.*
RWT Board Assurance Framework Risk SR18	☐	*Potential cyber vulnerabilities and data breaches.*
WHT Board Assurance Framework Risk NSR101	☐	*Data and systems Security (Cyber-attack)*
WHT Board Assurance Framework Risk NSR102	☐	*Culture and behaviour change (incorporating Population Health)*
WHT Board Assurance Framework Risk NSR103	☒	*Attracting, recruiting, and retaining staff*
WHT Board Assurance Framework Risk NSR104	☐	*Consistent compliance with safety and quality of care standards*
WHT Board Assurance Framework Risk NSR105	☒	*Resource availability (funding)*
WHT Board Assurance Framework Risk NSR106	☒	*Equality, Diversity, and Inclusion (incorporating Staff, Patients and Population Health)*
Corporate Risk Register [Datix Risk Nos]	☐	
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

Executive Summary Workforce Report

Group Trust Board
Alan Duffell
Group Chief People Officer

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

Care Colleagues
Collaboration Communities

Executive Summary

Key workforce metrics at RWT for turnover, retention and Mandatory Training continue to remain with agreed target ranges with an improved performance from the previous month. As expected, and as in line with the 24/25 workforce plan, the vacancy rate has increased. Sickness absence and appraisal compliance remain a challenge.

The WHT workforce metrics present a more challenged position with turnover and retention remaining stable and as expected, and as in line with the 24/25 workforce plan, the vacancy rate has increased. Mandatory Training as delivered by 0.01% and is for the first time YTD has dropped just below the 905 range and is therefore not a cause of concern at this stage. Appraisal compliance remains below the target range and is a core areas of focus for improvement with aligning the process and monitoring to My Academy being planned for Q4.

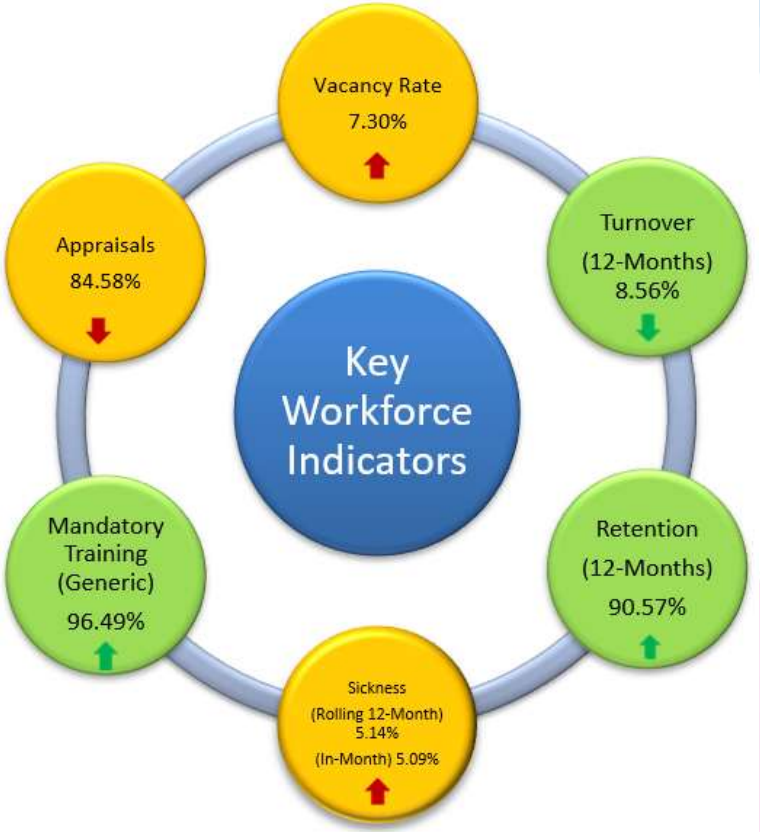
The Workforce teams from both Trusts continue to work on a variety of priority areas, including:

1. Both Trusts launched the Flu and Covid vaccine programme at the beginning of October and levels of uptake will be provided to the Committee in future reports.
2. The 2024 NHS National Staff Survey has commenced. WHT launched the survey on the 18 September and RWT launched on the 26 September 2024. As at 18 October, response rates for WHT (day 2) were 40.1% and RWT (day 21) were 15.2%. The survey will close on the 29 November 2024.
3. Work continues towards resolving the B2/B3 healthcare worker review. The Trust has developed three project groups to support both the transition of eligible staff and backpay arrangements; (i) Partnership Project Group (HR and Unions), (ii) Operational Group (Senior nursing & HR) and (iii) Internal systems project group.
4. HR and OD teams have been working together to develop resources to support the Sexual Safety in the Workplace Charter and in readiness for the Sexual Harassment Duty known as the Worker Protection (Amendment of Equality Act 2010) Act 2023, due to be law from 26 October 2024. This work will now be able to include the resources launched by NHS England on the 17 October 2024 including the launch of a Sexual Misconduct Policy.
5. During September both Trusts have continued to prepare for the implementation of the 24/25 pay deal this have focused in three main areas; (i) working with colleagues whose salary sacrifice arrangements have been impacted by the increase in the national minimum wage, (ii) ensuring colleagues wish to receive back pay in instalments are supported to do so and (iii) implementing the intermediate pay points for Band 8a and above.
6. The Medical Resourcing teams continue to work closely together with other relevant stakeholders towards the NHS England framework to Improve the Working Lives of Resident Doctors (as referenced in the 24/25 NHS Operating Plan) and to implement the Consultant Contract.

RWT Key Workforce Metrics

RWT Key Highlights

- Turnover is below target at 8.56%, with limited assurance of long-term target achievement maintained by a consistently improving trend.
- The Retention Rate meets the 90% target at 90.57%, offering no assurance regarding long-term target achievement.
- The 7.30% vacancy rate has maintained assurance, in the context of a 24-month trend, that the 6% target will be consistently met. 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 an Aug-24 outturn of 5.09%.
- Mandatory training (Generic) compliance rates exceed the 90% target, with performance remaining stable at 96.49%, providing long-term target achievement assurance.
- Appraisal compliance performance decreased to 84.58% during August 2024, with a lack of assurance, within a 24-month trend, that the 90% target could be met.

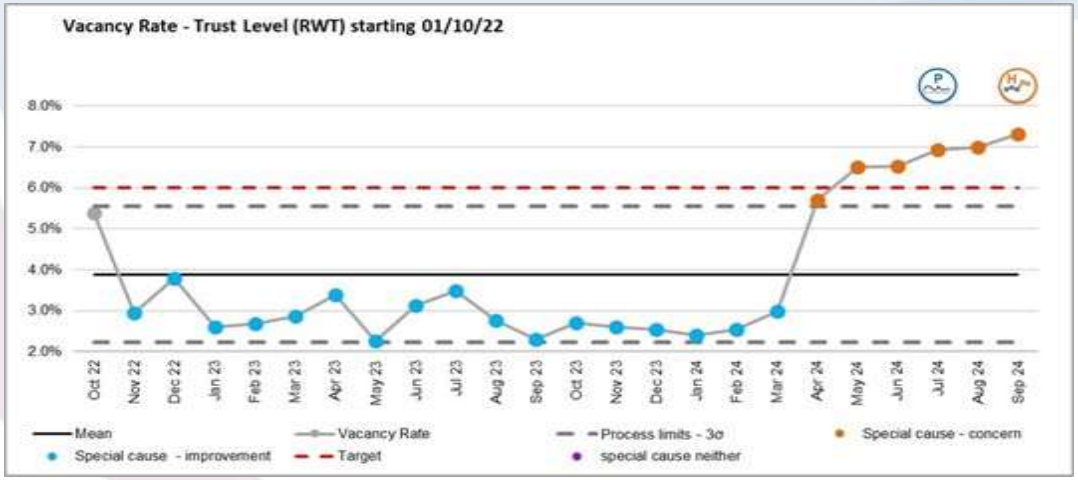


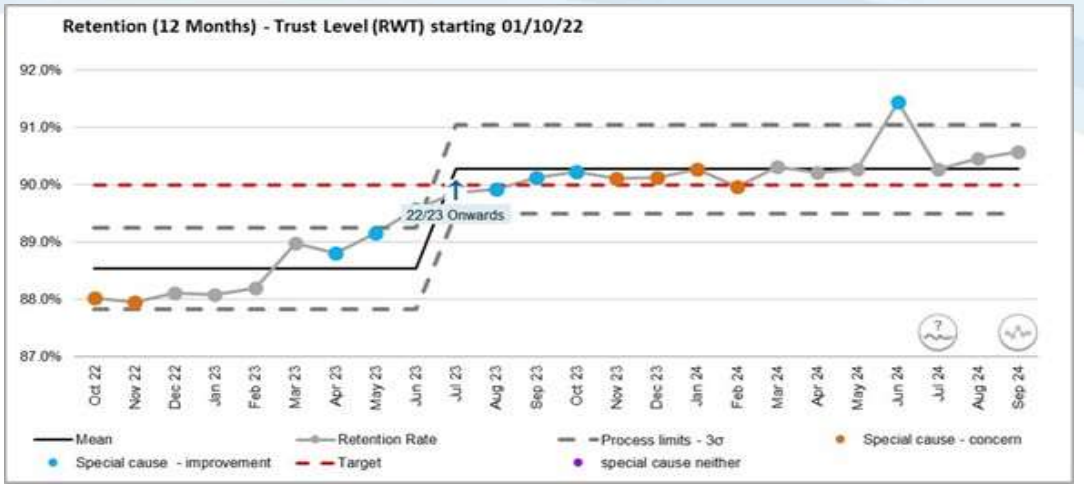
WHT Key Workforce Metrics

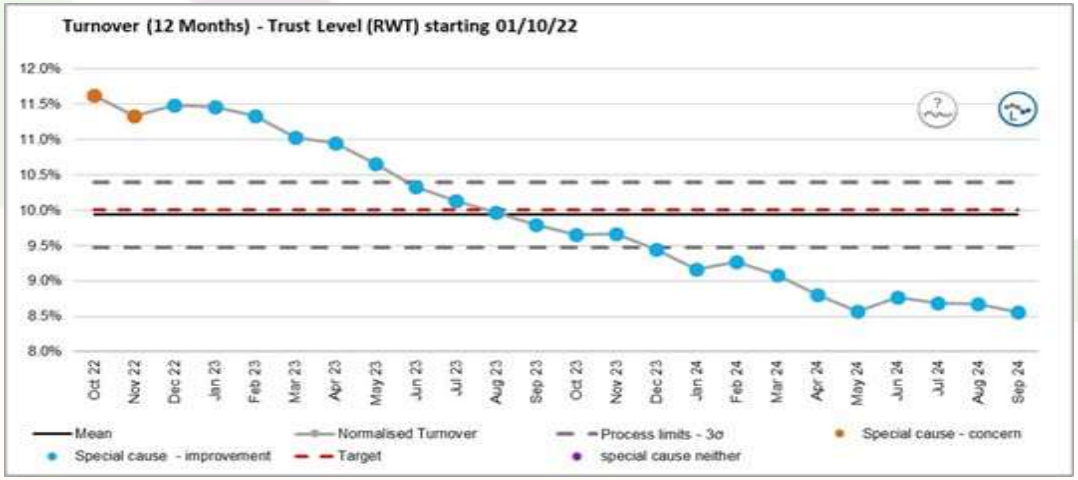
WHT Key Highlights

- Whilst the current 12-month turnover 11.8% rate reflects improved performance, there is a lack of assurance regarding the consistent achievement of a 10% target.
- Despite a reduction month on month, assurance can be provided that the 12-month retention rate, currently 91.7%, will meet the 90% target following continued performance trend improvement.
- The 9.5% vacancy rate offers limited assurance, in the context of a 24-month trend, that the 6% target will be consistently met, with performance getting worse.
- There is no current assurance of meeting the rolling 12-month sickness absence rate 5% target, with the rise to 6.4% during September 2024, confirming a worsening performance trend.
- The mandatory training compliance rate of 89.9% 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 79.8%, will consistently achieve the 90% target, although the performance trend is getting better.

Attract, Recruit & Retain – RWT Trust







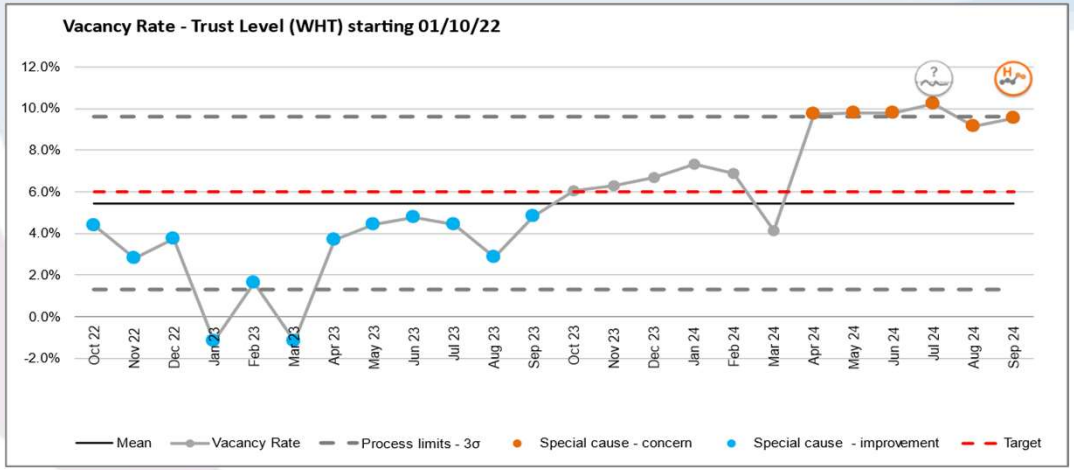
Key Issues & Challenges

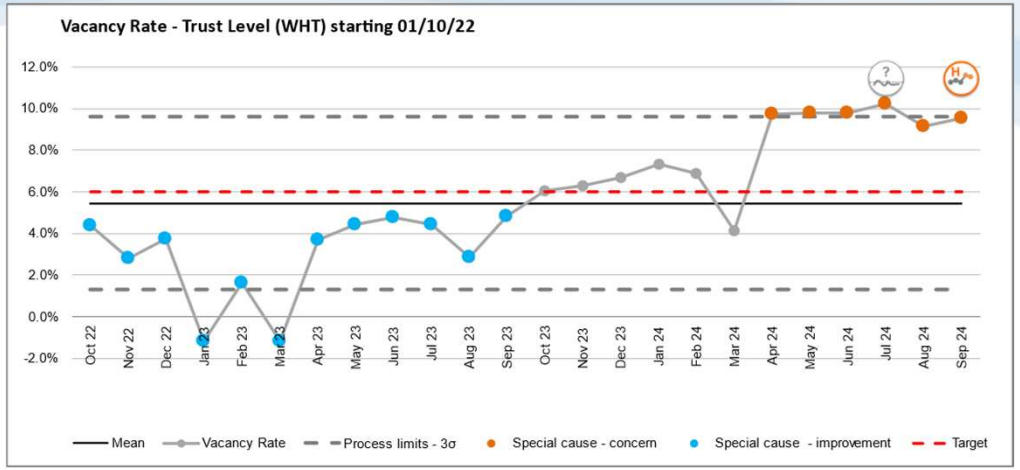
- The vacancy rate continues to be above target at 7.30% though long-term assurance of target achievement is maintained.
- The highest rates are against Allied Health Professionals, Healthcare Scientists, Medical & Dental and NHS Infrastructure Support Staff Groups, all returning vacancy levels above target.
- 12-month Retention has increased month-on-month, the current 90.57% rate continues to meet the target. Though this is an erratic trend that can't provide long-term target assurance.
- 12-month normalised turnover has remained stable at 8.56%, 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.

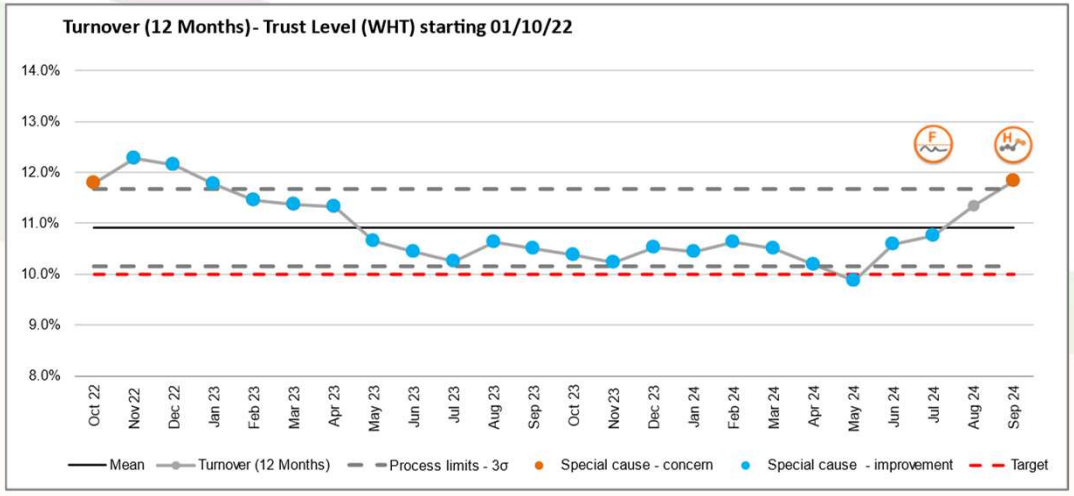
Key Actions & Progress

- Active work continues to identify hard-to-fill posts.
- Vacancies and workforce plans continue to be reviewed at DPR meetings and a number of Management of Changes are under review for divisions.

Attract, Recruit & Retain – WHT Trust







Key Issues & Challenges

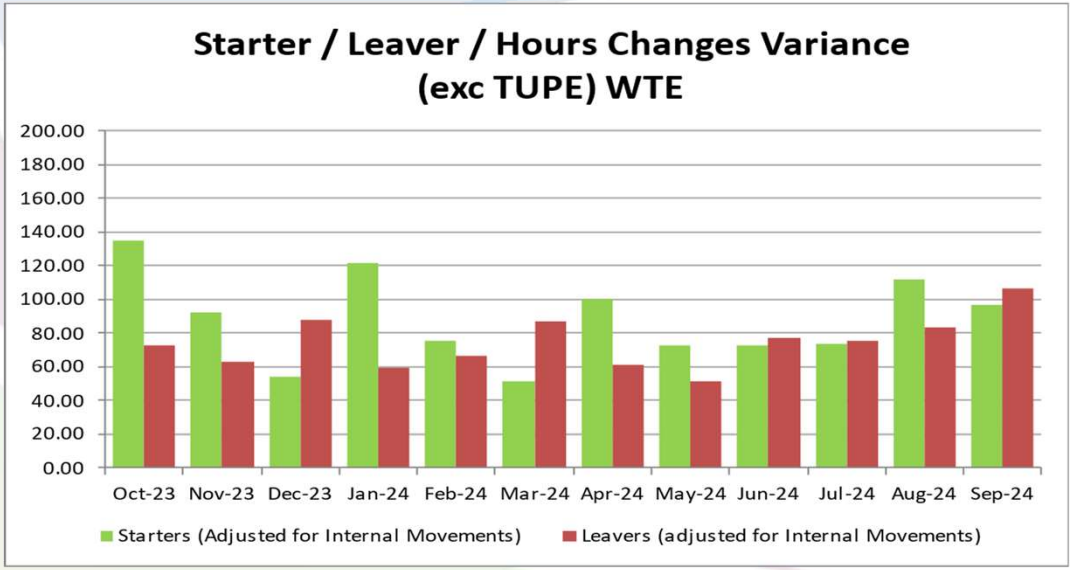
- The reported vacancy position reflects a month-on-month 0.48 FTE increase in the budgeted establishment, reconciled against a 17.07 FTE reduction in the actual workforce, as per the month-end finance ledger.
- Most budgeted establishment reductions align with the Administrative and Clerical (A&C) staff group, whereby A&C funding decreased by 4.02 FTE.
- 12-month Retention and Turnover trends should be viewed within the context of strategic WTE reductions, with work-life balance, external promotion and relocation remaining the top reasons for voluntary resignation.

Key Actions & Progress

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

Attract, Recruit & Retain

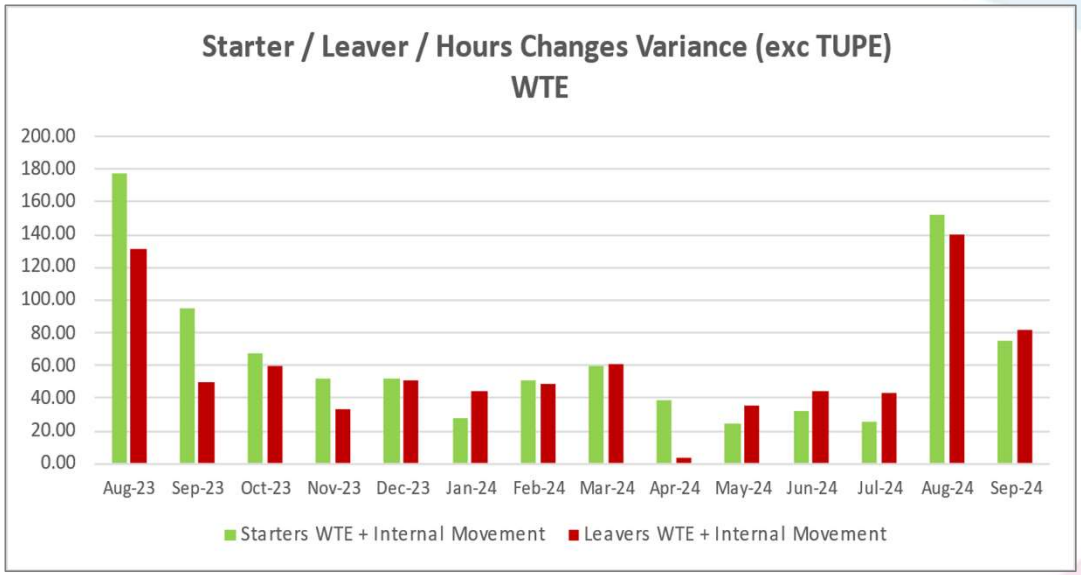
RWT :



Key Issues & Challenges

- In-month, there were more leavers (104 WTE) than starters (97 WTE).
- This gap was offset by internal movements and hours changes, resulting in the overall substantive position remaining static month on month.
- For August there were more leavers (111 WTE) than starters (78 WTE). Internal movements and hours changes amounted to a net decrease in WTE, with the substantive workforce, excluding rotational doctors, nominally lower month on month.

WHT :

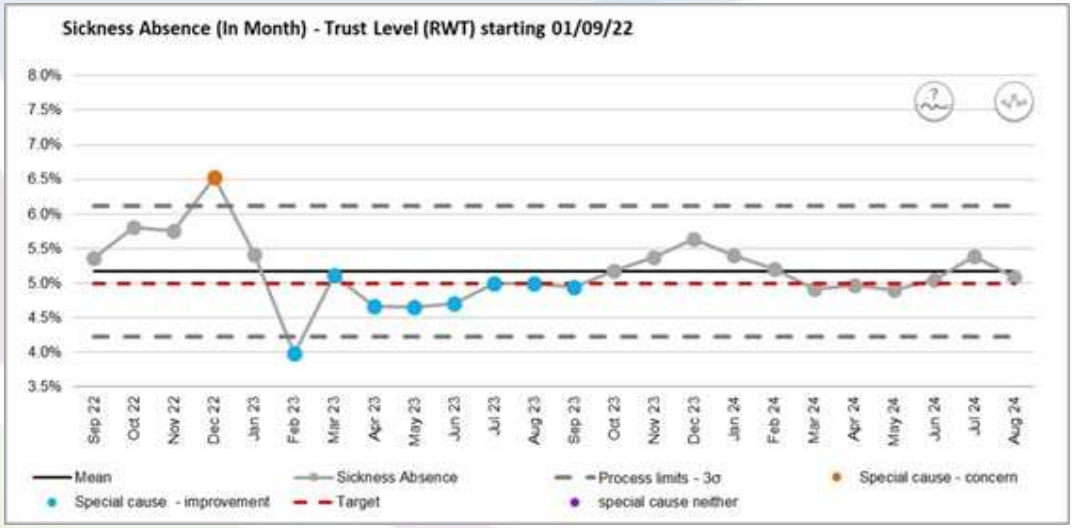


Key Issues & Challenges

- There were more external leavers (82 WTE) than external leavers (70 WTE) during the month.
- Triangulated against internal movements and contract changes, it can be seen that 2024/25 workforce reduction strategies continue to shape substantive workforce deployment levels, with the substantive workforce, excluding rotational doctors, remaining on a downward trajectory.
- 52 WTE newly qualified nurses will join the Trust over Q3, commencing in September.
- The Trust began recruitment to support MMUH impact

Health and Wellbeing

RWT :



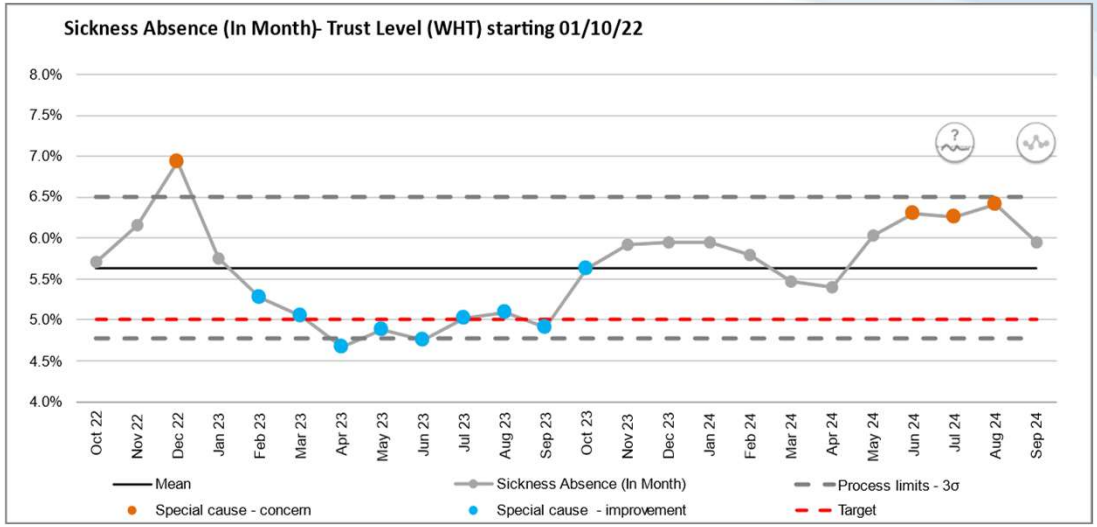
Key Issues & Challenges

- Sickness absence is reported one month in arrears.
- The in-month sickness figure is above target, at 5.09%.
- Short-term sickness for August 2024 is 1.77% within the historical threshold and has been improving trajectory.

Key actions & Progress

- Absence management training paused during the winter period but is available upon request and case continue to be managed monthly.
- 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.
- Flu and Covid vaccination campaign is now live and includes clinics on all RWT sites. Vaccinations are being delivered by peer vaccinators and the OH team.

WHT :



Key Issues & Challenges

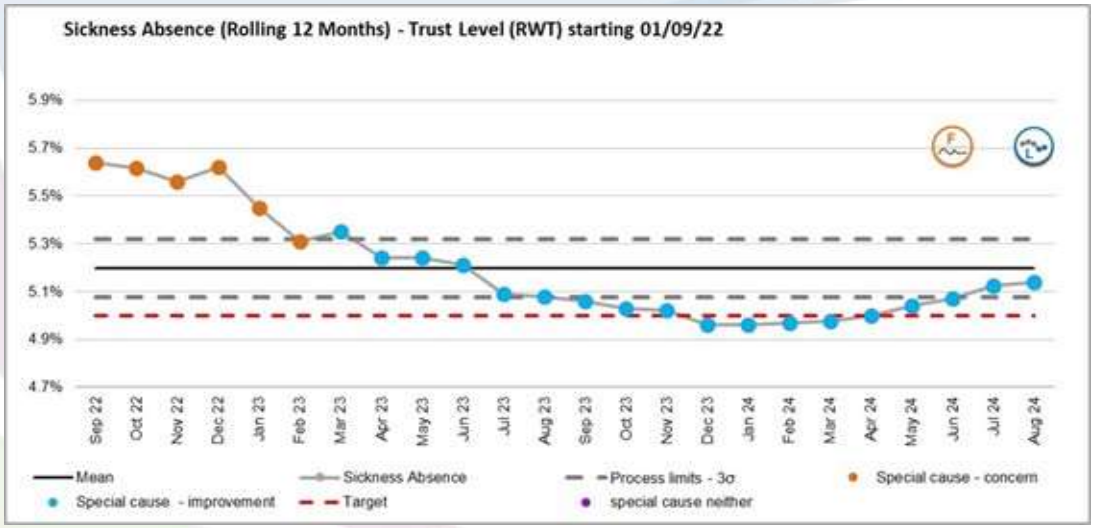
- In-month sickness absence, 5.95% during September 2024, is above the 24-month average. Performance within the two-year trend context remains stable, with limited confidence regarding target achievement.
- Increased short-term absence within corporate areas and rising long-term sickness episodes among Estates & Facilities colleagues are offset by reduced sickness absence within clinical divisions.
- 27.2% of staff have triggered the absence management policy by having three or more sickness absence episodes during the 12 months to September 2024.

Key actions & Progress

- The trust continues to work in line with the sickness absence reduction plan which was presented to GPC in July 2024 – an update against progress will be provided in November 24.
- From the 3 October 2024 the Covid and Flu vaccine programme will commence.
- Attendance Policy training for all line managers has commenced with over 200 managers attending.

Health and Wellbeing

RWT :



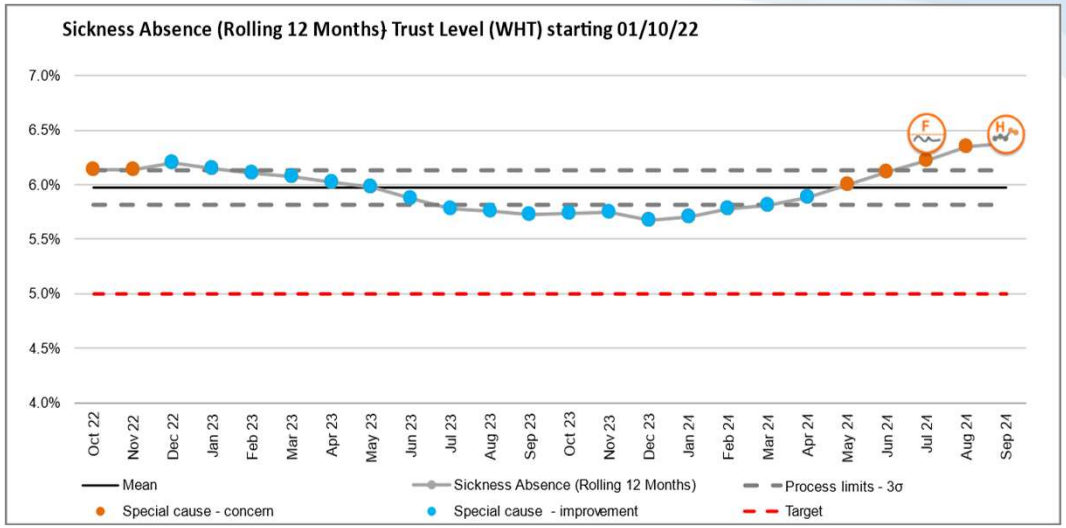
Key Issues & Challenges

- The rolling 12-month sickness figure has also increased slightly to 5.14%.
- Long-term absence is 3.37%, above the threshold and steadily worsening.

Key actions & Progress

- A detailed sickness absence management plan has been implemented to ensure robust management of all cases.
- The Attendance Oversight Group meet monthly to discuss and review current absences and review what management has been taken. This group reviews the reasons for absence and includes OH&W, HR Advisory and Workforce Intelligence representatives.
- HR Advisory Team is working through NHS England's Improving Attendance Toolkit, and further updates will be provided through regular updates to Group People Committee.

WHT :



Key Issues & Challenges

- The rolling 12-month sickness absence rate, whereby sickness absence during the 12 months to September 2024 was 6.38%, 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.

The Royal Wolverhampton NHS Trust

Title of Report	Exception Report from Quality Committee	Enc No: 8.3
Author:	Name and Position: Professor Louise Toner - NED	
Presenter:	Name and Position: Professor Louise Toner -NED	
Date(s) of Committee Meetings since last Board meeting:	25th September and 30th October 2024	

Action Required

Decision	Approval	Discussion	Received for Information & Assurance
Yes☐No☒	Yes☐No☒	Yes☒No☐	Yes☒No☐

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
The Trust remains in Tier 1 scrutiny with NHSE as a result of our Cancer Metrics. However, this is an improving picture, and it is to be anticipated that the tiering with be reviewed in the new year. Gynaecology and urology remain the most challenged tumour site, with mutual aid in place where available. Diagnostics, whilst improving continued to be challenged in some areas, impacting performance against targets. The stroke metric re patients being cared for in a stroke unit was again below target due to capacity challenges and the increased numbers of Stroke patients. Changes to the Venous Thrombo Embolism assessment time and the delay in the VITALS system being upgraded to facilitate this, discussions are being held with EPMA to assist that means to complete the data required on the EPMA system a VTE assessment has to be conducted.	It was confirmed that, despite the best efforts of the Trust, the contract with Black Country Health Care for a Responsible Clinician has not, as yet been signed. The issue has been escalated and discussions are ongoing to resolve this matter. It was noted that within the IQPR Report the community/primary care metrics were not included. Clarification is being sought. It may be that the new Integration Committee is covering this, however, it was felt important that this information continues to come to Quality Committee. An external Mortality Review re Stroke Mortality will take place on the 28th and 29th November. It is anticipated that the 45 minute drop off time by ambulance crews will commence in January 2025.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
Continuous Quality Improvement Report received that identified important developments, identified star award winners spread across disciplines and services. The inclusion of patient partners was a welcomed development. The Spotlight on Quality initiative goes live in November. There have been 7 new risks added to the Trust Risk Register.	The Committee did not support the F&P decision to reduce the risk score based on the Quality Committee remit regarding Cancer Performance. It agreed to review the risk target and represent the proposal at the November meeting. It was reported that an internal Quality Review Visit (QRV), to stroke services had taken place, comprised of staff from out with the service the

The Maternity and Neonates Quadrumvirate gave an interesting presentation regarding the Leadership development programme they have been undertaking and the positive benefits for them and the service derived from it. As an early starter with the programme the Quad is being asked to assist other Trusts. Martha's rule is being rolled out, however, there are challenges regarding a second opinion in respect of paediatric situations due to capacity within paediatrics. The Adult outreach team not having the specific skills to provide this. The ICB conducted an implementation audit on the introduction of the Patient Safety Incident Response Framework (PSIRF) in October with a positive and encouraging result. Staff/services within the Trust received a Poster Award re End-of-Life Care and regarding complaints. There were also associated academic publications.	report will be discussed at the November Quality Committee. This QRV is ahead of the external review visit by the Royal College of Physicians on the 28th and 29th November. The Terms of Reference for the Quality Committee at RWT and WHT has been completed. The review of the reporting infrastructure reporting into Quality Committee is nearing completion and will be discussed at the November Quality Committee at both Trusts. The outcome will be presented to Trust Board in January 2025. There have been 3 Risks on the Trust Risk Register for some time, two are discussed regularly, however, the third – Risk 1984 has been static for some time. It was agreed that a complete review of the risk be undertaken and presented at the November Quality Committee. Given the slight changes to a number of quality care related metrics, these will be reviewed monthly, as they are at present, but with a particular focus on the impact of nurse staffing levels in light of workforce reduction plans on the metrics which include – observations on time, falls, pressure ulcers, nutritional (MUST) score, complaints and C Difficile numbers. It was reported that vacancies kept for student nurses completing their course at local universities are now taking up posts.

Walsall Healthcare NHS Trust

Title of Report	WHT Exception Report from Quality Committee	Enc No: 8.3
Author:	Name and Position: Professor Louise Toner - NED	
Presenter:	Name and Position: Professor Louise Toner - NED	
Date(s) of Committee Meetings since last Board meeting:	4th October and 1st November 2024.	

Action Required

Decision	Approval	Discussion	Received for Information & Assurance
Yes☐No☒	Yes☐No☒	Yes☒No☐	Yes☒No☐

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
CQC Regulation 22 letter regarding a child with a Learning Disability who attended ED but subsequently died in another organisation has been received. Information is being provided to CQC to assist them in their investigation. The ICB conducted an implementation audit on the introduction of the Patient Safety Incident Response Framework (PSIRF) in October with a positive and encouraging result. It was reported that there has been a drop in the 4-hour standard in ED due to an increase in demand in September and October. The impact of the MMUH is yet to become clear as the A&E department at Sandwell has not as yet closed. Further, there has been an increase in Intelligently conveyed ambulances from WMAS and through WMAS via Call before Conveying and a 50% increase in referrals through the CAD stacking system at WMAS with direct referrals into community services. The CAD situation is being monitored closely to ensure appropriate referrals are being made and in the right circumstances. Birth Rate + report and the potential for an increase in midwifery staffing being discussed to determine the impact for the Trust to ensure compliance. Particular issues with Neonatal staffing – awaiting the results of a paediatric business case.	Given the ongoing challenges with Level 3 safeguarding compliance for both adults and children, a detailed report was provided that identified some of the challenges – e.g., new starters have a 3 months “grace” period to complete so staff become non-compliant straight away. A number of actions have been put in place including the capture of training completed elsewhere that can be recorded against the individual’s record. It was agreed that a further report will be provided for the committee in the new year.

POSITIVE ASSURANCES TO PROVIDE	DECISIONS MADE
The CQC action plan continues to be monitored monthly – Duty of Candor a CQC "must do" is showing slow improvement – education and training is being undertaken in the near future and other resource material are being developed all aimed at improving performance. Particularly good performance in respect of all cancer metrics. However, due to long term sickness of one of the breast surgeons there has been a delay to a 35 day wait. Locum surgeon in now post and mutual aid from other Trusts in the Black Country. It is anticipated that this will improve back to the 2-week target. Diagnostics continue to improve and are now achieving the 6-week national target. Virtual ward usage increasing (75%) but remains below the 80% target. Martha's rule will be launched across the Trust on 4th November, and it was confirmed that the Trust will also be one of the NHS Trusts who will be rolling out Martha's rule for paediatrics. Clinical Guideline updates continue to be a challenge. However, the Trust has now subscribed to use, as have RWT, the Bed Side Clinical Guidelines that will be adopted moving forward. The Division of Surgery will pilot this as well as considering other strategies. Elective care is showing improved performance with a decreasing waiting list and increased attendances at Outpatients. The Trust has secured funding from NIHR to purchase a mobile x-ray unit to facilitate research activity within the Trust. The Trust is on track to secure CNST in the required time. Positive activity with the MNVP including a recent 15 steps visit from the MNVP	The Terms of Reference for the Quality Committee at RWT and WHT has been completed. The review of the reporting infrastructure reporting into Quality Committee is nearing completion and will be discussed at the November Quality Committee at both Trusts. The outcome will be presented to Trust Board in January 2025. It was confirmed that, despite the best efforts of the Trust, the contract with Black Country Health Care for a Responsible Clinician has not, as yet, been signed off. The issue has been escalated and discussions are ongoing to resolve this matter. As part of the patient recall activity, it has been identified that there needs to be a review regarding Radiology within Trauma and Orthopaedics – the committee fully supported this. Following challenges within Pharmacy staffing there are delays with inpatients and individuals attending ED getting their prescribed medicines via pharmacy, in a timely manner. As a way of managing this and improving the patient experience FP10's will be given to individuals to enable them to obtain their medications from a local pharmacy. This approach will cause increased costs for the trust, A business case has been submitted to increase staffing in Pharmacy so this situation would change once staff in place.

Tier 1 - Paper ref:	Enc 8.4

Report title:	Chief Nursing Officer Summary Report
Sponsoring executive:	Chief Nursing Officer; Debra Hickman
Report author:	Deputy Chief Nursing Officers; Amy Boden and Catherine Wilson
Meeting title:	Report to the Trust Board in Public
Date:	19th November 2024

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

This report provides an overview of key quality, safety and professional matters from the Chief Nursing Officer Report discussed at Trust Management Committee on 1st November 2024 and Quality Committee on 30th October 2024:

- The trust continues to closely monitor Nurse-Sensitive Indicators alongside ongoing scrutiny of sub-optimal staffing.
- Thematic findings from the Clinical Accreditation programme are influencing improvement workstreams across the Trusts.
- The full report from the NHS England National Education and Training Survey (NETS) for Midwifery placements has enacted recommendations in an increase of the Intensive Support Framework and improvement action plan.

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

Care	- Excel in the delivery **Care**	☒
Colleagues	- Support our **Colleagues**	☒
Collaboration	- Effective **Collaboration**	☒
Communities	- Improve the health and wellbeing of our **Communities**	☒

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

Contents of the paper have been discussed at Trust Management Committee (TMC) and Quality Committee.

4. Recommendation(s)

The Public Trust Board is asked to:

Receive the paper for Assurance.

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.

The board is asked to approve the bi-annual skill mix report which recommends no change to current previously approved staffing levels.

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	☒	*Financial sustainability and funding flows.*
RWT Board Assurance Framework Risk SR16	☒	*Activity levels, performance and potential delays in treatment.*
RWT Board Assurance Framework Risk SR17	☒	*Addressing health inequalities and equality, diversity and inclusion.*
RWT Board Assurance Framework Risk SR18	☐	*Potential cyber vulnerabilities and data breaches.*
WHT Board Assurance Framework Risk NSR101	☐	*Data and systems Security (Cyber-attack)*
WHT Board Assurance Framework Risk NSR102	☐	*Culture and behaviour change (incorporating Population Health)*
WHT Board Assurance Framework Risk NSR103	☐	*Attracting, recruiting, and retaining staff*
WHT Board Assurance Framework Risk NSR104	☐	*Consistent compliance with safety and quality of care standards*

WHT Board Assurance Framework Risk NSR105	☐	*Resource availability (funding)*
WHT Board Assurance Framework Risk NSR106	☐	*Equality, Diversity, and Inclusion (incorporating Staff, Patients and Population Health)*
Corporate Risk Register [Datix Risk Nos]	☐	
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date: N/A		

Report to the RWT/WHT Group Trust Board Meeting to be held in Public on 19th November 2024

The Royal Wolverhampton NHS Trust

Chief Nursing Officer Report

1.Executive summary

1.1 This report provides an overview of Septembers position and discussion at October Trust committees 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. Quality and Patient Experience

2.1. Continued monitoring of Nurse-Sensitive Indicators in relation to "amber" staffing impact demonstrates some adverse changes in quality in month 6, including a 2 month rise in grade 4 pressure ulcers, a small deterioration in observations on time and MUST compliance has also been observed.
2.2. Falls data, National Cardiac Arrest data remain within tolerance limits.
2.3. The number of complaints received as a percentage of admission have reduced in month, following a previous escalation of a 3 month increased trend.
2.4. For adverse changes in quality metrics, specific actions have been agreed with oversight for the associated quality metrics, including utilisation of a live dashboard to focus areas improvements re: observations on time, focused work on patient repositioning and workstreams associated with the Eat, Drink, Dress, Move to Improve (EDDMI) initiative in the prevention of deconditioning. Both WHT and RWT delivered celebration days for local successes in EDDMI with examples of excellence shared. This will inform the development of a toolkit for clinical areas, along with Trust participation with regional work.
2.5. The Clinical Accreditation Programme continues to review services with thematic findings shared through the Back to the Floor Programme.
The latest focus has been around infection prevention and uniform/standards of dress and in November will focus on Nutrition, specifically around mealtimes following focused themed areas for improvement with preparation for mealtimes from Accreditation and Infection Prevention audits. This coincides with the launch of the updated extended visiting hours procedure in November, and a promotion of "Mealtime Mates", aimed at encouraging visitors as partners in care to support patients.
2.6. Committees celebrated the Patient Experience Team at RWT receiving a PENNA award and equally WHT for the category of Making Complaints Count. Subsequently, the team have been published in the British Journal of Healthcare Management.

3. Infection Prevention

3.1. In addition to the small deterioration in quality metrics, there has been an escalated rise in *C. difficile* cases in the preceding 3 months. The Trust has reported 64 cases out of target of 81 for the financial year. In depth reviews and ongoing scrutiny via the *C.difficile* task and finish group and action plan include reviewing fundamentals of care, environmental factors and antimicrobial stewardship. The Infection Prevention teams across both Trusts delivered a successful joint conference with a significant focus on *C.difficile.*
3.2. TMC highlighted the observed increase in other Trust health care associated infections. Discussion highlighted a National increasing trend, which is being addressed with the Trust Infection Prevention Team and a variety of improvement workstreams with the Regional network.
3.3. TMC acknowledged the success of the proactive measures in screening for Carbapenemase

producing Enterobacteriaceae (CPE) in preventing transmission and cases of infection, with an action to undertake work across the Region to review options for standardising approaches.
3.4. Infection Prevention plans are incorporated into the Trust Winter Plan as winter associated infections present.

4. Workforce

4.1. The Bi-annual Nursing Skill Mix reports were presented at both committees. See separate summary report.
4.2. The Trust has now received the full report from the NHS England National Education and Training Survey (NETS) for Midwifery placements indicating no immediate patient safety concerns at informal feedback. However, there were 8 recommendations in the formal report which have resulted in the panel recommending an increase of the Intensive Support Framework (ISF) Category 1 to ISF Category 2. An improvement action plan is in place and reported via existing governance routes. The current survey is underway which uptake already higher than the current report being based upon.

10. Recommendations

The Trust Board is asked to:

a) note and receive the reports contents for assurance.

Amy Boden and Catherine Wilson

Deputy Chief Nursing Officers

1st November 2024

NHS
Walsall Healthcare
NHS Trust

Tier 1 - Paper ref:	ENC 8.4

Report title:	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 Christian Ward – Deputy Chief Nursing Officer christian.ward@nhs.net
Meeting title:	Trust Board in Public
Date:	19th November 2024

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

- A full review of NMC referrals from the Trust has been undertaken.
- Flu and Covid vaccinations commenced in the Trust on the 3 October 2024.
- Safeguarding level 3 adults and children's training remains below Trust target, a review of the reasons for non-compliance has been undertaken.

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

Care	- Excel in the delivery **Care**	☒
Colleagues	- Support our **Colleagues**	☒
Collaboration	- Effective **Collaboration**	☒
Communities	- Improve the health and wellbeing of our **Communities**	☒

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

Contents of the paper have been discussed at Quality Committee.

4. Recommendation(s)

The Trust Board in Public is asked to:

a) note and receive the reports contents for assurance.

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

Report to the RWT/WHT Group Trust Board Meeting to be held in Public 19 November 2024

Walsall Healthcare NHS Trust - Chief Nursing Officer Report

1. Executive summary

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

2. Quality

- Quality indicators of falls, pressure ulcers, and observations on time remain within normal variation and the detail has been discussed at Quality Committee.

3. Safeguarding Training

- Safeguarding training for both adults and children remains below trust target. A review has been undertaken to understand the reasons for non-compliance and actions required. A paper has been presented to Quality Committee.

4. Flu and Covid Vaccinations

- The flu and covid vaccination campaign for staff commenced on the 3 October 2024. A hospital vaccination hub is operational 5 days per week and vaccines are available in hospital clinical areas via a peer vaccinator and roving vaccines delivery model. Community staff can access vaccinations via Hollybank House and peer vaccinators within the localities. As of the 28 October 2024, 9.3% of staff have received a flu vaccine and 6.2% have received a Covid vaccination.

5. Nursing and Midwifery Council (NMC) Referrals

- An independent review of the NMC's culture (2024) highlighted safeguarding concerns and found that people working in the organisation have experienced racism, discrimination and bullying. This review also identified significant delay in the review of fitness to practice cases. In March 2024 the council agreed investment in an 18-month plan to make a step change in fitness to practise, with a clear goal to reach decisions in a more timely and considerate way.
- A five year look back of referrals from the Trust has been undertaken to ensure oversight of progress of referrals and any staff in the Trust who are working under restrictions / conditions of practice. A quarterly review is undertaken by the Deputy CNO with the NMC relationship manager to discuss the progress and outcomes of referrals. The CNO is fully sighted on this information.
- There are 7 cases in Trust records from 2019 where the NMC are unable to locate the staff concerned. Following discussion with the NMC it is believed that these were internal investigations and not referrals to the professional body.

Year	Open cases	Closed case	Unable to identify
2024 to date	10	1	0
2023	5	7	0
2022	2	7	0
2021	0	8	0
2020	0	6	0
2019	1	15	7

6. Workforce

- RN and CSW Bank use has been reviewed using Workforce Intelligence data on vacancies and Allocate Absence codes.
- There has been an increased use of RN bank attributable to both vacancy and staff redeployments to cover MMUH/Winter contingency areas.
- RN/RM Vacancy rate currently runs at 115 WTE. Areas' deployment of bank staff is less than the total number of vacancies and other absence codes. A total of 14.05 WTE NQN had commenced in posts at the time of writing the report, with an additional 16 WTE in recruitment
- The increased CSW Bank usage is associated with the vacancy of 101 WTE and covering 1:1s and Winter/MMUH contingency areas.
- In conclusion, Temporary Staffing requests for RN and CSW utilisation are less than for absence/vacancy. This suggests that rigour is being applied to temporary staffing requests and use.
- The Workforce Lead for Nursing is completing a post-by-post review of vacancies to ensure posts are in the recruitment process and timescales to reduce vacancy rates.

7. Martha's Rule (Call for Concern)

- From 4th November 2024, as an early tranche site, Walsall Healthcare NHS Trust will implement Martha's Rule on all adult inpatient wards to empower patients and families to escalate concerns about care and treatment when they feel urgent action is required. This initiative is underpinned by a comprehensive education programme to ensure clinicians and families are well-equipped to use this protocol appropriately and effectively.

8. Infection Prevention & Control

- 3 cases of Clostridiodes Difficile were reported in August 2024. Ward 15 had a period of increased incidence with appropriate review and control measures discussed on the 12th of September.
- In September 2024, there were 9 cases but no areas of increased incidence. However, a review of Ward 1 was completed because of 3 separate cases (two COHA and one HOHA). The ward remained under monitoring, and ribotyping will be requested if needed.

9. HSDU

- HSDU and provision of surgical trays - Business continuity incident declared 16/09/24 due to compromised ability to maintain a safe non-elective Trauma (and elective Orthopaedic) service due to significant reduction in the availability of sterilised equipment to undertake arthroplasty operations. Executive Director Tactical Command meetings occurred daily until there was assurance that the actions taken resolved the incident. Actions included purchasing protective metal trays, new racking and additional surgical instruments (or rental where appropriate).

10. Recommendations

Trust Board are asked to note and receive the reports content for assurance.

Caroline Whyte and Christian Ward
Deputy Chief Nursing Officers
01/11/2024

The Royal Wolverhampton NHS Trust

Tier 1 - Paper ref:	ENC 8.4.1

Report title:	Nursing Skill Mix Summary report
Sponsoring executive:	Debra Hickman, Chief Nursing Officer
Report author:	Debra Hickman
Meeting title:	Trust Board in Public
Date:	19th November 2024

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

The report provides overview of skill-mixes undertaken for the clinical areas listed within. The Committee is asked to note the approach and comprehensive methodology used, support the outcomes/conclusions of the reviews noting no change required in overall establishments. Uplift recommendations in the selected areas on an incremental approach and ongoing rostering efficiency and monitoring of Nurse Sensitive Indicators (NSIs).

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

Care	- Excel in the delivery **Care**	☐
Colleagues	- Support our **Colleagues**	☐
Collaboration	- Effective **Collaboration**	☐
Communities	- Improve the health and wellbeing of our **Communities**	☐

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

This paper starts at Quality Committee, to Trust Management Committee and then to Trust Board.

4. Recommendation(s)

The Trust Board is asked to:

a) Discuss contents

b) Approve recommendations

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	☐	*Financial sustainability and funding flows.*
RWT Board Assurance Framework Risk SR16	☐	*Activity levels, performance and potential delays in treatment.*
RWT Board Assurance Framework Risk SR17	☒	*Addressing health inequalities and equality, diversity and inclusion.*
RWT Board Assurance Framework Risk SR18	☐	*Potential cyber vulnerabilities and data breaches.*
WHT Board Assurance Framework Risk NSR101	☐	*Data and systems Security (Cyber-attack)*
WHT Board Assurance Framework Risk NSR102	☒	*Culture and behaviour change (incorporating Population Health)*
WHT Board Assurance Framework Risk NSR103	☒	*Attracting, recruiting, and retaining staff*

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]*		
WHT Board Assurance Framework Risk NSR104	☒	*Consistent compliance with safety and quality of care standards*
WHT Board Assurance Framework Risk NSR105	☐	*Resource availability (funding)*
WHT Board Assurance Framework Risk NSR106	☐	*Equality, Diversity, and Inclusion (incorporating Staff, Patients and Population Health)*
Corporate Risk Register [Datix Risk Nos]	☐	
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

Report to the RWT/WHT Group Trust Board Meeting to be held in Public on 19th November 2024

Annual Skill Mix Summary report

1. Executive summary

To deliver safe quality patient care it is essential to have optimal Nurse staffing levels (Francis 2013, National Quality Board 2016, NHSE 2018). To demonstrate the Trust's commitment to the above Annual Skill Mix calendar of reviews has been agreed.

The Royal Wolverhampton NHS Trust (RWT) uses a mixture of evidence-based tools dependent on speciality, the majority validated and supported by the Chief Nursing officer for England's Safer Nursing Care Faculty to inform/derive its skill-mix on an annual basis.

A triangulated approach is utilised which includes collection of activity data inclusive of acuity / dependency data per patient within a given census period, appropriate nurse sensitive indicators (NSI) for the specialty and professional judgment from the Senior Nursing team which consider wider contextual factors that can impact quality, safety and/or effectiveness of care delivery.

2. Introduction or background

1.1 The reviews completed in the period are:

- Intensive Critical Care unit (ICCU appendix 1)
- Emergency Services (ED appendix 2)
- Inpatient & Assessment Areas Phase 2 (appendix 3)
- Neonatal Unit (NNU appendix 4)
- Adult Community Services (appendix 5)

1.2 The methodologies applied include Safer Nursing Care tool for both inpatient, assessment areas, ED, Adult Community Services (recognising this is currently suspended utilised in the absence of any other validated tool) ICCU which has also been cross referenced with Intensive Care Society standards (GPICS), and the Neonatal Unit has been derived using British Association of Perinatal Medicine.

1.3 All have undergone equal validation and rigour, with tabletop reviews overseen by the Chief Nursing Officer, Finance and Workforce representation with review outcomes as follows:

1.4 ICCU Annual review

1.5 The review was undertaken based on 30 ICCU spaces (as per 2020 business case), which supports staffing to a maximum of 26 level 3 beds. However, this is often split to accommodate 10 level 2 beds and 16 level 3 between both Cardiac and General beds dependent on activity and demand. It was noted that when calculated there was a small surplus, this was mitigating some of the educational shortfall and equally an uplift that was shy of the recommended 24% currently established at 20%.

1.6 The recommendation was to undertake a further review of the establishment as per the 2020 business case derived/approved during Covid. With the main recommendation aside from the capacity review being that to support a graduated increase in the uplift from 20% to 22% to support training needs in the area.

1.7 Emergency Department biannual phase 2

1.8 Improvement in rostering from phase 1 to phase 2 to support demand was positively acknowledged demonstrating greater efficiency in meeting capacity and flow.

1.9 Attendances from January to June 2024 remain stable noting there will be some seasonal variance, however attendances overall continue to see an increase alongside acuity as identified in the triage data.

1.10 Nurse sensitive indicators have seen an overall reduction since the previous review.

1.11 A required uplift in establishment was noted of 14.25 WTE, this was felt to be addressed safely with ongoing work around rostering efficiency building on current achievements to date, adjustment in staffing establishments at a weekend, again linked to capacity data and changes in flow runner roles provided an increase in the unregistered support numbers. Therefore, this uplift was agreed can be mitigated within existing resource with a further review in 6 months planned.

1.12 **Inpatient / Assessment areas biannual phase 2**

1.13 The reviews incorporated the revised Safer Nursing Care tool levels of 1c & 1d which captured additional staffing resource to mitigate risk and maintain safety which equated to

4.43% of overall patients scored and the ability to record beds not occupied in the census period.

1.14 All areas except for D7, Hilton Main and A23 (elective areas) are operating between 90-100% occupancy. Elective area operating times normally exclude Saturday pm / Sunday, however noting patients within are still on their rehabilitation pathway and this is reflected in their staffing establishments.

1.15 GIRFT reflects RWT remains in the lower quartile at the time of the review, incidences of falls and pressure ulcers remain statistically within reporting tolerances as highlighted through to Quality Committee monthly.

1.16 Outcome of the review remains unchanged, with no areas falling below the validated 10% tolerance. C21 fell above the 10% tolerance, given this area is under review with a Royal College visit pending it was felt this was maintained with no change and review again in January 2025.

1.17 For the remaining areas minor changes in individual establishments were supported within the overall Divisional budget. Whereby shifts have occurred in skill mix of registered to unregistered these have been supported by a Quality Impact Assessment to validate requirements

1.18 Review of the Respiratory business case supported during COVID will run in parallel.

1.19 Paediatric year 2 of the current case requires a review by the Directorate and then via trust governance process.

1.21 Neonatal Intensive Care Unit Annual review

1.22 As a level 3 tertiary service the unit cot base is split across intensive care, high dependency, special care and transitional care provision. Although staffing data is provided as part of OPEL status reporting for the Black Country and wider region this is the first reported review in this format to Quality committee, previous data would have been to Board via Business case routes.

1.23 This review is based on staffing requirements for 7 level 3, 7 level 2 and 12 level 1 cot spaces = 26 cot spaces in total.

1.24 Uplift is currently budgeted at 20%, it was recognised that there is a requirement for 70% of the workforce to be Qualified in Specialty (QIS). The unit have a comprehensive training plan of which progress is being made. To assist in adopting this at pace and aiding retention that there is consideration in increasing the uplift to 24% aligning with Maternity and Adult ICCU.

1.26 Adult Community services annual review

1.27 Extensive evidence base underpins the Adult Community services safer nursing tool, although this is currently paused in its national roll out, this is the first significant review across this suite of services, therefore felt to be beneficial acknowledging there were some limitations to the tool when applied to practice.

1.28 The report covered the following adult services:

- Planned care
- Urgent care
- Rapid access to social care
- Care coordination
- Community intermediate care team
- Ambulatory services
- Virtual ward including hospital at home

1.29 Evidence was triangulated against RCN standards to assist in validation of outcomes.

1.30 Vacancy factor has reduced significantly since 2022, with the teams undergoing several managements of change to remodel to its current structure.

1.31 Additional commissioned activity such as 'falls pick up service' has been recognised in the modelling.

1.32 It should be noted that GIRFT data has the community WTE in the lower quartile nationally, alongside significant Health Inequalities scoring high in the depravation indices

1.33 Areas such as rapid access to social care, introduced as an initiative to assist in the step down of patients from the acute setting and abridging a gap in social care packages, anti-coagulation provision is under review.

1.34 There is a comprehensive training plan to support the development of the future workforce model including ACP access.

1.35 Given the national focus on community hub provision, the RWT strategic plan it is recommended that the current workforce development continues, and no change is made to budgetary establishment in the interim

3. Recommendations

3.1 The Public Trust Board is asked to:

a. Note the report
b. Support the recommendations
c.

Debra Hickman
Chief Nursing Officer RWT

22nd October 2024

Tier 1 - Paper ref:	Enc 8.4.2

Report title:	Perinatal Services Report
Sponsoring executive:	Debra Hickman
Report author:	Tracy Palmer: Director of Midwifery and Neonatal Services
Meeting title:	Trust Board in Public
Date:	19th November 2024

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

A. Maternity and Neonatal Safety Investigations MNSI and PSIRF Progress report

The report provides an update on current Maternity and Neonatal Safety Incidents (MNSI) and incidents progressing through the Patient Safety Incident Response Framework (PSIRF). Presently there are 5 MNSI cases open within the Perinatal Directorate.

There are 3 cases currently in progress under the PSIRF framework.

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*? NHSR: Maternity Incentive Scheme Year 5. Cumulative compliance for all standards were 100%.

B. Update on Antenatal 1st and 2nd Trimester screening breeches related to the current Obstetric Ultrasound Capacity Risk (5849).

The report details numbers of women who did not receive 1st Trimester combined screening and 2nd Trimester Anomaly screening due to the ongoing risk with the Obstetric Ultrasound Scanning service. The Radiology Directorate are prioritising a recruitment plan to ensure there is a fully established Obstetric Ultrasound service in place as soon as possible however, the timescales for achieving this plan cannot be specified at present. In the meantime, The Radiology and Perinatal Directorates are working together to explore ways to create extra capacity within existing workforce models to mitigate the risk.

C. Maternity Incentive Scheme (MIS) CNST for Trusts Year 6 progress update.

The report provides an update with the Trust's progress with Year 6 Maternity Incentive Scheme 10 Safety Actions. The Perinatal Directorate are presently on track to achieve 9 of the safety actions. Work continues to meet the recommended standards for compliance for safety action 8. *Can you evidence the following 3 elements of local training plans and 'in-house' one day multi professional training?*

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

Care	- Excel in the delivery **Care**	☐
Colleagues	- Support our **Colleagues**	☐
Collaboration	- Effective **Collaboration**	☐
Communities	- Improve the health and wellbeing of our **Communities**	☐

3. Previous consideration *[at which meeting[s] has this paper/matter been previously discussed?]*
Quality Committee 30th October 2024 Trust Management Committee 1st November 2024.

4. Recommendation(s)
The Trust Board is asked to:
a) Note the contents of the 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	☐	*Financial sustainability and funding flows.*
RWT Board Assurance Framework Risk SR16	☐	*Activity levels, performance and potential delays in treatment.*
RWT Board Assurance Framework Risk SR17	☐	*Addressing health inequalities and equality, diversity and inclusion.*
RWT Board Assurance Framework Risk SR18	☐	*Potential cyber vulnerabilities and data breaches.*
WHT Board Assurance Framework Risk NSR101	☐	*Data and systems Security (Cyber-attack)*
WHT Board Assurance Framework Risk NSR102	☐	*Culture and behaviour change (incorporating Population Health)*
WHT Board Assurance Framework Risk NSR103	☐	*Attracting, recruiting, and retaining staff*
WHT Board Assurance Framework Risk NSR104	☒	*Consistent compliance with safety and quality of care standards*
WHT Board Assurance Framework Risk NSR105	☒	*Resource availability (funding)*
WHT Board Assurance Framework Risk NSR106	☐	*Equality, Diversity, and Inclusion (incorporating Staff, Patients and Population Health)*
Corporate Risk Register [Datix Risk Nos]	☐	
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

Report to the RWT/WHT Group Trust Board Meeting to be held in Public on 19th November 2024

The Royal Wolverhampton NHS Trust
Perinatal Services Report

1.0 Executive summary

1.1 Maternity and Neonatal Safety Incident (MNSI) / PSIRF Progress Report

The report provides the current directorate position with Maternity and Newborn Safety Investigation (MNSI) cases and open incidents previously escalated to the division under the previous SUI and new PSIRF framework.

1.2 5 MNSI investigations in progress 3 cases are in progress using the revised PSIRF framework.

1.3 There have been 2 final reports received by the Trust from MNSI in 2024, both of which identified no safety recommendations.

1.4 Both reports have progressed through Trust Governance and Assurance processes.

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

1.6 There have been no themes identified from MNSI with closed cases.

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

2..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.

2.3 There were 12 perinatal deaths that met criteria for reporting to MBRRACE-UK in Q2.

2.4 Within the 12 deaths eligible for reporting there were no themes identified at the Perinatal rapid review meetings. All cases will be discussed at the multidisciplinary PMRT Board meeting in due course.

3.0 Antenatal Screening Breaches due to Obstetric Ultrasound Capacity (Red Risk 5849)

3.1 Obstetric Ultrasound Scan Capacity remains a red risk on the Trust Risk register.

3.2 A workforce plan is being actively managed by the Perinatal Directorate and Radiology services.

3.3 NHSE and PHE are also aware and supportive of the workforce plan; regular meetings with the Perinatal Directorate through Antenatal and Newborn Screening Board with Public Health England (PHE) continue. NHSE are also monitoring progress with divergence from guidance in line with Saving Babies Lives Care Bundle v 3 recommendations. A meeting took place with The Perinatal Directorate and NHSE in October 2024 to discuss the action plan regarding the Uterine Artery Doppler (UtAD) divergence from guidance. NHSE gave positive feedback to the Directorate in terms of the progress with the UtAd implementation action plan. They acknowledged the workforce challenges within the Obstetric Sonography service which has delayed full implementation. There is a further progress review with NHSE in January 2025.

3.4 Obstetric Ultrasound Scan capacity issues are being monitored closely by the Perinatal Directorate. There is a robust process in place to ensure that all women who do not receive 1st trimester combined screening and Mid Trimester Anomaly scans are offered alternative screening and follow up ultrasound scans.

3. 5 There have been no adverse issues identified to date for women who have missed the combined screening test or anomaly scan outside of Fetal Anomaly Screening Programme timeframes.

3.6 A data base is maintained for all women not receiving antenatal screening in line with Fetal Anomaly Screening Programme Standards. Women who have not received AN screening due to RWT scan capacity issues are reported to PHE via the Screening Incident Assessment Form (SIAF).

3.7 9 SIAF's were reported in Q 4 and 1 in Q 1 for missed screening due to Obstetric Ultrasound scan capacity issues.

4.0 Maternity Incentive Scheme Clinical Negligence Scheme for Trusts Year 6 Progress report.

4.1 Assurance and progress with compliance is monitored monthly at the Perinatal Directorates CNST surgeries each month.

4.2 The Present position indicates that the Perinatal Directorate are on track to achieve The Maternity Incentive Scheme Year 6, with some focused work required for safety actions 4 and 8.

4.3 **Safety Action 4**: *Can you demonstrate an effective system of clinical workforce planning to the required standard?* **This standard requires further evidence to support compliance which is in progress.**

Standard Operating Procedure for Compensatory rest is in development.

The Neonatal Medical workforce meets British Association for Perinatal Medicine (BAPM) standards.

The Neonatal Unit meets the BAPM neonatal nursing standards for numbers of nursing staff however an action plan is in place to plan for and monitor progress with meeting BAPM standards for Neonatal Qualified in Speciality Nurses (QIS) in line with Neonatal Intensive Care (NICU) BAPM tool kit recommendations.

Compliance with The Royal College of Obstetrics and Gynaecology (RCOG): Consultant Attendance for the clinical procedures listed in the Document '*Roles and responsibilities of the Consultant providing acute care in Obstetrics and Gynaecology.'*

Continual audits are in progress as recommended in the Year 6 Technical Guidance: Maternity Incentive Scheme Safety Action 4. Overall compliance for the Consultant attendance audit was 96.5%.

4.4 **Safety Action 8**: *Can you evidence the following 3 elements of local training plans 'inhouse 'one day multi professional training?*

The Practical Obstetric Multiprofessional Training (PROMPT) day continues monthly.

The Perinatal Directorate Education leads are working closely with the Clinical Director

Obstetric Anaesthetist to ensure all Non – Obstetric Anaesthetists attend PROMPT by the

30th of November 2024, the timescale specified by NHSR.

Cross Reference to other reports

Please refer to the following detailed reports for more information

1: Quality Committee Chairs report

Tracy Palmer

Director Of Midwifery and Neonatal Services

18th October 2024

Walsall Healthcare NHS Trust

Tier 1 - Paper ref:	Enc 8.4.2

Report title:	Director of Midwifery 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:	November 2024

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

- Contents of the paper have been discussed at Quality Committee.

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

Care	- Excel in the delivery **Care**	☒
Colleagues	- Support our **Colleagues**	☒
Collaboration	- Effective **Collaboration**	☒
Communities	- Improve the health and wellbeing of our **Communities**	☒

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

Trust Management Committee & Quality Committee

4. Recommendation(s)

The Trust Board is asked to:

a) To note and receive the report's contents for assurance.

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	☐	*Financial sustainability and funding flows.*
RWT Board Assurance Framework Risk SR16	☐	*Activity levels, performance and potential delays in treatment.*
RWT Board Assurance Framework Risk SR17	☐	*Addressing health inequalities and equality, diversity and inclusion.*
RWT Board Assurance Framework Risk SR18	☐	*Potential cyber vulnerabilities and data breaches.*
WHT Board Assurance Framework Risk NSR101	☐	*Data and systems Security (Cyber-attack)*
WHT Board Assurance Framework Risk NSR102	☐	*Culture and behaviour change (incorporating Population Health)*
WHT Board Assurance Framework Risk NSR103	☐	*Attracting, recruiting, and retaining staff*
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WHT Board Assurance Framework Risk NSR105	☐	*Resource availability (funding)*
WHT Board Assurance Framework Risk NSR106	☐	*Equality, Diversity, and Inclusion (incorporating Staff, Patients and Population Health)*
Corporate Risk Register [Datix Risk Nos]	☐	
Is Quality Impact Assessment required if so, add date: NA		
Is Equality Impact Assessment required if so, add date: NA		

Report to the RWT/WHT Group Trust Board Meeting to be held 19 November 2024

Walsall Healthcare NHS Trust
Director of Midwifery Report

1.0 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 Public Trust Board.

2.0 Clinical Negligence Scheme for Trusts (CNST)

CNST is currently overall amber and with the expectation that the service will achieve compliance with the safety actions within the reporting period. Compliance is monitored via Quality Committee monthly.

3.0 Midwifery Workforce:

September has been a challenging month for midwifery staffing compared to the preceding 6 months where Birthrate plus acuity was between 74-85%. The service currently has a clinical vacancy of 5.26 WTE for registered midwives (RM) vacancy. In October/ November 2024 the service had 9.18 WTE midwives join or joining the service. There was a 10.45WTE maternity support worker (MSW) vacancy, the MSW posts have been to interview, and it is anticipated there will then be a MSW band 3 Vacancy of 4.42 WTE in November 2024.

Vacant midwifery and MSW shifts are covered by internal temporary staffing wherever possible. September saw a downturn in uptake of temporary staffing shifts and the service is currently reviewing reasons for this. The service currently has maternity leave of 11.65 WTE and sickness absence of 7.9 WTE all of which is monitored as per Trust policy. The final birthrate plus report has been reviewed and has identified the need for 11.90 WTE midwives. The service is currently reviewing the report and formulating a paper detailing the recommendation on how best to progress any staffing requirements.

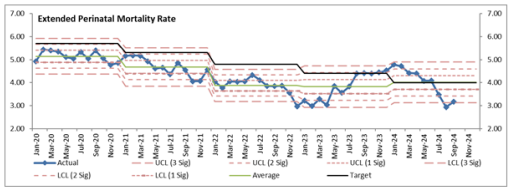
3.0 Birmingham Symptom-specific Obstetric Triage System (BSOTS):

To maintain safety within the maternity triage area, the service will be trailing a telephone triage midwife to support answering patient calls during identified peak times, this has been agreed at WCCSS Divisional level.

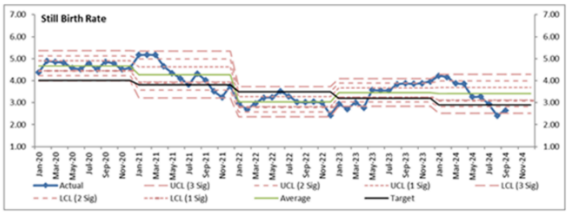
This will be implemented with temporary staffing which will increase bank spend, then audited to ascertain if there are positive changes to staff and patient experience and patient outcomes.

4.0 Perinatal Mortality:

The Trust is still below the locally set required target to meet the national ambition of a 50% reduction in perinatal mortality by 2025. The stillbirth rate is now 3.17: 1000 against a target of 2.90: 1000 (↓ 4.22: 1000 in January 2024) and overall perinatal mortality is 2.65: 1000 against a target of 4.00:1000 (↓ 4.78: 1000 in January 2024).



Extended Perinatal Mortality Rate (Rolling 12 Month Position)	Time Period	No. of Stillbirths + No. of Neonatal deaths >=24wks	Total Births	Rate per 1,000
	Aug 24 (back to Sep 23)	11	3,742	2.94
	Sep 24 (back to Oct 23)	12	3,780	3.17



Still Birth Rate (Rolling 12 Month Position)	Time Period	No. of Stillbirths	Total Births	Rate per 1,000
	Aug 24 (back to Sep 23)	9	3,742	2.41
	Sep 24 (back to Oct 23)	10	3,780	2.65

5.0 Patient experience

There have been two successful patient engagement events in September hosted by the Maternity and Neonatal Voices Partnership, one held in the community and the other (Maternity 15 Steps) held within the manor Hospital. Both events were positive with specific actions generated to enhance our service users and their families experience.

6.0 Recommendations

Trust Board are asked to note and receive the report's contents for assurance.

Jo Wright
Director of Midwifery & Gynaecology
4th November 2024

COMFORT BREAK - 10 MINS

The Royal Wolverhampton NHS Trust

Tier 1 - Paper ref:	Enc 8.6

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:	Trust Board in Public
Date:	19th November 2024

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

- RWT Standardised Hospital Mortality Index remain within expected range at 0.978
- 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.
- Consistent challenges with timely access to appropriate mental health assessment is being addressed with the relevant service provider.

2. Alignment to our Vision [indicate with an 'X' which Strategic Objective[s] this paper supports]		
Care	- Excel in the delivery **Care**	☒
Colleagues	- Support our **Colleagues**	☒
Collaboration	- Effective **Collaboration**	☒
Communities	- Improve the health and wellbeing of our **Communities**	☐

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

Quality Committee

4. Recommendation(s)

The Trust Board is asked to:

a) Note the contents of the 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	☐	*Financial sustainability and funding flows.*
RWT Board Assurance Framework Risk SR16	☒	*Activity levels, performance and potential delays in treatment.*
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WHT Board Assurance Framework Risk NSR102	☐	*Culture and behaviour change (incorporating Population Health)*
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WHT Board Assurance Framework Risk NSR104	☐	*Consistent compliance with safety and quality of care standards*
WHT Board Assurance Framework Risk NSR105	☐	*Resource availability (funding)*
WHT Board Assurance Framework Risk NSR106	☐	*Equality, Diversity, and Inclusion (incorporating Staff, Patients and Population Health)*
Corporate Risk Register [Datix Risk Nos]	☐	
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

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

19th November 2024

The Royal Wolverhampton NHS Trust
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 Research.

1.0 Learning from Deaths

The Summary Hospital-level Mortality Indicator (SHMI) value published for the period June 2023 to May 2024 is 0.978 and within the expected range. The change in SHMI methodology applied from May 2024 (for period covering Jan to Dec 2023 onwards), had an impact with an increase in ordinary admissions that now includes Covid 19 activity, and the process for identifying primary and secondary diagnosis for spells consisting of multiple episodes was updated. Mortality Review Group continues to monitor the impact of these changes on the mortality metric.

The Medical Examiner service for community deaths was successfully rolled out on September 9th, 2024. Statutory changes to the medical certificate of the cause of death (MCCD) was also implemented and the service has expanded to provide cover during weekend and bank holidays to support rapid release burials.

2.0 Outlier alert: Acute Cerebrovascular disease

The Trust responded to an outlier mortality alert from the Sentinel Stroke National Audit Programme (SSNAP), and the team have requested an invited external review by the Royal College of Physicians that is scheduled to take place on 28th & 29th of November 2024. An internal quality review visit (QRV) was undertaken on 16th October 2024 and learning identified will inform the service improvement plans.

3.0 Education and Training:

Following on from the recent GMC survey (results are in line with national averages) an internal action plan has been created to improve the organisations survey scores. It is split into 5 main categories: departmental, education, estates and facilities, and governance and this will be monitored through Postgraduate Medical Education Committee (PMEC), Medical Education Group (MEG) and Group Education and Training Council (GE&TC). The National Education and Training Survey (NETS) is currently live until the end of November, the education team will scrutinise the results of this to see if they resemble the same themes that have come through in the GMC survey.

5.0 Mental Health update:

There remain consistent challenges with access to appropriate mental health assessment in a timely way for all ages. This impacts the ability to assess, plan or discharge mental health patients that present or require further assessment. There is ongoing discussion with MHLS provider to address the issues and RWT mental health team continue to support where possible.

The discussions remain ongoing to have a resolution for the RC contract, BCH mental health act administration lead has recently sought further clarification. Head of Nursing for mental health has coordinated the response, this will be submitted to the MH trust via the CMO office.

6.0 Research

RWT is currently 9th in the RRDN for overall portfolio recruitment and 2nd for commercial recruitment in the West Midlands. Recruitment into portfolio and commercial studies is 5% and 350% ahead respectively compared to the same period in 2023/24. The growth in research activity has been seen in a number of specialties. The number of Grants awarded and hosted by RWT has significantly increased.

Recruitment into commercial studies represents 14% of overall recruitment which is well above the national average. Novartis (commercial company) recently visited the Trust to explore opportunities to build on the commercial collaboration which is a positive development.

The conversation with Wolverhampton University to establish a Clinical Trials Unit is progressing well and the next step is to appoint a project manager. RWT has now signed the contract to host RRDN until 2030.

RECOMMENDATIONS

The Trust Board is asked to:

a. Note the contents of this report.

Dr. Ananth K Viswanath
Acting Chief Medical Officer

07/11/2024

NHS
Walsall Healthcare
NHS Trust

Report Ref:	Enc 8.6

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:	19th November 2024

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

- WHT SHMI remain within expected range at 0.92
- The Trust is now in the upper quartile for aggregated colorectal cancer outcomes (April-August NBOCA data).
- The Royal College of Surgeons review of the colorectal service took place between the 30th of September and 2nd of October, formal report awaited
- Community ME review and changes to MCCD implemented on the 9th of September

2. Alignment to our Vision [indicate with an 'X' which Strategic Objective[s] this paper supports]		
Care	- Excel in the delivery **Care**	☒
Colleagues	- Support our **Colleagues**	☒
Collaboration	- Effective **Collaboration**	☒
Communities	- Improve the health and wellbeing of our **Communities**	☐

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

Quality Committee

4. Recommendation(s)

The Trust Board is asked to:

a) Note the contents of the report, and in particular the items referred for decision or approval.

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	☐	*Financial sustainability and funding flows.*
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Corporate Risk Register [Datix Risk Nos]	☐	
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

Report to the RWT/WHT Group Trust Board Meeting – to be held in Public on 19th November 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, the Chief Pharmacists report, Medicines safety Officers report and the complex case patient recall.

1.0 Complex Case Patient Recall

The closure report has been reviewed by WHT solicitors and sent back to the Trust for comments. Communication strategies are being developed for publication of the finalised report.

2.0 Outlier alert: Colorectal Cancer

The most recent NBOCA metrics (April-August) showed the Trust to be within upper quartile of aggregated performance nationally, with a reduction in both 30- and 90-days mortality rates.
The Royal College of Surgeons review of the service took place between the 30th of September and 2nd of October, formal report awaited.

3.0 Medicines management.

The Pharmacy team plan to reintroduce FP10 in outpatients to ease waiting times for prescription in Trust dispensary.
The Trust continues to manage and mitigate shortages of certain medications nationally through a robust risk evaluation, communication and provision of alternatives.

4.0 Learning from Deaths

Current SHMI 0.92(within expected range)
The community ME programme was implemented on the 9th of September and 76 community deaths were reviewed by the ME team. Statutory changes to the medical certificate of the cause of death (MCCD) was also implemented on the 9th of September and in use across the Trust and community services.

5.0 Mental Health overview

The Trust saw an increase in admissions for under 25s with mental health presentation putting increased pressure on the mental health liaison (MHLS)team. The MHLS team now have a consultant psychiatrist in post. Sustained pressure on the CAMHS service remain. The Older Adult team are relaunching as the 'Complex Delirium and Dementia team'.

RECOMMENDATIONS

The Public Trust Board is asked to:

a. Note the contents of this report.

The Royal Wolverhampton NHS Trust

Title of Report	Exception Report from Charity Committee	Enc No: 9.1 1. Annual Report and Accounts 2023/24 2. External Auditors Report of WR Partners 2024
Author:	Professor Martin Levermore	
Presenter:	Professor Martin Levermore	
Date(s) of Committee Meetings since last Board meeting:	23rd October 2024	

Action Required

Decision	Approval	Discussion	Received for Information & Assurance
Yes☐No☐	Yes☒No☐	Yes☐No☒	Yes☒No☐

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• There were no matters of concern or risks that required escalating	• With the Charity's new website up and running a re-branding exercise awareness survey is underway to give a sense of ownership by all staff of the charity and the work it is doing. • Development grant received from NHS Charities will need to be used by Dec 2024 for the above purposes.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**

• External auditors' report provided an unqualified audit opinion as such the Charity in good health adhering to governance arrangements, processes and systems.
• Charity funds under management remain performing well.
• Charity's KPIs are doing well despite the current economic climate with donors' support continuing.
	• All action points from 23/04/2024 were closed out and can be taken off future action logs
	• All actions outstanding 22/08/2024 have been dealt with and can be taken off future action logs
	• With the additional approval required by the NED that was unable to attend the meeting the following decision were made:
	  ○ accept and approve Charity's annual report and accounts 2023-24
	  ○ accept and approve representation letter to external auditors.
	  ○ accept WR Partner external auditors' report
	• Charity will be supporting staff and patients at Christmas and approved Christmas gifts

The Royal Wolverhampton NHS Trust

Tier 1 - Paper ref:	Enc 9.2

Report title:	The Royal Wolverhampton NHS Trust Charity 2023/24 Annual Report and Accounts
Sponsoring executive:	Professor Martin Levermore MBE
Report author:	Katy Ball, Charity Finance & Assurance Manager
Meeting title:	Trust Board Meeting to be held in Public
Date:	19 November 2024

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

The Board is asked to approve the 2023/24 Annual Report and Accounts for the Royal Wolverhampton NHS Trust Charity, which have been audited by WR Partners.

2. Alignment to our Vision [indicate with an 'X' which Strategic Objective[s] this paper supports]		
Care	- Excel in the delivery **Care**	☐
Colleagues	- Support our **Colleagues**	☐
Collaboration	- Effective **Collaboration**	☐
Communities	- Improve the health and wellbeing of our **Communities**	☐

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

The 2023/24 Charity Report and Annual Accounts were presented and discussed at the Charity Committee Meeting on October 23rd. WR Partners, the auditors of the Charity were in attendance and presented their findings. The Accounts and Annual Report were approved by the Committee subject to the approval of one Non-Executive, needed in order to obtain quorum. This was obtained, with final adjustments being made and approved on November 8th.

4. Recommendation(s)

The Trust Board in public is asked to:

a) Approve the 2023/24 Annual Report and Accounts for the Royal Wolverhampton NHS Trust Charity.

b) Note the Audit findings from WR Partners and the Representation letter, which support the 2023/24 Accounts process.

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	☒	*Financial sustainability and funding flows.*
RWT Board Assurance Framework Risk SR16	☐	*Activity levels, performance and potential delays in treatment.*
RWT Board Assurance Framework Risk SR17	☐	*Addressing health inequalities and equality, diversity and inclusion.*
RWT Board Assurance Framework Risk SR18	☐	*Potential cyber vulnerabilities and data breaches.*
WHT Board Assurance Framework Risk NSR101	☐	*Data and systems Security (Cyber-attack)*
WHT Board Assurance Framework Risk NSR102	☐	*Culture and behaviour change (incorporating Population Health)*
WHT Board Assurance Framework Risk NSR103	☐	*Attracting, recruiting, and retaining staff*

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]*		
WHT Board Assurance Framework Risk NSR104	☐	*Consistent compliance with safety and quality of care standards*
WHT Board Assurance Framework Risk NSR105	☐	*Resource availability (funding)*
WHT Board Assurance Framework Risk NSR106	☐	*Equality, Diversity, and Inclusion (incorporating Staff, Patients and Population Health)*
Corporate Risk Register [Datix Risk Nos]	☐	
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

The Royal Wolverhampton
NHS Trust Charity
Registered Charity No: 1059467

The Royal Wolverhampton
NHS Trust

New Cross Hospital
Wolverhampton
WV10 0QP

External Dial Tel: 01902 695566
Internal Dial Tel: 85566

WR Partners
Chartered Accountants
Belmont House
Shrewsbury Business Park
Shrewsbury
SY2 6LG

Dear Sirs

The following representations are made on the basis of enquiries of management and staff with relevant knowledge and experience such as we consider necessary in connection with your audit of the charity's financial statements for the year ended 31 March 2024. These enquiries have included inspection of supporting documentation where appropriate. All representations are made to the best of our knowledge and belief.

General

1. We have fulfilled our responsibilities as trustees as set out in the terms of your engagement letter under the Charities Act 2011 for preparing financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice), for being satisfied that they give a true and fair view and for making accurate representations to you.

2. All the transactions undertaken by the charity have been properly reflected and recorded in the accounting records.

3. All the accounting records have been made available to you for the purpose of your audit. We have provided you with unrestricted access to all appropriate persons within the charity, and with all other records and related information requested, including minutes of all management and trustee meetings and correspondence with The Charity Commission.

4. The financial statements including the agreed adjustments in the sum of £Nil are free of material misstatements, including omissions.

5. The effects of uncorrected misstatements in the sum of £Nil are immaterial both individually and in total.

Internal control and fraud

6. We acknowledge our responsibility for the design, implementation and maintenance of internal control systems to prevent and detect fraud and error. We have disclosed to you the results of our risk assessment that the financial statements may be misstated as a result of fraud.

7. We have disclosed to you all instances of known or suspected fraud affecting the entity involving management, employees who have a significant role in internal control or others that could have a material effect on the financial statements.

8. We have also disclosed to you all information in relation to allegations of fraud or suspected fraud affecting the entity's financial statements communicated by current or former employees, analysts, regulators or others.

Assets and liabilities

9. The charity has satisfactory title to all assets and there are no liens or encumbrances on the charity's assets, except for those that are disclosed in the notes to the financial statements.

10. All actual liabilities, contingent liabilities and guarantees given to third parties have been recorded or disclosed as appropriate.

11. We have no plans or intentions that may materially alter the carrying value and where relevant the fair value measurements or classification of assets and liabilities reflected in the financial statements.

12. We confirm that the balance owed to the Royal Wolverhampton NHS Trust at the year-end was £152,596.

Funds

13. We confirm that the split of funds between restricted, unrestricted and endowed, and treatment of funds in the Statement of Financial Activity are appropriate.

Accounting estimates

14. Significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable.

Loans and arrangements

15. The charitable company has not granted any advances or credits to, or made guarantees on behalf of, directors other than those disclosed in the financial statements.

Legal claims

16. We have disclosed to you all claims in connection with litigation that have been, or are expected to be, received and such matters, as appropriate, have been properly accounted for, and disclosed in, the financial statements.

Laws and regulations

17. We have disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements.

Matters of Material Significance

18. We confirm that there have not been any Matter of Material Significance which require reporting.

Related parties

19. Related party relationships and transactions have been appropriately accounted for and disclosed in the financial statements. We have disclosed to you all relevant information concerning such relationships and transactions and are not aware of any other matters which require disclosure in order to comply with legislative and accounting standards requirements.

Subsequent events

20. All events subsequent to the date of the financial statements which require adjustment or disclosure have been properly accounted for and disclosed.

Going concern

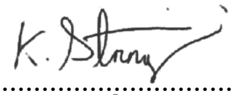
21. We believe that the charity's financial statements should be prepared on a going concern basis on the grounds that current and future sources of funding or support will be more than adequate for the charity's needs. We have considered a period of twelve months from the date of approval of the financial statements. We believe that no further disclosures relating to the charity's ability to continue as a going concern need to be made in the financial statements.

Grants and donations

22. All grants, donations and other income, the receipt of which is subject to specific terms or conditions, have been notified to you. There have been no breaches of terms or conditions in the application of such income.

We acknowledge our legal responsibilities regarding disclosure of information to you as auditors and confirm that so far as we are aware, there is no relevant audit information needed by you in connection with preparing your audit report of which you are unaware.
Each director has taken all the steps that he ought to have taken as a director in order to make themself aware of any relevant audit information and to establish that you are aware of that information.

Yours faithfully



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Signed on behalf of the board of trustees

Date 8.11.24

Black Country Provider Collaborative

NHS

Joint Provider Committee – Report to Trust Boards

Date: 18th October 2024

Agenda item: **ENC 9.3**

TITLE OF REPORT:	Report to Trust Boards from the 18th of October 2024 JPC meeting.
PURPOSE OF REPORT:	To provide all partner Trust Boards with a summary of key messages from the 18th of October 2024 Joint Provider Committee.
AUTHOR(S) OF REPORT:	Sohaib Khalid, *BCPC Managing Director*
MANAGEMENT LEAD/SIGNED OFF BY:	Sir David Nicholson - *Chair of BC JPC & Group Chair of DGFT, SWBH, RWT, & WHT* Diane Wake - *CEO Lead of the BCPC*
KEY POINTS:	The Joint Provider Committee (JPC) was held, and was quorate with attendance by the Chair, three Deputy Chairs, and all three CEO's. Key discussion points included: a. A progress update from the BCPC CEO Lead with a particular focus on resetting the Clinical Improvement Programme, implementing the urological cancer services transformation work, and the proposed Clinical Summit. b. Progress update on the Corporate Services Transformation work, with a focus on the preparations for the first Engagement Workshop. c. Delivery against the FRP is broadly on target at month 6 but will become increasingly challenging over the latter part of the plan. d. Request to review R&D arrangements across the four partners with a proposal for a way forward to be presented to the JPC in the near future.
RECOMMENDATION(S):	The partner Trust Boards are asked to: a) **RECEIVE** this report as a summary update of key discussions on the 21st of June 2024 JPC meeting. b) **NOTE** the key messages, agreements, and actions in section 2 of the report.
CONFLICTS OF INTEREST:	There were no declarations of interest.
DELIVERY OF WHICH BCPC WORK PLAN PRIORITY:	The Joint Provider Committee oversees and assures progress against the agreed BCPC annual Work Plan, as outlined in schedule 3 of the Collaboration Agreement.
ACTION REQUIRED:	☒ Assurance ☐ Endorsement / Support ☒ Approval ☒ For Information

Black Country Provider Collaborative

NHS

1. PURPOSE

1.1 To provide all partner Trust Boards with a summary of key messages from the 18th of October 2024 Joint Provider Committee.

2. SUMMARY

2.1 The Joint Provider Committee was held on the 18th of October 2024. The meeting was quorate with attendance by the Chair, three CEO's and three of the Deputy Chairs.

2.2 The minutes of the previous meeting were accepted as an accurate record and the Action Log was reviewed for progress with completed actions noted.

2.3 On behalf of the JPC the Chair congratulated SWBH on their significant efforts to successfully open the new Midland Metropolitan University Hospital, and also DGFT & WHCT in supporting this process.

2.4 The following is a summary of discussions with agreements noted:

a) **Items for Approval / Noting**

- **CEO Leads update report** – The JPC received an update report from the Chair of the Collaborative Executive, which highlighted:
  - Positive and productive workshop held in September with the BCPC Clinical Leads, CMO's, CNO's and COOs to re-invigorate / reset the Clinical Improvement Programme, which will be further engaged on at the forthcoming Clinical Summit on the 29th November 2024. Slight concern expressed over the recent development of the Primary Care Strategy, which appears to have not been engaged on with secondary care.
  - Significant progress is being made with the establishment of new arrangements for urological cancer services, which should see the full service commence from December 24 / January 25. This should help the system improve access to urological cancer services quicker, which in turn should support much needed improvements with cancer health outcomes.
  - Work is due to commence to better align operational and strategic planning processes for the ICS, led by the new BC ICB Chair. This will be a focus of the next Joint Board Development Workshop in December, with a desire to establish a system health strategy with clear vision and goals over a medium-term period.

b) **Items for Discussion**

- **Corporate Services Transformation** – Positive progress was reported in preparing for the forthcoming first Corporate Services Transformation Engagement Workshop. Primary purpose is to ensure all corporate service leaders have a common understanding of the drivers and intentions of the programme of work that we will pursue over the remainder of 24/25, with registration from all partners very strong.
- **Financial Recovery** – The JPC received an update on progress, which was largely to plan. Future months may be more challenging with a "stepped change" in the delivery expectations. Attention is fast turning to the requirements for yr 2, which currently remains equally challenging.

  A proposal for potentially pursuing a 'delivery partner(s)' in parallel to existing capacity is to be considered by the Collaborative Executive shortly and brought to the next JPC.

c) Any Other Business

- **Research & Development** – The Chair brought to the attention of the JPC a need to review arrangements for Research & Development across the four partners, requesting

the Collaborative Executive to discuss and return with a proposal for consideration in the near future.

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 18th of October 2024 JPC meeting.

b. **NOTE** the key messages, agreements, and actions in section 2 of the above report.

Title of Report	Exception Report from Partnerships and Transformation Committee	Enc No: 10.1
Author:	Lisa Cowley, Non Executive Director, Committee Chair	
Presenter:	Lisa Cowley, Non Executive Director, Committee Chair	
Date(s) of Committee Meetings since last Board meeting:	5 November 2024	

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

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	**MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY**
• Discussion regarding governance arrangements for Walsall Together. Committee agreed that there needs to be further progression with the governance and reporting routes for all Place Based Partnerships and hosted relationships rather than review of Walsall Together in isolation. Agreed that Walsall Together will report to the Group Board via the Director of Place report, and this committee will review any trust specific impacts of all place based partnerships.	• Positive discussion regarding the Forward Look 2025-8. Insight and recommendations provided regarding enablers, executive capacity, risk and governance and oversight.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
	• Updated Terms of Reference approved by the committee, with agreement that the strategic overview to be reviewed alongside all committees in the new year – Board approval required. • This includes change of name of the Committee from Integration Committee to Partnerships and Transformation Committee, which was agreed at the September Group Board meeting.

ENCLOSURE 10.1

PARTNERSHIPS AND TRANSFORMATION COMMITTEE

TERMS OF REFERENCE

Trust Strategic Aims	Strategic Aim	Associated Strategic Objectives
	1. Excel in the delivery of ***Care*** *We will deliver exceptional care by putting patients at the heart of everything we do, embedding a culture of learning and continuous improvement.*	Embed a culture of learning and continuous improvement. Prioritise the treatment of cancer patients Safe and responsive urgent and emergency care. Deliver the priorities within the National Elective Care Strategy. We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our communities and populations.
	2. Support our ***Colleagues*** *We will be inclusive employers of choice in the Black Country that attract, engage and retain the best colleagues reflecting the diversity of our populations.*	Be in the top quartile for vacancy levels Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing. Improve overall staff engagement Deliver improvement against the Workforce Equality Standard.
	3. Improve the health of our ***Communities*** *We will positively contribute to the health and wellbeing of the communities we serve.*	Develop a health inequalities strategy Reduction in the carbon footprint of clinical services by 1st April 2025. Deliver improvements at PLACE in the health of our communities.
	4. Effective ***Collaboration*** *We will provide sustainable healthcare services that maximise efficiency by effective collaboration with our partners.*	Improve population health outcomes through provider collaborative. Improve clinical service sustainability Implement technological solutions that improve patient experience. Progress joint working across Wolverhampton and Walsall. Facilitate research that improves the quality of care.
BAF Risks	None at present.	

ENCLOSURE 10.1

Meeting Purpose/Remit	To provide assurance to the Board that patient care is of the highest achievable standard and in accordance with all statutory and regulatory requirements. To provide assurance of proactive management and early detection of risks across the Trust.
	
	The purpose of the Committee is to:
	
	• To oversee the work of the Forward Look 2025-2028 Programme and to provide the Board with assurance on its delivery. The programme areas include:
	  ○ Community First (including primary care)
	  ○ Right Size Hospital
	  ○ Community Diagnostic Centres
	  ○ Elective Hubs
	  ○ Outpatient Transformation
	  ○ Strategic Service Assessment
	
	• Support the delivery of the Trust's Community Strategic Objective, including consideration of alternative providers.
	
	• Oversee the strategic alignment of community services across Walsall and Wolverhampton
	
	The Committee will oversee progress against the delivery plan, including associated performance of any community-based /primary care services associated with the delivery plan.
	
	The Committee will have interest in and provide oversight of the Trust's role in the successful development of the Place Based Partnerships across Walsall and Wolverhampton, meeting the objectives described within the Annual Operating Plan.
	
	The Committee will receive evidence for assurance on the Trust's role in supporting the Place Based Partnerships in supporting a preventative agenda, improving population health and reducing health inequalities.
	
	The Committee will ensure it receives evidence for assurance oversight of and Trust services that are in scope of the Place Based Partnership (for example, community services within Walsall Together).
	
	The Committee will review evidence for assurance that the Trust services are well governed to the Trust Board.
	
	The Committee will seek to contribute to the wider work in the Community regarding:
	
	• Participation in socio-economic development
	• Sustainability and the Green Strategic Plan
	• Widening participation and supporting all sectors
	• Regeneration plans with partners

	• The role of the Trusts as Anchor institutions
Responsibilities	The purpose of the Committee is to provide the Board with assurance from the review of evidence concerning the delivery of the Trusts `Improving the health of our Communities' strategic aim and objectives. The Partnership and Transformation Committee will provide the connection between the place based partnerships and the Trust Board, ensuring that the Board is kept up to date on the progress, risks, issues and achievements of the Partnership Board in relation to: • *Supporting the development of the consensus-based local strategy* • *Delivery of community services as part of realising the strategy.* • *Provide oversight of the Trust services with the Partnership.* • *Ensure oversight of the wider community services development.* The Committee will work with the other board committees to ensure that full oversight of the areas of responsibility are covered. The key responsibilities of the committee can be categorised as follows: • Provide oversight of any potential Board Assurance Framework risks relating to its area of function. • Ensure the development, implementation and delivery of the Trust's strategy in relation to the shift of acute to community service provision. • Recognise areas beyond the scope, control and responsibility of the Trust that nevertheless impact on service delivery. • Support seeking alternatives to existing service provision where it transfers patient care to more appropriate settings, both within and outside of the NHS. • To evidence for assurance of robust delivery of plans within the scope of the Place Based Partnerships, anchor partnership work and the Trusts role within them. • Seek assurance on the adequacy of the work with partners to integrate operational services with those that the Trust runs to improve quality, effectiveness, and sustainability. • Ensure that plans realise the ambition of addressing the wider determinants of health and health inequalities.

	• Seek evidence for assurance of adequate plans to develop place-based partnership working as a 'virtual organisation' removing barriers between organisations and developing towards a single operating framework. • Ensure the Trust's fully embed their roles as host organisations of place-based partnerships fulfilling all of their responsibilities enabled through the delegation of responsibilities to place-based partnerships. • Seek evidence for assurance on any additional matters referred to the Committee from the Board. • The Committee will use the key performance indicators dashboard to identify the impact on wider Trust services and will link with other Committees accordingly.
Authority & Accountabilities	The Committee is authorised by the 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 is authorised by the Board to instruct professional advisors and request the attendance of individuals and authorities from outside of the Trust with relevant experience and expertise if it considers this necessary or expedient to carrying out its functions. The Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.
Reporting Arrangements	The Committee reports to the Joint Board of Directors. The Committee Chair shall report formally to the Board on its proceedings after each meeting on all matters within its duties and responsibilities. The Committee shall make whatever recommendations to the Board it deems appropriate on any area within its remit where action or improvement is needed or where it has significant concerns.
Membership	The Committee shall comprise of two Non-Executive Directors from each of the Trust Boards (one of whom will be the Chair) and eight Trust Executive Directors: • RWT and WHT Chief Operating Officers • Group Chief Strategy Officer • Group Director of Place • RWT & WHT Chief Medical Officers • RWT and WHT Chief Nursing Officers • Medical Director of Community Services • GP Associate Non-Executive Director The Board of Directors will review membership o

	f the Committee at least annually to ensure that it meets the evolving needs of the Trust. The members set out above shall be expected to attend all meetings and such attendance shall be reported in the Committee's Annual Report to the Trust Board. The committee will invite partner representatives to attend the committee as and when the business of the Committee requires such as: • Place Managing Directors for Black Country Integrated Care Board • Directors of Adult Social Care • Directors of Public Health • Directors of Children's Services • Chief Strategy Officer, Black Country Healthcare NHS Foundation Trust • Representatives from Primary Care Collaboratives The above is an indicative and not exhaustive list. Nominated deputies may attend in the absence of a member and must be fully briefed (the deputy does not form part of the quorum group). In the absence of the designated Chair, the Chair will identify and brief another Non-executive Director to Chair the meeting.
Attendance	Additional attendees will include: Medical Directors for Community Services Other members of the Board are entitled to attend and have access to the papers. In addition, other directors/managers/staff are required to attend meetings as requested, appropriate to the issues under discussion. The Group Company Secretary will expect the administrative support of the Group Director of Place to provide an efficient secretariat service to the Group.
Chair	Non-Executive Chair
Quorum	A quorum will consist of at least four Directors (of which there much be clinical and operational representation), of which at least two must be Non-Executive Directors and two Executive Directors.
Frequency of meetings	The Committee will meet at least 9 meetings a year, monthly except for December and August. It is expected that members will attend at least 50+% of the meetings. The committee will take place face to face where possible.

	The agenda will be circulated with papers 7 days before the meeting. Late papers will only be accepted by agreement of the Chair of the Committee and Group Director of Place. Additional meetings may be held at the discretion of the Committee Chair following discussion with the Group Director of Place. Where members of the Committee are unable to attend a scheduled meeting, they must provide their apologies, in a timely manner, to the Secretariat of the Group and provide a deputy.
Administrative support	The meeting will be supported by the Executive Assistant to the Group Director of Place (Executive Lead for the committee).
Standards	• NHS Oversight Framework – June 2022 (NHSE) • H&SC Act Fundamental Standards of Care • CQC Provider guidance on meeting the Fundamental Standards • Annual Governance Statement • CQC Well Led Inspection Framework • Black Country Integrated Care System Operating Model • Black Country Integrated Care Strategy • NHS Operating Plan 2024/25
Standard Agenda	• BAF and TRR • Integrated Care Report • Subgroup reports • Place Based Partnerships Report • Progress against Strategic Priorities • Themed review items • Committee action log
Subgroups	Strategic Priority Groups
Date Approved	November 2024
Date Review	October 2025

Walsall Healthcare
NHS Trust

Tier 1 - Paper ref:	Enc 10.2

Report title:	Group Director of Place
Sponsoring executive:	Stephanie Cartwright, Group Director of Place
Report author:	Michelle McManus, Director Place & Transformation, Walsall Together Matt Wood, Head of the Programme and Transformation Office, OneWolverhampton Stephen Jackson, Director of Community Services, Walsall
Meeting title:	Trust Board in Public
Date:	19th November 2024

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

This report provides an overview of performance and assurance across Walsall Together and OneWolverhampton partnerships.
The Walsall Together Partnership Board has recently revised its Terms of Reference, which require ratification by the Trust Board.

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

Care	- Excel in the delivery **Care**	☐
Colleagues	- Support our **Colleagues**	☐
Collaboration	- Effective **Collaboration**	☒
Communities	- Improve the health and wellbeing of our **Communities**	☒

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

Walsall Together Partnership Board – October 2024
OneWolverhampton Board – October 2024

4. Recommendation(s)

The Trust Board is asked to:

a) Take assurance on the progress being made by the place partnerships in improving the health and wellbeing of our communities

b) Approve the Terms of Reference for the Walsall Together Partnership Board

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	☐	*Financial sustainability and funding flows.*
RWT Board Assurance Framework Risk SR16	☐	*Activity levels, performance and potential delays in treatment.*
RWT Board Assurance Framework Risk SR17	☒	*Addressing health inequalities and equality, diversity and inclusion.*
RWT Board Assurance Framework Risk SR18	☐	*Potential cyber vulnerabilities and data breaches.*

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]*		
WHT Board Assurance Framework Risk NSR101	☐	*Data and systems Security (Cyber-attack)*
WHT Board Assurance Framework Risk NSR102	☒	*Culture and behaviour change (incorporating Population Health)*
WHT Board Assurance Framework Risk NSR103	☐	*Attracting, recruiting, and retaining staff*
WHT Board Assurance Framework Risk NSR104	☐	*Consistent compliance with safety and quality of care standards*
WHT Board Assurance Framework Risk NSR105	☐	*Resource availability (funding)*
WHT Board Assurance Framework Risk NSR106	☒	*Equality, Diversity, and Inclusion (incorporating Staff, Patients and Population Health)*
Corporate Risk Register [Datix Risk Nos]	☐	
Is Quality Impact Assessment required if so, add date: Not required		
Is Equality Impact Assessment required if so, add date: Not required		

Walsall Healthcare
NHS Trust

Report to the RWT/WHT Group Trust Board Meeting to be held in Public on 19th November 2024

Group Director of Place Report

1. Executive summary

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

2. Introduction or background

1.1 The place partnerships are hosted by Walsall and Wolverhampton Trusts on behalf of a wide range of partners including local authority, general practice, mental health and voluntary sector.

1.2 Under the Communities strategic objective, the place partnerships drive integrated care, address health inequalities and deliver care closer to home.

3. Walsall Together

3.1 The Terms of Reference for the Walsall Together Partnership Board have been updated and are appended to this report for approval. Secondary care representation has now been included in the membership of the Partnership Board. The Partnership Board agreed to an additional risk around reconfirming the financial transparency and partnership hosting arrangements.

3.2 In September 2024 whg and the Black Country ICB organised the first Black Country Health and Housing Conference, attracting over 150 senior leaders from health, social housing, Local Authorities, researchers, innovators, government bodies and representatives of the community and voluntary sector. The event showcased the work undertaken by whg alongside Walsall Healthcare and Walsall Together over recent years, including the Work4Health programme and ACEing Asthma. Walsall Together will take forward the learning, in particular the importance of embedding lived experience and exploring how we can do things differently for the population of Walsall, including opportunities to systematically align the health and housing systems in order to improve outcomes, create savings and reduce pressure on primary and acute care.

3.3 Community/ Winter. A GP led Acute Respiratory Infections hub commenced operations in October, prioritising children 0-12 with chronic respiratory illness. There is potential to flex capacity to meet demand both in primary care and at the hospital during times of peak pressure. Recognising that Walsall has some of the worst outcomes for children with asthma,

the project will also invest in prevention measures to identify early signs of asthma occurring. Prevention pathways will include expansion of existing work with whg on the ACEing asthma, and the provision of diagnostic testing in primary care to diagnose children with asthma at an earlier stage and ensure an asthma care plan is in place to more effectively manage their condition. In addition, Community services have received additional investment through SDF and a business case to provide additional capacity to Walsall Healthcare due to changes in patients flows as a result of the opening of the new Midland Metropolitan Hospital. The additional funding will provide additional capacity in key Community Services through the Winter period.

4. OneWolverhampton

4.1 **Developing our Board-level Priorities:**

Following the agreement of three Board-level priorities, progress has been made in enhancing the delivery of Integrated Neighbourhood Teams, Prevention and Community Resilience and the Digital agenda.

4.2 Integrated Neighbourhood Teams

This programme aims to enhance collaboration between local health and care providers, aligning with the NHS Operational Planning Guidance for 2024/25 and the Primary Care Transformation Strategy.

This priority has three key objectives:

- Define geographical neighbourhoods within which the INTs will operate
- Agree the principles of these teams to ensure a consistent quality of care
- Identify the core roles and responsibilities of the INTs to guarantee the right professionals can deliver joined-up care closer to home

It is acknowledged that there is significant synergy between the mobilisation of INTs and the Black Country ICB's Primary Care Transformation Programme. These programmes are being developed in tandem to ensure a consistent and harmonised approach.

4.3 Prevention and Community Resilience

It is acknowledged that there is a wide range of approaches available that would support the prevention and community resilience agenda. As such, several strands will be developed to realise this ambition – including a focus on upstream determinants such as supporting individuals back into employment.

To begin, this agenda will focus on redeveloping the Wolverhampton Information Network (WIN), a digital directory designed to help residents access health, social care, and community services.

4.4 Digital

As Technology-Enabled Care (TEC) has developed at pace, it is recognised that there is a significant risk of divergent approaches and strategies across partner organisations. This could result in disjointed care for individuals, missed opportunities for collaboration, and missed opportunities to secure financial benefits from working at scale. The digital agenda will focus on TEC and has a number of key objectives:

- Supporting adults with independent living
- Targeting individuals with a risk of escalating needs
- Supporting individuals recently discharged from hospital with a risk of readmission
- Building on existing partnership infrastructure, governance, and learning
- Ensuring sustainability
- Developing an organisational culture that supports TEC

The partnership joined forces to host its first Technology Enabled Care Independent Living Week, celebrating the impact of digital technology in improving health and empowering independent living in the city.

4.5 **Winter Planning:**

Following on from 23/24's award winning Place-based Winter Plan, OneWolverhampton have continued to build on the successes of our revised approach for 24/25.

This year, the unmitigated bed gap is predicted to peak at between 44 and 54 beds on the 29th of December 2024. Given the importance of supporting both resident experience and operational priorities, whilst providing value for money, a full review of previously commissioned schemes has been undertaken. This has enabled us to focus our resources on initiatives that most effectively reduce ambulance conveyancing and improve discharge flow. Similarly, it has also enabled us to target schemes based on known gaps as identified through a data-driven approach and the Urgent and Emergency Care Strategic Working Group. The schemes we have supported are aligned with key thematic areas to mitigate this bed gap and NHSE's 10 UEC High Impact Interventions. These areas are: Virtual Wards; Enhancing the Intermediate Care and Frailty offer; Admission Avoidance Schemes such as mobilising an ARI hub and enhancing UCR; Enhancing discharge support through the purchasing of specialist equipment and an enhanced discharge hub; additional non-recurrent acute paediatric beds. Our assessment indicates that these measures will support the closing of the bed gap and ensure adequate provision of acute beds over the pressured winter period.

While the Adult Social Care Discharge Fund maintains a restrictive criteria, focused on discharge rather than preventative care, we have taken a pragmatic approach combining this funding stream with Service Development Funding. This has ensured that we can

support preventative activities in addition to those more explicitly discharge-focused activities. This will enable us to better support our residents and maintain our preference for a preventative approach.

5. National Work

There are several national workstreams that are being supported by the Walsall Together and OneWolverhampton Place Based Partnerships.

Through the NHS Confederation we are contributing to the work being undertaken to influence the Neighbourhood NHS and Community First elements of the new NHS Plan due to be published in the Spring next year. This has included joining a small team with national colleagues to test thinking and participating in a podcast with the Chief Executive of the NHS Confederation. There are variety of reports that have been published by NHS Confederation and NHS Providers that quote the excellent and forward-thinking work of the Walsall and Wolverhampton place-based partnerships.

One of the reports (Paving a New Pathway to Prevention: leveraging increased returns on our collective investment) is part of a wider Value in Health series, which explores the investment potential of the health and care system. This report demonstrates the return on investment (ROI) for community-based interventions and highlights the importance of consistent working across NHS, local government and wider voluntary sector partners. Most importantly in the context of challenging finances and a strong desire to identify ways to left-shift investment, the report presents an economic framework and recommendation for systematically evaluating existing spend, incorporating population need and evidence base to determine best value for money. Walsall Together partners have committed to applying this framework within its Place Development (Enabling) workstream, with support from finance colleagues, and alongside embedding its outcomes framework.

6. Recommendations

6.1 The Public Trust Board is asked to:

a. Take assurance on the progress being made by the place partnerships in improving the health and wellbeing of our communities
b. Approve the Terms of Reference for the Walsall Together Partnership Board

Annex 1: Walsall Together Partnership Board Terms of Reference

Walsall Healthcare
NHS Trust

WALSALL TOGETHER PARTNERSHIP BOARD

TERMS OF REFERENCE: Version 3.0

RATIFIED BY THE WALSALL HEALTHCARE NHS TRUST BOARD ON: DRAFT not yet ratified

NEXT REVIEW DUE: October 2025

1. CONSTITUTION

The Board of Directors of the Walsall Healthcare Trust as Host Provider of the Walsall Together Partners established the Walsall Together Partnership Board ("WTPB"). The WTPB is a committee of the Walsall Healthcare Trust and has no executive powers, other than those specifically delegated in these Terms of Reference.

2. PURPOSE

2.1. The Committee will be responsible for decision making and strategic direction and outcomes, including responsibility for the delivery of the Walsall Together Strategy and Plan.

2.2. The Committee will have responsibility for the oversight of service integration contractually in scope for the system integration and transformation.

2.3. The Committee is authorised by the board to investigate any activity within its terms of reference. The Committee is authorised by the Board to obtain outside legal or independent advice and to see the attendance of outsiders with relevant experience and expertise if it considers necessary.

3. MEMBERSHIP

3.1. As the Committee is one focused on partnership working across the borough of Walsall, the WTP Board will include members of Partner organisations.

3.2. The Membership of the Committee shall consist of:

- An independent Chair, to be appointed by the Walsall Healthcare NHS Trust Chairman to Chair the Partnership Board*;
- Two Non-Executive Directors;
- Deputy Chief Operating Officer, Walsall Healthcare Trust
- Group Director of Place, Walsall Healthcare NHS Trust;
- Director of Place Development & Transformation, Walsall Together;
- Associate Medical Director, Walsall Together
- Communications & Engagement Lead, Walsall Together;
- Chief Strategy and Partnerships Officer, Black Country Healthcare NHS Foundation Trust;
- Executive Director of Adult Social Care, Walsall Council;
- Director of Public Health, Walsall Council;

- Executive Director of Children's Services, Walsall Council;
- Chair, Walsall Community Network
- Chief Executive, One Walsall;
- Primary Care Representatives;
- Corporate Director, Walsall Housing Group representing Housing:
- Healthwatch representative

*Appointed in collaboration with partner organisations

3.2 Professional Representation:

- Operational lead for in-scope hospital services;
- Operational lead for mental health;
- Professional lead for nursing and AHPs;
- Professional lead for Adult Social Care;
- Professional lead for Children's Services.

4. ATTENDEES

Black Country Integrated Care Board and Walsall Council Commissioning are welcome to attend as participating attendees. Other executive directors/managers from across the partnership should be invited to attend, particularly when the Committee is discussing areas of risk or operation that are the responsibility of that director/manager.

5. ATTENDANCE

It is expected that each member attends a minimum of 80% of meetings and performance will be reported for each member in terms of attendance at the end of each financial year.

6. DECISION MAKING

6.1. A quorum shall be 2 Non-Executive Directors and one representative from each partner organisation.

6.2. It is recognised that each of the partners has their own regulatory and statutory responsibilities and partners have their own internal governance arrangements. There may be some matters where partners respective Boards/Governing Bodies need to retain the ability to reserve the approval of some decisions for that Board/Governing Body. The limits of that authority will be recorded in partner's respective Schemes of Delegation. Partners therefore acknowledge that the relevant individuals may not have the appropriate levels of delegated authority to make decisions at meetings of the Walsall Together Partnership Board. Accordingly, some decisions will need to be considered and approved by partner's individual Boards/Governing Bodies before final resolution by the Walsall Together Partnership Board.

6.3. All decisions will be made by consensus of the partnership.

7. FREQUENCY OF MEETINGS

The WTPB will meet monthly, at a minimum of 10 times a year or as otherwise agreed by the partners.

8. CHANGES TO TERMS OF REFERENCE

Changes to the terms of reference including changes to the Chair or membership of the WTPB are a matter reserved to the Board of the Walsall Healthcare NHS Trust.

9. ADMINISTRATIVE ARRANGEMENTS

9.1. The Chair of the WTP Board will agree the agenda for each meeting with the Group Director of Place. The WTP Board shall be supported administratively by an Executive PA who's duties in this respect will include:

- Agreement of agenda with Chair and attendees and collation of papers with all partner organisations;
- Taking the minutes;
- Keeping a record of matters arising and issues to be carried forward;
- Advising the committee on pertinent issues/areas;
- Enabling the development and training of Board members.

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

10. INTEGRATED COMMISSIONING & TRANSFORMATION PLAN

The Walsall Together Partnership Board will develop an Integrated Commissioning & Transformation Plan alongside the Place Integrated Commissioning Committee. This will be subject to annual review. The Walsall Together work plan 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.

11. REPORTING

The Chair of the WTP Board will on behalf of the Trust Board provide a highlight report monthly to each of the partner organisations outlining key actions taken with regard to the issues, key risks identified and key levels of assurance given.

12. STATUS OF THE MEETING

All WTP Board meetings will meet in private. Matters discussed at the meeting should not be communicated outside the meeting without prior approval of the Chair of the Committee.

13. MONITORING

The WTPB will prepare an Annual Report setting out the issues that have been considered by it and details of assurance provided.

14. DUTIES

14.1 The primary responsibility of the Walsall Together Partnership Board will be the integration of services deemed to be “in scope” and not for the delivery of those services.

14.2 The functions of the Walsall Together Partnership Board would be to:

14.2.1 Provide strategic leadership and oversight of service delivery and outcomes for in-scope services and for Walsall Together Programme Work Streams;
14.2.2 Promote and encourage commitment to the Partnership Principles and Partnership Objectives amongst all Participants;
14.2.3 Monitoring and review of key interdependencies between Partners to ensure that benefits of the new model is fully realised for the benefit of citizens, patients, carers and their families;
14.2.4 Oversee the development of, and transition to, new models of care in priority areas/in scope services;
14.2.5 Make decisions in the context of the shared vision for the Walsall Together Partnership, and as detailed in the Alliance Agreement;
14.2.6 Consider investment and any disinvestment decisions across the partnership;
14.2.7 Collectively hold Walsall Together partners to account for upholding the commitments made in the Business case, and the Alliance Agreement;
14.2.8 To provide assurance that needs of the community and citizens are best serviced by the proposed partnering arrangements;
14.2.9 Provide direction on the options for pursuing greater authority and responsibility for decision-making at Place.

14.3 To review the risk implications of the partnership arrangements.

14.4 To establish meaningful patient and public engagement in planning for the future.